

0

0

Lucica[®] Glycated Albumin-L

Manufactured by Asahi Kasei Pharma Corporation



0

 $\widehat{\mathbb{M}}$

0

0



Lucica[®] Glycated Albumin-L

The Lucica[®] method for Glycated Albumin, manufactured by Asahi Kasei Pharma Corporation, is a specific test for glycated albumin that is now FDA cleared for sale in the U.S. The Lucica[®] Glycated Albumin-L test is distributed exclusively by Stanbio Labs (an EKF company). The Lucica[®] Glycated Albumin-L test is one of the most widely used and published Glycated Albumin methods worldwide.

What are the advantages?

- Lucica[®] Glycated Albumin-L is **specific** for glycated albumin. It does not measure other glycated proteins such as glycated immunoglobulins.
- Lucica[®] Glycated Albumin-L measures **both** glycated albumin and total albumin in separate reactions.
- Lucica[®] Glycated Albumin-L results are expressed as a **ratio**, thus minimizing differences in protein concentrations between patients.
- Lucica[®] Glycated Albumin-L is standardized to an established reference (JCCRM611) via JSCC (Japan Society of Clinical Chemistry).

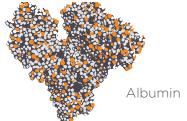
1.1

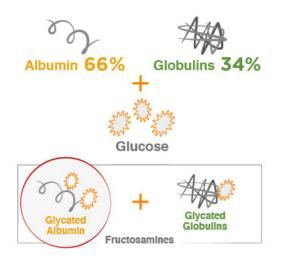
Lucica

 Over the last decade, numerous studies have been published utilizing the Lucica[®] methodology. See Bibliography List.

Glycated Albumin

Albumin is the most abundant extracellular protein in the circulatory system. Albumin is involved primarily with regulation of osmotic pressure and as a carrier protein for hydrophobic molecules in the bloodstream including drugs, bile acids and free fatty acids. Albumin has a half-life (turnover) of approximately 21 days and is very sensitive to 'glycation' by glucose and other sugars in the blood.





Glycated albumin differs from traditional fructosamine tests as it measures glycated albumin only. In a fructosamine measurement the majority of the signal is due to glycated albumin (~66% of serum proteins is albumin). The remaining signal is comprised of other glycated globulins (~34%). There are numerous fructosamine methods available but these methods lack standardization and don't report results as a ratio.

Glycation of Albumin

Similar to other glycated proteins, albumin undergoes a non-enzymatic conversion (Maillard reaction) where glucose and other sugars react with amino terminal residues on the protein to form an unstable Schiff base. This molecule in the acyclic form can either reverse back to glucose and protein or undergo an Amidori arrangement to a stable molecule known as a glycated albumin.

Principle of the test

The Lucica® Glycated Albumin-L test is performed on serum and consists of two steps: (1) an enzymatic assay for glycated albumin and (2) a test for total albumin via a Bromcresol Purple analysis or BCP. The GA value is calculated by dividing the GA concentration by the albumin concentration.

In the primary, enzymatic reaction, endogenous glycated amino acids are eliminated and the resulting glycated albumin is reacted with specific enzymes to produce a colorimetric signal at 546/700 nm.

In the total albumin reaction the sample reacts with the pretreatment solution to convert reduced albumin to oxidized albumin. The treated solution reacts with bromocresol purple (BCP) forming a blue conjugate of albumin and BCP. The absorbance of this blue conjugate is measured to quantify albumin concentration at 600/660 nm.

Determination of albumin



Calculation of glycated albumin (GA) value

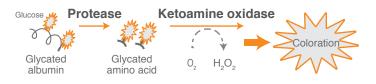
The obtained GA concentration is divided by the albumin concentration thereby yielding the glycated albumin value (mmol/mol or %) of the sample.

The Lucica[®] Glycated Albumin-L test is performed as a user-defined assay on liquid based, chemistry analyzers that have 'open-channel' capability.

1. Elimination of glycated amino acid



2. Determination of glycated albumin



Intended use

Lucica[®] Glycated Albumin-L is intended to be used for the quantitative measurement of glycated albumin in human serum on compatible clinical chemistry analyzers. The measurement of glycated albumin is useful for the intermediate term (preceding 2-3 weeks) monitoring of glycemic control in patients with diabetes. For in vitro diagnostic use only.

Outcomes

There is peer-reviewed literature supporting the use of glycated albumin (GA) as a good marker of glycemic control based on clinical outcomes for microvascular and macrovascular complications, diabetes risk, prognosis in hemodialysis patients and predicting pregnancy outcomes. GA has been shown to be useful for the intermediate term monitoring of glycemic control in patients with diabetes.

For microvascular complications, studies involving collectively over 11,000 subjects in the U.S. and in China followed for 5 to 20 years revealed that GA is associated with the onset and progression of diabetic microvascular complications.

For macrovascular complications, studies in the U.S., Japan, Korea and China involving collectively over 11,000 subjects revealed that GA is associated with vascular outcomes, atherosclerosis, poor prognosis and mortality



Item description	Ref. no.
Lucica® Glycated Albumin-L test kit Includes: GA R1 2 x 40 mL GA R2 2 x 10 mL ALB R1 2 x 40 mL ALB R2 2 x 20 mL	L210GA
Calibrator for Lucica® Glycated Albumin-L Low:1x1mL; High:1x1mL	G252GA
Control for Lucica® Glycated Albumin-L Low 1 x 3 mL; High 1 x 3 mL	G282GA

Bibliography

LUCICA® Glycated Albumin Analytical Performance

Kohzuma et al. Basic Performance of an Enzymatic Method for Glycated Albumin and Reference Range Determination. Journal of Diabetes Science and Technology 2011; 5: 1455-1462.

Kohzuma et al. Lucica GA–L Glycated Albumin Kit. A New Diagnostic Test for Diabetes Mellitus. **Mol Diagn Ther** 2010; 14: 49-51.

Review of Alternate Glycemic Markers

Welch, Sacks et al. Role of Glycated Proteins in the Diagnosis and Management of Diabetes: Research Gaps and Future Directions. Diabetes Care 2016; 39: 1299-1306.

Juraschek et al. Alternative Markers of Hyperglycemia and Risk of Diabetes. **Diabetes Care** 2012; 35(11): 2265-2270.

Association with Long Term Complications (EDIC/ARIC) and Diabetes Risk

a) Microvascular Complications (e.g. retinopathy)

Nathan et al. Relationship of Glycated Albumin to Blood Glucose and HbA1c Values and to Retinopathy, Nephropathy, and Cardiovascular Outcomes in the DCCT/EDIC Study. Diabetes 2014; 63:282-290.

Selvin et al. Fructosamine and glycated albumin for risk stratification and prediction of incident diabetes and microvascular complications: A prospective cohort analysis of the Atherosclerosis Risk in Communities (ARIC) study. Lancet Diabetes Endocrin 2014; 2 (4): 279-288.

Pan et al. Serum glycated albumin predicts the progression of diabetic retinopathy--a five year retrospective longitudinal study. J Diabetes Complic 2014; 28(6): 772-8.

b) Macrovascular Complications (e.g. arteriosclerosis)

Selvin et al. Fructosamine and Glycated Albumin and the Risk of Cardiovascular Outcomes and Death. **Circulation** 2015; 132(4): 269–277.

Mukai et al. Association of hemoglobin A1c and glycated albumin with carotid atherosclerosis in community-dwelling Japanese subjects: the Hisayama Study. Cardiovascular Diabetology 2015; 14:84.

Song et al. Serum glycated albumin predicts the progression of carotid arterial atherosclerosis. **Atherosclerosis** 2012; 225(2):450-5.

Yoon et al. Glycated albumin and the risk of micro- and macrovascular complications in subjects with Type 1 Diabetes. Cardiovascular Diabetology 2015; 14:53.

Yang et al. Elevated glycated albumin and reduced endogenous secretory receptor for advanced glycation end products levels in serum predict major adverse cardio-cerebral events in patients with type 2 diabetes and stable coronary artery disease. International Journal of Cardiology 2015; 197 (15): 241-247.

Short Term Glucose Fluctuations

Desouza et al. Glycated Albumin at 4 weeks Correlates with A1c Levels at 12 Weeks and Reflects Short-Term Glucose Fluctuations. **Endocr Pract** 2015; 21(11): 1195–1203.

For Sales:

Diabetes Risk

Selvin et al. Fructosamine and glycated albumin for risk stratification and prediction of incident diabetes and microvascular complications: A prospective cohort analysis of the Atherosclerosis Risk in Communities (ARIC) study. Lancet Diabetes Endocrin 2014; 2 (4): 279-288.

Mukai et al. Association of hemoglobin A1c and glycated albumin with carotid atherosclerosis in community-dwelling Japanese subjects: the Hisayama Study. **Cardiovascular Diabetology** 2015; 14:84.

Juraschek et al. Alternative Markers of Hyperglycemia and Risk of Diabetes. Diabetes Care 2012; 35(11): 2265-2270.

ESRD and Dialysis Populations

Shafi, Selvin et al. Serum Fructosamine and Glycated Albumin and Risk of Mortality and Clinical Outcomes in Hemodialysis Patients. **Diabetes Care** 2013; 36(6): 1522–1533.

Freedman et al. Glycated Albumin and Risk of Death and Hospitalizations in Diabetic Dialysis Patients. Clin J Am Soc Nephrol 2011; 6: 1635-1643.

Freedman et al. Comparison of Glycated Albumin and Hemoglobin A1c Concentrations in Diabetic Subjects on Peritoneal and Hemodialysis. **Peritoneal Dialysis International** 2010; 30: 72-79.

Freedman et al. Comparison of Glycated Albumin and Hemoglobin A1c Levels in Diabetic Subjects on Hemodialysis. Kidney International 2008; 73: 1062-1068.

Inaba et al. Glycated Albumin Is a Better Glycemic Indicator than Glycated Hemoglobin Values in Hemodialysis Patients with Diabetes: Effect of Anemia and Erythropoietin Injection. J Am Soc Nephrol 2007; 18: 896-903.

Vos et al. Glycated Albumin is the Preferred Marker for Assessing Glycaemic Control in Advanced Chronic Kidney Disease. Nephrology Dialysis Transfusion (NDT) Plus 2011; 4: 368-375.

Gestational Diabetes

Sugawara et al. Glycated albumin level during late pregnancy as a predictive factor for neonatal outcomes of women with diabetes. The Journal of Maternal-Fetal & Neonatal Medicine 2018; 31(15): 2007-2012.

Li et al. Association between glycemic control and birthweight with glycated albumin in Chinese women with gestational diabetes mellitus. J Diabetes Investig 2016; 7(1):48-55.

Diabetes in Specific Ethnic Populations

Distributor

STANBIO

Sumner et al. A1c Combined With Glycated Albumin Improves Detection of Prediabetes in Africans: The Africans in America Study. **Diabetes Care** 2016; 39: 271-277.

1261 North Main Street Boerne, Texas 78006 & 830.249.0772 & (USA Toll Free): 1.800.531.5535 Manufacturer ASAHI KASEI PHARMA CORPORATION 1-1-2 Yurakucho, Chiyoda-ku Tokyo 100-0006 Japan

www.ekfusa.com sales2@ekfdiagnostics.com



