

# ELISPOT PROFICIENCY PANEL 2015

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## **ELISPOT PROFICIENCY PANEL 2015**

This report summarizes the results of the Elispot Proficiency 42 laboratories from 13 Panel 2015. The report provides individual test results for each countries participated in participating laboratory that participated in the Elispot the Elispot Proficiency proficiency panel 2015, as well as an anonymized overview of the other participants' test results.

42 laboratories from 13 countries participated in the Elispot Proficiency Panel. Participants included researchers and clinicians active in such diverse fields as Cancer, HIV, Hepatitis, and Diabetes.

Immudex has taken over the MHC Multimer and Elispot proficiency panels from the CIC (Cancer Immunotherapy Consortium of the Cancer Research Institute, USA) and the CIMT (Association for Cancer Immunotherapy, Europe). The proficiency panel services offered by Immudex are open to any laboratory, independent on geographic location or field of interest, with a need to perform accurate and reproducible quantification of antigen-specific T cells.

The report is provided using the European numeration.

The proficiency panels conducted by Immudex are non-profit services offered with the intent of testing and ensuring a high level of proficiency and reliability among the researchers and clinicians that perform the immune monitoring assays. It is the hope and expectation that better immune monitoring assays will lead to better and more efficient immunotherapies.

The next MHC Multimer and Elispot proficiency panels will be held in the fall 2016 and spring 2017, respectively.

Panel

Participants are active in such diverse fields as Cancer, HIV, Hepatitis, and Diabetes

Next MHC Multimer and Elispot proficiency panels to be held in the fall 2016 and spring 2017, respectively

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#### INFORMATION ON PARTICIPANTS, PROTOCOLS, REAGENTS, CELL SAMPLES

- 42 laboratories participated in the proficiency panel.
- Each participating laboratory was assigned a confidential participant Identification Number (Lab Id), only known by the laboratory itself and Immudex.
- Each participant received two vials of PBMCs (human peripheral blood mononuclear cells), termed 13089 and 13110, respectively, and three vials with reagents, Reagent 1 (CMV peptide pool), Reagent 2 (CEF peptide pool) and Reagent 3 (Negative control PBS/DMSO). Reagent 1 is the PepMix HCMVA (pp65) (JPT Product Code. PM-PP65) in PBS buffer/DMSO; Reagent 2 is the PepMix CEF Pool (extended) (JPT Product Code PM-CEF-E) in PBS buffer/DMSO; Reagent 3 is a negative control (no peptide) PBS buffer/DMSO.
- All vials were shipped in liquid nitrogen. A temperature logger was included in the shipment, allowing observation of vial temperature from packaging to delivery.
- Each laboratory performed the Elispot assay according to their own preferred operating procedure.
- Instructions (see Appendix 1) including Harmonization Guidelines, were provided to all participants.

Prior to the shipping of the PBMCs to the participants, the PBMCs were pretested by two labs at separate locations, in order to verify the uniformity of the PBMC vials. Thus, the Elispot assay was performed on a total of 6 vials, using both the CMV peptide pool, the CEF peptide pool and the Negative control with no peptides. The observed variability between different PBMC vials of the same cell sample, as regards cell viability and number of antigen-specific T cells, was insignificant.

The assays performed included a range of frequencies of antigenspecific T cells, from about 1 in 4.000 PBMCs ("Low responder") to more than 1 in 600 PBMCs ("High responder").

### PBMC samples were thoroughly pretested prior to shipping and sample temperature was monitored from packaging to delivery

#### ANALYSES PERFORMED BY THE PARTICIPANTS

Each participant received detailed instructions for carrying out the proficiency test; see Instructions (Appendix 1).

The participants were asked to determine the number of antigenspecific T cells of each of PBMC 13089 and 13110, as follows:

• Number of CMV-specific spots per 200.000 PBMC

- Number of CEF-specific spots per 200.000 PBMC
- Number of spots per 200.000 PBMC with Negative control reagent (no peptide)
- Number of spots with medium alone, no cells

All measurements should be done in triplicate.

#### **PRESENTATION OF DATA**

The results obtained are shown in Figures 1-4 and Appendices 2-3.

The 42 participants' data comprised significant outliers for all four PBMC/antigen combinations tested. It was therefore decided to use the median, rather than the average, of the reported results (including all outliers) to represent the "average" result.

Thus, in the following the median of the background-corrected results for each PBMC/antigen combination represents the "average value" for all the participants for that particular PBMC/peptide combination. It should be emphasized that the "average value" (the median) is not necessarily the "true" value, as no golden standard exists for the Elispot assay. Nevertheless, the median of all the participants' results for a particular PBMC/antigen combination was used to calculate the Relative Accuracy of a given participant's result (see below).

The median, rather than the average, of the reported results represents the "average" result

#### **PROFICIENCY TESTING RESULTS**

The results obtained by the 42 participants of the Elispot Proficiency Panel 2015 are shown in Figures 1-4 and Appendices 2-3.

Figures 1A, 2A, 3A and 4A show the number of antigen-specific spots per 200.000 PBMCs (triplicate analysis; three red diamonds), and the number of negative-control spots per 200.000 PBMCs (triplicate analysis; three black dots).

Figures 1B, 2B, 3B and 4B show the background-corrected, mean number of antigen-specific spots per 200.000 PBMCs (one red diamond).

Figures 1C, 2C, 3C and 4C show the Relative Accuracy. The Relative Accuracy is defined as the result determined by the individual participant, divided by the median result of all participants for that PBMC/antigen combination (background spots subtracted).

Relative Accuracies of 0,66–1,5 are here considered "in the average range" and are represented by filled black columns; Relative Accuracies of 0,50–0,65 or 1,6–2,0 are considered "near average" and are represented by hatched columns; Relative Accuracies below 0,50 or above 2,0 are considered "far from average" and are represented by open columns. The data is presented in order of increasing relative accuracy from left to right.



#### *Figure 1A. CMV-specific spots and background spots for PBMC 13089.*

The number of spots per 200.000 PBMCs for PBMC 13089/CMV (triplicate analysis; 3 red diamonds) or PBMC 13089/Negative control (triplicate analysis; 3 black dots) is shown. Lab Id 417 reported one value higher than 300 for CMV (see appendix 2). Lab Id 442 only reported duplicate values for CMV.



#### *Figure 1B. Background-corrected number of CMV-specific spots for PBMC 13089.*

The number of background-corrected, CMV-specific spots per 200.000 PBMCs, based on the triplicate analysis, is shown (red diamond). The mean number of spots per 200.000 PBMCs for the Negative control was subtracted from the mean number of spots obtained with the CMV peptide pool, to give the background-corrected value. The median (67 CMV-specific spots) is indicated with a black horizontal line. Lab Id 413, 420, 422, 428, 434 and 446 reported value for CMV of -10, -3,7, 244, 271, -0,67 and 211, respectively.



#### Figure 1C. Relative Accuracy for the 13089/CMV combination.

The Relative Accuracy, equaling the result divided by the median (67) of all results, for background-corrected, CMV-specific spots is shown. Relative Accuracy for Lab Id 413, 420, 434 and 437 is -0,15, -0,05, -0,01 and 0,03, respectively. 18 out of 42 participants had a Relative Accuracy between 0,66-1,5 and are therefore considered "in the average range".



#### *Figure 2A. CEF-specific spots and background spots for PBMC 13089.*

The number of spots per 200.000 PBMCs for PBMC 13089/CEF (triplicate analysis; 3 red diamonds) or PBMC 13089/Negative control (triplicate analysis; 3 black dots) is shown. Lab Id 422 reported values higher than 300 for CEF. Lab Id 417 reported one value higher than 300 for CEF. Lab Id 446 reported two values higher than 300 for CEF (see appendix 2).



#### Figure 2B. Background-corrected number of CEF-specific spots for PBMC 13089.

The number of background-corrected, CEF-specific spots per 200.000 PBMCs, based on the triplicate analysis, is shown (red diamond). The mean number of spots per 200.000 PBMCs for the Negative control was subtracted from the mean number of spots obtained with the CEF peptide pool, to give the background-corrected value. The median (124 CEF-specific spots) is indicated with a black horizontal line. Lab Id 413, 434, 422 and 446 reported value for CEF of -9, -0,3, 339 and 273, respectively.



#### Figure 2C. Relative Accuracy for the 13089/CEF combination.

The Relative Accuracy, equaling the result divided by the median (124) of all results, for background-corrected CEF-specific spots is shown. Relative Accuracy for Lab Id 413, 434 and 437 is –0,07, 0, and 0,02, respectively. 20 out of 42 participants had a Relative Accuracy between 0,66-1,5 and are therefore considered "in the average range".



#### Figure 3A. CMV-specific spots for PBMC 13110.

The number of spots per 200.000 PBMCs for PBMC 13110/CMV (triplicate analysis; 3 red diamonds) or PBMC 13110/Negative control (triplicate analysis; 3 black dots) is shown. Lab Id 433 reported values higher than 600 for CMV (see appendix 3).



#### Figure 3B. Background-corrected number of CMV-specific spots for PBMC 13110.

The number of background-corrected, CMV-specific spots per 200.000 PBMCs, based on the triplicate analysis, is shown (red diamond). The mean number of spots per 200.000 PBMCs for the Negative control was subtracted from the mean number of spots obtained with the CMV peptide pool, to give the background-corrected value. The median (314 CMV-specific spots) is indicated with a black horizontal line. Lab Id 433 reported value for CMV of 795.



#### *Figure 3C. Relative Accuracy for the 13110/CMV combination.*

The Relative Accuracy, equaling the result divided by the median (314) of all results, for background-corrected, CMV-specific spots is shown. Relative Accuracy for Lab Id 434 and 420 is 0 and 0,01, respectively. 22 out of 42 participants had a Relative Accuracy between 0,66-1,5 and are therefore considered "in the average range".



#### *Figure 4A. CEF-specific spots and background spots for PBMC 13110.*

The number of spots per 200.000 PBMCs for PBMC 13110/CEF (triplicate analysis; 3 red diamonds) or PBMC 13096/Negative control (triplicate analysis; 3 black dots) is shown. Lab Id 417 reported values higher than 120 for both the Negative control and CEF. Lab Id 407 and 437 reported values higher than 120 for CEF (see appendix 3).



Figure 4B. Background-corrected number of CEF-specific spots for PBMC 13110.

The number of background-corrected, CEF-specific spots per 200.000 PBMCs, based on the triplicate analysis, is shown (red diamond). The mean number of spots per 200.000 PBMCs for the Negative control was subtracted from the mean number of spots obtained with the CEF peptide pool, to give the background-corrected value. The median (45 CEF-specific spots) is indicated with a black horizontal line. Lab Id 407, 413 and 437 reported value for CEF of 133, -7,7 and 135, respectively.

#### PBMC 13110 / CEF – Relative Accuracy



#### Figure 4C. Relative Accuracy for the 13110/CEF combination.

The Relative Accuracy, equaling the result divided by the median (45) of all results, for background-corrected CEF-specific spots is shown. Relative Accuracy for Lab Id 413, 420 and 434 is -0,17, 0 and 0, respectively. 20 out of 42 participants had a Relative Accuracy between 0,66-1,5 and are therefore considered "in the average range".

#### **OVERALL PROFICIENCY**

In order to describe the Overall Proficiency of each participating laboratory in enumerating the antigen-specific cells, a score was assigned to each laboratory for each of the measurements performed.

The score "3" was assigned to results in the average range (i.e. Relative Accuracy between 0,66 and 1,5), the score "2" was assigned to results near average (i.e. Relative Accuracy 0,50-0,65 or 1,6-2,0), and finally, the score "1" was assigned to results far from average (i.e. Relative Accuracy below 0,50 or above 2,0).

Overall Proficiency is defined by the average score obtained over the four measurements. Thus, a laboratory with an overall proficiency of "3" is in the average range on all four measurements and has the highest possible score, and a laboratory with an average score of "1" is far from average on all four measurements and has the lowest possible score.

Overall Proficiency is shown in Figure 5. As can be seen, 7 out of 42 laboratories (17% and first 7 laboratories from the left) are in the average range on all four measurements, and thus have the highest possible Overall Proficiency score of "3".

17% of participants had results in "the average range" for 4 out of 4 measurements.



**Figure 5. Overall Proficiency.** The laboratories' proficiency in performing the Elispot measurements is shown. An Overall Proficiency of "3" represents the highest possible proficiency score; an Overall Proficiency of "1" represents the lowest possible Overall proficiency score. A score of 3" indicates that this laboratory was "in average" on all four measurements. A score of "1" indicates that this laboratory was "far from average" on all four measurements.

#### **GENERAL COMMENTS**

The proficiency panel series was initiated by the CIC and CIMT in 2006. One of the goals of past proficiency panels was to harmonize procedures across laboratories. Harmonization is now considered finalized, and the responsibility of conducting the Elispot proficiency panel was handed over to Immudex in 2013.

The current Elispot proficiency panel is therefore not a harmonization panel, but rather a proficiency testing service. Consequently, harmonization and standardization is not addressed in this report.

A survey was carried out in connection with the proficiency panel execution. The full set of reported data and information will be published separately.

#### General observations and conclusions.

The Elispot assays performed in this proficiency panel involved "Low responders" (1 antigen-specific cell per 4.000 PBMCs) to High responders (1 antigen-specific cell per 600 PBMCs).

- For a given measurement, about 50% of the participants had For each measurement, a Relative Accuracy of between 0,66 and 1,5 and were defined as being "in the average range". In other words, for a given measurement, about 50% of the participants were close to the median value of all participants.
- 17% of the participants were "in the average range" for four out of four measurements.
- For a given measurement, the 75% of the participants that were closest to the "average" (median value) had results differing from 4 to 16 fold. For example, for the PBMC 13089/CEF antigen combination, the 75% of participants (i.e. 32 out of 42 participants) that were closest to the median value, detected from 54 to 205 antigen-specific cells per 200.000 PBMC.
- The number of laboratories with Relative Accuracies between 0,66 and 1,5 (and therefore "in the average range") was approximately the same for Low, Medium and High responders. In other words, the accuracy of the Elispot assay does not seem to get higher with a higher frequency of antigen-specific T cells, at least not for the examined frequencies.

 $\sim$ 50% of the participants obtained a value close to average

17% of the participants were close to average for 4 out of 4 measurements

Among the 75% of participants closest to the "average", the lowest and highest number of antigen-specific T cells detected differed 4-16 fold

#### ACKNOWLEDGEMENTS

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#### **ABOUT IMMUDEX**

Based in Copenhagen, Denmark, with North American operations based in Fairfax, Virginia, Immudex provides MHC Dextramers for the monitoring of antigen-specific T cells. Under an agreement with the US Cancer Immunotherapy Consortium (CIC) and the European Cancer Immunotherapy Consortium (CIMT), Immudex also provides MHC Multimer and Elispot proficiency panel services worldwide.

Immudex's MHC Dextramer® products are utilized for the quantification or sorting of antigen-specific T cells in life science research, in vitro diagnostics, as well as the development of immunotherapeutics and vaccines. The primary focus is research-useonly products for the immune monitoring of immunotherapy development, and monitoring of CMV cellular immunity in transplant and other immune-deficient patients. In Europe, the CE-marked Dextramer CMV Kit is approved for in vitro diagnostic use, for the quantification of CMV-specific T cells.

Our soon-to-be released DNA tagged Dextramer reagents enable massive multiplexing of antigen-specific T cell detection. To date quantitation of over 1000 CD8+ T cell specificities in a single, small blood sample has been achieved. To find out more about how Immudex is improving immune monitoring and enabling better treatment decisions please visit us at <a href="http://www.immudex.com">www.immudex.com</a>.

\*The Immudex CMV kit is for Research Use Only in the United States

#### **APPENDIX 1: INSTRUCTIONS**

#### FOR THE ELISPOT PROFICIENCY PANEL 2015

#### **General introduction to the Elispot proficiency panel:**

All participants will receive two pre-tested PBMC samples. All participants must use the Elispot assay to determine the spot count per well as a result of stimulation with HCMVA (pp65), CEF (extended) and negative control for both PBMC samples using predefined peptide/negative reagents.

## PLEASE READ ALL THE BELOW INSTRUCTIONS CAREFULLY BEFORE THAWING AND PREPARING THE PBMCs.

If you have any questions, please contact the organizer

Charlotte Halgreen Coordinator of Proficiency Panels email: ProficiencyPanel@immudex.com Phone: +45 3917 9772

#### **Material and Reagents:**

Cell samples:

Each participant receives two vials each of which comprising a different PBMC sample; lot 13089 and lot 13110, respectively. Each vial contains app.10 million cells in 1mL.

Store cell vials in liquid nitrogen upon arrival and until use.

Reagents:

Each participant will receive three vials; Reagent 1 (HCMVA (pp65) peptide pool), Reagent 2 (CEF (extended) peptide pool), and Reagent 3 (Negative control - PBS/DMSO).

Store reagent vials in liquid nitrogen upon arrival and until use.

Cell samples and Reagents are shipped in a liquid nitrogen container. Instructions for the unloading of samples and return of the shipping container will be included. Please return the liquid nitrogen shipping container promptly.

#### General procedure for the Elispot proficiency panel:

While we recommend consideration of previously established Elispot harmonization guidelines, (please see Appendix A: "Assay Harmonization Guidelines"), please use your currently established SOP for this panel. Use your own SOP (protocol) for Direct Human IFN $\gamma$  Elispot Assay, as well as antibodies, plates, enzyme, substrate, equipment, medium and other miscellaneous chemicals and tools to perform the assay.

Please follow the instructions below as outlined.

#### Instructions for the Elispot proficiency panel:

- 1. One 96-well plate is required for this assay. Coat columns 3-5 of the plate according to your own protocol. You will need to coat 3x8 = 24 wells in total.
- 2. Thaw both vials of PBMC. Count and record total cell number and the number of viable cells, and calculate the percentage of viable cells, after thawing. If a resting step is performed, please count and record total cell number and the number of viable cells, and calculate the percentage of viable cells *both* before <u>and</u> after the resting step.
- 3. All Reagent vials (Reagent 1, Reagent 2, and Reagent 3) contain 75µl and must prior to use be diluted 1:10 to obtain a total volume of 750µl with the medium you use for the assay.
- 4. The PBMC samples and Reagents must be plated exactly according to the scheme below as the data will be reported and analyzed in this format. Please use columns 3-5 for the assay.

	1-2	3	3 4 5		6-12
		No cells	No cells	No cells	
А		Medium	Medium	Medium	
		PBMC lot 13089	PBMC lot 13089	PBMC lot 13089	
В		Reagent 1	Reagent 1	Reagent 1	
		PBMC lot 13089	PBMC lot 13089	PBMC lot 13089	
С		Reagent 2	Reagent 2	Reagent 2	
		PBMC lot 13089	PBMC lot 13089	PBMC lot 13089	
D		Reagent 3	Reagent 3	Reagent 3	
		PBMC lot 13110	PBMC lot 13110	PBMC lot 13110	
Е		Reagent 1	Reagent 1	Reagent 1	
		PBMC lot 13110	PBMC lot 13110	PBMC lot 13110	
F		Reagent 2	Reagent 2	Reagent 2	
		PBMC lot 13110	PBMC lot 13110	PBMC lot 13110	
G		Reagent 3	Reagent 3	Reagent 3	
		No cells	No cells	No cells	
Н		Medium	Medium	Medium	

 Plate 200,000 cells/well for all samples in 50µl medium/well. Plate Reagents at 50µl/well. The final volume of cells and Reagent should be 100µl. Add medium only (no cells or Reagent) to A3-5 and H3-5). This will enable assessment of false positive spots.

Perform the assay according to your own SOP.

#### **Reporting of data**

Use this <u>link »</u> to record experimental details and data.

All documents, and report forms can be found on the proficiency panel - Elispot home page  $\underline{\mathsf{link}}$  »

If you experience any problems, please contact the organizer: Charlotte Halgreen Coordinator of Proficiency Panels mail: ProficiencyPanel@immudex.com Phone: +45 3917 9772

#### Appendix A

#### Assay harmonization guidelines

Initial Elispot Harmonization Guidelines to Optimize Assay Performance (based on previously published recommendations based on the CIC/CRI and CIMT Elispot panel programs)

- A. Use only pretested and optimized serum or serum-free media allowing for low background: high signal ratio.
- B. Establish laboratory SOP for ELISPOT testing procedures, including: B1. Counting method for apoptotic cells for determining adequate cell dilution for plating,

B2. Duration of resting period (i.e. overnight) of cells before plating and incubation.

- C. Test each condition at least in triplicates.
- D. Add optimal cell number per well for sufficient antigen presentation and highest signal to noise ratio.
- E. Establish SOP for plate reading, including:
  - E1. Human auditing during reading process,
  - E2. Adequate adjustments for technical artefacts.\*
- F. Only allow trained personnel, which is trained per laboratory SOP, to conduct assays.

\*For details see Nature Protocols 2015 (Guidelines for the automated evaluation of Elispot assays. (Janetzki, Sylvia et. al.; 2015. Nat Protoc. 2015))

#### APPENDIX 2: PBMC 13089 REPORTED NUMBER OF SPOTS

#### Well D3-5 / Negative Well B3-5 / CMV Well C3-5 / CEF Lab Id Control ND

#### PBMC 13089 / Negative Control / CMV pool / CEF pool

Lab Id	Well D3-5 / Negative Control			Well B3-5 / CMV			Well C3-5 / CEF		
445	2	4	5	39	53	34	79	64	91
446	42	31	31	255	241	240	279	314	329

#### APPENDIX 3: PBMC 13110 REPORTED NUMBER OF SPOTS

#### Well G3-5 / Negative Well E3-5 CMV Well F3-5 CEF Lab Id Control

#### PBMC 13110 / Negative Control / CMV pool / CEF pool

Lab Id	Well G3-5 / Negative Control			Well E3-5 / CMV			Well F3-5 / CEF		
445	1	1	1	230	234	230	51	43	43
446	9	14	12	500	500	500	105	116	100