

Testing Update

Transition of Thyroglobulin and Anti-Thyroglobulin Antibody Measurement Assays

WHO: Ambulatory and inpatient providers, excluding Froedtert South, who order thyroglobulin or anti-thyroglobulin antibody measurement performed at WDL.

WHAT: Thyroglobulin and anti-thyroglobulin antibodies will transition from the currently used Beckman assays to the corresponding Roche assays. Samples with anti-thyroglobulin antibodies above the upper reference limit will automatically be sent to ARUP for thyroglobulin measurement by mass spectrometry.

Beginning Tuesday, March 26th, Roche results will appear in the Results Review tab in Epic. To facilitate re-baselining of patients monitored using the Beckman assay, Beckman results will be included in a comment associated with the corresponding Roche values for six months after the assay transition date.

Summary points:

- The Roche Tg assay generates higher values than the Beckman assay but the two agree well at very low concentrations.
- Qualitative agreement between the two anti-thyroglobulin antibody assays is good at very high and very low concentrations. There are some samples with discordant results in the intermediate range:
- Some patients with anti-Tg antibodies above the Beckman upper reference limit will have values within the Roche reference interval.
- The opposite will also occur – some patients with “normal” anti-Tg antibodies by Beckman will have “elevated” antibodies by Roche.
- Thyroglobulin Reflex (LAB9200) will remain active but Tg and anti-Tg measurement will be performed using the Roche assays.
- The anti-Tg reflex threshold prompting Tg measurement by mass spectrometry will be 115 IU/mL (Roche anti-Tg upper reference limit). This has been developed in collaboration with key stakeholders in the Endocrine Division and is consistent with the reflex logic used by ARUP (primary reference lab performing Tg measurement by mass spectrometry).
- Tg measurement by mass spectrometry (LAB10786) will remain unchanged.

For Questions or Additional Information, Please Contact:

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