

DAT Negative Autoimmune Hemolytic Anemia

Presented by: Christina Barron, MT(ASCP)SBB

Autoimmune Disease

<u>Autoimmune Disease</u> <u>Antigen</u>

Antibody-induced hemolytic anemia Red Blood Cells

Rheumatoid arthritis Immunoglobulin (IgG)

Pernicious anemia Intrinsic factor

Type 1 diabetes mellitus Pancreatic islet cells

Multiple sclerosis CNS myelin cells

Idiopathic thrombocytopenia purpura Platelets

Systemic lupus erythematosus Nucleii (DNA)



Types of Hemolytic Anemia

- Non-Immune Intravascular Hemolysis
- Autoimmune Hemolytic Anemia
 - "Warm" Autoimmune Hemolytic Anemia (WAIHA)
 - Cold Hemagglutinin Disease (CHD)
 - Paroxismal Cold Hemoglobinuria (PCH)
- Congenital Hemolytic Anemia
 - Sickle cell anemia
 - Hereditary spherocytosis
 - Rh_{null}, Rh_{mod}, McLeod phenotype
- Drug-Induced Immune Hemolytic Anemia



Diagnosing the Cause of Anemia

- Non-Immune Intravascular Hemolysis and Congenital Hemolytic Anemia
 - Look at patient's medical history
- Drug-Induced Immune Hemolytic Anemia
 - Clinical symptoms of Immune Hemolysis, may be acute.
 - Look for a relationship between the administration of a drug and the presence of hemolysis
- Autoimmune Hemolytic Anemia
 - Blood Bank serology combined with other laboratory data is key when AIHA is suspected



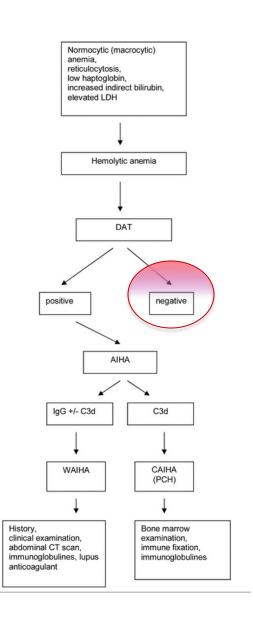
Characteristics of Autoimmune Hemolytic Anemia

	WAIHA	CHD	PCH
Usual Immunoglobulin type	IgG	IgM	IgG
Optimal in vitro reaction temperature	37°C	0-4°C	0-4°C Antibody binding 37°C Hemolysis
Usual serological presentation	IAT reactive	Direct agglutinin, sometimes a hemolysin	Biphasic hemolysin
Antigen specificity	Rh system, Kell system, LW, U, En ^a , Wr ^b	I system, Pr series	Р



Diagnosis of AIHA

- Normocytic or macrocytic anemia
- Reticulocytosis
- Low serum haptoglobin levels
- Elevated lactate dehydrogenase (LDH) level
- Increased bilirubin
- Positive direct antiglobulin test (DAT)





Autoimmune Hemolytic Anemia (AIHA)

Typical serology of a "Warm" Autoantibody:

- Positive DAT with IgG or both IgG and C3
- Eluate demonstrates a panagglutinin
- Serum is broadly reactive at IAT
- Reactivity is enhanced with PEG, in Gel, and Solid Phase
- Adsorption of the serum at 37°C removes the autoantibody allowing antibody confirmation and exclusion



Autoimmune Hemolytic Anemia (AIHA)

 Summary of three studies examining the type of Immunoglobulin causing a positive DAT in Patients with AIHA:

	lmmur	noglobulin Associated	d with a Positive DA	Т
_	DAT Positive due to:	Worliedge and Blajchman	Issitt et al.	Petz and Garratty
		121 Patients	87 Patients	104 Patients
	IgG only	35.5	43.8	18.1
	IgA only	2.5	0	1.7
	C3 only	10.7	0	10.4
—	IgG & C3	43.0	47.1	46.0
	IgM & C3	0	0	1.7
	IgA & C3	0	0	1.7
	IgG & IgA	3.3	1.1	2.7
	IgG, IgA,& C3	0	1.1	12.3
	IgG, IgM, & C3	2.0	4.6	3.7
	IgG, IgA, IgM, & C3	0	2.3	1.7



DAT Negative AIHA

- The number of IgG molecules on the red cells is less than the number needed to cause a positive DAT, but may still be enough to cause in vivo RBC destruction
- In some cases, cross linking does not occur when anti-IgG is bound to the Fc portion of cell-bound IgG molecules
- DAT due to IgA or IgM is not detected with anti-IgG reagents
- Low affinity IgG may dissociate during the testing process



Special Laboratory Investigation of Suspected DAT-Negative AIHA

- Perform DAT panel with anti-IgG, anti-C3, anti-IgM, and anti-IgA
- Perform a Direct Polybrene test
- Perform DAT using cold saline/LISS wash and anti-IgG
- Perform DAT in Gel

In a study of 800 patients with suspected DAT-Negative AIHA, a positive result was obtained in 54% of the samples using one or more of these techniques



The IRL was contacted regarding a patient with anemia. Patient JPI was a 57 year old male with no prior history of anemia or other acute or chronic illness. Initial laboratory values:

Hgb/Hct	Reticulocytes	LDH	Total Bilirubin
6.6 g/dL	>17.0%	1694 IU/L	5.1 mg/dL
17.8%	(reference 0.5-1.5%)	(reference 150-300IU/L)	(0.3-1.9mg/dL)

The clinician suspected autoimmune hemolytic anemia, however when the hospital tested the sample they found a negative DAT and anti-E in the serum. The sample was referred to the IRL for additional testing.



JPI Initial IRL testing:

ABO/Rh:

			Anti- D					Interp
O	4+	4+	3+	0	3+	2+	O	B Pos

DAT:

Poly	Anti-IgG	Anti-C3	Control	Gel IgG	Interp
0 ✓	0√	0√	0	0	Negative



JPI Initial Antibody Panel:

	1					Rh	Hr	gr ra	10000			F	Œl	1		Du	f	Kić	L	ew	p		M	N	I	ut	x			
	Supplier Lot #	Donor/ Vial#	D	C	C	E	e	f	v	CW	K	k a	K	J	J s h	F Y	F y	J C	Le	Leb	P	м	N	Q e	I	Lu	x g	Additional Antigens	Pla	Patient's asma Test Results
																									İ					PE4 144
1	Ortho A RA054	316522 3			1				İ								1								1			HLA+ Bg+	0	34
2	Ortho B RB468	309461 15	+	0	+	+	0	0	0	0	0	+ 0) +	0	+	+	0 -	+ +	0	0	+	+	0	+ +	. 0) +	+			3+
3	Ortho B RB468	308173 16	+	0	+	+	0	0	0	0	0	+ 0) +	0	+	0	0 -	+ 0	0	+	+	0	+	0 +	- 4	+	+			3f
4	Ortho A RA054	310290 1	+	+	0	0	+	0	0	+	0	+ 0	+		+	+	0 -	+ 0	0	+	+	+	0	+ +		4	+			01
5	Ortho B RB468	317722 22	+	+	0	0	+	0	0	0	÷	0 0	+		+	0	+ (1	0	+	+	+	+	0 +		+	+		0	
6	Ortho A RA054	116883 8	0	0	+	0	+	+	0	0	0	+ 0	+	0	+	+	0 0) +	0	+	s	+	0 •	+ 0	0	+	+			0'
7	Ortho A RA054	317678 4	+	0	+	0	+	+	+	0	0	+ 0	+		+	0	+ +	+ 0	0	0	+	+	+	0 4	C	+	+			04
8	Ortho A RA054	319365 5	0	+	+	0	+	+	0	0	0	+ 0) +		+	0	+ +	+ 4	4	0	+	0	+	0 +	. 0	+	+			04
												-																auto Control	0	2+



JPI Red Cell Phenotyping:

Anti-C	Anti-E	Anti-c	Anti-e
O	3+	4+	3+

How do we confirm a suspected autoantibody with defined specificity in the neat serum?

- Patient cells are antigen positive for the antibody specificity.
- 2. Test the plasma containing the suspected autoantibody with DAT-Negative autologous RBCs.
- 3. Perform adsorption to determine if the suspected autoantibody can be removed from the plasma using autologous RBC adsorption.



Plasma vs. DAT-Negative autologous RBC and autologous adsorption:

	1		_							_				20			_		_		_	_			_		_		MO 63108 Technologist	: CB				ads	
	Supplier	Donor/				Rhi				С			cel K		J s					L L e e				IN			L		Additional Antigens	Pl	las		37° zzk tier Test	rt's	sult
	Lot #	Vial#																	Ì				Ì							is	ρ _ε		PEI 154	3	
1	Ortho A RA054	316522 3																				Ιí							A+ Bg+	0	2	34	D		
2	Ortho B RB468	309461 15	+	0	+	+	0	0	0	0	0 .	+ (+	0	+	+	0	+ -	+ 0	0	+	+	0	+	+	0	+				2		0	1.	
3	Ortho B RB468	308173 16	+	0	+	+	0	0	0	0	0	+ (+	0	+	0	0	+ (0 0	+	+	0	+	0	+	+	+	-	*		2		0		
4	Ortho A RA054	310290 1	+	+	0	0	+	0	0	+	0 .	+ (+		7	+	0.	+	0	1	+	4	0	+	+	0	+ .						0		+
5	Ortho B RB468	317722 22	+	+	0	0	+	0	0	0 .	+	0 0	+		+	0	+	0 -	•) +	+	+	+	0	+	0	+	-							+
6	Ortho A RA054	116883	0	0	+	0	+	+	0	0	0 -	+ (+	0	+	+	0	0 -	+ 0) +	S	+	0	+	0	0	+	-		0		2,			
7	Ortho A RA054	317678 4	+	0	+	0	+	+	+	0	0 -	+ (+		+	0	+	+ (0	0	+	+	+	0	+	0	+	-		0	Ť) -			
8	Ortho A RA054	319365 5	0	+	+	0	+	+	0	0	0	+ (+		+	0	+	+ -	+ 4	0	+	0	4	0	+	0	+ -	+			0				



Elution Testing:

	tient's Nu te: Collec		201	7_	D	ate		37 Tes			0	18	20	17														issouri-Illino is, MO 63108 Techno			pm	9 350		Š. HVAD	
					R	hH	r					Ke	11		1	ouf	K	id	Le	ew	P	12	М	N		Lut	2								
	Supplier Lot #	Donor/ Vial#	D	С	С	E	e :	f V	Cw	K	k	K p a	K p b	J s	J 1	F F	J k a	J k b	L e a	L e b	P 1	М	N	S	S	L I u u a h	1 9	Addition Antigens	1	elu		а Те	ien est last	Re	sult
1	Imm-Pano 07951	B8834	+	+	0	0	+	0	0	0	+	0	+	0 -	+ {	+	0	+	0	0	+	0	+	0	+	0 -					24				
2	Imm-Pano 07951	C712 2	+	0	+	+	0	0	0	+	+	0	+	0 -		+	+	+	+	0	+	+	0	+	0	0 -	+ +				2+		0	0	
3	Imm-Pano 07951	H941 3	0	0	+	0	+	0	0	0	+	0	+	0 -	-	0	+	0	0	+	+	+	0	+	0	0 -	+ (21		ó	0	



Ficin Testing:

Pa	tient's	s Nu	mme mber eted <u>0118</u>				at	ρ.	37 Te	-1	7		111	0	20	17			A	me	ri	car	ı R	ed	Cr	os	s,	М	issouri-Illinois	1: Region	56	pm,	Aut	0	17	
			.5116	1	,,	_		•					211	0.1	y U	1/		_	4	.05	0 1	611	ıae	11	, s	st.	L	ou.	ls, MO 63108 Technolog	gist: C	3		ix	ads		
	Cump 1 i						Rhi				+	T		el:		J	Duf F H	K	j	L	⊵w L	P	Т	MI	VI.	I	L	X	Additional			Pa	37° ZZA tien	C		
	Suppl:		Donor/ Vial#	D	С	С	Е	e	f	V	W I	k k	p a	b	J s a	b a	y y	k	k b	e a	e b	P 1	М	N S	3 8	u	u	ga	Antigens	I		asma	Test	Res	ul C\d	200
										1																				li		PE4 194	PEG 154	10 17	37	
1	Ortho RA054	A	316522 3														1												HLA+ Bg+			34	0		1+	
2	Ortho RB468	В	309461 15	+	0	+	+	0	0	0	0 0	+	0	+	0	+ -	+ (+	+	0	0	+	+	0 +	+	0	+	+				3f	0,	,		
3	Ortho RB468	В	308173 16	+	0	+	+	0	0	0 1	0 0	+	0	+	0	+ 1	0 0	+	0	0	+	+	0	+ () +	+	+	+							4+	
4	Ortho RA054	A	310290 1	4	+	0	0	+	0	0	+ (+	0	+		+ +	- 0	+	0	0	+	+	4	0 +	+	0	4	+				3f	0.			
5	Ortho RB468	В	317722 22	+	+	0	0	+	0	0 (0 4	0	0	+		+ (0 4	0	+	0	+	+	+	+ 0) +	0	+	+			2	01	-	-	74 1	
6	Ortho RA054	A	116883	0	0	+	0	+	+	0 0	0 0	+	0	+	0	+ -	+ 0	0	+	0	+	S	+	1	- 0	0	+	+				01			24,	
7	Ortho RA054	A	317678 4	+	0	+	0	+	+	+ (0 0	+	0	+		+ (7	+	0	0	0	+	+	+ 0	+	0	+	+			5	0'			2+ 1	
8	Ortho RA054	A	319365	0	+	+	0	+	+	0 0	0 0	+	0	+		+ (+	+	+	4	0	+	0 -	+ 0	+	0	+	+				0-	-		4	
_	KA054	-	5	-				+	-	+		-	-		+	+	-			180	-		1		-	L				(0	04		6	2+ 1	Mi
																													auto Contro	(\circ	2+		L	4	11





Missouri-Illinois Region

Immunohematology Reference Laboratory

8053 Bond Street Lenexa, KS 66214 Phone: 913-242-3557 Fax: 913-310-0354 CLIA # 17D2106199

FINAL REPORT

Patient Name: JPI Patient ID D01335122 Ref Lab # 37-17

Red Cell Studies:

ABO/Rh:	DAT Polyspecific:	DAT Anti-IgG:	DAT Anti-C3:	DAT Gel IgG:	Super DAT:
B Positive	Negative	Negative	Negative	Negative	Negative

Red Blood Cell Phenotype:

С	Е	С	е	K	Fya	Fyb	Jka	Jkb	М	N	S	S	Lea	Leb	P ₁
0	+	+	+	0	0	+	+	0	+	0	0	+	+	+	+

Serum/Plasma (S/P) and Eluate Studies:

Antibody:	Phase(s) of Reactivity:	S/P	Eluate
Warm Autoantibody	Elu Kit II		\square
Warm Autoantibody	FICIN/IAT	\boxtimes	
Auto-anti-E	PEG/IAT	\boxtimes	

Transfusion Recommendations and Remarks:

Select units negative for:	E
Percentage of Antigen Negative Donors:	68%

Remarks:

The eluate reacts with all cells tested.

The patient's plasma was reactive at FICIN/IAT with all cells tested. Autoanti-E was identified at PEG/IAT. All other common blood alloantibodies were ruled out at PEG/IAT and GEL/IAT. The plasma was adsorbed x1 with ZZAP treated autologous red blood cells. No reactivity was detected following adsorption, confirming that the anti-E specificity is a component of the patient's autoantibody.

If an autoantibody has clear-cut specificity for a single antigen and there is active ongoing hemolysis, there is evidence that blood lacking that antigen may survive better than the patient's own red cells. In the absence of hemolysis, autoantibody specificity is not significant. Select E- units for transfusion as indicated.



Treatment of WAIHA

- Corticosteroids
- Rituximab (anti-CD20)
- IVIg
- Splenectomy
- Transfusion is contraindicated because of
 - Formation of alloantibodies
 - Exacerbation of the autoantibody
 - Autoantibody-induced red cell destruction



JPI laboratory results:

Day	Hgb (g/dL)	НСТ	Reticulocytes (0.5-1.5%)	LDH (150- 300IU/L)	Total Bilirubin (0.3- 1.9mg/dL)
1	6.6	17.8%	>17.0%	1694	5.1
2	6.3	18.2%	>17.0%	1832	
3	6.3	17.2%		1862	
4	6.1	16.5%	>17.0%	1755	
5	6.0	16.5%		2044	4.9
→ 6	5.0	14.0%		2425	5.5
7	4.9	13.3%		2475	
8	4 .2	13.8%		2118	2.9
9	→ 3.6	12.0%		2397	3.0
10	6.0	19.2%		2623	5.1



JPI laboratory results:

Day	Hgb (g/dL)	НСТ	Reticulocytes (0.5-1.5%)	LDH (150-300IU/L)	Total Bilirubin (0.3-1.9mg/dL)
11	6.3	20.4%			
12	6.4	19.4%		2544	2.8
13	6.0	16.5%		2816	3.3
14	7.0	23.5%	>17.0%	3019	3.5
15	6.7	19.8%		2951	3.0
→ 16	8.2	25.9%		2914	3.3
17	7.2	19.6%		2777	

The patient was discharged on day 17 and continues to improve with no relapse of the AIHA.



References

- Garratty, George. "Immune Hemolytic Anemia Associated With Negative Routine Serology". Seminars in Hematology 42.3 (2005): 156-164
- Issitt, P. D., & Anstee, D. J. (1999). Applied blood group serology.
 Durham, NC: Montgomery Scientific Publ.
- Lechner, K., & Jager, U. (2010). How do I treat autoimmune hemolytic anemia in adults. *Blood*, 116(11), 1831-1838. doi:10.1882/blood-2010-03-259325
- Leger, R. M., A. Co, P. Hunt, and G. Garratty. "Attempts to Support an Immune Etiology in 800 Patients with Direct Antiglobulin Testnegative Hemolytic Anemia." *Immunohematology* 26.4 (2010): 156-60
- Leger, Regina M. "The Positive Direct Antiglobulin Test and Immune-Mediated Hemolysis." *Technical Manual*. 18th ed. Bethesda: AABB, 2014. 425-451

