Coronavirus Standards Working Group Meeting Summary

Dear Colleagues -

As always, it was great to work together on Friday morning -- the <u>slides are linked here</u>, and <u>the recording and transcript is linked here</u>.

Roadmap Manuscript -- Framing, Consultations, Recommendations

Thanks for the thoughtful and productive engagement on the Roadmap paper this morning. This was a great follow-on to the consultations Tim and I had last week. Further consultations are underway this week, some inspired by Friday's meeting. Tim and I took lots of notes, and are integrating a CSWG-wide perspective. We will share a revised manuscript late this week.

Friday's call showed significant support for recommending some sort of a standing "Pathogen Standards Working Group." Our collective experience in the ~500 days we've been working together makes a case that there are gaps in attending to standards infrastructure in the diagnostics ecosystem. Our consultations and our meeting on Friday is assembling a description of those, and as part of our Roadmap paper we'll continue to compose them into a "charge" for a Standards Working Group.

I believe that we're filling gaps. Those gaps will be best filled if we develop a crisp remit for institutional action, either by an existing pandemic preparedness/response body, or alternatives.

I include some of my notes & takeaways from Friday's meeting on such a charge below.

WG Meeting discussion points -- Role, Remit, and Considerations for a Pathogen Standards Working Group:

• Can we argue that a standing working group is better prepared to rapidly respond

- to an emergent pandemic?
- Could a standards working group advocate for policy to prioritize standards development and dissemination?
 - for instance, making plasma packs available immediately to develop standards for serology, even as plasma packs are being used as therapeutics
 - From WHO: see <u>Cross-cutting research priorities here</u>: "An enabling priority on access to information, reagents, tools, protocols and standards without which none of the above [understanding transmission, immunity; assay development, best practices & protocols] can proceed efficiently."
- Could a coordination body coordinate & establish access to widelyavailable reference materials in advance of a WHO International Standard?
 - could those then be calibrated to the WHO IU when available?
- Consider WHO Research Roadmap for guidance and coordination charge
 - include other pathogens in worklist
 - see <u>WHO prioitizations</u>
- Globalize -- include low- and middle-income nations
 - Include the Global South
 - CSWG membership is largely US-based, can we engage regulatory systems other than FDA?
 - WHO's mission of "Health for All"
- Democratize standards
 - while maintaining fit-for-purpose quality
- Include regulators and public health agencies in working group activity
 - coordination will raise confidence in regulation and public health policy
 - would coordination have made results from FDA Reference Panel better?
- Can we demonstrate utility of harmonized standards?
 - use NIBSC collaborative study results?
 - show INSTAND EQA results, and emphasize variation of Cq measurement results
 - show disappointing correlation between FDA Reference Panel LODs and EQA LOD claims (see below graph in this email)
 - show limitations of conclusions of <u>recent MMWR report</u> using Cq data alone (<u>Figure 2</u>).
 - Authors do a good job of calling out limitations, including the limitations of reporting signal only from any diagnostic PCR test designed to be thresholded to yield a qualitative positive/negative result.
 - can we develop advocacy for the utility of quantitative, calibrated, diagnostics to better respond to a pandemic

Correlation of FDA Reference Panel LOD results from 7 Dec 2021 with LODs reported in EUAs

(unpublished graph showed in meeting)



Cheers and stay safe! Marc

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