

CornellNutrition **CornellEngineering**

PLENARY SESSION 5: INNOVATIVE METHODS AND METRICS FOR NUTRITION RESEARCH AND PROGRAMMING

MEASUREMENT OF NUTRITION AND FOOD SAFETY BIOMARKERS AT THE POINT-OF-NEED

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DIVISION OF NUTRITIONAL SCIENCES | COLLEGE OF HUMAN ECOLOGY DEPARTMENT OF POPULATION HEALTH SCIENCES | WEILL CORNELL MEDICINE DEPARTMENT OF GLOBAL DEVELOPMENT | COLLEGE OF AGRICULTURE AND LIFE SCIENCES

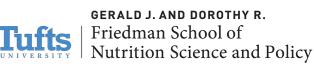
DIRECTOR, PROGRAM IN INTERNATIONAL NUTRITION CO-FOUNDER AND DIRECTOR, INSTITUTE FOR NUTRITIONAL SCIENCES, GLOBAL HEALTH, AND TECHNOLOGY CORNELL UNIVERSITY, ITHACA, NY













Disclosure

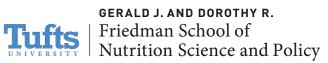
AFFILIATION/FINANCIAL INTERESTS (prior 12 months)	ENTITIES
Grants/Research Support	National Institutes of Health, National Science Foundation, Global Alliance for Improved Nutrition, United States Department of Agriculture, United States Agency for International Development, HarvestPlus/ International Food Policy Research Institute, World Health Organization
Scientific Advisory Board/Consultant/Board of Directors	VitaScan
Speakers Bureau	None
Stock Shareholder	VitaScan
Employee	Cornell University
Other	N/A













UPDATE ON OUR WORK ON POCT DEVICES

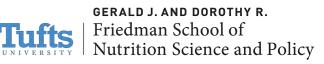
- 1. Overview and Problem
- 2. Examples and Patents
- 3. Multiplexing
- 4. Different matrices such as Saliva and Urine
- 5. Moving to Food Testing
- 6. Target Product Profile
- 7. Last Mile



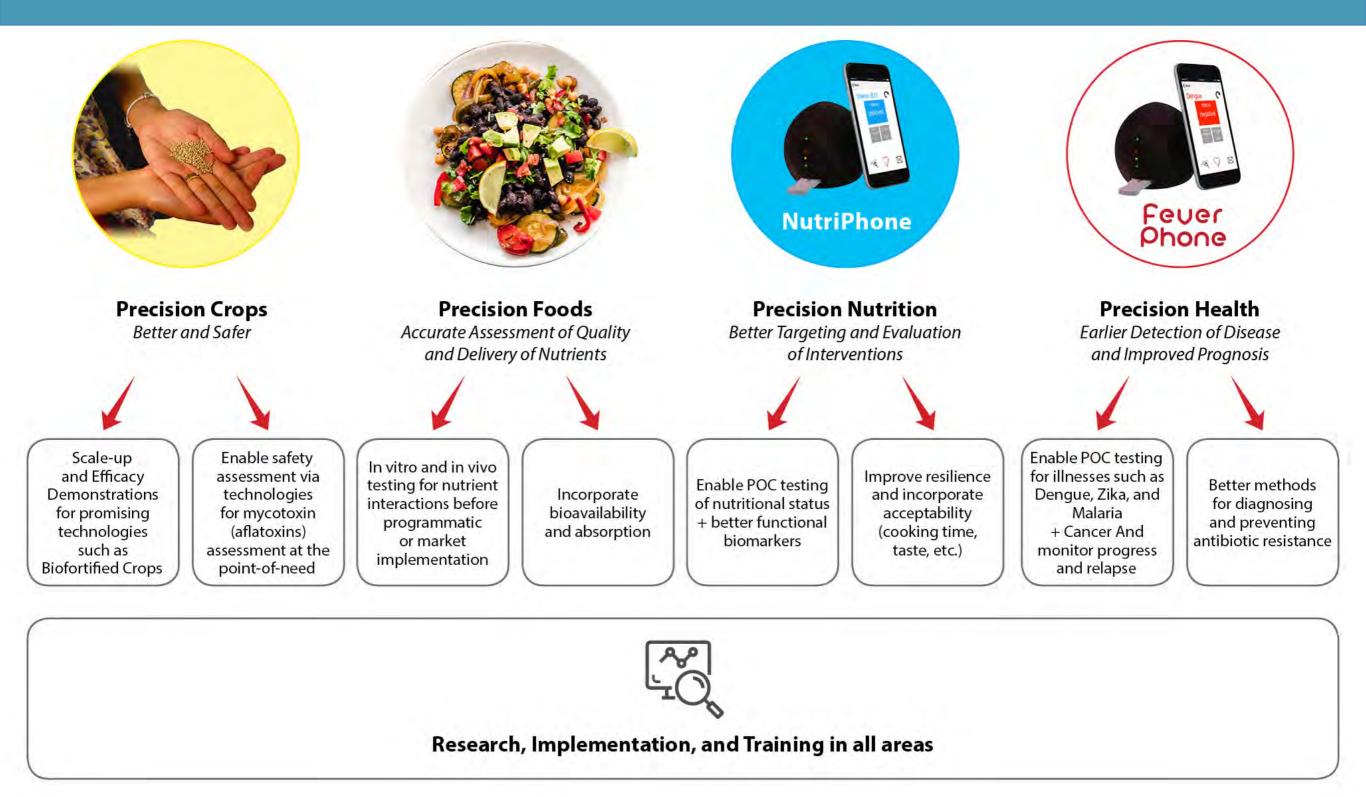










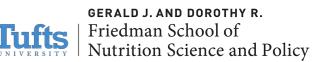














PROBLEM STATEMENT

PROBLEM

1. Access to affordable and reliable micronutrient status testing remains sparse

1.1. Population level

1.2. Personalized

1.3. Food testing

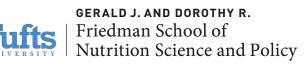
- 2. Challenges for targeting/designing interventions as well as monitoring response and impact evaluation
- 3. Can point-of-care devices help?











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UPDATE ON NUTRIPHONE

Sensitivity/Specificity - Screening vs. Diagnostic

VISION/GOALS

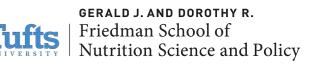
- 2. Minimal Sample
- 3. Minimal Infrastructure
- 4. Minimal Training
- 5. Minimal Cost
- 6. Extend the reach of traditional laboratories















More details and list of papers at <u>insight.cornell.edu/projects</u>





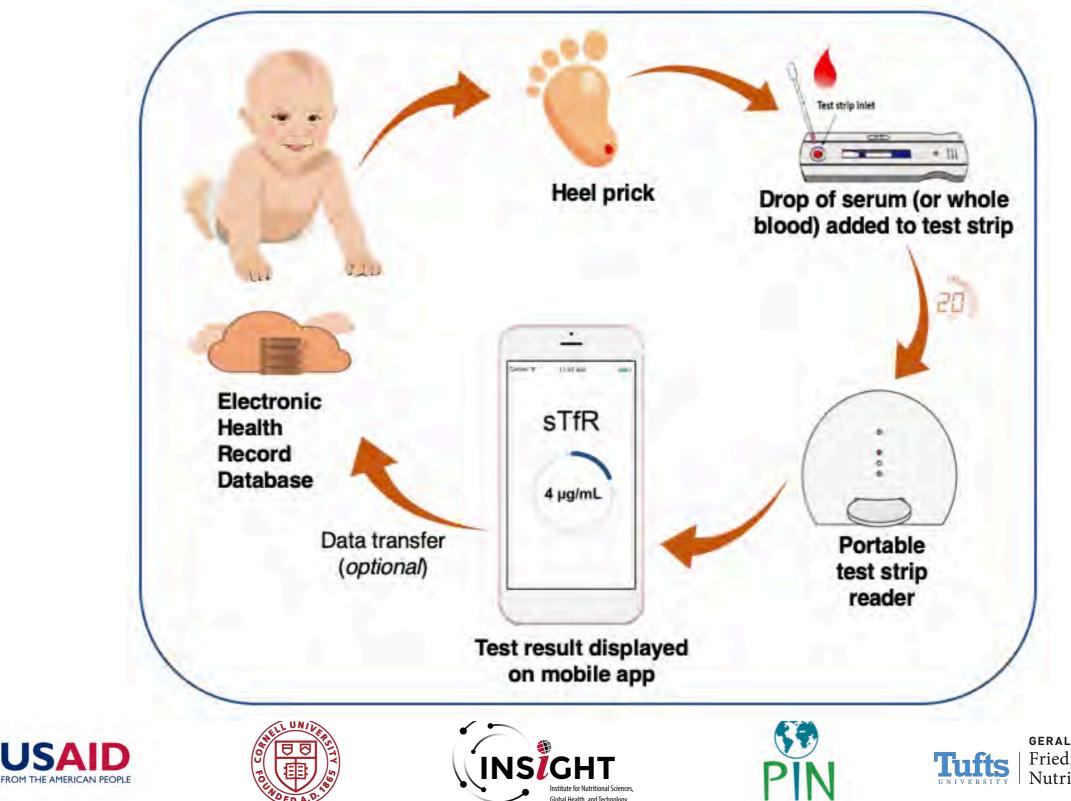




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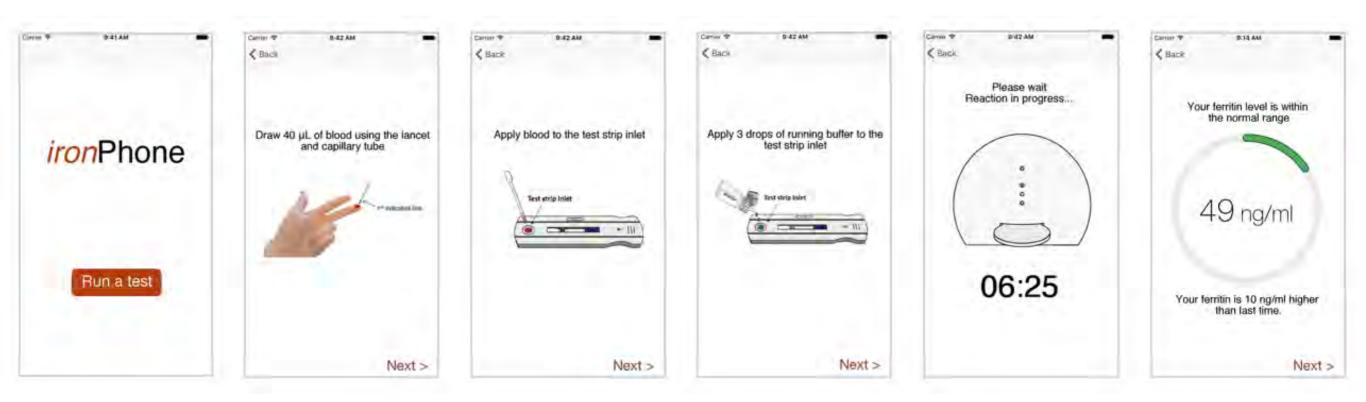
Testing Protocol



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NutriPhone Mobile App



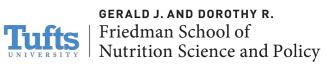
Mobile app provides step-by-step guidance to user























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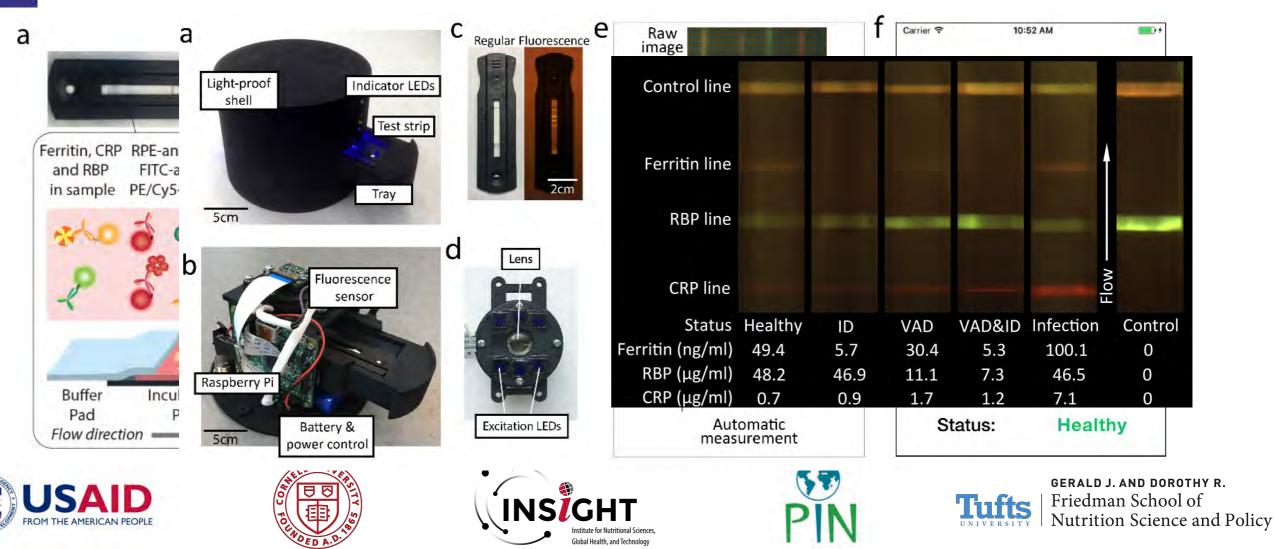


Rapid diagnostic testing platform for iron and vitamin A deficiency

Zhengda Lu^a, Dakota O'Dell^b, Balaji Srinivasan^c, Elizabeth Rey^a, Ruisheng Wang^d, Sasank Vemulapati^a, Saurabh Mehta^{c,e,1}, and David Erickson^{a,c,e,1}

^aSibley School of Mechanical and Aerospace Engineering, Cornell University, Ithaca, NY 14853; ^bApplied and Engineering Physics, Cornell University, Ithaca, NY 14853; ^cDivision of Nutritional Sciences, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, Cornell University, Ithaca, NY 14853; ^dMeinig School of Biomedical Engineering, College of Engineering, College of

Edited by Alfred Sommer, Johns Hopkins University, Baltimore, MD, and approved November 2, 2017 (received for review June 26, 2017)





NutriPhone/FeverPhone Biomarkers

Nutritional Status

- Vitamin B12
- Vitamin A RBP
- Ferritin
- Soluble Transferrin Receptor
- Vitamin D 25(OH)D3
- Folate

Food Safety

- Aflatoxin
 - In blood, urine, milk
 - In food
- Fumonisin

Inflammation Status

- Alpha-1 acid glycoprotein (AGP)
- C-reactive protein

Cancer Biomarkers

- Alpha Fetoprotein (AFP)
- Prostate-specific antigen

Infectious Diseases

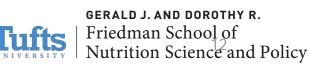
- Dengue
- Chikungunya
- Chagas
- Leptospirosis
- Malaria





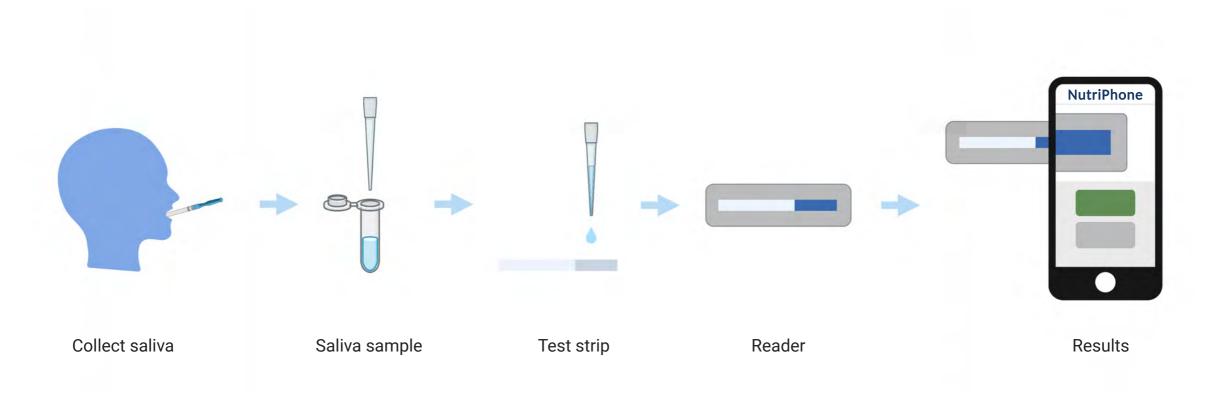








NIBIB/NIH \$100K TECHNOLOGY ACCELERATOR CHALLENGE PRIZE FOR GLOBAL HEALTH DIAGNOSTICS



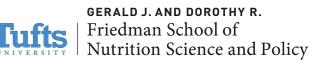






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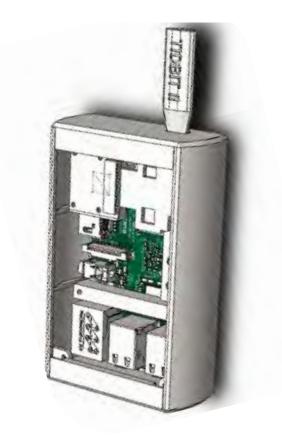
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CornellNutrition CornellEngineering SAFE-Phone

<u>S</u>martphone-Based <u>Af</u>latoxin <u>E</u>valuation at the Point-of-Need

Primary Work by: Balaji Srinivasan, PhD, Research Associate Zhengda Lu, PhD, Former Graduate Student Amit Barui, PhD, Former Postdoctoral Associate

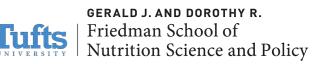










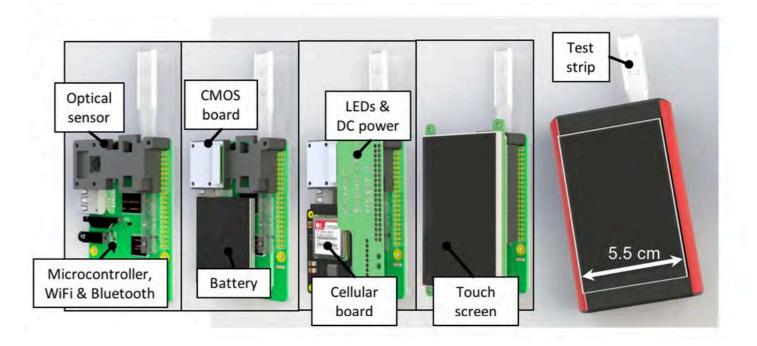


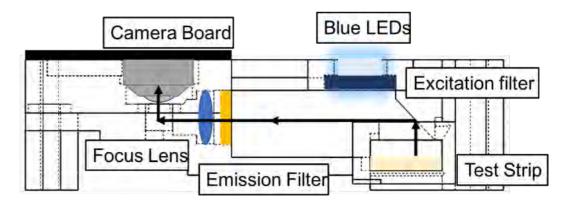


CornellNutrition CornellEngineering SAFE-Phone

4'' diagonal size, with a **touch screen**.

- Able to **transmit** data
- Confocal fluorescence **optical sensor**
- **Europium** nanoparticle (EuNPs) lateral flow assay
- Ultra-compact reader
- ~100 times more **sensitive** than state-of-art technology



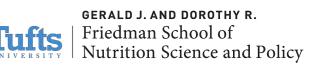








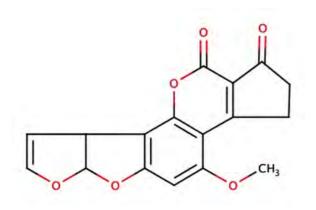


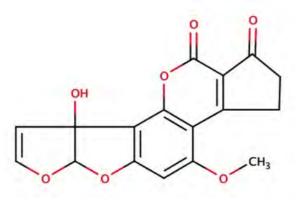


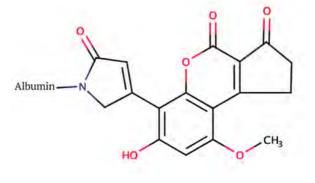


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SAFE-Phone - BIOMARKERS







AFLATOXIN B1 FOOD

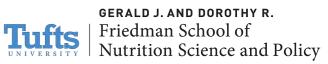
AFLATOXIN M1 URINE AFLATOXIN B1-ALBUMIN/ AFLATOXIN B1-LYSINE BLOOD













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SAFE-Phone

FOOD/BLOOD

Test line- monoclonal anti-aflatoxin (Abcam plc.)¹⁻³

Control line- anti-rat lgG (Jackson ImmunoResearch Inc.)

ELISA Kit- Aflatoxin B1 ELISA Kit (# K4208, BioVision Inc., CA)

URINE

Test line- monoclonal anti-AFM1 lgG (Agrisera, Inc.)

Control line- anti-mouse IgG (Jackson ImmunoResearch Inc.)

ELISA Kit- Aflatoxin M1 ELISA (#991AFLM01U, Helica, Inc.)

REFERENCE

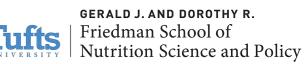
- 1. Kanungo L & Bhand S Fluorimetric immunoassay for multianalysis of aflatoxins. J Anal Methods Chem 2013:584964 (2013).
- Parker CO & Tothill IE Development of an electrochemical immunosensor for aflatoxin M1 in milk with focus on matrix interference. Biosens Bioelectron 24:2452-7 (2009).
- 3. Parker CO et al. Electrochemical immunochip sensor for aflatoxin M1 detection. Anal Chem 81:5291-8 (2009).













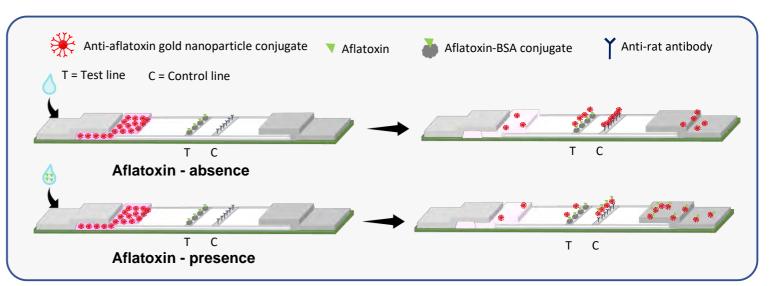
CornellNutrition CornellEngineering Food

Latex nanoparticle (400 nm diameter) based lateral flow immunoassay

USDA cut off for AFB1 in food - 20 ng/ml

Assay covers the aflatoxin concentration range 5 - 40 ng/ml (ppb)

Limit of detection as low as 5 ng/ml

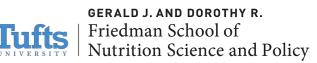














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Selection of antibodies and design and development of test strip for AFB1 in food completed

- Testing of reference standard corn samples and comparison with HPLC results - in partnership with Office of the Texas State Chemist and Texas A&M University.
- Assay development for Fumonisin and multiplexed AFB1, FB1 test strip in progress







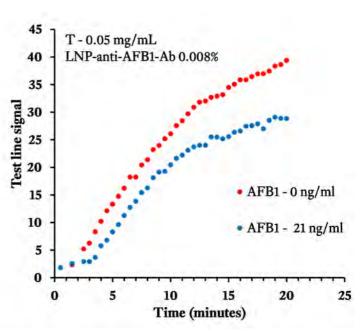
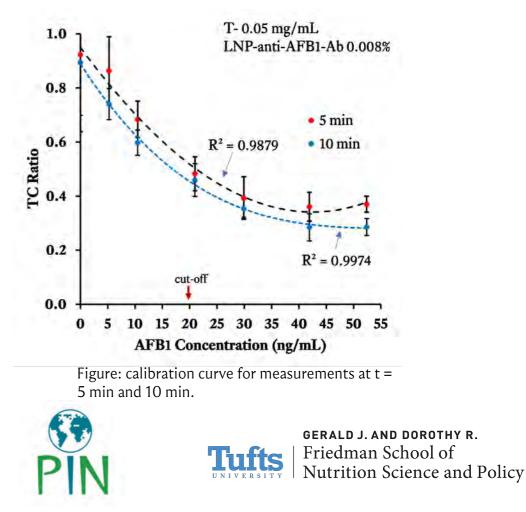


Figure: Analytics - variation of test line signal with time at various concentrations





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AFB1 in serum is in a complex adduct form at very low concentrations (pg range)

Lack of commercial source for reference standard and calibrators for AFB1-lysine or AFB1- human serum adduct

Lack of commercial sources for antibodies for anti-AFB1-lysine/ anti-AFB1-HSA

Lack of reference antigen standard (AFB1-lysine) limits outsourcing custom development of antibodies

Lack of commercial labs for performing gold standard HPLC testing for AFB1 in serum/urine samples

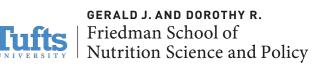
No prior data on correlation between capillary and venous blood samples













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Next steps

Substudy - compare capillary vs. venous blood samples for AFB1 concentrations

Calibration efforts ongoing in partnership with laboratories at UGA and JHU

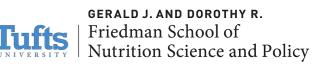
Validation in samples collected by the Tufts team in Nepal and Uganda













WHO ASSURED

WHO'S ASSURED CRITERIA/ TARGET PRODUCT PROFILE FOR POCT DEVICES

- 1. Affordable by those at risk
- 2. Sensitive (Few false-negative results)
- 3. Specific (Few false-positive results)
- 4. User-friendly requires minimal training (simple to perform by users with little training)
- 5. Rapid (to enable treatment at first visit) and Robust (without the need for special storage)
- 6. Equipment free (no large instruments that need external power supply)
- 7. Delivered to those who need it (scale it up with sustainable business model to produce)

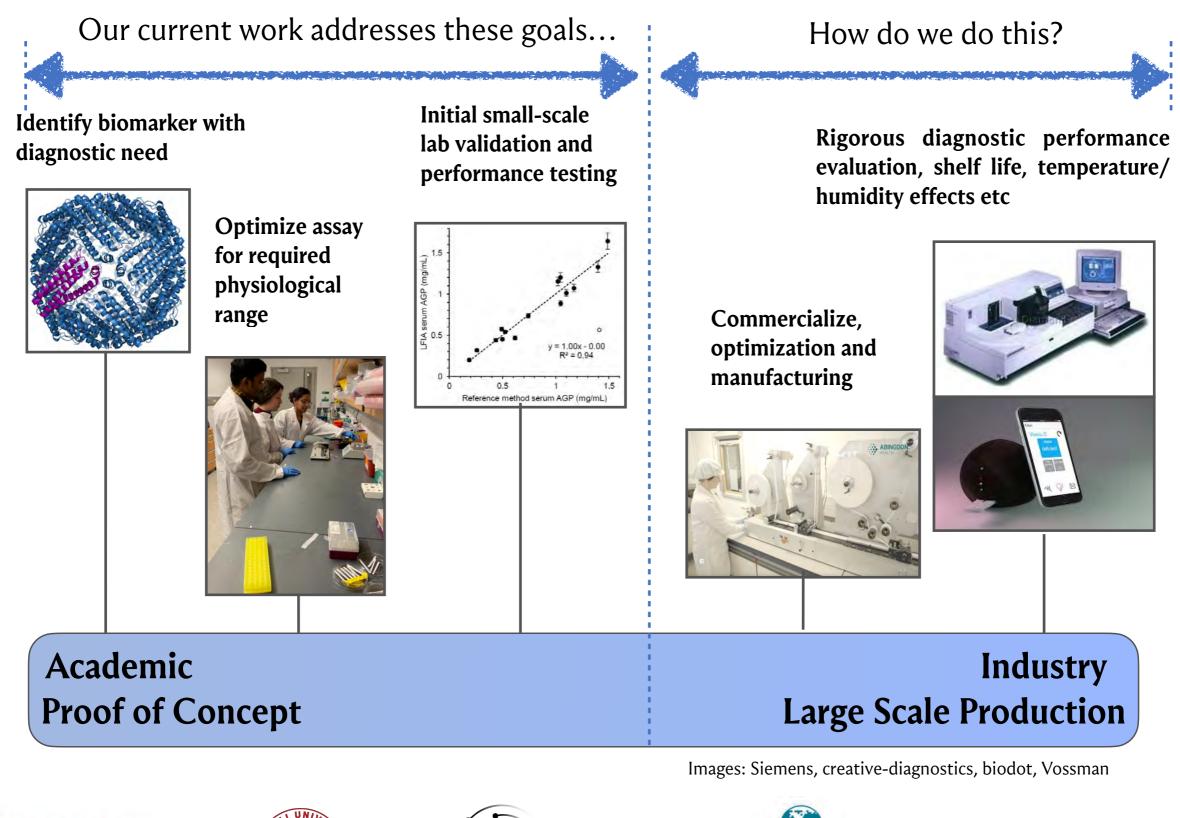




















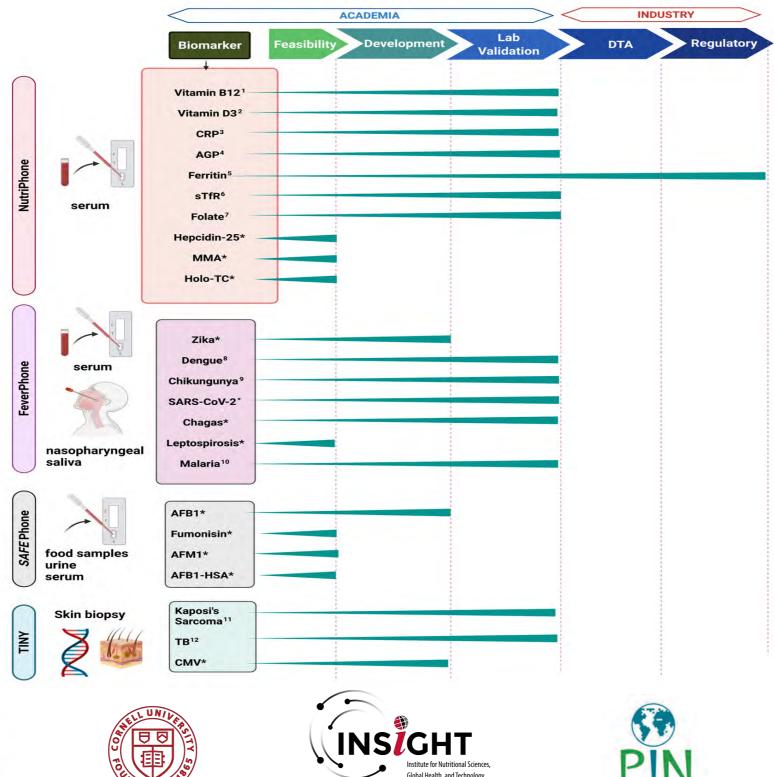
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ASSAY DEVELOPMENT PIPELINE



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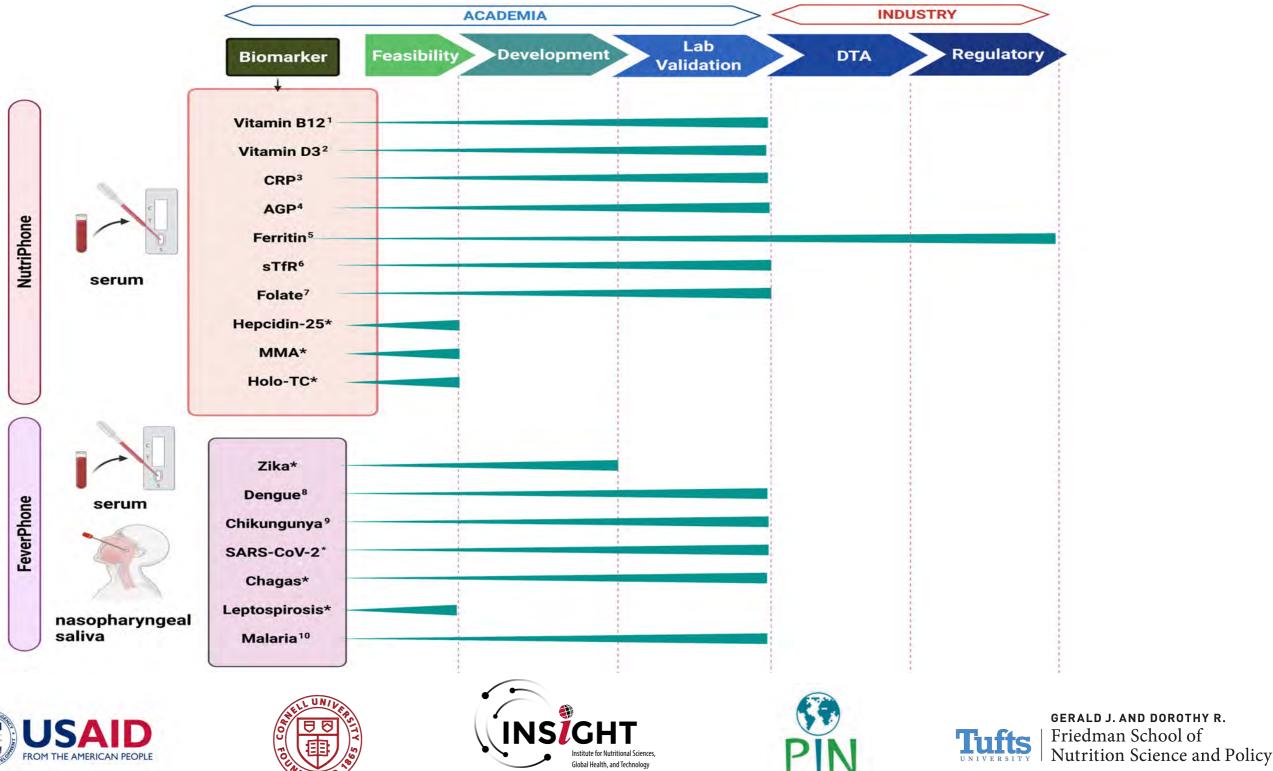






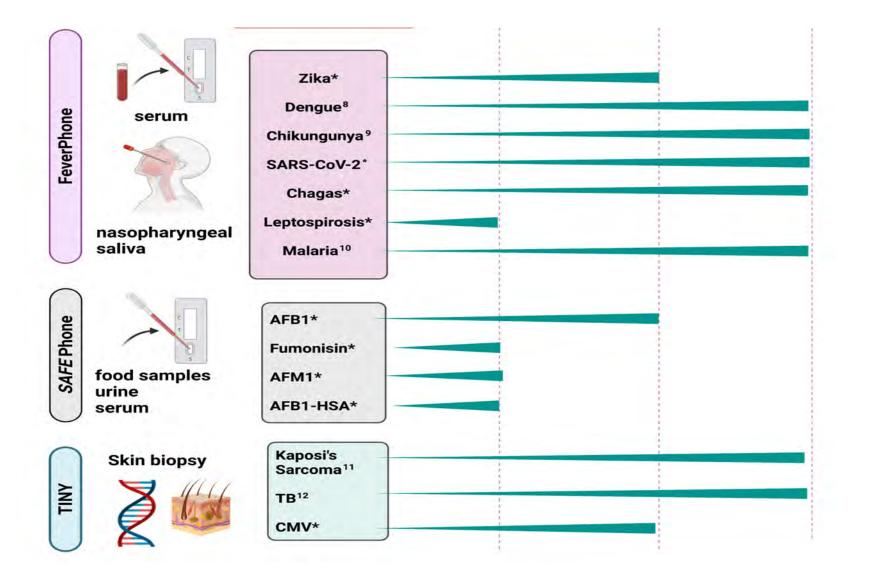
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ASSAY DEVELOPMENT PIPELINE





CornellNutrition CornellEngineering ASSAY DEVELOPMENT PIPELINE



















Acknowledgments











