**Kit Contents**

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<tr>
<th>ITEM</th>
<th>QUANTITY</th>
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<tr>
<td>Microplate, streptavidin coated, 96 wells</td>
<td>1 plate, 12 x 8 breakable</td>
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</table>

**CALIBRATORS**
- CA242 0 U/mL 1 x 0.75 mL
- CA242 15 U/mL 1 x 0.75 mL
- CA242 50 U/mL 1 x 0.75 mL
- CA242 100 U/mL 1 x 0.75 mL
- CA242 150 U/mL 1 x 0.75 mL

**CONTROLS**
- CA242 Control 1 1 x 0.75 mL
- CA242 Control 2 1 x 0.75 mL

**Biotin Anti-CA242 monoclonal antibody** 1 x 15 mL
**Tracer, HRP Anti-CA242** 1 x 0.75 mL
**TMB HRP-Substrate** 1 x 12 mL
**Stop Solution** 1 x 15 mL
**Wash Concentrate** 1 x 50 mL

**LITERATURE REFERENCES**

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**CanAg CA242 EIA**

The tumor marker CA242...is defined by the monoclonal antibody C242. Serum levels of CA242 are low in healthy subjects and subjects with benign diseases, while elevated levels are commonly found in serum from patients with gastrointestinal cancer. The CA242 marker may be used as an aid in the management of patients with known or suspected gastrointestinal carcinomas as a complement to existing clinical and laboratory methods.
Colorectal cancer

Colorectal cancer is one of the most common malignancies in the world. The main indication for CA242 is for prognosis and therapy monitoring of patients with colorectal carcinoma. Patients with high preoperative serum concentration of CA242 have a poorer clinical outcome than patients with low concentration\(^1\)\(^-\)\(^3\).

The most widely used tumor marker in colorectal cancer, CEA, lacks sensitivity and specificity in early stage disease\(^1\). CEA and CA242 are expressed independently of each other and a combination of both markers have shown to improve the diagnostic sensitivity compared to CEA separate\(^4\)\(^-\)\(^6\). This increased sensitivity is most pronounced in Dukes A-C patients\(^5\)\(^-\)\(^7\). CA242 was also more sensitive for detection of lung metastases than CEA, which showed to be more sensitive in liver metastases an in local recurrences\(^8\). Based on these findings, CA242 may complement CEA for preoperative and postoperative measurements for a better patient management.

Pancreatic cancer

Pancreatic cancer is a frequent neoplasia in industrialized countries. Despite the development of new diagnostic techniques, patients with pancreatic cancer continue to have an extremely poor prognosis. The major reason is that pancreatic carcinoma becomes symptomatic at a late stage, when curative intervention is limited.

There is a need for sensitive and specific biomarkers for the diagnosis and management of patients with pancreatic cancer. The sensitivity of CA242 at 90% specificity ranges from 70-80% in patients with confirmed pancreatic cancer\(^9\). Increasing levels may indicate progression or poor treatment response, while decreasing concentrations indicate a positive response to therapy. Preoperative serum level of CA242 has been shown to be an independent prognostic factor of overall survival\(^10\).

CanAg CA242 EIA

The CanAg CA242 EIA is a solid-phase immunoassay based on the sandwich technique\(^11\).

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<td>Recovery:</td>
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**Assay procedure**

Below is an illustration of the CanAg CA242 EIA two-step assay procedure. Results are available within four hours.

**Figure 1.** Sensitivity of CEA and CA242 and the combination of CEA/CA242 in colorectal cancer. Carpelan-Holmström et al. Br J Cancer 1995, 71:868-872.

**Figure 2.** Sensitivity of CA242 and CA19-9 in the pancreatic cancer diagnostic. Kawa et al. Br J Cancer 1994; 70:481-486.