

I'm Not Kidd-ing!

Complexities of Antibody Identification in Patient's with Multiple Antibodies

Helen Thom

NHS Blood and Transplant

A thick, solid blue wavy line that curves across the bottom of the slide, starting from the left edge and ending at the right edge.

Outline

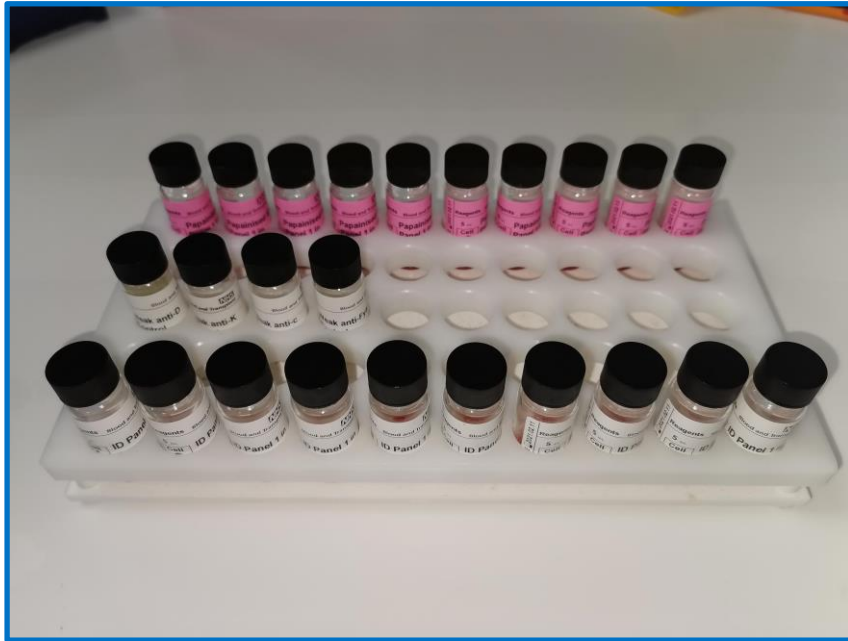
- Antibody Identification
- Why it is important
- Blood availability
- 3 Case Studies



Antibody Screen



Antibody Panels



<https://b-s-h.org.uk/guidelines/guidelines/pre-transfusion-compatibility-procedures-in-blood-transfusion-laboratories/>

- Consist of red cells from eight or more group O donors
- For commonly encountered clinically significant alloantibodies: **2 antigen pos** and **2 antigen neg** cells
- 1 x R1R1 (CCDDee) and 1 x R1wR1 (CwCDDee)
- Between them, these two cells should express the antigens K, k, Fya, Fyb, Jka, Jkb, S, s
- One example of each of the phenotypes R2R2 (ccDDEE), r'r (Ccddee) and r''r (ccddEe)
- At least three examples of the phenotype rr (ccddee), including at least one K+, and collectively, homozygous expression of k, Jka, Jkb, S, s, Fya, and Fyb

Papain Treatment

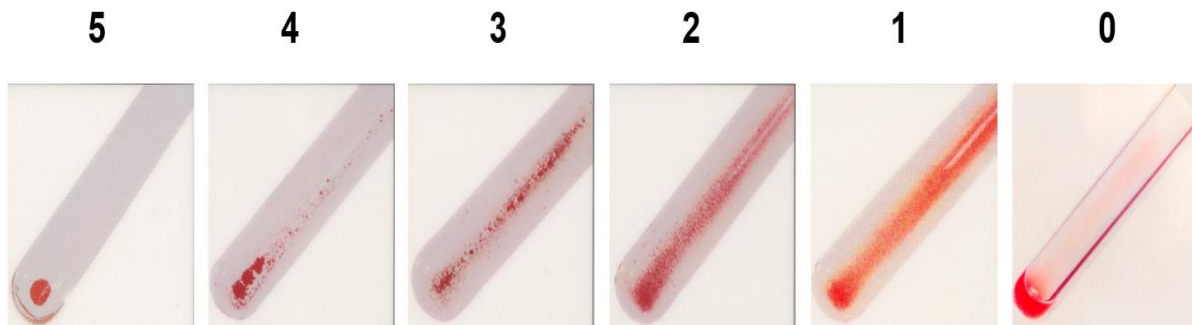
- Can assist with ABID
- Some antigens are sensitive to papain
- Some antigens are enhanced – steric hindrance

Rh-hr	Spender Donor / Donneur Donatore / Donante Dador	Rh-hr						Kell				Duffy		Kidd		Lewis		P	MNS				Luth.			
		D	C	E	c	e	C ^w	K	k	Kp ^a	Kp ^b	Js ^a	Js ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Le ^a	Le ^b	P ₁	M	N	S	s	Lu ^a	Lu ^b
I	CCD.ee R ₁ R ₁ 251731	+	+	0	0	+	0	+	+	0	+	nt	+	+	+	0	0	+	+	+	0	+	0	+	0	+
II	ccD.EE R ₂ R ₂ 032276	+	0	+	+	0	0	0	+	0	+	nt	+	+	0	+	+	0	+	0	0	+	0	+	0	+
III	CCD.ee R ₁ R ₁ 114003	+	+	0	0	+	0	0	+	0	+	nt	+	+	+	+	0	+	0	+	+	+	+	+	0	+

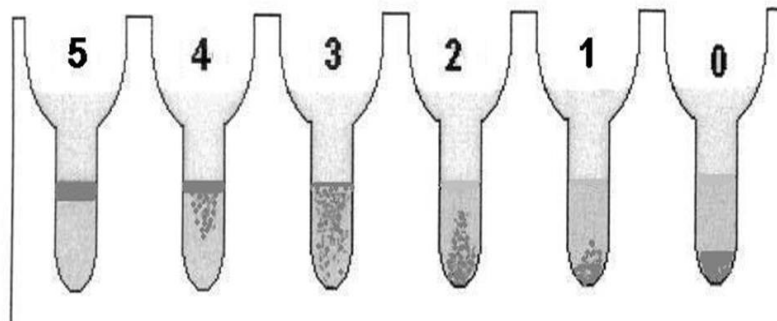


Grading

Grading of Reactions

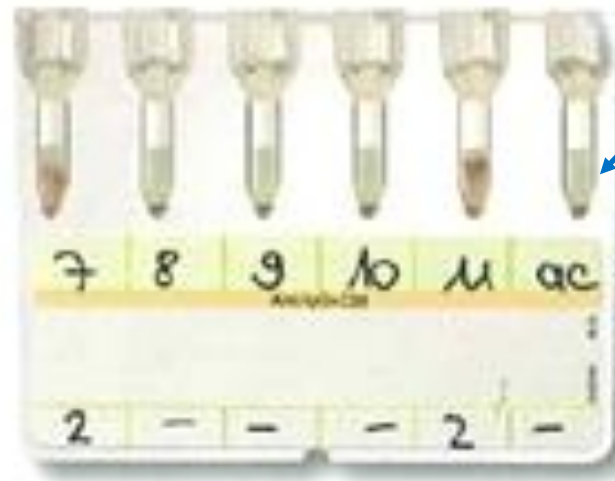
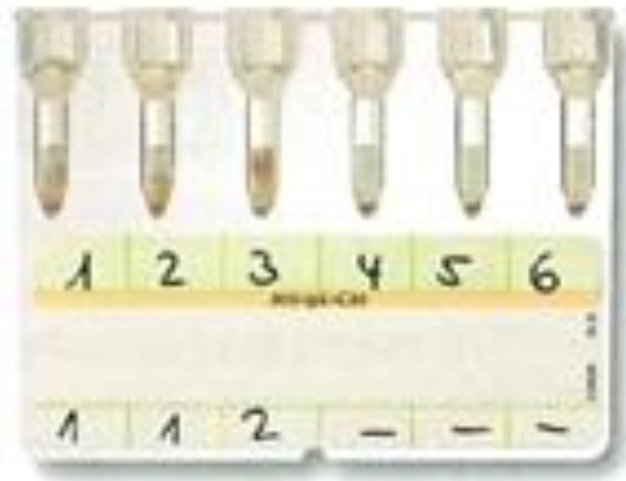


Reading agglutination in tube tests – reaction grades 0 - 5



- Can assist with ABID
- Multiple antibodies
- Enhanced reactions
- Dosage

ABID





Antigram - ABID Example



Cell	Rh	D	C	E	c	e	M	N	S	s	Pl	Lu ^a	K	K	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	JK ^a	JK ^b	Other	IAT	
	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	+	0		1	
	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		1	
	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		2	
	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	/	/	0		0	
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	/		0	
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	/		0	
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		2	
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	/	0	+		0	
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		0	
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	/	0		0	
																						Auto	0	
																							K control	2

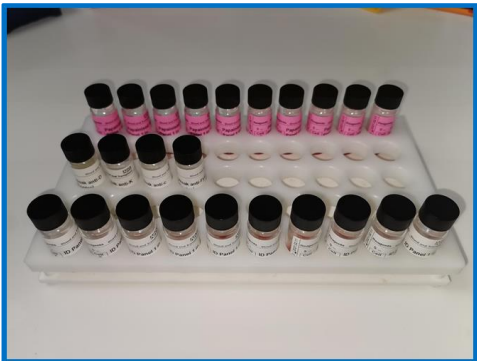
Anti-D and ? Anti-Lua

Test additional Lua+ D- cell

Not excluded: Anti-C^w

Patient's phenotype is B RhD- C- E- K- (B rr K-)

Exclusions



Why is this so important?

- Multiple blood group antigens
- Not just ABO and RhD
- Red cell antibodies produced through either pregnancy, transfusion or transplantation
- Antibodies can be clinically significant
- Can cause delayed and immediate HTR

BLOOD

ASSIST

Compatibility of Blood Components

>

Specific Requirements

>

Administration

>

Transfusion Reaction Guidance

>

Vascu

- Hypo
- Unc
- blee

Trans
vein

- Heat
- sens

Lumb
region

- Pain

d heart rate

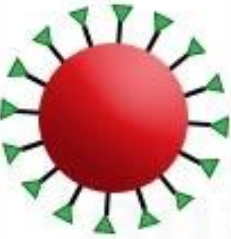
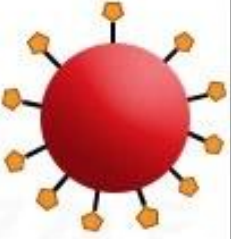
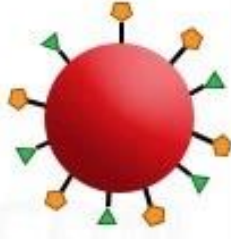
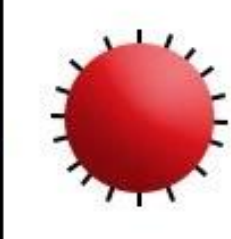






Chest

Constricting
pain

Urinary

- Hemo-
globinuria
- Hyper-
bilirubin-
emia

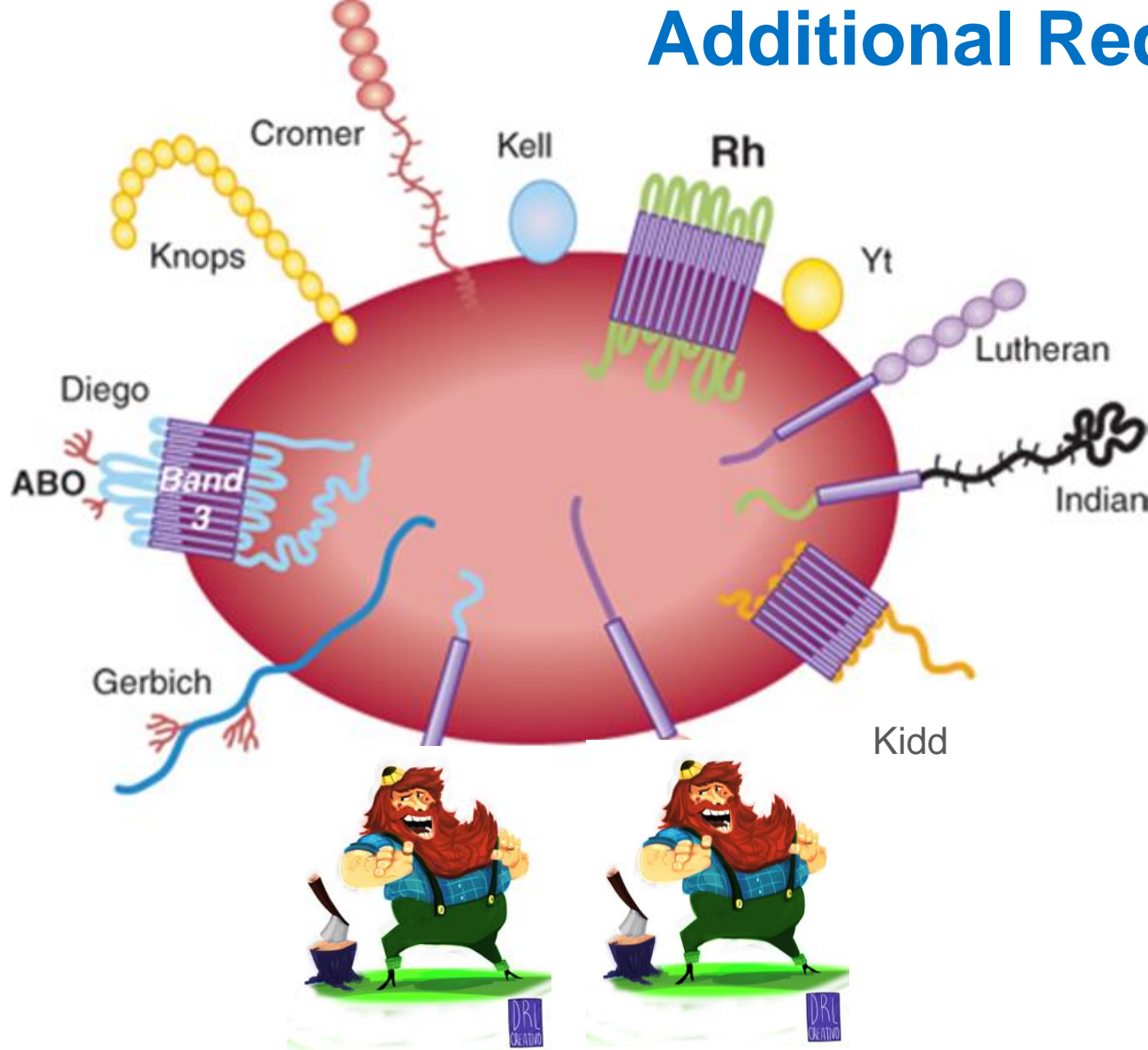
ABO Antigens and Antibodies

	Group A	Group B	Group AB	Group O
Red blood cell type				
Antibodies in Plasma	 Anti-B	 Anti-A	None	 Anti-B and Anti-A
Antigens in Red Blood Cell	 A antigen	 B antigen	 A and B antigens	None

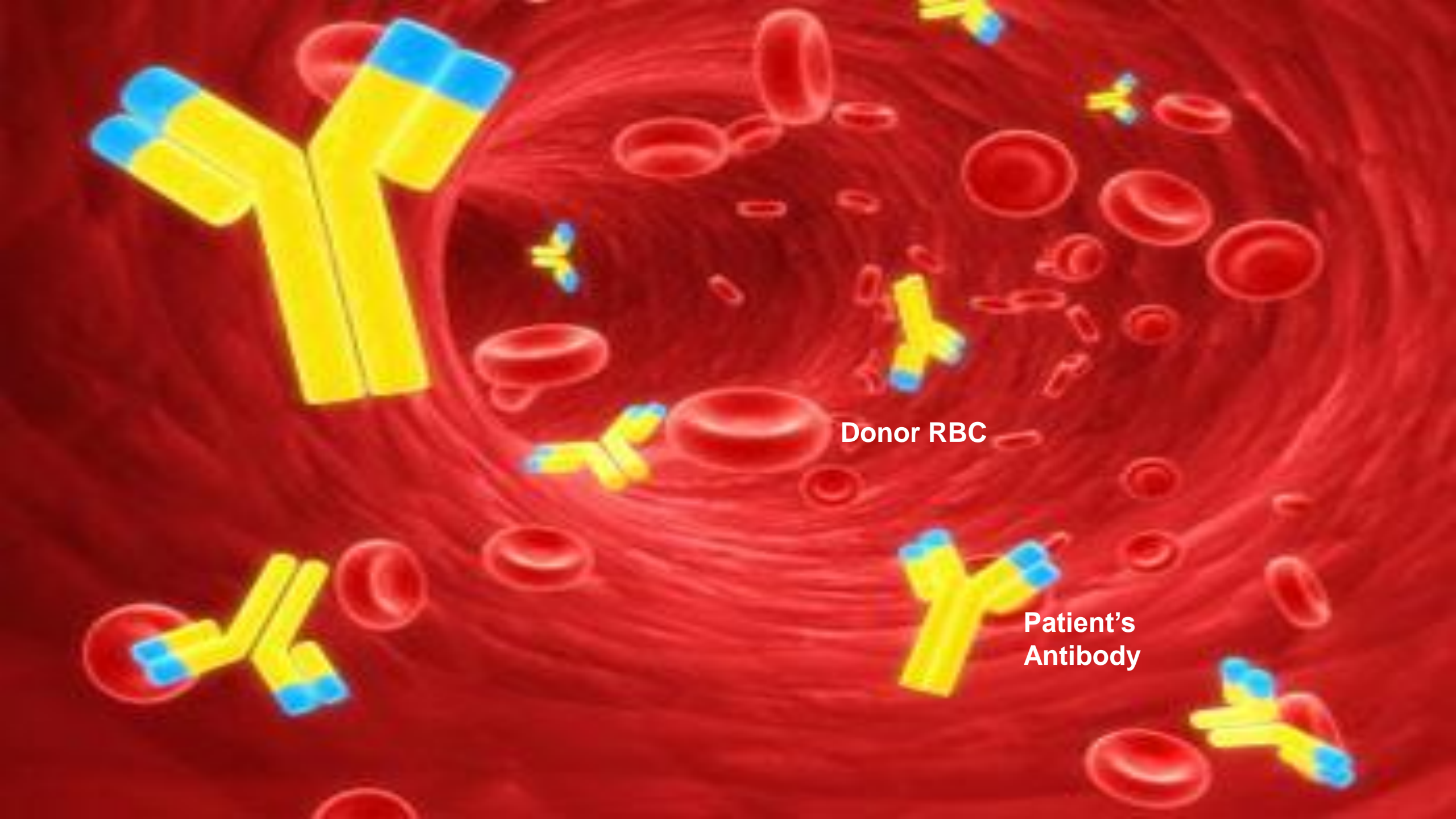
© Buzzle.com

Naturally Occurring

Additional Red Cell Antigens



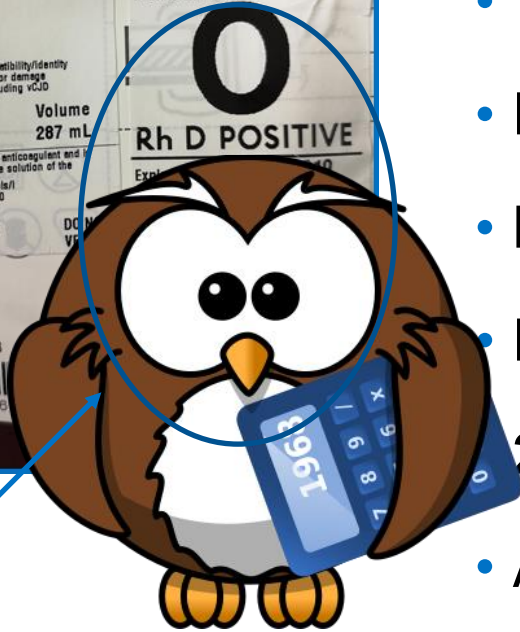
- Antibodies against 'non-self'
 - Clinically significant
 - Defined by their ability to reduce RBC survival
 - Must select antigen negative RBC
- Stimulated through pregnancy, transfusion or transplantation



Donor RBC

Patient's
Antibody

Blood on the Shelf?



- Calculate antigen frequency
- Multiply antigen negative frequencies together
- Then divide the number of units needed by frequency % obtained
- E.g. K- Fy(a-)
- K- ~ 91%
- Fy(a-) ~32% $0.91 \times 0.32 = 0.29$ 29%
- 2 units: $2/29 = 7$ units

- Also need to consider ABO and RhD
- 100 units

(frequencies based on UK donor population)

Don't worry though!

Patient 1

- 54 year old Female
- End Stage Renal Failure
- Regular RCI patient
- Known anti-C, anti-K and anti-Jka
- Called out for ABID and 3 unit crossmatch
- Transfused 3 weeks previously
- Set up 3xm O+ C- K- Jk(a-) red cells at the same time
- Crossmatch compatible by IAT

ABID Patient 1

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	+	0		3	5
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		4	5
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		1	3
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		3	5
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		0	2
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		4	5
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		3	5
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0	2
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		0	2
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		1	3
																							1	/
																							2	/

Auto 1 /
K control 2 /

? Known Anti-C plus known anti-K plus known anti-Jka and pan-reactive enzyme antibody

Need to confirm anti-C

Unable to exclude: anti-D, anti-C^w anti-S and anti-Lua

Additional Inclusions and Exclusions

Second panel or other individual cells

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0	+		3
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	+	0		3
3	R ₂ R ₂	/	0	+	+	0	+	0	/	0	0	0	0	+	0	+	0	0	+	0	+		0
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	0	+		3
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	+	0		1
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	+	0		4
7	rr	0	0	0	+	+	0	+	0	+	2	0	+	+	0	+	0	0	+	0	+		3
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	+	0		1
10	rr	0	0	0	+	+	0	+	+	+	3	/	0	+	0	+	0	+	0	0	+		0
																						Auto	1
																						K control	2



O RhD+ C- K- Jka-



Recently transfused

DAT Results



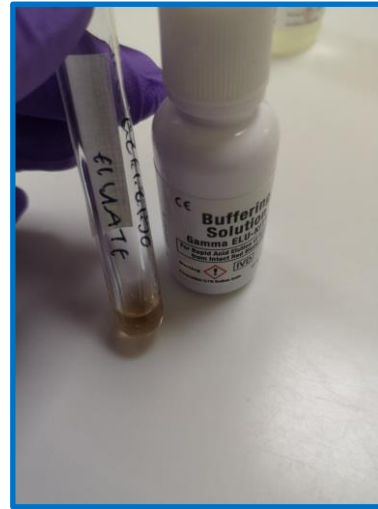
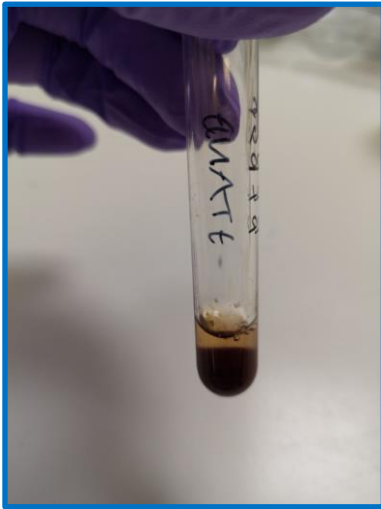
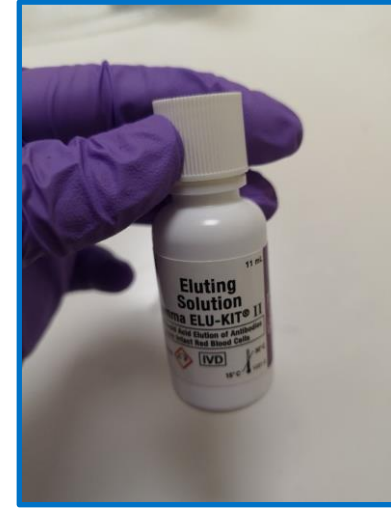
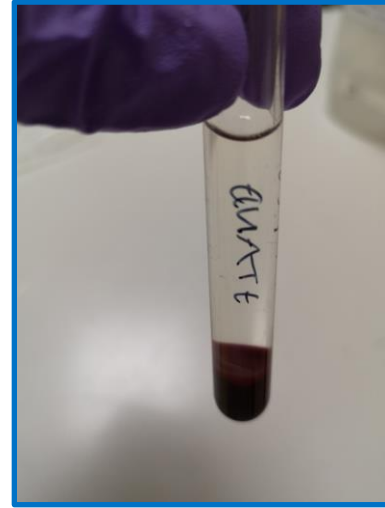
Crossmatch compatible by IAT

Low Incidence

Need to confirm known anti-C and exclude or include ~~anti-D~~, ~~anti-S~~, ~~anti-Lua~~ and anti-Cw

Still unable to exclude anti-C^w

Preparing an Eluate



Patient 1 Eluate Results

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	Eluate IAT	
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	+	0		0	
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		1	
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		1	
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		1	
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		0	
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		0	
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		1	
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		1	
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		0	
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		0	
																						Auto	1	
																							K control	2

New Anti-Fyb in eluate!

The Whole Picture

- Initially set up 3xm O+ C- K- Jk(a-) red cells at the same time as initial ABID
- Crossmatch **compatible** by IAT
- Patient had anti-Fyb in eluate – is this clinically significant? **YES**
- **What would you do next?**
- Check the phenotype of the crossmatched units
- Cannot phenotype due to recent transfusion or positive DAT
- Needed to re-crossmatch 3 x O+ C- K- Jk(a-) Fy(b-) **Only 2 units in stock**
- **500**



Pulse user: Helen Louise Thom
Current Site: N1 - NHSBT-Newcastle

Default Printer: \\WDCVK107\Newcastle - NEWP02
Current Database: NBPULSE - NBS Production Database (Live)

Date: 13/01/2021
Time: 11:48

STOCK

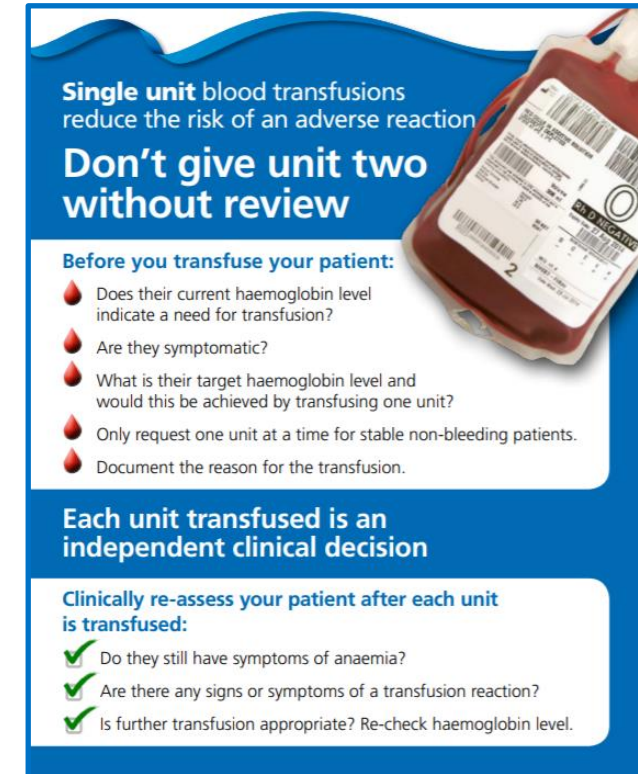
← Back | 📄 Reports | 🔍 Find Program | 📌 Manage My Favourites | ? Options ▾ | ? Pulse Help | ? Help About

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2	<input type="checkbox"/>	Stock Validation	PCS28
3	<input type="checkbox"/>	Stock Enquiry	PCS50
4	<input type="checkbox"/>	Production Batch	PCS74
5	<input type="checkbox"/>	Request Management	PCS80
6	<input type="checkbox"/>	Stock Movements	PCS81

Select an item from the menu above or enter the name or menu item number

What Next?

- Contacted HTL
- Do you really need 3 units for this patient?
- - **circumstances slightly different with RCI: time, location etc**
- Discussed with HTL. Happy to take 2 units
- RCI will order more and HTL to ring if additional units required
- Red Cell Genotype performed on next sample
- Anti-Fyb confirmed as alloantibody
- Now detected in plasma - makes ABID increasingly more difficult. **How?**



Single unit blood transfusions reduce the risk of an adverse reaction

Don't give unit two without review

Before you transfuse your patient:

- Does their current haemoglobin level indicate a need for transfusion?
- Are they symptomatic?
- What is their target haemoglobin level and would this be achieved by transfusing one unit?
- Only request one unit at a time for stable non-bleeding patients.
- Document the reason for the transfusion.

Each unit transfused is an independent clinical decision

Clinically re-assess your patient after each unit is transfused:

- ✓ Do they still have symptoms of anaemia?
- ✓ Are there any signs or symptoms of a transfusion reaction?
- ✓ Is further transfusion appropriate? Re-check haemoglobin level.

The poster features a background image of a blood transfusion set with a red bag and a white label. The text is in white and blue on a dark blue background.

Patient 2

- 36 year old female
- Referred on 30/07/18 from Hospital 1 for routine ABID
- Bled on 29/07/18
- “Confirmation of anti-Fya”
- Previously transfused in 2015
- Patient phenotyped as O+ E- K- Fy(a-)
- DAT: negative
- RBC units not requested
- Bear in mind it could turn into crossmatch
- Need to test 100 random units for this phenotype (if 2 units requested)



ABID Patient 2 (Initial Investigation)



Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT	
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0		2	0		
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		0	0	
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		0	0	
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		0	0	
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		2	0	
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		2	0	
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		0	0	
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0	0	
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		2	0	
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		2	0	
																						Auto	0	/	
																							K control	2	/

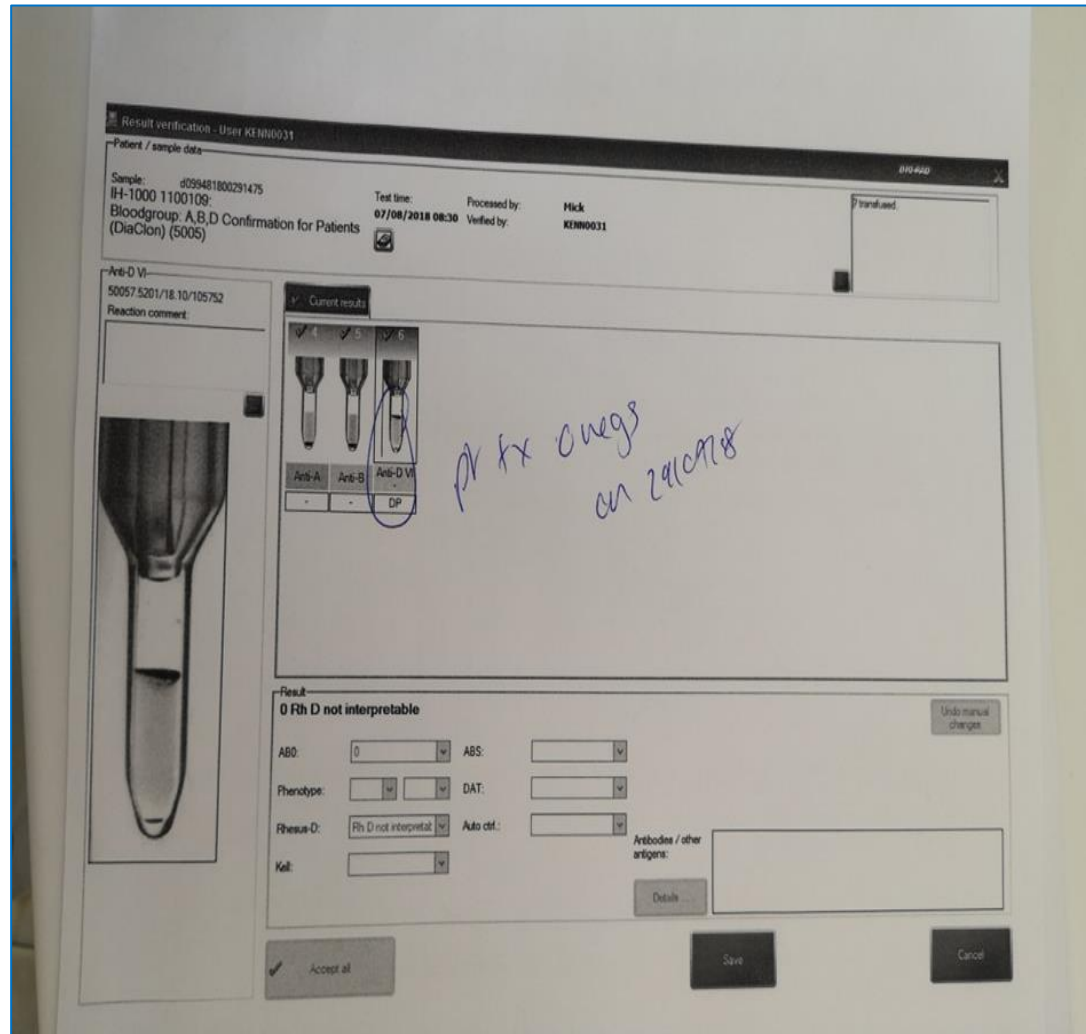
Alloanti-Fya. No additional antibodies detected
 DAT not required. Can phenotype using IgG antisera

2nd Investigation

- Referred on 06/08/18 from Hospital 2 for antibody confirmation
- ABID results from HTL: Anti-Fya
- No diagnosis or transfusion history on form
- HTL to perform crossmatch
- Matched as known patient on LIMS
 - Name
 - Date of birth
 - NHS Number



IH 1000 Results



- Dual population vs anti-D well
- Rang to obtain tx history
- Pt transfused 4 O neg emergency units 29/07/18
- Involved in trauma
- Transferred from Hospital 1
- Transfused prior to ABID results on Sp-Ice
- Obtained donation numbers
- 3/4 units Fy(a+)
- DAT now positive

ABID Patient 2 (2nd Investigation)



Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT	
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	+	0		4	0	
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		0	3	
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		0	0	
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		0	0	
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		4	3	
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		4	3	
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		0	0	
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0	3	
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		4	3	
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		4	0	
																							Auto	3	/
																							K control	2	/

Previous anti-Fya plus new anti-Jkb. Both antibodies detected in eluate

Patient 2

- Confirmed anti-Fya
- New anti-Jkb (enzyme only) – clinically significant? **YES**
- Jkb confirmed as alloantibody using pre-tx sample from Hospital 1
- Both antibodies in plasma and eluate
- RCI contacted HTL to suggest we crossmatch
- Issued 4 group **O RhD-** E- K- Jk(b-) Fy(a-) issued
- Updated antibody card provided



• **200**

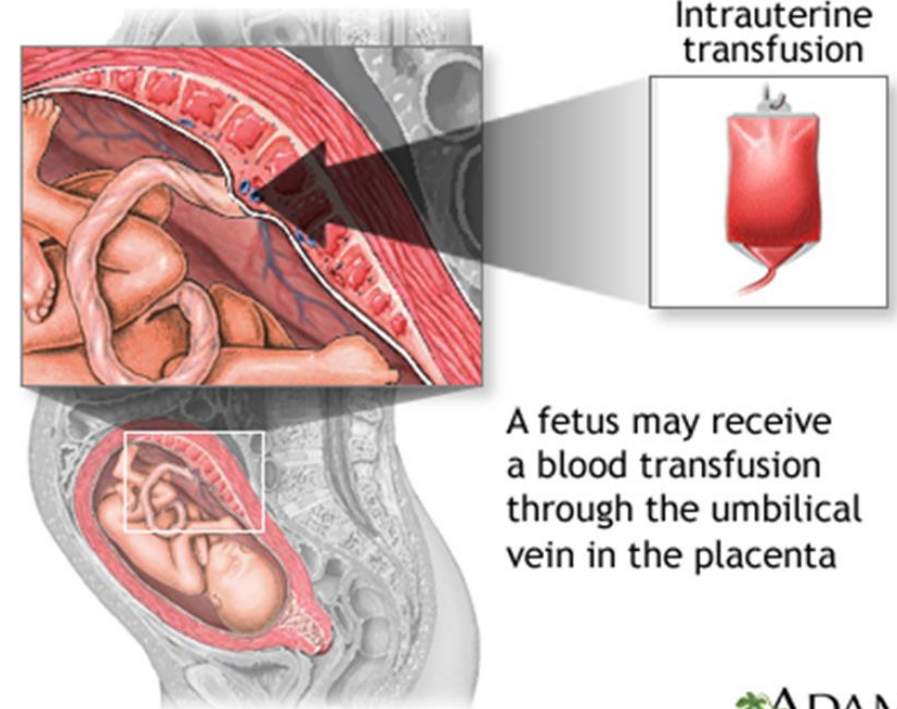
Patient 3

- Referral on 28/08/18
- 23 year old antenatal patient
- “Known anti-Fya – we think she’s made a Jka”
- Sent in for ABID
- Induction of Labour (IOL)
- HTL have two crossmatch compatible units



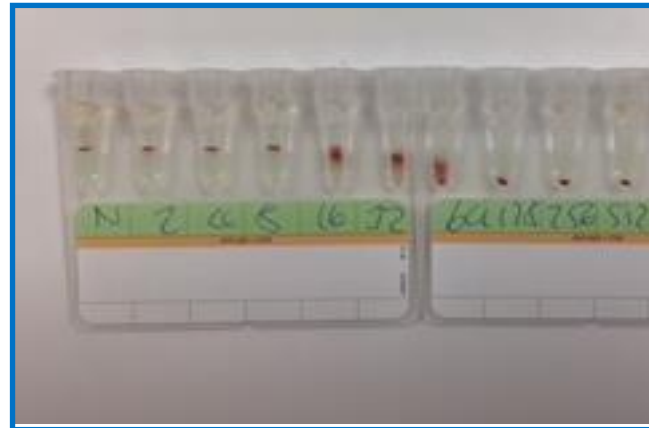
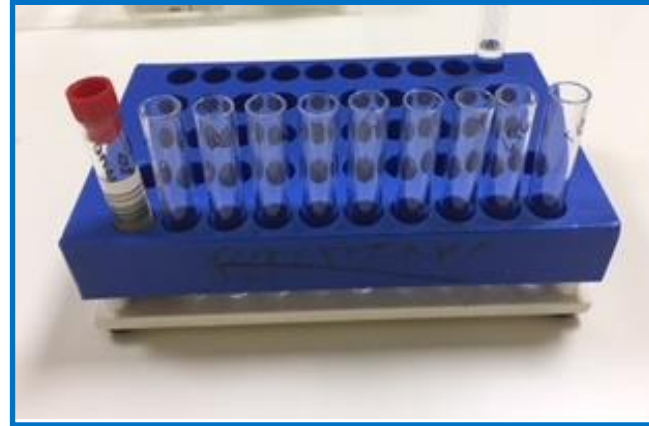
But that wasn't all...

- Patient is known alloanti-Fya
- Seen once previously by RCI (from different HTL)
- Previous alloanti-Fya titre: >1000 **Does anybody know the risk for HDFN?**
- High risk HDFN
- Fetus had received 2 IUTs
- July 2018



Antibody Titres

- Serial dilutions
- Antibodies capable of causing HDFN
- **Not anti-D and anti-c**
- BSH Guideline for blood grouping and red cell antibody testing in pregnancy
- 'Heterozygous' antigen expression
- <32 : low risk HDFN
- ≥ 32 : high risk HDFN
- Kell system antibodies- titre not indicative of HDFN



ABID Patient 3

Cell	Rh	D	C	E	c	e	M	N	S	s	P1	Lu ^a	K	k	Kp ^a	Le ^a	Le ^b	Fy ^a	Fy ^b	Jk ^a	Jk ^b	Other	IAT	EIAT	
1	R ₁ ^w R ₁	+	+	0	0	+	+	0	+	0	0	0	0	+	0	0	+	+	0	0		4	3		
2	R ₁ R ₁	+	+	0	0	+	0	+	0	+	0	0	+	+	0	+	0	0	+	0	+		0	0	
3	R ₂ R ₂	+	0	+	+	0	+	0	+	0	0	0	0	+	0	+	0	0	+	+	0		1	3	
4	r'r	0	+	0	+	+	0	+	+	0	0	0	0	+	0	0	+	0	+	+	0		1	3	
5	r''r	0	0	+	+	+	0	+	0	+	4	0	0	+	0	0	+	+	0	0	+		4	0	
6	rr	0	0	0	+	+	+	0	+	0	4	0	+	0	0	0	+	+	0	0	+		4	0	
7	rr	0	0	0	+	+	0	+	0	+	2	+	+	+	0	+	0	0	+	+	0		1	3	
8	rr	0	0	0	+	+	0	+	0	+	0	0	0	+	+	0	+	0	+	0	+		0	0	
9	rr	0	0	0	+	+	+	0	0	+	2	0	0	+	0	+	0	+	0	0	+		4	0	
10	rr	0	0	0	+	+	0	+	0	+	3	0	0	+	0	+	0	+	0	+	0		4	3	
																						Auto	0	/	
																							K control	2	/



Anti-Fy^a and anti-Jk^a Unable to exclude: Anti-S, anti-M, anti-C^w What would you do next?

What next?

- Additional exclusions or inclusions:
 - Test C^w+ Fy(a-) Jk(a-) M- cell by IAT
 - Test C^w+ Jk(a-) Papainised cell
 - Test Fy(a-) Jk(a-) S+ M- cells
 - Test Fy(a-) Jk(a-) S- M+ cells
 - Or test Fy(a-) Jk(a-) S+ M+ cells (all 'homozygous' expression)
- Phenotype – might be antigen positive



Think about HDFN risk



ABID Results - Mother

- Alloanti-Fya
- Confirmed anti-Jka
- 4 units crossmatched
- A RhD+ E- K- Jk(a-) Fy(a-)
- Crossmatch compatible by IAT
- To cover IOL



200

- **Must also assess risk for HDFN**
- Alloanti-Fya titre >1000
 - High risk HDFN
- Alloanti-Jka titre Neat
 - Unlikely to contribute to HDFN

What about the baby?

- HTL had ordered 2 x O rr K- Fy(a-) exchange units for 28/08/18
- Must meet specific criteria – which are?
- One donor specifically bled on 25/08/18
- HTL rang to ask if anti-Jka has been produced, so I asked have they considered blood for baby?
- “We were just gonna wait and see what you found”
- “IOL today”
- Told them NOT to induce as no blood available
- Pt only 32/40
- Pulse search by HSD: no units available

Plasma reduced with haematocrit of 0.5–0.6 (NHSBT 0.5–0.55) to reduce the risk of post-exchange polycythaemia

In CPD anticoagulant

Less than 5 days old

Irradiated (essential if previous IUT)

CMV negative

Sickle screen negative

Usually produced as group O (with low-titre haemolysins)

RhD negative (or RhD identical with neonate) and Kell negative

Red cell antigen negative for maternal alloantibodies

IAT crossmatch compatible with maternal plasma

<https://www.transfusionguidelines.org/transfusion-handbook/10-effective-transfusion-in-paediatric-practice/10-2-neonatal-transfusion>





10:00- 16:00 28/08/18

- Several telephone calls
- Manchester to source units or suitable donor
- HTL consultant
- NHSBT consultant



- HTL
- telling them not to induce
- that there was no blood available for baby
- being told I best find some as they had induced mother!!!
- explaining how its manufactured
- being told it was a matter of life and death – why do you think I said not to induce mother?

We got there in the end!

- Pulse search by RCI sourced 3 Orr K- Fy(a-) Jk(a-) exchange units
- 1 Sheffield, 2 Filton but all expired 30/08/18 at 23:59
- Sent up via Blue Light
- Needed phenotyping confirmed (on call)
- HTL took all 3 for exchange
- C-section 30/08/18
- Baby exchanged and doing well
- Anti-Fya and Jka in baby's eluate



Conclusion

- 3 investigations, 3 different patient types

-ESRF

-Trauma

-Antenatal



- All required further work – but not all on the bench
- Always look at the bigger picture: investigating the patient, not just the sample!
- All 3 involved BMS Empowerment
 - Do you need that many units?
 - Can we take over?
 - What about the baby?
- All 3 made me say “Are Fy-ing Kidd-ing me?”

