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The Scandinavian Tissue Typers Meeting 2011-01-28 – Minutes

1. Lennart R wished all participants welcome to Gothenburg and the 2011 Scandiatransplant tissue typers meeting.
2. Lennart R was elected chairman; Jan H was elected secretary and Bjarne M was elected to adjust the minutes.
3. The agenda was confirmed with one additional point: New exchange rules proposed
4. Torbjörn L. reviewed data from Oslo (see separate presentation). In summary:

Patients receiving kidneys from unrelated donors have slightly poorer graft survival and an increased rejection frequency compared to those receiving a kidney from a related donor. Small and non-significant differences with regard to graft survival between DR matched and non-matched donor-recipient pairs. Fewer acute rejections among the 0 DR MM patients.

Effect of cold ischemia time: In the Oslo material, no significant differences with regard to rejection frequency and graft survival between groups having <12 and >18 hrs ischemia time. Even up to 5 yrs post-tx.

Luminex-defined DSA (>1000 MFI) increased risk for rejection even if neg CDC XM – Kidney Tx. No difference between neg och pos HLA Ab screen if not DSA. Both LD and DD. If DSA, Mabthera is given. Also for thoracic organs DSAs are determined.

5. HLA typing techniques:

Stockholm: LR SSO-PCR, HR SSP-PCR (more SBT for HSCTx donor-recipient pairs)

Copenhagen: serology for acute DD typing also for DR and DQ, SSO-PCR LR, SSP-PCR HR, more and more SBT

Århus: serology class I DD, SSP PCR for type II, more and more SBT for stem cell donors

Helsinki: serology and SSP donors, patients Luminex. SBT for HSCTx donor-recipient pairs. Class II high res more SSO luminex.

Gothenburg: Luminex SSO-PCR, SSP-PCR HR. Patients SSO-PCR and DD, SSP-PCR

Oslo: second typing of patients with SBT, serology DD donors, SSP-PCR

Uppsala: serology, SBT, SSO and SSP. SBT HSCTx. Serology (Biotest) of all patients.

Iceland: SSO-PCR, no change

6. Crossmatching

Århus (see separate presentations): Problem with high background in the B cell CDC (also in the presence of DTT and at 37°C). Possible explanations: natural anti-HLA, purification of B-cells (anti-CD19 and class II, difference??), other autoantibodies. Aarhus perform flow crossmatch (FC).

Stockholm: T and B cell CDC and FC, XM-ONE

Copenhagen: Like last year, added DTT

Helsinki: CDC from splenocytes (selected cases with DTT) and FC for follow up

Gothenburg: CDC, FC and XM-ONE on LD

Oslo: T and B CDC, DTT. Flow will be introduced

Uppsala: T and B CDC and FC, sometimes XM-ONE

Iceland: CDC and FC. All patients

Lund: T and B CDC, sometimes FC in Uppsala

7. Antibody screening

Stockholm: Luminex on all patients (LD and DD); mix, PRA, SA

Copenhagen: Luminex on all patients

Århus: Luminex, CDC

Helsinki: Luminex 4/year, once B-cell CDC if KTx, calculated PRA. Some problematic samples with autoreactive anti-class II using Luminex (negative in ELISA).

NB! Clean beads with reduced amount of denatured class II available

Gothenburg: CDC panel 2/year; Luminex mix/FlowPRA 2/year. Combine Luminex mix with FlowPRA. The shape of the curve of the latter help in determining whether positive or not.

Malmö/Lund: CDC screen T and B; Labscreen mix. Negative patients screened twice a year. Follow-up with HLA Ab determination if decreased function and at 1 year post-transplant.

Oslo: Luminex screen 2/year, CDC B cells 2/year. Since 2010 post-Tx monitoring: Oslo 6 wks and 1 year: protocol biopsy and Luminex screen

Uppsala: CDC screen 4/year, Luminex mix and FlowPRA 4/year. SAB if positive Luminex.

Iceland: Screening by Luminex.

Virtual PRA: If PRA based on solid phase techniques higher than if based on a cell panel. The sensitivity of the XM technique should correspond to the sensitivity of the assay used for screening. Discussion on a "combined" PRA for class I and II.

8. Donor-specific antibodies

Stockholm: DSA determined, if low titers and negative XM the patient is discussed with the surgeons. Some cases transplanted and some with an increased IS protocol. Neg CDC, pos FC so pretreatment.

Copenhagen: DSA on all patients. DSA a risk factor; heart and lung tx – not a contraindication. Heart and lung patients, no extra treatment

Århus: DSA on all patients. DSA accepted in Odense -> adjusted immunosuppression. In Århus, don't transplant against DSA if DD and positive CDC. LD if FC B negative so Tx even for Luminex-detectable DSA -> adjusted immunosuppression. B cell flow twice as sensitive as the T cell flow.

Helsinki: DSA reported after tx for all patients. In donor allocation DSA status is mostly neglected (exception some cardiac tx). DSA followed post-tx on pediatric kidney tx patients.

Gothenburg: CDC, go or no go. LD if pos FC, high risk protocol. DD FC post-tx, if pos high risk protocol. DSA not on all patients.

Lund: Three protocols. Immunized against donors with DSA (CDC or Labscreen), high risk IVIG, IL-2 recept blocking, MMF, Prograf and Prednisolon. Not plasmapheresis or immunoadsorption. If against pos CDC than also plasmapheresis and IA. If CDC B alone, than no plasmapheresis or immunoadsorption.

Uppsala: Do not transplant against DSA. Patients on the WL are discussed in beforehand such that the technicians know what do at night when a DD.

Oslo: DSA on all patients. CDC positive, no transplant. If negative CDC but pos DSA (>1000MFI) than high risk protocol with Mabthera. If PRA pos in T and B CDC panel so higher IS also regrafts higher IS. If repeated MM and no DSA than may accept, otherwise not accept repeated MM.

Iceland: Antibody reported.

9. STAMP

Bjarne gave an update on the STAMP program (see separate presentation). How to deal with anti-C antibodies? The consequence could be to make B antigens linked to that particular C antigen not acceptable.

10. ABO incompatible liver transplantation (see separate presentation; Jan H). A program for ABO incompatible DD liver transplantation initiated in Gothenburg. Results good so far. A few cases with drastic titer rises after transplantation without any clinical signs or biopsy proven findings indicating a deterioration of liver function. Lennart R (see separate presentation) presented a number of cases in which the T lymphocyte FC XM had become positive due to anti-ABO antibodies. Expression of A antigens on, especially, T lymphocytes was shown.

11. Mats Alheim, Karolinska, and Markus Gäbel, Sahlgrenska, gave an update on XM-ONE. See separate presentation.

12. Scandiatransplant data system – an update was given by Frank P

Scandiatransplant status

Due to the lack of manpower the conversion from text base system to YASWA is moving forward – steady but slowly.

Frank referred to the time calculation for the future developments found on http://wiki.scandiatransplant.org/?YASWA_Status

Suggestions to Scandiatransplant that the core-staff will look into:

1. Add the possibility to enter serology DQ on patients
2. New HLA antibody code. When the PRA is negative but antibody specificity is defined.
3. Local STAMP – LAMP. Same structure as STAMP. When active they should only appear on own center searches.
4. STAMP records shouldn't be deleted when they are taken permanently off STAMP. Cause should be entered by choosing from a list of value.
5. New PRA column calculated with the same formula – 'Calculated combined PRA'
 - Doxiades
 - Or "own Scandinavian" calculated on the basis of approx. 1000 organ donors

Kidney exchange compliance:

Status on kidney exchange compliance according to Scandiatransplant rules was presented. The compliance is continuously checked by the office by checking the donor search log and all deceased donors registered in Scandiatransplant.

This is in short the results for 2010:

A total of 361 searches were performed of which there were exchange obligations in 58 cases. This gives exchange obligation in 15% of all searches performed. Out of the total amount of exchanges there where 6,9% were the exchange obligations were not followed (4 out of 58).

Scandiatransplant Intranet

The office is working on a dedicated log in area that among other things will have a contact database and discussion forums. The contact database will contain the usually information as addresses and phone numbers, furthermore the goal is to collected information about what parts of the system

every single person uses and make it visible and search able to all. The discussion forum is a wish for some of the users to have a closed area where it's possible to discuss clinical, medical and technical challenges.

13. Additional issues. New STAMP exchange rules were discussed. The Scandiatransplant Council of Representatives is to decide whether children should not need to be on the waiting list for one whole year before they can be acceptable for the STAMP exchange program.


14. Next year's meeting will be held in Uppsala on Monday, February 6.



Lennart Rydberg, Chairman



Jan Holgersson, Secretary



Bjarne Möller, adjusting the minutes