356-4. The SLICC criteria are easier for evaluating an individual patient, but the EULAR/ACR are more current and will probably be used for most clinical studies in SLE for the next several years. An algorithm for diagnosis and initial therapy is shown in **Fig. 356-2**. The criteria are intended for diagnosis of SLE in subjects included in studies; the authors use them in individual patients for estimating the probability that a disease is SLE. In the SLICC criteria, any combination of four or more well-documented criteria at any time during an individual's history, with at least one in the clinical and one in the immunologic category, makes it likely that the patient has SLE (specificity 97%, sensitivity 84%%). For EULAR/ACR criteria, a subject must have a positive ANA (≥1:80 by immunofluorescence) and a score of 10 (specificity 97%, sensitivity 93%). In many patients, criteria accrue over time. Antinuclear antibodies (ANAs) are positive in >98% of patients during the course of disease; repeated negative tests by immunofluorescent methods suggest that the diagnosis is not SLE, unless other autoantibodies are present (Fig. 356-2). High-titer IgG antibodies to double-stranded DNA and antibodies to the Sm antigen are both specific for SLE and, therefore, favor the diagnosis in the presence of compatible clinical manifestations. The presence of multiple autoantibodies in an individual without clinical symptoms should not be considered diagnostic for SLE, although such persons are at increased risk.