



News from the TTAC meeting 08-01-2016, Leiden

Sebastiaan Heidt
Eurotransplant Reference Laboratory
ET EXTRA MURAL MEETING 2016







TTAC meeting



Date: Friday, January 8, 2016

• Time: 11.00 – 15:50 hrs.

• Venue: Leiden University Medical Center, Leiden, the Netherlands

Members present:

Jan de Boer (ET) Constance Schönemann (G)

Frans Claas (chairman) Blanka Vidan-Jeras (S)

Marie-Paule Emonds (B) Renata Zunec (C)

Gottfried Fischer (A)

Anika Szilvasi (H)

Sebastiaan Heidt (ETRL, secretary) Francois Hentges (L)

Bouke Hepkema (NL) Undine Samuel (ET)

Teresa Kauke (G) Ineke Tieken (ET, observer)

Policy P-TTAC01.16



P-TTAC01.16 – Changed date of outdated screening

For logistical reasons serum screenings should become outdated after 180 days instead of after 150 days.

Rationale and goal

Sera from all kidney patients on the waiting list must be screened for HLA specific antibodies every three months. At the moment, screenings become outdated if older than 150 days. This current limit of 150 days sometimes gives problems of logistical nature.

Approved by the ET board

Recommendation R-TTAC02.16



R-TTAC02.16 – Mandatory donor retyping in the recipient center

In order to prevent allocation or transplantation of a donor organ with an incorrect HLA typing the recipient center must perform an HLA retyping of the donor.

Rationale and goal

Currently about 3% of the donor HLA typing is not correct. In line with the policy on ABO blood groups and HLA typing of the recipient (which are done twice), retyping of the donor is recommended and is already done in several, but not all ET tissue typing laboratories.

Not approved by the ET board

Reconsider only mandatory donor retyping for immunized recipients.



Shipment of DNA for reference typing ETRL

In case of a discrepant tissue typing, the recipient center must report to ET, upon which the donor center and recipient center are notified and have to come to a consensus HLA type.

If no consensus between the two labs is reached, the ETRL is contacted to perform the reference typing.



Changes of HLA typing as SAE

Definition SAE from the FDA: undesired experience associated with the use of a medical product in the human body. The event is serious when the patient outcome is death, life-threatening, hospitalization, disability, congenital anomaly, required intervention to prevent permanent damage.

The TTAC agrees that a change in HLA is only an SAE when the newly found antigen is listed as an unacceptable antigen in the recipient profile.



Virtual PRA

- The vPRA will be based solely on unacceptables.
- Unacceptables have to be confirmed separately by the TTC no direct link from antibody specificities.
- In the new ENIS version there will be one PRA field and that is the vPRA.
- A patient will be regarded non-sensitized if no unacceptables are specified.



- Bulk data transfer of histocompatibility data to ET
 - Jan de Boer has sent a link where bulk PRA and HLA data can be sent: (https://members.eurotransplant.org/cms/index.php?page=library_gen_pra)
 - An additional field for bulk data on unacceptables was asked for. This is important
 for the determination of the vPRA, the chance to find a donor, and in the use of
 virtual cross matching.



What splits / broads are to be communicated to ET?

In light of the introduction of the vPRA, the depth of HLA typing, as well as Bw4/Bw6 reporting was discussed.

It is agreed upon that the minimum resolution of HLA typing should be serological split level (with the exception of B14).

Furthermore, Bw4/Bw6 must also be reported to ET (including Bw4 on the relevant HLA-A antigens).

- Pro: easily register a whole Bw4/Bw6 group as unacceptable
- Con: not all Bw4 epitopes are exactly the same
- Alternative: only mandatory for B locus?

Bw4 / Bw6 epitopes example



AA Pos.	71 81	
	71 01	
A*01:01:01:01	SQTDRANLGT LRGYYNQSED	
A*23:01:01	ERI ALRA	Bw4
A*24:02:01:01	ERI ALRA	Bw4
A*25:01:01	ES-RI ALR	Bw4
A*26:01:01:01		
A*32:01:01	ES-RI ALRA	Bw4
B*07:02:01	AES-RNA	Bw6
B*08:01:01	TES-RNA	Bw6
B*13:02:01	TY-EN-R- ALRA	Bw4
B*27:05:02	AED-RLRA	Bw4
B*44:02:01:01	TY-E ALRA	Bw4
B*47:01:01:01	TY-ED-RLRA	Bw4
B*51:01:01:01	TY-EN-RI ALRA	Bw4