









Robust



Flexible



Functionally closed system

Overview

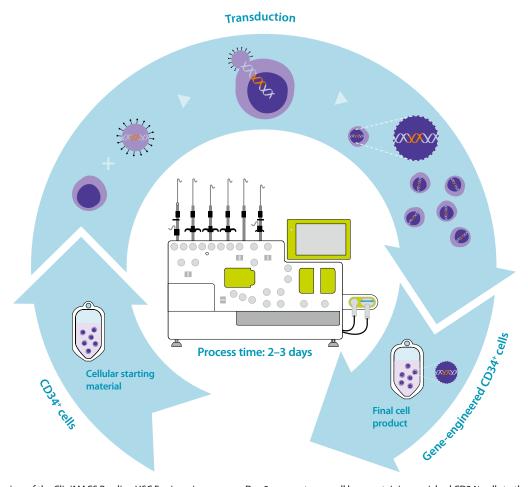


Figure 1: Overview of the CliniMACS Prodigy HSC Engineering process. Day 0, connect your cell bag containing enriched CD34⁺ cells to the CliniMACS Prodigy Tubing Set (TS) 520 installed on the CliniMACS Prodigy Instrument. After pre-cultivation in HSC-Brew GMP Medium supplemented with cytokines within the chamber, cells can be transduced on day 1 and additionally on day 2 if two transduction rounds are needed (further transduction rounds can also be executed if required). Gene-engineered HSCs can be harvested on day 2 or 3, respectively.

Specifications

Cellular starting material: CD34+ cells, e.g., enriched from

mobilized leukapheresis

Starting cell number: at least 2×10⁷ cells

Starting sample volume: 40–250 mL

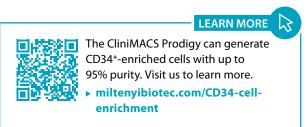
Final product: gene-engineered CD34⁺ cells

Final product volume: 100 mL

Process time: 2–3 days

Hands-on time: approx. 2 hours

Viral transduction of CD34+ cells is a promising approach to understand inherited disorders, such as sickle cell disease, ß-thalassemia, or primary immunodeficiencies. ¹⁻³ The CliniMACS Prodigy HSC Engineering process allows for the manufacturing of gene-engineered hematopoietic stem cells (HSCs) from human CD34+ cells, e.g., from mobilized leukapheresis. All manufacturing steps take place in the functionally closed, sterile, and single-use tubing set, ensuring safe manufacturing and cell products.



IPC/QC and performance

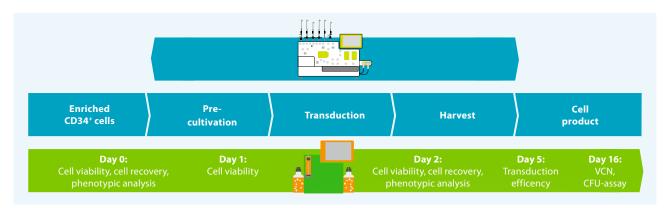


Figure 2: Overview of the IPC/QC timeline of gene-engineered HSCs. For IPC, cell viability over time and recovery are investigated on days 1–2. For QC, the functionality of the gene-engineered HSCs is analyzed by phenotypic analysis of CD34, CD90, and by colony-forming unit (CFU) assays. Furthermore, the efficiency of the viral transduction is studied by the transduction efficiency and vector copy number (VCN).

In-process and quality control (IPC/QC) are required for consistent cell manufacturing of gene-engineered HSCs. Integrated sampling pouches on the CliniMACS Prodigy TS 520 allow for controls to be collected at any time throughout the cell manufacturing process. In addition, with the MACSQuant® Flow Cytometers and a wide portfolio of MACS® Antibodies, Miltenyi Biotec provides complete solutions for IPC/QC of gene-engineered HSCs.

The CliniMACS Prodigy HSC Engineering process results in a more consistent recovery of viable CD34+ cells compared to manual processing (fig. 3). This generates higher transduction rates at low, non-saturating multiplicity of infections (MOIs) for the lentiviral transduction of human CD34+ cells with GFP vector (fig. 4).

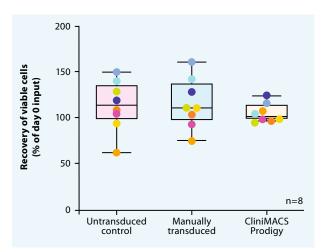


Figure 3: Cell recovery of viable cells on day 2 related to the number of viable cells measured on day 0 as set to 100%.

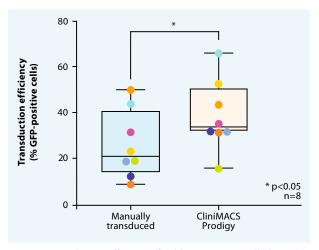
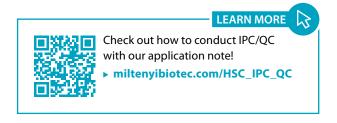


Figure 4: Transduction efficiency of viable CD34*CD45* cells detected on day 5 by flow cytometric measurement of GFP* cells.



Training and resources

CliniMACS Prodigy HSC Engineering process user training

This two-day training offers an application-specific introduction to the HSC Engineering process on the CliniMACS Prodigy Instrument. During the training, all process steps including culture set up, transduction, cultivation, and harvest are explained and demonstrated to provide an extensive hands-on understanding of the versatility of the process.

Further questions?

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Browse through our clinical cell manufacturing training courses!

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Product List

Products	Order no.
CliniMACS Prodigy Instrument	200-075-301
CliniMACS Prodigy TS 520	170-076-600
HSC-Brew GMP Medium	170-076-310
MACS GMP Recombinant Human Flt3-Ligand	170-076-132
MACS GMP Recombinant Human SCF	170-076-133
MACS GMP Recombinant Human TPO	170-076-134
MACS GMP Recombinant Human IL-3	170-076-110
MACSQuant Analyzer 10	130-096-343
CD34 Antibody, anti-human, PE-Vio® 770	130-113-180
CD45 Antibody, anti-human, VioBlue®	130-113-122
CD90 Antibody, anti-human, APC, REAfinity™	130-114-861
StemMACS™ HSC-CFU Assay Kit, human	130-125-042

References

- 1. de Dreuzy E. *et al.* (2016) Current and future alternative therapies for beta-thalassemia major. Biomed. J. 39: 24–38.
- Lebensburger, J. and Persons D. A. (2008) Progress toward safe and effective gene therapy for beta-thalassemia and sickle cell disease. Curr. Opin. Drug Discov. Devel. 11: 225–232.
- 3. Papanikolaou E. and Anagnou N. P. (2010) Major challenges for gene therapy of thalassemia and sickle cell disease. Curr. Gene Ther. 10: 404–412





Master the complexity of cell processing with a CliniMACS Prodigy introduction.

miltenyibiotec.com/ prodigyintroduction



View the HSC Engineering process in action!

► miltenyibiotec.com/HSCEvideo



Take a look at the manual vs. automated process comparison data.

miltenyibiotec.com/HSCautomatedmanual



Learn more about the HSC Engineering process with our webinar.

► miltenyibiotec.com/HSCEwebinar

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