

Noise bioassays

Investigating the level of variation within standard bioassays

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Background

- Despite clear guidelines there is a high level of noise in bioassays.
- Noise variation caused by factors other than the test item.
- Defining precision as the <u>consistency and</u> <u>reproducibility</u> of bioassays.

Aims

- Quantify the precision of standard mosquito bioassays
- Identify the sources variation in bioassays
- Produce guidance on reducing the level of noise

Method



WHO Tube Bioassay

- Susceptible An. gambiae ('Kisumu') reared by LITE (Liverpool Insect Testing Establishment)
 - 2-5 day old, non bloodfed females
- Exposed to 0.03% permethrin (LC 50)
 - 60-minute exposures
 - 20-30 mosquitoes per tube
- 404 treated tubes total
 - **Per day:** Seven treated and two negatives
 - Two operators perform tests under same conditions

Results: overview of outcomes



GLMM – estimate the impact of each variable, with random effects for each individual assay and each testing day.

Long run mean mortality: **36.07%** (95% CI: 20.85-62.42)





Long run precision (Coefficient of Variation): **0.76**

Results: sources of variation



<u>Winglength</u>

Negative effect on mortality (p<0.001).

Increase from 2.94mm (mean) to 3.01mm (1 SD higher) results in 10.72% decrease in mortality.



Total number

Significant positive effect on mortality (p=0.044) Each additional mosquito above 25 increased mortality by 1.90%.

Environmental conditions

Relative humidity (either the start or end of exposure) did not significantly impact mortality (p= 0.07)* *Meaning no effect within the ranges of values observed



Why is understanding variation important?

The variability of an assay impacts how difficult it is to identify the underlying 'truth'.

More variability means that more samples needed to detect smaller differences.

But how many?

And what is the smallest difference we can detect when increasing sample size is not feasible?









Improved guidance for assessing PBO synergism

- Currently tube assay used to assess if wild populations show signs of metabolic resistance.
 - Pyrethroid vs pyrethroid + synergist
- However, sample size predetermined by guidance
 - 4x4 four tubes of each treatment
 - Can this detect smaller differences?
- Need 'rules of thumb' for assessing credibility of results
 - 'only a mortality difference of >X% can be reliably detected'



We need better understanding of power in WHO tubes assays

But....

- Difficult to communicate interaction of many variables
- More complex power analysis risks being less accessible.

Aims:

Identify minimum mortality improvement detected by '4x4'.

- Quantify the impact of within-day and between-day variance.
- Quantify the impact of increasing tube number.

...And in the process make methods for performing power analysis easy and accessible

Methods:

Identifying a minimum mortality improvement ('threshold') for PBO synergism requires large-scale power simulations.

- Probability of detecting given effect sizes quantified for many different hypothetical experimental designs.
 - Different number of tubes
 - across a range of variance values for both:
 - Tubes on same day
 - Tubes on different days



Key findings



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(based on the variability we observed)

If all assays performed on same day

A '4x4' design can reliably detect a 25% difference A '5x5' design can reliably detect a 20% difference

Detecting a 15% difference requires a '9x9' design

...However, if assays are spread over multiple days, it becomes harder to detect the same effect size

Very broadly, spreading the assays over multiple days means difference must be 5% larger to be detected

Key Discussion point

Current guidance suggests ≥10% difference indicates synergism. However, a <u>4x4 design is not powered to detect</u> this.



Thank you