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A novel predictive model for CD34+ stem cell yield in autologous stem cell collections

J. WOLF<sup>1</sup>, C. MACDONALD-WALLIS<sup>1</sup>, K. PRETTY<sup>1</sup>, E. ALLEN<sup>1</sup>, O. PIRRET<sup>1</sup>, J. GRIFFIN<sup>1</sup>, M. KARAKANTZA<sup>2</sup>

1 NHS Blood and Transplant, Bristol, UK 2 NHS Blood and Transplant, Leeds, UK



# INTRODUCTION

Haematopoietic progenitor cells collected by apheresis (HPC-A) are the most common cell source for haematopoietic stem cell

## RESULTS

The final multivariable logistic regression model includes the following variables:

transplantation (HSCT).<sup>1</sup> HPC-A are characterised by surface expression of CD34, enumeration of which determines stem cell collection yield. Accurate prediction of CD34+ yield improves efficiency of stem cell collections, optimises use of healthcare resources and enhances donor safety. Current CD34+ yield predictive models rely on the benchmark collection efficiency (CE) of apheresis systems used.<sup>2-4</sup> However, recent real-life data analysis of 1218 autologous collections at NHS Blood and Transplant (NHSBT) sites demonstrated variable CE between individual procedures, which reduces the utility of current predictive calculations.

# AIM

To develop and validate a novel statistical model, not reliant on CE, for the prediction of a target CD34+ yield of  $\geq 3x10^6$ /kg and to use this model to determine the required total blood volume (TBV) to be processed during apheresis procedures.

# METHOD

We used prospectively collected data for autologous collections from the NHSBT Stem Cell Collection Registry between 2016 and 2019. All collections were performed on Spectra Optia devices (Terumo®) using the MNC programme. Patients proceed to collection at a PB CD34+ count of >10x10<sup>9</sup>/µL with target CD34+ yield  $\geq$  3x10<sup>6</sup>/kg for single autologous HSCT. A total of 2.5 blood volumes are processed as standard.

1. Pre-collection CD34+ count – the strongest predictor of whether target yield is reached or not (p<0.0001)

E.g. with pre-collection CD34+ count of  $20x10^{3}/\mu$ L, the predicted probability of reaching the target yield is ≤0.1 regardless of TBV processed, while for a high pre-collection CD34+ count of 100x10<sup>3</sup>/µL, even a small TBV processed of 5L results in a probability of around 0.7 of achieving the target yield.

## 2. Total blood volume (TBV) processed

strong positive association (p<0.0001)</li>

E.g. the odds ratio (95% confidence interval) of reaching the target yield for a TBV processed of 9L compared with 12L (all other variables in the fully adjusted model being equal) is 0.26 (0.13, 0.51).

 $\rightarrow$  there is a 74.0% decrease in the odds of reaching the target yield for 9L compared with 12L of blood processed for an otherwise equal patient.

**3. Weight** – strong negative association (p<0.0001)





### Adjusted odds ratios for reaching the target yield by TBV processed compared with a reference value of 12 litres\*



Model development:

A multivariable logistic regression analysis with stepwise variable selection was performed on clinical and laboratory parameters of the first HPC-A procedure of the first mobilisation of 1211 patients.

### Model validation:

The model was subsequently validated with data from the first HPC-A procedure of the first mobilisation of 462 patients.

To our knowledge, this is the largest dataset used for predictive model development in the setting of autologous HSCT to date.

# DEMOGRAPHICS

Patient characteristics at the first HPC-A procedure used in the model development dataset Complete case set (N=1211) **Collection CD34 (x10<sup>6</sup> per kg)** 3.22 (1.52, 6.72) Median (IQR) No (%) **Target reached** 575 (47.5) Yes (%) 636 (52.5) **TBV processed (L)** 11.62 (2.52) Mean (SD)

E.g. 1kg increase in weight (for two otherwise similar patients) is associated with a 4.5% reduction in the odds of reaching the target yield.

## **4. Diagnosis group** – weak association (p=0.02)

Strongest difference between "multiple myeloma" and "other" with a patient in the "other" group having 5.1 (95% CI: 1.8, 14.2) times the odds of reaching the target yield compared with an otherwise similar patient in the "multiple myeloma" group.

But: "other" includes non-haematological & benign conditions and is the second smallest group in the dataset.

- **5.** Sex weak association (p=0.09)
- 6. Age weak association (p=0.09)

### **Our model demonstrates 94% specificity**

The area under the ROC curve for the fully adjusted model was 0.975 which indicates strong ability by the model to discriminate between patients who reach the target CD34+ yield and those who do not. When fitted to the validation dataset, the final multivariable model had an area under the ROC curve of 0.942, again demonstrating strong predictive ability.

### TBV processed (L) Odds ratio – – – 95% confidence interval

### obability of reaching the target yield by TBV processed for different weight groups<sup>\*</sup>



Model is adjusted for patient's age, sex, weight, diagnosis and the logarithm of pre-collection CD34.

ROC curve for fully adjusted logistic regression model showing optimal cut-off point using the Youden index criterion in the model development dataset



Sex	Male (%)	747 (61.7)
	Female (%)	464 (38.3)
Age (years)		60.23 (50.97, 66.30)
Median (IQR)		
Weight (kg)		80.71 (17.74)
Mean (SD)		
Diagnosis group	Hodgkin's Lymphoma (%)	88 (7.3)
	Multiple Myeloma (%)	743 (61.4)
	Non-Hodgkin's Lymphoma	269 (22.2)
	/DLBCL/ Follicular Lymphoma	
	(%)	
	Solid Tumours (%)	34 (2.8)
	Other (%)	77 (6.4)
Pre-collection CD34 (x10 <sup>3</sup> /μL) – median (IQR)		42.00 (21.80, 93.00)

IQR = interquartile range; SD = standard deviation

# CONCLUSIONS

Our novel predictive model demonstrates strong ability to discriminate between patients who will have a successful first HPC-A collection and those who will not. To our knowledge our study analyses the largest dataset on autologous HSCT collections used to evaluate the predictive power of a number of parameters on CD34+ yield. It shows that other parameters in addition to peripheral blood CD34+ count and TBV, such as patient weight and diagnosis, have predictive value. Based on the model presented here, we are planning on developing a tool for our daily practice which we hope will allow us to tailor our procedures more effectively to our patients' characteristics.

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# **CONTACT INFORMATION**

Dr. Julia Wolf, NHS Blood and Transplant, Filton, Bristol, UK; Julia.wolf@nhsbt.nhs.uk