Dear (Provider),

Sample Test Removal Memo

The lab received a request for Endomysial antibody, IgA in your patient, (NAME, MRN). This requires review before it will be sent to the performing lab (Mayo Medical) because it is no longer the recommended follow-up test for indeterminate or moderately positive tTG-IgA. EMA actually measures the same antigen as tTG (tissue transglutaminase) but by a manual, subjective, immunofluorescence assay (IFA) that is based on using monkey esophagus as a substrate.  The assay‘s subjective nature makes it less reproducible than the automated DGP assay. The laboratory will be phasing this test out, and removing it from the menu by January 2015.

**Date**

Background

**The recommended replacement is Deamidated gliadin peptide (IgA, IgG).** Itmeasures the IgA and IgG isotypes of the gliadin protein after it has been selectively deamidated by tissue transglutaminase. Studies have shown that the sensitivity and specificity of DGP, IgA and IgG for celiac disease are comparable to tissue transglutaminase, and higher than that of endomysial antibodies (EMA). In addition to tTG-IgA, DGP is recommended in place of EMA for IgA deficient patients (2% of our population), for patients in whom a second test is desired based on clinical history, and in patients less than two years of age.

Recommendation

There are two options for how you can proceed with this test:

Options

1. We can cancel the order for EMA and you can write an add-on communication for DGP in CIS – we do not need a new order or specimen.
2. Proceed with the test as you have ordered it.

Please let me know if I can be helpful and how you want to proceed.  I apologize for any inconvenience if this was the test you intended.

References

Rubio-Tapia, A; Hill, I.D.; Kelly, C.P.; Calderwood, A.H.; Murray, J.A. *ACG Clinical Guidelines: Diagnosis and Management of Celiac Disease.* The American Journal of Gastroenterology. 2013; 108: 656.

Sugai, E.; *et al. Celiac disease serology in patients with different pretest probabilities: Is biopsy avoidable?* World Journal of Gastroenterology. 2010; 16(25): 3144.