



(11) **EP 1 871 870 B1**

(12) **EUROPEAN PATENT SPECIFICATION**

(45) Date of publication and mention of the grant of the patent:  
**01.12.2010 Bulletin 2010/48**

(51) Int Cl.:  
**G01N 33/50** (2006.01) **G01N 33/53** (2006.01)  
**G01N 33/574** (2006.01) **G01N 33/80** (2006.01)  
**C12N 5/00** (2006.01)

(21) Application number: **06849750.2**

(86) International application number:  
**PCT/US2006/012595**

(22) Date of filing: **04.04.2006**

(87) International publication number:  
**WO 2007/092028 (16.08.2007 Gazette 2007/33)**

(54) **METHOD FOR ENRICHING RARE CELL SUBPOPULATIONS FROM BLOOD**

VERFAHREN ZUM ANREICHERN VON SUBPOPULATIONEN SELTENER ZELLEN AUS DEM BLUT  
PROCÉDÉ D'ENRICHISSEMENT DE SOUS-POPULATIONS CELLULAIRES RARES À PARTIR DU SANG

(84) Designated Contracting States:  
**AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IS IT LI LT LU LV MC NL PL PT RO SE SI SK TR**

• **BOGEN, Steven, A.**  
**Sharon, MA 02067 (US)**  
• **SOMPURAM, Seshi, R.**  
**Arlington, MA 02474 (US)**

(30) Priority: **08.04.2005 US 669388 P**

(74) Representative: **Mallalieu, Catherine Louise et al**  
**D Young & Co LLP**  
**120 Holborn**  
**London EC1N 2DY (GB)**

(43) Date of publication of application:  
**02.01.2008 Bulletin 2008/01**

(73) Proprietor: **Medical Discovery Partners LLC**  
**Boston MA 02118 (US)**

(56) References cited:  
**US-A- 4 940 668** **US-A- 5 840 502**  
**US-A1- 2002 009 440** **US-A1- 2004 062 766**  
**US-B1- 6 280 622** **US-B1- 6 491 917**  
**US-B2- 6 933 148**

(72) Inventors:  
• **OLKEN, Sarah, K., Dr.**  
**Belmont, MA 02478 (US)**

**EP 1 871 870 B1**

Note: Within nine months of the publication of the mention of the grant of the European patent in the European Patent Bulletin, any person may give notice to the European Patent Office of opposition to that patent, in accordance with the Implementing Regulations. Notice of opposition shall not be deemed to have been filed until the opposition fee has been paid. (Art. 99(1) European Patent Convention).

**Description****TECHNICAL FIELD**

5 **[0001]** The present invention relates to a method of enriching rare cells and particularly non-erythrocyte cells from a fluid containing a mixture of these rare cells and non-rare cells particularly erythrocyte cells.

**BACKGROUND**

10 **[0002]** There has been growing interest in developing methods to detect and quantify circulating tumor cells from blood. Most types of cancer, such as tumors of the breast, prostate, colon, pancreas, esophagus, stomach, and liver are of epithelial origin. Blood cells, on the other hand, are of mesenchymal origin. This difference facilitates the detection of cancer cells, since epithelial-specific markers can be used to identify putative cancer cells in blood. Blood cells will not bear these epithelial-specific markers since they are not of epithelial origin. The presence of circulating tumor cells  
15 can be of clinical value in detecting cancer at an early stage, where surgical intervention can be curative. In addition, the presence and number of circulating tumor cells can be of value in cancer patient staging or prognosis, providing an indicator of which patients will likely develop metastases.

**[0003]** There is now considerable evidence that carcinomas shed neoplastic cells into the circulation. This evidence includes studies employing immunomagnetic separation methods to recover circulating epithelial cells from blood [Racila, E., et al. Proc. Natl. Acad. Sci. USA. (1998) 95:4589-4594; Engel, H., et al. Br. J. Cancer. (1999) 81:1165-1173; Kraeft, S.-K., et al. Clin. Cancer Res. (2000) 6:434-442; Wang, Z.-P., et al. Cancer. (2000) 88:2787-2795; Brandt, B., et al. Int. J. Cancer. (1998) 76:824-828; Bilkenroth, U., et al. Intl. J. Cancer. (2001) 92:577-582.] as well as those that probe for tumor-specific mRNA in the blood cells of cancer patients. [Lacroix, J., et al. Int. J. Cancer. (2001) 92:1-8; Ghossein, R., et al. J Clin Oncol. (1995) 13:1195-1200; Soeth, E., et al. Cancer Res. (1997) 57:3106-3110; Laribi, A., et al. European Urology. (2001) 39:65-71; Kruger, W., et al. Transfusion. (2000) 40:1489-1493.] The number of circulating neoplastic cells increases with tumor stage. The ability of these cells to establish distant metastatic foci is unclear. Many circulating tumor cells (CTCs) are apoptotic. [Mehes, G., et al. Amer. J. Pathol. (2001) 159:17-20.] It is likely that the cells circulate for hours or days until they are either trapped in the pulmonary vasculature or die. It is probably the rare, exceptional circulating tumor cell that forms a distant metastatic tumor focus.

30 **[0004]** The rate of neoplastic cell shedding from a solid tumor is undoubtedly quite low, especially in the early stages of tumor growth. Detecting rare CTCs is technically challenging. The success rate depends upon the patients' clinical stage. Isolating CTCs in late-stage neoplastic disease is easier, as there are more of them. In fact, in severe cases, they can even be evident on a routine peripheral blood smear, without any enrichment whatsoever. [Rodriguez-Salas, N., et al. Acta Cytologica. (2000) 44:237-41.] Not all investigators have found CTCs in stage I (localized) disease. The reason  
35 for the conflicting findings can relate to the methodologies that have been employed. Subtle methodologic variables have been described that probably account for past discrepant results. [Kruger, W., et al. Transfusion. (2000) 40:1489-1493; Gala, J.-L., et al. Clin Chem. (1998) 44:472-481; Zippelius, A., et al. Clin. Cancer Res. (2000) 6:2741-2750.] Investigators who have employed novel methods to overcome these obstacles have reported circulating neoplastic cells in patients with localized (non-metastatic) tumors. These novel methods include unique cell separation technologies  
40 [Racila, E., et al. Proc. Natl. Acad. Sci. USA. (1998) 95:4589-4594.], combining immunomagnetic enrichment with RT-PCR detection [Kruger, W., et al. Transfusion. (2000) 40:1489-1493.], or highly selective primers for specific types of epithelial cells. [Lacroix, J., et al. Int. J. Cancer. (2001) 92:1-8; Laribi, A., et al. European Urology. (2001) 39:65-71.]

**[0005]** Identifying and quantifying circulating carcinoma cells (malignant cells of epithelial origin) has been a technically challenging undertaking. The number of circulating cancer cells depends upon the tumor load, but it is estimated to be  
45 approximately one in 1-10 million leukocytes. Therefore, in a 5 milliliter blood sample, there may be only a handful of tumor cells.

**[0006]** Immunomagnetic cell separations involve attaching antibodies directed to proteins found on epithelial cells to small paramagnetic beads. When the antibody-coated beads are mixed with blood, they will attach to and surround epithelial cells. The test tube is then placed in a strong magnetic field, causing the beads to pellet to one side. After  
50 removing the blood, captured cells are retained with the beads. The ability of the method to enrich for circulating carcinoma cells would be improved if the high relative numbers of erythrocytes were not in the way. In addition, the beads can sometimes interfere with downstream analysis of the tumor cells.

**[0007]** The currently available methods for recovering so few cells have insufficient cell yields (recoveries), often precluding rare cell isolation and subsequent analysis. Previous immunomagnetic selection studies for capturing small cell subsets from peripheral blood described highly variable cell recovery rates of 24% [Kruger, W., et al. Transfusion. (2000) 40:1489-1493.], 45% [Martin-Henao, G., et al. Transfusion. (2000) 40:35-43.], 47% [Siewert, C., et al. Recent Results Cancer Res. (2001) 158:51-60.], 51% [Hildebrandt, M., et al. Transfusion. (2000) 40:507-512.], 57% [Martin, V., et al. Exp. Hematology. (1998) 26:252-264.], 60% [Werther, K., et al. J. Immunol. Methods. (2000) 238:133-141.],

69.5% [Despres, D., et al. *J. Hematotherapy & Stem Cell Res.* (2000) 9:557-564.] 70-80% [Zigeuner, R., et al. *J. Urology.* (2000) 164:1834-1837.], & 84% [Bilkenroth, U., et al. *Intl J Cancer.* (2001) 92:577-582.]. The recovery rate is important because it establishes a floor on the detection capability for rare cells. The gold standard cell enrichment technology in the field is immunomagnetic enrichment using ferrofluids. The technology is manufactured by Immunicon Corp., Huntingdon Valley, PA, and commercialized by Veridex LLC, Warren, NJ. A recent paper (2004) correlated the presence of CTCs with prognosis in breast cancer patients. [Cristofanilli, M., et al. *New Engl. J. Med.* (2004) 351:781-791.] The Veridex/Immunicon ferrofluid technology is the only FDA-cleared technology for measuring CTCs (as a prognostic indicator in breast cancer). An important limitation of the ferrofluid technology is that it appears to not be effective as a cancer screening test.

**[0008]** According to the inventors of the Immunicon/Veridex technology, the limitation in sensitivity can be related to their positive selection method for CTC isolation. [Allard, W., et al. *Clin. Cancer Res.* (2004) 10:6897-6904.] CTCs are enriched from blood by virtue of their expression of an epithelial cell surface marker not expressed on red and white blood cells. Most commonly, immunomagnetic beads or ferrofluids are coated with an antibody to EpCAM (epithelial cell adhesion marker), a glycoprotein mediating homophilic attachment of epithelial cells. Positive selection methods have two drawbacks. First, disseminated cancer cells are characterized by a high degree of heterogeneity with respect to surface antigens, mutations, and gene expression. [Klein, C., et al. *Lancet.* (2002) 360:683-689; Braun, S., et al. *Int. J. Cancer.* (1999) 84:1-5; Pantel, K., et al. *J. Natl. Cancer Instit.* (1993) 85:1419-1424.] With regard to EpCAM, recent data from Immunicon/Veridex investigators show that circulating tumor cells express much lower levels of EpCAM than cancer cells in the primary tumor. [Doyle, G., et al. *J. Clin. Oncol.* (2004) 22:9541.] Since EpCAM mediates intercellular attachment, tumor cells must apparently downregulate EpCAM before detaching from the primary tumor. This limits the utility of this widely-used marker for separating tumor cells from blood. Veridex has tried to address this issue by increasing the magnetic load on low-expressing cells. [Liberti, P., et al. *J Magnetism Magnetic Materials.* (2001) 225:301-307.] Another limiting factor is that many cells often begin to undergo apoptosis after detaching from the primary. [Mehes, G., et al. *Amer. J. Pathol.* (2001) 159:17-20.] Although they can still be identified by intracellular cytokeratin, cell surface protein expression will decrease as a result.

**[0009]** The overwhelming preponderance of cells in blood are erythrocytes, also known as red blood cells. The two methods of separating white and red blood cells from each other are density gradient sedimentation and chemical lysis. These methods depend upon physical differences between erythrocytes and nucleated blood cells. For isolating CTCs, some believe that density gradient centrifugation is better [Sabile, A., et al. *Amer. J. Clin. Pathol.* (1999) 112:171-178.] whereas others argue that lysis is better. [Pachmann, K., et al. *Clin. Chem. Lab. Med.* (2005) 43:617-627.] Neither method is sufficiently reproducible for a CTC clinical test. There are no FDA-cleared tests for CTCs using either method.

**[0010]** Cell separation by density gradient sedimentation relies on a gross physical distinction, cellular density for separating nucleated cells such as CTCs and erythrocytes. Density gradient sedimentation uses media of defined density, such as Percoll or Ficoll, to separate red blood cells from other nucleated blood cells. Lymphocytes and granulocytes are buoyant on a medium of 1.077 g/ml whereas red blood cells sediment. Cultured tumor cells generally are mostly buoyant on a 1.077 g/ml density cushion, but no one has measured the density distribution of actual CTCs isolated from blood. Many blood-borne CTCs are undergoing apoptosis [Mehes, G., et al. *Amer. J. Pathol.* (2001) 159:17-20.], a factor likely to increase their cellular density. Consequently, there are significant losses associated with density gradient sedimentation. [Choesmel, V., et al. *Cancer.* (2004) 101:693-703.]

**[0011]** At present an acceptable level of reproducible performance (>80% recovery) with density gradients cannot be obtained. Typically only 40-50% of the starting cells are recovered. Losses occur for a variety of reasons, including the fact that some cells stick to the side of the test tube, at the interface, with a clump of red blood cells, or that some tumor cells sediment with erythrocytes. [Pachmann, K., et al. *Clin. Chem. Lab. Med.* (2005) 43:617-627.] This can possibly correlate with cell cycle, degree of apoptosis, or other unidentified factors. Other reasons include the fact that the interface is difficult to see when there are few cells, resulting in cellular losses during collection, and/or that the interface is disturbed once someone places a pipette tip in the tube and starts collecting the cells. This agitation disrupts the interface, dispersing the cells and reducing cell recovery. Some cells are also lost in the subsequent centrifugation step (after the density gradient step). The subsequent centrifugation step is for washing out the Percoll or other density media.

**[0012]** Certain chemical solutions (e.g., 150 mM ammonium chloride) are capable of lysing erythrocytes without substantially affecting the viability of white blood cells. Once the red blood cells are lysed, the remaining cells are sedimented by centrifugation. This technique has not been a popular one for enriching CTCs. Exposure to the lysing agent must be carefully controlled, lest nucleated cells also lyse. There are no data on the differential susceptibility of CTCs to lysing agents. Also, the process releases a massive amount of hemoglobin and red blood cells ghosts, both of which interfere with cell separation and downstream analysis.

**[0013]** Another way to remove unwanted cells is by a technique called "panning". An antibody to the cell type in question is allowed to adhere to a surface, such as the surface of a plastic Petri dish. When the cell mixture is layered on top of the antibody-coated surface, the targeted cells tend to tightly adhere because of the antibody-antigen reaction. Non-adherent cells are rinsed off the surface, thereby effecting a cell separation. Cells that express a cell surface protein

recognized by the antibody are retained on the plastic surface whereas other cell types are not. There are two problems with this approach. First, if the red blood cells were to be removed by panning, then a large surface would be needed. There are so many red blood cells in a 5 milliliter blood sample that the surface would have to be quite large, many square meters, to physically accommodate them. In addition, tumor cells sometimes stick non-specifically to plastic surfaces at the interface of density gradients, resulting in their loss.

[0014] US Patent Application Publication No. US 2002/0009440 A1 describes methods for separating cells using immunorosettes. The method involves contacting a sample containing nucleated cells and red blood cells with an antibody composition which allows immunorosettes of the nucleated cells and the red blood cells to form. The antibody composition preferably contains bifunctional antibodies or tetrameric antibody complexes.

## SUMMARY

[0015] According to the present invention there is provided a method of enriching a desired non-erythrocyte cell type from a cell suspension containing both erythrocytes and the desired non-erythrocyte cell type, comprising: adding an antibody to the erythrocyte-containing cell suspension, wherein said antibody is defined as in claim 1 regularly mixing the cell suspension while erythrocyte agglutinates form so as to minimize entrapping the desired non-erythrocyte cells; separating the erythrocytes from the desired non-erythrocyte cell type in the cell suspension in a liquid of a homogeneous density by sedimentation; and collecting the supernatant containing the desired non-erythrocyte cells. For ease of reference, this antibody may be referred to below as "the agglutinating agent". The antibody can have a binding specificity for glycophorin A. The method of separating non-erythrocytes from erythrocytes in a cell suspension can include adding and removing a physiologic buffered solution from the erythrocyte agglutinate so as to increase the cellular recovery of non-erythrocytes. The method of separating non-erythrocytes from erythrocytes in a cell suspension can include capturing the non-erythrocytes on a filter membrane by gravity filtration. The method can further include mounting the filter membrane onto a microscope slide. Separating the erythrocyte agglutinate from the cell suspension includes sedimenting the erythrocyte agglutinate and collecting the supernatant. Sedimenting the erythrocyte agglutinate can be performed without centrifugation. The method can further include mixing the cell suspension continuously or intermittently.

[0016] According to one embodiment, the method of separating a desired non-erythrocyte cell type in a cell suspension containing both erythrocytes and other undesired non-erythrocytes can include adding an antibody (or for ease of reference "a first binding reagent") to the cell suspension that binds to the undesired non-erythrocyte cell type, adding an agglutinating reagent to the erythrocyte containing cell suspension that causes erythrocytes to agglutinate, mixing the cell suspension, and separating the erythrocyte and undesired non-erythrocyte combined agglutinate from the desired cells in the cell suspension in a liquid of a single homogenous density. The agglutinating agent binds to the erythrocytes and the binding agent but does not bind to the desired non-erythrocyte cell type. The antibody can bind to a cell surface molecule on leukocytes. The antibody can be directed to CD45. The first binding agent can further include a biotin moiety.

[0017] The erythrocyte cell surface molecule can be glycophorin A. The agglutinating agent can further include a biotin-binding moiety. The method of separating a desired cell type in a cell suspension containing both erythrocytes and other undesired non-erythrocytes can further include capturing the non-erythrocytes on a filter membrane by gravity filtration. The method can further include mounting the filter membrane onto a microscope slide. The agglutinating agent can directly bind to the first binding agent. The first binding agent and the agglutinating agent can be bound to each other prior to adding them to the cell suspension.

[0018] The method further includes the steps of adding and removing a physiologic buffered solution to and from the combined agglutinate so as to increase the cellular recovery of desired cells. Separating the erythrocyte and undesired non-erythrocyte combined agglutinate from the desired cells in the cell suspension can include sedimenting the erythrocyte and undesired non-erythrocyte combined agglutinate. Sedimenting the erythrocyte and undesired non-erythrocyte combined agglutinate can be performed without centrifugation,. The method can further include the steps of adding and removing a physiologic buffered solution to and from the combined agglutinate so as to increase the cellular recovery of desired cells.

[0019] We also describe a cell separation kit, for measuring circulating tumor cells in blood, can include an agglutinating agent that agglutinates erythrocytes in a cell suspension and instructions for processing the cell suspension. The agglutinating agent does not bind to a desired non-erythrocyte cell type. The agglutinating agent can be an antibody. The kit can further include a binding agent. The binding agent can be an antibody.

[0020] Other features, objects and advantages will be apparent from the description and the drawings.

## BRIEF DESCRIPTION OF THE DRAWINGS

[0021]

Figure 1 is a schematic representation of the method for agglutinating red blood cells and collecting the non-depleted

cells.

Figure 2 shows two graphs, A and B, illustrating the relationship between tumor cell recovery from blood (spiked with cultured tumor cells) as a function of mixing the blood tube.

Figure 3 is a graph illustrating the tumor cell recovery as a function of the amount of time for mixing the blood tube.

Figure 4 is a graph illustrating the percentage of additional recovery of tumor cells by rinsing the red cell agglutinate.

Figure 5 is a schematic representation of the filter holder apparatus.

Figure 6 is a linear regression plot showing the actual tumor cell recovery

Figure 7 is a graph showing the tumor cell recovery from blood when using membrane filtration to collect the cells.

Figure 8 is a schematic representation depicting a method to incorporate leukocytes into a red blood cell clump using a glycoprotein A-streptavidin conjugate and CD45 monoclonal antibody (mAb)-biotin conjugate.

## DETAILED DESCRIPTION

**[0022]** A method to negatively deplete blood of undesired cell types using antibodies or other crosslinking agents, without removing other nucleated cell types unless specifically desired includes one or more of the following steps. For convenience, this method of cell separation will be referred to as "cell separation by agglutination", or "CSA".

**[0023]** Unlike other previously described methods of separating nucleated cells from erythrocytes, such as density gradient centrifugation or chemical lysis, this method is based on the interaction of an antibody with a protein on the erythrocyte membrane. Thus, unlike the methods relying on gross physical distinctions between rare nucleated cells and erythrocytes such as density or sensitivity to chemical lysis, this method is based on an antibody's affinity for an antigen (e.g., glycoprotein A). As a result, it is much more specific and has improved sensitivity in recovering rare cells. The advantages of CSA include:

Affinity-based separation. CSA removes erythrocytes with a glycoprotein A-specific mAb. This is a more specific cell separation agent than a density gradient or chemical lysis agent.

Uses an intrinsic solid phase. Rather than adhering cells to beads or a plastic culture support surface, there is no new solid phase for cells to attach to. This avoids problems of non-specific adherence, as tumor cells can non-specifically attach to plastic surfaces. Introducing a new solid phase would also be impractical, as an enormous surface area of many square meters would be required to capture the  $\sim 10^{10}$  erythrocytes in a typical blood tube. In this technique, the erythrocytes agglutinate and form such a large clump that they settle out spontaneously. There is no centrifugation.

Virtually no operator intervention. This method minimizes manipulations that can result in CTC losses. Moreover, this assay is easily adaptable to a clinical laboratory environment.

Reproducibly high tumor cell recoveries (typically > 90%), in tests where the blood sample is spiked with cultured breast carcinoma cells.

CSA is unique. CSA is the only antigen (e.g., glycoprotein A)-dependent separation technology for isolating CTCs from both erythrocytes and leukocytes in a negative selection mode. Other antigen-dependent negative selection methods are for leukocytes only, based on depleting CD45-expressing cells. However, those methods use density gradient sedimentation or chemical lysis for removing erythrocytes, leading to excessive CTC losses.

**[0024]** The ability of red blood cell agglutination to separate red cells from other cell types was a surprising finding. Agglutination was previously described as separating all cell types from plasma (U.S. Patent 3,902,964). During agglutination, newly formed red blood cell lattices entrap other cell types, such as leukocytes that are randomly dispersed in the blood cell suspension. We confirmed that extensive non-erythrocyte cell entrapment does, in fact, occur. We also discovered that the problem can be overcome by promptly and continuously mixing the blood after adding glycoprotein A mAb. If the test tube containing the blood sample is mixed immediately after adding the anti-red blood cell antibody, and kept mixing, then non-erythrocyte cell types do not become entrapped by the red blood cell lattices.

**[0025]** In a first embodiment, illustrated in Figure 1, red blood cells are depleted from blood using an agglutinating agent i.e., an antibody that specifically binds to a protein on the red blood cell membrane. The antibody can be directed to any red blood cell-specific protein present on the cell membrane. Glycoprotein A and/or B are examples of such proteins, as they are present on erythrocytes but not on other leukocytes or epithelial cells. In order to remove red blood cells, anti-glycoprotein A or B antibody is added to the blood sample, at a final concentration of approximately 50-200 micrograms/ml. For optimal cell recoveries, the blood sample is collected with  $\text{Ca}^{++}/\text{Mg}^{++}$ -free physiologic buffer containing approximately 1-10 mM ethylenediaminetetraacetic acid (EDTA). The presence of EDTA helps prevent clotting. Heparin can optionally be used as an anti-clotting agent. The blood sample-containing test tube is mixed after adding the agglutinating antibody and then (preferably) placed on a rotating or rocking platform immediately after the antibody is added, for continuous mixing. It is important that the blood cell suspension is regularly mixed, i.e., mixed either continuously or at least repetitively (intermittently) during the incubation with the agglutinating antibody. For example,

the blood cell suspension can be mixed approximately every few minutes if it is not continuously mixed. For repetitive mixing, exact intervals between mixes are helpful but not required. This is in contrast to either not mixing the sample after adding the agglutinating antibody, or only mixing once, momentarily. As the antibody is an agglutinating antibody, then a clump of red blood cells forms. Any type of mixer will be suitable to keep the blood mixing while the red blood cell clump forms. After agglutination of erythrocytes has occurred, the erythrocytes cluster into one or more clumps. When the test tube is taken off the mixer and left to stand on the benchtop, the clump(s) settle to the bottom (sediment) of the test tube, usually within one minute, without centrifugation, at 1 x g (normal force of gravity). In this way, the separation of the erythrocytes from other cells in the blood cell suspension occurs without layering the blood over a density gradient. Density gradient centrifugation is one of the most common methods for separating erythrocytes from leukocytes. Instead, the separation occurs in a fluid (e.g., plasma) that is of a single homogeneous density, without an interface to another fluid that is of a different density. Red blood cell agglutinates can also be removed by using centrifugation, preferably for a short period of time and of a low g force. Red blood cell agglutinates (clumps) can be removed by any other appropriate methods. For example, the red blood cell agglutinates can be captured onto a coarse filter that retains large clumps but not monodispersed cells.

**[0026]** The supernatant contains all the other types of cells in blood, including leukocytes and any epithelial cells (such as carcinoma cells), if present. The supernatant also contains the blood plasma. With a pipette, the supernatant is withdrawn and transferred to another test tube.

**[0027]** In another embodiment, additional undesired cell types, such as leukocytes, can be removed along with the red cell clump. By removing additional undesired cell types from the blood, it will be easier to locate and analyze the desired rare carcinoma cells. Removing leukocytes can also have the added benefit of facilitating molecular expression analysis, by removing a potential source of illegitimate mRNA transcripts. Illegitimate transcripts are mRNA transcripts expressed at extremely low levels that are not transcribed into detectable levels of protein. Their presence can confound the detection of CTCs if expression analysis is used for detection. For example, cytokeratin is an epithelial marker that is not found in leukocytes. However, when extremely sensitive techniques are used for detecting mRNA for cytokeratin, extremely low levels of cytokeratin mRNA can be detected in leukocytes as well, even though the cytokeratin protein is not found in leukocytes. Therefore, the presence of leukocytes can complicate the detection of CTCs by expression analysis when so few epithelial cells are dispersed amongst millions of leukocytes. Removing them, such as through the methods described in this second embodiment, can help render expression analysis more specific for rare circulating tumor cells.

**[0028]** To remove leukocytes or other, undesired cell types, it is necessary to have an agglutinating agent i.e., an antibody that specifically binds to the cell type to be removed. For leukocytes, it can be an antibody directed to CD45, leukocyte common antigen. CD45 is present on leukocytes but not on epithelial cells. A suitable CD45-specific mAb is the one secreted by the 4B2 hybridoma, the cell line being available for purchase from the American Type Culture Collection (Manassas, VA). Many others are available commercially.

**[0029]** In order to remove leukocytes, a glycophorin A-specific mAb can be conjugated to streptavidin. The glycophorin A monoclonal antibody causes erythrocyte agglutination, as already described. The streptavidin moiety will bind any cell coated with biotin. Therefore, if an undesired cell type, such as a leukocyte, is coated with a binding agent such as an antibody-biotin conjugate, then it can be entrapped within the red cell aggregates and removed with the red blood cells. For example, if leukocytes are coated with an anti-CD45 antibody-biotin conjugate, then they will be caused to be bound to the streptavidin that is part of the glycophorin A antibody-streptavidin conjugate. In this way, leukocytes can be captured onto streptavidin-coated erythrocytes with biotin-conjugated leukocyte-specific mAbs (Figure 8). In Figure 8, "RBC" stands for red blood cell. "WBC" stands for white blood cell. The glycophorin antibody-streptavidin conjugate and leukocyte antibody-biotin conjugate are shown as illustrated at the top of the figure. The leukocyte is shown to be coated with antibodies, such as those specific for CD45. Each leukocyte antibody is conjugated to a biotin (triangles at the end of the antibody), rendering the leukocyte to be coated with biotin moieties. Any of the streptavidin proteins coating red blood cells can then bind to the biotins, tethering leukocytes to erythrocytes. As the erythrocytes agglutinate, the leukocytes become irreversibly enmeshed in the clump and are removed from the suspension.

**[0030]** An antibody is a type of binding agent, capable of crosslinking because of its divalent structure. It can be advantageous that whatever binding agent is used does not also bind to the cell types that are to be isolated and enriched from blood. If the binding agent is not divalent, it can be modified to be so by adding biotin. The subsequent addition of avidin, or streptavidin, then crosslinks two monovalent binding agent to form a divalent binding agent.

**[0031]** Although isolation from blood is shown, it is possible that this method can be used in other fluids. Rather than agglutination of erythrocytes, we describe that potentially any cell type can be caused to agglutinate in a similar way, provided that there are enough cells so as to form clusters.

**[0032]** We also describe that other cell types, or even microorganisms, can potentially be enriched from blood in this way. Although tumor cell enrichment is experimentally described, other cell types can also be enriched, whether they are rare or not.

**[0033]** One of ordinary skill will also understand that we describe that any erythrocyte-specific agglutinating reagent

will potentially be effective in separating red blood cells from other cell types in the blood cell suspension, not just a glycoprotein A-specific monoclonal antibody. For example, the antibody can be immunoreactive with glycoprotein B or any other protein that will differentiate erythrocytes from other cell types in the cell suspension. Also, although an antibody is shown in the example, we describe that other types of binding agents can also be effective if they have the required red blood cell specificity and cause agglutination.

### Reagent development

**[0034]** The glycoprotein A monoclonal antibody - streptavidin conjugate can be synthesized using conventional protein conjugation techniques. Methods of covalent conjugation are well known to those skilled in the art, and are described in textbooks such as S. S. Wong. Chemistry of Protein Conjugation and Cross-Linking. CRC Press, Boca Raton, FL 1993 ISBN 0-8493-5886-8, which is incorporated by reference in its entirety. In order to create the conjugate, it is first necessary to obtain the glycoprotein A monoclonal antibody. Any agglutinating glycoprotein A antibody should suffice. One suitable glycoprotein A (and glycoprotein B, as well) monoclonal antibody is the E3 glycoprotein-specific monoclonal antibody, described to be immunoreactive with a peptide sequence derived from the extracellular domain of glycoprotein A, close to the red cell membrane. (MJ Telen, RM Scearce, BF Haynes. 1987. Human erythrocyte antigens. III. Characterization of a panel of murine monoclonal antibodies that react with human erythrocyte and erythroid precursor membranes. Vox Sang. 52:236-243).

**[0035]** The antibody is commercially available from Sigma Chemical Co., St. Louis, MO.

**[0036]** Many other glycoprotein-specific monoclonal antibodies have been characterized and their epitopes also identified. [Reid ME. Lisowska E. Blanchard D. Section 3: Epitope determination of monoclonal antibodies to glycoprotein A and glycoprotein B. Coordinator's report. Antibodies to antigens located on glycoproteins and band 3. [Evaluation Studies. Journal Article. Multicenter Study] Transfusion Clinique et Biologique. 9(1):63-72, 2002 Jan.; Rasamoeliso M. Czerwinski M. Bruneau V. Lisowska E. Blanchard D. Fine characterization of a series of new monoclonal antibodies directed against glycoprotein A. Vox Sanguinis. 72(3):185-91, 1997; Reid ME. Lisowska E. Blanchard D. Coordinator's report: glycoprotein/band 3 and associated antigens. Transfusion Clinique et Biologique. 4(1):57-64, 1997]. Provided that the antibody causes red cell agglutination, others such as described in these journal articles can also be suitable.

**[0037]** Monoclonal antibodies can be grown *in vitro* using conventional bioreactors containing growth medium to which the hybridomas are adapted. Preferably, the hybridoma will be adapted to serum-free conditions or a low concentration of serum, such as 1% or less. Once produced, the antibodies are concentrated by ultrafiltration and purified on Protein A or Protein G.

**[0038]** One method for conjugating streptavidin to the glycoprotein A mAb is to use a hydrazide reaction, as per published protocols [Hermanson, G. (1996) Academic Press San Diego, CA. 0-12-342336-8.] Hydrazide conjugation is particularly useful for antibody conjugations because it targets carbohydrate moieties. Carbohydrates on antibodies are found in the Fc domain. Consequently, the conjugate forms away from the antigen-binding site, maximizing antibody immunoreactivity. A potential pitfall of this approach is that not all monoclonal antibodies have carbohydrates. Some hybridomas lose their glycosyltransferases and cannot synthesize glycoproteins. Alternatively, other methods of protein conjugation, such as those that target free amines found in lysines or at the amino terminus of each protein can be used.

**[0039]** The conjugated protein can then be purified from unreacted precursors or undesired homoconjugates. One possible method for carrying out this purification is to use a high pressure liquid chromatography (HPLC) system with a column specially adapted for antibody purifications. One such column is the ABx BakerBond column sold by JT Baker, Phillipsburg, NJ. An alternative method is to purify the glycoprotein A mAb - streptavidin conjugate through a two-step affinity chromatographic process. The conjugate can be purified on an iminobiotin column (Pierce Chemical Co., Rockford, IL) followed by an antigen column. Only the desired heteroconjugate will bind and elute from both columns.

**[0040]** Iminobiotin is a biotin derivative with a lower affinity for streptavidin, allowing elution under milder conditions. For the antigen column, the most straightforward source of antigen would be glycoprotein A from Sigma Chemical Co., St. Louis, MO. Instead of antigen (glycoprotein A), an antigen affinity column comprising a peptide mimotope can be used. The peptide can be produced less expensively and to higher purities, facilitating ultimate transition to pilot production for clinical trials. The peptide for a moderate affinity, providing for mild elution conditions, can be engineered. The peptide mimotope is also less susceptible to denaturation during the conjugate elution step, since it is small and without any appreciable secondary structure. The peptide mimotope can be identified using a peptide combinatorial library screen of a phage library. Methods for screening such a library with monoclonal antibodies, in order to find peptide mimotopes, can be found in published papers [Sompuram, S., et al. Clin. Chem. (2002) 48:410-420; Sompuram, S., et al. J. Histochem. Cytochem. (2002) 50:1425-34.]

**[0041]** A peptide mimotope column can also be useful not just for purification but also for manufacturing the glycoprotein A mAb - streptavidin conjugate. A solid phase conjugation format can yield more reproducible heteroconjugates, favoring small heteroconjugates (1:1 ratio of mAb to streptavidin). A solid phase format can also be more amenable to scale-up, for clinical trials. The solid phase format can also better protect the antigen-binding site from cross-linking, better pre-

5 serving antibody immunoreactivity. To prevent the antibody from covalently cross-linking to the antigen on an antigen column, the peptide can be designed with protecting groups to block reactive moieties. An alternative to an antigen or peptide mimotope column is to separate the glycophorin A antibody-streptavidin conjugate (m.w. ~200 kDa) from free (unconjugated) streptavidin (m.w. 53 kDa) by dialysis, using a dialysis membrane with a cutoff of approximately 100 kDa. Free streptavidin will diffuse out of the dialysis membrane whereas the conjugate will stay in. Other techniques for effecting the separation include a protein A or protein G column, HPLC, such as previously described, or size exclusion chromatography such as using a Sephadex column.

10 **[0042]** Alternatively, to remove leukocytes as well as erythrocytes, an agglutinating reagent can include a leukocyte-specific antibody conjugated to biotin. A monoclonal antibody to CD45 can be a suitable depleting antibody for leukocytes, since epithelial cells do not express it. Other antibodies can be added or used instead of the CD45 antibody, depending upon which cell type needs to be depleted as CD45 expression level on leukocytes varies, with lymphocytes expressing more than monocytes, which in turn express more than neutrophils. Other exemplary protein antigens that can be targeted for cell depletion are CD3 and CD19 (T and B lymphocytes, respectively), CD11b (monocytes), CD15 (myeloid cells), and CD16 (NK/LGL cells). There are several protocols for conjugating biotin to antibodies (S. S. Wong. Chemistry of Protein Conjugation and Cross-Linking. CRC Press, Boca Raton, FL 1993 ISBN 0-8493-5886-8). For example, a suitable method is to add a pre-activated biotin derivative, such as biotin-hydrazide, sulfo-N-hydroxysuccinimide-biotin, both of which are available from Pierce Chemical Co., Rockford, IL. These pre-activated biotin derivatives will bind to carbohydrates (biotin-hydrazide) or amines (sulfo-NHS-biotin) on antibodies. Briefly, the biotin derivative is reacted with the antibody at pH 7.2 for 1 - 4 hours, as per the manufacturer's instructions. The mixture is then placed in dialysis tubing of a 10,000 m.w. cutoff, and dialyzed against phosphate buffered saline. In this way, unreacted biotin is removed by dialysis, leaving the antibody-biotin conjugate. If a sufficient amount of biotin is added, nearly every antibody will have at least one biotin, covalently conjugated. Methods of biotin conjugation to proteins are well known to those skilled in the art.

15 **[0043]** In order to remove leukocytes along with erythrocytes, the CD45 - biotin conjugate is added to the blood sample before adding the glycophorin A mAb-streptavidin conjugate. The optimal concentration of the CD45-biotin conjugate can be empirically determined, but typical working concentrations will be approximately 5-30 micrograms per ml of blood. After approximately 30-60 minutes with occasional mixing, the glycophorin A mAb-streptavidin conjugate is added at approximately 100-150 micrograms per milliliter of blood. There is no centrifugation wash step. Apart from adding the leukocyte-specific antibody(ies), the procedure is similar to that already described in the first embodiment and illustrated in Figure 1.

20 **[0044]** In this second embodiment, there are alternative methods for removing leukocytes in addition to erythrocytes. The aforementioned description using a streptavidin and biotin linkage can be considered an indirect method of connecting leukocytes to erythrocytes. It is also possible to directly connect the glycophorin A and CD45 antibodies to each other prior to adding them to the cell suspension. Such a conjugation can be accomplished using protein conjugation methods such as homo- or heterobifunctional linkers, such as described in S. S. Wong. Chemistry of Protein Conjugation and Cross-Linking. CRC Press, Boca Raton, FL 1993 ISBN 0-8493-5886-8. This exemplifies the concept of directly coupling an agglutinating agent, such as a glycophorin A-specific antibody, to a binding agent specific for other undesired cells in the cell suspension, such as a CD45 antibody, in advance and then adding the two to the cell suspension together, as a conjugate. An example of this is included in the "RosetteSep" technology by StemCell Technologies (U.S. Patents 6,872,567, 6,750,326, 6,448,075, and 6,117,985.) The RosetteSep technology also uses an anti-glycophorin A antibody covalently bound to leukocyte-specific antibodies, such as CD45. However, that is where the resemblance ends. Other aspects of the RosetteSep technology cannot be incorporated into the present invention, as they lead to unacceptable losses of desired cells (such as circulating tumor cells). An important difference is that the RosetteSep technology does not use red blood cell-specific agglutinating antibodies. The preferred method of the RosetteSep technology, commercialized by StemCell Technologies, Vancouver, CA, uses density gradient sedimentation for removing erythrocytes and attached leukocytes. It is therefore fraught with the same pitfalls as other antigen-independent methods of removing erythrocytes. The one clinical study that examined RosetteSep found a low tumor cell recovery rate, averaging 43%. [Naume, B., et al. Cytotherapy. (2004) 6:244-252.] There was also substantial inconsistency in the data, with some recovery rates as low as approximately 20-25%.

25 **[0045]** The indirect method of causing leukocytes to become attached to erythrocytes has the advantage of requiring only one type of glycophorin A antibody conjugate (to streptavidin). The glycophorin A antibody-streptavidin conjugate can be used with any biotin-conjugated antibody. In fact, this method is easily adaptable to depleting leukocytes (or other cell types) with a cocktail of antibodies. It only requires that the depleting leukocyte-specific antibody be biotin-conjugated, a relatively easy procedure to perform. By contrast, the direct method requires that each leukocyte-specific antibody must be covalently conjugated to the glycophorin A antibody.

30 **[0046]** Apart from the streptavidin-biotin linker system, any other set of interacting partners can be used for entrapping an undesired cell type within a red blood cell agglutinate. Thus, the linkage between the glycophorin A and CD45 antibodies (or other antibody to an undesired cell type) can be accomplished with: an anti-immunoglobulin antibody that binds to both the red and white cell-specific antibodies, or a bivalent antibody with two distinct antibody specificities,

wherein one specificity is to the glycoprotein A antibody (or an attached ligand) and the other specificity is to the CD45 antibody (or attached ligand), or a polyhistidine tail (at least six histidines) on one antibody and a nickel compound on the other, or a peptide attached to the CD45-specific antibody (or other antibody to an undesired cell type) that mimics the binding epitope of the glycoprotein A antibody. Such a peptide can be derived from the primary sequence of glycoprotein A, or it can be identified from a combinatorial peptide library using phage display, by techniques previously published [Sompuram, S., et al. Clin. Chem. (2002) 48:410-420.] With this arrangement, the anti-glycoprotein A antibody can bind to glycoprotein A on red blood cells and, at the same time, to the glycoprotein A peptide mimic on the CD45 antibody, since IgG is bivalent. In this way, the glycoprotein A antibody itself will also bind to leukocytes or other undesired cell types that are destined to be removed with the red blood cell clumps. The linkage between the glycoprotein A and CD45 antibodies (or other antibody to an undesired cell type) can also be accomplished with other biotin-binding peptides or proteins apart than streptavidin, such as avidin and neutravidin or other streptavidin binding compounds, such as peptides that mimic the action of biotin in binding to streptavidin.

**[0047]** The streptavidin-biotin indirect system is preferred for reasons of simplicity and the absence of potentially competing side reactions that can decrease the effectiveness of cellular depletion.

**[0048]** As yet another variation on the indirect system is to use two antibodies, both of which are biotin-conjugated. As before, one antibody binds to red blood cells while the other binds to leukocytes or any other undesired non-erythrocyte. The antibodies can bind to similar types of erythrocyte or leukocyte cell surface molecules as already described, such as glycoprotein A (on erythrocytes) and CD45 (on leukocytes). Without an additional reagent, the two biotin-conjugated antibodies will not have an affinity for each other. However, if streptavidin is also added to the solution, then it can act as a molecular bridge, causing the erythrocytes and leukocytes to adhere to each other. In this way, leukocytes become entrapped in erythrocyte agglutinates, forming a combined agglutinate. In practice, it would be preferable to add the biotin-conjugated leukocyte-specific antibody to the cell suspension first, giving it ample time to bind to leukocytes. Streptavidin is then added. The amount of streptavidin should be 1-5 times the molar amount of biotin-conjugated leukocyte-specific antibody. The streptavidin binds to the biotin moieties, many of which are by now attached to the leukocyte (or other undesired cell type) cell surface. After an incubation time that allows the newly-added streptavidin to bind to the biotins on leukocytes, a biotin-conjugated red blood cell agglutinating antibody is added. As the red blood cells agglutinate, they will also bind to nearby leukocytes, thereby entrapping them into the red blood cell clumps.

**[0049]** These reagents and associated containers or other appropriate accessories can be formulated into a kit, for cell separation and/or further analysis. Such a kit can include an agglutinating agent for performing the cell separation and instructions for the procedure. The kit can further include a binding agent. The kit can optionally also include further reagents and instructions for performing the detection, or analysis, of CTCs. Such an analysis can be either morphologic, such as after a staining procedure, or by molecular methods after examining mRNA expression.

**[0050]** Measuring the number and type of CTCs can be useful in detection of otherwise occult solid tumors, such as carcinomas of breast, prostate, lung, colon, esophagus, stomach, pancreas, etc. In addition, CTC quantification can be useful in staging previously-diagnosed cancer patients, predicting the aggressiveness of a tumor, or predicting the likelihood of recurrence after surgical resection. CTC detection can also be useful in detecting recurrence long after a tumor was surgically removed.

#### Cellular evaluation and identification

**[0051]** The resulting recovered cells can then be examined microscopically and/or through molecular genetic methods. Suitable blood stains include the Wright-Giemsa or Hematoxylin/Eosin stains. Alternatively, the cells can be stained using an antibody, such as for epithelium-specific proteins. For example, cytokeratin is an intracellular protein found in epithelial cells and not in leukocytes. Immunofluorescent or immunohistochemical stains for cytokeratin can distinguish leukocytes from epithelial cells. CTCs can be identified by a combination of three markers: cytokeratin (FITC), CD45 (allophycocyanin), and DAPI. If leukocytes are depleted using an anti-CD45 monoclonal antibody (mAb), then it is important to use a CD45 mAb that recognizes a non-interfering epitope relative to the CD45 mAb used for cell separation. Tumor cells will be enumerated by fluorescence microscopy. Cells that have a visible nucleus, are cytokeratin-positive and CD45-negative, are often considered CTCs, as per published standards in the field. [Cristofanilli, M., et al. New Engl. J. Med. (2004) 351:781-791; Allard, W., et al. Clin. Cancer Res. (2004) 10:6897-6904.]

**[0052]** Preferred features of each aspect of the invention are as for each of the other aspects *mutatis mutandis*.

**[0053]** The invention will be described further in the following, non-limiting examples.

#### **EXAMPLES**

**[0054]** Figure 2 illustrates the difference that mixing can make in tumor cell recoveries using blood specimens spiked with ZR-75-1 (breast carcinoma) tumor cells. Two separate experiments are shown (A and B). In the former (A), the tubes were either not mixed at all ("no mix"), mixed constantly on a rotator ("rotate"), or intermittently mixed on a vortex

mixer ("vortex"). For the second experiment (B), the intermittent vortex mixing was not re-tested. The mixed group in experiment B used constant mixing on a tumbling shaker, whose motion is illustrated in the middle of Figure 1. The vertical bar at left (experiment B) depicts tumor cell recovery with mixing (after adding the anti-glycophorin antibody). The right-hand bar demonstrates the tumor cell recovery for tubes left standing on the bench top during erythrocyte agglutination.

**[0055]** In these experiments, pathologic discard blood samples were procured from the Boston University Medical Center clinical laboratory, with approval and under the terms agreed upon with the Institutional Review Board for the protection of human subjects. Prior to use in experiments, a measured number of MCF-7 or ZR-75-1 cells, both breast cancer cell lines procured from the American Type Culture Collection (ATCC, Manassas, VA) were added to the test tubes. The cells were grown *in vitro* as per the recommended culture conditions by the ATCC. For use in this experiment, the cells were first labeled with a fluorescent tag (CellTracker Green CMFDA, Molecular Probes, Eugene, OR), as per the manufacturers instructions. To label the cells metabolically, the growth media from the flask containing the cells was removed, the flask was rinsed with incomplete media (without serum), and 10 milliliters of the metabolic labeling solution was added. The metabolic labeling solution was incubated for 30 minutes at 37° C, followed by 30 minutes at 37° C in complete media (no label). At the end of the incubation, the tumor cells had incorporated the fluorescent tag and therefore could be easily identified by fluorescence microscopy or flow cytometry.

**[0056]** The tumor cells were then detached from the culture vessel by incubating in Versene (1mM EDTA in phosphate buffered saline). After detachment, the breast cancer cells were thoroughly mixed to obtain a single cell suspension. The tumor cells were fixed by addition of 1 volume of 4% paraformaldehyde and incubation on ice for 30 minutes. The cells were then counted in a hemocytometer. The tumor cell suspension was serially diluted in media with 10% fetal bovine serum and an aliquot was added to the blood sample. The number of tumor cells added was approximately 20% of the number of leukocytes in Figure 2A and 0.1 % in Figure 2B of the number of leukocytes in the blood.

**[0057]** For the data shown in Figure 2A, the following experimental procedure was used. A blood sample was divided into three equal 0.2 milliliter aliquots in three replicate conical bottom tubes. Glycophorin A-specific antibody clone E3 (Sigma Chemical Co., St. Louis, MO) was added to each tube. The concentration of the anti-glycophorin antibody is not critical, provided it is sufficient to cause clumping. Red blood cell clumps form at concentrations above approximately 50 micrograms per milliliter. Higher concentrations, up to approximately 200 micrograms/ml, result in faster agglutination and clumps that are more resistant to dissolution. The tube labeled "no mix" was allowed to sit vertically on the bench at room temperature for thirty minutes. Another tube, labeled "rotate", was immediately inverted after addition of the glycophorin A-specific antibody and then placed on a rotating platform. The platform rotated at a rate of one revolution every 5-10 seconds. A third tube, labeled "vortex", was mixed using a vortex mixer after the glycophorin A-specific antibody was added. It was then placed vertically on the bench, and periodically mixed every 5 minutes using the vortex mixer.

**[0058]** After thirty minutes, the plasma supernatant was collected from each test tube and transferred to a separate labeled test tube. The red blood cell clumps from each group were repeatedly washed and combined with their respective supernatants. To "wash" the red blood cell clumps, a physiologic buffer, such as Hanks Balanced Salt Solution, was added to the red blood cell clumps after removal of the plasma supernatant. The clumps were again allowed to settle and the supernatant collected. The process can be repeated a desired number of times. Since the tumor cells were fluorescent, the number of breast cancer cells recovered was measured by counting an aliquot and calculating the number of fluorescent cells in each supernatant sample. Tumor cell recovery is the number of tumor cells recovered divided by the number of tumor cells that were added to the blood specimen.

**[0059]** Figure 2A illustrates the tumor cell recovery in each experimental group. The data illustrates that active mixing on a rotating mixer (95% tumor cell recovery) produced a better cellular recovery than periodic mixing on a vortex mixer (50% tumor cell recovery), which is better than no mixing at all (14% tumor cell recovery). Therefore, these findings demonstrate that mixing the cell suspension is an important aspect in preventing non-specific entrapment of non-erythrocytes in the red blood cell clump. Figure 2B shows a similar experiment, performed in triplicate, as shown in Figure 1. Both experiments produced comparable results. These data demonstrate that regular mixing, either intermittent or (preferably) constant mixing, are important for avoiding non-specific trapping of the desired cells within the forming red blood cell agglutinates.

#### Enrichment factor

**[0060]** Table 1 shows data from a representative experiment characterizing the enrichment of tumor cells after CSA processing of blood. In this experiment, CMFDA-labeled ZR-75-1 cells were spiked into 7 ml of blood obtained from an expired blood bank red cell pack. Saline was added to the concentrated blood from the red cell pack, so as to re-establish a normal hematocrit (~45%). White blood cells were absent from the red blood cell packs; the experiment is silent on the issue of white blood cell depletion. The RBC count in the plasma supernatant is sometimes difficult to estimate because the red blood cells are clumped. The number of red blood cells in each clump can only be estimated by

## EP 1 871 870 B1

microscopic examination. Table 1 demonstrates that CSA creates approximately a 10,000-fold tumor cell enrichment. This figure is rounded off because of the inherent inaccuracy of the red blood cell enumeration in the plasma supernatant.

Table 1. Enrichment factor  
Tumor cell count RBC count (7 ml blood sample)

Whole blood, before processing	1283	$2.6 \times 10^{10}$
Plasma supernatant, after CSA	1148	$\sim 2 \times 10^6$ (estimate; scattered RBC clumps)
Enrichment factor:	$\sim 10,000$	89% recovery

### Time of mixing as a function of tumor cell recovery

**[0061]** In Figure 3, tumor cell recoveries are shown after mixing the blood with the glycophorin A mAb for variable periods of time. Fluorescently labeled ZR-75-1 (breast cancer) cells were added to blood and 7.5 ml was aliquotted into replicate tubes. As before, the blood was derived from expired and discarded blood bank red cell transfusion packs. A glycophorin A mAb was added to the blood tubes, at a final concentration of 100 micrograms per ml and mixed for 0.5, 1, or 2 hours, as shown in Figure 3. The mean recoveries from 7.5 ml of blood are shown. ZR-75-1 tumor cells were enumerated on a fluorescent microscope. The data represent the mean  $\pm$  SD of duplicate samples. The data indicate that 2 hours yields the best tumor cell recovery percentage.

### Increased CTC recovery by washing the red cell clump

**[0062]** After collecting the supernatant, a small volume of plasma (0.2 - 0.3 ml) remained in and around the red blood cell pellet. It is hard to suck the pellet absolutely dry without accidentally aspirating the red blood cell clump. That small residual volume might contain some additional tumor cells. Washing the clump involves adding approximately 5 ml of physiologic buffer to the test tube containing the clump, mixing, and then removing the supernatant.

**[0063]** To test whether additional rinses will improve tumor cell recovery, the following experiment was conducted. Tumor cells were fluorescently labeled and added into replicate pooled pathologic discard blood samples, as previously described. The CSA protocol was then performed, as illustrated in Figure 1. After collecting the plasma supernatant of each group, 1 volume (equivalent to the volume of blood originally) of Hanks Balanced Salt Solution (HBSS) to the red blood cell pellet was added. The tube was rocked for two minutes and then allowed the tube to stand for 30-60 seconds. The red blood cell agglutinate quickly settled to the bottom. The wash fluid (supernatant) was collected and number of tumor cells in the wash fluid was counted. The process of rinsing the red blood cell clump was repeated two more times. Tumor cells were counted in each rinse.

**[0064]** Figure 4 shows the percentage of tumor cells in each of the three serial rinses of the red blood cell agglutinate after the plasma supernatant is removed from the blood tube. Tumor cells were enumerated on a fluorescent microscope, after having been labeled prior to blood spiking experiments. The data represent the mean  $\pm$  standard deviation of duplicate measurements. "Wash 1" is the first rinse, after collecting the plasma supernatant containing the bulk of tumor cells. Tumor cells that remained in the residual volume of the red blood cell pellet were collected in these rinses. There are decreasing yields with each subsequent rinse. The first rinse contained the most, at approximately 4-5% of the total number of tumor cells originally added to the blood. These data lead to the conclusion that tumor cell recovery can be slightly improved, by approximately 4-5%, with a rinse of the red blood cell pellet. The rinse does not require centrifugation.

### Post-CSA tumor cell capture on a solid surface

**[0065]** Existing methods for mounting CTCs on microscope glass slides have been problematic, as very high cell losses can occur. Cells readily detach during the incubation steps associated with CTC identification. There is a tendency for cells coated with metal particles (immunomagnetic beads) not to stick to the slides and there are negative damaging effects of cyto centrifugation. [Kraeft, S.-K., et al. Clin. Cancer Res. (2000) 6:434-442; Choesmel, V., et al. Cancer. (2004) 101:693-703; Meye, A., et al. Int. J. Oncol. (2002) 21:521-530.] Cyto centrifugation onto a glass microscope slide is reported to damage fragile CTCs. [Fehm, T., et al. Cytotherapy. (2005) 7:171-185.]

**[0066]** Centrifugation leads to loss of tumor cells. With only 10-100 tumor cells to be collected out of a tube of blood, no pellet forms, even in a conical bottom tube. When aspirating the supernatant, it is difficult to avoid aspirating the cells (and still remove all but 10-20 microliters, for subsequent application to a microscope slide). With so few cells, they do not pack into a pellet that remains at the test tube bottom. The cells are loosely suspended at the bottom of the test tube and invisible to the eye. The plasma volume (3-4 ml) is also too large for a cyto centrifuge, and centrifugation damages

CTCs, as previously described.

[0067] Even if the cells could be efficiently transferred to a glass microscope slide, the cells do not firmly adhere to standard glass microscope slides, unless there is a highly adhesive slide coating. This is in contrast to a blood smear. In a blood smear, the coagulated plasma proteins entrap cells on the glass. By contrast, most blood cell enrichment protocols remove the plasma.

[0068] In order to solve this problem, a method of capturing tumor cells onto a filter membrane was developed. Figure 5 shows how the filter is then placed on a microscope slide after it is removed from the apparatus, and how the fluorescently labeled cells appear on the filter, when viewed under a fluorescent microscope. Using a Millipore filter holder (Figure 5), tumor cells were captured from the plasma supernatant onto a filter membrane. The supernatant was loaded into the funnel and plasma allowed to pass through by gravity filtration. Little or no suction is used. The tumor cells collected on the filter membrane as the plasma flows through. The cells were then fixed with alcohol. The membrane was then mounted on a microscope slide and coverslipped. The appearance of metabolically labeled tumor cells, captured on the filter membrane is illustrated in Figure 5. The effect of the following variables on cell retention were tested:

1. Type of membrane. Different membrane materials, including cellulose, nylon, PVDF, and polycarbonate were tested. Polycarbonate provided minimal background fluorescence.
2. Cell adherence. Cells do not normally adhere to the membrane. However, by adding an ethanol rinse, fixing the cells *in situ* on the membrane, the cells remained immobilized on the filter.
3. Pore size. A pore size of 2 or 5  $\mu\text{m}$  was optimal. Smaller pore sizes suffered from slower filtration rates while larger ones allowed cells to pass through.
4. Air pressure. Graded levels of suction were tested, but gravity filtration (no suction) worked best.

[0069] Cell capture onto a filter membrane was first tested without the confounding variable of blood isolation. Thus, the first experiments were to test the ability of the apparatus shown in Figure 5 to quantitatively recover tumor cells from a cell culture supernatant, regardless of any variables introduced by the presence of blood. For this first experiment, tumor cells were suspended in cell culture medium. Recovery data for tumor cells in whole blood follows next, in Figure 7. Figure 7 shows tumor cell recovery (from the tube of blood to which cultured tumor cells were added) onto filter membranes, comparing recovery out of blood after agglutinating and removing red blood cells (sample) with recovery out of cell culture medium (control). Varying numbers of fluorescently labeled breast cancer tumor cells (ZR-75-1 line) was added to 7.5 ml cell culture media. Table 2 shows both the expected number of cells and the actual number of recovered cells.

Table 2. Quantitative Recovery of Tumor Cells onto a Filter Membrane.

Actual	No. of Tumor Cells		Recovery (%)
	SD (n=3)	Expected	
88	10	92	95.7
33	8	31	106.5
14	2	10	140.0

[0070] The "Expected" cell number is calculated; the cell concentration (as determined by triplicate counts of the stock cell suspension) was multiplied by the dilution factor. The "Actual" tumor cell count is based on triplicate samples, with labeled cells being counted on the filter membranes by immunofluorescence. The 140% recovery in one group is actually a reasonable deviation when working with so few cells. The disparity between the "Actual" and "Expected" is only four (4) cells. The statistical methods change when working with so few events, as the events depart from a Gaussian distribution. Figure 6 shows the cell recovery from tubes containing tumor cells in cell culture medium (in which the cells were grown) on filter membranes as a function of the number of tumor cells that were initially present in the tube. In Figure 6, the slope of the regression line is 0.90 and the correlation coefficient is >0.99. These data demonstrate a nearly perfect (~100%) recovery of tumor cells onto the filter membrane from cell culture medium

[0071] This filtration cell capture method was next applied to whole blood analysis. Figure 7 shows the data for tumor cell recovery out of whole blood. This experiment is distinguished from Table 2 & Figure 6 because it illustrates the data for tumor cell isolation from blood instead of cell culture medium. The data is from a recent experiment in which the cell recovery from samples containing approximately fifty (50) breast cancer tumor cells (ZR-75-1) added to 7.5 ml blood (from an expired and discarded red cell pack) was measured. Tumor cells were spiked into culture media ("control") or blood ("sample") at 50 cells in 7.5 ml of blood. After removing RBCs using our CSA method, tumor cells in the plasma (for the blood sample group) or tumor cells in cell culture medium (for the control group) were captured onto a filter, mounted on a slide, and counted by immunofluorescence.

[0072] The Expected cell number (not shown) is approximately fifty cells, based on the calculated number added to the media or plasma. The open circles are cell counts from individual samples and a bar shows the mean tumor cell number for each set. An average of 97% tumor cell recovery from blood was obtained, based on triplicate samples. The range is 88-103% recovery.

[0073] An alternative method for retaining cells on a microscope slide is to use a highly adhesive glass coating. Such a coating was previously described and demonstrated to have a superior ability to retain poorly adhesive tissue sections. [Sompuram, S., et al. J. Histotechnol. (2003) 26:1-7.]. The glass slide coating technology is also described in U.S. Patent 6,855,490.

[0074] A number of embodiments of the invention have been described. Nevertheless, it will be understood that various modifications may be made without departing from the scope of the invention.

## Claims

1. A method of enriching a desired non-erythrocyte cell type from a cell suspension containing both erythrocytes and the desired non-erythrocyte cell type, comprising:

adding an antibody to the erythrocyte-containing cell suspension, wherein said antibody has the following properties: (a) the antibody binds to an erythrocyte cell surface molecule, (b) the antibody does not bind to the desired non-erythrocyte cell type and (c) said antibody causes erythrocytes to agglutinate and form erythrocyte agglutinates that are large enough to sediment while leaving the desired non-erythrocytes suspended in the supernatant;

regularly mixing the cell suspension while erythrocyte agglutinates form so as to minimize entrapping the desired non-erythrocyte cells;

separating the erythrocytes from the desired non-erythrocyte cell type in the cell suspension in a liquid of a homogeneous density by sedimentation; and

collecting the supernatant containing the desired non-erythrocyte cells.

2. The method of claim 1, further comprising the steps of adding and removing a physiologic buffered solution to and from the sedimented erythrocyte agglutinate so as to increase the cellular recovery of the desired non-erythrocyte cells.

3. The method of any preceding claim further comprising the step of capturing the desired non-erythrocyte cells by filtration on a separate surface wherein the surface is a filter membrane.

4. The method of claim 3, further comprising mounting the filter membrane onto a microscope slide.

5. The method of claim 1, wherein sedimenting the erythrocytes is performed without centrifugation.

6. The method of claim 1, further comprising adding an antibody that binds to an undesired non-erythrocyte cell type to the cell suspension, causing the undesired non-erythrocyte cells to adhere to the erythrocyte agglutinates and sediment with the erythrocytes.

7. The method of claim 6, wherein the antibody that binds to an undesired non-erythrocyte cell type, binds to a leukocyte.

8. The method of claim 6, wherein the antibody that binds to an undesired non-erythrocyte cell type further comprises a biotin moiety.

9. The method of claim 6, wherein the antibody as defined in claim 1 binds to the antibody that binds to an undesired non-erythrocyte cell type.

10. The method of claim 6, wherein the antibody that binds to an undesired non-erythrocyte cell type and the antibody as defined in claim 1 are bound to each other prior to adding them to the cell suspension.

11. The method of any one of claims 1 to 10, wherein the antibody as defined in claim 1 further comprises a biotin-binding moiety.

12. The method of any one of claims 1 to 11 further comprising adding the antibody as defined in claim 1 to the erythrocyte-

containing cell suspension at a final concentration of 50-200 micrograms/ml.

13. The method of claim 1 wherein the erythrocyte cell surface molecule is glycophorin A or B.

5

### Patentansprüche

1. Verfahren zum Anreichern eines gewünschten nicht-Erythrozyten-Zelltyps aus einer Zellsuspension, die sowohl Erythrozyten als auch den gewünschten nicht-Erythrozyten-Zelltyp enthält, bei dem man:

10

einen Antikörper zu der Erythrozyten-enthaltenden Zellsuspension zugibt, wobei der Antikörper die folgenden Eigenschaften aufweist: (a) der Antikörper bindet an ein Erythrozyten-Zelloberflächenmolekül, (b) der Antikörper bindet nicht an den gewünschten nicht-Erythrozyten-Zelltyp und (c) der Antikörper verursacht, dass Erythrozyten agglutinieren und Erythrozytenagglutinate bilden, die groß genug sind, um zu sedimentieren, während die gewünschten nicht-Erythrozyten in dem Überstand suspendiert bleiben, die Zellsuspension regelmäßig mischt, während sich die Erythrozytenagglutinate ausbilden, um so das Einschließen der gewünschten nicht-Erythrozytenzellen zu minimieren, die Erythrozyten von dem gewünschten nicht-Erythrozyten-Zelltyp in der Zellsuspension in einer Flüssigkeit mit einer homogenen Dichte durch Sedimentation abtrennt, und den Überstand, der die gewünschten nicht-Erythrozyten-Zellen enthält, sammelt.

15

20

2. Verfahren nach Anspruch 1, welches weiterhin die Stufen des Hinzufügens und Entfernens einer physiologisch gepufferten Lösung zu und von dem sedimentierten Erythrozytenagglutinat umfasst, um so die zelluläre Gewinnung der gewünschten nicht-Erythrozyten-Zellen zu erhöhen.

25

3. Verfahren nach einem der vorangehenden Ansprüche, welches weiterhin die Stufe des Einfangens der gewünschten nicht-Erythrozyten-Zellen durch Filtration auf einer separaten Oberfläche umfasst, wobei die Oberfläche eine Filtermembran ist.

30

4. Verfahren nach Anspruch 3, welches weiterhin das Anordnen der Filtermembran auf einem Mikroskop-Objekträger umfasst.

5. Verfahren nach Anspruch 1, wobei das Sedimentieren der Erythrozyten ohne Zentrifugieren durchgeführt wird.

35

6. Verfahren nach Anspruch 1, welches weiterhin das Hinzufügen eines Antikörpers, der an einen unerwünschten nicht-Erythrozyten-Zelltyp bindet, zu der Zellsuspension umfasst, wodurch verursacht wird, dass die unerwünschten nicht-Erythrozyten-Zellen an den Erythrozytenagglutinaten anhaften und mit den Erythrozyten sedimentieren.

40

7. Verfahren nach Anspruch 6, wobei der Antikörper, der an einen unerwünschten nicht-Erythrozyten-Zelltyp bindet, an einen Leukozyten bindet.

8. Verfahren nach Anspruch 6, wobei der Antikörper, der an einem unerwünschten nicht-Erythrozyten-Zelltyp bindet, weiterhin einen Biotinrest umfasst.

45

9. Verfahren nach Anspruch 6, wobei der Antikörper, wie er in Anspruch 1 definiert ist, an den Antikörper, der an einen unerwünschten nicht-Erythrozyten-Zelltyp bindet, bindet.

10. Verfahren nach Anspruch 6, wobei der Antikörper, der an einen unerwünschten nicht-Erythrozyten-Zelltyp bindet, und der Antikörper, wie er in Anspruch 1 definiert ist, aneinander gebunden sind, bevor sie zu der Zellsuspension zugegeben werden.

50

11. Verfahren nach einem der Ansprüche 1 bis 10, wobei der Antikörper, wie er in Anspruch 1 definiert ist, weiterhin einen Biotin-bindenden Rest umfasst.

55

12. Verfahren nach einem der Ansprüche 1 bis 11, welches weiterhin umfasst, dass man den Antikörper, wie er in Anspruch 1 definiert ist, zu der Erythrozyten-enthaltenden Zellsuspension mit einer Endkonzentration von 50 bis 200 Mikrogramm/ml zugibt.

13. Verfahren nach Anspruch 1, wobei das Erythrozyten-Zelloberflächenmolekül Glycophorin A oder B ist.

### Revendications

5

1. Procédé d'enrichissement en un type cellulaire non érythrocytaire souhaité à partir d'une suspension cellulaire contenant à la fois des érythrocytes et le type cellulaire non érythrocytaire souhaité, consistant à :

10

ajouter un anticorps à la suspension cellulaire contenant des érythrocytes, où ledit anticorps possède les propriétés suivantes : (a) l'anticorps se lie à une molécule de surface des cellules érythrocytaires, (b) l'anticorps ne se lie pas au type cellulaire non érythrocytaire souhaité et (c) ledit anticorps entraîne une agglutination des érythrocytes et forme des agglutinats érythrocytaires qui sont suffisamment gros pour sédimenter tout en laissant les non érythrocytes souhaités en suspension dans le surnageant ;

15

régulièrement mélanger la suspension cellulaire pendant que se forment les agglutinats érythrocytaires afin de minimiser le piégeage des cellules non érythrocytaires souhaitées ;  
séparer les érythrocytes du type cellulaire non érythrocytaire souhaité dans la suspension cellulaire dans un liquide de densité homogène par sédimentation ; et  
collecter le surnageant contenant les cellules non érythrocytaires souhaitées.

20

2. Procédé selon la revendication 1, comprenant en outre les étapes consistant à ajouter et à retirer une solution physiologique tamponnée de l'agglutinat d'érythrocytes sédimenté de sorte à augmenter la récupération cellulaire des cellules non érythrocytaires souhaitées.

25

3. Procédé selon l'une quelconque des revendications précédentes, comprenant l'étape consistant à capturer les cellules non érythrocytaires souhaitées par une filtration sur une surface distincte, où la surface est une membrane de filtration.

4. Procédé selon la revendication 3, consistant en outre à monter la membrane de filtration sur une lame de microscope.

30

5. Procédé selon la revendication 1, dans lequel la sédimentation des érythrocytes est réalisée sans centrifugation.

35

6. Procédé selon la revendication 1, consistant en outre à ajouter à la suspension cellulaire un anticorps qui se lie à un type cellulaire non érythrocytaire non souhaité, ce qui entraîne une adhérence des cellules non érythrocytaires non souhaitées aux agglutinats érythrocytaires et une sédimentation avec les érythrocytes.

40

8. Procédé selon la revendication 6, dans lequel l'anticorps qui se lie à un type cellulaire non érythrocytaire non souhaité comprend en outre un fragment biotine.

9. Procédé selon la revendication 6, dans lequel l'anticorps tel que défini dans la revendication 1 se lie à l'anticorps qui se lie à un type cellulaire non érythrocytaire non souhaité.

45

10. Procédé selon la revendication 6, dans lequel l'anticorps qui se lie à un type cellulaire non érythrocytaire non souhaité et l'anticorps tel que défini dans la revendication 1 sont liés l'un à l'autre avant de les ajouter à la suspension cellulaire.

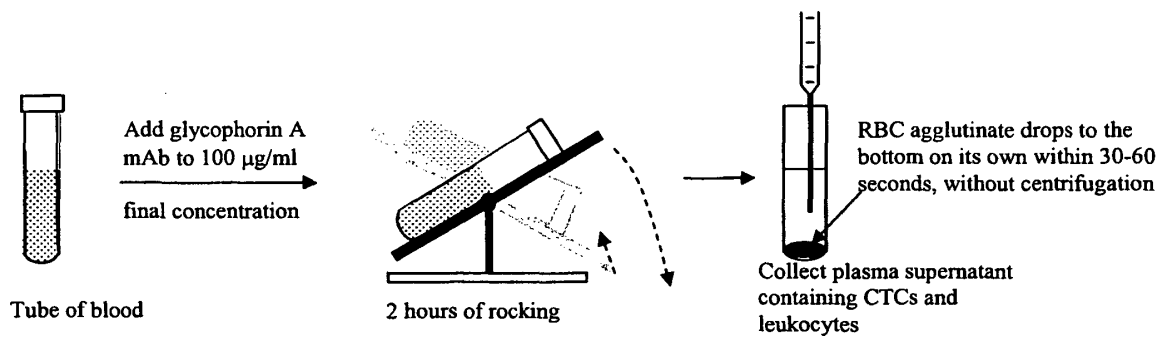
50

11. Procédé selon l'une quelconque des revendications 1 à 10, dans lequel l'anticorps tel que défini dans la revendication 1 comprend en outre un fragment de liaison à la biotine.

12. Procédé selon l'une quelconque des revendications 1 à 11, consistant en outre à ajouter l'anticorps tel que défini dans la revendication 1 à la suspension cellulaire contenant des érythrocytes à une concentration finale de 50-200 microgrammes/ml.

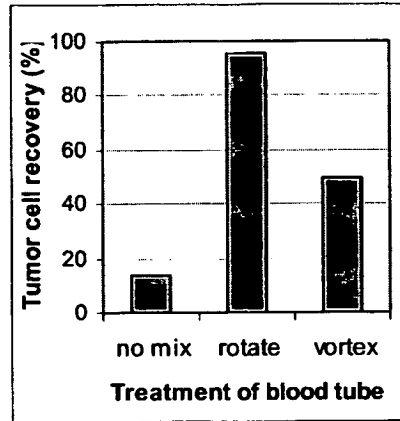
55

13. Procédé selon la revendication 1, dans lequel la molécule de surface des cellules érythrocytaires est la glycophorine A ou B.

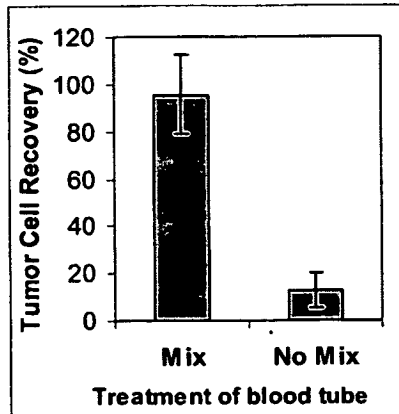


**Figure 1**

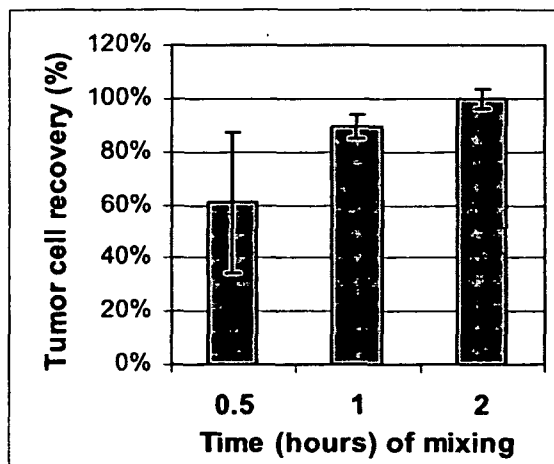
**A**



**B**



**Figure 2**



**Figure 3**

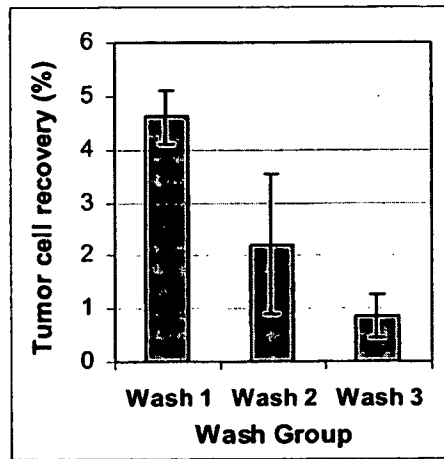
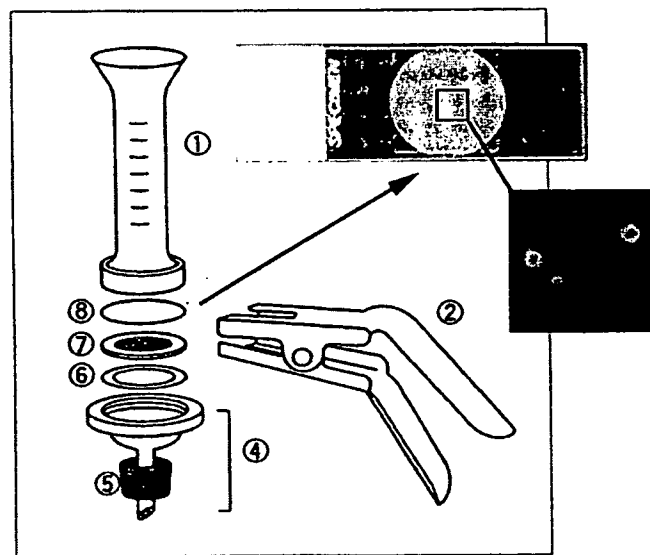


Figure 4



*Filter holder with stainless steel screen support*

**Figure 5**

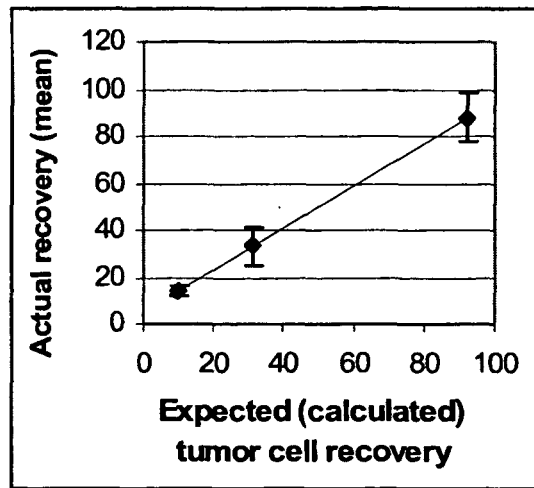
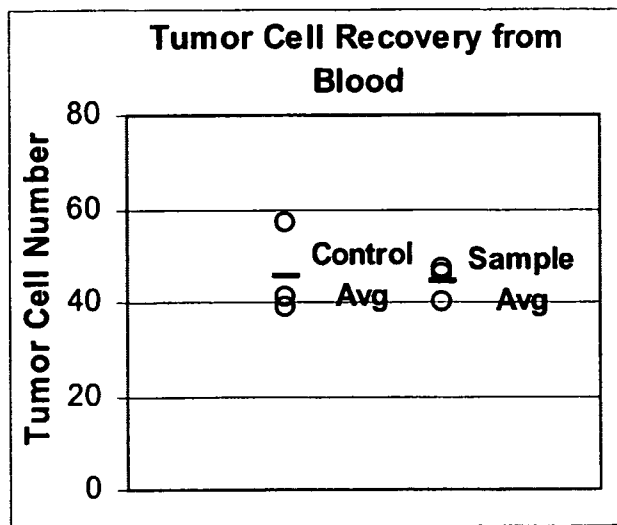
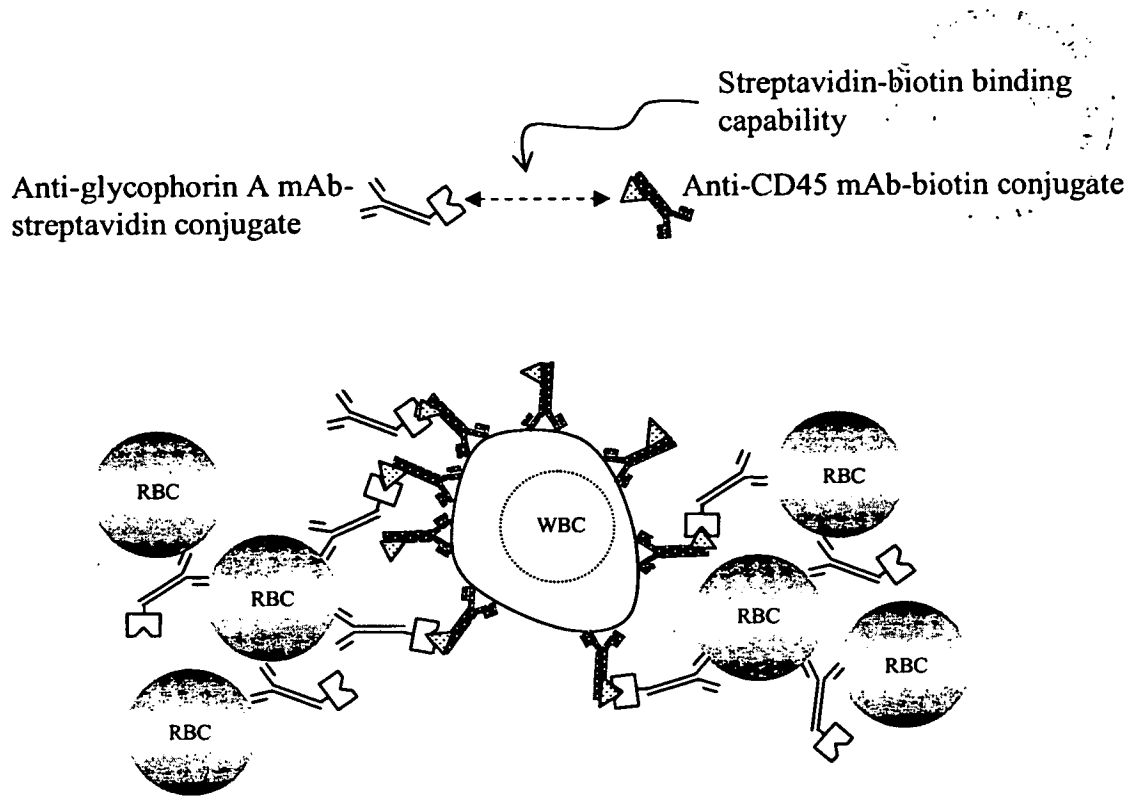


Figure 6



**Figure 7**



**Figure 8**

## REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

## Patent documents cited in the description

- US 20020009440 A1 [0014]
- US 3902964 A [0024]
- US 6872567 B [0044]
- US 6750326 B [0044]
- US 6448075 B [0044]
- US 6117985 A [0044]
- US 6855490 B [0073]

## Non-patent literature cited in the description

- **Racila, E. et al.** *Proc. Natl. Acad. Sci. USA.*, 1998, vol. 95, 4589-4594 [0003] [0004]
- **Engel, H. et al.** *Br. J. Cancer*, 1999, vol. 81, 1165-1173 [0003]
- **Kraeft, S.-K. et al.** *Clin. Cancer Res.*, 2000, vol. 6, 434-442 [0003] [0065]
- **Wang, Z.-P. et al.** *Cancer*, 2000, vol. 88, 2787-2795 [0003]
- **Brandt, B. et al.** *Int. J. Cancer*, 1998, vol. 76, 824-828 [0003]
- **Bilkenroth, U. et al.** *Intl. J. Cancer*, 2001, vol. 92, 577-582 [0003]
- **Lacroix, J. et al.** *Int. J. Cancer*, 2001, vol. 92, 1-8 [0003] [0004]
- **Ghossein, R. et al.** *J Clin Oncol.*, 1995, vol. 13, 1195-1200 [0003]
- **Soeth, E. et al.** *Cancer Res.*, 1997, vol. 57, 3106-3110 [0003]
- **Laribi, A. et al.** *European Urology*, 2001, vol. 39, 65-71 [0003] [0004]
- **Kruger, W. et al.** *Transfusion*, 2000, vol. 40, 1489-1493 [0003] [0004] [0007]
- **Mehes, G. et al.** *Amer. J. Pathol.*, 2001, vol. 159, 17-20 [0003] [0008] [0010]
- **Rodriguez-Salas, N. et al.** *Acta Cytologica*, 2000, vol. 44, 237-41 [0004]
- **Gala, J.-L. et al.** *Clin Chem.*, 1998, vol. 44, 472-481 [0004]
- **Zippelius, A. et al.** *Clin. Cancer Res.*, 2000, vol. 6, 2741-2750 [0004]
- **Martin-Henao, G. et al.** *Transfusion*, 2000, vol. 40, 35-43 [0007]
- **Siewert, C. et al.** *Recent Results Cancer Res.*, 2001, vol. 158, 51-60 [0007]
- **Hildebrandt, M. et al.** *Transfusion*, 2000, vol. 40, 507-512 [0007]
- **Martin, V. et al.** *Exp. Hematology*, 1998, vol. 26, 252-264 [0007]
- **Werther, K. et al.** *J. Immunol. Methods*, 2000, vol. 238, 133-141 [0007]
- **Despres, D. et al.** *J. Hematotherapy & Stem Cell Res.*, 2000, vol. 9, 557-564 [0007]
- **Zigeuner, R. et al.** *J. Urology*, 2000, vol. 164, 1834-1837 [0007]
- **Bilkenroth, U. et al.** *Intl J Cancer*, 2001, vol. 92, 577-582 [0007]
- **Cristofanilli, M. et al.** *New Engl. J. Med.*, 2004, vol. 351, 781-791 [0007] [0051]
- **Allard, W. et al.** *Clin. Cancer Res.*, 2004, vol. 10, 6897-6904 [0008] [0051]
- **Klein, C. et al.** *Lancet*, 2002, vol. 360, 683-689 [0008]
- **Braun, S. et al.** *Int. J. Cancer*, 1999, vol. 84, 1-5 [0008]
- **Pantel, K. et al.** *J. Natl. Cancer Instit.*, 1993, vol. 85, 1419-1424 [0008]
- **Doyle, G. et al.** *J. Clin. Oncol.*, 2004, vol. 22, 9541 [0008]
- **Liberti, P. et al.** *J Magnetism Magnetic Materials*, 2001, vol. 225, 301-307 [0008]
- **Sabile, A. et al.** *Amer. J. Clin. Pathol.*, 1999, vol. 112, 171-178 [0009]
- **Pachmann, K. et al.** *Clin. Chem. Lab. Med.*, 2005, vol. 43, 617-627 [0009] [0011]
- **Choesmel, V. et al.** *Cancer*, 2004, vol. 101, 693-703 [0010] [0065]
- **S. S. Wong.** *Chemistry of Protein Conjugation and Cross-Linking.* CRC Press, 1993 [0034] [0044]
- **MJ Telen ; RM Searce ; BF Haynes.** Human erythrocyte antigens. III. Characterization of a panel of murine monoclonal antibodies that react with human erythrocyte and erythroid precursor membranes. *Vox Sang.*, 1987, vol. 52, 236-243 [0034]
- **Reid ME ; Lisowska E ; Blanchard D.** Section 3: Epitope determination of monoclonal antibodies to glycophorin A and glycophorin B. Coordinator's report. Antibodies to antigens located on glycophorins and band 3. [Evaluation Studies. Journal Article. Multicenter Study]. *Transfusion Clinique et Biologique*, January 2002, vol. 9 (1), 63-72 [0036]

## EP 1 871 870 B1

- **Rasamoeliso M ; Czerwinski M ; Bruneau V ; Lisowska E ; Blanchard D.** Fine characterization of a series of new monoclonal antibodies directed against glycophorin A. *Vox Sanguinis*, 1997, vol. 72 (3), 185-91 [0036]
- **Reid ME ; Lisowska E ; Blanchard D.** Coordinator's report: glycophorin/band 3 and associated antigens. *Transfusion Clinique et Biologique*, 1997, vol. 4 (1), 57-64 [0036]
- **Sompuram, S. et al.** *Clin. Chem.*, 2002, vol. 48, 410-420 [0040] [0046]
- **Sompuram, S. et al.** *J. Histochem. Cytochem.*, 2002, vol. 50, 1425-34 [0040]
- **Naume, B. et al.** *Cytotherapy*, 2004, vol. 6, 244-252 [0044]
- **Meye, A. et al.** *Int. J. Oncol.*, 2002, vol. 21, 521-530 [0065]
- **Fehm, T. et al.** *Cytotherapy*, 2005, vol. 7, 171-185 [0065]
- **Sompuram, S. et al.** *J. Histotechnol.*, 2003, vol. 26, 1-7 [0073]

专利名称(译)	从血液中富集稀有细胞亚群的方法		
公开(公告)号	<a href="#">EP1871870A4</a>	公开(公告)日	2009-03-25
申请号	EP2006849750	申请日	2006-04-04
[标]申请(专利权)人(译)	医学发现合作伙伴		
申请(专利权)人(译)	医学发现PARTNERS LLC		
当前申请(专利权)人(译)	医学发现PARTNERS LLC		
[标]发明人	OLKEN SARAH K BOGEN STEVEN A SOMPURAM SESHU R		
发明人	OLKEN, SARAH, K. BOGEN, STEVEN, A. SOMPURAM, SESHU, R.		
IPC分类号	C12N5/00 G01N33/50 G01N33/53 G01N33/574 G01N33/80		
CPC分类号	G01N33/5091 C12N5/0087 G01N33/56966 G01N33/574 G01N33/80		
优先权	60/669388 2005-04-08 US		
其他公开文献	EP1871870B1 EP1871870A2		
外部链接	<a href="#">Espacenet</a>		

摘要(译)

描述了抗原依赖性阴性选择血细胞分离方法。通过从血液样品中消耗红细胞，可以从血液中分离出罕见的循环上皮细胞。红细胞因凝集而耗尽。该新方法包括使用凝集剂，例如抗血型糖蛋白A或血型糖蛋白B抗体，因为血型糖蛋白A或B存在于红细胞上而不存在于所需的上皮细胞上。通过定期混合，所需的稀有循环上皮细胞不会被捕获在红细胞凝集物中。

Table 2. Quantitative Recovery of Tumor Cells onto a Filter Membrane.

Actual	No. of Tumor Cells		Recovery (%)
	SD (n=3)	Expected	
88	10	92	95.7
33	8	31	106.5
14	2	10	140.0