

Dear Colleague,

21/10/2025

Update to liver antibody protocol from 1st December 2025: discontinuation of mitochondrial antibody titration by indirect immunofluorescence

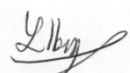
In 2022 the liver immunoblot was incorporated into our local laboratory repertoire. This extended liver blot includes testing for antibodies to M2, M2-3E, Sp100, PML, gp210, LKM1, LC-1, SLA/LP and Ro52. The introduction of this test locally allowed for the routine performance of the liver blot on all first time positive mitochondrial, liver kidney microsomal (LKM) and liver cytosol (LC) antibodies detected by the indirect immunofluorescent screening assay.

As part of phase 2, we are updating our liver autoantibody protocol to align with the latest primary biliary cholangitis guidelines¹. This change ensures our approach is consistent with best practice and reflects the latest developments in the field. Now that the liver blot is routinely embedded within our liver antibodies protocol, we are consolidating our testing algorithm and will discontinue mitochondrial titrations (1/200, 1/800, 1/3200) by indirect immunofluorescent. The indirect immunofluorescent screen on rodent tissue will continue to be performed at a screening dilution of 1/40, and all new positive mitochondrial antibodies detected at 1/40 will continue to be tested for antibodies to M2 and M2-3E by liver blot.

This is also an opportunity to remind users that the liver blot can be directly requested by certain specialities e.g. gastroenterology for the detection of SLA antibodies. All direct requests for the liver blot will continue to be vetted, and any samples that do not include appropriate clinical details and a named gastroenterologist will be declined.

We would be grateful if you could share this letter with colleagues and contact us if you have any further questions.

Yours sincerely,



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1. The British Society of Gastroenterology/UK-PBC primary biliary cholangitis treatment and management guidelines. Hirschfield GM, et al. Gut. 2018.