

Confidently Exclude Inflammatory Causes for Chronic Diarrhea with Fecal Calprotectin¹

Clinically useful, non-invasive stool test for the positive diagnosis of Irritable Bowel Syndrome (IBS) and for the management of patients with Inflammatory Bowel Disease (IBD).²

FECAL CALPROTECTIN TEST

The Fecal Calprotectin test is a non-invasive diagnostic tool to distinguish IBD (Crohn's disease, ulcerative colitis, indeterminate colitis) from IBS when a patient presents with chronic diarrhea, and to monitor individuals with IBD³. Calprotectin is a protein released by the neutrophil white blood cell. When there is inflammation in the gastrointestinal tract, neutrophils move to the area and release calprotectin, resulting in an increased level in the stool⁴. Thus, fecal calprotectin is a surrogate marker for mucosal inflammation in the intestines.

In patients with chronic diarrhea, if a high level of calprotectin is present in the stool, it is more likely that the patient has inflammatory bowel disease (IBD). A low or normal level of calprotectin is indicative of irritable bowel syndrome (IBS), a functional condition of altered bowel habits without inflammation present²

In patients with IBD, Fecal Calprotectin is used to monitor disease activity and response to therapy, thus allowing physicians to adjust treatment to achieve an optimal outcome.

WHY ORDER CALPROTECTIN?

- High negative predictive value (>96%) in screening patients to rule out IBD⁷
- Avoids unnecessary invasive procedures like colonoscopy/ biopsies and specialist referrals
- Recommended by clinical practice guidelines to make a positive diagnosis of IBS in patients with chronic diarrhea²
- NICE recommends the use of faecal calprotectin as an option in the differential diagnosis of IBS and IBD in adults with recent onset lower GI symptoms in whom cancer is not suspected⁵
- Non-invasive stool test
- Sample collected by the patient at home

WHY CHOOSE LIFELABS?



Over **360** LifeLabs locations offer kit collection and drop-off



No appointments are required



Electronic **reporting** with direct results integration into most EMR's



Quick turn-around-time (TAT) allows for fast decision-making in treatment management



Consultations with our team of medical experts when required

The 2018 clinical practice guidelines from the British Society of Gastroenterology state that in patients with typical symptoms of functional bowel disease, normal physical examination and normal screening blood tests and calprotectin levels, a positive diagnosis of IBS can be made².

TEST RESULTS

The results are reported numerically in $\mu\text{g/g}$ and indicate the level of calprotectin in the stool sample, as well as negative or positive for IBD. Fecal calprotectin values of $<50 \mu\text{g/g}$ are considered negative for IBD.

Fecal calprotectin $>120 \mu\text{g/g}$ are consistent with Inflammatory Bowel Disease. Values between 50 and $120 \mu\text{g/g}$ are inconclusive and may warrant repeat testing.

Age of the patient is taken into account. Children aged 6 months to 3 years can have calprotectin values of up to 4 times higher than adults.⁶

CALPROTECTIN TEST METHODOLOGY

The test is performed using an in vitro diagnostic chemiluminescent immunoassay (CLIA) which is ideal for achieving fast, reliable and automated results both for diagnostic and follow up of patients.

HOW TO ORDER

Your patient must obtain a collection container and provide a stool sample to any of our Patient Service Centres. Patients must present a Fecal Calprotectin requisition form signed by a physician or healthcare provider.

Non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided for two (2) weeks prior to collection because they may cause an elevated result.



CORPORATE OFFICES

LifeLabs

3680 Gilmore Way
Burnaby, BC
V5G 4V8

LifeLabs

100 International Blvd
Toronto, ON
M9W 6J6

LifeLabs Genetics

175 Galaxy Blvd., Suite 105
Toronto, ON
M9W 0C9

References

1. Menees S.B. et al. A Meta-Analysis of the Utility of C-Reactive Protein, Erythrocyte Sedimentation Rate, Fecal Calprotectin, and Fecal Lactoferrin to Exclude Inflammatory Bowel Disease in Adults With IBS. *Am J Gastroenterol* 2015; 110:444-454
2. Arasaradnam RP, et al. Guidelines for the investigation of chronic diarrhoea in adults: British Society of Gastroenterology, 3rd edition. *Gut* 2018;67:1380-1399
3. Inflammatory Bowel Disease, 2012 Dec;18(12):2218-24. doi: 10.1002/ibd.22917. Epub 2012 Feb 16
4. Calprotectin, Feces. Mayo Clinic Mayo Medical Laboratories (© 1995-2017)
5. Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel. <https://www.nice.org.uk/guidance/dg11/chapter/1-Recommendations>
6. Tonje Oord et al. *Scandinavian Journal of Clinical & Laboratory Investigation*, 2014;74:254-258
7. Turvill J. et al. High negative predictive value of a normal fecal calprotectin in patients with symptomatic intestinal disease. *Frontline Gastroenterol* 2012;3:21-8