

L'Aquila, 24 novembre 2012

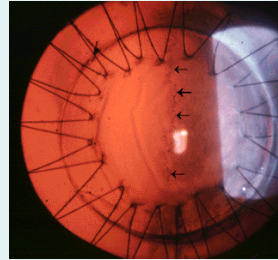
Corneal transplantation: HLA and age

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Background

- Immune rejection is an important risk factor and allograft rejection is a major cause of graft failure
- The majority of keratoplasty are performed as HLA not matched, “random” transplants
- Data showed in works from Central European ophthalmologists in long-term corneal transplant survival by HLA matching lead to presume that HLA matching should have a practical value for high risk patients
(Sundmacher R (ed): Adequate HLA Matching in Keratoplasty. Dev. Ophthalmol. Basel, Karger, 2003, vol. 36)
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**Adequate
HLA Matching in
Keratoplasty**

Editor
R. Sundmacher

standard risk for rejection



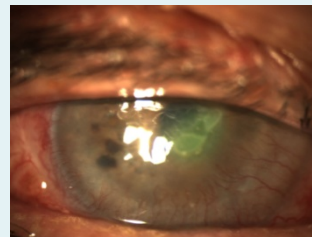
HLA random graft



HLA matched graft



high risk for rejection



**Deep stromal
vascularization**



standard risk for rejection



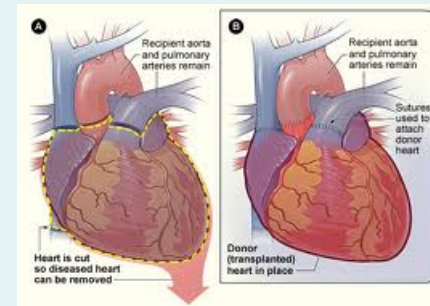
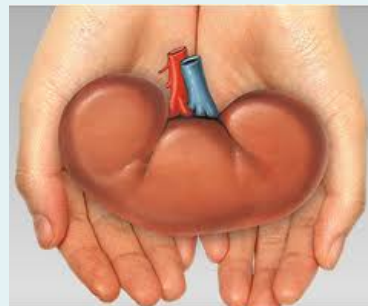
HLA random graft



HLA matched graft

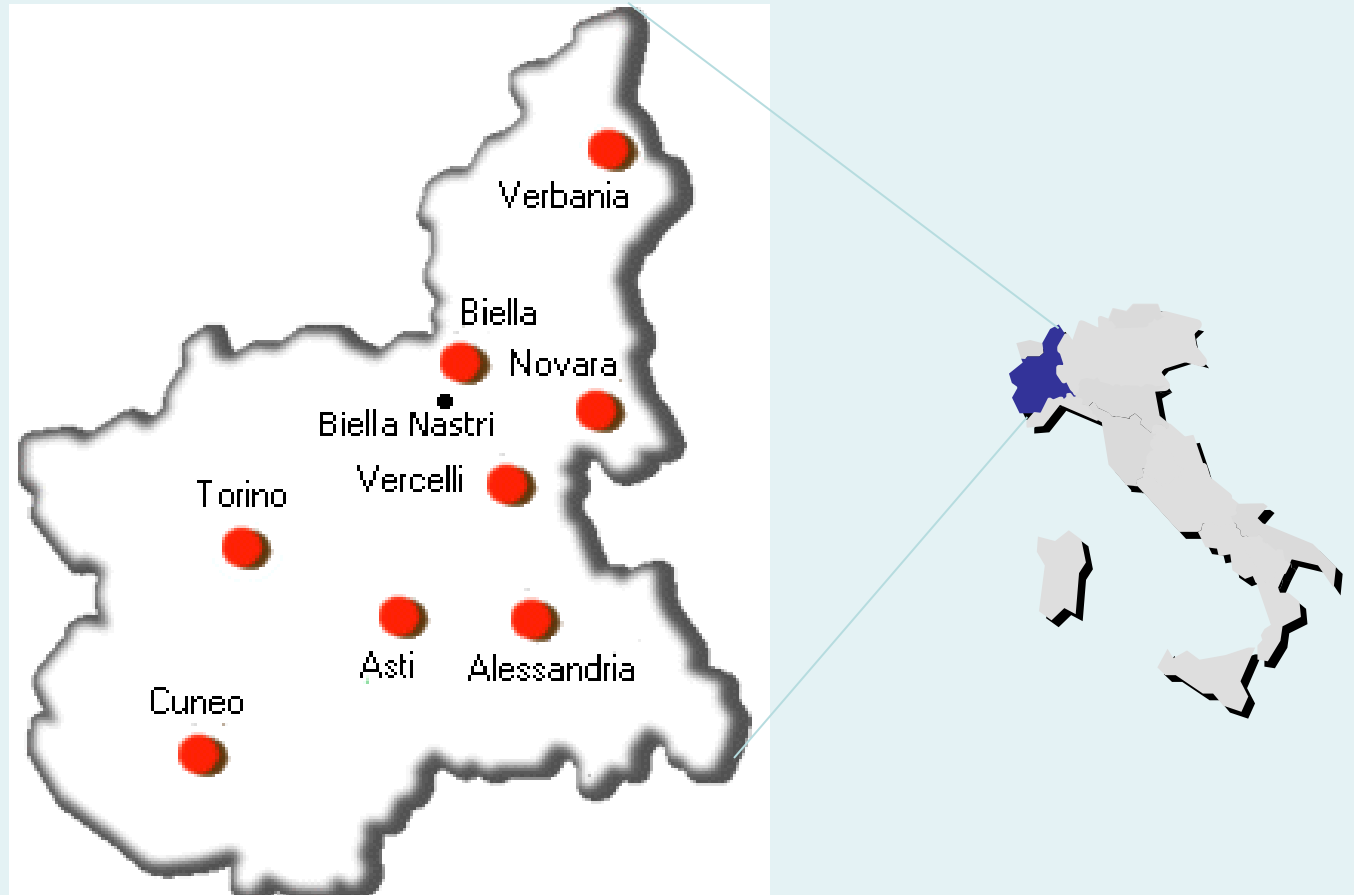


previous organ transplantation



Aim of the study

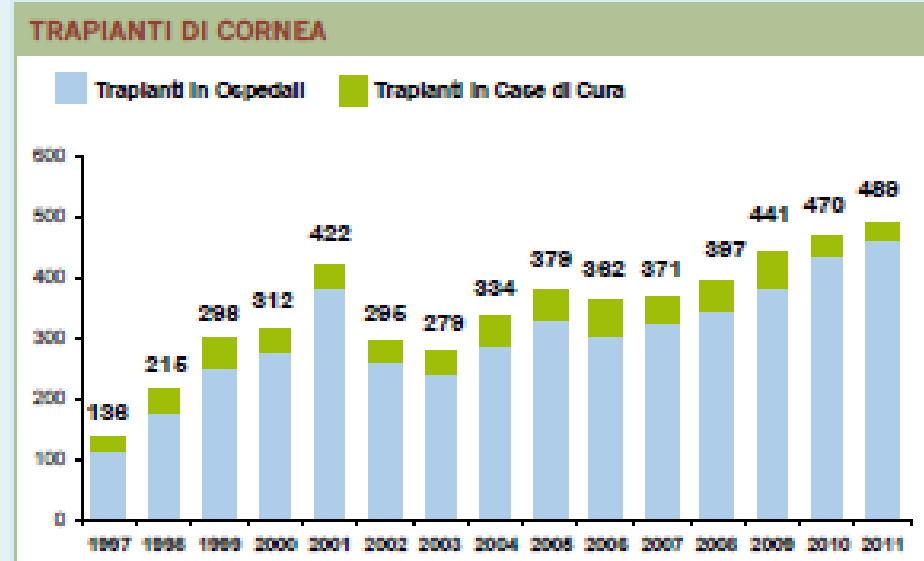
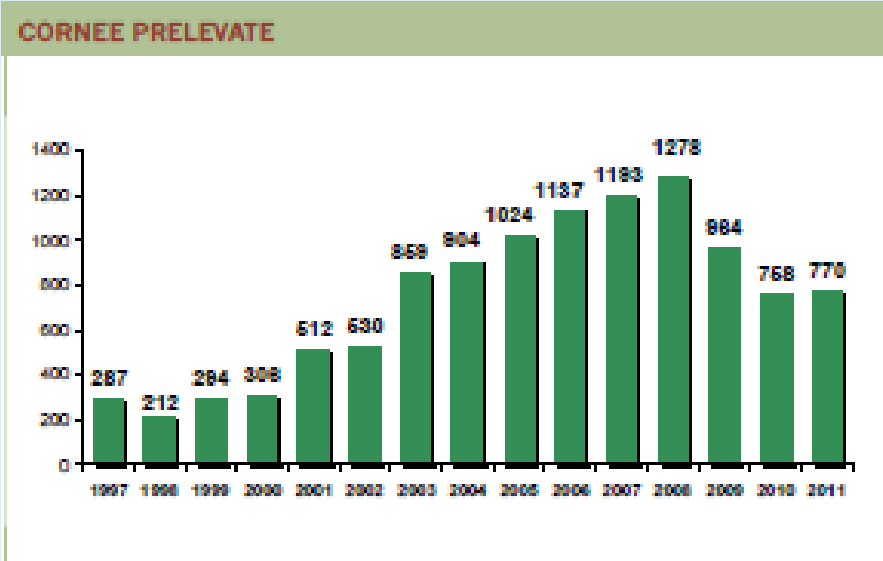
Since 2000 we developed a program for the allocation of HLA matched corneas for high risk patients afferent to Departments of Ophthalmology in 14 Piedmont Hospitals.



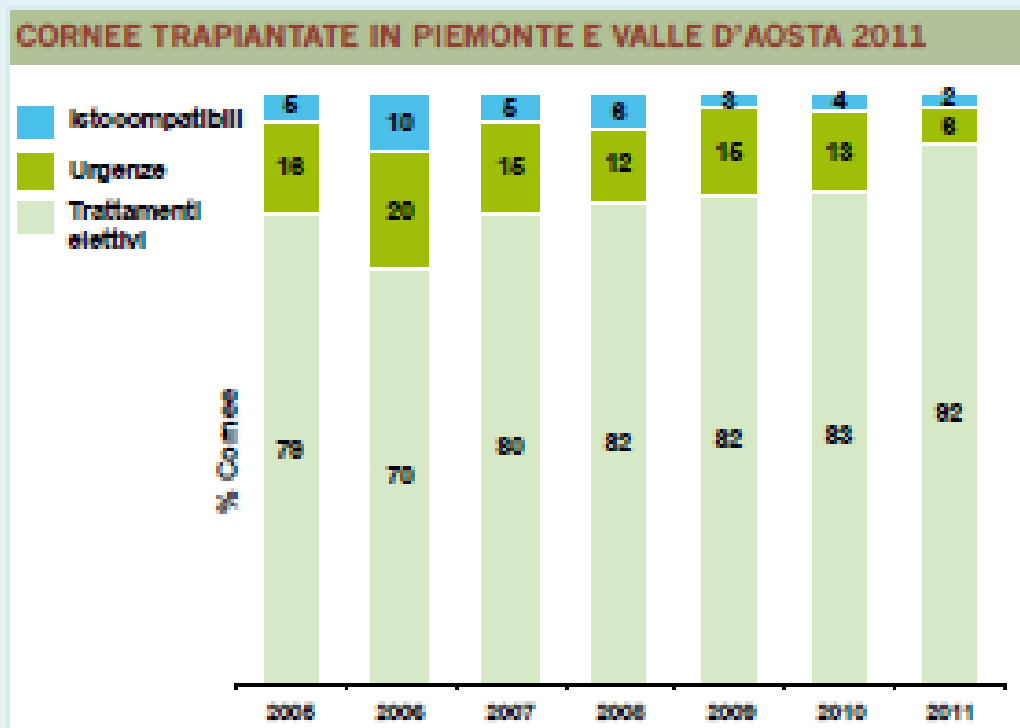
Aim of the study



to establish if a set of coincidental covariates, including HLA matches, is associated with an improved corneal graft survival



Eye Bank



DATASET

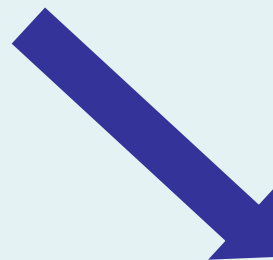
CORNEAL TRANSPLANTS SINCE JAN-2000 TO JULY-2011

(MINIMUM FOLLOW-UP: 6 MONTHS)

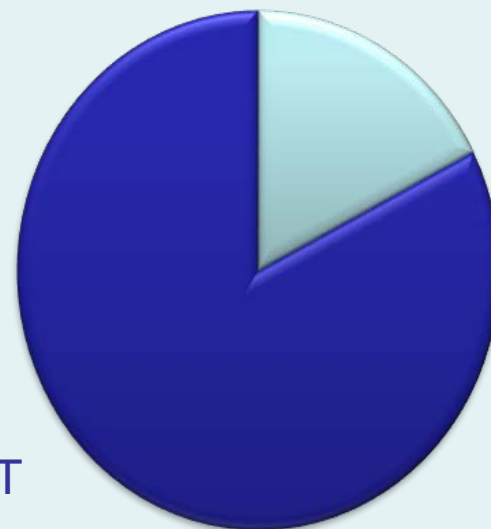
CORNEAL TRANSPLANTS (4360)



189
HLA MATCHED
CORNEAL TRANSPLANTS



33
FIRST TRANSPLANT



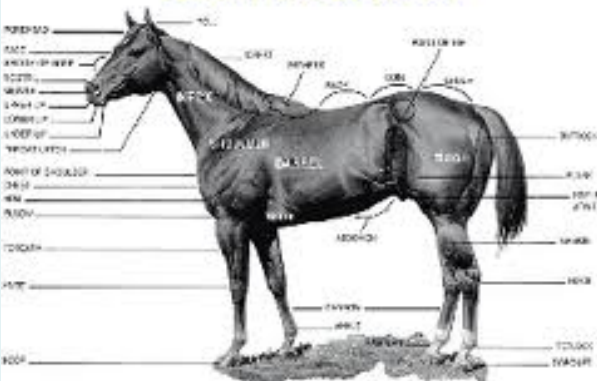
156
RETRANSPLANT

Methods



- All corneal graft recipient-donor pairs were tissue typed by serological and molecular (low resolution) methods for HLA-A, -B and -DR
- allowed MM: Class I ≤ 3 , Class II ≤ 1 (broad)
- Comparability of donors, patients and graft characteristics (age, gender, graft cell count, pathology, HLA MM, ABO compatibility ...) was analyzed by chi-squared test for categorized variables and Mann-Whitney U test for continuous ones
- Unadjusted survival probabilities were estimated by Kaplan Meier method
- Hazards (RR) for relevant covariates were set by multivariate proportional Cox regression
- All tests were two sided and p-value less than 0,05 was taken as statistically significant

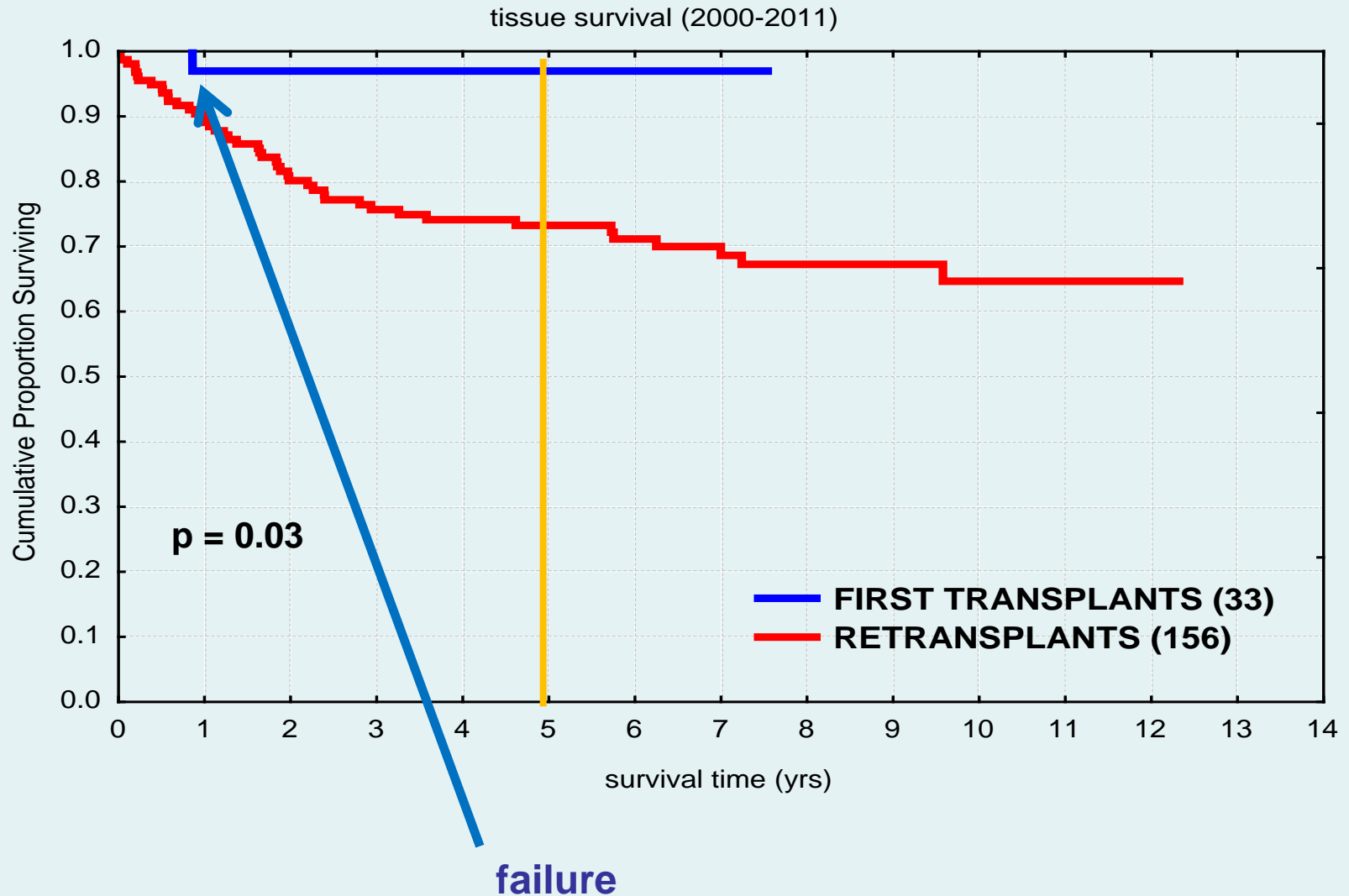
External Features



	FIRST TRANSPLANT	RETRANSPLANT	p value
Median donor age	50 yrs	57 yrs	$p = 0.031$

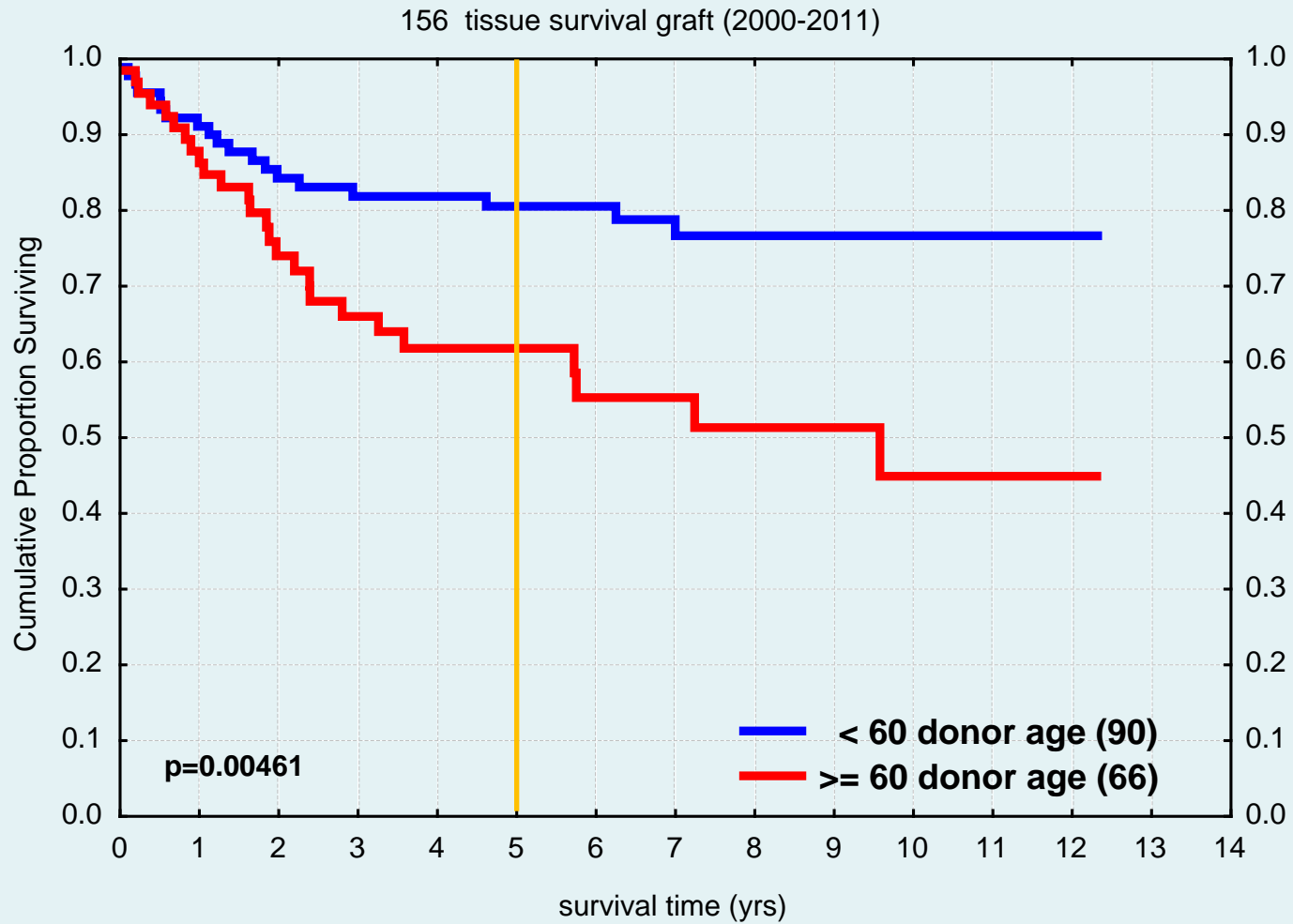
Kaplan Meier univariate survival analysis

First Transplants – Retransplants



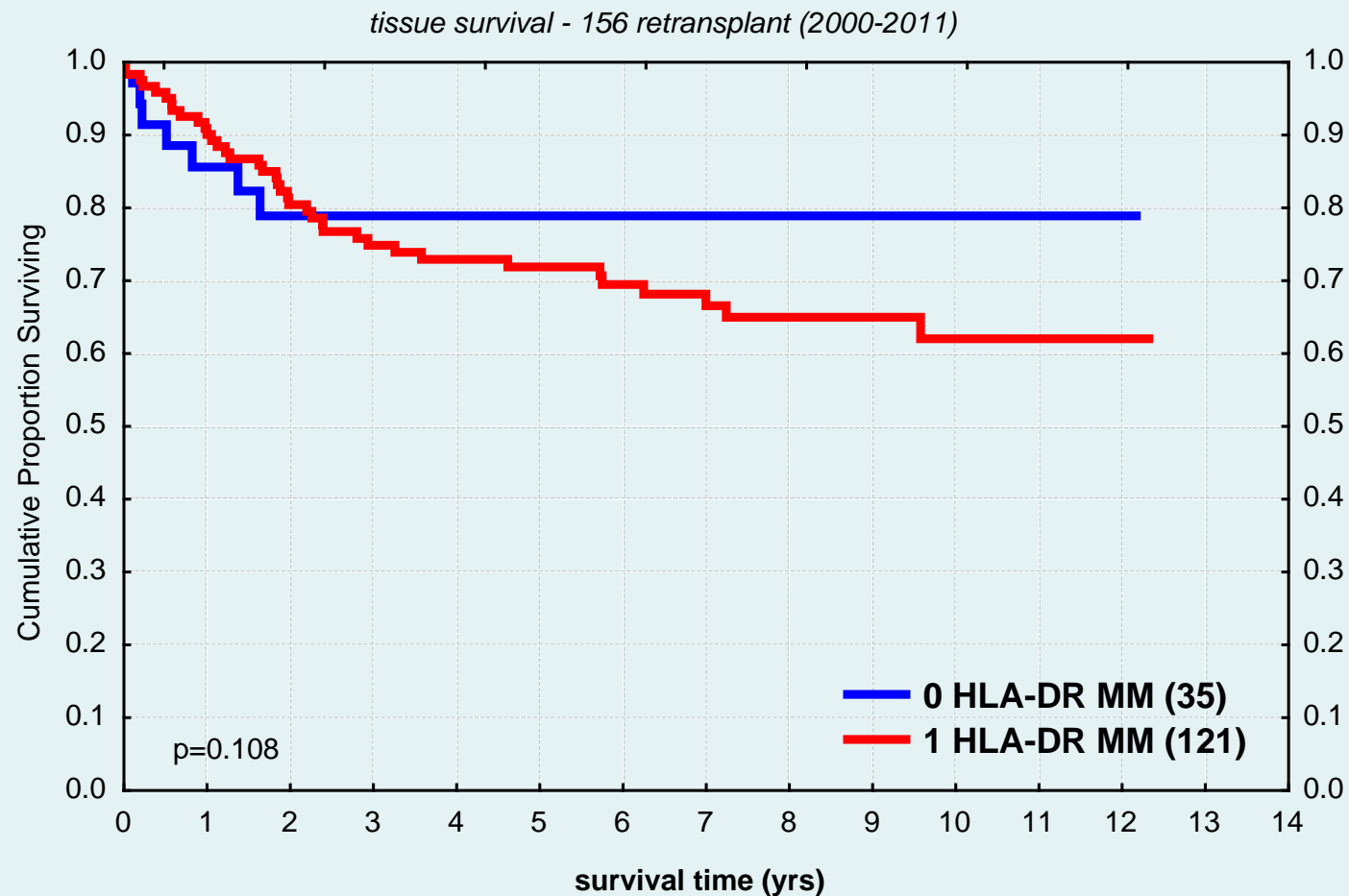
Kaplan Meier univariate survival analysis

Retranplants



Kaplan Meier univariate survival analysis

Retransplants HLA Class II MISMATCHES

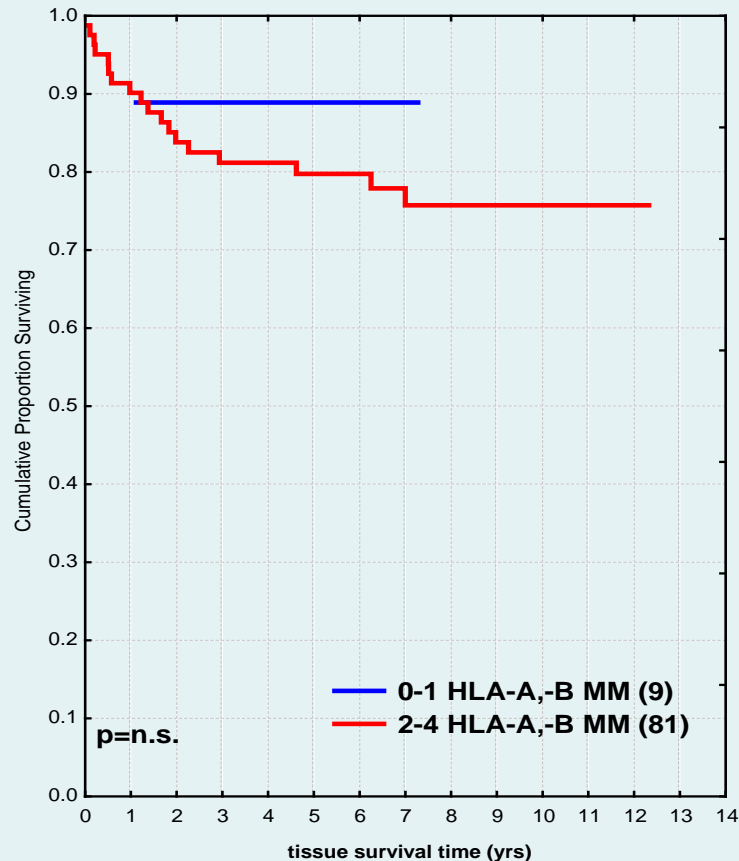


- influence of HLA class I (loci A and B) matching seems not to be relevant for graft survival
- HLA class II MM (locus DRB1) shows a better trend for survival (0 HLA-DR MM)

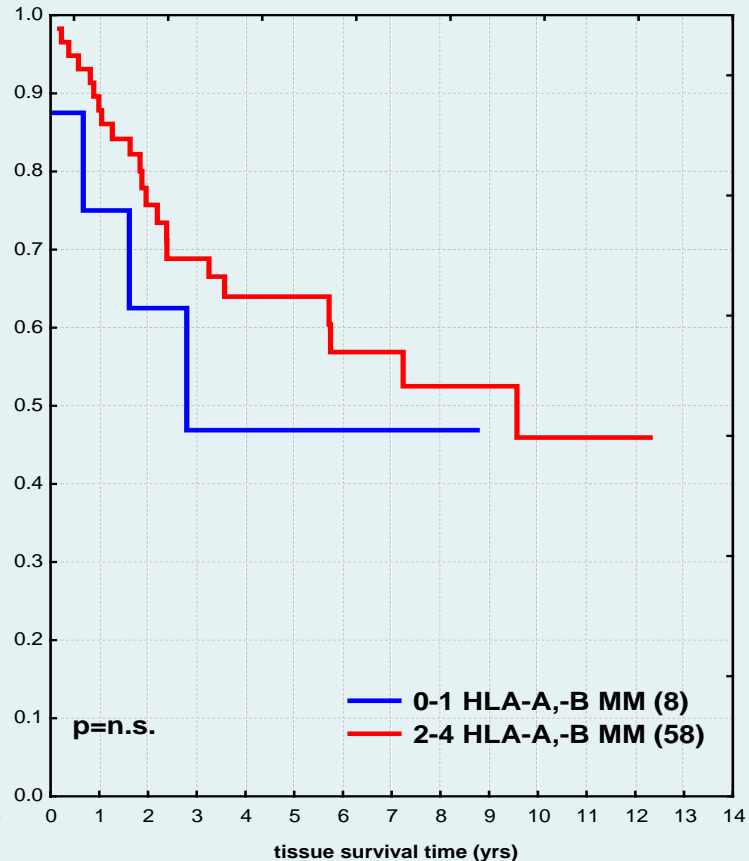
Kaplan Meier univariate survival analysis

Retranplants HLA CLASS I MISMATCHES

DONOR AGE <60 YRS



DONOR AGE ≥60 YRS

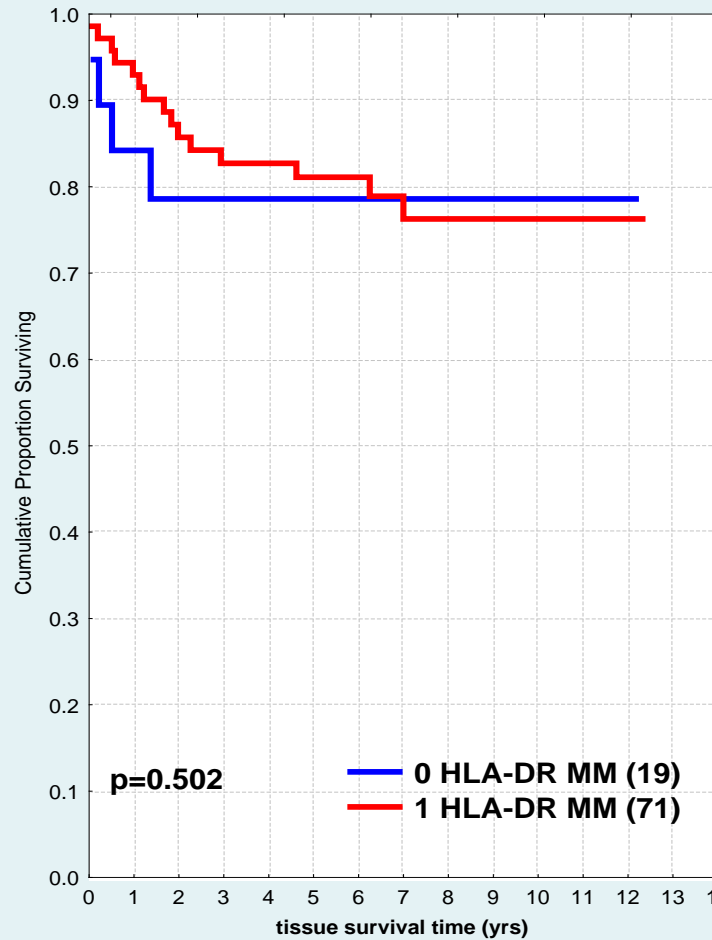


influence of HLA class I (loci A and B) suggests a better trend for survival for younger donors (0-1 HLA-A, -B MM), BUT not statistically significant

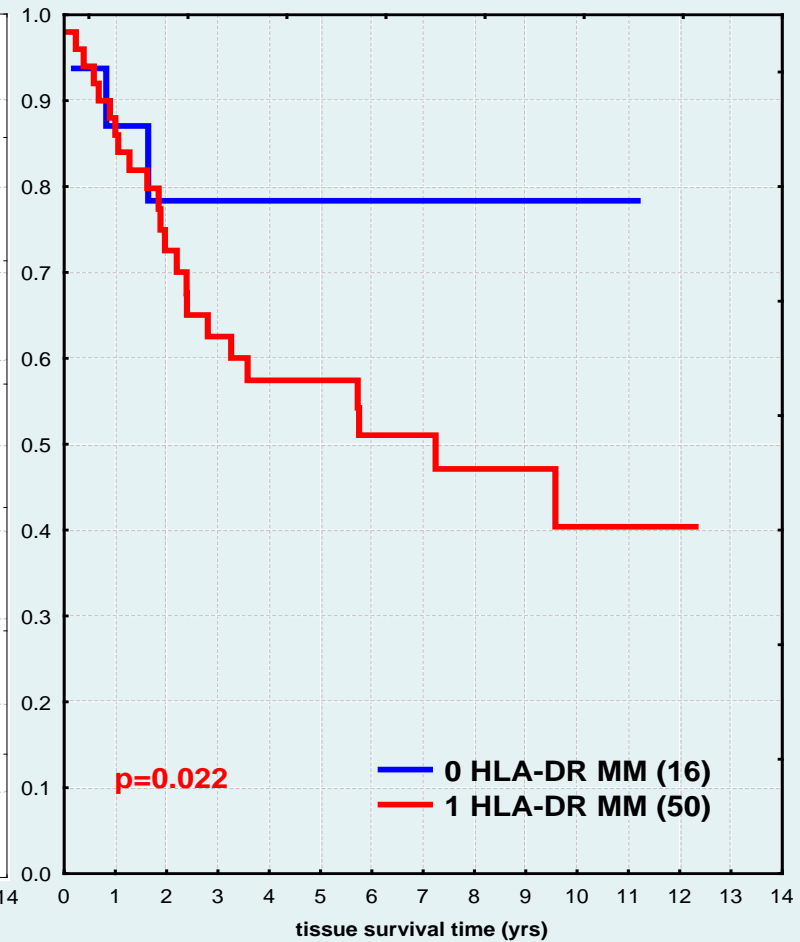
Kaplan Meier univariate survival analysis

Retranplants HLA CLASS II MISMATCHES

DONOR AGE <60 YRS



DONOR AGE \geq 60 YRS



HLA-DR MM seems to be important for donor age \geq 60 yrs

PROPORTIONAL HAZARD COX REGRESSION RETRANSPLANTS

N=189	β	s.e.	RR (e^{β})	Wald stat	p
First transplant	0.2778	0.1265	<u>1.3202</u>	4.8205	<u>0.0281</u>
HLA CLASS I MM	-0.1140	0.4753	-0.8922	0.0576	0.8104
HLA CLASS II MM	0.3512	0.4116	1.4207	0.7280	0.3936
DONOR AGE<60	0.9083	0.3015	<u>2.4802</u>	9.0773	<u>0.0026</u>

- underlines the outcome of the univariate analysis,
- relative risk (RR) =2.48 for donor aged ≥ 60 yrs,
- relative risk (RR) =1.32 for failure.

Conclusions

The successful results in first HLA matched corneal transplants suggest that the fundamental idea of our transplantation program is correct.

The result of our analysis of retransplants shows that:

1. HLA class I (loci HLA-A and –B) MM is not relevant for our cohort in overall age;
2. HLA class II (locus HLA-DR) MM trend suggests a relevant role according to MM number, but we don't reach statistical significance, for poor data set in overall age;
3. according to donor age, HLA class I MM might be relevant for graft from younger donors, and HLA class II MM for graft from older donors.

TO BE DONE: a major dataset for graft and follow-up to assess the trend of the results obtained in this preliminary study, including the role of HLA matching vs. non HLA matching in cornea transplantation.



to Be Careful with my
Criticism and
Liberal with my Praise;
to Build up and
not Destroy

Thank you