## Lab Dept: Chemistry

## Test Name: INFLIXIMAB QUANTITATION WITH REFLEX TO ANTIBODIES TO INFLIXIMAB, SERUM

## **General Information**

Lab Order Codes:	INFX	
Synonyms:	Infliximab concentration and Anti-Infliximab Antibody; Human Anti-Chimeric Antibodies	
CPT Codes:	80230 – Infliximab concentration 82397 – Chemiluminescent Ab (HACA measurement) (if appropriate)	
Test Includes:	Infliximab will be performed by liquid chromatography-tandem mass spectrometry (LC-MS/MS). When infliximab results are below 5.1 mcg/mL, testing for antibodies to infliximab will be performed at an additional charge.	
Logistics		
Test Indications:	Trough level quantitation for evaluation of patients undergoing therapy with infliximab, infliximab-dyyb, infliximab-abda or infliximab-axxq.	
Lab Testing Sections:	Serology – Sendouts	
Referred to:	Mayo Clinic Laboratories (MML test: INFXR)	
Phone Numbers:	MIN Lab: 612-813-6280	
	STP Lab: 651-220-6550	
Test Availability:	Daily, 24 hours	
	(Reference lab test performance schedule INFX: Monday, Wednesday, Thursday; INXAB: Monday, Wednesday, Friday)	
Turnaround Time:	3-6 days	
Special Instructions:	Draw blood immediately before next scheduled dose (trough specimen). See Patient Preparation.	
Specimen		
Specimen Type:	Blood	
Container:	Red NO GEL	

Draw Volume:	3 mL (Minimum: 1.5 mL) blood	
Processed Volume:	1 mL (Minimum: 0.5 mL) serum	
Collection:	Routine blood collection. Specimen must be centrifuged within 2 hours of collection.	
Special Processing:	Lab Staff: Centrifuge specimen, remove serum aliquot into a screw-capped round bottom plastic vial. Store and ship refrigerated. Forward promptly.	
	Specimen stable refrigerated (preferred) or frozen for 28 days.	
Patient Preparation:	For 12 hours before specimen collection do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.	
Sample Rejection:	Gross hemolysis; gross icterus; mislabeled or unlabeled specimen; SST specimen	

## Interpretive

Reference Range:	Infliximab:	Limit of quantitation is 1.0 mcg/mL. Therapeutic ranges are disease specific. Pediatric reference ranges are not established.	
	Infliximab Ab/ Human Anti- Chimeric Ab (HACA):	Absence of antibodies to infliximab (ATI) is defined as <50U/mL. Presence of ATI is reported as positive when	
		concentrations are > or $=50 \text{ U/mL}$ .	
	response to inflixing less, testing for antil For infliximab trough is unlikely; patients from an increased d	trough concentrations may be correlated with loss of ab. For infliximab trough concentrations5.0 mcg/mL or bodies is suggested. In concentrations above 5.0 mcg/mL, the presence of ATI experiencing loss of response to infliximab may benefit loes or a shorter infusion level.	
Critical Values:	N/A		
Limitations:	Toxicity effects other than acute hypersensitivity infusion reactions have not been described nor correlated with infliximab concentrations.		
		uction phase of treatment (weeks 0, 2, and 6), steady- achieved and concentrations of infliximab may vary n infusions.	

	Therapeutic concentrations of infliximab may vary according to the disease (eg, Crohn disease versus ulcerative colitis versus rheumatoid arthritis).
	Samples containing more than 12.5 ng/mL biotin (vitamin B7) may interfere (in the form of depressed signal) with INXAB/Infliximab Antibodies, Serum.
	For antibodies-to-infliximab (ATI), pediatric and adult reference ranges were validated, and the presence of an ATI is established as greater than or equal to 50 U/mL by the bridging electrochemiluminescent/acid dissociation method.
	The presence of endogenous infliximab is a recognized interference in most ATI methods. This assay includes an acid dissociation step which partially mitigates this interference. Tolerance up to 12.5 mcg/mL infliximab has been documented, although this is also determined by the titer of the ATI present in the patient sample.
Methodology:	Infliximab level: Selective Reaction Monitoring Liquid Chromatography- Tandem Mass Spectrometry (LC-MS/MS)
	Infliximab Antibody: Electrochemiluminescent Bridging Immunoassay with Acid Dissociation
References:	Mayo Clinic Laboratories (December 2023)
Updates:	8/3/2016: Updated tube SST. 8/23/2021: Moved from Esoterix to Mayo. 12/12/2023: Changed preferred transport temperature. Updated turnaround time, Children's Minnesota test code. Added specimen stability.