Highly specialized services in the field of histocompatibility and assessment of donor / recipient alloreactivity in organ transplantation.

The presence of preexisting or de novo donor specific HLA antibodies (DSAs) is a known barrier to successful long-term transplantation. Advances in multimodal immunotherapy have significantly reduced acute rejection rates and substantially improved 1-year graft survival. However, long-term survival rates have stagnated over the past decade. Recent studies indicate that antibody-mediated rejection (ABMR) is among the most important barriers to improving long-term outcomes. Improved understanding of the roles of acute and chronic ABMR has evolved in recent years following major progress in the technical ability to detect, characterize and quantify recipient anti-HLA antibody production. Still, questions regarding the classification of ABMR, the precision of diagnostic approaches, and the efficacy of various strategies for managing affected patients abound. The ongoing therapeutic challenge is to achieve effective and safe immunosuppression and avoid unwanted toxicities to produce enduring allograft function.

References:

**Keywords**: organ transplantation, HLA antibodies, AT1R antibodies, C1q antibodies.
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