

# Fecal Calprotectin Test

Quantitative and Qualitative Assessment of calprotectin levels critical for diagnosing, monitoring and managing Inflammatory Bowel Disorders

- High Sensitivity and Specificity diagnostic tool for digestive disorders
- Cost effective, non invasive, convenient, and sensitive biomarker



# Test Overview

Calprotectin is a protein in cells involved in inflammation, found abundantly in neutrophils. Diseases like Crohn's disease, ulcerative colitis, and colorectal cancer cause higher fecal calprotectin excretion, but not in patients with Irritable Bowel Syndrome (IBS).

**Fecal Calprotectin Test (FCT)** is an enzyme immunoassay intended for the quantitative assessment of calprotectin. It is a cost-effective, non-invasive, and sensitive biomarker to screen patients for intestinal inflammation.

Higher calprotectin concentration in feces indicates Inflammatory Bowel Disease (IBD) and has proven to be a better disease activity marker on tissue biopsy than blood test markers of inflammation (e.g. white blood, cell count, ESR, and CRP).

### **Clinical Indications**

Estimate the degree of gastrointestinal inflammation Honitors response to therapy, including mucosal healing post surgery

Predict relapse of IBD Differential diagnosis between IBS and IBD (including Crohn's disease and ulcerative colitis)

### Interpretation

Results should be interpreted by the attending physician

# Calprotectin concentrations of 50.0 mcg/g or lower is NEGATIVE

This is not suggestive of an active inflammatory process within the gastrointestinal system. For patients experiencing gastrointestinal symptoms, consider further evaluation for functional gastrointestinal disorders.

### Calprotectin concentrations between 50.0 to 150.0 mcg/g is MODERATELY ELEVATED

This may be associated with organic intestinal disease but should be interpreted in line with clinical assessment. For patients with clinical symptoms, retesting in 4 to 6 weeks may be indicated.

#### Calprotectin concentrations of 150.1 mcg/g or higher is POSITIVE

This suggests active inflammatory process within the gastrointestinal system. Further diagnosis is advised to determine the etiology of the inflammation

## **Patient Preparation**

With a clearance from attending physician, NSAIDs (pain relievers), aspirin, or PPIs (hyper acidity medications)r intake of these medications should be stopped one week before the stool collection, If not possible, list down the medications taken.

## **Collection Guideline**

Collect stool using the fecal calprotectin test kit. Once collected, seal it with the parafilm and seal with ziplock. Freeze while waiting for transport. Transport on ice with 2-8C temperature.