

Positives!! Ain 't No Good!! A Quasi-experimental Study To Determine The Efficacy of Crossmatched Platelets In Hemato-oncology Patients with Suspected Alloimmune Platelet Refractoriness

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Daljit Kaur¹, Gita Negi¹, Vaidehi Prasanth¹, Dixa Kumari¹, Priyanka Rathod¹, OPS Negi¹, Ashish Jain¹, Gaurav Dhingra², Uttam Kumar Nath²

1Department of Transfusion Medicine, ² Department of Medical Oncology Hematology

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Introduction

•Platelet transfusion therapy is an important aspect of supportive transfusion therapy for haemato-oncology patients.

 Lack of adequate response is the significant challenge that complicates the platelet transfusion support in such patients.

•Less than expected posttransfusion increment occurs for 20-70% of the multiply transfused thrombocytopenic patients owing to immune or non-immune causes.



Aim / Objectives

- •To determine the prevalence of platelet refractoriness in hemato-oncology patients on platelet transfusion therapy.
- •To evaluate the effectiveness of transfusion of crossmatched platelets in refractory patients.

Study Population

- Patients from Haemato-oncology
- Receiving single donor apheresis platelet transfusions
- Multitransfused (> two episodes)

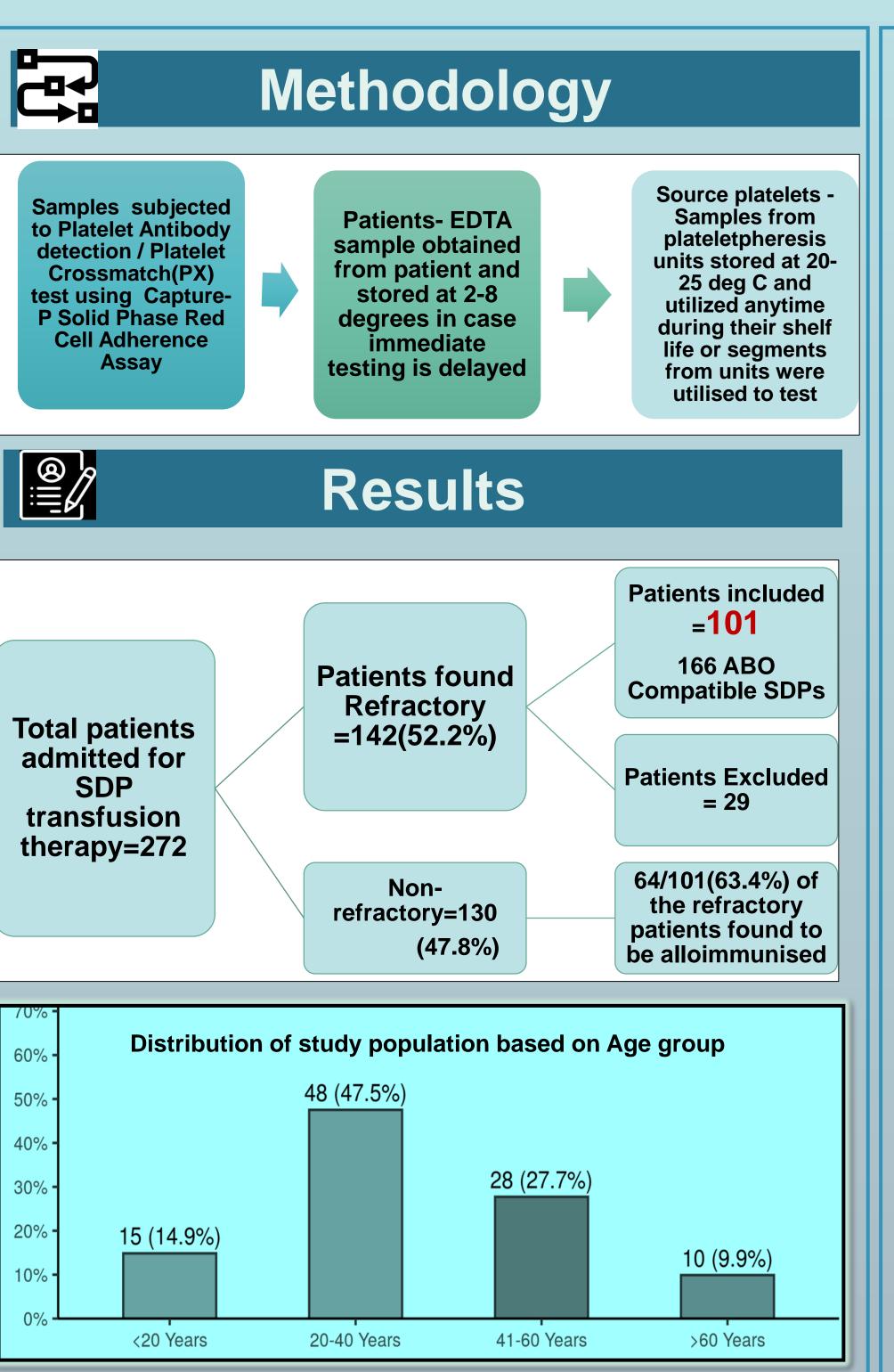
Study Design

Quasi-experimental study

Department of Transfusion Medicine & Hemato-Oncology

Calculated Sample size = 77

Study period: 2 years



•A weak positive correlation between Age (Years) and CCI Correlation was statistically significant (rho = 0.2, p = 0.043)

Table. 1 Association Between Platelet Crossmatch and Objective outcomes- CCI and PPR

CCI	P	X	Wilcoxon-Mann-Whitney U Test		
	Compatible	Incompatible	W	p value	
Mean(SD)	17788.02 (10828.74)	11913.54 (8844.73)	1637.500	0.001	
PPR	P.	X	Wilcoxon-Mann-Whitney U Test		
PPR			Test		
PPR	Compatible	Incompatible	Test W	p value	

Statistically significant difference:

- Between the 2 PX groups in terms of CCI (p = 0.001)
- Between adequate and inadequate CCI response for crossmatch compatible and incompatible SDP transfusions (p< 0.05) [x2 =9.743;p=0.0018]
- •A significant difference between the 11 diagnoses groups in terms of Platelet Increment ($\chi 2 = 19.172$, p = 0.038)

Table. 2 Regression Analysis for CCI

Dependent: CCI		Unit	Value	Coefficient (univariable)	Coefficient (multivariable)
Age (Years)	[4.0,73.0]	Mean (sd)	14065.6 (9979.5)	127.67 (6.66 to 248.68, p=0.039)	122.28 (2.79 to 241.77 p=0.045
Gender	Male	Mean (sd)	13490.8 (8005.2)	-	
	Female	Mean (sd)	14675.5 (11775.1)	1184.68 (-2770.50 to 5139.85, p=0.554)	1217.33 (-2571.61 to 5006.27 p=0.525
BMI (Kg/m²)	15.2,35.9	Mean (sd)	14065.6 (9979.5)	272.78 (-373.47 to 919.04, p=0.404)	101.51 (-523.29 to 726.30 p=0.748
Platelet Crossmatch	Compatibl e	Mean (sd)	17788.0 (10828.7)	-	
	Incompati ble	Mean (sd)	11913.5 (8844.7)	-5874.48 (-9814.04 to - 1934.91, p=0.004)	-5976.76 (-9893.54 to 2059.97, p=0.003

Number in dataframe = 101, Number in model = 101, Missing = 0, Log-likelihood = -1065.84

AIC = 2143.7, R-squared = 0.13, Adjusted R-squared = 0.093

Discussion

Authors	Year	Patients	No.	Testing Method	Alloimmun isation	Refractoriness
Salama et al	2014	Hemato -Onco	40	SPRCA	40%	61%(of Alloimm.)
Chavan et al	2014	Hemato -Onco	38	SPRCA	87.5%	55.8%
Desai et al	2017	Hemato -Onco	50	SPRCA	Compatible platelets ↔highe	
Present Study	2022 to 2023	Hemato -Onco	101	SPRCA	63.4%	52.2%



Conclusions

observed to be refractory to platelet therapy and 63.4% of them were found to be alloimmunized.
•Incompatible platelet transfusions accounted for 84.8% of the inadequate responses to platelet therapy.

About 52.2% of the transfused patients were

•Transfusion of crossmatched platelets to refractory patients ensured better post-transfusion platelet increment and platelet recovery.

Future Directions

 Routine utilization of platelet crossmatch testing for the hemato-oncological patients with thrombocytopenia on supportive platelet therapy.



Correspondence

Dr. Daljit Kaur

Associate Professor, Dept. of Transfusion Medicine AllMS Rishikesh doc.daljit@gmail.com

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