

SIGNIFICANCE AND SUMMARY

Carcinoembroyonic antigen (CEA) is a cell-surface 200-kd glycoprotein. In 1969, it was reported that plasma CEA was elevated in 35 of 36 patients with adenocarcinoma of the colon and that CEA titers decreased after successful surgery. Normal levels were observed in all patients with other forms of cancer or benign diseases. Subsequent studies have not confirmed these initial findings, and it is now understood that elevated levels of CEA are found in many cancers. Increased levels of CEA are observed in more than 30% of

Diagnostic Automation/Cortez Diagnostics, Inc.

Absorbent paper or paper towel

Graph paper

Microtiter plate reader

21250 Califa St, Suite 102 and 116, Woodland Hills, CA 91367 USA Phone: 818-591-3030, Fax: 818-591-8383

Email: <u>onestep@rapidtest.com</u> Website: <u>www.rapidtest.com</u>

Diagnostic Automation/Cortez Diagnostics, Inc.

CE

MUNO DIAGNOST

REAGENT PREPARATION

- 1. All reagents should be brought to room temperature (18-22°C) and mixed by gently inverting or swirling prior to use. Do not induce foaming.
- If reference standards are lyophilized, reconstitute each standard with 0.5 ml distilled water. Allow the reconstituted material to stand for at least 20 minutes. Reconstituted standards should be sealed and stored at 2-8°C.
- Dilute 1 volume of Wash Buffer Concentrate (50x) with 49 volumes of distilled water. For example, dilute 15 ml of Wash Buffer Concentrate (50x) into 735 ml of distilled water to prepare 750 ml of washing buffer (1x). Mix well before use

ASSAY PROCEDURE

- 1. Secure the desired number of coated wells in the holder.
- 2. Dispense 50µl of standard, specimens, and controls into appropriate wells
- 3. Dispense 100µl of enzyme conjugate reagent to each well.
- 4. Thoroughly mix for 10 seconds. It is very important to have a complete mixing in this step.
- 5. Incubate at room temperature (18-22°C) for 60 minutes.
- 6. Remove the incubation mixture by emptying plate content into a waste container.
- 7. Rinse and empty the microtiter wells 5 times with washing buffer (1X).
- 8. Strike the wells sharply onto absorbent paper or paper towels to remove all residual water droplets.
- 9. Dispense 100 μl of TMB substrate into each well. Gently mix for 5 seconds.
- 10. Incubate at room temperature for 20 minutes.
- 11. Stop the reaction by adding 100 μl of Stop Solution to each well.
- 12. Gently mix for 30 seconds to ensure that the blue color completely changes to yellow.
- 13. Read the optical density at 450nm with a microtiter plate reader within 15 minutes.

Important Note:

- 1. The wash procedure is critical. Insufficient washing will result in poor precision and falsely elevated absorbance readings.
- 2. It is recommended that no more than 32 wells be used for each assay run if manual pipetting is used since pipetting of all standard, specimens and controls should be completed within 3 minutes. A full plate of 96 wells may be used if automated pipetting is available.
- 3. Duplication of all standards and specimens, although not required is recommended.

RESULTS

Calculate the mean absorbance value (A_{450}) for each set of reference standards, controls and patient samples. Construct a standard curve by plotting the mean absorbance obtained from each reference standard against its concentration in ng/ml on graph paper, with absorbance values on the vertical or Y-axis and concentrations on the horizontal or X-axis. Use the mean absorbance values for each specimen to determine the corresponding concentration of CEA in ng/ml from the standard curve.

EXAMPLE OF A STANDARD CURVE

Results of a typical standard run with optical density reading at 450nm shown in the Y-axis against CEA concentrations shown in the X-axis.

Absorbance (450nm)
0.019
0.105
0.362
0.814
1.390
2.032



This standard curve is for the purpose of illustration only, and should not be used to calculate unknowns. Each user should obtain his or her own standard curve and data.

EXPECTED VALUES AND SENSITIVITY

The most complete study of CEA is a compilation of collaborative studies in which CEA values in 35,000 samples from more than 10,000 patients and controls were analyzed. Of 1425 normal persons who did not smoke, 98.7% had values less than 5.0 ng/ml. It is recommended that each laboratory establish its own normal range. The minimum detectable concentration of CEA by this assay is estimated to be 1.0 ng/ml.

LIMITATIONS OF THE PROCEDURE

There are some limitations of the assay:

- As with all diagnostic tests, a definite clinical diagnosis should not be based on the results of a single test, but should only be made by the physician after all clinical and laboratory findings have been evaluated.
- 2. Studies have implicated possible interference in immunoassay results in some patients with known rheumatoid factor and antinuclear antibodies. Serum samples from patients who have received infusions containing mouse monoclonal antibodies for diagnostic or therapeutic purposes, may contain antibody to mouse protein (HAMA). Although we have added some agents to avoid the interferences, we cannot guarantee it will eliminate all the effects of that.

STORAGE

Unopened test kits should be stored at 2-8°C upon receipt. The microtiter plate should be kept in a sealed bag with desiccants, to minimize exposure to damp air. Opened test kits will remain stable until the expiration date, provided they are stored as described above. A microtiter plate reader with a bandwidth of 10nm or less and an optical density range of 0-2.5 OD or greater, at 450nm wavelength, is acceptable for use in the absorbance measurement.

Diagnostic Automation/Cortez Diagnostics, Inc. 21250 Califa St, Suite 102 and 116, Woodland Hills, CA 91367 USA Phone: 818-591-3030, Fax: 818-591-8383

Email: <u>onestep@rapidtest.com</u> Website: <u>www.rapidtest.com</u>



REFERENCES

- Gold P, Freedman S O. Demonstration of tumor specific antigen in human colonic carcinomata by immunologic tolerance and absorption techniques. J Exp Med 1965;127:439-462.
- Thompson D P M, Krupey J, Freedman S O, et al. The radioimmunoassay of circulating carcinoembryonic antigen of the human digestive system. Proc Natl Acad Sci USA 1969;64:161-167.
- Schwartz M K. Tumor markers in diagnosis and screening. In: Ting S W, Chen J S, Schwartz M K, eds. Human tumor markers, Amsterdam: Elsevier Science, 1987;3-16.
- Zamcheck N. and Martin E.W. Sequential Carcinoembryonic Antigen Levels in Pancreatic Cancer: Some Clinical Correlations. Cancer 1981;47:1620-1627.
- Mughal A.W., Hortobagyi G. N., Fritsche H.A., Buzdar A.U. Yap H-Y., and Blumenschein G.R. Serial Plasma Carcinoembryonic Antigen Measurements during Treatment of Metastatic Breast Cancer. JAMA 1983; 259:1881-188

