Capital Health

IWK Health Centre

# MEMORANDUM

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**TO:** Capital Health and Nova Scotia District Labs, Physicians, Clinics

**FROM:** CDHA and IWK Microbiology Laboratories

**DATE:** February 5, 2014

**RE:** Changes in Tissue Transglutaminase (TTG) IgA screening for Celiac Disease

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As of January 30, 2014 the Pathology and Laboratory Medicine Immunology Laboratory changed the celiac disease screening method for determining TTG IgA antibodies to the Bioplex bead methodology. This will increase efficiency and decrease turnaround time. The new assay does not have a borderline range. All results are considered positive if values are ≥15 AI or negative if < 15 AI.

The predictive value of the test depends on the pretest probability of the patient having celiac disease. Patients with negative serology and normal IgA are unlikely to have celiac disease. Patients with positive serology should be referred to a gastroenterologist for further assessment as recommended by the American College of Gastroenterology Guidelines. (Rubio-Tapai et al. Am. J. Gastroenterol. 2013; 108:656-676)

It is important to remember that TTG is less sensitive in children < 2 years of age and will be negative in patients with known IgA deficiency. These patients require further testing to measure IgG against delaminated gliadin peptides (DGPs). The laboratory will arrange for this testing, if requested.

In patients with confirmed celiac disease, 80% will become antibody negative after 6-12 months on a gluten free diet. Routine monitoring of TTG levels more than once every 6-12 months is not recommended.

**Note that the quantitative value obtained in the new assay is not directly comparable with values obtained in the older method.**

If you have any questions please do not hesitate to contact either Dr Hatchette and/or Dr LeBlanc (473-6885/7698).

Thank you for your attention