

INITIAL EVALUATION

Antinuclear antibodies profiles

The presence of antinuclear antibodies (ANA) represents a key diagnostic criterion for many autoimmune diseases and has been included in the classification criteria for systemic lupus erythematosus (SLE), mixed connective tissue disease (MCTD) and the European classification criteria for Sjögren syndrome.^{1,2}

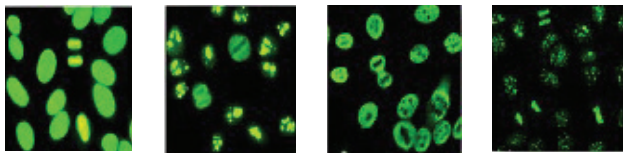
Labcorp's ANAs for initial evaluation performed by immunofluorescence assay (IFA)

According to the American College of Rheumatology (ACR) ANA task force and the International Consensus on ANA Patterns (ICAP) recommendations, IFA remains the gold standard for ANA testing.^{3,4}

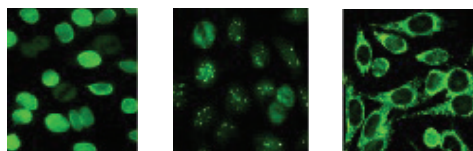
IFA system benefits

- **Consistency:** seven patterns are identified automatically, including the titer result⁵
- **High-quality results:** detailed review process, including technologist confirmation of all results

Automatic recognition of seven different ANA patterns



Homogeneous Nucleolar Speckled Centromeres



Nuclear membrane Nuclear dots Cytoplasmic Rods and rings
Speckled Fibrillar

While ANA by IFA is considered the hallmark of autoimmune rheumatic disease,^{6,7} ANA positivity is not specific; a positive ANA does not necessarily indicate autoimmune disease nor the likelihood of developing one.⁷ Positive ANA may occur in 13%-25% of healthy individuals who do not have a systemic autoimmune rheumatic disease (SARD) and who are unlikely to develop one, even out to four years.^{7,8}

A NOVEL MARKER ASSOCIATED WITH ABSENCE OF SARD

Anti-Dense Fine Speckled Protein 70 kDa (DFS70) Antibodies may help identify individuals who do not have an ANA-associated autoimmune rheumatic disease (AARD) especially in the absence of significant clinical findings.⁹ Positivity by this monospecific immunoassay confirms the dense fine speckled (DFS) pattern observed on ANA by IFA with HEp-2 cells.¹⁰ This assay, when used in combination with an ANA reflex profile, may be utilized to include or exclude SARD.^{10,11}

Learn more about the
Anti-DFS70 Antibodies:



ANA reflex profiles from Labcorp

Monospecific assays for individual autoantibodies provide diagnostic and potential prognostic utility for several autoimmune diseases.

	340897	382965	
	ANA by IFA Reflex to 9-biomarkers profile	ANA by IFA, Reflex to 11-biomarkers profile	Clinical Associations
ANA by IFA	•	•	A positive ANA test means autoantibodies are present. By itself, a positive ANA test does not indicate the presence of an autoimmune disease or the need for therapy.
Anti-dsDNA	•	•	Typically present in SLE, but may also be seen in SLE overlap syndromes and other autoimmune disease
Anti-RNP	•	•	Associated with MCTD when present as isolated, high titer autoantibody, but also associated with SLE and polymyositis (PM/DM) when other autoantibodies present
Anti-Sm	•	•	High specificity but low to moderate sensitivity for SLE
Anti-SS-A (Anti-Ro)	•	•	Associated with SS, but also with SLE and rheumatoid arthritis (RA). Associated with neonatal lupus syndrome when present in maternal blood
Anti-SS-B (Anti-La)	•	•	Associated with SS, and with SLE to a lesser degree
Anti-Scl-70	•	•	Associated with scleroderma (diffuse and limited)
Anti-Chromatin	•	•	Mostly associated with SLE and drug-induced SLE
Anti-Jo-1	•	•	Associated with PM/DM
Anti-Centromere B	•	•	Mostly associated with limited scleroderma including CREST syndrome (calcinosis, Raynaud phenomenon, esophageal dysmotility, sclerodactyly, telangiectasia)
Anti-Ribosomal P		•	Limited association with SLE. Seen in neuropsychiatric lupus
Sm/RNP		•	Mostly associated with MCTD

ANA by IFA test options for initial evaluation

Test Name	Test No.
Antinuclear Antibodies (ANA), by IFA	164947
Antinuclear Antibodies (ANA) by IFA, Reflex to 9-biomarker profile by Multiplex Immunoassay	340897
Antinuclear Antibodies (ANA) by IFA, Reflex to 11-biomarker profile by Multiplex Immunoassay	382965
Anti-Dense Fine Speckled Protein 70 kDa (DFS70) Ab	520313

References

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