

Disclosure belangen spreker bijeenkomst
Consortium Transfusiegeneeskundig Onderzoek d.d. 22-11-2019

Naam: Thijs van Osch

Geen (potentiële) belangenverstrengeling

Voor bijeenkomst mogelijk relevante relaties

Bedrijfsnamen

- | | |
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| <ul style="list-style-type: none">• Sponsoring of onderzoeksgeld• Honorarium of andere (financiële) vergoeding• Aandeelhouder• Andere relatie, namelijk ... | <ul style="list-style-type: none">• Sanquin Research |
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Complement Activation by anti-HLA antibodies in platelet refractoriness

Thijs van Osch, PhD Candidate, 2nd Year

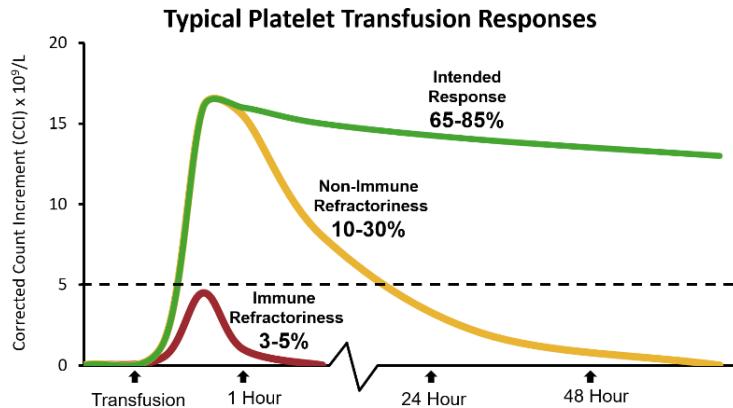
Department of Experimental Immunohematology (IHE), Immunoglobulin Research

Supervisors: Gestur Vidarsson and Jan Voorberg



Platelet Transfusion

- To prevent or treat bleeding
- Mainly patients with oncological diseases receiving chemotherapy or stem cell transplant
- Significantly reduce mortality and hemorrhagic complications



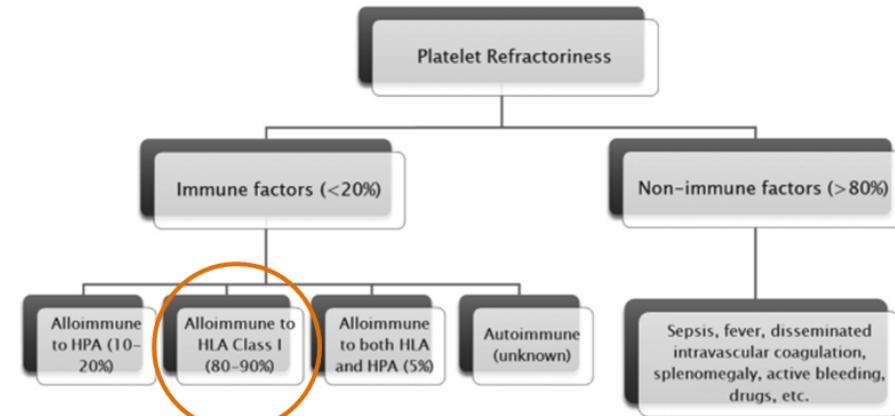
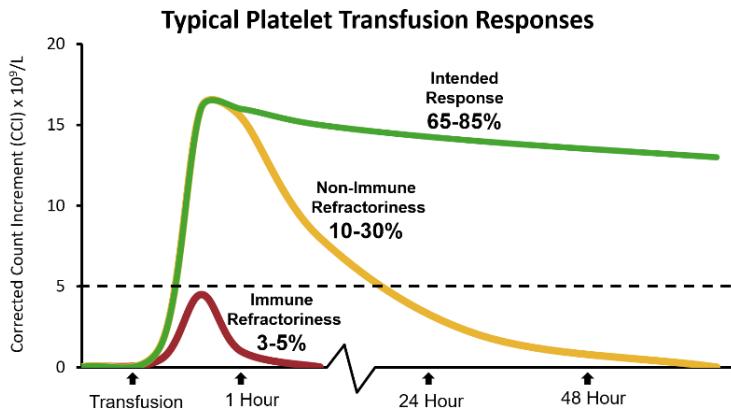
What is platelet refractoriness?

- Clinically suspected when patients do not respond as expected to platelet transfusion
- The effectiveness of a platelet transfusion is evaluated using the post-transfusion platelet increment (PPI), which is also known as the count increment (CI) or the corrected count increment (CCI)

PPI = Post-transfusion platelet count minus pre-transfusion platelet count

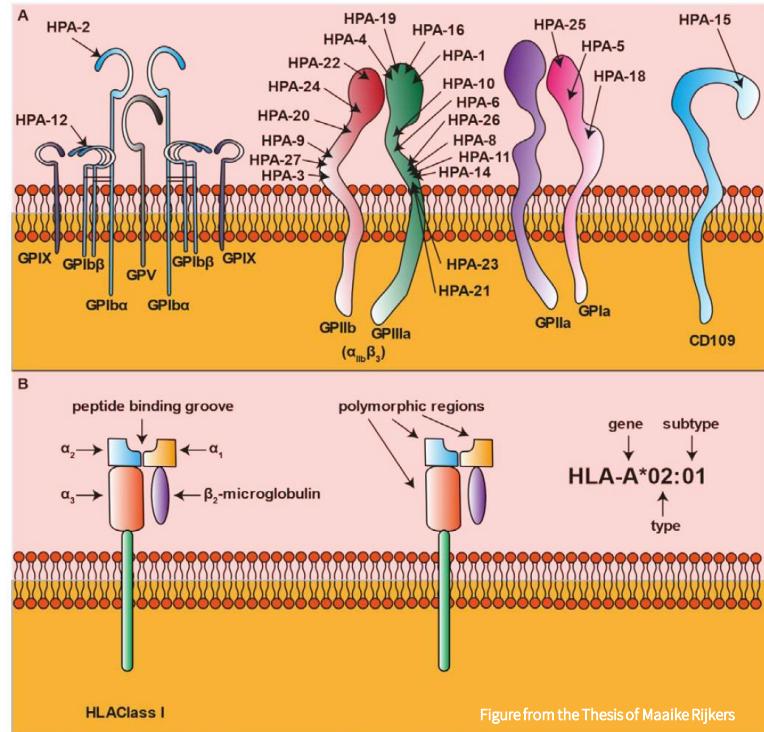
CCI = PPI (μL) \times body surface area (m^2) / Number of platelets transfused (10^{11})

- When after two consecutive platelet transfusions the expected increase in platelet count is not attained, the patient's condition is considered refractory to platelets. ($\text{CCI} < 5000 \text{ per m}^2 \text{ per } \mu\text{L}$)



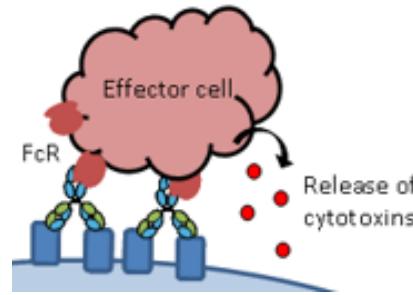
Alloimmunization mediated platelet Clearance

- Can be induced by previous blood transfusions or pregnancy
- Alloimmunization against Human Platelet Antigens (HPA)
- 33 HPA's expressed on different Glycoproteins (GPs)
- Alloimmunization against Human Leukocyte Antigens (HLA) Class I
- Major Histocompatibility Complex (MHC), recognition between self and non-self
- Extremely Polymorphic; 14.800 different HLA Class I Alleles
- Mismatched platelets in subsequent transfusion will be opsonized and cleared from circulation via antibody-mediated platelet clearance

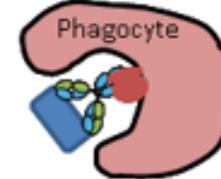


Alloimmunization mediated platelet Clearance

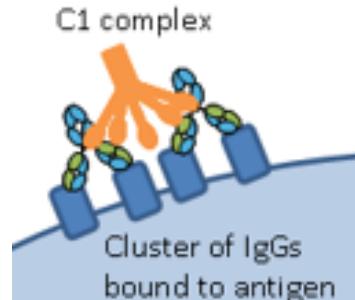
Antibody Dependent Cellular Cytotoxicity (ADCC)



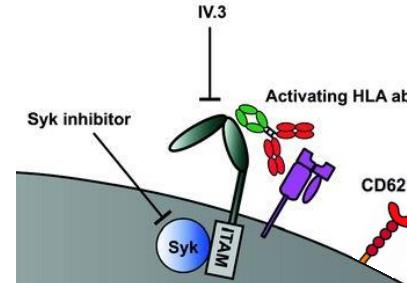
Antibody Dependent Cellular Phagocytosis (ADCP)



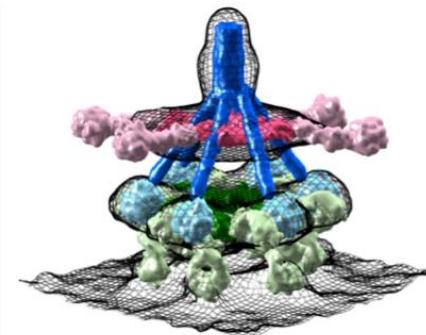
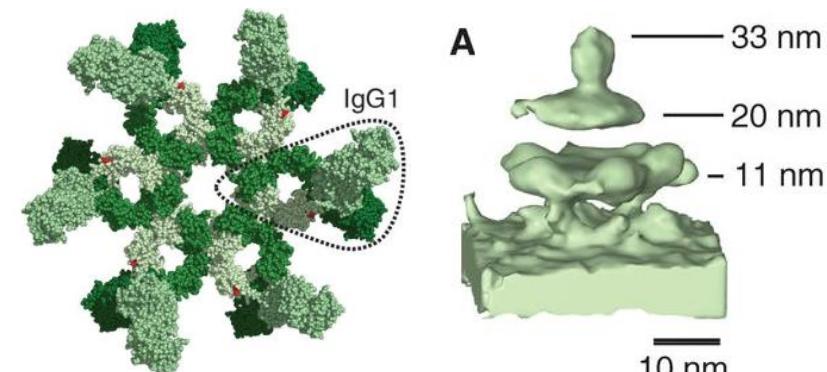
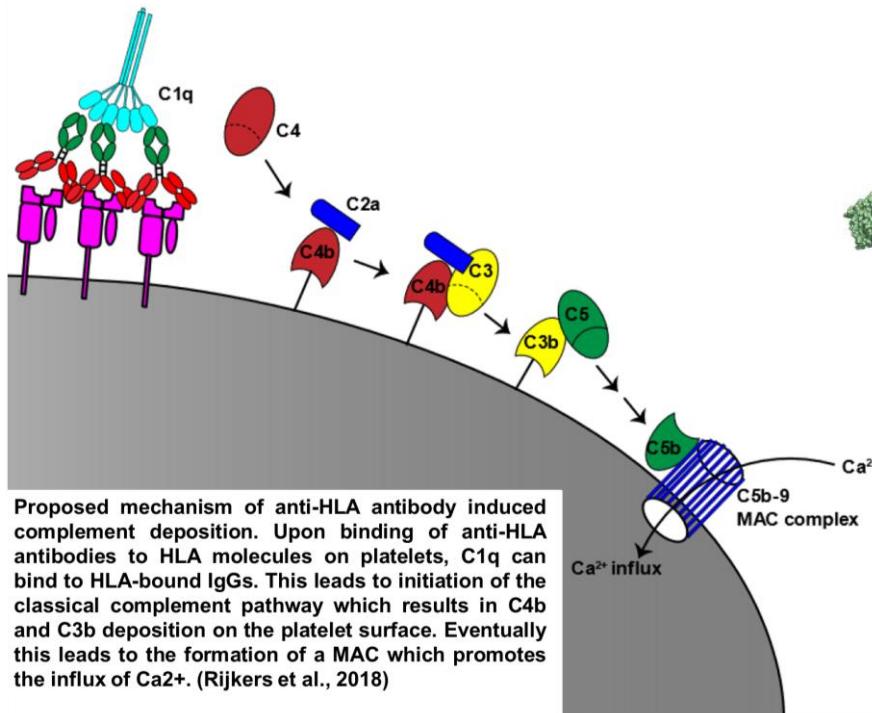
Classical Complement Pathway



Platelet Activation

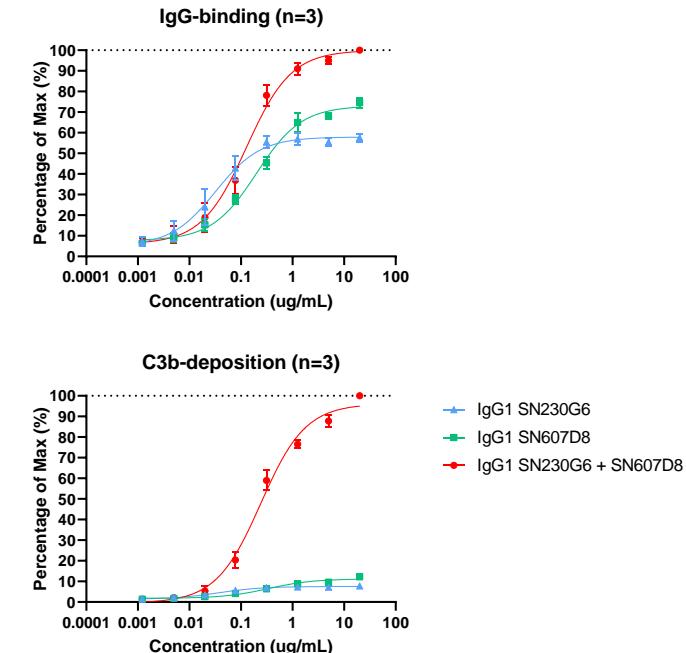
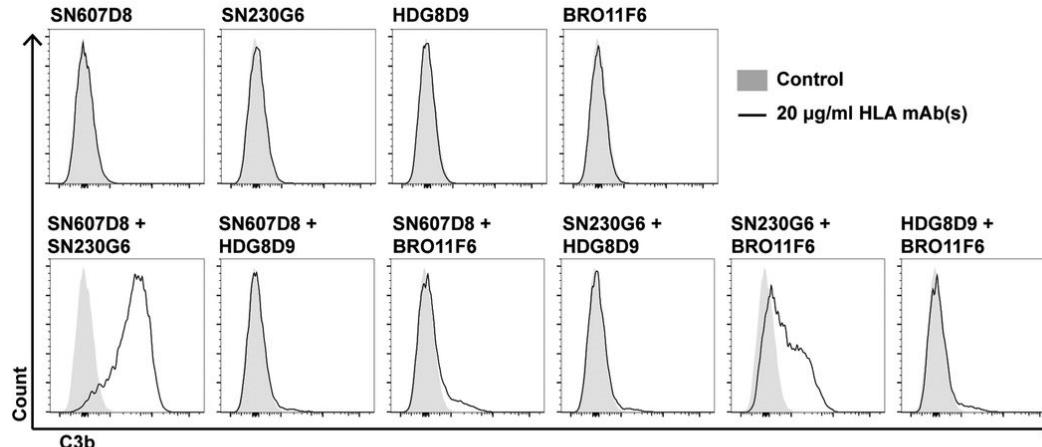


Involvement of the complement system in platelet clearance



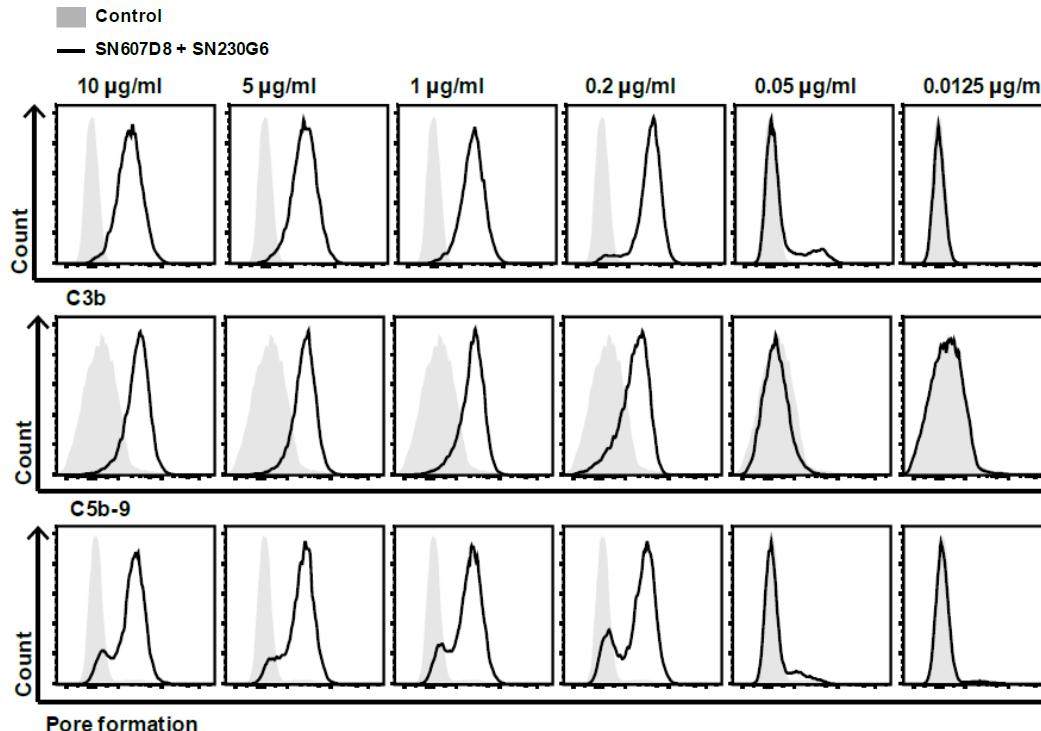
Diebolder, Christoph A., et al.
Science 343.6176 (2014):
 1260-1263.

Synergistic properties on complement deposition by two anti-HLA mAbs



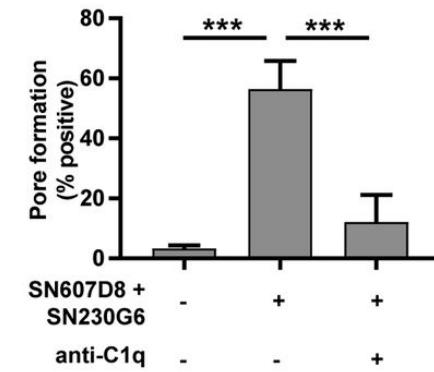
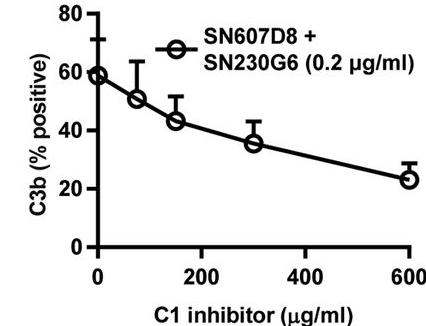
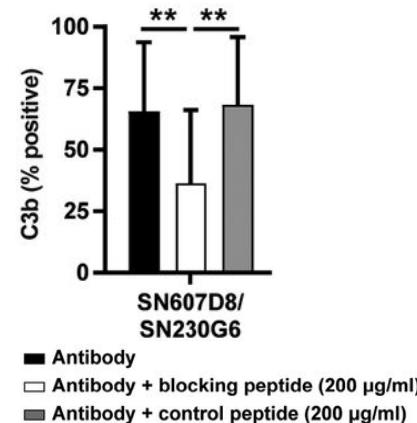
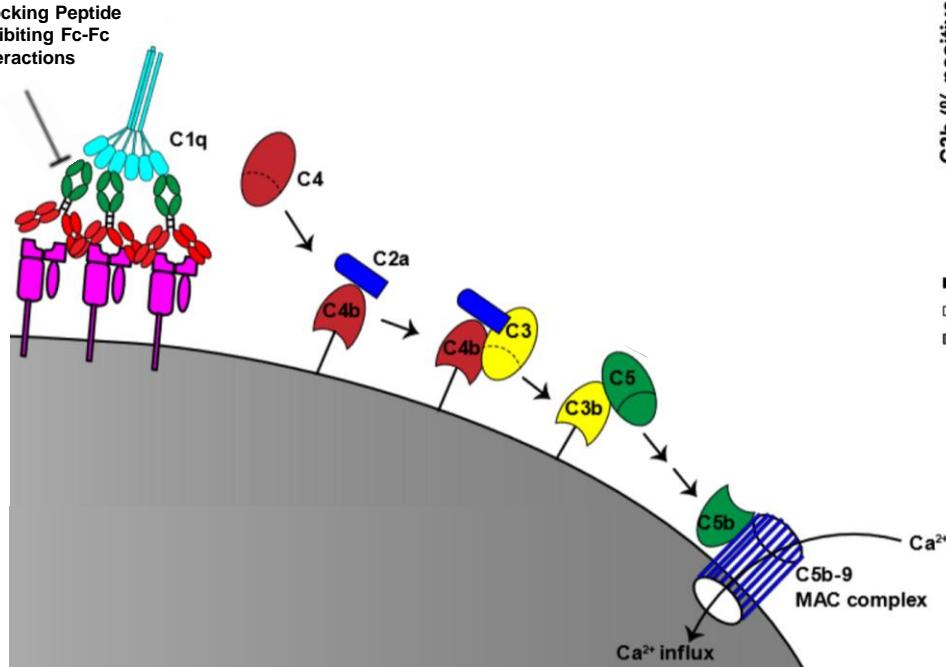
Rijkers, Maaike, et al.
Haematologica, 2019,
104.2: 403-416.

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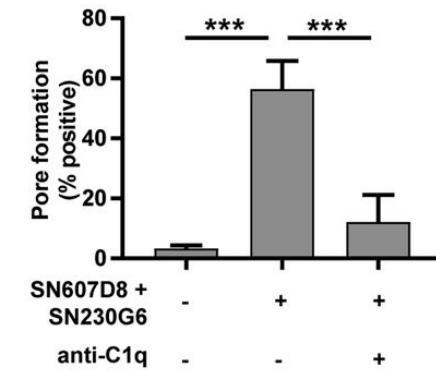
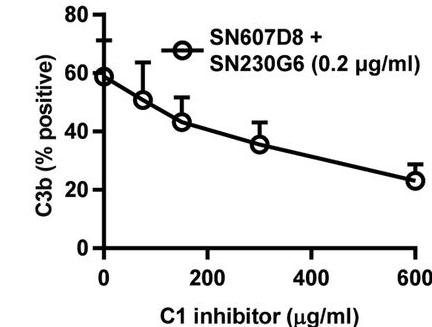
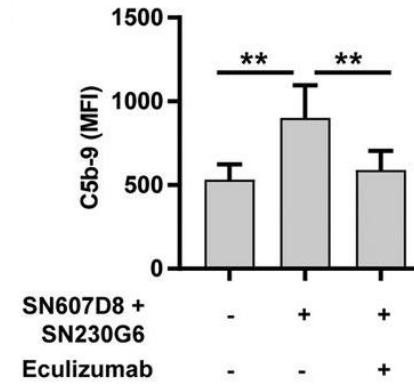
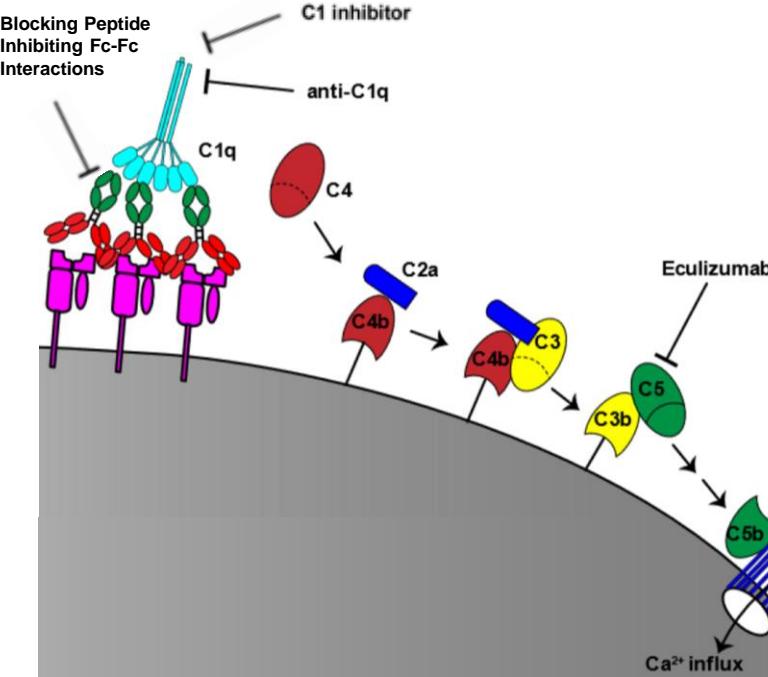
Complement Inhibitors



Rijkers, Maaike, et al.
Haematologica, 2019,
104:2:403-416.

10 ug/mL SN607D8 + SN230G6
50 ug/mL anti-C1q

Complement Inhibitors

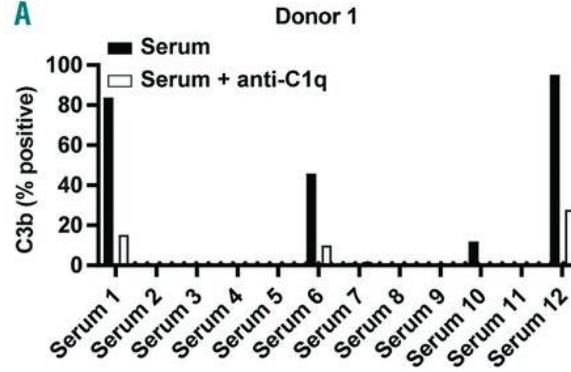


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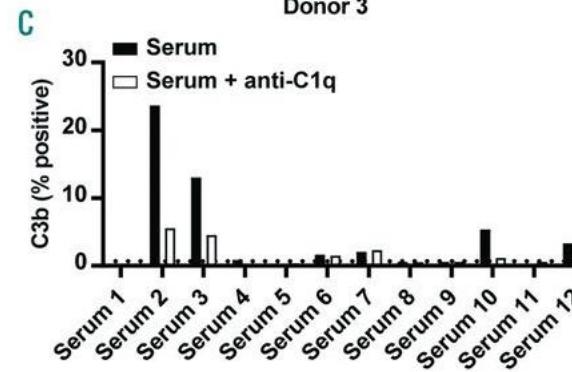
10 $\mu\text{g/mL}$ SN607D8 + SN230G6
50 $\mu\text{g/mL}$ anti-C1q

Complement Activation induced by anti-HLA Abs in Sera from patients with platelet refractoriness

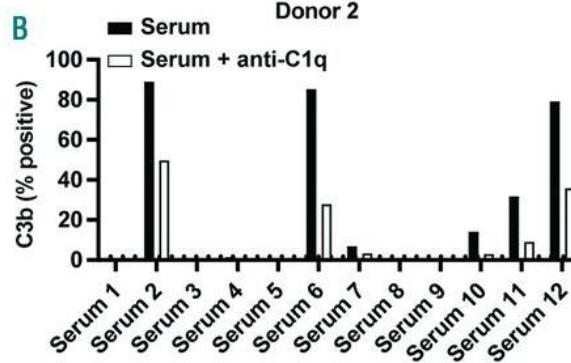
A



C



B



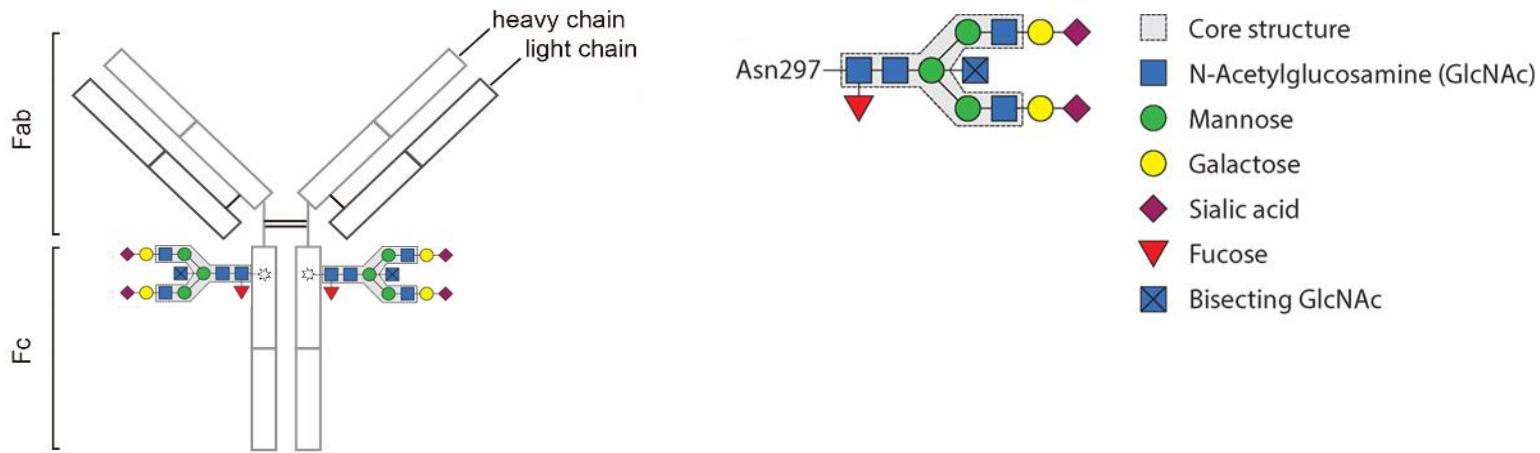
	donor 1	donor 2	donor 3
Serum 1	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 2	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 3	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 4	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 5	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 6	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 7	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 8	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 9	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 10	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 11	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38
Serum 12	A2 A3 B7	A1 A2 B15:01 B35	A11 A24 B35 B38

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Conclusions

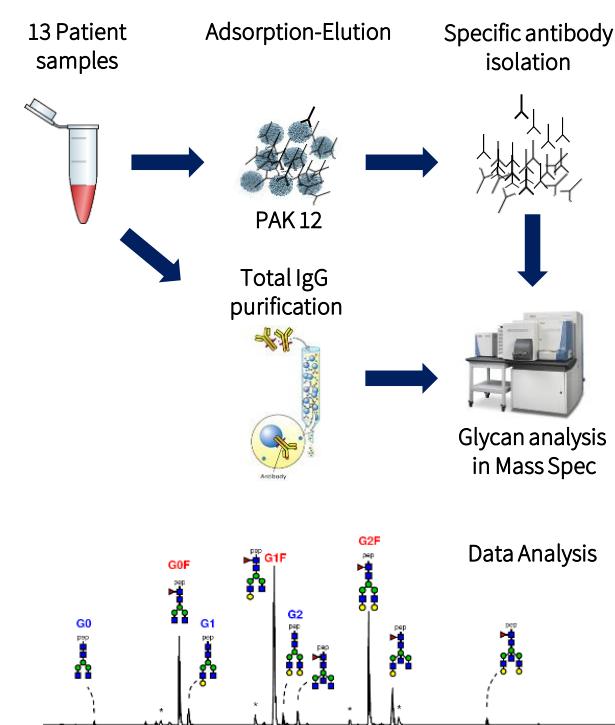
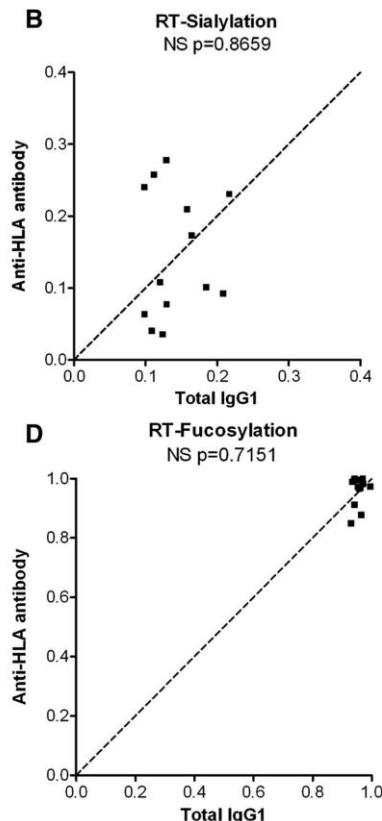
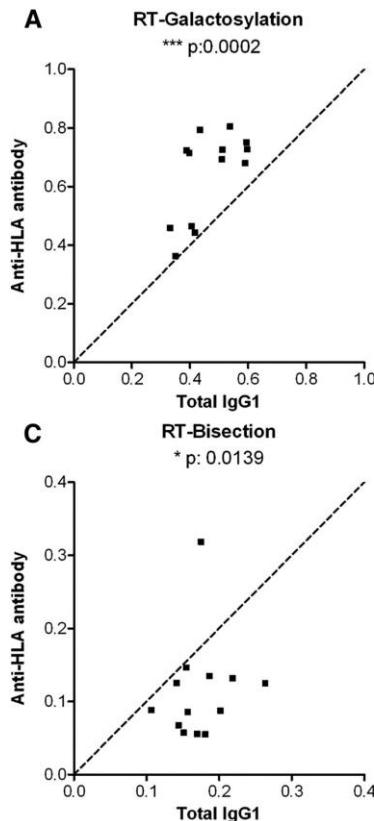
- Anti-HLA Antibodies are capable of inducing complement activation on platelets
 - Via the Classical Complement Pathway
- Synergistic effects when mAbs are used together suggesting oligomeric IgG Complexes
- Complement activity can be inhibited by blocking Fc-Fc interactions or C1/C5 inhibitors

Fc-glycosylation of antibodies changes effector functions

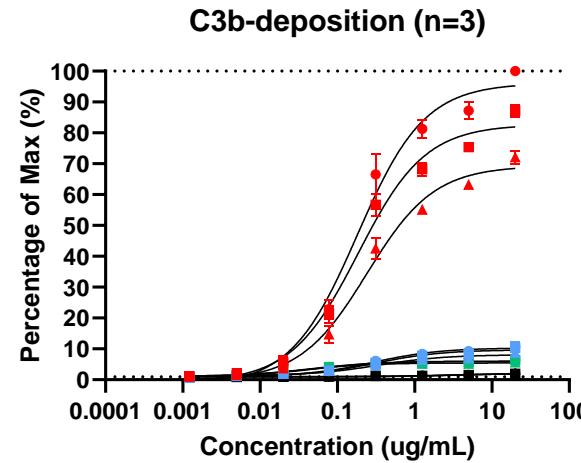
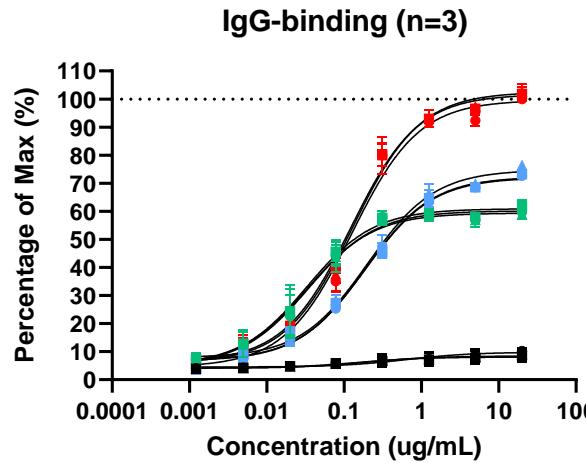


- Core structure of N-acetylglucosamine (GlcNAc) and mannose residues
- Additional extensions incl. Galactose, sialic acid, core fucosylation and bi-sected GlcNAc
- Glycosylation affects affinity to Fc γ R and C1q

Increased Fc-galactosylation of anti-HLA antibodies observed in patients with platelet refractoriness



Increased levels of Fc-galactosylation and -sialylation results in more complement deposition



- SN230G6+SND8 High Sial
- SN230G6+SND8 High Gal
- ▲ SN230G6+SND8 Untreated
- SN607D8 High Sial
- SN607D8 High Gal
- △ SN607D8 Untreated
- SN230G6 High Sial
- SN230G6 High Gal
- ▲ SN230G6 Untreated
- WIM8E5 High Sial
- WIM8E5 High Gal
- ▲ WIM8E5 Untreated

Conclusions

- Anti-HLA Antibodies are capable of inducing complement activation on platelets
 - Via the Classical Complement Pathway
- Synergistic effects when mAbs are used together suggesting oligomeric IgG Complexes
- Complement activity can be inhibited by blocking Fc-Fc interactions or C1/C5 inhibitors
- Increased Fc-Galactosylation of anti-HLA Abs was observed in patients with platelet refractoriness
- Both Fc-Galactosylation and Fc-sialylation results in more complement activity

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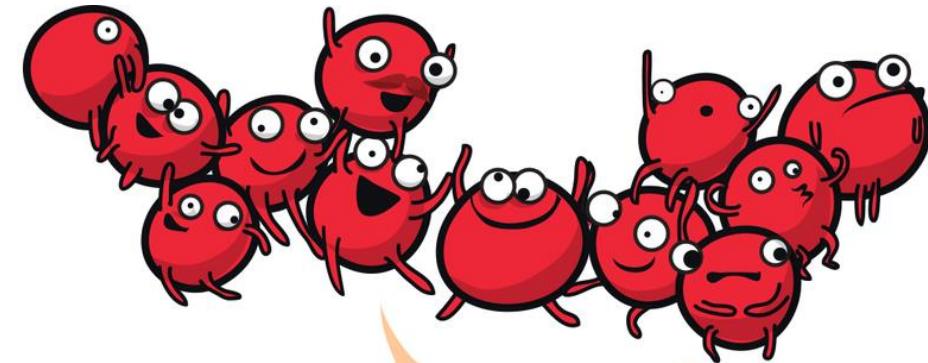
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Thank You!