

## Dextramer® CMV Kit

Cat. No. CX02

### Intended Use

Dextramer® CMV Kit is a semi-quantitative assay intended for the identification and enumeration of cytomegalovirus (CMV)-specific CD8<sup>+</sup> T cells in anticoagulated (Na Heparin) whole blood specimens by flow cytometry.

Dextramer® CMV Kit is indicated for assessment of CMV-specific immune status and risk of CMV reactivation in adult human stem cell transplant patients following immunosuppression and used in conjunction with other laboratory and clinical findings.

The kit cannot be used to measure CMV infection or disease.

The kit is limited to individuals with the following HLA types: A\*0101, A\*0201, B\*0702, B\*0801, B\*3501.

Special instrument requirements:

FACSCanto II flow cytometer (Becton Dickinson).

### Summary and Explanation

Cytomegalovirus (CMV) is a herpes virus that infects 50-85% of the adult population and remains latent in healthy individuals through control by the presence of CMV-specific T cells. CMV-specific CD8<sup>+</sup> T cells play a critical role in suppressing CMV reactivation. In healthy individuals an equilibrium is achieved where CMV-specific T cells control the persisting virus. When T cell function is impaired and equilibrium is not established, viral reactivation and clinical disease may develop.

Reactivation of CMV is a frequently occurring complication of immunosuppression in transplant patients and can significantly contribute to morbidity and mortality if the virus is not controlled.

CMV reactivation may be controlled by preemptive antiviral therapy, but this is often hampered by side-effects, renal toxicity and drug-resistant strains.

Several studies have demonstrated an increased risk of CMV viremia or disease in patients with low levels of specific T cell immunity, and likewise, the development of T cell immunity has been shown to be associated with decreased risk of CMV viremia and disease after transplantation<sup>1-4, 8</sup>

Enumeration of CMV-specific CD8<sup>+</sup> T cells provide information about the status of the CMV-specific immune response and can predict patients in high risk of developing CMV disease<sup>1-3</sup>

Detection of CMV-specific CD8<sup>+</sup> T cells requires recognition of the T-cell receptor (TCR) by a unique combination of a MHC class I molecule coupled with a CMV-specific peptide. CMV-specific TCR's on the surface of CD8<sup>+</sup> T cells are recognized by CMV Dextramers. CMV Dextramers comprise dextran polymer backbone carrying multiple MHC-peptide complexes and fluorochrome molecules (PE). Together with fluorescent-labeled anti-CD3 and anti-CD8 antibodies CMV Dextramers are used for detection and enumeration of CMV-specific CD3<sup>+</sup>CD8<sup>+</sup>T cells by flow cytometry<sup>9</sup>.

T cell immune response to CMV varies between individuals, is dependent on HLA-type, and is influenced by HLA composition. CMV-specific cellular immune responses restricted by some alleles dominate those restricted by others<sup>6</sup>. It is therefore important to measure CMV-specific immune responses restricted by as many HLA alleles as possible in a given individual.

The Dextramer® CMV Kit comprises 5 different CMV Dextramers representing 5 different alleles.

## Principle of Procedure

The CMV Dextramers accurately detect and quantify CMV-specific T cells in blood samples. This involves a two-step procedure:

- Step 1: Determination of the percentage of CMV-specific CD3<sup>+</sup>CD8<sup>+</sup> T cells in the sample (Tube A)
- Step 2: Determination of the absolute number of CD3<sup>+</sup>CD8<sup>+</sup> T-cells in the sample (Tube C)

The absolute number of CMV-specific CD3<sup>+</sup>CD8<sup>+</sup> T cells/μl can then be calculated (see Calculation of Results below).

## Reagents

### Materials provided

The Dextramer® CMV Kit comprises the following reagents:

#### CMV Dextramer reagents

HLA-A*0101 / VTEHDTLLY / PE	25 tests/0.25 ml	Cat. No. CA2131-PE
HLA-A*0201 / NLVPMVATV / PE	50 tests/0.50 ml	Cat. No. CB2132-PE
HLA-B*0702 / TPRVTGGGAM / PE	25 tests/0.25 ml	Cat. No. CH2136-PE
HLA-B*0801 / ELRRKMMYM / PE	25 tests/0.25 ml	Cat. No. CI2137-PE
HLA-B*3501 / IPSINVHHY / PE	25 tests/0.25 ml	Cat. No. CK2138-PE
Negative control / PE	100 tests/1.00 ml	Cat. No. CI3233-PE

#### Antibodies

Anti-CD8/FITC	3 ml	Cat. No. A-CD8-FITC
Anti-CD3/PerCP	3 ml	Cat. No. A-CD3-PerCP
Anti-CD4/PE	2 ml	Cat. No. A-CD4-PE

### Materials required but not provided

Flow tube, 12 x 75 mm, disposable tubes recommended for flow cytometry  
Trucount tubes (BD Cat. No. 340334)  
FACS Lysing Solution (10X) (BD, Cat. No. 349202)  
PBS (e.g. 137 mM NaCl, 2.7 mM KCl, 4.3 mM Na<sub>2</sub>HPO<sub>4</sub>, 1.47 mM KH<sub>2</sub>PO<sub>4</sub>; pH = 7.4)  
Fixing solution (e.g. 2% Methanol free formalin in PBS)  
Commercial CD3/CD4/CD8 cell control with established values for percent positive and absolute counts

Centrifuge capable of 400 x g  
Pipette

### Storage and Preparation of Kit Components

Always keep CMV Dextramers stored at 2-8°C in the dark – the brown plastic vial does not protect the reagent sufficiently against light.

### Precautions

For *in vitro* diagnostic use.

For professional users.

Caution: Federal law restricts this device to sale by or on the order of a physician.

Specimens, before and after preparation, and all materials exposed to them, should be handled as if capable of transmitting infection and should be disposed of with proper precautions<sup>7</sup>.

CMV Dextramers contain sodium azide (NaN<sub>3</sub>), a chemical highly toxic in pure form. At product concentrations, though not classified as hazardous, sodium azide may react with lead and copper plumbing to form highly explosive build-ups of metal azides. Upon disposal, flush with large volumes of water to prevent metal azide build-up in plumbing.

All materials should be disposed of according to your institution's guidelines for hospital waste disposal.

### Specimen Collection and Preparation

Collect blood by venipuncture into a blood collection tube containing an appropriate anti-coagulant (Na Heparin). Collected blood should be stored upright at room temperature and analyzed within 48 hours.

#### FACS Lysing Solution:

Dilute the FACS Lysing Solution (10X concentrate) 1:10 with room temperature (20° to 25°C), deionized water. Store prepared solution as recommended by the manufacture.

## Test Procedure

### Assay Procedure

Select a CMV Dextramer matching the HLA-type of the patient. If multiple CMV Dextramer reagents are applicable, select all and make analysis for each allele.

#### Tube A + B (Assessment of % CMV-specific T cells):

1. Pipette 200 µl anti-coagulated whole blood in a 12 x 75 mm flow tube.
2. Add 10 µl appropriate CMV Dextramer to Tube A and 10 µl Negative control / PE to Tube B, mix and incubate for 10 min. at room temperature in the dark. If a blood sample is analyzed by more than one CMV Dextramer, prepare separate Tube A for each CMV Dextramer.
3. Add 10 µl anti-CD8/FITC and 10 µl anti-CD3/PerCP to both Tube A and Tube B, mix.
4. Incubate for 30 min. on ice in the dark.
5. Add 2 mL of 1x FACS Lysing Solution. Vortex gently and incubate for 10 min. in the dark at room temperature.
6. Centrifuge 400 x g for 5 min., pour off supernatant and resuspend cell pellet in 2 ml PBS.
7. Centrifuge 400 x g for 5 min., pour off supernatant and resuspend cell pellet in 300-400 µl Fixing solution.
8. Store samples at 2-8°C in the dark until analysis on flow cytometer (samples can be run up to 24 hours after lysis).
9. Acquire 25.000 dual CD3<sup>+</sup> and CD8<sup>+</sup> events.

#### Tube C (Assessment of absolute count of CD3<sup>+</sup>CD8<sup>+</sup> cells):

1. Add 100 µl anti-coagulated whole blood in a Trucount Tube.
2. Add 10 µl anti-CD8/FITC, 10 µl anti-CD4/PE and 10 µl anti-CD3/PerCP and mix.
3. Incubate for 30 min. at 2-8°C in the dark.
4. Add 1 mL of 1x FACS Lysing Solution. Vortex gently and incubate for 10 min. in the dark at room temperature.
5. Store samples at 2-8°C in the dark until analysis on flow cytometer (samples can be analyzed up to 24 hours after lysis).
6. Acquire 10.000 bead events, using a threshold set on CD3<sup>+</sup> cells.

**Quality Control**

Flow cytometer: Follow manufacturer recommendations for flow cytometer instrument set-up and instrument quality assurance for three-color immunophenotyping<sup>5</sup>.

Method: Use commercial whole blood controls providing established values for percent CD4<sup>+</sup> and CD8<sup>+</sup> cells with each run to assess system performance. The control cells should be stained as described for Tube C. The values of the two subsets must fall within the expected range stated by the provider.

Control between tubes: CD8<sup>+</sup> results expressed as a percentage of CD3<sup>+</sup> should be  $\leq 5\%$  between Tube A and Tube C.

Background: Tube B is used to evaluate background. The percentage of Dextramer-specific T cells should be  $<0.2\%$  of CD8<sup>+</sup> T cells.

**Procedural Notes**

The addition of a precise volume of blood is critical to achieve reliable results. Use electronic pipettes that operate in the reverse pipetting mode or perform the reverse pipetting technique using manual pipettes.

## Acquisition protocols

Before acquiring samples adjust the threshold to include cell and bead populations of interest and minimize debris. Use same instrument settings for Tube A, B and C.

Make protocols that allow the following dot plot figures to be made:

### Tube A + B (Assessment of % CMV-specific T cells):

- A) FS vs. SS: Ensure lymphocyte population is visible. Draw exclusion gate on low scatter debris (region P1)
- B) Anti-CD3 vs. SS: exclude region P1, draw gate around CD3<sup>+</sup> cells (region P2)
- C) FS vs. SS: exclude region P1, include region P2, draw gate on lymphocytes (region P3)
- D) Anti-CD3 vs. anti-CD8: exclude region P1, include region P2 + P3, draw gate on CD8<sup>+</sup> cells (region P4)
- E) CMV Dextramer vs. anti-CD8: exclude region P1, include region P2 + P3 + P4, draw gate around CMV<sup>+</sup> cells (region P5)

Acquire 25,000 CD3<sup>+</sup>CD8<sup>+</sup> events in region P4.

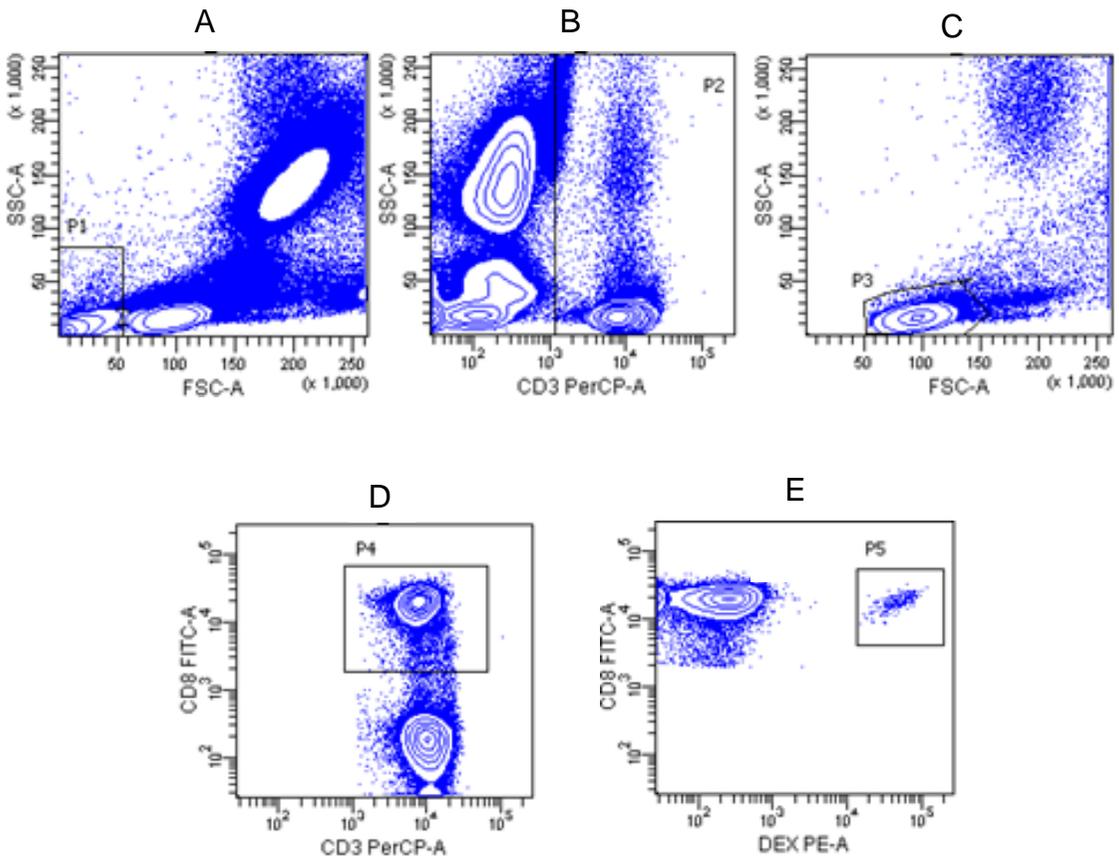


Figure 1. Dot plots tube A and B. Illustrative example from FACSCanto II using Diva software

Tube C (Assessment of absolute count of CD3<sup>+</sup>CD8<sup>+</sup> cells):

- F) Anti-CD3 vs. SS: Set a threshold excluding CD3 negative events. Ensure whole population of both beads and lymphocytes are visible in included area. Draw gate on CD3<sup>+</sup> cells (region P6)
- G) FS vs. SS: include region P6, draw gate on lymphocytes (region P7)
- H) Anti-CD3 vs. anti-CD8: include region P6 + P7, draw gate on CD8<sup>+</sup> cells (region P8)
- I) Anti-CD4 vs. anti-CD8: Ungated, draw gate on bead events (region P9).

Acquire 10,000 bead events in region P9.

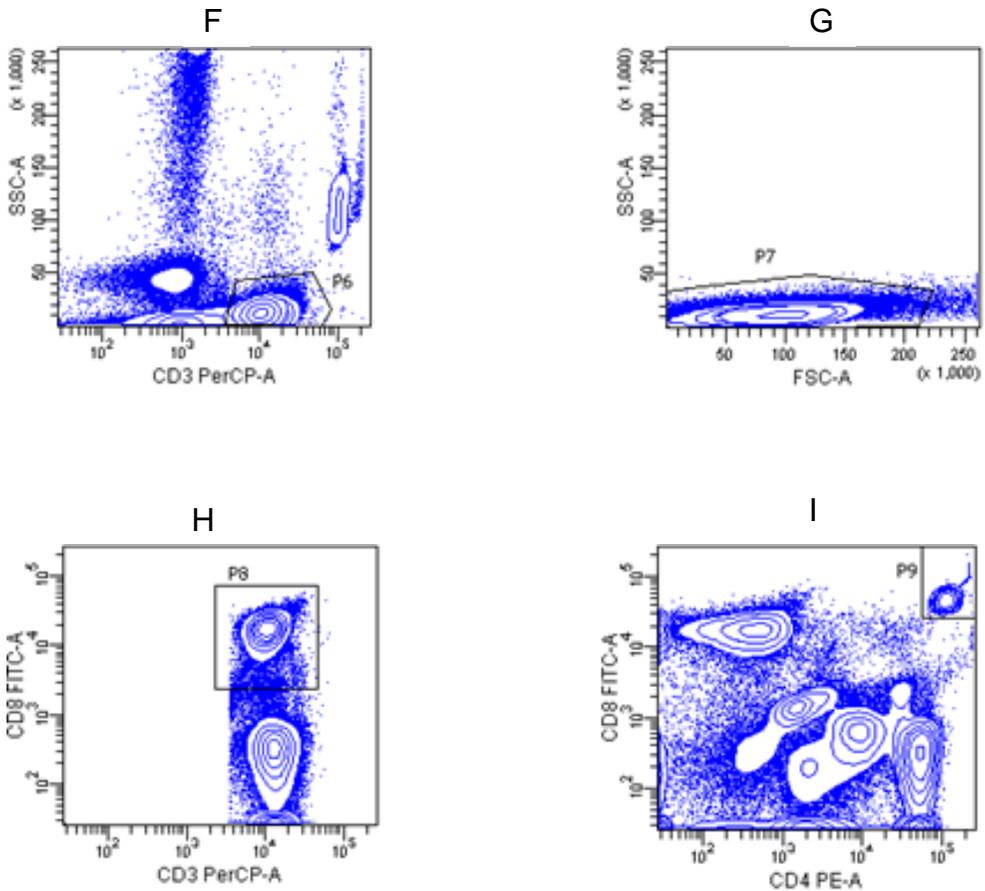


Figure 2. Dot plots tube C. Illustrative example from FACSCanto II using Diva software

## Calculation of Results

Determine the following values:

Value	Tube	Region	Purpose
# CD3 <sup>+</sup> CD8 <sup>+</sup>	C	P8, plot H	Calculation of absolute count of CD3 <sup>+</sup> CD8 <sup>+</sup> cells/ $\mu$ l blood
# Bead events	C	P9, plot I	Calculation of absolute count of CD3 <sup>+</sup> CD8 <sup>+</sup> cells/ $\mu$ l blood
%CD3 <sup>+</sup> CD8 <sup>+</sup>	C	P8, plot H	Reproducibility check between Tube C and Tube A
%CD3 <sup>+</sup> CD8 <sup>+</sup>	A	P4, plot D	Reproducibility check between Tube C and Tube A
%CD3 <sup>+</sup> CD8 <sup>+</sup> CMV <sup>+</sup>	A	P5, plot E	Calculation of absolute count of CD3 <sup>+</sup> CD8 <sup>+</sup> CMV <sup>+</sup> cells/ $\mu$ l
%CD3 <sup>+</sup> CD8 <sup>+</sup> CMV <sup>+</sup>	B	P5, plot E	Determination of background staining

- 1) Determine percentage of CMV-specific CD3<sup>+</sup>CD8<sup>+</sup> T cells in Tube A:

% CMV Dextramer positive events in region P5

- 2) Calculate absolute counts of CD3<sup>+</sup>CD8<sup>+</sup> T cells in Tube C. Use the equation:

$$\text{Absolute count CD3}^+\text{CD8}^+ \text{ cells} = \frac{\text{CD3}^+\text{CD8}^+\text{events (region P8)}}{\text{bead events (region P9)}} \times \frac{\text{bead events per test}}{\text{whole blood volumen tested } (\mu\text{l})}$$

- 3) Calculate absolute number of CMV-specific T cells in blood using the equation:

$$\text{Absolute count CMV}^+ \text{ T cells} = \frac{(\text{absolute count CD3}^+\text{CD8}^+\text{cells (step 2)}) \times (\% \text{ CMV Dex}^+\text{T cells (step 1)})}{100}$$

## Interpretation of Results

Results are reported as the number of CMV-specific CD8<sup>+</sup> T cells/ $\mu$ l blood (absolute count).

CMV-specific CD8<sup>+</sup> T cell counts should be measured pre-transplant and sequentially post-transplant starting Day 30 and interpreted in conjunction with other clinical and laboratory information, such as CMV viral load or CMV antigenemia measurements in order to evaluate CMV immune status and risk of CMV reactivation.

Patients with prior CMV viremia that develop CMV-specific CD8<sup>+</sup> T cell count  $\geq 7$  cells/ $\mu$ l by Day 100 as measured by Dextramer® CMV Kit are at lower risk for recurrence of CMV viremia between Days 100 -365 post-transplant relative to patients with  $< 7$  cells/ $\mu$ l. (see Clinical studies below.)

## Limitations

The use of the Dextramer® CMV Kit is limited to individuals with at least one of the following HLA types: A\*0101, A\*0201, B\*0702, B\*0801, B\*3501. It cannot be used for individuals with HLA-type different from those.

Patients being treated with antithymocyte globulin (ATG) may experience delayed immune recovery (8).

The Dextramer® CMV Kit does not measure CMV infection or disease.

Individual CMV Dextramers can only be used on samples with matching HLA-types.

Predictive absolute counts may vary in different patient populations and can be affected by treatment types and schedules. Therefore it is recommended that laboratories evaluate their optimal predictive cut off.

## Performance Characteristics

### Non-clinical studies

#### *Analytical sensitivity*

The functional assay sensitivity is 1 cells/ $\mu$ l as determined by the lowest concentration of cells (cells/ $\mu$ l) that can be determined with a CV% below 20%.

#### *Analytical specificity*

100% (35/35) routine blood specimens from CMV seronegative stem cell transplant recipients showed 0.00 – 0.06 cells/ $\mu$ l and thus below the functional assay sensitivity of 1 cell/ $\mu$ l

#### *Inter-lab reproducibility*

The inter-lab reproducibility CV ranged between 6% and 18%.

*Intra-lab reproducibility*

The intra-lab reproducibility CV ranged between 5% and 14%.

*Linearity*

The Dextramer CMV assay showed linearity in the range of 1-107 CMV-specific T cells/ $\mu$ l with a slope ranging between 0.98-1.08.

*Interference*

There was no significant interference from the tested cell populations equivalent to 2x normal level for monocytes, equivalent to 3x normal level for granulocytes, equivalent to 3x normal level for platelets, and equivalent to 2x normal level for red blood cells.

*Cross-reaction*

No significant cross-reaction with allele mismatching CMV Dextramer reagents was observed. All results from analysis of 4 blood samples with CMV-specific T cells with HLA mis-matched CMV Dextramer were within 0.00 – 0.11 cells/ $\mu$ l and thus below the functional assay sensitivity of 1 cell/ $\mu$ l.

Clinical Studies

One hundred twenty allogeneic patients post-SCT were followed for up to one year for recurrence of CMV infection and determination of numbers of CMV-specific CD8+ T cells using the Dextramer CMV Kit. Dextramer analysis were performed pre-transplant at day 30, 100 and 360 and included the alleles HLA-A\*0101, A\*0201, B\*0702, B\*0801 and B\*3501. The Dextramer CMV Kit measurement giving highest absolute counts at each timepoint for each patient was used in analysis and evaluation.

Of the 120 original patients, 68 patients were CMV seropositive (recipient and/or donor) prior to transplantation. 34 of these 68 patients had evidence of CMV reactivation through day 100 post transplant; 5 of these patients did not have Dextramer® CMV Kit measurements at Day 100 and were excluded from analysis, leaving 29 patients in the analysis population.

Results for Dextramer® CMV Kit testing of the 29 subjects with CMV reactivation between Days 0 -100 are shown in the table below. In summary, the relative risk in developing antigenemia is 3.4 (95% CI: 1.57 – 7.46) for patients with < 7 cells/ $\mu$ L CMV-specific CD8+ T cells determined by the Dextramer CMV kit, as compared to patients with  $\geq$  7 cells/ $\mu$ L CMV-specific CD8+ T cells.

Day 100	Development of antigenemia (post Day 100)		Total
	Yes	No	
<7 cells/ $\mu$ l	9	1	10
$\geq$ 7 cells/ $\mu$ l	5	14	19
Total	14	15	29
Risk	3.4 (95% CI: 1.57 – 7.46)		

## Troubleshooting

If unexpected results are observed which cannot be explained by variations in laboratory procedures and a problem with the product is suspected, contact our customer service

## Bibliography

1. Cwynarski K, Ainsworth J, Cobbold M, Wagner S, Mahendra P, Apperley J, et al. Direct visualization of cytomegalovirus-specific T-cell reconstitution after allogeneic stem cell transplantation. *Blood*. 2001;97(5):1232-40.
2. Gratama JW, Boeckh M, Nakamura R, Cornelissen JJ, Brooimans RA, Zaia JA, et al. Immune monitoring with iTag MHC Tetramers for prediction of recurrent or persistent cytomegalovirus infection or disease in allogeneic hematopoietic stem cell transplant recipients: a prospective multicenter study. *Blood*. 2010;116(10):1655-62.
3. Gratama JW, van Esser JW, Lamers CH, Tournay C, Lowenberg B, Bolhuis RL, et al. Tetramer-based quantification of cytomegalovirus (CMV)-specific CD8+ T lymphocytes in T-cell-depleted stem cell grafts and after transplantation may identify patients at risk for progressive CMV infection. *Blood*. 2001;98(5):1358-64.
4. Kotton CN, Kumar D, Caliendo AM, Åsberg A, Chou S, Snyderman DR, et al. International Consensus Guidelines on the Management of Cytomegalovirus in Solid Organ Transplantation. *Transplantation* 2010;89: 779-95.
5. Clinical Applications of Flow Cytometry: Quality Assurance and Immunophenotyping of Peripheral Blood Lymphocytes; Tentative Guideline. Villanova, PA: National Committee for Clinical Laboratory Standards; 1992. NCCLS document H42-T
6. Lacey SF, Villacres MC, La Rosa C, Wang Z, Longmate J, Martinez J, Brewer JC, Mekhoubad S, Maas R, Leedom JM, Forman SJ, Zaia JA, Diamond DJ. Relative dominance of HLA-B\*07 restricted CD8+ T-lymphocyte immune responses to human cytomegalovirus pp65 in persons sharing HLA-A\*02 and HLA-B\*07 alleles. *Hum Immunol*. 2003 Apr; 64(4):440-52.
7. Protection of Laboratory Workers from Infectious Disease Transmitted by Blood, Body Fluids and Tissue: Tentative guideline. Villanova, PA: National Committee for Clinical Laboratory Standards; 1991. NCCLS document M29-T2
8. Kato R, Tamaki H, Ikegame K, Yoshihara S, Kaida K, Taniguchi K, Inoue T, Ishii S, Nakata J, Fujioka T, Eguchi R, Soma T, Okada M, Ogawa H. Early detection of cytomegalovirus-specific cytotoxic T lymphocytes against cytomegalovirus antigenemia in human leukocyte antigen haploidentical hematopoietic stem cell transplantation. *Ann Hematol*. 2015 Oct;94(10).
9. Tario JD Jr, Chen GL, Hahn TE, Pan D, Furlage RL, Zhang Y, Brix L, Halgreen C, Jacobsen K, McCarthy PL, Wallace PK. Dextramer reagents are effective tools for quantifying CMV antigen-specific T cells from peripheral blood samples. *Cytometry B Clin Cytom*. 2015 Jan;88(1):6-20.

## Technical Advice and Customer Service

For all inquiries, please contact Immudex

Manufacturer:

**Immudex ApS**

Fruebjergvej 3  
DK-2100 Copenhagen  
Denmark

Phone: +45 3917 9768

E-mail: [customer@immudex.com](mailto:customer@immudex.com)

USA office:

**Immudex USA, LLC**

4031 University Drive  
Suite 200  
Fairfax, Virginia 2203

Phone: + 1 (703) 766 4688

Email: [customer@immudex.com](mailto:customer@immudex.com)