



MEMORANDUM #4

TO: UNCHCS Attending Physicians, Housestaff, Nursing Coordinator, Department Heads, and Supervisors

FROM: *NKS* Nichole Korpi-Steiner, PhD, DABCC
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SUBJECT: Discontinuation of Urine Sulfosalicylic Acid (SSA) Testing

DATE: June 15, 2017

Effective July 1st, 2017, urine sulfosalicylic acid (SSA) testing will be discontinued at UNC Medical Center, Hospital-based clinics and Faculty-based practices. This change is in recognition of recent 2012 KDIGO Clinical Practice Guideline which recommends a urine albumin:creatinine ratio or urine protein:creatinine ratio as initial testing for proteinuria (1). Urine SSA testing for proteinuria has become obsolete, as current dipsticks have higher sensitivity for albuminuria (2). If non-albumin proteinuria is suspected, more specific quantitative or semi-quantitative tests (e.g. urine protein electrophoresis and immunofixation for monoclonal proteinuria, with or without concomitant serum free light chain analysis) may be ordered to further characterize the proteinuria (3).

In order to facilitate timely transition, point of care testing personnel will remove and safely discard any SSA reagent in point of care testing areas.

If you have any questions related to this change, please contact the POCT Office (984-974-1416) or Dr. Korpi-Steiner (984-974-1498).

References:

- 1) Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney inter., Suppl.* 2013; 3: 1–150.
- 2) GP16-A3 Urinalysis; Approved Guideline, Third Edition. Clinical and Laboratory Standards Institute. February 2009.
- 3) Dispinzieri A, et al. International Myeloma Working Group guidelines for serum-free light chain analysis in multiple myeloma and related disorders. [Leukemia](#). 2009 Feb;23(2):215-24.