

ABO Blood Group System
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Holy Grail of Transfusion Medicine

Manipulate the composition of blood:

With complete control

Without adverse consequences

Transfusion Medicine

Transfusion of "products":
RBC, Plt, WBC, PBSC, FFP

Infusion of recombinant proteins:
FVIII, FVIIa, ATIII

Prescription of "drugs":
Epo, G-CSF, GM-CSF

Removal of "evil humors":
Apheresis of cells and solutes

**Holy Grail of RBC Transfusion Therapy
(corollary)**

Transfuse any unit of RBC into any recipient:

With perfect acquisition of the desired effect:

Normalizing Hct
Diminishing Hgb SS levels
Improving O2 delivery

Without adverse consequences:

Transfusion transmitted diseases (e.g. HIV)
Transfusion reactions
Missing the therapeutic target
Volume overload

Hemolytic Transfusion Reactions

Incompatible transfusion



DIC, renal dysfunction, shock, death

**Landsteiner Experiment
1900**

Mix serum and RBC from random individuals
Incubate at RT
Observe for RBC agglutination

<u>Blood group</u>	<u>RBC</u>	<u>Serum</u>
A	A	anti-B
B	B	anti-A
AB	AB	"none"
O	O	anti-A, anti-B

Modern interpretation: "All" humans have "naturally-occurring" IgM antibodies to the carbohydrate ABO antigens they lack

Landsteiner Experiment 1900

Why do we care?

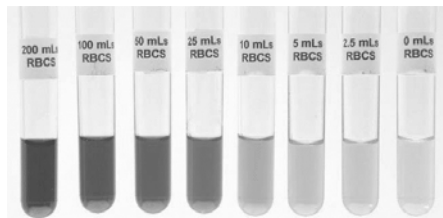
ABO incompatible RBC → death
ABO incompatible xplant → hyperacute rejection

We go to extraordinary lengths to prevent this:

Every donor and donor unit is ABO typed every time
 Every recipient is ABO typed every time
 The front and back type must agree
 Lots of barriers and requirements from phlebotomy to transfusion

Still we have problems

Hemolytic Transfusion Reactions



Elliott et al. Visualizing the hemolytic transfusion reaction. *Transfusion* 43: 297, 2003.

Hemolytic Transfusion Reactions

Acute HTRs

IgM-mediated
 ABO
 Clinical course: severe; significant mortality
 Malpractice

Hemolytic Transfusion Reactions

Acute HTRs

~14 x 10⁶ RBC transfused/year in USA
 ~1000 clinically significant ABO incompatible transfusions
 ~10 deaths in US from ABO HTRs
 Risk of death: ~1/10⁶ per transfusion

Hemolytic Transfusion Reactions

TABLE 2. Outcomes after receipt of ABO-incompatible RBCs in New York State, 1990 through 1999

Outcome	Number	Percentage
No adverse effect	111	47
Acute hemolytic reaction		
Symptomatic*	96	41
Laboratory only	16	7
Fatal	5	2
Low-grade fever only	1	0.4
Death due to underlying condition	8	3
Total	237	100

* Nonfatal.

Linden et al. Transfusion errors in New York State: an analysis of 10 years' experience. *Transfusion* 40:1207-1213, 2000.

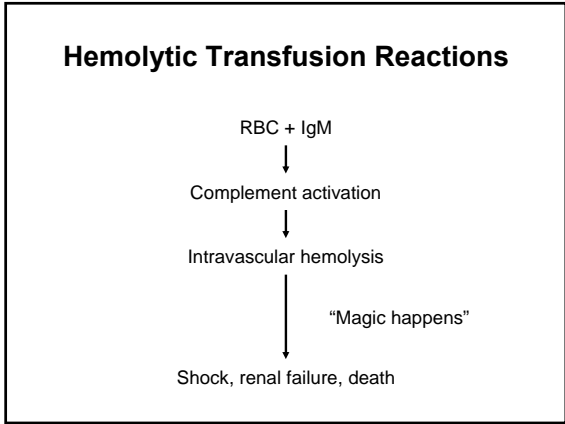
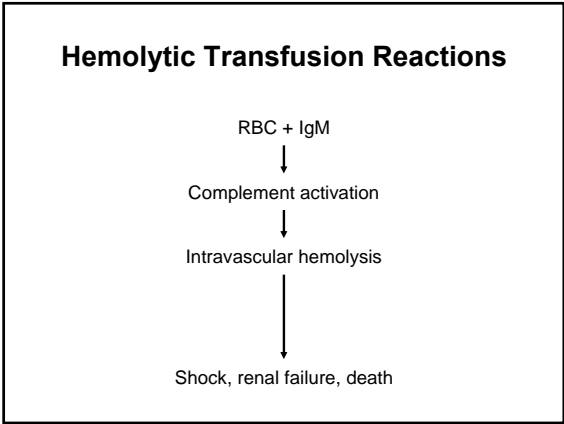
Hemolytic Transfusion Reactions

TABLE 3. Sources of transfusion-associated errors in New York State, 1990 through 1999

Nature of error	Number (%)	Number (%)
Non-blood bank error alone		259 (56)
Identification error	171 (37)	
Phlebotomy error	62 (13)	
Incorrect order sent	22 (5)	
Other	4 (1)	
Blood bank error alone		136 (29)
Tested wrong sample	39 (8)	
Testing error, technical	34 (7)	
Wrong unit issued	17 (4)	
Testing error, clerical/transcription	16 (3)	
Wrong unit tagged	14 (3)	
Clerical error, recorded on wrong slip	11 (2)	
Other	4 (1)	
Compound error		67 (15)
Wrong unit issued, identification error	48 (10)	
Wrong unit tagged, not detected	5 (1)	
Other	13 (3)	
Could not be determined*	1 (0.2)	1 (0.2)
Total		462 (100)

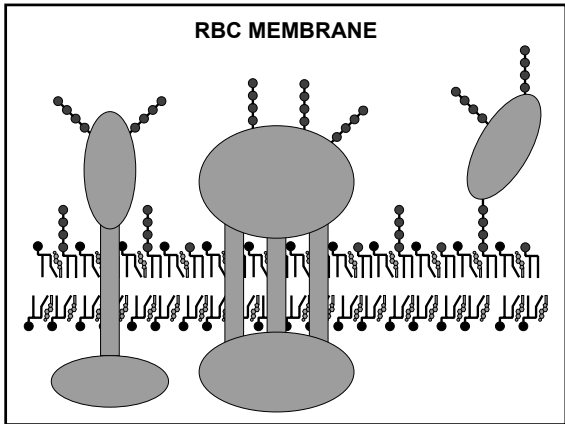
* Change in blood type. Could not be determined whether blood bank or phlebotomy error.

Linden et al. Transfusion errors in New York State: an analysis of 10 years' experience. *Transfusion* 40:1207-1213, 2000.



Red Blood Cells (RBC): Basic stuff

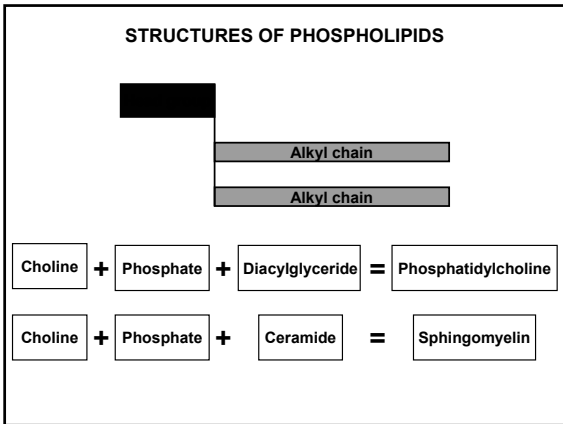
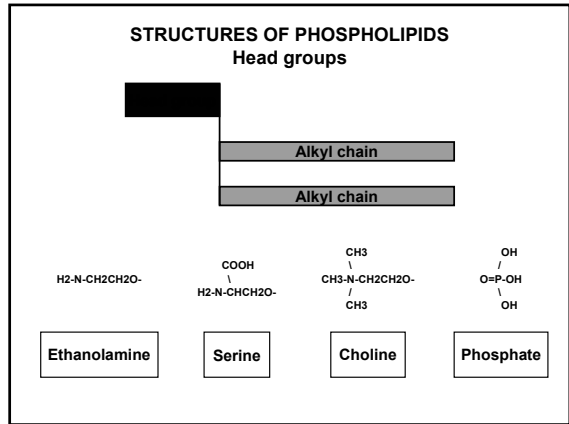
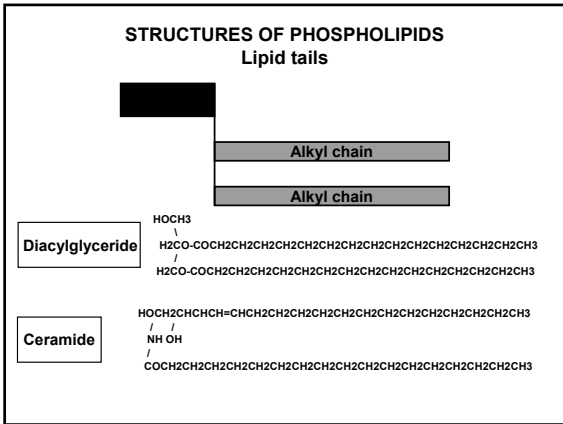
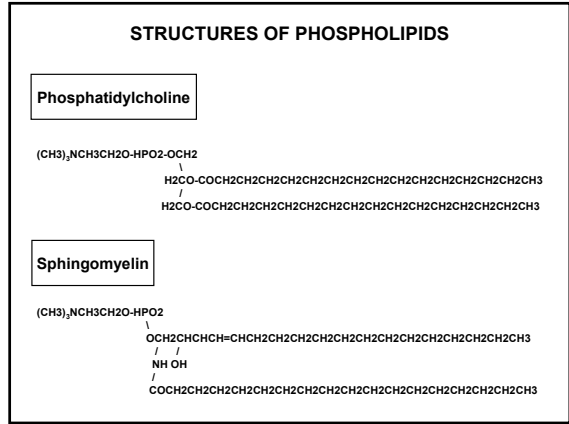
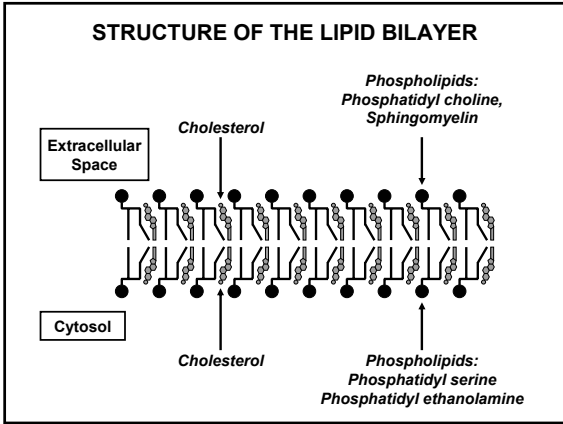
- Biconcave disk**
- Membrane structure**
- Cytoplasm: Hgb, LDH, K**
- No internal membranes**
- No nucleus**
- No RNA**
- No synthetic capacity**
- Terminally differentiated**



CONSTITUENTS OF THE RBC MEMBRANE

- Lipid bilayer:**
 - phospholipids, cholesterol
- Glycosphingolipids**
- Proteins:**
 - Transmembrane proteins (RhD)
 - Transmembrane glycoproteins:
 - Single span (Glycophorin A)
 - Multispan (Band 3)
 - GPI-anchored (DAF)

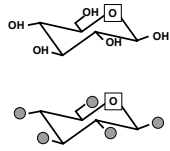
LIPID BILAYER (PHOSPHOLIPIDS)



GLYCOSPHINGOLIPIDS (GLYCOLIPIDS)

MONOSACCHARIDE STRUCTURE

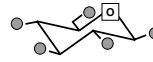
Glucose = Glc



Numbering
Axial vs. equatorial
Anomerity: α vs. β

MONOSACCHARIDE STRUCTURE

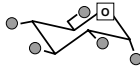
β -Glc



Anomerity: α vs. β

MONOSACCHARIDE STRUCTURE

α -Glc



Anomerity: α vs. β

MONOSACCHARIDE STRUCTURE

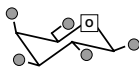
β -Glc



Epimers: Gal vs. Glc

MONOSACCHARIDE STRUCTURE

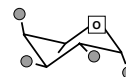
β -Gal



Epimers: Gal vs. Glc

MONOSACCHARIDE STRUCTURE

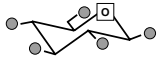
L- α -Fuc



Fucose = 6-deoxy-L-Gal

MONOSACCHARIDE STRUCTURE

β -Glc




Amino sugars
N-acetyl-glucosamine = GlcNAc
N-acetyl = CH₃CONH-

MONOSACCHARIDE STRUCTURE

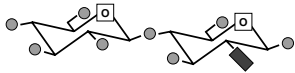
β -GlcNAc



Amino sugars
N-acetyl-glucosamine = GlcNAc
N-acetyl = CH₃CONH- = 

CARBOHYDRATE STRUCTURES

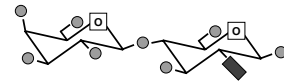
Disaccharides



Glc(β 1-4)GlcNAc

CARBOHYDRATE STRUCTURES

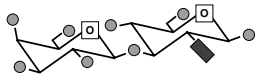
Type 2 Chain



Gal(β 1-4)GlcNAc

CARBOHYDRATE STRUCTURES

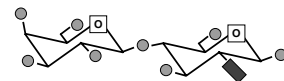
Type 1 Chain



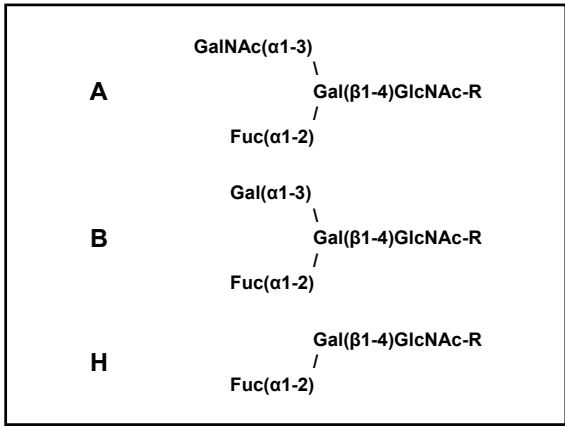
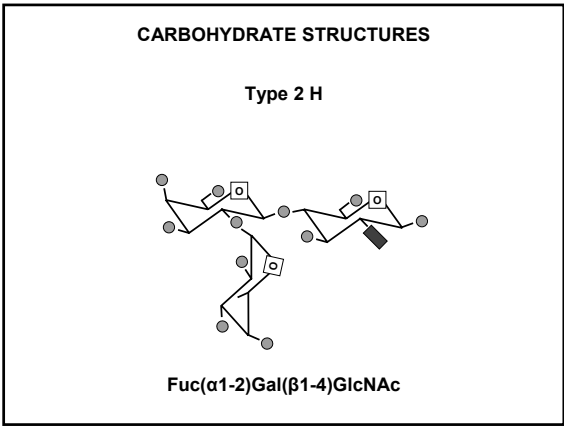
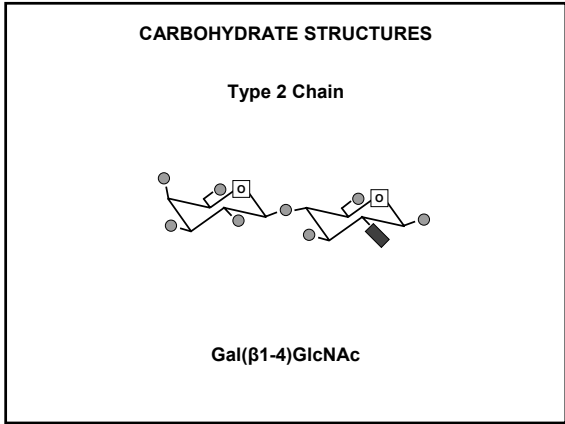
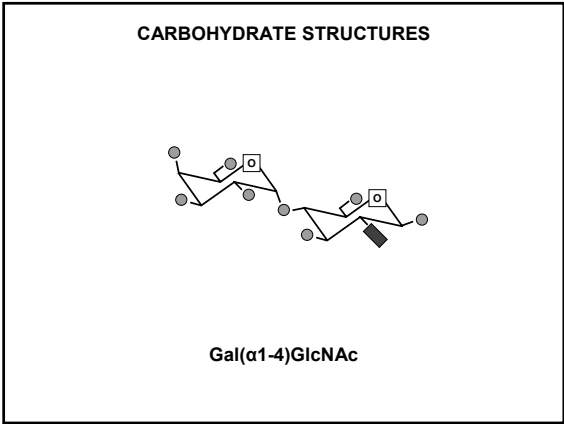
Gal(β 1-3)GlcNAc

CARBOHYDRATE STRUCTURES

Type 2 Chain

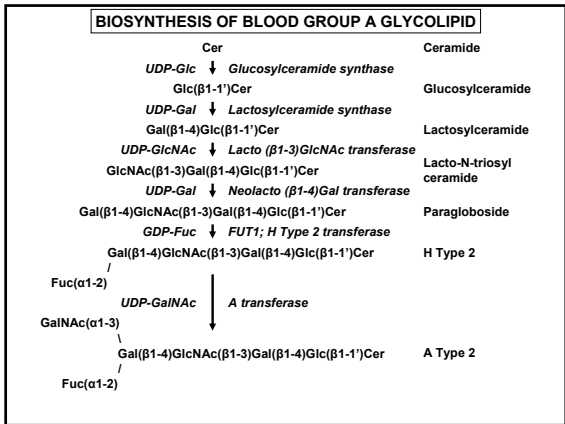


Gal(β 1-4)GlcNAc

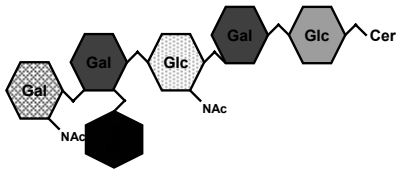


GLYCOCONJUGATE BIOSYNTHESIS
Glycosidic bonds
Glycosyltransferase

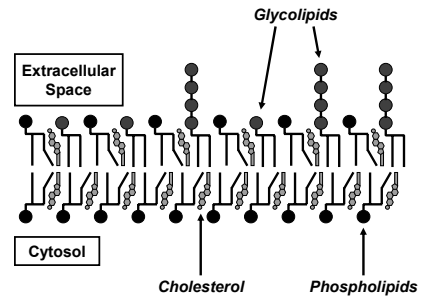
Nucleotide-sugar + Acceptor		→	Glycosylated acceptor	+ Nucleotide
UDP-GalNAc GDP-Fuc CMP-sialic acid	Carbohydrate Lipid Protein Other		Oligosaccharide Glycolipid Glycoprotein Other glycan	UDP GDP CMP



BIOSYNTHESIS OF BLOOD GROUP A GLYCOLIPID



A TYPE 2

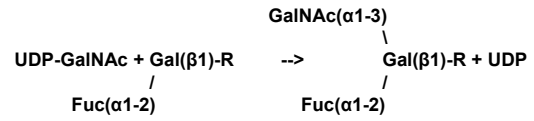


CHARACTERISTICS OF THE A AND B TRANSFERASES

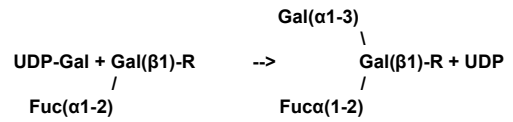
- 354 amino acids
- Type II membrane glycoprotein
- Golgi localization
- A and B transferases are highly homologous
- Require Mn²⁺ for enzymatic activity
- GT6 family of glycosyltransferases (CAZy): <http://afmb.cnrs-mrs.fr/CAZY/>
- 7 coding exons
- Chromosome 9 q34

CHARACTERISTICS OF THE A AND B TRANSFERASES

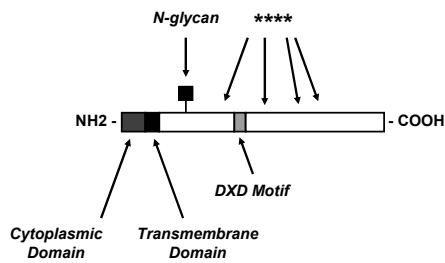
A: (α1-3) GalNAc-transferase (EC 2.4.1.40)



B: (α1-3) Gal-transferase (EC 2.4.1.37)



STRUCTURE OF THE A AND B TRANSFERASES



Yamamoto et al. Nature 345:229, 1990

STRUCTURE OF THE A AND B TRANSFERASES

Four Critical Residues

Transferase	Amino acid number			
	176	235	266	268
A	R	G	L	G
B	G	S	M	A
"AABB"	R	G	M	A

STRUCTURE OF THE A AND B TRANSFERASES
Four Critical Residues

Transferase	Amino acid number			
	176	235	266	268
A	R	G	L	G
B	G	S	M	A
"AABB"	R	G	M	A

Yamamoto et al. J Biol Chem 265:19257, 1990

STRUCTURE OF THE A AND B TRANSFERASES
Four Critical Residues

Transferase "genotype"	Transferase "phenotype"
AAAA	A
AAAB	A
AAABA	AB
AAABB	B
BBAA	A
BBBB	B

Conclusion: The last two critical residues (aa 266 and 268) are very important in determining specificity

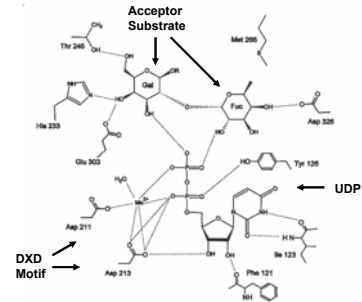
Yamamoto et al. J Biol Chem 265:19257, 1990

CRYSTAL STRUCTURE OF THE B TRANSFERASE



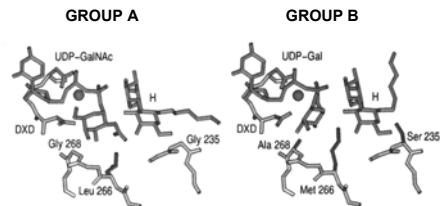
Patenaude et al. Nature Struct Biol 9:685, 2002

ACTIVE SITE OF THE B TRANSFERASE



Patenaude et al. Nature Struct Biol 9:685, 2002

ACTIVE SITES OF THE A AND B TRANSFERASES



Patenaude et al. Nature Struct Biol 9:685, 2002

ABO Histo-blood group system
Summary

- Carbohydrate antigens
- Glycolipids & glycoproteins
- Indirect gene product
- 500,000 copies/RBC
- On many tissues ("histoblood group Ag")
- No known function
- "Naturally occurring" IgM
- T-independent
- Direct agglutinin
- C5b-9 membrane attack complex
- Intravascular hemolysis
- Acute hemolytic transfusion reaction
- Hyperacute rejection of solid-organ transplants
- Mild HDN, if any

ACKNOWLEDGEMENTS

ABO Glycolipids

K. Landsteiner	Vienna and Rockefeller
E. Kabat	Columbia University
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W. Morgan	Great Britain
V. Ginsburg	NIH
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S. Hakomori	Seattle
H. Clausen	Seattle
F. Yamamoto	Seattle