

Name	: DUMMY	Collected	: 28/8/2017 12:00:00AM
Lab No.	: 135091682	Received	: 28/8/2017 1:56:19PM
Age	: 37 Years	Reported	: 28/8/2017 5:03:57PM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: Dr. UNKNWON

Test Name	Results	Units	Bio. Ref. Interval
NEURONAL (PARANEOPLASTIC) AUTOANTIBODIES PROFILE (Immunoblot)			
Amphiphysin	Negative		
CV2.1	Negative		
PNMA2 (Ma2/Ta)	Negative		
ANNA-1/Hu	Negative		
ANNA-2/Ri	Negative		
PCA-1/Yo	Negative		

- Note:**
1. It is recommended to confirm all positive results by Indirect Immunofluorescence
 2. Negative results do not exclude the possibility of Paraneoplastic syndromes.

Comments

Paraneoplastic autoimmune neurological disorders reflect a patient's humoral and cellular immune responses to cancer. Seropositive patients usually present with subacute neurological symptoms of Encephalopathy, Cerebellar ataxia, Radiculopathy, Myelopathy & Neuromuscular transmission disorders. This assay is recommended in patients with past or family history of cancer, smoking and environmental exposure to carcinogens.

Antibodies	Neurological syndrome	Typically associated tumors
Anti-Hu (ANNA 1)	<ul style="list-style-type: none"> • Sensory neuropathy • Chronic gastrointestinal pseudoobstruction • Cerebellar degeneration • Limbic encephalitis 	Small cell bronchial carcinoma
Anti-Yo (PCA1)	Cerebellar degeneration	Ovarian & Breast carcinoma
Anti-CV2	<ul style="list-style-type: none"> • Chorea • Sensory neuropathy • Chronic gastrointestinal pseudoobstruction • Cerebellar degeneration • Limbic encephalitis 	Small cell bronchial carcinoma Thymoma
Anti-Ma2 (Ma/Ta)	<ul style="list-style-type: none"> • Limbic ancephalitis • Brainstem encephalitis 	Seminoma, Lung carcinoma



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Test Name	Results	Units	Bio. Ref. Interval
Anti-Ri (ANNA2)	• Cerebellar degeneration Brainstem encephalitis	Breast & Small cell bronchial carcinoma	
Anti-amphiphysin	Stiff-person syndrome	Breast & Small cell bronchial carcinoma	

Uses

- Serological evaluation of patients who present with a subacute neurological disorder of undetermined etiology, especially those with known risk factors for cancer
- Investigating neurological symptoms that appear in the course of, or after, cancer therapy, and are not explainable by metastasis
- To detect Occult malignancy
- Differentiating autoimmune neuropathies from neurotoxic effects of chemotherapy
- Monitoring the immune response of seropositive patients in the course of cancer therapy
- Detecting early evidence of cancer recurrence in previously seropositive patients

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-----End of report -----

