

EliA™ Calprotectin

The first fully automated test for faecal calprotectin.

BRIEFING

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If patients had presentations that stuck rigidly to what is said in the text books, our lives would be much simpler. In some cases, the differentiation between IBD and IBS can be easy to spot. In others, it can be difficult to decide when to refer, especially, as in the case of IBS, when there is significant pressure to treat IBS in the community.

The present methods of investigation such as ESR or CRP are often not helpful in assessing which patients need referral for more invasive methods such as colonoscopy, entailing expense for the local health economy and inconvenience to the patient. Many in primary care would like to be able to rationalise their referrals but often cases of IBS are referred because of lack of confidence in excluding IBD.

Over the past few years, there has been increasing evidence that the measurement of faecal calprotectin may hold the answer to this problem. Calprotectin, a calcium and zinc binding protein found in high levels in neutrophils, has interesting properties. When the gut is inflamed it is released and acts as an antimicrobial agent along with other actions. An important feature is its resistance to enzyme activity and therefore it stays active in faeces for almost a week at room temperature. This means that no special preparations (such as refrigeration) have to be done by collection sites such as GP surgeries.

With its high sensitivity and specificity, EliATM Calprotectin, the first ever fully automated test for faecal calprotectin, out-performs previous tests such as CRP and ESR in its ability to discriminate between IBS and IBD and provides a valuable method of assessing disease activity in IBD and predicting possible relapse during remission periods. Once the samples are received at the laboratory, the whole process of testing is done automatically and speedily, allowing for informed decision making in primary care.

Testing with EliATM Calprotectin, which has been developed by Thermo Fisher, needs to be done alongside good history taking and examination but performance data shows that testing will pick up the vast majority of cases of IBD who are symptomatic.

In secondary care, the new test can help with cost efficient use of resources such as endoscopy, reducing the number of unnecessary colonoscopies. It could also empower patients, allowing them to maintain their quality of life by predicting when a flare up could occur and take treatment before symptoms start.

Many patients with IBD are often misdiagnosed for years and told they have IBS. This means they do not get the care and treatment they need thus entailing long

periods of ill health, poor quality of life and, in some cases, increased risk of colon cancer.

The provision of such a highly specific and sensitive test can help provide a faster and more accurate diagnosis, and has the potential to shorten the time between onset of symptoms and diagnosis.

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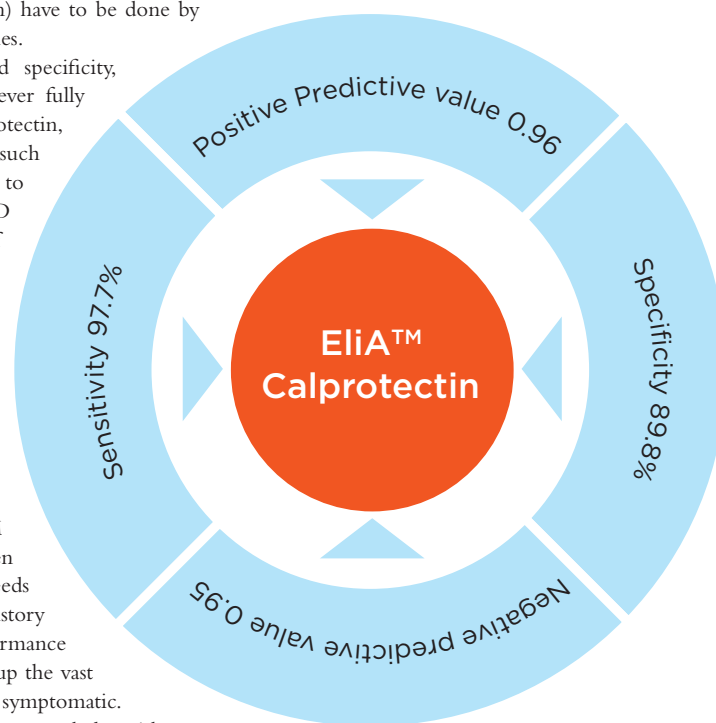


Table 1: Performance data of EliATM Calprotectin and tests from two other suppliers (internal study)

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