

# AUTOIMMUNE NEUROLOGY ANTIBODY MATRIX

## A TOOL TO GUIDE TEST ORDERING

NEUROLOGY

### 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+

30+ CLASSIFIED ANTIBODIES  
REPORTED IN OUR PANELS

44+

44+ YEARS OF EXPERIENCE  
DISCOVERING AND DETECTING  
NEURONAL ANTIBODIES

	PLASMA MEMBRANE SPECIFICITIES												NUCLEAR AND CYTOPLASMIC SPECIFICITIES																							
	NMDA-R	LGI1	CASPR2	AMPA-R	GABA-B-R	DPPX	mGluR1	VGKc-Complex	P/Q Type VGCC	AChR Ganglionic	PCA-Tr	AQP4	MOG	IgLON5	GlyR	NF155	CNTN1	ANNA-1 (Hu)	ANNA-2 (RI)	ANNA-3	AGNA (SOX1)	PCA-1 (Yo)	PCA-2	CRMP-5 (CV2)	Amphiphysin	GAD65	GFAP	GRAF1	ITPR1	NIF	Recoverin	KLHL11	Septin-5	Septin-7	AP3B2	Neurochondrin
<b>AUTOIMMUNE &amp; PARANEOPLASTIC CNS EVALUATIONS</b>																																				
ENS2	Encephalopathy, Serum	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
ENC2	Encephalopathy, CSF	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
DMS2	Dementia, Serum	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
DMC2	Dementia, CSF	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
EPS2	Epilepsy, Serum	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
EPC2	Epilepsy, CSF	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
MDS2	Movement Disorders, Serum	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
MDC2	Movement Disorders, CSF	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
SPPS	Stiff-Person Spectrum Disorders, Serum							•							•																					
SPPC	Stiff-Person Spectrum Disorders, CSF							•							•																					
PCDES	Pediatric CNS Disorders, Serum	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
PCDEC	Pediatric CNS Disorders, CSF	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
MAS1	Myelopathy, Serum							•	•	•					•			•	•	•	•	•	•	•	•	•	•	•	•	•	•					
MAC1	Myelopathy, CSF							•	•	•					•			•	•	•	•	•	•	•	•	•	•	•	•	•						
PVLE	Vision Loss, Serum																				•															
CDS1	CNS Demyelinating Disease, Serum																																			
<b>AUTOIMMUNE &amp; PARANEOPLASTIC PNS EVALUATIONS</b>																																				
AIAES	Autoimmune Axonal, Serum		•	•														•	•	•	•	•	•	•	•	•	•	•	•	•	•					
CIDP	Chronic Inflammatory Demyelinating Polyradiculoneuropathy/Nodopathy, Serum																•	•																		
DYS2	Autoimmune Dysautonomia, Serum		•	•					•					•				•				•	•													
<b>OTHER EVALUATIONS**</b>																																				
PAVAL	Paraneoplastic, Serum										•	•			•			•	•	•	•	•	•	•												
PAC1	Paraneoplastic, CSF														•			•	•	•	•	•	•	•												

\*\*PAVAL/PAC1 no longer contain all known, clinically relevant antibodies. We recommend using the above evaluations instead. Follow-up testing is available for individual antibodies using Mayo ID: PNEFS and PNEFC

**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%
VGKC-Complex	No specific oncological association	<10%
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	-

**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%
KLHL11	Testicular germ-cell, seminoma	70%
Septin-5	None known	Unknown
Septin-7	None known	Unknown
AP3B2	None known	<10%
Neurochondrin	Uterine carcinoma	<10%

FOR CLINICAL OR TECHNICAL SUPPORT CONTACT OUR SPECIALISTS:

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