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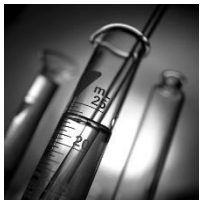

March 2018

Changes in Testing for Anti-Neutrophil Cytoplasmic Antibodies (ANCA)

In keeping with the recently updated international consensus guidelines, from 30th April 2018 ANCA immunofluorescence will no longer be performed routinely when ANCA testing is ordered. Instead anti-MPO and anti-PR3 antibodies will be performed only. ANCA immunofluorescence can still be specifically requested if felt clinically useful. Newly positive anti-PR3 and anti-MPO results will still be evaluated for the corresponding immunofluorescence patterns and reported to requesting clinicians.

As you are aware ANCA testing is warranted ONLY for the diagnosis of vasculitis where specific clinical situations are present. The scientific literature suggests results can be misleading when ordered outside these clinical situations and is highly unlikely to yield a diagnosis of a small vessel vasculitis. These clinical situations are:

1. GN (rapidly progressive)
2. Pulmonary haemorrhage especially pulmonary renal syndrome
3. Cutaneous vasculitis with systemic features
4. Multiple lung nodules (that is not cancer)
5. Chronic destructive disease of the upper airways-epistaxis or erosive changes seen on clinical examination or imaging studies not due to previous surgery
6. Longstanding sinusitis or otitis
7. Subglottic tracheal stenosis
8. Mononeuritis multiplex or other peripheral neuropathy sensory or motor changes including cranial nerve palsies
9. Retro-orbital mass
10. Scleritis

The numerical level anti-PR3 and anti-MPO antibodies may also be used to monitor disease activity.

Dr Richard Steele, Immunopathologist

If you have any questions please contact:
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Source: Bossuyt et al Revised 2017 international consensus on testing of ANCAs in granulomatosis with polyangiitis and microscopic polyangiitis Nature Rev Rheumatology 2017; 13: 683-692

CLINICAL UPDATE

Please ensure all members of your institution receive a copy of this clinical update.