		A A A A A A A A A A A A A A A A A A A
	 Taha Cheema: (Biology, Chemistry, Maths, Economics) Team Leader + Researcher: Prototype Information, Proposal and Costings. Parnika Doranalli: (Biology, Chemistry, Maths, Religious Studies) Lead Artist + Designer: Hand-drawn designs on Poster. Patrick Williams: (Computer Science, Physics, Chemistry, Maths, Further Maths) Web designer + App Co-ordinator: Structure of App and Website Saneeka Chitkara: (Biology, Chemistry, Maths, Physics) Lead Researcher + Group Organiser: Background information and Overview on Vasculitis. Coordinator. Praneel Agrawal: (Physics, Maths, Further Maths, Economics, Computer Science) Graphic Designer + Technology Research: Prototype 	
	 Pramukhi Vadrevu: (Biology, Chemistry, Maths, History) Researcher: Symptoms + Causes Research. Vasculitis Overview: Vasculitis is a condition characterised by inflammation of blood vessels. It can affect arteries, veins, and capillaries throughout the body. The inflammation may result in narrowing, weakening, or scarring of the blood vessels, disrupting blood flow and potentially leading to organ damage. 	
	Symptoms: Skin symptoms: • Fever • Rashes • Fatigue • Bruising • Weight loss • Ulcers • Muscle and joint pain • Numbness • Headaches • Numbness • Vision changes • Weakness • Shortness of breath • Difficulty with	
	 Abdominal pain Abdominal pain Kidney dysfunction What are the causes of vasculitis: Vasculitis, characterised by the immune system mistakenly attacking blood vessels, stems from various triggers and risk factors: Infections, such as Hepatitis B and C, can provoke the immune system to produce excessive immune complexes, which may deposit in blood vessel walls, sparking inflammation and damage. Blood cancers and immune system diseases like rheumatoid arthritis, lupus, and scleroderma can contribute to vasculitis 	
	 onset. Certain drugs, including hydralazine, allopurinol, minocycline, and propylthiouracil, can also induce vasculitis as a reaction. In people over 50, temporal arteritis, also known as Giant Cell Arteritis (GCA), is common. This condition inflames arteries in the temples, neck, and scalp, often affecting the aorta and its major branches to the head, arms, and legs. Despite these known triggers, the exact cause of many types of vasculitis, including Giant Cell Arteritis, is still unknown. Early treatment is crucial to prevent severe complications like blindness or stroke, making prompt diagnosis and intervention essential in managing vasculitis. 	
P	Why use Serum Amyloid A as the biomarker for GCA?	hea
	 SAA levels can increase up to 83 times the normal level in GCA patients. Indicates inflammation even when C-reactive protein and Erythrocyte sedimentation rate (which are two other inflammation biomarkers) levels are normal, a diagnostic advantage that is rarely reversed. 	vasc Vasc
	 Rapid and significant rise in SAA makes it a reliable and specific indicator of GCA. 	





Target Audience diagnosis delay.

Affordability and Availability

In the UK, Vasculi-test kits will be available through GPs, hospitals, and doctor's recommendation, especially for high-risk individuals. Manufacturing these tests costs **\$0.10** to **\$3.00** each, not including development costs. Monthly testing is crucial for effective diagnosis. Only **0.01%** of people over 50 develop GCA. Assuming 0.1% of over 50s will be screened, the annual cost of Vasculi-test, including packaging and sample tubes, is approximately £900,000.

Given its affordability and potential for early diagnosis and treatment, NICE approval for NHS coverage is likely. This supports the NHS Long Term Plan's goal of 'helping people age well', ensuring equitable access and improving outcomes for those at risk of vasculitis. NHS coverage ensures **universal access** to the test kits, reducing healthcare inequality. The Vasculitest app makes it easy to diagnose GCA with lateral flow tests, and community outreach extends access to populations with limited GCA awareness, promoting early detection.



Dealing with Hook Effect The app calculates SAA concentration by comparing test and control strip intensities. High SAA levels can cause a decrease in control strip intensity, often termed the 'hook effect', leading to inaccuracies. Diluting the sample to 1% with saline can resolve this, by aligning it with the analytical range. A consistent dilution method such as a line marked on the sample tube, similar to a volumetric flask, alongside clear patient I instructions, ensures accurate calculations by the app.

futile.

Regular LFA testing aims to **speed up diagnosis** and thus treatment, **increasing the** chances of good recovery for GCA patients as currently there is a median 7-month

This tool is aimed towards older individuals (the mean age of presentation is 71) who bear the burden of multiple risk factors including smoking and past infections like Hepatitis B and C, especially those who have had GCA in the past

Vasculitest trialling

Pre-clinical testing evaluates the binding ability between SAA and its complementary antibody, by testing on cell and tissue cultures with SAA present. Additionally, these trials assess the optimal antibody concentration and ensure proper calibration of the accompanying phone app to accurately calculate concentration levels. Once approved by the MHRA for safety and efficacy, clinical trials can start.

Clinical trials, in **Phase 1**, test the lateral flow test on healthy individuals to detect any potential false positives and any risk of infection. Subsequently in **Phase 2**, the test is administered to individuals at high risk of Giant Cell Arteritis (GCA) to evaluate its efficacy in diagnosis. Finally, in Phase 3, the test's efficacy is compared to existing alternatives to make sure the creation of this lateral flow isn't

After licensing, trials continue to monitor safety and efficacy. This includes regular patient checkups in healthcare settings cross checked with the continuous assessment through the Vasculitest app to ensure accurate and reliable results are being produced by the lateral flow test.