



HLA typing in Hematopoietic Stem Cell Transplantation

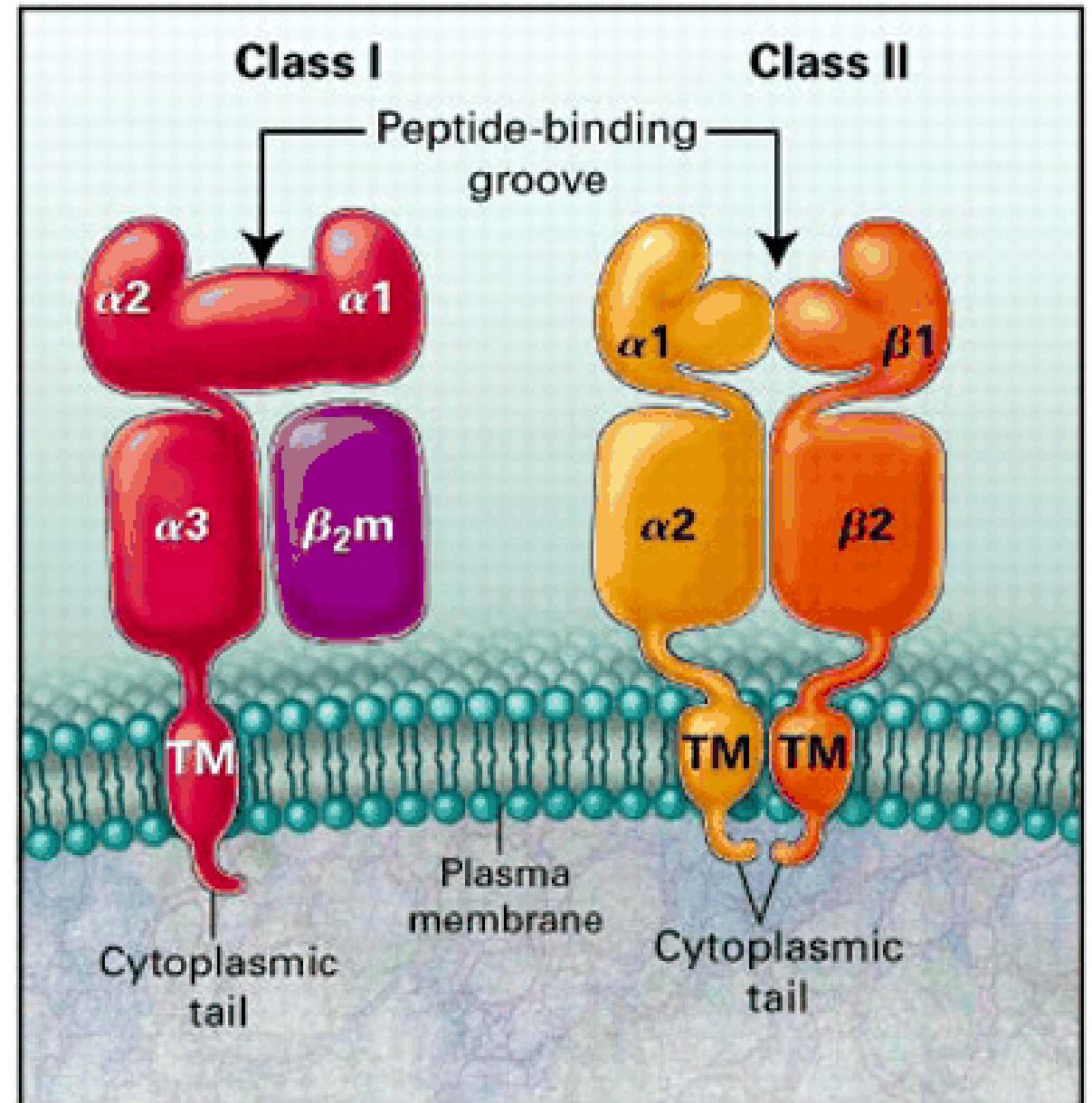
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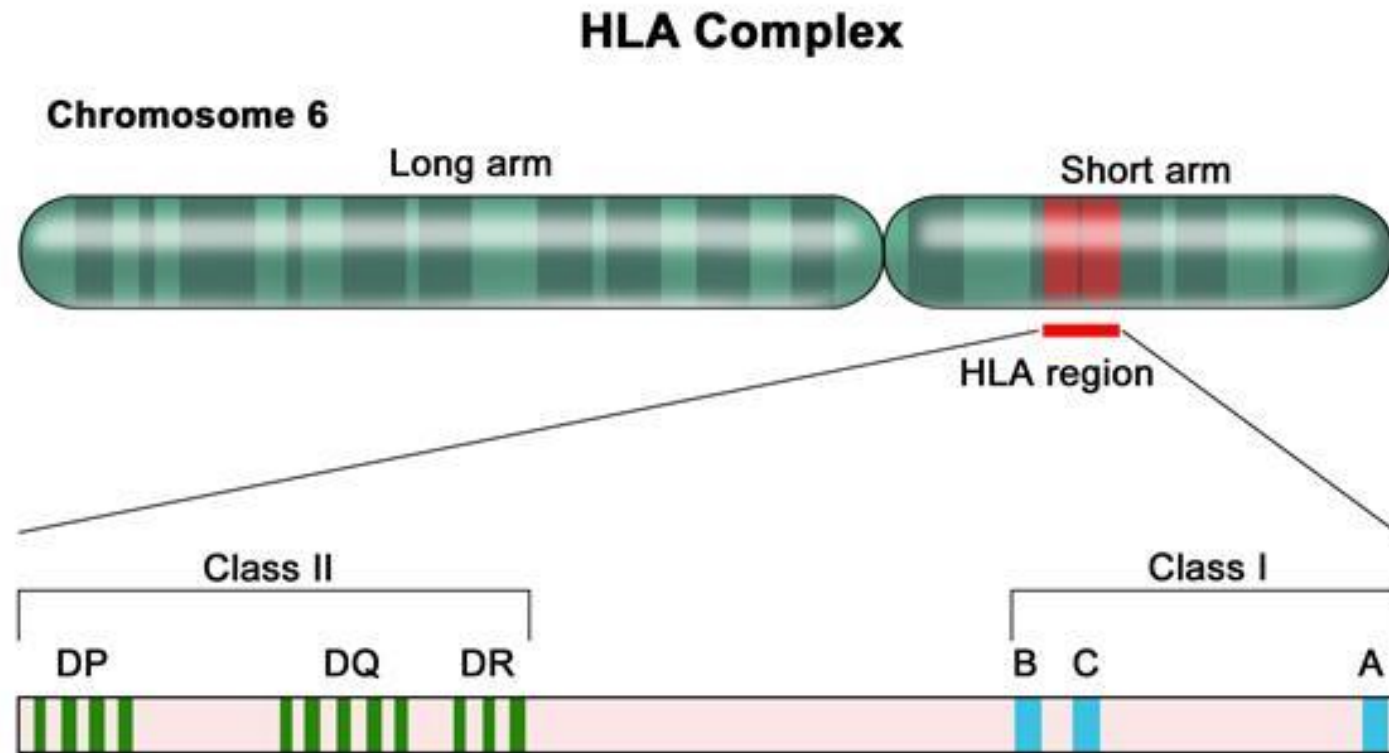
Research Institute for Oncology, Hematology, and Cell Therapy

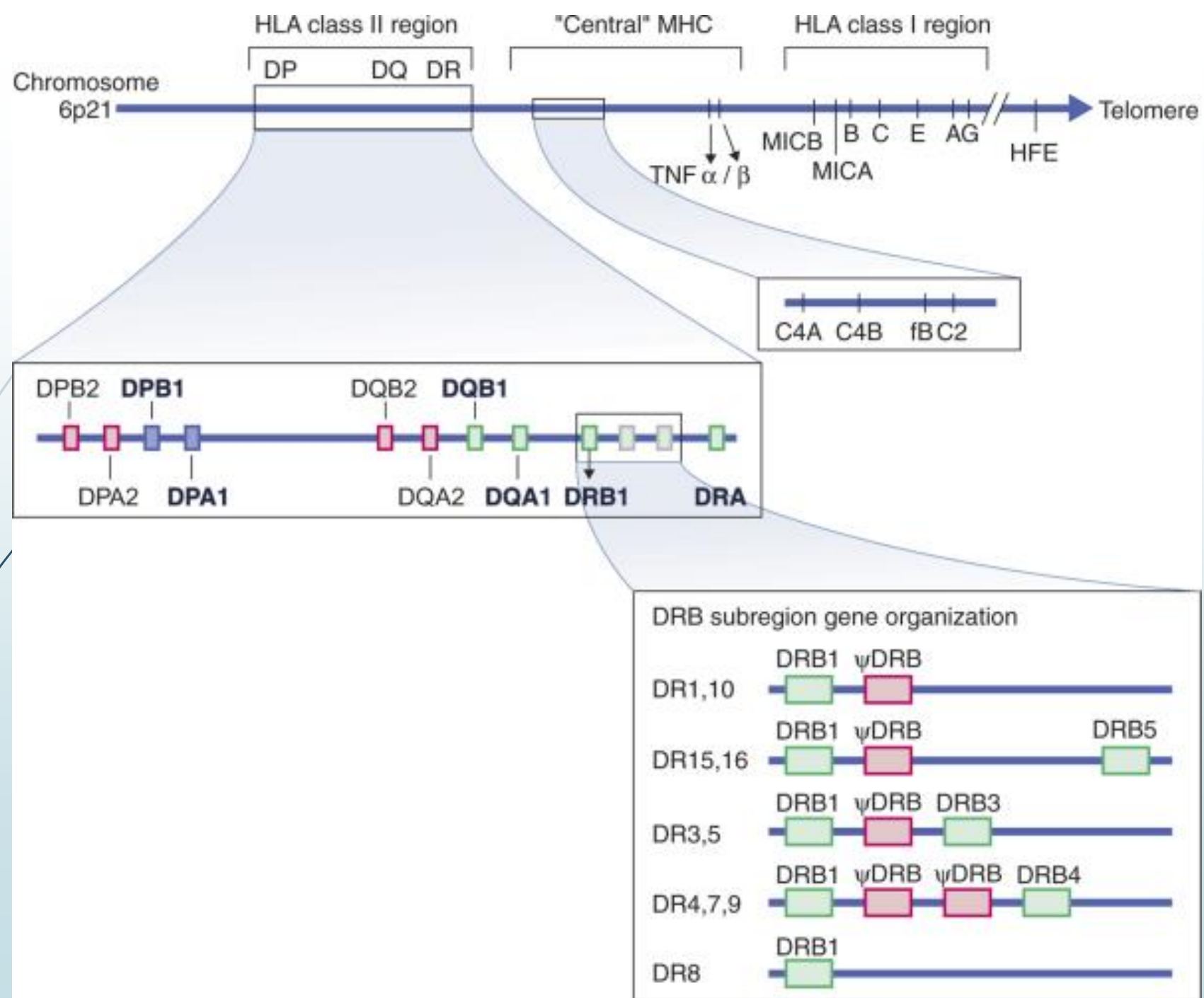
Tehran University of Medical Sciences

HLA molecules



MHC locus







Classic HLA loci

High expression loci (HEL)

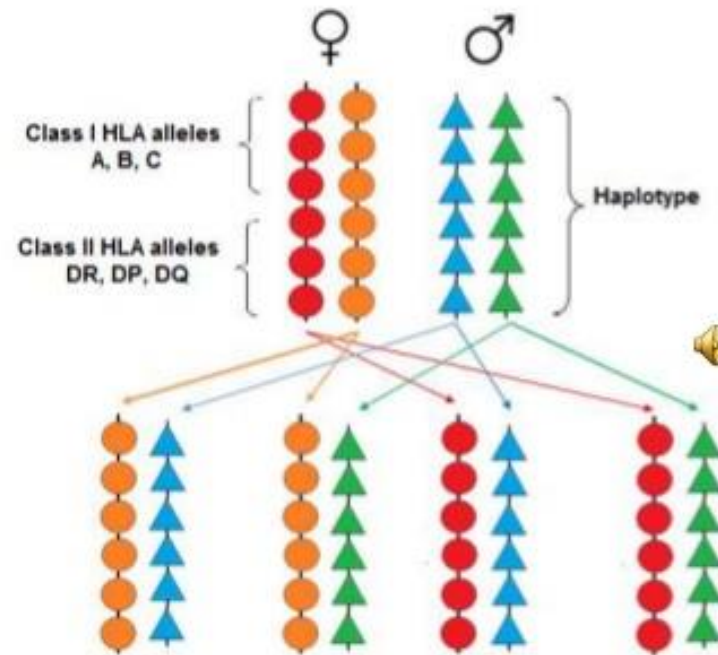
- **A**
- **B**
- **C**
- **DRB1**

Low expression loci (LEL)

- DRB3
- DRB4
- DRB5
- DQA1
- **DQB1**
- DDPA1
- **DPB1**

HLA haplotypes

HLA inheritance and familial matching

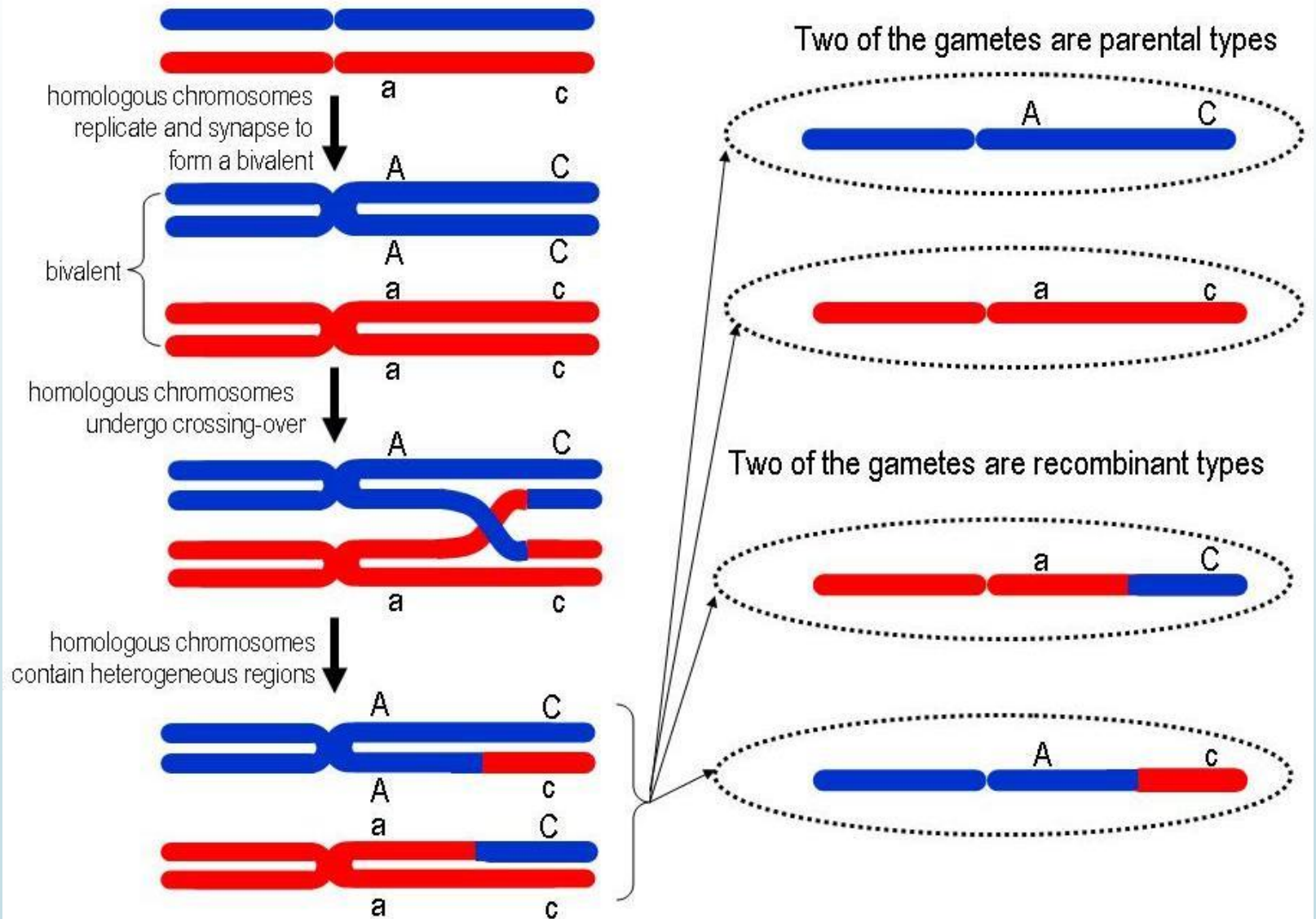


•‘Haplotype’: a combination of alleles at adjacent loci on a chromosome that are inherited together.

•Breeding between two heterozygous individuals results in children with 4 possible genotypes

•There is a 1 in 4 chance of a complete match between two siblings

Recombination (crossing over)



HLA Allele Nomenclature

HLA - A * 24:02:01: 01

HLA - A * 24:02:01: 02 L

Locus

Asterisk

Allele family
(serological
where
possible)

Amino
acid
difference

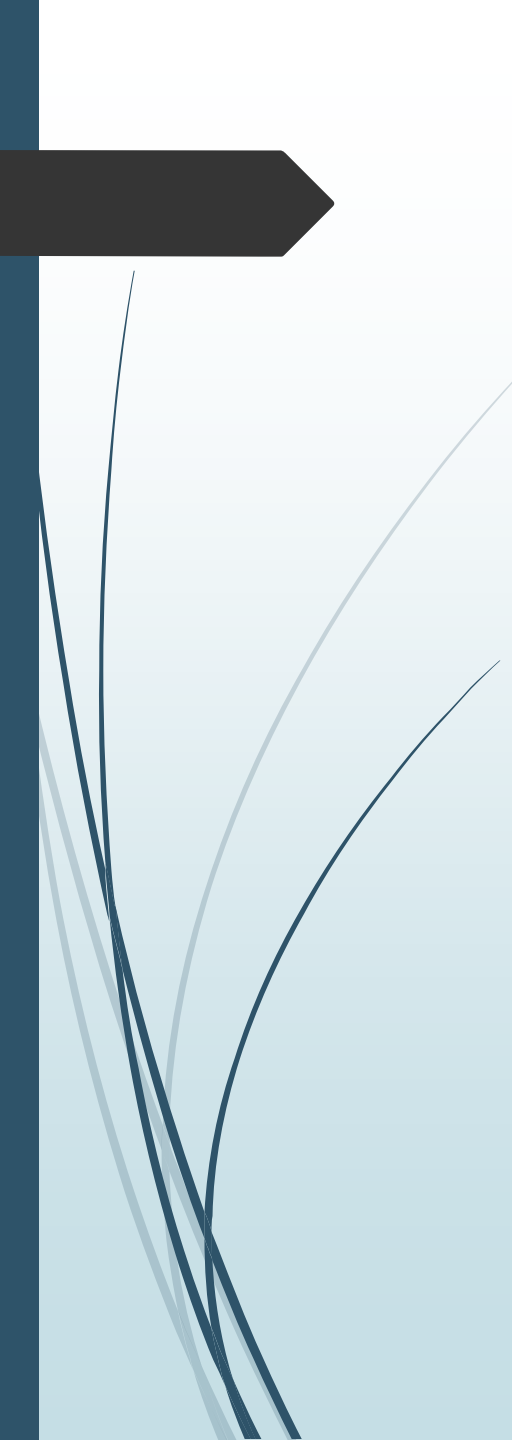
Non-coding
(silent)
polymorphism

Intron,
3' or 5'
polymorphism

N = null
L = low
S = Sec.
A = Abr.



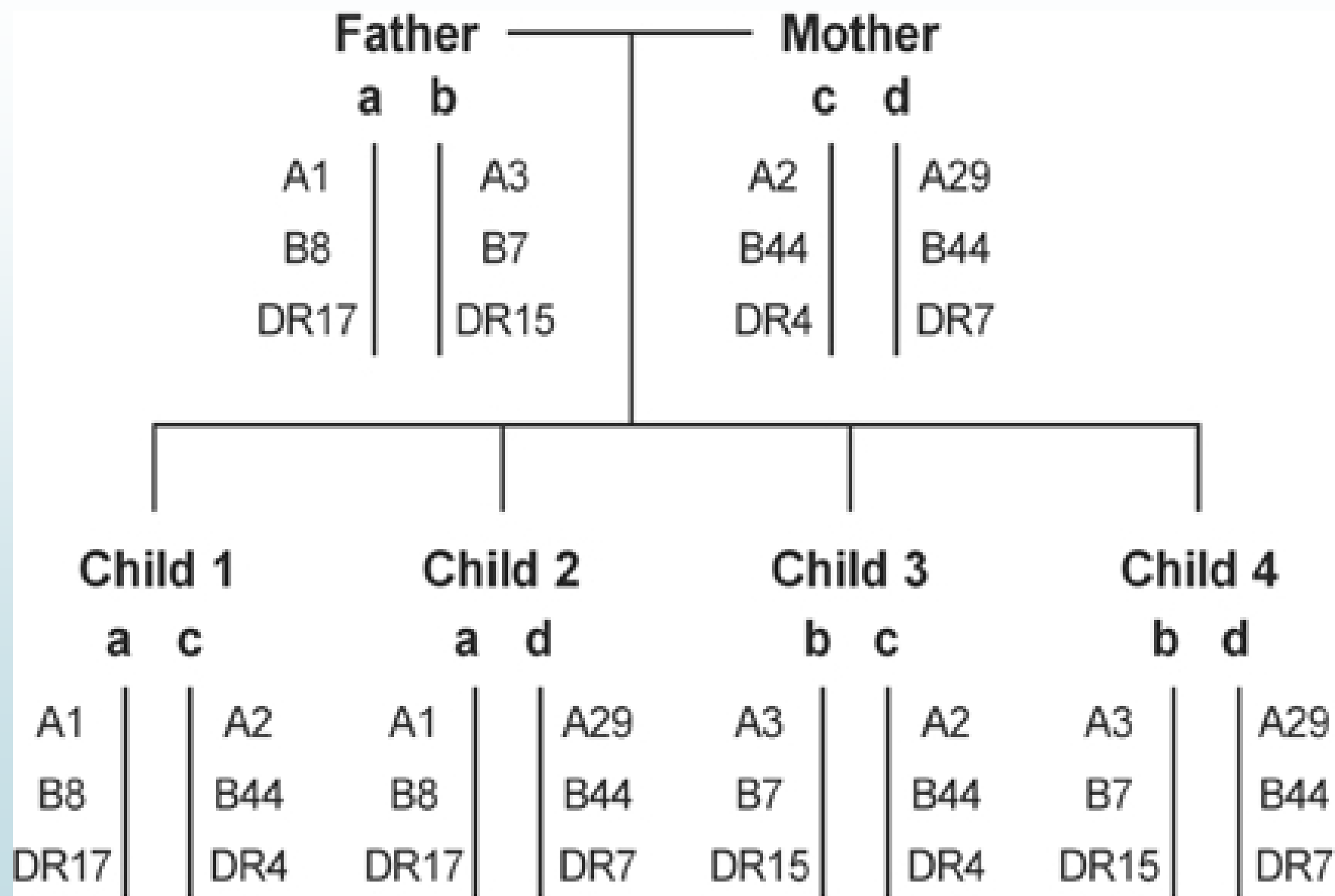
How we can find donors?



Matched sibling donors

- Primary low resolution typing for all available first degree relatives.
- Low or high resolution confirmatory typing of the patient and phenotypically matched donor based on HLA pedigree.
- In most cases high resolution typing is not needed.

Example



An Apparently 6/6 But Really Haploidentical sibling

- Patient and sibling:

A*01,*02; B*35,*41; DRB1*11,*15

- Father: A*01, - ; B*35, - ; C*01,*04; DRB1*11, -

- Father's haplotypes: A*01 B*35 C*01 DRB1*11

A*01 B*35 C*04 DRB1*11

- Patient's confirmatory typing:

- A*01,*02; B*35,*41; C*01,*16; DRB1*11,*15

- Sibling's confirmatory typing:

- A*01,*02; B*35,*41; C*04,*16; DRB1*11,*15

An Apparently 10/10 But Really Haploidentical siblings

Siblings' typing	Mother's typing	Sibling 1 maternal haplotype	Sibling 2 maternal haplotype
A*02,*03	A*03, -	A*03:01	A*03:02
B*35,*51	B*35, -	B*35:08	B*35:01
C*04,*14			
DRB1*11,*15	DRB1*11, -	DRB1*11:01	DRB1*11:01
DQB1*03,*06			

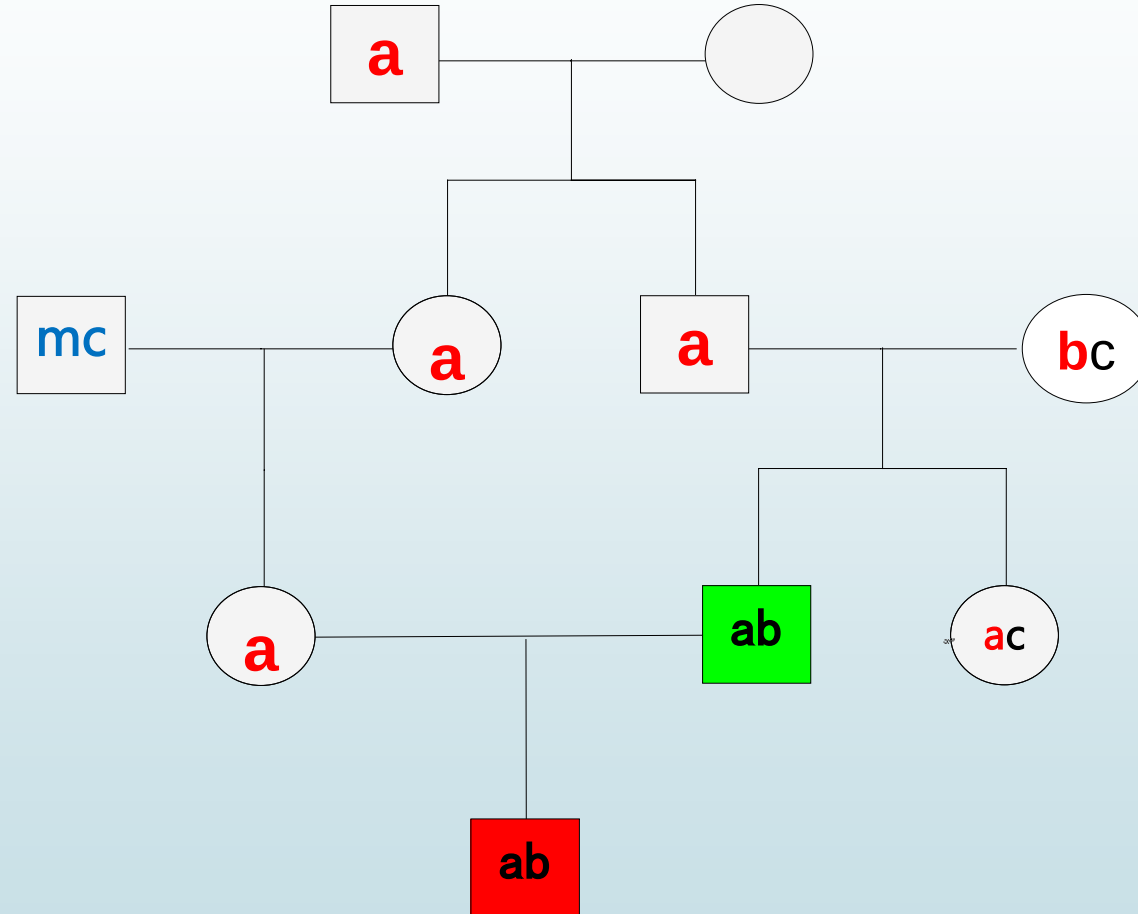


Related parents

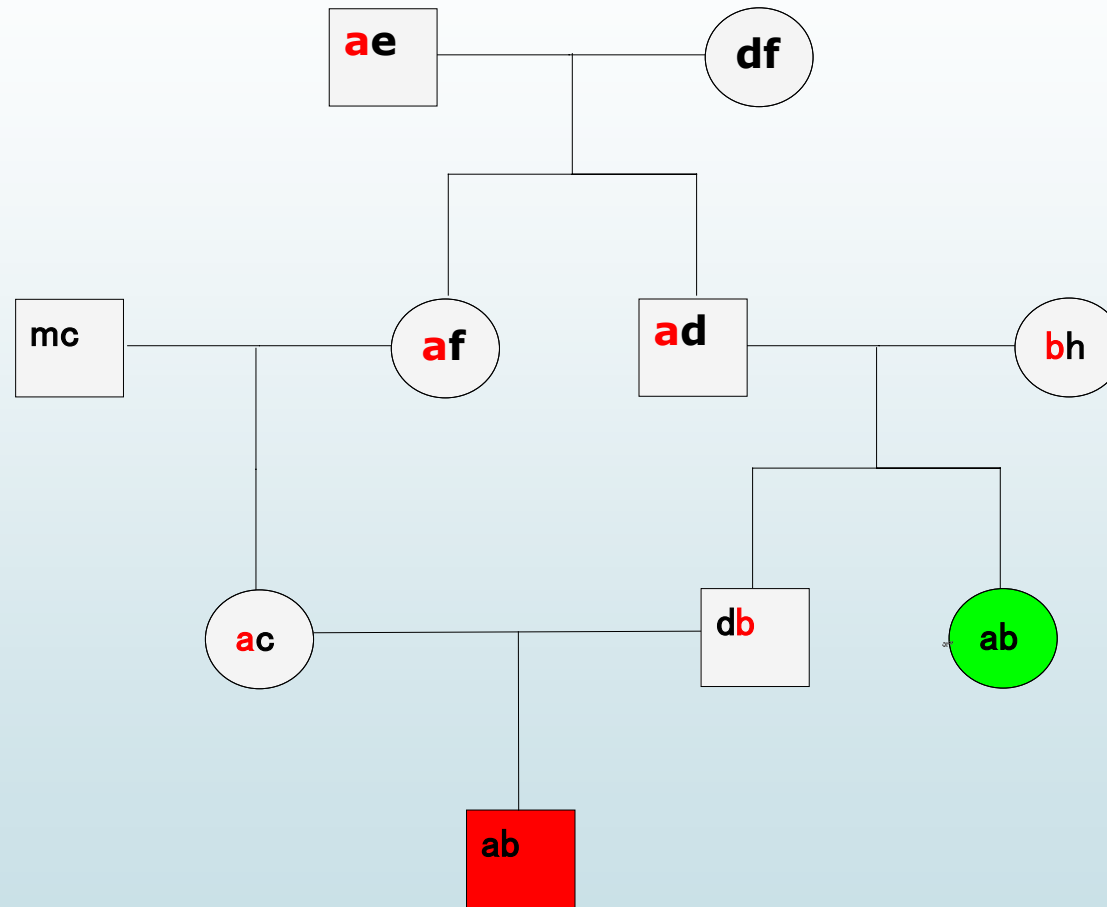
$ab \times ac$

$aa \quad ac \quad ab \quad bc$

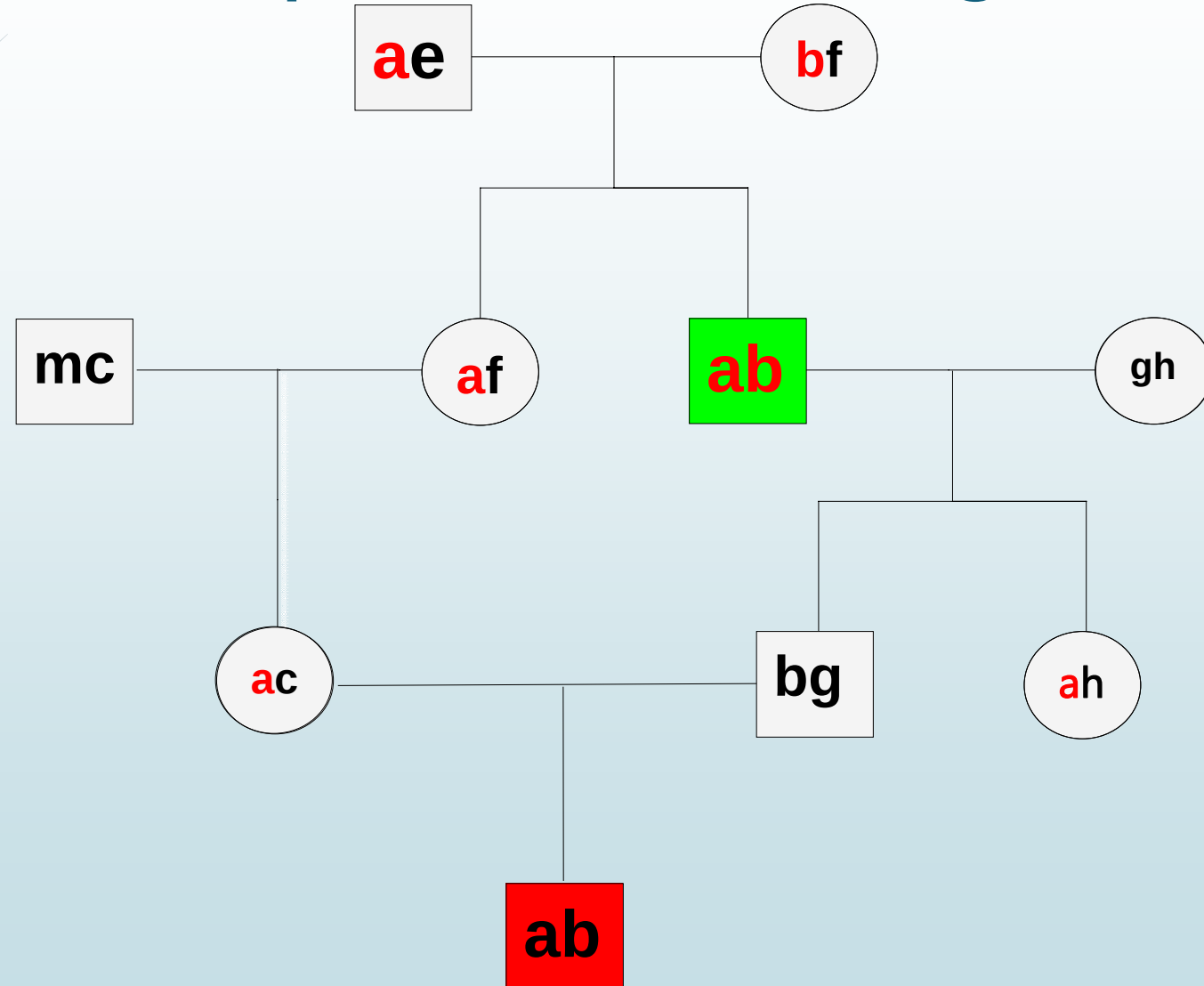
Related parents



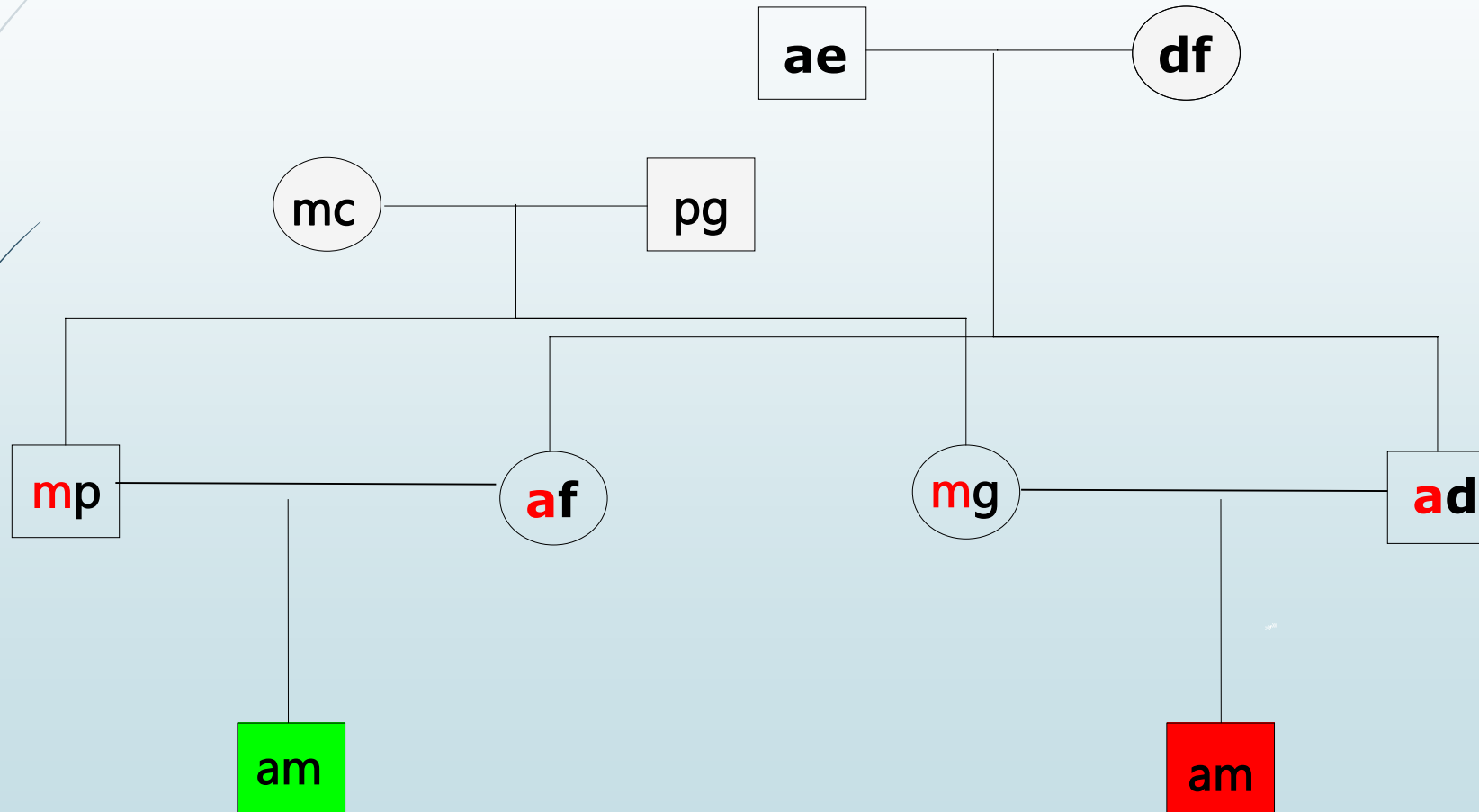
Related parents, matched aunt

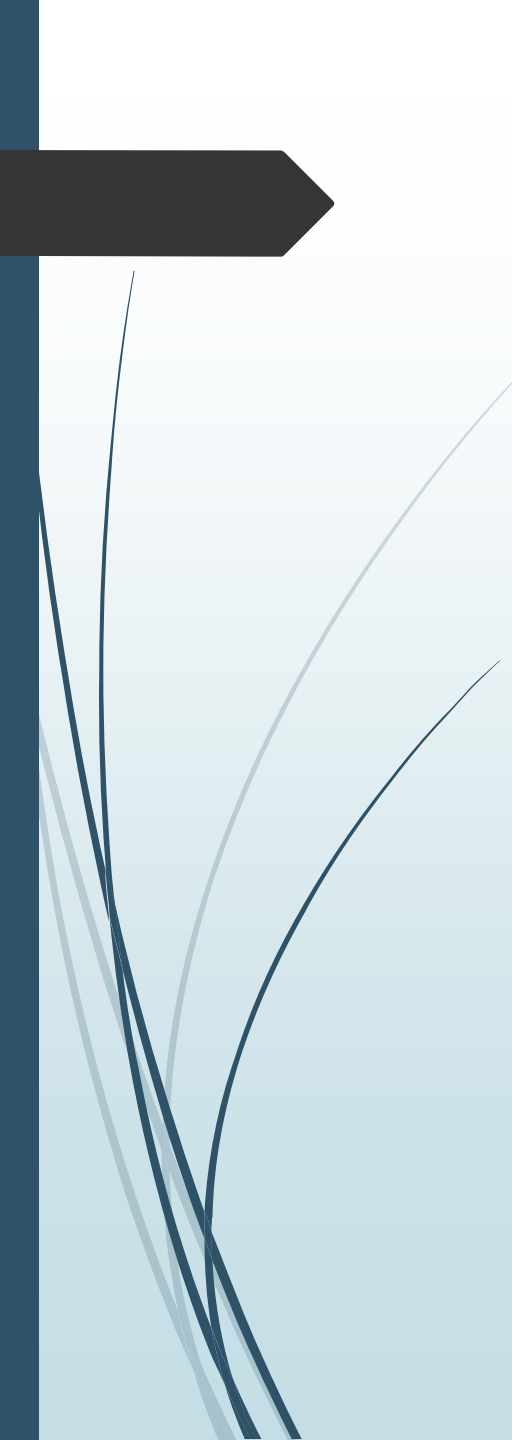


Related parents, matched grandfather



Unrelated parents, other marriage between mother's and father's families





Matched other related donors

- ABDR Typing of second degree relatives or beyond based on intra familial marriages.
- Low resolution ABCDRDQ confirmatory typing of the patient and ABDR matched donor.
- In most cases high resolution typing is needed.

An Apparently 8/8 But Really Haploidentical Donor

► Patient and his uncle:

A*02,*24; B*35,*51; C*04,*16; DRB1*11,*12

► High resolution HLA typing results:

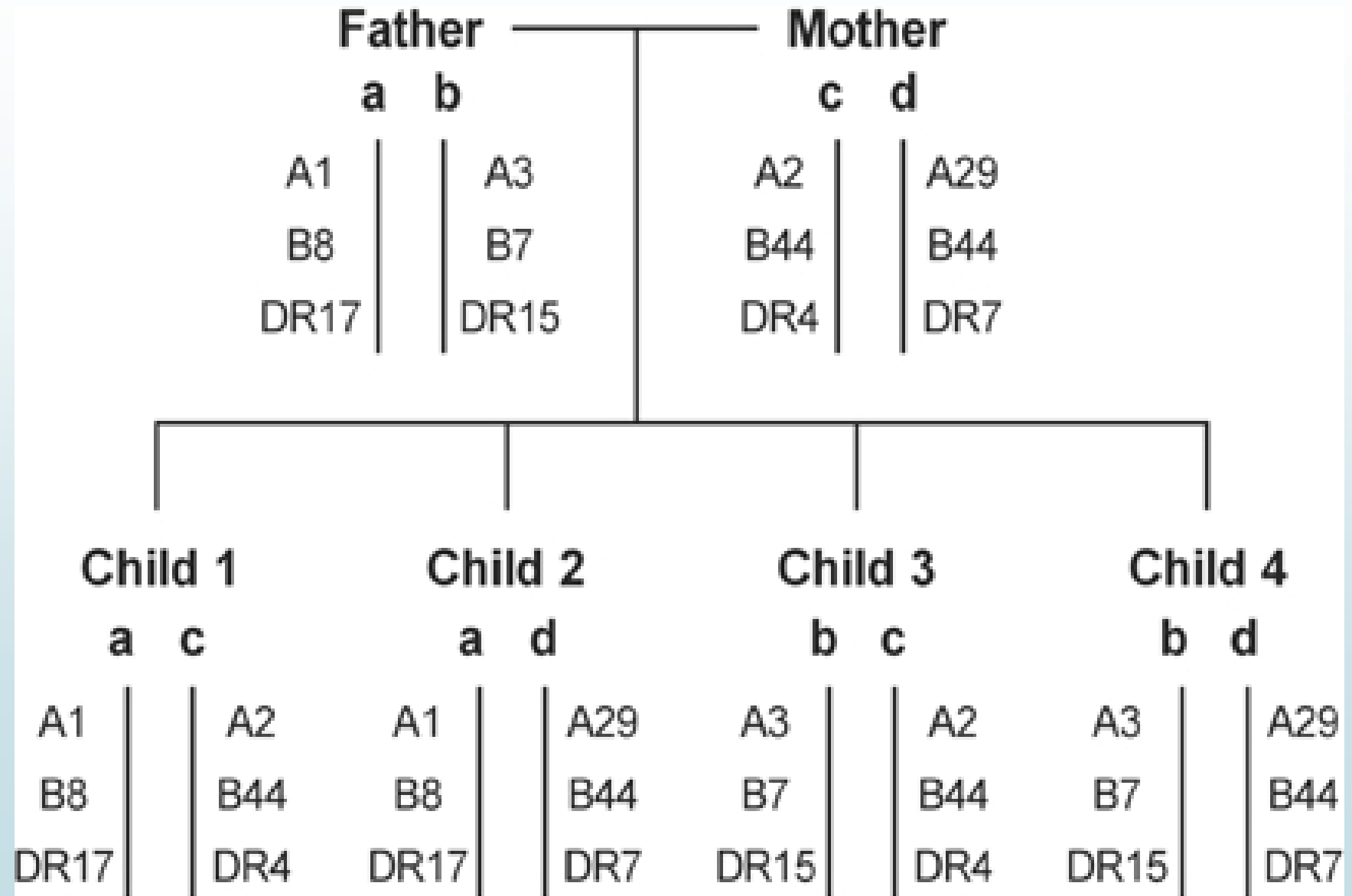
► Patient: A*24:02:01 B*35:01 DRB1*11:04

► Uncle: A*24:02:01 B*35:02 DRB1*11:01



Haploidentical donors

Example





Mismatched/haploidentical related donors

- Genotypic matching of the shared alleles must be confirmed by HLA pedigree or high resolution typing.
- Two way WBC crossmatch should be done.

An Apparently 5/6 But Really Haploidentical sibling

- Patient: A*02, A*30, B*13, B*51, DRB1*04,07
- Siblings: A*02, A*30, B*13, B*51, DRB1***11**,07
- Father: A*02,*30; B*13,*50; DRB1*07, -
- Mother: A*02, -, B*51, -, DRB1*04,*11
- Mother haplotypes: A*02 B*51 DRB1*04
A*02, B*51, DRB1*11
- Patient: A*02:04 B*51:01 CW*16 DRB1*04
- Sibling: **A*02:34 B*51:05 CW*04 DRB1*11**

Apparantly haploidentical siblings

Patient

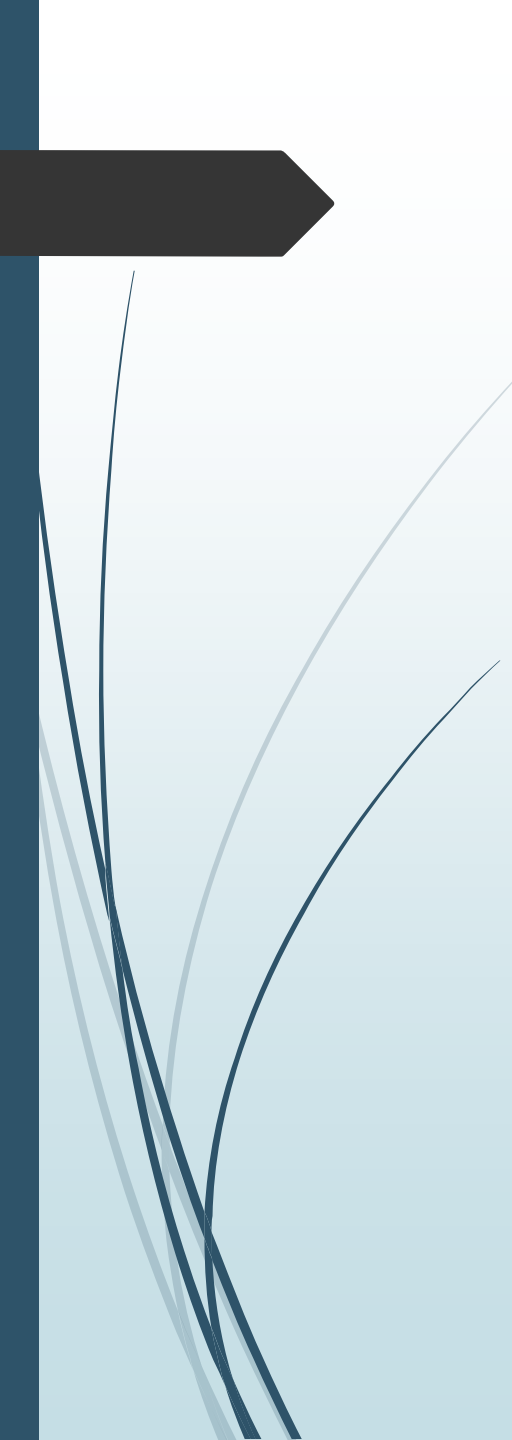
- ➡ A*02,*11
- ➡ B*18,*50
- ➡ DRB1*11,*13

Sibling

- ➡ A*02,*24
- ➡ B*50,*55
- ➡ DRB1*07,*13

Apparantly haploidentical siblings

Patient		Sibling		Mother		Father	
A*02	A*11	A*02	A*24	A*02	A*02	A*11	A*24
B*50	B*18	B*50	B*55	B*50	B*50	B*18	B*55
DRB1*13	DRB1*11	DRB1*07	DRB1*13	DRB1*13	DRB1*07	DRB1*11	DRB1*13



Unrelated donors

- The recipient-donor matching must be confirmed by high resolution typing:
 - Allele level matching
 - G group matching
 - P group matching
- Common Null alleles must be ruled out.
- Donor specific anti-HLA antibody in the case of mismatched transplantations should be ruled out and if possible two way WBC crossmatch should be done.



Thank

You