

# Topics discussed in TTAC

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*Members: Marie-Paule Emonds, Teresa Kauke, Nils Lachmann  
Blanka Vidan-Jeras, Renata Zunec, Aniko Szilvasi,  
Gottfried Fischer, Bouke Hepkema, , Sebastiaan Heidt (secretary).*

# Status recommendation

## **R-TTAC 03.16 Mandatory donor retyping in recipient center**

In order to prevent allocation or transplantation on basis of an incorrect HLA typing to an immunized patient, the recipient center must perform an HLA retyping of the donor in case of an immunized recipient.

Recommendation has been accepted by the board but the TTAC noticed that some logistical problems may occur in case of non-renal recipients. Reimbursement is a point in Germany. We will wait for comments from the National societies and may add a remark on the situation with respect to non-renal organs.

# Delay introduction of virtual PRA

- Recommendation on introduction vPRA replacing % PRA (approved by the ET board in 2010) has still not been approved by Germany.
- Consequences:
  - patients with %PRA without antibody specificities have a lot of positive crossmatches.
  - change of AM program into chance to receive a donor organ cannot be introduced.
- So far pressure to get a positive answer did not work.
- Will be included in the German guidelines. These have to be approved according to the German law , before we can expect a positive answer.
- We will look for an alternative (quicker) solution.

# Change crossmatch lists by ET

- Eurotransplant sometimes changes the crossmatch lists without informing the centers. For instance ESP, when a number of centers do not accept a poor quality kidney or when virology status arrives only after the crossmatch list was generated.
- ET will be asked to improve the communication

# Towards virtual crossmatching

- Future aim is virtual crossmatching rather than sending out sera to all donor centers.
- Needs vPRA based on unacceptable mismatches: no allocation in case of unacceptable mismatches.
- Question : should this also be the case for non-renal organs? Sometimes choice transplantation with risk or mortality on the waiting list.
- Solution: registration of both HLA antibodies (risk factor) and unacceptable mismatches (no allocation).
- Virtual crossmatching already now a solution for non-renal organs like heart and intestine.

# New AM program

- Future AM program will be based on chance to receive an organ via the standard ETKAC allocation. based on combination vPRA and blood group.
- Potential problem : blood group AB recipients
- Meet criterion already in case of 60% vPRA
- Once included in AM program , they will be transplanted the next day due to blood group compatibility.
- Discussion with ETKAC: change blood group criteria in normal allocation for immunized patients with rare blood groups.

# Future HLA typing within Eurotransplant

Options to be included in CORE. Will be discussed later but TTAC suggests:

- Donors: HLA-A, B, C, DR, DQ-A, DQ-B, DP-A, DP-B enables allocation to all immunized patients.
- Immunized recipients the same in order to understand antibody patterns.
- Non-immunized recipients : HLA-A, -B, -C, -DR, -DQ

# Topics tissue typers session during conference “ET 50 years”

- Relevance DSA before transplantation.
- Relevance de novo DSA.
- Potential role of a Flow crossmatch.
- (Future) options for quick HR HLA typing.
- (Epitope matching in a plenary session)