Aurora Life Sciences

Independent Testing Laboratory

Specializing in Autoimmune Marker Detection

Predictive Fatigue Markers to:	Indication
Ro60	**SSA -** Positive ~70% patients with primary Sjögren's syndrome + ~10-15% patients with secondary Sjögren's syndrome. 40% patients with SLE are positive for SSA. Other diseases, e.g. Scleroderma and MCTD. Positive anti-SSA also occurs in Malaria, Bilharzia + Leishmaniasis
Ro52	**SSA (Trim21) -** Potential tool for the identification of mothers with a risk of giving birth to children with congenital heart block. It often occurs in variants of Myositis together with Jo-1 antibodies. When detected isolated it has no role in the diagnosis of SS
La	**SSB -** Positive ~70% patients with primary Sjögren's syndrome, 5-30% patients with SLE. Frequently present with SSA in Sjögren's + SLE, sometimes in Scleroderma + RA. Isolated occurrence of SSB described in Primary Biliary Cirrhosis + Autoimmune Hepatitis
Sm	**Smith -** Positive ~10-30% patients with SLE in Western Europe + specificity in this disease is high. The frequency is higher in Afro-Americans + Asians with SLE than in Caucasians. Patients with SLE often remain positive for Sm in remission + therefore detection of Sm can be valuable, when anti-dsDNA cannot be measured
U1-snRNP A/C/68kD	**Ribonucleoprotein -** Occurs in almost all patients with MCTD, in 5-50% patients with SLE + is most common in patients with lung manifestations or signs of Myositis, Raynaud's phenomenon + positive RF IgM. The antibodies may also occur in RA + Polymyositis/Dermatomyositis as well as Scleroderma. Some healthy people + patients with Malaria, Bilharzia + Leishmaniasis have antibodies against nRNP
PMScl100	**100kDA -** Associated with Polymyositis/Scleroderma overlap syndrome, Scleroderma, unclear Myositis
dsDNA	**Double Stranded DNA -** Associated with SLE or incipient exacerbation of this disease, Chronic Aggressive Hepatitis of the "lupoid hepatitis" type
Mi-2	Associated with Dermatomyositis, unclear Myositis. Rarely occurs in patients with polymyositis
Ku	**p70/p80 protein -** Associated with Polymyositis/Dermatomyositis
PCNA	**Proliferating Cell Nuclear Antigen -** Associated with SLE, occurs in 2-10% of patients with SLE
CENP B	**Centromere B Protein -** Centromere antibodies occur primarily in patients with the CREST syndrome variant of Systemic Sclerosis (Scleroderma)
Jo-1	**Histidyl-tRNA Synthetase -** Positive ~25% patients with Polymyositis/Dermatomyositis + largely pathognomonic for the disease
Scl70	**70kDA -** Positive ~15% patients with Scleroderma, especially of the systemic progressive form (diffuse progressive Systemic Sclerosis). Patients with Raynaud's syndrome and positive anti-Scl70 often develop a typical diffuse progressive systemic scleroderma later
Ribosomal P0	Associated with Systemic Lupus Erythematosus, especially with CNS involvement

On suspicion of an autoimmune disease it should be noted that findings of autoantibodies can only be used to support the diagnosis, as autoantibodies may occur without a disease or as a transient phenomenon during infection. A positive or negative result of a test can therefore not be used for a diagnosis, if there are no defined clinical disease criteria.
In some diseases, it may be appropriate to monitor the concentration of autoantibodies with regard to the development of manifest disease, on other occasions with regard to the assessment of disease activity, prognosis or effect of the treatment. Not all the autoantibodies associated with an autoimmune disorder are necessary to diagnose an autoimmune disorder.

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