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Category: Diagnostics

Title: LATEST UPDATE ON THE RO/SS-A AUTOANTIBODY SYSTEM

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Text: Anti- SS-A (Ro52/Ro60) autoantibodies (aab) have historically been described as marker for Sjögren Syndrome (SjS) but are also found in patients with various other systemic rheumatic autoimmune diseases (SARD). Based on the significant association between anti-Ro60 and anti-Ro52 in SjS and SLE, these aab were historically considered as one uniform aab-system. However, recent studies provided evidence that SS-A/Ro60 and Ro52 are not part of the same macromolecular complex and behave as somewhat independent aab-systems. The prevalence of anti-Ro52 in systemic sclerosis and myositis is significantly higher than of anti-Ro60 and isolated anti-Ro52 without anti-Ro60 can be found in up to 37% of myositis patients, correlating strongly with anti-Jo-1 reactivity (p=0.0002).
With the availability of recombinant protein technology many autoantibody assays have been built up on recombinant antigens. The native antigen Ro60 has been reported to be superior to recombinant Ro60 (rRo60) in several studies. Recent developments have made significant improvements in the antigenicity of recombinant rRo60 which was extensively tested by AI-Line Ro60 ELISA showing excellent performance compared to other Ro60 assays. Of note, single reactivity to either Ro52 or Ro60 can be missed when measured with a classical SS-A ELISA based on a blend of both antigens. Analysis of 290 sera from different SARD revealed that 18% of anti-Ro52 or Ro60 positive sera tested negative on a SS-A blend of both recombinant antigens. We conclude that SS-A/Ro60 and Ro52 represent two distinct aab-systems and that separate detection is desirable in a clinical diagnostic setting.

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