

R-FACT Study

Risk Factors for Alloimmunization to Red Blood Cell Transfusion

A case control study

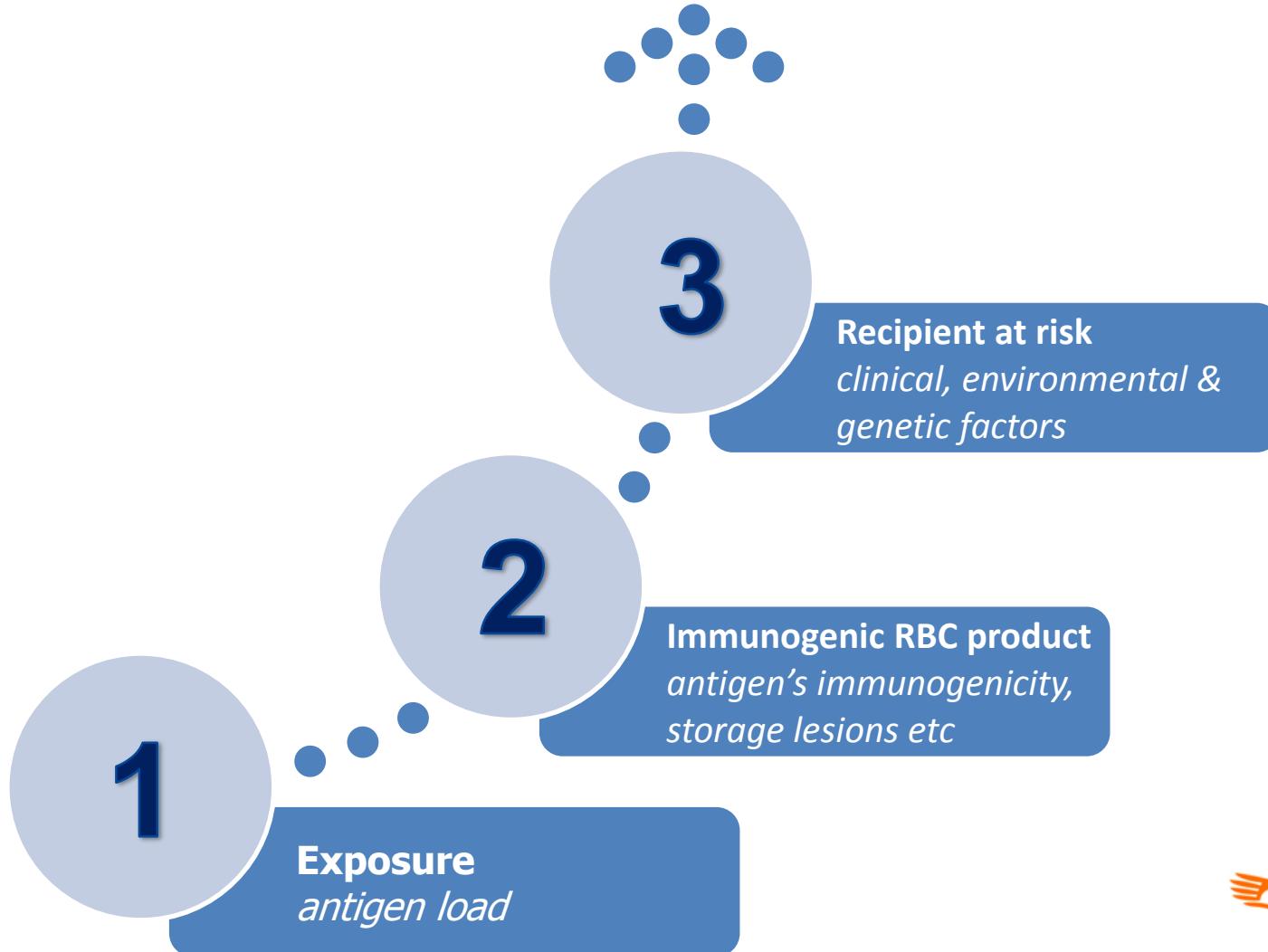
*Center for Clinical Transfusion Research
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Research objective

Identifying (recipient and donor-related) factors associated with the risk of alloimmunization after RBC transfusion:

- insight into pathophysiological mechanisms of alloimmunization
- generate a risk score with cost effectiveness modeling
- extensive matching to those mostly profiting from this

Alloimmunization

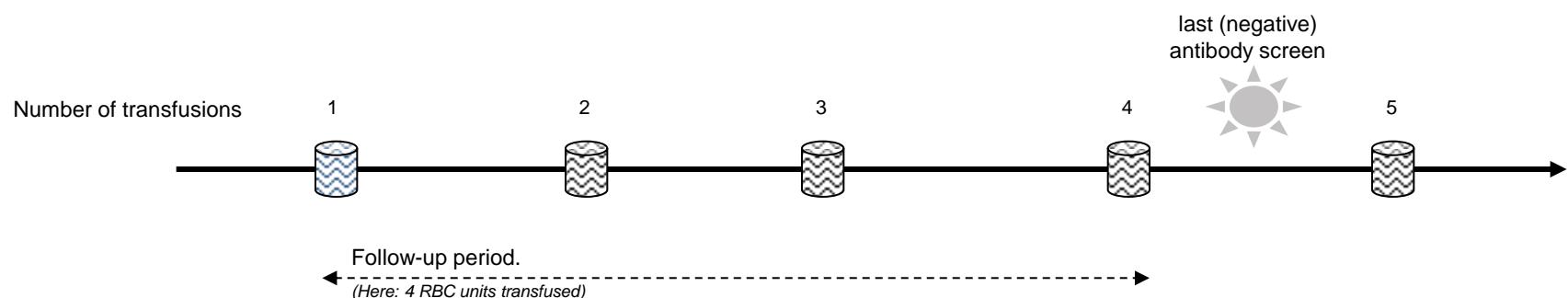


Methods

Incident new user cohort study: patients firstly transfused between 2005-2013

Follow-up until:

- non-immunized: last negative screen
- immunized: first-time alloantibody identification

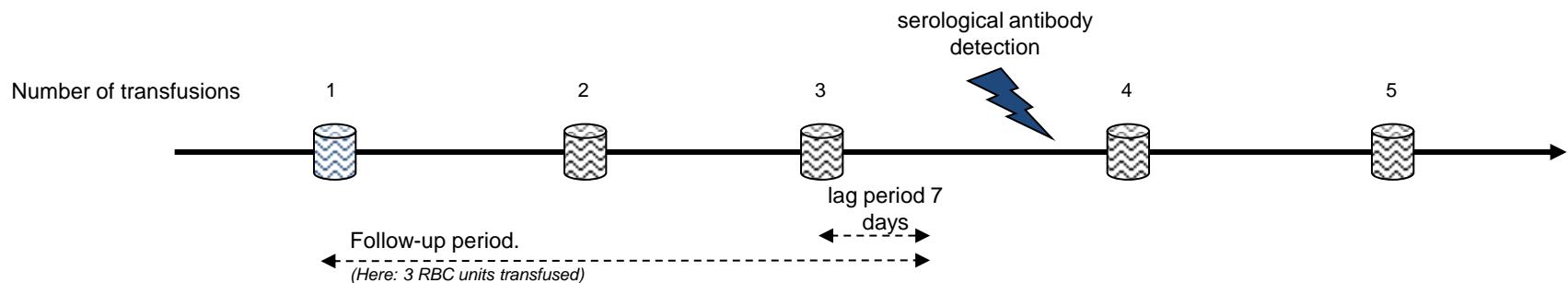


Methods

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54,347 newly transfused

Excluded (n = 30,284)

No follow-up after single transfusion episode: 25,037

Infants < 6 months of age: 4,322

Pre-transfusion positive screen: 543

Immunization to non-clinically relevant antigen: 290

Hemoglobinopathy: 38

Unidentified mismatch: 43

Immunization within 7 days of mismatch: 11

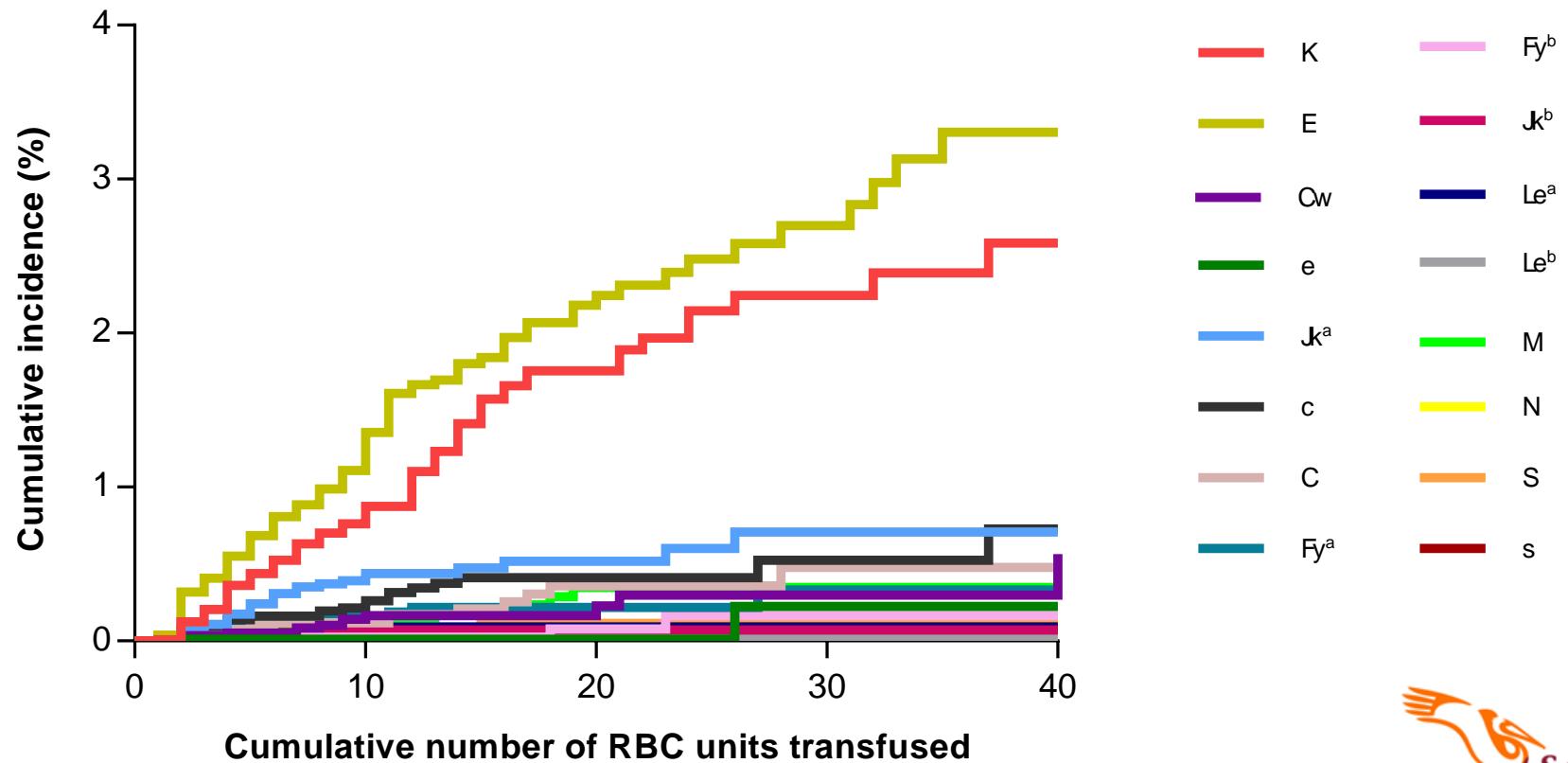
24,063 included in analysis

(women ≤ 45 years, n = 2,551)

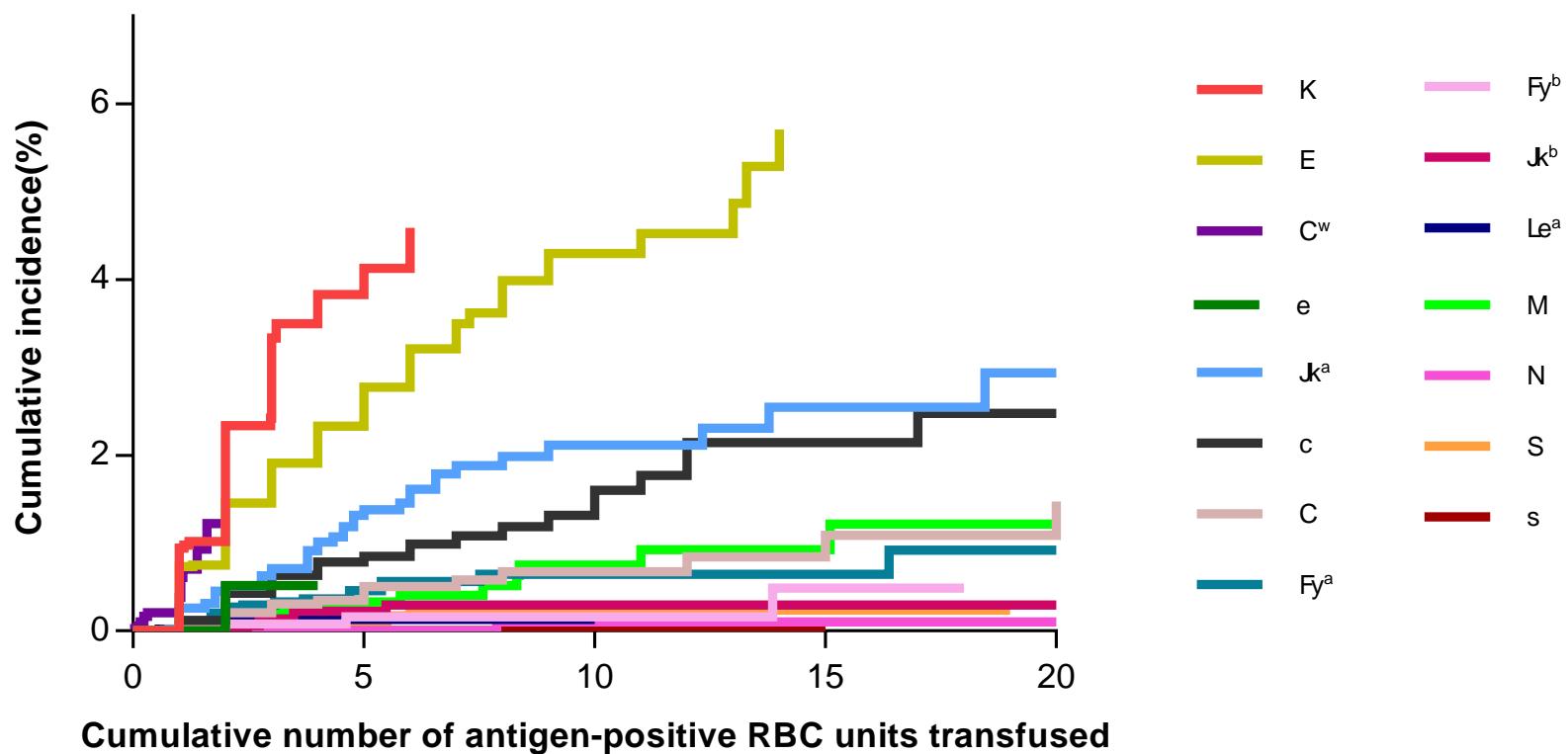
505 alloimmunized
23,558 non-alloimmunized



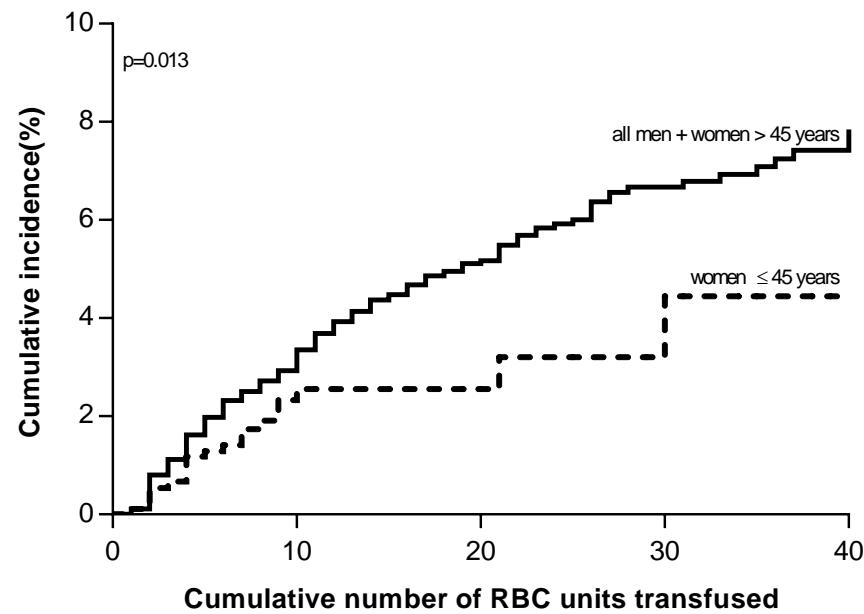
Exposure and antigen immunogenicity



Exposure and antigen immunogenicity



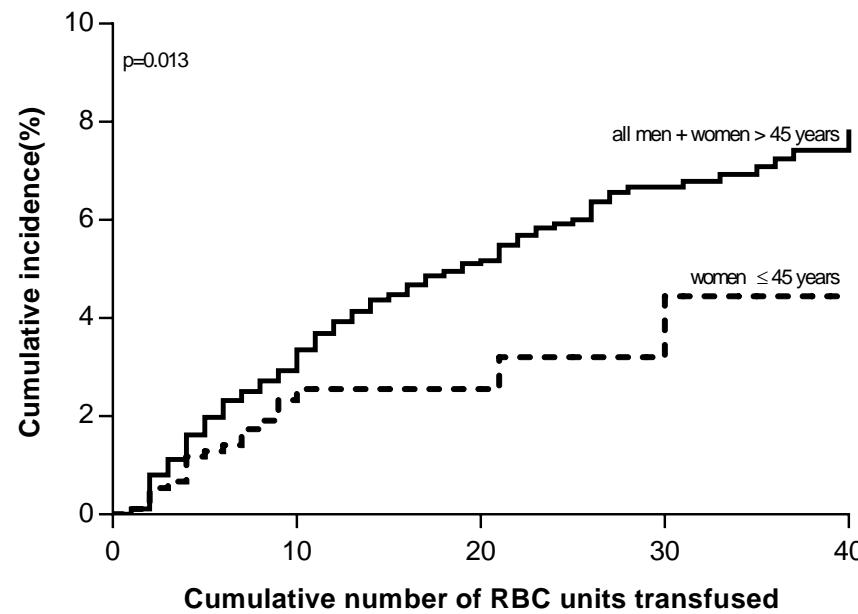
Matching is profitable



| At risk, n | 21,512 | 4,309 | 1,521 | 725 | 399 |
|------------|--------|-------|-------|-----|-----|
| - - - | 2,551 | 405 | 153 | 72 | 38 |

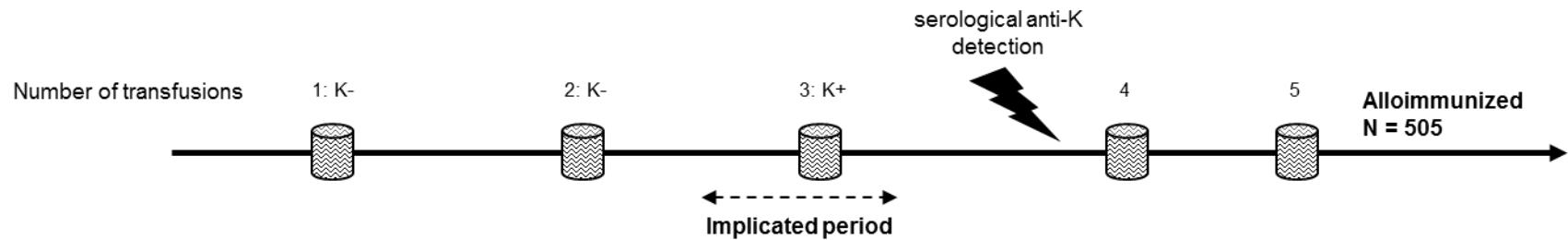
Matching is profitable

| ALL | cE | cEK | CcEK | CcEK + Jk ^a | CcEK + Jk ^a + Fy ^a | CcEK + Jk ^a + Fy ^a + C ^w |
|------|-----|-----|------|------------------------|--|---|
| 100% | 45% | 69% | 76% | 83% | 86% | 88% |



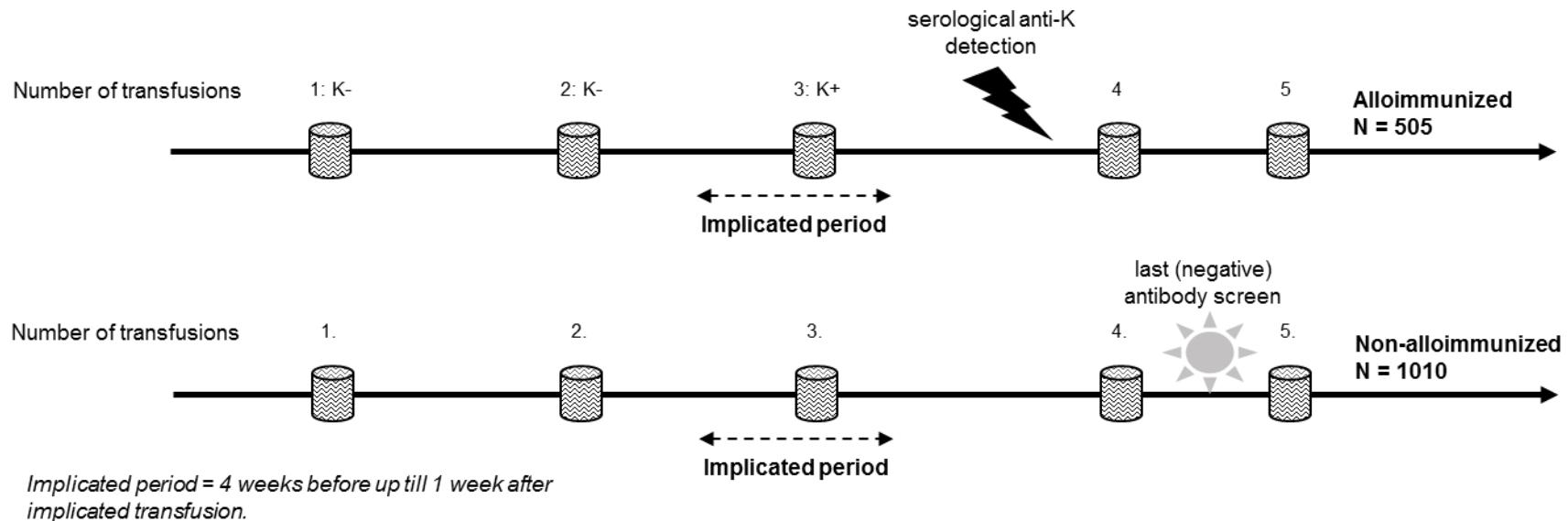
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Clinical Risk Factors



Implicated period = 4 weeks before up till 1 week after implicated transfusion.

Clinical Risk Factors



Immunosuppressants

TABLE 3. RR of alloimmunization in patients using only corticosteroids, only other immunosuppressants, and both compared to using none of these*

| Immunosuppressive therapy | Case patients | Control patients | Crude RR† (95% CI) | Adjusted RR‡ (95% CI) |
|---------------------------|---------------|------------------|--------------------|-----------------------|
| None | 93 | 150 | 1 (ref) | 1 (ref) |
| Only corticosteroids | 43 | 99 | 0.68 (0.43-1.08) | 0.70 (0.42-1.16) |
| Only immunosuppressants | 1 | 3 | 0.45 (0.04-5.00) | 0.51 (0.04-7.1) |
| Both | 10 | 51 | 0.28 (0.13-0.59) | 0.19 (0.07-0.53) |

† Adjusted for the matching variables (number of matched transfusions and hospital).

‡ Adjusted for matching variables (number of matched transfusions and hospital); sex, age, COPD, infection, fever, transplants, allergies autoimmune diseases, leukemia, lymphoma, chemotherapy, surgeries, trauma, diabetes Type 1, and diabetes Type 2.

**Corticosteroids and/or immunosuppressants:
adjusted RR 0.55 (0.34-0.91)**

TABLE 1. Immunosuppressive medication use (n = 207 patients) among total study population of 468 patients

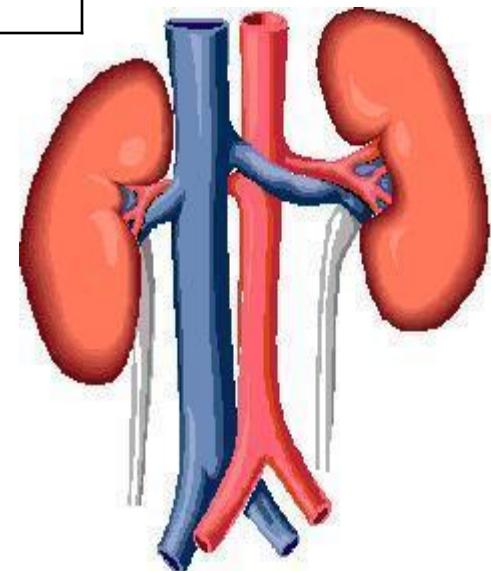
| Medication | Number (%) |
|-------------------------|------------|
| Prednisolone/prednisone | 104 (50.2) |
| Dexamethasone | 97 (46.9) |
| Hydrocortisone | 50 (24.1) |
| Methylprednisolone | 34 (16.4) |
| Other | 1 (0.5) |
| Cyclosporine | 34 (16.4) |
| Mycophenolate mofetil | 37 (17.9) |
| Azathioprine | 5 (2.4) |
| Antithymocyte globulin | 9 (4.3) |
| Basiliximab | 16 (7.7) |
| Tacrolimus | 22 (10.6) |
| Thalidomide | 3 (1.4) |
| Other | 1 (0.5) |

Preliminary results

Dialysis

| | Crude OR | Crude OR 95% | Adjusted OR | Adjusted OR 95% |
|---|----------|--------------|-------------|-----------------|
| Dialysis | 0.616 | 0.402-0.943 | 0.620 | 0.390-0.985 |
| eGFR<30 ml/min gedurende ≥ 1 week | 1.027 | 0.968-1.089 | 1.028 | 0.964-1.095 |
| Kreat > 500 µmol/L (minimaal 1-malig) | 0.630 | 0.425-0.933 | 0.621 | 0.406-0.949 |
| Kreatinin > 500 µmol/L (\geq 1 measurement) without dialysis | 0.929 | 0.422-2.044 | 0.872 | 0.386-1.971 |

Adjusted OR: adjusted for age, gender, DM2, cardiac morbidity, ICU admission, CABG, surgery, use of immunosuppressants.



Other potential associated factors

- Inflammation: fever, infection (and type e.g. bacterial vs viral), (coronary) atherosclerosis, COPD, leucopenia / -cytosis, CRP values
- Auto-immune diseases (and type)
- Malignancies: type, disseminated, treatment (chemo- / RTx, SCT)
- Surgery, ICU admission
-

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