

Titers and ABO Incompatible Kidney Transplants

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Review and discuss the following:

- The purpose of a titer for incompatible kidney transplant
- □ Titer methodologies (i.e. Tube vs. Gel)
- Titer protocol used at Carter BloodCare and how it's reported to the physician







"Okay, Mom ... I'm sorry I re-gifted one of the kidneys you gave me."



09/03/2015

Carter BloodCare IRL receives an order for : A titer for an ABO incompatible kidney transplant....

What?!!





Background:

- **ABO Incompatible Kidney Transplants**
 - 1980s- study from Belgium indicated graft survival was 75%
 - Japan –late 1980s
 - o U.S.- 1990s
 - o Europe- 2000



High number of end-stage renal patients

- Number of available kidneys is low
- May use live donors

5-year graft survival rates were comparable between

ABO compatible kidney transplants and ABO incompatible kidney transplants





ABO Incompatible Kidney Transplants

Challenges

Antibody Mediated Rejection (AMR)

- Antibodies against HLA
- Antibodies against alloantibodies to donor endothelial surface antigens



Challenges, con't

oAntibodies against the A, B antigens

- Determining a titer protocol
 - IgM anti-ABO response
 - IgG anti-ABO response (considered more significant)
 - DTT is used to determine the IgG titer



ABO antibody levels will determine (titer result)

- The best time to perform the surgery
- The effectiveness of desensitization
- Titer for the A1, A2 and B antibodies of the patient may be performed depending on the ABO type of the donor
- Monitoring of the titer will be necessary preand post-op

When do we get a titer order?

- □ Pre-surgery for a baseline titer
- Depending on the titer, we may see multiple titers before and after apheresis procedures if applicable (always stat)
 - The goal is to achieve a titer of <8 or 16 (some say 32 or 64)
 - Maintain a titer of <8 or 16 post surgery



Titer Methodology

Traditional Tube Titer (saline)

- Less expensive
- Subjective: difficult to standardize
- Time consuming
- Validated system in place in our IRL lab
- Physicians familiar with tube end points



Titer Methodology

Gel titer (i.e. Ortho)

- Consistent: "more reproducible"
- Expensive
- Need additional materials (i.e. calibrated pipettes, gel system, etc....)
- End points?



Titer Methodology

- Beads carry A or B trisaccharides
- Need equipment and expertise
- Consistent
- o Very Expensive!!!



- Titer Methodology at Carter BloodCare-Tubes
 - We already had a validated system
 - Most widely used method for ABO incompatible kidney transplants
 - Employees are trained to tubes
 - Physician is comfortable interpreting & treating with tube end points



- Tube Method Materials:
 - •0.01M DTT
 - •A1, A2, B cells (2-4%)
 - Saline
 - Pipettes/Tips
 - Lots of Test Tubes





- 1. 1ml of patient plasma + 1ml of saline
- 2. 1ml of patient plasma + 1ml of DTT
- **3. Controls for the DTT are tested:**
 - Negative control using anti-P₁
 - Positive control using anti-Fy^a
 - Saline control using anti-P₁







- 1. All tubes incubate at 37°C for 30 minutes
- 2. Perform titration studies (titer to 512) and controls:
 - DTT treated sample
 - Control (saline) sample



- **1. DTT treated titer sample**
 - Label tubes for A1, A2, B titer
 - Add 2 drops of the appropriate dilution to each tube
 - Add 1 drop of appropriate red blood cells



- **1. Saline control titer sample**
 - Label tubes for A1, A2, B titer
 - Add 2 drops of the appropriate dilution to each tube
 - Add 1 drop of appropriate red blood cells



- 1. Incubate all tubes at room temp for 30 minutes, centrifuge, shake
- 2. Incubate all tubes at 37°C for 30 minutes, wash, add anti-IgG, spin, shake
- 3. Total time: 2.5 3 hours minimum



Interpretation:

Titer is the highest plasma dilution that gives 1+ positive reaction

Tube	2	4	8	16	32	64	128
RT (saline)	2+	2+	1+	1+	0	0	0
RT (DTT)	1+	1+	0	0	0	0	0
IAT (saline)	2+	2+	1+	1+	1+	1+	0√
IAT (DTT)	2+	2+	1+	1+	0√	0√	0√

Interpretation:

- Reactivity with the saline and no reactivity with DTT- IgM
- Reactivity with saline and DTT= IgG and IgM antibody
- □ Reactivity with DTT= IgG antibody



ABO Titer Report-

Anti- B	Reactive by				vs B cells
Anti-	Reactive by				
Anti-	Reactive by				
Anti-	Reactive by				
Anti-	Reactive by				
Anti-	Reactive by				
ABO Incompatible ' (By Testing I		ody Present ted Sample)	,	Fotal (IgG & Ig (Saline 7	M) Antibodies Present Freated Sample)
Room Tempera	ture (RT)	4			16
Indirect Antiglobulir	n Testing (IAT)	 16			64



Case 1 September 2015 -

- An ABO incompatible kidney transplant surgery is to be scheduled
- □ Patient is O positive & Donor is B positive
- ABO incompatible titers will be needed to monitor the patient
- □ A baseline titer will be needed
- □ Titers before and after plasma pheresis will be ordered, before and after surgery

Case 1

09/03/15- 1st titer (anti-B)

Titer 1	RT	AHG
IgM + IgG	32	64
DTT (lgG)	4	32

Post Apheresis

	AHG
IgM + IgG 16	16
DTT (IgG) Negative	16

Case 1

10/26/15-1st titer (anti-B) (41 titers later) – Transplant performed

Titer 1	RT	AHG
lgM + lgG	8	16
DTT (IgG)	2	16

Post Apheresis

Titer 2	RT	AHG
IgM + IgG	16	16
DTT (IgG)	Negative	16



Case 1

Monitoring the titer Post-Op (34 titers performed)

Titer	RT	AHG
lgM + lgG	<2	4
DTT (IgG)	<2	4

75 titers total performed from 09/03/15 - 01/19/16



Gel Method

Materials:

- •IgG gel cards
- NaCl (buffer) gel cards
- •.8% A1, A2, B cells
- Pipettes/tips
- Gel incubator/centrifuge
- Test tubes/PBS





Gel Method:

- 1. Perform titration studies with saline (PBS)
- 2. Prepare 0.8% cell suspension for the appropriate antigen (A1, A2, B)
- 3. Add 50ul of the cells to a gel card (buffer) and 50ul of the cells to a IgG gel card
- 4. Add 25ul of the diluted sample to the appropriate well of each card



Gel Method:

- 5. Incubate the buffer card at room temperature for 10 (or 15) minutes
- 6. Incubate the IgG card at 37°C for 15 minutes
- 7. Spin both cards for 10 minutes



Interpretation:

Titer is 16; the highest plasma dilution that gives 1+ positive reaction

Dilution	1	2	4	8	16	32	64	128
Strength	3+	2+	2+	1+	1+	0	0	0



What's Best? Tube vs. Gel







Tube vs. Gel

Gel is more sensitive? (2 fold higher per Aditya Birla Memorial Hospital, Pune, Maharashtra, India)

Gel and Tubes are comparable? (Johns Hopkins)





Pam's Study

Patient A	RT	AHG
Gel	4	16
Tube	16	16

Patient B	RT	AHG
Gel	2	8
Tube	4	8



Conclusion:

- ABO titers are imperative to determine when to perform an incompatible ABO kidney transplant and the effectiveness of desensitization (success)
- Multiple titers will be performed before and after treatment as well as after the surgery
- The titer methodology (tube vs. gel) will achieve similar results but gel titers have a shorter turn around time. More investigation is needed.....



Questions????



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