

Calling All Super Heroes

The Science Behind HLA Matching & A Bit More

Medhat Askar, MD, PhD, FRCPath

Transplant Immunology & Cell Processing Laboratories
Baylor University Medical Center

Clinical Professor, Pathology & Lab Medicine
Texas A&M HSC College of Medicine

November 10, 2018



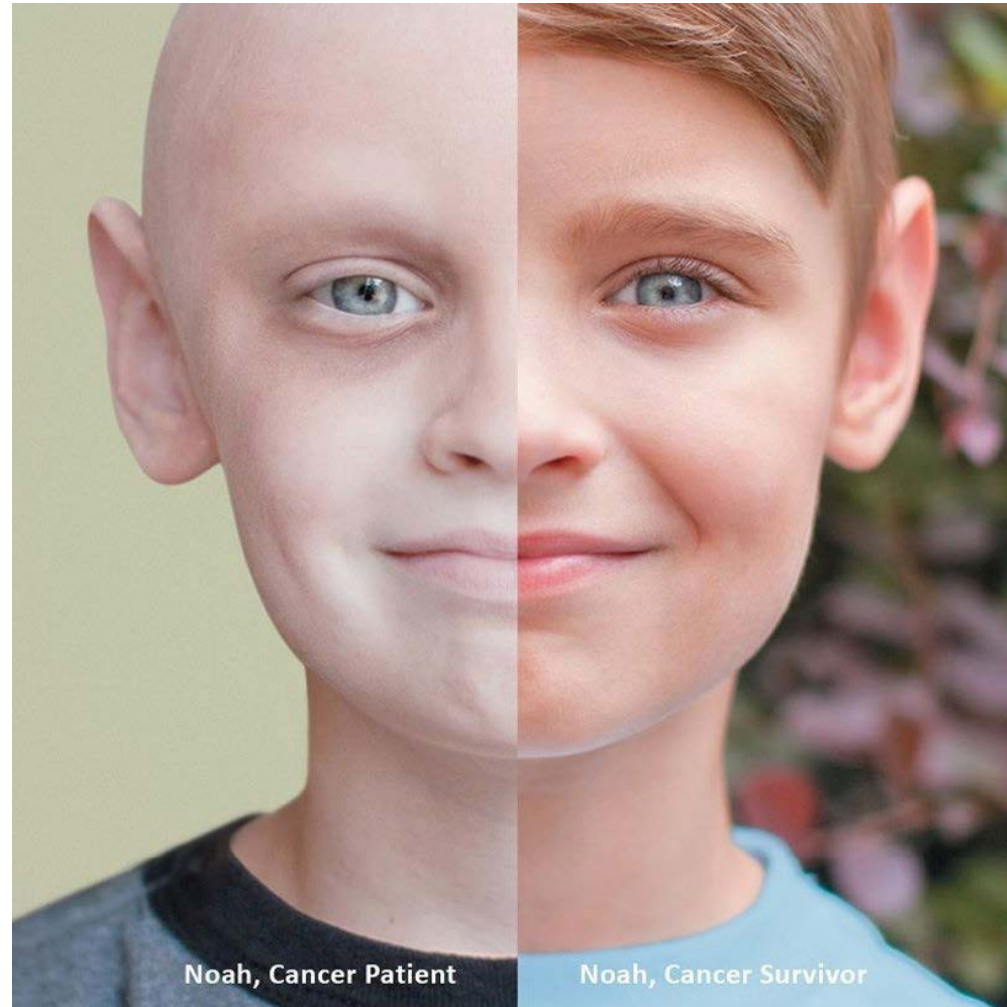
Disclosures

The following faculty and planning committee staff have the following financial disclosures:

Name	Institution	Disclosure
Medhat Askar, MD, PhD, FRCPath	Baylor University Medical Center Texas A&M HSC College of Med	None

OUTLINE

How does all of this work?



1

TYPE PATIENT

Consider:

High Resolution HLA Typing,
Antibody Testing, DPB1 Typing



✓ High resolution HLA
typing

✓ Antibody testing

✓ DPB1 typing

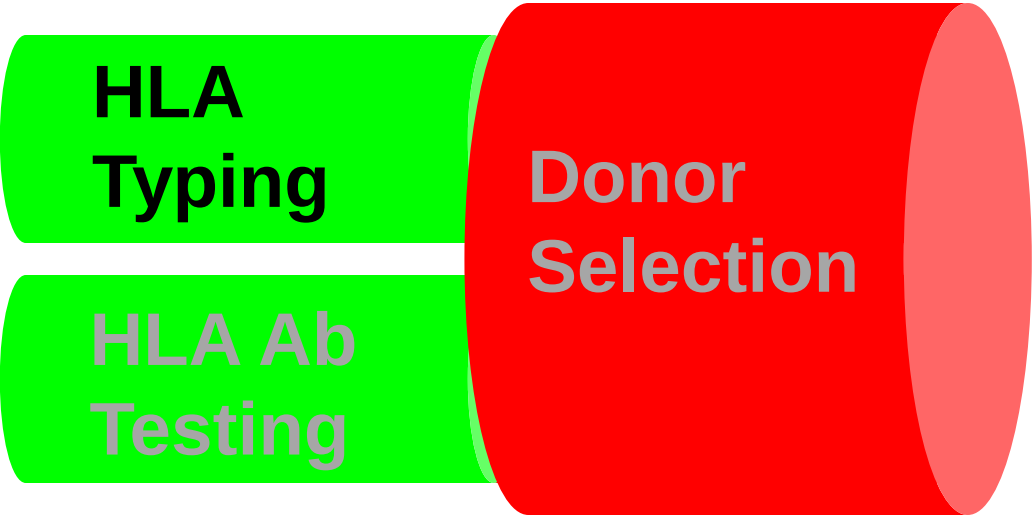
✓ Search prognosis tool

✓ Related Donor Services

OUTLINE

Immunologic Concepts in Clinical Transplantation





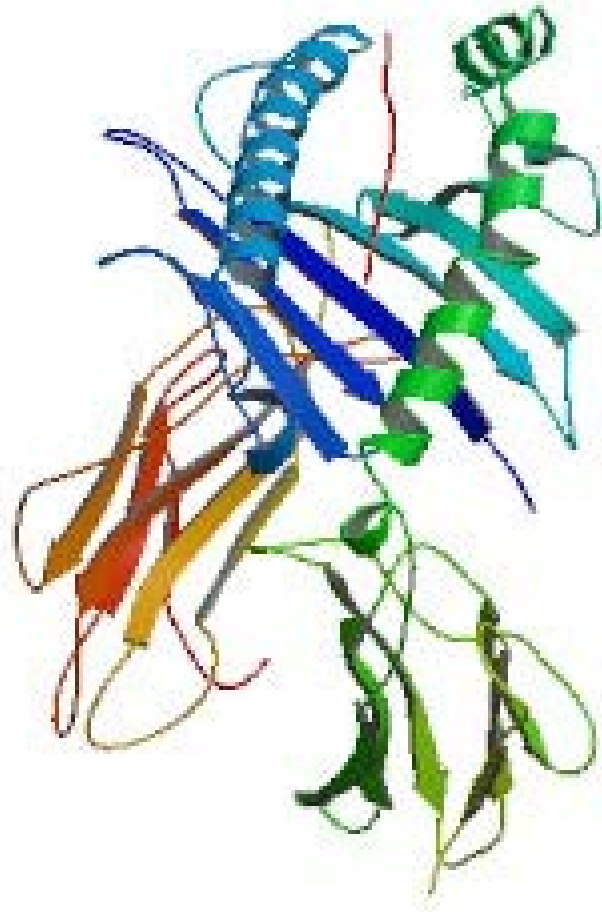
**HLA
Typing**

The diagram consists of two green rounded rectangular boxes on the left, one above the other. The top box contains the text 'HLA Typing' in black, and the bottom box contains 'HLA Ab Testing' in grey. Both boxes have a slight 3D effect with a lighter green shadow on the right side. To the right of these boxes is a large red rounded rectangular box, also with a 3D effect, containing the text 'Donor Selection' in white. The red box is positioned such that it appears to be the result or next step in a process, with the green boxes feeding into it from the left.

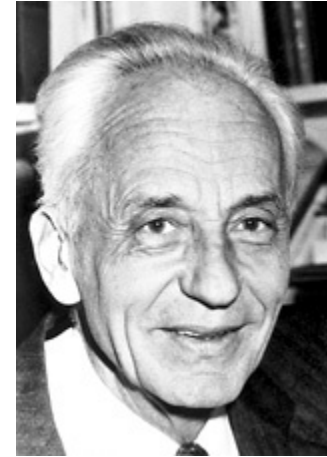
**HLA Ab
Testing**

**Donor
Selection**

HLA?!



First HLA Antigen, 1953

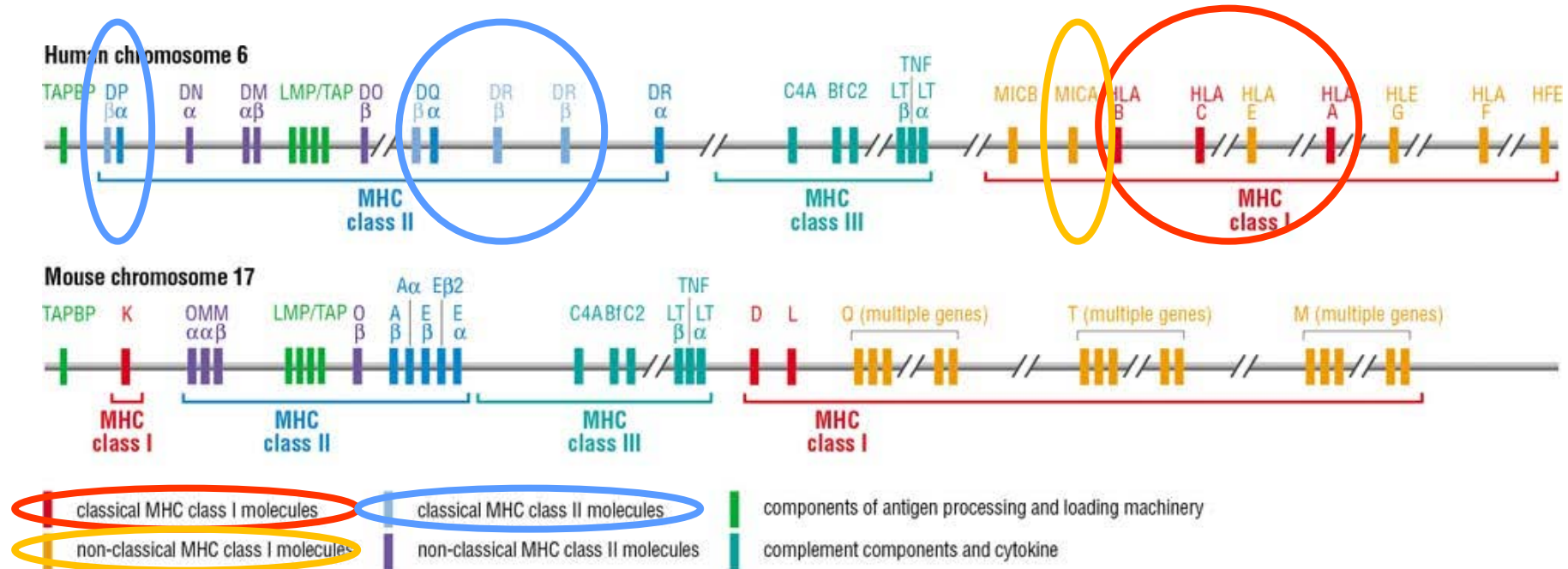


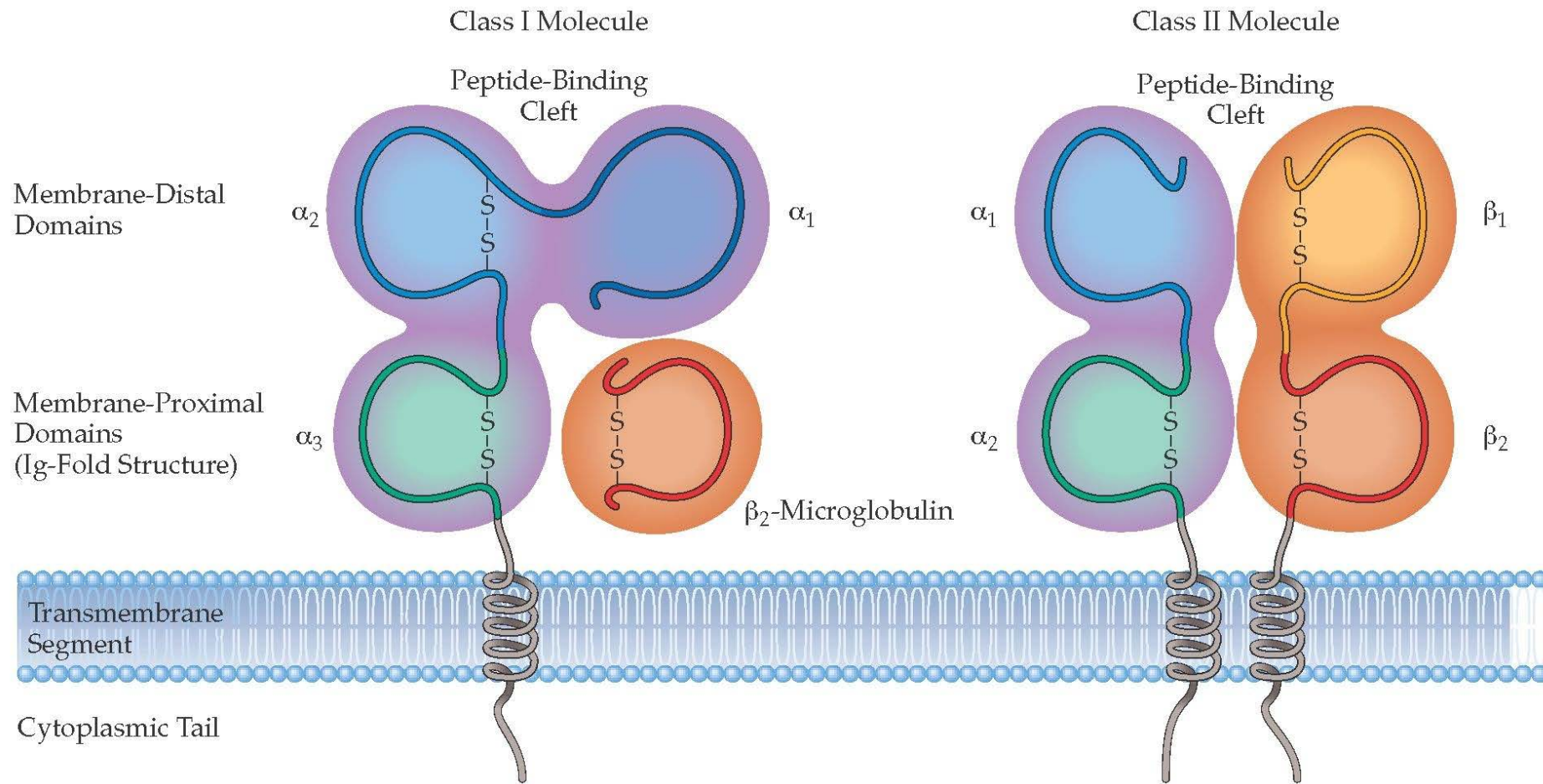
Jean Dausset (1916-2009)



1980 Nobel Prize Laureate

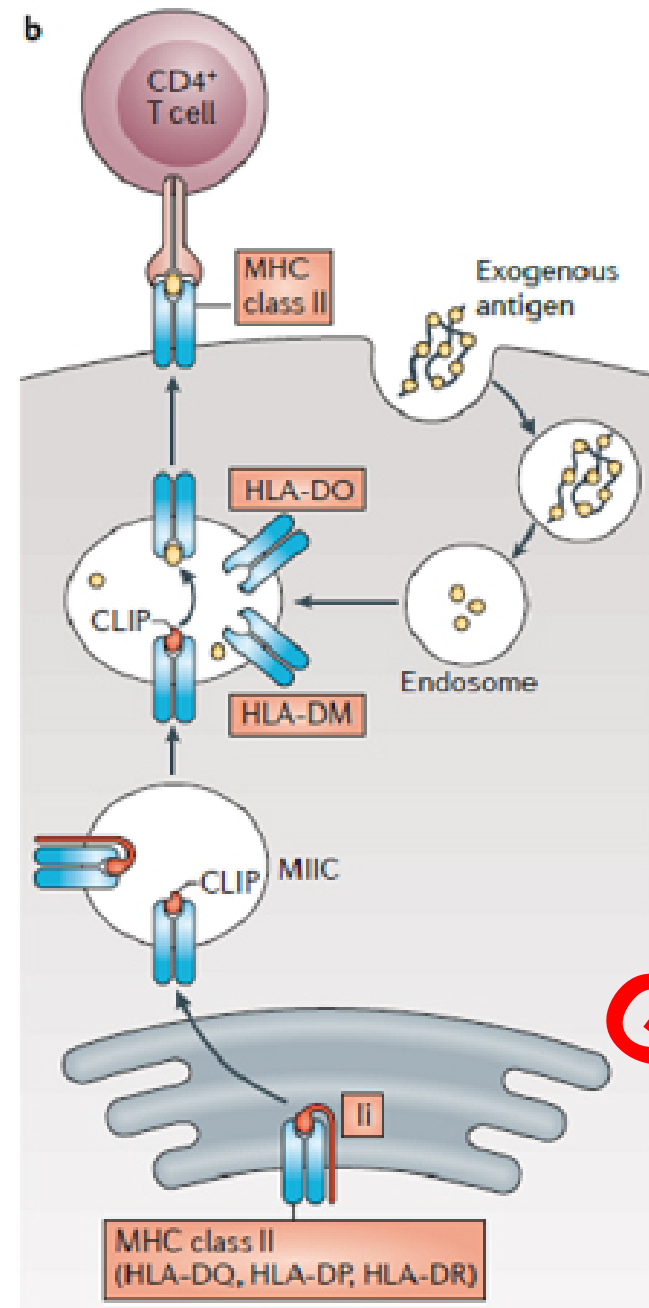
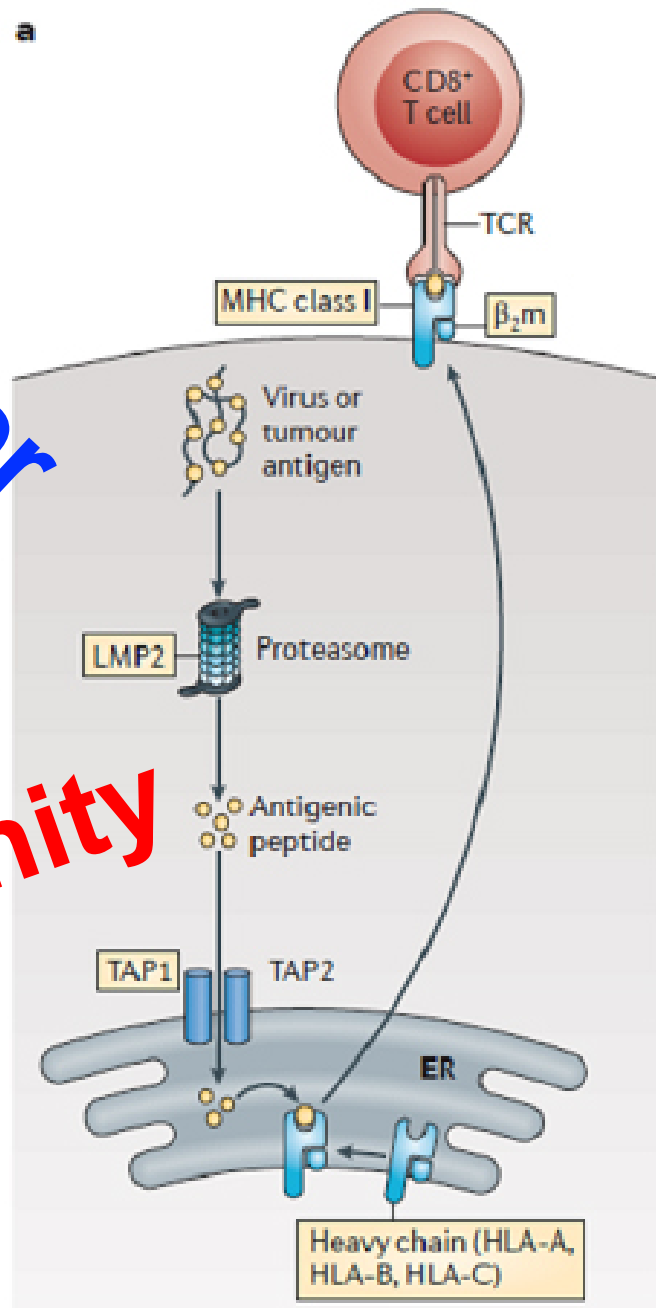
HLA??!!!





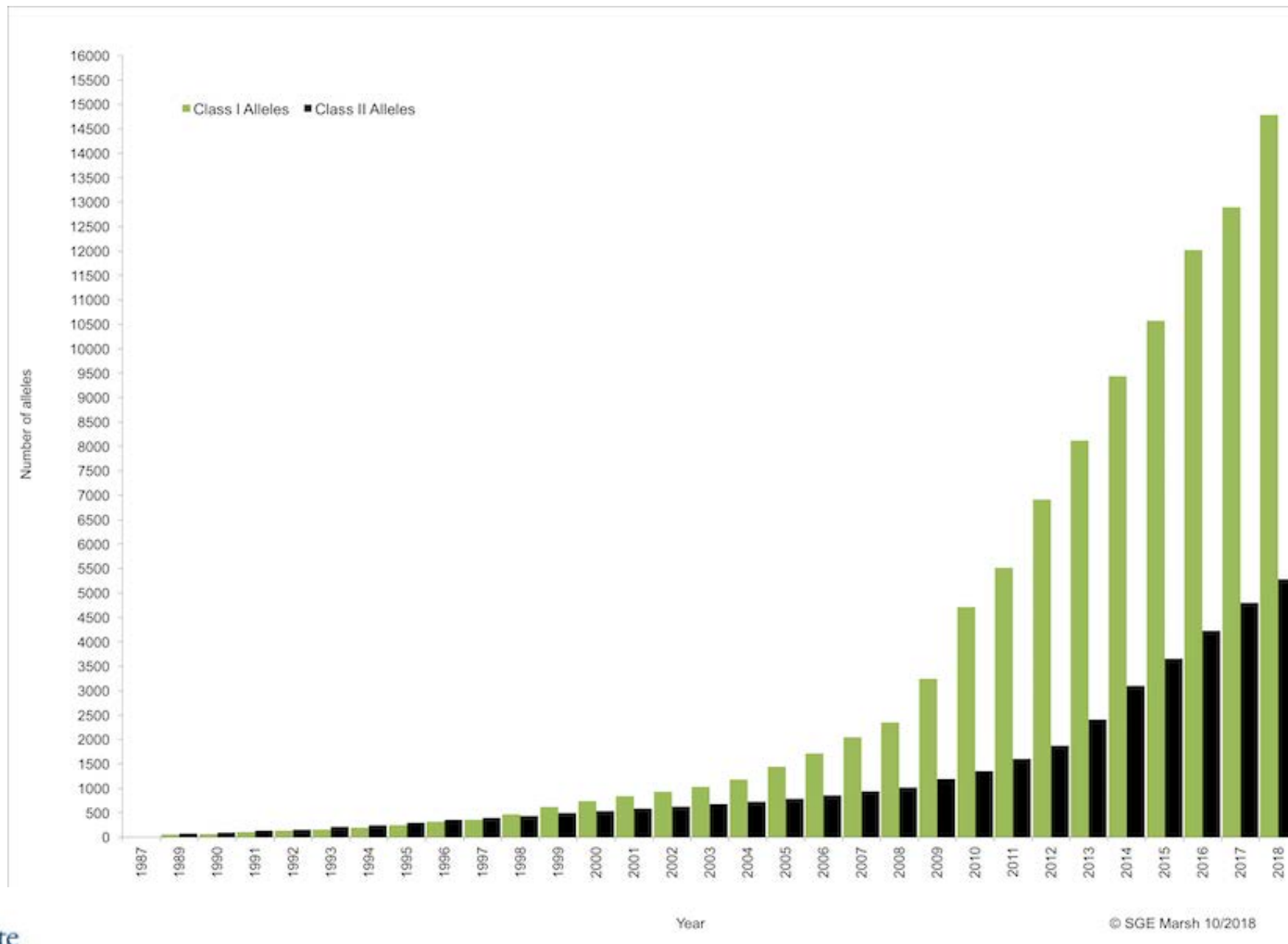
Anti-Cancer
Immunity

Autoimmunity

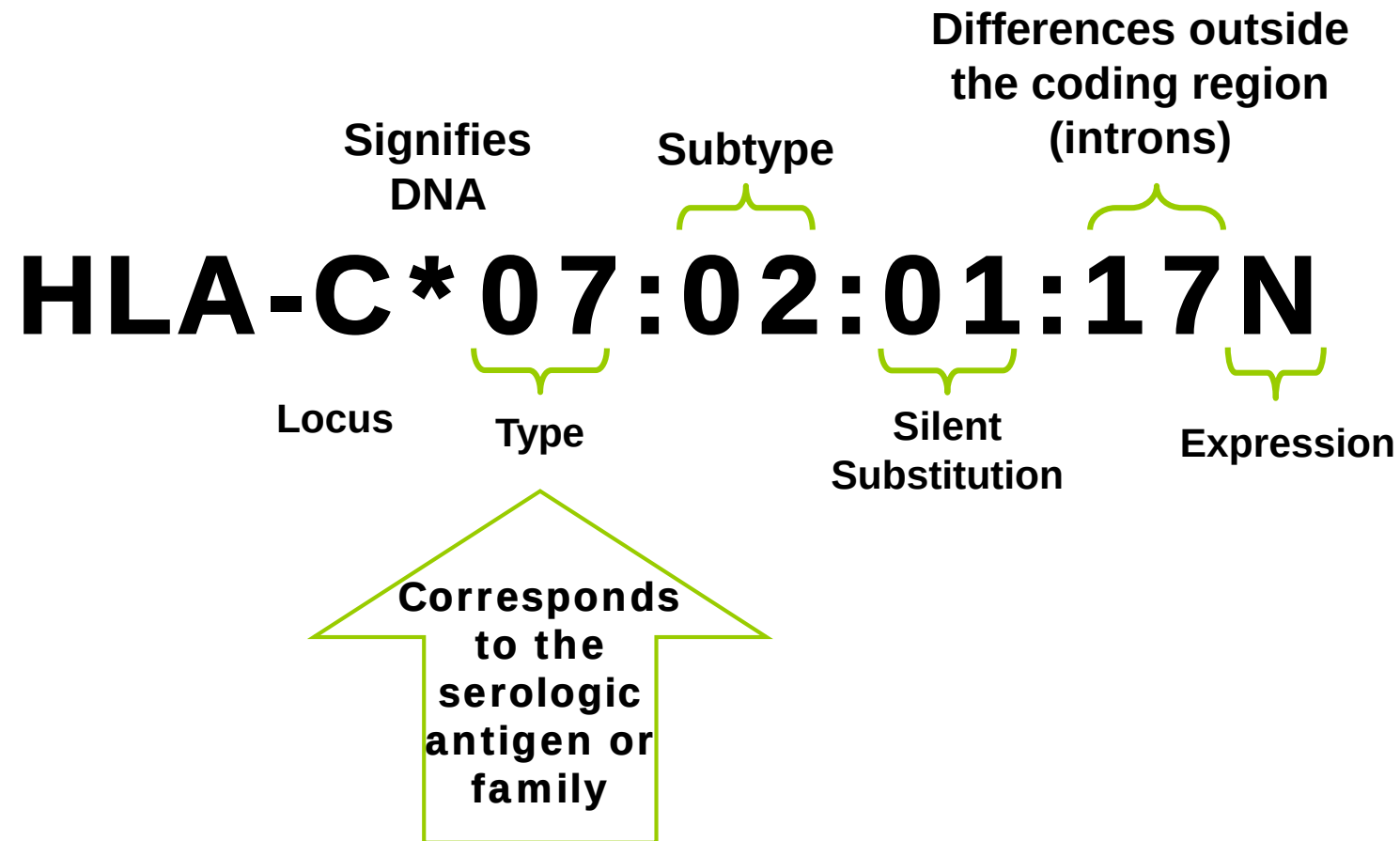


Antimicrobial
Immunity

Rejection
GVHD



What is Nomenclature?



B*15:01 = B62
B*15:02 = B71
C*03:03 = Cw9
C*03:04 = Cw10
DRB1*03:01 = DR17
DRB1*03:02 = DR18
DQB1*03:01 = DQ7
DQB2*03:02 = DQ8

PubMed...
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American Jour...
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atcmeeting.org...
hla class i and i...
Adaptive Immu...
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HLA Sequence.

EMBL-EBI
Services
Research
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About us



IPD - IMGT/HLA

Overview
|
IMGT/HLA
|
KIR
|
MHC
|
HPA
|
ESTDAB
|
Contact
|
Support

[IPD](#) > [IMGT/HLA](#) > Alignments

Sequence Alignment: Release 3.24.0.1 (2016-05-04)

The alignment below is a graphical representation to allow comparison of known sequences. Where discrepancies have arisen between reported sequences, the original authors have been contacted where possible, and necessary amendments to published sequences have been incorporated into this alignment. Future sequencing may identify errors in this list and the WHO Nomenclature Committee would welcome any evidence that helps to maintain the accuracy.

[Please click here to perform further alignments](#)

Numbers of Serologically Defined Antigens

HLA-Locus	A	B	Cw	DR	DQ	DP
Serologically Defined Antigens	28	62	10	24	9	6

HLA IPD - IMGT/HLA

Overview IMGT/HLA KIR MHC HPA ESTDAB Contact Support

IPD > IMGT/HLA > Alignments

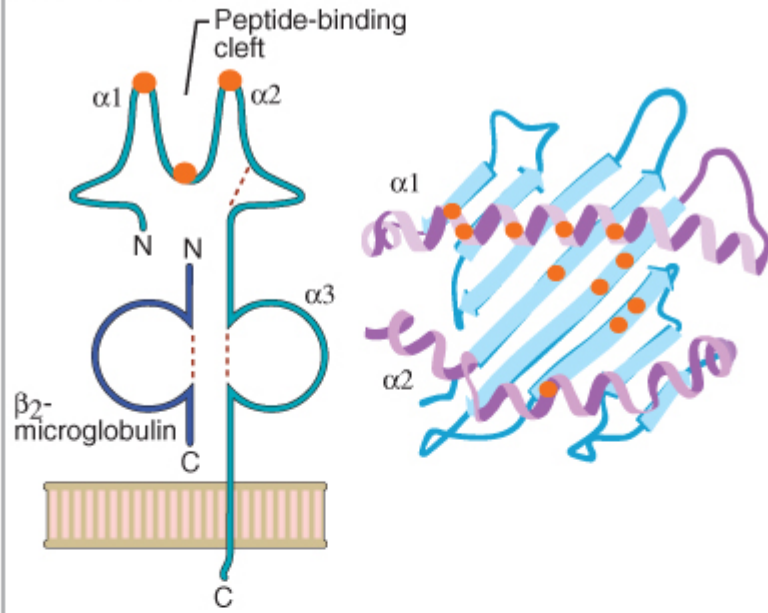
Sequence Alignment: Release 3.24.0.1 (2016-05-04)

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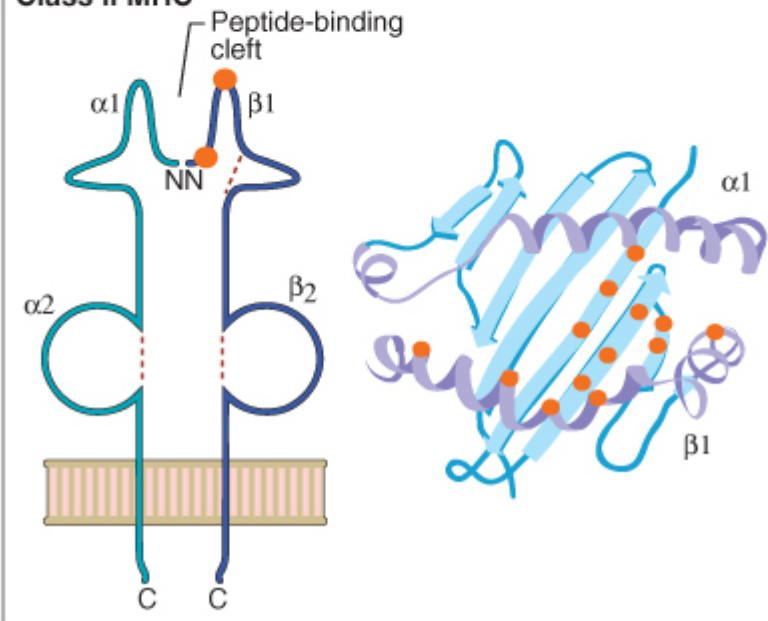
[Please click here to perform further alignments](#)

AA Pos.	10	20	30	40	50	60	70	80	90	100
A*01:01:01:01	GSHSMRYFFT	SVSRPGRGEP	RFIAVGYVDD	TQFVRFDSDA	ASQKMEPRAP	WIEQEGPEYW	DQETRNMKAH	SQTDRLNLGT	LRGYNQSED	GSHTIQIMYG
A*02:01:01:01	-----	-----	-----	-----	R-----	-----	-G--KV--	---H-VD--	-----A--	---V-R---
A*03:01:01:01	-----	-----	-----	-----	R-----	-----	---V-Q---	---VD---	-----A--	-----
AA Pos.	110	120	130	140	150	160	170	180	190	200
A*01:01:01:01	CDVGPDGRFL	RGYRQDAYDG	KDYIALNEDL	RSWTAADMAA	QITKRKWEAV	HAAEQRRVYL	EGRCVDGLRR	YLENGKETLQ	RTDPPKTHMT	HHPISDHEAT
A*02:01:01:01	---S-W---	---H-Y---	---K---	-----	-T-H--A-V-	-L-A--	-T-EW-	-----	---A---	---AV---
A*03:01:01:01	---S---	-----	-----	-----	-----	A-E--L-A-	D-T-EW-	-----	-----	-----
AA Pos.	210	220	230	240	250	260	270	280	290	300
A*01:01:01:01	LRCWALGFYP	AEITLTWQD	GEDQTQDTEL	VETRPAGDGT	FQKWAAVVVP	SGEEQRYTCH	VQHEGLPKPL	TLRWELSSQP	TIPIVGIIAG	LVLLGAVITG
A*02:01:01:01	---S---	-----	-----	-----	-----	---Q---	-----	---P---	-----	---F---
A*03:01:01:01	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
AA Pos.	310	320	330	340						
A*01:01:01:01	AVVAAVMWRR	KSSDRKGGSY	TQAASSDSAQ	GSDVSLTACK	V					
A*02:01:01:01	-----	-----	S-----	-----	-					
A*03:01:01:01	-----	-----	-----	-----	-					

Class I MHC



Class II MHC





IPD-IMGT/HLA

[Overview](#)[IMGT/HLA](#)[KIR](#)[MHC](#)[HPA](#)[ESTDAB](#)[Contact](#)[Support](#)[IPD](#) / [IMGT/HLA](#) / [STATISTICS](#)

Statistics

HLA Class I

Gene	<i>A</i>	<i>B</i>	<i>C</i>	<i>Total</i>
Alleles	4,638	5,590	4,374	14,592
Proteins	3,172	3,923	2,920	10,015
Nulls	224	169	171	564



IPD-IMGT/HLA

[Overview](#)[IMGT/HLA](#)[KIR](#)[MHC](#)[HPA](#)[ESTDAB](#)[Contact](#)[Support](#)[IPD](#) / [IMGT/HLA](#) / [STATISTICS](#)

Statistics

HLA Class II

Gene	<i>DRA</i>	<i>DRB</i>	<i>DQA1</i>	<i>DQB1</i>	<i>DPA1</i>	<i>DPB1</i>	<i>Total</i>
Alleles	7	2,693	100	1,316	73	1,097	5,286
Proteins	2	1,908	36	878	32	728	3,584
Nulls	0	84	4	35	0	34	157



IPD - IMGT/HLA

[Overview](#)
[IMGT/HLA](#)
[KIR](#)
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[HPA](#)
[ESTDAB](#)
[Contact](#)
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[IPD](#) > [IMGT/HLA](#) > [Alignments](#)

Sequence Alignment: Release 3.24.0.1 (2016-05-04)

The alignment below is a graphical representation to allow comparison of known sequences. Where discrepancies have arisen between reported sequences, the original authors have been contacted where possible, and necessary amendments to published sequences have been incorporated into this alignment. Future sequencing may identify errors in this list and the WHO Nomenclature Committee would welcome any evidence that helps to maintain the accuracy.

[Please click here to perform further alignments](#)

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A*02:01:01:01	-----	-----	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
A*02:02:01:01	-----	-----	-----	-----	-RR-----	-----	-G-KV--	--H-VD--	-----A	---L-R---
A*02:03:01	-----	-----	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
A*02:04	-----	-----	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-M---
A*02:05:01	-----Y-	-----	-----	-----	-RR-----	-----	-G-KV--	--H-VD--	-----A	---L-R---
A*02:06:01:01	-----Y-	-----	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
A*02:608N	-----	-----	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
A*02:609	*-----	-----	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
A*02:610	*-----	-----	-----	-----	-S-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
A*02:611	*-----	-T-----	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
A*02:612	*-----	-----S	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
A*02:613	*-----	-----	-----	-----	-R-----	-----	-G-KV--	--H-VD--	-----A	---V-R---
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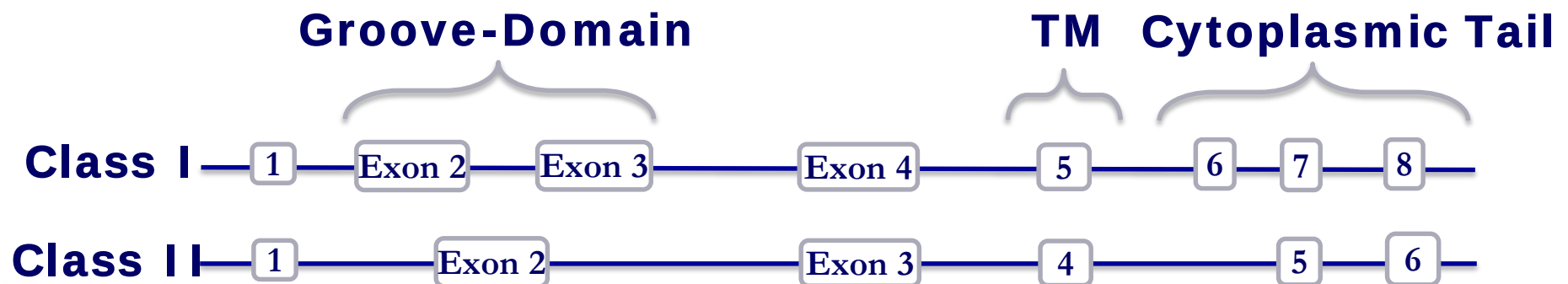
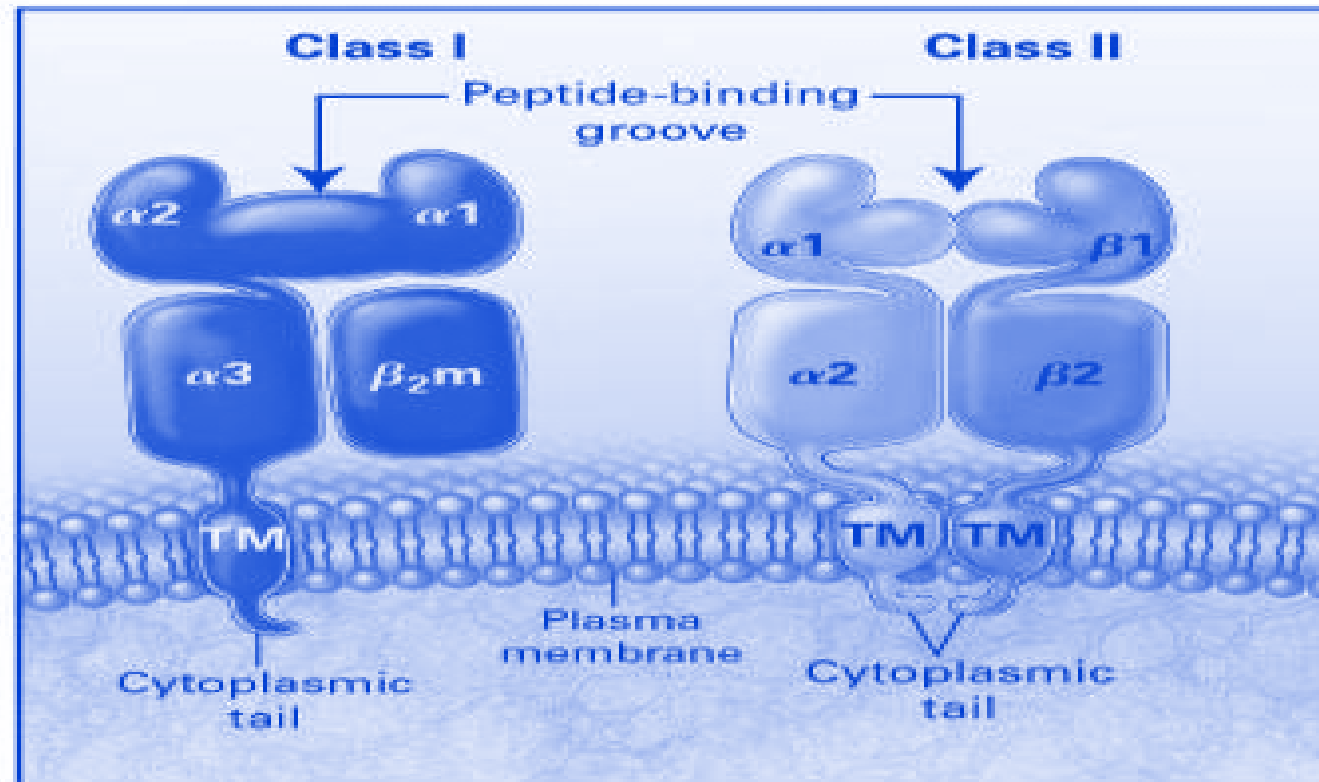
AA6613

A*24:02:01:01	A*31:01:02		
A*24:02:01:02L	A*31:01:02	Intron 2	
A*24:02:01:03	A*31:01:02	Intron 3	
A*24:02:40	A*31:01:02	Exon 5	
A*24:03:01	A*31:05	Exon 3	Ruled out by RSSOP.
A*24:34	A*31:66	Exon 2	
A*24:57	A*31:29	Exon 3	Not on Common list.
A*24:71	A*31:41	Exon 3	Ruled out by RSSOP.
A*24:145	A*31:02	Exon 2	

Master Layer

822 bases between Intron 1 34 and Intron 4 30

Mean BCS: 85





On June 26, 2000 President Clinton, with J. Craig Venter, left, and Francis Collins, announces completion of "the first survey of the entire human genome."

\$ 3 Billion (2000)

10 years (1993-2003)



Maria Nemenuk, Broad Inst

Schuster, Nature Methods 2008



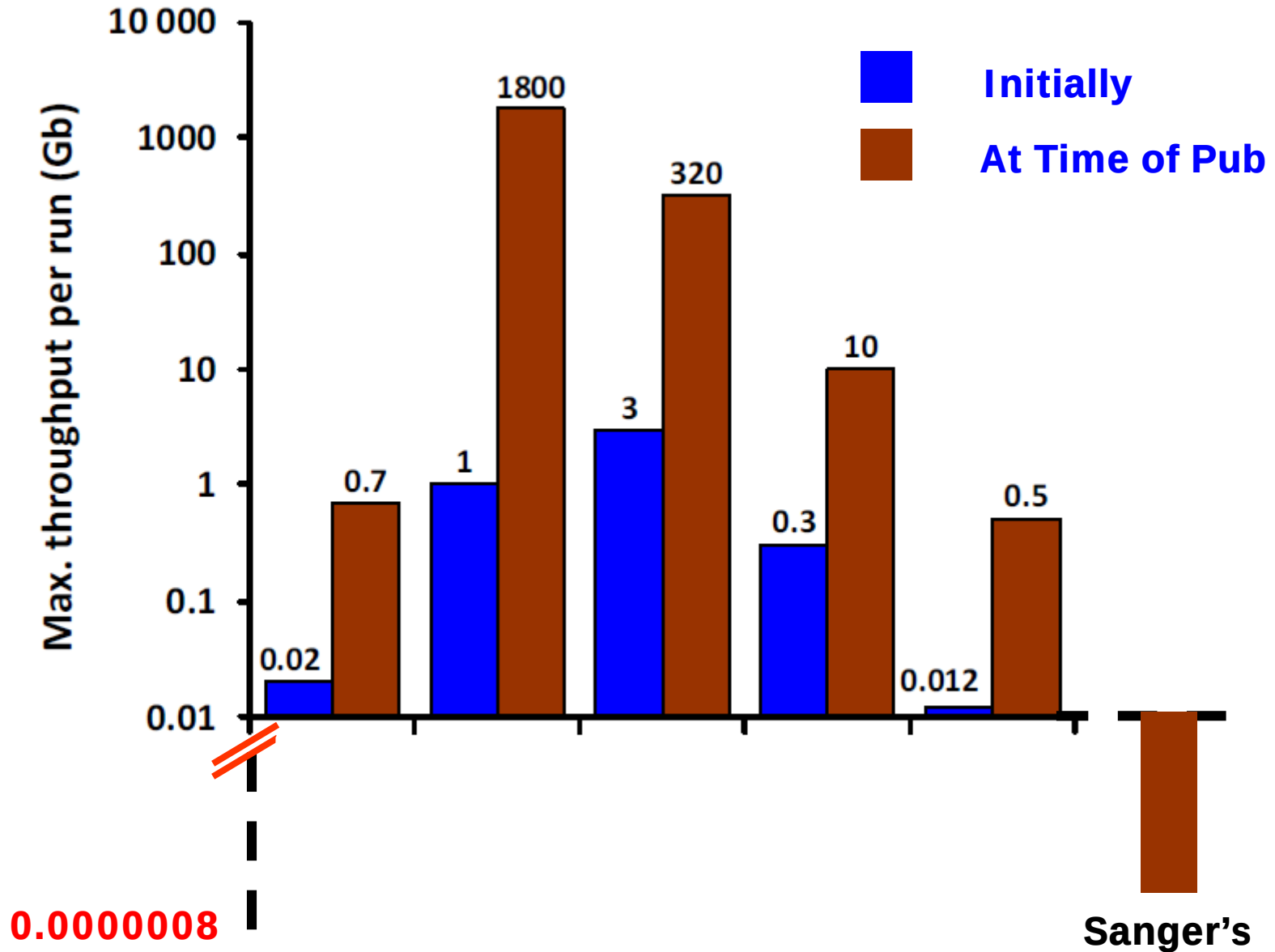
NATURE METHODS | VOL.5 NO.1 | JANUARY 2008 | 1

EDITORIAL

Method of the Year

There are events of the year, persons of the year, images of the year.... We could not resist: why not a Method of the Year?

Maximum throughput NGS platforms

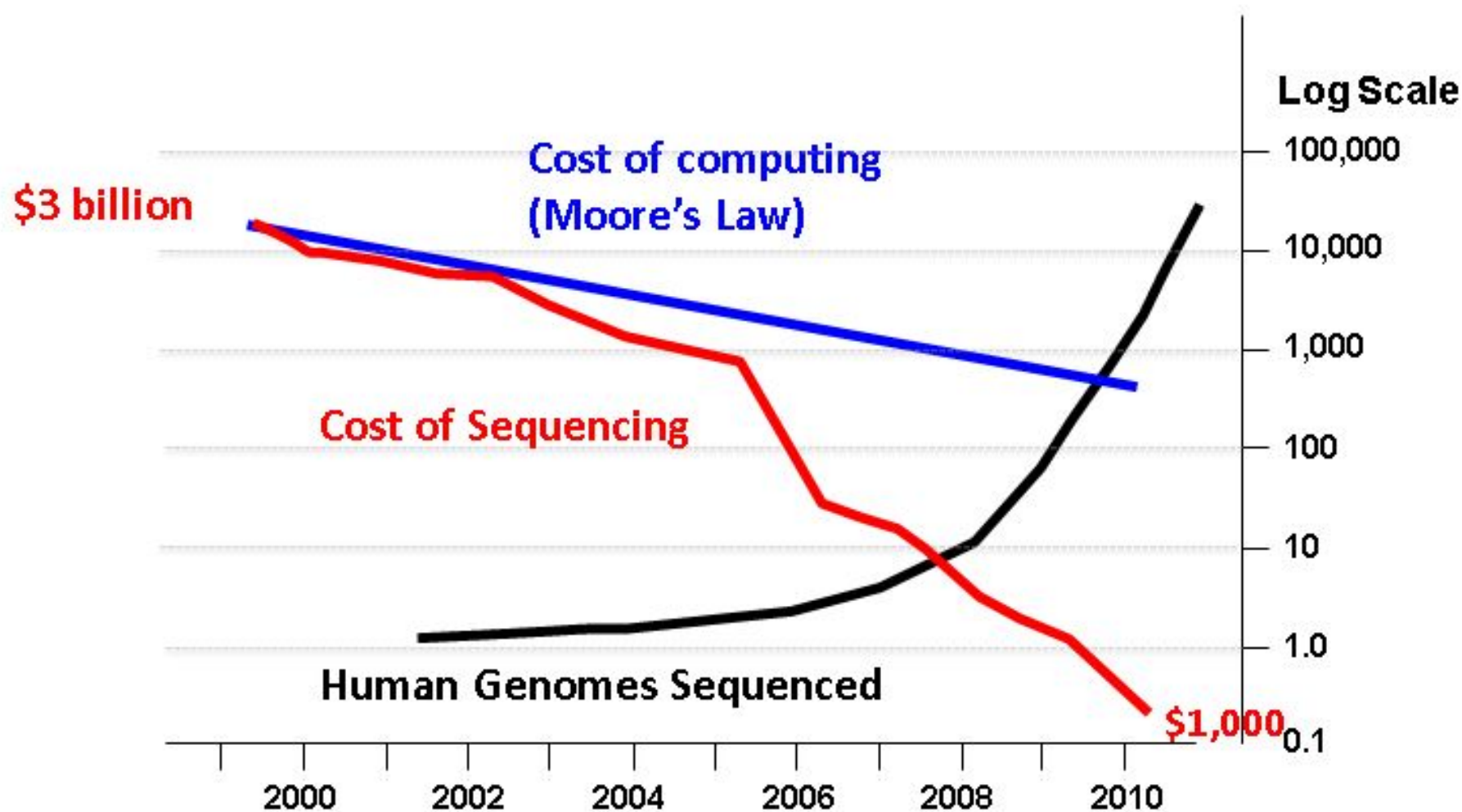


van Dijk et al, 2014

Adapted from

The
Economist

The Sequencing Explosion



AA6613

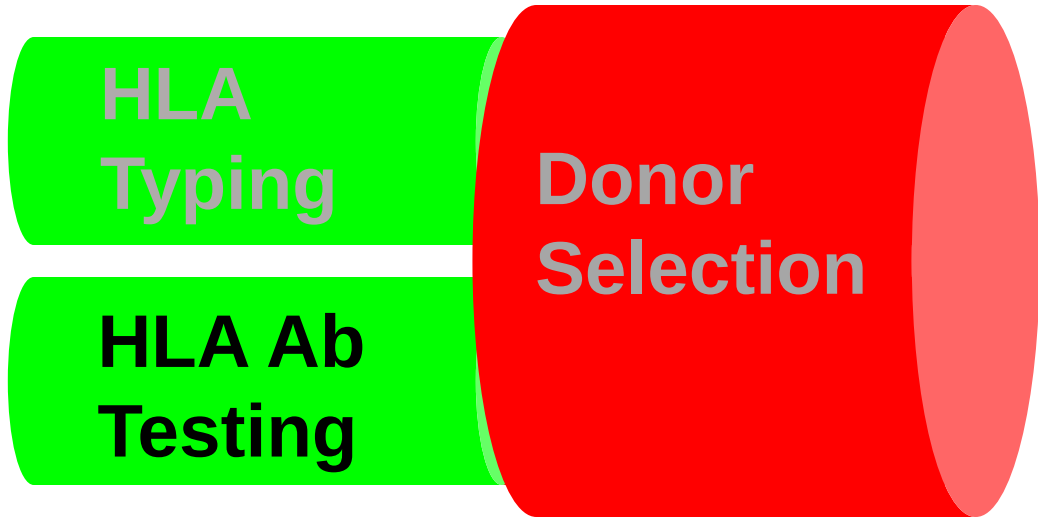
A*24:02:01:01	A*31:01:02		
A*24:02:01:02L	A*31:01:02	Intron 2	
A*24:02:01:03	A*31:01:02	Intron 3	
A*24:02:40	A*31:01:02	Exon 5	
A*24:03:01	A*31:01:02	Exon 3	Ruled out by RSSOP.
A*24:34	A*31:01:02	Exon 2	
A*24:57	A*31:01:02	Exon 3	Not on Common list.
A*24:71	A*31:01:02	Exon 3	Ruled out by RSSOP.
A*24:145	A*31:01:02	Exon 2	

Master Layer

822 bases between Intron 1 34 and Intron 4 30

Mean BCS: 85

NGS-ENGINE	Best Match	A*24:02:01:01, A*31:01:02
Standard Method	Mappability	44188/48644 (90%)
Total Mappability	Reads	223 [35-251]
190645/200000 (95%)	Coverage	(3385, 7611)
	# Matching Genotypes	1



HLA
Typing

The diagram consists of two green rounded rectangular boxes on the left, stacked vertically. The top box contains the text 'HLA Typing' in white. The bottom box contains the text 'HLA Ab Testing' in black. To the right of these two boxes is a large red rounded rectangular box. The text 'Donor Selection' is written in white inside this red box. The two green boxes are positioned such that they appear to be inputs or components leading into the red box.

HLA Ab
Testing

Donor
Selection

Allosensitization



NATIONAL
MARROW
DONOR
PROGRAM®

BE  THE MATCH®

Grab your cape.



HLA Allo sensitization

Allo sensitization is defined as the development of HLA antibodies following exposure to a sensitizing event such as:

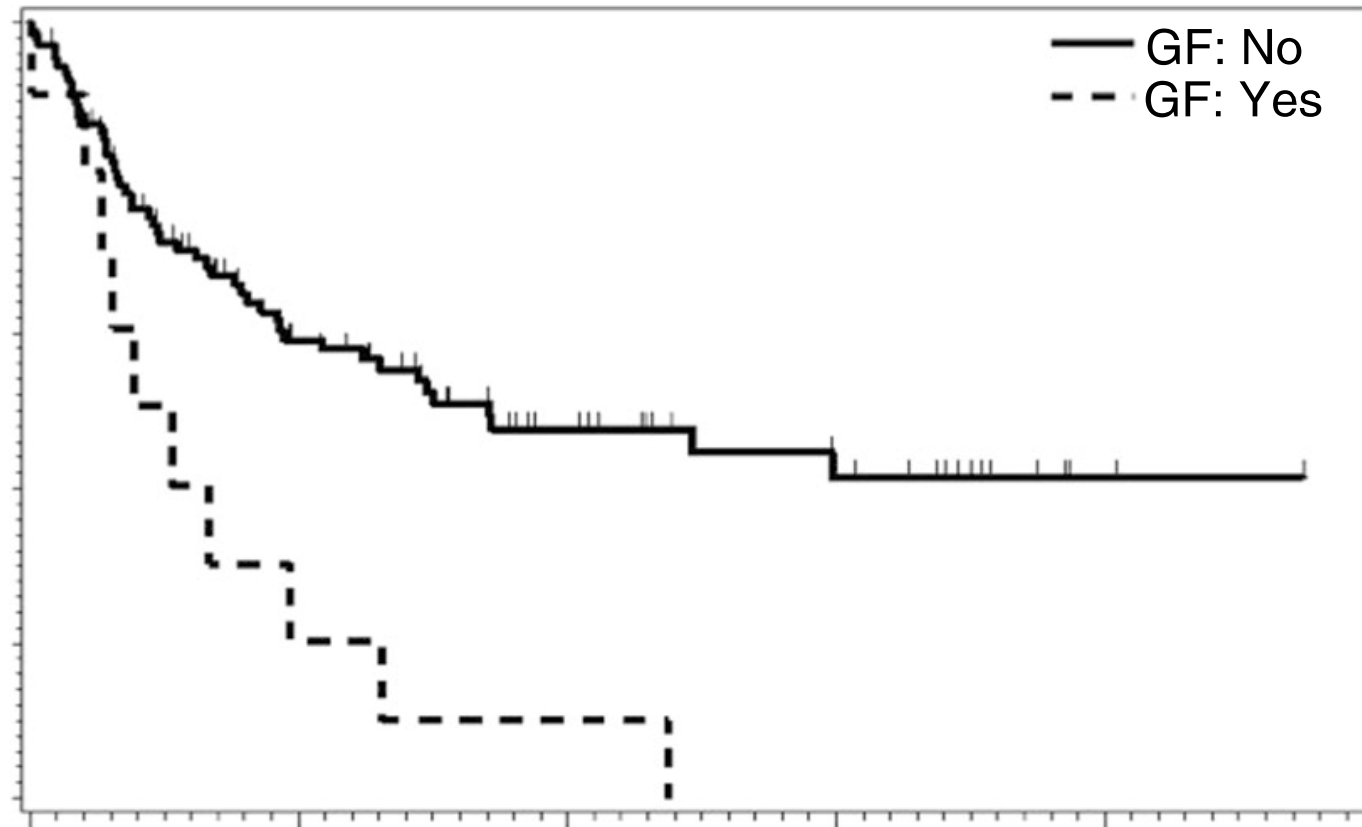
Pregnancy,

Blood/product transfusion, and

Organ transplantation.

TABLE 1 | Studies of DSA impact in different settings in AHSCT.

Reference	Patients (n)	Stem cell source	Conditioning	Anti-HLA%	DSA%	Graft failure with/without DSA
Spellman et al. (34)	115	Mismatched unrelated	RIC	ND	9	24 versus 1%
Ciurea et al. (36)	592	10/10 and 9/10 unrelated	MACorRIC	19.6	1.4	37.5 versus 2.7%
Yoshihara et al. (39)	79	Haplo-identical	RIC	20.2	14	27 versus 3%
Ciurea et al. (36)	24	Haplo-identical	RIC	ND	21	60 versus 5%
Chang et al. (40)	345	Haplo-identical	MAC	25.2	11.3	61% (MFI _{>10,000}) versus 3.2%
Ciurea et al. (36)	122	Haplo-identical	Non-specified	ND	18	32 versus 4%
Takanashi et al. (41)	386	Single CBU	MAC	23.1	5	83 versus 32%
Cutler et al. (42)	73	Double CBU	MACorRIC	ND	24	57 versus 5.5%
Ruggeri et al. (43)	294	Single and double CBU	RIC	23	5	81 versus 44%
Yamamoto et al. (44)	175	Single CBU	MACorRIC	39.4	ND	50% if anti-HLA-C, DP, DQ, DRB1/2/3 versus 16%





The NEW ENGLAND JOURNAL of MEDICINE

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Volume 320

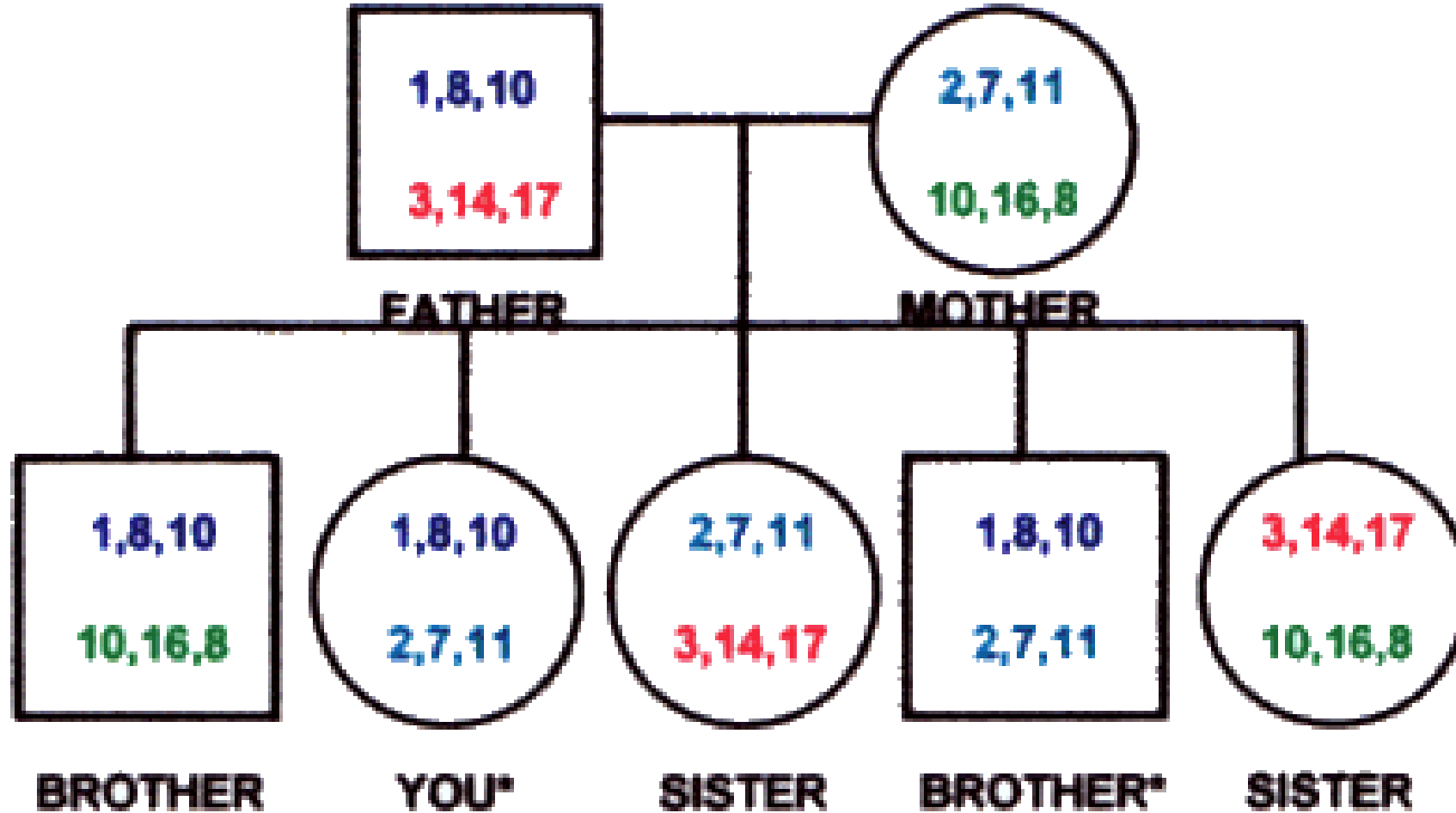
JANUARY 26, 1989

Number 4

EFFECT OF HLA COMPATIBILITY ON ENGRAFTMENT OF BONE MARROW TRANSPLANTS IN PATIENTS WITH LEUKEMIA OR LYMPHOMA

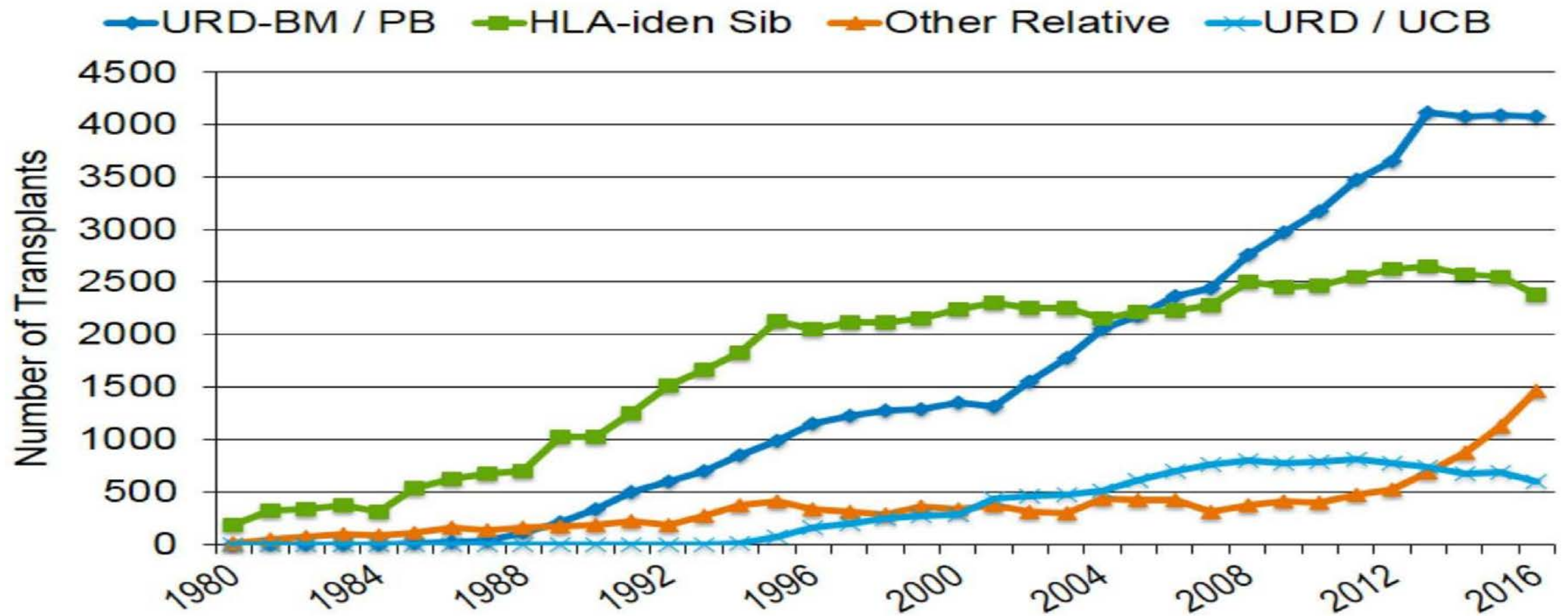
CLAUDIO ANASETTI, M.D., DEBORAH AMOS, PATRICK G. BEATTY, M.D., PH.D.,
FREDERICK R. APPELBAUM, M.D., WILLIAM BENSINGER, M.D., C. DEAN BUCKNER, M.D., REGINALD CLIFT,
KRISTINE DONEY, M.D., PAUL J. MARTIN, M.D., ERIC MICKELSON, BRENDA NISPEROS,
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RAINER STORB, M.D., KEITH M. SULLIVAN, M.D., ROBERT P. WITHERSPOON, M.D.,
E. DONNALL THOMAS, M.D., AND JOHN A. HANSEN, M.D.

HLA Mismatches & Donor Source



* Identical match

Allogeneic HCT Recipients in the US, by Donor Type



REVIEW ARTICLE

Corrected: Correction



The European Society for Blood and Marrow Transplantation (EBMT) Consensus Guidelines for the Detection and Treatment of Donor-specific Anti-HLA Antibodies (DSA) in Haploidentical Hematopoietic Cell Transplantation

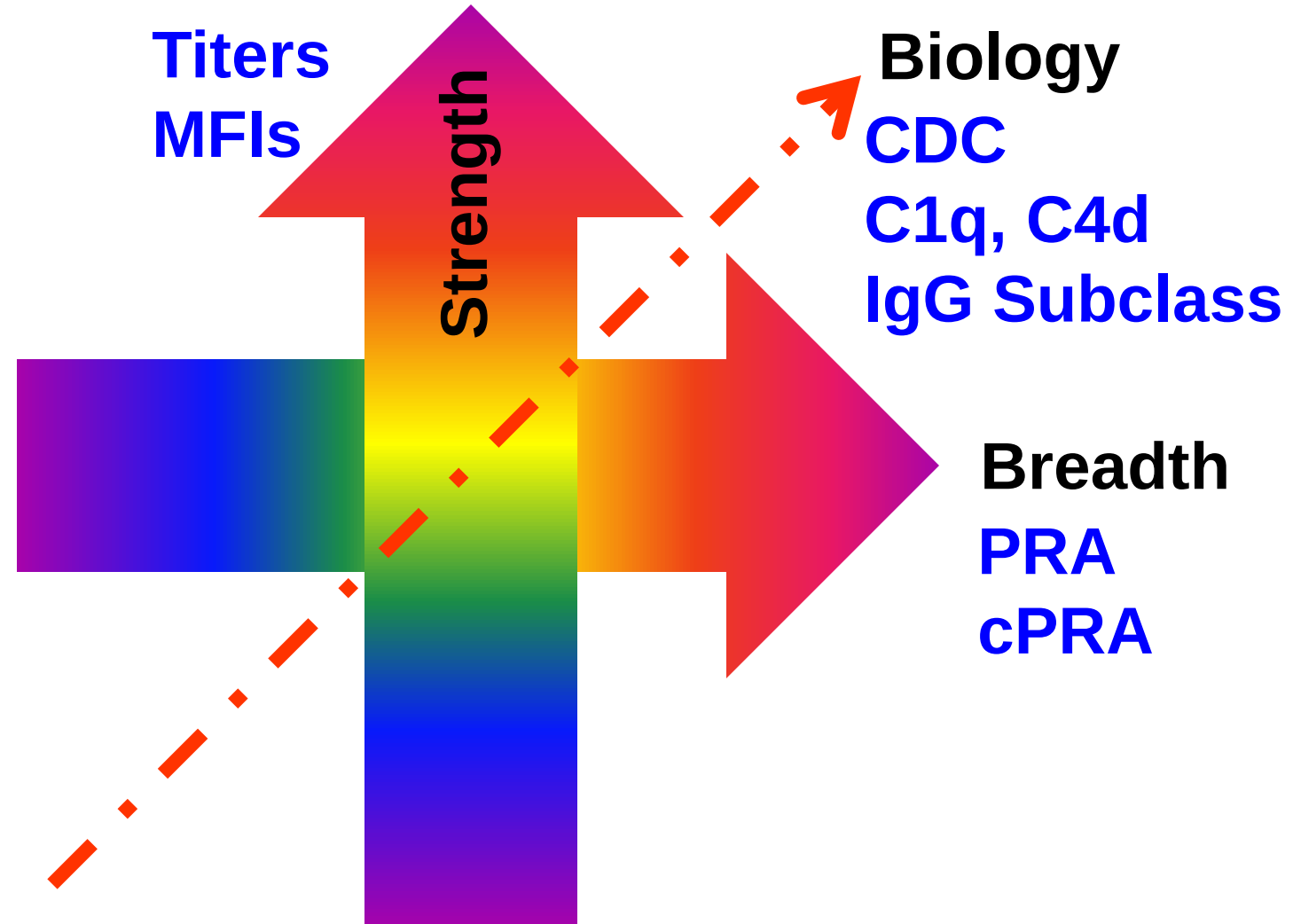
Stefan O. Ciurea¹ · Kai Cao¹ · Marcelo Fernandez-Vina² · Piyanuch Kongtim³ · Monzr Al Malki⁴ · Ephraim Fuchs⁵ · Leo Luznik⁵ · Xiao-Jun Huang⁶ · Fabio Ciceri⁷ · Franco Locatelli⁸ · Franco Aversa⁹ · Luca Castagna¹⁰ · Andrea Bacigalupo¹¹ · Massimo Martelli¹² · Didier Blaise¹³ · Rupert Handgretinger¹⁴ · Denis-Claude Roy¹⁵ · Paul O'Donnell¹⁶ · Asad Bashey¹⁷ · Hillard M. Lazarus¹⁸ · Karen Ballen¹⁹ · Bipin N. Savani²⁰ · Mohamad Mohty²¹ · Arnon Nagler^{22,23}

How To Measure Allosensitization

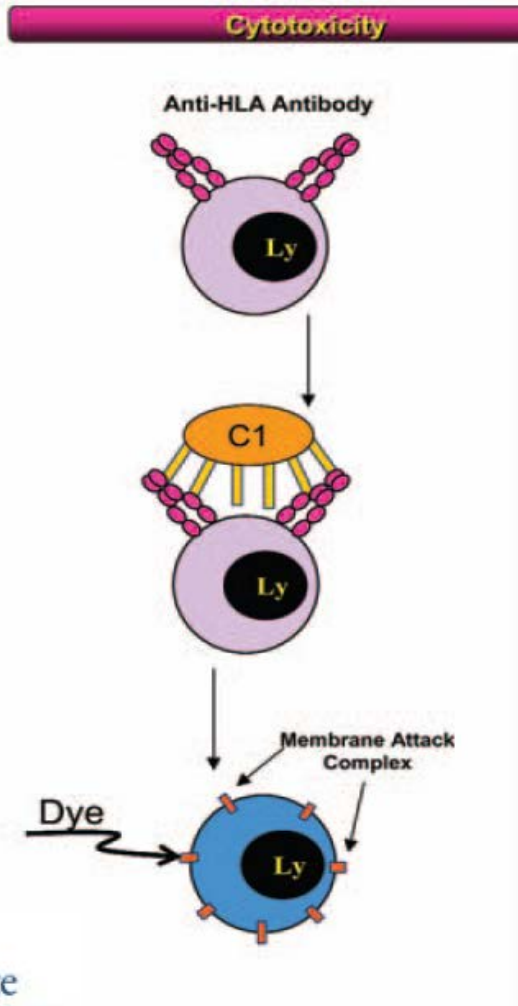


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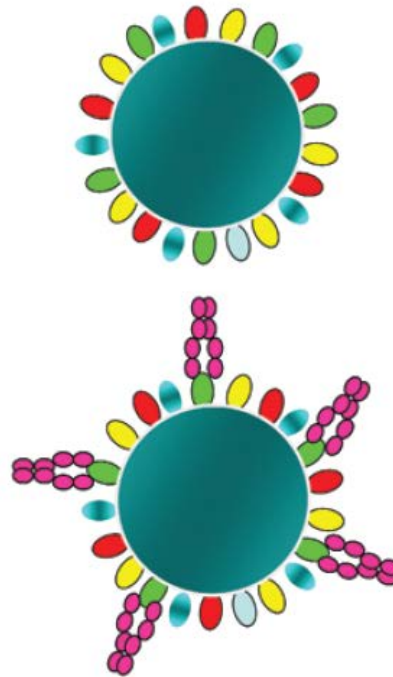
Parameters / Characteristics



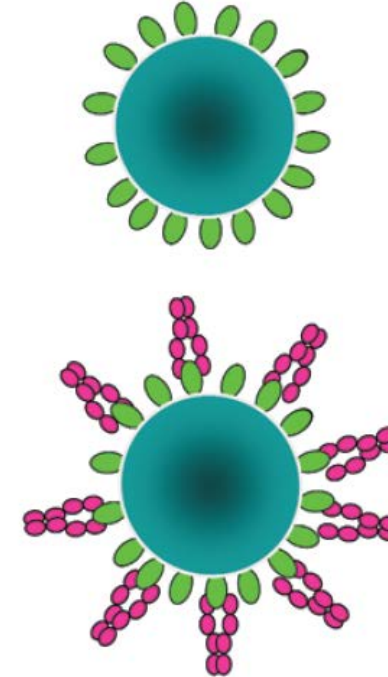
Taxonomy Ab Detection Assays



FlowPRA Specific



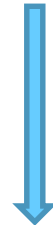
FlowPRA Single Antigen



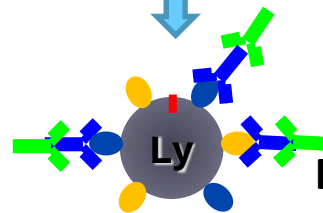
Donor
lymphocytes



Pronase

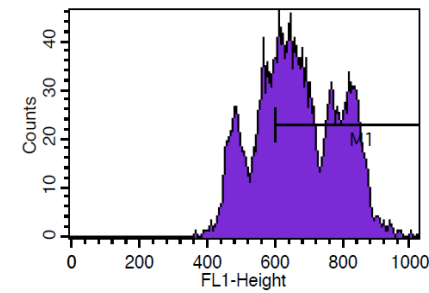
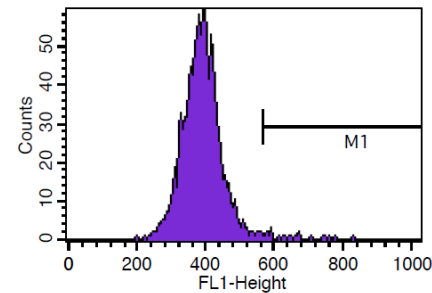


+ Patient
serum

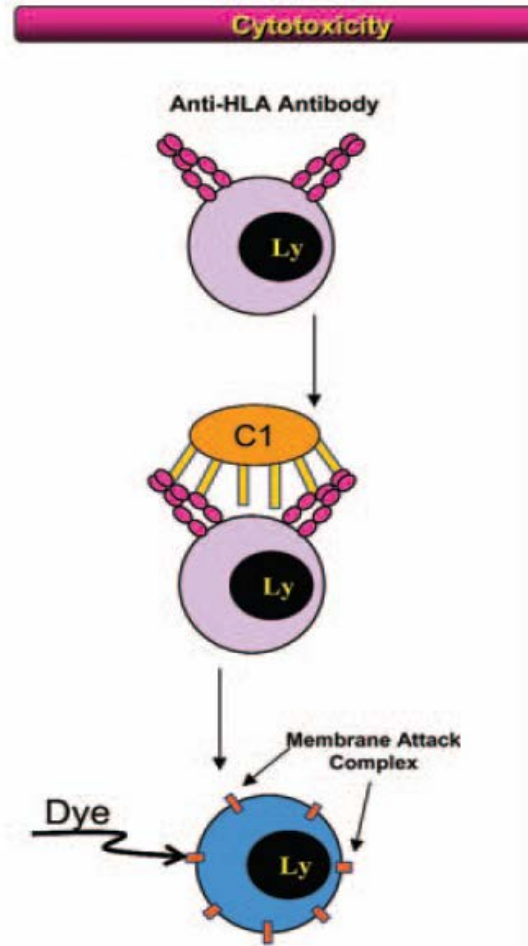


+ FITC-anti-IgG

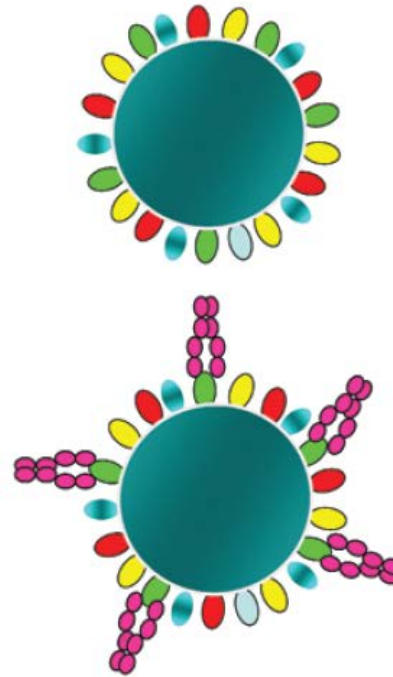
Flow cytometer



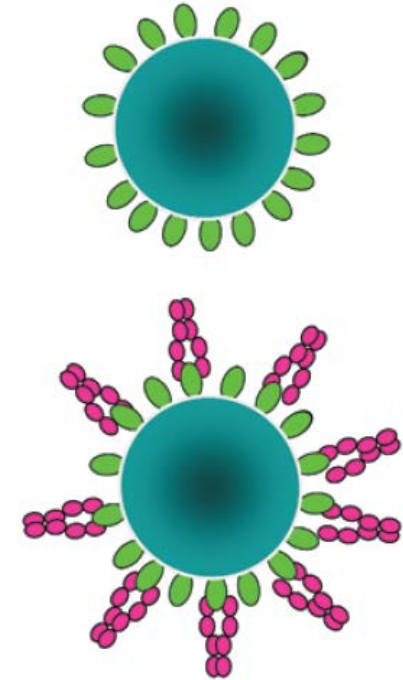
Taxonomy



FlowPRA Specific



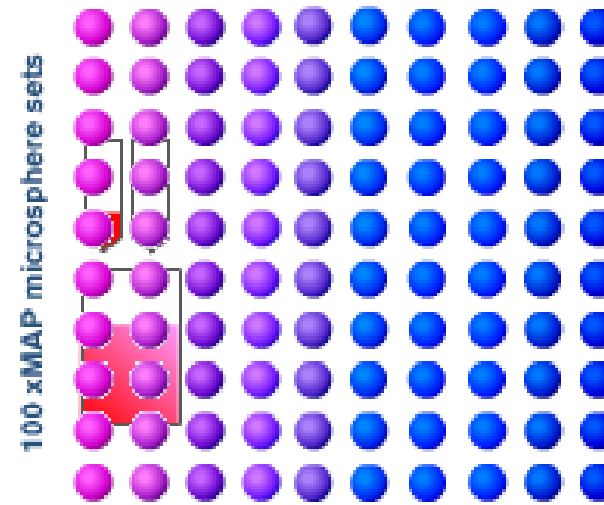
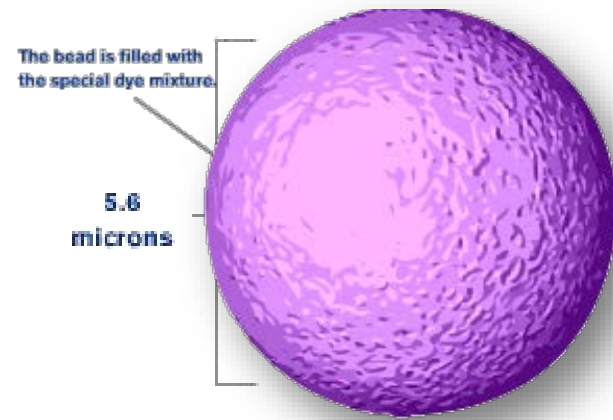
FlowPRA Single Antigen



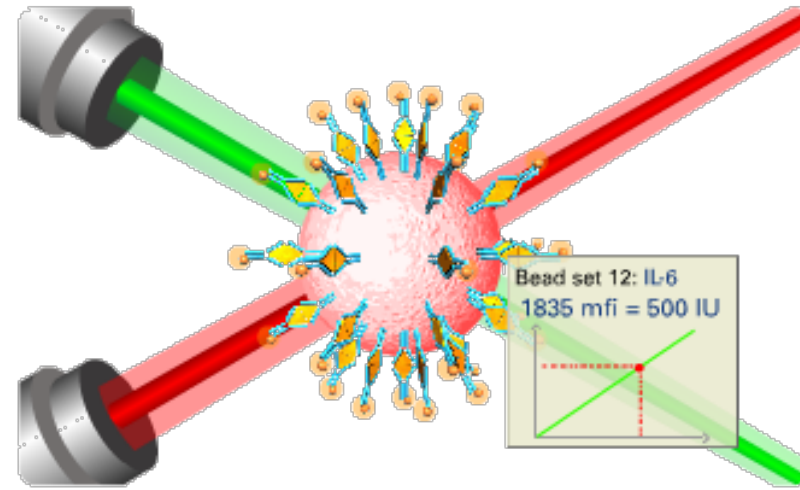
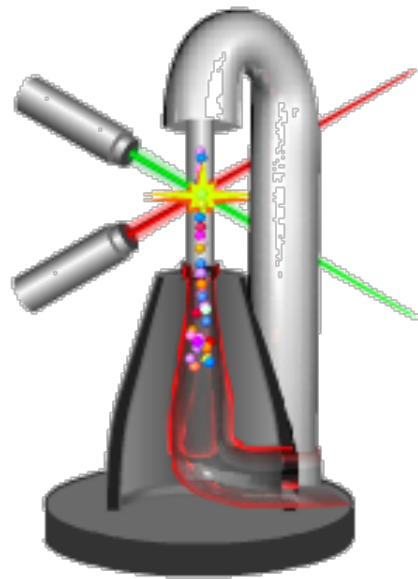
Advanced multiplexed analysis with the FlowMetrix™ system

R. JERROLD FULTON,* RALPH L. McDADE, PERRY L. SMITH, LAURA J. KIENKER,¹ and
JOHN R. KETTMAN JR.¹





LUMINEX



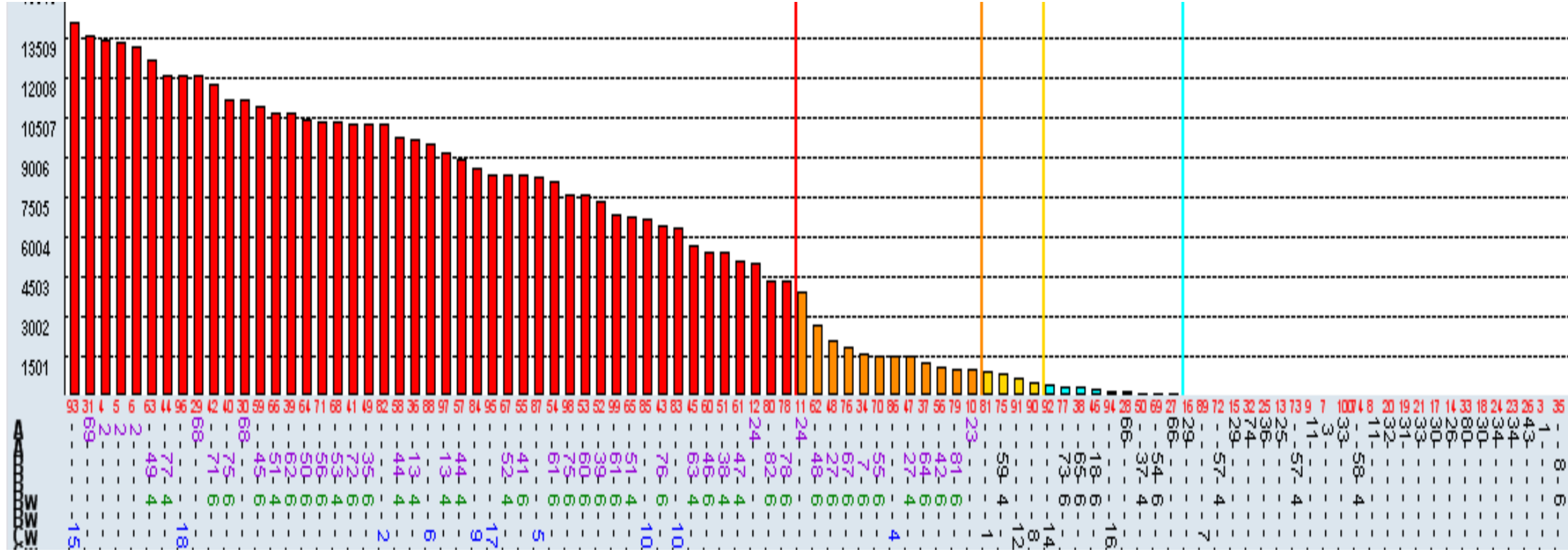
Antibody Assignment:

Test Configuration

	Threshold	%SA8	%SA6	%SA4	%SA2	PC	NC	PC/NC	Min #Bead:	10
Class I	X6	13	16	19	29	7928	30	260.266		
Class II	-	-	-	-	-					
MIC	-	-	-	-	-					

Test Details

Bead	Rxn	Raw	SFI Raw	Normal	SFI Normal	Cnt	Specificity	Allele Specificity
048	8	10220		10164.0		172	B27,Bw6	B*27:08
016	8	10197		10147.0		148	B27,Bw4	B*27:05
056	8	9554		9496.0		132	B42,Bw6	B*42:01
079	8	8717		8648.0		167	B81,Bw6	B*81:01
062	8	7399		7336.0		125	B48,Bw6	B*48:01
036	8	7091		7022.0		127	B13,Bw4	B*13:02
070	8	6867		6823.0		154	B55,Bw6	B*55:01
053	8	5996		5941.0		135	B60,Bw6	B*40:01
076	8	5793		5717.0		118	B67,Bw6	B*67:01
034	8	5672		5588.0		165	B7,Bw6	B*07:02
054	8	5034		4972.0		133	B61,Bw6	B*40:02
097	8	4508		4436.0		161	B13,Bw4	B*13:01
099	8	4503		4421.0		139	B61,Bw6	B*40:06
077	6	3027		2945.0		163	B73,Bw6	B*73:01
061	6	2376		2319.0		153	B47,Bw4	B*47:01
071	6	2233		2177.0		123	B56,Bw6	B*56:01
055	4	855		794.0		174	B41,Bw6	B*41:01
080	4	743		646.0		176	B82,Bw6	B*82:01
028	2	513		437.0		143	A66	A*66:02
051	2	486		435.0		171	B38,Bw4	B*38:01
069	2	491		420.0		145	B54,Bw6	B*54:01



DSA vs. XM

- **Positive DSA**: Recipient has HLA antibodies that correspond to the donor mismatched HLA antigens detected by solid phase assay
- **Positive Crossmatch**: Recipient has antibodies that react to antigens on donor lymphocytes (*HLA or Non-HLA including autoantibodies*)

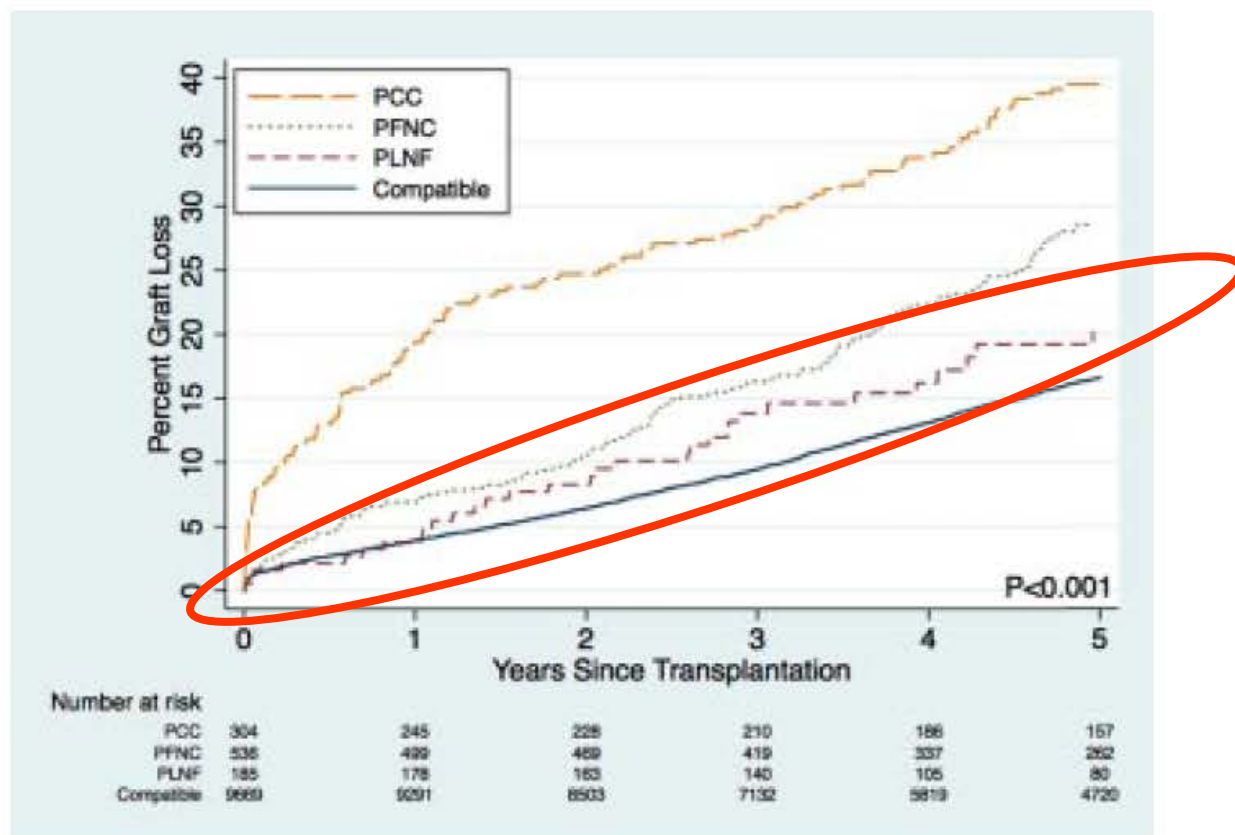


Figure 1: All-cause graft loss, by antibody strength. PCC, positive cytotoxic crossmatch; PFNC, positive flow, negative cytotoxic crossmatch; PLNF, positive Luminex, negative flow crossmatch.

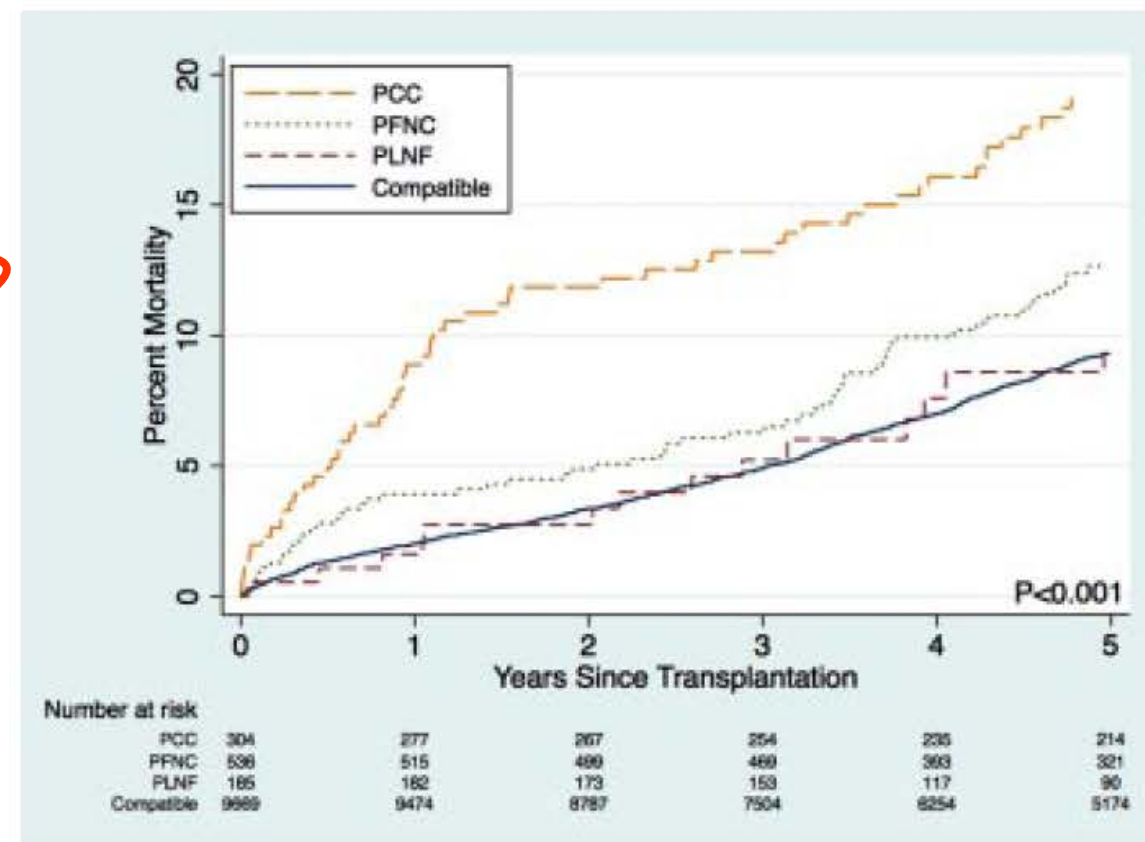
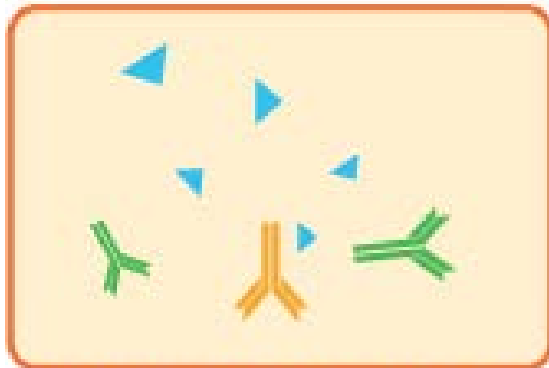
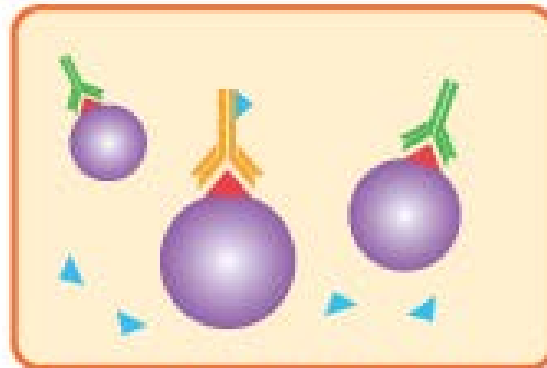


Figure 2: Posttransplant mortality, by antibody strength. PCC, positive cytotoxic crossmatch; PFNC, positive flow, negative cytotoxic crossmatch; PLNF, positive Luminex, negative flow crossmatch.

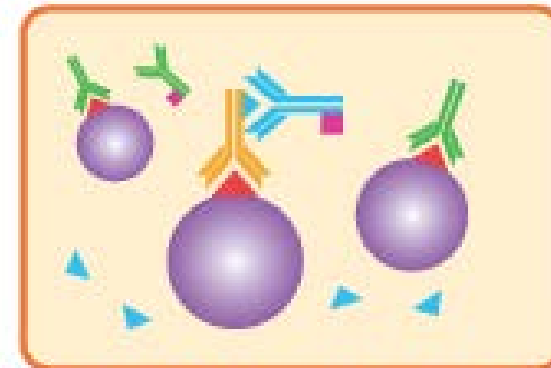
Detection by PE Conjugated Anti-C1q



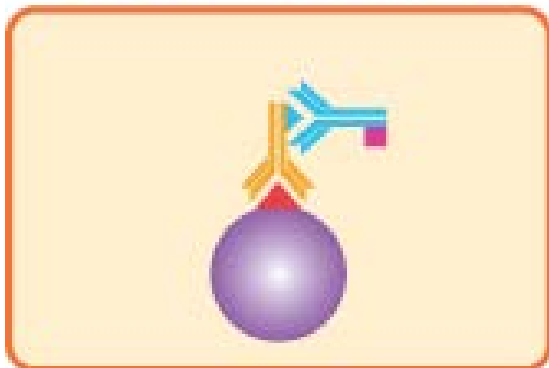
1. Add C1q to HI serum sample



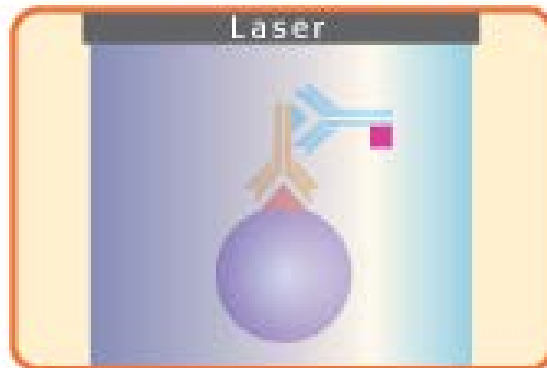
2. Add HLA antigen coated beads



3. Add PE conjugated anti-C1q



4. Wash



5. Read with LABScan™ 100



Legend

Blood and Marrow Transplantation

journal homepage: www.bbmt.org



Biology: Biomarkers

Complement-Binding Donor-Specific Anti-HLA Antibodies and Risk of Primary Graft Failure in Hematopoietic Stem Cell Transplantation

Stefan O. Ciurea^{1,*}, Peter F. Thall², Denái R. Milton², Titus H. Barnes³, Piyanuch Kongtim¹,
Yudith Carmazzi³, Asdrúbal A. López³, Dianne Y. Yap³, Uday Popat¹, Gabriela Rondon¹,
Benjamin Lichtiger³, Fleur Aung³, Vahid Afshar-Kharghan⁴, Qing Ma¹,
Marcelo Fernández-Viña⁵, Richard E. Champlin¹, Kai Cao³

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www.nature.com/bmt

REVIEW

Donor HLA-specific Abs: to BMT or not to BMT?

MS Leffell¹, RJ Jones² and DE Gladstone²

Table 2. General guidelines for desensitization for BMT

<i>DSA/XM strength^a</i>	<i>Number of PP/IVIG treatments</i>		
	<i>Preconditioning</i>	<i>Day – 1^b</i>	<i>Day +1, +2</i>
Low-level DSA+, FCXM –	0	1	If needed, based on day – 1 DSA level ^c
CDC XM –, FCXM+	3–4	1	Day +1; day +2 if needed, based on day – 1 DSA level ^d
CDC XM titer 1–4	5–6	1	Day +1 and day +2; recommend monitoring DSA level on days +3 and +5 ^e
CDC XM HLA class I titer ≥ 8	Consider other options		
CDC XM HLA class II DSA ≥ 1			

HLA Ab Identification

Prediction of Crossmatch results (Virtual XM; vXM)

- Presence of DSA predicts Pos XM
- Absence of DSA Predicts Neg XM



BMT / TRANSPLANT IMMUNOLOGY LAB VIRTUAL CROSSMATCH FORM

To be completed by Transplant Coordinator

Date Completed: _____ Date Serum Drawn _____

Patient Name: _____ DOB: _____

Donor Selected: ☐ Related ☐ Unrelated ☐ Haplo-matched

Donor Name or NMDP ID#: _____

DOB (if Applicable): _____

Planned date of transplantation: _____ / Conditioning Regimen Start Date: _____

Transplant Coordinator: _____ Physician: _____

Please review all antibody testing done up to this date. Please make sure the most recent antibody testing has been reported and the virtual crossmatch has been performed on the most recent sample.

To be completed by Transplant Immunology

Donor Selected: HLA-Identical Sibling: ☐ YES ☐ NO

HLA mismatched alleles/antigens: _____

Recipient and selected Donor are matched for all tested loci (A, B, C, DRB1, DRB345, DQB1, DPB1) and VXM and additional HLA antibody testing is not warranted: ☐ YES ☐ NO

Date Request Received: _____

* Serum Date: _____ Date Serum Received: _____

DSA Present: ☐ YES ☐ NO

DSA (MFI: 1,000-3,999): _____

DSA (MFI: 4,000-10,000): _____

DSA (MFI: >10,000): _____

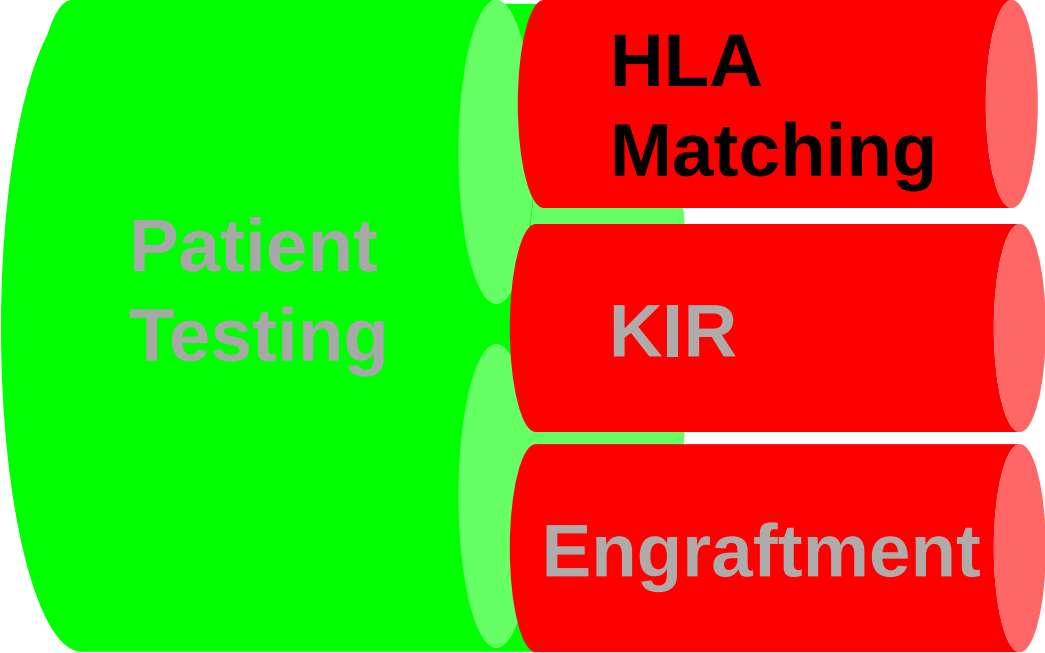
VXM: T cell crossmatch: _____ B cell crossmatch: _____

Reviewed By: _____ Date: _____

HLA Antibody Report will include VXM results

Comments: _____

* Note: VXM may change if blood products received after this date



A diagram illustrating the components of patient testing. A large green rounded rectangle on the left is labeled "Patient Testing". To its right, three red rounded rectangles are stacked vertically, each connected to the green rectangle by a small green oval. The red rectangles are labeled "HLA Matching", "KIR", and "Engraftment" from top to bottom.

**Patient
Testing**

**HLA
Matching**

KIR

Engraftment

MCat	Pr(n) of 10 (%)	Pr(n) of 8 (%)	A	B	C	DRB1	DQB1	A	B	C	DRB1	DQB1	DRB3	DRB4	DRB5	DQA1	DPB1	DPB1 TCE	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01	02:01	01:01			05:01	02:01 04:01	Permissive
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01 02:01	01:FX 01:FX			01:AETTA 04:01	Match	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01 02:01	01:01		05:01	01:01 04:01	Match	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01 02:01	01:01		05:01	01:01 04:01	Match	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01 02:01				04:01 04:01	Permissive	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01				02:01 04:01	Permissive	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01	02:01				01:01 04:01	Match	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01	02:01				01:01 04:01	Match	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01	02:01	01:01		05:01	01:01 04:01	Match	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01	02:01	01:01		05:01	04:01 02:01	Permissive	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01 02:01	01:FX 01:FX			01:AETTA 16:01	Permissive	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01 02:01	01:EWUD 01:EWUD			01:AETTA 04:01	Match	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01 02:01	01:FX 01:FX			01:AETTA 01:AETTA	Permissive	
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99		01:01 02:01	08:01 57:01	07:01 06:02	03:01 03:01	02:01 02:01	01:EWUD 01:EWUD			04:01 04:01	Permissive	

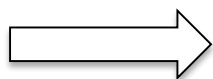
MCat	Pr(n) of 10 (%)	Pr(n) of 8 (%)	A	B	C	DRB1	DQB1	A	B	C	DRB1	DQB1	DRB3	DRB4	DRB5	DQA1	DPB1	DPB1 TCE
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99	02:01 23:17	44:02 57:01	05:01 06:02	04:01 13:03	03:01	01:01	01:03		05:05 03:03	02:01 04:01	Nonpermissive
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	P P 99	P A 99	A P 99	A A 99	P P 99	02:ANGA 23:CJT	44:AMUT 57:01	05:01 06:DDAR	04:01 13:03	03:AFXPP	01:FX	01:AKJT		05:05 03:03	02:AEMGJ 04:AETTB	Nonpermissive
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99	02:01 23:17	44:02 57:01	05:01 06:02	04:01 13:03	03:01	01:01	01:03		05:05 03:03	03:01 04:01	Match
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A P 99	A A 99	A A 99	A A 99	A A 99	02:01 23:01	44:02 57:01	05:01 06:02	04:01 13:03	03:01 03:01	01:01	01:03		03:03 05:05	02:01 04:01	Nonpermissive
10/10	10/10=99 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99	02:01 23:17	44:02 57:01	05:01 06:02	04:01 13:03	03:01	01:01	01:03		05:05 03:03	03:01 04:01	Match
10/10	10/10=11 9/10=18 8/10=46	8/8=13 7/8=45 6/8=61	P P 99	P P 54		P P 21		s2 s23	s44 s57		04:XX 13:XX							
10/10	10/10=11 9/10=18 8/10=46	8/8=13 7/8=45 6/8=61	P P 99	P P 54		P P 21		s2 s23	s44 s57		s4 s13							
9/10	10/10=0 9/10=99 8/10=99	8/8=99 7/8=99 6/8=99	P P 99	P P 99	P P 99	A P 99	P L 0	02:BGNHR 23:BFBYJ	44:BFBZD 57:AYVSY	05:BFBWF 06:BFBZY	04:BGNGB 13:BGNGK	03:BGNJH 03:AWFCX					04:BFBWY	Nonpermissive
9/10	10/10=0 9/10=99 8/10=99	8/8=0 7/8=99 6/8=99	P M 0	P P 99	P P 99	A A 99	P P 99	02:EMCH 31:DUKU	44:DZWM 57:EJRM	05:EJWP 06:EJWR	04:01 13:03	03:ENWH 03:ENWH						
9/10	10/10=0 9/10=99 8/10=99	8/8=0 7/8=99 6/8=99	P M 0	P P 99	P P 99	A A 99	P P 99	02:ZAKP 01:ZAKM	44:JGMU 57:RGPU	05:YGKG 06:ZAMM	04:01 13:03	03:ZAMW 03:ZAMW					04:FNVS 04:HJMR	Nonpermissive
9/10	10/10=0 9/10=99 8/10=99	8/8=0 7/8=99 6/8=99	P M 0	P P 99	P P 99	A A 99	A A 99	02:AFVFJ 02:AFVFJ	44:AAAVY 57:RGPU	05:AESTD 06:AETSY	04:01 13:03	03:01 03:01					04:FNVS 11:01	Nonpermissive
9/10	10/10=0 9/10=99 8/10=99	8/8=0 7/8=99 6/8=99	P M 0	P P 99	P P 99	A A 99	A A 99	02:NHBH 68:RFCF	44:NHWA 57:NHWG	05:WVUW 06:XKMOV	04:01 13:03	03:01						
9/10	10/10=0 9/10=99 8/10=99	8/8=0 7/8=99 6/8=99	P M 0	P A 99	P P 99	A A 99	A A 99	02:ANGA 24:HJMV	44:AMUT 57:01	05:JSRJ 06:ZKTX	04:01 13:03	03:01	01:MS	01:XX				
9/10	10/10=0 9/10=99 8/10=99	8/8=0 7/8=99 6/8=99	P M 0	P P 99	P P 99	A A 99	A A 99	02:BGNHR 68:BFBYS	44:BFBZD 57:AYVSY	05:BFBZX 06:BFBZY	04:01 13:03	03:01 03:01					01:01 04:01	Nonpermissive
9/10	10/10=0 9/10=99 8/10=99	8/8=0 7/8=99 6/8=99	A A 99	A A 99	A A 99	A A 99	A A 99	02:01 01:01	44:02 57:01	05:01 06:02	04:01 13:03	03:01 03:01	01:EWUD	01:EHN	NNNN		04:01 04:01	Nonpermissive

Genotype Frequency as a Search Prognosis Tool

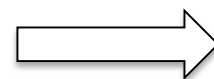
Patient HLA Type

HLA-A	HLA-B	HLA-C	HLA-DRB1	HLA-DQB1
11:01	18:01	07:01	01:01	05:01
68:02	35:01	04:01	14:01	05:03

+ Patient Ethnicity



Genotype
Frequency
Tool



Good

- ≥ 3 10/10 donors

Fair

- 1-2 10/10s or
- No 10/10s and ≥ 3 9/10 donors

Poor

- No 10/10s and < 3 9/10 donors



MCat	Pr(n) of 10 (%)	Pr(n) of 8 (%)	A	B	C	DRB1	DQB1	A	B	C	DRB1	DQB1	DRB3	DRB4	DRB5	DQA1	DPB1	DPB1 TCE
4/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P P 99	L M 0	P M 0	L A 0	L L 0	11:BFBYG 68:AYVSJ	18:03 27:BFBUF	07:BFBZZ 01:BGNJB	04:01 13:01	03:01 06:03					04:01 04:01	Permissive
4/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P P 99	M L 0	M P 0	L L 0	A M 0	11:BFBYG 68:BFBYS	35:BGNFD 42:02	04:BFBZV 17:BGNFK	04:03 13:03	03:02 03:BGCWT					01:YGTJ 04:BFCSW	Permissive
4/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P L 0	L M 0	P M 0	A L 0	A M 0	11:BFBYG 68:ASXJM	18:03 14:ANVB	07:BFBZZ 08:BCZHV	04:04 13:03	03:02 03:01					04:FNVS 02:AFCTE	Permissive
4/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P L 0	P M 0	P M 0	L L 0	P M 0	11:SNFC 68:02	18:JDZZ 14:02	07:UBKJ 08:UBKN	04:03 13:03	03:RCH 03:SNFR	01:XX	01:XX			02:01 03:FYKD	Nonpermissive
4/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P P 99	P M 0	L M 0	L L 0	A L 0	11:XEWG 68:TXXF	18:TXYF 44:JGMU	07:ET 12:CNB	04:01 13:02	03:02 06:02					04:01 05:RGPW	Permissive
4/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P L 0	P M 0	P M 0	L L 0	A M 0	11:BDFZ 68:02	18:RRG 14:02	07:CXSZ 08:BE	04:03 13:03	03:02 03:DAAR	01:MS	01:XX				
3/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P L 0	P M 0	P M 0	L L 0	L M 0	11:KHME 68:02	18:JDZZ 14:02	07:NFCR 08:MJAB	04:08 13:03	03:JEAW 03:JEAW	01:MS	01:XX				
3/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P P 99	L M 0	P M 0	L L 0	L L 0	11:BFBYG 68:AYVSJ	18:03 14:02	07:BFBZZ 08:BCZHV	04:08 13:02	03:01 06:09					04:02 05:RGPW	Permissive
3/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P L 0	P M 0	P M 0	L L 0	L M 0	11:BFBYG 68:24	18:BGNJA 55:HMCD	07:BFBZZ 03:BFBZR	04:BGNGB 13:15	03:01 03:01					04:FNVS 04:HJMR	Permissive
3/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P L 0	P M 0	P M 0	L L 0	L M 0	11:BFBYG 68:ASXJM	18:BGNJA 14:ANVB	07:BFBZZ 08:BCZHV	04:BGNGD 13:03	03:01 03:01					03:FYKD 02:AHZAM	Nonpermissive
3/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	A L 0	P M 0	M M 0	L L 0	P M 0	11:01 68:02	18:RRG 14:02	08:02 12:AFCTH	04:01 13:03	03:YGKM 03:AFXPP	01:FX	01:AKJT			02:AEMGJ	Permissive
3/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P M 0	P L 0	L P 0	L L 0	L M 0	11:MXZM 32:MUHF	18:JDZZ 42:02	07:ET 17:MN	04:05 13:03	03:JEAW 04:02						
3/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P L 0	P M 0	M M 0	L L 0	A M 0	11:BFBYG 68:ASXJM	18:BGNJA 35:BFBZB	04:BFBZV 05:BFBZX	04:01 13:05	03:02 03:01					04:BFCAJ 04:BFCAK	Permissive
2/10	10/10=0 9/10=0 8/10=0	8/8=0 7/8=0 6/8=0	P L 0	P M 0	M M 0	L L 0	L M 0	11:SNFC 68:02	18:JDZZ 14:02	08:UXFG 12:RTBU	04:HTWY 13:03	03:SNFR 03:SNFR	01:XX	01:XX			02:01 06:01	Nonpermissive

So What? Who Cares?





blood

2007 110: 4576-4583

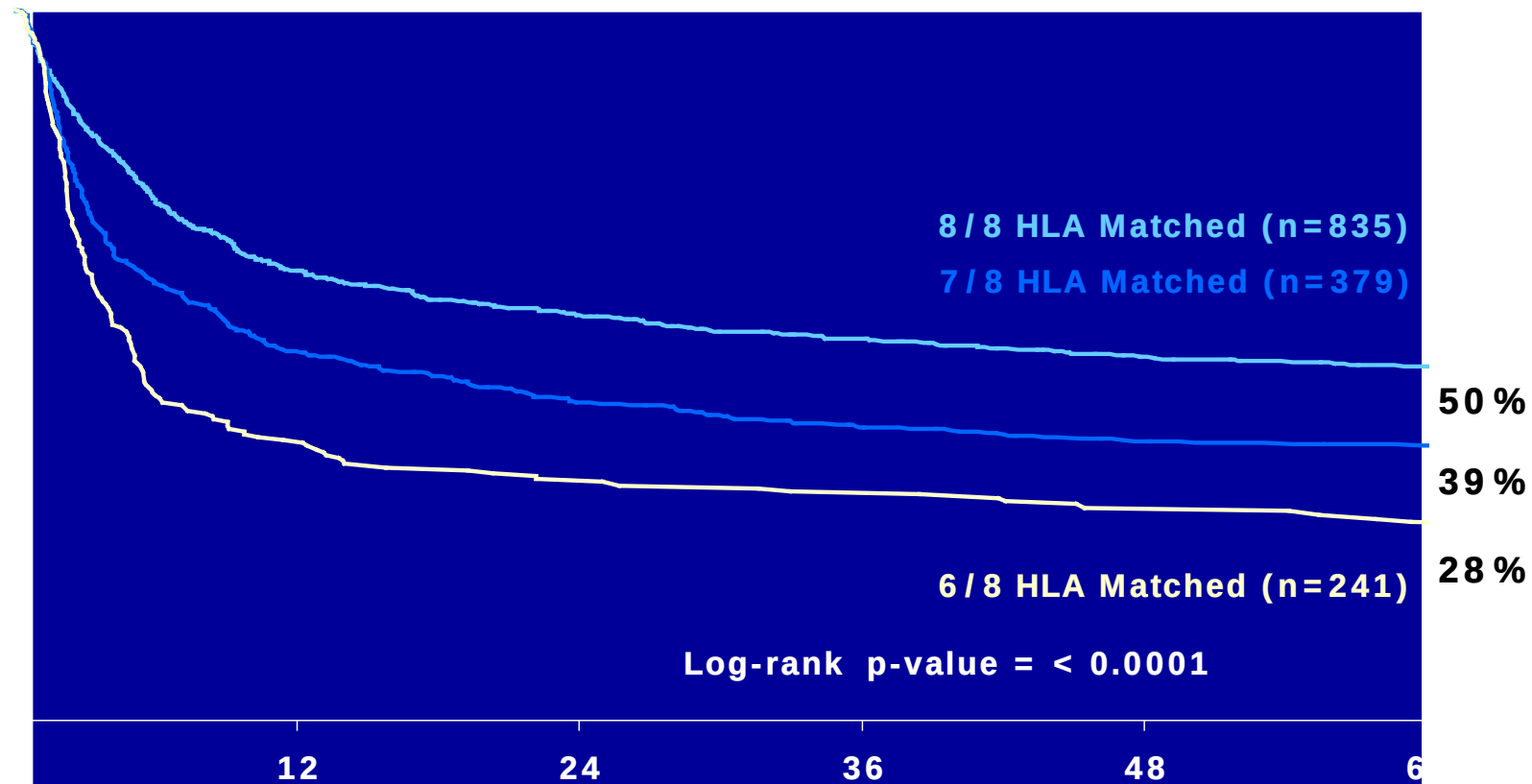
doi:10.1182/blood-2007-06-097386 originally published
online September 4, 2007

High-resolution donor-recipient HLA matching contributes to the success of unrelated donor marrow transplantation

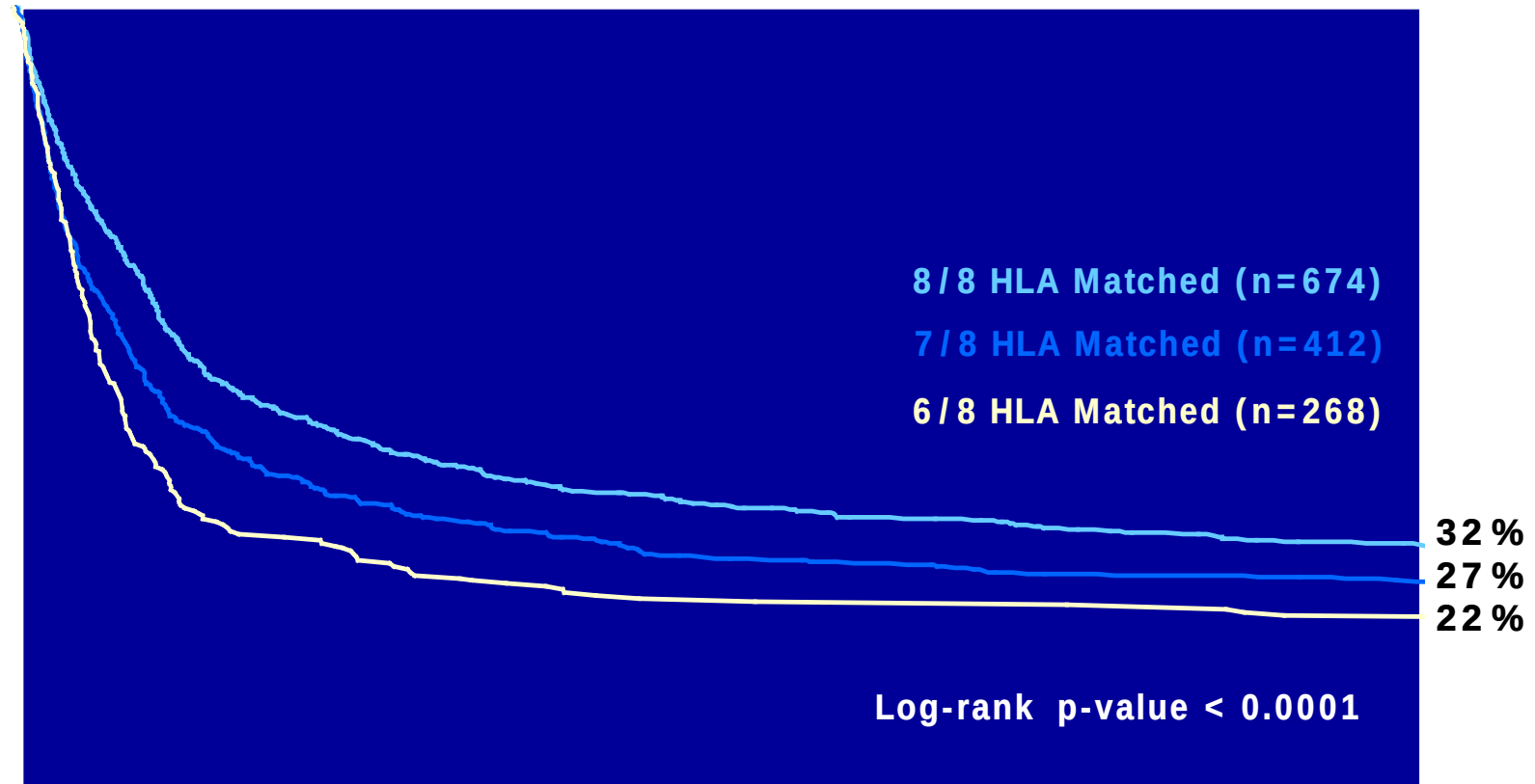
Stephanie J. Lee, John Klein, Michael Haagenson, Lee Ann Baxter-Lowe, Dennis L. Confer, Mary Eapen, Marcelo Fernandez-Vina, Neal Flomenberg, Mary Horowitz, Carolyn K. Hurley, Harriet Noreen, Machteld Oudshoorn, Effie Petersdorf, Michelle Setterholm, Stephen Spellman, Daniel Weisdorf, Thomas M. Williams and Claudio Anasetti

BLOOD, 15 DECEMBER 2007 • VOLUME 110, NUMBER 13

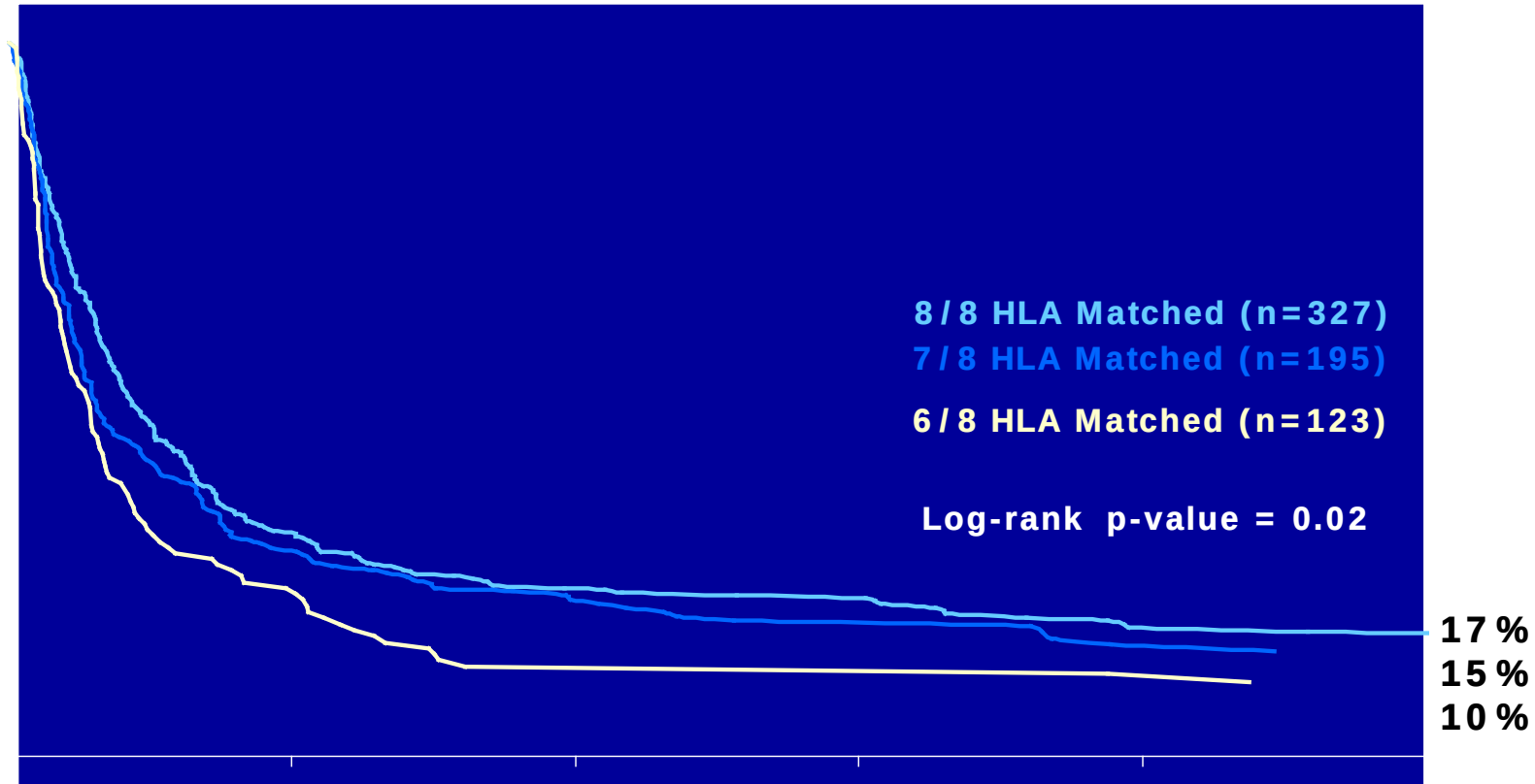
Probability of Overall Survival by HLA Matching for Early Disease Stage



Probability of Overall Survival by HLA Matching for Intermediate Disease Stage



Probability of Overall Survival by HLA Matching for Advanced Disease Stage

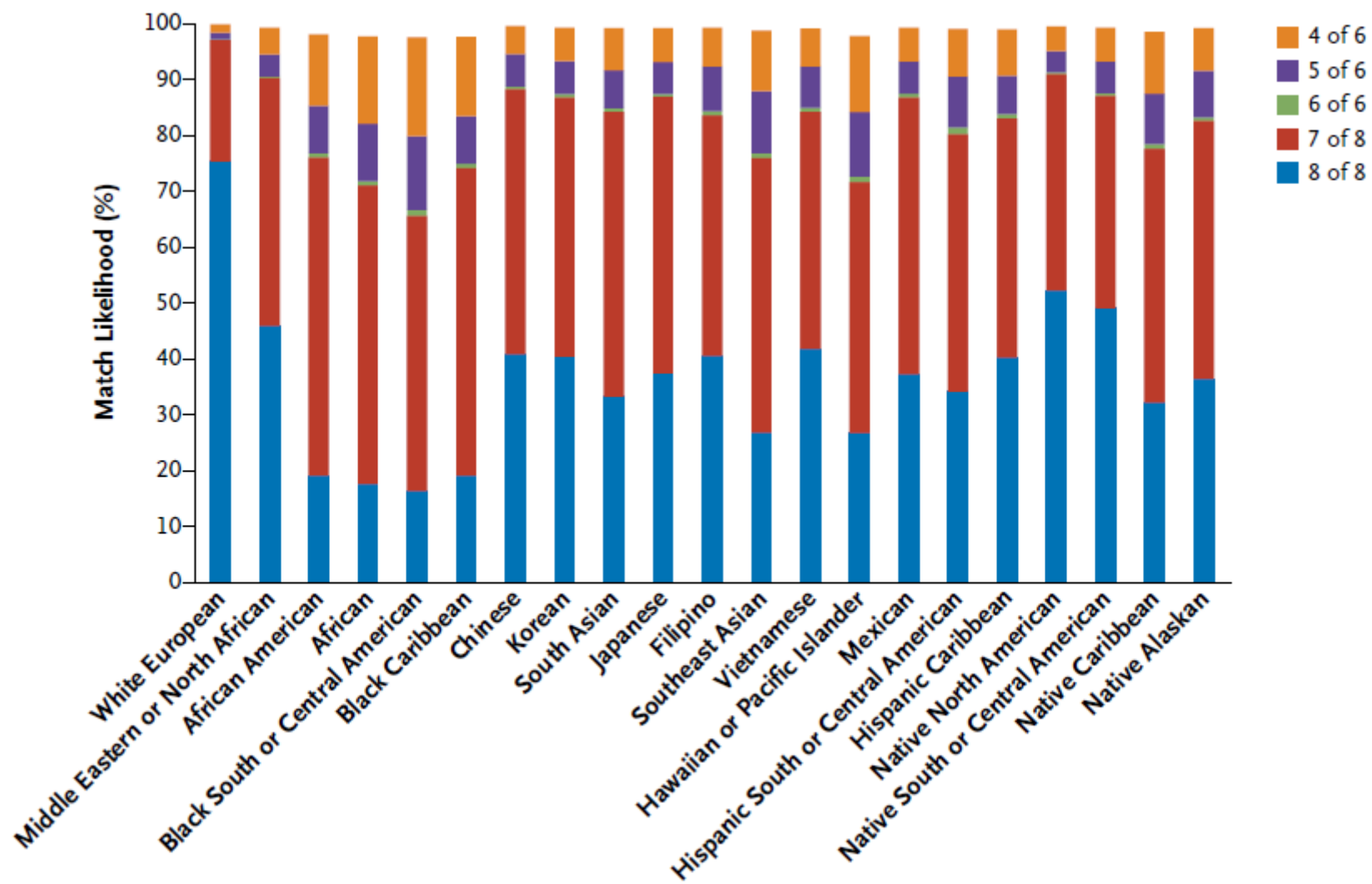


The NEW ENGLAND JOURNAL *of* MEDICINE

SPECIAL ARTICLE

HLA Match Likelihoods for Hematopoietic Stem-Cell Grafts in the U.S. Registry

Loren Gragert, B.S., B.A., Mary Eapen, M.B., B.S., Eric Williams, Ph.D.,
John Freeman, B.S., Stephen Spellman, M.B.S., Robert Baitty, M.P.P.,
Robert Hartzman, M.D., J. Douglas Rizzo, M.D., Mary Horowitz, M.D.,
Dennis Confer, M.D., and Martin Maiers, B.A.





blood

2007 110: 4576-4583

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online September 4, 2007

High-resolution donor-recipient HLA matching contributes to the success of unrelated donor marrow transplantation

Stephanie J. Lee, John Klein, Michael Haagenson, Lee Ann Baxter-Lowe, Dennis L. Confer, Mary Eapen, Marcelo Fernandez-Vina, Neal Flomenberg, Mary Horowitz, Carolyn K. Hurley, Harriet Noreen, Machteld Oudshoorn, Effie Petersdorf, Michelle Setterholm, Stephen Spellman, Daniel Weisdorf, Thomas M. Williams and Claudio Anasetti

BLOOD, 15 DECEMBER 2007 • VOLUME 110, NUMBER 13

Table 2. Single locus mismatches at HLA-A, -B, -C, and -DRB1

Factor	Treatment-related mortality			Acute graft-versus-host disease		
	RR	95% CI	<i>P</i>	RR	95% CI	<i>P</i>
Any single locus (n = 985) vs matched (n = 1840)	1.40	1.25-1.56	<.001	1.48	1.29-1.68	<.001
Any single allele (n = 412) vs matched	1.40	1.20-1.63	<.001	1.34	1.12-1.61	.002
Any single antigen (n = 573) vs matched	1.40	1.22-1.60	<.001	1.59	1.35-1.86	<.001
Any single allele vs any single antigen	1.00	0.83-1.19	.98	0.85	0.68-1.04	.12

Table 2. Single locus mismatches at HLA-A, -B, -C, and -DRB1

Factor	Survival			Disease-free survival		
	RR	95% CI	<i>P</i>	RR	95% CI	<i>P</i>
Any single locus (n = 985) vs matched (n = 1840)	1.25	1.13-1.38	<.001	1.23	1.12-1.36	<.001
Any single allele (n = 412) vs matched	1.30	1.14-1.46	<.001	1.28	1.13-1.46	.002
Any single antigen (n = 573) vs matched	1.22	1.08-1.37	.001	1.20	1.07-1.35	.002
Any single allele vs any single antigen	1.07	0.92-1.24	.40	1.07	0.92-1.24	.39



Biology of Blood and Marrow Transplantation

journal homepage: www.bbmt.org

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and Marrow Transplantation

Refractory Graft-Versus-Host Disease–Free, Relapse-Free Survival as an Accurate and Easy-to-Calculate Endpoint to Assess the Long-Term Transplant Success

GRFS

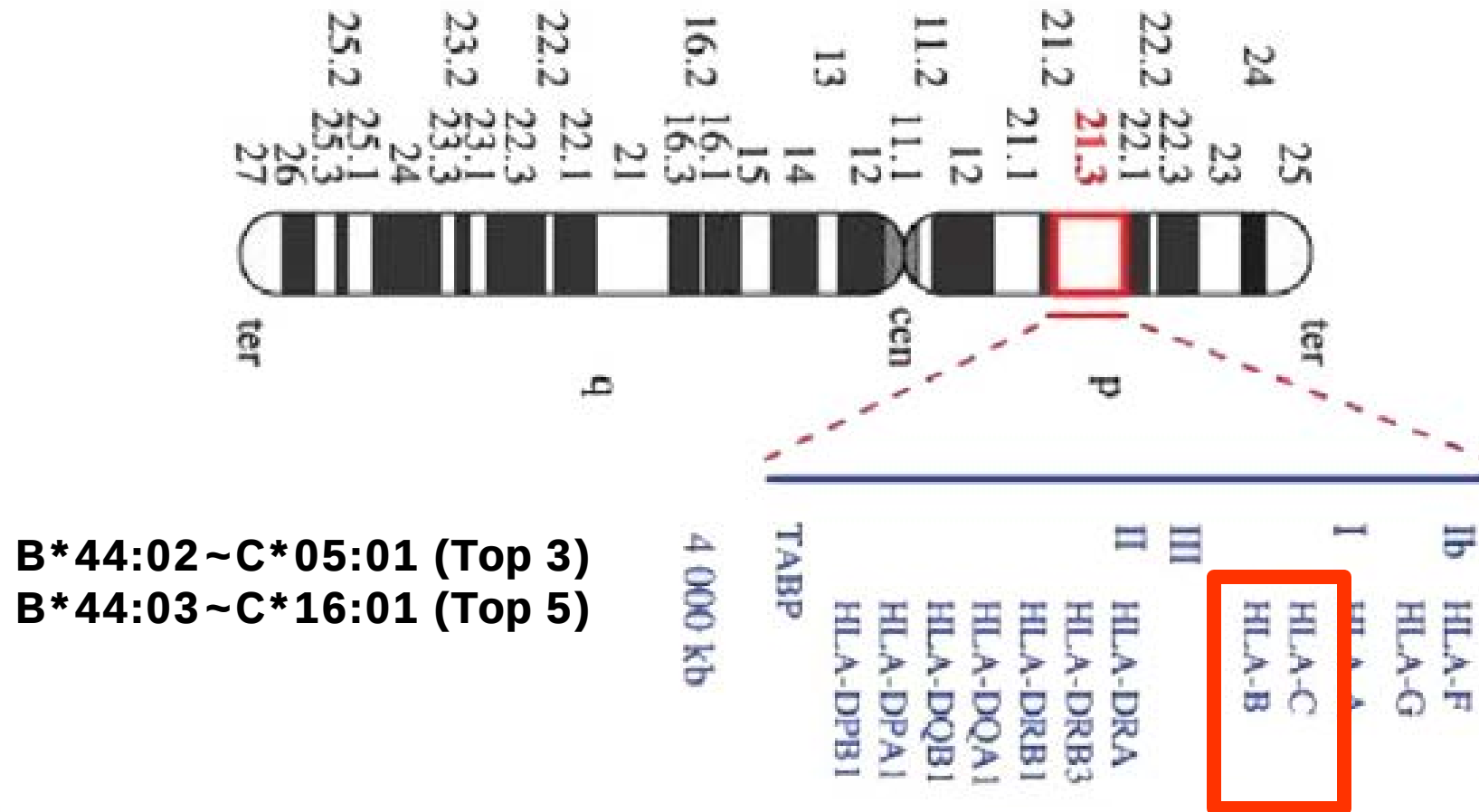
Koji Kawamura¹, Hideki Nakasone¹, Saiko Kurosawa², Kazuki Yoshimura¹, Yukiko Misaki¹, Ayumi Gomyo¹, Jin Hayakawa¹, Masaharu Tamaki¹, Yu Akahoshi¹, Machiko Kusuda¹, Kazuaki Kameda¹, Hidenori Wada¹, Yuko Ishihara¹, Miki Sato¹, Kiriko Terasako-Saito¹, Misato Kikuchi¹, Shun-ichi Kimura¹, Aki Tanihara¹, Shinichi Kako¹, Heiwa Kanamori³, Takehiko Mori⁴, Satoshi Takahashi⁵, Shuichi Taniguchi⁶, Yoshiko Atsuta^{7,8}, Yoshinobu Kanda^{1,9,*}

	n*	OS			GVHD		
		RR	95% CI	P	RR	95% CI	P
Matched	1840	1.00	—	—	1.00	—	—
HLA-A							
Allele	113	1.50	1.20-1.88	<.001	1.62	1.19-2.20	.002
Antigen	161	1.24	1.02-1.52	.03	1.54	1.18-2.03	.002
Allele vs antigen	—	0.83	0.62-1.10	.19	0.95	0.64-1.41	.81
HLA-B							
Allele	99	1.25	0.97-1.60	.09	1.63	1.19-2.23	.002
Antigen	17	0.78	0.42-1.45	.43	1.60	0.79-3.21	.19
Allele vs antigen	—	0.62	0.32-1.21	.17	0.98	0.46-2.08	.96
HLA-C							
Allele	96	1.03	0.79-1.34	.84	0.98	0.68-1.40	.90
Antigen	382	1.22	1.06-1.39	.004	1.60	1.33-1.93	<.001
Allele vs antigen	—	1.18	0.89-1.57	.24	1.63	1.11-2.42	.01
HLA-DRB1							
Allele	104	1.42	1.13-1.80	.003	1.20	0.83-1.73	.32
Antigen	13	1.81	0.96-3.41	.07	1.77	0.83-3.78	.14
Allele vs antigen	—	1.27	0.64-2.48	.49	1.46	0.64-3.37	.36

* is the number for survival model. Other models may have had

— = not applicable

M. Askar et al. / Biol Blood Marrow Transplant 20 (2014) 1835–1840



3

DETERMINE SEARCH STRATEGY



Search Strategy Advice (SSA)

**Well Typed Donors
>90% Likelihood to Match***Matched or Mismatched
(10/10, 8/8, 9/10, 7/8)*FastTrack
Search

Consider:
Proceeding Directly
to Workup

Evaluate Donor
Age & DPB1
Matching (1, 2)**Potential Donors Available,
Matching is Uncertain**Evaluate Matching Predictions
of Donors on the Potential List

Search BMDW & Coop Lists



Haplostats

Are there 8/8 matched or C*03:03/03:04
permissively mismatched donors? (3, 4)Are there unidirectional
mismatched donors? (5)

Evaluate Donor Age & DPB1 Matching (1, 2)

**Cord Blood Unit
Search**Cord Blood
Consultation
Service

Allele Reveal

*Matching at HLA-C,
Antibodies*

Criteria:
TNC/kg
CD34/kg
x/8 Matching
RBC Depletion
Total Frozen Volume (6)



	n*	OS			GVHD		
		RR	95% CI	P	RR	95% CI	P
Matched	1840	1.00	—	—	1.00	—	—
HLA-A							
Allele	113	1.50	1.20-1.88	<.001	1.62	1.19-2.20	.002
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Antigen	17	0.78	0.42-1.45	.43	1.60	0.79-3.21	.19
Allele vs antigen	—	0.62	0.32-1.21	.17	0.98	0.46-2.08	.96
HLA-C							
Allele	96	1.03	0.79-1.34	.84	0.98	0.68-1.40	.90
Antigen	382	1.22	1.06-1.39	.004	1.60	1.33-1.93	<.001
Allele vs antigen	—	1.18	0.89-1.57	.24	1.63	1.11-2.42	.01
HLA-DRB1							
Allele	104	1.42	1.13-1.80	.003	1.20	0.83-1.73	.32
Antigen	13	1.81	0.96-3.41	.07	1.77	0.83-3.78	.14
Allele vs antigen	—	1.27	0.64-2.48	.49	1.46	0.64-3.37	.36

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— = not applicable



blood

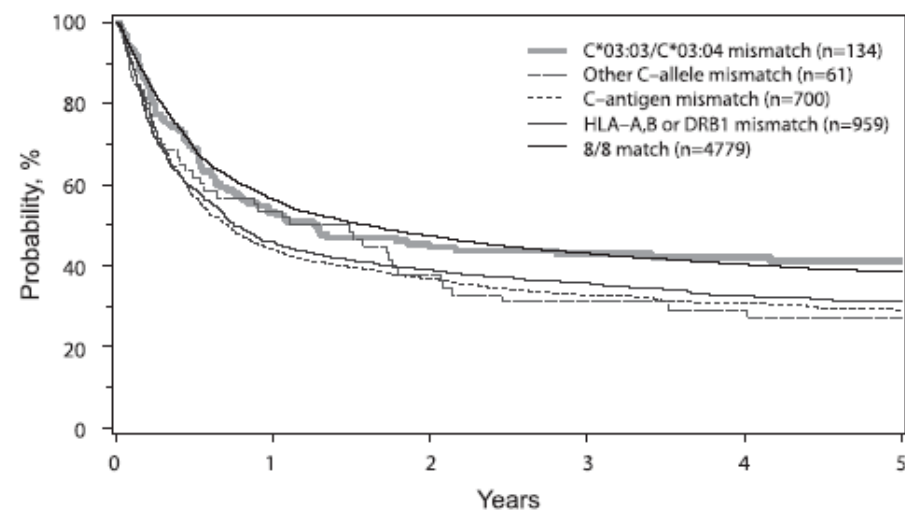
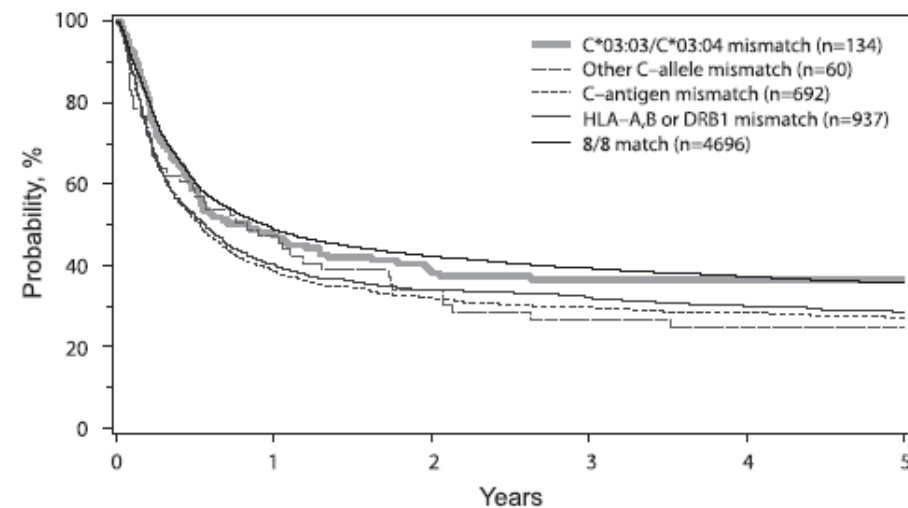
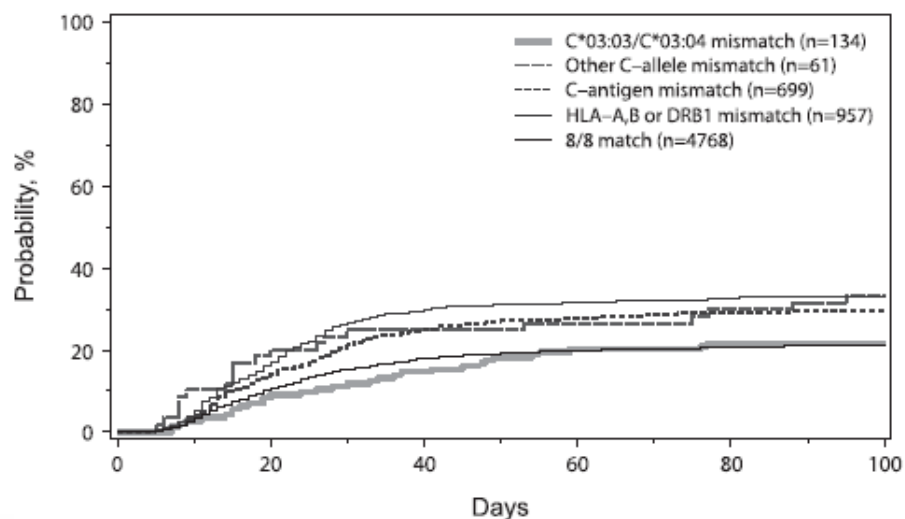
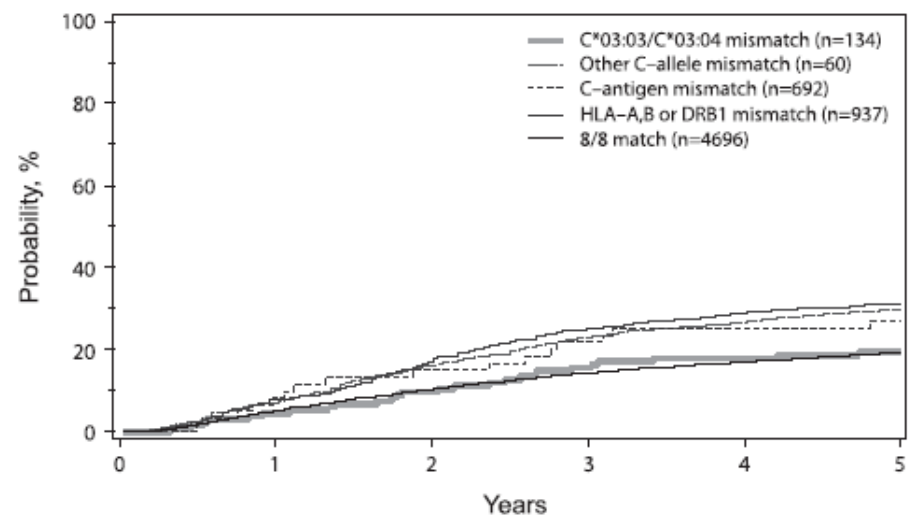
2014 123: 1270-1278

doi:10.1182/blood-2013-10-532671 originally published

online January 9, 2014

Identification of a permissible HLA mismatch in hematopoietic stem cell transplantation

Marcelo A. Fernandez-Viña, Tao Wang, Stephanie J. Lee, Michael Haagensohn, Mahmoud Aljurf, Medhat Askar, Minoo Battiwalla, Lee-Ann Baxter-Lowe, James Gajewski, Ann A. Jakubowski, Susana Marino, Machteld Oudshoorn, Steven G. E. Marsh, Effie W. Petersdorf, Kirk Schultz, E. Victoria Turner, Edmund K. Waller, Ann Woolfrey, John Umejiego, Stephen R. Spellman and Michelle Setterholm

OS**A****DFS****B****C****D****Grade 3-4 aGVHD****TRM**



www.bbmt.org

HLA Mismatch Is Associated with Worse Outcomes after Unrelated Donor Reduced-Intensity Conditioning Hematopoietic Cell Transplantation: An Analysis from the Center for International Blood and Marrow Transplant Research

Michael R. Verneris^{1,*}, Stephanie J. Lee², Kwang Woo Ahn³, Hai-Lin Wang⁴, Minoo Battiwalla⁵, Yoshihiro Inamoto², Marcelo A. Fernandez-Vina⁶, James Gajewski⁷, Joseph Pidala⁸, Reinhold Munker⁹, Mahmoud Aljurf¹⁰, Wael Saber⁴, Stephen Spellman¹¹, John Koreth¹²



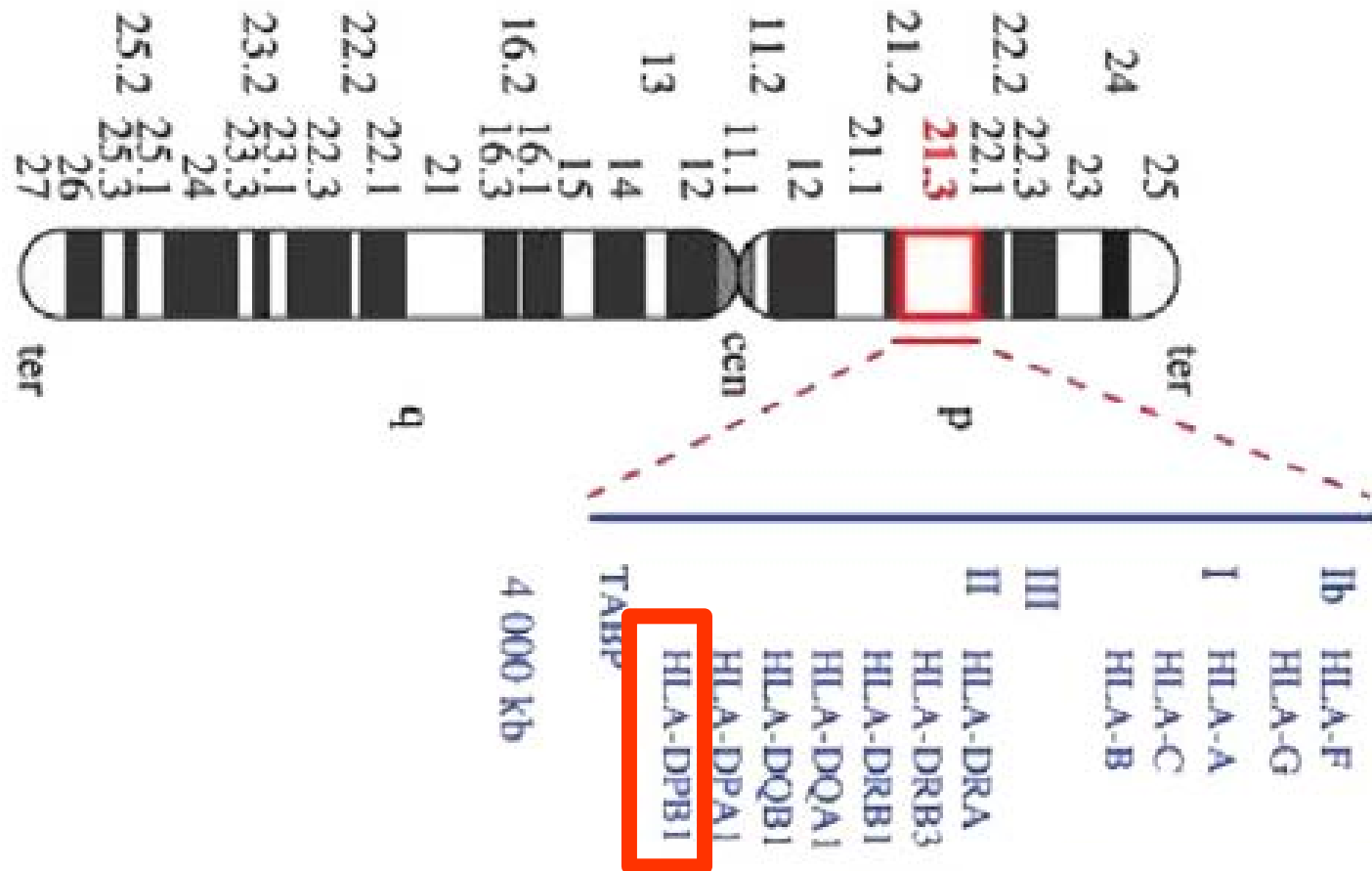
blood

Prepublished online August 26, 2014;
doi:10.1182/blood-2014-05-576041

Non-permissive -DPB1 mismatch among otherwise HLA-matched donor-recipient pairs results in increased overall mortality after myeloablative unrelated allogeneic hematopoietic cell transplantation for hematologic malignancies

Joseph Pidala, Stephanie J. Lee, Kwang Woo Ahn, Stephen Spellman, Hai-Lin Wang, Mahmoud Aljurf, Medhat Askar, Jason Dehn, Marcelo Fernandez Viña, Alois Gratwohl, Vikas Gupta, Rabi Hanna, Mary M. Horowitz, Carolyn K. Hurley, Yoshihiro Inamoto, Adetola A. Kassim, Taiga Nishihori, Carlheinz Mueller, Machteld Oudshoorn, Effie W. Petersdorf, Vinod Prasad, James Robinson, Wael Saber, Kirk R. Schultz, Bronwen Shaw, Jan Storek, William A. Wood, Ann E. Woolfrey and Claudio Anasetti

M. Askar et al. / Biol Blood Marrow Transplant 20 (2014) 1835–1840



The importance of HLA-DPB1 in unrelated donor hematopoietic cell transplantation

Bronwen E. Shaw,^{1,2} Theodore A. Gooley,³ Mari Malkki,³ J. Alejandro Madrigal,^{1,4} Ann B. Begovich,⁵ Mary M. Horowitz,⁶ Alois Gratwohl,⁷ Olle Ringdén,⁸ Steven G. E. Marsh,^{1,4} and Effie W. Petersdorf^{3,9}

¹Anthony Nolan Research Institute, London, United Kingdom; ²Section of Haemato-Oncology, Royal Marsden Hospital/Institute of Cancer Research, Surrey, United Kingdom; ³Division of Clinical Research, Fred Hutchinson Cancer Research Center, Seattle, WA; ⁴Royal Free and University College London Medical School, London, United Kingdom; ⁵Roche Molecular Systems, Alameda, CA; ⁶Center for International Blood and Marrow Transplant Research, Medical College of Wisconsin, Milwaukee; ⁷Hematology Department, University Hospital Basel, Basel, Switzerland; ⁸Division of Clinical Immunology, Karolinska University Hospital Huddinge, Stockholm, Sweden; and ⁹Department of Medicine, University of Washington School of Medicine, Seattle

	Adjusted models			
	Grades 2-4 aGVHD	Grades 3-4 aGVHD	Relapse	Overall mortality
Matched at HLA-DPB1	1	1	1	1
Mismatched at HLA-DPB1	1.33 (1.18-1.51; <i>P</i> < .001)	1.22 (1.06-1.40; <i>P</i> = .005)	0.78 (0.67-0.92; <i>P</i> = .002)	1.09 (0.99-1.19; <i>P</i> = .07)
1 allele mismatched	1.31 (1.14-1.49; <i>P</i> < .001)	1.18 (1.02-1.37; <i>P</i> = .03)	0.79 (0.67-0.93; <i>P</i> = .005)	1.08 (0.98-1.19; <i>P</i> = .13)
2 alleles mismatched	1.36 (1.18-1.58; <i>P</i> < .001)	1.27 (1.09-1.49; <i>P</i> = .003)	0.76 (0.64-0.91; <i>P</i> = .003)	1.09 (0.98-1.21; <i>P</i> = .11)

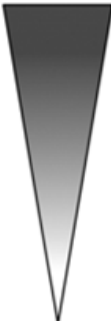


Effect of T-cell-epitope matching at HLA-DPB1 in recipients of unrelated-donor haemopoietic-cell transplantation: a retrospective study

Katharina Fleischhauer, Bronwen E Shaw*, Theodore Gooley, Mari Malkki, Peter Bardy, Jean-Denis Bignon, Valérie Dubois, Mary M Horowitz, J Alejandro Madrigal, Yasuo Morishima, Machteld Oudshoorn, Olle Ringden, Stephen Spellman, Andrea Velardi, Elisabetta Zino, Effie W Petersdorf, on behalf of the International Histocompatibility Working Group in Hematopoietic Cell Transplantation*

~

A

DPB1* alleles	TCE3 group	TCE4 group	Immunogenicity
0901 1001 1701	1	1	
0301 1401 4501	2	2	
0201 0202 0203	3	3	
Others		4	

B

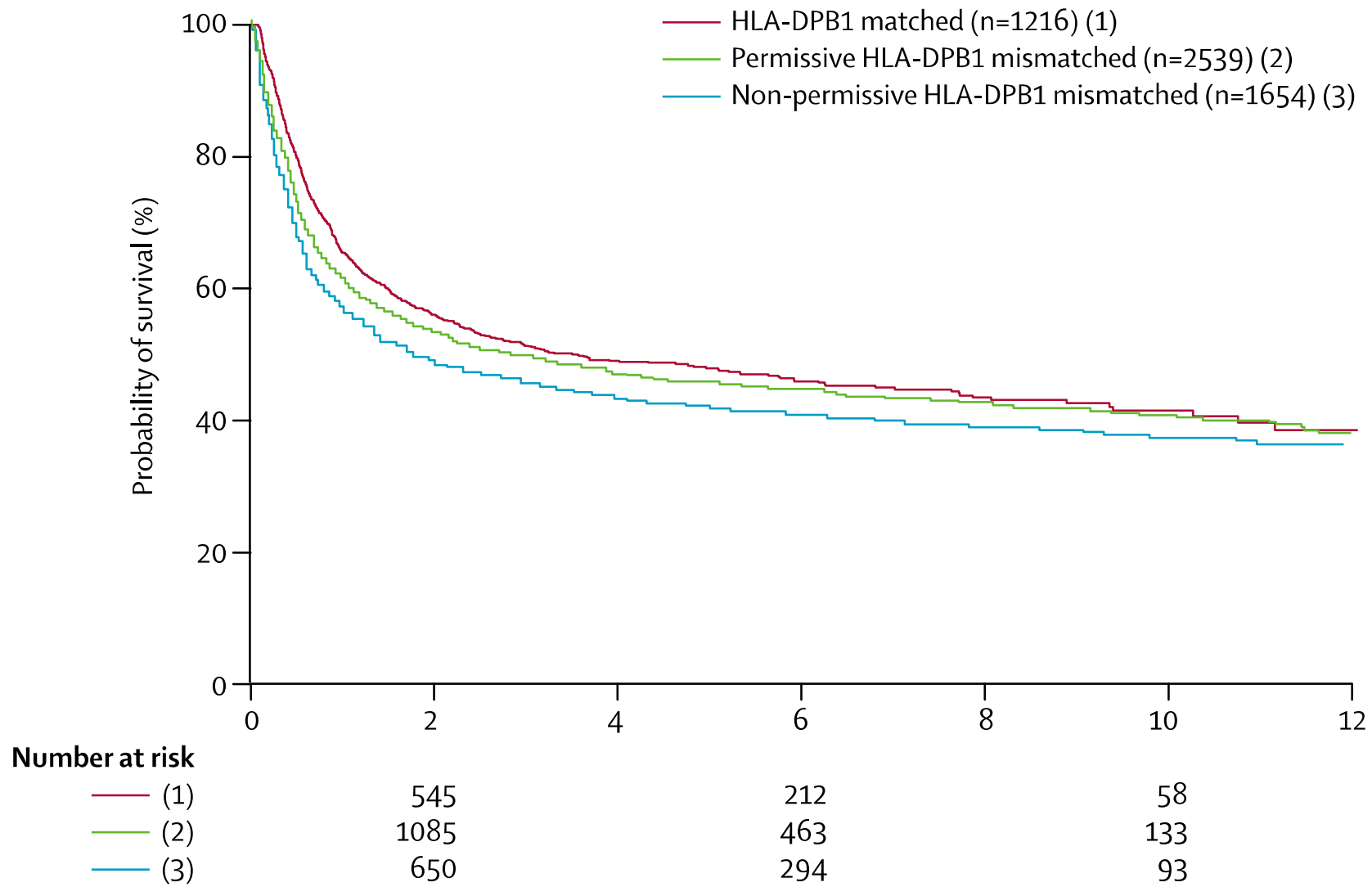
RECIPIENT DPB1 GROUP

TCE3 →		1/1		1/2		1/3		2/2		2/3		3/3				
↓	TCE4	1/1	1/2	1/3	1/4	2/2	2/3	2/4	3/3	3/4	4/4					
DONOR DPB1 GROUP	1/1	1/1	Permissive				Non-permissive HvG									
	1/2	1/2														
	1/3	1/3														
	1/4	1/4														
	2/2	2/2	Non-permissive GvH										Permissive			
	2/3	2/3														
	2/4	2/4														
	3/3	3/3											Non-permissive GvH			
3/4	3/4	Perm														
4/4	4/4	Perm														

☐ Permissive in TCE3 and TCE4  Permissive in TCE3, but not in TCE4  Non-permissive in TCE3 and TCE4



Baylor Scott & White
BAYLOR UNIVERSITY MEDICAL CENTER
DALLAS



Biol Blood Marrow Transplant 17:1404-1415, 2011

**Predictions in the Face of Clinical Reality: *HistoCheck*
versus High-Risk HLA Allele Mismatch Combinations
Responsible for Severe Acute Graft-versus-Host Disease**

*Medhat Askar,¹ Ronald Sobecks,² Yasuo Morishima,³ Takakazu Kawase,³
Amy Nowacki,⁴ Hideki Makishima,⁵ Jaroslaw Maciejewski⁵*

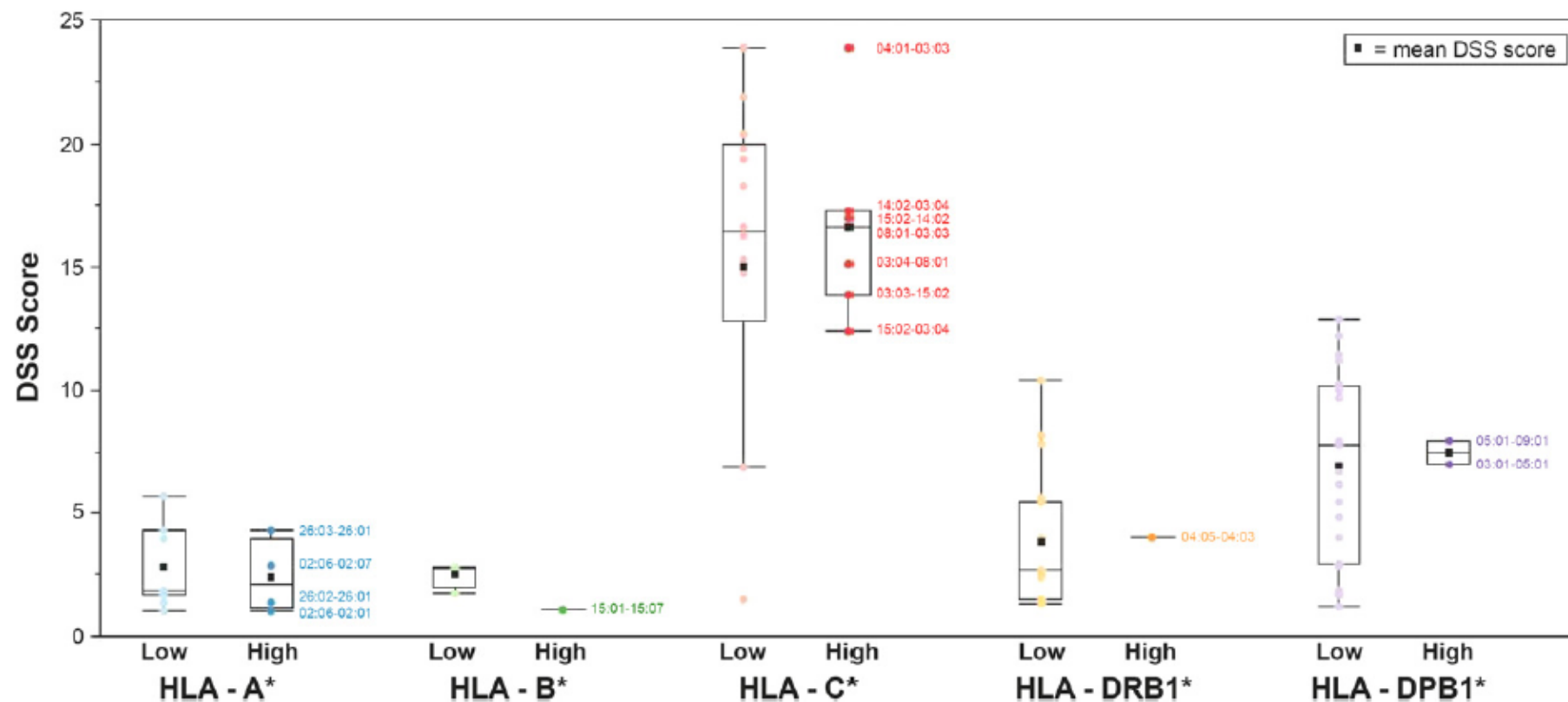


Figure I. Comparison of SSM in high- versus low-risk mismatch allele combinations. SSM means are not significantly different, and SSM distributions are overlapping among high- and low-risk allele combinations within loci HLA-A, -B, -C, -DRB1, and -DPB1.

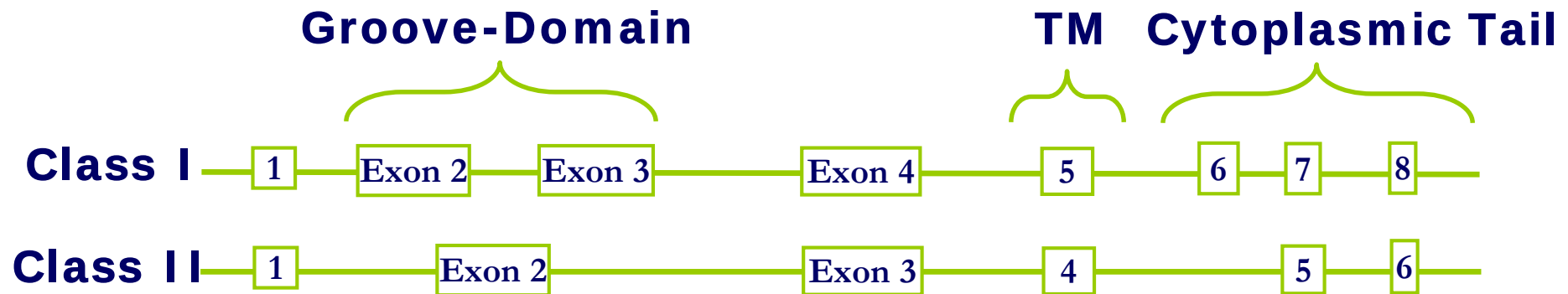
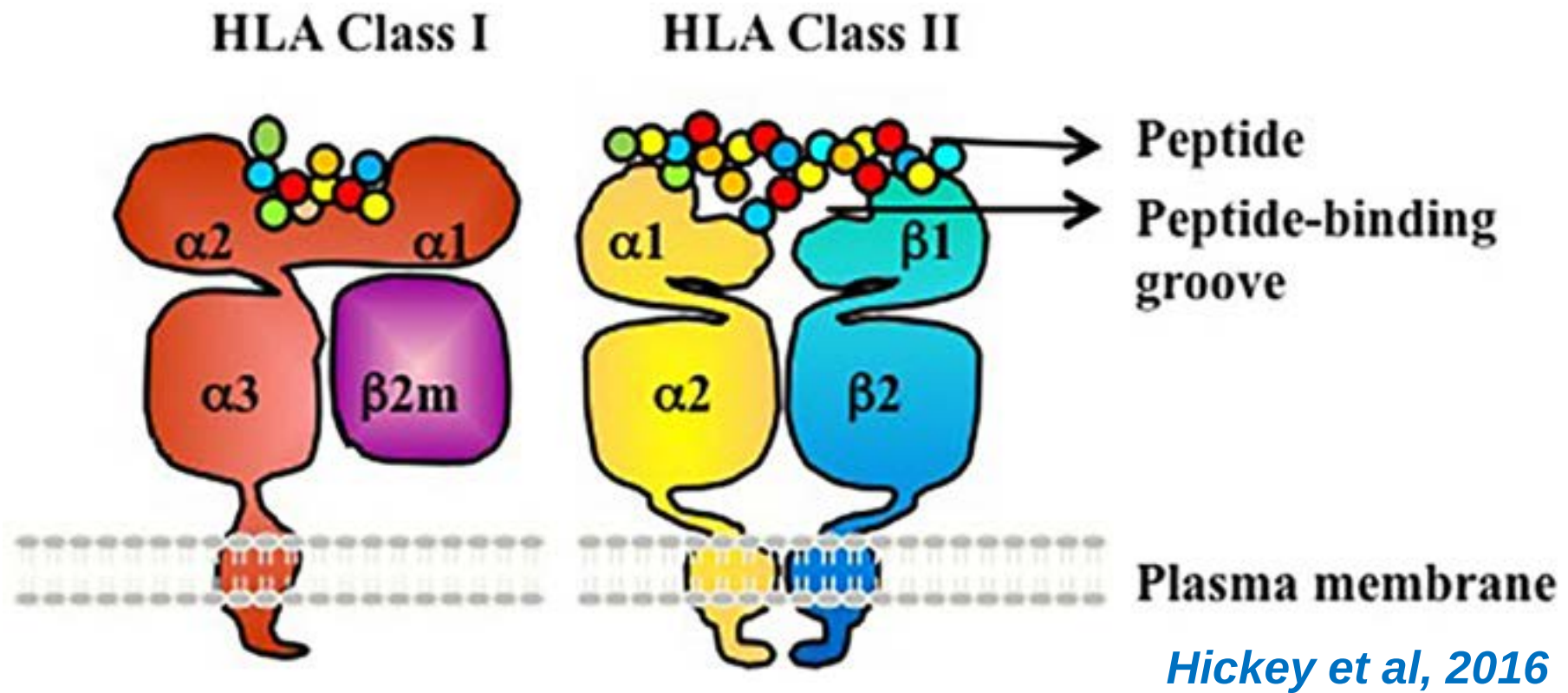


Scoring HLA Class I Mismatches by HistoCheck Does Not Predict Clinical Outcome in Unrelated Hematopoietic Stem Cell Transplantation

*Stephen Spellman,¹ John Klein,² Michael Haagenson,¹ Medhat Askar,³
Lee Ann Baxter-Lowe,⁴ Jun He,⁵ Susan Hsu,⁶ Rainer Blasczyk,⁷ Carolyn Hurley⁸*

Biol Blood Marrow Transplant 18:739-746, 2012

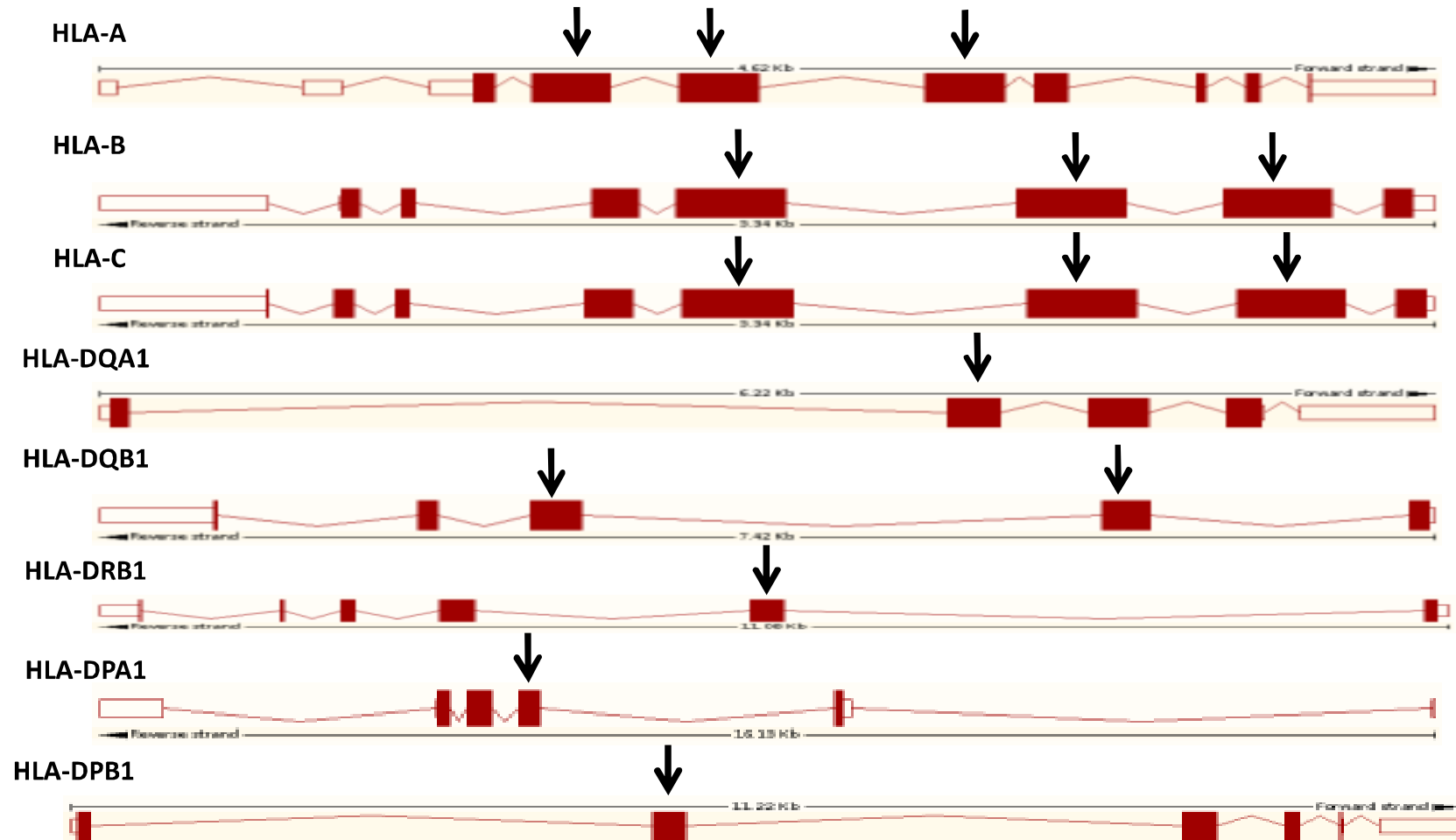




Non-Coding Sequences



GENOMIC ORGANIZATION OF THE HLA GENES



nature

THE INTERNATIONAL WEEKLY JOURNAL OF SCIENCE

Differential microRNA regulation of *HLA-C* expression and its association with HIV control

Smita Kulkarni^{1,2*}, Ram Savan^{3*}, Ying Qi^{1,2}, Xiaojiang Gao^{1,2}, Yuko Yuki^{1,2}, Sara E. Bass¹, Maureen P. Martin^{1,2}, Peter Hunt⁴, Steven G. Deeks⁴, Amalio Telenti⁵, Florencia Pereyra², David Goldstein⁶, Steven Wolinsky⁷, Bruce Walker², Howard A. Young³ & Mary Carrington^{1,2}

28 APRIL 2011 | VOL 472 | NATURE | 495

[illegible]

Polymorphisms in the putative miRNA binding sites in the 3'UTR of *HLA-C*

Kulkarni et al 2011



Kulkarni et al 2011



Influence of HLA-C Expression Level on HIV Control

Richard Apps *et al.*

Science **340**, 87 (2013);

DOI: 10.1126/science.1232685

Influence of HLA-C Expression Level on HIV Control

Richard Apps,^{1,2} Ying Qi,^{1,2} Jonathan M. Carlson,³ Haoyan Chen,^{4,5} Xiaojiang Gao,^{1,2} Rasmi Thomas,^{1*} Yuko Yuki,^{1,2} Greg Q. Del Prete,⁶ Philip Goulder,^{2,7,8} Zabrina L. Brumme,^{9,10} Chanson J. Brumme,⁹ Mina John,¹¹ Simon Mallal,¹¹ George Nelson,¹² Ronald Bosch,¹³ David Heckerman,³ Judy L. Stein,¹⁴† Kelly A. Soderberg,¹⁴ M. Anthony Moody,¹⁴ Thomas N. Denny,¹⁴ Xue Zeng,^{4,15} Jingyuan Fang,⁵ Ashley Moffett,¹⁶ Jeffrey D. Lifson,⁶ James J. Goedert,¹⁷ Susan Buchbinder,¹⁸ Gregory D. Kirk,¹⁹ Jacques Fellay,²⁰ Paul McLaren,²⁰ Steven G. Deeks,²¹ Florencia Pereyra,² Bruce Walker,² Nelson L. Michael,²² Amy Weintrob,²³ Steven Wolinsky,²⁴ Wilson Liao,⁴ Mary Carrington^{1,2}‡



Regular Article

TRANSPLANTATION

HLA-C expression levels define permissible mismatches in hematopoietic cell transplantation

Effie W. Petersdorf,^{1,2} Theodore A. Gooley,¹ Mari Malkki,¹ Andrea P. Bacigalupo,³ Anne Cesbron,⁴ Ernette Du Toit,⁵ Gerhard Ehninger,⁶ Torstein Egeland,⁷ Gottfried F. Fischer,⁸ Thibaut Gervais,⁹ Michael D. Haagenson,¹⁰ Mary M. Horowitz,¹¹ Katharine Hsu,¹² Pavel Jindra,¹³ Alejandro Madrigal,¹⁴ Machteld Oudshoorn,¹⁵ Olle Ringdén,¹⁶ Marlis L. Schroeder,¹⁷ Stephen R. Spellman,¹⁰ Jean-Marie Tiercy,¹⁸ Andrea Velardi,¹⁹ Campbell S. Witt,²⁰ Colm O'Huigin,²¹ Richard Apps,^{21,22} and Mary Carrington,^{21,22} for the International Histocompatibility Working Group in Hematopoietic Cell Transplantation

Key Points

- The expression level of patient HLA-C allotypes affects GVHD and mortality after HCT from HLA-C-mismatched unrelated donors.
- Transplant outcome can be improved by avoiding high-risk HLA-C-mismatched donors when no matched stem cell source is available.

The NEW ENGLAND JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

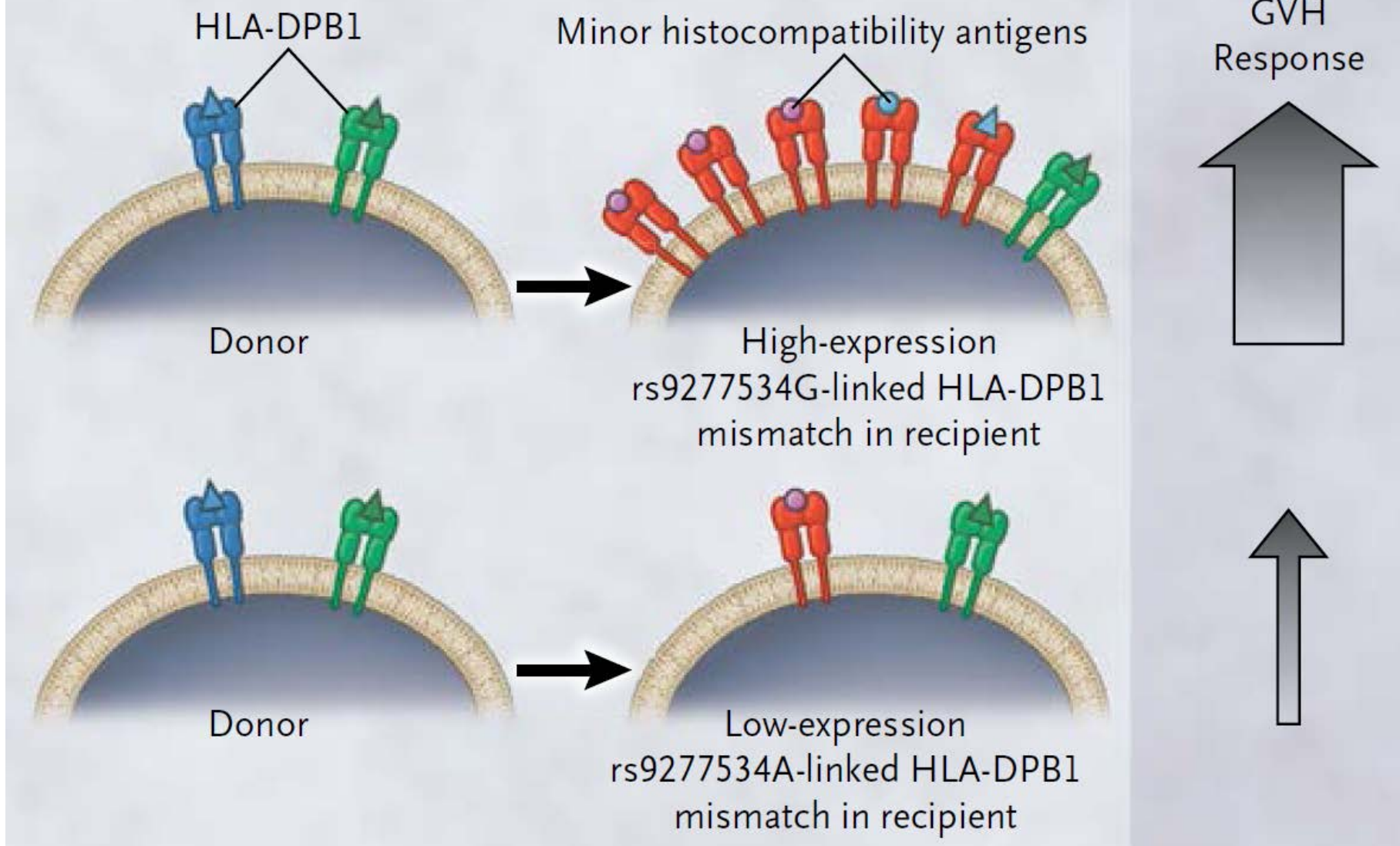
AUGUST 13, 2015

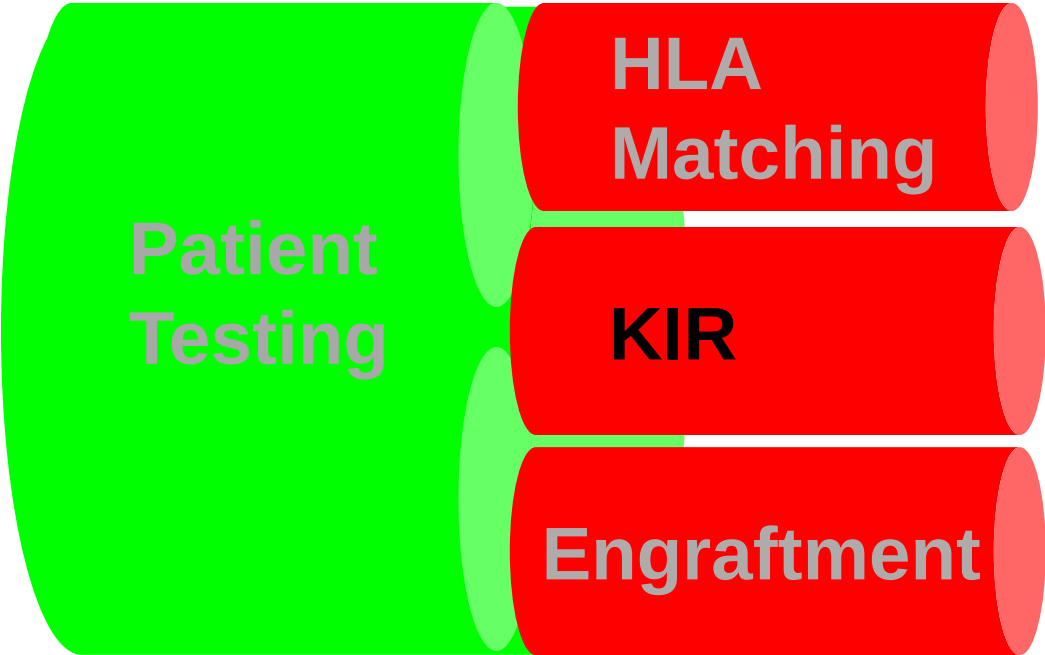
VOL. 373 NO. 7

High HLA-DP Expression and Graft-versus-Host Disease

Effie W. Petersdorf, M.D., Mari Malkki, Ph.D., Colm O'hUigin, Ph.D., Mary Carrington, Ph.D., Ted Gooley, Ph.D.,
Michael D. Haagenson, M.S., Mary M. Horowitz, M.D., Stephen R. Spellman, M.B.S., Tao Wang, Ph.D.,
and Philip Stevenson, M.S.

A HLA-DPB1-Mismatched Transplants





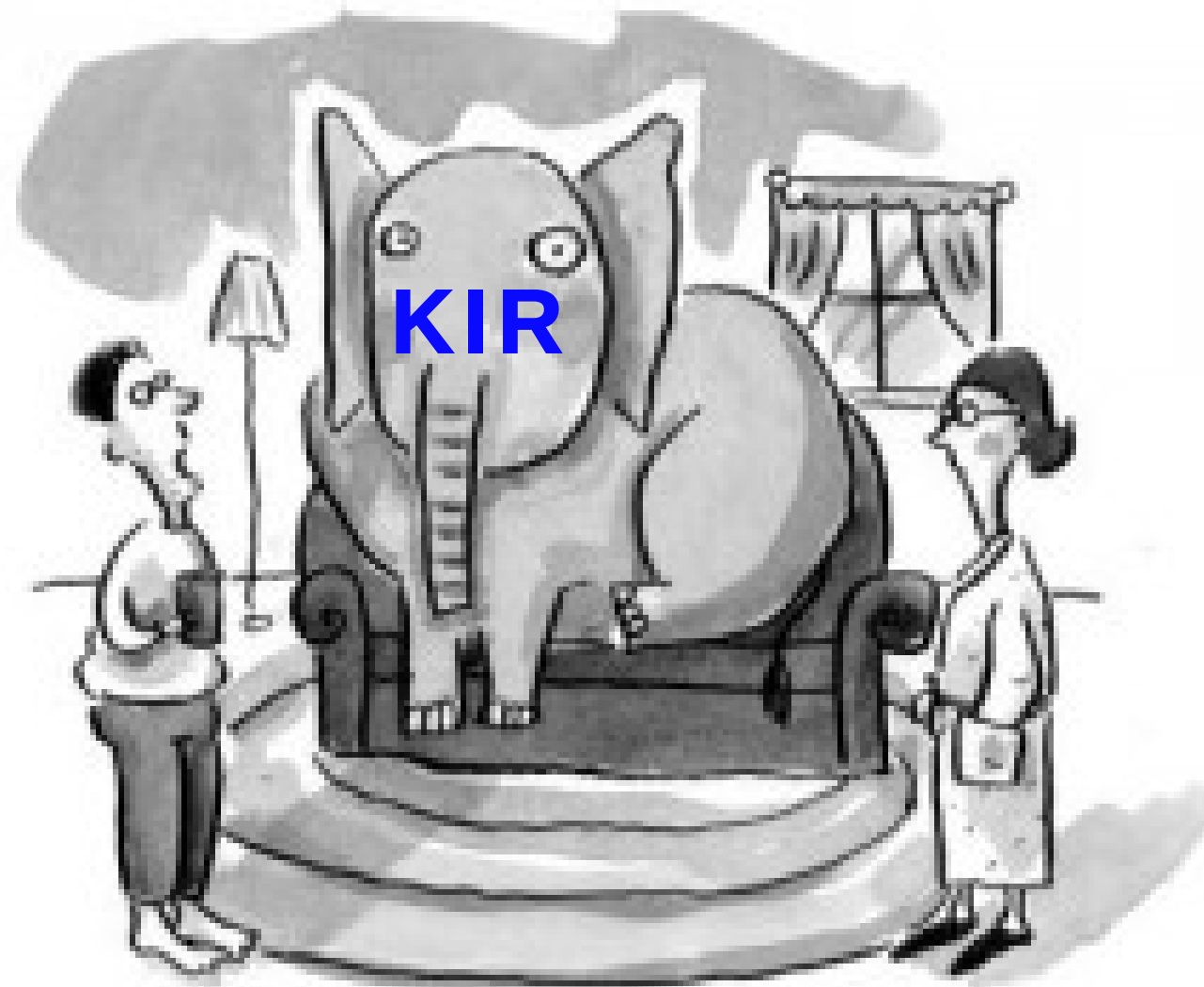
A diagram illustrating the components of patient testing. A large green rounded rectangle on the left is labeled "Patient Testing". To its right, three red rounded rectangles are stacked vertically, each connected to the green rectangle by a small green oval. The red rectangles are labeled "HLA Matching", "KIR", and "Engraftment" from top to bottom.

**Patient
Testing**

**HLA
Matching**

KIR

Engraftment



What elephant?

Tomassi

Biol Blood Marrow Transplant 23 (2017) 535–537



Biology of Blood and Marrow Transplantation

journal homepage: www.bbmt.org



The Bottom Line

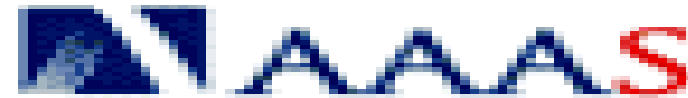
The Killer Immunoglobulin-Like Receptor Dilemma: How Do We Harness the Power of Killer Immunoglobulin-like Receptors?



Medhat Askar *

Department of Pathology and Laboratory Medicine, Baylor University Medical Center, Dallas, Texas

Science



Applications of KIR Genotyping Effectiveness of Donor Natural Killer Cell Alloreactivity in Mismatched Hematopoietic Transplants

Loredana Ruggeri,¹ Marusca Capanni,¹ Elena Urbani,¹
Katia Perruccio,¹ Warren D. Shlomchik,² Antonella Tosti,¹
Sabrina Posati,¹ Daniela Rogaia,¹ Francesco Frassoni,³
Franco Aversa,¹ Massimo F. Martelli,¹ Andrea Velardi^{1*}



The NEW ENGLAND
JOURNAL of MEDICINE

ORIGINAL ARTICLE

HLA-C–Dependent Prevention of Leukemia Relapse by Donor Activating *KIR2DS1*

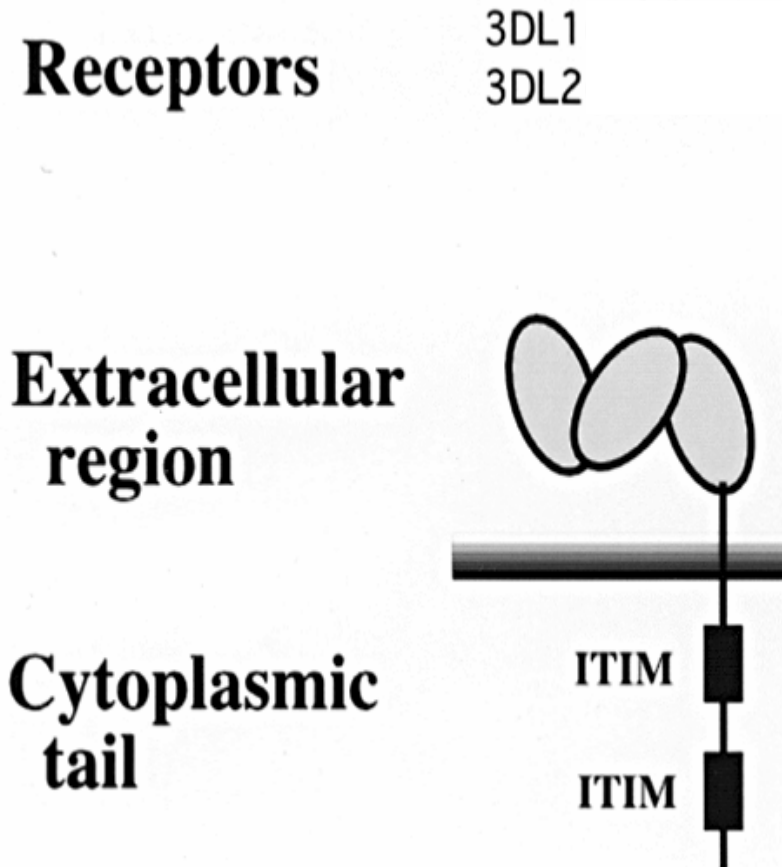
Jeffrey M. Venstrom, M.D., Gianfranco Pittari, M.D., Ted A. Gooley, Ph.D.,
Joseph H. Chewning, M.D., Stephen Spellman, M.S., Michael Haagenson, M.S.,
Meighan M. Gallagher, B.A., Mari Malkki, Ph.D., Effie Petersdorf, M.D.,
Bo Dupont, M.D., D.Sc., and Katharine C. Hsu, M.D., Ph.D.

KIR and HLA Genotypes Predictive of Low-Affinity Interactions Are Associated with Lower Relapse in Autologous Hematopoietic Cell Transplantation for Acute Myeloid Leukemia

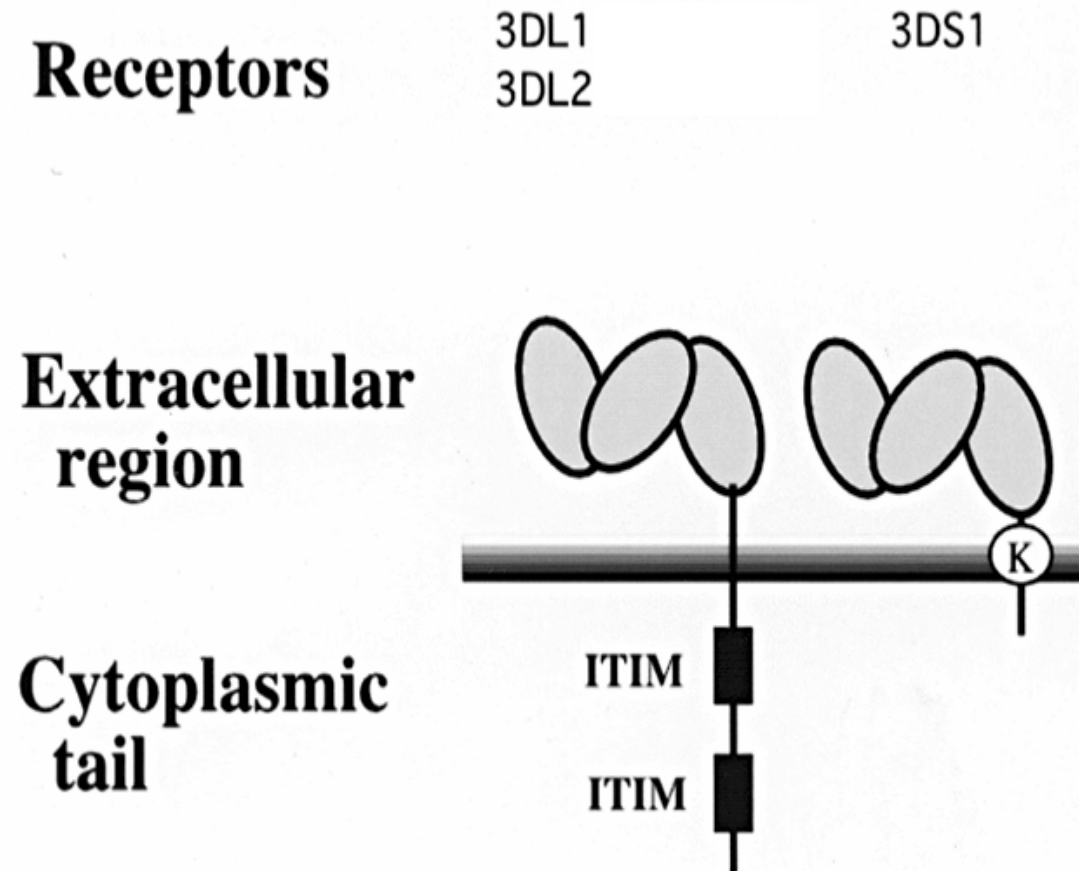
John Marra,* Justin Greene,* Jimmy Hwang,[†] Juan Du,* Lloyd Damon,* Tom Martin,* and Jeffrey M. Venstrom*

KIR Nomenclature

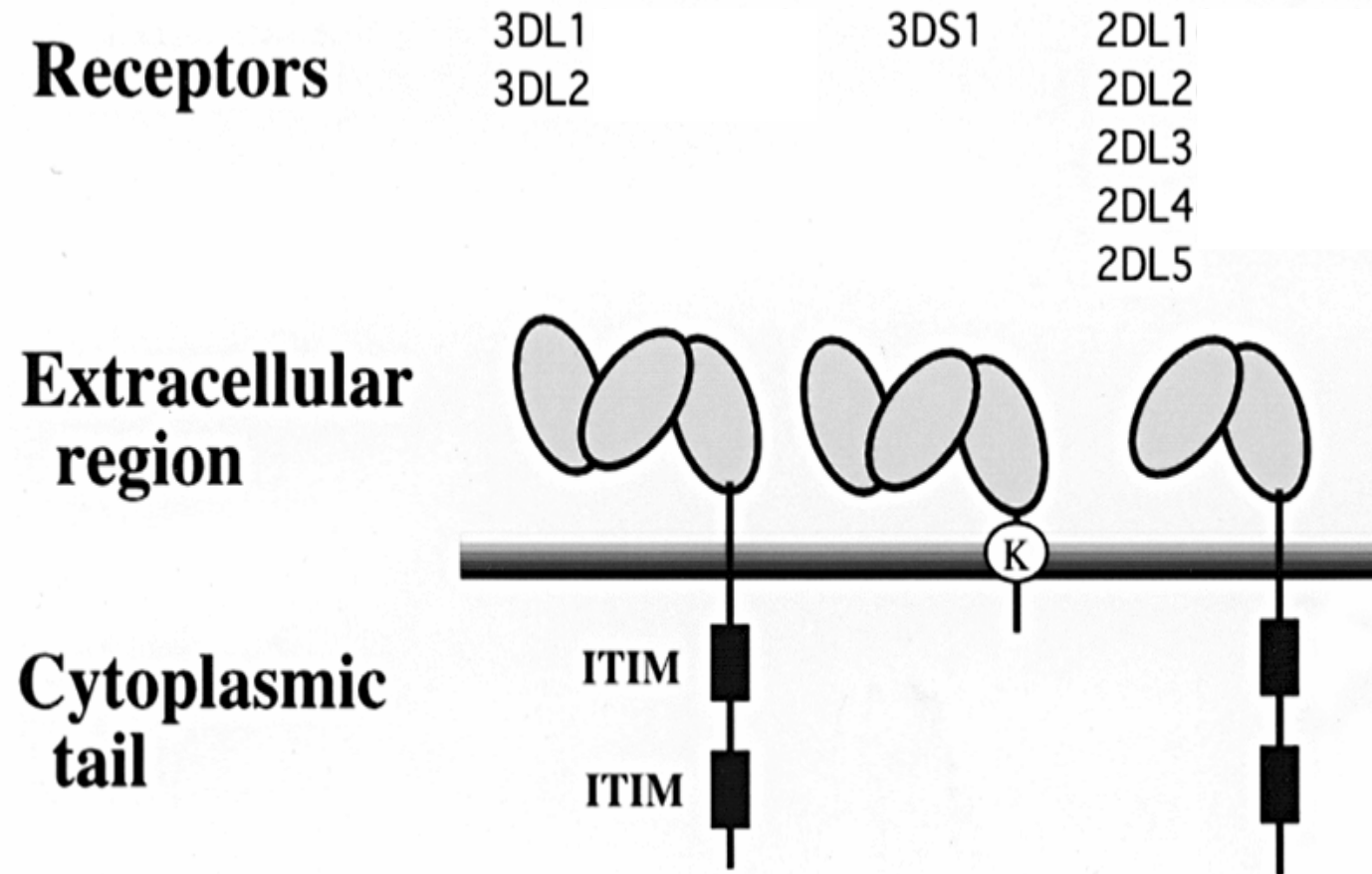
KIR Nomenclature



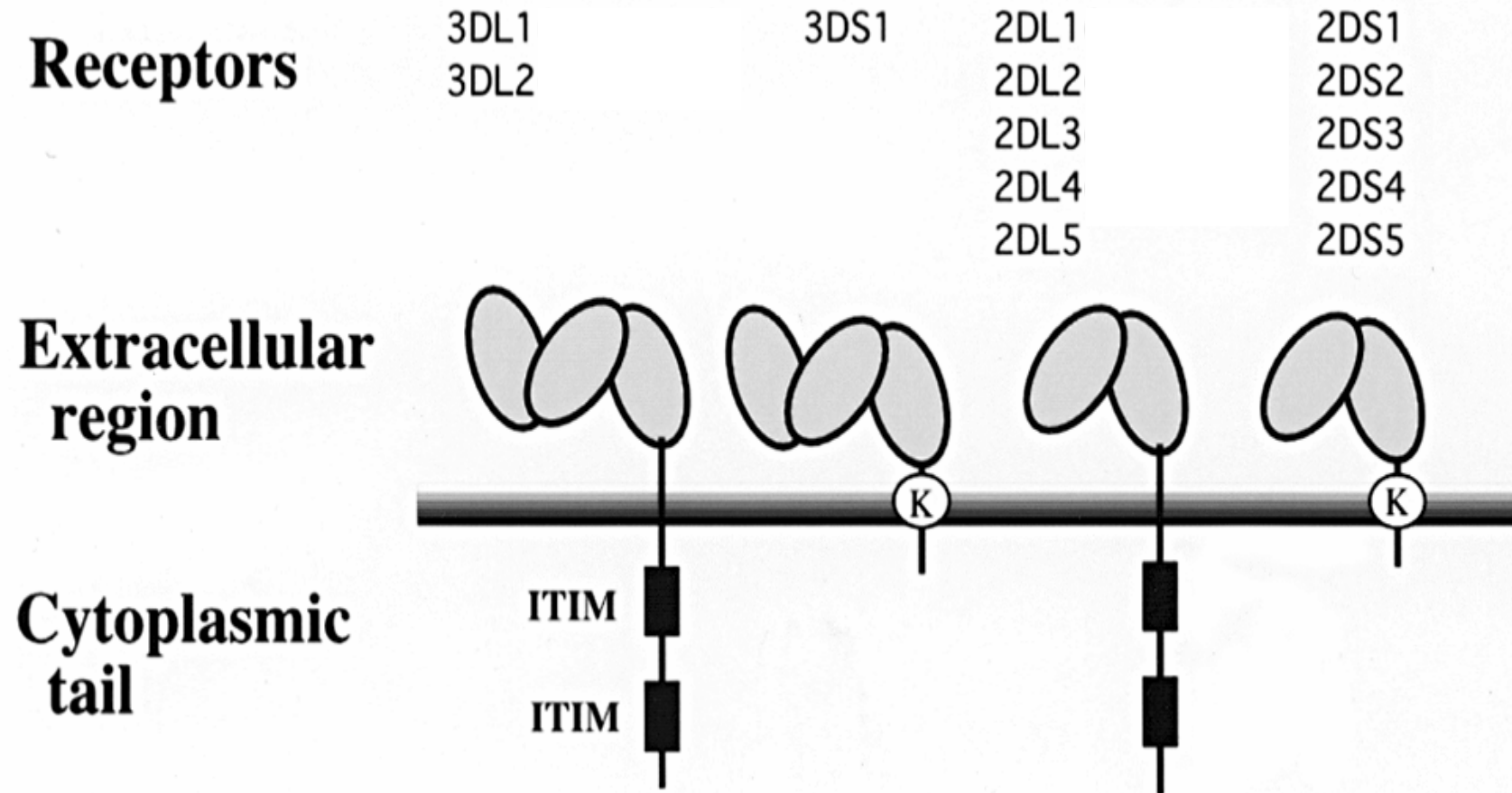
KIR Nomenclature



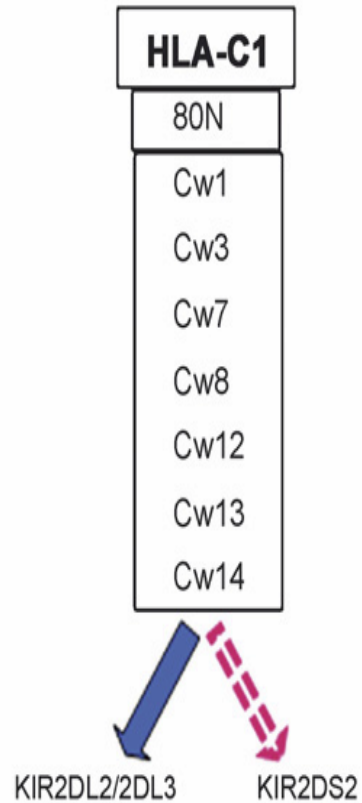
KIR Nomenclature



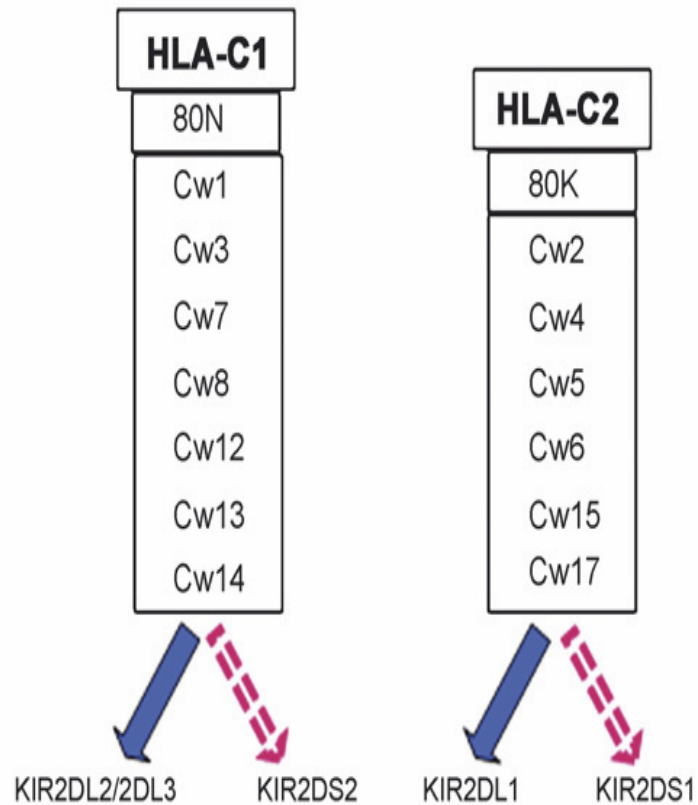
KIR Nomenclature



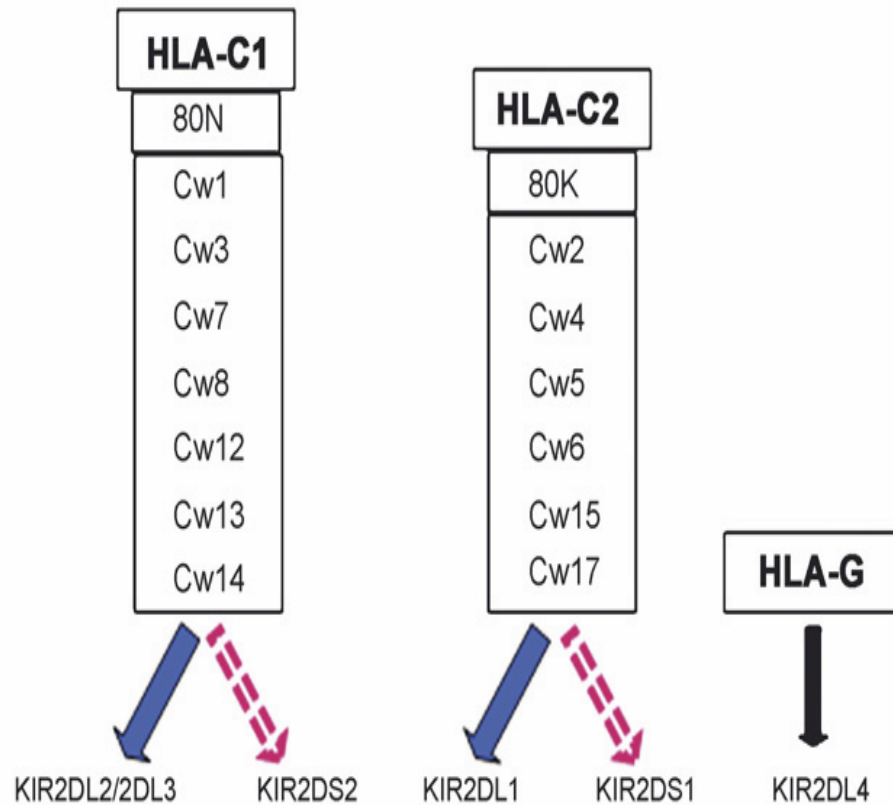
KIR Ligands



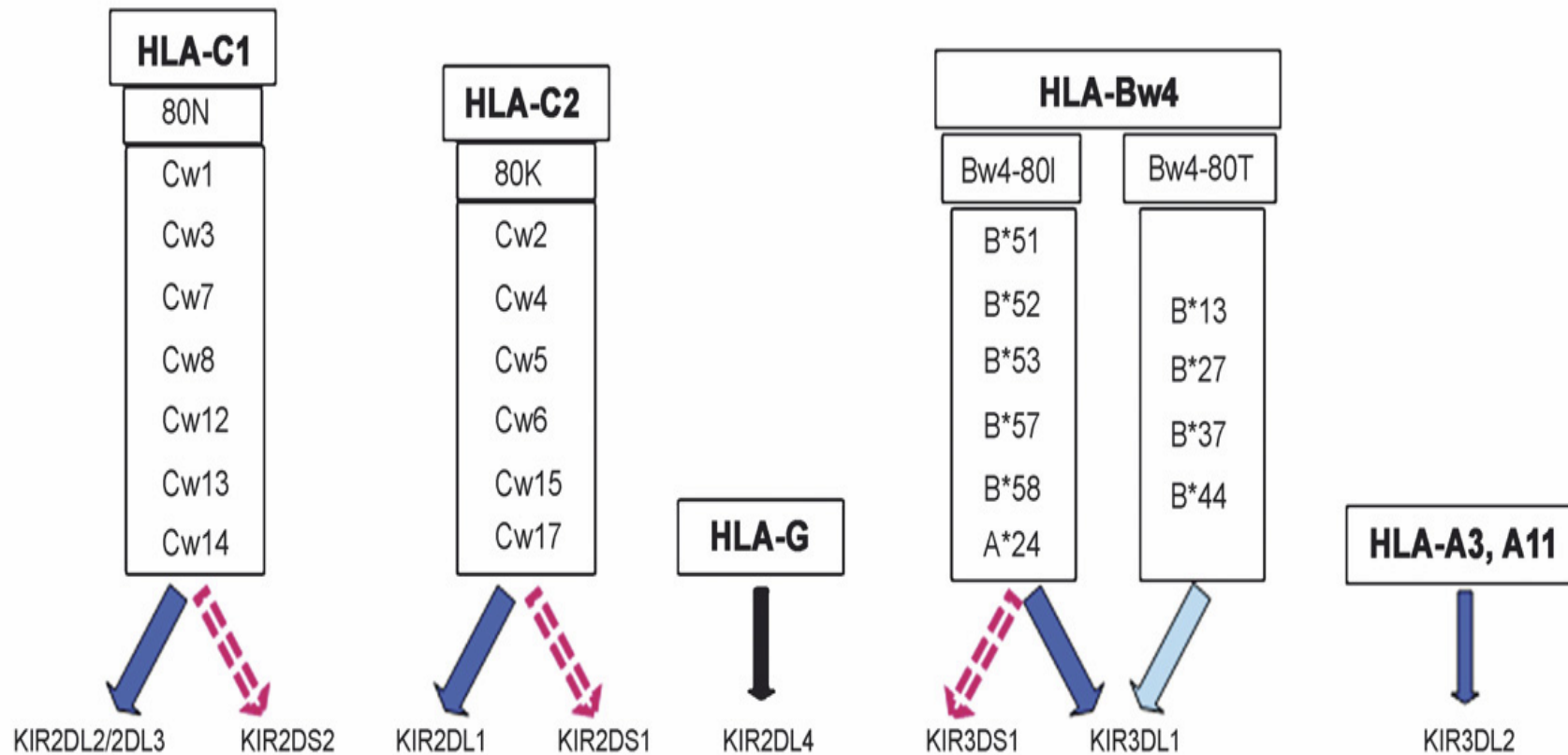
KIR Ligands

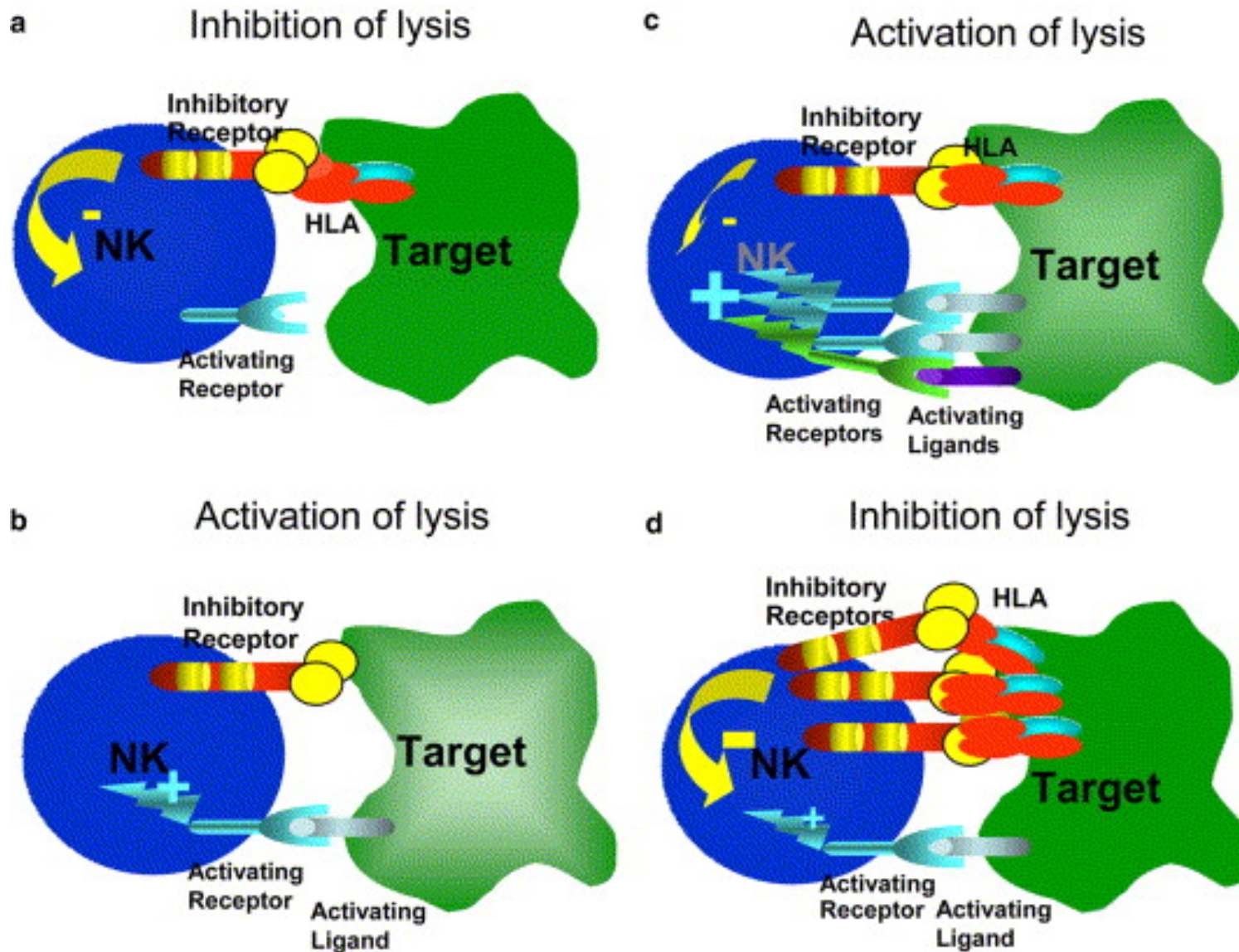


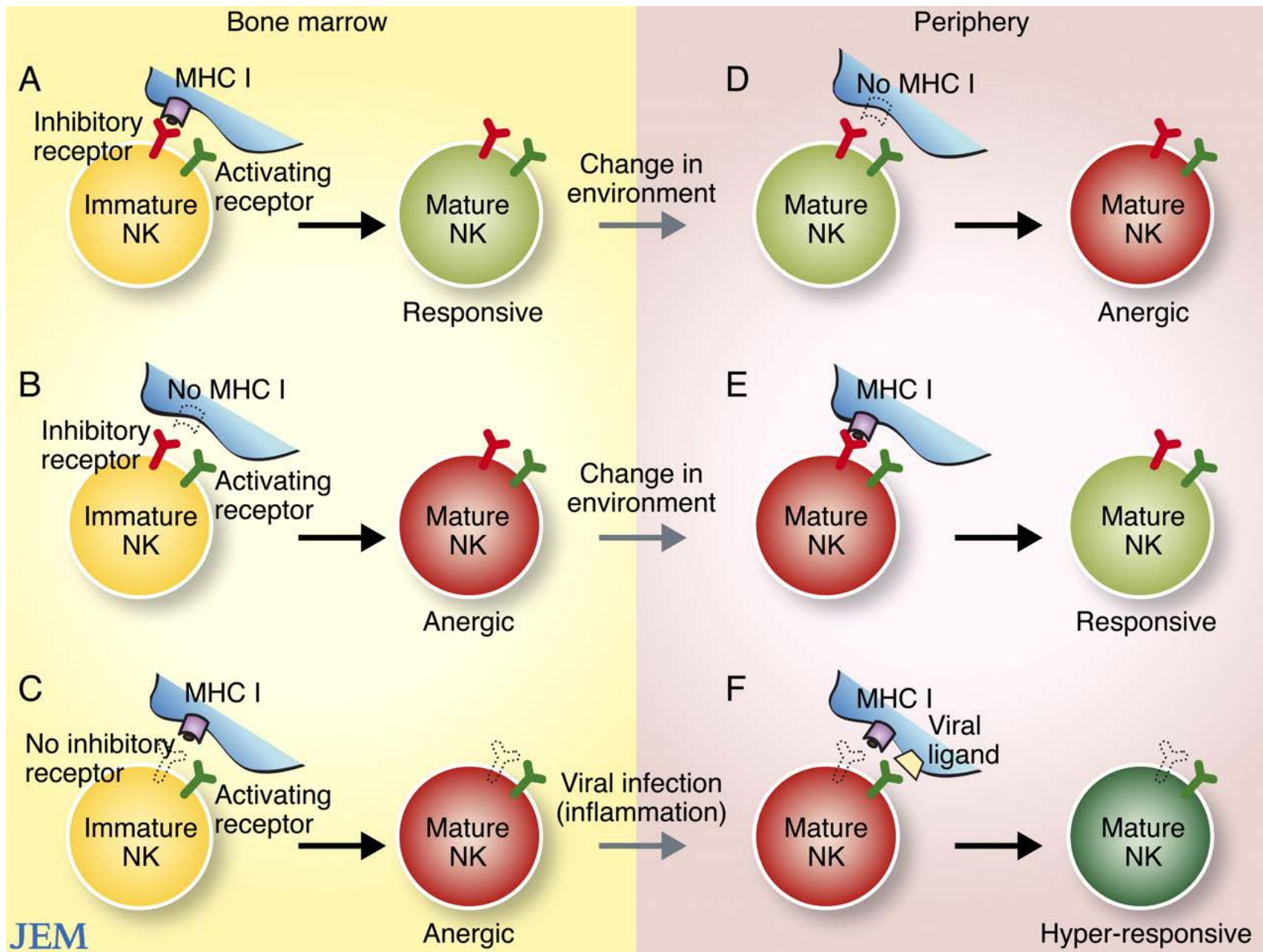
KIR Ligands



KIR Ligands





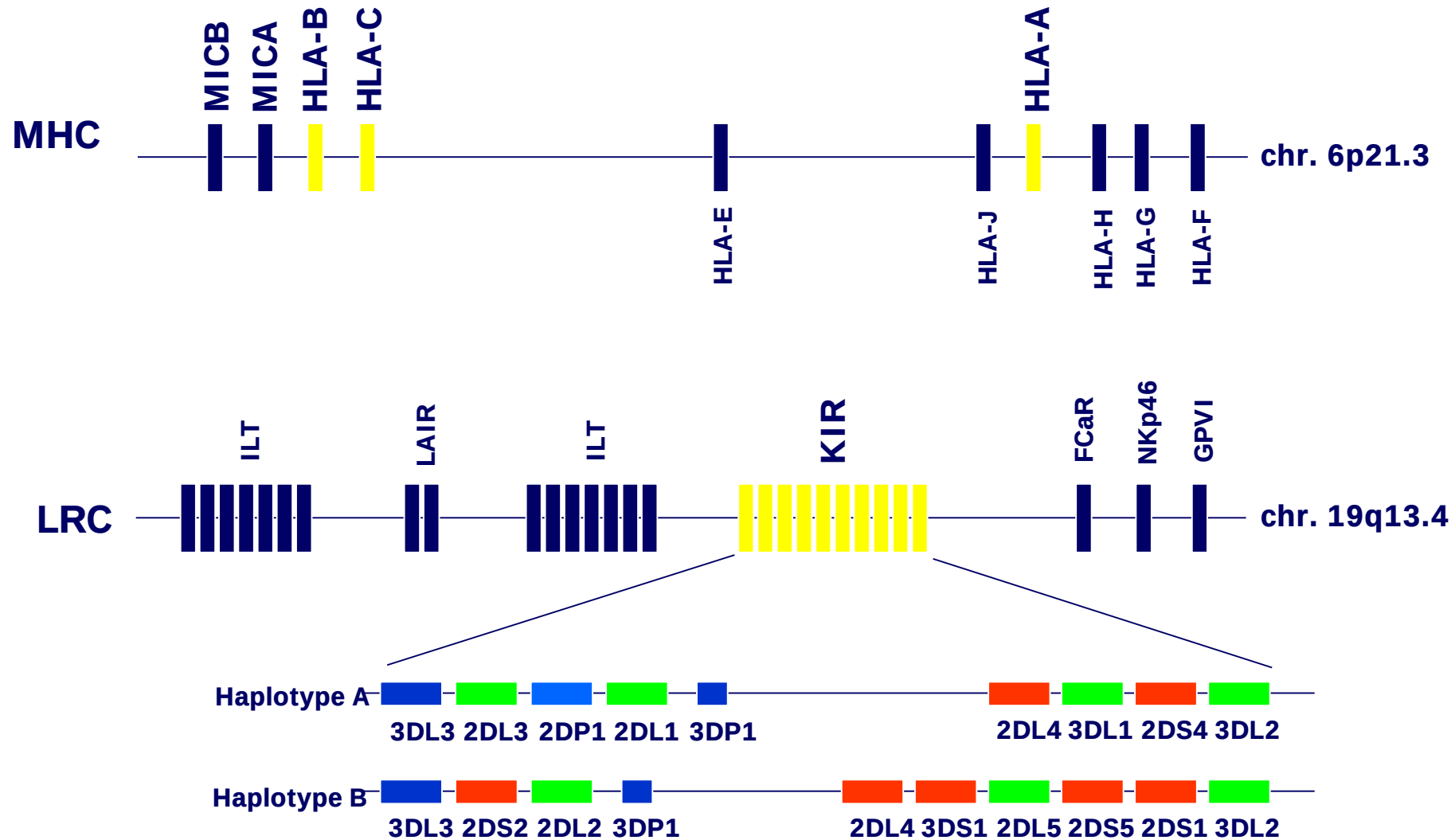


KIR Alleles

Gene	2DL1	2DL2	2DL3	2DL4	2DL5	2DS1	2DS2	2DS3
Alleles	59	31	59	65	51	16	23	16
Proteins	34	13	34	37	22	8	9	7
Nulls	2	0	1	0	0	0	0	1

Gene	2DS4	2DS5	3DL1	3DS1	3DL2	3DL3	2DP1	3DP1
Alleles	35	23	137	39	158	126	40	29
Proteins	16	17	84	22	109	69	0	0
Nulls	0	0	3	1	1	0	0	0

HLA class I and KIR: functionally related gene clusters exhibiting extreme polymorphism



Plenary paper

Donor selection for natural killer cell receptor genes leads to superior survival after unrelated transplantation for acute myelogenous leukemia

Sarah Cooley,¹ Daniel J. Weisdorf,¹ Lisbeth A. Guethlein,² John P. Klein,³ Tao Wang,³ Chap T. Le,⁴ Steven G. E. Marsh,⁵ Daniel Geraghty,⁶ Stephen Spellman,⁷ Michael D. Haagenson,⁸ Martha Ladner,⁹ Elizabeth Trachtenberg,⁹ Peter Parham,² and Jeffrey S. Miller¹

BLOOD, 7 OCTOBER 2010 • VOLUME 116, NUMBER 14

A

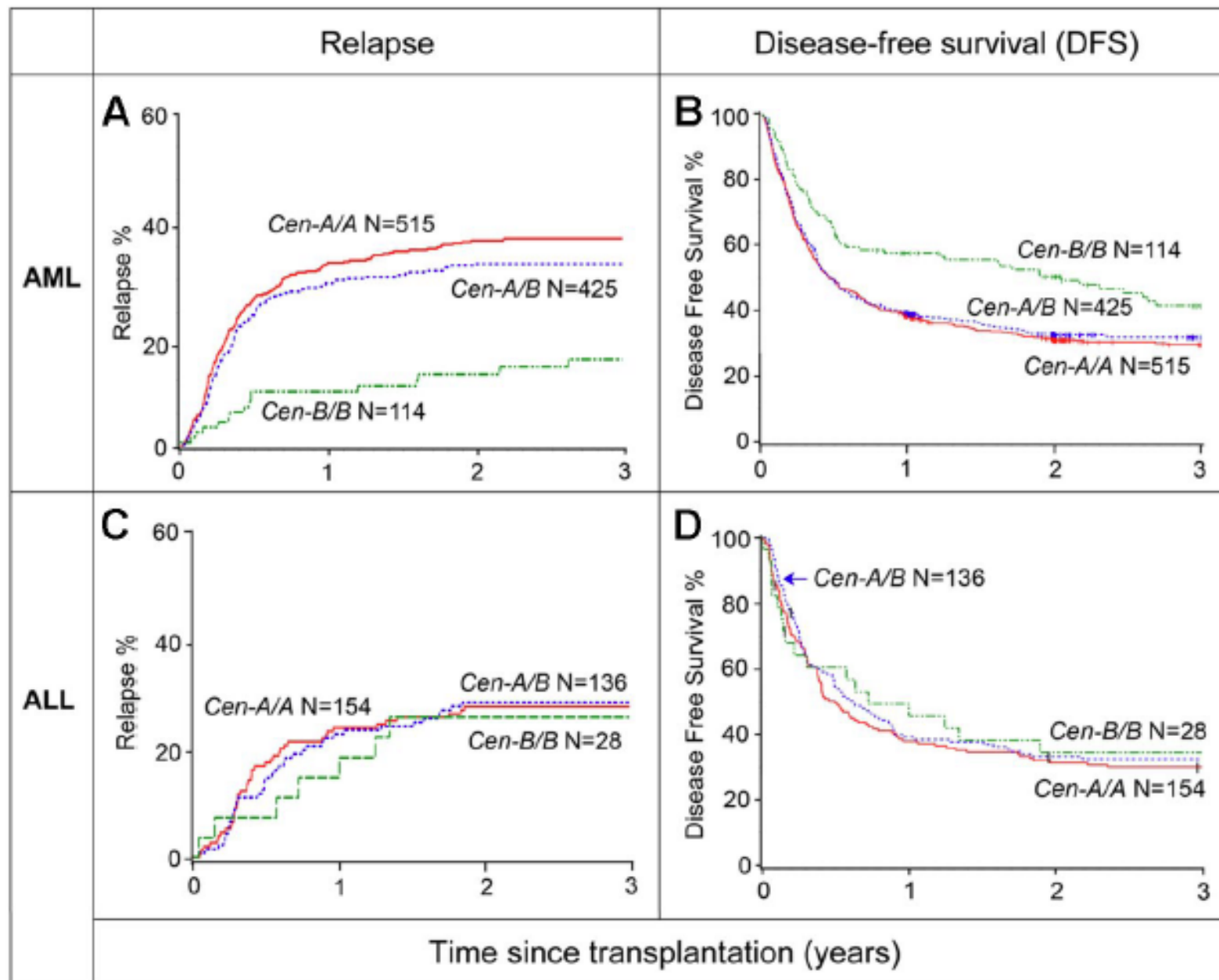
Haplotype	Cen motif	Centromeric part									RS	Telomeric part								Tel motif
		3DL3	2DS2	2DL2	2DL3	2DL5B	2DS3/5	2DP1	2DL1	3DP1		2DL4	3DL1	3DS1	2DL5A	2DS3/5	2DS1	2DS4	3DL2	
A	Cen-A1																			Tel-A1
	Cen-A1																			Tel-B1
B	Cen-B1																			Tel-A1
	Cen-B2																			Tel-A1
	Cen-B1																			Tel-B1
	Cen-B2																			Tel-B1

B

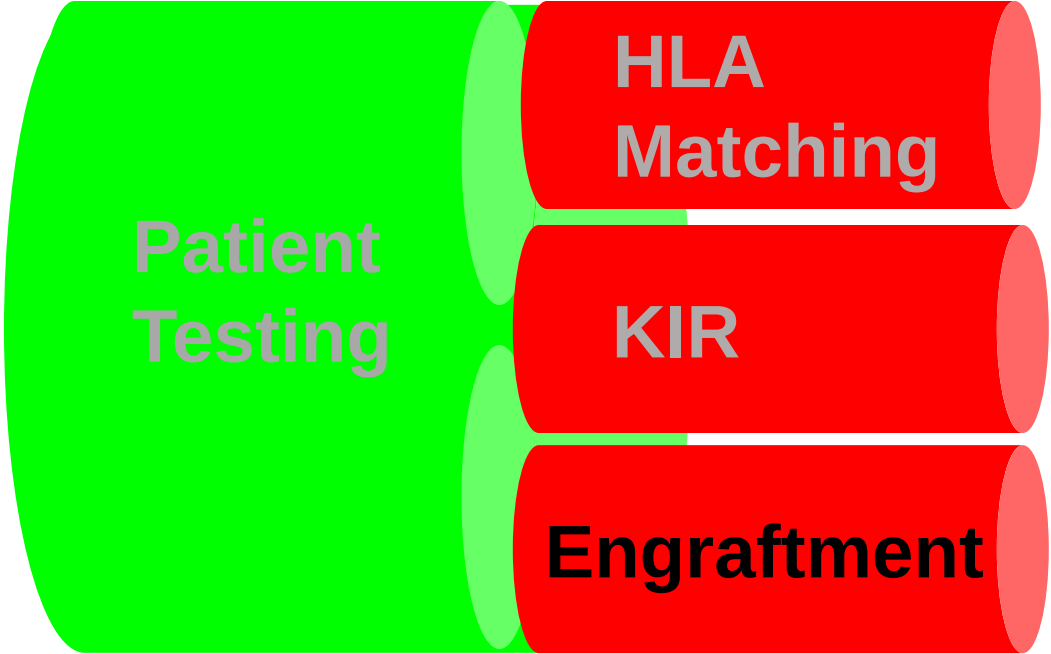
Centromeric (2DS2, 2DL2, 2DL3)		N (%)	
		AML	ALL
Cen-A/A	2DL3 only	532 (49)	155 (48)
Cen-A/B	2DL3 with 2DS2 and/or 2DL2	439 (40)	140 (43)
Cen-B/B	2DS2 and/or 2DL2; no 2DL3	115 (11)	28 (9)
Telomeric (3DL1, 3DS1, 2DS1, 2DS4)			
Tel-A/A	3DL1 and 2DS4 only	659 (61)	185 (57)
Tel-A/B	3DL1 and 2DS4 with 3DS1 and/or 2DS1	382 (35)	119 (37)
Tel-B/B	lacking 3DL1 and/or 2DS4	45 (4)	19 (6)

C

Donor <i>KIR</i> Genotype	<i>B</i> content score	<i>Cen</i>	<i>Tel</i>	N (%)	
				AML	ALL
A/A	0	A/A	A/A	374 (34)	99 (31)
B/x	1	A/A	A/B	374 (34)	121 (37)
		A/B	A/A		
	2	A/A	B/B	254 (23)	78 (24)
		A/B	A/B		
		B/B	A/A		
	3	A/B	B/B	84 (8)	25 (8)
		B/B	A/B		
	4	B/B	B/B		



Cooley et al, 2010



A diagram illustrating the components of patient testing. A large green rounded rectangle on the left is labeled "Patient Testing". To its right, three red rounded rectangles are stacked vertically, each connected to the green rectangle by a small green oval. The red rectangles are labeled "HLA Matching", "KIR", and "Engraftment" from top to bottom.

Patient
Testing

HLA
Matching

KIR

Engraftment

Engraftment Monitoring



BONNIED



Biology of Blood and Marrow Transplantation

journal homepage: www.bbmt.org



Clinical Utility of Quantitative PCR for Chimerism and Engraftment Monitoring after Allogeneic Stem Cell Transplantation for Hematologic Malignancies



Müberra Ahci ¹, Karin Stempelmann ¹, Ulrike Buttkereit ², Pietro Crivello ¹, Mirko Trilling ³,
Andreas Heinold ⁴, Nina Kristin Steckel ², Michael Koldehoff ², Peter A. Horn ⁴,
Dietrich W. Beelen ², Katharina Fleischhauer ^{1,5,*}



blood®

TRANSPLANTATION

Engraftment Kinetics After Nonmyeloablative Allogeneic Peripheral Blood Stem Cell Transplantation: Full Donor T-Cell Chimerism Precedes Alloimmune Responses

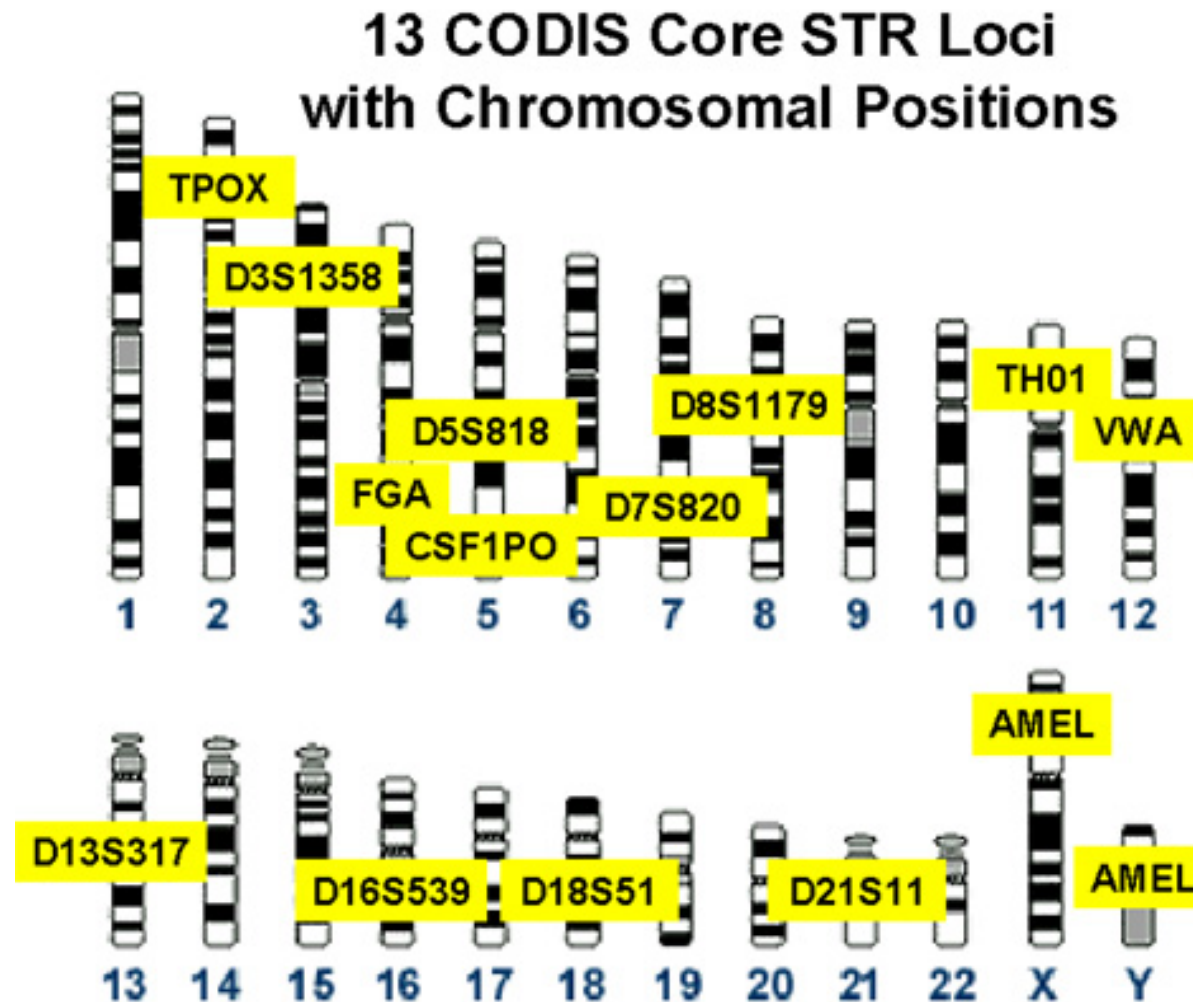
By R. Childs, E. Clave, N. Contentin, D. Jayasekera, N. Hensel, S. Leitman, E.J. Read, C. Carter, E. Bahceci, N.S. Young, and A.J. Barrett

Blood, Vol 94, No 9 (November 1), 1999: pp 3234-3241

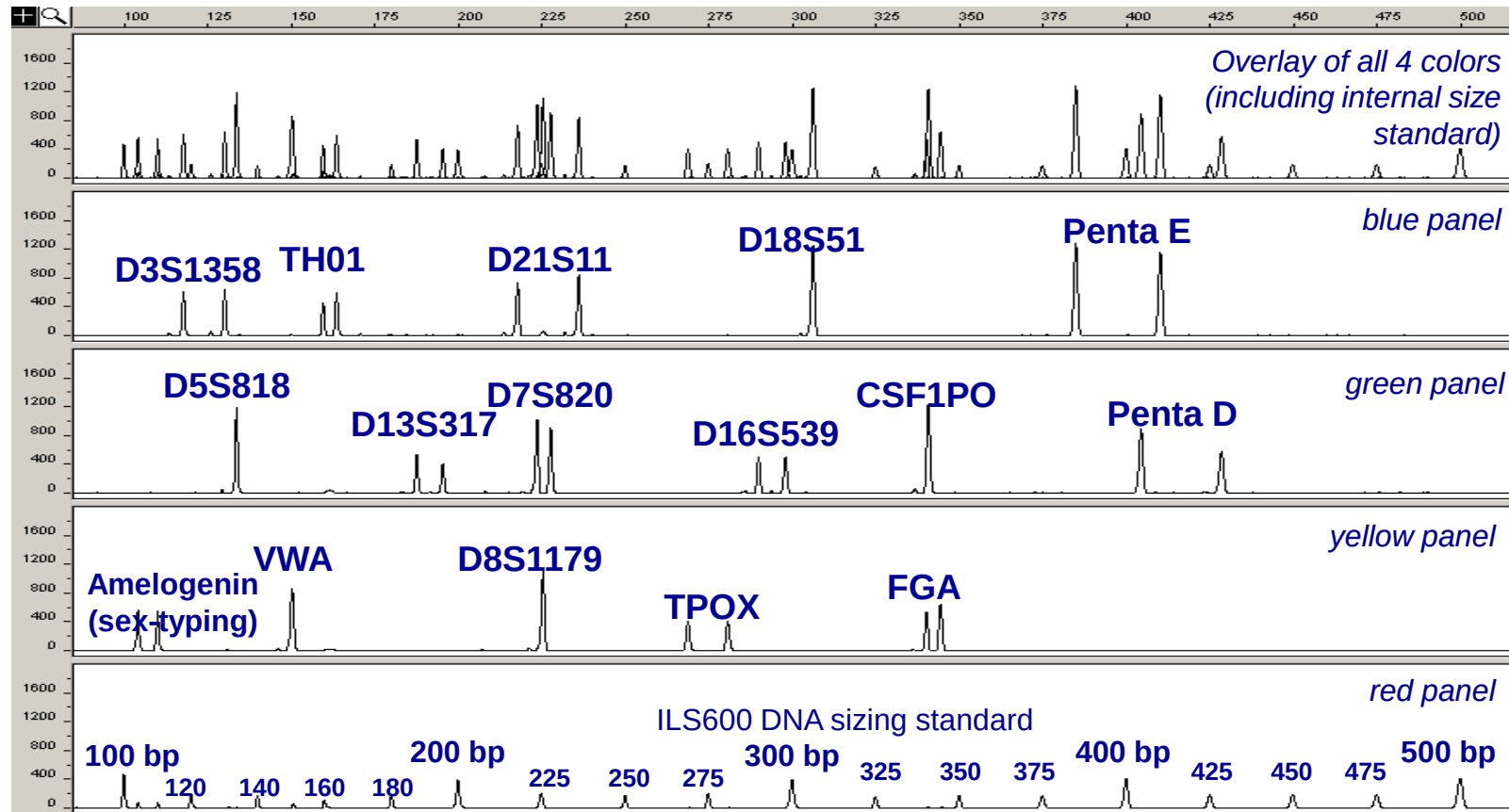
Table 1 Chimerism, definition and implications

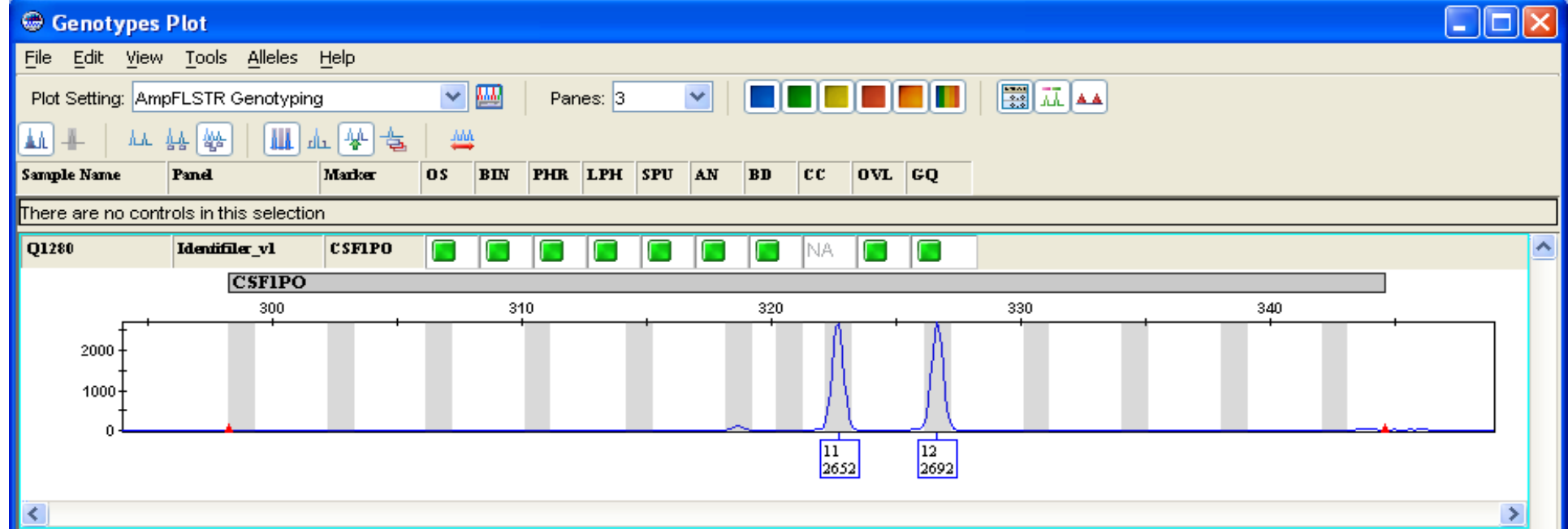
Chimerism	Dynamic process	Definition	Implication
Complete chimerism (CC)		Only donor DNA in a given post-transplant sample.	Further follow-up to survey engraftment or to detect recurrence of autologous cells during later periods.
Mixed chimerism (MC)		Both donor and recipient DNA detectable in a post-transplant sample.	Close follow-up to recognize dynamic changes.
	Decreasing	Recipient DNA immediately post transplant, which spontaneously decreases over time.	Weekly follow-up until CC is established.
	Stable	Both donor and recipient DNA. Relation does not significantly change over time, for example, in patients with SCID or often in patients with nonmalignant disease after reduced conditioning regimens.	Close monitoring during engraftment, thereafter longer intervals, for example, bimonthly to realize late graft rejection.
	Increasing	Recipient DNA is increasing compared to the foregoing sample by at least 5%.	Pre-emptive immunotherapy in patients with hematological malignant diseases is recommended. In patients with nonmalignant diseases only when autologous cells exceed 30%.
Split chimerism		Recipient DNA is not detectable in all cell lines, for example, only in T cells, whereas the other cell lines are complete donors as in SCID patients or often in patients after reduced intensity conditioning transplants. Only recipient DNA in the post-transplant sample.	Analysis of T-cell and NK-cell chimerism can help to guide additional therapy to avoid graft rejection. Reconditioning and second transplant probably necessary.

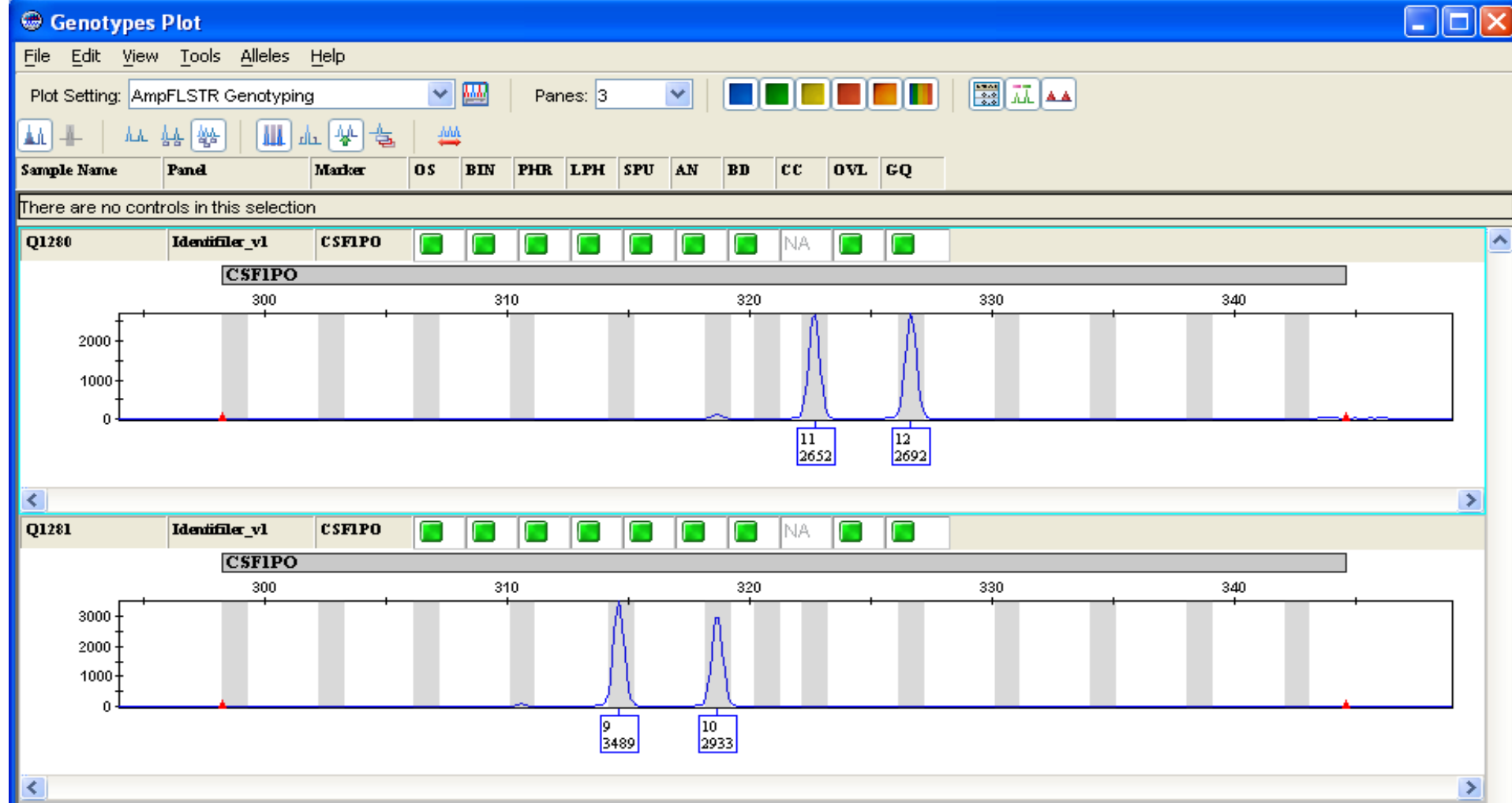
Short Tandem Repeats (STR)

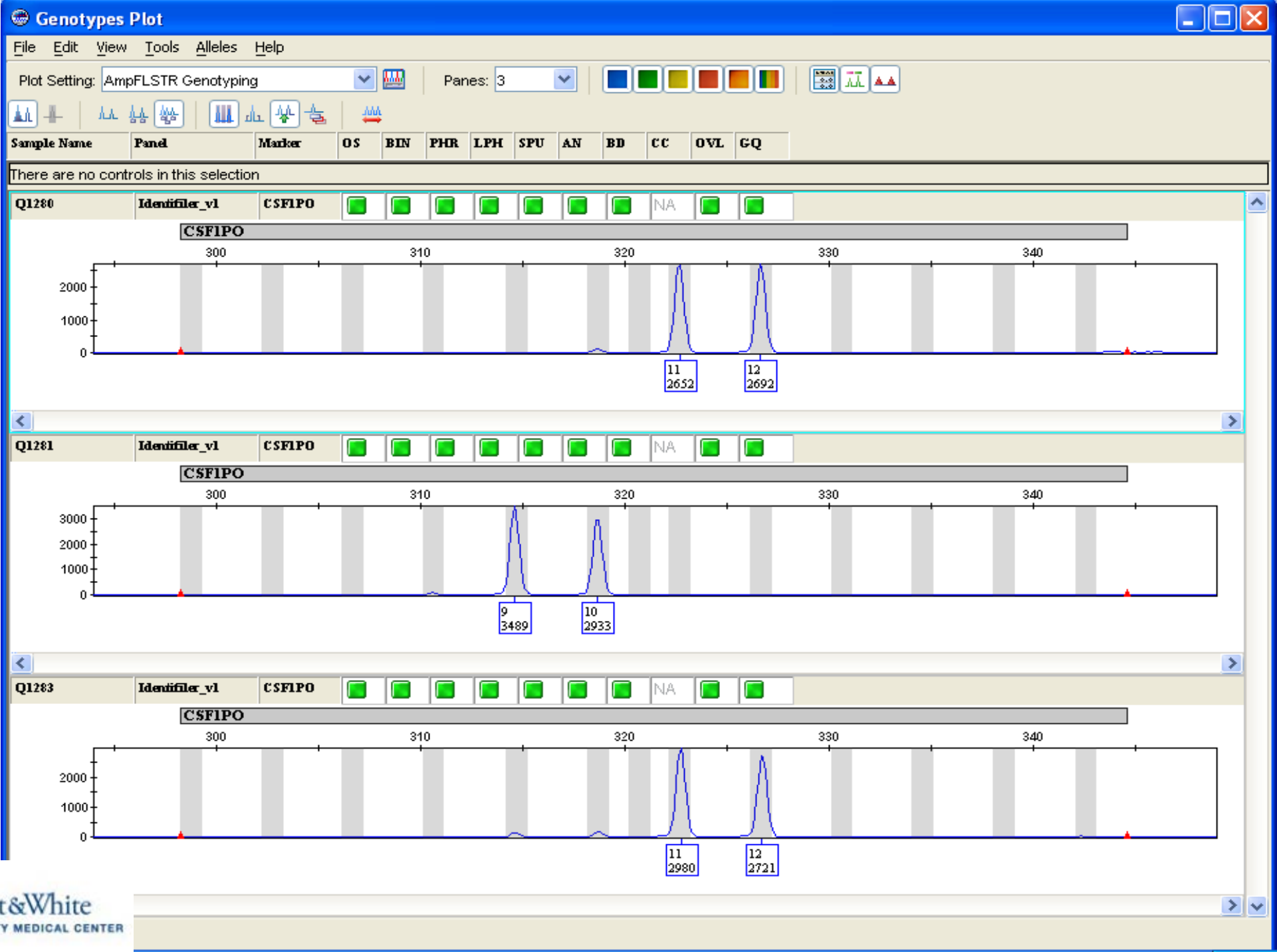


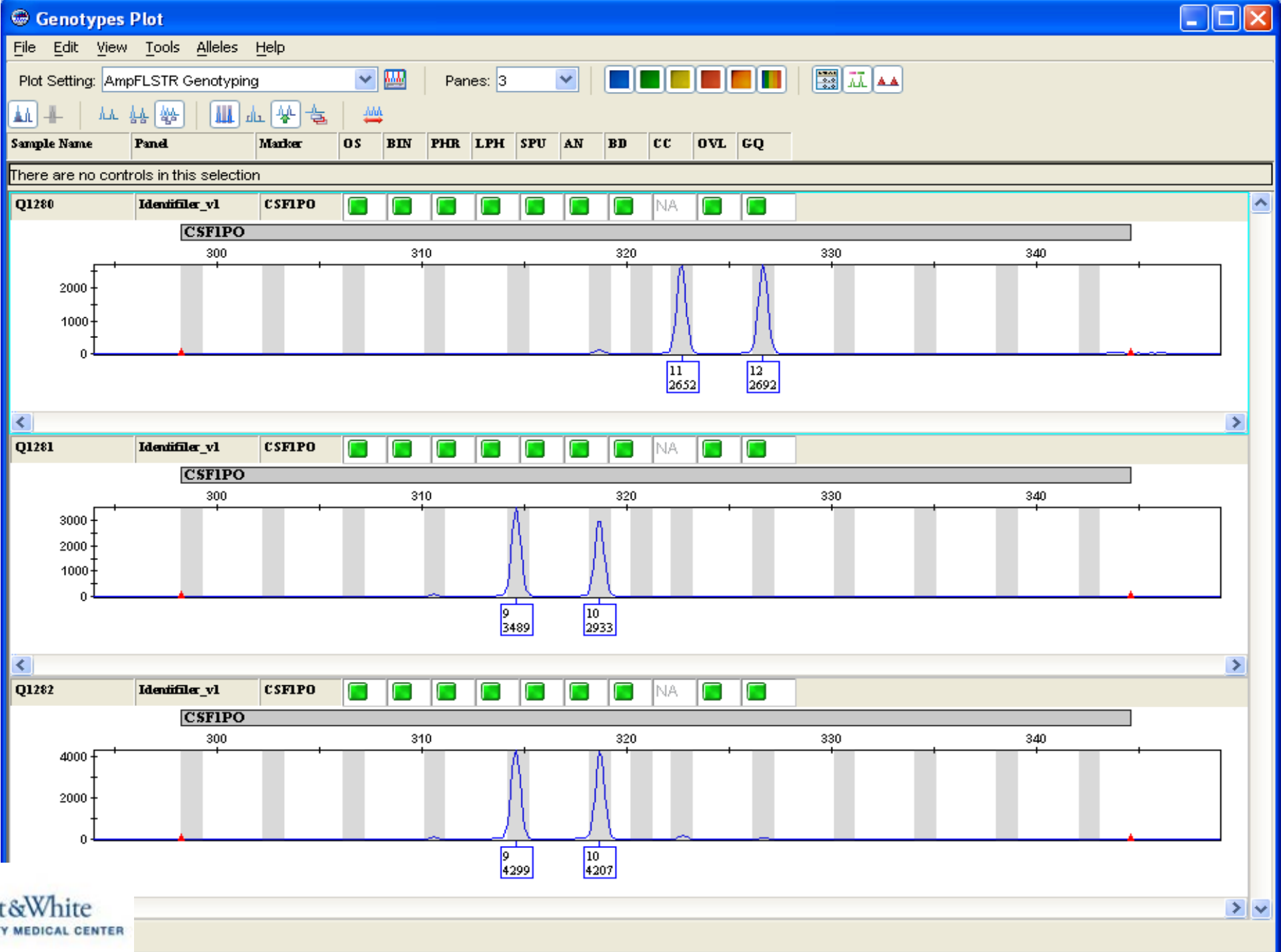
Engraftment Analysis (STR)



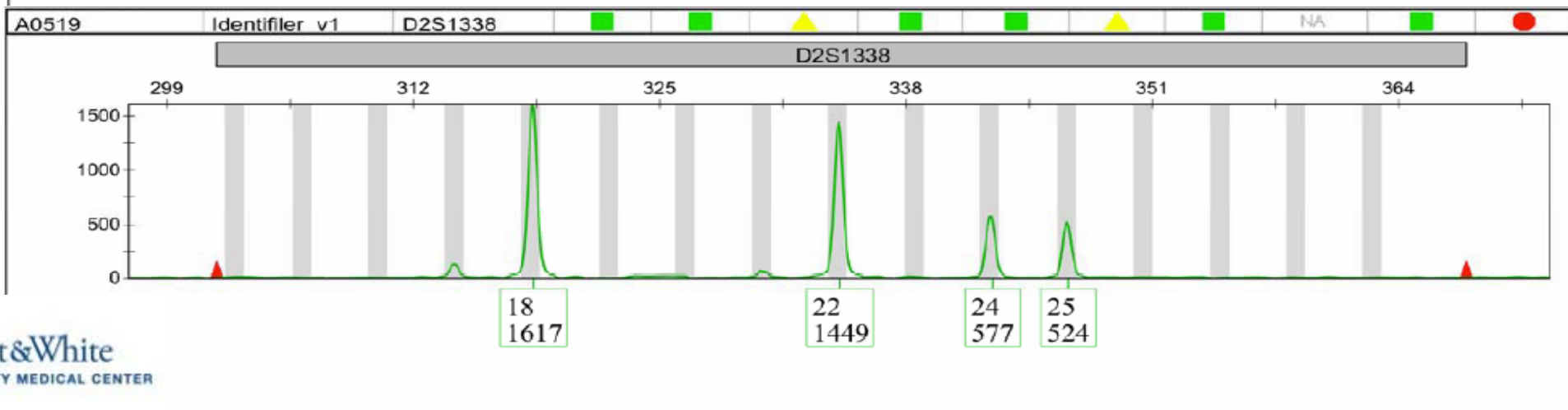
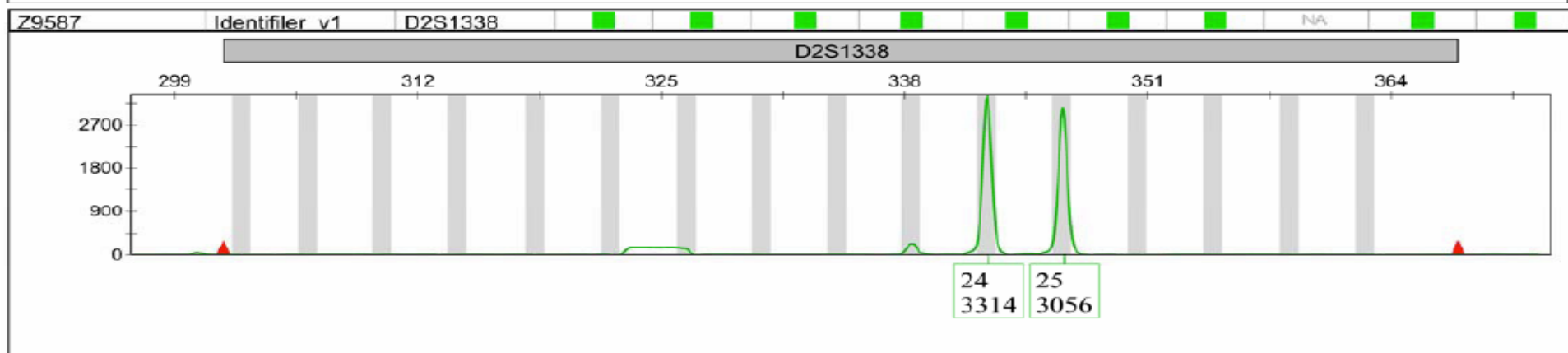
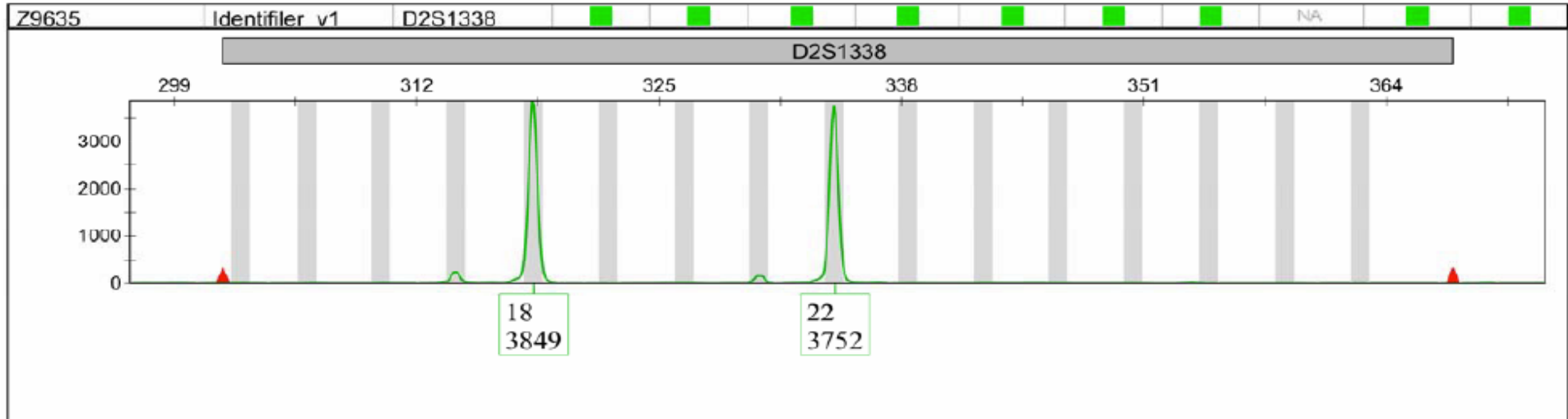












Method Comparison

Table 2 Survey of methods for chimerism analysis

Technique	Merits	Problems	Sensitivity (%)	Applicability	References
RFLP	High informativity	Time consuming, labor intensive	5–10	High	24–27
Cytogenetics		Time consuming	5	Low	20, 21
Red cell phenotyping	Simple, accurate	Long latency, lineage specific	1–5	High	22–23
X/Y FISH	Low false positivity, large number of cells, high sensitivity	Restricted to sex-mismatched transplants	0.1–0.001	Low	28–33
Fluorescence-based STR–PCR	Robust, fast, high quantitative accuracy	Moderate sensitivity	1–5	Very high	44–47
STR in subpopulation	Very high sensitivity	Labor intensive, expensive	0.1–0.001	Very high	17, 59
Real-time PCR	High sensitivity, rapid	False-positive results in SNP-based assays, high specificity in Y-chromosome-specific PCRs	0.001–0.0001	Medium–high	49–50, 54–56

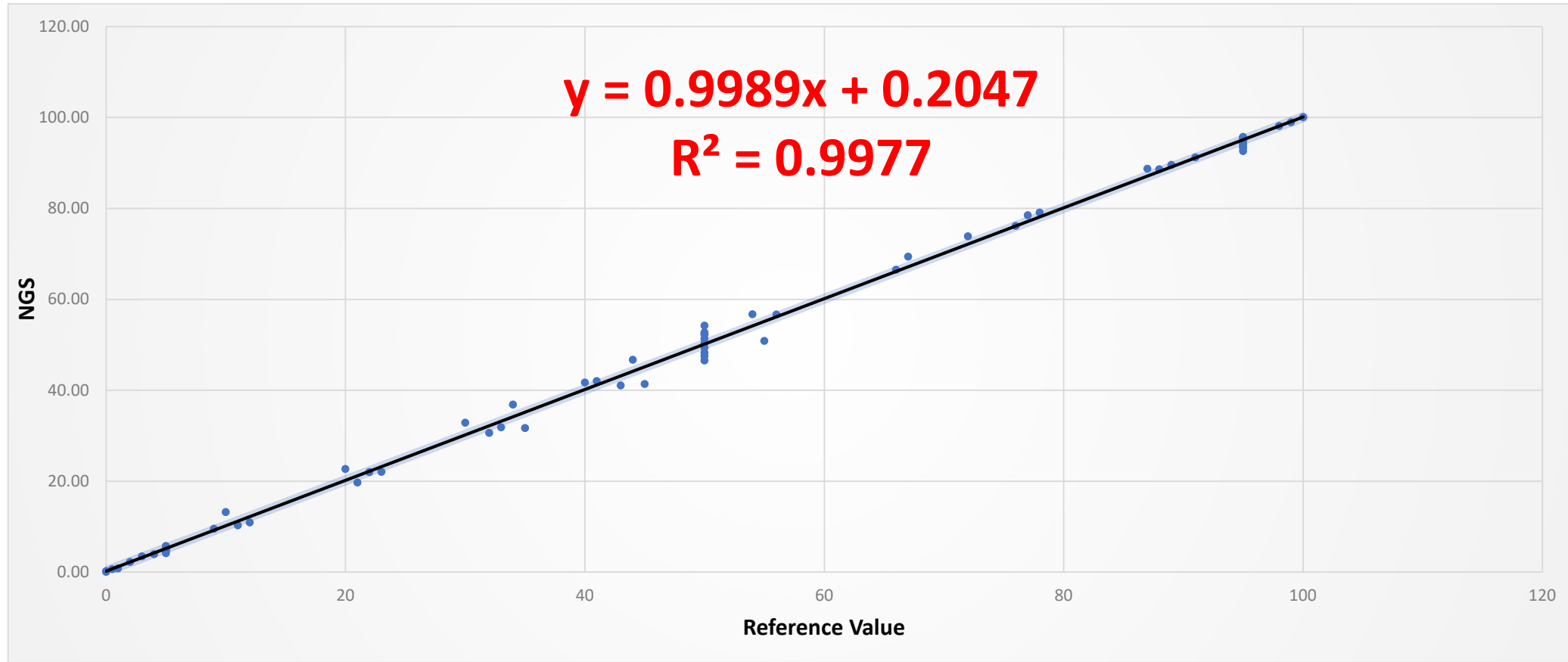
FISH= fluorescent in situ hybridization; RFLP= restriction fragment length polymorphism; STR= short tandem repeat markers.



OR27: Novel Next Generation Sequencing Based Chimerism Assay for Engraftment Monitoring in Hematopoietic Cell Transplantation

Artificial Mixes

- Samples of known chimeric status, ranging from 0%- 100% recipient DNA



Artificial Mixes



Value	Patient %	95% CI (Lower)	95% CI (Upper)	# Markers	Limit of Detection
0	0.00	-0.07	0.06	15	0.14
0.5	0.56	0.41	0.71	10	0.12
1	1.13	0.97	1.30	13	0.15
2	2.16	1.95	2.37	16	0.07
3	3.10	2.78	3.41	21	0.12
4	4.02	3.63	4.40	20	0.15
5	5.65	4.58	6.71	14	0.11
11	11.35	10.26	12.44	16	0.13
21	22.63	21.08	24.18	23	0.20
50	51.54	49.95	53.14	31	0.17
95	95.31	94.89	95.73	10	0.16
100	100.06	100.01	100.10	28	1.16



Precision

Tech 1	Tech 2	Tech 3
0.56	0.53	0.57
1.13	1.52	1.24
2.16	1.94	2.43
3.1	3.08	3.73
4.02	3.58	4.19
5.65	5.41	5.01



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Project: Haplotypes in Families

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Haplotypes in Families by NGS

Project leaders: Medhat Askar & Kazutoyo Osoegawa

Anthropological study of families by NGS of full-length HLA genes to determine haplotype segregation in multiple populations. Samples from family quartets consisting of two parents and at least two non-HLA identical children or family trios consisting of one parent and at least two non-HLA identical children are required. The families should be previously HLA typed at any level (serology, DNA). Investigators may submit samples only or samples and NGS data.



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HLA Allele Cataloguing Project

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The HLA Allele Cataloguing Project

Project leaders: Faviel Gonzalez, Derek Middleton, Kazutoyo Osoegawa & Medhat Askar

In this project participants are invited to submit data of samples of HLA alleles that are novel, classified as rare or with no enough information in the Allele Frequency Net Database (AFND, <http://www.allelefrequencies.net>). The project has 2 components:

1. Submission of data to AFND confirming alleles that fulfill the criteria set above. These data will also be shared with the CWD alleles working group to be considered in generating future CWD alleles are equivalent/alternate lists.

Summary

- Matching at HLA-A, -B, -C, and DRB1 remains to have the highest impact on clinical outcomes
- There is accumulating evidence of clinical relevance of DP, DQ and non-coding sequences
- Advances in sequencing technology will continue to reduce cost, increase HLA typing resolution, precision of engraftment monitoring
- Presence of donor HLA specific antibodies are associated with failure of engraftment and can be managed proactively



Thank you!

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