



Epic Changes to Antiphospholipid Syndrome Testing

Effective 11/19/2018

As of 11/19/2018, Quest Diagnostics has **discontinued** the Antiphospholipid Antibody Panel (LAB5297) and the Cardiolipin/Lupus Coagulation Evaluation [LAB4107]. This was done due to inconsistency with guidelines for Antiphospholipid Syndrome and a lack of orders, nation-wide. The components of the discontinued testing were:

Antiphospholipid Antibody Panel

√ Cardiolipin Antibodies (IgA, IgM, IgG)
√ PTT-LA with reflex
√ Phosphatidylserine Antibodies (IgA, IgM, IgG)

Cardiolipin/Lupus Coagulation Evaluation

√ Cardiolipin Antibodies (IgA, IgM, IgG)
√ PTT-LA with reflex

**Please remove these test panels from your personal preference lists.

In place of the two discontinued panels, a **new panel** has been created. It is as follows:

Antiphospholipid Syndrome Panel [LAB9056]

√ Cardiolipin Antibodies (IgA, IgM, IgG)
√ β-2 Glycoprotein Antibodies (IgA, IgM, IgG)
√ PTT-LA with reflex
√ dRVVT with reflex

The new Antiphospholipid Syndrome Panel is consistent with the revised Sapporo criteria for classification of antiphospholipid syndrome.

Clinical Indications for Testing

Vascular thrombosis

- 1 or more clinical episodes of arterial, venous or small vessel thrombosis

Unexplained pregnancy loss defined as:

- 1 or more unexplained deaths of a morphologically normal fetus beyond 10th week of gestation
- 1 or more premature births of a morphologically normal neonate before the 34th week of gestation due to eclampsia or severe preeclampsia or recognized features of placental insufficiency
- 3 or more unexplained, consecutive, spontaneous abortions before the 10th week of gestation, and with maternal anatomic or hormonal abnormalities and paternal and maternal chromosomal causes excluded

Additional indications for testing may also include the presence of endocarditis, systemic lupus erythematosus, cardiac valve disease, livedo reticularis, thrombocytopenia, hemolytic anemia, thrombotic microangiopathy, cognitive dysfunction without stroke or APS antibody-related nephropathy

**Please see next page for algorithm use and test interpretation.

If there are questions or concerns please contact Stephen Manzella, PhD at either (717) 851-2549 or by email at smanzella@wellspan.org.

References

- Garcia, D. et al. Diagnosis and Management of the Antiphospholipid Syndrome. *N. Engl. J. Med.* 2018,378(21):2010.
- Dereese, KM, et al. Laboratory criteria for antiphospholipid syndrome: Communication from SSC and the ISTH. *J. Thomb. Haemost.* 2018, 16(4):809.

Algorithm to Guide Testing for Antiphospholipid Syndrome

Clinical Indications for Testing

Vascular thrombosis

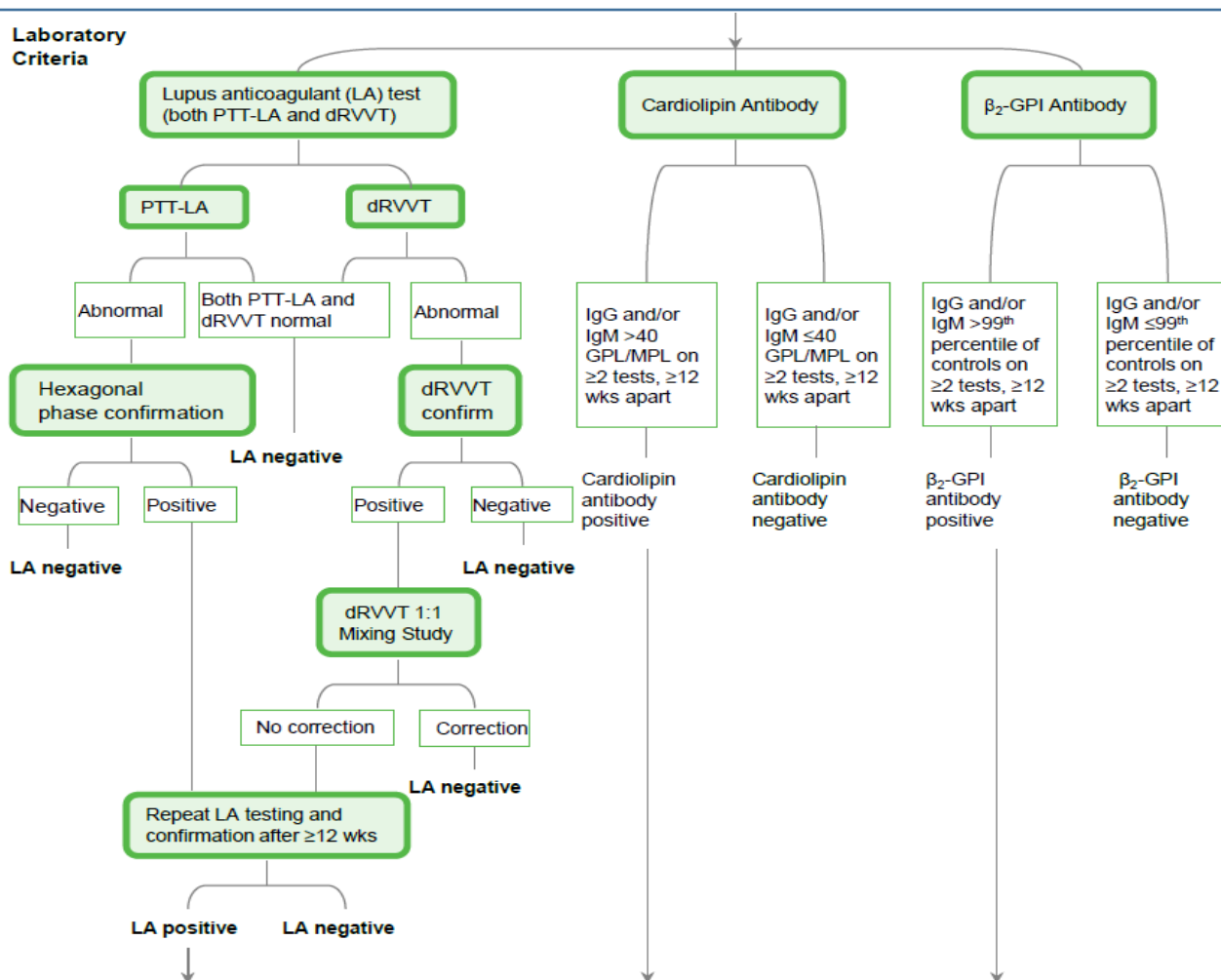
- 1 or more clinical episodes of arterial, venous or small vessel thrombosis

Unexplained pregnancy loss defined as:

- 1 or more unexplained deaths of a morphologically normal fetus beyond 10th week of gestation
- 1 or more premature births of a morphologically normal neonate before the 34th week of gestation due to eclampsia or severe preeclampsia or recognized features of placental insufficiency
- 3 or more unexplained, consecutive, spontaneous abortions before the 10th week of gestation, and with maternal anatomic or hormonal abnormalities and paternal and maternal chromosomal causes excluded

Additional indications for testing may also include the presence of endocarditis, systemic lupus erythematosus, cardiac valve disease, livedo reticularis, thrombocytopenia, hemolytic anemia, thrombotic microangiopathy, cognitive dysfunction without stroke or APS antibody-related nephropathy

Laboratory Criteria



APS confirmed if, at least one laboratory test is positive and 1 clinical criteria is met