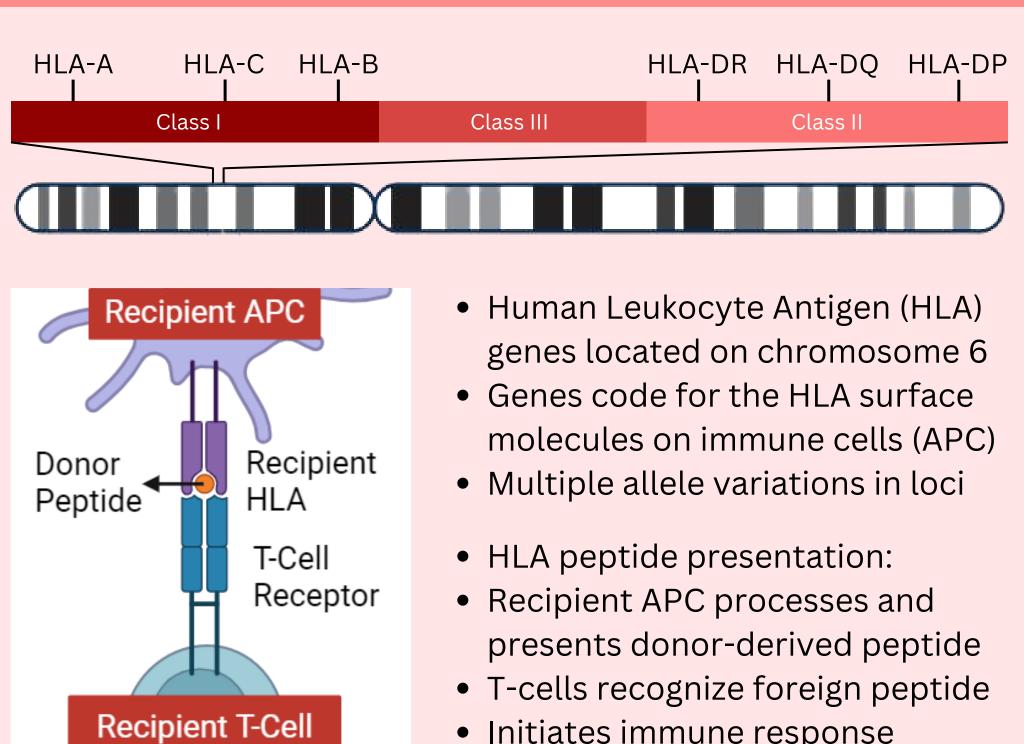
# **Analyzing HLA Sequences to Predict Organ Rejection** and Find Targets for Precise Immunosuppression

#### Background



- Organ Rejection is caused by the DNA or gene differences in the donated organ and the recipient's body
- Clinicians prescribe Immunosuppressors to prevent rejection, which are life-long drugs that weaken the immune system
- Side effect is a severely weakened Immune System, unable to protect body against other diseases or viruses
- Medications not as effective at preventing chronic rejection

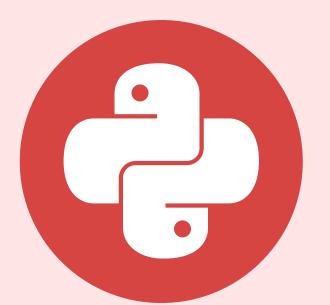
#### Indirect Allorecognition



Initiates immune response

#### Methodology







#### **1. Data Collection and Analysis**

- Collect HLA typing data from the past donor and the recipients, with the rejection outcome and match scores
- Obtain amino acid sequences for commonly typed HLA alleles

#### 2. Machine Learning Model

- Develop models using sequences
- Use NetSurfP server to find solvent accessible amino acids
- NetMHCIIpan to generate donorderived peptides and find strong binding, significant peptides

#### 3. Model Testing and Revision

- Test algorithm iterations with HLA typing data and compatibility scores
- Analyze model's performance using accuracy metrics and decision matrix
- Compare model with current research models and findings

#### **Engineering Problem**

Chronic organ rejection affects about 50% of all kidney transplants 5 years post-transplant.

Broad immunosuppressors can severely weaken the immune system, making the body unable to defend itself against other diseases.

Make a model that identifies solvent-accessible amino acid mismatches and predict donor peptides that would bind to recipient HLA class II molecules to predict rejection and find targets for precise immunosuppression.

#### Main Takeaways

- Peptides with solvent-accessible mismatches were predicted to be strong binding to recipient HLA class II molecules
- Greater number of solvent-accessible mismatches correlated with a higher number of strong-binding peptide targets
- Focusing on indirect MHC-peptide presentation can be beneficial in predicting precise immunosuppressive targets
- Certain HLA loci may have a greater influence on the rejection outcome and the compatibility score than others

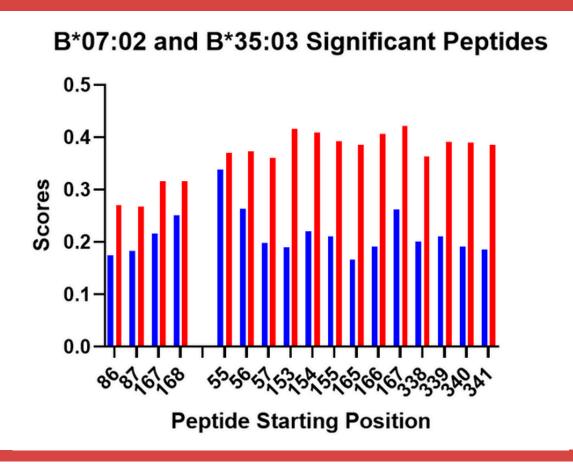


Figure 1: Sample output of significant peptides for donor alleles B\*07:02 and B\*35:03. Blue is binding affinity score and red is eluted ligand scores.

# **Rejection and Output Scores**

Info A		All	ele		3	3	91	93	3	94	95	13	38	176	180	2	02
Recipient E		B*08:01		L	)	F	Т		Ν	Т	N	1	V	D		Г	
Recipient		B*40:02		H	I	S	Т	•	Ν	Т	N	1	V	L		Г	
Donor B		B*(	B*07:02		Υ	7	Y	A		Q	Α	Ι	)	Е	R	I	K.
Total MM		9		Υ	7	Y	A		Q	Α	Ι	)	Е	R	I	κ.	
SA MM		3			-		A	<b>.</b>	Q				Е		I	K.	
Info	Allele		33	48	69	118	119	121	127	138	140	155	187	218	306	329	349
Recipient	B*08:0	)1	D	S	Е	Т	L	S	V	N	Y	R	Т	I	V	А	С
Recipient	B*40:0	)2	Η	Т	Κ	Т	L	S	V	Ν	Y	R	Е	I	V	А	С
Donor	B*35:0	)3	Y	А	Т	Ι	Ι	R	L	D	F	S	L	V	Ι	Т	S
Total MM	14		Y	А	Т	Ι	Ι	R	L	D	F	S	L	V	Ι	Т	S
SA MM	7				Т							S	L	V	I	Т	S

Figure 2: Sample output of amino acid mismatches and solvent-accessible mismatches with the amino acid position for donor alleles B\*07:02 and B\*35:03 compared to recipient alleles B\*08:01 and B\*40:02

#### **Compatibility Score Regression Models**

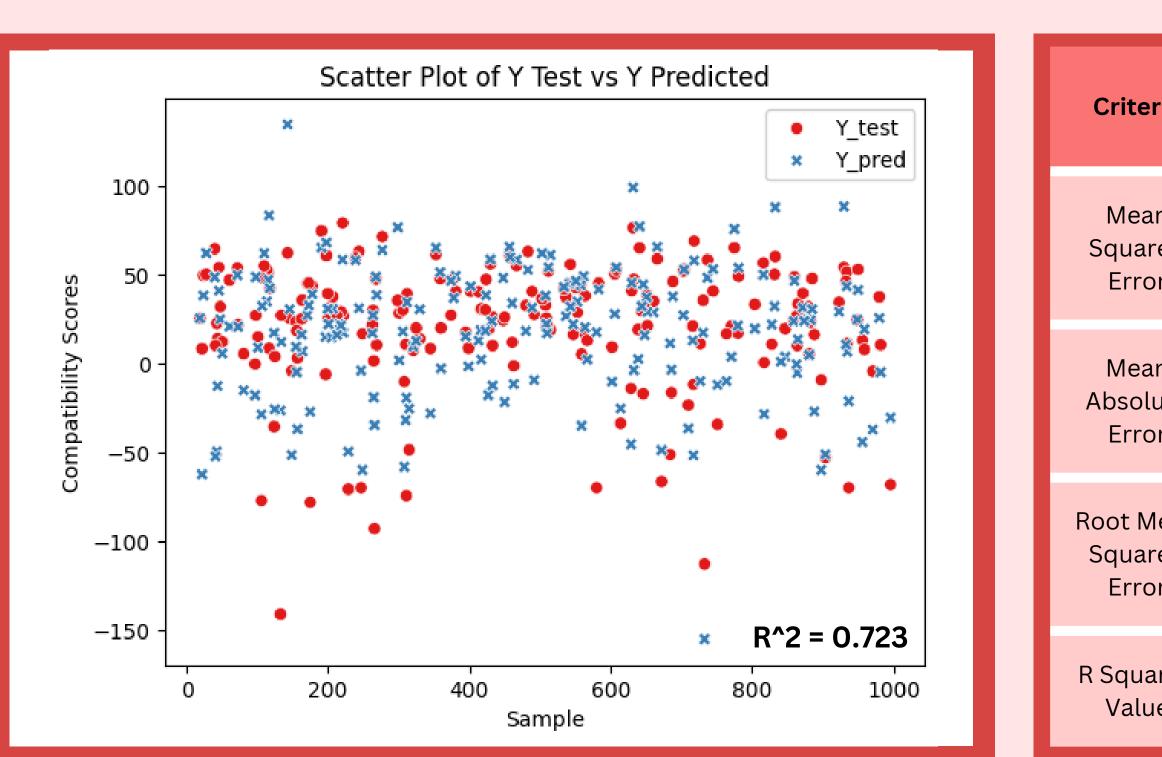
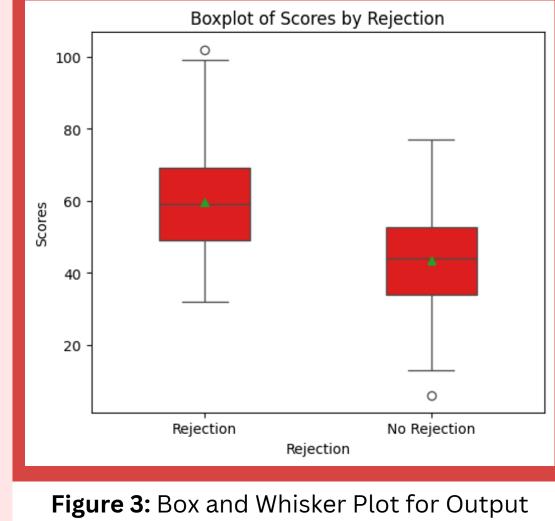


Figure 4: Scatter Plot for Ridge Regression Model after Feature Selection

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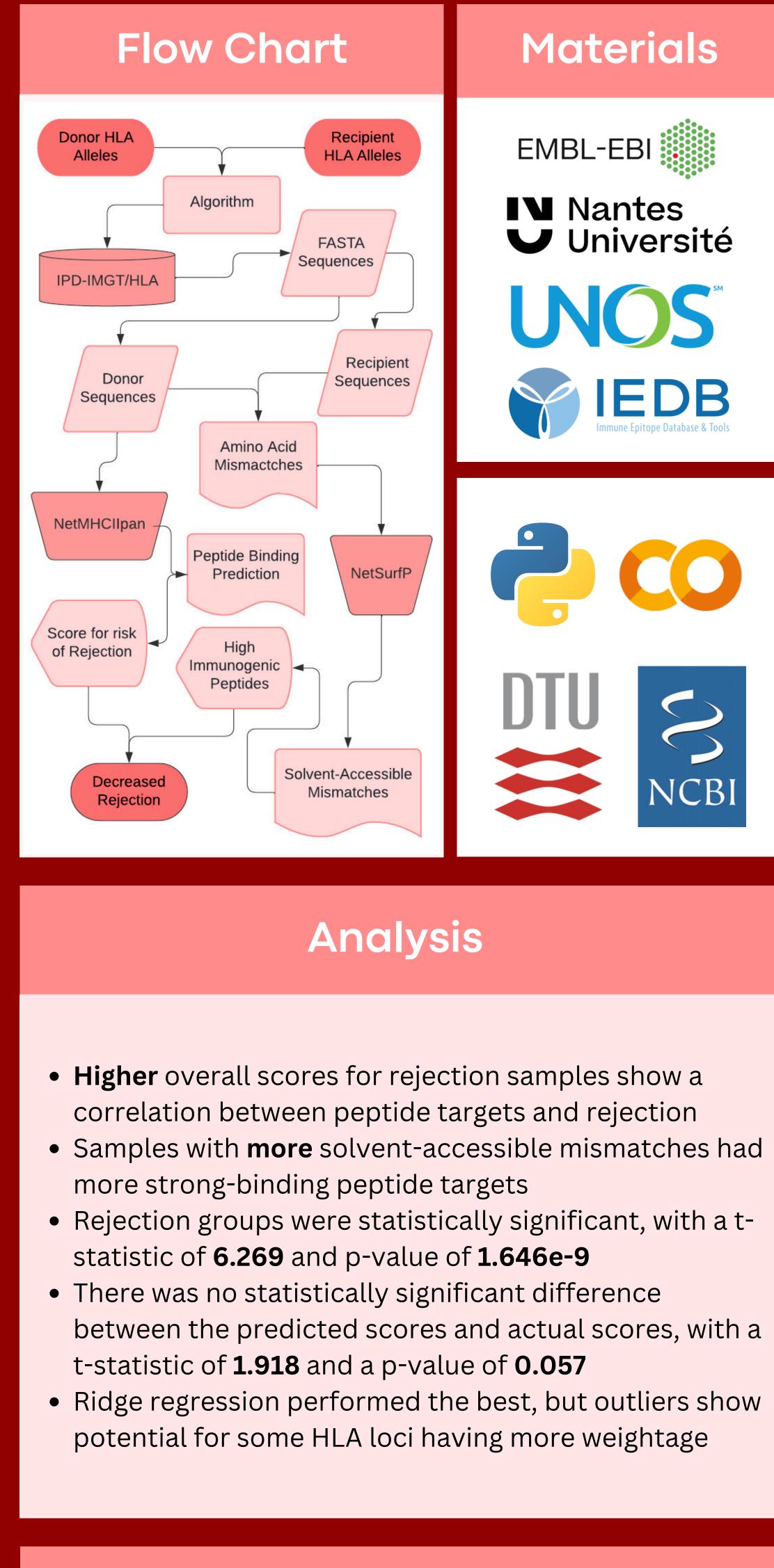
### **Engineering Goal**



Scores and Rejection

ria	Linear Regression	Ridge Regression	Random Forest	Lasso Regression	Polynomial Regression
n red or	487.682	485.305	531.052	488.244	485.564
in ute or	17.028	16.782	15.068	16.967	16.886
lean red or	22.084	22.030	23.045	22.096	22.036
ared Ie	0.624	0.626	0.590	0.623	0.625

**Table 1:** Decision Matrix for Compatibility Score Regression Models



- greatest indicators of rejection and assigning weights for other organs, such as heart or lung transplants efficient model predictions
- Improve model by investigating which loci are the • Modify the model to analyze rejection risk and targets • Experiment with other prediction software for most

# **Future Studies**

• Create a web application that holds the model, giving clinicians more information on significant peptide targets and the risk of rejection