

# BCKD<sub>19</sub>

---

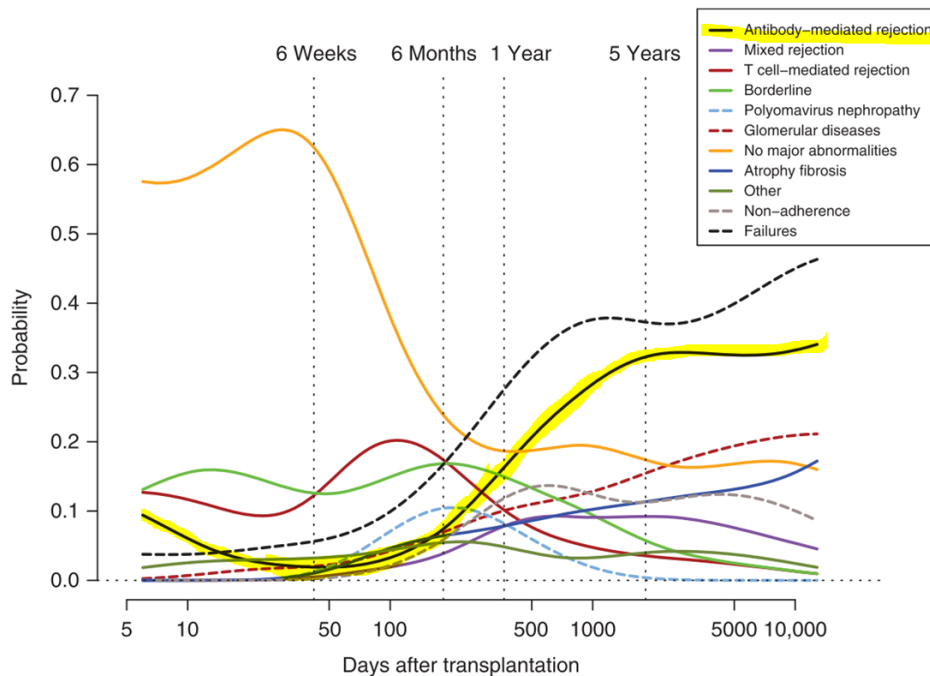
BC KIDNEY DAYS

**HLA Eplet Frequencies Reduce Genetic Complexity and Provide a Foundation for a National Eplet-Matching Program**

# Learning Objectives

1. To define the role of HLA eplet-matching in kidney transplantation
2. To describe HLA allele and eplet frequencies in kidney patient and donor populations in BC

# Kidney Transplantation and Antibody-Mediated Rejection (AMR)

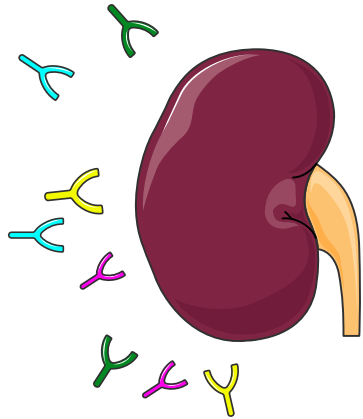


Tonelli M. *et al.* *Am. J. Transplant.* **11** 2093–2109 (2011).

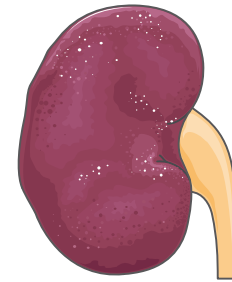
Sellarés J. *et al.* *Am. J. Transplant.* **12** 388–399 (2012).

# AMR

- The recipient's immune system makes antibodies targeted against foreign proteins expressed on the donated kidney



- Complement pathway
- Inflammatory response
- Activation of macrophages and NK cells

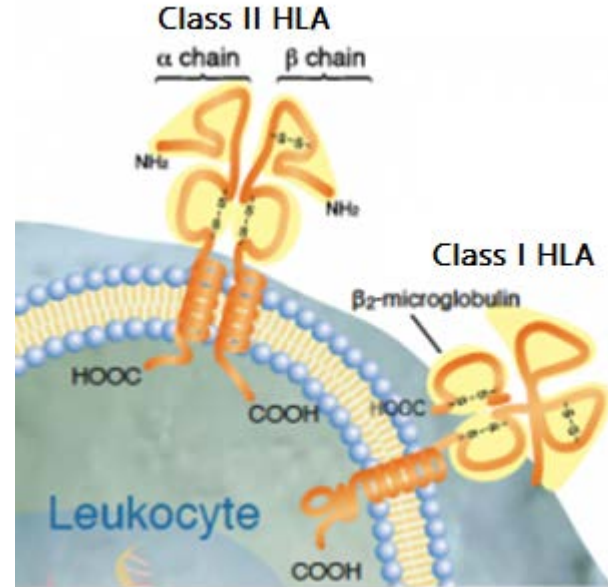
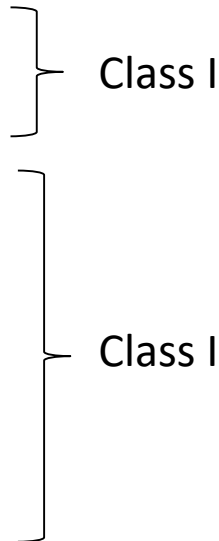


Graft rejection

- These proteins are the **human leukocyte antigens (HLA)**

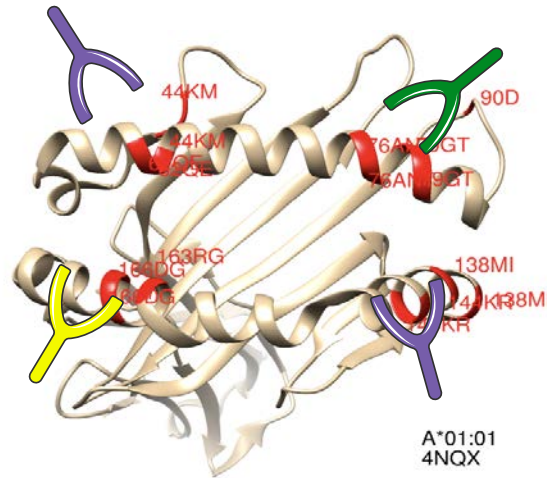
# Human Leukocyte Antigens (HLA)

- Essential for the adaptive immune system to respond to foreign molecules
- 11 clinically relevant HLA genes on chromosome 6:
  - A
  - B
  - C
  - DRB1
  - DRB3
  - DRB4
  - DRB5
  - DQB1
  - DQA1
  - DPA1
  - DPB1



# HLA Eplets

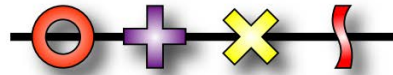
- Antibodies bind to sections of amino acids on the surface of the protein
- **Eplets** are clusters of 2 - 5 polymorphic amino acids that are essential to antibody binding



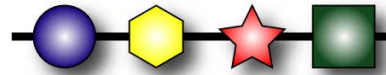
*Top-down view of an HLA molecule with eplets highlighted in red*

# HLA Eplet-matching

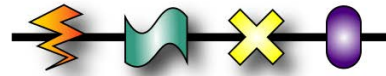
- **Eplet-matching:** matching patients and donors by their HLA eplets
- The recipient's immune system will not mount a response against eplets shared between the recipient and donor



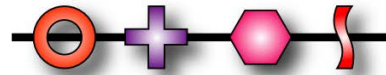
Patient HLA



Donor A: 4 eplet mismatches



Donor B: 3 eplet mismatches



Donor C: 1 eplet mismatch

# Eplet-Matching in Kidney Transplantation

- Multiple studies have shown matching by eplets result in decreased risk of de novo donor-specific antibodies, transplant glomerulopathy, rejection, and graft loss
- Importantly, there are far fewer documented HLA eplets than alleles

Nevins, T. E. et al. *J. Am. Soc. Nephrol.* 28, 3353–3362 (2017).

Wiebe, C. et al. *Am. J. Transplant.* 13, 3114–3122 (2013).

Wiebe, C. et al. *Am. J. Transplant.* 19, 1708–1719 (2019).

Sapir-Pichhadze, R. et al. *Am. J. Transplant.* (2015).

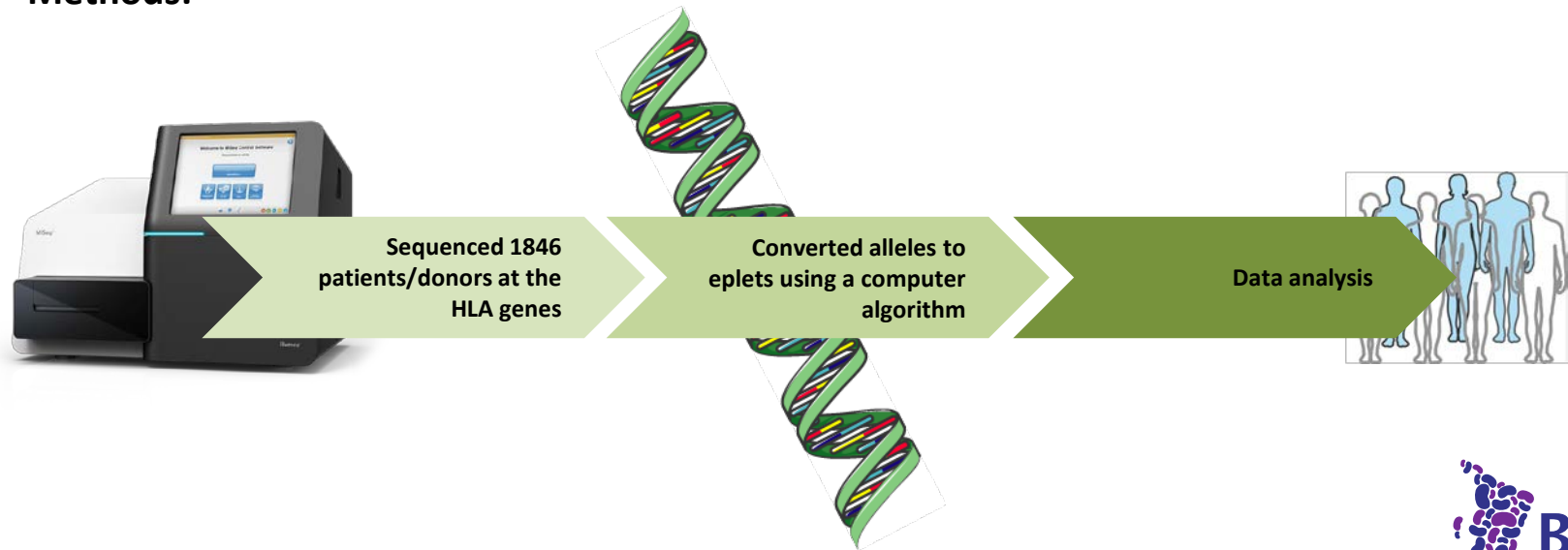




# Research Design

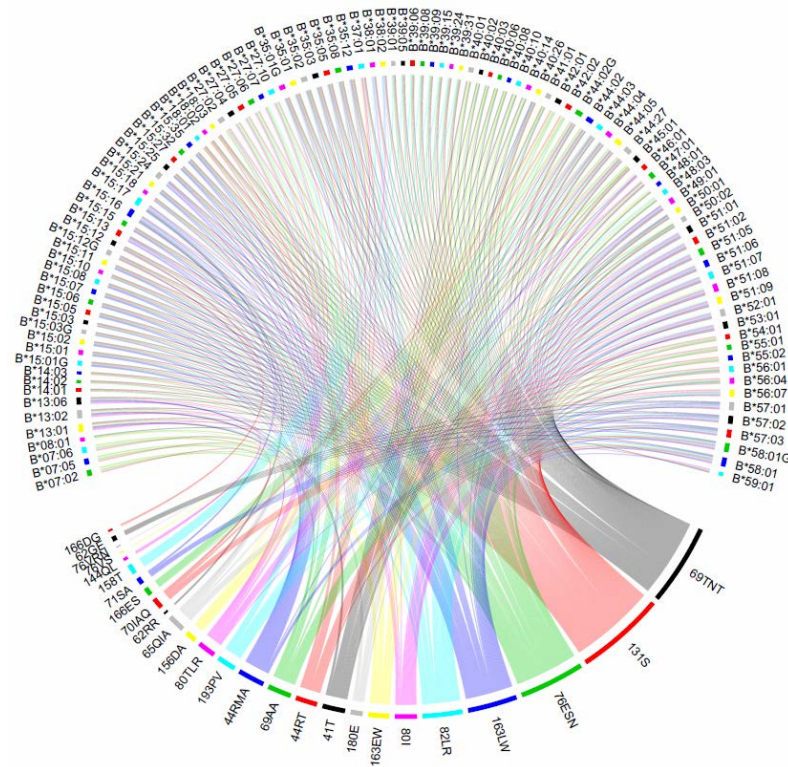
**Aim:** To describe HLA allele and eplet frequencies in kidney patient and donor groups in BC and compare the likelihood of matching by each method.

## Methods:



# Conversion from Alleles to Eplets Reduce HLA Complexity

HLA-B Alleles

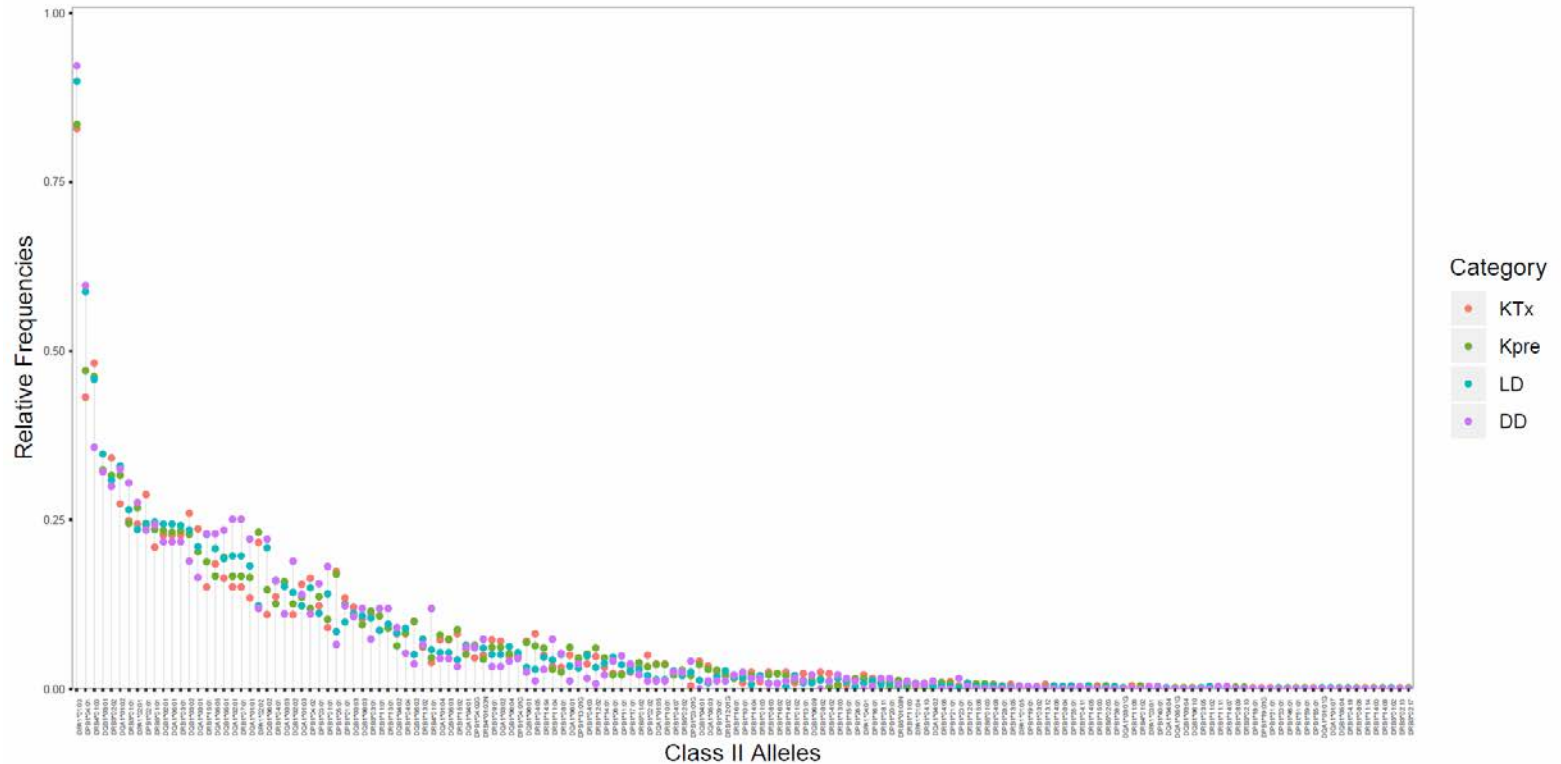


HLA-B Eplets

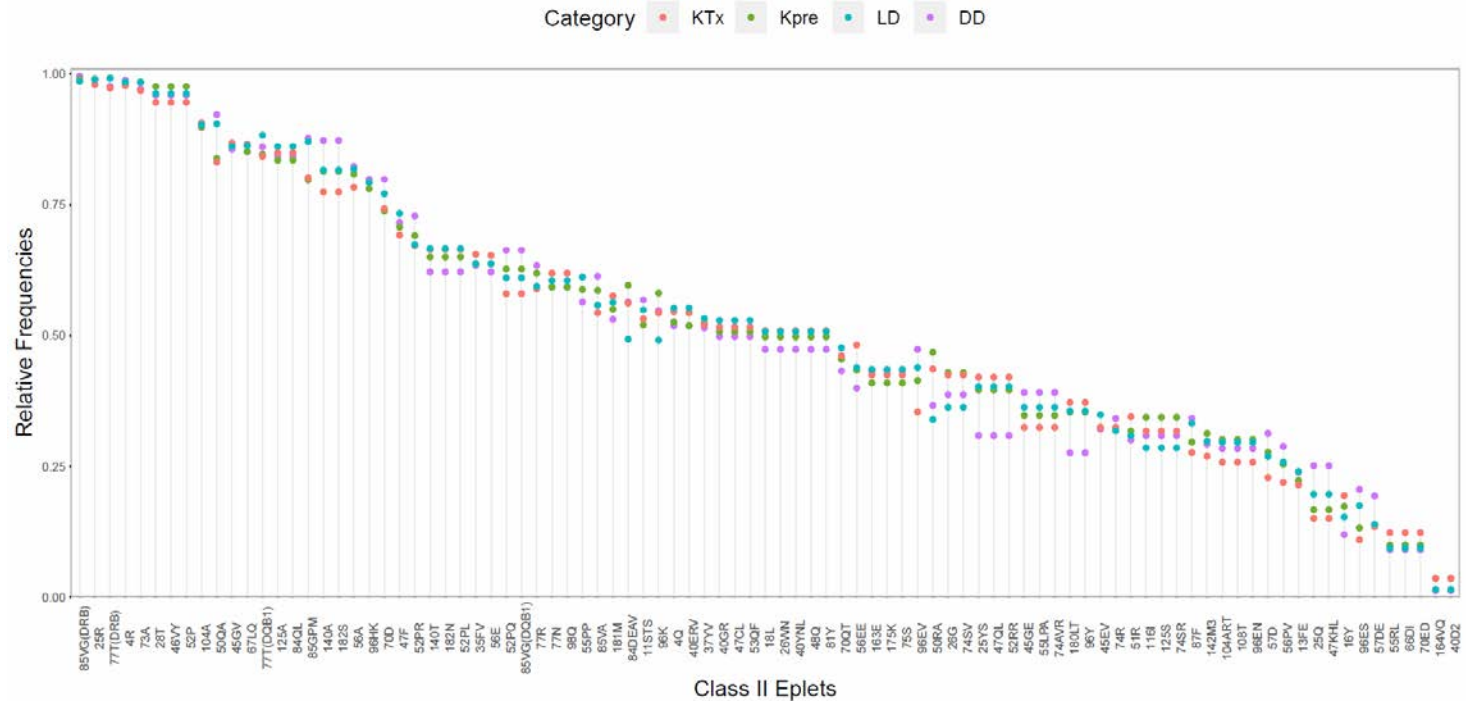
# Conversion from Alleles to Eplets Reduce HLA Complexity

- 361 alleles converted into 150 eplets, resulting in a 59% reduction in genetic complexity
- Class I alleles encoded 0 – 11 eplets
- Class II alleles encoded 0 – 17 eplets

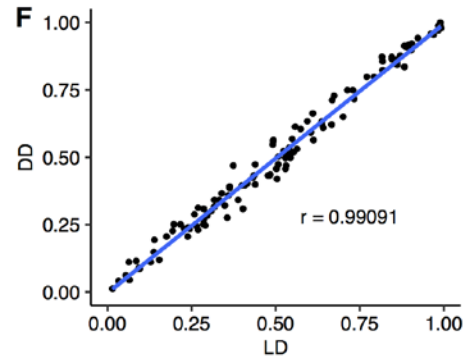
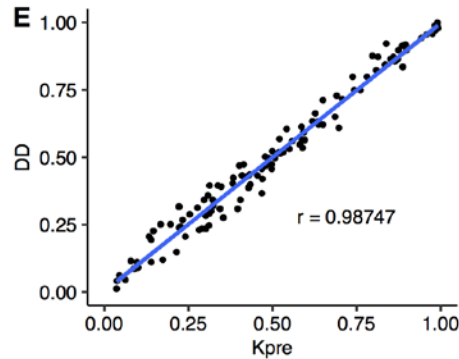
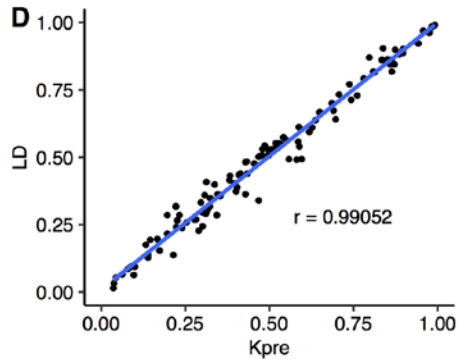
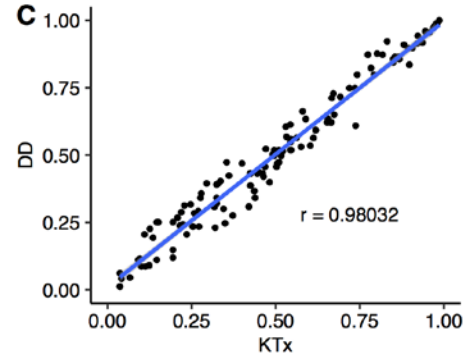
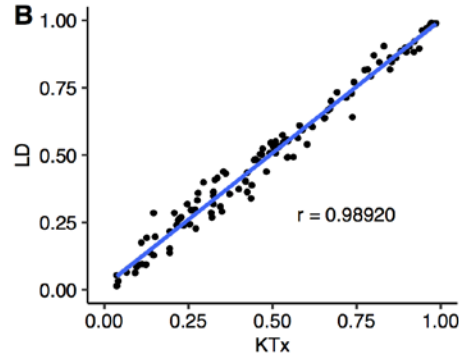
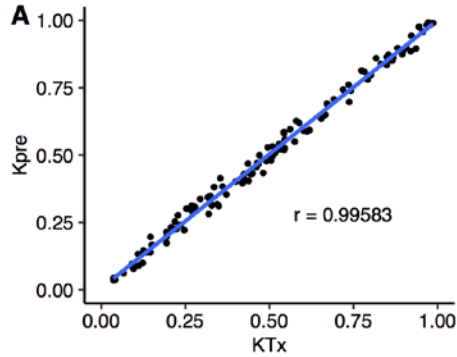
# HLA Allele Frequencies



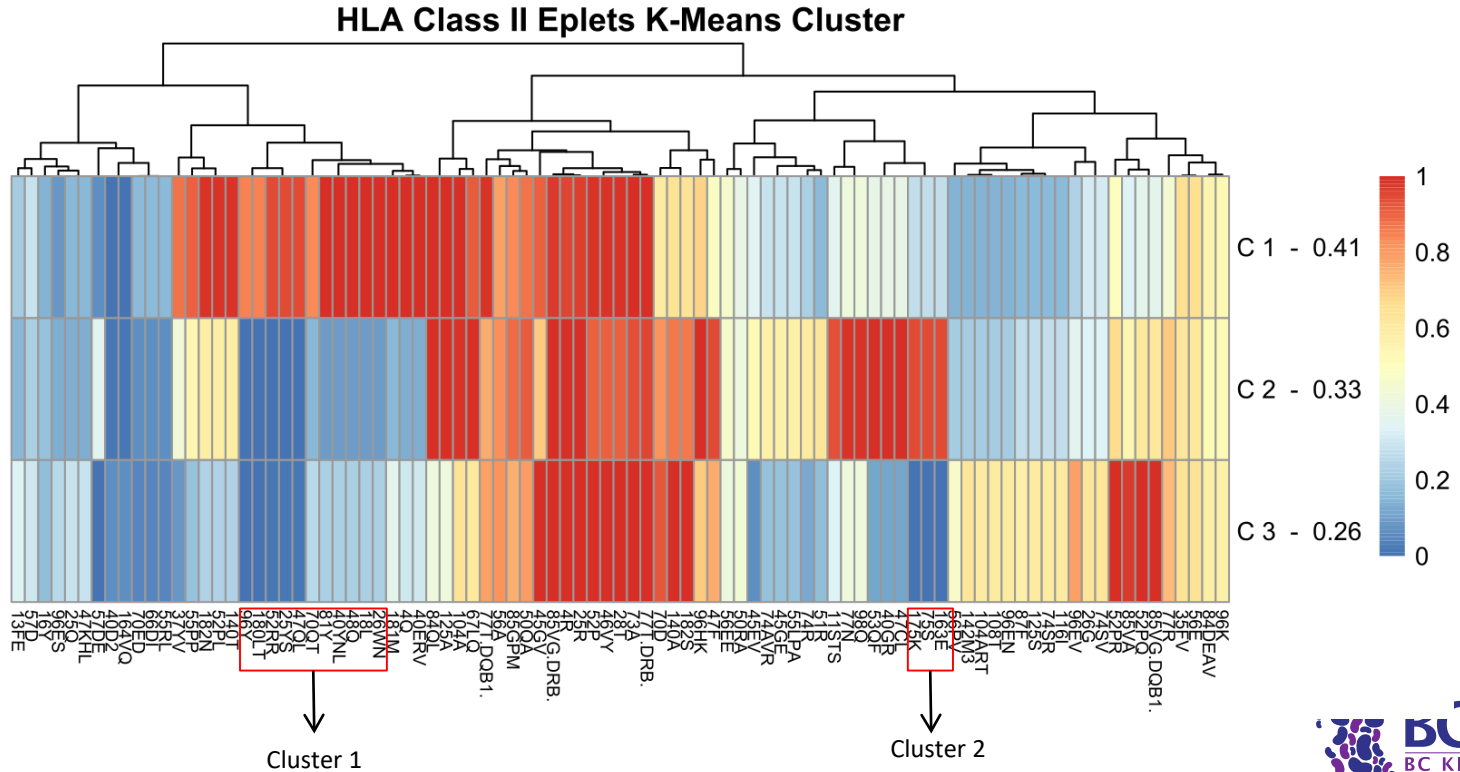
# HLA Eplet Frequencies



# Eplet Frequencies Compared Between Patient and Donor Groups



# Clustering Patients and Donors by their Eplet Expression Patterns (Epitypes)



# Conclusions

- Eplets reduce the HLA complexity in a BC study sample
- Patients and donors show similar eplet frequencies
- The study sample grouped into 3 clusters expressing similar eplet profiles, called epitypes
- Overall, the results support the feasibility of eplet-matching in BC in efforts to improve long term transplant outcomes



# Acknowledgements



## Immunology Laboratory at VGH

- Dr. Paul Keown
- Dr. Franz Fenninger
- Dr. Oliver Gunther
- Dr. James Lan
- Dr. Karen Sherwood
- Sabina Dobrer
- Dr. Lenka Allan
- Dr. Vikramjit Chopra
- Clinical Staff

## Genome Canada Transplant Consortium

- Dr. Ruth Sapir-Pichhadze
- Dr. Rene Duquesnoy
- Dr. Frans Claas



# References

1. Tonelli, M. *et al.* Systematic review: Kidney transplantation compared with dialysis in clinically relevant outcomes. *Am. J. Transplant.* **11**, 2093–2109 (2011).
2. Sellarés, J. *et al.* Understanding the causes of kidney transplant failure: The dominant role of antibody-mediated rejection and nonadherence. *Am. J. Transplant.* **12**, 388–399 (2012).
3. Dankers, M. K. A. *et al.* The number of amino acid triplet differences between patient and donor is predictive for the antibody reactivity against mismatched human leukocyte antigens. *Transplantation* **77**, 1236–1239 (2004).
4. Williams, R. C., Opelz, G., McGarvey, C. J., Weil, E. J. & Chakkera, H. A. The risk of transplant failure with hla mismatch in first adult kidney allografts from deceased donors. *Transplantation* **100**, 1094–1102 (2016).
5. Duquesnoy, R. J. HLA epitope based matching for transplantation. *Transpl. Immunol.* **31**, 1–6 (2014).
6. Kramer, C. S. M. *et al.* The long and winding road towards epitope matching in clinical transplantation. *Transpl. Int.* **32**, 16–24 (2019).
7. Nevins, T. E. *et al.* Class II Eplet Mismatch Modulates Tacrolimus Trough Levels Required to Prevent Donor-Specific Antibody Development. *J. Am. Soc. Nephrol.* **28**, 3353–3362 (2017).
8. Wiebe, C. *et al.* Class II HLA epitope matching - A strategy to minimize de novo donor-specific antibody development and improve outcomes. *Am. J. Transplant.* **13**, 3114–3122 (2013).
9. Wiebe, C. *et al.* HLA-DR/DQ molecular mismatch: A prognostic biomarker for primary alloimmunity. *Am. J. Transplant.* **19**, 1708–1719 (2019).
10. Sapir-Pichhadze, R. *et al.* HLA-DR and -DQ eplet mismatches and transplant glomerulopathy: A nested case-control study. *Am. J. Transplant.* (2015). doi:10.1111/ajt.12968