



EXPERTISE AND SERVICE PROVISION QUALITY OF LABORATORIES

CLINICAL BIOLOGY COMMISSION COMMITTEE OF EXPERTS

EXTERNAL QUALITY ASSESSMENT IN CLINICAL BIOLOGY

DEFINITIVE GLOBAL REPORT

FLOW CYTOMETRY: LYMPHOCYTE SUBSET ANALYSIS

SURVEY 2021/3

Sciensano/Flow cytometry/79-E

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A preliminary version of this report was submitted to the experts EQA Flow Cytometry on: 13/01/2022 This report was discussed at the meeting of the committee of experts EQA Flow Cytometry on: 18/01/2022

By Lobna Bouacida, scheme coordinator, on 14/02/2022.

All the reports are also available on our webpage:

https://www.wiv-isp.be/QML/activities/external_quality/rapports/_nl/rapports_annee.htm https://www.wiv-isp.be/QML/activities/external_quality/rapports/_fr/rapports_annee.htm

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INTERPRETATION OF THE INDIVIDUAL REPORT

Besides this global report, an individual report is at your disposal via toolkit.

Below you can find information to help you interpreting this report.

The position of your quantitative results is presented on the one hand in comparison with the results from all the participants and on the other hand in comparison with the results of the laboratories using your method.

Following information is provided:

- Your result (R)
- Your method
- <u>Global median (M_G):</u>
 central value of the results obtained by all laboratories (all methods together).
- Global standard deviation (SD_G):
 measure of the spread of the results obtained by all the laboratories (all methods together).
- Global median of your method (M_M):
 central value of the results obtained by the laboratories using your method.
- Standard deviation of your method (SD_M): measure of the spread of the results obtained by the laboratories using your method.
- The coefficient of variation CV (expressed in %) for all laboratories and for the laboratories using your method:

 $CV_M = (SD_M / M_M) * 100$ (%) and $CV_g = (SD_G / M_G) * 100$ (%).

Z score:

difference between your result and the median of your method (expressed as a number of SD): Z_M

=
$$(R - M_M) / SD_M$$
 and $Z_G = (R - M_G) / SD_G$.

The result is flagged when $|Z_M| > 3$.

U score:

relative deviation of your result from the median of your method (expressed in %):

 $U_m = ((R - M_M) / M_M) * 100$ (%) and $U_G = ((R - M_G) / M_G) * 100$ (%).

The result is flagged when $|U_M| > d$, where "d" is a parameter-dependent fixed limit, namely the percentage maximal deviation from the method median.

- A graphical interpretation of the position of your result (R), towards the results of all the participants as well as the results of the participants using your method, based on the method of Tukey, for each parameter and for each analyzed sample.
 - R : your result
 - M_{M/G} : median
 - H_{M/G} : percentiles 25 en 75
 - I_{M/G} : internal limits (M ± 2.7 SD)
 - $O_{M/G}$: external limits (M ± 4.7 SD)

The global graph and the one of your method are presented on the same scale, which allows you to compare them. These graphs give you a rough estimation of the position of your result (R) with respect to the medians ($M_{M/G}$).

More information can be found in 3 brochures available on our website (only in Dutch and French): https://www.wiv-isp.be/QML/index_nl.htm https://www.wiv-isp.be/QML/index_fr.htm (Choose "brochures" in the menu) or directly on the following webpage (only in Dutch and French): https://www.wiv-isp.be/QML/activities/external_quality/brochures/_nl/brochures.htm https://www.wiv-isp.be/QML/activities/external_quality/brochures/_fr/brochures.htm

 Informatiebrochure over de externe kwaliteitsevaluatieprogramma's voor klinische laboratoria (Algemene informatiebrochure over de externe evaluatie)/

https://www.wiv-isp.be/QML/Informatiebrochure EKE.pdf

Brochure d'information sur les programmes d'évaluation externe de la qualité pour les laboratoires cliniques (Brochure d'information générale sur l'évaluation externe). https://www.wiv-isp.be/QML/Brochure information EEQ.pdf

- Statistische brochure (Algemene statistische berekeningsprocedure opgesteld door Professor Albert)/ Brochure statistique (Procédure générale de calcul statistique mis au point par le professeur Albert).
- Verwerking van gecensureerde waarden (Statistische berekeningsprocedure toegepast op de gecensureerde waarden opgesteld door Professor Albert)/ Traitement des valeurs censurées (Procédure de calcul statistique appliquée aux valeurs censurées rédigée par le Professeur Albert).

Graphical representation

Besides the tables with the results a "Box and whisker" plot is added. It contains the following elements for the methods with at least 6 participants:

- a rectangle ranging from percentile 25 (P₂₅) to percentile 75 (P₇₅)
- a central line representing the median of the results (**P**₅₀)
- a lower limit showing the smallest value x > P₂₅ 1.5 * (P₇₅ P₂₅)
- an upper limit representing the largest value x < P₇₅ + 1.5 * (P₇₅ P₂₅)
- all points outside this interval are represented by a dot.



SAMPLE MATERIAL

Two blood samples (FC/18731 and FC/18732) collected on K2EDTA were sent to the laboratories.

Sample FC/18731 was collected from a healthy and voluntary blood donor, whereas sample FC/18732 was collected from a patient and was kindly provided by Dr Christian Chatelain (CHR Val de Sambre).

The two samples were distributed into aliquots at Sciensano and sent on the day of blood collection by Taxipost 24h. The laboratories were informed by e-mail of the send-out of the control material (day 0).

The samples tested negative for HIV 1 and 2, hepatitis B surface antigen and hepatitis C.

Control analysis on the day of collection and distribution yielded the following results (UZ Brussel):

	%	10 ⁹ /L
Leukocytes		8.8
Lymphocytes	16.3	
CD3⁺ cells	63.6	0.91
CD4 ⁺ CD3 ⁺ cells	40.7	0.58
CD8 ⁺ CD3 ⁺ cells	21.4	0.31
CD19⁺ cells	11.4	0.16
NK cells	22.6	0.32
κ % B lymphocytes	64.3	
λ % B lymphocytes	35.7	
κ/λ ratio	1.80	

FC18731

FC18732

	%	10 ⁹ /L	
Leukocytes		6.7	
Lymphocytes	42.3		
CD3⁺ cells	75.5	2.14	
CD4 ⁺ CD3 ⁺ cells	65.6	1.86	
CD8 ⁺ CD3 ⁺ cells	10.1	0.29	
CD19⁺ cells	17.0	0.48	
NK cells	3.9	0.11	
κ % B lymphocytes	24.6		
λ % B lymphocytes	75.2		
κ/λ ratio	0.33		

PARTICIPATION

Fifty-three laboratories (1 Canadian and 52 Belgian clinical laboratories) participated in the survey 2021/3 (send-out of blood samples on November 22, 2021 (day 0)).

RESULTS

100% of the Belgian laboratories received the samples on day 1 or 2. 46 laboratories (88%) received the samples on day 1 and six (12%) received them on day 2.

75% (n=39) of the Belgian laboratories performed the analyses on day 1, 15% (n=8) on day 2 and 10% (n=5) on day 3.

Since the samples are fresh and not stabilised, it is extremely important to perform sample testing as soon as possible upon receipt.

Statistics for the evaluation are solely based on the results of the Belgian clinical laboratories (n=52). Statistics for the evaluation of the WBC count, the percentage of lymphocytes by haematology analyser as well as the absolute counts for the different lymphocyte subsets are solely based on the results of the Belgian clinical laboratories that performed the analyses on day 1 or 2 (n=47).

The following table shows the medians and coefficients of variation obtained by the Belgian clinical laboratories for the samples FC/18731 and FC/18732:

FC/18731	Median	SD	CV,%	Ν
WBC 10E9/L	10.70	0.40	3.7	45
Lympho% haematology analyser	15.7	0.7	4.7	46
Lympho% flow cytometer	15.4	1.4	9.1	45
CD3 %	62.2	2.5	4.0	52
CD3 10E9/L	1.046	0.097	9.2	47
CD4 %	39.4	1.9	4.9	52
CD4 10E9/L	0.660	0.070	10.5	47
CD8 %	20.1	1.0	5.2	52
CD8 10E9/L	0.340	0.038	11.3	47
CD19 %	11.1	1.0	8.7	52
CD19 10E9/L	0.183	0.021	11.3	47
NKcells %	24.8	2.4	9.5	52
NKcells 10E9/L	0.410	0.048	11.6	47
Kappa % B lymphocytes	63.8	2.8	4.3	44
Lambda % B lymphocytes	36.0	2.8	7.8	44
Kappa/lambda	1.78	0.20	11.2	44
Sum K+L % B lymphocytes	99.8	0.6	0.6	44
Lymphosum %	98.2	1.9	2.0	52

FC/18732	Median	SD	CV,%	Ν
WBC 10E9/L	7.36	0.23	3.1	46
Lympho% haematology analyser	41.7	1.0	2.3	46
Lympho% flow cytometer	40.3	2.8	6.9	45
CD3 %	78.8	2.2	2.8	52
CD3 10E9/L	2.402	0.134	5.6	47
CD4 %	68.0	2.1	3.2	52
CD4 10E9/L	2.055	0.121	5.9	47
CD8 %	10.3	0.9	8.6	52
CD8 10E9/L	0.318	0.026	8.1	47
CD19 %	15.5	1.5	9.5	52
CD19 10E9/L	0.470	0.067	14.2	47
NKcells %	4.4	0.7	16.8	52
NKcells 10E9/L	0.132	0.024	18.2	47
Kappa % B lymphocytes	28.0	4.4	15.9	43
Lambda % B lymphocytes	69.8	9.3	13.3	43
Kappa/lambda	0.41	0.18	43.3	43
Sum K+L % B lymphocytes	99.7	1.3	1.3	43
Lymphosum %	99.3	1.0	1.0	52

The inter-laboratory variability of the B-cells in the patient (FC/18732) was roughly similar to that of the healthy donor (FC/18731). This is particularly true for the percentage of CD19+ cells (CV = 9.5% in FC/18732 vs 8.7% in FC/18731). The distribution of the results follows a usual dispersion with only one peak. It can be deduced that the results were reported in a homogeneous way. The results for the light chains kappa and lambda, on the other hand, show a higher variability than those of the donor, as well as in comparison with previous surveys.

For sample FC/18732, 21 laboratories (40%) reported the detection of a monoclonal B-cell population. This population was estimated at 251 cells/ μ L (M=251 cells/ μ L, CV= 12.4%, n=7) or 56.6% (M=56.6%, CV=7.2%, n=7) of the B-cells.

Among the laboratories, 11 referred to a chronic lymphocytic leukaemia (CLL) type monoclonal B-cell lymphocytosis (MBL).

Below are the detailed comments of all the laboratories.

	Comment
1	Monoclonal B-cells expressing Lambda light chains: 251/µL. This population shows
	weaker expression compared to the normal Lambda B-cells.
2	Small monoclonal B-cell population with the phenotype CD19+/ CD20 weak+/CD5+
	/Lambda weak. This population is approximately 3.3% of the WBC.
3	Very weak Ig expression in the pathological population in the sample FC/18732.
4	Clonal lymphocytes: very weak expression of the light chains (appear negative) CD5+
	CD20 weak: probable <i>CLL</i>
5	Within the B population, 26% of the cells are polyclonal and 72% are Ig negative.
	Intracytoplasmic labeling is recommended.
6	Monoclonal population: Lambda weak CD19+ CD20dim CD5+ CD23+ CD10- CD200+
	Fmc7- CD79b- (Catovsky-score 5/5) accounting for 55% of the B-cells (250 cells/µL).
	Consistent with a <i>CLL type MBL</i> .
7	Low-count MBL of CLL phenotype accounting for 52% of B-cells (272 cells/µL).
8	Monoclonal population: CD19+ CD5+ CD10- CD20+dim CD22+dim CD38- and
	monoclonal Lambda accounting for 61% of the B-cells.
9	MBL CD5+ CD20 weak Lambda weak (502/μL)
10	We found 2 B-cell populations, one CD5+ and the other CD5-
11	B-cell clone with the phenotype CD45+weak CD19+ CD20 weak+ CD5+ CD38-
	Lambda weak. <i>MBL</i> at 228/µI. Consistent with a <i>CLL</i> phenotype. Matutes score to be
	considered.
12	Slight increase in the CD4/CD8 ratio. 2 distinct B-cell populations:
	a) 55% of B-cells with the phenotype CD19+ CD20 weak+ CD5+ CD10- monocional
	Kappa (Kappa: 98%, Lambda: 2%, decreased fluorescence) consistent with a
	IOW-COUNT INBL TYPE B-CLL. To be contronted with the clinical presentation.
10	b) 45% of B-cells without evidence of monocionality (Kappa: 64.5%, Lambda: 35.5%).
13	B-cell population with the phenotype CD20+, CD5+ and not expressing surface
1.1	MPL type CLL.
14	Monoclonal R call nonulation with the immunonhonetyne of a CLL (Matutes score E/E)
15	monocional B-cell population with the initial ophenolype of a CLL (matules score 5/5)
16	Menadonal P cell population with the phonetype CD10+ CD5+ Lambda weak
10	Molignent P. cell population with the phenotype CD19+ CD5+ Lambda weak.
17	every second by the second contract of the second s
	represents 60% of total B colls or 200 colls/ul. These results are highly suggestive of
	a "Low count CLL type MPL" Evaluation of the Matutes score on this population is
	a Low-count CLL-type MDL . Evaluation of the matules score on this population is
	interpreted in regard to the clinical presentation of the patient (absence of "B
	symptoms"?)
18	Lymphoma population CD19+ CD5+ with negative expression of Kappa and Lambda
10	We can't interpret the Kappa/Lambda ratio
19	R-cell clone at 215 cells/ul (8 1% of the lymphocytes) with the phenotype CD19+
10	CD5+ CD10- CD20 weak+ Lambda weak.
20	Clonal weak lambda B-cell population with the phenotype: CD20 dim/CD5+/CD38-
	Immunophenotype suggestive for <i>Iow-count MBL</i> .
21	Presence of a CD19+ CD5+ population (+/- 9.2%). Increase in the CD4/CD8 ratio.
	This increase is often observed in autoimmune disorders.
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Comment

Among the 31 laboratories that gave no indication of the presence of an abnormal population, 77% (n=24) analysed the light chain expression, but only two assessed CD5 expression.

Among the 24 laboratories that analysed the light chain expression, 20 (83%) used polyclonal antibodies.

Only 40% of the laboratories reported the detection of a monoclonal B-cell population. The presence of a population with the phenotype CD19+ CD45 weak should however always be reported to the clinician and additional markers should be proposed, in this case CD5.

This sample contains a monoclonal B-cell population with the phenotype CD19+ CD5+ CD20 weak CD45 weak. This educational case serves to remind that any abnormal population should be mentioned to the clinician.

Eight laboratories found a kappa/lambda ratio > 1, but the median of the results was 0.41. These laboratories used different methods and kits from different manufacturers. Two of these laboratories explained this result by the fact that this ratio is of the polyclonal B-cells. The monoclonal B-population was found to be double negative (kappa-lambda-) by these two laboratories. Two other participants redid the gating and found a ratio of around 0.5. For two other laboratories, it was an inversion of the results when encoding the results in the Toolkit.





















































For technical validation purposes it is worth noting that in non-pathological peripheral blood of adults the sum of kappa and lambda (expressed as a % of CD19+ B-cells) should be between 90 and 110. The lymphosum (sum of CD3⁺% plus CD19⁺% plus CD3⁻CD16⁺ and/or CD56⁺%) should equal the purity of the lymphocytes in the gate \pm 5%, with a maximum variability of \leq 10%.

