

Optimal follow-up of cancer patients

Excellent precision as essential factor in the serial determination of tumor markers • Establishing individual patient's baselines • Nobel Prize®-winning TRACE technology



Exceptionally precise, fast, and easy Tumor markers on KRYPTOR Systems

- Extremely precise²⁻⁷
- Minimal interference due to TRACE technology^{8,9}
- Broad measurement range due to "intelligent dilution": automated within-run dilution in the first minutes of incubation
- Use of the well described
 Fujirebio antibodies
 (formerly Centocor)



Thermo Scientific B·R·A·H·M·S KRYPTOR compact PLUS Article number: 106172



Discover the Nobel Prize[®]-winning KRYPTOR technology at thermoscientific.com/kryptor

Precision is essential

in the measurement of tumor markers, especially at low levels

Tumor markers are a powerful tool in **therapy control** and **follow-up** of cancer patients, and precision is a critical parameter when choosing an assay method. **The course of a cancer disease is usually reflected by the individual course of tumor markers, and the individual course is**

derived from serial determinations of the leading tumor **marker.** The dynamics of these serial measurements are more important than the concentration of a single determination, therefore it is important to have reliable and precise measurement of the analyte.¹



Figure 1 Example of an individual course of CA 15-3 in breast cancer (by courtesy of Dr. P. Stieber)

Establishing the **individual patient's baseline** is an important prerequisite for therapy control and follow-up; with **baseline** being the lowest measured marker level after primary therapy. In approximately 85% of cases, tumor marker levels decrease to those closer to the median concentration of healthy individuals after R0 resection.

It should be noted that the median of the healthy population is usually much lower than the upper reference range limit (95th percentile), known as 'cut-off'!

| | 95 th percentile | Median of healthy |
|---------|-----------------------------|-------------------|
| CA 19-9 | 30.6 U/mL | 9.8 U/mL |

 Table 1
 Example for the difference of cut-off and median of the healthy population

For therapy control and follow-up, the leading tumor marker has to be chosen. A combination of at least two markers (marker of 1st and 2nd choice) is often useful (table 2). Among therapy control and follow-up, several tumor markers can be helpful in screening, diagnosis and prognosis of selected tumor diseases (table 3).

| Marker Tumor | CEA | AFP | CA 19-9 | CA 125 II | CA 15-3 | Chromo- granin A | NSE | CYFRA 21-1 | SCC | hCG+β | PSA | Calci- tonin | hTG |
|---|--------|-----|------------|--------------|------------|---------------------|-----|---------------|-----|-------|-----|-----------------|-----|
| Colon Pancreas Stomach Esophagus Liver (HCC) Biliary ducts | | • | • | | | • | | | ٠ | | | | |
| Neuroendocrine tumors (NET) | | | | | | • | ٠ | | | | | | |
| Breast Ovary Cervix Chorion | • | | | • | • | | | | • | • | | | |
| Lung SCLC NSCLC | ٠ | | | | | 0 | • | • | • | | | | |
| Germ cell Prostate Bladder | 0 0 | ٠ | | | | | | • | | • | ٠ | | |
| Thyroid C-Cell | • | | | | | 0 | | | | | | • | • |
| ENT | ٠ | | | | | | | • | • | | | | |

 Table 2
 Examples for the use of marker combinations (by courtesy of Dr. P. Stieber)

● 1st choice ● 2nd choice ○ 3rd choice

| Marker | Screening | Diagnosis | Follow-up | Prognosis | |
|----------------|-------------------------|------------------------------------|-------------------------------------|-------------------------------|--|
| CEA | c-cell carcinoma | c-cell carcinoma | colon, breast, lung (NSCLC), c-cell | colon, stomach, breast | |
| AFP | risk group germ cell, H | | germ cell, HCC | germ cell | |
| CA 19-9 | | pancreas | pancreas, biliary ducts | stomach, colon | |
| CA 125 II | | | ovary serous | ovary serous | |
| CA 15-3 | | | breast | breast | |
| Chromogranin A | | confirmation of carcinoid syndrome | neuroendocrine tumors (NET) | [neuroendocrine tumors (NET)] | |
| NSE | | lung (SCLC) | lung (SCLC) | lung (SCLC) | |
| CYFRA 21-1 | | lung (NSCLC) | lung (NSCLC), bladder | lung (NSCLC) | |
| SCC | | | cervix, lung (NSCLC), ENT | cervix | |
| hCG+β | risk group | germ cell, trophoblast tumors | germ cell, trophoblast tumors | germ cell, trophoblast tumors | |
| PSA | prostate | prostate | prostate | | |
| Calcitonin | c-cell carcinoma | c-cell carcinoma | c-cell carcinoma | c-cell carcinoma | |
| hTG | | | diff. thyroid carcinoma | | |

Table 3 Indications for Thermo Scientific[™] B·R·A·H·M·S[™] tumor markersxamples for the use of marker combinations (by courtesy of Dr. P. Stieber)



Tumor markers on KRYPTOR Systems Excellent precision and reproducibility

The unique TRACE[™] technology utilised by KRYPTOR[™] Systems eliminates the need for washing and separation steps, which significantly reduces the imprecision and variability inherent in many other systems.⁴

It is this precise and consistent measurement of analyte concentration which makes tumor markers on KRYPTOR Systems an invaluable tool in the monitoring of cancer disease and in control of therapy.

| Intra-assay precision | | | | | |
|-----------------------|----|--------------|--------|--|--|
| Serum pool | Ν | Mean [ng/mL] | CV (%) | | |
| 1 | 20 | 0.5 | 4.3 | | |
| 2 | 20 | 3.5 | 1.2 | | |
| 3 | 20 | 15 | 0.9 | | |
| 4 | 20 | 36.3 | 0.6 | | |
| 5 | 20 | 54.6 | 0.7 | | |

| Intra-assay p | recision 3 ca | alibrations, 2 kit lots, 2 calib | rators, 20 days | |
|---------------|---------------|----------------------------------|-----------------|--|
| Serum pool | Ν | Mean [ng/mL] | CV (%) | |
| 1 | 40 | 3.5 | 2.3 | |
| 2 | 40 | 8.1 | 2.4 | |
| 3 | 40 | 15 | 2.1 | |
| 4 | 40 | 36.3 | 2.2 | |
| 5 | 40 | 54.6 | 1.9 | |

Table 4 Data on tumor marker precision: Examples for Thermo Scientific B·R·A·H·M·S Total PSA KRYPTOR



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Thermo Scientific Tumor Markers A broad range of markers available

| Brain | | | ENT (Ear, Nose, and Throat |
|--|--------------|-------------|---|
| NSE, CEA | 1 | | SCC, CYFRA 21-1, CE |
| Pituitary Gland | T a | | Thyroid |
| Prolactin | | | MTC: Calcitonin, |
| Lung | | M. KI | Chromogranin A, CEA DTC: Thyroglobulin, CE |
| SCLC: NSE, CYFRA 21-1, Chromogranin A | | | Esophagus |
| NSCLC: SCC, CYFRA | | | SCC, CYFRA 21-1, CEA |
| 21-1, CEA | | And | Breast |
| Liver | \mathbf{X} | 231 - | CA 15-3, CEA |
| AFP, CEA, CA 19-9, Chromogranin A | | | Stomach |
| Callbladdor | | | CEA, CA 19-9, |
| CA 19-9. CEA | | | Chromogranin A |
| drenal Gland | | | Pancreas |
| Chromogranin A | 16 9 | A Sec | CA 19-9, CEA, Chromogranin A |
| Kidnev | | MACR | Neuroendocrine Tumo |
| CEA, NSE | 1920 | 60221 | Chromogranin A, NSE |
| Colon | NO. | | Ovary |
| CEA, CA 19-9, | | | CA 125 II, CEA, AFP, |
| Chromogranin A | Xe | | hCG+β |
| Bladder | | | Uterus |
| CYFRA 21-1, CEA, NSE | | | SCC, hCG+β, CYFRA 21-1 |
| Prostate | | | Cornix |
| lotal PSA, Free PSA | | | SCC. CYFBA 21-1, CEA |
| Testicle | | | |
| AFP, NCG+β | | | SCC |
| Bone Metastases | | | |
| Osteocalcin | | | |

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Clinical Diagnostics

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