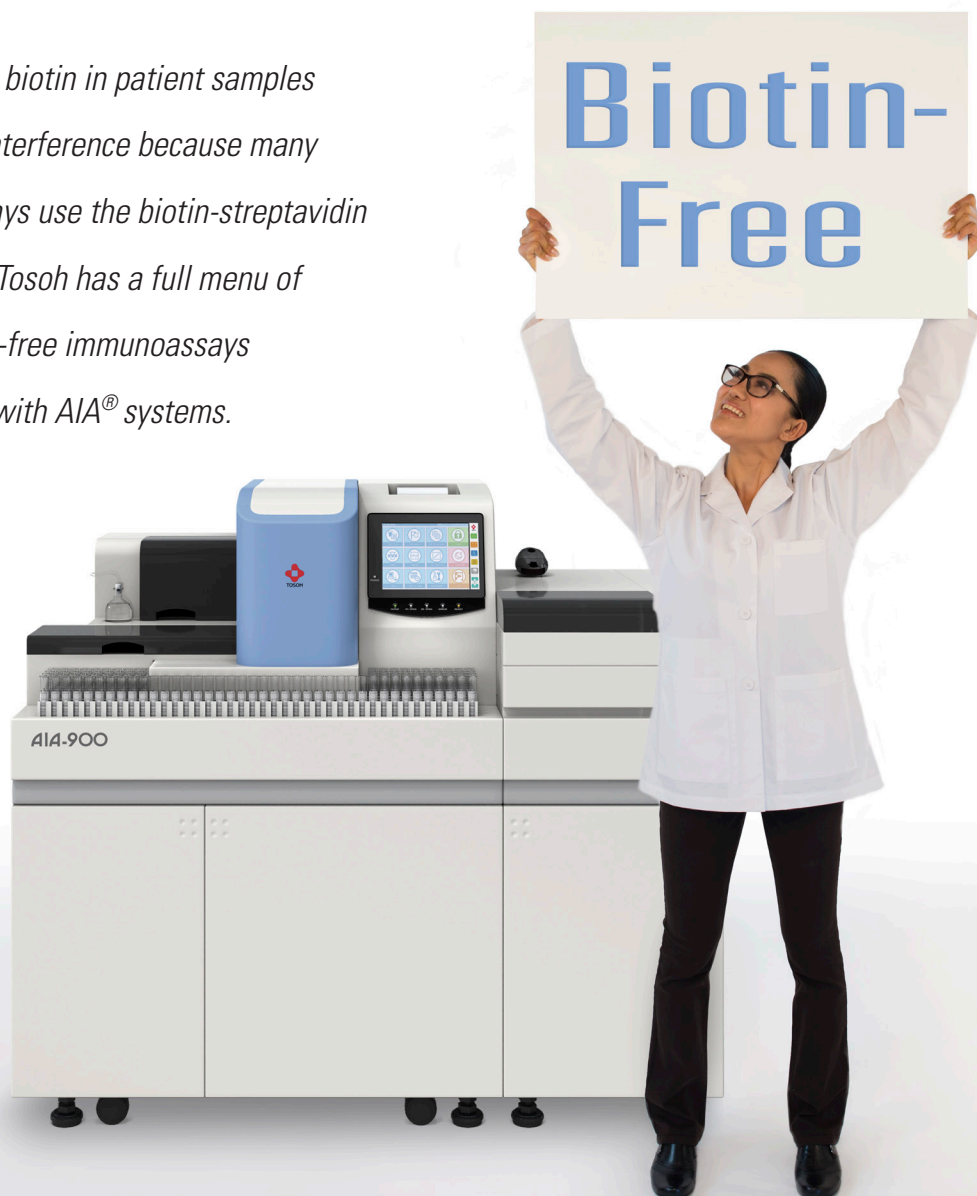


Tosoh's Biotin-Free Immunoassays Signify Zero Biotin Interference Risk

Endogenous biotin in patient samples can cause interference because many immunoassays use the biotin-streptavidin interaction. Tosoh has a full menu of 100% biotin-free immunoassays compatible with AIA® systems.



Protect your Immunoassay Results from Biotin-Induced Laboratory Errors

- Over 66% of adults in the U.S. take dietary supplements¹ which can include biotin to support healthy hair, skin and nails
- Biotin treatment has been also reported to potentially benefit patients with a wide range of conditions such as multiple sclerosis, inherited metabolic diseases, and diabetes mellitus²
- Reports of biotin-related laboratory errors have been increasing over recent years

Using Tosoh's AIA-PACK® assays can eliminate your risk of biotin interference.

TOSOH BIOSCIENCE

www.tosohbioscience.us



Biotin Interference

Popular Assay Design Meets Vitamin Megatrend

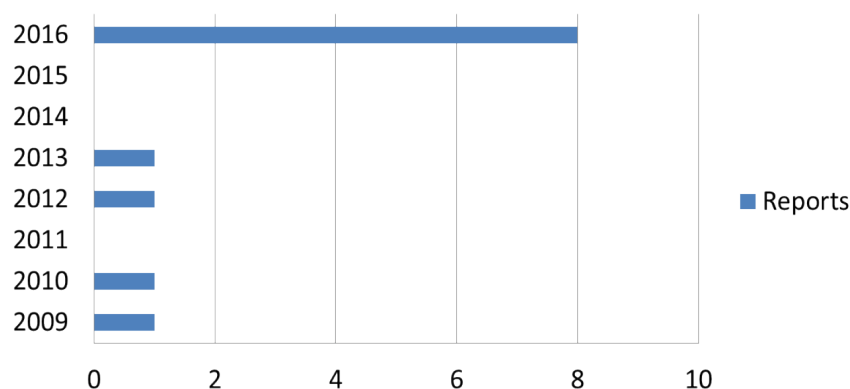
- Over 100 million people in the U.S. use vitamin/mineral supplements³
- Many over-the-counter vitamin supplements include significant amounts of biotin, up to 10 mg (10,000 mcg) per pill, to improve hair and nails⁴
- “Use of vitamin D, magnesium, iron, CoQ10 and biotin were at historically high levels” - Sloan Trends, Inc. (2014)³
- Biotin megadoses are also being used to manage various diseases²
- Biotin can cause test interference because many immunoassays are designed to use biotin-streptavidin interactions⁵



Misdiagnosis Reports Have Been Increasing

- “Our core laboratory has recently identified several Mayo Clinic patients with erroneous thyroid function test results... due to biotin supplement consumption. . . .In one case, the patient was scheduled for radioiodine thyroid ablation due to erroneous thyroid function results.” — Katzman, B.M. et al. (2016), Mayo Clinic⁶
- “...laboratory findings suggested a diagnosis of severe Graves’ disease. All of the assays yielding abnormal results employed the biotin-streptavidin affinity in their design. The patient had no symptoms of hyperthyroidism, and a detailed review of his medications revealed intake of megadoses of biotin.” — Barbesino, G. (2016), Massachusetts General Hospital⁷
- “Two patients presented with surprising low parathyroid levels — one during preoperative evaluation for hyperthyroidism and another during post-operative follow-up after subtotal parathyroidectomy. The patients were found to be taking 1,500 mcg and 5,000 mcg of biotin per day, respectively. The role of biotin was confirmed in one of the patients...” — Waghray, A. et al. (2013), Cleveland Clinic⁸
- “...increased intact PTH result from the reference laboratory (786 ng/L) was more consistent with the patient’s clinical picture, suggesting that the 48 ng/L value obtained in our clinical laboratory was falsely low... Further review of the patient’s medical history revealed that she was ingesting 10 mg biotin per day for restless leg syndrome...” — Meany, D. L. et al. (2009), Johns Hopkins Medical Institutions⁹

Biotin Interference Report Trend^{4, 5-15}





Examples of widely used hormone immunoassays using streptavidin-biotin* compared with Tosoh's AIA-PACK® Immunoassays

Assays	Company 1	Company 2	Company 3	Company 4	Company 5	Tosoh's AIA-PACK
FT3	√		No Biotin	√ (286)	√ (205)	No Biotin
FT4	√		No Biotin	√(82)	√(205)	No Biotin
Total T3	No Biotin		No Biotin	√(41)		No Biotin
Total T4	No Biotin		No Biotin	√(409)	No Biotin	No Biotin
TSH	No Biotin		√(20.5)	√(102)	√(2050)	No Biotin
TRAb				√(41)		
SHBG	√			√(246)		No Biotin
Thyroglobulin	√			√(327)		
PTH	No Biotin	√	√(20.5)	√(205)		No Biotin
25-OH vit D	No Biotin	√(300)	√(61)	√(286)		No Biotin
Cortisol	No Biotin		√(41)	√(123)		No Biotin
ACTH				√(246)		No Biotin
Testosterone	No Biotin		√(41)	√(123)		No Biotin
Estradiol	No Biotin		√(20.5)	√(147)	√	No Biotin
FSH	No Biotin		√(41)	√(246)	√	No Biotin
LH	No Biotin		√(20.5)	√(205)	√	No Biotin
Prolactin	No Biotin		√(41)	√(164)	√	No Biotin
IGF-1		√(300)				
GH	No Biotin	√(300)		√(123)		No Biotin
C-peptide				√(246)		No Biotin
Insulin	No Biotin			√(246)		No Biotin

Assay not available
 Streptavidin-biotin use in assay design
 No Biotin in assay

() Biotin concentrations in nmol/L above which an erroneous result can happen, based on company reagent notices

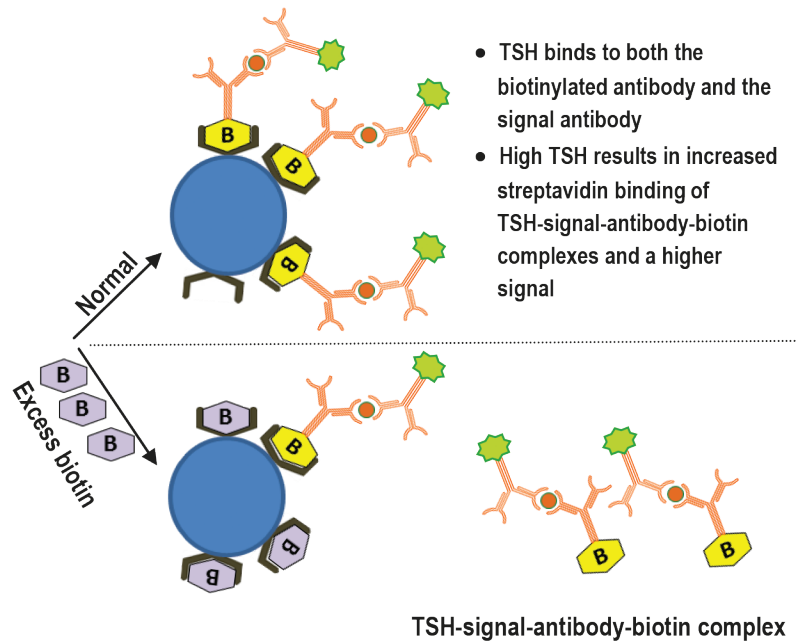
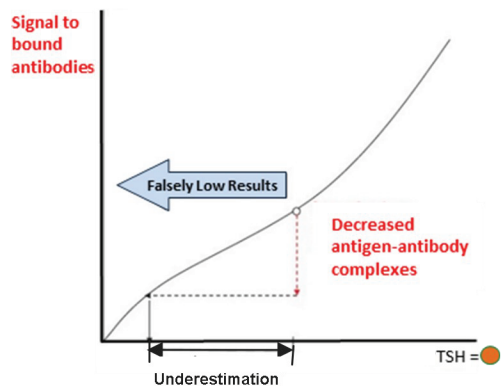
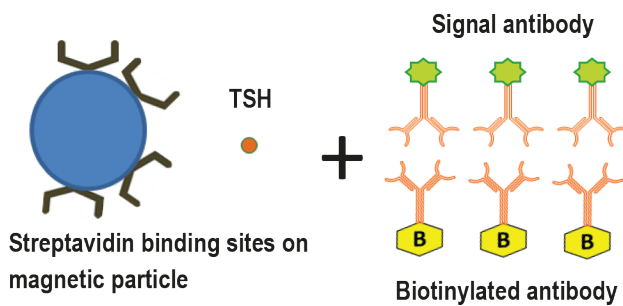
*Table with five companies' immunoassay information adapted from Piketty et al. (2016) *CCLM*¹⁰

Tosoh Has a Full Menu of Biotin-Free Immunoassays

How Does Biotin Cause Immunoassay Interference?^{10,16}

Sandwich Immunoassay

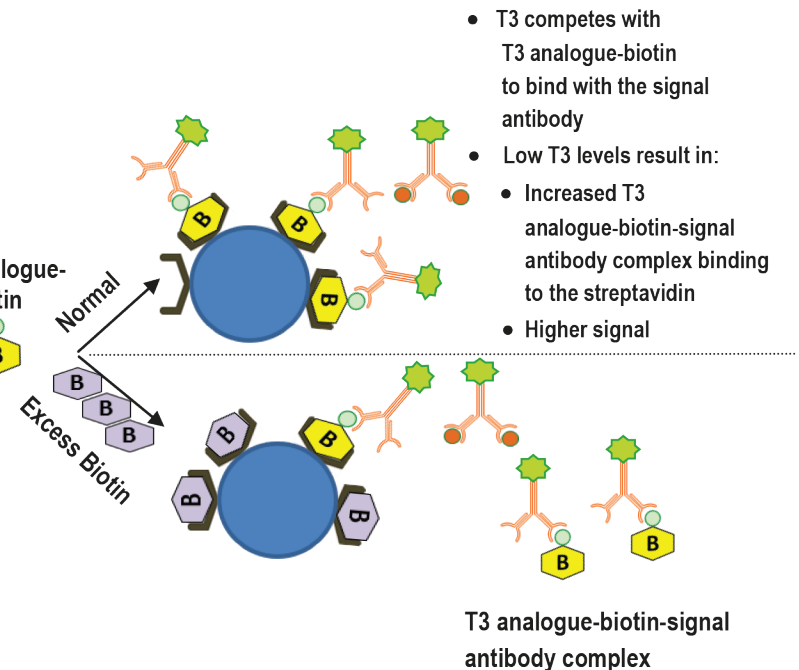
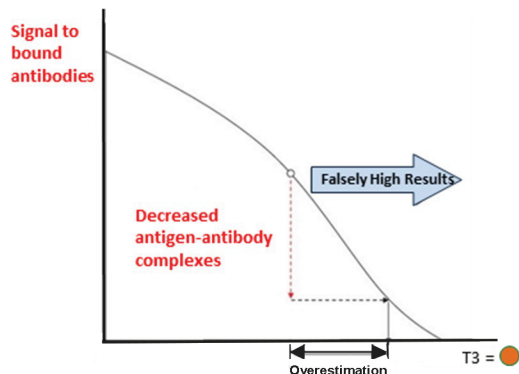
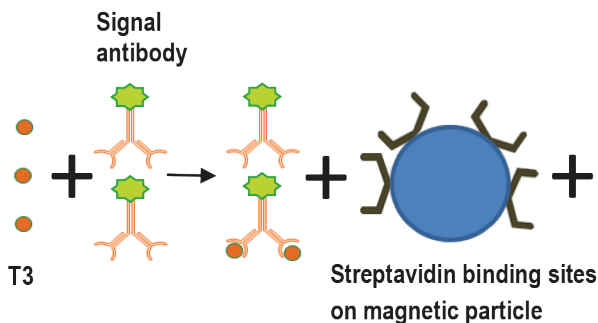
Excess biotin can lead to a false LOW result



- TSH binds to both the biotinylated antibody and the signal antibody
- High TSH results in increased streptavidin binding of TSH-signal-antibody-biotin complexes and a higher signal
- Excess biotin bind to the streptavidin sites
- This blocks the TSH-signal-antibody-biotin complexes from binding.
- The resulting very low signal is misinterpreted as a low TSH

Competitive Immunoassay

Excess biotin can lead to a false HIGH result

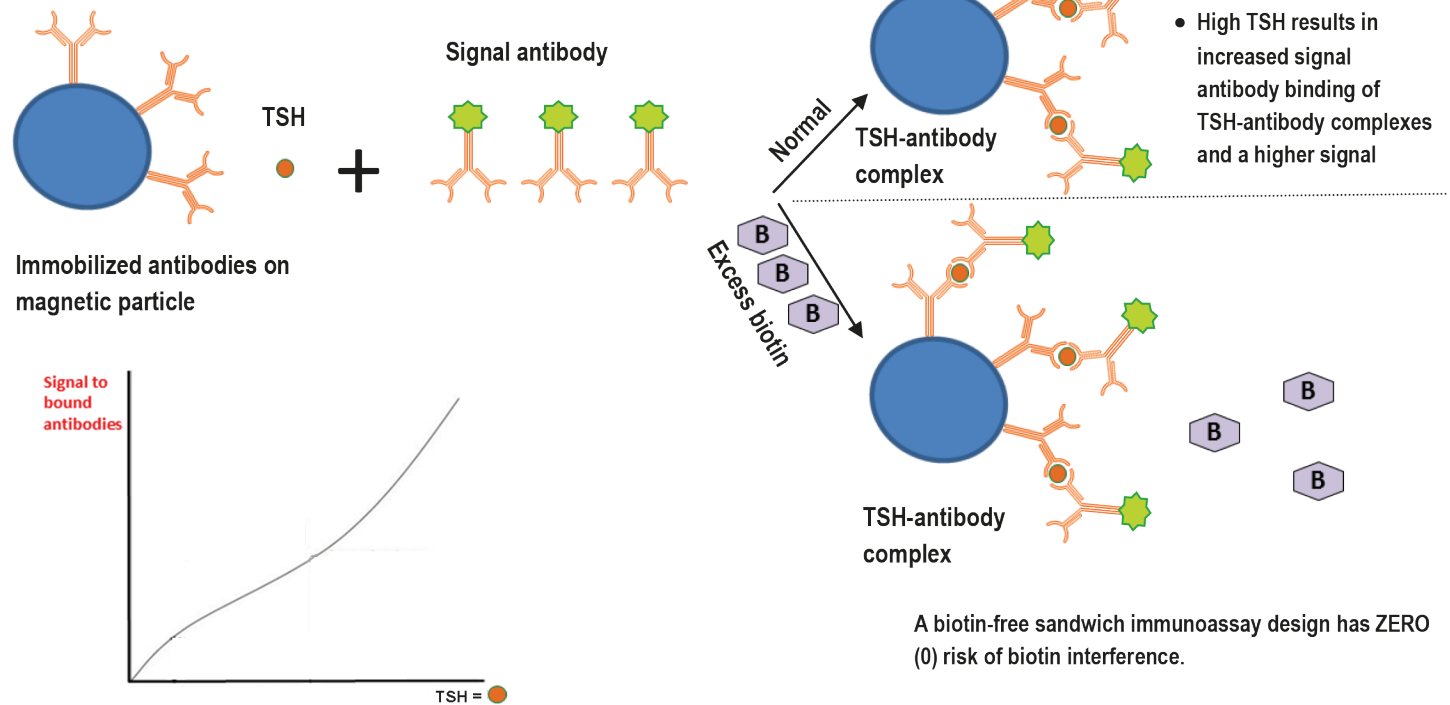


- T3 competes with T3 analogue-biotin to bind with the signal antibody
- Low T3 levels result in:
- Increased T3 analogue-biotin-signal antibody complex binding to the streptavidin
- Higher signal
- Excess biotin binds to the streptavidin sites blocking the T3 analogue-biotin-signal antibody complex from binding
- The low signal is misinterpreted as high T3

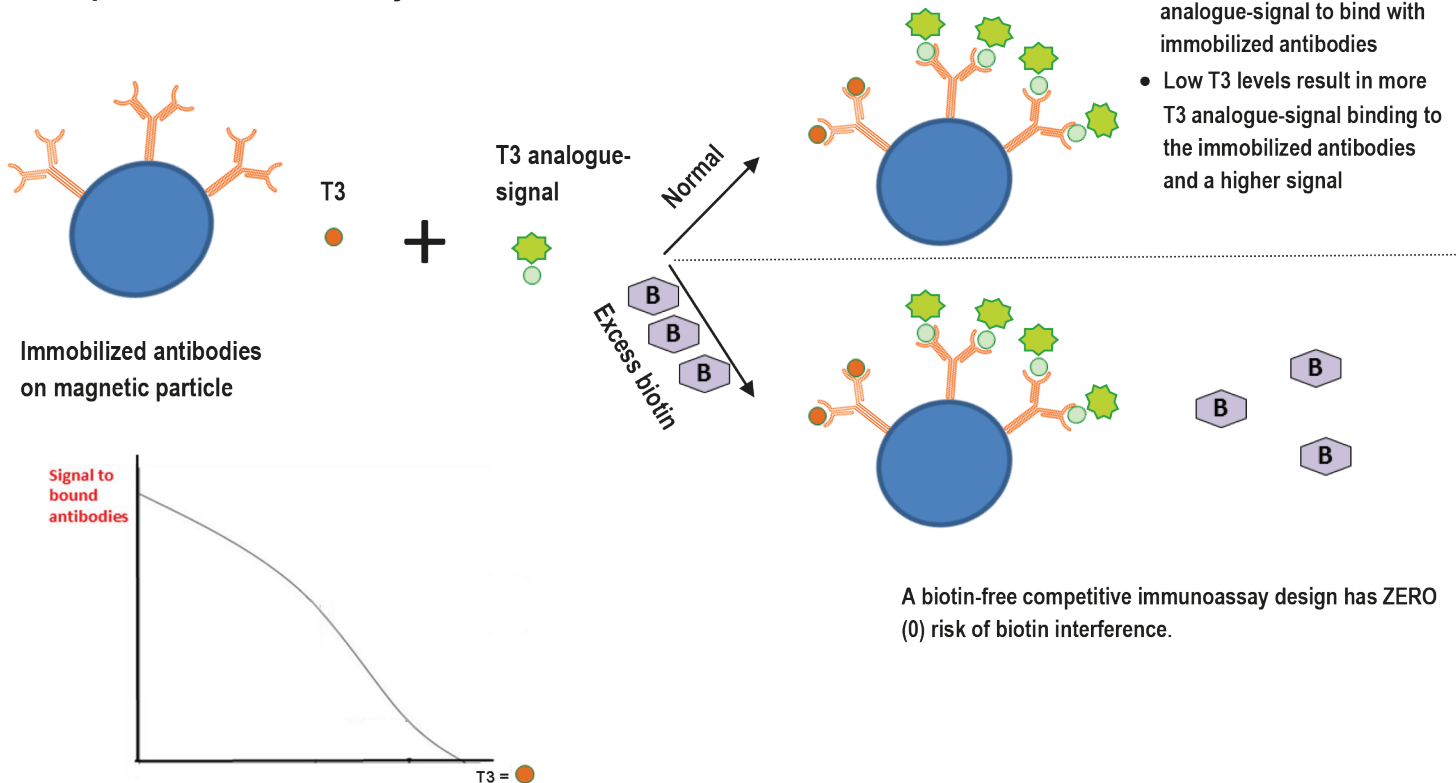
Tosoh's Immunoassays are 100% Biotin-Free¹⁰

Excess biotin does NOT cause biotin interference

Sandwich Immunoassay



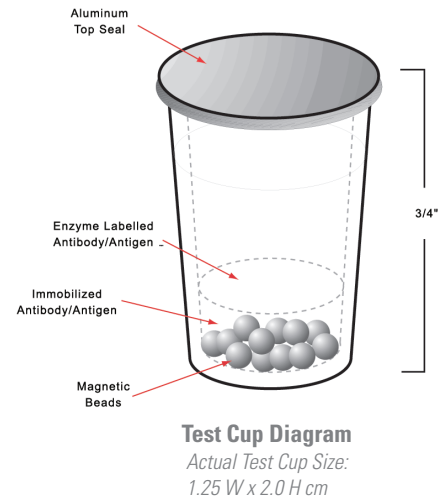
Competitive Immunoassay



Tosoh's Biotin-Free Immunoassays feature...

Unit Dose Test Cup Reagents

- Single, unitized cups use a dry reagent format that requires no pre-mixing, no pre-measuring, no on-board refrigeration and no waste
- Dry reagent format ensures calibration stability of up to 90 days for most assays
- Reagents have a one year shelf life from date of manufacture
- The AIA test cups and trays are labeled with code and lot number for automated scheduling and inventory management on the AIA-2000 and AIA-900 sorter models
- ST AIA-PACK reagents provide a faster turnaround time due to a 10 minute incubation protocol
- Extensive test menu provides a wide range of immunoassay tests including thyroid, cardiac markers, tumor markers, reproductive hormones, anemia markers, metabolic markers, diabetes, kidney markers and more



Tosoh AIA Test Menu

10 minute incubation unless otherwise noted.

Tumor Markers

AFP
CEA
PSA
CA 125
CA 27.29
CA 19-9

Diabetes Assays

C-Peptide II
HbA1c •
Insulin

Thyroid

TSH
TT3
T4
FT3
FT4
T-Uptake
TSH 3rd Gen ♦
TPO Ab ♦
Tg Ab ♦

Cardiac Markers

CKMB
Troponin I 2nd Gen
Myoglobin

Anemia

Ferritin
Vitamin B12 ♦
Folate ♦
RBC Folate ♦

Reproductive

β-HCG
HCG
DHEA-S
Estradiol (E2)
hs Estradiol (hs E2) ♦
FSH
LH II
Prolactin
Progesterone II
Progesterone III
SHBG
Testosterone

Kidney Marker Assays

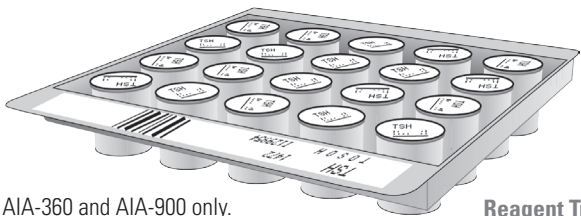
β-2 Microglobulin
Cystatin C
iPTH

Metabolic

Cortisol
HGH

Additional Assays

ACTH
Homocysteine
IgE II
PAP
25-OH vitamin D ♦



Reagent Tray - 20 Test Cups/tray

- Available on AIA-360 and AIA-900 only.
- ♦ > 10 minute incubation. Not available for use on AIA-360.

Tosoh - Your Simple Solution to Biotin Interference

Eliminate your false result risk due to biotin megadoses by switching to our highly flexible and advanced immunoassay platforms.



AIA-900 Benchtop



AIA-900 Loader Model



AIA-900 with 9 Tray Sorter



AIA-900 with 19 Tray Sorter

AIA-900 Automated Immunoassay Analyzer

- Max. 90 tests per hour
- Intuitive operations for advanced testing
- Three interchangeable system configurations

**Available for
Labs and Workloads
of All Sizes**



Instrument image size not proportional

AIA-360

AIA-360 Automated Immunoassay Analyzer

- 36 tests per hour
- First result—20 minutes



AIA-2000

AIA-2000 Automated Immunoassay Analyzer

- Max. 200 tests per hour
- Load 960 tests (48 trays)
- Walk away time — 4 hours
- Full-featured and flexible for high throughput testing

References

- 1 Moloughney, S. (2016, April 1). Positioning The Supplement Market For Long-Term Success - See more at: http://www.nutraceuticals-world.com/issues/2016-04/view_features/positioning-the-supplement-market-for-long-term-success
- 2 Trambas, C. M., Sikaris, K. A., & Lu, Z. X. (2016, October 27). More on Biotin Treatment Mimicking Graves' Disease. *The New England Journal of Medicine*, 375, 1098-1099.
- 3 Sloan, A. E., & Hutt, C. A. (2015, September 8). Repositioning Nutraceutical Products for Growth Markets. Retrieved January 17, 2017, from Nutraceuticals World: http://www.nutraceuticalsworld.com/issues/2015-09/view_features/repositioning-nutraceutical-products-for-growth-markets
- 4 Paxton, A. (2016, September). Beauty fad's ugly downside: test interference. Retrieved November 22, 2016, from CAP Today Online: <http://www.captodayonline.com/beauty-fads-ugly-downsidetest-interference/>
- 5 Elston, MS et al. (2016). Factitious Graves' Disease Due to Biotin Immunoassay Interference-A Case and Review of the Literature. *J Clin Endocrinol Metab*, 3251-3255.
- 6 Katzman, B. M., Rosemark, C., Hendrix, B. K., Block, D. R., & Baumann, N. A. (2016). Investigation of biotin interference in common thyroid function tests using the Roche Elecsys(R) system. *Clinical Chemistry*, 62(S10), S75.
- 7 Barbesino, G. (2016). Misdiagnosis of Graves' disease with apparent severe hyperthyroidism in a patient taking biotin megadoses. *Thyroid*, 860-863.
- 8 Waghray, A et al. (2013). Falsely low parathyroid hormone secondary to biotin interference: a case series. *Endocrine Practice*, 451-455.
- 9 Meany, DL et al. (2009). A case of renal osteodystrophy with unexpected serum intact parathyroid hormone concentrations. *Am. Assoc. Clin. Chem.*, 1737-1739.
- 10 Piketty, M-L et al. (2016). False biochemical diagnosis of hyperthyroidism in streptavidin-biotin-based immunoassays: the problem of biotin intake and related interferences. *Clinical Chemistry and Laboratory Medicine*, Published Online.
- 11 Minkovsky A et al. (2016). High-dose biotin treatment for secondary progressive multiple sclerosis may interfere with thyroid assays. *AACE Clinical Case Reports*, e370-e373.
- 12 Seaborg, E. (2016, January). January 2016: Thyroid Month: Beware of Biotin. Retrieved November 22, 2016, from Endocrine News: <http://endocrinenews.endocrine.org/january-2016-thyroid-month-beware-of-biotin>
- 13 Simó-Guerrero, O et al. (2016). False overt hyperthyroidism by interference in immunoassay. *Endocrinología y nutrición: organo de la Sociedad Espanola de Endocrinología y Nutrición*.
- 14 Wijeratne NG et al. (2012). Positive and negative interference in immunoassays following biotin ingestion: a pharmacokinetic study. *Pathology*, 674-675.
- 15 Khieng V et al. (2010). Vitamin D Toxicity?: A Case Study. *New Zealand Journal of Medical Laboratory Science*, 44.
- 16 Brennan, J. R., & Lee, S. L. (2016, November). High-dose biotin supplement can interfere with common laboratory tests. *Endocrine Today*. Retrieved January 17, 2017, from Healio: <http://www.healio.com/endocrinology/thyroid/news/print/endocrine-today/%7B0ff7371d-93a3-4865-b502-60fde9c98122%7D/high-dose-biotin-supplement-can-interfere-with-common-laboratory-tests>



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