

UCMC Kidney and Pancreas Transplant Guidelines

DSA monitoring protocol post transplantation

This guideline provides a prospective, longitudinal, post-transplant donor HLA-specific antibody (DSA) monitoring plan for kidney, pancreas, and simultaneous kidney pancreas allograft recipients.

ALL kidney and pancreas transplant recipients will have DSA monitoring performed based on risk. ALL recipients will be categorized as HIGH or NORMAL risk and monitored as described below.

HIGH RISK RECIPIENTS (ANY OF THE BELOW)

- Female recipient receiving allograft with paternal antigen (organ from biological child or father of biological child)
- Pre-transplant donor HLA-specific or non-HLA specific antibody (historical or current)
- OA (oliguric ATN) = <500cc/d UOP and <15% drop SCr by Day 1 in any living donor recipient with any HLA exposure history (such as blood transfusion, pregnancy, transplant)

A DSA (which includes an epitope shift analysis) should be ordered at the following time points:

HIGH RISK DSA MONITORING SCHEDULE
POD #0
POD #1
POD #2
POD #3
POD #5
POD #7 + 2 days
POD #14 + 2 days
POD #30 + 2 days
POD #90 + 14 days
POD #180 + 14 days
POD #360 + 14 days

NORMAL RISK RECIPIENTS

- All other patients

A DSA should be ordered at the following time points:

NORMAL RISK MONITORING SCHEDULE
POD #0
POD #180 + 14 days
POD #360 + 14 days

Ordering DSA Options in EPIC

- High Risk/ STAT DSA: "High Risk Donor Specific Antibody" (Lab Code LAB2324)
- Normal Risk DSA: "Anti-donor antibody" (Lab Code LAB 3418)