



EliA[®] Gliadin^{DP} (deamidated peptides) IgA/IgG Highly specific for diagnosis of celiac disease (CD)

Serologic testing is the first step in confirming the diagnosis of CD¹

- The availability of new, highly specific markers reduces the need for intestinal biopsy²
 - Accurate and early identification of CD patients is important to ensure early treatment and to avoid long-term consequences¹
- Measurement of tissue transglutaminase (tTG) antibodies is recommended during initial workup as the first step in making a diagnosis whenever CD is suspected¹
- Combining tTG testing with gliadin testing increases sensitivity substantially³

EliA Gliadin^{DP}: State-of-the-art testing with outstanding performance³

	EliA Gliadin ^{DP} IgA	DGP IgA Competitor 1	DGP IgA Competitor 2
Sensitivity, %	82.7	86.7	85.7
Specificity, %	98.4	97.6	95.1

	EliA Gliadin ^{DP} IgG	DGP IgG Competitor 1	DGP IgG Competitor 2
Sensitivity, %	87.8	85.7	90.8
Specificity, %	98.4	98.0	95.5

The table depicts the clinical sensitivity and specificity of EliA Gliadin^{DP} compared to other deamidated gliadin peptide (DGP) tests (using cutoffs of EliA >10 U/mL, Competitor 1 [Inova] >20 U/mL, and Competitor 2 [Euroimmun] >25 U/mL). Study design included 98 patients with CD and 102 patients without CD (biopsy proven), and 146 controls with other diseases (50 with Crohn disease, 42 with ulcerative colitis, and 54 with infections).³

Key study results

- The EliA Gliadin^{DP} IgA and IgG assays demonstrated higher specificity than the two most commonly used DGP assays
- The EliA Gliadin^{DP} IgA and IgG assays demonstrated excellent clinical sensitivity

“...[S]erologic testing of at-risk patients... is important to alleviate unnecessary suffering, prevent complications, and improve the quality of life of a multitude of individuals with CD.”⁴

— Fasano A, et al

EliA®: The quality results and automation you need today

Phadia Laboratory System: Your platform for accuracy, efficiency, success

- EliA assays run on the proven Phadia 100[€] and Phadia 250 automated laboratory systems

Automation ensures accuracy

- Fully automated autoimmune testing
- Accurate, standardized, and reproducible results
- One calibration curve per isotype stored for 28 days
- CLIA moderately complex

High efficiency reduces labor costs and hands-on time

- Simple handling
 - Onboard sample dilutions
 - Continuous random access on Phadia 250
- High efficiency
 - 6-point standard calibration curve valid for 1 month
 - Discrete single-well testing
 - Flexible and efficient throughput: up to 350 results per shift
 - LIS connectivity
 - Autoimmunity and allergy on one instrument

Phadia® 100[€]



Throughput: up to 144 tests per shift

Phadia® 250



Throughput: up to 350 tests per shift

For advanced autoimmune diagnostics, look no further than Phadia

References

1. Hill ID, Dirks MH, Liptak GS, et al. Guideline for the diagnosis and treatment of celiac disease in children: recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. *J Pediatr Gastroenterol Nutr.* 2005;40(1):1-19. 2. Hill PG, Holmes GK. Coeliac disease: a biopsy is not always necessary for diagnosis. *Aliment Pharmacol Ther.* 2008;27(7):572-577. 3. Data on file. Phadia AB. 4. Fasano A, Berti I, Gerarduzzi T, et al. Prevalence of celiac disease in at-risk and not-at-risk groups in the United States: a large multicenter study. *Arch Intern Med.* 2003;163(3):286-292.

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Setting the Standard

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