

PIRCHE, DRTC and CTLp Are Directly Correlated with HLA Mismatch and May Be Predictive of Rejection in Kidney Transplant Patients

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Background

- Despite advances in transplant immunology, the complex interactions between HLA mismatch, cellular immune responses and transplant outcomes are not fully understood.
- While HLA compatibility is the cornerstone of pre-transplant risk assessment, the complex interaction between HLA mismatch and the recipient's immune response leads to unpredictable graft survival.
- This complexity highlights critical gaps in predicting transplant rejection risks. Therefore, improved prediction strategies are essential for ensuring sustainable transplant success.

Research Objectives

- Assess the combined predictive power of donor-reactive T cell (DRTC) frequency and Predicted Indirectly ReCognizable HLA Epitopes (PIRCHE) analysis for acute rejection in kidney transplant recipients.
- Evaluate the correlation between the degree of HLA mismatch and cytotoxic T lymphocyte precursors (CTLp) frequencies.

Experimental Schema

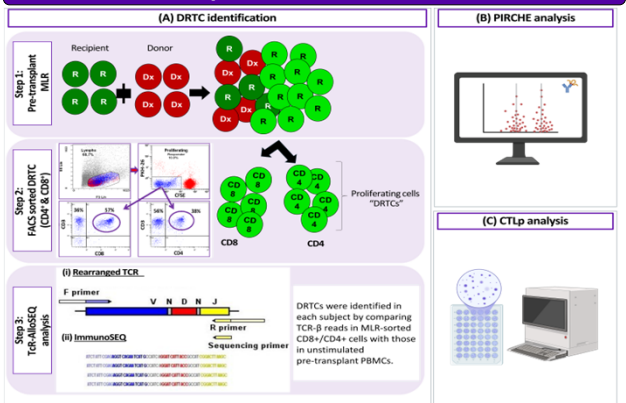


Figure 1. Experimental schema. (A) DRTC identification. CFSE-labeled recipient (R) and PKH-labeled irradiated donor (Dx) PBMCs were co-cultured to generate (R) DRTCs, followed by identification and FACS sorting of CD4⁺/CD8⁺ DRTCs. The TCR-β chains of sorted DRTCs were then amplified and sequenced using TCR-Seq to identify repertoire of TCR sequences. Additionally, (B) PIRCHE and (C) CTLp analysis were done to determine the extent of immune responses based on the degree of HLA mismatches between (R) and (Dx).

CD4⁺/CD8⁺ DRTC vs. HLA Mismatch

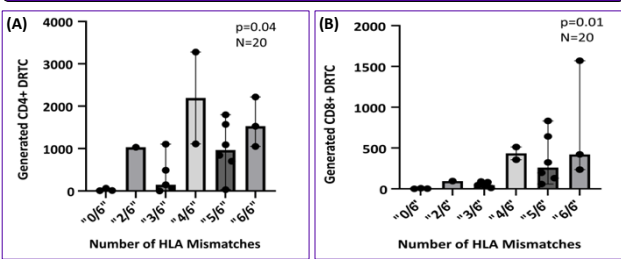


Figure 2. (A) CD4⁺ DRTC and (B) CD8⁺ DRTC in relation to number of HLA Mismatches. Generated (A) CD4⁺ DRTC and (B) CD8⁺ DRTC were evaluated based on the degree of HLA mismatches in kidney transplant recipients (n=20). HLA loci included two alleles each of HLA-A, HLA-B, and HLA-DR for a maximum 6/6 HLA mismatches. The generation of CD4⁺/CD8⁺ DRTCs significantly correlates with the degree of HLA-mismatch between donor and recipient.

PIRCHE-II Correlation with Total DRTC

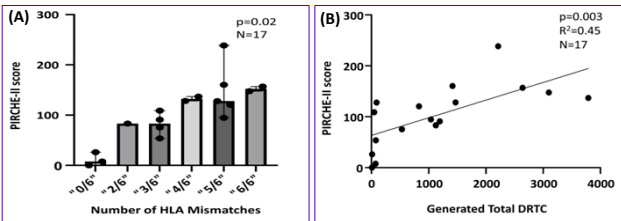
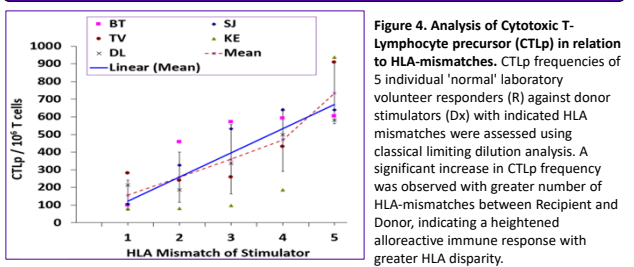


Figure 3. PIRCHE-II Correlation with (A) number of HLA mismatches and (B) Total DRTC. (A) Higher PIRCHE-II scores correlates significantly with a greater number of HLA-mismatches (n=17). (B) PIRCHE-II scores linearly correlated with total DRTC (n=17); data points represent individual patients.

Limitations

- Cohort size. Next step is to expand the cohort to achieve sufficient statistical power and representativeness.
- Lack of mechanistic findings. Incorporate in-depth analysis to investigate the precise molecular and cellular mechanisms driving the observed correlation between generated DRTCs, PIRCHE-II scores, CTLp frequencies with HLA mismatches.

CTLp frequency vs. HLA Mismatch



Increased PIRCHE-II scores & CD8⁺ DRTC in Abnormal Biopsies

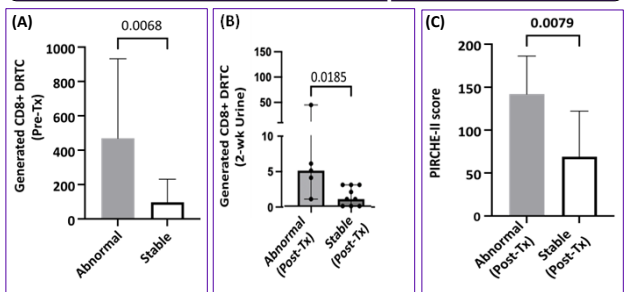


Figure 5. Elevated (A-B) CD8⁺ DRTC and (C) PIRCHE-II scores is associated with the occurrence of post-transplant (post-tx) abnormal biopsies (Stable=9, Non-stable=5). Increased post-tx CD8⁺ DRTC and PIRCHE-II scores in abnormal biopsies indicate the presence of a systemic response.

Conclusion

- Our results show a direct association between the degree of HLA mismatch versus generated DRTCs, PIRCHE-II scores and CTL immune responses, with detrimental effects observed post-transplantation.
- This underscores the need for careful and comprehensive immunological evaluations of recipients against donors prior to transplantation.

Disclosure

Jeyamogan S: None. Sanders JM: None. He J: None. Niemann M: Employee of PIRCHE @ AG, a commercial entity. Xu H: None. Leventhal JR: None. Mathew JM: None.