Overview

Useful For
As an adjunct in the evaluation of patients with lupus erythematosus (LE)
Aids in the differential diagnosis of neuropsychiatric symptoms in patients with LE

Testing Algorithm
See Connective Tissue Disease Cascade (CTDC) in Special Instructions.

Special Instructions
- Connective Tissue Disease Cascade (CTDC)

Method Name
MultiplexFlowImmunoassay

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required
Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 0.5 mL

Specimen Minimum Volume
0.35 mL

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
<th>Reject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross lipemia</td>
<td>Reject</td>
</tr>
<tr>
<td>Gross icterus</td>
<td>OK</td>
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Specimen Stability Information

<table>
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<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tr>
<td>Serum</td>
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<td>21 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(preferred)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>21 days</td>
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Clinical and Interpretive

Clinical Information
The 80S mammalian ribosome is composed of approximately equal amounts of protein and RNA. The larger 60S subunit contains 3 acidic phosphoproteins, PO, P1, and P2 with molecular masses of 38 kDa, 19 kDa, and 17 kDa, respectively. The major immunoreactive epitope of these 3 autoantigens is found within 22 consecutive amino acids of the carboxy terminus of these 3 highly conserved proteins.

It has been known for some time that sera from some patients with lupus erythematosus (LE) react with ribosomal protein antigens. Studies performed with synthetic peptide antigens revealed that reactivity detected by immunoprecipitation and by immunofluorescence methods in sera from LE patients was directed at the above mentioned epitope. Antibodies to ribosome P proteins are considered highly specific for LE, and have been reported in patients with central nervous system (CNS) involvement and so called "lupus psychosis." The reported frequency of antibodies to ribosome P protein autoantigens in patients with LE is approximately 12%.

Since patients with LE may manifest signs and symptoms of CNS diseases including neuropsychiatric symptoms, the presence of antibodies to ribosome P protein may be useful in the differential diagnosis of such patients. Other causes of CNS symptoms in patients with LE include thrombosis with or without antibodies to phospholipid antigens and iatrogenic effects from treatment with corticosteroid drugs.

Reference Values
<1.0 U (negative)
> or =1.0 U (positive)

Reference values apply to all ages.

Interpretation
A positive result is consistent with the diagnosis of lupus erythematosus, and may indicate the presence of central nervous system involvement.

Cautions
Most patients with lupus erythematosus (LE) do not have detectable levels of antibodies to ribosome P protein.

This test should not be relied upon to establish the diagnosis or to rule out the diagnosis in a patient with signs and symptoms compatible with LE.

Clinical Reference


Performance
Method Description
Affinity-purified ribosome P antigens are coupled covalently to polystyrene microspheres, which are impregnated with fluorescent dyes to create a unique fluorescent signature. Ribosome P antibodies, if present in diluted serum, bind to ribosome P antigen on the microspheres. The microspheres are washed to remove extraneous serum proteins. Phycoerythrin (PE)-conjugated, antihuman IgG antibody is then added to detect IgG anti-ribosome P antibodies bound to the microspheres. The microspheres are washed to remove unbound conjugate, and bound conjugate is detected by laser photometry. A primary laser reveals the fluorescent signature of each microsphere to distinguish it from microspheres that are labeled with other antigens, and a secondary laser reveals the level of PE fluorescence associated with each microsphere. Results are calculated by comparing the median fluorescence response for ribosome P microspheres to a 4-point calibration curve.(Package insert: Bioplex 2200 ANA Screen. Bio-Rad Laboratories, Hercules, CA 11/2011)

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Saturday; 4 p.m.

Analytic Time
Same day/1 day

Maximum Laboratory Time
3 days

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 has been cleared or approved by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information
83516

LOINC® Information

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