

# CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

### **Cerebral Venous Thrombosis**

Seventh Edition, 2024

Appendix Four: Antiphospholipid Antibody Syndrome (APS) Testing Flowsheet

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Canadian Stroke Consortium

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## APPENDIX FOUR: ANTIPHOSPHOLIPID ANTIBODY SYNDROME (APS) TESTING FLOWSHEET

CVT without a known diagnosis of Antiphospholipid Antibody Syndrome

ORDER PER LOCAL TESTING PROTOCOLS

1. Non-specific inhibitor (lupus anticoagulant)\*

2. Anti-cardiolipin antibody

3. Anti-beta2 glycoprotein-l antibody

\*Should be tested prior to initiating

anticoagulation

**Note:** Reasonable to exclude patients with associated strong risk factors:

- Recent head trauma or neurosurgery
- 2. Active malignancy
- 3. Active head and neck infection

Assess for presence and/or history of additional criteria for Antiphospholipid antibody syndrome as per 2024 ACR/EULAR-defined domains\*\*

#### **Meets Criteria**

### 1. Liaise with hematology and rheumatology

 Use Vitamin K antagonist as the first-line agent for oral anticoagulation

#### **Does Not Meet Criteria**

#### **REPEAT**

Repeat testing at least 12 weeks after an initial positive result to confirm persistent antibody positivity

\*\*The 2024 ACR/EULAR Criteria for antiphospholipid antibody syndrome use a weighted scoring system using criteria within 6 clinical domains - macrovascular (venous thromboembolism), macrovascular (arterial thrombosis), microvascular, obstetric, cardiac valve and hematology - in addition to laboratory criteria. Please refer to: <a href="mailto:Barbhaiya M">Barbhaiya M</a>, et al. Ann Rheum Dis 2023;82:1258–1270. doi:10.1136/ard-2023-224609

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