BIOE 301

Lecture Seven



Four Questions

What are the problems in healthcare today?

Who pays to solve problems in healthcare?

How can we use science and technology to solve healthcare problems?

Once developed, how do new healthcare technologies move from the lab to the bedside?

Three Case Studies

Prevention of infectious disease HIV/AIDS Early detection of cancer Cervical Cancer Ovarian Cancer Prostate Cancer Treatment of heart disease Atherosclerosis and heart attack Heart failure



The process of developing a new medical technology



Class Activity #1 – Gene Therapy

Directions:

Place the articles in correct chronological order

- Contextual clues in the selections
- Your knowledge of the science of DNA and genes
- Your recollection of events in the media.
- Articles reflect current thought for the time
- First article published in 1953; the last in 2003
- Discuss in group; come to consensus

Choose one member of your group to speak

- Did your ideas about the sequence match each other?
- What clues or events prompted you to make choice?
- Do not discuss your ideas with other groups



Question:

What is the difference between science and engineering?

Definitions

Science

- Body of knowledge about natural phenomena which is:
 - Well founded
 - Testable
- Purpose is to discover, create, confirm, disprove, reorganize, and disseminate statements that accurately describe some portion of physical, chemical, biological world
- "Science is the human activity of seeking natural explanations for what we observe in the world around us."

Definitions

Engineering

- Systematic design, production and operation of technical systems to meet practical human needs under specified constraints
 - Time
 - **\$**
 - Performance
 - Reliability

"Engineering... in a broad sense... is applying science in an economic manner to the needs of mankind "

Definitions

- What is the difference between science and engineering?
 - Science
 - Inquiry to better understand world around us
 - No practical goal necessary
 - Engineering
 - Use of science to solve real world problem in practical way

Engineering Design Method

Fashioning a product made for a practical goal in the presence of constraints

Six design steps:

- Identify a need
- SPECS 2. Define the problem (goals, constraints)
 - 3. Gather information
 - 4. Develop solutions
 - 5. Evaluate solutions



Refine Design

- 6. Communicate results
 - Papers, patents, marketing

Journal Article

[CANCER RESEARCH 63, 1999-2004, May 1, 2003]

Advances in Brief

Real-Time Vital Optical Imaging of Precancer Using Anti-Epidermal Growth Factor Receptor Antibodies Conjugated to Gold Nanoparticles¹

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Departments of Imaging Physics [K. S.], Pathology [A. M.], and Thoracic Head & Neck, Medical Oncology [R. L.] and Center for Biomedical Engineering [M. F.], University of Texas M. D. Anderson Cancer Center, Houston, Texas 77030, and Department of Biomedical Engineering, University of Texas, Austin, Texas 78712 [J. A., I. P., R. R-K.]

Abstract

Recent developments in photonic technology provide the ability to noninvasively image cells in vivo; these new cellular imaging technologies have the potential to dramatically improve the prevention, detection, and therapy of epithelial cancers. Endoscope-compatible microscopies, such as optical coherence tomography and reflectance confocal microscopy, image reflected light, providing a three-dimensional picture of tissue microanatomy with excellent spatial resolution (1–10 μ m). However, their ability to image molecular biomarkers associated with cancer is limited. Here, we describe a new class of molecular specific contrast agents for vital reflectance imaging based on gold nanoparticles attached to probe molecules with high affinity for specific cellular biomarkers. The application of gold bioconjugates for vital imaging of precancers is demonstrated using cancer cell suspensions, three-dimensional cell cultures, and normal and neoplastic fresh cervical biopsies. We show that gold conjugates can be delivered topically for imaging throughout the whole epithelium. These contrast agents have potential to extend the ability of vital reflectance microscopies for in vivo molecular imaging. They can potentially enable combined screening, detection, and therapy of disease using inexpensive imaging systems; such tools could allow mass screening of diseases such as cancer in resource-poor settings.

such, they are ideally suited for early screening and diagnosis of superficial disease.

Tissue reflectance is produced by refractive index mismatches; sources of contrast in OCT and RCM images include structures with increased refractive index such as mitochondria, nuclear chromatin, and melanin (2, 3). Nonspecific contrast agents, such as AA, can perturb the nuclear refractive index distribution, increasing the ability to visualize cellular anatomy (6). Whereas OCT and RCM provide images of tissue microanatomy, their ability to image molecular changes associated with carcinogenesis is limited.

In the last few years, global analysis of gene expression by genomic and proteomic approaches has led to the discovery of new cancerrelated genes, proteins, and biomarkers. Currently, most of these biomolecular signatures can only be assessed through invasive, painful biopsy. The ability to noninvasively image the expression of these biomarkers could translate into improved ability to screen and detect neoplastic changes, better ability to select and monitor therapy, and new tools to understand the pathobiology of the disease.

Here, we demonstrate a new class of molecular specific contrast agents for vital optical imaging of precancers and cancers, based on gold nanoparticles conjugated to probe molecules with high affinity

Patent

<u>www.uspto.gov</u>
<u>Diagnostic Imaging Patent</u>

Example: Oral cancer detection

Science of precancer Engineering solutions for precancer detection 1. Identify a need 2. Define the problem (goals, constraints) 3. Gather information 4. Develop solutions 5. Evaluate solutions ■ 6. Communicate results

Histology of Oral Cancer



Clinical Needs

High sensitivity and specificity Relative to standard of care Relative to clinical impression or gold standard Survey all tissue at risk

Detect precursor or early disease



Multispectral Digital Microscope



Imaging modes: • Reflectance - Multispectral - Polarized • Fluorescence









Site	Pathology		
a.	CIS		
b.	Mild Dysplasia		
c.	CIS		
d.	CIS		
e	Normal		
f.	CIS		

Predicted Probability





Portable Screening System

LED light source Battery powered

3 Image Modes: White light Fluorescence Polarized

Records digital images





Typical Lesions of the Four Diagnostic Categories

	Normal	Abnormal Low Risk	Abnormal High Risk	Cancer
/L				

V

F

Image Analysis

Normalized Ratio of Red to Green MFI



Commercial Device







Technology: Confocal Microscopy

Sample

Point Source Beamsplitter C Illumination 0000% Rejected Light Rejected Image **Pinhole** Plane **Plane** Accepted Light **Detector** Webb, J. Investigative Dermatology, 1995

Confocal Microscope



Imaging Endogenous Contrast







Needle Biopsy



Needle Biopsy





а



b



Miniature Microscopes



Collaboration with T. Tkaczyk



100µm 6KU X50 31mm

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Three Case Studies

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Assignments Due Next Time

None!