

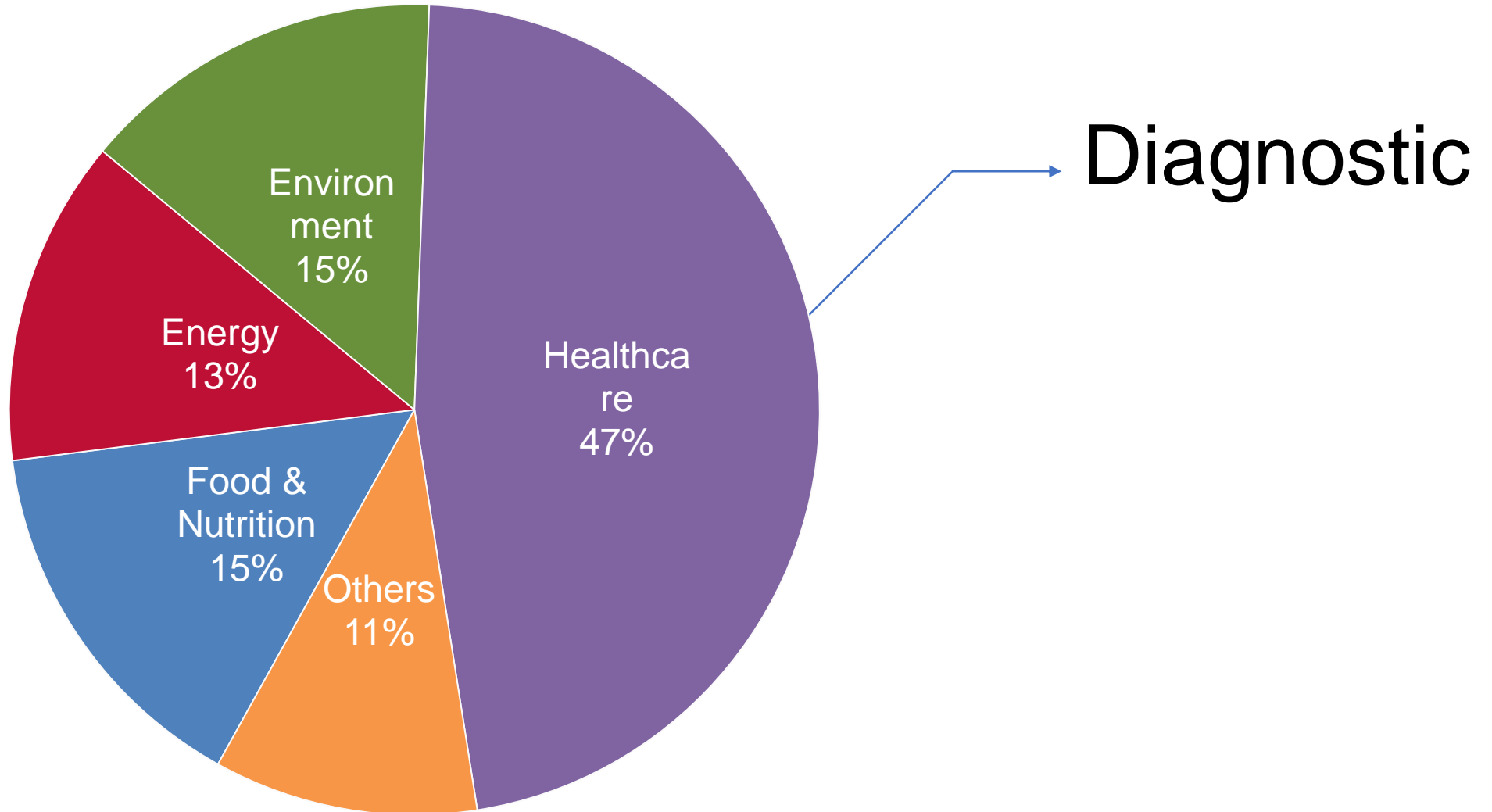


See cruzi

A cell-free diagnostic for congenital Chagas disease



Survey of Public Showed Preference for Healthcare



Chagas Disease – Our Real World Problem



6-8 mil
people infected



\$627.5 mil
annual healthcare costs



21 endemic
countries



95% not adequately
treated or
diagnosed

Chagas Disease – Our Real World Problem



6-8^{mil}
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“Chagas disease, caused by the protozoan *Trypanosoma cruzi*, is responsible for a greater disease burden than any other parasitic disease in the New World”



Immunocompromised

Coinfection with HIV

Infants

Variable efficiency

Evolution of surface antigens

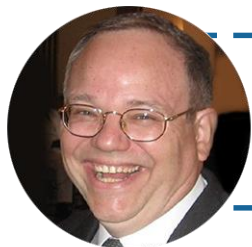
Differences between strains



Would screening all infants impact epidemiology?

Would our diagnostic be a viable investment?

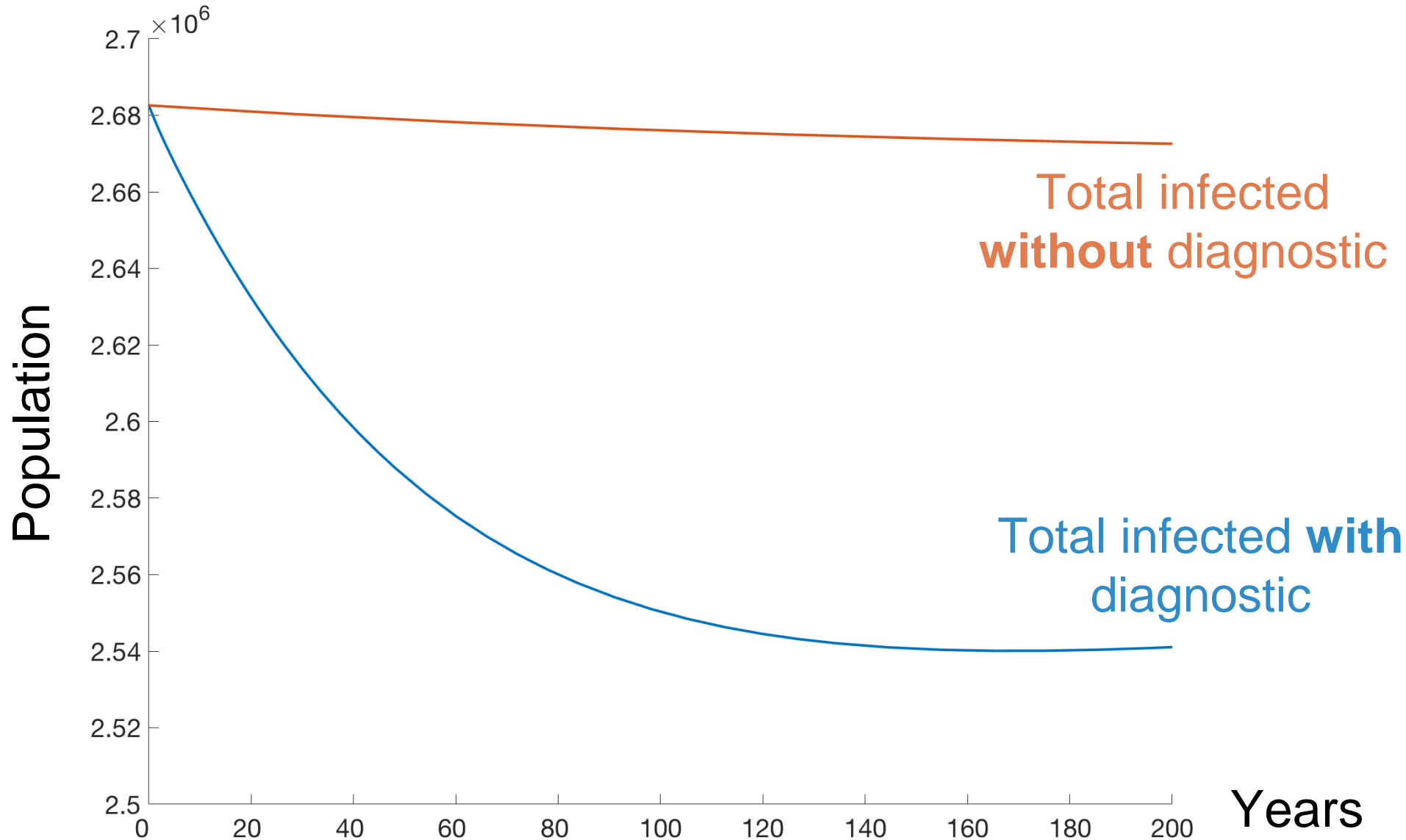
Can our project make a real difference?



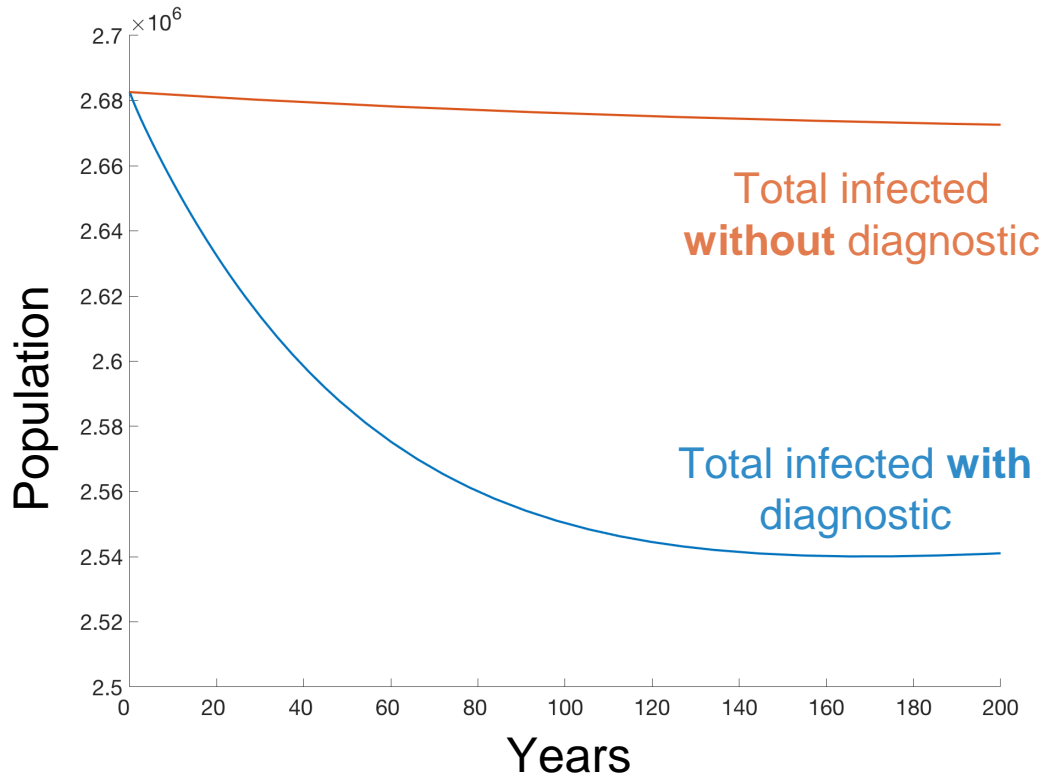
Prof Yves Carlier, expert in Infectious Diseases (Université Libre de Bruxelles)

Provided us with useful insights into Chagas disease throughout our project

Epidemiological Model Shows a Congenital Chagas Diagnostic is Viable



Epidemiological Model Shows a Congenital Chagas Diagnostic is Viable



>130,000 fewer infected individuals

\$61 mil in healthcare costs saved annually

37,000 DALYs per year eliminated



Prof Mike Bonsall, Professor of Mathematical Biology (University of Oxford)

Helped us gain a better understanding of the principles of disease modelling, and equipped us with the skills to create our own epidemiological model for Chagas disease

Canonical Diagnostic Circuitry



INPUT



CIRCUIT

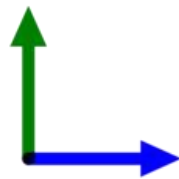
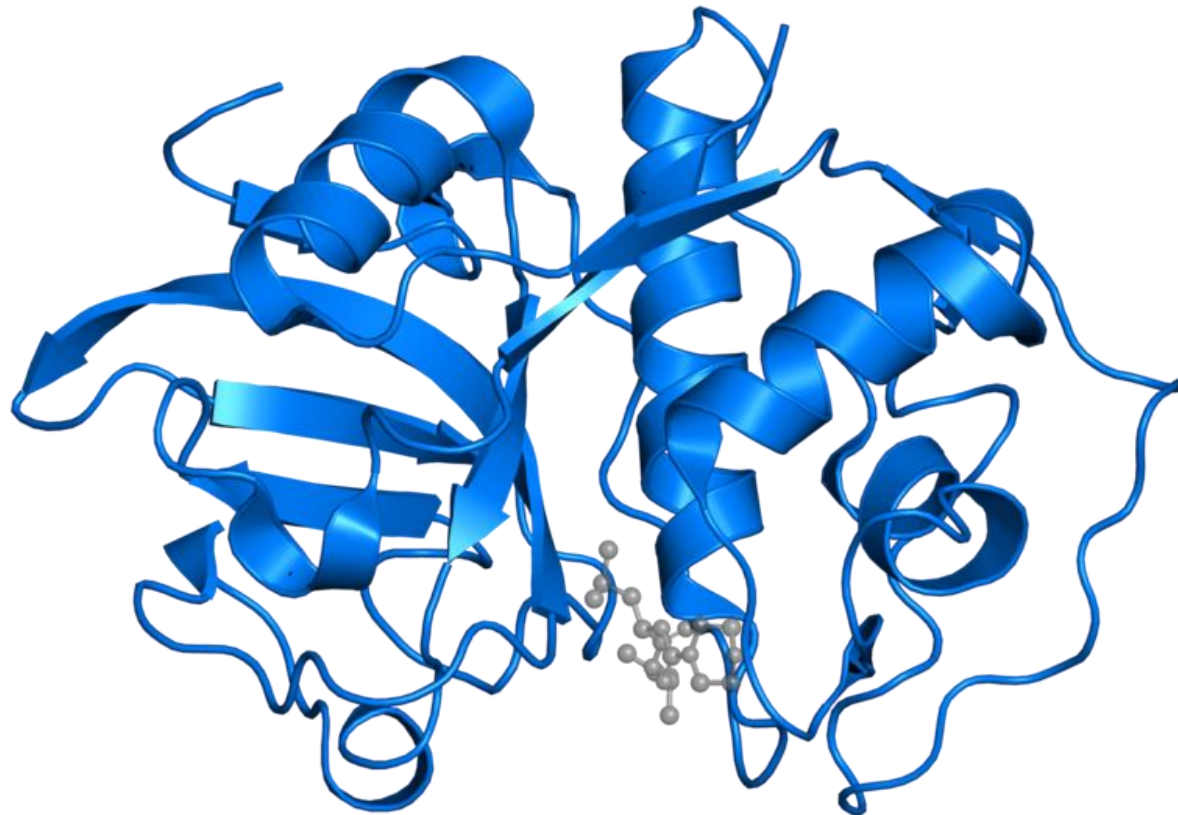


OUTPUT

Protease Detection is an Ideal Opportunity for a Platform Diagnostic



INPUT

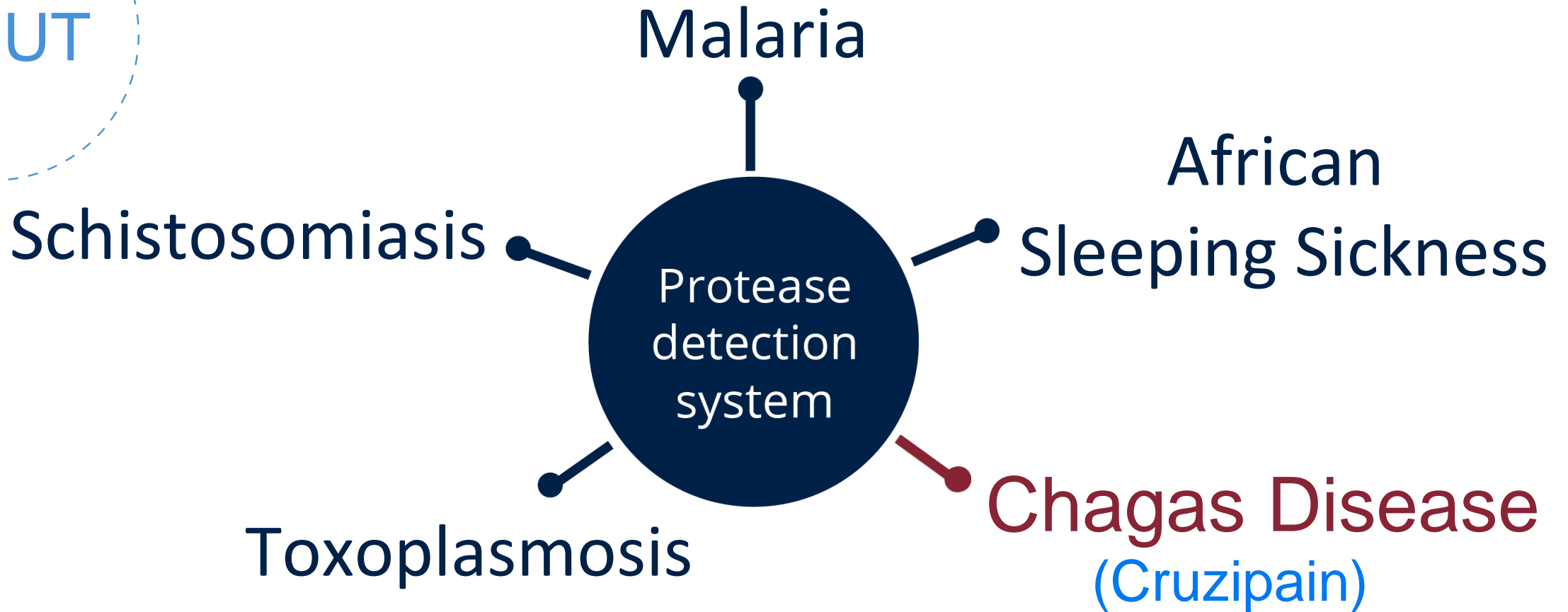


Cruzipain

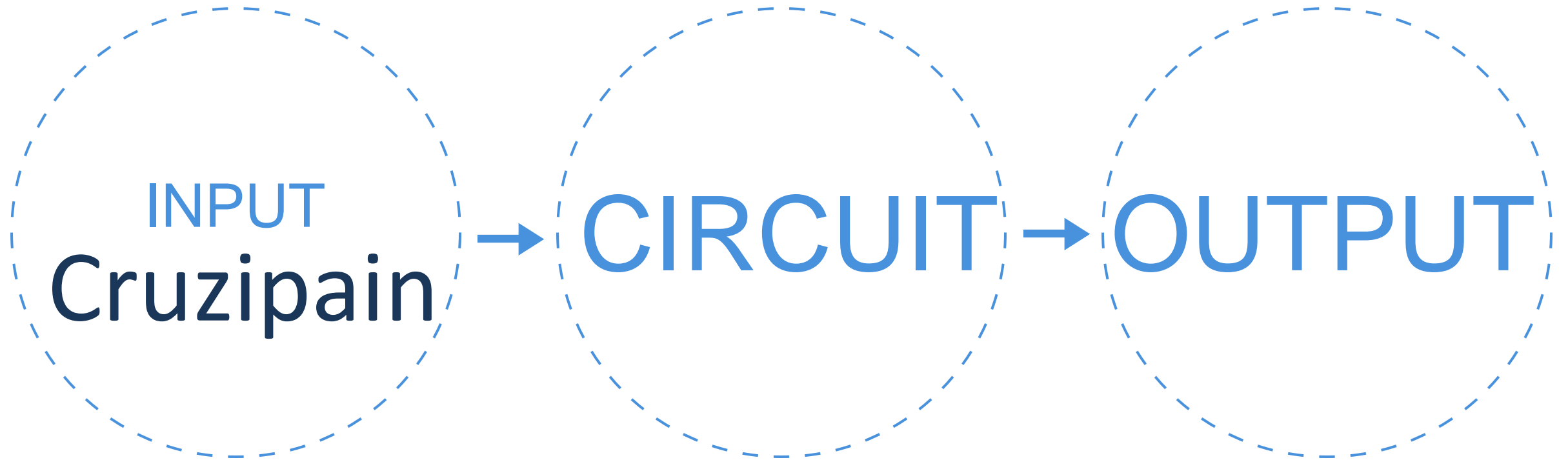
Protease Detection is an Ideal Opportunity for a Platform Diagnostic



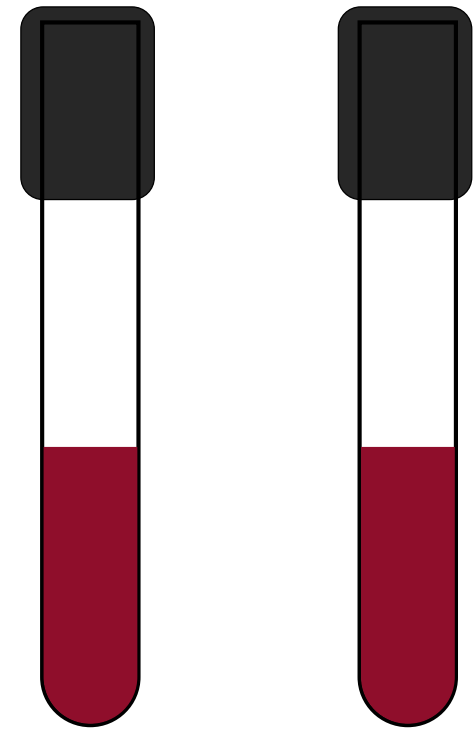
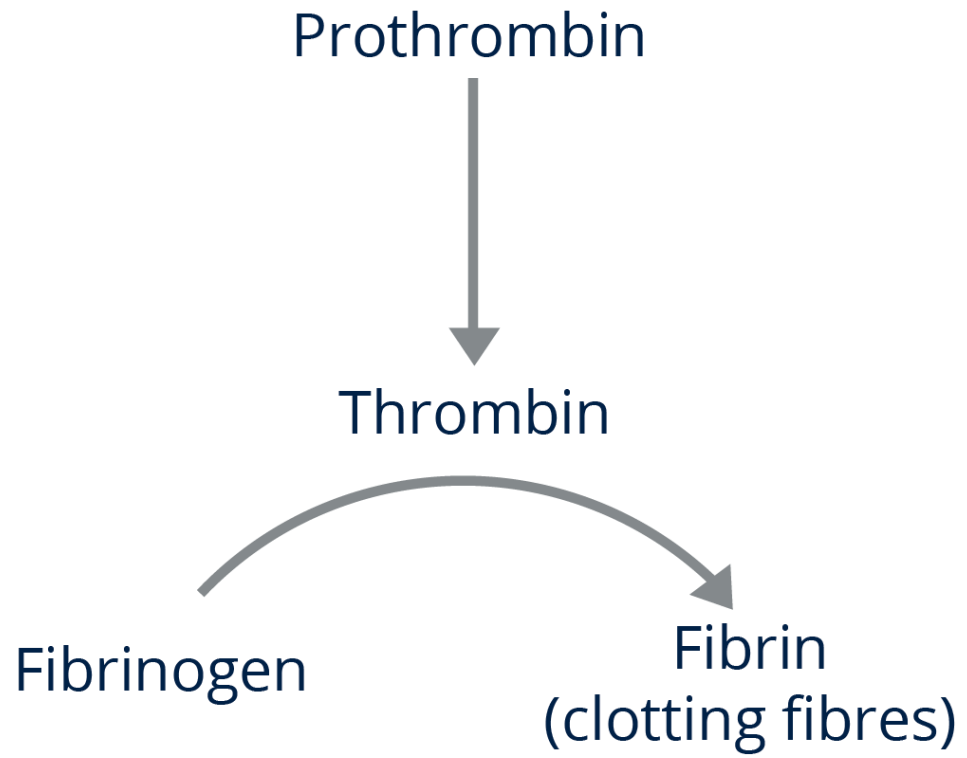
INPUT



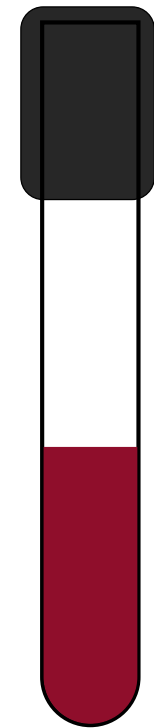
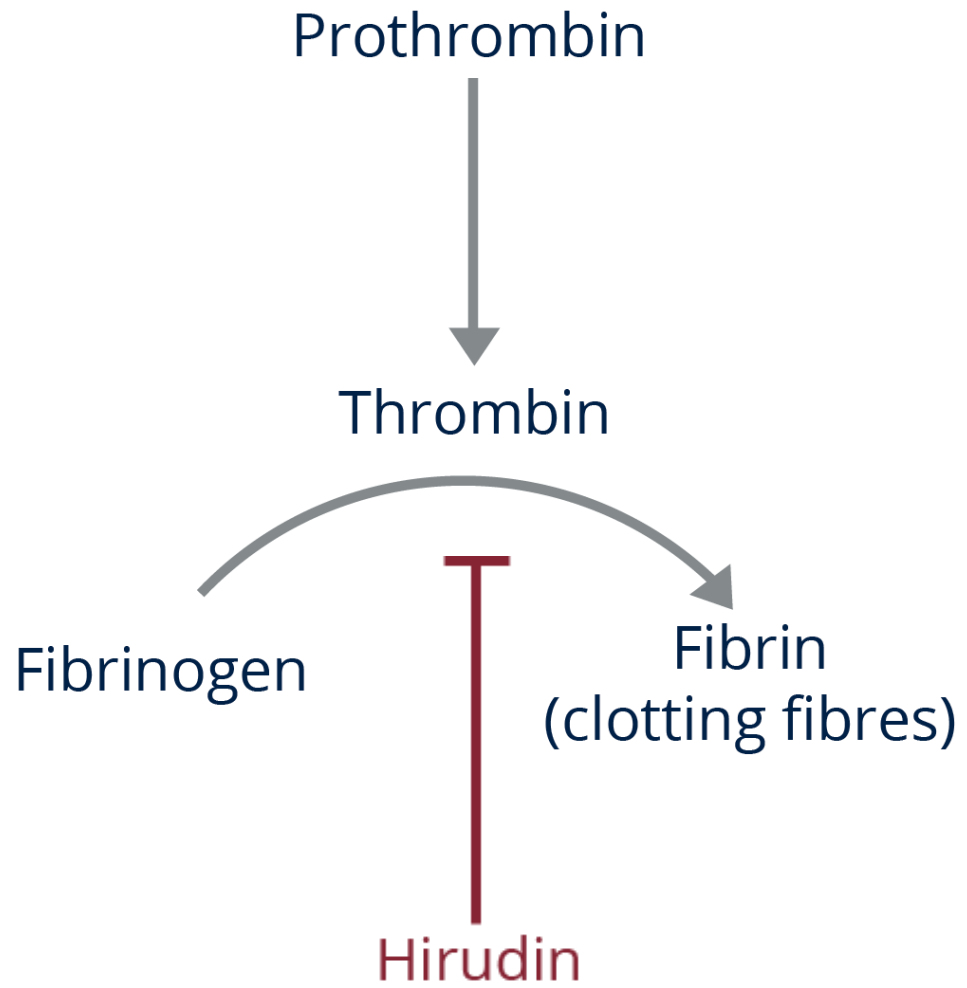
Canonical Diagnostic Circuitry



Blood Clotting Assay is Most Appropriate for our Diagnostic



Blood Clotting Assay is Most Appropriate for our Diagnostic

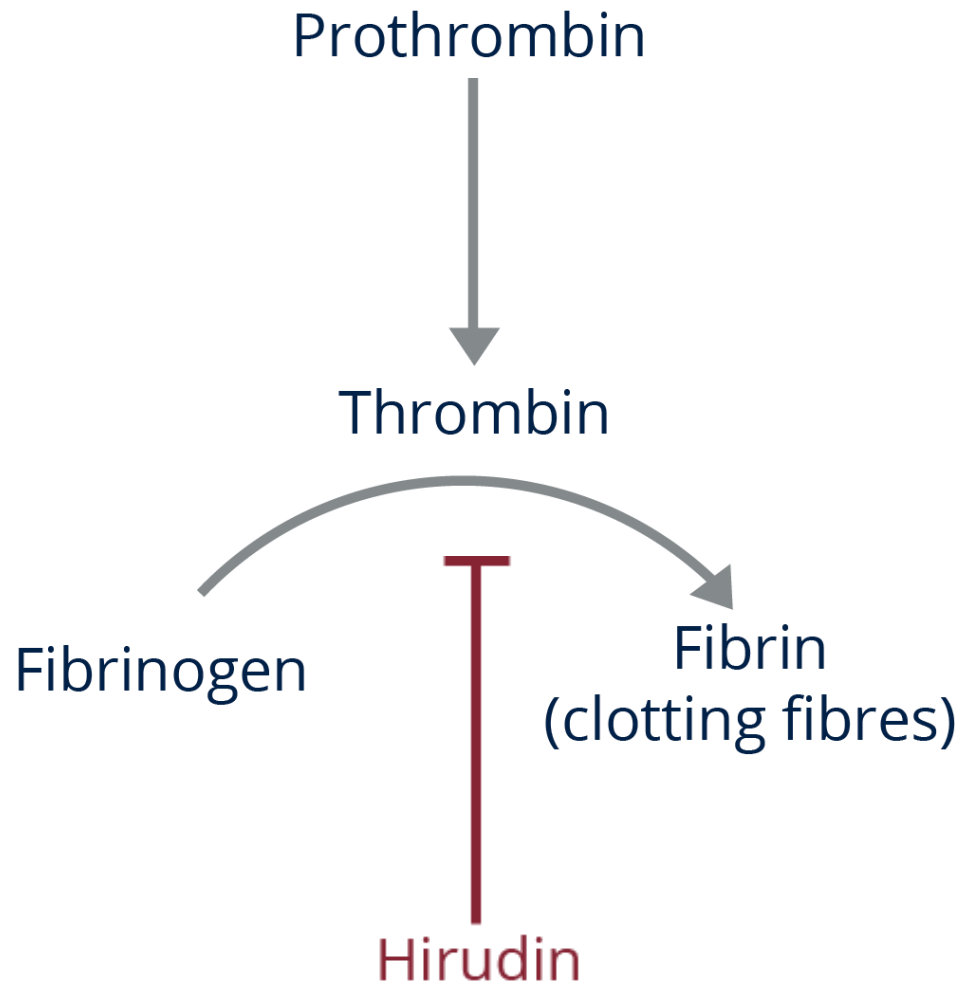


Negative



Clotted Blood

Blood Clotting Assay is Most Appropriate for our Diagnostic



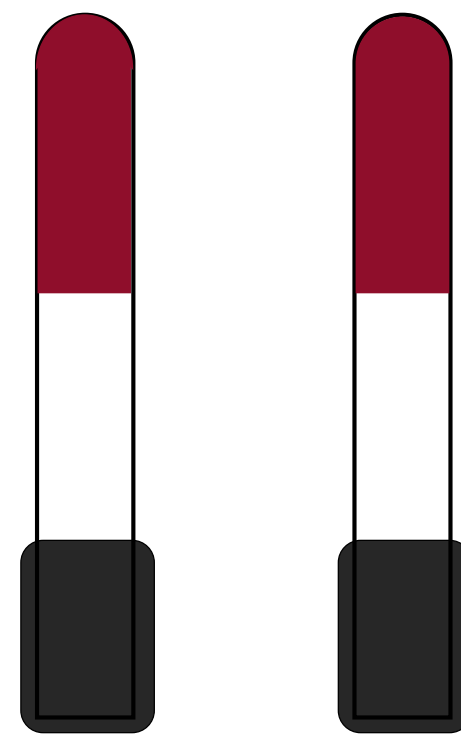
Non-clotted Blood →

Positive

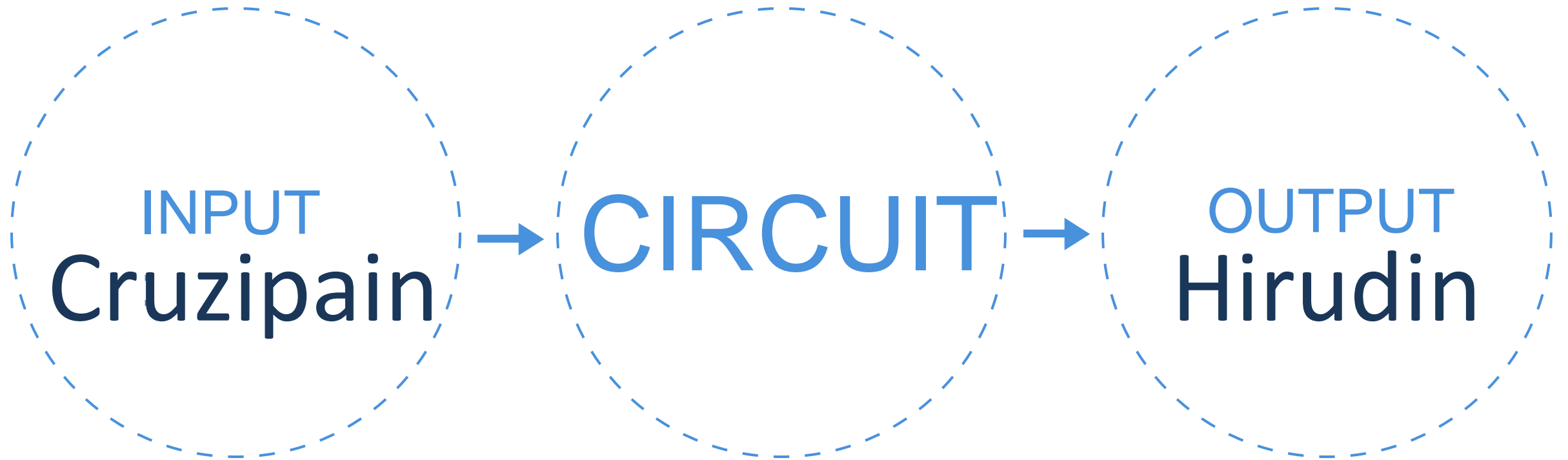
Negative

OUTPUT

Clotted Blood



Canonical Diagnostic Circuitry



Canonical Diagnostic Circuitry



CIRCUIT

Cell-free Overcomes Conventional Synbio Problems



CIRCUIT

Lower risk of contamination

No need for impractical cell culture

Freeze-dried powder eliminates need for cold chain



Prof Keith Pardee, pioneer in cell-free technologies (University of Toronto)

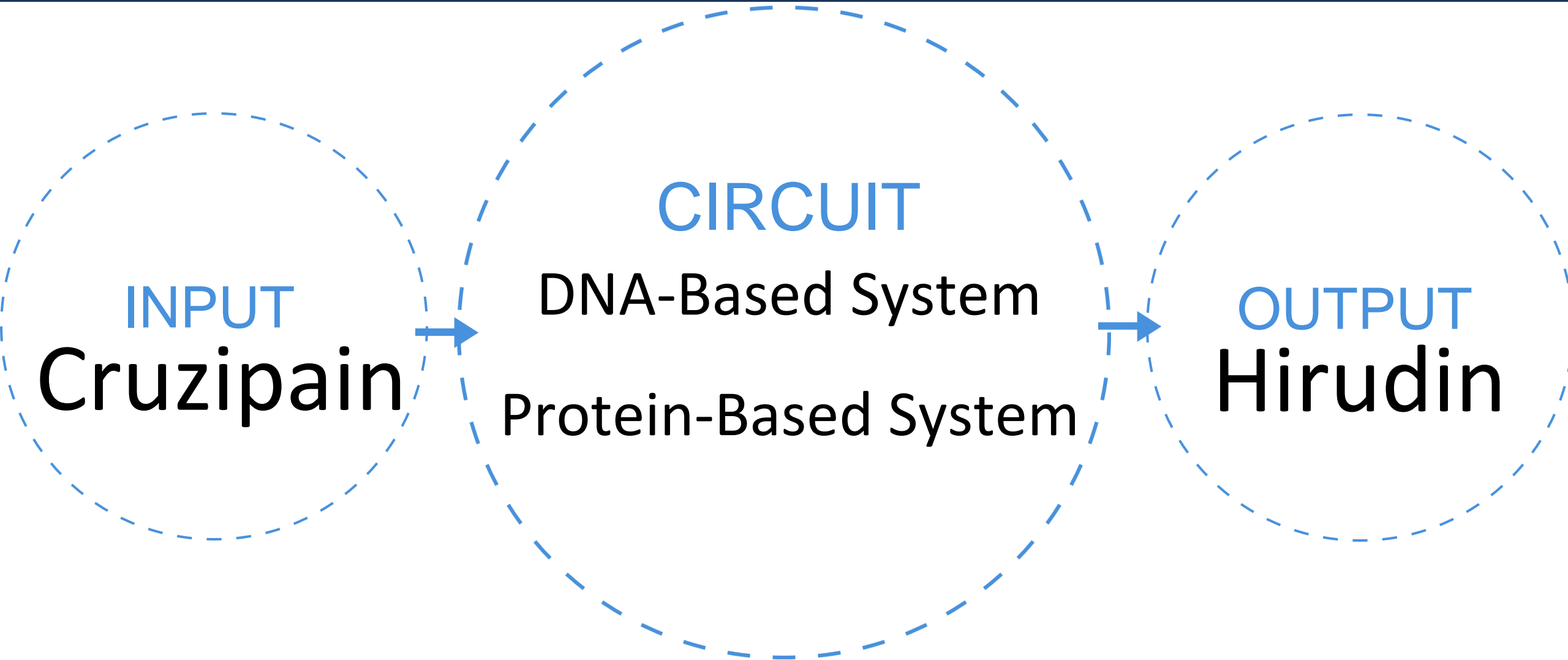
“[Freeze-dried cell-free] systems ... could alleviate both the restrictions of live-cell biosynthesis and cold-chain distribution requirements” – Keith Pardee

Canonical Diagnostic Circuitry

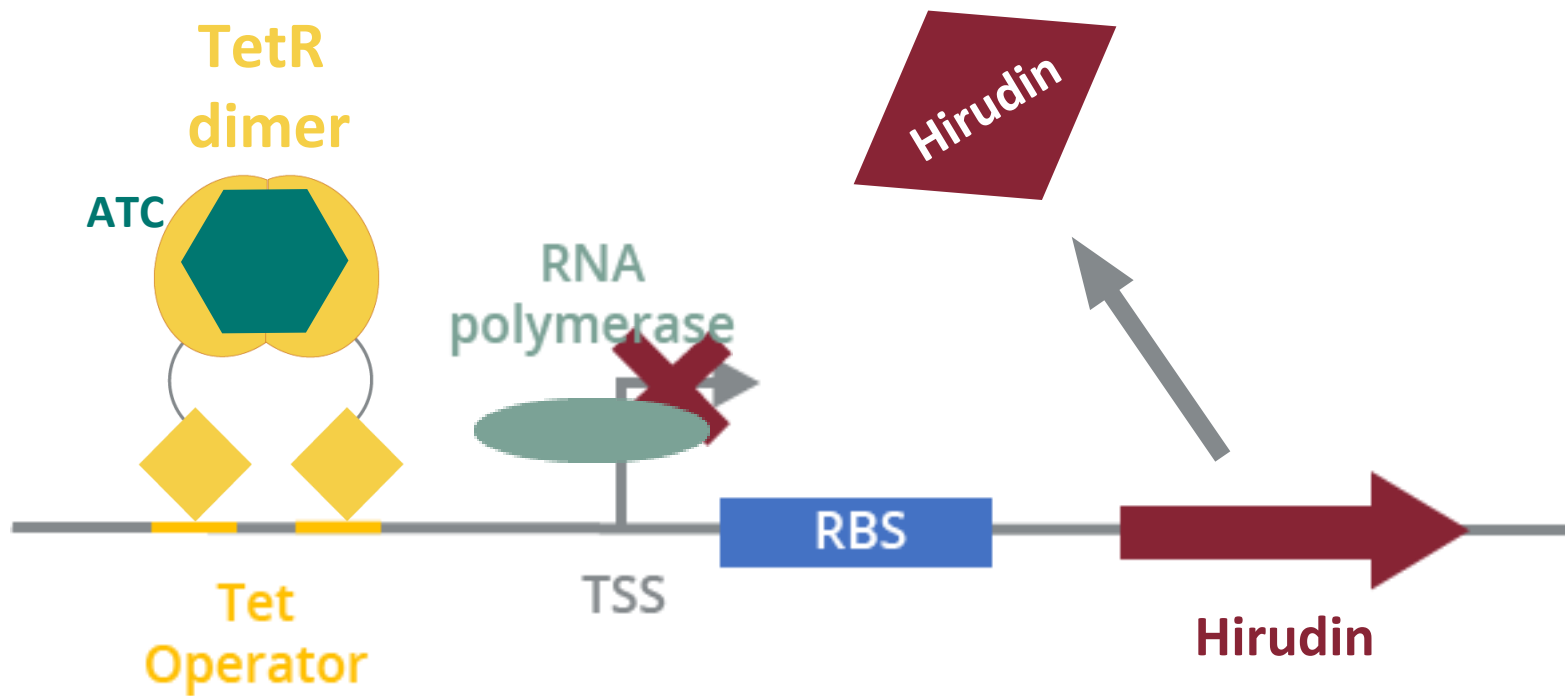


CIRCUIT

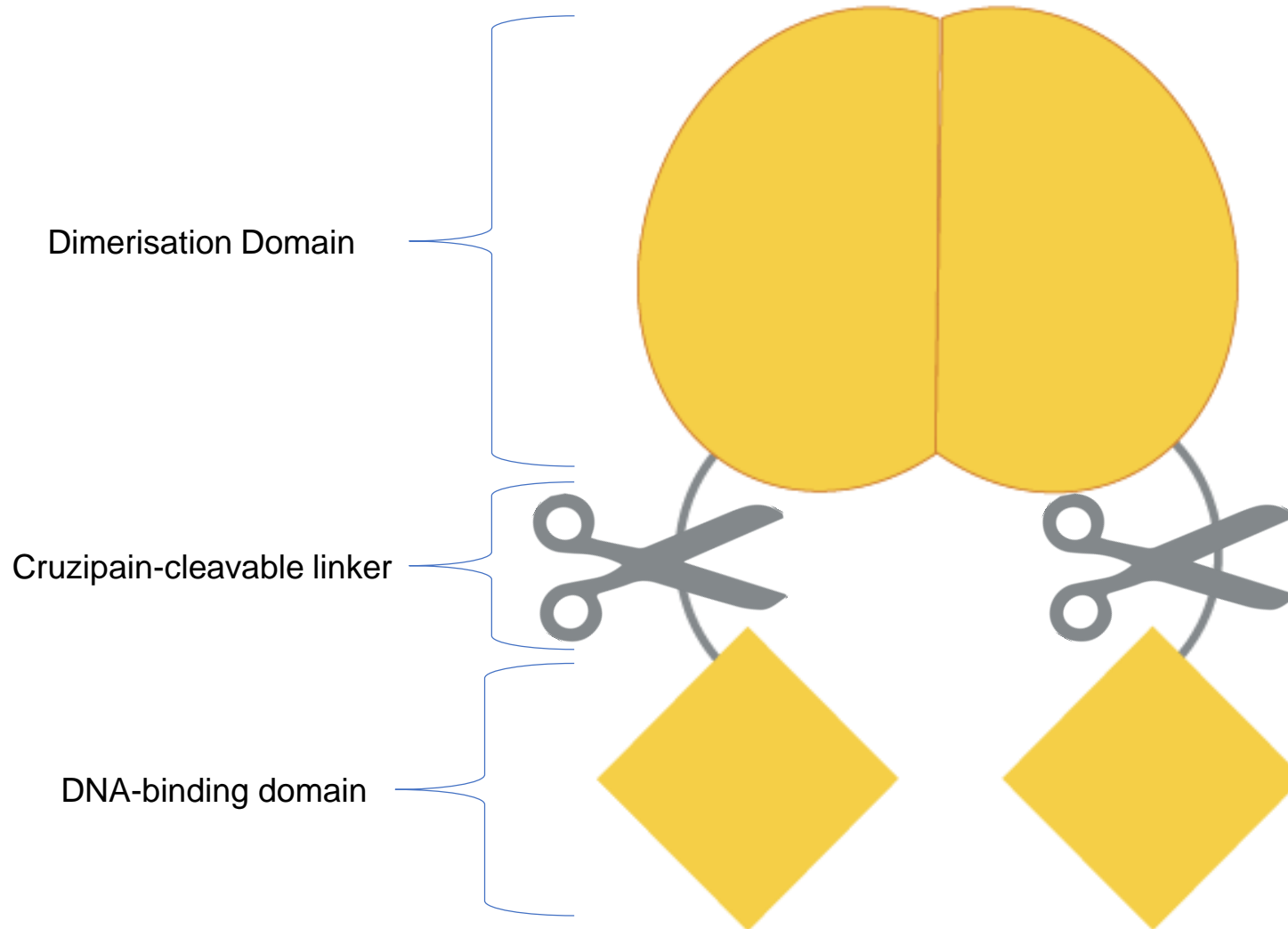
We Propose Two Novel Cell-Free Protease Detection Systems



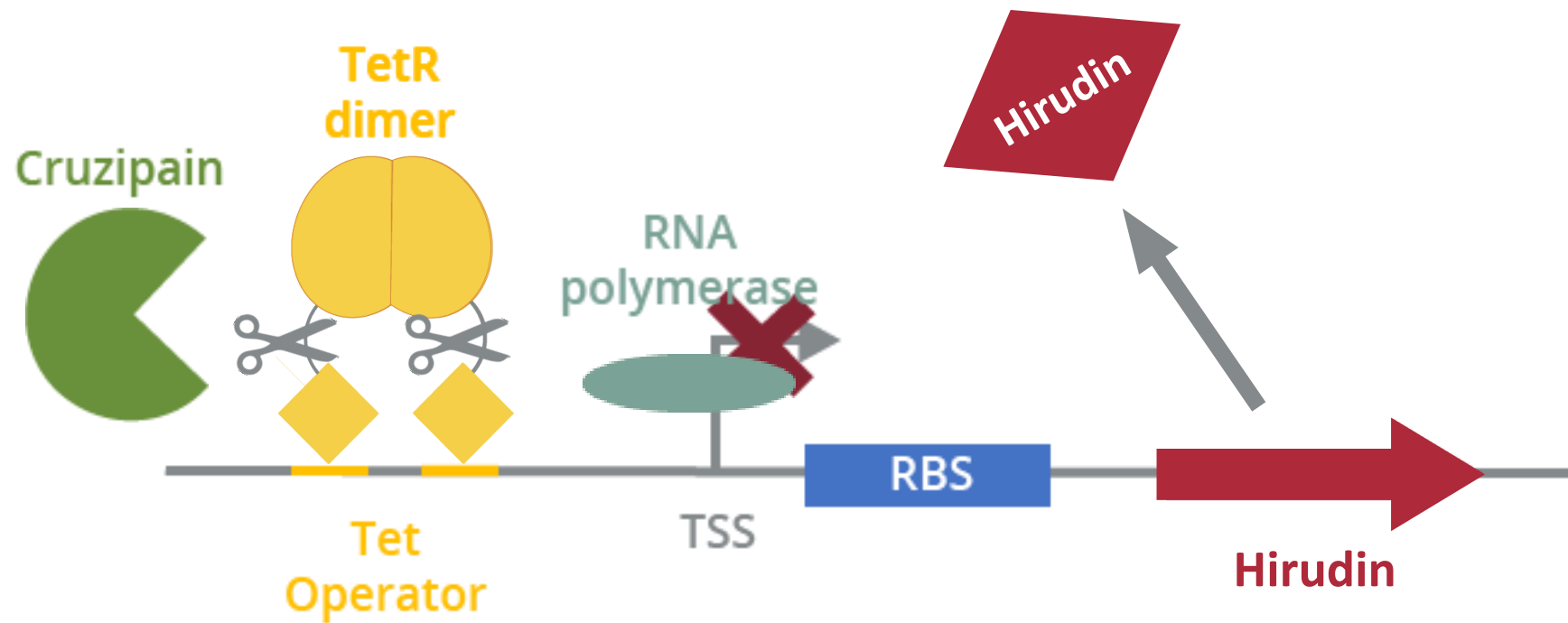
Redesigned System Produced TEV Protease for Amplification



Initial Design Produced Hirudin Directly



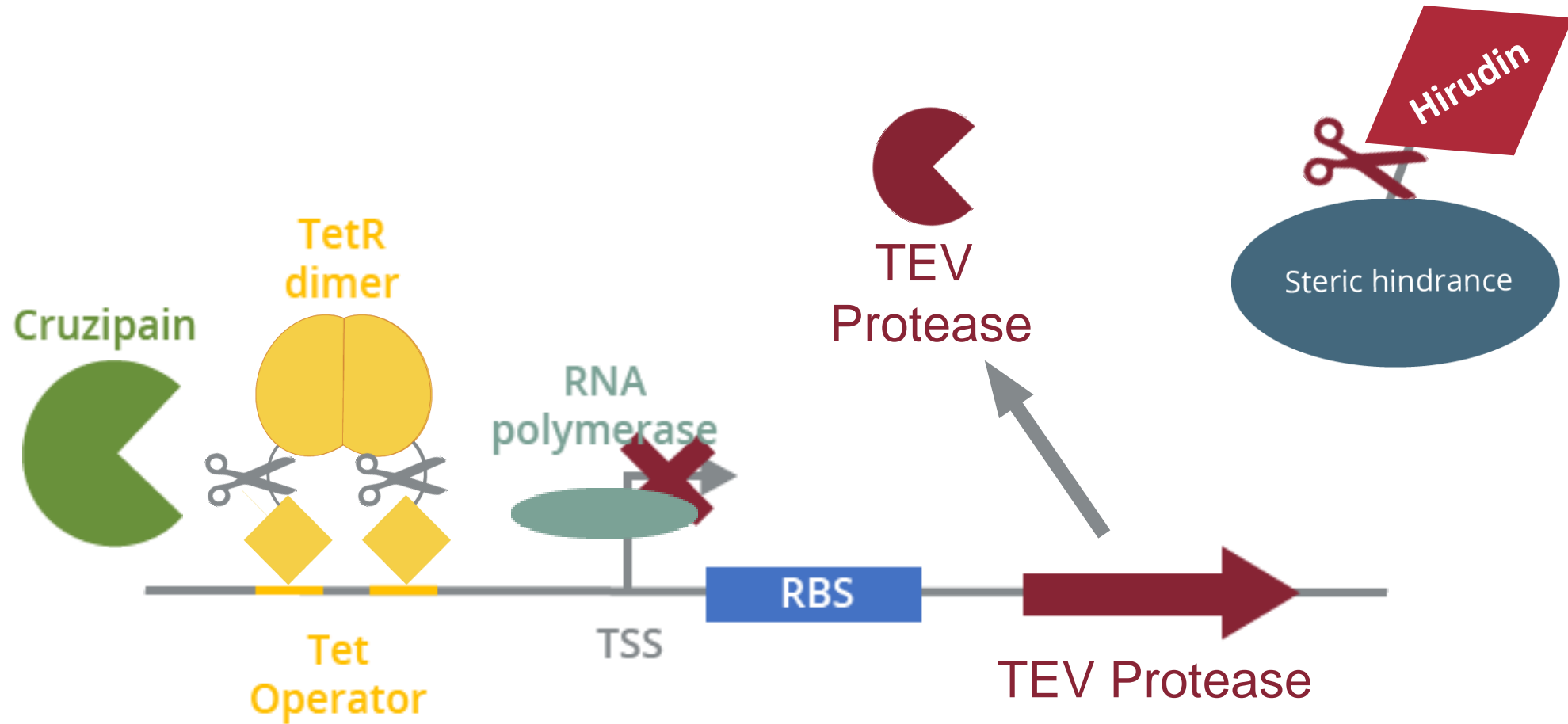
Redesigned System Produced TEV Protease for Amplification



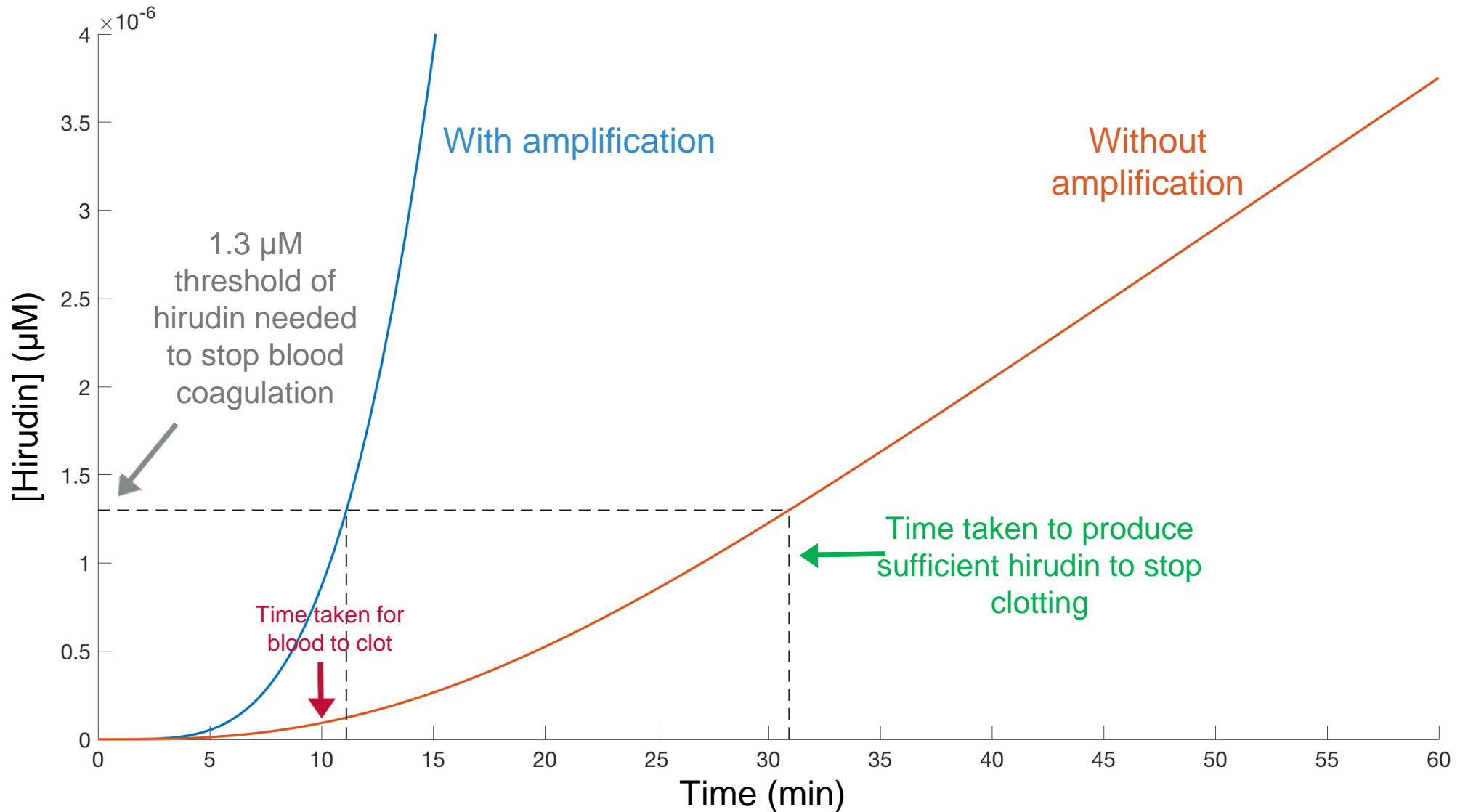
Transcription and Translation of Hirudin is Insufficient to Prevent Blood Coagulation



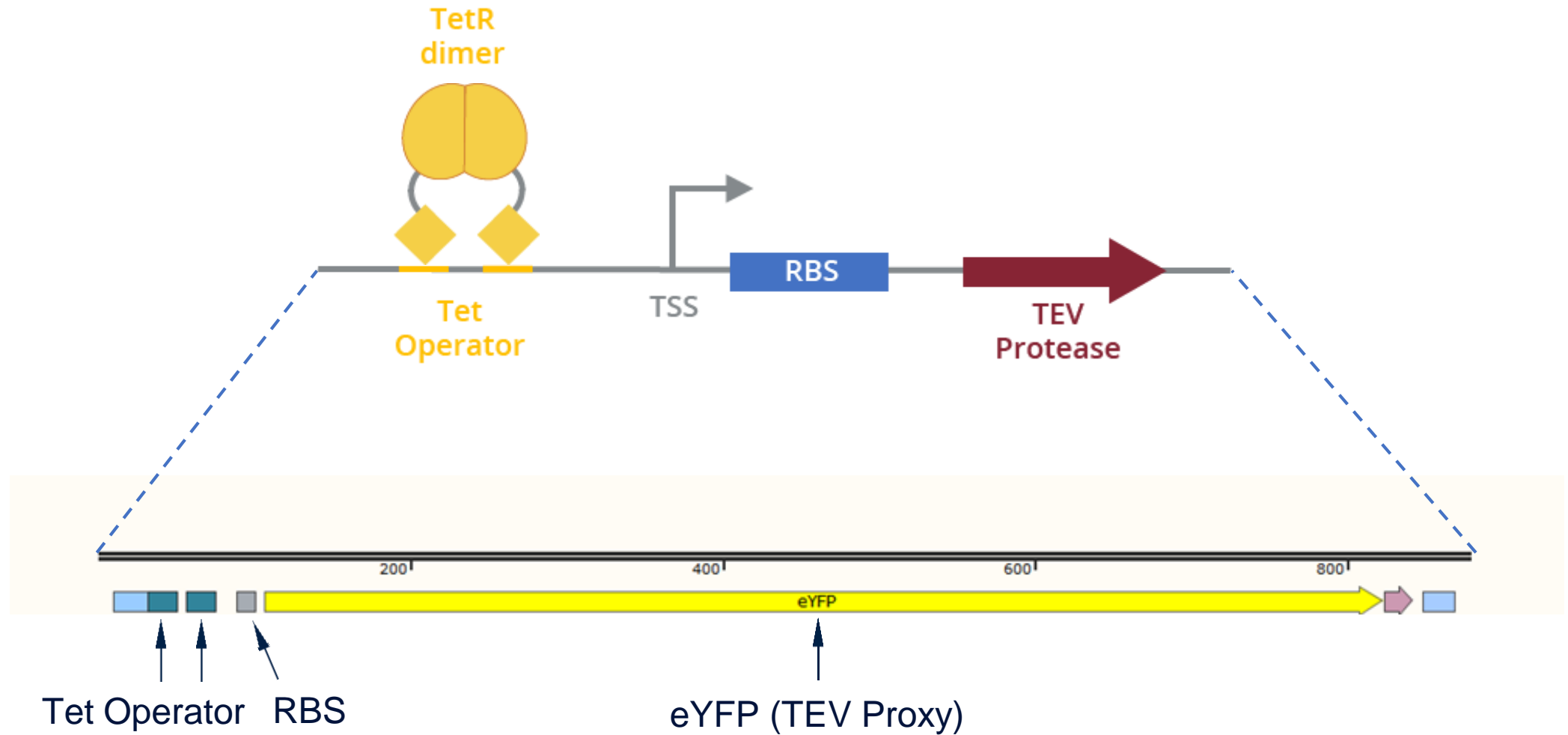
Redesigned System Produced TEV Protease for Amplification



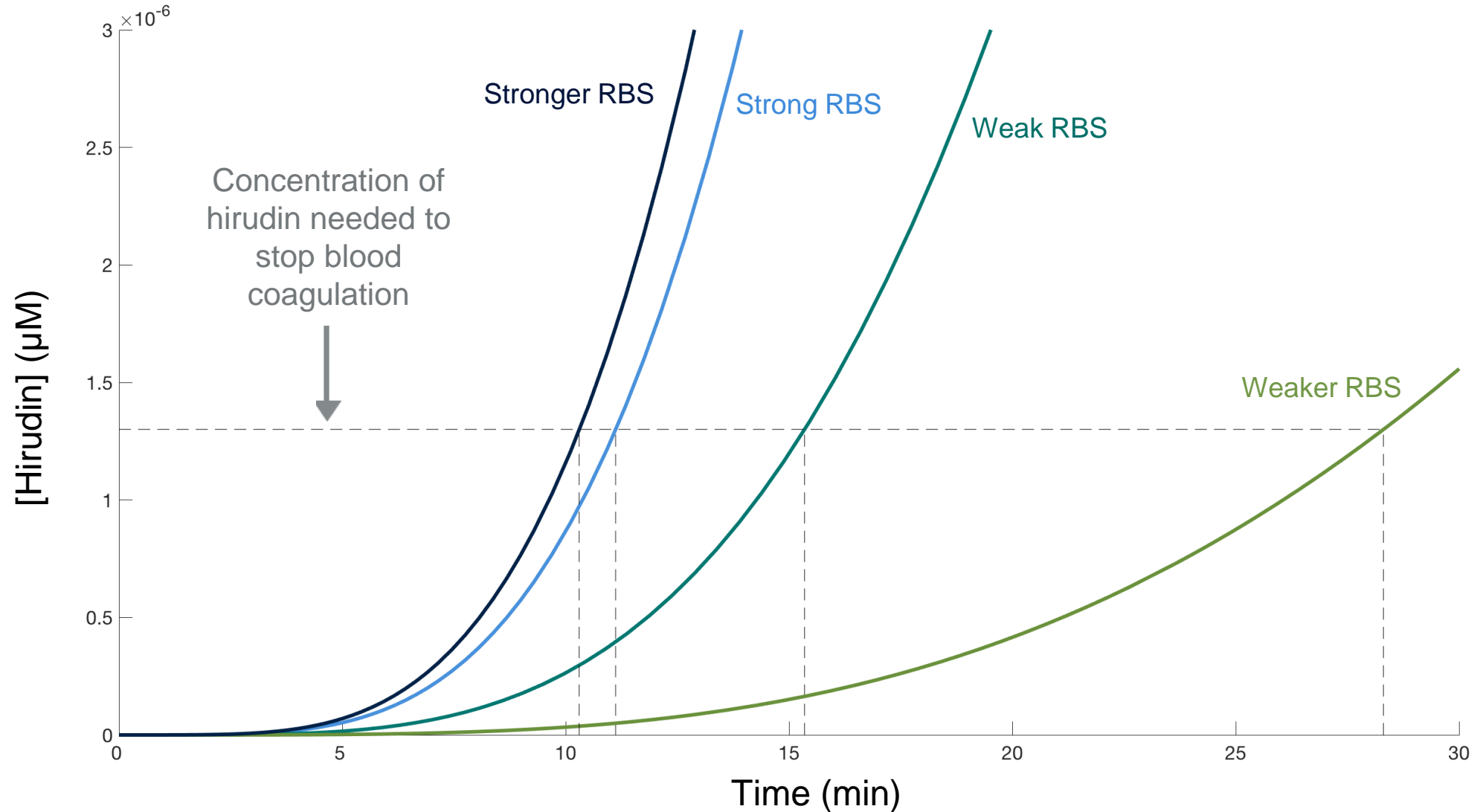
Modified Model Showed Amplification Increased Hirudin Production



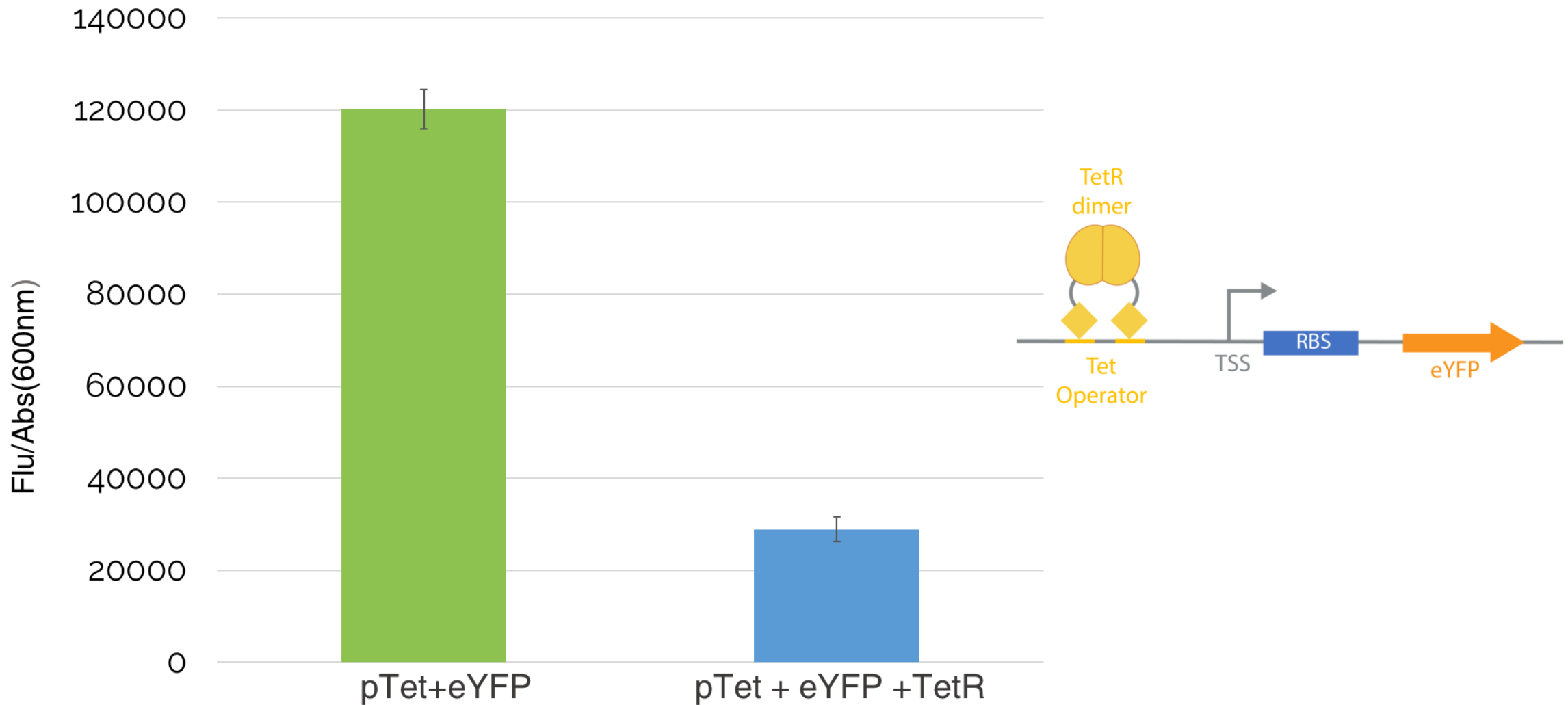
pTet-eYFP Was Designed as Proof-of-Concept for DNA Added to System



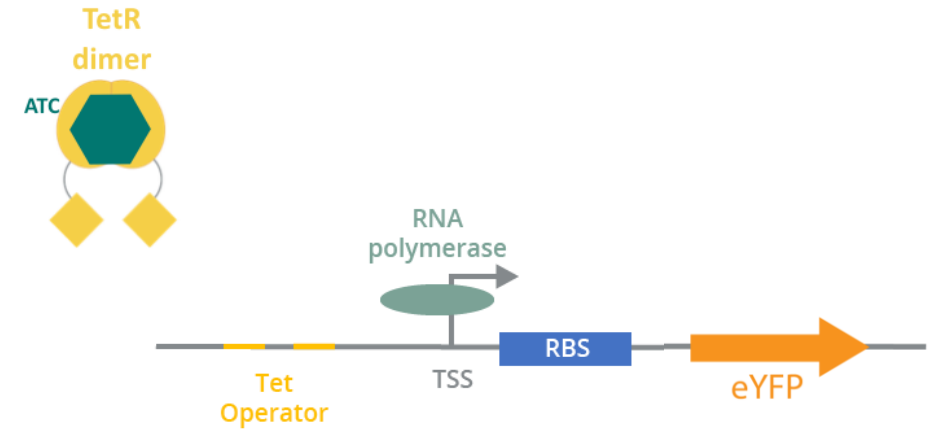
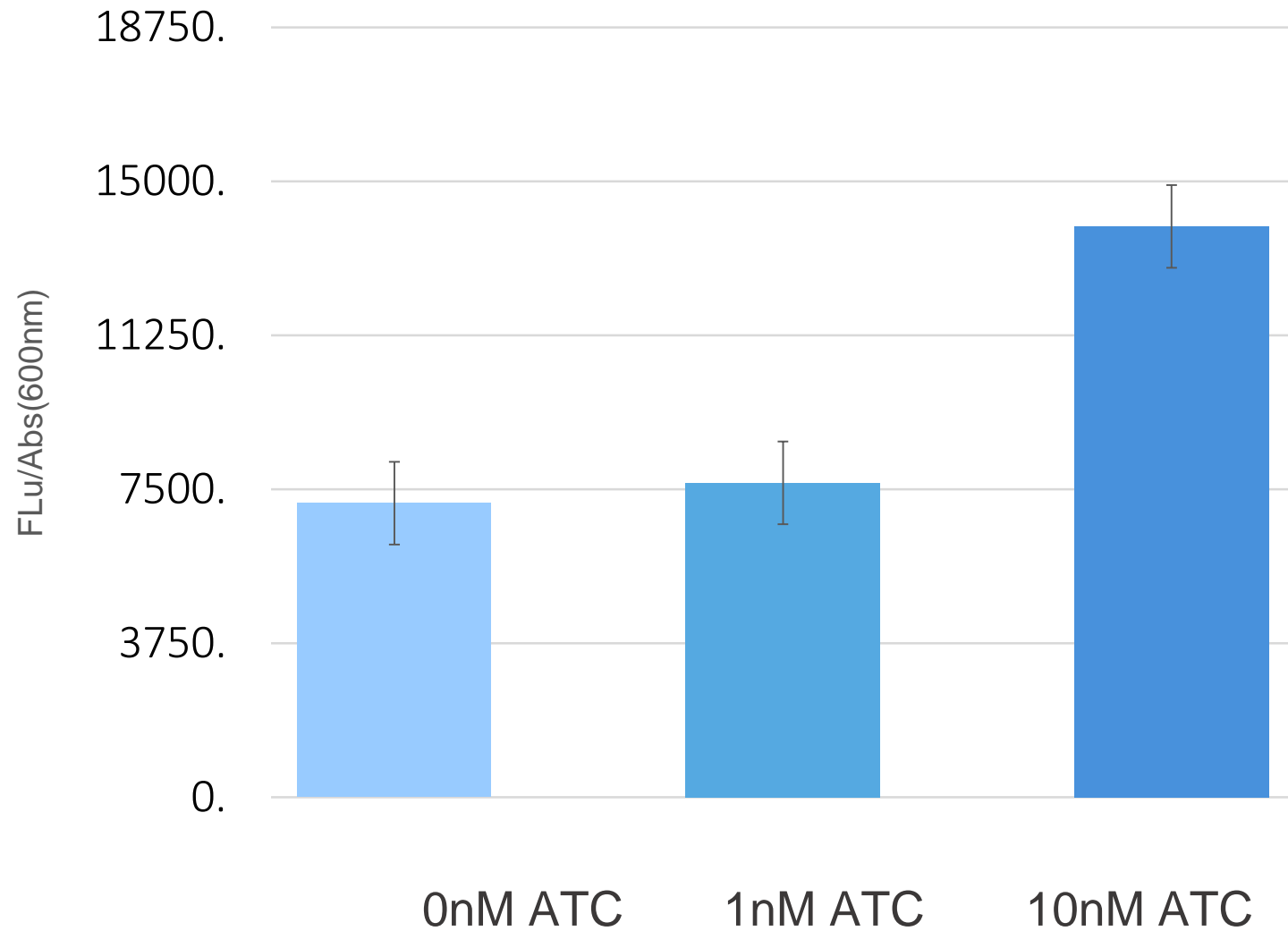
Strong RBS Increases Hirudin Production Rate



pTet-eYFP is repressed by TetR



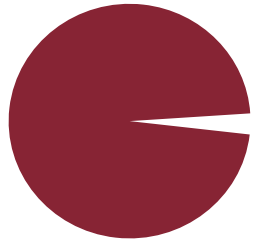
Repression of pTet-eYFP can be Relieved by Addition of ATC



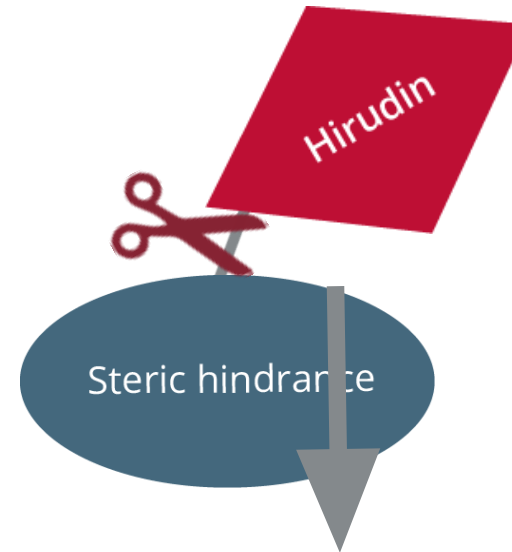
Protein-Based Circuitry Overview



Inactive
TEV
protease



Active
TEV
protease



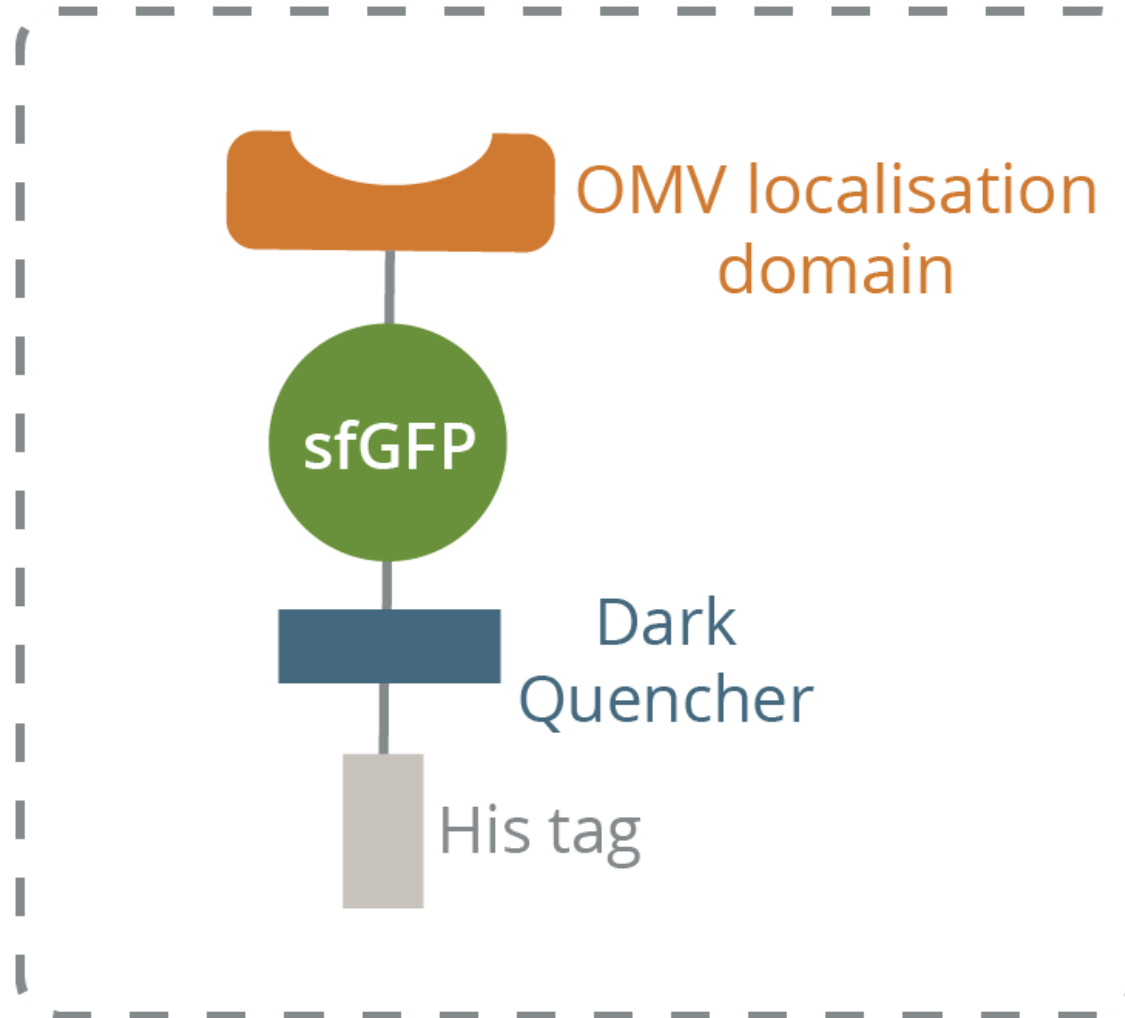
Prevents
Blood
Clotting

Proof-of-Concept Parts to Investigate Protease Action at Outer Membrane Vesicles



Use in our diagnostic

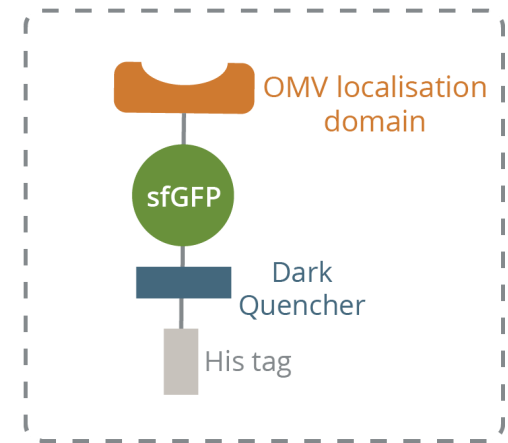
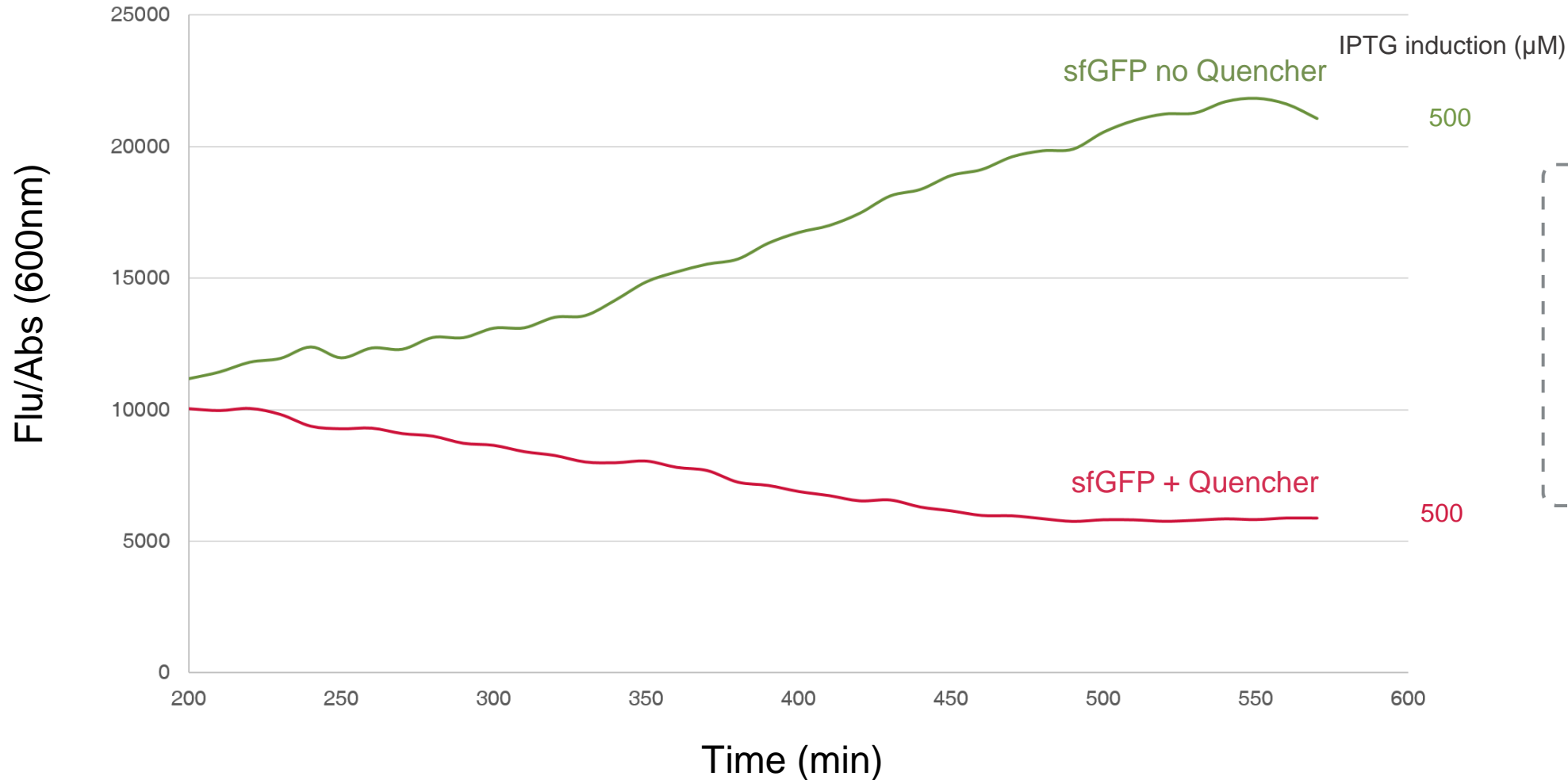
- Simulates activation of our system by Cruzipain
- Can also be used to test the activation of TEV in our output



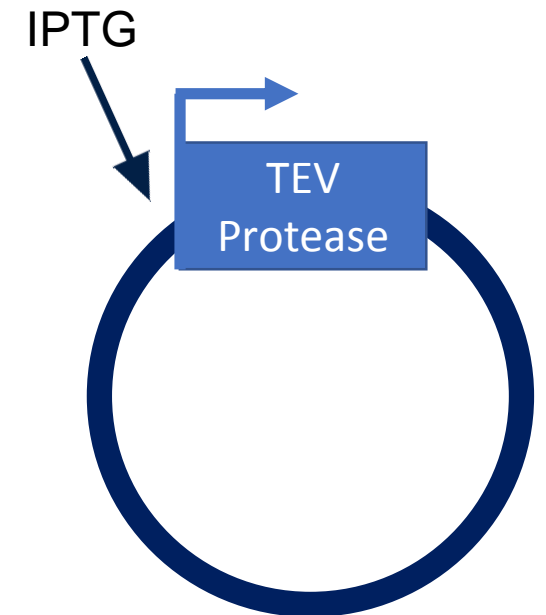
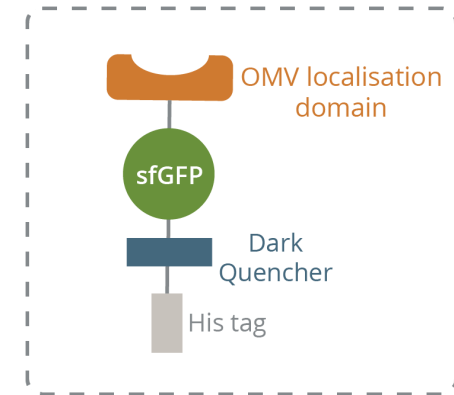
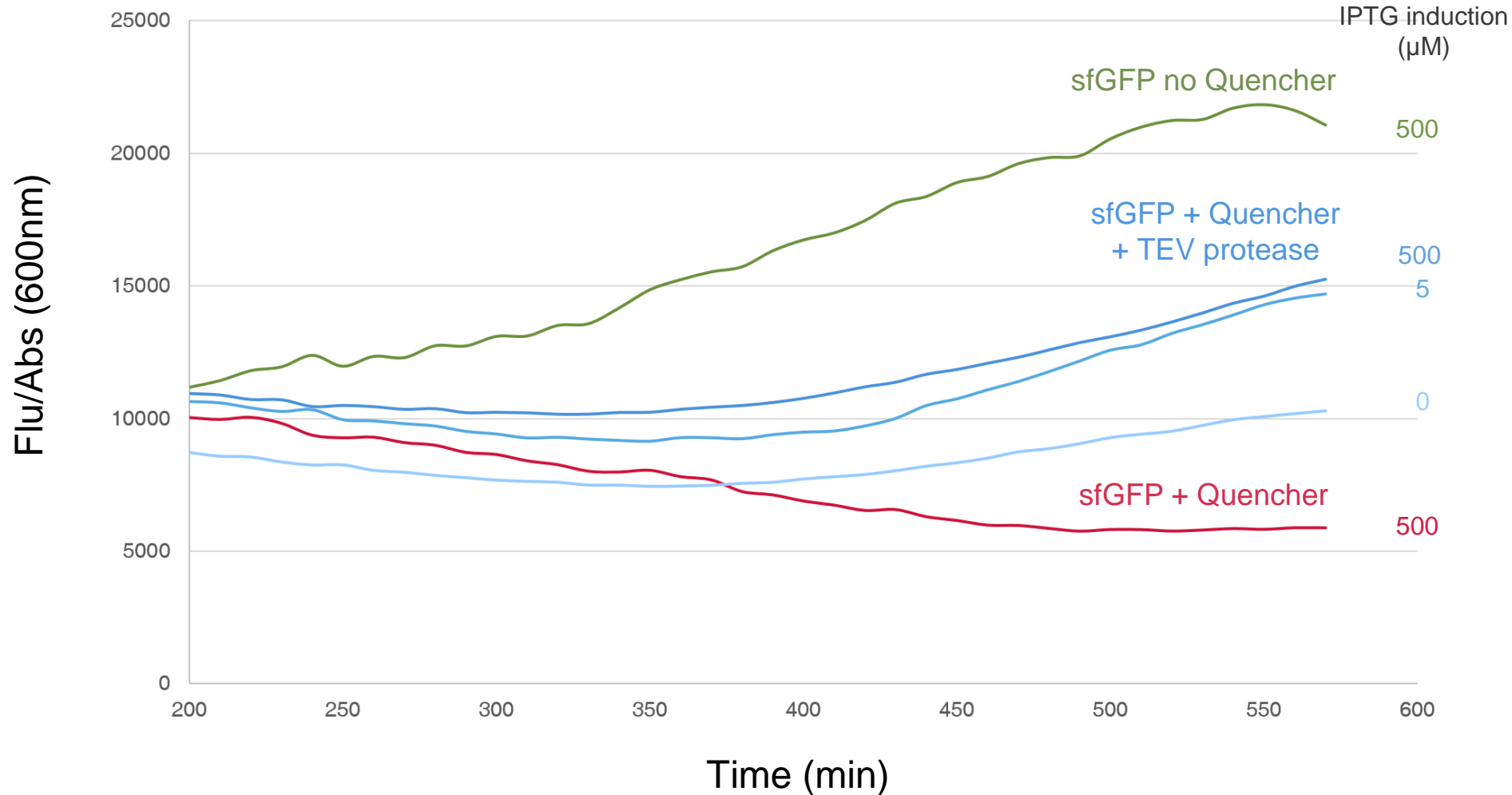
Use for future teams

- Investigating targeted delivery to OMVs

Cleavage by TEV Protease Significantly Increases sfGFP fluorescence



Cleavage by TEV Protease Significantly Increases sfGFP fluorescence



The 4Es Framework for Applied Design



Dr Cristina Alonso-Vega, Expert in Infectious Disease (University of San Simon)

Helped develop an understanding of the current political, social and economic landscape in Bolivia that could impact the implantation of our design

Centre for Health, Law and Emerging Technologies (HeLEX) and Innovation for Science, Innovation and Society (InSIS)

We had sustained dialogue about the ethical and social issues related to our project, which heavily influenced our applied design



Dr Piers Millet, Senior Research Fellow at Future of Humanity Institute (University of Oxford)

Piers gave us his expert opinion on the current direction that regulation may be moving in; and helped evaluate our cell free report

Ease of Use

Equipment
Presentation
Training

Economics

Materials
Transport
Delivery

**Environment &
Safety**

Risks
Sustainability
Disposal

Effectiveness

Clarity
Sensitivity & specificity
Speed

Our Final Kit



Prototyped using paper, cardboard, CAD and 3D printing

Meets the 4Es framework criteria

Ease of Use

At all levels of medical infrastructure

Economics

\$3.90 – cheaper than current options

Environment & Safety

Fully contained and cell-free

Effectiveness

Rapid, point-of-care diagnostic



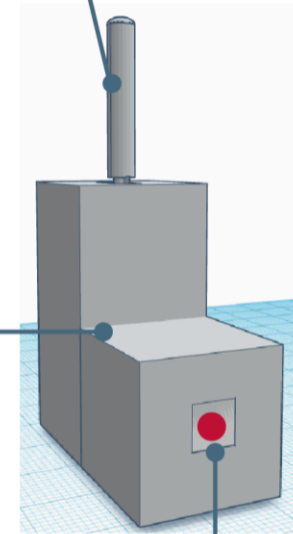
Dr Tempest van Schaik, researcher in Biomedical Engineering (Science Practice)

Helped us to understand the importance of cheap and easy prototyping for our kit to maximise efficiency and potential

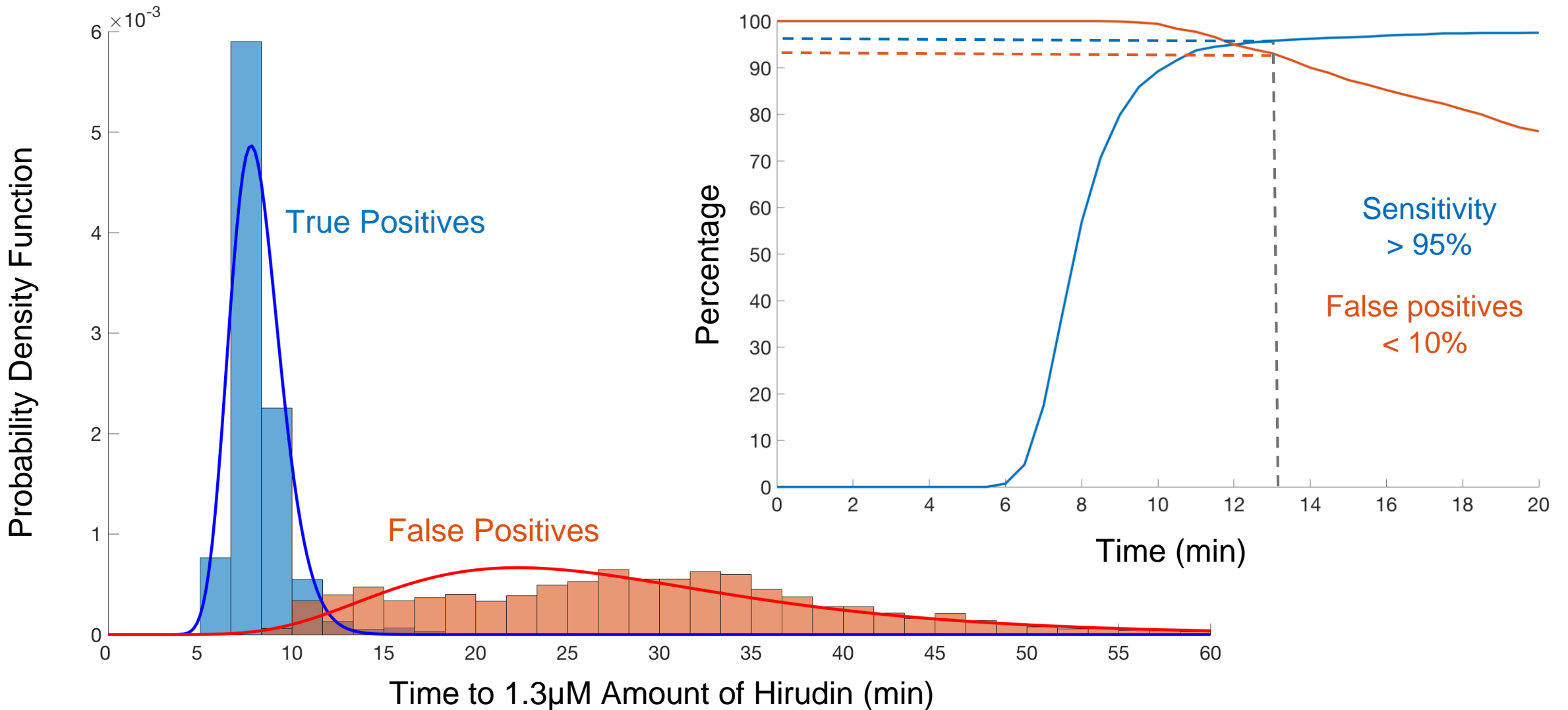
1 30uL of blood inserted into top of kit using microsafety pipette

2 Blood will not clot and will travel through capillary tube if patient is positive for Chagas disease

3 Result within 20-25 minutes



Stochastic Modelling Highlighted Effectiveness of System



Where Do We See Cruzi Going?



INPUT



CIRCUIT



OUTPUT

Where Do We See Cruzi Going?



INPUT

African Sleeping sickness
(Rhodesain)

Toxoplasmosis
(Cathepsin L)

Schistosomiasis
(Cercarial elastase)

Sepsis
(LasA)



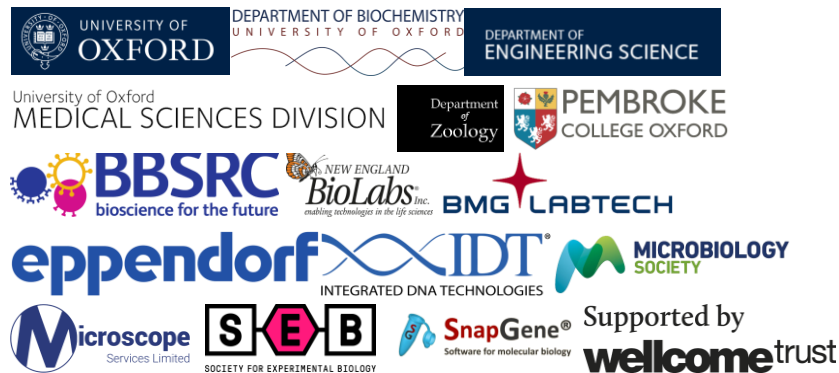
Acknowledgements



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- Professor Antonis Papachristodoulou
- Professor Michael Bonsall
- Harrison Steel
- Associate Professor Maïke Bublitz

Sponsors



Experts

Professor Cristina Alonso-Vega
Sam Bannon
Professor Mike Bonsall
Professor Jaila Dias Borges Lalwani
Professor Yves Carlier
Dr Scott L Diamond
Sarah Dragonetti
Dr. Darragh Ennis
Dr. Matteo Ferla
Drs David and Carol Harris
Dr Miguel Hernan Vicco
Professor Matt Higgins
Professor Mark Howarth

Professor Michael Laffan
Professor Emilio Malchiodi
Dr. Piers Millett
Dr. Michael Morrison
Eileen Murphy
Professor Keith Pardee
Dr. Ben Riley
Tim Ring
David Sprent
Juan Solano
Alfons Van Woerkom
HeLEX and InSIS

Collaborations

Amazona
AQA Unesp
City of London School
EPFL

Judd School
Northwestern
McMaster II
TEC CEM