Quest Diagnostics™

ANA IFA Cascade with IdentRA®*

Comprehensive screen for the 8 most common rheumatic diseases—with one blood draw

Diagnosing autoimmune rheumatic conditions can be challenging

- Symptoms can be vague, vary from patient to patient, and overlap
- Diagnoses are often based on a combination of clinical information and laboratory test results

Introducing **ANA IFA Cascade with IdentRA®* (test code 94954)**

This new panel combines sensitivity and specificity of various markers to aid in differential diagnosis for the 8 most common rheumatic diseases:

- Systemic Lupus Erythematosus (SLE)
- Mixed Connective Tissue Disease
- Systemic Sclerosis
- Rheumatoid Arthritis (RA)
- Sjögren's Syndrome
- Polymyositis
- CREST Syndrome
- Neuropsychiatric SLE

- **Screens antinuclear autoantibodies (ANA) using the gold standard, highly sensitive immunofluorescence assay (IFA) with HEp-2 cells**
- **Reflexes a positive ANA screen to a tiered cascade of specific antibodies**
- **IdentRA® panel components include:**
  - Widely used RA markers RF (rheumatoid factor) and CCP (cyclic citrullinated peptide)
  - Serum 14-3-3η (eta) protein, a marker for RA that improves identification of early and established RA[1,2,3] in addition to providing prognostic information[4,5]

Evaluate autoimmune rheumatic disease in less time

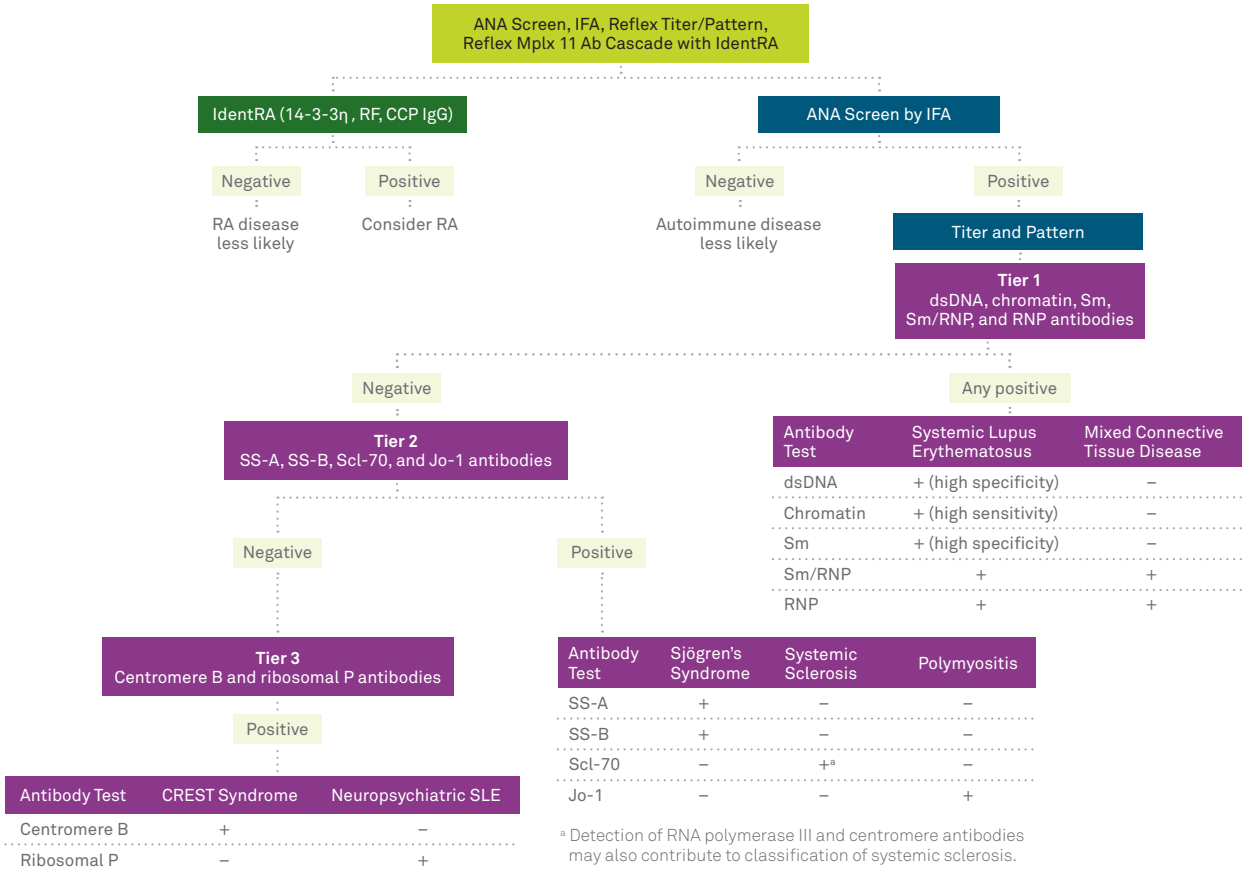
- Early detection allows patients to begin therapy sooner
- In some cases, may prevent or delay further damage, e.g., to joints
- Supports more-informed referrals

Contact your Quest Diagnostics representative or visit **QuestDiagnostics.com/Autoimmune** to learn more.

* ANA Screen, IFA, Reflex Titer/Pattern, Reflex Mplx 11 Ab Cascade with IdentRA (test code 94954)

Screen and diagnose patients with suspected rheumatic autoimmune disease, with just one blood draw

Tiered Cascade for Screening and Diagnosis of Patients with Suspected Autoimmune or Rheumatic Disease or Rheumatoid Arthritis



If ANA IFA is positive and no positive specific antibodies are detected, correlate with clinical findings and consider other autoimmune diseases and tests.

The tiered cascade was developed by Quest Diagnostics based in part on references 6-11. It is provided for informational purposes only and is not intended as medical advice. A physician's test selection and interpretation, diagnosis, and patient management decisions should be based on his/her education, clinical expertise, and assessment of the patient.

Test Code	Test Name
94954	ANA Screen, IFA, Reflex Titer/Pattern, Reflex Mplx 11 Ab Cascade with IdentRA ANA Screen, IFA, Reflex Titer/Pattern, and Reflex to Mplx 11 Ab Cascade, Rheumatoid Factor, Cyclic Citrullinated Peptide (CCP) Antibody (IgG),14-3-3eta Protein.* Tier 1 markers include dsDNA, Sm/RNP, RNP, Sm, and Chromatin; Tier 2: SSA, SSB, Scl-70, Jo-1; Tier 3: Ribosomal P and Centromere B

* This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute. Performance characteristics refer to the analytical performance of the test.

Make sure ANA IFA Cascade with IdentRA® test information (test code 94954) is added to your EHR.

References

1. Jansen AL, van der Horst-Bruinsma I, van Schaardenburg D, et al. Rheumatoid factor and antibodies to cyclic citrullinated peptide differentiate rheumatoid arthritis from undifferentiated polyarthritis in patients with early arthritis. *J Rheumatol.* 2002;29:2074-2076. **2.** Maksymowych WP, Naides SJ, Bykerk V, et al. Serum 14-3-3η is a novel marker that complements current serological measurements to enhance detection of patients with rheumatoid arthritis. *J Rheumatol.* 2014;41:2104-2113. **3.** Naides SJ, Marotta A. 14-3-3η in "seronegative" rheumatoid arthritis. *J Rheumatol.* 2015;42(10):1995. **4.** Carrier N, Marotta A, de Brum-Fernandes AJ, et al. Serum levels of 14-3-3η protein supplement C-reactive protein and rheumatoid arthritis-associated antibodies to predict clinical and radiographic outcomes in a prospective cohort of patients with recent-onset inflammatory polyarthritis. *Arthritis Res Ther.* 2016;18:37. **5.** van Beers-Tas MH, Marotta A, Boers M, et al. A prospective cohort study of 14-3-3η in ACPA and/or RF-positive patients with arthralgia. *Arthritis Res Ther.* 2016;18:76. **6.** American College of Rheumatology Position Statement: Methodology of testing for antinuclear antibodies. Available at www.rheumatology.org/Portals/0/Files/Methodology%20of%20Testing%20Antinuclear%20Antibodies%20Position%20Statement.pdf. Published January 2009. Updated August 2015. Accessed June 6, 2018. **7.** Aletaha D, Neogi T, Silman AJ, et al. 2010 rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis Rheum.* 2010;62:2569-2581. **8.** Satoh M, Chan EK, Sobel ES, et al. Clinical implication of autoantibodies in patients with systemic rheumatic diseases. *Expert Rev Clin Immunol.* 2007;3:721-738. **9.** Stinton LM, Fritzler MJ. A clinical approach to autoantibody testing in systemic autoimmune rheumatic disorders. *Autoimmun Rev.* 2007;7:77-84. **10.** Petri M, Orbai AM, Alarcon GS, et al. Derivation and validation of the Systemic Lupus International Collaborating Clinics classification criteria for systemic lupus erythematosus. *Arthritis Rheum.* 2012;64:2677-2686. **11.** Cappelli S, Bellando Randone S, Martinovic D, et al. "To be or not to be," ten years after: evidence for mixed connective tissue disease as a distinct entity. *Semin Arthritis Rheum.* 2012;41:589-598.

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