N. réf. : VIG-06-2017-01

Lisses, 2017, June 28th

To the attention of: Directors of Health Establishments
Persons in charge of Laboratories
Local Correspondents of Vigilance

RE: **INFORMATION / RECOMMENDATION**
CAPILLARYS IMMUNOTYPING (PN 2100)
MINICAP IMMUNOTYPING (PN 2300)
CAPI 3 IMMUNOTYPING (PN 2600)

Dear Sir / Madam,

SEBIA performs a constant follow-up of the quality of its products, its processes and analyzes all customer observations, and our traceability indicates that you use these techniques.

This follow-up has brought out a light increase of co-substraction cases in capillary immunotyping procedures. This depends on samples and only concerns a low percentage of analyzed monoclonal proteins.

We remind you that cases of co-substraction (multiple simultaneous reactions with anti-heavy chains) may happen for some monoclonal proteins and are well known, they are indicated in the instructions for use of our products that you can consult on our extranet website (http://extranet.sebia.com/user):
[Many studies have shown that the antigen – antibody reaction is different between liquid and agarose phase. Capillary immunotyping procedures being totally performed in a liquid medium, some antisera may sometimes cross-react with monoclonal components present in the sample.
There is no risk of false negative results such as failing to detect a gammopathy, but this cross-reaction, which occurs very rarely, may lead to a biclonal gammopathy conclusion instead of a real monoclonal gammopathy. According to the literature, the clinical treatment is not different between a biclonal gammopathy and a monoclonal gammopathy (Kyle et al, 1981).
If a biclonal pattern is doubtfull, further testing using agarose gel immunofixation kits may be necessary.]

To solve interpretation issues related to this co-substraction, Sebia has developed for many years, the optimized dilution mode, that must be used only in a second line (due to it is not applicable to all types of monoclonal components).
This optimized dilution is also described in detail in the instructions for use of our immunotyping devices using capillary procedure:
["In case of multiple simultaneous reactions with anti-heavy chains G, A and M, it is recommended to analyze again the serum sample by selecting the "OPTIMIZED" dilution mode"].

Please find enclosed in appendix A, an example of utilization of the optimized dilution mode.

These cases of co-substraction can not be confused with real biclonal abnormalities because in all cases, they only show a partial reaction on both concerned heavy chains (see the example in appendix B).

We ask you to be vigilant and in the case of co-substraction, to follow the recommended protocol, i.e. to re-analyze the sample with the optimized dilution mode, and if this analysis does not allow a conclusion, to complete with an agarose gel immunofixation analysis.
We are currently working with our antiserum supplier to understand the causes of this light increase of co-substraction cases.

The French Health Products Safety Agency (ANSM) has been informed about this communication.

Please do not hesitate to call your local SEBIA contact for further information.

We apologize for any inconvenience caused and we thank you for your confidence in Sebia.

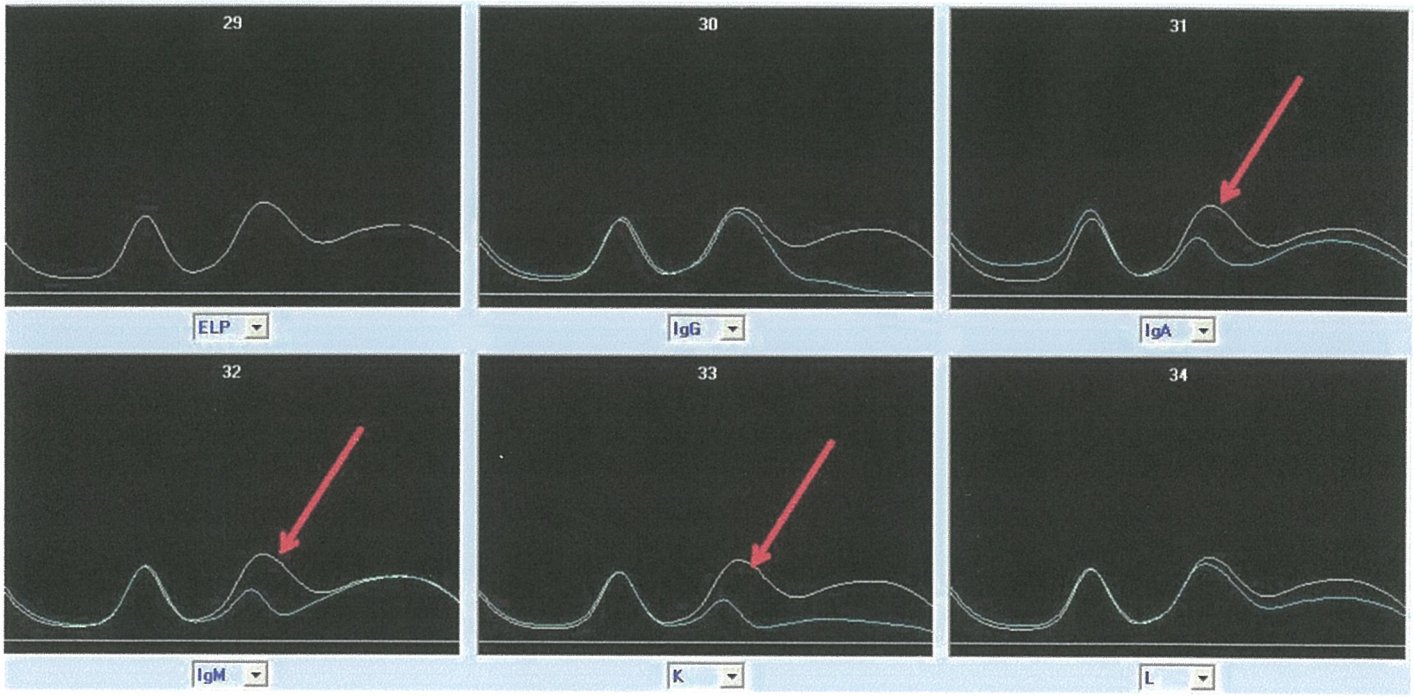
Yours sincerely,

[redacted]

APPENDIX A (1/2)
Co-substraction in IgA and IgM

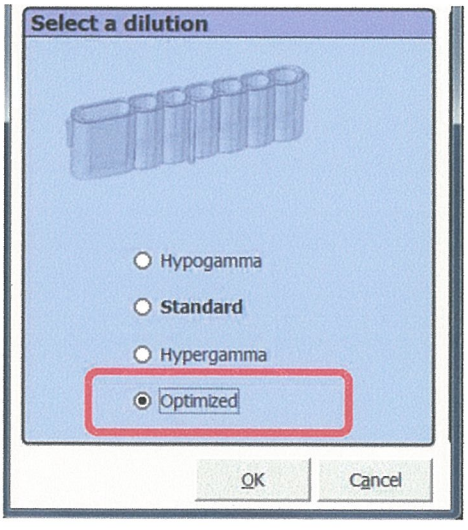
Analysis with standard dilution

A track:
complete subtraction of the peak
(the shape of the residual curve is normal)



M track:
complete subtraction of the peak
(the shape of the residual curve is normal)

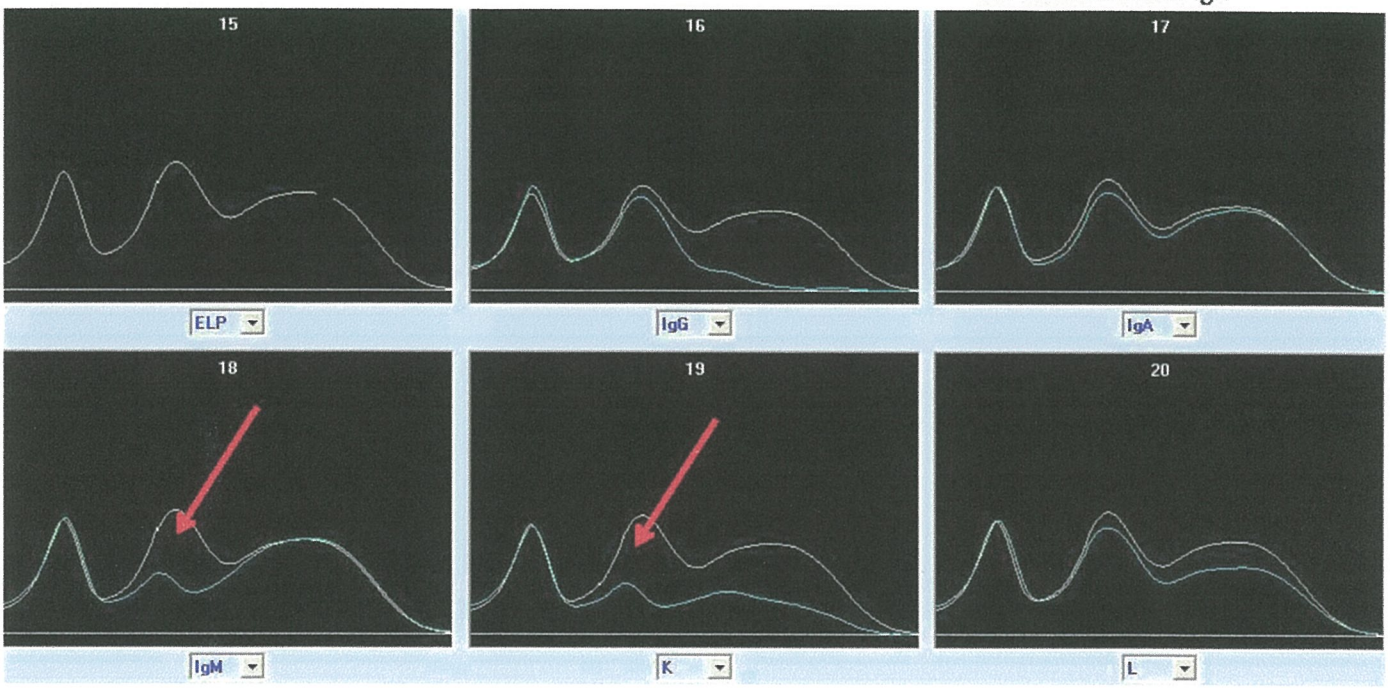
K track:
complete subtraction of the peak
(the shape of the residual curve is normal)



APPENDIX A (2/2)
Co-substraction in IgA and IgM

Analysis with optimized dilution

A track:
no subtraction of IgA



M and K tracks:
Presence of a monoclonal protein IgM kappa

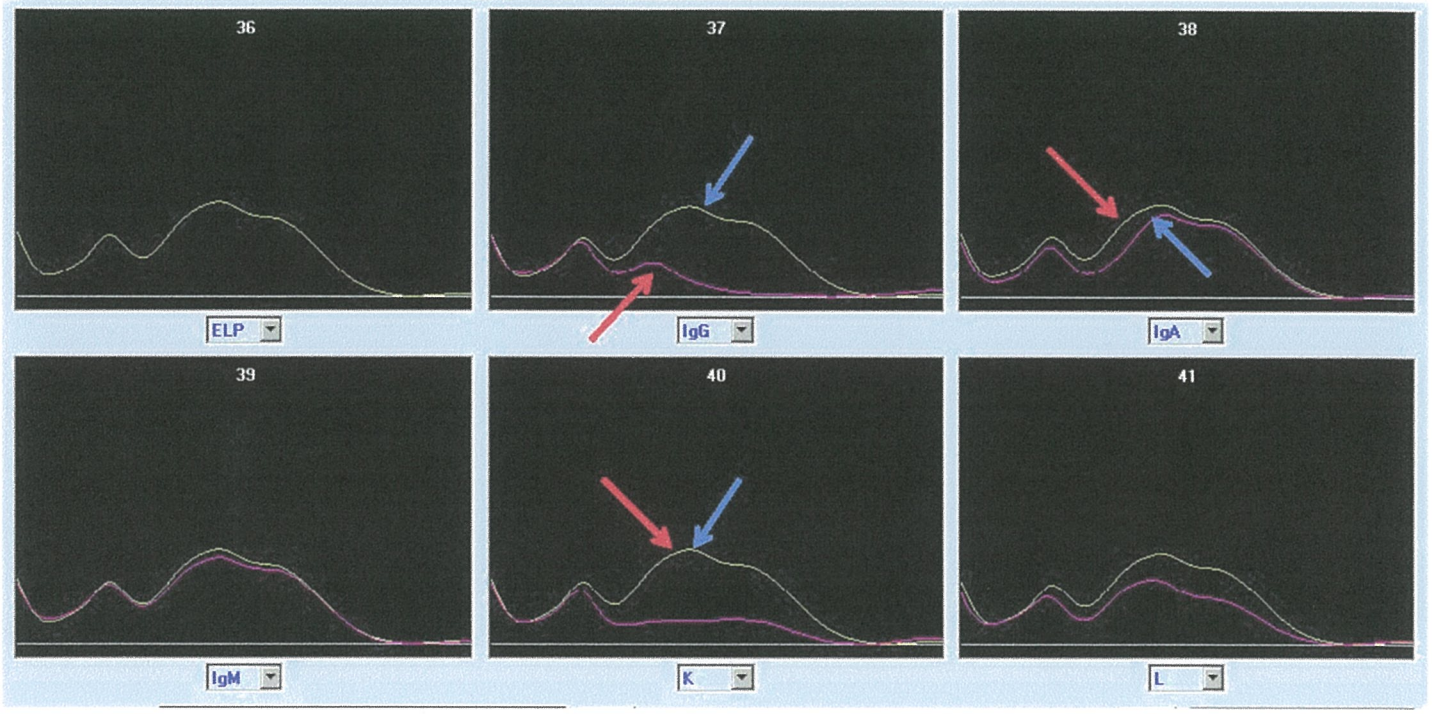
Important: optimized dilution should only be used as a second-line test for the cases of co-subtraction! This dilution is not suited for all samples

APPENDIX B

True biclonal anomaly: IgG kappa et IgA kappa

G track:
partial subtraction of the peak (IgA kappa still present on the residual curve)

A track:
partial subtraction of the peak (IgG Kappa still present on the residual curve)



K track:
Complete subtraction of the peak (both IgA kappa and IgG kappa are subtracted; the shape of the residual curve is normal)

INFORMATION CERTIFICATE
CAPILLARYS IMMUNOTYPING (PN 2100)
MINICAP IMMUNOTYPING (PN 2300)
CAPI 3 IMMUNOTYPING (PN 2600)

Please fill out this document and return it to us upon reception

Laboratory Stamp (mandatory)

We certify, Madam, Mister .....

☐ To have taken knowledge of the mail « VIG-06-2017-01».

(Place) _____, (Date) _____

Signature :

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