

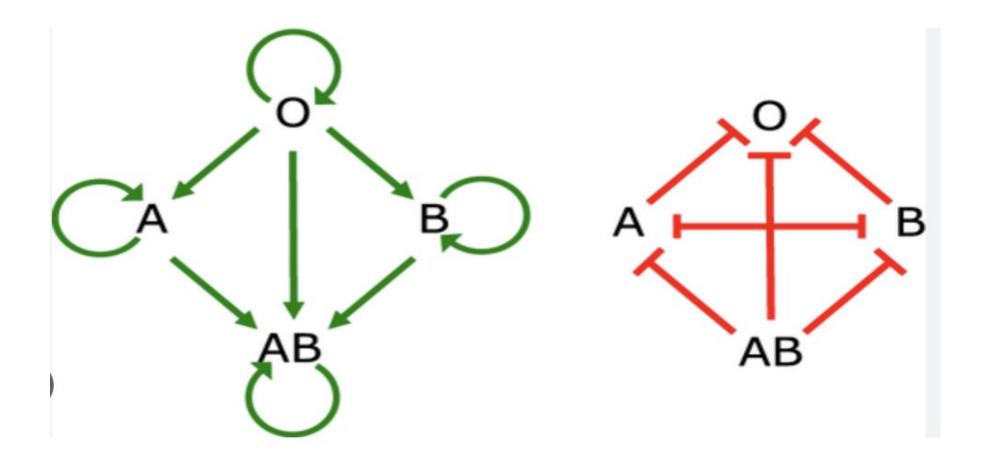
Immunologic selection for kidney transplantation; based on case study

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Isfahan Kidney Disease Research Center
Isfahan University of Medical Sciences

Outlines

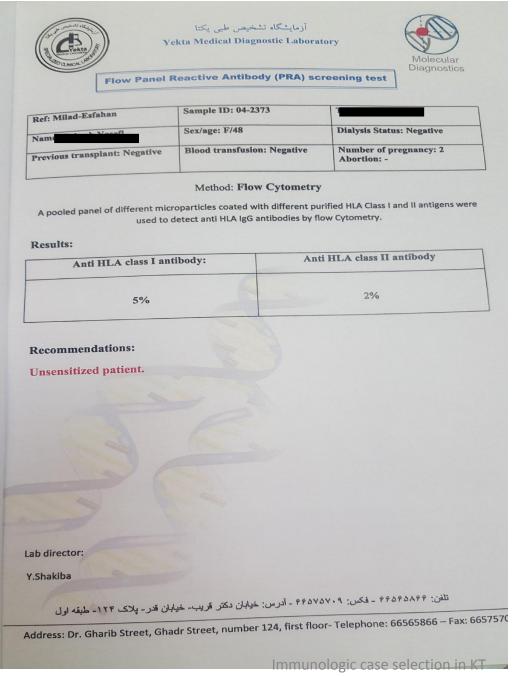
- ABO selection
- Panel reactive antibody
- HLA typing
- Anti HLA class I & II single Antibody
- WBC Cross match
- Case study

ABO compatibility



1-PANEL-REACTIVE ANTIBODY

- Patient's serum is incubated separately with B and T cells from a panel of donors selected to represent the HLA antigens commonly found in the local population.
- Finding of 60% of PRA suggests that 60% of donors will be unacceptable for the patient because there are circulating antibodies that react with one or more of the donor's HLA antigens.



Negative or unsensitized PRA <5%



آزمایشگاه تشخیص طبی یکتا Yekta Medical Diagnostic Laboratory



Flow Panel Reactive Antibody (PRA) screening test

Physician: Dr. Ref // Milad Esfahan	Sample ID: 03-2280	
National ID code: 1111075271		Blood group: A+
Name:	Sex/age: M/55	Dialysis Status: Positive
Previous transplant: Negative	Blood transfusion: Negative	Number of pregnancy: - Abortion: -

Method: Flow Cytometry

A pooled panel of different microparticles coated with different purified HLA Class I and II antigens were used to detect anti HLA IgG antibodies by flow Cytometry.

Results:

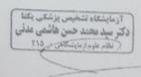
Anti HLA class I antibody:	Anti HLA class II antibody
7%	6%

Low sensitized patient.

Recommendations:

- Anti HLA class I and II antibody single antigen assay for determination donor specific antibodies.
- 2. Flow Cytometric cross match before transplant.
- 3. HLA typing of donor before transplant.







آزمایشگاه تشخیس طبی یکتا Yekta Medical Diagnostic Laboratory



Flow Panel Reactive Antibody (PRA) screening test

Physician: Dr.	Sample ID: 04-1028	
		Dialysis Status: Positive
Vame	Sex/age: F/29	
Previous transplant; Negative	Blood transfusion: Positive	Number of pregnancy: 4 Abortion: 3

Method: Flow Cytometry

A pooled panel of different microparticles coated with different purified HLA Class I and II antigens were used to detect anti HLA IgG antibodies by flow Cytometry.

Results:

Anti HLA class I antibody:	Anti HLA class II antibody
31%	5%

Sensitized patient.

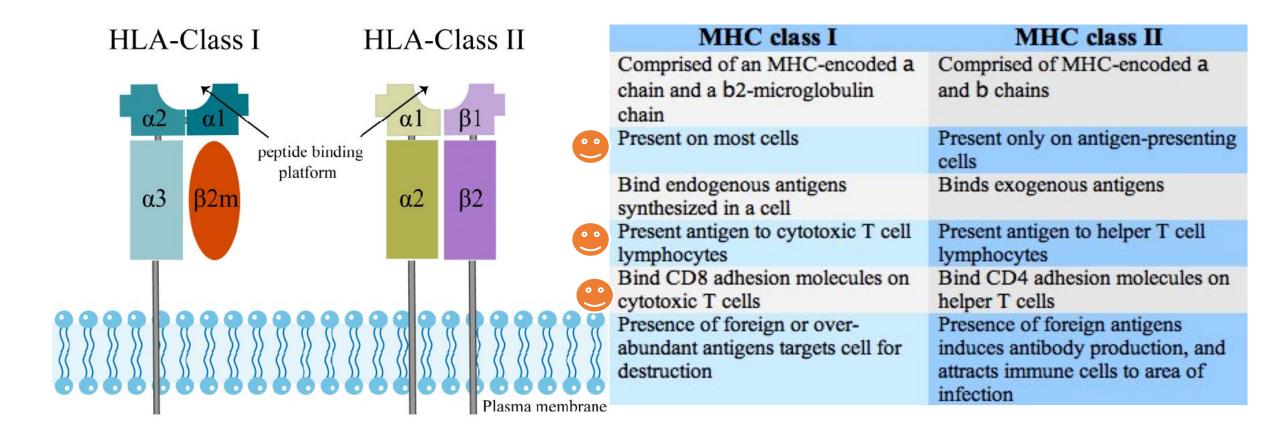
Recommendations:

- 1- Anti HLA class I antibody single antigen assay for determination of donor specific antibodies.
- 2- Flow Cytometric cross match before transplant.
- 3- HLA typing of donor before transplant.

Lab director:

Y.Shakiba

2-HLA compatibility



HLA class I

HLA class II

•HLA-A

•HLA-B

•HLA-C

•HLA-E

•HLA-F

•HLA-G

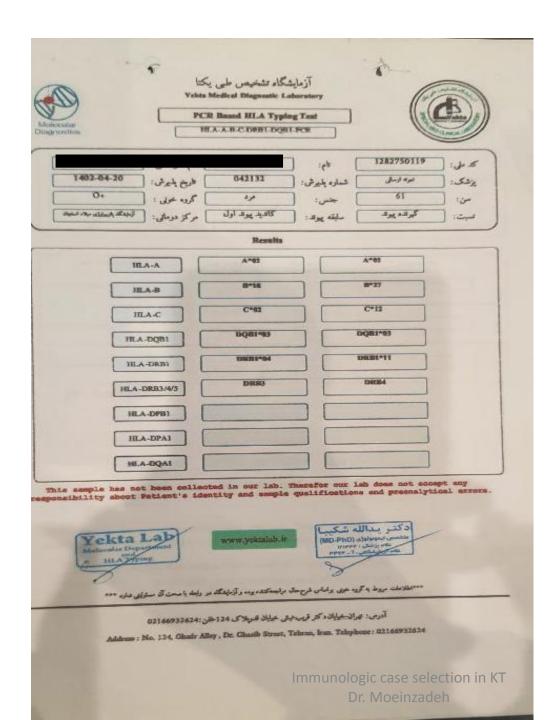
HLA-DR HLA-DQ HLA-DP

-Binding point for receptors of NK cells-Important in CMV and post-transplant defense

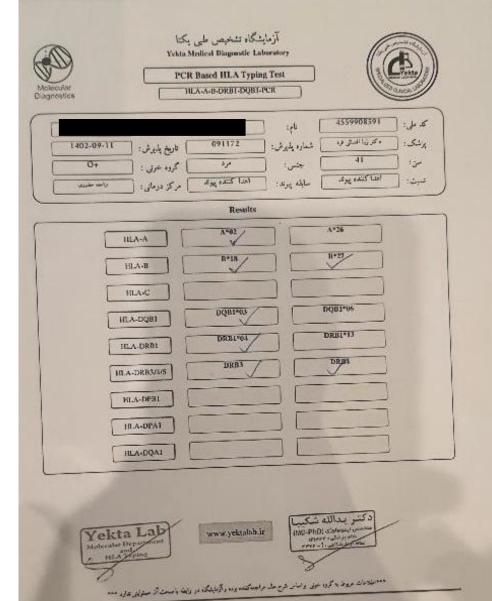
- -May be important in BMT involving NK cells
- -Association with solid organ Tx: not yet been determined

HLA typing

- Serological methods: Complement- dependent cytotoxicity(CDC)
 - For HLA -A,B
- Sequence-specific oligonucleotide probes
- •Sequence-specific polymerase chain reaction (PCR)*
- Direct DNA typing



Recipient



الْورس: بحوالاستيابالذه كو قريه هش حابالة قدية ك 124 خشن: محوالاستيابالذه كو قريه هش حابالة قدية ك 124 مناية ا Address: No. 124, Ghedr Alley , The Ghenh Street , Tehrun, Iron. Telephone: 62166932634

Donor

3-HLA matching

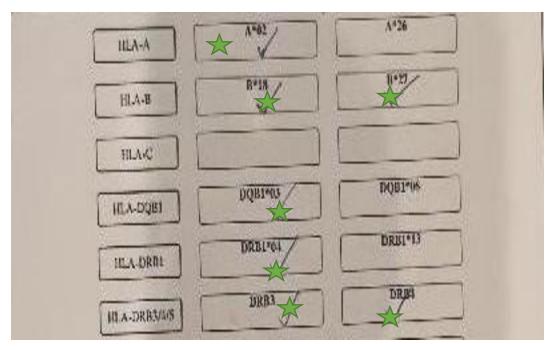
- •HLA-DR and HLA-B antigens offer the most alloimmune burden with less so from HLA-A.
- •HLA DR mismatches are associated with a increased risk of acute rejection and **early** graft loss
- •There is some evidence that HLA-A and HLA-B antigen mismatches are associated with **late** graft loss.

HLA matching

- HLA-DQ MM alone was not a risk factor for allograft loss but the combination of HLA-DR and DQ MM had the worst outcome
- Anti-HLA-DP antibodies are less common than antibodies to HLA-DR and –DQ
- The frequency of HLA-DP antibodies increases in patients who were **previously transplanted**, occurring in up to 45 % of subjects.
 - Correlate with reduced allograft survival among recipients of a second transplant

Case 1





Case 2

Name	Rel.	Class I PCR	Class II PCR
	Recipient	A*24-A*26 B*18-B*51	DQB1*03- DQB1*05 DRB1*11-DRB1*14
		C*12-C*14	DRB3



4-Cross-reactive groups (CREGs)

- Some transplantation centers limit the selection of mismatched donors to those sharing mismatched antigens within HLA-A and HLA-B cross-reactive groups (CREGs)
- An HLA mismatch within a CREG group ("minor") may result in better outcome than a mismatch outside CREG groups ("major")
- CREG matching has been introduced as a possible approach to increase the opportunity of a renal recipient to receive a "well-matched" kidney and to reduce the number of transplant rejections.

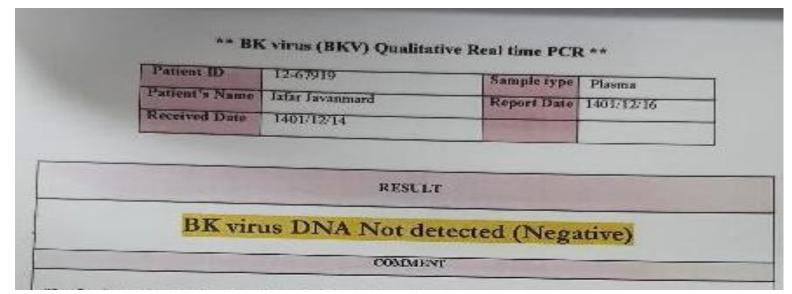
Wade JA, Hurley CK, Takemoto SK, Thompson J, Davies SM, Fuller TC, Rodey G, Confer DL, Noreen H, Haagenson M, Kan F, Klein J, Eapen M, Spellman S, Kollman C. HLA mismatching within or outside of cross-reactive groups (CREGs) is associated with similar outcomes after unrelated hematopoietic stem cell transplantation. Blood. 2007 May 1;109(9):4064-70. doi: 10.1182/blood-2006-06-032193. Epub 2007 Jan 3. PMID:17202313; PMCID: PMC1874562.

Cross-reactive groups (CREGs)

Antigens included
A1, 3, 11, 19 (29, 30, 31), 36, 80
A2, 9 (23, 24), 28 (68, 69), B17 (57, 58)
A10 (25, 26, 34, 66), 32, 33, 43, 74
A9 (23, 24), 25, 32, B13, 27, 37, 38, 44, 47, 49, 51, 52, 53, 57, 58, 59, 63, 77
B5 (51, 52.) 18, 35, 53
B5 (51, 52), 15 (62, 63, 71, 72, 75, 76, 77), 17 (57, 58), 21 (49, 50), 35, 53, 73,78
B7, 8, 14, 18, 35, 39, 40 (60, 61), 41, 42, 45, 46, 48, 50, 54, 55, 56, 62, 64, 65, 67, 71, 72, 73, 75, 76
B7, 8, 13, 27, 41, 42, 47, 48, 54, 55, 56, 60, 61, 81
B8, 18, 38, 39, 64, 65
B12 (44, 45), 13, 37, 41, 47, 21 (49, 50), 40 60, 61) Immunologic case selection in KT

Case 3

- Recipient: male 65 y, 2nd transplant.
- Rejection due to BKV nephropathy



HLA typing

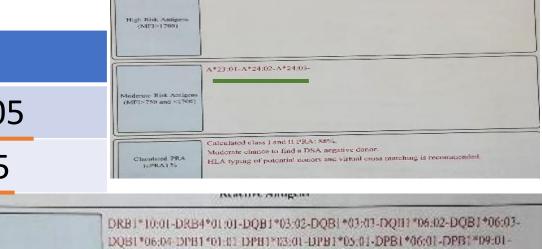
HLA-A: A03

HLA-DQB1: DQB1 03, DQB1 05

HLA-B: B27, B51

HLA-DRB1: DRB1 11, DRB1 15

HLA3/4/5: DRB3, DRB5



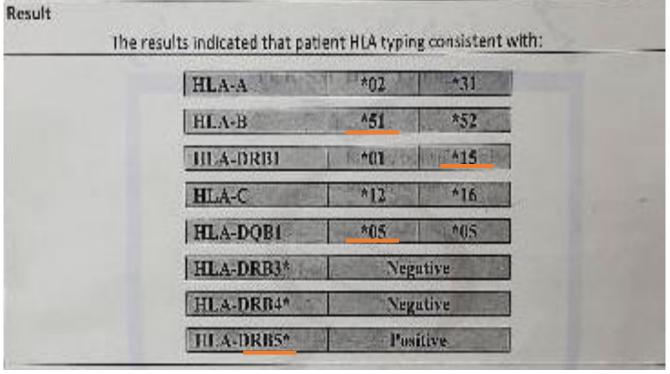
High Risk Antipers (MEI>1700) Maderate Risk Antigens (MFI>750 and < 700) Calculated class Land II PRA: 86% Moderate chance to find a DSA negative donor. Claculated PRA

CPRAT'S

DPB1*11:01-DPB1*13:01-DPB1*14:01-DPB1*15:01-DPB1*17:01-DPB1*19:01-DPB1*28-01 DPA1*02:01-DPA1*02:02-

DRB(*04:01-DRB),*04:02-DRB1*04:03-DRB1*04:04-DRB1*14:01-

HLA typing of potential conors and virtual cross matching is recommended.



Cross-reactive groups (CREGs)

CREG	Antigens included
A1C	A1, 3, 11, 19 (29, 30, 31), 36, 80
A2	A2, 9 (23, 24), 28 (68, 69), B17 (57, 58)
A10C	A10 (25, 26, 34, 66), 32, 33, 43, 74
BW4	A9 (23, 24), 25, 32, B13, 27, 37, 38, 44, 47, 49, 51, 52, 53, 57, 58, 59, 63, 77
B5C	B5 (51, 52.) 18, 35, 53
B5C2	B5 (51, 52), 15 (62, 63, 71, 72, 75, 76, 77), 17 (57, 58), 21 (49, 50), 35, 53, 73,78
BW6	B7, 8, 14, 18, 35, 39, 40 (60, 61), 41, 42, 45, 46, 48, 50, 54, 55, 56, 62, 64, 65, 67, 71, 72, 73, 75, 76
B7C	B7, 8, 13, 27, 41, 42, 47, 48, 54, 55, 56, 60, 61, 81
B8C	B8, 18, 38, 39, 64, 65
B12C 07/12/1403	B12 (44, 45), 13, 37, 41, 47, 21 (49, 50), 40 60, 61) Immunologic case selection in KT

18.81.114 : 41

ستاد گر انقدر سرکار خانم دکتر معین زادد

ا صلام و احترام، بنا به نستور حضرتعالي مشاوره ايمونولوژي بيمار جطر جوانمرد كالديد پيوند كليه از اهداكتنده زنده غير فویشاوند به حضور ارائه می گردد.

مديقه پيوندر مثبت	گروه خوش: +B	سن: ۴۵
cPRA: 86%	سليقة تزريق خون؛ مثبت	منابقه بازداری و سقط: -
CFRA: 00 /6	تقامع التي ١١٠٨ الذ ياد، ١٨٠٠	

سامع الله HLA التي بادي (Flow PRA):

Anti HLA class I antibody	Anti HLA class II antibody
	DRB1*10:01-DRB4*01:01-DQB1*03:02-DQB1*03:03- DQB1*06:02-DQB1*06:03-DQB1*06:04-DPB1*01:01- DPB1*03:01-DPB1*05:01-DPB1*06:01-DPB1*09:01- DPB1*11:01-DPB1*13:01-DPB1*14:01-DPB1*15:01- DPB1*17:01-DPB1*19:01-DPB1*28:01-DPA1*02:01- DPA1*02:02-
23:01-A*24:02-A*24:03-	DRB1*04:01-DRB1*04:02-DRB1*04:03-DRB1*04:04-

نگایج HLA typing بیمار یا اهداکانده افای:

نام و تام څالوادگی		سن	ا گروه خونی ا	Class I	Class II
چطر جوانمرد	گیرنده	65	B+	A*03 B*27-B*51	DQB1*03-DQB1*05 DRB1*11-DRB1*15 DRB3-DRB5
ژینب نصوری	اهداکتنده	39	?	A*02-A*31 B*51-B*52 C*12-C*16	DQB1*05 DRB1*01-DRB1*15 DRB5

- ۱- بیمار قالد DSA بوده و کنتر الدیکاسیون نسبی و مطلق پیوند ندارد.
- ۲- یا توجه به سن بیمار و احتمال کونواز به retransplant میزان تطابق ۱۱.۸ یا اهاکننده مناسب است.
 - *flow cross match الماكلنده منفي است.
 - ۲- یا توجه به سابقه پیوند و تحد HLA mismatch ترصیه به Induction حین پیوند می شود.
- ۵. با توجه به CREG بوبن A+02 در اهداننده و التي بلاي عنيه 24-4×23 غرصيه به CREG بوبن DSA monitoring دوره ای بعد از پیوند می شود.
 - ۴. تايينگ HLA گيرنده و دهنده در اين مركز انجام نشده و مسئوليت صحت ان به عهده مركز انجام دهنده مي بشد.
 - ٧- گروه خوتي اهداكننده تامشخص است توصيه به انجام و بررسي سازگاري آن مي شود.
- ٨. لاڙم په ڏکر است که نتايج گروه لهولي اراله شده بر اسلس اطلاعات داده شده توسط بيمار گزارش شده و تابيد مجدد ان توصیه می شود. مطالب این تامه شها جنبه توصیه ای بر اساس ویژگی های ایموتولوژیک بیمار و اهدا کننده داشته و پزشک بیمار در انجام یا عدم انجام این توصیه ، مختار است.

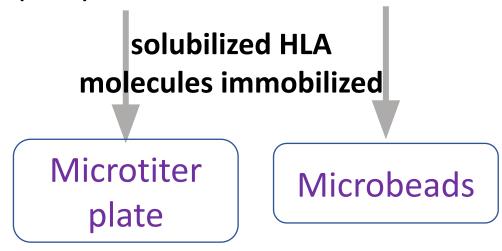
باسپاس دكتر يدالله شكسا مكتر يداف شكيبا دودهمس عيمودواوري (MD-PhD)

5-Anti HLA antibody

- Detection of HLAab preceding solid-organ transplantation and monitoring of DSA posttransplant as a risk factor for AMR.
- Role of HLAab in blood transfusion including refractory thrombocytopenia and selection of suitable platelet donors, TRALI after plasma transfusion, and immunization against HLA after red blood cell transfusion despite leukodepletion.

Anti HLA antibody detection

- Cell-based assays: the complement-dependent cytotoxicity test (CDC) or flow cytometry
- Solid-phase assays (SPA): ELISA and Luminex.

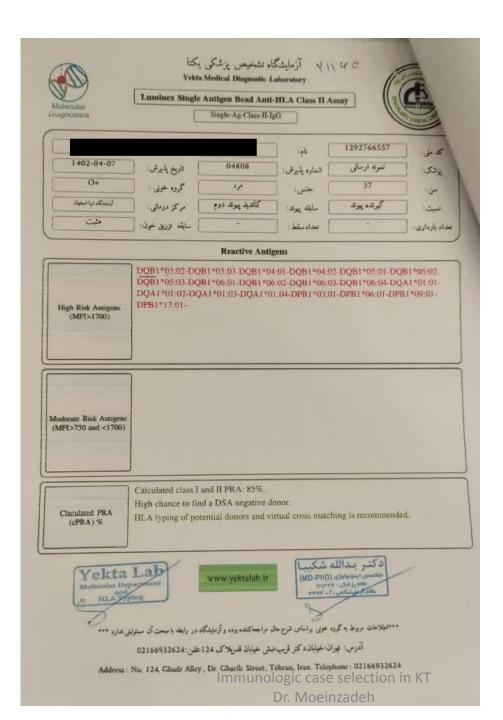


Lachmann N, Todorova K, Schulze H, Schönemann C. Luminex(®) and its applications for solid organ transplantation, hematopoietic stem cell transplantation, and transfusion. Transfus Med Hemother. 2013 Jun;40(3):182-9. doi: 10.1159/000351459. Epub 2013 May 8. PMID: 23922543, PMCID: PMC3725018.

Anti HLA antibody detection

- The standard Luminex assay detecting IgG HLAab: is currently the most widespread assay for antibody assessment in histocompatibility testing.
- IgM HLA: were pre-formed at the time of transplantation
- Pre-formed IgM antibodies may not be harmless autoantibodies
- Presence of IgM DSA should be sought in patients with IgG HLA- or DSA-negative AMR.

Dodd, P.; Willicombe, M.; Brookes, P.; Roufosse, C.; Santos-Nunez, E.; Goodall, D.; Clarke, C.; Charif, R.; Galliford, J.; McLean, A.; Taube, D.. Significance of HLA IgM and IgM Donor Specific Antibodies in Renal Transplantation.: Abstract# A123. Transplantation 98():p 435, July 15, 2014.



المنافرة ال		Allminex Single Antigen Bead Anti-HLA Class I Assay
المولاة المول	4	Single-Ag-Class-I-IgG
Reactive Antigens (MFI>1700) A*25:01-A*26:01-A*66:01- Reactive Antigens (MFI>1700) A*25:01-A*24:02-B*08:01- Calculated class I and II PRA: 93%. Low chance to find a DSA negative donor. HLA typing of potential donors and virtual cross matching is recommended. (cPRA) % Calculated Class I and II PRA: 93%. Low chance to find a DSA negative donor. HLA typing of potential donors and virtual cross matching is recommended.		كد مل: (1292766557 نام: محسن نام خانوادكي:
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المسلامات مروط به گروه جوی براساس شن حال براسه کنده و در از نابتگاه در دایشه با مست آل ستریتی عاری ۱۹۹۰ میلادی در ایستان شریخ ک ۱۹۱۵ میلادی در ایستان در ایستان شریخ ک ۱۹۱۵ میلادی در ایستان میرود برای براس خیالان شریخ ک ۱۹۱۵ هذا ۱۹۱۶ میلادی در ایستان شریخ ک ۱۹۱۵ هذا ۱۹۱۶ میلادی در ایستان میرود برای خیالان شریخ ک ۱۹۱۵ هذا ۱۹۱۶ میلادی در ایستان شریخ ک ۱۹۱۵ هذا ۱۹۱۶ میلادی در ایستان میرود برای خیالان شریخ ک ۱۹۱۹ هذا ۱۹۱۹ میلادی در ایستان میرود برای میلادی در ایستان میرود ایستان شریخ ک ۱۹۱۹ میلادی در ایستان میرود ایستان میرود ایستان میرود ک ۱۹۱۹ میلادی در ایستان میرود ایستان	Claculated PRA	HI A typing of potential donors and virtual cross matching is recommended.
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المرافظ المرا		
ما ما در ما به گروه حق براساس شرح حال مراسه کنده بوده و آزمایشگاه در دایشه با مست آن مستولین عاره مده می آدوس: آدوس: هران خوابان د کر قریب بیش خیابان شرح ک 12 شد: 124 78 64 64 64 64 64 64 64 64 64 64 64 64 64	Vokta	Lab! (MD-PhD) says and a second
** المالاهات بروط به محروه جون براساس شرح حال براسه كنده بوده و آزمایشگاه در داینشه با صحت آن سشولتی عاره *** آدوس: هران خوابان د كتر قریب بیش خیابان شریخ ک 124هذ: 2008 و ۱۵۵ مدارده	Mulsicular 1301	PPVP - T - PVPP
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الموسى: تعوال خيايان د كثر قريب نيش خيايان قدريلاك 124هـ 17624 1844 1844	Con stay	** الحلامات مروط به مجروه عنوني براساس شرح حال مراجعه كننده بوده و الزمايشگاه در دايط با محت أن مسئول
Address - No. 124, Ghadr Alley . Dr. Gharib Street, Tehran, Iran. Telephone: 02166932624		الموسى : هوال-حيايان د كتر قرب بيش عيايان قدريلاك 124هـ : 124 د 1
	Address	No. 124, Ghadr Alley . Dr. Gharib Street, Tehran, Iran. Telephone : 02166932624

	Single	Antigen Bead Anti-	HLA Class II A	seav]		
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1					CARCAL	
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	گروه خونی :	مرد	_ جنس:	38	سن: ا	
A state of	ا مرکز درمانی:	کاندید پیوند دوم	ا سابقه پیوند: [كيرنده پيوند	ست:	
منغى	سابقه تزریق خون:	•	تعداد سقط:	- 2	عداد بارداری:	
		Reactive Antig	ens			
High Risk Antigens (MFI>1700)	DQA1*01:02-D6 DPB1*09:01-DF	QA1*01:03-DQA1*01 PB1*14:01-DPB1*17:0	:04-DQA1*04:0	1-DPB1*03:01-D	PB1*06:01-	
MFI>750 and <1700)	I ow chance to f	I and II PRA: 93%. ind a DSA negative do	nor.			
oderate Risk Antigens MFI>750 and <1700) Claculated PRA (cPRA) %	I ow chance to f		rtual cross match		ed.	
Claculated PRA (cPRA) %	Lab	ind a DSA negative do octential donors and vii www.yektalab.ir ال مراجعة كنت و ود و از ازمايشگاه و ر	له شکید (MD.PhD) د ایرون ایرو ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ای ای ا ای ا ایرون ای ا ای ایرون ای ای او ای ا	د کشو بدالا مدمس مهورتوان نظام الرسط نظام الرسط نظام الرسط به کا در اطلاعات بروط به کا آدری:	ed.	
Claculated PRA (cPRA) %	Lab	ind a DSA negative do octential donors and vii www.yektalab.ir ال مراجعة عند و دو در آزمايندگاه و دو	له شکید (MD.PhD) د ایرون ایرو ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ای ای ا ای ا ایرون ای ا ای ایرون ای ای او ای ا	د کشو بدالا مدمس مهورتوان نظام الرسط نظام الرسط نظام الرسط به کا در اطلاعات بروط به کا آدری:	ed	
Claculated PRA (cPRA) %	Lab	ind a DSA negative do octential donors and vii www.yektalab.ir ال مراجعة كنت و ود و از ازمايشگاه و ر	له شکید (MD.PhD) د ایرون ایرو ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ای ا	د کشو بدالا مدمس مهورتوان نظام الرسط نظام الرسط نظام الرسط به کا در اطلاعات بروط به کا آدری:	ed.	
Claculated PRA (cPRA) %	Lab	ind a DSA negative do octential donors and vii www.yektalab.ir ال مراجعة كنت و ود و از ازمايشگاه و ر	له شکید (MD.PhD) د ایرون ایرو ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ای ا	د کشو بدالا مدمس مهورتوان نظام الرسط نظام الرسط نظام الرسط به کا در اطلاعات بروط به کا آدری:	ed.	
Claculated PRA (cPRA) %	Lab	ind a DSA negative do octential donors and vii www.yektalab.ir ال مراجعة كنت و ود و از ازمايشگاه و ر	له شکید (MD.PhD) د ایرون ایرو ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ای ا	د کشو بدالا مدمس مهورتوان نظام الرسط نظام الرسط نظام الرسط به کا در اطلاعات بروط به کا آدری:	ed.	
Claculated PRA (cPRA) %	Lab	ind a DSA negative do octential donors and vii www.yektalab.ir ال مراجعة كنت و ود و از ازمايشگاه و ر	له شکید (MD.PhD) د ایرون ایرو ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ایرون ای ا	د کشو بدالا مدمس مهورتوان نظام الرسط نظام الرسط نظام الرسط به کا در اطلاعات بروط به کا آدری:	ed.	

07/12/1403 selection in KT

Dr. Moeinzadeh

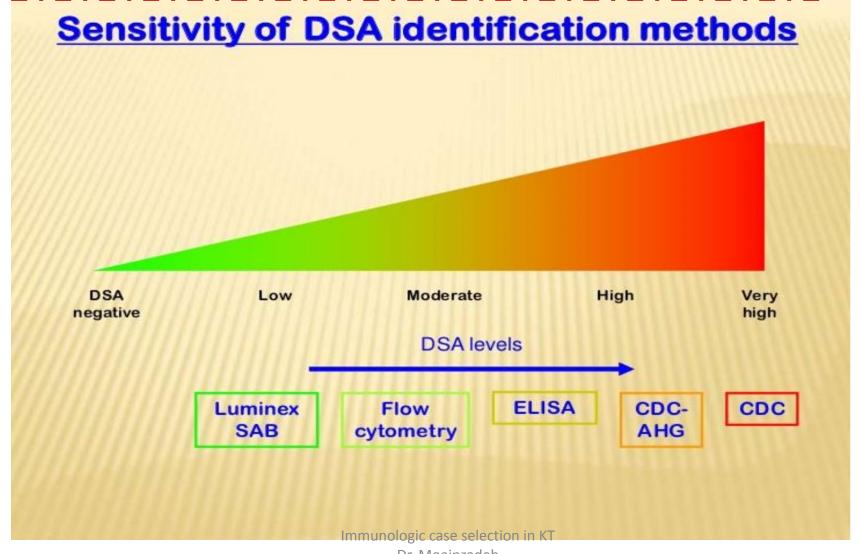
Mean Fluorescence Intensity (MFI)

- Preset MFI thresholds:
 - Decision points pre-and post-transplant to determine the necessity of pre-or post-transplant desensitization
 - Predict crossmatch results
 - Help diagnose and monitor antibody-mediated rejection (AMR)

Mean Fluorescence Intensity (MFI)

- MFI values are at best a semi-quantitative surrogate of antibody level
- MFI level alone does not necessarily equate with a deleterious outcome.
- Sera with MFIs >10,000 can still result in a negative crossmatch

Difference between Anti-HLA antibody detection methods



07/12/1403

6-Calculated PRA or CPRA

- Calculate the likelihood that the recipient & donor would be incompatibility
- An estimation of the percentage of organ donors that will be crossmatch incompatible for a candidate.
- The Organ Procurement and Transplantation Network (OPTN) and the Canadian CPRA calculators are both easily available as web based tools that assign actual CPRA values to a transplant candidate based on the unacceptable antigens that are entered in the system

Alvares, M., Anwar, S., Hashmi, S.K. *et al.* Development of a calculated panel reactive antibody calculator for the United Arab Emirates: a proof of concept study. *Sci Rep* **13**, 8468 (2023). https://doi.org/10.1038/s41598-023-34860-y

07/12/1403 Dr Moeinzadeh

Calculated PRA or CPRA

• If no unacceptable antigens are entered, CPRA value defaults to 0

cPRA, %	Theoretical number of match runs to have a 95% chance of finding an acceptable donor		
10	2		
20	2		
30	3		
40	4		
50	5		
60	6		
70	9		
80	14		
85	19		
90	29		
95	59		
99	300		
99.5	600		
99.9	3000		
99.99	30,000		
99.999	300,000		
\$1.00 PERSONAL PROPERTY (\$10.00)	Immunologic case selection in KT		

07/12/1403

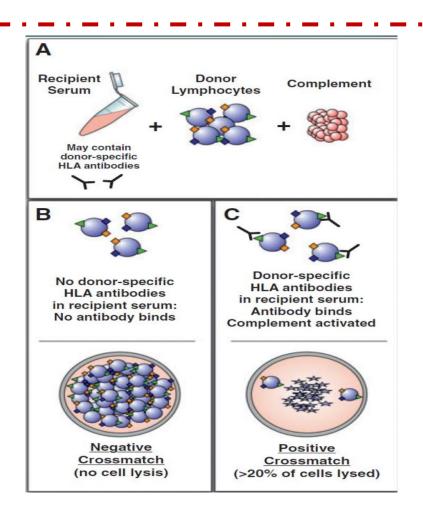
Non-HLA Antibodies

- Cause graft rejection
- •The antigenic targets of non-HLA antibodies:
 - Minor histocompatibility antigens
 - Vascular receptors
 - Adhesion molecules
 - Intermediate filaments

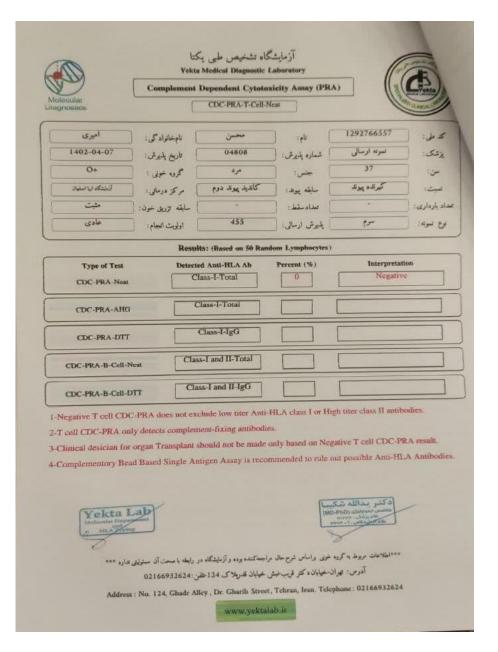
7-Cross matching

- Complement detection cytotoxicity (CDC)
- Enzyme-linked immuno-sorbent assay (ELISA)
- Flow cytometry
- •luminex

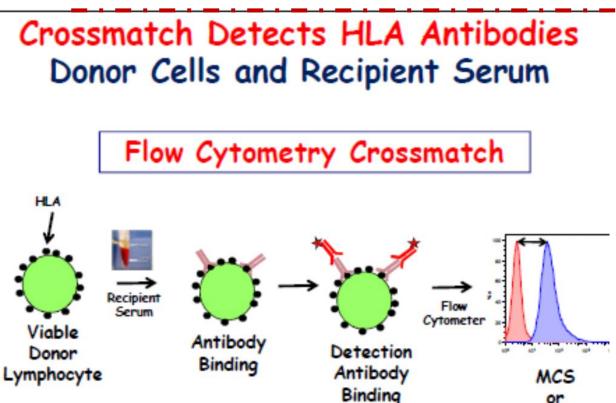
CDC cross -match



- Anegative crossmatch in the presence of a DSA-Ab:
- When the antibody titre is too low to cause complement activation
- II. When the antibody is of a type that does not activate complement
- III. When the antigen for which the antibody is specific is expressed only at very low levels on the mmunologic cadonor's lymphocytes



Flowcytometric cross-match



T cell reaction	B-Cell	Specificity
Negative	Negative	None
Positive	Positive	HLA class I/II
Negative	Positive	HLA class II?
Positive	Negative	Low Titer class I? Non HLA Ab?

MESF

Patient Classification based on cross match results

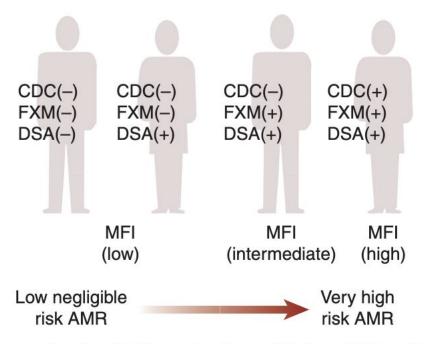


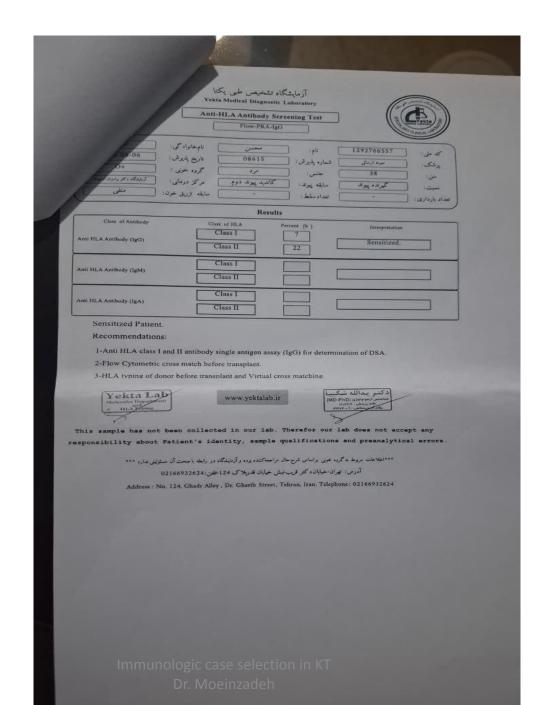
Figure 1 | Four groups of potential transplant candidates. AMR, antibody-mediated rejection; CDC, complement-dependent cytotoxicity; DSA, donor-specific antibody; FXM, flow cross-match; MFI, mean fluorescence intensity.

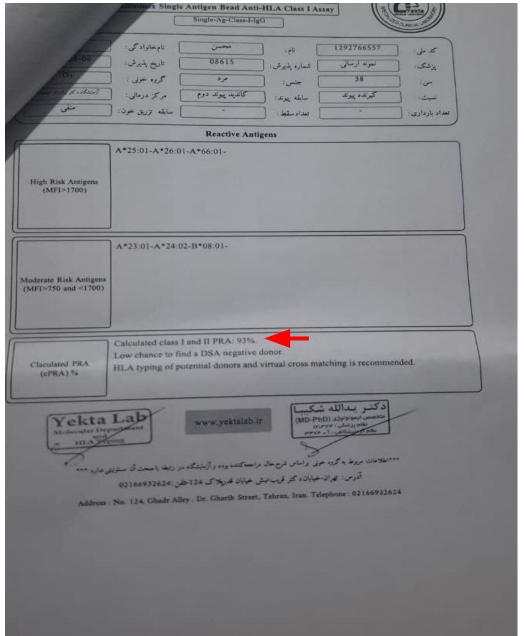
8-Virtual cross match

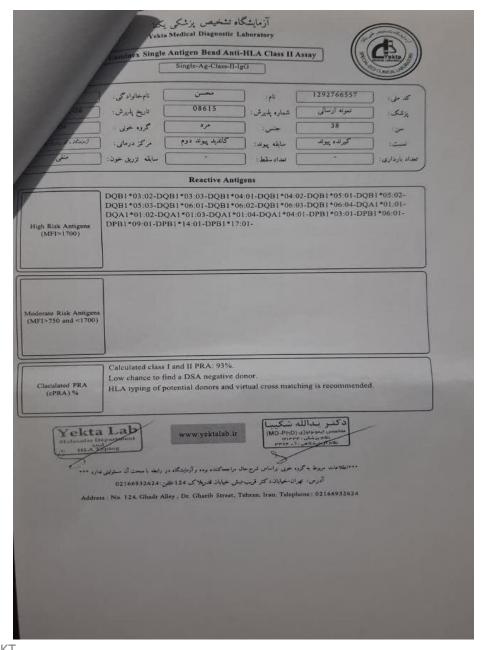
- Living related donor
- Living unrelated donor (unique)
- Cadaveric donor

Case 4

- 38 y/o male. 2nd Kidney transplantation candidate
- First KT survive for 17 years and rejected due to drug use irregulare

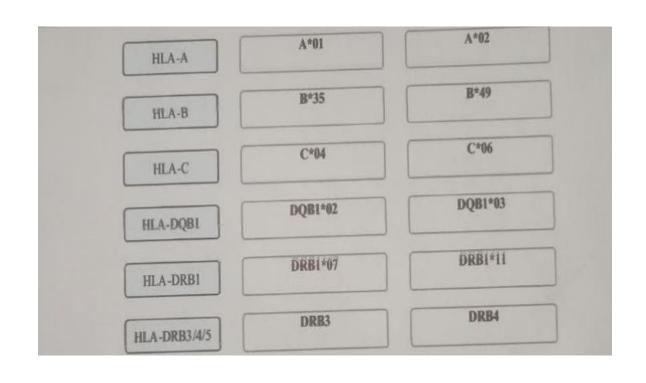






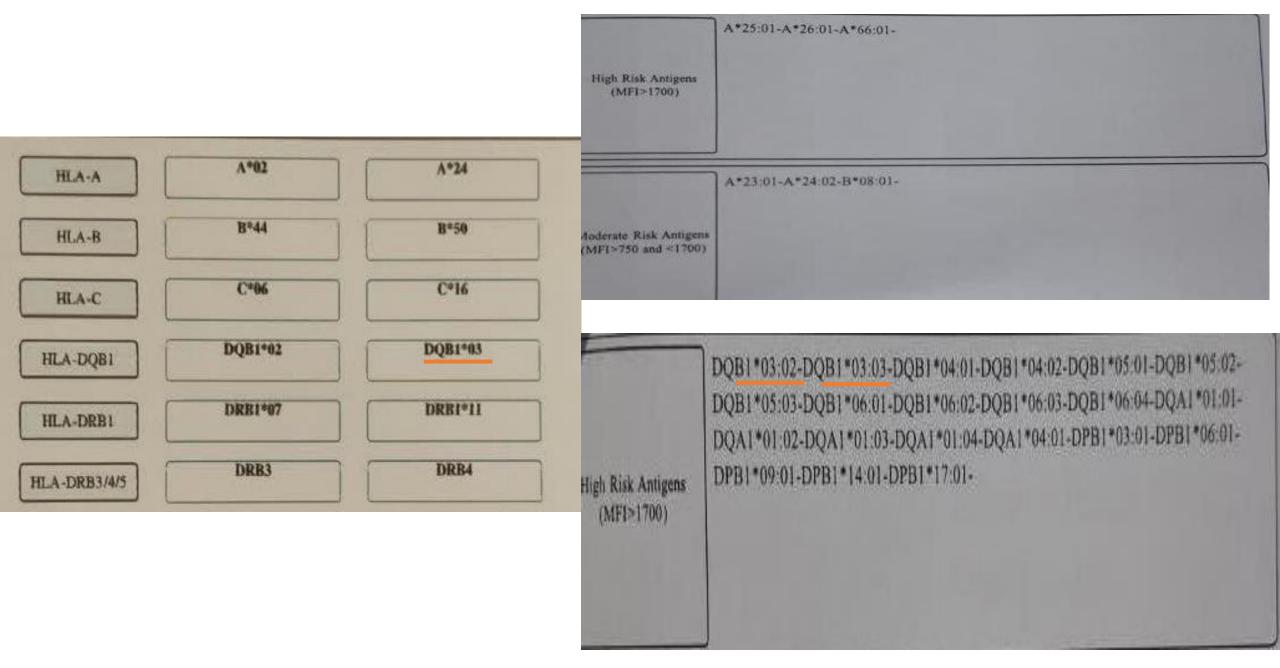
07/12/1403 selection in KT

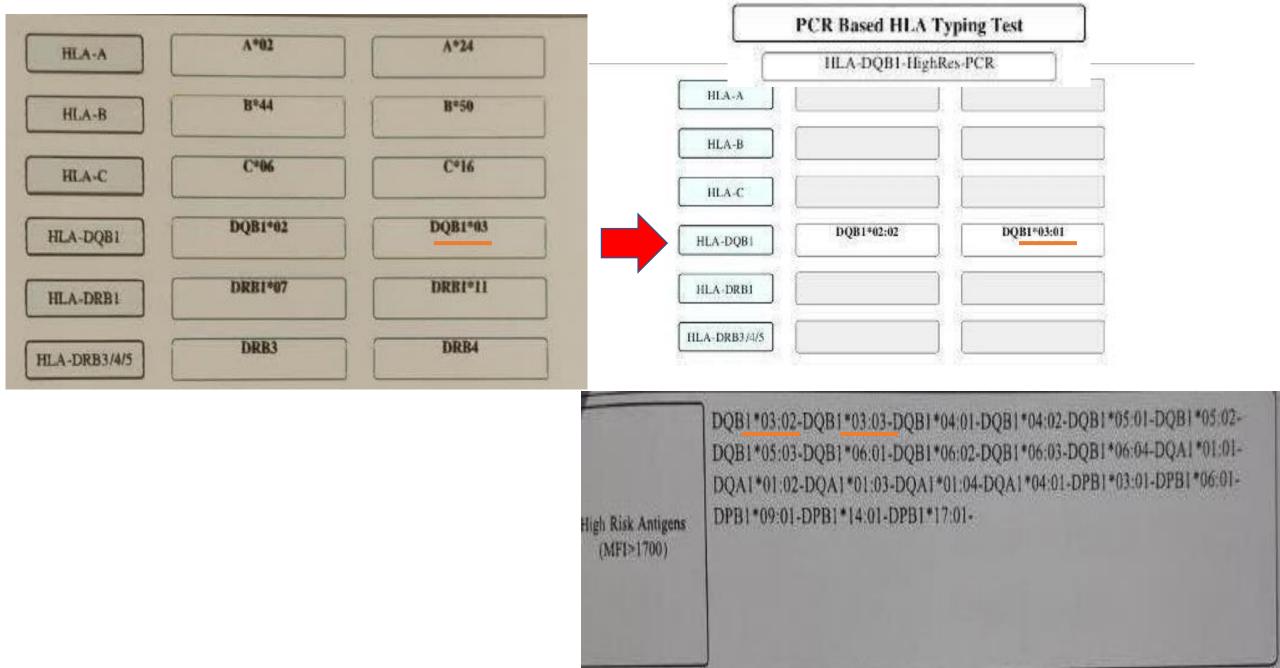




Donor

Recipient





كاريخ: ١٣٠٢٠-١٢٠١

استاد گرانقبر سرکار خانم دکار معین زاده

با سلام و احترام، بنا به دستور حضرتعالی مثناوره ایمونولوژی بیمار محسن امیری کاندید پیوند کلیه از اهداکننده زنده غیر خویشاوند به حضور ارائه می گردد.

63	سابقه پیوند: مثبت	گروه څولی: +0	سن: 38
cPRA: 93%		سابقه تزریق خون: منغی	ستیقه بازداری و سقط: ـ

تقابح التي HLA أتتى بادي (Flow PRA):

Anti HLA class I antibody	Anti HLA class II antibody		
A*25:01-A*26:01-A*66:01-	DQB1*03:02-DQB1*03:03-DQB1*04:01-DQB1*04:02- DQB1*05:01-DQB1*05:02-DQB1*05:03-DQB1*06:01- DQB1*06:02-DQB1*06:03-DQB1*06:04-DQA1*01:01- DQA1*01:02-DQA1*01:03-DQA1*01:04-DQA1*04:01- DPB1*03:01-DPB1*06:01-DPB1*09:01-DPB1*14:01- DPB1*17:01		
A*23:01-A*24:02-B*08:01-			

نتابج HLA typing بيمار با اهداكانده اقاي:

شم و شام خاشوادگی		مين	گرود خونی	Class I	Class II
محسن امیری	گيرنده	38	0+	A*02-A*24 B*44-B*50 C*06-C*16	DQB1*02-DQB1*03 DRB1*07-DRB1*11 DRB3-DRB4
رسول سرهند	lacitics.	42	0+	A*01-A*02 B*35-B*49 C*04-C*06	DQB1*02:02-DQB1*03:01 DRB1*07-DRB1*11 DRB3-DRB4

- ۱- بهمار قاقد DSA بوده و کنتر الندیکاسپون نمسی و مطلق بهوند ندارد.
 - ۱- میزان تطابق HLA با اهداکننده مناسب است.
- "- توضيه به انجام CDC and flow cross match با اهاکننده می شود.
 - ۴- يا تُوجِه به سلطه پيوند توصيه به Induction حين پيوند مي شود.
 - د. توصیه یه DSA monitoring بعد از پیوند می شود.
- ۹- لازم به نکر است که نتایج گروه خونی ارائه شده بر اساس اطلاعات داده شده توسط بیمار گزارش شده و تالید مجدد آن توصیه می شود, مطالب این تامه تنها چنبه توصیه ای بر اساس ویژگی های ایمونونوژیک بیمار و اهدا کننده داشته و پزشک بیمار در انجام یا عدم انجام این توصیه ، مختار است.

د کشر بدالله شکیبا منفس ایمونواولی (MD-PhD) نقام پزشک: ۱۲۰۲۲۰ نقام الرشک: ۲۲۷۲

يا مىپلىن دكتر يدالله شكيبا

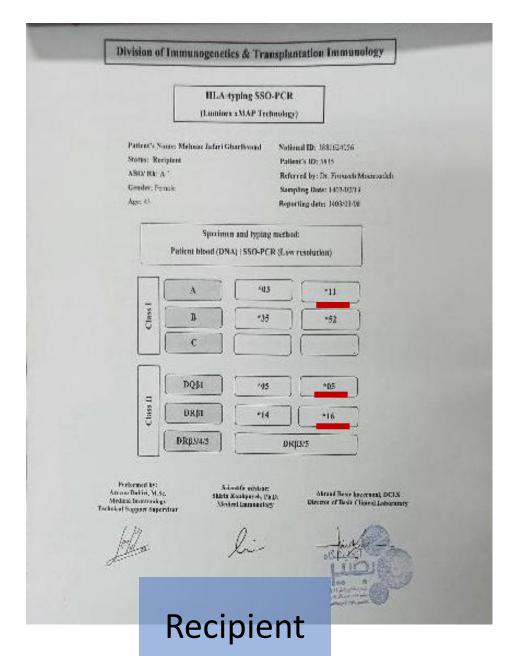
Immunologic case selection in KT

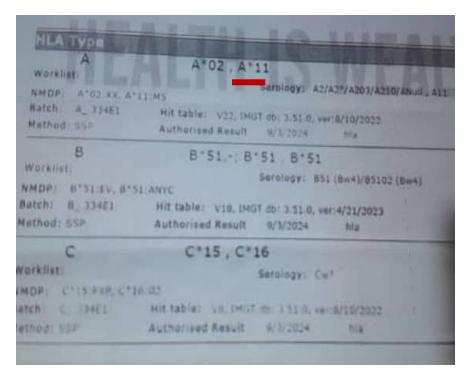
Dr. Moeinzadeh

Case 5

- A 46 y/o female candidate for KT, first transplantation
- ADPKD case and underwent bilateral nephrectomy due to refractory pain.

Panel Reactive Antibody (PRA) Screening ABOV Rb: A" Patient's Name: Mahnor Jafari Charityand. Referred by: Dr. Firmszeh Moein Zadah Gendon' Age. Fermie' 44. Sampling Date: 1405/05/30 National ID: 1881524050 Reporting date: 1403/09/20 Patient's Ille 26703 Pattent History Cialysa sana: YES dised transfesion Yes-Programmy abortion -Open recoglishment type: 50 Specimen and test method: Patient serum | Lumiurx bead-based assays (IgG detection) Results: 53% Negative Anti-HLA Class I Authorities (A.B.C.) 55% Negative Anti-HLA Class II Antibodies (DR/DQ-DP) Ravelt (56) Reference Volum Description Method Pasitive-41 10 Complement dependent Cytotraicity CDC-PRA Nogative 41 Panel Reserve Antibody Recommendation: Non-sensitized patient for both HLA class I & II antigens,

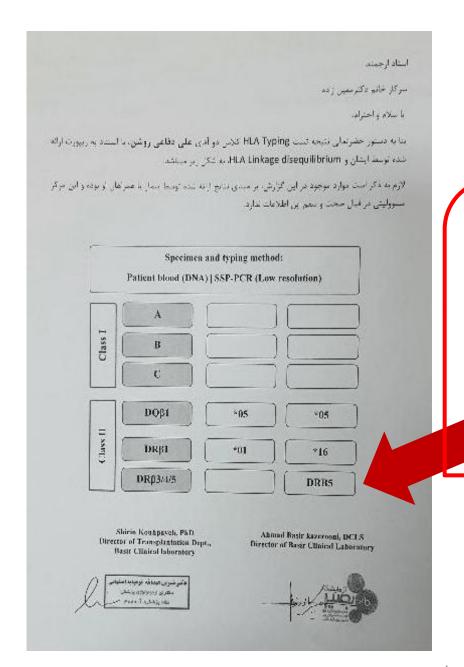




the St. St.	Results (Alle	eles)	Sero	logic Type	Frequency
HLA-DRB	DRB1*01	DRB1*16	DRI, -	DR16(2), -	CWD
HLA-DQB1	DQB1*05	DQB1*05	DQ5(1)	DQ5(1)	CWD

DRB3/4/5????

Donor



Linkage disequilibrium

HLA- DRB1: 1 or 8 or 10

UNDERDED

DRB5

Linkage disequilibrium

 Refers to the nonrandom association of alleles at multiple DNA markers that results from their close proximity to one another within a chromosome and co-inheritance.

HLA- DRB1

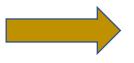


DRB3/4/5

• DRB1*3

DRB1*11 DRB1*13

DRB1*14



DRB3

• DRB1*4

DRB1*7

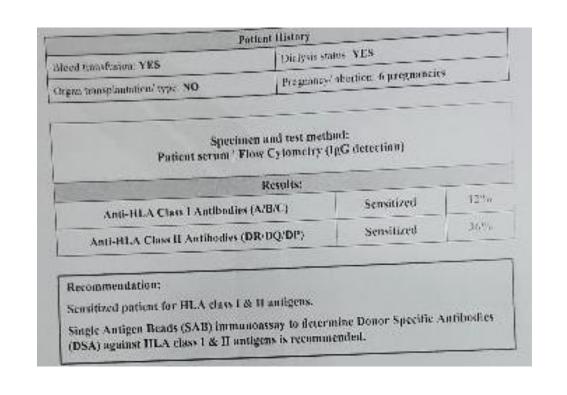
DRB1*9

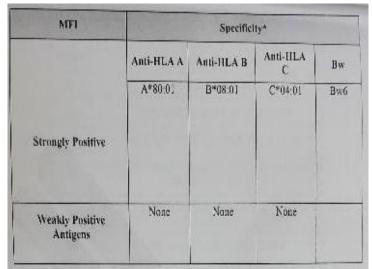


DRB4

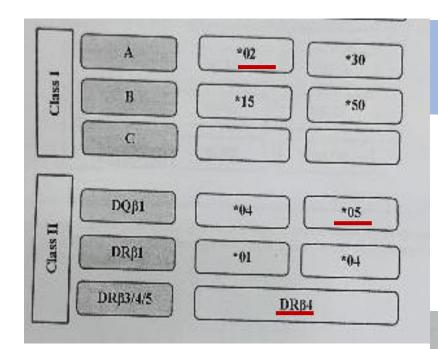
Case 6

- Female 54 y/o, No Hx of KT
- 6 pregnancies
- Blood transfusion +





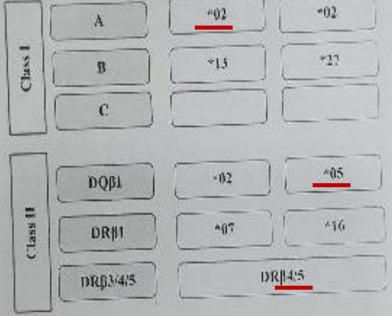
MFI	Specificity*		
	Anti-HLA DR	Anti-HLA DP	Anti-HLA DQ
	DRB1*33.01	None	DQA1*03.02
	DRB1*03:02		
	DRB1*03.03	ľ	DQBI*05:01
	DRB1*08:01		DQB1*03:02
	DRB1*08-02		DQB1*93-93
	DRBI*H.01		1
	DRB1*11:03		
	DRB1*11:04	1	
	DRB:*12:01		W.
	DRB1*12:02		
	DRB(*13:0)		
Strongly Positive Antigens	DRB1*13:03		
	DRB1*13.05		
	DRB1*14:01		1
	DRBI*14:05		
	DRB;*14:04		
	DRR9*03:01		1
	DRB5*02:02		
Weakly Positive Antigens	Nene	Nane	Nore
	44		03



Donor

CPRA: 98%!!!!

Recipient



07/12/1403

Immunologic case selection in KT

Dr. Moeinzadeh

WBC crossmatch

• Flowcytometric: T-cell: Neg:<10%

• B-Cell: 11.2% (<10%)

CDC: Negative

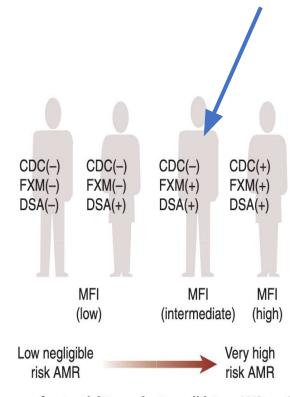


Figure 1 | Four groups of potential transplant candidates. AMR, antibody-mediated rejection; CDC, complement-dependent cytotoxicity; DSA, donor-specific antibody; FXM, flow cross-match; MFI, mean fluorescence intensity.