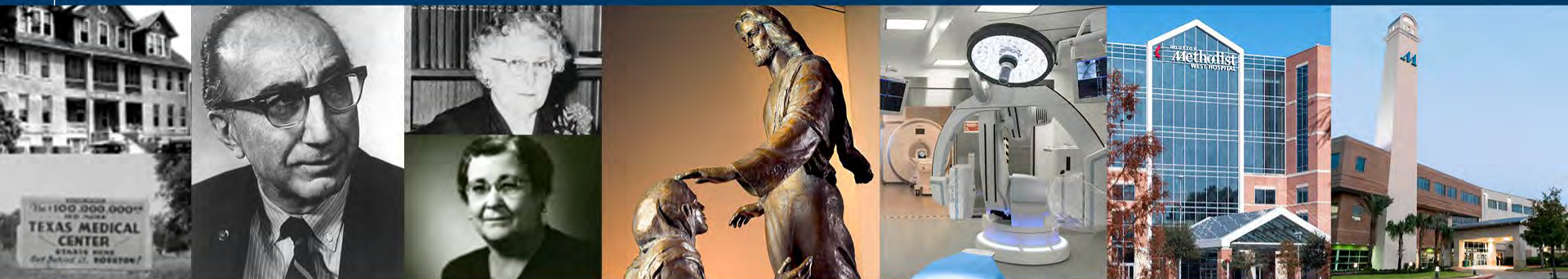


Houston Methodist Update

Marc L. Boom, MD
September 29, 2022





THE VISION FOR THE SECOND CENTURY

Houston Methodist will set a new standard for leading academic medical centers through
unparalleled safety, quality, service and innovation.

HOUSTON
Methodist[®]
LEADING MEDICINE

WHEN YOU FOCUS ON THE FUNDAMENTALS...

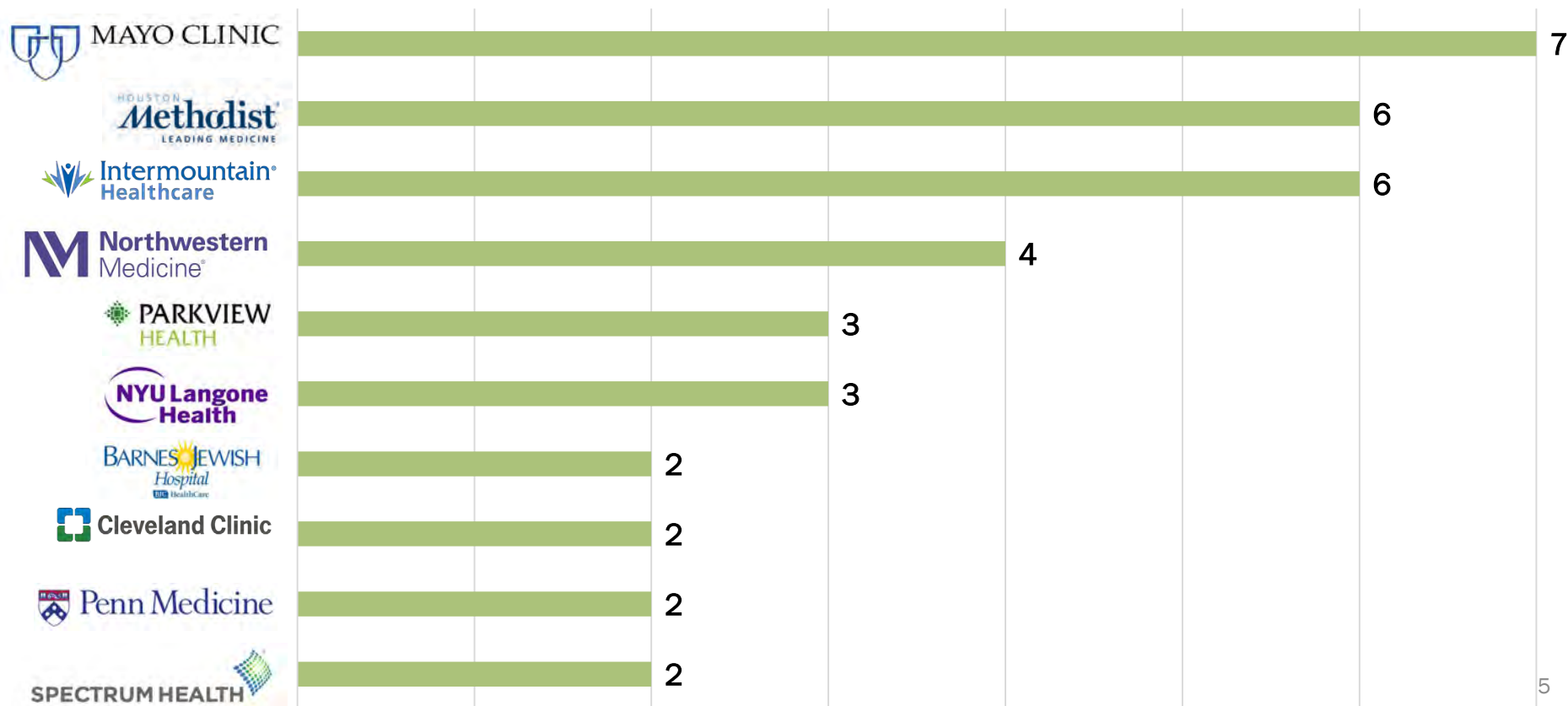
THE AWARDS WILL FOLLOW.



Vizient Q&A Ranking Trend by Hospital

	2016	2017	2018	2019	2020	2021	2022
HMH	9 / 102 ★★★★★	15 / 107	8 / 99 ★★★★★	11 / 93 ★★★★★	6 / 100 ★★★★★	6 / 101 ★★★★★	6 / 107 ★★★★★
HMSL	25 / 124	59 / 161	11 / 100	2 / 79 ★★★★★	2 / 97 ★★★★★	4 / 117 ★★★★★	2 / 124 ★★★★★
HMB	80 / 124	104/161	28 / 100	34 / 82	17 / 100	8 / 121 ★★★★★	2 / 145 ★★★★★
HMW	12 / 124 ★★★★★	20 / 161	5 / 100 ★★★★★	10 / 82	7 / 100 ★★★★★	4 / 121 ★★★★★	3 / 145 ★★★★★
HMWB	38/124	63 / 161	16 / 100	5 / 82 ★★★★★	8 / 100 ★★★★★	9 / 121 ★★★★★	6 / 145 ★★★★★
HMTW	—	—	—	3 / 82 ★★★★★	5 / 100 ★★★★★	1 / 121 ★★★★★	1 / 145 ★★★★★
HMCL	30 / 124	27 / 161	50 / 93	52 / 95	53 / 135	22 / 226	34 / 267

Vizient Q&A: Number of Ranked Hospitals by System



Newsweek's Best Smart Hospitals

HOUSTON
Methodist
LEADING MEDICINE



Houston Methodist Hospitals ranked
#10 Best Smart Hospitals by Newsweek

Awards and Accolades

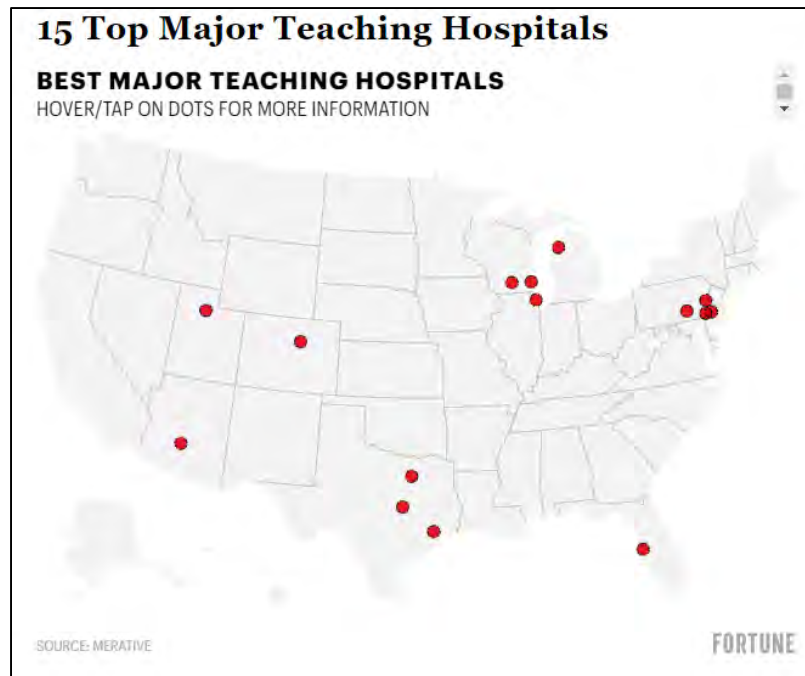


Houston Methodist named
One of America's Best-in-State Employers 2022
by Forbes

Awards and Accolades



Houston Methodist Hospital
Named #13
Best Major Teaching Hospital 2022
by Fortune and Merative



Awards and Accolades



TEXAS MEDAL OF ARTS AWARDS

Texas Cultural Trust



Center for
Performing Arts Medicine

Houston Methodist's Center for Performing Arts Medicine
Honored with Texas Medal of Arts Award
by the Texas Cultural Trust

National Visibility

Health Innovation Summit 2022

**ROBERTA
SCHWARTZ**

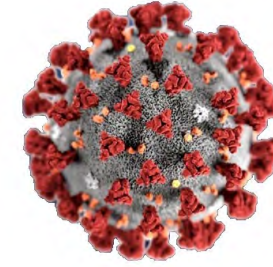
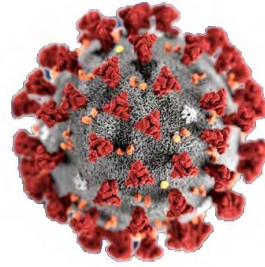
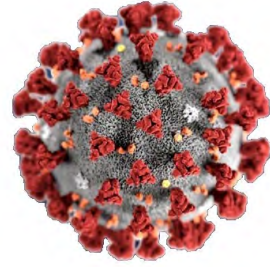
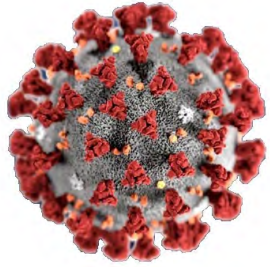
EVP and Chief Innovation Officer
Houston Methodist Hospital



National Visibility



SARS-CoV-2 Response Overview and Center for Infectious Diseases Development



Jim Musser, MD, PhD

Fondren Presidential Distinguished Endowed Chair
Chair, Department of Pathology and Genomic Medicine
Director, Center for Infectious Diseases
Houston Methodist Hospital System and Research Institute
Houston, Texas

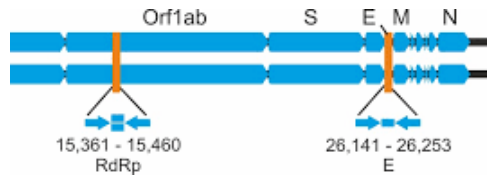
September 29, 2022

Key take-home message

In the Department of Pathology and Genomic Medicine we have used the devastating SARS-CoV-2/COVID-19 pandemic to hone our strategies for subsequent pandemics, regardless of what they are or when they occur: the “Disease X” scenario.

Dept. of Pathology & Genomic Medicine: Very Early – an Integrated Strategy to Fight SARS-CoV-2/COVID-19

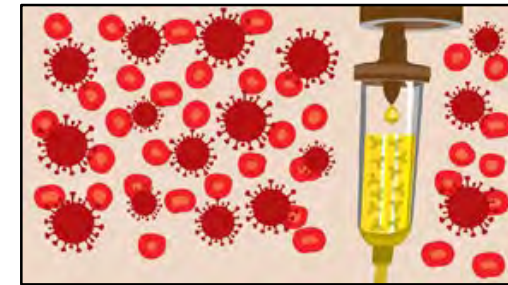
**Molecular
diagnostics
(RT-PCR, TMA)**



**Virus genome
sequencing**



**Antibody therapy
in HMH patients**



**Antibody tests:
healthcare workers +
patients + Houston
residents**



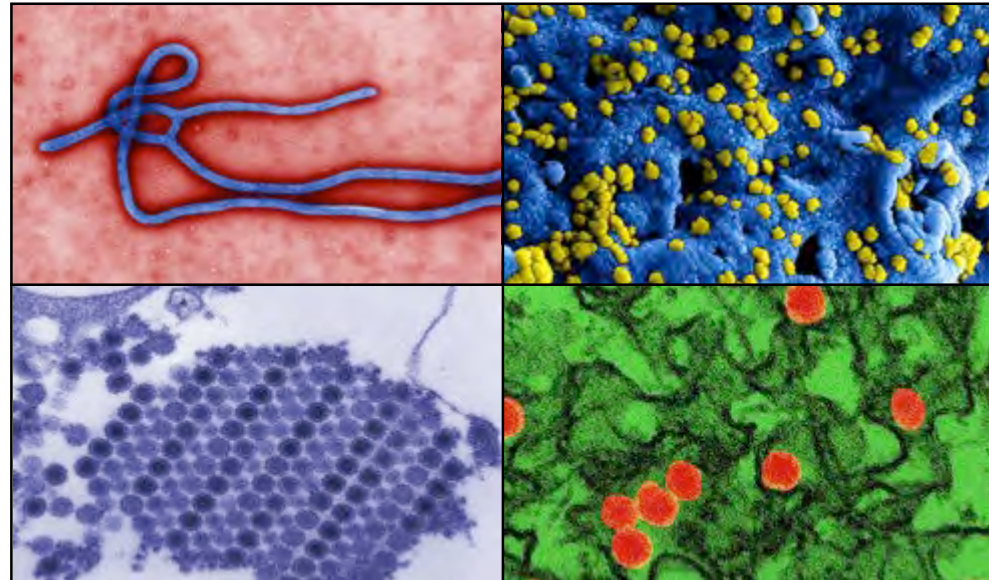
SARS-CoV-2 Integrated Effort

- **Randy Olsen, MD, PhD**
Molecular diagnostics and genomics
- **Wesley Long, MD, PhD**
Whole genome sequencing and analysis
- **Eric Salazar, MD, PhD**
Convalescent plasma therapy
- **Paul Christensen, MD**
Clinical and research informatics; data integration

We Have Always Developed Molecular Tests for Problematic Pathogens

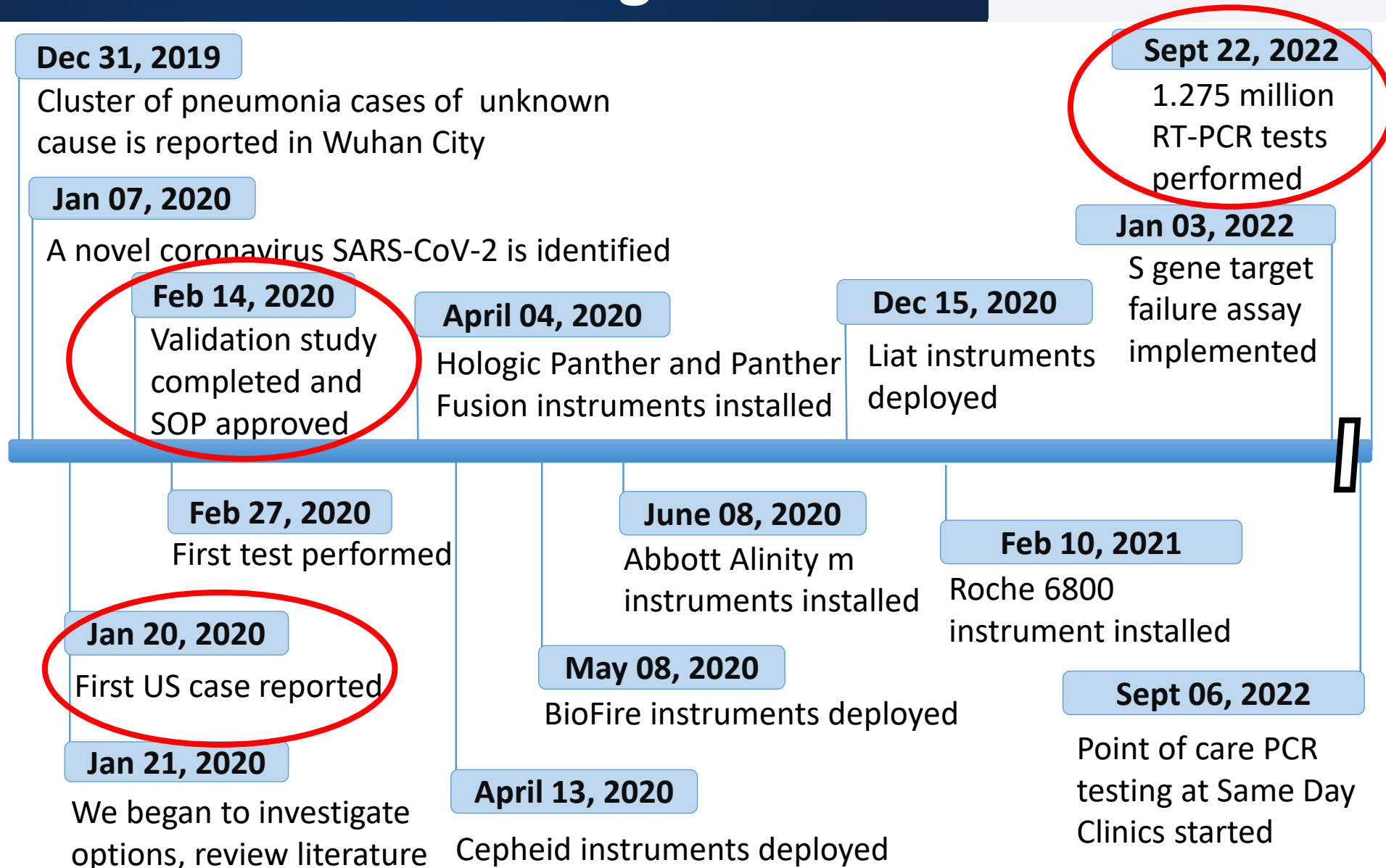
Over the years, we have rapidly developed, validated, and implemented diagnostic tests for viral pathogens causing global health concerns and with potential for Houston epidemics, examples include:

- H1N1 (2009)
- MERS (2012)
- Chikungunya (2013)
- Ebola (2014)
- Zika (2016)
- SARS-CoV-2 (2020)
- Monkeypox (2022)

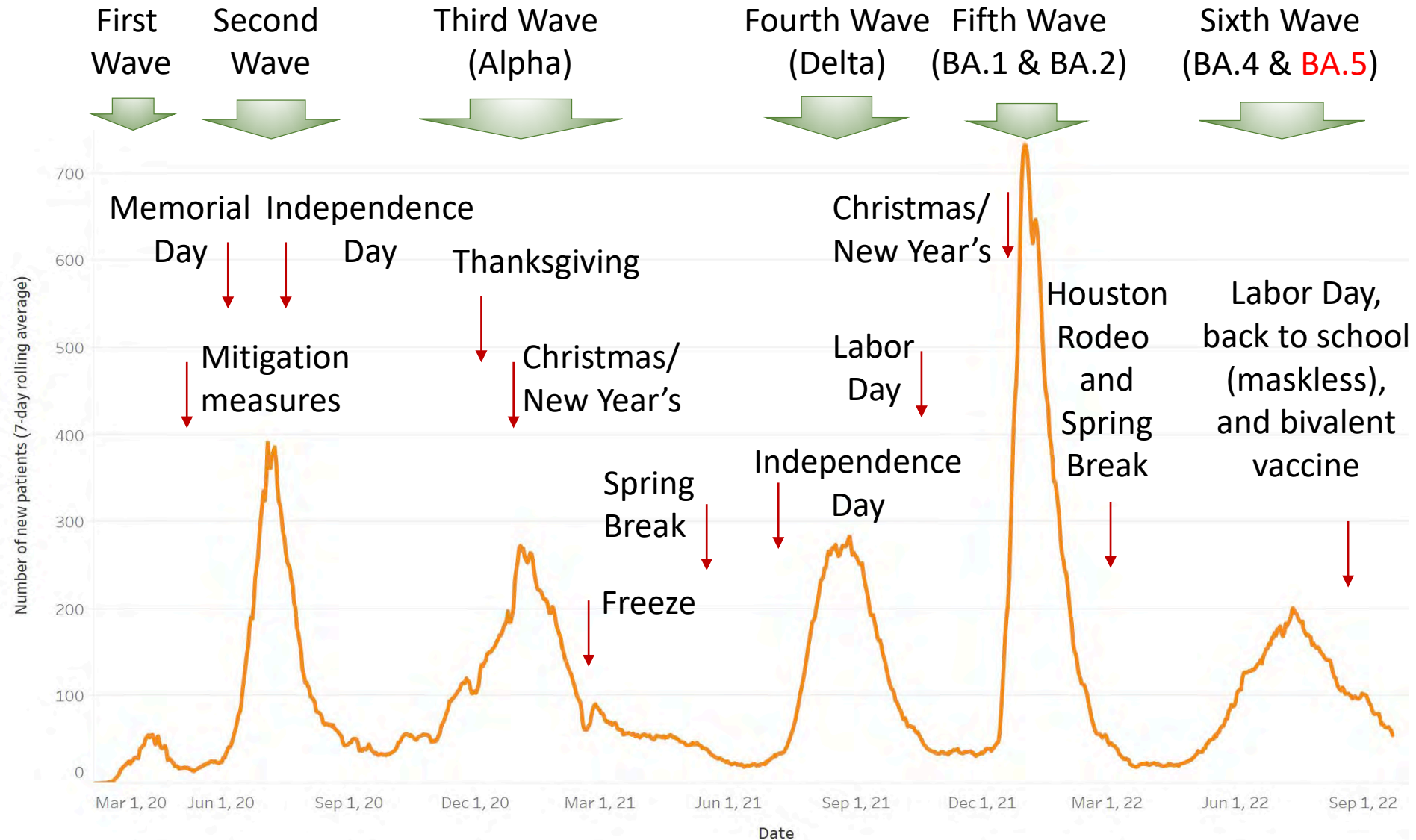


Rapid development and deployment of molecular diagnostic tests taught us how to rapidly formulate SARS-CoV-2 diagnostics early on

SARS-CoV-2 timeline for Methodist Molecular Diagnostics



Six waves of SARS-CoV-2 Infections in Houston



The Houston Methodist Experience (as of 9/22/2022)

1,274,725 SARS-CoV-2 PCR tests performed

556,704 unique patients tested

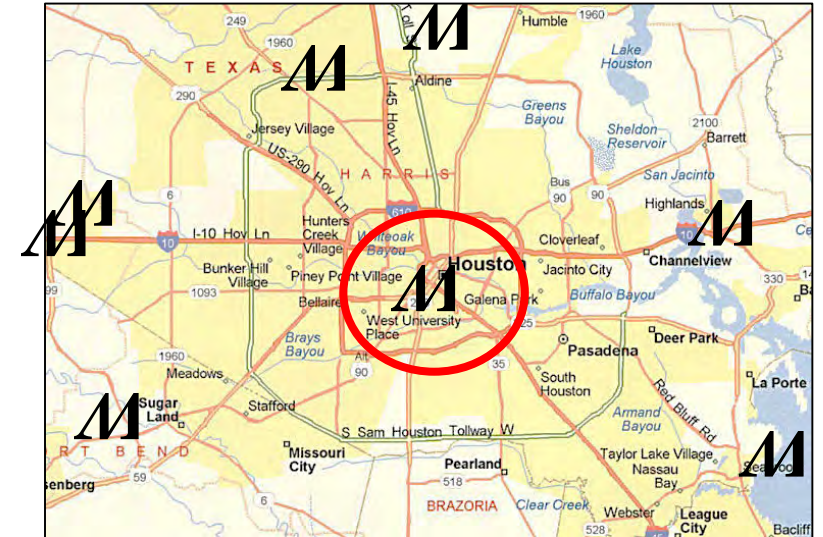
103,598 (18.6%) patients had a positive test

37,854 total hospitalizations (cumulative)

>115,000 SARS-CoV-2 genomes sequenced

Methodist covers metropolitan Houston: ~7.2M population

- Our eight hospitals serve Houston and metro region, ~2,500 beds and growing
- Ethnically and socioeconomically highly diverse patients; each hospital distinct
- Single friction-free, extremely integrated diagnostic, sequencing, informatics, and therapeutic infrastructure
- State-of-the-art Research Institute with outstanding infrastructure, **directly linked to main hospital – logistically seamless – this is crucial**
- **These and other facts create an outstanding opportunity for unique infectious disease preparedness, response, and research in a very large metropolitan area**



Methodist hospitals in metro Houston
Red circle = our main hospital

Our integrated activities and analyses have led the nation in many areas, and garnered extensive national and international attention:

Three examples.

SARS-CoV-2 Genomics and Integrated Analyses: Houston, Texas

Analysis of 5,085 Houston-area SARS-CoV-2 strains.



AMERICAN
SOCIETY FOR
MICROBIOLOGY

mBio

AN OPEN ACCESS JOURNAL PUBLISHED BY
THE AMERICAN SOCIETY FOR MICROBIOLOGY

Molecular Architecture of Early Dissemination and Massive Second Wave of the SARS-CoV-2 Virus in a Major Metropolitan Area

S. Wesley Long, Randall J. Olsen, Paul A. Christensen, David W. Bernard, James J. Davis, Maulik Shukla, Marcus Nguyen, Matthew Ojeda Saavedra, Prasanti Yerramilli, Layne Pruitt, Sishir Subedi, Hung-Che Kuo, Heather Hendrickson, Ghazaleh Eskandari, Hoang A. T. Nguyen, J. Hunter Long, Muthiah Kumaraswami, Jule Goike, Daniel Boutz, Jimmy Gollihar, Jason S. McLellan, Chia-Wei Chou, Kamyab Javanmardi, Ilya J. Finkelstein, and James M. Musser

Multiple genetic lineages entered
Houston and spread rapidly

The Washington Post

Massive genetic study shows coronavirus mutating and potentially evolving amid rapid U.S. spread

The largest U.S. genetic study of the virus, conducted in Houston, shows one viral strain outdistancing all of its competitors, and many potentially important mutations.

Convalescent Plasma Treatment: We Were First Final Analysis of 351 Transfused Patients

The American Journal of
PATHOLOGY
Discoveries in Basic and Translational Pathobiology

Significantly decreased mortality in a large cohort of COVID-19 patients transfused early with convalescent plasma containing high titer anti-SARS-CoV-2 spike protein IgG

Eric Salazar and James M. Musser



Omicron Arrived

The American Journal of
PATHOLOGY
Discoveries in Basic and Translational Pathobiology

Signals of Significantly Increased Vaccine Breakthrough, Decreased Hospitalization Rates, and Less Severe Disease in Patients with Coronavirus Disease 2019 Caused by the Omicron Variant of Severe Acute Respiratory Syndrome Coronavirus 2 in Houston, Texas

Christensen PA, Olsen RJ, Long SW, Snehal R, Davis JJ, Saavedra MO, Reppond K, Shyer MN, Cambric J, Gadd R, Thakur RM, Batajoo A, Mangham R, Pena S, Trinh T, Kinskey JC, Williams G, Olson R, Gollihar J, Musser JM. 2022 Apr 1;192(4):642-52. Epub ahead of print.

Why Did Things Work Very Well for Us? Two Critical Reasons

1. Rapid, clear, unambiguous, and unwavering support from Dr. Boom and all Methodist leadership.
2. Extraordinarily generous community support from day 1.

Without 1 & 2 above, little would have been accomplished.

Why Did Things Work Very Well for Us? A Few Lessons Learned (Short List)

1. We have always had a pandemic mentality in the Department.
2. Great majority of pieces to the puzzle were under one roof (one culture) and were seamlessly integrated.
3. Department of Pathology and Genomic Medicine faculty built over years had extensive expertise in many of the key areas that were needed to confront the pandemic rapidly.
4. The extremely flat administrative structure at Methodist and our culture permitted us to move unusually fast, decisively, and keep moving with minimal impediments. **Decisions were made rapidly.**
5. Our hospital and philanthropic community quickly (days!) provided very substantial resources that permitted us to rapidly attack the pandemic.

Birth of the Center of Excellence in Infectious Diseases

We recognized very early on in the pandemic that
we had several limitations, deficiencies
to address, and gaps to fill.

The Challenges to Our City, Society and World Are Immense and Urgent

COVID-19 pandemic has exposed many serious local, national and global vulnerabilities to infectious agents. **A next global infectious disease crisis is inevitable (“Disease X” scenario) because of (a short list):**

Globalization

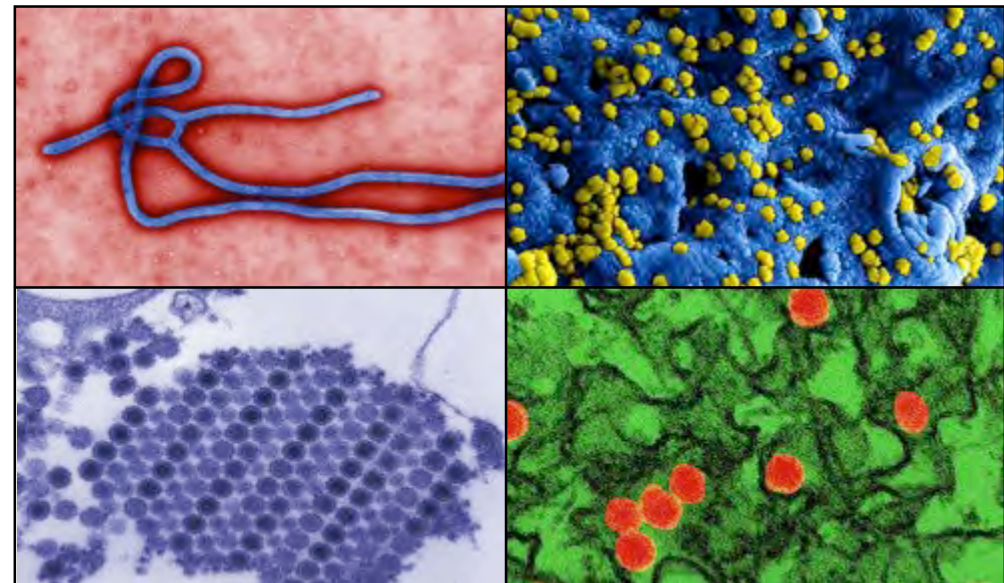
Urbanization

Bioterrorism

Rogue nation-states

Susceptibility to infection

Ease of genetic manipulation of pathogens



Creation of the **Center of Excellence (“COE”) in Infectious Diseases** — Methodist’s 7th COE

- Comprehensive diagnostic, treatment, research and education center that can be activated, supercharged, and turned on a dime when necessary.
- Tremendous benefit to our patients, the Houston community, and beyond.
- **Key goal is to be exceptionally well prepared and equipped, and have the ability to address the new threat extremely rapidly.** We are bringing together multiple diverse disciplines: infection treatment, ID immunology, vaccinology, artificial intelligence, synthetic biology, and analytics, to name a few. **We have excellent ID-oriented investigators.**
- However, many gaps to be filled, all the while continuing to focus on common pathogen problems such as MRSA, other drug-resistant bacteria, sepsis, etc.

Center of Excellence in Infectious Diseases: Development Strategy

First, we recruited a world-class Co-Director who is a visionary infectious diseases physician-scientist and outstanding clinician

- Extensive national and international search performed.
- Extraordinarily strong pool of candidates identified and interviewed
- Candidates included individuals with expertise in all areas of infectious diseases: virology, parasitology, and bacteriology.
- **One individual was head and shoulders above all others...**

Cesar Arias, MD, PhD

Co-Director, Center for Infectious Diseases



- Chief, Division of Infectious Diseases, Department of Medicine
- John F. III and Ann H. Bookout Distinguished Chair
- Internationally known for his research on antimicrobial resistance
- Infectious diseases physician par excellence
- Extremely well-funded by NIH
- Editor-in-Chief, *Antimicrobial Agents and Chemotherapy*

Then, to fill a critical research portfolio gap: (2022)

Antibody discovery and therapy development platform: agile, flexible, and very high throughput platform for rapid therapeutic human monoclonal antibody discovery using synthetic biology, artificial intelligence, and protein engineering

Jimmy D. Gollihar, PhD

Head, Laboratory of Antibody Discovery & Accelerated Protein Therapeutics (ADAPT)



- PhD, University of Texas at Austin. Centers for Systems and Synthetic Biology. Protein engineering and synthetic biology expertise. Background as Special Ops – USAF.
- Previously: Chief Technology Officer, BioMADE – Office of the Undersecretary of Defense for Research & Engineering
- Previously: Chief Technology Officer, Synthetic Biology Essential Research Program, Army Research Laboratory
- Extensive collaborations over the past 32 months
- Extremely interested in commercialization of unique therapeutic proteins. Holds multiple patents on biomedically relevant proteins

Research portfolio gaps to be filled: (ongoing recruitments)

- Human virologist
- Immunologist – focus on human infection immunology
- RNA vaccinology – leverage our outstanding expertise in RNA biology; various ongoing collaborations with Dr. John Cooke's mRNA group

Thank you!

COVID-19, Monkeypox, Polio and Other Infectious Diseases Threats

Cesar A. Arias MD PhD

Chief, Division of Infectious Diseases

John F. III and Ann H. Bookout Distinguished Chair

@SuperBugDoc



**Weill Cornell
Medicine**

HOUSTON
Methodist[®]
LEADING MEDICINE

Disclosures

- **Grant Recipient:** MeMed diagnostics, Merck and Entasis Pharmaceuticals

Objectives

- Discuss the status of the COVID-19 pandemic with updates in vaccination
- Present some data on the Monkeypox outbreak
- Comment on the emergence of polio in the United States
- Delineate other infectious diseases threats like antimicrobial resistance and new zoonotic viruses

COVID-19 Numbers, United States

COVID Data Tracker

Maps, charts, and data provided by CDC, updates Mon-Fri by 8 pm ET

COVID-19 Ho



CDC recommends use of [COVID-19 Community Levels](#) to determine the impact of COVID-19 on communities and to take [action](#). CDC also provides [Transmission Levels](#) (also known as Community Transmission) to describe the amount of COVID-19 spread within each county. Healthcare facilities use Transmission Levels to determine [infection control](#) interventions.

Daily Update for the United States

Cases

New Cases (Daily Avg)
53,376

Case Trends



Aug 2022 Sep 2022

Deaths

New Deaths (Daily Avg)
356

Death Trends



Aug 2022 Sep 2022

Hospitalizations

New Admissions (Daily Avg)
3,933

Admission Trends



Aug 2022 Sep 2022

Vaccinations

% First Booster Dose
35.1%

People Age 5+



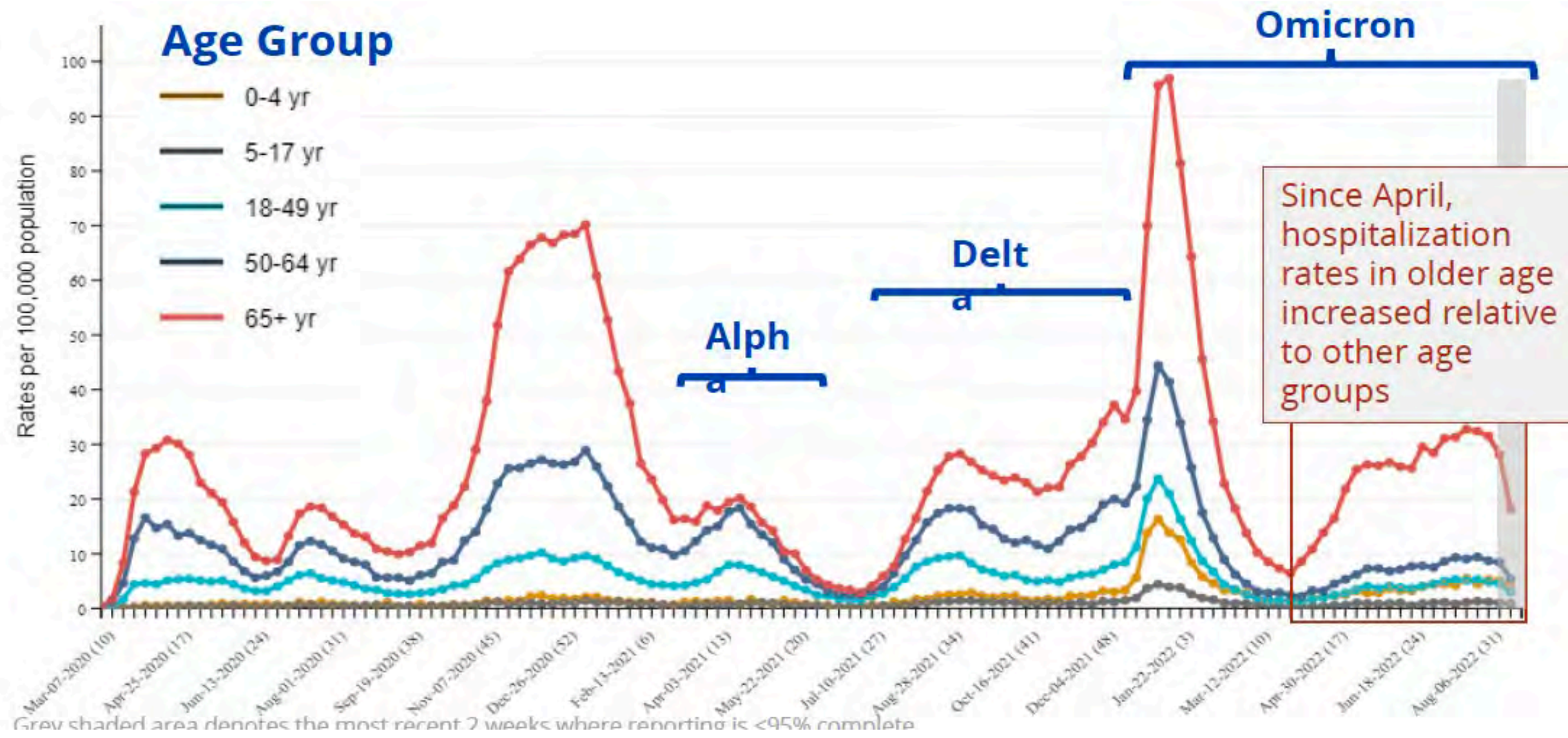
Total Cases
95,795,378

Total Deaths
1,050,631

Current Hospitalizations
24,035

Total First Booster Dose
109,578,270

Weekly Trends in COVID-19-Associated Hospitalization



Evolution of SARS-CoV-2, USA



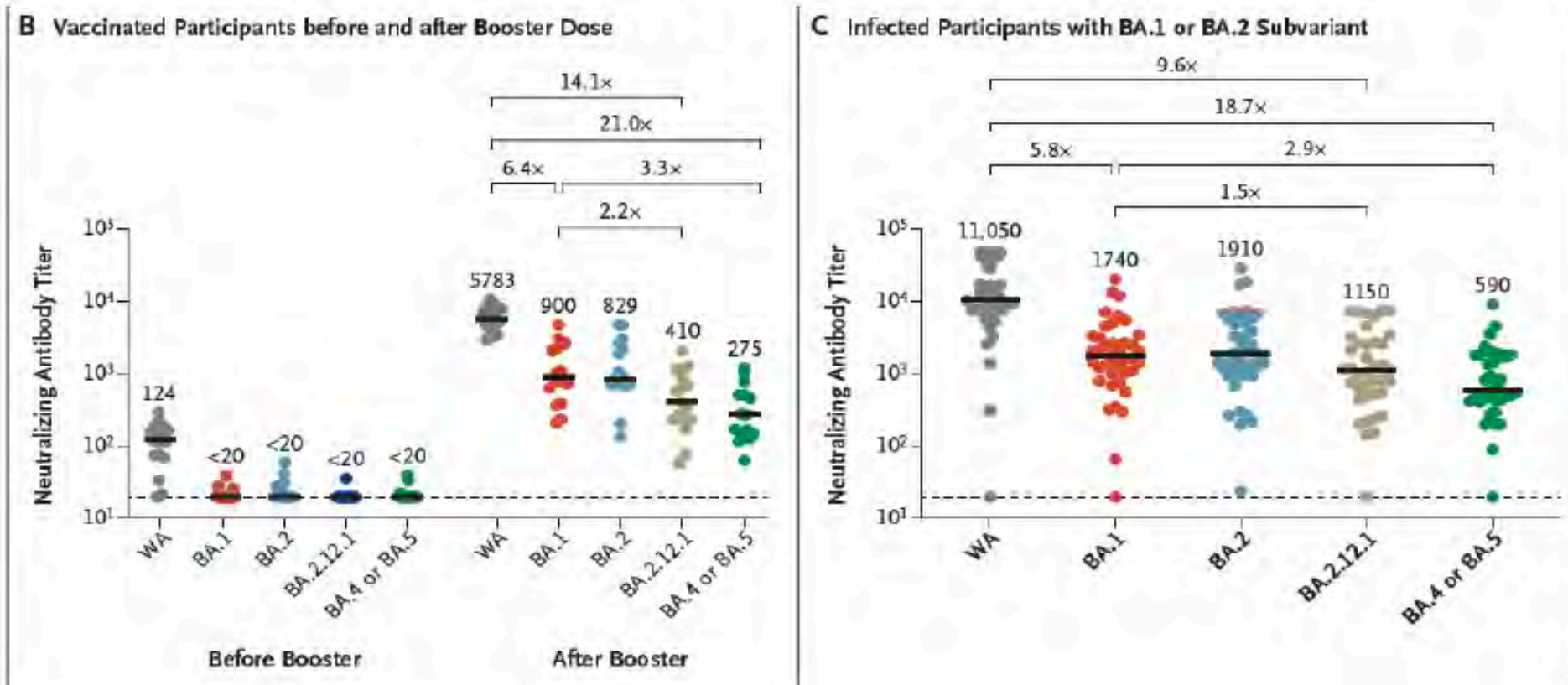
Recent Evolution of SARS-CoV-2



<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

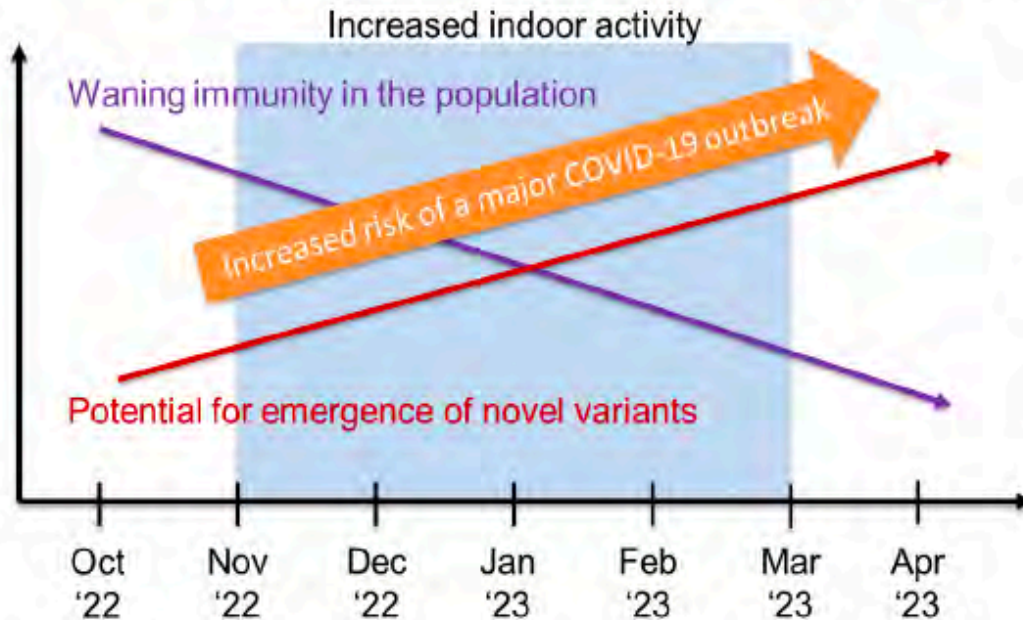
Neutralizing Antibody Titers Against Omicron Variants

- BA.1 or BA.2 infection after vaccination increases antibody titers against Omicron variants
- Titers against BA.2.12.1 and BA.4/BA.5 lower than titers against BA.1 or BA.2

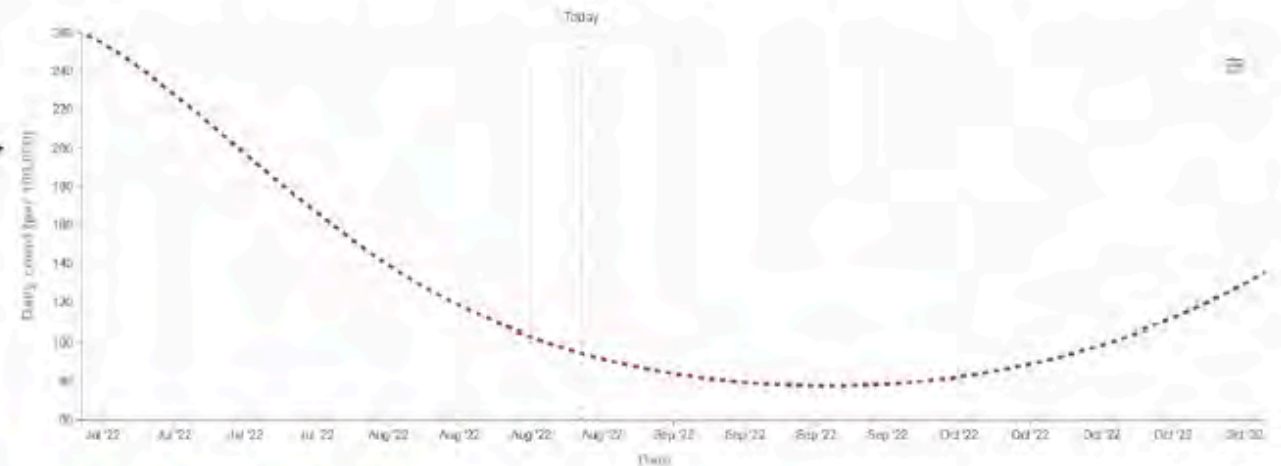


Fall 2022, Predictive Modeling

Potential evolution of COVID-19



Modelers predicting next peak in late November



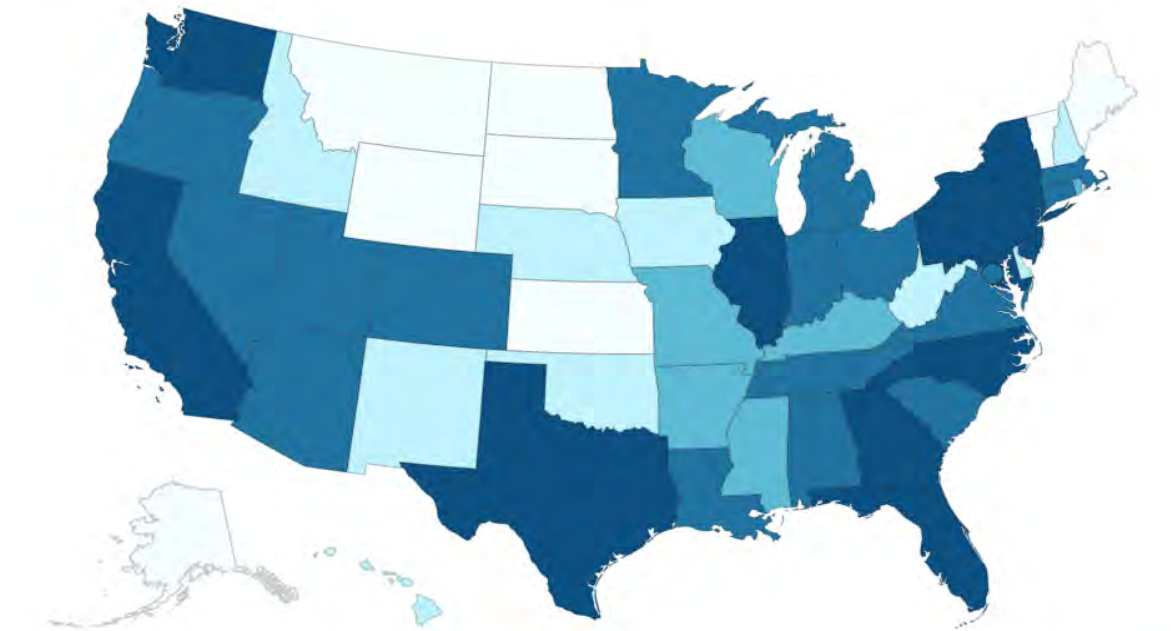
<https://covid19.healthdata.org/united-states-of-america?view=infections-testing&tab=trend&test=infections>

- Moderna Bivalent COVID-19 Vaccine (Original + BA.4/BA.5) authorized for individuals ages 18 and older
- Pfizer BioNTech Bivalent COVID-19 Vaccine (Original + BA.4/BA.5) authorized for individuals ages 12 and older
- Primary series doses continue with monovalent Moderna and Pfizer BioNTech COVID-19 vaccine
- Authorizations for monovalent Moderna and Pfizer BioNTech COVID-19 vaccine boosters revoked

Monkeypox Update – Cases USA

24,846 Total confirmed monkeypox/orthopoxvirus cases

*One Florida case is listed here but included in the United Kingdom case counts because the individual was tested while in the UK.



Territories **PR**



Legend

1 to 10

51 to 100

>500

11 to 50

101 to 500

MONKEYPOX

VISUAL EXAMPLES OF MONKEYPOX RASH



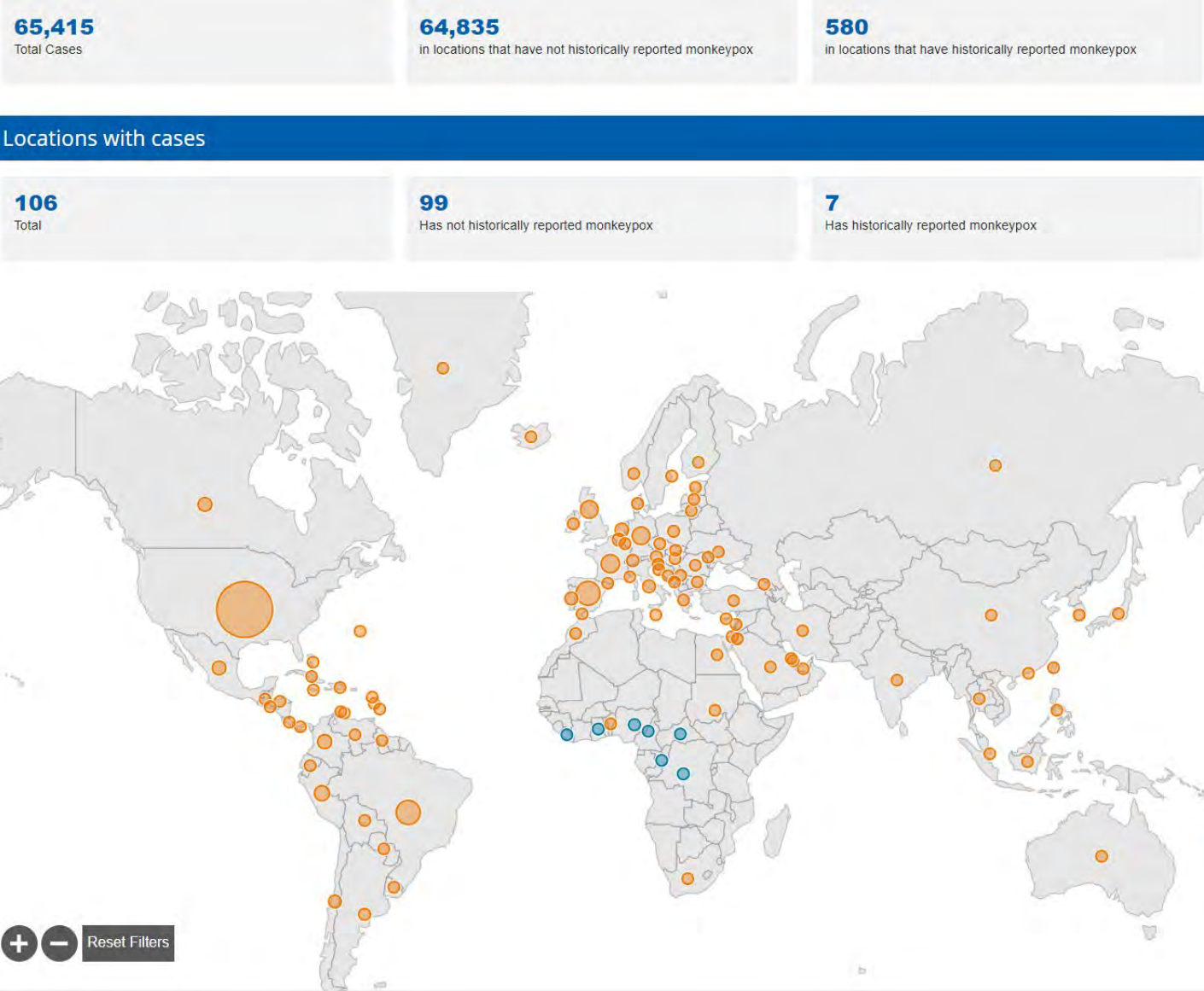
Photo Credit: NHS England High Consequence Infectious Diseases Network



CS228947-EK

Texas: 2,225 cases

Monkeypox – Global Case Counts



Transmission

- **Spread person-to-person through:**
 - **Direct contact** with the infectious rash, scabs, or body fluids
 - **Respiratory secretions** during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex
 - **Touching items (such as clothing or linens)** that previously touched the infectious rash or body fluids
 - **Through placenta** in an infected pregnant person to their fetus
- **Patients are infectious once symptoms begin (whether prodromal or rash symptoms) and remain infectious until lesions form scabs, scabs fall off, and a fresh layer of skin forms**

Vaccination against Monkeypox

MONKEYPOX

JYNNEOS Vaccine



Total number of vaccine doses shipped (9/7/22) 775,033

<https://aspr.hhs.gov/SNS/Pages/JYNNEOS-Distribution.aspx>

Total number of vaccine doses administered (9/7/22) 461,049

https://www.cdc.gov/poxvirus/monkeypox/response/2022/vaccines_data.html

- **Primary prevention -- PreP**
- **Post-exposure prophylaxis with vaccine**
 - Available for people with known or presumed exposure to monkeypox
- **JYNNEOS vaccine considered safe for people with HIV**
 - Live but **non-replicating** virus vaccine (modified vaccinia Ankara, or MVA)

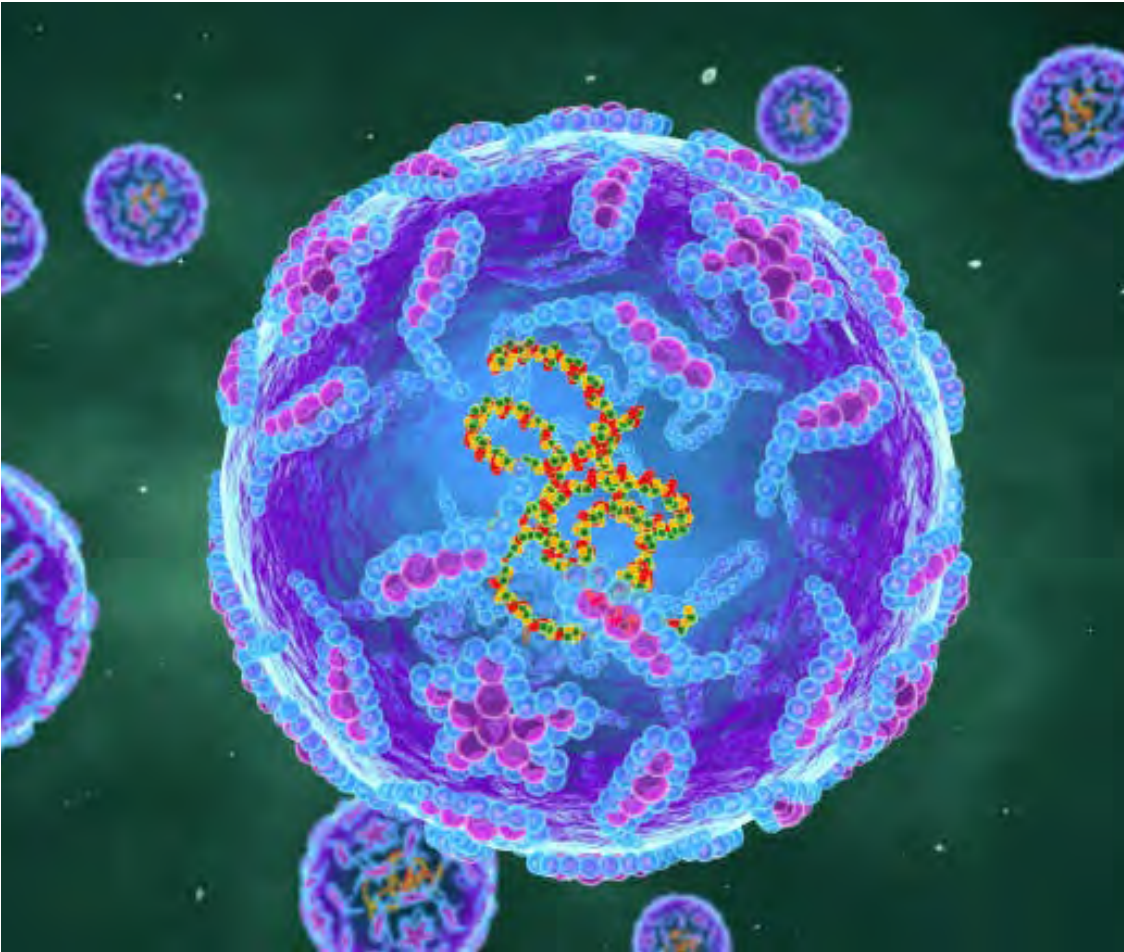
Source: [JYNNEOS Vaccine](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

Tecovirimat (TPOXX) for Monkeypox



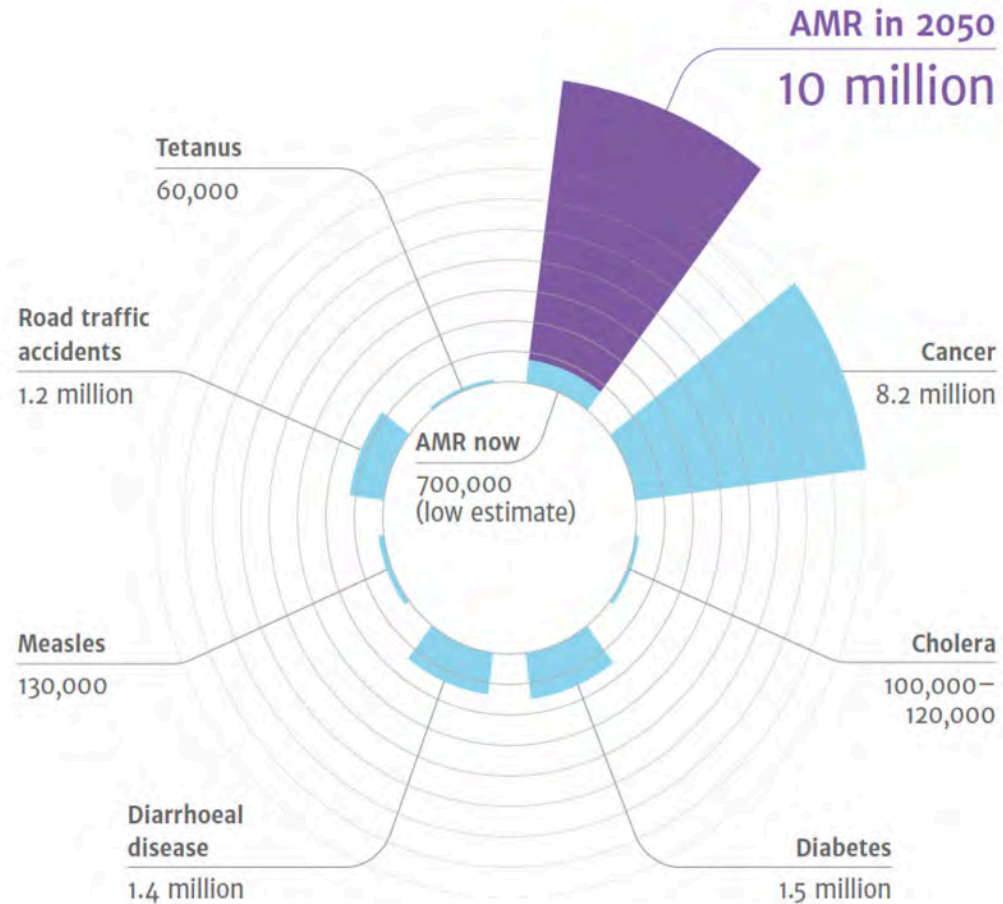
- Oral and IV formulations
- 14 days of treatment
- Clinical data on effectiveness more anecdotal
- Clinical trial in progress

Polio Virus in NY, 2022



CDC today announced that polioviruses found in New York, both from the case of paralytic polio in an unvaccinated adult in Rockland County and in several wastewater samples from communities near the patient's residence, meet the World Health Organization (WHO)'s criteria for circulating vaccine-derived poliovirus (cVDPV) – meaning that poliovirus continues to be transmitted in Rockland County, NY, and surrounding areas

AMR Continues to Be a Major Public Health Burden



Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis

*Antimicrobial Resistance Collaborators**

Findings On the basis of our predictive statistical models, there were an estimated 4.95 million (3.62–6.57) deaths associated with bacterial AMR in 2019, including 1.27 million (95% UI 0.911–1.71) deaths attributable to bacterial AMR. At the regional level, we estimated the all-age death rate attributable to resistance to be highest in western sub-Saharan Africa, at 27.3 deaths per 100 000 (20.9–35.3), and lowest in Australasia, at 6.5 deaths (4.3–9.4) per 100 000.

Lancet, 2022

Shrews



A Zoonotic Henipavirus in Febrile Patients in China

TO THE EDITOR: The Hendra virus and the Nipah virus, which belong to the genus henipavirus in the family Paramyxoviridae, are known to infect humans and cause fatal disease; however, other related henipaviruses have been detected in bats, rodents, and shrews.¹⁻⁴ During sentinel surveillance of febrile patients with a recent history of animal exposure in eastern China, a phylogenetically distinct henipavirus, named Langya henipavirus (LayV), was identified in a throat swab sample from one patient by means of metagenomic analysis and subsequent virus isolation. The genome of LayV is composed of 18,402 nucleotides with a genome organization that is identical to that of other henipaviruses (Fig. 1A).¹ LayV is most phylogenetically related to Mojiang henipavirus, which was discovered in southern China (Fig. 1B).³

Subsequent investigation identified 35 patients with acute LayV infection in the Shandong and Henan provinces of China, among whom 26 were infected with LayV only (no other pathogens were present). These 26 patients presented with fever (100% of the patients), fatigue (54%), cough (50%), anorexia (50%), myalgia (46%), nausea (38%), headache (35%), and vomiting

Antibody *D*iscovery & Accelerated *P*rotein *T*herapeutics (*ADAPT*)

Platform technologies

Jimmy D Gollihar, PhD
Head of ADAPT



We are changing the face of therapeutics development from discovery to ultra high-throughput protein engineering and driving a new era of precision treatments for targets across the disease spectrum, using the best of modern synthetic biology for better outcomes for patients worldwide.

Our purpose is to rapidly discover and engineer therapeutics using the tools of synthetic biology

ADAPT lives at the intersection of systems immunology, synthetic biology, and machine learning.

ADAPT discovers and engineers monoclonal antibodies, vaccine candidates, enzymes, and so forth.

ADAPT core technology areas:

1. *Development of Artificial Intelligence/Machine Learning models*
2. *Computational protein design*
3. *High-throughput screening and selection*
4. *Turnkey automation pipelines*

Antibody Discovery & Accelerated Protein Therapeutics



Jimmy Gollihar, PhD

Head of ADAPT

- Protein engineering & synthetic biology
- Fmr CTO BioMADE



Raghav Shroff, PhD

Artificial Intelligence

- Neural networks
- Protein engineering



Daniel Boutz, PhD

Protein biochemistry

- Antibody methods
- Structure & proteomics



Andrew Horton, PhD

Systems biology & informatics

- Antibody methods
- Pipeline automation



Thomas Segall-Shapiro, PhD

Synthetic biology

- Genetic circuit design
- Lab automation



Jule Goike, PhD

Antibody discovery

- Humanization of yeast
- Yeast/PLCs



Michell Byrom

Laboratory Supervisor

- Molecular biology
- Protein expression



Shaunak Kar, PhD

Synthetic biology

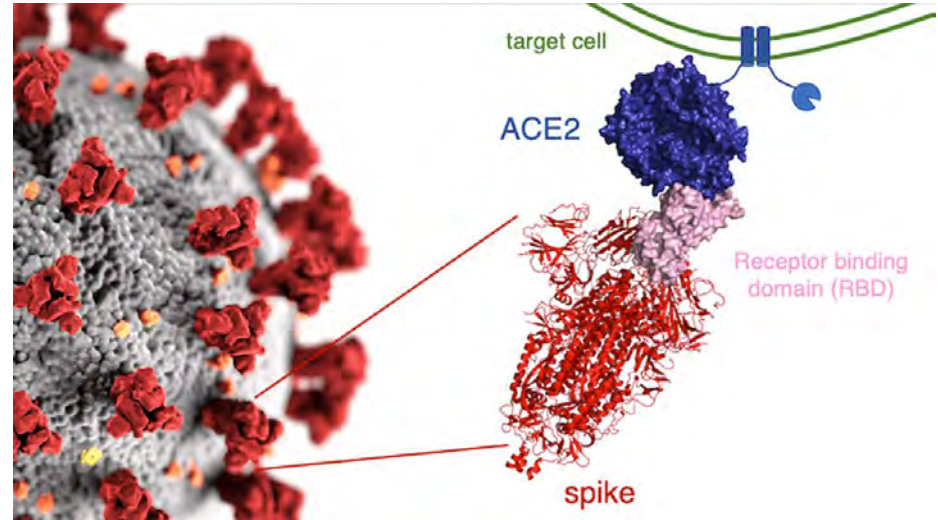
- Enzyme engineering
- Genetic circuit design

1. Prototyping virus proteins at the speed of discovery & immune escape

NextGen Antigen Testing & Engineering

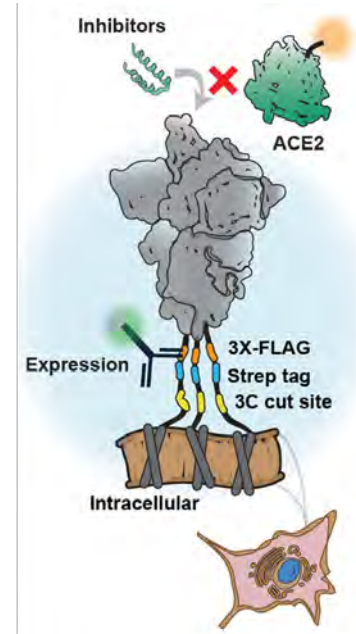
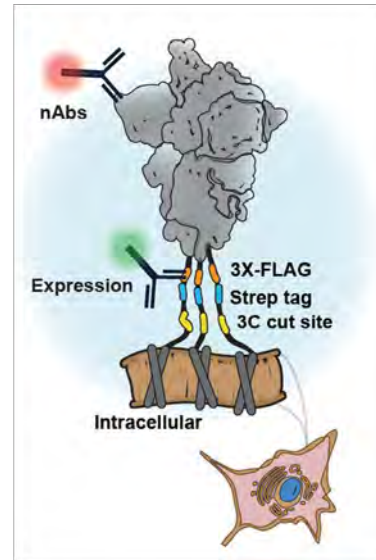
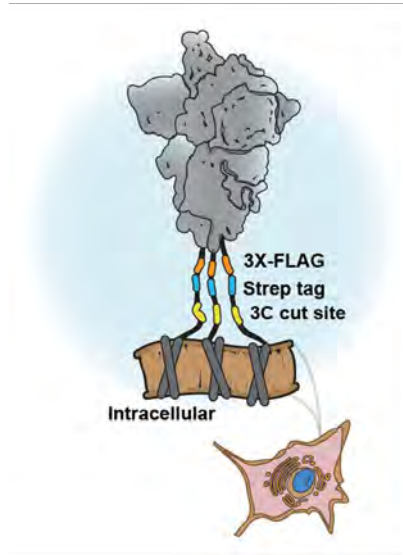
SARS-CoV-2 Spike Protein is the target

- SARS-CoV-2 is the causative agent of COVID-19
- Virus coated with Spikes (S-Ectodomains)
- Spike protein is key determinant of host and tissue tropism
- **Primary vaccine and therapeutic target**



How do we safely build and test spike proteins to determine if our countermeasures are effective against new variants?

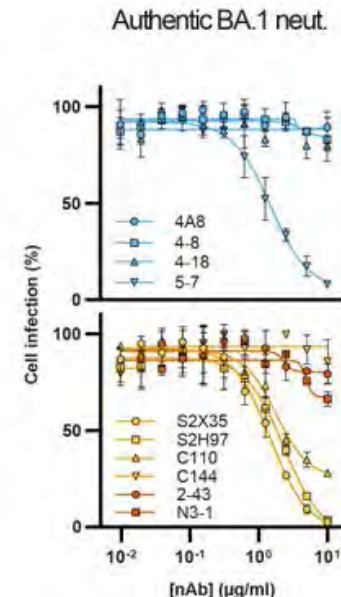
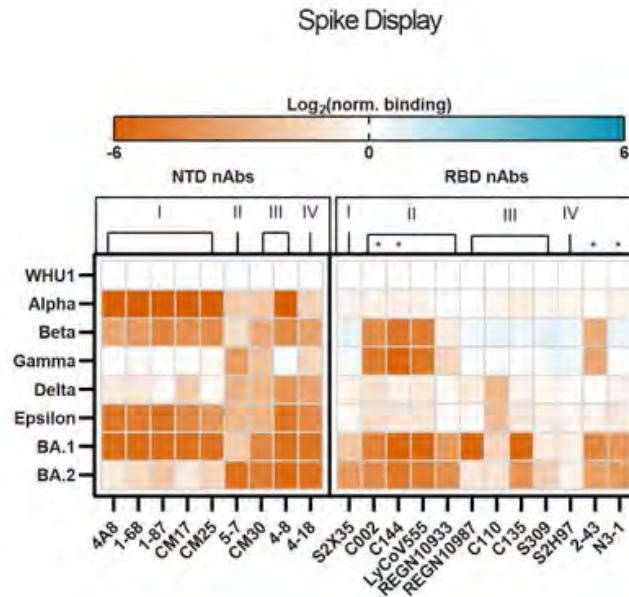
Mammalian display offers a near native assay modality



Javanmardi, K. et al. *Mol. Cell* (2021)

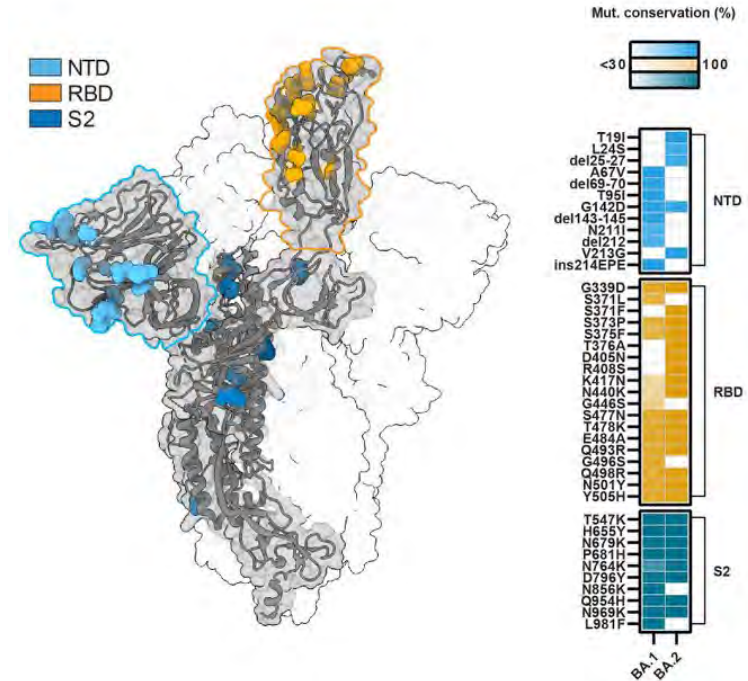
Omicron mutations are distributed across all domains of the spike protein

- Different VOCs demonstrate escape from different classes of NTD- and RBD-targeting nAbs.
- Omicron shows the most comprehensive level of escape compared to the other VOCs, for these given sets of antibodies—validated with authentic live virus neutralization.

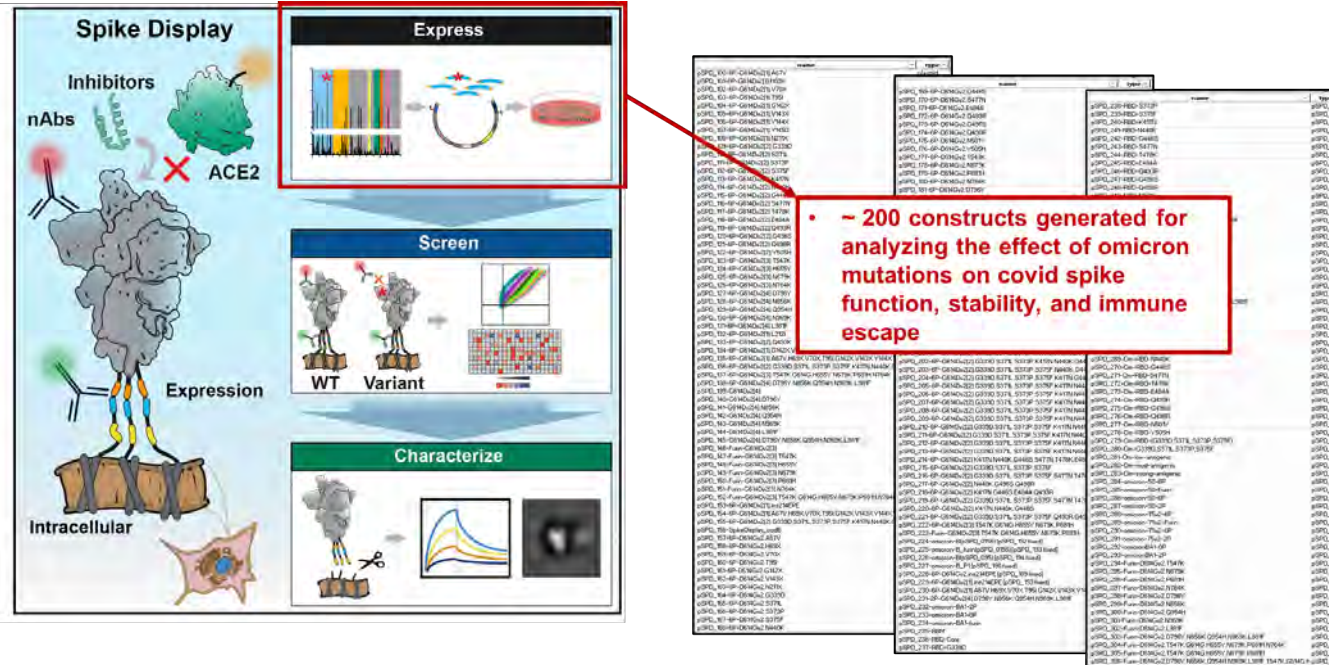


Omicron escapes major classes of neutralizing antibodies

- Omicron BA.1 and BA.2 spike proteins have an unprecedented 33 and 29 mutations.
- Mutations are distributed throughout the spike NTD, RBD, and S2—contributions to escape are largely unknown.

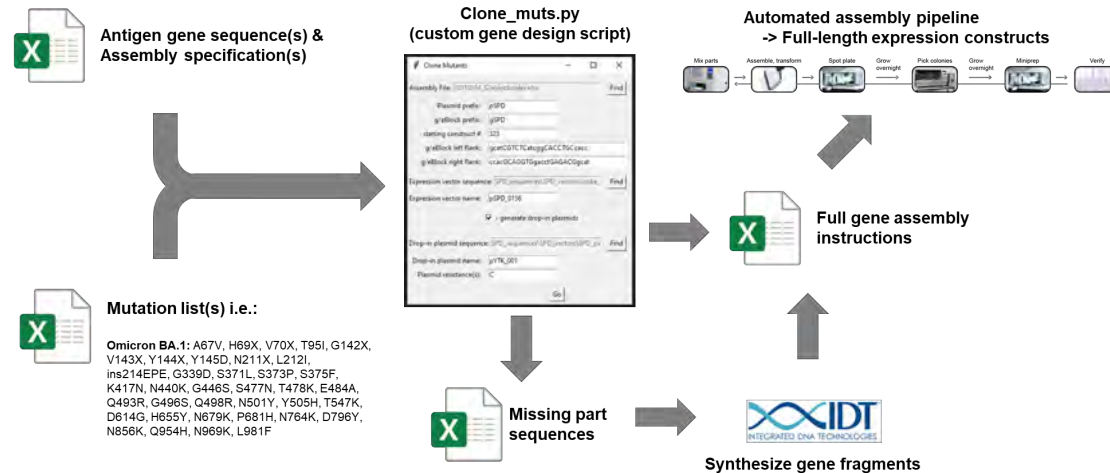


Proving the platform by rapidly generating all Omicron spike protein mutations



We also develop computer software to automate synthesis and design of spike variants

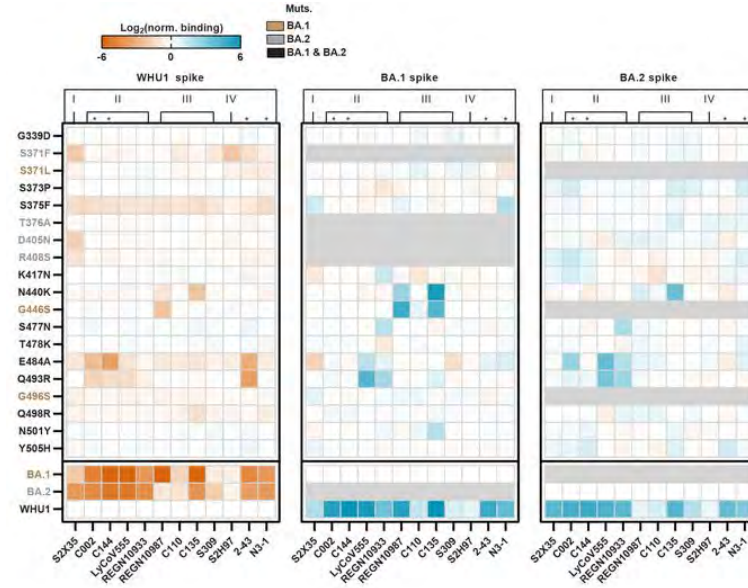
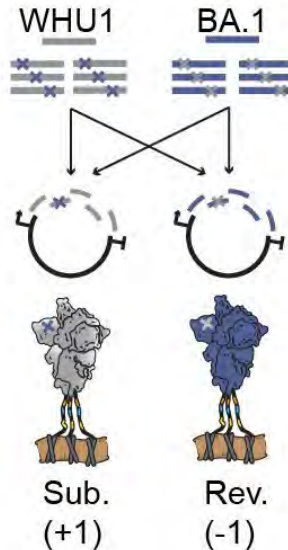
- Designing DNA by hand becomes the bottleneck at med-high throughput!
- Mutations are mapped, DNA is designed, and assembly instructions generated for our liquid handling robots.



And remember, this strategy works for ANY pathogen!
****Now linked to in-house sequencing database****

Breakdown of Omicron spike protein reveals determinants of evasion

- Our platform is informative for understanding monoclonal antibody escape mechanisms.
- **Contextual effects identified cryptic cross-domain stabilization, allowing for more virulent mutations in the receptor binding domain (RBD)**



What we are doing next to combat “Disease X” of tomorrow...

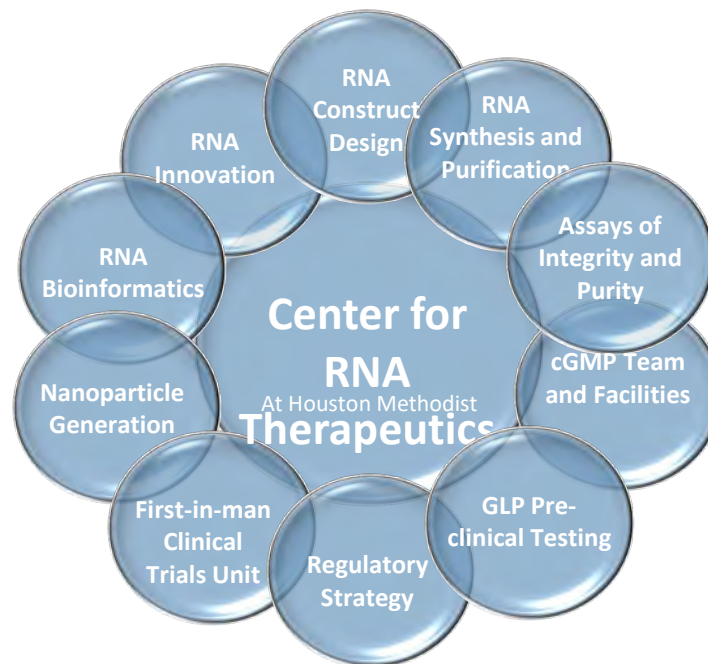
1. Increase throughput of variants that can be tested in a single experiment
2. Expand this rapid-response technology for new and emerging viruses
3. Develop vaccine candidates for emerging viral threats

So that next time we're pulling countermeasures out of the freezer!



Hospital-based RNA Therapeutics

We develop, manufacture, deliver, and test novel RNA Therapies AND PATHOGEN VACCINES



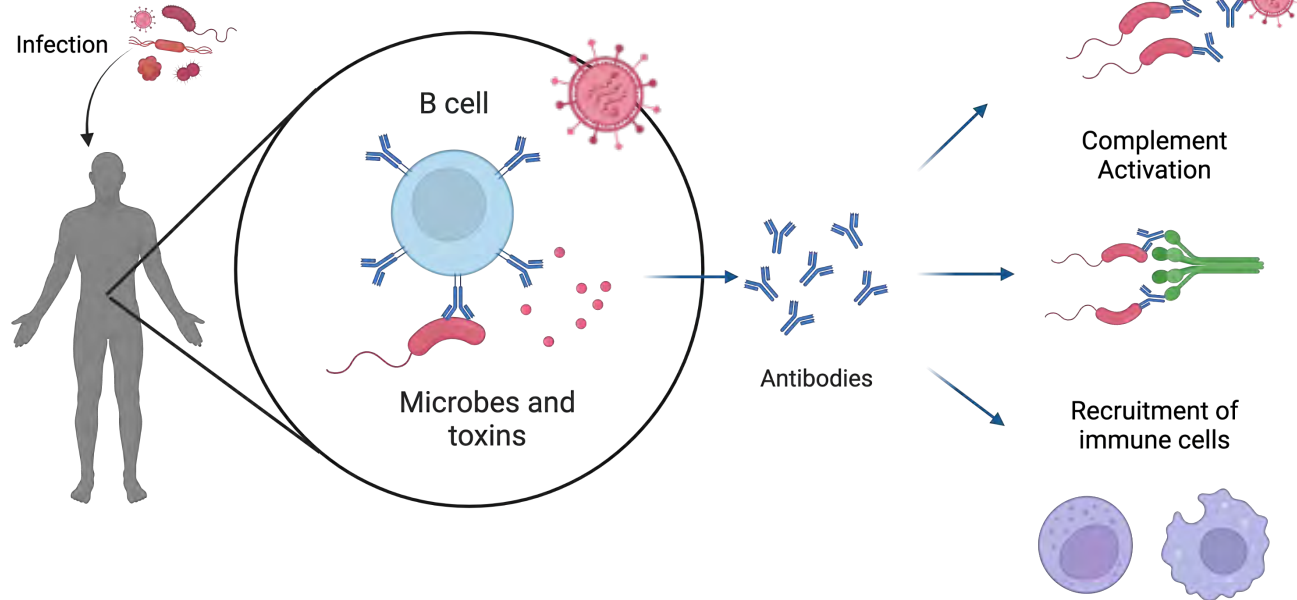
2. Rapid Response Biological Countermeasures

NextGen Antibody Discovery

Antibody structure and function

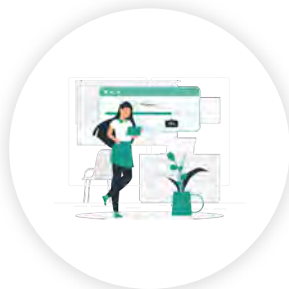
Antibodies protect us from pathogens

Protection modalities



Critical need for very rapid antibody discovery

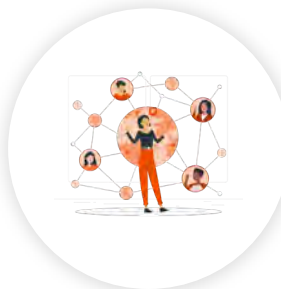
The COVID-19 pandemic showed the world that demand for rapid antibody development platforms is growing faster than ever



Traditional antibody
development requires

Controlled
Time points

Many patient
samples



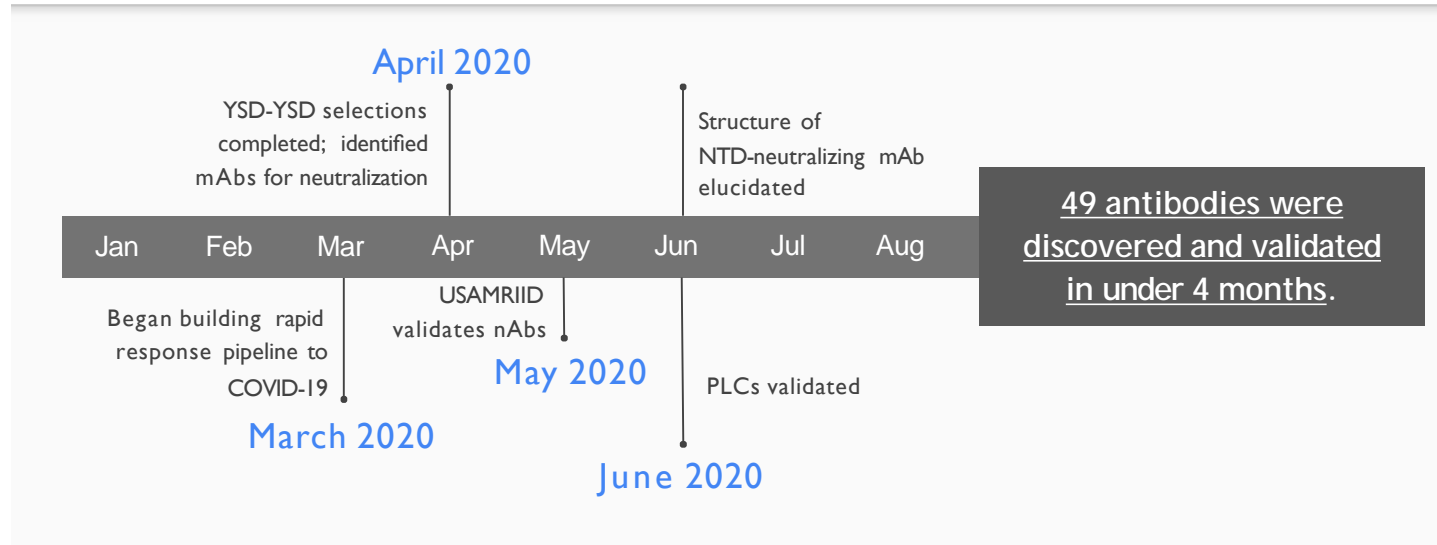
We select & engineer
"the best" candidates from

Limited
resources

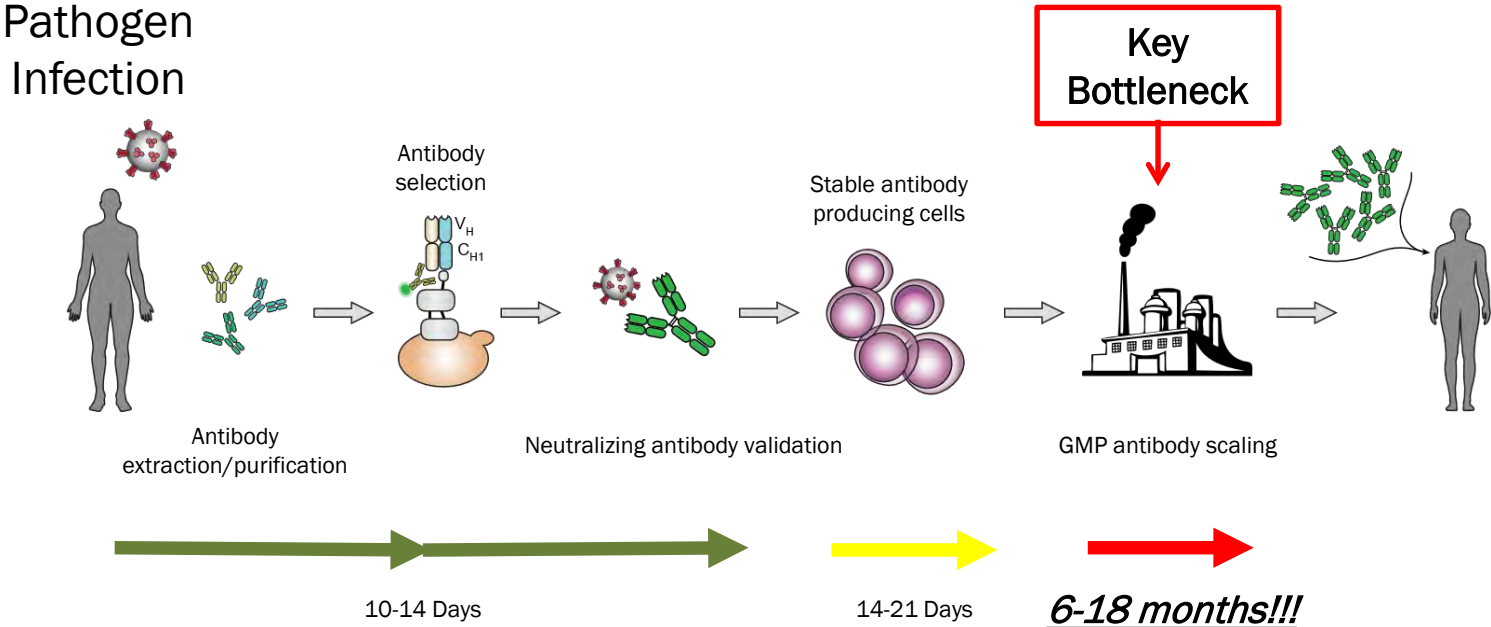
Under less-than-
ideal conditions

The ADAPT discovery platform selects for the best antibodies from low quality starting samples by combining natural and engineered libraries

The ADAPT platform was built rapidly under immense time pressure



Antibody development process



We exploit artificial intelligence/machine learning to:

1. Engineer enzymes for mRNA vaccine manufacturing
2. Identify scalable monoclonal antibody candidates during discovery
3. Enhance medically-relevant proteins of interest
4. Develop models to improve the speed of biological engineering



Platform technologies designed for— SPEED, SPEED, SPEED...

Our Research Institute is connected to the Hospital,
allowing us to go through Phase II trials under one
roof!

The Houston Methodist Research Institute was built to
do *very* rapid translational activities—such as those
required during pandemics.

Contact: jgollihar2@houstonmethodist.org
<https://gollihar.hmailabs.org/>

