

α-Amylase EPS ver.2

Order information

| | | | |
|--------------------------------------|-----------|--|---|
| COBAS INTEGRA α-Amylase EPS ver.2 | 300 Tests | Cat. No. 03183742 122 System-ID 07 6609 7 | ● Indicates analyzer(s) on which cobas c pack can be used |
| Calibrator f.a.s. | 12 × 3 mL | Cat. No. 10759350 190 | |
| Calibrator f.a.s. (for USA) | 12 × 3 mL | Cat. No. 10759350 360 System-ID 07 3718 6 | |
| Precinorm U | 20 × 5 mL | Cat. No. 10171743 122 System-ID 07 7997 0 | |
| Precipath U | 20 × 5 mL | Cat. No. 10171778 122 System-ID 07 7998 9 | |
| Precinorm U plus | 10 × 3 mL | Cat. No. 12149435 122 | |
| Precinorm U plus (for USA) | 10 × 3 mL | Cat. No. 12149435 160 System-ID 07 7999 7 | |
| Precipath U plus | 10 × 3 mL | Cat. No. 12149443 122 | |
| Precipath U plus (for USA) | 10 × 3 mL | Cat. No. 12149443 160 System-ID 07 8000 6 | |

| COBAS INTEGRA 400/400 plus | COBAS INTEGRA 800 |
|----------------------------------|-------------------------|
| ● | ● |

System information

COBAS INTEGRA α-Amylase EPS ver.2 (AMYL2)
Test AMYL2, test ID 0-609 (serum, plasma)
Test AMYU2, test ID 0-509 (urine)

Intended use

In vitro test for the quantitative determination of the catalytic activity of α-amylase (EC 3.2.1.1; 1,4-α-D-glucan: glucanohydrolase) in human serum, plasma, and urine on COBAS INTEGRA systems.

Summary^{1,2,3,4,5,6,7,8,9}

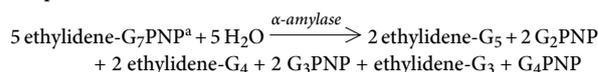
The α-amylases (1,4-α-D-glucanohydrolases, EC 3.2.1.1) catalyze the hydrolytic degradation of polymeric carbohydrates such as amylose, amylopectin and glycogen by cleaving 1,4-α-glucosidic bonds. In polysaccharides and oligosaccharides, several glycosidic bonds are hydrolyzed simultaneously. Maltotriose, the smallest such unit, is converted into maltose and glucose, albeit very slowly. Two types of α-amylases can be distinguished, the pancreatic type (P-type) and the salivary type (S-type). Whereas the P-type can be attributed almost exclusively to the pancreas and is therefore organ-specific, the S-type can originate from a number of sites. As well as appearing in the salivary glands it can also be found in tears, sweat, human milk, amniotic fluid, the lungs, testes and the epithelium of the fallopian tube.

Because of the sparsity of specific clinical symptoms of pancreatic diseases, α-amylase determinations are of considerable importance in pancreatic diagnostics. They are mainly used in the diagnosis and monitoring of acute pancreatitis. Hyperamylasemia does not, however, only occur with acute pancreatitis or in the inflammatory phase of chronic pancreatitis, but also in renal failure (reduced glomerular filtration), tumors of the lungs or ovaries, pulmonary inflammation, diseases of the salivary gland, diabetic ketoacidosis, cerebral trauma, surgical interventions or in the case of macroamylasemia. To confirm pancreatic specificity, it is recommended that an additional pancreas-specific enzyme - lipase or pancreatic-α-amylase - also be determined.

Numerous methods have been described for the determination of α-amylase. These either determine the decrease in the amount of substrate viscometrically, turbidimetrically, nephelometrically and amyloclastically or measure the formation of degradation products saccharogenically or kinetically with the aid of enzyme-catalyzed subsequent reactions. The kinetic method described here is based on the well-proven cleavage of 4,6-ethylidene-(G₇)-1,4-nitrophenyl-(G₁)-α,D-maltoheptaoside (Ethylidene Protected Substrate = EPS) by α-amylase and subsequent hydrolysis of all the degradation products to p-nitrophenol with the aid of α-glucosidase (100 % chromophore liberation). The results of this method correlate with those obtained by HPLC.

Test principle^{10,11}

Enzymatic colorimetric assay acc. to IFCC.
Defined oligosaccharides such as 4,6-ethylidene-(G₇) p-nitrophenyl-(G₁)-α,D-maltoheptaoside (ethylidene-G₇PNP) are cleaved under the catalytic action of α-amylases. The G₂PNP, G₃PNP and G₄PNP fragments so formed are completely hydrolyzed to p-nitrophenol and glucose by α-glucosidase. Simplified reaction scheme:



a) PNP ≙ p-nitrophenol
b) G ≙ Glucose

The color intensity of the p-nitrophenol formed is directly proportional to the α-amylase activity. It is determined by measuring the increase in absorbance at 409 nm.

INTEGRA 400/800

Reagents - working solutions

| Components | Concentrations | | | Test |
|--------------------------------|----------------|---------|-------------------|----------------|
| | R1 | R2 = SR | | |
| HEPES | 52.4 | 52.4 | 49.1 | mmol/L |
| Sodium chloride | 87 | | 68 | mmol/L |
| Calcium chloride | 0.08 | | 0.06 | mmol/L |
| Magnesium chloride | 12.6 | | 9.8 | mmol/L |
| α-Glucosidase (microbial) | ≥ 66.8 | | ≥ 52.3 (≥ 3.1) | μkat/L kU/L |
| Ethylidene-G ₇ -PNP | | 22 | 3.4 | mmol/L |
| pH (37 °C) | 7.00 | 7.00 | 7.00 | |

Both reagents contain nonreactive detergent and stabilizers.

Precautions and warnings

Pay attention to all precautions and warnings listed in this Method Manual, Chapter 1, Introduction.

Reagent handling

Ready for use.

Storage and stability

| | |
|------------------------------------|--|
| Shelf life at 2 to 8 °C | See expiration date on cobas c pack label |
| COBAS INTEGRA 400/400 plus systems | |
| On-board in use at 10 to 15 °C | 12 weeks |
| COBAS INTEGRA 800 systems | |
| On-board in use at 8 °C | 12 weeks |

Specimen collection and preparation^{9,12}

For specimen collection and preparation, only use suitable tubes or collection containers.

Only the specimens listed below were tested and found acceptable.
Serum

Plasma: Heparin (Li-, Na-, NH₄⁺-) or EDTA (K₂-, K₃-) plasma. EDTA plasma values are approximately 5-10 % lower than serum values.

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.

Urine: Collect urine without additives. α-Amylase is unstable in acid urine. Assay promptly or adjust pH to alkaline range (just above pH 7) before storage.¹³

| | |
|---|--------------------|
| Stability in <i>serum</i> : ¹³ | 7 days at 15-25 °C |
| | 1 month at 2-8 °C |
| Stability in <i>urine</i> : ¹⁴ | 2 days at 15-25 °C |
| | 10 days at 2-8 °C |

Centrifuge samples containing precipitates before performing the assay.

Materials provided

See "Reagents - working solutions" section for reagents.

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.

Application for serum, plasma and urine**COBAS INTEGRA 400/400 plus test definition**

| | |
|-----------------------|------------|
| Measuring mode | Absorbance |
| Abs. calculation mode | Kinetic |
| Reaction mode | R1-S-SR |
| Reaction direction | Increase |
| Wavelength A/B | 409/659 nm |
| Calc. first/last | 50/69 |
| Unit | U/L |

Pipetting parameters

| <i>Serum, plasma, and urine</i> | | Diluent (H ₂ O) |
|---------------------------------|--------|----------------------------|
| R1 | 100 μL | |
| Sample | 4 μL | 4 μL |
| SR | 20 μL | |
| Total volume | 128 μL | |

COBAS INTEGRA 800 test definition

| | |
|-----------------------|------------|
| Measuring mode | Absorbance |
| Abs. calculation mode | Kinetic |
| Reaction mode | R1-S-SR |
| Reaction direction | Increase |
| Wavelength A/B | 409/659 nm |
| Calc. first/last | 73/98 |
| Unit | U/L |

Pipetting parameters

| <i>Serum, plasma, and urine</i> | | Diluent (H ₂ O) |
|---------------------------------|--------|----------------------------|
| R1 | 100 μL | |
| Sample | 4 μL | 4 μL |
| SR | 20 μL | |
| Total volume | 128 μL | |

Calibration

| | |
|-----------------------|---|
| Calibrator | Calibrator f.a.s. Use deionized water as zero calibrator. |
| Calibration mode | Linear regression |
| Calibration replicate | Duplicate recommended |
| Calibration interval | Each lot and as required following quality control procedures |

Traceability: This method has been standardized manually against Roche reagent according to IFCC.

Quality control

| | |
|-------------------------------|--|
| Quality control serum, plasma | Precinorm U or Precinorm U plus Precipath U or Precipath U plus |
| Quality control urine | Quantitative urine controls are recommended for routine quality control. |
| Control interval | 24 hours recommended |
| Control sequence | User defined |
| Control after calibration | Recommended |

For quality control, use control materials as listed in the Order information section. Other suitable control material can be used in addition.

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 limits.

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

Calculation

COBAS INTEGRA analyzers automatically calculate the analyte concentration of each sample. For more details, please refer to Data Analysis in the Online Help (COBAS INTEGRA 400/400 plus/800 analyzers).

Conversion factor: $U/L \times 0.0167 = \mu\text{kat/L}$

Limitations - interference¹⁵

Do not pipette by mouth, and ensure that the reagent does not come into contact with the skin. (Saliva and sweat contain α -amylase!)
Criterion: Recovery within $\pm 10\%$ of initial value.

Serum, plasma

| | |
|----------------|---|
| Icterus | No significant interference up to an I index of 52 (approximate conjugated bilirubin concentration: 889 $\mu\text{mol/L}$ or 52 mg/dL). No significant interference with unconjugated bilirubin. |
| Hemolysis | No significant interference up to an H index of 260 (approximate hemoglobin concentration: 161 $\mu\text{mol/L}$ or 260 mg/dL). |
| Lipemia | No significant interference. |
| Anticoagulants | Interference was found with citrate and fluoride. ¹² |
| Drugs | No interference was found at therapeutic concentrations using common drug panels. ^{16,17} <i>Exception:</i> Icodextrin-based drugs may lead to decreased amylase values. ¹⁸ |
| Other | In very rare cases gammopathy, in particular type IgM (Waldenström's macroglobulinemia), may cause unreliable results. |

Urine

| | |
|-------|---|
| Drugs | No interference was found at therapeutic concentrations using common drug panels. ¹⁷ |
|-------|---|

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

ACTION REQUIRED

Special wash programming: The use of special wash steps is mandatory when certain test combinations are run together on COBAS INTEGRA analyzers. Refer to the Method Manual, Introduction, Extra Wash Cycles for further instructions. Where required, special wash/carry-over evasion programming must be implemented prior to reporting results with this test.

Measuring range

Serum/plasma/urine
3-2000 U/L (0.05-33 $\mu\text{kat/L}$)

Determine samples having higher concentrations via the rerun function. Dilution of samples via the rerun function is a 1:5 dilution. Results from samples diluted by the rerun function are automatically multiplied by a factor of 5.

Lower detection limit

3 U/L (0.05 $\mu\text{kat/L}$)

The detection limit represents the lowest measurable analyte level that can be distinguished from zero. It is calculated as the value lying three standard deviations above that of a zero sample (zero sample + 3 SD, within-run precision, n = 21).

Expected values⁹

| | | |
|---------------------------------------|------------|--------------------------------|
| Serum/plasma | | |
| Men/women | 28-100 U/L | (0.47-1.67 $\mu\text{kat/L}$) |
| Spontaneously voided urine | | |
| Men | 16-491 U/L | (0.27-8.20 $\mu\text{kat/L}$) |
| Women | 21-447 U/L | (0.35-7.46 $\mu\text{kat/L}$) |
| α -Amylase/creatinine quotient | | |
| Men | 58-283 U/g | (0.97-4.73 $\mu\text{kat/g}$) |
| Women | 75-390 U/g | (1.25-6.51 $\mu\text{kat/g}$) |

α -Amylase/creatinine quotient

To allow for fluctuations in the α -amylase activity in urine, it is advisable to determine the α -amylase/creatinine quotient. To do this, determine the α -amylase activity and creatinine concentration in spontaneously voided urine.

$$\text{Quotient [U/g or } \mu\text{kat/mmol]} = \frac{\alpha\text{-amylase [U/L or } \mu\text{kat/L]}}{\text{creatinine [g/L or mmol/L]}}$$

Amylase/Creatinine Clearance Ratio (ACCR)¹³

The ACCR is calculated from amylase activity and creatinine concentration. Both the serum and urine samples should be collected at the same time.

$$\text{ACCR [\%]} = \frac{\text{urine amylase [U/L]} \times \text{serum creatinine [mg/L]}}{\text{serum amylase [U/L]} \times \text{urine creatinine [mg/L]}} \times 100$$

ACCR is approximately equal to 2-5 %.

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 for serum and plasma

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

Precision

Precision was determined using human samples and controls in an internal protocol (within-run n = 21, between-run n = 21). The following results were obtained:

| | | |
|----------------|------------------------------------|-------------------------------------|
| | Level 1 | Level 2 |
| Mean | 76 U/L (1.3 $\mu\text{kat/L}$) | 192 U/L (3.2 $\mu\text{kat/L}$) |
| CV within-run | 1.4 % | 1.2 % |
| Mean | 73 U/L (1.2 $\mu\text{kat/L}$) | 181 U/L (3.0 $\mu\text{kat/L}$) |
| CV between-run | 1.4 % | 1.4 % |

Method comparison

α -Amylase values for human serum and plasma samples obtained on a COBAS INTEGRA 700 analyzer with the COBAS INTEGRA α -Amylase EPS ver.2 reagent (AMYL2) (y) were compared to those determined with the same reagent on a Roche/Hitachi 917 analyzer (x) and to the previous reagent (AMYL) on a COBAS INTEGRA 700 analyzer (x).

| | |
|--|------------------------|
| Roche/Hitachi 917 analyzer | Sample size (n) = 64 |
| Passing/Bablok ¹⁹ | Linear regression |
| $y = 0.98x + 0.51$ U/L | $y = 1.00x - 1.28$ U/L |
| $\tau = 0.987$ | $r = 1.000$ |
| SD (md 95) = 5.57 | $Sy,x = 5.59$ |
| Sample concentrations were between 22 and 1900 U/L (0.37 and 31.7 $\mu\text{kat/L}$). | |

INTEGRA 400/800

COBAS INTEGRA 700 analyzer Sample size (n) = 64
 Passing/Bablok¹⁹ Linear regression
 $y = 0.98x + 1.72$ U/L $y = 0.97x + 3.01$ U/L
 $\tau = 0.982$ $r = 1.000$
 SD (md 95) = 12.22 Sy.x = 5.71
 Sample concentrations were between 22 and 1930 U/L (0.37 and 32.2 μ kat/L).

Specific performance data for urine

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

Precision

Reproducibility was determined using human samples and controls in an internal protocol (within-run n = 21, between-run n = 21). The following results were obtained:

| | Level 1 | Level 2 |
|----------------|--------------------------------|------------------------------|
| Mean | 39.4 U/L (0.66 μ kat/L) | 201 U/L (3.4 μ kat/L) |
| CV within-run | 0.8 % | 0.4 % |
| Mean | 36.7 U/L (0.61 μ kat/L) | 189 U/L (3.2 μ kat/L) |
| CV between-run | 1.0 % | 1.0 % |

Method comparison

α -Amylase values for human urine samples obtained on a COBAS INTEGRA 700 analyzer with the COBAS INTEGRA α -Amylase EPS ver.2 reagent (AMYL2) (y) were compared to those determined with the same reagent on a Roche/Hitachi 917 analyzer (x) and to the previous reagent (AMYL) on a COBAS INTEGRA 700 analyzer (x).

Roche/Hitachi 917 analyzer Sample size (n) = 59
 Passing/Bablok¹⁹ Linear regression
 $y = 0.98x - 0.32$ U/L $y = 0.99x - 1.03$ U/L
 $\tau = 0.988$ $r = 1.000$
 SD (md 95) = 17.3 Sy.x = 6.54
 The sample concentrations were between 0.66 and 1767 U/L (0.01 and 29.5 μ kat/L).

COBAS INTEGRA 700 analyzer Sample size (n) = 59
 Passing/Bablok¹⁹ Linear regression
 $y = 0.96x + 0.54$ U/L $y = 0.95x + 1.92$ U/L
 $\tau = 0.991$ $r = 1.000$
 SD (md 95) = 18.6 Sy.x = 6.28
 The sample concentrations were between 0.64 and 1853 U/L (0.01 and 30.9 μ kat/L).

References

- Greiling H, Gressner AM, eds. Lehrbuch der Klinischen Chemie und Pathobiochemie, 3rd ed. Stuttgart/New York: Schattauer Verlag 1995.
- Keller H, ed. Klinisch-chemische Labordiagnostik für die Praxis, 2nd ed. Stuttgart/New York: Georg Thieme Verlag 1991:354-361.
- Salt WB II, Schenker S. Amylase - its clinical significance: a review of the literature [Review]. *Medicine* 1976;55:269-281.
- Steinberg WM, Goldstein SS, Davies ND et al. Diagnostic assays in acute pancreatitis [Review]. *Ann Intern Med* 1985;102:576-580.
- Tietz NW, Huang WY, Rauh DF et al. Laboratory tests in the differential diagnosis of hyperamylasemia. *Clin Chem* 1986;32:301-307.
- Junge W, Troge B, Klein G et al. Evaluation of a New Assay for Pancreatic Amylase: Performance

Characteristics and Estimation of Reference Intervals. *Clin Biochem* 1989;22:109-114.

- Rauscher E et al. *Fresenius Z Analyt Chem* 1986;324:304.
- Kruse-Jarres JD, Hafkenscheid JCM, Hohenwallner W et al. Evaluation of a New α -Amylase Assay Using 4,6-Ethylidene-(G7)-1-4-nitrophenyl-(G1)- α -D-maltoheptaoside as Substrate. *J Clin Chem Clin Biochem* 1989;27:103-113.
- Junge W, Wortmann W, Wilke B et al. Development and evaluation of assays for the determination of total and pancreatic amylase at 37°C according to the principle recommended by the IFCC. *Clin Biochem* 2001;34:607-615 Erratum *Clin Biochem* 2003; 36:161.
- Lorentz, K. Approved Recommendation on IFCC Methods for the Measurement of Catalytic Concentration of Enzymes. Part 9. IFCC Method for α -Amylase (1,4- α -D-Glucan 4-Glucanohydrolase, EC 3.2.1.1). *Clin Chem Lab Med* 1998;36:185-203.
- Kurrle-Weitenhiller A, Hölzel W, Engel D et al. Method for the determination of total and pancreatic α -amylase based on 100% cleavage of the protected substrate ethylidene-4-nitrophenyl-maltoheptaoside. *Clin Chem* 1996;42(S6):S98.
- Young DS. Effects of preclinical variables on clinical laboratory tests. AACC Press, 1997, 2nd ed.
- Tietz NW, ed. *Clinical Guide to Laboratory Tests*, 3rd ed. Philadelphia, PA: WB Saunders Company 1995:46-51.
- Hohenwallner W, Hägele EO, Scholer A et al. *Ber Öster Ges Klin Chem* 1983;6:101-112.
- Glick MR, Ryder KW, Jackson SA. Graphical Comparisons of Interferences in Clinical Chemistry Instrumentation. *Clin Chem* 1986;32:470-474.
- Breuer J, Report on the Symposium; Drug Effects in Clinical Chemistry. *Eur J Clin Chem Clin Biochem* 1996;34:385-386.
- Sonntag O, Scholer A. Drug interferences in clinical chemistry: recommendation of drugs and their concentrations to be used in drug interference studies. *Ann Clin Biochem* 2001;38:376-385.
- Gokal R et al. Metabolic and laboratory effects of icodextrin. *Kidney International, Supp.* 81. 2002;62:62-71.
- Passing H, Bablok W, et al. A General Regression Procedure for Method Transformation. *J Clin Chem Clin Biochem* 1988;26:783-790.

FOR US CUSTOMERS ONLY: LIMITED WARRANTY

Roche Diagnostics warrants that this product will meet the specifications stated in the labeling when used in accordance with such labeling and will be free from defects in material and workmanship until the expiration date printed on the label. THIS LIMITED WARRANTY IS IN LIEU OF ANY OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. IN NO EVENT SHALL ROCHE DIAGNOSTICS BE LIABLE FOR INCIDENTAL, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES.

COBAS INTEGRA, COBAS C, PRECINORM and PRECIPATH are trademarks of Roche.
 Other brand or product names are trademarks of their respective holders.
 Significant additions or changes are indicated by a change bar in the margin.
 © 2009, Roche Diagnostics

 Roche Diagnostics GmbH, D-68298 Mannheim
 Distribution in USA by:
 Roche Diagnostics, Indianapolis, IN
 US Customer Technical Support 1-800-428-2336

