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Memo to: Clients

Re: Reporting Revision: MOG Antibodies (*Revised*)

Effective August 29, 2024, the laboratory at St. Joseph's Hospital, 30 The Queensway, Toronto, will report endpoint titre ranges for MOG Antibodies (Myelin-Oligodendrocyte Glycoprotein (MOG) Antibodies, Serum & Neuromyelitis Optica Spectrum Disorder (NMOSD) Panel, Serum) in alignment with the International MOGAD Panel proposed criteria.

Instead of providing semi-qualitative 1+, 2+, 3+, and 4+ values to indicate the intensity of staining for a positive result, positive results will be reported with titres as seen below:

Low Positive (1:10) results will appear with the following comment:

Positive at 1:10 dilution and Negative at 1:100 dilution, indicating an endpoint titre that is between 1:10 and 1:100.

Tested by indirect immunofluorescence using MOG-transfected HEK cells (fixed cell-based assay).

Clear Positive (1:100) results will appear with the following comment:

Positive at 1:10 dilution and Positive at 1:100 dilution, indicating an endpoint titre that is greater than or equal to 1:100.

Tested by indirect immunofluorescence using MOG-transfected HEK cells (fixed cell-based assay).

The guidelines do not indicate titres for Anti-MOG testing in CSF samples, therefore, we will continue reporting the CSF positives as 1+, 2+, 3+, 4+.

Advantages of switching to the International MOGAD Panel reporting recommendations:

- As per guidelines, the rationale to distinguish clear positives from low positives is that clear positives (higher titres) are more reproducible across laboratories and have a higher positive predictive value.
- Anti-MOG Antibody titre ranges are based on dilution studies on positive samples and are less susceptible to interpreter variation compared to qualitative values obtained by analyzing neat samples only.

Reference:

Lancet Neurol. 2023 Mar;22(3):268-282. doi: 10.1016/S1474-4422(22)00431-8.

If you have further questions, please contact Client Care at 416-422-3000 ext. 300 or info@iclabs.ca

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