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# Laboratory Bulletin

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| **DATE:** | 20 January 2026 |
| **TO:** | All Zones – All Healthcare Providers |
| **FROM:** | Clinical Biochemistry, Alberta Precision Laboratory |
| **RE:** | **Change in Anti-Neutrophil Cytoplasmic Antibody (ANCA) Test Panel** |

## PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

### Key Message

- Effective January 29th, 2026, patients will only have an Anti-Neutrophil Cytoplasmic Antibody (ANCA) by indirect immunofluorescence (IIF) as part of the ANCA test order completed **once** (first-time request).
    - Any subsequent, repeat ANCA testing will only include Anti-Myeloperoxidase (anti-MPO) and Anti-Proteinase 3 (anti-PR3) antibodies, and there will **not** be ANCA IIF tested.

### Background

- ANCA-associated vasculitis (AAV) is a rare, heterogenous, and potentially life-threatening autoimmune disease that requires timely multidisciplinary management by specialists with expertise in vasculitis.
    - Anti-MPO and anti-PR3 by immunoassays are recommended as preferred primary screening tests for diagnosis and classification of AAV.
- The ANCA [LAB458] test order is a panel that historically included: Anti-MPO, Anti-PR3 antibodies by immunoassay and ANCA by IIF.
    - Repeating ANCA IIF as part of this panel provided limited additional clinical value.
- Structured clinical assessment, rather than anti-MPO/anti-PR3 testing alone, is recommended to inform patient management decisions.
- This updated, clinically focused testing approach aligns with current international consensus on testing of ANCAs and evidence-based laboratory utilization practices.

### How this will impact you

- There is no change in how the ANCA [LAB458] test is ordered.
    - Refer to the APL test directory: Alberta Precision Laboratories | Lab Services
- Be aware that anti-MPO and anti-PR3 antibodies will continue to be performed and reported within the ANCA test with all orders.
    - ANCA IIF result will only be tested and reported for first-time patients.
- Exception: If repeat ANCA IIF is clinically indicated, please contact the Clinical Biochemist on-call to request add-on.
    - Calgary and South Zones: 368-995-5806.
    - Edmonton, North and Central Zone: University of Alberta Hospital switchboard at 780-407-8822.

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**Action Required**

- Please note that ANCA [LAB458] test reporting has changed.
    - ANCA by IIF will now **only** be performed for first-time patients.
- For **repeat** testing where ANCA IIF is clinically indicated, please contact the Clinical Biochemist on-call.

**Questions/Concerns**

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**Approved by**

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**References**


- KDIGO ANCA-Associated Vasculitis Guideline Work Group. KDIGO 2024 clinical practice guideline for the management of antineutrophil cytoplasmic antibody–associated vasculitis. *Kidney Int*. 2024;105(suppl 4):S1-S150.
- Hellmich B, Sanchez-Alamo B, Schirmer J, *et al*. 2022 EULAR recommendations for the management of ANCA-associated vasculitis: 2022 update. *Ann Rheum Dis*. 2024;83(1):30-47.
- Bossuyt X, Cohen Tervaert JW, Arimura Y, *et al*. Revised 2017 international consensus on testing of antineutrophil cytoplasmic antibodies in granulomatosis with polyangiitis and microscopic polyangiitis. *Nat Rev Rheumatol*. 2017;13(11):683-692.