

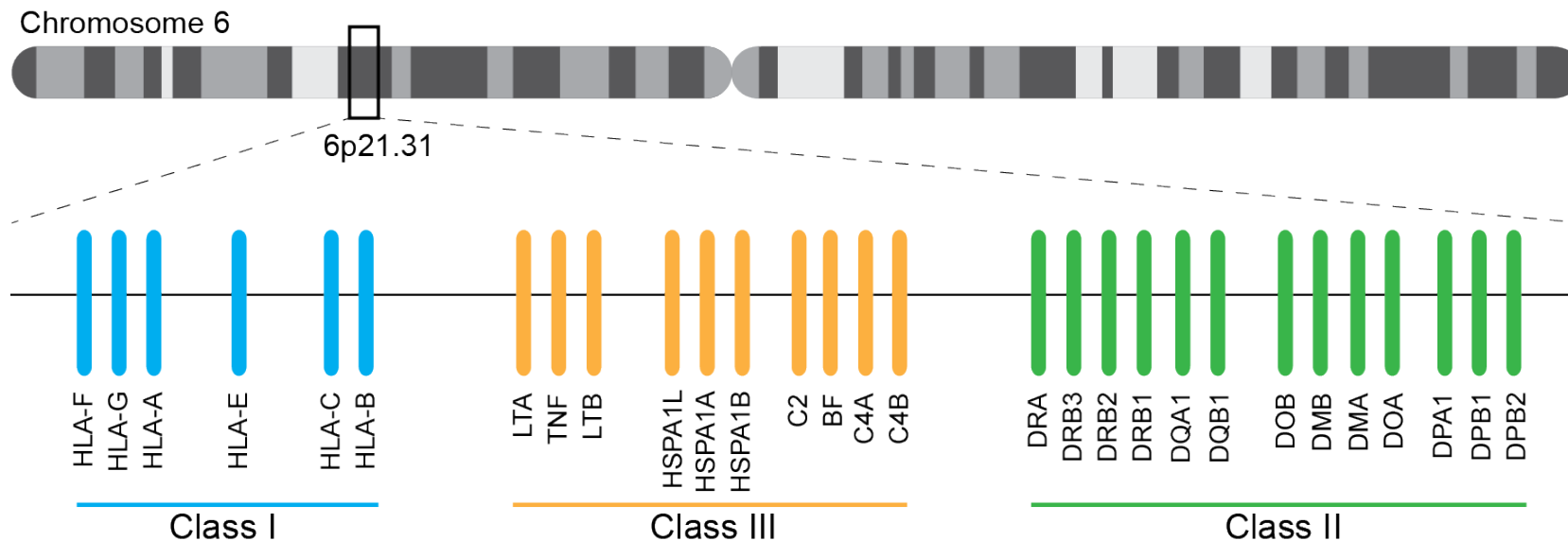


# The HLA System

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# HLA Genetic Region

- Series of closely linked genes
- Determine Major Histocompatibility Factors- surface antigens recognizing foreign tissues
- Also called MHC- Major histocompatibility complex
- 35-40 genes
- On 3 regions of chromosome 6



# HLA Classes

## Class I

- Classic Transplant molecules
- HLA-A, HLA-B, HLA-C

## Class II

- HLA-DR
- HLA-DP
- HLA-DQ
- All consist of alpha and beta chains

## Class III

- Encode diverse molecules
- C2, C4, Bf, 21-hydroxylase, tumor necrosis factor



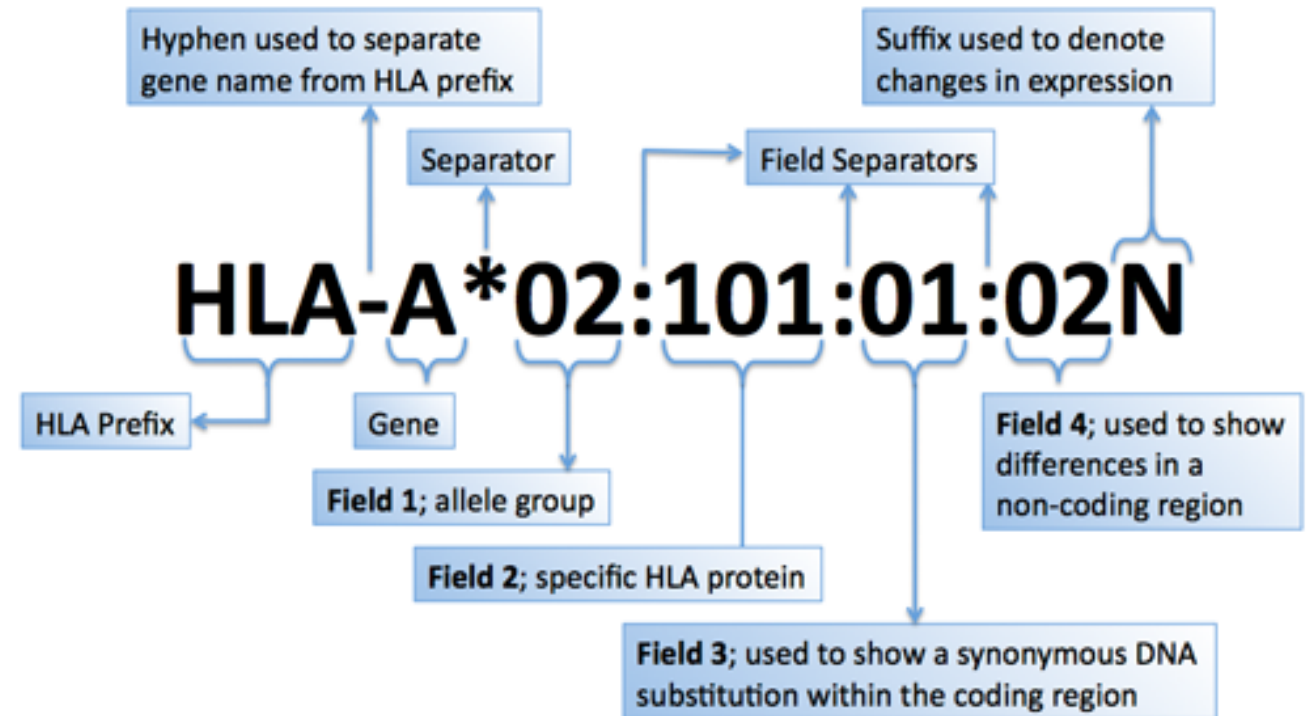
# HLA Genes

- Highly polymorphic (many different forms)
- Several alleles at each locus
- Antigenic specificity is designated by numbers
- Ex. HLA-A2, HLA-B7
- Alleles display codominantly



# HLA Nomenclature

1. HLA prefix- designates MHC gene complex
2. Capital letter- specific locus (A, B, C, D, etc.)
  - D genes= 2<sup>nd</sup> letter designates subregions (DR, DQ, DO, etc.)
3. Class II- A or B designates alpha or beta (ex. DRA2)
4. Broad allele family- 2 digit numeral
5. After ':' gives 2 digit numeral for specific allele/protein

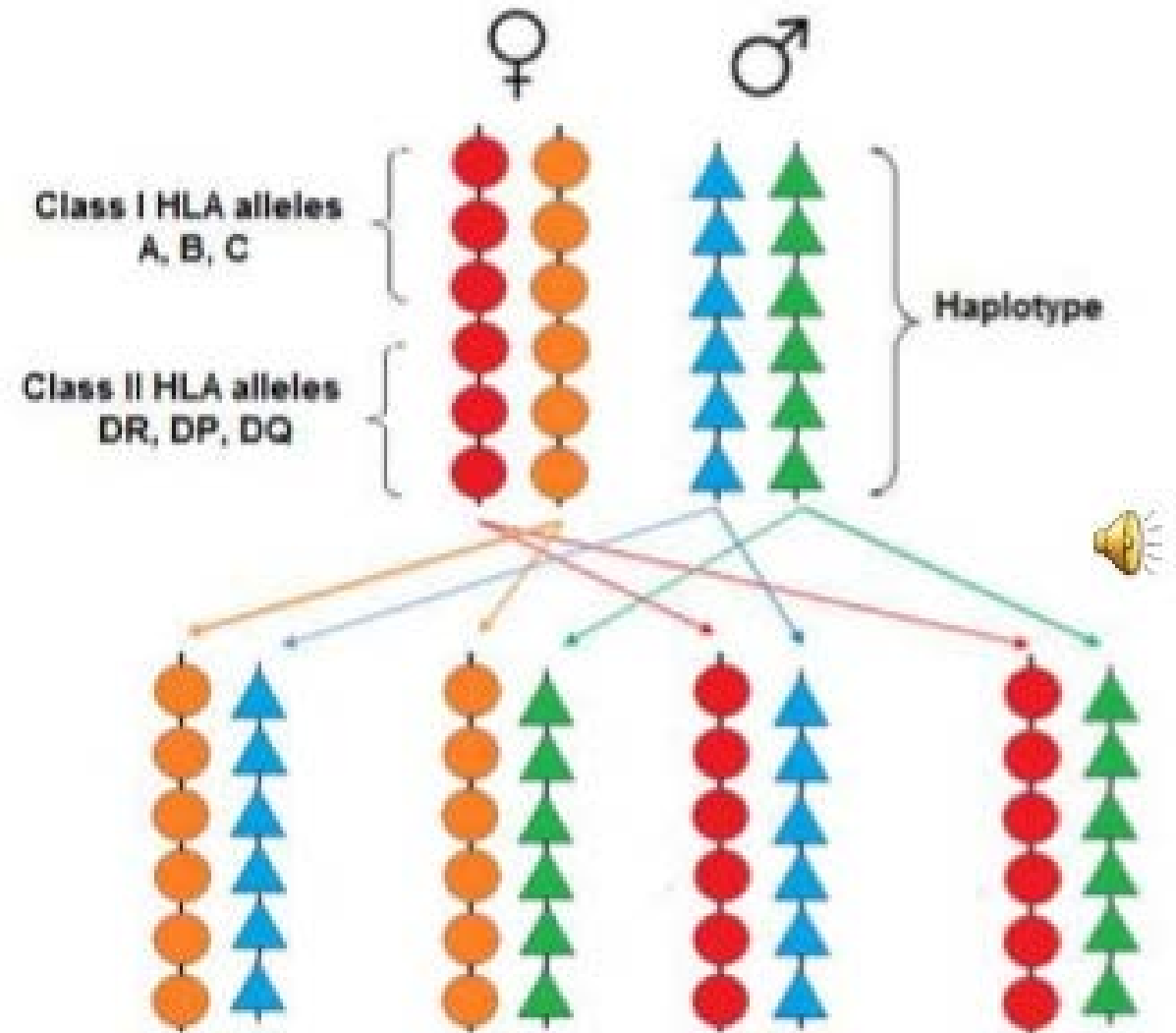


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# Inheritance

- Physical linkage of HLA genes on chromosome
  - All genes on chromosome usually inherited together
- Haplotype = entire set of A, B, C, DR, DQ, DP genes
- Inherit one whole set from mother and one from father
  - Usually 4 combinations possible
- Siblings = highest chance of match



# Terms

- Phenotype- antigens on surface
- Genotype- association of alleles on two chromosomes
- Haplotype- allelic makeup of a single chromosome



**Phenotype, genotype and haplotype of HLA**

Tester	A	B	C
	A1     A2 B8     B12	A1     A1 B8     B12	A1     A1 B8     B8
Pheno type Genot ype	HLA-A1, 2: B8, 12	HLA-A1: B8, 12	HLA-A1: B8
	HLA-A1, A2	HLA-A1, A1	HLA-A1, A1
	HLA-B8, B12	HLA-B8, B12	HLA-B8, B8
Haplot ype	HLA-A1 - B8/A2 - B12	HLA-A1 - B8/A1 - B12	HLA-A1 - B8/A1 - B8



# HLA Gene Products

- Globular glycoproteins with 2 non-covalently linked chains

## Class I

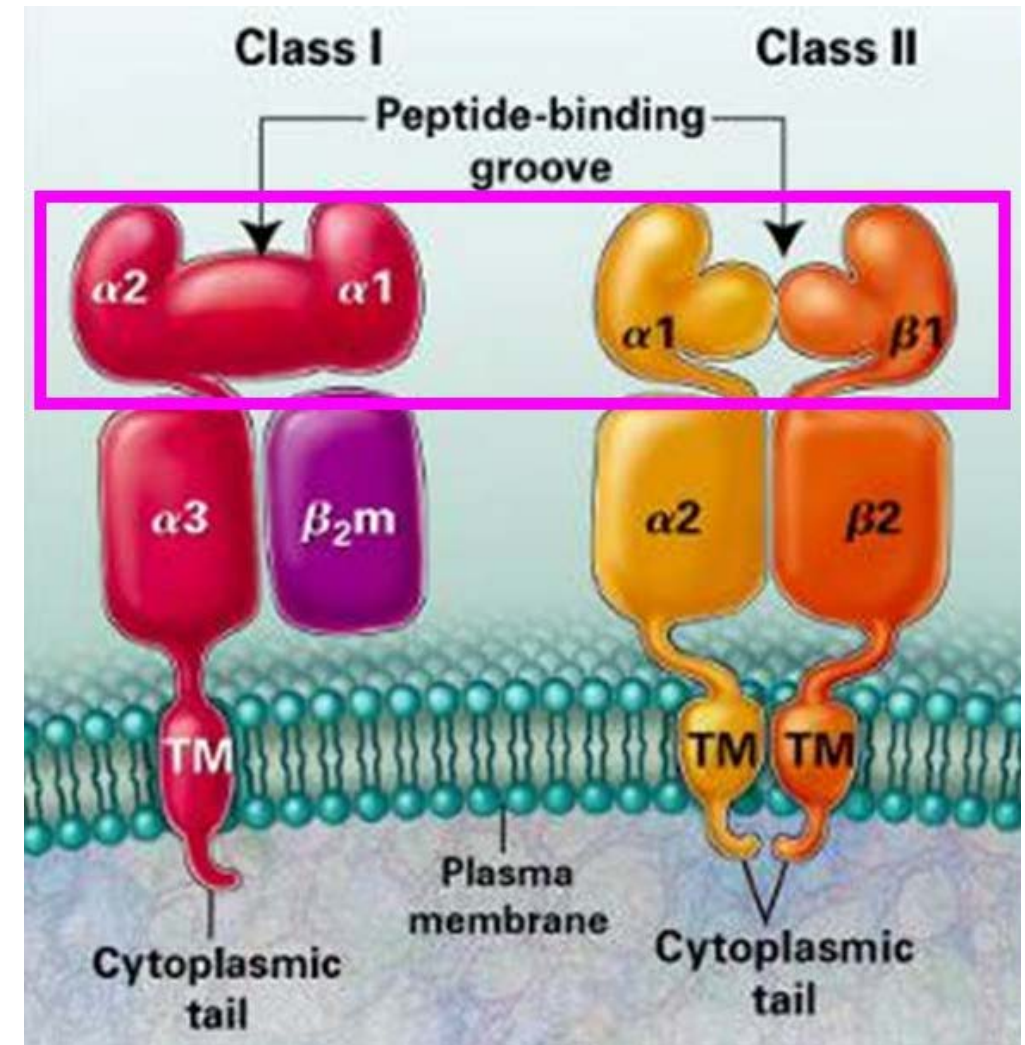


- ☐ One heavy chain +  $\beta_2$ -microglobulin
- ☐ Heavy chain folds into 3 domains
- ☐ Heavy chain inserts into membrane

## Class II



- ☐ Two similar sized chains
- ☐ Both chains insert into membrane
- ☐ Fold into 2 domains:  $\alpha$  and  $\beta$





# HLA Antigen Locations

## Class I

- All nucleated cells
- Dendritic cells
- Platelets

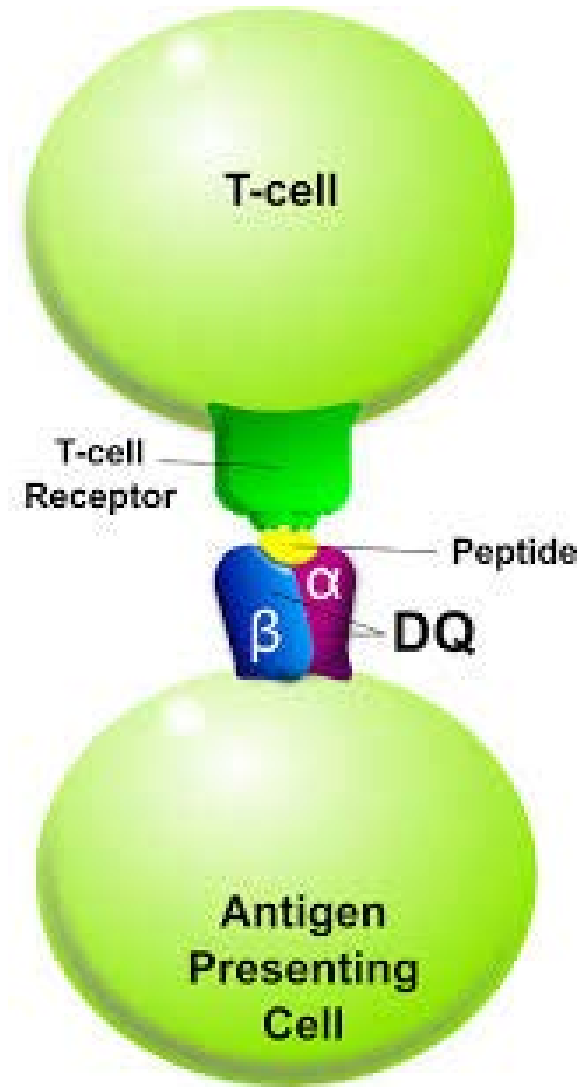
## Class II

- B lymphocytes
- Activated T lymphocytes
- Macrophages
- Monocytes
- Endothelial Cells



# Function

- HLA I and II- Discrimination at a molecular, cellular, and species level between self vs. non-self
- Present foreign proteins to T cells
- Evolved to present a large range of foreign antigens



# Antibodies to HLA

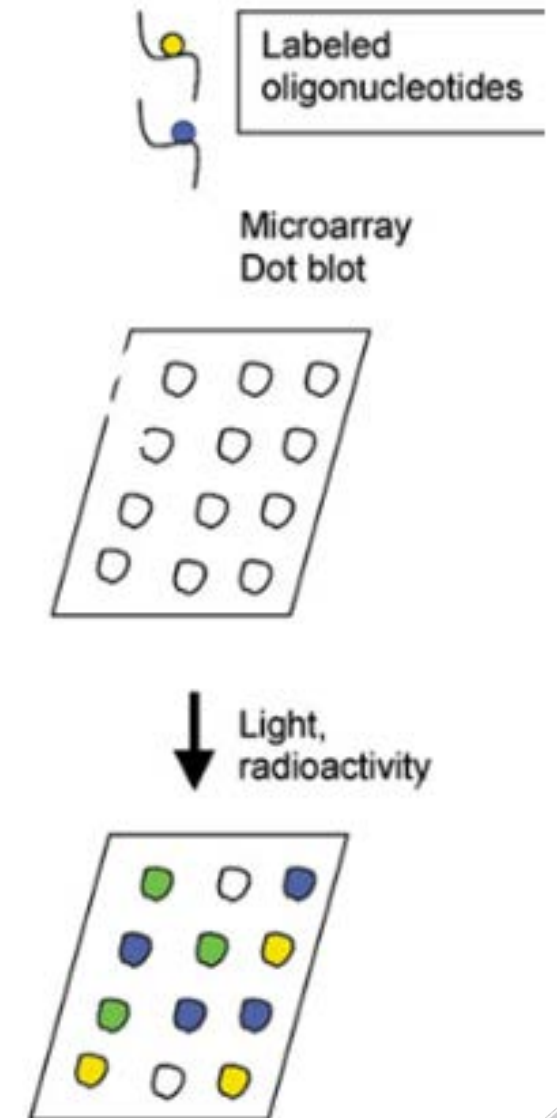
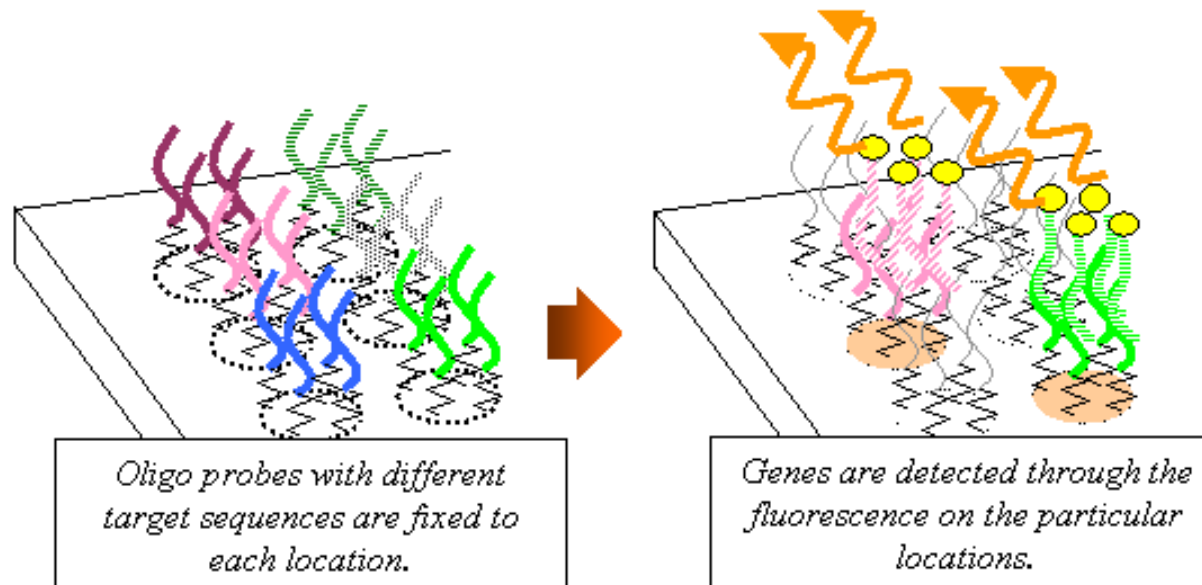
- Majority are IgG
- Two groups:
  - Private antibodies: detect single HLA gene product
  - Public antibodies: detect more than one HLA product
- Can have crossreactivity:
  - Antiserum directed against one HLA antigen reacts with other antigens as well
- Associated with:
  - Accelerated graft rejection
  - Poor response to platelet transfusion
  - TRALI (Pulmonary infiltrates/respiratory distress)



# Molecular Genotyping

## Sequence-Specific Oligonucleotides (SSO)

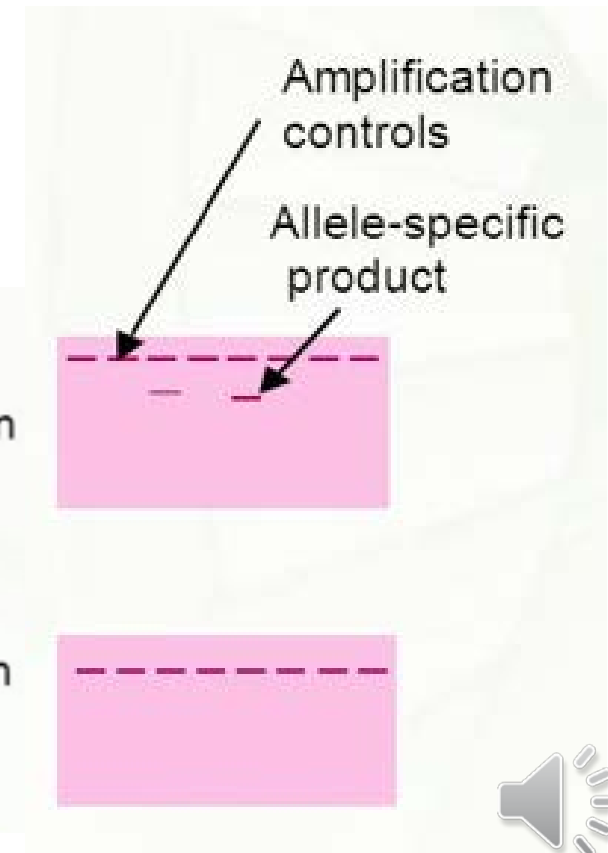
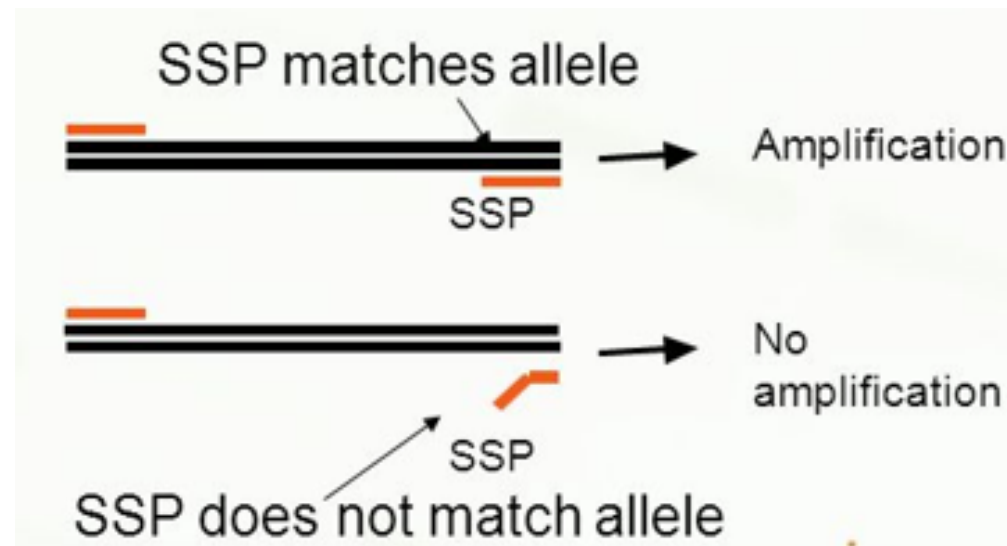
- PCR amplification with primers flanking chosen sequence
- Amplified DNA denatured and hybridized with oligonucleotide probe for allele-defining DNA
- Probes are enzymatic or fluorescent



# Molecular Genotyping

## Sequence-Specific Primers (SSP)

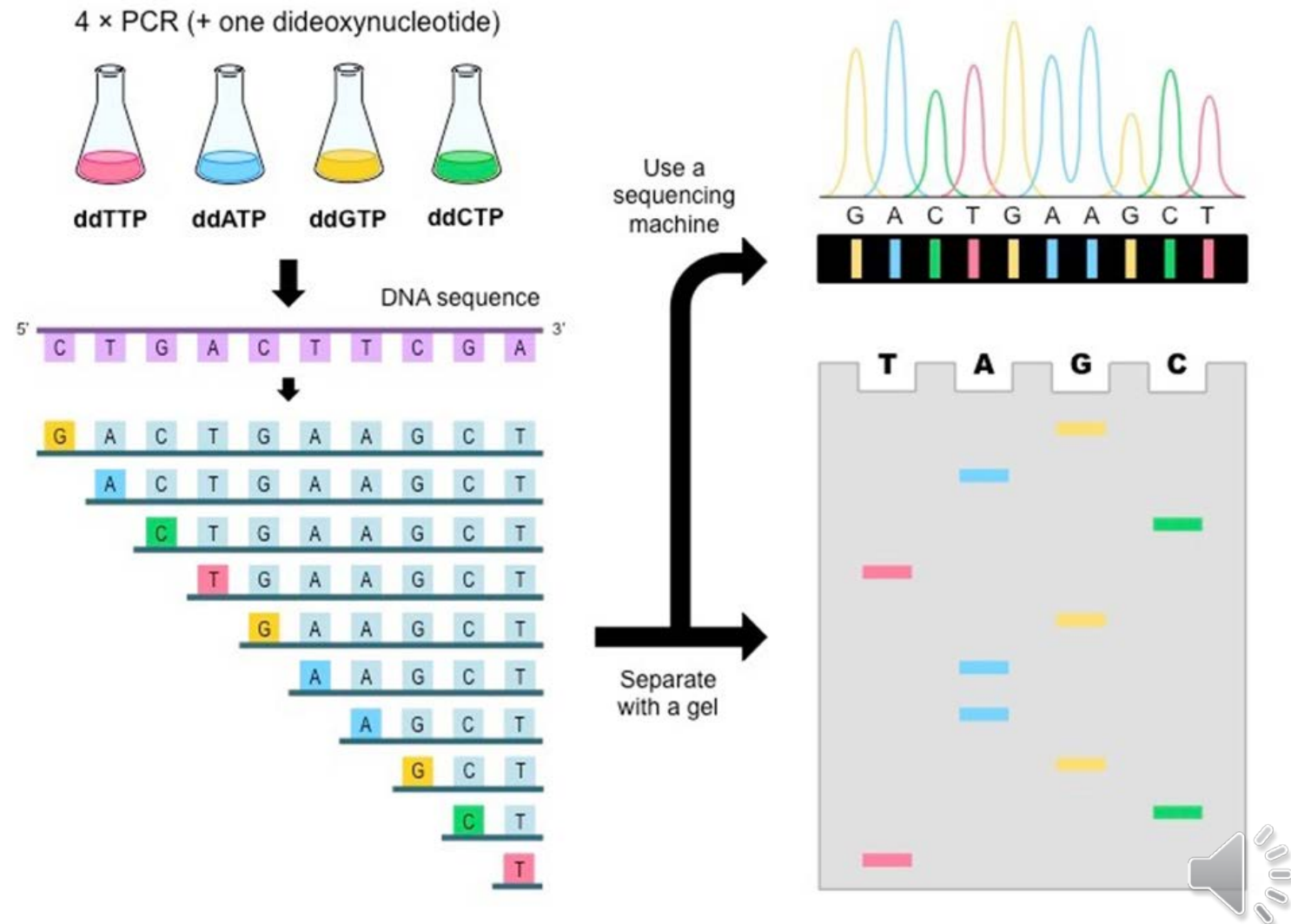
- Primers for PCR amplification target specific DNA sequences
- Sequences identify an HLA allele
- Look for presence or absence of amplification products by gel electrophoresis



# Molecular Genotyping

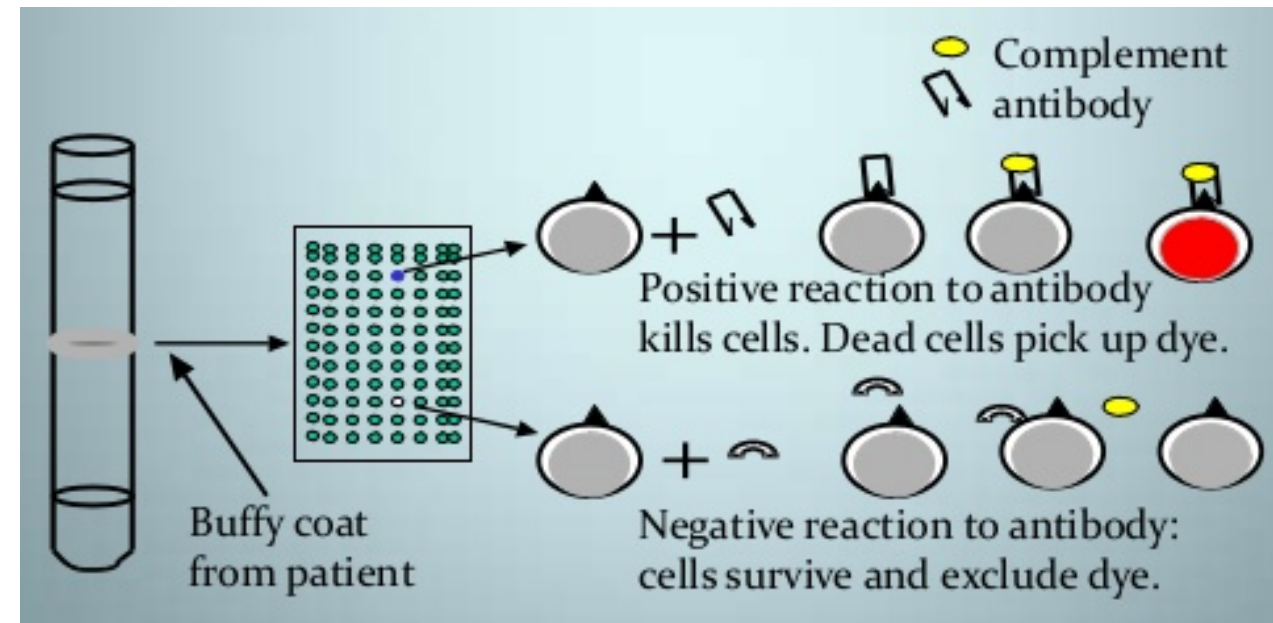
## Sequence Based Typing

- Determine nucleotide sequence either by molecular cloning or PCR
- Incorporate ddNTPs labeled with fluorescent dyes
- ddNTPs lack hydroxyl group-terminate chain
- Use the dye and gel to determine the sequence
- Heterozygotes will have mixed fluorescent signals at one position



# Microlymphocytotoxicity

- Identify HLA antibodies and Crossmatches
- Incubate serum (antibodies) with leukocytes (donor/reagent), exogenous complement, and fluorescent dye
- Antibody present:
  - Binds leukocytes
  - Activate complement
  - Forms holes
  - Holes allow dye to enter
- Antibody not present – dye can't enter cell
- >40% take up dye = positive reaction



# Disadvantages of Cytotoxicity Testing

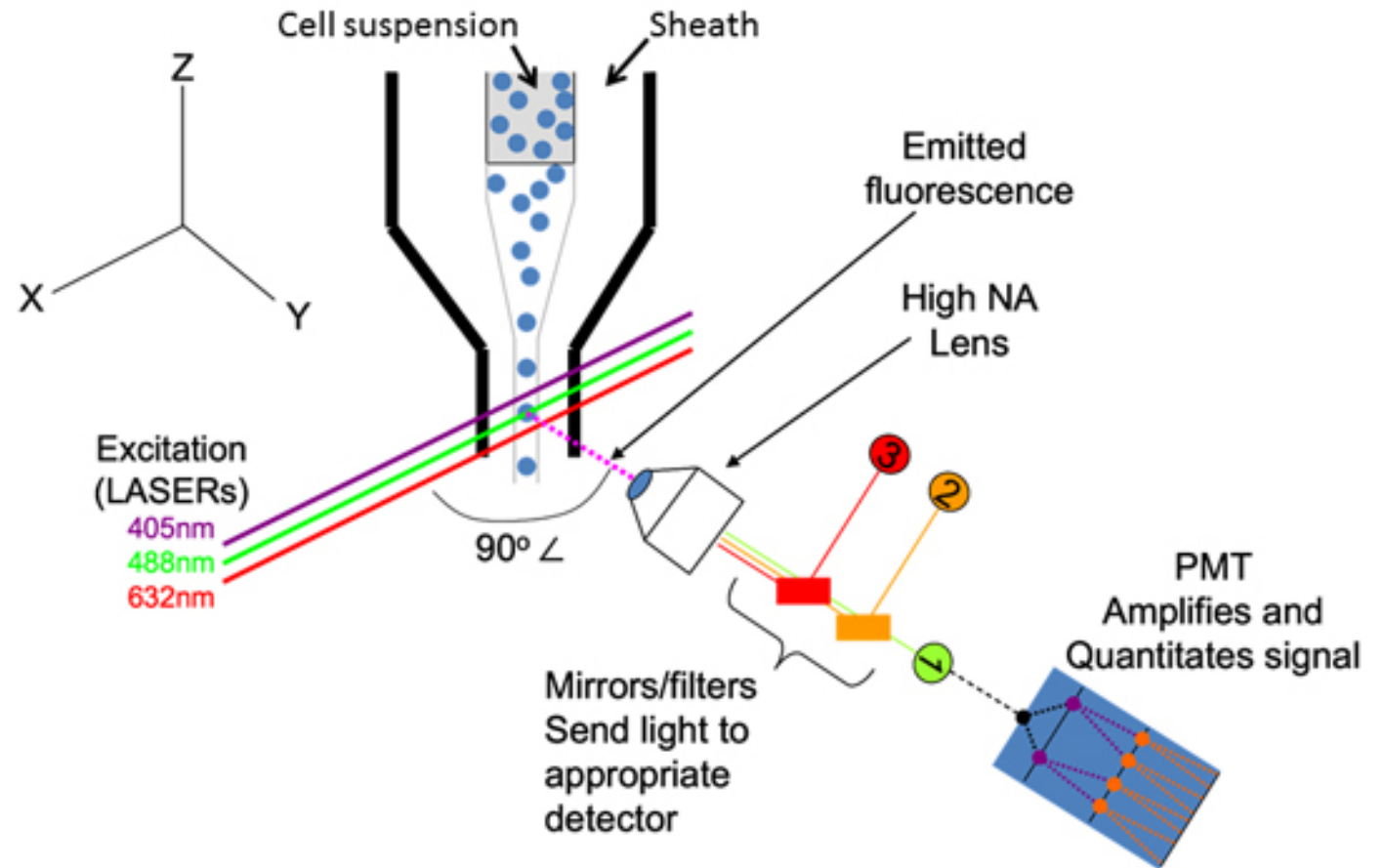
- Need cells for testing
- Frozen lymphocytes are more fragile
- Low titers may not be identifiable
- To increase sensitivity:
  - Increase incubation time
  - Add wash step
  - Add DTT
  - Add AHG reagent





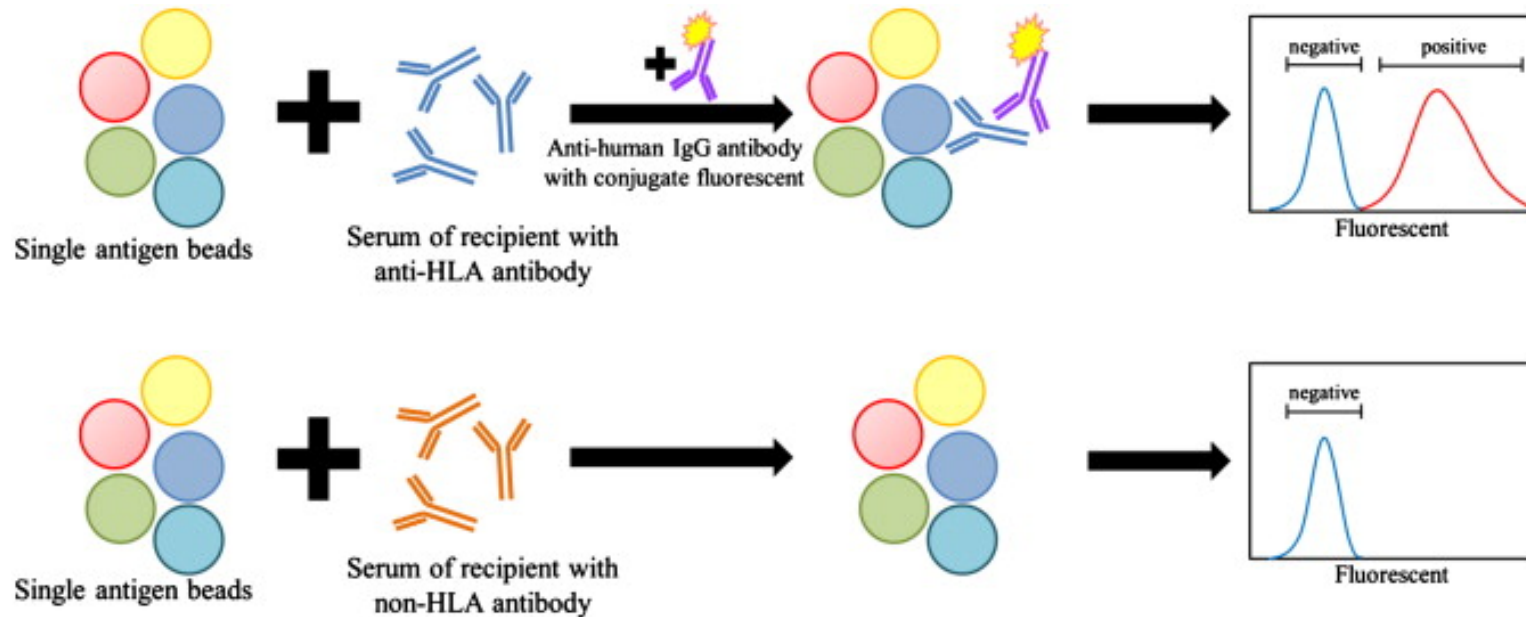
# Flow Cytometry

- Antibody detection
- Incubate serum with donor lymphocytes
- Wash lymphocytes and add fluorophore-labeled anti-immunoglobulin
- Flow cytometer uses laser to emit fluorescence and quantitates



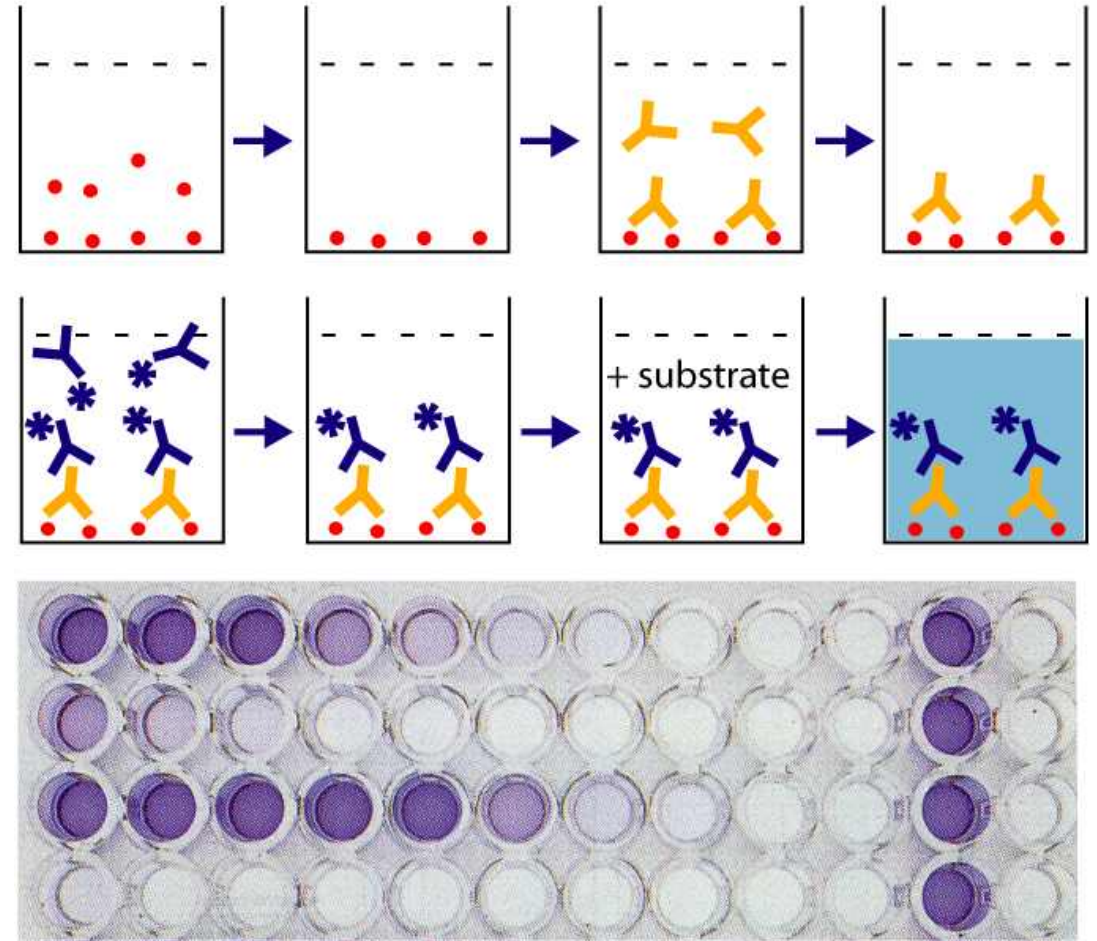
# Multiplex Single-Antigen Bead Immunoassay (SAB)

- Use recombinant individual HLA proteins
- Test serum against proteins bound to microbeads
- Anti-Ig binds to antibody and labels microbead with fluorophore – measured by flow cytometer
- Define antigen specificity of anti-HLA antibodies
- More sensitivity than previous ELISA methods



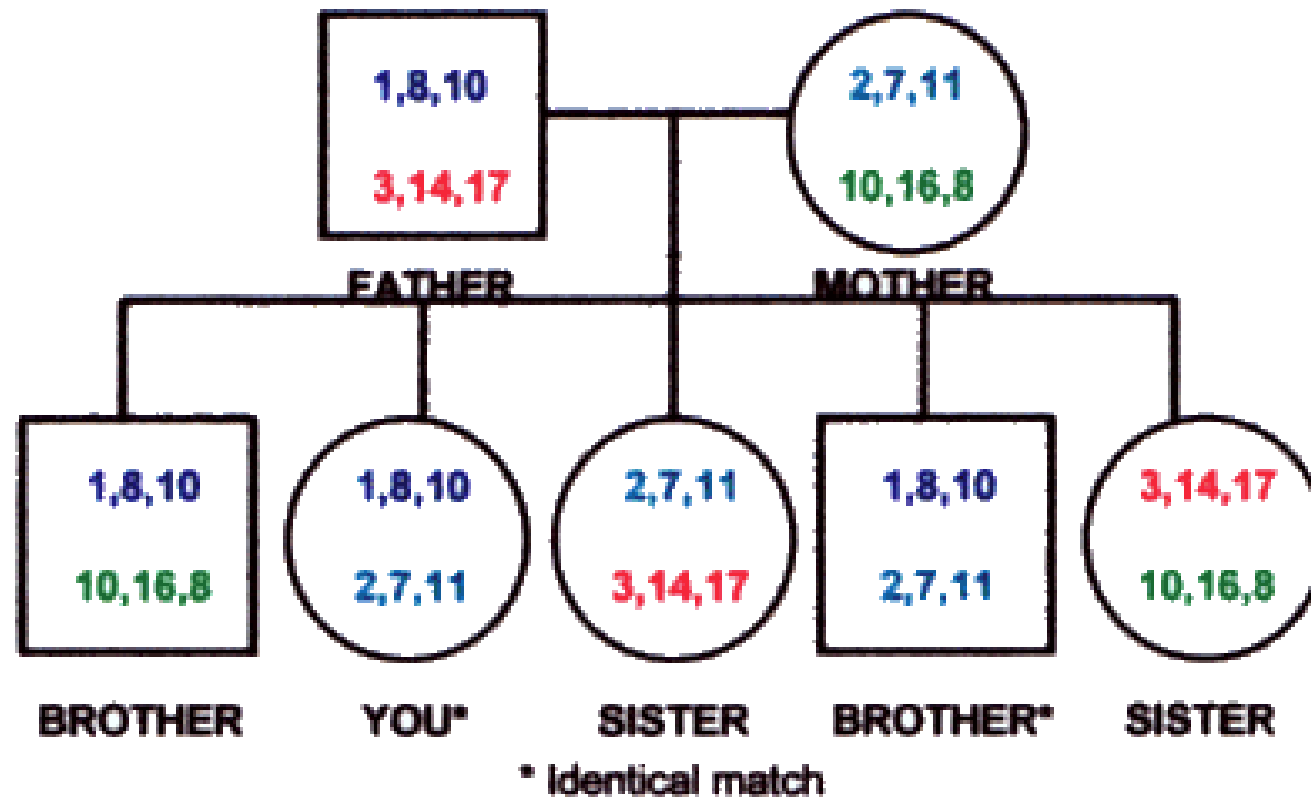
# ELISA

- Test for antibodies to platelet glycoproteins (HLA and HPA antigens)
- Separate microwell coated with different glycoproteins
- Can also have antibodies in microwells to detect antigens



# Clinical Significance of HLA System- Paternity

- HLA typing helps determine paternity
- More common to use DNA typing today



# Clinical Significance of HLA System- Disease Association

- HLA antigens associated with disease susceptibility more than any other genetic marker

Disease	Associated alleles	Frequency in		Relative risk
		patients	control	
Ankylosing spondylitis	B27	9	9	87.4
Reiter's disease	B27	79	9	37.0
Acute anterior uveitis	B27	52	9	10.4
Psoriasis vulgaris	CW6	87	33	13.3
Dermatitis herpetiformis	DR3	85	26	15.4



# Clinical Significance of HLA System- Platelet Transfusion

- Class I expressed on platelets
- Alloimmunization to HLA= refractoriness to platelets
  - Refractoriness- failure to achieve a rise in circulating platelet count 1 hour after transfusion
- Match HLA antigens in those people who are refractory



# Clinical Significance of HLA System- TRALI

- Transfusion-Related Acute Lung Injury
- Strong association with HLA antibodies in blood products
- 50-89% of TRALI cases due to HLA
- Antibodies activate neutrophils in lung, releasing cytokines causing pulmonary edema
- Symptoms: Fever, hypoxemia (low oxygen in blood), pulmonary edema



# Clinical Significance of HLA System-Transplantation

- Hematopoietic Stem Cell Transplant (Bone Marrow) and Kidney:
  - HLA matched ahead of time when possible
  - Reduces Graft-Vs-Host Disease (GVHD)
- Liver, Pancreas
  - Better survival when HLA matched
- Heart and Lung
  - No time to HLA type
  - Can only last so long without blood supply
  - Only match if patient has HLA antibodies







**Every life deserves world class care.**

