



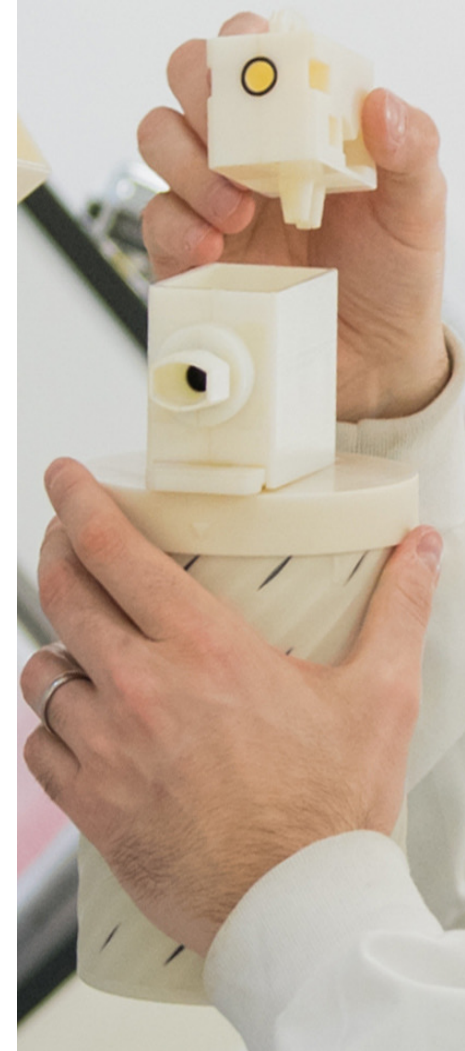
**Northumbria
University**
NEWCASTLE

COVID-19 Diagnosis through RT-qPCR in Exhaled Breath using a Novel Hand-Held Breath Sampler.

Dr Sterghios A. Moschos FRSC FIBMS FHEA MRSB
Associate Professor, Cellular and Molecular Sciences
Founder and Chief Scientific Officer, PulmoBioMed Ltd.
Twitter: @docmoschos

Overview

- Exhaled Breath Condensate for Diagnostics
- The PBM-HALE™ approach
 - Fine Aerosols and Large Droplets at source
 - Biomarker discovery
 - Microbial capture
- Clinical progress update.



Diagnosing from Exhaled Breath Condensates (EBC)



Breath is 95% hydrated:

- Volatile compounds
- Vapour & aerosols.
- Biological molecules.

Health and Disease indicators:

- Lung infections.
- Liver diseases.
- Multiple cancers:
 - Blood.
 - Breast.
 - Brain.

Challenges to clinical use

- Reproducibility.
- Contamination:
 - Saliva.
 - Ambient.
- Sample loss.
- Safety.
- Upper vs deep lung separation.

RTube™



Poor process control

EcoScreen™



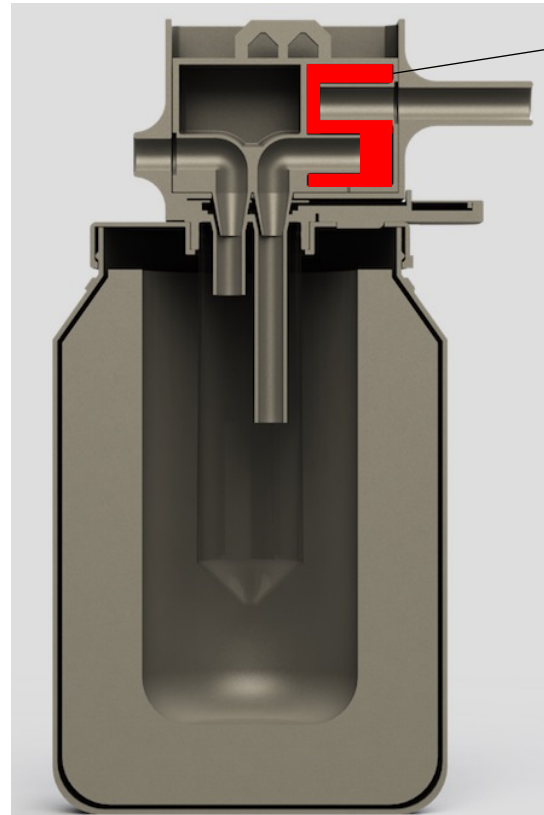
Sample lost in black tube
17Kg + weight

PBM-HALE™: the device



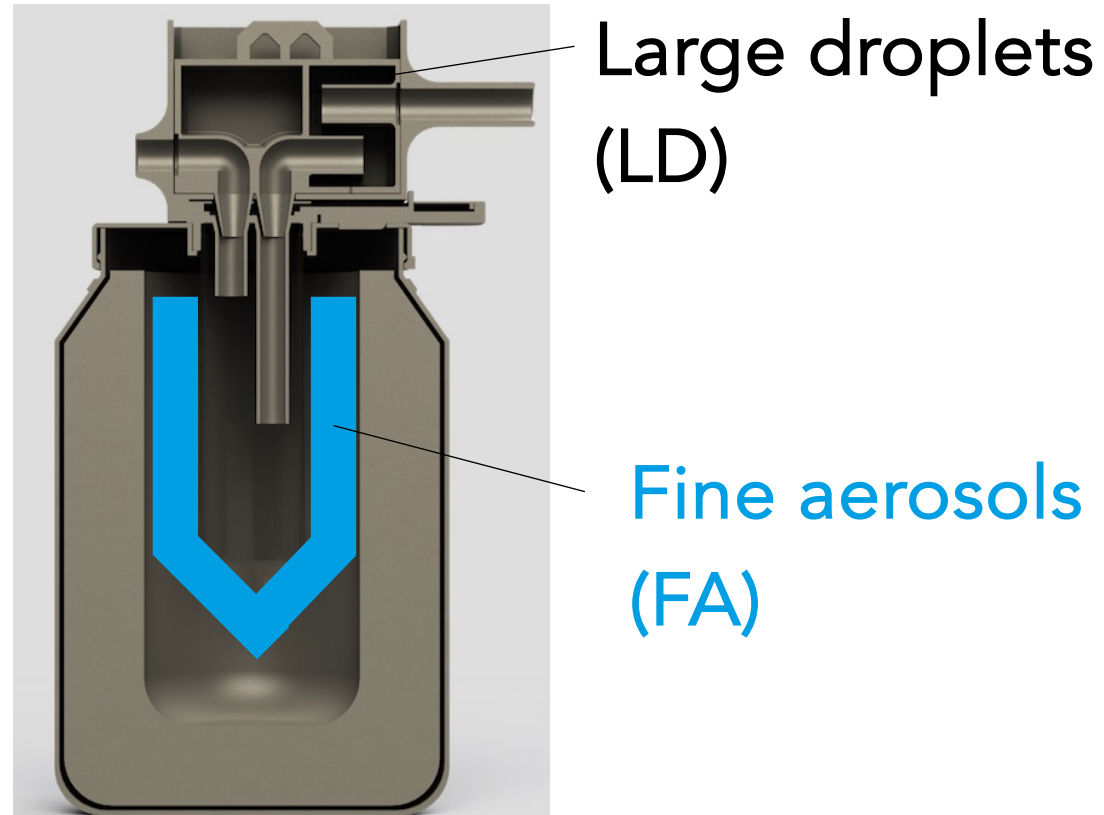
WO2017153755A1: exhaled breath collector – granted; WO2019053423A1: cascade impactor array – granted.

PBM-HALE™: the device



Large droplets
(LD)

PBM-HALE™: the device



Inhalation phase FA cooling

Exhalation cycle timepoint (sec)

0

1

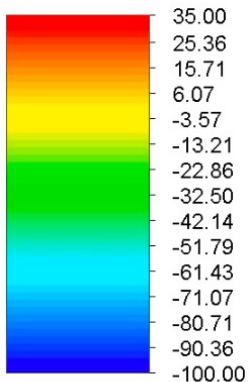
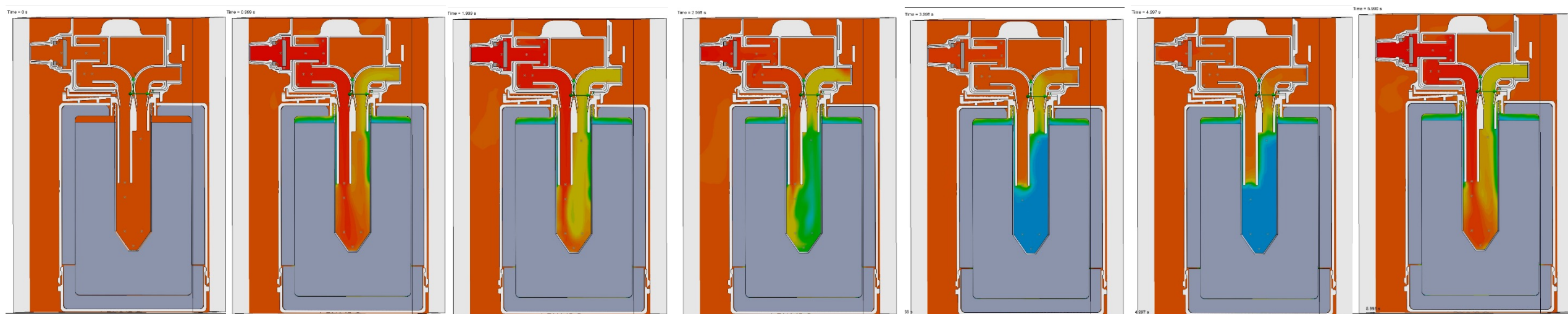
2

3

4

5

6



Temperature (Fluid) [°C]

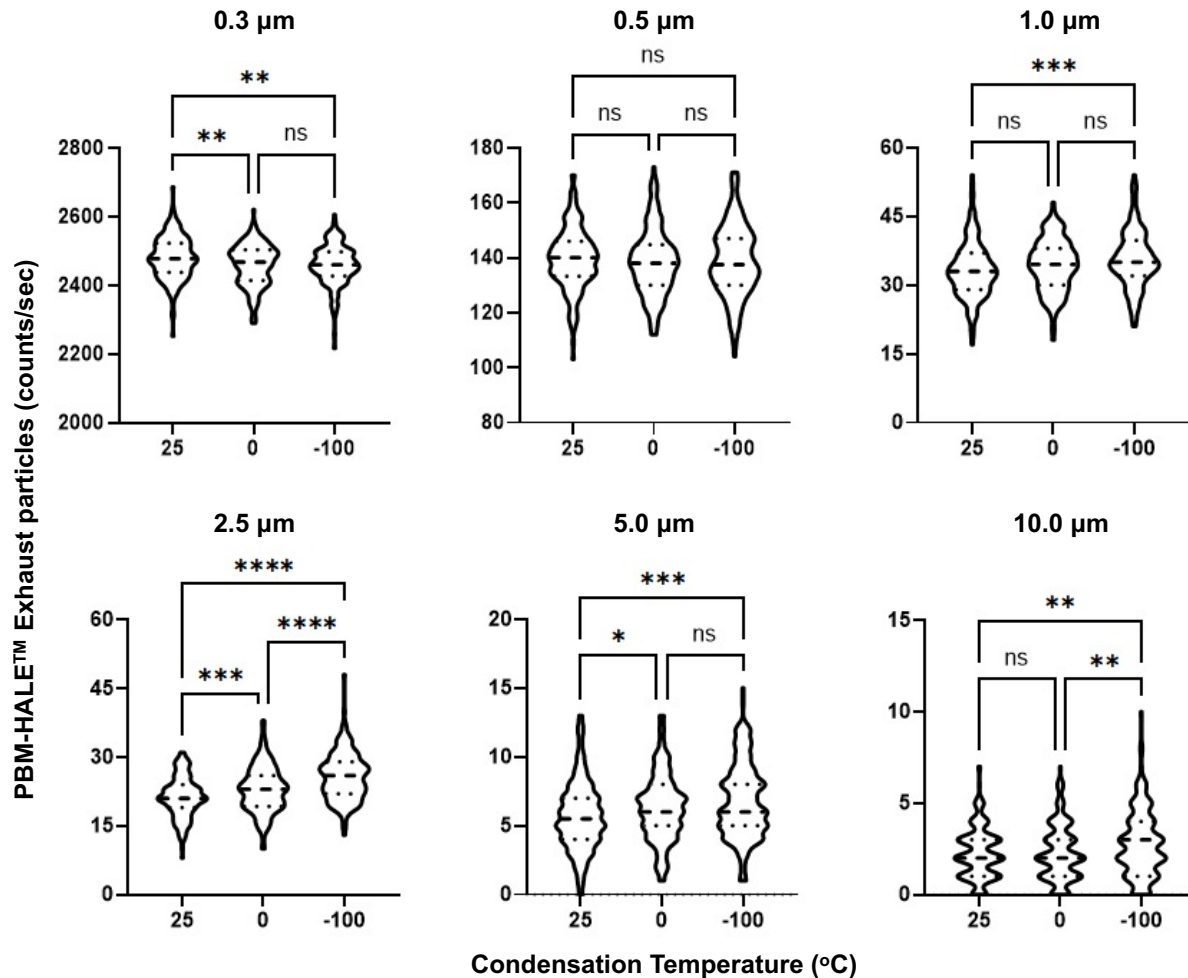
PBM-HALE™ captures
48 ml of FA
from the terminal 83 ml of exhalation

5 sec breathing cycle; 10,000 iteration convergence

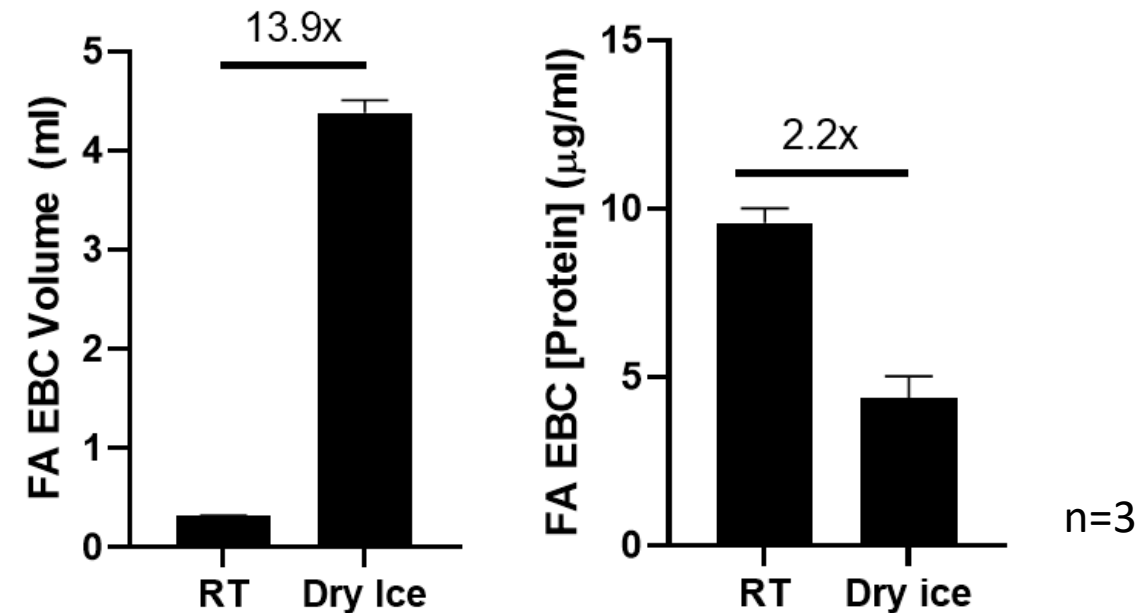
Data by Mr Saqib Ali

FA swelling enhances capture 6x

FA Particle Size vs $T_{\text{Condensing}}$



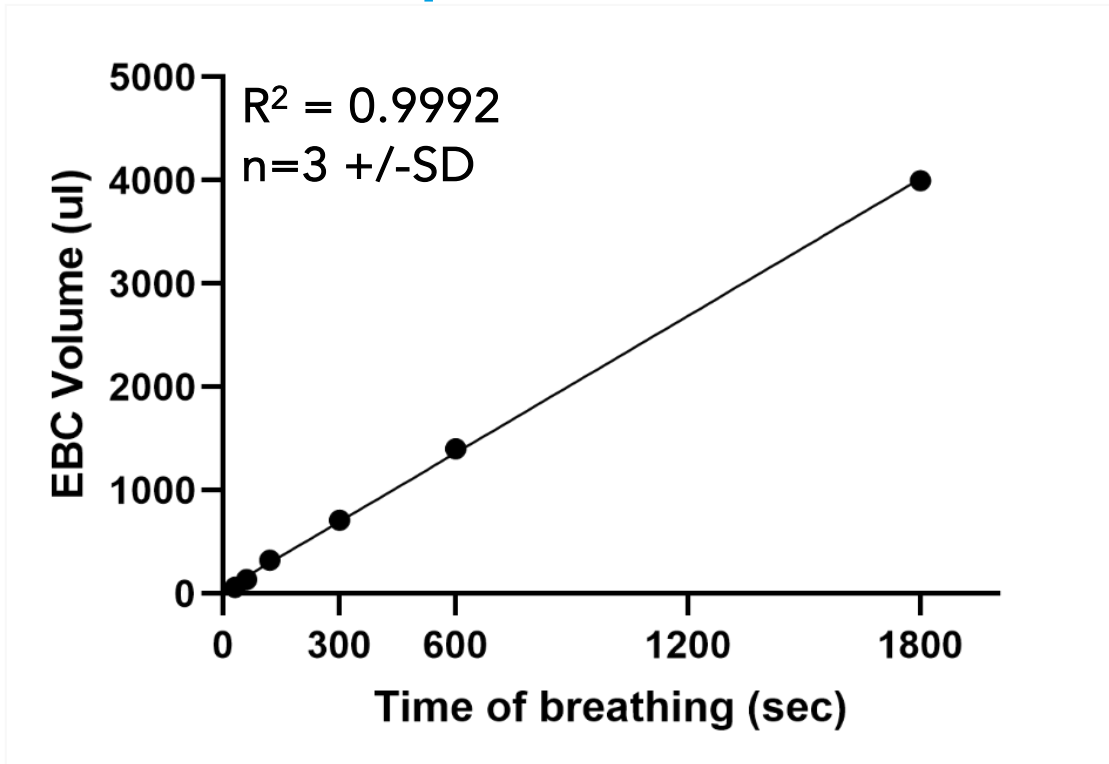
Content enrichment



PBM-HALE™ enhances
FA capture
by ~6.3x

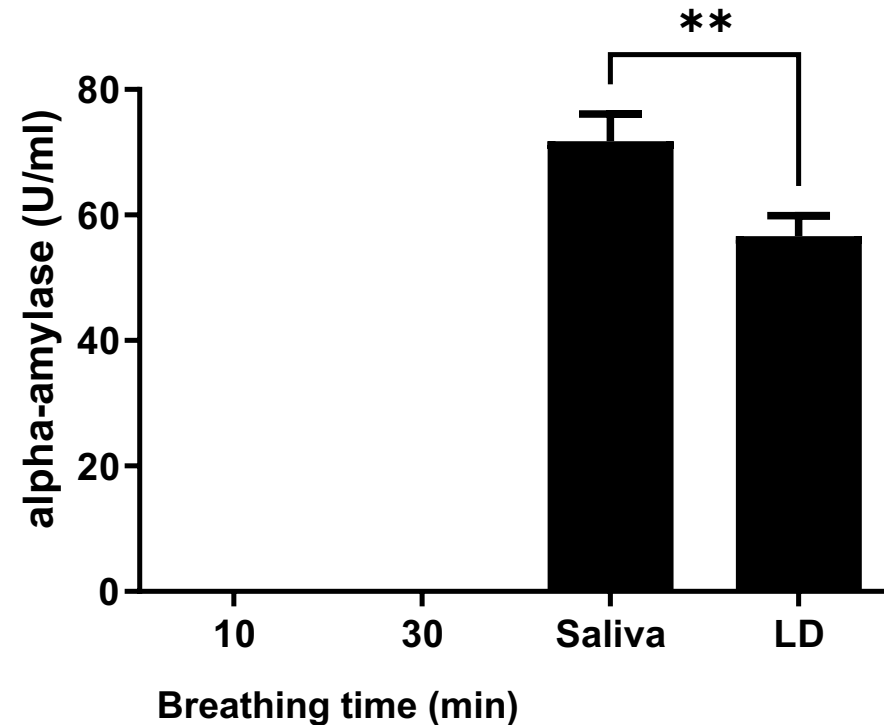
Performance in FA EBC capture

FA Sampling Consistency



R^2 range 0.9980-0.9992

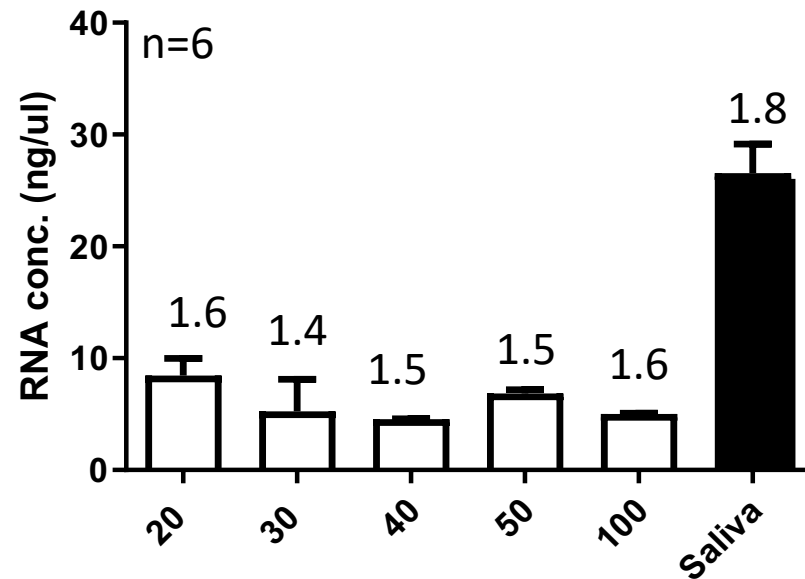
No Salivary Contamination



>1/1750x dilution
>500 samples to date

Consistent [RNA] in FA EBC

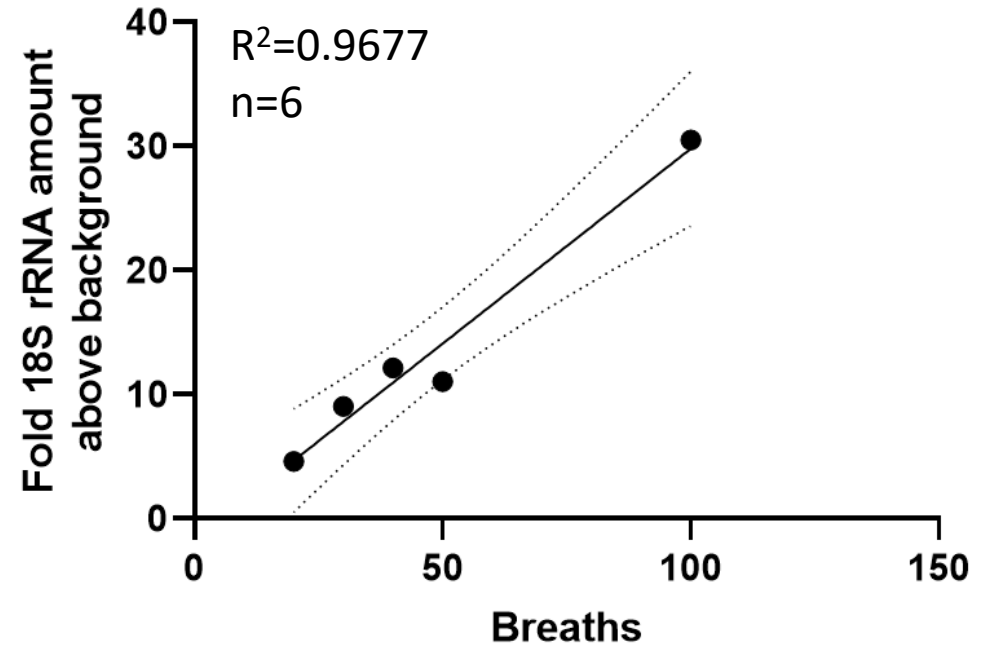
Total RNA concentration



No statistically significant difference
in total [RNA].

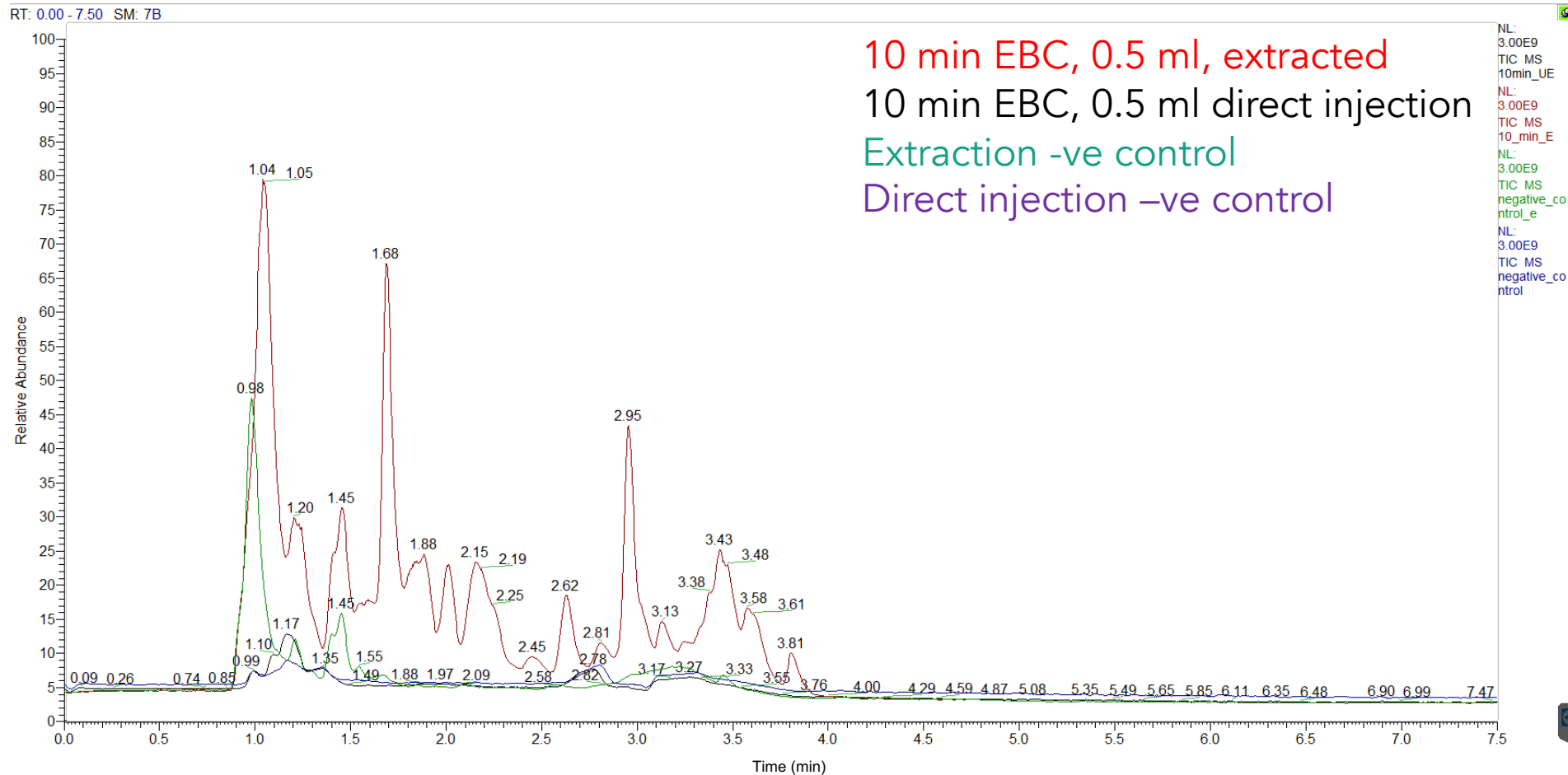
260/280 ratios reported per column

18S rRNA yield



18S yield increases linearly with time

Metabolomics of EBC FA



No metabolites detectable without acid extraction

n=5

Metabolomics of EBC FA

Compound	RMM (g/mol)	RT [min]	Relative ion abundance
1-hexadecyl-glycero-3-phosphate	396.3	1.002	810,094
monoacylglyceride	352.3	1.02	281,866
LysoPA	410.2	1.032	968,316
Palmitoleylethanolamide	297.3	1.047	187,282
eicosatetraenoate	335.2	1.054	348,544
Linoleamide	279.3	1.061	216,809
Cuscohygrine	224.2	1.067	723,759
N-Decanoylglycine	229.2	1.156	2,612,124
N-Nonanoylglycine	215.2	1.198	1,942,872
cis-3-Hexenyl b-primeveroside	394.2	1.221	160,089
N-Lauroylglycine	257.2	1.923	286,977
N-Undecanoylglycine	243.2	2.072	227,826
phosphatidylethanolamine	837.5	2.388	381,518
Gambogic acid	628.3	2.536	416,778
2-Hexenoylcarnitine	257.2	3.062	994,821
L-argininium	175.1	3.367	502,141
N-Acetylputrescine	130.1	3.519	192,382

Compounds detected by MS1:

- C6-C24 fatty acids.
- Phospholipids & precursors.
- Glycans.
- Medications.
- Drugs of abuse.
- Dietary compounds.

Additionally:

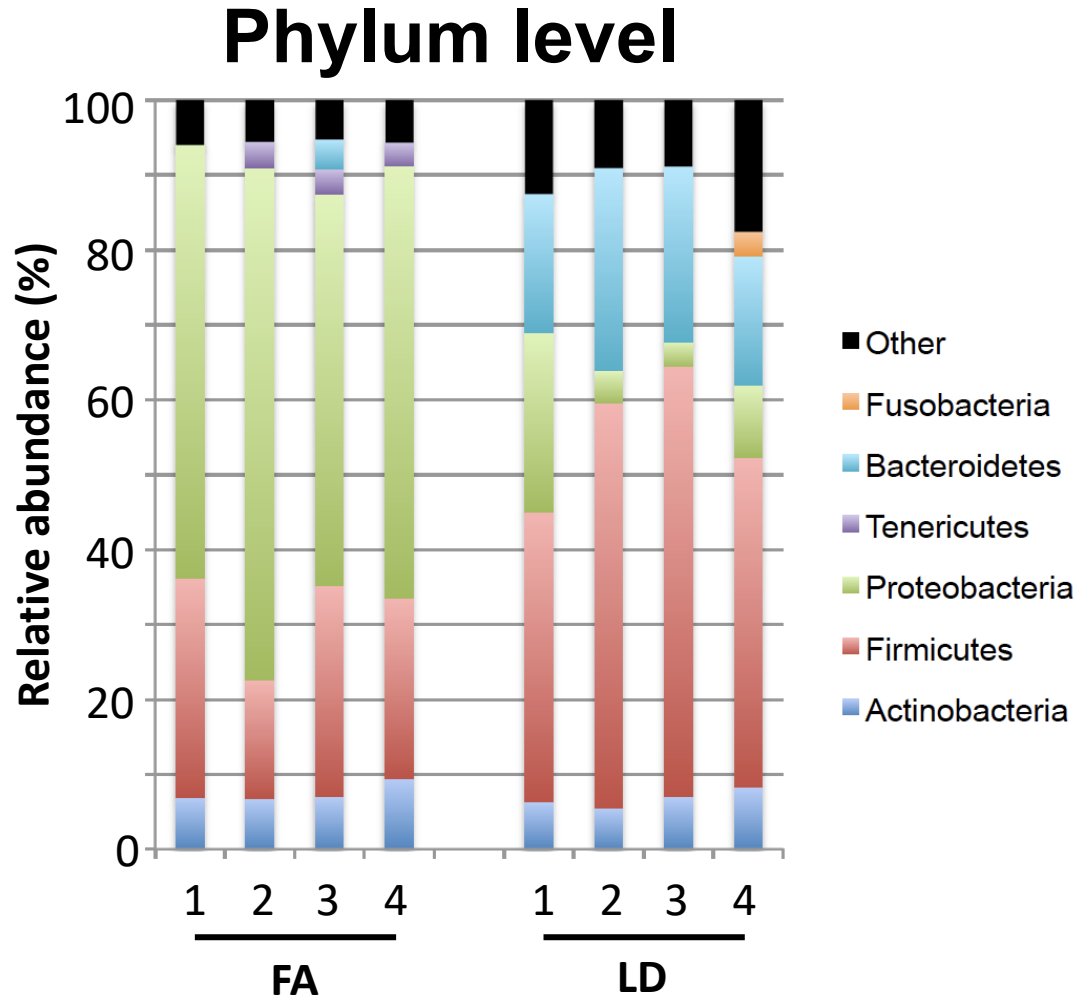
- 20 multiple HDBM hits.
- 104 novel compounds.

Bacteria in EBC FA



2 min sampling period
n = 5, blood agar

FA and LD Microbiomics

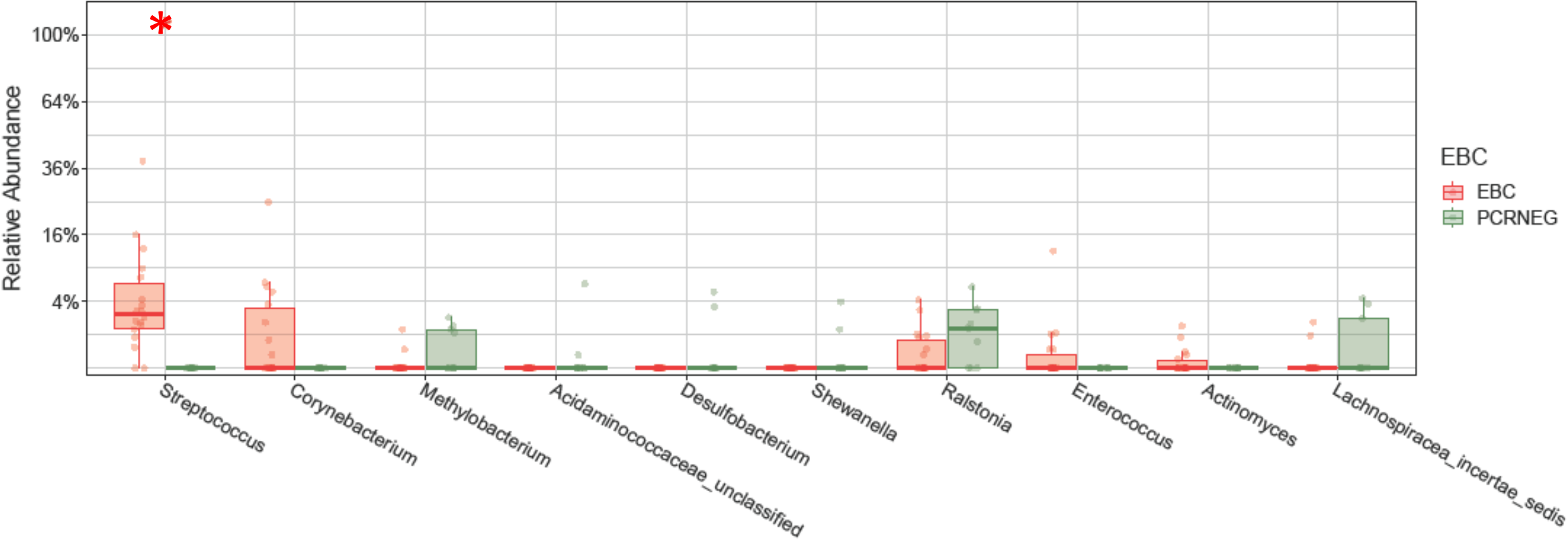


Invasive sampling dominated by firmicutes, bacteroides.

60% proteobacteria reported only by healthy lung resection

(Sze MA et al. Am. J. Resp. Crit. Care Med. 2012)

Case study: cause of mild cough

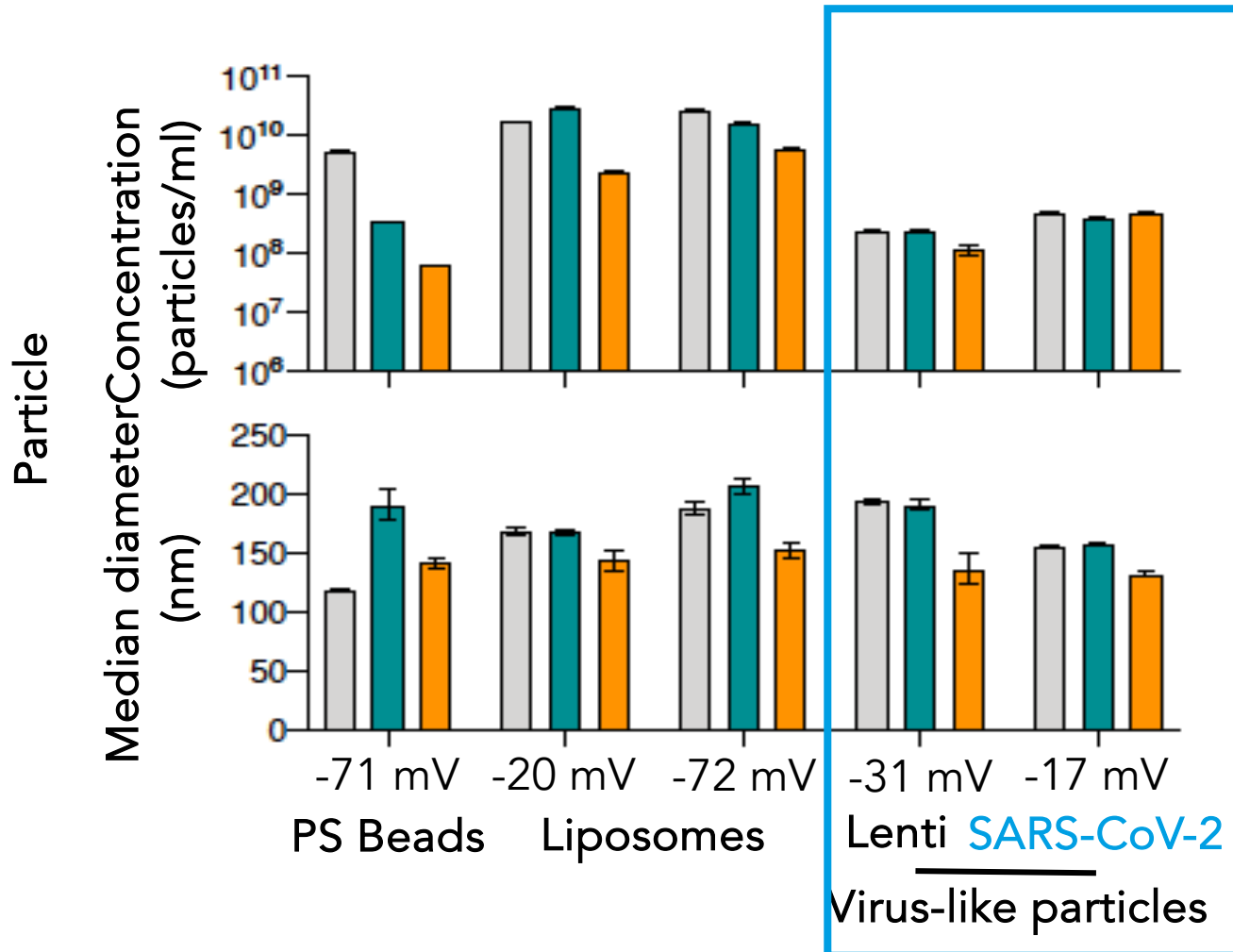


Higher DNA content vs background / kit controls

Detection of *Streptococcus* (FDR $q = 0.019$) w/out extraction

Aerosolised SARS-CoV-2 VLP Capture

Liquid
 Frozen liquid
 Frozen aerosol

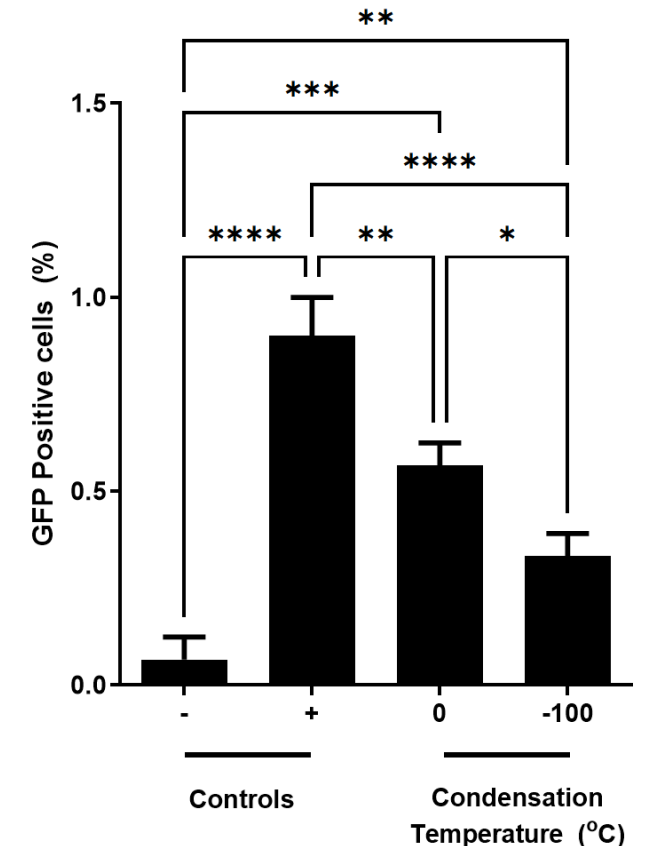
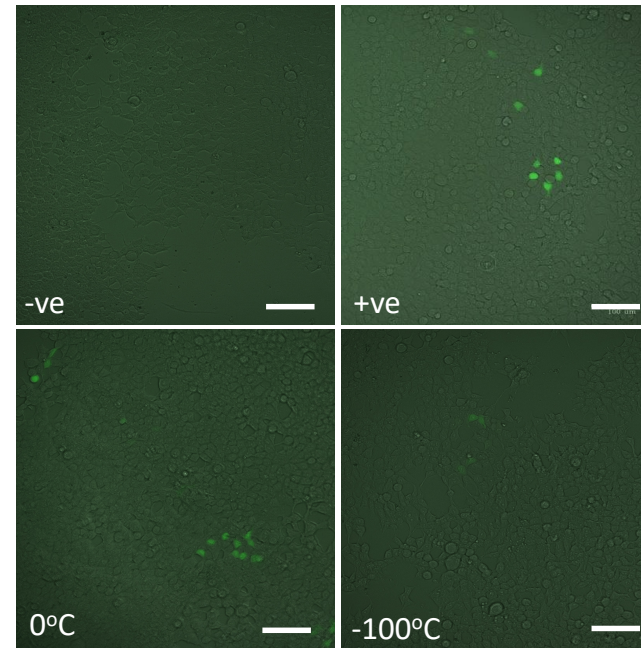


Virtually no loss of VLP size or structure

Aggregation with highly charged particles:

- Drop in concentration
- Rise in particle size

Aerosolised infectious pseudotyped virus capture



GFP-expressing VSV-pseudotyped lentivirus at MOI 0.01 nebulized using PARI TurboBoy SX and captured using PBM-HALE™. Condensates seeded on 10,000 HEK-293T's and GFP expression measured at 72hrs by fCM

COVID19 Exploratory Pilot Study



Inclusion criteria:

- NP swab positive
- Within days 0-5 of symptoms

Study size:

- $n=60$, 98% power, 10% +ve
- Interim data point: $n=30$

Samples:

- Tidal breathing
- 5-30 min
- Fine Aerosol, NP swab

Analysis:

- EBC FA amount
- NP Swab positive by LFT
- Viral load by RT-PCR

COVID19 Exploratory Pilot Study



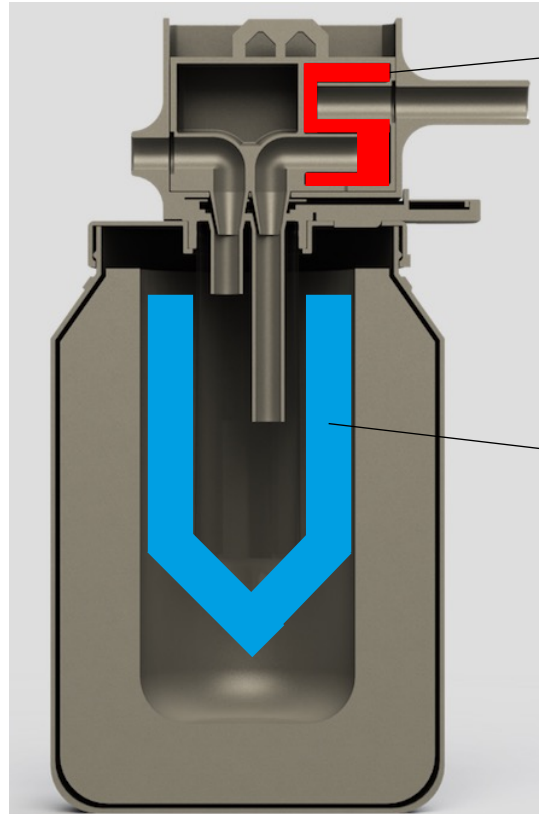
CHALLENGE:

- Clinic attendance at week 2+
- Ventilation, health & safety
- HCP Fear
- Pandemic kinetics
- Vaccination
- Clinician compliance

PROGRESS:

- COVID19 ward testing, unventilated
- Admitted COVID19 patients (n=12) all negative in FA
- Acute COVID19 patients to date: n=23, all negative in FA

Is SARS-CoV-2 airborne?



Large droplets: Not Collected

Fine aerosols, Not Detected
(n=35)

PBM-HALE™

Is SARS-CoV-2 airborne?

3rd party studies:

- Breath +ve by PCR: 0-93%
- Masks and filters:
manual/environmental
contamination

Is SARS-CoV-2 airborne?

3rd party studies:

- Breath +ve by PCR: 0-93%
- Masks and filters:
manual/environmental
contamination
- Devices with no salivary
separation: positive



Is SARS-CoV-2 airborne?

3rd party studies:

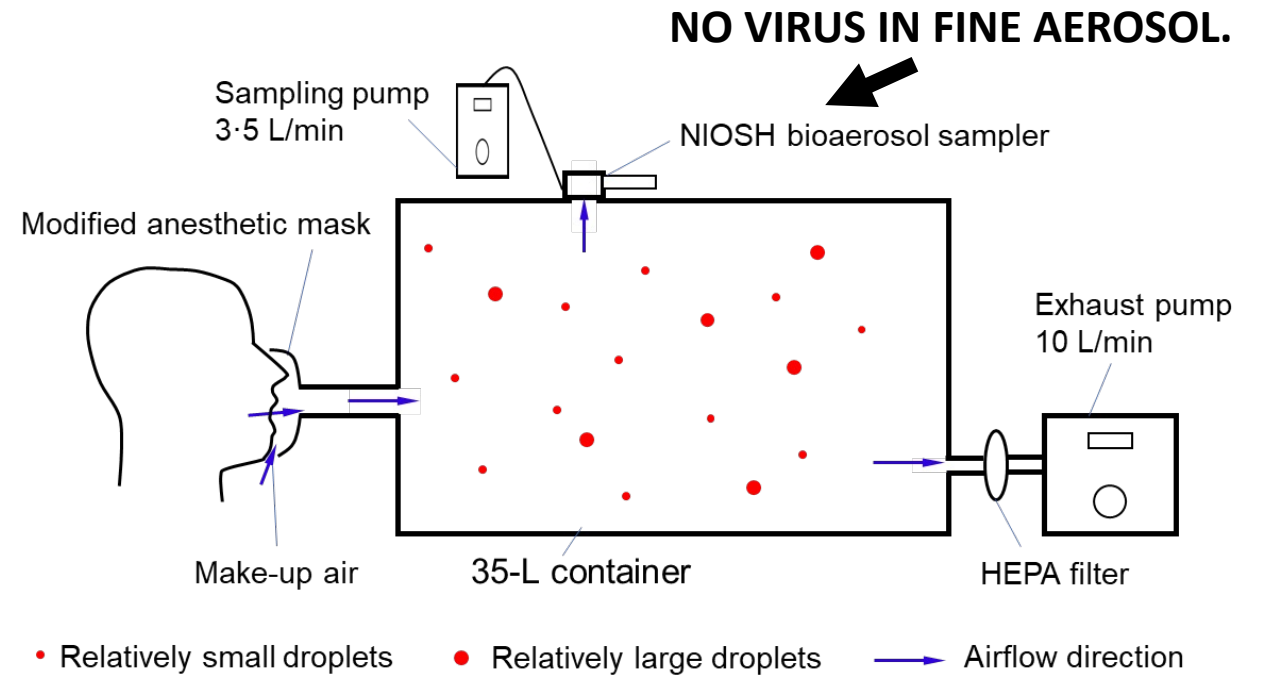
- Breath +ve by PCR: 0-93%
- Masks and filters: manual/environmental contamination
- Devices with no salivary separation: positive



Is SARS-CoV-2 airborne?

3rd party studies:

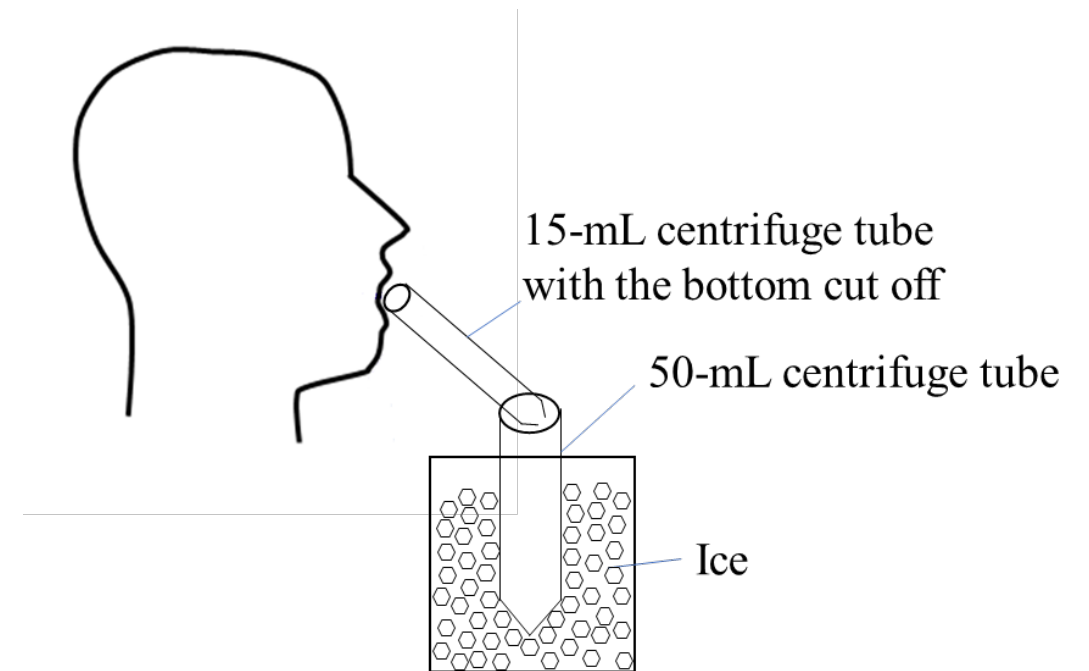
- Breath +ve by PCR: 0-93%
- Masks and filters: manual/environmental contamination
- Devices with no salivary separation: positive
- Devices with salivary separation: negative



Is SARS-CoV-2 airborne?

3rd party studies:

- Breath +ve by PCR: 0-93%
- Masks and filters:
manual/environmental
contamination
- Devices with no salivary
separation: positive
- Devices with salivary
separation: negative



**Some positive samples in this device
from same study**

Conclusions

PBM-HALE™ FA EBC fraction:

- Not contaminated by:
 - Saliva
 - Ambient aerosols
- Cell membrane components
- DNA, RNA, protein
- Drugs of abuse
- Bacteria, fungi
- Distinct microbiome

SARS-CoV-2 in breath:

- Not found in alveolar FA
- Present in saliva
- Present in saliva-contaminated EBC samples
- Respiratory infection pathogen detection will require LD and FA analysis.

Future directions

Academic

- LD vs FA SARS-CoV-2 study
 - Tidal breath
 - Loud speech
- Methods and reagents for low biomass direct SEQ
- Asthmatic microbiome dysbiosis

Commercial

- PulmoBioMed Ltd.
- Analytical platform partnerships
- Clinical/Pharma researcher use
 - Cancer
 - Idiopathic Pulmonary Fibrosis
 - COPD/asthma
 - Pneumonia

Acknowledgements

Moschos lab Northumbria

Dr John Henderson
Dr Andrew Nelson
Dr William Cheung
Dr Pep Canyelles-Pericas
Mr Craig Clements
Mr Declan Gardner
Miss Zoe Hewitson
Dr Louise Usher
Mr Kavith Shah
Mr Guilherme M.E. Silva
Miss Amie Wilkinson

PulmoBioMed Ltd.

Dr Huw A. Edwards
Dr Pete Hotten
Mr Jonathan Brooks
Dr Theodora Mantso
Mr Saqib Ali

University of Athens

Dr Gkikas Magiorkinis
Dr Paraskevi A. Katsaounou
Mr Edison Jajah
Mr Nikolaos Athanasiou

University of Ulm

Prof Jan Münch
Dr Janis Mueller
Mr Rudiger Gross
Prof Manfred Frick

University of Oxford

Prof Aris Katzourakis

University of Crete

Prof Aristeides Tsatsakis
Prof George Sourvinos
Dr Alexandros Zafiropoulos
Dr Diamantis P. Kofteridis
Mr Taxiarchis Nikolouzakis



www.pulmobiomed.com



NATIONAL AND KAPODISTRIAN
UNIVERSITY OF ATHENS

