Pulmo BioMed

Your Breath: Your Health™

Coronavirus 19

Understanding Breath Aerosol Transmission Risk

Dr Sterghios A. Moschos FRSC FIBMS FHEA MRSB

Chief Scientific Officer, PulmoBiomed Ltd.

Associate Professor, Cellular and Molecular Sciences

@docmoschos

Northumbria University NEWCASTLE

Overview

- Breath for Coronavirus screening.
  - Scientific evidence.
  - Key unknowns.
- Exhaled Breath Diagnostics.
  - Opportunities.
  - Challenge.
  - Competition.
- The PBM-HALE™ approach.
  - Platform IP.
  - Supporting key data.
- The proposition.

PBM-HALE™

Coronavirus 19 (COVID-19) in breath: Confidence in rationale

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Biology

- SARS-CoV-2 binds ACE2 receptor.[1]
- ACE2 protein levels highest in lower lung.[2]
- Aerosols (<5 μm) best to reach lower lung (drug delivery science).[3]

Pathology

- Disease of the lower lung: respirator need.
- Proposed transmission routes: fomites, droplets (cough, >5 μm), but:
  - Models & data[4] show transmission without symptoms (no cough!).
  - Aerosol science used in epidemiology out of date.[5]

1. Hoffman M. *et al. Cell* 2020; 2; Hamming *et al. J. Pathol.* 2004; 3. Moschos SA *et al. Pharm. Thera.* 2017; 4: Tindale LC *et al. MedRxiv 2020;* 5. Bourouiba L. *JAMA* 2020.

Coronavirus 19 (COVID-19) in breath: Confidence in rationale

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Clinical evidence

- Transmission occurs up to 1 week before symptoms (peak @ -2.9 days).[1]
- Virus genome levels max in lower lung samples > nose > throat.[2-5]
  - <42% false negative oral swabs.
  - 10-25% false negative nasal swabs.
  - Viable virus levels low in nasal swabs.
  - Nasal detection ~70% days 0-5 from symptoms[6]

Experimental evidence:

- COVID-19 ward aerosol gel traps –ve, but ceiling air vents +ve:[7] Droplets pulled by gravity, aerosols pulled by air flow.[8]
- Aerosolised virus infectious for 16hrs after mechanical generation.[9, 10]
- Other coronaviruses can naturally aerosolize (n=3000).[11]

1. Tindale LC *et al. MedRxiv* 2020; 2: Winnichakoon P. *JClinMicro* 2020; 3: Wu *et al Clin Inf Dis* 2020; 4: Yang Y. *et al. MedRxiv* 2020; 5: Ai T. *et al. Radiology* 2020; 6: Zhao J. *et al.* Lancet 2020; 7: Ong SWX *et al.* 2020; 8: Bourouiba L. *JAMA* 2020. 9: Holbrook MG *et al. NEJM* 2020; 10. Fears AC *et al.* MedRxiv 2020; 11. Leung N.H. *Nature Med.* 2020.

Coronavirus 19 (COVID-19) in breath: Confidence in rationale

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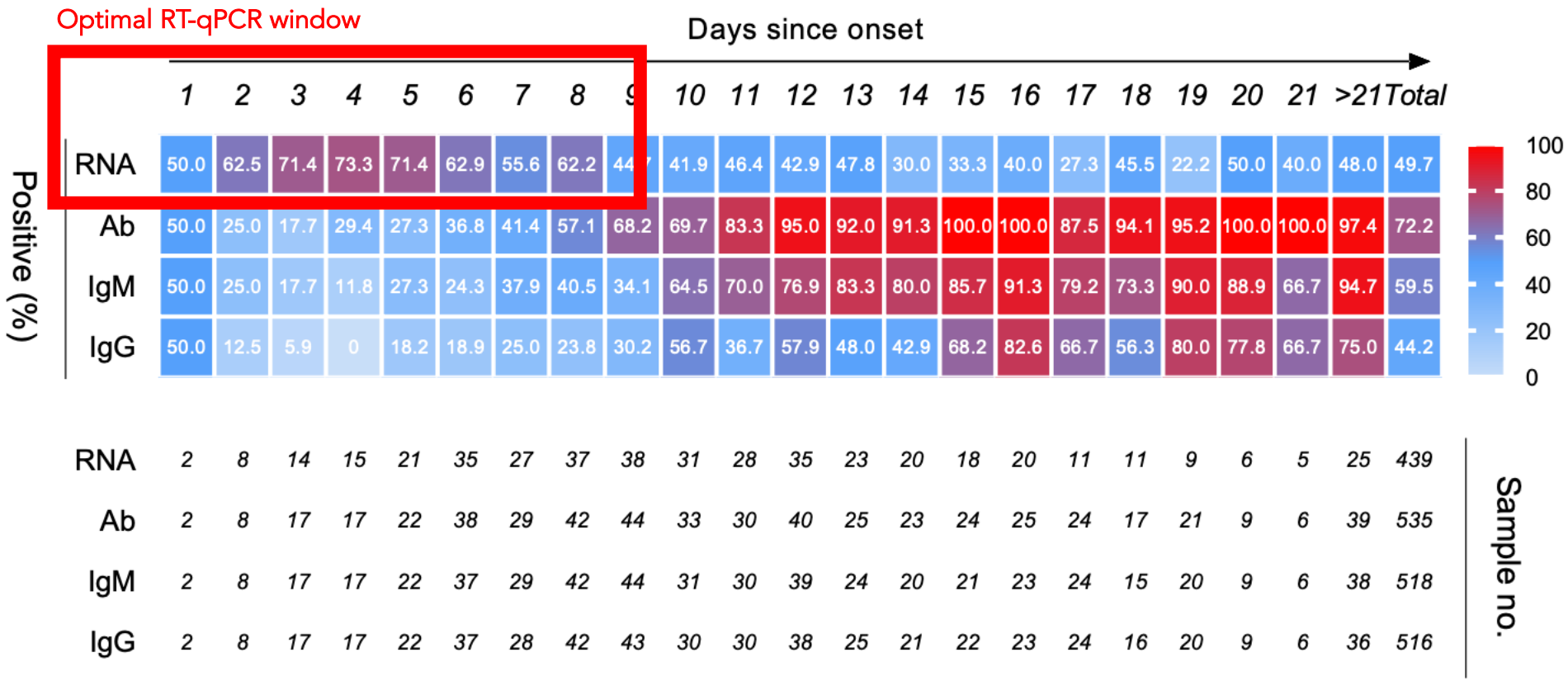

Detection of SARS-CoV-2 in nasal swabs (RNA) or blood (IgX) from symptom onset

Zhao J. *et al.* Lancet 2020.

Coronavirus 19 (COVID-19) in breath: Confidence in rationale

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Our hypothesis

- Disease is a function of amount of virus reaching the lower lung.
- Achieved mainly by breath aerosols (or poor immune system).
- Explains close contact transmission chains.

We need to test breath aerosols for:

- The amount of virus present (genomes).

- Infectivity (viruses).

Diagnosing from Exhaled Breath Condensates (EBC)

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Breath is 95% hydrated:

- Volatile compounds (smells, eg garlic, alcohol).
- 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

Horváth, I., *et al*, 2017. A European Respiratory Society technical standard: exhaled biomarkers in lung disease. *European Respiratory Journal*, **49(4),** p.1600965.

PBM-HALE™: the platform

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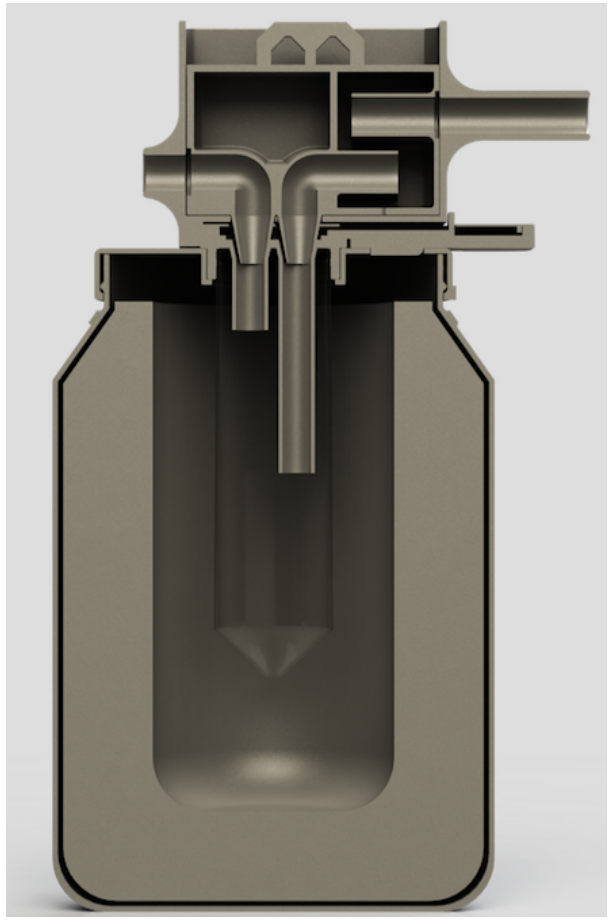

EBC collector:

- Volatiles and
- Proteins.
- DNA.
- RNA.
- Lipids.
- Medications

Solves key problems:

- Reproducibility.
- Contamination.
- Sample loss.
- Safety.

Cold Chain Dependent:

- Uses dry ice powder (CO_2) to collect sample reliably.
- Dry ice replenished every 1 hr from compressed gas cylinder.
- Sample needs on the spot test or frozen transfer to lab.

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

PBM-HALE™: the platform

PBM-HALE™

EBC collector:

- Volatiles and
- Proteins.
- DNA.
- RNA.
- Lipids.
- Medications.

Solves key problems:

- Reproducibility.
- Contamination.
- Sample loss.
- Safety.

Path to removing the cold chain:

- Proprietary coating to remove need for dry ice.
- Stabilisation material to remove freezer storage.

Experiments under way

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

Preliminary data: pathogen DNA

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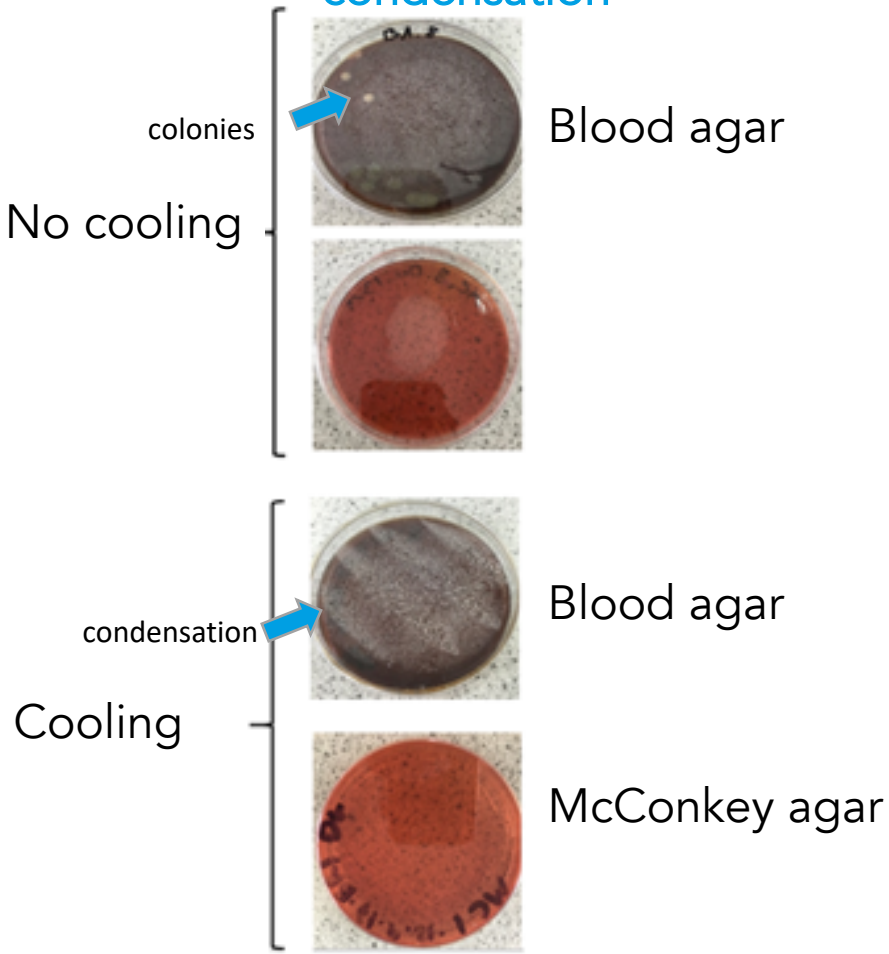
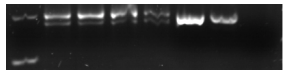
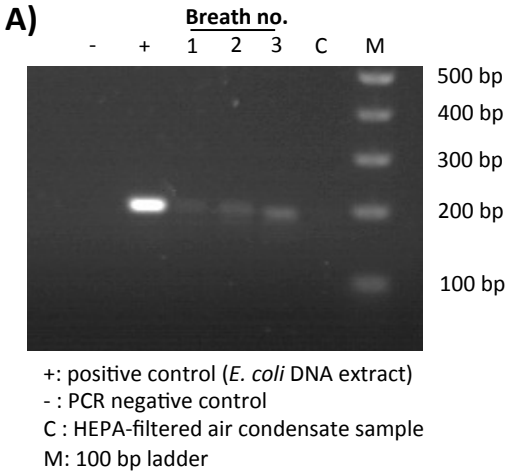
Bacteria & fungi die by dry ice condensation



NB: no colonies on plates, white marks are condensation

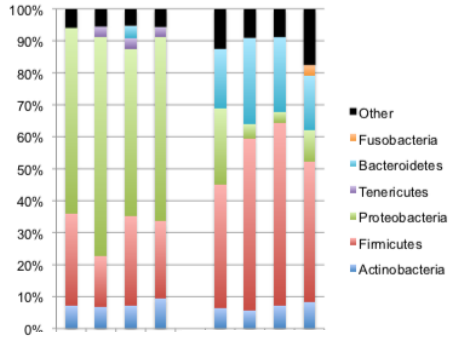
COVID-19-like test works with 1-3 breaths for bacteria


Saliva

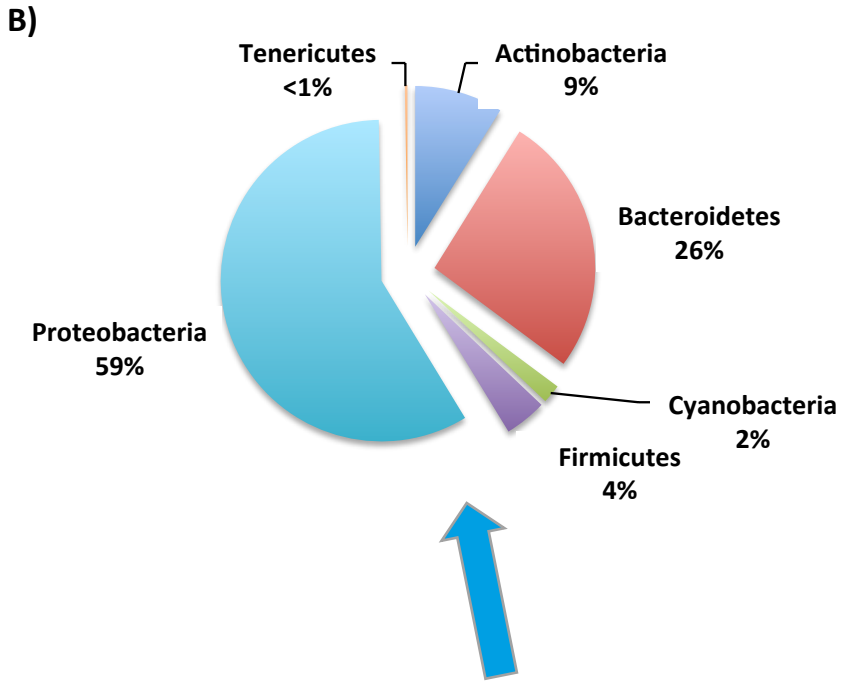


+: positive control (*E. coli* DNA extract)
- : PCR negative control
C : HEPA-filtered air condensate sample
M: 100 bp ladder

EBC is distinct to saliva

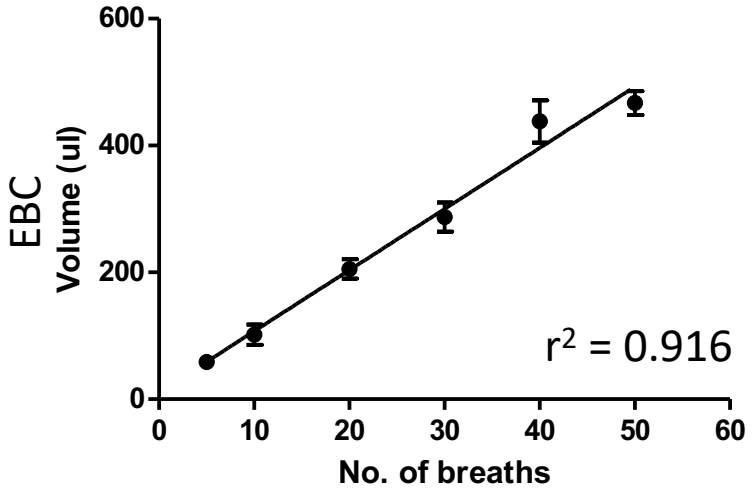


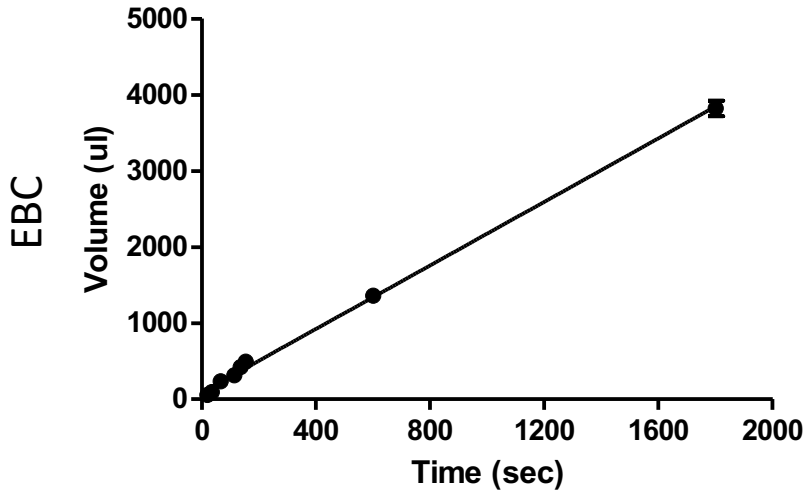
breath saliva



Closest sample like this comes from lung surgery samples only (60% proteobacteria)
(Sze MA *et al. Am. J. Resp. Crit. Care Med.* 2012)

Prototype: highly consistent sampling

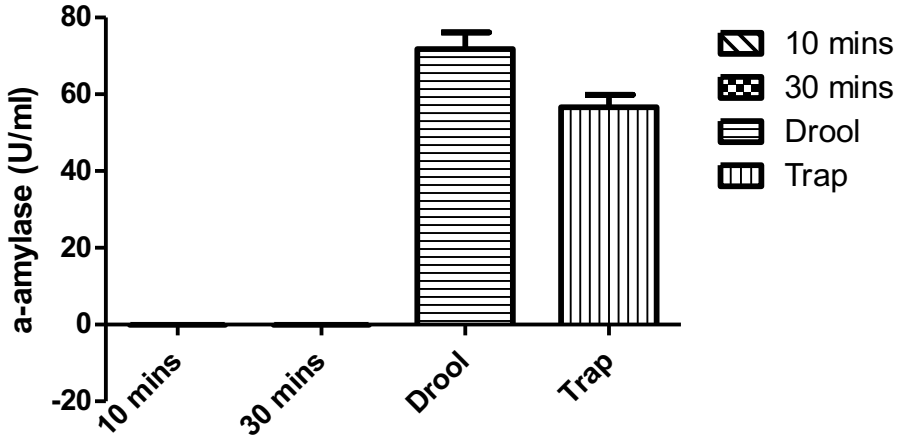




Whether 5 breaths (25 sec; e.g. screening) or 30 min of sampling (e.g. discovery)

R^2 range: 0.88 to 0.95, n = 5.

Prototype: no salivary contamination



Saliva enzyme levels below limit of detection in EBC:

At least 5000x less in EBC than in saliva (drool)) or device saliva trap levels even after 30 min sampling.

n = 5.

Prototype: No microbial growth due to dry ice condensation (blood agar).

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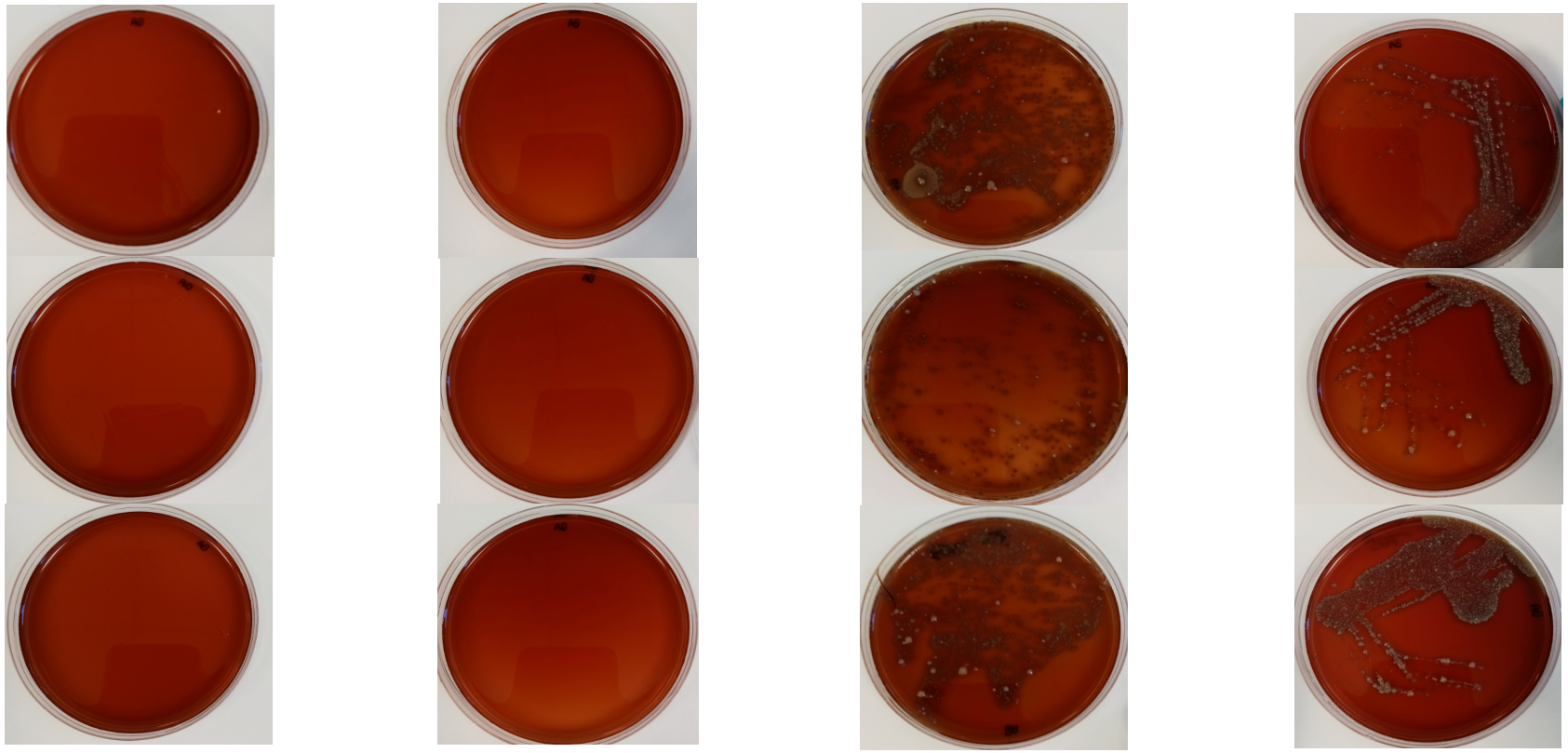
Condensation

-ve control	Dry ice (-100°C)	Wet ice (0°C)	Saliva



2 min sampling period

(2x target sampling period for COVID-19 screening use).

n = 5

Prototype: microbial growth only after loss of dry ice cooling efficacy

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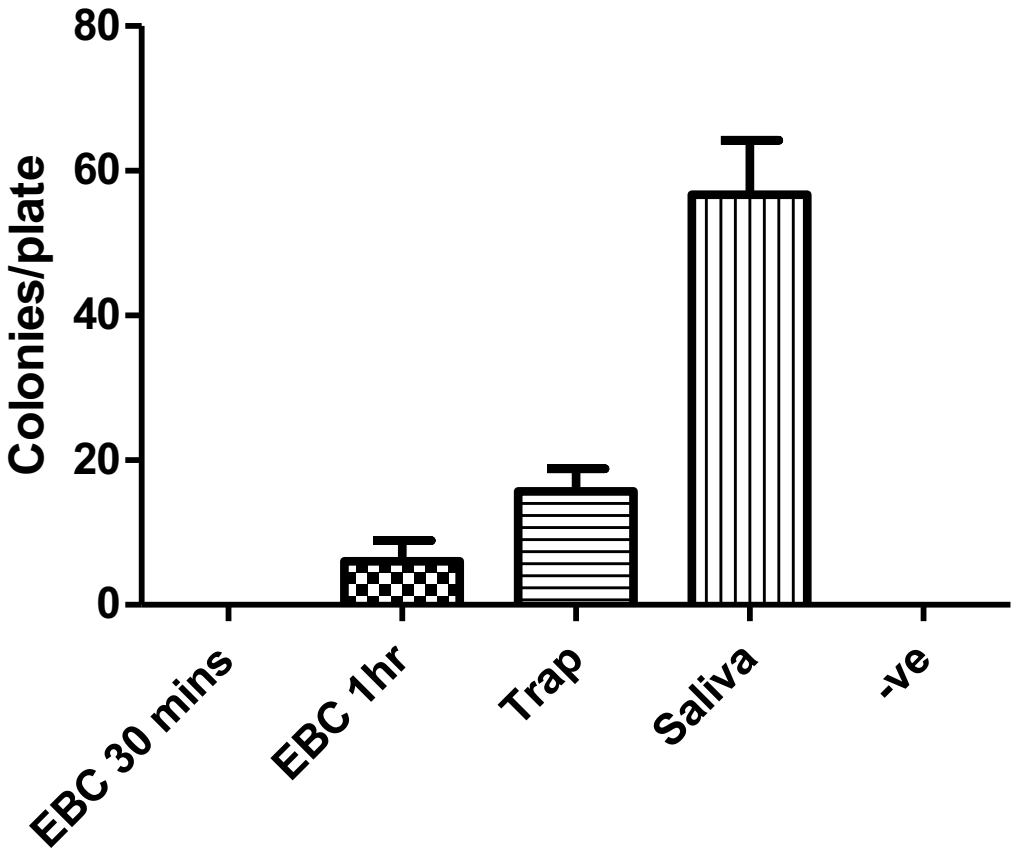
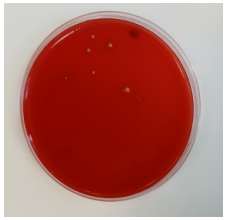
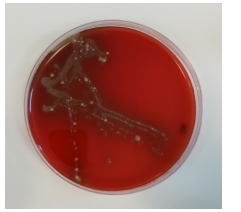


EBC 1hr



Saliva Trap

Saliva control

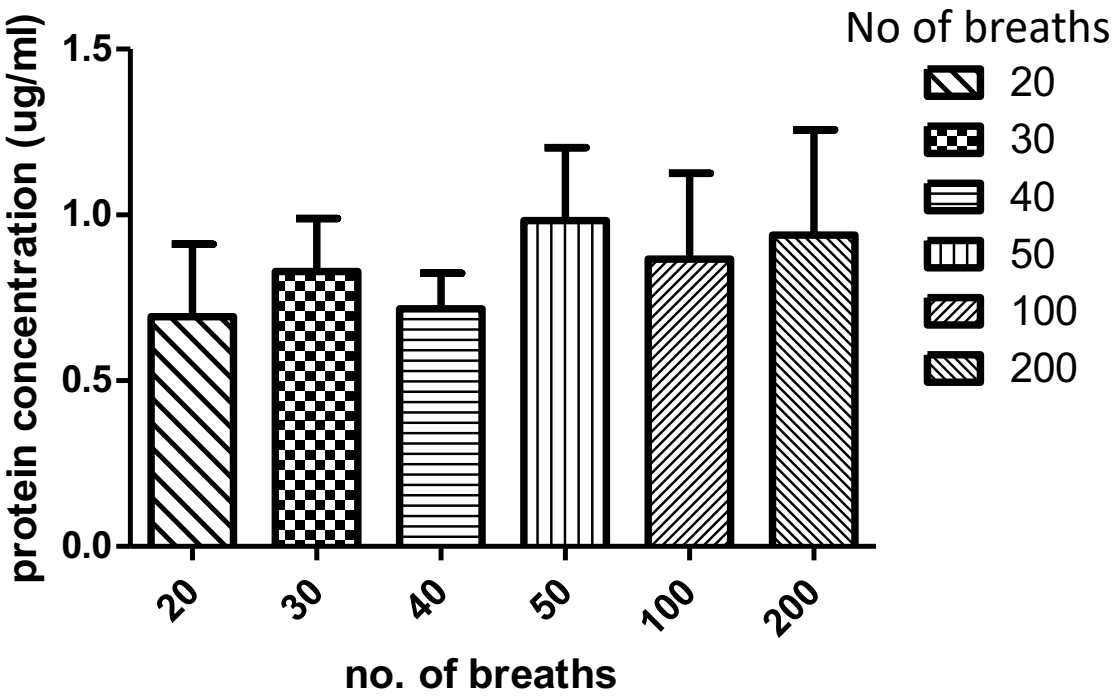


Colonies from dry ice-captured EBC cultured on blood agar.

Lateral contact of sampling tube to dry ice lost ~40 min after continuous sampling.

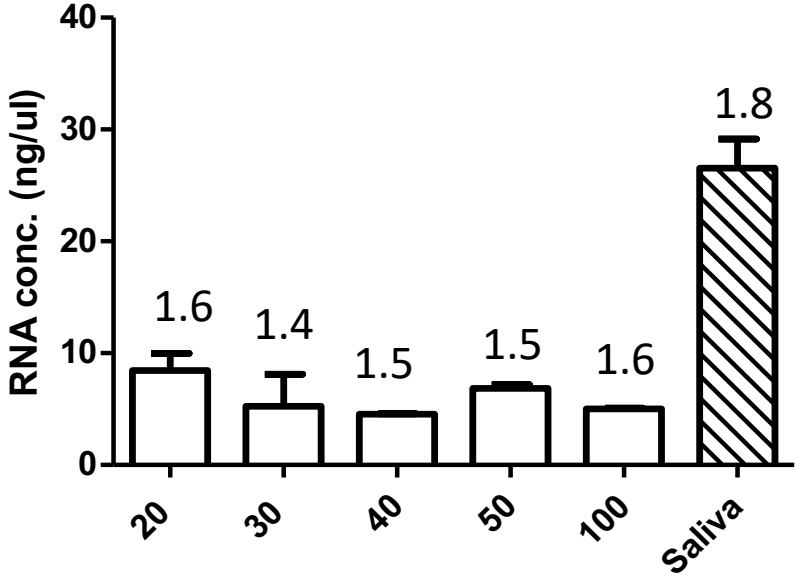
n = 3.

Prototype: consistent [protein] in EBC



Samples lyophilized and re-constituted in 1/5th of original volume:
No statistically significant difference in concentration over time by micro BCA (data close to LLOD).
No concentration increase anticipated.
n=5

Prototype: consistent [RNA] in EBC



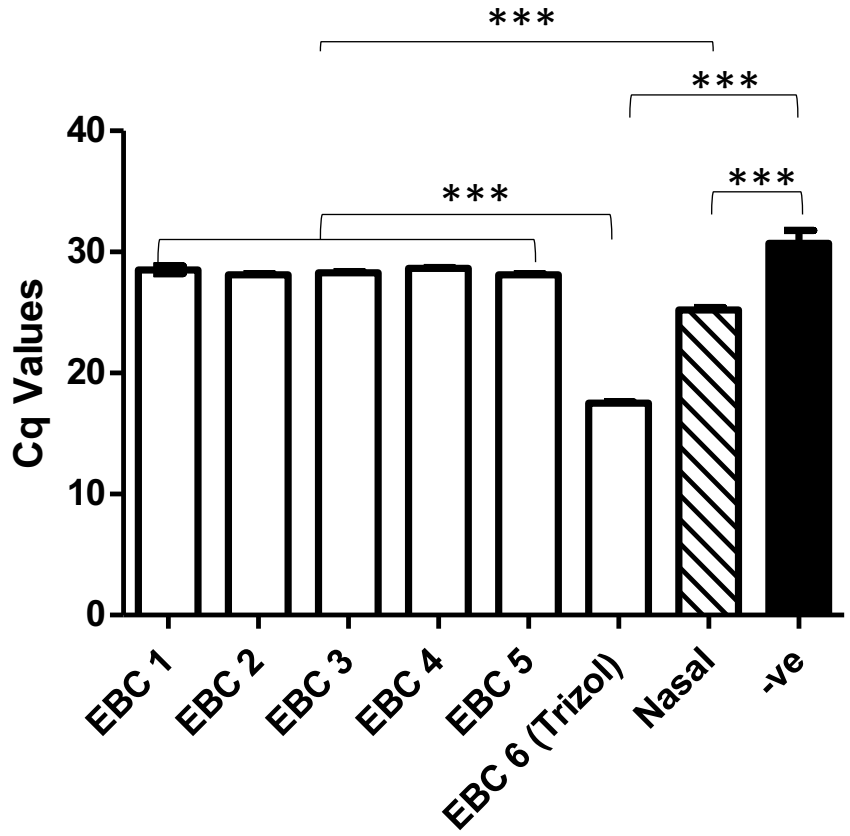
EBC breaths, n=6

EBC 30-100 normalized to 20 breath sample volume, Trizol extraction

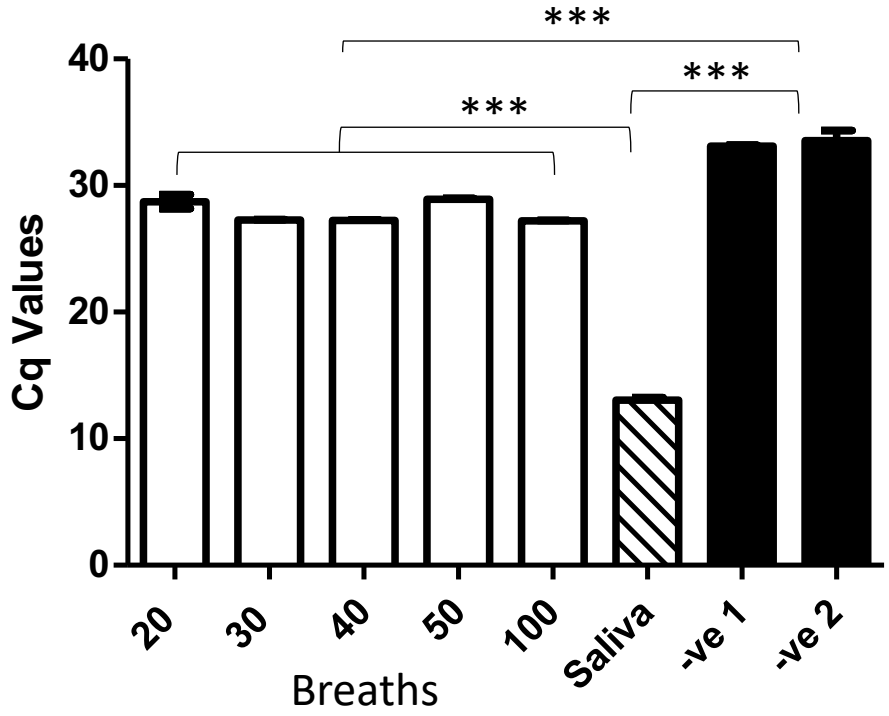
No statistically significant difference in concentration.

260/280 ratios reported per column

Prototype: 18S by PCR in EBC RNA

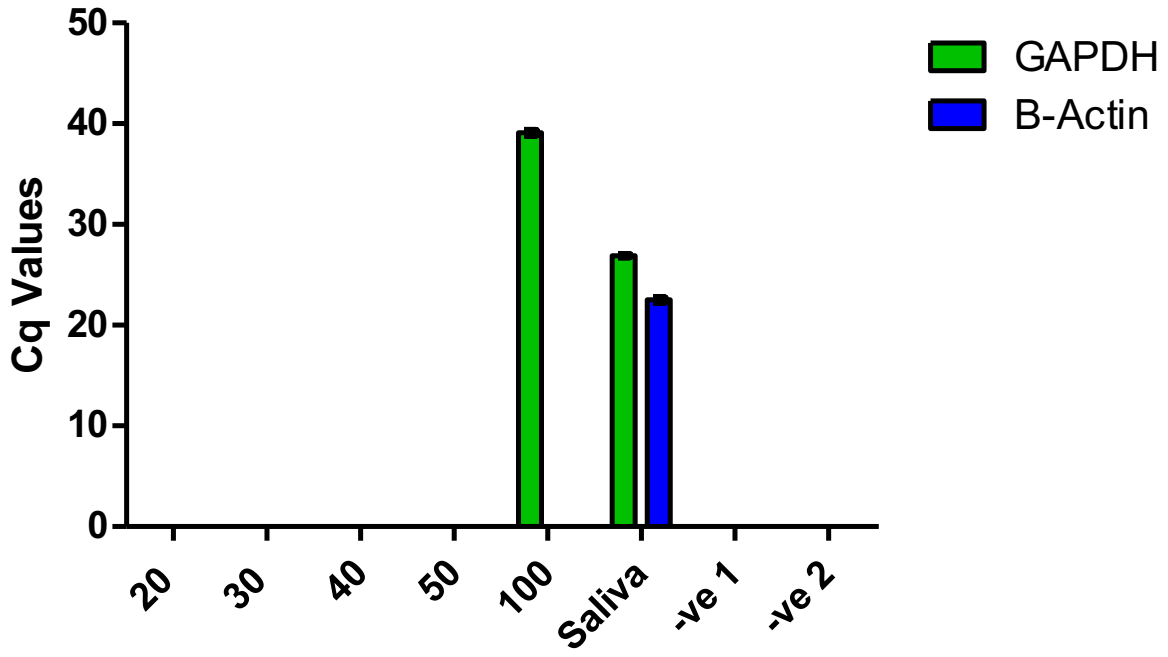


2 step SYBR Gold RT-qPCR (triplicate)
EBC1-5: RNeasy kit 20 breaths
EBC6: Trizol 30 min sample
Nasal swab.



2 step SYBR Gold RT-qPCR (triplicate)
-ve 1: No RT control
-ve 2: no cDNA
EBC 30-100 normalized to 20 breath sample volume
P<0.01 Saliva vs EBC, EBC vs –ve, Saliva vs –ve.

Prototype: GAPDH & β-actin in EBC RNA



2 step SYBR Gold RT-qPCR (triplicate)
-ve 1: No RT control
-ve 2: no cDNA
EBC 30-100 normalized for EBC 20 sample volume

- EBC not classified as human tissue.
  - Human Tissue Act 2004.
  - Cells, DNA, or RNA.
  - EBC explicitly excluded.

- Early data: EBC is 18S+
  - Validation round under way with Taqman® assay.
  - ITS SEQ run planned (human vs fungal).

Prototype: Metabolomics in EBC

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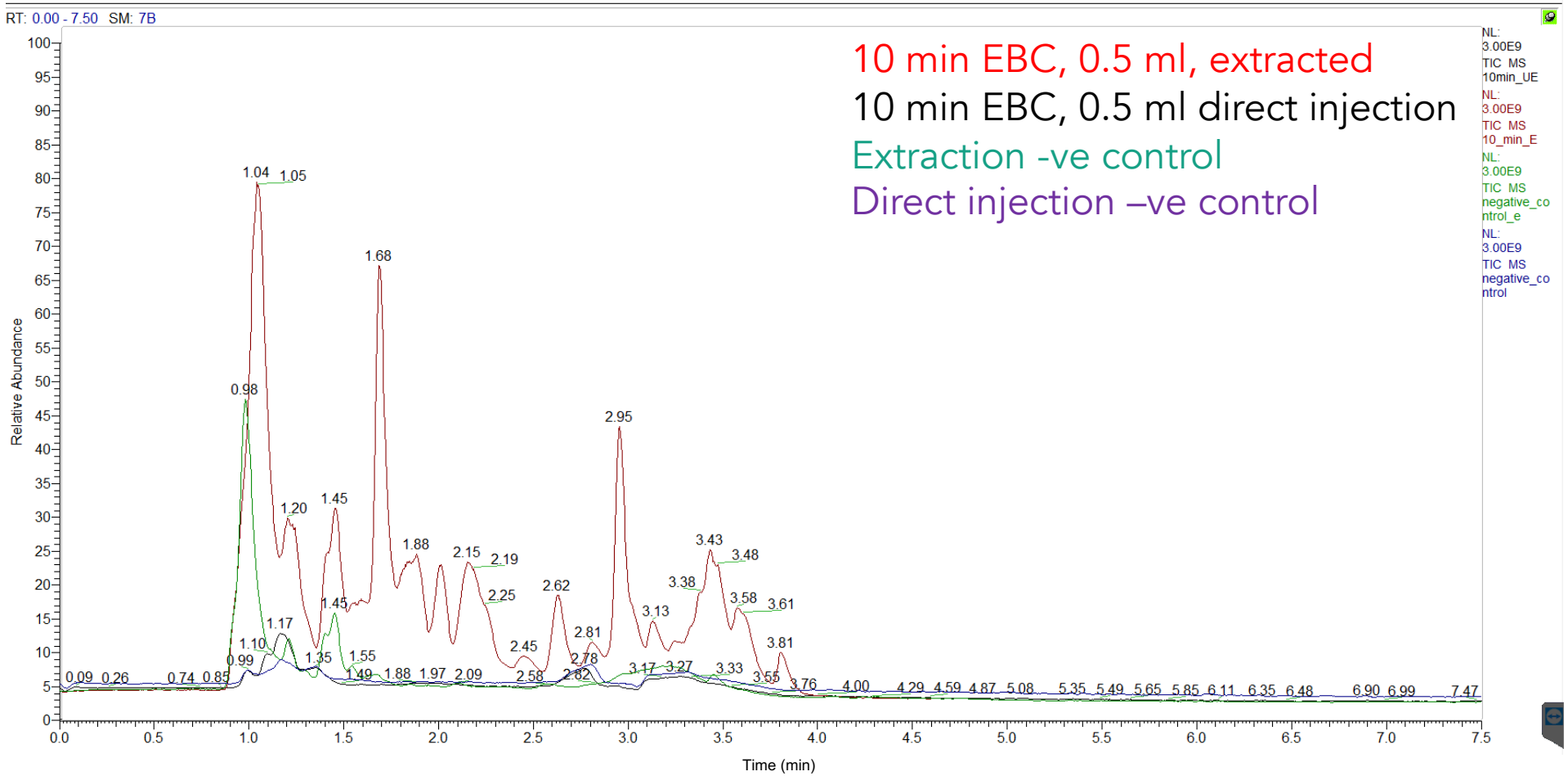

Metabolite profile in EBC after 5x concentration by lyophilization

n=5

Data generated at the Northumbria University Metabolomics Core Service

Prototype: Metabolomics in EBC

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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
Palmitoleoylethanolamde	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.*

Data generated at the Northumbria University Metabolomics Core Service

Prototype: 16S Microbiomics

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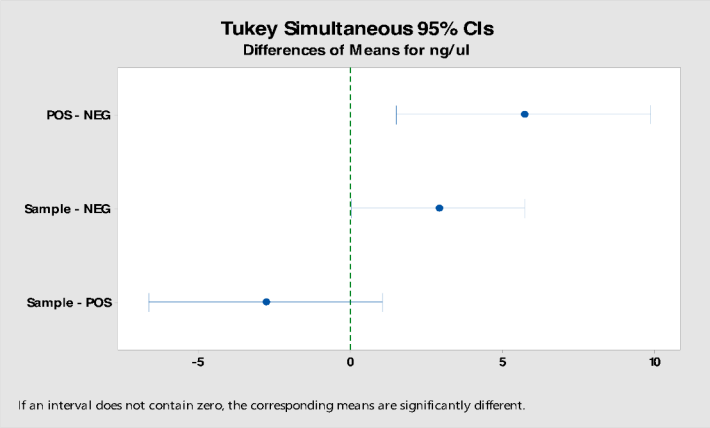

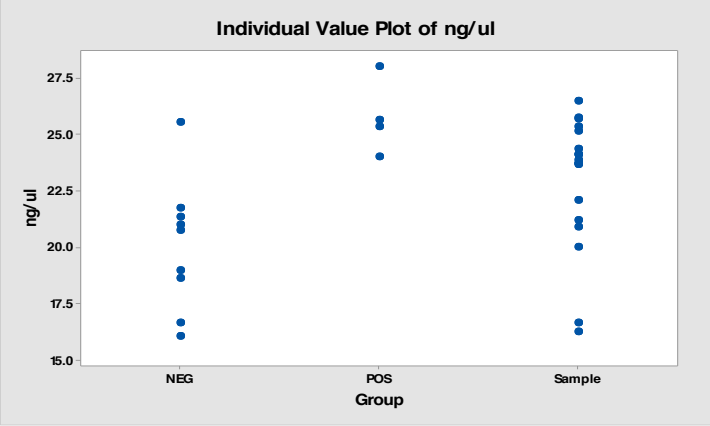

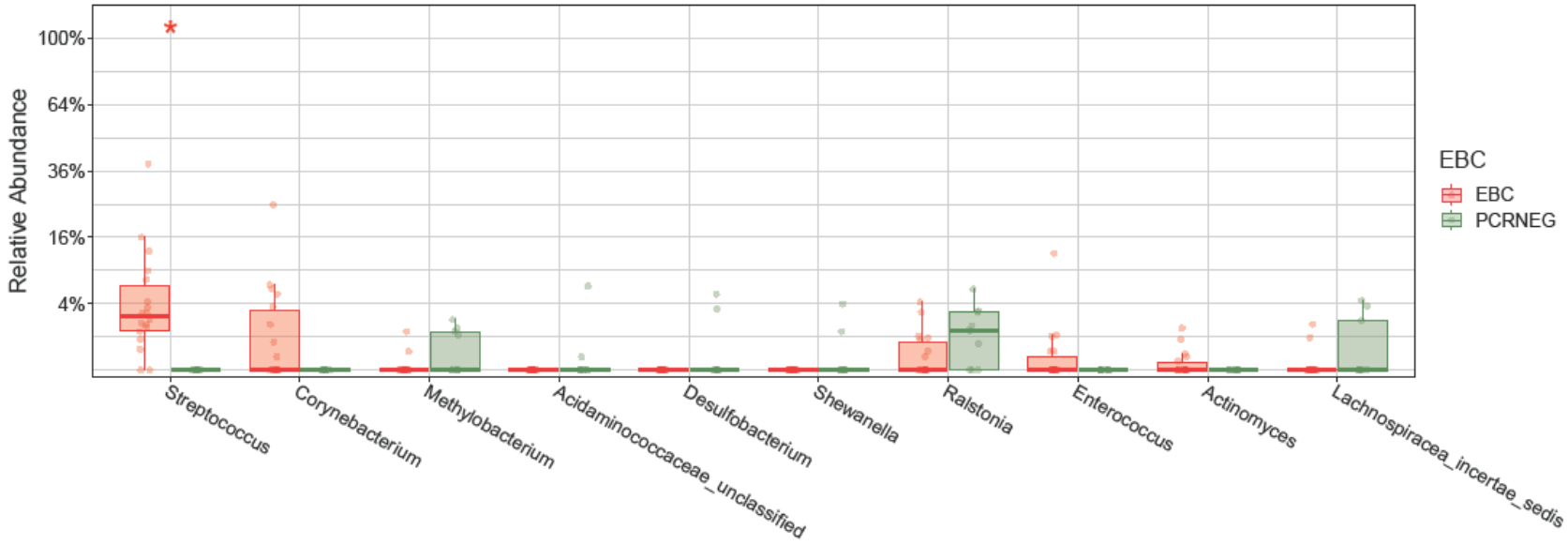

Higher DNA content vs background controls.

Detection of Streptococcus (BI FDR q = 0.019); amplicon generation w/out extraction.

Detailed work under way to optimize processes, polymerases, pipelines.

Prototype: Detection of aerosolized virus

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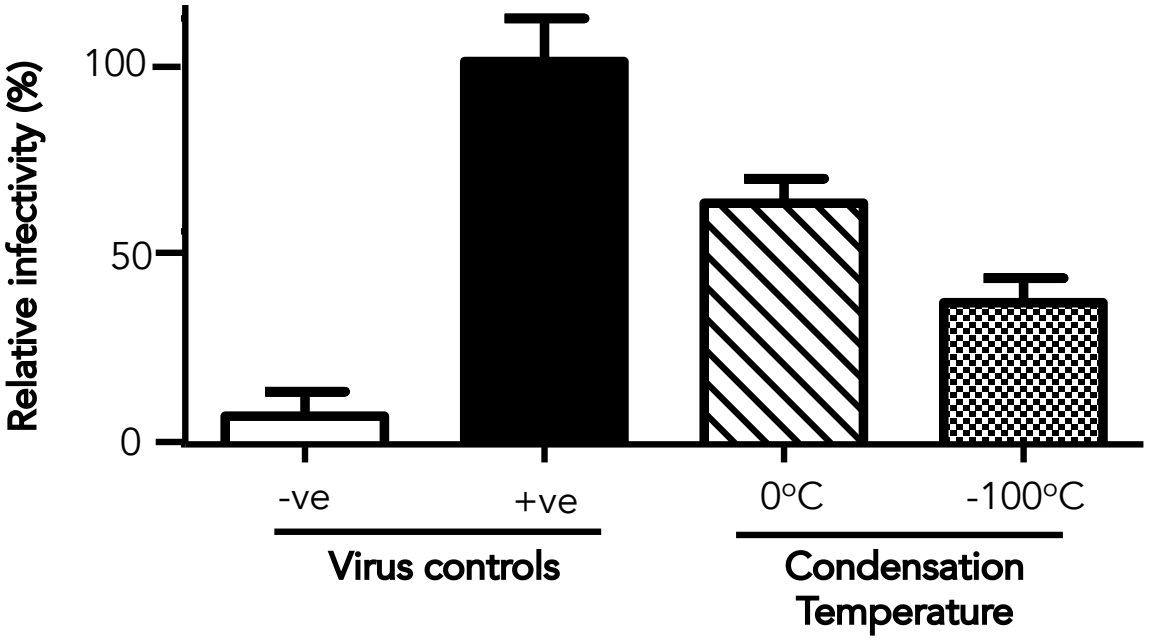
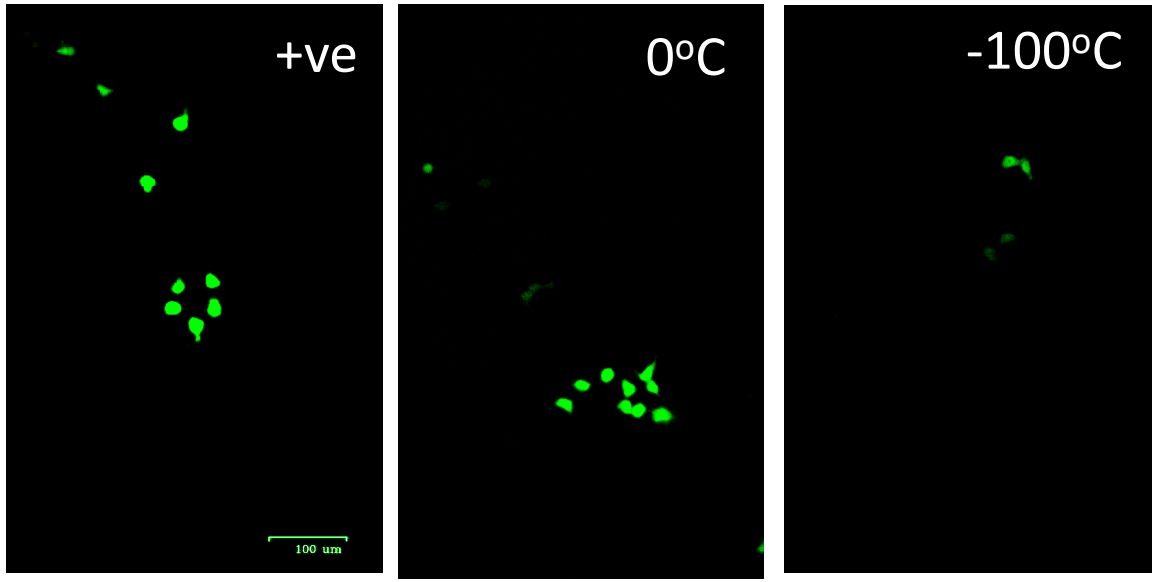
Efficient capture of aerosolized virus, halves infection risk.





GFP-expressing VSV-pseudotyped lentivirus nebulized using PARI TurboBoy SX and captured using PBM-HALE™ (15 min). Condensates seeded on 10,000 HEK-293T's and GFP expression measured at 72hrs by FACS, visualized by fluorescent microscopy. Bar = 100 um

Prototype: Clinical Pilot Update.

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NO FALSE POSITIVES:

- COVID19 patients (n=12).
  - Nasal swab negative.
  - Week 2-3 of symptoms, known nasal –ve period.
  - Antivirals / hydroxychloroquine.
  - (dyspnoea) 25-30 breaths/min.
- 5-20 min sampling.
- In COVID19 wards.
- Blinded analysis.

- N=60 study actively recruiting.
  - Must be in symptoms week 1.
  - Must be nasal positive.
  - Interim data release: n=30.

Clinical data as of 15/03/21

We believe we can detect COVID-19 possibly with a 1 min sample

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- **Safely**: Kill the virus.
- **More reliably**: Larger sample than nasal swabs.
- **Simply**: With no skills needed: just breathe out.
- **Using mass screening**: by mass production of plastic.
- **Where patients are:** using *any* point of need testing system.
- **With current gold standard tests:**
  - e.g. Abbott ID NOW®: 5 min test.
  - e.g. DeepVerge MicroTox BT: 4 sec test.

ALL DEVICES PRODUCED THROUGH CHARITABLE/GOV FUNDING WILL BE MADE FREELY AVAILABLE FOR COVID19 PANDEMIC

We believe we can detect COVID-19 possibly with a 1 min sample

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- Confirm infectious virus load
  - By source of virus (oral, lung, nose)
  - By particle size (droplet, aerosol)
  - Optimise sampling maneuver.
- Determine the smallest sample amount needed for RT-PCR detection.
- Expand to pre/asymptomatic contacts / time course
- Deliver Emergency Use Authorisation (USA, UK).
- Produce >50,000 units.
- Supply at no profit basis under development funding.

ALL DEVICES PRODUCED THROUGH CHARITABLE/GOV FUNDING WILL BE MADE FREELY AVAILABLE FOR COVID19 PANDEMIC

How do I use the device?

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1. Device use SOP: https://youtu.be/h6tLt9u-rWU

2. Lay explanation of use: https://youtu.be/TkQEj-KN_os

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Your Breath: Your Health™

Dr. Pete Hotten
Chief Executive Officer
p.hotten@pulmobiomed.com

Dr. Sterghios A. Moschos FRSC FIBMS
Chief Scientific Officer
s.a.moschos@pulmobiomed.com

Scientific and Technical Team

Saqib Ali (Lead Design Engineer): Design, modification, assembly, production oversight.
Dr Theodora Mantso (Biologist): Device testing and wet biology, microbiology.
Dr Andrew Nelson (Senior Biologist): Next Generation Sequencing.
Dr William Cheung (Senior Biologist): Proteomics & Metabolomics.
Adam Cosheril (Fabrication Lead): In-house 3D Printing
Paul Broom(Health & Safety Lead, technical lead).

PulmoBioMed™ Ltd. is a technology spin-out of Northumbria University

Company no. 12552857

This slide deck is live and will be updated on an ASAP basis.