Autoimmunity

Setting the standard

EliA™ autoimmune rheumatic disease testing:

Primary care considerations

Autoimmune rheumatic diseases (ARDs) are chronic inflammatory autoimmune disorders which include rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), Sjögren's syndrome (SS), systemic sclerosis (SSc), idiopathic inflammatory myopathies (IIM), and mixed connective tissue disease (MCTD).[1] Rheumatologic conditions necessitate prompt diagnosis and early treatment to help avoid permanent end-organ damage.[2,3]

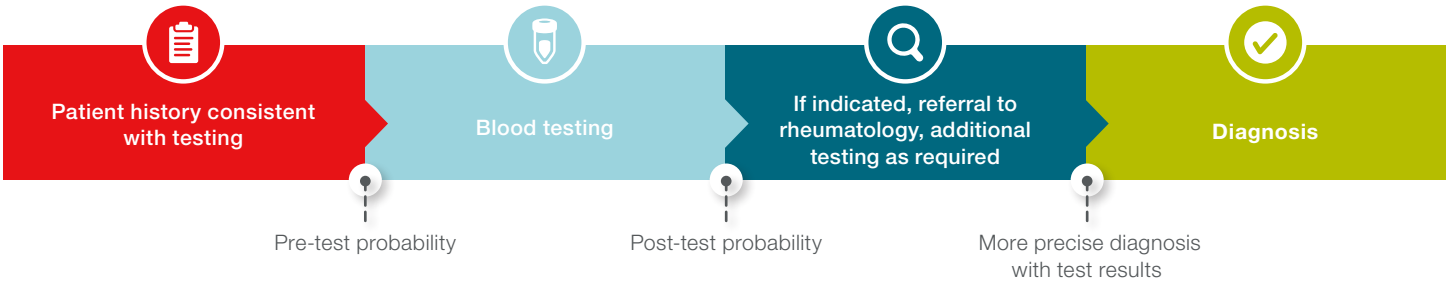
Optimized blood testing in primary care can help:[1,3-5]

- Promote timely and accurate diagnosis
- Ensure better patient outcomes
- Generate appropriate referrals

Did you know?

Autoimmune related testing cascades have been shown in one study, to **reduce rheumatologist referral wait times by as much as 50%.**[3]

Steps to a diagnosis[1,3,5]



Consider rheumatic disease serology profiles:

Depending on a patient's symptoms, one of the following primary care algorithms may be appropriate.

Connective tissue disease[4,6-8*†]	Rheumatoid arthritis[9†]	Autoimmune rheumatic diseases[4,6-8,10*†]
Defined ANA screen + Double stranded DNA (dsDNA)	Rheumatoid Factor (RF) IgM + Cyclic citrullinated peptide (CCP)	Defined ANA screen + Double stranded DNA (dsDNA) + Cyclic citrullinated peptide (CCP)
If positive, reflex to*: SS-B/La, Smith (Sm), Ribonucleoprotein (RNP), SS-A/Ro, Scl-70, Jo-1, Centromere (CENP)		If positive, reflex to*: SS-B/La, Smith (Sm), Ribonucleoprotein (RNP), SS-A/Ro, Scl-70, Jo-1, Centromere (CENP)

*The Connective Tissue Disease or ARDs profile can be run without or alongside an ANA-Screen (IFA Hep-2).[5] Reflex testing should be specific to the tests covered within the defined ANA screen.

†Official Well product names for tests mentioned within this document are EliA Symphony^{S} Well (Defined ANA screen), EliA dsDNA Well, EliA RF IgM Well, EliA CCP Well, EliA U1RNP Well, EliA Jo-1 Well, EliA SmD^{P}-S Well, EliA Ro Well (52kDA, 60kDA), EliA La Well, EliA CENP Well, EliA Scl-70^{S} Well

Testing profile interpretation considerations:

CCP and/or RF IgM	+	• Supportive of the diagnosis of rheumatoid arthritis[2,9] • Consider referral to rheumatologist, as early intervention is essential for proper patient management[2,9]
	–	• Negative serology does not eliminate the possibility of RA, but does decrease the likelihood of having RA[2]
Defined ANA screen and/or dsDNA	+	• Autoimmune disease more likely, consider referral to rheumatologist[1,7] • Individual autoantibodies have increased prevalence in certain connective tissue diseases and most are included in certain classification criterias as follows: ◦ **dsDNA:** Systemic lupus erythematosus[1,11] ◦ **SS-A/Ro:** Systemic lupus erythematosus, Sjögren's syndrome, idiopathic inflammatory myopathies[1,12] ◦ **SS-B/La:** Systemic lupus erythematosus and Sjögren's syndrome[1] ◦ **RNP:** Systemic lupus erythematosus, idiopathic inflammatory myositis, systemic sclerosis, mixed connective tissue disease[1,13] ◦ **Scl-70:** Systemic sclerosis[1,13] ◦ **Jo-1:** Idiopathic inflammatory myopathies[1,14] ◦ **CENP:** Systemic sclerosis[1,13] ◦ **Sm:** Systemic lupus erythematosus[1,11]
	–	• Negative serology does not eliminate the possibility of autoimmunity, but does decrease the likelihood[7] • **If there is a high suspicion of autoimmunity,** consider ANA-IIF testing[7] • **If there is a low suspicion of autoimmunity,** consider alternative diagnoses[7]

EliA™ assays help provide diagnostic clarity for patients with autoimmune rheumatic disorders[7,8,15] and, in the case of EliA CCP IgG, can even support the prediction of disease prior to symptom onset.[15]

References

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