







White light and Raman image of crossing inks. The Raman image shows that two different inks were used to form the figure and reveals their deposition order.





























Discrimination between Nontumor Bladder Tissue and Tumor by Raman Spectroscopy Bas W. D. de Jong,*.† Tom C. Bakker Schut,[‡] Kees Ma Dirk-Jan Kok,† and Gerwin J. Puppels[‡] elin.[‡] Theo van der Ky st.¹ Chris H. B n der Kwast, Chris H. Langma, nt of General Surger, Department of F. Gottodan, The Methemands A) Unstained section of bladder tissue containing both nontumor and tumor areas, 20 um in thickness. Scale bar, 100 um, (B) Raman spectroscopic map; each grie elament is 65 um by 65 um, Purple area is representative for tumor, red real of nuscle issue, green area for collagen fibers, and blue and yellow are areas of transition between two types of tissue. (C) Same section as (A) but HE stained after the measurements. Tissue areas area outlined. (D) Averaged spectra of the clusters in (B) with matching colors; au, arbitrary units. ics & Therapy, Department Securitaria Science Scie Science Sci nt of Pediatric Urology, Cent , and Department of Urology er for Opt De 夏朝 調風是 10.00 夏美 美國 -1248 38 1 3 1000 1200 1400 Raman shift, cm¹¹ 1800 D

Thalassemias comprise a group of genetic disorders of hemoglobin synthesis involving mutations that reduce or abolish a- or b-globin hemoglobin chain synthesis. The hallmark of b-thalassemia is an excess of a-chain sdue to quantitative defects in the b-globin chain; unbound a-chains denature and precipitate, shortening the lives of red blood cells.



Class average mid-IR spectra for hemolyzed blood samples from bthalassemia victims (N56) and controls (N35), as well as the difference between them. The most significant differences are amide I bands signifying lower ahelical and higher bsheet structure content in b-thalassemia as compared to control hemoglobin samples.)



Class averages of dried serum mid-IR spectra for 94 **rheumatoid arthritis** patients and 94 controls, along with the difference between them. The shaded vertical bars highlight the spectral regions that provided the basis for diagnostic classification.











Macular pigment is comprised of Zeaxanthin and Lutein, which are found in the center of the macula (fovea) at a natural 2:1 ratio. MPOD (Macular Pigment Optical Density) is important for three specific reasons:

- Low macular pigment is a key risk factor for Age-related Macular Degeneration (AMD), the leading cause of significant vision loss over age 55
 Macular pigment absorbs harmful blue
 - . Macular pigment absorbs harmful blue light, protecting the photo-receptors from damage
- from damage 3. Macular pigment improves visual performance











Comparison between Raman spectra arising from freshly human whole blood collected using 785 nm excitation laser line (red line) and 514 nm excitation laser line (green line). The spectra show several molecular fingerprints: the green line (514 nm) represent the carotene molecule while in the red line (785 nm) are clearly distinguishable the presence of oxyhaem peaks.

M. Casella, A. Lucotti, M. Tommasini, M. Bedoni, E. Forvi, F. Gramatica, G. Zerbi, Raman and SERS recognition of β-carotene and haemoglobin fingerprints in human whole blood, Spectrochimica Acta - Part A: Molecular and Biomolecular Spectroscopy, 79, 915 (2011).



	Clinical study			
	Phase 1	Phase 2	Phase 3	Phase 4
	Depletion Restricted food list	High carotenoid Experimental diet	Depletion Restricted food list	Repletion Return to usual diet
	6 wk	8 wk	6 wk	8 wk
	RRS scan (2-5x/wk)	RRS daily scan and meals	RRS scan (2-5x/wk)	RRS scan (2-5x/wk)
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L. Jahns, L.K. Johnson, S.T. Mayne, B. Cartmel, M.J. Picklo Sr, I.V. Ermakov, W. Gellermann, L.D. Whigham, *Skin and plasma carotenoid response to a provided intervention diet high in vegetables and fruit: Uptake and depletion kinetics*, American Journal of Clinical Nutrition, 100, 930 (2014).





Gastrointestinal cancers, including colon and esophageal cancer, are some of the most prevalent diseases worldwide. Early detection is key to patient survival, and could be aided by wide-field molecular imaging technologies. However, accurate detection is hampered by the variability in molecular expression patterns exhibited between patients and within patients over time. Therefore, we are developing in *vivo* endoscopic imaging devices that utilize a single laser illumination source to image surface-enhanced Raman scattering (SERS) nanoparticles that are capable of being highly multiplexed to target a large number of biomarkers.





