

# Provision of HLA Matched Platelets

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- Patient categories
- Definitions and background
- Algorithm
- Logistics
- Statistics
- Troubleshooting / questions



# Patient Categories for HLA Matched Platelets

- Patients with platelet disorders e.g.
   Glanzmann's / Bernard Soulier's
- Prophylactic to avoid sensitisation e.g. aplastic anaemia, pre renal transplant (also HLA matched RBC)
- Refractory patient's



## Platelet Refractoriness

#### **Definition**

Increase in patient's platelet count of <10 x 10<sup>9</sup>/l between 1 and 24 hours after the transfusion of an adult dose of ABO compatible apheresis platelets on two separate occasions



## Platelet Refractoriness

#### **I**mmune

- Platelet alloantibodies
  - anti HLA (class I >95%)
  - anti HPA (<5% HPA + HLA, HPA only <1%)</li>
- Other antibodies
  - Autoantibodies
  - Drug-dependent antibodies
  - ABO antibodies
- Immune complexes

#### Non Immune (80%)

- Splenomegaly
- DIC
- Bleeding
- Consumption (egECMO)
- Infection and its treatment e.g.
   amphotericin B



#### Logistics

- Receive request
  - Fax forms
- Assess request
- Tissue type and HLA antibody screen patient
- Panels searched to select donor
- Issue platelets
- Obtain increment data
- Weekly review meetings

FORM FRM558/1.1 Effective: 09/11/09

#### First Request for HLA Selected Platelets

NB for products to weekends	support N	AIT/FMA	AT please contact H8	l Filton during	g norma	al working h	nours ar	nd Issue	e at evenings and			
PATIENT'S N	IAME											
DoB	Blood G	roup		CMV status								
Hospital	Hospita											
Ward				In Patie	nt 🗌		Out Patient					
Pulse Hosp Co	ode			Hematos Reference								
Male		Fem	ale 🗌	Adult [	]		Paediatric					
				Weight			Weight					
Doctor				Consult	ant							
Bleep Number		Hosp	ital Phone No	Blood B	ank P	hone No		Fax I	No			
Diagnosis												
Clinical Deta	ils											
								_				
Treatment			Post Chemo	Post BMT		ATG			G			
Reason for Re	quest		Prophylactic	Poor			Increments					
Previous plate	let trans	fusion		Reaction	Pack type		Fresh		ABO comp			
Last Date	pre		.post	Yes/No	Pool/Apheresis		Yes/No		Yes/No			
Prev Date	Prev Date prepost			Yes/No	Pool/	Apheresis	Yes/No		Yes/No			
Other Non In	nmune F	Reason	ns									
Bleeding	Fever		Splenomegaly		Infect	ion 🗌	DIC Antimicrobials		icrobials 🗌			
Number of Un	its and	Date R	lequired for Initi	al Reques	t Only	,						
CMV neg requ	ired		Yes	No 🗌								
Signature	Print Name											
For NHSBT use	only											
HLA/HPA type	HLA/HPA type Typed in House				Recei	ved 🗌	Not typed samples requested 🗌					
Antibody Results Pos				Neg ☐ Not tested ☐								
Antibody Resul	ts											
Authorised by												
Name			Time									
Comments												
Advice given												



#### **Key Points**

- Blood group
- Previous transfusion data
- CMV requirement
- FRM559

Cross-Referenced in Primary Document:SOP3064

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FORM FRM559/1.4 Effective: 18/11/10

#### Request for HLA Selected Products - Second and Subsequent Orders

For first requests use FRM558 for HLA or HLA & HPA selected products e.g. for refractory patients
FRM503 or FRM604 for hyperconcentrated units
For HPA 1a/5b negative neonatal units contact Filton H&I weekdays or Hospital Services department
evenings, weekends and bank holidays

Fax/Telephone Local H&I Laboratory

Evenings, weekends and bank holidays

Fax/Telephone Local Hospital Services Department

Receipt of this fax must be confirmed by telephoning the relevant NHSBT department Please give as much notice as possible when requesting these selected products

Patient Details														
Surname:							Fore	name:						
DOB:							Sex:	Male	e/Fema	ile				
ABO group and Rh type							CMV	statu:	s:					
Red Cell Phenotype:										* for re	eaues	ts for re	d cell	s or
Hospital:		Hospital/NHS No:												
Requirements														
Ad Hoc orders	Please date/ti unlike	me re	these quired be less	produ	cts are orm the hours	non se request from	tandard ester of orderin	d and N	time red HSBT w lay. The nay take	ill ender	ım del	ivery tir	ne is	
Date and time of transfusion:	avaiia	, intro	,	abiy ni	A Sele	ected t	Deliv		tails e.	_				-
Type of component required (Blood/Platelet): e.g. CMV neg /PAS/Irradiated	-		_'_				Lates	st time	for del	ivery _	/_			_:-
Number of Units	1					Г	7	Т	1					Г
Required:														Ĺ
or		Mon		Tues		Wed	<u> </u>	Thurs		Fri		Sat		S
Standing orders	NB	Stand	ding o	orders	must	be re	eviewe	d at le	ast mo	onthly				-
Start and end date:	Star	t:						End:						
Component type and frequency: e.g. 3x week														
Delivery details:														
Requested by	Date	e and	l time	of red	quest:									_
Signature:								Print r	ame:	ils:				
Amendment to Order	ĺ													_
														_
Discussed with:														

Cross-Referenced in Primary Document: MPD304 & SOP3064

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#### **Key Points**

- Date and time of transfusion
- Latest time for delivery
- CMV requirement
- Check for updated forms



#### Logistics

- Receive request
- Assess request
- Tissue type and HLA antibody screen patient
- Panels searched to select donor
- Issue platelets
- Obtain increment data
- Weekly review meetings



## Platelet Selection

- Local and national lists searched manually
  - Tissue type
  - HLA antibodies
  - CMV status
  - Lysin
  - Availability and location
  - HPA type and antibodies
  - Blood group
- Memos generated and faxed



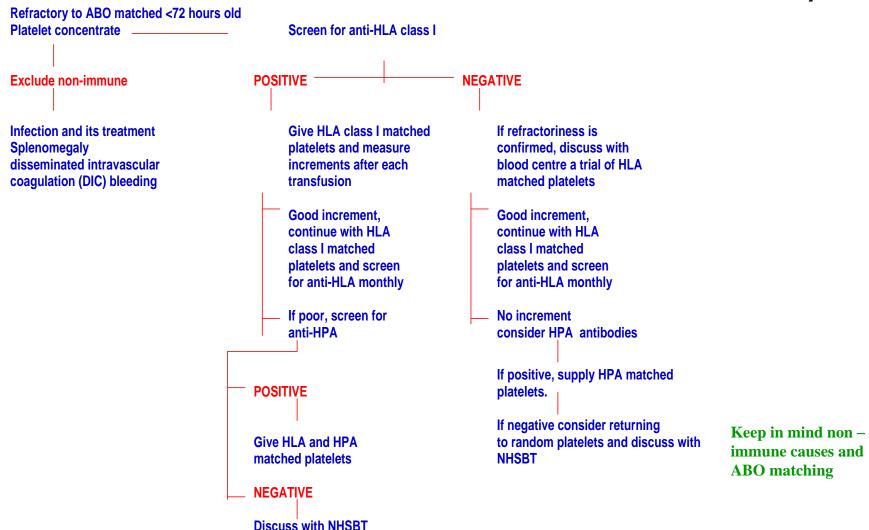
## Platelet Match Grades

#### Match Grades (HLA A and B locus)

- A = Full match (30%)
- B1 = 1 MM antigen
- B2 = 2 MM antigens
- B3 = 3 MM antigens
- B4 = 4 MM antigens
- SEL = selected

### Algorithm for management of patients refractory to random donor platelets







#### Logistics

- Receive request
- Assess request
- Tissue type and HLA antibody screen patient
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- Issue platelets
- Obtain increment data
- Weekly review meetings

## Increment Data Form



PATIENT DETAILS										
Name:	«FirstName» «La	actNama	w							
DOB:	«DateOfBirth»		ABO/Rh:	«ABO»«Rh»						
Hospital:	«HospitalName»	<b>&gt;</b>	Hospital Number	er:«HospitalNumber»						
DONATION DETAILS										
Donation Number:	«Dnt_DonationN	lo»	Date Bled:	«Dnt_DateBled»						
Pack Number:	«Dnt_ProductDe	esc»	Match Grade:	«MatchGrade»						
Planned transfusion Date:										
TRANSFUSION D	ETAILS FOR C	OMPL	FTION BY THE	HOSPITAL						
TRANSI GOIGIN D	LIAILO I ON C	JOINI L	LIION DI IIIL	HOOFTIAL						
PLEASE RETU	RN THIS FORM TO T	THE ADDR	ESS OR FAX NUMB	ER AT THE TOP						
DATE AND TIME OF TRA	ANSFUSION:									
Pre transfusion count:x10 <sup>9</sup> /l Date and time:										
Post transfusion count:x10 <sup>9</sup> /l Date and time:										
ANY CLINICAL RESPONSE / SYMPTOMS? PLEASE GIVE DETAILS:										
ADVERSE REACTION TO TRANSFUSION? YES/NO IF YES PLEASE GIVE DETAILS:										
SIGNATURE:		ı	DATE:							

Who should fill this in?



### Increment Return Rates

 National average return rate 2012 only 33% (36% Sheffield)

• Range 58 – 6%



## Reasons for Incremental Data

- To aid in platelet selection
  - Identify unacceptable antigens
  - Identify acceptable antigen
- To achieve better clinical response
- To identify if HPA testing is required
- To identify if PAS is required
- To identify if further samples are required for HLA antibody testing
- To not waste a precious resource
- To save money



#### **Platelet increments**

#### Patient WS A2 B7 antibodies 96% A3++

Date	Donor type	Pre	Post
		count	count
04/5/05	A2,30B7,40	5	6
09/5/05	A2 B7,27	7	33
11/5/05	A2 B40	9	30
17/5/05	A2,24 B7,39	6	3
18/5/05	A2 B7,27	3	45
23/5/05	A2 B7	15	53
27/5/05	A2 B40	6	34

Courtesy Andrea Harmer



## Cost 2012/13

• Platelets (1 adult dose) £209.30

#### **Premium**

<ul> <li>HLA matched</li> </ul>	£174.10
<ul> <li>CMV-ve</li> </ul>	£8.10
• PAS	£112.09
<ul> <li>Irradiated</li> </ul>	£8.08

• Total £511.67



#### Number of HLA Matched Platelets Issued

	2007	2008	2009	2010	2011	2012
Birmingham	895	1285	1313	1074	1127	1259
Bristol	1276	1153	1287	1382	1577	1648
Colindale	1780	2123	2647	2912	6685	6004
Newcastle	520	552	512	612	742	453
Sheffield	3231	3442	3313	4134	4826	4353
Tooting	1858	2730	1167	3199	4127	4721
Unallocated	336	477	1287	931	0	0
	9896	11762	13350	14174	19084	18438



## Summary

- Not an 'off the shelf' product
- Can be time consuming
- Many people involved
- Regular patient review
- Not cheap
- Communication essential