

## Overview

### Useful For

Detection of IgG antibodies against phosphatidylserine/prothrombin complex in patients with strong suspicion of antiphospholipid syndrome (APS) who are negative for the APS criteria laboratory tests (lupus anticoagulant, IgG and IgM anticardiolipin/beta 2-glycoprotein I and anti-beta 2-glycoprotein I antibodies)

May be useful for the evaluation of patients with prior positive lupus anticoagulant results who are on direct oral anticoagulant (DOAC) therapy

May be useful as a risk marker for thrombosis in antiphospholipid antibody carriers

### Method Name

[Enzyme-Linked Immunosorbent Assay \(ELISA\)](#)

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Ordering Guidance

Cardiolipin and beta-2 glycoprotein testing are the first-tier test options for most patients. Phosphatidylserine/prothrombin antibodies are considered part of the second-tier workup.

### Specimen Required

#### Container/Tube:

**Preferred:** Serum gel

**Acceptable:** Red top

**Specimen Volume:** 0.5 mL

**Collection Information:** Centrifuge and aliquot serum.

### Specimen Minimum Volume

0.4 mL

### Reject Due To

Gross hemolysis	Reject
-----------------	--------

Gross lipemia	Reject
Gross icterus	OK

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	21 days	
	Frozen	21 days	

**Clinical & Interpretive**
**Clinical Information**

According to the 2006 revised Sapporo classification criteria, a diagnosis of antiphospholipid syndrome (APS) is based on the presence of specific pregnancy-related morbidities, arterial or venous thrombosis in association with persistent lupus anticoagulant (LAC), anti-cardiolipin IgG/IgM or anti-beta 2-glycoprotein I IgG/IgM antibodies.(1) Cardiolipin is an anionic phospholipid that interacts with the protein cofactor beta 2-glycoprotein I. LAC is an indirect assessment for the presence of antiphospholipid antibodies, which is evident in the in vitro prolongation of phospholipid-dependent coagulation.(2) Anticardiolipin and anti-beta 2-glycoprotein I antibodies are detected in solid-phases immunoassays using beta 2-glycoprotein I-dependent cardiolipin/or beta 2-glycoprotein I alone as substrate, respectively.(2,3)

There is evidence from multiple studies to suggest that patients with APS may develop autoantibodies to other phospholipid/protein complexes, specifically phosphatidylserine/prothrombin (PS/PT).(4-9) Like beta 2-glycoprotein-dependent I cardiolipin, PS/PT is a complex composed of the anionic phospholipid phosphatidylserine and the protein cofactor prothrombin. In a systematic review, Sciascia et al demonstrated that the presence of anti-PS/PT IgG antibodies is an independent risk factor for arterial and/or venous thrombotic events, with odds ratio (OR) of 5.11 (95% CI: 4.2-6.3).(4) A multicenter study showed that IgG anti-PS/PT were more prevalent in APS patients (51%) than in those without (9%), OR 10.8, 95% CI (4.0-29.3),  $p < 0.0001$ .(5) Furthermore, a number of studies have shown clinical and laboratory evidence that PS/PT antibodies may be a useful second-line test for the evaluation of patients at-risk or suspected with suspected APS, particularly for those individuals with evidence of thrombosis or abnormal LAC testing.(6,7) While anti-PS/PT antibodies were highly prevalent and correlated with other anti-PL antibodies, IgG anti-PS/PT conferred a high risk for thrombosis (8,9) but not for pure hematologic involvement.(9) These antibodies may also be seen in patients with other autoimmune diseases such as systemic lupus erythematosus.(5,8) In individuals who test positive for antiphospholipid antibodies without clinical features of APS (carriers), the cumulative incidence rate of thrombotic events has also been reported to be significantly higher for anti-PS/PT IgG positive than anti-PS/PT IgM positive subjects.(10)

**Reference Values**

 Negative  $\leq 30.0$  U

Borderline 30.1-40.0 U

 Positive  $\geq 40.1$  U

**Interpretation**

[A positive and persistent result for anti-phosphatidylserine/prothrombin complex IgG antibodies may be suggestive of a](#)

---

[diagnosis of antiphospholipid syndrome \(APS\) in patients with evidence of arterial, venous, or specific pregnancy-related morbidities. These antibodies may also exist prior to the occurrence APS clinical manifestations as well as in patients with other systemic autoimmune diseases such systemic lupus erythematosus \(SLE\).](#)

Anti-phosphatidylserine/prothrombin complex IgG antibodies have relatively higher correlations with positive results for lupus anticoagulant than the IgM isotype as well as significant risk for APS-associated thrombotic events compared to the IgM isotype in antiphospholipid antibody carriers.

A negative result does not exclude a diagnosis of APS, as other phospholipid and/or protein antibodies are also associated with this disorder.

### Cautions

A diagnosis of antiphospholipid syndrome (APS) should not be based only on the presence of anti-phosphatidylserine/prothrombin antibodies. Results must be interpreted in the appropriate clinical context.

A negative result for anti-phosphatidylserine/prothrombin IgG antibodies does not exclude the diagnosis of APS.

Anti-phosphatidylserine/prothrombin IgG antibodies are not yet included in the classification criteria for APS.

### Clinical Reference

1. Miyakis S, Lockshin MD, Atsumi T, et al: International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). *J Thromb Haemost.* 2006 Feb;4(2):295-306. doi: 10.1111/j.1538-7836.2006.01753.x
2. Pengo V, Bison E, Denas G, Jose SP, Zoppellaro G, Banzato A: Laboratory diagnostics of antiphospholipid syndrome. *Semin Thromb Hemost.* 2018 Jul;44(5):439-444. doi: 10.1055/s-0037-1601331
3. Tebo AE. Laboratory evaluation of antiphospholipid syndrome: An update on autoantibody testing. *Clin Lab Med.* 2019 Dec;39(4):553-565. doi: 10.1016/j.cll.2019.07.004
4. Sciascia S, Sanna G, Murru V, Roccatello D, Khamashta MA, Bertolaccini ML: Anti-prothrombin (aPT) and anti-phosphatidylserine/prothrombin (aPS/PT) antibodies and the risk of thrombosis in the antiphospholipid syndrome: A systematic review. *Thromb Haemost.* 2014 Feb;111(2):354-364. doi: 10.1160/TH13-06-0509
5. Amengual O, Forastiero R, Sugiura-Ogasawara M, et al: Evaluation of phosphatidylserine-dependent antiprothrombin antibody testing for the diagnosis of antiphospholipid syndrome: results of an international multicentre study. *Lupus.* 2017 Mar;26(3):266-276. doi: 10.1177/0961203316660203
6. Heikal NM, Jaskowski TD, Malmberg E, Lakos G, Branch DW, Tebo AE: Laboratory evaluation of anti-phospholipid syndrome: A preliminary prospective study of phosphatidylserine/prothrombin antibodies in an at-risk patient cohort. *Clin Exp Immunol.* 2015 May;180(2):218-226. doi: 10.1111/cei.12573
7. Nakamura H, Oku K, Amengual O, et al: First-line, non-criterial antiphospholipid antibody testing for the diagnosis of antiphospholipid syndrome in clinical practice: A combination of anti-beta 2 -glycoprotein I domain I and anti-phosphatidylserine/prothrombin complex antibodies tests. *Arthritis Care Res (Hoboken).* 2018 70(4):627-634
8. Radin M, Foddai SG, Cecchi I, et al: Antiphosphatidylserine/prothrombin antibodies: An update on their association with clinical manifestations of antiphospholipid syndrome. *Thromb Haemost.* 2020 Apr;120(4):592-598. doi: 10.1055/s-0040-1705115
9. Nunez-Alvarez CA, Hernandez-Molina G, Bermudez-Bermejo P, et al: Prevalence and associations of anti-phosphatidylserine/prothrombin antibodies with clinical phenotypes in patients with primary antiphospholipid

syndrome: aPS/PT antibodies in primary antiphospholipid syndrome. Thromb Res. 2019 Feb;174:141-147. doi: 10.1016/j.thromres.2018.12.023

10. Tonello M, Mattia E, Favaro M, et al: IgG phosphatidylserine/prothrombin antibodies as a risk factor of thrombosis in antiphospholipid antibody carriers. Thromb Res. 2019 May;177:157-160. doi: 10.1016/j.thromres.2019.03.006

## Performance

### Method Description

The QUANTA Lite sPS/PT IgG assay is an enzyme-linked immunosorbent assay (ELISA). Briefly, purified phosphatidylserine/prothrombin (PS/PT) complex is coated onto a 96-well plate. Calibrators, controls, and diluted patient samples are added to the wells of the plate. If present, IgG antibodies to the PS/PT complex will bind during an incubation step. After a wash step, an antihuman IgG horseradish peroxidase-labelled conjugate is added. After another incubation and wash step, a peroxidase substrate solution is added, which will change color in the presence of the conjugated enzyme. Lastly, the reaction is stopped by the addition of 0.44 M sulfuric acid. The absorbance of the colored produced is proportional to the amount of IgG PSPT antibodies in the sample. Control and patient results are calculated based on a curve generated from the kit calibrators.(Packet insert: QUANTA Lite aPS/PT, IgG.INOVA Diagnostics; Rev 2, 01/2016)

### PDF Report

No

### Day(s) Performed

Thursday

### Report Available

1 to 7 days

### Specimen Retention Time

14 days

### Performing Laboratory Location

Rochester

## Fees & Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

### Test Classification

---

This test has been modified from the manufacturer's instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

86148

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
PSPTG	PS/PT Ab, IgG, S	85359-8

Result ID	Test Result Name	Result LOINC® Value
PSPTG	PS/PT Ab, IgG, S	85359-8