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Crohn's Disease Prognostic Profile

TEST: 162020 CPT: 83516(x3); 86671

Synonyms

- Glycominds
- IBDX

Test Includes Antichitobioside carbohydrate antibodies (ACCA); antilaminaribioside carbohydrate antibodies (ALCA); antimannobioside carbohydrate antibodies (AMCA); anti-*Saccharomyces cerevisiae* antibodies (ASCA)

Expected Turnaround Time 3 - 7 days

Turnaround Time Turnaround time is defined as the usual number of days from the date of pickup of a specimen for testing to when the result is released to the ordering provider. In some cases, additional time should be allowed for additional confirmatory or additional reflex tests. Testing schedules may vary.

Related Information

- [Inflammatory Bowel Disease \(IBD\) Expanded Profile](#)
- [Inflammatory Bowel Disease \(IBD\) Profile](#)

Related Documents For more information, please view the literature below.

[Bowel Disorders Evaluation Rule-out Cascade: Applying Exclusionary Criteria to Assist Diagnosis](#)

- [Sample Report](#)

SPECIMEN REQUIREMENTS

Specimen Serum

Volume 1 mL

Minimum Volume 0.2 mL (**Note:** This volume does **not** allow for repeat testing.)

Container Red-top tube or gel-barrier tube

Storage Instructions Room temperature

Stability Requirements

Temperature	Period
Room temperature	14 days
Refrigerated	14 days
Frozen	14 days
Freeze/thaw cycles	Stable x4

Causes for Rejection Hemolysis; lipemia; heat-treated specimen; gross bacterial contamination

TEST DETAILS

Use Prognostic aid for use in the clinical management of patients who have been diagnosed with Crohn's disease.

Limitations The absence of antibody reactivity in this panel, although associated with increased incidence of a more benign course, does not preclude the future development of more complicated disease or need for surgery.¹

Methodology Enzyme immunoassay (EIA)

Additional Information The presence and increasing titer of these antibodies has been shown to correlate with a more complicated disease course (strictures or fistulas) or the need for surgery. The antibodies included in the panel are ASCA (anti-*Saccharomyces cerevisiae* antibodies), ALCA (antilaminaribioside carbohydrate antibodies), ACCA (antichitobioside carbohydrate antibodies), and AMCA (antimannobioside

carbohydrate antibodies).¹⁻³ Numerous studies of CD have demonstrated an association between ileal disease and the presence of ASCA,¹⁻⁷ ACCA,¹ ALCA,^{1,3} and AMCA.³ Among these antibodies, the association with localization to the small intestine increased with the number of positive antibodies and with the concentration of individual antibodies.^{1-3,6,8} A more aggressive or complicated disease course in CD (as indicated by stricturing or perforation of the intestine or need of surgery), has also been associated with the presence of ASCA,^{1-3,5,7} ALCA,¹⁻³ ACCA,^{1,2} and AMCA.^{1,2} Among these antibodies, the association with complicated disease behavior or surgery increased with the number and concentration of antibodies.^{1,2,6,8}

Footnotes

1. Ferrante M, Henckaerts L, Joossens M, et al. New serological markers in inflammatory bowel disease are associated with complicated disease behavior. *Gut*. 2007 Oct; 56(10):1394-1403. [PubMed 17456509](#)
 2. Papp M, Altorjay I, Dotan N, et al. New serological markers for inflammatory bowel disease are associated with earlier age at onset, complicated disease behavior, risk for surgery, and NOD2/CARD15 genotype in a Hungarian IBD cohort. *Am J Gastroenterol*. 2008 Mar; 103(3):665-681. [PubMed 18047543](#)
 3. Dotan I, Fishman S, Dgani Y, et al. Antibodies against laminaribioside and chitobioside are novel serologic markers in Crohn's disease. *Gastroenterology*. 2006 Aug; 131(2):366-378. [PubMed 16890590](#)
 4. Vasiliauskas EA, Plevy SE, Landers CJ, et al. Perinuclear antineutrophil cytoplasmic antibodies in patients with Crohn's disease define a clinical subgroup. *Gastroenterology*. 1996 Jun; 110(6):1810-1819. [PubMed 8964407](#)
 5. Vasiliauskas EA, Kam LY, Karp LC, Gaiennie J, Yang H, Targan SR. Marker antibody expression stratifies Crohn's disease into immunologically homogeneous subgroups with distinct clinical characteristics. *Gut*. 2000 Oct; 47(4):487-496. [PubMed 10986208](#)
 6. Arnott ID, Landers CJ, Nimmo EJ, et al. Sero-reactivity to microbial components in Crohn's disease is associated with disease severity and progression, but not NOD2/CARD15 genotype. *Am J Gastroenterol*. 2004 Dec; 99(12):2376-2384. [PubMed 15571586](#)
 7. Walker LJ, Aldhous MC, Drummond HE, et al. Anti-*Saccharomyces cerevisiae* antibodies (ASCA) in Crohn's disease are associated with disease severity but not NOD2/CARD15 mutations. *Clin Exp Immunol*. 2004 Mar; 135(3):490-496. [PubMed 15008984](#)
 8. Mow WS, Vasiliauskas EA, Lin YC, et al. Association of antibody responses to microbial antigens and complications of small bowel Crohn's disease. *Gastroenterology*. 2004 Feb; 126(2):414-424. [PubMed 14762777](#)
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CPT Statement/Profile Statement

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