

Antiphospholipid Syndrome Testing

Click here for topics associated with this algorithm

INDICATIONS FOR TESTING^a **Abbreviations** Anticardiolipin aCL Testing for APS is appropriate in individuals who have an increased likelihood for the Anti- β_2 GP1 disorder, including those with: Anti-beta-2 glycoprotein 1 **APS** Antiphospholipid syndrome Arterial thrombosis, unprovoked venous thrombosis, or evidence of brain ischemia before 50 yrs of age aPS Antiphosphatidylserine aPS/PT Antiphosphatidylserine/prothrombin Unexplained recurrent thrombosis complex Thrombosis at an unusual site aPT Antiprothrombin Extensive microvascular thrombi Activated partial thromboplastin aPTT Pregnancy loss or complications A diagnosis of SLE dRVVT Dilute Russell viper venom time IgA Immunoglobulin A Lupus anticoagulant LA SLE Systemic lupus erythematosus **ORDER** Criteria testing: 2 LA reflex tests^{bc} aCL antibodies, IgG and IgM Anti-β₂GP1 antibodies, IgG and IgM ≥1 criteria tests positive All negative Repeat criteria testing Strong suspicion of APS? after 12 wks No Yes ≥1 criteria tests persistently All negative positive **CONSIDER** History of ≥1 clinical criteria^a Noncriteria testing: within past 5 yrs? • aPS/PT antibodies, IgG and IgM aPS antibodies, IgG and IgM aPT antibodies, IgG Anti- β_2 GP1, IgA aCL antibody, IgA No Yes ≥1 noncriteria test All negative APS confirmed Monitor for clinical positive manifestations of APS **CONSIDER** No further testing Repeat noncriteria testing after 12 wks to demonstrate persistence Referral to a specialist

^aFor specific clinical criteria in APS classification, refer to the ARUP Consult Antiphospholipid Syndrome - APS topic.

^bLA testing should include at least 2 different phospholipid-dependent clot-based assays (eg, aPTT and dRVVT) performed in parallel. Reflex patterns should include screening, mixing, and confirmation steps. Assays may be available individually or as part of a panel.

^cFalse-negative and/or false-positive results can occur due to anticoagulant therapy, pregnancy, acute inflammation, etc. Refer to the ARUP Consult <u>Antiphospholipid Syndrome - APS</u> topic for additional information on testing strategy.

References

- Miyakis S, Lockshin MD, Atsumi T, et al. International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). J Thromb Haemost. 2006;4(2):295-306.
- Committee on Practice Bulletins—Obstetrics, American College of Obstetricians and Gynecologists. <u>Practice bulletin No. 132: antiphospholipid syndrome.</u> Obstet Gynecol. 2012;120(6):1514-1521.
- Sammaritano LR, Bermas BL, Chakravarty EE, et al. 2020 American College of Rheumatology guideline for the management of reproductive health in rheumatic and musculoskeletal diseases. Arthritis Rheumatol. 2020;72(4):529-556.
- Devreese KMJ, de Groot PG, de Laat B, et al. <u>Guidance from the Scientific and Standardization Committee for lupus anticoagulant/antiphospholipid antibodies of the International Society on Thrombosis and Haemostasis: update of the guidelines for lupus anticoagulant detection and interpretation.</u> *J Thromb Haemost.* 2020;18(11):2828-2839.
- Vandevelde A, Devreese KMJ. <u>Laboratory diagnosis of antiphospholipid syndrome: insights and hindrances.</u> *J Clin Med.* 2022;11(8):2164.