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PATIENT REPORT

Patient Age/Sex: Male

Specimen Collected: 07-Aug-24 14:50

Early and Established RA Panel, Serum | **Received: 07-Aug-24 14:50** **Report/Verified: 12-Aug-24 10:02**

Procedure	Result	Units	Reference Interval
Rheumatoid Factor	20 H	IU/mL	[0-14]
Cyclic Citrullinated Peptide Ab, IgG/A	20 H i1	Units	[0-19]
14-3-3 eta Protein,Serum	10.00 H i2	ng/mL	[<=0.19]

Test Information

i1: Cyclic Citrullinated Peptide Ab, IgG/A

INTERPRETIVE INFORMATION: Cyclic Citrullinated Peptide Ab, IgG/A

19 Units or less ..... Negative
20-39 Units ..... Weak Positive
40-59 Units ..... Moderate Positive
60 Units or greater ..... Strong Positive

A positive result for cyclic citrullinated peptide (CCP) antibodies in conjunction with consistent clinical features may be suggestive of rheumatoid arthritis (RA). Anti-CCP, IgG/IgA antibodies are present in about 66-74 percent of RA patients and have specificities of 96-99 percent. Detection of IgA antibodies in addition to the usual IgG antibodies enhances the sensitivity due to some RA patients having IgA antibodies to CCP in the absence of IgG. These autoantibodies may be present in the preclinical phase of disease, are associated with future RA development, and may predict radiographic joint destruction. Patients with weak positive results should be monitored and testing repeated.

i2: 14-3-3 eta Protein, Serum

INTERPRETIVE INFORMATION: 14-3-3 eta Protein by ELISA, Serum

The combination of serum 14-3-3 eta with rheumatoid factor (RF) and anticyclic citrullinated peptide (anti-CCP) may enhance sensitivity and demonstrates high specificity for rheumatoid arthritis (RA) diagnosis. Elevated serum 14-3-3 eta levels may be observed in both early and established RA patients, including those who are seronegative for both RF and anti-CCP antibodies. Elevated serum 14-3-3 eta concentrations are predictive of unfavorable clinical and radiological outcomes at diagnosis and posttreatment initiation. Negative or decreased levels of 14-3-3 eta from baseline correlate with diminished radiological progression and suboptimal treatment response.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.