## Critical Role of Flow Cytometry in Stem Cell Transplantation and Cellular Therapy Laboratories

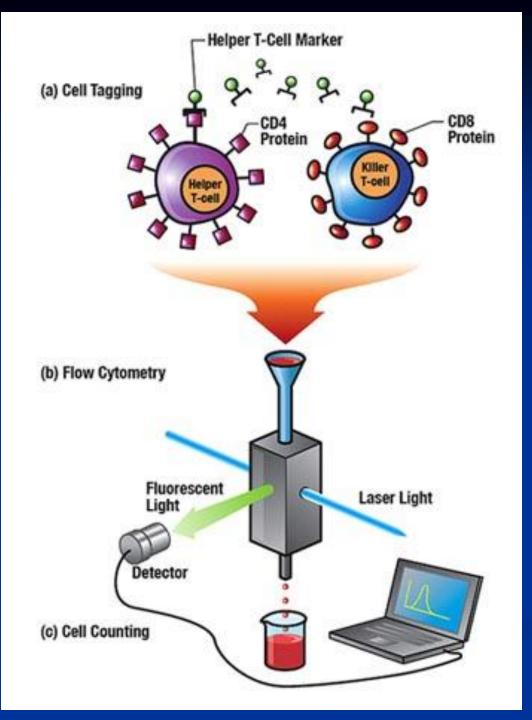
D. Robert Sutherland

Professor, Department of Medicine University of Toronto

Technical Director, Clinical Flow Cytometry
Laboratory Medicine Program
Toronto General Hospital/University Health Network
Retired January 2019

**Applications in Flow Cytometry** 

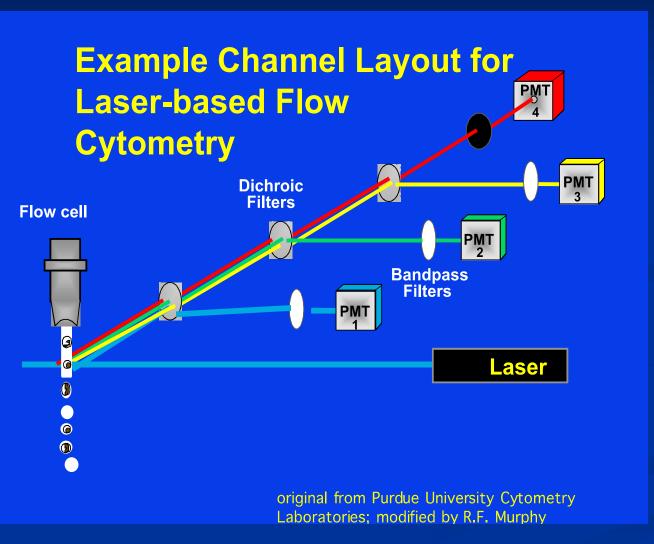
Virtual Talk: 28 March 2022



## Basics of a Flow Cytometer:

# An automated Fluorescence Microscope

### **FLOW CYTOMETRY - 101**



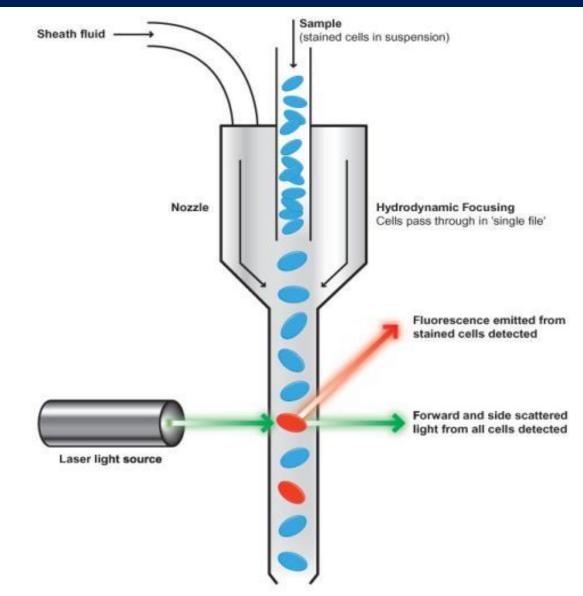
#### **FLOW CYTOMETRY:**

The measurement of cells in a flow system that has been designed to deliver particles (cells) in single file past a point of measurement

**A Flow Cytometer** 

consists of a light source (laser), a lens system to focus the light, a flow cell, optical components to direct light to the detectors, electronic components to convert the light signals and a computer to analyse the data.

## FLOW Cytometry - 101: The Flow Cell and Hydrodynamic Focusing

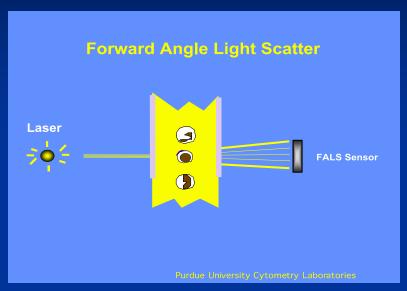


Cytometer measures
A. light scatter

and

B. fluorescence emissions

## What is Light Scatter?



As the cells move through the flow cell past the laser, cells cause the laser light to be "scattered"

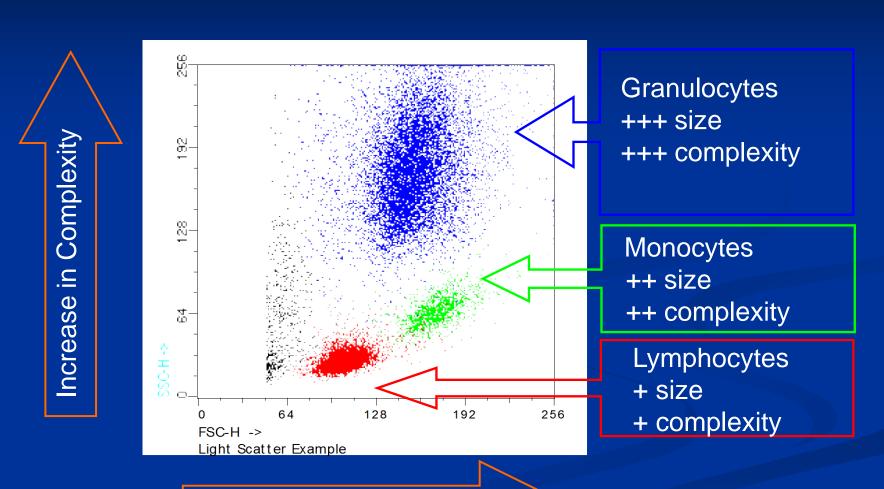
Light scattered at 0° angle is called Forward Scatter (FSC / FALS). FSC is related to the size of the cells



Light Scattered at 90° angle is called Side Scatter (SSC / RALS).

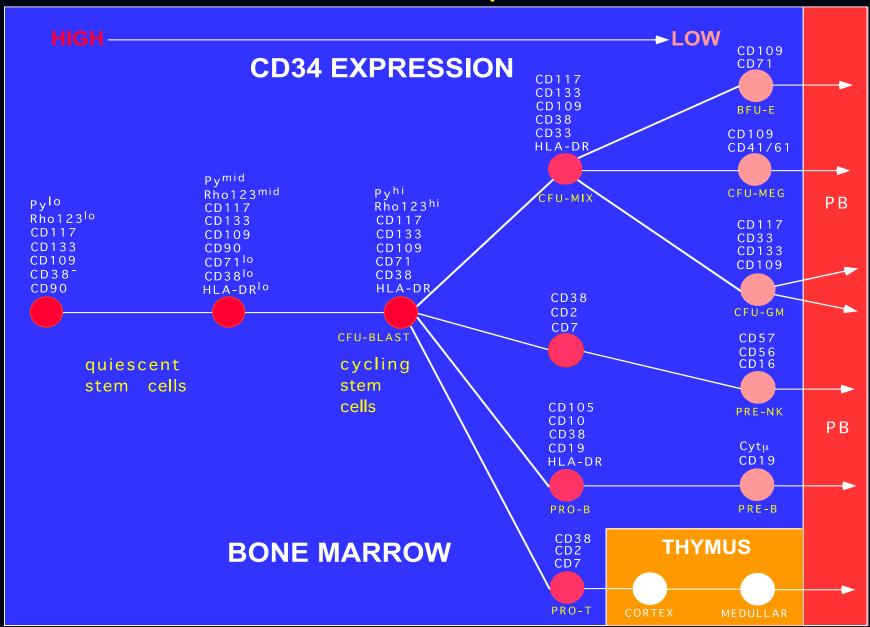
SSC is related to the complexity of the cells i.e. cytoplasmic granularity, vacuoles, indented/lobulated nucleus

## Light scatter plot



Increase in 'Size'

## The role of CD34+ cells in Hematopoietic Stem Cell Transplantation



## Sources of Hematopoietic Stem Cells for Bone Marrow Transplantation

#### **BONE MARROW**

Thomas et al, 1957

#### PERIPHERAL BLOOD (PB)

McCreadie et al, 1971, Korbling et al, 1980

#### CHEMOTHERAPY-MOBILIZED PB

Juttner et al, 1985, Reiffers et al, Korbling et al, Kessinger et al, 1986

#### CYTOKINE MOBILIZED PB

Siena et al, 1989, Chao et al, 1993

#### **CORD BLOOD**

Christenson et al, 1987, Gluckman et al, Broxmeyer et al, 1989

## Counting CD34+ cells provides critical information to the Transplant Physician

Number of CD34+ cells in peripheral blood after mobilization with cytokines and/or chemotherapy predicts 'yield' of CD34+ cells in apheresis product

#### **AND:**

Number of CD34+ cells collected predicts time to engraftment after autologous or allogeneic HSC transplantation

#### BUT:

The use of mobilized peripheral blood for HSCT initially evolved without a consensus means to assess the engraftment potential of the HSC product

## New Assay Design: Gather Scientific Knowledge

What Flow Cytometric methods are available? What is the science behind them? What is the basis of antibody and/or antibodyconjugate selection?

### What are the requirements of the assay?

- Simple methodology
- Suitable for all sources of HSCs (BM, mPB, CB etc)
- Suitable for all Flow Cytometers with 4 or more

#### **PMTs**

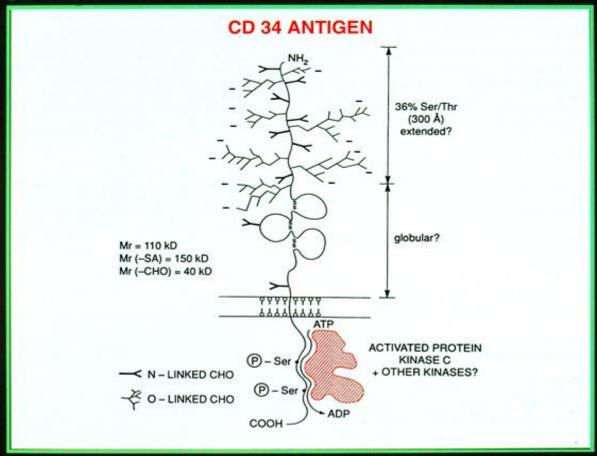
- Rapid
- Accurate at level of clinical decision-making (10 cells/μL)

The Journal of

## BIOLOGICAL REGULATORS

& Homeostatic Agents

**JBRHA** 



Volume 15 - Number 1 January - March 2001

Lanza F, Healy L, Sutherland DR. Structural and functional features of the CD34 antigen: An update. J Biol Regulators and Homeostatic Agents 15: 1-13, 2001. CD34 is a highly O-glycosylated cell-surface molecule

## CD34 Antibodies: Epitope Considerations

Not all CD34 monoclonal antibodies detect all Glycoforms of CD34 Antigen!!

## CD34 Epitopes:

**CLASS I** (MY10, B1.3C5, 12.8, ICH3)

- neuraminidase and O-sialo-glycoprotease sensitive

**CLASS II** (QBEnd10, 9C5, 11.A.10)

- O-sialo-glycoprotease sensitive

**CLASS III** (TUK3, 8G12, 581)

- Insensitive to both enzymes

Sutherland DR et al. Differential sensitivity of CD34 epitopes to cleavage by *Pasteurella haemolytica* glycoprotease: implications for purification of CD34-positive progenitor cells. Exp Hematol 20: 590-599, 1992.

Greaves MF, et al and Sutherland DR.

Report on the CD34 cluster workshop. In: Leukocyte Typing V; Proceedings of the Vth HLDA Workshop (Schlossman S., et al eds.) Oxford University Press, Oxford pp 840-846, 1995.

## CD34 Antibodies: Conjugate Considerations

- Class I antibodies fail to detect all glycoforms of CD34
- Class I antibodies conjugated with negatively-charged fluorochromes e.g. FITC lose binding efficiency
- Class II antibodies detect all glycoforms of CD34
- Class II antibodies conjugated with negatively-charged fluorochromes e.g. FITC lose binding efficiency
- Class III antibodies detect all glycoforms of CD34
- Class III antibodies still fully functional regardless of conjugated form

Sutherland DR, Anderson L, Keeney M, Nayar R, Chin-Yee I. The ISHAGE Guidelines for CD34+ Cell Determination by Flow Cytometry. J Hematother 3:213-226, 1996.

Lanza F, Healy L, Sutherland DR. Structural and functional features of the CD34 antigen: An update. J Biol Regulators and Homeostatic Agents 15: 1-13, 2001.

## Use of CD45 allows a more reliable denominator to calculate '%CD34+'

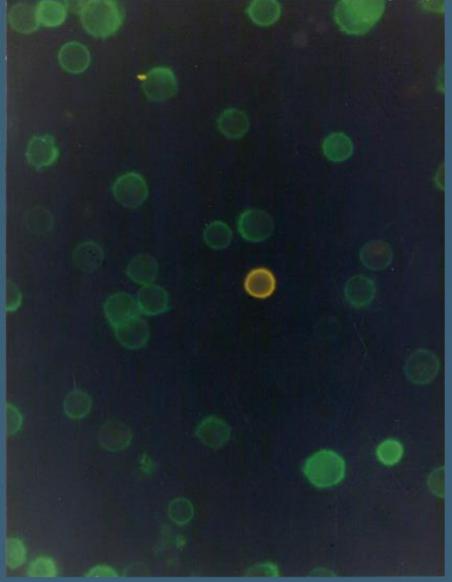
CD45 Antibodies: Clone and Conjugate Considerations

- Need to use a 'Pan-CD45' clone;
   NOT CD45RO, NOT CD45RA, NOT CD45RB
- At least 1 Pan-CD45 clone, IOL1-B (Beckman Coulter) detects a sialic acid-dependent epitope
- So we need to use a Pan-CD45 epitope that also detects ALL glycoforms of CD45

Sutherland DR, Anderson L, Keeney M, Nayar R, Chin-Yee I. The ISHAGE Guidelines for CD34+ Cell Determination by Flow Cytometry. J Hematother 3:213-226, 1996.

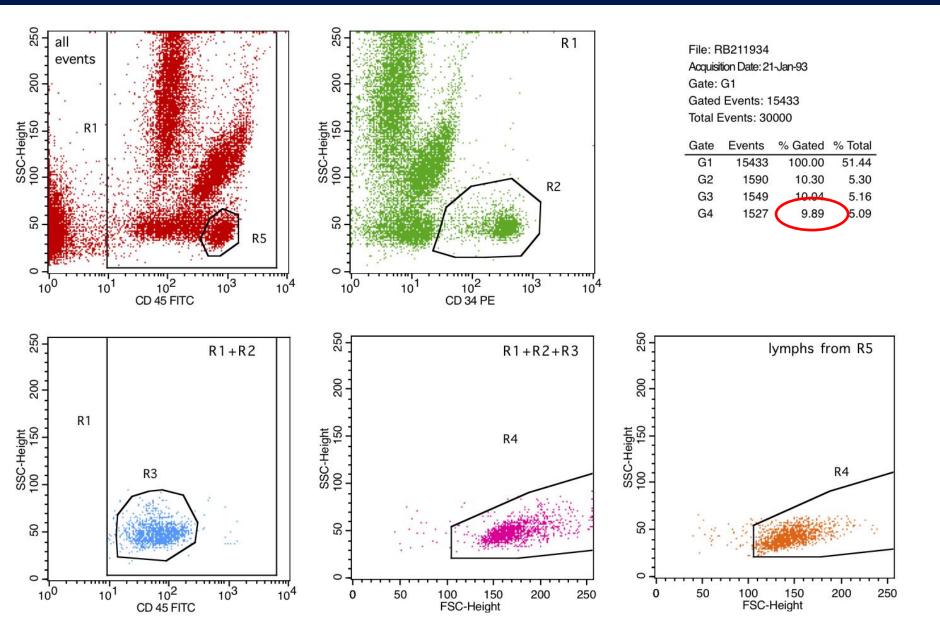
Lanza F, Healy L, Sutherland DR. Structural and functional features of the CD34 antigen: An update. J Biol Regulators and Homeostatic Agents 15: 1-13, 2001.





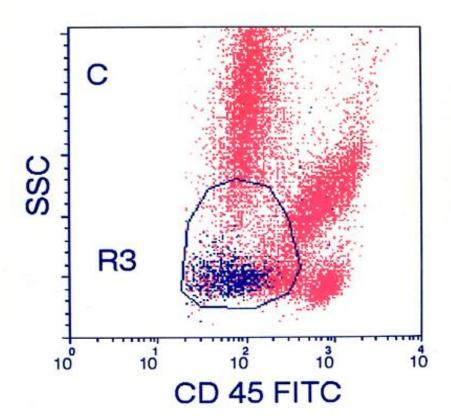
'pan' CD45FITC + Class III CD34PE to detect CD34+ cells by microscopy

## PBSC:CD34/CD45 & Boolean gating 1993



## Experimental .... Hematology

Official Publication of the International Society for Experimental Hematology Peter J. Quesenberry, Editor



CD45 vs. side-scatter analysis

Sensitive detection and enumeration of CD34+ cells in peripheral and cord blood by flow cytometry.

Sutherland DR, Keating A, Nayar R, Anania S, and Stewart AK. Experimental Hematology 22:1003-1010, 1994.

A LIFE-CHANGING EVENT!!

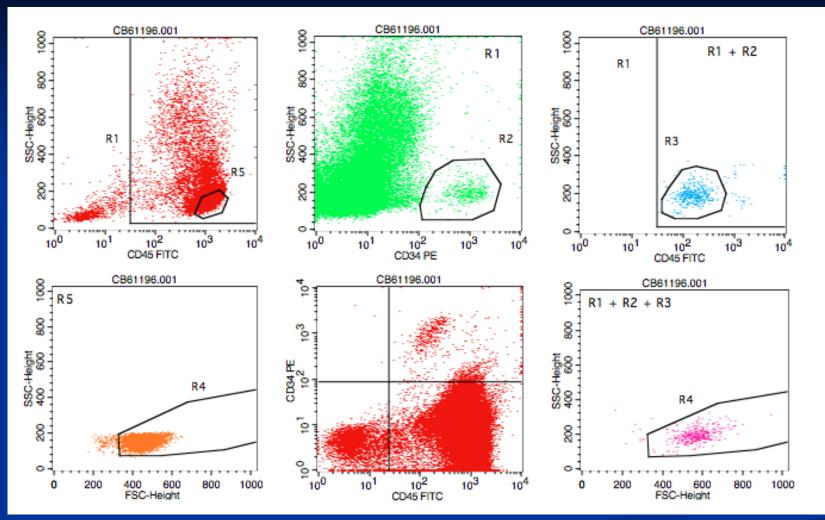
## The ISHAGE Guidelines for CD34+ Cell Determination by Flow Cytometry

D. ROBERT SUTHERLAND, LORI ANDERSON, MICHAEL KEENEY, RAKASH NAYAR, and IAN CHIN-YEE<sup>2</sup>

#### ABSTRACT

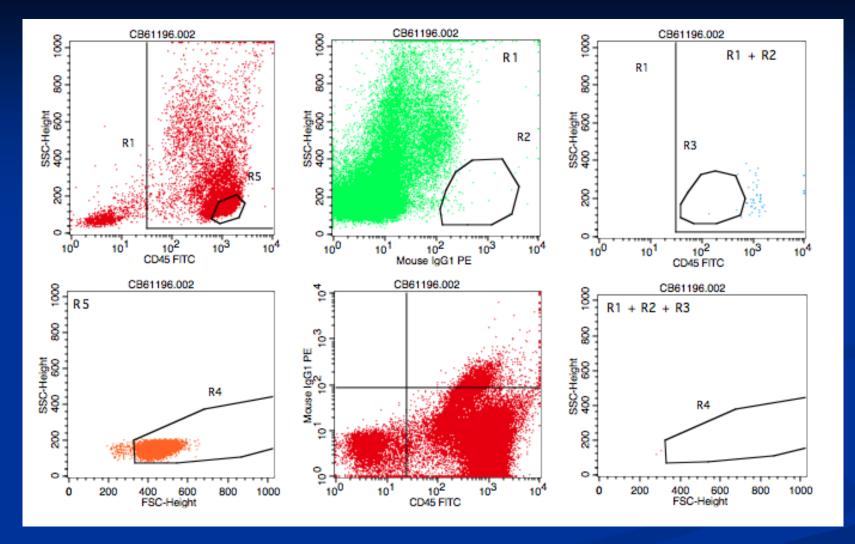
The increased use of Peripheral Blood Stem Cells (PBSC) to reconstitute hematopoiesis in autotransplant and, more recently, allotransplant settings has not been associated with a consensus means to quality control the PBSC product. Since the small population of cells that bear the CD34 antigen are thought to be responsible for multilineage engraftment, graft assessment by flow cytometric quantitation of CD34+ cells should provide a rapid, reliable, and reproducible assay. Unfortunately, although a number of flow cytometric assays for CD34 enumeration have been described, the lack of a standardized method has led to the generation of widely divergent data. Furthermore, none of these assays has been validated as to interlaboratory reproducibility and suitability for widespread clinical application. In early 1995, the International Society of Hematotherapy and Graft Engineering (ISHAGE) established a Stem Cell Enumeration Committee, the mandate of which was to validate a simple, rapid, and sensitive flow cytometric method to quantitate CD34+ cells in peripheral blood and apheresis products. We also sought to establish its utility on a variety of flow cytometers in clinical laboratories and its reproducibility between transplant centers. Here, we describe the four-parameter flow methodology adopted by ISHAGE for validation in a multicenter study in North America.

## ISHAGE Guidelines 1996: Dual Platform



Fresh Cord Blood sample CD45/CD34

### ISHAGE Guidelines 1996: Dual Platform



## CD45FITC/IgG1PE: Isotype controls Useless!

## Dual Platform (DP) to Single Platform (SP) and other Refinements (1998)

Eliminated redundant isotype control

Added a fluorescent counting beads to make the method single platform

Added a viability dye (7-AAD)

Single platform absolute counting of viable CD34+ cells in 45 minutes

#### Original Articles

#### Single Platform Flow Cytometric Absolute CD34+ Cell Counts Based on the ISHAGE Guidelines

Michael Keeney, 1\* Ian Chin-Yee, 1 Karin Weir, 1 Jan Popma, 1 Rakash Nayar, 2 and D. Robert Sutherland 2

> <sup>1</sup>The London Health Sciences Centre, London, Ontario, Canada <sup>2</sup>Oncology Research, The Toronto Hospital, Ontario, Canada

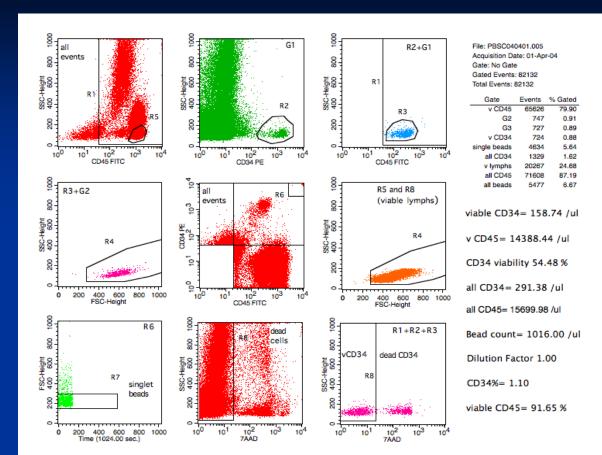
In concert with the International Society of Hematotherapy and Graft Engineering (ISHAGE), we previously described a set of guidelines for detection of CD34+ cells based on a four-parameter flow cytometry method (CD45 FITC/CD34 PE staining, side and forward angle light scatter). With this procedure, an absolute CD34+ count is generated by incorporating the leukocyte count from an automated hematology analyser (two-platform method). In the present study, we modified the basic ISHAGE method with the addition of a known number of Flow-Count fluorospheres. To reduce errors inherent to sample washing/centrifugation, we implemented ammonium chloride lyse, no-wash no-fix sample processing. These modifications convert the basic protocol into a single-platform method to determine the absolute CD34 count directly from a flow cytometer and form the basis of the Stem-Kit from Coulter/Immunotech. A total of 72 samples of peripheral blood, apheresis packs, and cord blood were analysed and compared using the ISHAGE protocol with or without the addition of fluorescent microspheres. Comparison of methods showed a high correlation coefficient (r = 0.99), with no statistically significant difference or bias between methods (P > 0.05). Linearity of the absolute counting method generated an R2 value of 1.00 over the range of 0-250/µl. Precision of the absolute counting method measured at three concentrations of CD34+-stabilised KG1a cells (Stem-Trol, COULTER®) generated a coefficient of variation (C.V.) ranging from 4% to 9.9%. In a further modification of the single-platform method, the viability dye 7-amino actinomycin D was included and demonstrated that both viable and nonviable CD34+ cells could be identified and quantitated. Together, these modifications combine the accuracy and sensitivity of the original ISHAGE method with the ability to produce an absolute count of viable CD34+ cells. It is the accurate determination of this value that is most clinically relevant in the transplant setting. These modifications may improve the interlaboratory reproducibility of CD34 determinations due to the reduction in sample handling and calculation of results. Cytometry (Comm. Clin. Cytometry) 34:61-70, 1998. 0 1998 Wiley-Liss, Inc.

## Single Platform (SP) ISHAGE Protocol

## Any clinical cytometer with 4 or more PMTs

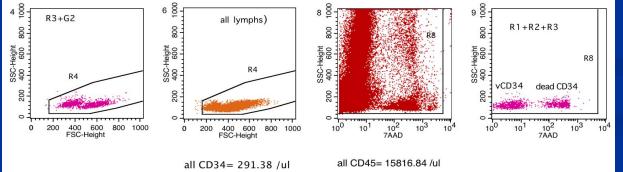
- Pan-CD45 FITC (detects all isoforms and glycoforms)
- Pan-CD34 PE (class III, detects all glycoforms)
- Viability dye (7-AAD, include for all samples)
- Pipettable Fluorospheres (Stem-Kit<sup>™</sup> [Beckman], CD34 Count Kit [DAKO]) or Trucount<sup>™</sup> tubes [BD]
- Reverse-pipetting of sample (and beads) mandatory
- Sequential boolean gating strategy
  - to identify 'true' CD34+ cells:
    - CD34+, CD45dim, SSClow/int, FSClow/int

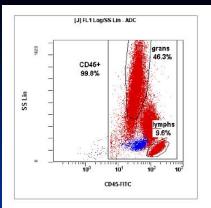
## Beckman Stem-Kit on BD FACSCalibur

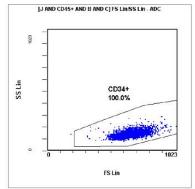


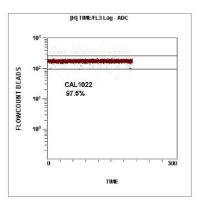
Importance of viability assessment Viable cells only (7-AAD-negative)

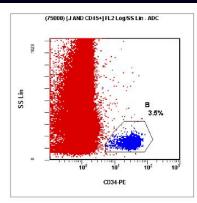


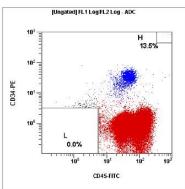


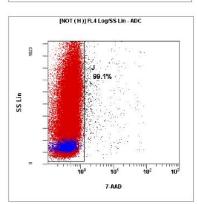


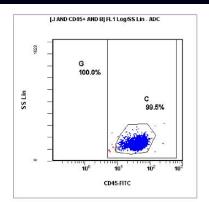


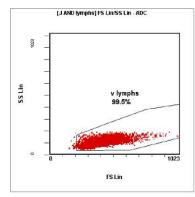


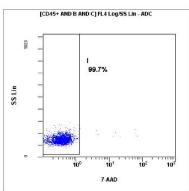










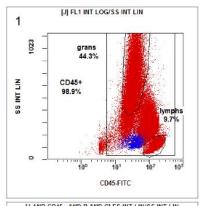


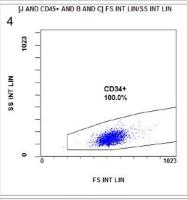
#### [Ungated] Legend % Gated % Total Number Cells/µL Name 233.02 v CD34+ ALL CD34+ (C) 3.01 3.01 2662 v CD45+ 85.53 85.53 75564 6636.85 0x0100001A 86.49 ALL CD45+ 86.49 76416 6711.68 1022.00 13.17 13.17 11636

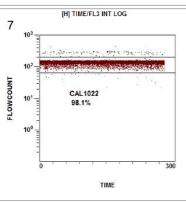
Stem-Kit<sup>TM</sup>
ISHAGE manual protocol
Beckman Coulter FC500<sup>TM</sup>

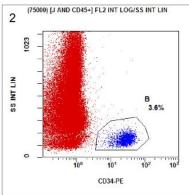
#### **Assay Validation**

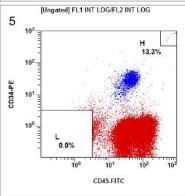
#### Old Cytometer Beckman FC500

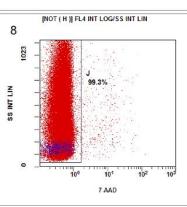


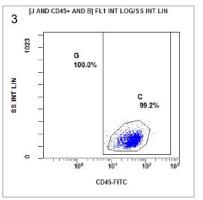


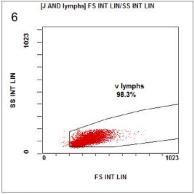


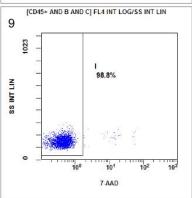


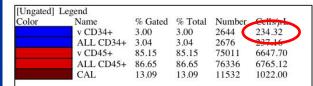










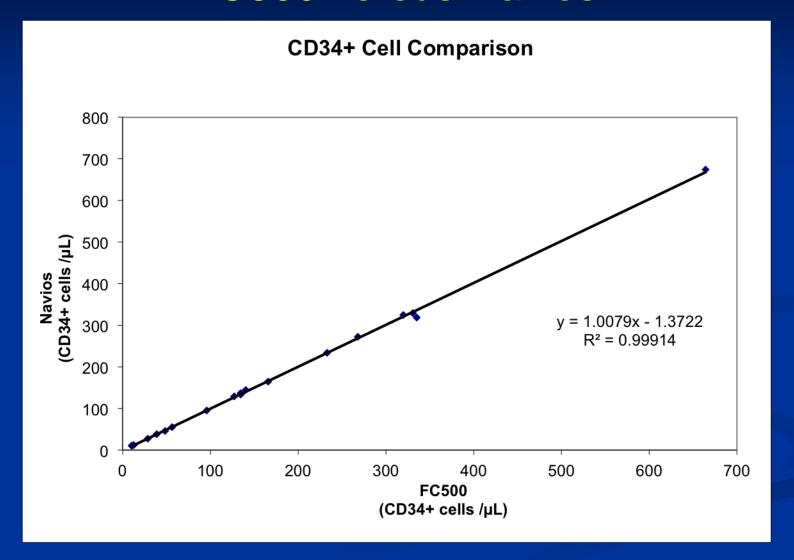


Stem-Kit<sup>TM</sup>
ISHAGE manual protocol
Beckman Coulter Navios<sup>TM</sup>

#### **Assay Validation**

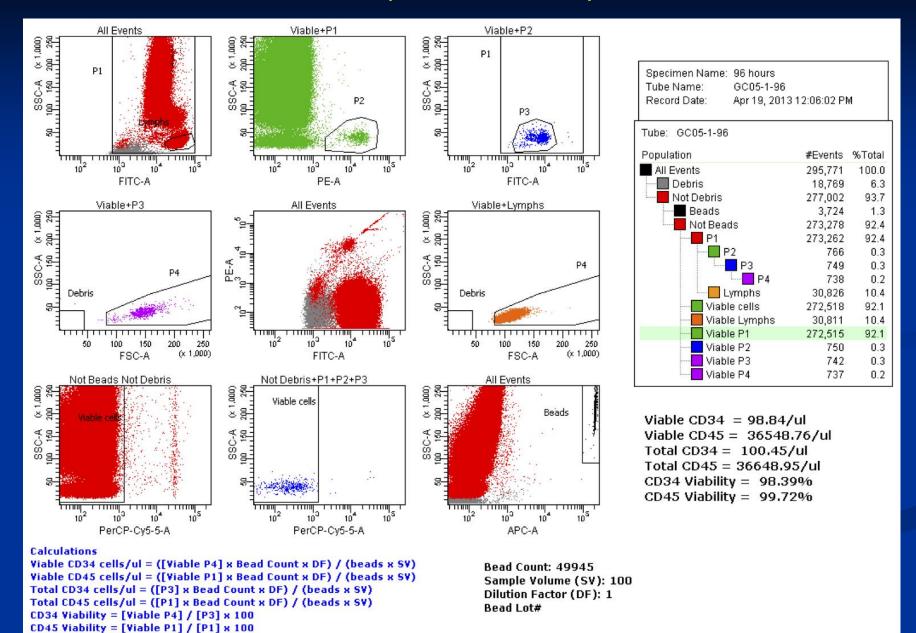
#### New Cytometer Beckman Navios

## Assay Validation FC500 versus Navios



20 fresh PB or PBSC samples acquired on both instruments

## TruCount-ISHAGE (SCE-Kit<sup>TM</sup>) on BD Canto II

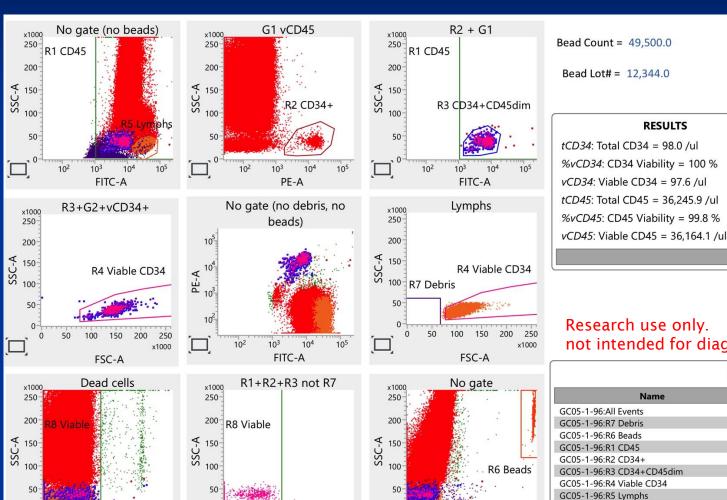


### BD FACSuite template for ISHAGE (RUO)

Trucount-based, Single Platform, Semi-automated Analysis For new BD Lyric and Canto\*

10<sup>5</sup>

APC-A



10<sup>5</sup>

PerCP-Cy5-5-A

PerCP-Cv5-5-A

Bead Count = 49,500.0 Dilution factor = 1Sample volume = 100 ul Bead Lot# = 12,344.0Show Statistical Gates/Populations RESULTS tCD34: Total CD34 = 98.0 /ul %vCD34: CD34 Viability = 100 % vCD34: Viable CD34 = 97.6 /ul

R3 CD34+CD45dim

R8 Viable AND R3 CD34+CD45din

R8 Viable AND R1 CD45

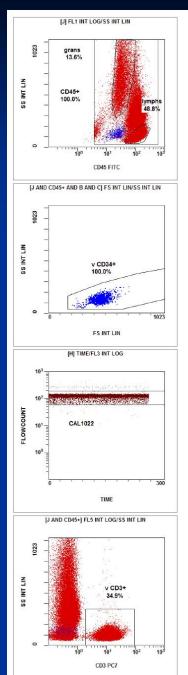
Research use only. not intended for diagnostic use

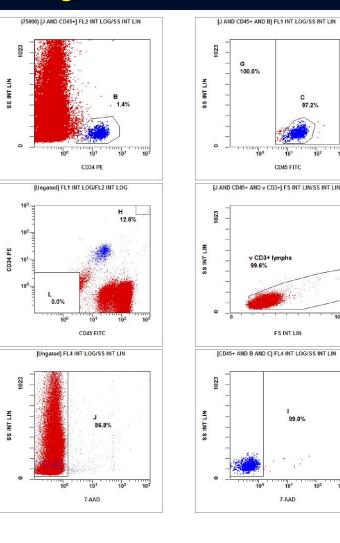
Statistics				
Name	Events	% Total	% Parent	% Grandparent
GC05-1-96:All Events	295,771	100.00	***	***
GC05-1-96:R7 Debris	19,459	6.58	6.66	6.58
GC05-1-96:R6 Beads	3,722	1.26	1.26	***
GC05-1-96:R1 CD45	272,540	92.15	99.98	93.32
GC05-1-96:R2 CD34+	750	0.25	0.28	0.28
GC05-1-96:R3 CD34+CD45dim	737	0.25	98.27	0.27
GC05-1-96:R4 Viable CD34	731	0.25	99.19	97.47
GC05-1-96:R5 Lymphs	31,495	10.65	11.55	10.78
GC05-1-96:R8 Viable	271,974	91.95	99.77	93.13
GC05-1-96:R8 Viable AND R3 CD34+CD45dim	734	0.25	0.27	0.25
GC05-1-96:R8 Viable AND R1 CD45	271,925	91.94	99.76	93.11

#### ISHAGE Single Platform Protocol for Allograft Assessment

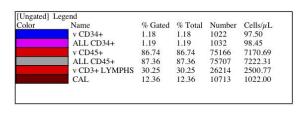
#### **Beckman Coulter** FC500/Navios

CD45-FITC CD34-PE 7-AAD CD3-PECy7 Flowcount beads

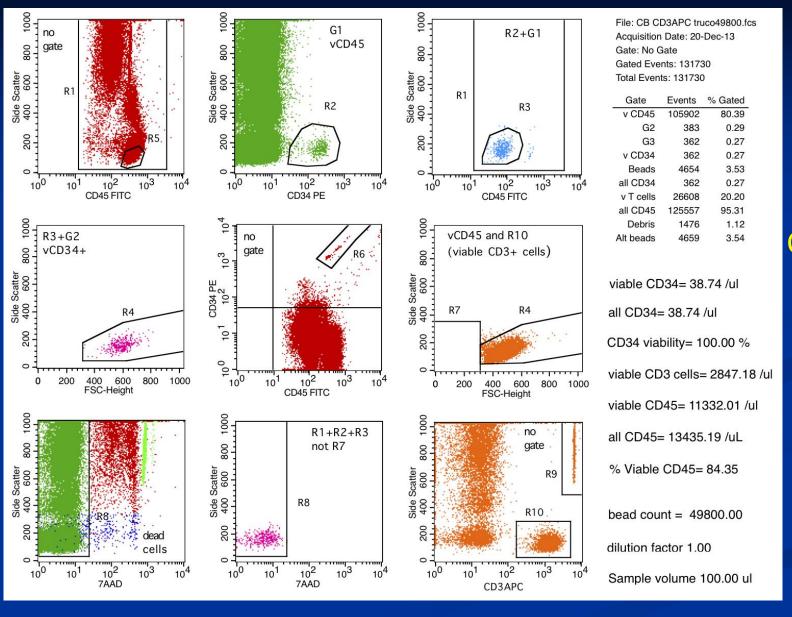




97.2%



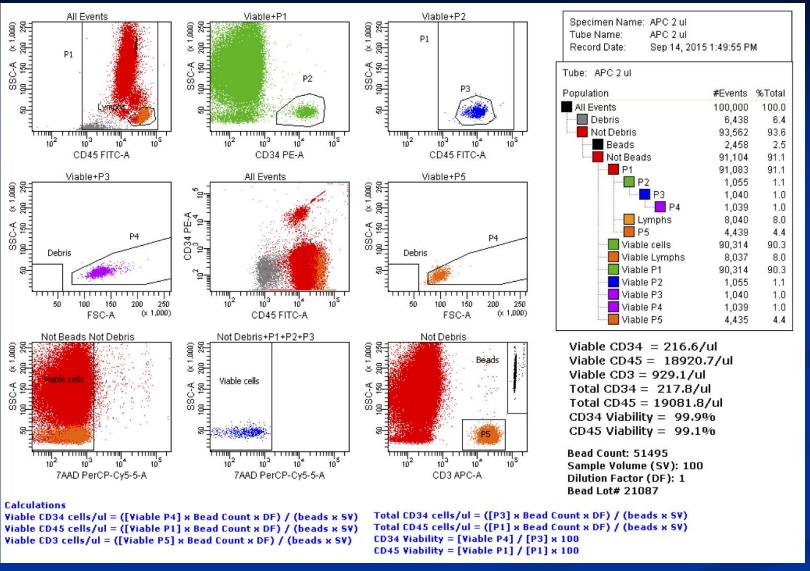
### SP ISHAGE Protocol for Allograft Assessment



BD Calibur

CD45-FITC CD34-PE 7-AAD CD3-APC Trucount

### SP ISHAGE Protocol for Allograft Assessment



#### BD Canto II

CD45-FITC CD34-PE 7-AAD CD3-APC Trucount

### SP ISHAGE Protocol for Allograft Assessment

Addition of CD3 conjugate to Single Platform ISHAGE protocol allows:

- 1. Simultaneous Enumeration of absolute viable CD34+ and viable CD3+ cell numbers
- 2. High-sensitivity detection and enumeration of contaminating CD3+ cells in CD34-selected samples for non-matched transplants
- 3. Accurate enumeration of viable CD3+ cells for Donor Lymphocyte Infusions can be performed using this same protocol
- 4. Can be used on any cytometer with 4 or more PMTs

## CD34+ CELL ENUMERATION: FAQ Michael Keeney and D. Robert Sutherland http://www.cytometry.org/public/index.php

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## CD34+ CELL ENUMERATION: FAQ http://www.cytometry.org/public/index.php

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- 10. Are lysing agents needed for apheresis samples
- 11. Do fixatives affect enumeration of CD34+ cells
- 12. What is the impact of cell concentration on CD34+ enumeration
- 13. What QA programs are available for CD34+ cell enumeration
- 14. Pertinent literature

### SP ISHAGE WITH VIABILITY ASSESSMENT

Non-fresh samples MUST be analyzed only with Single Platform ISHAGE

- shipped, CD34-selected, purged or manipulated

Post-thawed samples MUST be analyzed only with SP ISHAGE because the '%CD34' value in DP ISHAGE increases due to loss of most granulocytes post thaw

If pre-freeze WBC count is used with post thaw '%CD34+' in DP ISHAGE, more than 100% recovery of CD34+ cells is almost guaranteed!

- how this happens is still a mystery to some!!

Hematology analyzers inaccurate on post-thawed samples !!

## ENUMERATING VIABLE CD34+ CELLS IN POST-THAWED SAMPLES

How are samples processed/frozen?- many differences How are samples thawed?

If samples diluted post thaw,

Which diluent and how much, and at what temperature? How is it done; dump dilution or drop-wise and how slowly?

Is centrifugation/washing employed after dilution?

How is staining performed;

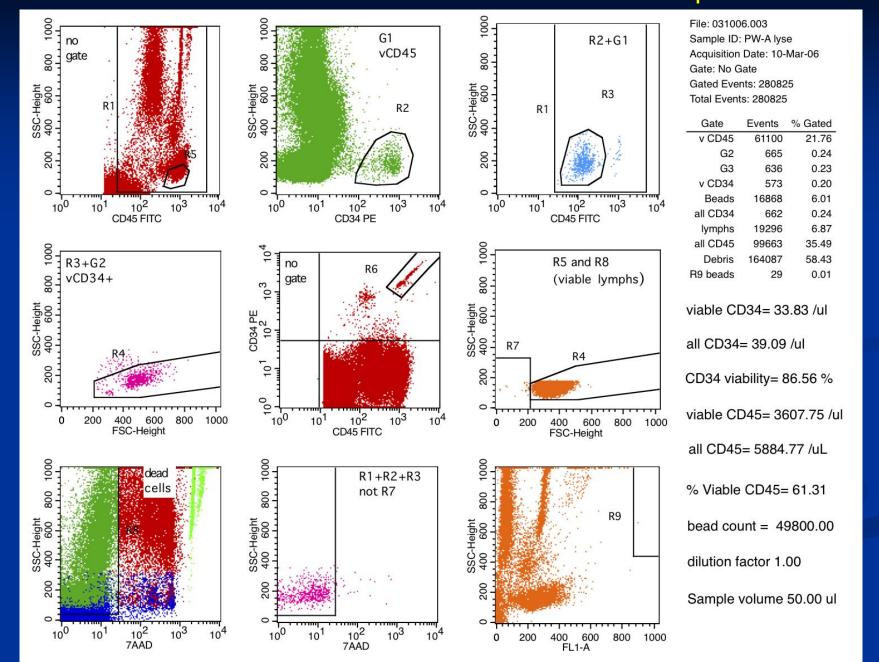
In the cold or room temperature How long?

After staining, is lysing agent used?

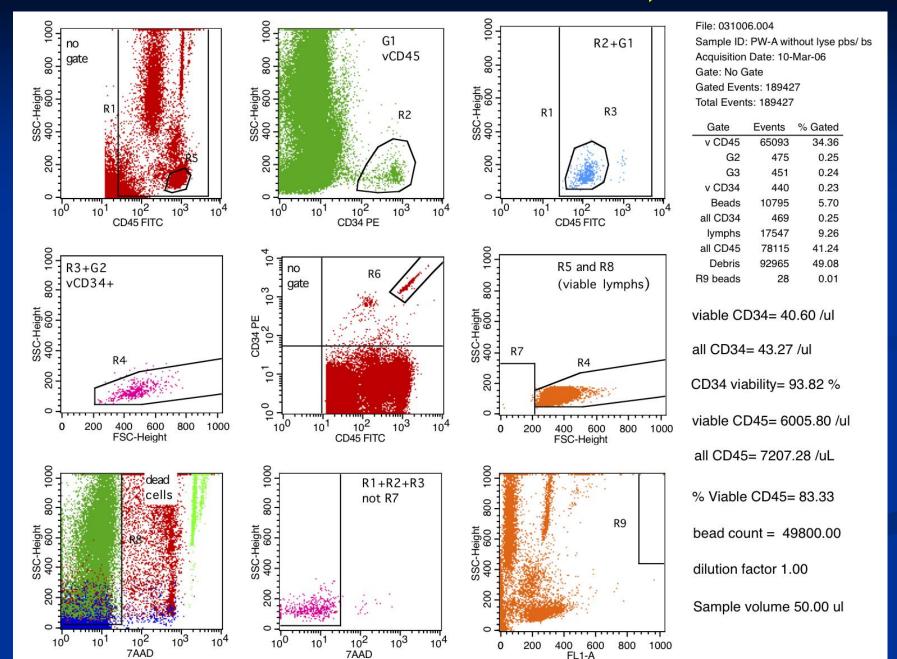
Lysing agents increase prep time by 10 minutes at room temp during which cell death and apoptosis are increased

Despite Kit manufacturers' recommendations, lysing agents ARE NOT recommended by authors of ISHAGE protocols!!

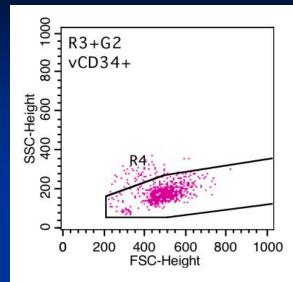
## POST-THAWED CORD BLOOD; NH₄CI LYSE



## POST-THAWED CORD BLOOD; NO LYSE



#### NH<sub>4</sub>CL-LYSE 10 min @ RT



viable CD34= 33.83 /ul

all CD34= 39.09 /ul

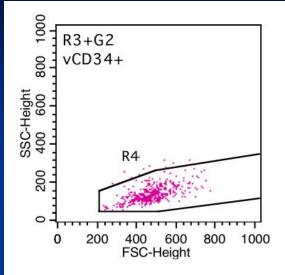
CD34 viability= 86.56 %

viable CD45= 3607.75 /ul

all CD45= 5884.77 /uL

% Viable CD45= 61.31

### No LYSE Acquired ASAP



viable CD34= 40.60 /ul

all CD34= 43.27 /ul

CD34 viability= 93.82 %

viable CD45= 6005.80 /ul

all CD45= 7207.28 /uL

% Viable CD45= 83.33

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