Serological Science Network (SeroNet)

SeroNet Update July 10, 2024

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Supplemental funding from Congress

- Enacted April 24th, 2020
- •\$306M for NCI to develop, validate, improve, and implement serological testing and associated technologies
- COVID-19-focused and distinct from annual appropriation

134 STAT. 620

PUBLIC LAW 116-139—APR. 24, 2020

Public Law 116–139 116th Congress

An Act

Apr. 24, 2020 [H.R. 266]

Paycheck Protection Program and Health Care Enhancement Act. 15 USC 9001 Making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2019, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Paycheck Protection Program and Health Care Enhancement Act".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

Sec. 3. References.



Serological Sciences Network (SeroNet)

Nationwide network supporting a broad range of serological sciences research to advance understanding of all aspects of the immune response to SARS-CoV-2 infection & vaccination.

SeroNet Goals

- Develop and deploy serological assays
- Characterize innate, adaptive and humoral responses to SARS-CoV-2
- Determine confounding host factors that might modulate the immune response
- Determine serological correlates of disease pathogenesis and protection
- Identify and address barriers to vaccination



SeroNet is a Coordinated Research Network

Grants (U54s [8] and U01s [13])

- Characterize immune responses
- Basic & applied serological research

FNL Contracts (Capacity Building Centers, CBCs [4])

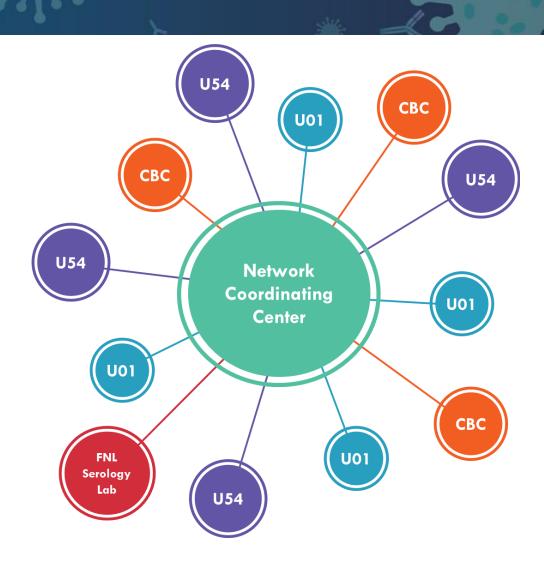
- Capacity for serological testing
- Acquire biospecimens for standards and research community use
- Conduct serosurveillance studies

FNL Serology Lab

- Help FDA assess commercial serology devices submitted for EUA
- Develop serology assays and resources, including the U.S. national serology standard

FNL Network Coordinating Center

- Organize steering committee and investigator meetings
- Manage communication and outreach
- Coordinate reagent sharing and distribution
- Coordinate data management



Special populations studied across SeroNet

- Cancer
 - Hematological malignancies
 - Solid tumors
 - Hematopoietic cell transplant recipients
- Immune-mediated inflammatory disease
 - Rheumatoid arthritis
 - Lupus
 - Inflammatory bowel disease

- Solid organ transplants
- People living with HIV
- Health care workers
- Elderly
- Underserved communities
- Pregnant women
- Children



SeroNet Principles



Research funded through SeroNet must be published in an Open Access format



Data underlying the research must be shared immediately upon publication



SeroNet-wide network agreement promotes pre-publication data sharing and collaboration



Frequent assessments for adjustments to meet current research needs

Solicited feedback from SeroNet Leadership and conducted an NIAID/NCI internal assessment on:

- Four Capacity Building Centers and their alignment to network needs and pandemic status (2023)
- Transition review of U01 and U54s after first two years of award (2022) for their scientific progress and new areas of opportunity

CBC assessment & implementation

- Feedback from the Panel included:
 - Serological testing: Clinical demand no longer present nationally
 - Serosurveillance: CBCs conduct important, but not unique research
 - Biospecimens: Limited interest from SeroNet investigators for CBC data and samples
- Recommendation: Maintain 1 CBC through 2024 for breadth of longitudinal study cohorts and ongoing research, discontinue efforts at other 3 CBCs



Transition Review After 2 Years

- All U01s (13) and U54s (8) reviewed for scientific progress and pandemic relevance after 2 years
 - One grant was disapproved for transition and two grants were on no-cost extensions, demonstrating NCI's fiscal responsibility in administering the funds.
- Allowed flexibility to adjust scientific aims within scope to pivot with the pandemic
 - Rapid availability of SARS-CoV-2 vaccines necessitated pivots to account for vaccination in longitudinal cohort studies
 - Viral variants and their impact on vaccine induced immune responses/protection
 - Inclusion of Long-COVID research

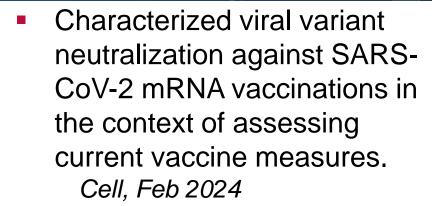


SARS-CoV-2 Immune Response



Scott Boyd Stanford

Vaccination confers broader IgG binding of variant RBDs than SARS-CoV-2 infection and imprinting from initial antigen exposures alters IgG responses to viral variants. Cell, Mar 2022





Shan-Lu Liu Ohio State



Daniela Weiskopf

La Jolla Institute

Report a comprehensive map of epitopes recognized by CD4+ and CD8+ T cell responses across the entire SARS-CoV-2 viral proteome. *Cell Rep Med, Sep 2021*

SARS-CoV-2 ORF6
 polymorphisms antagonize
 IFN-induced signaling during
 infection contributing to viral
 pathogenesis.

Host Cell Microbe, Oct 2023



Adolfo Garcia-Sastre Mount Sinai



SARS-CoV-2 Vaccine Responses in Patients with Cancer



Rafi Ahmed *Emory*

 Antibody binding and function against SARS-CoV-2 was substantially lower in vaccinated patients with NHL/CLL compared with healthy participants.

J Clin Oncol, Apr 2022

Patients with solid tumors attained higher peak levels and sustained antibody levels 4 to 6 months after vaccination compared with those with hematologic malignancies.

Cancer Res, Dec 2021

immunotherapy show a substantial qualitative deviation from non-cancer subjects in their CD4+ T-cell response to mRNA vaccine

J Immunother Cancer, Jan 2024

Lung cancer patients on



Eugene Oltz
Ohio State

Jane Figueiredo Cedars-Sinai



SARS-CoV-2 Vaccine Responses in Other Special Populations



Andrea Cox Johns Hopkins

COVID-19 vaccination induces distinct T-cell responses in pediatric solid organ transplant recipients and immunocompetent children.

NPJ Vaccines, Apr 2024



Galit Alter
Ragon Institute

 Humoral immunity to an endemic coronavirus is associated with PASC in individuals with rheumatic diseases

Sci Transl Med, Sep 2023

Patients with severe asthma on biologic therapies have lower antibody levels, and virus specific B and CD8 T cell counts after SARS-CoV-2 mRNA vaccination.

> J Allergy Clin Immunology, Jun 2024

Inflammatory bowel disease patients receiving immunomodulatory therapy have inefficient induction of neutralizing antibodies against SARS-CoV-2. Vaccines, Aug 2022



F. Eun-Hyung Lee *Emory*

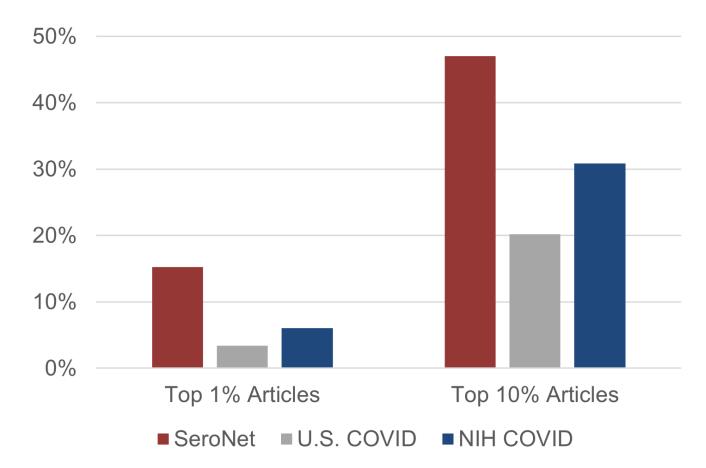


Carlos Sariol
U Puerto Rico



SeroNet Program Assessment Findings

SeroNet articles have a higher percent of highly-cited articles compared to other COVID articles coauthored by U.S. researchers (Comparator 1) or funded by NIH (Comparator 2)





Acknowledgements



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Questions



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