

## Multicenter validation of a reproducible flow cytometric score for the diagnosis of low-grade myelodysplastic syndromes: results of a European LeukemiaNET study

Matteo G. Della Porta,<sup>1</sup> Cristina Picone,<sup>1</sup> Cristiana Pascutto,<sup>1</sup> Luca Malcovati,<sup>1</sup> Hideto Tamura,<sup>2</sup> Hiroshi Handa,<sup>3</sup> Magdalena Czader,<sup>4</sup> Sylvie Freeman,<sup>5</sup> Paresch Vyas,<sup>6</sup> Anna Porwit,<sup>7</sup> Leonie Saft,<sup>7</sup> Theresia M. Westers,<sup>8</sup> Canan Alhan,<sup>8</sup> Claudia Cali,<sup>8</sup> Arjan A. van de Loosdrecht,<sup>8</sup> and Kiyoyuki Ogata<sup>2</sup>

<sup>1</sup>Department of Hematology/Oncology, University of Pavia & Fondazione IRCCS Policlinico San Matteo, Pavia, Italy; <sup>2</sup>Division of Hematology, Department of Medicine, Nippon Medical School, Tokyo, Japan; <sup>3</sup>School of Health Sciences, Gunma University School of Medicine, Gunma, Japan; <sup>4</sup>Department of Pathology and Laboratory Medicine, Indiana University School of Medicine, Indianapolis, USA; <sup>5</sup>Department of Haematology, University of Birmingham and University Hospital of Birmingham, UK; <sup>6</sup>MRC Molecular Haematology Unit and Department of Haematology, Weatherall Institute of Molecular Medicine, John Radcliffe Hospital, Oxford, UK; <sup>7</sup>Department of Pathology, Karolinska University Hospital and Institute, Stockholm, Sweden, and <sup>8</sup>Department of Hematology, VU University Medical Center, Amsterdam, The Netherlands

*Citation: Della Porta MG, Picone C, Pascutto C, Malcovati L, Tamura H, Handa H, Czader M, Freeman S, Vyas P, Porwit A, Saft L, Westers TM, Alhan C, Cali C, van de Loosdrecht AA, and Ogata K. Multicenter validation of a reproducible flow cytometric score for the diagnosis of low-grade myelodysplastic syndromes: results of a European LeukemiaNET study. Haematologica 2012;97(8):1209-1217. doi:10.3324/haematol.2011.048421*

### Online Supplementary Appendix

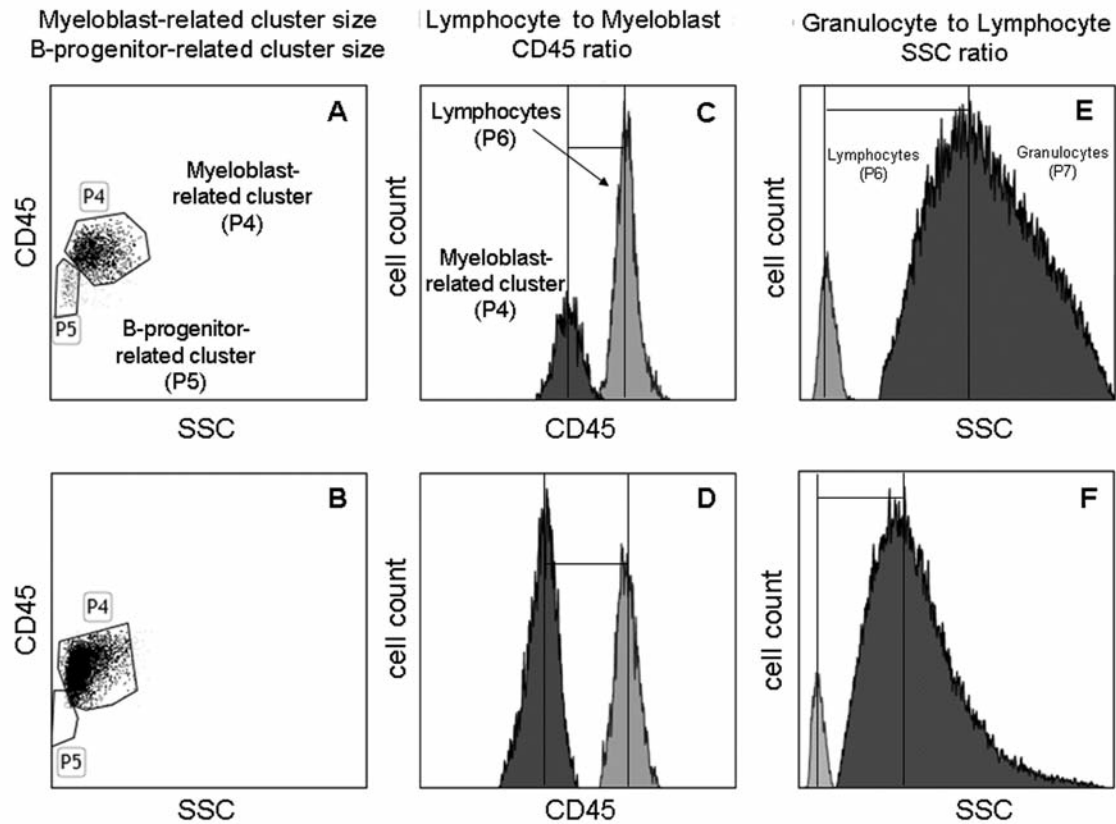
The reliability of the adopted gating strategy was verified in 30 patients enrolled in the study.

A significant correlation was found between the amount of “all nucleated cells” defined on the FSC-*versus*-SSC plot and that defined on both CD3/CD41b staining (in which “all nucleated cells” were defined as all cells with a size equal to or greater than that of lymphocytes, which are much larger than platelets) and a CD45/SSC plot (Spearman’s rank correlation  $r=0.82$ ,  $P<0.001$ , and  $r=0.87$ ,  $P<0.001$ , respectively).

A comparison between different methods for detecting CD34<sup>+</sup> B-progenitors and CD34<sup>+</sup> myeloblasts was also performed. A strong correlation was found between the percentage of CD34<sup>+</sup> B-cell progenitors detected on the basis of SSC and CD45 characteristics (B progenitor-related cluster size) and

both staining with CD34/CD10 and CD34/CD19 ( $r=0.87$  and  $r=0.89$ , respectively,  $P<0.001$ ). Compared with the method using the CD34<sup>+</sup>CD10<sup>+</sup> phenotype, the method using the CD34<sup>+</sup>CD19<sup>+</sup> phenotype detected fewer B-cell progenitors because some of these cells lacked CD19 expression, while the method using SSC and CD45 characteristics detected more B-cell progenitors.

A strong correlation was also found between the percentage of CD34<sup>+</sup> myeloblasts detected on the basis of SSC and CD45 characteristics (myeloblast-related cluster size) and staining with CD34/CD13/CD33 ( $r=.84$ ,  $P<0.001$ ). Compared with the method using the CD45 and SSC characteristics, the method using the CD34<sup>+</sup>CD13<sup>+</sup>CD33<sup>+</sup> phenotype detected fewer myeloblasts progenitors because some of these cells lacked CD13 and/or CD33<sup>+</sup> expression.



**Online Supplementary Figure S1.** Detection of marrow dysplasia by analysis of four cardinal parameters from a single sample of bone marrow cells stained with CD34 and CD45 antibodies. The gating strategy is shown in Figure 1. (A, C, E) Bone marrow from a representative subject with non-clonal cytopenia; (B, D, F) bone marrow from a representative MDS patient, showing an increased myeloblast-related cluster size (B), a decreased B progenitor-related cluster size (D), an increased lymphocyte to myeloblast CD45 ratio (D) and a reduced granulocyte to lymphocyte SSC ratio (F).