

Overview**Useful For**

Measurement of antineutrophil cytoplasmic antibodies as a part of a profile to aid in distinguishing between ulcerative colitis and Crohn disease in patients for whom the specific diagnosis is unclear based on endoscopic, pathologic, and imaging evaluations

This test is **not useful for** determining the extent of disease in patients with inflammatory bowel disease or determining the response to disease-specific therapy including surgical resection of diseased intestine.

Method Name

Only orderable as part of a profile. For more information see IBDP2 / Inflammatory Bowel Disease Serology Panel, Serum.

Indirect Immunofluorescent Assay (IFA)

NY State Available

Yes

Specimen**Specimen Type**

Serum

Specimen Required

Only orderable as part of a profile. For more information see IBDP2 / Inflammatory Bowel Disease Serology Panel, Serum.

Specimen Minimum Volume

0.4 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	OK
Heat-treated specimen	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	21 days	
	Frozen	21 days	

Clinical and Interpretive

Clinical Information

Inflammatory bowel disease (IBD) refers to 2 diseases—ulcerative colitis (UC) and Crohn disease (CD), both of which result from chronic inflammation in the gastrointestinal (GI) tract.⁽¹⁾ CD is characterized by chronic diarrhea, abdominal pain, and fatigue.⁽²⁾ In comparison, UC frequently presents with bloody diarrhea that is of an urgent nature.⁽³⁾ Inflammation in UC most frequently affects the rectum and proximal colon, and presents with continuous mucosal involvement. In CD, inflammation can affect almost any area of the GI tract and is usually evidenced as patchy, transmural lesions.^Â

Diagnosis of IBD is primarily based on clinical evaluation, endoscopy with biopsy, and imaging studies.⁽⁴⁾ Because CD and UC are characterized by GI inflammation, fecal calprotectin can be used to differentiate IBD from noninflammatory conditions such as irritable bowel syndrome (IBS). Fecal calprotectin is useful in excluding IBD as a diagnosis and avoiding unnecessary endoscopic or imaging procedures.

CD and UC are associated with the presence of various antimicrobial and autoantibodies.⁽⁵⁾ Patients with UC often have measurable antineutrophil cytoplasmic antibodies (ANCA), which react with as yet uncharacterized target antigens in human neutrophils; in contrast, patients with CD often have measurable IgA and/or IgG antibodies, which react with cell wall mannan of *Saccharomyces cerevisiae*. Despite these associations, current guidelines indicate that testing for these antibodies is not sufficiently sensitive for use in the diagnosis of IBD.^(2,3) Rather, these antibodies should be limited to distinguishing between CD and UC in cases where the specific diagnosis is unclear from pathologic and imaging studies.

Reference Values

Only orderable as part of a profile. For more information see IBDP2 / Inflammatory Bowel Disease Serology Panel, Serum.

Interpretation

The presence of antineutrophil cytoplasmic antibodies (ANCA) in the absence of IgA and IgG anti-*Saccharomyces cerevisiae* antibodies (ASCA) is consistent with the diagnosis of ulcerative colitis (UC); the presence of IgA and IgG ASCA in the absence of ANCA is consistent with Crohn disease (CD).

Cautions

Results from this test should not be exclusively relied upon to establish the diagnosis of ulcerative colitis (UC) or Crohn disease (CD) or to distinguish between these 2 diseases. Antineutrophil cytoplasmic antibodies (ANCA) are most useful for distinguishing between UC and CD when assessed in conjunction with *Saccharomyces cerevisiae* IgA and IgG antibodies (ASCA).

Some patients with CD have detectable ANCA, and some patients with UC have detectable IgA and/or IgG ASCA.

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ANCA results may be reported as indeterminate if interfering antinuclear antibodies (ANA) are present.

Clinical Reference

1. Rose NR, Mackay IR, eds. Inflammatory bowel diseases. In: The Autoimmune Diseases. Elsevier; 2008
2. Lichtenstein GR, Loftus EV, Isaacs KL, Regueiro MD, Gerson LB, Sands BE: ACG Clinical Guideline: Management of Crohn's disease in adults. Am J Gastroenterol. 2018;113:481-517
3. Rubin DT, Ananthakrishnan AN, Siegel CA, Sauer BG, Long MD: ACG Clinical Guideline: Ulcerative colitis in adults. Am J Gastroenterol. 2019;114:384-413

4. Clark C, Turner J: Diagnostic modalities for inflammatory bowel disease: Serologic markers and endoscopy. Surg Clin North Am. 2015;95:1123-1141

5. Zhou G, Song Y, Yang W, et al: ASCA, ANCA, ALCA and many more: Are they useful in the diagnosis of inflammatory bowel disease? Dig Dis. 2016;34:90-97

Performance

Method Description

Antineutrophil cytoplasmic antibodies (ANCA) are detected qualitatively using an in-house developed method with a substrate of ethanol-fixed, human neutrophils and fluorescein conjugated, antihuman IgG antibody as a detection protein. Results of the test for ANCA are reported as positive, negative, or indeterminate.(Unpublished Mayo method)

PDF Report

No

Day(s) Performed

Monday through Friday

Specimen Retention Time

14 days

Performing Laboratory Location

Rochester

Fees and Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed, and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

86255

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
ANCA2	Cytoplasmic Neutrophilic Ab IBD, S	17355-9

Result ID	Test Result Name	Result LOINC Value
610030	Cytoplasmic Neutrophilic Ab IBD, S	17355-9

Result ID	Test Result Name	Result LOINC Value
614542	ANCA2 Interpretation	49308-0