

**O0414 Technical and clinical validation of a novel, highly sensitive IFN-gamma ELISpot assay to monitor CMV-specific cell-mediated immunity in immunocompromised patients**

Sascha Barabas<sup>1</sup>, Theresa Spindler<sup>1</sup>, Richard Kiener<sup>3</sup>, Tamara Lugner<sup>1</sup>, Julia Batzilla<sup>1</sup>, Mathias Schemmerer<sup>1,3</sup>, Josef Koestler<sup>3</sup>, Hanna Bendfeldt<sup>1</sup>, Anne Rascle\*<sup>1</sup>, Carsten A. Böger<sup>4</sup>, Bernd Krueger<sup>5</sup>, Bernhard Karl Krämer<sup>5</sup>, Ralf Wagner<sup>3</sup>, Bernhard Banas<sup>2</sup>, Ludwig Deml<sup>1</sup>

<sup>1</sup>Lophius Biosciences GmbH, Regensburg, Germany, <sup>2</sup>University Clinic Regensburg, Nephrology, Regensburg, Germany, <sup>3</sup>University Clinic Regensburg, Institute of Clinical Microbiology and Hygiene, Regensburg, Germany, <sup>4</sup>University Clinic Regensburg, Nephrology, Regensburg, Germany, <sup>5</sup>University Medical Center Mannheim, University of Heidelberg, Vth Department of Medicine, Mannheim, Germany

**Background:** Impairment of cytomegalovirus (CMV)-specific cell-mediated immunity (referred to as CMV-CMI) by immunosuppressive therapy is a major cause of CMV reactivation and associated complications in solid-organ and hematopoietic stem cell transplantation. Reliably monitoring CMV-CMI may therefore assist the prognosis of CMV-associated clinical complications and guide individual therapeutic decisions. Aim of this work was to establish an optimised and standardised CMV-specific IFN- $\gamma$  ELISpot assay and determine its suitability to measure CMV-CMI in immunocompromised patients.

**Materials/methods:** T-activated<sup>®</sup> immunodominant IE-1 and pp65 CMV proteins were used as stimulatory antigens for *in vitro* restimulation of peripheral blood mononuclear cells (PBMC). All basic assay parameters and reagents were optimised to establish a user-friendly protocol and maximise the signal-to-noise ratio of the ELISpot assay. The technical performance of the optimised IFN- $\gamma$  ELISpot assay (T-Track<sup>®</sup> CMV) was compared to that of QuantiFERON<sup>®</sup>-CMV and of a cocktail of 6 class I iTAg<sup>™</sup> MHC Tetramers in 124 hemodialysis patients, representative of patients prior to kidney transplantation.

**Results:** The optimised IFN- $\gamma$  ELISpot assay (T-Track<sup>®</sup> CMV) demonstrated low intra-assay, inter-assay and inter-operator variability (coefficient of variation CV < 22%). Assay linearity was demonstrated between  $6 \times 10^4$  and  $2 \times 10^5$  PBMC per well upon stimulation with T-activated<sup>®</sup> IE-1 ( $R^2 = 0.97$ ) and pp65 ( $R^2 = 0.99$ ) antigens. The novel T-Track<sup>®</sup> CMV assay allows the detection of a broad range of CMV-reactive effector cells (Th, CTL, NK, NKT-like cells), resulting in a sensitivity of 97% in a cohort of 45 healthy donors. Sensitivity of T-Track<sup>®</sup> CMV in CMV-seropositive hemodialysis patients was 90%, compared to 73% with QuantiFERON<sup>®</sup>-CMV and 77% with CMV-specific iTAg<sup>™</sup> MHC tetramers.

**Conclusions:** T-Track<sup>®</sup> CMV is a highly sensitive IFN- $\gamma$  ELISpot assay, suitable for the immune monitoring of immunocompromised patients and with a potential use for the risk assessment of CMV-related clinical complications.