

# Donor KIR-Haplotype B Content does not Impact on Outcome after Unrelated Hematopoietic Stem Cell Transplantation in a Large Cohort of Patients with Acute Myeloid Leukemia or Myelodysplastic Syndrome

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## Background

Relapse and subsequent death are the major reasons for failure of allogeneic hematopoietic cell transplantation. Natural Killer (NK) cells might contribute to Graft versus Leukemia (GvL) effects. Their degranulation depends on the net effect of activating versus inhibiting signals. Killer cell immunoglobulin-like receptor (KIR) genes are encoded on Chromosome 19 and are inherited independently from the major histocompatibility complex (MHC). KIR genotype information has been associated with transplant outcomes in the framework of a Receptor-Ligand model aiming at maximization of activation and minimization of inhibition (KIR2DS1 & KIR3DL1; **Venstrom, NEJM, 2012 & Boudreau, JCO, 2017**) and by grouping donors according to presence or absence of haplotype B motifs which contain more activating KIRs (**Cooley, Blood, 2010**). Here the results of the largest confirmatory study, published so far, are reported.

## Medical Data

HCT outcome data from 2,222 patients from German Registry for Stem Cell Transplantation & German Cooperative Transplant Study

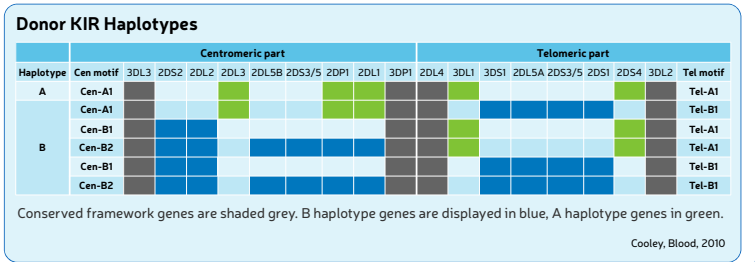
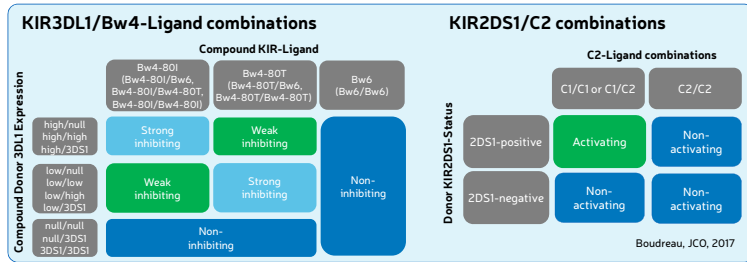
## Genotype

Allele-level KIR-typing of donor samples with high-resolution amplicon-based Next Generation Sequencing (NGS) method

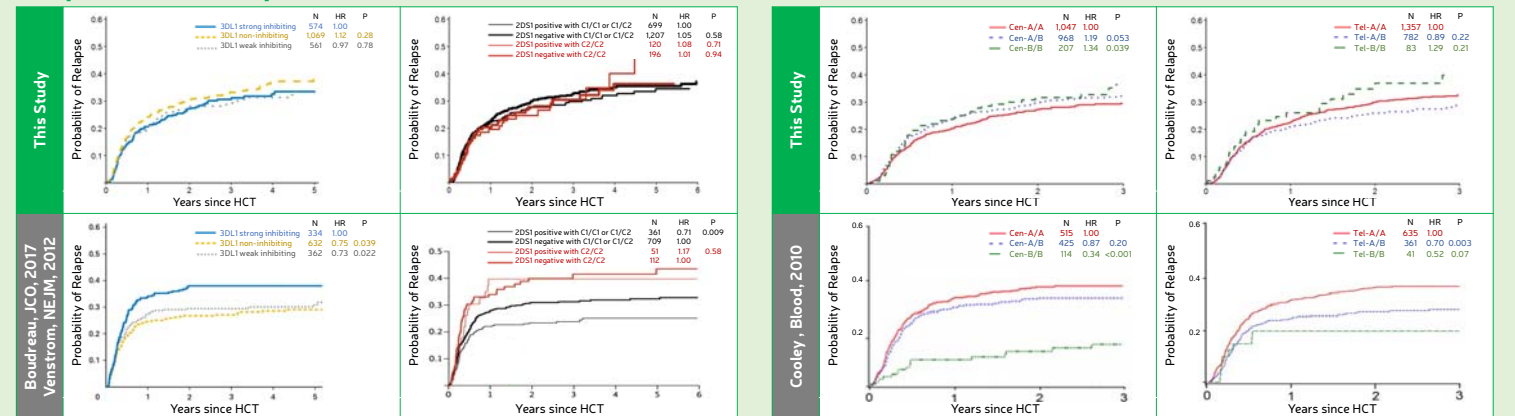
## Patient and Transplant Characteristics

Characteristics	This Study	Boudreau, JCO, 2017 (Venstrom, NEJM, 2012)	Cooley, Blood, 2010
Number of patients	2,222	1,328 (1,277)	1,086
Patient's age in years, median (range)	59 (18 – 79)	41 (0 – 75)	39 (1 – 70)
Diagnosis	AML / MDS	80% / 0%	100% / 0%
Year of HCT	<2009 / ≥2009	6% / 94%	100% / 0%
Conditioning	MAC / Other	20% / 80%	86% / 14%
Stem cell source	PBSC / BM	4% / 96%	46% / 54%
HLA match	10/10 / ≤9/10	81% / 19%	54% / 46%
T-cell depletion	Yes / No	81% / 19%	8% / 92%
			(100%? / 0%?)
			(0%? / 100%?)

## Outline of Current Classification Approaches



## Comparison of Study Results



## Conclusions

The donor-KIR-gene based classification using information on 2DS1/3DL1 KIRs to predict risk of relapse could not be replicated in a large cohort of patients with AML/MDS. Also, the impact of donor KIR haplotype on the risk of relapse could not be replicated. Striking differences between the transplant procedures of the original and the contemporary cohort may explain the conflicting results. NK alloreactivity cannot be predicted universally.

## Next Steps

- ⇒ Explore more genotype information
- ⇒ Create 'Data Warehouse' to speed up research
- ⇒ Engage in further collaborations

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