

PGD for HLA matching

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Preimplantation HLA matching

- One of the latest applications in reproductive medicine.
- Viable option for couples with children needing haematopoietic stem cell (HSC) transplantation.
- Selection of embryos both free of disease and HLA matched with the existing child.
- PGD is used not only to avoid the birth of affected children, but also to conceive healthy children who may also be potential HLA-identical donors of HSC
- At delivery of the newborn, cord blood HSC can be used to treat the affected sibling.
- A different role for PGD: from diagnosis to treatment**

Allogeneic HSC transplantation

- ⌘ Only curative option for severe cases of haematopoietic disorders.
- ⌘ A critical factor associated with a favourable outcome is the use of **HLA identical donors**
- ⌘ HSC from HLA identical siblings provide the **higher success rates**
- ⌘ Reduced incidence of **graft rejection** and other serious complications associated with transplantation.
- ⌘ Transplantation using non HLA-identical donors is associated with **higher morbidity** and **poorer survival**.
- ⌘ Limited availability of HLA-matched unrelated donor, identified from national or international registers.

Indications for cord blood transplantation

| Indication | | | Cure (%) |
|-----------------|------------|------------------------------|----------|
| As a rule | Congenital | Thalassemia major | 70-90 |
| | | Sickle cell anemia | 80-90 |
| | | Fanconi's anemia | 80-90 |
| | | Immunodeficiencies | 70-90 |
| | | Blackfan-Diamond anemia | >50 |
| | Acquired | Severe aplastic anemia | 80-90 |
| As an exception | Acquired | Acute lymphoblastic leukemia | 30-50 |
| | | | 40-80 |
| | | Chronic myeloid leukemia | 30-50 |
| | | Non Hodgkin lymphoma | 30-50 |
| | | Myelodysplastic syndrome | |

Indications for HLA typing





| Indications | No. of PGD cycles | No. of couples | Clinical pregnancies | Babies born | CBT |
|-------------------------------------|-------------------|----------------|----------------------|-------------|-----------|
| HLA typing combined with PGD | | | | | |
| Sickle cell disease | 8 | 4 | 3 | 3 | 2 |
| Beta-thalassemia | 215 | 108 | 53 | 45 | 7 |
| Fanconi anemia | 1 | 1 | 0 | 0 | 1 |
| Wiskott Aldrich' syndrome | 1 | 1 | 1 | 1 | 1 |
| Chronic granulomatous disease | 1 | 1 | 1 | 2 | 0 |
| Duncan syndrome | 2 | 1 | 1 | 1 | 0 |
| Mannosidosis Alpha | 2 | 1 | 0 | 0 | 0 |
| Hurler syndrome | 2 | 2 | 0 | 0 | 0 |
| Gaucher disease | 4 | 1 | 1 | 0 | 0 |
| Bruton agammaglobulinemia | 1 | 1 | 1 | 2 | 0 |
| Glanzmann thrombasthenia | 1 | 1 | 0 | 0 | 0 |
| Adrenoleukodystrophy | 3 | 2 | 1 | 1 | 0 |
| HLA-only typing | | | | | |
| Acute lymphoblastic leukemia | 40 | 29 | 12 | 10 | 2 |
| Diamond Blackfan anemia | 17 | 3 | 4 | 2 | 2 |
| Histiocytosis | 3 | 1 | 1 | 1 | 0 |
| Total | 301 | 157 | 79 | 68 | 15 |

Clinical results: pregnancies and babies





| | HLA+PGD | HLA-only | Total |
|---------------------------------|--------------|--------------|---------------------|
| Maternal age | 31.6 ± 4.8 | 37.3 ± 3.6 | 32.6 ± 5.1 |
| No. of cycles performed | 241 | 60 | 301 |
| • per couple | 1.8 ± 1.2 | 2.1 ± 1.7 | 1.9 ± 1.3 |
| No. of transfers (%) | 165 (68.4) | 45 (75.0) | 210 (69.8) |
| No. of embryos transferred | 253 | 75 | 328 |
| Mean no. of embryos transferred | 1.0 ± 1.7 | 1.2 ± 0.9 | 1.1 ± 0.7 |
| No. of clinical pregnancies | 62 | 17 | 79 |
| • Clinical per cycle | 25.7% | 28.3% | 26.2% |
| • Clinical per transfer | 37.6% | 37.7% | 37.6% |
| Miscarriages | 11 | 4 | 15 |
| No. of embryos implanted | 78 | 18 | 96 |
| • Implantation rate | 30.8% | 24.0% | 29.3% |
| No. of pregnancies went to term | 51 | 13 | 64 |
| No. of babies born | 55 | 13 | 68 |
| Live birth rate per cycle | 21.2% | 21.7% | 21.3% |

Data modified from: Fiorentino *et al.* (2004) *Mol Hum Reprod* 10: 445-460; Fiorentino *et al.* (2005) *Eur.J.Hum Genet.* 13: 953-958 ; Van de velde, Fiorentino *et al.*, (2009) *Hum reprod* 24, 732–740

Limitations

-  A minimal time period is needed for the procedure: a delay of 12 to 18 months may be necessary between decision making and treatment (mainly related with the success of IVF treatment)
-  A high number of embryos (and therefore several IVF cycles) may be necessary to obtain a pregnancy and a live birth.
-  The low chance of finding an HLA matched unaffected embryo (18.75%).
-  The chance of obtaining a pregnancy in IVF is mainly limited by the advancing age of the mother.




Ponchioli's family

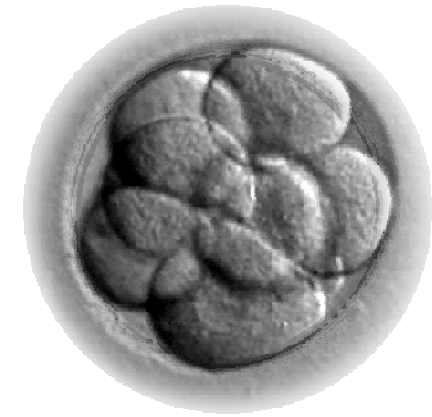
-  The couple has a son affected by a sporadic form of **Blackfan-Diamond anemia**, an extremely rare disease affecting only 600-700 world-wide, characterized by an inability to produce red blood cells.
-  The only cure available was HSC transplantation.
-  No genetic risk, HLA matching as primary indication.
-  3 years of attempts:
 - ✓ 7 PGD cycles
 - ✓ 2 different IVF centres

Ponchioli's case clinical results

| | |
|---|----------------|
| No. of years of attempts | 3 (36-39 y.o.) |
| No. of cycles performed (2 different centres) | 7 (2+5) |
| No. of oocytes retrieved | 152 |
| No. of mature oocytes injected | 114 |
| No. of oocytes fertilized | 104 |
| No. of embryos analyzed | 86 |
| No. of embryos diagnosed (%) | 81 (94.2) |
| HLA identical healthy embryos (%) | 15 (18.5) |
| HLA non-identical embryos (%) | 66 (81.5) |
| No. of embryos transferred (mean) | 13 (1.9±1.2) |
| No. of transfers | 6 |
| No. of +HCG pregnancies | 3 |
| No. of clinical pregnancies | 2 |
| Miscarriages | 1 |
| No. of babies born | 1 |
| CBT | 1 |

Ponchioli's case

-  A hard but happy ending story.
-  The son is now completely cured after HSC transplantation.
-  An example of perseverance, a strong act of love.



PGD for HLA matching:
how we cured our child following a PGD treatment

Cesare PONCHIROLI

