

A precise electrochemical point-of-care testing device for early diagnosis of ovarian cancer

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IECB
2022

The 2nd International Electronic
Conference on Biosensors
14-18 FEBRUARY 2022 | ONLINE



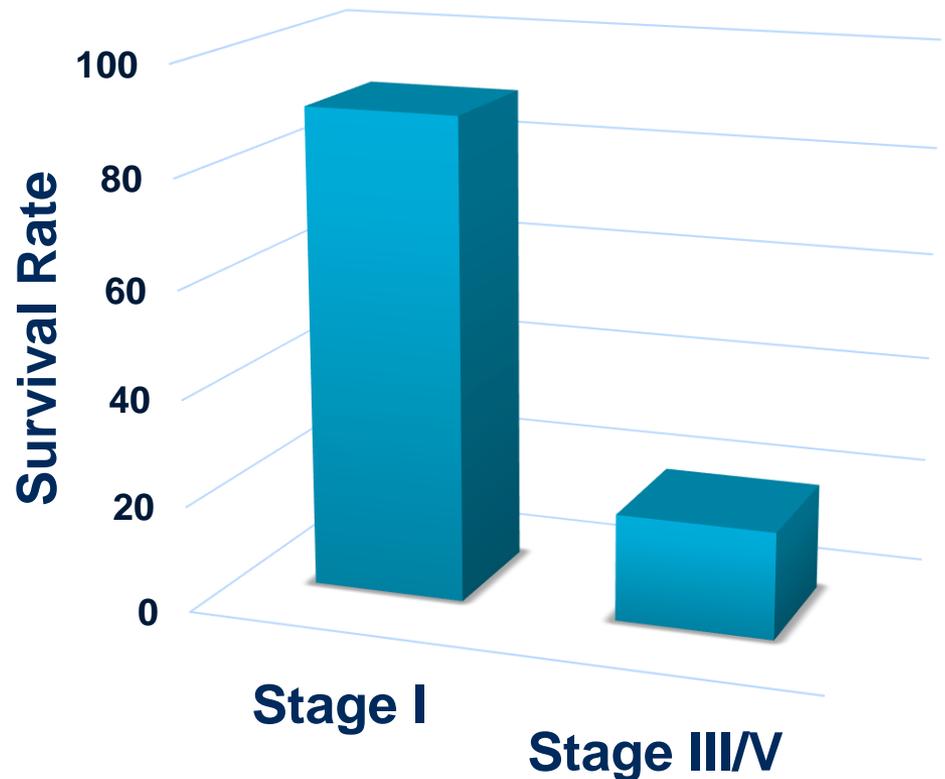
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Ovarian Cancer: Silent Killer

150000 deaths worldwide of nearly **300000** new cases each year.

Only **20%** of patients are diagnosed at stages I /II when the treatment is more effective:

- Very few or no specific symptoms
- No mass screening techniques



Cancer Biomarkers

- A biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process.

Can be used for:

- **Screening and/or early diagnosis**
- **Prognosis**
- **Longitudinal treatment/recurrence monitoring**

Ovarian Cancer Biomarkers

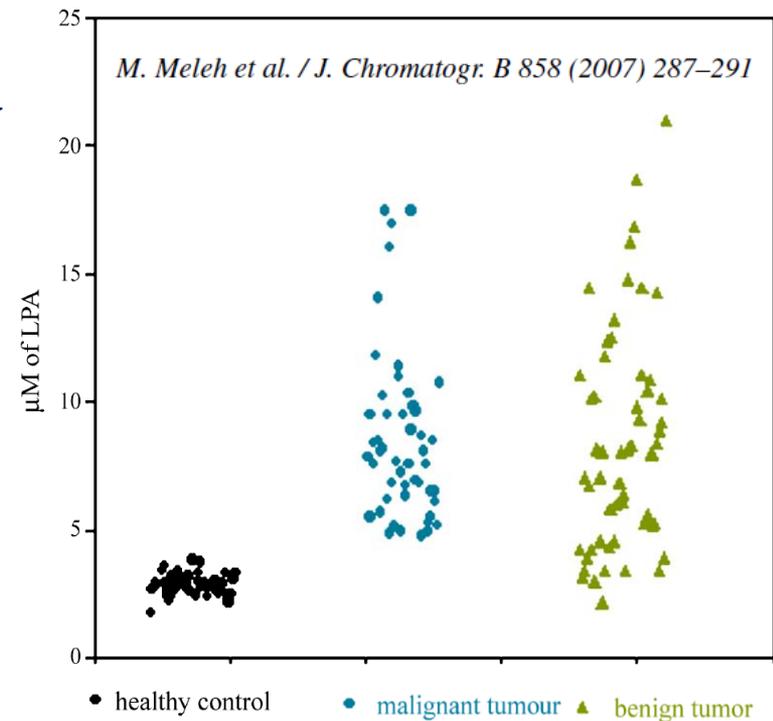
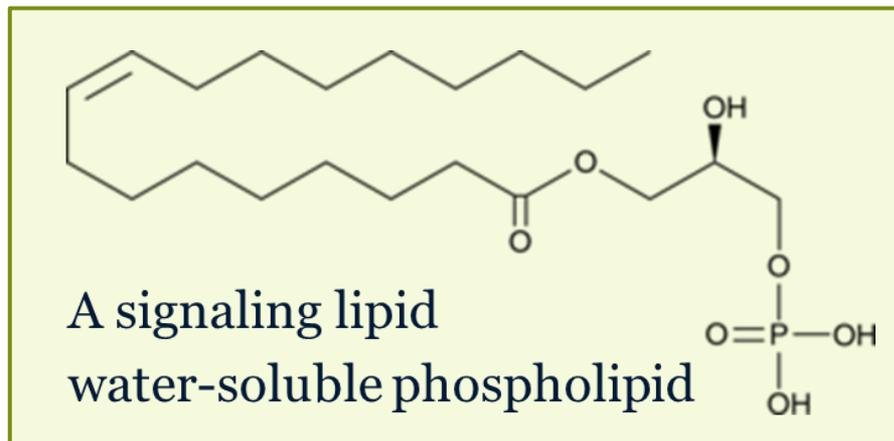
Cancer antigen-125 (CA125):

- Only biomarker that are clinically used
- Has prognostic value during treatment
- Sensitivity <60% in the early stages
- False-positive and false-negative results

Source	Screening Method	No. Analyzed		Ovarian Cancer Deaths, No. (%)		Ovarian Cancer Mortality per 10 000 Person-Years	
		Screening Group	Control Group	Intervention	Control	Intervention	Control
UKCTOCS, ³¹ 2016	CA-125 ROCA	50 624	101 299	160 (0.32)	358 (0.35)	2.9	3.3
	TVU	50 623	101 299	163 (0.32)	358 (0.35)	3.0	3.3
PLCO, ²¹ 2011	CA-125 + TVU	34 253	34 304	118 (0.34)	100 (0.29)	3.1	2.6
UK Pilot, ³³ 1999 ^e	CA-125	10 958	10 977	9 (0.08)	18 (0.16)	NR	NR

Lysophosphatidic acid (LPA): Ovarian Cancer (OC) biomarker

- The basal serum level of 0-5 μM
- At stage I of OC increases to 5-50 μM
- Potential OC biomarker
- Potential target for OC therapy

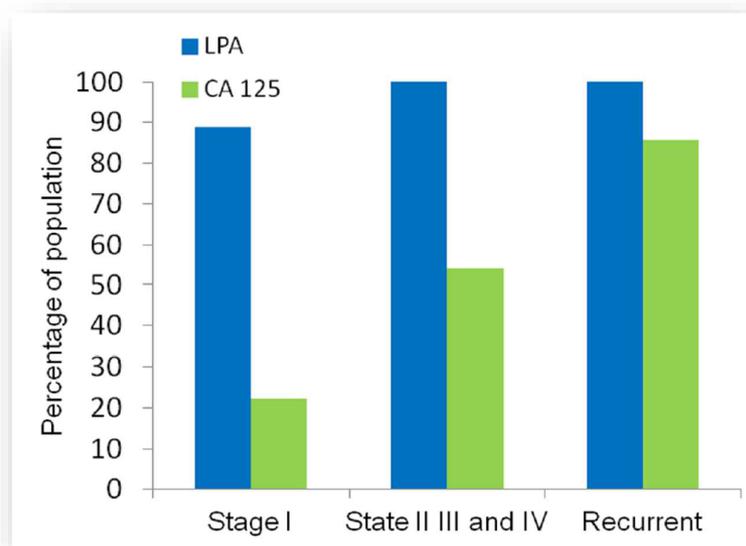


OC biomarker: LPA vs CA125

	Cut-off	SE (%)	SP (%)
CA125	>35 U/mL	82.2	67.3
	>65 U/mL	75.6	86.6
CA19-9	>40 U/mL	35.6	81.1
CA15-3	>32 U/mL	57.1	93.9
CA72-4	>3.8 U/mL	70.7	91.8
CEA	>3 ng/mL nonsmoker, >5 ng/mL smoker	16	93
HE4	>70 pmol/L	72.9	95
LPA	1.3 μ mol/L	98	90
IAP	482 μ g/mL	93.3	91
HP- α	65 μ g/mL	64	90
OVX-1	7.2 μ /mL	70	95
Methothelin	–	60	98

Kobayashi et al. Cancer Epidemiol Biomarkers Prev; 21(11) 2012

Xu et al. JAMA. 1998;280(8):719–723.



LPA Detection: Standard analytical methods

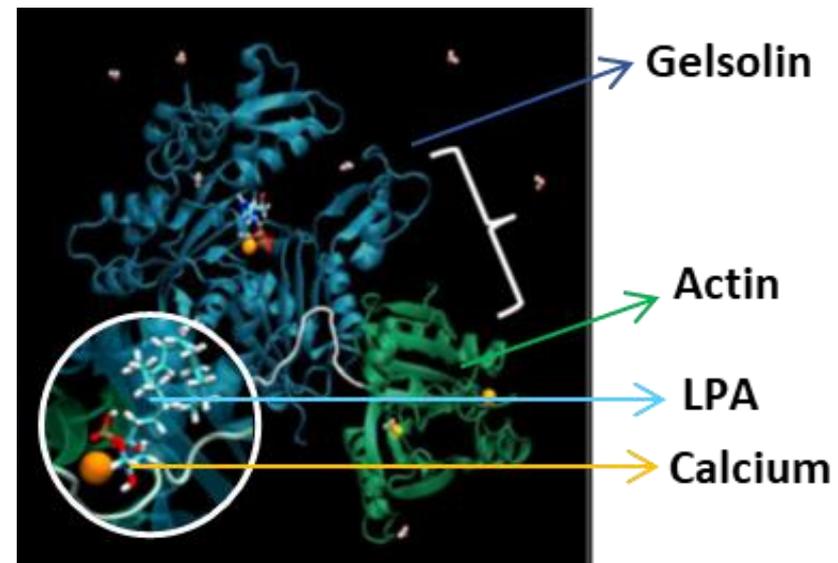
- Time consuming
- Expensive
- Require highly skilled technicians
- Unsuitable for widescale screening

Method	Lipid extraction	LPA molecular species	References
Radioenzymatic	+	–	Saulnier-Blache et al. [32]
Fluorimetric	+	–	Aoki et al. [28] Morita et al. [57]
Colorimetric	–	–	Kishimoto et al. [44]
DIFA	–	–	Chen et al. [59,60]
ELISA	–	–	
CE	+	+	Chen and Xu [49,54]
GC/MS	+	+	Tokumura et al. [61] Sugiura et al. [34] Bese et al. [22]
TLC/MS	+	–/+	Xiao et al. [37,48] Sutphen et al. [62]
LC/MS	+	+	Baker et al. [30,53]
LC/MS/MS	+	+	Meleh et al. [52] Shan et al. [39]
			Scherer et al. [33] Bollinger et al. [63] Zhao and Xu [51]
MALDI-TOF	+	+	Tanaka et al. [65] Morishige et al. [45]

LPA Detection: Gelsolin-Actin System

Gelsolin:

- Actin-binding protein
- Activity is stimulated by Ca^{2+}
- LPA regulates the Gelsolin-Actin binding



Thompson Group, unpublished

LPA Detection: Fluorescence Technique

Gelsolin-Actin System

- Rapid
- Easy to perform
- Low cost,
- **LOD: 5 μM (LPA in whole serum)**

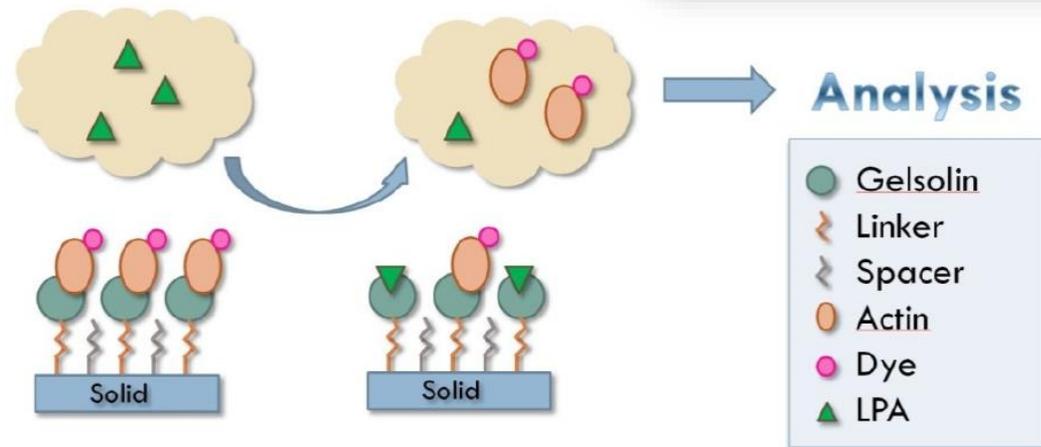
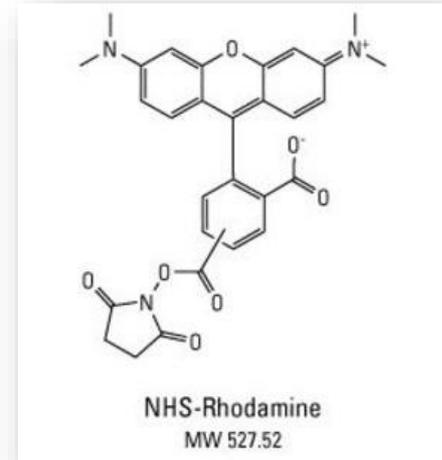


Figure 1. Principle behind actin-gelsolin chemistry for detection of LPA in patient samples. Solid support used in these experiments was silica gel.

LPA Detection: Fluorescence Technique

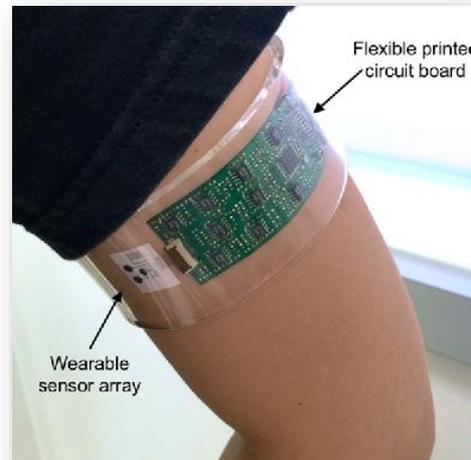
Gelsolin-Actin System

Limitations:

- The limit of quantification is not low enough for early-stage ovarian cancer.
- Needs benchtop instrument and sample preparation.
- Can not be used to fabricate small compact POCT devices.

Electrochemical techniques: POCT device

- Sensitive
- Selective,
- Cost-effective
- Can be miniaturized to use as a POCT or a wearable sensor



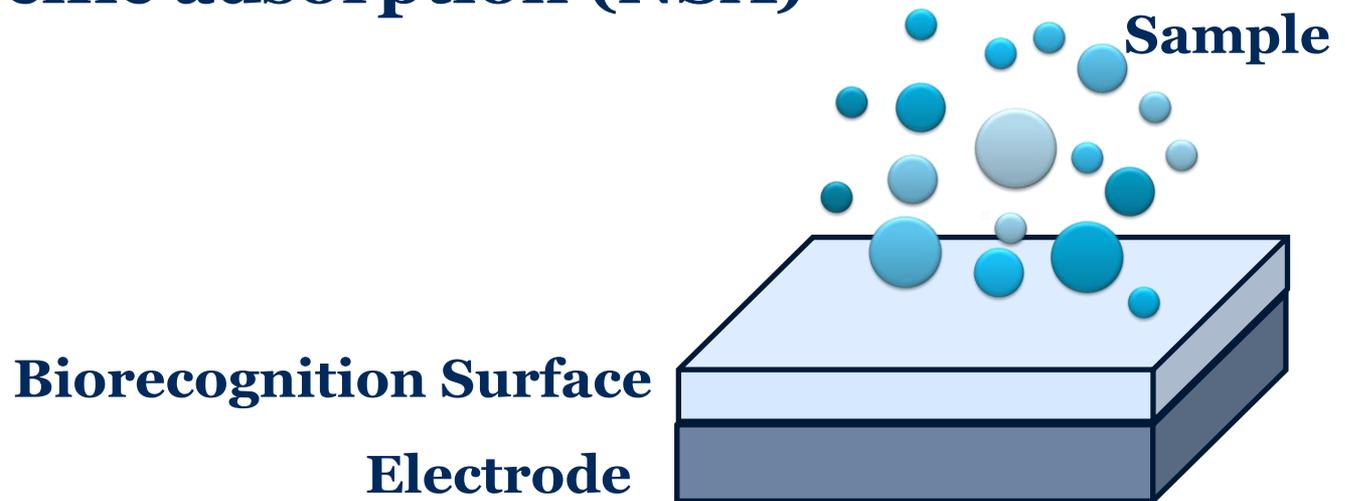
ACS Nano, 2016 10(7), 7216-2



Electrochemical Biosensors: Challenges

The main challenge is contacting artificial materials with biological fluids such as blood and serum:

- **Bio-incompatibility**
- **Non-specific adsorption (NSA)**

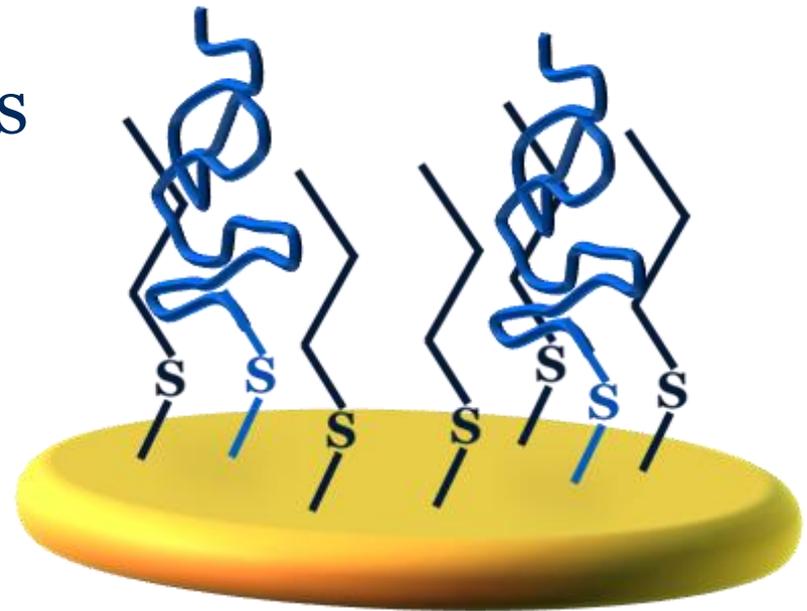


Electrochemical Biosensors: Challenges

Gold electrode:

Sulfur chemistry a double-edged sword:

- Self-assembly monolayer (SAM) for biofunctionalization.
- **NSA:** Any biomolecules with a thiol group such as cysteine-contain proteins.



Medical-grade stainless steel

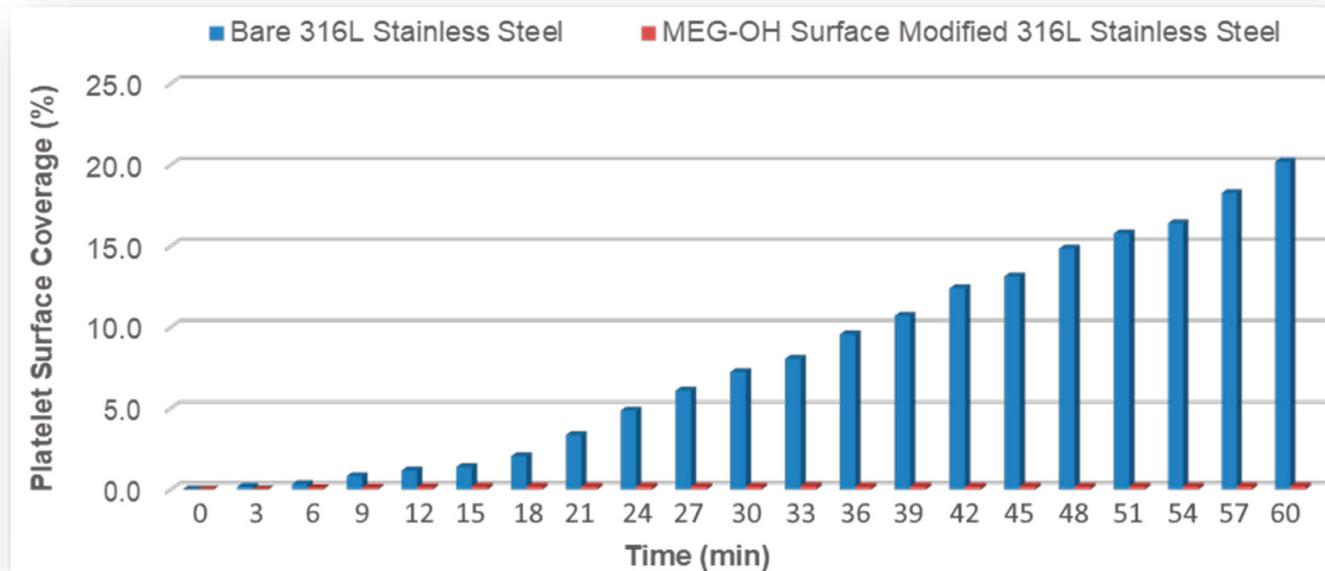
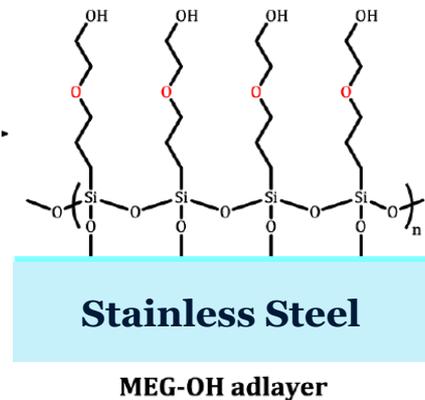
A non-conventional material for fabricating working electrode:

- **Biocompatibility:** used in the fabrication of many biomedical devices
- **Antifouling properties:** Silane-based interfacial chemistry



Silane-based chemistry: Anti-fouling surface

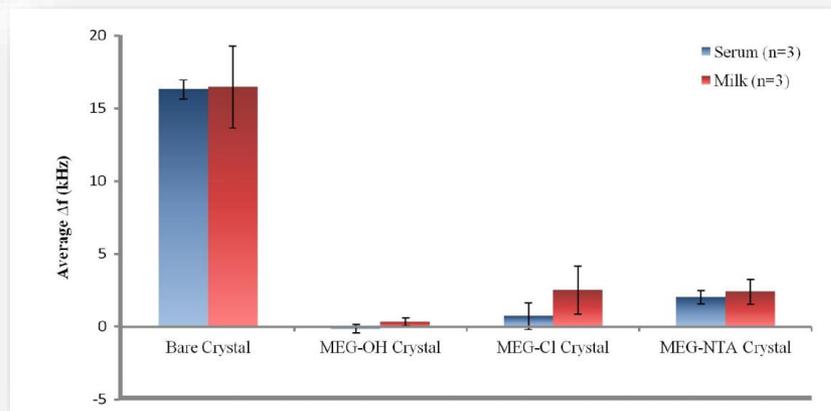
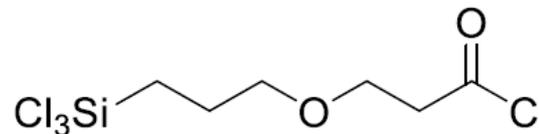
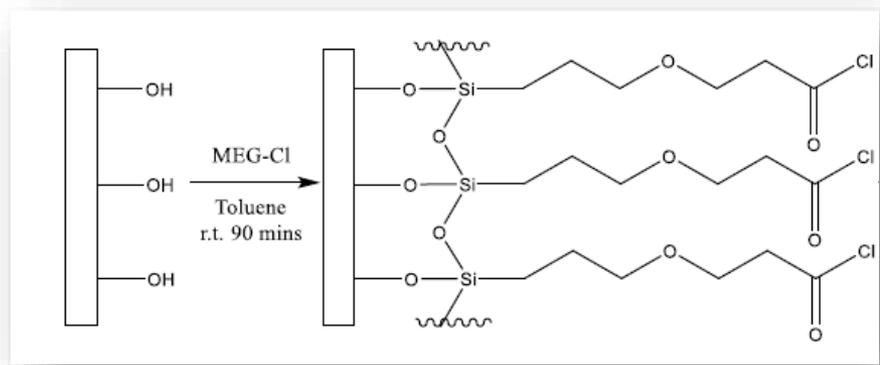
Silane monoethylene glycol (MEG-OH):



Real-time platelet surface percentage coverage on bare and MEG-OH-modified 316L stainless steel

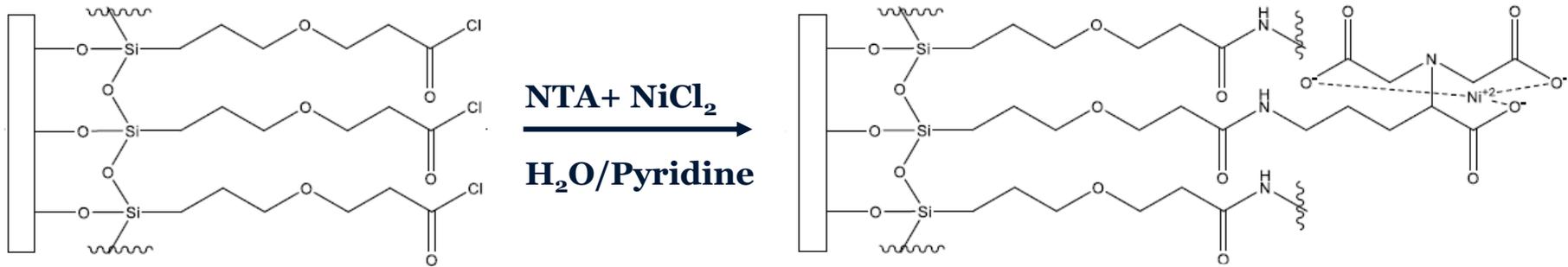
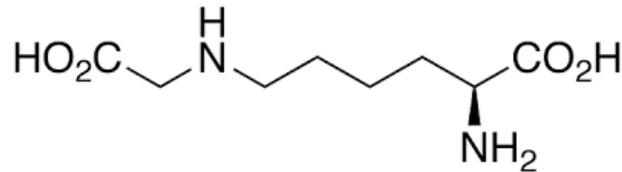
Silane-based chemistry: Anti-fouling surface

3-(3-(trichlorosilyl)propoxy)propanoyl chloride (MEG-Cl)



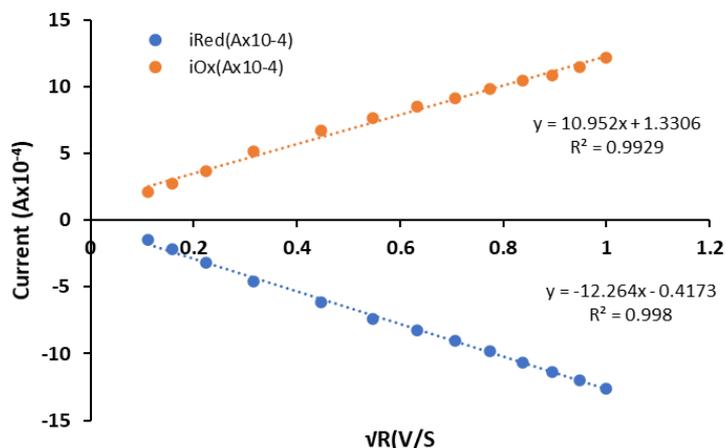
MEG-Cl as a linker: immobilizing His-tag proteins

$\text{N}\alpha,\text{N}\alpha$ -bis(carboxymethyl)-L-lysine (NTA) + NiCl_2

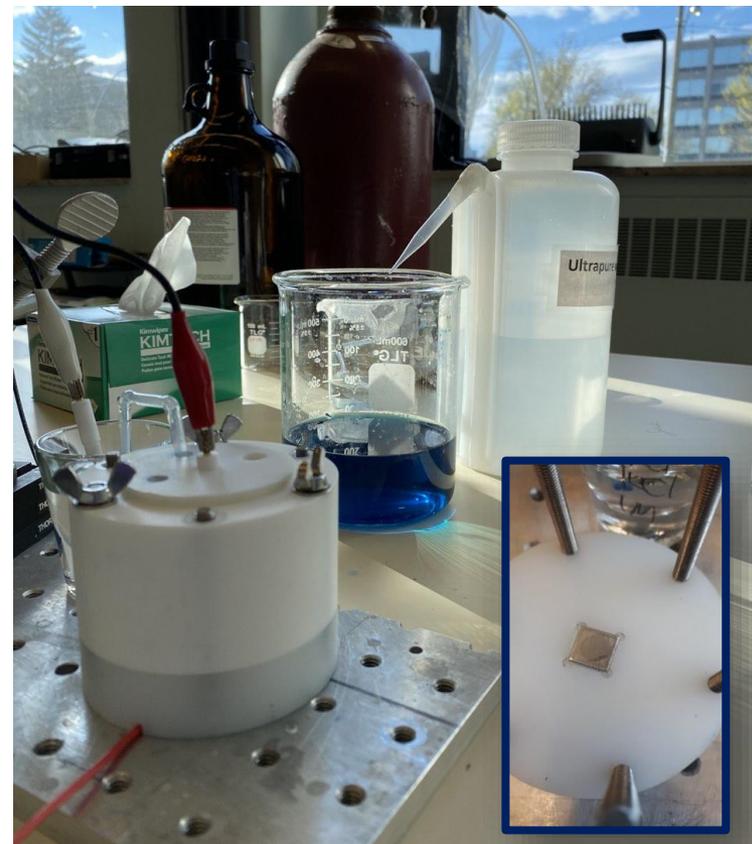


Electrochemical Setup

- Working electrode: Stainless Steel Plate (1x1x0.1 cm)
- Auxiliary electrode: Pt wire
- Reference electrode: Ag/AgCl
- Redox prob 10 mM $[\text{Fe}(\text{CN})_6]^{3-/4-}$
- Supporting Electrolyte: 0.1 M KCl



CV scan rate plot of bare Stainless Steel

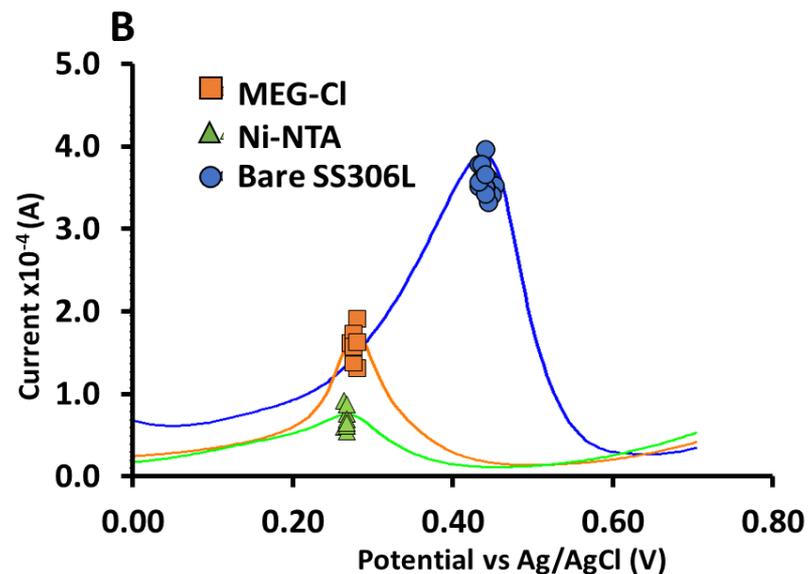
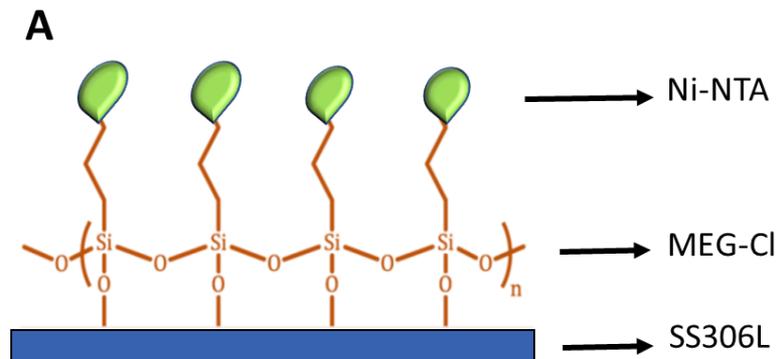


Surface Modification: Electrochemical Characterization

Working electrode:

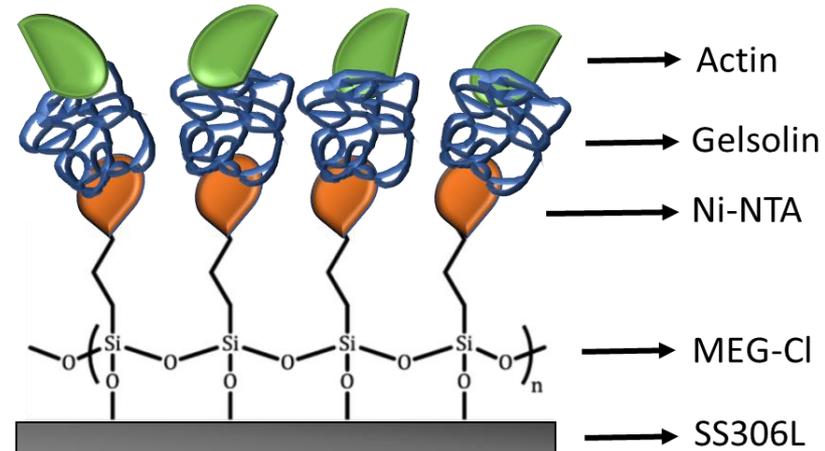
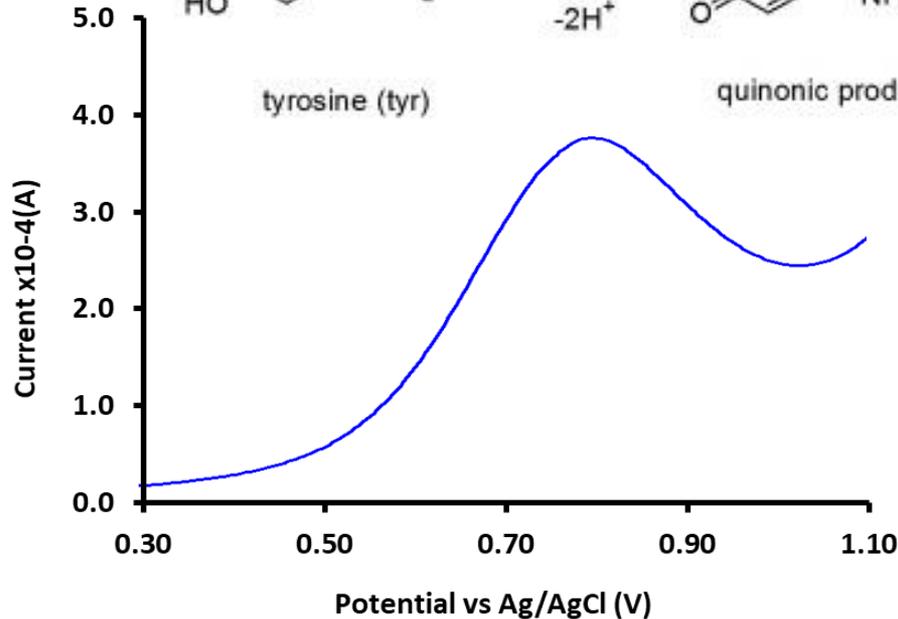
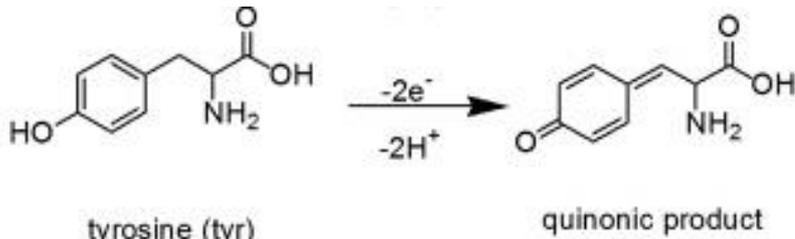
- H₂O/EtOH (over night/RT)
- MEG-Cl (90 min/ RT)
- Ni-NTA (24 h/ RT)

Square Wave Voltammetry (SWV)



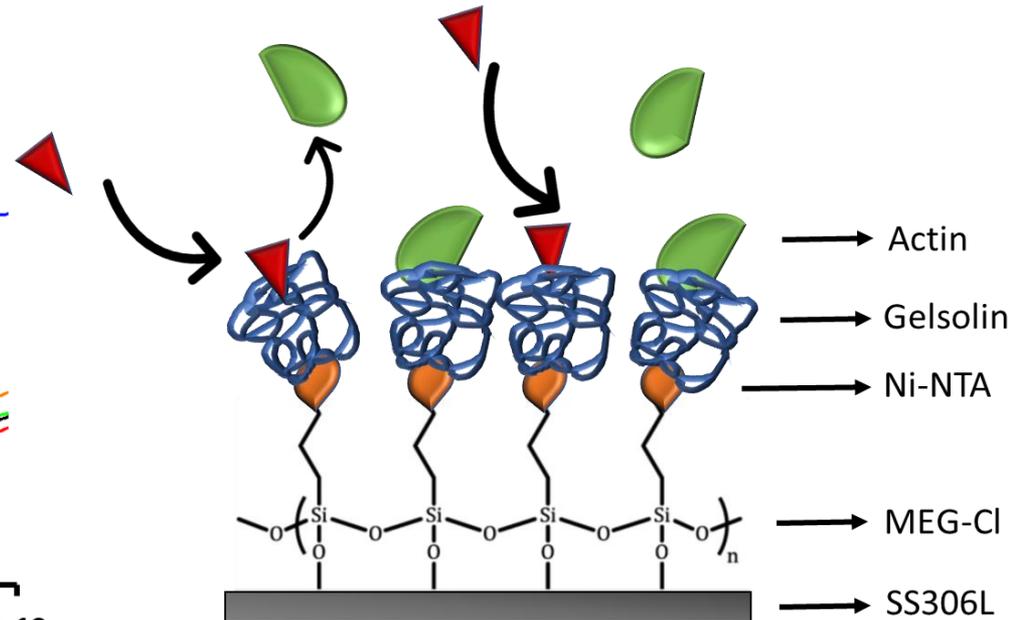
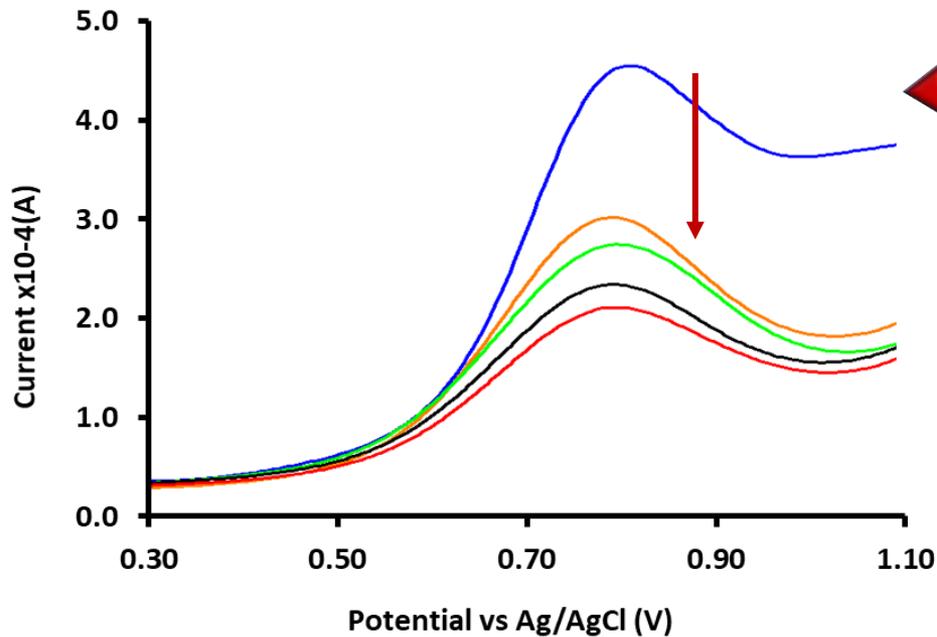
Biorecognition Surface: Gelsolin-Actin system

- Gelsolin-Actin (60 min, RT)
- SWV, Phosphate Buffer, pH 7.4



Electrochemical Biosensor: LPA Detection

- LPA, phosphate buffer (1 h, RT)



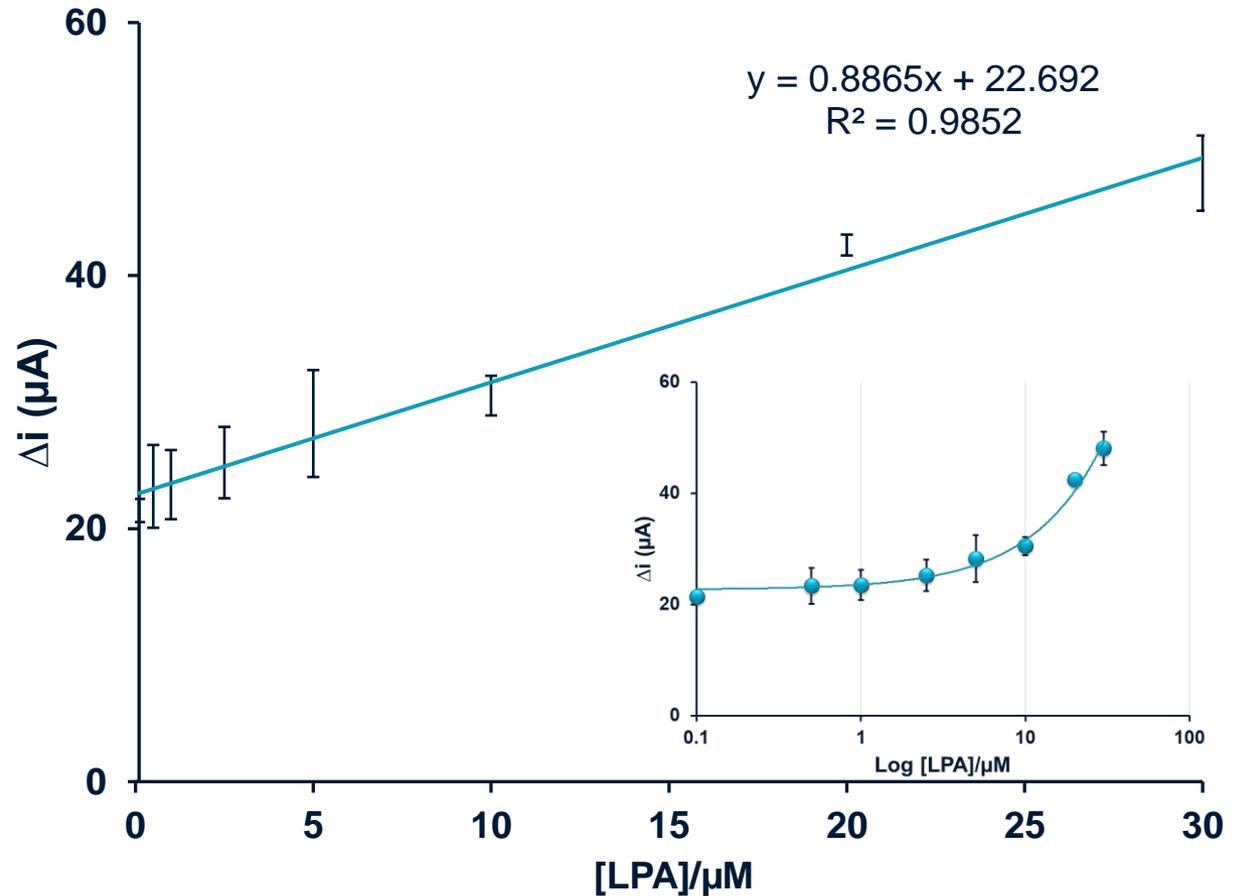
Electrochemical Biosensor: LPA Detection

Confidence Level of 98%:

LOD: 2.6 μM

LOQ: 7.9 μM

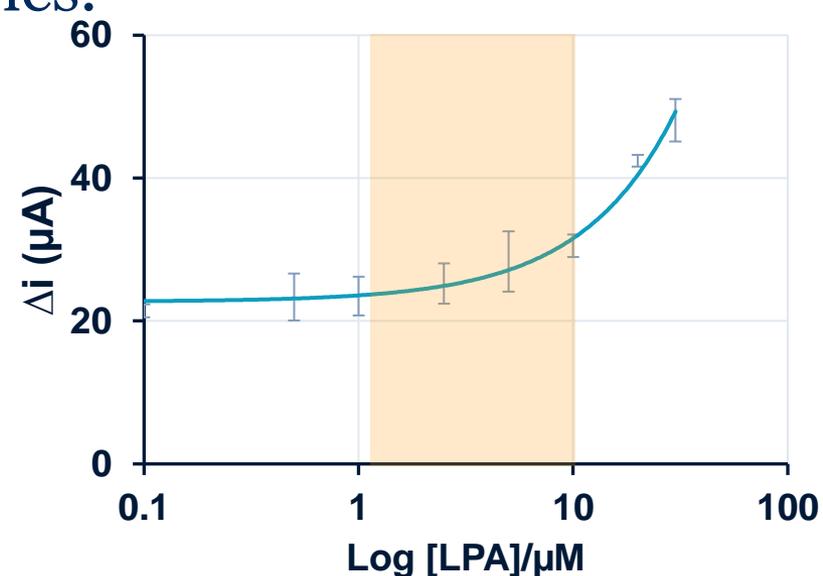
Standard Error: 0.71



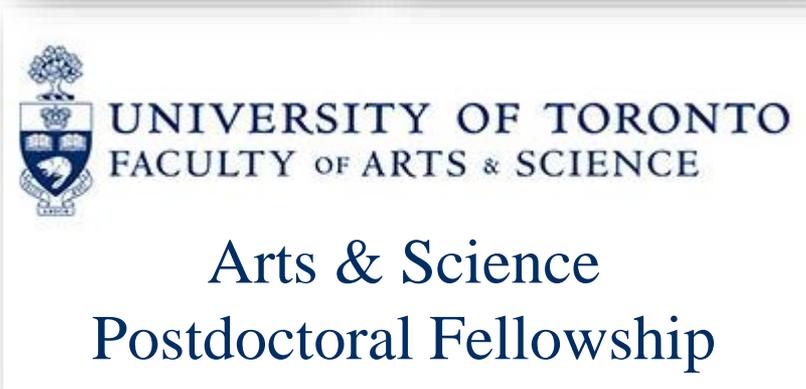
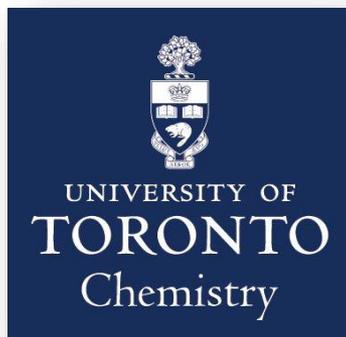
Conclusion and Future work

Proof-of Concept of a POCT device for LPA detection:

- Using a non-traditional material for working electrode:
i) reduce the NSA; ii) reduce the cost of fabrication, iii) larger surface area, enhance the sensitivity.
- The LOD of $2.6 \mu\text{M}$ is enough for screening but needs to be improved for the plasma samples.
- The LOQ of $7.9 \mu\text{M}$ is within the pathogenic level of LPA, but needs to be improved for the plasma samples.



Acknowledgment



- Prof. Michael Thompson
- Dr. Brian De La Franier
- Navina Lotay
- Edmond Chan
- Katharina Davoudian