

AUTOIMMUNE NEUROLOGY ANTIBODY MATRIX

A TOOL TO GUIDE TEST ORDERING

The evolution of phenotype-specific antibody testing

Autoimmune neurology testing is rapidly evolving, with increasing numbers of clinically relevant biomarkers discovered each year. Mayo Clinic's Neuroimmunology Laboratory has developed a unique approach to ease physician burden and improve patient care. The concept of phenotype-specific antibody evaluations was created to enable physicians to select a test based on clinical presentation. Our testing includes the most relevant antibodies associated with each disease state, and the results provide clinically actionable answers in the shortest amount of time. We continually evaluate these panels and add or remove antibodies when necessary.

Which specimen should I test?

Certain neural antibodies are detected more readily in serum (e.g., LGI1, CASPR2), while others can be detected more readily in CSF (e.g., NMDA, GFAP). Testing both, simultaneously or sequentially, maximizes diagnostic yield.

30+

classified antibodies
reported in our panels

44+

years of experience
discovering and detecting
neuronal antibodies

PLASMA MEMBRANE SPECIFICITIES

ANTIBODY	ONCOLOGICAL ASSOCIATION	APPROXIMATE FREQUENCY
NMDA-R	Teratoma (ovarian or extra-ovarian)	50%
LGI1	Thymoma	<5%
CASPR2	Thymoma	<10%
AMPA-R	Thymoma, lung and breast carcinoma	70%
GABA-B-R	Small-cell lung carcinoma, other neuroendocrine neoplasm	70%
DPPX	B-cell neoplasia	<20%
mGluR1	Hodgkin lymphoma	50%
P/Q Type VGCC	Lung, breast, or gynecologic carcinoma	15%
AChR Ganglionic	Miscellaneous carcinomas, thymoma	<15%
PCA-Tr	Hodgkin lymphoma	70%–80%
AQP4	Rare, varied, more common in elderly patients	<20%
MOG	No specific oncological association	–
IgLON5	No specific oncological association	–
GlyR	Thymoma and lymphoma	<10%
NF155	No specific oncological association	–
CNTN1	No specific oncological association	–
GD1b	No specific oncological association	–
GQ1b	No specific oncological association	–
GM1	No specific oncological association	–
MAG	Waldenstrom's macroglobulinemia or lymphoma	<1%

NUCLEAR AND CYTOPLASMIC SPECIFICITIES

ANTIBODY	ONCOLOGICAL ASSOCIATION	APPROXIMATE FREQUENCY
ANNA-1 (Hu)	Small-cell lung carcinoma, neuroblastoma, thymoma	90%
ANNA-2 (Ri)	Small-cell lung carcinoma, breast adenocarcinoma	90%
ANNA-3	Aerodigestive carcinoma	90%
AGNA-1 (SOX1)	Small-cell lung carcinoma	90%
PCA-1 (Yo)	Ovary, other mullerian, or breast	90%
PCA-2	Small-cell lung carcinoma	90%
CRMP-5 (CV2)	Small-cell lung carcinoma, thymoma, thyroid, or renal carcinoma	90%
Amphiphysin	Small-cell lung carcinoma, breast adenocarcinoma	90%
GAD65	Thymoma	<10%
GFAP	Ovarian teratoma, other	25%
GRAF1	Breast, small-cell lung carcinoma	50%
ITPR1	Breast, small-cell lung carcinoma	30%
NIF	Neuroendocrine, small-cell lung carcinoma	77%
Recoverin	Small-cell lung carcinoma	70%
Kelch-11	Testicular germ-cell, seminoma	70%
Septin-5	None known	Unknown
Septin-7	None known	Unknown
AP3B2	None known	10%
Neurochondrin	Uterine carcinoma	10%
TRIM46	Neuroendocrine carcinoma including small-cell lung carcinoma	>70%
PDE10A	Renal carcinoma, adenocarcinoma	>70%

FOR CLINICAL OR TECHNICAL SUPPORT CONTACT OUR SPECIALISTS:

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