

Data analysis in MDS: from pattern recognition to a glimpse of emerging computational tools

Marisa (Theresia Maria) Westers, PhD



Department of Hematology, Cancer Center Amsterdam,
Amsterdam University Medical Centers, Location Vrije Universiteit, VUmc, Amsterdam,
The Netherlands



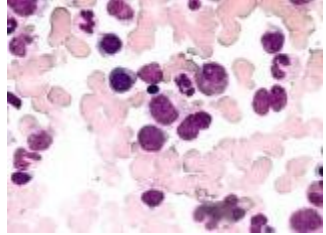
Outline workshop

1. Introduction MDS
2. How to perform MDS-FC
3. Expert-based analysis
4. MDS flow cytometry reports
5. Multidimensional analysis and computational analysis

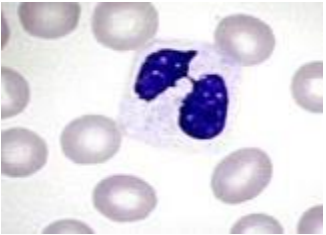


Myelodysplastic Syndromes (MDS)

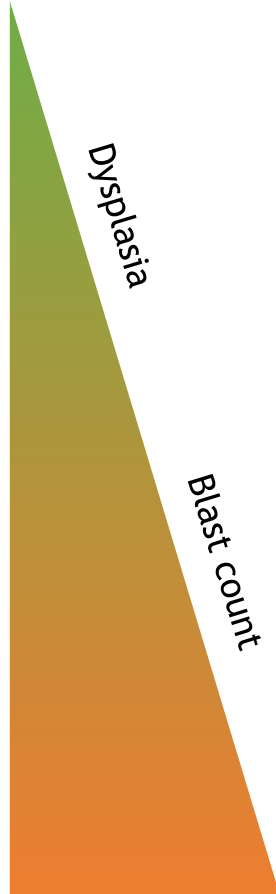
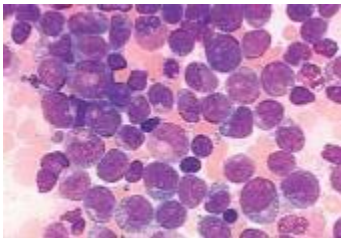
normal BM



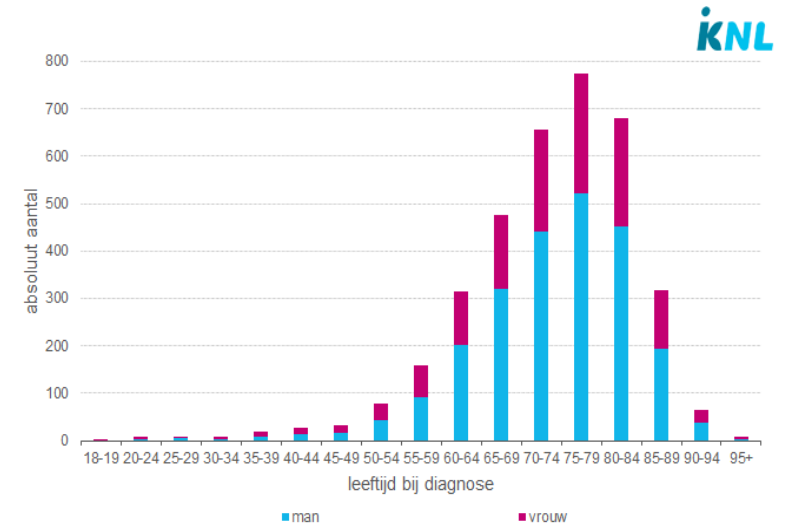
MDS



AML

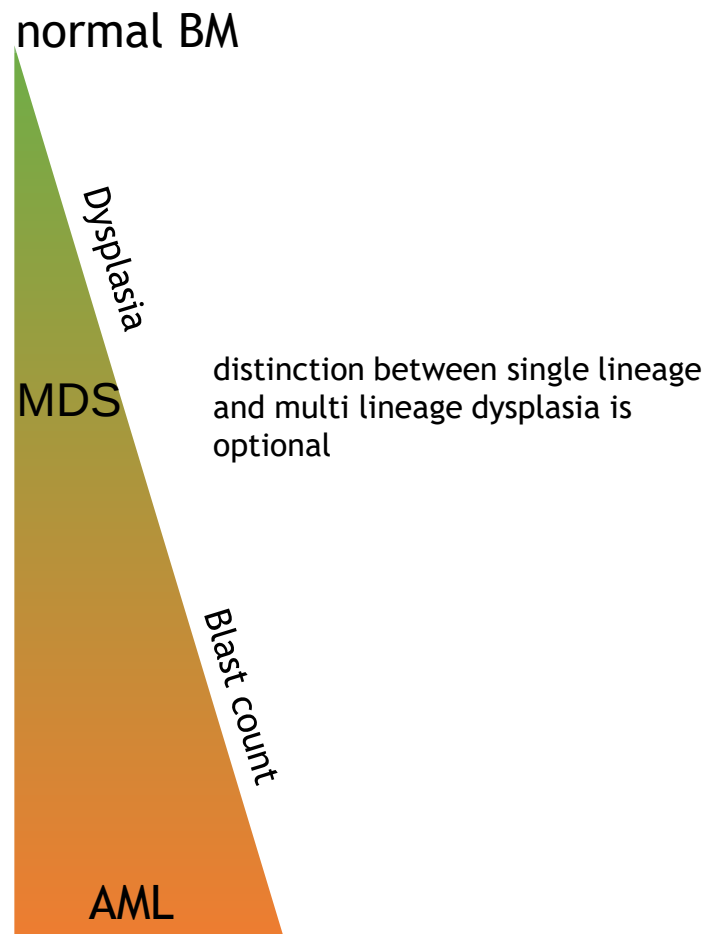


- characterized by cytopenia, dysplastic morphology and a varying percentage of blasts
- progression to leukaemia in approximately 30% of the cases
 - incidence of MDS 4-5/100,000 per year
 - clear increase of the incidence with higher age (>70 yrs: 30/100,000 per year)





WHO-2022 classification of MDS



International Consensus Classification differs from WHO

MDS, morphologically defined

MDS-LB MDS with low blasts <5% BM and < 2% BL

MDS-h MDS-hypoplastic (<25% BM cellularity)

MDS with increased blasts

MDS-IB-1 5-9% BM or 2-4% BL

MDS-IB-2 10-19% BM or 5-19% PB or Auer rods

MDS-f (with fibrosis) 5-19% BM; 2-19% PB

MDS with defining genetic abnormalities

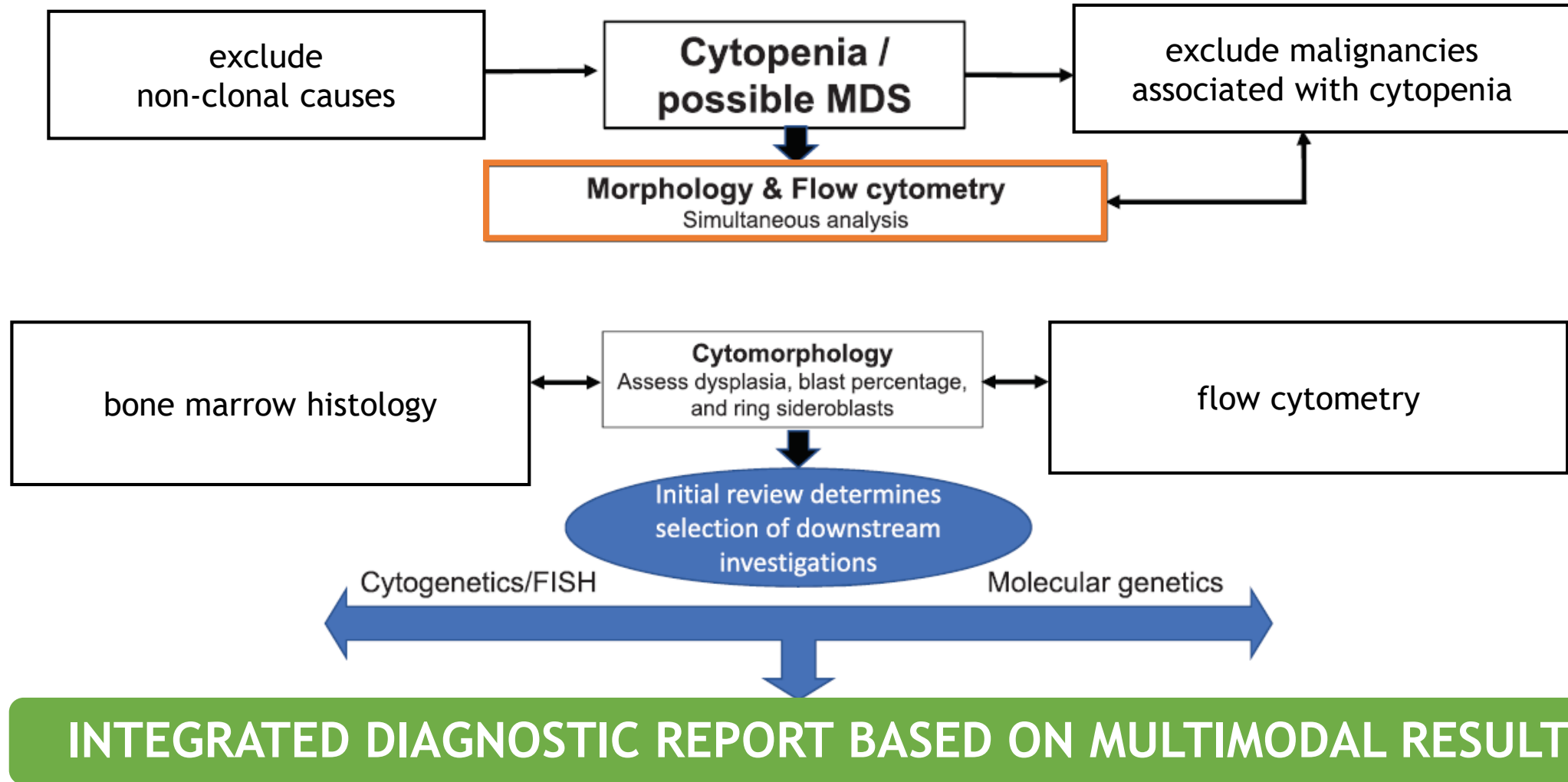
MDS-5q MDS with low blasts and isolated del(5q) <5% BM and <2% BL
5q deletion alone or with 1 other abnormality other than monosomy 7 or 7q deletion

MDS-SF3B1 MDS with *SF3B1* mutation
excluding del(5q), monosomy 7 or complex karyotype
(or MDS-LB with *SF3B1*-wild type with ≥15% ring sideroblasts)

MDS-biTP53 MDS with allelic *TP53* inactivation



Flow cytometry in the diagnostic algorithm for MDS





Recommendations on FC in (suspected)MDS

- apply international guidelines (ELNet/NCCN):
 - pre-analytical, analytical, post-analytical
- screening
 - mini-panel based on *Diagnostic score (a.k.a. Ogata score)*
- extended analyses of:
 - Myeloid and lymphoid progenitor cells
 - Maturing myelomonocytic cells
 - Maturing nucleated erythroid cells



Recommendations on pre-analytical and technical issues

- adequate quality bone marrow aspirate (preferably in heparin)
- appropriate processing time (<24h)
 - appropriate lysing procedures
 - lyse-wash-stain procedure
 - bulk lysis with (preferably) NH_4Cl
- appropriate antibody combinations
- backbone of at least CD45 in every tube
 - appropriate instrument settings
 - stability of the cytometer's performance
 - adequate analysis strategy



Preanalytical: recommended antibodies (2023)

TABLE 1 Recommended antibodies for FCM analysis of various cell types

Cell subset	Backbone markers	Recommended markers	Optional
Myeloid progenitor	CD45, CD34, CD117, HLA-DR	CD13, CD33, CD10, CD11b, CD15, CD38, CD7, CD56	TdT, CD5, CD19, CD25, CD133
Lymphoid progenitor	CD45, CD34	HLA-DR, CD10, CD19	CD22
Granulocyte	CD45, CD117	HLA-DR, CD13, CD33, CD11b, CD16, CD10, CD15, CD14, CD64, CD56	CD34, CD5, CD7
Monocyte	CD45	HLA-DR, CD13, CD33, CD11b, CD14, CD34, CD36, CD64, CD16, CD56, CD117	CD2, MDC8 (Slan), CD300e
Erythroid	CD45, CD34, CD117	HLA-DR, CD36, CD71, CD105, CD13, CD33	CD235a
Optional cell subsets for analysis:			
Basophil	CD45	CD123, HLA-DR	CD203c
Mast cell	CD117	CD45, HLA-DR	CD2, CD25
Dendritic cell	CD45, CD34, CD117	HLA-DR, CD123	CD11c CD1c, CD141, CD303



Back bone markers: example of pipetting Ab combinations

EuroFlow AML/MDS panel; Leukemia 2012

1	CD45	CD34	CD117	HLA-DR	CD16	CD13	CD11b	CD10	myelomonocytic
2	CD45	CD34	CD117	HLA-DR	CD35	CD64	CD300e	CD14	myelomonocytic
3	CD45	CD34	CD117	HLA-DR	CD36	CD105	CD33	CD71	myelomonocytic-erythroid
4	CD45	CD34	CD117	HLA-DR	TdT	CD56	CD7	CD19	lineage infidelity markers

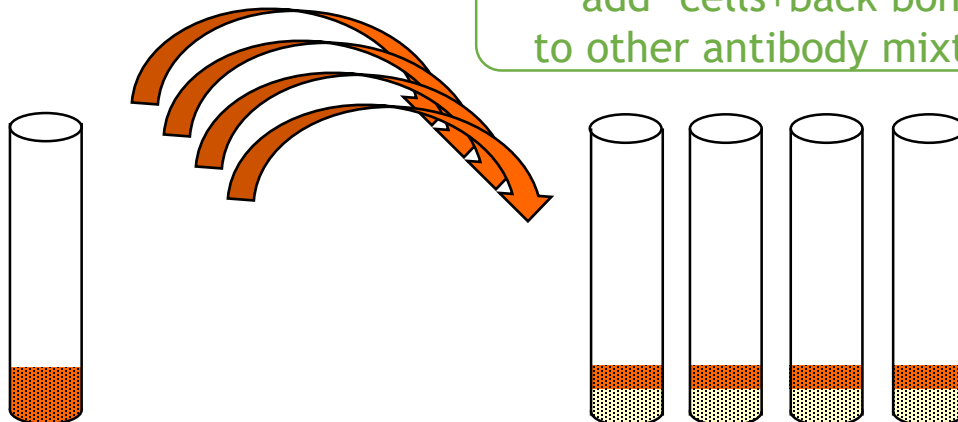
Step 1

cell suspension + back bone

Step 2

add 'cells+back bone'
to other antibody mixtures

identical staining of
back bone markers in every tube
for more optimal gating

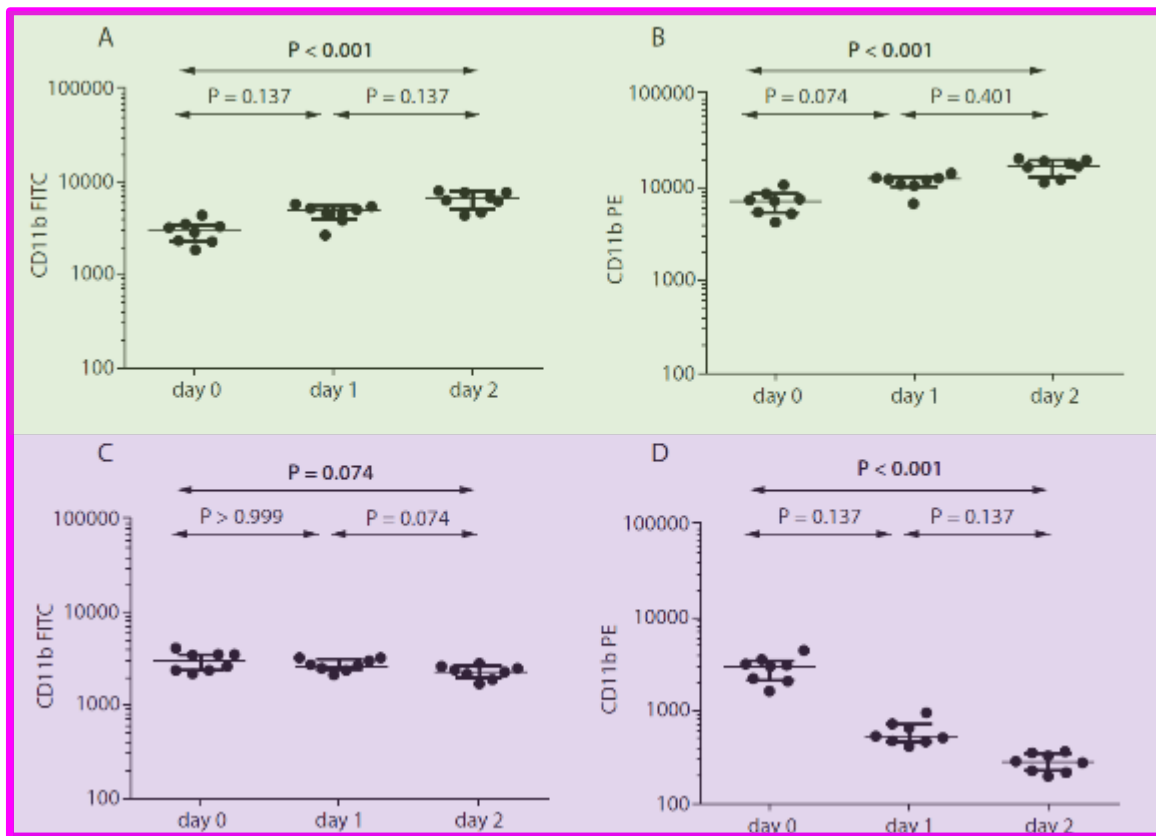




Preanalytical: anticoagulants and delay of processing

granulocytes

Heparin

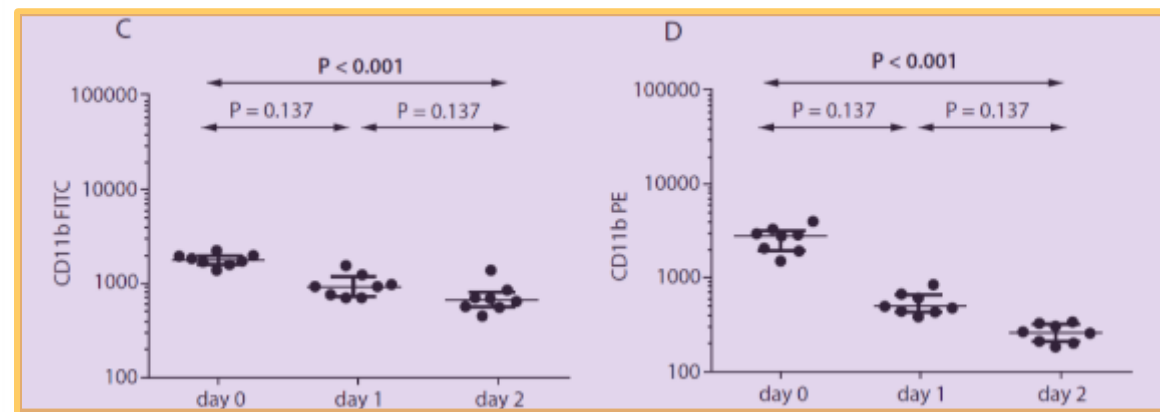


CD11b FITC clone ICRF44

CD11b PE clone D12

EDTA may affect expression of several antigens when samples are not processed immediately

monocytes



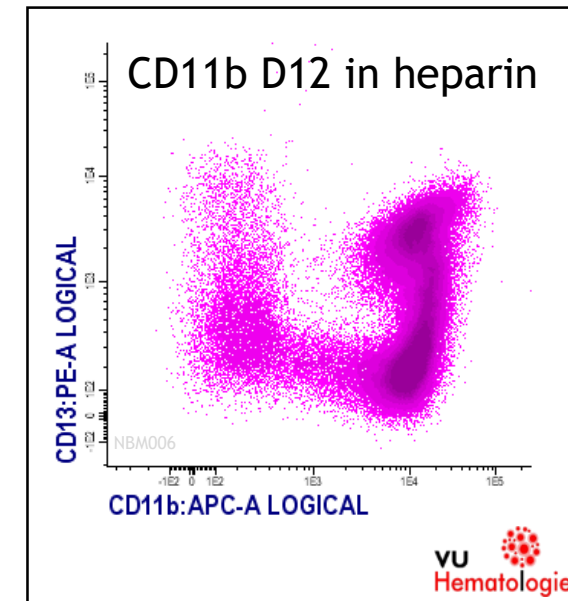
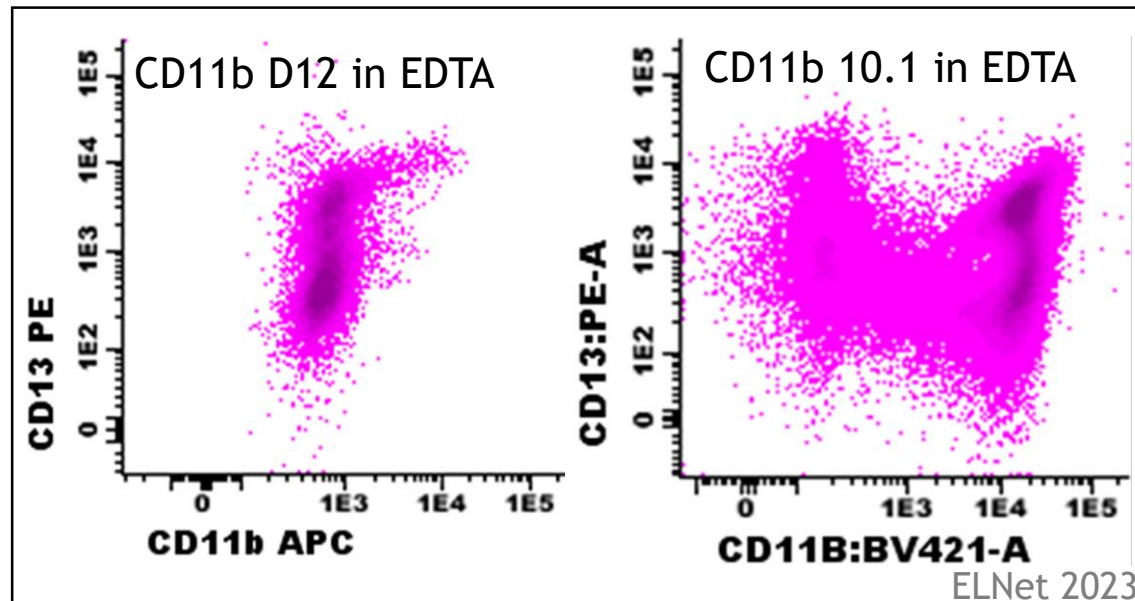
CD11b FITC clone ICRF44

CD11b PE clone D12



Neutrophil CD11b expression in EDTA and heparin

- studying of CD11b expression in EDTA-anticoagulated specimens may be problematic
 - a calcium-dependent epitope in human neutrophils
 - binding of **some** antibodies to their ligand is Ca^{2+} dependent
 - need for other clone or higher concentration of CD11b (clone D12) in EDTA samples





Recommendations on pre-analytical and technical issues

- adequate quality bone marrow aspirate (preferably in heparin)
- appropriate processing time (<24h)

- appropriate lysing procedures
- lyse-wash-stain procedure
- bulk lysis with (preferably) NH_4Cl

- appropriate antibody combinations
- backbone of at least CD45 in every tube

- appropriate instrument settings
 - stability of the cytometer's performance
- adequate analysis strategy

standardize !!



How to process stained samples

- Acquisition preferably within 1 h. of completing staining procedure
- Acquisition of a **minimum of 100,000 CD45+** events per tube
 - at least **250 CD34+** events should be present
 - preferably at least **500 CD34+** events for the ‘**diagnostic score**’
- Adequate analysis strategy
 - gating of subpopulations by means of CD45, FSC and SSC characteristics in combination with other specific markers

Increase in amount of backbone markers can facilitate more accurate gating procedures

- CD45 vs. CD45/CD34 or
- CD45/CD34/HLA-DR/CD117 or
- CD45/CD34/HLA-DR/CD117/CD33 or
-

Data analysis



Data analysis



Low number of dimensions

- Expert-based manual gating:
 - step-by-step evaluation of multiple parameters and patterns in one or two-dimensional plots (histogram and scatter plots)
- Dimensionality reduction and clustering algorithms
 - mapping of cell clusters of normal BM on multidimensional plots (e.g. Kaluza radar plots, Infinicyt's APS plots, FlowSOM)
 - provide insight into BM cell composition and maturation
 - may serve as reference map to assess abnormal hematopoiesis in MDS

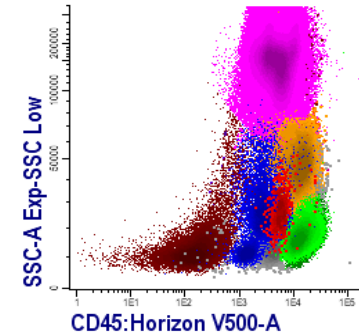
Multi-dimensional (->numerous two-dimensional plots)

- Dimensionality reduction and clustering algorithms
- Computational analysis



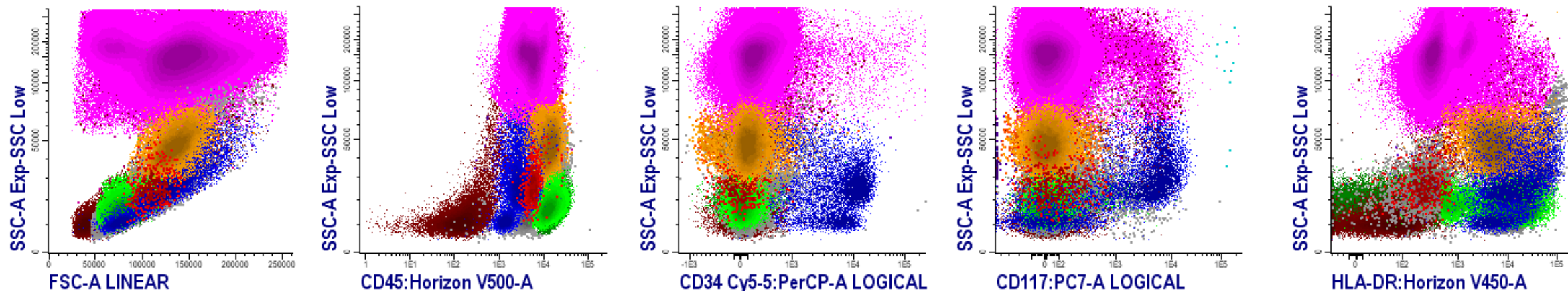
Manual analysis - Gating strategy

- exclusion of doublets (if applicable)
- exclusion of debris and non-nucleated erythroid cells
- definition of subsets by CD45 and scatter characteristics
- advice to use:
 - Fixed X- and Y-axes for interpretation of patterns
 - Fixed colors for defined subsets, e.g.:
 - progenitors
 - granulocytes
 - monocytes
 - lymphocytes
 - erythroid cells





Gating strategy -result based on back bone markers



■ lymphocytes	based on CD45 and FSC/SSC	
■ progenitors	based on CD45, CD34, SSC	(CD117/CD19/CD71)
■ “monocytes”	based on CD45, HLA-DR and SSC	(CD64, CD33)
■ “granulocytes”	based on CD45, SSC (, HLA-DR)	(CD33)
■ basophils	based on CD45, SSC, HLA-DR	(CD123)
■ erythroid	based on CD45	(CD71, CD36, CD13/CD33 ⁻)



Gating strategy - some examples



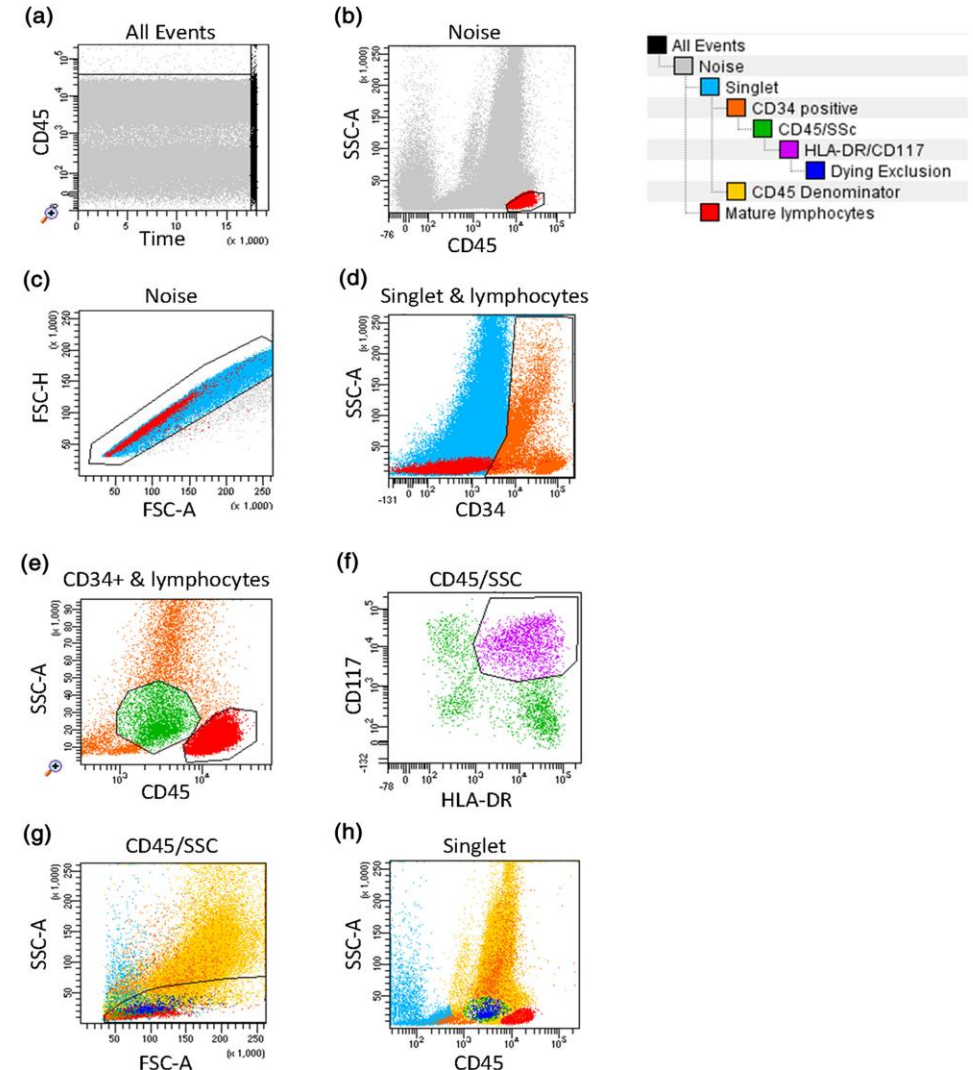
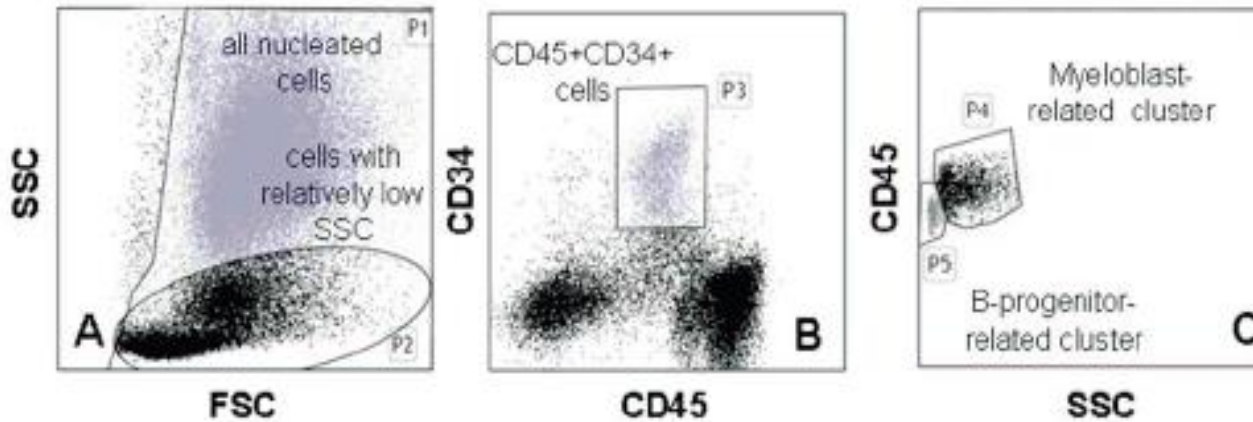
Manual analysis - Myeloid progenitor cell count by FC

Cut-off **blasts** by cytomorphology $\geq 5\%$

Cut-off **MyProg** according to Ogata score $\geq 2\%$

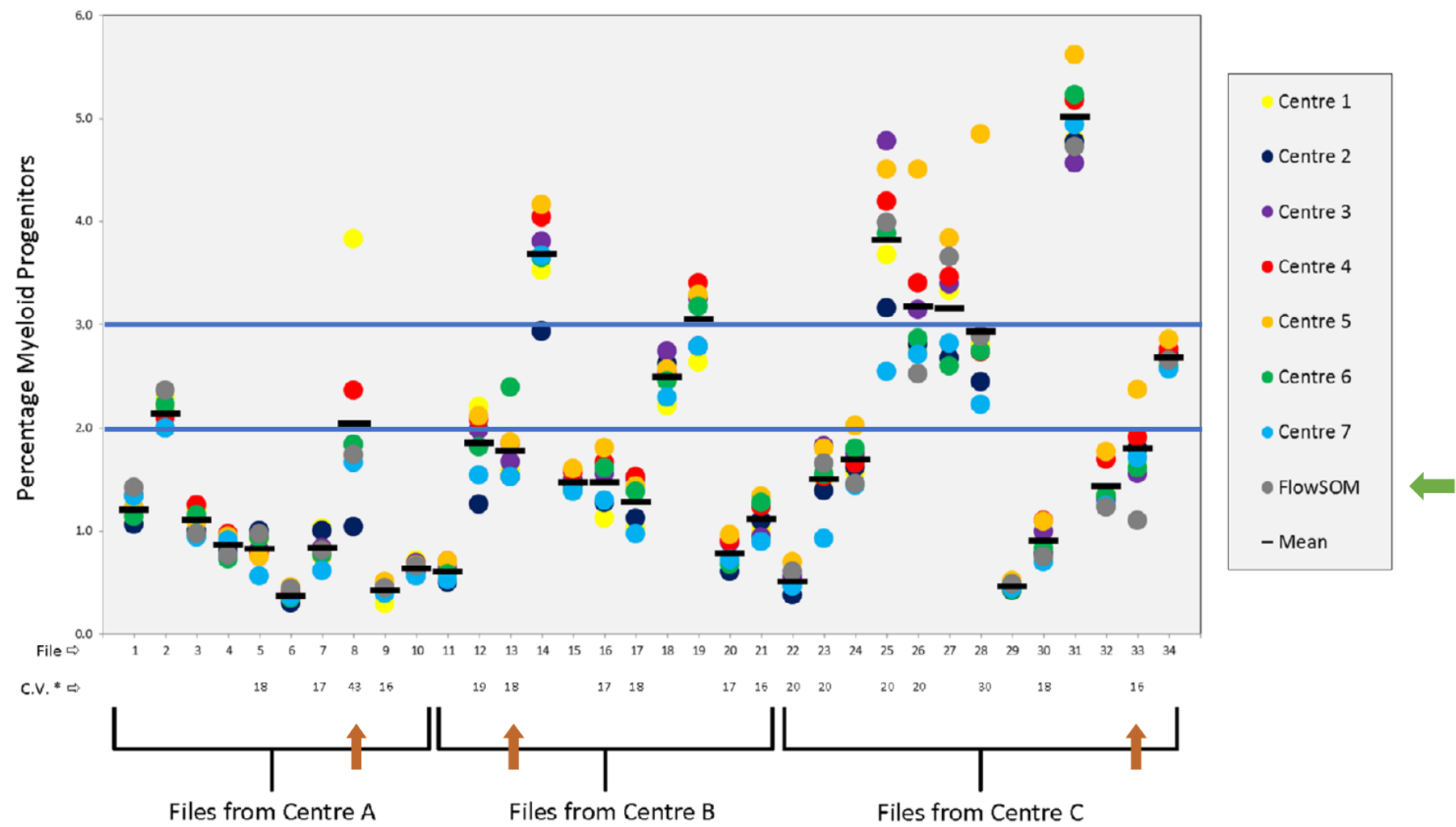
Cut-off %MyProg indicative of MDS (Kern et al.) $> 3\%$

4-parameter Ogata score





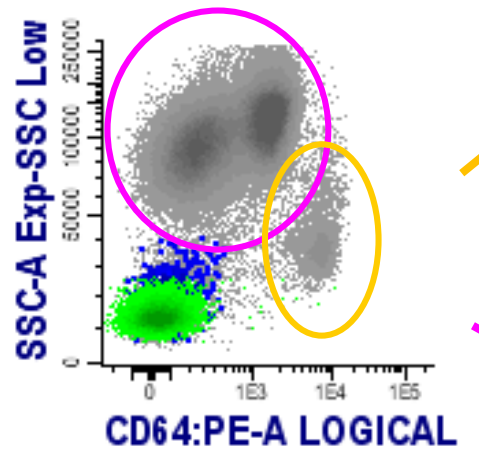
Reproducibility of CD34⁺ MyProg cell count in MDS by FC



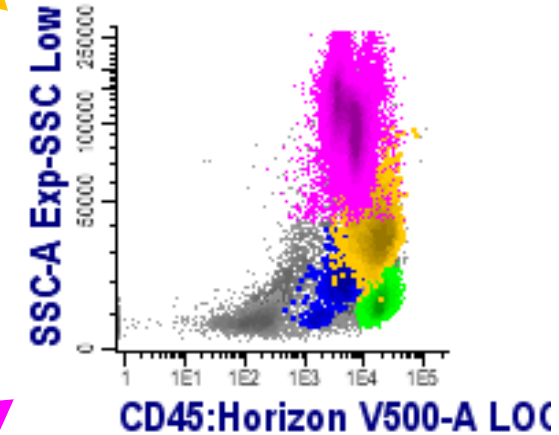
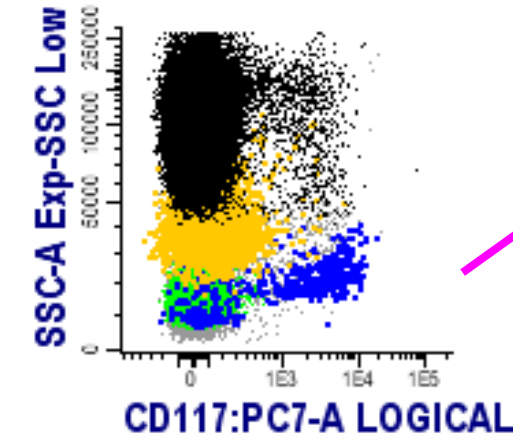
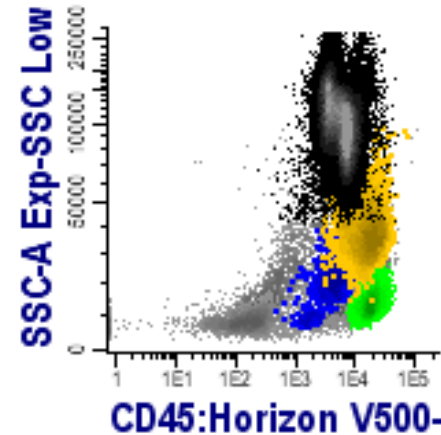
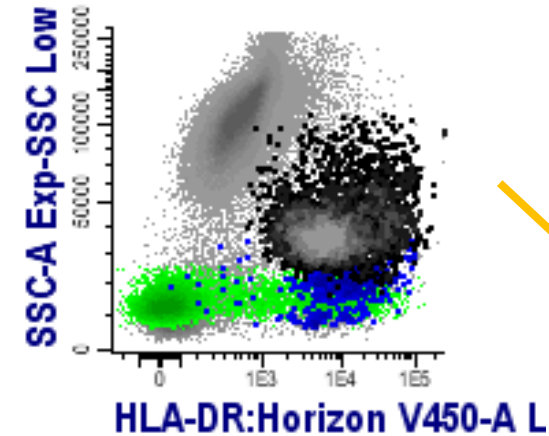
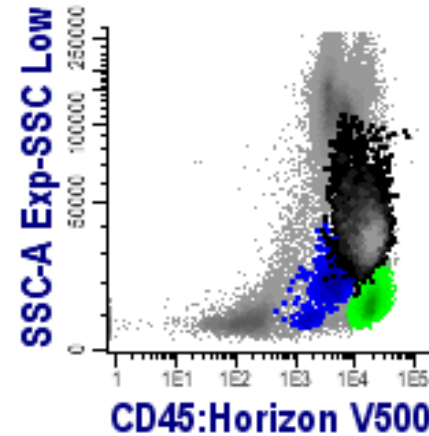


Optional gating strategy: ‘mono- vs. granulocytes’

Applying PNH guidelines:
use CD64 to spot their location,
but gate them based on CD45/SSC



CD33 as alternative

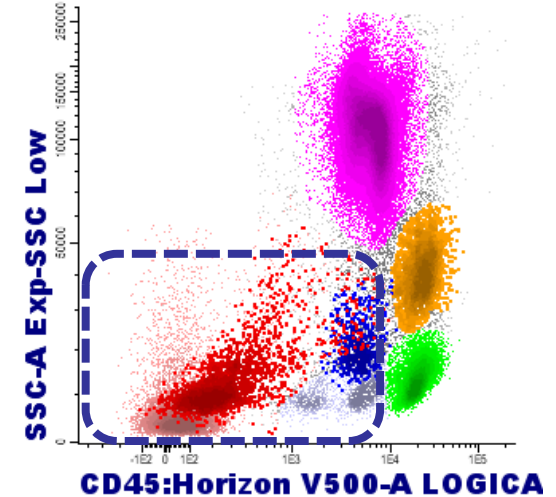
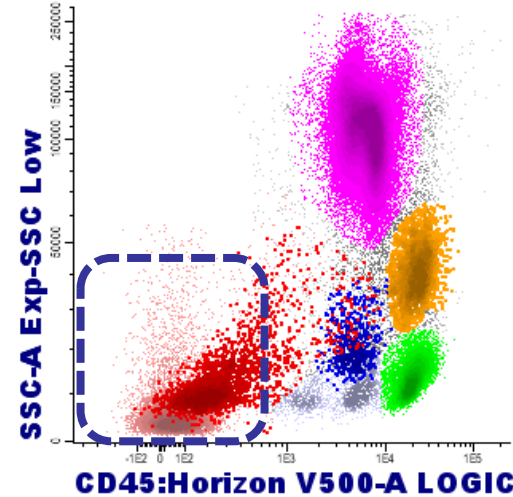
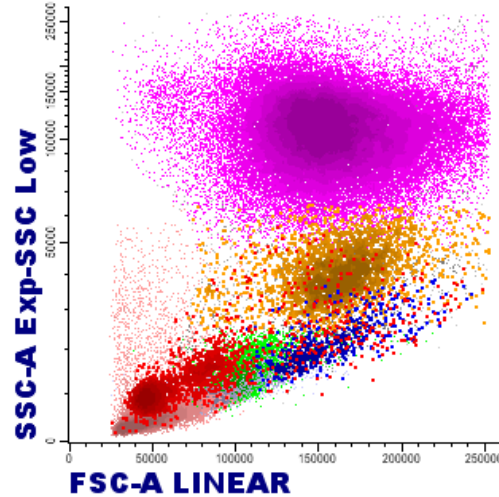
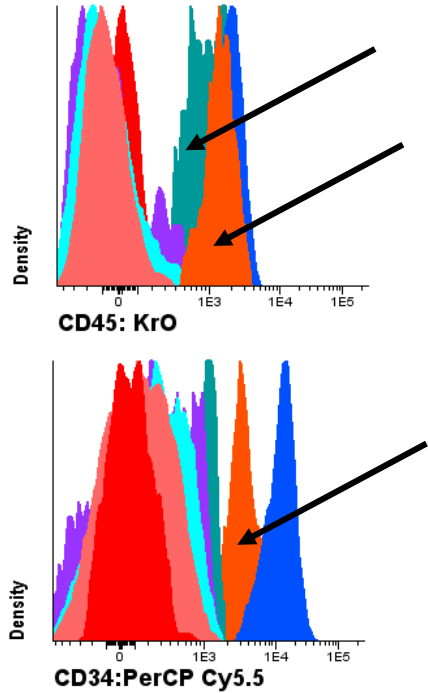


Fine tuning by e.g.
HLA-DR/SSC and
CD117/SSC ... mast
cells

- lymphocytes
- progenitors
- “monocytes”
- “granulocytes”

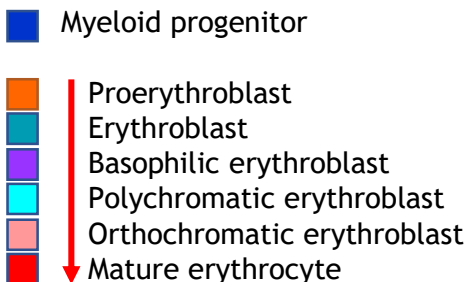


Proper gating strategy for erythroid lineage



Early erythroid progenitors mingle with CD34⁺/CD45^{dim} MyProg
So, a CD45^{negative} gate excludes early erythroid progenitors.

Note that, erythroid gate should be CD45^{dim-to-neg} !
Use a myeloid marker CD13, CD33 to remove MyProg





Evaluation of aberrancies



Evaluation of aberrancies

Only possible when adequate knowledge on age-matched normal and **related pathological controls** is acquired !!

- patterns ... altered differentiation or distribution of subsets
... altered expression levels ($0.5\log/1\log$ or $<> 2*SD$)
- aberrant marker expression ... lineage infidelity (cut-offs under evaluation)
... asynchronous (cut-offs under evaluation)
- apply fixed X- and Y-axes to evaluate patterns

QC important!
instrument, antibodies, processing, analysis



Aberrancies in maturing myeloid cells

ELNet recommendations

Recommended analyses

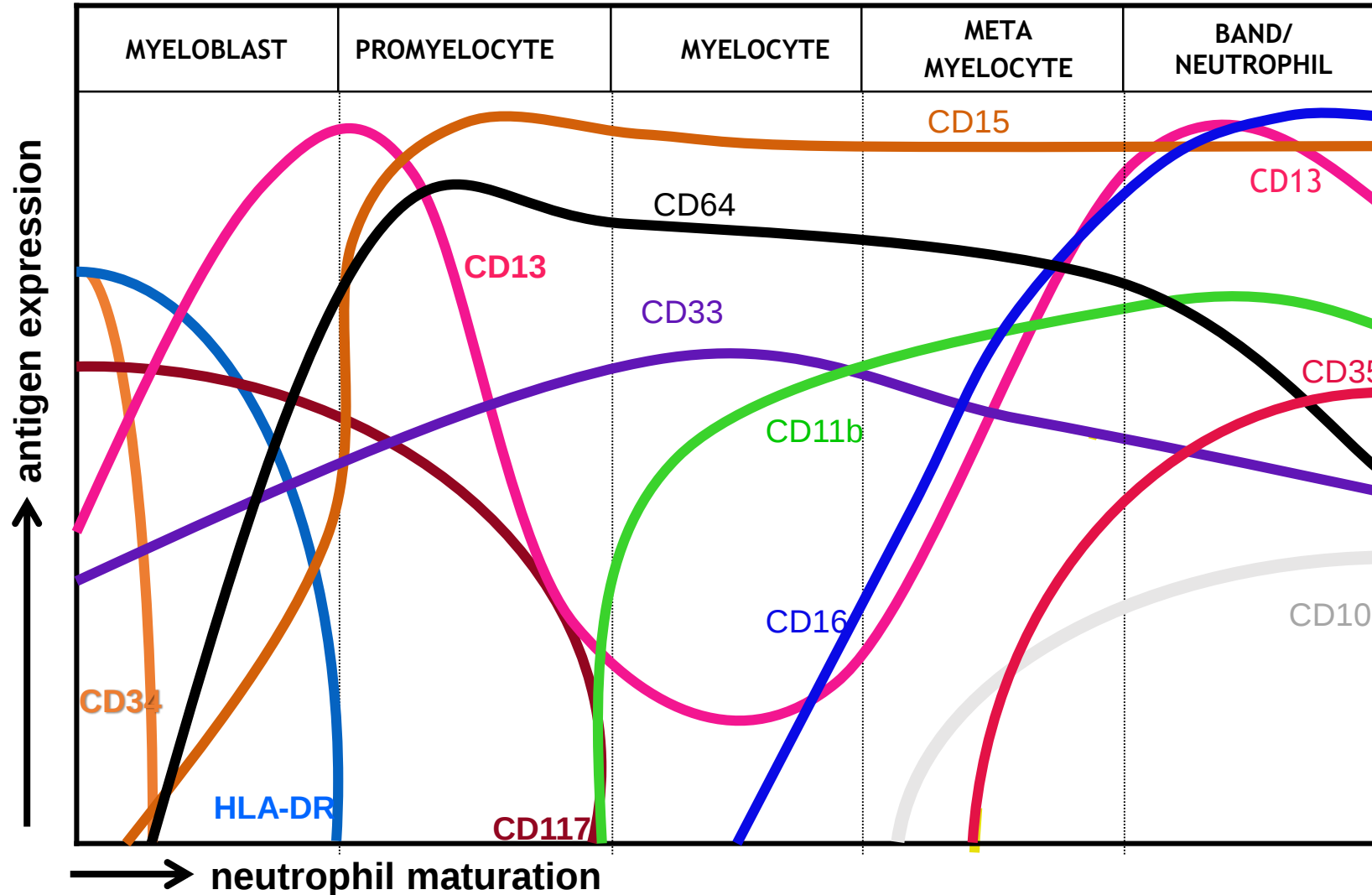
Percentage of cells as ratio to lymphocytes
SSC as ratio vs. SSC of lymphocytes
Relationship of CD13 and CD11b
Relationship of CD13 and CD16
CD10
CD15
CD33
Relationship HLA-DR and CD11b
CD14
Lineage infidelity markers (CD56)

Aberrancy

Decreased
Decreased (note, haemodilution and aging samples)
Altered pattern (note, aging samples)
Altered pattern (note, aging samples)
Decreased or loss (note, aging samples)
Decreased
Increased/decreased
Altered pattern
Presence
Presence

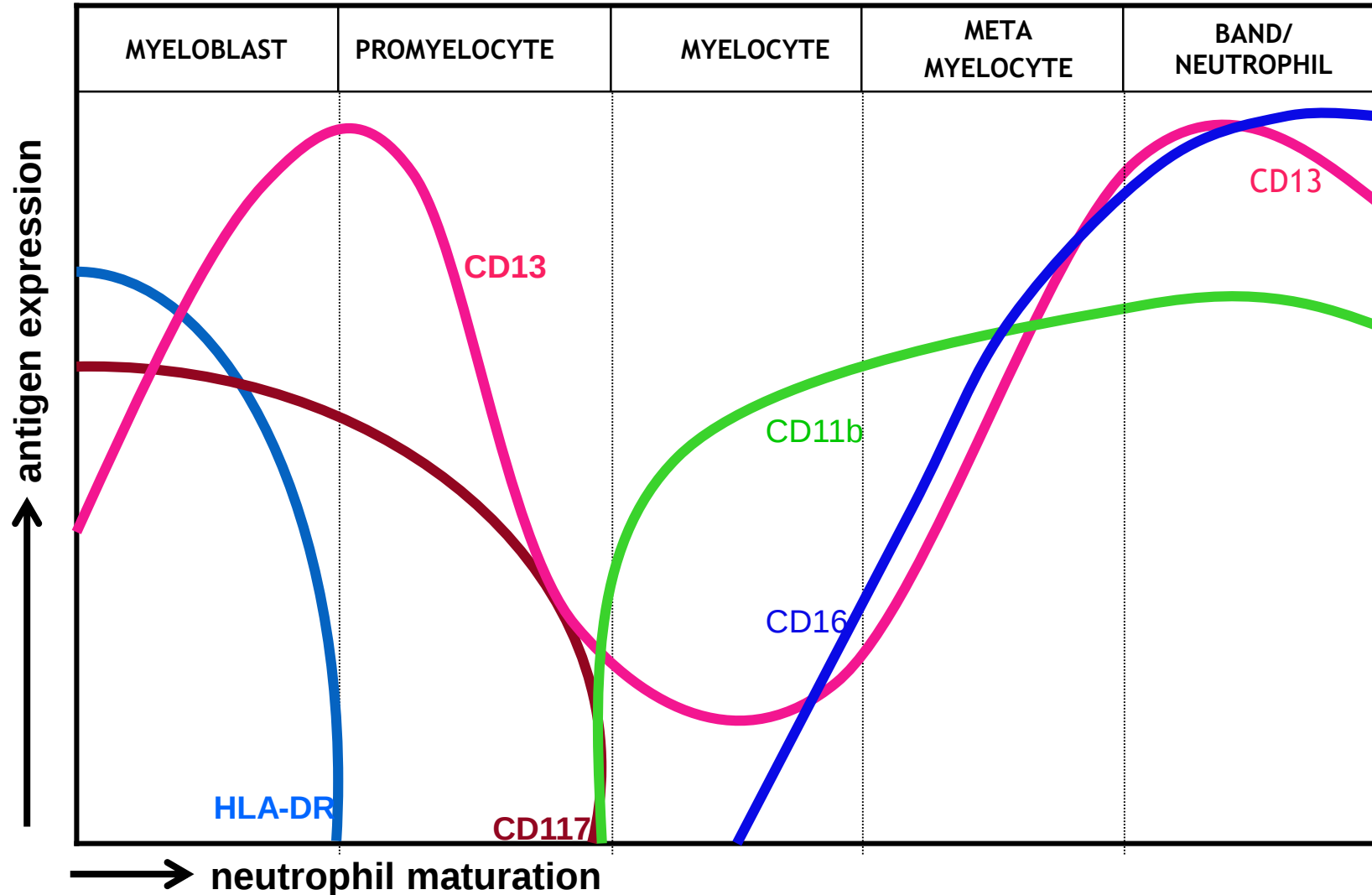


Antigen expression levels on maturing myeloid cells





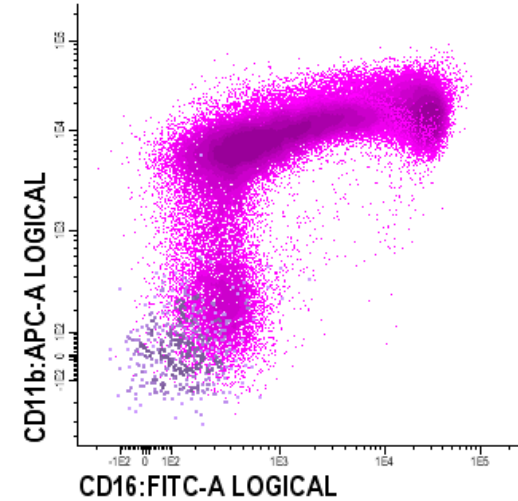
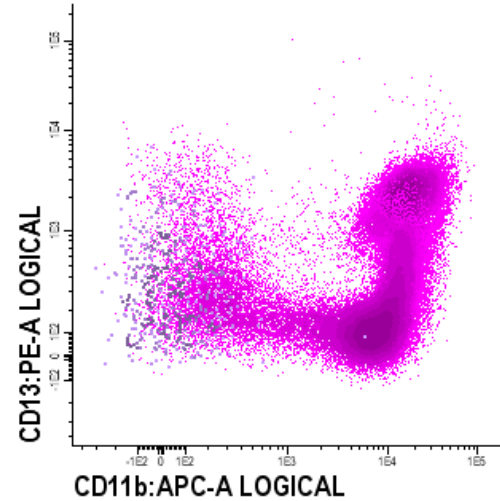
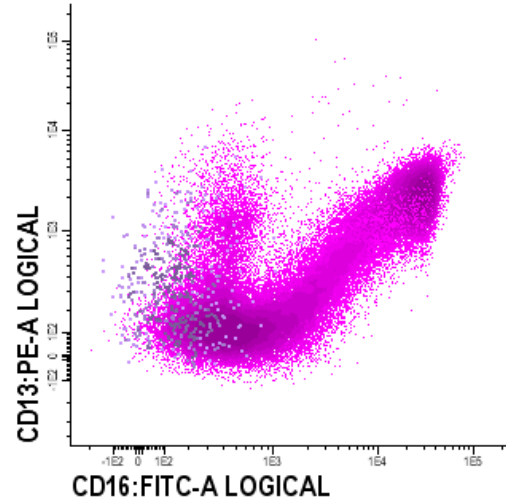
Antigen expression levels on maturing myeloid cells





Differentiation patterns of myeloid cells

CD16/CD13/CD11b/CD45



CD34+ My

CD13+
CD117+
HLA-DR+



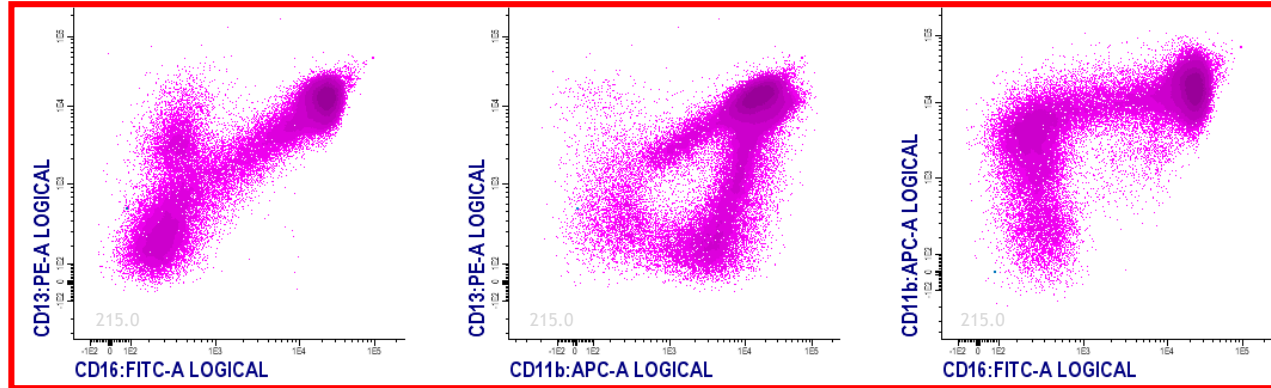
CD34-

CD13+ CD11b- CD16- CD117+ HLA-DR+	→	CD13+/- CD11b- CD16- CD117+ HLA-DR-	→	CD13- CD11b- CD16- CD117- HLA-DR-	→	CD13- CD11b dim CD16- CD117- HLA-DR-	→	CD13- CD11b+ CD16-/dim	→	CD13 dim CD11b+ CD16 dim	→	CD13+ CD11b+ CD16+
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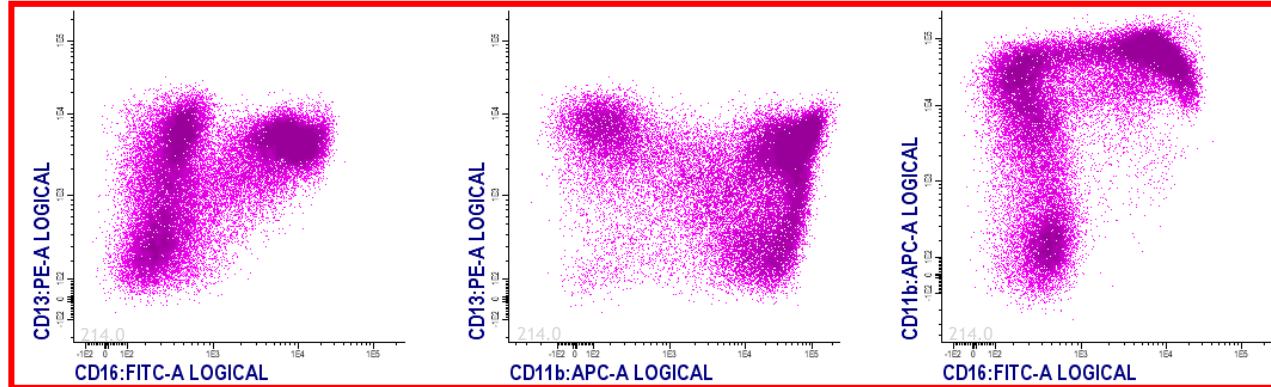
Upon maturation CD45 increases, FSC decreases, SSC first increases then decreases

Granulocytes: aberrant maturation patterns

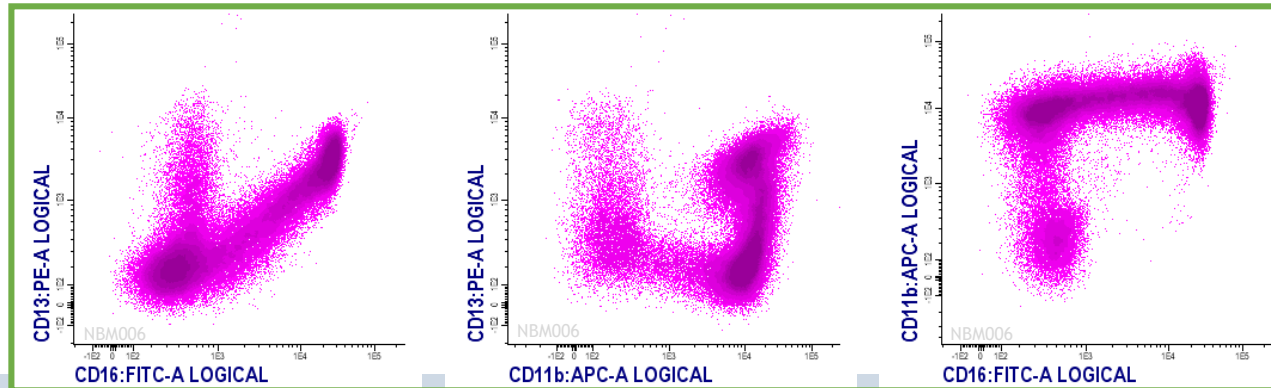
MDS



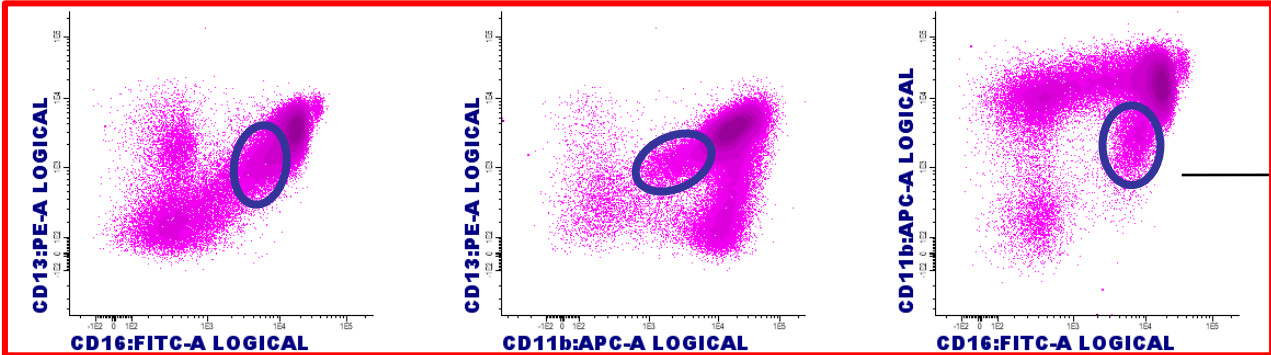
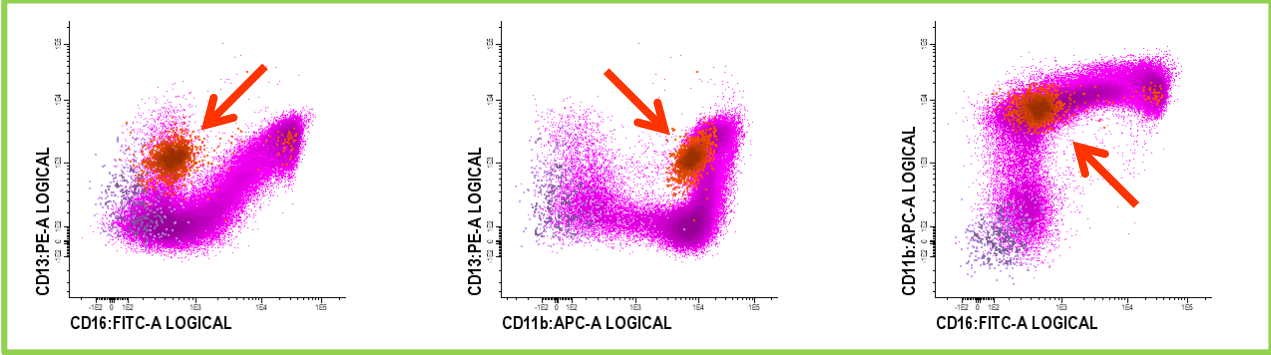
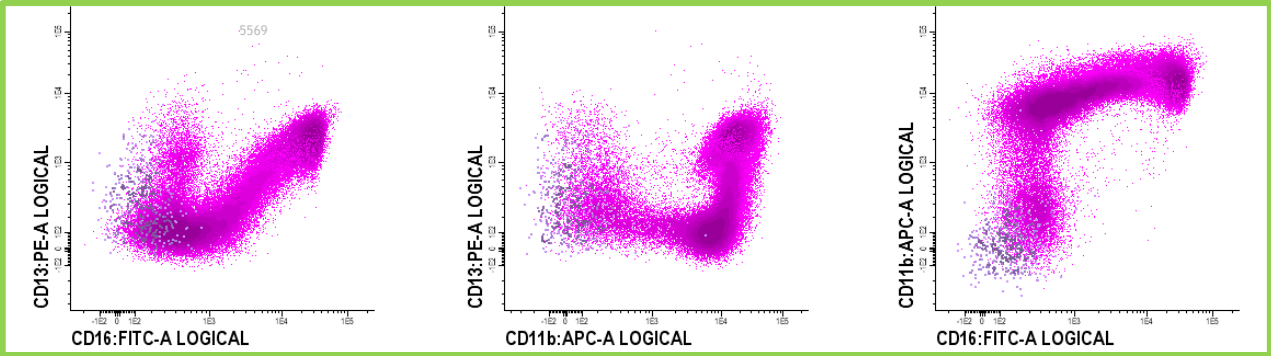
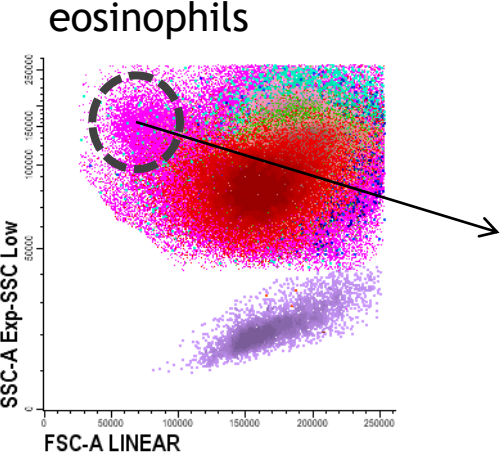
MDS



normal

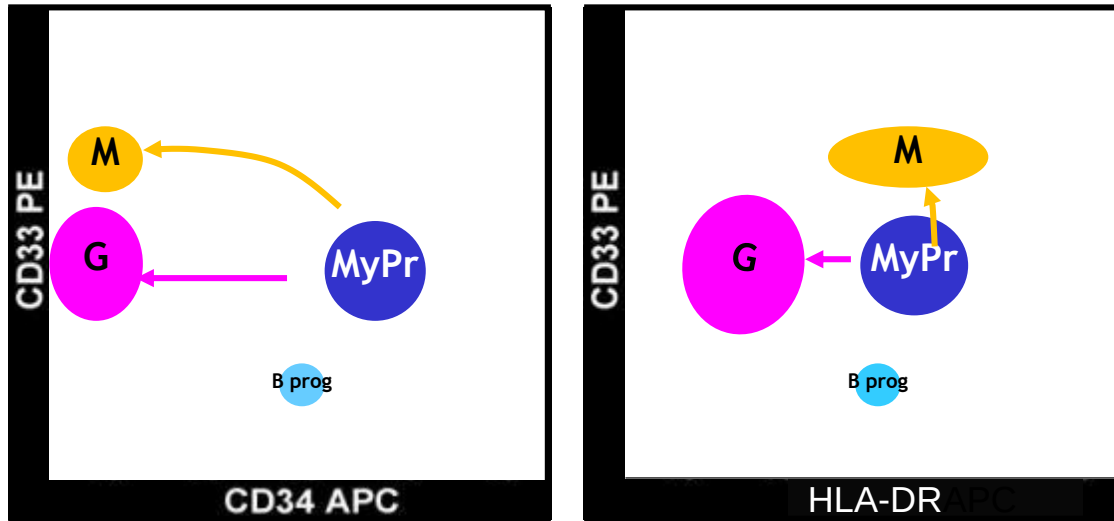


Apoptosis and eosinophils can disturb maturation patterns





CD33 in granulocytic and monocytic differentiation



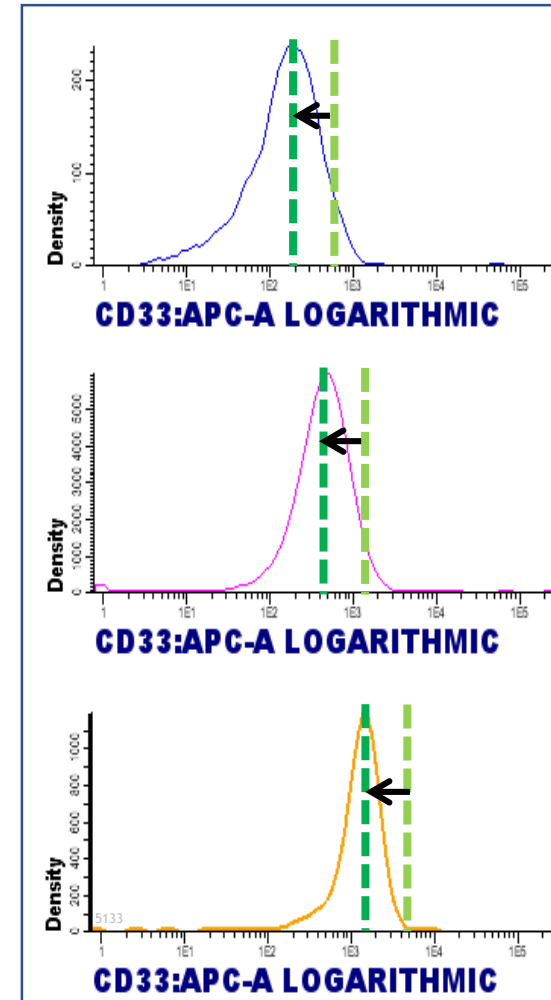
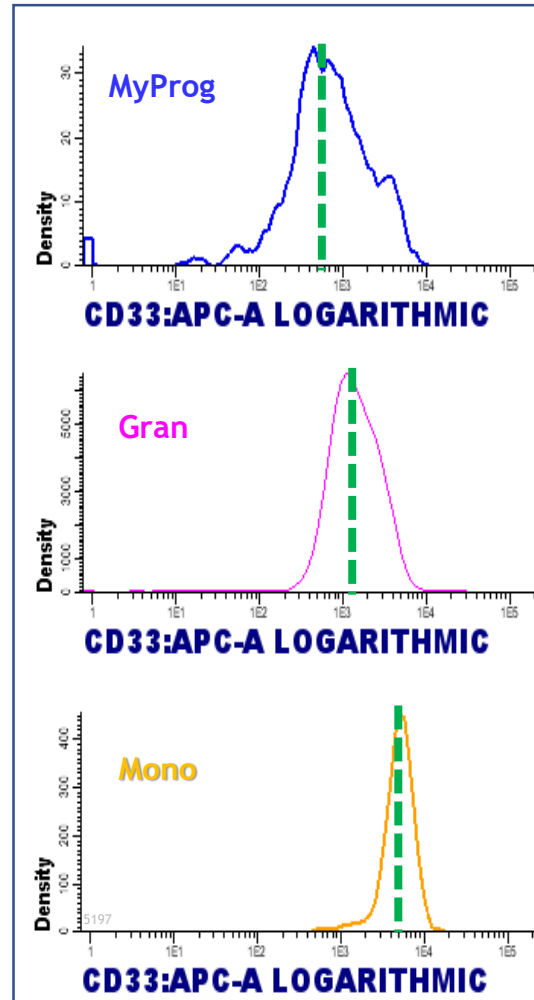
- progenitors
- “monocytes”
- “granulocytes”



CD33 expression and CD33 polymorphism

approx. 10% of Caucasian population has a genetic polymorphism in CD33 antigen resulting in lower expression

- myloid progenitors
- “monocytes”
- “granulocytes”



Similar decrease in CD33 expression in all subsets:

no aberrancy but CD33 polymorphism!

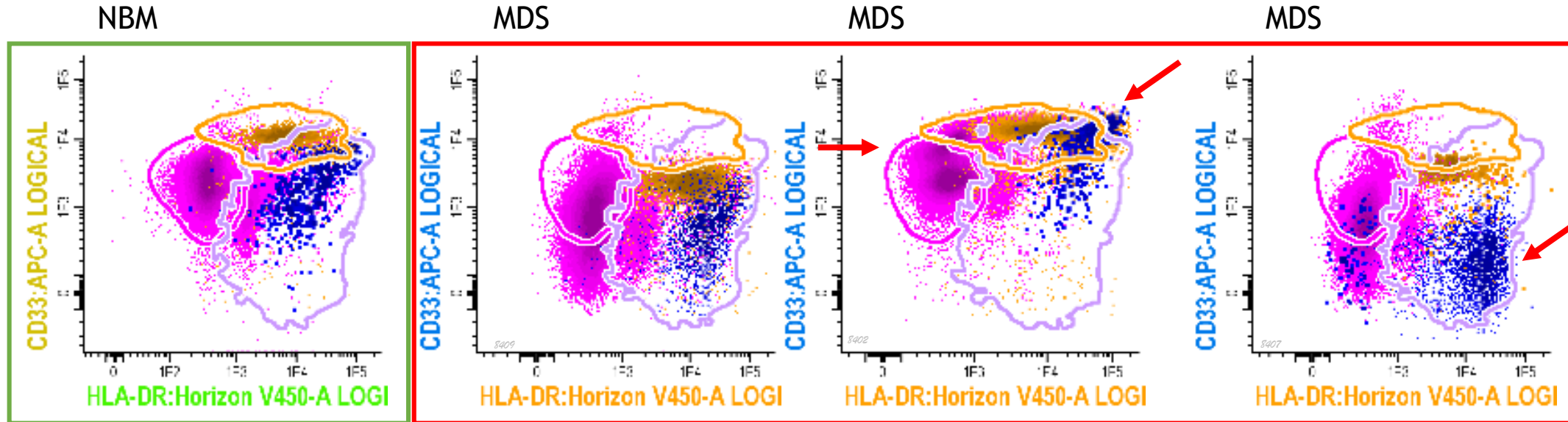
Calculate ratio between ...

- CD33 Mo vs. Gr
- CD33 Mo vs. MyProg
- CD33 Gr vs. MyProg



Examples of FC aberrancies: CD33 and HLA-DR

CD33
↑
→ HLA-DR



polymorphic low CD33

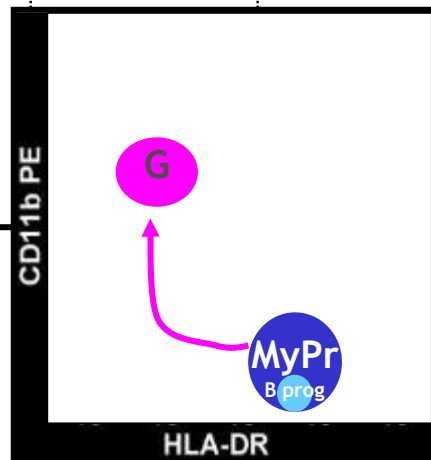
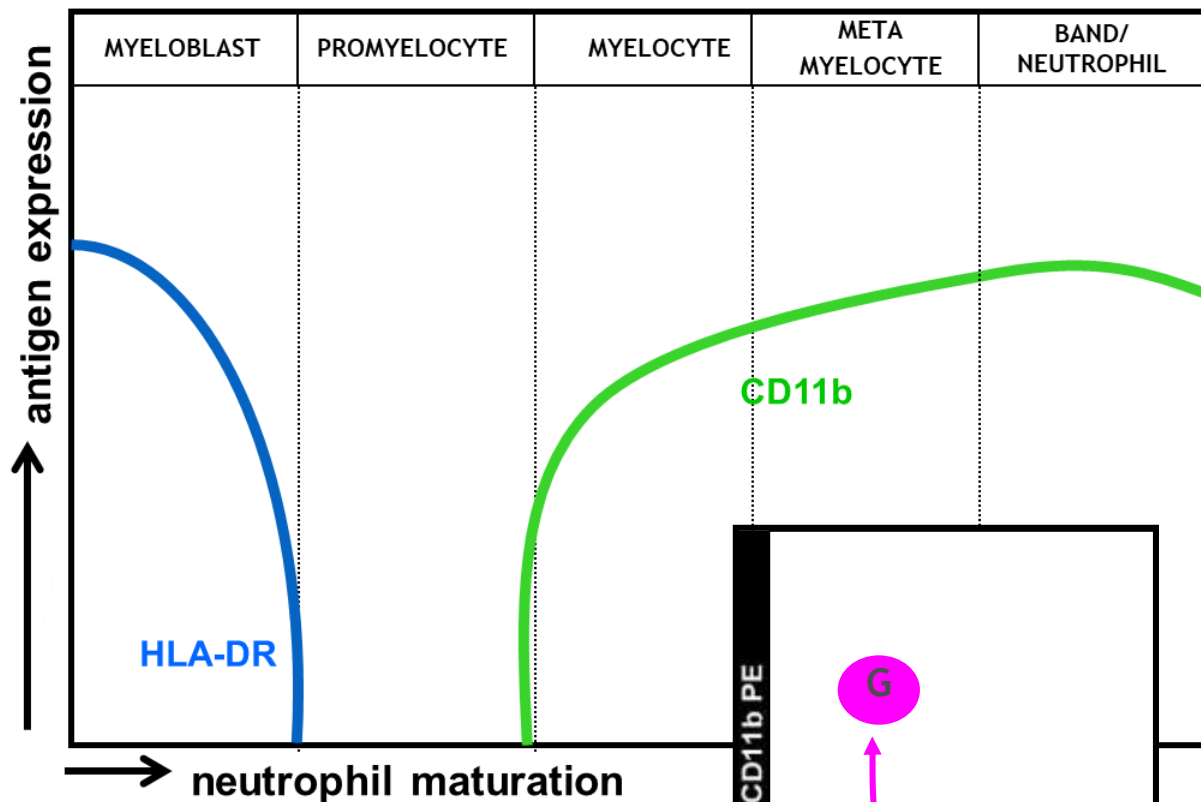
aberrantly high
gran + MyProg

polymorphic + aberrantly
absent on MyProg

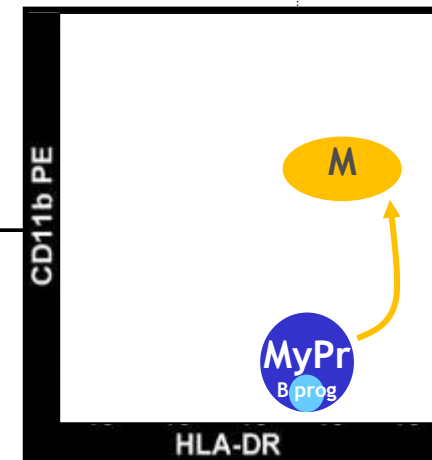
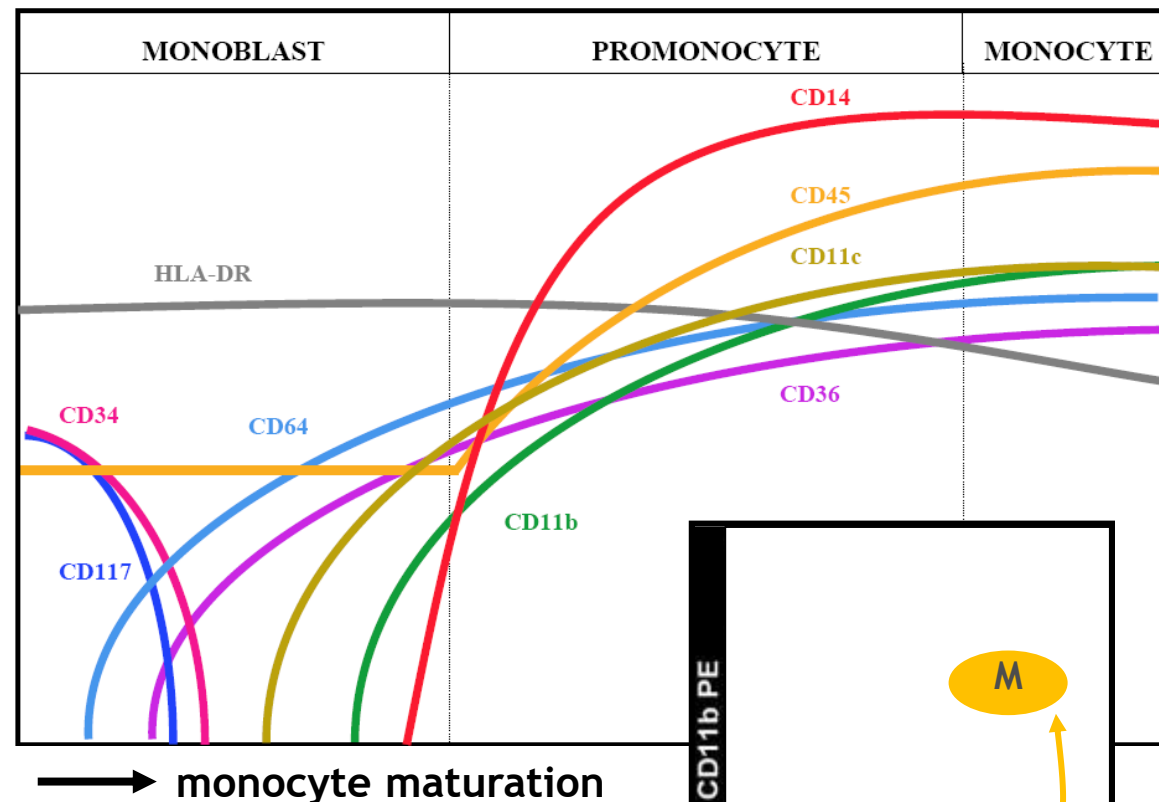
- myeloid progenitors
- “monocytes”
- “granulocytes”



HLA-DR/CD11b expression on maturing myelo-monocytic cells



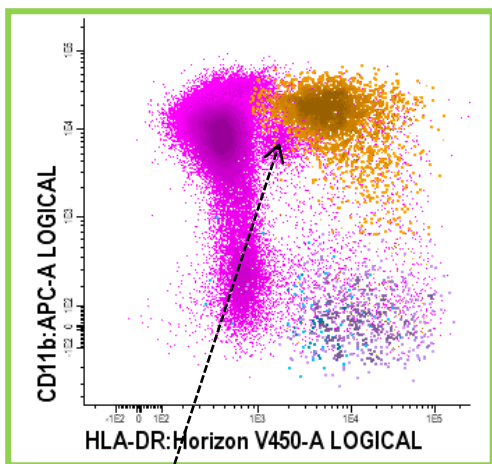
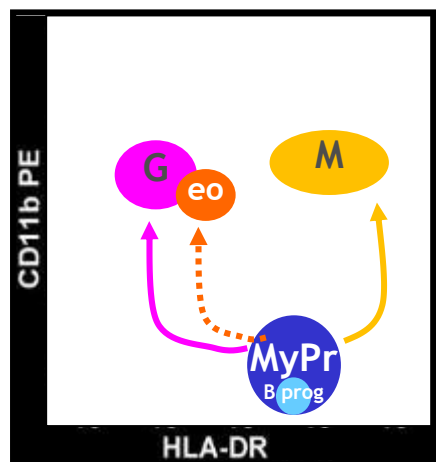
clock wise



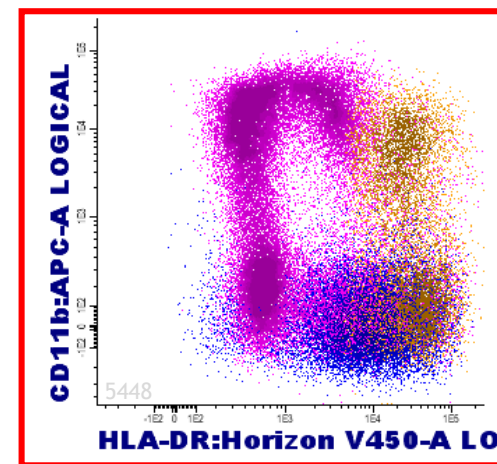
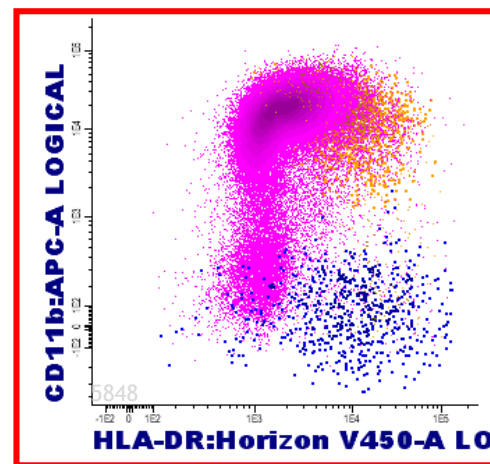
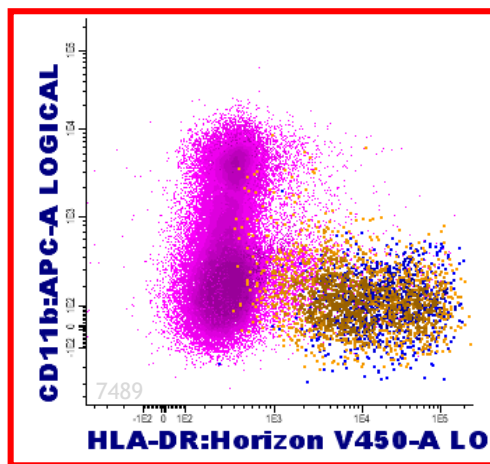
counter clockwise



Monocytic vs. granulocytic differentiation: HLA-DR/CD11b



eosinophil



aberrant HLA-DR and/or CD11b expression

- progenitors
- “monocytes”
- “granulocytes”
- eosinophils



Aberrancies in maturing monocytic cells

ELNet recommendations

Recommended analyses

Number of cells as ratio to lymphocytes
Distribution of maturation stages
Relationship of HLA-DR and CD11b
Relationship of CD14 and CD300e (IREM2)
Relationship of CD14 and CD64
Expression of CD13
Expression of CD33
Lineage infidelity markers: CD56

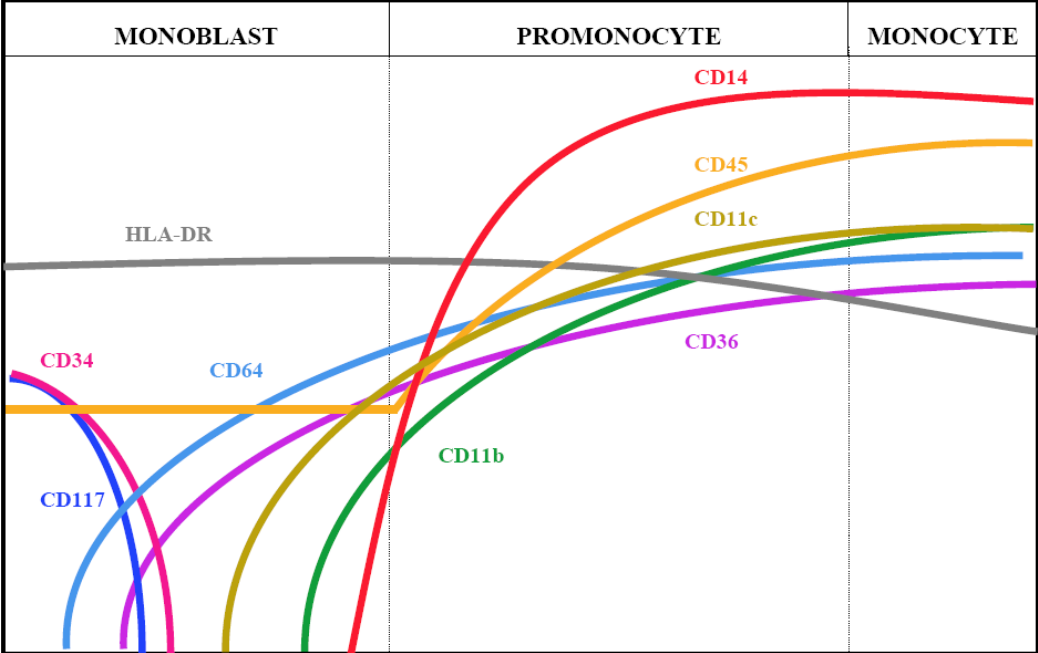
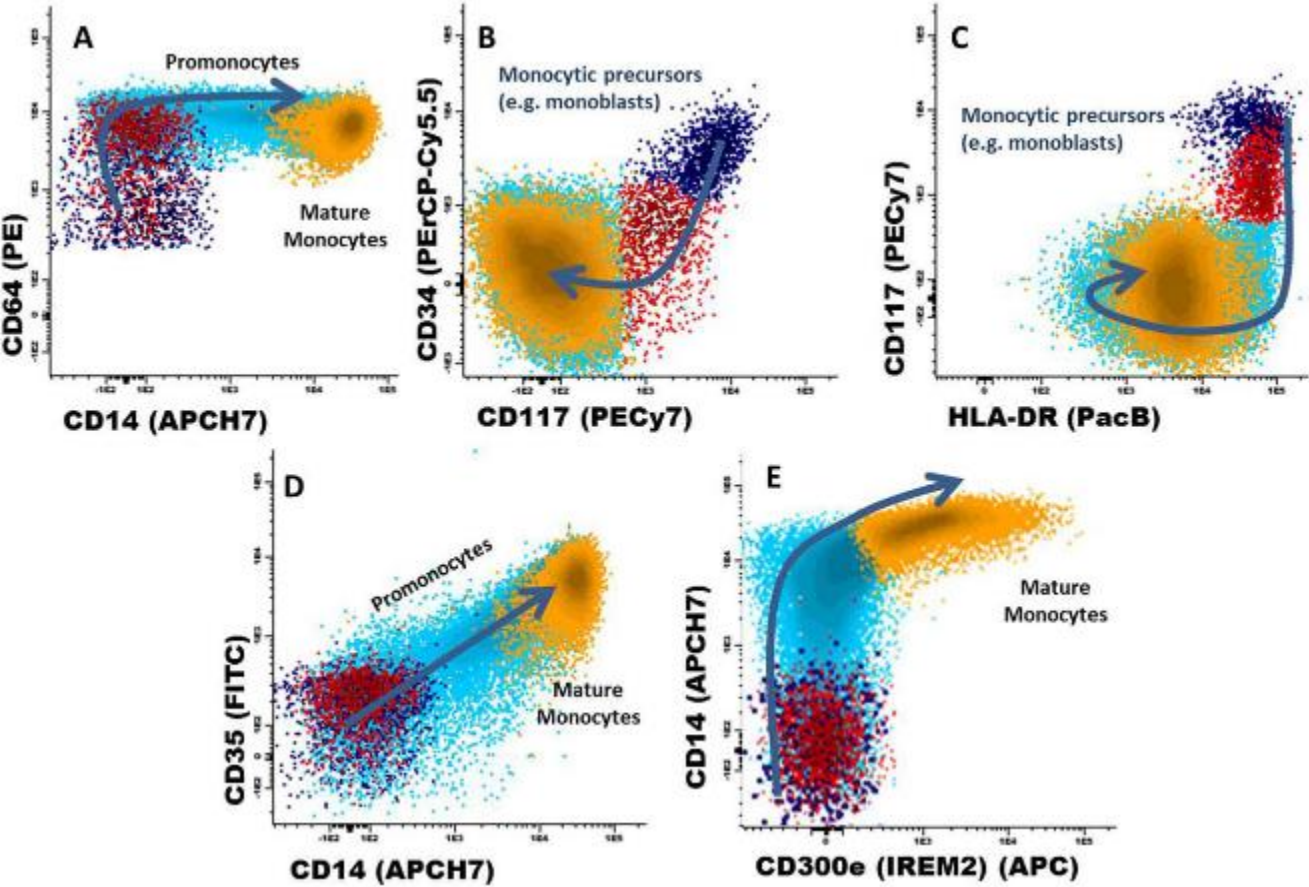
Aberrancy

Decreased/Increased
Shift towards immature
Altered pattern
Altered pattern
Altered pattern
(Homogenous) over/under expression
(Homogenous) over/under expression
Presence



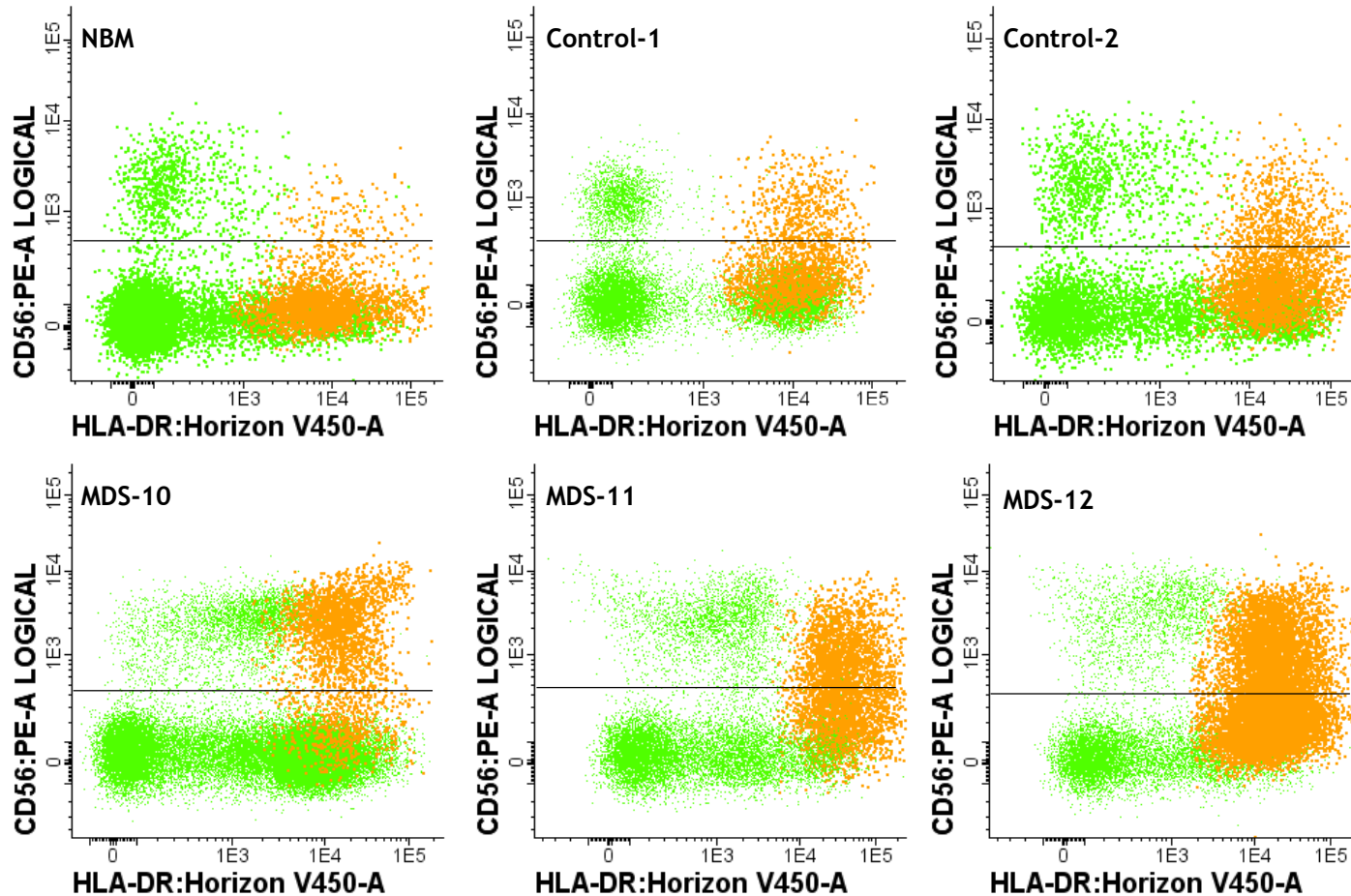
Normal monocytic differentiation

mix	CD45	CD34	CD117	HLA-DR	CD35	CD64	CD300e	CD14
-----	------	------	-------	--------	------	------	--------	------





Lineage infidelity marker expression (CD56)

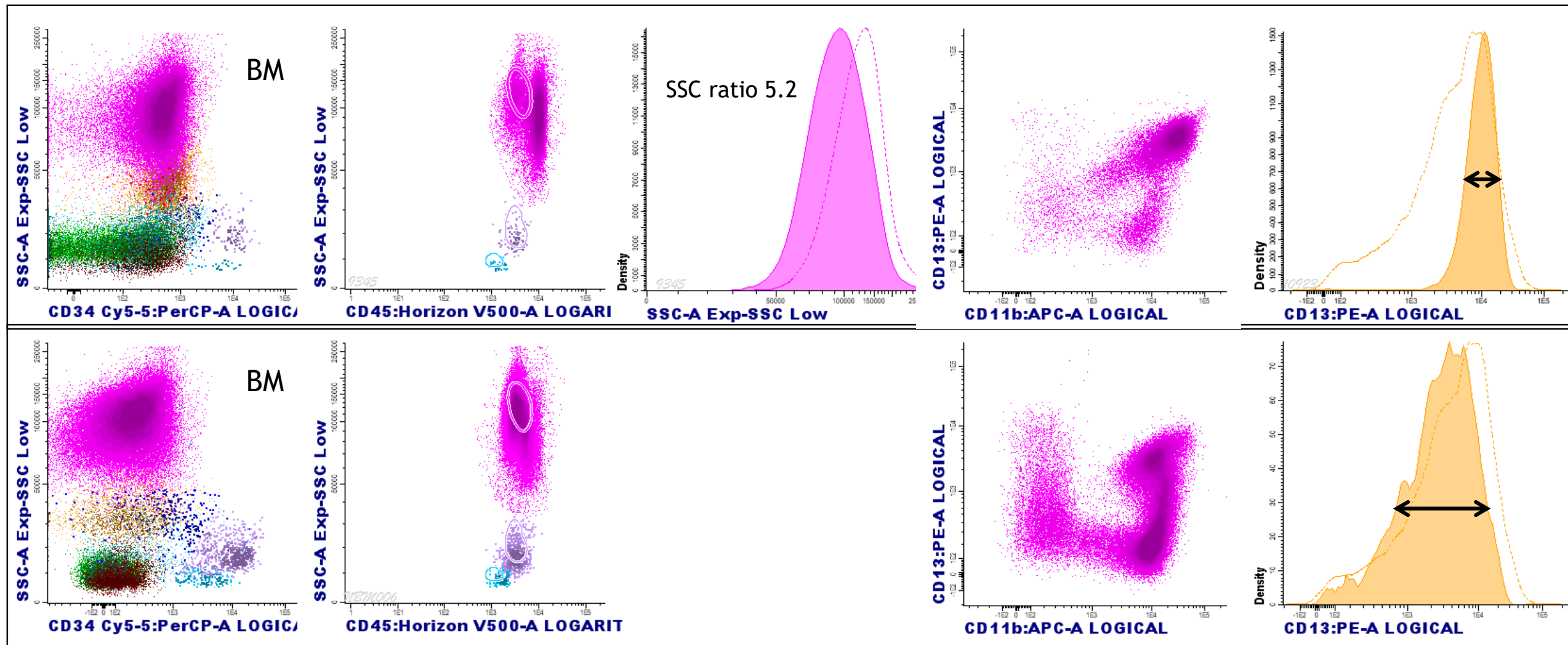


explore your own lab's cut-off based on activated monocytes ...

1 log difference from normal is considered aberrant



Haemodilution: examples of affected 'markers'



#CD34⁺ MyProg - - - %CD34⁺ B-cell Prog

gran SSC

gran differentiation

mono CD13



Aberrancies in immature (myeloid) cells

ELNet recommendations

Recommended analyses

Percentage of cells in nucleated cell fraction

Expression of CD45

Expression of CD34

Expression of CD117

→ CD34/CD117 ratio

Expression of HLA-DR

Expression of CD13 and CD33

→ Expression of CD38

→ % CD34⁺CD123⁺CD38⁻ cells

Asynchronous expression of CD11b, CD15

Expression of CD5, CD7, CD19, CD56

Progenitor B cells as fraction of total CD34⁺

Aberrancy

Increased

Lack of/decreased/increased

Lack of/decreased/increased

(Homogeneous) over/under expression

Abnormal ratio (e.g. CD34⁻CD117⁺ cells)

Lack of/decreased/increased

Lack of/decreased/increased

Decreased expression

Increased percentage

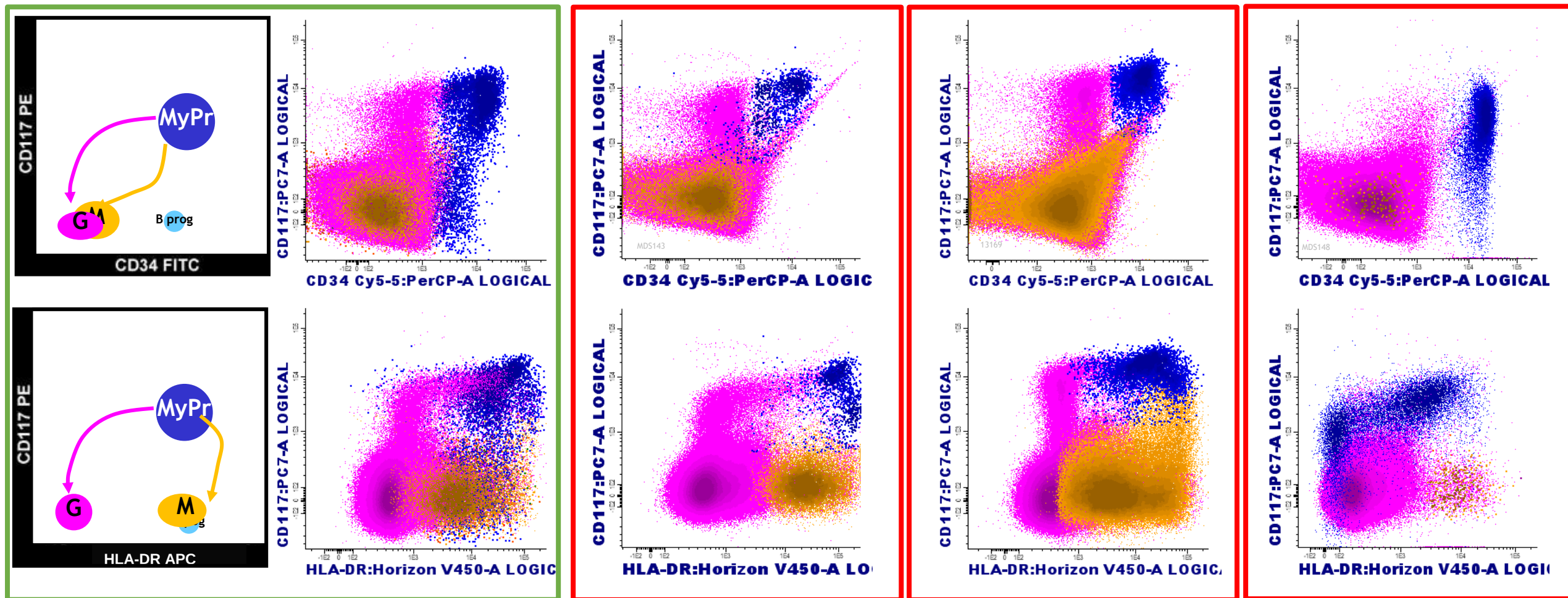
Presence of mature markers

Presence of lineage infidelity marker

Decreased/absent

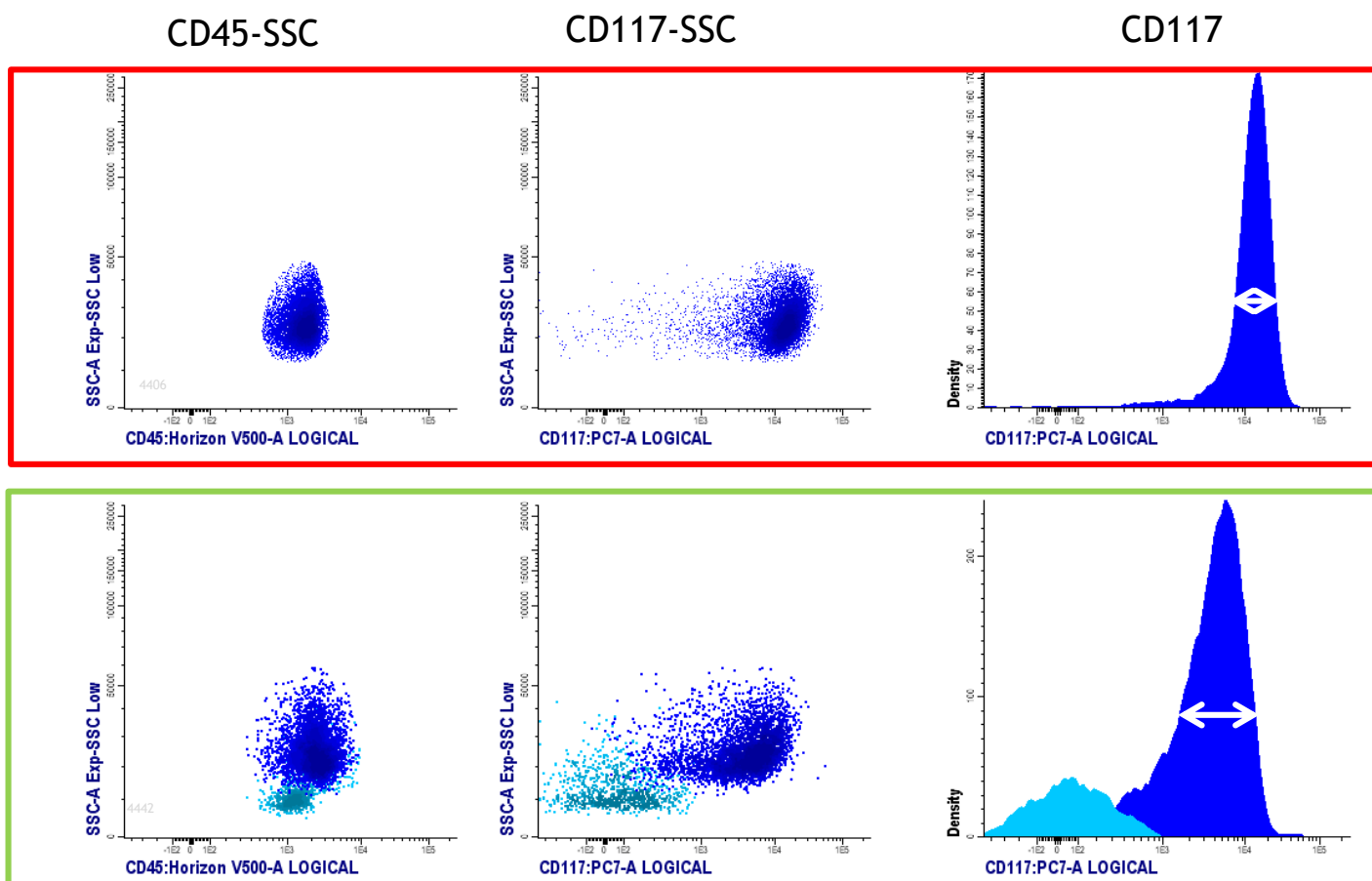


Aberrant differentiation patterns ? CD34/CD117/HLA-DR





Homogeneous vs. heterogeneous CD117: standardization of interpretation



myeloid progenitors:

- CD117 over expression and
- decreased CV ... homogeneous



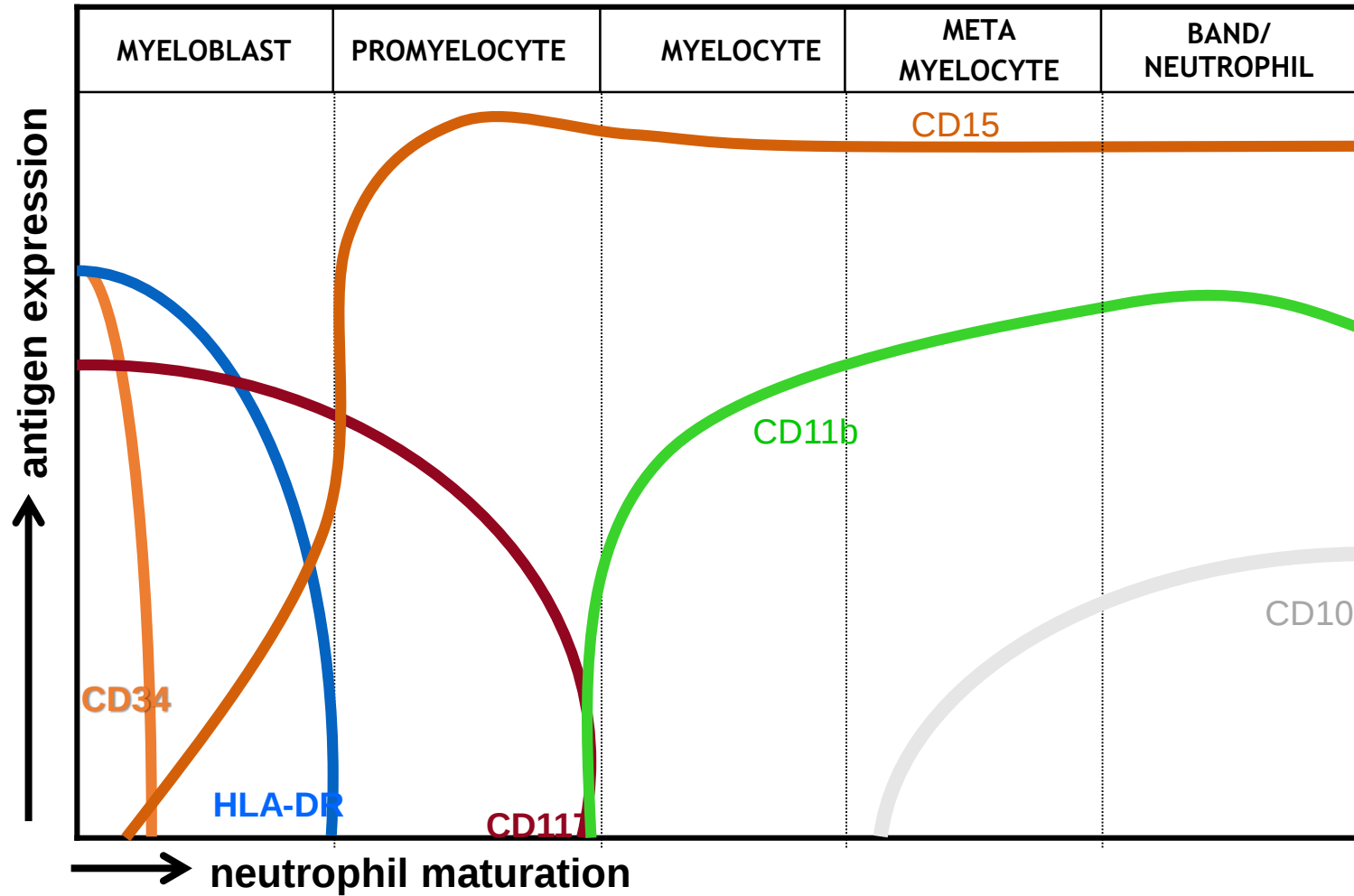
homogenous over expression

Use CV values

- < normal: homogeneous
- > normal: heterogeneous



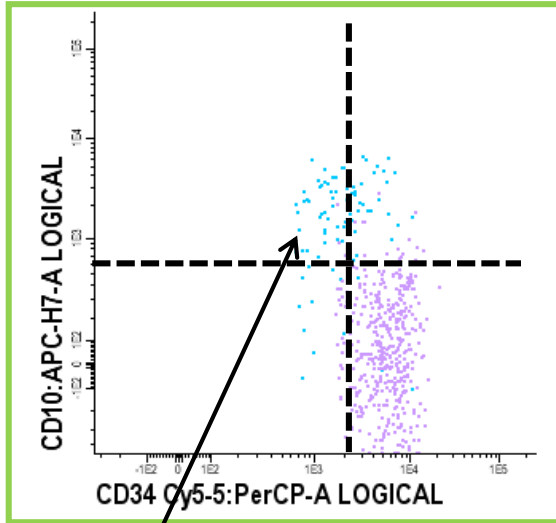
Expression levels of maturing myeloid cells





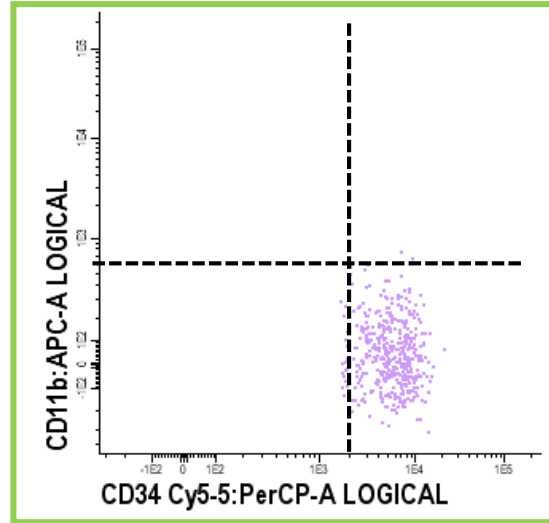
Asynchronous marker expression (normal BM)

CD10

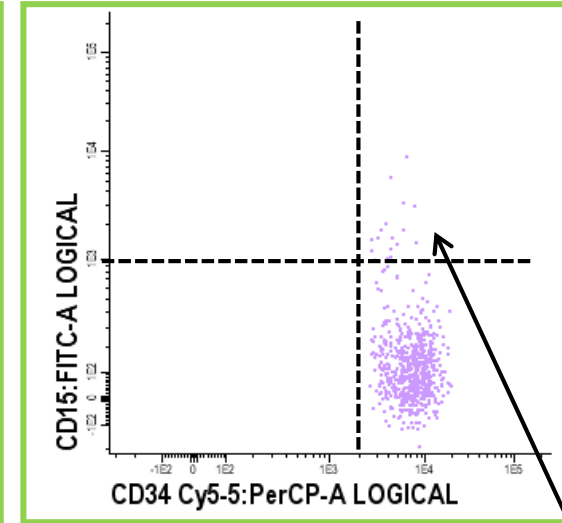


B cell progenitors

CD11b



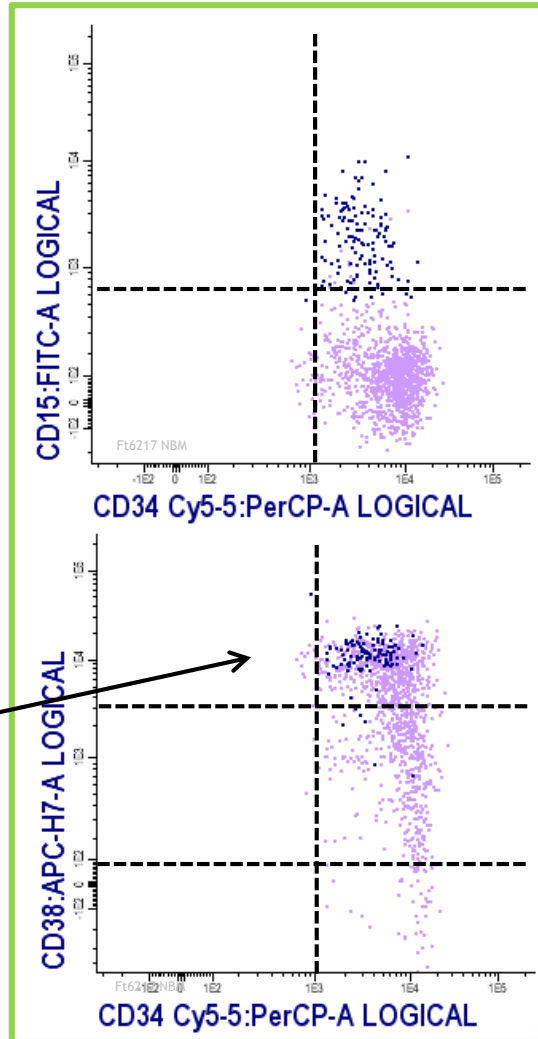
CD15



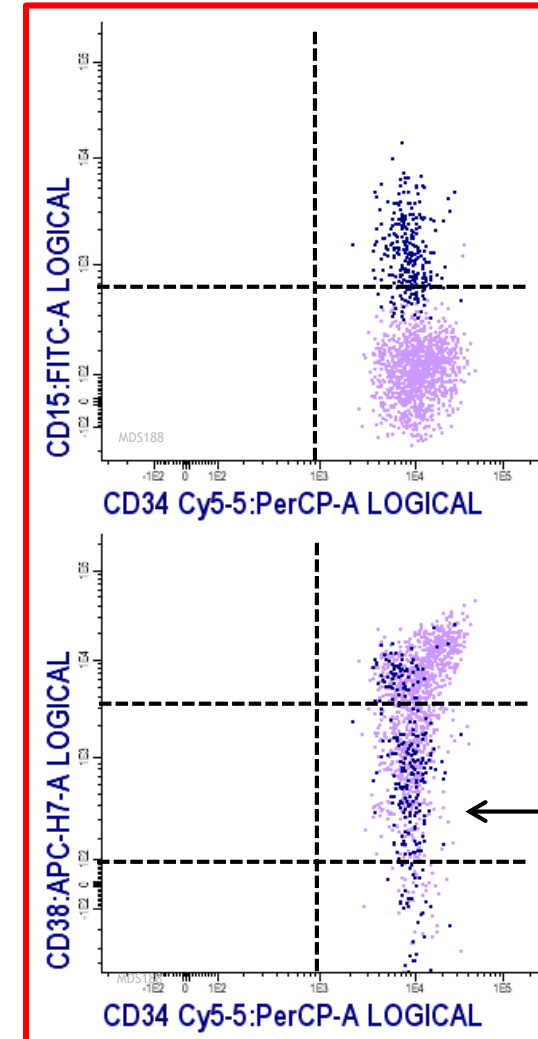
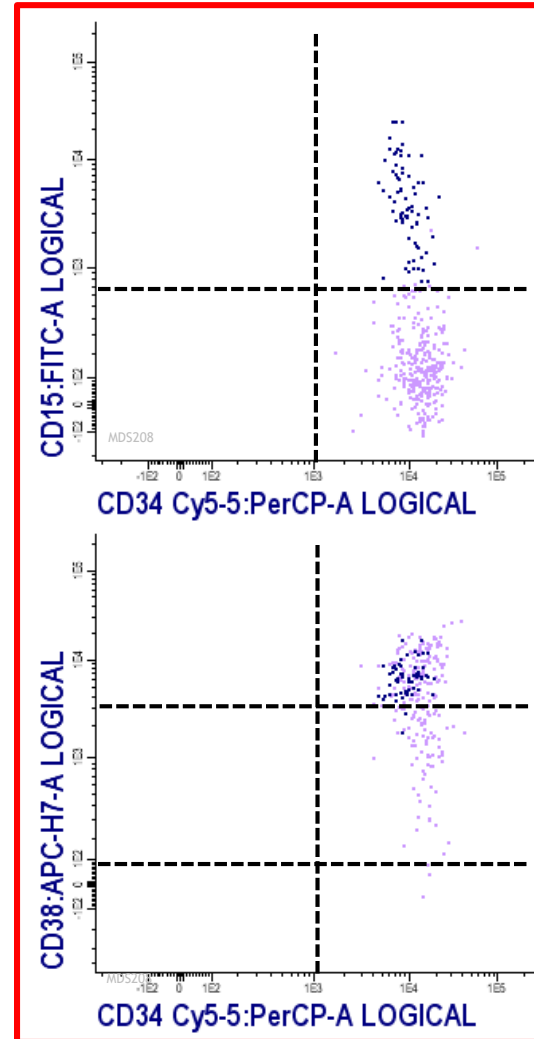
?



Asynchronous CD15 expression ?



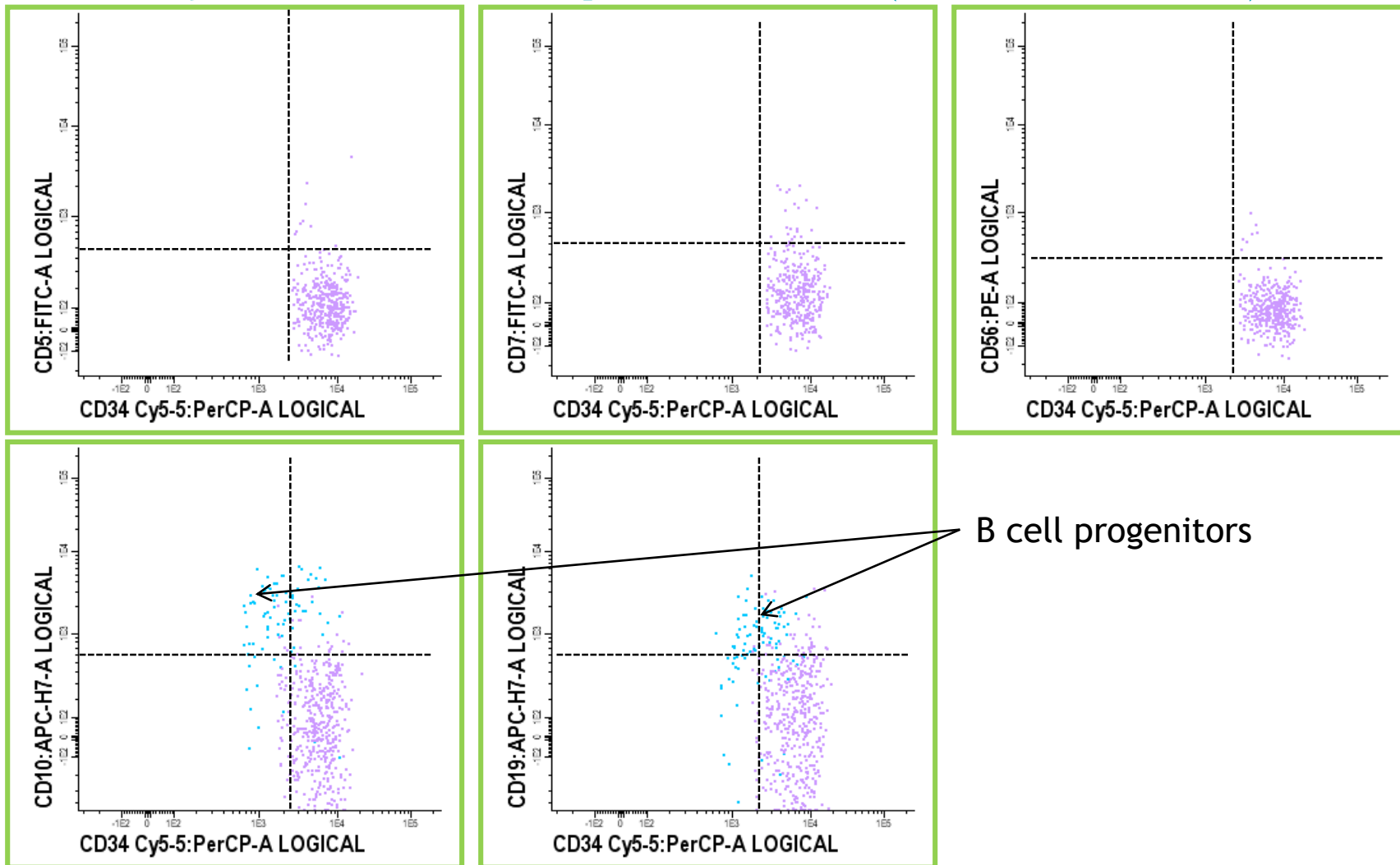
CD15 normally only on most mature CD34+



CD15 on more immature CD34+: aberrant



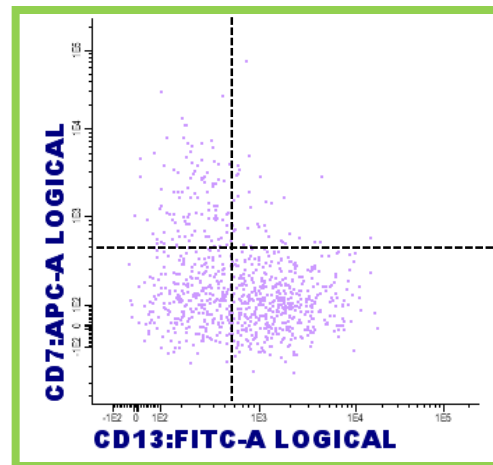
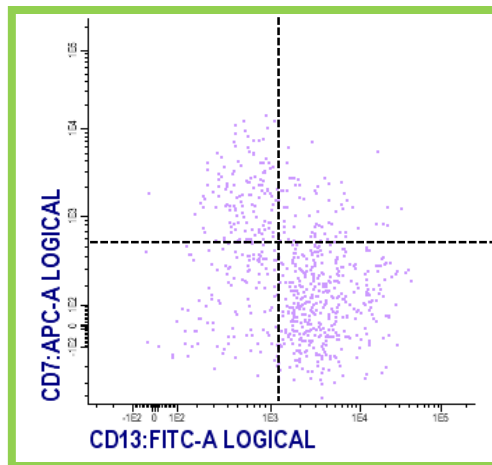
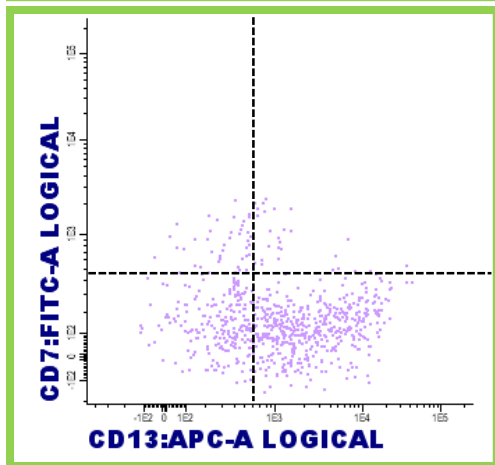
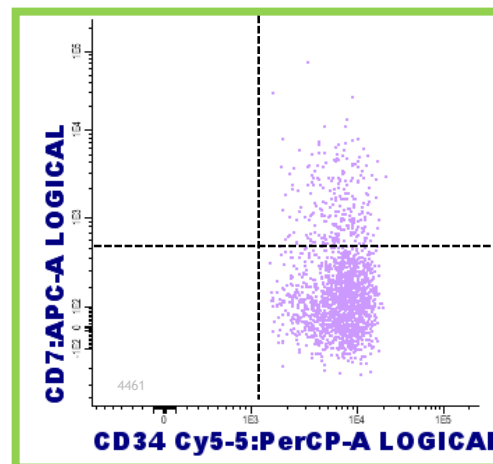
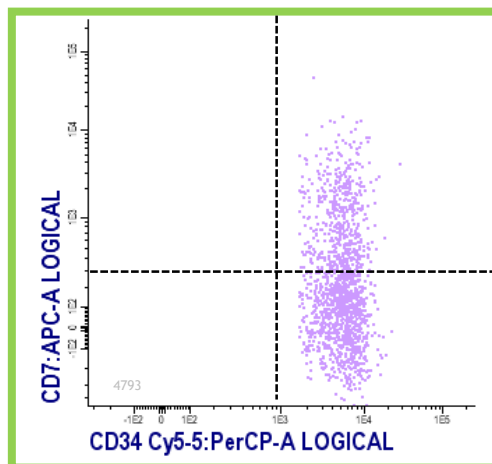
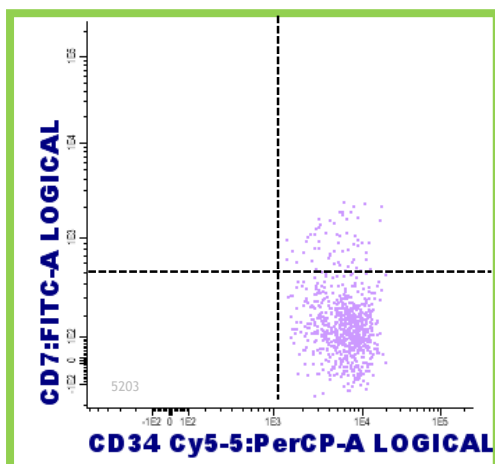
Lineage infidelity marker expression (normal BM)





Lineage infidelity marker expression (normal BM)

CD13/CD7/CD45/CD34

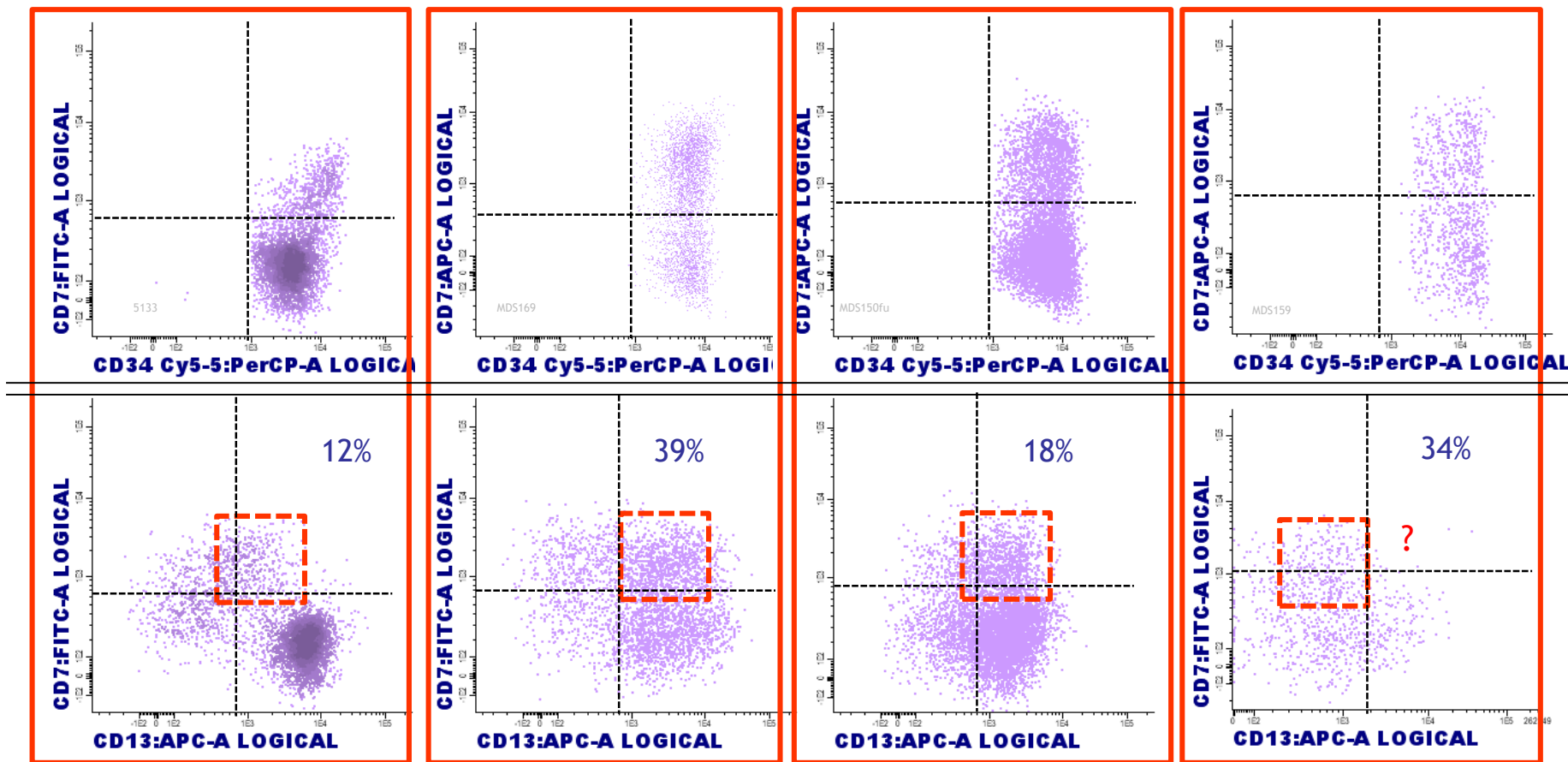


L-shaped pattern of
CD13 vs. CD7 on normal CD34⁺



Aberrant marker expression (lineage infidelity)

CD13/CD7/CD45/CD34



L-shaped pattern CD13/CD7 lost



Aberrancies in maturing erythroid cells

Recommended analyses

Percentage of nucleated erythroid cells

Relationship of CD71 and CD235a

Expression of CD71

Expression of CD36

Percentage of CD117-positive precursors

CD71 CV

CD36 CV

Percentage CD105-positive precursors

Expression of CD105

Aberrancy

Increased

Altered Pattern

Decreased

Decreased

Increased/decreased

Increased

Increased

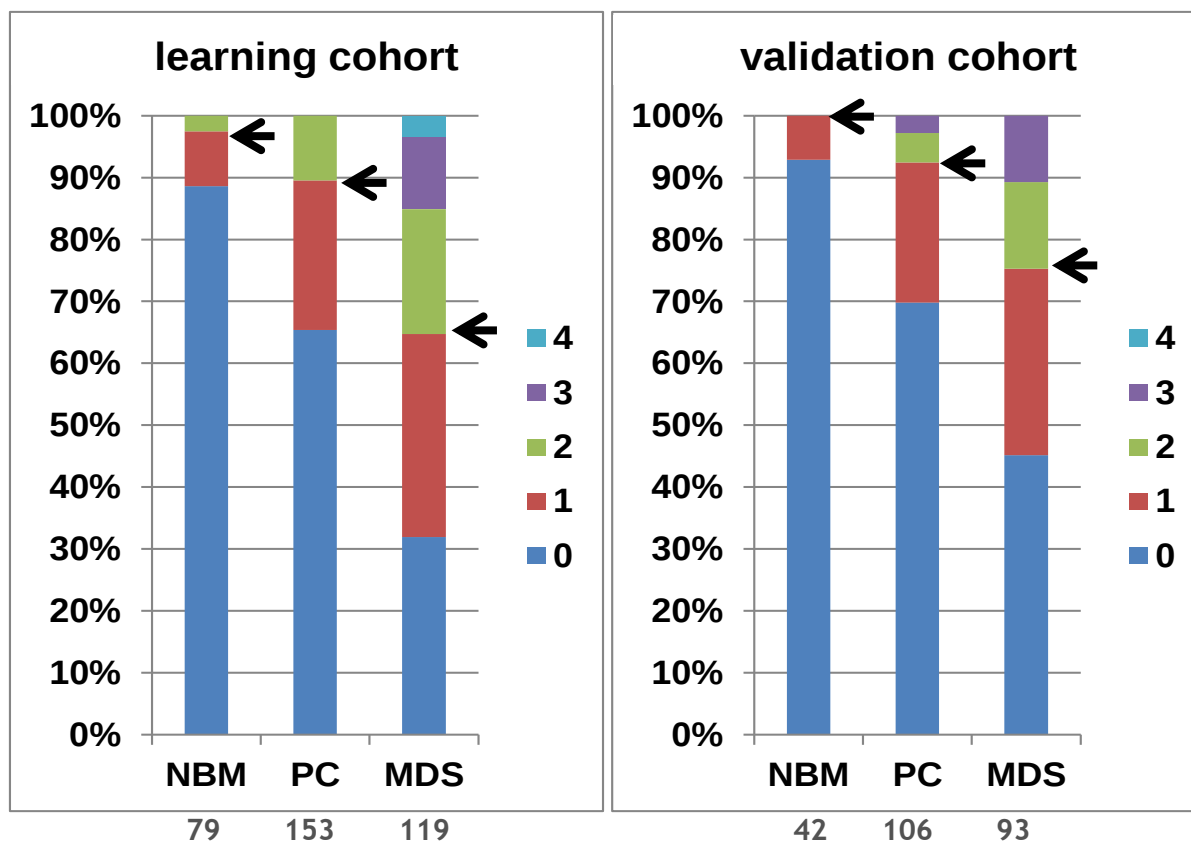
Increased/decreased

Increased/decreased

selected parameters associated with erythroid dysplasia in MDS (ELNet 2017)



Dysplastic erythroid immunophenotypes associated with MDS



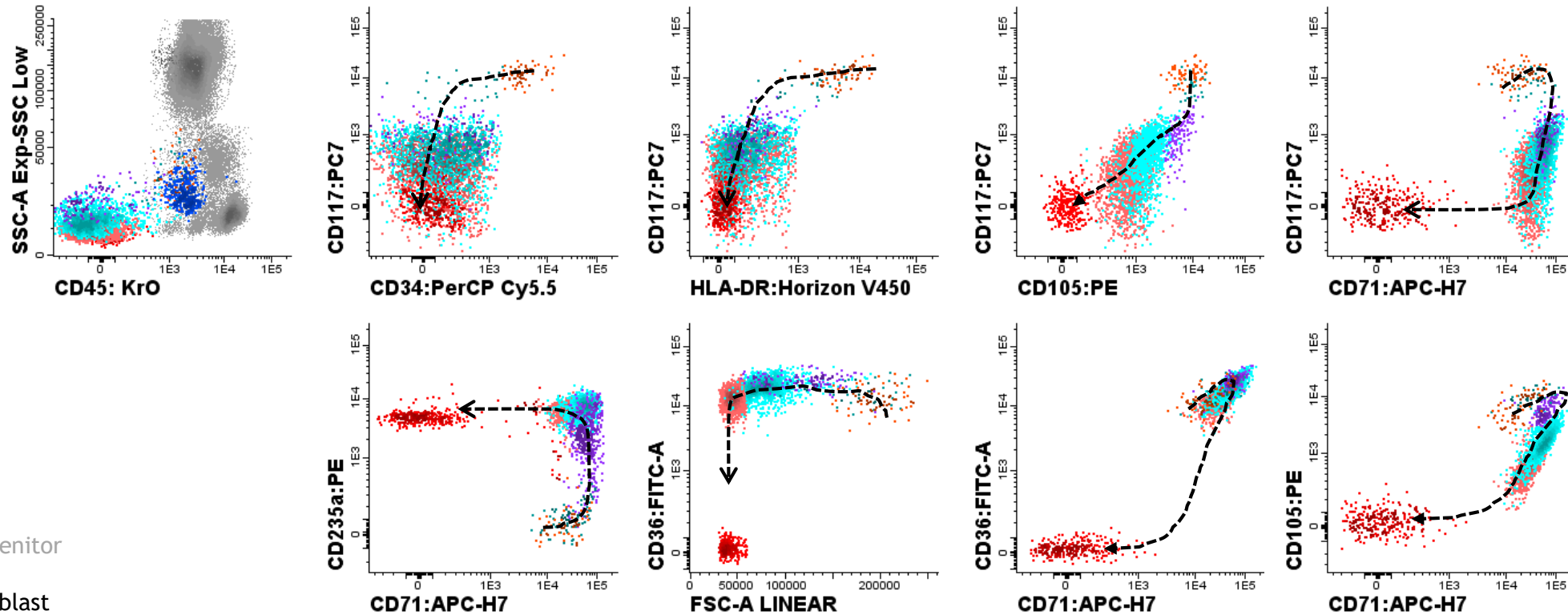
Cut-off ≥ 2 aberrancies

Note!
This is not a diagnostic score

Note! CD71-MFI and % CD117 not enough to indicate MDS-associated erythroid dysplasia



Normal erythropoiesis by flow cytometry (after lysis)



Myeloid progenitor

Proerythroblast
Erythroblast
Basophilic erythroblast
Polychromatic erythroblast
Orthochromatic erythroblast
Mature erythrocyte

CD36

CD105

CD34

CD117

CD33

CD71

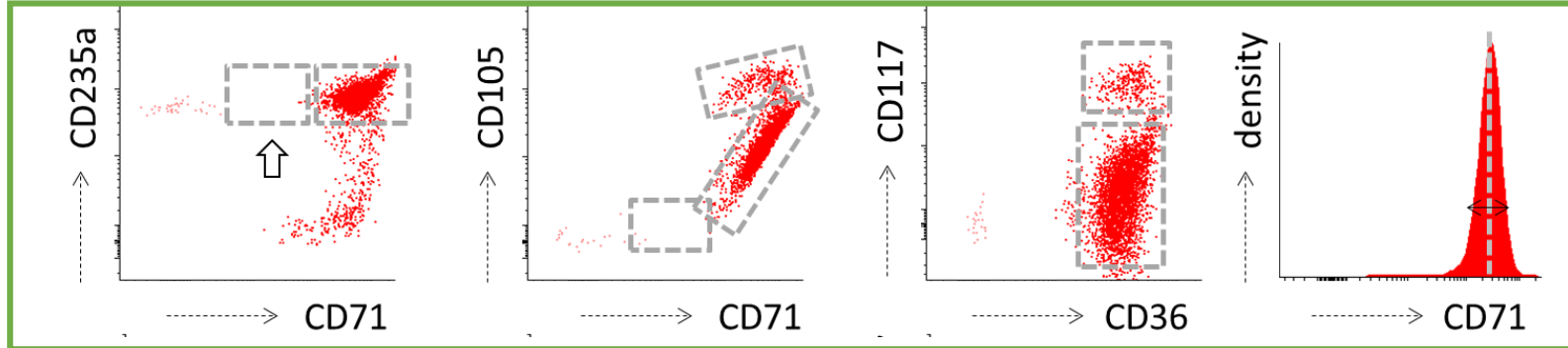
HLA-DR

CD45

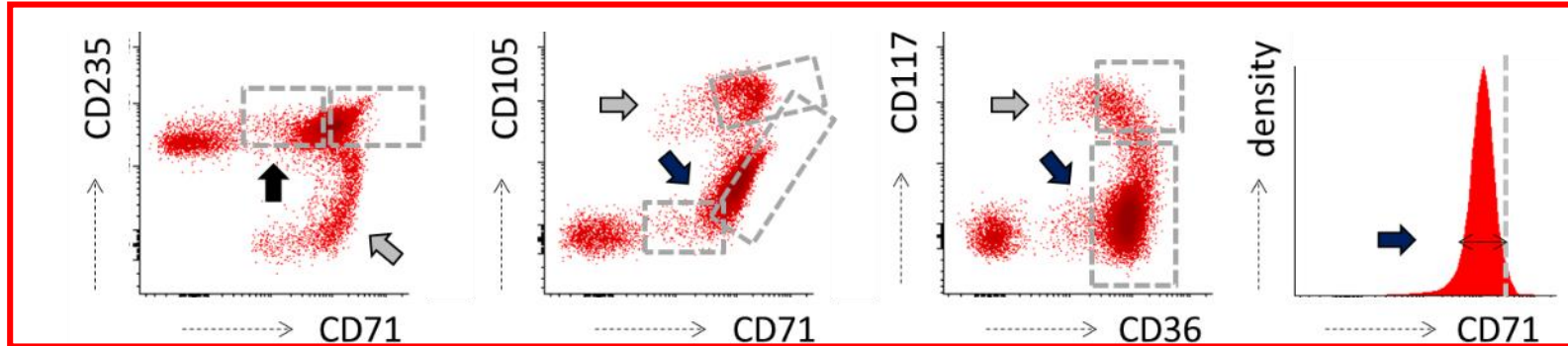


Dyserythropoiesis by flow cytometry in MDS

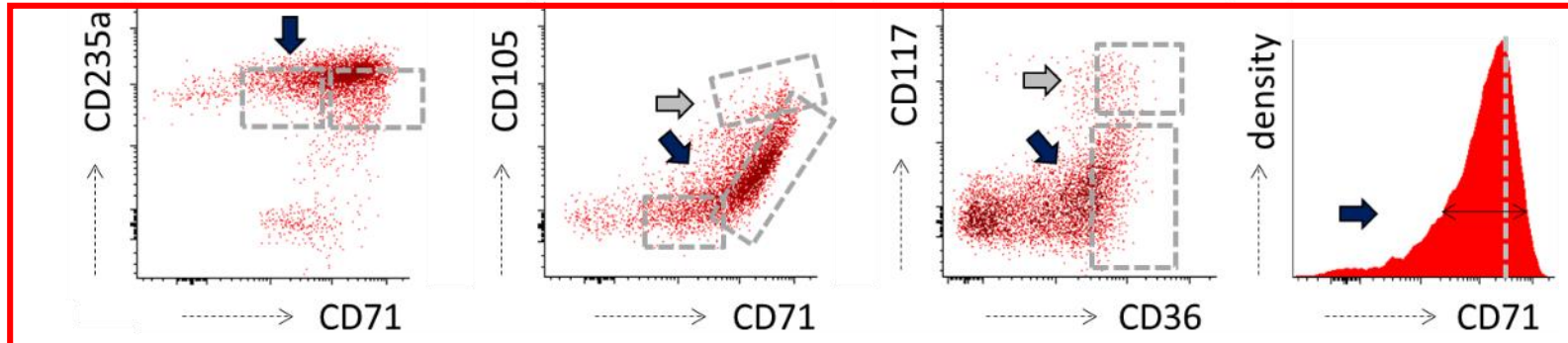
normal



MDS



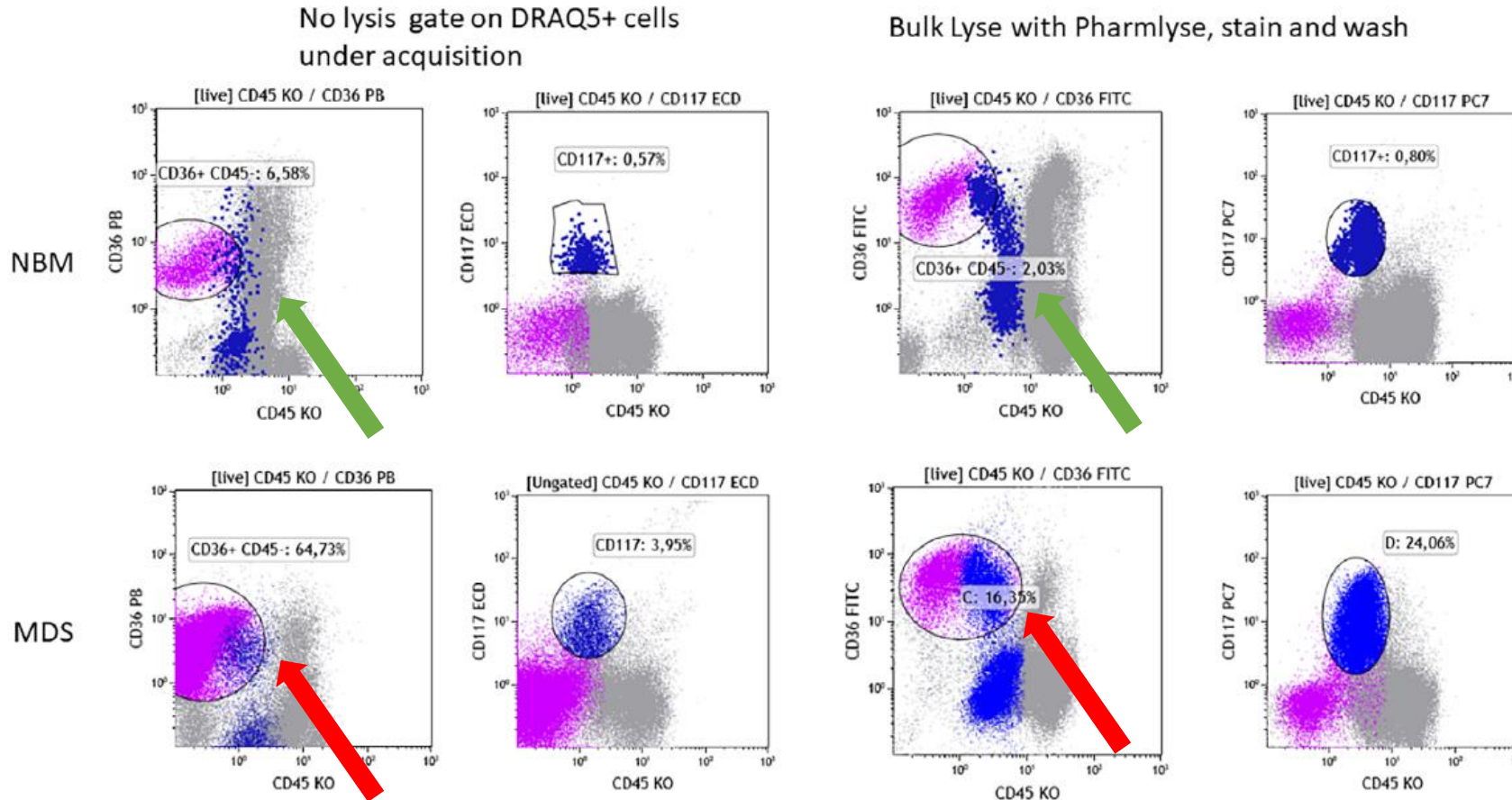
MDS



All data from ammoniumchloride-based lysed bone marrow aspirates

Pre-analytical and technical issues - Impact of lysis

Lysing and type of lysing solution may affect results (scatter^{1,3}, erythroid compartment²)



Both preparation methods have been shown to give diagnostic info, so:

standardize !!

and
determine your own
reference values



Aberrancies in maturing erythroid cells

Note!

- determine reference values for each standardized work-up, on either non-lysed or lysed BM
- various conditions (e.g., reactive changes, medication-induced anomalies, vitamin B12, and folate deficiencies) may induce dysplastic features in the BM erythroid lineage

Thus,

interpretation of 'erythroid' results requires knowledge of other clinical features (integrated approach) !

Lu et al. Sci Rep 2023;1;13(1):8930

macrocytic anemia: CD36 RMFI increased in CD105⁺

MDS: CD36 RMFI decreased in CD105⁺



MDS flow cytometry reports

- %CD34+ myeloid progenitors
- descriptive
- concluding remark
- disclaimer: only one diagnostic test, FC should be part of integrated report



Schematic representation of FC results: Ogata + FCSS -> the integrated Flow Score (iFS)

Ogata score	<2	<2	<2	<2	<2	<2	<2	<2		≥2	≥2	≥2	≥2	≥2	≥2	≥2	≥2
Dysplasia by FC myeloid progenitors	-	-	-	-	+	+	+	+		-	-	-	-	+	+	+	+
Dysplasia by FC - Neutrophils - Monocytes	-	-	+	+	-	-	+	+		-	-	+	+	-	-	+	+
Dysplasia by FC - Nucl. erythroid	-	+	-	+	-	+	-	+		-	+	-	+	-	+	-	+
Conclusion	A	B	B	C	B	C	C	C		B	C	C	C	C	C	C	C

- : no or only 1
aberrancy
+ : >1 aberrancy

A = 'results show no MDS-related features'

B = 'results show limited number of changes associated with MDS'

C = 'results are consistent with MDS'

} not enough to consider MDS



Hb 9.3
T 241
ANC 3.6

Case of suspected MDS vs. normal BM

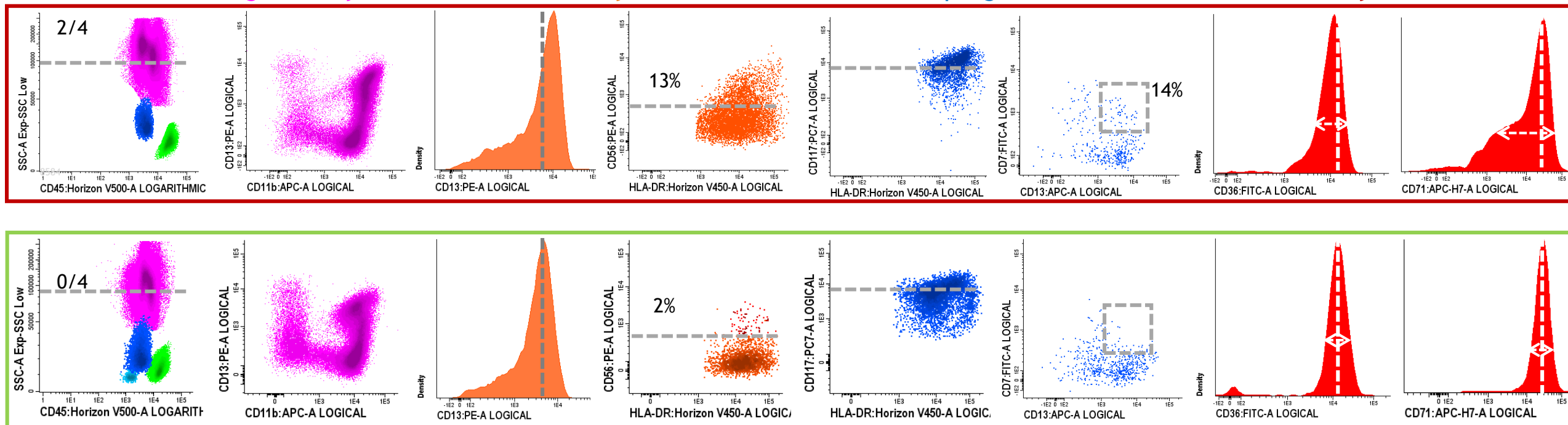
score

granulocytes

monocytes

progenitors

erythroid



Diagnostic score: 2 (SSC 5.4, B cell Prog)

Aberrancies in myeloid progenitor cells (homogeneous high CD117, CD7+, SSC high), neutrophil SSC decreased, aberrancies in monocytes (number increased, aberrant CD13?), and in erythroid lineage (CD36 CV and CD71 CV increased)



Schematic representation of FC results: Ogata + FCSS -> the integrated Flow Score (iFS)

Ogata score	<2	<2	<2	<2	<2	<2	<2	<2	≥2	≥2	≥2	≥2	≥2	≥2	≥2	≥2
Dysplasia by FC myeloid progenitors	-	-	-	-	+	+	+	+	-	-	-	-	+	+	+	+
Dysplasia by FC - Neutrophils - Monocytes	-	-	+	+	-	-	+	+	-	-	+	+	-	-	+	+
Dysplasia by FC - Nucl. erythroid	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
Conclusion	A	B	B	C	B	C	C	C	B	C	C	C	C	C	C	C

- : no or only 1
aberrancy
+ : >1 aberrancy

Cytomorphology
RS-SLD (mega)

A = 'results show no MDS-related features'

B = 'results show limited number of changes associated with MDS'

C = 'results are consistent with MDS'

} not enough to consider MDS

Data analysis



Low number of dimensions

- Expert-based manual gating:
 - step-by-step evaluation of multiple parameters and patterns in one or two-dimensional plots (histogram and scatter plots)



- Dimensionality reduction and clustering algorithms
 - mapping of cell clusters of normal BM on multidimensional plots (e.g. Kaluza radar plots, Infinicyt's APS plots, FlowSOM)
 - provide insight into BM cell composition and maturation
 - may serve as reference map to assess abnormal hematopoiesis in MDS

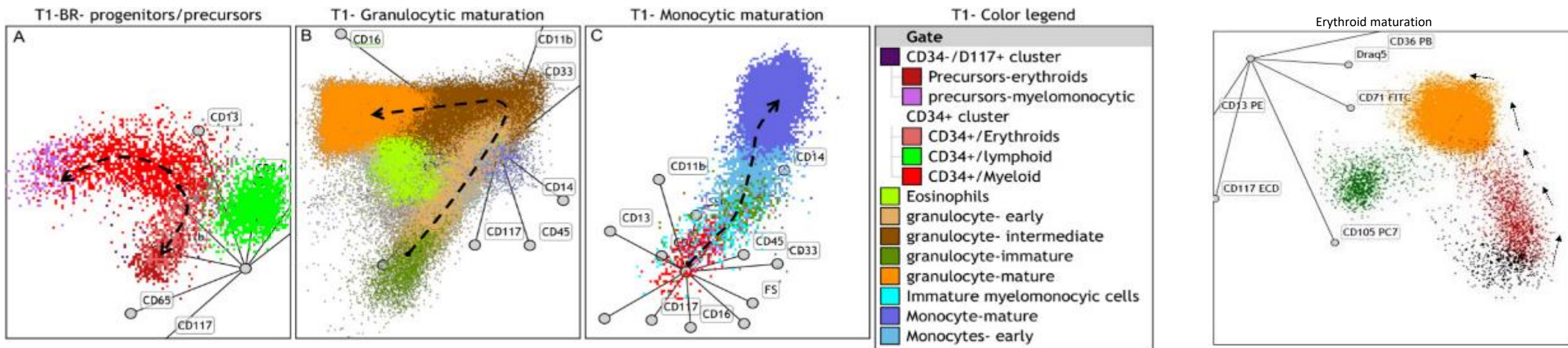
Multi-dimensional (-> numerous two-dimensional plots)

- Dimensionality reduction and clustering algorithms
- Computational analysis



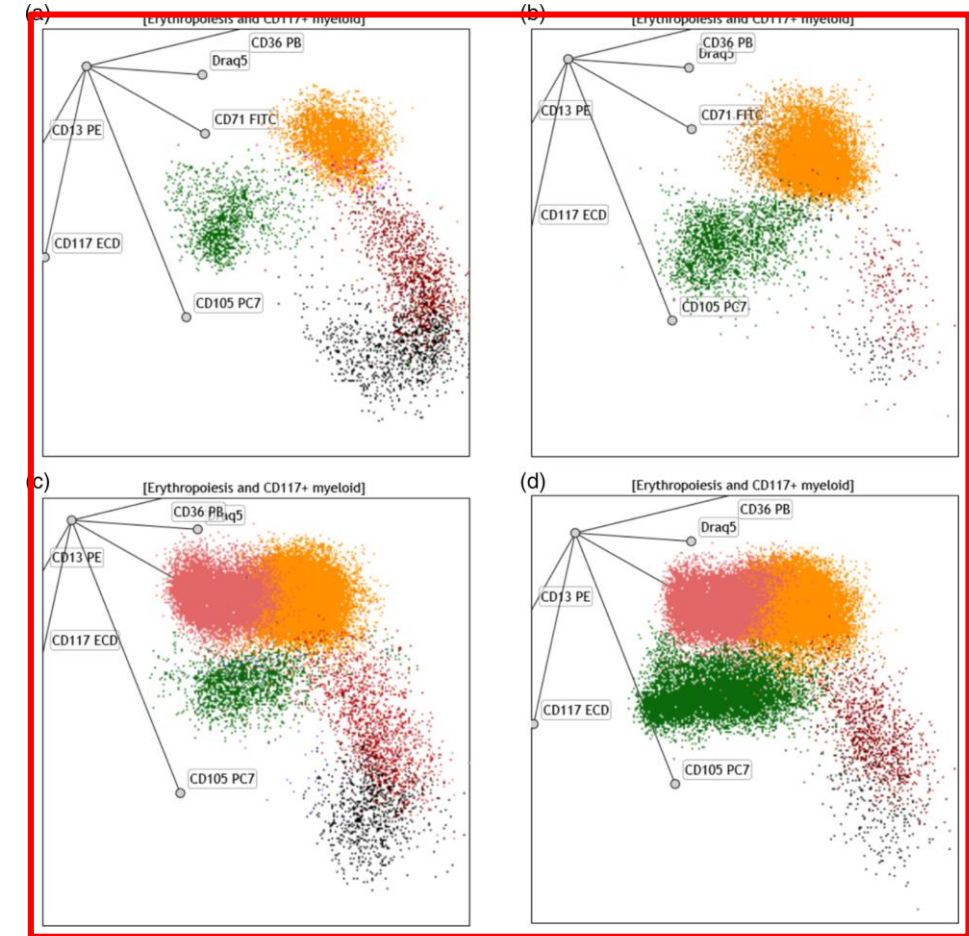
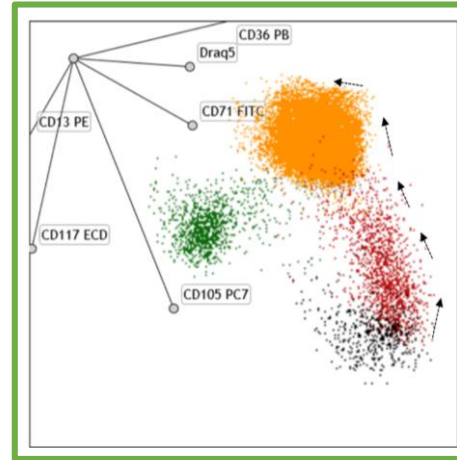
Radar plots

reference maps showing normal hematopoiesis





Application of radar plot reference maps to assess abnormal hematopoiesis in MDS

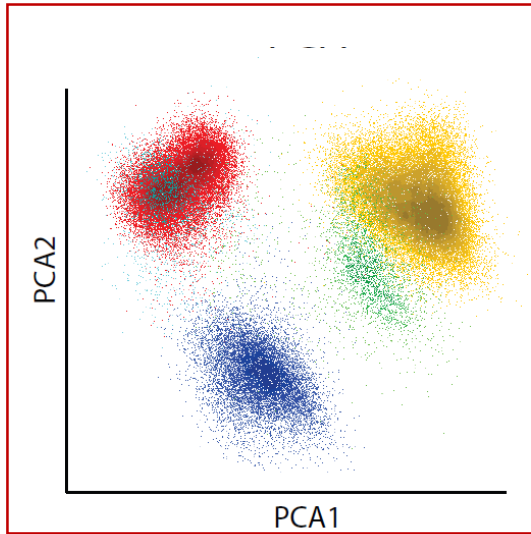


Examples of abnormal erythroid differentiation in MDS cases



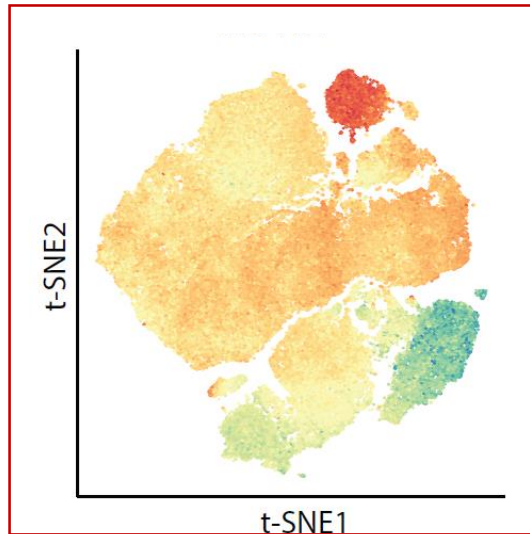
Dimensionality reduction and clustering algorithms

Principal component analysis
(PCA)



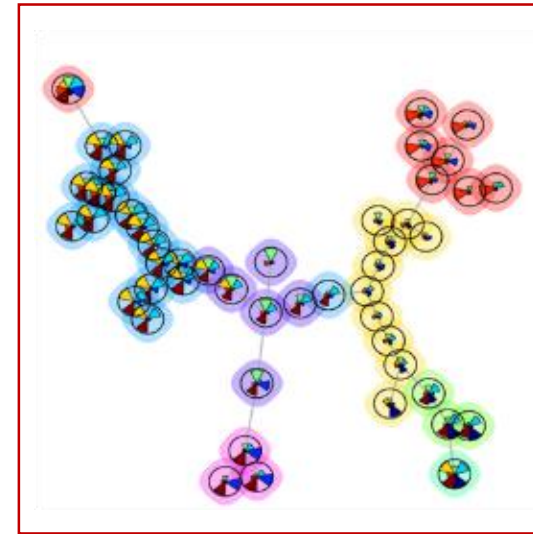
Jolliffe in Lovric M, editor.
(2011) *International Encyclopedia
of Statistical Science*

t-Distributed stochastic
neighborhood embedding
(tSNE)



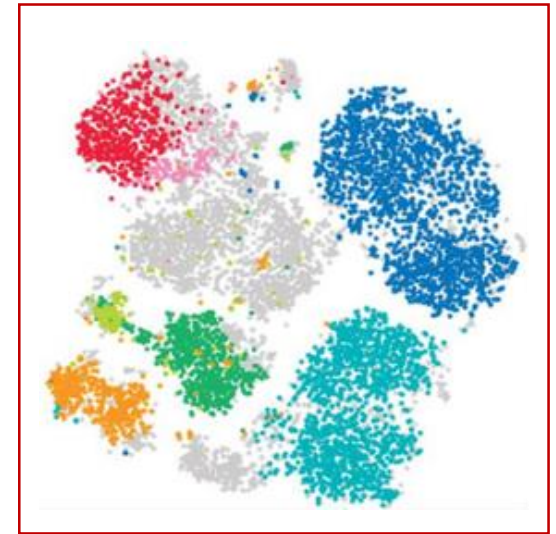
Amir, et al. (2013) *Nature
biotechnology*

FlowSOM



Van Gassen et al. (2015);
Cytometry Part A. 87(7):636-45

Phenograph

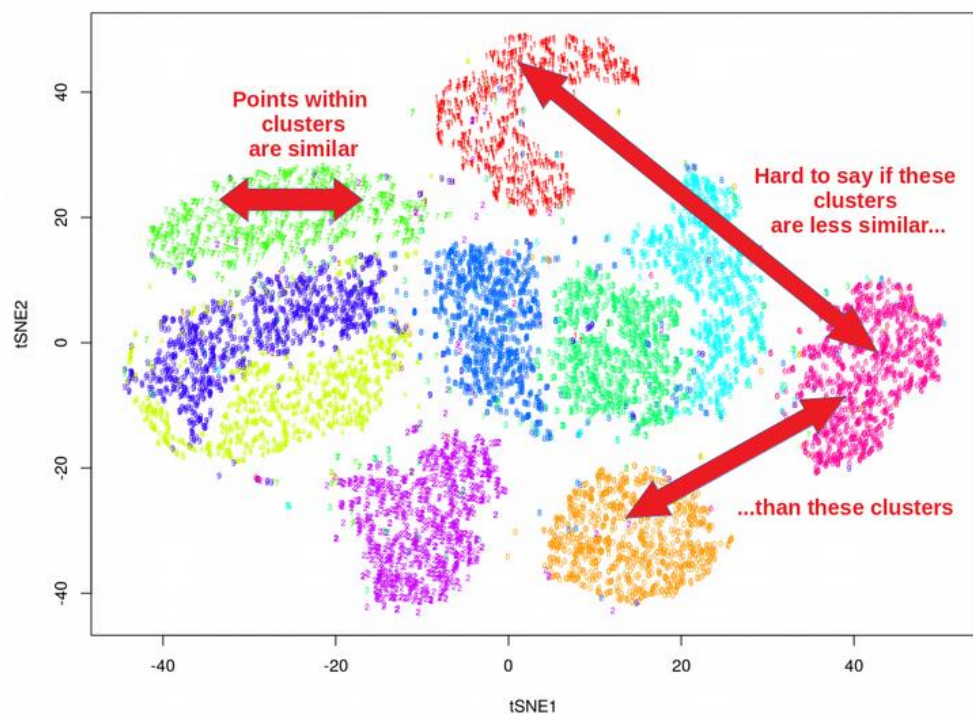


Levine et al. *Cell*. 2015;162(1):184-97

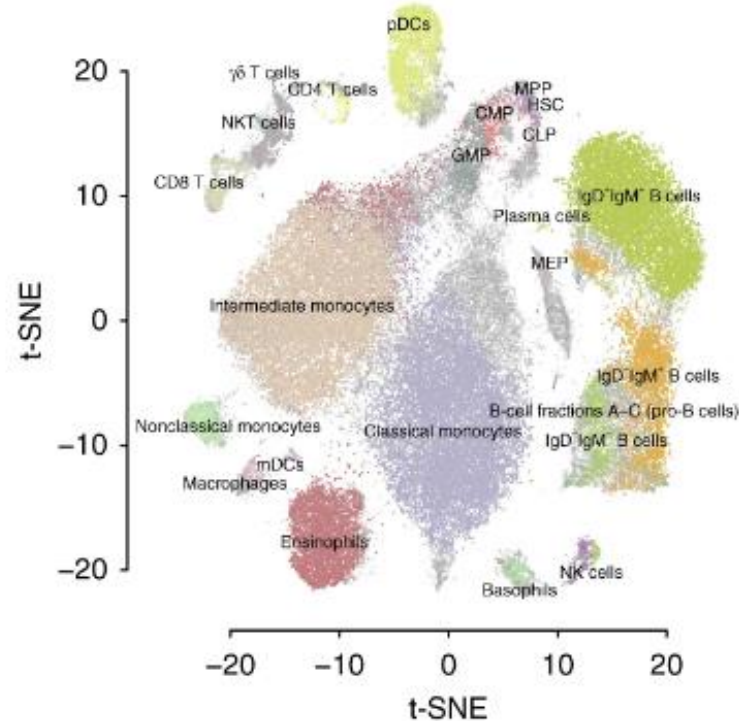


Dimensionality reduction and clustering algorithms

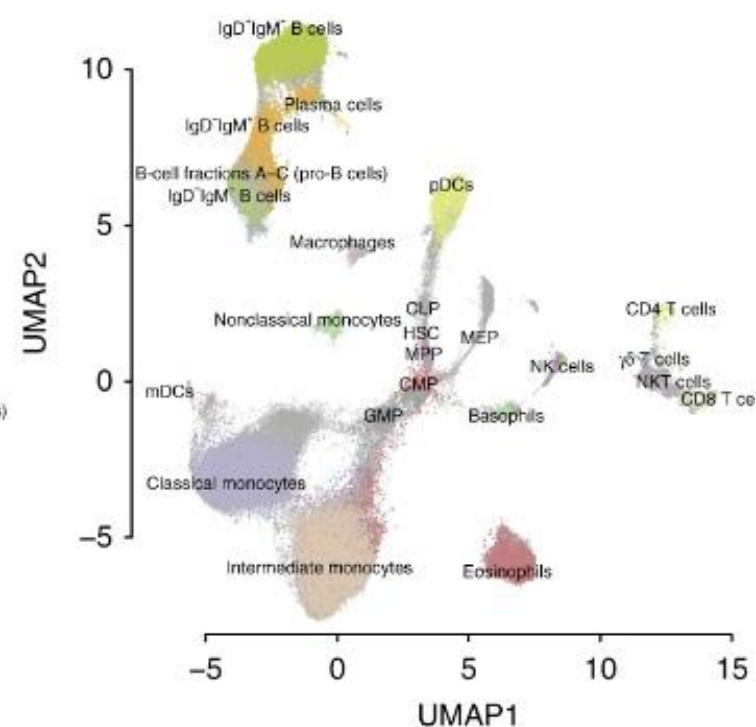
tSNE



tSNE



UMAP:
uniform manifold
approximation and projection



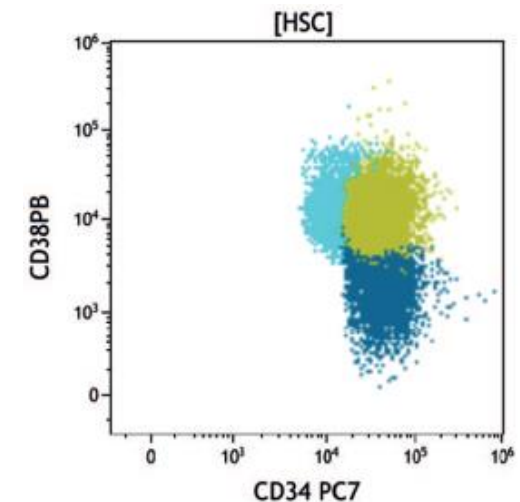
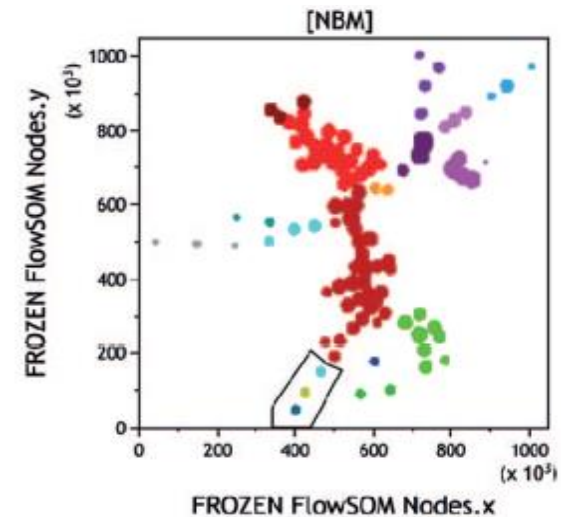
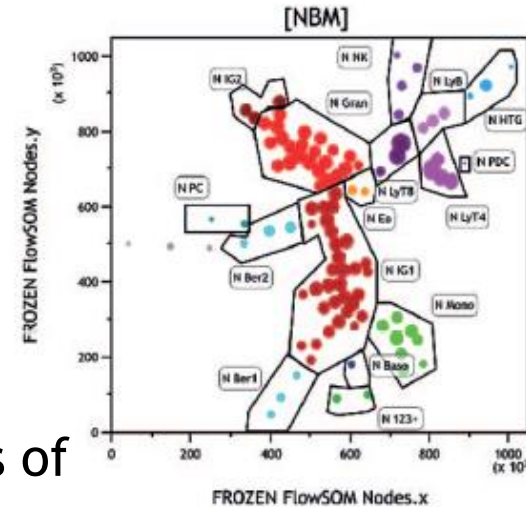


FlowSom

R-scripts were developed to obtain a representation of the global unsupervised multiparametric analysis

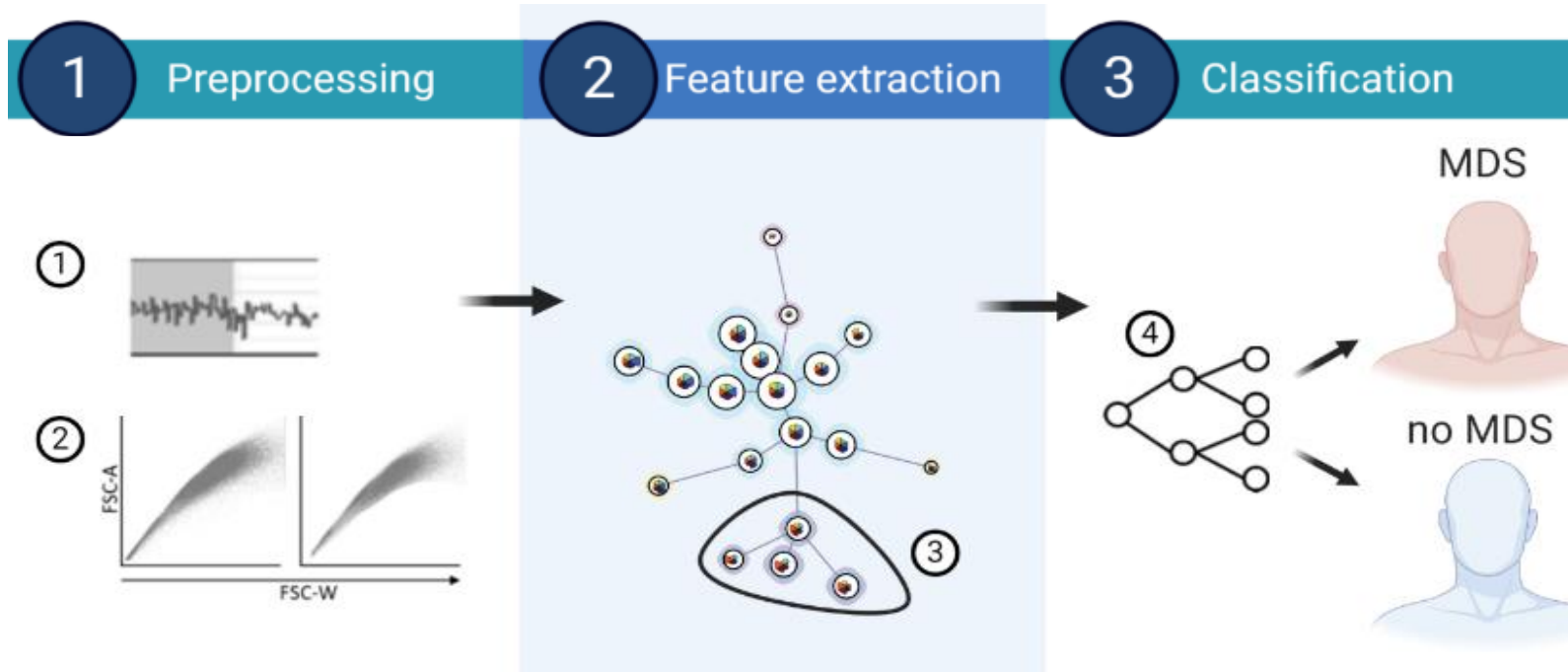
FlowSOM provides bidimensional graphic representations of clusters delineated in a highly multidimensional space

- normal BM subsets vs. AML and AML-MRD
- normal erythropoiesis
- feature selection for diagnosis of (suspected) MDS





Computational analysis in (suspected) MDS



- Analysis of all markers simultaneously
- Less subjective and biased
- Reproducible
- Time-efficient



Preprocessing of FC data

- **assessing quality of data**

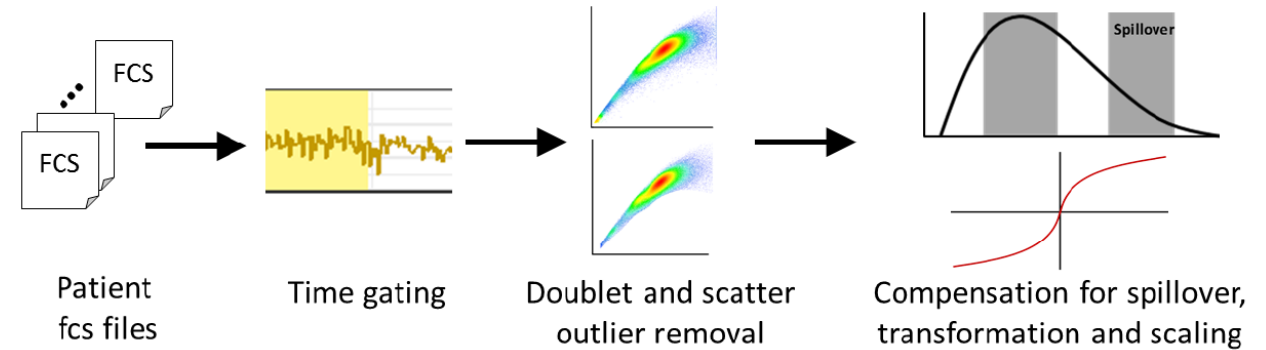
- time-gating, removal of doublets
- changes in marker expression in time across samples
- compensating for spectral overlap

- **transformation of data (e.g. arcsinh)**

- to turn negative signals and log-normal distribution onto scales for optimal visualization and analysis

- **normalization of data**

- to harmonize data across samples and experiments, e.g. by scaling.



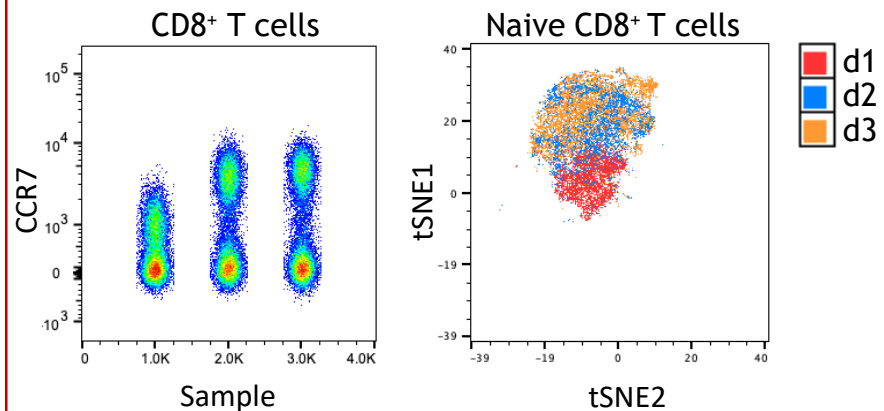


Computational analysis: pitfalls - data quality

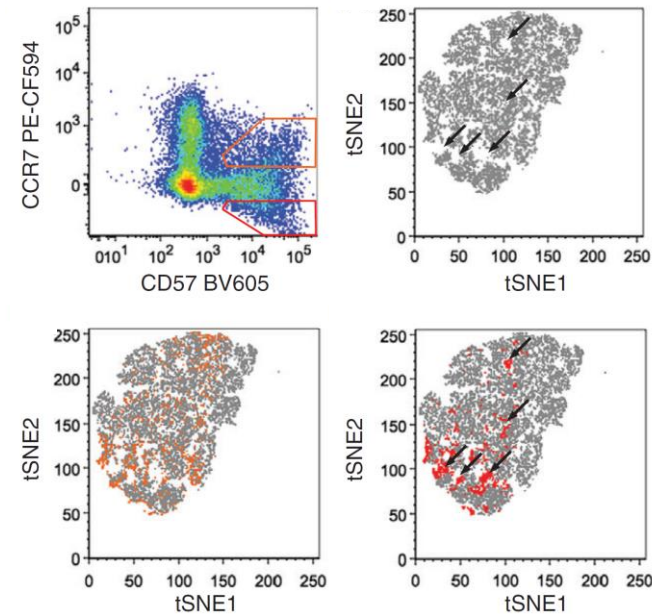
Sources of artifacts

- instrument performance
- batch effect (e.g. Ab lots)
- compensation and spreading errors
- background fluorescence

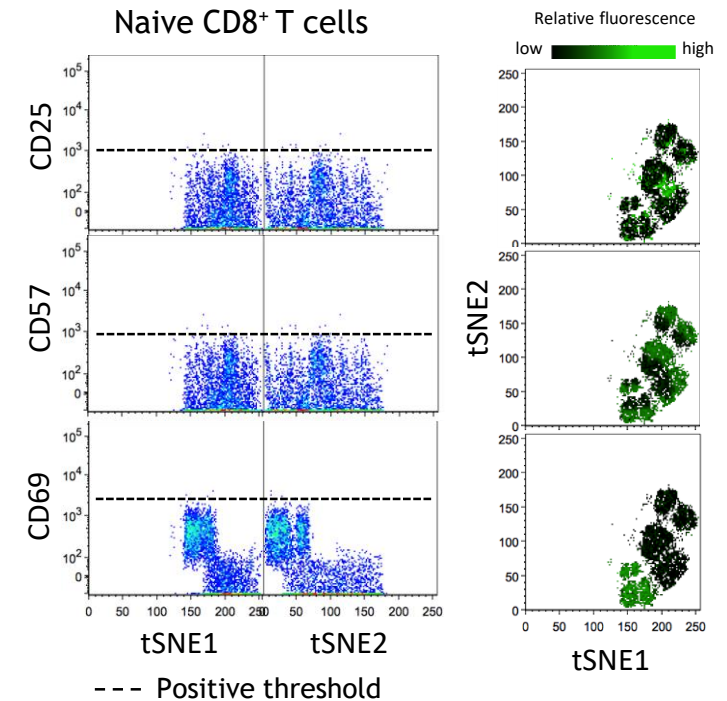
Batch effect (different lot d1)



Spreading error



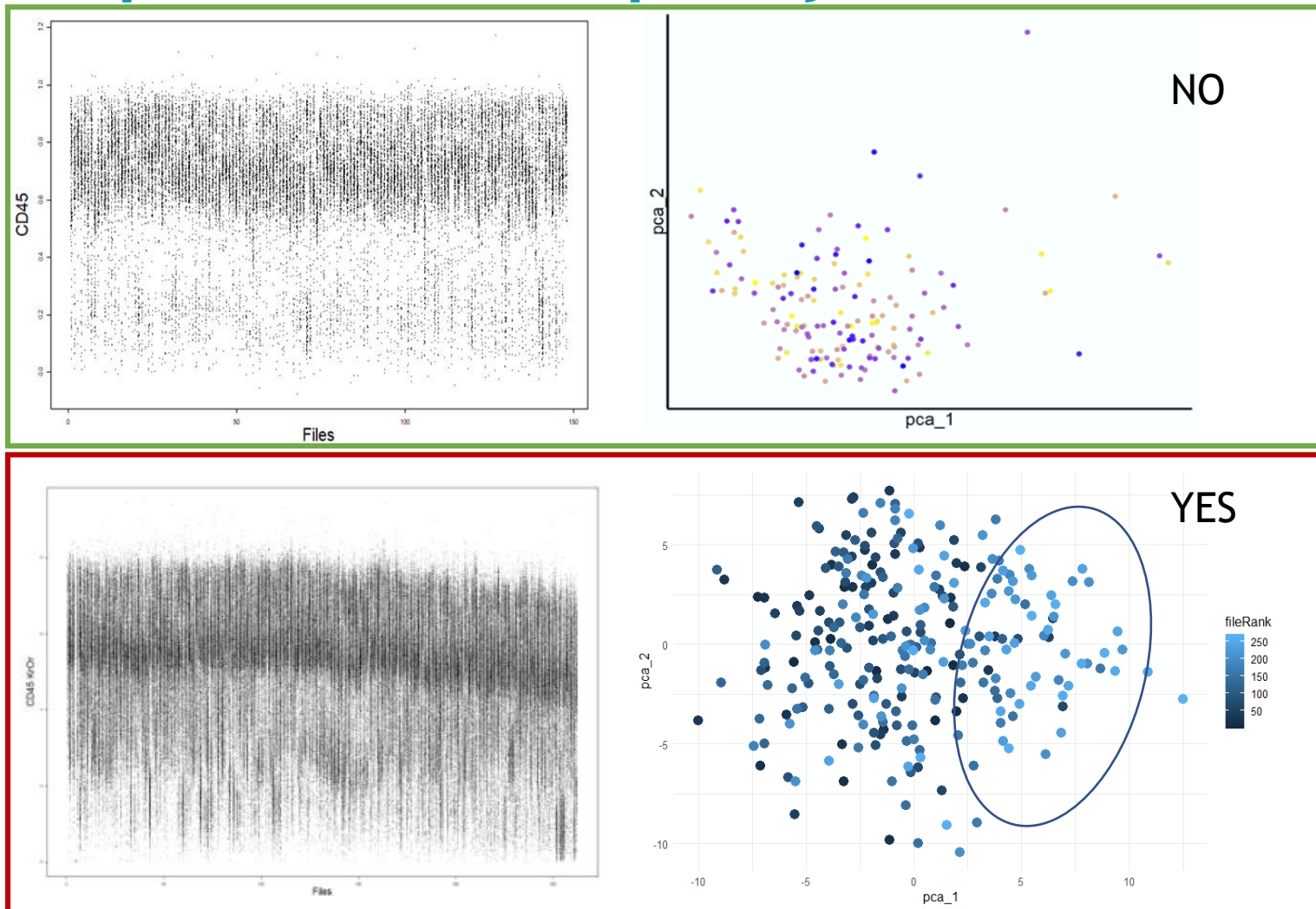
Background fluorescence





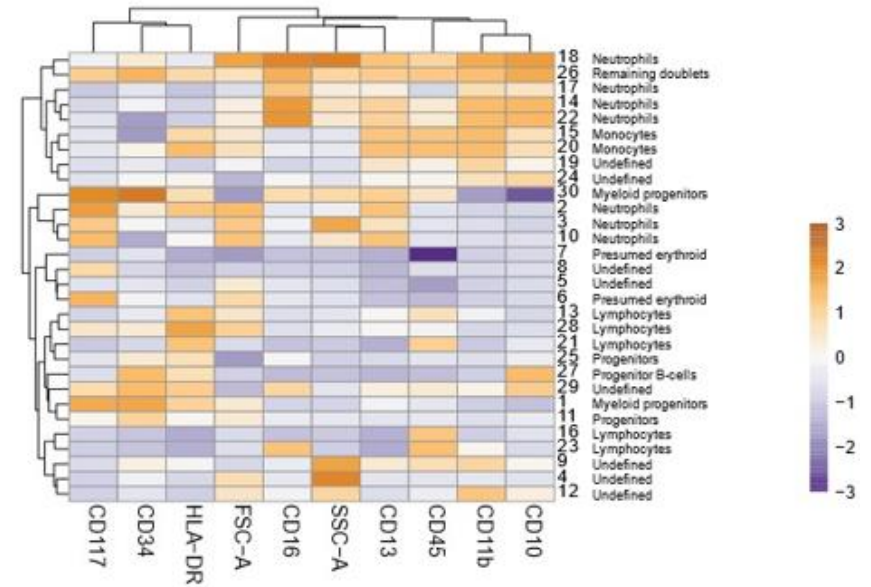
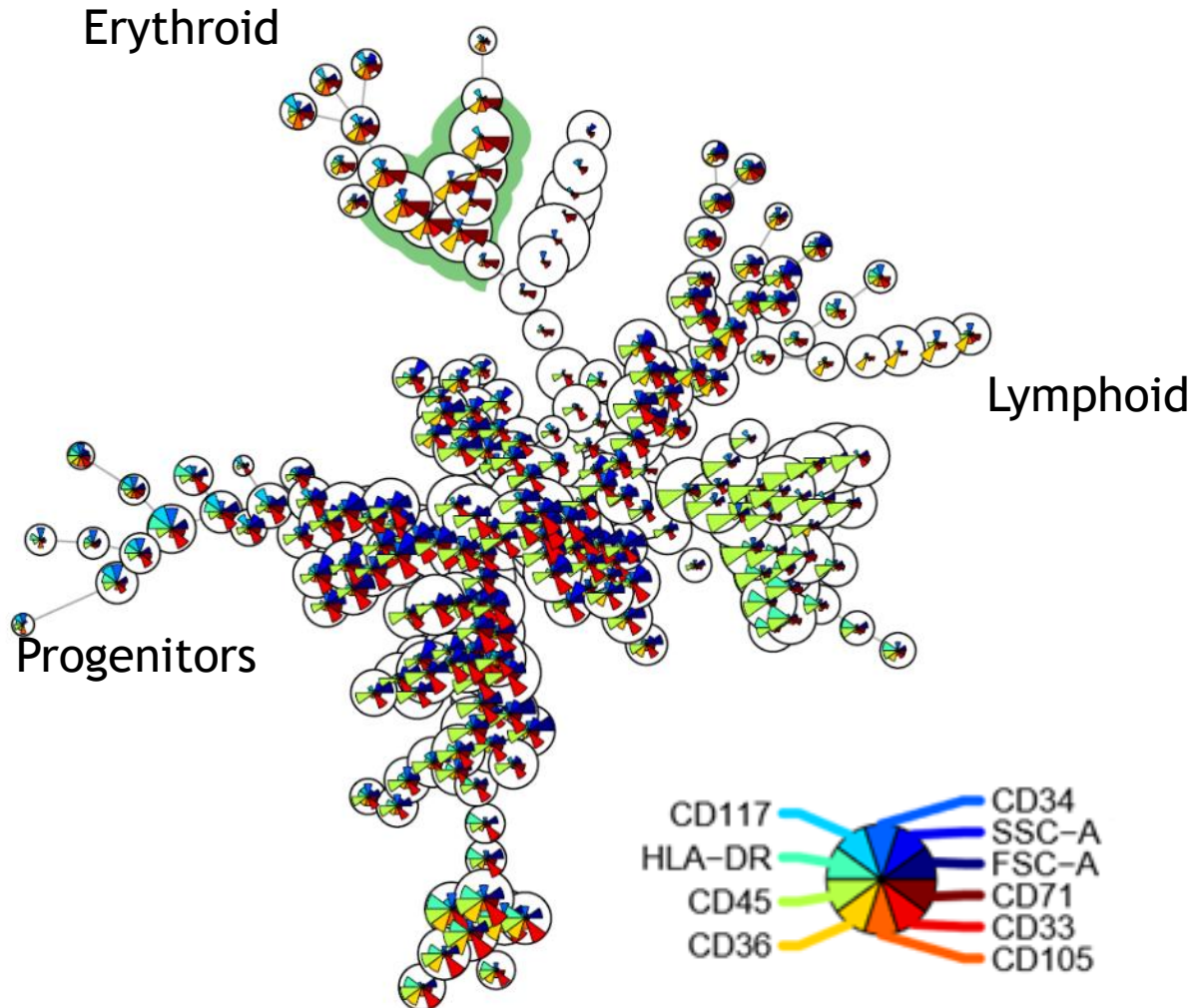
Computational analysis: pitfalls - data quality: variations in time

Does sample set show changes in marker expression in time?





Computational analysis in MDS: feature selection

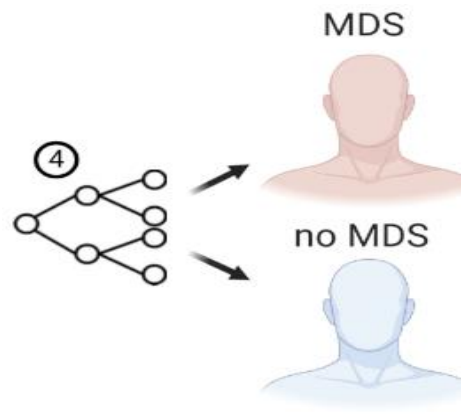


Features selection from metaclusters:

- Relative abundance
- MFI
- CV



Classification: AI-workflow outperforms expert manual analysis



machine learning - random forest

	manual analysis	single tube (ery)	complete 6-tube panel
Training cohort	sensitivity = 82% specificity = 87%	sensitivity = 85% specificity = 95% AUC = 0.96	sensitivity = 90% specificity = 96% AUC = 0.97
Validation cohort	sensitivity = 80% specificity = 86%	sensitivity = 97% specificity = 95%	sensitivity = 90% specificity = 93%



Where to find algorithms and scripts

Software programs such as:

Cytobank, FlowJo, Kaluza (radar plots), ...

R-Packages:

Most R-scripts are available from GitHub

- FlowAI, FlowSOM, Phenograph, GMM, ...
- MEM (marker enrichment modelling)
- Generic tools for data analysis such as feature selection and machine learning:
Random Forest, Support Vector Machine, mRMR, GLMnet, ...

FlowJo (<https://www.flowjo.com/>)

Cytobank (<https://www.cytobank.org/>)

R and R studio (<https://www.r-project.org/>)

R scripts are available from GitHub
(<https://github.com/>)



Unsupervised computational FC in (suspected) MDS: Conclusions and future directions

- encompasses known and unknown cellular features
- high diagnostic accuracy when QC is optimal
- fast results
- (prospective) multi-center validation warranted
 - challenges with scatter harmonization
 - differences in sample preparation
 - exploration of more MDS-specific panels
 - optimization of the computational workflow
- computational analyses may reveal new features/biomarkers that help to predict response to therapy, leukaemic evolution, ...

Questions?