EliA™ DFS70

Addressing the challenges in ANA HEp-2 positive results

Fully automated and designed for identifying samples that contain DFS70 antibodies

The dense fine speckled pattern is common in routine testing of ANA by IFA

- A DFS pattern has been found in up to 35% of samples in routine testing of ANA by IFA[1]

Confirmatory testing is necessary to positively identify anti-DFS70 antibodies

- DFS pattern (AC-2)* is difficult to recognize on IFA, especially with mixed patterns[2]
- DFS70 should be included in a routine testing of ANA by IFA algorithm[3]

Isolated anti-DFS70 antibodies may be an exclusionary marker for connective tissue diseases (CTD)

- Isolated anti-DFS70 antibodies are not associated with CTD but can cause a positive HEp-2 result[2-7]
- Testing for anti-DFS70 can aid in clinical decision making

* refers to International Consensus on Antinuclear Antibody

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EliA DFS70: simplified autoimmunity diagnostics on an intuitive, automated, tailor-made platform

Phadia™ 200

Phadia™ 250

Phadia™ 2500

Increase of operational efficiency and quality of service with the right instrument solution

Fully automated testing with EliA DFS70

- Fully automated detection of DFS70 antibodies, **combined with EliA quality**

- **Easy integration** into laboratory workflow through full automation and the possibility of reflex testing

- **Minimizing workload** for lab staff

- **Designed for clinical accuracy:** coated with the full length human DFS70 antigen expressed in insect cell / baculovirus system

Technical data

Ordering information	Article No.	Package size	Cut-off			Short name
			negative	equivocal	positive	
EliA DFS70	14-5673-01	2 x 16 wells	< 7 U/mL	7–10 U/mL	> 10 U/mL	dfs

References

1. Malyavantham K, Suresh L. Analysis of DFS70 pattern and impact on ANA screening using a novel HEp-2 ELITE/DFS70 knockout substrate. Auto Immun Highlights 2017; 8(1):3. doi: 10.1007/s13317-017-0091-8. **2.** Mariz, HA, Sato, EI, Barbosa, SH et al. Pattern on the antinuclear antibody–HEp-2 test is a critical parameter for discriminating antinuclear antibody–positive healthy individuals and patients with autoimmune rheumatic diseases. Arthritis Rheum 2011; 63: 191–200. **3.** Mahler M, Hanly JG, Fritzler MJ. Importance of the dense fine speckled pattern on HEp-2 cells and anti-DFS70 antibodies for the diagnosis of systemic autoimmune diseases. Autoimmun Rev 2012; 11: 642–45. **4.** Watanabe A, Kodera M, Sugiura K et al. Anti-DFS70 antibodies in 597 healthy hospital workers. Arthritis Rheum 2004; 50(3): 892-900. **5.** Dellavance A, Viana VST, Leon EP et al. The clinical spectrum of antinuclear antibodies associated with the nuclear dense fine speckled immunofluorescence pattern. J Rheumatol 2005; 32(11): 2144–49. **6.** Muro Y, Sugiura K, Morita Y, Tomita Y. High concomitance of disease marker autoantibodies in anti-DFS70/LEDGF autoantibody-positive patients with autoimmune rheumatic disease. Lupus 2008; 17: 171–76. **7.** Miyara M, Albesa R, Charuel JL et al. Clinical Phenotypes of Patients with Anti-DFS70/LEDGF Antibodies in a Routine ANA Referral Cohort. Clin Dev Immunol 2013; 703759. doi: 10.1155/2013/703759.

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