

Laboratory testing for Inherited Thrombophilia Testing in the Waikato region

SUMMARY OF CHANGES

From **4th July 2016**, inherited thrombophilia testing in the Waikato region will only be performed in the following clinical situations:

- Idiopathic venous thrombo-embolism in young patients (<45 years)
- Warfarin-induced skin necrosis (Patients should be tested for protein C deficiency and protein S deficiency one month after stopping vitamin K antagonist therapy if this can safely be discontinued.)
- Children presenting with purpura fulminans (they should be tested for protein C and protein S deficiency).
- Siblings of patients with homozygous FVL, homozygous PT20210A or compound heterozygotes for these mutations
- Thrombosis in unusual sites (e.g. cerebral, mesenteric, portal).

In all other situations testing should only be undertaken after discussion with a clinical Haematologist or as part of a clinical trial. If discussed with a haematologist and testing is felt to be appropriate, the haematologist's name must be clearly identified on the request form along with clinical details.

Samples MUST provide clinical details of which criteria for testing the patient meets or the sample will not be tested.

Wherever possible, thrombophilia testing should be avoided in the following settings as one or more of the laboratory tests may give misleading results:

- In people taking hormone replacement therapy (oestrogen)
- Acute thrombosis
- During warfarin or other vitamin K antagonist therapy
- During treatment with any form of heparin
- During pregnancy and for 8 weeks post-partum

Situations where testing is NOT indicated:

- Recurrent VTE
- Recurrent VTE despite adequate therapeutic anticoagulation
- VTE in the context of a family history of unprovoked VTE in a first degree relative
- VTE in association with a history of thrombophlebitis
- Arterial thrombosis (Lupus testing is indicated in this setting)
- Women with a history of miscarriage, pre-eclampsia, abruption or intrauterine growth restriction (Lupus testing is indicated in this setting).
- Prior to use of combined oral contraceptives in patients with a family history of VTE (Current British guidelines recommend avoidance of the combined oral contraceptive pill in women with a history of VTE in a first degree relative regardless of the thrombophilia results)
- In unselected women considering the use of the combined oral contraceptive pill

The changes have been brought about following an audit performed by the laboratory benchmarking inherited thrombophilia testing against international and national standards. Testing in the Waikato region was being performed inappropriately in >90% cases where the result would not change patient management and there was no evidence for the role of testing. As such, testing will now follow national laboratory testing guidelines and Waikato laboratory testing guidelines which can be found on the links below.

- 1) <http://centraltas.co.nz/planning-and-collaboration/planning-and-improvement-2/national-programmes/>
- 2) <http://lab.waikatodhb.health.nz/news/>

Contact the haematology laboratory or myself for more information regarding the changes if required.

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