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Molekularne diagnostične preiskave in vitro - Specifikacije za predpreiskovalne procese za cirkulirajoče tumorske celice (CTC) v venski polni krvi - 3. del: Priprave za analitično barvanje CTC (ISO/DTS 7552-3:2024)

Molecular in vitro diagnostic examinations - Specifications for pre-examination processes for circulating tumour cells (CTCs) in venous whole blood - Part 3: Preparations for analytical CTC staining (ISO/DTS 7552-3:2024)

Spezifikationen für präanalytische Prozesse für zirkulierende Tumorzellen (CTC) in venösen Vollblutproben - Teil 3: Vorbereitungen für die analytische CTC-Färbung (ISO/DTS 7552-3:2024)

Titre manque - Partie 3: Titre manque (ISO/DTS 7552-3:2024)

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FINAL DRAFT

Technical Specification

ISO/DTS 7552-3

Molecular in vitro diagnostic examinations — Specifications for pre-examination processes for circulating tumour cells (CTCs) in venous whole blood —

Part 3:

Preparations for analytical CTC staining

ISO/TC 212

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Foreword

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A list of all parts in the ISO 7552 series can be found on the ISO website.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

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Introduction

Solid tumours release cells and bioanalytes into blood and other body fluids. This has opened the option of utilizing such body fluids (liquid biopsies) for a minimally-invasive procedure for tumour detection, diagnosis and characterization. Liquid biopsies can enable earlier detection and diagnosis of cancers and advance personalized patient treatment.^[19,20]

These applications have become one of the fastest growing segments of the entire diagnostic market.

Circulating tumour cells (CTCs) in venous whole blood can reflect the disease complexity that evolves during tumour progression, with distinct genetic, epigenetic and expression features.^[21]

Besides the prognostic role of CTC identification and enumeration in cancer progression, CTC identification and analysis can improve disease outcome prediction, therapeutic guidance and post-treatment monitoring of the patient.^[19]

CTCs are now considered as a surrogate of tumour tissue in cancer early development, progression and metastatic phase.^[22]

Molecular characterization of CTCs can provide a strategy for monitoring cancer during systemic therapies,^[23] identifying mechanisms of disease progression, identifying novel targets for treatment^[24] and selecting targeted therapies^[19].

CTCs are fragile and tend to degrade within a few hours when collected in conventional blood collection tubes, e.g. EDTA containing tubes, without dedicated CTC stabilizers. CTCs are extremely rare, especially in early disease, e.g. less than 10 cells per 10 ml of blood, representing a ratio of approximately 1:10⁷ CTCs to white blood cells (WBCs). This low ratio represents a significant challenge to CTC enrichment required for identification and examination as tumour-derived cells.

Furthermore, CTC morphology and biomolecules can change during the pre-examination process. This can lead to changes in protein quantity, integrity, modification, conformation, and localization within the cell. This can impact the validity and reliability of the examination result.

CTC examination usually requires a CTC enrichment step (e.g. based on biological properties of the CTCs, such as expression of surface molecules, or physical properties, such as size and density, or their combination) prior to cytomorphological examination or immunofluorescent staining.

CTC enrichment technologies can provide CTCs attached on a solid surface, ready for cytological examination, or CTCs in suspension, requiring extra processing steps prior to the examination. This can lead to potential cell loss.^[25]

CTC enrichment is usually followed by their identification by conventional cytochemical or protein-targeted staining procedures that allow detection of the cell traits.

Standardization includes all steps of the pre-examination process, including blood collection and stabilization, transport, storage, CTC enrichment, and CTC isolation (if included). This pre-examination standardization is crucial to ensure reliable examination results in current clinical use and is also critical to develop new CTC based diagnostic examinations and to establish these in clinical healthcare.^[26]

An illustration of critical steps of the pre-analytical workflow for CTC staining is provided in [Annex A](#).

This document describes measures to standardize the pre-examination process to obtain appropriate CTC staining.

Molecular in vitro diagnostic examinations — Specifications for pre-examination processes for circulating tumour cells (CTCs) in venous whole blood —

Part 3: Preparations for analytical CTC staining

1 Scope

This document specifies requirements and gives recommendations on the handling, storage, CTC enrichment, preparation for CTC staining, and documentation of venous whole blood specimens intended for staining of CTCs during the pre-examination phase before an examination is performed.

This document is applicable to molecular in vitro diagnostic examinations including laboratory developed tests performed by medical laboratories. It is also intended to be used by laboratory customers, in vitro diagnostics developers, and manufacturers, biobanks, institutions, and commercial organizations performing biomedical research, and regulatory authorities.

This document does not cover pre-analytical workflow requirements for viable CTC cryopreservation and culturing.

Different dedicated measures are taken for stabilizing CTCs genomic DNA and RNA that are not described in this document; they are covered in ISO 7552-1¹⁾ and ISO 7552-2²⁾.

NOTE 1 The requirements given in this document can also be applied to other circulating rare cells (e.g. foetal cells).

NOTE 2 International, national or regional regulations or requirements can also apply to specific topics covered in this document.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 15189, *Medical laboratories — Requirements for quality and competence*

ISO 15190, *Medical laboratories — Requirements for safety*

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

1) Under preparation. Stage at the time of publication: ISO/DTS 7552-1.

2) Under preparation. Stage at the time of publication: ISO/DTS 7552-2.

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3.1

aliquot

portion of a larger amount of homogenous material, assumed to be taken with negligible sampling error

Note 1 to entry: The term is usually applied to fluids. Tissues are heterogeneous and therefore cannot be aliquoted.

[SOURCE: ISO 20166-3:2018, 3.1]

3.2

analyte

component represented in the name of a measurable quantity

[SOURCE: ISO 17511:2020, 3.1, modified — the example has been removed.]

3.3

backflow

flow of a liquid opposite to the usual or desired direction

3.4

blood collection set

intravenous device specialized for venipuncture consisting of a stainless steel beveled needle and tube (tubing) with attached plastic wings and fitting connector

Note 1 to entry: The connector attaches to an additional blood collection device, e.g. a *blood collection tube* (3.5).

3.5

blood collection tube

tube used for blood collection, usually in a vacuum which forces blood from the vein through the needle and into the tube

3.6

circulating tumour cells

CTCs

cells present in blood, originating from a primary or metastatic site(s) of a tumour

3.7

closed system

non-modifiable system provided by the vendor including all necessary components for the analysis (i.e. hardware, software, procedures and reagents)

[SOURCE: ISO 20186-2:2019, 3.6]

3.8

CTC enrichment

method that is able to increase the ratio of *CTCs* (3.6) to other cells including white blood cells in a *sample* (3.21)

3.9

CTC isolation

method resulting in a *sample* (3.21) containing *CTCs* (3.6) without any other cell types

3.10

diagnosis

identification of a health or disease state from its signs and symptoms, where the diagnostic process can involve *examinations* (3.11) and tests for classification of an individual's condition into separate and distinct categories or subclasses that allow medical decisions about treatment and prognosis to be made

[SOURCE: ISO 20184-1:2018, 3.6]