

# Molecular Probes and Nanobio-Optics Technical Group

# miSHERLOCK: CRISPRenabled POC diagnostic platform for SARS-CoV-2

Dr. Helena De Puig
Broad Institute of MIT and Harvard

15 November 2021 @ 10 AM PST/ 1PM EST



# **About Our Technical Group**

This technical group focuses on using novel nano-probes such as QDs, fluorescent proteins, and plasmonic nanoparticles, to deepen our understanding of biological tissues. Applications span novel therapeutics, tissue imaging, and point-of-care diagnostics.

Our mission is to accelerate the development of the state-of-the-art technologies and connect the 1000+ members of our community through technical events, webinars, networking events, and social media.

#### **Past Webinars:**

- Medical Hyperspectral Imaging: Artificial Intelligence and Image-Guided Surgery by Prof. Baowei Fei in January 2021.
- Molecular Understanding of Electromagnetic Field Biomatter Interaction by Dr. Michal Cifra on October 29 2021.

# **Connect With Our Technical Group**

Join our online community to stay up to date on our group's activities. You also can share your ideas for technical group events or let us know if you're interested in presenting your research.

## Ways to connect with us:

- Our website at <u>www.optica.org/BP</u>
- On LinkedIn at <u>www.linkedin.com/groups/12561256/</u>
- On Facebook at <u>www.facebook.com/groups/opticamolecularprobestg</u>
- Email us at <u>TGactivities@optica.org</u>

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# **Today's Speaker**

# Dr. Helena De Puig

Postdoctoral Researcher at the Broad Institute of MIT and Harvard

Dr. Puig uses synthetic biology principles to build new molecular diagnostics and smart materials. Dr. Puig has been awarded over \$350,000 in prestigious fellowships in Spain and at MIT. Dr. Puig earned a S.M. in Mechanical Engineering at MIT under the guidance of Dr. Kimberly Hamad-Schifferli and then obtained a Ph.D. in Mechanical Engineering at MIT, in the laboratory of Prof. Lee Gehrke where she developed nanoparticle-assisted detection methods to diagnose tropical diseases, such as dengue, zika, chikungunya or ebola. She is a co-inventor on 11 patent applications and has published over 20 articles in journals including Science and Science Translation Medicine.



Molecular Probes and Nano Bio Optics Technical Group

# Minimally instrumented SHERLOCK (miSHERLOCK) for CRISPR-based point-of-care diagnosis of SARS-CoV-2 and emerging variants

Helena de Puig

Wyss Institute for Biologically Inspired Engineering, Harvard University Institute for Medical Engineering and Sciences. Massachusetts Institute of Technology

#### **Diagnosing SARS-CoV-2 and emerging variants**

SARS-CoV-2 Worldwide: 253M cases – 5.1M deaths.

Economic return from increased testing and contact tracing is 30 times the cost.

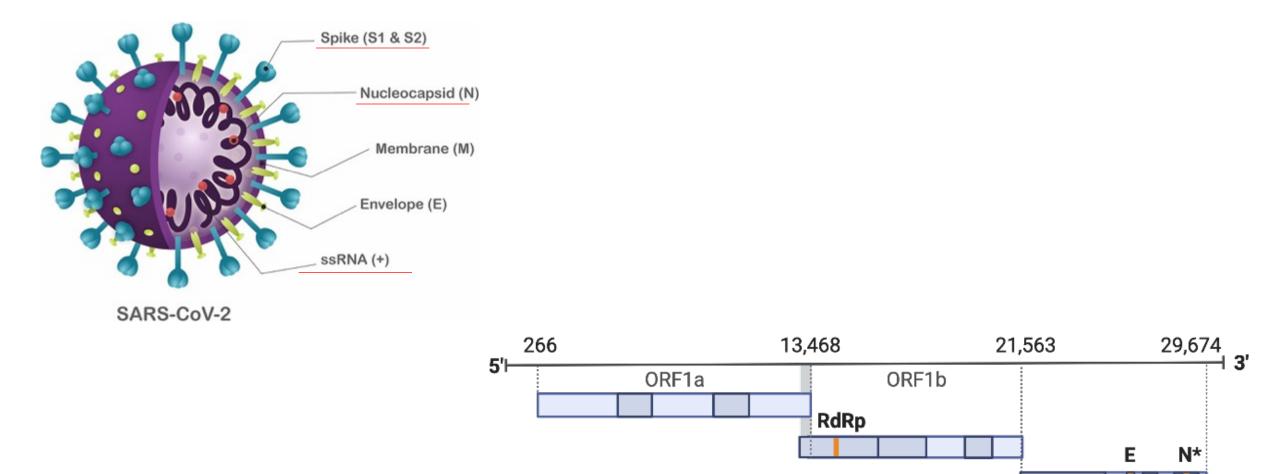
All outbreaks During epidemics, the development of rapid, de-centralized diagnostics is #1 priority.

Development of new assays takes months: This is too long during an outbreak.

#### Diagnostics are fundamental for:

- Patient management
- <u>Surveillance</u> and epidemiology
- Prevention (e.g. quarantine)
- Treatment
- Vaccine efficacy studies

## Virus genome (RNA) contains information to make new virions

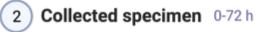


Sequencing assays (to detect virus variants) as well as nucleic acid tests (LAMP/PCR) target SARS-CoV-2 viral RNA.

## RT-qPCR to detect viral RNA

1 Nasopharyngeal swab <15 min

Cotton swab is inserted into nostril to absorb secretions.

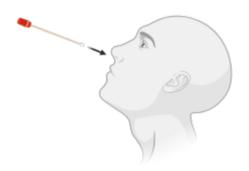


Specimen is stored at 2-8°C for up to 72 hours or proceed to RNA extraction.



Purified RNA is extracted from deactivated virus.







Purified RNA

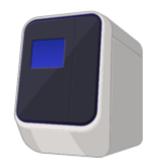
Deactivated virus



Purified RNA is reverse transcribed to cDNA and amplified by qPCR.

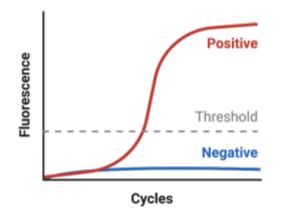
#### Retro transcription







Positive SARS-CoV-2 patients cross the threshold line within 40.00 cycles (< 40.00 Ct).

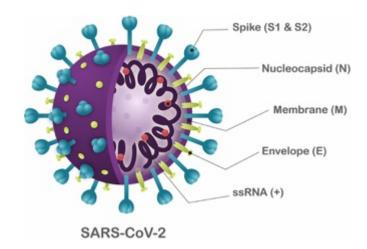


#### Current SARS-CoV-2 diagnostic methods: PCR

- •Slow turnaround for readout
- •Requires **expensive** reagents, equipment and trained personnel
- Complex methodology
- Fixed location
- •Cold-chain transport of samples and reagents Gold standard to diagnose variants: Sequencing:

more expensive and slower than PCR.

## **Antigen detection (ASSURED criteria)**



**Affordable** 

Sensitive & Specific

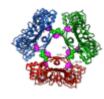
**User-friendly** 

Rapid

**Equipment-free** 

**Deliverable** 





Antigen detection



ASSURED criteria are key for diagnosis of disease at home and/or in remote areas Rapid antigen tests are in general not sensitive enough to detect SARS-CoV-2 in all stages of disease

## Alternative diagnostics (ASSURED criteria) for genome detection

**Affordable** 

Sensitive & Specific

**User-friendly** 

Rapid

**Equipment-free** 

**Deliverable** 





miSHERLOCK is an ideal candidate for diagnosis of disease at home and/or in remote areas

Sensitivity and specificity comparable to PCR

Also complies with other ASSURED criteria

Cost \$2-\$15; sample-to-answer in 1h

## Portable, rapid SARS-CoV-2 diagnostics for at-home and de-centralized testing

#### Sample type and pretreatment:

- Easily accessible sample: self-collected saliva
- Integrated virus lysis and nuclease inactivation
- Viral RNA collection and concentration in solid substrates

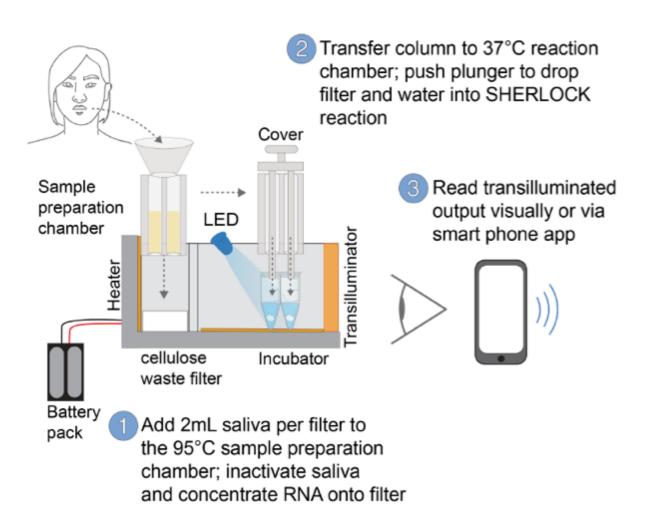
#### **Biochemical assay:**

- Isothermal amplification + signal through CRISPR-Cas enzymes (SHERLOCK with Cas12a or Cas13a).
- Limit of detection:  $\sim 1 \text{cp}/\mu \text{l}$
- Stabilized dehydrated enzymes for room temperature transport/storage

#### **Device integration:**

- Format: 3D-printed, lowcost instrument and consumable cartridges.
- Easy to use microfluidics device integrates sample preparation, assay development and diagnostic readout.

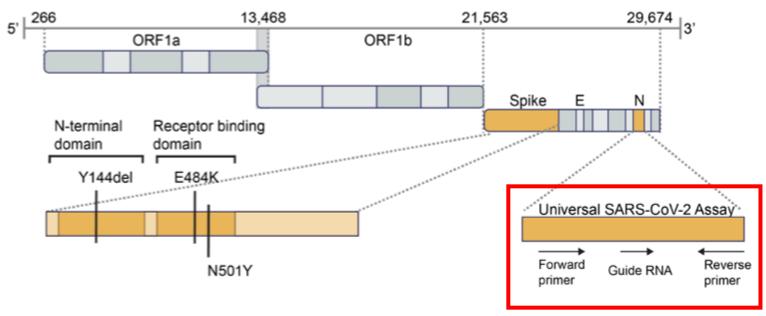
## Portable, rapid SARS-CoV-2 diagnostics for at-home and de-centralized testing



miSHERLOCK is a device that integrates:

- Biochemical reactions:
  - Isothermal amplification + signal through CRISPR-Cas enzymes (SHERLOCK with Cas12a or Cas13a).
  - Limit of detection:  $\sim 1 \text{cp}/\mu \text{I}$
  - Stabilized dehydrated enzymes for room temperature transport/storage

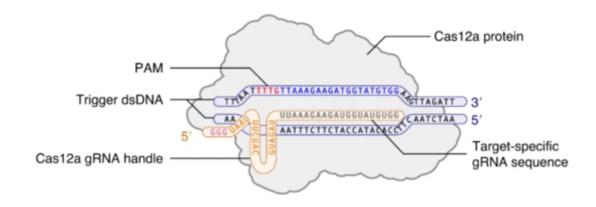
# Key SARS-CoV-2 target regions

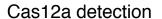


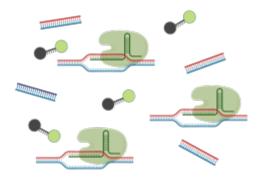
#### Spike Region Mutations of the Key SARS-CoV-2 Variants

N501Y: A23063T	P.1, B.1.351
E484K: G23012A	(Brazil, S. Africa Variant)
N501Y: A23063T	B.1.1.7
Y144 del: 21991-21993 deletion	(UK Variant)

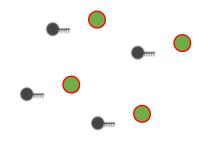
# Cas12a-based diagnostics







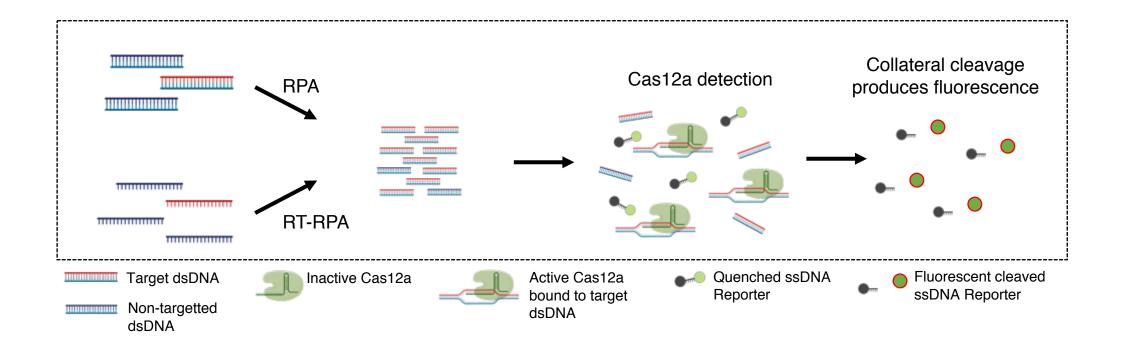
Collateral cleavage produces fluorescence



- → Cas12a activates through recognition of its dsDNA target. Once activated, it exhibits promiscuous, non-specific DNase activity and cleaves non-target ssDNAs.
- → Advantage: highly specific.

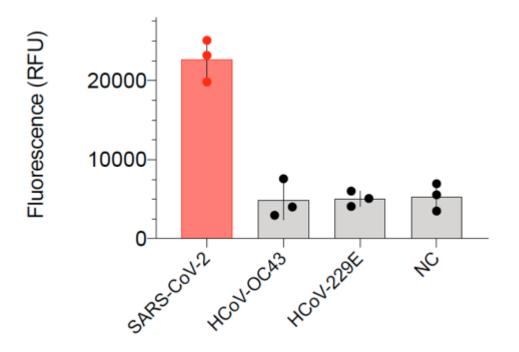
# SHERLOCK diagnostics

CRISPR-based diagnostics (SHERLOCK) use CRISPR/Cas enzymes to detect viral RNA



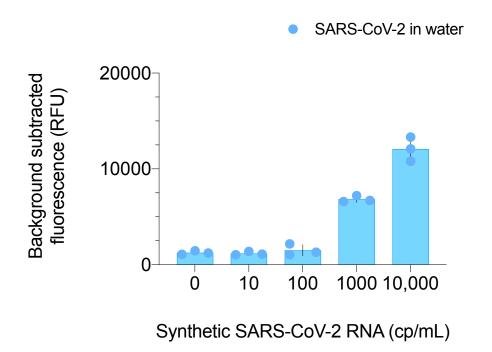
- → Cas12a activates through recognition of its dsDNA target. Once activated, it exhibits promiscuous, non-specific DNase activity and cleaves non-target ssDNAs.
- → Isothermal amplification (RPA, NASBA) is compatible with Cas12a detection.
- → Advantage: sensitive + specific.

# SARS-CoV-2 universal assay (N gene) is specific

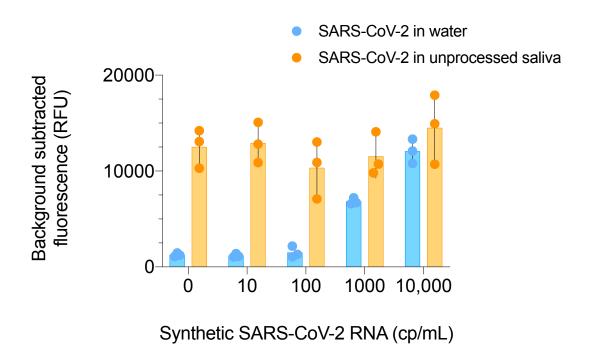


SARS-CoV-2 universal assay detects SARS-CoV-2 and other endemic coronaviruses are not detected

# SARS-CoV-2 universal assay (N gene) is sensitive

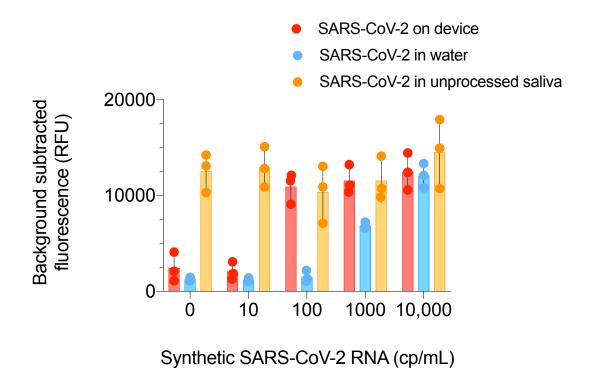


# Saliva contains nucleases that must be deactivated



LOD 1cp/ $\mu$ l. However, unprocessed saliva leads to false positive signals

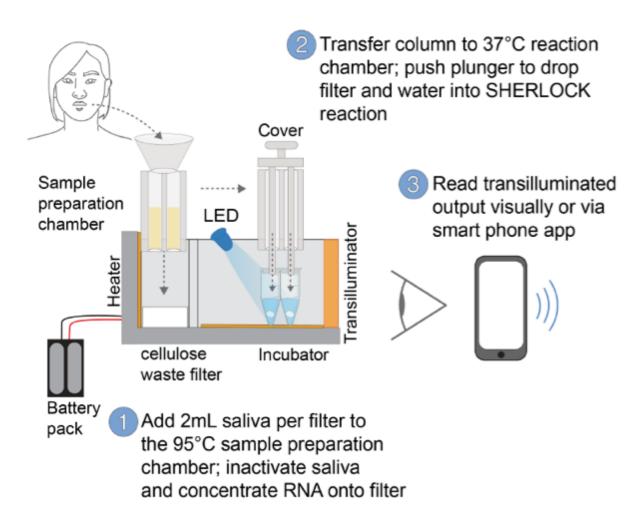
# SARS-CoV-2 universal assay (N gene) on miSHERLOCK





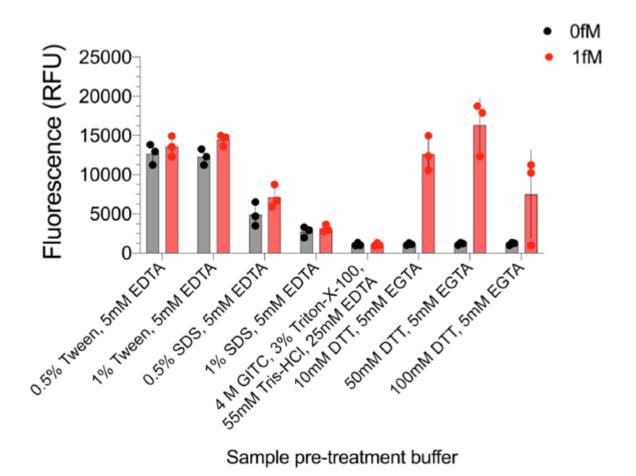
LOD 0.1cp/ $\mu$ l in processed saliva due to: (1) nuclease inactivation and (2) RNA concentration

## Portable, rapid SARS-CoV-2 diagnostics for at-home and de-centralized testing

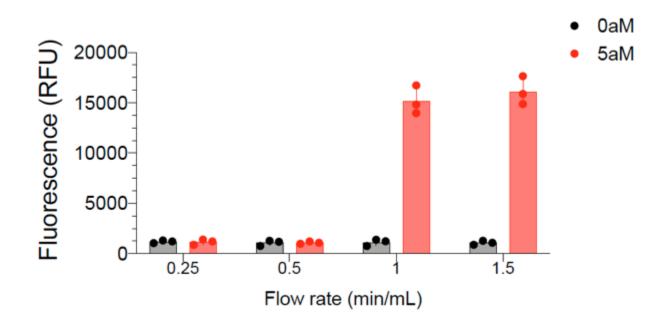


- Sample pre-treatment:
  - Easily accessible sample: self-collected saliva
  - Integrated virus lysis and nuclease inactivation
  - Viral RNA collection and concentration in solid substrates

# Using saliva as a sample requires inactivating nucleases



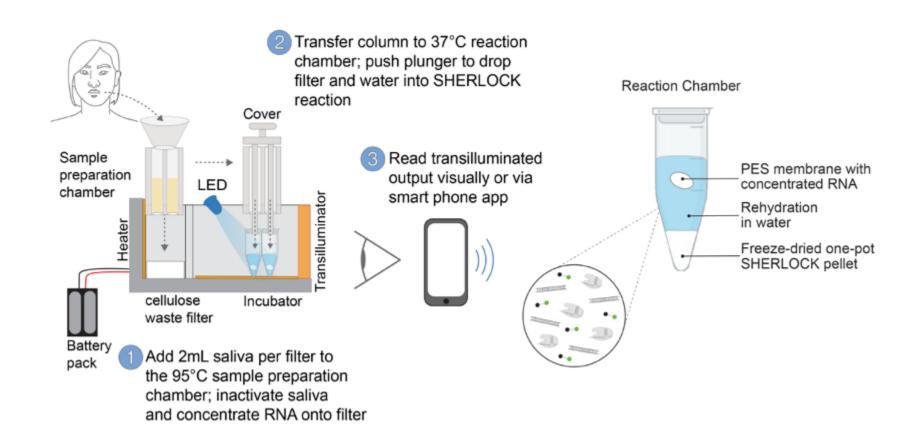
# Viral RNA can be captured and concentrated in PES filters



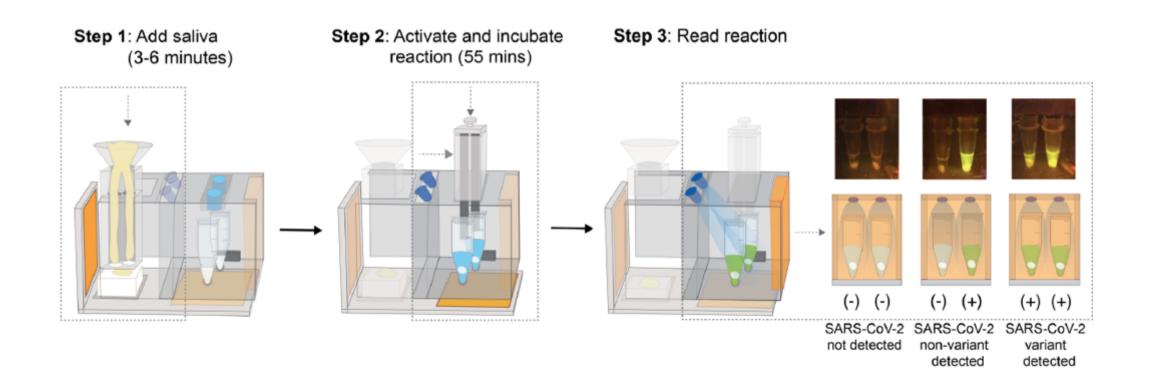
Slower low rates lead to more viral RNA captured

# miSHERLOCK is a device that integrates:

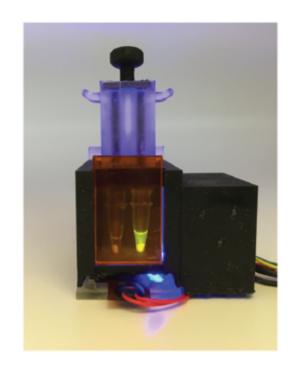
- Easy to use format and readout:
- Format: Low-cost instrument and consumable cartridges.
- Easy to use microfluidics device integrates sample preparation, assay development and diagnostic readout
- Phone-app for results visualization



# miSHERLOCK step by step:



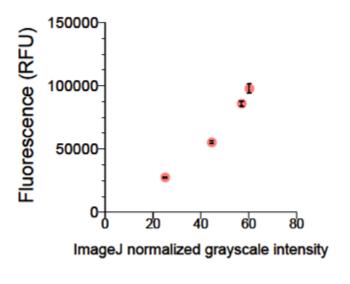
# miSHERLOCK: a 3D printed device for SARS-CoV-2 diagnostics in saliva

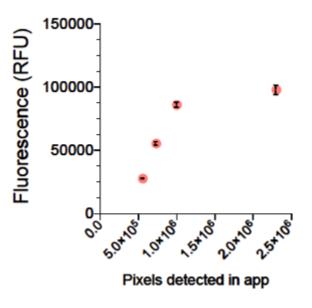




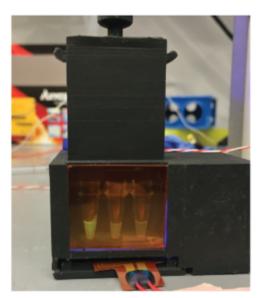
Fluorescence readouts in phone app/fluorimeter and ImageJ quantification are comparable



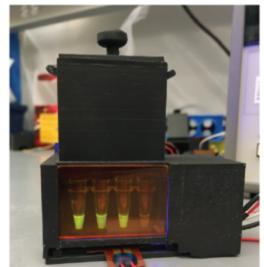




# Device is easy to modify for higher order multiplexing



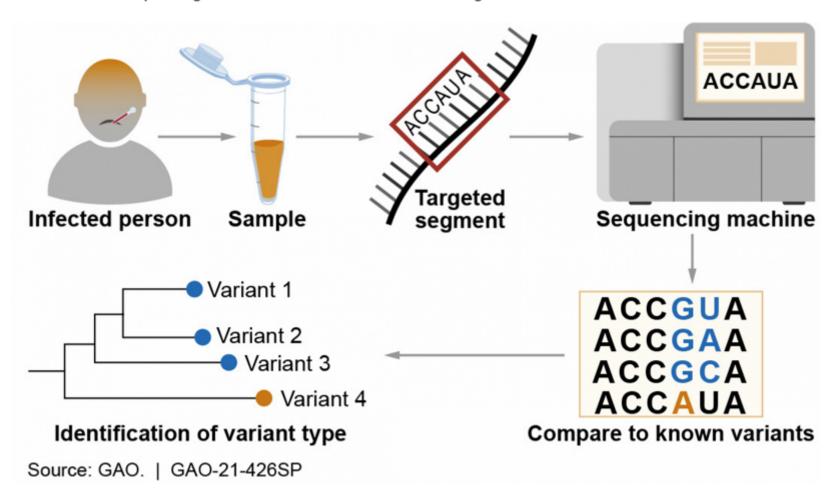




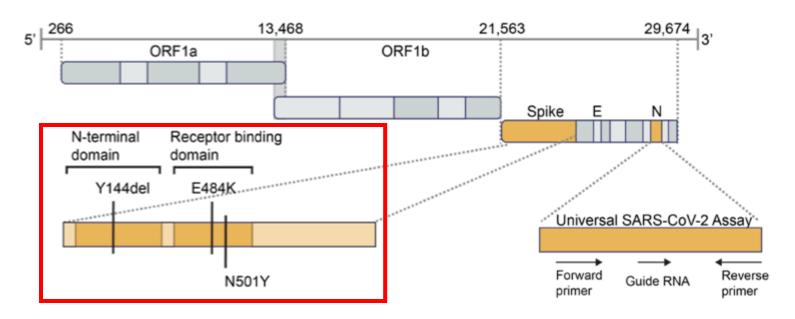


### miSHERLOCK can be used to monitor SARS-CoV-2 variants

Use of Genomic Sequencing in the Identification of Infectious Pathogen Variants



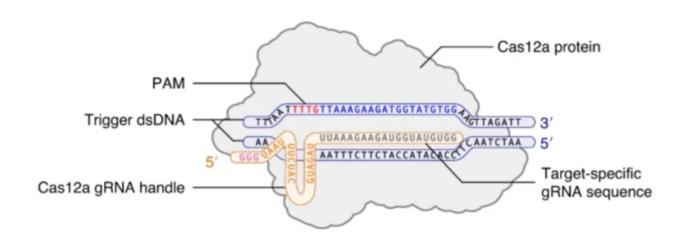
## Key mutations to identify SARS-CoV-2 variants are located in the S gene

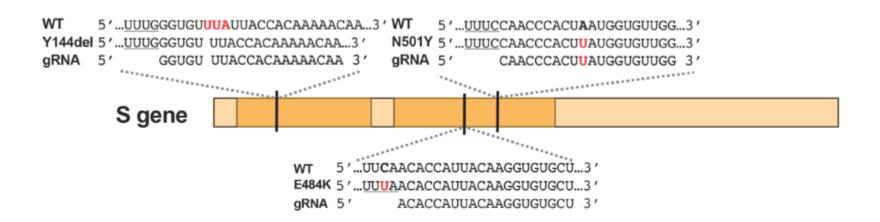


#### Spike Region Mutations of the Key SARS-CoV-2 Variants

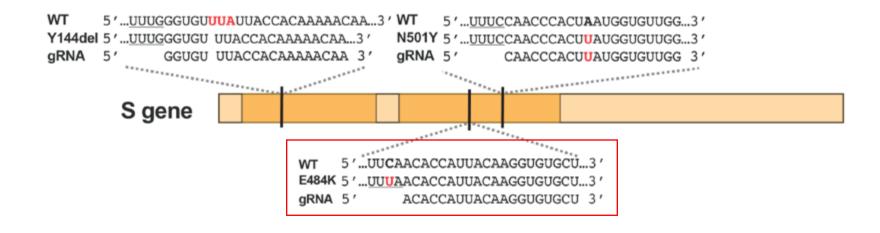
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E484K: G23012A	(Brazil, S. Africa Variant)
N501Y: A23063T	B.1.1.7
Y144 del: 21991-21993 deletion	(UK Variant)

## Cas enzymes have evolved to be very specific in nucleic acid detection



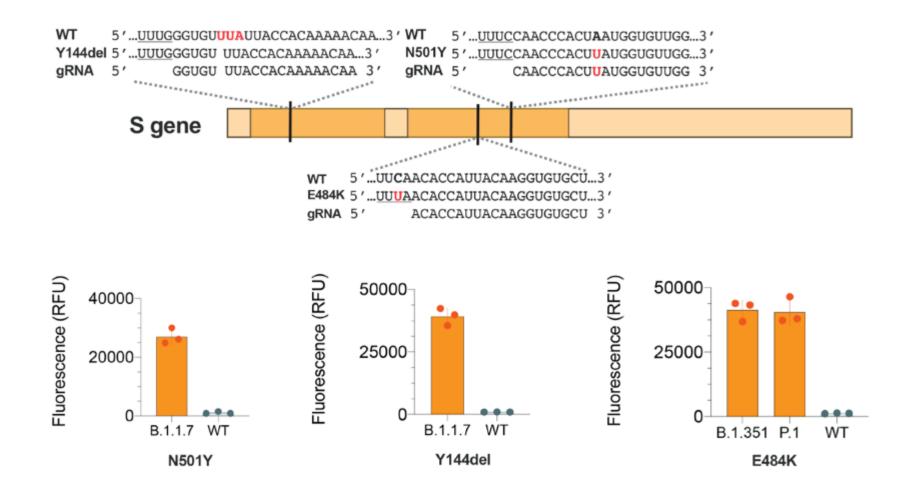


## Example: E484K assay for the Brazil variant

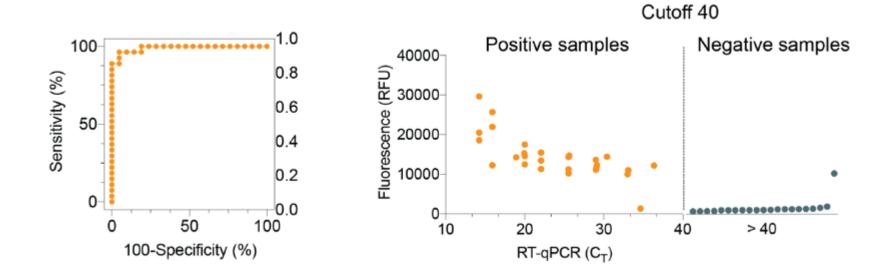




## Assays on miSHERLOCK distinguish WT from variant RNA



## miSHERLOCK performance with clinical samples



Results with clinical samples are comparable to RT-qPCR.

## SUMMARY: miSHERLOCK device for remote/at home diagnostics

**Affordable** 

Sensitive & Specific

**User-friendly** 

Rapid

**Equipment-free** 

**Deliverable** 





miSHERLOCK is an ideal candidate for diagnosis of disease at home and/or in remote areas

Sensitivity and specificity comparable to PCR

Also complies with other ASSURED criteria

Cost \$2-\$15; sample-to-answer in 1h

#### Thanks!

R. A. Lee, D. Najjar, X. Tan, L. R. Soekensen, N. M. Angenent-Mari, N. M. Donghia, N. E. Weckman, A. Ory, C. F. Ng, P. Q. Nguyen, A. S. Mao, T. C. Ferrante, G. Lansberry, H. Sallum, J. Niemi, J. J. Collins.





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