

Service Priorities and Programmes

Electronic Presentations

Convention ID: 1232 Submitting author: Dr Jenny Ho Post title: Scientific Officer (Medical) Pathology, QMH, HKWC

Enhancing the Clinical Management of Kidney Transplant Patients with Unknown Donor HLA Typing by a Modified Urine HLA-Typing Technology

Ho JCY 1, Wong MWK 1, Li PKT 2, Leung CB 2, Fung S 3,Kwan TH 4, Chak WL 5, Chau KF 5, Wong SSH 6, Mak SK 7, Yong DSP 8, Yeung JS 9, Lo SHK 10, Chan TM 11, Kwok JSY 1

1 Division of Transplantation and Immunogenetics, Queen Mary Hospital, Hong Kong. 2 Division of Nephrology, Department of Medicine and Therapeutics, Prince of Wales Hospital, Hong Kong.

3 Jockey Club Nephrology & Urology Centre, Princess Margaret Hospit

Keywords:

Donor HLA typing Kidney transplant Donor specific antibody Post-transplant management HMRF sponsored project

Introduction

Kidney transplantation is the most preferred treatment of end stage kidney diseases. However there is a severe shortage of deceased kidney donors in Hong Kong, so that fewer than 100 patients are transplanted annually and with an average waiting time of 68 months. A significant number of patients have kidney transplantation performed outside Hong Kong, and donor information is often lacking which hinders the investigation for donor-specific antibody (DSA) and the diagnosis and management of antibody-mediated graft injury.

Objectives

To elucidate donor HLA types using a non-invasive method in kidney transplant patients with unknown donor typing to facilitate timely DSA identification.

Methodology

Urine specimens were obtained from 616 kidney transplant recipients under Hospital Authority who had single transplantation performed outside Hong Kong from 2008 to 2017. Genotyping was performed on DNA purified from the patients urine to determine the HLA types which represent a combination of both recipient and donor HLA phenotypes. Mismatched donor HLA typing were then deduced from the urine result and the patient's HLA data (1-2), and used in the detection of DSA in routine serum antibody monitoring.

<u>Result</u>

The results showed that this simple non-invasive method was useful to determine unknown donor HLA typing and facilitated the detection of DSA. This improved the clinical management of patients who received transplantation outside Hong Kong. The DSA detection rate achieved was 50%, comparable to patient with known donor HLA typing. We believe the improved clinical management could eventually improve the graft survival rate through early detection of antibody-mediated renal allograft injury. REFERENCES:

1. Kwok J, Chan GS, Lam MF, et al. (2010). Determination of mismatched donor HLA in kidney transplant recipients with unknown donor HLA phenotypes. Clin Transplantation 24:E178-81.

2. Kwok J, Choi LC, Ho JC, et al. (2016) A Modified Protocol with Improved Detection Rate for Mis-Matched Donor HLA from Low Quantities of DNA in Urine Samples from Kidney Graft Recipients. PLoS One 11(11):e0166427.