

**510(k) SUBSTANTIAL EQUIVALENCE DETERMINATION
DECISION SUMMARY**

A. 510(k) Number:

k041354

B. Purpose for Submission:

New device

C. Analyte:

Anti-Gliadin IgA antibodies

D. Type of Test:

Qualitative and semi-quantitative, EIA

E. Applicant:

Sweden Diagnostics (Germany) GmbH
Pharmacia Diagnostics AB

F. Proprietary and Established Names:

Varelisa[®] Gliadin IgA Antibodies

G. Regulatory Information:

1. Regulation section:
21 CFR §866.5750, Radioallergosorbent (RAST) immunological test system
2. Classification:
Class II
3. Product Code:
MST, Antibodies, Gliadin
4. Panel:
Immunology (82)

H. Intended Use:

1. Intended Use:
The Varelisa[®] Gliadin IgA Antibodies EIA kit is designed for the semiquantitative and qualitative determination of gliadin (IgA) antibodies in serum or plasma to aid in the diagnosis of certain gluten sensitive enteropathies such as celiac disease and dermatitis herpetiformis.
2. Indication(s) for use:
Same as Intended Use.
3. Special condition for use statement(s):
The device is for prescription use only.
4. Special instrument Requirements:
None

L. Test Principle:

The Varelisa[®] Gliadin IgA Antibodies assay is an indirect noncompetitive enzyme immunoassays. The wells of a microplate are coated with gliadin antigen. Diluted patient samples are added to the microplate wells and antibodies specific for gliadin if present will bind to the immobilized antigen. Unbound samples are washed away and an enzyme labeled second antibody (conjugate) is added to each well and bind to the antigen/antibody complex to form an enzyme labeled conjugate-antibody-antigen complex. After washing away any unbound enzyme conjugate, the chromogenic substrate is added. The enzyme labeled antigen-antibody complex converts the substrate to form a color solution. The rate of color formation is a function of the amount of conjugate complexed with the bound antibody and therefore is proportional to the concentration of the autoantibody in the patient sample.

M. Performance Characteristics (if/when applicable):1. Analytical performance:a. *Precision/Reproducibility:*

Three samples (low, medium, high) from a serum bank were diluted and assayed for 5 runs with 4 replicates per run. Within one day one operator performed the analyses. Calibrators and Controls were analyzed in triplicates. Target values established for this study included within-run and between assay <9%. The specifications were met. The table below summarizes the results.

Sample ID		Run 1	Run 2	Run 3	Run 4	Run 5	Mean (U/mL)	%CV	
								Within	Between
1	Mean (U/mL)	13.2	13.1	13.0	13.6	13.5	13.3	1.8	1.7
2	Mean (U/mL)	25.2	24.1	24.6	25.1	24.9	24.8	1.8	1.5
3	Mean (U/mL)	60.1	61.4	61.6	63.3	62.1	61.7	1.0	1.8

b. *Linearity/assay reportable range:*

Dilution study - Three positive serum samples from a serum bank were pre-diluted to 1:101 followed by further dilution with Sample Diluent to 1:1, 2:3, 1:2, 1:4, 1:8, 1:16, and 1:32. Calibrators, Controls and each dilution were measured in triplicates.

Specifications were that the percent of observed/expected should be within $\pm 20\%$ for at least 3 successive dilutions of each tested sample. The dilutions met the criteria and were considered linear.

Recovery study – Two samples containing 4.3 U/mL and 26.0 U/mL of gliadin IgA from a serum bank were diluted to 1:101 and spiked with 1/10 volume of Calibrator points S1, S2, S3, S4, S5 and S6, i.e. 0.3, 0.7, 1.6, 4 and 10 U/mL respectively. The unspiked and spiked samples, the Calibrators and controls were measured in duplicates. Acceptance criteria were that % recoveries should be within $\pm 20\%$

of the expected values. The percent recoveries ranged from 99.4% to 103.1%. Study results met the acceptance criteria.

Reportable range – 0.9 U/mL to 100 U/mL

c. *Traceability (controls, calibrators, or method):*

There is no recognized reference material for gliadin antibodies. Results are reported in arbitrary units

d. *Detection limit (functional sensitivity):*

Sample Diluent was diluted according to Directions for Use and measured 56 times on one plate. Calibrators and Controls were analyzed in quadruplicates. Analytical sensitivity was calculated as the mean of the optical densities (OD) of the Sample Diluent plus 3SD and expressed in U/mL. The discrimination value D for differentiating the lowest calibrator point and the background was calculated using the following equation:

$$D = \frac{\eta_B - \eta_A}{\sqrt{(\sigma_B^2 - \sigma_A^2)}}$$

where A = Sample Buffer; B = Calibrator S2; η_A , η_B = mean OD; σ_A , σ_B = SD.

Acceptance criteria specified that the (mean OD + 3SD) of the Sample Diluent < Calibrator point S2, detection limit ≤ 1 U/mL and the discrimination value D > 2.0. The (mean + 3SD) ODs for the Sample Diluents from the three different kits were 0.036, 0.042 and 0.035, which corresponded to a mean analytical sensitivity of 0.9 U/mL. The other criteria were also met.

e. *Analytical specificity:*

Interference was tested against potentially interfering substances found in blood: bilirubin, hemoglobin, chyle, and rheumatoid factor. Three samples with known gliadin IgA concentrations from a serum bank were diluted 1:101 and spiked with buffer or different amounts of interfering substances. The spiked and unspiked samples were analyzed in triplicates. The Calibrators and Controls were analyzed in duplicates. Acceptance criteria were that spiked samples should be $\leq 20\%$ variation from unspiked sample. The concentrations spiked in are shown in table below. The % recovery results did not demonstrated significant interference.

Additives	Final sample concentration				
	Blank	II	III	IV	V
Bilirubin F (mg/dL)	0.0	4.6	9.1	13.7	18.2
Bilirubin C (mg/dL)	0.0	5.5	11.0	16.5	22.0

Chyle (Units)	0.0	700	1400	2100	2800
Hemoglobin (mg/dL)	0.0	122.5	245.0	367.5	490.0
RF (IU/mL)	0.0	110.0	330.0	550.0	n.a.-

Additives	Analyte Conc.	% Recovery				
		Blank	Conc. 1	Conc. 2	Conc. 3	Conc. 4
Bilirubin C	11.0	0	102.9	101.1	99.9	97.8
	21.0	0	98.7	96.8	98.2	98.0
	55.2	0	96.7	94.4	94.6	94.1
Bilirubin F	11.2	0	103.2	104.4	101.1	101.1
	20.1	0	101.3	98.1	105.7	105.5
	52.5	0	96.9	93.4	104.8	102.2
Chyle	11.1	0	106.0	105.8	104.7	105.7
	20.5	0	104.0	103.5	102.6	104.5
	51.8	0	104.8	104.8	105.2	104.5
Hemoglobin	11.6	0	99.5	100.8	97.9	97.7
	21.1	0	99.5	99.1	97.7	99.3
	52.6	0	98.7	99.8	98.7	99.0
RF	12.3	0	98.9	98.6	98.6	
	22.3	0	98.9	98.2	101.4	
	57.5	0	100.6	97.2	97.5	

Crossreactivity was assessed by testing 60 sera positive for other antibodies including ANA, SS-A, SS-B, TPO, dsDNA Cardiolipin IgG, PR3, GBM, MPO, RF, PC, LKM1, actin and HCV. Fifty sera were from an external source and 10 sera were ANA human reference sera from CDC. None of the serum samples was found positive. One anti-GBM positive sample was in the equivocal range.

f. Assay cut-off:

The semi-quantitative cut-points were determined by measuring 360 samples from apparently healthy Caucasian blood donors, equally distributed by sex and age from the serum bank. Diluted samples, Calibrators and Controls were analyzed in duplicates. Specification was that 95th percentile should be <lower limit of equivocal range. Results showed that there was no difference between gender and age. The mean and median concentration of gliadin IgA antibodies were 2.7 U/mL and 1.9 U/mL respectively. The mean+2SD was 8.7 U/mL, the mean+3SD was 11.6 U/mL and the 95 percentile was 7.8 U/mL. Based on these results, the following values were selected for negative, equivocal, and positive:

- <11 U/mL = negative
- 11-17 U/mL = equivocal
- >17 U/mL = positive

2. Comparison studies:

a. Method comparison with predicate device:

One hundred and eleven clinically defined patient samples and 42 normal samples were from a serum bank and were tested on the new

device, the predicate device and an indirect fluorescent anti-endomysial antibody assay (EAM IIF). The patient samples consisted of 68 celiac disease (CD), 18 inflammatory bowel disease (IBD) and 17 morbus Crohn/Colitis Ulcerosa (Crohn/UC) and 8 unknown diagnosis (EAM IIF positive). The patient samples were analyzed in singlicates or duplicates. Calibrators and Controls were analyzed in duplicates. The age of the patient group ranged from 3 years to 71 years with a mean age (\pm SD) of 30.2 (\pm 18.8) years. The age of the control group ranged from 1 year to 71 years with a mean age of 36.9 (\pm 22.7) years. Samples from the CD cohort were EAM IIF positive whereas samples from the healthy cohort, the Crohn/UC cohort and the IBD cohort were EAM IIF negative. The Varelisa and the INOVA Gliadin IgA results of the 5 cohorts are shown in the following two tables.

Varelisa [®] Gliadin IgA (U/mL)	Cohorts				
	CD	Crohn/UC	IBD	EMA+	Healthy
N	68	17	18	8	42
Mean \pm SD	38.08 \pm 32.08	1.813 \pm 1.58	2.46 \pm 1.79	78.54 \pm 23.95	2.53 \pm 2.80
Median	27.85	1.8	2.0	85.5	1.6
Range	1.5 to >100	0 to 5.9	0.3 to 8.2	42.7 to >100	0 to 13.1

INOVA Gliadin IgA (U/mL)	Cohorts				
	CD	Crohn/UC	IBD	EMA+	Healthy
N	68	17	18	8	42
Mean \pm SD	65.82 \pm 123.63	10.29 \pm 7.05	8.23 \pm 1.69	83.83 \pm 40.20	10.60 \pm 8.51
Median	24.65	7.6	7.85	77.6	7.15
Range	7.6 to 607.5	4.5 to 31.3	6.1 to 13.4	42.6 to 174.4	5.4 to 44.4

The predicate comparison is as follows.

		INOVA QUANTA Lite [™] Gliadin IgA		
		+	-	Total
Varelisa [®] Gliadin IgA	+	46	5	51
	-	7	82	89
	Equiv	3	10	13
	Total	56	97	153

% positive agreement = 82.1% (46/56) (95% CI: 72.1% to 92.1%)

% negative agreement = 84.5% (82/97) (95% CI: 77.3% to 91.7%)

% total agreement = 83.7% (128/153), (95% CI: 77.8% to 89.6%)

The following table is a compilation of the discrepant samples.

Sample Type	I ^{Pos} /V ^{Neg}	I ^{Pos} /V ^{Equ}	I ^{Negs} /V ^{Pos}	I ^{Neg} /V ^{Equ}
CD	2	3	5	9
Crohn/UC	2	0	0	0
Healthy	3	0	0	1
Total	7	3	5	10

b. Matrix comparison:

The device uses both serum and plasma samples. To demonstrate that the new assay gives the same results for serum, heparin plasma, citrate plasma and EDTA plasma from the same patient, 10 gliadin IgA antibody negative samples (gliadin IgA concentrations ranged from 0.4 U/mL to 4.1 U/mL) for each matrix were spiked with 10 different gliadin IgA positive sera (gliadin IgA concentrations ranged from 26.1 U/mL to 63.8 U/mL). The negative samples and the spiked samples were run in quadruplicates. Acceptance criteria for this study were that the percent deviation between serum and plasma results for positive samples should not be greater than $\pm 20\%$ and negative samples should be negative for both serum and plasma matrices. The data showed no differences greater than $\pm 20\%$ with deviations ranged from -10.6% to -0.9% for citrate, -7.6% to 1.1% for EDTA plasma and -5.0% to -0.3% for heparin. No negative sample changed from negative to positive. Thus the specifications were met.

The matrix comparison study was expanded by testing serum and plasma samples from two additional patients (one negative with 5.9 U/mL and one equivocal with 11.9 U/mL). Results were within the acceptance criteria.

3. Clinical studies:

a. Clinical sensitivity:

One hundred and forty-four clinically defined sera were analyzed using the Varelisa[®] Gliadin IgA Antibodies assay and the EMA IIF assay. The samples consisted of 67 CD, 18 IBD, 17 Crohn/UC and 42 normal controls. In the CD cohort, 13 samples were negative and 12 were equivocal. All these samples were EMA positive. In the negative cohorts, there was 1 equivocal sample. Based on this study, the clinical sensitivity was 62.7% (95% CI: 51.1% to 74.3%) and was comparable to the sensitivity of the predicate device [63.2% (95% CI: 51.7% to 74.7%)]. Results are summarized below:

		Celiac disease		
		Positive	Negative	Total
Varelisa [®] Gliadin IgA	Positive	42	0	42
	Equivocal	12	1	13
	Negative	13	76	89
	Total	67	77	144

b. Clinical specificity:

The clinical specificity of the Varelisa[®] Gliadin IgA Antibodies assay was determined by the study described in 3(a). Since the sponsor considered the equivocal results negative, the clinical specificity was 100%. The clinical specificity of the INOVA

QUANTA Lite™ Gliadin IgA ELISA was 93.5% (95% CI: 88.0% to 99.0%)

4. Clinical cut-off:

Same as assay cut-off.

5. Expected values/Reference range:

Expected value in the normal population is negative. Apparently healthy asymptomatic individuals may test positive for gliadin antibodies. The frequency distribution for anti-gliadin IgA antibodies as determined by the Varelisa® Gliadin IgA Antibodies assay on the 144 clinically defined samples is summarized below (excluding the equivocal samples).

	N	#Positive	Frequency
CD	67	43	64.2%
IBD	18	0	0%
Crohn/UC	17	0	0%
Healthy	42	0	0%

N. Conclusion:

The submitted information in this premarket notification is complete to support a substantial equivalence decision.