# Importance of FLC in clinical decision for Myeloma patient



### WHY IS FLC MEASUREMENT IMPORTANT TO YOUR PATIENT?

The sFLC test is an important parameter in the diagnosis and management of patients with monoclonal gammopathies.

sFLCs are highly heterogeneous molecules, however, the antibodies from each FLC assay react differently from one patient to another.

Nephelometric and turbidimetric based assays have been shown to overestimate the sFLC levels that are not always consistent with Serum Protein Electrophoresis/Immunofixation and other clinical parameters.

The Sebia sFLC ELISA assay is the only assay that reports sFLC concentrations close to those obtained by SPE when an FLC peak is present.

No standardization is currently available for the sFLC assay unlike other laboratory tests, so there is a requirement for improving analytical accuracy in this important test.

## Reference intervals and cut-off for screening and therapy



\* iFLC: involved Free Light Chains uFLC: uninvolved Free Light Chains

#### WHAT ARE THE LIMITATIONS OF THE CURRENT METHOD?



### ADDED VALUES OF SEBIA FLC TEST

# **1** No overestimation by polymerization and consistency with SPE<sup>1</sup>



#### 2. No underestimation by antigen excess effect<sup>6</sup>

		Patient 3	
	Patient 2	2	a Sebia
	Patient 1	S	ebia
	Lambda	Lambda Sebia	L)
Dilutions	Freelite (mg/L)	FLC (mg/L)	
1/10	(131)**		
1/1000	>16 800	>90	
1/10 000	29 238	>900	
1/100 000		1791	

\*\* False result leading to a wrong clinical interpretation





### **4** Currently no comparable FLC values between laboratories

#### **Patient Journey**



### ONE SEBIA TEST ADAPTED TO MULTIPLE ELISA INSTRUMENTS

#### Sebia FLC: Reference intervals & cut-off

	Kappa - mg/L	4.9 - 13.7
Normal reference ranges	Lambda - mg/L	7.6 - 19.5
	κ/λ ratio	0.27 - 1.67
CKD reference ranges <sup>2</sup>	κ/λ ratio	0.46 - 2.23
Myeloma defined event (SLiM criteria)12	i/u s-FLC ratio	≥ 100
HR SMM CUT-OFF <sup>12</sup>	i/u FLC	≥ 20

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#### **Reference** publication

<sup>1</sup> Jacobs JFM. et al., 2018
<sup>2</sup> Lutteri L. and Jacobs JFM., 2018
<sup>3</sup> Caillon et al., 2019
<sup>4</sup> Schieferdecker et al., 2020
<sup>5</sup> Caponi et al., 2019
<sup>6</sup> Pekar et al., 2019
<sup>7</sup> Lutteri L. et al., 2018
<sup>8</sup> Katzmann et al., 2002
<sup>9</sup> Larsen et al., 2013
<sup>10</sup> Rajkumar S.V. et al., 2014
<sup>11</sup> UK NEQAS Report, 2017, Sample 171-1/Kappa
<sup>12</sup> Willrich M. et al, Blood Cancer Journal, 2022

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