Human Peripheral Blood Leukopak Collections from Healthy Donors: Impact of Donor Demographics on Leukopak Quality and Product Consistency between Multiple Collection Sites

Irene Gómez Gràcia¹, Albert Castey¹, Julia M. Schäfer², Daniel Gonnermann², Francisco J. Belda¹

¹ Research & Development, Grifols Bio Supplies, Barcelona, Catalonia, Spain; ² Bio Supplies Division, Haema AG, Leipzig, Sachsen, Germany

INTRODUCTION

A total of 137 Leukopaks were obtained from 83 donors, Leukopak is a blood-derived product obtained from mostly males (96%), and aged between 20-61 years. leukapheresis, a specialized apheresis procedure that allows donors to directly donate white blood cells (WBC) Donors with high body mass index (BMI) > 25 kg/m², were through a special apheresis device¹. selected to obtain a higher WBC yield. Demographic data Allogeneic treatments have a high potential in clinical are shown in Table 1.

development. However, allogenic product manufacturing presents several challenges, including high-quality and reliable starting materials.

Leukopak is a source of peripheral blood mononuclea cells used as starting material in personalized medicine immunotherapy, and gene and cell therapies, notably the production of CAR-T therapies².

AIM

To assess the consistency of Leukopaks collected from healthy donors in blood centers and to identify donor demographic factors that affect the product's quality and collection efficiency.

METHODS

Leukapheresis for Leukopaks obtention was conducted in healthy donors using the Spectra Optia[®] apheresis system in three blood centers (Rostock, Erfurt and Berlin) operated by Haema AG in Germany (a Grifols partner) between January 2021 and July 2023.





FIGURE 1. Monocyte concentration.

Leukopak specifications: Total Volume, Anticoagulant, Leukocyte and

The distribution of WBC subset and CD3+ T cells showed Leukopaks' quality parameters included total volume, WBC yield, cell viability and the percentage of WBC the expected frequencies for a healthy donor population subsets (flow cytometry). Factors influencing collection (Figure 3). efficiency, BMI/age/total blood volume and WBC yields Additionally, immunophenotyping analysis of several donations from the same donor showed consistency of were compared by linear regression. Quality parameters immune cell subsets over time. were evaluated among centers using one-way ANOVA. Leukopak specifications are shown in Figure 1.

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RESULTS

TABLE 1. **Donor demographic characteristics and process parameters.**

Parameter	Value
Number of leukapheresis, n	137
Number of donors, n	83
Sex, male, %	96.5
Age, years	35.4 (7.1)
Weight, kg	101.6 (12.8)
Height, m	1.8 (0.1)
Body mass index, kg/m ²	30.1 (4.2)
Total blood volume, ml	6168.4 (563.7)
Data are reported as mean (SD).	

Mean (SD) Leukopak volume was 177 (8.7) ml, and the median (range) WBC yield was 15.9×10^9 (6-37 x 10^9) WBC per Leukopak (Figure 2). Notably, 99.3% of donations exceeded 10 x 10⁹ WBC and the cell viability 24h post-collection was 99 (0.7) %, proving Leukopak consistency.



FIGURE 2.

Distribution of WBC yields across donors. Most of values clustered near the mean (16 x 10^9 cells).

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Distribution of WBC subsets. (A) Percentage of T cells, B cells, NK cells, Monocytes and others, n=133. (B) CD3+ T cell subpopulations frequencies from flow cytometry data (CD4+, CD8+, CD4+CD8+ and CD4-CD8- T cells). Results are expressed as mean (SD), n=66.

WBC yield significantly correlated with donor's BMI (r=0.3115, p=0.0007) (**Figure 4**).



FIGURE 4. Correlation between WBC yield and BMI (r=0.3115,*p*=0.0007).

No statistically significant differences in both WBC yield and cell viability were observed among the collection centers (**Figure 5**).



Comparison of quality parameters across the donation centers. (A) Cell viability (%) and (B) WBC yield (x10⁹).

CONCLUSIONS

- Leukopaks collected by Haema ensured a collection efficiency of $\geq 10 \times 10^9$ WBCs in 99% of donations, with a mean of 16 x 10⁹ WBCs and a very high post-collection viability.
- Product multiple consistency between collections sites was confirmed.

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