The value of faecal calprotectin in diagnosing IBD:

  
  “Levels and sensitivities of fCal are equal in patients with colonic and small bowel CD. Due to its high sensitivity and negative predictive value, fCal is a useful marker to rule out CD and select patients for endoscopy”. Uses BÜHLMANN fCAL® ELISA

  
  “The use of F-calprotectin as a screening test substantially could reduce the number of invasive measurements necessary in the diagnostic work-up of patients with suspected IBD, as well as the associated costs”. Uses BÜHLMANN fCAL® ELISA

  
  “this is the first study to provide evidence on the use of fCal testing for patients presenting in the primary care setting with gastrointestinal symptoms of IBS. Correct use of the test and adherence to usage/referral protocols are likely to lead to fewer referrals to secondary care and consequent fewer investigations with potential cost savings.” Uses BÜHLMANN fCAL® ELISA

  
  “FC is beneficial in distinguishing between functional GI conditions (IBS) and organic disease (IBD). In those with IBD, a 250 μg/g cut-off aids in determining clinical disease activity”. Uses BÜHLMANN fCAL® ELISA
BÜHLMANN fCAL® ELISA and Quantum Blue® in IBD:

  
  Quantum Blue was one of the assays achieving the highest discriminatory power between IBD and non-IBD samples. “The EliA [Phadia] cut off for diagnosis was optimal at a level of 15 mg/g. This is as low as the detection limit of the assay, which is analytically unacceptable.”

- Burri, E. et al. *Clinica Chimica Acta* 2013. Monoclonal antibody testing for fecal calprotectin is superior to polyclonal testing of fecal calprotectin and lactoferrin to identify organic intestinal disease in patients with abdominal discomfort.
  
  “…we demonstrated, that the diagnostic accuracy of monoclonal antibody testing of calprotectin is superior to both polyclonal antibody testing...”

  
  “Quantum Blue Reader® calprotectin levels were available within 30 min and correlated well with results derived from standard ELISA assays.”

  
  “FC determined by QPOCT was an accurate surrogate marker of “endoscopic remission” in UC and presented a good correlation with the FC-ELISA test.”

  
  “...we may conclude that the POCT can serve as reliable alternative to the time consuming ELISA...”

- Paul. S et al. *Inflammatory Bowel Disease* 2013. Therapeutic drug monitoring of Infliximab and mucosal healing in IBD: A Prospective study.
  
  Uses BÜHLMANN Quantum Blue®
  “FC has a high NPV for colorectal cancer and significant polyps in patients with suspected cancer. In total, 27.8% of patients had a normal FC and could safely have been spared a ‘2-week wait’ referral. The addition of FC testing into the current symptom-based assessment has the potential to increase colorectal cancer detection rate yet be clinically and cost effective”. Uses BÜHLMANN fCAL® ELISA

  “FC determined by rapid quantitative test predicts “endoscopic remission” and endoscopic postoperative recurrence in CD patients.”

Monitoring of IBD patients:

  “The FC result obtained by non-invasive means (fCAL ELISA) can provide prognostic information for both the patient and clinician alike”

  “FC measurement (by fCAL ELISA) has sufficient sensitivity and NPV values to monitor for CD recurrence after intestinal resection. Its predictive value might be used to identify patients most likely to relapse. After treatment for recurrence, the FC level can be used to monitor response to treatment. It predicts which patients will have disease recurrence with greater accuracy than CRP level or CDAI score.”

  “Since the levels of calprotectin (as measured by fCAL ELISA) increased with longer time between bowel movements, it seems most appropriate to analyse stool from the first bowel movement in the morning”

  “fCAL measurement (using fCAL ELISA) after anti-TNFα induction predicts non-response, providing the opportunity to identify those patients who require further treatment tailoring early”

• Roblin et al Poster at ECCO 2015 DOP038. Faecal calprotectin measurement and infliximab trough levels predict therapeutic evolution CD patients in clinical remission.

  “In IFX-treated CD patients and in clinical remission, a combination of TLI (< 2µg/ml) and faecal calprotectin (>250µg/g of stools) enable the prediction of LOR within 6 months in 95% of cases.” BÜHLMANN calprotectin assay used


  “We observed that FC, measured both with fCAL ELISA and the rapid Quantum Blue, was able to discriminate between the different levels of endoscopic activity, as well as to detect the presence or absence of ulcers”


  “FC levels appears to be a practical method [BÜHLMANN Quantum Blue] for monitoring disease activity in these patients, possibly reducing the need for repeat endoscopic examinations”

**BÜHLMANN calprotectin assays in paediatrics:**


  “We show here that the rapid calprotectin test has good performance in children with CD and is feasible for monitoring therapeutic. We show here that the rapid calprotectin test has good performance in children with CD and is feasible for monitoring therapeutic”. Compares fCAL ELISA and Quantum Blue assays

• Szczepański et al. 2014 Faecal calprotectin is a good biomarker of mucosal healing in monitoring children with IBD.
“FC is a good biomarker of mucosal healing in monitoring of children with IBD. Values below 54μg/g enable to select 77% patients with full mucosal healing.” Uses Quantum Blue

- Goncalves et al. Paediatric Research, Nature 2011. Fecal calprotectin determination in preterm neonates: Evaluation of two methods. “FC values found in this preliminary cohort of preterm neonates have been similar to those reported in the literature. The finding of a good correlation between the two techniques suggests the potential clinical usefulness of Quantum Blue at this age group (after validation).” Compares BÜHLMANN fCAL® ELISA and Quantum Blue


Future-proof your calprotectin testing with BÜHLMANN:

IBDoc®, Quantum Blue, fCAL™ ELISA and fCAL™ turbo