

Providing H&I advice, support, and representation to OTDT

David Briggs – Interim H&I Advisor to OTDT





NHSBT

Blood Supply

Clinical Services

OTDT

Plasma

QA



?



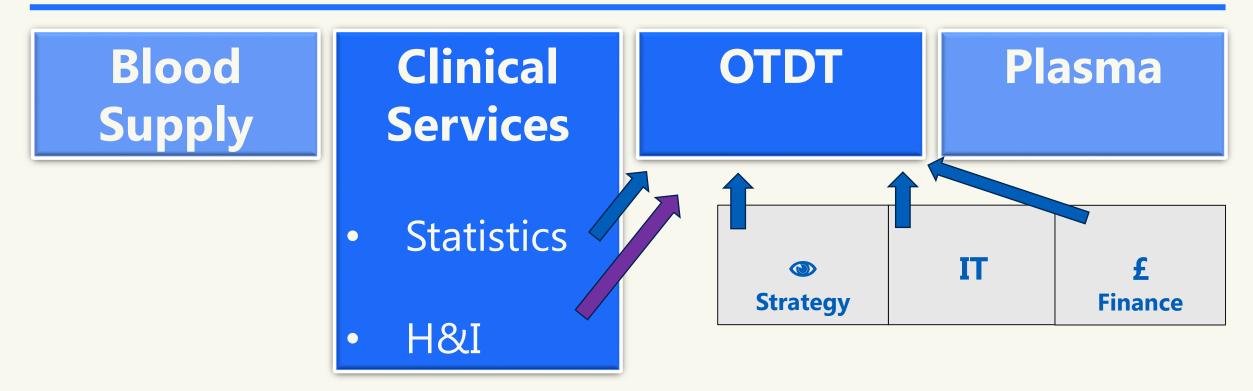
Strategy

IT

£ Finance



NHSBT



H&I and **OTDT**



Previously - Chief Scientific Officer ODT

To provide expert advice on matters relating to Histocompatibility and Immunogenetics (H&I) and the use of H&I information in allocation and transplantation.

H&I expertise Nomenclature HLA queries form labs

Advisory Group meetings Quality meetings

Clinical governance

Liaise with UK labs

- Policies
- Use of HLA data

1 day/week





NHSBT

Blood Supply

Clinical Services

H&I

OTDT

- Hub activities
- SCORE
- Commissioning
- Quality incidents
- Advisory Groups
- NTxD
- DCERT
- **DonorPath**
- LivingPath
- cRF calculator
- Min resolution
- Match resolution
- etc

Plasma



H&I and **OTDT**

NHSBlood and Transplant

BSHI OTDT role

Professional representation

Clinical governance

- Advisory Groups membership
- Guideline development

HLA development

- Technology
- Commissioning

Projects/programmes of work

R&D

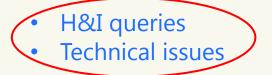
H&I and **OTDT**

NHSBlood and Transplant

NHSBT H & I Lead role

Operational

Supporting business as usual



Clinical governance

- Investigating quality incidents
- Advisory Groups membership

Service development

- Projects
- Programmes



- 1. "Splits" frequency calculations
- 2. Missing loci:
 - DQA
 - DPA
 - DPB
- 3. Agreement with NTxD cRF calculation and allocation
- 4. Version control

1. Examples

A2 = 50.09%

A203 = 50.09%

A210 = 50.09%

A24 = 14.91%

A2403 = 15.00%

B27 = 8.31%

B2708 = 8.31%

Bw6 = 85.37%

Bw6+B2708 = 88.33%



- 1. "Splits" frequency calculations
- 2. Missing loci:
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2. Lacking in most of the last 10,000 donors

Solutions:

- Wait
- Use other UK data sets
 - STRIDES
 - ✓ Blood donors
 - Imputed types
 - BBMR
 - ✓ NGS (DPB1)
 - Audit
 - ✓ HLA allele frequencies
 - ✓ ABO distribution
 - ✓ Ethnicity distribution



- 1. "Splits" frequency calculations
- 2. Missing loci:
 - DQA
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3. DPB1 calculation

- Uses available types donors 3,642 but uses 10,000 denominator
 - Falsely low cRF
 - Prevent entry into Tier A

Mian Chen, Oxford

| BG | Specs | Calculator | Waiting list | Corrected |
|----|---------------------------------|------------|--------------|-----------|
| A | DP3, 6, 9, 14, 17, 20, 104 | 0% | 11% | 30.99% |
| Α | DP10, 14 | 0% | 2% | 5.33% |
| 0 | DP3, 6, 9, 14, 17, 20, 104 | 0% | 10% | 29.96% |
| 0 | DP2, 4(0401), 9, 14, 15, 19, 23 | 0% | 30% | 90.55% |
| Α | A66, B37, 63, DR9, DP4(0402) | 4% | 33% | 78.87% |



- 1. "Splits" frequency calculations
- 2. Missing loci:
 - DQA
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- 3. Agreement with NTxD cRF calculation and allocation
- 4. Version control

3. Donor allocation and UAA:

- A203 eliminates A2
- A2403 eliminates A24, A9
- B2708 eliminates B27

ODT-INC-8021

HLA ++



- 1. "Splits" frequency calculations
- 2. Missing loci:
 - DQA
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DPB1 not reported - 6 cases in the last 12 months

HLA Incidents - Cause of Incident - Technical Error

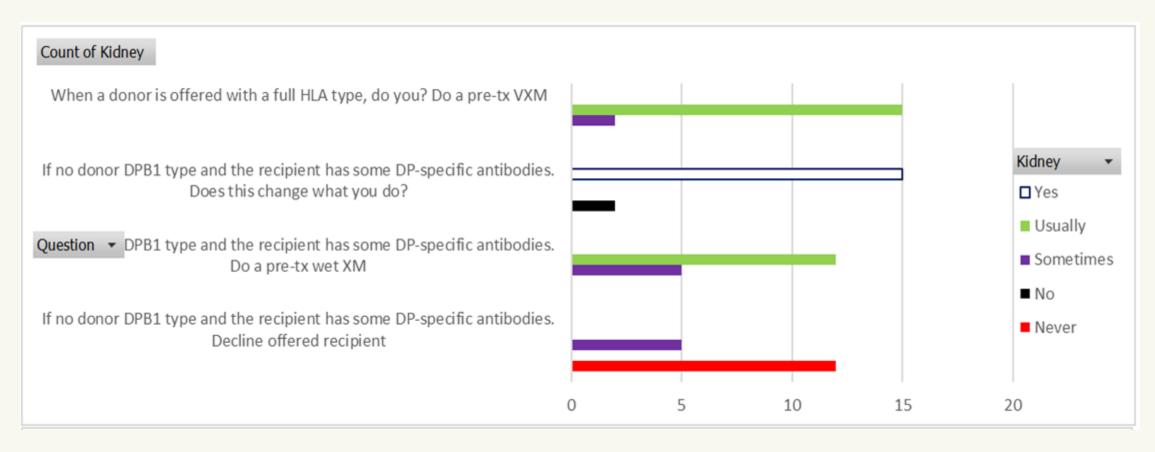
09g. H&I Cause Non compliance with minimum typing requirements - No impact

| Number | | Risk | Ev | nt Title | Incident Details | Investigation Detail | H&I Lab | Impact | Likelihood | Date Raised |
|----------|------|-------|------|---------------------------------|---|---|---------|--------------|--|-------------|
| | | | | | | | | | | |
| ODT-INC- | 7982 | Green | Non | ompliance to minimum HLA typing | Laboratory Error | No actions required by CG - reported for data | | Negligible 1 | Fossible 3 | 28/05/2024 |
| | 1 | | reso | tion - HLA-DPB1 – no impact | Resolved Post-Allocation | capture/trending/HLA Reports. | | | | |
| | 1 | | | | RAG 1 Negligible / 3 Possible (Green) | | | | / | |
| | | | | | HLA locus: HLA-DPB1 | | | | | |
| | | | | | Methodology used: PCR-SSP | | | | | |
| | | | 1 | | | | | | | |
| | | | | | Report comment: "HLA-DPB1 not reported as type was not resolved due to multiple rare call." | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

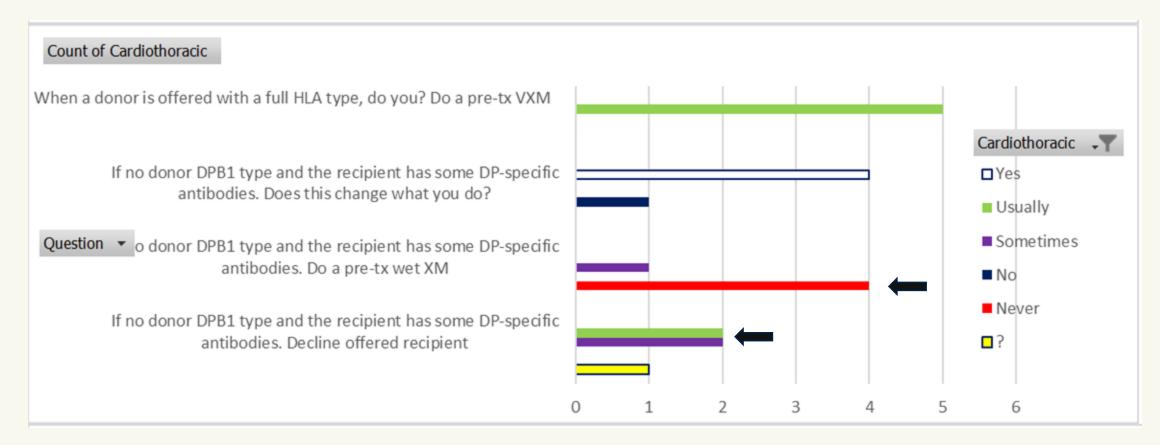


| | | | | Transplant type | | | | | |
|--|--|--|--|--|---|---|---|--|--|
| | | | | Kidney | Pancreas | Heart | Lung | Liver | Bowel |
| en a donor is offered with a full HLA type, do | Do a pre-tx VXM | (U/S/N/X) | > | | | | | | |
| donor DPB1 type and the recipient has some specific antibodies | Does this change what you do? | (Y/N) | > | | | | | | |
| ditto | Do a pre-tx wet XM | (U/S/N/X) | > | | | | | | |
| ditto | Decline offered recipient | (U/S/N/X) | > | | | | | | |
| | | U | | Usually | | Y | Yes | | |
| | | S | | | es | N | No | | |
| | | | | | | | | | |
| ? | donor DPB1 type and the recipient has some pecific antibodies ditto | donor DPB1 type and the recipient has some pecific antibodies ditto Does this change what you do? Do a pre-tx wet XM Decline offered | donor DPB1 type and the recipient has some pecific antibodies Does this change what you do? | donor DPB1 type and the recipient has some pecific antibodies Does this change what you do? | donor DPB1 type and the recipient has some pecific antibodies Does this change what you do? Do a pre-tx wet XM (U/S/N/X) Does this change what you do? | donor DPB1 type and the recipient has some pecific antibodies ditto Do a pre-tx wet XM (U/S/N/X) > ditto Decline offered recipient U Usually S Sometimes N Never | donor DPB1 type and the recipient has some pecific antibodies Does this change what you do? Do a pre-tx wet XM (U/S/N/X) Do a pre-tx wet XM (U/S/N/X) Does this change what you do? Do a pre-tx wet XM (U/S/N/X) Do a pre-tx wet XM (U/S/N/X) | donor DPB1 type and the recipient has some pecific antibodies Does this change what you do? Do a pre-tx wet XM (U/S/N/X) Does this change what you do? Does this change what you do | donor DPB1 type and the recipient has some pecific antibodies Does this change what you do? Does this change what you do? |











| No DPB1 type | Mitigation | Consequence |
|--------------|---|---|
| Operational | Re-type Re-type Wet XM Wet XM Review data | Transplant delay Additional cost Transplant delay Additional cost |
| Clinical | Re-type - Wet XM - Review data | Transplant delay- ?CIT ① Offer decline Transplant delay- ?CIT ① Offer decline |



DPB1 not reported - 6 cases in last year

HLA Incidents - Cause of Incident - Technical Error

09g. H&I Cause - Non compliance with minimum typing requirements - No impact Number Incident Details nvestigation Detail H&I Lab Likelihood Date Raised Event Title ODT-INC-7972 No -compliance to minimum HLA typing Laboratory Error No actions required by CG - reported for data Negligible 1 ossible 3 28/05/2024 resoution - HLA-DPB1 - no impact Resolved Post-Allocation capture/trending/HLA Reports. RAG 1 Negligible / 3 Possible (Green) HLA locus: HLA-DPB1 Methodology used: PCR-SSP Report comment: "HLA-DPB1 not reported as type was not resolved due to multiple rare call."

Version 09/2019

NATIONAL TRANSPLANT DATABASE HLA CONVERSION CHART FOR ORGAN ALLOCATION

HLA Dictionary 2008 NOMENCLATURE April 2010

MATCHED '2 DIGIT BROAD' SPLITS '2 DIGIT SPLIT' ALLELE GROUP ON Allele OR ASSOCIATED Allele SPECIFICITIES MAPPED '2 DIGIT BROAD' SPLITS '2 DIGIT SPLIT' ALLELE GROUP TO Allele OR ASSOCIATED Allele SPECIFICITIES HLA Dictionary 2008 NOMENCLATURE 2010 DPB1 --- DPB1*01 --- DPB0101 ---DPB2 — DPB1*02 DPB1*02:01,*02:01:01, *02:01:02, *02:01:03 DPB0201 DPB1*02:01:04, *02:01:05, *02:01:06, *02:01:07 DPB1*02:01:08, *02:01:09, *02:01:10,*02:01:11 DPB1*02:01:12, *02:01:13, *02:01:14,*02:01:15 DPB1*02:01:16 DPB0202 DPB1*02:02 DPB3 --- DPB1*03 ----DPB0301 DPB4 —— DPB1*04 DPB1*04:01,*04:01:01,*04:01:01:01,*04:01:01:02 DPB1*04:01:02, *04:01:03, *04:01:04, *04:01:05 DPB1*04:01:06, *04:01:07, *04:01:08, *04:01:09 DPB1*04:01:10, *04:01:11, *04:01:12, *04:01:13 DPB1*04:01:14, *04:01:15, *04:01:16, *04:01:17 DPB1*04:01:18, *04:01:19, *04:01:20, *04:01:21 DPB1*04:01:22, *04:01:23, *04:01:24, *04:01:25 DPB1*04:01:26, *04:01:27 DPB0402 DPB1*04:02, *04:02:01,*04:02:01:01 DPB1*04:02:01:02,*04:02:02, *04:02:03 DPB1*04:02:04, *04:02:05, *04:02:06 DPB1*04:02:07 DPB5 --- DPB1*05 --- DPB0501 ---DPB417 — DPB1*417 — DPB41701 — DPB1*417 DPB584 --- DPB1*584 ---- DPB58401 ---



H&I and **OTDT**



HLA is a principal component of many OTDT operations, systems, policies and apps.

In general

Expertise not always used

- Quality incidents
- o cRF calculator
- Advisory groups

Outdated

- cRF calculator
- NTxD
- Min resolution/conversion charts

Inconsistent use

- Living Path
 - Donor HLA DNA-based nomenclature
 - Recipient UAA uses serological nomenclature

BSHI - Professional representation **NHSBT H&I - Operational support Supporting business as usual** • H&I queries Technical issues **HLA development Service development** Technology Projects Commissioning - H&I and OTDT - Programmes **Clinical governance Clinical governance** Advisory Groups membership Advisory Groups membership Guideline development Investigating quality incidents R&D R&D **Engagement with OTDT Engagement with BSHI**