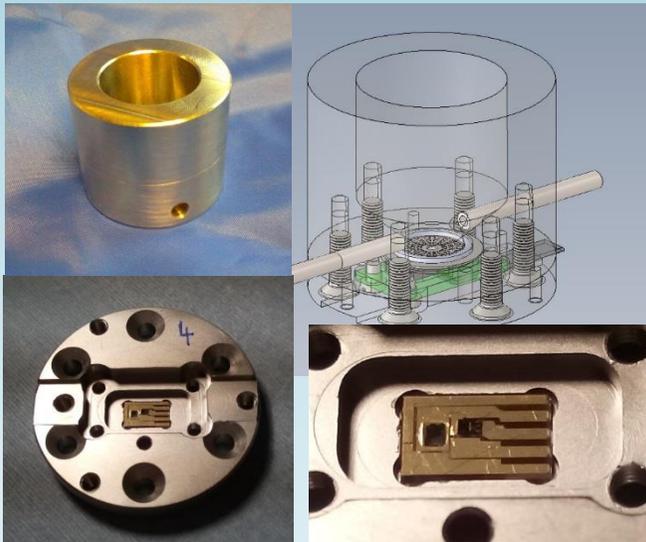


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Background and Aims

An implantable osmotic pressure sensor for interstitial glucose assessment is currently under development by Lifecare, Bergen, Norway (Sencell). The sensor uses the binding of the plant lectin Concanavalin A to glucose and dextrose in a close chamber as core sensor technology. A working laboratory sensor prototype model has been developed, which can be used for initial optimization experiments and further developmental tasks. The purpose of this experiment was to evaluate the stability of the glucose sensor signal against a potential influence of other carbohydrates.

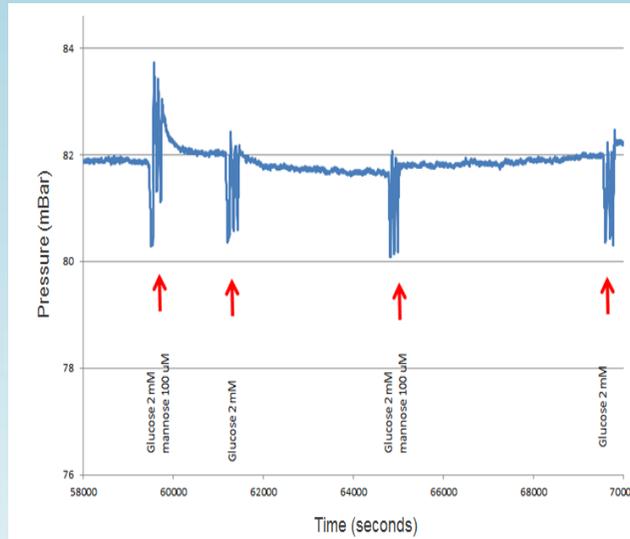
Fig.1: Drawings and pictures of the laboratory working pressure cell chamber



Methods

For each test, the sensor was equilibrated with 2 mmol/l glucose prior to addition of the potentially interfering substances in high physiological concentrations. The following carbohydrates and concentrations were tested: α -D-Mannose (100 μ mol/l), xylose (1.5 mmol/l), maltose (10.5 mmol/l), fructose (120 μ mol/l), transferrin (5g/L). In case of a measurable impact of the carbohydrate on the sensor signal, at least one more carbohydrate concentration below the initial concentration was to be tested.

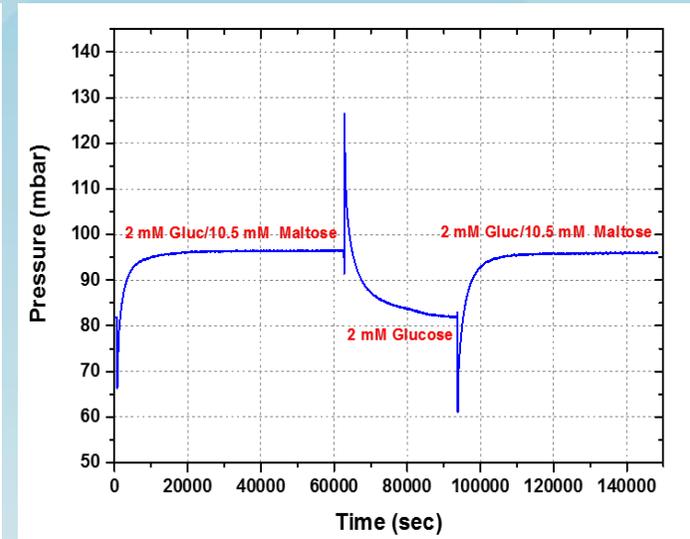
Fig.2: Addition of mannose in a concentration of 100 μ M did not influence the sensor signal



Results

There was no impact of mannose, xylose, fructose, and transferrin in the tested concentrations on the osmotic sensor signal. A measurable interference was observed with maltose at concentrations of 10.5 mmol/l and 5 mmol/l. With 5 mmol/l maltose, the observed increase in the osmotic pressure signal amounted to \sim 9 % (10.5 mmol/l: \sim 17 %). However, such maltose concentrations are unlikely to be seen in the interstitial fluid under physiological conditions in human subjects.

Fig.3: Addition of 10.5 mM maltose had an additive effect to glucose on the sensor signal



Conclusions

The results of our pilot experiments show that the osmotic sensor technology employing the competitive binding of glucose to Concanavalin A vs. dextrane in a core sensor chamber is not influenced by the majority of the tested potentially interfering carbohydrate molecules. The only interfering carbohydrate was maltose, which was tested in highly supra-physiological concentrations. However, the potential impact of maltose on the final product will have to be tested in an appropriately designed clinical experiment in the later development process.