



Title Diagnostic and Prognostic Value of the Detection of Antibodies Against Keratin and Cyclic Citrullinated Peptides in Rheumatoid Arthritis

Agency HAS, Haute Autorité de Santé/French National Authority for Health
2, avenue du Stade de France, FR-93218 Saint-Denis La Plaine Cedex, France;
Tel: +33 1 55 93 71 44, Fax: +33 1 55 93 74 35; contact.seap@has-sante.fr, www.has-sante.fr

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Aim

To assess the diagnostic and prognostic value of the antikeratin (AKA) and anticyclic citrullinated peptide (ACCP) tests in rheumatoid arthritis to advise French National Health Insurance (NHI) on reimbursement.

Conclusions and results

The sensitivity of the AKA test was 9% to 61%, and specificity was 92% to 96% (5 case series). No relationship was found between initial detection of AKA and radiographic damage after 2 and 5 years of followup (2 case series). The sensitivity of the ACCP test was 41% to 77%, and specificity was 94% to 98% (7 case series). The initial detection of ACCP was a predictive factor for radiographic damage at 2 and 5 years of followup (4 case series). ACCP detection can lead to earlier disease management and/or to more aggressive treatment (expert opinion).

Recommendations

Unlike the AKA test, the ACCP test is indicated for the diagnosis and the prognostic evaluation of rheumatoid arthritis. HAS (French National Authority for Health) has advised NHI to reimburse the ACCP test and to cease reimbursement of the AKA test.

Methods

We reviewed published data on the safety and efficacy of the above tests and their contribution to treatment strategy. We selected 14 case series (11 prospective and 3 retrospective case series). The review was discussed by a 15-member multidisciplinary working group before submission to the HAS Committee for Assessment of Medical and Surgical Procedures for their opinion.

Further research/reviews required

Studies are required to evaluate:

- the impact of the initial detection of ACCP on patient treatment and disease progression
- the value of the ACCP test in monitoring disease progression after anti-TNF α treatment.