Diagnostic and prognostic value of the detection of antibodies against keratin and cyclic citrullinated peptides in rheumatoid arthritis

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Aim
To assess the diagnostic and prognostic value of the anti-keratin (AKA) and anti-cyclic citrullinated peptide (ACCP) tests in rheumatoid arthritis in order to advise French National Health Insurance (NHI) on reimbursement.

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

Recommendations
The ACCP test is indicated for the diagnosis and the prognostic evaluation of rheumatoid arthritis unlike the AKA test. HAS has advised French 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-TNFα treatment.