

Frequent fliers in the reference laboratory

Red blood cell (RBC) antibody identification is a cornerstone of pretransfusion compatibility testing. Transfusion services commonly perform repeat antibody identification studies on patients who have previously identified antibodies. These patients tend to be multiply transfused and represent a significant fraction of the workload of immunohematology reference laboratories. However, the great majority of these repeated studies do not reveal new clinically significant alloantibodies. Are these repeated studies really necessary?

AABB Standards require that for patients who have been previously transfused or pregnant in the preceding 3 months a sample shall be obtained within 3 days of transfusion, and that for patients with previously identified clinically significant antibodies, methods of testing shall be those that identify additional clinically significant antibodies.¹ Food and Drug Administration regulations also require that if the patient has been transfused or pregnant in the preceding 3 months, then pretransfusion testing shall be performed on a sample less than 3 days old, and the procedures used shall demonstrate compatibility between the donor's cell type and the recipient's serum or plasma type.² Does this statement mean that full repeat antibody identification studies must be performed on each new sample? Unfortunately, the literature does not provide much guidance for the reference laboratory director.

In this issue of **TRANSFUSION**, Goss and colleagues³ address this problem. They examined pretransfusion samples received in a tertiary care medical center over a 2-year period where there was a history of previous antibodies. They identified samples in which a new clinically significant alloantibody was identified within 14 days of a previous investigation, using typical reference laboratory methods. They excluded previous autoantibodies, passive anti-D, and common "nuisance" non-clinically significant antibodies. Out of 8948 antibody investigations in 2792 patients, they found 33 new antibodies, of which 13 were clinically significant. Five of the new antibodies resulted in no change in the antibody screen reactivity, and one was found using only enhanced methods. Notably, the specificities of these new antibodies were such that they would be expected to cause a positive crossmatch had an antigen-positive unit been selected.

These results show that while a small number of alloimmunized patients make new clinically significant alloantibodies soon after a previous evaluation, extending the interval of repeat antibody identification studies to 2 weeks could miss some important antibodies and might result in transfusion of incompatible blood.

What then should we do? While pretransfusion testing must be performed on a sample obtained within 3 days of the transfusion, this regulation does not necessarily mean that complete antibody identification studies must always be repeated on each new sample. The requirement to use procedures to identify incompatibility can be satisfied by some combination of the antibody screen, antibody identification panels, and the crossmatch. Transfusion services may consider a policy to not repeat complete studies for some patients. In general, repeat antibody identification should be performed when there is an indication of a potential new problem detected by antibody screen or crossmatch. A patient who has warm or cold autoantibodies or antibodies to high-frequency antigens, or for whom crossmatch-compatible RBCs cannot be provided, should have a repeat study. Additionally, some patients deserve a second look, such as if a weak reactivity cannot be resolved. The extent of testing and selection of appropriate RBCs for testing can be based on the previous results, intended to rule out a new clinically significant alloantibody. It may also be advisable to repeat antibody identification study periodically, even if the screen is unchanged and crossmatches are negative. Each transfusion service should consider its specific patient population, workload, and expertise in making such a decision. Finally, we need more studies of this issue to better define the optimal strategy for pretransfusion testing in these patients with typically complex serologic work-ups. While transfusion safety is a paramount concern, we should not expend unnecessary resources without critical evaluation of our laboratory practices

CONFLICT OF INTEREST

The author has disclosed no conflicts of interest.

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REFERENCES

1. Levitt J, editor. Standards for blood banks and transfusion services. 29th ed. Bethesda (MD): AABB; 2014.
2. Code of Federal Regulations. Food and Drugs, title 21, sec. 606.151.
3. Goss C, AVECILLA ST, Garbaini J, et al. Can the interval between antibody identifications be increased for alloimmunized patients? *Transfusion* 2016;56:000-00. 