

# Introduction

CyTOF<sup>®</sup> technology, based on cytometry by time-of-flight, utilizes metal-tagged antibodies for single-cell detection by mass cytometry. A major advantage of mass cytometry is the ability to conduct comprehensive deep immune profiling studies using highly multiplexed panels comprising over 40 markers<sup>1</sup> without the signal spillover and compensation limitations of flow cytometry.

The Maxpar<sup>®</sup> Direct<sup>™</sup> Immune Profiling Assay<sup>™</sup> and Maxpar Pathsetter<sup>™</sup> software were developed as a sample-to-answer solution for human immune profiling using mass cytometry. The Maxpar Direct Immune Profiling Assay (PN 201325) utilizes a ready-to-use dry-format **30-antibody staining panel** for human whole blood and PBMC immunophenotyping by mass cytometry (Figure 1). Maxpar Pathsetter is automated software that reports population statistics, stain assessments, and relevant data plots. The software automatically resolves this core 30-marker panel into **37 immune cell populations** (Figure 2) with highly reproducible results<sup>2</sup>. This assay is ideal for use in longitudinal studies of immune response in the context of immune-mediated diseases and is already in use in COVID-19 research<sup>3-5</sup>. The Maxpar Direct Immune Profiling System was originally validated for Helios<sup>™</sup> mass cytometers. Now data collection can be simplified using an automated acquisition system on CyTOF XT<sup>™</sup>. The objective of this study was to compare **CyTOF XT and Helios data using the Maxpar Direct Immune Profiling** Assay and Maxpar Pathsetter software.

each whole blood c PBMC sample in a single ready-to-use assay tube.

Cell-ID Intercalator-103Rh

Available open channe

Available open channel

CD196 /CCR6 (G034E3

Available open channel

CD123 (6H6)

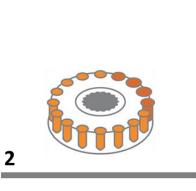
CD19 (HIB19)

CD4 (RPA-T4)

CD8a (RPA-T8)

arget (clone

CD45 (HI30)



Direct Immune Profiling Assay tubes at a time into the

Target (clone)

CD11c (Bu15)

CD16 (3G8)

CD45RO (UCHLI)

CD45RA (HI100)

CD161 (HP-3G10)

CD25 (BC96)

CD27 (0323)

CD57 (HCD57)

CD28 (CD28.2)

CD38 (HB-7)

D194/CCR4 (L291H4)

CD183/CXCR3 (G025H7

CD185/CXCR5 (J252D4

Available open channel

Available open channel

carousel.

89Y

103Rh

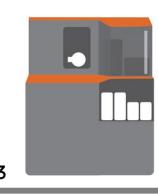
142Nd

143Nd

144Nd

145Nd

146Nd



data with a preconfigured acquisition template on the CyTOF® XT.

Isotope

147Sm

148Nd

149Sm

150Nd

151Eu

152Sm

153Eu

154Sm

155Gd

159Tb

160Gd

161Dv

162Dy



opulation statistics, stain assessments, data plot displays and QC metrics with alerts with Maxpar<sup>®</sup> Pathsetter.

| Target (clone)         | Isotope |
|------------------------|---------|
| CD56/NCAM (NCAM16.2)   | 163Dy   |
| TCRgd (B1)             | 164Dy   |
| Available open channel | 165Ho   |
| CD294 (BM16)           | 166Er   |
| CD197/CCR7 (G043H7)    | 167Er   |
| CD14 (63D3)            | 168Er   |
| Available open channel | 169Tm   |
| CD3 (UCHT1)            | 170Er   |
| CD20 (2H7)             | 171Yb   |
| CD66b (G10F5)          | 172Yb   |
| HLA-DR (LN3)           | 173Yb   |
| IgD (IA6-2)            | 174Yb   |
| Available open channel | 175Lu   |
| CD127 (A019D5)         | 176Yb   |
| Available open channel | 209Bi   |

Figure 1. The Maxpar Direct Immune Profiling Assay workflow using the CyTOF XT (top) and the Maxpar Direct Immune Profiling Assay panel (bottom)

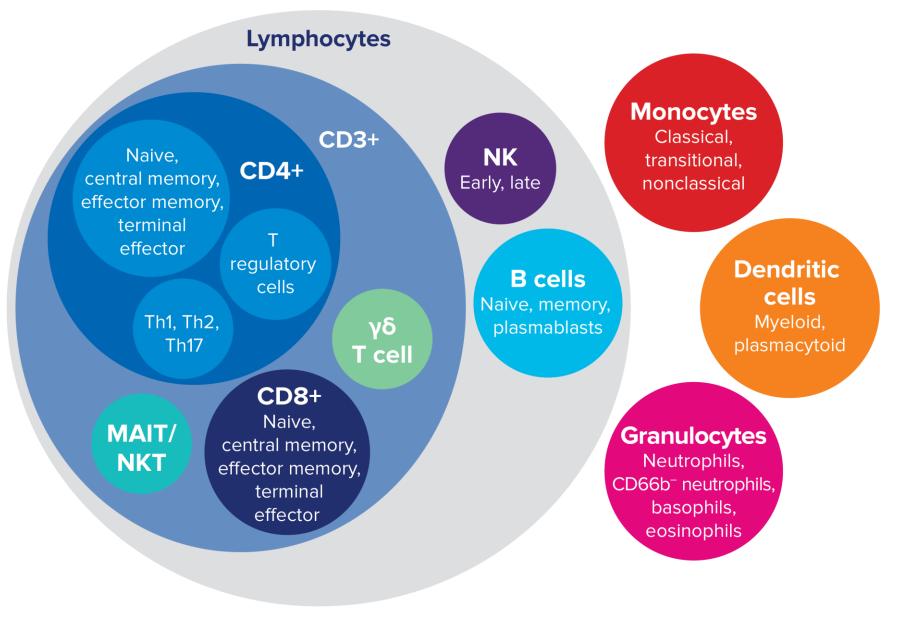


Figure 2. Populations identified by the Maxpar Direct Immune Profiling Assay



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<sup>1</sup>Fluidigm Canada Inc., Markham, Ontario, Canada



Fluidigm has introduced the new generation mass cytometer, CyTOF XT (Figure 3). The novel design, fully automated sample acquisition, and easier operational workflows of CyTOF XT simplify the planning and execution of high-parameter cell profiling studies. The new Autosampler consists of 4 major components: the sample probe, a syringebased pump unit, a bottle station for acquisition and cleaning solutions, and a carousel that holds 13 sample tubes chilled at 4–8 °C. The new Autosampler enables automated sample delivery over long acquisitions while maintaining sample integrity.



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• For each donor, twelve Maxpar Direct Immune Profiling Assay tubes were used for staining. Staining and acquisition proceeded as outlined in the Maxpar Direct Immune Profiling Assay Cell Staining and Data Acquisition User Guide (PN 400286), but with the following exceptions:

• Normalized FCS files were analyzed using Maxpar Pathsetter software v2.0.45.



# A streamlined immune profiling workflow using an automated acquisition system and the Maxpar Direct Immune Profiling System

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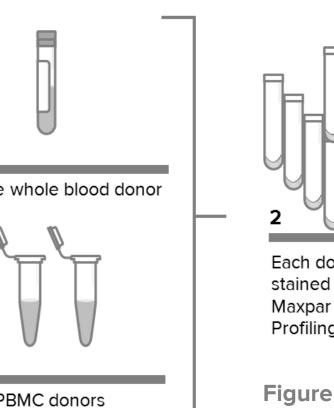
# Materials and Methods **CyTOF XT: the next generation of** mass cytometry

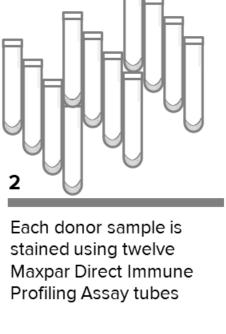
#### The Autosampler Module automates the following processes:

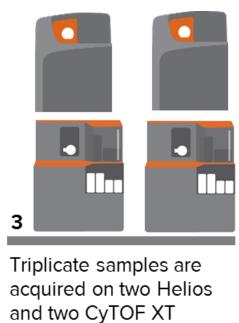
- Tuning the instrument
- Cleaning the sample fluidics
- Acquisition of samples already in suspension
- Resuspension, addition of EQ<sup>™</sup> Calibration
- Beads, and acquisition of pelleted samples
- Detection and removal of clogs

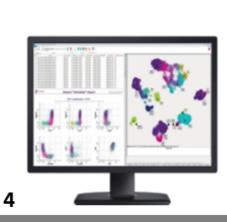
Figure 3. CyTOF XT, featuring a streamlined design and automated sample acquisition

#### Sample preparation, staining, and analysis









Cell population frequencies and staining assessments analyzed with Maxpar® Pathsetter.

Figure 4. Experimental workflow for CyTOF XT and Helios data comparison

instruments

ne Maxpar Direct Immune Profiling Assay panel was tested on two frozen human BMC (STEMCELL<sup>™</sup> Technologies) from healthy donors and whole blood from one ealthy volunteer donor sourced locally.

BMC were thawed using CTL Anti-Aggregate Wash<sup>™</sup> 20x Solution (Cellular Technology Limited) according to the manufacturer's instructions.

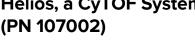
• All samples were washed using Maxpar Cell Acquisition Solution (CAS) Plus for CyTOF XT (PN 201244). After the first CAS Plus wash, replicate samples were pooled and redistributed in order to control for tube-to-tube variability.

• Triplicate samples were acquired in parallel on two Helios instruments running CyTOF Software v7.0.5189 and on two CyTOF XT instruments running CyTOF Software v8.0.12471.





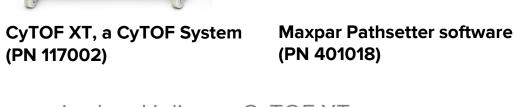






(PN 117002)





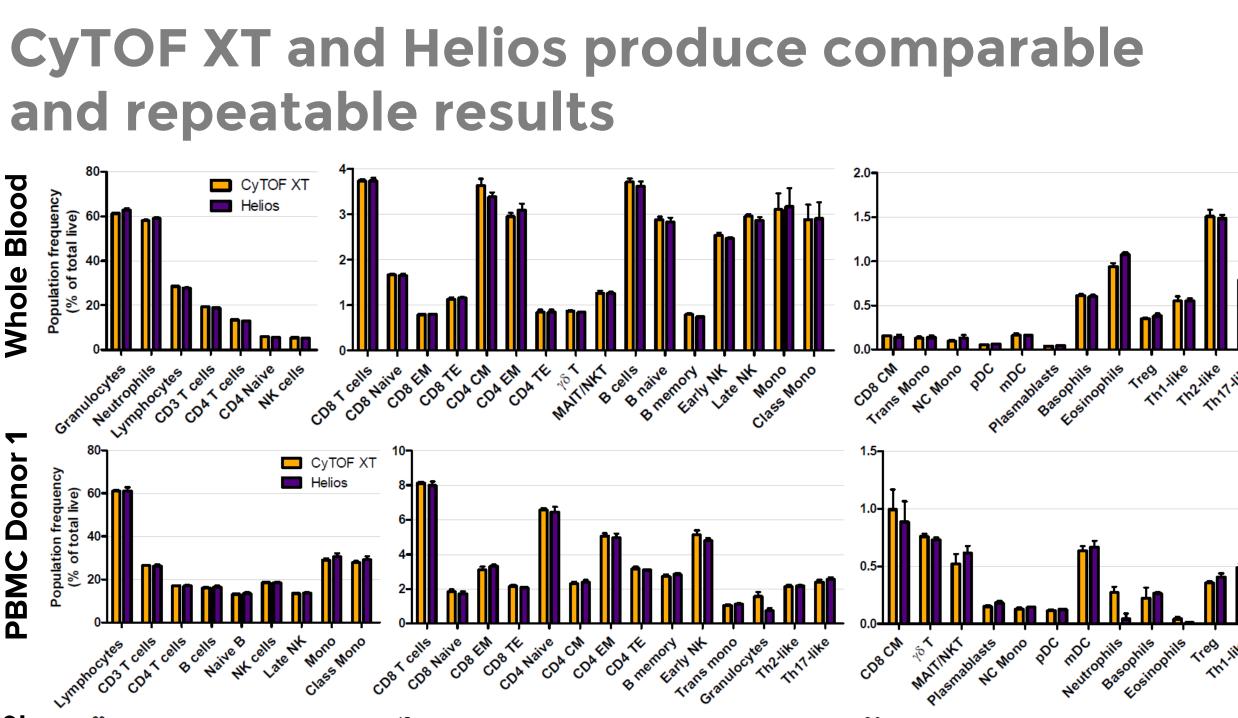
Th17-like

Figure 5. Maxpar Direct Immune Profiling Assay stained samples are acquired on Helios or CyTOF XT mass cytometers. Normalized data may be analyzed by Maxpar Pathsetter software for automated analysis.

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## Results



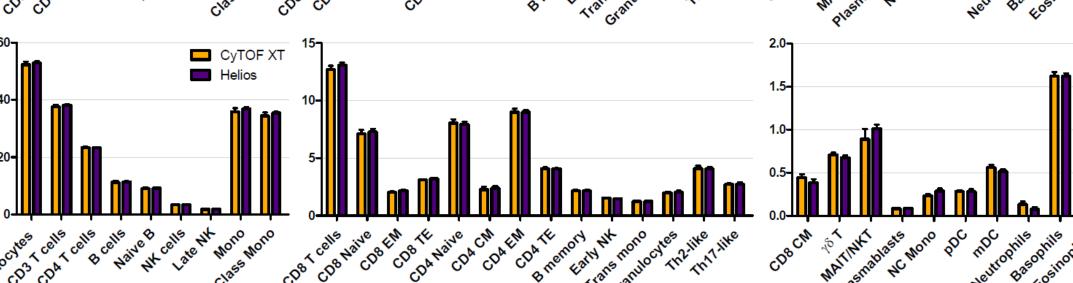


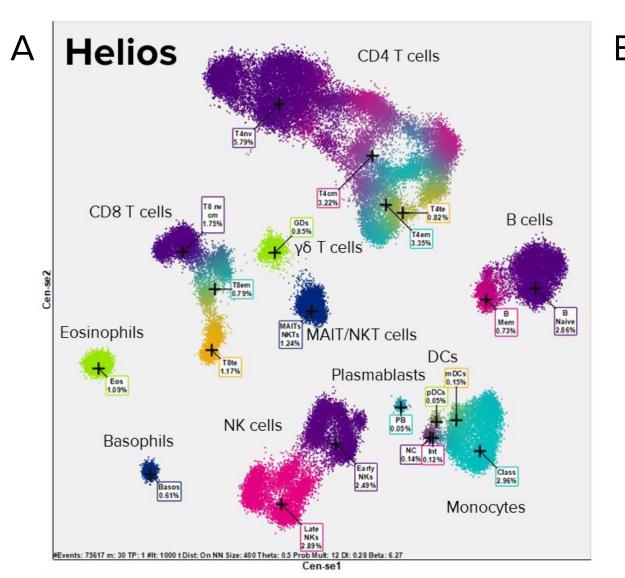
Figure 6. Comparable and repeatable results of the Maxpar Direct Immune Profiling Assay when acquired using CyTOF XT or Helios and analyzed using Maxpar Pathsetter. Triplicate samples were acquired on two CyTOF XT and two Helios instruments for whole blood (top) and PBMC (middle and bottom). Error bars show the standard deviation between the six replicates from CyTOF XT and Helios. Mean values for each sample type and instrument are summarized in Table 1.

**Table 1.** Mean and percent coefficient of variation (%CV) of population frequencies of whole blood and PBMC

 samples stained using the Maxpar Direct Immune Profiling Assay, acquired on CyTOF XT and Helios, and analyzed using Maxpar Pathsetter.

|                         | Whole Blood |      |       |      | PBMC Donor 1    |      |       |       | PBMC Donor 2    |      |       |      |
|-------------------------|-------------|------|-------|------|-----------------|------|-------|-------|-----------------|------|-------|------|
|                         | CyTOF       | TX   | Helic | os   | CyTOF XT Helios |      |       | DS    | CyTOF XT Helios |      |       |      |
| Population              | Mean        | %CV  | Mean  | %CV  | Mean            | %CV  | Mean  | %CV   | Mean            | %CV  | Mean  | %CV  |
| Lymphocytes             | 28.50       | 0.8  | 27.86 | 0.7  | 61.11           | 1.0  | 61.09 | 2.7   | 52.33           | 2.1  | 52.92 | 1.2  |
| CD3 T cells             | 19.29       | 1.1  | 18.90 | 0.8  | 26.50           | 1.0  | 26.25 | 2.5   | 37.67           | 1.8  | 38.12 | 1.1  |
| CD8 T cells             | 3.74        | 1.1  | 3.74  | 1.7  | 8.12            | 1.0  | 7.99  | 2.9   | 12.70           | 2.6  | 13.06 | 1.9  |
| CD8 naïve               | 1.67        | 1.1  | 1.65  | 2.2  | 1.85            | 6.3  | 1.72  | 8.2   | 7.12            | 4.7  | 7.29  | 3.6  |
| CD8 central memory      | 0.15        | 6.5  | 0.14  | 18.0 | 0.99            | 17.6 | 0.89  | 20.4  | 0.45            | 8.0  | 0.39  | 10.2 |
| CD8 effector memory     | 0.79        | 2.8  | 0.80  | 2.6  | 3.12            | 5.4  | 3.31  | 2.8   | 2.04            | 2.7  | 2.17  | 2.7  |
| CD8 terminal effector   | 1.13        | 3.3  | 1.16  | 2.0  | 2.15            | 3.8  | 2.07  | 2.8   | 3.09            | 1.6  | 3.22  | 1.4  |
| CD4 T cells             | 13.41       | 1.3  | 13.05 | 1.0  | 17.10           | 1.2  | 16.91 | 2.7   | 23.37           | 1.4  | 23.37 | 0.9  |
| CD4 naïve               | 5.98        | 1.4  | 5.72  | 1.4  | 6.57            | 2.0  | 6.47  | 4.5   | 8.03            | 4.2  | 7.92  | 3.1  |
| CD4 central memory      | 3.64        | 4.0  | 3.39  | 3.0  | 2.29            | 5.3  | 2.39  | 5.8   | 2.27            | 10.8 | 2.39  | 7.1  |
| CD4 effector memory     | 2.96        | 2.6  | 3.09  | 4.7  | 5.07            | 3.0  | 4.98  | 4.6   | 9.00            | 3.3  | 8.99  | 1.9  |
| CD4 terminal effector   | 0.84        | 6.0  | 0.84  | 6.2  | 3.17            | 3.7  | 3.08  | 2.6   | 4.07            | 3.0  | 4.07  | 1.3  |
| γδ T cells              | 0.87        | 2.7  | 0.84  | 1.6  | 0.76            | 3.1  | 0.73  | 2.7   | 0.71            | 3.6  | 0.68  | 3.5  |
| MAIT/NKT                | 1.27        | 3.9  | 1.26  | 2.5  | 0.52            | 16.3 | 0.62  | 9.9   | 0.89            | 13.5 | 1.01  | 4.7  |
| B Cells                 | 3.72        | 2.1  | 3.62  | 2.9  | 16.01           | 3.0  | 16.42 | 4.2   | 11.28           | 4.4  | 11.43 | 1.9  |
| B naive                 | 2.88        | 2.3  | 2.83  | 3.7  | 13.13           | 3.1  | 13.42 | 4.5   | 9.01            | 4.8  | 9.19  | 1.6  |
| B memory                | 0.79        | 2.9  | 0.74  | 1.3  | 2.73            | 4.2  | 2.83  | 3.5   | 2.18            | 3.7  | 2.16  | 4.3  |
| Plasmablasts            | 0.04        | 0.0  | 0.05  | 8.4  | 0.15            | 6.0  | 0.18  | 10.2  | 0.09            | 9.4  | 0.09  | 8.5  |
| Total NK                | 5.50        | 1.2  | 5.34  | 1.4  | 18.60           | 1.7  | 18.42 | 2.6   | 3.37            | 1.6  | 3.37  | 2.0  |
| Early NK                | 2.54        | 2.1  | 2.47  | 0.9  | 5.14            | 4.8  | 4.79  | 3.1   | 1.53            | 2.6  | 1.48  | 2.2  |
| Late NK                 | 2.96        | 1.3  | 2.87  | 2.3  | 13.46           | 2.4  | 13.63 | 3.6   | 1.85            | 1.3  | 1.88  | 2.3  |
| Total monocytes         | 3.11        | 11.2 | 3.17  | 12.8 | 29.04           | 2.9  | 30.51 | 5.1   | 35.91           | 3.5  | 36.95 | 1.2  |
| Classical monocytes     | 2.89        | 11.2 | 2.91  | 12.6 | 27.86           | 2.8  | 29.24 | 5.3   | 34.45           | 3.5  | 35.42 | 1.1  |
| Transitional monocytes  | 0.13        | 15.1 | 0.13  | 17.5 | 1.05            | 6.1  | 1.13  | 4.3   | 1.23            | 2.6  | 1.23  | 6.5  |
| Non-classical monocytes | 0.10        | 12.5 | 0.13  | 27.1 | 0.13            | 9.1  | 0.15  | 5.8   | 0.24            | 8.4  | 0.29  | 9.9  |
| pDC                     | 0.06        | 10.0 | 0.06  | 16.9 | 0.12            | 10.6 | 0.13  | 4.4   | 0.29            | 4.8  | 0.28  | 9.6  |
| mDC                     | 0.16        | 11.4 | 0.16  | 5.6  | 0.64            | 6.4  | 0.67  | 8.0   | 0.56            | 5.7  | 0.52  | 4.5  |
| Granulocytes            | 61.15       | 0.9  | 62.67 | 1.4  | 1.57            | 16.3 | 0.75  | 18.3  | 1.99            | 3.7  | 2.04  | 6.9  |
| Neutrophils             | 57.93       | 0.8  | 59.04 | 0.7  | 0.27            | 17.7 | 0.04  | 106.9 | 0.14            | 25.1 | 0.08  | 38.4 |
| Basophils               | 0.61        | 3.1  | 0.60  | 2.9  | 0.22            | 41.5 | 0.27  | 4.0   | 1.63            | 2.9  | 1.63  | 1.9  |
| Eosinophils             | 0.94        | 3.6  | 1.08  | 2.6  | 0.04            | 43.0 | 0.01  | 35.0  | 0.02            | 22.3 | 0.03  | 21.9 |
| Treg                    | 0.35        | 3.1  | 0.38  | 8.3  | 0.36            | 3.8  | 0.41  | 8.2   | 1.23            | 1.5  | 1.28  | 4.1  |
| Th1-like                | 0.55        | 8.6  | 0.55  | 5.1  | 0.49            | 7.7  | 0.39  | 6.8   | 0.75            | 9.2  | 0.70  | 9.7  |
| Th2-like                | 1.51        | 4.9  | 1.48  | 2.9  | 2.15            | 4.2  | 2.16  | 3.1   | 4.11            | 5.4  | 4.06  | 4.1  |

0.78 8.1 0.76 3.0 2.41 4.7 2.58 3.8 2.73 2.2 2.73 5.8



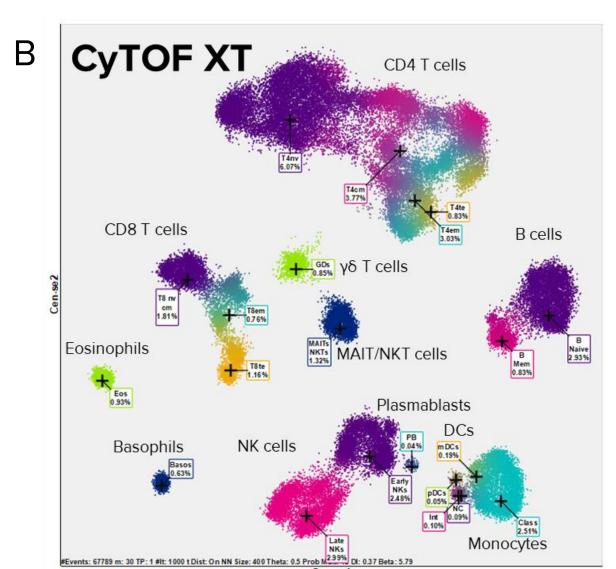


Figure 7. Cen-se<sup>™</sup> (Cauchy enhanced nearest-neighbor stochastic embedding) clustering, a dimensionality reduction tool (GemStone™), performed in Maxpar Pathsetter software shows similar results between CyTOF XT and Helios. Cen-se' clustering on the 30 markers in the Maxpar Direct Immune Profiling Assay stained on whole blood and acquired with (A) Helios and (B) CyTOF XT. Neutrophils are intentionally excluded in these Cen-se' plots to better visualize the other cell types.

Figure 9. Files acquired using CyTOF XT overall have improved signal resolution compared to Helios. (A) Maxpar Pathsetter performs a staining assessment based on a statistical approach called Strictly Standardized Mean Difference (SSMD), represented by a Beta value. A higher Beta value indicates greater resolution between the positive and negative population. MAD: Median absolute deviation, Pos: positive population, Neg: negative population. (B) A plot of the average Beta values from CyTOF XT acquired files plotted against Beta values from Helios files (Table 2). Deming regression was performed to compare the staining assessment between the two instruments. The H0 test that slope = 1 was rejected and the upper and lower 95% confidence limits are >1.0, indicating that CyTOF XT on average will have a higher Beta value compared to Helios. The shaded area (red) indicates the associated confidence limit bounds. The 95% confidence limits of the slope are shown for the line of best fit. Calculations were performed using NCSS 12.0.

TCRgd 5.49 5.31 2.45 2.65 2.27 1.98

• The hands-free acquisition on CyTOF XT and the automated analysis of Maxpar Direct Immune Profiling System enable researchers to streamline high-parameter immunophenotyping of human whole blood and PBMC samples.

#### References



**CyTOF XT and Helios files generate equivalent** population frequencies

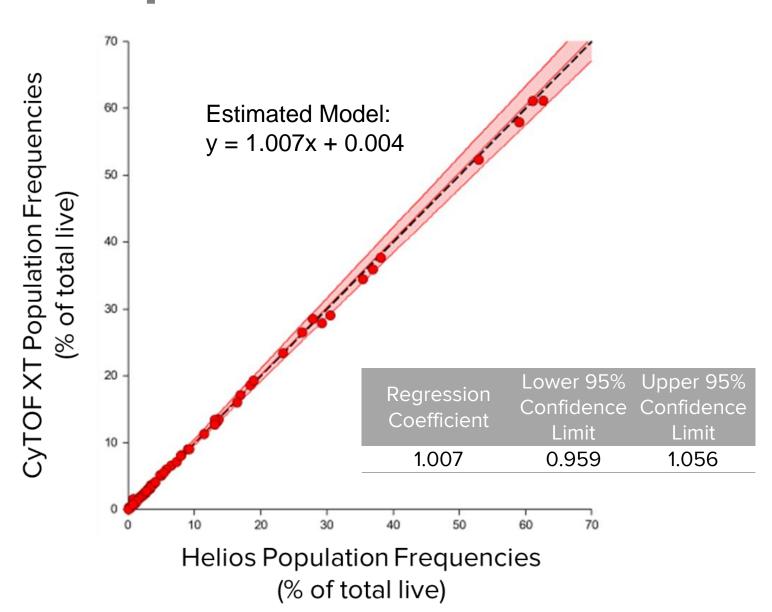
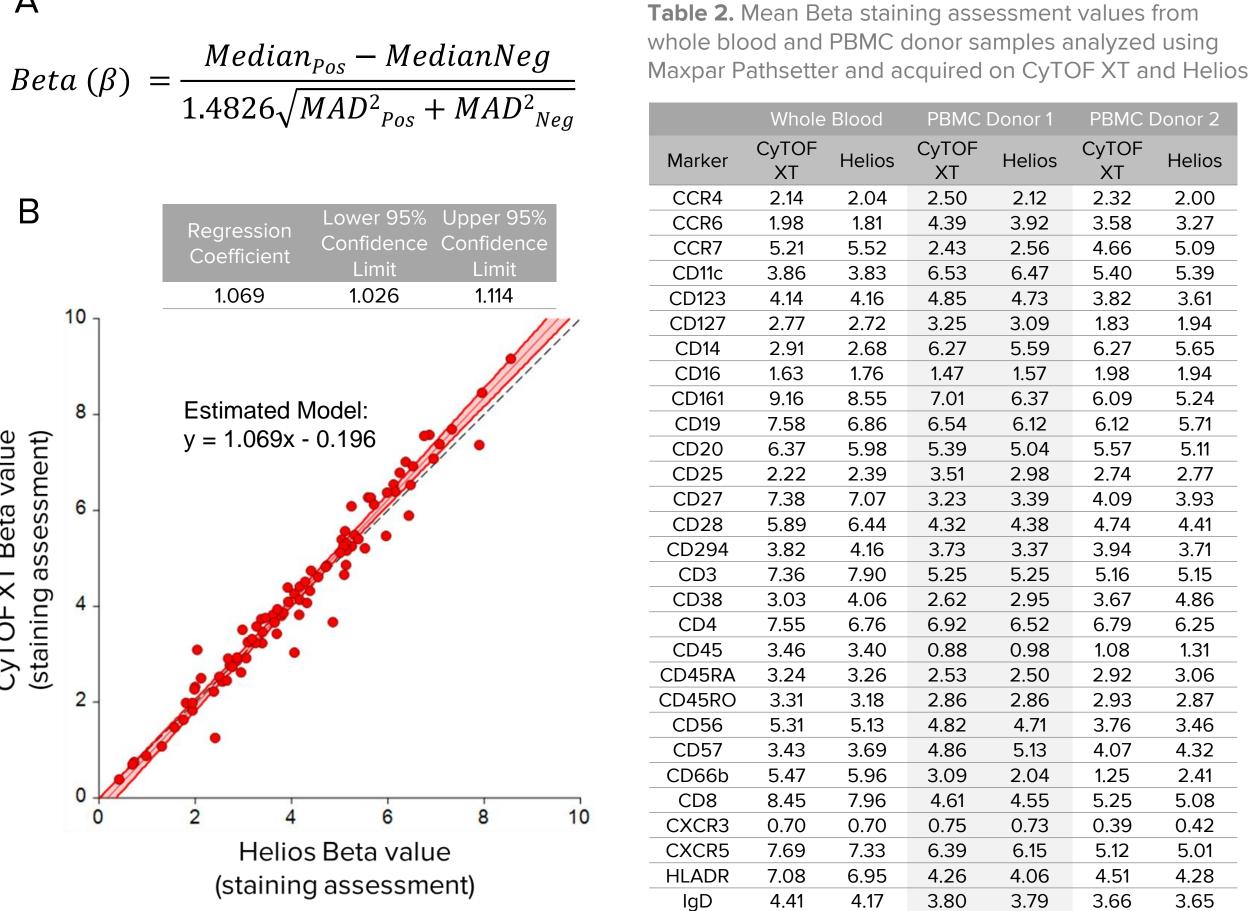


Figure 8. There is no statistical difference between the population frequencies analyzed by Maxpar Pathsetter from CyTOF XT and Helios acquired files. The mean population frequencies from whole blood and PBMC samples from CyTOF XT were plotted against Helios (Table 1). Deming regression was performed to compare the population frequencies analyzed between the two instruments. The H0 test that slope = 1 was not rejected, indicating that there is no statistical difference between the population frequencies analyzed from the files acquired using the two different instruments. The shaded area (red) indicates the associated confidence limit bounds. The 95% confidence limits of the slope are shown for the line of best fit. Calculations were performed using NCSS 12.0.

### Improved $\beta$ staining assessment values for files acquired using CyTOF XT compared to Helios



# Conclusions

• CyTOF XT is a new generation of CyTOF instrument that shares the same reliable level of performance as Helios when using the Maxpar Direct Immune Profiling Assay.

• CyTOF XT and Helios acquired files analyzed in Maxpar Pathsetter resulted in no statistically significant difference between the two platforms.

 CyTOF XT overall resulted in improved staining resolution for whole blood and PBMC samples compared to Helios.

1. Simoni, Y. et al. "Bystander CD8+ T cells are abundant and phenotypically distinct in human tumour infiltrates." *Nature* 557 (2018): 575–579. 2. Bagwell, C.B. et al. "Multi-site reproducibility of a human immunophenotyping assay in whole blood and peripheral blood mononuclear cells preparations using CyTOF technology coupled with Maxpar Pathsetter, an automated data analysis system." Cytometry Part B 98 (2020): 146–160. 3. Hadjadj, J. et al. "Impaired type I interferon activity and exacerbated inflammatory responses in severe Covid-19 patients." Science 369 (2020): 718–724. 4. "The Influence of Inflammation on Mental Health." – Retrieved from fluidigm.com/articles/the-influence-of-inflammation-on-mental-health on May 21, 2021. 5. "In-depth Immunological Investigation of COVID-19. (COntAGIouS)." – Retrieved from clinicaltrials.gov/ct2/show/NCT04327570 on May 21, 2021.