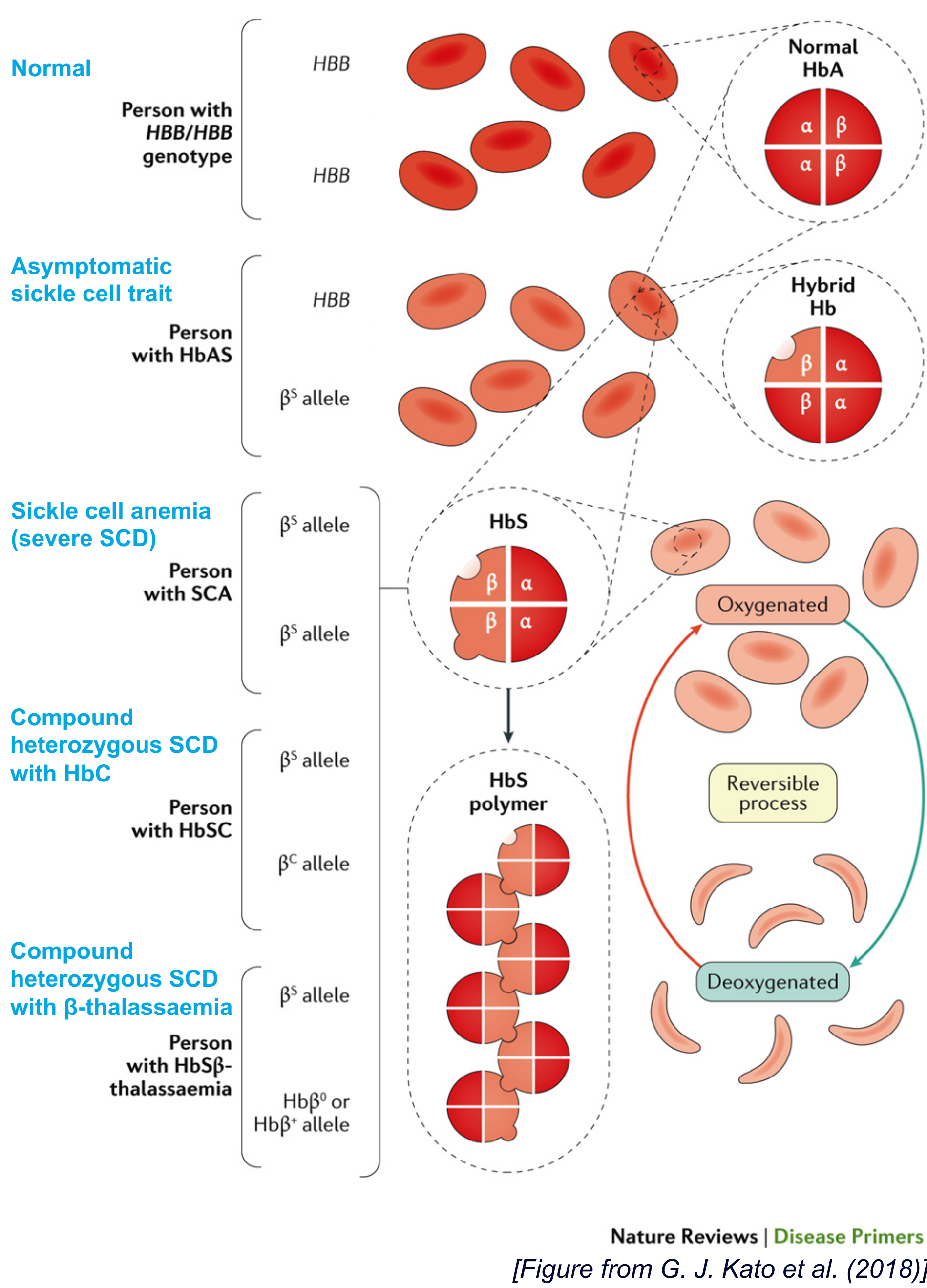


Low-cost screening of sickle cell disease and β -thalassaemia in Nepal

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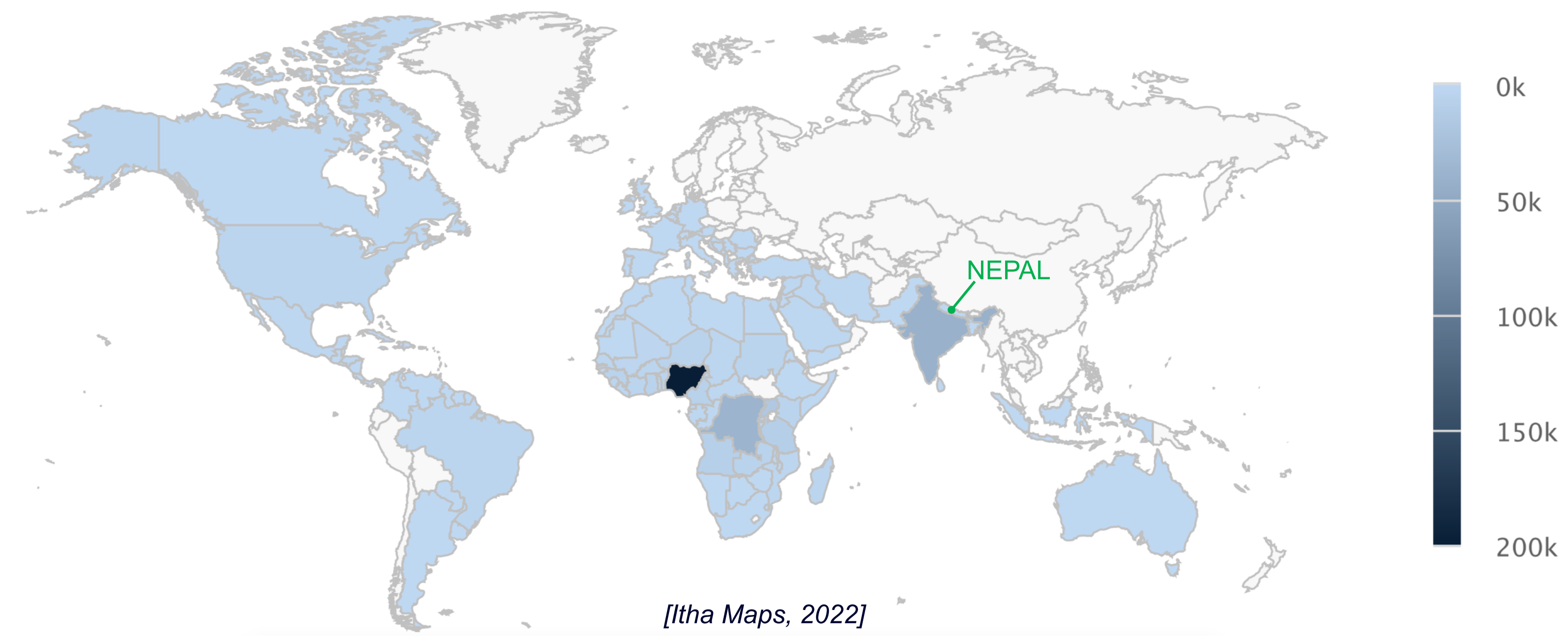
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Sickle cell disease (SCD) and β -thalassaemia

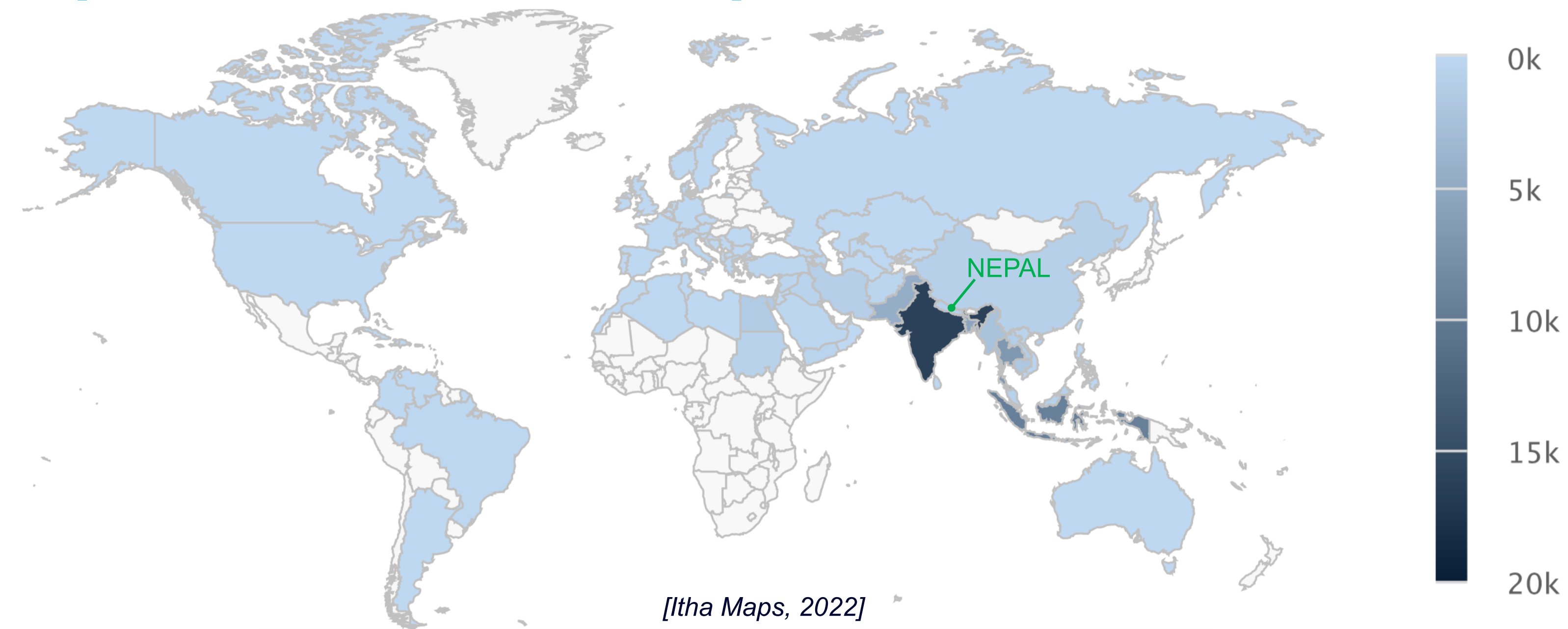


- **Inherited** blood disorders
- **Mutations** in gene encoding hemoglobin subunit β (HBB)
- Disease burden for SCD is highest in **low-resource** settings (with childhood mortality between 50-90% [1])
- **Screening** and early diagnosis greatly improves quality of life
- Co-inheritance of HbS and β -thalassaemia can lead to **compound heterozygous** cases
- In countries like **Nepal**, where HbS and β -thalassaemia are both prevalent, it is essential to screen for both
- **Low-cost** and portable options are required to improve screening access in remote and rural settings

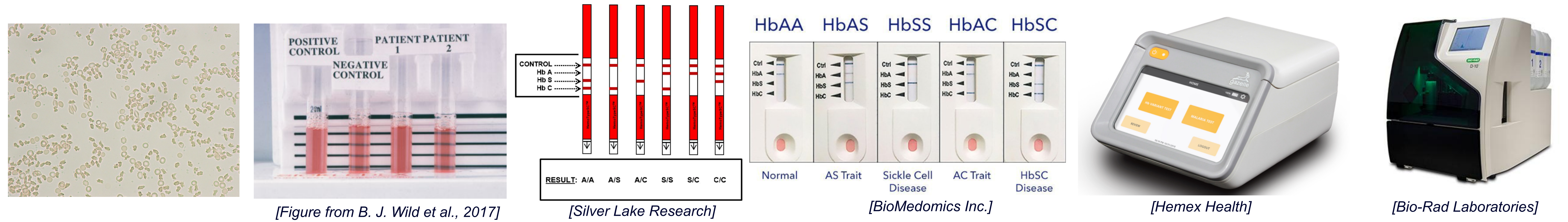
Incidence of sickle cell disease



Expected incidence of β -thalassaemia



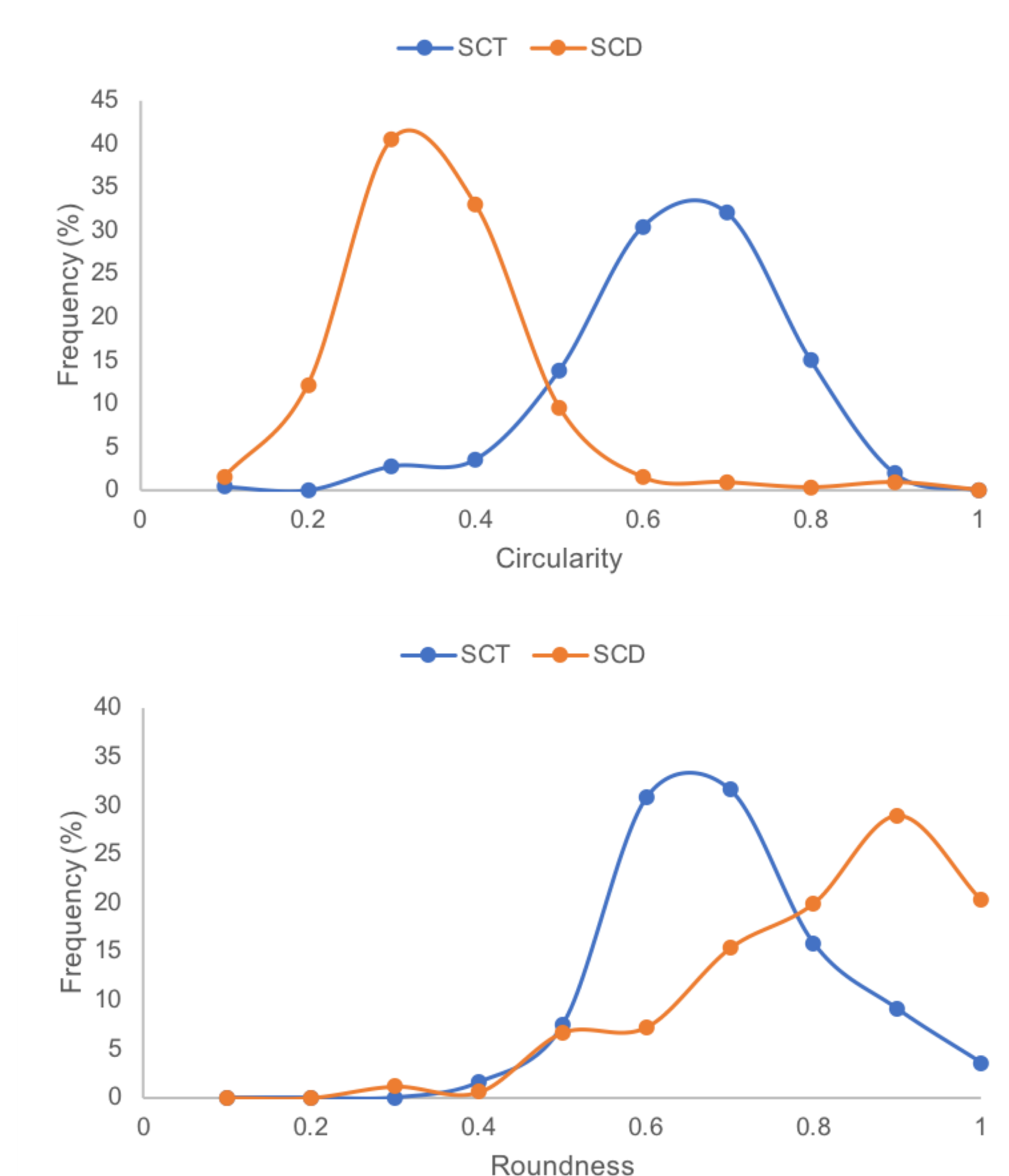
Screening/diagnostic technologies for sickle cell disease and β -thalassaemia



	Sickling test	Solubility test	HemoTypeSC	Sickle SCAN	Gazelle Hb Variant	HPLC
HbS detection	Yes*	Yes*	Yes	Yes	Yes	Yes
β -thal. detection	No	No	No	No	Yes	Yes
Time	30 min – 60 min	5 min	10 min	5 min	8 min	10 min - 60 min
Equipment requiring electricity/battery	Microscope \$100 - \$2000	None	None	None	Portable reader \$1200	Testing unit \$10k - \$20k
Cost per test	< \$1	< \$1	\$2	\$5	\$2	\$20
Sensitivity	65% - 97.3%	45% - 99%	93.4% - 100%	90% - 100%	100%	Gold standard
Specificity	96% - 99.6%	90% - 99.9%	99.1% - 100%	92.6% - 100%	98%	Gold standard

*Cannot distinguish between SCT & SCD

Automated sickling test



- **Morphological differences** exist between sickle cell trait (SCT) and SCD in sickling test
- Morphological identifiers:
 - **Circularity** = $\frac{4 \times \pi \times \text{Area}}{\text{Perimeter}^2}$
 - **Roundness** = $\frac{4 \times \text{Area}}{\pi \times (\text{Major Axis})^2}$
- Traditional sickling test cannot distinguish between SCT and SCD
- **Image analysis** can potentially augment sickling test to distinguish between SCT & SCD
- Can be automated using **machine learning & low-cost microscope**

Study plan

- ### Participants
- SCD (HbSS): 20
 - SCT (HbAS): 20
 - Healthy (HbAA): 20
 - HbA/ β thalassaemia: 20
 - HbS/ β thalassaemia: 20
 - Hb β / β thalassaemia: 20

Location: Mount Sagarmatha Polyclinic & Diagnostic Center, Nepalgunj, Nepal

Tests: Automated sickling test, solubility test, HemoTypeSC, Sickie SCAN, Gazelle Hb Variant, HPLC

Planned timeline: Sept, 2022

References

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- [2] B. J. Wild and B. J. Bain, "Investigation of Variant Haemoglobins and Thalassaemias," in *Dacie and Lewis Practical Haematology*, Twelfth Ed., Elsevier, 2017, pp. 282–311.

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