Elecsys β-Amyloid (1-42) CSF II

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REF		Σ	SYSTEM
			cobas e 411
08821909160	08821909501	60	**cobas e** 601
			cobas e 602

English

For use in the USA only

System information

For **cobas e** 411 analyzer: test number 1790

For **cobas e** 601 and **cobas e** 602 analyzers: Application Code Number: 15

Caution

The Elecsys β-Amyloid (1-42) CSF II assay is not intended to be used as a stand-alone test. It should only be used with the Elecsys Phospho-Tau (181P) CSF assay to calculate the ratio of phosphorylated Tau (181P) (pTau181) to β-Amyloid (1-42) (Abeta42) in CSF (pTau181/Abeta42 ratio) or with the Elecsys Total-Tau CSF assay to calculate the ratio of total Tau (tTau) to β-Amyloid (1-42) in CSF (tTau/Abeta42 ratio). Use of another manufacturer's Abeta42 CSF assay may result in significantly different pTau181/Abeta42 or tTau/Abeta42 ratio results because the measured Abeta42 value in a given sample, determined with assays from different manufacturers, can vary due to differences in assay methods and reagent. Values determined from samples by different assay methods and on different **cobas e** platforms cannot be used interchangeably.

The performance of the test for African-American, Asian, and other races had high uncertainty due to the limited number of patients studied.

The ratios can only be used with the Elecsys Phospho-Tau (181P) CSF, Elecsys Total-Tau CSF, and Elecsys β-Amyloid (1-42) CSF II assay values generated from the **cobas e** immunoassay analyzers.

Due to the sticky properties of the Abeta42 peptide to the test tube, the cutoff for the pTau181/Abeta42 or tTau/Abeta42 ratios (calculated based on results of the Elecsys Phospho-Tau (181P) CSF, Elecsys Total-Tau CSF, and the Elecsys β-Amyloid (1-42) CSF II assays) provided in this document is only valid if the below described pre-analytical sampling handling procedure (described in the "Specimen collection and preparation" section) is strictly followed.

A positive pTau181/Abeta42 or tTau/Abeta42 ratio result in CSF does not establish a diagnosis of Alzheimer's disease (AD) and should always be interpreted in conjunction with clinical information.

Intended use #1: pTau181/Abeta42 ratio for amyloid PET concordance

Elecsys β-Amyloid (1-42) CSF II and Elecsys Phospho-Tau (181P) CSF are in vitro electrochemiluminescence immunoassays for the measurement of the β-Amyloid (1-42) (Abeta42) and Phospho-Tau (181P) (pTau181) protein concentrations in cerebrospinal fluid (CSF) from adult patients aged 55 years and older being evaluated for Alzheimer's disease (AD) and other causes of cognitive impairment to generate a pTau181/Abeta42 ratio value.

A negative result, defined as pTau181/Abeta42 ratio value below cutoff or an Abeta42 value above the measuring range, is consistent with a negative amyloid positron emission tomography (PET) scan result. A negative result reduces the likelihood that a patient's cognitive impairment is due to AD. A positive result, defined as pTau181/Abeta42 ratio value above cutoff, is consistent with a positive amyloid PET scan result. A positive result does not establish a diagnosis of AD or other cognitive disorder. The pTau181/Abeta42 ratio result is used as an adjunct to other clinical diagnostic evaluations.

Limitations of use

The performance of the pTau181/Abeta42 ratio has not been established for:

- Predicting development of dementia or other neurologic conditions
- Monitoring responses to therapies

Intended use #2: tTau/Abeta42 ratio for amyloid PET concordance

Elecsys β-Amyloid (1-42) CSF II and Elecsys Total-Tau CSF are in vitro electrochemiluminescence immunoassays for the measurement of the β-Amyloid (1-42) (Abeta42) and Total-Tau (tTau) protein concentrations in cerebrospinal fluid (CSF) from adult patients aged 55 years and older being evaluated for Alzheimer's disease (AD) and other causes of cognitive impairment to generate a tTau/Abeta42 ratio value.

A negative result, defined as tTau/Abeta42 ratio value below cutoff or an Abeta42 value above the measuring range, is consistent with a negative amyloid positron emission tomography (PET) scan result. A negative result reduces the likelihood that a patient's cognitive impairment is due to AD. A positive result, defined as tTau/Abeta42 ratio value above cutoff, is consistent with a positive amyloid PET scan result. A positive result does not establish a diagnosis of AD or other cognitive disorder. The tTau/Abeta42 ratio result is used as an adjunct to other clinical diagnostic evaluations.

Limitations of use

The performance of the tTau/Abeta42 ratio has not been established for:

- Predicting development of dementia or other neurologic conditions
- Monitoring responses to therapies

Summary

The Elecsys β-Amyloid (1-42) CSF II assay is designed to quantify the concentration of Abeta42 in CSF. The Abeta42 peptide is a small, 4 kDa protein of about 40 amino acids that is formed following proteolytic cleavage of a transmembrane protein known as amyloid precursor protein (APP). Cleavage of APP occurs via 2 events: cleavage by β-secretase within the extracellular domain and cleavage by γ-secretase in the transmembrane region. Due to its hydrophobic nature, the Abeta42 peptide has the propensity to form aggregates and oligomers. Oligomers of higher order form fibrils that accumulate into β-Amyloid plaques.[1]

Clinical relevance of Abeta42:

Abeta42 peptide deposition in the brain is considered as one of the two hallmarks of AD, besides neurofibrillary tangles. It can be detected by several methods: (a) histopathological staining of Abeta42 deposits in post mortem brain tissue; (b) use of radiolabeled tracers that bind to β-Amyloid deposits in the brain and can then be detected in vivo using amyloid PET scan; (c) measuring the Abeta42 level in CSF because lower titers in CSF are believed to reflect accumulation of this molecule in the brain.[2,3] Pathological changes in the β-Amyloid metabolism are the earliest alterations during AD development known so far that can be utilized diagnostically. They are reflected by the decrease in the CSF concentration of Abeta42 as well as by the increase in the brain uptake of the specific tracers on the amyloid PET.[4] Current clinical diagnostic criteria for AD require a patient to have dementia before a diagnosis of AD can be made, and are largely based on the exclusion of other disorders. No clinical method is available for identifying prodromal AD in patients with mild cognitive impairment (MCI), as such individuals have only mild disturbances in episodic memory.[5]

Numerous studies show that while Abeta42 levels in CSF decrease to around half the level in controls, pTau181 levels in CSF increase around 2-3 fold in mild to moderate AD patients compared to age-matched controls.[6,7] The Abeta42, tTau and pTau181 levels in CSF are also associated with a faster progression in individuals with very mild dementia of the Alzheimer type (DAT).[8] The pTau181 biomarker in CSF has the highest power when used in combination with Abeta42 in CSF for detecting the likely progression of subjects with MCI to AD.[9]

CSF tTau levels increase around 2-3 fold in mild-moderate AD patients compared to age-matched controls.[6,7] CSF tTau has been shown to reflect the intensity of the neuronal and axonal damage and degeneration. High CSF tTau is also associated with a faster progression from MCI to AD.[10]

CSF tTau biomarker might be useful in detecting the likely progression of MCI to AD[11] and has most power when used in combination with CSF β-Amyloid (1-42).

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The use of AD biomarkers has been included in the new consensus research diagnostic criteria for AD, MCI, and preclinical AD, proposed by the National Institute on Aging (NIA) and the Alzheimer's Association. These new criteria take into account that AD dementia is part of a continuum of clinical and biological phenomena.[12,13] The new International Working Group 2 (IWG2) criteria recommend the use of either CSF biomarker or amyloid PET imaging for evaluation of AD patients.[14] In Europe, the Committee for Medicinal Products for Human Use (CHMP) published a number of positive opinions on the use of biomarkers in the context of AD for enrichment of clinical trials in pre-dementia and mild to moderate AD.[15,16]

Test principle

Sandwich principle. Total duration of assay: 18 minutes.

- 1st incubation: 50 µL of sample, a biotinylated monoclonal β-amyloid (1-42)-specific antibody and a monoclonal β-amyloid (1-42)-specific antibody labeled with a ruthenium complex[a)] react to 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 AB42 2.

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

R1 Anti-β-amyloid (1-42)-Ab~biotin (gray cap), 1 bottle, 6.5 mL: Biotinylated monoclonal anti-β-amyloid (1-42) antibody (mouse) 2.0 mg/L; phosphate buffer approximately 100 mmol/L, pH 7.2; preservative.

R2 Anti-β-amyloid (1-42)-Ab~$Ru(bpy)_3^{2+}$ (black cap), 1 bottle, 6.5 mL: Monoclonal anti-β-amyloid antibody (mouse) labeled with ruthenium complex 1.75 mg/L; phosphate buffer approximately 100 mmol/L, pH 7.2; 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.

For USA: Caution: Federal law restricts this device to sale by or on the order of a physician.

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.

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: 1-800-428-2336

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 the analyzers	28 days
open rackpack on the analyzers	25 hours

Specimen collection and preparation

Only the specimen listed below is acceptable for use with this assay.

Please follow the steps listed below for CSF sample collection and measurement.

The technical notes are an essential part of the instructions and must be read thoroughly before completing each step.

Steps	Technical notes
1. **Perform lumbar puncture (LP)** using gravity drip collection method.	Avoid the use of syringes or tubings. Perform LP before noon.
2. **Do not use the first 2 mL of CSF for Elecsys AD Biomarker measurement.**	None
3. **Subsequently collect at least 2.5 mL of CSF directly into the** CSF tube REF 63.614.625 (Sarstedt) for AD biomarker measurements (Note: 2.5 mL filling volume corresponds to filling up to the mark on the tube).	Each sample should be visually inspected for hemolysis. Do not use CSF samples which appear reddish for measurement of Elecsys AD biomarkers. Instead, collect additional clear (non-hemolytic) CSF in a new CSF tube. Collection of CSF for other purposes can follow thereafter, if required.

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Steps	Technical notes
4. Do not process the CSF sample before transport to the measuring site (i.e. no inverting, no tube transfers, no aliquoting and normally no centrifugation) until measurement.	It is strongly recommended that the sample be kept at 2-8 °C or -15 to -25 °C during transport and storage up to the time of measurement. Samples can be stored at -15 to -25 °C for up to 8 weeks or 2-8 °C for up to 14 days. If transport and storage at -15 to -25 °C or 2-8 °C is not feasible, the sample can be transported/stored at room temperature (15-25 °C). If this is the case, measurement is to be performed within 5 days after sample draw. Note that samples cannot be frozen at -80 °C.
5. For samples stored at -15 to -25 °C, thaw samples for 30 minutes at room temperature on a roller mixer.	Only one freeze/thaw is acceptable.
6. Measurement on the **cobas e** systems: Directly place the CSF sample tube on the analyzer for measurement. To prevent evaporation, only open the sample tube immediately before measurement.	

Stability of CSF samples: Stable for 8 weeks at -15 to -25 °C (one freeze/thaw cycle), 14 days at 2-8 °C and 5 days at 15-25 °C.

Do not use CSF samples that show impurities with hemolyzed blood and are visibly colored red.

Centrifuge samples containing precipitates before performing the assay.

Ensure the 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.

Please always keep calibrators, controls, and samples capped if not in use.

Sample stability claims were established by experimental data by the manufacturer or based on reference literature and only for the temperatures/time frames as stated in the method sheet. It is the responsibility of the individual laboratory to use all available references and/or its own studies to determine specific stability criteria for its laboratory.

Materials provided

See "Reagents – working solutions" section for reagents.

Materials required (but not provided)

- REF 08821976190, CalSet β-Amyloid (1-42) II, for 4 x 1.0 mL
- REF 08821968190, PreciControl β-Amyloid (1-42) II, for 6 x 1.0 mL
- REF 63.614.625, 2.5 mL Low bind False bottom tube, Sarstedt (for CSF collection)
- General laboratory equipment
- **cobas e** analyzer

Additional materials for **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 03004899190, PreClean M, 5 x 600 mL detection cleaning solution
- 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 11298500160, 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.

cobas e 601 **and cobas e** 602 analyzers: PreClean M solution is necessary.

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 assay has been standardized against the 3 certified reference materials (CRMs), ERM®-DA480/IFCC, ERM®-DA481/IFCC and ERM®-DA482/IFCC.

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 4 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

For quality control, use PreciControl β-Amyloid (1-42) II.

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.

Special care needs to be taken to ensure that the accuracy and precision of the testing stays within acceptable limits. Besides meeting the PreciControl β-Amyloid (1-42) II target ranges provided, the user needs to ensure that the systematic bias with respect to the assigned target value is within ± 10 %, the intermediate precision CV is ≤ 10 % and the maximal total error is within ± 26.5 % (TE = |bias| + 1.65*CV). It is recommended to use quality control rule software.

For those users who are not familiar with the special QC setup and application, detailed information is available in the brochure "**Implementation Guidance of Statistical Quality Control Rules for Quantitative Assays**," which is available via dialog.roche.com. This brochure explains e.g. how to check if the maximal total error is within the allowed range based on the local QC results, besides other useful information.

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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.

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

If necessary, repeat the measurement of the samples concerned.

Calculation

The analyzer automatically calculates the analyte concentration of each sample in pg/mL.

Expected values

Reference ranges were defined based on the first-generation Elecsys β-Amyloid (1-42) CSF, Elecsys Phospho-Tau (181P) CSF and Elecsys Total-Tau assay results from 115 (46 male and 69 female) cognitively normal healthy controls aged 66 to 75 years (mean = 71.5 years) with a Mini-Mental State Exam (MMSE) score ≥ 29 previously measured in the Swedish BioFINDER1 study.[17] For each CSF sample, the levels of Abeta42, pTau181, and tTau were determined in parallel on the **cobas e** 601 analyzer. As detailed in the **Clinical performance (item iv)** section, a conversion factor (0.9368) was determined and applied to the Abeta42 values to account for bias in measurement results observed for the second-generation Elecsys β-Amyloid (1-42) CSF II assay, which is due to re-standardization to a certified reference material and adoption of a routine-use protocol for CSF collection and storage as described in the **Specimen collection and preparation** section. The median, 2.5th, 5th, 95th, and 97.5th percentile of Abeta42 and the ratios of pTau181/Abeta42 and tTau/Abeta42 for the reference population are calculated and shown in the table below. Note that approximately 5 % of the subjects had Abeta42 values above Upper Limit of Quantification (ULoQ) (2500 pg/mL).

	2.5th Pctl[b)]	5th Pctl	Median	95th Pctl	97.5th Pctl
Abeta42 [pg/mL]	514.1	564.2	1296.0	> 2500.0[c)]	> 2500.0[c)]
pTau181/Abeta42	0.007	0.008	0.012	0.039	0.047
tTau/Abeta42	0.09	0.09	0.14	0.41	0.50
Age 66-70 years (N = 43)					
Abeta42 [pg/mL]	536.3	583.2	1446.0	> 2500.0[c)]	> 2500.0[c)]
pTau181/Abeta42	0.006	0.007	0.010	0.026	0.035
tTau/Abeta42	0.08	0.09	0.12	0.30	0.40
Age 71-75 years (N = 72)					
Abeta42 [pg/mL]	480.1	530.0	1203.5	2292.6	> 2500.0[c)]
pTau181/Abeta42	0.008	0.009	0.014	0.043	0.052
tTau/Abeta42	0.09	0.11	0.17	0.45	0.54

b) Pctl = percentile

c) Indicates values were above the measuring range of the Elecsys β-Amyloid (1-42) CSF II assay

In this cognitively normal reference population, 81 % were below and 19 % were above the pTau181/Abeta42 cutoff indicative of a negative or positive amyloid PET scan in combination with cognitive impairment (see section below). Similarly, 83 % were below and 17 % were above the tTau/Abeta42 cutoff. The medians for Abeta42 and the ratios for pTau181/Abeta42 and tTau/Abeta42 did not differ significantly by gender. A slight trend of decreasing Abeta42 and increasing pTau181/Abeta42 and tTau/Abeta42 ratio levels was observed with age, especially over the age of 70 years.

A prospective study was conducted to verify the reference ranges (intervals between the calculated 2.5 % and 97.5 % distributions quantiles) using the final Elecsys CSF assays. Measurements were performed in prospectively collected fresh CSF samples (prepared according to the pre-analytical protocol for routine-use) obtained from 20 cognitively normal healthy donors aged 60 to 73 years with a Montreal Cognitive Assessment (MoCA) (this is a cognitive screening test)[18] score ≥ 25 enrolled in the Emory Healthy Brain Study (EHBS).

For Abeta42 and for the ratio of tTau/Abeta42, all 20 samples fell within the range and for the ratio pTau181/Abeta42, 19 of the 20 samples fell within the range established with BioFINDER1. Since less than two results fell outside the reference range established in the BioFINDER1 cohort, the expected values are successfully verified in the EHBS cohort.

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

Interpretation Elecsys Phospho-Tau (181P) CSF/Elecsys β-Amyloid (1-42) CSF II ratio results

Results of the Elecsys β-Amyloid (1-42) CSF II and Elecsys Phospho-Tau (181P) CSF assays are reported separately by the instrument. The ratio of pTau181/Abeta42 must be calculated by the operator because the instrument does not report the final result. The final result (negative or positive) must be interpreted by the laboratory professional according to the table below:

pTau181p/Abeta42[d)]	**Interpretation**
≤ 0.023	A negative result consistent with a negative amyloid PET scan result.
> 0.023	A positive result consistent with a positive amyloid PET scan result.
Invalid result for either Elecsys Phospho-Tau (181P) CSF or Elecsys β-Amyloid (1-42) CSF II	Not reportable
Invalid results for both Elecsys Phospho-Tau (181P) CSF and Elecsys β-Amyloid (1-42) CSF II	Not reportable

d) The ratio should be rounded to 4 decimal places before comparing against 0.023. If the concentrations of the analytes are outside the measuring range, the following rules apply: In cases Abeta42 < 150 pg/mL, pTau181 < 8.0 pg/mL, pTau181 > 120 pg/mL, the value should be set to the respective limit of the measuring range and the ratio should be calculated. If the Abeta42 value is > 2500 pg/mL, the result is consistent with a negative amyloid PET scan result.

Interpretation of Elecsys Total-Tau CSF/Elecsys β-Amyloid (1-42) CSF II ratio results

Results of the Elecsys β-Amyloid (1-42) CSF II and Elecsys Total-Tau CSF assays are reported separately by the instrument. The ratio of tTau/Abeta42 must be calculated by the operator because the instrument does not report the final result. The final result (negative or positive) must be interpreted by the laboratory professional according to the table below:

tTau/Abeta42[e)]	**Interpretation**
≤ 0.28	A negative result consistent with a negative amyloid PET scan result.
> 0.28	A positive result consistent with a positive amyloid PET scan result.
Invalid result for either Elecsys Total-Tau CSF or Elecsys β-Amyloid (1-42) CSF II	Not reportable
Invalid results for both Elecsys Total-Tau CSF and Elecsys β-Amyloid (1-42) CSF II	Not reportable

e) The ratio should be rounded to 3 decimal places before comparing against 0.28. If the concentrations of the analytes are outside the measuring range, the following rules apply: In cases Abeta42 < 150 pg/mL, tTau < 80 pg/mL, tTau > 1300 pg/mL, the value should be set to the respective limit of the measuring range and the ratio should be calculated. If the Abeta42 value is > 2500 pg/mL, the result is consistent with a negative amyloid PET scan result.

Specimens that fail to meet the run validity criteria yield 'Invalid Result' outcomes. Specimens with 'Invalid Result' results for each assay may be retested. The retest result should then be used to calculate the ratio to obtain a negative or positive result. The qualitative results for the retested samples are re-interpreted according to the above table.

Performance characteristics

Measuring range

150-2500 pg/mL (defined by the Limit of Quantitation and the maximum of the master curve). Values below the Limit of Quantitation are reported as < 150 pg/mL. Values above the measuring range are reported as > 2500 pg/mL.

The numerical value of ratio pTau181/Abeta42 ranges from 0.003 (8/2500) to 0.800 (120/150). The numerical value of ratio tTau/Abeta42 ranges from 0.032 (80/2500) to 8.667 (1300/150).

Lower limits of measurement

Limit of Blank, Limit of Detection and Limit of Quantitation

Limit of Blank = 50 pg/mL

Limit of Detection = 100 pg/mL

Limit of Quantitation = 150 pg/mL

The Limit of Blank, Limit of Detection and Limit of Quantitation were determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP17-A2 requirements.

The Limit of Blank is the 95th percentile value from n ≥ 60 measurements of analyte-free samples over several independent series. The Limit of Blank corresponds to the concentration below which analyte-free samples are found with a probability of 95 %.

The Limit of Detection is determined based on the Limit of Blank and the standard deviation of low concentration samples. The Limit of Detection corresponds to the lowest analyte concentration which can be detected (value above the Limit of Blank with a probability of 95 %).

The Limit of Quantitation is the lowest analyte concentration that can be reproducibly measured with an intermediate precision CV of ≤ 20.0 %.

Linearity

The linearity study for Elecsys β-Amyloid (1-42) CSF II was assessed on the **cobas e** 601 analyzer; 3 independent dilution series covering the measuring range were prepared from human CSF samples spiked with recombinant Abeta42. Linear regression was performed in accordance with CLSI EP06-Ed2. Regression statistics are based on the pooled results of 3 dilution experiments. All deviations from linearity were within ± 15 %.

Assay	Range [pg/mL]	Slope (95 % CI)	Intercept (95 % CI)	R^2
Elecsys β-Amyloid (1-42) CSF II	24.8 - 2572	0.917 (0.899, 0.934)	2.077 (-1.157, 5.311)	0.9976

High-dose hook effect

High-dose hook effect was evaluated using 2 spiked CSF samples with analyte concentrations ≥ 6000 pg/mL. Dilution series were measured with 3 lots on one **cobas e** 601 analyzer.

There is no high-dose hook effect at Abeta42 concentrations up to 6000 pg/mL.

Interference

The effect on quantitation of analyte in the presence of endogenous interfering substances was determined on the **cobas e** 601 analyzer using human CSF. For each interfering substance a total of 5 CSF sample pools (low, medium, high and within 20 % above or below the cutoff of pTau181/Abeta42 and tTau/Abeta42 ratios) were prepared and tested in N = 5 determinations. The mean value was used to calculate the relative (%) or absolute (pg/mL) deviation from the reference sample.

The effect of the following endogenous substances and pharmaceutical compounds on assay performance was tested. Interferences were tested up to the listed concentrations and no impact on results was observed.

Endogenous substances

Compound	Concentration tested
Bilirubin	0.9 mg/L
Hemoglobin	150 mg/L
Intralipid	300 mg/L
Biotin	≤ 4912 nmol/L or ≤ 1200 ng/mL
Rheumatoid factors	4 IU/mL[f)]
IgG	0.6 g/L
IgA	0.06 g/L
IgM	0.015 g/L
Human Serum Albumin	1.5 g/L

f) The data supports no interference up to 12 IU/mL. However, a conservative value is specified.

Criterion: Deviation within ± 48 pg/mL of initial value ≤ 480 pg/mL and within ± 10 % of initial value > 480 pg/mL. pTau181/Abeta42 ratio and tTau/Abeta42 ratio specification: Recovery within 82-122 %.

Biotin interference

This assay has no biotin interference in CSF concentrations up to 1200 ng/mL. Pharmacokinetic studies have shown that serum concentrations of biotin can reach up to 355 ng/mL within the first hour after biotin ingestion for subjects consuming supplements of 20 mg biotin per day[19] and up to 1160 ng/mL for subjects after a single dose of 300 mg biotin.[20]

Pharmaceutical substances

The effect on quantitation of the Abeta42 analyte in the presence of exogenous interfering substances using the Elecsys β-Amyloid (1-42) CSF II assay was determined on the **cobas e** 601 analyzer. Pharmaceuticals were tested by spiking into 5 CSF samples (low, medium, high and within 20 % above or below the cutoff of pTau181/Abeta42 and tTau/Abeta42 ratios). Each sample was tested in N = 5 determinations and the mean value was used to calculate the relative (%) or absolute (pg/mL) deviation from the reference sample.

In vitro tests were performed on 17 commonly used pharmaceuticals. No interference with the assay was found.

Commonly used pharmaceuticals

Pharmaceutical	Concentration tested [mg/L]
Acetaminophen	156
Acetylcysteine	150
Acetylsalicylic acid	30
Ampicillin-Na	75
Ascorbic acid	52.5
Cefoxitin	750
Cyclosporine	1.8
Doxycycline	18
Heparin	1100 IU/L
Ibuprofen	219
Itraconazole	0.06
Levodopa	7.5
Methyldopa	22.5
Metronidazole	123
Phenylbutazone	107
Rifampicin	48
Theophylline	60

Criterion: Deviation within ± 48 pg/mL of initial value ≤ 480 pg/mL and recovery within 100 ± 10 % of initial value > 480 pg/mL. pTau181/Abeta42 ratio and tTau/Abeta42 ratio specification: Recovery within 82-122 %.

In addition, the following 14 special drugs were tested. No interference with the assay was found.

Special drugs

Drug	Concentration tested [mg/L]
Atorvastatin	0.75
Digoxin	0.04
Donepezil	30
Escitalopram	0.19
Esomeprazole	6.9
Furosemide	15.9
Galantamine	250

Elecsys β-Amyloid (1-42) CSF II

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Drug	Concentration tested [mg/L]
Hydrochlorothiazide	1.13
Lisinopril	0.246
Memantine	0.117
Metformin	12
Metoprolol	1.5
Rivastigmine	45
Simvastatin	1.68

Criterion: Deviation within ± 48 pg/mL of initial value ≤ 480 pg/mL and recovery within 100 ± 10 % of initial value > 480 pg/mL. pTau181/Abeta42 ratio and tTau/Abeta42 ratio specification: Recovery within 82-122 %.

Drug interferences are measured based on recommendations given in CLSI guidelines EP07 and EP37 and other published literature. Effects of concentrations exceeding these recommendations have not been characterized.

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.

Precision

Precision was determined using Elecsys reagents, CSF samples (Abeta42 only, pTau181/Abeta42 ratio samples and tTau/Abeta42 ratio samples) and controls in a protocol (EP05-A3) of the CLSI: 2 runs per day in duplicate each for 21 days (n = 84). The following results were obtained:

Elecsys β-Amyloid (1-42) CSF II precision data

cobas e 601 analyzer					
		Within-run		Between-run	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**	**SD [pg/mL]**	**CV [%]**
CSF 1	302	3.3	1.1	3.0	1.0
CSF 2	793	7.9	1.0	9.6	1.2
CSF 3	1027	11.5	1.1	13.6	1.3
CSF 4	1305	14.7	1.1	18.5	1.4
CSF 5	1243	15.3	1.2	17.7	1.4
CSF 6	2374	40.3	1.7	23.2	1.0
CSF 7	2317	52.4	2.3	30.7	1.3
PC[g)] β-Amyloid (1-42) II Level 1	515	3.9	0.8	7.0	1.4
PC β-Amyloid (1-42) II Level 2	1767	29.9	1.7	29.5	1.7

g) PC = PreciControl

Elecsys β-Amyloid (1-42) CSF II precision data, continued

cobas e 601 analyzer					
		Between-day		Within laboratory	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**	**SD [pg/mL]**	**CV [%]**
CSF 1	302	3.5	1.2	5.7	1.9
CSF 2	793	12.9	1.6	17.9	2.3
CSF 3	1027	14.7	1.4	23.1	2.2
CSF 4	1305	26.8	2.1	35.7	2.7
CSF 5	1243	16.3	1.3	28.5	2.3
CSF 6	2374	53.3	2.2	70.7	3.0
CSF 7	2317	32.9	1.4	69.0	3.0
PC β-Amyloid (1-42) II Level 1	515	9.2	1.8	12.2	2.4
PC β-Amyloid (1-42) II Level 2	1767	40.4	2.3	58.3	3.3

pTau181/Abeta42 ratio precision data

cobas e 601 analyzer					
		Within-run		Between-run	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.021	0.0005	2.3	0.0003	1.5
Ratio Sample 2	0.028	0.0006	2.0	0.0006	2.1
Ratio Sample 3	0.038	0.0006	1.6	0.0004	1.0
Ratio Sample 4	0.041	0.0008	2.0	0.0004	0.9
Ratio Sample 5	0.054	0.0009	1.6	0.0008	1.4

pTau181/Abeta42 ratio precision data, continued

cobas e 601 analyzer					
		Between-day		Within laboratory	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.021	0.0005	2.6	0.0008	3.8
Ratio Sample 2	0.028	0.0003	1.1	0.0009	3.1
Ratio Sample 3	0.038	0.0008	2.1	0.0010	2.8
Ratio Sample 4	0.041	0.0008	1.8	0.0010	2.8
Ratio Sample 5	0.054	0.0007	1.3	0.0010	2.5

tTau/Abeta42 ratio precision data

cobas e 601 analyzer					
		Within-run		Between-run	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.23	0.004	1.8	0.003	1.3
Ratio Sample 2	0.31	0.005	1.7	0.005	1.6
Ratio Sample 3	0.43	0.009	2.0	0.008	1.9
Ratio Sample 4	0.47	0.008	1.6	0.007	1.6
Ratio Sample 5	0.52	0.010	1.9	0.006	1.1

tTau/Abeta42 ratio precision data, continued

cobas e 601 analyzer					
		Between-day		Within laboratory	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.23	0.001	0.4	0.005	2.2

Elecsys β-Amyloid (1-42) CSF II

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cobas e 601 analyzer					
		Between-day		**Within laboratory**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 2	0.31	0.004	1.2	0.008	2.6
Ratio Sample 3	0.43	0.003	0.7	0.012	2.8
Ratio Sample 4	0.47	0.005	1.1	0.012	2.5
Ratio Sample 5	0.52	0.001	0.2	0.011	2.2

Precision was determined using Elecsys reagents, samples and controls in a protocol (EP05-A3) of the CLSI: each sample was measured 5 times on each of 5 days (N = 25). The following results were obtained on a **cobas e** 411 analyzer:

Elecsys β-Amyloid (1-42) CSF II precision data

cobas e 411 analyzer					
		Within-run		**Between-day**	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**	**SD [pg/mL]**	**CV [%]**
CSF 1	302	7.2	2.4	5.7	1.9
CSF 2	923	29.8	3.2	22.5	2.4
CSF 3	1084	38.9	3.6	30.6	2.8
CSF 4	1293	38.7	3.0	40.5	3.1
CSF 5	1523	41.7	2.7	0.0	0.0
CSF 6	2457	65.7	2.7	23.5	1.0
CSF 7	2170	83.1	3.8	28.0	1.3
PC β-Amyloid (1-42) II Level 1	621	10.6	1.7	0.0	0.0
PC β-Amyloid (1-42) II Level 2	2011	24.8	1.2	18.0	0.9

Elecsys β-Amyloid (1-42) CSF II precision data, continued

cobas e 411 analyzer			
		Within laboratory	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**
CSF 1	302	9.2	3.0
CSF 2	923	37.3	4.0
CSF 3	1084	49.5	4.6
CSF 4	1293	56.0	4.3
CSF 5	1523	41.7	2.7
CSF 6	2457	69.8	2.8
CSF 7	2170	87.7	4.0
PC[g)] β-Amyloid (1-42) II Level 1	621	10.6	1.7
PC β-Amyloid (1-42) II Level 2	2011	30.7	1.5

pTau181/Abeta42 ratio precision data

cobas e 411 analyzer					
		Within-run		**Between-day**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.021	0.0005	2.3	0.0008	3.6
Ratio Sample 2	0.024	0.001	4.7	0.001	6.0
Ratio Sample 3	0.036	0.0009	2.4	0.001	2.7
Ratio Sample 4	0.038	0.0006	1.6	0.0009	2.4
Ratio Sample 5	0.037	0.0008	2.1	0.0007	2.0

pTau181/Abeta42 ratio precision data, continued

cobas e 411 analyzer			
		Within laboratory	
Sample	**Mean**	**SD**	**CV [%]**
Ratio Sample 1	0.021	0.0009	4.3
Ratio Sample 2	0.024	0.002	7.6
Ratio Sample 3	0.036	0.001	3.6
Ratio Sample 4	0.038	0.001	2.9
Ratio Sample 5	0.037	0.001	2.8

tTau/Abeta42 ratio precision data

cobas e 411 analyzer					
		Within-run		**Between-day**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.31	0.007	2.1	0.0	0.0
Ratio Sample 2	0.25	0.004	1.8	0.002	0.7
Ratio Sample 3	0.46	0.008	1.8	0.0	0.0
Ratio Sample 4	0.49	0.008	1.7	0.0	0.0
Ratio Sample 5	0.46	0.008	1.7	0.0	0.0

tTau/Abeta42 ratio precision data, continued

cobas e 411 analyzer			
		Within laboratory	
Sample	**Mean**	**SD**	**CV [%]**
Ratio Sample 1	0.31	0.007	2.1
Ratio Sample 2	0.25	0.005	1.9
Ratio Sample 3	0.46	0.008	1.8
Ratio Sample 4	0.49	0.008	1.7
Ratio Sample 5	0.46	0.008	1.7

Lot-to-lot precision

Lot-to-lot precision was determined using a **cobas e** 601 analyzer, Elecsys reagents, CSF samples (Abeta42 only, pTau181/Abeta42 ratio samples and tTau/Abeta42 ratio samples) and controls in a protocol with the following experimental design: 3 lots of reagent at 1 site, 2 runs per day in triplicate each for 5 days (n = 90). The following results were obtained:

Elecsys β-Amyloid (1-42) CSF II

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Elecsys β-Amyloid (1-42) CSF II lot-to-lot precision data

cobas e 601 analyzer					
		Within-run		**Between-run**	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**	**SD [pg/mL]**	**CV [%]**
CSF 1	322	9.8	3.0	14.3	4.4
CSF 2	886	20.4	2.3	20.8	2.4
CSF 3	1042	19.0	1.8	15.5	1.5
CSF 4	1235	28.3	2.3	16.9	1.4
CSF 5	1447	27.3	1.9	26.5	1.8
CSF 6	2391	56.7	2.4	60.9	2.6
PC β-Amyloid (1-42) II Level 1	546	4.7	0.9	6.7	1.2
PC β-Amyloid (1-42) II Level 2	1892	19.8	1.1	31.6	1.7

Elecsys β-Amyloid (1-42) CSF II lot-to-lot precision data, continued

cobas e 601 analyzer					
		Between-day		**Between-lot**	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**	**SD [pg/mL]**	**CV [%]**
CSF 1	322	15.3	4.8	25.1	7.8
CSF 2	886	0.0	0.0	35.6	4.0
CSF 3	1042	18.8	1.8	33.8	3.2
CSF 4	1235	20.8	1.7	39.3	3.2
CSF 5	1447	21.7	1.5	36.8	2.5
CSF 6	2391	52.5	2.2	45.4	1.9
PC β-Amyloid (1-42) II Level 1	546	6.0	1.1	27.5	5.0
PC β-Amyloid (1-42) II Level 2	1892	0.0	0.0	55.1	2.9

Elecsys β-Amyloid (1-42) CSF II lot-to-lot precision data, continued

cobas e 601 analyzer			
		Total	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**
CSF 1	322	34.1	10.6
CSF 2	886	46.0	5.2
CSF 3	1042	45.8	4.4
CSF 4	1235	55.4	4.5
CSF 5	1447	57.2	4.0
CSF 6	2391	108	4.5
PC β-Amyloid (1-42) II Level 1	546	29.3	5.4
PC β-Amyloid (1-42) II Level 2	1892	66.5	3.5

pTau181/Abeta42 ratio lot-to-lot precision data

cobas e 601 analyzer					
		Within-run		**Between-run**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.021	0.0003	1.7	0.0003	1.5
Ratio Sample 2	0.024	0.0006	2.5	0.0001	0.6
Ratio Sample 3	0.036	0.0007	1.8	0.0006	1.6
Ratio Sample 4	0.039	0.0007	1.8	0.0	0.0
Ratio Sample 5	0.037	0.0007	1.8	0.0002	0.7

pTau181/Abeta42 ratio lot-to-lot precision data, continued

cobas e 601 analyzer					
		Between-day		**Between-lot**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.021	0.0003	1.6	0.0010	4.7
Ratio Sample 2	0.024	0.0	0.0	0.0010	4.2
Ratio Sample 3	0.036	0.0002	0.5	0.0019	5.4
Ratio Sample 4	0.039	0.0004	1.0	0.0016	4.2
Ratio Sample 5	0.037	0.0002	0.5	0.0013	3.4

pTau181/Abeta42 ratio lot-to-lot precision data, continued

cobas e 601 analyzer			
		Total	
Sample	**Mean**	**SD**	**CV [%]**
Ratio Sample 1	0.021	0.0011	5.4
Ratio Sample 2	0.024	0.0012	5.0
Ratio Sample 3	0.036	0.0021	5.9
Ratio Sample 4	0.039	0.0018	4.7
Ratio Sample 5	0.037	0.0015	3.9

tTau/Abeta42 ratio lot-to-lot precision data

cobas e 601 analyzer					
		Within-run		**Between-run**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.24	0.003	1.3	0.005	2.0
Ratio Sample 2	0.31	0.005	1.6	0.005	1.6
Ratio Sample 3	0.46	0.006	1.2	0.005	1.2
Ratio Sample 4	0.43	0.006	1.3	0.007	1.7
Ratio Sample 5	0.42	0.005	1.2	0.008	1.8

tTau/Abeta42 ratio lot-to-lot precision data, continued

cobas e 601 analyzer					
		Between-day		**Between-lot**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.24	0.002	1.0	0.014	6.0
Ratio Sample 2	0.31	0.0	0.0	0.020	6.5
Ratio Sample 3	0.46	0.004	1.0	0.037	7.9

Elecsys β-Amyloid (1-42) CSF II

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cobas e 601 analyzer					
		Between-day		**Between-lot**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 4	0.43	0.0	0.0	0.031	7.4
Ratio Sample 5	0.42	0.003	0.7	0.026	6.2

tTau/Abeta42 ratio lot-to-lot precision data, continued

cobas e 601 analyzer			
		Total	
Sample	**Mean**	**SD**	**CV [%]**
Ratio Sample 1	0.24	0.016	6.5
Ratio Sample 2	0.31	0.021	6.9
Ratio Sample 3	0.46	0.038	8.1
Ratio Sample 4	0.43	0.033	7.7
Ratio Sample 5	0.42	0.028	6.6

Site-to-site reproducibility

Reproducibility was determined with a panel of human CSF samples (Abeta42 only, pTau181/Abeta42 ratio samples and tTau/Abeta42 ratio samples) and 2 controls. Samples were measured in triplicate using 1 reagent lot, in 2 runs for 5 days (N = 90) at 3 sites according to CLSI EP05-A3. The following results were obtained:

Elecsys β-Amyloid (1-42) CSF II site-to-site reproducibility data

cobas e 601 analyzer					
		Within-run		**Between-run**	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**	**SD [pg/mL]**	**CV [%]**
CSF Level 1	397	3.9	1.0	5.8	1.5
CSF Level 2	856	7.9	0.9	15.7	1.8
CSF Level 3	1120	12.7	1.1	16.3	1.5
CSF Level 4	1291	14.5	1.1	27.4	2.1
CSF Level 5	1358	17.6	1.3	22.3	1.6
CSF Level 6	2231	39.2	1.8	70.2	3.2
CSF Level 7	2448	32.4	1.3	45.5	1.9
PC β-Amyloid (1-42) II Level 1	590	4.8	0.8	10.2	1.7
PC β-Amyloid (1-42) II Level 2	1751	18.3	1.0	34.0	1.9

Elecsys β-Amyloid (1-42) CSF II site-to-site reproducibility data, continued

cobas e 601 analyzer					
		Between-day		**Between-site**	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**	**SD [pg/mL]**	**CV [%]**
CSF Level 1	397	5.2	1.3	0.0	0.0
CSF Level 2	856	7.7	0.9	0.0	0.0
CSF Level 3	1120	4.8	0.4	0.0	0.0
CSF Level 4	1291	0.0	0.0	5.2	0.4
CSF Level 5	1358	0.0	0.0	0.0	0.0
CSF Level 6	2231	76.4	3.4	0.0	0.0
CSF Level 7	2448	20.3	0.8	15.4	0.6
PC β-Amyloid (1-42) II Level 1	590	10.6	1.8	10.2	1.7
PC β-Amyloid (1-42) II Level 2	1751	18.4	1.1	42.4	2.4

Elecsys β-Amyloid (1-42) CSF II site-to-site reproducibility data, continued

cobas e 601 analyzer			
		Total	
Sample	**Mean [pg/mL]**	**SD [pg/mL]**	**CV [%]**
CSF Level 1	397	8.7	2.2
CSF Level 2	856	19.2	2.2
CSF Level 3	1120	21.2	1.9
CSF Level 4	1291	31.4	2.4
CSF Level 5	1358	28.4	2.1
CSF Level 6	2231	111	5.0
CSF Level 7	2448	61.4	2.5
PC β-Amyloid (1-42) II Level 1	590	18.6	3.2
PC β-Amyloid (1-42) II Level 2	1751	60.2	3.4

pTau181/Abeta42 ratio site-to-site reproducibility data

cobas e 601 analyzer					
		Within-run		**Between-run**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.018	0.0005	2.9	0.0004	1.9
Ratio Sample 2	0.031	0.0009	2.9	0.0010	3.2
Ratio Sample 3	0.049	0.0009	1.8	0.0009	1.9
Ratio Sample 4	0.047	0.0010	2.1	0.0005	1.0
Ratio Sample 5	0.047	0.0010	2.1	0.0003	0.6
Ratio Sample 6	0.020	0.0004	2.0	0.0009	4.6
Ratio Sample 7	0.024	0.0006	2.6	0.0010	4.0

pTau181/Abeta42 ratio site-to-site reproducibility data, continued

cobas e 601 analyzer					
		Between-day		**Between-site**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.018	0.0002	1.4	0.0003	1.9
Ratio Sample 2	0.031	0.0007	2.3	0.0012	3.8
Ratio Sample 3	0.049	0.0008	1.7	0.0010	1.9
Ratio Sample 4	0.047	0.0006	1.4	0.0007	1.5
Ratio Sample 5	0.047	0.0007	1.5	0.0007	1.6
Ratio Sample 6	0.020	0.0	0.0	0.0008	3.9
Ratio Sample 7	0.024	0.0	0.0	0.0007	3.0

Elecsys β-Amyloid (1-42) CSF II

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pTau181/Abeta42 ratio site-to-site reproducibility data, continued

cobas e 601 analyzer			
		Total	
Sample	**Mean**	**SD**	**CV [%]**
Ratio Sample 1	0.018	0.0008	4.2
Ratio Sample 2	0.031	0.0019	6.1
Ratio Sample 3	0.049	0.0018	3.6
Ratio Sample 4	0.047	0.0014	3.0
Ratio Sample 5	0.047	0.0014	3.1
Ratio Sample 6	0.020	0.0013	6.4
Ratio Sample 7	0.024	0.0014	5.6

tTau/Abeta42 ratio site-to-site reproducibility data

cobas e 601 analyzer					
		Within-run		**Between-run**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.24	0.004	1.7	0.005	2.1
Ratio Sample 2	0.38	0.010	2.7	0.010	2.6
Ratio Sample 3	0.47	0.006	1.3	0.007	1.4
Ratio Sample 4	0.49	0.010	1.9	0.005	0.9
Ratio Sample 5	0.51	0.010	1.9	0.007	1.4
Ratio Sample 6	0.30	0.004	1.2	0.005	1.7

tTau/Abeta42 ratio site-to-site reproducibility data, continued

cobas e 601 analyzer					
		Between-day		**Between-site**	
Sample	**Mean**	**SD**	**CV [%]**	**SD**	**CV [%]**
Ratio Sample 1	0.24	0.003	1.3	0.005	2.0
Ratio Sample 2	0.38	0.006	1.7	0.007	1.9
Ratio Sample 3	0.47	0.002	0.4	0.007	1.5
Ratio Sample 4	0.49	0.002	0.3	0.004	0.8
Ratio Sample 5	0.51	0.0	0.0	0.005	1.0
Ratio Sample 6	0.30	0.002	0.8	0.007	2.3

tTau/Abeta42 ratio site-to-site reproducibility data, continued

cobas e 601 analyzer			
		Total	
Sample	**Mean**	**SD**	**CV [%]**
Ratio Sample 1	0.24	0.009	3.6
Ratio Sample 2	0.38	0.017	4.5
Ratio Sample 3	0.47	0.012	2.5
Ratio Sample 4	0.49	0.011	2.3
Ratio Sample 5	0.51	0.013	2.5
Ratio Sample 6	0.30	0.010	3.2

Analytical specificity

Potential cross-reactivity to Abeta1-38 and Abeta1-40 species representing Abeta isoforms of different lengths was evaluated at the highest test concentration of 10000 pg/mL. % Cross-reactivity was calculated using the formula:

% cross-reactivity = [(mean of cross-reactant sample – mean of reference sample) / cross-reactant concentration] x 100

The % cross-reactivity values for the cross-reactive Abeta species are summarized below. The results showed no significant cross-reactivity up to 10000 pg/mL of each cross-reactant tested.

A ratio CSF sample pool within 20 % of the ratio cutoffs (pTau181/Abeta42 0.023 and tTau/Abeta42 0.28) was also spiked with the 2 cross-reactive Abeta species at concentrations up to 10000 pg/mL The ratio value was not significantly impacted by each cross-reactive Abeta species.

Cross-reactant	**Concentration tested [pg/mL]**	**Mean cross-reactivity [%]**
β-Amyloid 1-38	10000	≥ -0.42
β-Amyloid 1-40	10000	≥ -0.46

Clinical performance

i) Definition of the ratio cutoff for distinguishing amyloid PET positive and amyloid PET negative patients by visual read

The pTau181/Abeta42 ratio cutoff was defined based on the first-generation Elecsys Phospho-Tau (181P) CSF and Elecsys β-Amyloid (1-42) CSF assay results obtained in the retrospective samples from the Swedish BioFINDER1 study.[17] Similarly, the tTau/Abeta42 ratio cutoff was defined based on the first-generation Elecsys Total-Tau CSF and Elecsys β-Amyloid (1-42) CSF assay results obtained in the retrospective samples from the Swedish BioFINDER1 study.[17]

pTau181/Abeta42 and tTau/Abeta42 ratios:

The analysis population comprised a subset of 277 participants with mild cognitive symptoms for whom banked CSF samples and amyloid PET scan results obtained with the tracer [^{18}F]-Flutemetamol were available. Of the 277 subjects, 120 had subjective cognitive decline (SCD), 153 mild cognitive impairment (MCI) and for 4 patients no SCD/MCI assignment was available. The pTau181P/Abeta42 ratio cutoff 0.022 and tTau/Abeta42 cutoff 0.26 were calculated based on the agreement with amyloid PET status by visual read. The resulting agreement rates percentages for both the pTau181/Abeta42 and tTau/Abeta42 ratios were:

- Positive Percent Agreement (PPA) 90.9 % (95 %, CI: 83.9 % to 95.6 %)
- Negative Percent Agreement (NPA) 89.2 % (95 % CI: 83.5 % to 93.5 %)
- Overall Percent Agreement (OPA) 89.9 % (95 % CI: 85.7 % to 93.2 %)

ii) Adjustment of the defined ratio cutoffs for amyloid positivity due to differences in pre-analytical handling protocols

Due to the susceptibility of Abeta42 to the use of different pre-analytical protocols for the handling of CSF, a pre-analytical bridging study was conducted to evaluate the differences between the cutoff determination (BioFINDER1) and the Alzheimer's Disease Neuroimaging Initiative (ADNI)[21] cutoff validation studies.[22] The purpose of the pre-analytical bridging study was to determine the conversion factor needed to adjust the optimal ratio cutoff defined in the BioFINDER1 samples prior to the cutoff validation study in order to account for pre-analytical differences between the BioFINDER1 and ADNI protocols. The pre-analytical bridging study (i.e. protocol comparison) was performed with the CSF samples from subjects undergoing diagnostic lumbar puncture due to suspicion of normal pressure hydrocephalus (N = 19 for pTau181, N = 20 for tTau, and N = 17 for Abeta42). The CSF samples were handled according to the BioFINDER and ADNI pre-analytical handling protocols.

No meaningful systematic differences were observed for CSF pTau181 measurements [0.7 % (95 % CI: -0.2 % to 1.6 %, p = 0.135)] or for CSF tTau measurements [1.60 % (95 % CI: -0.54 % to 1.75 %, p = 0.285]. The mean percentage difference in CSF Abeta42 measurements was -24 % (95 % CI: -27 % to -20 %, p < 0.001).

The upper 95 % confidence limit of the estimated percentage difference between ADNI and BioFINDER was used to define the conversion factor for Abeta42 (Abeta42 [ADNI] = 0.8*Abeta42 [BioFINDER]) and to adjust ratio cutoffs:

- pTau181/Abeta42 cutoff from 0.022 to 0.028 ($0.022*0.8^{-1} = 0.028$)
- tTau/Abeta42 cutoff from 0.26 to 0.33 ($0.26*0.8^{-1} = 0.33$)

iii) Validation of the adjusted ratio cutoff for amyloid positivity

The pTau181/Abeta42 ratio and tTau/Abeta42 ratio cutoffs were pre-specified and validated using retrospectively collected CSF samples in the

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Alzheimer's Disease Neuroimaging Initiative studies, ADNI-GO and ADNI2. The ADNI study[21] eligibility criteria are summarized in the table below.

Table 1: ADNI study eligibility criteria

ADNI Cohort			
	SMC[h)]	MCI	AD dementia
Inclusion criteria			
MMSE Score	24-30	24-30	20-26
Age (years)	65-90	55-90	55-90
Other	Score within normal range for cognition (or CDR[i)] = 0) but indicate that they have a concern, and exhibit slight forgetfulness	Report a subjective memory concern either autonomously or via an informant or clinician. No significant levels of impairment in other cognitive domains, essentially preserved activities of daily living and no signs of dementia	Meets the NINCDS/ADRDA[j)] criteria for probable AD
Exclusion criteria			
Significant neurological disease, major depression or history of schizophrenia, history of alcohol or substance abuse or dependence within the past 3 years. Participation in clinical studies involving neuropsychological measures being collected more than 1 time per year.			

h) SMC = Significant Memory Concern

i) CDR = Clinical Dementia Rating

j) National Institute of Neurological and Communicative Disorders and Stroke / Alzheimer's Disease and Related Disorders Association

All patients enrolled into ADNI2 and ADNIGO with baseline CSF sample and PET image available were considered eligible. Eligibility criteria were not reassessed, with the exception of the following:

- CSF sample volume approximately ≥ 0.4 mL
- CSF sample not visibly hemolyzed (confirmed by the site pre-analysis)

The analysis population included 646 participants with significant memory concerns (SMC, N = 94), early MCI (N = 272), late MCI (N = 152) and Alzheimer's Disease (AD, N = 128) with available banked CSF samples and amyloid PET scans ([^{18}F]florbetapir PET). The average age was 72 years (range 55-91), 46 % / 54 % of subjects were female/male and 50 % / 50 % of subjects were ApoE4 carriers/non-carriers. The characteristics and demographics of the analysis population are summarized in the table below.

Table 2: Characteristics and demographics of analysis population with valid visual amyloid PET read-out, tTau/Abeta42 ratio and pTau181/Abeta42 ratio

	SMC [N = 94]	EMCI[k)] [N = 272]	LMCI[l)] [N = 152]	AD [N = 128]	All [N = 646]
Cohort					
ADNIGO	N = 0	N = 115	N = 0	N = 0	N = 115
ADNI2	N = 94	N = 157	N = 152	N = 128	N = 531
Age [years]					
Mean	72.1	71.1	72.2	74.3	72.1
SD	5.43	7.37	7.43	8.35	7.42
Min-Max	59.7 - 85.3	55.0 - 88.6	55.0 - 91.4	55.6 - 90.3	55.0 - 91.4
Age [categorized]					
55-59 years	N = 1 (1.1 %)	N = 16 (5.9 %)	N = 8 (5.3 %)	N = 7 (5.5 %)	N = 32 (5.0 %)
60-69 years	N = 41 (43.6 %)	N = 109 (40.1 %)	N = 45 (29.6 %)	N = 26 (20.3 %)	N = 221 (34.2 %)
70-79 years	N = 44 (46.8 %)	N = 109 (40.1 %)	N = 80 (52.6 %)	N = 63 (49.2 %)	N = 296 (45.8 %)
≥ 80 years	N = 8 (8.5 %)	N = 38 (14.0 %)	N = 19 (12.5 %)	N = 32 (25.0 %)	N = 97 (15.0 %)
Gender					
Male	N = 38 (40.4 %)	N = 152 (55.9 %)	N = 82 (53.9 %)	N = 76 (59.4 %)	N = 348 (53.9 %)
Female	N = 56 (59.6 %)	N = 120 (44.1 %)	N = 70 (46.1 %)	N = 52 (40.6 %)	N = 298 (46.1 %)
Education [years]					
Mean	16.7	15.9	16.7	15.7	16.2
SD	2.47	2.64	2.53	2.65	2.62
Min-Max	8.00 - 20.0	10.0 - 20.0	9.00 - 20.0	9.00 - 20.0	8.00 - 20.0
ApoE4 risk alleles					
0	N = 62 (66.0 %)	N = 157 (57.7 %)	N = 64 (42.1 %)	N = 42 (32.8 %)	N = 325 (50.3 %)
1	N = 31 (33.0 %)	N = 95 (34.9 %)	N = 62 (40.8 %)	N = 60 (46.9 %)	N = 248 (38.4 %)
2	N = 1 (1.1 %)	N = 20 (7.4 %)	N = 26 (17.1 %)	N = 26 (20.3 %)	N = 73 (11.3 %)
MMSE					
Mean	29.0	28.3	27.6	23.2	27.2
SD	1.24	1.58	1.83	2.05	2.68
Min-Max	24.0 - 30.0	23.0 - 30.0	24.0 - 30.0	19.0 - 26.0	19.0 - 30.0
< 18	N = 0 (0 %)	N = 0 (0 %)	N = 0 (0 %)	N = 0 (0 %)	N = 0 (0 %)
18-23	N = 0 (0 %)	N = 1 (0.4 %)	N = 0 (0 %)	N = 69 (53.9 %)	N = 70 (10.8 %)
24-30	N = 94 (100 %)	N =271 (99.6 %)	N = 152 (100 %)	N = 59 (46.1 %)	N = 576 (89.2 %)
Race					
White	N = 88 (93.6 %)	N = 254 (93.4 %)	N = 144 (94.7 %)	N = 119 (93.0 %)	N = 605 (93.7 %)
Asian	N = 0 (0 %)	N = 4 (1.5 %)	N = 1 (0.7 %)	N = 4 (3.1 %)	N = 9 (1.4 %)
African American	N = 3 (3.2 %)	N = 5 (1.8 %)	N = 5 (3.3 %)	N = 4 (3.1 %)	N = 17 (2.6 %)
Others[m)]	N = 3 (3.2 %)	N = 7 (2.6 %)	N = 2 (1.3 %)	N = 1 (0.8 %)	N = 13 (2.0 %)
Unknown	N = 0 (0 %)	N = 2 (0.7 %)	N = 0 (0 %)	N = 0 (0 %)	N = 2 (0.3 %)

k) EMCI = Early Mild Cognitive Impairment

l) LMCI = Late Mild Cognitive Impairment

m) including Hawaiian / Pacific Islander, Am Indian / Alaskan, and more than one race

The time interval between the CSF sampling and conducting the amyloid PET scan did not exceed ± 154 days. For 50 % of the subjects the time difference was within ± 6 days.

The amyloid PET scans were read and interpreted by 3 trained readers.

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The independent readers were blinded to any clinical information, including the patient's clinical status, diagnosis, and CSF biomarker measurements. In total, 653 amyloid PET images with matching CSF samples were available for subjects from the primary study population. 6 images failed the initial quality control procedure and for 1 image the evaluation result of 1 reader was missing. For the remaining 646 scans all visual amyloid PET results were available.

The overall percent agreements between the visual amyloid PET results provided by single readers (inter-reader agreements) were in the range of 92.1 % to 96.9 %. The positive percent inter-reader agreements were in the range 86.8 % to 100 % and the negative percent agreements in the range of 82.8 % to 100 %.

The majority voting of 3 readers was used to classify each image as amyloid positive or negative, resulting in 347 (53.7 %) positive, and 299 (46.3 %) negative amyloid PET reads. The observed prevalences of amyloid positive results within AD was 89.1 % (114/128), 67.1 % (102/152) and 39.3 % (107/272) within these with LMCI and EMCI, and 25.5 % (24/94) within SMC cohort.

pTau181/Abeta42 ratio:

The measurements of the 2 AD biomarkers in CSF samples were performed using first-generation Elecsys Phospho-Tau (181P) CSF and Elecsys β-Amyloid (1-42) CSF assays.

The agreements with visual read amyloid PET classification at the pre-specified ratio cutoff of 0.028 are summarized in the table below.

Table 3: Agreement with visual read amyloid PET classification at pre-specified pTau181/Abeta42 ratio cutoff

pTau181/Abeta42 ratio result	amyloid PET [Visual read]		Total
	Positive	Negative	
Positive	306	22	328
Negative	41	277	318
Total	347	299	646

Table 4: Agreement rates percentages and likelihood ratios for entire study population, pTau181/Abeta42 ratio

Agreement rates [%] (n/N) (95 % CI)	
PPA[n)]	88.2 (306/347) (84.4 - 91.2)[o)]
NPA[p)]	92.6 (277/299) (89.1 - 95.1)[o)]
OPA[q)]	90.2 (583/646) (87.7 - 92.3)[o)]
PPV[r)]	93.3 (306/328) (90.3 - 95.4)[s)]
NPV[t)]	87.1 (277/318) (83.5 - 90.0)[s)]
Likelihood ratios (95% CI)	
LR+[u)]	12.0 (8.0 - 18.0)[v)]
LR-[w)]	0.13 (0.10 - 0.17)[v)]

n) PPA = positive percent agreement

o) 95 % CI are calculated using a Wilson score method for binomial proportions

p) NPA = negative percent agreement

q) OPA = overall percent agreement

r) PPV = positive predictive value

s) 95 % CI are calculated using 95 % CI for the corresponding likelihood ratio and prevalence

t) NPV = negative predictive value

u) LR+ = positive likelihood ratio

v) 95% CI are calculated using an asymptotic method for ratios of two independent binomial proportions

w) LR- = negative likelihood ratio

The ratio of pTau181/Abeta42 had concordant predictions for amyloid status in 583 of 646 individuals (90.25 %). The number of cases with discordant CSF status compared to visual amyloid PET assessments was 63 (9.75 %), consisting mainly of pTau181/Abeta42 negative and visual amyloid PET-positive cases.

Concordance with amyloid PET classification across clinical cohorts is shown in the table below.

Table 5: Agreement rate percentages by clinical cohort, pTau181/Abeta42 ratio

Cohort	PPA [%] (n/N) (95 % CI)	NPA [%] (n/N) (95 % CI)	OPA [%] (n/N) (95 % CI)
SMC (N = 94)	66.7 (16/24) (46.7 – 82.0)	92.9 (65/70) (84.3 – 96.9)	86.2 (81/94) (77.8 – 91.7)
EMCI (N = 272)	79.4 (85/107) (70.8 – 86.0)	94.5 (156/165) (90.0 -97.1)	88.6 (241/272) (84.3 – 91.9)
LMCI (N = 152)	90.2 (92/102) (82.9 – 94.6)	88.0 (44/50) (76.2 – 94.4)	89.5 (136/152) (83.6 – 93.4)
AD (N = 128)	99.1 (113/114) (95.2 – 99.8)	85.7 (12/14) (60.1 – 96.0)	97.7 (125/128) (93.3 – 99.2)

Analyses of clinical performance by gender and age are shown in the tables below.

Table 6: Agreement with visual amyloid PET by gender, pTau181/Abeta42 ratio

Gender	PET Positive	PET Negative	PPA [%] (n/N) (95 % CI)	NPA [%] (n/N) (95 % CI)	OPA [%] (n/N) (95 % CI)
Male (N = 348)	N = 193	N = 155	87.05 (168/193) (81.6 – 91.1)	92.26 (143/155) (87.0 – 95.5)	89.37 (311/348) (85.7 – 92.2)
Female (N = 298)	N = 154	N = 144	89.61 (138/154) (83.8 – 93.5)	93.06 (134/144) (87.7 – 96.2)	91.28 (272/298) (87.5 – 94.0)

Table 7: Agreement with visual amyloid PET by age, pTau181/Abeta42 ratio

Age [years]	PET Positive	PET Negative	PPA [%] (95 % CI)	NPA [%] (95 % CI)	OPA [%] (95 % CI)
≥ 55 to 59 (N = 32)	N = 14	N = 18	92.86 (13/14) (68.5 – 98.7)	94.44 (17/18) (74.2 – 99.0)	93.75 (30/32) (79.9 – 98.3)
≥ 60 to 69 (N = 221)	N = 86	N = 135	89.53 (77/86) (81.3 – 94.4)	94.07 (127/135) (88.7 – 97.0)	92.31 (204/221) (88.0 – 95.1)

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Age [years]	PET Positive	PET Negative	PPA [%] (95 % CI)	NPA [%] (95 % CI)	OPA [%] (95 % CI)
≥ 70 to 79 (N = 296)	N = 185	N = 111	87.03 (161/185) (81.4 – 91.1	90.99 (101/111) (84.2 – 95.0)	88.51 (262/296) (84.4 – 91.97)
≥ 80 (N = 97)	N = 62	N = 35	88.71 (55/62) (78.5 – 94.4)	91.43 (32/35) (77.6 – 97.0)	89.69 (87/97) (82.1 – 94.3)

tTau/Abeta42 ratio:

The measurements of the 2 AD biomarkers in CSF samples were performed using first-generation Elecsys Total-Tau CSF and Elecsys β-Amyloid (1-42) CSF assays.

The agreements with visual read amyloid PET classification at the pre-specified ratio-cutoff of 0.33 are summarized in the table below.

Table 8: Agreement with visual read amyloid PET classification at pre-specified tTau/Abeta42 ratio cutoff

tTau/Abeta42 ratio result	amyloid PET [Visual read]		Total
	Positive	Negative	
Positive	295	18	313
Negative	52	281	333
Total	347	299	646

Table 9: Agreement rates percentages and likelihood ratios for entire study population, tTau/Abeta42 ratio

Agreement rates [%] (n/N) (95 % CI)	
PPA	85.0 (295/347) (80.9 - 88.4)
NPA	94.0 (281/299) (90.7 - 96.2)
OPA	89.2 (576/646) (86.5 - 91.3)
PPV	94.2 (295/313) (91.3 - 96.3)
NPV	84.4 (281/333) (80.8 - 87.4)
Likelihood ratios (95% CI)	
LR+	14.1 (9.0 - 22.1)
LR-	0.16 (0.12 - 0.21)

The ratio of tTau/Abeta42 had concordant predictions for amyloid status in 576 of 646 individuals (89.16 %). The number of cases with discordant CSF status compared to visual amyloid PET assessments was 70 (10.84 %), consisting mainly of tTau/Abeta42 negative and visual amyloid PET-positive cases.

Concordance with amyloid PET classification across clinical cohorts is shown in the table below.

Table 10: Agreement rate percentages by clinical cohort, tTau/Abeta42 ratio

Cohort	PPA [%] (n/N) (95 % CI)	NPA [%] (n/N) (95 % CI)	OPA [%] (n/N) (95 % CI)
SMC (N = 94)	62.5 (15/24) (42.7 – 78.8)	92.9 (65/70) (84.3 – 96.9)	85.1 (80/94) (76.5 – 90.9)
EMCI (N = 272)	72.9 (78/107) (63.8 – 80.4)	96.4 (159/165) (92.3 -98.3)	87.1 (237/272) (82.6 – 90.6)
LMCI (N = 152)	89.2 (91/102) (81.7 – 93.9)	90.0 (45/50) (78.6 – 95.7)	89.5 (136/152) (83.6 – 93.4)
AD (N = 128)	97.4 (111/114) (92.5 – 99.1)	85.7 (12/14) (60.1 – 96.0)	96.1 (123/128) (91.2 – 98.3)

Analyses of clinical performance by gender and age are shown in the tables below.

Table 11: Agreement with visual amyloid PET by gender, tTau/Abeta42 ratio

Gender	PET Positive	PET Negative	PPA [%] (n/N) (95 % CI)	NPA [%] (n/N) (95 % CI)	OPA [%] (n/N) (95 % CI)
Male (N = 348)	N = 193	N = 155	82.9 (160/193) (77.0-87.6)	94.2 (146/155) (89.3 – 96.9)	87.9 (306/348) (84.1 – 90.9)
Female (N = 298)	N = 154	N = 144	87.7 (135/154) (81.5 – 92.0)	93.8 (135/144) (88.5 – 96.7)	90.6 (270/298) (86.8 – 93.4)

Table 12: Agreement with visual amyloid PET by age, tTau/Abeta42 ratio

Age [years]	PET Positive	PET Negative	PPA [%] (95 % CI)	NPA [%] (95 % CI)	OPA [%] (95 % CI)
≥ 55 to 59 (N = 32)	N = 14	N = 18	92.9 (13/14) (68.5 – 98.7)	94.4 (17/18) (74.2 – 99.0)	93.8 (30/32) (79.9 – 98.3)
≥ 60 to 69 (N = 221)	N = 86	N = 135	87.2 (75/86) (78.5 – 92.7)	96.3 (130/135) (91.6 – 98.4)	92.8 (205/221) (88.6 – 95.5)
≥ 70 to 79 (N = 296)	N = 185	N = 111	83.8 (155/185) (77.8 – 88.4)	91.9 (102/111) (85.3 – 95.7)	86.8 (257/296) (82.5 – 90.2)
≥ 80 (N = 97)	N = 62	N = 35	83.9 (52/62) (72.8 – 91.0)	91.4 (32/35) (77.6 – 97.0)	86.6 (84/97) (78.4 – 92.0)

pTau181/Abeta42 and tTau/Abeta42 ratios:

There was little variation in PPA and NPA between males and females and with increasing age. The data indicates that gender and age differences did not translate into meaningful differences in assay performance.

The validation study was conducted in cohorts that were primarily caucasian. Sample sizes from other races were not sufficient to report clinical performance characteristics by race.

iv) Adjustment of the defined ratio cutoffs due to assay re-standardization and adoption of routine-use pre-analytical protocol

Compared with the corresponding first-generation assay, the Elecsys β-Amyloid (1-42) CSF II assay was re-standardized using certified reference materials (CRMs) ERM®-DA480/-481/-482/IFCC.[23,24] Additionally, a new routine-use pre-analytical protocol for CSF handling (as described in the **Specimen collection and preparation** section) was adopted for use with the Elecsys β-Amyloid (1-42) CSF II, Elecsys Phospho-Tau (181P) CSF and Elecsys Total-Tau CSF assays. Consequently, because of the changes in assay standardization and pre-analytical handling protocol, a second bridging study using CSF samples from subjects undergoing diagnostic lumbar puncture due to suspicion of normal pressure hydrocephalus (N = 25 for Abeta42, N = 22 for pTau181 and N = 24 for tTau) was performed to address systematic differences between results generated with the first and second assay version.

CSF samples were prepared according to the BioFINDER protocol and measured using the first generation assays. The values were compared with the values in CSF samples prepared according to the new routine use protocol and measured with the second version of the two assays.

pTau181/Abeta42 ratio:

No meaningful differences (< 3 %) were obtained for pTau181 in CSF. The mean percentage difference for Abeta42 was -6.32 % (95 % CI: -8.73 % to -3.90 %). The inverse value of the conversion factor (1/0.9368) was used for the adjustment of pTau181/Abeta42 ratio cutoff defined in the BioFINDER1 cohort. **The adjusted ratio cutoff is $0.022*0.9368^{-1} = 0.023$.**

Assay performance with respect to NPA and PPA at the adjusted ratio cutoff of 0.023 is expected to be similar to the performance of the original cutoff defined in BioFINDER1.

tTau/Abeta42 ratio:

No meaningful differences (< 3 %) were obtained for tTau in CSF. The mean percentage difference for Abeta42 was -6.32 % (95 % CI: -8.73 % to -3.90 %). The inverse value of the conversion factor (1/0.9368) was used for the adjustment of tTau/Abeta42 ratio cutoff defined in the BioFINDER1 cohort. **The adjusted ratio cutoff is $0.26*0.9368^{-1} = 0.28$.**

Assay performance with respect to NPA and PPA at the adjusted ratio cutoff of 0.28 is expected to be similar to the performance of the original cutoff defined in BioFINDER1.

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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).

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.

Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see dialog.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

Elecsys β-Amyloid (1-42) CSF II

cobas®

FOR US CUSTOMERS ONLY: LIMITED WARRANTY

Roche Diagnostics warrants that this product will meet the specifications stated in the labeling when used in accordance with such labeling and will be free from defects in material and workmanship until the expiration date printed on the label. THIS LIMITED WARRANTY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. IN NO EVENT SHALL ROCHE DIAGNOSTICS BE LIABLE FOR INCIDENTAL, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES.

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