



DYNAMIC SICKLING ASSAY: USING ENZYMATICALLY INDUCED HYPOXIA FOR ASSESSING REAL-TIME SICKLING SCALABLE FROM LARGE ERYTHROCYTE POPULATIONS TO INDIVIDUAL CELLS

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INTRODUCTION

There is a pressing need for assays to monitor patient condition and the progress of sickle cell disease (SCD) therapies affecting hemoglobin (Hb) affinity to oxygen and hypoxia-induced kinetics of Hb-S polymerization. It would be beneficial for such an assay to measure oxygen dissociation under both equilibrium (mimicking longer-term effects) and non-equilibrium (simulating *in vivo* process) conditions.

It is desirable to have a robust and simple to use system suitable for use in clinical trials and ultimately for clinical management of patients receiving SCD therapies, including those targeting Hb-oxygen affinity.

Many SCD clinical trials are presently based in the developing countries, further highlighting the need for a simple and inexpensive system to track treatment progress even in a limited infrastructure environment.

AIM

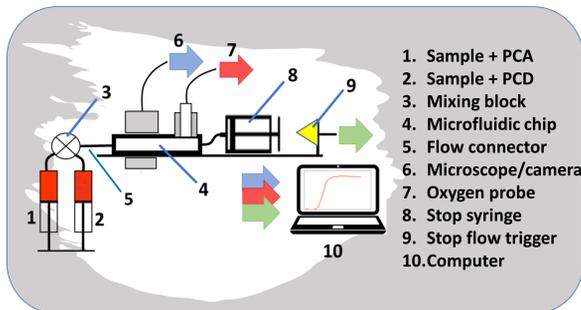
To introduce Dynamic Sickling Assay (DSA) that utilizes enzymatically-induced hypoxia to assess SCD patient condition and can assist in development, monitoring and optimization of SCD therapies.

METHOD

- ❖ Diluted blood samples supplemented with Protocatechuic acid and Protocatechuate 3,4-Dioxygenase enzyme (PCA/PCD) are injected into an anaerobic microfluidic chamber
- ❖ Medium deoxygenation can be tracked by an oxygen probe
- ❖ Hypoxia-induced RBC morphological changes are observed through time-lapsed photography.
- ❖ Machine-learning approach for image analysis is used to identify and quantify RBC morphological changes
- ❖ Sickling profiles are constructed to represent percent of sickled RBC in a total cell population
- ❖ Multiple metrics can be used to comprehensively describe sickling profiles

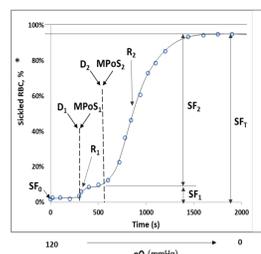
THE SYSTEM

Design/Schematics



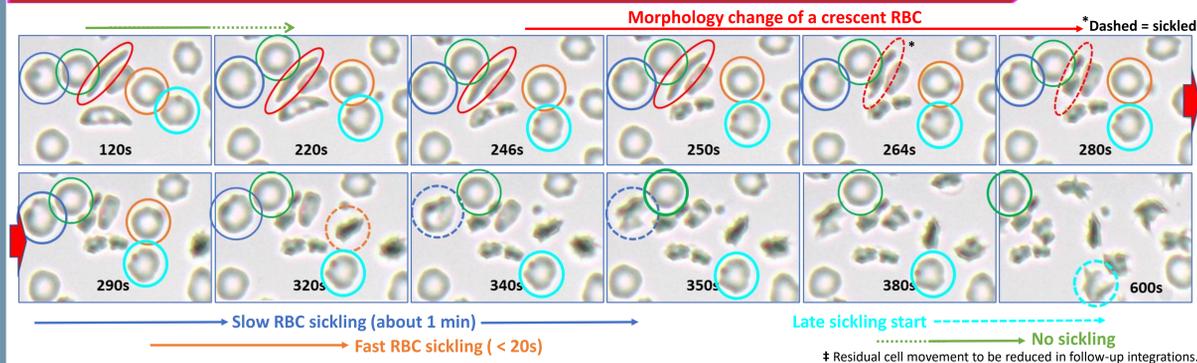
Descriptive results

- ❖ RBC fraction sickled at baseline (SF_0)
- ❖ Total fraction of sickled RBC (SF_T) / non-sickling fraction (NSF)
- ❖ For each sickling RBC fraction (j)
 - ✓ Sickling delay (D_j)
 - ✓ Morphological Point of Sickling ($mPoS_j$): e.g., at 5% or 10% sickling
 - ✓ Sickling rate (R_j)
 - ✓ Fraction size (SF_j)
 - ✓ Area Under the Curve (AUC_j) at a given time post T=0



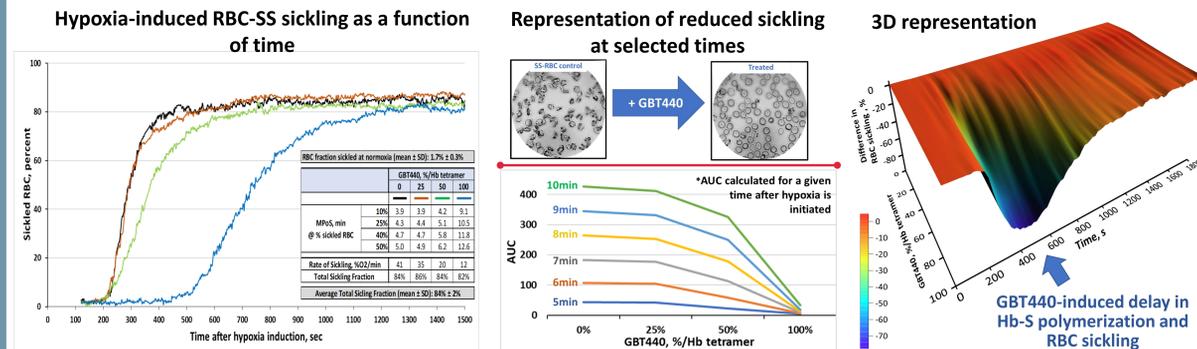
* Extracted from the raw experimental data collected at 2 s/data point

REAL-TIME INDIVIDUAL CELL CHANGES IN MORPHOLOGY

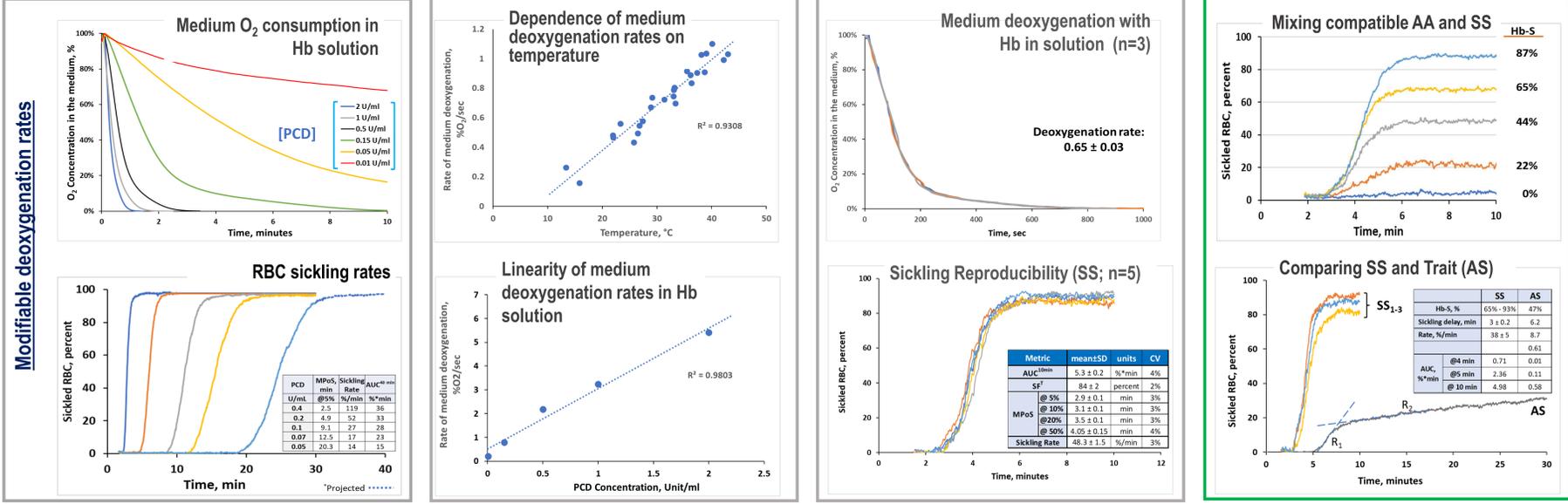


MONITORING DRUG RESPONSE

Difference in timing of RBC sickling (SS phenotype) due to hemoglobin-modifying drug GBT440 (Oxbryta®; GBT) as a function of drug to hemoglobin tetramer ratio



SYSTEM VALIDATION



SUMMARY

- ❖ Multidimensional profiles allow for fast optimization of assay parameters to target conditions optimal for each application
- ❖ Wide range of easily modifiable deoxygenation rates
- ❖ Significant sickling delay was observed upon RBC treatment with Hb-modifying drug.
- ❖ Total sickling fraction was smaller with sickling significantly delayed for sickle trait (SCT) patients compared to SS-type SCD
- ❖ The system allows tracking of morphological status of both populations and individual cells, with individual cells showing differences in their propensity to sickle
- ❖ Change in morphology of crescent cells to granular form had been observed upon decreasing medium oxygen tensio.
- ❖ The system offers a comprehensive analysis of RBC sickling dynamics
- ❖ Dynamic sickling assay can potentially provide a robust and high throughput method for assessing critical RBC response to therapies including that in low resource settings

DISCLOSURE

Functional Fluidics is a privately held company developing methods for assessment of blood cell function. All authors are employees of the company.

CONTACT INFORMATION

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