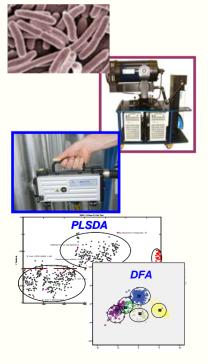
Laser-induced breakdown spectroscopy (LIBS) as a rapid bacterial pathogen diagnostic: a novel use of the analytic plasma

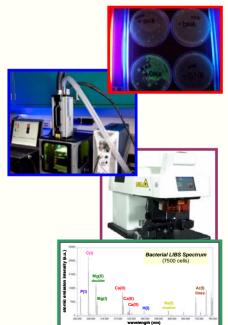
> presented at the 2013 Colloque de Plasma-Québec Montreal, QC May 2013



Steven J. Rehse

Department of Physics University of Windsor

Windsor, Ontario, Canada



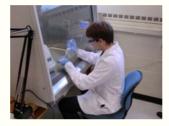


Qassem Mohaidat and Khozima Hamasha

Wayne State University Department of Physics and Astronomy









Khadijia Sheikh, Russell Putnam, Andrew Daabous, Ryan Woodman, Daniel Trojiand, Eric Lessard, Derek Gillies, Hanieh Afkhamiardakani



University of Windsor Department of Physics

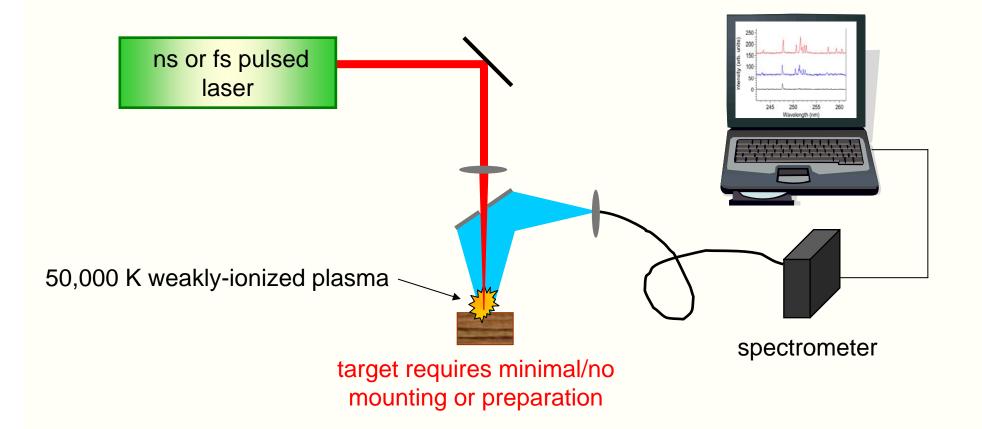






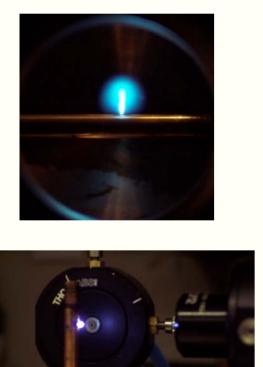
Laser-Induced Breakdown Spectroscopy

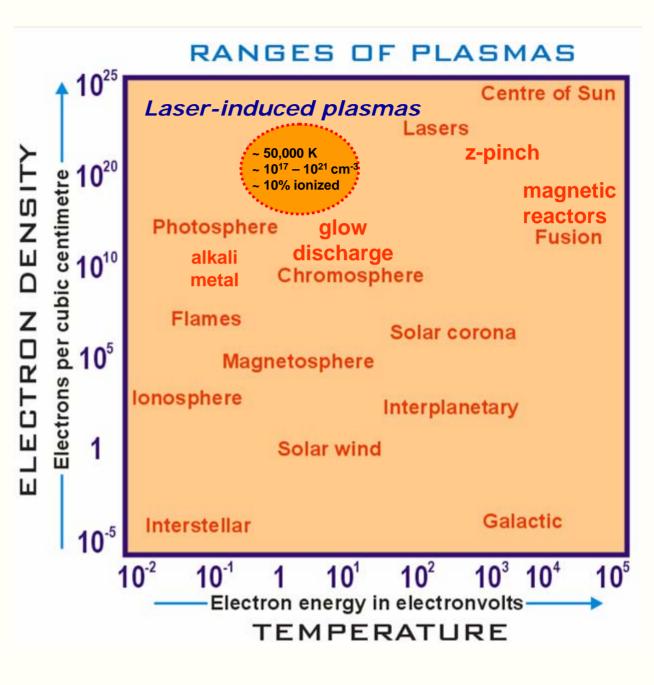
a non-resonant laser-based atomic spectroscopy technique



performs an elemental assay (all elements detected without bias) in under one second!







LIBS...as a medical diagnostic?

- Since 80's LIBS has been known as a *fast*, sensitive, and *robust* spectroscopic technique for rapid elemental analysis (inexpensive, on-line, in situ, portable)
- Not enough people outside the LIBS community realize that it is currently being used for a wide variety of intriguing and important *medical and biomedical applications*

Prospects for laser-induced breakdown spectroscopy for biomedical applications: a review

Vivek Kumar Singh • Awadhesh Kumar Rai

Lasers Med Sci (2011) 26:673-687

Assessment of LIBS for Spectrochemical Analysis: A Review

ASHOK KUMAR PATHAK,¹ ROHIT KUMAR,¹ VIVEK KUMAR SINGH,² RAHUL AGRAWAL,³ SHIKHA RAI,¹ AND AWADHESH KUMAR RAI¹

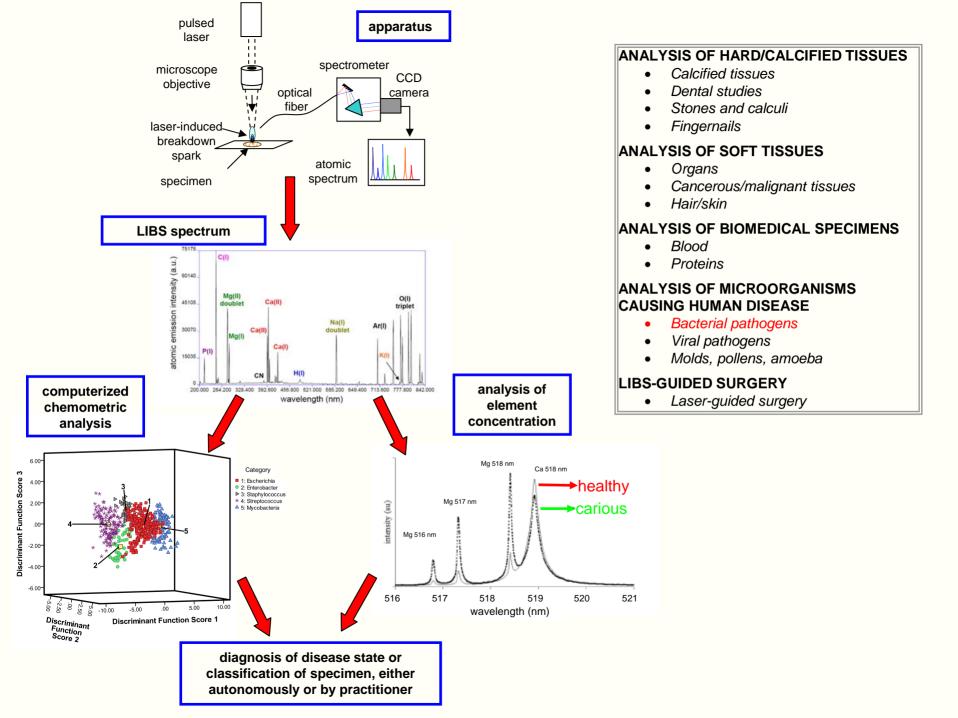
Applied Spectroscopy Reviews, 47:14–40, 2012

REVIEW

Laser-induced breakdown spectroscopy (LIBS): an overview of recent progress and future potential for biomedical applications

S. J. Rehse*,1, H. Salimnia² and A. W. Miziolek³

Journal of Medical Engineering & Technology, 2012; 36(2): 77–89



MOTIVATION: there is an urgent need right now in the military, civilian (hospital, food processing, environmental), and first responder communities for a "...rapid point-of-care diagnostic for disease-causing pathogens"

multiply drug-resistant bacteria (MDRB)

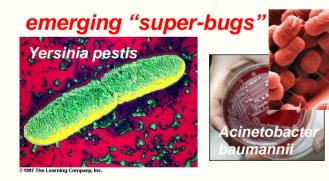




food contamination

bioterrorism &threats of bioterrorism)





- \checkmark lower health care costs
- ✓ improve patient outcomes
- ✓ slow the emergence of antibiotic resistance

ideally this diagnostic should NOT require:

- 1. a priori knowledge of nucleic acid sequences for genetic testing
- 2. possession of antibodies against known bacterial antigens

Infectious Pathogen Diagnosis

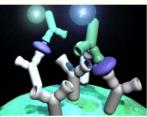
microbiological





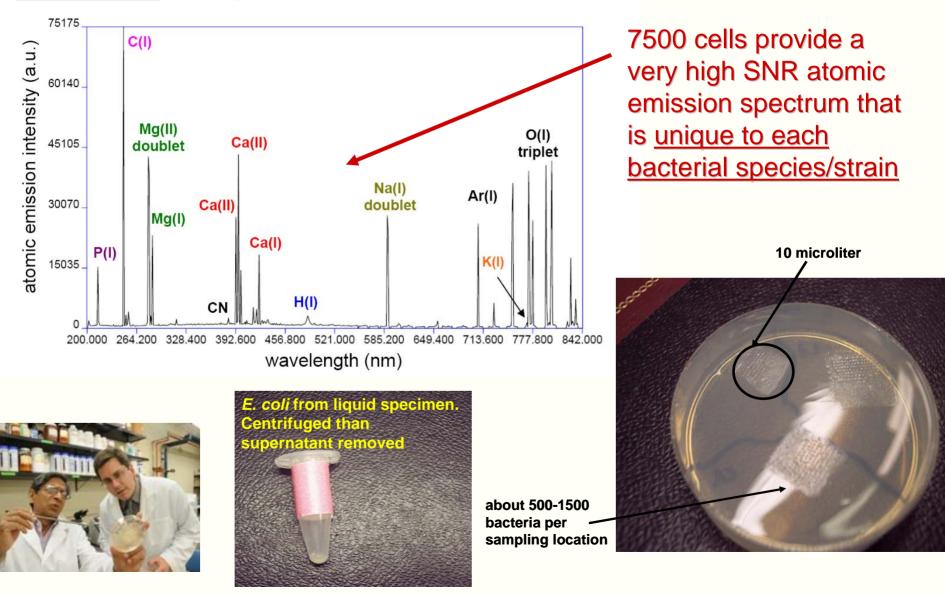






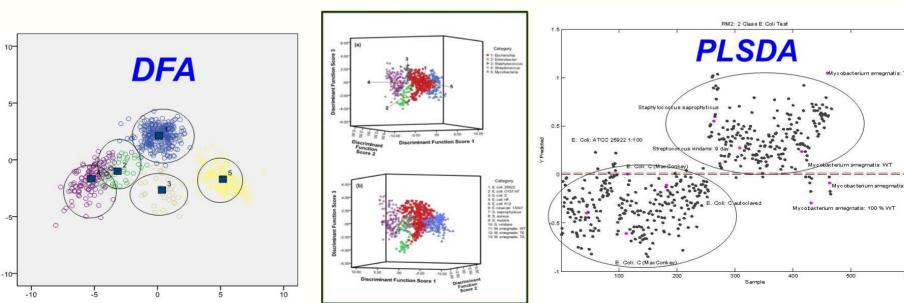
compositional spectroscopic/spectrometric Laser-induced Ramar MALDI-TOF-MS spectroscopy breakdown spectroscopy (LIBS)

A LIBS spectrum is a sensitive assay of the bacterial cell's inorganic composition



To "discriminate" one bacterial spectrum from another, a multivariate analysis ("chemometrics") is required

- Intensities of lines or ratios of intensities used as independent variables in a DFA or PLSDA
 - Express the emission intensity data in a basis set that maximizes differences between data sets
 - Build a "library" of known bacterial spectra
- Identify an unknown specimen according to which class it is assigned with the highest probability

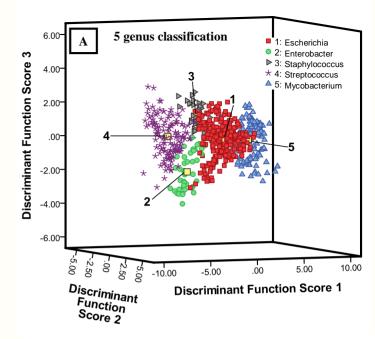


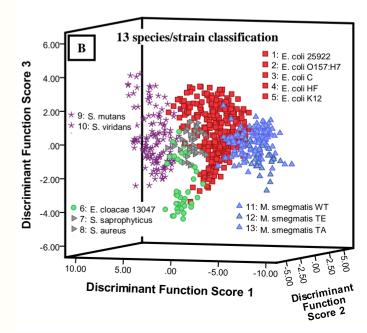
How unique is "unique"?

- We can identify a bacterial species, certainly its genus, with high sensitivity and specificity (confirmed by others).
- ✓ We can differentiate strains of *E. coli* (demonstrated by others in MRSA).
- Multiple multivariate techniques effective at discriminating spectra.

PLSDA			DFA		
E. COLI	True	False	E. COLI	True	False
Positive	95.65%	9.17%	Positive	89.63%	15.95%
Negative	90.83%	4.35%	Negative	84.05%	10.37%
STAPHYLOCOCCUS	True	False	STAPHYLOCOCCUS	True	False
Positive	54.05%	0.51%	Positive	86.49%	5.85%
Negative	99.49%	45.95%	Negative	94.15%	13.51%
STREPTOCOCCUS	True	False	STREPTOCOCCUS	True	False
Positive	95.59%	1.02%	Positive	99.26%	13.32%
Negative	98.98%	4.41%	Negative	88.68%	0.74%
MYCOBACTERIUM	True	False	MYCOBACTERIUM	True	False
Positive	88.31%	1.06%	Positive	96.10%	4.08%
Negative	98.94%	11.69%	Negative	95.92%	3.90%

DFA: Sensitivity: 91.37 ± 16.39 % PLSDA: Sensitivity: 93.13 ± 10.25 % Specificity: 97.46 ± 9.35 % Specificity: 90.60 ± 21.33 %





Bacterial spectra are unique. Are they robust?



Bacterial identification appears to be independent of the growth condition and culture medium in which the bacteria were grown.



This result confirmed by Marcos-Martinez et al. on three similar growth media



Salmonella enterica serovar Typhimuriumin identified at various concentrations in various liquids such as milk, chicken broth, and brain heart infusion.



The bacterial LIBS spectrum for a given species is stable and does not change with time (experiments conducted on the same *E. coli* strain over the course of multiple years).



Bacterial LIBS spectra do not change with time as the bacteria age on an abiotic surface



Bacterial LIBS spectra can be obtained from killed (via autoclaving) or inactivated (via UV light) specimens, and such treatment (which renders the specimen completely safe for handling) does <u>not</u> decrease identification specificity and does not decrease LIBS spectral intensity.



Bacteria can be identified with high sensitivity and specificity when specimens are obtained from clinical samples (e.g. sterile urine containing organic and inorganic solutes) without the need to remove other compounds present in the sample.

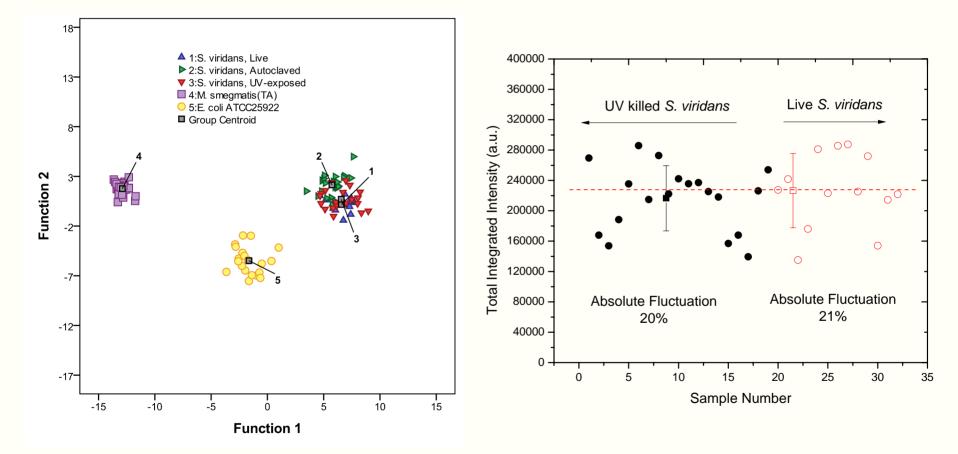


Live pathogenic *Bacillus anthracis* Sterne strain and *Francisella tularensis* can be differentiated regardless of mounting protocol (as lawn and/or colonies on agar, dilutions on agar, and dilutions on glass slides.)

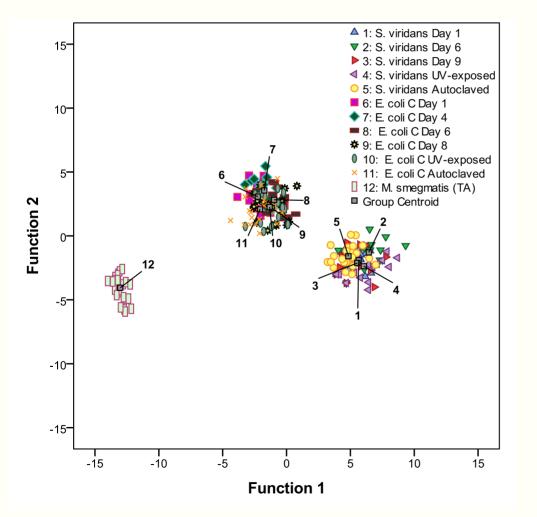


Bacteria in mixed samples are identifiable. The dominant or majority bacterial component of a two-component bacterial mixture is reliably identified provided it comprises 70% of the mixture or more. Trace mixture or contamination is insignificant.

LIBS specificity and sensitivity are <u>not</u> dependent on bio-activity of the bacteria

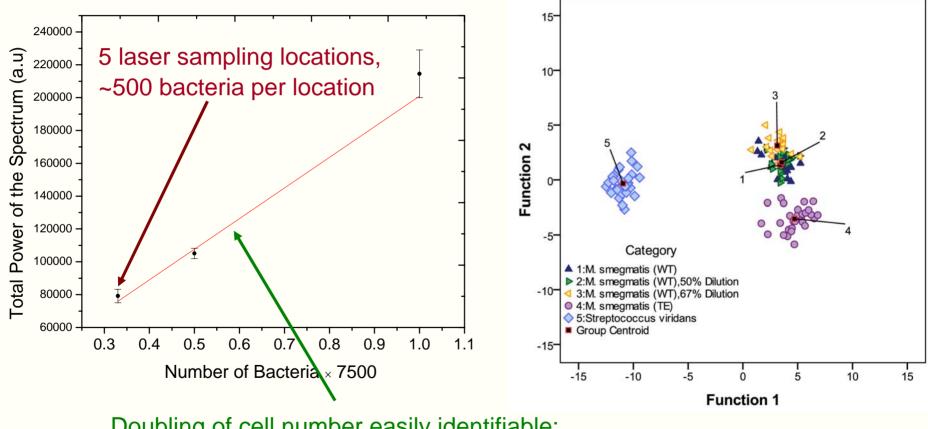


LIBS specificity and sensitivity are <u>not</u> dependent on bio-activity of the bacteria



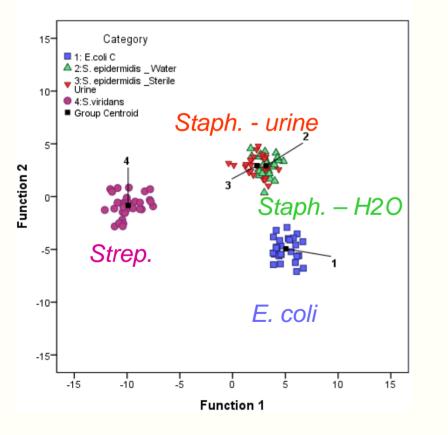
- Two species of bacteria tested
- All specimens prepared separately and left to sit on a nutrient-free medium for up to 9 days at room temperature
- This graph also includes the UV-irradiated and the autoclaved specimens
- All species 100% accurately identified

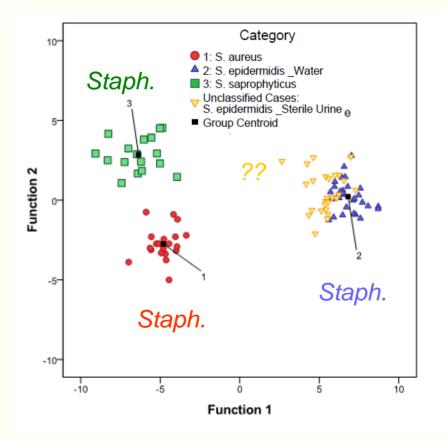
Dilution specimens of various titer



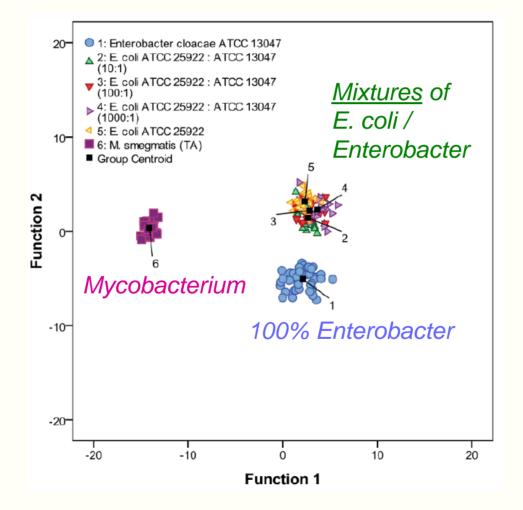
Doubling of cell number <u>easily</u> identifiable: suggests antibiotic resistance test?

Simulated Clinical Specimens sterile urine





Simulated Clinical Specimens contaminations / mixtures



Where are we going next?

(1) <u>Clinical specimens</u> that should be normally sterile and contain minimal other cellular components (i.e. urine, cerebral spinal fluid)

- detect the presence of bacteria
- make a rapid classification of that bacteria
- (2) <u>Strain classification</u> (particularly antibiotic-resistant pathogen strains such as MRSA)

These two applications alone (MRSA infections and UTI's) are responsible for over <u>\$2 billion</u> of medical costs worldwide every year.

Most deaths from meningitis occur in less than a day from onset of the fever. It is most commonly caused by one of three types of bacteria: *Haemophilus influenzae*, *Neisseria meningitidis*, and *Streptococcus pneumoniae*.

Where are we going next?

Microfluidic separation/concentration

A miniaturized continuous dielectrophoretic cell sorter and its applications

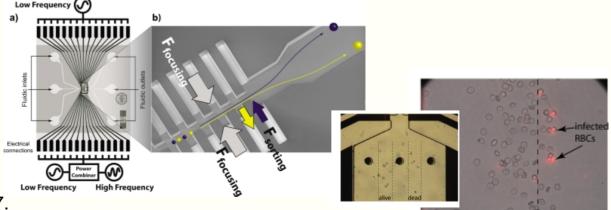
Ana Valero, Thomas Braschler, Nicolas Demierre, and Philippe Renaud

Biomicrofluidics. 2010 June; 4(2): 022807.

Centrifugation/filtration







Long-term goals to improve the health of Canadians.

(1) LIBS-based pathogen identification must be applicable to <u>blood</u> <u>samples</u>.

- The cellular components of blood?
- More complex sample-preparation steps for bacterial separation and identification needed.
- New sample-handling techniques needed.
- Advances made in the application of LIBS to liquid samples should be integrated to allow the rapid testing of the bacteria in fluid media.
- (2) In all cases, efforts should now be made to include <u>clinical</u> <u>collaborators</u>.
 - Allows the testing of clinical specimens in blind tests.
 - All results initially confirmed by more traditional but rigorous microbiological (genetic and molecular microbiology) methods.

(3) Results published in <u>medical journals</u> and prototypes developed.

Much remains to be done...

...but all tests to date have proven the possibility of using LIBS for a rapid pathogen diagnostic, as well as numerous other biomedical applications.

Work continues, with generous help from:

University of Windsor



NSERC Discovery Grant

Natural Sciences and Engineering Research Council of Canada

Conseil de recherches en sciences naturelles et en génie du Canada

• CFI-LOF grant

CANADA FOUNDATION CONDUCTION FONDATION FONDATION FONDATION

Thank you for your attention!

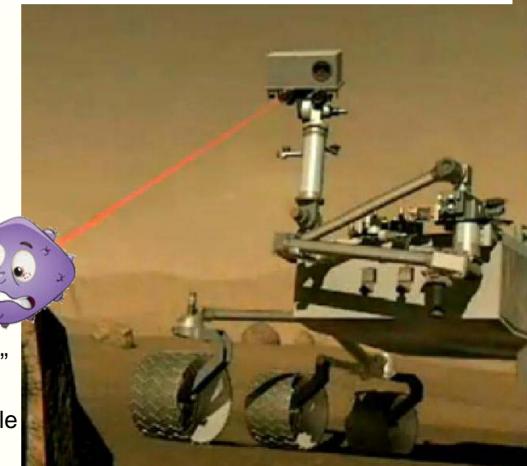


http://www.uwindsor.ca/rehse/

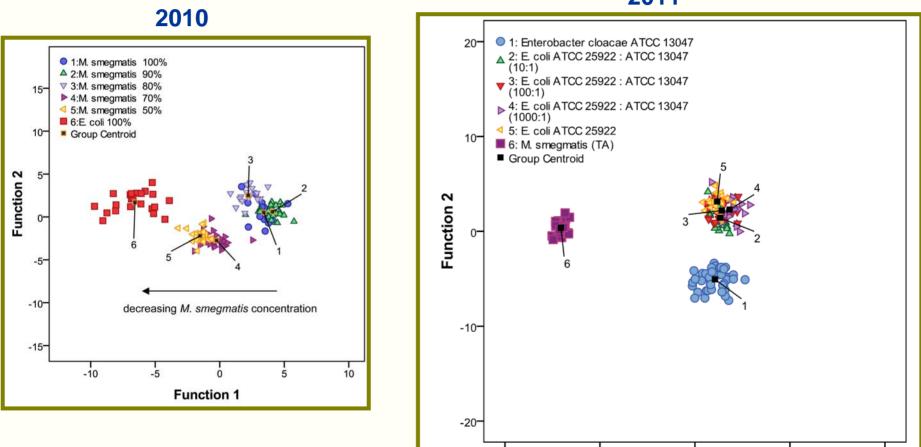
The Mars Science Laboratory "Curiosity" uses the ChemCam LIBS package to ablate rocks looking for signs of habitable environments.

New Lasers Fight Crime, Martians...and bacteria!

By Alexis Madrigal 🖾 February 16, 2010 | 6:26 pm | Categories: Physics, Space



Contamination of samples will <u>not</u> degrade specificity



-20

-10

0 Function 1

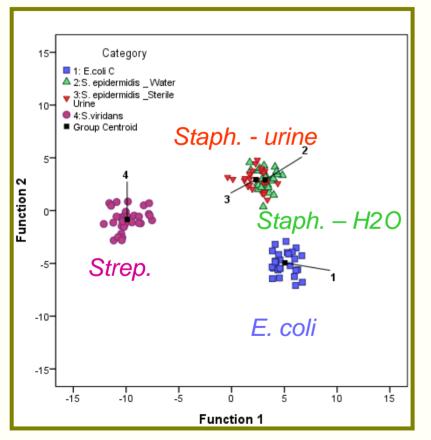
2011

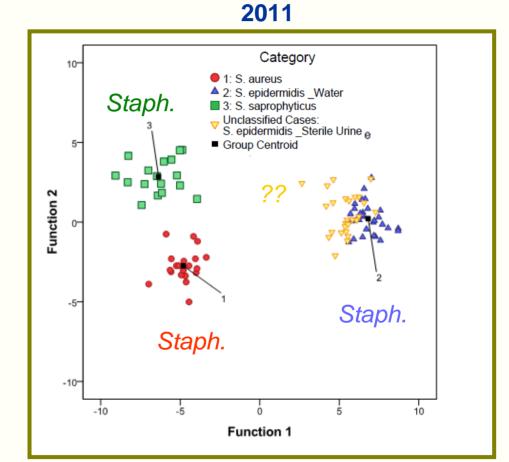
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Simulated Clinical Specimens: sterile urine

2011

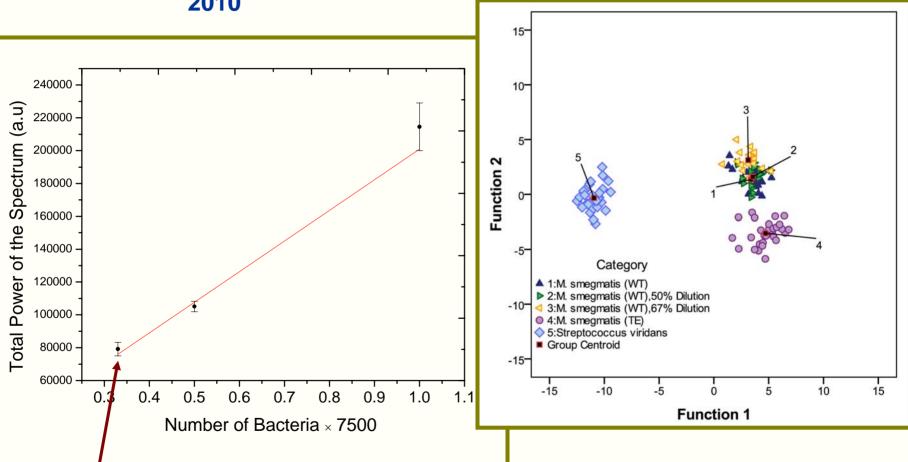




Dilution

specimens of various titer

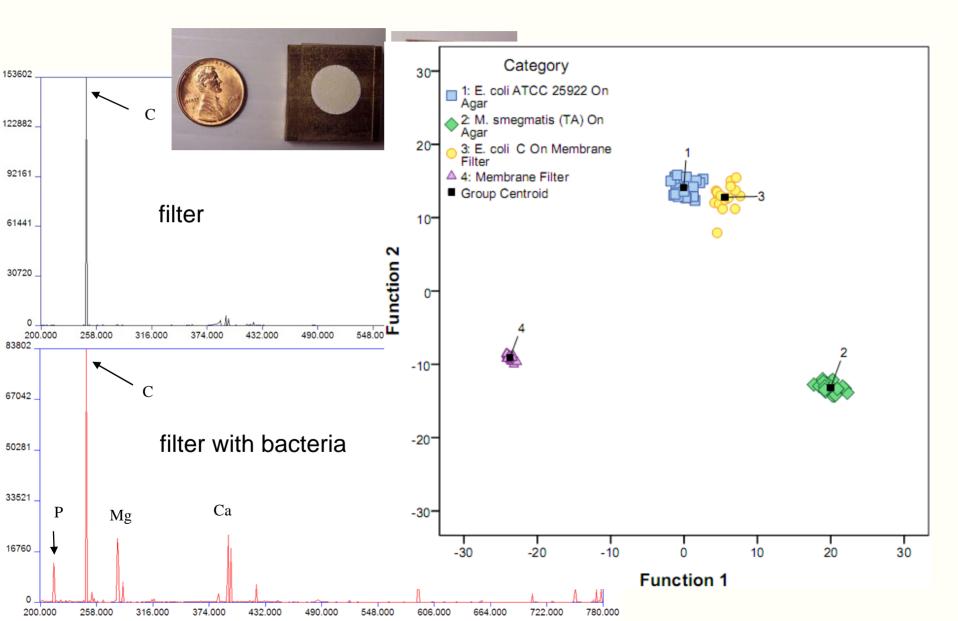
2010



5 laser sampling locations

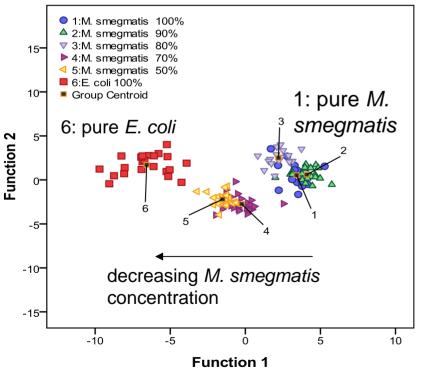
~500 bacteria per locations

Cellulose Filter



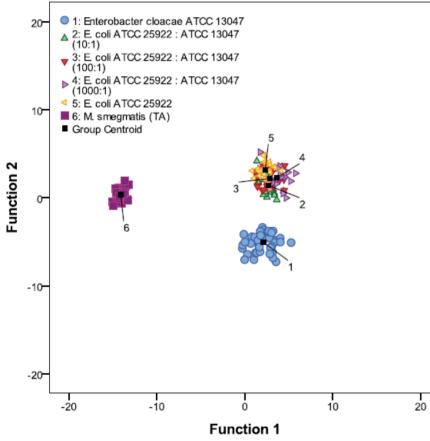
"Mixed" Samples

Category	# of Spectra	Classification Results			
Category	# 01 Spectra	M. smegmatis	E. coli	S. viridans	
100% M. smegmatis, 0% E. coli	21	100%	0%	0%	
90% M. smegmatis, 10% E. coli	20	100%	0%	0%	
80% M. smegmatis, 20% E. coli	16	100%	0%	0%	
70% M. smegmatis, 40% E. coli	21	76%	24%	0%	
50% M. smegmatis, 50% E. coli	19	47%	53%	0%	
0% M. smegmatis, 100% E. coli	25	0%	100%	0%	



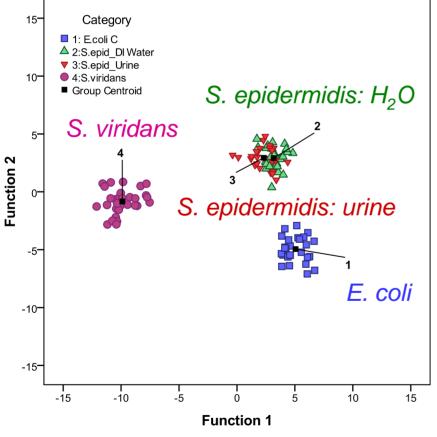
- Six separate mixtures of known mixing fraction were prepared from suspensions *M. smegmatis* and *E. coli* C.
- As long as the majority bacterium comprised 80% of the mixture, we saw 100% identification.

"Mixed" Samples



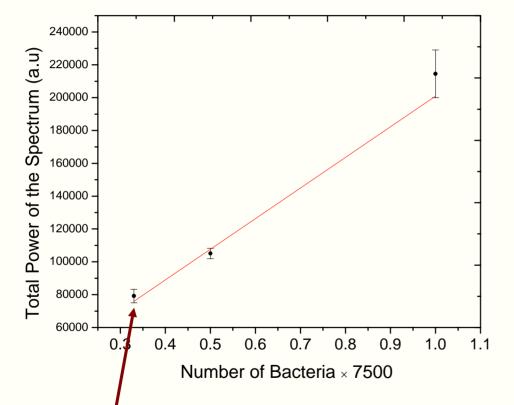
- Mixtures of known mixing fraction were prepared from suspensions *E. coli* C and *E. cloacae*.
- Mixing represent "clinical" contaminations and/or mixtures (i.e. 10:1, 100:1, 1000:1).

"Dirty" clinical samples



- Samples of *Staph. epidermidis* were prepared in DI water and sterile urine.
- Samples were collected and tested via LIBS with NO WASHING.
- LIBS spectral fingerprint from urineexposed bacteria were identical to water-exposed bacteria.
- EMMA correctly classified 100% of the urine-exposed bacteria as being consistent with *S. epidermidis*

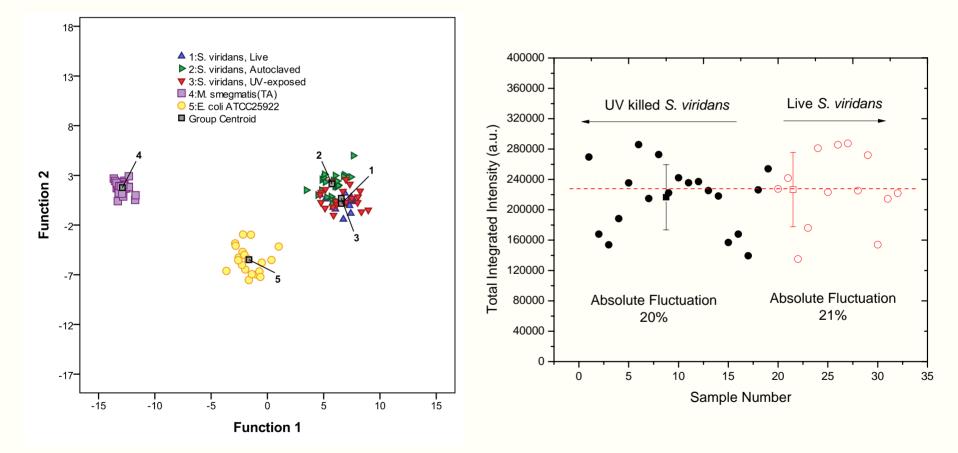
LIBS intensity linearly dependent on number of bacteria



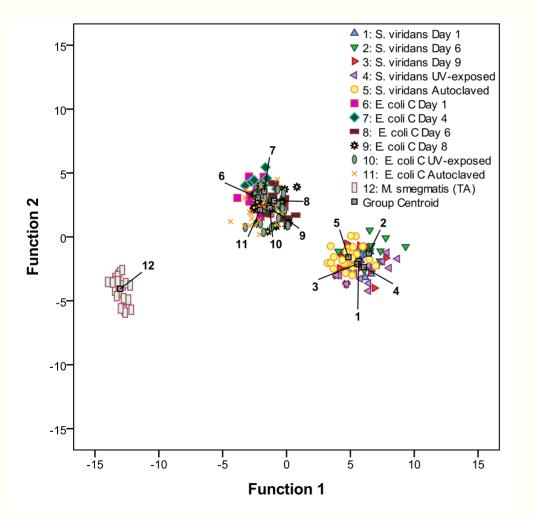
5 laser sampling locations~500 bacteria per locations

- Samples of *E. coli* with different titer tested on agar.
- Each data point is the average of 5 sampling locations.
- As expected, spectra demonstrate a linear dependence with cell number.
- All spectra were 100% correctly identified (specificity <u>not</u> dependent on number of cells).
- Suggests an antibiotic resistance test?

LIBS specificity and sensitivity not dependent on bio-activity of the bacteria



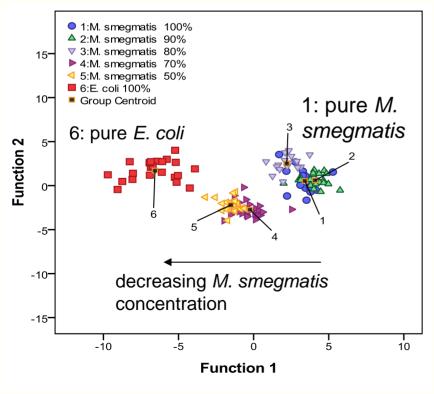
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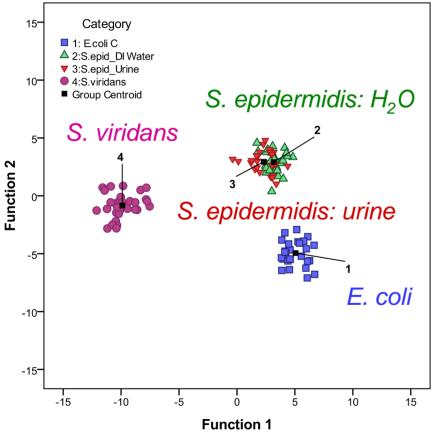
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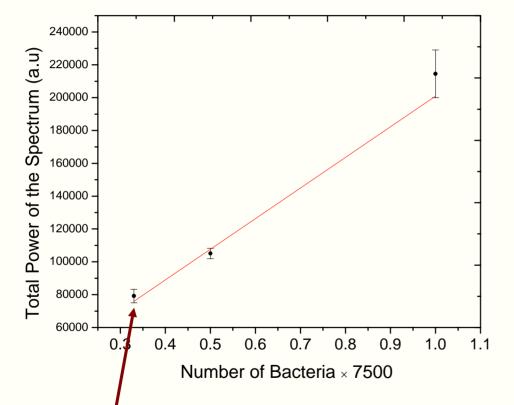
- Mixtures of known mixing fraction were prepared from suspensions *M. smegmatis* and *E. coli* C.
- Six separate mixtures were prepared with a ratio *M. smegmatis* to *E. coli* C given by M_{1-x}:C_x with x = 0.0, 0.1, 0.2, 0.3, 0.5, 1.0.
- Multiple 1.5 mL tubes of these mixtures were prepared, thoroughly agitated via vortex mixing, then centrifuged for 3 minutes at 5000 rev/min.

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- LIBS spectral fingerprint from urineexposed bacteria were identical to water-exposed bacteria.
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