OPTN Histocompatibility Committee
Discrepant HLA Typings Workgroup
Meeting Summary
November 13, 2020
Conference Call

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Introduction

The Histocompatibility Discrepant HLA Typings Workgroup met via Citrix GoToMeeting teleconference on 11/13/2020 to discuss the following agenda items:

1. Updates
2. Requirements: Candidate and Recipient vs. Donor
3. OPTN HLA Discrepancies Report
4. Critical Discrepancy Definition
5. Match Run Re-Execution
6. Additional Discussion

The following is a summary of the Workgroup's discussions.

1. Updates

UNOS staff presented on the quarter 2 discrepancy report for 2020.

Data summary:

2020 Quarter 2 discrepant typing summary: 10 donors with critical discrepancies. 1 sample integrity issue, 1 DR53 null issue, 2 DPB1 errors, and 6 other/clerical errors.

Next steps:

Quarter 3 report will be distributed by UNOS Research once available.

2. Requirements: Candidate and Recipient vs. Donor

UNOS staff presented on the question of including candidates and recipient discrepant typings in the project.

Data summary:

Three patient safety reports in the past two years have occurred due to changes in candidate HLA typing.

Summary of discussion:

Correct candidate and recipient HLA typing would help a lab to correctly monitor donor-specific antibodies for a transplant recipient. Incorrect candidate typings also have the potential to affect allocation through HLA matching.

Next steps:

The workgroup would like to require a notification of critical HLA typing changes for candidates and recipients, in addition to the already-proposed requirements for donors.

3. OPTN HLA Discrepancies Report

UNOS IT staff presented on the current HLA discrepancies report available within TIEDI.

Data summary:

The HLA discrepancies report is available in TIEDI for kidney, kidney/pancreas, or pancreas deceased donors and/or recipients where the typing differs on the A, B, DR, BW4, or BW6 antigens. This report must be manually run by histocompatibility labs.

Summary of discussion:

One recommendation from the workgroup was to require API upload of HLA tying information, instead of allowing manual entry. The concern from other members was the potential expense or difficulty smaller HLA labs would have in implementing this. UNOS staff explained that there is an API available that some labs are using, but it is not universal. One member brought up that if the responsibility falls onto OPOs for uploading information into DonorNet, most are already using automated uploads.

4. Critical Discrepancy Definition

Histocompatibility Chair presented on the proposed definition of critical discrepancy.

Data summary:

Proposed definition: A difference in a candidate, donor, or recipient's typing with non-equivalent HLA values at one or more loci.

Summary of discussion:

Workgroup members raised no questions or concerns.

5. Match Run Re-Execution

UNOS staff presented on the current OPTN policies for released organs and match run re-execution.

Summary of discussion:

The OPO representative was concerned about pre-recovery discoveries of discrepant typings, if a recipient was already identified and crossmatched. Members agreed that there should still be a "right of first refusal", as currently in OPTN policy. However, one concern was the question of provisional yes especially with kidneys, until after cross-clamp. The OPO representative said they would prefer to still give the option to the first two primary kidney patients, even if it is only a provisional yes at that time, as they're still the primary intended recipients. A requirement to re-execute the match run could mean that many kidneys may be required to be re-allocated, simply because they're more often provisional yes's.

The workgroup was concerned about both equity and high CPRA patients as well, and the potential that they could lose the opportunity for an organ offer due to incorrect HLA typing information used in a match run.

6. Additional Discussion

Summary of discussion:

Histocompatibility labs are not alerted when recovery or transplantation occur, so differentiating between pre-procurement and post-procurement requirements for labs in policy is not helpful.

Notifications should require acknowledgement of some sort. One workgroup member brought up the concern that if this is an automatic electronic notification, a sequence 200 provisional yes would still get this notification and have to acknowledge it, even if the likelihood of them being primary is very low. There was some concern about automated notifications, especially with the availability of a patient safety contact. The OPO representative mentioned that a phone call would likely be the easiest way to get in touch with an OPO, and that an electronic notification platform may not have a high return on investment with the low number of notifications.

Upcoming Meetings

- November 19, 2020, 10 AM, Teleconference
- December 4, 2020, 1 PM, Teleconference

Attendance

- **Workgroup Members**
  - Cathi Murphey
  - Idoia Gimferrer
  - Jennifer Schiller
  - John Lunz
  - Karl Schillinger
  - Larry Suplee
  - Marcelo Pando-Rigal
  - Peter Lalli
  - Phyllis Weech
  - Reut Hod Dvorai
  - Vandana Khungar
- **HRSA Representatives**
  - Arjun Naik
  - Marilyn Levi
  - Raelene Skerda
  - Vanessa Arriola
- **UNOS Staff**
  - Adel Husayni
  - Courtney Jett
  - Emily Ward
  - Emily Womble
  - Kelsi Lindblad
  - Leah Slife
  - Nicole Benjamin
  - Susan Tlusty