

## ORGENTEC Diagnostika GmbH

Carl-Zeiss-Straße 49  
55129 Mainz - Germany

Phone: +496131/92580  
Fax: +496131/925858  
Internet : www.orgentec.com



Instruction for use  
August 2005



## ORG 545 ASCA IgG/IgA

Immunometric Enzyme Immunoassay for the quantitative determination of Anti-Saccharomyces cerevisiae antibodies (ASCA) of the IgG and IgA class in human serum.

### CONTENTS

NAME AND INTENDED USE  
SUMMARY AND EXPLANATION OF THE TEST  
PRINCIPLE OF THE TEST  
WARNINGS AND PRECAUTIONS  
CONTENTS OF THE KIT  
STORAGE AND STABILITY  
MATERIALS REQUIRED  
SPECIMEN COLLECTION AND HANDLING  
PROCEDURAL NOTES  
PREPARATION OF REAGENTS  
TEST PROCEDURE  
INTERPRETATION OF RESULTS  
PERFORMANCE CHARACTERISTICS  
LIMITATIONS OF PROCEDURE  
INTERFERING SUBSTANCES  
REFERENCES  
INCUBATION SCHEME

### NAME AND INTENDED USE

ASCA is an indirect solid phase enzyme immunoassay (ELISA) for the quantitative measurement of IgG and IgA class autoantibodies against mannan from *Saccharomyces cerevisiae* in human serum or plasma. The assay is intended for in vitro diagnostic use only as an aid in the diagnosis of Crohn's disease.

### SUMMARY AND EXPLANATION OF THE TEST

Accurate diagnosis of inflammatory bowel disease (IBD), in particular the differentiation between the two major IBDs ulcerative colitis and Crohn's disease, is important for treatment and prognosis. Ulcerative colitis is characterized by an inflammation and ulcers in the top layers of the lining of the colon and rectum. Crohn's disease shows a wide spread inflammation of the gastro-intestinal tract with granuloma formation extending deep into the affected tissue. Inflammation in Crohn's disease is asymmetrical and segmental, with areas of both healthy and diseased tissue, in contrast to ulcerative colitis where inflammation is symmetrical and uninterrupted from the rectum proximally [1].

To differentiate between Crohn's disease and ulcerative colitis the detection of ANCA (Anti Neutrophil Cytoplasmic Antibody) and ASCA (Anti-Saccharomyces cerevisiae antibody) can be used. ASCA are directed against oligomannosidic epitopes on the cell wall mannan (phosphopeptidomannan) of the yeast *Saccharomyces cerevisiae* [2]. IgG as well as IgA ASCA show a specificity of 95-100% for Crohn's disease. ASCA are strongly associated to Crohn's disease. Studies showed 5% positive IgG and 7% IgA class ASCA in ulcerative colitis whereas in Crohn's disease a sensitivity of 75% for IgG and 60% for IgA class ASCA could be observed [3, 4].

The occurrence of atypical ANCA (aANCA) in Crohn's disease is more infrequent than in ulcerative colitis. The prevalence of ANCA varies from 50% to 90% in ulcerative colitis and 10% to 20% in Crohn's disease [5].

The combination of both serological tests makes possible a rapid and non-invasive differential diagnosis between Crohn's disease and ulcerative colitis.

### PRINCIPLE OF THE TEST

Highly purified mannan from *Saccharomyces cerevisiae* is bound to microwells. Antibodies against this antigen, if present in diluted serum or plasma, bind to the respective antigens. Washing of the microwells removes unspecific serum and plasma components. Horseradish peroxidase (HRP) conjugated anti-human IgG or IgA immunologically detect 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 endproduct. The intensity of this yellow color is measured photometrically at 450 nm. The amount of colour is directly proportional to the concentration of IgG resp. IgA 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 and 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 (0,09%), 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 mannan from <i>Saccharomyces cerevisiae</i> . Ready to use.
6 vials, 1.5 ml each	Calibrators with IgG and IgA class ASCA (A-F) in a serum/buffer matrix (PBS, NaN <sub>3</sub> <0,1% (w/w)) containing IgG: 0; 6.3; 12.5; 25; 50; 100 U/ml, IgA: 0; 6.3; 12.5; 25; 50; 100 U/ml. Ready to use.
2 vials, 1.5 ml each	ASCA controls in a serum/buffer matrix (PBS, 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 horsera-

	dish peroxidase. Ready to use.
1 vial, 15 ml	Enzyme conjugate solution (PBS, PROCLIN 300 <0,5% (v/v)), (light red) containing polyclonal rabbit anti-human IgA; 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. Test serum 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.

- Testing of heat-inactivated sera is not recommended.

#### PROCEDURAL NOTES

- Do not use kit components beyond their expiration dates.
- Do not interchange kit components from different lots.
- All materials must be at room temperature (20-28 °C).
- 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.
- Perform the assay steps only in the order indicated.
- Always use fresh sample dilutions.
- Pipette all reagents and samples into the bottom of the wells.
- To avoid carryover contamination change the tip between samples and different kit controls.
- It is important to wash microwells thoroughly and remove the last droplets of wash buffer to achieve best results.
- All incubation steps must be accurately timed.
- Control sera or pools should routinely be assayed as unknowns to check performance of the reagents and the assay.
- 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

- Prepare a sufficient number of microplate modules to accommodate controls and prediluted patient samples.
- Pipet **100 µl** of 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  
P1, P2...  
C1:  
C2:

calibrators A to F  
patient sample 1, 2...  
positive control  
negative control

- Incubate for 30 minutes at room temperature (20-28 °C).
- Discard the contents of the microwells and wash 3 times with **300 µl** of wash solution.
- Dispense **100 µl** of enzyme conjugate into each well.
- Incubate for 15 minutes at room temperature.
- Discard the contents of the microwells and wash 3 times with **300 µl** of wash solution.
- Dispense **100 µl** of TMB substrate solution into each well.
- Incubate for 15 minutes at room temperature.
- Add **100 µl** of stop solution to each well of the modules and incubate for 5 minutes at room temperature.
- 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 ASCA 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 the ASCA tests a 4-Parameter-Fit with lin-log coordinates for optical density and concentration is recommended.

## 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

Calibrators									
No	Position	OD1	OD2	Mean	Conc.1	Conc.2	Mean	decl.Conc.	CV [%]
STA	A1/B1	0,063	0,076	0,069	<Min	0.04	0.04	0,001	13,23
STB	C1/D1	0,185	0,197	0,191	6,0	6,7	6,3	7,5	4,44
STC	E1/F1	0,361	0,412	0,387	15,0	17,6	16,3	15	9,33
STD	G1/H1	0,599	0,599	0,599	27,5	27,5	27,5	30	0
STE	A2/B2	1,202	1,222	1,212	64,7	66,1	65,4	60	1,17
STF	C2/D2	1,806	1,804	1,805	116,0	115,8	115,9	120	0,08

## Interpretation of results

In a normal range study with serum samples from healthy blood donors the following ranges have been established with the ASCA tests:

	ASCA	
	IgG [U/ml]	IgA [U/ml]
Normal:	< 10	< 10
Positive:	≥ 10	≥ 10

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 ASCA. The values below should be regarded as guidelines only.

## PERFORMANCE CHARACTERISTICS

### Parallelism

In dilution experiments sera with high IgG- and IgA-antibody concentrations were diluted with sample buffer and assayed in the ASCA ELISA kit. Three dilutions of three patient samples were assayed using two kit batches. The following table shows the mean values and the dilution-corrected recovery.

ASCA IgG				ASCA IgA			
Sample No	Dilution	Observed [U/ml]	Observed/Expected	Sample No	Dilution	Observed [U/ml]	Observed/Expected
1	1:100	98,0	100 %	1	1:100	28,7	100%
	1:200	43,0	88%		1:200	15,1	105%
	1:400	20,5	84%		1:400	7,5	105%
2	1:100	85,8	100%	2	1:100	30,6	100%
	1:200	36,1	84%		1:200	16,1	105%
	1:400	17,4	81%		1:400	8,4	110%
3	1:100	46,3	100%	3	1:100	37,1	100%
	1:200	20,9	90%		1:200	15,3	82%
	1:400	9,8	85%		1:400	5,8	63%

## Precision (Reproducibility)

Statistics for coefficients of variation (CV) were calculated for each of three samples from the results of 9 determinations in a single run for Intra-Assay precision. Run-to-run precision was calculated from the results of 3 different runs with 24 determinations of each sample:

Anti-ASCA IgG			Anti-ASCA IgA		
Intra-Assay			Intra-Assay		
Sample No	Mean [U/ml]	CV [%]	Sample No	Mean [U/ml]	CV [%]
1	9,6	4,3	1	5,1	5,2
2	19,3	6,6	2	26,8	6,5
3	76,5	8,8	3	66,4	6,1

  

Inter-Assay			Inter-Assay		
Sample No	Mean [U/ml]	CV [%]	Sample No	Mean [U/ml]	CV [%]
1	10,5	7,1	1	5,9	6,6
2	31,2	3,8	2	29,1	6,0
3	67,3	7,5	3	81,2	6,4

## Sensitivity

The lower detection limit for ASCA ELISA was determined at 1 U/ml.

## Specificity

The solid phase is coated with mannan from *Saccharomyces cerevisiae*. Therefore the ASCA test kit recognizes only autoantibodies specific for this phosphopeptide.

## Calibration

Since no international reference preparation for ASCA is available, the assay system is calibrated in relative arbitrary units.

### LIMITATIONS OF PROCEDURE

1. The ASCA 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 finds have been evaluated.
2. A negative ASCA result does not rule out the presence of Crohn's disease.
3. A positive test result does not necessarily indicate the presence of Crohn's disease.

### INTERFERING SUBSTANCES

No interference has been observed with haemolytic, lipemic or bilirubin containing sera. Nor have any interfering effects been noticed with the use of anticoagulants.

### REFERENCES

1. Merck Manual of Diagnosis and Therapy. 1999. Whitehouse Station, NJ. ([www.merck.com/pubs/mmanual](http://www.merck.com/pubs/mmanual)).
2. Sendid, B., J.F. Colombel, P.M. Jacquinet, C. Faille, J. Fruit, A. Cortot, D. Lucidarme, D. Camus, and D. Poulain. Specific antibody response to oligomannosidic epitopes in Crohn's Disease. Clin. Diag. Lab. Immunol., 1996, 3(2):219-226.
3. Main, J., H. McKenzie, G.R. Yeaman, M.A. Kjerr, D. Robson, and C.R. Pennington. Antibody to Saccharomyces cerevisiae (baker's yeast) in Crohn's disease. Brit. J. Med., 1988, 297:1105-1106.
4. McKenzie, H., J. Main, C.R. Pennington, and D. Parrat. Antibody to selected strains of Saccharomyces cerevisiae (baker's and brewer's yeast) and Candida albicans in Crohn's disease. Gut, 1990, 31:536-538.
5. Quinton, J.-F., B. Sendid, D. Reumaux, P. Duthilleul, A. Cortot, B. Grandbastien, G. Charrier, S.R. Targan, J.-F. Colombel, and D. Poulain. Anti-Saccharomyces cerevisiae mannan antibodies combined with antineutrophil cytoplasmic autoantibodies in inflammatory bowel disease: prevalence and diagnostic role. Gut, 1998, 42:788-791.

### INCUBATION SCHEME

