

Date: January 13, 2014

To: Calgary Zone, Central Zone, Edmonton Zone and North Zone
Gastroenterologists, Laboratory Directors and Managers

From: AHS Laboratory Services – University of Alberta Hospital Laboratory (UAH)

Re: Infliximab Testing Available at the UAH Laboratory

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Messages:

- Infliximab (Remicade®) and anti-infliximab antibody measurement (ATI) will be available through the Division of Biochemistry at the University of Alberta Hospital Laboratory in January 2014.
- Infliximab levels reported from this enzyme-linked immunosorbent assay (ELISA) method are comparable to the results produced by the Prometheus High Performance Liquid Chromatography (HPLC) method. While the quantitative ATI result will differ, specimens containing antibody should be positive in both methods.
- The testing is approved for patients being treated for *Inflammatory Bowel Disease* who have a decreased response to the drug.
- ATI will be added to all specimens with an infliximab level < 3.0 µg/mL. If ATI levels are required on other specimens it must be specified.
- **Ordering will be restricted to Gastroenterology. The Infliximab Level Order form must be completed by the Gastroenterologist prior to processing the request.**

Result Reporting/Interpretation:

Test	Interpretation
Infliximab	Trough levels < 3.0 µg/mL are sub-therapeutic.
Anti-infliximab Antibodies (ATI)	Levels >2 µg/mL indicate the presence of antibodies which will reduce the availability of infliximab and increase its clearance.

Action Required:

- Complete the attached Infliximab Level Order Form. Form must accompany the laboratory requisition and specimen.
- Collect 1 SST gel tube prior to the next infusion i.e. a trough level (minimum of 1 mL serum required).
- **Laboratory Staff** : Centrifuge sample and send two frozen serum aliquots (0.5 mL) to: Biochemistry WMC 4B2.10, University of Alberta Hospital, 8440 – 112 St, Edmonton AB, T6G 2B7

Inquiries and feedback may be directed to:

- Dr. Connie Prosser, Clinical Biochemist, University of Alberta Hospital at: 780-407-8492 or email: Connie.prosser@albertahealthservices.ca

This bulletin has been reviewed and approved by:

Dr. Carolyn O'Hara, Medical/Scientific Director and Zone Clinical Department Head, AHS Laboratory Services, Edmonton Zone

Infliximab Level Order Form
Effective Date: 10 January 2014

Regional Laboratory Services
Special Investigations - Client Resource
RSICRF14000
Version: 1.0

This document is applicable at site(s):
All Sites

Infliximab Level Order Form

Requesting gastroenterologist must submit a completed form with the laboratory requisition.

Place patient
Label here

OR

Patient Name _____
ULI _____

Collection Date _____
Collection Time _____

Anti-infliximab Antibody if infliximab > 3.0 µg/ml _____

REASON FOR LEVEL

- Loss of response
 - Elevated CRP: _____
 - Active disease on endoscopy
 - Active disease on imaging
- Adverse side effect
- Therapeutic drug monitoring
- De-escalation

DISEASE CHARACTERISTICS and MANAGEMENT

- Diagnosis
 - Crohn's disease
 - Ulcerative colitis
 - Indeterminate colitis

Infliximab dosing

- Dose in ___ ___ mg every ___ weeks
- Date of last infusion (MM/DD/YY): ___/___/___
- # of prior infusions ___
- Weight of patient at time of collection: ___ kg

Concomitant therapy

- Imuran: dose _____mg/day
- Methotrexate: dose _____mg/week

Gastroenterologist _____

Attach completed form to completed routine requisition