

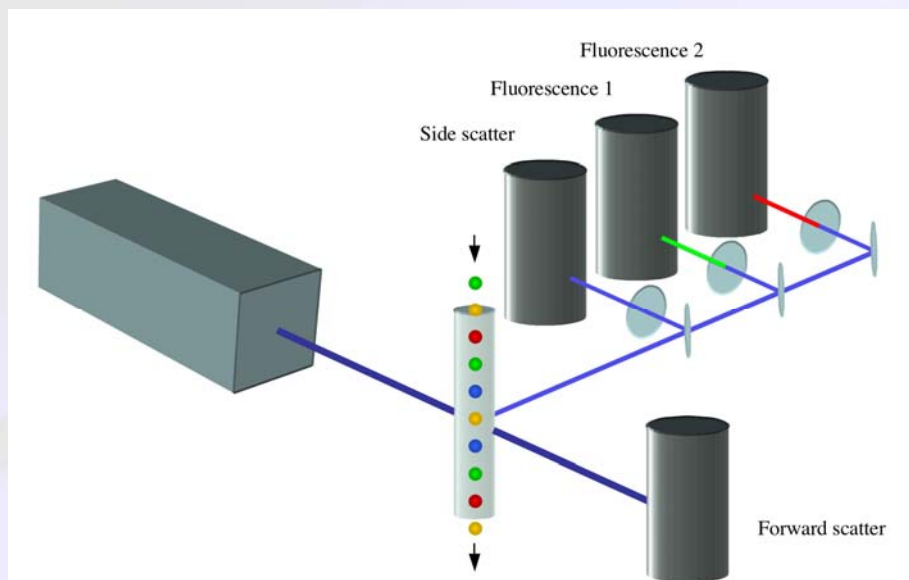
Flow Cytometry in the Diagnosis of Hematopoietic Neoplasia

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1

Flow Cytometer



2

The Power of Flow Cytometry

- Single cell analysis
- Multiparametric
- Rapid
- Quantitative
- Flexible



3

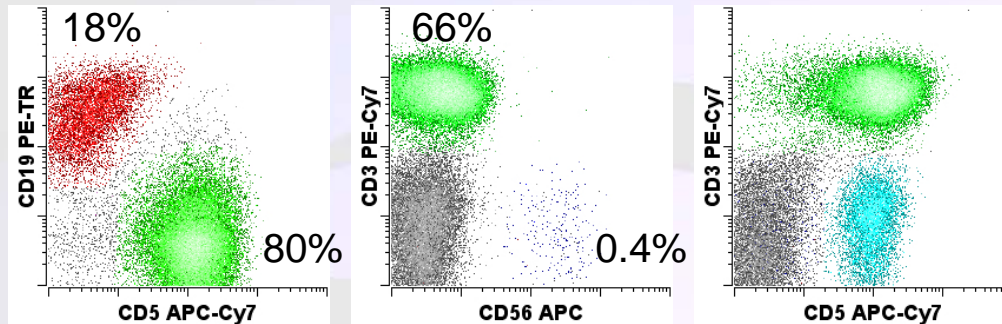
Clinical Assays

- Lymphocyte subset analysis
- Immunodeficiency
- Stem cell enumeration (CD34)
- Paroxysmal nocturnal hemoglobinuria (PNH)
- Reticulocytes
- Fetal erythrocytes
- HLA crossmatch
- Leukemia and Lymphoma



4

Inferential reasoning



- Insensitive
- Misattribution if assumptions incorrect



07-086485

Direct Observation

- Combination of reagents uniquely identifies cell type, lineage and maturational stage
 - Emphasize normal maturational patterns
- Direct determination of immunophenotype without inference
- Improvement in sensitivity and specificity
- More simultaneous fluorochromes improves



Multiparametric Flow Cytometry

- More accurate population identification
 - Greater informational content
- Make better use of small specimens
 - Fewer cells, more information
- Process fewer tubes
 - Save on reagents, tech and instrument time
- Collect large number of events efficiently
- Allow standardized reagent combinations



7

How Many Colors are Enough?

- Ideal
 - Add all reagents of interest into single tube
- Real
 - Too many hematopoietic disorders
 - Single comprehensive tube per cell lineage
 - Focus on screening tubes



8

Bethesda International Consensus Conference

| | Kappa | Lambda | CD5 | CD10 | CD19 | CD20 | CD45 | Sensitivity | CD2 | CD3 | CD4 | CD5 | CD7 | CD8 | CD45 | Sensitivity | CD5 | CD7 | CD11b | CD13 | CD14 | CD15 | CD16 | CD33 | CD34 | CD38 | CD45 | CD56 | CD64 | CD117 | HLA-DR | Sensitivity | CD19 | CD38 | CD45 | CD56 | CD138 | Sensitivity | |
|---|-------|--------|-----|------|------|------|------|-------------|-----|-----|-----|-----|-----|-----|------|-------------|-----|-----|-------|------|------|------|------|------|------|------|------|------|------|-------|--------|-------------|------|------|------|------|-------|-------------|-----|
| Anemia | 91 | 91 | 89 | 69 | 100 | 69 | 100 | 2.0 | 57 | 97 | 89 | 80 | 86 | 89 | 97 | 89 | 3.0 | 37 | 63 | 74 | 91 | 74 | 69 | 71 | 94 | 94 | 51 | 94 | 69 | 54 | 83 | 80 | 3.0 | 60 | 80 | 74 | 66 | 23 | 2.0 |
| Leukopenia | 89 | 89 | 77 | 69 | 100 | 74 | 100 | 2.0 | 57 | 100 | 94 | 80 | 89 | 94 | 100 | 89 | 3.0 | 37 | 63 | 74 | 91 | 74 | 69 | 69 | 94 | 94 | 51 | 94 | 69 | 54 | 83 | 80 | 2.5 | 51 | 69 | 66 | 54 | 11 | 2.0 |
| Thrombocytopenia | 91 | 91 | 74 | 69 | 100 | 69 | 100 | 1.9 | 57 | 97 | 89 | 77 | 83 | 89 | 97 | 86 | 2.8 | 34 | 60 | 74 | 89 | 71 | 69 | 69 | 94 | 94 | 51 | 94 | 69 | 54 | 83 | 80 | 2.6 | 54 | 74 | 69 | 57 | 17 | 2.1 |
| Pancytopenia | 91 | 91 | 77 | 69 | 97 | 71 | 100 | 1.9 | 57 | 97 | 89 | 80 | 86 | 89 | 97 | 89 | 2.8 | 40 | 66 | 77 | 91 | 77 | 71 | 74 | 97 | 94 | 51 | 94 | 69 | 54 | 83 | 80 | 2.6 | 57 | 74 | 71 | 53 | 17 | 2.1 |
| Neutrophilia | 37 | 37 | 26 | 29 | 57 | 23 | 54 | 2.1 | 26 | 49 | 43 | 31 | 34 | 43 | 51 | 40 | 2.9 | 31 | 49 | 69 | 77 | 87 | 60 | 71 | 74 | 71 | 40 | 54 | 49 | 59 | 66 | 2.4 | 23 | 34 | 31 | 23 | 3 | 2.1 | |
| Monocytosis | 43 | 43 | 34 | 37 | 69 | 37 | 63 | 2.2 | 29 | 54 | 46 | 34 | 40 | 46 | 54 | 51 | 2.7 | 37 | 63 | 80 | 85 | 84 | 83 | 80 | 91 | 89 | 31 | 94 | 71 | 83 | 77 | 89 | 2.4 | 26 | 37 | 34 | 23 | 6 | 2.2 |
| Lymphocytosis | 97 | 97 | 94 | 83 | 100 | 85 | 100 | 1.9 | 66 | 100 | 97 | 83 | 91 | 97 | 100 | 91 | 2.8 | 23 | 29 | 37 | 46 | 29 | 23 | 31 | 46 | 46 | 20 | 63 | 29 | 29 | 29 | 2.3 | 34 | 46 | 43 | 29 | 3 | 2.2 | |
| Eosinophilia | 43 | 43 | 34 | 37 | 66 | 43 | 66 | 2.1 | 43 | 71 | 66 | 57 | 66 | 66 | 74 | 63 | 2.6 | 37 | 57 | 71 | 83 | 60 | 69 | 74 | 83 | 86 | 43 | 86 | 63 | 51 | 69 | 71 | 2.3 | 23 | 34 | 31 | 20 | 3 | 2.0 |
| Erythrocytosis | 40 | 40 | 26 | 26 | 57 | 29 | 57 | 2.1 | 20 | 46 | 40 | 29 | 31 | 40 | 51 | 37 | 2.8 | 29 | 40 | 54 | 69 | 46 | 51 | 57 | 71 | 74 | 31 | 74 | 46 | 40 | 57 | 63 | 2.4 | 17 | 29 | 26 | 14 | 3 | 2.1 |
| Thrombocytosis | 37 | 37 | 29 | 29 | 57 | 29 | 57 | 2.1 | 29 | 51 | 46 | 37 | 40 | 46 | 57 | 49 | 2.8 | 34 | 49 | 63 | 77 | 84 | 60 | 66 | 80 | 86 | 37 | 83 | 57 | 46 | 66 | 71 | 2.3 | 20 | 31 | 29 | 17 | 3 | 2.0 |
| Blasts in blood or marrow | 74 | 74 | 60 | 94 | 100 | 89 | 100 | 1.9 | 69 | 97 | 86 | 83 | 91 | 86 | 94 | 83 | 2.4 | 40 | 74 | 71 | 97 | 77 | 80 | 66 | 97 | 97 | 66 | 97 | 74 | 66 | 94 | 91 | 2.3 | 26 | 46 | 37 | 26 | 6 | 2.2 |
| Lymphadenopathy | 97 | 97 | 91 | 86 | 100 | 84 | 100 | 2.0 | 60 | 100 | 100 | 80 | 89 | 100 | 97 | 91 | 2.8 | 9 | 14 | 29 | 46 | 34 | 23 | 26 | 40 | 40 | 17 | 66 | 17 | 17 | 26 | 34 | 2.5 | 29 | 43 | 40 | 26 | 3 | 2.2 |
| Extranodal masses | 97 | 97 | 94 | 91 | 100 | 97 | 100 | 2.1 | 60 | 100 | 100 | 80 | 89 | 100 | 97 | 91 | 2.8 | 6 | 11 | 26 | 49 | 34 | 17 | 23 | 31 | 43 | 14 | 58 | 17 | 14 | 23 | 34 | 2.7 | 37 | 58 | 46 | 34 | 14 | 2.1 |
| Splenomegaly | 97 | 97 | 91 | 89 | 100 | 97 | 100 | 2.0 | 57 | 94 | 94 | 77 | 83 | 94 | 91 | 89 | 2.9 | 14 | 23 | 46 | 66 | 49 | 37 | 49 | 63 | 54 | 29 | 69 | 37 | 29 | 43 | 54 | 2.5 | 29 | 43 | 40 | 26 | 3 | 2.2 |
| Transformation of chronic leukemia - B cell | 97 | 97 | 97 | 83 | 97 | 94 | 91 | 2.1 | 26 | 49 | 43 | 31 | 34 | 40 | 43 | 43 | 3.0 | 6 | 9 | 20 | 34 | 26 | 11 | 20 | 37 | 31 | 14 | 49 | 11 | 9 | 14 | 31 | 2.6 | 20 | 29 | 29 | 14 | 3 | 2.1 |
| Transformation of chronic leukemia - T or NK cell | 34 | 34 | 29 | 37 | 51 | 26 | 40 | 2.7 | 65 | 97 | 97 | 94 | 94 | 97 | 94 | 97 | 2.7 | 6 | 9 | 20 | 31 | 26 | 11 | 23 | 34 | 34 | 14 | 46 | 14 | 9 | 14 | 31 | 2.6 | 17 | 23 | 23 | 11 | 3 | 2.2 |
| Staging for non-Hodgkin lymphoma - B cell | 100 | 100 | 94 | 97 | 100 | 97 | 94 | 2.0 | 23 | 54 | 46 | 26 | 31 | 46 | 43 | 34 | 3.2 | 6 | 9 | 23 | 34 | 17 | 11 | 20 | 34 | 29 | 11 | 49 | 11 | 9 | 14 | 26 | 2.7 | 26 | 34 | 34 | 20 | 3 | 2.0 |
| Staging for non-Hodgkin lymphoma - T/NK cell | 43 | 43 | 34 | 34 | 57 | 31 | 49 | 2.7 | 94 | 100 | 100 | 97 | 97 | 100 | 97 | 100 | 2.8 | 6 | 9 | 26 | 37 | 20 | 11 | 23 | 37 | 31 | 11 | 51 | 14 | 9 | 14 | 31 | 2.8 | 14 | 20 | 20 | 11 | 3 | 2.0 |
| Skin rash | 71 | 71 | 54 | 54 | 74 | 60 | 71 | 2.1 | 83 | 94 | 94 | 89 | 91 | 94 | 94 | 91 | 2.7 | 9 | 23 | 37 | 57 | 40 | 23 | 34 | 51 | 40 | 17 | 60 | 31 | 20 | 31 | 43 | 2.8 | 14 | 23 | 23 | 11 | 3 | 2.2 |
| Atypical cells in body fluids (CSF, serous, ocular, etc.) | 100 | 100 | 83 | 83 | 97 | 80 | 97 | 2.0 | 54 | 91 | 89 | 69 | 69 | 89 | 80 | 77 | 2.7 | 14 | 23 | 43 | 66 | 40 | 29 | 37 | 66 | 63 | 26 | 71 | 29 | 23 | 40 | 43 | 2.4 | 34 | 51 | 46 | 37 | 20 | 2.2 |
| Monoclonal gammopathy | 86 | 86 | 66 | 49 | 89 | 74 | 83 | 1.8 | 23 | 43 | 37 | 29 | 29 | 37 | 34 | 34 | 2.8 | 9 | 11 | 23 | 31 | 17 | 11 | 20 | 31 | 26 | 11 | 49 | 17 | 11 | 17 | 29 | 2.7 | 80 | 89 | 86 | 80 | 54 | 2.1 |
| Unexplained Plasmacytosis of bone marrow | 69 | 69 | 37 | 34 | 71 | 60 | 74 | 1.8 | 26 | 46 | 40 | 29 | 31 | 40 | 34 | 37 | 2.8 | 9 | 11 | 23 | 31 | 17 | 11 | 20 | 34 | 29 | 14 | 51 | 17 | 11 | 17 | 31 | 2.7 | 89 | 97 | 94 | 89 | 57 | 2.1 |
| Monitoring of Rx response | 100 | 100 | 94 | 94 | 100 | 100 | 97 | 1.9 | 17 | 46 | 37 | 23 | 26 | 37 | 43 | 31 | 3.0 | 11 | 11 | 20 | 31 | 14 | 9 | 20 | 37 | 29 | 14 | 51 | 17 | 9 | 11 | 26 | 2.8 | 29 | 40 | 37 | 23 | 9 | 2.2 |
| Mature B cell neoplasm | 23 | 23 | 17 | 14 | 46 | 20 | 40 | 2.3 | 94 | 100 | 97 | 97 | 97 | 97 | 97 | 97 | 2.7 | 9 | 14 | 23 | 34 | 14 | 9 | 20 | 40 | 31 | 11 | 54 | 14 | 9 | 11 | 29 | 2.9 | 9 | 17 | 20 | 9 | 0 | 2.2 |
| Mature T or NK cell neoplasm | 77 | 77 | 49 | 97 | 97 | 94 | 94 | 1.8 | 17 | 46 | 34 | 20 | 20 | 29 | 40 | 29 | 2.9 | 9 | 14 | 20 | 40 | 17 | 9 | 20 | 49 | 43 | 20 | 51 | 14 | 9 | 29 | 34 | 2.6 | 14 | 23 | 26 | 11 | 9 | 2.3 |
| Acute lymphoid leukemia - B cell | 26 | 26 | 20 | 34 | 49 | 23 | 46 | 2.2 | 91 | 97 | 94 | 97 | 97 | 94 | 97 | 97 | 2.3 | 14 | 17 | 20 | 46 | 20 | 9 | 17 | 49 | 40 | 14 | 49 | 14 | 11 | 26 | 31 | 2.7 | 9 | 14 | 20 | 9 | 3 | 2.2 |
| Acute lymphoid leukemia - T cell | 29 | 29 | 20 | 29 | 51 | 26 | 49 | 2.2 | 23 | 49 | 40 | 20 | 23 | 34 | 40 | 29 | 2.9 | 40 | 80 | 74 | 97 | 89 | 80 | 77 | 97 | 94 | 54 | 97 | 80 | 77 | 89 | 91 | 2.4 | 9 | 17 | 23 | 9 | 3 | 2.3 |
| Acute myeloid leukemia | 31 | 31 | 23 | 29 | 49 | 29 | 49 | 2.2 | 29 | 49 | 37 | 26 | 26 | 40 | 43 | 34 | 3.0 | 45 | 71 | 74 | 86 | 80 | 77 | 80 | 85 | 83 | 60 | 83 | 74 | 71 | 83 | 83 | 2.7 | 14 | 29 | 26 | 14 | 0 | 2.0 |
| MDS / MPD / Overlap Syndrome | 54 | 54 | 23 | 29 | 57 | 49 | 54 | 1.9 | 17 | 43 | 34 | 20 | 20 | 31 | 40 | 34 | 2.9 | 9 | 11 | 20 | 31 | 11 | 9 | 20 | 34 | 31 | 17 | 46 | 23 | 9 | 20 | 23 | 2.9 | 67 | 100 | 97 | 94 | 63 | 2.1 |
| Plasma cell neoplasm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



N = 35
9

Euroflow

TABLE 1. Single tube EuroFlow screening combinations for acute leukemias (ALOT)*

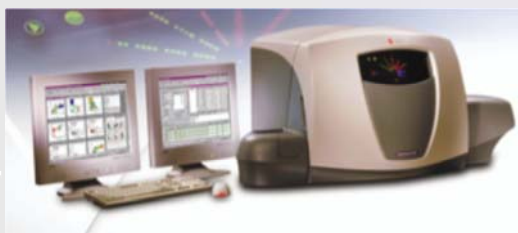
| Pacific Blue | Pacific Orange | FITC | PE | PerCP-Cy5.5 | PE-Cy7 | APC | APC-H7 |
|--------------|----------------|-------|---------|-------------|--------|-----|--------|
| cyCD3 | CD45 | cyMPO | cyCD79a | CD34 | CD19 | CD7 | smCD3 |

TABLE 7. Multi-tube EuroFlow classification combinations for AML/MDS. *

| Tube | Pacific Blue | Pacific Orange | FITC | PE | PerC-Cy5.5 | PE-Cy7 | APC | APC-H7 | Aim** |
|----------------|--------------|----------------|----------------|--------|------------|--------|-------|--------|--|
| AML/MDS | | | | | | | | | |
| 1 | HLADR | CD45 | CD16 | CD13 | CD34 | CD117 | CD11b | CD10 | Diagnosis and subclassification of AML and PNH especially focused on neutrophilic lineage |
| 2 | HLADR | CD45 | CD35 | CD64 | CD34 | CD117 | IREM2 | CD14 | Diagnosis and subclassification of AML and PNH especially focussed on monocytic lineage |
| 3 | HLADR | CD45 | CD36 | CD105 | CD34 | CD117 | CD33 | CD71 | Diagnosis and subclassification of AML especially focused on erythroid lineage |
| 4 | HLADR | CD45 | nuTdT | CD56 | CD34 | CD117 | CD7 | CD19 | Aberrant expression of lymphoid-associated markers and abnormal lymphoid maturation |
| AML | | | | | | | | | |
| 5 | HLADR | CD45 | CD15 | NG2 | CD34 | CD117 | CD22 | CD38 | Aberrant expression of markers; detection of stem cells |
| 6 | HLADR | CD45 | CD42a and CD61 | CD203c | CD34 | CD117 | CD123 | CD4 | Diagnosis and subclassification of AML especially focused on megakaryocytic, basophilic, and plasmacytoid dendritic lineages |
| AML-M7 | | | | | | | | | |
| 7 | HLADR | CD45 | CD41 | CD25 | CD34 | CD117 | CD42b | CD9 | Characterization of AML-M7, mastocytosis |



Instrumentation



Beckman-Coulter FC500
5 colors - 1 or 2 lasers



Becton-Dickinson FACSCanto
I - 6 colors, 2 lasers
II - 8 colors, 3 lasers



 Beckman-Coulter Gallios
10 colors - 3 lasers



Becton-Dickinson LSR II
~20 color, up to 7 lasers

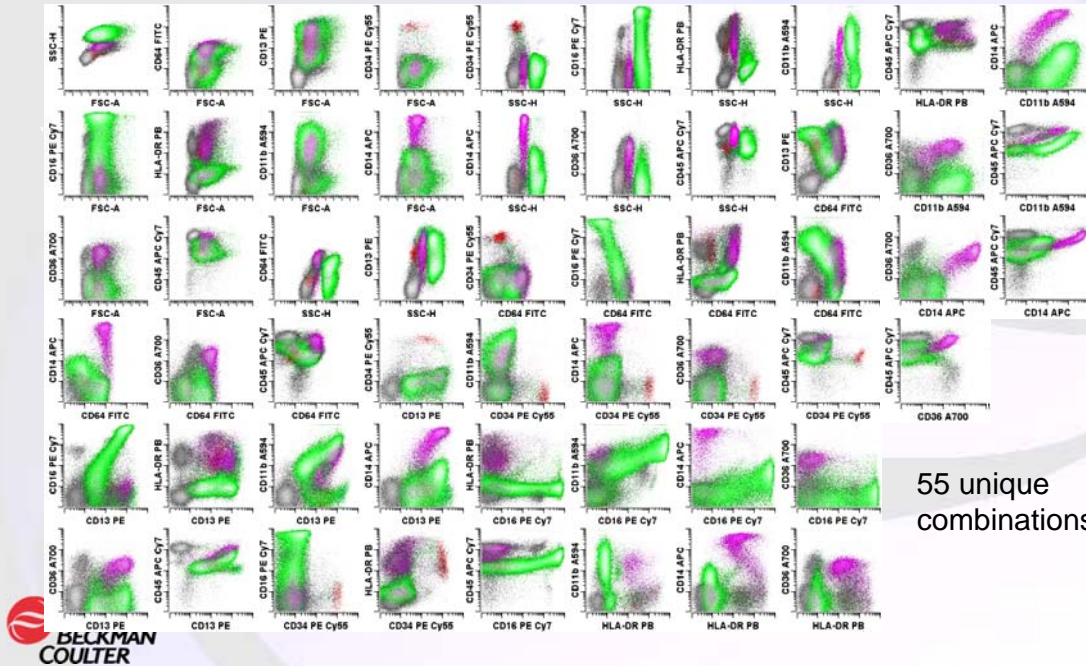
11

Panel Design

| | PB | FITC | PE | PE-TR | PE55 | PE7 | A594 | APC | A700 | APC7 |
|---------|----|------|-----|-------|------|-----|------|-----|------|------|
| B cells | 45 | κ | λ | 19 | 34 | 20 | 38 | 10 | - | 5 |
| T cells | 45 | 2 | 7 | 34 | 8 | 3 | 4 | 56 | - | 5 |
| Blasts | DR | 15 | 33 | 19 | 117 | 13 | 38 | 34 | 71 | 45 |
| Myeloid | DR | 64 | 123 | 4 | 14 | 13 | 38 | 34 | 16 | 45 |

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9 Color Flow Cytometry

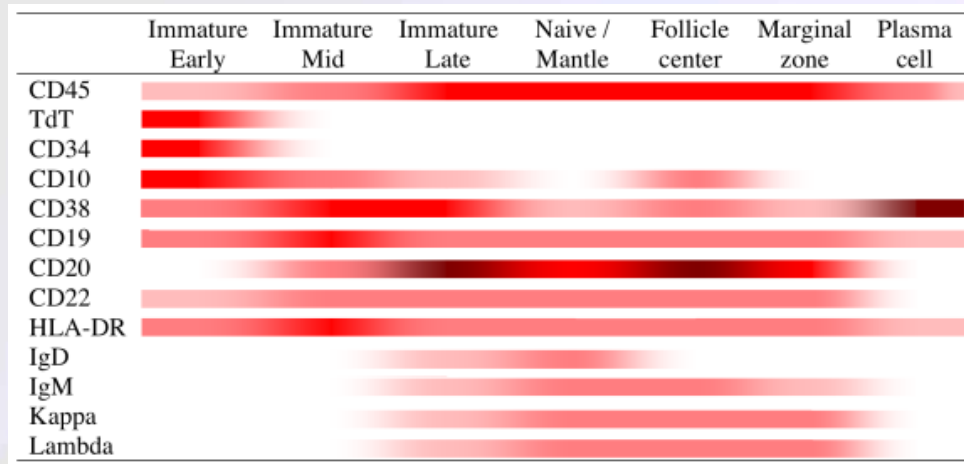


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Abnormal population identification

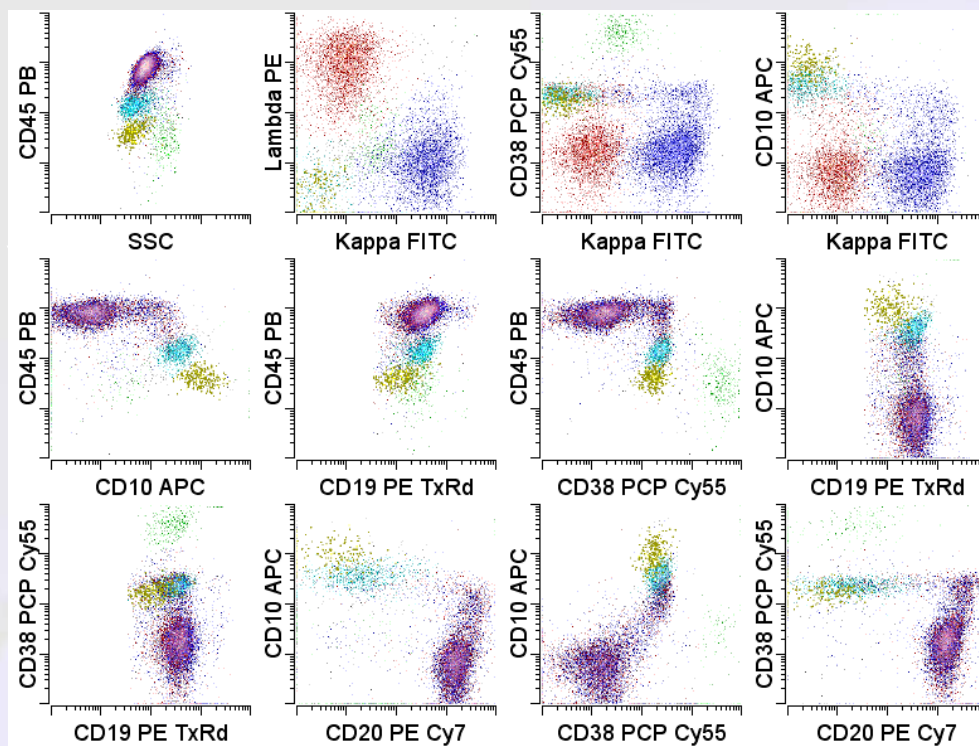
- Normal
 - Antigens expressed in consistent and reproducible patterns with maturation
- Neoplastic
 - Increased or decreased normal antigens
 - Asynchronous maturational expression
 - Aberrant antigen expression
 - Homogeneous expression

Normal B cell Maturation



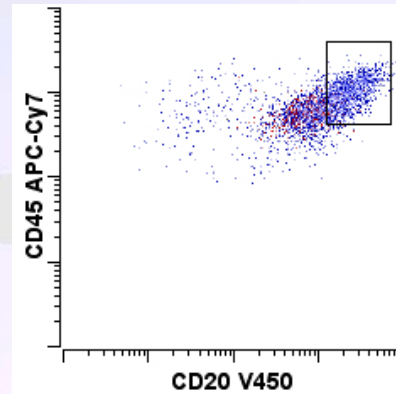
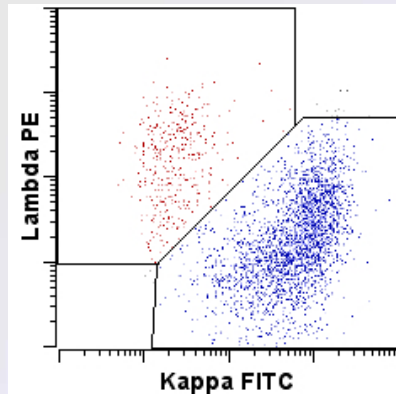
Wood and Borowitz (2006) Henry's Laboratory Medicine

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Wood, Methods in Cell Biology, 2004₁₆

B cell clonality



10-10531

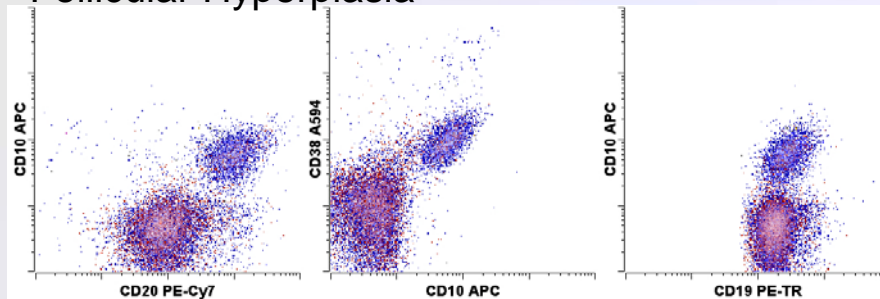
- Color kappa and lambda
- Look for discrete abnormal B cell populations
- Identify antigenic aberrancy in the context of clonality
- Demonstration of clonality is not necessary



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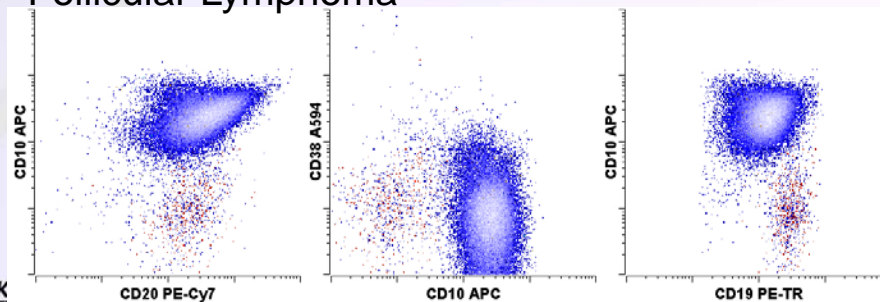
Follicle Center B cells

Follicular Hyperplasia



08-03324

Follicular Lymphoma

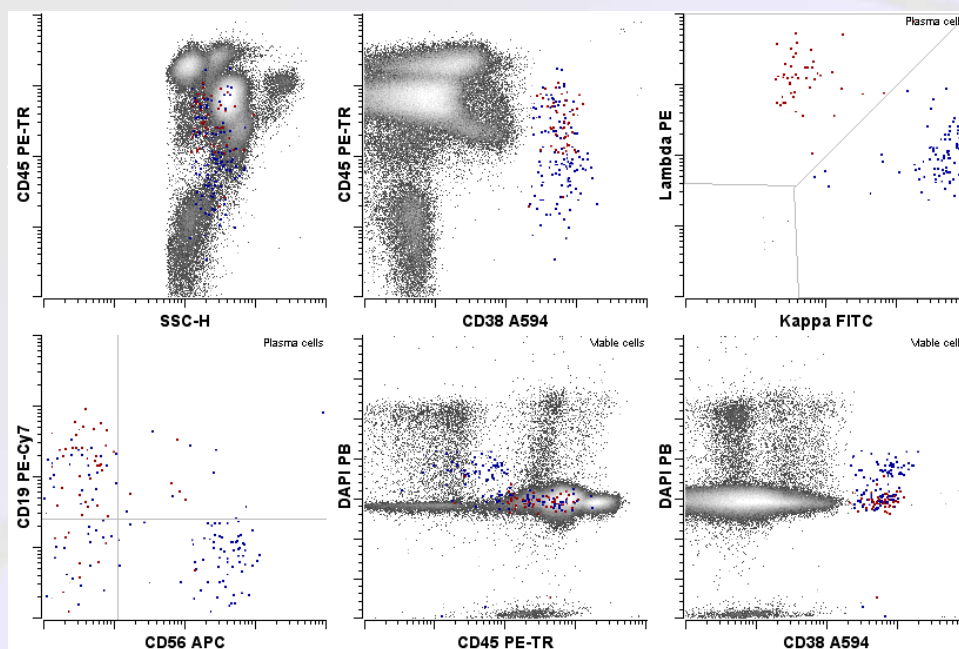


08-01359



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Plasma Cell Neoplasm

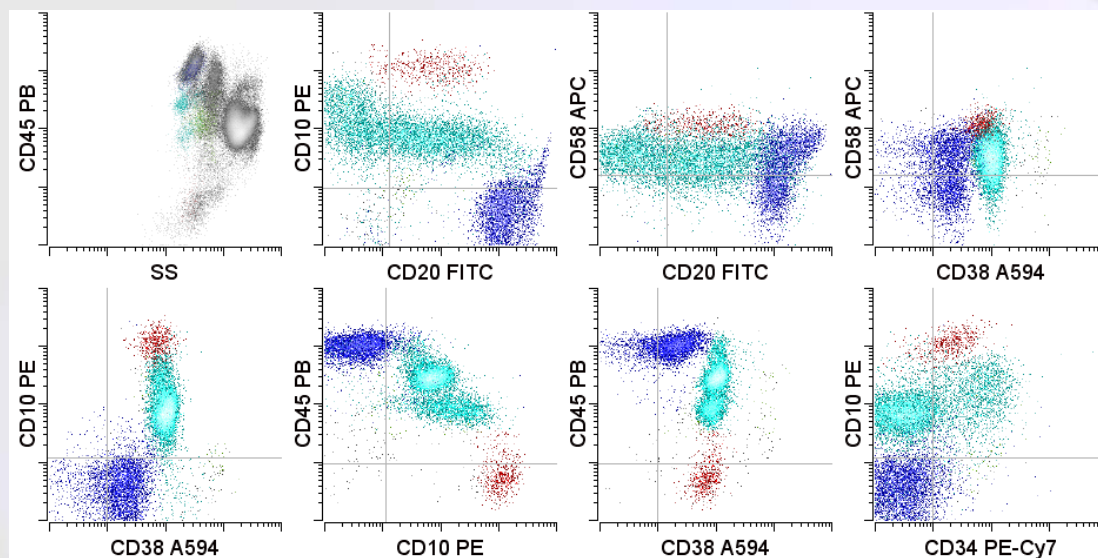


0.05% abnormal plasma cells

04-6716

19

ALL MRD

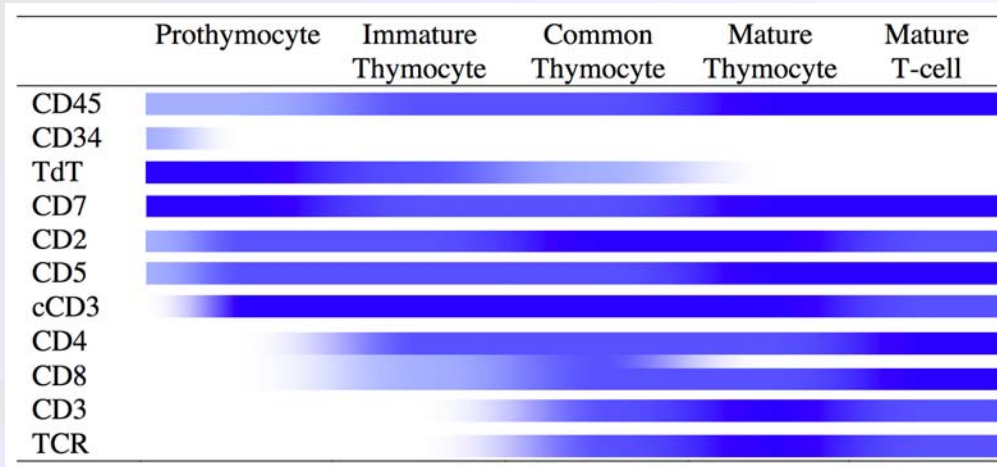


0.1% abnormal immature B cells

06-01469

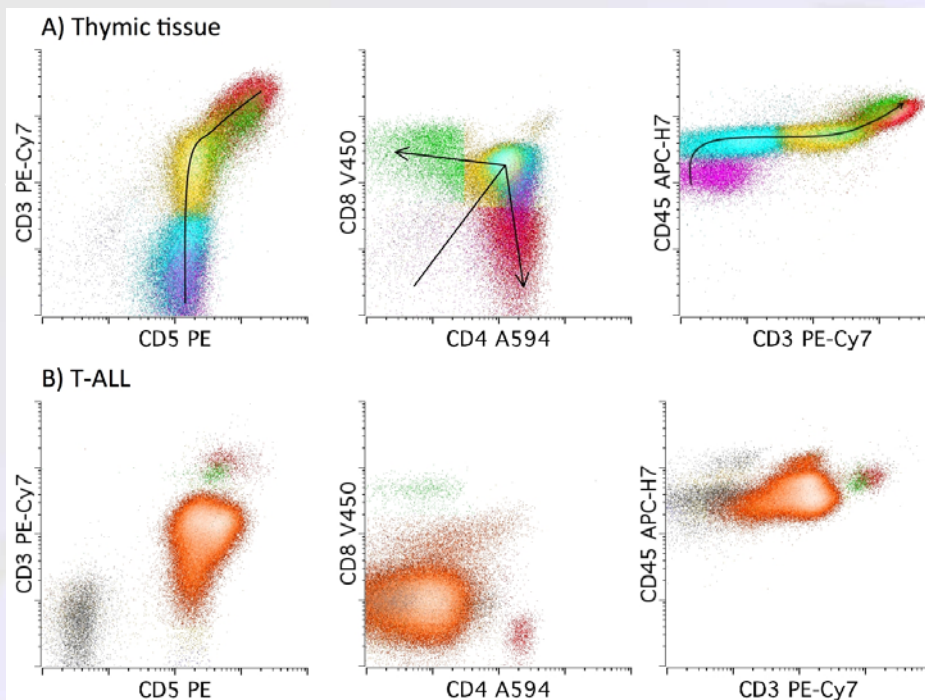
20

Normal T cell Maturation



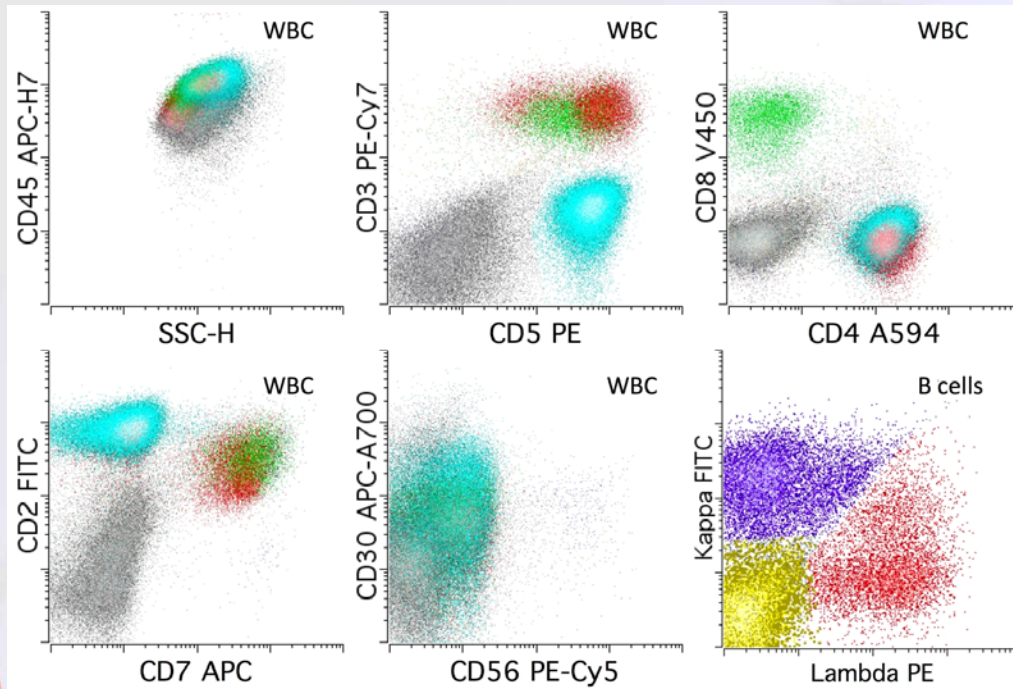
Wood and Borowitz (2010) Henry's Laboratory Medicine₂₁

Precursor T-cell Lymphoblastic Leukemia



Cherian and Wood (2012) Flow Cytometry in Evaluation of Hematopoietic Neoplasms: A Case-Based Approach

Angioimmunoblastic T-cell Lymphoma

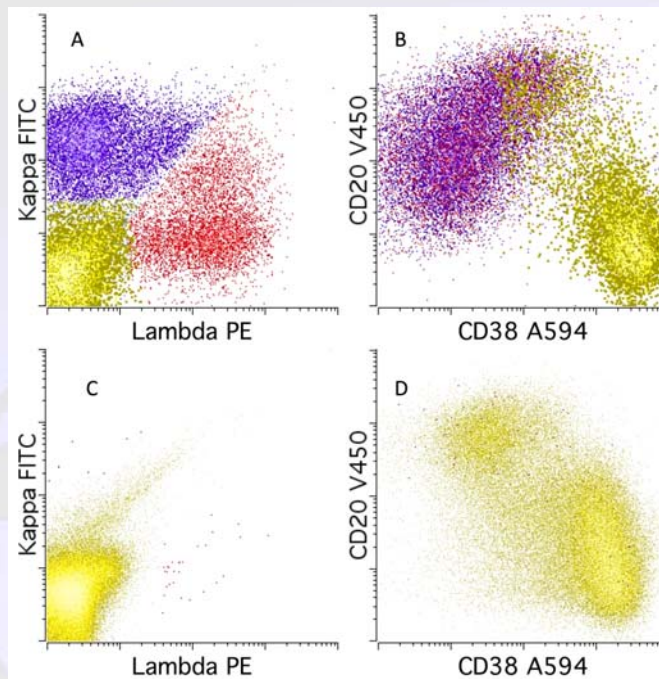


Cherian and Wood (2012) Flow Cytometry in Evaluation of Hematopoietic Neoplasms: A Case-Based Approach

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Angioimmunoblastic T-cell Lymphoma

Diagnosis



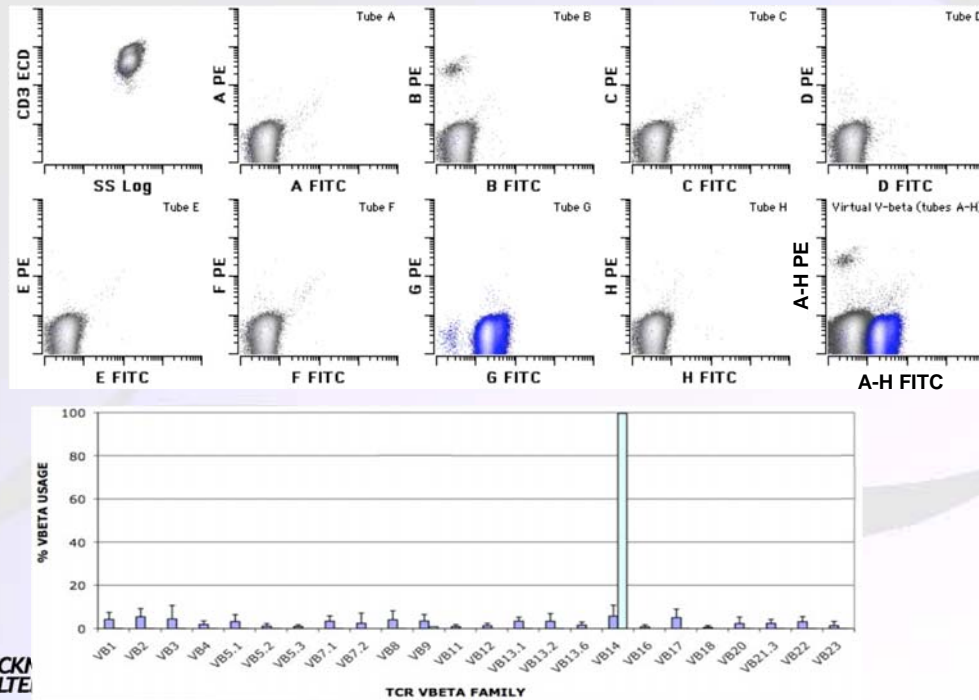
Relapse



Cherian and Wood (2012) Flow Cytometry in Evaluation of Hematopoietic Neoplasms: A Case-Based Approach

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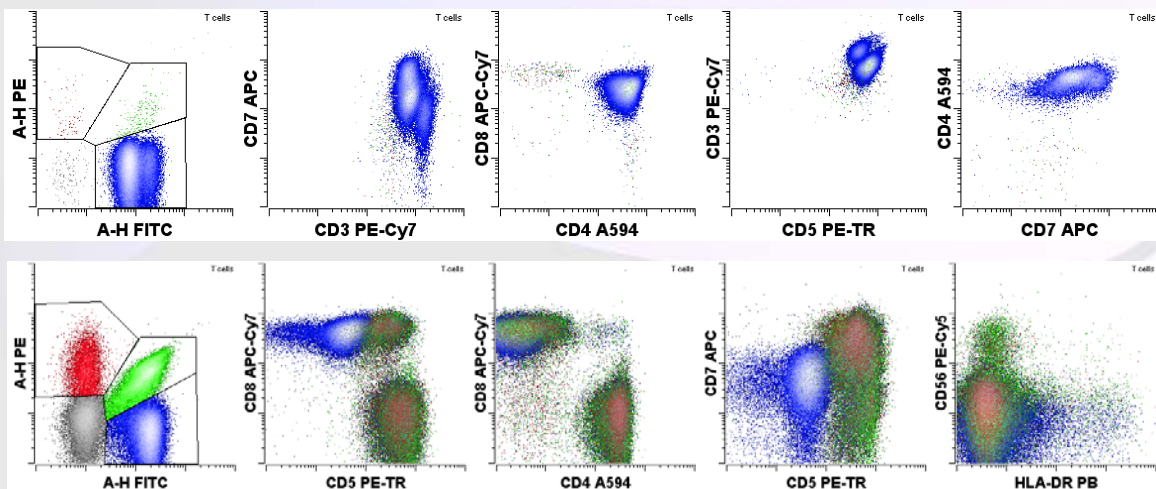
T cell clonality



25

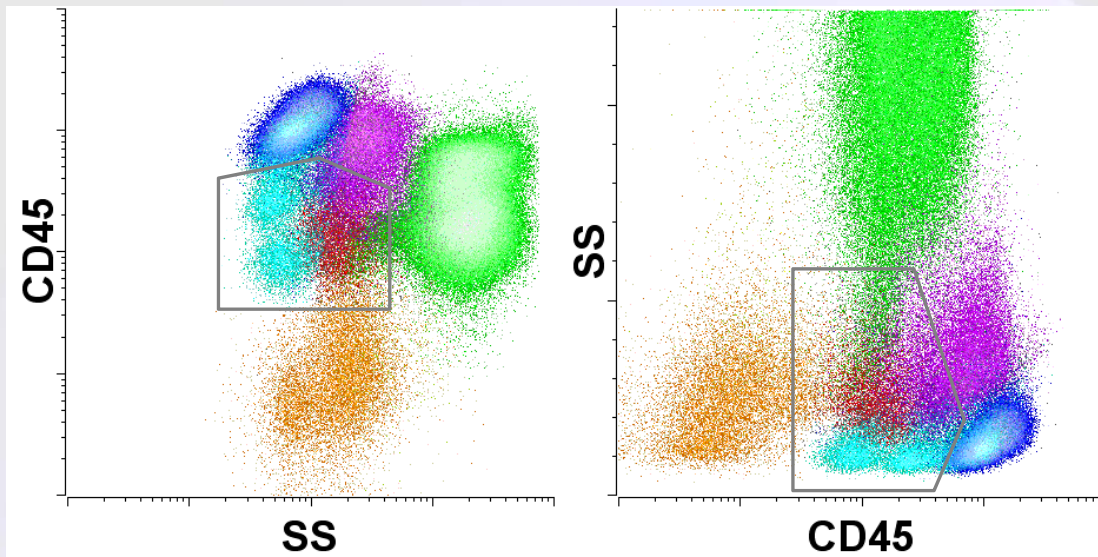
T cell clonality

- All TCR-beta reagents in single tube
 - Efficient, good for small specimens

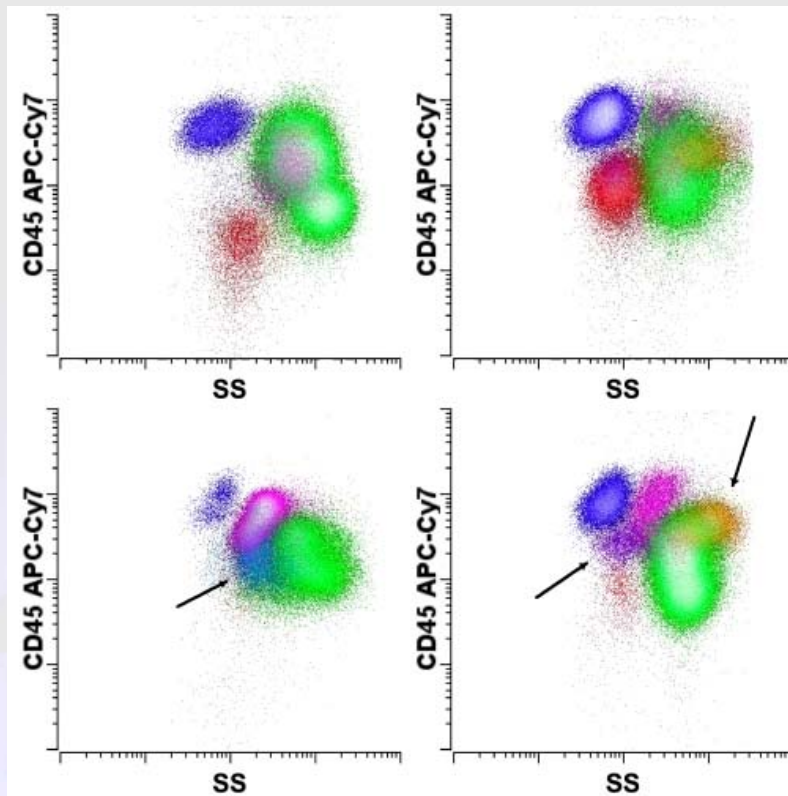


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Cell Type Identification

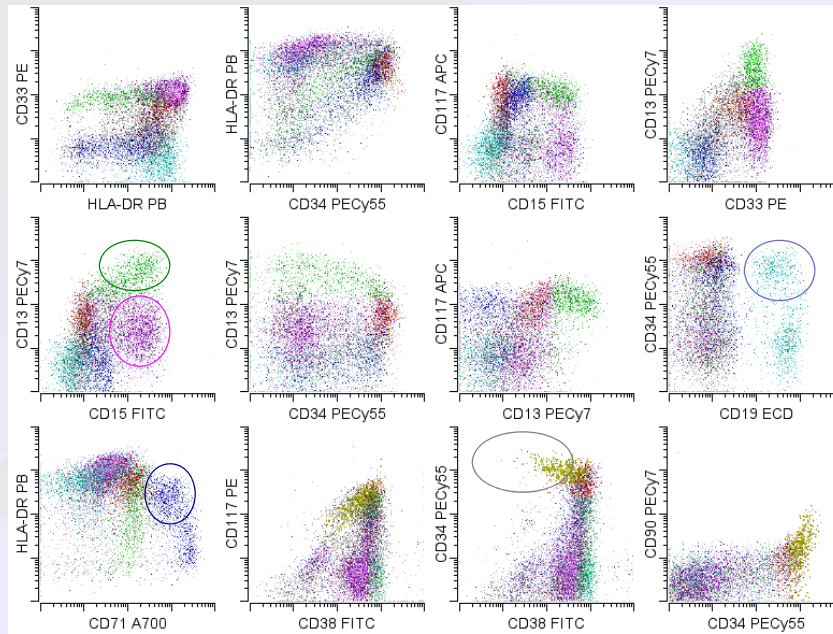


Borowitz et al (1993) AJCP 100:534-40.
Steltzer et al (1993) Ann NY Acad Sci 667:265-280



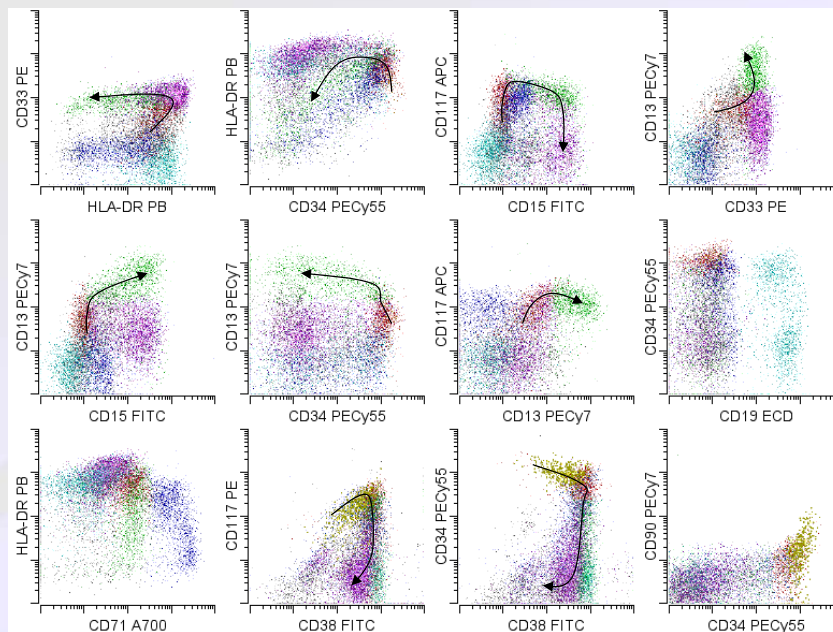
Wood (2007) Clinics in Lab Medicine 27:551-575

Normal Blast Maturation

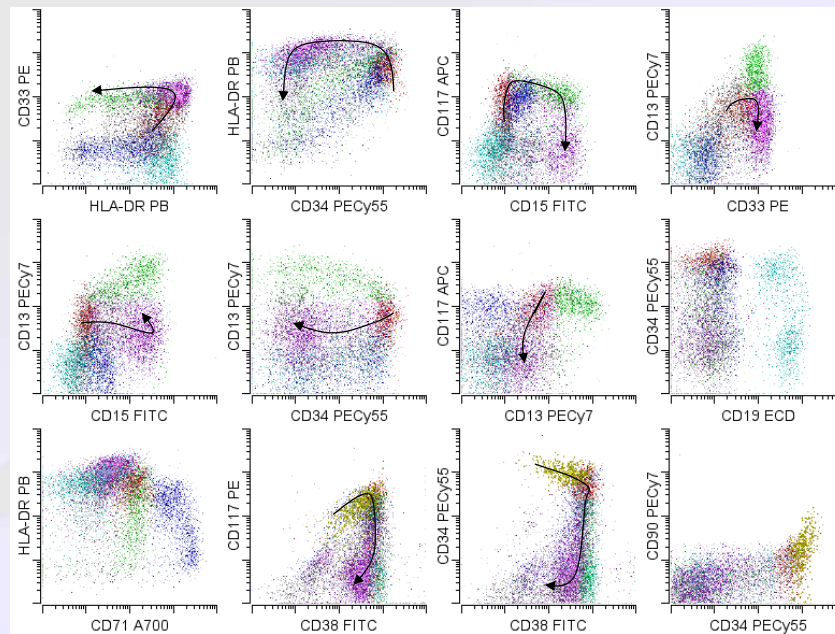


Wood (2004) Methods Cell Biology 75:559-576

Normal Granulocyte Maturation

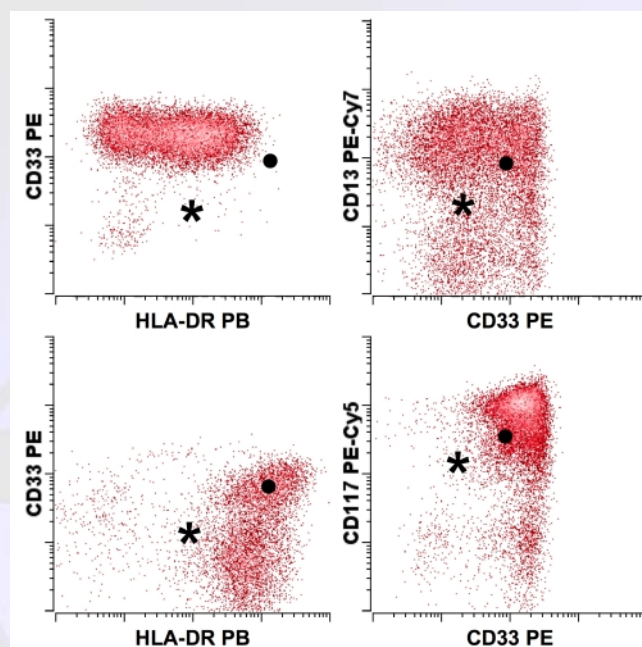


Normal Monocyte Maturation



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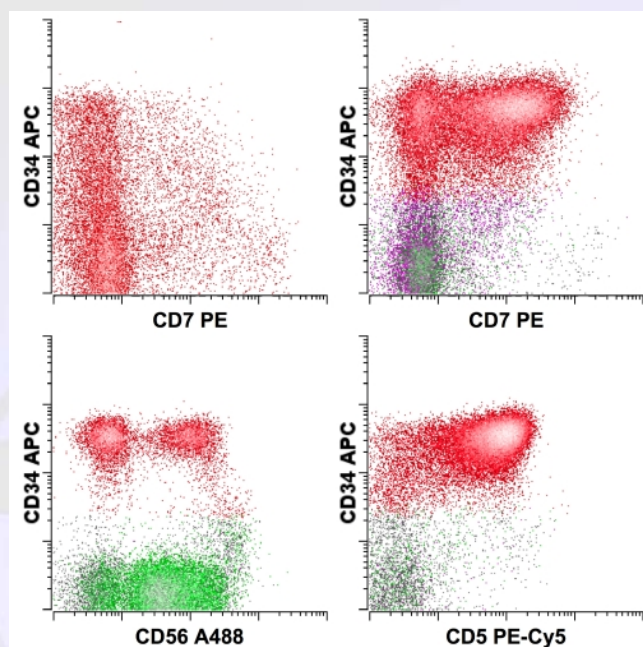
Blasts - Abnormal Antigen Intensity



Wood (2007) Clinics in Lab Medicine 27:551-575

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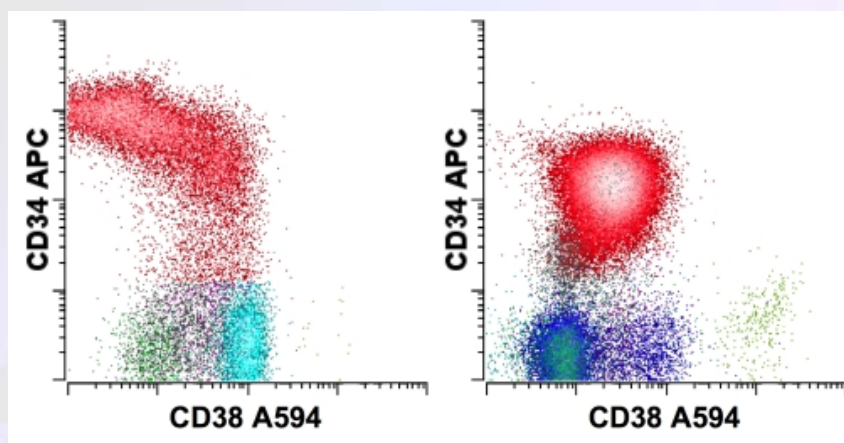
Blasts - Aberrant Lymphoid Antigens



Wood (2007) Clinics in Lab Medicine 27:551-575

33

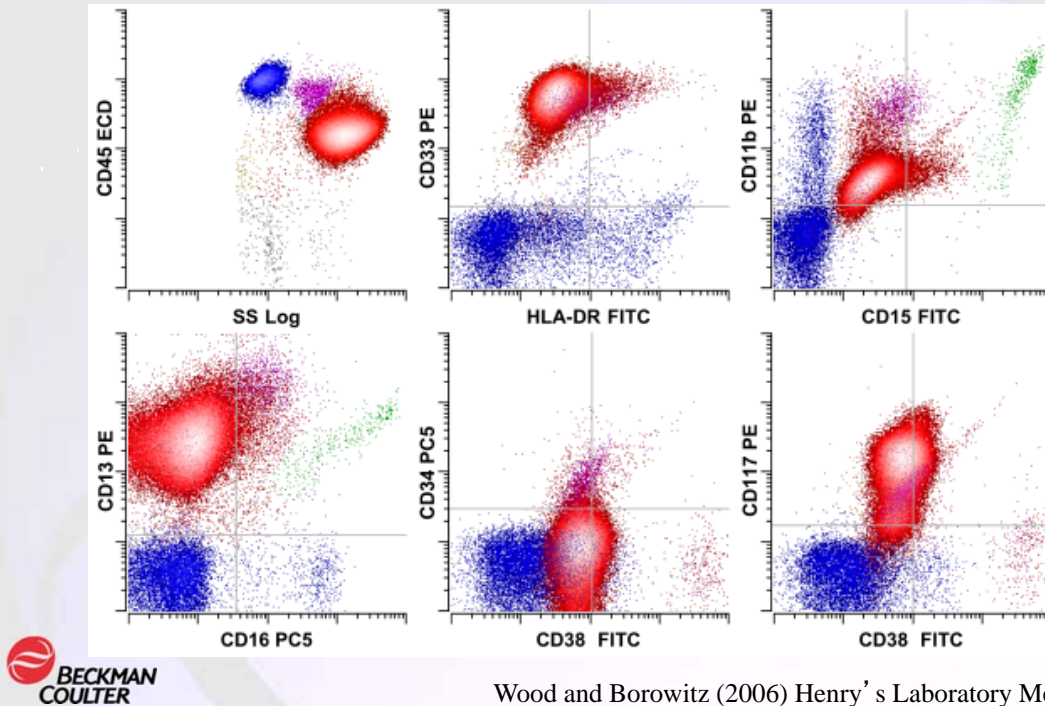
Blasts - Aberrant Maturation



Wood (2007) Clinics in Lab Medicine 27:551-575

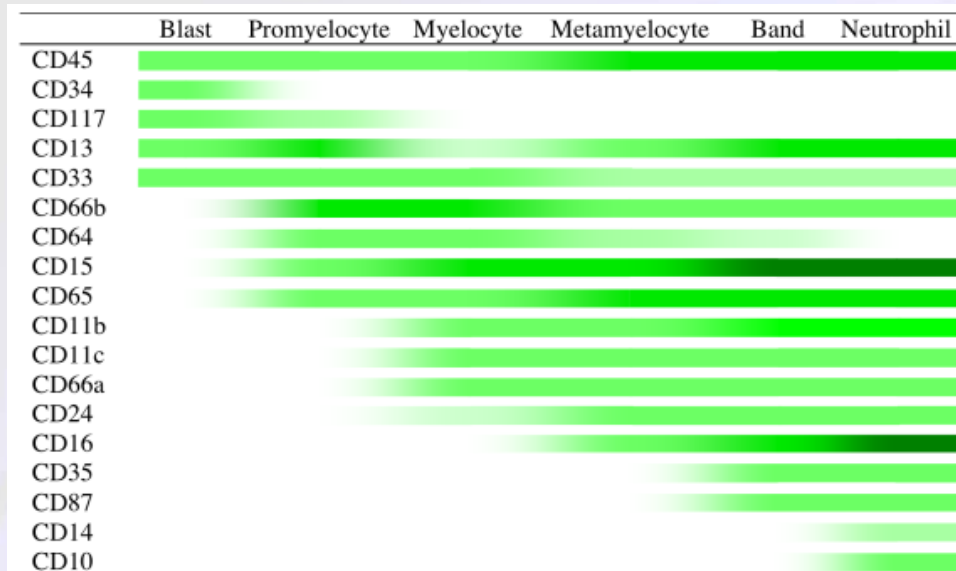
34

Acute Promyelocytic Leukemia

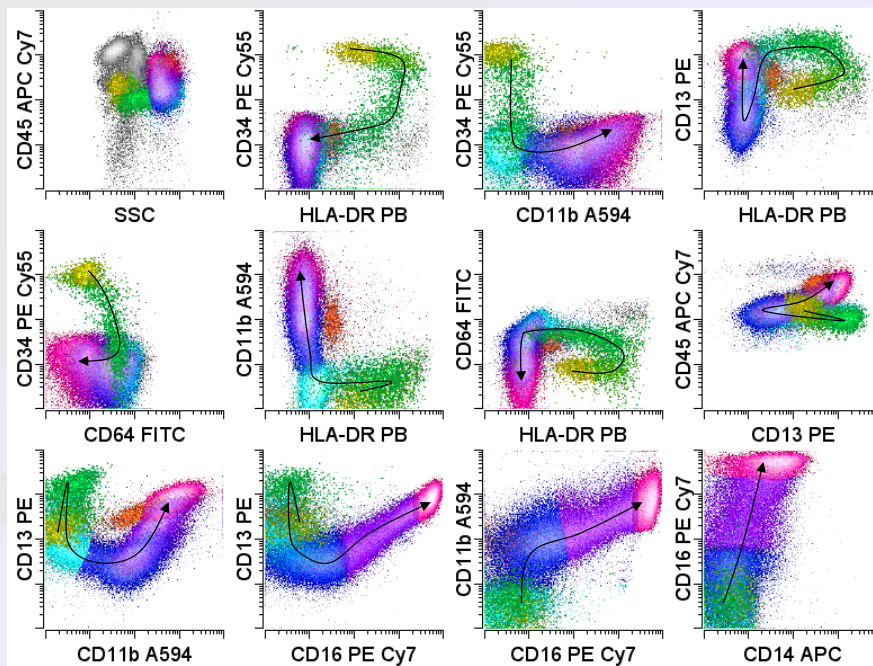


Wood and Borowitz (2006) Henry's Laboratory Medicine₃₅

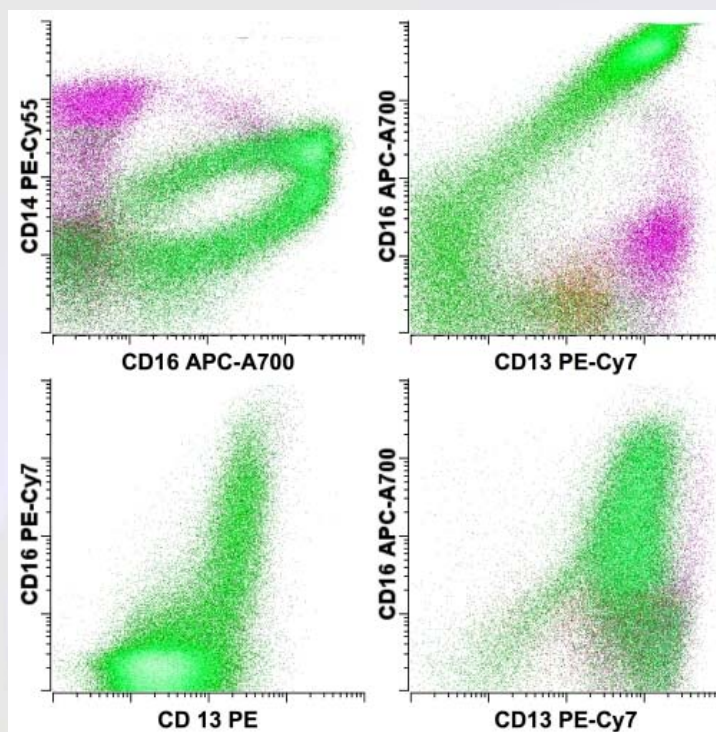
Normal Granulocytic Maturation



Normal Granulocytic Maturation

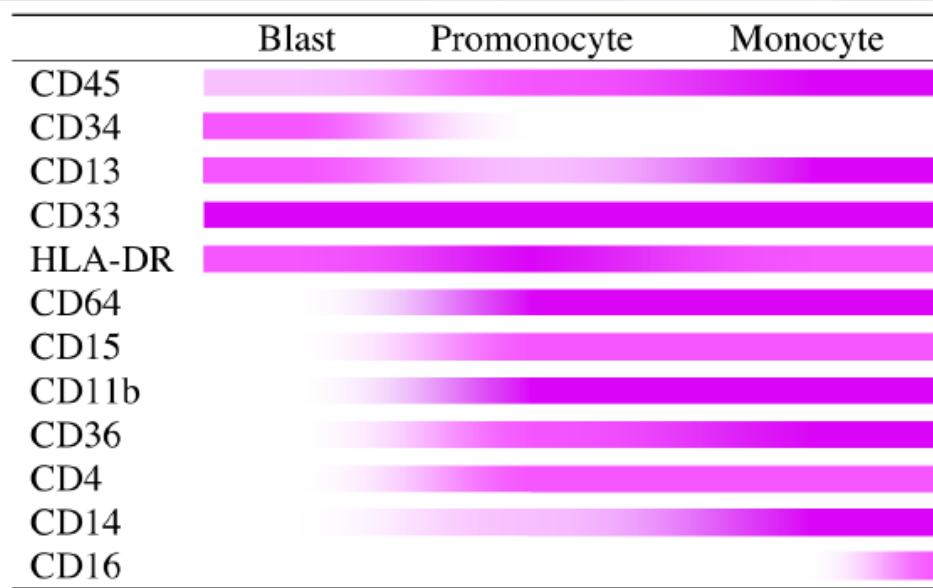


Wood (2004) Methods Cell Biology 75:559-576



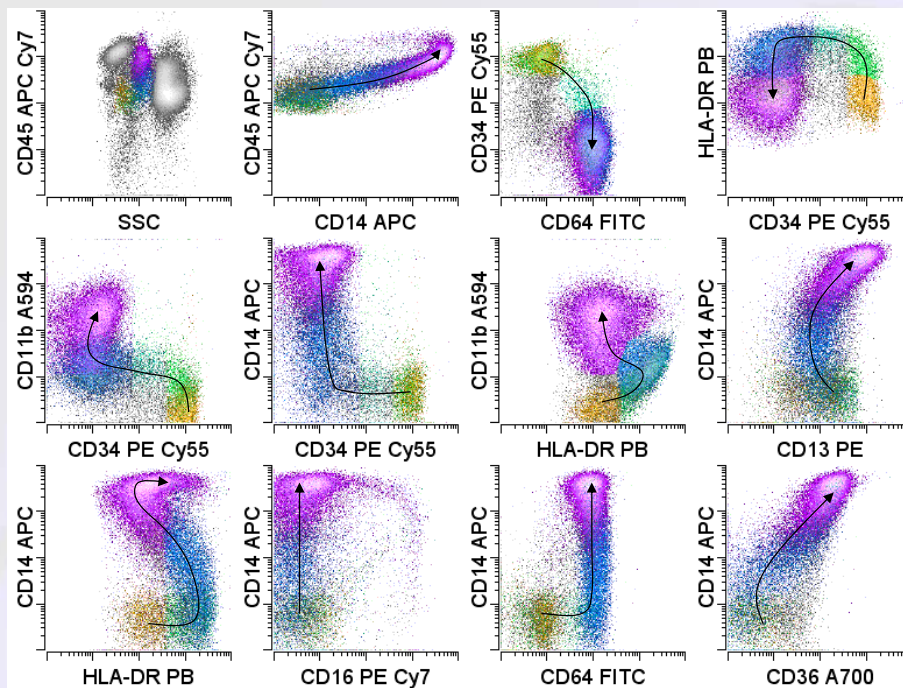
Wood (2007) Clinics in Lab Medicine 27:551-575

Normal Monocytic Maturation



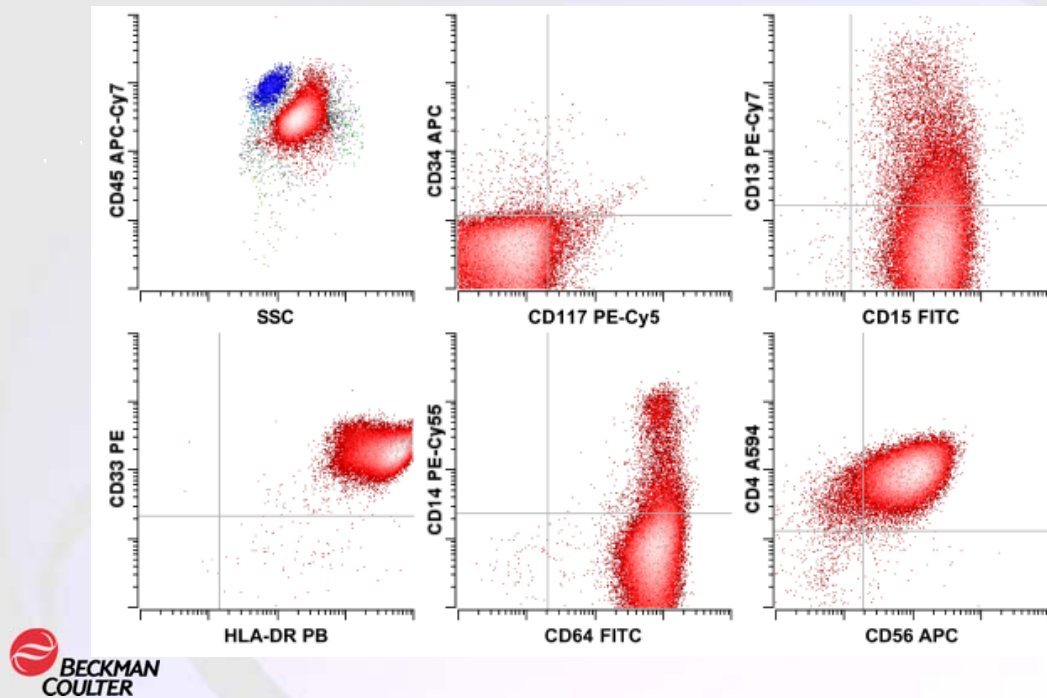
Wood and Borowitz (2006) Henry's Laboratory Methods 39

Normal Monocytic Maturation



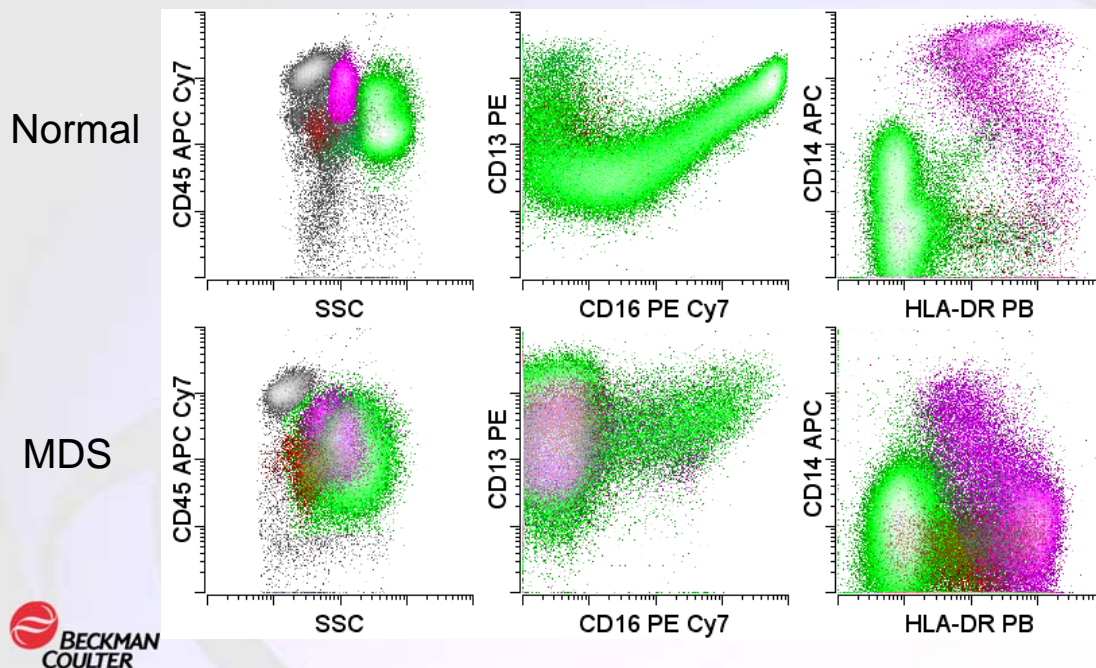
Wood (2004) Methods Cell Biology 75:559-576 40

Acute Monocytic Leukemia



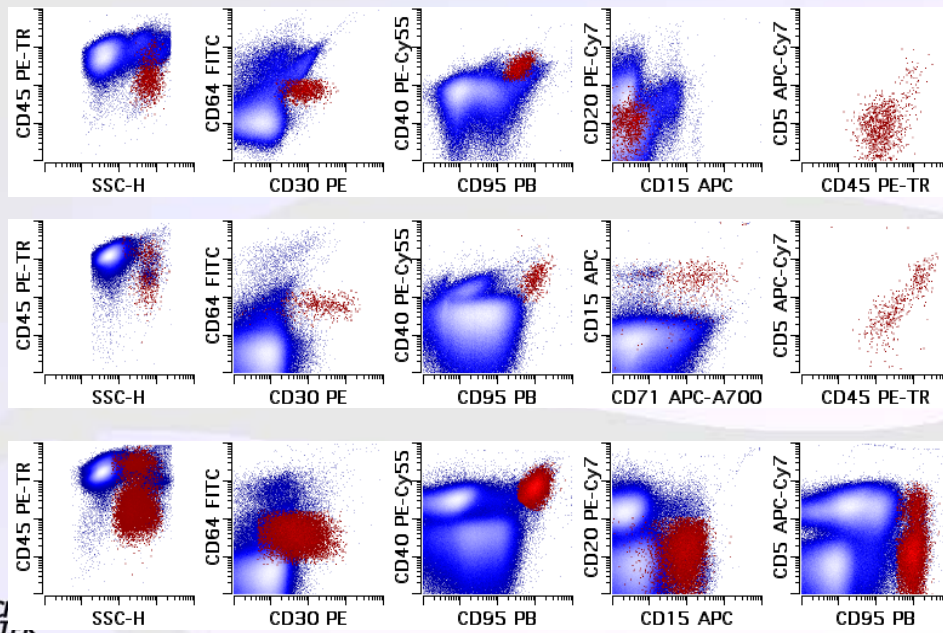
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Abnormal Myeloid Maturation

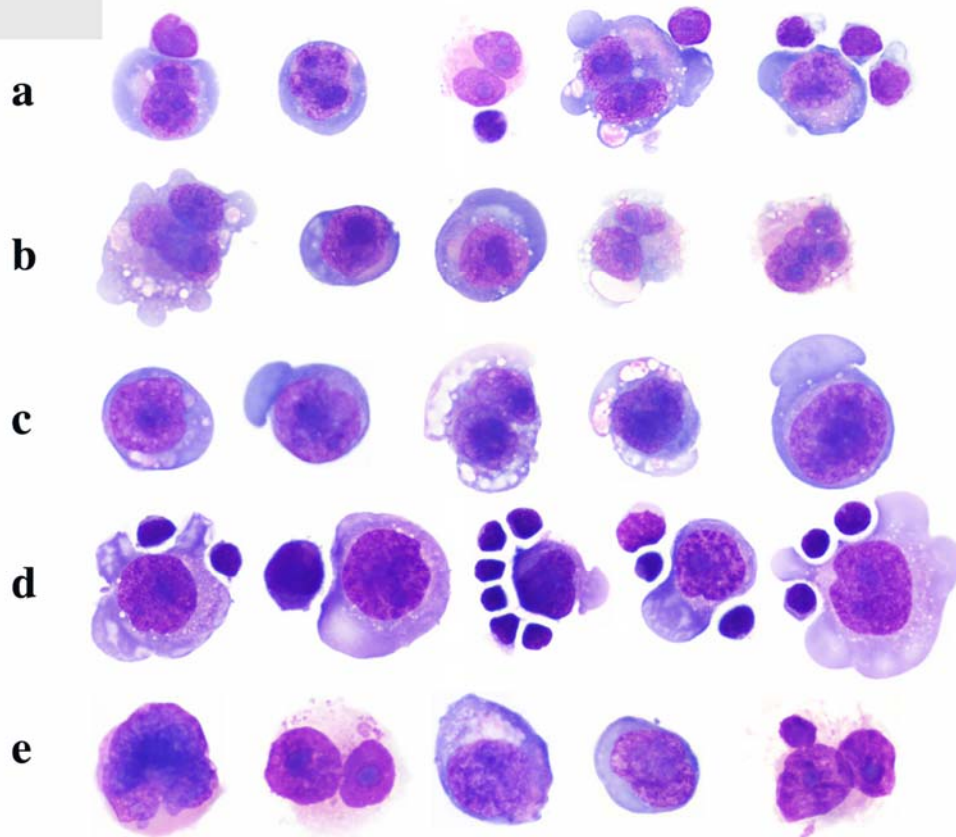


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Classical Hodgkin Lymphoma



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Deficiencies

- Requires an expert
 - Understand normal maturation
- Increasing number of parameters = increasing complexity
 - Simplification by comprehensive population identification
- “Pattern recognition” subjective
 - Inherits poor objectivity of morphology



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Data Analysis

Need improved software to analyze
high-level multiparametric data



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Conclusion

- High-level multicolor flow cytometry can be successfully performed in a clinical setting
- Offers advantages in efficiency, informational content and standardization
- Standardization and optimization of instrument performance, reagents and analysis strategy is critical

