northern health

MEMO

Date: October 13, 2017

To: All Northern Health clinicians

From: Dr. J. Lo, Pathologist, UHNBC

Re: New antinuclear antibody testing methodology

Copies: NH laboratories

As at Tuesday, October 17, 2017, requests for antinuclear antibody (ANA) testing will be performed using a new method. A guideline for interpretation will be attached to all results.

Our current method is an immunofluorescence assay (IFA). This was the first method for routine clinical ANA testing. IFA has some disadvantages, including subjective interpretation and limited automation. Our new method will be an enzyme immunoassay (EIA), which will overcome these disadvantages and position us to conform to provincial autoimmune guidelines currently being developed based on EIA.

In exceptional circumstances, ANAs may still be evaluated by IFA upon special request. This will be performed in Vancouver.

ANA testing is routinely performed during evaluation of patients with a suspected connective tissue disease (CTD). In adults 19 years of age and older, key recommendations from provincial guidelines are as follows:

- ANA testing need only be ordered once.
    - Positive tests need *not* be repeated and there is *no* role for serial monitoring of ANAs since changes in ANA titres do not correlate with disease activity.
    - Negative tests rarely need to be repeated except when there is a strong suspicion of an evolving CTD or a change in the patient's illness suggesting revision of diagnosis.
- ANA testing is NOT indicated unless a connective tissue disease (e.g., systemic lupus erythematosus (SLE), scleroderma, Sjogren's syndrome, polymyositis/dermatomyositis) is a significant clinical possibility.
- ANA testing is NOT indicated as a screening test to evaluate fatigue, back pain, or other musculoskeletal pain without other clinical indications.
- ANA testing is NOT indicated to confirm a diagnosis of rheumatoid arthritis (RA) or osteoarthritis (OA).

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