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## The Clinical Significance of HLA-DP mismatches in kidney Transplantations

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**Background:** HLA-DP is considered to be less immunogenic than other HLA antigens because of low expression on renal endothelium. The evidence for this is however scarce.

**Methods:** We evaluated the clinical significance of HLA-DP MM in kidney transplantations in 3 multicentre cohorts. In the 1<sup>st</sup> large cohort, we evaluated the prevalence of HLA-DP antibodies (Abs) in patients (pts) who experienced 1 or more graft failures (2008–2018; N=497). A 2<sup>nd</sup> cohort was composed of pts with only HLA-DP DSA (2008–2018; N=14). In this optimally selected cohort (no interference by other DSA) clinical outcome was evaluated, including histologic evaluation of biopsies by the Banff criteria. In the 3<sup>rd</sup> cohort (N=100), the role of CDC-XM/FCXM in clinical decision-making was examined by collecting XM data from donor-patient pairs with only HLA-DP DSA.

**Results:** In the 1<sup>st</sup> cohort, DP Abs were detected in 99 cases (20%) and DQ Abs in 266 cases (54%). In 80%, DP Abs appeared only after graft failure. In the cohort of pts who had only DP DSA, AMR occurred in 5/14 pts (36%). In all 5 cases, DSA MFI was  $\geq 3141$  but with negative CDC-XM. None of the pts with lower MFI DP-DSA experienced AMR. Epitope analysis showed an association with immunodominant eplets 84DEAV/85GPM-56AE/EE. In the non-AMR group (9/14) these eplets were also present as a MM but only in the presence of DSA with low MFI. Interestingly, we also observed high MFI (MFI > 20.000) DSA against the DPA locus (not DPB) in the non-AMR group. When we evaluated the XM results of cases with only DP DSA, a positive XM was only observed in case immunodominant eplets were present and MFI was  $\geq 14.050$  (CDC-XM) or  $\geq 3616$  (FCXM). DSA against the DPA locus only, even up to MFI 14.233, never led to positive FCXM results.

**Conclusions:** AMR was observed in all cases with HLA-DP DSA when MFI  $\geq 3141$  and directed towards immunodominant eplets. This illustrates that when HLA-DP Abs are found, HLA-DP typing, epitope analysis and FCXM are indicated for optimal decision-making.