

SUPPLEMENTARY APPENDIX 8: 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 (\geq 40 units or 99th percentile) IgG or IgM isotypes of anticardiolipin (aCL) or anti-beta-2-glycoprotein I (a β 2GPI) 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 a β 2GPI (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.

Reference 1: Miyakis S, Lockshin MD, Atsumi T, Branch DW, Brey RL, Cervera RH, et al. International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). J Thromb Haemostas. 2006;4(2):295-306.

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