



tTG antibodies (tissue transglutaminase IgA/IgG) *A proven and accepted marker for celiac disease (CD)*

Clinical rationale

- CD is underdiagnosed¹—approximately half of all CD patients show no classical symptoms^{2,3}
 - Anti-tTG results aid early diagnosis to increase quality of life and avoid future complications
 - Anti-tTG results help rule out CD with high probability even when classical symptoms are absent
- Anti-tTG is equivalent to the gold-standard EMA⁴
- Helps to avoid unnecessary biopsies⁵
- Continuous assessment of anti-tTG confirms dietary management⁴
- Adjunctive testing for gliadin antibodies
 - Aids diagnosis in children under 2 years of age with CD who have not yet developed tTG antibodies⁶⁻⁸
 - Complements anti-tTG testing when necessary for better diagnostic decisions

In a US national survey of 1612 people with celiac disease
“Symptoms were present a mean of 11 yr before diagnosis. . . . Improved quality of life after diagnosis was reported by 77%.”⁹

— Green PHR, et al

EliA™: Results make the difference

Celikey® tTG antibodies

- High sensitivity supports clinical diagnosis
 - Well documented in worldwide literature
 - Allows continuous assessment of disease progression
- Human recombinant tTG antigen produced in a eukaryotic expression system
 - Reduces false positive results
 - Unparalleled high specificity avoids unnecessary intestinal biopsies

EliA Celikey tTG IgA specificity of 99.4% significantly reduces false positives. Based on a 1% prevalence, an assay of only 97% specificity would result in 5 times more unnecessary biopsies.

EliA Celikey tTG IgA⁴

Sensitivity	96.2%
Specificity	99.4%
Positive predictive value	99.5%
Negative predictive value	95.1%
Efficiency	97.5%

In 208 patients diagnosed as positive for celiac disease using intestinal biopsy (considered the gold standard in diagnosing celiac disease) and 157 patients diagnosed as negative as indicated by a normal mucosa using intestinal biopsy, the Celikey tTG IgA assay demonstrated the sensitivity and specificity values shown using the estimated optimal cut off of 6 U/mL.

EliA: Automation makes it easy and economical

- Using the proven ImmunoCAP® 100[€] and ImmunoCAP 250 *automated* laboratory systems
- Moderately complex
- High efficiency for reduced labor costs and hands-on time
 - Discrete single-well testing
 - One calibration curve per isotype stored for 28 days
 - IgA, IgE, IgG, IgM
- Onboard dilutions

References

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