MAYO CLINIC LABORATORIES

NEUROLOGY

PHENOTYPE-SPECIFIC TESTING FOR **AUTOIMMUNE AND PARANEOPLASTIC ETIOLOGIES**

Powered by expertise from our research labs, clinical labs, and Autoimmune Neurology Clinic, we have developed evaluations customized to address specific neurological phenotypes. Recent research has shown that neuronal antibodies have varying paraneoplastic significance.

Given the growing complexity and rapidly expanding list of antibodies, a single, "catch-all" neurological antibody evaluation is no longer appropriate. With the phenotype-specific approach, healthcare providers only need to order one evaluation (both specimen types) based on their patient's most predominant symptoms. This delivers more clinically actionable results, with a clear picture of the diagnosis, prognosis, and treatment options.

Considerations for an autoimmune or paraneoplastic etiology

- Subacute onset (days to weeks) and rapid progression.
- Personal/family history of cancer.
- Personal/family history or signs of autoimmunity (diabetes mellitus, thyroid cancer, vitiligo, poliosis [premature graying], myasthenia gravis, rheumatoid arthritis, systemic lupus erythematosus).
- Smoking history.

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 spinal fluid (e.g., NMDA, GFAP). Testing both, simultaneously or sequentially, maximizes diagnostic yield.

BRAIN

Encephalopathy

ENS2 and ENC2
TAT: Serum 10 days, spinal fluid 8 days

Dementia

DMS2 and DMC2
TAT: Serum 10 days, spinal fluid 8 days

Epilepsy

EPS2 and EPC2
TAT: Serum 10 days, spinal fluid 8 days

Movement disorders

MDS2 and MDC2
TAT: Serum 10 days, spinal fluid 8 days

SPPS and SPPC
TAT: Serum 10 days, spinal fluid 8 days

Pediatric CNS disorders

PCDES AND PCDEC
TAT: Serum 10 days, spinal fluid 8 days

CNS demyelinating disease

CDS1
TAT: 7 days

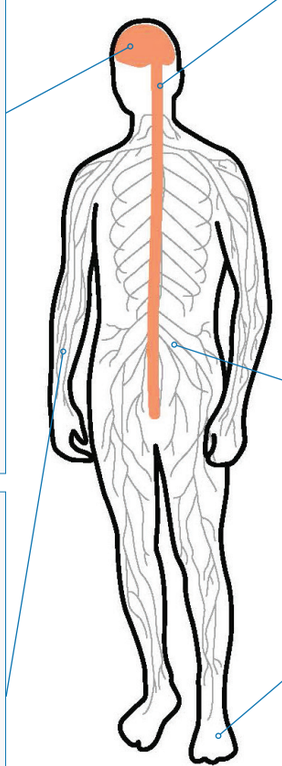
NEUROMUSCULAR

Myasthenia gravis & Lambert-Eaton syndrome

MGMR and MGLE
TAT: 3 days

Necrotizing autoimmune myopathy

NMS1
TAT: 10 days



SPINAL CORD

CNS demyelinating disease

CDS1
TAT: 7 days

Myelopathy

MAS1 and MAC1
TAT: Serum 10 days, spinal fluid 8 days

Pediatric CNS disorders

PCDES AND PCDEC
TAT: Serum 10 days, spinal fluid 8 days

AUTONOMIC

Dysautonomia

DYS2
TAT: 7 days

GI dysmotility

GID2
TAT: 10 days

PERIPHERAL NERVE

Axonal neuropathy

AIAES
TAT: 10 days

Demyelinating neuropathy

CIDP
TAT: 8 days

MAGES
TAT: 5 days

DMNES
TAT: 8 days

Ganglioside-associated neuropathy

GAES
TAT: 8 days

FOR CLINICAL OR TECHNICAL SUPPORT CONTACT OUR SPECIALISTS:
855-516-8404 | +1-855-379-3115 (INTERNATIONAL)
NEWS.MAYOCLINICLABS.COM/NEUROLOGY

SCAN to learn more

MAYO CLINIC
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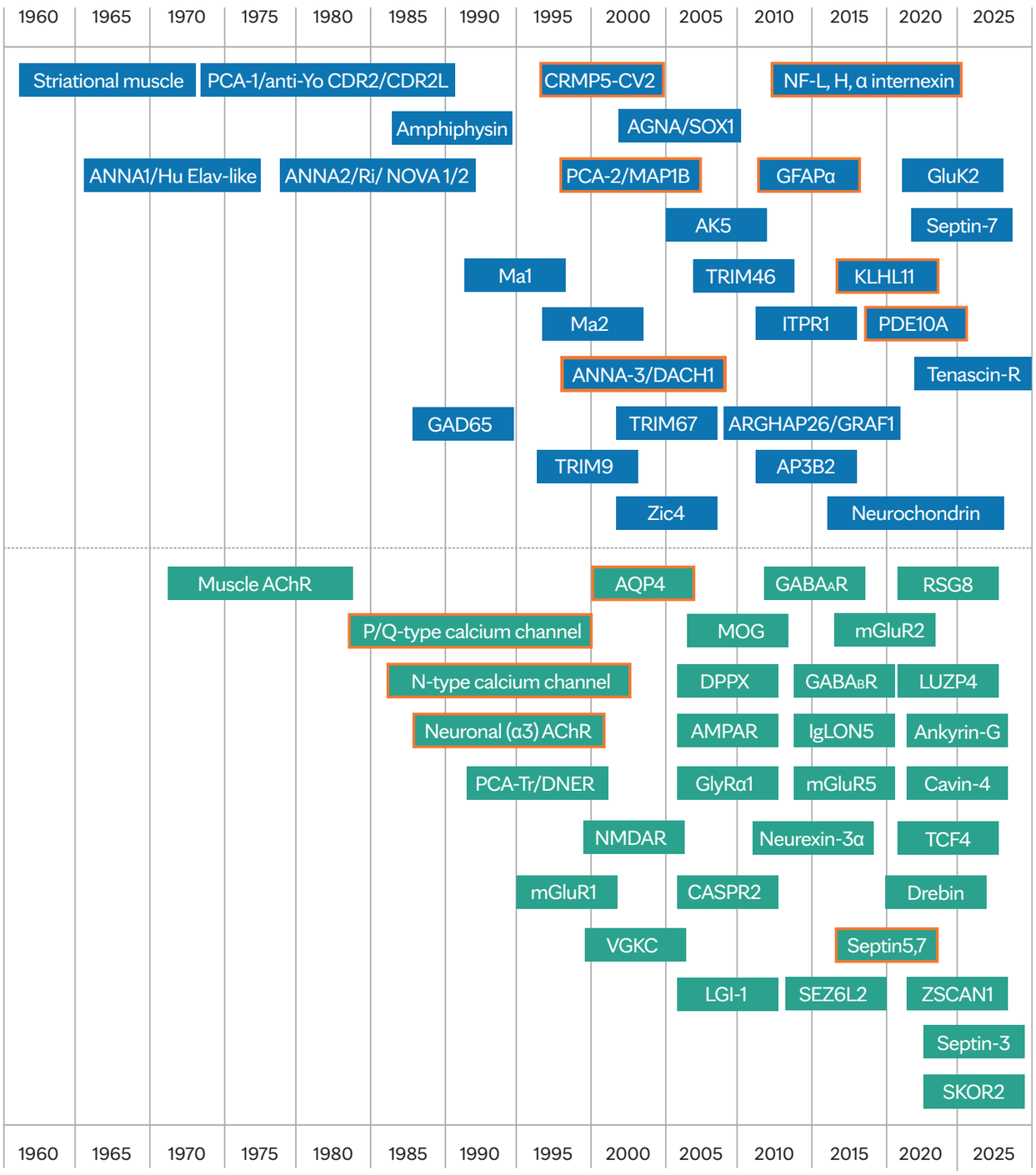
AN EXPLOSION OF **ANTIBODY DISCOVERY**

New, clinically relevant antibodies are constantly being discovered, and many that were once considered extremely rare and of questionable significance are now known to be markers of treatable disease. Our phenotype-specific evaluations are regularly updated as new discoveries are made — so you will always be on the cutting edge.



30
classified antibodies reported in our panels

24/7
consultative support from Mayo Clinic physicians and scientists

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