

OPTN/UNOS Histocompatibility Committee
Meeting Summary
October 21, 2016
Chicago, Illinois

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Discussions of the full committee on October 21, 2016 are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.

Committee Projects

1. HLA Testing Guidance Document

The Histocompatibility Committee (the Committee) continued to revise the guidance document. Discussion largely focused on the virtual crossmatching section, with questions about the age of samples used to define positive antibodies and whether virtual crossmatches can be used in lieu of physical crossmatches where policies and bylaws simply state “crossmatches.” Members also voiced concerns over the guidance document being adopted as new standards. The Policy Manager clarified that labs would only be checked against OPTN policies and bylaws; guidance documents are intended for communicating best practices. Other more minor language edits were made to clarify some statements. The guidance document subcommittee will be meeting again to finalize a draft and bring that before the whole committee for a vote on December 13, 2016. The guidance document will then be submitted for public comment.

2. HLA Discrepant Typing

The subcommittee’s chair presented an update on their work to identify labs making critical errors. The subcommittee found some errors were due to not entering splits into the system (e.g. Cw3 instead of Cw9, Cw10). Other errors were clerical. The subcommittee decided to send letters to labs that had error rates of 10% or higher in any quarter. Letters are meant to be educational and not punitive; the subcommittee wants labs to be aware of the errors and take steps to fix the problem. UNOS IT gave a short presentation of several potential options to help prevent the issues where data was being inadvertently changed in UNetsm. The subcommittee will meet at a later date to discuss these options and use the input from this full committee meeting to come up with a final decision on an IT solution. Once decided, the subcommittee will bring it back to the full committee and work on developing a proposal with the support of the Kidney and OPO Committees.

3. The New Kidney Allocation System: The First 18 Months

The Committee heard a presentation from the Kidney Transplantation Committee on the current data for the new kidney allocation system (KAS). The Kidney Committee expressed interest in looking at the group of people with CPRA values of 99-100%. The Histocompatibility Committee will work with the Kidney Committee to find out more about this population.

4. KAS Desensitization and Priority Points Joint Working Group

The working group’s chair gave an overview of their past progress for new committee members. The working group wants to look closer at patient groups that are potentially

disadvantaged by the new kidney allocation system (KAS). They brought this before the full committee to see if this is a project that the committee should prioritize. In order to get an idea of which patient groups may still be disadvantaged under KAS, the Committee will submit a data request to look at existing data and evaluate characteristics including, but not limited to, gender, age, race/ethnicity, region, time on dialysis, and distance from home to listing center. The evaluation will focus on patients with 100% CPRA but divided into incremental subgroups as follows: 99.50-99.60; 99.60-99.70; 99.70-99.80; 99.80-99.95 and 99.95-100% . The Research Analyst will submit this request and provide findings to the committee when available.

5. DPB1 Equivalency Table

The subcommittee chair gave an update on the subcommittee's progress with how to handle DPB and where this project falls on the priority list. The subcommittee reviewed largely agreed upon epitopes, and is looking towards next steps. Limitations arise with technology available at different labs and current capabilities of UNetsm. The subcommittee will meet at a later date to continue their discussion.

6. CPRA Calculation

The Committee discussed the need for the current CPRA calculator to be updated to include DQA, DPB, and eventually DPA. In order to gather evidence, the committee brought up several ways to look at data of those with DQA and DPB antibodies:

- Internally: may have enough HLA typing data now to generate appropriate frequency data for DQA and DPB.
- Externally: use Canadian CPRA calculator and/or the NMDP typing data.

Discussion surrounded how those would play out. The chair will reach out to a contact regarding the Canadian and NMDP data. With the current need to prioritize potential projects, this may be of lower priority.

Other Significant Items

1. Allele Level Typing of Deceased Donors

The Committee heard a presentation from one of its members on the merits of allele-level typing. While the Committee recognizes there is a need for such an approach, the committee members expressed concern about the feasibility of this project given the resources that would be needed and other ongoing projects. At this time, this project will receive low priority.

2. Deceased Donor Typing Materials/Assessing Antigen Integrity in Crossmatch

Several members are concerned about the quality of samples they receive for testing. Recently published data (Hu. Immunol 76:795; 2015) suggest that a crossmatch may be significantly impacted by donor cell quality. The Committee considered adding a section to the guidance document about the best types of samples to collect, as well as approaching the Operations and Safety Committee since they have considered this issue before. The Policy Analyst will reach out to Operations and Safety Committee.

3. Backup Director

The Committee briefly discussed the need for a backup director and if this was a topic the Committee should address. As there is a section in the bylaws defining when a backup director is needed, the Committee decided they would not need to take any additional action.

Upcoming Meeting

- The full committee will meet via teleconference on December 13, 2016.