

Autoimmunity

# Setting the standard

## EliA™ antiphospholipid syndrome serology testing:



The clinical performance of the EliA™ antiphospholipid (aPL) portfolio provides reliable test results that aid in the diagnosis of antiphospholipid syndrome (APS).<sup>1-8</sup>

**5%**

**Up to 5% of the general population have aPL antibodies.**<sup>9</sup> 20% of patients with aPL antibodies have reported deep vein thrombosis, stroke (female; <45 years old), recurrent miscarriages, teenage epilepsy (idiopathic; in teenagers), and/or lupus.<sup>10</sup>

78% of patients do not receive the full panel of tests recommended upon initial suspicion of APS.<sup>13</sup>

### APS is a systemic autoimmune disease defined by:<sup>11,12</sup>

-  Entry criterion of at least one positive aPL antibody test within 3 years of identification of an aPL-associated clinical criterion, followed by additive weighted criteria clustered into 6 clinical domains and 2 lab domains
-  Persistent positive tests for aPL antibodies

## Consider an APS serology profile:

The diagnosis of APS is supported by the detection of aPL antibodies on two or more occasions at least 12 weeks apart. Currently, lupus anticoagulant, cardiolipin antibodies (IgM/IgG), and β2-glycoprotein I antibodies (IgM/IgG) are considered as part of the laboratory criteria.<sup>14</sup>

### APS laboratory testing algorithm

Lupus anticoagulant

+

Cardiolipin antibodies  
IgG and IgM\*

+

β2-glycoprotein I  
antibodies IgG and IgM\*

Testing must be *repeated in 12 weeks to confirm.*

\*If initial tests for criteria markers (including β2GPI IgG/IgM and CL IgG/IgM) are negative and a high suspicion of APS for a patient exists, β2GPI IgA and CL IgA may be considered.<sup>15</sup>

If all 3 antibodies are positive, there is a **98% risk for APS<sup>16</sup>**



Cardiolipin antibodies



$\beta$ 2-glycoprotein I antibodies



Lupus anticoagulant

### APS interpretation considerations:

- Not every positive aPL test is clinically significant<sup>17</sup>
- Transient aPL positivity is common during infections<sup>17</sup>
- Clinical judgment is required<sup>17</sup>

### Women's health considerations:



When APS is appropriately treated, more than 70% of pregnant women will deliver live newborns<sup>18</sup>



Women are disproportionately affected by APS—the male to female ratio is 1:5<sup>19</sup>



APS is typically diagnosed between the ages of 30 and 40<sup>19</sup>

*Note: As with all diagnostic testing, any diagnosis or treatment plan must be made by the clinician based on test results, individual patient history, the clinician's knowledge of the patient, as well as their clinical judgment.*

*Official product name for APS disease serology testing mentioned in this document include EIIA Cardiolipin IgA, EIIA Cardiolipin IgG, EIIA Cardiolipin IgM tests and EIIA  $\beta$ 2-Glycoprotein I IgA, EIIA  $\beta$ 2-Glycoprotein I IgG and EIIA  $\beta$ 2-Glycoprotein I IgM tests.*

### References

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