

Dr. Petri, *et al* reply

To the Editor:

We thank *The Journal* for this opportunity to restate some of the findings in our report¹.

One of our conclusions is that antiphosphatidylserine/prothrombin (aPS/PT) is associated with thrombosis in systemic lupus erythematosus (SLE), agreeing with the data published by Bertolaccini, *et al*². We completely agree that aPS/PT should be considered as an additional test for antiphospholipid syndrome (APS) and should not be considered just a replacement for lupus anticoagulant (LAC). While most, but not all, aPS/PT-positive specimens are LAC-positive, not all LAC-positive specimens are aPS/PT-positive. Although the validity of LAC testing in anticoagulated patients might be debatable, our suggestion that aPS/PT IgG/IgM tests “might serve as a useful alternative to lupus anticoagulant” in these situations is reasonable.

We did not focus on comparing LAC-positive versus LAC-negative patients. Our table data¹ compared thrombosis versus no thrombosis, stroke versus no stroke, etc. Our tables were not univariate analyses, but as stated in the footnote for each table, were adjusted for age, sex, and ethnicity. Additional analysis, adjusting for hypertension and hyperlipidemia, did not result in different conclusions.

Our focus was on 2 “novel” assays, aPS/PT and IgA antiphospholipid assays. Our work on anti- β_2 -GPI and thrombosis has been published previously³, and therefore was not the focus of the report.

The assays (aPS/PT and IgA) are not affected by anticoagulation. The Russell’s viper venom time test (RVVT) is, in our center, prolonged in anticoagulated patients. The RVVT confirmatory test may be valid (but can still be falsely positive in those with supratherapeutic international normalized ratios). We believe that alternatives to clotting assays are needed in the evaluation for antiphospholipid status.

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