

# Development of a rapid diagnostic test for diagnostic and prognostic of malaria

**Pedreira J**

Balerdi-Sarasola L, Camprubí-Ferrer D, Muñoz J, Parolo C

Barcelona Institute for Global Health (ISGlobal), Hospital Clínic-Universitat de Barcelona, C/ Rossello 132, 08036, Barcelona, Spain

[Julia.pedreira@isglobal.org](mailto:Julia.pedreira@isglobal.org)

**Introduction.** Malaria is the leading cause of fever in international travelers and in the 2-23% of the cases produces severe symptoms (including death)[1]. Although appropriate treatment can almost entirely reduce mortality, current methods for prognosing malaria, which assess the risk of developing severe symptoms, are not reliable. A tool able to precisely prognose malaria during the initial visit would allow for a better patient management. In order to provide a solution for this need, we developed a lateral flow assay (LFA) for the detection of two prognostic biomarkers: angiopoietin-1 (ANG1) and angiopoietin-2 (ANG2)[2].

**Methods.** First, in order to identify the cut-off levels of host biomarkers (ANG1, ANG2 and sTREM) associated with severity[2], we analyzed a retrospective cohort of 132 patient samples using commercially available ELISA kits. Then, following a recently published protocol[3], we developed a LFA using gold nanoparticles for the detection of ANG2 and ANG1, whose ratio provided the best prognostic performance. To optimize the assay, we tested 12 different antibodies, 3 nitrocellulose membranes, 3 running buffers, and their specificity.

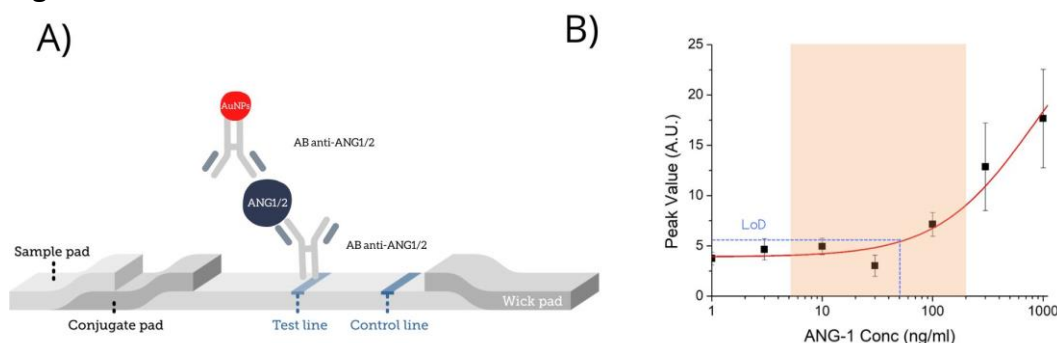
**Results.** From the analysis of the biomarker levels, the ANG2/ANG1 ratio provides the best performance with an area under the ROC of 0.82, which is similar to the values obtained by the current gold-standard methods. The measurements of the developed LFA was able to detect concentrations of ANG1 between 50 ng/ml to 1000 ng/mL and of ANG2 between 40 ng/ml and 1000 ng/ml[4], concentrations respectively within the clinical relevant range of ANG1 (5-200 ng/mL) and just above the one of ANG2 (2-15 ng/mL). The results confirmed that the developed LFA is specific for both targets. The use of the ImageJ software was feasible for the quantification of the biomarker concentrations.

**Conclusions.** We believe that developing and implementing more point-of-care prognostic devices is essential to shift from the common 'one-size-fits-all' approach to precision medicine, which allows for personalized patient management and optimizes available healthcare resources.

## References

- [1] World Health Organization, World malaria report 2020, (2020)
- [2] F. E. Lovegrove *et al.*, *PLoS One*, vol. 4, no. 3, Mar. (2009)
- [3] C. Parolo *et al.*, *Nature Protocols*, vol. 15, no. 12., pp. 3788–3816, (2020)
- [4] A. Sena-Torralba *et al.*, *Adv. Mater. Technol.*, vol. 7, no. 8, p. 2101450, (2022)

## Figures



**Figure 1:** A) Representation of the main components and operation of a LFA schematic of the procedure based on immunosandwich recognition, with a positive sample testing B) Final prototype results with their limit of detection and the clinical range of ANG-1 Ab4/Ab7.