

Bioengineering for COVID-19: *Rapid Acceleration of Diagnostics (RADx) at Unprecedented Speed and Scale*

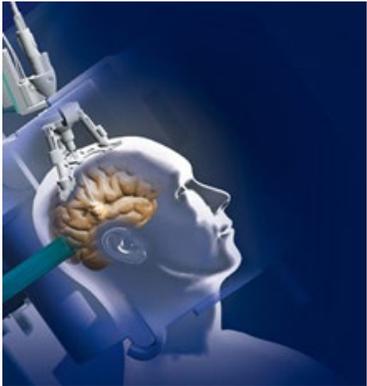
Bruce J. Tromberg, Ph.D.

Director, National Institute of Biomedical Imaging and Bioengineering (NIBIB)
PI, Section on Biomedical Optics, NICHD

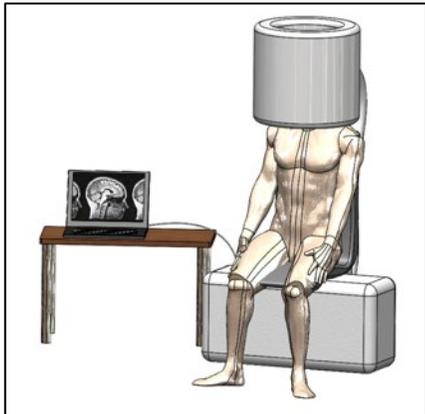


NIBIB Vision: *Engineering the Future of Health*

Therapeutic Devices



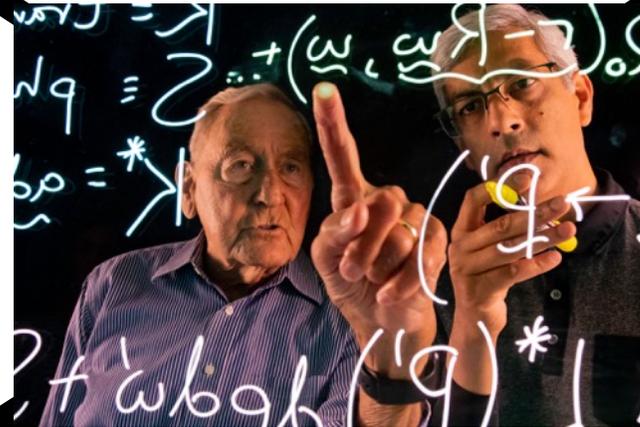
Monteris Medical, Inc.



Imaging Technologies

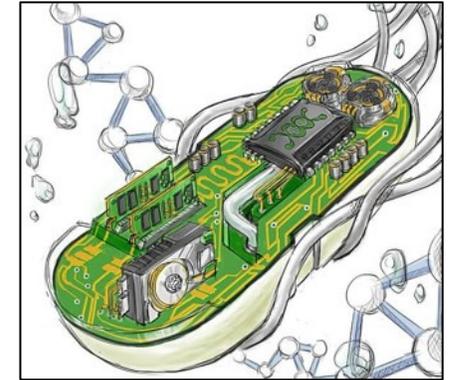
M. Garwood, UMN

Modeling, Computation & Machine Intelligence

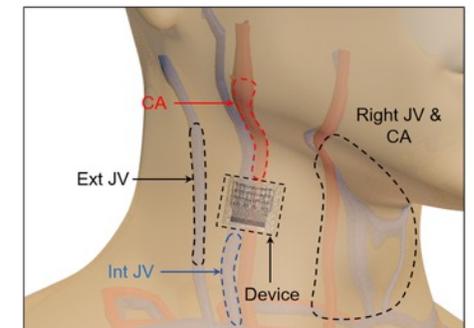


V. Venugopalan, J. Spanier, UCI

Engineered Biology



Cambridge University

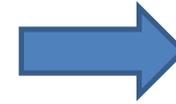


Sensors and Point of Care

S. Xu, UCSD

Bioengineering for COVID-19

NIBIB Strategy



- 1) Imaging and AI
- 2) Digital Health Platforms
- 3) Diagnostic Test Technologies**

Medical Imaging and Data Resource Center (MIDRC)



Kris Kandarpa
Chair



Guoying Liu
Scientific Program Lead



Behrouz Shabestari
NIBIB National Technology Center Program Director



Maryellen Giger (PI)
AAPM, University of Chicago

<https://www.nibib.nih.gov/news-events/newsroom/nih-harnesses-ai-covid-19-diagnosis-treatment-and-monitoring>



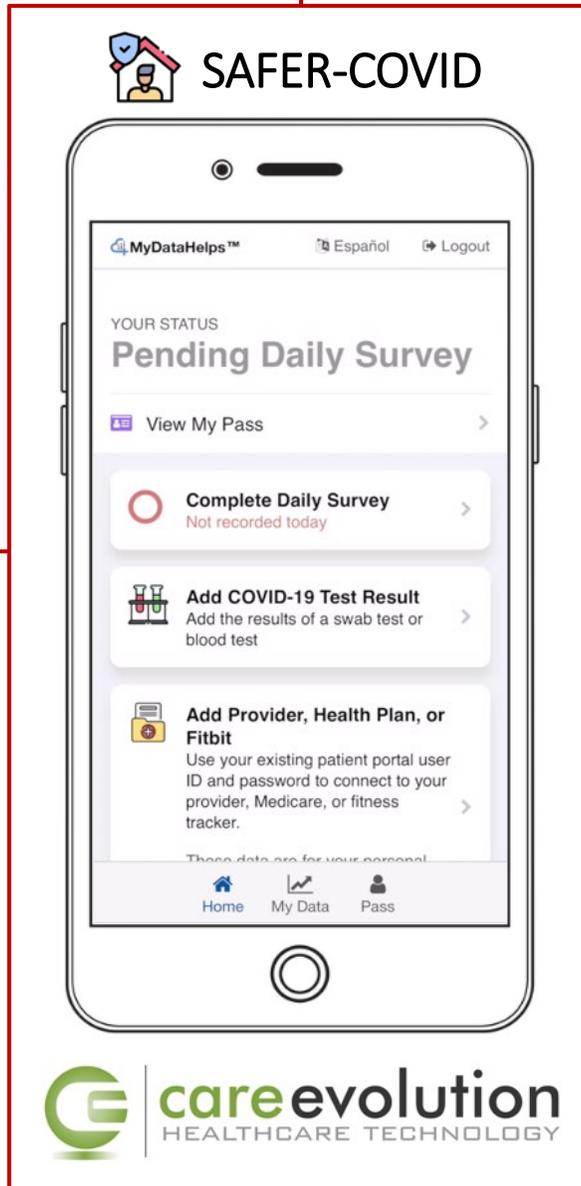
Two-year, \$20M contract: Medical Imaging/Data Science
Thoracic imaging and clinical data repository for COVID 19
Develop, validate ML/AI for detection, diagnosis, Tx
60,000 curated COVID-19 chest radiographs and CTs+clinical data



Wearables for Monitoring and Detection



Digital Contact Tracing



Integration with Test Results



Proof of Health Status



Unexpected Opportunity

NIH Office of the Director



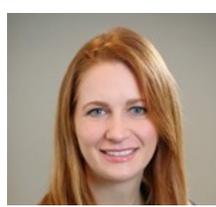
Francis Collins



Rachael Fleurance



Larry Tabak



Tara Schwetz

**April 24, 2020: \$1.5B to NIH
\$500 Million to NIBIB**

April 29

RADx Tech – \$500M

Highly competitive, rapid three-phase challenge to identify the best of breed for at-home or point-of-care tests for COVID-19

RADx Advanced Technology Platforms (RADx-ATP) – \$230M

Rapid scale-up of advanced technologies to increase rapidity and enhance and validate throughput – create ultra-high throughput machines and facilities

RADx Radical (RADx-Rad) – \$200M

Develop and advance novel, non-traditional approaches or new applications of existing approaches for testing

RADx Underserved Populations (RADx-UP) – \$500M

Interlinked community-based demonstration projects focused on implementation strategies to enable and enhance testing of COVID-19 in vulnerable populations



Jill Heemskerk



Bruce Tromberg

**National Institute of
Biomedical Imaging and
Bioengineering (NIBIB)**



\$307 M Partnership with BARDA

December 2020 Congress: \$100,000,000

Tech/ATP Team Leads: Tiffani Lash, Todd Merchak, Taylor Gilliland, Kate Egan, Mike Wolfson, Doug Sheeley, Gene Civillico



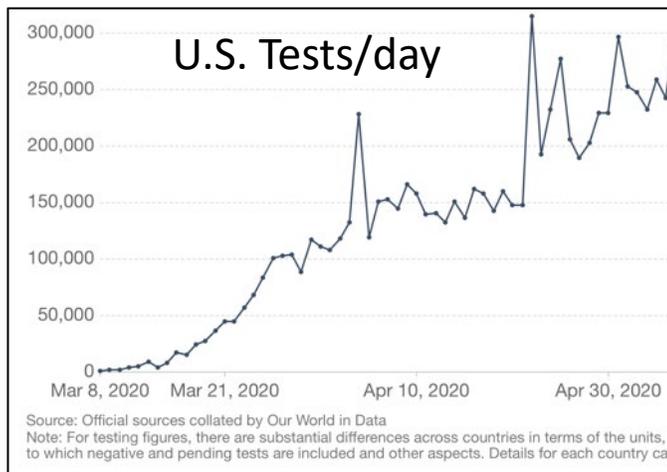
RADx Tech & ATP Goals

1) Expand COVID-19 Testing Technologies: *Number, Type and Access*

2) Optimize Performance: *Technologic and Operational; Match Community Needs*

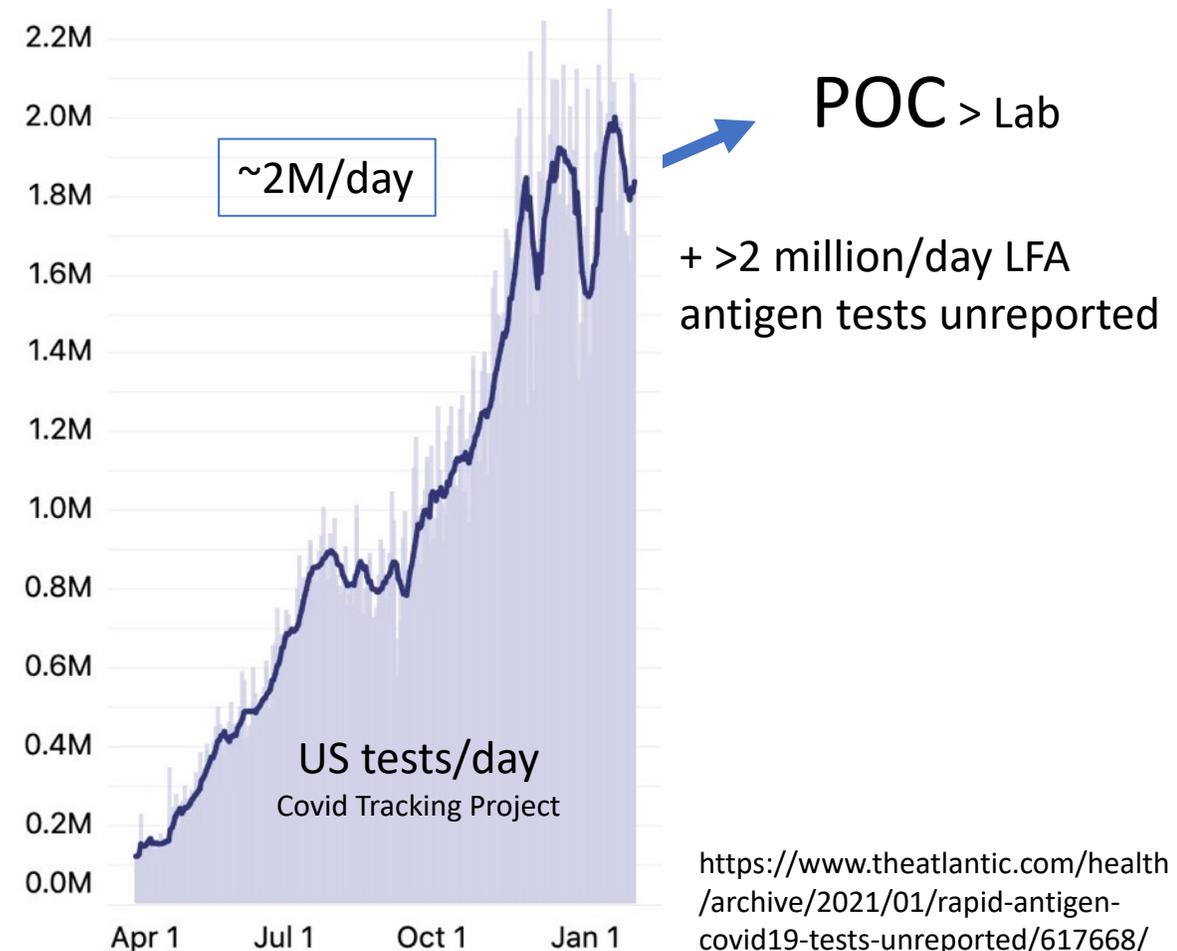
Test Settings

- Home-based
- Point of Care (POC)
- Laboratory (CLIA, research)



RADx
Launch:
~250k/day

Lab > POC



Point-of-Care Technologies Research Network (POCTRN)

NIBIB National Network: 5-6 years for new POC technologies

Established 2007, Expanded 2020: >1000 RADx experts & contributors

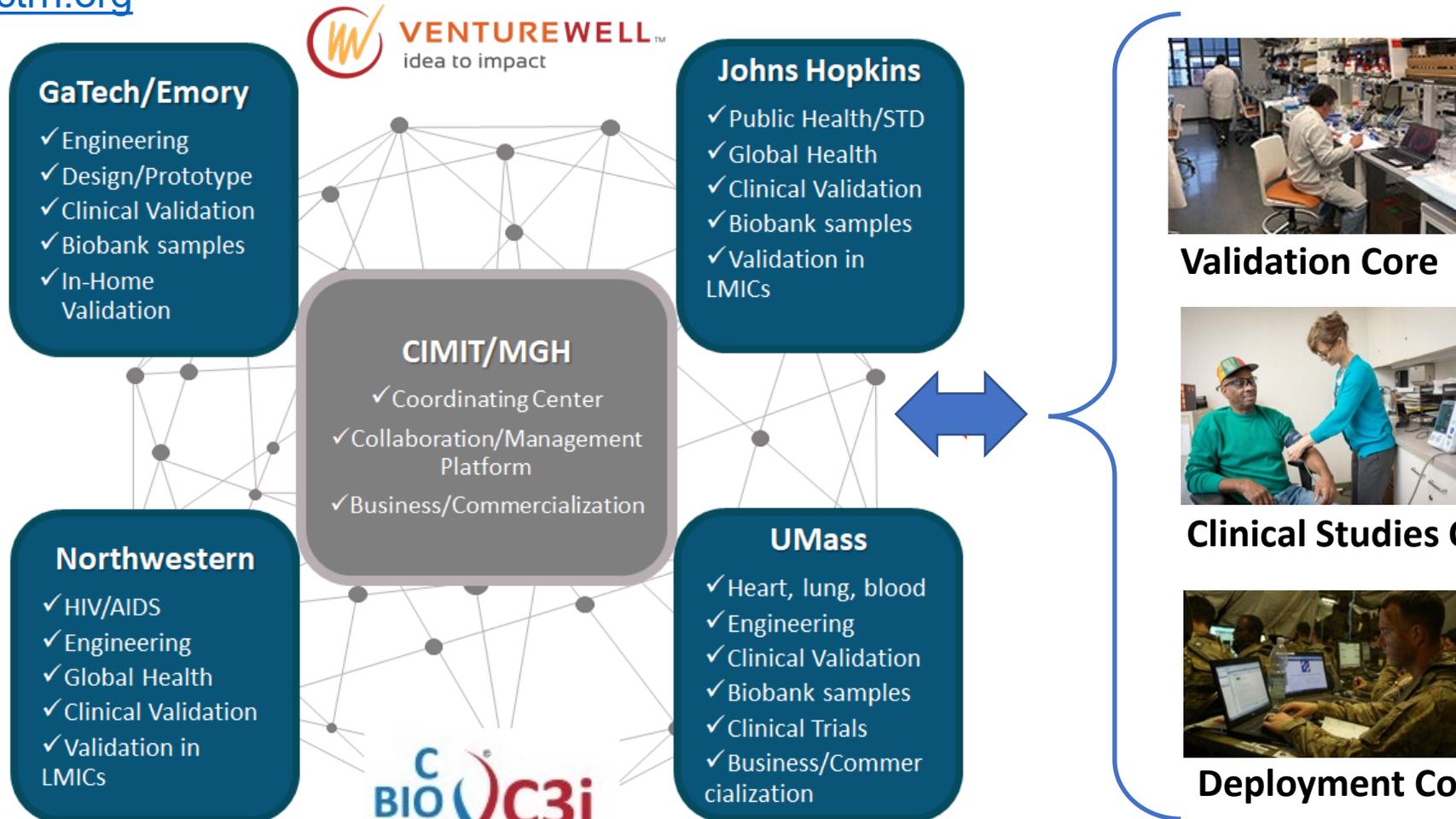


Todd Merchak Tiffany Lash

<https://www.poctrn.org>

Operations:

- Review & Fund
- Test & Validate
- Expert Guidance



Validation Core

>50 projects complete, ~2000 participants



Clinical Studies Core

Standard Trial Design, Digital Health Platform, Single IRB, Center Network



Deployment Core

Supply chain, Manufacturing, User Community, End to end solutions

RADx Tech/ATP Innovation Funnel



~3000
Applications
Started

Rolling submission
open April 29

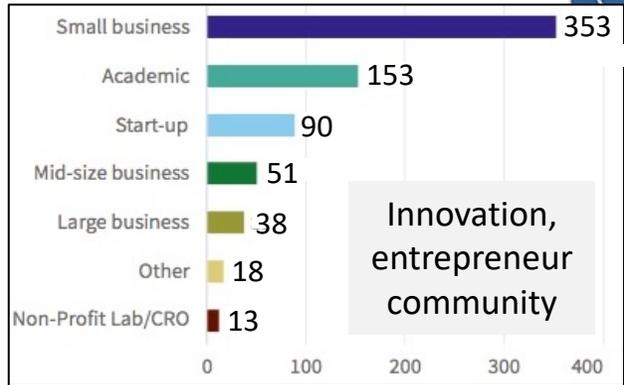
5-6 Months

>6 M tests/day
by end of year

FAST TRACK FOR ADVANCED DIAGNOSTIC TECHNOLOGIES



**Validation, Clinical Testing,
Regulatory, Manufacturing,
Distribution**



**Projects in
each Phase**

716

137

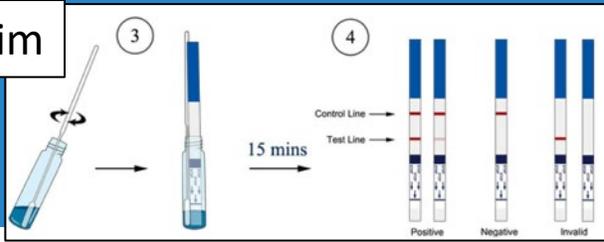
47

25 (Tech + ATP) ~\$500M



Mesa BioTech

Maxim



14 EUAs issued



Quidel Sophia

Yukon Swabs



Point of Care & Home	
Visby	RTPCR
Mesa	RTPCR
Microgem	RTPCR
Talis	ISO-PCR
MatMaCorp	RTPCR
Ubiquitome	RTPCR
Quidel Sophia	An-LFA
Quidel QuickView	An-LFA
Luminostics	An-LFA
ANP	An-LFA
Ellume	An-LFA
Laboratory	
Flambeau	PCR-mobile
Fluidigm	RTPCR
Broad Inst	RTPCR
Illumina	NGS
Helix	NGS/RTPCR
Gingko	NGS/RTPCR
Sonic Healthcare	RTPCR
PathGroup	RTPCR
Aegis	RTPCR
Quanterix	SIMOA (An)
Lab Products	
Mammoth Biosci	CRISPR
Ceres Nanosciences	Beads/Conc
Yukon	Swabs



Visby Medical



Ubiquitome

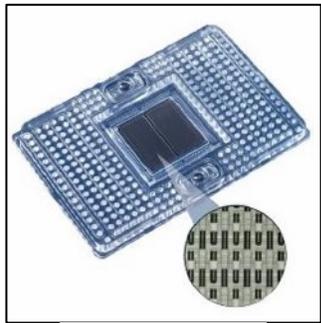


Dec 15
OTC EUA

Ellume



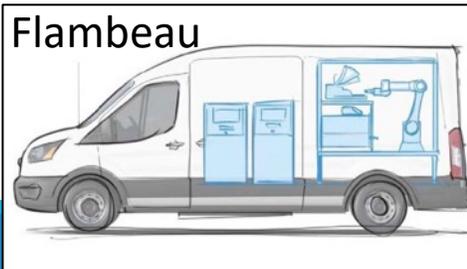
ANP



Fluidigm

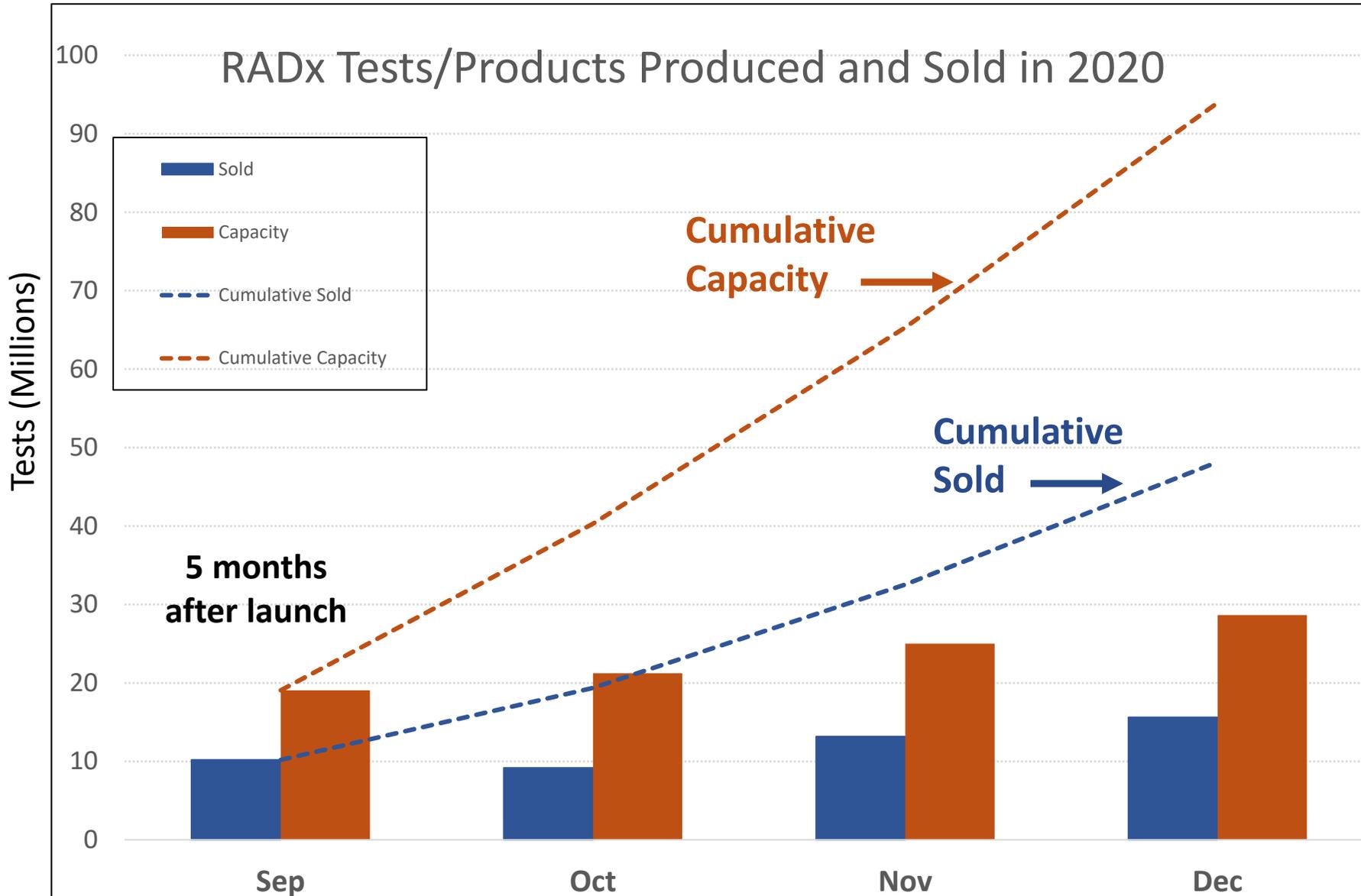


Luminostics



Flambeau

RADx Impact in 2020



- ~94 million capacity in 2020
- ~48 million sold in 2020
- ~950k tests/day produced Dec 2020; ~550k/day sold
- ~14 EUAs and 1st OTC EUA
- ~150 Companies supported, 25 "Phase 2"
- **Feb 2021:** Project millions OTC LFA tests/day
- **March 2021:** Project >2.5M tests/day

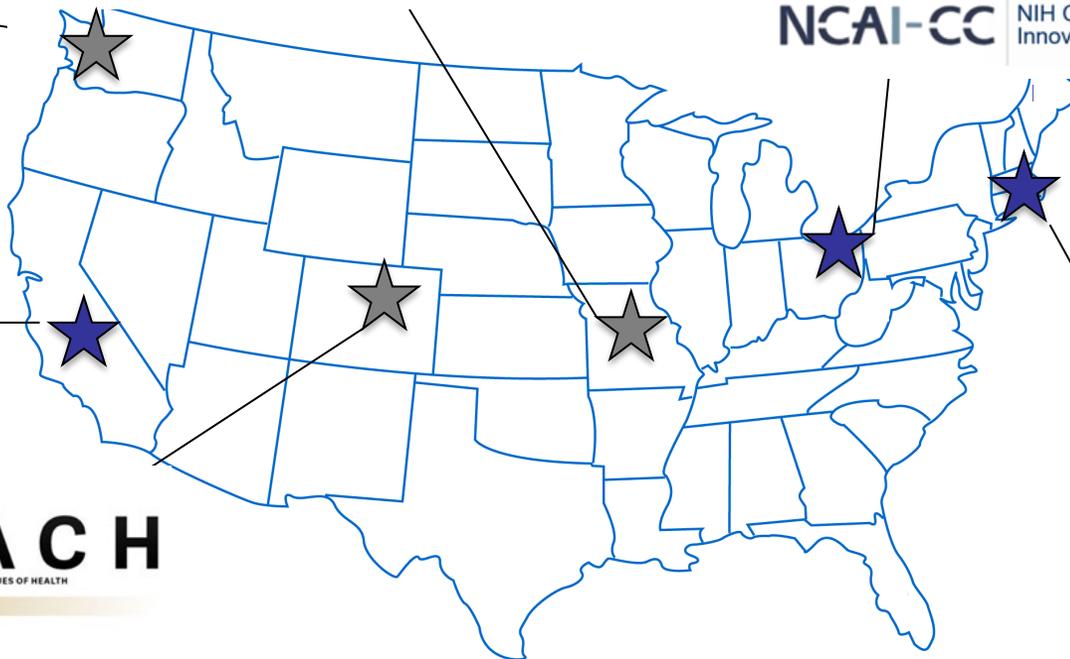
RADx Leveraging NIH Proof of Concept (PoC) Network



Matt McMahon, PhD

~50 early-stage RADx-tech projects

- Project Funding
- Industry Coaching and Mentoring
- Training and Resources



RADx Test Validation Core (Emory-Gtech)

~50 projects complete



Wilbur Lam



Greg Martin



Oliver Brand

Feasibility

Ensure positive control (provided or commercial) is positive
Ensure negative matrix (i.e. saliva, patient sample or commercial) is negative
Ensure negative matrix spiked with live and/or inactivated SARS-CoV-2 virus is positive



Contrived samples

Verify the limit of detection (LOD) via live and/or inactivated SARS-CoV-2 virus by serial dilution using correct matrix
Test non-SARS-CoV-2 coronaviruses (test specificity/cross-reactivity)
Test different strains of SARS-CoV-2 (strain variation)

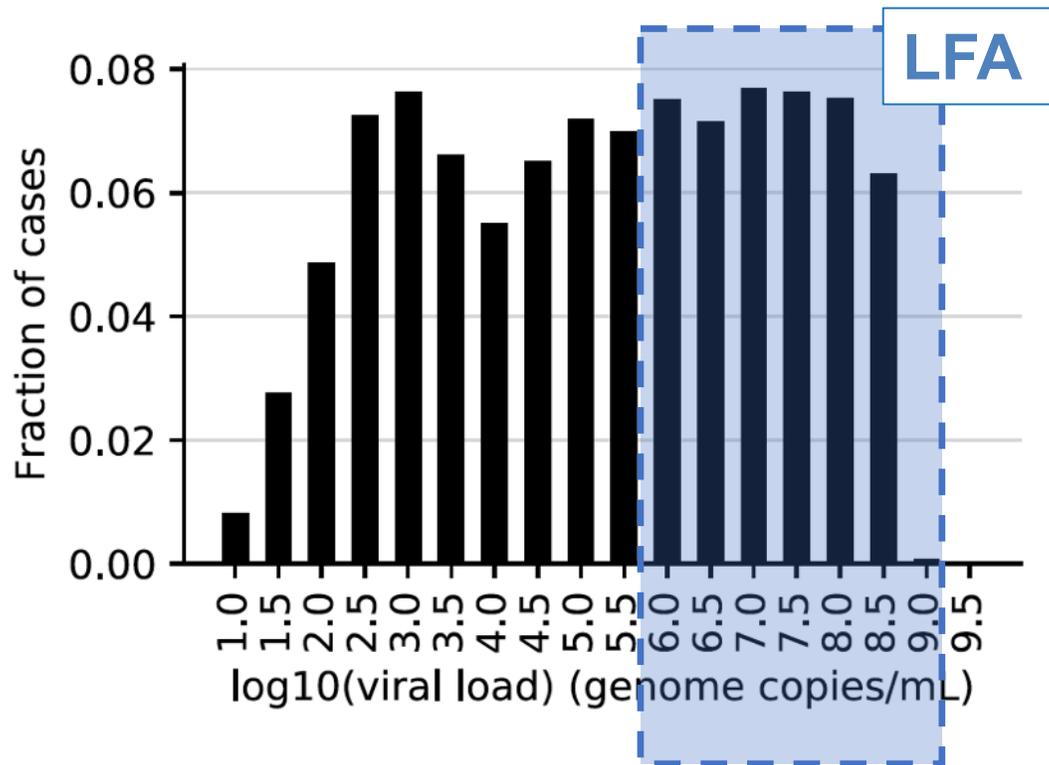


Patient samples

Test banked patient samples (adult and pediatric) with concomitant testing on reference method to determine concordance
Test prospective patient samples using collection sites **>2000 participants**
Calculate sensitivity, specificity, positive and negative predictive values with input from our biostatistical core

Challenges: *Screening/Surveillance LFA Performance*

Wide Population Viral Loads ($n = 4774$)



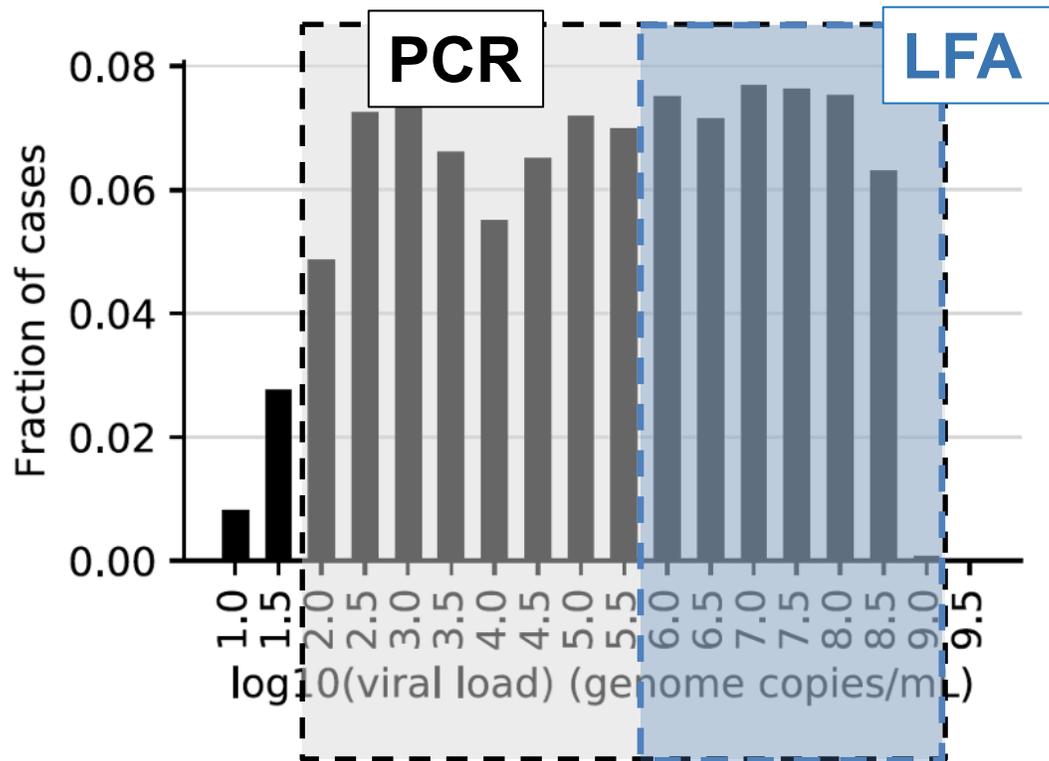
Typical LOD $\sim 10^6$ Copies/mL
Sensitivity $\sim 40\%$ vs. **RTPCR** for only asymptomatic*

Vs.

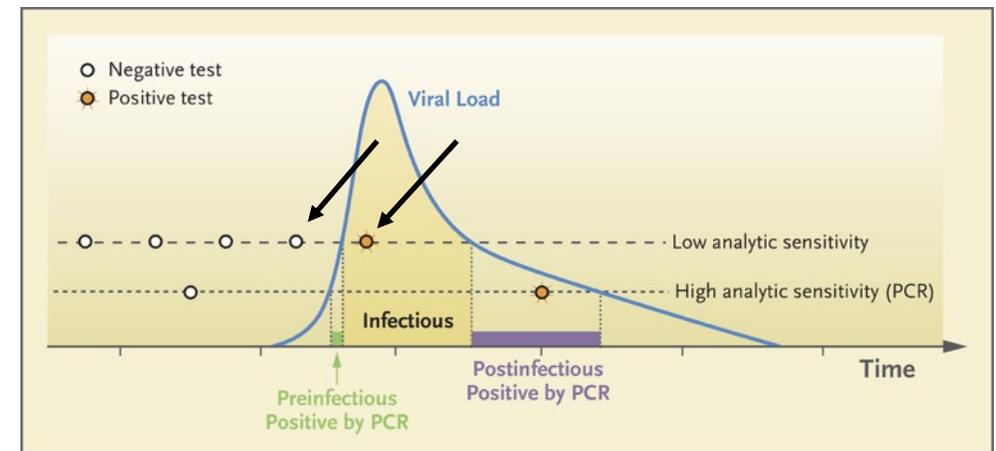
Sens/Spec $\sim 90/95\%$ for symptomatic population (EUA: ~ 5 days post-onset)

Challenges: *Screening/Surveillance LFA Performance*

Wide Population Viral Loads ($n = 4774$)



- 1) Use LFA within ~5-7 days of symptoms
 - Elevated viral load (>90% sens, spec)
- 2) “Off Label” LFA in Asymptomatics:
 - Backup PCR w/positive in low prevalence
 - Backup PCR w/negative recently exposed
- 3) ***Sequential LFA tests***



RADx Clinical Studies Core (UMass)

Mission: Evaluate Phase 2 RADx platforms in clinical studies to develop “real world” guidance on tech use, performance, digital health integration.

- **LFA Multisite study: UMass, UIUC, JHU in progress (n=100)**
 - Longitudinal sequential Lateral Flow Assay (LFA) assessment (2 weeks)
 - RTPCR, saliva, + viral infectiousness assay
- **LFA home testing study: UMass and Northwestern, Jan 25 (n=100)**
 - At home, Self sampling, Digital health platforms
- **LFA large population study, planning w/public health (n>200,000)**
 - Regular frequent tests break chain of transmission?



Laura Gibson, MD



David McManus, MD



The CTSA Trial Innovation Network
Connecting: NIH Institutes, Industry, Researchers, and Participants

Investigators at CTSA
Hubs across the U.S.



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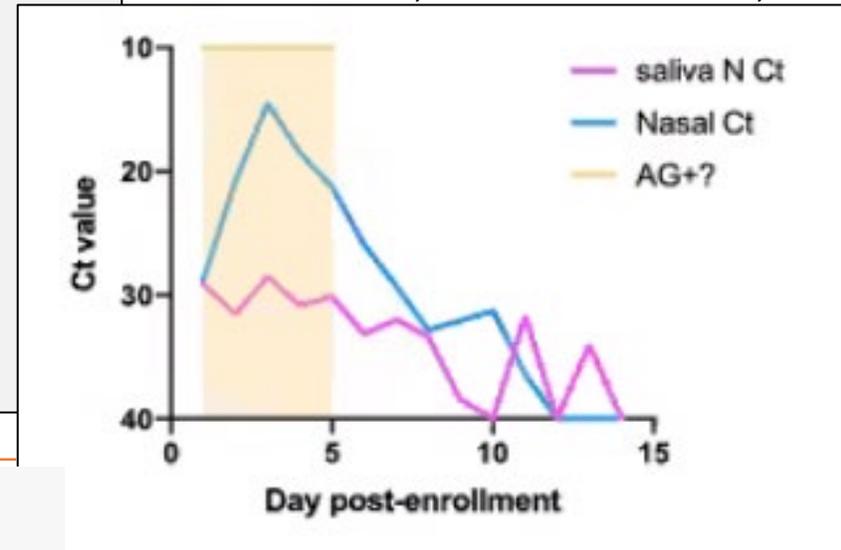
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Laura Gibson, MD



David McManus, MD



RADx Tech: *Bridging the Performance Gap*

POC RTPCR



Visby Medical



Mesa BioTech

POC An (LFA/reader)

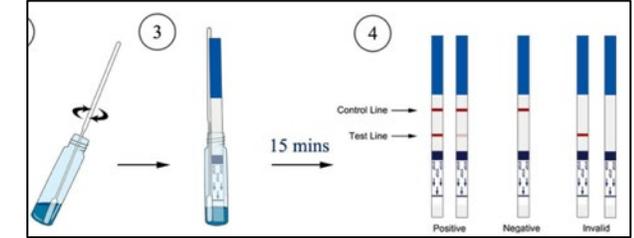


Quidel Sophia



Ellume

POC An (LFA/visual)



Maxim

Cost

\$\$\$

Tech to Bridge the Gap?

\$\$

\$

Speed

~30 min

<15 min

Sens/Spec (EUA)

>90/95

>90/95

LOD

<10³ Cp/mL

>10⁵ Cp/mL

RADx Tech: *Bridging the Performance Gap*

POC RTPCR



Visby Medical



Mesa BioTech

POC An (LFA/reader)

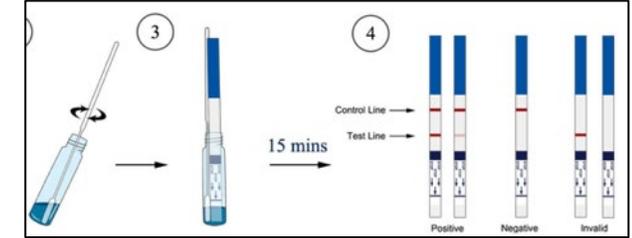


Quidel Sophia



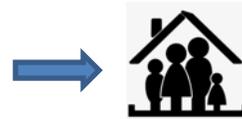
Ellume

POC An (LFA/visual)



Maxim

New Protocols



Pool "social pod"
e.g. classroom, home, etc.

New Technology

- CRISPR
- Microfluidics
- Nanoparticles
- Single Molecule
- ASICs
- Waveguides

Pooling of POC PCR

- Slight reduction in LOD, optimized for infectiousness
- Fast turnaround (<30 min)
- 3-5X reduced cost (\$)
- Rapid test, report, isolate entire "social pod"

<10³ Cp/mL

>10⁵ Cp/mL

~30 min

<15 min

>90/95

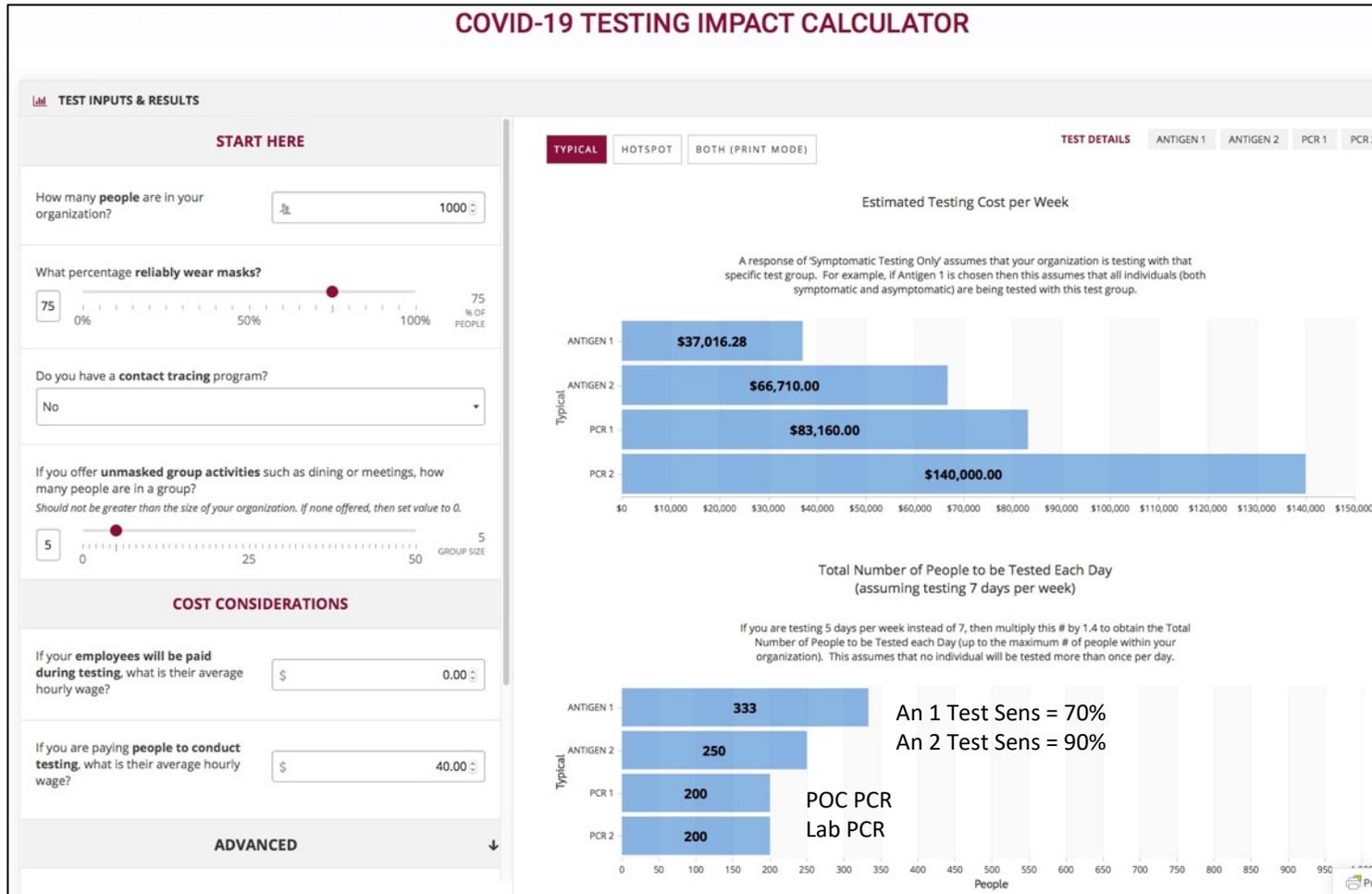
>90/95

RADx Tech Deployment Core: *CIMIT/MGH*

“When-to-Test” <https://whentotest.org/> Match tests w/needs; evaluate impact of risk reducing activities.

Bridging NIH/USG w/non-profits (Rockefeller, BMGF, FIND, APHL, APC) Academia, and Industry

COVID-19 TESTING IMPACT CALCULATOR



Nancy Gagliano, MD
Deployment core lead
CIMIT/MGH

- **Create Playbooks:** *K-12, College/Uni, Business*
- **Connect** purchasers with vendors
- **Coordinate** supply chain solutions
- **Collaborate** with RADx UP
- **Organize** trans-RADx core task force on variants



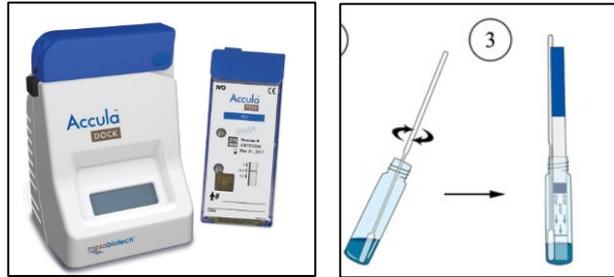
Anette Hosoi, MIT



Paul Tessier, MGH

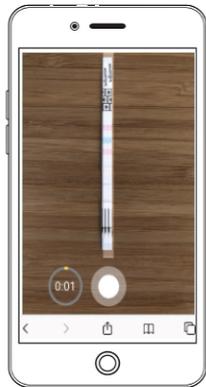
At-Home Challenges: *Digital Health*

RADx POC Test



PCR

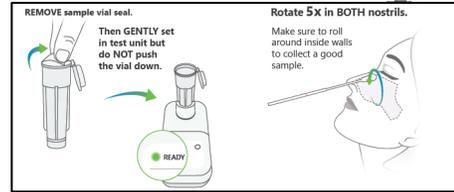
LFA



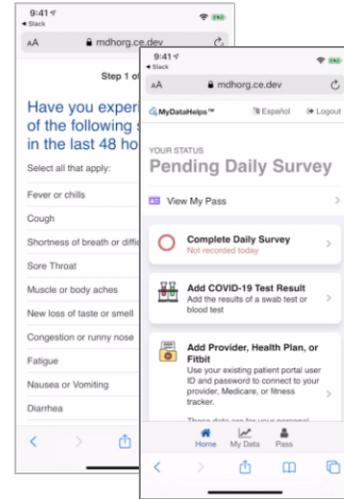
e.g. OpenRDT (Audere)

Cell
Phone
Reader

How to Use



Symptom Surveys

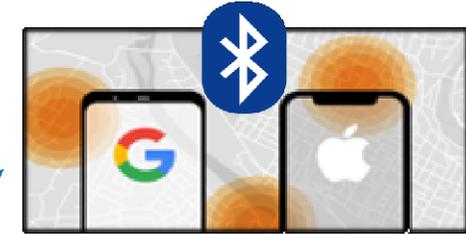


GATES foundation

Wearables



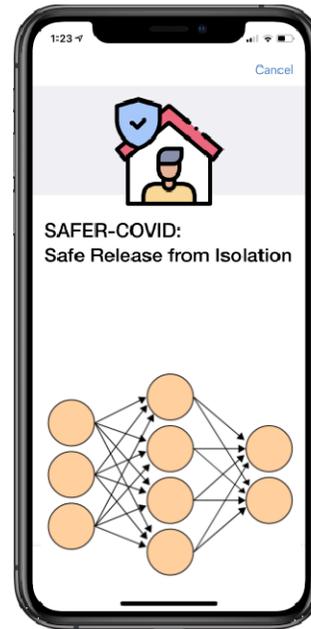
Digital Contact Tracing



EHR & Claims



Proof of Health Status



Summary and Challenges

Leverage, expand existing NIBIB network: *New processes introduced for unprecedented speed and impact.*

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Urgent need for new, purpose-driven tech: *overcome limitations of “off the shelf” solutions.*

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Leverage, expand existing NIBIB network: *New processes introduced for unprecedented speed and impact.*

Urgent need for new, purpose-driven tech: *overcome limitations of “off the shelf” solutions.*

Bioengineering/tech engaged with new partners: *Public Health, Policy.*

Summary and Challenges

Leverage, expand existing NIBIB network: *New processes introduced for unprecedented speed and impact.*

Urgent need for new, purpose-driven tech: *overcome limitations of “off the shelf” solutions.*

Bioengineering/tech engaged with new partners: *Public Health, Policy.*

Ongoing challenges:

- 1) Leverage \$1B+ investment in Dx tech for other diseases and future pathogens;
- 2) US Regulatory, Health Care, Reimbursement Systems *optimized for detecting disease in individuals, not screening/surveillance (prevention) in populations.*
- 3) RADx general platform for acceleration: embed in NIBIB structure, disseminate to NIH & beyond