

Dear Colleague,

Thank you for partnering with Mayo Clinic Laboratories for your autoimmune neurology testing. In an effort to offer optimized and up-to-date testing, Mayo Clinic recently internally phased out the traditional paraneoplastic testing on serum and cerebrospinal fluid (Mayo IDs: PAVAL and PAC1). Mayo Clinic physicians now only use neurological phenotype-specific autoimmune evaluations, which has resulted in improved test utilization.

This approach:

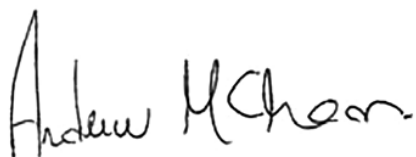
- Improves diagnostic sensitivity and specificity by including antibodies relevant to patient phenotype.
- Improves result turnaround time because irrelevant antibodies are not included.

The rapid increase in novel antibody biomarkers has made a single, all-encompassing evaluation less effective. In addition, some of the new antibodies being discovered have lower paraneoplastic significance than others. Therefore, our neurological phenotype-specific approach includes both autoimmune/non-paraneoplastic and paraneoplastic antibodies for any given phenotype.

For example, our autoimmune encephalopathy evaluation includes, among many others, both LGI1 antibody (rarely associated with a paraneoplastic cause) and ANNA-1 (strongly associated with cancer). In most clinical scenarios, such as autoimmune encephalopathy, ordering one serum (optimally sensitive for LGI1 antibody) and one cerebrospinal fluid (optimally sensitive for NMDA-R antibody) will give the broadest coverage for your patients. Moving forward, newly discovered antibodies will be added to the relevant profile. For example, septin-5-IgG (ataxia associated) was recently added to our movement disorders evaluation.

Soon we plan to offer only the upgraded phenotype-specific evaluations, so I wanted to ensure you have access to all the resources we used to make our decision to move away from PAVAL/PAC1 testing.

I would be happy to discuss this testing with you in greater detail as you need. Please reach out to me directly if you have any questions.



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