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PATIENT REPORT

500 Chipeta Way, Salt Lake City, Utah 84108-1221

phone: 801-583-2787, toll free: 800-522-2787

Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: 83 years Female

Specimen Collected: 23-Jun-22 09:50

Pemphigoid Antibody Panel Received: 23-Jun-22 09:56 Report/Verified: 23-Jun-22 10:05

Procedure Result Reference Interval

See Note f1 EER Pemphigoid Antibody Panel

Pemphigoid Antibody Panel Received: 23-Jun-22 15:30 Report/Verified: 23-Jun-22 17:42

Procedure Result Units Reference Interval

See Note $^{\rm f2}$ Pemphigoid Antibody Panel

Result Footnote

EER Pemphigoid Antibody Panel f1:

> Authorized individuals can access the ARUP Enhanced Report using the following link:

f2: Pemphigoid Antibody Panel

CLINICAL INFORMATION

Tense blisters on urticarial base with pruritus. Presumptive diagnosis is bullous pemphigoid.

Specimen Details

S22-IP0000535 - Serum; Collected: 6/23/2022; Received: 6/23/2022

DIAGNOSTIC INTERPRETATION

Pemphigoid Antibody Panel monitoring, consistent with pemphigoid

(See Results, Comments, and Previous and Current Test Results Summary Chart with Graph of ELISA results in the Enhanced Electronic Report/EELR and/or available upon request)

RESULTS

Indirect Immunofluorescence (IIF)

Basement Membrane Zone (BMZ) IgG, IgG4, and IgA Antibodies

IgG: Negative, monkey esophagus substrate Negative, human split skin substrate

IgG4: Detected, titer 1:10 (Borderline), monkey

esophagus substrate

Positive, epidermal localization (roof), titer 1:20 (H), human split skin

substrate

IgA: Negative, monkey esophagus substrate

Negative, human split skin substrate

Reference Range:

Negative - Titer less than 1:10

Borderline - Titer 1:10

Positive (H) - Titer greater than 1:10

Localization Pattern on Human BMZ Split Skin:

Epidermal (roof) or combined epidermal-dermal

(roof and floor) IgG and/or IgG4 BMZ antibodies

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Unless otherwise indicated, testing performed at:

ARUP Laboratories

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

ARUP Accession: 22-174-102449

Report Request ID: 16631828

Printed: 16-Sep-22 08:45

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Dermal (floor) IgG and/or IgG4 BMZ antibodies = epidermolysis bullosa acquisita or bullous lupus erythematosus or anti-laminin-332 pemphigoid or anti-p200 (laminin gamma-1) pemphigoid or another rare pemphigoid subtype

Epidermal (roof), combined epidermal-dermal (roof and floor), or, dermal (floor) IgA BMZ antibodies = linear IgA disease (including linear IgA bullous dermatosis and chronic bullous disease of childhood)

COMMENTS

Specific

The findings, demonstrating positive IgG4 basement membrane zone antibody reactivity with epidermal localization on split skin substrate by indirect immunofluorescence and an increased IgG BP180 antibody level by ELISA, provide support for the diagnosis of pemphigoid. Previous testing showed similar findings, supporting the diagnosis of pemphigoid including pemphigoid variants, and also a normal IgG type VII collagen antibody level by ELISA on one determination. See chart for summary of previous and current basement membrane zone antibody test results at end of report (below); a graph of the ELISA results is available in the Enhanced Electronic Report/EELR and/or available upon request by contacting ARUP Client Services at 1-800-242-2787, option 2, and ask to speak with the Immunodermatology Laboratory at the University of Utah regarding patient results.

Detection, levels, and patterns of diagnostic antibodies may fluctuate with disease manifestations, and IgG BP180 antibody levels correlate with disease activity in some patients with pemphigoid. Clinical correlation is needed, including treatment status, with consideration for continued monitoring of serum antibody profiles by indirect immunofluorescence and antibody levels by ELISAs to aid in assessing disease expression and activity, including response to therapy.

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General

Approximately 80 percent of patients with bullous pemphigoid and epidermolysis bullosa acquisita have positive IgG and/or IgG4 antibodies to basement membrane zone components in their sera detected by indirect immunofluorescence. Approximately 50 percent of patients with mucous membrane/cicatricial pemphigoid demonstrate antibodies to basement membrane zone components detected by indirect immunofluorescence. The immunoglobulin class of basement membrane zone antibodies and pattern of antibody localization on split skin substrate (also known as salt split skin) distinguish the diseases. IgG4 subclass reactivity by indirect immunofluorescence may be more sensitive than IgG in some patients with pemphigoid and epidermolysis bullosa acquisita.

Positive serum IgA epithelial basement membrane zone antibodies are highly specific diagnostic markers for linear IgA disease and are present in up to 80 percent of patients with linear IgA bullous dermatosis. Titers of positive IgA basement membrane zone antibodies may be useful markers in following disease expression and activity. IgA basement membrane zone antibodies may be found in variant presentations of mucous membrane pemphigoid and epidermolysis bullosa acquisita. IgA basement membrane zone antibodies may be co-expressed with IgG basement membrane zone antibodies in some patients with pemphigoid including mucous membrane/cicatricial pemphigoid. When co-expressed, the presence of two antibody classes with reactivity toward basement membrane zone may have implications for disease severity and treatment considerations.

Major molecular structures in the basement membrane zone to which IgG pemphigoid antibodies bind have been identified and termed "BP180" for a 180 kDa bullous pemphigoid antigen (also known as bullous pemphigoid antigen 2, BPAG2, or type XVII collagen, COL17) and "BP230" for a 230 kDa bullous pemphigoid antigen (also known as bullous pemphigoid antigen 1, BPAG1). BP180 is a transmembrane component of the basement membrane zone with collagen-like domains and is a principal antigenic target. BP230 is located in the hemidesmosomal plaque of basal cells in the epidermis. Serum levels of IgG BP180 and IgG BP230 antibodies are determined by ELISA, and serum levels of IgG BP180 antibodies may correlate with disease activity in pemphigoid, diminishing with treatment response. Up to 7 percent of individuals who do not have pemphigoid, including patients with other immunobullous diseases, have increased levels of IgG BP180 and/or BP230 antibodies by ELISAs. Patients with pemphigoid may show reactivity to multiple basement membrane zone components in addition to or other than the BP180 and BP230 epitopes displayed in the tested ELISAs. Type VII collagen is a component of anchoring fibrils within epithelial basement membrane zone (skin and mucous membranes), and patients with epidermolysis bullosa acquisita characteristically develop IgG antibodies to type VII collagen.

TESTING METHODS

Indirect Immunofluorescence (IIF)

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IgG, IgG4, and IgA Epithelial Basement Membrane Zone (BMZ) Antibodies

Patient serum is progressively diluted beginning at 1:5 in three two-fold screening dilutions, layered on sections of human skin split at the basement membrane zone and monkey esophagus substrates, and reacted with fluorescein isothiocyanate (FITC)-conjugated antibodies to IgG and IgA. When positive, the serum is further diluted in two-fold reductions to the limiting dilution of antibody detection or to a maximum dilution of 1:40,960. The limiting-dilution, end-point titer is reported for each substrate, and the pattern of staining on split skin substrate also is reported. FITC-conjugated anti-IgG4 is tested to increase test sensitivity (maximum serum dilution of 1:20). This indirect immunofluorescence testing was developed and its performance characteristics determined by the Immunodermatology Laboratory at the University of Utah. It has not been cleared or approved by the FDA (US Food and Drug Administration). FDA clearance or approval currently is not required for this testing performed in a CLIA-certified

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laboratory (Clinical Laboratory Improvement Amendments) and intended for clinical use. [Indirect immunofluorescence, three antibodies on two substrates (IIF X 6)]

Enzyme-Linked Immunosorbent Assays (ELISA)

IgG BP180 and IgG BP230 serum antibody levels determined by U.S. Food and Drug Administration (FDA)-approved ELISAs (Mesacup, MBL BION). [Two ELISAs]

TEST RESULTS SUMMARY CHART
Basement Membrane Zone (BMZ) Antibodies

Number	Date of Specimen		rs 1	BMZ		180		Col VII
		IgG ME N IgG SS N IgG4 ME 1 IgG4 SS E	Neg Neg 1:5	ME		52		NA
20-2225	11/15/20	IgG SS N IgG4 ME 1 IgG4 SS E	Neg 1:10		Neg Neg	57	4	NA
21-0025	01/06/21	IgG4 ME 1 IgG4 SS E	Epi, 1:10 1:20		Neg Neg	67	6	NA
21-0654	05/20/21	IgG4 ME 1 IgG4 SS E	Epi, 1:20 1:10		Neg Neg	59	5	NA
21-0722	07/24/21	IgG SS E IgG4 ME 1 IgG4 SS E	Epi, 1:10 1:10		Neg Neg	53	4	2
22-0513	06/22/22	IgG SS N IgG4 ME 1 IgG4 SS E	Neg 1:10		Neg Neg	49	3	NA

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f2:

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Pemphigoid Antibody Panel
ELISA Reference Ranges:
     IgG BP180 and IgG BP230 Antibody Levels
          Normal (negative) = Less than 9 U/mL
    Increased (H) (positive) = 9 U/mL and greater
     IgG Type VII Collagen Antibody Level
               Normal (negative) = Less than 7 U/mL
Slightly increased (H) (positive) = 7-8 U/mL
         Increased (H) (positive) = 9 U/mL and greater
Chart Key:
IqG BMZ
         = IgG basement membrane zone (BMZ) antibodies by
           indirect immunofluorescence
IgG4 BMZ = IgG4 basement membrane zone (BMZ) antibodies
            by indirect immunofluorescence
         = IgA basement membrane zone (BMZ) antibodies by
IqA BMZ
           indirect immunofluorescence
ME = Antibody absence (negative) or antibody presence
     (positive endpoint titer) on monkey esophagus (ME)
SS = Antibody absence (negative) or antibody presence
     (positive pattern and endpoint titer) on split skin
     (SS) substrate
Epi = epidermal localization (roof) on split skin
      substrate (IgG - pemphigoid including bullous
      pemphigoid, some mucous membrane pemphigoid, and
      other pemphigoid variants; IgA - linear IgA disease
      including linear IgA bullous dermatosis and chronic
      bullous disease of childhood)
Derm = dermal localization (floor) on split skin substrate
       (IgG - epidermolysis bullosa acquisita, bullous
      lupus erythematosus, anti-laminin-332 pemphigoid,
      anti-p200 (laminin gamma-1) pemphigoid, other
      rare pemphigoid subtypes; IgA - linear IgA disease
      including linear IgA epidermolysis bullosa
      acquisita)
Comb = combined epidermal-dermal localization (roof and
      floor) on split skin substrate (IgG -
      pemphigoid and pemphigoid variants; IgA - linear
      IgA disease)
BP180 = IgG BP180 antibody level (U/mL) by ELISA
BP230 = IgG BP230 antibody level (U/mL) by ELISA
Col VII = IgG Collagen VII antibody level (U/mL)
          by ELISA
Neg = Negative
NA = Not Assayed
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Electronically signed by Kristin M. Leiferman, MD, on 06/23/22 at 5:42 PM.

Performed At: IMMUNODERMATOLOGY LABORATORY

417 S. WAKARA WAY, SUITE 2151 SALT LAKE CITY, UT 84108

Medical Director: JOHN JOSEPH ZONE, MD

CLIA Number: 46D0681916

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