Discussion

Dr. Mandel: You call these Ia$^+$ cells dendritic cells. Do you know they're not macrophages?

Dr. Danilovs: No, I don't know they're not macrophages. How would you distinguish them?

Dr. Mandel: Electron microscopy might give you some idea.

Dr. Danilovs: We haven't done that with any of this tissue.

Dr. Naji: Would you think the density of the DR-positive cells is more in the islet or the non-islet tissue?

Dr. Danilovs: I think they are randomly distributed throughout the pancreatic tissue.

Dr. Lafferty: Is there much difference in general distribution with age of the fetal pancreas?

Dr. Danilovs: I've shown you the range of 14–24 wk. Within that range we see no differences.

Dr. Mintz: Dr. Danilovs, how common are these findings to all of your antibodies? You are using four different ones?

Dr. Danilovs: Yes. Anytime we have looked with the four different reagents we have seen the same pattern. I should say that with respect to the DR matching in humans, certainly it is still controversial whether DR matching is beneficial in renal transplantation. I don't think at this stage we can say that it is going to be sufficient in the pancreatic transplantation.

What I wanted to point out is that our whole approach has been not to match just for DR—I've shown that we can—but to bank the pancreatic tissue, to type it for HLA and DR, and to select the best matches and, subsequently, to do mixed leukocyte cultures to look for nonreactivity. This is the direction we may eventually have to take to look for in vitro nonreactivity of the specific match. We can freeze the fetal lymphoid tissue and we can do the mixed leukocyte cultures. We are working on this now. That is the direction we will take.