**IBD** Tools to Aid in the Accurate Diagnosis of Inflammatory Bowel Disease



# Inflammatory Bowel Disease

# **Experts in Autoimmunity**

Inova Diagnostics offers a complete array of methods to aid in the diagnosis of inflammatory bowel disease (IBD) including immunofluorescence (IFA), enzyme linked immunosorbent assay (ELISA) as well as chemiluminescence immunoassay (CIA) methods.

As a global leader in autoimmunity testing, Inova Diagnostics offers a variety of unique assays to provide insight into the diagnosis of gastrointestinal diseases. These assays include QUANTA Flash® Calprotectin CIA as an aid in differentiating irritable bowel syndrome (IBS) from IBD and NOVA Lite ANCA assays (ethanol and formalin fixed) to further differentiate ulcerative colitis from Crohn's disease. These non-invasive, diagnostic tests can give clinicians the information they need to better manage patients suffering from gastrointestinal disorders including IBD.<sup>8</sup>

Having a single source for quality reagents across testing platforms gives you the confidence and support that comes from making Inova Diagnostics your partner.

Assay Name	Clinical Association(s)	
QUANTA Lite <sup>®</sup> Calprotectin ER	- Differentiation of IBD from IBS	
QUANTA Flash® Calprotectin		
QUANTA Lite <sup>®</sup> ASCA IgA	- Differential diagnosis of Crohn's Disease and ulcerative colitis	
QUANTA Lite <sup>®</sup> ASCA lgG		
QUANTA Lite <sup>®</sup> H.pylori IgA	- H. pylori infection in adult patients	
QUANTA Lite <sup>®</sup> H.pylori IgG		
QUANTA Lite® GPA	Conditions with elevated levels of anti-gastric parietal cell antibodies including pernicious anemia	
QUANTA Lite <sup>®</sup> Intrinsic Factor	Pernicious anemia	
NOVA Lite ANCA (Ethanol)	Identification of pANCA pattern to aid clinicians in the differential diagnosis between Crohn's Disease and Ulcerative Colitis	
NOVA Lite ANCA (Formalin)		

# **Gastrointestinal Disease**

The cause of chronic lower gastrointestinal upset can come from a number of sources, often making diagnosis difficult. QUANTA Lite, NOVA Lite, and QUANTA Flash tests below provide reliable results to help clinicians assess the root cause.



#### Abbreviations

ASCA Anti-Saccharomyces cerevisiae antibody pANCA Perinuclear anti-neutrophil cytoplasmic antibody PR3 Proteinase 3

Testing strategies provided for informational purposes only. Testing and diagnosis should be determined by a licensed clinician.

# **Differentiating IBD from IBS**

Calprotectin is a non-invasive fecal biomarker specific for intestinal inflammation that can be used to support the differential diagnosis of IBD from IBS. Calprotectin is useful for screening patients most likely to need endoscopy for suspected IBD.<sup>2</sup> Determining calprotectin levels can reliably differentiate active from inactive disease and may help guide patient management en route to mucosal healing.<sup>3</sup>

### Inova's calprotectin assays can provide insight into diagnosis as well as disease activity levels for IBD patients

- Fecal calprotectin can be used to support the differential diagnosis of IBD from IBS<sup>1</sup>
- The use of fecal calprotectin can help in the selection of patients in need of endoscopy<sup>4</sup>
- Calprotectin can help identify relapse in patients with inflammatory bowel disease<sup>5</sup>



### Calprotectin levels demonstrate disease status<sup>6</sup>

Inflammatory Bowel Disease

# Serology assays can help guide accurate diagnosis

Inflammatory Bowel Disease (IBD) represents a group of intestinal disorders that cause prolonged inflammation of the digestive tract. The two most common are Crohn's disease (CD) and ulcerative colitis (UC).

IBD disease classifications	Description	Associated autoantibodies
Crohn's Disease (CD)	<ul> <li>Usually affects the colon and ileum, but it can affect the entire digestive tract from the mouth to the anus</li> <li>Inflammation is often transmural</li> <li>In some cases surgery may be required to widen or remove a diseased section of the intestine</li> </ul>	ASCA
Ulcerative colitis (UC)	<ul> <li>Inflammatory changes are restricted to the colon and rectum</li> <li>Inflammation confined to the mucosa and submucosa</li> <li>Treatment includes aminosalicylates, immunomodulators or cyclosporine which suppress the immune system and prevent inflammation</li> <li>In 25- 30% of ulcerative colitis patients, surgery is eventually needed</li> <li>Ulcerative colitis surgery usually involves removing the colon and rectum</li> </ul>	Atypical pANCA

Inova Diagnostics provides a comprehensive menu of products to help distinguish CD from UC - pANCA (perinuclear anti-neutrophil cytoplasmic antibodies) and ASCAs (anti-Saccharomyces cerevisiae antibodies).

## Inova Diagnostics - your one source for autoimmune testing

## **IBD Tests**

## **Product ordering information**

Method	Name	Package	Part#
CIA	QUANTA Flash Calprotectin	100 tests	701350
ELISA	QUANTA Lite Calprotectin ER	1 x 96 wells	704860
	QUANTA Lite <i>H. pylori</i> IgA	1 x 96 wells	708720
	QUANTA Lite H. pylori IgG	1 x 96 wells	708715
	QUANTA Lite ASCA IgA (S. cerevisiae)	1 x 96 wells	708870
	QUANTA LiteASCA lgG (S. cerevisiae)	1 x 96 wells	708865
	QUANTA Lite GPA (Gastric Parietal Cell Antibody)	1 x 96 wells	708765
	QUANTA Lite Intrinsic Factor	1 x 96 wells	708780
IFA	NOVA Lite ANCA (Ethanol)	10 x 6 wells	708299
		20 x 12 wells	708298
	NOVA Lite ANCA (Formalin)	10 x 6 wells	708295
		20 x 12 wells	708297

# For more information, please contact your local Inova Diagnostics sales representative or visit www.inovadx.com

### References

- 1. Corrocio, A. et al. (2003) Diagnostic Accuracy of fecal calprotectin assay in distinguishing organic causes of chronic diarrhea from irritable bowel syndrome: a prospective study in adults and children. Clin Chem 49:861-7.
- 2. Van Rheenen, P. et al. Faecal calprotectin screening of patients with suspected inflammatory bowel disease: diagnostic meta-analysis. BMJ. 2010; 341: C3369.
- 3. De Vos, M. et al. Fast and sharp decrease in calprotectin predicts remission by infliximab in anti-TNF naive patients with ulcerative colitis. J Crohns Colitis. 2012;6:557–562.
- 4. Aadland E, Fagerhol MK. Faecal calprotectin: a marker of inflammation throughout the intestinal tract. Eur J Gastroenterol Hepatol. 2002;14(8):823–5.
- 5. Adapted from "Do Not Read Single Calprotectin Measurements in Isolation When Monitoring Your Patients with Inflammatory Bowel Disease" by P.F. Rheenan, Inflammatory Bowel Disease, 20: 1416-7.

### www.inovadx.com

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