



North Glasgow Sector

Immunology updates – December 2019

Changes to ANA screening instrumentation and testing strategy

As part of an instrumentation upgrade in the laboratory we will now be performing ANA screens on **HEp2 cells** rather than HEP2000 cells. This is effective from 16th December 2019.

- Unlike HEP2000, HEp2 cells do not over-express Ro antigen so a very small number of Ro positive patients may not be picked up by the new ANA test. Therefore in ANA negative patients with a strong clinical indication for Ro positive disease (e.g. neonatal lupus), ENA antibodies should also be requested.
- We vet ENA requests so are dependent upon appropriate clinical details being provided on request forms.
- The change in analyser will be highlighted on all reports.

We have also changed our **ANA screening dilution** from 1/40 to **1/80** as of 16th December 2019.

- This will reduce detection of very weak positive 1/40 ANAs that are not clinically relevant and often lead to unnecessary rheumatology referrals.
- The reporting of ANA titrations will change: you will see 1/80 titres being reported but will not see any 1/40 titres. The 1/160, 1/640, 1/2560 titres remain unchanged.
- Test requesting and sample requirements are unchanged.

Please contact the laboratory (0141 347 8872) if you have any queries or would like to discuss these updates.

New assay - IgG tTG for IgA deficient coeliac serology

As of 6th December 2019, we have replaced our IgG endomysial antibody assay (indirect immunofluorescence) with **IgG tTG** (tissue transglutaminase, fluorescence enzyme immunoassay). This assay is used in the investigation and monitoring of coeliac disease in patients with low or deficient total IgA. Please note the following points:

- The overall testing strategy remains the same – IgA tTG remains the first line screen for coeliac disease.
- The IgA tTG test is effective in detecting IgA deficiency – there is no need to request immunoglobulins at the same time.
- We will continue to add IgG tTG when appropriate – if IgA tTG is negative with a low response, and total IgA is ≤ 0.4 g/L.
- IgG tTG will not be requestable on Trakcare/electronic ordering systems.
- IgG tTG provides a **quantitative numerical** result (negative <7 U/mL, equivocal 7-10 U/mL, positive >10 U/mL), rather than qualitative, which will aid patient monitoring.
- Interpretative information will be added to reports.
- IgG tTG will be performed routinely on a weekly basis.

Please contact the laboratory (0141 347 8872) if you have any queries or would like to discuss this update.



Biochemistry Service User (GP) Survey 2019

In August 2019, a survey was designed by North Glasgow Biochemistry to invite feedback on the service from primary care users. It was distributed to 84 practices and received a total of 19 responses. Overall the majority of users appeared satisfied with the service provided:

100% of users found the comments in laboratory reports useful in interpretation of results.

100% of users who have had telephone discussions with Clinical Biochemistry staff found them to be useful.

Several respondents mentioned fast turnaround times and helpful staff as positive aspects of the service.

Information sources

The survey results suggested a lack of awareness or use of some of the information sources available for service users.

56% of users use the Biochemistry GP handbook

29% of users use the Biochemistry website

59% of users receive and read the GP newsletters

Note: N/A responses excluded.

The links for these resources are as follows:

Handbook: <https://www.nhsggc.org.uk/about-us/professional-support-sites/laboratory-medicine/laboratory-disciplines/biochemistry/gp-handbook-nhsggc/>

Website: <https://www.nhsggc.org.uk/about-us/professional-support-sites/laboratory-medicine/laboratory-disciplines/biochemistry/>

Newsletters: <https://www.nhsggc.org.uk/about-us/professional-support-sites/laboratory-medicine/laboratory-disciplines/biochemistry/north-glasgow-biochemistry/laboratory-newsletter-north-glasgow/>

However, the majority of respondents felt adequately informed about key aspects of the service.

84 % were aware of the critical results that would be phoned urgently.

79 % felt adequately informed about the uses and limitations of the test available.

Truncation of clinical comments

A number of respondents raised the difficulty of being unable to view clinical information in full on reports.

Unfortunately, this is a known limitation of the LIMS currently used by the laboratory. However, it is hoped that this will be addressed in future as part of plans to move to a new LIMS.

Add-on request service

Ease of requesting add on tests was also raised in survey responses. Requests for add on tests can be made by emailing northglasgow.biochem@ggc.scot.nhs.uk. Any urgent add-ons can be telephoned to the laboratory. It is not possible to add on tests via electronic ordering as samples within the laboratory system cannot be edited by the ordering system.

The North Glasgow Biochemistry team are very grateful to everyone who took the time to respond to the survey and are always open to feedback from more of our users to help us to improve our service. Please feel free to contact us if you have any further queries or requests.

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We would be delighted with your feedback on issues that you would like us to address in the newsletter. We are also keen to reach as large an audience in primary care as possible. Do you have suggestions how we can widen distribution?

Comments or suggestions can be sent to:

Donna Chantler (donna.chantler@ggc.scot.nhs.uk)