OPTN Histocompatibility Committee
Meeting Summary
June 8, 2021
Conference Call

Peter Lalli, Ph.D., D(ABHI)
John Lunz, Ph.D., D(ABHI)

Introduction

The Histocompatibility Committee met via Citrix GoToMeeting teleconference on 06/08/2021 to discuss the following agenda items:

1. Update in the Vice Chair Selection Process
2. HLA Tables Update 2021 Policy Language Review and Vote
3. HLA Completeness by Locus within UNet[SM]
4. Open Discussion: Kidney Allocation System Changes

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

1. Update in the Vice Chair Selection Process

UNOS staff presented on the updates to the Vice Chair selection process.

Data summary:

Goals of the new nomination and selection process:

- Increase transparency, with the vacancy being announced in the annual call for nominations
- Promote inclusiveness, with full committee participation in the nomination and selection process
- Thorough review and vetting of all candidates

The committee needs assessment for Vice Chairs will include an assessment for a candidate's specialty, expertise, and diversity. The call for nomination will be sent in the fall to all current committee members, as well as previous members who have served in the past five years.

The selection process will include:

- A survey with all candidates who applied for the position, their information, and their personal statements, will be sent to the committee
- The top four candidates selected by the committee will be interviewed by the current chair and/or vice chair
- The chair and vice chair will recommend the primary and secondary candidates to the OPTN president-elect for consideration and final appointment

Summary of discussion:

Members agreed that this is a more transparent and inclusive process.

Next steps:

UNOS staff will send a call for nominations in the fall to all current committee members and members who have served within the past five years.

2. HLA Tables Update 2021 Policy Language Review and Vote

Committee Vice Chair and UNOS staff presented on the proposed committee updates and proposed policy language before the committee voted on sending the proposal to public comment.

Data summary:

Major changes include:

- Addition of HLA-DPA1 equivalency table
- Require HLA-DPA1 typing for deceased kidney, kidney/pancreas, and pancreas donors, and all other deceased donors as requested
- Require HLA-DPA1 typing for OPTN KPD donors
- Update of DPB1 equivalency tables with IMGT/HLA 3.44.0
- Removal of broad antigen equivalents to allelic unacceptable antigens
- Clarification of language on the use of the tables
- Creating consistency in HLA loci incorporated in all UNet systems
    - Addition of HLA-DPA1 typing and unacceptable antigens to Waitlist, DonorNet, and KPD
    - Addition of HLA-DPB1 and DQA1 typing to Waitlist

UNOS staff reviewed the policy changes, including the addition of two lines of policy to explain how the HLA tables are used in the calculation of CPRA, that would go into effect with the CPRA proposal implementation. UNOS staff also explained that the language is intended to give better clarity on how these tables are used, for matching, unacceptable antigens, evaluation of discrepant typings, and CPRA.

Summary of discussion:

Members had no questions or concerns.

Vote: 13 yes, 0 no, 0 abstain.

Next steps:

This proposal will be submitted to the Policy Oversight Committee for August 2021 public comment.

3. HLA Completeness by Locus within UNet^{SM}

UNOS staff presented on the current policies related to HLA data entry and the current completeness by locus for HLA across organs.

Data summary:

- DonorNet does not allow for the entry of HLA-DPA1 at this time
- TIEDI allows for the entry of HLA-DPA1 but does not require it for form validation for the donor or recipient histocompatibility forms
- Only kidney, pancreas, and kidney/pancreas match runs require any HLA to execute the match, and they only require HLA-A, B, and DR
- UNOS staff presented the following data from 2020:
    - 64.32% of heart recipients, 63.79% of heart-lung recipients, 51.11% of intestine recipients, 53.31% of kidney recipients, 54.18% of kidney-pancreas recipients, 33.30%

of liver recipients, 61.81% of lung recipients, and 60.58% of pancreas recipients had HLA-DPA1 reported on the recipient histocompatibility form (RHF)
    - 80.93% of deceased donors and 63.52% of living donors had DPA1 entered on the donor histocompatibility form (DHF)
    - At the time of match run, 97.28% of heart potential donors, 96.94% of heart-lung potential donors, 96.75% of intestine potential donors, 99.98% of kidney potential donors, 99.95% of kidney-pancreas potential donors, 93.87% of liver potential donors, and 96.51% of lung potential donors had their complete HLA typing entered in DonorNet (with the exception of HLA-DPA1, which is not currently within DonorNet)
    - There was no significant different by locus in the HLA available at time of match run

Summary of discussion:

The following questions were posed to the committee:

- Would we gain any efficiency by requiring all loci prior to match run for all organs?
- Are there any potential barriers to requiring this?

Multiple committee members posed that requiring HLA typing prior to match run would increase efficiency, especially as allocation is moving to continuous distribution. The only barrier brought up was timing in the case of expedited offers or DCD livers. When asked the timing it would require, one member answered that the required infectious disease testing for deceased donors takes the laboratory more time than the HLA typing does. One member also brought up a safety concern of candidates not being appropriately screened from a match run for a donor they may be incompatible with, instead of automatic screening.

Next steps:

Committee leadership will present to the OPO committee and request their feedback on any additional barriers to requiring HLA typing before the match run for all organs.

4. Open Discussion: Kidney Allocation System Changes

The following questions were posed to the committee, in regards to recent changes in the kidney allocation system:

- Have you had or observed any changes in crossmatching practices?
- Have you had any issues obtaining samples for HLA typing or physical crossmatching?

Summary of discussion:

One member reported that they've had issues with a few OPOs they hadn't previously worked with that required they to perform virtual crossmatches before they would send blood, even if the lab knew the virtual crossmatch would be inconclusive and that's why they needed a physical sample. Another member reported that they're being asked to perform virtual crossmatches for every national share donor, even if the candidate has a 0% PRA.

One member reported that broader sharing is causing more programs to embrace virtual crossmatching, and that they haven't had any issues obtaining blood if they're in the top 10 candidates on the match run, but that it varies significantly by donor location.

Members reported seeing a shift in transplant volumes by location. Members requested to see the 3-month monitoring report for the policy changes once it's published.

Upcoming Meetings

- July 13, 2021, 12 PM EST, Teleconference
- August 10, 2021, 12 PM EST, Teleconference

Attendance

- **Committee Members**
  - Bill Goggins
  - Evan Kransdorf
  - Gerald Morris
  - Idoia Gimferrer
  - Jennifer Schiller
  - John Lunz
  - Marcelo Pando
  - Pete Lalli
  - Reut Hod Dvorai
  - Tracy McRacken
  - Valia Bravo-Egana
  - Vikram Pattanayak
  - Yvette Chapman
- **HRSA Representatives**
  - Marilyn Levi
  - Raelene Skerda
- **SRTR Staff**
  - Katie Audette
  - Nick Salkowski
- **UNOS Staff**
  - Abby Fox
  - Betsy Gans
  - Courtney Jett
  - Danielle Hawkins
  - Ellen Litkenhaus
  - Emily Kniepp
  - Kelsi Lindblad
  - Leah Slife
  - Nicole Benjamin
- **Other Attendees**
  - Loren Gragert