



United States Department of
Health & Human Services
Office of the Assistant Secretary for Preparedness and Response



Biodosimetry Stockpiling

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BARDA Industry Day
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ASPR: Resilient People. Healthy Communities. A Nation Prepared.

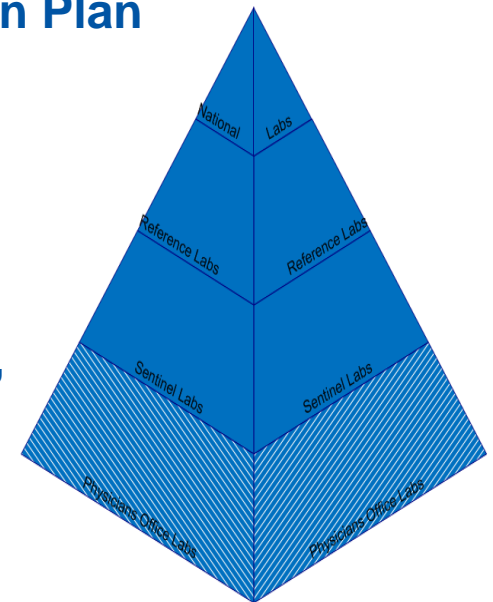


CBRN Diagnostics & Devices Program Strategy



Our objective is to develop tools to inform the efficient use of CBRN countermeasures, maximizing lives saved and minimizing casualties.

- **Developing diagnostics and devices to inform CBRN countermeasure use**
 - **As identified in the PHEMCE Strategy Implementation Plan**
 - **Per PHEMCE needs assessments and requirements**
- **Key Strategies**
 - **Leverage existing clinical diagnostic laboratory infrastructure, instruments, practices, and IT**
 - **Stimulate development of Point of Care (POC) tools, moving testing closer to the casualty**
 - **Ensure appropriate capabilities at all levels**
 - **Correlate marker behavior with disease course**



**Informing Efficient Countermeasure Use,
Empowering Healthcare Laboratory Response**



CBRN Diagnostics(Dx) Programs



Program	FY9	FY10	FY11	FY12	FY13	FY14	FY15
Biological Agent Dx							
Radiation Dx (Biodosimetry)							
Chemical Agent Dx							



Diagnostics Instrument Strategy (All Threats)



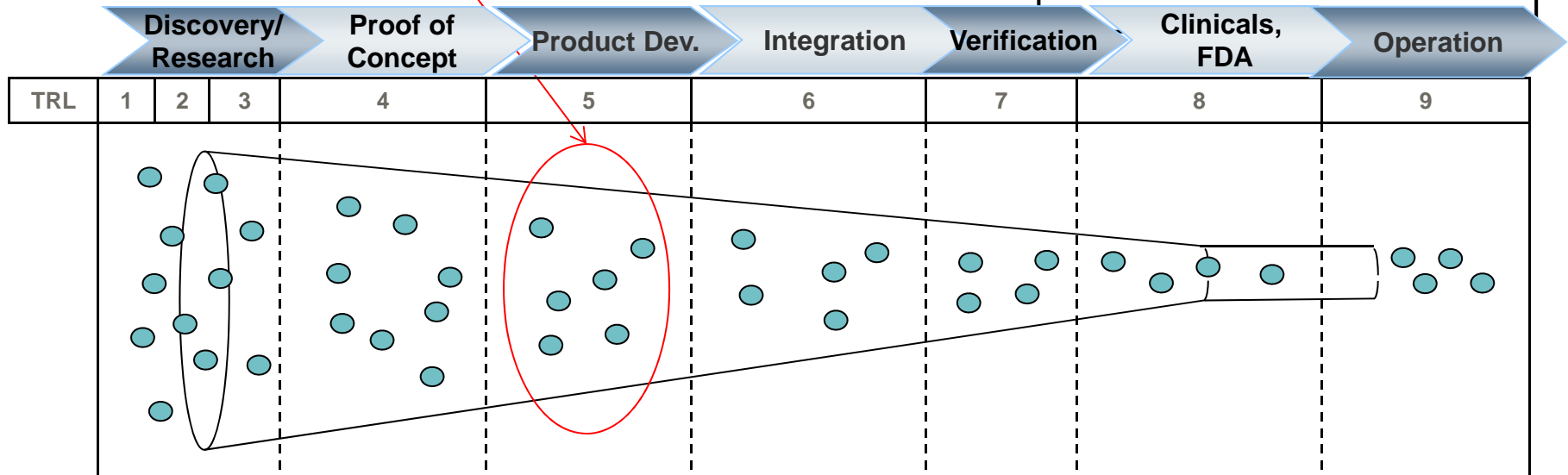
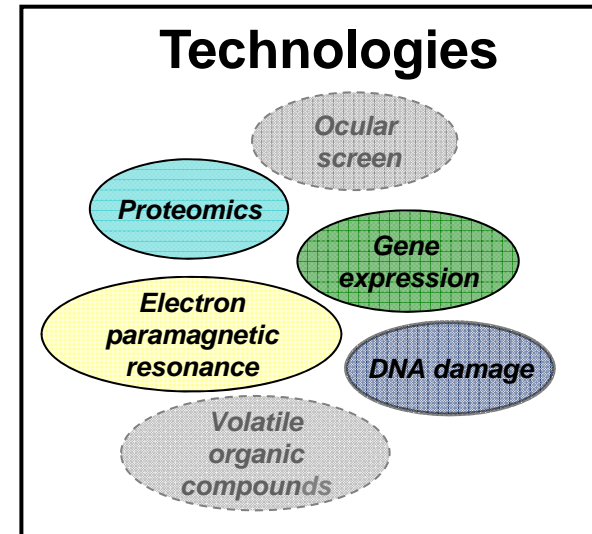
- Laboratory
 - Leverage platforms widely placed in clinical labs (at the time of the incident) to inform routine healthcare.
 - Fund adaptation, if required, to allow utilization of existing products.
- Point of Care
 - Develop new platforms where existing platforms do not meet needs of ConOps.
 - Improve performance of existing platforms
 - Assays needed on multiple platforms for a given threat if a large Dx surge demand is expected.



BARDA Biodosimetry Program



- 11 projects awarded to date
- 6 projects currently funded
 - Biomarker feasibility shown
 - Mouse or human
 - Demonstrating feasibility in NHP
 - Phase - Product development
 - Envision product availability in 2016-17





Radiation Diagnostics



- Biodosimetry – the ability to estimate the dose of ionizing radiation a casualty has absorbed, post irradiation.

(10KT IND planning scenario)	Point of Care (POC)	Laboratory High Throughput (HT)
Type of Estimate	Qualitative; $\geq 2\text{Gy}$	Quantitative
Dose Range	0-10Gy	0-10Gy
Ease of operation:	Easy to operate, Ideally CLIA waived	Laboratory Instrument – Highly skilled operator
Quantity	1,000,000 first 7 days	400, 000 first 7 days
Time to Result	~ 15 minutes	< 24 hours



High Throughput Laboratory Biodosimetry Programs



Contractor	HT Technology	Automation	TTFR
Duke U	Gene expression	Semi-automated including ABI 3500 Dx	<8hr
Northrop Grumman	Cytology - <i>micronuclei</i>	Semi-automated including Applied Spectral Imaging Cytology Microscopes	3.25 days
Arizona State U	Gene expression	Semi-automated including ABI 7500Dx or Life technologies Quantum studio 12K Flex	<8hr

TTFR = Time to First Result

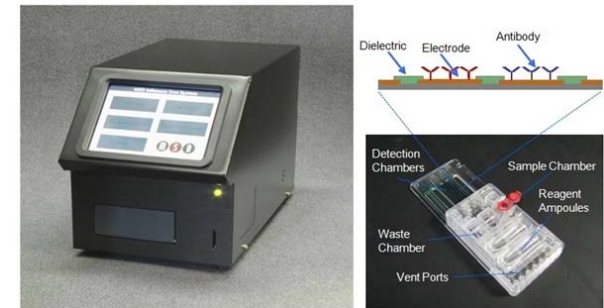


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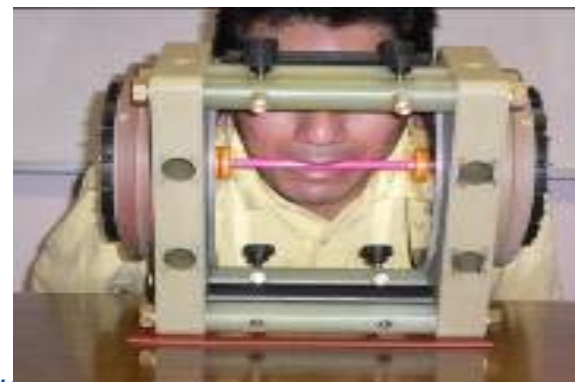
Radiation Dx Point of Care Biodosimetry Programs



Contractor	POC Technology	Type	
SRI International	Protein Expression immunoassay	Dual Lateral Flow w/ Reader & Cell Extractor	~15min
MesoScale Diagnostics	Protein expression immunoassay	Micro fluidic Cartridge & Instrument	~15min
Dartmouth Medical School	Election paramagnetic resonance	Kiosk	~15Min



TTFR = Time to First Result





Draft Biodosimetry Stockpiling Concept



Clinical Laboratory	Component	Draft Stockpile Approach
	Biodosimetry Specific Reagents	Stockpile – Multiphase
	Ancillary Reagents	Vendor Managed Inventory
	Instruments	Utilize Healthcare Assets
	Consumables	Vendor Managed Inventory
	Facilities	Utilize Healthcare Assets



Point of Care	Component	Draft Stockpile Approach
	Biodosimetry Specific Reagents	Stockpile – Multiphase
	Ancillary Reagents	Vendor Managed Inventory
	Instruments	Encourage Health Care Placements / Stockpile/ Pre-place
	Consumables	Vendor Managed Inventory
	Facilities	Healthcare Assets, Temporary Facilities

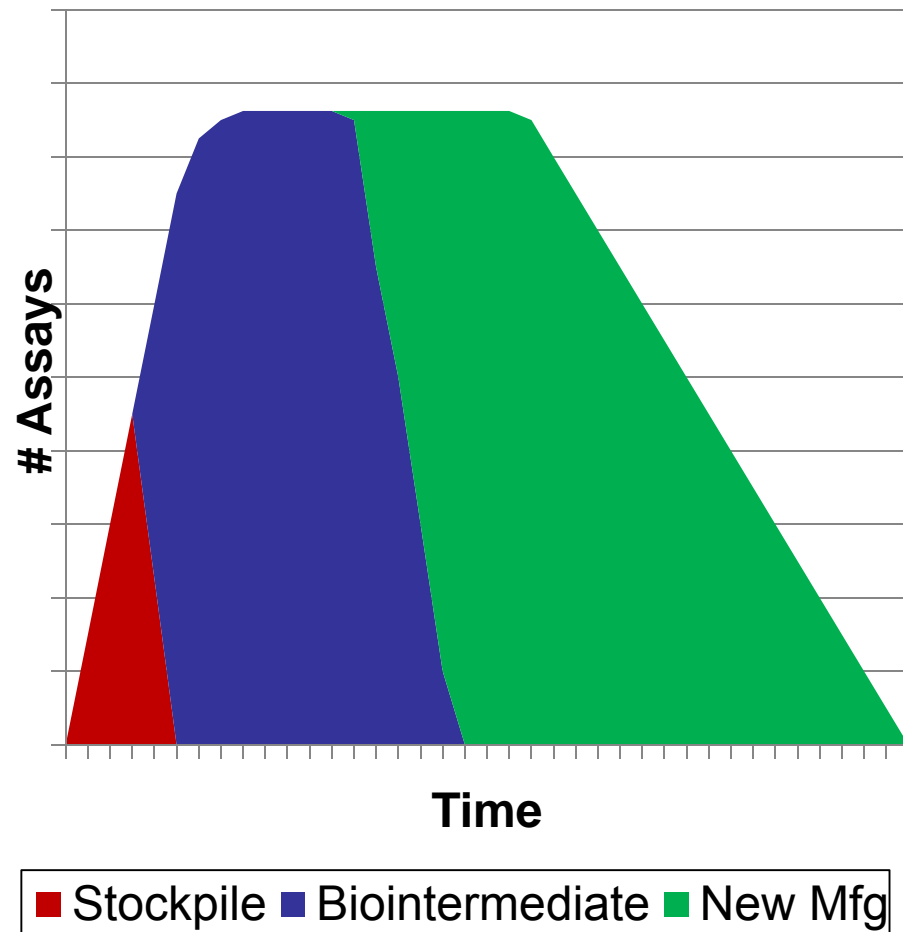


Multiphase Assay Stockpiling Concept



- Currently no PHEMCE agreement on stockpile needs for biodosimetry assays
- Needs determination expected in FY14

Notional Assay Demand





Interfacing with BARDA



- www.hhs.gov/aspr/barda
 - Program description, information, news, announcements
- www.medicalcountermeasures.gov
 - Portal to BARDA
 - Register, request a meeting
 - Tech Watch
- www.fedbizopps.gov
 - Official announcements and detailed information about all government solicitations
- Rodney.Wallace@hhs.gov





Backup Slides



Current Post Radiation Event Diagnostics Capabilities



- Capacity sufficient to respond to an industrial accident

Prompt Radiation Injury (shine)			
Technology	Capacity	Locations	Time to Results
Chromosomal Aberration	10's to 100's Per Day	<ul style="list-style-type: none"> •Oak Ridge •AFRRI •Health Canada •Europe Biosdosnet 	3+Days
Lymphocyte Depletion Kinetics	1000's per day	<ul style="list-style-type: none"> •Hospitals Labs •Referral Labs 	1 +Days

Ingested or Inhaled Radio Nucleotide (fallout)			
Technology	Capacity	Location	Time to Results
Radioisotope in Urine	<u>Screen</u> <ul style="list-style-type: none"> •Gama emitters – 3000 /day •Alpha or Beta emitters - 300 /day 	<ul style="list-style-type: none"> •CDC 	1 + Days



Target Product Profiles



	Point of Care Device (POC)	High Throughput Device (HT)
Type of result:	Qualitative	Quantitative (accuracy $\pm 0.5\text{Gy}$)
CONOPs:	Initial Triage / Sorting	Injury Assessment / Treatment
Exposure level:	2 Gy (200 rad) (threshold)	Range: 0.5 – 10 Gy
Ease of operation:	Easy to operate, minimal complexity, requires minimal training, CLIA waived	Laboratory instrument—more labor intensive, requires training
Device characteristics:	Integrated components—no separate sample preparation	May include separate components as needed. High automation desired.
Intended use:	Tents, shelters, open settings	Labs, hospitals, fixed facilities
# Patients / Event	Up to 1,000,000 in 6 days	Up to 400,000 (may need multiple assessments)
Time to result:	Rapid but individual sample result (15 to 30 minutes)	Up to 24 hours