

# IDENTIFICATION OF A NEAR-MISS SENTINEL EVENT IN A DISEASED DONOR KIDNEY TRANSPLANT CANDIDATE

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## INTRODUCTION

A pre-transplant crossmatch, either virtual (VXM) or physical (PXM) is required prior to kidney transplantation. Here, we present a near-miss sentinel event involving a discrepant Virtual/Physical crossmatch results in a deceased donor offer for a kidney transplant candidate.

## PATIENT CLINICAL HISTORY

A 54-year-old male, highly sensitized (cPRA 99.99%) listed for his third kidney with twelve years of UNOS wait time received an offer from a deceased donor. VXM indicated that the patient displayed two weak donor-specific antibodies (DSA) to Cw10 and DP17, which would result in a negative T and B PXM. However, the PXM results were unexpectedly and strongly positive (T cell = 387 MCS and B cell = 331 MCS).

## HLA TYPING

A	B	Bw	C	DR	DRB345	DQB	DQA1	DP	DPA1
2	39	6	7	1		4	01	105	01
30	42	6	17	8		5	04	402	03
2	39	6	12	18	52	4	01	1	02
30	42	6	17	10		5	04	17	02

HLA typing was performed with the solid phase sequence specific oligonucleotide (SSO) method (LabType, One Lambda) Top: Patient typing; Bottom: Donor typing.

## HLA ANTIBODY TESTING

HLA antibody testing was performed on a recent serum sample with the solid phase single-antigen bead (SAB) based method (LabScreen, One Lambda). Figure 1 shows SAB testing throughout the year.

