



Diagnostics Biochem Canada Inc.

Manufacturer of In Vitro Diagnostic Test Kits Since 1973

Direct ELISA Kit...The EiAsy™ Way

CARCINOEMBRYONIC ANTIGEN (CEA)

Cat. No.: CAN-CEA-4000

Version: 5.0

Effective: April 4, 2007

INTENDED USE

For the direct quantitative determination of Carcinoembryonic Antigen by enzyme immunoassay in human serum.

For *in vitro* use only.

This kit is intended for research purposes only and is not to be used for any clinical diagnosis procedures.

PRINCIPLE OF THE TEST

The principle of the following enzyme immunoassay test follows a typical two-step capture or 'sandwich' type assay. The assay makes use of two highly specific monoclonal antibodies: A monoclonal antibody specific for CEA is immobilized onto the microwell plate and another monoclonal antibody specific for a different region of CEA is conjugated to horse radish peroxidase (HRP). CEA from the sample and standards are allowed to bind to the plate, washed, and subsequently incubated with the HRP conjugate. After a second washing step, the enzyme substrate is added. The enzymatic reaction is terminated by addition of the stopping solution. The absorbance is measured on a microtiter plate reader. The intensity of the colour formed by the enzymatic reaction is directly proportional to the concentration of CEA in the sample.

A set of standards is used to plot a standard curve from which the amount of CEA in patient samples and controls can be directly read.

CLINICAL APPLICATIONS

Carcinoembryonic antigen (CEA) is a complex glycoprotein in which both the primary amino acid of the protein part and the carbohydrate fraction of the molecule can vary. Many assays today are based on the use of monoclonal antibodies in which one antibody captures the antigen at one epitope while the conjugated antibody is attached to a different epitope. CEA is used as a tumour marker and in certain cancer patients, the serum level is increased whereby the decreased or increased ranges as a result can be monitored following therapy. At times CEA is done even when the cancer is not evident. If such a determination shows elevated CEA values, therapy is started earlier.

The levels of CEA equal to or less than 5 µg/L are considered normal. CEA values more than 5 µg/L are considered elevated. Much accumulated data during the past years indicates that most colorectal cancers arise from pre-existing polyps. Also it has been stated in many studies that smokers had significantly greater concentrations (as an average) of CEA in serum or plasma than non-smokers.

It has been well documented that CEA abnormalities may occur in many patients with polyps who are smokers.

PROCEDURAL CAUTIONS AND WARNINGS

1. Users should have a thorough understanding of this protocol for the successful use of this kit. Reliable performance will only be attained by strict and careful adherence to the instructions provided.

2. Control materials or serum pools should be included in every run at a high and low level for assessing the reliability of results.

3. When the use of water is specified for dilution or reconstitution, use deionized or distilled water.

4. In order to reduce exposure to potentially harmful substances, gloves should be worn when handling kit reagents and human specimens.

5. All kit reagents and specimens should be brought to room temperature and mixed gently but thoroughly before use.

Avoid repeated freezing and thawing of reagents and specimens.

6. A calibrator curve must be established for every run.

7. The control should be included in every run and fall within established confidence limits.

8. Improper procedural techniques, imprecise pipetting, incomplete washing as well as improper reagent storage may be indicated when assay values for the control do not reflect established ranges.

9. When reading the microplate, the presence of bubbles in the microwells will affect the optical densities (ODs). Carefully remove any bubbles before performing the reading step.

10. The substrate solution (TMB) is sensitive to light and should remain colourless if properly stored. Instability or contamination may be indicated by the development of a blue colour, in which case it should not be used.

11. When dispensing the substrate and stopping solution, do not use pipettes in which these liquids will come into contact with any metal parts.

12. To prevent contamination of reagents, use a new disposable pipette tip for dispensing each reagent, sample, standard and control.

13. Do not mix various lot numbers of kit components within a test and do not use any component beyond the expiration date printed on the label.

14. Kit reagents must be regarded as hazardous waste and disposed of according to national regulations.

LIMITATIONS

1. All the reagents within the kit are calibrated for the direct determination of CEA in human serum. The kit is not calibrated for the determination of CEA in saliva, plasma or other specimens of human or animal origin.

2. Do not use grossly hemolyzed, grossly lipemic, icteric or improperly stored serum.

3. Any samples or control sera containing azide or thimerosal are not compatible with this kit, as they may lead to false results.

4. Only assay buffer may be used to dilute any high serum samples. The use of any other reagent may lead to false results.

5. The results obtained with this kit should never be used as the sole basis for clinical diagnosis. For example, the occurrence of heterophilic antibodies in patients regularly exposed to animals or animal products has the potential of causing interferences in immunological tests. Consequently, the clinical diagnosis should include all aspects of a patient's background including the frequency of exposure to animals/products if false results are suspected.

6. Some individuals may have antibodies to mouse protein that can possibly interfere in this assay. Therefore, the results from any patients who have received preparation of mouse antibodies for diagnosis or therapy should be interpreted with caution.

SAFETY CAUTIONS AND WARNINGS

POTENTIAL BIOHAZARDOUS MATERIAL

Human serum that may be used in the preparation of the standards and control has been tested and found to be non-reactive for Hepatitis B surface antigen and has also been tested for the presence of antibodies to HCV and Human Immunodeficiency Virus (HIV) and found to be negative. However no test method can offer complete assurance that HIV, HCV and Hepatitis B virus or any infectious agents are absent. The reagents should be considered a potential biohazard and handled with the same precautions as applied to any blood specimen.

CHEMICAL HAZARDS

Avoid contact with reagents containing TMB, hydrogen peroxide and sulfuric acid. If contacted with any of these reagents, wash with plenty of water. TMB is a suspected carcinogen.

SPECIMEN COLLECTION AND STORAGE

Approximately 0.1 mL of serum is required per duplicate determination. Collect 4-5 mL of blood into an appropriately labelled tube and allow it to clot. Centrifuge and carefully remove the serum layer. Store at 4°C for up to 24 hours or at -10°C or lower if the analyses are to be done at a later date. Consider all human specimens as possible biohazardous materials and take appropriate precautions when handling.

SPECIMEN PRETREATMENT

This assay is a direct system; no specimen pretreatment is necessary.

REAGENTS AND EQUIPMENT NEEDED BUT NOT PROVIDED

1. Precision pipettes to dispense 20, 80, 100 and 300 µL
2. Disposable pipette tips
3. Distilled or deionized water
4. Plate shaker
5. Microwell plate reader with a filter set at 450nm and an upper OD limit of 3.0 or greater* (see assay procedure step 13).

REAGENTS PROVIDED

1. Mouse Anti-CEA Antibody Coated Microwell Plate-Break Apart Wells - Ready To Use.

Contents: One 96 well (12x8) monoclonal antibody-coated microwell plate in a resealable pouch with desiccant.
Storage: Refrigerate at 2-8°C
Stability: 12 months or as indicated on label.

2. Mouse Anti-CEA Antibody-Horseradish Peroxidase (HRP) Conjugate Concentrate - Requires Preparation.

Contents: Anti-CEA monoclonal antibody-HRP conjugate in a protein-based buffer with a non-mercury preservative.
Volume: 0.3 mL/vial
Storage: Refrigerate at 2-8°C
Stability: 12 months or as indicated on label.
Preparation: Dilute 1:50 in assay buffer before use (eg. 40 µL of HRP in 2 mL of assay buffer). If the whole plate is to be used dilute 240 µL of HRP in 12 mL of assay buffer. Discard any that is left over.

3. CEA Calibrators - Ready To Use.

Contents: Six vials containing CEA in a protein-based buffer with a non-mercury preservative. Prepared by spiking buffer with a defined quantity of CEA. Calibrated against World Health Organization (WHO) 1st IS 73/601.

*Listed below are approximate concentrations, please refer to vial labels for exact concentrations.

Calibrator	Concentration	Volume/Vial
Calibrator A	0 µg/L	0.3 mL
Calibrator B	2.9 µg/L	0.3 mL
Calibrator C	6.3 µg/L	0.3 mL
Calibrator D	12.4 µg/L	0.3 mL
Calibrator E	42 µg/L	0.3 mL
Calibrator F	108 µg/L	0.3 mL

Storage: Refrigerate at 2-8°C

Stability: 12 months in unopened vials or as indicated on label. Once opened, the standards should be used within 14 days or aliquoted and stored frozen. Avoid multiple freezing and thawing cycles.

4. Control - Ready To Use.

Contents: One vial containing CEA in a protein-based buffer with a non-mercury preservative. Prepared by spiking buffer with a defined quantity of CEA. Refer to vial label for expected value and acceptable range.

Volume: 0.3 mL/vial

Storage: Refrigerate at 2-8°C

Stability: 12 months in unopened vial or as indicated on label. Once opened, the control should be used within 14 days or aliquoted and stored frozen. Avoid multiple freezing and thawing cycles.

5. Wash Buffer Concentrate - Requires Preparation.

Contents: One bottle containing buffer with a non-ionic detergent and a non-mercury preservative.

Volume: 50 mL/bottle

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

Preparation: Dilute 1:10 in distilled or deionized water before use. If the whole plate is to be used dilute 50 mL of the wash buffer concentrate in 450 mL of water.

6. Assay Buffer - Ready To Use.

Contents: One vial containing a protein-based buffer with a non-mercury preservative.

Volume: 30 mL/bottle

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

7. TMB Substrate - Ready To Use.

Contents: One bottle containing tetramethylbenzidine and hydrogen peroxide in a non-DMF or DMSO containing buffer.

Volume: 16 mL/bottle

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

8. Stopping Solution - Ready To Use.

Contents: One vial containing 1M sulfuric acid.

Volume: 6 mL/vial

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

ASSAY PROCEDURE

Specimen Pretreatment:

None.

All reagents must reach room temperature before use. Calibrators, controls and specimen samples should be assayed in duplicate. Once the procedure has been started, all steps should be completed without interruption.

1. Prepare working solutions of the anti-CEA-HRP conjugate and wash buffer.
2. Remove the required number of microwell strips. Reseal the bag and return any unused strips to the refrigerator.
3. Pipette 80 µL of assay buffer into each well (We recommend using a multichannel pipette).
4. Pipette 20 µL of each calibrator, control and specimen sample into correspondingly labelled wells in duplicate.
5. Incubate on a plate shaker (approximately 200 rpm) for 1 hour at room temperature.
6. Wash the wells 3 times with 300 µL of diluted wash buffer per well and tap the plate firmly against absorbent paper to ensure that it is dry (The use of a washer is recommended).
7. Pipette 100 µL of the conjugate working solution into each well (We recommend using a multichannel pipette).
8. Incubate on a plate shaker (approximately 200 rpm) for 30 minutes at room temperature.
9. Wash the wells again in the same manner as step 6.
10. Pipette 100 µL of TMB substrate into each well at timed intervals.
11. Incubate on a plate shaker for 15-20 minutes at room temperature (or until calibrator F attains dark blue colour for desired OD).
12. Pipette 50 µL of stopping solution into each well at the same timed intervals as in step 10.
13. Read the plate on a microwell plate reader at 450nm within 20 minutes after addition of the stopping solution.

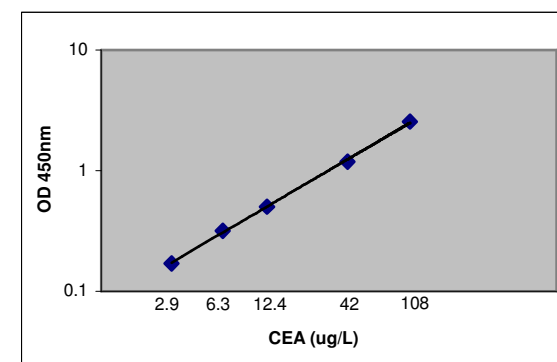
* If the OD exceeds the upper limit of detection or if a 450nm filter is unavailable, a 405 or 415nm filter may be substituted. The optical densities will be lower, however, this will not affect the results of patient/control samples.

CALCULATIONS

1. Calculate the mean optical density of each calibrator duplicate.
2. Calculate the mean optical density of each unknown duplicate.
3. Subtract the mean absorbance value of the "0" calibrator from the mean absorbance values of the calibrators, control and serum samples.
4. Draw a calibrator curve on log-log paper with the mean optical densities on the Y-axis and the calibrator concentrations on the X-axis. If immunoassay software is being used, a 4-parameter curve is recommended.
5. Read the values of the unknowns directly off the calibrator curve.
6. If a sample reads more than the concentration of calibrator F then dilute it with assay buffer at a dilution of no more than 1:10. The result obtained should be multiplied by the dilution factor.

TYPICAL TABULATED DATA

Calibrator	OD 1	OD 2	Mean OD	Value (µg/L)
A	0.069	0.068	0.069	0
B	0.169	0.170	0.170	2.9
C	0.315	0.319	0.317	6.3
D	0.522	0.482	0.502	12.4
E	1.186	1.185	1.186	42
F	2.537	2.558	2.548	108
Unknown	0.157	0.148	0.153	3.0

TYPICAL CALIBRATOR CURVESample curve only. **Do not** use to calculate results.**PERFORMANCE CHARACTERISTICS****SENSITIVITY**

The lower detection limit is calculated from the standard curve by determining the resulting concentration of the mean OD of Calibrator A (based on 10 replicate analyses) plus 2 SD. Therefore, the sensitivity of the dbc Direct CEA ELISA kit is **0.3 µg/L**.

SPECIFICITY (CROSS REACTIVITY)

The specificity of the Direct CEA ELISA kit was determined by testing for cross reactivity with nonspecific crossreacting antigen (NCA). Perchloric acid extract of human spleen was used to check for cross reactivity with NCA. No cross-reaction was observed.

INTRA-ASSAY PRECISION

Three samples were assayed ten times each on the same calibrator curve. The results (in µg/L) are tabulated below:

Sample	Mean	SD	CV%
1	5.6	0.42	7.5
2	16.2	0.74	4.6
3	52.9	3.6	6.8

INTER-ASSAY PRECISION

Three samples were assayed ten times over a period of four weeks. The results (in µg/L) are tabulated below:

Sample	Mean	SD	CV%
1	6.1	0.62	10.2
2	16.4	1.3	7.9
3	52.7	3.7	7.0

RECOVERY

Spiked samples were prepared by adding defined amounts of CEA to three patient serum samples. The results (in µg/L) are tabulated below:

Sample	Obs.Result	Exp.Result	Recovery%
1 Unspiked	5.0	-	-
+5	9.0	10.0	90.0
+10	14.0	15.0	93.3
+50	55.0	55.0	100.0
2 Unspiked	9.2	-	-
+5	15.5	14.2	109.2
+10	21.0	19.2	109.4
+50	65.0	59.2	109.8
3 Unspiked	21.0	-	-
+5	26.0	26.0	100.0
+10	32.0	31.0	103.2
+50	74.0	71.0	104.2

LINEARITY

Three patient serum samples were diluted with assay buffer. The results (in µg/L) are tabulated below:

Sample	Obs.Result	Exp.Result	Recovery%
1	9.6	-	-
1:2	5.18	4.80	107.9
1:5	ND	1.92	-
1:10	ND	0.96	-
2	72.0	-	-
1:2	33.84	36.0	94.0
1:5	12.96	14.4	90.0
1:10	7.27	7.20	101.0
3	85.0	-	-
1:2	39.95	42.5	94.0
1:5	15.13	17.0	89.0
1:10	9.52	8.5	112.0

EXPECTED NORMAL VALUES

As for all clinical assays each laboratory should collect data and establish their own range of expected normal values. Serum samples from apparently healthy women and men were assayed using the dbc Direct CEA ELISA kit, with the following results:

CEA Level (µg/L)	N
<3.0	126
3.1-5.0	10
5.1-9.0	7

The number of smokers and non-smokers was not known in this group (N=143).

The concentration of CEA in healthy adults is usually below 5 µg/L. In smokers, slightly higher concentrations may be found. Serum samples from apparently healthy non-smoking and smoking men were assayed, with the following results:

CEA Level (µg/L)	N
Non-smoking Men	20
<3.0	17
3.1-5.0	2
5.1-9.0	1
Smoking Men	19
<3.0	5
3.1-5.0	5
5.1-10	7
10.1-12.0	2

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