Health Care Provider Bulletin

Lifelabs service Updates October 2, 2025

CHANGES TO ANTI-NUCLEAR ANTIBODY, ANTI-ENDOMYSIAL ANTIBODY, ANTI-MITOCHONDRIAL ANTIBODY, ANTI-PARIETAL CELL ANTIBODY, AND ANTI-SMOOTH MUSCLE ANTIBODY TESTING [ONTARIO ONLY]

Effective November 2, 2025, LifeLabs will update its current instrumentation to a **fully Automated Indirect Immunofluorescence platform** for the following tests, as part of our ongoing efforts to improve our quality of service**:**

1. **Anti-nuclear Antibody (ANA)**
2. **Anti-endomysial Antibody (EMA)**
3. **Anti-mitochondrial Antibody (AMA)**
4. **Anti-parietal cell Antibody (APCA)**
5. **Anti-smooth muscle Antibody (ASMA)**

Changes to screening titres and interpretive comment enhancements will occur concurrently with instrumentation updates.

Please note: There are **no changes to collection, storage, or transportation requirements**. There is **no change in pricing** for these tests, and the changes are being implemented **for operational purposes**. The current **turnaround times are also expected to remain the same.**

Relevant updates are presented in the tables below.

Table 1. Updates to Screening Titres

Screening titres are updated to align with vendor recommendations and guidelines, where available.

Test	Age	Current Screening Titre	Updated Screening Titre
ANA	≤ 18 years old	1:40	1:80
	> 18 years old	1:80	1:80
Anti-EMA antibody	All ages	1:5	1:10
AMA, APCA, and ASMA antibody	All ages	1:20	1:80

LifeLabs updated its reported ANA patterns to align with the International Consensus on ANA Patterns (ICAP). In our current ANA reports, one titre is reported when mixed patterns are observed. To enhance test reporting, **a titre and interpretive comment will be reported for each pattern when mixed patterns are identified.** A summary of the changes is outlined in the table below:

Table 2. ANA Interpretive comment enhancements

Current Pattern	Current Comment	Updated Pattern	Updated Comment
Speckled	Speckled pattern is seen in Sjogren's syndrome, SLE, subacute cutaneous lupus erythematosus, neonatal lupus erythematosus, congenital heart block, dermatomyositis, systemic sclerosis, SSc-autoimmune overlap syndrome, mixed connective tissues disease, and undifferentiated connective tissue disease. Follow up tests may include ENAs, if not already performed.	Speckled	Speckled: This pattern is found in patients with Sjogren's syndrome, SLE, subacute cutaneous lupus erythematosus, neonatal lupus erythematosus, congenital heart block, dermatomyositis, systemic sclerosis, SSc-autoimmune overlap syndrome. Follow up tests may include ENAs, if not already performed.
Homogeneous	Homogenous pattern is suggestive of SLE, chronic autoimmune hepatitis and juvenile idiopathic arthritis. Follow up tests may include anti-dsDNA and/or ENAs, if not already performed.	Nuclear Homogeneous	Nuclear Homogeneous: This pattern is found in patients with SLE, chronic autoimmune hepatitis or juvenile idiopathic arthritis. Follow up tests may include anti-dsDNA and/or ENAs, if not already performed.
Centromere	Centromere pattern is commonly found in limited cutaneous systemic sclerosis and primary biliary cholangitis. May also be seen in Sjogren's syndrome and SLE. Follow up tests may include ENAs, if not already performed.	Centromere	Centromere: This pattern is commonly found in limited cutaneous systemic sclerosis and in a subset of patients with primary biliary cirrhosis. It may also be seen in Sjogren's syndrome and SLE. Follow up tests may include ENAs, if not already performed.
Mitotic Spindle	Mitotic spindle pattern has low positive predictive value for any disease.	Spindle Fibers	Spindle Fibers: This pattern has low positive predictive value for any disease.
Nuclear Membrane	Nuclear membrane pattern has been reported in autoimmune liver disease, autoimmune-cytopenias, linear scleroderma, anti-	Nuclear Membrane	Nuclear Membrane: This pattern has been reported in autoimmune liver disease, autoimmune-cytopenia, linear scleroderma, anti-phospholipid syndrome, and

Current Pattern	Current Comment	Updated Pattern	Updated Comment
	phospholipid syndrome, and systemic autoimmune rheumatic diseases		systemic autoimmune rheumatic diseases.
Peripheral	A peripheral (RIM) pattern strongly suggests SLE. It may also be observed in patients with rheumatoid arthritis and autoimmune liver disease. Follow up may include testing for ENAs and anti-dsDNA, if not already performed.	Peripheral	Peripheral: A peripheral (RIM) pattern strongly suggests SLE. It may also be observed in patients with rheumatoid arthritis and autoimmune liver disease. Follow up may include testing for ENAs and anti-dsDNA, if not already performed.
Fine Speckled	Fine speckled pattern suggesting presence of antibodies to SSA/Ro. This pattern is seen in Sjogren's syndrome, SLE and subacute cutaneous lupus erythematosus, neonatal lupus erythematosus and neonatal congenital heart block. Follow-up testing for ENAs is suggested, if not already performed.	(Discontinued as the new system cannot detect antibodies to SSA)	(Discontinued)
Nuclear Dot	Nuclear dot pattern is seen in primary biliary cholangitis, dermatomyositis, and other inflammatory conditions. Follow-up tests may include autoimmune liver disease or myositis antibodies profile.	Nuclear Dot	Nuclear Dot: This pattern is seen in primary biliary cholangitis, dermatomyositis, and other inflammatory conditions. Follow-up tests may include autoimmune liver disease or myositis antibodies profile.
Cytoplasmic	Cytoplasmic pattern, suggestive of antibodies to cytoplasmic and mitochondrial proteins, is detected. This pattern is seen in SLE, anti-synthetase syndrome, interstitial lung disease, polyarthritis, Raynaud's phenomenon, and mechanic's hands. Follow up tests may include anti-mitochondrial antibody, anti-parietal cell	Cytoplasmic	Cytoplasmic: This pattern implies detection of antibodies to cytoplasmic and mitochondrial proteins. This pattern is seen in SLE, anti-synthetase syndrome, interstitial lung disease, polyarthritis, Raynaud's phenomenon, and mechanic's hands. Follow up tests may include anti-mitochondrial antibody, anti-parietal cell antibody, anti-smooth muscle antibody and ENAs.

Current Pattern	Current Comment	Updated Pattern	Updated Comment
	antibody, anti-smooth muscle antibody and ENAs.		
Anti-Centriole	Anti-centriole antibodies have low positive predictive value for any disease. It may be seen in Raynaud's phenomenon, localized scleroderma, systemic sclerosis, SLE and rheumatoid arthritis.	Centrosome	Centrosome: This pattern has low positive predictive value for any disease. It can be seen in patients with Raynaud's phenomenon, localized scleroderma, systemic sclerosis, SLE, and rheumatoid arthritis.
Anti-Golgi	A cytoplasmic anti-golgi antibody pattern is observed. This pattern is found in small numbers of patients with a variety of conditions, including several systemic autoimmune rheumatic diseases.	Polar/Golgi-like	Polar/Golgi-like: This pattern is found in small numbers of patients with a variety of conditions, including several systemic autoimmune rheumatic diseases.
Midbody	Midbody pattern has low positive predictive value for any disease	Intracellular bridge	Intracellular Bridge: This pattern has low positive predictive value for any disease.
PCNA-like	PCNA-like pattern suggests the presence of antibodies to Proliferating Cell Nuclear Antigen. It is seen in SLE, systemic sclerosis, autoimmune myopathy, rheumatoid arthritis and hepatitis C infection. Follow up tests may include anti-dsDNA and/or ENAs, if not already performed.	Proliferating Cell Nuclear Antigen (PCNA)-like	Proliferating Cell Nuclear Antigen (PCNA)-like: This pattern is seen in patients with SLE, systemic sclerosis, autoimmune myopathy, rheumatoid arthritis, hepatitis C virus infection and other conditions. Follow up tests may include anti-dsDNA and/or ENAs, if not already performed.
New	*New*	Nuclear Dense Fined Speckled	Nuclear Dense Fine Speckled: In combination with negative ENA and anti-dsDNA tests, systemic autoimmune rheumatic disease is unlikely.

Lastly, anti-EMA, AMA, APCA and ASMA laboratory reports are enhanced to include interpretive comments.

Table 3. New interpretive comments for anti-EMA, AMA, APCA, and ASMA

Test	Positive Test Result	Negative Test Result
Anti-EMA	POSITIVE Endomysial IgA antibodies were detected. Endomysial IgA antibodies are antibodies created in gluten-sensitive individuals in response to gluten exposure. A positive endomysial IgA antibody test suggests the possibility of celiac disease. It does not confirm diagnosis. If not already tested, anti-tissue transglutaminase IgA antibody testing is recommended to support celiac disease diagnosis.	NEGATIVE Endomysial IgA antibodies were not detected. Endomysial IgA antibodies are antibodies created in gluten-sensitive individuals in response to gluten exposure. A negative result suggests decreased likelihood of celiac disease. False negative results may occur with a gluten-restricted diet or IgA deficiency. If there is a clinical suspicion of celiac disease, a total IgA test should be ordered to rule out IgA deficiency. If IgA deficiency is confirmed, anti-deamidated gliadin peptide IgG test can be ordered to support celiac disease diagnosis.
AMA	The presence of a cytoplasmic reticular pattern is highly suggestive of primary biliary cholangitis (PBC). This pattern may also be observed in systemic sclerosis (SSc), and in overlap syndromes such as PBC-SSc and PBC-Sjögren's syndrome.	
APCA	Anti-parietal cell antibodies are commonly found in cases of pernicious anemia and autoimmune atrophic gastritis.	
ASMA	Anti-smooth muscle antibodies are commonly found in autoimmune hepatitis but may also be observed in other hepatic disorders, viral infections and some malignancies.	

Please note: For Hospital clients only: A member of the LifeLabs team will be in touch soon with the new interface mapping tables required for these changes.

If you have any questions or concerns, please contact LifeLabs Customer Care Centre at 1-877-849-3637.

Sincerely,

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