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A 62 year-old African American female was referred to Dr. Dolatabadi by her PCP in January 2015 with the chief complaint of left leg pain and history of chronic obstructive pulmonary disease (COPD), peripheral vascular disease, transient ischemic attack (TIAs), hypertension and hypothyroidism. The patient was diagnosed with SLE 25 years ago by a Rheumatologist based on her clinical presentation of arthritis and headaches, along with previous unspecified serology.

During the initial assessment, the patient admitted to having mouth sores, hair loss, pain and swelling of the joints, as well as insomnia, Raynaud's, intermittent rash and shortness of breath. She was taking 17.5mg of methotrexate weekly along with hydroxychloroquine 200mg po daily, acetylsalicylic acid (ASA) 81mg po daily and clopidogrel (Plavix). Through her clinical examination, Dr. Dolatabadi also discovered diminished breath sound at the base of both lungs, decreased range of motion in the right shoulder and swelling in the metacarpophalangeal joints (MCPs). The patient also had significant tenderness all over her body, including the classic tender points indicating potential fibromyalgia.

Based on the patient's history and initial clinical assessment, Dr. Dolatabadi had multiple suspicions she wanted to confirm through serology, including SLE, MCTD or overlap between SLE and RA, along with probable presence of anti-phospholipid antibodies/anti-phospholipid syndrome. Dr. Dolatabadi was also confident that this patient has fibromyalgia syndrome. As a result, Dr. Dolatabadi ordered Avise CTD and Avise SLE Prognostic in anticipation of receiving valuable information from the dual ANA, ENAs, the Cell-Bound Complement Activation markers – EC4d and BC4d – the comprehensive rheumatoid arthritis panel and the anti-phospholipid antibodies in order to rule-in or rule-out possible SLE, RA, other CTDs and/or cardiovascular involvement.

The Avise CTD and Avise SLE Prognostic test results came back positive for ANA by ELISA and IIF with a homogeneous pattern, EC4d and BC4d, Rheumatoid Factor IgM, anti-Cardiolipin IgM, anti-ß2-Glycoprotein IgM and anti-PS/PT IgM – all other markers were negative.

POSITIVE MARKERS	RESULTS	REFERENCE RANGE
ANA by IIF	1:320 (Homogeneous)	Negative (<1:80); Positive (≥1:80)
ANA by ELISA	109 Units	<20 (Negative) 20-59 (Positive) ≥60 (Strong Positive)
EC4d	17 Net MFI	≤12 (Negative); >12-75 (Positive); >75 (Strong Positive)
BC4d	137 Net MFI	≤48 (Negative); >48-200 (Positive); >200 (Strong Positive)
Rheumatoid Factor IgM	6.7 U/mL	<3.5 (Negative); 3.5-5 (Equivocal); >5 (Positive)
Anti-Cardiolipin IgM	95 CU	≤20 (Negative); >20 (Positive)
Anti-ß2-Glycoprotein IgM	124 CU	≤20 (Negative); >20 (Positive)
Anti-PS/PT IgM	42 U/mL	≤30 (Negative); >30 (Positive)

The Avise results, along with the clinical assessment, provided Dr. Dolatabadi valuable information necessary to rule-in SLE and rule-out MCTD. With this diagnosis, Dr. Dolatabadi optimized the patient's hydroxychloroquine to 400mg po daily and kept all other medication and doses the same. She plans to monitor the patient's levels of hydroxychloroquine and methotrexate in 3 months using Avise HCQ and Avise MTX to determine if the exposure to these drugs are being fully optimized, as well as retest for confirmation of APS.

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AVISE™ SLE Prognostic

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