



anti-Cardiolipin | anti-Beta 2 Glycoprotein 1 Update

November 27, 2018

PCL Alverno is pleased to bring anti-Beta 2 Glycoprotein 1 antibody testing in-house. Alverno will begin anti-phospholipid antibody testing on our BioPlex multiplex flow immunoassay analyzer. This assay can detect both anti-Cardiolipin and anti-Beta 2 Glycoprotein 1 antibodies in serum or plasma to aid in the diagnosis of primary Antiphospholipid Syndrome (APS).

Current Classification Criteria for APS¹

Clinical criteria

1. Vascular thrombosis
One or more episodes of arterial, venous, or small vessel thrombosis, in any tissue or organ
2. Pregnancy morbidity
 - (a) One or more unexplained deaths of a morphologically normal fetus at or beyond the 10th week of gestation, or
 - (b) One or more premature births of a morphologically normal neonate before the 34th week of gestation because of: (i) eclampsia or severe preeclampsia defined according to standard definitions, or (ii) recognized features of placental insufficiency, or
 - (c) Three or more unexplained consecutive spontaneous abortions before the 10th week of gestation, with maternal anatomic or hormonal abnormalities and paternal and maternal chromosomal causes excluded

Laboratory criteria

1. Lupus anticoagulant present in plasma, on two or more occasions at least 12 weeks apart
2. Anti-Cardiolipin antibody of IgG and/or IgM isotype in serum or plasma, present in medium or high titer (i.e. > 40 GPL or MPL, or > the 99th percentile), on two or more occasions, at least 12 weeks apart
3. Anti-Beta 2 Glycoprotein antibody of IgG and/or IgM isotype in serum or plasma (in titer > the 99th percentile), present on two or more occasions, at least 12 weeks apart

Following the current guidelines, Alverno is replacing the three antibody panel (IgA, IgG, and IgM) Beta 2-Glycoprotein 1 with an IgG / IgM panel. All three antibodies will be individually orderable.

Please see ARUP Consult (<https://arupconsult.com/content/antiphospholipid-syndrome>) for detailed information of APS.

¹International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). *J Thromb Haemost.* 2006 Feb;4(2):295-306.

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