

March 9, 2009

## DCL Adds AntiNuclear Antibody Screen (ANA) to In-house Menu

DCL Medical Laboratories is happy to announce that we are now performing Antinuclear Antibody Screen testing in-house.

This Laboratory Bulletin contains important information about specimen collection for this test. If you have any questions, please contact DCL Client Services at (317) 874-1334 or toll free at (866) 874-1334.

### Antinuclear IgG Antibody (ANA) Screen

Antinuclear antibodies (ANA) are a group of antibodies directed against various nuclear and some cytoplasmic antigens including DsDNA, SSDNA, RNP, Sm, SSA and SSB.

ANA immunoassay tests are typically ordered for the initial differential diagnosis of systemic connective tissue disease and to rule out systemic lupus erythematosus (SLE). ANAs are frequently present in patients with SLE and, less commonly, in other autoimmune diseases rheumatoid arthritis, collagen vascular diseases, chronic liver diseases, systemic sclerosis (scleroderma), Sjögren's syndrome, Myositis and other autoimmune diseases. Positive ANA results may indicate SLE, or other diseases including progressive systemic sclerosis (scleroderma), Sjögren's syndrome, dermatomyositis, and vasculitis. ANA screening tests are often highly variable in screening for various connective tissue diseases and can yield false positive results that have been reported to exceed 15%. Positive ANA screens can be observed in apparently healthy individuals and positive test results do not necessarily indicate autoimmune disease.

The non-standardized calibration among commercial kit manufacturers and the absence of consensus among survey proficiency testing programs results in large variations in reporting patterns and titers.

Positive ANA screening tests may be further refined by testing for specific autoantibodies for enhanced differential diagnosis of specific connective tissue disorders. These include autoantibody testing for double stranded DNA (dsDNA), SS-A, SS-B, Scl-70, centromere, snRNP, Jo-1, thyroglobulin and Anti-TPO. These assays may be employed in a cascade strategy guided by clinical factors. With strong clinical suspicion of SLE, dsDNA tests are typically utilized for differential diagnosis. For other patients with a substantial clinical suspicion of a different, or less well defined, systemic rheumatic disease, specific autoantibodies may be ordered individually.

### References

1. Tan E, Cohen A, Fries J, et al. The 1982 revised criteria for classification of systemic lupus erythematosus. *Arthritis Rheum.* 25:1271-1277, 1982.
2. ANA Screen IgG ELISA II. Package Insert. Wampole Laboratories, 08/05.

Antinuclear IgG Antibody (ANA) Screen	
<b>ANA SCREEN</b>	<b>DCL #: 3064</b>
<b>Collection Container:</b>	SST - Serum
<b>Storage/Stability:</b>	7 days refrigerated
<b>Turnaround Time:</b>	1 - 3 days
<b>Preferred amount:</b>	1.0 mL Serum
<b>Minimum amount:</b>	0.5 mL Serum
<b>Centrifuge required?:</b>	Yes
<b>Fasting required?:</b>	No
<b>Reference Range:</b>	Negative (<0.90)
<b>Clinical Utility:</b>	<ul style="list-style-type: none"><li>• In diagnosis of various autoimmune diseases such as: Systemic Lupus Erythematosus, Mixed Connective Tissue Disease, Dermatomyositis Polymyositis, Rheumatoid Arthritis, Limited Scleroderma (or CREST Syndrome), Sjögren's syndrome, Collagen vascular diseases</li></ul>
<b>CPT: 86038</b>	Medicare Reimbursement: \$17.65

**Questions?**  
**Contact Client Services**

9550 Zionsville Rd., Suite 200, Indianapolis, IN 46268  
Phone: (317) 874-1334, Free: (866) 874-1334  
Fax: (317) 874-1404

1616 Eastport Plaza Dr., Collinsville, IL 62234  
Phone: (618) 343-0002, Free: (877) 854-4008  
Fax: (618) 343-0059