Performance Art: Deciding on Acceptable Sensitivity and Specificity for HIV Self Tests

Elliot P. Cowan, Ph.D.

Principal, Partners in Diagnostics, LLC

STAR "HIV Self Testing - Going to Scale" Workshop
29 March 2017

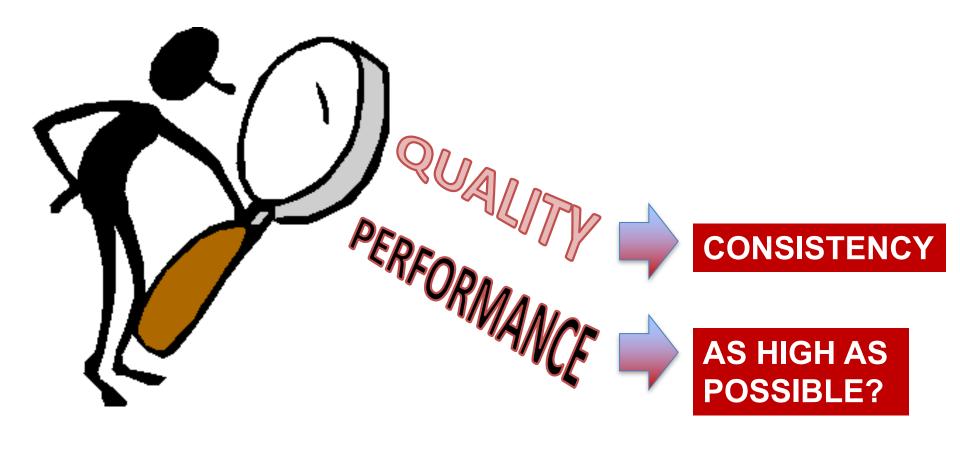


Goals of this Talk

- To describe the evolution of thinking that led to the approval by the US Food and Drug Administration of the first over-the counter home-use rapid HIV test
- To appreciate the flexibility that can (should?) be exercised to meet a critical public health need



Assessing HIVST





Goal

Recognizing that no test is 100% and 100% specific, demonstrate that it is safe and effective for its intended use





HOW THE US FDA APPROVED AN HIVST



Why HIVST for the US?

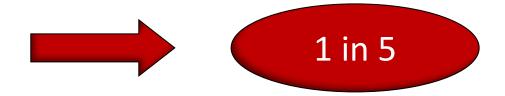
Number of Americans newly diagnosed with HIV infection each year



Number of HIV-infected people in the U.S.



HIV-infected people in the U.S. who do not know they are infected





Source: US Centers for Disease Control and Prevention

OraQuick® In-Home HIV Test System





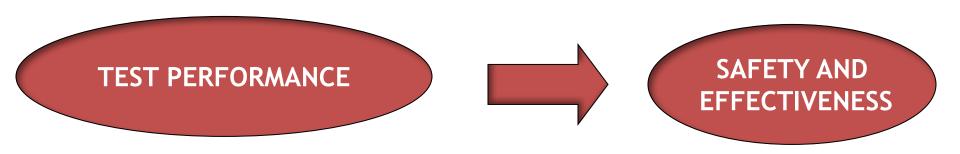
Expected Performance

(FDA Blood Products Advisory Committee)

- Professional use test:
 - Sensitivity and specificity >98% as the lower bound of the 95% confidence interval
- Self test:
 - Sensitivity and specificity <u>></u>95% as the lower bound of the 95% confidence interval
- Rationale:
 - Expected decrease in performance in the hands of non-professionals



Home-Use Test Performance as a Measure of Safety and Effectiveness





Professional Test Performance

(OraQuick ADVANCE® HIV-1/2 Antibody Test with Oral Fluid Specimens: Package Insert)

	Performance of the OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test (2-sided 95% CI)	BPAC Minimum Recommended Performance
Specificity	99. 8% (99.6) - 99.9%)	98% (lower bound of the 95% CI)
Sensitivity	99.3% (98.4)- 99.7%)	98% (lower bound of the 95% CI)



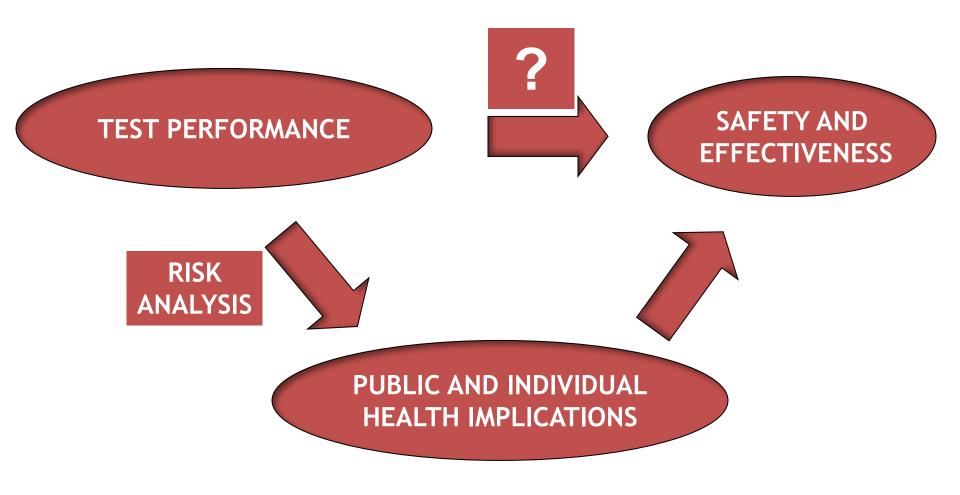
Home-Use Test Performance

(OraQuick® In-Home HIV Test for Oral Fluid Specimens: Data shown at Blood Products Advisory Committee, May 2012)

	Performance of the OraQuick® In-Home HIV Test Kit (2-sided 95% CI)	BPAC Minimum Recommended Performance
Specificity	99.98% (99.90)- 100%)	(lower bound of the 95% CI)
Sensitivity	92.98% (86.64)- 96.92%)	95% (lower bound of the 95% CI)



Home-Use Test Performance as a Measure of Safety and Effectiveness





Very High Level View of FDA Risk Analysis

- Estimated test
 results for numbers
 of individuals
 projected to be
 tested annually who
 would not
 otherwise be tested
 in the 1st year
 - True positive, false negative
 - True negative, false positive



- Estimated net transmissions averted in the 1st year
- Impact of switching from professional testing to self-testing
- Impact of who will use the test
- Public health implications and individual health implications



FDA Projected Outcomes of Testing with the OraQuick® In-Home HIV Test in the 1st Year

(Based on sensitivity and specificity at the 95% confidence interval lower bound)

True Positive

42,000

False Negative

7,000

6 TP: 1 FN

(vs. 62:1)



Professional use test



770 TN:1 FP

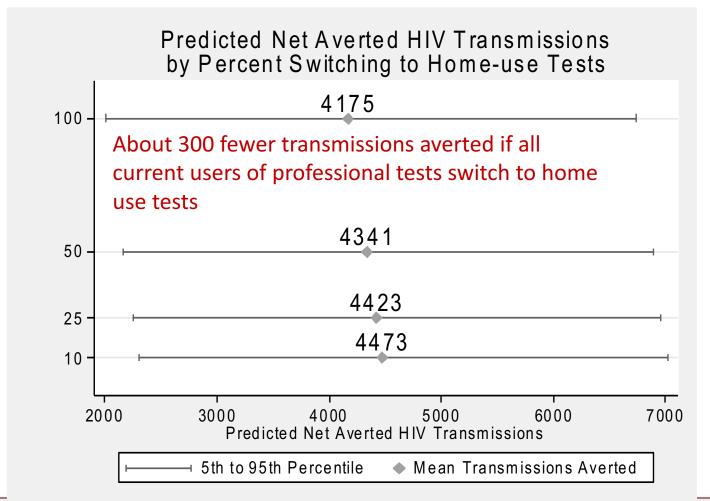
(vs. 249:1)

True Negative 2,700,000 False Positive 3,600



Projected Net Transmissions Averted

(Combined Professional and Home Testing)





Summary of FDA Assessment

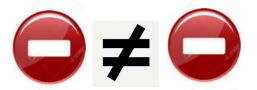
- Based on a risk assessment model, FDA projected a net public health benefit to the OraQuick® In-Home HIV Test
 - Net increase in number of HIV infections newly identified in the first year
 - Net transmissions averted
- Individual risk remains in the form of increased numbers of false negative results



Messages to Mitigate Risk



 A positive result with this test does not mean that you are definitely infected with HIV, but rather that additional testing should be done in a medical setting.



 A negative result with this test does not mean that you are definitely not infected with HIV, particularly when exposure may have been within the previous three months.



 Retesting is recommended if you test negative and continue to engage in behavior that puts you at risk for HIV infection.



A negative result does not mean it is safe to engage in risk behavior for HIV infection.



Generalizing the Approach: Practical Considerations for STAR



- The results of the risk modeling done for the US population do not necessarily carry over to STAR
- Requires its own set of inputs



Challenges



- Where do you draw the line between acceptable and not acceptable?
- Monitoring to determine if the right choices were made



Potential Pitfalls





Concluding Messages



- Be flexible to meet the defined public health need.
- Be rational in your decision-making.
- Considering benefits and risks may take you in directions you don't expect, but sometimes what's not expected is a good thing.
- Be willing to accept risks, but also acknowledge them and mitigate them as much as possible.



THANK YOU!

