# ESGEM-AMR Second





## **Agenda**

- 1. Introduce organisers, Subgroups & Subgroup Leads
- 2. Recap of ESGEM-AMR Goals
- 3. Where to start?
- 4. Data sharing
- 5. Work plans
  - a. Outputs
  - b. Meeting schedule
  - c. Communications
- 6. Open issues
- 7. Any other business

## ESCMID | ESGEM-AMR Organisers



**Co-Chair** Kat Holt, LSHTM



Co-Chair Natacha Couto, ESGEM Chair



**Bioinformatics Lead**Jane Hawkey, Monash



**Coordinator** Shaojie Bao, LSHTM

## **ESCMID** | ESGEM-AMR

## **Organism Subgroups**

# 1

#### **ESKAPEE** pathogens

- Enterococcus
- Staphylococcus
- Klebsiella pneumoniae
- Acinetobacter baumannii
- Pseudomonas aeruginosa
- Enterobacter cloacae complex
- E. coli/Shigella



#### **Other WHO Priority Pathogens**

- Salmonella
- Serratia
- Neisseria gonorrhoeae
- Streptococcus
- Campylobacter spp.
- Mycobacterium tuberculosis
- Haemophilus influenzae

#### **Others**

- Achromobacter xylosoxidans
- Aeromonas
- Anaerobes
- Bordetella
- Brucella
- Burkholderia cepacia complex
- Burkholderia pseudomallei
- Chryseobacterium indologenes
- Corynebacterium diphtheriae
- Edwardsiella
- Legionella
- Listeria
- Mycoplasma pneumoniae
- Neisseria meningitidis
- Pasteurella
- Proteus mirabilis
- Shewanella
- Stenotrophomonas maltophilia
- Treponema
- Vibrio
- Yersinia



## **Enterococcus**

#### **Francesc Coll**

Thomas Demuyser

Ana R. Freitas

Guido Werner

Precious Osadebamwen

Theo Gouliouris

Fiona Walsh

Valeria Bortolaia

## **Staphylococcus**

#### **Natacha Couto**

#### **Guido Werner**

Birgitta Duim

Valeria Bortolaia

Sarah Baines

Sandra Reuter

Assaf Rokney

Holly Grace Espiriu

Manal AbuOun

Sankarganesh Jeyaraj

Robert Kozak

## A. baumannii

#### **Paul Higgins**

Rahul Garg

Mehrad Hamidian

Bogdan lorga

Priyanka Khopkar-Kale

Margaret Lam

Bruno Silvester Lopes

Ignasi Roca

Varun Shamanna

Clement Tsui

David Wareham

Valeria Bortolaia



## **Enterobacter**

Teresa Coque Rafael Canton

Paul Higgins

Fernando Lazaro Perona

Po-Yu Liu

Elena Martinez

Rietie Venter

Ana Budimir

Angela Novais

Patrick Harris

Valeria Bortolaia

## P. aeruginosa

**Antonio Oliver** 

Adriana Cabal Rosel

Alasdair Hubbard

Bogdan Lorga

Xena Li

Carla Lopez Causape

Juliette Severin

David Wareham

Adam Witney

ørjan Samuelsen

Bela Kocsis

Joana Moreira da Silva

Derek Sarovich

Fernando Lazaro Perona

Valeria Bortolaia

## K. pneumoniae

Kat Holt/Kara Tsang

Valeria Bortolaia

Adam Komorowski

Elisenda Miro

Jon Iredell

ørjan Samuelsen

Sally Partridge

Manal AbuOun

Sandra Reuter

Sankarganesh Jeyaraj

Fernando Lazaro Perona

Richard Goodman

Teresa Conque

Bogdan lorga

Clement Tsui

Margaret Lam

Priyanka Khopkar-Kale

Varum Shamanna

Adam Witney

Alasdair Hubbard

Nicole Stoesser

Sam Lipworth

Deepali Desai

+KlebNet Geno/Pheno Consortium



## E. coli/Shigella

#### **Kate Baker**

Pieter-Jan Ceyssens

Fiona Walsh

Carolina Silva Nodari

Soe Yu Naing

Richard Goodman

Abdurrahman Hassan Jibril

Jelalu Kemal Birmeka

Elena Martinez

Teresa Coque

Ramon Maluping

Ana Vale

Gultekin Unal

Axel Hamprecht

Valeria Bortolaia

Bogdan Lorga

Alasdair Hubbard

Manal AbuOun

Jon Iredell

Sally Partridge

Nicole Stoesser

Sam Lipworth

Florence Crombe

## Salmonella

**Kristy Horan** 

**Pieter-Jan Ceyssans** 

Anthony Smith

Gültekin Ünal

Abdurrahman Hassan Jibril

Manal AbuOun

Jelalu Kemal Birmeka

Varun Shamanna

Assaf Rokney

Malgorzata Ligowska-Marzeta

Megan Carey



## N. gonorrhoeae

#### **Leonor Sanchez Buso**

Yonatan Grad
Sheeba Manoharan-Basil
Martin McHugh
Tatum Mortimer
Anna Roditscheff
Faina Wehrli
Adam Witney

## **Streptococcus**

#### **Mario Ramirez**

Assaf Rokney
Holly Grace Espiriu

## Campylobacter

#### **Birgitta Duim**

Bruno Silvester Lopes Malgorzata Ligowska-Marzeta Assaf Rokney Jelalu Kemal Birmeka



## H. influenzae

#### **Assaf Rokney**

Charlotte Michel
Priyanka Khopkar-Kale
Derek Sarovich

## **Anaerobes**

#### **Trefor Morris**

Ulrik Stenz Justesen Marcela Krutova Linda Veloo Kathleen Boiten

## S. maltophilia

#### Jane Hawkey

Derek Sarovich
David Wareham

Fiona Walsh

Rietie Venter

Kat Holt

## Serratia

#### **Sandra Reuter**

Teresa Coque Adam Komorowski



Achromobacter xylosoxidans

**Charlotte Michel** 

Burkholderia cepacia complex

**Charlotte Michel** 

**David Wareham** 

Aeromonas, Shewanella

Po-Yu Liu

Burkholderia pseudomallei

**Claire Chewapreecha** 

Derek Sarovich Jessica Webb

**Bordetella** 

Laurence Luu

Carla Rodrigues

Chryseobacterium indologenes

**Rietie Venter** 

Brucella, Listeria, Edwardsiella, Pasteurella

Jelalu Kemal Birmeka



## Corynebacterium diphtheriae

**Sylvain Brisse** 

## Legionella

**Charlotte Michel** 

**Ghislaine Descours** 

## Mycoplasma pneumoniae

Mike Beeton

## Neisseria meningitidis

Célia Bettencourt

Leonor Sanchez Buso

#### **Proteus mirabilis**

**Axel Hamprecht** 

Janko Sattler

Elisenda Miro

Rémy Bonnin

Stephan Goettig

#### **Treponema**

**Brian Alcock** 

#### **Vibrio**

**Assaf Rokney** 

#### Yersinia

**Pieter-Jan Ceyssens** 

Cyril Savin





## M. tuberculosis

Leonid Chindelevitch
Iñaki Comas
Philip Fowler
Kristy Horan
Priyanka Khopkar-Kale
Mariana López
Conor Meehan
Adam Witney
Brian Alcock



## **Data & Tools subgroup**

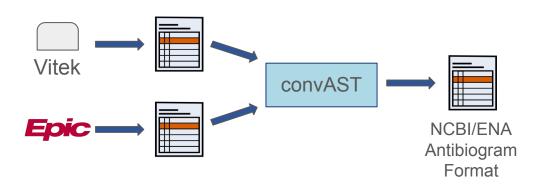
| Jane      | Hawkey*        | Co-lead               |
|-----------|----------------|-----------------------|
| Kat       | Holt*          | Co-lead               |
| Kristy    | Horan*         | AbritAMR              |
| Torsten   | Seemann*       | AbritAMR              |
| Derek     | Sarovich       | ARDAP                 |
| Romain    | Pogorelcnik    | BioMerieux            |
| Bogdan    | lorga          | BLDB                  |
| Brody     | Duncan*        | CARD                  |
| Amogelang | Raphenya       | CARD                  |
| Andrew    | McArthur*      | CARD                  |
| Emily     | Bordeleau      | CARD                  |
| Kara      | Tsang          | Kleborate             |
| Michael   | Feldgarden*    | NCBI Pathogens        |
| Finlay    | Maguire*       | PHA4GE, hAMRonization |
| Dag       | Harmsen        | Rhidom Seqsphere      |
| Mackenzie | Wilke          | StarAMR               |
| Zoe       | Dyson          | Typhi Mykrobe         |
| Leonid    | Chindelevitch* | WHO TB Catalog        |
| Yu        | Wan            |                       |

#### + PHA4GE DS AMR Subgroup

- AST data converter (convAST)
- Universal AMR gene ID
- Standardising variant names

\*Members of PHA4GE Data Structures

## AST data converter (convAST) - PHA4GE AMR group



#### **Examples needed!**

AST output files exported from

#### **AST Devices:**

- Vitek
- Microscan
- Kiestra
- Phoenix
- Sensititre

#### **EMR/LIMs exports**:

- EPIC
- Cerner
- Meditech
- Other LIMS?

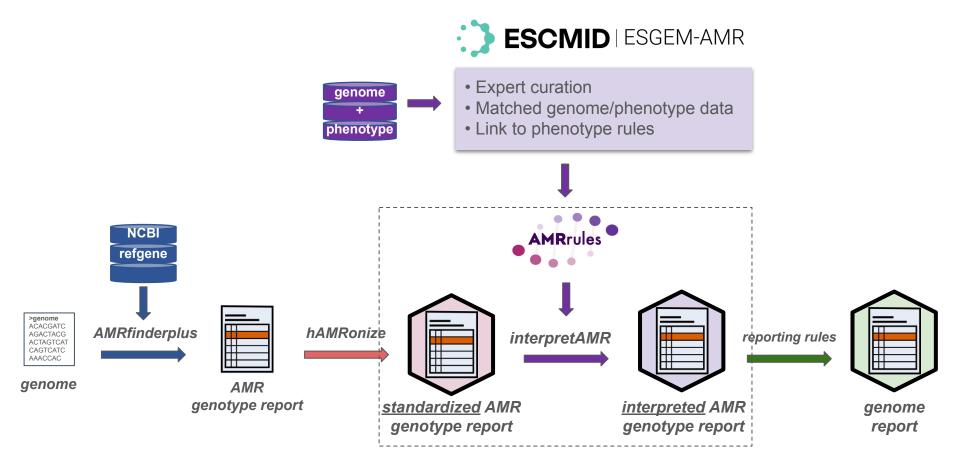
## **ESGEM-AMR Goals**



The overall purpose of the group is to **capture expert knowledge** on the relationship between antimicrobial resistance (AMR) genotypes and antimicrobial susceptibility testing (AST) phenotypes in bacterial pathogens, in a manner that:

- i. Recognises and accounts for differences between species (is organism-specific);
- ii. Connects with EUCAST Expert Rules, Expected Phenotypes, and other standards as far as practicable;
- iii. Uses standardised data structures to capture expert knowledge, which are interoperable with a range of informatics tools and databases (i.e. not platform-specific).

The initial focus of the ESGEM-AMR working group will be expert curation of <u>interpretive</u> <u>standards for AMR genotypes</u> in the <u>AMRrules</u> format, but may expand in future to include other activities/projects.



#### github.com/interpretAMR/AMRrules

## Organism-specific interpretation of genotype report

#### <u>Standardized</u> AMR genotype report

| Gene symbol | Class              | Subclass           |
|-------------|--------------------|--------------------|
| blaSHV-11   | BETA-LACTAM        | BETA-LACTAM        |
| fosA        | FOSFOMYCIN         | FOSFOMYCIN         |
| oqxA        | PHENICOL/QUINOLONE | PHENICOL/QUINOLONE |
| oqxB19      | PHENICOL/QUINOLONE | PHENICOL/QUINOLONE |
| blaCTX-M-15 | BETA-LACTAM        | CEPHALOSPORIN      |

#### <u>Interpreted</u> genotype report

| Context  | Drug          | Interpretation |
|----------|---------------|----------------|
| core     | penicillins   | wt R           |
| core     | fosfomycin    | wt S           |
| core     | ciprofloxacin | wt S           |
| core     | ciprofloxacin | wt S           |
| acquired | ceftriaxone   | nwt R          |

(example NCBI AMRfinderplus output)









Google sheet: bit.ly/AMRrules Spec02

| organism            | GTDB taxonomy                                       |
|---------------------|---|
| gene                | NCBI AMR reference gene hierarchy                   |
| refseq accession    | Optional: NCBI RefSeq accession                     |
| ARO accession       | Optional: CARD ARO accession                        |
| mutation            | Optional: Mutation within gene                      |
| context             | Core or acquired                                    |
| drug                | Drug OR drug class (WHO ATC Index)                  |
| drug class          | Drug Off drug class (WHO ATO Index)                 |
| category            | Expected phenotype category (wt/nwt and S/I/R)      |
| PMID                | PubMed ID for supporting literature                 |
| rule curation note  | Optional: brief description of rule logic/mechanism |
| breakpoint          | Definition used to define category                  |
| breakpoint_standard | AST standard used (e.g. EUCAST 2024)                |

**All links at:** github.com/interpretAMR/AMRrulesCuration/







Google sheet: bit.ly/AMRrules Spec02

| organism            | GTDB taxonomy                                       |  |  |  |  |
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| mutation            | Optional: Mutation within gene                      |  |  |  |  |
| context             | Core or acquired                                    |  |  |  |  |
| drug                | Drug OR drug class (WHO ATC Index)                  |  |  |  |  |
| drug class          |   |  |  |  |  |
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| rule curation note  | Optional: brief description of rule logic/mechanism |  |  |  |  |
| breakpoint          | Definition used to define category                  |  |  |  |  |
| breakpoint_standard | AST standard used (e.g. EUCAST 2024)                |  |  |  |  |
| evidence level      | To be defined                                       |  |  |  |  |
| explanatory note    | To be defined                                       |  |  |  |  |

**All links at:** github.com/interpretAMR/AMRrulesCuration/





| organism                  | gene      | refseq             | ARO             | mut. | context | drug       | drug class       | category | PMID     | rule curation note  | breakpoint      | breakpoint_standard                                   |
|---------------------------|-----------|--------------------|-----------------|------|---------|------------|------------------|----------|----------|---|-----------------|---|
| sKlebsiella<br>pneumoniae | blaSHV    | NF000285.<br>3     | ARO:3000<br>015 | -    | core    | -          | penicillins      | wt R     | 32284385 | Specific alleles can be ESBL, these are mostly mobile   | not applicable  | Expected resistant phenotypes v1.2 (13 January, 2023) |
| sKlebsiella<br>pneumoniae | oqxA      | NF000272.          | ARO:3003<br>922 | -    | core    |            | fluoroquinolones | wt S     | 30834112 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter  | MIC <=0.25 mg/L | EUCAST v14.0 (2024)                                   |
| sKlebsiella<br>pneumoniae | oqxB      | NF000037.          | ARO:3003<br>923 | -    | core    | -          | fluoroquinolones | wt S     | 30834112 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter  | MIC <=0.25 mg/L | EUCAST v14.0 (2024)                                   |
| sKlebsiella<br>pneumoniae | fosA5_fam | NF040540.          | -               | -    | core    | fosfomycin | -                | wt S     | 33128341 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter (fosA5_family is the parent node for K. pneumoniae chromosomal fosA) | MIC >128 mg/L   | ECOFF (January 2024)                                  |
| sKlebsiella<br>pneumoniae | fosA5     | WP_01257<br>9083.1 | ARO:3003<br>209 | -    | core    | fosfomycin | -                | wt S     | 25441705 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter  | MIC >128 mg/L   | ECOFF (January 2024)                                  |
| sKlebsiella<br>pneumoniae | fosA6     | WP_06917<br>4570.1 | ARO:3004<br>111 | -    | core    | fosfomycin | -                | wt S     | 27261267 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter  | MIC >128 mg/L   | ECOFF (January 2024)                                  |
| sKlebsiella<br>pneumoniae | fosA10    | WP_00421<br>4174.1 | -               | -    | core    | fosfomycin | -                | wt S     | 32431524 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter  | MIC >128 mg/L   | ECOFF (January 2024)                                  |

Example - Klebsiella pneumoniae, covering core genes and wildtype phenotypes





## **ESGEM-AMR**: Initial (Phase 1) Priorities

Create AMRrules that clearly delineate **core genes** associated with **'wildtype'** phenotypes for each species (**wt S** or **wt R**)

- Use expert knowledge, literature, and matched genome/AST data where available
- Focus on EUCAST breakpoints/ECOFFs as the target for definition
- Aim to explain all Expected Resistances with core genes

## **EUCAST Expected Resistance Rules**

Susceptibility testing is best avoided. A result which goes against the expected phenotype should be viewed with suspicion.

| Rule | Organisms  | Ampicillin/Amoxicillin | Amoxicilin-<br>clavulanic acid | Ampicillin-sulbactam | Ticarcillin | Cefazolin,<br>Cephalothin<br>Cefalexin, Cefadroxil | Cefoxitin <sup>2</sup> | Cefuroxime | Tetracyclines | Tigecycline | Polymyxin B,<br>Colistin | Fosfomycin | Nitrofurantoin |
|------|--|------------------------|--------------------------------|----------------------|-------------|--|------------------------|------------|---------------|-------------|--------------------------|------------|----------------|
| 1.1  | Citrobacter koseri, Citrobacter<br>amalonaticus <sup>3</sup> | R                      |                                |                      | R           |  |                        |            |               |             |                          |            |                |
| 1.2  | Citrobacter freundii <sup>4</sup>                            | R                      | R                              | R                    |             | R  | R                      |            | - 1           |             | 0.0                      |            | 10.5           |
| 1.3  | Enterobacter cloacae complex                                 | R                      | R                              | R                    |             | R  | R                      | 50         | 3             |             | 63                       |            |                |
| 1.4  | Escherichia hermannii  | R                      |                                |                      | R           |  |                        |            |               |             |                          |            |                |
| 1.5  | Hafnia alvei   | R                      | R                              |                      |             |  |                        |            |               |             | R                        |            |                |
| 1.6  | Klebsiella aerogenes   | R                      | R                              | R                    |             | R  | R                      |            |               |             |                          |            |                |
| 1.7  | Klebsiella pneumoniae complex                                | R                      |                                |                      | R           |  |                        | , y        |               |             | (c)                      |            |                |
| 1.8  | Klebsiella oxytoca   | R                      |                                |                      | R           |  |                        |            |               |             | e2                       | V.         |                |

www.eucast.org/expert\_rules\_and\_expected\_phenotypes/expected\_phenotypes





| organism                  | gene      | refseq             | ARO             | mut. | context | drug       | drug class       | category | PMID     | rule curation note  | breakpoint      | breakpoint_standard                                   |
|---------------------------|-----------|--------------------|-----------------|------|---------|------------|------------------|----------|----------|---|-----------------|---|
| sKlebsiella<br>pneumoniae | blaSHV    | NF000285.<br>3     | ARO:3000<br>015 | -    | core    | -          | penicillins      | wt R     | 32284385 | Specific alleles can be ESBL, these are mostly mobile   | not applicable  | Expected resistant phenotypes v1.2 (13 January, 2023) |
| sKlebsiella<br>pneumoniae | oqxA      | NF000272.          | ARO:3003<br>922 | -    | core    |            | fluoroquinolones | wt S     | 30834112 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter  | MIC <=0.25 mg/L | EUCAST v14.0 (2024)                                   |
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| sKlebsiella<br>pneumoniae | fosA5_fam | NF040540.          | -               | -    | core    | fosfomycin | -                | wt S     | 33128341 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter (fosA5_family is the parent node for K. pneumoniae chromosomal fosA) | MIC >128 mg/L   | ECOFF (January 2024)                                  |
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| sKlebsiella<br>pneumoniae | fosA6     | WP_06917<br>4570.1 | ARO:3004<br>111 | -    | core    | fosfomycin | -                | wt S     | 27261267 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter  | MIC >128 mg/L   | ECOFF (January 2024)                                  |
| sKlebsiella<br>pneumoniae | fosA10    | WP_00421<br>4174.1 | -               | -    | core    | fosfomycin | -                | wt S     | 32431524 | Wildtype core gene, not expected to confer multiple drug resistance unless mobilised under strong promoter  | MIC >128 mg/L   | ECOFF (January 2024)                                  |

Example - Klebsiella pneumoniae, covering core genes and wildtype phenotypes





## **ESGEM-AMR:** Secondary/Phase 2 goals

#### **Develop the specification**

- Outstanding issues, including coding complex variants
- Evidence standards
- Incorporate quantitative estimates (e.g. OR [95% interval] for association with R)

## Define rules for acquired resistance

- Depends on sufficient high-quality matched genome/AST data
- Ultimate goal to automate this as much as possible to reduce curation burden

## Clinical reporting rules?

- Would need to be in partnership with other groups

## Where to start?





## **Getting started**



**Technical guidance v1.2:** bit.ly/AMRrules Tech12

AMR Rules: Interpretive Standards for AMR Genotypes

ESGEM-AMR Working Group
Technical Guidance for
Defining Interpretive Rule Sets

**All links at:** github.com/interpretAMR/AMRrulesCuration/





## Getting started - general approach

Make a copy of the rule template for the subgroup to populate

Add a row for each drug on the EUCAST 'Expected resistance' list for the organism

Run AMRfinderplus on a set of genomes with known phenotypes, to identify core genes

Try to map core genes to Expected Resistances (to define **wt R rules**), otherwise explore MIC distributions and breakpoints to define **wt S rules** for them

Remember to keep track of all analyses, logic, and references that would be useful to include in an overall phase-1 paper, or in a subgroup-specific organism-focused paper





## Once rules are drafted

- Add the rules (in TSV format) to the /draftrules directory in the GitHub (<a href="https://github.com/interpretAMR/AMRrulesCuration">https://github.com/interpretAMR/AMRrulesCuration</a>)
- These will be reviewed for format and content (including the linked supporting evidence) by someone outside the subgroup
  - Chairs or delegates... perhaps subgroups can each review 2 others?
- Jane (or other members of Data & Tools group) will review and test using available wildtype and non-wildtype genome data
  - Will depend on data availability, ideally we will create a test suite of wildtype/nonwildtype genomes for each organism
- Criteria for review and testing will be reviewed and discussed as the working group progresses.





## Once rules are approved

- Approved rule sets (in TSV format) will be moved from /draftrules to /rules in the GitHub (<a href="https://github.com/interpretAMR/AMRrulesCuration">https://github.com/interpretAMR/AMRrulesCuration</a>)
- Versioned release including new rules plus release notes recording the addition of the organism and the names of all contributors

Goal is to have an initial ruleset covering core genes and wildtype phenotypes for as many organisms as possible, ready for release and publication in April 2025 for presentation at ESCMID Global

 Additional rules for acquired genes can be added at any time before or after this, any updates will be tested and go into versioned releases

## **Data Sharing**





## **Data sharing**

#### **ESGEM-AMR**

Memorandum of Understanding (v1.0, 4 April 2024)

#### 8. Data ownership and responsibilities.

- a. Working Group members retain at all times the ownership and associated rights and responsibilities of any genomic sequence data, AST data, and associated metadata that they contribute to the Working Group.
- b. Members are responsible for ensuring that they comply with all relevant ethics and governance requirements in association with their data, including de-identification of patient-level information and location information.
- c. Wherever possible, data (sequence, AST and metadata) should be deposited in public repositories rather than shared privately with the Working Group.
- d. Where a member does share data privately with the Working Group, they must confirm in writing the intended purpose of sharing the data (e.g. for a specific analysis or paper) and clearly indicate any specific restrictions on the use of the shared data. All members must treat privately shared Working Group data as confidential, as per the "Code of Ethics and Professional Conduct". As ESGEM-AMR is not a formal legal entity it is preferable to avoid formal Data Sharing Agreements; however if one is required, parties to the agreement will be decided on a needs basis case by case.





## **Data sharing**

The MOU is designed to mitigate against unethical behaviour by members, but it is not legally enforceable.

As ESGEM-AMR is not a legal entity, it cannot be a party to Data Sharing Agreements. Therefore any legal agreements need to be handled within the subgroups, between parties within the group who need to share data. ESGEM-AMR organisers can help advise and work through options if needed.

#### Suggested model:

- Share only what is needed i.e. sequence + MIC
  - There should be no need to share any personal, clinical or even source information
  - Check your local ethics/governance as you may not need formal agreements to share this kind of data as it concerns only bacterial isolates in pure culture
- Note the suggested protocol does not require sharing of sequence reads or assemblies, the aims could be
  achieved by each data-owner running the latest version of AMRfinderplus (v3.12.8) and sharing the output table with
  the group
  - Avoids the risk of group members running unauthorised analyses with shared data
  - Avoids issues of transferring and storing large files
- The easiest way to share data is to make it public, i.e. deposit/publish WGS+AST data and share accessions
  - This will be needed ultimately if subgroups want to publish details of their curation work within subgroups

## Working group outputs



- 1. Interpretive standards in the form of **AMRrules** rule sets
- 2. **InterpretAMR** code to annotate genotype reports (hAMRonize compatible)
  - NOTE: code prototype only works with AMRFinderPlus output, need to work on this to be compatible with hAMRonize format, and identifiers from input databases besides refgene
- 3. Publication describing initial expert curation of **AMRrules** rule sets
  - ✓ Validated rules for core genes & expected resistances in key organisms
  - ✓ Discussion of data structure and issues
  - ✓ Requirements for systematic matched genome + AST data for acquired resistance

## **Principles guiding WG outputs**



FAIR principles: Findable, Accessible, Interoperable, Reusable

- All materials freely available in GitHub repository
  - o github.com/interpretAMR/AMRrules
  - <u>github.com/interpretAMR/AMRrulesCuration</u>
- Interoperable with NCBI refgene, hAMRonization, CARD tools and databases as far as possible
- Linked with EUCAST Expert Rules, guidance on WGS for AST prediction, and other materials as far as possible (EUCAST are partners)

## **Schedule for Update Meetings**



## **Agenda for Update Meetings**

- Issues emerging related to protocols, rule specification, etc
- Updates from subgroups
- Planning for outputs, conferences, funding

#### **Attendees**

- Open to all, but not compulsory
- One spokesperson per subgroup (lead or delegate)

July 11/19 - Kickoff meeting (this one!)

September 5/6 (+ UK meetup?)

October 14/15 (+ ASM NGS meetup?)

**November TBD** 

**December TBD** 

**January TBD** 

**February TBD** 

March TBD

**April 11-15** - ESCMID Global (Vienna meetup?)

## Housekeeping



#### Have you joined slack?

If you need the link, email <a href="mailto:esqem.amr@gmail.com">esqem.amr@gmail.com</a>

#### Requests to add members

- Any new additions need to be considered by the Chairs and the relevant subgroup lead
- We will consider a second call for volunteers for orphan bugs, and perhaps for more data for existing subgroups, after we see how things are progressing
- All members need to be properly registered and sign the MOU
- Do not share the slack invite, or any Zoom links for ESGEM-AMR or its subgroups, with anyone who has not signed the MOU

## Open issues to consider



- Evidence levels balance mechanistic vs correlation, extrapolation from other organisms
- Genome quality
- AST data quality most data will be from automated platforms
- Definition of core genes? minimum number, diversity, threshold proportion?
- Which drugs should be included for a given organism?
- What if there's no breakpoint?
- What if there's multiple breakpoints?
- What if the breakpoint cuts the MIC distribution in half?
- When should we define a rule for a drug class rather than individual drugs?
- Can/should we define a rule for a taxonomic group other than species?
  - Species complex? Genus? Family?
- Can we assume some acquired genes have universal effects?
- How to define rules for combined effects of multiple genes/variants?
- How to handle combination drugs?
- How to ensure interoperability with multiple upstream databases & tools?
- Quantitative rules? OR [95% CI]



## Questions? / Any other business?



