

Insaf FENNICHE
Faculty of medicine of Tunis

&

Ahmed Adel GEREISHA
Faculty of medicine of Sousse

- 1979: detection of **anti-keratin antibodies** in rat esophagus IF in RA patients (sensitivity: 50 - 60% / specificity: 95%)
- 1990: anti-keratin antibodies recognize in fact **filaggrin molecules**
- 1998: filaggrin proteins were shown to be **citruilline residues: Citrullination**, a post-translational modification enzymatically mediated by peptidyl arginine deiminase (PAD)

Family: Along with anti-SA and anti MCV abs, they form anti-citrullinated protein antibodies (ACPA)
ACPA = Anti-CCP abs, + anti-MCV abs + anti-SA abs
 ⇒ When you use anti-CCP to detect ACPAs, almost all ACPAs react. Due to non-cyclic citrulline peptides, the term ACPA is broader than the anti-CCP antibody.

Anti-Cyclic Citrullinated Peptide Antibodies (anti-CCP)

Detection technique:

Immunodetection with marked reagents using mainly **ELISA**. Three generations exist

- 1999: **CCP1** citrullinated synthetic pro-filaggrin peptide composed of amino acid residues 306-324 of filaggrin
- 2002: **CCP2** enhanced by screening a library of approximately 12 million synthetic peptides, leading to a peptide specifically optimized for anti-CCP detection.
- 2005: **CCP3**, designed via combinatorial peptide engineering, presents multiple citrullinated epitopes in a conformational structure, enhancing immunoreactivity.

Rheumatoid arthritis (RA)

But also:

- in **Sjögren's Syndrome** in 1 to 8% of cases, in **Systemic Lupus Erythematosus** in 1%, in **Scleroderma** in 3%, in **hepatitis C associated with cryoglobulinemia** in 7% and in **infections** in 2%
- And in **healthy subjects** in 1% of cases.

- Sensitivity:** 64 to 79%.
- Specificity:** greater than 99%.

- Included in the **2010 ACR/EULAR** classification criteria:
 If low titers: 2 points
 If high titers: 3 points

- Also serve as paramount biomarkers for poor prognosis of RA.
- Their remarkable stability, despite fluctuations, and a modest correlation with disease activity make them useless in guiding therapeutic interventions.
- Underscores distinctions in genetic predispositions between anti-CCP positive and anti-CCP negative RA subtypes

