

Rode Kruis
Vlaanderen

Challenging inno-train Comparison of SSP and NGS in RBC genotyping

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Red Cross Flanders - BL - HILA

Red Blood Cell Antigen Genotyping

- DAT +
- reagents/monoclonals are not available
- Therapeutic interference
- Transfusion
- Serological weak or discrepant reactivities
Variant alleles
- RHD zygosity

vERYfy

vERYfy eXtend

Weak D, Partial D,

CDE eXtend

RH TYPE



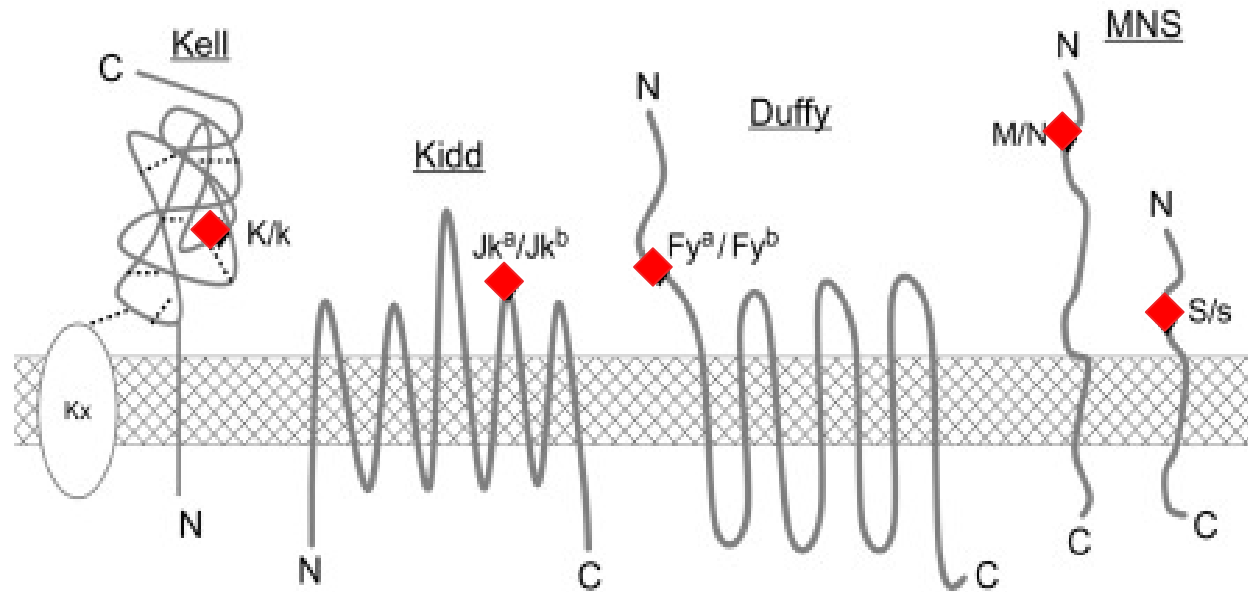
+/- 2000 tests per year

= all SNP tests

Test most relevant polymorphisms

Most likely allele

Most RBC antigens are SNPs single nucleotide polymorphisms:



Standard:

Kell – K, k
Kidd – Jka, Jkb
Duffy – Fya, Fyb, FyX, FyGATA
MNS – M, N, S, s, Uvar
Rh – C, c, E, e
Dombrock – Doa, Dob

HFA:

Kell – Kpa, Kpb Jsa, Jsb
Colton – Coa, Cob
Lutheran – Lua, Lub
Diego – Dia, Dib
Cartwright – Yta, Ytb
Knops – Kna, Knb

Reaktions-Nr. / Reaction no.			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PCR-Produkt (Größe in bp) / PCR product (size in bp)			134	148	118	135	132	132	120	873	184	132	188	187	117	128	140
RHD Exons		Haplotyp Haplotype	D ₁	D ₂	D ₃	D ₄	D ₅	D ₆	D ₇	D _{7a} *	D ₉	D ₁₀	D ₁₂	D ₁₃	D ₁₄	D ₁₅	
* Mix 8: Intron 7/ Exon 8																	
Spezifität / Specificity			Standard RHD														
RHD*01	RHD pos.		+	+	+	+	+	+	+	+	+	+					
			RHD negative														
RHD*01N.01	RHD neg. oo																
RHD*01N.01	RHD neg. Co oder / or CC		+														
			RHD Varianten / RHD Variants														
RHD*02	RHD*02	CDe	+	+	+	+	+	+	+	+	+	+				+	
RHD*03.03	RHD*03.03	CDe	+	+		+	+	+	+	+	+	+					
RHD*03.02 ^{SL}	RHD*03.02 ^{SL}	eDe	+			+	+	+	+	+	+	+					
RHD*04.01 ^{SL}	RHD*04.01 ^{SL}	eDe	+	+		+	+				+	+					
RHD*04.03, *04.05 ^{SL}	RHD*04.03, *04.05 ^{SL}	eDe	+	+		+	+				+	+					
RHD*04.03	RHD*04.03	CDe	+	+		+	+				+	+					
RHD*04.04	RHD*04.04	CDe	+	+	+	+	+			+	+	+			+		
RHD*05.01 - *05.10, RHD*08.01, *08.02	RHD*05.01 - *05.10, RHD*13.01, *13.02	CDe	+	+		+			+	+	+	+					
RHD*06.01	RHD*06.01	eDe	+	+	+				+	+	+	+					
RHD*06.02	RHD*06.02	CDe	+	+							+	+					
RHD*06.03	RHD*06.03	CDe	+	+							+	+					
RHD*06.04	RHD*06.04	Cde	+	+							+	+					
RHD*07.01	RHD*07.01	CDe	+	+							+	+	+				
RHD*08.01.00 (weak D 4.2)	RHD*08.01.00	eDe	+	+					+	+		+	+				
RHD*08.02.00, *08.02.01	RHD*08.02.00, *08.02.01	eDe	+	+					+	+		+	+				
RHD*10.00 - *10.03, *10.06 - *10.16	RHD*10.00 - *10.03, *10.06 - *10.16	eDe	+	+							+	+	+			+	
RHD*10.04, *10.05 ^{SL} , *10.05.01 ^{SL}	RHD*10.04, *10.05 ^{SL} , *10.05.01 ^{SL}	eDe	+	+							+	+	+			+	
RHD*14.01	RHD*14.01	CDe	+	+							+	+	+				
RHD*14.02 ^{SL}	RHD*14.02 ^{SL}	CDe	+	+	+	+					+	+	+				
RHD*17.01 - *17.03, *17.03 oder / or RHD*08N.01	RHD*17.01 - *17.03, *17.03 oder / or RHD*08N.01		+	+	+				+	+	+	+					
RHD*19	RHD*19	eDe	+	+	+	+	+	+	+	+	+	+	+	+			
RHD*25	RHD*25	CDe	+	+	+	+	+	+	+	+	+	+	+		+		
RHCE*oe-D(5)-oe (RH:33 (DHAR+))	RHCE*01.22	eDe					+										
RHD*CE(1-8)-D	RHD*01N.02	eDe										+					
RHD*D-CE(2-8)-D	RHD*01N.03	CDe	+	+								+					
RHD*D-CE(3-7)-D	RHD*01N.05	CDe oder / or (C)de ^a	+	+							+	+	+				
RHD*D-CE(4-7)-RHD1	RHD*01N.07	eDe	+	+	+						+	+					
RHD*D-CE(4-7)-RHD2	RHD*01N.07	eDe	+	+	+						+	+					
RHD*D-CE(8-9)-D		Cde	+	+	+	+	+	+	+								
RHD(deIEx8) ♦		CDe	+	+	+	+	+	+	+	+	+	+					
RHD*D-CE(10) ♦		Cde	+	+	+	+	+	+	+	+	+	+					
RHD(Q41X) ^{SL}	RHD*01N.08	Cde		+	+	+	+	+	+	+	+	+					
DC8, [DFW, DHR, DIM, DNU] ^{SL}	diverse, various		+	+	+	+	+	+	+	+	+	+					
			n.t. / [] n.t. = not tested currently														
Genotyp / Genotype		Phänotyp / Phenotype	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

RHCE: CDE eXtend

Single Nucleotide Polymorphisms RHCE: 4 → 30

GOAL: discriminate the most important/relevant RHCE genotypes/phenotypes.

RBC-FluoGene CDE eXtend

CE

IVD

LOT

R920323

2025-02

Spezifitätentabelle / Specificity table

Der ISBT Phänotyp ist bei den RHCE varianten Allelen zur besseren Übersichtlichkeit gekürzt. Bei Bedarf ist die originale ISBT Tabelle zu beachten.

For reasons of clarity, the ISBT phenotype of the RHCE variant alleles was shortened. Please refer to the original ISBT table.

Blood Group System	Reaktion / Reaction	Position	Spezifität / Specificity	SNP	ISBT Allelname / Allele name	ISBT Phänotyp / Phenotype	RBC marker [Color]	IC marker [color]
RHCE	c-1, c-2 ^a	F1, F3	c	201A 307C	RHCE*01 (RHCE*ce)RHCE*03 (RHCE*CE)	RH:4 (c)	2	3
	C-1, C-2	G1, G3	C	12-109 bp ins	RHCE*02 (RHCE*Ce)RHCE*04 (RHCE*CE)	RH:2 (C)	1	3
	Cw-1, Cw-2	E1, E3	c ^w	(-132G) 122A>G	RHCE*02.08.01 (RHCE*Ce.08.01, RHCE*CeCW) RHCE*02.08.02 (RHCE*Ce.08.02, RHCE*CeNR)	RH:8 (c ^w +)	2	3
	e-1, e-2 ^b	F1, F3	e	676G (787A)	RHCE*01 (RHCE*ce)RHCE*02 (RHCE*Ce)	RH:5 (e)	1	3
	E-1, E-2 ^c	G1, G3	E	676G>C (787A)	RHCE*03 (RHCE*CE)RHCE*04 (RHCE*CE)	RH:3 (E)	2	3
	CE-733G-1, CE-733G-2 ^d	A3, A4	RHCE-733G	733C>G (15+170G)	RHCE*01.04 RHCE*01.06.02/.03 RHCE*01.20.01 RHCE*01.20.02 RHCE*01.20.03 RHCE*01.20.04 RHCE*01.20.05 RHCE*01.20.06 RHCE*01.20.07 RHCE*01.20.08 RHCE*01.20.09 RHCE*01.20.10, *01.20.11, *01.20.12 RHCE*01.20.13 RHCE*01.22 RHCE*01.37 RHCE*02.04 RHCE*02.30 RHCE*02.40 RHCE*03.03.02	RH:10,20 (V+VS-), RH:19 (hrS-) RH:10,20 (V+VS+), RH:31 (hrB+ very weak to neg) RH:10,20 (V+VS+), RH:31 (hrB-) RH:10,20 (V+VS+), RH:31 (hrB-) RH:10,20 (V+VS+), RH:31 (hrB-) RH:10,20 (V+VS+), RH:31 (hrB-) RH:10,20 (V+VS+), RH:31 (hrB-) RH:43 (Crawford+), RH:20 (VS+), RH:19 (hrS-), RH:31 (hrB-), RH:58 (CELO-) RH:10 (V+ weak to neg), RH:20 (VS+ weak to neg), RH:19 (hrS+ weak to neg), RH:31 (hrB+ weak to neg), RH:48, (JAL+), RH:57 (CEST-) RH:10,20 (V+VS+), RH:31 (hrB-) RH:10,20 (V+VS+), RH:31 (hrB+ weak) RH:9 (Cx+), RH:20 (VS+) RH:33 (DHAR+), RH:50 (FPPT+) RH:10 (V+), RH:20 (VS+) RH:10 (V-)	2	3
	CE-1006T ^e	B4	RHCE-1006T	(16-159T) (166C>T)	RHCE*01.20.03 RHCE*01.20.04	RH:10 (V-), RH:20 (VS+), RH:31 (hrB-)	1	3

RHCE: which variants to want to discriminate?

RHCE alleles		CDE eXtend	SIKKELCEL Chang <i>et al.</i> 2020 n= 884	SIKKELCEL Chou <i>et al.</i> 2018 n= 587	SIKKELCEL Van Sandt <i>et al.</i> 2023 n = 43	(ISBT 004) RHCE blood group alleles v6.2-31-MAR-2022	NOTE
RHCE*01	ce	X	0,2010	0,2730	0,1944	c.307C c.676G	
RHCE*01.20.01	ceVS.01	X	0,1390	0,1430	0,1667	c.733C>G	
RHCE*02	Ce	X	0,1170	0,1360	0,1389	c.48G>C c.150C>T c.178C>A c.201A>G c.203A>G c.307C>T c.676G	
RHCE*01.01	ce.01	X	0,2270	0,1930	0,1111	c.48G>C	
RHCE*03	cE	X	0,1020	0,1000	0,0694	c.307C c.676G>C	
RHCE*01.20.03	ceS	X	0,0450	0,0330	0,0694	c.48G>C c.733C>G c.1006G>T	
RHCE*01.06.01	ceAG	X	0,4100	0,0430	0,0417	c.254C>G	
RHCE*01.20.09	ceVS.09	X	0,2700	0,0000	0,0417	c.48G>C c.733C>G c.941T>C	1
RHCE*01.04.01	ceAR	X	0,0006	0,0030	0,0417	c.48G>C c.712A>G c.733C>G c.787A>G c.800T>A c.916A>G	
RHCE*01.02.01	ce.01.02	X	0,0300	0,0180	0,0278	c.48G>C c.1025C>T	
RHCE*04	CE	X	0,0011	0,0000	0,0278	c.48G>C c.150C>T c.178C>A c.201A>G c.203A>G c.307C>T c.676G>C	
RHCE*02:10	CeRN	X	0,0000	0,0017	0,0278	c.505C>A c.509G>T c.514T>A c.544A>T c.577A>G c.594T>A c.602G>C	
RHCE*03.04	cEIV		0,0017	0,0000	0,0139	c.602G>C	2
RHCE*03.18	cE.18	X	0,0000	0,0000	0,0139	c.48G>C	
RHCE*02:09	CeCX	X	0,0000	0,0000	0,0139	c.106G>A	
RHCE*01.20.02	ceVS.02	X	0,0310	0,0270	0,0000	c.48G>C c.733C>G	
RHCE*01.07.01	ceMO	X	0,0110	0,0140	0,0000	c.48G>C c.667G>T	
RHCE*01.08	ceBI	X	0,0020	0,0030	0,0000	c.48G>C c.712A>G c.818C>T c.1132C>G	
RHCE*01.20.06	ceCF	X	0,0020	0,0009	0,0000	c.48G>C c.697C>G c.733C>G	
RHCE*01.05.01	ceEK	X	0,0017	0,0003	0,0000	c.48G>C c.712A>G c.787A>G c.800T>A	
RHCE*01.20.05	ceVS.05	X	0,0017	0,0000	0,0000	c.733C>G c.1006G>T	
RHCE*01.03		X	0,0006	0,0000	0,0000	c.1025C>T	
RHCE*01.20.04.02	ceTI type 2	X	0,0006	0,0009	0,0000	c.48G>C c.105C>T c.733C>G c.744T>C c.1025C>T	
RHCE*01.20.07	ceJAL	X	0,0006	0,0018	0,0000	c.340C>T c.733C>G	

ISBT tabel : [004 RHCE Alleles | The International Society of Blood Transfusion \(ISBT\) \(isbtweb.org\)](https://www.isbtweb.org/)

Flemish population:

Mapped presence and frequency of RHCE alleles in a cohort of Sickle cell patients (Van Sandt *et al.* 2023).

Compared our population with bigger studies in US (Chou *et al.* 2018, Chang *et al.* 2020).



RHCE variants with a frequency $\geq 0,001$ (Chou *et al.*, 2018., Chang *et al.*, 2020, Van Sandt *et al.*, 2023)

Relevant SNPs

Mutant en wild type SNP: zygoty of variants.



CDE eXtend



CDE eXtend: RHD, which variants to want to discriminate?

Evaluation / comparison of the RHD pakket of

BAG

VS

CDE eXtend

Partial D-TYPE





 306PD1
  2025-05
 6646
  16/2022

WORKSHEET

- [illegible]

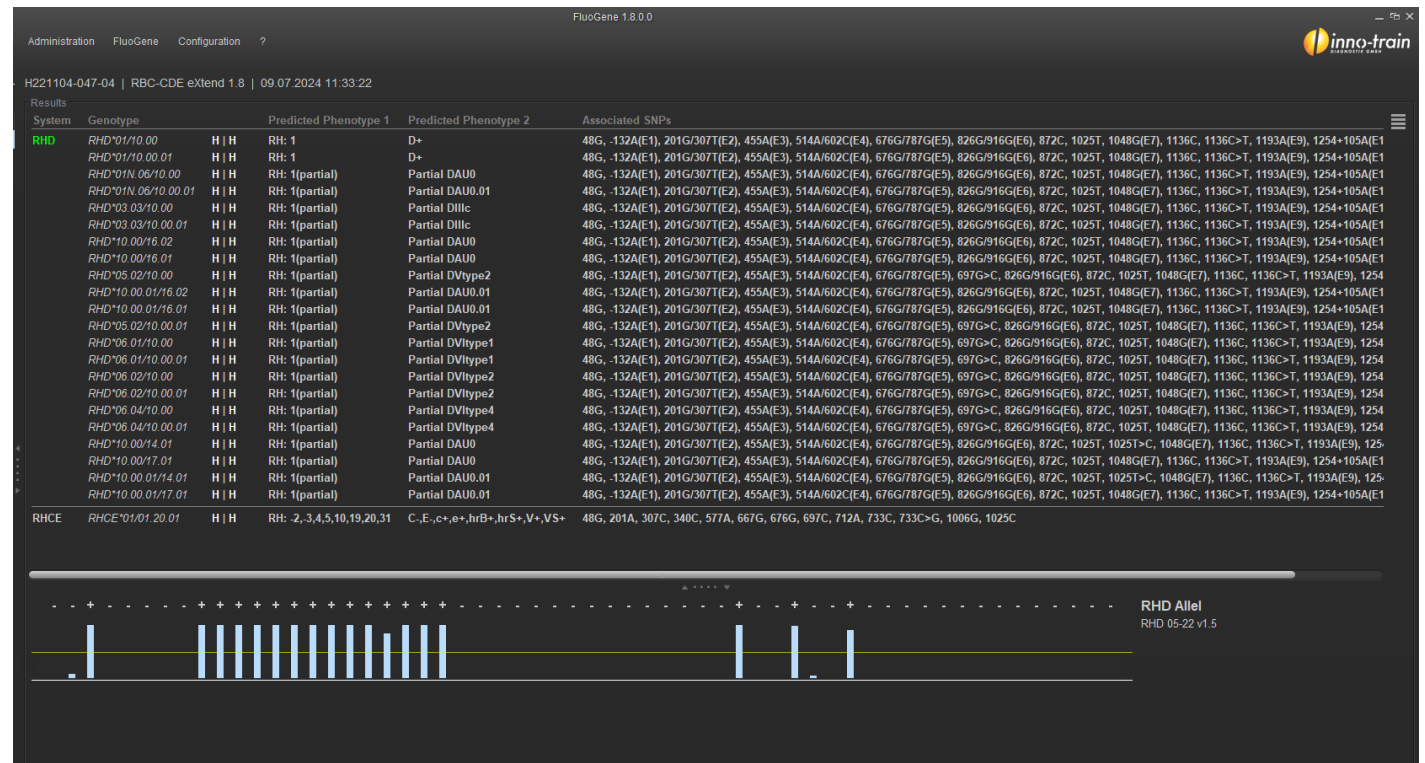
[illegible]

Beispiel siehe Kurzanleitung / Please see short instructions for examples

Proben-ID / Sample ID:

Name / Name:

Gelbild / Gel picture:



CDE eXtend RHD: which variants to want to discriminate?

RHD		BAG	CDE eXtend	USA TOTAAL	HILA TOTAAL	SSA	(ISBT 004) RHD blood group alleles v6.4 31-JUL-2023.xlsx	NOTE
RHD*01	DPOS	X	X	0,279	0,11	0,5448		
RHD*01W.1	WD type 1	X	X	0,17	0,42	0,0008	c.809T>G	
RHD*01W.2	WD type 2	X	X	0,114	0,2371		c.1154G>C	
RHD*01W.1.1	WD type 1.1	X	X	0,0000	0,24		c.52C>G c.809T>G	
RHD*01N.01	DNEG	X	X	0,0000	0,05	0,1455	RHD deletion	
RHD*10.00	DAU0	X	X	0,002	0,02	0,1507	c.1136C>T	
RHD*09.03.01	WD type 4.0	X	X	0,099	0,032	0,0212	c.602C>G c.667T>G c.819G>A	1
RHD*09.01.00	DAR1.00 (WD 4.2)	X	X	0,081	0,0415	0,0029	c.602C>G c.667T>G c.1025T>C	
RHD*01W.3	WD type 3	X	X	0,034	0,034		c.8C>G	
RHD*08N.01	Psi	X	X	0,006	0,005	0,0344	c.-7061del exon 1 to 10 c.609G>A c.654G>C c.667T>G c.674C>T c.807T>G	
RHD*03.01	DIIla		X	0,019	0,0008	0,0104	c.186G>T c.410C>T c.455A>C c.602C>G c.667T>G c.819G>A	
RHD*03N.01	DIIla-CEVS (4-7)-D		X	0,0000	0,0000	0,0286	c.186G>T c.410C>T c.455A>C CE exons 4-7 with 733C>G 1006G>T	
RHD*04.01	DIVa	X	X	0,014	0,0004	0,0124	c.186G>T c.410C>T c.455A>C c.1048G>C	
RHD*06.01	DVI.1	X	X	0,001	0,02		c.505A>C c.509T>G c.514A>T c.544T>A c.577G>A c.594A>T c.602C>G c.667T>G c.676G>C c.697G>C c.712G>A c.733G>C c.744C>T c.787G>A c.800A>T	1, 2
RHD*10.03	DAU3	X	X	0,0000	0,0000	0,0205	c.835G>A c.1136C>T	
RHD*06.02	DVI.2	X	X	0,0000	0,018		c.505A>C c.509T>G c.514A>T c.544T>A c.577G>A c.594A>T c.602C>G c.667T>G c.697G>C c.712G>A c.733G>C c.744C>T c.787G>A c.800A>T c.916G>A c.932A>G	1,2
RHD*10.05	DAU5	X	X	0,005	0,0000	0,0092	c.667T>G c.697G>C c.1136C>T	
RHD*10.00.01	DAU0.01	X	X	0,0000	0,0000	0,0119	c.579G>A c.1136C>T	
RHCE*01.22	RHCE*CE-D(5)-CE	X	X	0,0000	0,01		Alles behalve E5 = CE	
RHD*12.01	DOL			0,005	0,0000	0,0023	c.509T>C c.667T>G	3
RHD*01W.5	WD type 5	X	X	0,0000	0,005		c.446C>A	
RHD*25	DNB	X	X	0,001	0,0034		c.1063G>A	
RHD*10.04	DAU4	A	X	0,001	0,0000	0,0034	c.697G>A c.1136C>T	
RHD*15	WP type 15	X	X	0,0000	0,0041		c.845G>A	
RHD*06.03	DVI.3	X	X	0,0000	0,004		c.361T>A c.380T>C c.383A>G c.455A>C c.505A>C c.509T>G c.514A>T c.544T>A c.577G>A c.594A>T c.602C>G c.667T>G c.697G>C c.712G>A c.733G>C c.744C>T c.787G>A c.800A>T	1, 2

ISBT tabel : [004 RHD Alleles | The International Society of Blood Transfusion \(ISBT\) \(isbtweb.org\)](https://www.isbtweb.org/)

Flemish population:

Mapped presence and frequency of RHD alleles in the Flemish population (Van Sandt *et al.* 2023).

Compared our population with bigger studies in US (Keller *et al.* 2020, Chou *et al.* 2018, Chang *et al.* 2020).



RHD variants with a frequency $\geq 0,001$

Relevant SNPs

Mutant en wild type SNP: zygosity of variants.



CDE eXtend

CDE eXtend RHD, which variants to want to discriminate?

Evaluation / comparison of the RHD pakket of

BAG

VS

CDE eXtend

RHD allele	Fenotype	Relevant in testpakket	Rationale
RHD*01W.20	WD type 20	NEE	geen frequentie gevonden
RHD*02	DII	?	1 <i>malig</i> gevonden in HILA
RHD*01N.09	RHD*(Q41X)	?	1 <i>malig</i> gevonden in HILA
RHD*17:01-05	DFR	?	0.003 in publicatie Keller



Quick and easy screen of weak D type 1, 2, 3 variants
Weak D samples Caucasians

IVDR?!
Alternative?

RHD allele	Fenotype	Relevant in testpakket	Rationale
RHD*01.01	D48C	JA	<i>beter</i> inschatting RHCE, shared SNP
RHD*W.14	WD type 14	NEE	geen <i>frequency</i> gevonden
RHD*01W.40	WD type 40	JA	komt voor in SCD pop
RHD*01W.51	WD type 51	NEE	geen <i>frequency</i> gevonden
RHD*01W.66	WD type 66	JA	komt voor in SCD pop
RHD*03.01	<i>DIIIa</i>	JA	rel hoge in SCD pop
RHD*03N.01	<i>DIIIa</i> -CEVS (4-7)-D	JA	rel hoge in SCD pop



RHD*03.01 and 03N.01, high frequency in SSA people

RHD*01 (RhD POS) does not mask the presence
of underlying variants

Inclusion of WT and mutant SNPs: zygosity.

Resolving more complex cases, anti-D, patients SSA origin



Next Generation Sequencing

Is NGS sequencing suitable for red blood cell genotyping?

- 1) Is NGS able to correctly determine the RBC alleles?
- 2) Is the bioinformatics tool correct in predicting geno-, feno- and haplotypes?



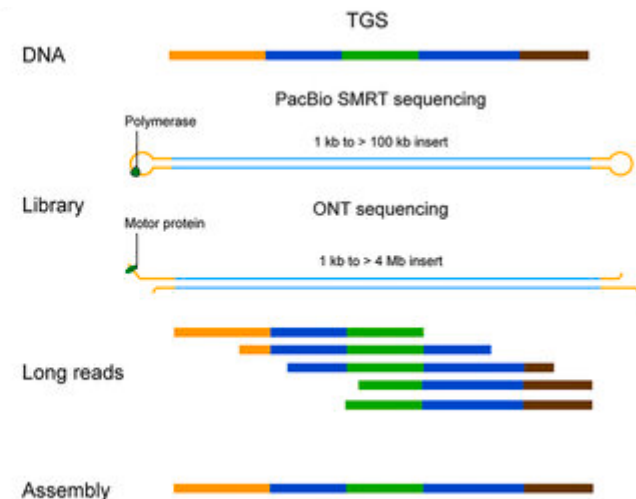
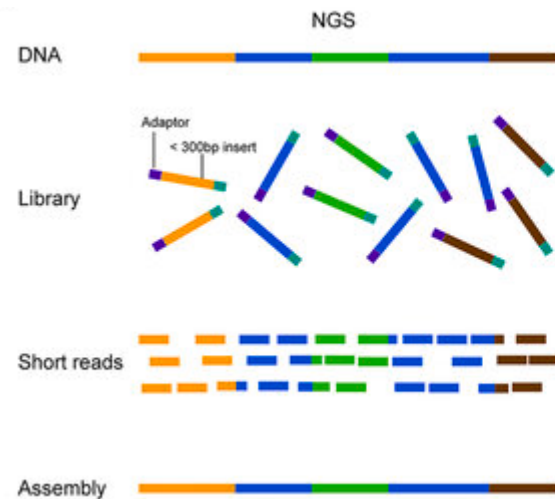
Next Generation Sequencing

Which NGS strategy to use:

- Whole genome sequencing (WGS)
- Whole exome sequencing (WES)
- Target sequencing
- Short read sequencing
- Long read sequencing



Differ in complexity, limitations, cost

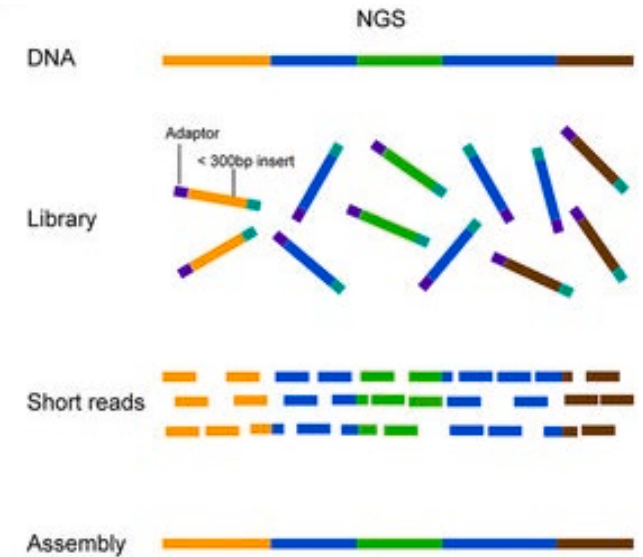


Evaluation of RBC-NGStype CORE

	RBC-NGStype® CORE	RBC-NGStype® enCORE	RBC-NGStype® enCORE+
Article No.:	001 110 024	001 120 024	001 130 024
Multiplexes	4	2	2
Available	Yes	Yes	Coming soon
Blood Group Systems	ABO	Lutheran	P1PK
	Rh	Yt	Diego
	MNS	Dombrock	Scianna
	Kell	Colton	Chido/Rodgers
	Kidd	Landsteiner-Wiener	Gerbich
	Duffy	Knops	Cromer
			Indian
			John Milton Hagen
			Rh-asso. glycoprotein
			JR
			LAN
	All exons and relevant non-coding region amplified		
	Key exons and relevant non-coding region amplified		

= Target sequencing
all relevant exons and non-coding regions

Short read sequencing



Evaluation of RBC-NGStype CORE

Random cohort patients / donors Red Cross Flanders

~ = 85 % Caucasian

k-, Kpb- ...

Cw+, Cx+, Moa+, ...

Classic RHCE

RHD weak D types 1, 2, 3 or Partial D VI

RORING



Evaluation of RBC-NGStype CORE

Random cohort patients donors Red Cross Flanders

~ = 85 % Caucasian

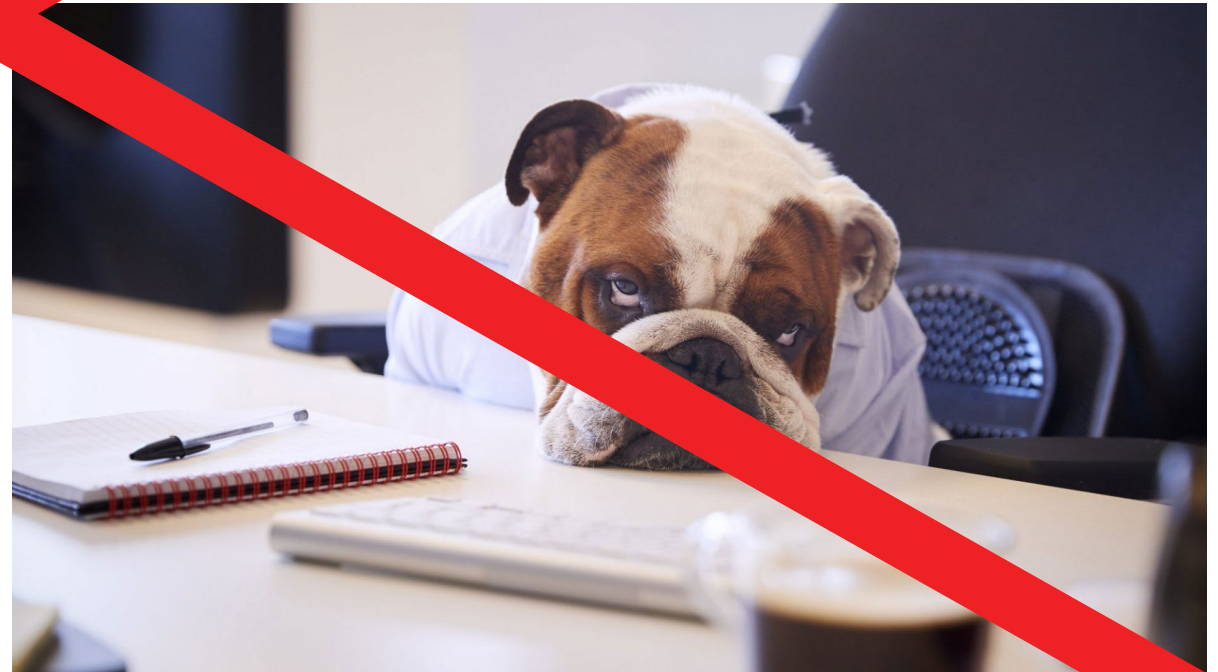
k-, Kpb- ...

Cw+, Cx+, Moa+, ...

Classic RHCE

RHD weak D types 1, 2, 3 or Partial D VI

STOPPING



Evaluation of RBC-NGStype CORE

'Selected' cohort n= 24

AIM = to challenge the kit / inno-train

Focus on the more complex systems: RHD and RHCE

Samples included:

- 1) Pretyped RHD – RHCE hybrid alleles
→ how does the method handle hybrid reads/exons?
- 2) Cases where standard SNP testing not result in a genotype
→ Is NGS able to give more information / find rare/ new alleles?
- 3) FYGATA positive samples

Prevalence of RH variants

PROXY = FYGATA mutation

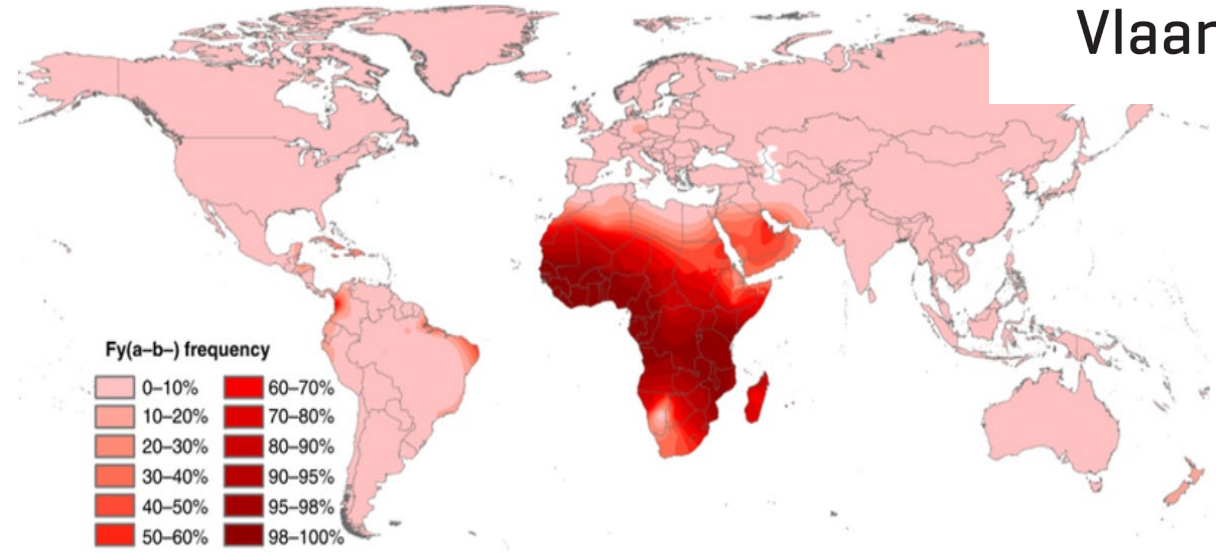
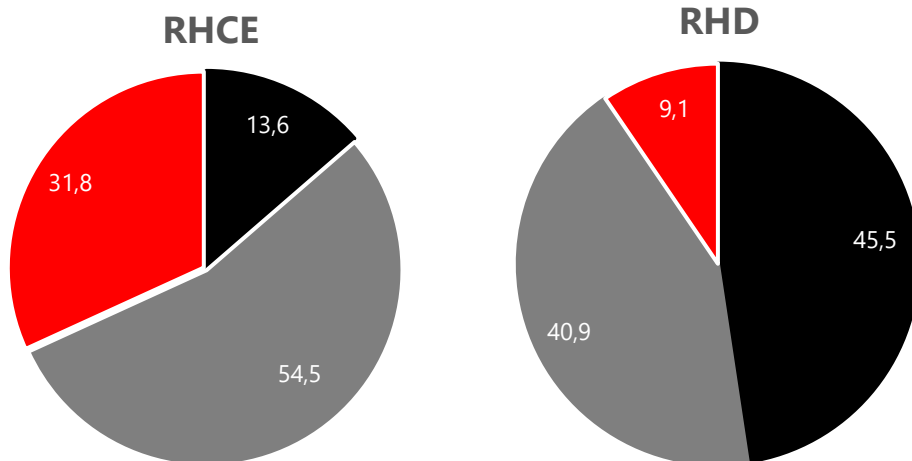
Populatie Sub Sahara Africans

n =22

No variant

1 variant

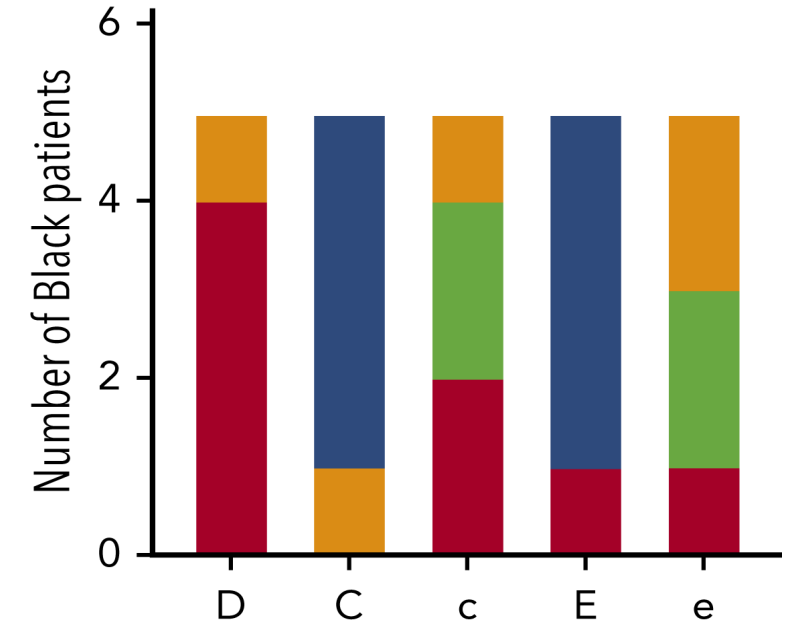
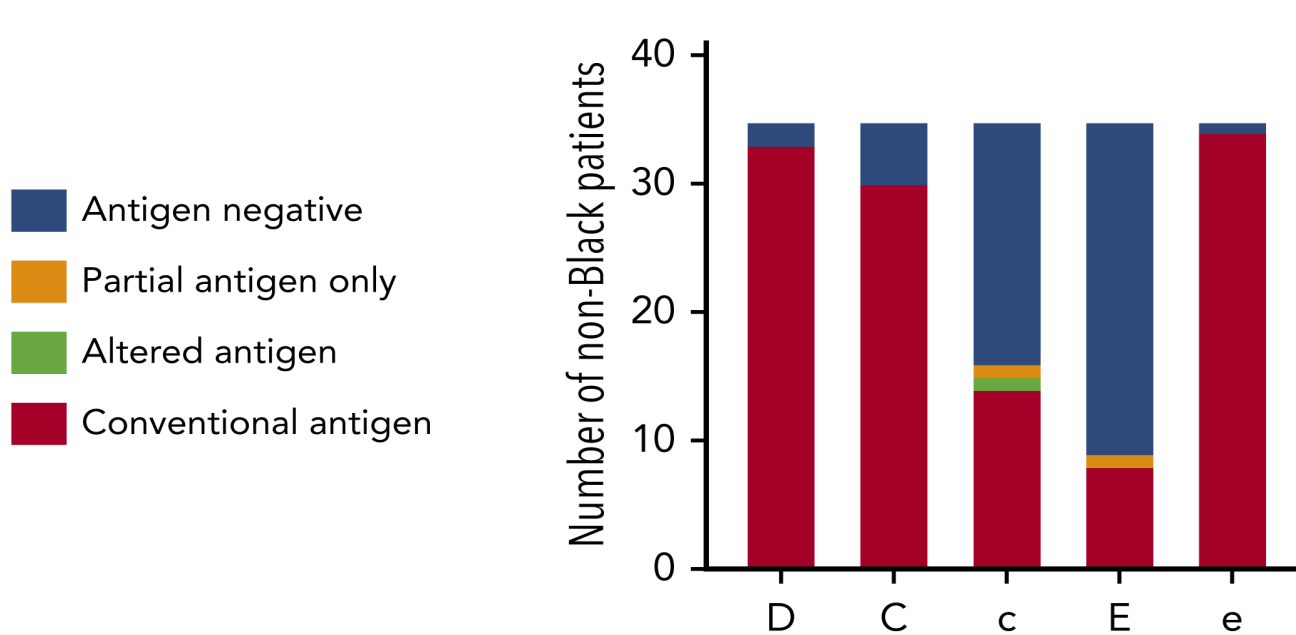
2 variants (compound heterozygous)



**Rode Kruis
Vlaanderen**

n= 22	RHCE variant	RHD variant
RHCE variant	19	11 (58%)
RHD variant	11 (100%)	11

Prevalence of RH variants



Waldis et al. 2021

Origine Sub-Sahara Africa hints for the presence of a RH variant.

Evaluation of RBC-NGStype CORE

'Selected' cohort n= 24

AIM = to challenge the kit / inno-train

Focus on the more complex systems: RHD and RHCE

Samples included:

- 1) RHD – RHCE hybrid alleles
→ how does the method handle hybrid reads/exons?
- 2) complex cases where standard SNP testing not result in a genotype
→ Is NGS able to give more information / find rare/ new alleles?
- 3) FYGATA positive samples
→ **Is NGS able to resolve combinations of RHCE and RHD variants?**





**CHALLENGE
ACCEPTED**

Short read sequencing

RBC NGS Type = exon amplification approach

Sample

1	2	3	4	5	6	7	8	9	10	RHCE
1	2	3	4	5	6	7	8	9	10	RHD

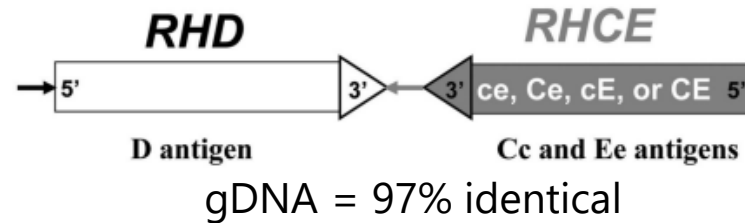
Amplify and sequence the exons



Bioinformatics: sort them
per locus

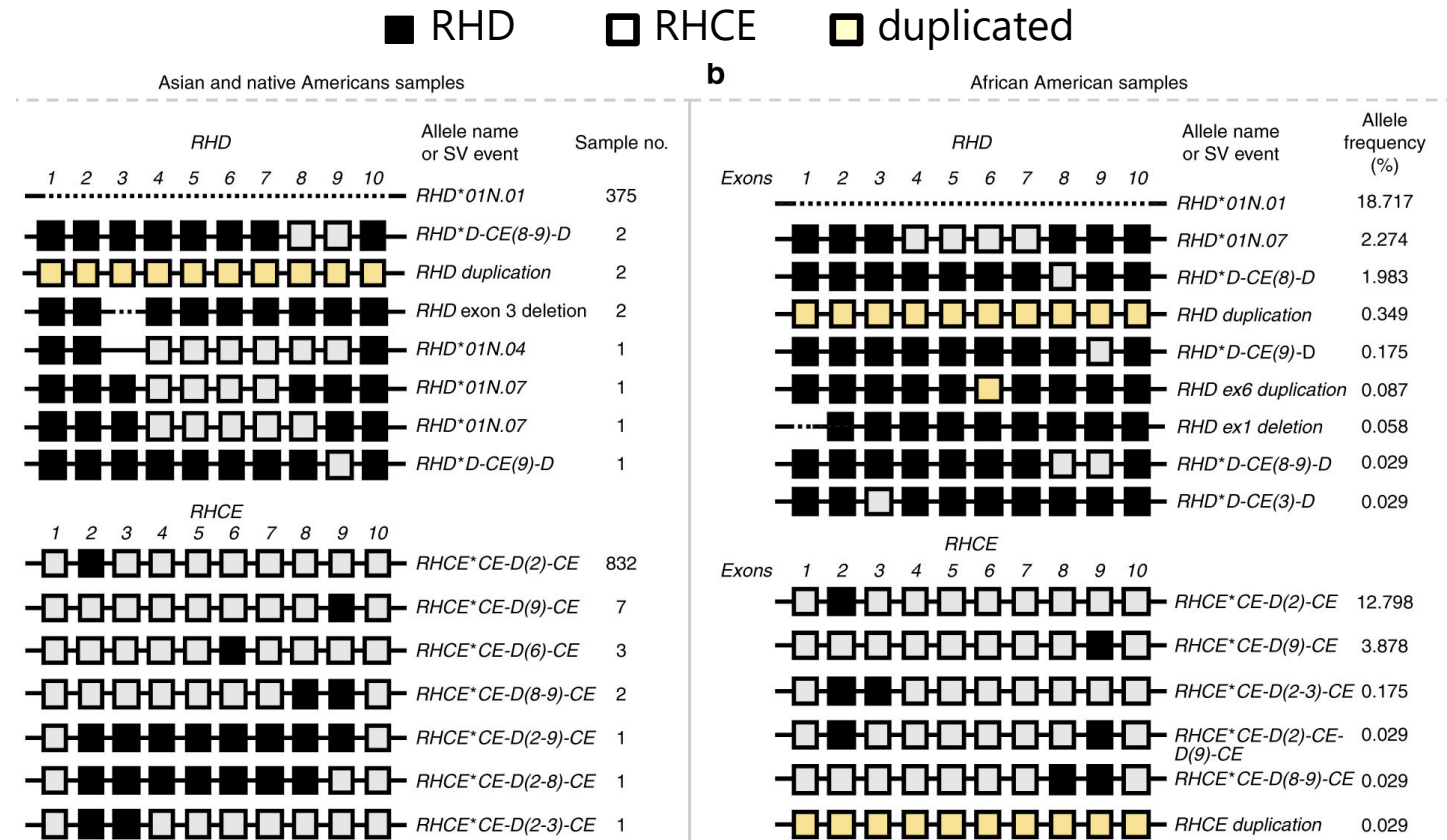
1	2	3	4	5	6	7	8	9	10	RHCE
1	2	3	4	5	6	7	8	9	10	RHD

1) RHD – RHCE hybrid alleles



In hybrids complete exons are exchanged between RHD and RHCE:

How does NGS bioinformatics sort the short reads correct when exons of RHD and RHCE are identical?



Short read sequencing

RBC NGS Type = exon amplification approach

Sample

1	2	3	4	5	6	7	8	9	10	RHCE
1	2	3	4	5	6	7	8	9	10	RHD

Amplify and sequence the exons



Bioinformatics: sort them
per locus

1	2	3	4	5	6	7	8	9	10	RHCE
1	2	3	4	5	6	7	8	9	10	RHD
1		3	4	5	6	7	8	9	10	RHCE
1	2	3	4	5 5	6	7	8		10	RHD



1) RHD – RHCE hybrid alleles

SAMPLE 1 L220330-155

Reference results:

SEROLOGY	RhD NEG		
BAG WEAK D TYPE	No WEAK D		
BAG PARTIAL D TYPE	RHD*01N.05	EXONS 3-7 CE	→ phenotype D-
CDE eXtend	RHD*03N.01	EXONS 4-7 CE + SNPs	→ phenotype D- C+

1) RHD – RHCE hybrid alleles

SAMPLE 1

Reference results:

SEROLOGY	RhD NEG		
BAG WEAK D TYPE	No WEAK D		
BAG PARTIAL D TYPE	RHD*01N.05	EXONS 3-7 CE	→ phenotype D-
CDE eXtend	RHD*03N.01	EXONS 4-7 CE + SNPs	→ phenotype D- C+

1) RHD – RHCE hybrid alleles

SAMPLE 1

Reference results:

SEROLOGY

RhD NEG

BAG WEAK D TYPE

No WEAK D

BAG PARTIAL D TYPE

RHD*01N.05

EXONS 3-7 CE

→ phenotype D-

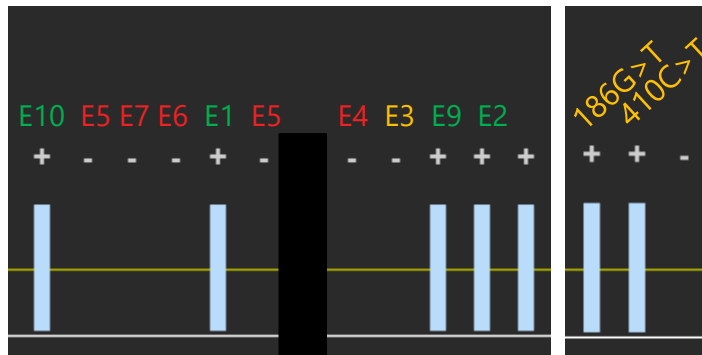
RHD*01	RHD pos.		+	+	+	+	+	+	+	+	+	+	+
RHD*D-CE(3-7)-D	RHD*01N.05	CDe oder / or (C)de ^s	+	+							+	+	+

CDE eXtend

RHD*03N.01/ RHD*01N.01

EXONS 4-7 CE + SNPs E2 E3

→ phenotype D- C+



CDE eXtend is probably most correct answer

1) RHD – RHCE hybrid alleles

SAMPLE 1

RHD result:

CDE eXtend

RHD*03N.01

CE exons 4-7

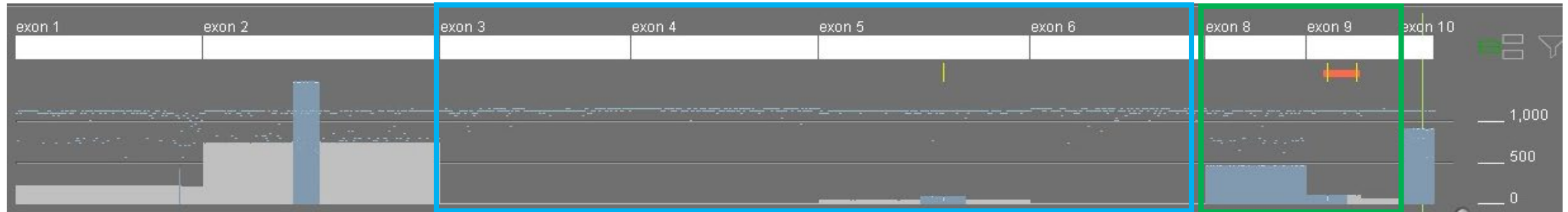
RBC NGS type

RHD*03N.02

CE exons 4-9

Very low coverage exons 3-6

Exon 7 data missing: RHCE



Exon 8-9

RHCE or RHD?

1) RHD – RHCE hybrid alleles

SAMPLE 1

CDE eXtend

RHD*03N.01

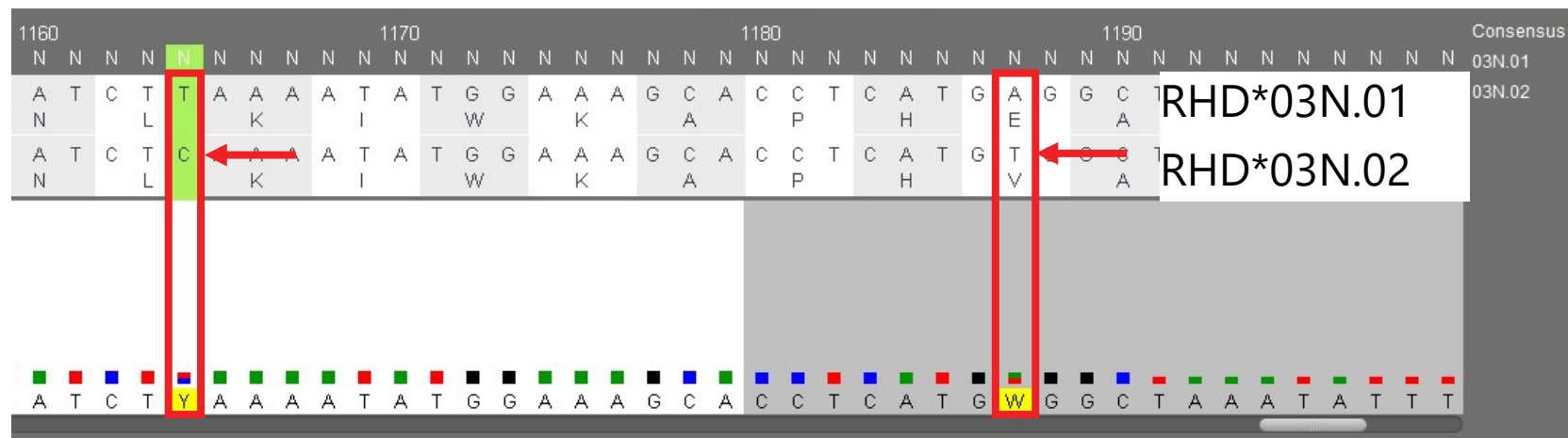
CE exons 4-7

RBC NGS type

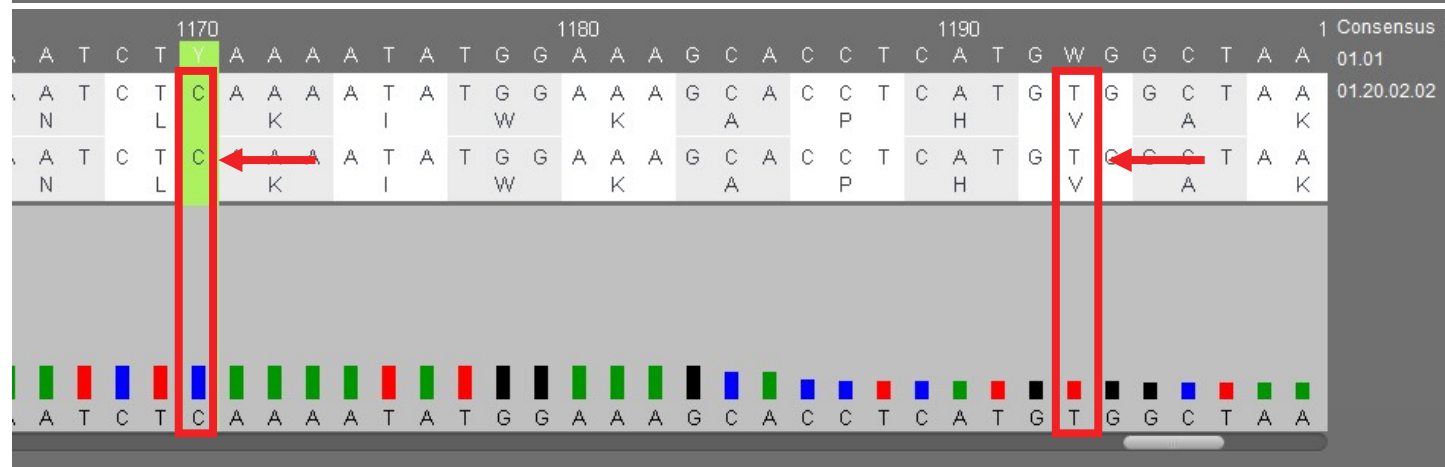
RHD*03N.02

CE exons 4-9

RHD



RHCE



Crosstalk D-CE ?

Looks like CE

BUT

Heterozygous SNPs +/- in balance



What is the correct genotype?
SSP vs NGS?

Homology between RHD and RHCE can cause crosstalk and mistyping

1) RHD – RHCE hybrid alleles

SAMPLE 2 H221004-077

Reference results:

SEROLOGY	RhD NEG
BAG WEAK D TYPE	Weak D type 20
BAG PARTIAL D TYPE	RHD(1-9)-CE(10)
CDE eXtend	RHD*01EL.11

EXON 10	c.1250T>C
EXON 10 CE	
E10	c1252-1253 ins T

1) RHD – RHCE hybrid alleles



SAMPLE 2

Reference results:

SEROLOGY

RhD NEG

BAG WEAK D TYPE

Weak D type 20

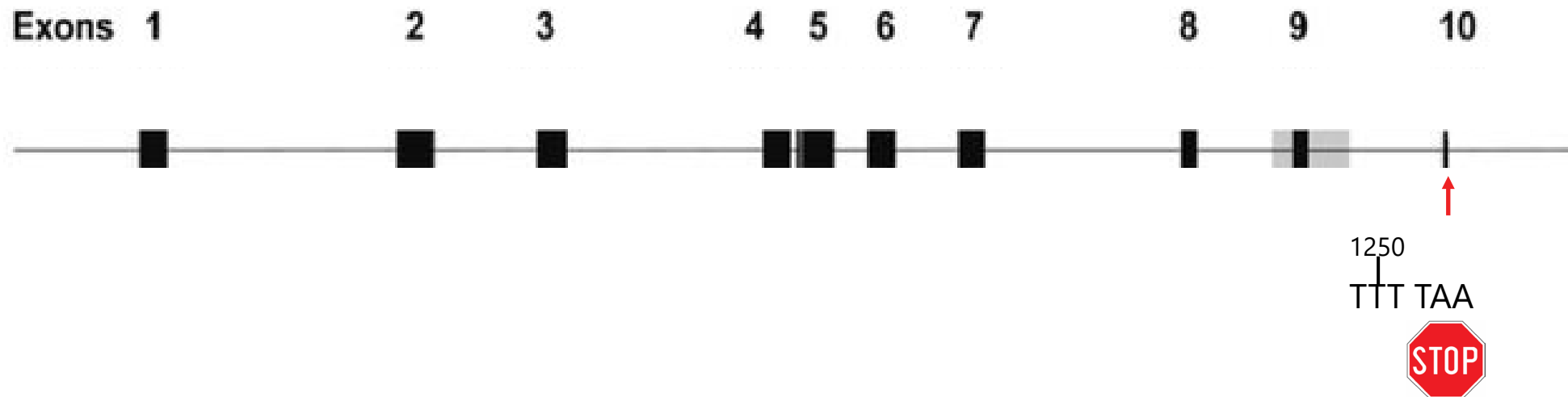
BAG PARTIAL D TYPE

RHD(1-9)-CE(10)

CDE eXtend

RHD*01EL.11

EXON 10	c.1250T>C
EXON 10 CE	
E10	c1252-1253 ins T



1) RHD – RHCE hybrid alleles

SAMPLE 2

Reference results:

SEROLOGY

BAG WEAK D TYPE

BAG PARTIAL D TYPE

CDE eXtend

RhD NEG

Weak D type 20

RHD(1-9)-CE(10)

RHD*01EL.11

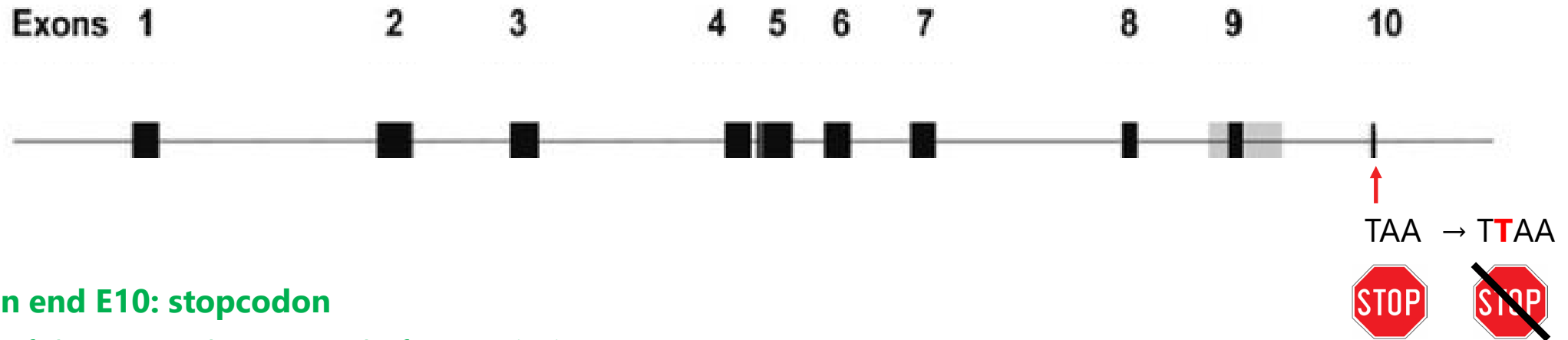
EXON 10

EXON 10 CE

E10

c.1250T>C

c1252-1253 ins T



Alteration end E10: stopcodon

Mutation of the stopcodon: no end of transcription

1) RHD – RHCE hybrid alleles

SAMPLE 2

BAG results incorrect?

RHD*01EL.11 : alters primerbinding sites for BAG primers?

BAG WEAK D TYPE

Weak D type 20

EXON 10

c.1250T>C

Aspecific binding of primer?

BAG PARTIAL D TYPE

RHD(1-9)-CE(10)

EXON 10 CE

Failure of the specific amp exon 10 results in RHD(1-9)-CE(10)

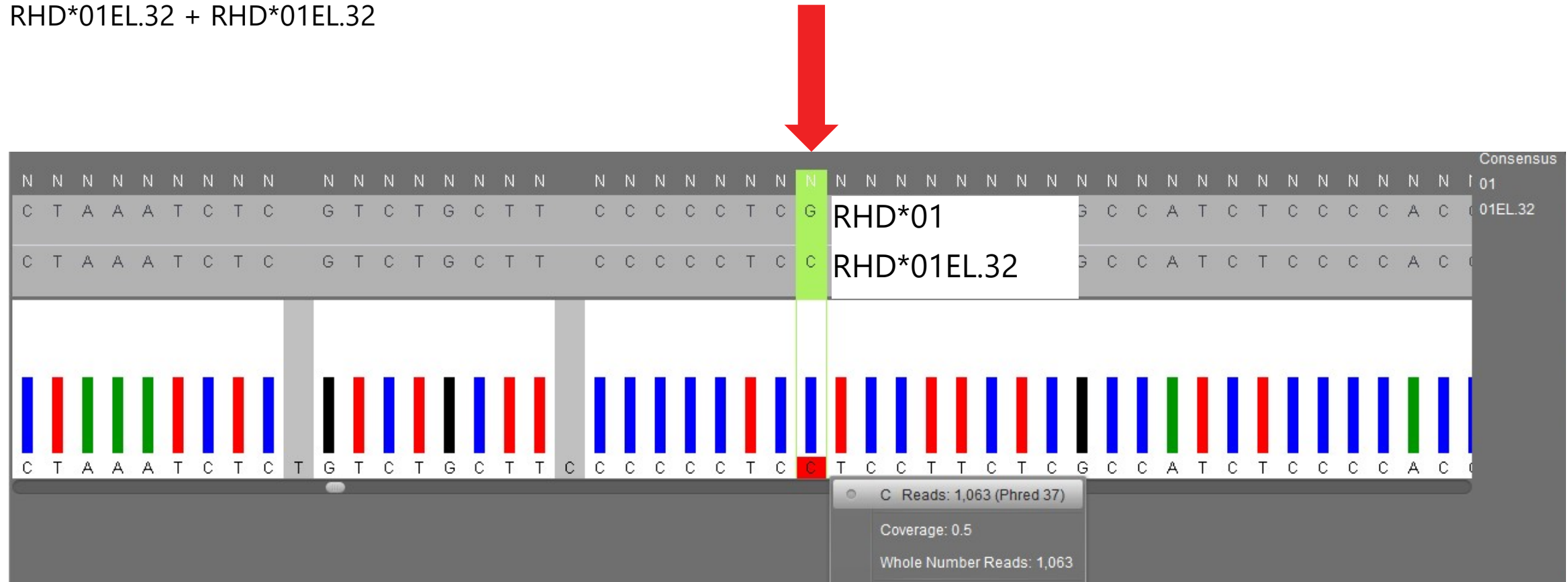
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	134	146	118	135	132	132	120	673	184	132	166	107	117	129	140
RHD Exons * Mix 8: Intron 7/ Exon 8	D ₁	D ₂	D ₃	D ₄	D ₅	D ₆	D ₇	D _{7/8} *	D ₉	D ₁₀	D ₂	D ₆	D ₇	D ₇	D ₈
RHD*D-CE(10) ◆	+	+	+	+	+	+	+	+	+						

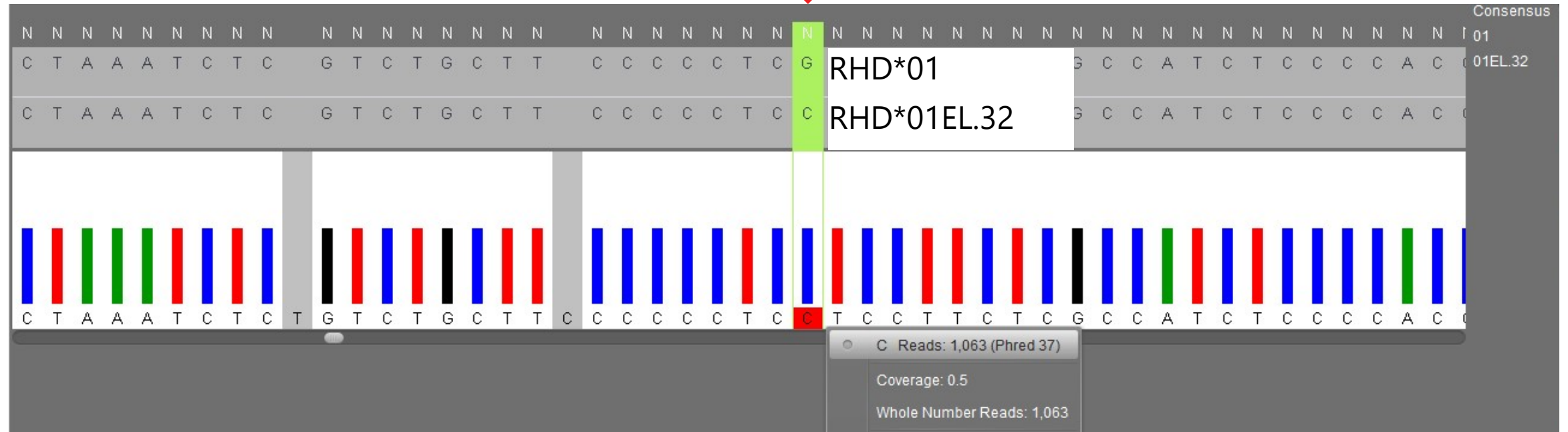
1) RHD – RHCE hybrid alleles

SAMPLE 2

RBC NGStyle

RHD*01EL.32 + RHD*01EL.32





1) RHD – RHCE hybrid alleles

SAMPLE 2 H221004-077

RBC NGStype

RHD*01EL.32 + RHD*01EL.32

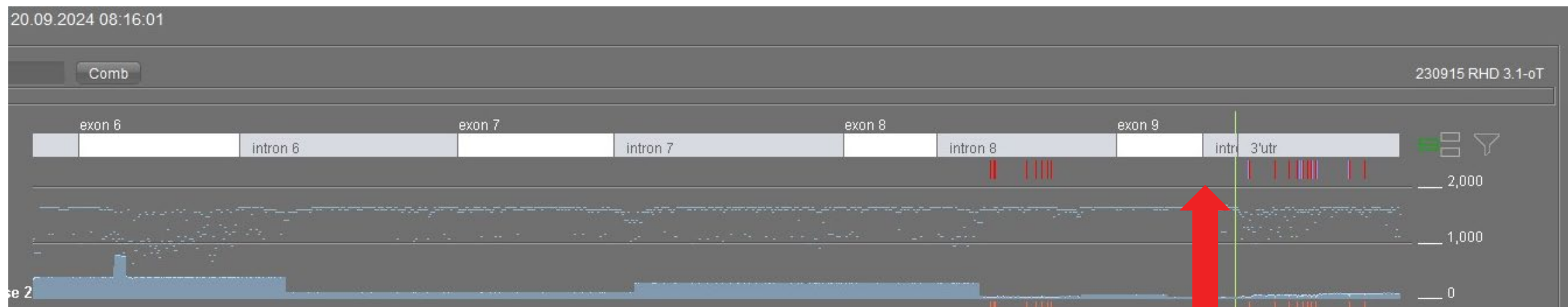
E10?

CDE eXtend

RHD*01EL.11

E10

c1252-1253 ins T



NGS result incomplete:

Should be flagged: missing data, implies ambiguities!

Check primerbinding site exon 10

NO EXON 10

Failure amplification?

Result is calculated without EXON 10 data

CDE eXtend + NGS CORE give most correct & complete answer.

What is the correct genotype?
SSP vs NGS?

NGS allows detection of rare/new SNPs

RHD-CE hybrid alleles:

Absence of exons should be taken into account in result calculation:

Is it a RHD-CE hybrid?

Is it an exon amplification failure?

Reference data: RHCE-D(5)-CE

RHD-CE hybrids

Sorting the reads to the correct locus is difficult when exons are the same for RHD and RHCE.



OI/AI:

check of exon - allele - locus balance
What is the origin, expected haplotype?

2) Cases where standard SNP testing doesn't result in a explanatory genotype

SAMPLE 4

Reference results:

SEROLOGY

BAG WEAK D TYPE

BAG PARTIAL D TYPE

CDE eXtend

0,5+

No WEAK D

RHD*01

RHD*01/RHD*01N.01 + amb.



**NO VARIANT?
TEST LIMITATION SSP**

what are other
words for
discordant?



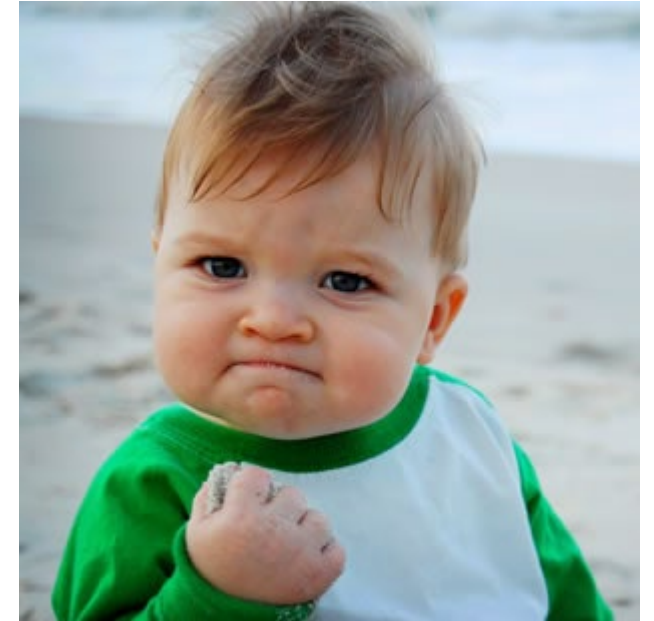
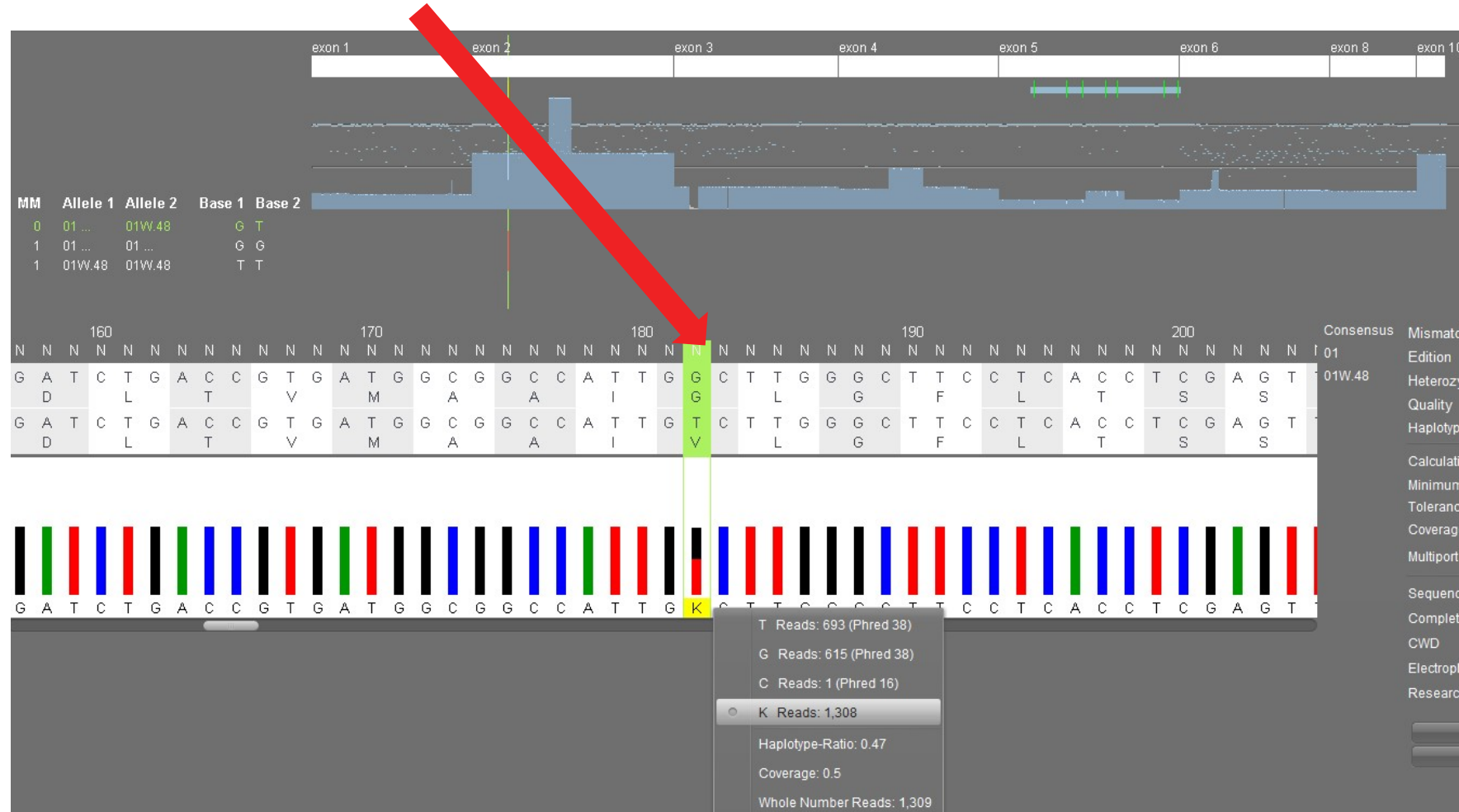
dissonant, inharmonious,
discrepant, inconsistent,
cacophonous, conflicting,
incompatible, clashing



2) Cases where standard SNP testing doesn't result in a explanatory genotype

SAMPLE 4

RBC NGS CORE: **RHD*01W.48** + RHD*01.EL32



2) Cases where standard SNP testing doesn't result in a explanatory genotype

SAMPLE 4

RBC NGS CORE: **RHD*01W.48** + RHD*01.EL32

SEROLOGY **0,5+**

RHCE: Ccee

RHESUSBASE :

weak D type 48

Structure

RHD(G61V)

Key changes from standard allele

182G>T (G61V)

ISBT allele designation

RHD*01W.48

RHD*weak D type 48

Phenotype characterization and grouping

weak D type; weakened D expression: D antigen =density of about 400 antigen/RBC

Haplotype (typical)

cDE

2) Cases where standard SNP testing doesn't result in a explanatory genotype

SAMPLE 4

RBC NGS CORE: RHD*01W.48 + **RHD*01.EL32**

SEROLOGY 0,5+

RHCE: Ccee

RHESUSBASE :

RHD(IVS1-29G>C)

Structure

RHD(IVS1-29G>C)

Key changes from standard allele

IVS1-29G>C

ISBT allele designation

RHD*01EL.32

RHD*DEL32

Haplotype (typical)

CDe

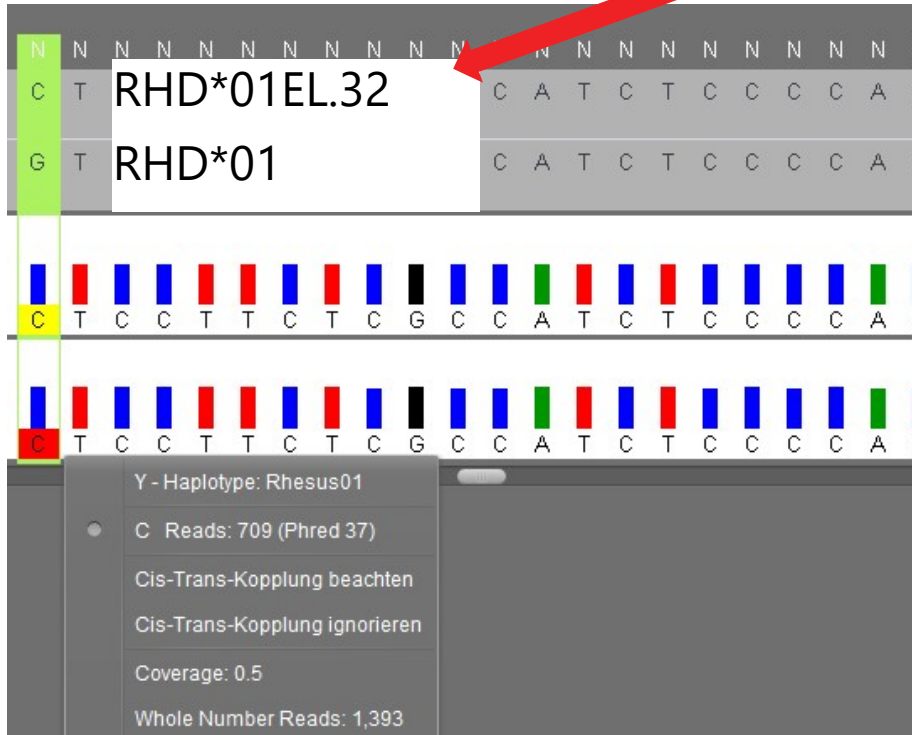
Additional comments

The relation of the IVS1-29G>C mutation to the phenotype is unsure, because IVS1-29G>C is a frequent polymorphism.

2) Cases where standard SNP testing doesn't result in a explanatory genotype

SAMPLE 4

RBC NGS CORE: RHD*01W.48 + **RHD*01.EL32**



In our cohort 2 samples:

RHD*01EL.32 + RHD*01EL.32

SEROLOGY: 4+ !!!

Is this result correct?

What is the correct phasing of both SNPs?

Is there another SNP present explaining the weak RHD phenotype?
Outside target region? Promotor?

Short read NGS can
contribute in elucidating unknown SNP to phenotype relations

Complete / Check/ Correct reference c or gDNA data

limited to the target of amplification

3) Samples with RHCE and RHD variants

SAMPLE 5 H230614-124 FYGATA

		RHD	RHCE
SEROLOGY		RhD POS	ccee
CDE eXtend	HF	RHD*05.01/04/08 + 09.01	RHCE*01.04.01 + RHCE*01.20.01
NGS	OMM	RHD* 01(/01W.150/01W.41) +09.02.01 OR RHD*05.04 + 09.01.02	RHCE*01.04.01 + RHCE*01.20.01/ OR RHCE01.04.04 + RHCE*01.20.02

SSP and NGS agree !

CDE eXtend gives a good prediction,
NGS checks if other SNPs were missed using SSP.

SSP and exon based NGS lack exon/ SNP phasing: results can be ambiguous.

Prediction of the most likely result based on Origin ~ Frequency

Sub-Sahara African: homozygous FYGATA , UVAR

RHD* 01(/01W.150/01W.41) +09.02.01

OR

RHD*05.04 + 09.01.02

RHD		SSA	USA TOTAL	HILA TOTAAL
RHD*01	DPOS	0,5448	0,2790	0,1100
RHD*10.00	DAU0	0,1507	0,0020	0,0200
RHD*01N.01	DNEG	0,1455	0,0000	0,0500
RHD*08N.01	Psi	0,0344	0,0060	0,0050
RHD*03N.01	DIIIa-CEVS (4-7)-D	0,0286	0,0000	0,0000
RHD*09.03.1	WD type 4.0	0,0212	0,0990	0,0320
RHD*10.03	DAU3	0,0205	0,0000	0,0000
RHD*04.01	DIVa	0,0124	0,0140	0,0004
RHD*10.00.01	DAU0.01	0,0119	0,0000	0,0000
RHD*03.01	DIIIa	0,0104	0,0190	0,0008
RHD*10.05	DAU5	0,0092	0,0050	0,0000
RHD*03.01.02	DIII.01.02	0,0040	0,0000	0,0000
RHD*09.01.02	DAR1.02	0,0039	0,0000	0,0000
RHD*10.04	DAU4	0,0034	0,0010	0,0000
RHD*09.01.00	DAR1.00 (WD 4.2)	0,0029	0,0810	0,0415
RHD*12.01	DOL	0,0023	0,0050	0,0000
RHD*49	DWN	0,0010	0,0020	0,0000
RHD*01.01	D48C	0,0010	0,0000	0,0000
RHD*01N.05	RHD*D-CE(3-7)-D	0,0009	0,0000	0,0019
RHD*01W.33	WD type 33	0,0009	0,0000	0,0000
RHD*01W.1	WD type 1	0,0008	0,1700	0,4200
RHD*01W.66	WD type 66	0,0006	0,0000	0,0000
RHD*01W.40	WD type 40	0,0005	0,0000	0,0000
RHD*37	DUC2	0,0003	0,0010	0,0000
RHD*05.01-10	DV.1	0,0003	0,0000	0,0000

RHCE*01.04.01 + RHCE*01.20.01/

OR

RHCE01.04.04 + RHCE*01.20.02

RHCE alleles		SIKKELCEL CHANG <i>et al.</i> 2020 n= 884	SIKKELCEL CHOU <i>et al.</i> 2018 n= 587	SIKKELCEL Van Sandt <i>et al.</i> 2023 n = 43	Present as ambiguity
RHCE*01	ce	0,2010	0,2730	0,1944	Yes
RHCE*01.20.01	ceVS.01	0,1390	0,1430	0,1667	Yes
RHCE*02	Ce	0,1170	0,1360	0,1389	Yes
RHCE*01.01	ce.01	0,2270	0,1930	0,1111	Yes
RHCE*03	cE	0,1020	0,1000	0,0694	Yes
RHCE*01.20.03	ceS	0,0450	0,0330	0,0694	Yes
RHCE*01.06.01	ceAG	0,4100	0,0430	0,0417	Yes
RHCE*01.20.09	ceVS.09	0,2700	0,0000	0,0417	
RHCE*01.04.01	ceAR	0,0006	0,0030	0,0417	
RHCE*01.02.01	ce.01.02	0,0300	0,0180	0,0278	
RHCE*04	CE	0,0011	0,0000	0,0278	Yes
RHCE*02:10	CeRN	0,0000	0,0017	0,0278	
RHCE*03.04	cEIV	0,0017	0,0000	0,0139	
RHCE*03.18	cE.18	0,0000	0,0000	0,0139	Yes
RHCE*02:09	CeCX	0,0000	0,0000	0,0139	
RHCE*01.20.02	ceVS.02	0,0310	0,0270	0,0000	Yes
RHCE*01.07.01	ceMO	0,0110	0,0140	0,0000	
RHCE*01.08	ceBI	0,0020	0,0030	0,0000	
RHCE*01.20.06	ceCF	0,0020	0,0009	0,0000	
RHCE*01.05.01	ceEK	0,0017	0,0003	0,0000	
RHCE*01.20.05	ceVS.05	0,0017	0,0000	0,0000	Yes
RHCE*01.03		0,0006	0,0000	0,0000	
RHCE*01.20.04.02	ceTI type 2	0,0006	0,0009	0,0000	Yes
RHCE*01.20.07	ceJAL	0,0006	0,0018	0,0000	
RHCE*02.08.01	CeCW	0,0006	0,0000	0,0000	
RHCE*02.22	Ce.22	0,0006	0,0000	0,0000	
RHCE*03.20	Ce.20	0,0006	0,0000	0,0000	

Prediction of the most likely result based on expected haplotype

RHD* 01(/01W.150/01W.41) +09.02.01 OR RHD*05.04 + 09.01.02

RHCE*01.04.01 + RHCE*01.20.01 OR RHCE01.04.04 + RHCE*01.20.02



Predict the most likely haplotype

RHCE allele ISBT	RHCE allele common	HFA	LFA	ce	Often linked to RHD allele ISBT	Often linked to RHD allele	Population frequency†	Populatie	Anbobody	REF
RHCE*01.04.01	RHCE*ceAR	Hr-, hrS-	V+w, VS-	ew, c	RHD*01	RHD*POS		SCD		CHOU et al 2020
RHCE*01.04.01	RHCE*ceAR	Hr-, hrS-	V+w, VS-	ew, c	RHD*09.01	RHD*DAR		SCD	anti-e	CHOU et al 2020
RHCE*01.04.01	RHCE*ceAR	Hr-, hrS-	V+w, VS-	ew, c	RHD*09.01	RHD*DAR		US DONORS		Keller et al 2022
RHCE*01.04.01	RHCE*ceAR	Hr-, hrS-	V+w, VS-	ew, c	RHD*09.01	RHD*DAR	NR	TOTAL literatuurstudie		Sippert et al 2023
RHCE*01.04.01	RHCE*ceAR	Hr-, hrS-	V+w, VS-	ew, c	RHD*09.01.02	DAR1.2 (weak D 4.2.2)				
RHCE*01.20.01	RHCE*ce733G	hrB+, very weak to neg	V+, VS+	ep, cp	RHD*01	RHD*POS		US DONORS		Keller et al 2022
RHCE*01.20.01	RHCE*ce733G	hrB+, very weak to neg	V+, VS+	ep, cp	RHD*01	RHD*POS		BLACK		Zang et al. 2022
RHCE*01.20.01	RHCE*ce733G RHCE*ceVS.01	hrB+, very weak to neg	V+, VS+	ep, cp	RHD*01/ RHD*09:03	RHD POS / RHD*WD 4.0	Africa: 15.28%, America: 2.31%, East Asia: 0%, Europe: 0.30%	SCD	Anti-e	CHOU et al 2018
RHCE*01.20.01	RHCE*ce733G RHCE*ceVS.01	hrB+, very weak to neg	V+, VS+	ep, cp	RHD*01/ RHD*09:03	RHD*WD 4.0		SCD		Gaspardi, 2016
RHCE*01.20.02	RHCE*ce48C, 733G	hrB-	V+, VS+	ep, cp	RHD*03.01	Dilla		SCD	Anti-D, anti-e	CHOU et al 2019
RHCE*01.20.02	RHCE*ce48C, 733G	hrB-	V+, VS+	ep, cp	RHD*03.01	Dilla		SCD	Anti-D, anti-e	Gaspardi et al., 2016
RHCE*01.20.02	RHCE*ce48C, 733G	hrB-	V+, VS+	ep, cp	RHD*09:01	DAR		SCD		Gaspardi et al., 2016
RHCE*01.20.02	RHCE*ce48C, 733G	hrB-	V+, VS+	ep, cp	RHD*09:03	RHD*WD 4.0, DAR3		US DONORS		Keller et al 2022
RHCE*01.20.02	RHCE*ce48C, 733G	hrB-	V+, VS+	ep, cp	RHD*09:03	RHD*WD 4.0, DAR3		US DONORS		Gaspardi et al., 2016

Short read NGS
lacks,
as SSP,
locus and allele phasing information

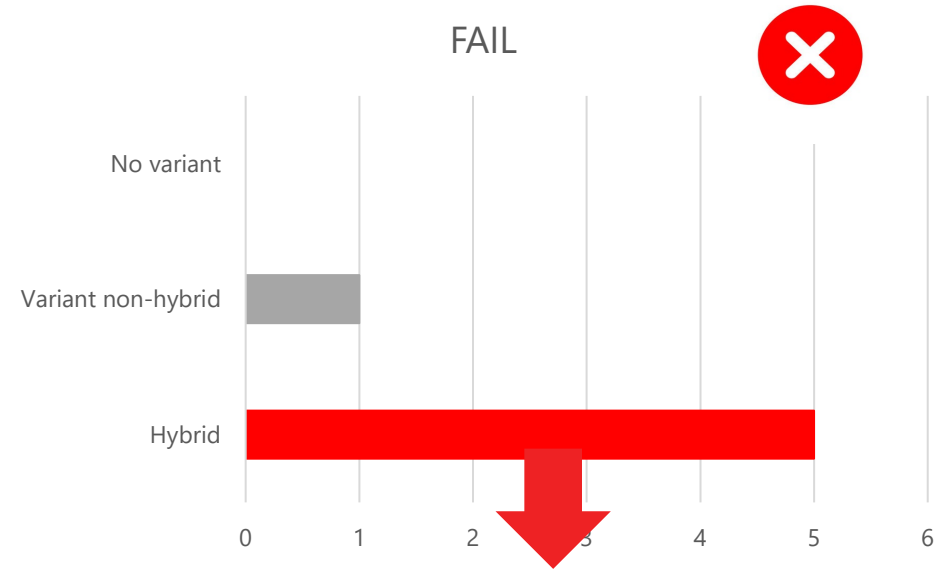
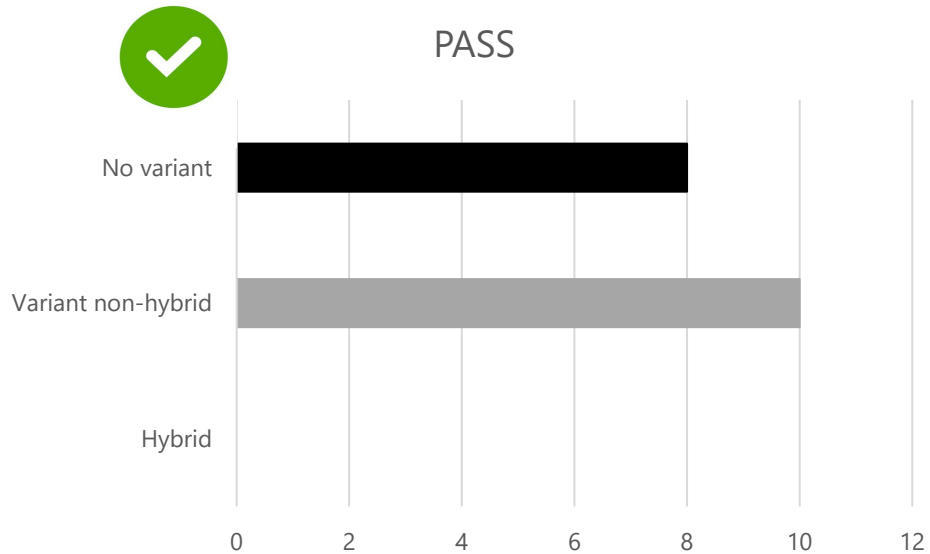
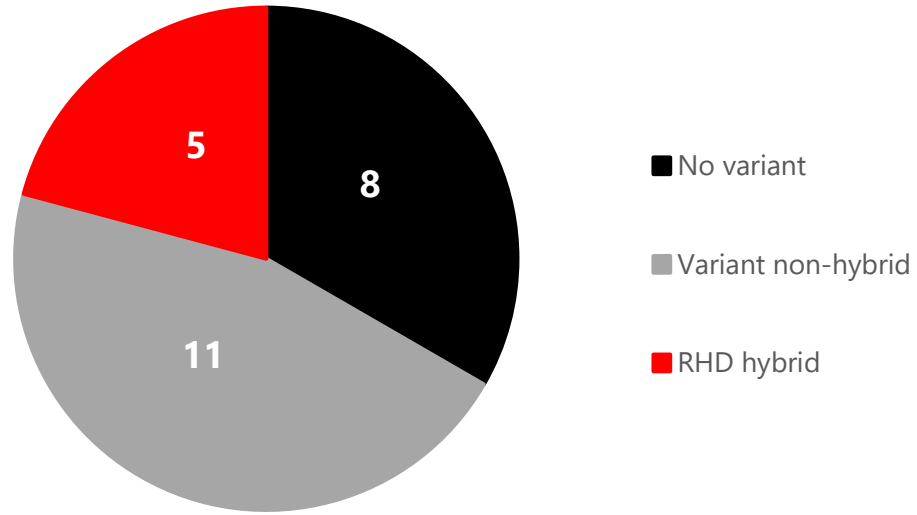
Different allele combinations remain possible

Prediction of the most likely result

Registration of RHD-RHCE variant haplotypes are very usefull.

Summary RHD

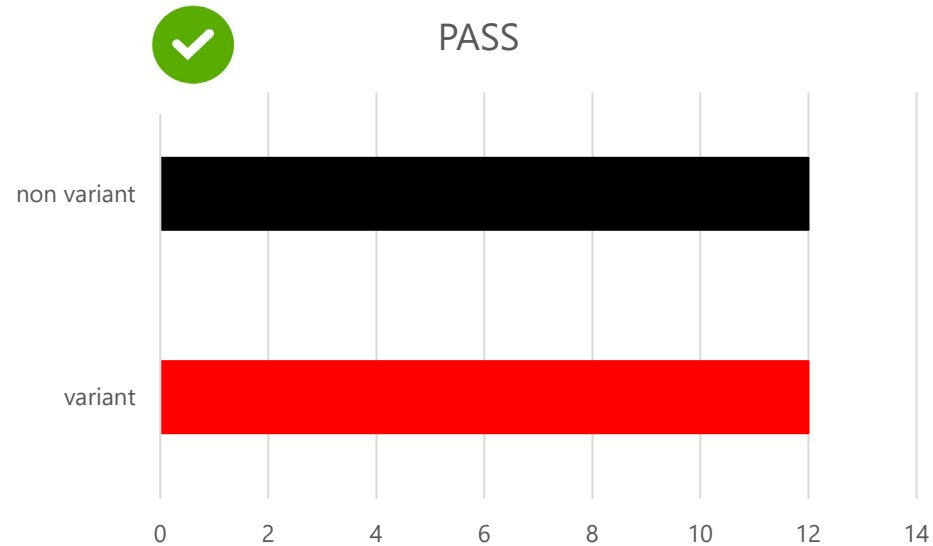
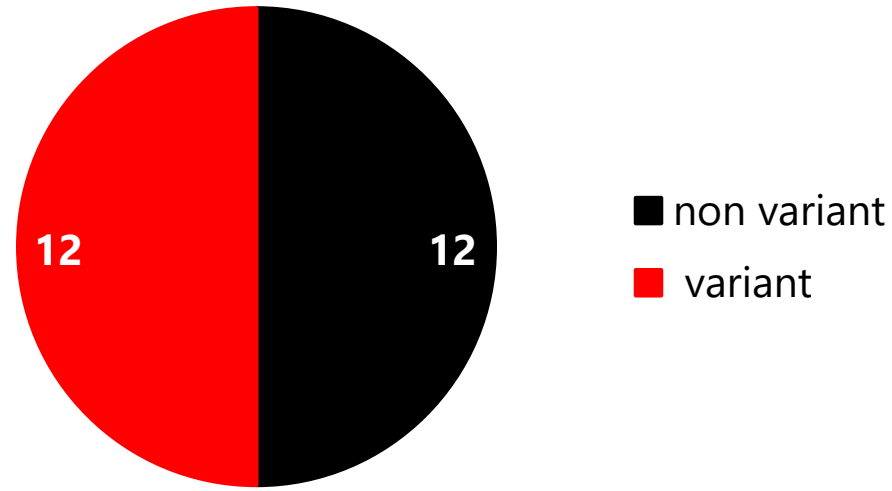
'Selected' cohort n= 24



Exon – allele-loci balancing
Origin – expected haplo

Summary RHCE

'Selected' cohort n= 24



No failures

RHCE variants found:

RHCE*01.01, RHCE*01.04.01, RHCE*01.20.01, RHCE*01.20.02,
RHCE*01.20.03, RHCE*01.20.04, RHCE*01.20.05,
RHCE*01.20.06, RHCE*02.37, RHCE*03.18

Other bloodgroupsystems

'Selected' cohort n= 24

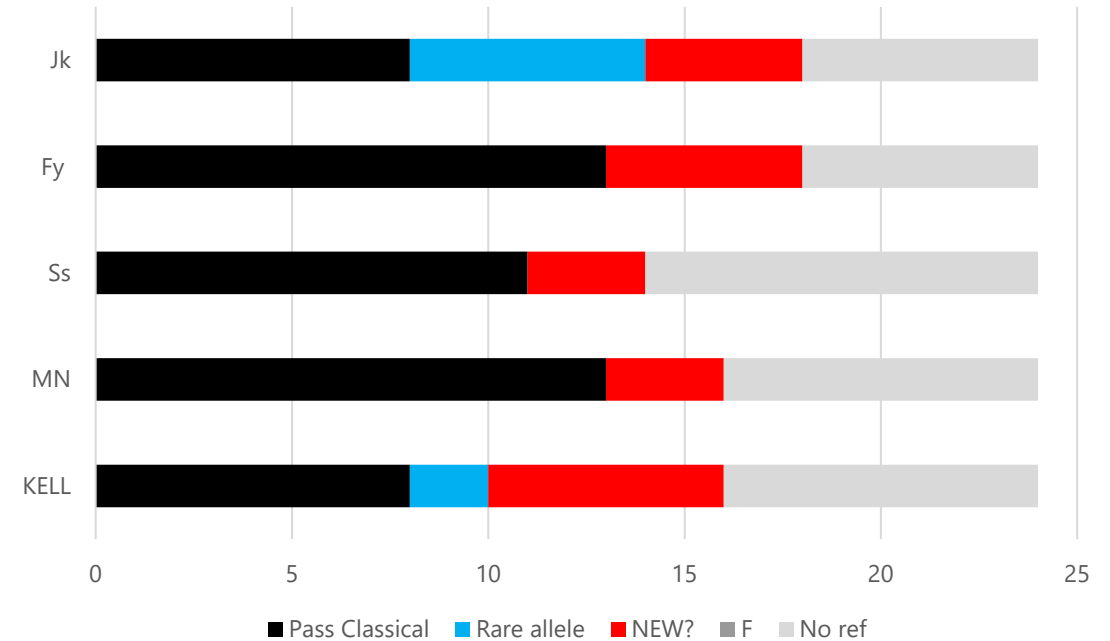
Largely Sub-Sahara Africa origin

Not only RH has more variant alleles !

Kell, Kidd, Duffy, MNS

Conclusion:

- Classical alleles and variants such as FYGATA are identified correctly
- Rare alleles are identified
- Possible new alleles are identified: need some further investigation.



Conclusion

1) RBC-NGStype CORE

- Not Plug and Play: still needs (a lot of) manual editing, experience in interpretation, mainly due to incomplete or incorrect reference sequences.
 - Struggles with HYBRID alleles
 - Shared exons between RHD and RHCE: crosstalk
 - Absence of locus and allele phasing makes it prone to error and leaves the result often ambiguous.
 - Gives good results @ classical alleles and SNP variant alleles.
 - Allows detection of rare and new alleles
 - High throughput genotyping
- 1st screening of patient samples / donor typing

More complex samples will probably benefit from LR NGS,

Not separating exons.

Making it easier to phase alleles and loci

THE COHORT IS WAITING

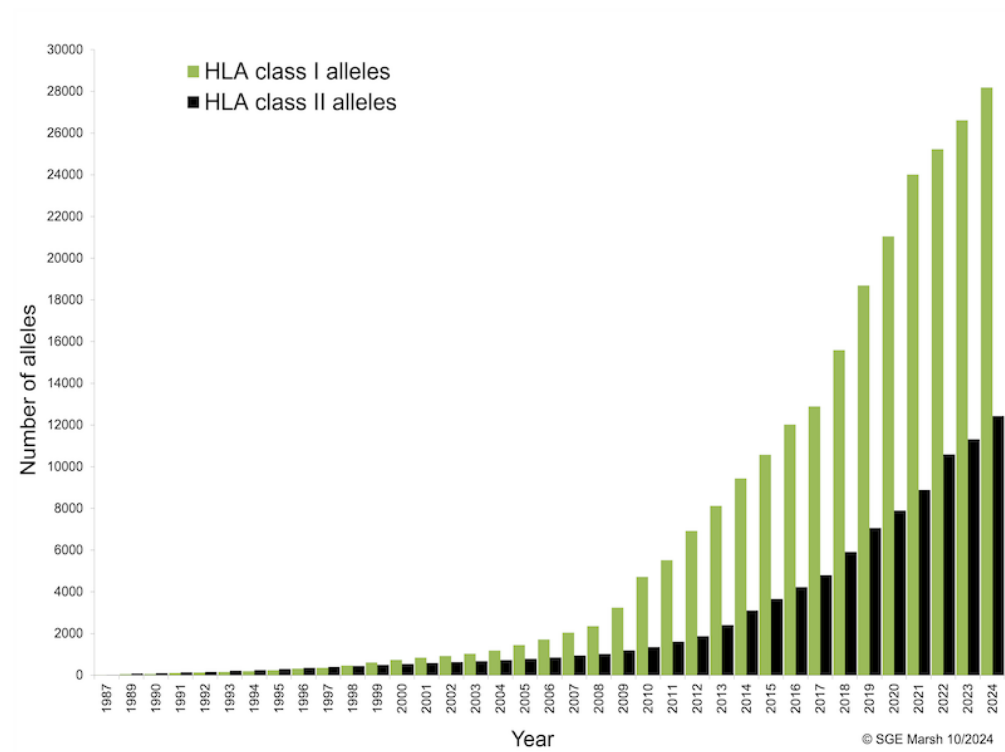


Conclusion

RBC antigen genotyping needs

a userfriendly RBC antigen database with compiled information // HLA antigen database, allele frequency.com

- cDNA
 - gDNA
 - Frequency ~origin
 - Categorisation of frequency: H, L, U
 - Associated haplotype RHD-RHCE
 - Serology
 - Statistics
 - Allo immunisation risk / matching tool
 - Info regarding regulation of gene expression.
-
- Align
 - BLAST



A close-up photograph of two young children, a Black girl and a white boy, smiling and hugging each other. The girl is on the left, wearing a red top, and the boy is on the right, wearing a blue shirt. They are outdoors with a blurred green background. The text is overlaid at the bottom of the image.

**Do not discriminate:
Adjust serology and genotyping to allow detection of variant alleles
and adjust (when possible) transfusion policy.**

Taking home message

RBC Genotyping SSP – SSO- NGS

Do not just accept any result the interpretation table gives you,
any result the software shows you.

Always be very critical

Does it match the serology?

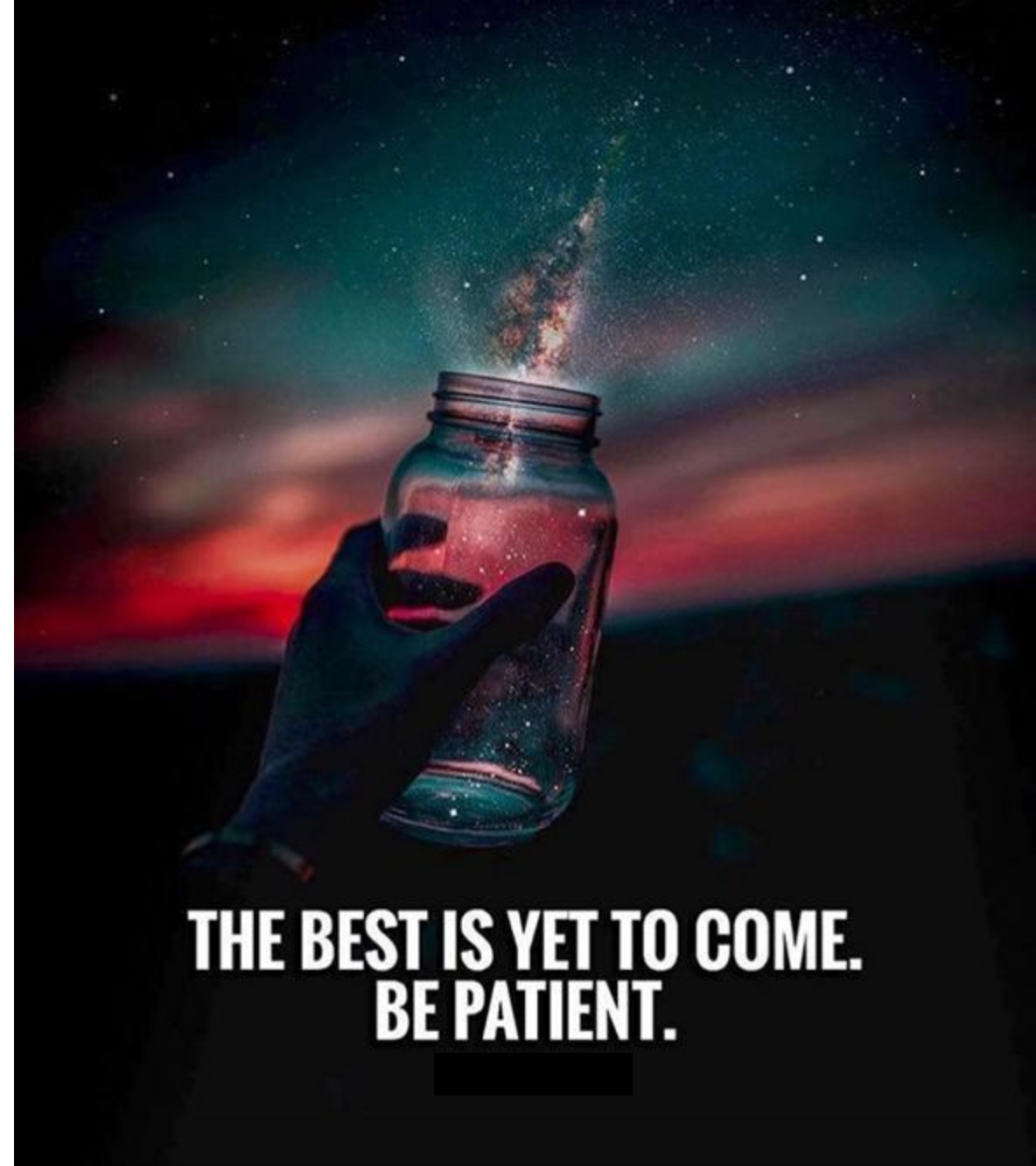
Does it match the haplotype/ origin?

What are the limitations of the test?

Is there crosstalk / artefacts?

A lot is yet to be explored !

The best is yet to come !





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Rode Kruis
Vlaanderen

