SUPPLEMENTARY APPENDIX 5: aPL Definitions

2020 American College of Rheumatology Guideline for the Management of Reproductive Health in Rheumatic and Musculoskeletal Diseases

Positive antiphospholipid antibody (aPL):¹

Refers to patients who have ever met laboratory criteria for antiphospholipid syndrome (APS)

- Presence of persistent (>12 weeks apart) strongly positive “classic” aPL antibodies, Including:
  - Positive lupus anticoagulant (LAC), identified by abnormal screening results with dRVVT or PTT-LA and confirmed by mixing tests with normal plasma and by either dilution or addition of phospholipid.
  - Moderate- to high-titer (≥ 40 units or 99th percentile) IgG or IgM isotypes of anticardiolipin (aCL) or anti-beta-2-glycoprotein I (aβ2GPI) antibodies.

Obstetric APS (OB-APS):²

Refers to patients who have ever met laboratory criteria for APS and have had prior pregnancy complications consistent with APS (with other causes ruled out):

- Three consecutive losses prior to 10 weeks gestation
- Fetal loss at or after 10 weeks gestation;
- Delivery <34wks due to preeclampsia, IUGR, or fetal distress.

Thrombotic APS:

Refers to patients who have ever met laboratory criteria for APS and have had a prior thrombotic event (arterial or venous).³

Recommendations regarding positive aPL, OB APS and thrombotic APS refer to current APS Classification Criteria (1); however, APS criteria are undergoing revision, and when

¹ Patients with lower titer aCL and/or aβ2GPI (or non-criteria aPL) that do not meet laboratory classification criteria may still have some degree of risk that is difficult to quantify. Recommendations for low-titer or non-criteria aPL patients are not offered in this guideline; decisions regarding therapy for such patients need to be made on a case-by-case basis, with discussion between the patient and the physician, taking into account additional relevant risk factors.
² For guideline recommendations, these women have never had a thrombotic event.
³ For guideline recommendations, some of these women may have had obstetric APS complications.

published, the new revised criteria should be utilized to provide reference definitions for both laboratory and clinical criteria in this guideline.