

REF			SYSTEM
08946728190*	08946728500	100	cobas e 402
08946728214*			cobas e 801

* Some kits shown may not be available in all countries.

English

System information

Short name	ACN (application code number)
ACTH	10206

Intended use

Immunoassay for the in vitro quantitative determination of adrenocorticotrophic hormone (ACTH) in human EDTA plasma.

The electrochemiluminescence immunoassay "ECLIA" is intended for use on **cobas e** immunoassay analyzers.

Summary

Adrenocorticotrophic hormone (ACTH) measurements, performed with this assay in human plasma, are useful as an aid in diagnosis of disorders of the pituitary or adrenal glands, including Cushing's disease, ectopic ACTH syndrome, autonomous ACTH-producing pituitary tissue (e.g. Nelson's syndrome) and adrenal insufficiency.

Adrenocorticotrophic hormone or corticotropin is a peptide hormone consisting of 39 amino acids. It is produced in the anterior pituitary of the brain as part of the precursor molecule pro-opiomelanocortin (POMC). Tissue-specific cleavage results in ACTH and a range of related peptides.^{1,2}

ACTH stimulates formation and secretion of glucocorticoids (especially cortisol) by the adrenal cortex. The glucocorticoid production is regulated by various factors.^{3,4,5,6} After stimulation (e.g. by physical effort or by the internal body clock), the hypothalamus secretes CRH (corticotropin releasing hormone). CRH acts on the pituitary, which in turn synthesizes and secretes ACTH. Finally, ACTH stimulates secretion of the glucocorticoids by the adrenals. High concentrations of glucocorticoids in the blood inhibit secretion of CRH and ACTH via a negative feedback mechanism.

ACTH concentrations show a diurnal variation with high levels in the morning and low levels in the evening. Therefore, as with cortisol, it is important to know the collection time of the plasma sample for interpretation of the results.

Plasma ACTH measurements are useful in the differential diagnosis of Cushing syndrome etiology (to differentiate ACTH-dependent from ACTH-independent hypercortisolism). Normal or high ACTH levels in a patient with sustained hypercortisolism, suggest ACTH-dependent cortisol secretion. The great majority of these patients have Cushing's disease, in which ACTH hypersecretion is due to an ACTH-secreting pituitary adenoma.^{7,8,9,10}

More rarely, high ACTH levels are caused by ectopic ACTH syndrome (EAS), in which ACTH is released by non-pituitary tumors.¹⁰ The most prevalent tumors of EAS are small cell carcinomas of the lung and bronchial carcinoids, but also, less commonly, tumors originating in the thymus, pancreas, and thyroid.^{11,12} These tumors often secrete ACTH precursors (POMC and pro ACTH).^{11,13} Various tests have been used alone or in combination to distinguish between pituitary and ectopic sources of ACTH. The choice of tests depends on availability, diagnostic accuracy, technical expertise, and risk.¹⁰

Treatment of choice for Cushing's Disease is transsphenoidal surgery with selective removal of the adenoma tissue. In case of persistence or recurrence, as an ultima ratio, patients may undergo bilateral adrenalectomy. It has been estimated that between 8 and 47 % of patients with Cushing's disease who undergo bilateral adrenalectomy will develop a corticotroph tumor (ACTH-producing pituitary tumor) leading to Nelson's syndrome, which is characterized by increased ACTH levels, hyperpigmentation and tumor progression.^{14,15}

In case of adrenal insufficiency (insufficient production of glucocorticoids or mineralocorticoids from the adrenal glands), basal morning cortisol and ACTH levels can be measured and an ACTH stimulation test performed, to establish the diagnosis and distinguish between primary adrenal insufficiency (Addison's disease) and central adrenal insufficiency (secondary or tertiary).^{16,17,18,19}

The Elecsys ACTH assay employs 2 monoclonal antibodies specific for ACTH (9-12) and for the C-terminal region (ACTH 36-39).

Due to common antigenic structure, the antibodies recognize intact biologically active ACTH 1-39 and the ACTH precursors POMC and pro-ACTH.²

Test principle

Sandwich principle. Total duration of assay: 18 minutes.

- 1st incubation: 30 µL of sample, a biotinylated monoclonal ACTH-specific antibody, and a monoclonal ACTH-specific antibody labeled with a ruthenium complex^{a)} react to form a sandwich complex.
- 2nd incubation: After addition of streptavidin-coated microparticles, the complex becomes bound to the solid phase via interaction of biotin and streptavidin.
- The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode. Unbound substances are then removed with ProCell II M. Application of a voltage to the electrode then induces chemiluminescent emission which is measured by a photomultiplier.
- Results are determined via a calibration curve which is instrument-specifically generated by 2-point calibration and a master curve provided via the **cobas** link.

a) Tris(2,2'-bipyridyl)ruthenium(II)-complex (Ru(bpy)₃²⁺)

Reagents - working solutions

The **cobas e** pack is labeled as ACTH.

- M Streptavidin-coated microparticles, 1 bottle, 5.8 mL:
Streptavidin-coated microparticles 0.72 mg/mL; preservative.
- R1 Anti-ACTH-Ab~biotin, 1 bottle, 7.2 mL:
Biotinylated monoclonal anti-ACTH antibody (mouse) 0.3 mg/L;
MES^{b)} buffer 50 mmol/L, pH 6.2; preservative.
- R2 Anti-ACTH-Ab~Ru(bpy)₃²⁺, 1 bottle, 7.2 mL:
Monoclonal anti-ACTH antibody (mouse) labeled with ruthenium complex 0.3 mg/L; MES buffer 50 mmol/L, pH 6.2; preservative.

b) MES = 2-morpholino-ethane sulfonic acid

Precautions and warnings

For in vitro diagnostic use for health care professionals. Exercise the normal precautions required for handling all laboratory reagents.

Infectious or microbial waste:

Warning: handle waste as potentially biohazardous material. Dispose of waste according to accepted laboratory instructions and procedures.

Environmental hazards:

Apply all relevant local disposal regulations to determine the safe disposal.

Safety data sheet available for professional user on request.

This kit contains components classified as follows in accordance with the Regulation (EC) No. 1272/2008:



Warning

H317 May cause an allergic skin reaction.

Prevention:

P261 Avoid breathing mist or vapours.

P272 Contaminated work clothing should not be allowed out of the workplace.

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P280 Wear protective gloves.

Response:

P333 + P313 If skin irritation or rash occurs: Get medical advice/attention.

P362 + P364 Take off contaminated clothing and wash it before reuse.

Disposal:

P501 Dispose of contents/container to an approved waste disposal plant.

Product safety labeling follows EU GHS guidance.

Contact phone: all countries: +49-621-7590

Avoid foam formation in all reagents and sample types (specimens, calibrators and controls).

Reagent handling

The reagents in the kit have been assembled into a ready-for-use unit that cannot be separated.

All information required for correct operation is available via the **cobas** link.

Storage and stability

Store at 2-8 °C.

Do not freeze.

Store the **cobas e** pack **upright** in order to ensure complete availability of the microparticles during automatic mixing prior to use.

Stability:	
unopened at 2-8 °C	up to the stated expiration date
on the analyzers	16 weeks

Specimen collection and preparation

Only the specimens listed below were tested and found acceptable.

K₂-EDTA and K₃-EDTA plasma, collected using siliconized glass tubes or plastic tubes as ACTH adsorbs to non-siliconized glass tubes and thereby reduces sample ACTH values.² Do not use other types of plasma samples.

Criterion for K₂-EDTA plasma: Slope 0.85-1.15 + coefficient of correlation ≥ 0.95 for method comparison vs K₃-EDTA plasma.

Only use pre-cooled sampling vials. After drawing the blood, put the vials immediately on ice. Use a cooled centrifuge to separate the plasma. Measure samples immediately or freeze them at -20 °C (± 5 °C).

Stable for 3 hours at 2-8 °C followed by 2 hours at 20-25 °C, 10 weeks at -20 °C (± 5 °C). Freeze only once.

The sample types listed were tested with a selection of sample collection tubes that were commercially available at the time of testing, i.e. not all available tubes of all manufacturers were tested. Sample collection systems from various manufacturers may contain differing materials which could affect the test results in some cases. When processing samples in primary tubes (sample collection systems), follow the instructions of the tube manufacturer.

Centrifuge samples containing precipitates before performing the assay.

Do not use heat-inactivated samples.

Do not use samples and controls stabilized with azide.

Ensure the samples and calibrators are at 20-25 °C prior to measurement.

Due to possible evaporation effects, samples and calibrators on the analyzers should be analyzed/measured within 2 hours.

Materials provided

See "Reagents – working solutions" section for reagents.

Materials required (but not provided)

- [REF] 08959820190, ACTH CalSet, for 4 x 1.0 mL
- [REF] 05341787190, PreciControl Multimarker, for 6 x 2.0 mL
- General laboratory equipment
- **cobas e** analyzer

Additional materials for **cobas e** 402 and **cobas e** 801 analyzers:

- [REF] 06908799190, ProCell II M, 2 x 2 L system solution
- [REF] 04880293190, CleanCell M, 2 x 2 L measuring cell cleaning solution
- [REF] 07485409001, Reservoir Cup, 8 cups to supply ProCell II M and CleanCell M
- [REF] 06908853190, PreClean II M, 2 x 2 L wash solution
- [REF] 05694302001, Assay Tip/Assay Cup tray, 6 magazines x 6 magazine stacks x 105 assay tips and 105 assay cups, 3 wasteliners
- [REF] 07485425001, Liquid Flow Cleaning Cup, 2 adaptor cups to supply ISE Cleaning Solution/Elecsys SysClean for Liquid Flow Cleaning Detection Unit
- [REF] 07485433001, PreWash Liquid Flow Cleaning Cup, 1 adaptor cup to supply ISE Cleaning Solution/Elecsys SysClean for Liquid Flow Cleaning PreWash Unit
- [REF] 11298500316, ISE Cleaning Solution/Elecsys SysClean, 5 x 100 mL system cleaning solution

Assay

For optimum performance of the assay follow the directions given in this document for the analyzer concerned. Refer to the appropriate operator's manual for analyzer-specific assay instructions.

Resuspension of the microparticles takes place automatically prior to use.

Place the cooled (stored at 2-8 °C) **cobas e** pack on the reagent manager. Avoid foam formation. The system automatically regulates the temperature of the reagents and the opening/closing of the **cobas e** pack.

Calibration

Traceability: This method has been standardized gravimetrically with synthetic ACTH produced at Roche.

The predefined master curve is adapted to the analyzer using the relevant CalSet.

Calibration frequency: Calibration must be performed once per reagent lot using fresh reagent (i.e. not more than 24 hours since the **cobas e** pack was registered on the analyzer).

Calibration interval may be extended based on acceptable verification of calibration by the laboratory.

Renewed calibration is recommended as follows:

- after 12 weeks when using the same reagent lot
- after 28 days when using the same **cobas e** pack on the analyzer
- as required: e.g. quality control findings outside the defined limits

Quality control

Use PreciControl Multimarker or other suitable controls for routine quality control procedures.

Controls for the various concentration ranges should be run individually at least once every 24 hours when the test is in use, once per **cobas e** pack, and following each calibration.

The control intervals and limits should be adapted to each laboratory's individual requirements. Values obtained should fall within the defined limits. Each laboratory should establish corrective measures to be taken if values fall outside the defined limits.

If necessary, repeat the measurement of the samples concerned.

Follow the applicable government regulations and local guidelines for quality control.

Calculation

The analyzer automatically calculates the analyte concentration of each sample either in pg/mL, pmol/L or ng/L (selectable).

Conversion factors: pg/mL x 0.2202 = pmol/L
 pmol/L x 4.541 = pg/mL

Limitations - interference

The effect of the following endogenous substances and pharmaceutical compounds on assay performance was tested. Interferences were tested up to the listed concentrations and no impact on results was observed.

Endogenous substances

Compound	Concentration tested
Bilirubin	≤ 428 μmol/L or ≤ 25 mg/dL
Hemoglobin	≤ 0.248 mmol/L or ≤ 400 mg/dL
Intralipid	≤ 1500 mg/dL
Biotin	≤ 4912 nmol/L or ≤ 1200 ng/mL
Rheumatoid factors	≤ 400 IU/mL

Criterion: For concentrations of 1.5-20 pg/mL the deviation is ± 3 pg/mL. For concentrations > 20-2000 pg/mL the deviation is ± 15 %.

There is no high-dose hook effect at ACTH concentrations up to 1×10^6 pg/mL.

Pharmaceutical substances

In vitro tests were performed on 16 commonly used pharmaceuticals. No interference with the assay was found.

However, under ACTH 1-24 medication, ACTH measurement is not recommended, due to negative interference with the sandwich assay.

In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur. These effects are minimized by suitable test design.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

Limits and ranges

Measuring range

1.5-2000 pg/mL or 0.330-440 pmol/L (defined by the Limit of Detection and the maximum of the master curve). Values below the Limit of Detection are reported as < 1.5 pg/mL or < 0.330 pmol/L. Values above the measuring range are reported as > 2000 pg/mL or > 440 pmol/L.

Lower limits of measurement

Limit of Blank, Limit of Detection and Limit of Quantitation

Limit of Blank = 1.00 pg/mL (0.220 pmol/L)

Limit of Detection = 1.5 pg/mL (0.330 pmol/L)

Limit of Quantitation = 3.0 pg/mL (0.661 pmol/L)

The Limit of Blank, Limit of Detection and Limit of Quantitation were determined in accordance with the CLSI (Clinical and Laboratory Standards Institute) EP17-A2 requirements.

The Limit of Blank is the 95th percentile value from $n \geq 60$ measurements of analyte-free samples over several independent series. The Limit of Blank corresponds to the concentration below which analyte-free samples are found with a probability of 95 %.

The Limit of Detection is determined based on the Limit of Blank and the standard deviation of low concentration samples. The Limit of Detection corresponds to the lowest analyte concentration which can be detected (value above the Limit of Blank with a probability of 95 %).

The Limit of Quantitation is the lowest analyte concentration that can be reproducibly measured with an intermediate precision CV of ≤ 20 %.

Dilution

Not necessary due to the broad measuring range.

Expected values

Studies with the Elecsys ACTH assay using plasma samples from 354 apparently healthy adults gave the following results (5th-95th percentile)²⁰:

7.2-63.3 pg/mL (1.6-13.9 pmol/L)

The plasma samples were drawn between 7-10 a.m.

ACTH concentrations vary considerably depending on physiological conditions. Therefore, ACTH results should always be evaluated together with simultaneously measured cortisol concentrations.

Each laboratory should investigate the transferability of the expected values to its own patient population and if necessary determine its own reference ranges.

Specific performance data

Representative performance data on the analyzers are given below. Results obtained in individual laboratories may differ.

Precision

Precision was determined using Elecsys reagents, pooled human plasma and controls in a protocol (EP05-A3) of the CLSI (Clinical and Laboratory Standards Institute): 2 runs per day in duplicate each for 21 days ($n = 84$). The following results were obtained:

cobas e 402 and cobas e 801 analyzers					
Sample	Mean pg/mL	Repeatability		Intermediate precision	
		SD pg/mL	CV %	SD pg/mL	CV %
Human plasma 1	3.79	0.170	4.5	0.272	7.2
Human plasma 2	25.9	0.334	1.3	0.746	2.9
Human plasma 3	52.8	0.675	1.3	1.54	2.9
Human plasma 4	886	9.66	1.1	25.1	2.8
Human plasma 5	1919	18.8	1.0	61.9	3.2
PC ^{c)} Multimarker 1	49.5	0.604	1.2	1.65	3.3
PC Multimarker 2	867	5.78	0.7	27.6	3.2

c) PC = PreciControl

cobas e 402 and cobas e 801 analyzers					
Sample	Mean pmol/L	Repeatability		Intermediate precision	
		SD pmol/L	CV %	SD pmol/L	CV %
Human plasma 1	0.835	0.037	4.5	0.060	7.2
Human plasma 2	5.70	0.074	1.3	0.164	2.9
Human plasma 3	11.6	0.149	1.3	0.339	2.9
Human plasma 4	195	2.13	1.1	5.53	2.8
Human plasma 5	423	4.14	1.0	13.6	3.2
PC Multimarker 1	10.9	0.133	1.2	0.363	3.3
PC Multimarker 2	191	1.27	0.7	6.08	3.2

Method comparison

a) A comparison of the Elecsys ACTH assay, [REF] 08946728190 (cobas e 801 analyzer; y), with the Elecsys ACTH assay, [REF] 07026684190 (cobas e 801 analyzer; x), gave the following correlations (pg/mL):

Number of samples measured: 146

Passing/Bablok²¹ Linear regression

$$y = 1.02x + 3.46$$

$$y = 1.02x + 2.78$$

$$\tau = 0.972$$

$$r = 1.00$$

The sample concentrations were between 1.68 and 1838 pg/mL.

b) A comparison of the Elecsys ACTH assay, [REF] 08946728190 (cobas e 402 analyzer; y), with the Elecsys ACTH assay, [REF] 08946728190 (cobas e 801 analyzer; x), gave the following correlations (pg/mL):

Number of samples measured: 182

Passing/Bablok²¹ Linear regression

$$y = 0.969x - 0.500$$

$$y = 0.936x + 2.39$$

$$\tau = 0.980$$

$$r = 0.998$$

The sample concentrations were between 2.41 and 1983 pg/mL.

Analytical specificity

The Elecsys ACTH 2-site immunoassay measures intact ACTH 1-39. When ACTH fragments or peptides were added to a patient's plasma sample with defined ACTH concentration, no interference was observed with ACTH 1-10, ACTH 11-24, beta-MSH, beta-Endorphin and POMC.

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ACTH fragments (ACTH 1-17, ACTH 1-24, ACTH CLIP 18-39, ACTH 22-39, alpha-MSH 1-13) can bind to one of the antibodies and thereby negatively interfere with the sandwich formation and lead to lower ACTH values as shown in the following table:

Cross-reactant	Concentration of cross-reactant pg/mL	Apparent ACTH pg/mL	Change in ACTH concentration pg/mL	Cross-reactivity %
None; reference	0	55.4	not applicable	not applicable
ACTH 1-17	50000	16.9	-38.5	-0.077
	5000	50.9	-4.5	-0.089
	500	54.4	-1.0	-0.203
ACTH 1-24	50000	10.1	-45.3	-0.091
	5000	49.1	-6.3	-0.126
	500	55.3	-0.1	-0.022
ACTH 18-39 (CLIP)	50000	47.8	-7.6	-0.015
	5000	54.7	-0.7	-0.013
	500	55.8	0.4	0.075
ACTH 22-39	50000	7.58	-47.8	-0.096
	5000	37.5	-17.9	-0.357
	500	52.9	-2.5	-0.491
ACTH 1-13 (alpha-MSH)	50000	29.2	-26.2	-0.052
	5000	51.4	-4.0	-0.080
	500	55.3	-0.1	-0.022

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For further information, please refer to the appropriate user guide or operator's manual for the analyzer concerned, the respective application sheets and the Method Sheets of all necessary components (if available in your country).

A point (period/stop) is always used in this Method Sheet as the decimal separator to mark the border between the integral and the fractional parts of a decimal numeral. Separators for thousands are not used.

Any serious incident that has occurred in relation to the device shall be reported to the manufacturer and the competent authority of the Member State in which the user and/or the patient is established.

Symbols

Roche Diagnostics uses the following symbols and signs in addition to those listed in the ISO 15223-1 standard (for USA: see navifyportal.roche.com for definition of symbols used):

	Contents of kit
	Analyzers/Instruments on which reagents can be used
	Reagent
	Calibrator
	Volume for reconstitution
	Global Trade Item Number

Rx only For USA: Caution: Federal law restricts this device to sale by or on the order of a physician.

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08946728500V2.0

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