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RHEUMATOID FACTOR TEST UPDATE

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Effective October 14, 2019, serum rheumatoid factor, test code: **RA**, will be replaced by test code: **RA-IgM** due to a change in methodology. Quantitative results will be reported in IU/mL and interpretive results will be reported as "Negative", "LOW POS" or "HIGH POS" according to the American College of Rheumatology (ACR) 2010 Rheumatoid Arthritis Classification Criteria¹.

BACKGROUND

Rheumatoid arthritis (RA) is an autoimmune disease characterized by chronic inflammation. The presence of autoantibodies such as rheumatoid factor (RF) and anti-citrullinated protein antibody (ACPA; tested as anti-cyclic citrullinated peptide [anti-CCP]), can precede clinical manifestation of RA by many years^{2,3}. The 2010 ACR rheumatoid arthritis classification criteria focus on the need for earlier diagnosis and institution of effective disease-suppressing therapy to prevent individuals from reaching the chronic, erosive disease state exemplified in the 1987 RA criteria.

The 2010 classification criteria define "definite RA" as a total score of 6 or greater (out of a possible 10) from the individual scores in four domains:

- Number and site of involved joints (score range 0-5)
 - 1 large joint - 0
 - 2-10 large joints - 1
 - 1-3 small joints (with or without involvement of large joints) - 2
 - 4-10 small joints (with or without involvement of large joints) - 3
 - >10 joints (at least 1 small joint) - 5




- Serologic abnormality (score range 0-3)
 - Negative RF and negative aCCP - 0
 - Low-positive RF or low-positive aCCP - 2
 - High-positive RF or high-positive aCCP - 3
- Elevated acute-phase response (score range 0-1)
 - Normal CRP and normal ESR - 0
 - Abnormal CRP or abnormal ESR - 1
- Symptom duration (2 levels; range 0-1)
 - < 6 weeks - 0
 - > 6 weeks - 1

The definition of serologic scores is based on the upper limit of normal (ULN) for the individual assay. The ULN for the new test is 13, with scores for serologic results as: Negative = less than or equal to the ULN; Low-positive = higher than the ULN but < 3 times; and High-positive = > 3 times the ULN.

QUESTIONS

- Test information is available in [Marshfield Labs Test Reference Manual](#) or from Marshfield Labs Customer Service Department.
- Clinical questions may be directed to Joyce Flanagan, PhD, Clinical Chemist.
- Phone number: 800-222-5835.

REFERENCES

1. Aletaha, D, et al. 2010 Rheumatoid arthritis classification criteria: An American College of Rheumatology/European League Against Rheumatism Collaborative Initiative. *Arthritis Rheum*, 2010; 62:2569-2581.
2. Nielen MM, et al. Specific autoantibodies precede the symptoms of rheumatoid arthritis: a study of serial measurements in blood donors. *Arthritis Rheum* 2004; 50:380-386.
3. Vencovski J. et al. Autoantibodies can be prognostic markers of an erosive disease in early rheumatoid arthritis. *Ann Rheum Dis* 2003; 62:427-430. 

TEST RETIREMENT: ANAPLASMA PHAGOCYTOPHILUM

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The *Anaplasma Phagocytophilum* test (test code **EHRlich**) performed by IFA (indirect immunofluorescent antibody) method was retired on October 1, 2019. During acute infection, molecular detection of bacterial DNA has been shown to be the most sensitive method of detection and superior to immunoserologic methods. Therefore, the preferred tests are “Anaplasma, Ehrlichia, Babesia Nucleic Acid Test” (test code **ANENAT**) or “Tick Borne Panel” (test code **TICKP**).

For more information about the **TICKP** test please see the [Marshfield Labs Test Reference Manual](#) and Laboratory Newsletters from [June 25, 2012](#), [May 17, 2013](#), and [June 17, 2016](#). 