



## Diagnosing and managing thyroid disorders

Accurate testing from Quest Diagnostics can help you diagnose, manage, and lower the risk of complications from thyroid disorders

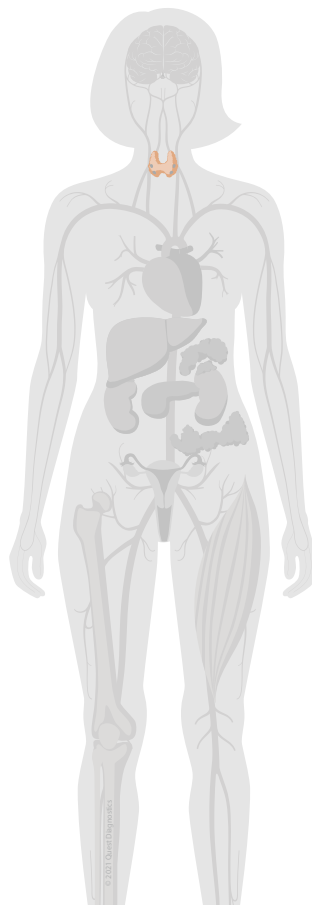
**Due to multiple causes and manifestations, thyroid disease can be challenging to diagnose and manage.**

An estimated 20 million Americans have some form of thyroid disease and **up to 60% are unaware of their condition.**



**Women are 5 to 8 times more likely than men**

to have thyroid problems, occurring most frequently in women age 60 or older.<sup>1</sup>



**Graves disease and Hashimoto disease** are the 2

most common autoimmune diseases affecting the thyroid gland.



Graves disease is the **most common cause of hyperthyroidism** in the US.<sup>2</sup>

**Hashimoto disease** is the most common cause of hypothyroidism in the US.<sup>3</sup>



Access the accurate, actionable insights you need to support complex clinical decision-making

Quest Diagnostics is committed to making it easier for you to identify the tests you need, to understand the diagnostic subtleties of thyroid disorders, and to make more informed decisions faster and with greater confidence.

# Guideline-supported testing recommendations

## Current guidance from health organizations

### American Thyroid Association (ATA): guidelines for detection of thyroid dysfunction<sup>4</sup>

ATA recommends screening adults for thyroid dysfunction by measurement of the serum thyrotropin concentration every 5 years beginning at age 35.

- More frequent screening may be appropriate for high-risk or symptomatic individuals
- All women seeking care for infertility should be evaluated for serum TSH concentration
- All women with depression—including postpartum—should be screened for thyroid disorders

### American College of Obstetricians and Gynecologists: clinical management of thyroid disease in pregnancy<sup>5</sup>

Physicians should be aware of the symptoms and risk factors for postpartum thyroid dysfunction and evaluate patients when indicated.

### American Association of Clinical Endocrinologists(AACE): evaluation and treatment of hyperthyroidism and hypothyroidism<sup>6</sup>

According to AACE, the sensitive TSH assay has become the single best screening test for hyperthyroidism and hypothyroidism. In most outpatient clinical situations, the serum TSH is the most sensitive test for detecting mild thyroid hormone excess or deficiency.

The following list is provided for your informational purposes. Visit these websites for additional guidance details.

## Most commonly ordered tests for thyroid disorders

Quest's broad range of endocrinology tests are aligned to the most recent clinical practice guidelines for thyroid disorder screening and management. To see detail on any of the tests listed, visit <https://testdirectory.questdiagnostics.com>.

### Thyroid Function

Test name	Test code
TSH	899
TSH With HAMA Treatment	19537
TSH and Free T4	58984
TSH Reflex to Free T4 <sup>c</sup>	36127
T4 Free Direct Dialysis and T4 Total <sup>a</sup>	36725
T4, Free	866
T4, Free Direct Dialysis <sup>a</sup>	35167
T4, Total	867
T3, Free	34429
T3, Free, Tracer Dialysis <sup>a</sup>	36598
T3 Reverse, LC/MS/MS <sup>a</sup>	90963
T3, Total	859
T3, Uptake	861
Thyroid Panel <sup>b</sup>	7020
Thyroid Cascading Reflex <sup>b,c</sup> Includes TSH and reflexes. If TSH is abnormal, reflexes to free T4. If TSH is elevated and free T4 is normal or low, reflexes to TPO antibody. If TSH is low and free T4 is normal or low, reflexes to free T3.	15102

### Thyroid Antibody

Test Name	Test Code
T3 (Triiodothyronine) Antibody <sup>a</sup>	36574
T4 (Thyroxine) Antibody <sup>a</sup>	36576
TBG (Thyroxine Binding Globulin)	870
Thyroglobulin Antibodies	267
Thyroglobulin, LC/MS/MS	90810
Thyroglobulin Panel <sup>a</sup> Includes Thyroglobulin Antibodies and Quantitative Thyroglobulin	30278
Thyroglobulin Panel With HAMA Treatment <sup>b</sup> Includes Thyroglobulin Antibodies, Thyroglobulin, HAMA Treated, Thyroglobulin, Untreated	19584
Thyroid Peroxidase and Thyroglobulin Antibodies <sup>a</sup>	7260
Thyroid Peroxidase Antibodies (TPO)	5081
TRAb (TSH Receptor Binding Antibody)	38683
TSH Antibody <sup>a</sup>	36577
TSI (Thyroid Stimulating Immunoglobulin)	30551

ACTH, adrenocorticotropic hormone; HAMA, human anti-mouse antibody; LT4, levothyroxine; TBG, thyroxine binding globulin; TFT, thyroid function tests; TSH, thyroid-stimulating hormone.

<sup>a</sup> This test was developed, and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the US Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

<sup>b</sup> Panel components may be ordered separately.

<sup>c</sup> Reflex testing performed at an additional charge with an additional CPT code. Thyroglobulin, LC/MS/MS is offered individually by another method (TC 90810).

## Access accurate, actionable testing for thyroid disorders

Contact your Quest sales representative today to learn more about how we can help make diagnosing and managing complex endocrinology disorders easier.

**References:** 1. General Information/Press Room. American Thyroid Association. Accessed May 18, 2023. <https://www.thyroid.org/media-main/press-room/> 2. Bahn RS, Burch HB, Cooper DS, et al. Hyperthyroidism and other causes of thyrotoxicosis: management guidelines of the American Thyroid Association and American Association of Clinical Endocrinologists. *Endocr Pract.* 2011;17(3):456-520. doi:10.4158/ep.17.3.456 3. DeGroot LJ. Graves disease and the manifestations of thyrotoxicosis. In: Feingold KR, Anawalt B, Boyce A, et al eds. *Endotext*. MDText.com, Inc.; July 11, 2015. 4. Ladenson PW, Singer PA, Ain KB, et al. American Thyroid Association guidelines for detection of thyroid dysfunction. *Arch Intern Med.* 2000;160(11):1573-1575. doi:10.1001/archinte.160.11.1573 5. Thyroid disease in pregnancy: ACOG Practice Bulletin, number 223. *Obstet Gynecol.* 2020;135(6):e261-e274. 135(6),e-261-e274. doi:10.1097/aog.0000000000003893 6. Baskin HJ, Cobin RH, Quirk DS, et al. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the evaluation and treatment of hyperthyroidism and hypothyroidism. *Endocr Pract.* 2002;8(6):457-469. doi:10.4158/1934-2403-8.6.457

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