This glossary is a work in progress. As ASHI expands patient, donor and family initiatives, the Communications, Engagement, and Marketing Committee will update this glossary accordingly.

**Acute Rejection**: Can occur anytime from the first week after the transplant to 3 months afterwards.

**ABO**: Blood type, a person can be A, B, AB or O blood type; ABO is a sugar that is found on our red blood cells AND our organs so we match ABO for transfusion and transplantation

**Allele**: Different variations in the genetic sequence of a gene. A more descriptive form of an HLA antigen.

**Antibody affinity**: How strongly an antibody binds to its target antigen

**Antibody Mediated Rejection (AMR)**: Rejection and destruction of the transplanted tissue by the recipient’s immune system (antibodies). This can lead to chronic rejection.

**Antibody specificity**: Antibody that specifically binds to a particular HLA antigen

**Antigen**: Substance that may cause the immune system to respond

**Antigen mismatch**: Occurs when an identified HLA donor antigen is different from the recipients

**ASHI**: American Society for Histocompatibility and Immunogenetics, an organization of professionals in the transplant laboratory field.

**B-cells**: Cells that release antibodies against foreign substances to the body

**Cellular Mediated Rejection**: This type of rejection does not involve antibodies. It functions using antigen presenting cells and T-cells to cause tissue damage.

**Chronic Rejection**: This can take place over many years. The body’s constant immune response against the organ can slowly damage it.

**cPRA**: An indicator of how frequently the group of unacceptable antigens are found in the population
Glossary of Terms

What is a CPRA score?
A Calculated Panel Reactive Antibody (CPRA) score estimates the percentage of donors whose organs you would be incompatible with. Patients with high CPRA scores have fewer potentially compatible donors, and receive priority when a compatible organ becomes available. Patients with low CPRA scores are likely to be compatible with a larger number of donors.

Crossmatch: A test using the patient’s blood and the donor’s cells to determine if the patient has current antibodies to the donor’s HLA.

Crossmatch Positive: The patient has antibodies to the donor’s HLA; that donor’s organ is likely at higher risk of rejection for that patient; the crossmatch is usually interpreted in combination with an antibody detection test.

Crossmatch Negative: The patient does not have antibodies to the donor’s HLA; the patient can accept a transplant from that donor - a compatible crossmatch.

Desensitization: Desensitization to HLAs involves treatment with therapies designed to reduce levels of anti-HLA antibodies in order to make kidney transplantation possible. Desensitization protocols are generally used for the following two reasons: 1) to increase transplant candidates’ access to transplantation by decreasing HLA antibody and the number of unacceptable antigens for listing or 2) to decrease known DSA.

Donor Specific Antibody (DSA): The HLA antibodies that are directed against the mismatched HLA antigens of the donor

Haplotype: A set of HLA inherited together from a biological parent, clustered on the same chromosome. Certain HLA antigens tend to be inherited together. This can be based on ethnicity.

Haplotype Match: When two people have a SET of HLA antigens/markers in common.

Histocompatibility: The state in which donor and recipient share antigens so that a graft is accepted and remains functional. Also refers to the study of factors that determine the acceptance or rejection of grafted tissues or organs.

Histocompatibility Testing: Laboratory tests, such as HLA typing, antibody detection and crossmatching, that determine whether a prospective donor and recipient will be compatible for transplantation.

HLA: Human Leukocyte Antigen, or proteins/markers we inherit from our parents; these make up our “tissue type”; HLA is like a barcode for your immune system.

HLA Matching: When two people have HLA antigens/markers in common.
**HLA Antibodies:** ‘Y’ shaped proteins in patients’ blood that can target HLA markers and contribute to rejection; the HLA laboratory routinely tests for these antibodies and reports them to the transplant team.

**Hyperacute Rejection:** A severe reaction to a transplanted organ that is very fast and characterized by clotting in the blood vessels that leads to failure or death of the organ.

**PRA (Panel Reactive Antibody):** the percentage of HLA antibodies in a patient’s blood determined against a standard panel of HLA types. This helps predict the percentage of all potential donors against which the patient may have antibodies.

**PRA Percent reactive antibody:** A measure of how many antibodies a patient has made against HLA markers; the HLA laboratory first measures individual antibodies and then creates the PRA value and it is reported from 0% to 100%.

**Sensitizing Event:** An occurrence which can induce the body to produce antibodies. Examples of these events are pregnancy, blood transfusions and transplant.

**Unacceptable antigen:** HLA antigens a patient has developed antibodies against.

**Virtual Crossmatch:** An assessment of immunologic compatibility comparing the patient’s antibody profile to the donor’s HLA type.