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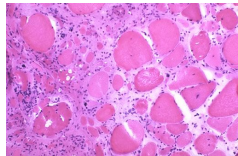
- Firstly described in **2011** in the sera of patients with inclusion body myositis (IBM)
- **Target antigen:** a 43 kDa protein, 5'-cytosolic nucleotidase 1A (cN1A)

Main disease: Inclusion body myositis



(37% of patients with IBM)

- Sensitivity in IBM: 33% to 76%
- Specificity: 87% to 100%



Compared to sero-negative IBM, it is suggested:

- Higher age at onset
- More severe swallowing problems due to more bulbar involvement
- Higher risk of mortality, mainly due to pneumological complications
- More associated to Sjögren Syndrome (up to 38% of patients), altering the antibody's specificity

They are not part of the diagnosis or prognosis criteria because of the lack specificity



Other associated diseases:

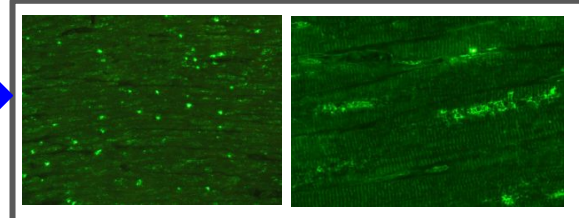
- **Sjögren Syndrome (SS):** up to 36%
- **Systemic Lupus Erythematosus:** up to 20%
- **Other idiopathic Inflammatory Myopathies:** less than 5%

Anti-cN1A antibodies

Screening techniques:

Indirect immunofluorescence on Transfected Cells (Cell-Based Assay):
Sensitivity: 36%,
Specificity: 86%

IIF on Monkey Myocardium



Confirmation techniques

ELISA (Peptide)

- Sensitivity: 32.8% to 37%
- Specificity: Lower than whole protein assays

ELISA (Recombinant cN1A)

- Sensitivity: 51-76%
- Specificity: 96%

Line/dot Blot immunoassay:

- Sensitivity: high □ 96% of IgG ELISA positive samples were also positive in dot blots
- Specificity: 98%
- Advantages:
 - Validates initial screening results, enhancing diagnostic confidence.
- Disadvantages:
 - Still requires prior positive screening results, limiting its standalone utility

Western Blot

- Sensitivity: 52%
- Specificity: High~100%

Albia:

Sensitivity: 49%, Specificity: 73-97%

Immunoprecipitation:

Sensitivity: 33%, Specificity: 96%

