Operational Update for Otago/Southland Community Referrers

July 2014

TEST RELATED **ANCA Requesting Criteria** **Free Light Chains** **Measles Immune testing** **Bordetella pertussis testing**	**REPEAT CARDS** **NEW SUREPATH VIALS** **REQUEST FORMS – COPY TO DRS** **SAMPLE IDENTIFICATION ACCEPTANCE CRITERIA**

TEST RELATED

ANCA requesting criteria:

Guidelines	Clinical Definition
1. Glomerulonephritis, especially rapidly progressive	(A) Creatinine level >176.8 µmol/L) (normal range, 0.7–61.9–114.9 µmol/L]) immediately prior to ANCA testing; or (B) urinary red blood cell casts or haematuria with >5 red blood cells per high-powered microscopic field
2. Pulmonary haemorrhage, especially pulmonary renal syndrome	Haemoptysis or pulmonary haemorrhage
3. Cutaneous vasculitis with systemic features myalgias, arthralgias, or arthritis	Purpura, rash or livedo with concurrent fever, weight loss, myalgias, arthralgias, or arthritis
4. Multiple lung nodules	At least 1 nodule seen on any imaging study‡
5. Chronic destructive disease of the upper airways	Epistaxis or erosive changes seen on clinical examination or imaging studies not due to previous surgery
6. Long-standing sinusitis or otitis	(A) Hearing loss, blocked ears, or ear pain or (B) sinusitis or otitis specified as the reason for ANCA test ordering by the physician
7. Subglottic, tracheal stenosis	(A) Visualized on imaging studies or (B) tracheal stenosis specified as the reason for ANCA test ordering by the physician
8. Mononeuritis multiplex or other peripheral neuropathy	Sensory or motor changes, including cranial nerve palsies
9. Retro-orbital mass	Radiographic visualization of a mass lesion

See http://www.blackwellpublishing.com/acrmeeting/abstract.asp?MeetingID=789&id=103425

Free Light Chains

Testing will be brought in house from Aug 4th (previously sent to Canterbury Health). From this date patients who are being monitored will have parallel reports (both Canterbury Health Laboratories values and Southern Community Laboratory [SCL] values issues for at least one specimen. This will allow re-establishment of a baseline for that individual using the new method. After this, monitored patients will be moved to the SCL method. All 'new' patients will have SCL values only reported from 4th August.

Measles immune testing

With a significant number of measles cases being reported some parents are seeking to have their children's immune status checked.

- Immune status testing is charged as non-diagnostic
- Testing is not available as a self-request, we do not permit self requesting on minors
- The request needs to come from the referrer, who will be aware in most cases of the child's vaccination history

Bordetella pertussis testing

From the 7th of July 2014 serological testing for *Bordetella pertussis* has changed at Southern Community Laboratories. We are now only testing for IgG antibodies against pertussis toxin (PT). Recent studies suggest that IgG anti-PT is the most sensitive and specific serological marker for recent infection with *B. pertussis*; parallel testing of IgA anti-PT adds little over assessment of IgG anti-PT alone.

- Most people will have detectable antibodies against PT due to past vaccination or infection.
- A level of $\geq$ 100IU/ml IgG anti-PT is consistent with recent infection or vaccination within the last 12 months. A level of $\leq$40IU/ml suggests that recent infection is unlikely.
- If the diagnosis cannot be confirmed from a single serum, but it is deemed to be necessary according to the clinical symptoms, antibodies can be measured in a second (convalescent) serum sample at a 2-4 week interval.
- Serology is most useful 2-8 weeks after onset of cough. In the first 2 weeks of symptoms culture or PCR are the preferred methods of diagnosis.
- For further information, please contact Dr James Ussher, Clinical Microbiologist, on (03) 470 2924 or james.ussher@sclabs.co.nz.

REPEAT CARDS

A reminder that cards, or request forms, must not be written out in another requester's name. The referrer making the request has the clinical responsibility for follow-up of the results and this cannot be abrogated.

Please note that the new INR card is designed for use for INR testing only, and can be used on an ongoing basis. If any other tests are required they must be requested on the general use card which has a 1 year expiry.

A reminder re 'usual' frequencies:

CEA – As a general rule, CEA (like most other tumour markers) is a poor screening test and is not recommended to be used in this way. Testing is usually reserved for those with a diagnosis of colorectal cancer who are being monitored after therapy to detect recurrence or progression. However, even then the optimal frequency of testing is not clear and it will be dictated by the nature and intent of the original therapy and what the likely response to any recurrence might be. A number of US and European guidelines recommend testing at 3 monthly intervals for the first 3 years after therapy if the patient is a candidate for surgery or systemic therapy after tumour recurrence.
(http://www.aacc.org/members/nacb/LMPG/OnlineGuide/PublishedGuidelines/major/Documents/TumorMarkersMajor10.pdf)

PSA - Men who have undergone radical prostatectomy or radiotherapy should have their PSA level checked regularly (bpac Best Tests; Oct 2012). Testing should begin 6 weeks after treatment (unless adjuvant hormonal treatment is being given) and then at least every six months for the first two years. Thereafter annual testing should be carried out. Where watchful waiting is being used to follow disease, PSA should be checked at least once a year. For those being followed by active surveillance, general guidance is that PSA should be checked 3-6 monthly but actual frequency is guided by how quickly the PSA value is changing.

HbA1c – For those with established diabetes, guidelines in the NZ Primary Care Handbook recommend review of HbA1c every 3 to 6 months depending on an individual's risk of diabetes-related complications. When assessing cardiovascular risk in the non-diabetic individual, HbA1c should be assayed as part of that risk assessment. The frequency of this testing depends on the current level of risk and ranges from annually for those at high risk (5y risk ≥ 15%) to every 10 years in those with a 5y risk of <5%).

Uric Acid – In the treatment of gout, monthly assay of serum urate is recommended until the target serum urate of <0.36 mmol/L is achieved. Thereafter 3 monthly monitoring is recommended to ensure that this target value is maintained (source: Canterbury Health Pathways). N.B. a normal serum urate in an acute attack of joint pain does not exclude gout.

Clozapine patients on clozapine have a blood level done when they get to the target dose, when doses are increased and thereafter annually. Clozapine levels might also be considered when there are issues of compliance or there are reasons to be concerned about toxicity. Clozapine should not be requested using a repeat card.

IMMUNOLOGY – patients should not be put on a repeat card until their initial status has been determined.

ANA, ENA antibodies – twice to confirm positive or negative then annually (these tests should not be requested on a repeat card)

ANCA – negatives annually, positive **MPO or PR3** not more often than 6 weekly

RF, Thyroid antibodies, CCP antibodies known positives 6-12 monthly

dsDNA known positives 6 weekly, negatives annually (should not be put on a repeat card until initial status has been ascertained)

NEW SUREPATH VIALS

There is a new SurePath vial for cervical smear collection being released. It is essentially the same as the existing one. The difference with the new vial is there is a plastic insert in the vial with two holes. Please put the cervical smear collection device head in the large hole of this insert. There are arrows to indicate this on the insert.

REQUEST FORMS – COPY TO DOCTORS

One of the most common complaints we get is that copy to doctors have not received a copy of the results. Yes it is often out fault and we are working on an audit system that should pick this up in most cases. However many forms have insufficient information Examples:

Copy to Dr Smith – *which* Dr Smith, our database covers most of NZ

Copy to [name] Medical Centre – to whom?

Copy to the GP – usually an ED request

The request needs to be specific – cc Dr [ ] at [ ] Medical centre / Hospital Department

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SAMPLE IDENTIFICATION ACCEPTANCE CRITERIA

We have recently reviewed our Specimen Identification Acceptance Criteria in order to minimise the risk of harm to your patients, due to specimen mis-identification. The reviewed acceptance criteria comply with ISO15189:2012, *Medical laboratories – requirements for quality & competence*, and with NZ pathology industry best practice

All specimens and request forms require **2 unique forms of identification**, usually the patient's FULL name (surname & given name) and the date of birth or NHI number

Where there is a mis-match between the identifiers on the specimen and the request form, or where there are not 2 unique forms of ID the specimen will not be accepted for testing

In most cases, the sample will be discarded and you will be notified via your usual reporting system. Exceptions will be if the sample is irreplaceable, or urgent, in which case you will be contacted as soon as possible to authorise identification of the specimen

These Acceptance Criteria are being introduced so that the risk of harm to your patients, due to specimen mis-identification, can be minimised

The Acceptance Criteria will be implemented from Monday 4 *August 2014*

Dr Peter Gootjes, CEO SCL, CSCL, MLS, Taupo Pathology

Note 1: An unlabelled cervical smear authorised for processing by a referrer last week unexpectedly showed an advanced cancer. The question is, 'if the sample did not come from this patient, who did the sample belong to?!'

Note 2: There has been no appreciable improvement with errors relating to Histology samples. This is of particular concern because these are accepted as precious, and will be used to diagnose cancers. The main issues are:

- Lack of two patient identifiers, either on the form or the container or both
- Incomplete / incorrect test requests eg: wrong site, wrong side

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