



## First experiences with the virtual crossmatch

#### **Status after 42 days**

Cynthia Kramer

Eurotransplant Reference Laboratory

EXTRA MURAL MEETING 2023



## History of the crossmatch



- The presence of pre-transplant donor-reactive antibodies can lead to hyperacute rejection
- Pre-transplant crossmatching prevents transplantation into recipients with pre-existing donor-reactive antibodies

SEPTEMBER 24, 1966

THE LANCET

# HYPERACUTE REJECTION OF KIDNEY ALLOGRAFTS, ASSOCIATED WITH PRE-EXISTING HUMORAL ANTIBODIES AGAINST DONOR CELLS

F. KISSMEYER-NIELSEN M.D. Aarhus

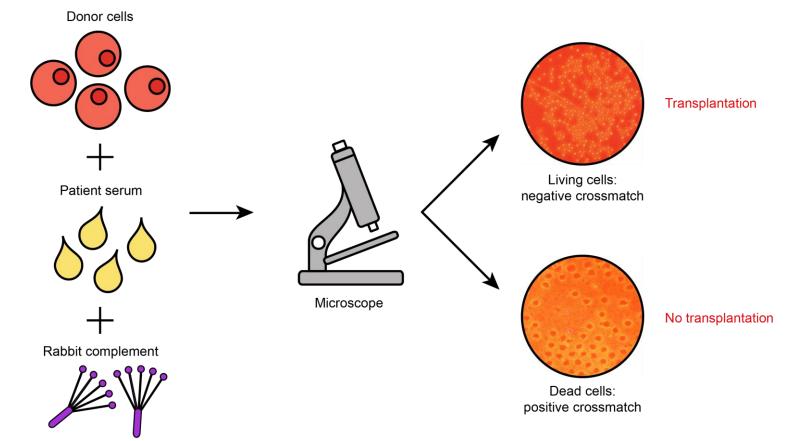


Fig. 2—Macroscopical appearance of the cortical necrosis in the kidney graft in case 17.

Kissmeyer-Nielsen et al., Lancet 1966

# Consequence of the outcome of the CDC crossmatch

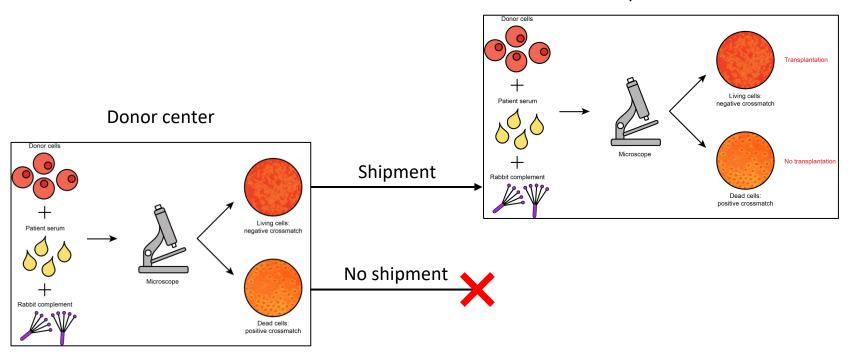




# Organ offer to immunized patient



#### Recipient center



## **Problems of physical donor center crossmatch**

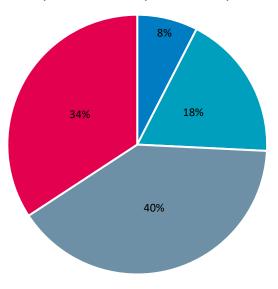


- Mandatory serum exchange program required
- No immunological history known at donor center
- False positive crossmatches due to irrelevant antibodies not directed against HLA
- Low sensitivity for HLA class II antibodies (only unseparated or T cell crossmatches are valid)
- Long cold ischemia times

#### Positive donor-center crossmatches

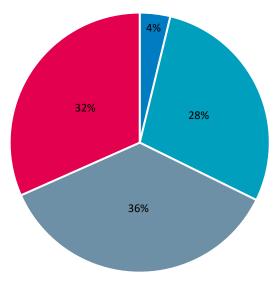


#### Explanations Sept 2018-Sept 2019 (n=225)



- The presence of autoantibodies in the patient
- Unacceptable antigens present on this donor had not been entered
- Unacceptable DQA and/or DP antigens are present on this donor
- other

### Explanations Sept 2019 -Sept 2020 (n=158)



#### **Towards virtual crossmatch**



- Organs carrying unacceptable antigens are not allocated to the specific patient
- To replace donor-center crossmatch with virtual crossmatch to prevent unnecessary organ shipment
- More detailed characterization of HLA antibodies and all relevant HLA antibody specificities can be registered

#### Requirements

- Alternative parameter of being sensitized: virtual PRA instead of % PRA in antibody screening
- Proper definition of unacceptable antigens
- More extensive donor HLA typing: HLA-A, -B, -C, -DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, -DPA1

# Stepwise introduction virtual crossmatch in Eurotransplant



•	01-05-2018	Start monitoring positive physical donor center crossmatches
•	01-02-2020	Introduction of the virtual PRA (vPRA)
•	23-11-2022	Unacceptable antigen upload extended
•	24-01-2023	Extension to vPRA on 11 loci and allelic level
		Introduction of virtual crossmatch with shadow phase

• 24-04-2023 Abandoning the physical donor center crossmatch

## Registration of unacceptable antigens



## Two levels of registration

- Antigen level (broad and split), for example A9 or A24
- Allele level (allowing for entering allele specific antibodies), for example A\*24:02

#### Loci

- HLA class I: HLA-A, -B, -C
- HLA class II: HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, -DPA1

Unacceptable Antigens	vPRA
A*02:05 A3 A26 A34 B7 DRB5*01:01 DQ5 DQ6	78,56%
DQA-01 DPB1*05:01	

## **HLA typing requirements**



Ideally, high resolution (2<sup>nd</sup> field) typing during deceased donor procedures is required but not yet possible. A practical solution of submitting ambiguous typing results has been introduced.

## Types of ambiguity

- Allele ambiguity: HLA-A\*02:01/HLA-A\*02:02
- Genotype ambiguity: HLA-A\*02:01/HLA-A\*02:02+HLA-A\*03:01 | HLA-A\*02:07+HLA-A\*03:06

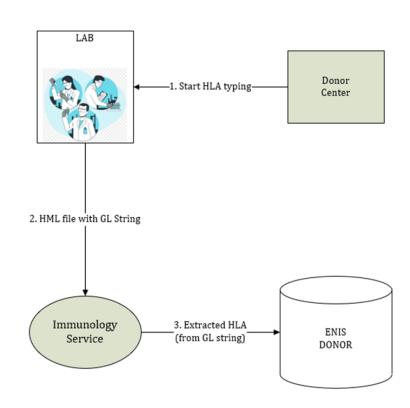
Transfer of ambiguous typing results must be done electronically in a standardized format: **Histoimmunogenetics Markup Language** (HML), which contains Genotype List strings (GL strings)

## Data transfer through HML files



HML files can be uploaded to the **ET Immunology Service**, after which data processing takes place:

- HML validation
  - Incorrect format
  - Not all 11 loci present
- A set of filters results in all ambiguities on second field level that are Common and Intermediate in the European population (e.g. HLA-A\*02:01)
- An automatic conversion to match determinants (full phenotype) is made (e.g. HLA-A2)



## HLA pre-filter v1.0



- HML files derived from techniques used on call contain many ambiguities
- Including alleles that are not Common or Intermediate in the European population beyond the second field
- Pre-filter containing all Common Intermediate and Well Documented alleles to filter out rare alleles on 3<sup>rd</sup> field
- Prevents the majority of incorrectly generated match determinants

Cw9 Cw9	C*03:03:01:01	C*03:03:04
Cw10	C*03:02:16 C*03:04:38 C*03:04:60	

Allel	e	
C*03:02:02		
C*03:03:01		
C*03:03:02		
C*03:03:04		
C*03:03:05		
C*03:03:07		
C*03:03:16		
C*03:04:01		
C*03:04:02		
C*03:04:04		
C*03:04:05		
C*03:04:08		
C*03:04:09		
C*03:04:11		
C*03:04:13		
C*03:04:14		
C*03:04:15		
C*03:04:17		
C*03:04:19		
C*03:04:27		
C*03:04:42		

## **HLA full phenotype**



#### **HLA full phenotype**

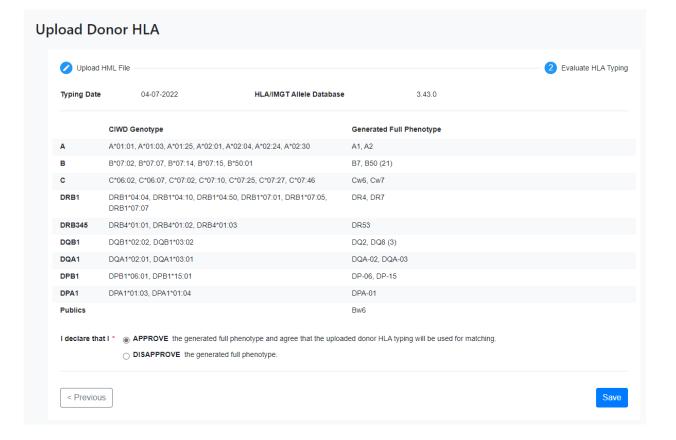
- Based on the HML files, three scenarios of full phenotype are possible:
  - Full phenotype generated and approved
  - Full phenotype invalid and manually adjusted
  - Full phenotype disapproved and manually adjusted
- Full phenotype manually entered

#### **HLA** matching

HLA matching remains unaltered; HLA-A and HLA-B on broad level and HLA-DR on split level

## **Example of processed HML file**





## Manually adjusted full phenotype



#### **Donor HLA Typing**

+ Upload Donor HLA Generated Full Phenotype **Entry Date** TT Lab Typing Material **HLA/IMGT Allele Database** Typing Date Status 16-12-2022 11:26 31-10-2022 3.43.0 Invalid Spleen Active **CIWD** Genotype Generated Full Phenotype (Invalid) Manually adjusted Full Phenotype A\*02:01, A\*02:05, A\*02:11, A\*02:12, A\*02:17, A\*02:27, A\*02:29, A\*02:30, A\*11:01, A\*11:02, A\*11:05, A\*11:29 A2, A11 A2, A11 B44 (12), B61 (40), B47 B\*40:02, B\*40:13 B\*44:02, B\*44:03, B\*44:04, B\*44:21, B\*44:27, B\*44:29 B44 (12), B61 (40) C\*02:02, C\*02:07, C\*02:10, C\*04:01, C\*04:04, C\*04:07 Cw2, Cw4 Cw2, Cw4 DRB1\*07:01, DRB1\*11:04, DRB1\*11:06, DRB1\*11:08, DRB1\*11:19, DRB1\*11:28, DRB1\*11:29, DRB1\*11:39, DR11 (5), DR7 DR11 (5), DR7 DRB1 DRB1\*11:43 DRB3\*02:01, DRB3\*02:02, DRB3\*02:06, DRB3\*02:11, DRB3\*02:17, DRB4\*01:01, DRB4\*01:02, DRB4\*01:03 DR52, DR53 DR52, DR53 DRB345 DQB1\*02:01, DQB1\*02:02, DQB1\*03:01, DQB1\*03:09, DQB1\*03:19 DQ2, DQ7 (3) DQ2, DQ7 (3) DQB1 DQA1\*02:01, DQA1\*05:01, DQA1\*05:02, DQA1\*05:03, DQA1\*05:05, DQA1\*05:09 DQA-02, DQA-05 DQA-02, DQA-05 DQA1 DPB1\*04:02, DPB1\*14:01 DP-03, DP-0402 DP-03, DP-0402 DPB1 DPA1\*01:03, DPA1\*01:04, DPA1\*02:01, DPA1\*02:07 DPA-01, DPA-02 DPA-01, DPA-02 DPA1 Bw4, Bw6 Bw4, Bw6 **Publics** BR-DHLA-12: The full phenotype is invalid because it has more than two match determinants of type broad for locus B.

## Virtual crossmatch process

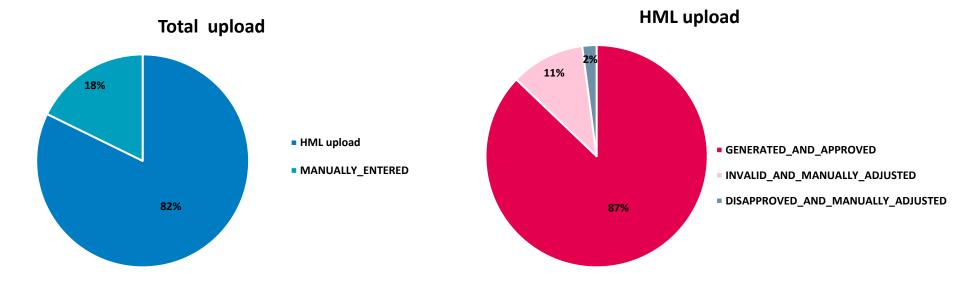


- CIWD genotype is used for virtual crossmatch on allele level
- Generated or adjusted full phenotype is used for virtual crossmatch on antigen level

Unacceptable Antigens	CIWD genotype	Generated Full phenotype
A*02:05 <mark>A3</mark> A26 A34	A*02:01 A*02:04 A*02:11 A*02:24 A*02:30 A*02:151 A*03:01 A*03:33	A2 <mark>A3</mark>
B7	B*07:02 B*07:09 B*07:15 B*07:47 B*27:05 B*27:09 B*27:10 B*27:51	B7B27Bw4Bw6
	C*02:02 C*07:02 C*07:10 C*07:17 C*07:25 C*07:27 C*07:46	Cw2 Cw7
	DRB1*03:01 DRB1*03:06 DRB1*03:13 DRB1*03:23 DRB1*13:01	DR3 DR17 DR6 DR13
DRB5*01:01	DRB3*01:01 DRB3*01:02 DRB3*01:16	DR52
DQ5DQ6	DQB1*02:01 DQB1*02:14 DQB1*06:03 DQB1*06:07 DQB1*06:14 DQB1*06:41 DQB1*06:44	DQ1DQ6DQ2
DQA-01	DQA1*01:03 DQA1*01:10 DQA1*05:01 DQA1*05:02 DQA1*05:10	DQA-01 DQA-05
DPB1*05:01	DPB1*01:01 DPB1*16:01 DPB1*127:01	DP-01 DP-10
	DPA1*01:03 DPA1*02:01 DPA1*02:03	DPA-01 DPA-02

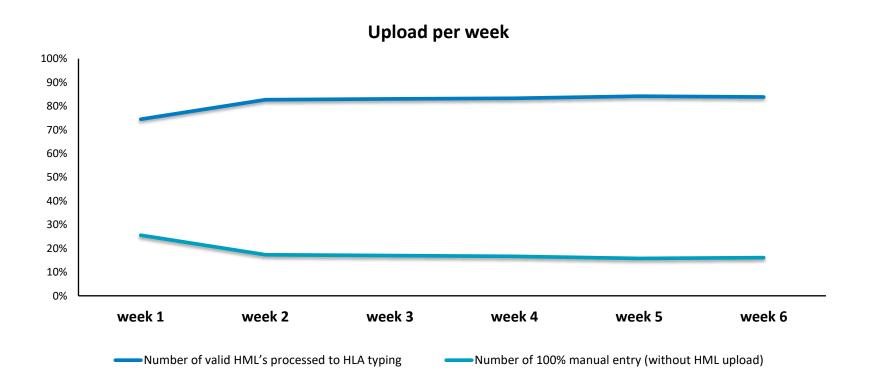
# So far, 82% of donor HLA typing data received is through HML, with 87% of HML files without need of adjustment (24/01 – 07/03)





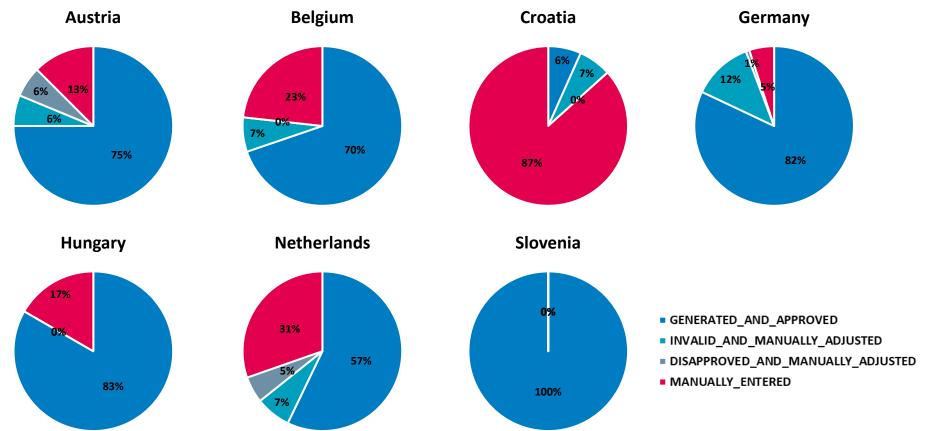
# Increased HML upload over time (24/01 – 03/03)





# **Upload per country (24/01 – 07/03)**





## Reasons for manually adjustment



- A locus with 3 match determinants due to genotype ambiguity with rare HLA allele
  - B7 B8 B42  $\rightarrow$  HLA-B\*07:02:01:01/...+HLA-B\*08:01:01:01/... or HLA-B\*08:156+HLA-B\*42:01:01:02/HLA-B\*42:01:04/...
- Incorrect match determinant due to common allele present in genotype ambiguity
  - DQ7 + DQ2 → DQB1\*03:01:01:01/.... + DQB1\*03:01:01:01 | DQB1\*02:01:24/DQB1\*02:53Q/... + DQB1\*03:52/....
- A match determinant missing due to rare allele
  - DR52 absent in generated full phenotype due to rare DRB3\*02 allele typing

## **Manual entry**



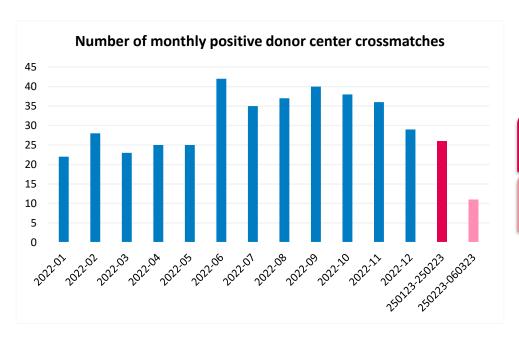
- Invalid HML files
  - Incorrect GL string in HML files
  - Loci (except for DRB3/4/5) is missing in the HML file a manual entry is required:
    - 2x due to missing DPB1 typing
    - 2x due to missing DPA1 typing
- No HML files are uploaded by laboratories

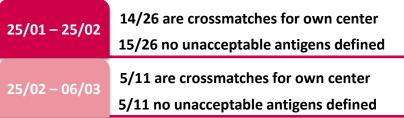
#### Positive donor center crossmatches



#### Currently, a shadow phase is running

- For every immunized patient, a physical donor center crossmatch is still performed
- In case of manual upload, the virtual crossmatch is negative in case of allele-specific antibodies





## Take home message



- Conversion of alleles to match determinants is a service to the labs to enable full electronic data transfer in the vast majority of cases
- Like all HLA typing software, the ET immunology service occasionally needs human intervention
- ET and ETRL are actively working on solving recurring issues to improve accuracy
- Verification of the generated full phenotype (HLA typing) by technician of HLA laboratory is required
- Proper definition of unacceptable antigens is essential
- Virtual crossmatch is only as good as the data submitted to the system





# First experiences with the virtual crossmatch

