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Electronic Instruction For Use: version



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# ORG 248 Anti-MCV

## INTENDED PURPOSE

Anti-MCV is an ELISA-based test system for the quantitative measurement of IgG class autoantibodies against mutated citrullinated vimentin (MCV) in human serum or plasma samples. This product is intended for professional in vitro diagnostic use only.

Measurement of anti-MCV antibodies contributes to early diagnosis of rheumatoid arthritis (RA), where anti-MCV antibody levels represent one parameter of a multi-criterion diagnostic process, encompassing both clinical and laboratory-based assessments.

ALEGRIA TEST STRIPS

WASH

RTU

SYSTEM FLUID

Alegria® Test Strips

Wash Buffer

System Fluid

Ready to use

## SYMBOLS USED

IVD In vitro diagnostic medical device

Manufacturer Manufacturer

REF

Catalogue number

<sup>2</sup>√24 Sufficient for ... determinations

LOT Batch code

Use by

Temperature limitation

Consult instructions for use

Keep away from sunlight

On not reuse

CE marked according to 98/79/EC

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Electronic Instruction For Use: version

## PRINCIPLE OF THE TEST

Mutated citrullinated vimentin (MCV) is bound to reaction wells.

The Alegria® assay features barcoded 8-well-microstrips, called Alegria® Test Strips. Each strip is designed for a single determination of one patient sample. The Alegria® Test Strip holds a complete set of reagents. Included are enzyme conjugate, enzyme substrate, sample buffer and a test specific control. Furthermore each strip has two antigen-coated wells which serve as reaction wells for one control and one patient sample.

The determination is based on an indirect enzyme linked immune reaction with the following steps: Antibodies present in positive samples bind to the antigen coated on the surface of the two reaction wells forming an antibody antigen complex. After incubation, a first washing step removes unbound and unspecific bound molecules. Subsequently added enzyme conjugate binds to the immobilized antibody-antigen complex. After incubation, a second washing step removes unbound enzyme conjugate. Addition of enzyme substrate solution results in hydrolisation and color development during incubation. The intensity of the blue color correlates with the concentration of the antibody-antigen-complex and can be measured photometrically at 650 nm.

The Alegria® Test Strip is based on the proprietary SMC®-Technology (Sensotronic Memorized Calibration): information about the assay, analysis and evaluation, and the lot-specific expiry date is contained on the barcode printed on each Alegria® Test Strip.

The Alegria® Test Strip can be used with the diagnostic instrument Alegria® - a fully automated Random Access Analyser. By means of SMC®-Technology data encoded on the barcode are transferred from the Alegria® Test Strip to the instrument and the assay is automatically processed and evaluated. The instrument reads the date of expiry and rejects further processing if the Alegria® Test Strip is out of date.

## WARNINGS AND PRECAUTIONS

- · All reagents of this kit are intended for professional in vitro diagnostic use only.
- 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.
- · Bovine serum albumin (BSA) used in components has been tested for BSE and found negative.
- Avoid contact with the substrate TMB (3.3'.5.5'-Tetramethyl-benzidine).
- System fluid contains acid. classifiaction is non-hazardous. Avoid contact with skin.
- Control, sample buffer and wash buffer contain sodium azide 0.09% as preservative. This concentration is classified as non-hazardous
- Enzyme conjugate, control and sample buffer contain ProClin 300 0.05% as preservative. This concentration is classified as non-hazardous.

During handling of all reagents, controls and serum samples observe the existing regulations for laboratory safety regulations and good laboratory practice:

- First aid measures: In case of skin contact, immediately wash thoroughly with water and soap. Remove
  contaminated clothing and shoes and wash before reuse. If system fluid comes into contact with skin,
  wash thoroughly with water. After contact with the eyes carefully rinse the opened eye with running
  water for at least 10 minutes. Get medical attention if necessary.
- Personal precautions, protective equipment and emergency procedures:

Observe laboratory safety regulations. Avoid contact with skin and eyes. Do not swallow. Do not pipette by mouth. Do not eat, drink, smoke or apply makeup in areas where specimens or kit reagents are handled. When spilled, absorb with an inert material and put the spilled material in an appropriate waste disposal.

- Exposure controls / personal protection: Wear protective gloves of nitril rubber or natural latex. Wear protective glasses. Used according to intended use no dangerous reactions known.
- Conditions to avoid: Since substrate solution is light-sensitive. Store Alegria <sup>®</sup> strips in the dark.
- For disposal of laboratory waste the national or regional legislation has to be observed.

Observe the guidelines for performing quality control in medical laboratories by assaying controls and/or pooled sera.

#### CONTENTS OF THE KIT

₹ 24 ORG 248-24 | ALEGRIA TEST STRIPS 24 Sufficient for 24 determinations

Alegria® Test Strips are modules of 8 wells each composed of:

Wells 1 + 2: empty and not coated (wells for the sample dilution)
Wells 3 + 4: coated with antigen (reaction wells)

Well 5: Control; yellow; containing test specific antibodies, PBS, BSA,

detergent, preservative sodium azide 0.09% and ProClin 300 0.05%.

Well 6: Enzyme Conjugate; light red; containing anti-human IgG antibodies,

HRP labelled; PBS, BSA, detergent, preservative ProClin 300 0.05%.

Well 7: Sample Buffer: yellow; containing PBS, BSA, detergent, preservative sodium azide 0.09% and ProClin 300 0.05%.

Well 8: TMB Substrate: clear; containing 3,3', 5,5'- Tetramethylbenzidin.

Code on barcode: MCV on printout: Anti-MCV

1x 20 ml Wash Buffer, containing Tris, detergent, preservative sodium azide 0.09%; 50 x conc.

1x 20 mil Wash Buller, Containing This, detergent, preservative socium azide 0.09%, 50 x conc

SYSTEM FLUID 1x 2.5 ml System Fluid, contains acid; 1000 x concentrate

1 Certificate of Analysis

### STORAGE AND STABILITY

. Store test kit at 2-8°C in the dark.

- Do not expose reagents to heat, sun, or strong light during storage and usage.
- Store Alegria® Test Strips sealed and dessicated in the clip bag provided.
- Shelf life of the unopended test kit is 15 months from day of production.
- Unopened reagents are stable until expiration of the kit. See labels for individual batch.
- Diluted Wash Buffer and System Fluid are stable for at least 30 days when stored at 2-8°C.
   Once transferred to the reagent container we recommend consumption on the same day.

#### MATERIALS REQUIRED

· Vortex mixer

WASH

- Pipettes for 10 ul
- · Measuring cylinder for 1000 ml and 2500 ml
- · Distilled or deionized water

## SPECIMEN COLLECTION, STORAGE AND HANDLING

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

#### PROCEDURAL NOTES

- Do not use kit components beyond their expiration dates.
- All materials must be at room temperature (20-28°C) prior to use.
- To avoid carryover or contamination, change the pipette tip between samples.

#### PREPARATION OF REAGENTS

WASH

Dilute the content of the Wash Buffer concentrate (50x) with distilled or deionized water to a final volume of 1000 ml prior to use. Transfer the diluted Wash Buffer into the instrument reagent container. If only one Alegria run is to be performed on one day we recommend transferring only 500 ml diluted Wash Buffer.

SYSTEM FLUID

Dilute the content of the System Fluid concentrate (1000x) with distilled or deionized water to a final volume of 2500 ml prior to use. Transfer the diluted System Fluid into the instrument reagent container.

## ALEGRIA TEST STRIPS

Take the required number of Alegria® Test Strips out of the clip bag and let them reach room temperature (20-28° C). Do not remove foil covering the empty wells until you are ready to start the assay.

#### **TEST PROCEDURE**

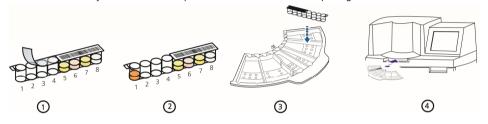
Alegria<sup>®</sup> Test Strips with SMC<sup>®</sup> technology are used with the diagnostic instrument Alegria<sup>®</sup>.

Detailed information about operating the instrument can be taken from the Instrument User Manual.

(1) Remove the foil from the empty wells 1 to 4 of the Alegria® Test Strip.

## Do not remove foil with printed barcode, covering wells 5 to 8.

- (2) Pipette 10 µl undiluted sample at the bottom of well 1.
- (3) Insert the strip into the SysTray.
- (4) Place loaded SysTrays into the correct position in the Alegria® instrument and start run. All further steps will be done automatically. The test run is completed when the instrument starts printing the results.



#### CALIBRATION

This assay system is calibrated in relative arbitrary units, since no international reference preparation is available for this assay.

## **CALCULATION OF RESULTS**

By means of SMC® Technology (Sensotronic Memorized Calibration), all test data are transferred to the system through individual barcodes on the Alegria® Test Strip. Calculation and interpretation of results will be performed automatically.

## PERFORMANCE CHARACTERISTICS

# Measuring range

The calculation range of this Alegria® assay is 0 - 1000 U/ml

## **Expected values**

In a normal range study with samples from healthy blood donors the following ranges have been established with this Alegria® assay: Cut-off 20 U/ml

## Interpretation of results

Normal: < 20 U/ml Elevated: ≥ 20 U/ml

## LIMITATIONS OF THE PROCEDURE

This assay 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 concerning the entire clinical picture of the patient. Also every decision for therapy should be taken individually. The above pathological

and normal reference ranges for antibodies in patient samples should be regarded as recommendations only. Each laboratory should establishe its own ranges according to ISO 15189 or other applicable laboratory guidelines.

### Linearity

Three patient samples containing high levels of specific antibody were serially diluted in sample buffer to demonstrate the dynamic range of the assay. Activity for each dilution was calculated by means of SMC® Technology.

| Sample | Dilution | Observed | Expected | O/E |
|--------|----------|----------|----------|-----|
|        |          | U/ml     | U/ml     | [%] |
| 1      | 1:100    | 726.6    | 726.6    | 100 |
|        | 1:200    | 351.2    | 363.3    | 97  |
|        | 1:400    | 183.9    | 181.7    | 101 |
|        | 1:800    | 89.2     | 90.8     | 98  |
| 2      | 1:100    | 311.5    | 311.5    | 100 |
|        | 1:200    | 153.2    | 155.8    | 98  |
|        | 1:400    | 78.3     | 77.9     | 101 |
|        | 1:800    | 40.1     | 38.9     | 103 |
| 3      | 1:100    | 103.6    | 103.6    | 100 |
|        | 1:200    | 52.6     | 51.8     | 102 |
|        | 1:400    | 24.6     | 25.9     | 95  |
|        | 1:800    | 12.7     | 13.0     | 98  |

## Sensitivity

Functional sensitivity was determined to be: 1 U/ml

# Reproducibility

Intra-assay precision: Coefficient of variation (CV) was calculated for each of three samples from the results of 24 determinations in a single run. Results for precision-within-assay are shown in the table below.

Inter-assay precision: Coefficient of variation (CV) was calculated for each of three samples from the results of 6 determinations in 5 different runs. Results for run-to-run precision are shown in the table below.

| Intra-Assay |       |      |  |  |  |
|-------------|-------|------|--|--|--|
| Sample      | Mean  |      |  |  |  |
|             | U/ml  | % CV |  |  |  |
| 1           | 36.9  | 7.0  |  |  |  |
| 2           | 182.1 | 5.4  |  |  |  |
| 3           | 670.1 | 6.2  |  |  |  |

| Inter-Assay |       |      |  |  |  |
|-------------|-------|------|--|--|--|
| Sample      | Mean  |      |  |  |  |
|             | U/ml  | % CV |  |  |  |
| 1           | 37.6  | 9.8  |  |  |  |
| 2           | 195.3 | 5.8  |  |  |  |
| 3           | 765.4 | 5.7  |  |  |  |

## Interfering substances

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

## Study results

| Study population     |                    |     | <u>n</u> | n pos | <u>%</u> |
|----------------------|--------------------|-----|----------|-------|----------|
| Rheumatoid arthritis |                    | 100 | 82       | 82.0  |          |
| Normal human sera    |                    | 230 | 5        | 2.2   |          |
|                      | Clinical Diagnosis |     |          |       |          |
|                      |                    | Pos | N        | eg    |          |
| ORG 248              | Pos                | 82  | 5        |       |          |
| Anti-MCV®            | Neg                | 18  | 22       | 25    |          |
|                      |                    | 100 | 23       | 30    | 330      |

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Sensitivity: 82.0 % Specificity: 97.8 % Overall agreement: 93.0 %

#### REFERENCES

- F.Bobbio-Pallavicini, C.Alpini, R.Caporali, S.Avalle, S.Bugatti, C.Montecuccio. Autoantibody profile in rheumatoid arthritis during long-term infliximab treatment. Arthritis Res Ther 2004, 6:R264-R272 (DOI 10.11 86/ar1173)
- E.R.Vossenaar, N.Deprés, E.Lapointe, A.van der Heijden, M.Lora, T.Senshu, W.J.van Venfooij, H.A.Ménard. Rheumatoid arthritis specific anti Sa antibodies target citrullinated vimentin. Arthritis Research & Therapie Vol.6 No.2
- O.Vittecoq, S.Poplin, K.Krzanowska, F.Jouen-Beades, J.F.Ménard, A.Daragon, F.Tron, X.Loet. Rheumatoid
  Factor is the strongest predictor of radiological progression of rheumatoid arthritis in a three-year prospective
  study in community-recruited patients. Rheumatology 2003; 42:939-946
- 4. W.J. van Venrooij, J.M.Hazes, H.Visser. Anticitrullinated protein/peptide antibody and its role in the diagnosis and prognosis of early rheumatoid arthritis. The Netherland Journal of Medicine.
- M.Escalon, F.J.Lópees-Longo, C.M. González, I.Monteagudo, M.Rodriguez-Mahou, R.Grau, L.Carreno. Anti-Sa Sera from patients with Rheumatoid Arthritis contain at least 2 different subpopulations of Anti-Sa antibodies. The Journal of Rheumatology 2002: 29:10 2053-60
- Ch.Vincent, L.Nogueira, M.Sebba, S.Chapuy-Regaud, M.Arnaud, O.Letourneur, D.Rolland, B.Rounie, A. Cantagrel, M.Jolivet, G.Serre. Detection of antibodies to dertermined recombinant tat filaggrin by Enzyme-Linked Immunosorbent Assay. Arthritis & Rheumatism Vo. 46, No.8, August 2002, pp. 2051-58
- G.Steiner, J.Smolen. Antibodies in rheumatoid arthritis and their clinical significance. Arthritis Res 2002,4 (suppl 2):S1-S5
- R.Goldbach-Mansky, J.Lee, A.McCoy, J.Hoxworth, C.Yarboro, J.S.Smolen, G.Steiner, A.Rosen, C.Zhang, H.A. Ménard, Z.J.Zhou, T.Palosuo, W.J.Van Venrooij, R.L.Wilder, J.H.Klippel, H.R.Schumacher Jr., H.S.El-Gabalawy. Rheumatoid arthritis associated antibodies in pati-ents with synovitis of recent onset. Arthritis Res 2000,2:236–243
- H.Ménard, E.Lapointe, M.D.Rochdi, Z.J.Zhou. Insights into rheumatoid arthritis derived from the Sa immune system. Arthritis Research 2000,2:429-432
- G.Hayem, P.Chazerain, B.Combe, A.Elias, T.Haim, P.Nicaise, K.Benali, J-F Eliau, M-F Kahn, J.Sany, O.Meyer. Anti-Sa antibody is an accurate diagnostic and prognostic Marker in adult Rheumatoid Arthritis. The Journal of Rheumatology 1 999:26:7-13
- 11. N. Deprés, G.Boire, F.J. Lopez-Longo, H.A. Ménard. The Sa System: A novel antigen antibo-dy system specific for rheumatoid arthritis. The Journal of Rheumatology 1994; 21 -: 1 027- 33
- E.R.Vossenaar, T.R.D. Radstake, A. van der Heijden, M.A.M. van Mansum, C. Dieteren, D.-J. de Rooij, P. Barrera, A.J.W. Zendman, W.J. van Venrooij. Expression and activity of citrullinatin peptidylarginine deiminase enzymes in monocytes and macrophages. Ann Rheum Dis 2004; 63:373-381
- 13. H. Burkhardt, B. Sehnert, R. Bockermann, A. Engström, J.R. Kalden, R. Holmdahl. Humoral immune response to citrullinated collagen type II determinants in early rheumatoid arthritis. Eur. J. Immunol. 2005.35: 1643-1652
- Ch.Vincent, L. Nogueira, C. Clavel, M. Sebbag, G. Serre. Autoantibodies to citrullinated pro-teins: ACPA. Autoimmunity, February 2005; 38 (1): 17-24
- M. Sebbag, S. Chapuy-Regaud, I. Auger, E. Petit-Texeira, C. Clavel, L. Nogueira, Ch.Vincent, F. Cornélis, J. Roudier, G. Serre. Clinical and pathophysiological significance of the autoimmu¬ne response to citrullinated proteins in rheumatoid arthritis. Joint bone Spine 71 (2004) 493-502

References Concerning Classification of RA

16. Liao KP, Batra KL, Chibnik L, Schur PH, Costenbader KH. Anti-CCP revised criteria for the classification of

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- rheumatoid arthritis. Ann Rheum Dis 2008.
- 17. Arnett FC, Edworthy SM, Bloch DA, McShane DJ, Fries JF, Cooper NS et al. The American Rheumatism Association 1987 revised criteria for the classification of rheumatoid arthritis. Arthritis Rheum 1988; 31(3):315 -24.Further Reading on Diagnostic Performance of Anti-MCV vs. Predicate Assay:
- Gyetvai A, Szekanecz Z, Soos L, Szabo Z, Fekete A, Kapitany A et al. New classification of the shared epitope in rheumatoid arthritis: impact on the production of various anti-citrullinated protein antibodies. Rheumatology (Oxford) 2010; 49(1):25-33.
- 19. Pruijn G, Wiik A, van Venrooij W. The use of citrullinated peptides and proteins for the diagnosis of rheumatoid arthritis. Arthritis Research & Therapy 2010; 12(1):203.
- 20. Aggarwal R, Liao K, Nair R, Ringold S, Costenbander KH. Anti-citrullinated peptide antibody assays and their role in the diagnosis of rheumatoid arthritis. Athritis Rheum 2009; 61(11):1472-83.
- 21. Feitsma AL, van der Voort EI, Franken KL, EI BH, Elferink BG, Drijfhout JW et al. Identification of citrullinated vimentin peptides as T cell epitopes in HLA-DR4-positive patients with rheumatoid arthritis. Arthritis Rheum 2009: 62(1):117-25.
- 22. Klareskog L, Catrina Al, Paget S. Rheumatoid arthritis. Lancet 2009; 373(9664):659-72.
- Liu X, Jia R, Zhao J, Li Z. The Role of Anti-Mutated Citrullinated Vimentin Antibodies in the Diagnosis of Early Rheumatoid Arthritis. J Rheumatol 2009.
- 24. Luime JJ, Colin EM, Hazes JM, Lubberts E. Does anti-MCV has additional value as serological marker in the diagnostic and prognostic work-up of patients with rheumatoid arthritis? A systematic review. Ann Rheum Dis 2009.
- 25. Mjaavatten MD, Uhlig T, Haugen AJ, Nygaard H, Sidenvall G, Helgetveit K et al. Positive anti-citrullinated protein antibody status and small joint arthritis are consistent predictors of chronic disease in patients with very early arthritis: results from the NOR-VEAC cohort. Arthritis Res Ther 2009: 11(5):R146.
- 26. Engelmann R, Brandt J, Eggert M, Karberg K, Krause A, Neeck G et al. The Anti-mutated Citrullinated Vimentin Response Classifies Patients with Rheumatoid Arthritis into Broad and Narrow Responders. J Rheumatol 2009.
- 27. Raza K, Mathsson L, Buckley CD, Filer A, Ronnelid J. Anti-modified citrullinated vimentin (MCV) antibodies in patients with very early synovitis. Ann Rheum Dis 2009.
- 28. Snir O, Widhe M, Hermansson M, von SC, Lindberg J, Hensen S et al. Antibodies to several citrullinated antigens are enriched in the joints of rheumatoid arthritis patients. Arthritis Rheum 2009; 62(1):44-52.
- 29. Syversen SW, Goll GL, van der Heijde D, Landewe R, Lie BA, Odegard S et al. Prediction of radiographic progression in rheumatoid arthritis and the role of antibodies against mutated citrullinated vimentin: results from a ten-year prospective study. Ann Rheum Dis 2009.
- 30. van der Linden MP, van der Woude D, Ioan-Facsinay A, Levarht EW, Stoeken-Rijsbergen G, Huizinga TW et al. Value of anti-modified citrullinated vimentin and third-generation anti-cyclic citrullinated peptide compared with second-generation anti-cyclic citrullinated peptide and rheumatoid factor in predicting disease outcome in undifferentiated arthritis and rheumatoid arthritis. Arthritis Rheum 2009; 60(8):2232-41.
- 31. Wagner E, Skoumal M, Bayer PM, Klaushofer K. Antibody against mutated citrullinated vimentin: a new sensitive marker in the diagnosis of rheumatoid arthritis. Rheumatol Int 2009.
- 32. Keskin G, Inal A, Keskin D, Pekel A, Baysal O, Dizer U et al. Diagnostic Utility of Anti-Cyclic Citrullinated Peptide and Anti-Modified Citrullinated Vimentin Antibodies in Rheumatoid Arthritis. Protein Pept Lett 2008; 15 (3):314-7.
- 33. Szekanecz Z, Lakos G. Rheumatoid arthritis diagnosis with antimutated citrullinated vimentin ELISA by Orgentec Diagnostika. Exp Opin Med Diagnostics 2008; 2(9):1083-90.
- 34. Szekanecz Z, Soos L, Szabo Z, Fekete A, Kapitany A, Vegvari A et al. Anti-Citrullinated Protein Antibodies in Rheumatoid Arthritis: As Good as it Gets? Clin Rev Allergy Immunol 2008; 34(1):26-31.

#### Notice to the user (European Union):

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the EU Member State in which the user and/or the patient is established.

