

ANCA-associated vasculitis testing strategy update – August 2019

From 26th August 2019, samples sent to the Immunology lab for investigation of possible ANCA-associated vasculitis (AAV) will be tested for **MPO/PR3 antibodies first**, with ANCA testing reserved for the follow up of new positive MPO or PR3 abs. This will result in improved turnaround times and avoid detecting non-specific ANCA which are negative for MPO/PR3 abs. This also brings our practice in line with the latest guidelines ([Nat Rev Rheum 2017, v13, p 683–692](#)). These changes will be embedded in Trakcare and GP-ICE. Sample type remains the same.

The guidelines also highlight the importance of clinically appropriate requesting. The recognised indications for investigation for AAV are as follows:

- Glomerulonephritis
- Pulmonary haemorrhage
- Cutaneous vasculitis with systemic features
- Multiple lung nodules
- Chronic destructive disease of upper airways
- Long standing sinusitis or otitis
- Subglottic tracheal stenosis
- Mononeuritis multiplex or peripheral neuropathy
- Retro-orbital mass
- Scleritis
- Follow up of known ANCA vasculitis (should not be more frequently than **3 monthly**)

Please note that ANCA/MPO/PR3 is no longer considered clinically useful in the routine investigation of abnormal liver function tests or isolated joint, back or muscle pain.

Please do continue to phone the lab if you have urgent samples (0141 347 8872 or ext 68872).