

## Diagnostic Value Of Anti-Citrullinated Proteins Antibodies In Rheumatoid Arthritis.

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**Background/Purpose:** Citrulline and vimentin are some of the proteins used as antigens for anti-citrullinated proteins antibodies (ACPAs) detection for the diagnosis of rheumatoid arthritis (RA). In our country, anti-mutated citrullinated vimentin (anti-MCV) kit is 50% cheaper than the anti-cyclic citrullinated peptide (anti-CCP3) kit. The aim of our study was to evaluate the diagnostic value of anti-MCV compared to anti-CCP3 and rheumatoid factor (RF) and to explore the relationship between them and disease activity.

**Methods:** Consecutive patients  $\geq 18$  years with RA (ACR 1987 and ACR/EULAR 2010 criteria) were included. The control group consisted of 73 subjects with undifferentiated arthritis, SLE, Psoriatic Arthritis, Sjögren’s Syndrome and Erosive Osteoarthritis (non RA arthritis). Anti-MCV and anti-CCP3 were determined by ELISA and RF by immunoturbidimetry. The cutoff value for the three methods was  $\geq 20$  IU/ml. Sensitivity (S), Specificity (E), Positive and Negative Predictive Values (PPV, NPV) and Likelihood Ratio (LR) of the RF, anti-CCP3 and anti-MCV were assessed using a two way table (Table). Binary logistic regression analyses were performed, using high disease activity (DAS28<sub>5.1</sub>) as dependent variable. According to the RF, anti-CCP3 and anti-MCV concentrations, three groups of patients were obtained: low concentrations (under 25 percentile); intermediate concentrations (between 25 and 75 percentile) and high concentrations (above 75 percentile). The values of DAS28 for these three groups were compared by ANOVA and post-hoc tests.

**Results:** 234 patients were evaluated (161 RA and 73 controls). In the RA group, 85% were female, the mean age was 53 (18–91) years, the median symptoms duration was 120 months (IQR 39–180) and 31(19%) were early RA patients ( $\leq 2$  years). Mean DAS28 was 3.6 ( $\pm 1.5$ ); and the median HAQ 0.75 (IQR 0.25–1.25). The median of RF was 104 IU/ml (IQR 35–225); anti-CCP3 180 IU/ml (IQR 95–210) and anti-MCV 300 IU (IQR 55–1000). Higher values of DAS28 were observed in the group of patients with RF  $\geq 225$  IU/ml (mean DAS28 4.3 p  $\leq 0.006$ ) and also in patients with anti-MCV  $\geq 1000$  IU (DAS28 4.2 p  $\leq 0.01$ ). There were no differences for anti-CCP3. In early RA patients, a multivariate analysis (adjusted by symptom duration) showed that anti-MCV levels were associated with high disease activity. The OR estimated for the association between high disease activity and anti-MCV  $\geq 1000$  IU in early RA patients was 11.8 (CI 95% 1.049– 132.9). There was not significant association between RF, anti-MCV nor anti-CCP3 and DAS28  $\geq 5.1$  in established RA patients.

	<b>S</b>	<b>E</b>	<b>PPV</b>	<b>NPV</b>	<b>LR</b>
<b>Anti-MCV</b>	<b>93.4</b>	<b>83.6</b>	<b>93</b>	<b>85</b>	<b>5.69</b>
<b>Anti-CCP3</b>	<b>83.7</b>	<b>84.9</b>	<b>93</b>	<b>69</b>	<b>5.54</b>
<b>RF</b>	<b>84.9</b>	<b>84.9</b>	<b>93</b>	<b>71</b>	<b>5.62</b>

**Conclusion:** In our study, anti-MCV compared to anti-CCP3 and RF had a higher sensitivity with equal specificity. We found increased RA activity in patients with higher titers of RF and anti-MCV.