Elecsys CA 19-9

cobas®

REF		Σ	SYSTEM
11776193122* 11776193214*	11776193500	100	**cobas e** 411 **cobas e** 601 **cobas e** 602

* Some kits shown may not be available in all countries.

English

System information

For **cobas e** 411 analyzer: test number 351
For **cobas e** 601 and **cobas e** 602 analyzers: Application Code Number 054

Please note

The measured CA 19-9 value of a patient's sample can vary depending on the testing procedure used. The laboratory finding must therefore always contain a statement on the CA 19-9 assay method used. CA 19-9 values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the CA 19-9 assay procedure used while monitoring therapy, then the CA 19-9 values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods.

Intended use

Immunoassay for the in vitro quantitative determination of CA 19-9 in human serum and plasma.

The **e**lectro**c**hemi**l**uminescence **i**mmuno**a**ssay "ECLIA" is intended for use on **cobas e** immunoassay analyzers.

Summary

Measurements of carbohydrate antigen 19-9 (CA 19-9) performed with this assay in human serum and plasma are used in conjunction with other procedures to aid in the diagnosis, prognosis and management of pancreatic and other gastrointestinal cancers.

CA 19-9 (carbohydrate antigen 19-9 or sialylated Lewis (a) antigen) belongs to the large family of mucinous markers. It is normally present in small amounts in serum as a carbohydrate-rich glycoprotein associated primarily with mucin.[1] Elevated concentrations have been found under several physiological and clinical conditions.[1,2] In relation to malignant diseases, increased CA 19-9 levels have been reported in multiple cancer types, such as pancreatic, colorectal, gastric, hepatocellular and hepatobiliary cancers.[1] Benign diseases associated with increased CA19-9 serum levels include acute and chronic pancreatitis, liver cirrhosis, cholangitis and obstructive jaundice.[1, 2,3,4] The common underlying mechanism for elevations in non-malignant conditions could include inflammatory hypersecretion by epithelial cells or leakage of biliary mucins carrying the epitope of CA 19-9 into serum.[1] Notably, approximately 6 % of the Caucasian population and about 22 % of non-Caucasican population belongs to the Lewis (a-/b-) blood group, lacking the antigenic determinant CA 19-9 and will therefore not release CA 19-9 even when a malignancy is present.[1]

In view of the above findings, CA 19-9 is not useful for screening for malignancies in asymptomatic individuals.[5,6,7,8] Most expert groups cautiously recommend measurement of CA 19-9 in the initial work-up of patients presenting with suspected pancreatic cancer.[6] Although CA 19-9 levels are of limited sensitivity for small pancreatic cancers, nearly 80 % of patients with advanced pancreatic cancer report increased serum levels of CA 19-9.[7] CA 19-9 can be used as a serum marker to measure the disease burden and prognosis of pancreatic cancer, to potentially guide treatment decisions, and to monitor treatment and disease course.[5,6,7,8,9]

CA 19-9 has shown clinical utility in the diagnosis, prognosis and monitoring of hepatobiliary cancers, including cholangiocarcinoma.[10,11,12,13,14] In colorectal cancer, CA 19-9 is described as a possible emerging marker for postoperative disease monitoring, in conjunction with carcinoembryonic antigen (CEA).[15,16,17,18,19]

Test principle

Sandwich principle. Total duration of assay: 18 minutes.

- 1st incubation: 10 µL of sample, a biotinylated monoclonal CA 19-9-specific antibody, and a monoclonal CA 19-9-specific antibody labeled with a ruthenium complex[a)] form a sandwich complex.
- 2nd incubation: After addition of streptavidin-coated microparticles, the complex becomes bound to the solid phase via interaction of biotin and streptavidin.
- The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode. Unbound substances are then removed with ProCell/ProCell M. Application of a voltage to the electrode then induces chemiluminescent emission which is measured by a photomultiplier.
- Results are determined via a calibration curve which is instrument-specifically generated by 2-point calibration and a master curve provided via the reagent barcode or e-barcode.

a) Tris(2,2'-bipyridyl)ruthenium(II)-complex ($Ru(bpy)_3^{2+}$)

Reagents - working solutions

The reagent rackpack is labeled as CA19-9.

M Streptavidin-coated microparticles (transparent cap), 1 bottle, 6.5 mL:
Streptavidin-coated microparticles 0.72 mg/mL; preservative.

R1 Anti-CA 19-9-Ab~biotin (gray cap), 1 bottle, 10 mL:
Biotinylated monoclonal anti-CA 19-9 antibody (mouse) 3 mg/L, phosphate buffer 100 mmol/L, pH 6.5; preservative.

R2 Anti-CA 19-9-Ab~$Ru(bpy)_3^{2+}$ (black cap), 1 bottle, 10 mL:
Monoclonal anti-CA 19-9 antibody (mouse) labeled with ruthenium complex 4 mg/L; phosphate buffer 100 mmol/L, pH 6.5; preservative.

Precautions and warnings

For in vitro diagnostic use for health care professionals. Exercise the normal precautions required for handling all laboratory reagents.

Infectious or microbial waste:
Warning: handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Environmental hazards:
Apply all relevant local disposal regulations to determine the safe disposal.

Safety data sheet available for professional user on request.

This kit contains components classified as follows in accordance with the Regulation (EC) No. 1272/2008:

Warning

H317	May cause an allergic skin reaction.
Prevention:	
P261	Avoid breathing mist or vapours.
P272	Contaminated work clothing should not be allowed out of the workplace.
P280	Wear protective gloves.
Response:	
P333 + P313	If skin irritation or rash occurs: Get medical advice/attention.

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P362 + P364 Take off contaminated clothing and wash it before reuse.

Disposal:

P501 Dispose of contents/container to an approved waste disposal plant.

Product safety labeling follows EU GHS guidance.

Contact phone: all countries: +49-621-7590

Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).

Reagent handling

The reagents in the kit have been assembled into a ready-for-use unit that cannot be separated.

All information required for correct operation is read in from the respective reagent barcodes.

Storage and stability

Store at 2-8 °C.

Do not freeze.

Store the Elecsys reagent kit **upright** in order to ensure complete availability of the microparticles during automatic mixing prior to use.

Stability:	
unopened at 2-8 °C	up to the stated expiration date
after opening at 2-8 °C	8 weeks
on **cobas e** 601 and **cobas e** 602	6 weeks
on **cobas e** 411	8 weeks

Specimen collection and preparation

Only the specimens listed below were tested and found acceptable.

Serum collected using standard sampling tubes or tubes containing separating gel.

Li-heparin, K_2-EDTA and K_3-EDTA plasma.

Do not use sodium citrate plasma.

Criterion: Slope 0.9-1.1 + coefficient of correlation ≥ 0.95.

Stable for 14 days at 2-8 °C, 5 days at 20-25 °C, 3 months at -20 °C (± 5 °C). Freeze only once.

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Centrifuge samples containing precipitates before performing the assay.

Do not use heat-inactivated samples.

Do not use samples and controls stabilized with azide.

Ensure the samples, calibrators and controls are at 20-25 °C prior to measurement.

Due to possible evaporation effects, samples, calibrators and controls on the analyzers should be analyzed/measured within 2 hours.

Materials provided

See "Reagents – working solutions" section for reagents.

Materials required (but not provided)

- REF 11776215122, CA 19-9 CalSet, for 4 x 1.0 mL
- REF 11776452122, PreciControl Tumor Marker, for 4 x 3.0 mL
- REF 11732277122, Diluent Universal, 2 x 16 mL sample diluent or REF 03183971122, Diluent Universal, 2 x 36 mL sample diluent
- General laboratory equipment
- **cobas e** analyzer

Additional materials for the **cobas e** 411 analyzer:

- REF 11662988122, ProCell, 6 x 380 mL system buffer
- REF 11662970122, CleanCell, 6 x 380 mL measuring cell cleaning solution
- REF 11930346122, Elecsys SysWash, 1 x 500 mL washwater additive
- REF 11933159001, Adapter for SysClean
- REF 11706802001, AssayCup, 60 x 60 reaction cups
- REF 11706799001, AssayTip, 30 x 120 pipette tips
- REF 11800507001, Clean-Liner

Additional materials for **cobas e** 601 and **cobas e** 602 analyzers:

- REF 04880340190, ProCell M, 2 x 2 L system buffer
- REF 04880293190, CleanCell M, 2 x 2 L measuring cell cleaning solution
- REF 03023141001, PC/CC-Cups, 12 cups to prewarm ProCell M and CleanCell M before use
- REF 03005712190, ProbeWash M, 12 x 70 mL cleaning solution for run finalization and rinsing during reagent change
- REF 12102137001, AssayTip/AssayCup, 48 magazines x 84 reaction cups or pipette tips, waste bags
- REF 03023150001, WasteLiner, waste bags
- REF 03027651001, SysClean Adapter M

Additional materials for all analyzers:

- REF 11298500316, ISE Cleaning Solution/Elecsys SysClean, 5 x 100 mL system cleaning solution

Assay

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

Resuspension of the microparticles takes place automatically prior to use. Read in the test-specific parameters via the reagent barcode. If in exceptional cases the barcode cannot be read, enter the 15-digit sequence of numbers.

Bring the cooled reagents to approximately 20 °C and place on the reagent disk (20 °C) of the analyzer. Avoid foam formation. The system automatically regulates the temperature of the reagents and the opening/closing of the bottles.

Calibration

Traceability: This method has been standardized against the Enzymun-Test CA 19-9 method.

Every Elecsys reagent set has a barcoded label containing specific information for calibration of the particular reagent lot. The predefined master curve is adapted to the analyzer using the relevant CalSet.

Calibration frequency: Calibration must be performed once per reagent lot using fresh reagent (i.e. not more than 24 hours since the reagent kit was registered on the analyzer).

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Renewed calibration is recommended as follows:

- after 12 weeks when using the same reagent lot
- after 7 days (when using the same reagent kit on the analyzer)
- as required: e.g. quality control findings outside the defined limits

Quality control

Use PreciControl Tumor Marker or other suitable controls for routine quality control procedures.

Controls for the various concentration ranges should be run individually at least once every 24 hours when the test is in use, once per reagent kit, and following each calibration.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

If necessary, repeat the measurement of the samples concerned.

Follow the applicable government regulations and local guidelines for quality control.

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Calculation

The analyzer automatically calculates the analyte concentration of each sample (either in U/mL or kU/L).

Limitations - interference

The assay is unaffected by icterus (bilirubin < 1129 µmol/L or < 66 mg/dL), hemolysis (Hb < 1.4 mmol/L or < 2.2 g/dL), lipemia (Intralipid < 1500 mg/dL) and biotin (< 100 ng/mL or < 409 nmol/L).

Criterion: Recovery within ± 15 % of initial value.

Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration.

No interference was observed from rheumatoid factors up to a concentration of 1500 IU/mL.

There is no high-dose hook effect at CA 19-9 concentrations up to 500000 U/mL.

In vitro tests were performed on 27 commonly used pharmaceuticals. No interference with the assay was found.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur. These effects are minimized by suitable test design.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Limits and ranges

Measuring range

0.600-1000 U/mL (defined by the lower detection limit and the maximum of the master curve). Values below the detection limit are reported as < 0.600 U/mL. Values above the measuring range are reported as > 1000 U/mL (or up to 10000 U/mL for 10-fold diluted samples).

Lower limits of measurement

Lower detection limit of the test

Lower detection limit: < 0.60 U/mL

The Lower Detection Limit represents the lowest measurable analyte level that can be distinguished from zero. It is calculated as the value lying two standard deviations above that of the lowest standard (master calibrator, standard 1 + 2 SD, repeatability study, n = 21).

Dilution

Samples with CA 19-9 concentrations above the measuring range can be diluted with Diluent Universal. The recommended dilution is 1:10 (either automatically by the analyzers, or manually). The concentration of the diluted sample must be > 50 U/mL.

After manual dilution, multiply the result by the dilution factor.

After dilution by the analyzers, the software automatically takes the dilution into account when calculating the sample concentration.

Note: The CA 19-9 antigen tends to aggregate.[20] This may lead to non-linear dilution behaviour in certain individual samples.

Expected values

In samples from 381 healthy test subjects (n = 187) and blood donors (n = 194), the following values were obtained:

27 U/mL (95th percentile)

34 U/mL (97.5th percentile)

39 U/mL (99th percentile)

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

Specific performance data

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

Precision

Precision was determined using Elecsys reagents, pooled human sera, and controls in a modified protocol (EP5-A) of the CLSI (Clinical and Laboratory Standards Institute): 6 times daily for 10 days (n = 60); repeatability on MODULAR ANALYTICS E170 analyzer, n = 21. The following results were obtained:

cobas e 411 analyzer					
		Repeatability		**Intermediate precision**	
Sample	Mean U/mL	SD U/mL	CV %	SD U/mL	CV %
Human serum 1	11.1	0.40	3.6	0.45	4.1
Human serum 2	46.6	1.52	3.3	1.75	3.8
Human serum 3	185	5.31	2.9	5.42	2.9
PreciControl TM[b)]1	19.2	0.85	4.4	0.93	4.8
PreciControl TM2	60.6	1.75	2.9	2.28	3.8

b) TM = Tumor Marker

cobas e 601 and **cobas e** 602 analyzers						
	Repeatability			**Intermediate precision**		
Sample	Mean U/mL	SD U/mL	CV %	Mean U/mL	SD U/mL	CV %
Human serum 1	5.20	0.10	1.9	5.57	0.45	8.0
Human serum 2	30.2	0.47	1.6	30.6	0.72	2.3
Human serum 3	379	9.27	2.5	371	10.0	2.7
PreciControl TM1	21.1	0.34	1.6	21.4	0.56	2.6
PreciControl TM2	76.6	0.89	1.2	76.3	1.42	1.9

Method comparison

A comparison of the Elecsys CA 19-9 assay (y) with the Enzymun-Test CA 19-9 method (x) using clinical samples gave the following correlations:

Number of samples measured: 78

Passing/Bablok[21]	Linear regression
y = 0.99x + 0.87	y = 0.99x + 2.68
τ = 0.766	r = 0.944

The sample concentrations were between 4.5 and 216 U/mL.

Analytical specificity

The Elecsys CA 19-9 tumor marker assay is based on the monoclonal 1116-NS-19-9 antibody which is only available from Fujirebio Diagnostics, its licensees and its representatives. The performance characteristics of testing procedures using this antibody cannot be assumed for testing methods using other antibodies.

References

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For further information, please refer to the appropriate user guide or operator's manual for the analyzer concerned, the respective application sheets and the Method Sheets of all necessary components (if available in your country).

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

FUJIREBIO Diagnostics, Inc.

CA 19-9 is a registered trademark of Fujirebio Diagnostics, Inc.

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

The Summary of Safety & Performance Report can be found here: https://ec.europa.eu/tools/eudamed

Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see navifyportal.roche.com for definition of symbols used):

CONTENT	Contents of kit
SYSTEM	Analyzers/Instruments on which reagents can be used
REAGENT	Reagent
CALIBRATOR	Calibrator
→	Volume for reconstitution
GTIN	Global Trade Item Number
Rx only	For USA: Caution: Federal law restricts this device to sale by or on the order of a physician.

CE 0123

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