

**OPTN/UNOS Histocompatibility Committee**  
**Meeting Summary**  
**November 19, 2014**  
**Conference Call**

**Dolly Tyan, Ph.D., Chair**  
**Robert Bray, Ph.D., Vice Chair**

*Discussions of the full committee on November 19, 2014 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov>.*

## **Committee Projects**

### **1. Expanding HLA Typing Requirements**

The Board of Directors unanimously approved the Expanding HLA Typing Requirements proposal (38-0-0) on November 13, 2014. The new policy will become effective once IT programming is completed. The approved changes make the HLA typing methods and list of HLA loci reported consistent for deceased donors across all organ types. The required methods and list of HLA loci reported will apply both when OPTN policy requires HLA typing to be performed and reported on the deceased donors before organs (kidney, kidney-pancreas, and pancreas allocation) are allocated and in instances where HLA typing is required only if the candidate's transplant program requests it (heart, heart-lung, and lung allocation). The policy includes new requirements for reporting HLA-DQA and HLA-DPB for deceased donors. As approved, HLA-DQA and HLA-DPB will be programmed into DonorNet<sup>®</sup> for physicians to use in making donor acceptance decisions and in Waitlist<sup>®</sup> as unacceptable antigens to automatically avoid those donors if these unacceptable antigens are listed. The period for reporting deceased donor HLA typing remains different by organ type to meet varying clinical requirements for timing of transplants. The proposal newly requires HLA typing to be performed and reported for deceased liver donors if the transplant program requests it and makes HLA typing requirements for deceased pancreas islet donors and candidates consistent with those for deceased pancreas donors and candidates.

### **2. Histocompatibility Guidance Document**

In an effort to update the histocompatibility policies the Committee proposed numerous changes to Policy 4. In June 2014, the Board of Directors approved the Histocompatibility Comprehensive Policy Rewrite proposal. As part of this rewrite, the Board of Directors voted to move numerous sections of policy to a guidance document. Although these sections do not contain member requirements, the Committee determined they were nonetheless useful to members for conversion into a guidance document.

The Guidance Document Subcommittee met in early October to review sections identified for placement in a guidance document. The subcommittee decided to perform a holistic review of the language and will afterwards dissect individual sections. Upon their first review, subcommittee members analyzed half of the sections and will continue their review during the next scheduled call.

### **3. KAS Desensitization**

The Histocompatibility Committee continues to discuss CPRA prioritization points for kidney candidates undergoing desensitization. A Workgroup composed of members from the Histocompatibility, Kidney, and Minority Affairs Committees was formed to address this issue. Previously, the Workgroup held an introductory call on this project and discussed conducting a survey of transplant programs to estimate how many patients would benefit from a policy change. The Workgroup requested a review of KAS simulation modeling: looking at transplant rates, at what level (based on CPRA) do sensitized candidates become disadvantaged in the new KAS? The Workgroup also requested a review of data previously presented to the Histocompatibility Committee on the CPRA distribution of kidney registrations on the waiting list, overall for different demographic groups. During the Histocompatibility Committee's in person meeting in August 2014, the Committee reviewed this information and directed the KAS Desensitization Workgroup to refine survey questions for eventual distribution.

The Workgroup continued development of survey questions for eventual distribution to the community. During the course of discussion, members made recommendations and suggestions which will be incorporated into the survey for the next call.

### **4. Histocompatibility Bylaws Rewrite Phase II**

Many of the Bylaws governing laboratories are ambiguous, fail to reflect advances in technology and current clinical practice, or are more appropriately monitored by the histocompatibility accrediting agencies (ASHI and CAP). This proposal was approved for public comment by the Policy Oversight Committee and Executive Committee in early fall. Currently, it is out for public comment which runs from September 29 – December 5, 2014.

UNOS staff reported that regions 8, 9, 6, and 1 are in support of the proposal. Region 7 did not support the proposal citing concerns with the addition of general supervisor as laboratory key personnel. After public comment, the Bylaws Rewrite Subcommittee will hold a conference call to review post public comment recommendations.

### **5. Histocompatibility Data Request**

During the August 11-12, 2014 meeting in Chicago, the Committee discussed the continual monitoring of implemented changes. The Committee requested data to answer several questions:

- Has the inclusion of HLA-C into the CPRA calculation resulted in increased reporting of unacceptable C antigens on the waiting list?
- For offers refused due to a positive crossmatch/unacceptable antigens or offers accepted but organs not transplanted into the intended recipient, what are CPRA distribution and "Tested for anti-HLA antibodies" values? The Committee members acknowledged there could be various reasons for patients with anti HLA antibodies not to have any unacceptable antigens listed on the waiting list, but wanted to review these data to monitor the addition of "Tested for anti HLA antibodies" question to the waiting list.

During the November 19, 2014 call, UNOS staff presented the requested data:

- The reporting of unacceptable C antigens following the addition of HLA-C into the CPRA calculation.
- CPRA distribution of waiting list registrations by “Tested for anti HLA antibodies” values.
- For offers refused due to a positive crossmatch/unacceptable antigens or offers accepted but organs not transplanted into the intended recipient, “Tested for anti HLA antibodies” values distribution by CPRA group.

In addition, staff presented the following conclusions:

- Following the addition of C into the CPRA calculation, reporting of UA-C on the waiting list remained stable suggesting that centers did not change their practices.
- “Tested for anti HLA antibodies” was added to the waiting list to help interpret 0% CPRA value and aid centers in making organ acceptance decisions. The current percentage of registrations with no response to “Tested for anti HLA antibodies” is relatively low. OPTN policy does not require centers to keep an answer to the question current, but in most cases the answer to the question corresponds to registration’s CPRA value (almost all of those with CPRA greater than 0% have *Yes, antibodies detected* and almost all of these with *Yes, no antibodies detected* have 0% CPRA value). The number of registrations with “Tested for anti HLA antibodies” values that do not seem to correspond to registrations CPRA value (including refusals due to a positive crossmatch or unacceptable antigens for 0% CPRA group), indicating that the value may be outdated, is relatively low.

### **Upcoming Meetings**

- The Guidance Document Subcommittee will meet by teleconference on December 1, 2014, from 4:00PM-5:00PM EST
- The Discrepant HLA Typing Subcommittee will meet by teleconference on December 8, 2014, from 2:30-3:30PM EST
- The KAS Desensitization Workgroup will meet by teleconference on December 9, 2014, from 3:00PM-4:00PM EST
- The full Histocompatibility Committee will meet by teleconference on December 17, 2014, from 2:00-3:00PM EST
- The full Histocompatibility Committee will meet by teleconference on January 21, 2014, from 2:00PM-3:00PM EST