

NUTRIPHONE: MOBILE DEVICES FOR ANAEMIA MEASUREMENT AND IRON DEFICIENCY AT HOME

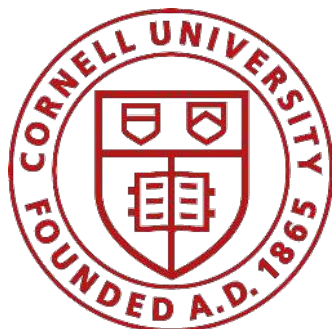
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CornellNutrition



Disclosure

- Co-Founder and Board Member of VitaMe Technologies dba VitaScan, Inc.
- Research Funding Sources:
 - National Science Foundation
 - National Institutes of Health
 - HarvestPlus/International Food Policy Research Institute
 - Department of Defense
 - Global Alliance for Improved Nutrition
 - Thrasher Research Fund
 - Micronutrient Initiative/Nutrition International
 - United States Agency for International Development



**“Leveraging Advances in
Technology To Solve
Global Challenges and
Bridge Health Disparities.”**

MISSION STATEMENT



Precision Crops

Better and Safer



Precision Foods

*Accurate Assessment of Quality
and Delivery of Nutrients*



Precision Nutrition

*Better Targeting and Evaluation
of Interventions*



Precision Health

*Earlier Detection of Disease
and Improved Prognosis*

Scale-up
and Efficacy
Demonstrations
for promising
technologies
such as
Biofortified Crops

Enable safety
assessment via
technologies
for mycotoxin
(aflatoxins)
assessment at the
point-of-need

In vitro and in vivo
testing for nutrient
interactions before
programmatic
or market
implementation

Incorporate
bioavailability
and absorption

Enable POC testing
of nutritional status
+ better functional
biomarkers

Improve resilience
and incorporate
acceptability
(cooking time,
taste, etc.)

Enable POC testing
for illnesses such as
Dengue, Zika, and
Malaria
+ Cancer And
monitor progress
and relapse

Better methods
for diagnosing
and preventing
antibiotic resistance



Research, Implementation, and Training in all areas

A Brief History.....



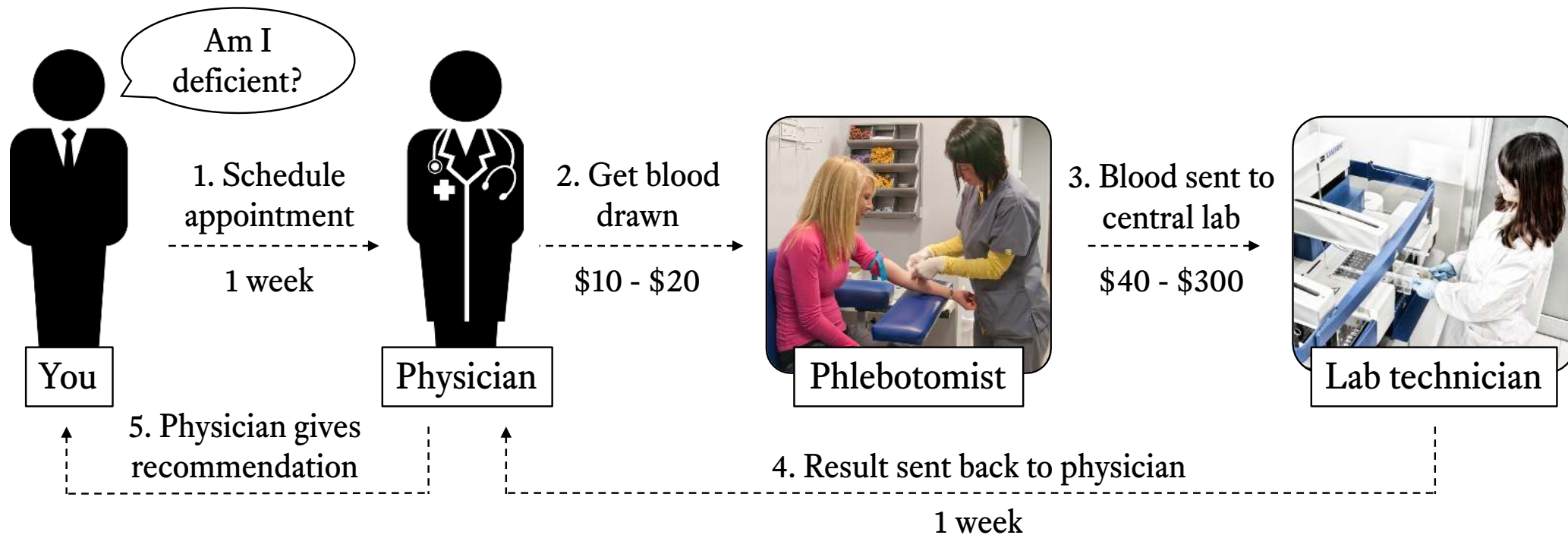
Collaboration

Finding the right partner.....

Traditional Lab Testing *Limitations*

Process for testing takes **weeks**...

And ends up costing **hundreds of dollars per test** (most of which goes to central labs).



Nutritional Status Assessment *Square-ification*

We make “Square” for
personalized Nutritional
Diagnostics.



Why Smartphone Enabled Diagnostics?



It has everything

- GPS, High-res, Camera, Email, Facebook, computation, power, etc.
- Extremely rugged

You are already trained on it

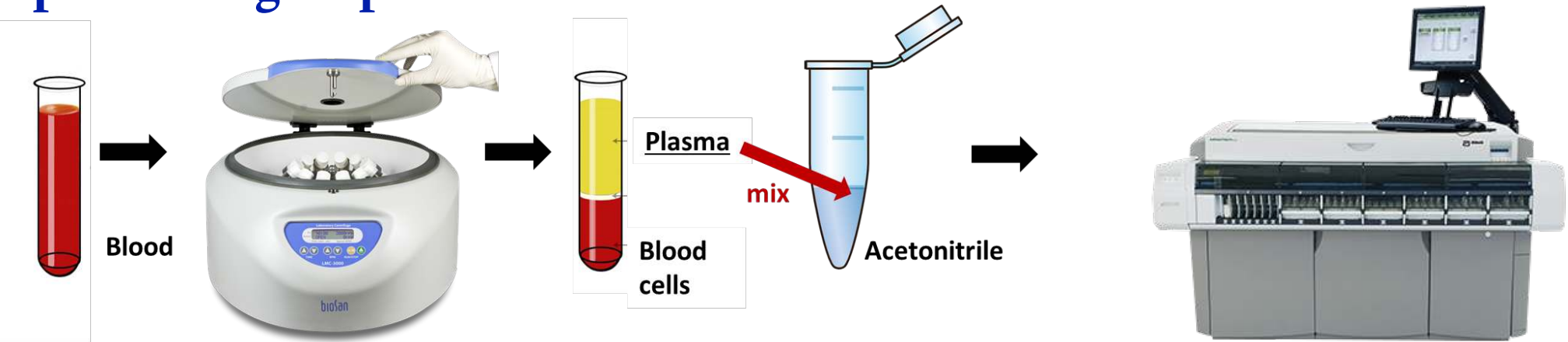
- Technology designed to be easy to use by nearly all age groups

You already own it

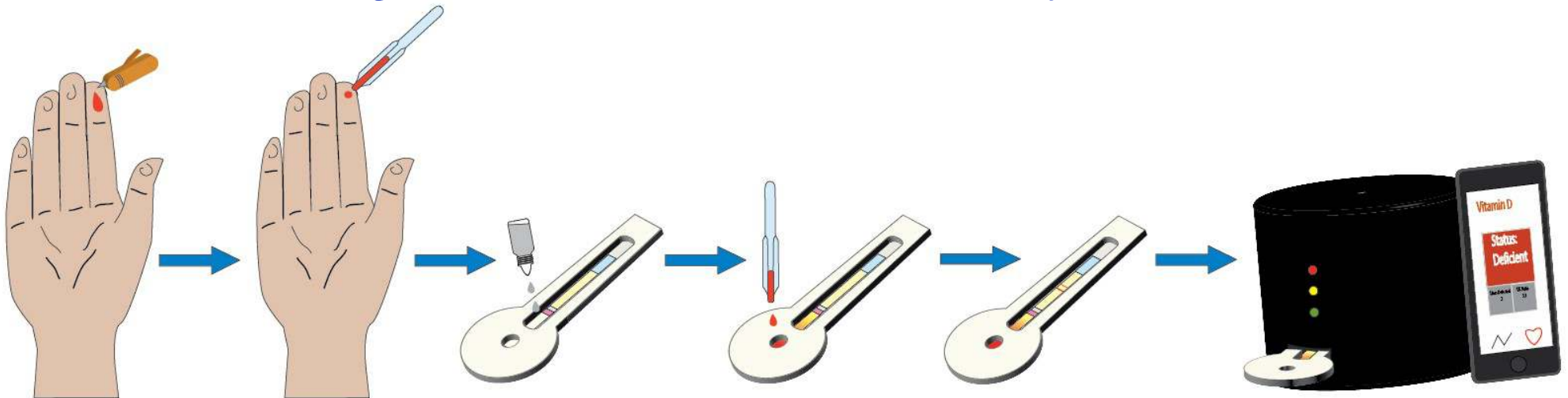
- 81% of US adults have “smartphone”, 96% cellphone
- Everybody is carrying one all the time

Current standard vs. Nutriphone *Vitamin D*

Standard Vitamin D analysis requires extensive equipment and processing steps

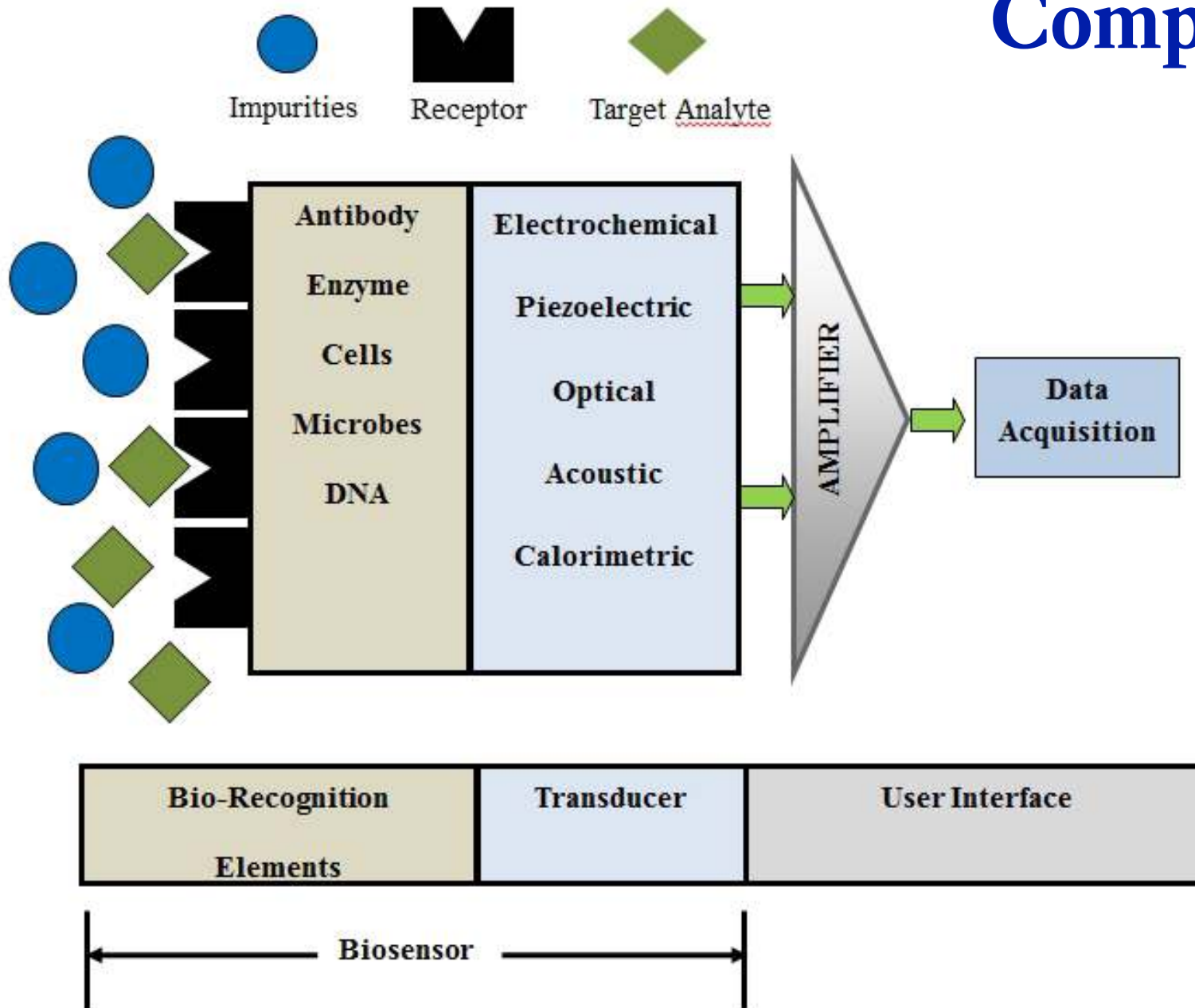


NutriPhone integrates all of this functionality into the test strip



Setup

Biosensor Components



Lateral flow assays

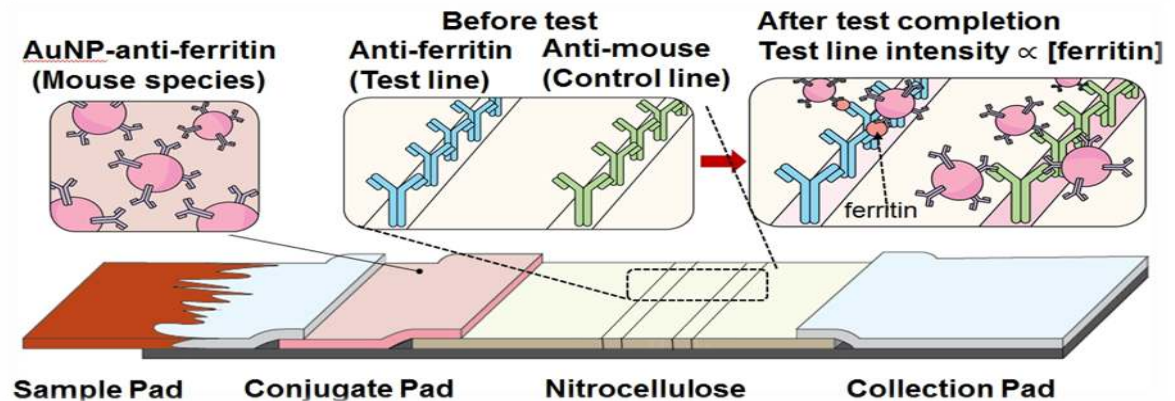
Paper-based Microfluidic device

Advantages

- Low Cost
- Easy to use
- No additional instrumentation
- No moving parts, robust design
- Reagents can be pre-stored in dry form
- Sample moves by wicking- no pump required

Disadvantage

- No flow control, not as intelligent as other microfluidic devices with moving components such as valves, pumps, mixers



NutriPhone Components

- Custom Test strip
- Mobile device with app
- Chase Buffer

Option 1: Test strip attachment to mobile device camera

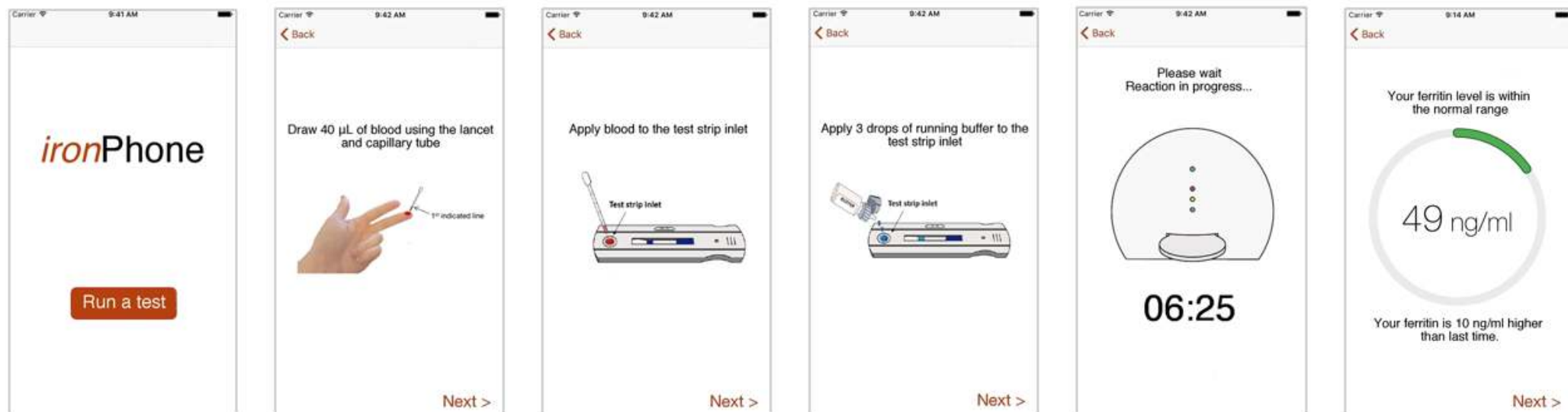


NutriPhone Components

Option 2: Standalone portable reader for imaging test strips.



NutriPhone Mobile App



Mobile app provides step-by-step guidance to user

Assay Development Steps

- Determine assay type: Sandwich vs. Competitive
- Target protein chemistry (protein bound/free?)
- Expected detection range



Selection and optimization of test line and control line antibodies/protein



Calibration curve with spiked-buffer sample



Calibration curve with commercial serum-based calibrator or standards



Calibration curve with whole blood samples

Ferritin

- Ferritin molecular weight - 474 kDa, hydrodynamic diameter: 18nm.
 *Multiple epitopes, molecular weight > 1 kDa, commercially available capture-detection Antibody pair => *Sandwich Assay*

Table 5. Relative extent of iron stores on the basis of serum ferritin concentration Source: WHO 2011

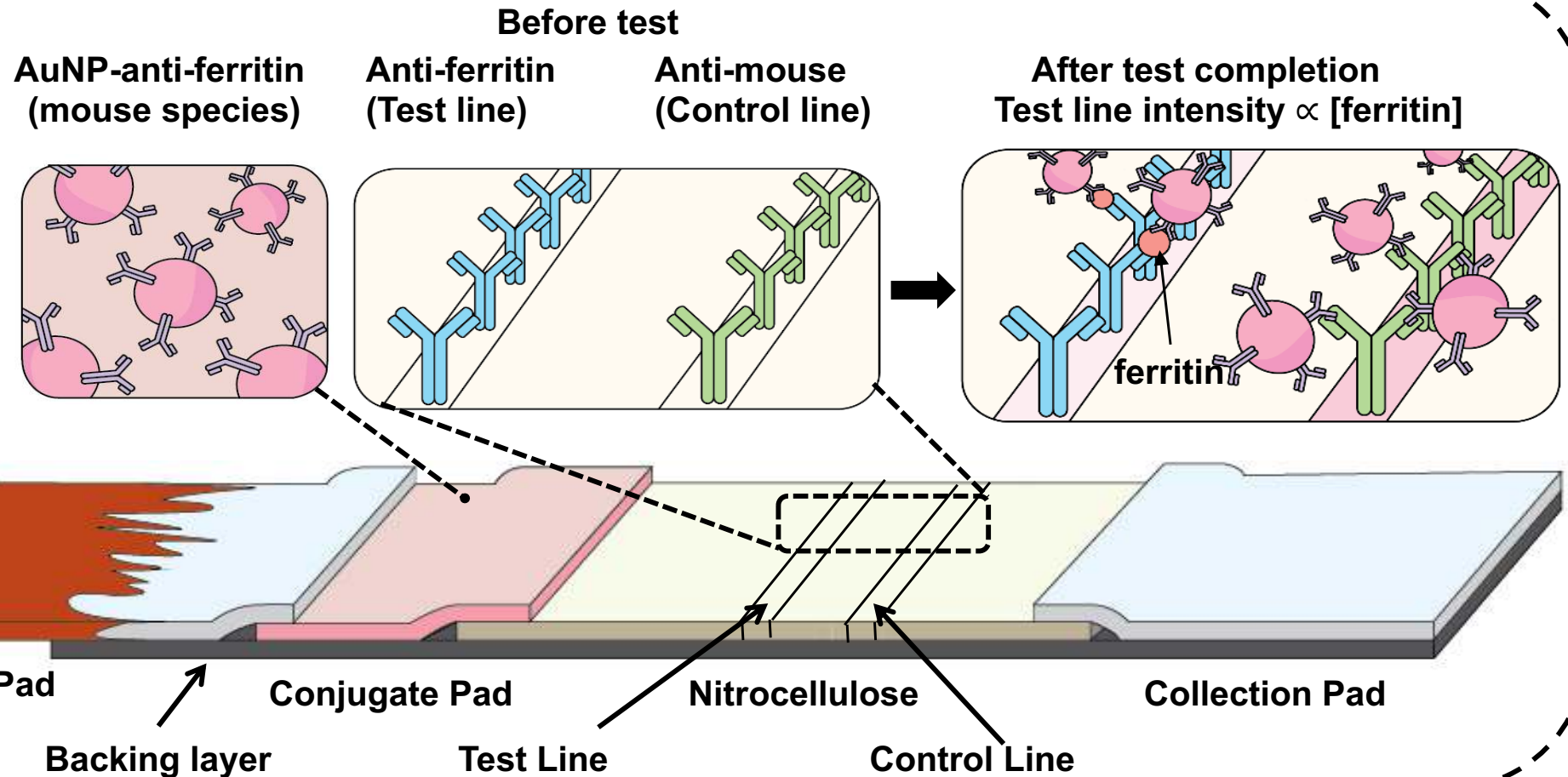
Interpretation	Serum ferritin (µg/L)			
	Less than five years of age		Five years of age or older	
	Male	Female	Male	Female
Depleted iron stores	< 12	< 12	< 15	< 15
Depleted iron stores in the presence of infection	< 30	< 30	-	-
Severe risk of iron overload (adults)	-	-	> 200	> 150

From WHO 2011b

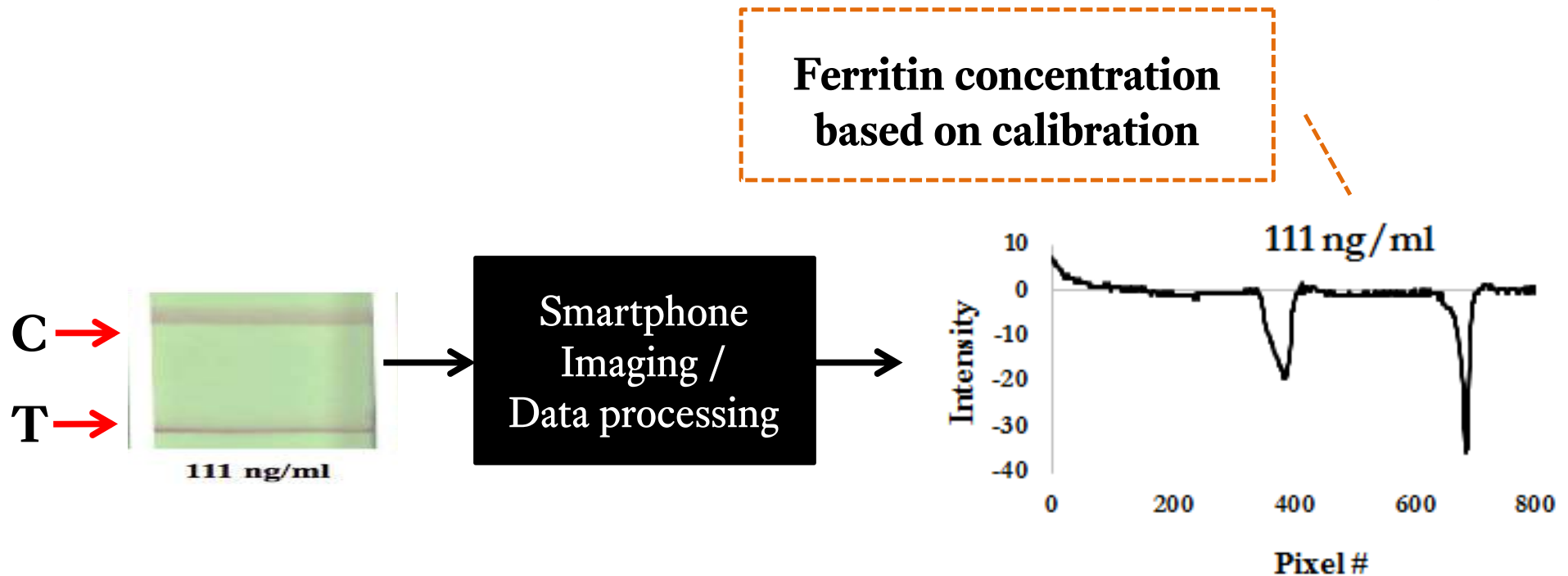
- Assay Detection Range : 10 - 300 ng/ml for iron status

Sandwich Assay

Ferritin

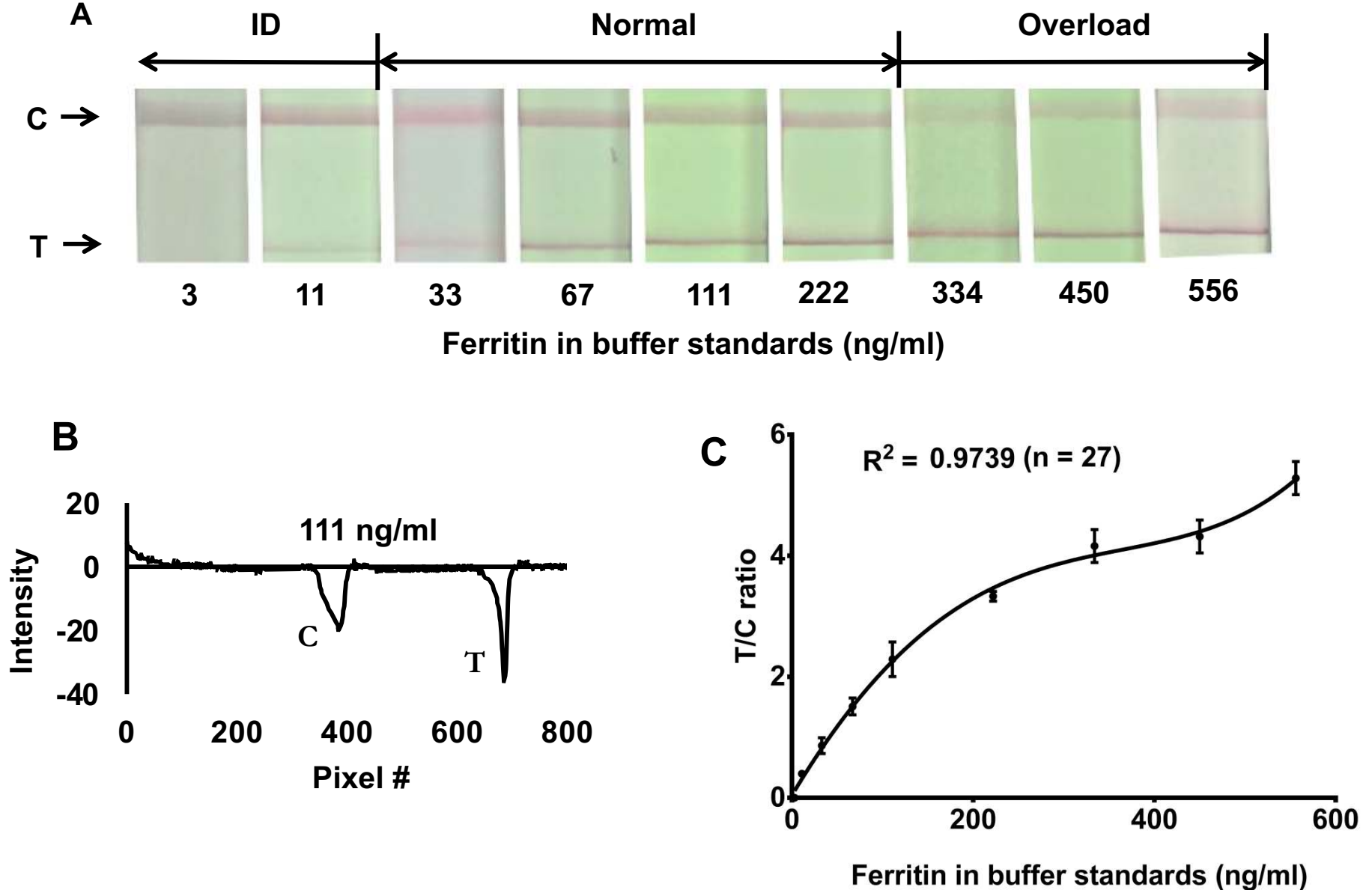


Test Strip *Analysis*

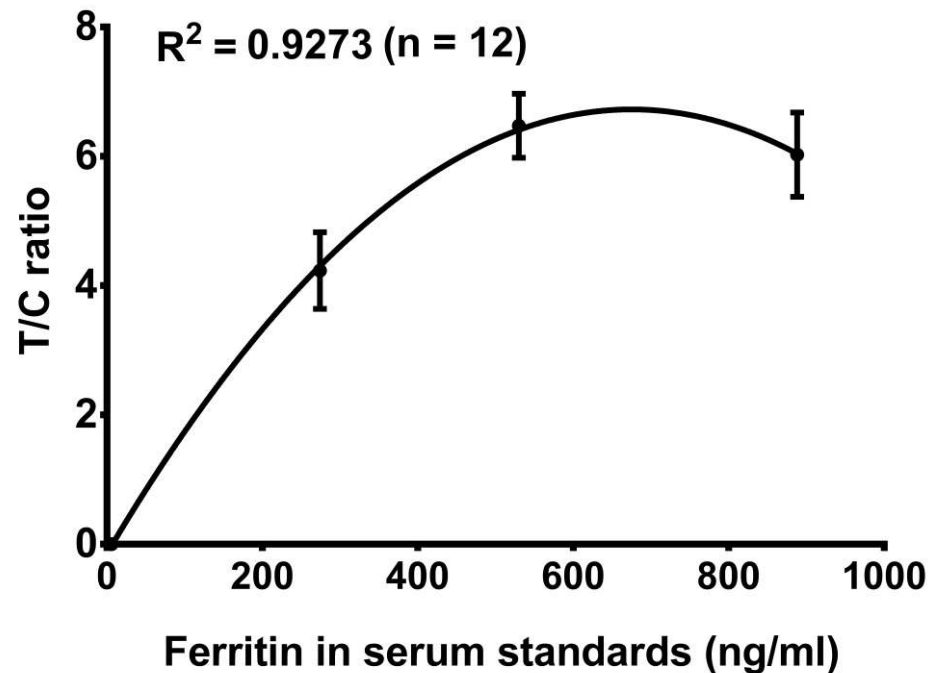
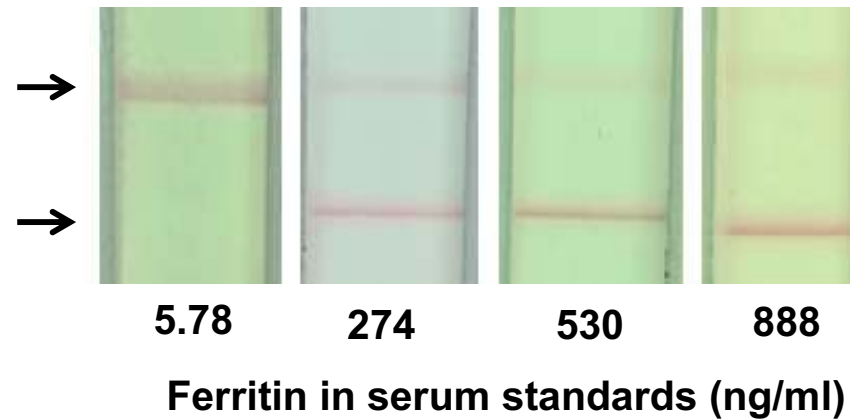


T/C Ratio ~ Ferritin Concentration

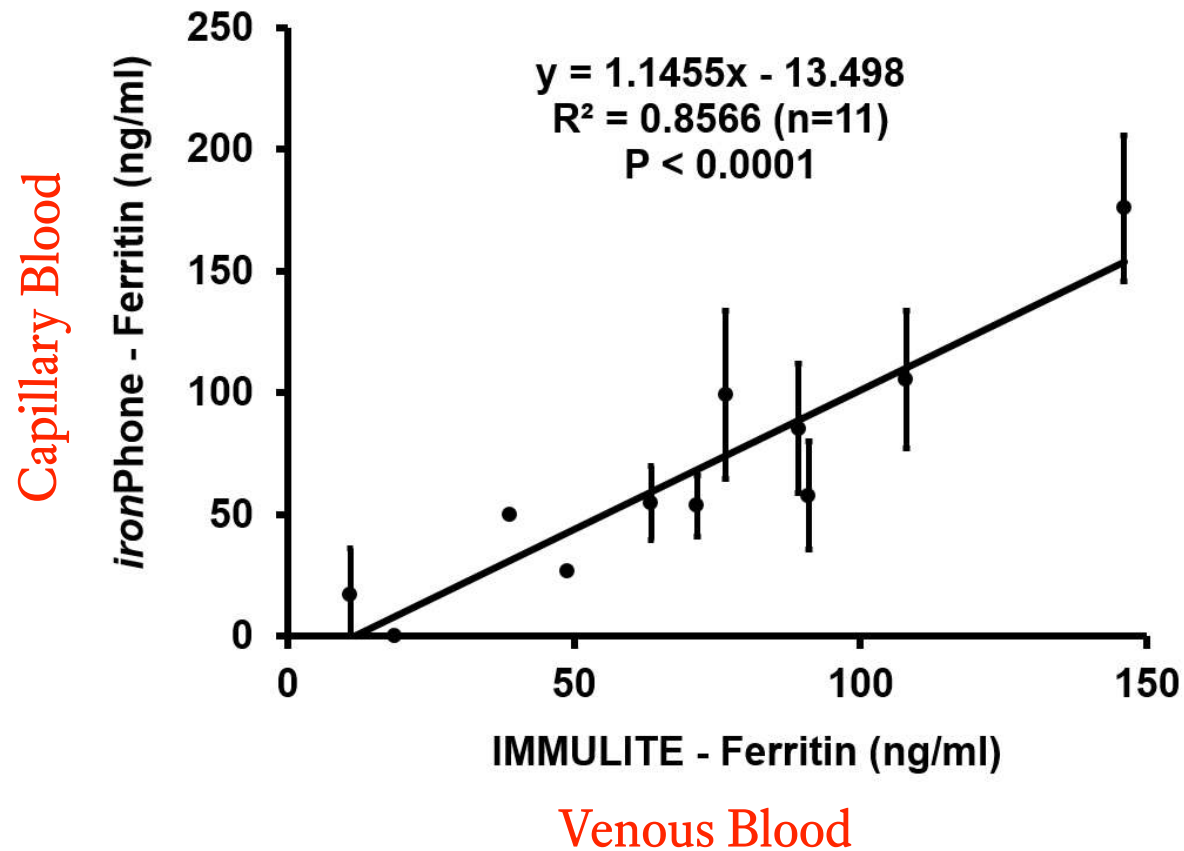
Calibration - Ferritin-Spiked Buffer



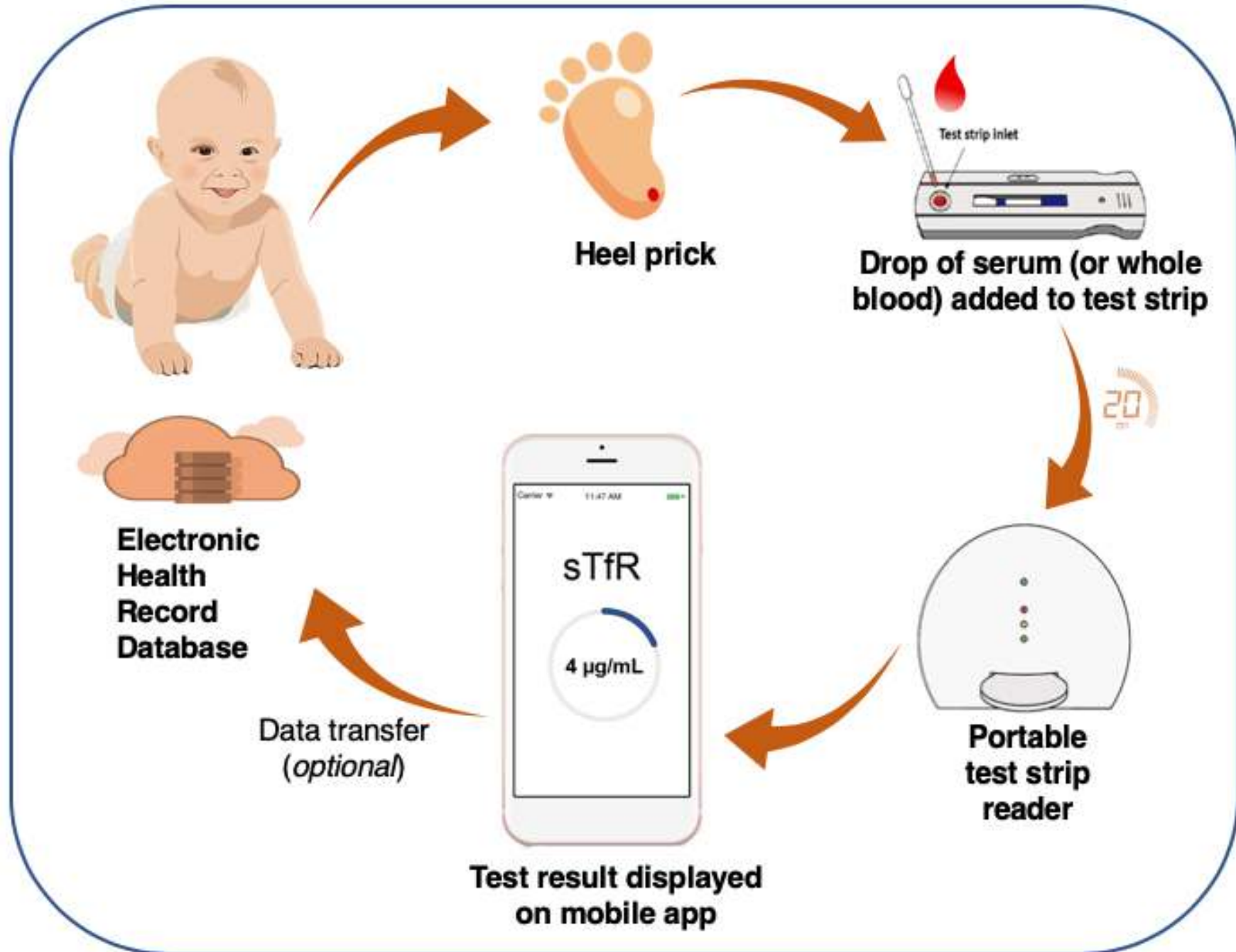
Calibration - Ferritin Serum-based Standard



Calibration - Ferritin Whole Blood



Testing Protocol

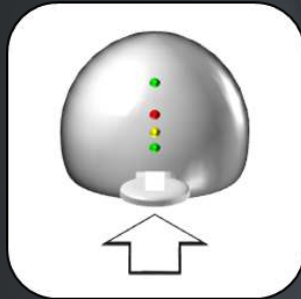


NutriPhone bridges the gap

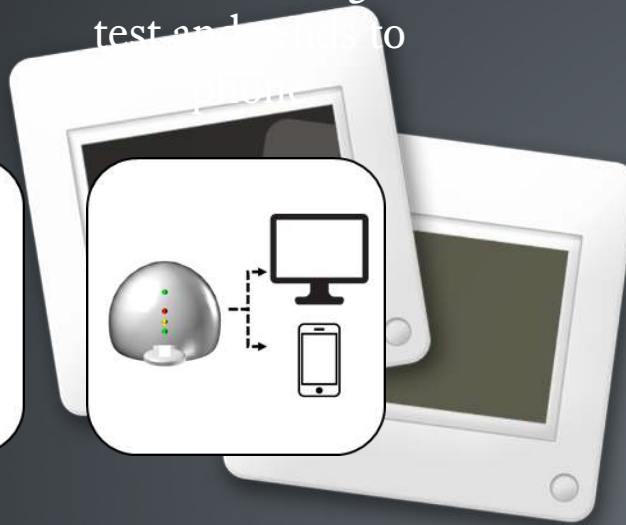
1. Finger-stick applied to custom test-strips



2. Test reaction takes 10 minutes



3. Reader images test and sends data to



Tests have been developed for: Vitamin D, Vitamin B₁₂, Vitamin A, CRP, Iron, AGP

15+ PEER-REVIEWED SCIENTIFIC PUBLICATIONS

3 ISSUED PATENTS

3 PENDING PATENTS

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

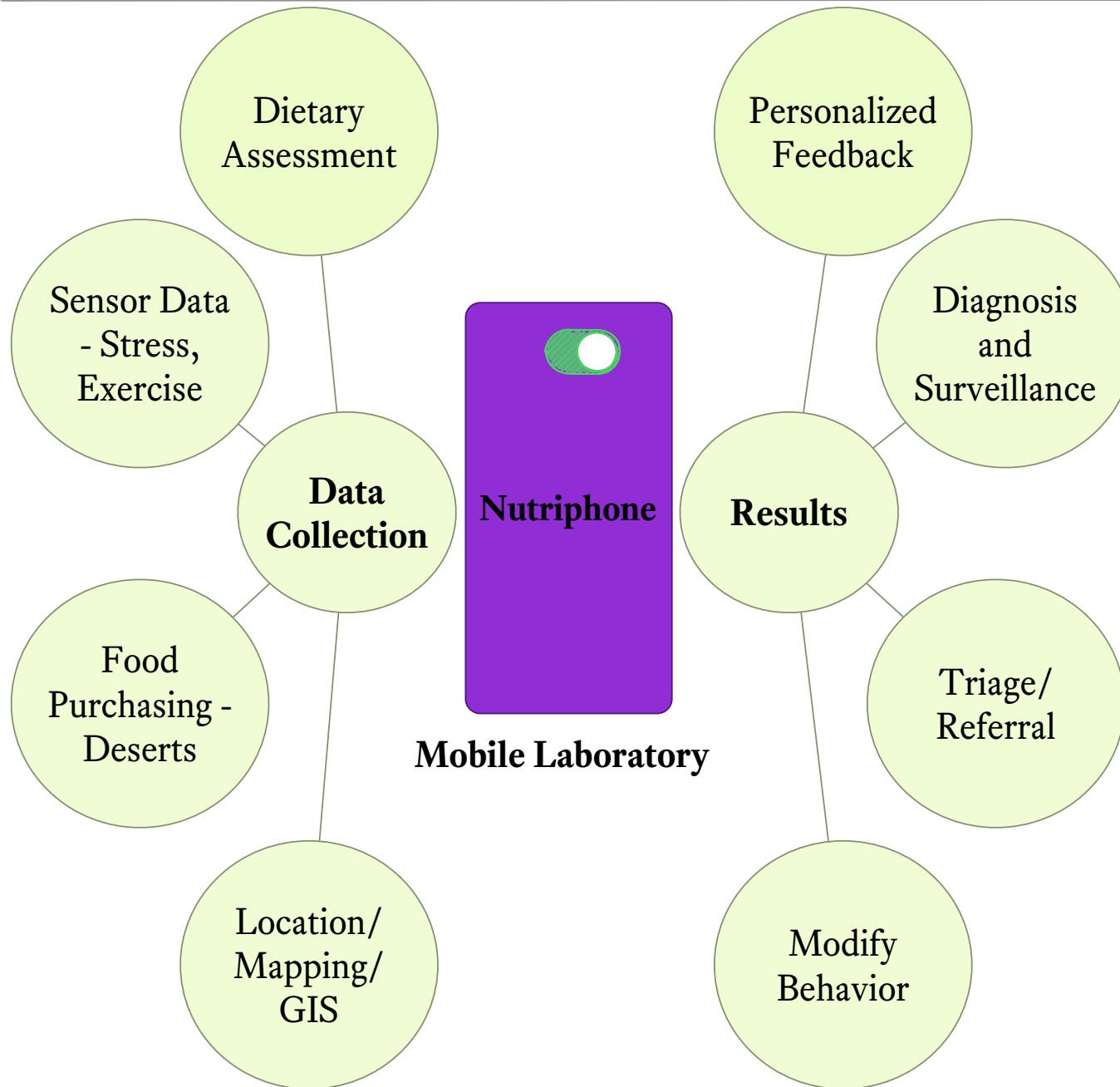
Cancer Biomarkers

- Alpha Fetoprotein (AFP)
- Prostate-specific antigen

Infectious Diseases

- Dengue
- Chikungunya
- Chagas
- Leptospirosis
- Malaria

Cornell Nutriphone



Improve Health

Major Challenge + Current Status:

Bringing to Market

- Majority of the early stage R&D in universities does not advance beyond the research and small-scale validation phase to reach and truly benefit the end users. This gap is due to gaps in both funding and knowledge transfer.
- Early collaboration with industry will enable identification and scaling up of cutting-edge research into real technologies that could become available to the end user much earlier by shortening the technology and product development cycle.

WHO's ASSURED criteria to evaluate POCT for resource- limited settings

Affordable by those at risk of disease

Sensitive Few false-negative results

Specific Few false-positive results

User-friendly requires minimal training (simple to perform by users with little training)

Rapid (to enable treatment at first visit) and **R**obust (without the need for special storage)

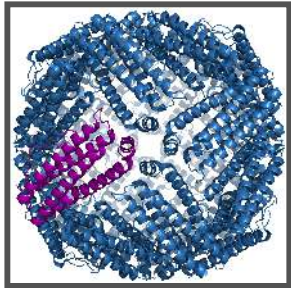
Equipment free (no large instruments that need external power supply)

Delivered to those who need it (scale it up with sustainable business model to produce - **most challenging part in meeting ASSURED criteria**)

Path to Commercialization

Our current work addresses these goals...

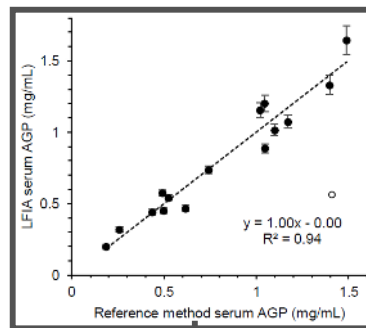
Identify biomarker with diagnostic need



Optimize assay for required physiological range



Initial small-scale lab validation and performance testing

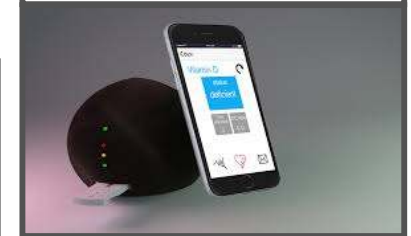


How do we do this?

Rigorous diagnostic performance evaluation, shelf life, temperature/humidity effects etc



Commercialize, optimization and manufacturing

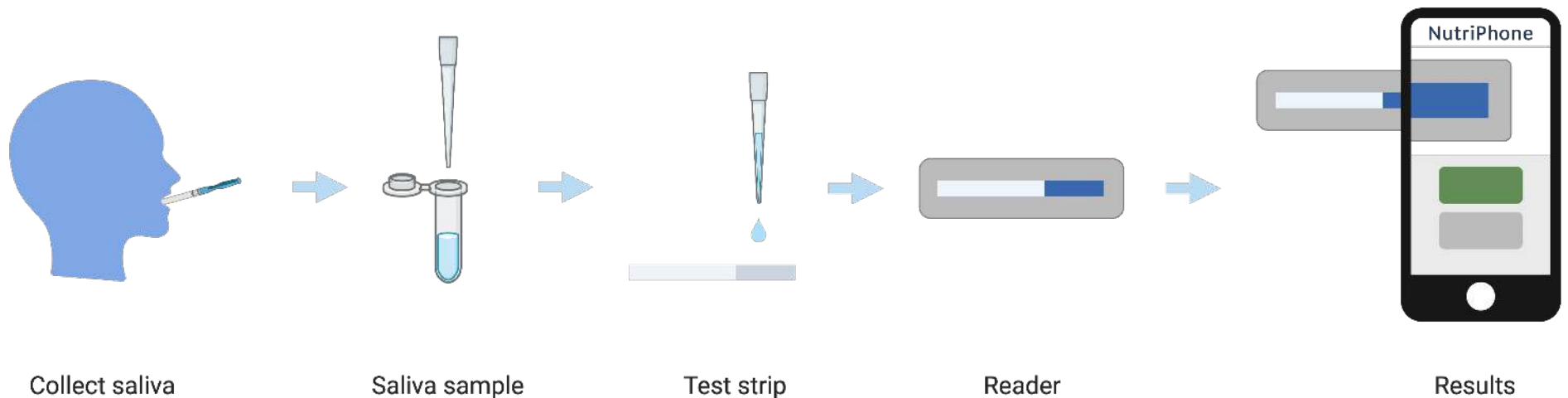


**Academic
Proof of Concept**

**Industry
Large Scale Production**

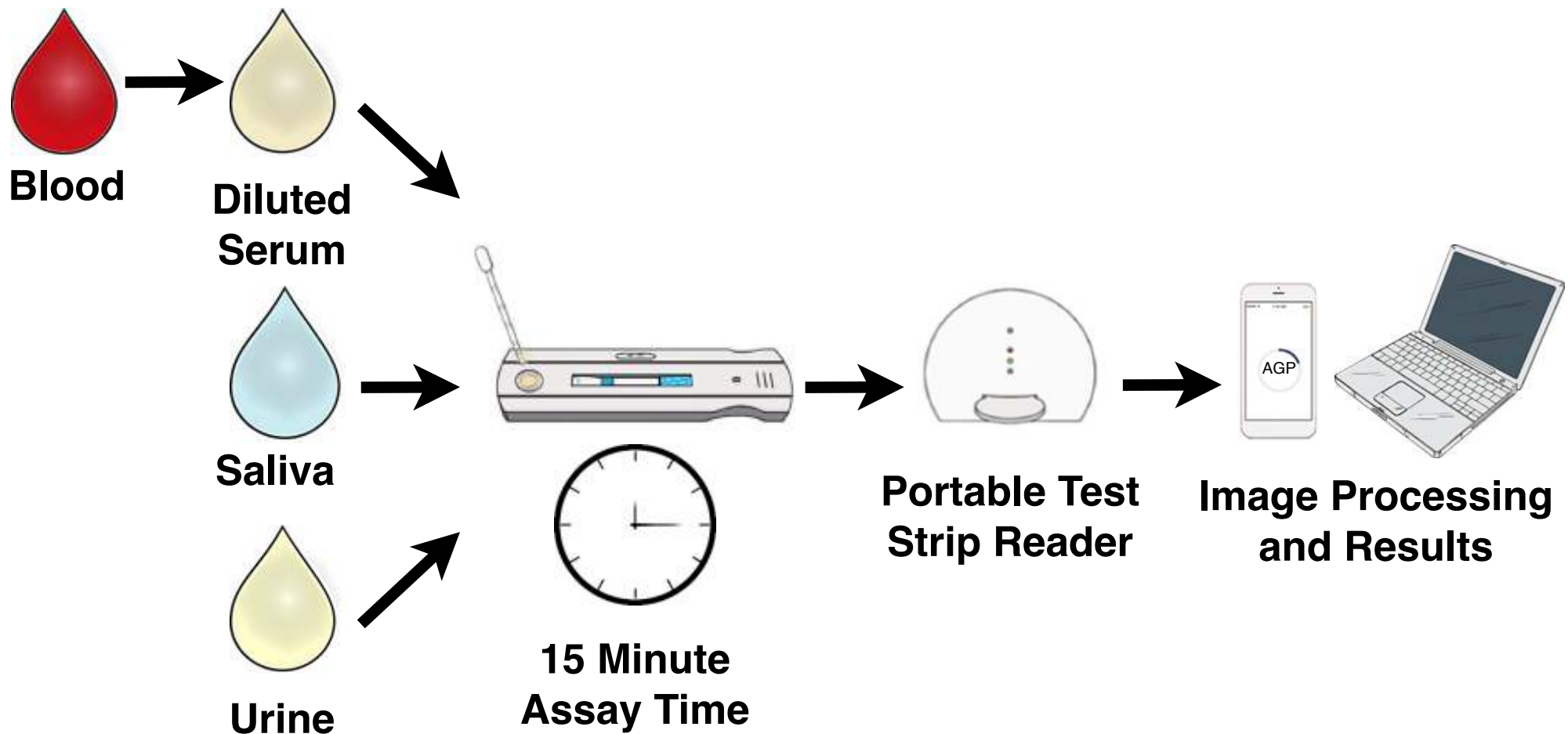
**Future plans/challenges:
Other biological matrices,
Continuous Monitoring**

Expanding available sampling sources



*Elena Cherchi using biorender.com;
NIH Technology Accelerator Challenge Prize 2020*

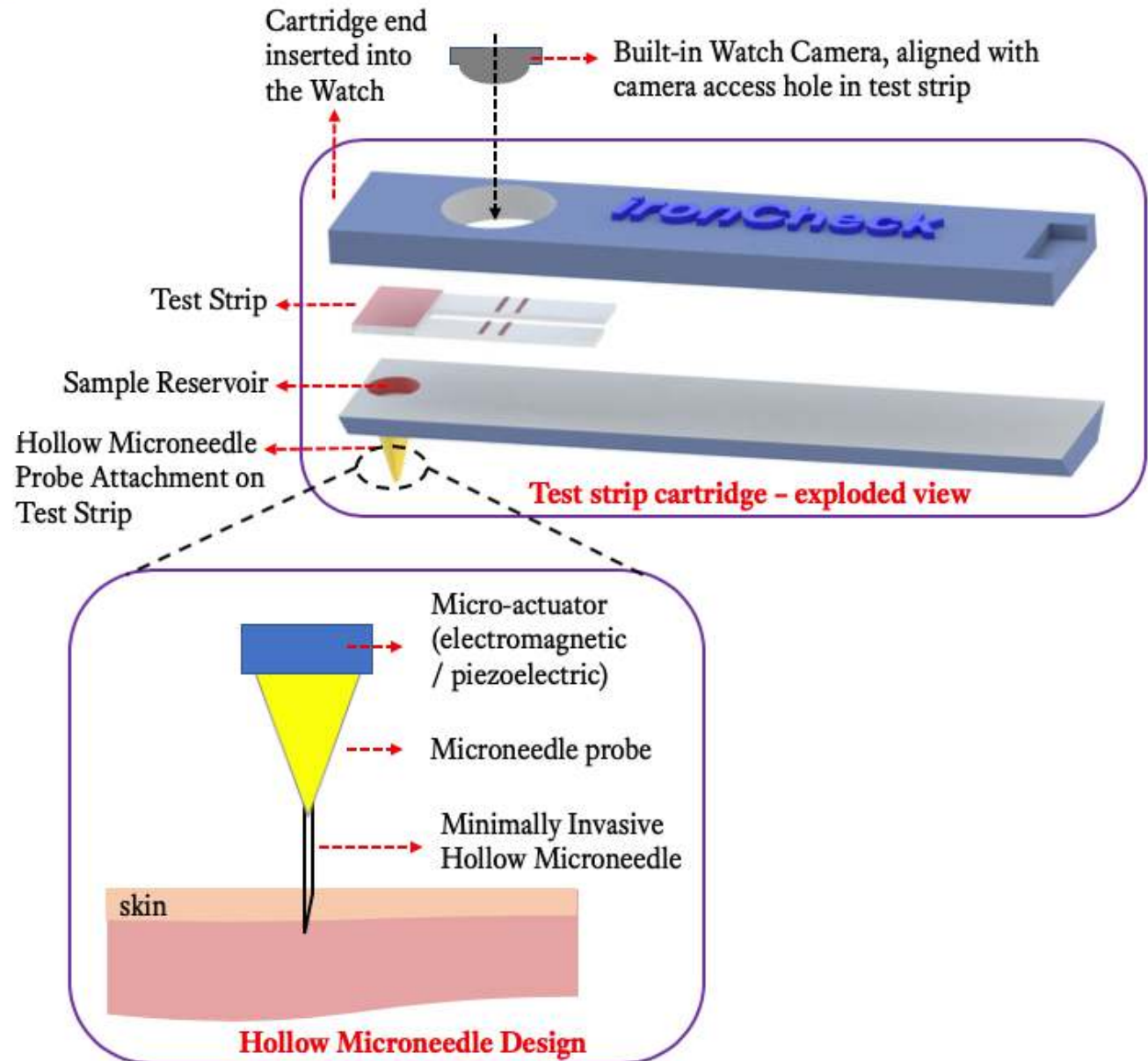
Expanding available sampling sources



Continuous Monitoring

- Is there a need for continuous monitoring of nutritional status / Wearable Technology? What are target biomarkers of interest?
- Current wearable sensors use interstitial fluid as test sample - example: Abbott freestyle *Libre* glucose monitor

NutriWatch





Acknowledgments

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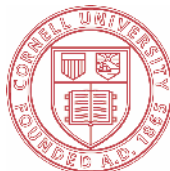
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CornellEngineering



Cornell University
Division of Nutritional Sciences

