

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention Model Performance Evaluation Program

## CD4<sup>+</sup> T-Cell Determinations

Report of Results for the Performance Evaluation Survey Conducted in April 2005



CENTERS FOR DISEASE™ CONTROL AND PREVENTION

Coordinating Center for Health Information and Service Division of Laboratory Systems Atlanta, Georgia

## Analysis of the Testing Results Submitted by Laboratories Participating in the Centers for Disease Control and Prevention (CDC) Model Performance Evaluation Program (MPEP) for CD4<sup>+</sup> T-Cell Determinations Conducted in April 2005

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## Overview of April 2005 CD4<sup>+</sup> T-cell Determinations Performance Evaluation

#### Introduction

This report analyzes testing results reported by laboratories participating in the Centers for Disease Control and Prevention (CDC) Model Performance Evaluation Program (MPEP) for CD4<sup>+</sup> T-cell determination (CD4<sup>+</sup> T-cell) performance evaluation specimens sent on April 12 and April 19, 2005. This program was discontinued in May 2005. This is the final report for this activity.

## **Laboratory Response**

Of the 256 laboratories receiving specimen panels, 248 (96.9%) reported testing results.

- Of the 8 nonreporting laboratories, one laboratory indicated they no longer were performing CD4 T-cell determinations. Seven laboratories provided no explanation for nonparticipation.
- The majority of the laboratories (77.8%) reported their testing results using the online data entry system.

#### Significant Findings

The majority of the results (93.9%) returned by the laboratories participating in the April 2005 performance evaluation panel shipment were within the established 95% confidence limits.

- In particular, 92.9% of the absolute CD4<sup>+</sup> and 91.9% of the CD8<sup>+</sup> T-cell counts were within the established 95% confidence limits.
- As has been seen in previous surveys, the range of results reported for absolute CD4<sup>+</sup> and CD8<sup>+</sup> T-cell counts differed depending on the method used to obtain the result, i.e., single-platform or dual-platform.
- The ranges of dual-platform absolute CD4<sup>+</sup> and CD8<sup>+</sup> T-cell counts were significantly wider due to the large ranges of hematology instrument-derived absolute lymphocyte count results.
- According to the CDC guidelines for CD4<sup>+</sup> T-cell testing (*MMWR*: 1997; 46, RR-2), specimens should be processed for hematologic testing and immunophenotyping within 30 hours after collection. A total of 60 laboratories reported specimen preparation delays (3 laboratories reported both late deliveries and delays in processing). These specimen preparation delays may have affected the testing results from these laboratories (see Discussion, page 27).

#### **Materials and Methods**

## Specimen panels

Each laboratory received a total of five whole blood specimens collected in  $K_3EDTA$ , three HIV-1 antibody-positive and two HIV-1 antibody-negative specimens. One of the HIV-1 antibody-positive whole blood specimens was sent to the participant laboratories in duplicate. Not all laboratories received the same panel of specimens.

#### Specimen numbers and donor information

Table 1 contains the specimen numbers and donor information for each performance evaluation specimen.

Table 1. Donor Identification for April 2005 Shipment Specimens

Panel Letter	Participant Laboratory Vial Label	CDC Donor Number	Donor Information (HIV-1* status)
A	A1, A4	02	HIV-1 Antibody-Positive
	A2	01	HIV-1 Antibody-Negative
	A3	05	HIV-1 Antibody-Positive
	A5	03	HIV-1 Antibody-Negative
В	B1	03	HIV-1 Antibody-Negative
Ъ	B2, B3	04	HIV-1 Antibody-Negative
	B2, B3 B4	01	HIV-1 Antibody-Negative
	B5	05	HIV-1 Antibody-Positive
С	C1	08	HIV-1 Antibody-Negative
C	C2, C4	07	HIV-1 Antibody-Negative
	C3	10	HIV-1 Antibody-Positive
	C5	09	HIV-1 Antibody-Negative
ъ	<b>5</b> .	00	*****
D	D1	09	HIV-1 Antibody-Negative
	D2, D5	06	HIV-1 Antibody-Positive
	D3	10	HIV-1 Antibody-Positive
	D4	08	HIV-1 Antibody-Negative

<sup>\*</sup> Human immunodeficiency virus type 1

#### Materials and Methods, Continued

### Preshipment notification

To facilitate and prevent delays in specimen receipt and processing, laboratories were notified a month in advance of the date of the shipment.

- An air-bill tracking number was included in these notifications, enabling the laboratories to locate the specimens in the event the shipment was not received by noon on the scheduled date of their receipt.
- Participant laboratories were instructed to process and test the MPEP CD4<sup>+</sup> T-cell specimens as they would patient specimens routinely received by their laboratory.

## CD4<sup>+</sup> T-cell testing guidelines

Participant laboratories were encouraged to use the CDC guidelines for CD4<sup>+</sup> T-cell testing (MMWR, vol. 46, no. RR-2, January 10, 1997, MMWR, vol. 52, no. RR-2:1-13, January 31, 2003) in performing CD4<sup>+</sup> T-cell determinations on patient specimens.

- The result reporting booklet used for the April 2005 specimen shipment was designed to be consistent with these guidelines.
- According to these guidelines, specimens should be processed for hematologic testing and flow cytometric immunophenotyping within 30 hours of collection.

## Absolute cell count methods

Methods used to derive the cell marker-specific absolute cell count were classified as either dual-platform or single-platform.

- Dual-platform methods are those which use the results from the flow cytometer (cell marker percentages) combined with the results from a hematology analyzer (white blood cell count, percent lymphocytes, and absolute lymphocyte count) to calculate the specific absolute cell count.
- Single-platform methods are those whereby the absolute cell count is derived using a single instrument (e.g., FACSCount, TruCount, or Flow-Count).

#### Materials and Methods, Continued

## Grouping of test results for analysis

Participant laboratories used various methods of determining cell marker percentage and absolute cell counts. For establishing 95% confidence limits, we combined the results from the various methods.

- All cell marker percentage results reported by the laboratories were grouped according to the cell marker of interest, regardless of the flow cytometer or monoclonal antibody combination used to derive the specific result, e.g., CD4<sup>+</sup> results were grouped from laboratories using CD3/CD4, CD3/CD4/CD8, CD45/CD3/CD4, and CD45/CD3/CD4/CD8.
- Similarly, regardless of the method used to obtain the absolute cell count (single-platform or dual-platform), we also grouped all results for CD4<sup>+</sup> and CD8<sup>+</sup> absolute cell counts.

# Calculations of 95% confidence limits

Results submitted by participant laboratories were used to calculate 95% confidence limits for each donor and cell marker using the SAS procedure PROC GLM (general linear model).

- Before calculation, data were analyzed for possible outliers. If the absolute value of the jack-knife residual was greater than 3.0, then the data point was considered to be an outlier for calculating the 95% confidence limits.
- Only 204 (2.0%) of 10,046 results were considered to be outliers. These outlier results were removed before the 95% confidence limits shown in Table 3 were calculated.
- No data from any laboratory were removed from the aggregate results table comparing values obtained by the laboratories against the 95% confidence limits.
- Because of insufficient data, 95% confidence limits could not be calculated for CD3<sup>-</sup>/CD16<sup>+</sup>. Table 3 shows the entire range of laboratory results (maximum and minimum) reported for this cell marker.

#### **Overall Summary of Results Submitted**

#### Introduction

The majority of the results (93.9%) returned by the laboratories participating in the April 2005 performance evaluation panel shipment were within the established 95% confidence limits.

## Summary of participant results

The percentages of participating laboratory results within the 95% confidence limits established for the cell-marker percentage results, the marker-specific absolute cell counts, white blood cell (WBC) count, lymphocyte percentage, and absolute lymphocyte count are shown in the table below.

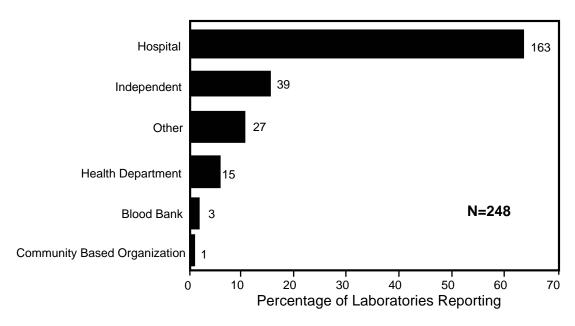
Table 2. Total Percentage of Participant Laboratory Results Within or Outside the Established 95% Confidence Limits

	Cell-Marke	r Percentage	Absolute C	Cell Counts	Hematology Results		
Cell Marker	Within 95% Confidence Limits	Outside 95% Confidence Limits	Within 95% Confidence Limits	Outside 95% Confidence Limits		Within 95% Confidence Limits	Outside 95% Confidence Limits
CD3 <sup>+</sup>	94.2%	5.8%			White Blood Cell Count	92.7%	7.3%
CD4 <sup>+</sup>	94.5%	5.5%	92.9%	7.1%	Lymphocyte Percentage	92.5%	7.5%
CD8 <sup>+</sup>	95.2%	4.8%	91.9%	8.1%	Absolute Lymphocyte Count	92.7%	7.3%
CD14 <sup>+</sup>	97.1%	2.9%					
CD19 <sup>+</sup>	96.0%	4.0%					
CD45 <sup>+</sup>	96.5%	3.5%					
CD3 <sup>-</sup> /CD56 <sup>+</sup>	93.9%	6.1%					
CD3 <sup>-</sup> / CD(56+16) <sup>+</sup>	94.9%	5.1%					

Types of laboratories

The primary classifications of laboratories participating in the April 2005 CD4<sup>+</sup> T-cell determinations shipment are shown in Figure 1.

Figure 1. Types of Participant Laboratories



Continued

Specimen preparation methods

Figure 2 shows the methods used by the laboratories to prepare specimens for CD4<sup>+</sup> T-cell determinations. All of the laboratories performing dual-platform methods reported using a method of whole blood lysis to prepare specimens for CD4<sup>+</sup> T-cell (including 1 method described as "Other"). The frequency of preparation methods specific for single-platform methods is also reflected in Figure 2.

WBL-FACS Lyse WBL-Immuno-Prep WBL-NH<sub>4</sub>CI WBL-OptiLyse **Dual-Platform Methods** WBL-Immuno Lyse Cal-Tag Lyse N=251 TruCount 51 Flow-Count Single Platform Methods **FACSCount** 40 0 10 20 30 50 Percentage of Laboratories Reporting WBL - Whole Blood NH<sub>4</sub>CI - Ammonium

Figure 2. Specimen Preparation Methods Used

Continued

Specimen fixation methods

Figure 3 shows the methods used by the laboratories to fix their CD4<sup>+</sup> T-cell specimens before flow cytometric analysis.

- Of laboratories reporting testing results, 31 (12.8%) of 243 specifically stated that they did not fix their CD4<sup>+</sup> T-cell specimens before analyzing them, even though the panel sent to the laboratories contained known HIV antibodypositive specimens.
- This practice may be a potential biohazard for flow cytometry personnel.

Solution C 86 **FACS** Lyse Fixative 81 Samples not fixed 30 1% Paraformaldehyde 17 1% Formaldehyde OptiLyse Other 0.5% Paraformaldehyde 0.5% Formaldehyde N=243 2% Paraformaldehyde Coulter Clone 10 30 40 50 Percentage of Laboratories

Figure 3. Methods of Specimen Fixation

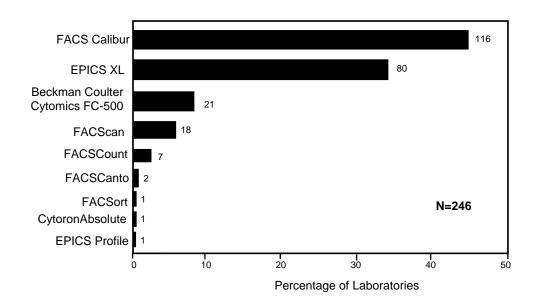
"Other" types of fixative used were described as: 5% formaldehyde (2), 2.5% formaline (1), 0.5-2.0% formaldehyde in Cal-Lyse (1), and FACSCount solution (1).

Continued

Types of flow cytometers used

Figure 4 shows the types of flow cytometers used by the participant laboratories.

Figure 4. Types of Flow Cytometers Used



Number of laboratories using singlevs. dualplatform methods Among the 248 laboratories reporting results, 212 reported absolute cell counts.

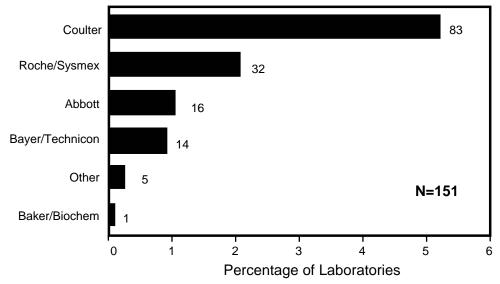
- Of these, 136 (64.2%) of 212 used a dual-platform method to derive marker-specific absolute cell counts.
- Seventy-two (34.4%) of 212 laboratories used a single-platform method.
- Three (1.4%) of 212 laboratories reported both single-platform and dual-platform derived results.

Continued

Hematology instruments used

Of the 248 participant laboratories, 151 (60.9%) identified the manufacturer of the hematology instrument being used in their laboratory. These manufacturers are shown in Figure 5.

Figure 5. Types of Hematology Instruments Used



#### **Cell Marker Results and Distributions**

#### Introduction

This section describes the aggregate cell marker percentage and absolute counts results submitted by the participant laboratories.

- Table 3 on the following pages shows the frequency of participant laboratory lymphocyte immunophenotyping percentage results by donor and cell marker, within, above, or below the 95% confidence limits established using results from all laboratories, regardless of the monoclonal antibody combination or manufacturer of flow cytometry instrument used to obtain these percentage results.
- Table 3 also shows the frequency of participant laboratory hematology results (white blood cell count, percentage of lymphocytes and absolute lymphocyte count) and absolute cell count results for CD4<sup>+</sup> and CD8<sup>+</sup>, within, above, or below the statistically established 95% confidence limits.
- Distributions of the CD4<sup>+</sup> T-cell absolute counts obtained by single-platform methods are compared with those same results obtained by dual-platform methods in Figure 6.
- The significance of difference in the mean values of these CD4<sup>+</sup> T-cell distributions is shown in Table 4.
- The effect of hematology values (absolute lymphocyte count) on the distribution of dual-platform results is shown in Figure 7.

Table 3. Participant Laboratory Results for the April 2005 Shipment

#### Donor Number 1 - Donor Status: HIV-antibody Negative

Donor Number	i - Donor Sta	สเนะ	<u>. піч</u>	-antibous	nega	uive
	Percentage	е		Absolu	ite	
Cell	Results			Count	s	
Marker	Range		No.	Range	)	No.
	> 10	00	0			
CD45	97 - 10	00	15			
	< 9	7	0			
	> 1	i	0			
CD14	0 - 1	l	15			
	< (	)	0			
	> 6	8	4	>	2,426	4
CD4	60 - 6	8	115	1,359 -	2,426	100
	< 6	0	2	<	1,359	5
	> 2	5	0	>	839	3
CD8	21 - 2		119	520 -	839	100
	< 2		2	<	520	6
	> 8	3	0			
CD19	4 - 8		98			
	< 4	1	3			
	> 6	3	1			
CD56	2 - 6		32			
		2	0			
	> 6		3			
CD56+16	4 - 6		60			
	< 4		3			
	> 9		4			
CD3 Average		3	91			
	< 8	5	0			
CD16	Not Applicab	le	0			

#### **Hematology Results**

Hematology Parameter	Range	No.
WBC	> 8,811 6,934 - 8,811 < 6,934	1 67 5
% Lymphs	> 44 34 - 44 < 34	4 68 1
Absolute Lymphs	> 3,734 2,395 - 3,734 < 2,395	1 69 3

#### Legend:

95% Confidence limits highlighted
"No." represents number of laboratories
reporting in these ranges.
No confidence limits established for
CD16 - maximum and minimum values
reported

#### Donor Number 2 - Donor Status: HIV-antibody Positive

	Percenta			Absolu	ute	
Cell	Result	S		Counts		
Marker	Range		No.	Range		No.
05	>	100	0			
CD45	98 -	100	14			
	<	98	0			
0044	>	1	0			
CD14	0 -	1 0	14 0			
	>	42	5	>	1,402	5
CD4	36 -	42	119	968 -	1,402	104
	<	36	2	<	968	3
	>	51	4	>	1,689	3
CD8	45 -	51	118	1,277 -	1,689	103
	<	45	4	<	1,277	6
	>	8	0			
CD19	4 -	8	102			
	<	4	2			
CDEC	>	5	2			
CD56	0 -	5 0	30 0			
	>	6	2			
CD56+16	3 -	6	63			
0200110	<	3	1			
	>	92	2			
CD3 Average	86 -	92	96			
	<	86	2			
CD16	Not Applic	able	0			

Hematology Parameter	Range	No.
WBC	> 6,929 6,148 - 6,929 < 6,148	1 73 2
% Lymphs	> 53 42 - 53 < 42	6 69 1
Absolute Lymphs	> 3,483 2,715 - 3,483 < 2,715	4 69 3

Table 3. Participant Laboratory Results for the April 2005 Shipment

#### Donor Number 3 - Donor Status: HIV-antibody Negative

Donor Number	3 - Donor Statu	5. HIV	-antibody Nego	alive
	Percentage		Absolute	
Cell	Results		Counts	
Marker	Range	No.	Range	No.
	> 100	0		
CD45	97 - 100	13		
	< 97	2		
	> 2	0		
CD14	0 - 2	15		
	< 0	0		
	> 53	4	> 1,527	7
CD4	48 - 53	114	845 - 1,527	100
	< 48	3	< 845	2
	> 20	3	> 554	8
CD8	16 - 20	117	295 - 554	100
	< 16	1	< 295	1
	> 21	0		
CD19	17 - 21	95		
	< 17	6		
0	> 13	2		
CD56	5 - 13	30		
	< 5	1		
0050.40	> 13	2		
CD56+16	8 - 13	63		
	< 8	1		
CD2 Average	> 73	6		
CD3 Average	67 - 73	85		
	< 67	4		
CD16	Not Applicable	0		

#### **Hematology Results**

Hematology Parameter	Range	No.
WBC	> 9,901 8,542 - 9,901 < 8,542	2 68 3
% Lymphs	> 34 19 - 34 < 19	7 <b>66</b> 0
Absolute Lymphs	> 3,081 1,776 - 3,081 < 1,776	5 <b>67</b> 1

#### Legend:

95% Confidence limits highlighted
"No." represents number of laboratories
reporting in these ranges.
No confidence limits established for
CD16 - maximum and minimum values
reported

#### Donor Number 4 - Donor Status: HIV-antibody Positive

Cell	Percentaç Results	je	Absolute Counts	
Marker	Range	No.	Range	No.
	> 1	00 0		
CD45		00   16 96   0		
		2 0		
CD14		2 16 0 0		
		40 1	> 1,086	6 4
CD4		40   109 35   6	771 - 1,086 < 771	100
		52 4	> 1,446	
CD8		52 108	1,050 - 1,446	98
		47 4 11 1	< 1,050	) 4
CD19		11   96		
0210	<	7 1		
CDEC		3 2		
CD56	' - <	3   32 1   0		
	>	5 1		
CD56+16	1 -	5   65 1   0		
		90 0		
CD3 Average	***************************************	90 89		
		35   1		
CD16	Not Applica	ble 0	Ш	

Hematology Parameter	Range	No.
1 diameter		
14/0.0	> 6,149	3
WBC	5,253 - 6,149	64
	< 5,253	3
	> 49	1
% Lymphs	42 - 49	67
	< 42	2
	> 2,847	2
Absolute Lymphs	2,313 - 2,847	65
	< 2,313	3

Table 3. Participant Laboratory Results for the April 2005 Shipment

#### Donor Number 5 - Donor Status: HIV-antibody Positive

	- Donor Statu		-antibody i osi	
	Percentage		Absolute	
Cell	Results		Counts	
Marker	Range	No.	Range	No.
	> 100	0		
CD45	97 - 100	13		
	< 97	2		
	> 1	1		
CD14	0 - 1	14		
	< 0	0		
	> 5	7	> 102	5
CD4	3 - 5	114	25 - 102	104
	< 3	0	< 25	0
	> 74	1	> 1,362	8
CD8	67 - 74	118	749 - 1,362	100
	< 67	2	< 749	1
	> 12	0		
CD19	6 - 12	99		
	< 6	2		
	> 9	2		
CD56	2 - 9	31		
	< 2	0	1	
	> 10	1		
CD56+16	5 - 10	62		
	< 5	3	1	
	> 87	2		
CD3 Average	79 - 87	93		
	< 79	0	1	
CD16		0		
סוסט	Not Applicable	U	1	

#### **Hematology Results**

Hematology Parameter	Range	No.
WBC	> 4,959 4,055 - 4,959 < 4,055	2 70 1
% Lymphs	> 44 26 - 44 < 26	5 <b>68</b> 0
Absolute Lymphs	> 2,073 1,107 - 2,073 < 1,107	5 67 1

#### Legend:

95% Confidence limits highlighted
"No." represents number of laboratories
reporting in these ranges.
No confidence limits established for
CD16 - maximum and minimum values
reported

#### Donor Number 6 - Donor Status: HIV-antibody Positive

0.11	Percen			Absolu		
Cell	Results		NIa	Counts		NIa
Marker	Range	400	No.	Range		No.
CD45	>	100	0	:		
CD45	95 -	100	20			
	< >	95 3	0			
CD14	0 -	3	20			
CD14	· · · · · · · · · · · · · · · · · · ·	ာ 0	-∠∪ 0			
	>	50	2	>	1,056	7
CD4	41 -	50	117	578 -	1,056	95
	<	41	2	<	578	1
	>	33	2	>	766	8
CD8	26 -	33	115	271 -	766	93
	<	26	4	<	271	2
07.1	>	17	3			
CD19	12 - <	17 12	100 4			
	>	9	1			
CD56	2 -	9	19			
	<	2	0			
	>	11	3			
CD56+16	6 -	11	72			
	<	6	2			
	>	80	5			
CD3 Average	72 -	80	106			
	<	72	0			
CD16	8 -	11	4			,:=:=:=:=:=:=:=:=:=:=:=:

Hematology Parameter	Range	No.
WBC	> 9,278 5,774 - 9,278 < 5,774	6 64 2
% Lymphs	> 35 15 - 35 < 15	6 66 0
Absolute Lymphs	> 2,535 1,176 - 2,535 < 1,176	7 65 0

Table 3. Participant Laboratory Results for the April 2005 Shipment

Donor Number 7 - Donor Status: HIV-antibody Positive

	201101 01414		<u></u>	
	Percentage		Absolute	
Cell	Results		Counts	
Marker	Range	No.	Range	No.
	> 100	0		
CD45	96 - 100	18		
	< 96	0		
	> 0	2		
CD14	0 - 0	16		
	< 0	0		
	> 47	6	> 1,040	7
CD4	38 - 47	115	578 - 1,040	101
	< 38	3	< 578	0
	> 35	7	> 850	5
CD8	29 - 35	116	408 - 850	102
	< 29	1	< 408	1
0040	> 9	3		
CD19	4 - 9 < 4	95		
		2		
CD56	> 18	1		
CD36	8 - 18 < 8	29 2		
		0		
CD56+16	> 18 12 - 18	52		
CD30+10	12 - 10   < 12	∠ 4		
	> 81	6		
CD3 Average	75 - 81	100		
ODS Average	75 - 61 < 75	4		
CD16	Not Applicable	0	<u>I</u>	

#### **Hematology Results**

Hematology Parameter	Range	No.
WBC	> 4,518 2,907 - 4,518 < 2,907	4 61 1
% Lymphs	> 58 46 - 58 < 46	4 62 0
Absolute Lymphs	> 2,334 1,519 - 2,334 < 1,519	3 62 1

#### Legend:

95% Confidence limits highlighted
"No." represents number of laboratories
reporting in these ranges.
No confidence limits established for
CD16 - maximum and minimum values
reported

#### **Donor Number 8 - Donor Status: HIV-antibody Negative**

		-	untibody itog	
	Percentage		Absolute	
Cell	Results		Counts	
Marker	Range	No.	Range	No.
	> 100	0		
CD45	96 - 100	18		
	< 96	1		
	> 1	1		
CD14	0 - 1	18		
<b>3</b> 2	< 0	0		
	> 55	5	> 1,411	10
CD4	47 - 55	115	737 - 1,411	94
05.	< 47	2	< 737	1
	> 30	5	> 787	9
CD8	25 - 30	114	397 - 787	94
OBO	< 25	3	< 397	2
	> 14	1		
CD19	9 - 14	98		
0013	< 9	4		
	> 10	1		
CD56	4 - 10	24		
CD30	< 4	1		
	> 11	0		
CD56+16	6 - 11	64		
CD30+10	< 6	2		
		7		
CD2 Average	> 82 76 - 82	102		
CD3 Average				
	< 76	1		
CD16	7 - 9	2	10	

Hematology Parameter	Range	No.
WBC	> 6,153 5,311 - 6,153 < 5,311	2 64 3
% Lymphs	> 50 27 - 50 < 27	6 63 0
Absolute Lymphs	> 2,924 1,520 - 2,924 < 1,520	6 <b>63</b> 0

Table 3. Participant Laboratory Results for the April 2005 Shipment

#### Donor Number 9 - Donor Status: HIV-antibody Negative

Donor Number	9 - Donor Statu	5. ПІУ	-antibody Neg	alive
	Percentage		Absolute	
Cell	Results		Counts	
Marker	Range	No.	Range	No.
	> 100	0		
CD45	95 - 100	18		
	< 95	1		
	> 2	0		
CD14	0 - 2	19		
	< 0	0		
	> 54	6	> 1,838	7
CD4	45 - 54	116	893 - 1,838	98
	< 45	0	< 893	0
	> 26	4	> 832	6
CD8	19 - 26	117	417 - 832	97
	< 19	1	< 417	1
	> 26	1		
CD19	18 - 26	99		
	< 18	3		
	> 3	0		
CD56	1 - 3	26		
	< 1	0		
	> 5	2		
CD56+16	1 - 5	64		
	< 1	0		
	> 78	6		
CD3 Average	70 - 78	101		
	< 70	3		
CD16	2 - 4	2		
	4		Ц	

#### **Hematology Results**

Hematology Parameter	Range	No.
WBC	> 7,656 4,342 - 7,656 < 4,342	7 62 0
% Lymphs	> 56 36 - 56 < 36	5 64 0
Absolute Lymphs	> 3,689 1,873 - 3,689 < 1,873	3 66 0

#### Legend:

95% Confidence limits highlighted
"No." represents number of laboratories
reporting in these ranges.
No confidence limits established for
CD16 - maximum and minimum values
reported

#### Donor Number 10 - Donor Status: HIV-antibody Positive

Percent			Absolu	ite	
			Counts		
Range			Range		No.
>					
		000000000000000000000000000000000000000			
	-				
		_		202	0
					6
			-0.000.000.000.000.000.000.000.000		98
	•				0 7
			505050505050505050505050		95 2
				330	
	90900000000000000				
	_	_			
<	0				
>	40	1			
<	16				
>	65	1			
43 -	65	102			
<	43	6			
28 -	32	2			
	Resul Range > 92 -	Results Range  > 100 92 - 100 92 - 100 < 92 > 3 0 - 3 < 0 > 13 7 - 13 < 7 > 53 < 33 > 15 < 5 > 15 < 5 > 19 0 - 19 < 0 > 40 16 - 40 < 16 > 65 43 - 65 < 43	Results       Range     No.       > 100     0       92     - 100       + 92     0       > 3     18       < 0	Results         Count           Range         No.         Range           > 100         0         92         - 100         19           < 92	Results         Counts           Range         No.         Range           > 100         0         19           < 92

Hematology Parameter	Range	No.
WBC	> 5,488 2,118 - 5,488 < 2,118	4 64 0
% Lymphs	> 49 24 - 49 < 24	5 63 0
Absolute Lymphs	> 2,086 712 - 2,086 < 712	4 64 0

Effect of cell analysis method on the range of results As shown in Figure 6 on the following pages, the range of results reported for absolute CD4<sup>+</sup> and CD8<sup>+</sup> T-cell counts was different depending on the method used to obtain the result, i.e., single-platform vs. dual-platform.

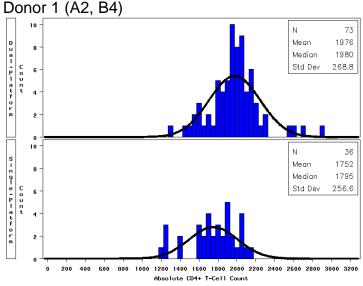
- These are inclusive ranges (lowest value to highest value) and are <u>not</u> 95% confidence limits as presented in the results in Table 3.
- The bars in the graphs represent the data submitted by the participant laboratories. The lines in the graphs represent the normalized plot of the results.
- The mean and standard deviation in each of the graphs is based on the normalized distribution of the results.
- As demonstrated by the difference in the standard deviations for the normalized distribution of results, the dual-platform ranges were larger than the corresponding single-platform ranges for both CD4<sup>+</sup> and CD8<sup>+</sup> absolute T-cell counts (for most donor specimens).

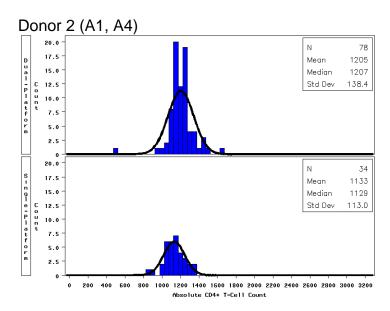
Figure 6. Absolute CD4<sup>+</sup> T-cell counts, by donor, by method

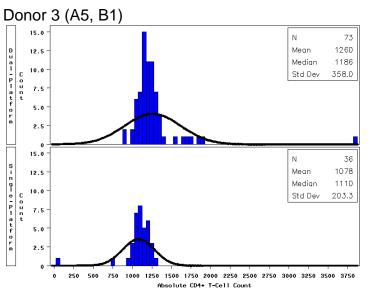
#### Description of graphs depicted below:

- Upper plot -- absolute CD4<sup>+</sup> T-cell count derived using dual-platform methods.
- Lower plot -- absolute CD4<sup>+</sup> T-cell count derived using single-platform methods.
- X-axis -- range of absolute CD4<sup>+</sup> T-cell counts.
- Y-axis --number of laboratories obtaining a particular CD4<sup>+</sup> T-cell count.

#### Absolute CD4<sup>+</sup> T-Cell Count







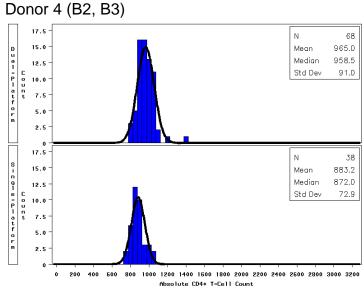
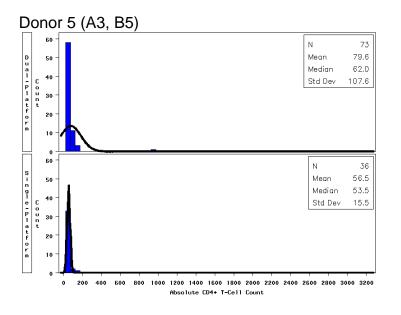
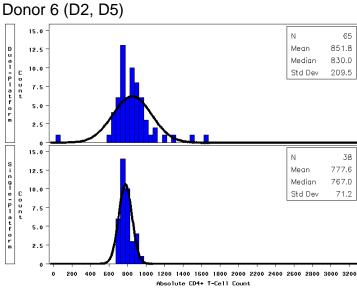
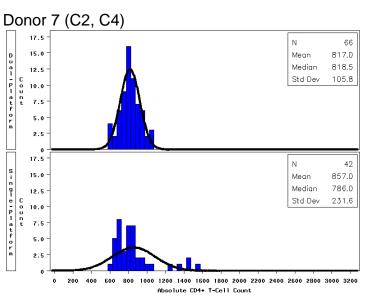


Figure 6, continued. Absolute CD4<sup>+</sup> T-cell counts, by donor, by method







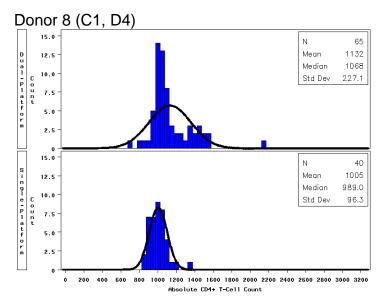
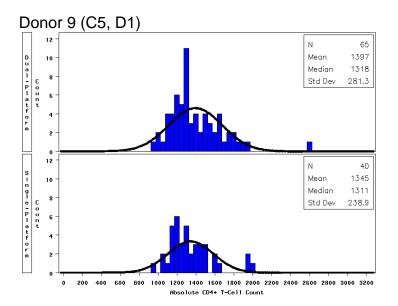
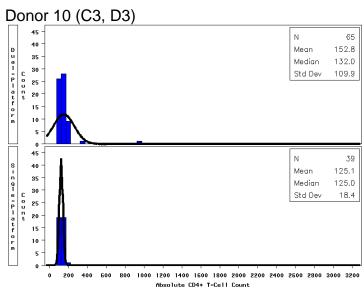


Figure 6, continued. Absolute CD4<sup>+</sup> T-cell counts, by donor, by method





## Reporting errors

The magnitude of the ranges shown in Figure 6 may be partially due to reporting errors on the part of the laboratories.

- One laboratory for one of the specimens they tested reported a lymphocyte count result that was in error by nearly a factor of 2 (e.g., the laboratory reported a WBC of 4720 and a lymphocyte percent of 36, which should have yielded a lymphocyte count of 1699; however, the laboratory reported a lymphocyte count of 3620).
- One laboratory reported the same values for lymphocyte percent and lymphocyte count for all five specimens.
- In total, four laboratories reported lymphocyte counts that differed by more than 5% from the true calculated lymphocyte count (WBC X Lymphocyte percent) on at least one specimen.

Significance of method of analysis on mean CD4 value

- In general, the mean CD4 value of the normalized curve for the dual-platform results was larger than the mean CD4 value of the normalized curve for the single-platform results.
- As can be seen in Table 4 below, for some donors this shift in the mean CD4 values was statistically significant.
- If the shift in CD4 value occurs around a medical treatment or AIDS case defining decision point (e.g., 500 or 200 absolute CD4 counts), the shift may have clinical significance.

Table 4. Mean CD4 values, Dual-Platform vs. Single-Platform Methods

	Dual-Platform mean CD4+	Single-Platform mean CD4+		
Donor	Value	Value	p value	Significance
1	1976	1752	p=<.0001	Significant*
2	1205	1133	p=0.0091	Significant
3	1260	1079	p=0.0011	Significant
4	965	883	p=<.0001	Significant
5	80	57	p=0.0761	Not Significant
6	852	778	p=0.0107	Significant
7	817	857	p=0.2969	Not Significant
8	1133	1005	p=0.0001	Significant
9	1397	1345	p=0.3309	Not Significant
10	153	125	p=0.0508	Not Significant
	* Significant if p-value is <0.05			

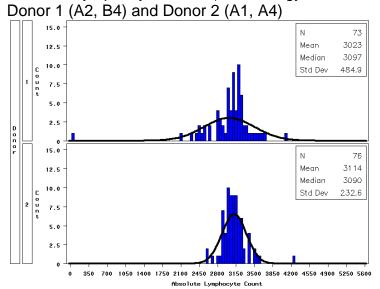
Effect of hematology results on dual-platform methods, Figure 7 The ranges of dual-platform results were affected by the extent of variability in the absolute lymphocyte count results derived from hematology instruments. As shown in Figure 7 on the following pages, often the range of results was quite large.

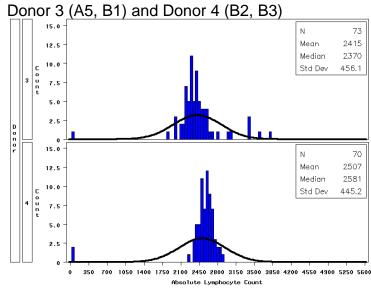
Figure 7. Absolute Lymphocyte Counts, by Donor

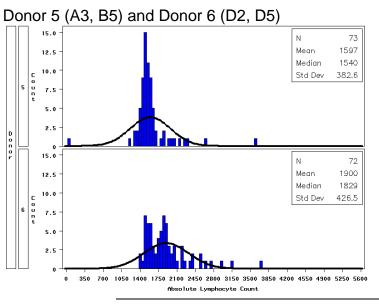
#### Description of graphs depicted below:

- Upper plot -- absolute lymphocyte count for one donor.
- Lower plot -- absolute lymphocyte count for another donor.
- The identity of the donors is noted in the bars on the left hand side of the plot.
- X-axis -- range of absolute lymphocyte counts.
- Y-axis -- number of laboratories obtaining a particular absolute lymphocyte count.

#### Absolute Lymphocyte Count (Hematology Instrument)







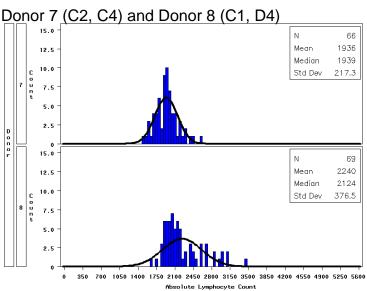
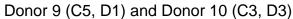
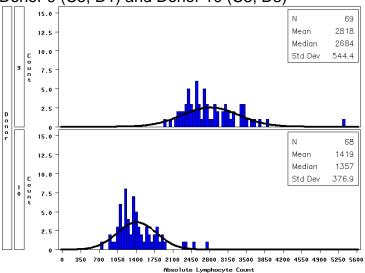


Figure 7, continued. Absolute Lymphocyte Counts, by Donor





#### **Discussion**

#### Effect of delayed specimen preparation

Several laboratories reported delays in preparing specimens for analysis. These delays were related to delay in receipt due to problems with the overnight courier, delivery problems within the receiving institution, and delay in processing the specimens after receipt in the laboratory.

A total of 60 laboratories reported specimen preparation delays (3 laboratories reported both late deliveries and delays in processing).

These specimen preparation delays may have affected the testing results from these laboratories.

- Of the 60 laboratories reporting specimen preparation delays, 34 laboratories (56.7%) reported one or more results outside the established 95% confidence ranges.
- One laboratory reported 18 of 50 results (36.0%) submitted and another laboratory reported 17 of 50 results (34.0%) submitted outside the 95% confidence ranges.

#### Possible reasons for differences in laboratory performance

Differences in laboratory performance of cell marker analysis may be related to:

- the use of the CDC CD4<sup>+</sup> T-cell testing guidelines
- the use of dual-platform versus single-platform procedures
- the use of different flow cytometer, hematology instrument, and reagent manufacturer combinations
- factors associated with specimen preparation (including specimen fixation before analysis and delay in preparing specimens for analysis), and
- reporting errors on the part of the laboratories.

# Ensuring accurate calculated results

Laboratories should have a mechanism in place to ensure accurate and reliable calculated results. Laboratories are reminded that this is a requirement in the regulations implementing the Clinical Laboratory Improvement Amendments (CLIA) [Sec. 493.1291 (a) (1)]. This standard is as follows:

- " (a) The laboratory must have adequate manual or electronic systems in place to ensure test results and other patient-specific data are accurately and reliably sent from the point of data entry (whether interfaced or entered manually) to final report destination, in a timely manner. This includes the following:
  - (1) Results reported from calculated data."

#### Discussion, Continued

#### Discontinuation of CDC MPEP for CD4+ T-cell Determinations

This document represents the final report for this program.

The CDC MPEP for CD4+ T-cell determinations is being discontinued for the following reasons:

- it has met the goals set out for it when it was initiated 15 years ago;
- the quality of the performance of the enrolled laboratories has been consistently high;
- technology has evolved to the point where this testing has become simpler and not subject to as much variability as seen early on; and
- other external quality assessment programs for CD4<sup>+</sup> T-cell testing are available for U.S. laboratories.

#### Summary of Program Outcomes

During its 15-year life span, this program has provided useful information on the quality of CD4+ testing and quality assurance and quality control practices through the dedicated participation of several hundred of the Nation's laboratories. In addition, data collected through this program has contributed to the publication of four sets of CDC CD4<sup>+</sup> T-cell testing guidelines:

- "Guidelines for the Performance of CD4<sup>+</sup> T-cell Determinations in Persons with Human Immunodeficiency Virus Infection" *MMWR* 1992; 41(RR-8).
- "1994 Revised Guidelines for the Performance of CD4<sup>+</sup> T-cell Determinations in Persons with Human Immunodeficiency Virus (HIV) Infection" *MMWR* 1994; 43(No.RR-3).
- "1997 Revised Guidelines for the Performance of CD4<sup>+</sup> T-cell Determinations in Persons Infected with Human Immunodeficiency Virus (HIV)" *MMWR* 1997; 46(No.RR-2).
- "Guidelines for Performing Single-Platform Absolute CD4<sup>+</sup> T-cell Determinations with CD45 Gating for Persons Infected with Human Immunodeficiency Virus" *MMWR* 2003; 52(No.RR-2):1-13.

#### Thank you

We thank the laboratories that participated in this program. Their willingness to share performance and practice data has contributed to the evaluation of and collective knowledge about the state of CD4<sup>+</sup> T-cell testing in the United States.