News from the TTAC

Meeting March 7, Groningen, 2019

Members present: Marie-Paule Emonds, Blanka Vidan-Jeras, Anika Szilvasi, Gottfried Fischer, Nils Lachmann, Bouke Hepkema, Jan de Boer (ET) , Sebastiaan Heidt, Frans Claas

Towards virtual crossmatching

In the future ET will skip shipment of sera and crossmatches in the donor centers.
There are several requirements in order to be able to do so.

1. The degree of sensitization must be fully based on unacceptable HLA antigens and will be reflected by the virtual PRA.
   % PRA will not be used anymore as a parameter.
2. Proper definition of the unacceptable mismatches is crucial as this will prevent the occurrence of unexpected positive crossmatches.
3. Donors must be typed for more loci: HLA-DQ-A and HLA-DP-A and –B
   (a new list of alleles to be typed will be made).

At the moment, this is not possible and the aim is to introduce this for all patients in 2022.
More details on the gradual implementation in the presentation of Sebastiaan this afternoon

Change inclusion criteria AM program

- Currently patients with a %PRA>85% are eligible for the AM program.
- Many of these patients are not really very difficult to transplant and receive a graft within a few weeks after inclusion in the AM program.
- Introduction of the virtual PRA makes it possible to predict the chance that a patients will find a compatible donor in the actual Eurotransplant donor population
- To make sure that the AM program only includes patients with a low chance to be transplanted the future criterion will be a chance of <2% of finding a compatible organ.

Change minimal match criteria for AM patients

- Currently minimal match criteria apply for patients incuded in the AM program: at least 2 DR or 1DR+ 1 B match is required. Only for patients with a lower chance than 0.1% to be transplanted with a donor from ET , these minimal match criteria are not applied (only 1 broad DR-match).
- Consequence, many offers will not be granted because of the minimal match criteria (>400 in the last 2 years). However, a recent analysis does not show any influence of this minimal match on graft survival.
- Future AM program reduce minimal match to 1 broad DR antigen and for patients with a chance of <0.1% no minimal match at all.

Change waiting time criteria for inclusion in the AM program

- Currently patients with a waiting time of 2 years or more are eligible for the AM program.
- However, the mean waiting time is very different in the ET countries. For countries with very long waiting times AM patients are transplanted much quicker than the other patients, which is not fair.
- Future AM program: the mean waiting time of the country will be used as minimal time that a patients from that country is eligible to enter AM. A separate but similar approach will be used for pedriatic patients.
- Only for patients with a chance < 0.01% the waiting time criterion will be omitted.

Change blood group compatibility rule in AM

Once a patient is included in the AM program kidney allocation will change from ABO blood group identical (ETKAS) towards ABO blood group ET compatible:

AB0 compatible:

Donor	***Recipient***
0	0, A, B, AB
A	A, AB
B	B, AB
AB	AB

ABO ET compatible:

Donor	***Recipient***
0	0, B
A	A, AB
B	B
AB	AB

What determines the AM status?

- In the past , when only CDC was used, it was easy to check whether the patient had>85% PRA. Introduction of Luminex single antigen bead assays made the situation more complicated.
- New AM inclusion criterion is based on unacceptable mismatches but who determines what is an unacceptable mismatch?
- Proposal is to give this responsibility to the recipient center as a uniform definition of an unacceptable mismatch is not possible and centers have different policies with respect to transplantation of sensitized patients.
- ETRL will check whether the sensitization status does not increase just before a patient becomes eligible for AM.