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Instruction for use  
August 2005



## ORG 531 Anti-Parietal Cell

Immunometric Enzyme Immunoassay for the quantitative determination of anti-Parietal Cell (H<sup>+</sup>/K<sup>+</sup>-ATPase)-Autoantibodies

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### NAME AND INTENDED USE

Anti-Parietal Cell is an indirect solid phase enzyme immunoassay (ELISA) for the quantitative measurement of IgG class autoantibodies against  $\alpha$ - and  $\beta$ -subunits of the Parietal Cell H<sup>+</sup>/K<sup>+</sup>-ATPase in human serum or plasma. The assay is intended for in vitro diagnostic use only as an aid in the diagnosis of pernicious anaemia.

### SUMMARY AND EXPLANATION OF THE TEST

Circulating autoantibodies to gastric parietal cells have been first detected in patients with pernicious anemia by the complement fixation test, described by Irvine et al. 1962 and following with an immunofluorescence test described by Taylor et al. 1962. The responsible parietal cell autoantigen was localised to the secretory canaliculi of gastric parietal cells and to gastric microsomes. Further biochemical and molecular investigations identified the responsible antigens as  $\alpha$ - and  $\beta$ -subunit of the gastric H/K ATPase.

The gastric H/K ATPase (EC 3.6.1.3) is a hydrogen transporting enzyme, responsible for the acidification of the stomach lumen (Rabon and Reuben, 1990). It belongs to the family of electroneutral P-type ATPases which also include the Na/K and the Ca ATPases (Pederson and Carfoli, 1987). This parietal cell antigen consists of two subunits, an 8-10 transmembrane catalytic  $\alpha$ -subunit of 1033 amino acids and a heavily glycosylated  $\beta$ -subunit with a 294 amino acid core. This H/K ATPase shows a high degree of conservation in the amino acid sequence across species (van Driel and Callaghan, 1995).

Pernicious anemia is the most common cause of vitamin B12 deficiency in Western populations. Longitudinal studies suggest, that pernicious anemia is the end stage of type A chronic atrophic gastritis (Irvine et al. 1974), a disease characterised by pathological lesions of the fundus and body of the stomach, including gastric mucosal atrophy, selective loss of parietal and chief cells from the gastric mucosa and submucosal lymphocytic infiltrates (Whittingham and Macckay, 1985).

Pernicious anemia is predominately a disease of middle age northern white Europeans and females show a higher incidence than males. Patients with pernicious anemia appear pale, physically tired and mentally depressed. Pernicious anemia associates with a number of other diseases and these are predominantly organ specific autoimmune diseases of endocrine glands, in which autoantibodies to other tissue specific antigens are also present. The specific diseases include Hashimoto's thyroiditis, diabetes melitus Type 1 and primary Addison's disease (Whittingham and Macckay, 1985). Late stages of pernicious anemia may also be associated with peripheral neuropathy and subacute combined degeneration of the spinal cord due to vitamin B12 deficiency.

Autoantibodies against the H/K ATPase can be detected in 80-90% of pernicious anemia patients, by indirect immunofluorescence and they are also detected in 2-5% of the healthy adult population. ELISA test systems show a sensitivity of about 80% and specificity of about 90%. There is an age related increase in the presence of parietal cell autoantibodies in the adult population. A study of the relationship between parietal cell autoantibody and gastric mucosal morphology, indicates these parietal cell positive individuals in a random population may indeed have early type A gastritis (Uibo et al., 1984). Higher prevalence rates (20-30%) of parietal cell autoantibodies have been noted in patients with autoimmune endocrine disorders such as thyrotoxicosis, Hashimoto's thyroiditis and insulin dependent diabetes (Whittingham and Macckay, 1985). Histological examinations of gastric biopsies reveals that

the majority of parietal cell autoantibody positive individuals also have a type A gastric lesion (Varis et al. 1979).

### PRINCIPLE OF THE TEST

Highly purified pig Parietal Cell H<sup>+</sup>/K<sup>+</sup>-ATPase is bound to microwells. Antibodies against this antigen, if present in diluted serum or plasma, bind to the respective antigen. Washing of the microwells removes unspecific serum and plasma components. Horseradish peroxidase (HRP) conjugated anti-human IgG immunologically detects the bound patient antibodies forming a conjugate/antibody/antigen complex. Washing of the microwells removes unbound conjugate. An enzyme substrate in the presence of bound conjugate hydrolyzes to form a blue color. The addition of an acid stops the reaction forming a yellow end-product. The intensity of this yellow color is measured photometrically at 450 nm. The amount of colour is directly proportional to the concentration of IgG antibodies present in the original sample.

### WARNINGS AND PRECAUTIONS

1. All reagents of this kit are strictly intended for in vitro diagnostic use only.
2. Do not interchange kit components from different lots.
3. Components containing human serum were tested and found negative for HBsAg, HCV, HIV1 and HIV2 by FDA approved methods. No test can guarantee the absence of HBsAg, HCV, HIV1 or HIV2, and so all human serum based reagents in this kit must be handled as though capable of transmitting infection.
4. Avoid contact with the TMB (3,3',5,5'-Tetramethyl-benzidine). If TMB comes into contact with skin, wash thoroughly with water and soap.
5. Avoid contact with the Stop Solution which is hydrochloric acid (1 M). If it comes into contact with skin, wash thoroughly with water and seek medical attention.
6. Some kit components (i.e. Controls, Sample buffer and Buffered Wash Solution) contain Sodium Azide as preservative. Sodium Azide (NaN<sub>3</sub>) is highly toxic and reactive in pure form. At the product concentrations, though not hazardous. Despite the classification as non-hazardous, we strongly recommend using prudent laboratory practices (see 8., 9., 10.).
7. Some kit components contain Proclin 300 as preservative. When disposing reagents containing Proclin 300, flush drains with copious amounts of water to dilute the components below active levels.
8. Wear disposable gloves while handling specimens or kit reagents and wash hands thoroughly afterwards.
9. Do not pipette by mouth.
10. Do not eat, drink, smoke or apply makeup in areas where specimens or kit reagents are handled.
11. Avoid contact between the buffered Peroxide Solution and easily oxidized materials; extreme temperature may initiate spontaneous combustion.

Observe the guidelines for performing quality control in medical laboratories by assaying controls and/or pooled sera. During handling of all kit reagents, controls and serum samples observe the existing legal regulations.

### CONTENTS OF THE KIT

Package size	96 determ.
Qty.1	Divisible microplate consisting of 12 modules of 8 wells each, coated with highly purified pig H <sup>+</sup> /K <sup>+</sup> -ATPase, α- and β-subunits. Ready to use.
6 vials, 1,5 ml each	Anti-Parietal Cell Calibrators (A-F) in a serum/buffer matrix (PBS, BSA, NaN <sub>3</sub> <0,1% (w/w)) containing: 0; 6.3; 12.5; 25; 50; 100 U/ml. Ready to use.
2 vials, 1,5 ml each	Anti-Parietal Cell Controls in a serum/buffer matrix (PBS, BSA, NaN <sub>3</sub> <0,1% (w/w)) positive (1) and negative (2), for the respective concentrations see the enclosed package insert. Ready to use.
1 vial, 20 ml	Sample buffer (Tris, NaN <sub>3</sub> <0,1% (w/w)), yellow, concentrate (5x).
1 vial, 15 ml	Enzyme conjugate solution (PBS, PROCLIN 300 <0,5% (v/v)), (light red) containing polyclonal rabbit anti-human IgG; labelled with horseradish peroxidase. Ready to use.
1 vial, 15 ml	TMB substrate solution. Ready to use.
1 vial, 15 ml	Stop solution (1 M hydrochloric acid). Ready to use.
1 vial, 20 ml	Wash solution (PBS, NaN <sub>3</sub> <0,1% (w/w)), concentrate (50x).

### STORAGE AND STABILITY

1. Store the kit at 2-8 °C.
2. Keep microplate wells sealed in a dry bag with desiccants.
3. The reagents are stable until expiration of the kit.
4. Do not expose test reagents to heat, sun or strong light during storage and usage.
5. Diluted sample buffer and wash buffer are stable for at least 30 days when stored at 2-8 °C.

### MATERIALS REQUIRED

#### Equipment

- Microplate reader capable of endpoint measurements at 450 nm
- Multi-Channel Dispenser or repeatable pipet for 100 µl
- Vortex mixer
- Pipets for 10 µl, 100 µl and 1000 µl
- Laboratory timing device
- Data reduction software

#### Preparation of reagents

- Distilled or deionized water
- Graduated cylinder for 100 and 1000 ml
- Plastic container for storage of the wash solution

## SPECIMEN COLLECTION, STORAGE AND HANDLING

1. Collect whole blood specimens using acceptable medical techniques to avoid hemolysis.
2. Allow blood to clot and separate the serum by centrifugation.
3. Testserum should be clear and non-hemolyzed. Contamination by hemolysis or lipemia is best avoided, but does not interfere with this assay.
4. Specimens may be refrigerated at 2-8 °C for up to five days or stored at -20 °C up to six months.
5. Avoid repetitive freezing and thawing of serum samples. This may result in variable loss of autoantibody activity.
6. Testing of heat-inactivated sera is not recommended.

## PROCEDURAL NOTES

1. Do not use kit components beyond their expiration dates.
2. Do not interchange kit components from different lots.
3. All materials must be at room temperature (20-28 °C).
4. Have all reagents and samples ready before start of the assay. Once started, the test must be performed without interruption to get the most reliable and consistent results.
5. Perform the assay steps only in the order indicated.
6. Always use fresh sample dilutions.
7. Pipette all reagents and samples into the bottom of the wells.
8. To avoid carryover contamination change the tip between samples and different kit controls.
9. It is important to wash microwells thoroughly and remove the last droplets of wash buffer to achieve best results.
10. All incubation steps must be accurately timed.
11. Control sera or pools should routinely be assayed as unknowns to check performance of the reagents and the assay.
12. Do not re-use microplate wells.

For all controls, the respective concentrations are provided on the labels of each vial. Using these concentrations a calibration curve may be calculated to read off the patient results semi-quantitatively.

## PREPARATION OF REAGENTS

### Preparation of sample buffer

Dilute the contents of each vial of the sample buffer concentrate (5x) with distilled or deionized water to a final volume of 100 ml prior to use. Store refrigerated: stable at 2-8 °C for at least 30 days after preparation or until the expiration date printed on the label.

## Preparation of wash solution

Dilute the contents of each vial of the buffered wash solution concentrate (50x) with distilled or deionized water to a final volume of 1000 ml prior to use. Store refrigerated: stable at 2-8 °C for at least 30 days after preparation or until the expiration date printed on the label.

## Sample preparation

Dilute all patient samples 1:100 with sample buffer before assay. Therefore combine 10 µl of sample with 990 µl of sample buffer in a polystyrene tube. Mix well. Controls are ready to use and need not be diluted.

## TEST PROCEDURE

1. Prepare a sufficient number of microplate modules to accommodate controls and prediluted patient samples.
2. Pipet **100 µl** of calibrators, controls and prediluted patient samples in duplicate into the wells.

	1	2	3	4	5	6
A	SA	SE	P1	P5		
B	SA	SE	P1	P5		
C	SB	SF	P2	P..		
D	SB	SF	P2	P..		
E	SC	C1	P3			
F	SC	C1	P3			
G	SD	C2	P4			
H	SD	C2	P4			

SA-SF: standards A to F  
P1, P2...C: patient sample 1, 2 ...  
C1: positive control  
C2: negative control

3. Incubate for 30 minutes at room temperature (20-28 °C).
4. Discard the contents of the microwells and wash 3 times with **300 µl** of wash solution.
5. Dispense **100 µl** of enzyme conjugate into each well.
6. Incubate for 15 minutes at room temperature.
7. Discard the contents of the microwells and wash 3 times with **300 µl** of wash solution.
8. Dispense **100 µl** of TMB substrate solution into each well.
9. Incubate for 15 minutes at room temperature.
10. Add **100 µl** of stop solution to each well of the modules and incubate for 5 minutes at room temperature.
11. Read the optical density at 450 nm and calculate the results. Bi-chromatic measurement with a reference at 600-690 nm is recommended.

The developed colour is stable for at least 30 minutes. Read optical densities during this time.

## Automation

The ORGENTEC Anti-Parietal Cell ELISA is suitable for use on open automated ELISA processors. The test procedure detailed above is appropriate for use with or without automation.

## INTERPRETATION OF RESULTS

### Quality Control

This test is only valid if the optical density at 450 nm for Positive Control (1) and Negative Control (2) as well as for the Calibrator A and F complies with the respective range indicated on the Quality Control Certificate enclosed to each test kit! If any of these criteria is not fulfilled, the results are invalid and the test should be repeated.

### Calculation of results

For Anti-Parietal Cell a 4-Parameter-Fit with lin-log coordinates for optical density and concentration is the data reduction method of choice.

### Recommended Lin-Log Plot

First calculate the averaged optical densities for each calibrator well. Use lin-log graph paper and plot the averaged optical density of each calibrator versus the concentration. Draw the best fitting curve approximating the path of all calibrator points. The calibrator points may also be connected with straight line segments. The concentration of unknowns may then be estimated from the calibration curve by interpolation.

### Calculation example

The figures below show typical results for Anti-Cardiolipin IgG/IgM ELISA. These data are intended for illustration only and should not be used to calculate results from another run.

Calibrators									
No	Position	OD 1	OD 2	Mean	Conc. 1	Conc. 2	Mean	decl. Conc.	CV%
STA	A 1/B 1	0.016	0.016	0.016	0.00	0.00	0.00	0.0	0.0
STB	C 1/D 1	0.332	0.335	0.334	6.45	6.40	6.43	6.3	0.6
STC	E 1/F 1	0.548	0.558	0.553	12.0	12.2	12.1	12.5	1.3
STD	G 1/H 1	0.934	0.956	0.945	25.6	24.8	25.2	25.0	1.6
STE	A 2/B 2	1.410	1.386	1.398	51.0	50.0	50.5	50.0	1.2
STF	C 2/D 2	1.823	1.840	1.832	98.3	101.1	99.7	100.0	1.8

### Interpretation of results

In a normal range study with serum samples from healthy blood donors the following ranges have been established with the Anti-Parietal Cell test:

	anti-Parietal Cell-Ab
normal:	< 10 U/ml
elevated:	≥ 10 U/ml

Positive results should be verified concerning the entire clinical status of the patient. Also every decision for therapy should be taken individually. It is recommended that each laboratory establishes its own normal and pathological ranges of serum anti-Parietal Cell antibodies.

## PERFORMANCE CHARACTERISTICS

### Precision (Reproducibility)

Statistics for coefficients of variation (CV) were calculated for each of three samples from the results of 24 determinations in a single run for Intra-Assay precision. Run-to-run precision was calculated from the results of 5 different runs with 6 determinations of each sample:

Intra-Assay			Inter-Assay		
Sample No	Mean (U/ml)	CV (%)	Sample No	Mean (U/ml)	CV (%)
1	12.5	3.5	1	12.0	4.2
2	22.5	2.8	2	20.5	3.7
3	75.0	3.2	3	85.9	2.6

### Sensitivity

The lower detection limit for Anti-Parietal Cell has been determined at 0.5 U/ml.

### Specificity

The microplate is coated with highly purified H+/K+-ATPase from pig Parietal Cells. The test kit is specific only for autoantibodies against the Parietal Cell antigen.

### Calibration

Since no international reference preparation for Anti-Parietal Cell autoantibodies is available, the assay system is calibrated in relative arbitrary units.

### LIMITATIONS OF PROCEDURE

The Anti-Parietal Cell ELISA is a diagnostic aid. A definite clinical diagnosis should not be based on the results of a single test, but should be made by the physician after all clinical and laboratory findings have been evaluated.

### INTERFERING SUBSTANCES

No interference has been observed with haemolytic (up to 1000 mg/dL), lipemic (up to 3 g/dL triglycerides) or bilirubin (up to 40 mg/dL) containing sera. Nor have any interfering effects been observed with the use of anticoagulants. However for practical reasons it is recommended that grossly hemolyzed or lipemic samples should be avoided.

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#### INCUBATION SCHEME

