

A point-of-care field trial applying ATR spectroscopy to diagnose asymptomatic carriers of malaria

Bayden Wood,
Philip Heraud,
David Perez-Guaita
Anja Rüther
Miguela Martin



Outline of Talk



1. Detection of malaria (laboratory studies)
2. Detection of malaria (field studies using venous blood samples)
 - a. Thailand (approaching 319 patients)
 - b. Laos (525 patients)-Data analysed
 - c. PNG (235 patients)-Data to be analysed
3. Detection of malaria (field study using fingerprick blood sample and RBC lysis)
4. Future Directions

Classical picture



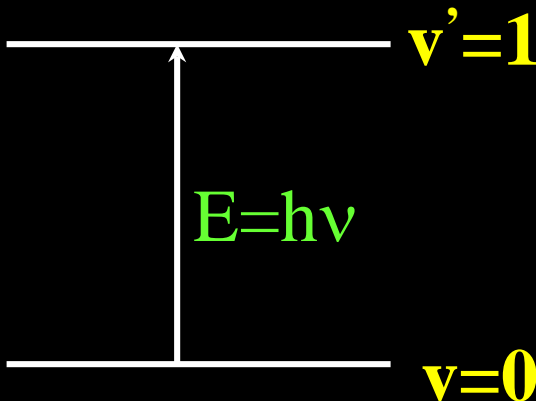
stretching
contracting

$$\bar{\nu} = \frac{1}{2\pi} \sqrt{\frac{k}{\mu}}$$

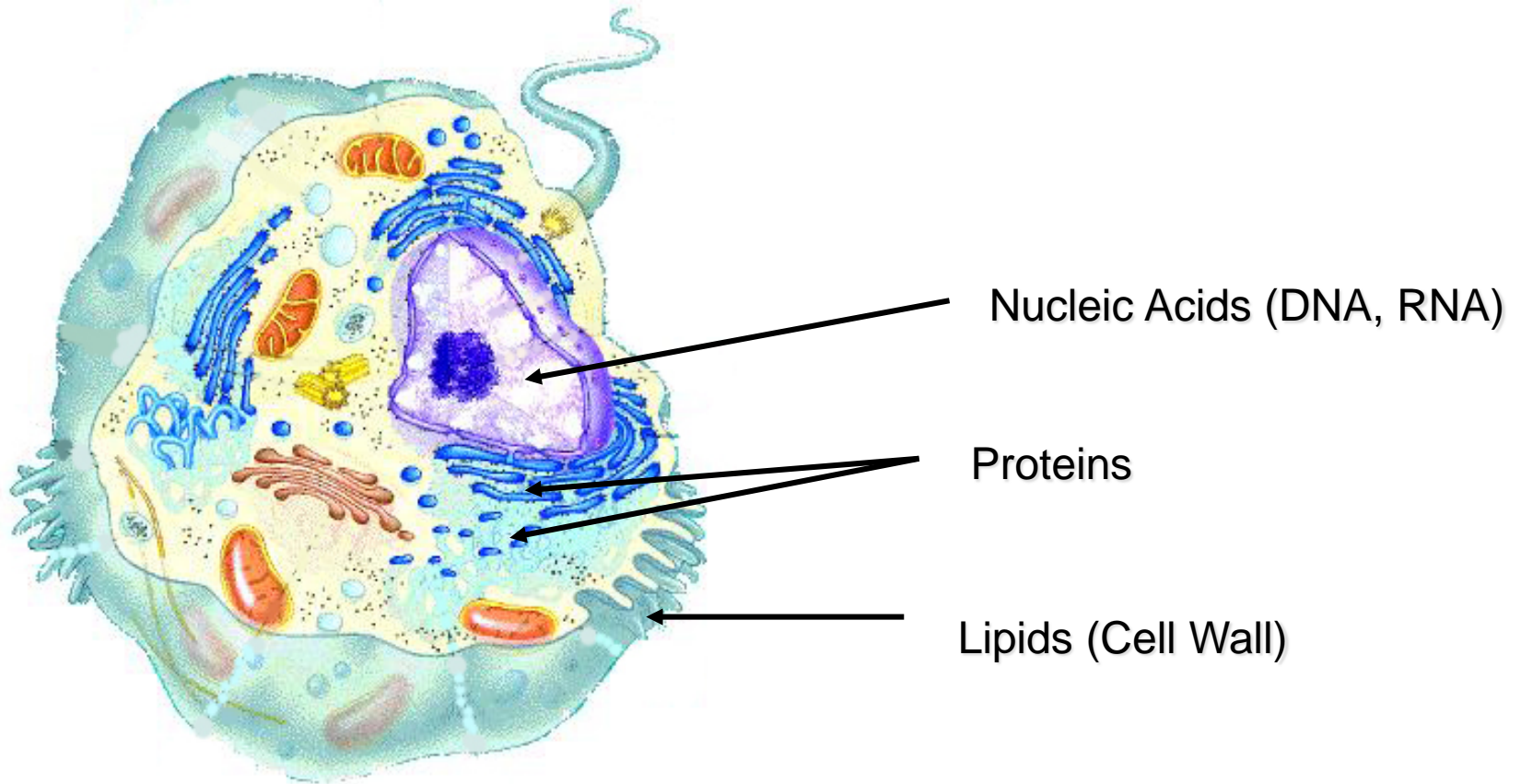
$$\mu = \frac{m1m2}{m1+m2}$$

Quantum picture

Requires a change in dipole moment to be IR active

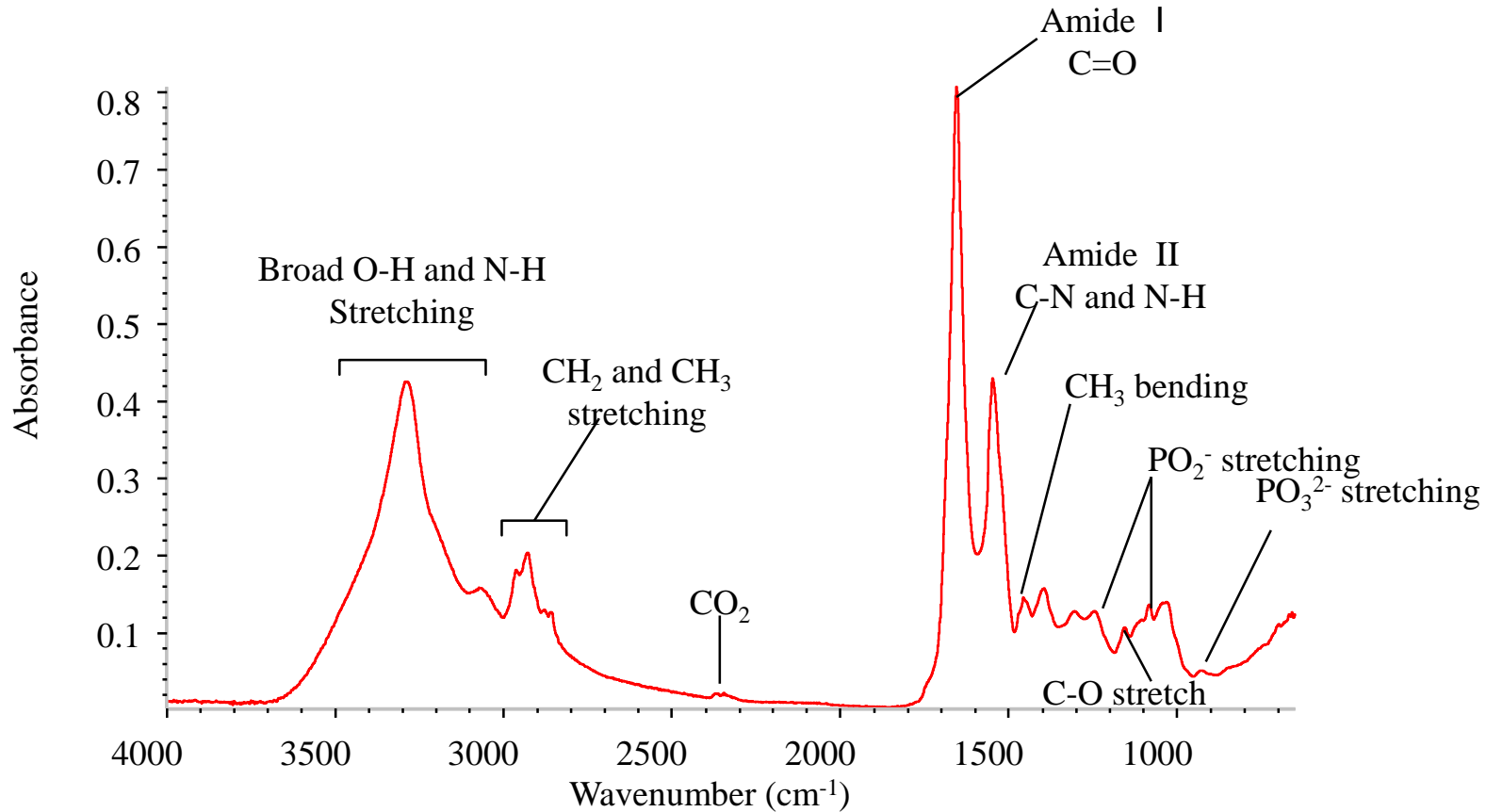


IR Marker



Each of these major classes of cellular components have **distinct IR markers**

Typical IR Spectrum of a biological sample



Amide I: 1690 – 1600

Amide II: 1575 – 1480

Lipid =CH₂: 3100 – 3000

Lipid -CH₂, -CH₃: 3000 – 2850

Nucleic Acid -PO₂: 1225, 1084

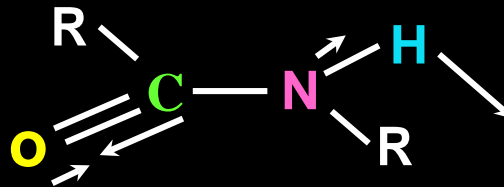
Vibrational modes of Biomolecules

Name of Mode

Mode

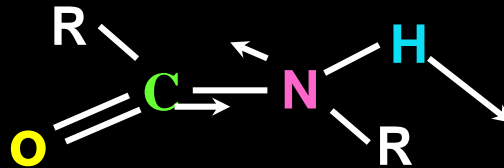
Wavenumber

Amide I



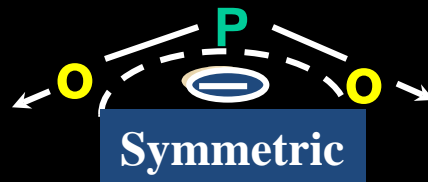
1650 cm^{-1}

Amide II



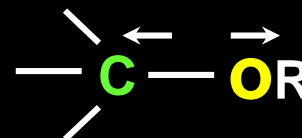
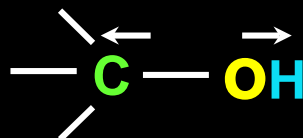
1544 cm^{-1}

Phosphate
stretches



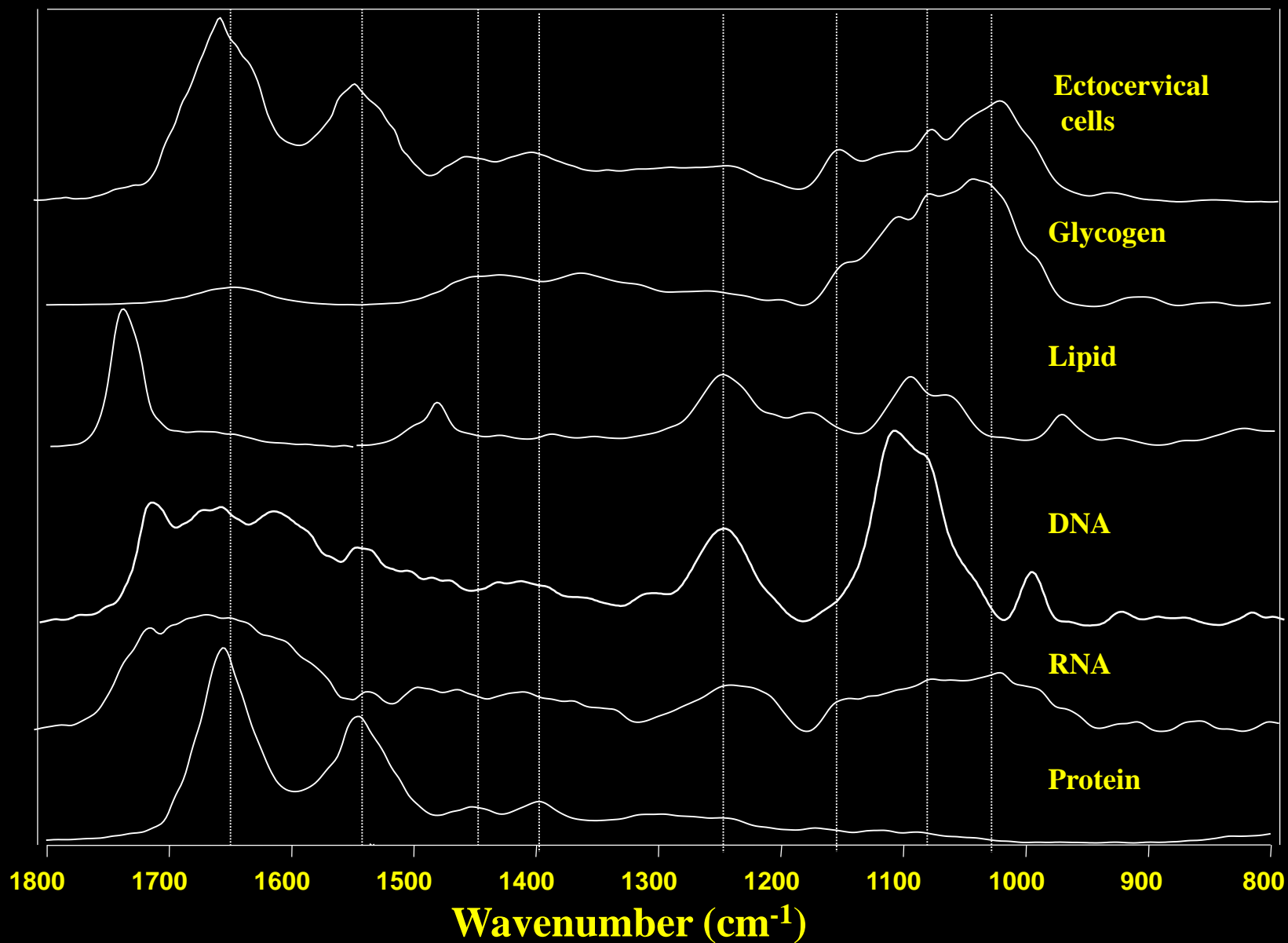
1080 cm^{-1} and
1244 cm^{-1}

Carbohydrate
Stretches



1058 cm^{-1} and
1024 cm^{-1}

FTIR Analysis of Macromolecules



Types of malaria parasites and vectors

- *P. vivax* is less virulent form
- *P. falciparum* accounts for 80% of all human malarial infections and 90% of malarial deaths throughout the world
- Transmitted by *Anopheles* mosquito



Current routine diagnostic tests available

Dipsticks, RDT strips and cassettes



- Cheap
- Can detect 70-80 parasites/ μL
- Results are usually obtained within 5 – 15 minutes
- Can detect some other species of parasite but NOT early stages
- Can't quantitate parasitemia

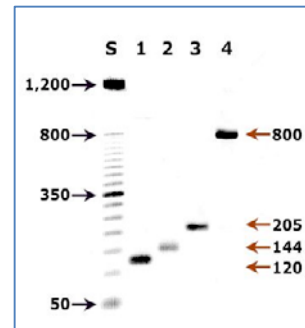
Optical microscopy

- Cheap
- Can detect 40 parasites/ μL
- Requires skilled microscopist

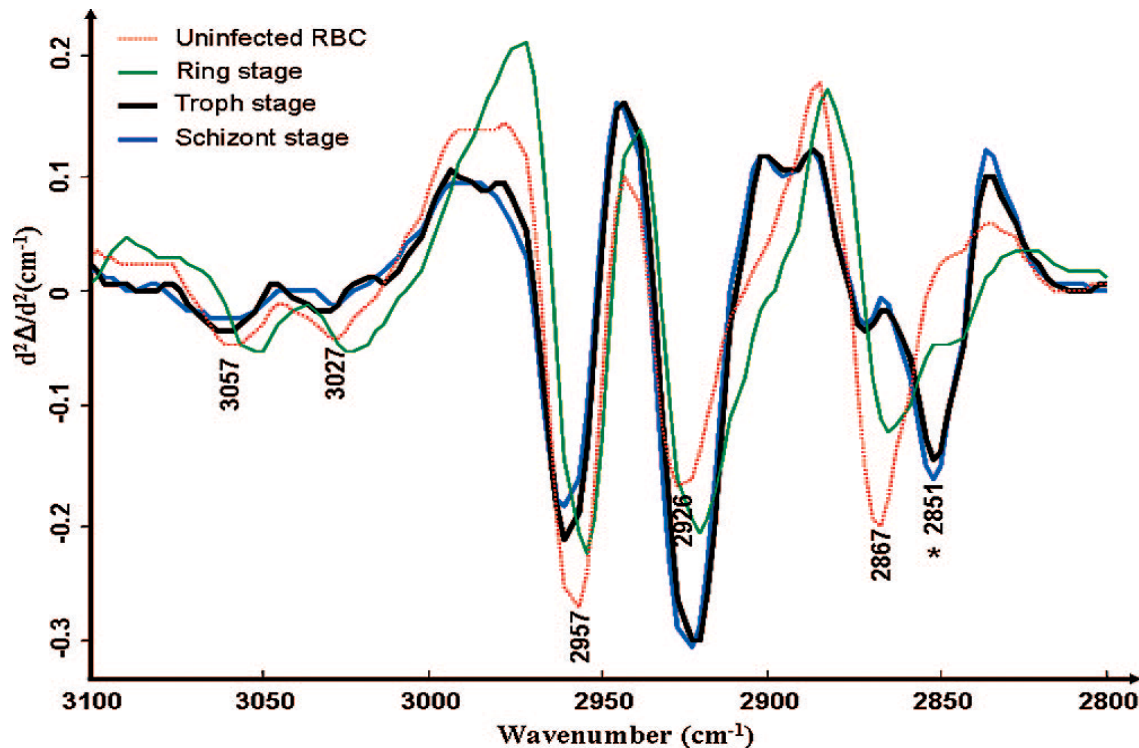


PCR assay

- Expensive
- High sensitivity
- 1 parasites/ μL
- Requires skilled lab tech
- 2-3 hours for a result

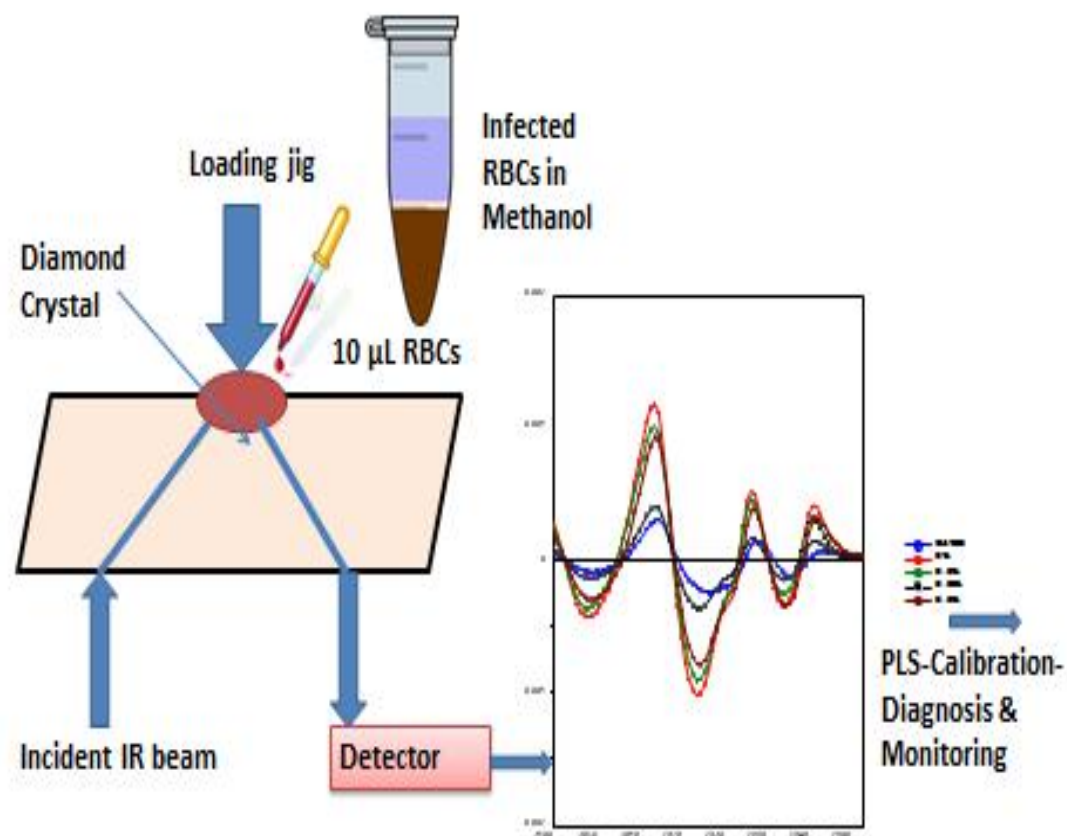


Synchrotron FTIR reveals unique lipid signature for malaria



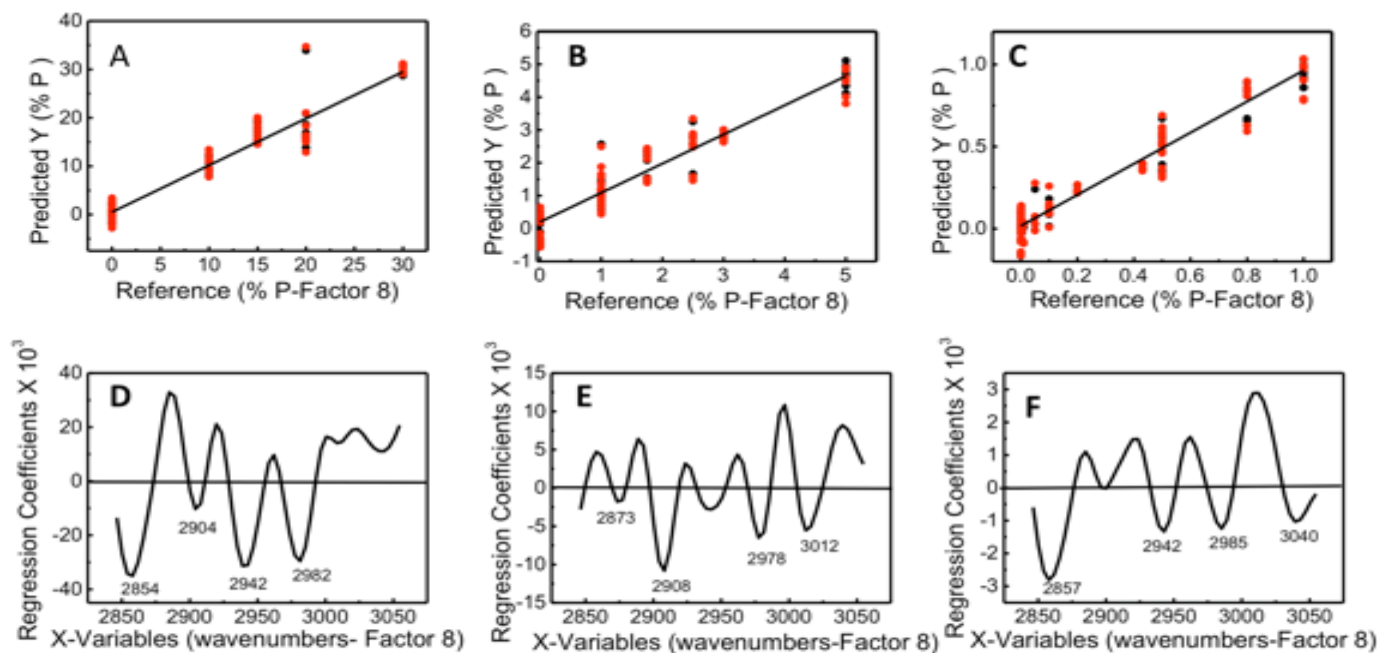
Average second-derivative spectra for infected RBCs (ring, trophozoite, and schizont stage parasites) and uninfected RBCs (control) of the C-H stretching region. (The asterisk indicates the appearance of a unique lipid band that characterises the parasite at all stages).

Attenuated Total Reflection Spectroscopy



ATR-FTIR with Single reflection diamond ATR accessory

PLS Calibration and validation plots for
 A) 5-15 %, B) 1-5 % and C) 0-1%, along with corresponding regression plots



Pilot Field Study in Thailand

Goal 1

To determine sensitivity and specificity of our existing technology in a field setting

Goal 2

Comparison of our technology versus PCR
and thin/ thick film microscopy.

Machines to be supplied by Agilent (non-commercial sponsor)
Diagnostic Trial Sponsored by Monash University



Professor Patcharee Jearanaikoon
University of Kohn Kahn

Monash-KKU Malaria Diagnostic Trial 2015 (MK MDT 2015)

Processing from site

Drawing blood
from venue blood



Collecting blood
into EDTA



Plasma
WBC
RBC



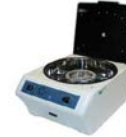
1st centrifugation at
3,500 rpm for 10 minutes
(blood component separation)

Plasma
collection



Discarding white
blood cells

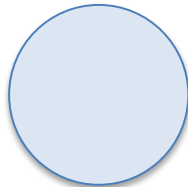
2nd centrifugation at
3,500 rpm for 10
minutes
(red blood cell
packing)



Whole blood
collection
and
rapid strip
test



Drop on filter
paper

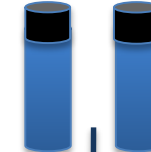


Thin
film

Thick film

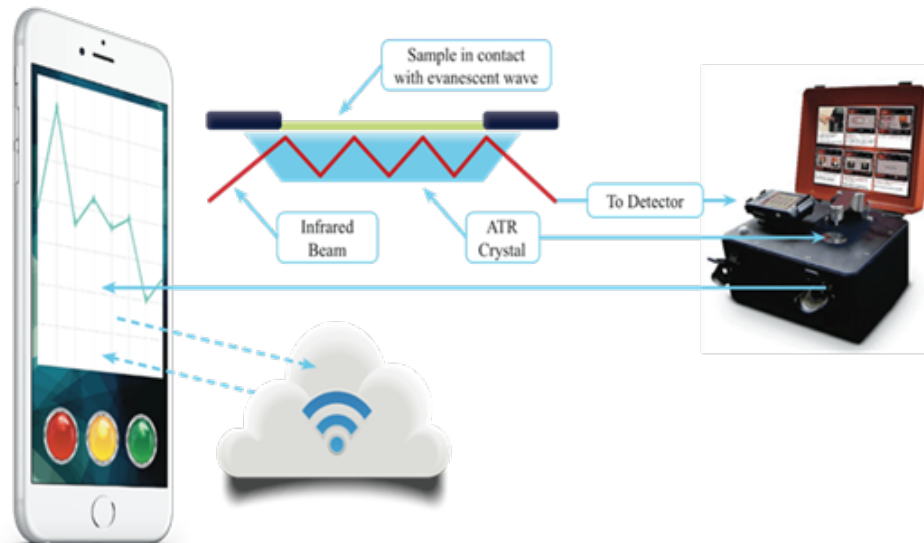


Collecting red
blood cells into 2
methanol tubes
(tube A and B)



Data loaded on Google drive in spread sheet

Malaria sample collection in Thailand

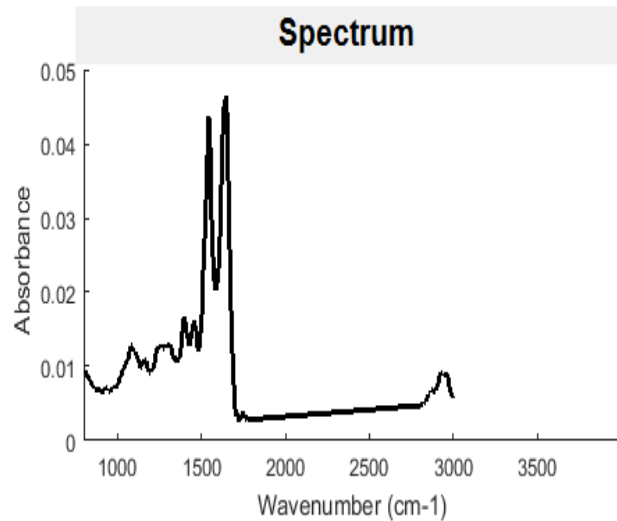
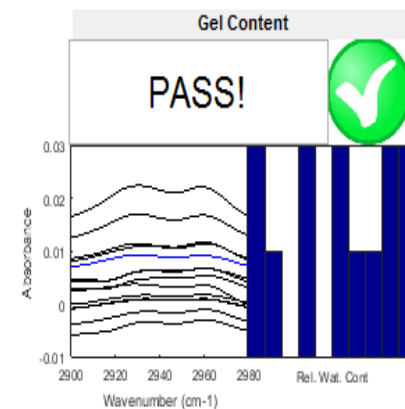
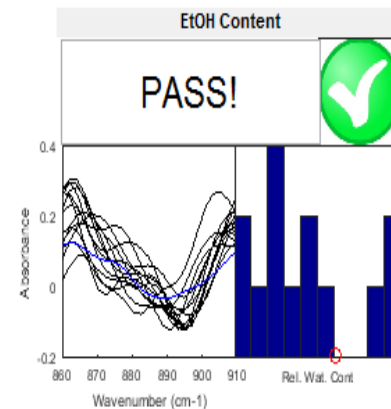
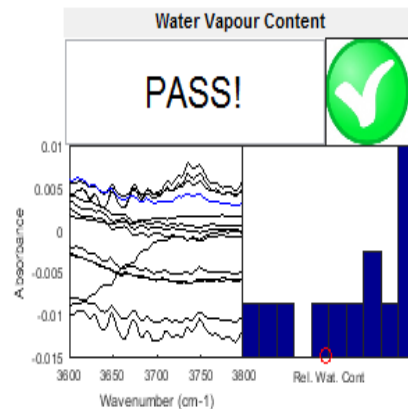
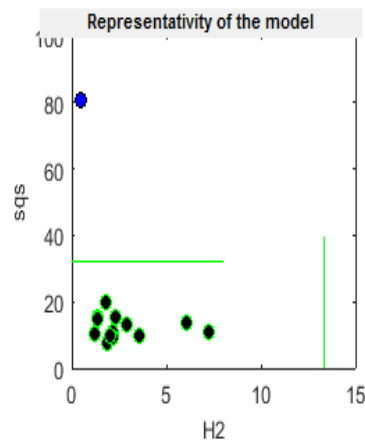


LOCATION	Cal Positive	Cal Negative	Val Positive	Val Negative	TOTAL POSITIVE	TOTAL NEGATIVE	SUM
UB	87	52	31	15	118	67	185
KK	0	54	0	37	0	91	91
KS	20	3	1	0	21	3	24
PP	5	2	7	5	12	7	19
SUM	112	111	39	57	151	168	319

LOAD SPECTRA



QUALITY CONTROLS



GOOD! YOU CAN UPLOAD THE SPECTRA

SAMPLE PARAMETERS

Add Sample to the Dataset

Hemoglobine

12.6

Glucose

4.6

Sample Name

PNG02_B007_R1_WV0
01.0

Date

31-Mar-2017

Instrument

Inst 1

Data record

Sample collection form_MK MDT 2015_Form2_25122014_PT update - Microsoft Excel

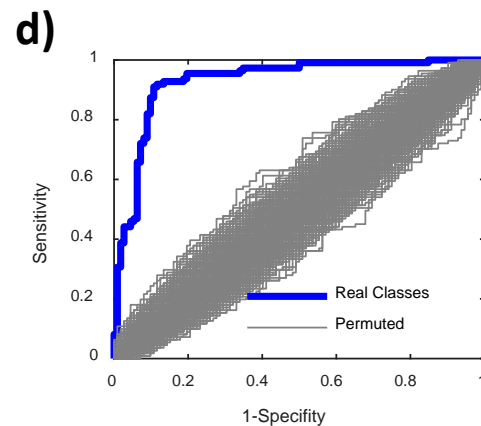
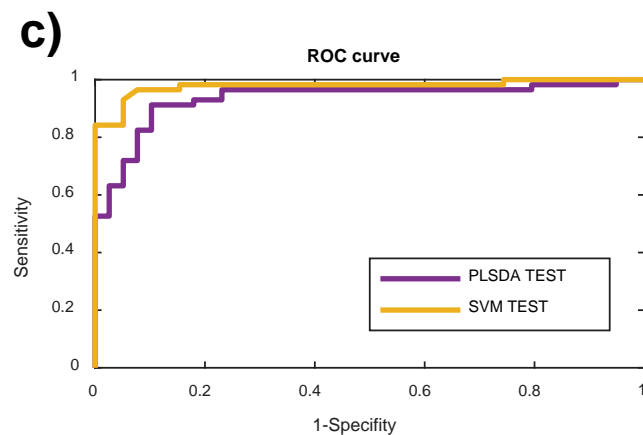
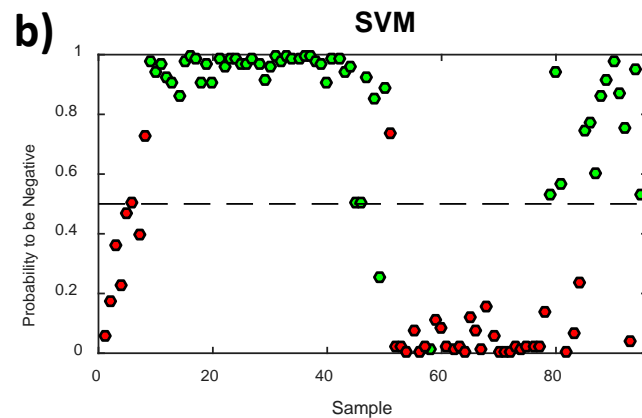
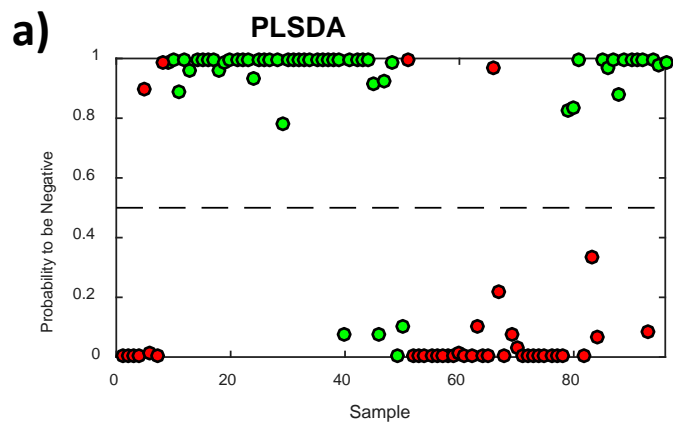
PATCHA Tips: ?

R4 : PF/PV/ Neg

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	
1	ตารางบันทึกข้อมูลการเก็บตัวอย่างผู้ป่วยมาลาเรียในโครงการ Monash-KKU Malaria Diagnostic Trial 2015 (MK MDT 2015) FORM 2:24122014																					
2	ข้อมูลปี 2014 (Information for 2014)																					
3	Sample ID (RYYMMDDXXX)										Set	เวลาที่เข้าในการเก็บตัวอย่าง (delay time)	Hospital No.	ชื่อ-สกุล (Name)	เพศ (Sex) [หญิง/ชาย] (M/F)	อายุ (Age)	Malaria	Treatment		Note		
4	R	Y	M	M	D	D	X	X	X	X	A/B	จำนวนเวลา (ชม) ภายใน 12 ชม	(HN)					PF/PV/ Neg	NO	Yes/ ยา (Drugs)		
5	PP	14							0	0	1	A					11	Neg			Lab code: MS1A	
6	PP	14							0	0	1	B					11	Neg			Lab code: MS1B	
7	PP	14							0	0	2	A					4	Neg			Lab code: MS2A	
8	PP	14							0	0	2	B					4	Neg			Lab code: MS2B	
9	PP	14							0	0	3	A					24	Neg			Lab code: MS3A	
10	PP	14							0	0	3	B					24	Neg			Lab code: MS3B	
11	PP	14							0	0	4	A					45	Neg			Lab code: MS4A	
12	PP	14							0	0	4	B					45	Neg			Lab code: MS4B	
13	PP	14							0	0	5	A					35	Neg			Lab code: MS5A	
14	PP	14							0	0	5	B					35	Neg			Lab code: MS5B	
15	PP	14							0	0	6	A					30	Neg			Lab code: MS6A	
16	PP	14							0	0	6	B					30	Neg			Lab code: MS6B	
17	PP	14							0	0	7	A					49	Neg			Lab code: MS7A	
18	PP	14							0	0	7	B					49	Neg			Lab code: MS7B	
19	PP	14					0	9	0	0	1	A			น.ส.กัณธิ์กา เทียวตรง	F	7	PV			Lab code: 09001_A	
20	PP	14					0	9	0	0	1	B			น.ส.กัณธิ์กา เทียวตรง	F	7	PV			Lab code: 09001_B	
21	PP	14					0	9	0	0	2	A			นายเพ็ง แซ่ม้า	M	39	PV			Lab code: 09002_A	

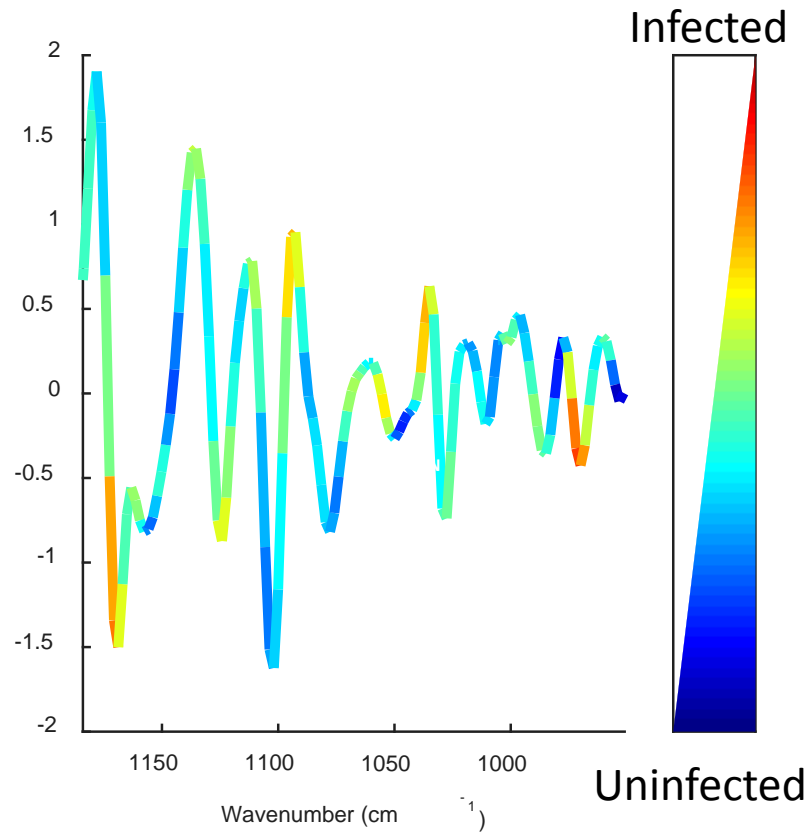
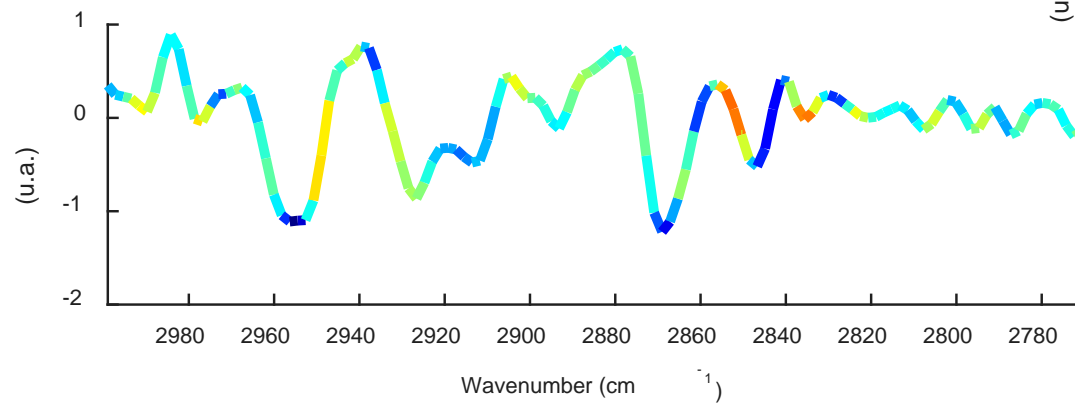
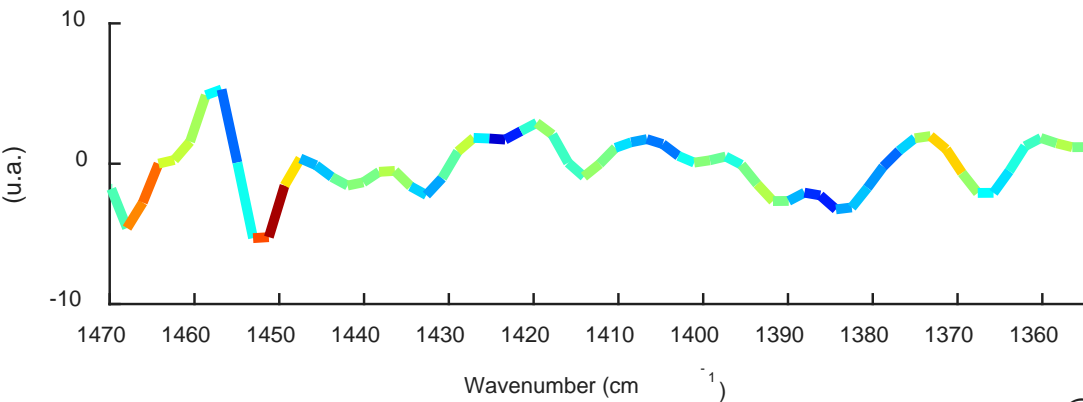
sample worksheet_V4 Lab_spectra data sheet

RESULTS



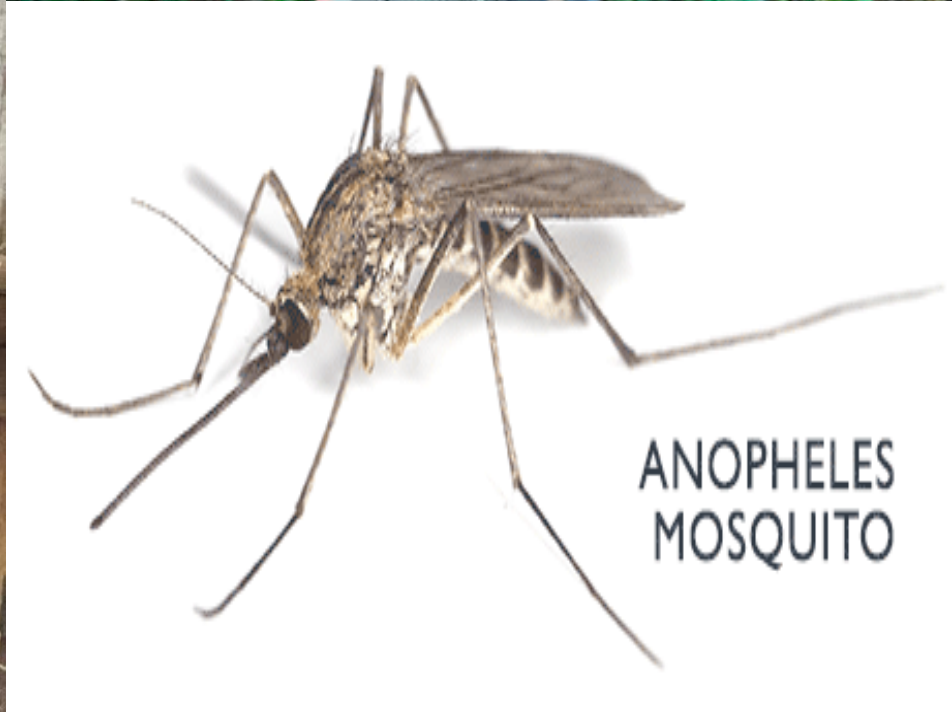
MODEL	PLSDA	SVM
SPEC (%)	91.22	96.5
SENS (%)	90.01	92.3
ERROR (%)	9.37	5.2
AUROC	0.934	0.9775

Spectral classification (is not a black box)



Blood, sweat and tears: Spectroscopy in the PNG





Malaria in the PNG is on the rise


- Largest disease burden in PNG
- Morbidity: leading cause of all outpatient visits
- Mortality: third leading cause of hospital admissions and deaths
- Endemic in every province, including those that were once malaria-free
- Underlying cause of high levels of anemia
- Contributes to high levels of maternal and infant mortality
- Social and economic costs to PNG's development









 Welcome to Tufi
International



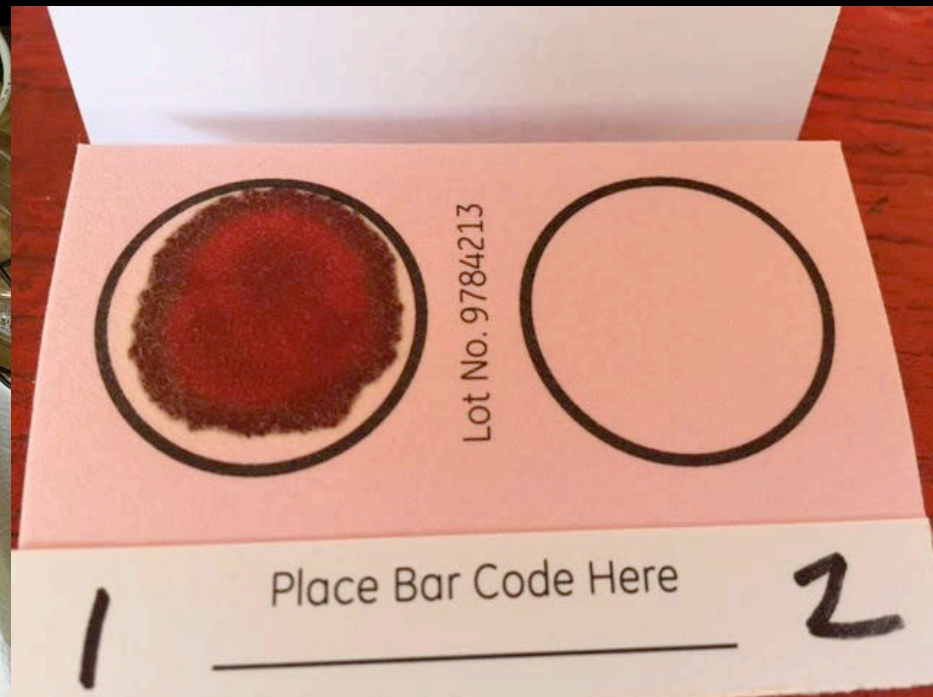






235 patients x 8 tests

- wet whole blood
- wet serum
- dry whole blood
- dry serum
- dry RBCs
- RDTs
- PCR
- glucose (Diabetes)
- total Hb (Anaemia)





PATIENT CLINICAL SUMMARY

VILLAGE Tufi

DATE 16/3/17

P. ID	Name	Home Village	Age / Sex	Ht	Wt	BGL	Hb	Clinical Presentation	Treatment
1		Tufi	22yr M.			5.2	12.0	T. 36.1°C Monash Malaria Test Care Start Malaria tvc No.1.	At. thought he may have Malaria.
4		Eastern Heavens Highland	47yo M.			5.5	12.6	T. 35.7°C Monash Malaria Test	Eye problem, explained revisit when eye doctor here.
7		Sefoa Tufi	26yo F.			4.6	12.6	T. 36.6°C Monash Malaria Test	Right knee. Fell and hurt it → Tubigrip.
12		Tufi	34yo M.			6.1	13.3	T. 36.9°C Monash Malaria Test.	Swollen left calf, started on 14/3/17. Elevation of limb and Ibuprofen 2xTID.
17			24yo F.			4.3	12.5	T. N/A Monash Malaria Test.	No other complaints (son Jeffrey - YAWS)
16		Tufi	32yo M.			5.2	15.5	T. 35.8°C Monash Malaria Test	No other Complaints.
19		Tufi	16yo F.			4.6	10.6	T. 37.0°C Stomach/gut pain. Monash Malaria Test	Rehydration salts. 3 days Diarrhoea tvc blood, vomiting Headache. Missed period.
		Tufi	3yo F.		8kg			T. 37.0°C Sweating profusely. Care Start Malaria Test Negative.	Grand parents think she may have malaria. Bilateral perforated ear-drums.
24		Tufi	17yo M.			4.7	16.3	T. 35.8°C Monash Malaria Test Past history of malaria.	Monash Test only
27		Tufi	57yo			5.7	12.5	T. Monash Malaria Test only. Past history of malaria.	Malaria Test only.

Field trial in Laos Southern Province



Champasak Province

Collaboration between:

Monash Centre for Biospectroscopy

Institute Pasteur du Laos
(Dr Paul Brey)

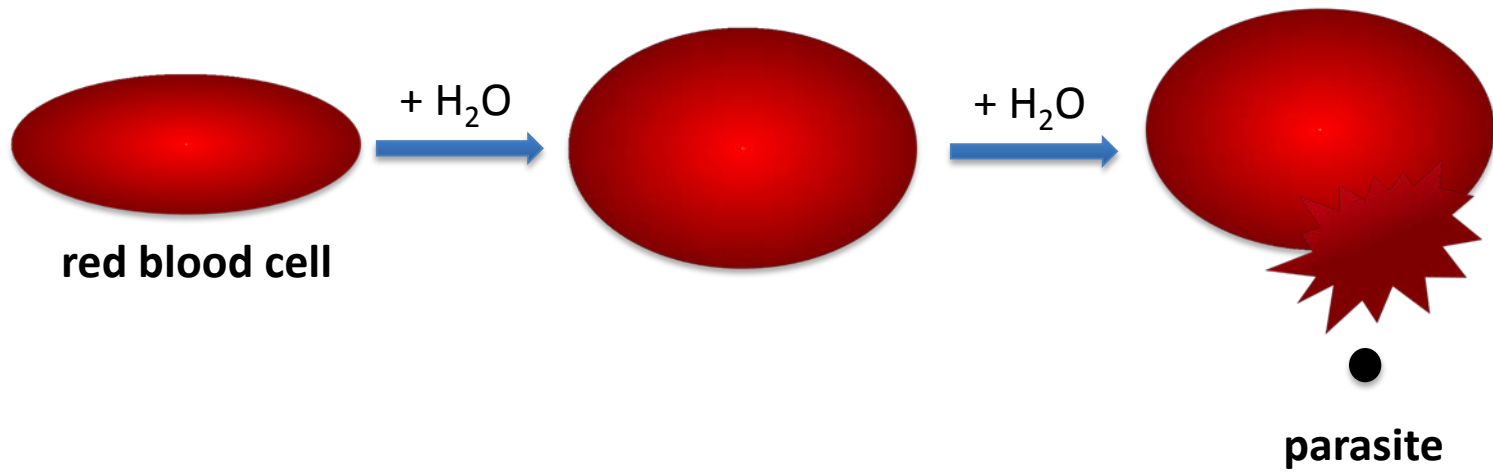
National Centre for Global Health
and Medicine, Japan
(Dr Moritoshi Iwagami)

595 patients tested with 7 RDT positives (3 P.f. and 4 P.v.)

Estimated 50 asymptomatic carriers (to be tested by PCR)

But we only got 20 in the end!!

Lyse of blood



Workflow for lysed samples (dry)

Culturing of parasites at different concentrations

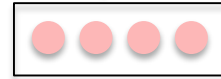
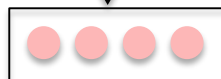
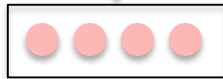
Spiking of whole blood with infected red blood cells to different concentrations:
0.001%, 0.08%, 0.3%, 0.4%, 1%, 2%

200 μ L

200 μ L

200 μ L

+ 400 μ L aqua dest
shaking
centrifugation
remove 450 μ L supernatant



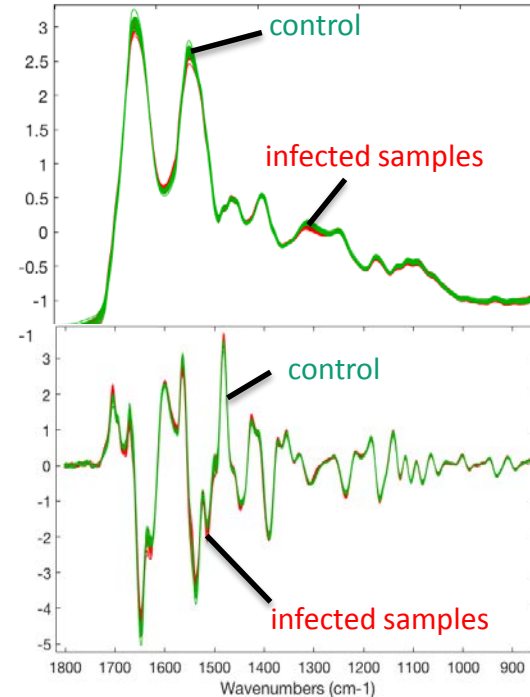
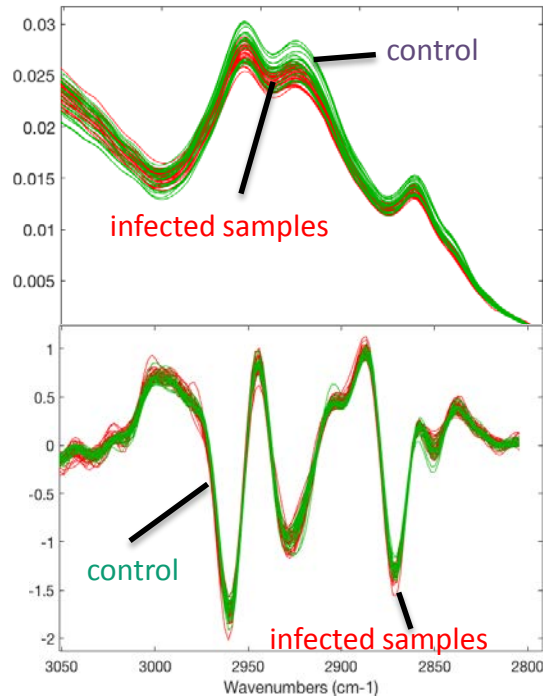
Lysed blood on glass slides (dry)

CH-stretching region

fingerprint region

ATR-FTIR spectra
(SNV normalized)

second derivative
(SNV normalized)



PLSDA on lysed samples (dry)

0.08%, 0.3% and 0.4% parasitemia

Second derivative (13pt
smooth)

SNV

Mean center

Sensitivity: 94.7%

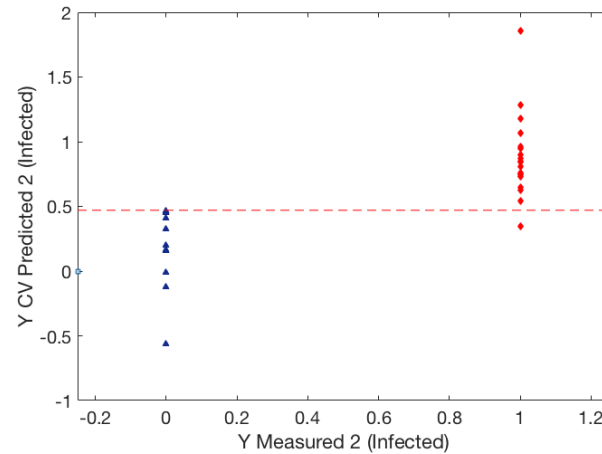
Specificity: 90.9%

LV: 6

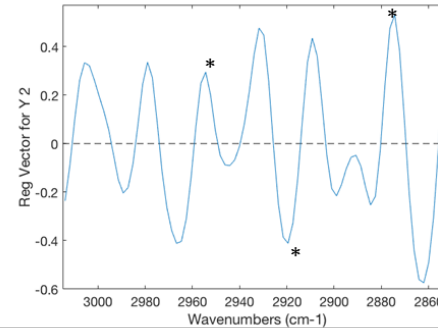
Error: 7.2%

Missclassified: 1

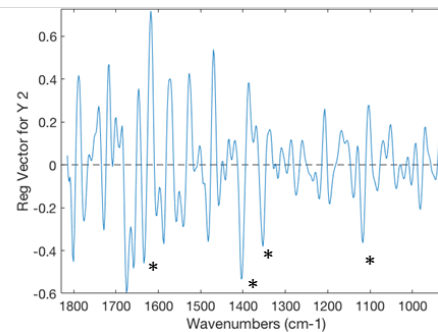
AUROC: 0.9809



CH-stretching
region



fingerprint-
region



Methods

Attenuated total reflectance Fourier transform infrared spectroscopy (ATR-FTIR)

- Lysed blood samples
- Bruker Alpha ATR-FTIR spectrometer
- 64 scans
- 3 replicates
- Background before each new sample (64 scans)

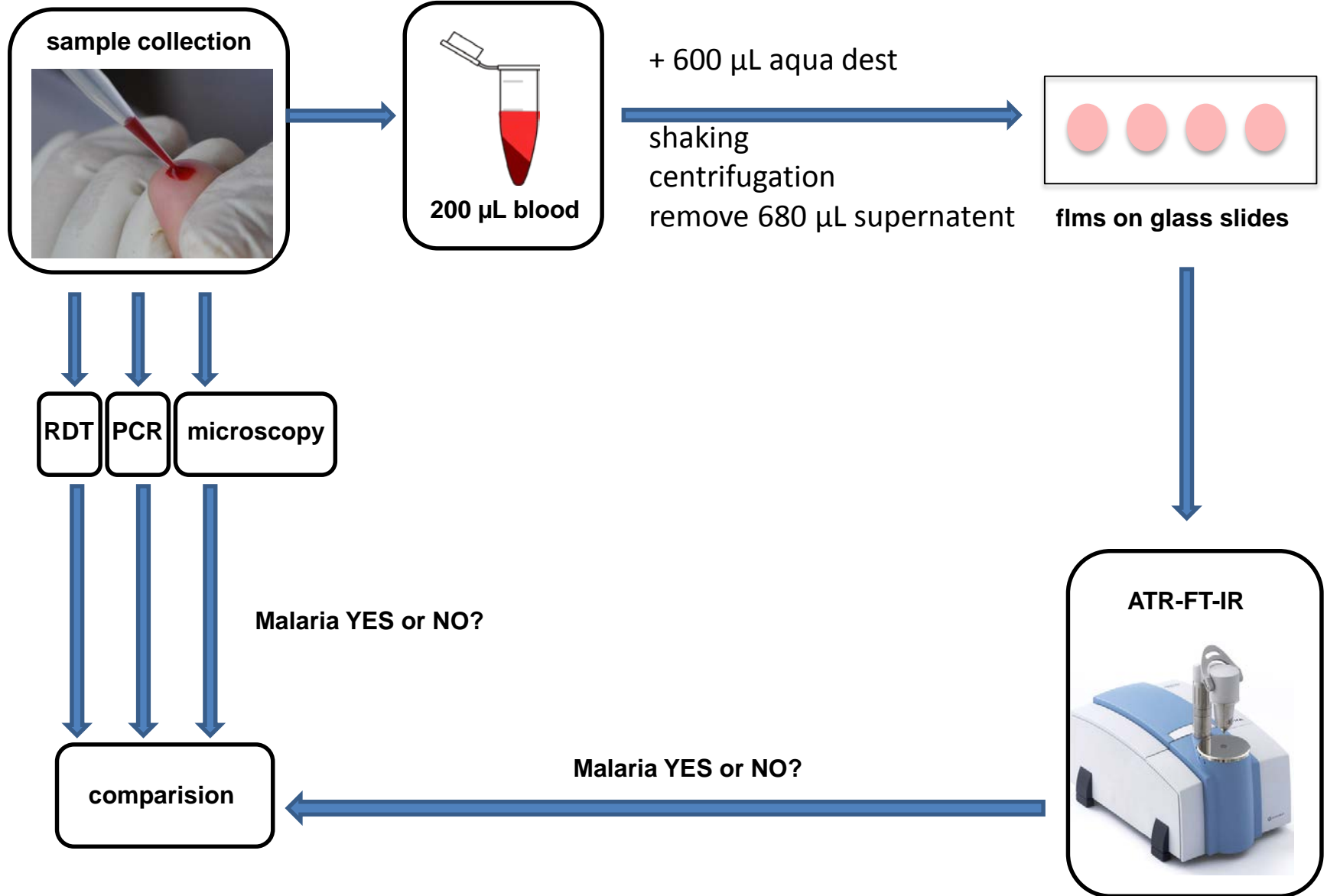
Microscopy

Polymerase chain reaction (PCR)

Rapid diagnosis tests (RDT)



Workflow



Villages: Phak kha
Pha lai thong
Pha lai bok
Nong hin
Thong xai
Thong Pha



**Only 20 Asymptomatic carriers
detected with
qPCR.....**

595 samples

7 RDT positives:

2 *P. falciparum*

5 *P. vivax*

**Not enough to build a robust
model...**

**Sensitivity/specificity for
asymptomatic carriers 81/82 %**

**Model will dramatically improve
if we could about 100
asymptomatic carriers**



Summary and Outlook



Sensitive



Accurate



Selective



Fast



**Cost 10 K
(60 seconds) No Reagent!**



Portable



Easy to use

Forward Direction

**PROVEN IN
FIELD &
CLINIC**

**INCREASE
DATABASE
VALIDATE WITH
INDEPENDENT
SET**

**VALIDATION
OF
BIOMARKERS**

**REGULATORY APPROVAL
& COMMERCIALISATION**



Directors

A/Prof. Bayden Wood

Dr Phil Heraud

Professional staff and Commercialization team

Mr Finlay Shanks

Mr Peter Jordan (CEO BTR)

Mr Roger Walters (Director BTR)

Mr Damian Guiney (Director BTR)

Mr Peter Harper (USA Rep)

Postdoctoral fellows

Dr David Perez-Guaita

Kamila Kochan

Dr Anja Ruether

PhD students

Supti Roy, Miguela Martin,
Dale Chistensen, Euince Gwee

Honours students

Merrilyn McKee, Jasmine Brazilek,
Patrick MacClane, Hoang Fran

Project students

Zack Richardson, Ellen Lowery

Honoree Positions

Prof. Don McNaughton

Mr Tony Eden