

MAGLUMI PG II (CLIA)



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FOR PROFESSIONAL USE ONLY

Store at 2-8°C



COMPLETELY READ THE INSTRUCTIONS BEFORE
PROCEEDING



SYMBOLS EXPLANATIONS



Authorized Representative in the
European community



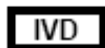
Manufacturer



Consult instructions for use



Contents of kit



In vitro diagnostic medical device



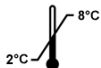
Batch code



Catalogue number



Use by



Temperature limitation
(store at 2-8 °C)



Sufficient for



Keep away from sunlight



Keep upright for storage

INTENDED USE

The kit has been designed for the quantitative determination of Pepsinogen II (PG II) in human serum.

The method can be used for samples over the range of 1.0-100.0 ng/ml.

The test has to be performed on the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMI (Including Maglumi 600, Maglumi 1000, Maglumi 1000 Plus, Maglumi 2000, Maglumi 2000 Plus, Maglumi 3000 and Maglumi 4000).

SUMMARY AND EXPLANATION OF THE TEST

Pepsinogen is a precursor for pepsin, a digestive enzyme specifically produced in the gastric mucosa. The human stomach expresses two isozymogens, PG I and PG II, with different biochemical and immunological properties. While PG I is produced in chief and mucous neck cells, PG II is produced not only in these cells, but also in the cardiac, pyloric, and duodenal Brunner gland cells.

Studies have clarified that serum PG levels reflect the morphology and function of the gastric mucosa and also various pathological conditions such as inflammation. It is important to note that, during the process of chronic atrophic gastritis, mucosal atrophy advances from the side of the pyloric gland towards the oral side, and that PG I levels and PG I/PG II ratios decrease with advancement in mucosal atrophy.

PG changes in serum can reflect the function of gastric mucosa changes, such as infection, inflammation, ulcers, bleeding, and atrophy.

In clinical examination, PG I and PG I/PG II ratio are often used for diagnosis. In most pathological conditions, PG I/PG II ratio decrease.

PRINCIPLE OF THE TEST

Sandwich immunoluminometric assay;

Use an anti-PG II monoclonal antibody to label ABEI, and use another monoclonal antibody to label FITC. Sample, Calibrator or Control with ABEI Label, FITC Label and magnetic microbeads coated with anti-FITC are mixed thoroughly and incubated at 37°C, forming a sandwich; after sediment in a magnetic field, decant the supernatant, then cycle washing for 1 time. Subsequently, the starter reagents are added and a flash chemiluminescent reaction is initiated. The light signal is measured by a photomultiplier as RLU within 3 seconds and is proportional to the concentration of PG II present in samples.



KIT COMPONENTS

Material Supplies

Reagent Integral for 100 determinations	
Nano magnetic microbeads: TRIS buffer, 1.2% (W/V), 0.2%NaN ₃ , coated with sheep anti-FITC polyclonal antibody.	2.5ml
Calibrator Low: bovine serum, 0.2%NaN ₃	2.5ml
Calibrator High: bovine serum, 0.2%NaN ₃	2.5ml
FITC Label: anti-PG II monoclonal antibody labeled FITC contains BSA, 0.2%NaN ₃ .	7.5ml
ABEI Label: anti-PG II monoclonal antibody labeled ABEI contains BSA, 0.2%NaN ₃ .	7.5ml
All reagents are provided ready-to-use.	

Reagent Vials in kit box	
Internal Quality Control: containing BSA,	2.0ml

0.2%NaN ₃ . (target value refer to Quality Control Information date sheet)	
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Internal quality control is only applicable with MAGLUMI system. Instructions for use and target value refer to Quality Control Information date sheet. User needs to judge results with their own standards and knowledge.

Accessories Required But Not Provided

MAGLUMI Reaction Module	REF: 630003
MAGLUMI Starter 1+2	REF: 130299004M
MAGLUMI Wash Concentrate	REF: 130299005M
MAGLUMI Light Check	REF: 130299006M

Please order accessories from SNIBE or our representative.



Preparation of the Reagent Integral

Before the sealing is removed, gentle and careful horizontal shaking of the Reagent Integral is essential (avoid foam formation!) Remove the sealing and turn the small wheel of the magnetic microbeads compartment to and fro, until the colour of the suspension has changed into brown. Place the Integral into the reagent area and let it stand there for 30 min. During this time, the magnetic microbeads are automatically agitated and completely resuspended.

Do not interchange integral component from different reagents or lots!

Storage and Stability

- Sealed: Stored at 2-8°C until the expiry date.
- Opened: Stable for 4 weeks. To ensure the best kit performance, it is recommended to place opened kits in the refrigerator if it's not going to be used on board during the next 12 hours.



- Keep upright for storage



- Keep away from sunlight

CALIBRATION AND TRACEABILITY

1) Traceability

To perform an accurate calibration, we have provided the test calibrators standardized against the SNIBE internal reference substance.

Calibrators in the Reagent Kit are from Fitzgerald

2) 2-Point Recalibration

Via the measurement of calibrators, the predefined master curve is adjusted (recalibrated) to a new, instrument-specific measurement level with each calibration.

3) Frequency of Recalibration

- After each exchange of lots (Reagent Integral or Starter Reagents).
- Every week and/or each time a new Integral is used (recommendation).
- After each servicing of the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMI.
- If controls are beyond the expected range.
- The room temperature has changed more than 5 °C (recommendation).

SPECIMEN COLLECTION AND PREPARATION

Sample material: serum

Collect 5.0ml venous blood into Blood Collection Tube. Standing at room temperature. centrifuging, separating serum part.

096130729-V2.3-EN

The serum sample is stable for up to 12 hours at 2-8°C. More than 12 hours, please packed, -20 °C can be stored for 30 days.

Avoid repeated freezing and thawing, the serum sample can be only frozen and thawed two times. Stored samples should be thoroughly mixed prior to use (Vortex mixer).

Please ask local representative of SNIBE for more details if you have any doubt.

Vacuum Tubes

- Blank tubes are recommended type for collecting samples.
- Please ask SNIBE for advice if special additive must be used in sample collecting.

Specimen Conditions

- Do not use specimens with the following conditions:
 - heat-inactivated specimens;
 - Cadaver specimens or body fluids other than human serum;
 - Obvious microbial contamination.
- Use caution when handling patient specimens to prevent cross contamination. Use of disposable pipettes or pipette tips is recommended.
- Inspect all samples for bubbles. Remove bubbles with an applicator stick prior to analysis. Use a new applicator stick for each sample to prevent cross contamination.
- Serum specimens should be free of fibrin, red blood cells or other particulate matter.
- Ensure that complete clot formation in serum specimens has taken place prior to centrifugation. Some specimens, especially those from patients receiving anticoagulant or thrombolytic therapy, may exhibit increased clotting time. If the specimen is centrifuged before a complete clot forms, the presence of fibrin may cause erroneous results.

Preparation for Analysis

- Patient specimens with a cloudy or turbid appearance must be centrifuged prior to testing. Following centrifugation, avoid the lipid layer (if present) when pipetting the specimen into a sample cup or secondary tube.
- Specimens must be mixed **thoroughly** after thawing by **low** speed vortexing or by gently inverting, and centrifuged prior to use to remove red blood cells or particulate matter to ensure consistency in the results. Multiple freeze-thaw cycles of specimens should be avoided.
- All samples (patient specimens or controls) should be tested within 3 hours of being placed on board the MAGLUMI System. Refer to the SNIBE service for a more detailed discussion of onboard sample storage constraints.

Storage

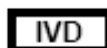
If testing will be delayed for more than 8 hours, remove serum from the serum separator, red blood cells or clot. Specimens removed from the separator gel, cells or clot may be stored up to 12 hours at 2-8°C.

Specimens can be stored up to 30 days frozen at -20°C or colder.

Shipping

Before shipping specimens, it is recommended that specimens be removed from the serum separator, red blood cells or clot. When shipped, specimens must be packaged and labeled in compliance with applicable state, federal and international regulations covering the transport of clinical specimens and infectious substances. Specimens must be shipped frozen (dry ice). Do not exceed the storage time limitations identified in this section of the package insert.

WARNING AND PRECAUTIONS FOR USERS



- For use in *IN-VITRO* diagnostic procedures only.
- Package insert instructions must be carefully followed. Reliability of assay results cannot be guaranteed if there are any deviations from the instructions in this package insert.

Safety Precautions

CAUTION: This product requires the handling of human specimens.

- The calibrators in this kit are prepared from bovine serum products. However, because no test method can offer complete assurance that HIV, Hepatitis B Virus or other infectious agents are absent; these reagents should be considered a potential biohazard and handled with the same pre-cautions as applied to any serum or plasma specimen.
- All samples, biological reagents and materials used in the assay must be considered potentially able to transmit infectious agents. They should therefore be disposed of in accordance with the prevailing regulations and guidelines of the agencies holding jurisdiction over the laboratory, and the regulations of each country. Disposable materials must be incinerated; liquid waste must be decontaminated with sodium hypochlorite at a final concentration of 5% for at least half an hour. Any materials to be reused must be autoclaved using an overkill approach. A minimum of one hour at 121°C is usually considered adequate, though the users must check the effectiveness of their decontamination cycle by initially validating it and routinely using biological indicators.
- It is recommended that all human sourced materials be considered potentially infectious and handled in accordance with the OSHA Standard on Blood borne Pathogens 13. Biosafety Level 214 or other appropriate bio-safety practices should be used for materials that contain or are suspected of containing infectious agents.
- This product contains Sodium Azide; this material and its container must be disposed of in a safe way.
- Safety data sheets are available on request.

Handling Precautions

- Do not use reagent kits beyond the expiration date.
- Do not mix reagents from different reagent kits.
- Prior to loading the Reagent Kit on the system for the first time, the microbeads requires mixing to re-suspend microbeads that have settled during shipment.
- For microbeads mixing instructions, refer to the KIT COMPONENTS, Preparation of the Reagent Integral section of this package insert.
- To avoid contamination, wear clean gloves when operating with a reagent kit and sample.
- Over time, residual liquids may dry on the kit surface; please pay attention to the silicon film still exists on the surface of the kit.
- For a detailed discussion of handling precautions during system operation, refer to the SNIBE service information.

TEST PROCEDURE

To ensure proper test performance, strictly adhere to the operating instructions of the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMI. Each test parameter is identified via a RFID tag on the Reagent Integral. For further information please refer to the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMI Operating Instructions.

50µl	Sample, calibrator
+50µl	ABEI Label
+50µl	FITC Label
+20µl	Nano magnetic microbeads
15 min	Incubation
400µl	Cycle washing:
3 s	Measurement

DILUTION

Sample dilution by analyzer is not available in this reagent kit. Samples with concentrations above the measuring range can be diluted manually. After manual dilution, multiply the result by the dilution factor.

Please choose applicable diluents or ask SNIBE for advice before manual dilution must be processed.

QUALITY CONTROL

- Observe quality control guidelines for medical laboratories
- Use suitable controls for in-house quality control. Controls should be run at least once every 24 hours when the test is in use, once per reagent kit and after every calibration. The control intervals should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined ranges. Each laboratory should establish guidelines for corrective measures to be taken if values fall outside the range.

LIMITATIONS OF THE PROCEDURE

1) Limitations

Patients with malignancies may exhibit PG II values within the normal range. Thus, PG II determination is more suitable for therapeutic monitoring and follow-up as well as for a comparison with histological results. PG II serum levels may only be interpreted in context with the clinical picture and other diagnostic procedures. The PG II assay should not be used as the only criterion for cancer screening.

2) Interfering Substances

No interference with test results is seen by concentrations of bilirubin<0.125mg/ml, haemoglobin<16mg/dl or triglycerides<12.5mg/ml.

3) HAMA

Patient samples containing human anti-mouse antibodies (HAMA) may give falsely elevated or decreased values. Although HAMA-neutralizing agents are added, extremely high HAMA serum concentrations may occasionally influence results.

4) High-Dose Hook

No high-dose hook effect was seen for PG II concentrations up to 1,000ng/ml.

RESULTS

1) Calculation of Results

The analyzer automatically calculates the PG II concentration in each sample by means of a calibration curve which is generated by a 2-point calibration master curve procedure. The results are expressed in ng/ml. For further information please refer to the Fully-auto chemiluminescence immunoassay (CLIA) analyzer MAGLUMI Operating Instructions.

2) Interpretation of Results

- Results of study in clinical centers with group of individuals, 95% of the results were <: 13 ng/ml. Recommend PG I<70 ng/ml, and PG I/PG II<3 as diagnostic cutoff value.
- Results may differ between laboratories due to variations in population and test method. If necessary, each laboratory should establish its own reference range.

PERFORMANCE CHARACTERISTICS

1) Precision

Intra-assay coefficient of variation was evaluated on 3 different levels of control serum repeatedly measured 20 times in the same run, calculating the coefficient of variation.

Intra-assay precision			
Control	Mean(ng/ml)	SD(ng/ml)	CV%

Level 1	10.47	0.83	7.97
Level 2	19.04	1.13	7.93
Level 3	71.83	3.92	7.46

Inter-assay coefficient of variation was evaluated on three batches of kits. Repeatedly measured 3 different levels of control serum 21 times, calculating the coefficient of variation.

Inter-assay precision			
Control	Mean(ng/ml)	SD(ng/ml)	CV%
Level 1	10.21	0.95	9.14
Level 2	21.92	1.97	9.01
Level 3	67.75	6.38	9.42

2) Analytical Sensitivity

The sensitivity is defined as the concentration of PG II equivalent to the mean RLU of 20 replicates of the zero standard plus two standard deviations corresponding to the concentration from the standard curve. The sensitivity is typically less than 1.0ng/ml.

3) Specificity

The specificity of the PG II assay system was assessed by measuring the apparent response of the assay to various potentially cross reactive analytes.

Compound	Concentration	Cross reactivity
PG I	281.171ng/ml	1.8%

4) Recovery

Consider calibrator high of known concentration as a sample, dilute it by 1:2 ratio with diluents, and measure its diluted concentration for 10 times. Then calculate the recovery of measured concentration and expected concentration. The recovery should be within 90% -110%.

Expected	Mean Measuring	Recovery
34.383ng/ml	32.196ng/ml	93%

5) Linearity

Use PG II calibrator to prepare the six-point standard curve, measuring all points' RLU except point A, and then do four-parameter linear fitting in double logarithm coordinate, the absolute linear correlation coefficient(r) should be bigger than 0.9800.

Calibrator Point	Concentration ng/ml	Absolute linear correlation coefficient (r)
A	0	
B	5	r=0.9832
C	10	
D	20	
E	50	
F	100	

6) Method comparison

A comparison of MAGLUMI PG-II(y) with a commercially available PG-II test(x) using clinical samples gave the following correlations (ng/ml):

Linear regression
 $y = 1.151x + 2.207$
 $r = 0.9697$

Number of samples measured: 100

The sample concentrations were between 5.28 and 237.34ng/ml.

REFERENCES

- Oshima A, Hanai A, Fujimoto I. Evaluation of a mass screening program for stomach cancer. Natl Cancer Inst Monograph 53: 181-186, 1979.
- Hisamichi S, Sugahara N. Mass screening for gastric cancer by Xray examination. Jpn J Clin Oncol 11: 211-233, 1984.

- Fukao A, Tsubono Y, Tsuji I, Hisamichi S, Sugahara N, Takano A. The evaluation of screening for gastric cancer in Miyagi Prefecture, Japan: a population-based case-control study. Int J Cancer 60: 45-48, 1995.
- Kitahara F, Kobayashi K, Sato T, Kojima Y, Araki T, Fujino MA. Accuracy of screening for gastric cancer using serum pepsinogen concentrations. Gut 44: 693-697, 1999.
- Yoshihara M, Sumi K, Haruma K, Kiyohira K, Hattori N, Tanaka S, et al. The usefulness of gastric mass screening using serum pepsinogen levels compared with photo- fluorography. Hiroshima J Med Sci 46: 81-86, 1997.
- Aoki Kazuo; Misumi Junichi. Statistical analysis of serum pepsinogen I (PG I) and II (PG II) levels, PG I/PG II ratios and serum gastrin levels in a general population [J]. Vol.1
- Jaw-Town Lin; Wen-Chung Lee; Ming-Shiang Wu; Jin-Town Wang; Teh-Hong Wang; Chien-Jen Chen. Diagnosis of gastric adenocarcinoma using a scoring system: Combined assay of serological markers of Helicobacter pylori infection, pepsinogen I and gastrin [J]. Vol.30
- G. Frits Nelis; Cornelis B. H. W. Lamers; Gerard Pals. Influence of RP 40749 on basal and meal-stimulated serum-gastrin, serum-pepsinogen I, and gastrin-content of the antral mucosa in duodenal ulcer patients [J]. Vol.30
- Maria Perez-Paramo; Agustin Albillos; Jose Luis Calleja; Clara Salas; Maria Del Carmen Marin; Maria Luisa Marcos; Guillermo Cacho; Pedro Escartin; Jose Ortiz-Berrocal. Changes in Gastrin and Serum Pepsinogens in Monitoring of Helicobacter pylori Response to Therapy [J]. Vol.42
- Katsunori Iijima; Hitoshi Sekine; Tomoyuki Koike; Akira Imatani; Shuichi Ohara; Tooru Shimosegawa. Serum pepsinogen concentrations as a measure of gastric acid secretion in Helicobacter pylori-negative and -positive Japanese subjects [J]. Vol.40
- Mark Feldman; A. John Blair; Charles T. Richardson; I. Michael Samloff. Effect of proximal gastric vagotomy on serum pepsinogen I and II concentrations and acid secretion in duodenal ulcer patients [J]. Vol.33.
- Atsunori Kodoi; Masaharu Yoshihara; Koji Sumii; Ken Haruma; Goro Kajiyama. Serum pepsinogen in screening for gastric cancer [J]. Vol.30
- Sirikan Yamada; Takeshi Matsuhisa; Luksana Makonkawkeyoon; Suparp Chaidatch; Shunji Kato; Norio Matsukura. Helicobacter pylori infection in combination with the serum pepsinogen I/II ratio and interleukin-1β-511 polymorphisms are independent risk factors for gastric cancer in Thais [J]. Vol.41
- H. Banga-Mboko; H. Tamboura; D. Maes; H. Traoré; I. Youssao;;P.T. Sangild;;B. El Amiri; B. Bayala;;B. Remy; J.F. Beckers. Survey of Gastric Lesions and Blood Pepsinogen Levels in Pigs in Burkina Faso [J]. Vol.27
- Yasuyo Tani; Yoshimitsu Akiyama; Hiroshi Fukamachi; Kazuyoshi Yanagihara; Yasuhiro Yuasa. Transcription factor SOX2 up-regulates stomach-specific pepsinogen A gene expression [J]. Vol.133