STAMP guideline version 5.0 – 07feb2014

Scandiatransplant Acceptable Mismatch Program (STAMP) and
Local Acceptable Mismatch Program (LAMP)

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STAMP

1. General STAMP guidelines

Purpose
To increase the likelihood of offering a suitable kidney graft to highly immunized (HI) recipients, thus reducing their time on the waiting list.

Success criteria
- Reduced waiting time for highly immunized patients.
- Acceptable frequency of when a shipped kidney is not transplanted to the indicated STAMP patient (< 10 %?).
- Survival of grafts comparable to graft survival in PRA-negative patients.

Acceptance criteria
1. On waiting list > 1 year (Not necessary for paediatric patients)
2. HI status PRA ≥ 80% reactivity based on CDC and/or solid phase assay
   2.1 Must be identified in two consecutive samples over a period of more than 3 months (calculated from last tested sample)
   2.2 With proven reactivity against HLA class I or II antigens OR both HLA class I and II antigens.
3. The last tested sample drawn less than 3 months before acceptance

Recipient HLA typing
Recipient HLA-antigens must be assigned at split level, by serology or molecular typing.

Recipient acceptable HLA-antigens
Definition of acceptable HLA-mismatches is performed by laboratory at recipient center.
Acceptable mismatches may be HLA-A, -B, -Cw, -DR, -DQ antigens.
Accepted mismatches may include repeated mismatches from previous transplantations.
Definition of acceptable mismatches may be based on CDC and/or solid phase assays.

Wait listing and matching:
Recipients own antigens and the defined acceptable mismatches are treated like.
Recipients in the program must be regularly screened at least every 3 months; PRA reactivity must be re-evaluated at least once a year.
Once accepted, patients will stay included even if PRA drops below 80%.

For each donor search, a special search among AM-recipients based on split level HLA typing is performed. Exchange obligation is marked when the donor only has HLA-A,-B, -Cw,- DR, -DQ antigen specified in the recipient as own or acceptable.
Exchange priority will follow Scandiatransplant rules and placed as priority number 2:
Patient with STAMP-status when all donor HLA-A, -B, -Cw, -DR, -DQ antigens are either shared with the recipient or are among those defined as acceptable. Return obligation as for other exchange rules.
Exchanged organ may be used for other local recipient if the indicated STAMP patient for any reason not can be transplanted.
Only the centers joining STAMP have an obligation to exchange kidneys to a STAMP recipient.
Re-evaluation by the steering committee

- A STAMP patient not transplanted with a shipped kidney because of a positive cross-match should be temporarily withdrawn from STAMP, re-evaluated and eventually re-admitted.
- When removing defined antibodies and adding them as acceptable mismatches the patient must be re-evaluated by the committee. The responsible laboratory is obliged to inform the committee in such cases. Re-evaluation is not needed when adding new antibodies and removing them as acceptable mismatches.

Event reporting
Recipient centers must notify Scandiatransplant if the kidney is transplanted to somebody else than the indicated STAMP patient.
Recipient center must give detailed follow-up information on performed transplantations.

Steering committee:
A steering committee (SC) for the project must be appointed by the board of Scandiatransplant.
SC shall be composed by one tissue-typer from each of the countries Denmark, Finland, Norway and Sweden together with two representatives from the Nordic Kidney Group.
Proposals of STAMP candidates from individual centers must be evaluated and accepted by the tissue typpers in the SC.

SC must keep updated on all effects of the program, including:
- Number of exchanged organs.
- Changes in waiting time for STAMP recipients and for other waiting patients.
- Changed reactivity in individual waiting recipients
- Positive cross matches at donor center.
- Fate of performed transplants.

SC may decide to withdraw STAMP-status if antibody reactivity changes.
SC must give yearly status reports to Scandiatransplant.

2. Finding the menu for entering STAMP-data
ORGAN TRANSPLANTATION

1. Recipient And Waiting List System
2. Organ Donor System
3. Transplantation And Follow Up
4. Search
5. Reports
6. Previous Menu

Enter your choice: 1

RECIPIENT SYSTEM

1. Registration Of New Patient
2. Updating Of Waiting List Data
3. Antibody Screen Test
4. STAMP - Acceptable Mismatches Programme
5. Withdrawal From Waiting List
6. Previous Menu

Enter your choice: 4

STAMP - Acceptable Mismatches Programme

1. STAMP/LAMP pre transplantation
2. Patients being prepared for STAMP/LAMP
3. Patients ready to go on STAMP
4. Patients on STAMP
5. Patients temporarily off STAMP
6. Patients on IAMP (local programme)
7. Patients permanently withdrawn from STAMP
8. STAMP patients with PRA elder than 3 months
9. HI immunized KI patients with no STAMP record
10. STAMP reports

Enter your choice: 1
3. Selection of patients

3.1 Potential candidates

Potential candidates are found by entering the list from the menu entrance “HI immunized KI patients with no STAMP record”. This list contains patients that have been highly immunized for more than a year and highly immunized pediatric patients.

From the list, select local patients who fulfill the rest of the STAMP acceptance criteria:

- PRA ≥ 80% must be identified in two consecutive samples over a period of more than 3 months (calculated from last tested sample).
- With proven reactivity against HLA class I or II antigens OR both HLA class I and II antigens.
- The last tested sample drawn less than 3 months before acceptance.

3.2 Good candidates?

Evaluate if these potential STAMP eligible patients may have difficulties in getting kidneys from local donors.

- Good candidates usually have a reason for immunization (previous transplants, pregnancies, or blood transfusions).
- Good candidates usually have both CDC and solid phase reactivity (although both do not have to fulfill HI criteria).
- Good candidates usually have high level reactivity in antibody testing.
- Good candidates occasionally have a history of positive cross matches.

3.3 Consult clinician

Consult clinician about the need for STAMP or any other type of prioritizing. Consider both STAMP and LAMP and decide together which one is better for particular patient.

4. STAMP pre transplantation

4.1 Query

Any patient with a treatment record, meaning that they are actively on a waiting list with urgency, can be looked up.

T = Transplantable
NT = Temporarily not transplantable
WU = Temporarily withdrawn until specified date

If you are unable to query the patients, it means;
That the individual has not been notified to the waiting list yet – OR-
the person has never been entered into the system – OR –
you are using a wrong Scandia-/Person-number.
Register query information and press <F12>

4.2 Registration of relevant HLA antibodies

Press <F7> followed by <Page up> and it will be possible to enter menus for viewing, checking and updating registered HLA antibodies.

- Include all antibodies that are positive according to local rules (e.g., all with Luminex MFI level > 1000)
- If allele specific antibodies are detected, consider adding them at serological level if the allele is not extremely rare. Remember that you do not know ethnical background of potential donor beforehand!

Save your input by pressing <F10>
Go back by pressing <F4>

4.3 Entering STAMP data in pre transplantation

4.3.1 Date of acceptance
First enter “Date of accept” and press <F10>
4.3.2 Methods of determination
Go to “Methods of determ” and get a POP-UP window using <F7>
Press <F5> to select one to many values from the list.

Save your input by pressing <F10>
Go back by pressing <F4>

4.3.3. Acceptable mismatches
Go to “Acc mismatches” and get a POP-UP window using <F7>
Press <F5> to select one to many values from the list.
### How to select antigens to be listed as acceptable mismatches (AMM)

- All antigens that the patient has no antibodies against could usually be added to the AMM list. These may also include possible previous mismatches.
  - If you add DR17 remember to add DR3 also.
  - If you add both Cw9 and Cw10 add Cw3 also.
  - Other broad serological level antigens may be added if all splits are on the AMM list, but usually are not necessary since laboratories type these at split level.

- Own known antigens should not be added to the AMM list. Add most likely own (according to haplotype analysis) C/DQ antigens to the AMM list if these are not typed and reported.

- Do not add antigens that are strongly linked with other antigens that patient have antibodies against, if particular antigens are not analyzed from donors (DRB3-5 and all allele specific antibodies).

- DP-antigens are neither added to the AMM list nor analyzed from donor. Therefore consider LAMP or other options for patients with multiple strong DP antibodies.

### 4.3.4 Comments

Write all relevant information to comments field. At least the following information should be added:

- List of all detected DRB3-5 antibodies.
- List of all detected allele specific antibodies that are not added at serological level to the antibody list.
- List of all antigens that are not included to antibody or the AMM list, for instance due to strong linkage to detected allele specific or DRB3-5 antibodies.
- Other relevant explanations for NO in STAMP check field “All HLA checked”.

Save your input by pressing <F10>
TIP!
You can always start entering data on the patient—leave the patient—and then return to enter more data. You do not have to have all data ready at once, when you start work-up on a possible STAMP-patient.

5. Patients being prepared for STAMP

In the Menu "Patients being prepared for STAMP" you can always see the patient records you are finalizing data on.

TIP!
Here you can place the cursor on the patient you want to work on and get to the data by pressing <F7>.

6. Quality check of STAMP data

When all data have been entered on the patient a quality check must be performed.
Go to ‘STAMP check’ and press <F7>.

By doing this all STAMP acceptance criteria, as described in the STAMP manual are checked and it will give you an indication of the quality of the registered data. Yes/No statement to the right defines for each criteria if it passes the quality check or not.

The STAMP check is a quality control and is meant as a help, it does not inflict with the activation of patients to STAMP. If you have an explanation of why a criteria is not fulfilled, please enter a message to the STAMP committee, in the field for comments.

If any other field is NO you should reanalyze your data input and correct if possible. If this is not possible you should not activate patient for consideration for STAMP without proper explanation in comments field.

Check and calculations are done on all the following variables:

6.1 Wait time > 1 yr or child
The total waiting time on kidney waiting list and present age on the patient is calculated. Total waiting time on kidney waiting list must be more than one year. (Excepted are children they do not have to wait one year before acceptance).
6.2 HI PRA >= 80% at present
Defines if the patient is highly immunized (PRA ≥ 80%) in last registered antibody screen test

6.3 Most recent PRA < 3 months
Checks if the last registered antibody screen test is done within the last 3 months

6.4 HI >= x2 > 3 months
Identifies if highly immunized test result is identified in two consecutive samples over a period of more than 3 months.

6.5 A,B,Cw,DR,DQ splits
A check is done whether the recipient HLA-antigens are assigned at split level. A '*' in front of an allele indicates that the assigned HLA type contains a broad type which is serological typed. A '!' in front of an allele indicates that the problematic broad type is genomic typed.
Result of the QC check may be No, if so check carefully that the reason for NO is something you have intended.

6.6 Acc. mm. splits
Checks if all acceptable mismatches are registered as splits
Result of the QC check May be No, if so check carefully that the reason for NO is something you have intended.

6.7 Id. antib. splits
Checks if all identified antibodies are registered as splits
Result of the QC check may be No, if so check carefully that the reason for NO is something you have intended.

6.8 Patient DQ in Acc. mm.
Checks if patients own DQ is entered as acceptable mismatch.

6.9 No identif. AB in Acc. mm.
Compares one to one if any identified antibodies by mistake are given as acceptable mismatches.

6.10 Consistent Sero/Geno HLA
Compares the patient’s own serological and genomic HLA as it is registered in the database

6.11 All HLA checked
Listing all antigens not given as own HLA antigens, acceptable mismatches or identified antibodies.
Result of the QC Check may be No. If so, check carefully that you have mentioned not to include some antigens and that you have explained reasons not to include some antigens (for instance if antigens are left out due to linkage or if these are considered as “grey zone”).
6.12 An example of a STAMP record check;

To the right it is stated if every single criteria is accepted or not. The conclusion of this check is that:
- a new sample needs to be antibody screen tested (and the result entered into Scandiatransplant)
- a broad type DR3 is given as an acceptable mismatch this indicates that it is necessary also to check if DR17 and DR18 are given as acceptable mismatches.

7. Patients ready to go on STAMP

When you have done the quality check and you believe that sufficient data has been entered you have to change "Status" from I = Inactive to A = Active.
Go to the field 'Status'
Press <F5> and chose 'Active' by pressing <Enter>. Save by pressing <F10>.

You will then get a note, that an email has been sent to the STAMP committee – Please acknowledge the message by pressing <ENTER>. An Email has now been send to the committee and they will then go through the patient to see if the person is valid for the program.

The results of the STAMP quality check will automatically be included in this message.
You will now be able to find the STAMP record on the patient by entering the menu “Patients ready to go on STAMP”

**NOTE**

When at least two of the Committee members has accepted the candidate, the “Sign up” will be altered by Scandiatransplant from N = No to Y = Yes, this will make the patient active on STAMP. You will be contacted if patient is not OK according to the steering group evaluation.

8. Patients on STAMP

In the Menu “Patients on STAMP” all the patients accepted on STAMP is displayed together with the number of days they have been waiting on the program.

<table>
<thead>
<tr>
<th>Cnt</th>
<th>Scandis Personnummer</th>
<th>V. e. Name</th>
<th>Status</th>
<th>date</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR 8428</td>
<td>3428</td>
<td>----</td>
<td>N</td>
<td>19-SEP-2008</td>
<td>129</td>
</tr>
<tr>
<td>AR 9408</td>
<td>3489</td>
<td>----</td>
<td>N</td>
<td>07-NOV-2008</td>
<td>80</td>
</tr>
<tr>
<td>AR 125645</td>
<td>210562</td>
<td>1111</td>
<td>test person, test person</td>
<td>26-JAN-2009</td>
<td>0</td>
</tr>
<tr>
<td>CP 154</td>
<td>3428</td>
<td>----</td>
<td>N</td>
<td>10-NOV-2008</td>
<td>77</td>
</tr>
<tr>
<td>CP 3713</td>
<td>3428</td>
<td>----</td>
<td>N</td>
<td>17-NOV-2008</td>
<td>70</td>
</tr>
<tr>
<td>UP 106182</td>
<td>3428</td>
<td>----</td>
<td>N</td>
<td>17-DEC-2008</td>
<td>40</td>
</tr>
</tbody>
</table>

Pres [F7] to query and edit patient on current line

* POP UP *

Count: *6*
9. Quality control of antibody screening

Patients on STAMP must be HLA antibody screen tested at least every 3 months. To ensure that all active STAMP patients complies with this rule go to the menu ‘STAMP patients with PRA older than 3 months’.

By entering this menu you get a display of patients missing the regular antibody screen test. To the right is a count of days since last registered screen test.

- Immunization status of STAMP listed patients must be screened at least every 3 months, and antibody specifications must be re-evaluated at least yearly. However, it is recommended to perform the AMM list re-evaluation immediately when you notice significant changes in patient’s immunization status, although the patient may have been previously evaluated less than a year ago.
• Add all new antibodies into the detected antibodies list and remove the same antigens from the AMM list. This does not necessitate steering group re-evaluation.
  
  o If the new antibody is allele specific, add it to antibody list at serological level if it is not extremely rare and remove the antigen from the AMM list. Information of very rare new allele specific antibody could be only added to the comments field without changing the AMM list.
  
  o If the new antibody is DRB3-5, add this information to comments field and remove all strongly associated antigens from the AMM list.
  
  o If detected new antibody is DP antibody and you think it is relevant, consider changing the patient’s status form STAMP to LAMP
  
• If your patient’s immunization status has improved, you may consider register previously detected antibodies as allowable antibodies and adding them into the AMM list.
  
  o Change the patient’s status from A to I
  
  o After all modifications to the antibody and the AMM lists, write the information of all changes into comments field
  
  o Finally change the status back to A
  
  o Case will be re-evaluated by the steering group.

10. Patients temporary off STAMP

After acceptance to STAMP, the center responsible for the patient, has the possibility to remove the patient temporary from the program (for instance after a positive X-match).

If you want to do so, you have to change "Status" from A = Active to I = Inactive.

When pressing <F10> to save, an email will automatically be send to the STAMP committee.

After this a pop-up appears where the cause of temporary withdrawal must be registered. Press <F5> and select cause from list of value. Press <F10> to save.
Note
The patient will of cause still be searchable in Kidney-search only the STAMP exchange obligation will be suppressed.

In the menu “Patients temporarily off STAMP” a list of patients temporarily of STAMP are displayed.

Perform thorough re-evaluation of the case and change the antibody/ the AMM list accordingly
Write the information of all changes and your opinion of the reason for positive cross match into comments field.
Finally change the status from I = Inactive to A = Active and the patient will be re-evaluated by the steering group.

11. Patients permanent off STAMP
Patients no longer eligible for STAMP, must be permanently withdrawn from STAMP.
Go to 'Perm. Withdrawal' and press <F7>.
Press <F5> and select cause from list of value. Press <F10> to save.

12. STAMP reports

If you want to gain insight into STAMP history and activities you can do so by entering the menu “STAMP reports”.

12.1 Patient History Report

Here it’s possible to enter a query on a patient no longer on STAMP and see historically data.

When you have a STAMP-patient on screen you can press <Ctrl-p> to print or <F7> to display the data on the screen.

A typical printout will look like this
<table>
<thead>
<tr>
<th>STAMP history</th>
</tr>
</thead>
</table>

Scandanumber: 123
Person number: 123456
Gender: M Male
Name: Test
Country: N Norway
Tx-Center: OS Oslo
Dialysis/Treatment center: 02 Sykehus
Waiting list: KI Kidney
Date of entry on waiting list: 21-JUN-2005
Waiting list status:
Waiting for tx number: 2
Blood group: 0
Narrow HLA: A 2,11; B 18,35; DR 1,14; DQ 5,5;
Repeated mismatches: A19,28; B5,7,12; DR4,7
Antibody Screen Test:
07-APR-2009 I% 80 II% 80
10-FEB-2009 I% 80 II% 80
Identified antibodies:
A1,23,24,25,29,32,43; B13,27,37,38,44,45,47,49,51,52,53,54,55,56,63,64,65,67,73,75,77,78; DQ2,4,7,8,9;
DR10,11,12,13,15,16,4,7,8,9;
Date of entry on STAMP: 11-MAR-2009
Date of acceptance on STAMP: 17-MAR-2009
Signed up: Y Yes
STAMP status: A Active
Determination methods: OTHER
Acceptable mismatches:
A3,26,30,31,33,34,66,68,69; B7,8,39,41,42,46,48,50,54,55,56,60,61,64,65,67,71,73,75,81; DQ5; DR103
Comments:
Waiting time > 1 year or child Yes
Age: 72 years
Wait time: 74 months
Most recent PRA < 3 months No
07-APR-2009 29 months 26 days
HI PRA >= 80% at present Yes
HI Highly immunized
HI >= x2 > 3 months Yes
5 samples over 20 months 0 days
A,B,DR,DQ splits Yes A 11,2; B 18,35; DR 1,14; DQ 5,5;
Acc. mm. splits Yes All acc. mismatches are splits
Id. antib. splits Yes All identified antibodies are splits
Patient DQ in Acc. mm. Yes DQ 5,5;
No identif. AB in Acc. mm. Yes

**12.2 Summary Reports**

In the menu “Summary Reports” you can press <F5> to get at list of possible choices of reports
12.2.1 STAMP Notifications (Name of excel file: STAMP_pre_tx_not.xls)

If you choose this report you will get all patients with a STAMP record. In other words the report will contain patients that are: Preparing to go on STAMP, active/inactive on STAMP, transplanted and permanently withdrawn.

12.2.2 Withdrawals from KI Waiting List (Name of excel file: STAMP_pre_tx_wtd.xls)

Consist of all patients with a STAMP record that have been withdrawn from the main kidney waiting list.

12.2.3 STAMP Permanent Withdrawals (Name of excel file: STAMP_pre_tx_pwd.xls)

This extraction contains patients permanent withdrawn from STAMP together with cause and date.

12.2.4 STAMP Temporary Withdrawals (Name of excel file: STAMP_pre_tx_twd.xls)

If you choose this report you will get a list patients that have been temporary off STAMP along with cause and date.

12.2.3 STAMP Transplantations (Name of excel file: STAMP_tx.xls)

If you choose this report you will get a list of patients transplanted while they we signed up on STAMP waiting list.

It is possible to do the search for a specific period just enter starting and/or ending date.

Commit the extraction by pressing <F10>

You find the extracted excel file by pressing the icon marked with an arrow on the next picture (New File Transfer Window)
Press F10 to execute data extraction report.

The names of the report download files are:
- STAMP_mn.xls (Excel spreadsheet)
- STAMP_mn.txt (Semicolon-separated text file)

Report type: STAMP Notifications

Starting Date (optional): 01-Mar-2009
Ending Date (optional): 31-Dec-2009

Press [Commit] to execute report.

Count: 0

Find the file and click on it to open the excel file.
Now it is possible to work as you like with the extracted data
LAMP

13. Introduction

Purpose
This program is a local alternative for patients that do not meet STAMP criteria. At recipient search the patients are matched the same way as STAMP patients, due to defined acceptable mismatches. The program does not result in any exchange obligations between centers.

Acceptance criteria
Each center defines the acceptance criteria themselves and there is no approval for inclusion to the program from the committee. Patients can both go directly on LAMP and no matter their STAMP status be 'transferred' to LAMP.

14. Menus for entering LAMP-data and LAMP pre transplantation information

You use the same menus, facilities and screens as described for STAMP patients.

<table>
<thead>
<tr>
<th>STAMP - Acceptable Mismatches Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. STAMP/LAMP pre transplantation</td>
</tr>
<tr>
<td>2. Patients being prepared for STAMP/LAMP</td>
</tr>
<tr>
<td>3. Patients ready to go on STAMP</td>
</tr>
<tr>
<td>4. Patients on STAMP</td>
</tr>
<tr>
<td>5. Patients temporarily off STAMP</td>
</tr>
<tr>
<td>6. Patients on LAMP (local programme)</td>
</tr>
<tr>
<td>7. Patients permanently withdrawn from STAMP</td>
</tr>
<tr>
<td>8. STAMP reports</td>
</tr>
<tr>
<td>9. Previous Menu</td>
</tr>
</tbody>
</table>

Enter your choice: 1

Methods of determination, acceptable mismatches and comments are registered the same way as for STAMP patients.

15. Patients ready to go on LAMP

When you have done the quality check and you believe that sufficient data has been entered you have to change "Status" from I = Inactive to L = Local program. Go to the field 'Status'
Press <F5> and choose 'Local programme', then press <Enter>. Save by pressing <F10>.

The patient is now on LAMP

*Please note* that no matter what STAMP status a patient has it can always become a LAMP patient.

### 16. Patients on LAMP

In the Menu "Patients on LAMP (local program)" all the patients included on LAMP are displayed together with the number of days they have been waiting on LAMP (and STAMP).
17. Recipient search result LAMP

In the search selection screen a new line has been added.
If a match is found for a LAMP patient it will appear on the search result list (marked with an L to the far left) depending on search selections.

18. Printout off STAMP and LAMP information

When you have a STAMP/LAMP-patient on screen you can press <Ctrl-p> to print or display the data.
A typical printout will look like this

<table>
<thead>
<tr>
<th>Scandianumber: 126645</th>
<th>Pers number: 210563-1111</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: M Male</td>
<td>Country: DK Denmark</td>
</tr>
<tr>
<td>Name: test person, test person</td>
<td></td>
</tr>
<tr>
<td>Tx-Center: AR Aarhus</td>
<td>Dialysis/Treatment center: AC Aarhus</td>
</tr>
<tr>
<td>Waiting list: KI Kidney</td>
<td></td>
</tr>
<tr>
<td>Date of entry on waiting list: 01-JAN-2006</td>
<td></td>
</tr>
<tr>
<td>Waiting list status: N Notified</td>
<td></td>
</tr>
<tr>
<td>Waiting for tx number: 1</td>
<td></td>
</tr>
<tr>
<td>Blood group: AB</td>
<td></td>
</tr>
<tr>
<td>Narrow HLA: A 1.2, B 5,7, DR 1,2, DQ 4,9;</td>
<td></td>
</tr>
<tr>
<td>Repeated mismatches:</td>
<td></td>
</tr>
<tr>
<td>Antibody Screen Test: 01-JAN-2008 I% 55 AUTO II% 89 BLOCK</td>
<td></td>
</tr>
<tr>
<td>26-JAN-2007 I% 100 CDC II%</td>
<td></td>
</tr>
<tr>
<td>Identified antibodies: A3, +X; Cw4, 5; DQ1, +X; DR10</td>
<td></td>
</tr>
<tr>
<td>Date of acceptance on STAMP: 26-JAN-2009</td>
<td></td>
</tr>
<tr>
<td>Signed up: Y Yes</td>
<td></td>
</tr>
<tr>
<td>STAMP status: A Active</td>
<td></td>
</tr>
<tr>
<td>Determination methods: CDC, FLOW</td>
<td></td>
</tr>
<tr>
<td>Acceptable mismatches: A3, 11, B703, 21, DQ4, 9; DR9, 13</td>
<td></td>
</tr>
<tr>
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19. Calculated frequency for PRA and transplantability

A donor pool, based on 1000 recently HLA typed deceased donors registered in Scandiatransplant, has been made. The pool forms the basis of the following calculations.

19.1 Frequency calculated combined PRA

On the basis of the summary of registered identified antibodies on a specific patient it is possible to make a percentage calculation of a combined PRA class I and II.

This feature is accessible from two places:
1. From the STAMP entry

Press >F7< if the PRA has been calculated before it is possible to view the result, if you wish to recalculate press >F10<.
2. From the menu 'Updating Of Waiting List Data', make a query on the specific patient and go into the 'Antibody screen test' menu on page 3/3 with <F7>.

Press >F1< and a combined PRA value, containing class I and II antibodies, will be calculated and saved. Recalculating can be made by pressing >F1< again. The last date of calculation together with the PRA value will always be displayed.

19.2 Frequency calculated transplantability

In STAMP it is possible to get

- a 'frequency calculated transplantability' based on patient's own tissue type
- a 'frequency calculated transplantability with acceptable mismatches' based on patient's own tissue type and acceptable mismatches.

The calculation is based on the HLA tissue types and AB0 blood types represented in the donor pool.

Place the cursor in the field 'Calc. frequency' and press >F7< to get a pop up.
By pressing >F10< you get the calculated match frequency among the 1000 donor types with and without acceptable mismatches.