

wePool



*'It's Like Groundhog Day': Coronavirus
Testing Labs Again Lack Key Supplies*

— The New York Times

New testing shortages hit California's
vulnerable hardest amid record Covid-
19 infections

— The Guardian

COVID-19 test shortages are a serious threat.

Maryland governor warns that testing shortages could make
Covid-19 situation even worse

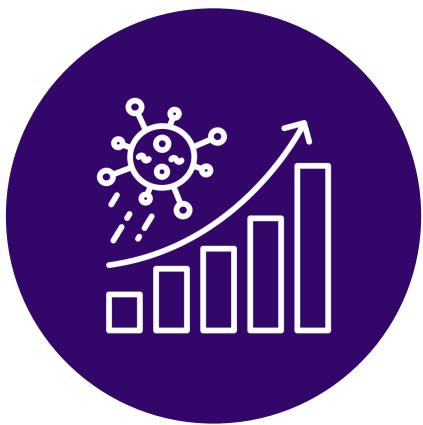
— CNN

Covid Testing Shortages Not Going Away,
Public Lab Leader Warns

— Bloomberg



Current COVID-19 testing strategies are insufficient



5.51M US cases, with **30-60k new cases per day**. Experts predict we could surpass 200k nationwide deaths by mid September.



US needs to perform **30M tests per week** (costing up to 100B) for nationwide screening, but is currently only doing <5M



Leaders are **acting on biased or incomplete data** due to limited testing, prompting premature partial reopenings



How can pooled testing improve efficiency?



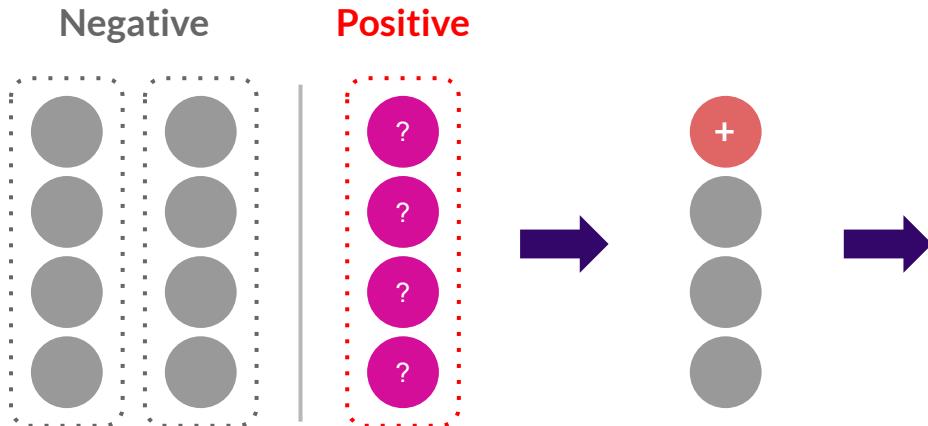
Individual samples arrive at the lab facility samples to be tested for COVID-19

Create 3 groups, or pools, of 4 samples, so each pool can be tested with a single kit

If the pool tests negative, all samples are cleared. If the pool tests positive, further testing is needed for its samples



How can pooled testing improve efficiency?



For the positive pool,
individual retesting is needed
to locate positive sample(s)

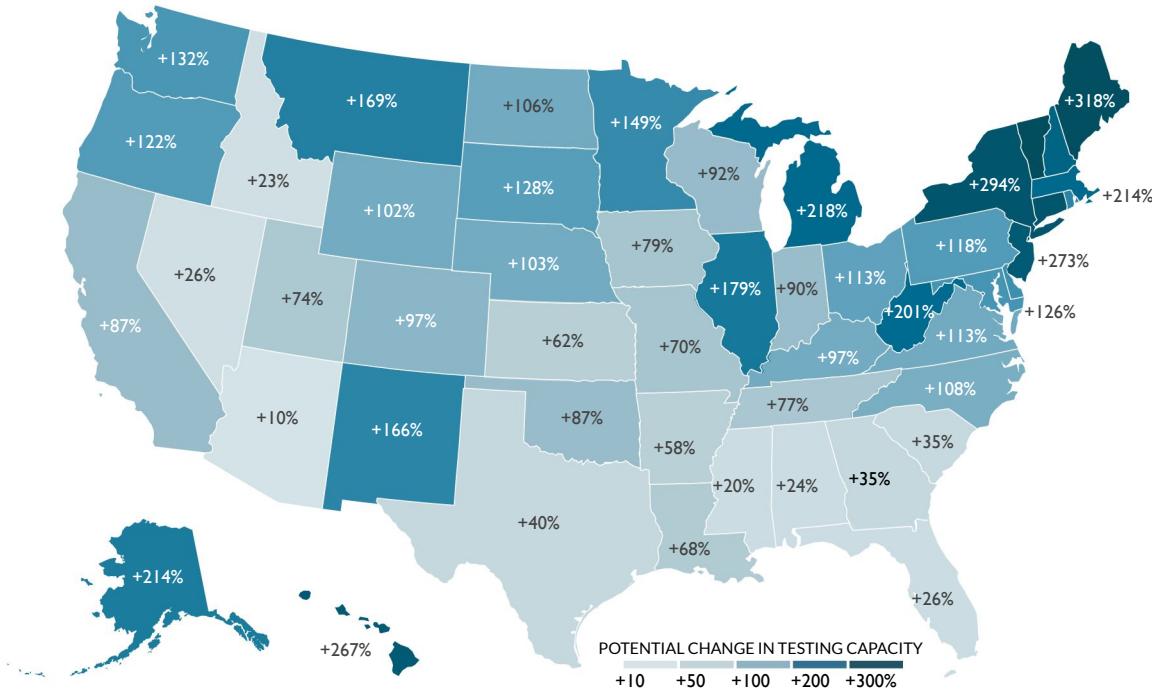
Positive and
negative samples
are identified

Standard Testing	Pooled Testing
12 individual tests	3 pooled tests + 4 individual tests
= 12 total tests	= 7 total tests

In this micro-example, pooling
helped **save 42% of tests** needed to
manage this population



Pooling's enormous potential test capacity increase



From: New York Times. Notes: Calculations assume a maximum pool size of five tests.
Source: Christopher Bilder and Brianna Hitt, Covidexitstrategy.org



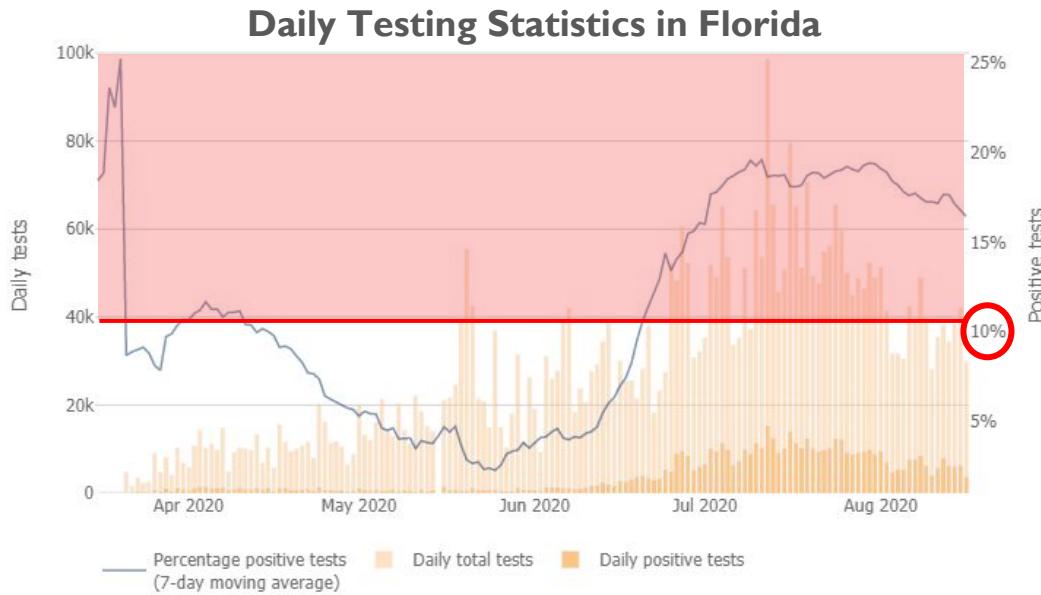
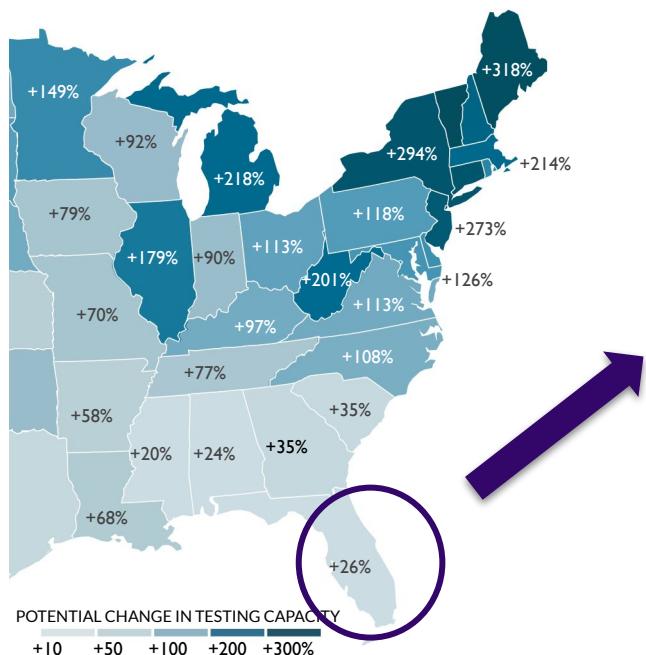
Pooling's fatal flaw: high disease prevalence

"The savings in time and expense thin out when the number of infected people rises above 10%. Because so many pools then are likely to yield positive results, labs wind up testing huge numbers of individual samples."

– The New York Times



Traditional pooling becomes ineffective quickly

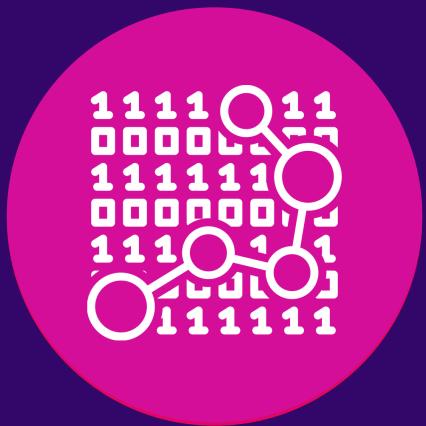


Lab: COVID too prevalent in Florida for new 'pool testing' technique

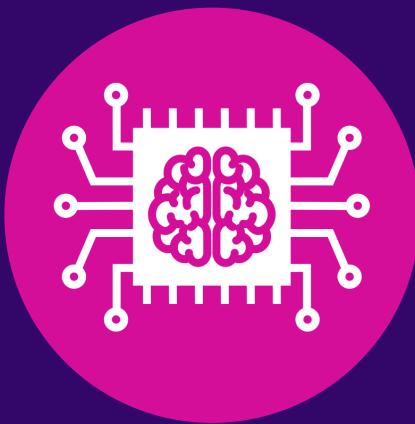
— CBS NEWS



The missing link: intelligent pooling



Leverage **subject-specific data** to recognize patterns across negative and positive samples



Use **predictive analytics** to identify samples which are most likely to test negative



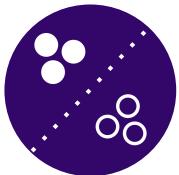
Pool **predictably negative samples** to minimize retesting and maximize efficiency



wePool solves this



Clinically-backed prevalence assessment
using sociodemographic and health data to
predict an individual sample's pre-test
probability for COVID-19



Cutting-edge Artificial Intelligence to generate
pooling segmentation optimized for efficiency,
without sacrificing test sensitivity or specificity

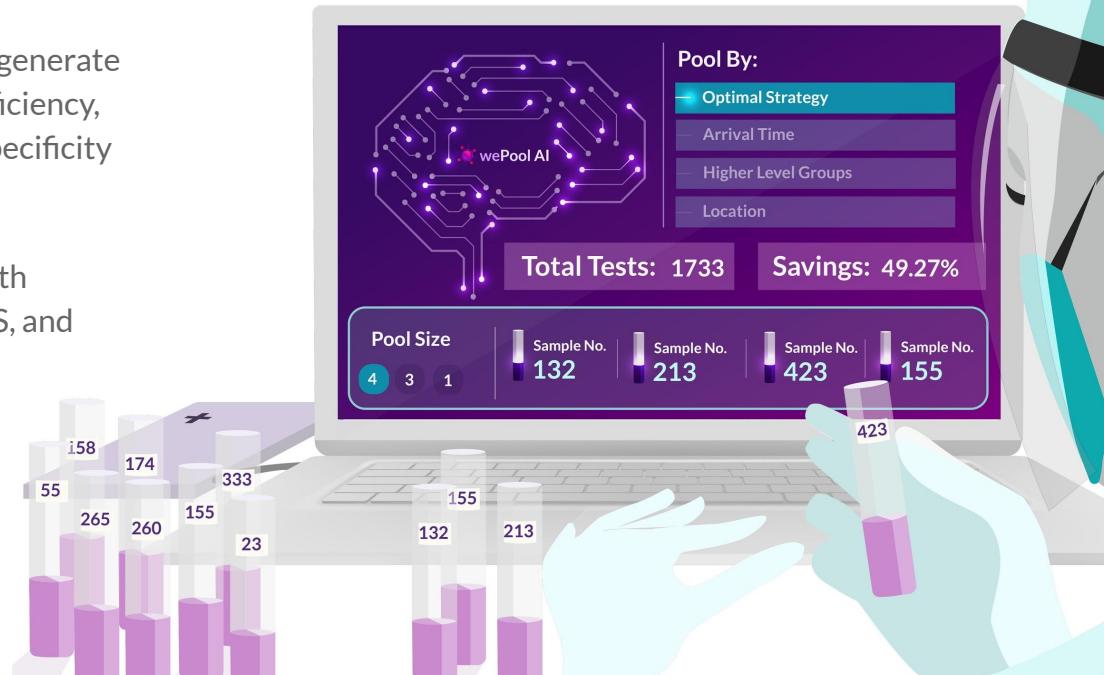


Test-type agnostic for compatibility with
COVID-19 PCR, antigen, antibody, NGS, and
other diagnostic assays



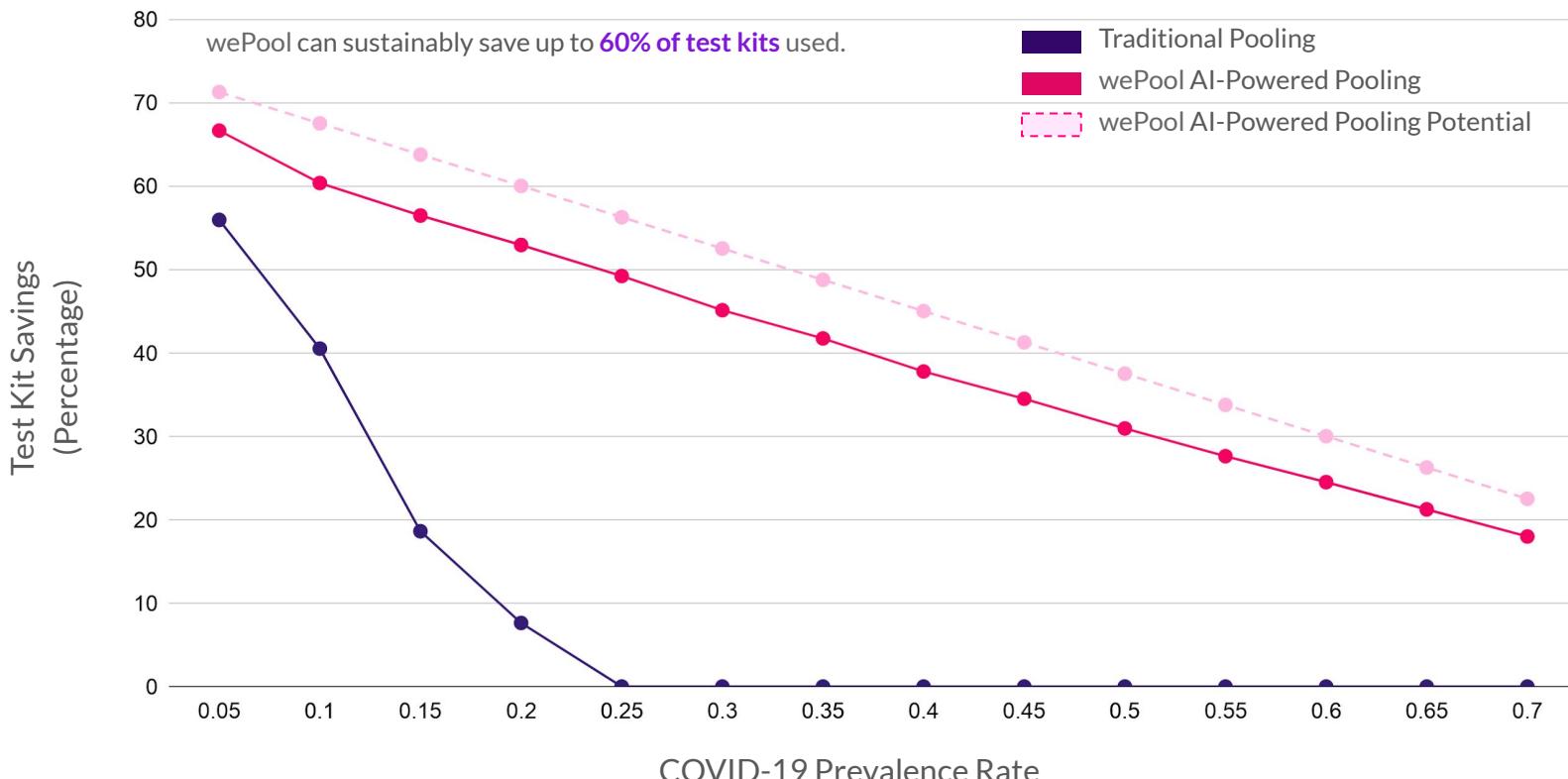
**User-centric design and seamless
integration** with existing testing
facility frameworks and protocols

More people tested, fewer tests used



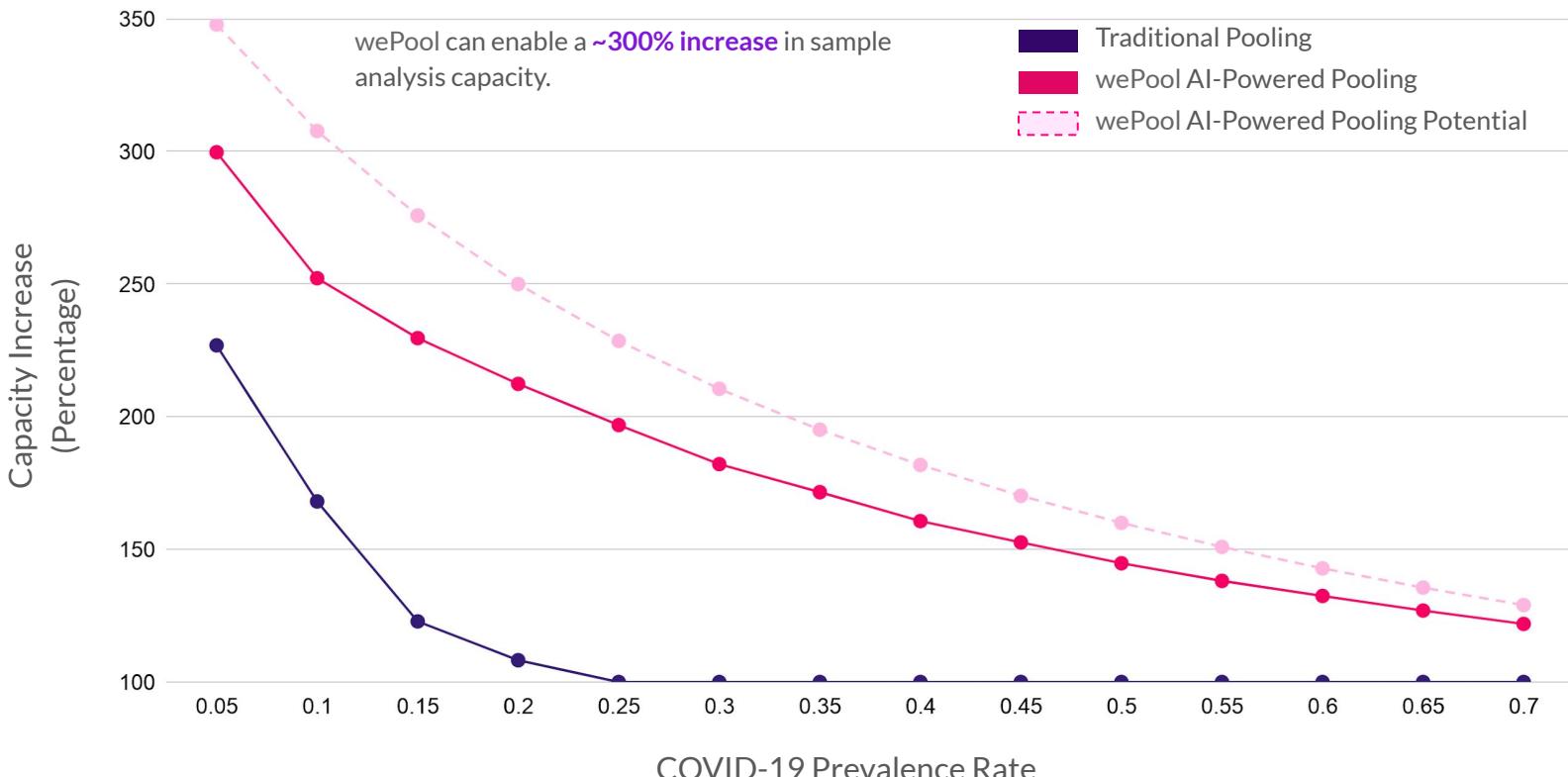


wePool enables drastic savings, even at high prevalence



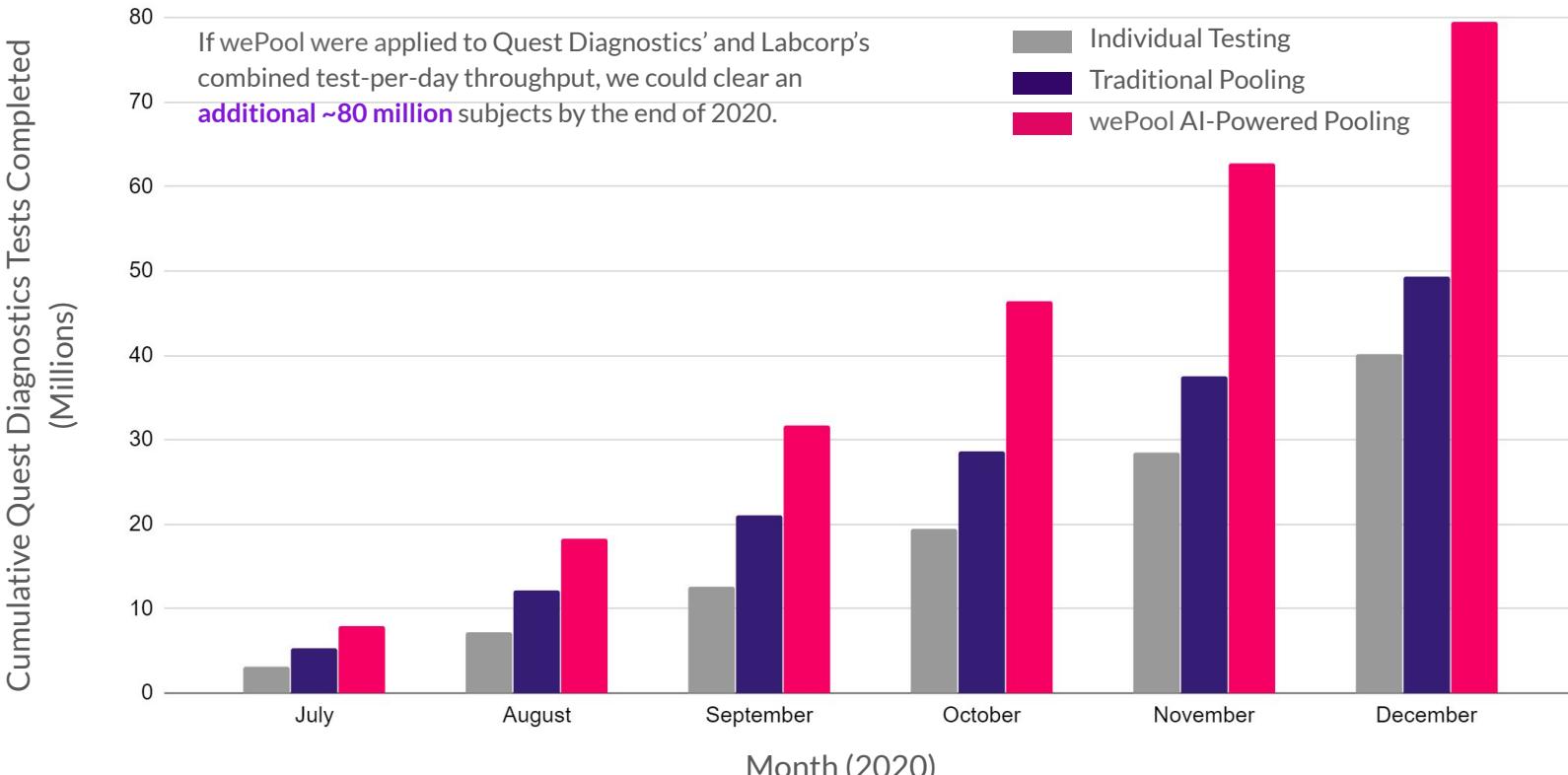


wePool delivers a game-changing capacity increase





wePool could help clear millions at scale





wePool delivers a game-changing capacity increase

“if we combine machine learning with test pooling, large populations can be tested weekly or even daily, for as low as \$3 to \$5 per person per day.

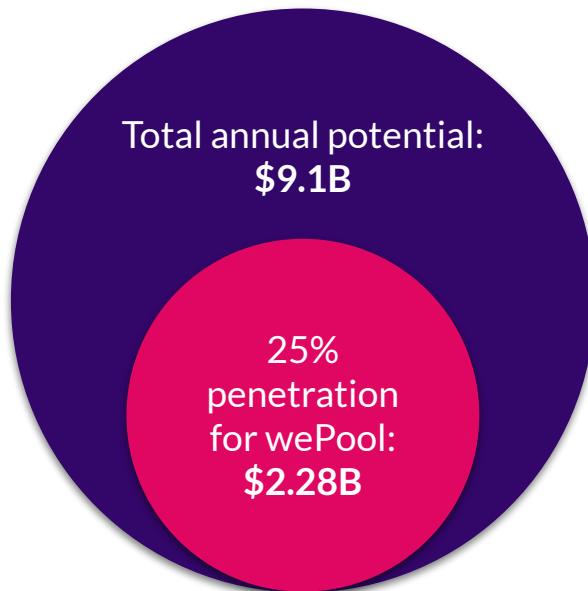
In other words, for the price per test of a cup of coffee, governments can safely reopen the economy and halt ongoing covid-19 transmission—all without building new labs and without new drugs or vaccines.”

- MIT
Technology
Review

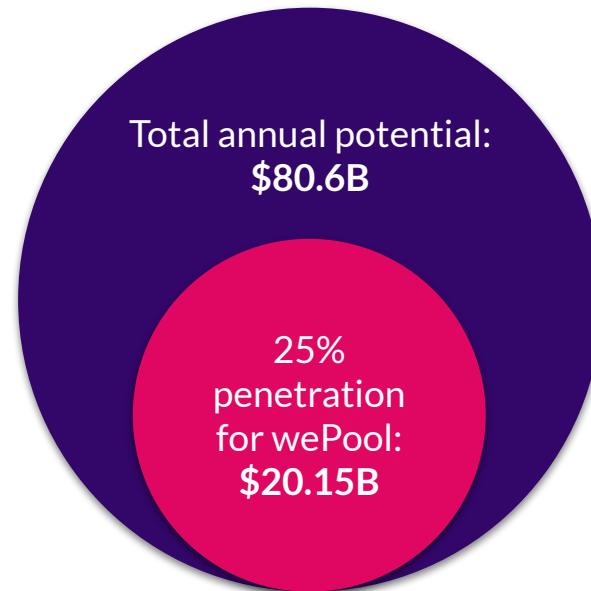


Immediate market for wePool in COVID-19 testing

Market opportunity via cost savings from **increased efficiency**



Market opportunity via revenue from **increased capacity**





2020 progress and next steps



Ideation: problem identification, development of product vision, and initial prototyping



Development: AI training and ongoing improvement using clinical data



Scaling: pilot programs and implementation

April

May - June

July - August

September - Onward



2-time winners in MIT COVID-19 Challenges, received initial \$10k cash infusion



Partnerships: dialogue started with Boston VA, UCSF, VHA Innovation, Kaiser, Diax Labs, and many others



Incorporated and filed our first **provisional patent**



Raising seed capital



Clinical trials and publications on model efficacy



Management and Scientific Team



Guillermo Siman
Co-Founder & CEO
Ex-Deloitte, EY
MBA Candidate, MIT



Smrithi Sunil
Co-Founder & Advisor
PhD Candidate, BME
Boston University



Yash Patil
Co-Founder & CTO
Ops & Data Analytics
MS FL Inst. of Technology



Yusuf Henriques
Chief Strategy Officer
FDA, Epidemiology &
Biostatistics, MPH



Alexandra Löw-Baselli
Chief Medical Officer
Clinical/Medical Affairs
PhD, Vienna, Austria



Henry Peck
Head of Product
Johnson & Johnson
BS Carnegie Mellon



Sanjana Shah
Scientific Advisor
Bioinformatics, NIH
MS Georgetown



Aishwarya Venkatramani
Scientific Advisor
PhD Candidate, BioE
Stanford

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Mike Boss
Molecular Bio, Biotech,
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Ana Maria Saaibi
Quality & Regulatory,
Biomedical Engineering,
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Laurent Gautier
Data Science, Bioinformatics,
Applied AI Architecture
PhD Denmark



Freddy Nguyen
Mt Sinai Pathology Resident,
MIT Postdoctoral Fellow
MD, PhD



Paul Cheek
Entrepreneur in Residence,
Martin Trust Center, MIT
Lecturer, MIT Sloan



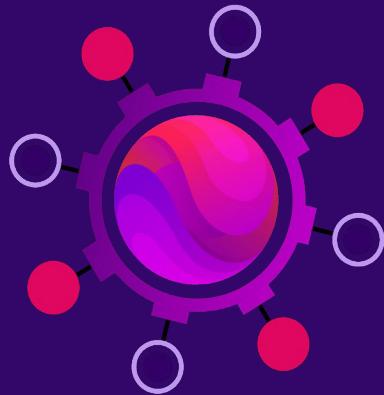
Our team's background includes:



Get in touch

info@wepool.ai

<https://wepool.ai>



wePool



Delaware C-Corp Based in Cambridge, MA*

We are an interdisciplinary group that came together during the
[MIT COVID-19 CHALLENGE](#).

The 48-hour hackathons selected 1,500 participants from over 9,000 applications and challenged us to tackle the most pressing health and socioeconomic issues related to COVID19.

Partnered with mentors and experts in the field, our team focused on **testing efficiency** in the face of test shortages around the globe.

A group of prominent healthcare and data science experts judged all presentations and selected a small subset winning teams, with \$20,000 in prize money and invaluable ongoing mentorship provided to jumpstart winning initiatives.

[We are one of these selected winners.](#)

Our Initiative Was Featured Here:

<https://mitsloan.mit.edu/press/mit-to-host-virtual-beat-pandemic-hackathon-focus-predicting-preventing-and-preparing>

&

<https://mitsloan.mit.edu/press/mit-covid-19-challenge-hackathon-india-turning-tide-invites-broader-community-to-take-action-coronavirus-crisis-india>

&

<https://yourstory.com/2020/08/mit-covid-19-challenge-india-hackathon-open>

Our Partners

This event was organized and sponsored by a broad coalition of industry and academic leaders. A cross-section is shown below.

[As winners, we now have their support.](#)





Provisional Patent Reference No.

July 16, 2020

U.S. Provisional Patent Application No.: 63/047,630

Entitled: **METHODS AND SYSTEMS FOR EFFICIENT
SAMPLE POOLING FOR DIAGNOSTIC TESTING**

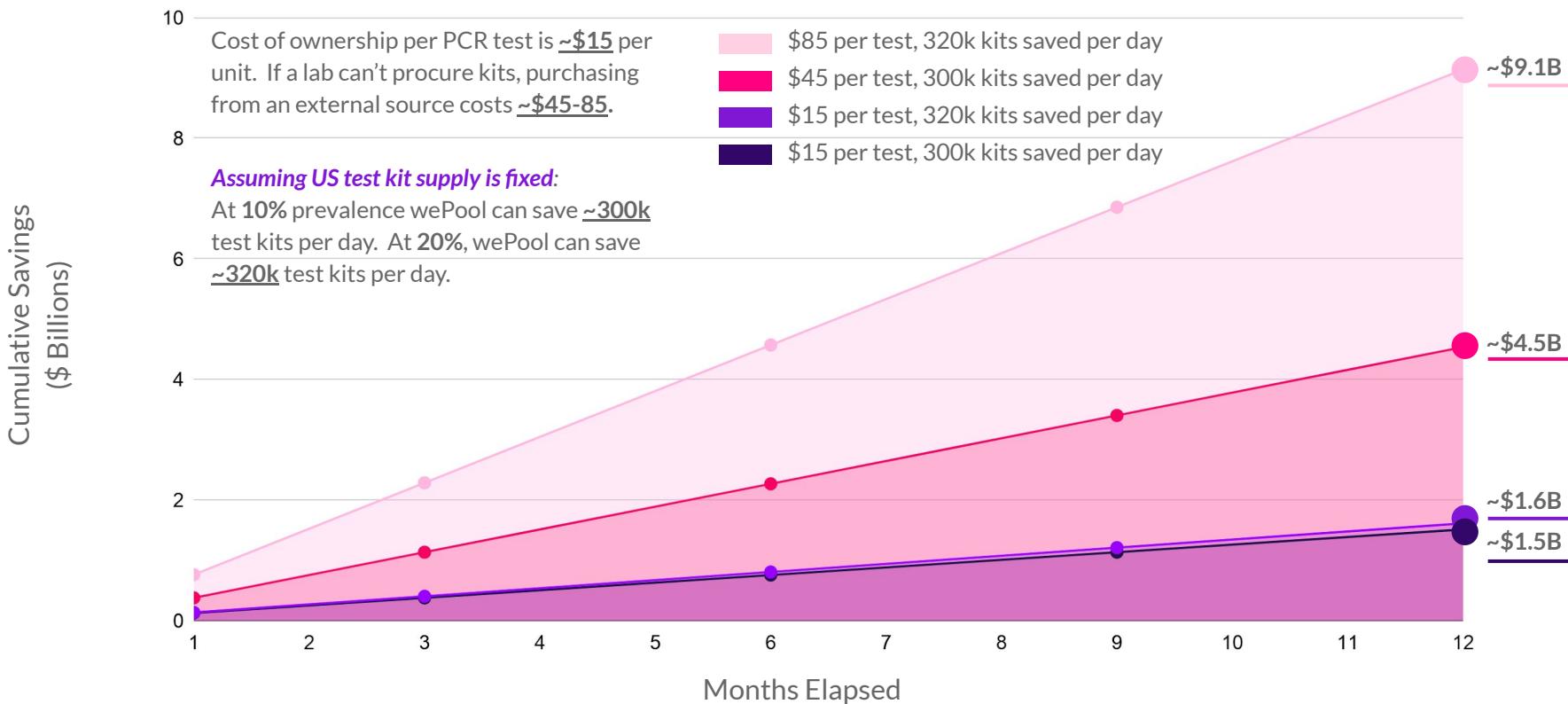
Inventors: Guillermo Jose SIMAN, *et al.*

Filed: July 2, 2020

Our Ref. No.: 59041-701.101



Savings up to \$9.1B with our current test supply





Up to \$80.6B in new revenue with added supply

