

# Bringing unstable flow cytometry assays closer to the patient

Bringing unstable flow cytometry assays closer to the patient. Case study of an *ex-vivo* CD11b stimulation flow cytometry assay collected at external clinical site

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#### **Complement 5a (C5a) - A Pro-Inflammatory Mediator:**

- Derived from cleavage of complement component 5, inciting chemotaxis of innate immune cells like neutrophils.
- Over-activation can cause severe inflammation and tissue destruction, evident in numerous human pathologies.

#### Targeting C5a and C5a Receptor (C5aR):

- Aims to selectively quell inflammatory responses associated with diseases without hampering other immune functions.
- Wide interest since early 1990s due to their strong inflammatory effects.

#### **Challenges and Progress:**

- Past attempts faced hurdles in clinical settings due to intersecting immune pathways and unfavorable pharmacokinetics.
- Effective therapeutic in early clinical development that can effectively modulate the complement system, focusing on C5a and C5aR, to provide a novel pathway in managing various diseases

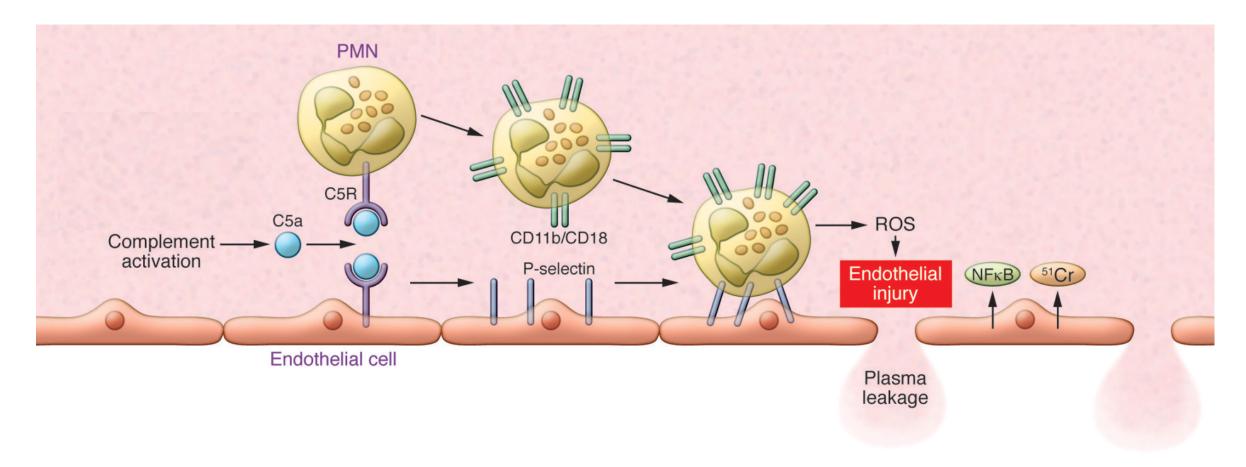
#### PD endpoint in Phase 1:

Assessment of CD11b induction with C5a



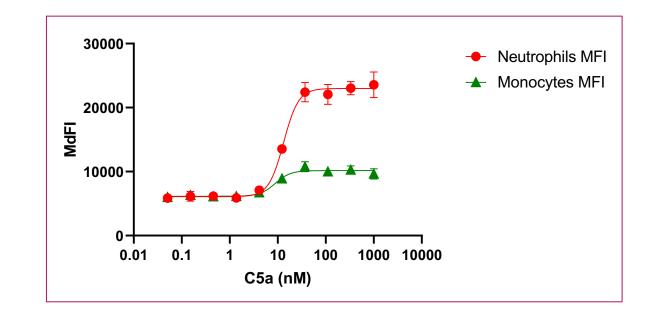


#### In-vitro CD11b activation



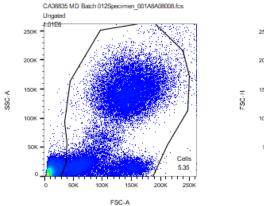


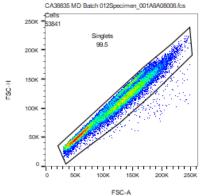
# Method overview Ex-vivo stimulation C5a stimulant 10 concentrations

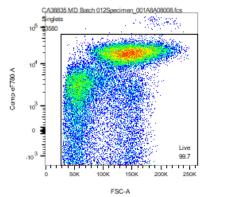


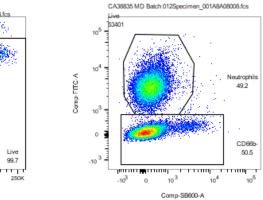


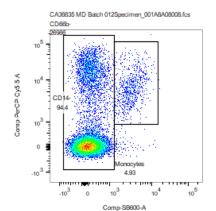
### **Typical gates**

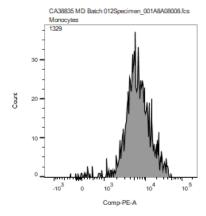


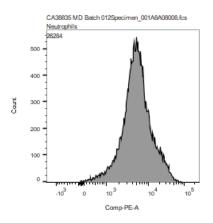


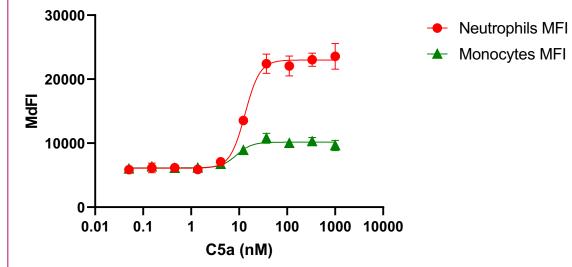














# **Method Development summary**

- Method set-up:
  - Adapted from client method
  - Fresh whole blood in heparin stimulated with C5a
  - Optimizations:
    - C5a stimulation concentrations
    - 11 donor whole blood samples
    - Post-process stability
    - Gating strategy for data analysis

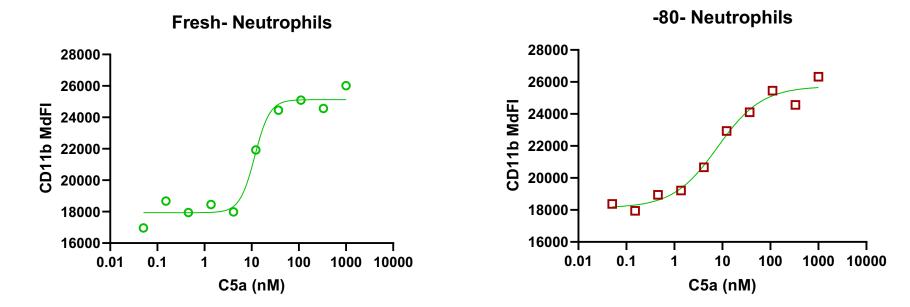
#### Adaptation to kit format for off-site sample collection:

- Pre-processing and stimulation stability
- Post-stimulation and post processing stability
- Evaluation of freezing stimulated samples for shipment
- Moving from plate to tube format to match processing-site skill set





#### **Pre-process stability (Fresh vs Stabilizer with -80°C)**

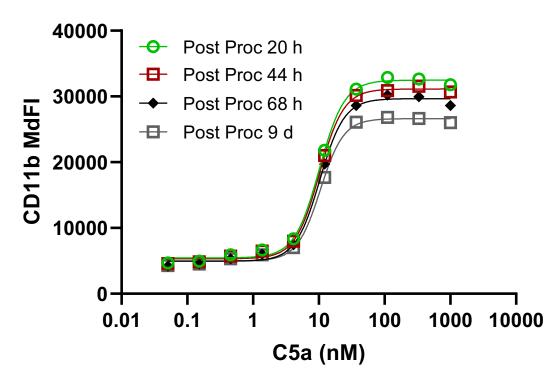


	Fresh	-80°C
Bottom	17934	18128
Hillslope	2.7	0.9
Тор	25126	25728
EC50	11.65	7.96



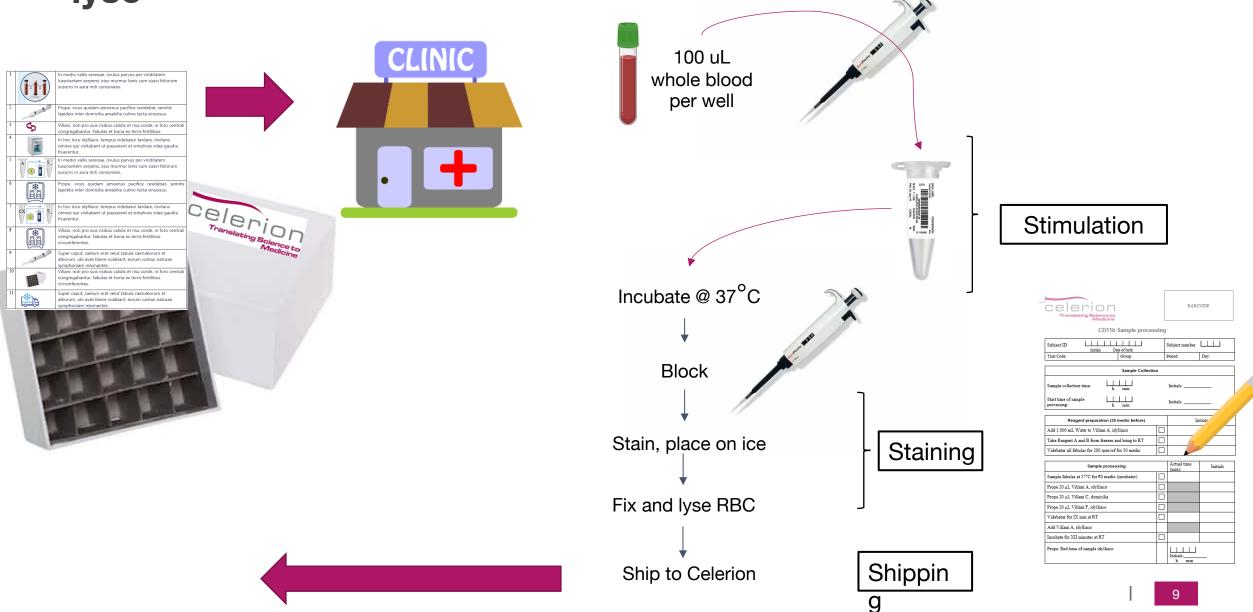
### Post-process stability (20h, 44h, 68h and 9 days)

#### **37 Neutrophils**

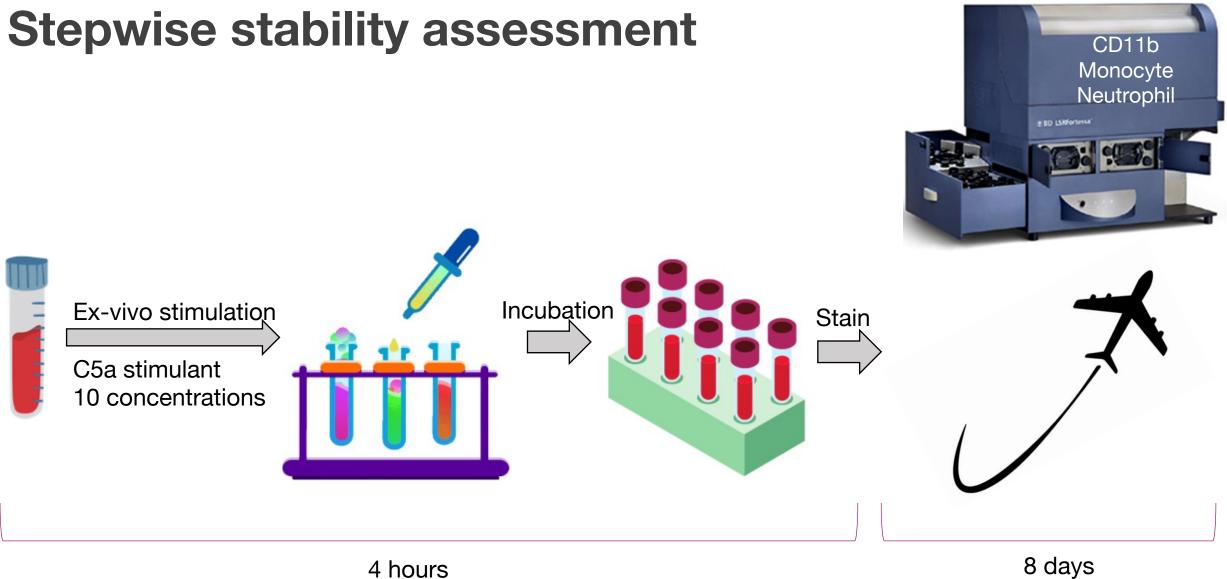


	20 h	44 h	68 h	9 days
Bottom	5450	5321	4941	4987
Hillslope	2.3	2.3	2.3	2.4
Тор	32480	31135	29665	26621
EC50	10.2	10.2	10.35	10.55

# Kit-based collection for ex-vivo stimulation, stain, fix and lyse







4 hours



# **Method validation**

- Method:
  - Donor whole blood tested with CD11b induction with 10 concentrations of C5a and PBS control.
  - Metrics: % of live cells, % of neutrophils and monocytes among live cells, neutrophil and monocyte CD11b.
- Validation Acceptance Criteria:
  - Neutrophil CD11b response ratio
- Validation Components:
  - Precision Testing 3 individuals:
    - Precision runs on a single day with 2 analysts on 2 instruments
    - %CV  $\leq$  25.0% between replicates across all donors and C5a concentrations.
  - Pre- and Post-Process Stability:
    - Fresh Blood processing at 2 and 4 hours at room temperature and 5°C
    - Post-staining storage at 5°C, analysis on Days 0, 2, 4, 7, and 8
    - %CV between samples
  - Reagent stability in kit
    - Kit storage at 5°C at 1, 2, 3, 5 weeks

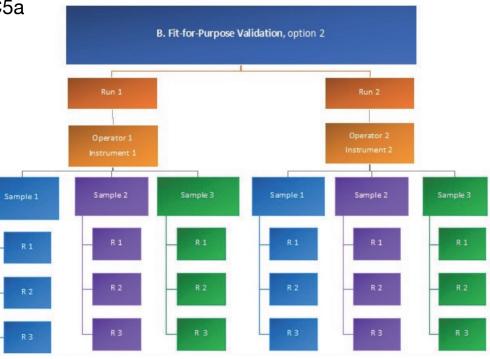


Figure from CLSI H62



## **On-site implementation of the stimulation kit**

#### Controlled Documentation

- Kit insert
- Documentation instructions
- Set-up and Training
  - Equipment set-up
  - 3 week on-site trainer
- External operator qualification
  - On-site trainer sign-off
  - Processed test kits are sent back to Celerion for evaluation and training sign-off based on lab data





# Conclusion



- **Clinical Relevance**: Connect biomarker profiles with clinical trial data, underscoring the targeted pathway's relevance
- Innovation and Adaptability: Expand our perspective beyond your own laboratory space, dissect complex tasks, and iteratively refine our approach for each challenge
- Innovative Sample Collection: Embrace the rapid advancement in patient-centric clinical trial designs and adapt lab practices accordingly
- **Stakeholder Acceptance**: Find solutions with internal and external stakeholders to fully leverage patient centric sampling workflows
- Benefits vs. Challenges: Substantial benefits of patient centric sampling workflows hold the promise of accelerating clinical trial conduct and data quality
  - Collaborative Efforts: Take advantage of the existing partnerships across pharmaceutical companies and CROs to deliver unconventional approaches



## Acknowledgements



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# **THANK YOU**