

# ANALYTAL CHEMISTRY IN POINT-OF-CARE (POC) DIAGNOSTICS



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# Point-of-care (POC) diagnostics

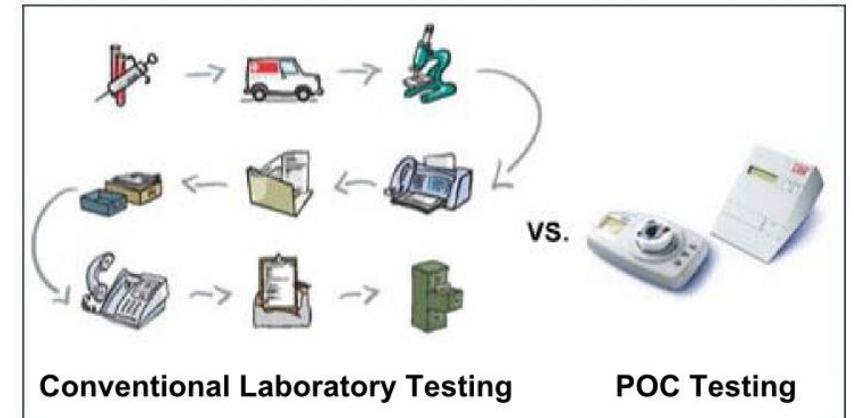
Diagnostic technologies that allow analysis of patients samples outside the clinical laboratory (doctors office, at bedside, in ambulance vehicles etc.)

Usually small, simple instruments/devices that are able to analyse important biomarkers in clinical samples (blood, saliva, urine)

The time of analysis is decreased, no need to transport the samples.

## POC diagnostika - terminologie

- analýzy na místě (point-of-care testing)
- analýzy mimo laboratoř (off-site testing)
- analýzy u pacienta (near patient testing)



# SOME HISTORY

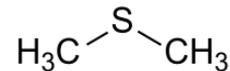
## BREATH ANALYSIS

Hippokrates (460 BC – c. 370 BC)

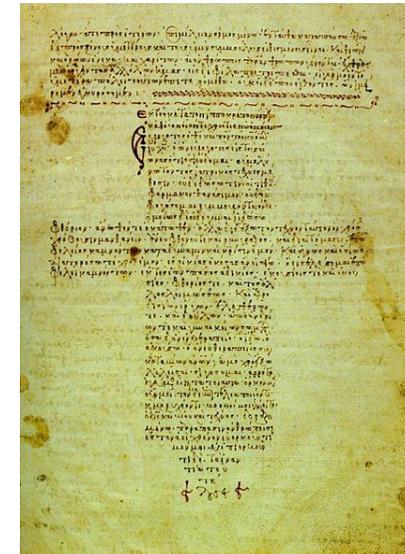
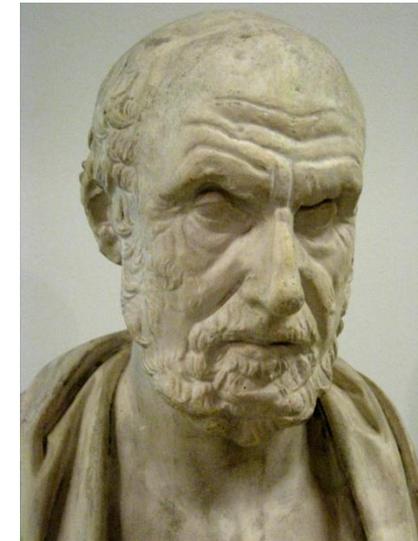
*fetor oris* and *fetor hepaticus* in his treatise on breath aroma and disease

*fetor oris* = **halitosis (anaerobic bacteria in the mouth)**

*fetor hepaticus* = **breath of the dead**  
**(liver failure)**

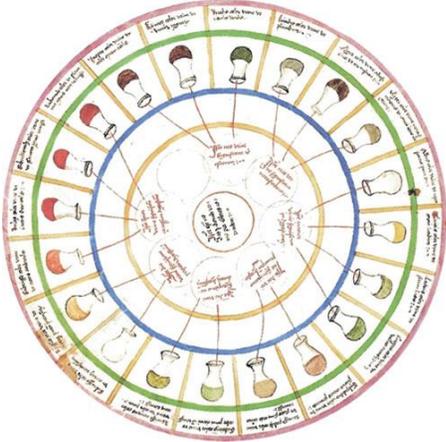


Hippocrates, *The Corpus: The Hippocratic Writings*, Kaplan Publishing, New York, 2008.



# SOME HISTORY

URINE WHEEL – POC diagnostics in 15<sup>th</sup> century



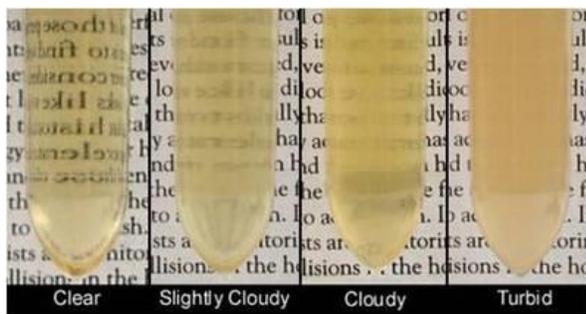
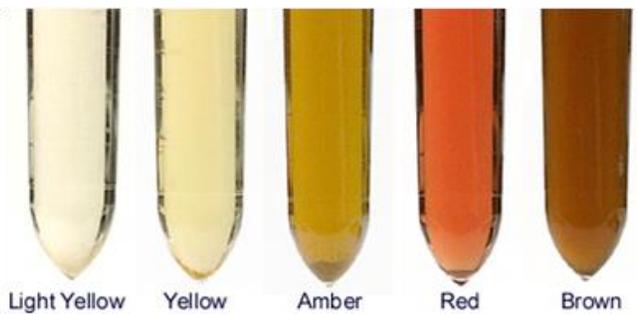
1506 by Ulrich Pinder

*Epiphanie Medicorum*

## Urine testing - uroscopy

sweet  
brownish  
Red, foam  
blood

- diabetes
- jaundice/hepatitis
- kidneys
- urinary tract cancer



# 10 Colors That Suggest Urine Trouble

Written By: Scott LaFee

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Nobody talks about urine in polite company, but it says a lot about you. Its odor, consistency and color are all tell-tale indicators of your lifestyle and well-being, ranging from what you've been eating and drinking lately to diseases you might not know you have.



**No color.** Possibly long term kidney disease or uncoltralled diabetes.

**Amber or honey.** Possibly dehydrated.

**Light orange.** Possibly dehydrated, but may also be caused by liver or bile duct problems

**Dark orange or brown.** A possible symptom of jaundice, rhabdomyolysis or Gilbert's syndrome

**Red.** Blood in the urine, called hematuria, possible lead or mercury poisoning

**Blue.** metabolic disorder known as familial hypercalcemia or "blue diaper syndrome"

**Dark brown or black.**

**White or milky.**

<http://health.ucsd.edu/news/features/Pages/2014-04-21-colors-that-suggest-urine-trouble.aspx>

1874 Anstie – there is alcohol even in breath

1897 Nebelthau - those with diabetes have acetone in their breath

1927 Bogen first Alco Tester  
McNalley Breathalyzer

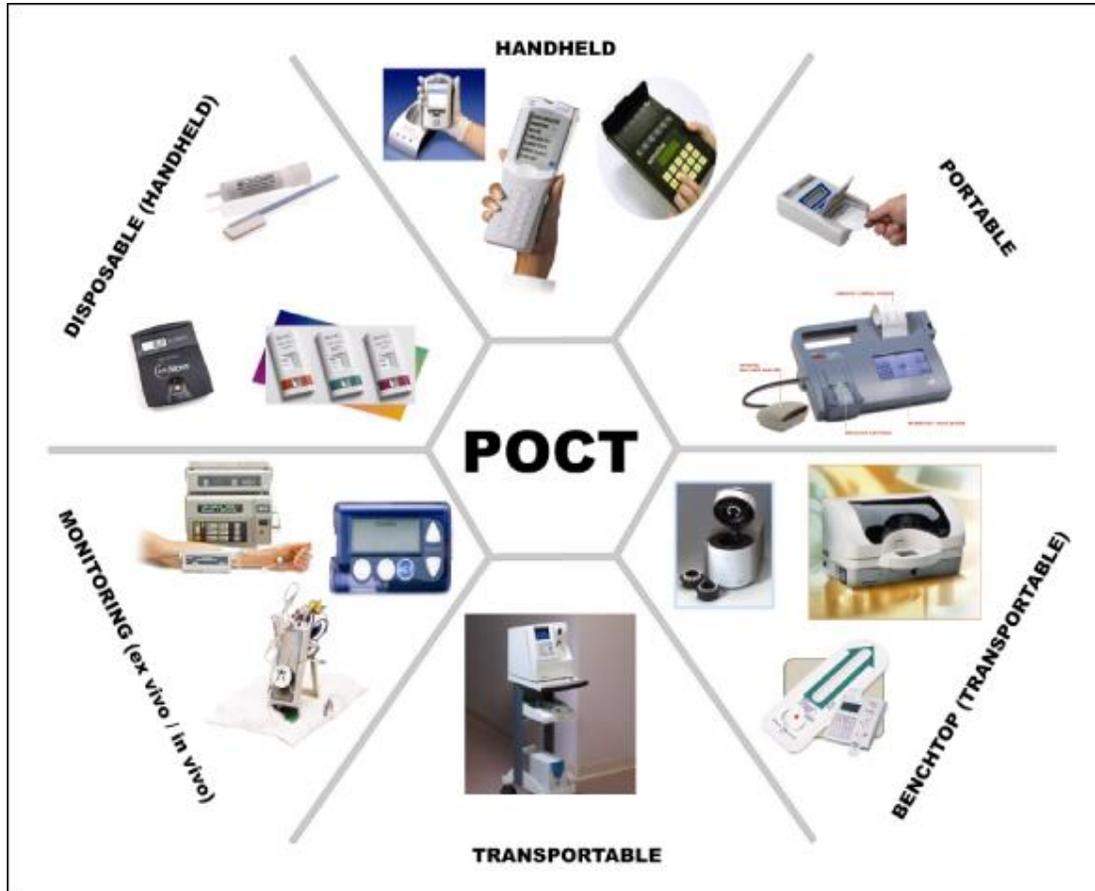
1936 Patent Harger



Dräger



# EXAMPLES OF POC DEVICES



Single use/disposable  
Manual  
Portable  
Laboratory (portable)

# TYPES OF POC DEVICES

Indicator papers (analytes in urine, pH, etc.)

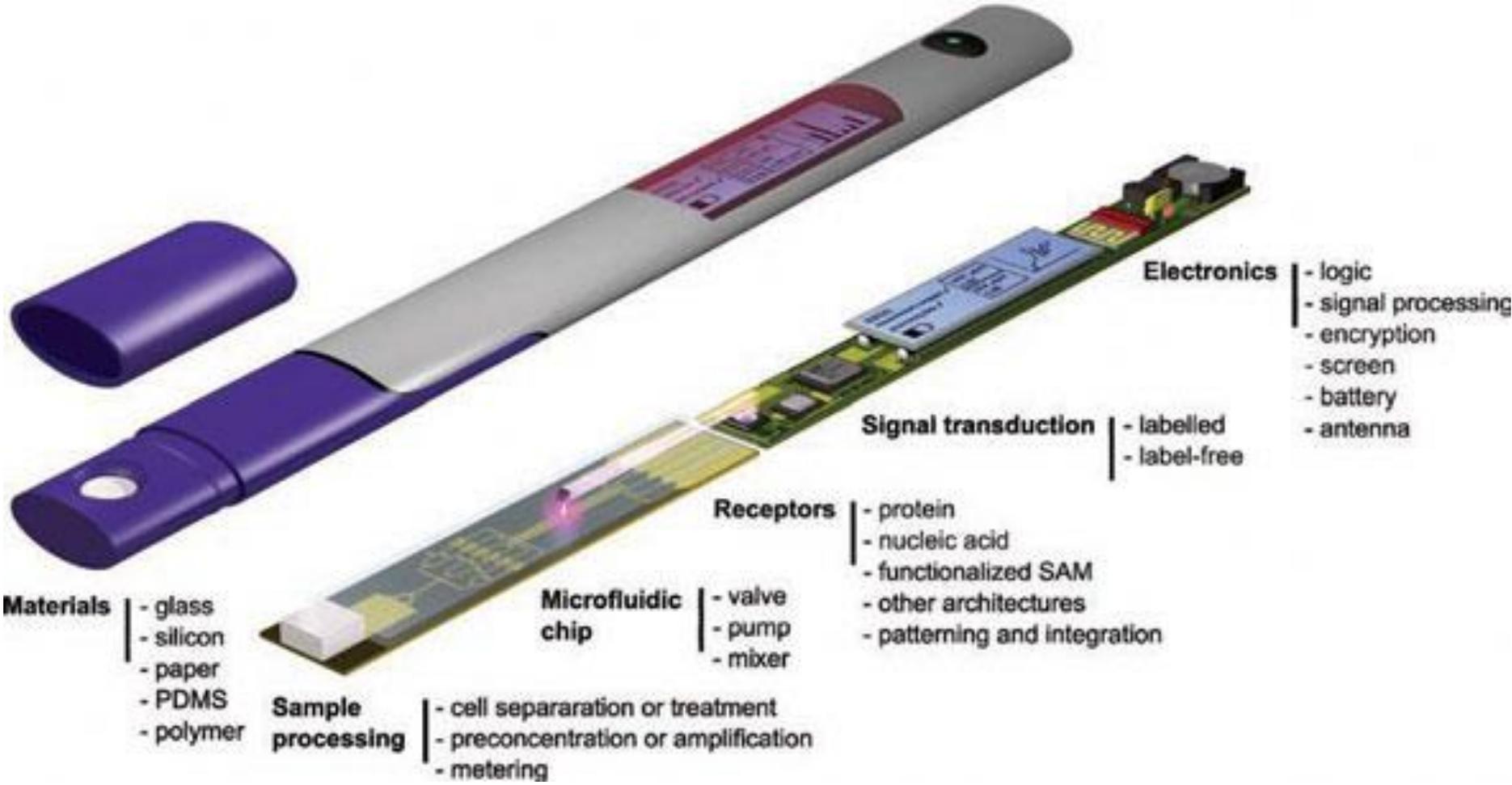
Paper microfluidics

Lateral flow assays

Microfluidic analyzers

Smartphone based devices

# IDEAL POC DEVICE



# INDICATOR PAPERS



Suitable range indicator papers (pH 5.0 – 9.0) are used for approximate pH measurements, for instance to detect the acidification of an organism

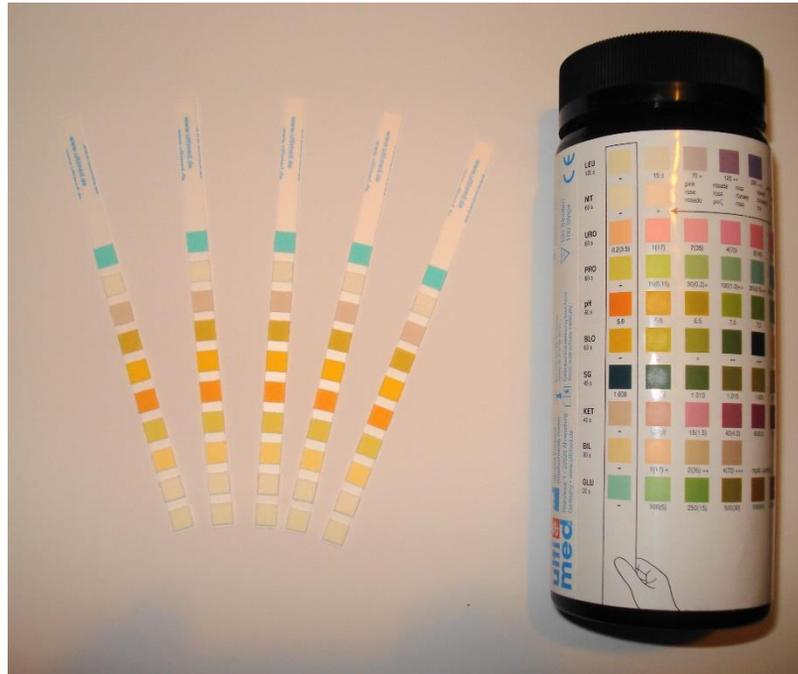
**Normal:** 4.6-8.0<sup>1</sup>

**Abnormal:** Some foods (such as citrus fruit and dairy products) and medicines (such as antacids) can affect urine pH.

A high (alkaline) pH can be caused by severe vomiting, a kidney disease, some urinary tract infections, and asthma

A low (acidic) pH may be caused by severe lung disease (emphysema), uncontrolled diabetes, aspirin overdose, severe diarrhea, dehydration, starvation, drinking too much alcohol, or drinking antifreeze (ethylene glycol).

# Diabetes monitoring



Analytes:

WBC  
 nitrite  
 proteins  
 pH  
 blood  
 ketones  
 urobilinogen  
 bilirubin  
 glucose

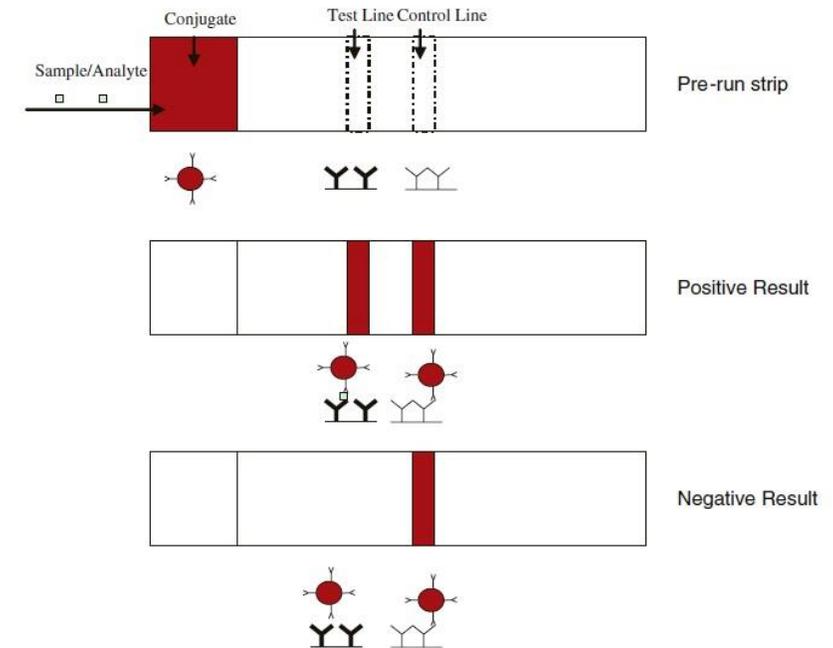
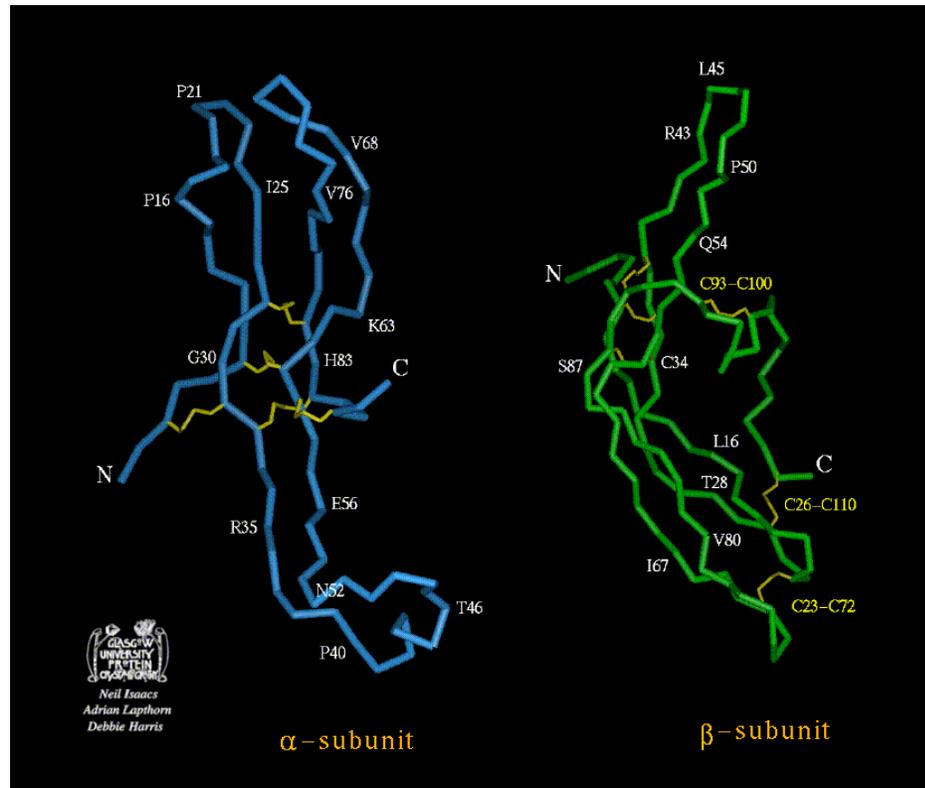
Urinary tract  
 infection  
 hematurai  
 ketonuria  
 liver diseases  
 diabetes

TESTS AND READING TIME										
<b>LEU</b>	<b>LEUKOCYTES</b>	NEGATIVE		TRACE	SMALL +	MODERATE ++	LARGE +++			
	2 minutes									
<b>NIT</b>	<b>NITRITE</b>	NEGATIVE			POSITIVE (any degree of uniform pink color)					
	60 seconds									
<b>URO</b>	<b>UROBILINOGEN</b>	NORMAL		mg/dL URINE (1 mg = approx. 1 EU)						
	60 seconds	0.2	1	2	4	8				
<b>PRO</b>	<b>PROTEIN</b>	NEGATIVE		TRACE	30 +	100 ++	300 +++	2000 or more ++++		
	60 seconds									
<b>pH</b>	<b>pH</b>	5.0	6.0	6.5	7.0	7.5	8.0	8.5		
	60 seconds									
<b>BLO</b>	<b>BLOOD</b>	NEGATIVE	NON-HEMOLYZED TRACE	NON-HEMOLYZED MODERATE	HEMOLYZED TRACE	SMALL +	MODERATE ++	LARGE +++		
	60 seconds									
<b>SG</b>	<b>SPECIFIC GRAVITY</b>	1.000	1.005	1.010	1.015	1.020	1.025	1.030		
	45 seconds									
<b>KET</b>	<b>KETONE</b>	NEGATIVE		mg/dL		TRACE 5	SMALL 15	MODERATE 40	← LARGE 80 →	160
	40 seconds									
<b>BIL</b>	<b>BILIRUBIN</b>	NEGATIVE			SMALL +	MODERATE ++	LARGE +++			
	30 seconds									
<b>GLU</b>	<b>GLUCOSE</b>	NEGATIVE		g/dL (%)		1/10 (ir.) 100	1/4 250	1/2 500	1 1000	2 or more 2000 or more
	30 seconds									

# PREGNANCY TEST

hCG – human choriongonadotropine – hormone

hCG was discovered in the urine of pregnant women in 1927 and today's detection in majority of the pregnancy tests relies on detection of this compound



hCG      glykoproteine hormone      hCG can be determined in urine

hCG    is formed from 2 subunits,  $\alpha$  a  $\beta$

$\alpha$  subunit of hCG = non-specific

$\beta$  subunit of hCG = specific

hCG levels double about every two days in a pregnant woman, so the test is much more reliable two weeks after conception than one week later.

The tests work by binding the hCG hormone, from urine, to an antibody and an indicator. The antibody will only bind to hCG; other hormones will not give a positive test result. The usual indicator is a pigment molecule, present in a line across a home pregnancy urine test.

The most sensitive tests are able to detect 10 mIU/ml, usually though 20mIU/ml.

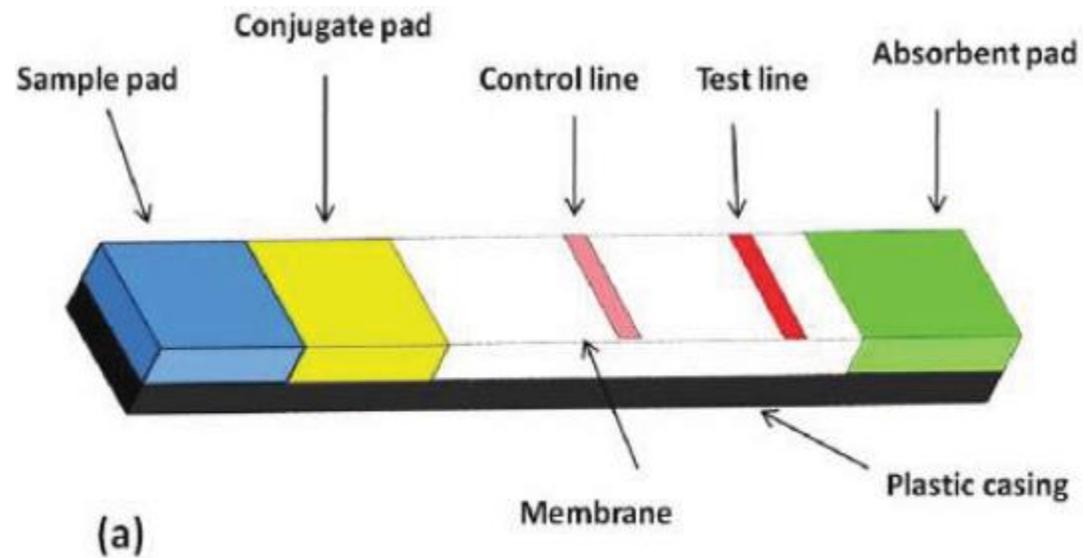
Best if performed in the third week of suspected pregnancy.

The blood test can detect already 2 mIU/ml.

# LATERAL FLOW ASSAYS (LFA)

Series of membranes, overlapping

Material: cellulose, nitrocellulose, cellulose acetate, glass fibres, etc.



# LATERAL FLOW ASSAYS (LFA)

## SAMPLE PAD

- sample introduction (pipette)
- alternative blood plasma separation (to remove the red blood cells)
- uniform flow of the sample

## CONJUGATE PAD

- contains antibodies specific for the analyte
- antibodies are bound to particles that can be detected
  
- blue color – latex particles (nm size) modrá barva – latexové částice (velikost n
- red color - Au particles

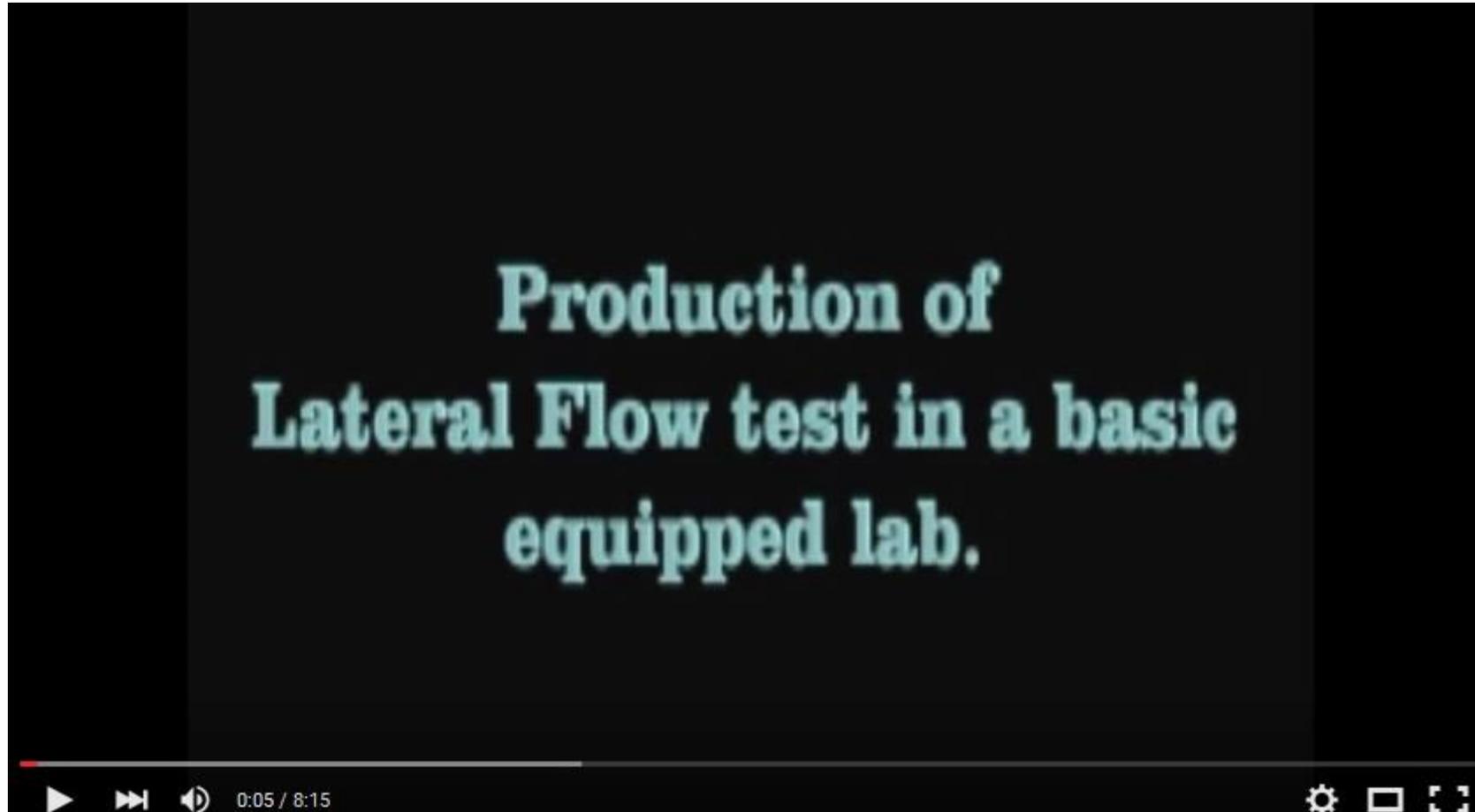
# MEMBRANE

- different material, usually hydrophobic nitrocellulose
- two zones on the membrane : control and test
- test zone contains immobilized antigens that can capture the analyte with the bound color particle
- control zone – to test the functionality of the LFA

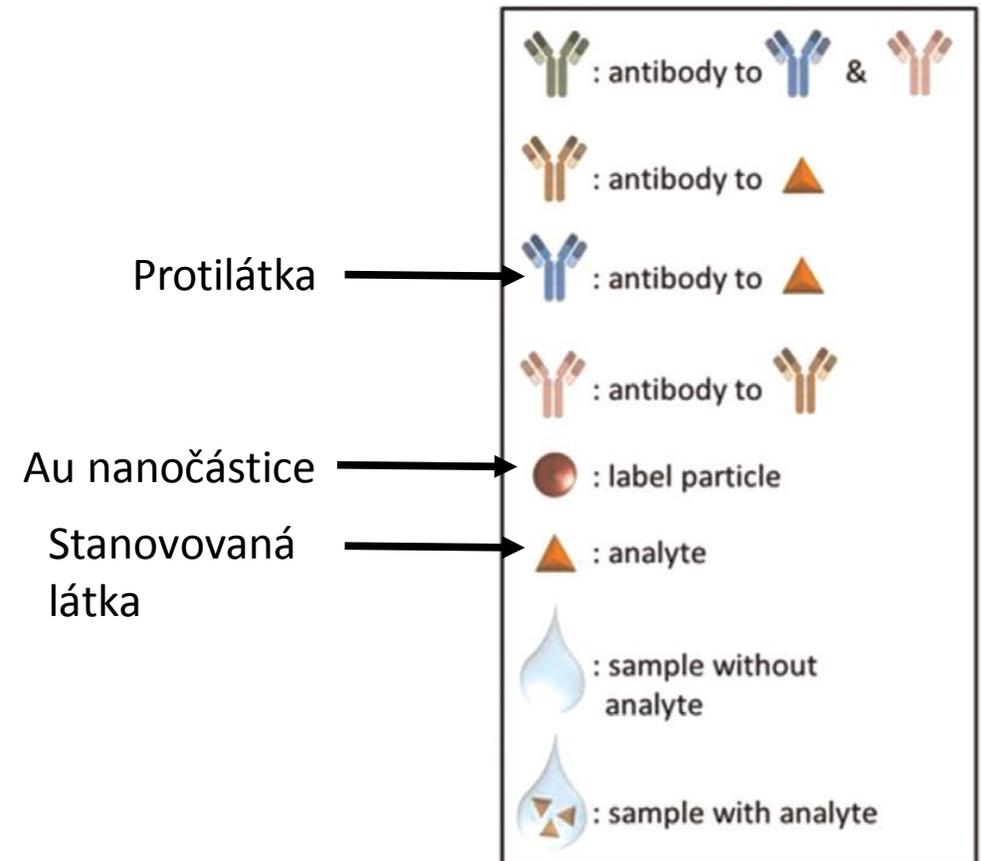
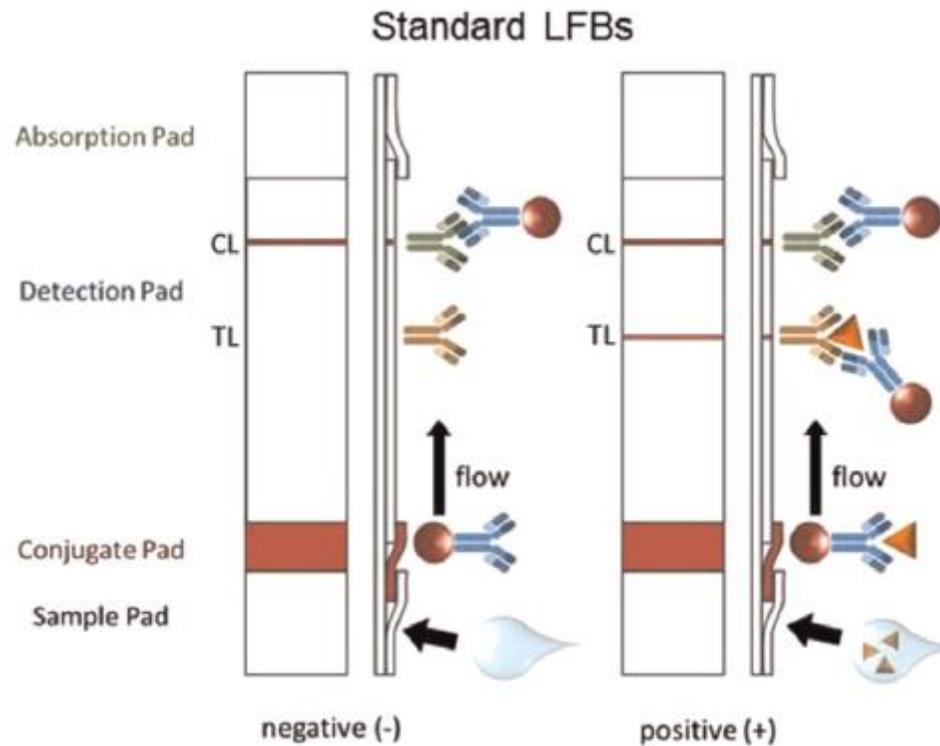
# ABSORBENT PAD

- usually cellulose
- keeps constant flow of reagents and sample
- collection of waste

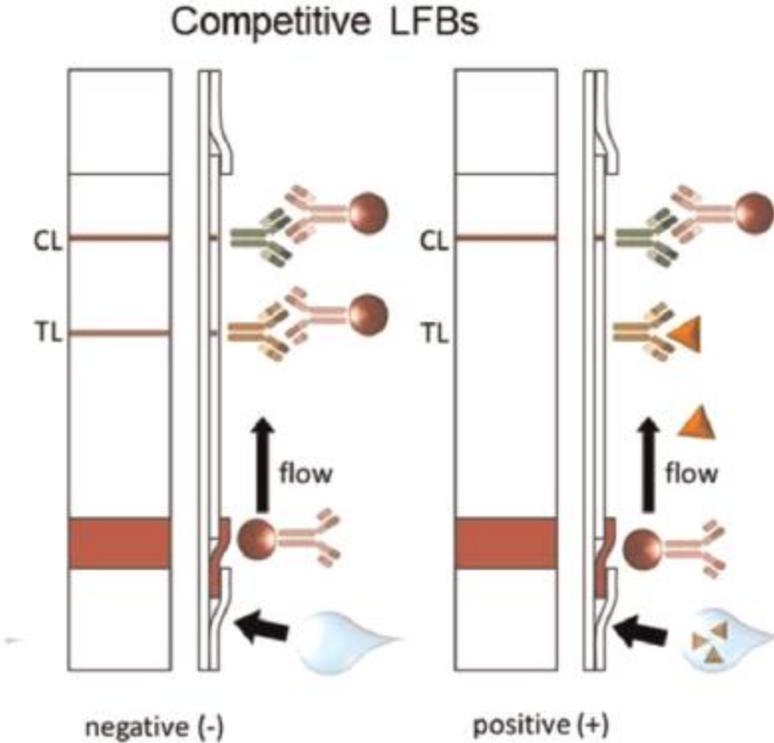
# PREPARATION OF LFA



# STANDARD LFA



# COMPETITIVE LFA



-  : antibody to  & 
-  : antibody to 
-  : antibody to 
-  : antibody to 
-  : label particle
-  : analyte
-  : sample without analyte
-  : sample with analyte

# AIDS TEST (2012)

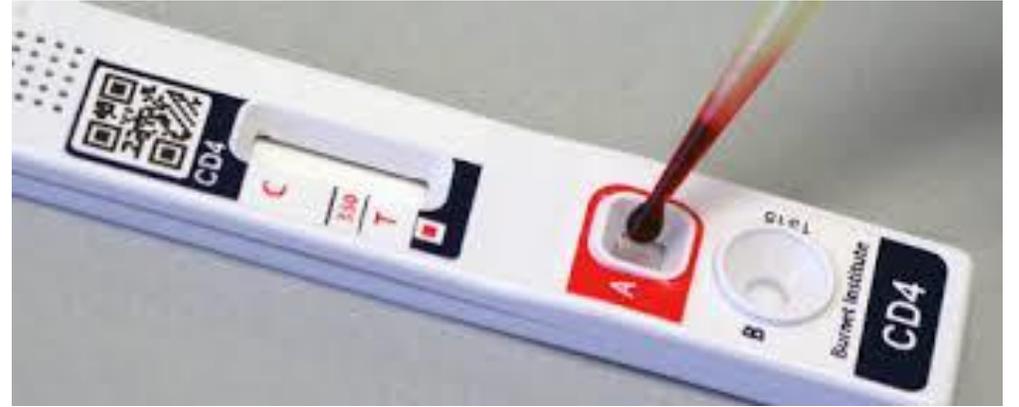
<http://www.omegadiagnostics.com/products/by-area/hiv/>

## VISITECT HIV 1/2



VISITECT® HIV 1/2 is a qualitative test for the detection of antibodies to HIV 1/2 virus in human serum, plasma and whole blood specimens. The test is easy-to-use, offers high sensitivity and specificity and produces accurate results within 15 minutes.

# AIDS TEST (2012)

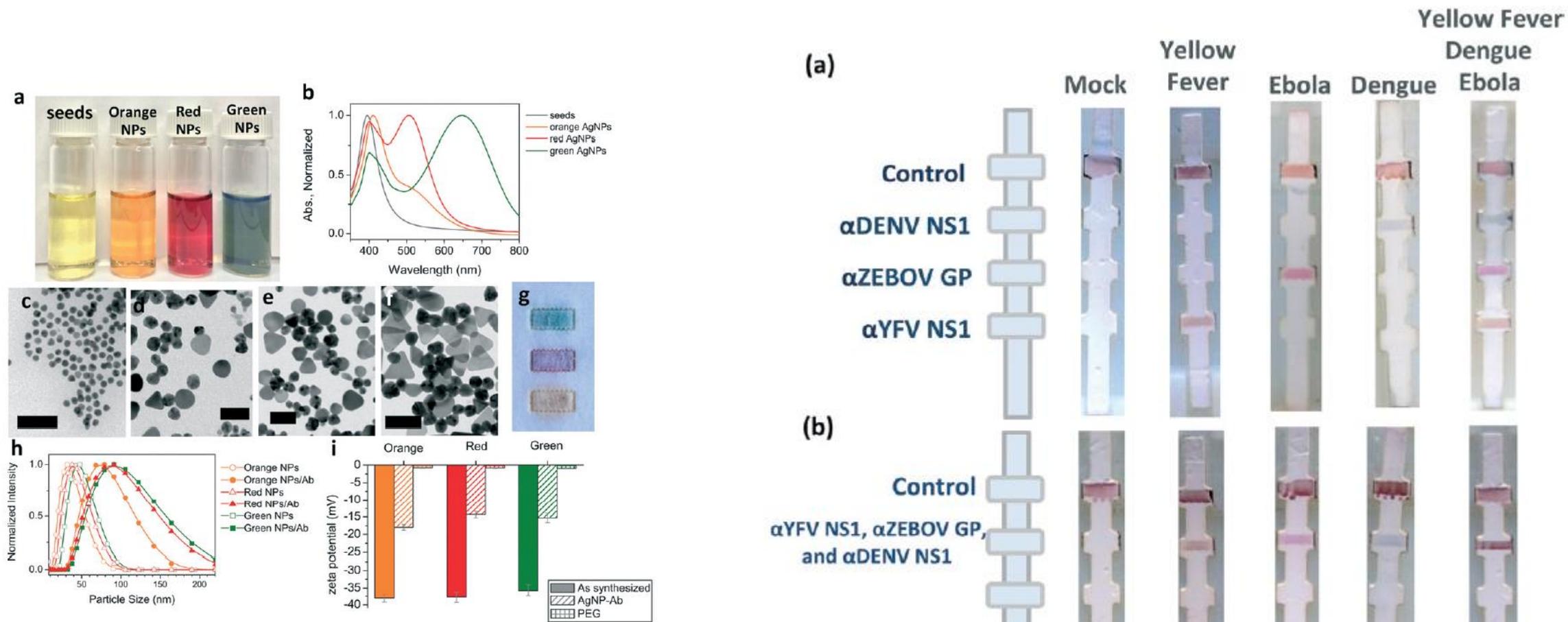


Omega Diagnostics Group has announced the launch of a ground-breaking new point-of-care disposable test for the detection of HIV.

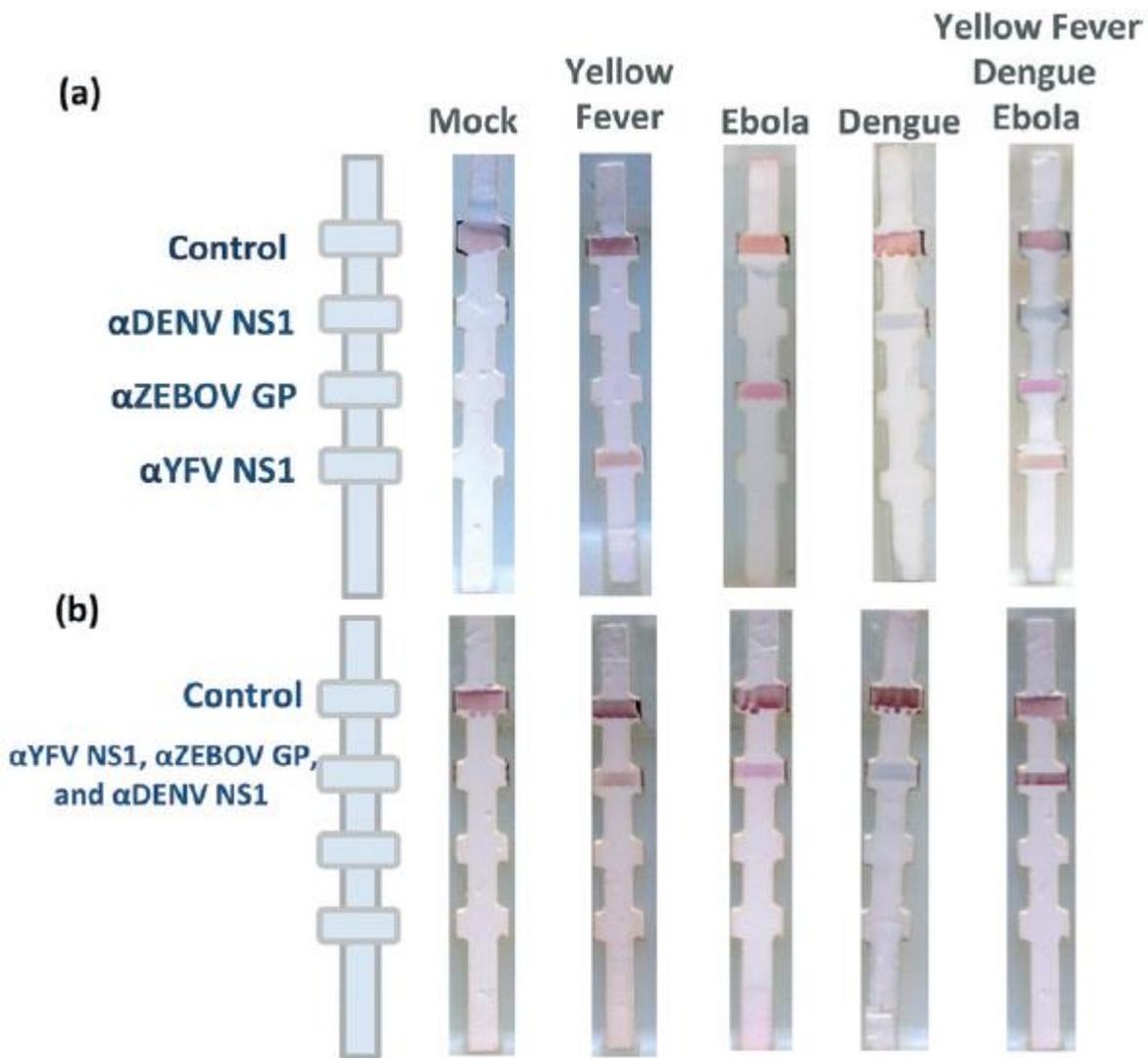
VISITECT CD4 detects CD4 T-cell levels and was developed by the Burnet Institute in Melbourne, Australia.

An easy-to-use semi-quantitative lateral flow test, it uses a finger-prick blood sample to produce a visual result in 40 minutes, enabling patients to receive life-saving antiretroviral treatment before leaving the clinic.

# EBOLA, DENGUE FEVER, YELLOW FEVER TESTS



**Fig. 1** AgNPs for multiplexed detection. a) Vials of AgNPs during stepwise growth and b) their corresponding absorption spectra. TEM images of c) Ag seeds, d) orange AgNPs, e) red AgNPs, and f) green AgNPs. Scale bars: 50 nm. g) Green, red, and orange (top to bottom) AgNPs on nitrocellulose paper. h) DLS and i) zeta-potential of AgNPs before and after mAb conjugation.

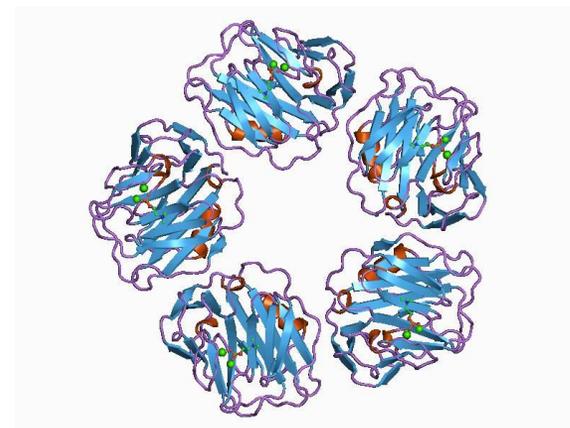


# CRP test

C-reactive protein (CRP) is a protein that increases in the blood with inflammation and infection as well as following a heart attack, surgery, or trauma.

Normal concentration in healthy human serum is between 5 and 10 mg/L, increasing with aging. Higher levels are found in late pregnant women, mild inflammation and viral infections (10–40 mg/L), active inflammation, bacterial infection (40–200 mg/L), severe bacterial infections and burns (>200 mg/L).

The CRP level in blood increases with bacterial infections already after 6-12 hours from infection.



CRP pentamer  
v krevní plasmě

iDNES.cz



0:00 / 1:00

f t g+ </> 🔊 HD

# GLUCOMETERS

Device for measurement of glycemia at home (self monitoring)

Depending on the level of glycemia and previous experience one can estimate the amount of insulin that is necessary

The goal is to achieve the glycemetic curve of a non-diabetic person

Glucometers can often calculate weekly and monthly averages from the measured values.

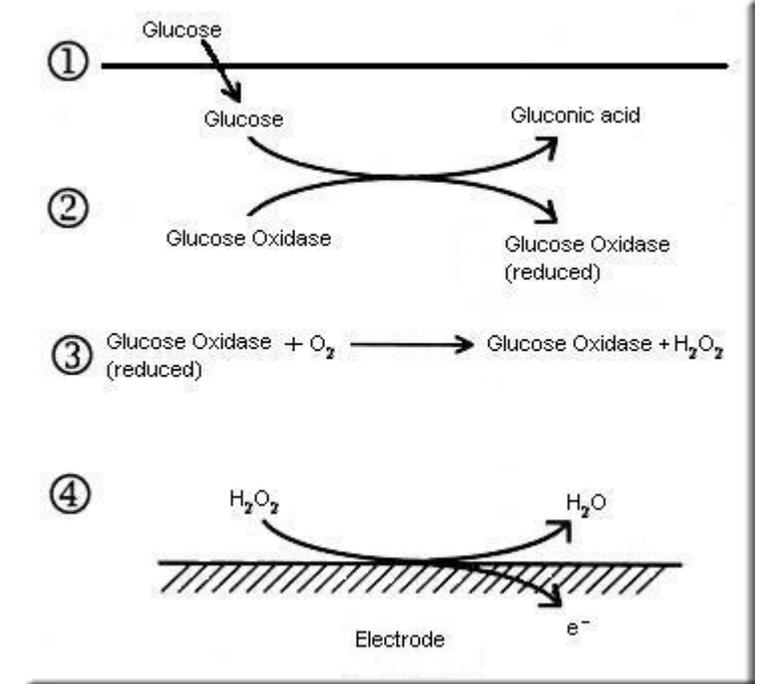
Typically electrochemical methods

The test strip contains narrow capillary that sucks the blood inside.

The glucose is oxidized and  $H_2O_2$  is released.

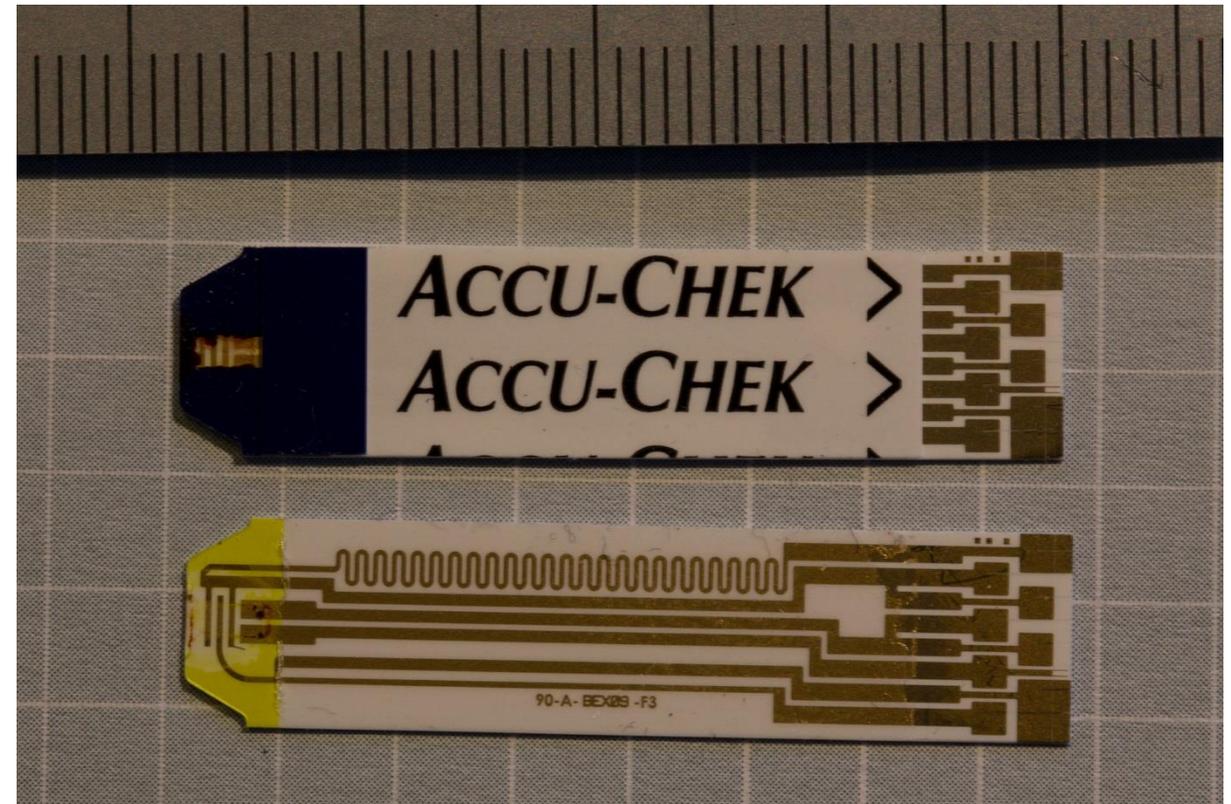
The more glucose the more  $H_2O_2$

$H_2O_2$  is electrolytically decomposed, electrons are measured as electric current and recalculated to the glucose content.

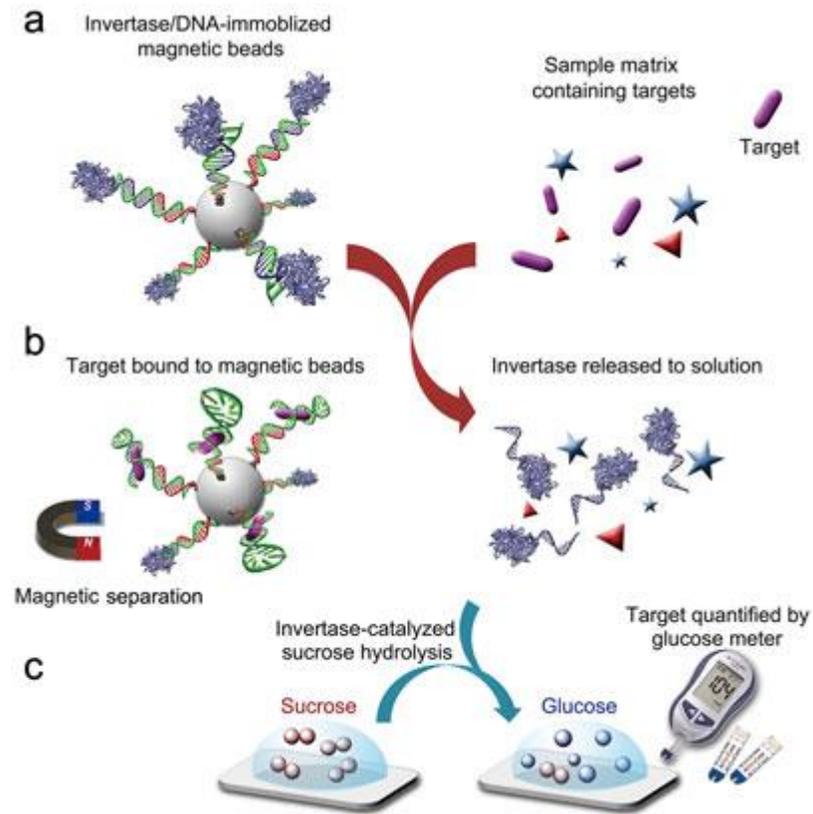


# ACCU CHECK (Roche)

<https://www.accu-check.cz/>



# EXAMPLE – USE OF GLUCOMETER FOR OTHER PURPOSE



Analysis of kokainu, interferon gamma, ions

The method is based on the target-induced release of invertase from a functional-DNA–invertase conjugate. The released invertase converts sucrose into glucose, which is detectable using the meter.

Xiang, Lu, Nature chemistry, 3,2011, 697-703

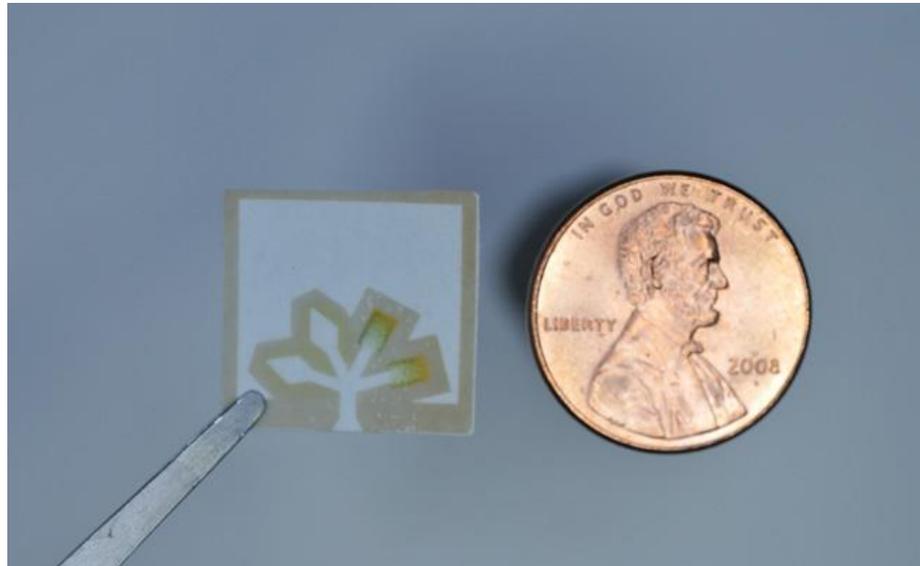
# PAPER MICROFLUIDICS

<http://gmwgroup.harvard.edu/>

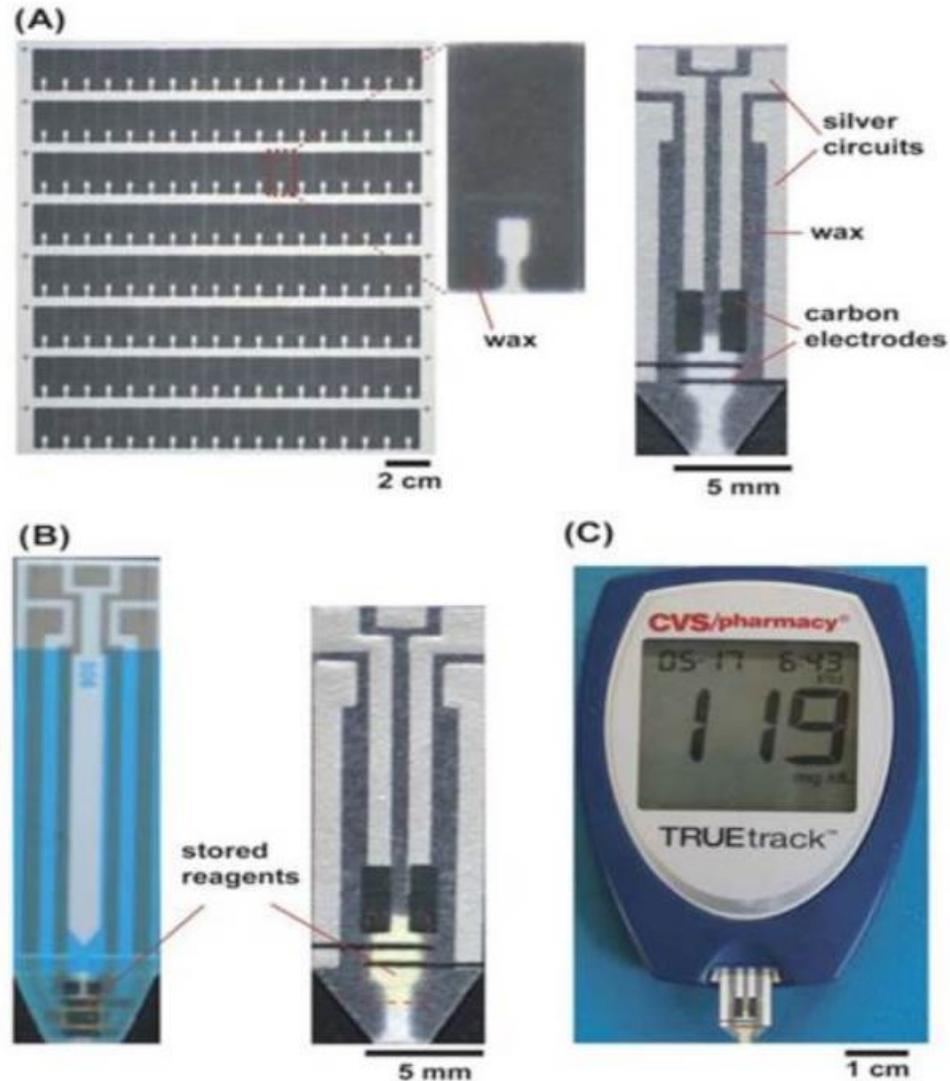
## George M. Whitesides



George M. Whitesides was born August 3, 1939 in Louisville, KY. He received an A.B. degree from Harvard University in 1960 and a Ph.D. from the California Institute of Technology (with J.D. Roberts) in 1964. He was a member of the faculty of the Massachusetts Institute of Technology from 1963 to 1982. He joined the Department of Chemistry of Harvard University in 1982, and was Department Chairman 1986-89, and Mallinckrodt Professor of Chemistry from 1982-2004. He is now the Woodford L. and Ann A. Flowers University Professor.



# GLUCOMETER WITH PAPER SENSOR



A paper-based electrochemical sensor that can be read with a commercial glucose meter. (A) Wax printing allows the high-throughput production of devices with hydrophobic regions and screen printing is used to add electrodes on top of the printed devices. (B) Comparison of a commercial test strip for glucose with a paper-based test strip. (C) The paper-based test strip fits into a commercial glucose meter.



## Sickle cell anemia



The change of shapes of RBC

The average life span of people with sickle cell anemia is 42 for men and 48 for women



A low-cost, rapid test for sickle cell disease. After centrifugation over an aqueous multiphase system, blood cells from a donor with sickle cell disease separate by density. Dense cells characteristic of sickle cell disease form a red layer at the bottom of the test.

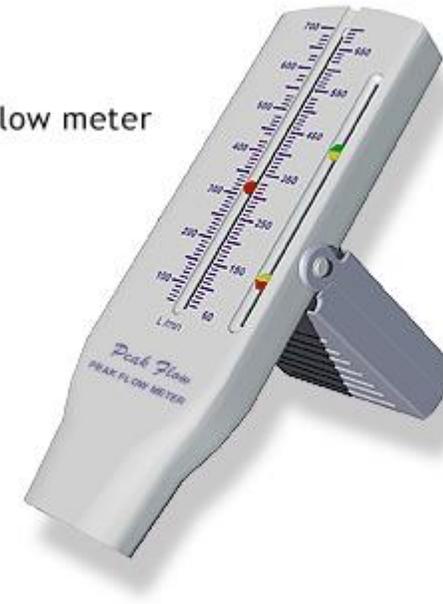


A universal mobile electrochemical detector (uMED). The uMED device (left) can perform a variety of electrochemical analyses on commercial and custom electrodes. Results can be transferred through the audio jack of any phone to enable connectivity (right).

# BREATH MONITORING



Peak flow meter



A peak flow meter is commonly used by a person with asthma to measure the amount of air that can be expelled from the lungs. If the airways become narrow or blocked due to asthma, peak flow values will drop because the person cannot blow air out of the lungs as well. A peak flow meter can be a useful aid in monitoring a person's asthma over time and can also be used to help determine how well a patient's medications are working.

# NO MONITORING

[www.nioxmino.com](http://www.nioxmino.com), [www.aerocrine.com](http://www.aerocrine.com)

The New NIOX MINO®  
Asthma Inflammation Monitor

From the company that is revolutionizing the way asthma is managed



Aerocrine

*Nitric oxide (NO) is produced in the epithelial cells of the bronchial wall as part of the inflammatory process. NO production increases when there is an eosinophilic airway inflammation.*

*The presence of endogenous NO in exhaled air was first reported in 1991 by Gustafsson et al. and in 1993 Aiving et al. found that NO in exhaled air was elevated in patients with asthma. These researchers are among the founders of the company Aerocrine.*

*There has been a continuous flow of research and a large body of data (>1,500 publications in peer reviewed medical journals) to confirm the clinical value of exhaled NO measurement.*



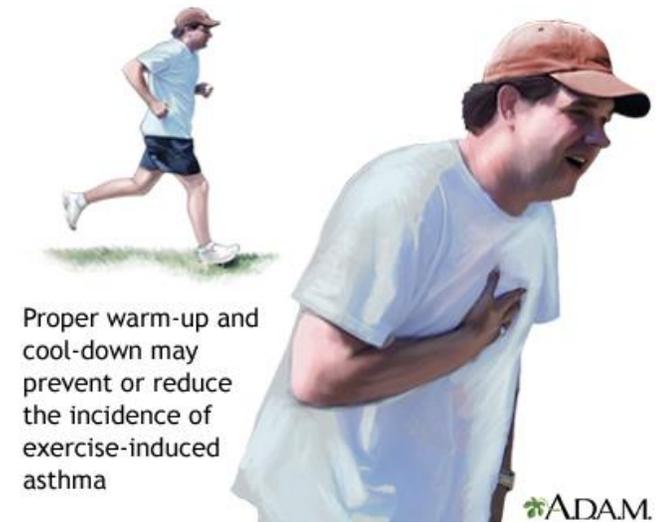
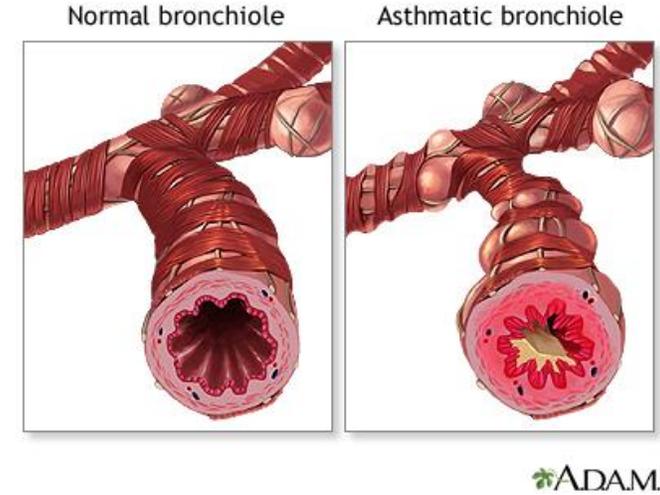
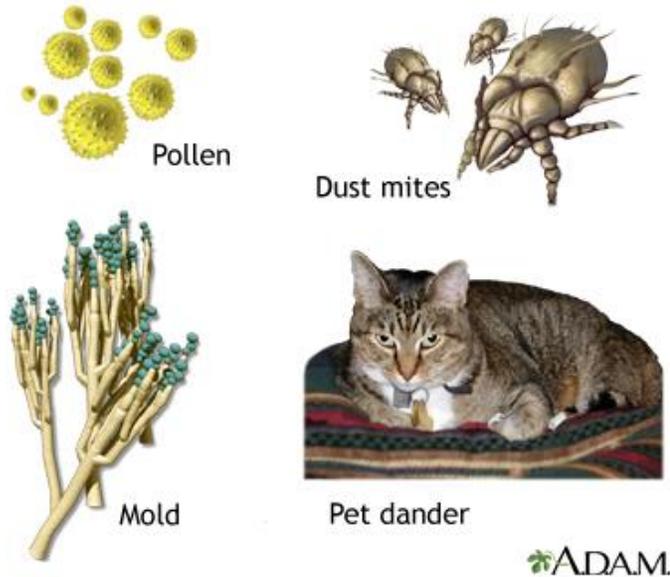
# ASTHMA

Astma – a chronic disease that affect the lungs and the airways by narrowing the bronchioles.

It is characterized by variable and recurring symptoms, reversible airflow obstruction and bronchospasms.

There is no cure for asthma. Symptoms can be prevented by avoiding triggers, such as allergens and irritants, and by the use of inhaled corticosteroids.

In 2015, 358 million people globally had asthma, up from 183 million in 1990.



# LUNG CANCER

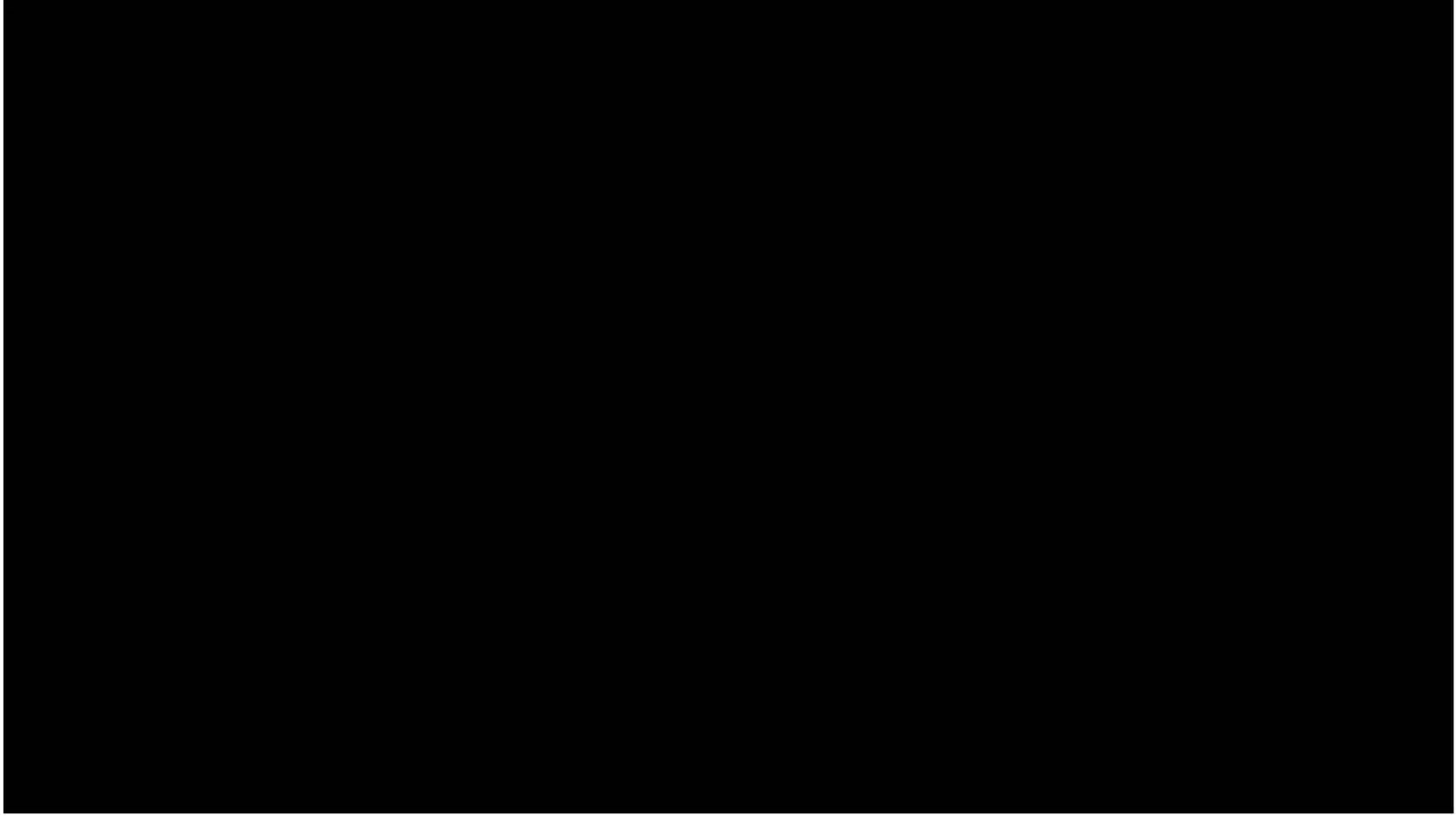
The most common cancer in the world



**Non-small-cell lung carcinoma (NSCLC) and Small-cell lung carcinoma (SCLC)**

NSCLC typically surgery

SCLC chemotherapy



# BREATH ANALYSIS

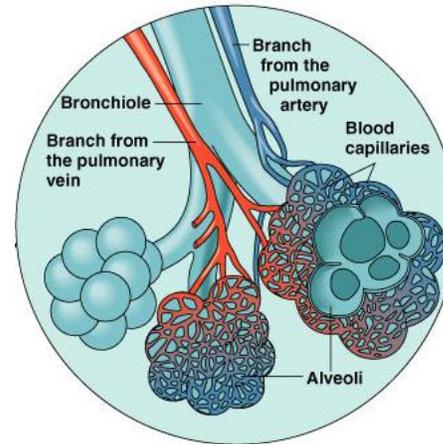
## What Your Breath Reveals

EXHALED BREATH CONTAINS thousands of chemical compounds that can signal health issues. Scientists are developing tests to diagnose a growing list of diseases based on breath. Some diseases—and the clues that come out of your mouth:

- ASTHMA:** Nitric oxide levels rise when airways are inflamed.
- STOMACH ULCERS:** The gut bacteria *H. Pylori*, when mixed with a chemical tracer, emits a **carbon isotope** in breath.
- LUNG CANCER:** Tumors create dozens of unique **volatile organic compounds**, while sensory arrays identify telltale patterns.
- DIABETES:** Elevated levels of **acetone in breath** indicate ketosis, which reflects insufficient glucose.
- KIDNEY DISEASE:** 'Electronic nose' test recognizes **ammonia-like odor** linked to renal failure.
- LIVER DISEASE:** Patients whose livers can't metabolize a tracer solution containing methacetin show changes in **carbon dioxide levels**.
- IRRITABLE BOWEL SYNDROME:** **Elevated hydrogen** in breath can indicate bacterial overgrowth in small intestine.
- LACTOSE MALABSORPTION:** Undigested lactose in the colon is fermented by bacteria, **raising hydrogen breath levels**.
- HEART TRANSPLANT REJECTION:** Rejection creates 'oxidative stress' that produces **alkanes and methylalkanes** in breath.

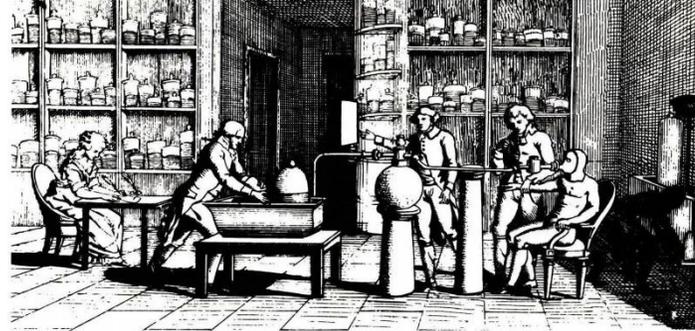


Average person exhales  
between 10-90.000 L  
of air per day

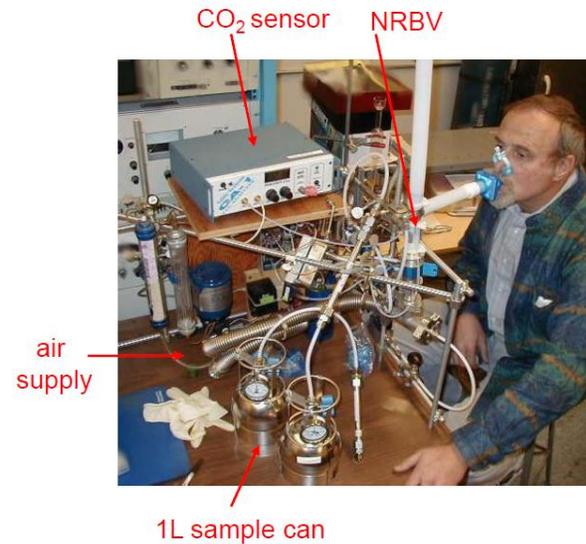


Some analytes can be analyzed by CE-C4D, some by CE-LIF

# BREATH ANALYSIS



**Antoine Lavoisier 1784**

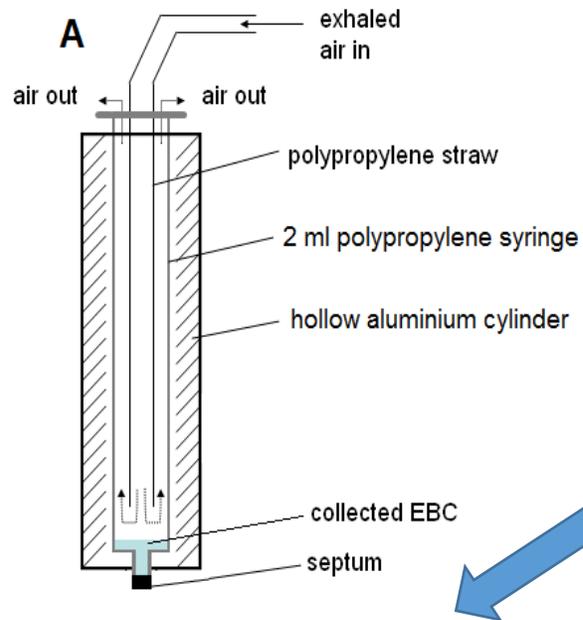




0:01 / 1:58

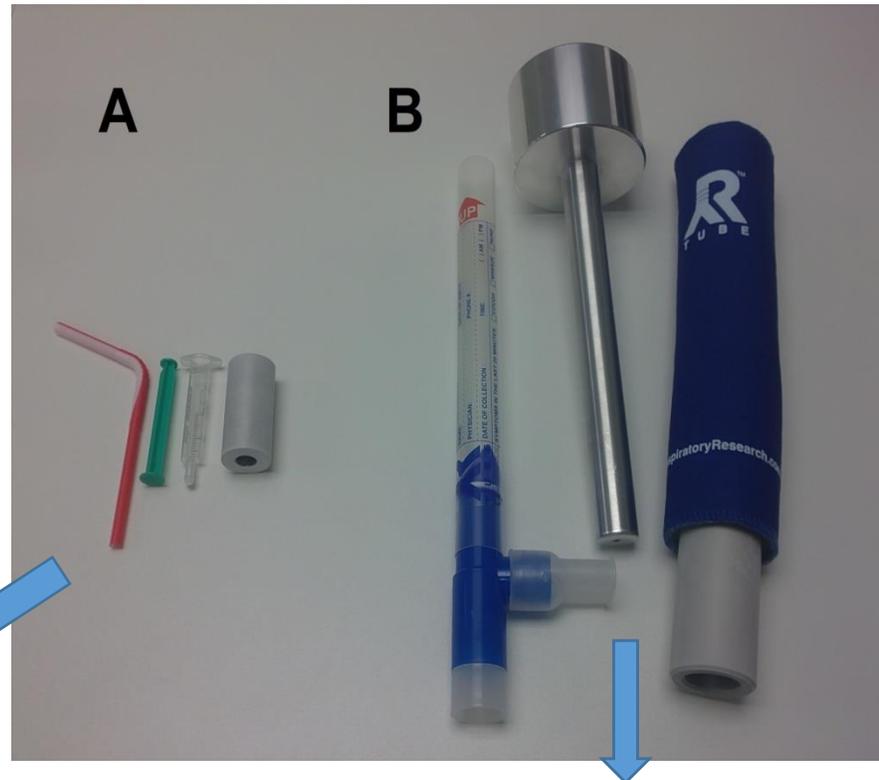


# EXHALED BREATH CONDENSATE(EBC)– analysis of single exhalation



Price: 0,05 EUR

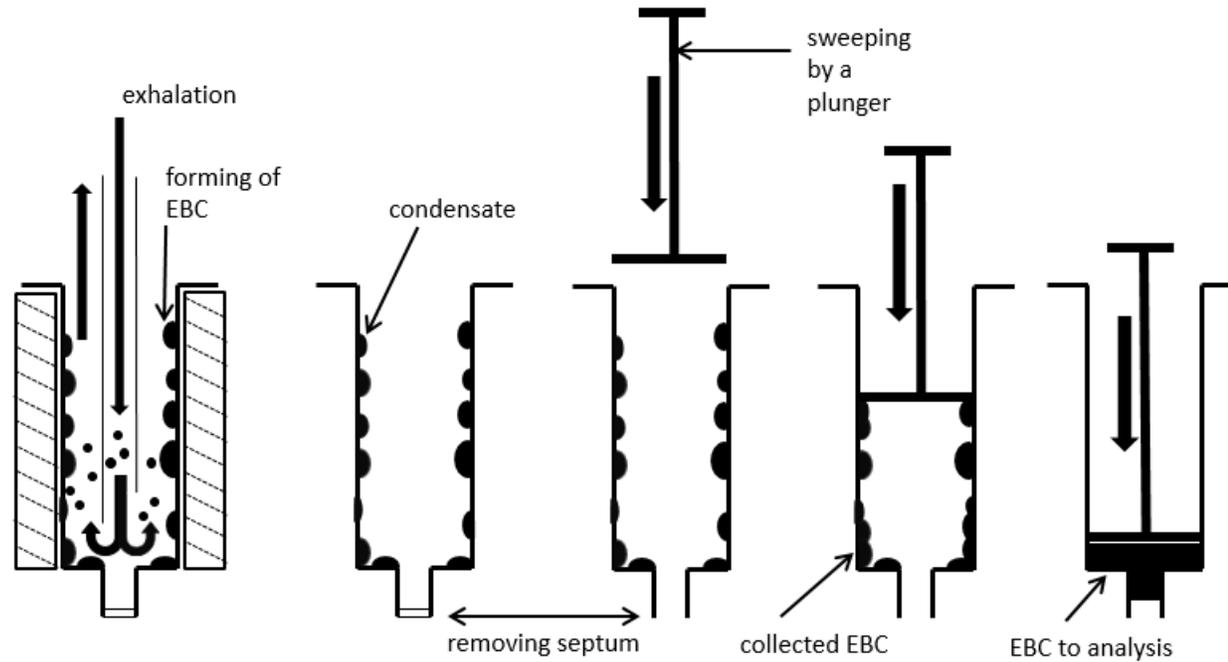
Volume of EBC/1 breath:  
20  $\mu$ L



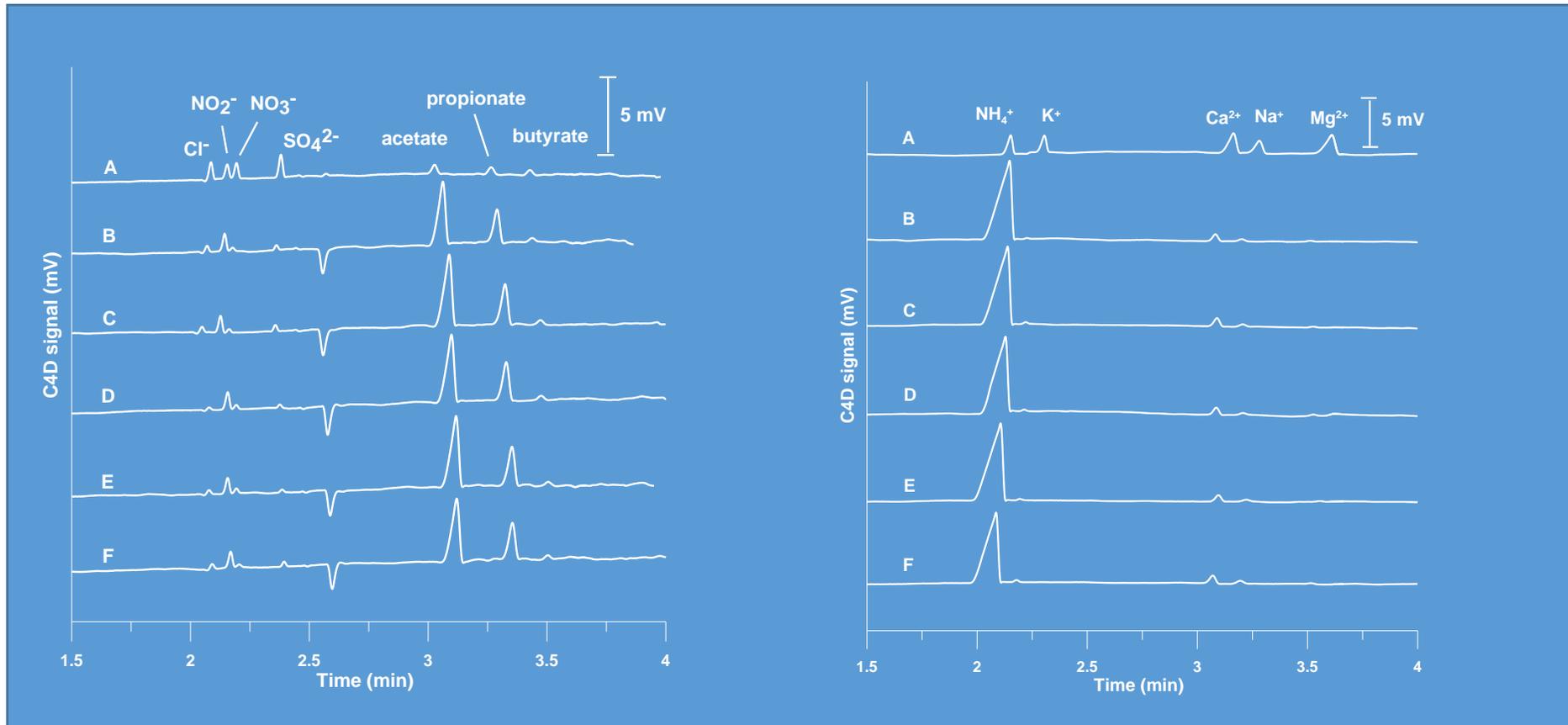
Price: 20 EUR

Volume of EBC/1 breath :  
25  $\mu$ L

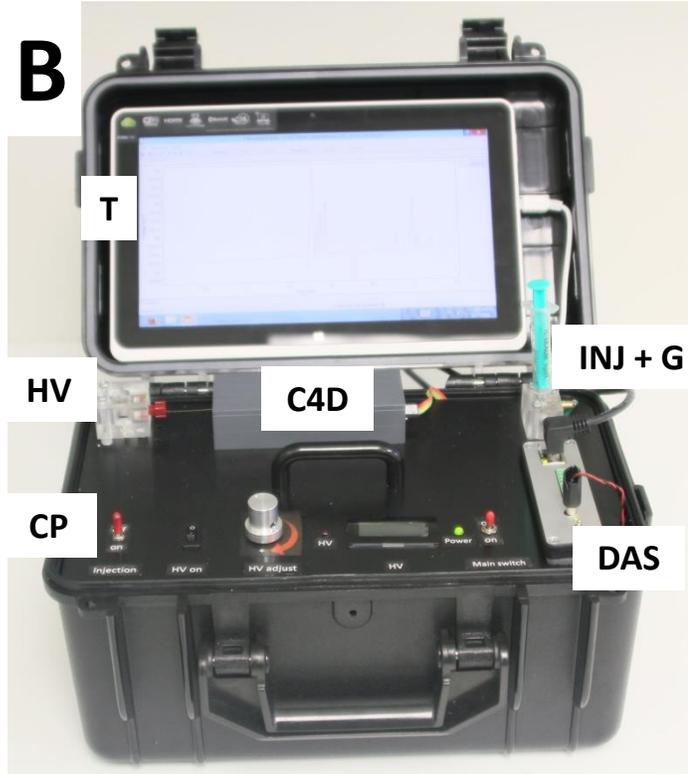
# EXHALED BREATH CONDENSATE (EBC)



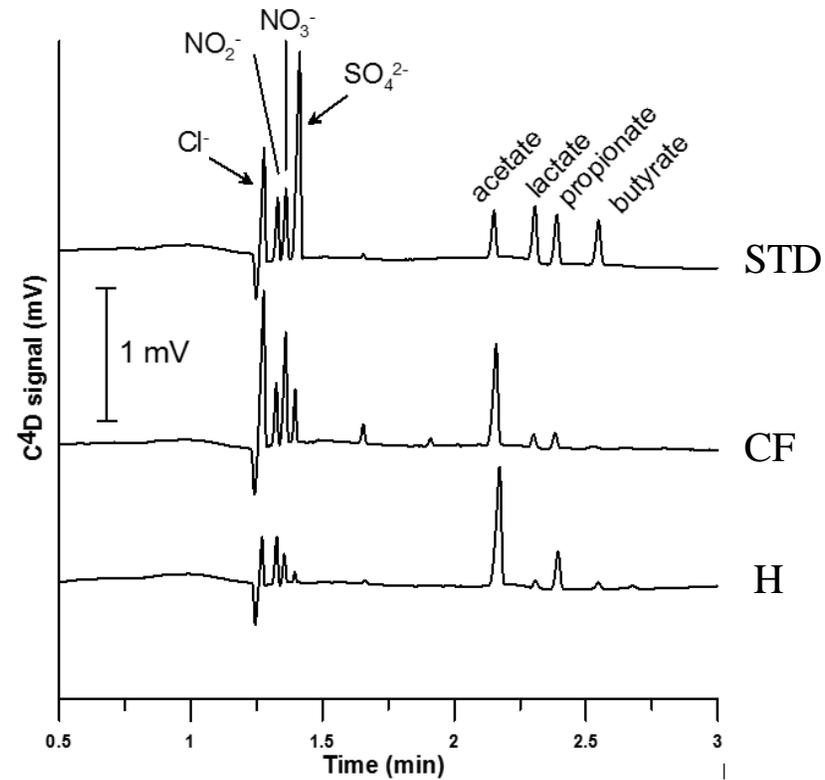
# 5 consecutive exhalations, analysis by CE

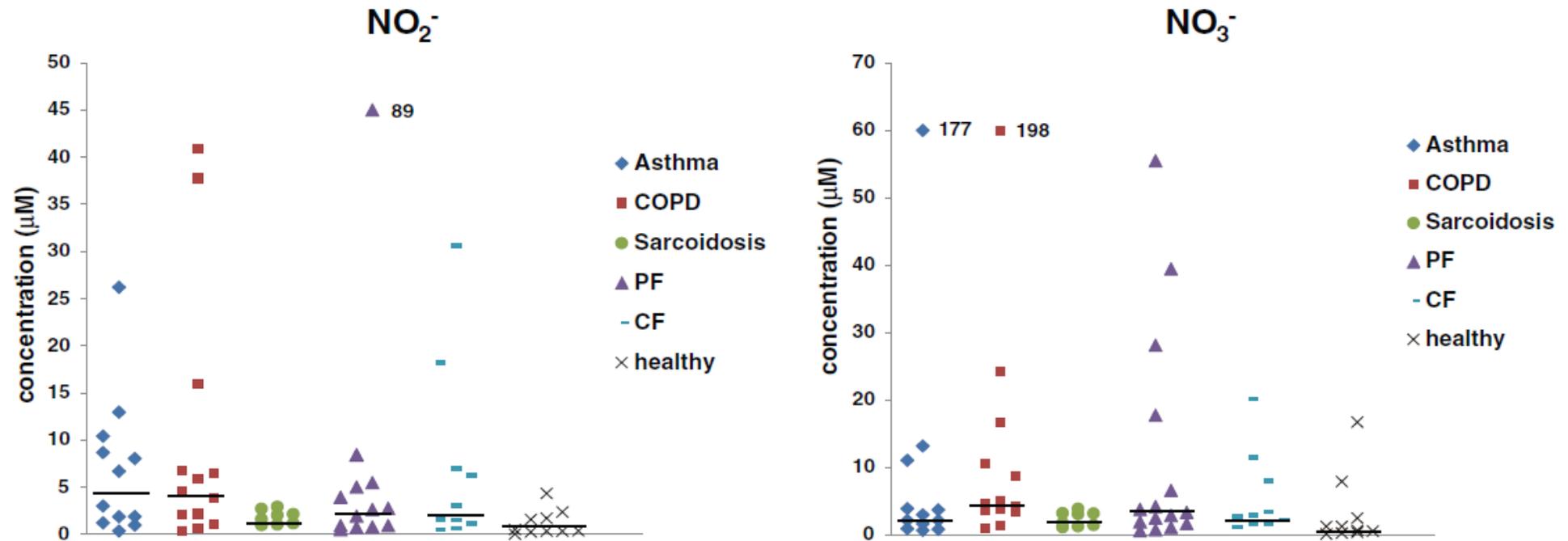


# PORTABLE CE INSTRUMENT



## EBC ANALYSIS

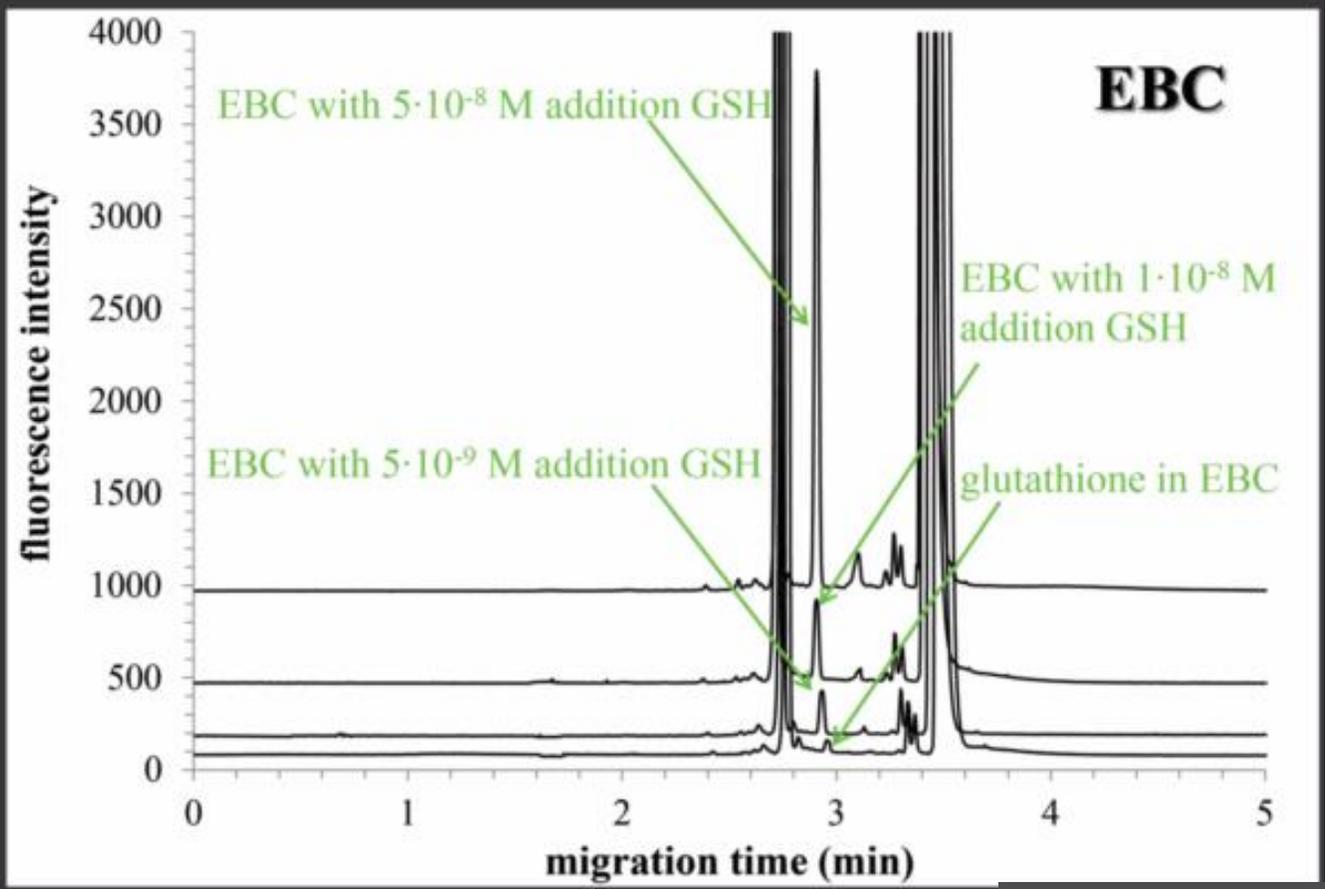




**Figure 3.** Scatterograms of the concentration distribution of selected ions (nitrite and nitrate) in EBC of patients with various respiratory diseases and healthy controls. The horizontal lines mark the median concentration. When out of scale on the graph, the number next to the respective symbol shows the measured concentration in  $\mu\text{M}$ .

Gregus et al, Journal of Breath research, 2015.

# Glutathione (GSH) in EBC



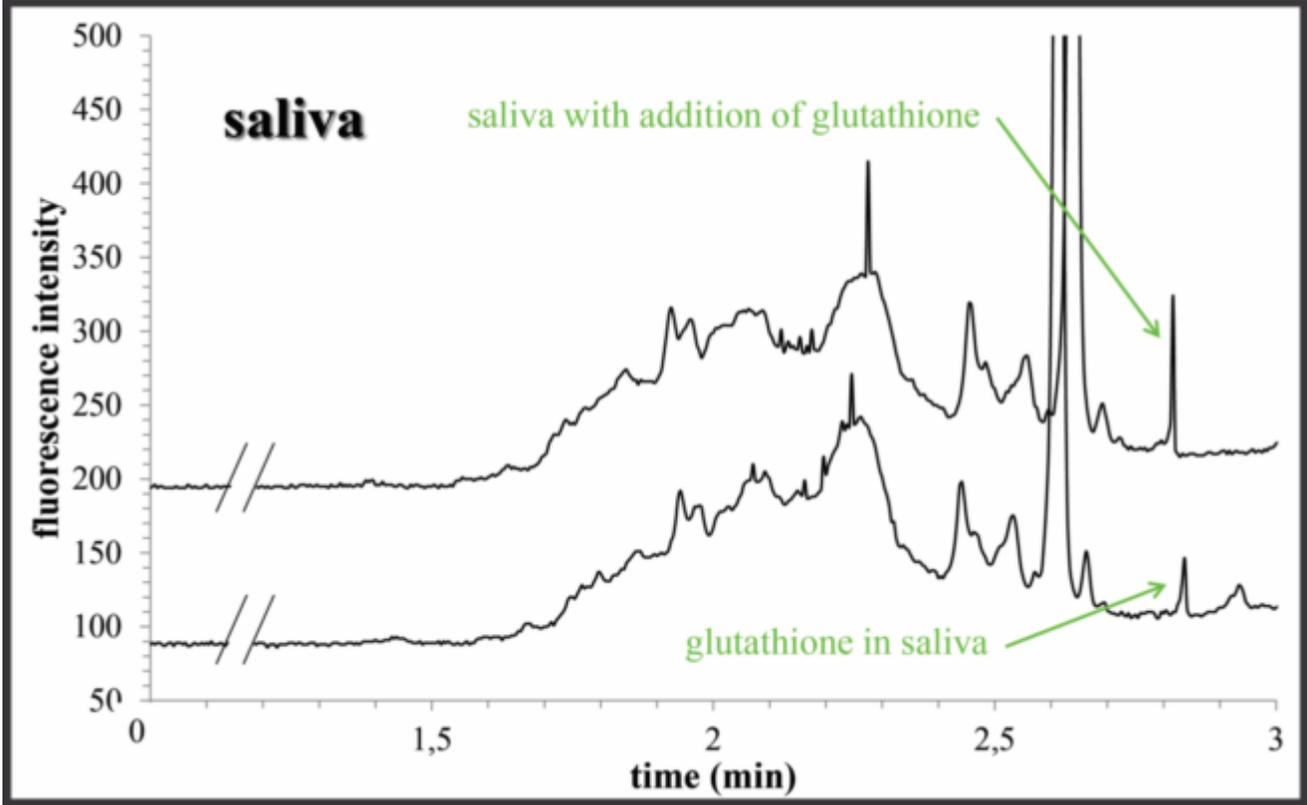
**1000x lower LOD than C4D**

!!

LOD [nM]	LOQ [nM]	RSD	
		migration time	peak area
0.18	0.59	0.40 %	2.76 %

Tab.1 : Analytical parameters of the developed method in real sample EBC

# Glutathione (GSH) in saliva



# CF – cystic fibrosis

Cystic fibrosis (CF) is a genetic disorder that affects mostly the lungs, but also the pancreas, liver, kidneys and intestine

It is caused by the presence of mutations in both copies of the gene for the cystic fibrosis transmembrane conductance regulator (CFTR) protein

There is no known cure for cystic fibrosis. Lung infections are treated with antibiotics, which may be given intravenously, inhaled, or by mouth. Sometimes, the antibiotic azithromycin is used long term. Inhaled hypertonic saline and salbutamol may also be useful

Half of the patients in the Czech Republic has a life span of 32 let. It is estimated that every 25th person is a carrier.

# CF DIAGNOSTICS

genetic disorder

impaired ion transport

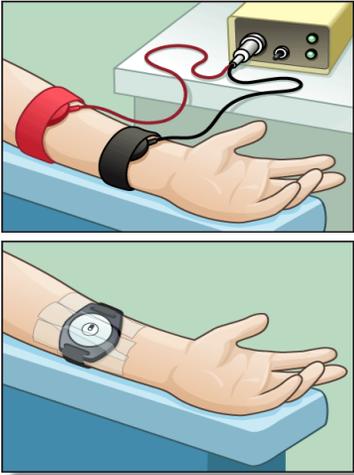
breathing problems, lung  
infections, GI problems

DIAGNOSIS:

**ELEVATED CHLORIDE  
IN SWEAT**



# SWEAT TEST



**PAINFULL**

**USE OF CHEMICALS ON THE SKIN  
(pilocarpine)**

**TEST DURATION ABOUT 30 MINUTES**

# ALTERNATIVE SKIN WIPE

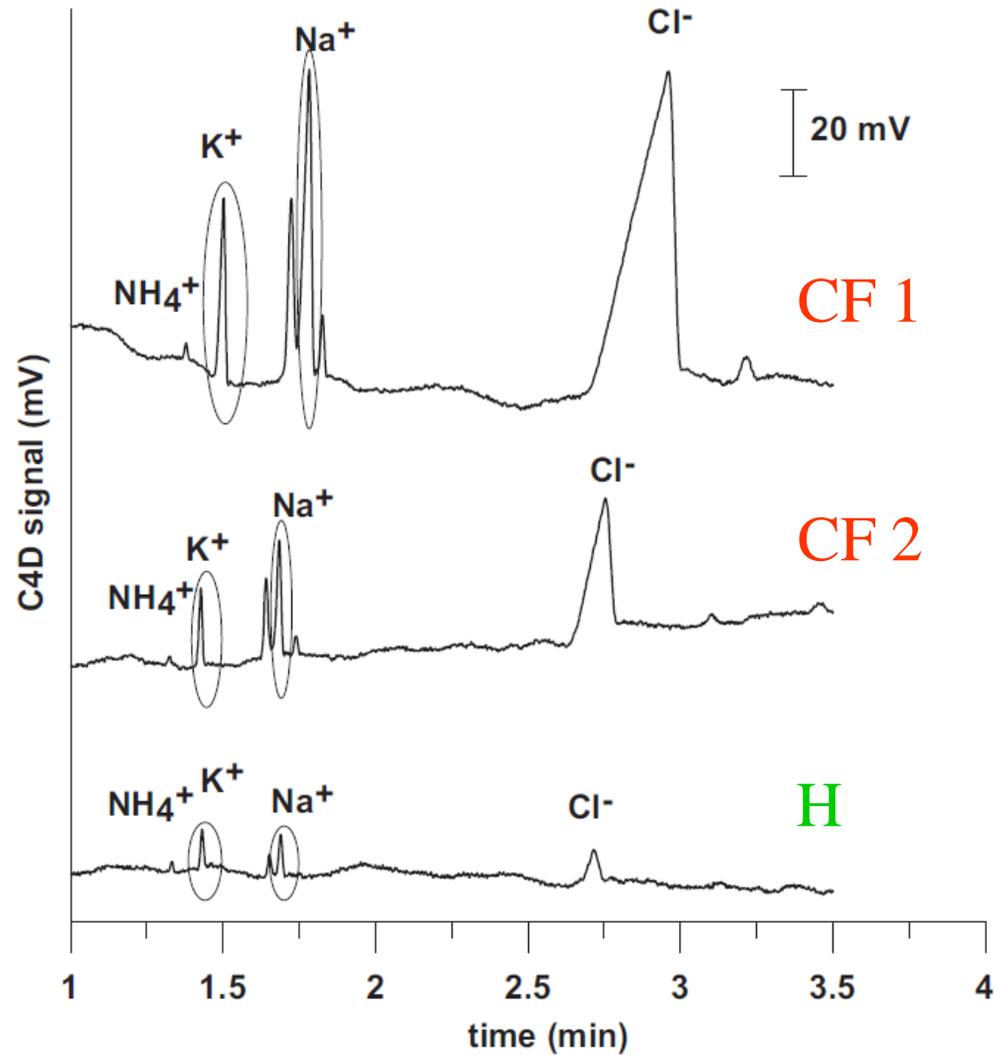


**PAINLESS**

**NO CHEMICALS (DI WATER)**

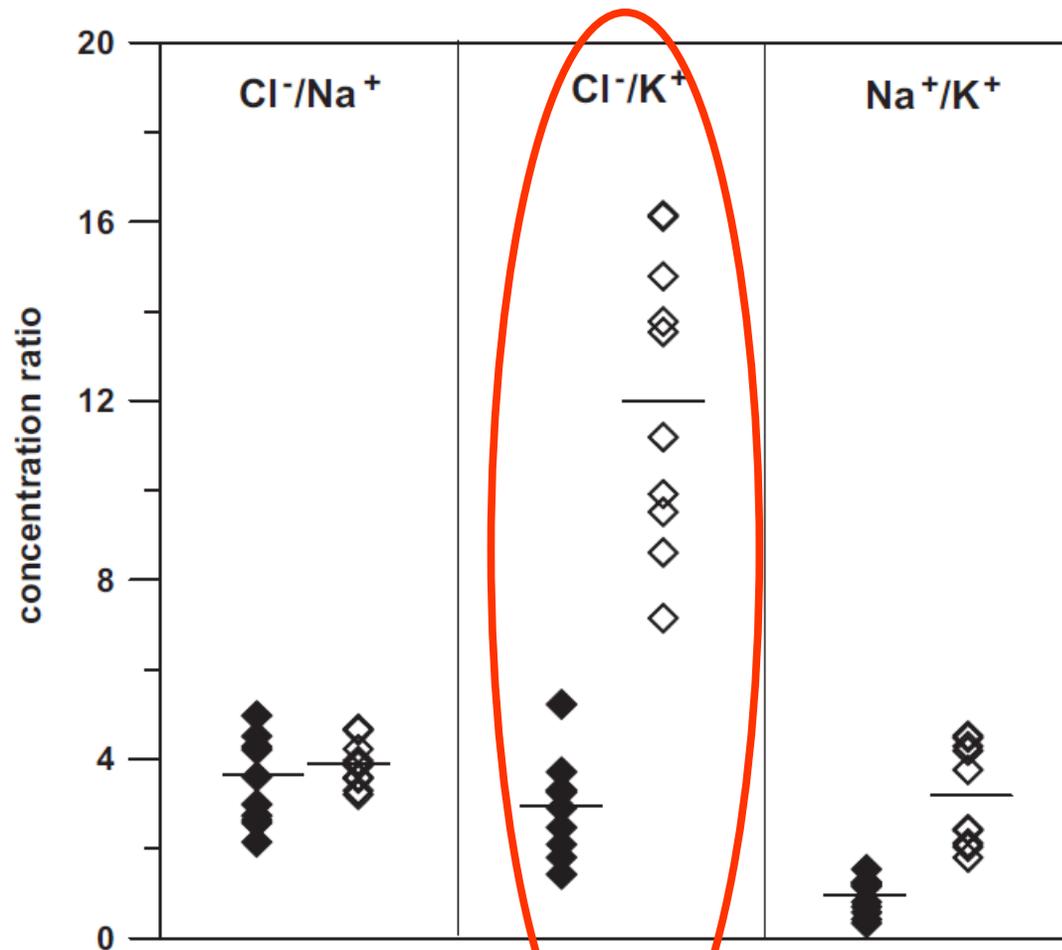
**TEST DURATION ABOUT 10  
SECONDS**

# CE-C4D SIMULTANEOUS SEPARATION OF ANIONS AND CATIONS



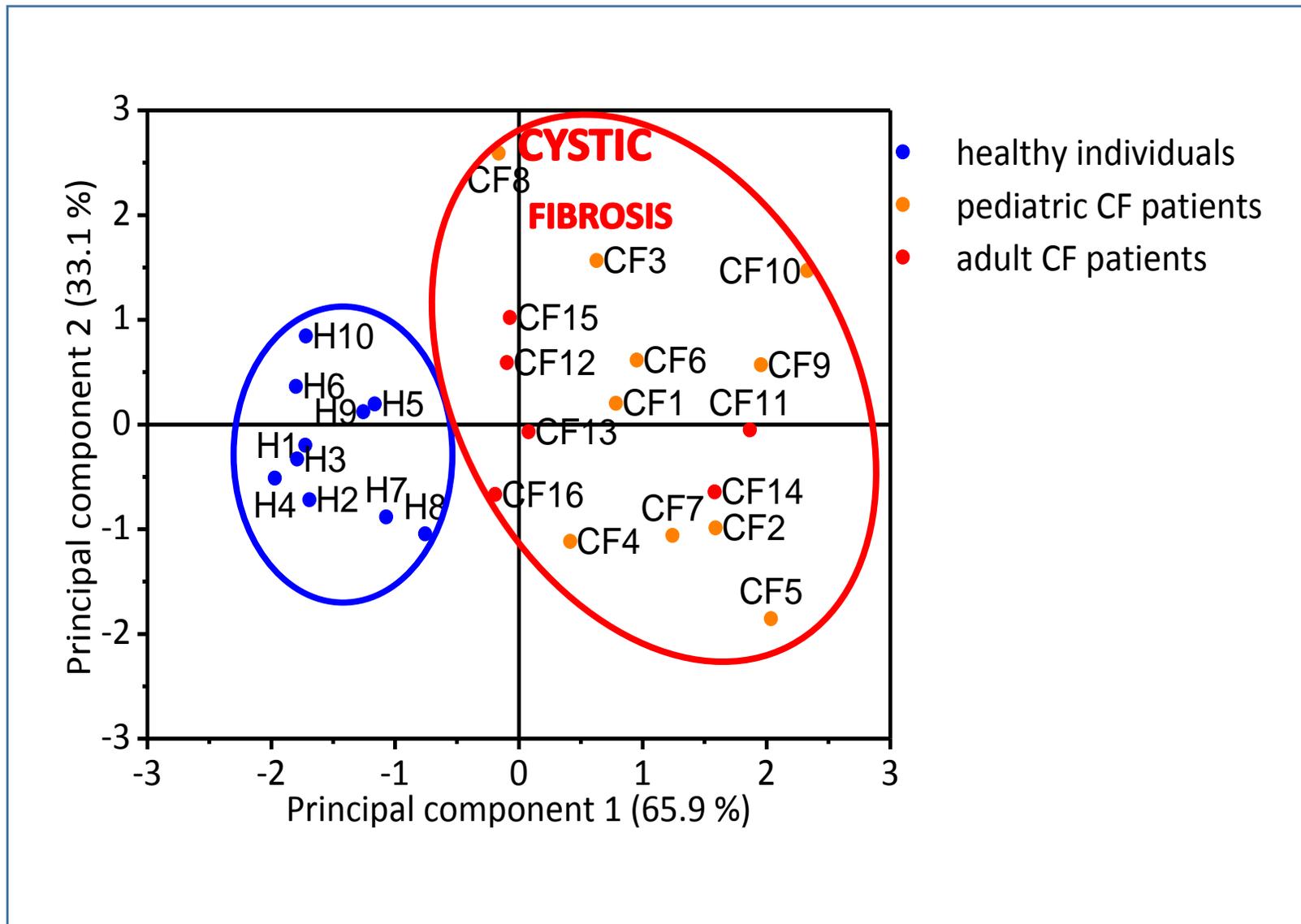
**Fig. 2.** DOEI-CE separation of skin wipe of a person with dF508 and G551D mutation before (A) and 14 days after (B) the treatment with Kalydeco. Trace (C) is a comparison with skin wipe from a healthy volunteer. CE conditions: the same as in Fig. 1.

# USE OF ION RATIOS vs. CHLORIDE CONCENTRATION



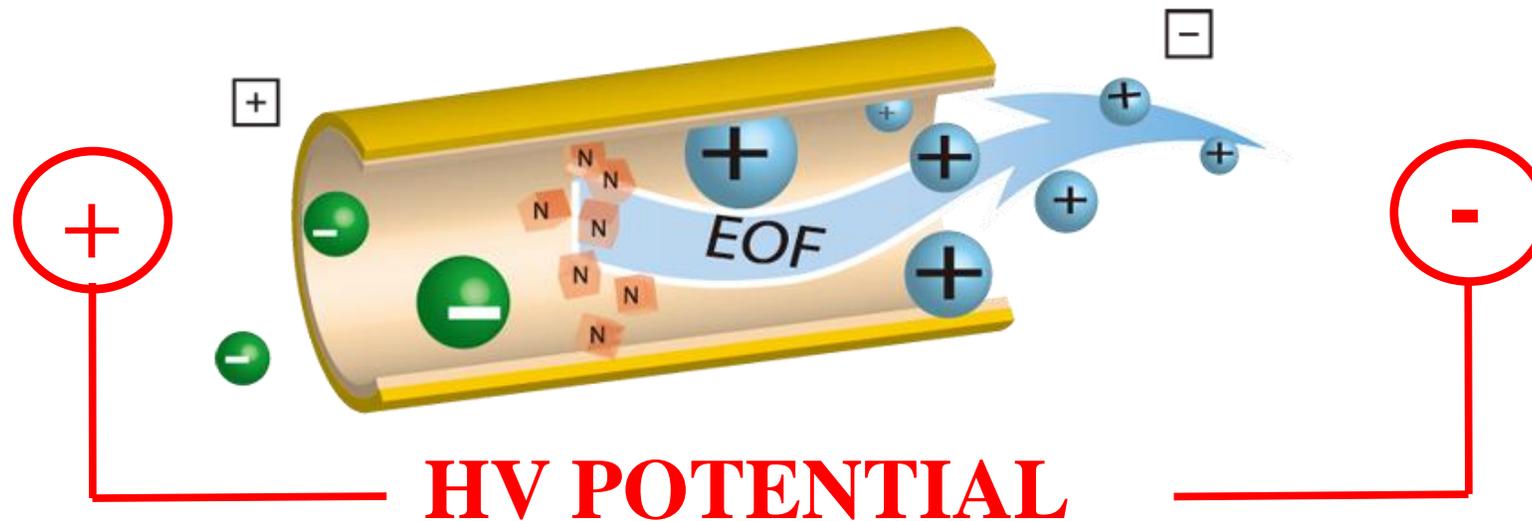
**Fig. 4.** The concentration ratios of chloride, sodium and potassium in a group of healthy individuals (◆,  $n=10$ ) and patients with cystic fibrosis (◇,  $n=10$ ). The horizontal lines indicate the average of concentration ratios of the selected ions in each group. Samples analyzed by DOEI-CE, CE conditions: the same as in Fig. 1.

# PCA IN CF DIGNOSTICS

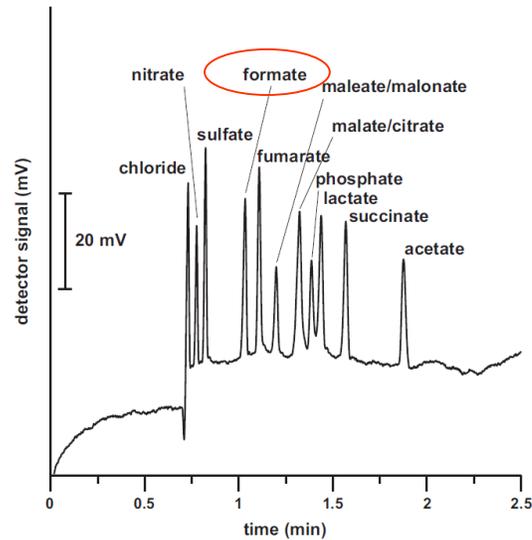
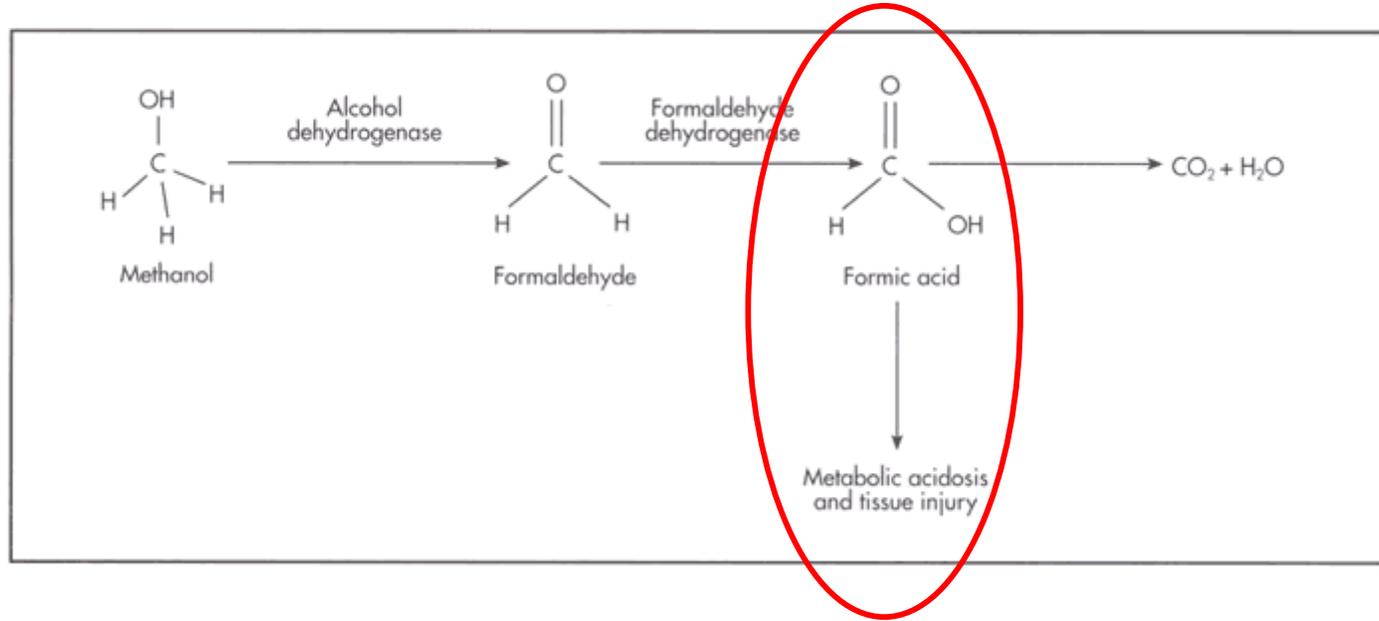


# CAPILLARY ELECTROPHORESIS (CE) IN DIAGNOSIS OF INTOXICATIONS

**FAST**  
**SMAL SAMPLE VOLUMES**  
**HIGH RESOLUTION**



# METABOLISM OF METHANOL



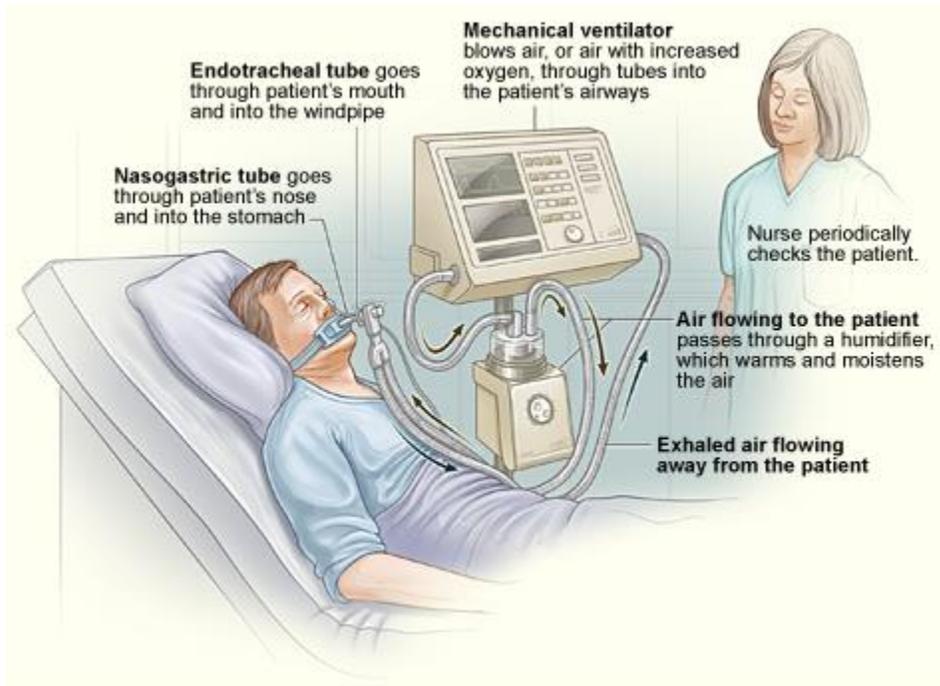
← CE

Fig. 3. Separation of model mixture of 13 anions and organic acids. CE conditions: separation electrolyte: 10 mM HIS/15 mM GLU, 30  $\mu\text{M}$  CTAB, pH 4.68. Separation voltage: -18 kV. Hydrodynamic injection: 10 cm/20 s. Anion concentrations: 50-200  $\mu\text{M}$ . C4D detection.

# POSSIBLE TO DETECT METHANOL WITH ALCOTESTER?



# PATIENT INTOXICATED WITH METHANOL UNDER VENTILATION

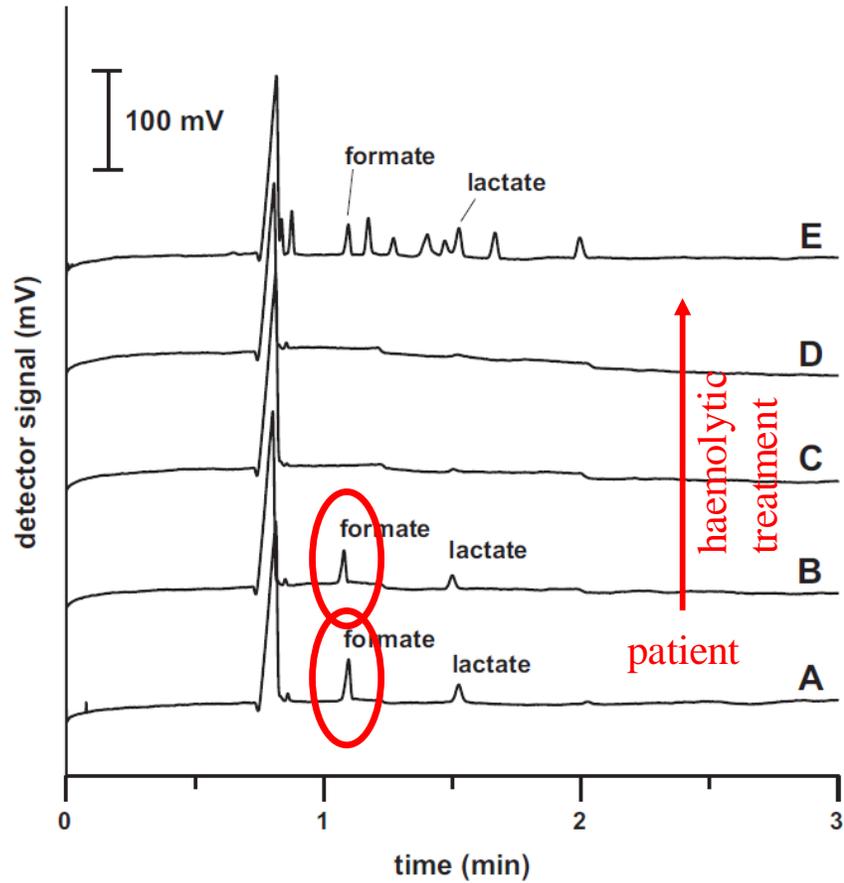


**NO FORMATE IN  
BREATH CONDENSATE**



**NEED FOR INVASIVE SAMPLING – BLOOD/SERUM**

# CE SEPARATION OF BLOOD PLASMA OF METHANOL INTOXICATED PATIENT



## MONITORING OF HAEMOLYTIC TREATMENT

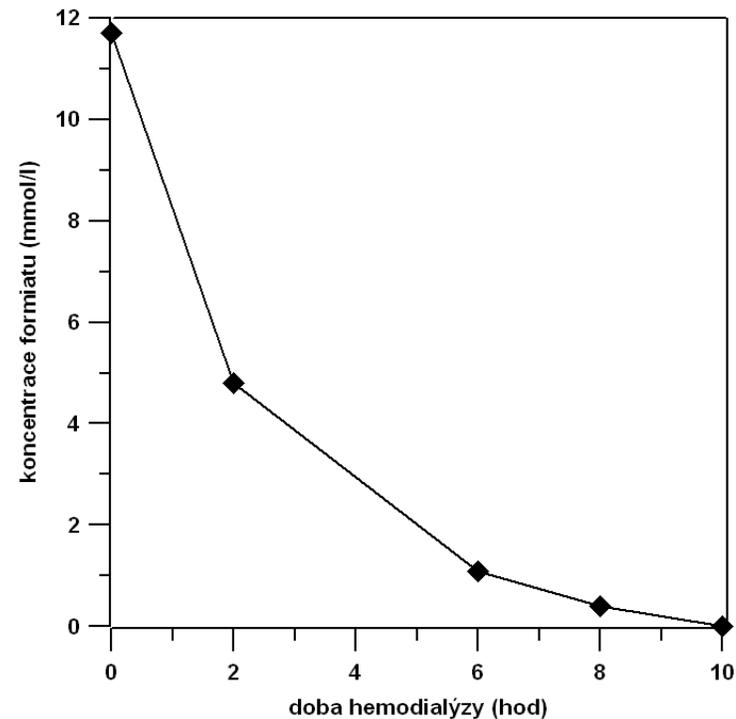


Fig. 6. CE analysis of diluted serum samples and a standard solution. Diluted serum sample of a patient in the beginning phase of hemodialytical treatment (trace A), 1 h after the after the first sample (trace B), 25 h thereafter (trace C) and 1 week after (trace D). Trace E is a model solution containing 1 mM chloride and 0.1 mM concentrations of other analytes. CE conditions as in Fig. 3.

# PORTABLE METHANOL ANALYZER

Able to determine the concentration of methanol and HCOOH in 5-10 min

Analysis from one drop of blood serum(1-10 uL)

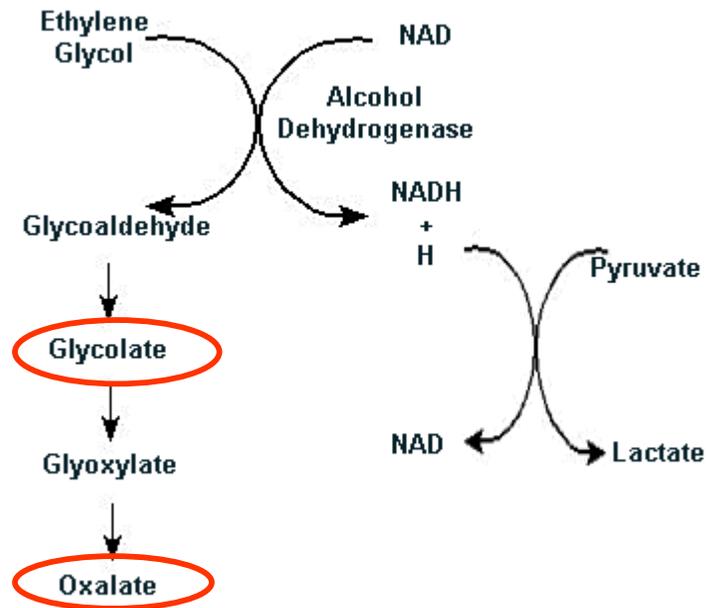
Simple use, for instance in the emergency vehicles, at doctors office.



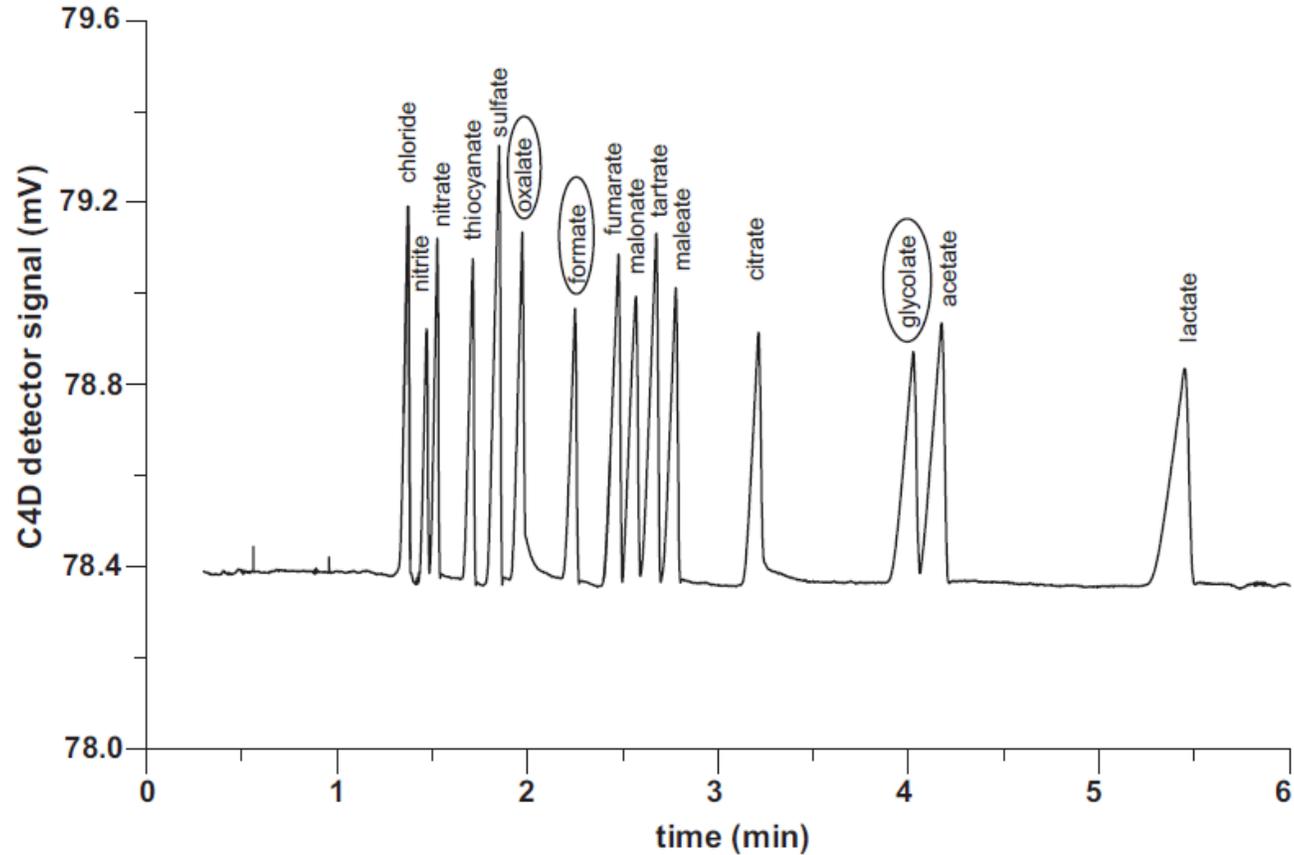
# ETHYLENGLYCOL INTOXICATIONS

occurs usually as unintentional ingestion of antifreeze (small children, pets)

Symptoms not easy to distinguish from other intoxications

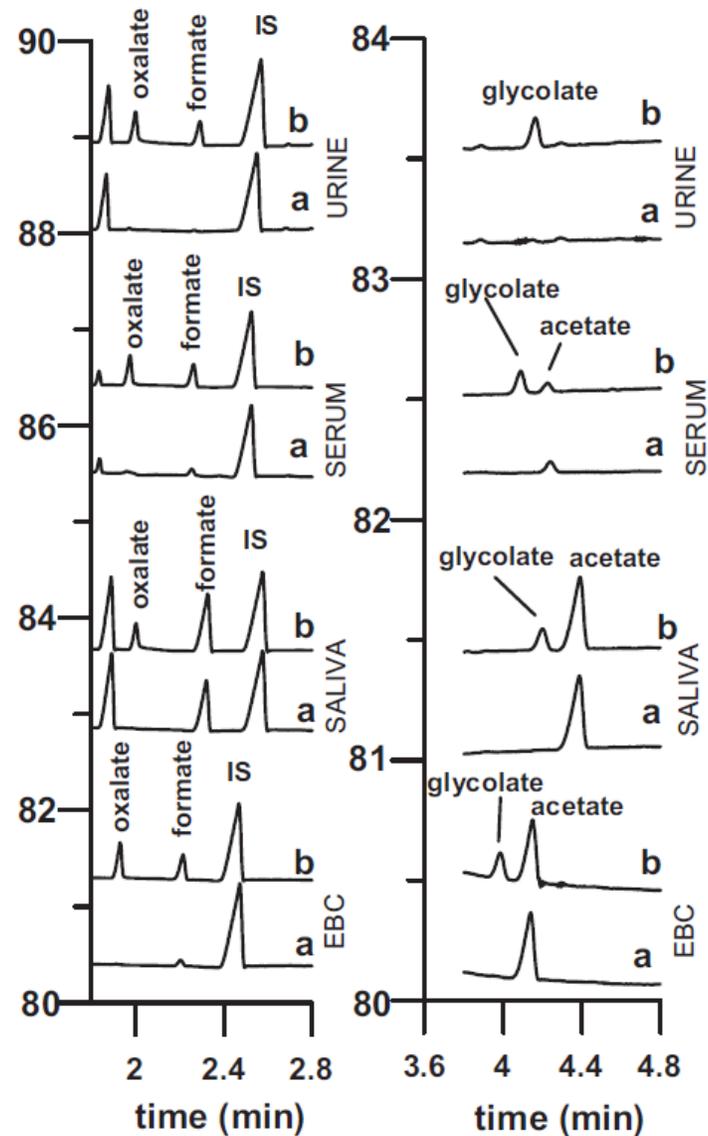
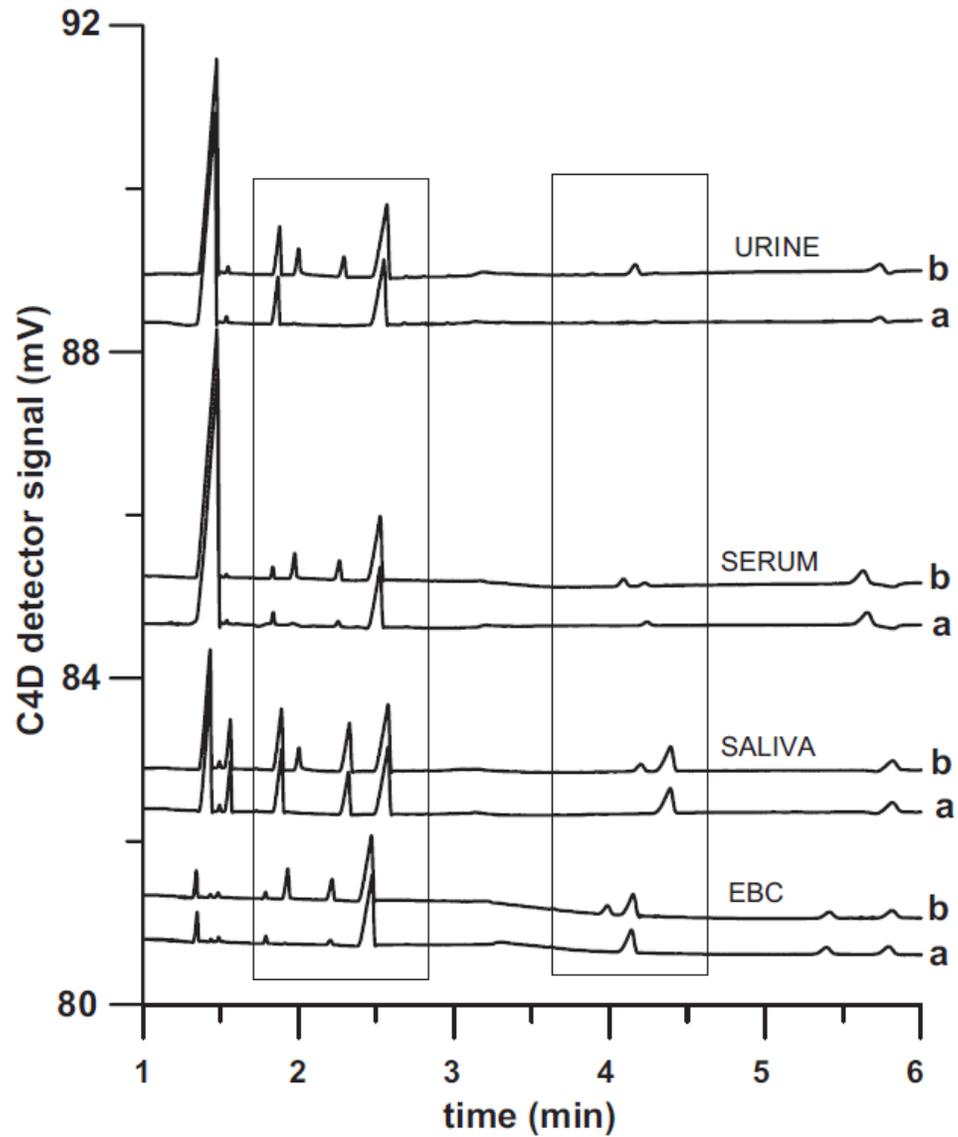


# ETHYLENE GLYCOL INTOXICATION



**Fig. 2.** Separation of model mixture of 15 inorganic and organic anions. CE conditions: separation voltage  $-15$  kV, detection C4D, analyte concentrations:  $50 \mu\text{M}$ , except glycolate, acetate and lactate ( $100 \mu\text{M}$ ).

# CE ANALYSIS OF BIOLOGICAL SAMPLES



# CONCLUSIONS

ANALYTICAL CHEMISTRY FINDS WIDE  
APPLICATION IN POC DIAGNOSTICS

SIMPLICITY, SPEED

USE NEAR PATIENT, PORTABLE DEVICES

JE STÁLE CO OBJEVOVAT 😊