EliA™
Excellence in Autoimmunity

EliA™ CTD Screen

The most comprehensive EIA screen for connective tissue diseases

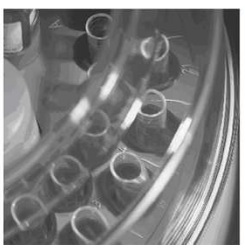
Clinical rationale

- **Helps in differentiating patients with and without connective tissue diseases (CTDs)** [1]
  - CTDs are difficult to diagnose because they often start with general non-specific symptoms [2]
- **High specificity is needed to reduce false positive results**
  - Only antibodies against specific antigens are associated with connective tissue diseases
  - Reduce unnecessary referrals, tests, and labor, in addition to preventing misdiagnosis and anxiety in patients [3]

Most important marker autoantibodies in CTD [4]

Marker autoantibodies	Associated CTD
dsDNA	SLE
Sm	SLE
Rib-P	SLE
PCNA	SLE
U1-snRNP (70 kD, A and C)	MCTD, SLE
SS-A/Ro (Ro52 and Ro60)	Sjögren's syndrome, SLE, neonatal lupus
SS-B/La	Sjögren's syndrome, SLE, neonatal lupus
Scl-70	Scleroderma
CENP	Scleroderma (CREST)
Fibrillarin	Scleroderma
RNA Polymerase III	Scleroderma
Jo-1	Polymyositis / dermatomyositis
Mi-2	Polymyositis / dermatomyositis
PM-Scl	Polymyositis-scleroderma overlap, scleroderma

„…detecting specificities of ANA such as nucleolar is clinically important" [5]



EliA™ CTD Screen:
find connective tissue diseases – reduce false positives

Sensitive and reliable detection of clinically relevant markers

- EliA high quality antigens: human recombinant U1RNP (RNP70, A, C), SS-A/Ro (60 kDa, 52 kDa), SS-B/La, CENP B, Scl-70, Jo-1, Fibrillarin, RNA Pol III, Rib-P, PM-Scl, PCNA, Mi-2 proteins, Sm proteins and native purified DNA
- Outstanding sensitivity even for difficult-to-detect antibodies such as anti-SS-A/Ro or anti-Jo-1 [6]
- First EIA Screen with the nucleolar antigens fibrillarin, RNA polymerase III and PM-Scl for a more comprehensive diagnosis of scleroderma

Less false positives

- High specificity due to the selection of antigens and the use of recombinant antigens
- Detection of disease-specific antibodies instead of an ANA pattern helps to avoid misinterpretation

	HEp-2		EliA™ CTD Screen
cut-off	1:80	1:160	Ratio 1.0
Sensitivity	85.0%	72.5%	70.0%
Specificity	54.9%	69.2%	90.1%
PPV	45.3%	50.9%	75.7%
NPV	89.3%	85.1%	87.2%

Routine study with consecutive samples: 40 CTD patients and 91 disease controls

„People with false-positive results are put on inappropriate therapies and physicians go down many blind alleys for expensive workups." [5]

Automation makes it easy and economical

Using the proven Phadia automated laboratory systems Phadia® 100 and Phadia® 250

High efficiency for reduced labor costs and hands-on time

- One calibration curve per isotype stored for one month – IgG, IgA, IgM, IgE
- Onboard dilution
- Random access
- Follow up of single antibody specificities in the same instrument

Objective interpretation of results

References

1 Tonutti E, Bassetti D, et al. Autoimmunity 2004; 37:171-176 · **2** Muro Y. Autoimmunity 2005; 38:3-9. · **3** Wijeyesinghe U, Russell AS. Clin. Rheumatol. 2008; 27:1399-1402 · **4** Peter JB, Shoefeld Y, eds. Autantibodies. Amsterdam, The Netherlands: Elsevier Science BV, 1996 · **5** Check W. CAP Today 2009; September 2009:1-8 · **6** Bossuyt X, Luyckx A Clin Chem 2005; 51: 2426-2427

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