

Changes to testing for Systemic Autoimmune Diseases

The anti-nuclear antibody (ANA) remains the quintessential test for assessing the presence of systemic autoimmune diseases such as systemic lupus erythematosus (SLE), systemic sclerosis or Sjogren's syndrome (examples shown below). The ANA is a screening test with a strong negative predictive value, and is therefore helpful in ruling out disease, and for triaging patients for further testing for extractable nuclear antibodies (ENA) or anti-dsDNA antibodies. Indeed in >99% of ANA negative cases, the ENA and anti-dsDNA will also be negative.

In 2009 we reviewed the results of 8,463 patients where the ANA, ENA and anti-dsDNA antibodies had been performed at Aotea Pathology. Only 18/8463 (0.2%) had negative ANAs and either a positive ENA or anti-dsDNA result, however only one patient had signs and symptoms consistent with the result. The rest were deemed false positive results.

To reduce the likelihood of false positive results and to assist you with appropriate test selection, from 19/08/2013 the following system will be implemented:

**Where a patient is ANA negative
accompanying requests for ENA or anti dsDNA tests will be declined**

Patient serum will be stored for three months in these cases, so that where there is strong clinical justification for performing the testing, this may be requested via discussion with the Immunology department.

Note that we will continue to reflex ENA and anti-dsDNA antibodies on new patients with significant ANA titres $\geq 1:160$.

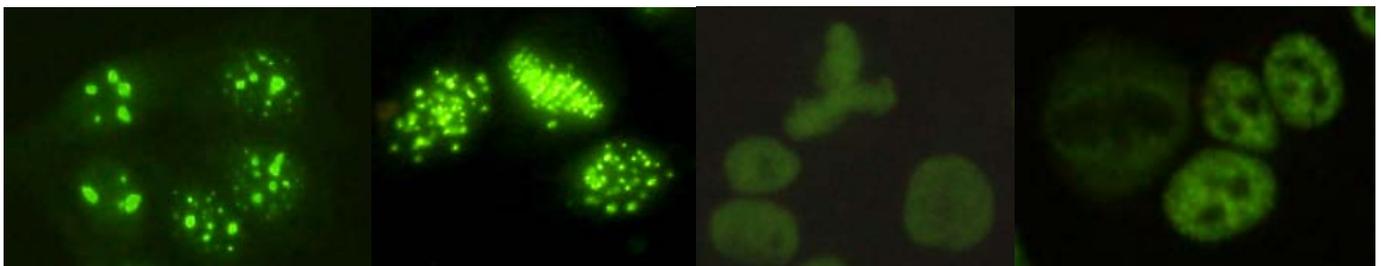
Common ANA Fluorescent Patterns Seen in Systemic Autoimmune Diseases

Nucleolar

Centromere

Homogeneous

Speckled



Your feedback and questions are most welcome.

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