The Transplant Institute METHODIST DALLAS **Methodist Dallas Medical Center**	**Title:** Panel Reactive Antibody (PRA) Screening/Testing Schedule **Section:** Kidney, Kidney/Pancreas, Liver/Kidney	**Effective Date:** 06/01/2013
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Purpose:
To provide a consistent process for performing Panel Reactive Antibody (PRA) testing on kidney, kidney-pancreas, and liver-kidney transplant patients. Historical PRA results are imperative to accurately assess antibody specificity at the time of transplant.

Policy:
PRA testing frequency is dependent upon transplant phase and listing status. The following schedule will be followed for PRA testing:

Evaluation:

- All kidney, kidney-pancreas and liver-kidney transplant patients will receive a Class I and Class II specificity PRA with antibody identification during their initial evaluation.

Listing:

- After listing, all patients (Status 1 and Status 7), with the exception of liver-kidney patients, will receive two additional Class I and Class II specificity PRA with antibody identification. These PRAs will be tested in the subsequent two months after listing (approximately 30 days apart).

Follow-Up:

- After initial antibody identification testing has been completed (total of 3 PRAs), Status 1 patients will be tested on a quarterly schedule.
  Exceptions:
  - If the patient shows a significant change in PRA due to a sensitizing event, they will revert to 3 consecutive months of PRA with antibody identification.
  - Recipients listed for KPD will receive monthly PRAs.
  - Highly sensitized patients (cPRA >79%) living greater than 2 hours drive time from MDMC, will receive monthly PRAs.

After initial antibody identification testing has been completed (monthly x 3), Status 7 patients will not be screened while they are inactive. When changed from Status 7 to Status 1, patients will have PRA testing completed as soon after status change as possible, then will follow the routine quarterly schedule described for Status 1 patients.

Transplant:

Kidney and Kidney/Pancreas

- At the time of transplant, a Specificity PRA with antibody identification will be conducted on kidney and kidney-pancreas patients who have fewer than 3 PRAs OR if the patient's most recent PRA was collected more than three months prior to the day of planned transplant. Patients considered for Remote Final Physical Crossmatch must have a minimum of 2 Specificity PRAs one of which must have been collected within the three months prior to the date of planned transplant,

Liver/Kidney (if applicable)

- Liver-Kidney patients receive Class I and Class II specificity PRA with antibody identification when the patient presents for transplant, if their most recent PRA was collected greater than three months prior to the day of planned transplant. Additionally, a PRA at the time of transplant is required if the recipient had a sensitizing event in the period surrounding the prior PRA
  Final virtual crossmatch will proceed upon completion of this PRA, time permitting, otherwise the crossmatch report will be submitted concurrent with transplant. Any donor directed antibodies identified in the virtual crossmatch will be reported to the transplant nephrologist along with the highest MFI of each directed antibody.
- At times when the Luminex is inoperable and PRA is not available, the liver-kidney patient must proceed with final physical crossmatch prior to transplant. The HLA laboratory will notify the surgeon immediately if a final physical crossmatch is required. Results of this crossmatch must be reported to the transplanting surgeon.

Process:

- For each recipient waitlisted for transplant, the HLA laboratory or PR coordinators send PRA collection kits to the dialysis center or patient following the schedule listed above.
- Dialysis Centers will subsequently be notified of any specimens that have not been received or were rejected; repeat samples will be requested. Follow-up for these requests will be the responsibility of the Transplant Staff.