



Patient based case 2016-01

Summary of Results

In total 52 responses were received, 47 from ET affiliated centers, 5 from others.

Advices to transplant or not are divided in the following categories:

No

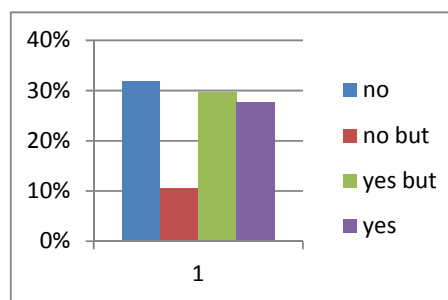
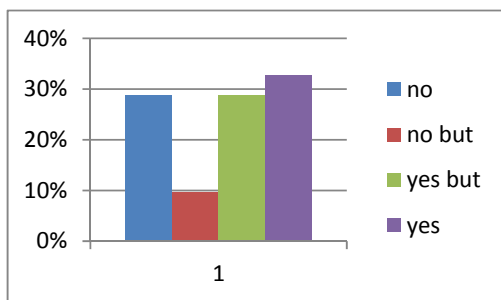
No, but (high risk, only in exceptional cases)

Yes, but (with additional measurements as extra follow up, extra or other medication etc)

Yes

All centers		52
no	29%	15
no but	10%	5
yes but	29%	15
yes	33%	17

ET only centers		47
no	32%	15
no but	11%	5
yes but	30%	14
yes	28%	13



Common reasons used for the advice not to transplant (no and no, but)

Poor match

A2/Cw3 unacceptable mismatches

A2/Cw3 repeated mismatch

Common reasons for the advice to transplant (yes and yes, but)

CDC and flow crossmatch are negative

No CDC antibodies

DSA detectable with luminex only, and with low MFI

Additional (clinical) advices given:

In case of high urgency

With frequent post-transplant monitoring

With special induction therapy

Additional information needed

Information about the first graft: Is the first graft still in situ/ reason of graft loss/is the recipient still receiving immunosuppression?

Donor split typing Cw3

Cross match results with separated B and T cells



Patient based case 2016-02

Summary of Results

In total 52 responses were received, 45 from ET affiliated centers, 7 from others.

Advices to transplant or not are divided in the following categories:

No

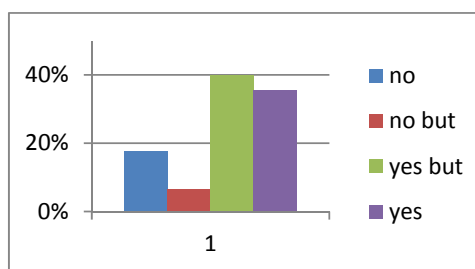
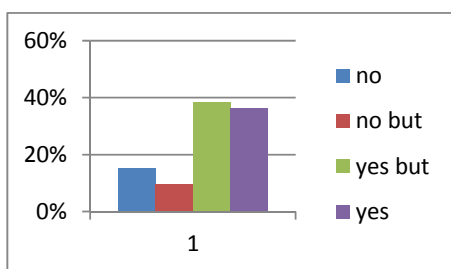
No, but (high risk, only in exceptional cases)

Yes, but (with additional measurements as extra follow up, extra or other medication etc)

Yes

All centers		52
no	15%	8
no but	10%	5
yes but	38%	20
yes	37%	19

ET only centers		45
no	18%	8
no but	7%	3
yes but	40%	18
yes	36%	16



Common reasons used for the advice not to transplant (no and no, but)

Cumulative effect of several DSA

DSA: A32, DR17, DQ2

Sensitization by pregnancy cannot be excluded

Class I and Class II antibodies found in CDC

DGI guidelines (mentioned by 2 of the German centers)

Common reasons for the advice to transplant (yes and yes, but)

CDC cross match is negative

No DSA in CDC

The recipient is highly urgent

Additional (clinical) advices given:

Strong (supportive immunotherapy is needed)

Additional information needed

B-cell crossmatch

Flow crossmatch



Patient based case 2016-03

Summary of Results

In total 52 responses were received, 46 from ET affiliated centers, 6 from others.

Advices to transplant or not are divided in the following categories:

No

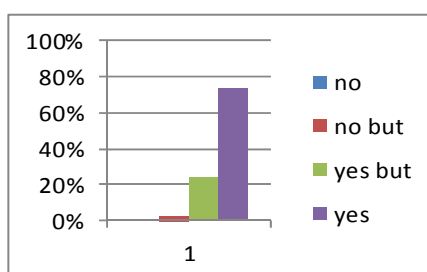
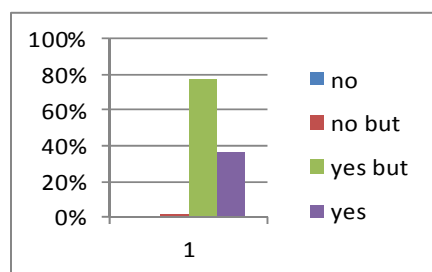
No, but (high risk, only in exceptional cases)

Yes, but (with additional measurements as extra follow up, extra or other medication etc)

Yes

All centers		52
no	0%	0
no but	2%	1
yes but	21%	11
yes	77%	40

ET only centers		46
no	0%	0
no but	2%	1
yes but	24%	11
yes	74%	34



Common reasons used for the advice not to transplant (no and no, but)

Common reasons for the advice to transplant (yes and yes, but)

Negative CDC crossmatch

No DSA

Match: DR compatible/ good match/ not bad

No repeated mismatches

Mismatches are acceptable mismatches

Low chance for a better offer

ABO blood group matched

Additional (clinical) advices given:

Desensitization protocol is needed

Careful monitoring for DSA

Additional information needed

Separated cell cross match must be negative (and therefore be done)