

# Use of POCT in celiac disease

Jernej Dolinšek, MD, PhD

Department of Pediatrics

Gastroenterology unit

University Medical Centre Maribor, Slovenia

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# Overview

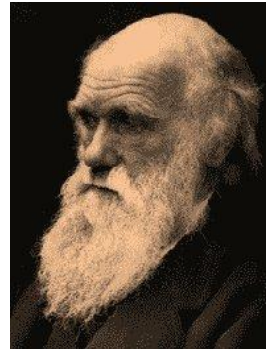
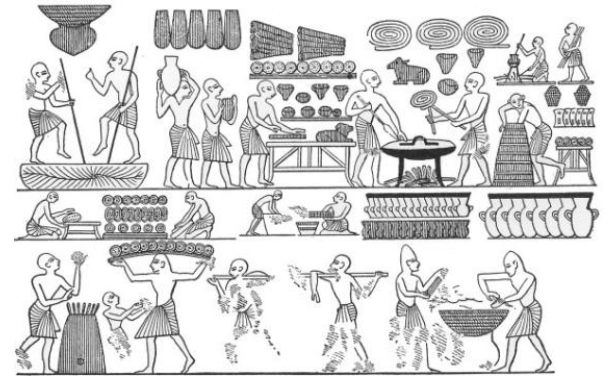
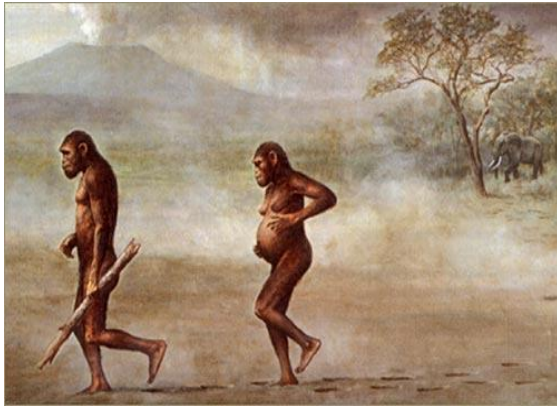
- definition
- background
- diagnostic algorithms
- diagnostic tools
- use of POCT
- conclusions

# Celiac disease – definition

Celiac disease is an **autoimmune** systemic disease (disorder) triggered by the ingestion of **gluten** in **genetically** predisposed subjects.

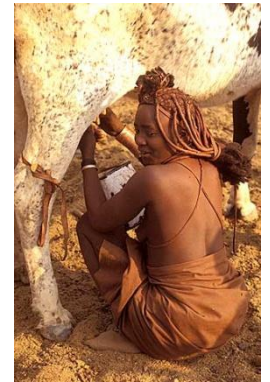
The disease is characterized by the production of disease **specific antibodies**, which disappear after introduction of a gluten-free diet (GFD).

All patients must comply with **life-long** strict GFD.

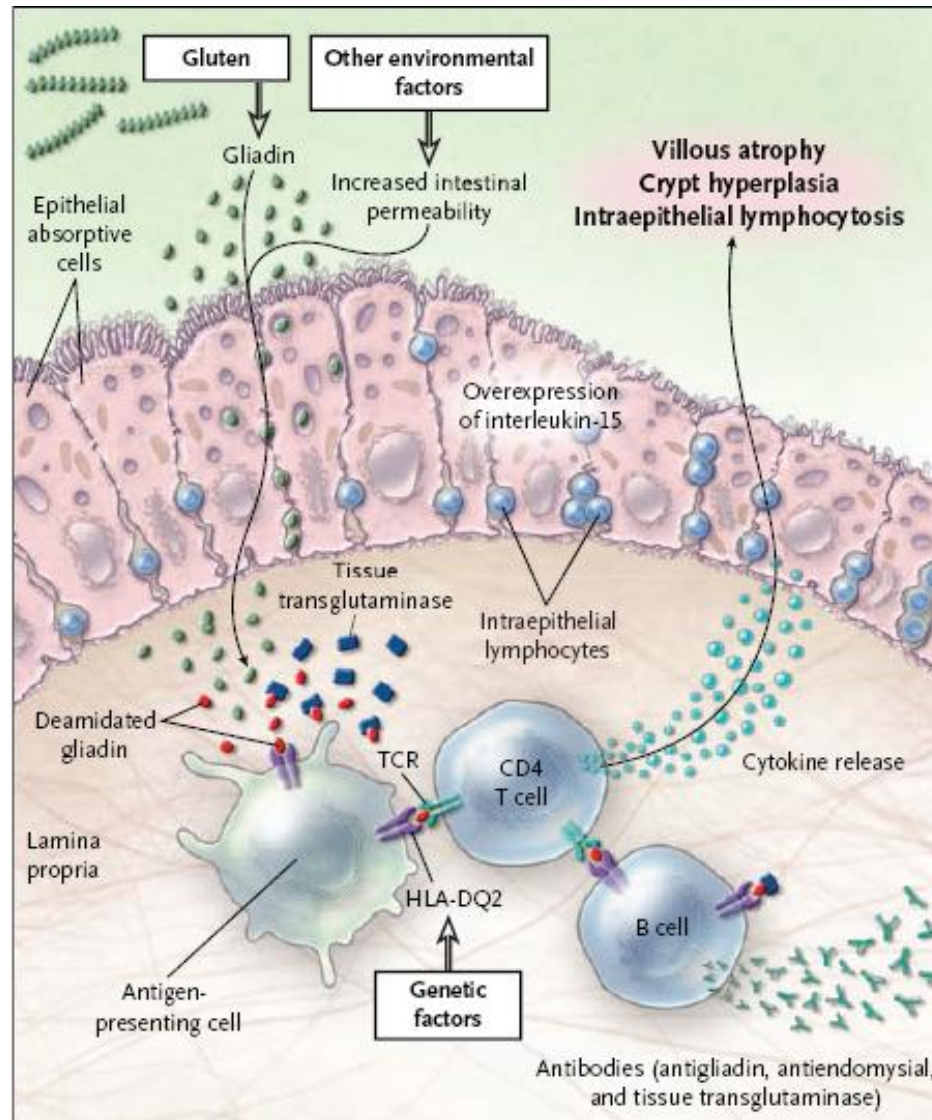


*“nature does nothing uselessly “*

*Aristotle*



# Celiac disease – immunology





# Celiac disease – epidemiology

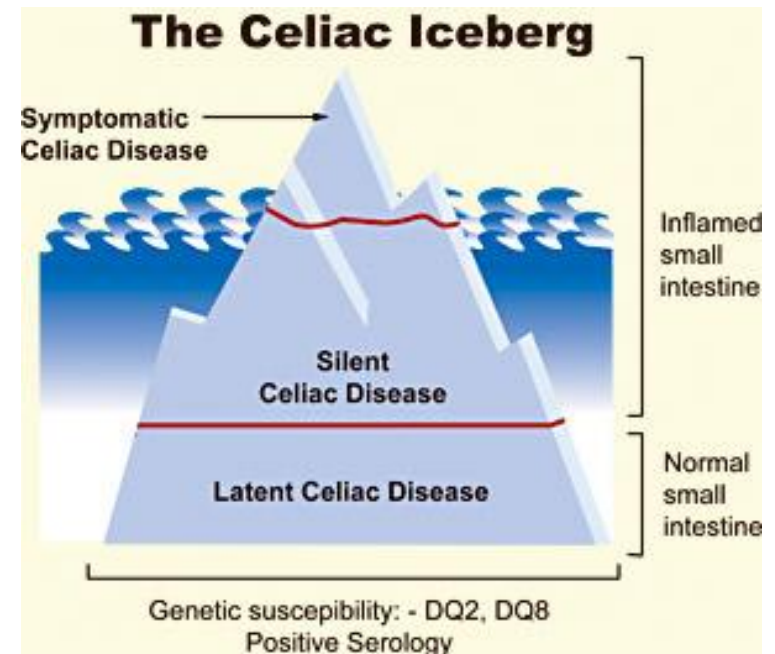
Incidence of symptomatic disease in NE Slovenia in 2009  
1/452

undiagnosed vs. diagnosed CD  
(5-13):1

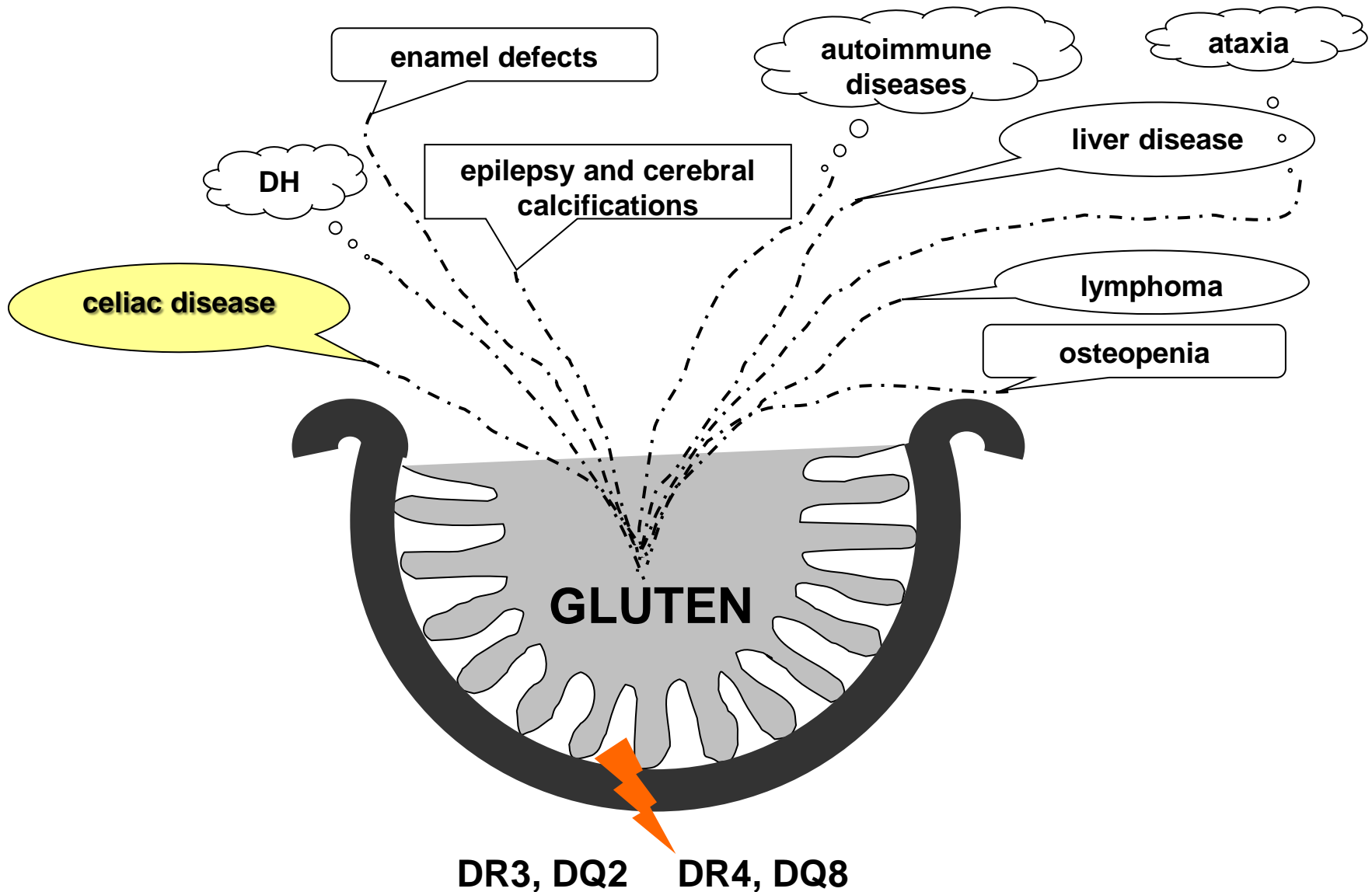
Prevalence of coeliac disease increases by age

	Clinical prevalence	Total (clin+screen) prevalence
Children	0.03%	1.5 %
Adults	0.5%	2.0%
Elderly	0.9%	2.5%

Mäki et al NEJM 2003;348:2517, Collin et al J Clin Gastroenterol 2007;41:152  
Lohi et al APT 2007;26:1217, Vilppula et al Dig Liver Dis 2008;40:809



# Clinical presentation of “celiac disease”



# Celiac disease – diagnostic approach

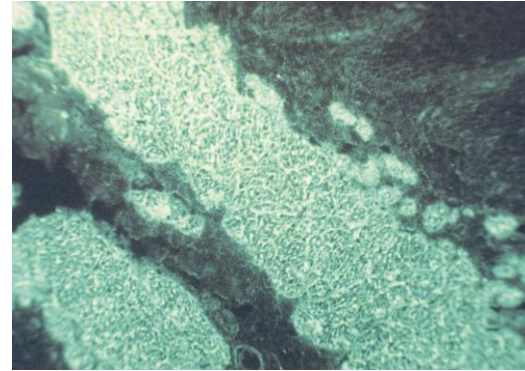
- **History and physical exam**
  - Symptomatic CD
    - Gastrointestinal disease
      - Prolonged diarrhea
      - Abdominal distension
      - Failure to thrive, weight loss
    - Extra-gastrointestinal disease
  - Asymptomatic CD



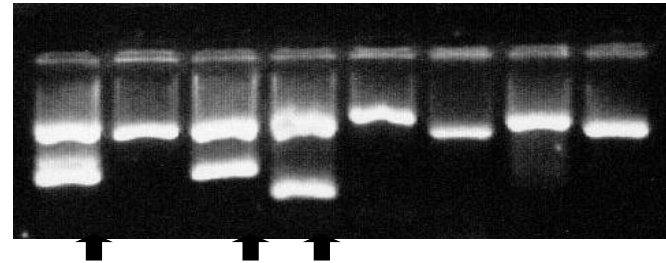


# Celiac disease – diagnostic approach

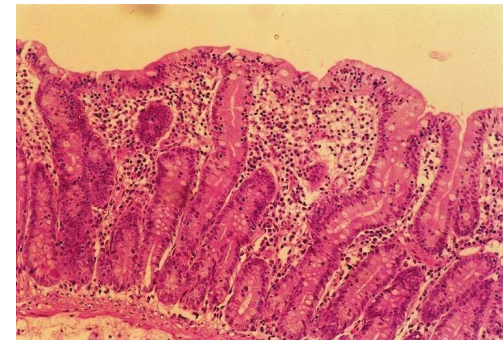
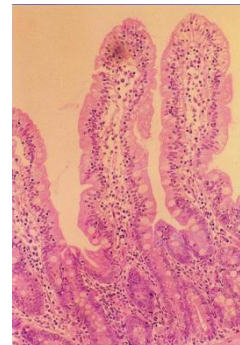
- **Serology**



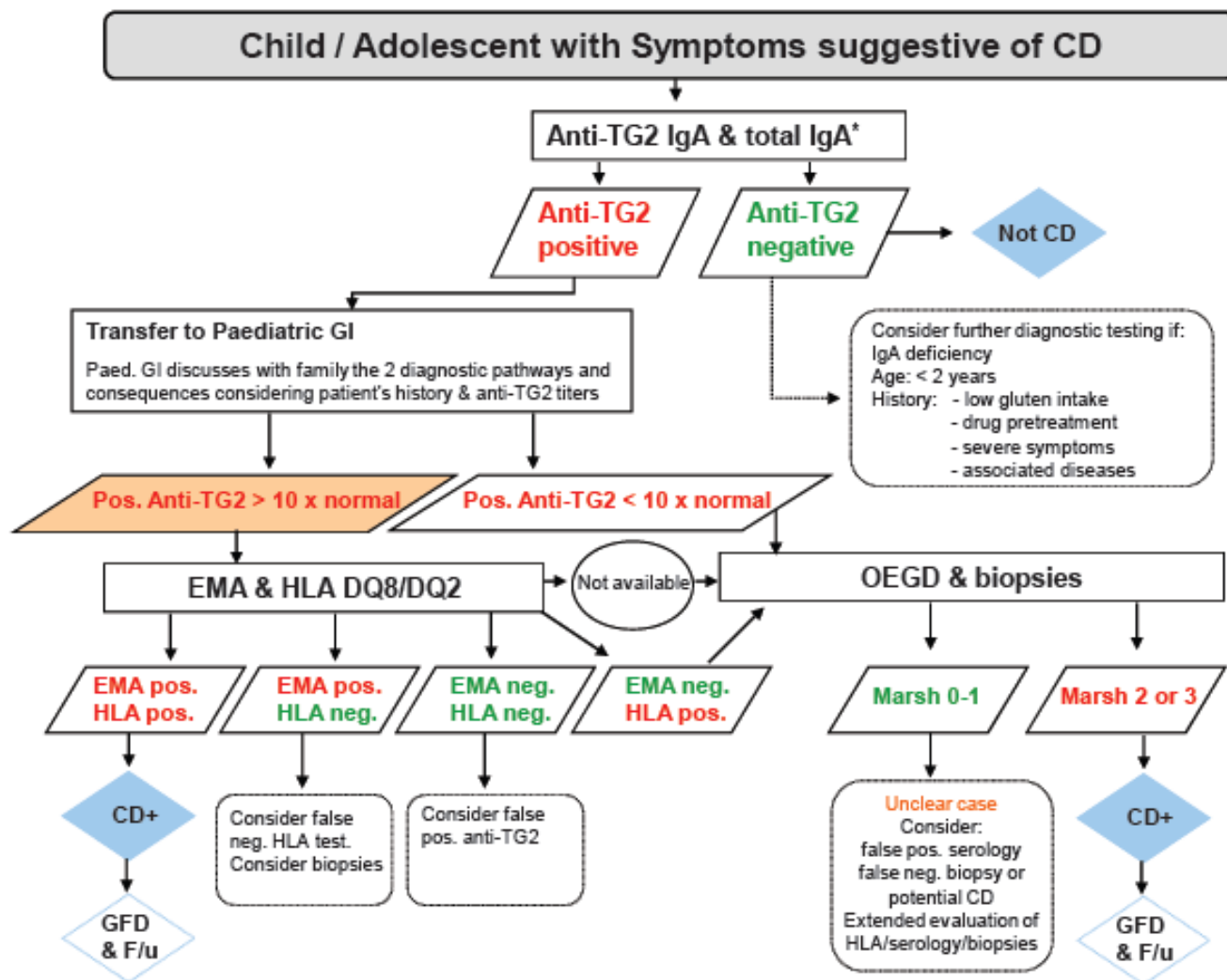
- **Genetics**



- **Intestinal biopsy**



# Celiac disease – new diagnostic criteria



\*Or specific IgG based tests

# Celiac disease – reality

## Diagnostic delays

duration of symptoms before dg

- adults 11 years
- children 1.3 years
- large regional differences

# Celiac disease – diagnostic tools



# Celiac disease – diagnostic tools

- disease specific tools
  - serological tests
  - genetic tests
  - biopsy/histology
- nonspecific tools
  - clinical picture
  - tests of malabsorption
  - ...

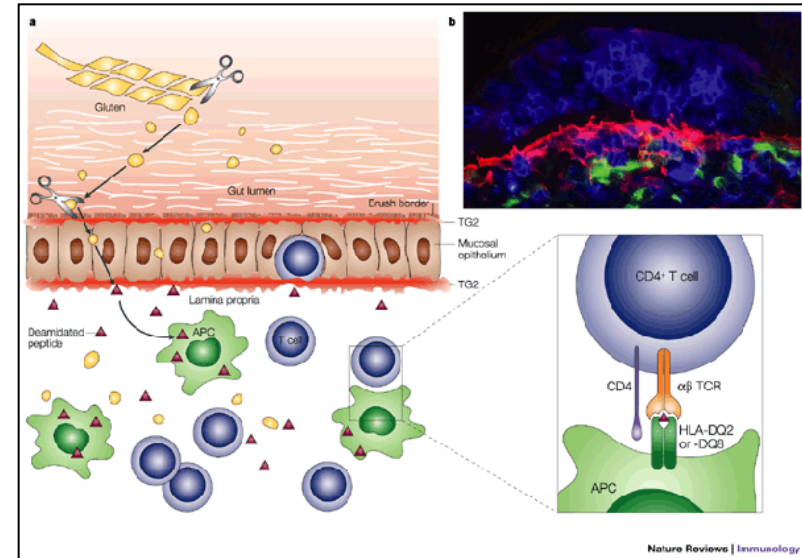
# Celiac disease – serology





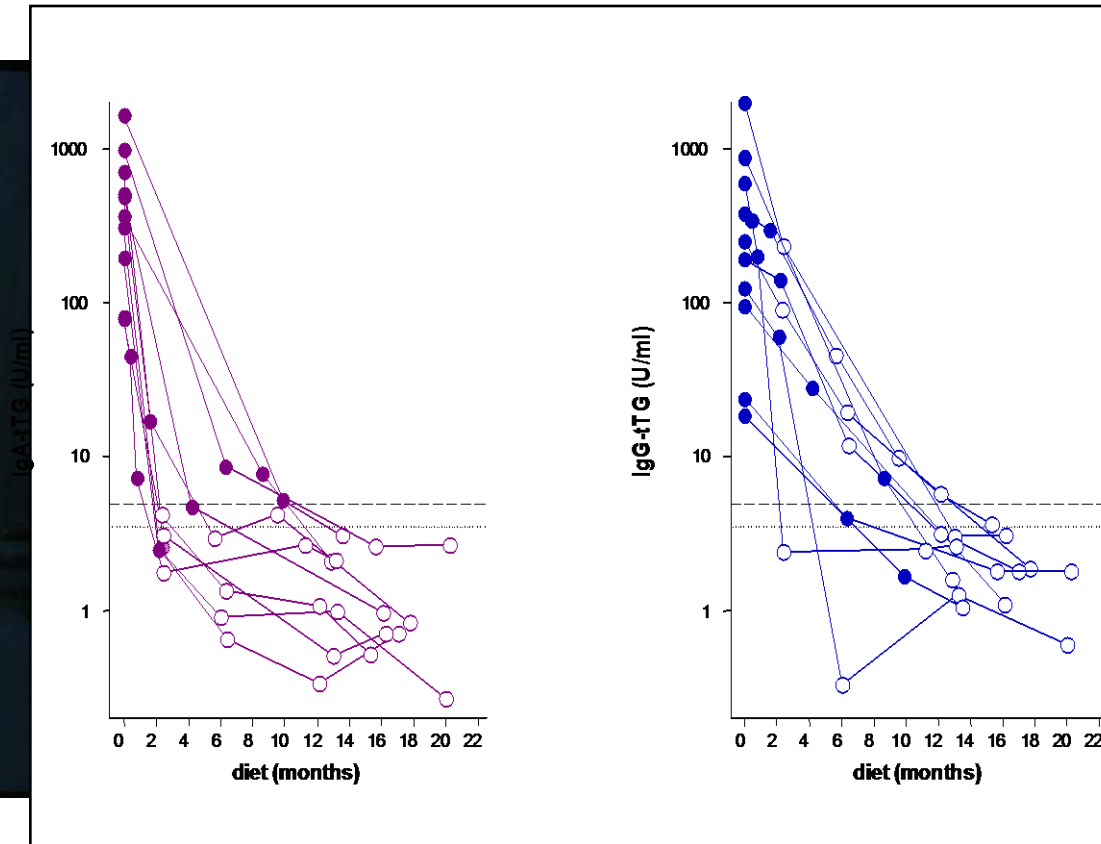
# Celiac disease – serology

- Serological markers
  - AGA IgA and IgG
  - markers of autoimmunity
    - EMA IgA (IgG)
    - t-TG IgA (IgG)
    - DGP IgA (IgG)
    - other Ab (ARA, JAB, antiglutenin)
  - importance of total IgA determination
    - IgA deficiency – IgG Ab determination

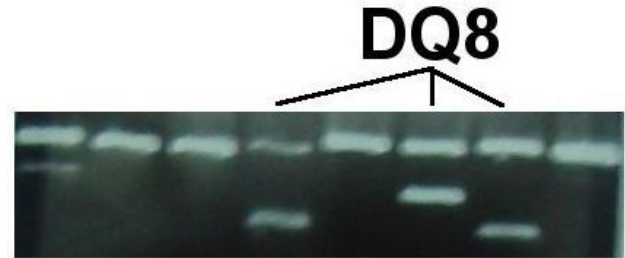
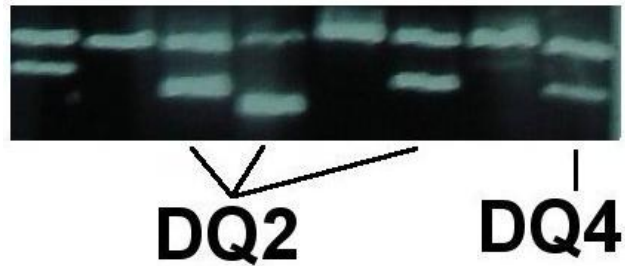


# Celiac disease – serology

- tissue transglutaminase Ab



# Celiac disease – genetic testing



# Celiac disease – histology

- histological changes – intestinal biopsy
  - aspiration capsule
  - endoscopic biopsy

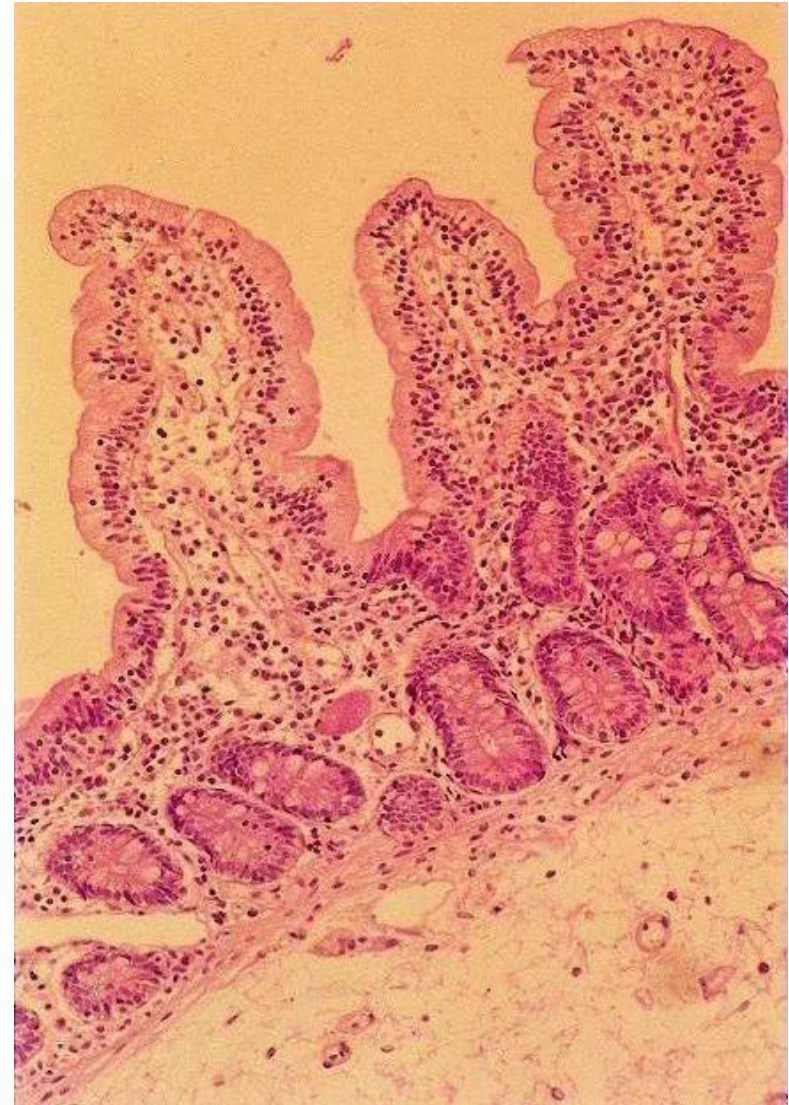
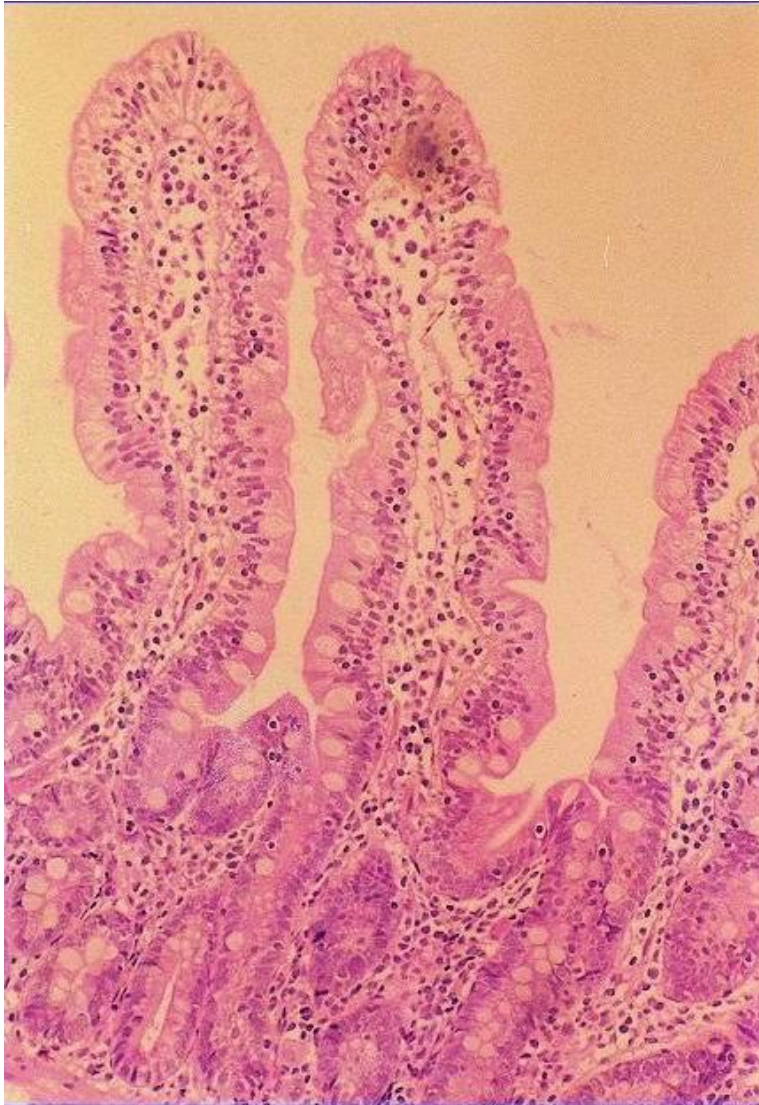


# Celiac disease – histology

- Histological changes
  - mucosal atrophy
    - Marsh classification
      - type 0: preinfiltrative phase
      - type 1: infiltrative phase
      - type 2: infiltrative-hyperplastic phase
      - type 3 (a, b, c): destructive phase
      - type 4: atrophic-hypoplastic phase
    - villous atrophy, crypt hyperplasia, IEL count

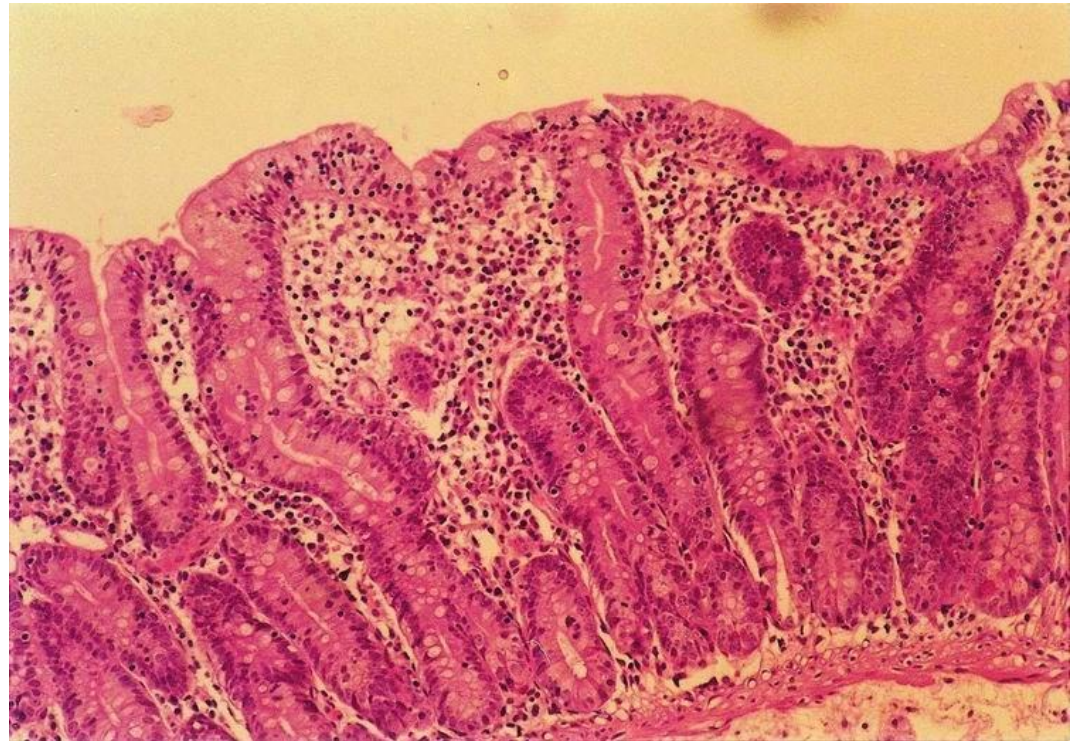
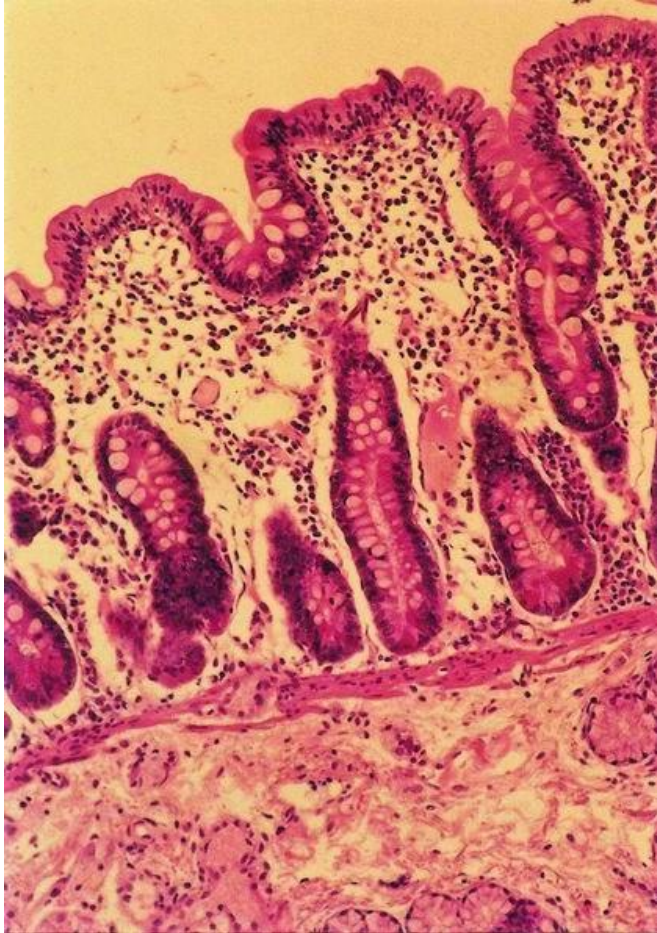


# Celiac disease – histology





# Celiac disease – histology







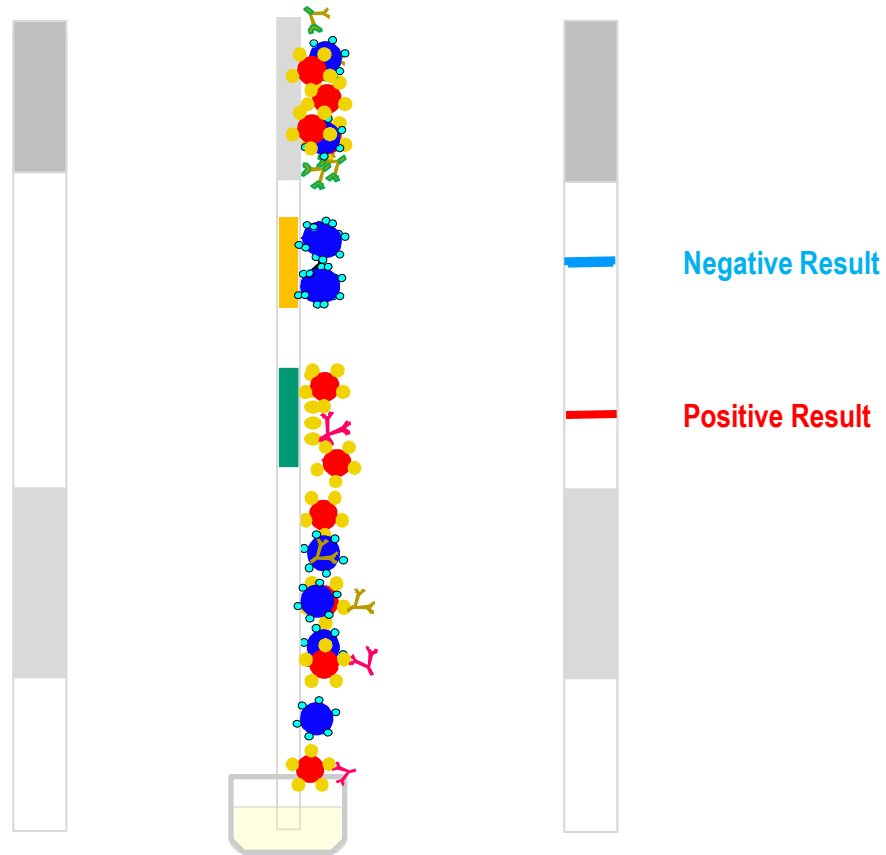
# Celiac disease – POCT market



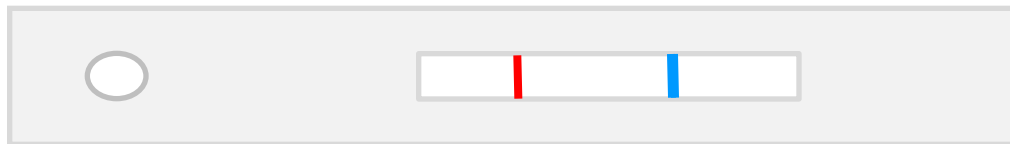
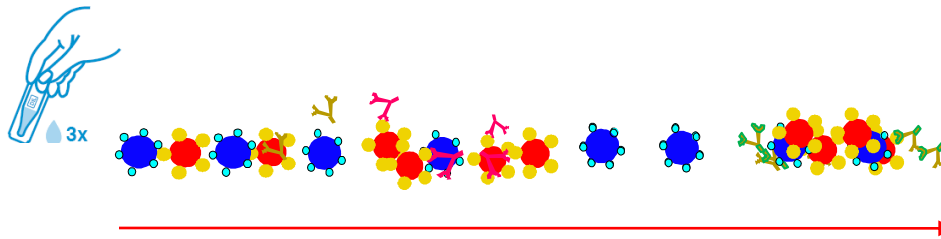
# Celiac disease – POCT market

Company	Brand	Sample	Parameters
Ani Biotech	BioCard	Whole blood	Anti-tTG (IgA), Total IgA
Augurix	Sintomax	Whole blood	Anti-DGP (IgA & IgG), Total IgA
Eurospital	XeliacTest	Whole blood	Anti-tTG (IgA & IgG)
	Eu-tTG Screen CD Screen	Serum	Anti-tTG (IgA & IgG) Anti-tTG / Gliad IgA
Operon	Simple CD1WB Stick CD1	Whole blood Serum	Anti-tTG (IgA & IgG)
	Simple CD2WB Stick CD2	Whole blood Serum	Anti-tTG / Gliad IgA

# Celiac disease – stick assay - serum



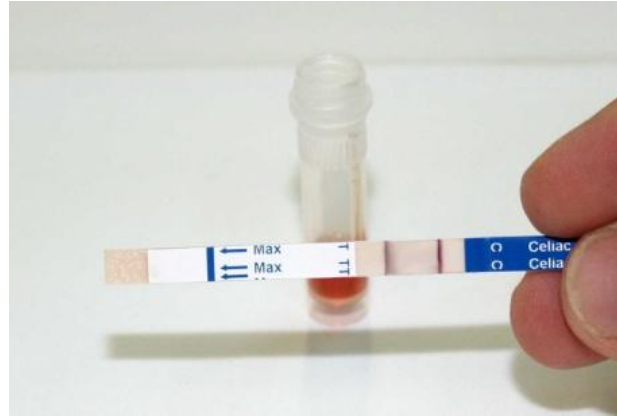
# Celiac disease – cassette – whole blood



Positive Result  
Invalid Result



# Celiac disease – POCT interpretation



# Celiac disease – POCT in IgA deficiency

- A negative result with an IgA-based assay may occur due to total serum IgA deficiency and lead to a doubtful interpretation of the result.
- Two options to offset total serum IgA deficiency:
  - Simultaneous detection of both class IgA and IgG antibodies
  - Detection of total serum IgA
    - In some cases, total serum IgA deficiency is indicated by the absence of both Test and Control lines.
    - The same may occur when a test is not performed properly.

# Celiac disease – POCT performance

*Dolinsek et al. 2012*

		<b>Sens.</b>	<b>Spec.</b>	<b>PPV</b>	<b>NPV</b>
<b>Diagnosis</b>	5 min	82.9%	93.6%	78.0%	97.7%
	10 min	96.9%	89.5%	54.3%	99.1%

<b>Anti-tTG</b>		<b>CD</b>	<b>Healthy</b>	
		Pos	Neg	
<b>Whole blood</b>	Pos	117	7	124
	Neg	4	100	104
	Total	121	107	228
Sens.		96.7%	PPV	94.4%
Spec.		93.5%	NPV	96.2%

*Raivio et al. 2006*

<b>Anti-tTG</b>		<b>CD</b>	<b>Healthy</b>	
		Pos	Neg	
<b>Whole blood</b>	Pos	110	7	117
	Neg	4	208	212
	Total	114	215	329
Sens.		96.5%	PPV	94.0%
Spec.		96.7%	NPV	98.1%

*Nemec et al. 2006*

# Celiac disease – POCT performance in GFD

- Use of POC tests for GFD follow-up is still under evaluation.
  - Some studies confirm their use for monitoring the compliance with the diet.
  - On the other hand, a qualitative response does not provide an indication of the antibody level, which is important to check a diet adherence.

# Future perspectives

- New microsystems

- finger prick blood, 30 minutes
- simultaneous
  - multiple Ab test
    - t-TG, DGP (IgA, IgG)
  - total IgA determination
  - HLA-DQ2/DQ8 status



1. End user: General practitioner, nurse...



2. Single drop of blood.



6. User-friendly Feedback.



3. Biomedical interface.



5. Communication with hospital information systems.



4. Disposable fluidic cartridge.

# Conclusions

- Celiac disease is important health problem
- diagnostic tools are reliable, but invasive
- POCT tests available
  - high NPV, satisfactory PPV
  - possibility of use in developing regions
  - limitations
    - qualitative
    - not diagnostic (not included in recommendations)
    - possibility of false negative results in IgA deficiency
    - GFD monitoring
- new promising tools appearing



# Conclusions



