

# Hematopoietic Progenitor Cell Product Characterization

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# Product Testing and Characterization Goals

- Required to ensure product:
  - Safety
  - Purity
  - Potency
- Questions to be addressed this talk:
  - What to test
  - When to test
  - How to test

# What Testing (1)

- Function of product type and processing
- All Product Types and Processing
  - TNC
  - Viability
  - Sterility
- HPC Products {HPC(A), HPC(M), HPC(CB)}
  - Hematopoietic stem cell content (CD34)
- TC Products {TC-T, TC-CTL, etc}
  - TC content (e.g. T cells)

## What Testing (2)

- Based on Processing
  - RBC removal
    - RBC content
  - Mononuclear Cell Enrichment
    - MNC content
  - Subset enrichment or depletion
    - Enriched or depleted target cells

# When To Test

- At receipt
  - TNC
  - Viability
  - Sterility-Not required but may be useful
- Post Processing known to affect content
  - Relevant subset (s)

Example: Density gradient separation to remove plasma and red blood cells. Also expect loss of CD34+ cells, therefore should repeat testing for CD34+ cells in addition to assessment of rbc content.

# When To Test

- Prior to Infusion or/Cryopreservation
  - TNC
  - Viability
  - HPC content if relevant
  - Sterility-Required
- Testing requirement for product release must be defined

# How To Test

## Total Nucleated Cell Counts

- Surrogate measure of graft quality
- Does not measure potency

### Expected % CD34+ HPC by HPC Product

Allo-HPC(M)	HPC(CB)	Allo-HPC(A)
1.0%±0.33%	0.93%±0.44%	0.85%±0.46%

### Manual Methods

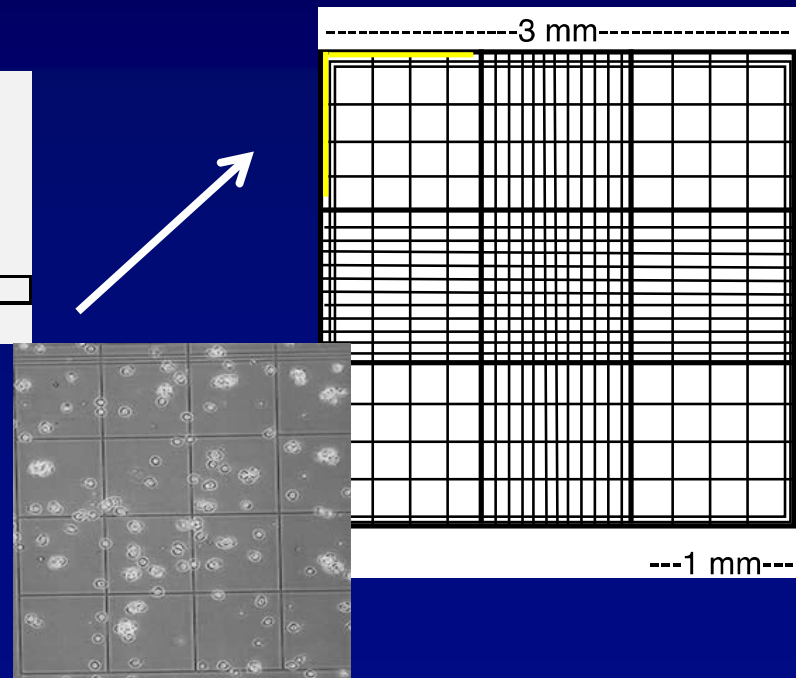
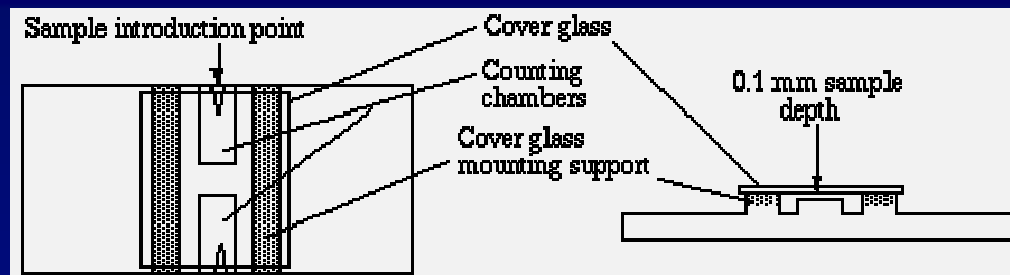


### Electronic Methods



# Manual Counting Method

1. Take representative sample- Ensure product is well mixed
2. Prepare dilution- Typically 1:10 for apheresis products. Target  $\leq 100$  cells per quadrant.
3. Load Counting Chamber, both sides, Do not overflow



1. Count WBC in 4 outer Quadrants, determine average

Average cells in 4 outer quadrants  
 $\times 10^4 \times \text{dilution} = \text{cells per mL}$



# Electronic Counting Methods

- Method
  - Take representative sample- Ensure product is well mixed
  - Prepare dilution- Typically 1:10 for apheresis products
  - Apply sample to hematology analyzer
  - Results report from analyzer



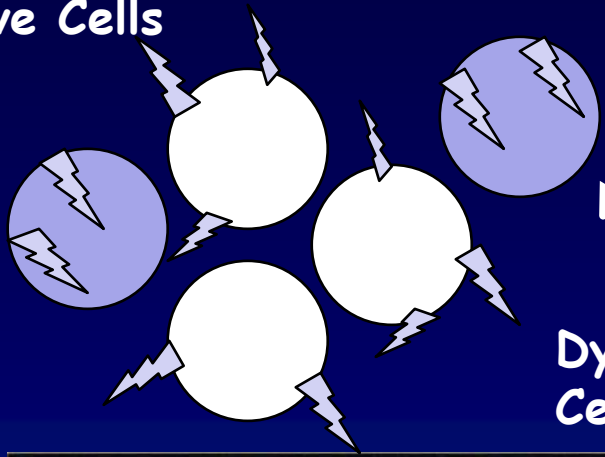
Aspect	Manual Method	Electronic Method
Red Blood Cells	Manual Lyse, or Distinguish	Lysed automatically
Accuracy	Fewer events but better for marrow	More events but may ct marrow fat
Precision	Less (more manual steps)	More
Cost	Less	More (could share)
Subjectivity	More	Less

# Viability Methods

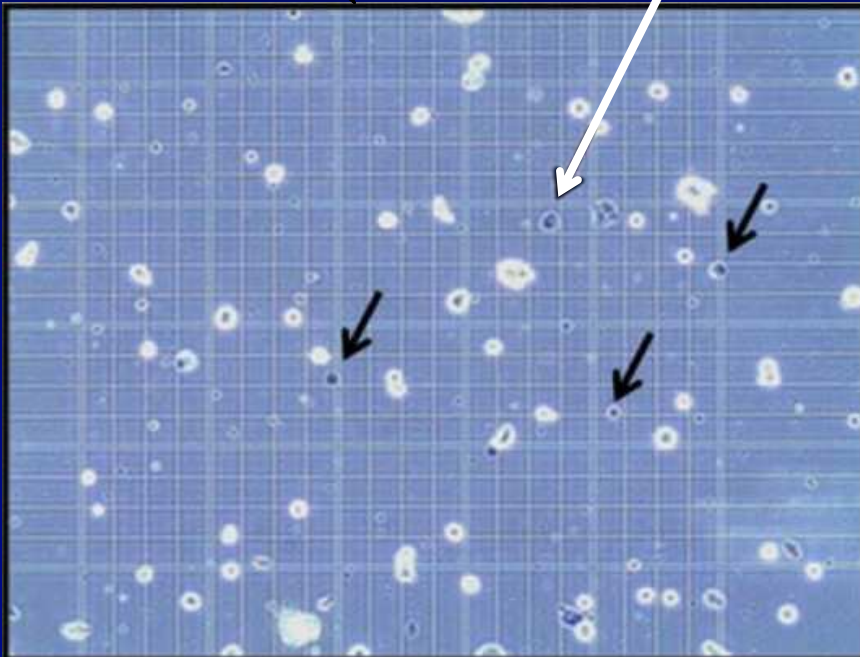
- Dye Exclusion Assays- Taken up by dead cells, excluded by cells with intact membranes
- Light or phase contrast Microscope
  - Trypan Blue-Most common in HPC laboratories
  - Erythrosin B
- Fluorescent Microscope
  - Acridine Orange with Propidium Iodide- Detects living and dead cells with two dyes
- Flow Cytometry Based Assays
  - 7-amino-actinomycin D (7-AAD)- Most common
  - Propidium Iodide (PI)

# Trypan Blue Viability

Dye excluded=  
Live Cells



Dye Uptake=Dead  
Cells

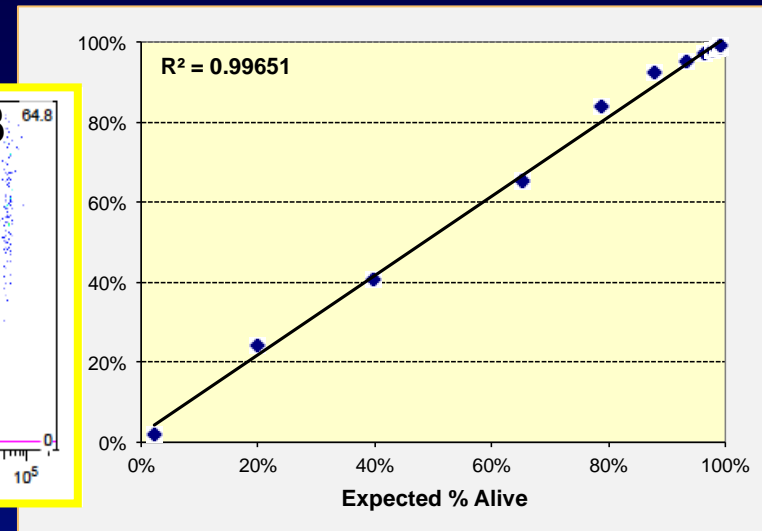
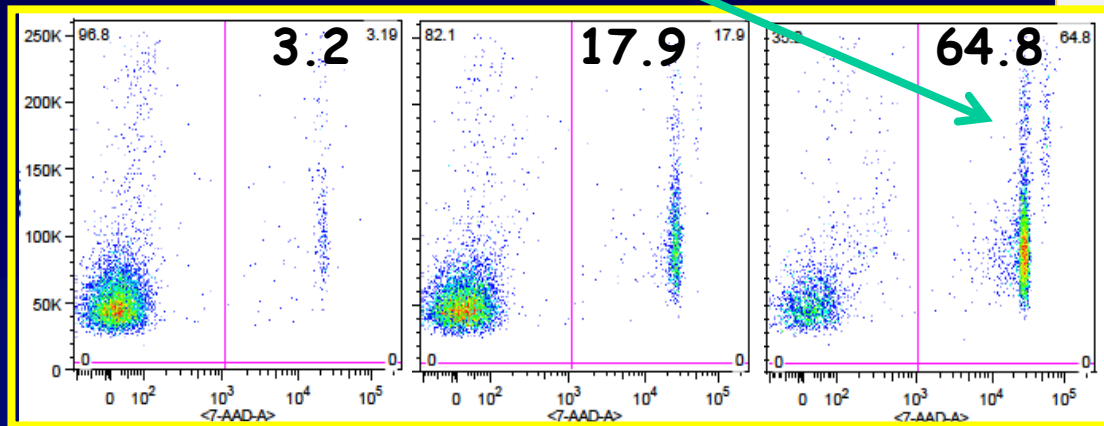


$$\% \text{ Viability} = \left( \frac{\# \text{ Living}}{\# \text{ Living} + \# \text{ Dead}} \right) \times 100$$

# 7-AAD Viability

Dead cells  
take up 7-  
AAD

Titration with 100% Dead Cells



Advantages compared to Trypan

- Less subjective
- Can be used in conjunction with CD34 assessment
- Most accurate with lyse/no wash methods for assessing thawed products (e.g. cord blood)
- Documentation of results

# Sterility

- To assess Aerobic and Anaerobic Bacteria and Fungus
- Culture Based Methods
  - Bactec/ BacTAlert- Most Common in US Labs
  - Requires validation by each laboratory for the products and reagents used. Should include:
    - Inoculum size (most 0.5 to 1 mL product)
    - Detection of appropriate range of bacteria and fungus for your situation
    - Guidance available in US
  - Typically product samples inoculated in processing laboratory, cultures performed in institution Microbiology Laboratory-Must have notification system
- Rapid Methods- May be needed for extensively manipulated products (e.g. cultured cells)
  - Gram stain
  - Endotoxin testing
  - Mycoplasma testing

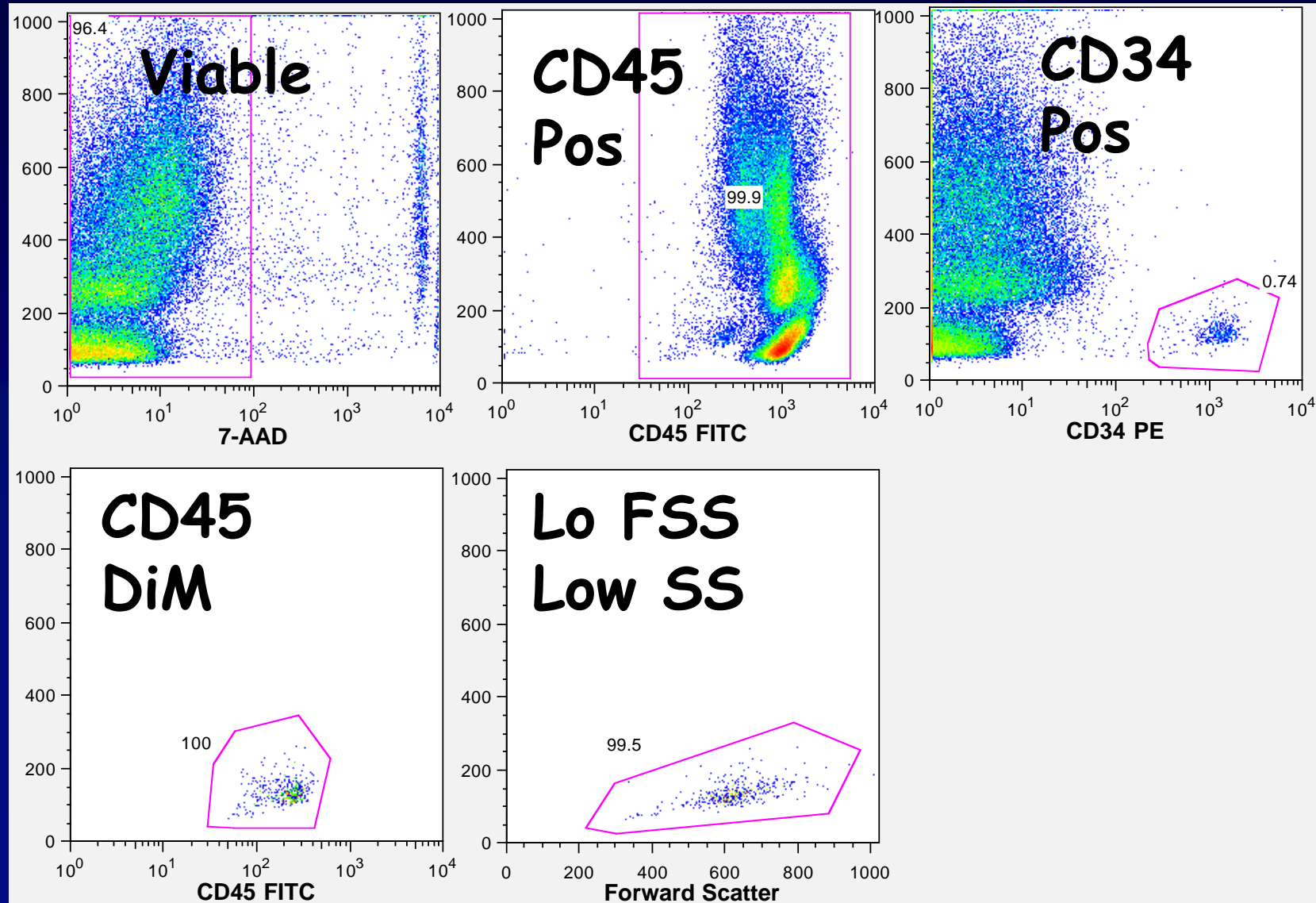
# Hematopoietic Stem Cell Assessment (Potency Assays)

- Assays to detect HSC found to be associated with engraftment
  - Flow Cytometry Based
    - CD34+ Cell content- Most common
    - CD133+ Cell content
    - Aldehydehydrogenase bright (ALDH) cells
  - Hematopoietic Colony Forming Cell Assays (CFU)- Required for Cord Blood Banks, not typically performed for other HPC products

# CD34+ Cell Assessment

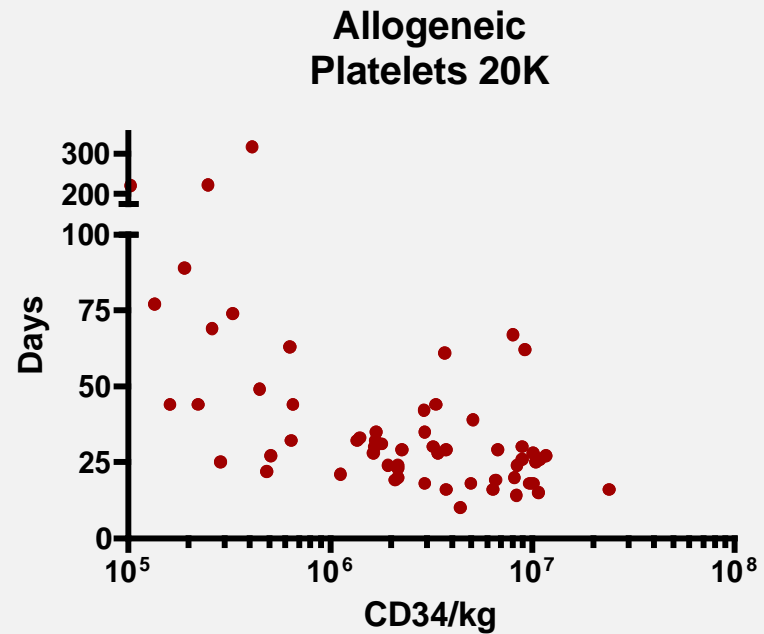
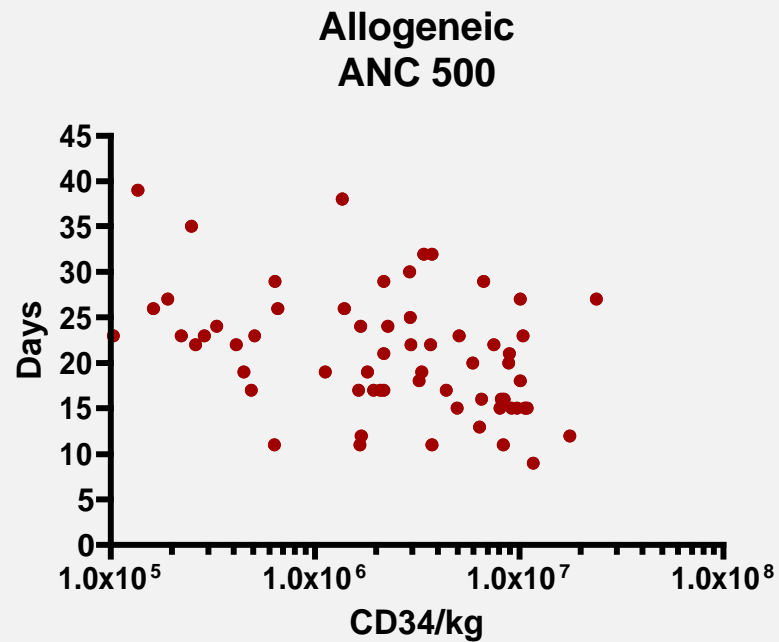
- Assay Requirements
  - Class III CD34 antibody conjugated to bright fluorochrome (PE or APC recommended)
  - CD45 in every tube
  - Viability dye in every tube-7-AAD recommended
  - Use multiple parameters to ensure accurate detection to include:
    - Moderate to bright expression of CD34
    - Moderate to dim expression of CD45
    - Low forward and low side scatter
  - Acquire sufficient cells to collect minimally 100 events in final CD34+ gate (if possible)

# ISHAGE Gating Method-CD34





# CD34 Dose

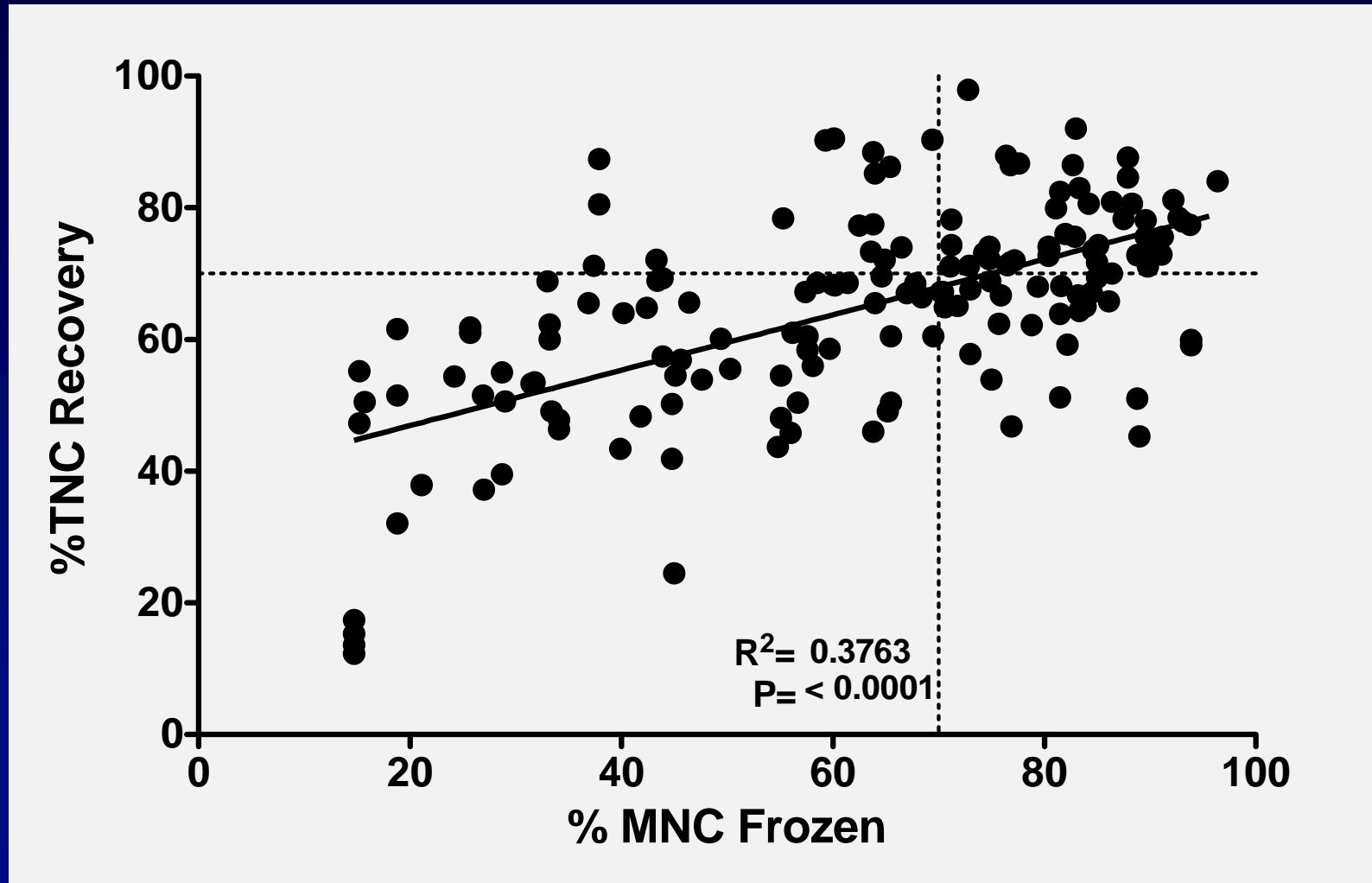


Day of engraftment versus CD34 dose per kg. Allogeneic patients.

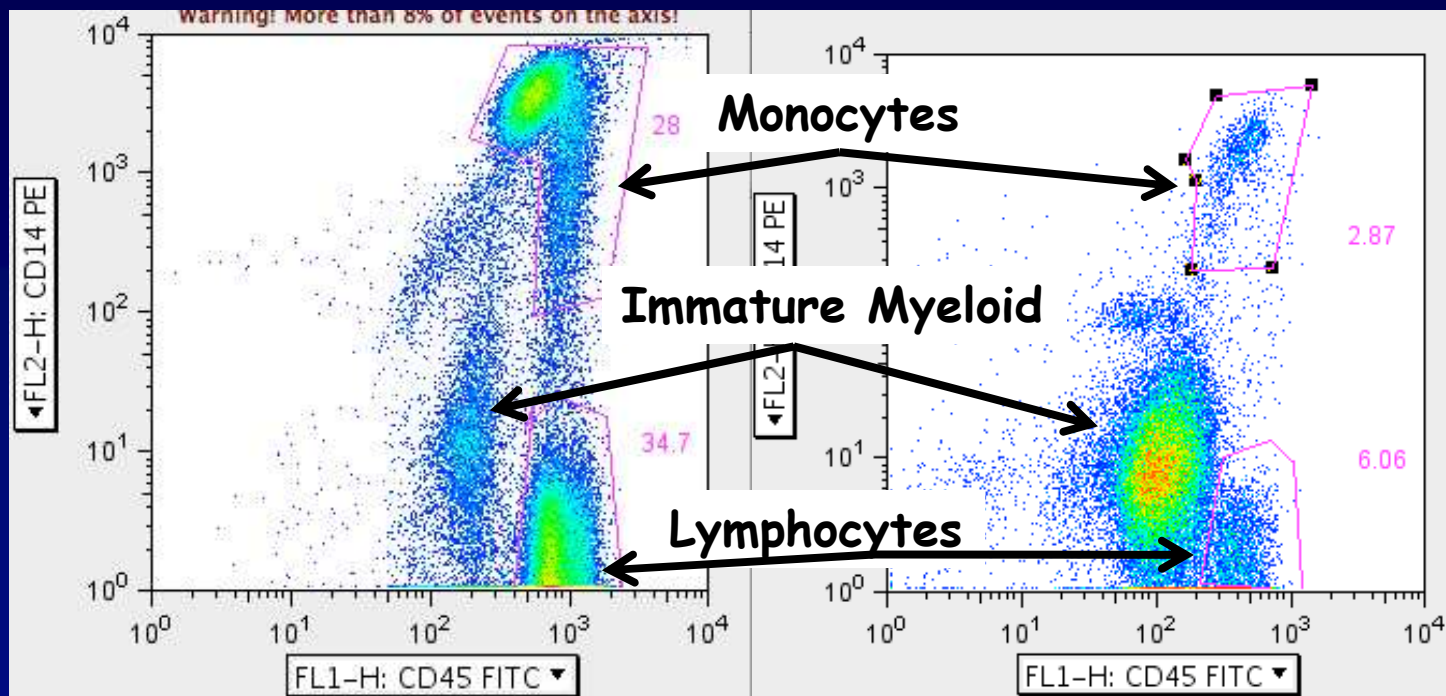
# Mononuclear Cell (MNC) Differentials

- Defined as lymphocytes and monocytes within the Cellular Therapy Product
  - Useful as a surrogate for CD34+ cells, since CD34+ cells have the characteristics of mononuclear cells
  - MNC correlate best with recovery post thawing for HPC(A) products
- Methods of detection
  - Manual Differential- Most common?
  - Flow Cytometry Differential- Accurate and can be performed with CD34-assessment
  - Hematology Analyzer Differential- Poorly correlates with manual method for BM, moderate correlation with HPC(A) products

# MNC Content Vs Thaw Recovery



# MNC Assessment-Flow Differential



HPC(A)

HPC(BM)

# Red Blood Cells in HPC Products

- Bone Marrow
  - High RBC content, High Volume
  - Typically give fresh
- Cord Blood
  - High RBC content, Low Volume
  - RBCs lyse at thaw
- HPC, Apheresis Products
  - Low RBC content, typically  $\leq 5\%$
  - Standard Methods for RBC removal ineffective



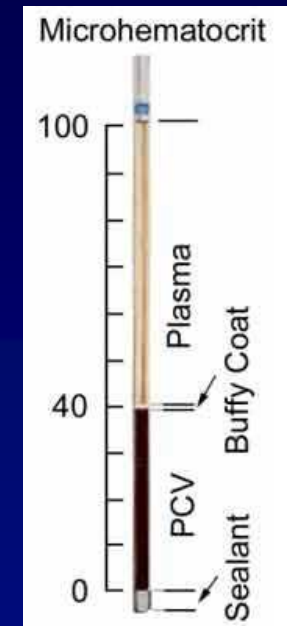
# Red Blood Cell Removal

- Purpose:
  - To reduce the content of donor red blood cells reactive with recipient antibody. MCW limit <20mL total or 0.3 mL/kg.
  - Volume reduction
- Methods For Removal:
  - Gel Sedimentation (Plasmagel, HES). Hct 1-2%.
  - Mononuclear Cell Preparation
  - Density Gradient Method. Hct <0.5%
  - Centrifugation Method. Hct 1-5%

Do not work for PBPC

# RBC Test Methods

- Hematocrit-Ratio of RBC to the total volume
  - Manual Centrifugation Methods
    - Requires specialized centrifuge
    - Can be difficult to distinguish packed RBC layer from WBCs for highly cellular products
  - Hematology Analyzer- Most common method
- RBC Count
  - Manual Method- Uses counting chamber as described for TNC
  - Hematology Analyzer



# Rare Cell Detection-Subset Depletion/Enrichment

- Most Common Procedures
  - CD34+ Cell Enrichment
    - Typically performed for CD3-removal
    - Requires rare event detect of CD3+ cells
  - CD3+ cell Reduction,  $\pm$  CD19+ cell reduction
    - Detection of CD34+ cells
    - Rare event detection of CD3+ and CD19+ cells
  - CD56+ NK Cell-Enrichment  $\pm$  CD3-Reduction
    - Rare event CD3+CD56- cell detection

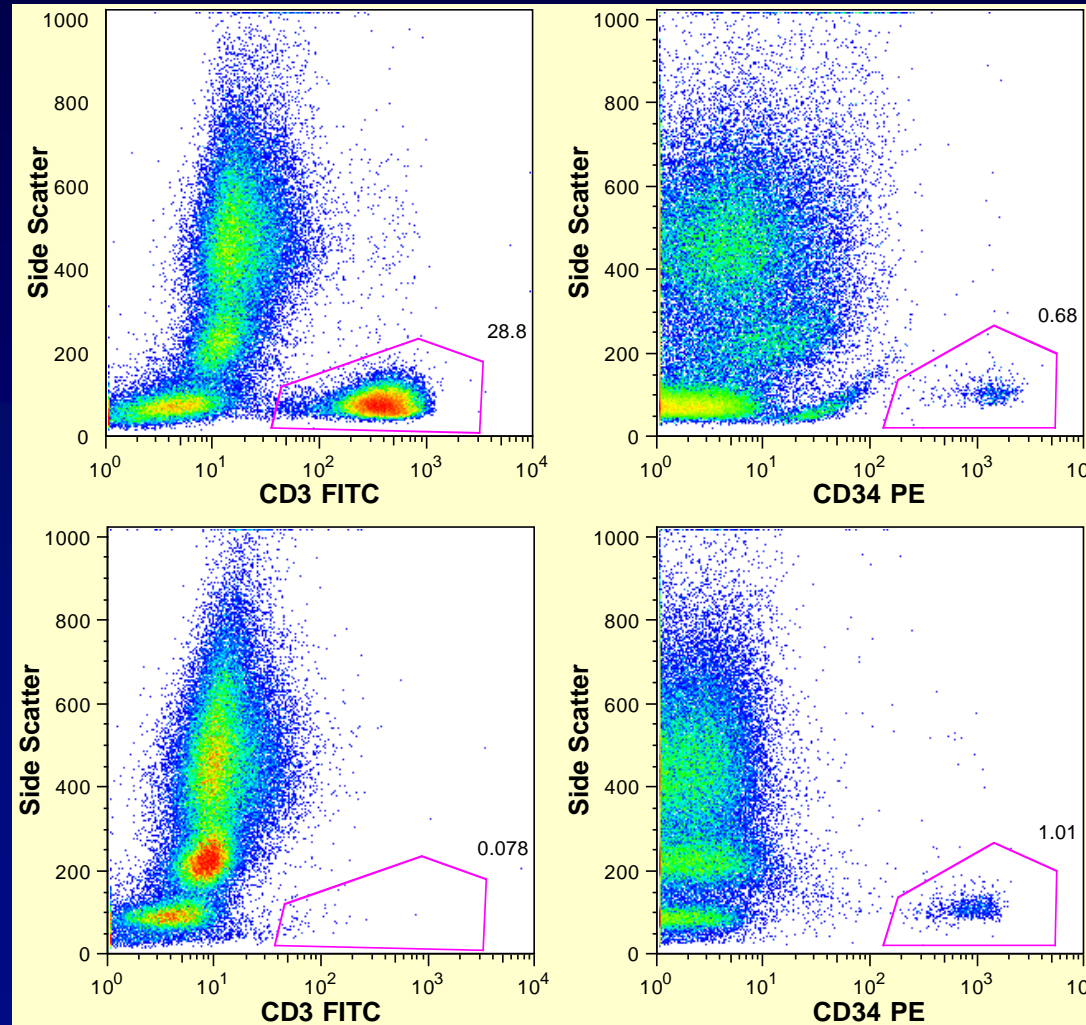


# Rare Cell Detection Methods

- Multi-parameter Flow Cytometry- Only reliable method currently in use
  - Use enriched population to help set gates for reduced population
  - Ensure that antibody used for detection not blocked by antibody used for cell separation
  - Collect sufficient events-Target 100 cells in final analysis gate
  - Use bright fluorochrome for rare events

# CliniMACS CD3-Reduced

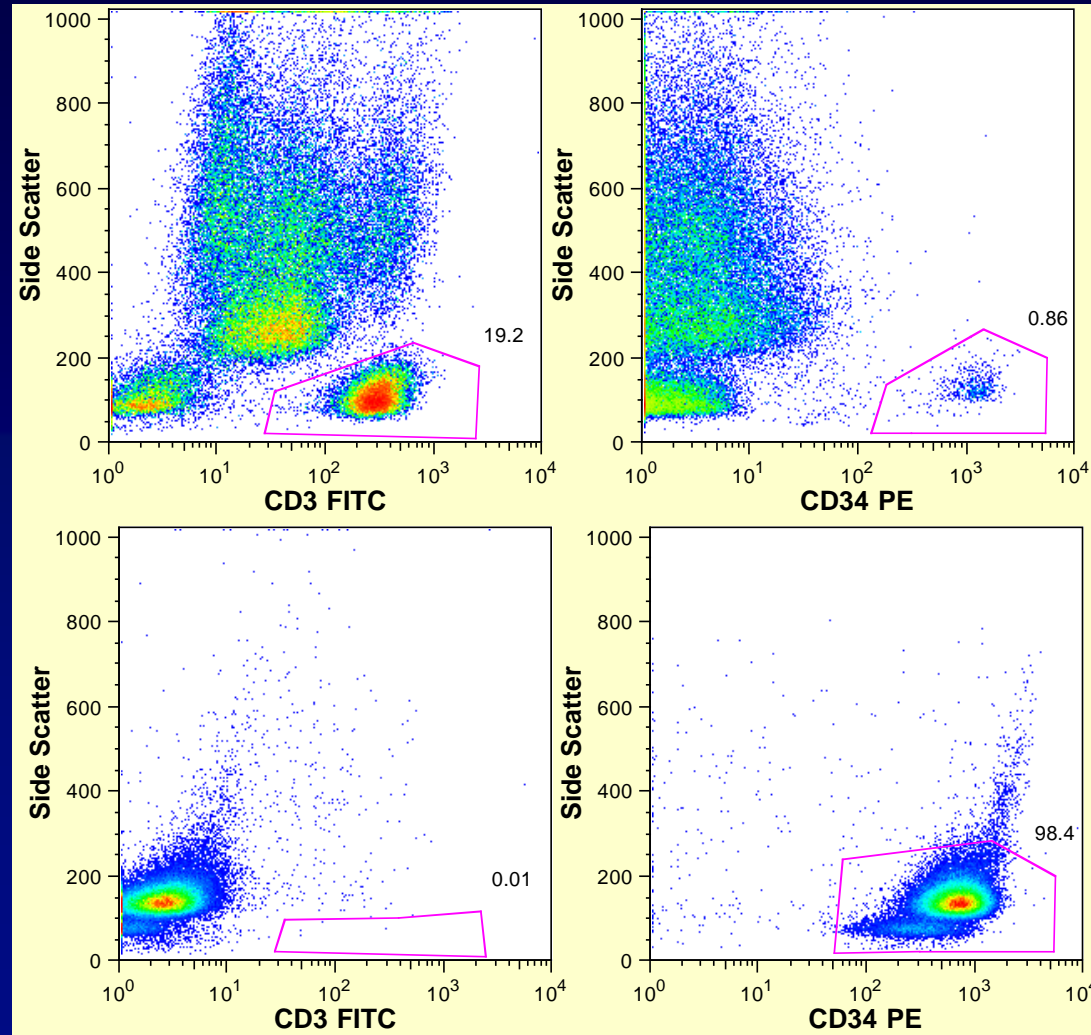
Pre Treat



CD3 Reduced

# CliniMACS CD34-Enriched

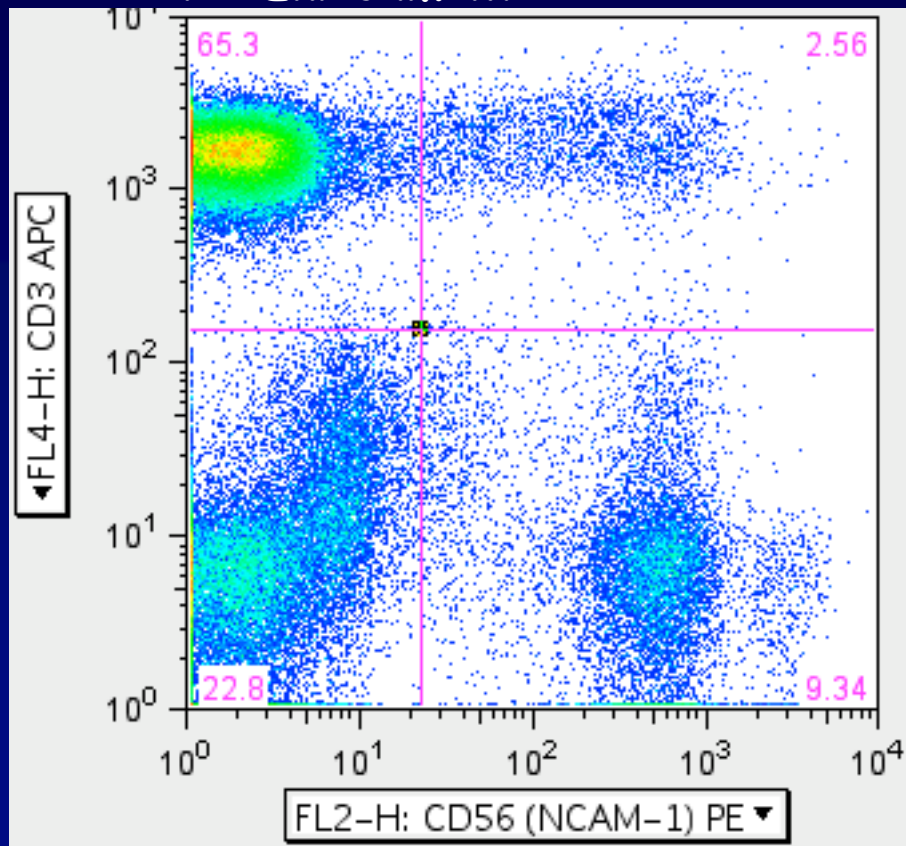
Pre Treat



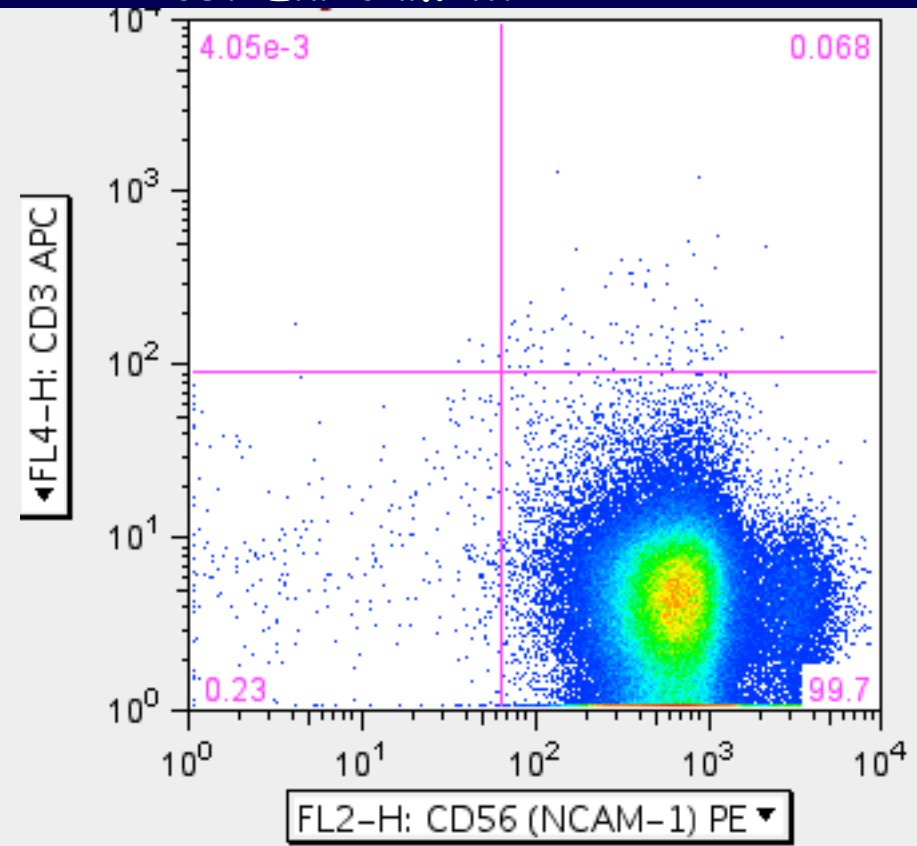
CD34 Enriched

# NK Cell Enrichment

Pre-Enrichment

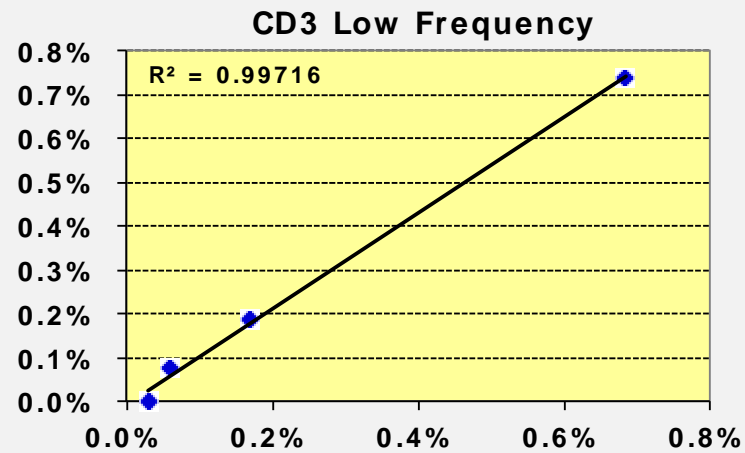
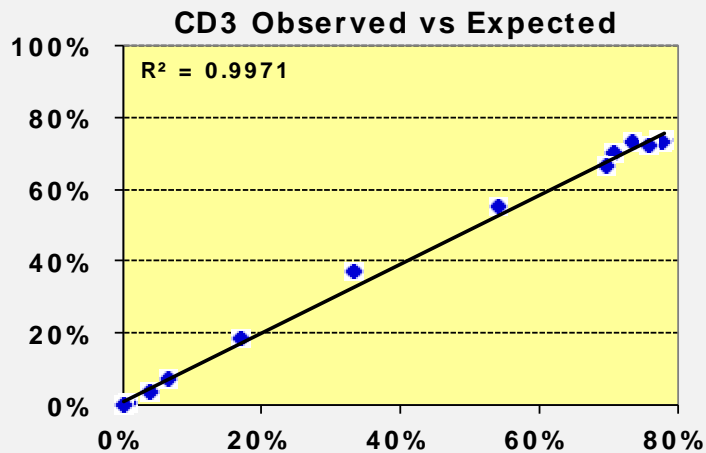
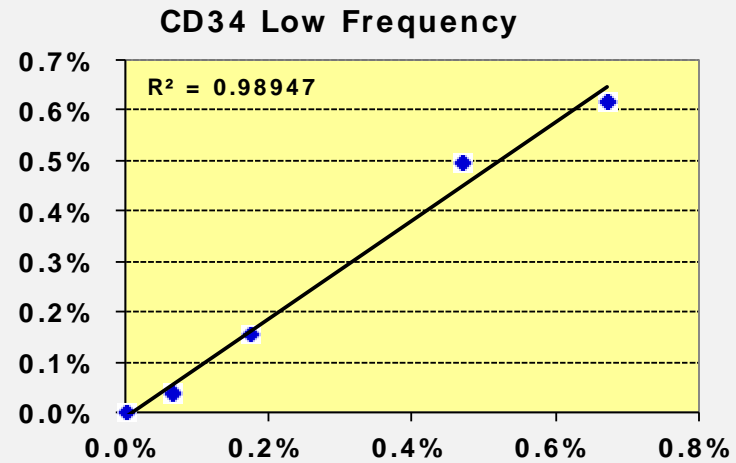
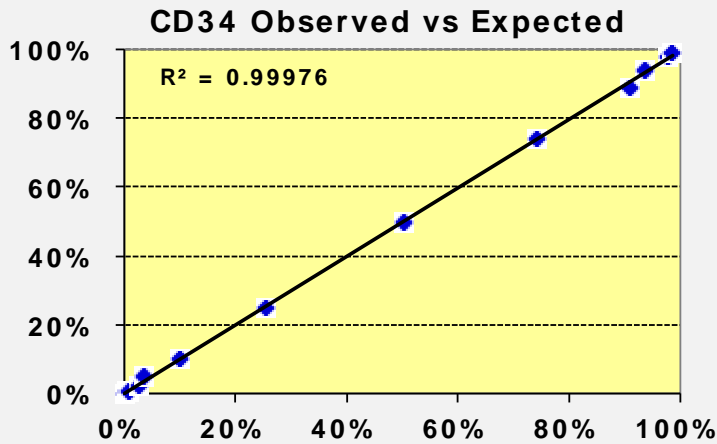


Post Enrichment



# CD34 & CD3 Detection Limits

Expected



Observed

# Other Assessments for Release

- Labeling
  - Composition (Cell count, volume, additives)
  - Storage conditions and expiration
  - Patient identification, Unit Identifier
  - Harvest and Processing Center identification
  - Warnings and Precautions
- Product Appearance
  - Appears as expected, no aggregates, clumps, unexpected color or turbidity
  - Container is intact, no evidence of damage or leakage