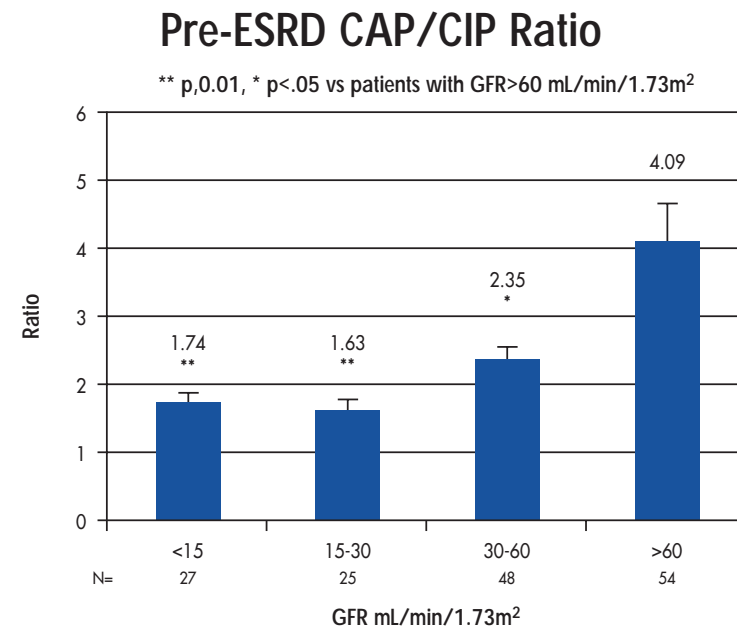
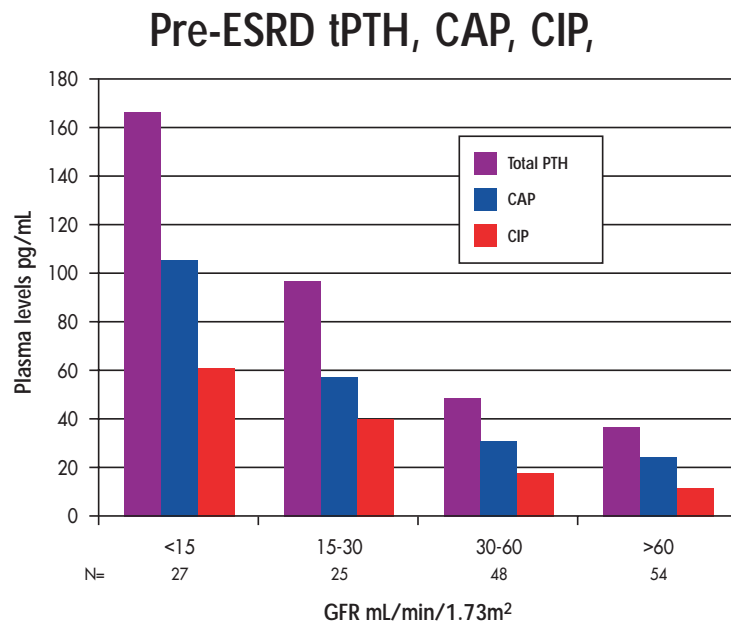


# THE DIFFERENCE IN THE SCANTIBODIES CAP/CIP RATIOS BETWEEN STAGE 1 AND STAGE 2 PRE-ESRD PATIENTS

Carlo Donadio and Tom Cantor. University of Pisa, Pisa, Italy; Scantibodies Laboratory, Inc., Santee, CA, USA.

It is desirable to diagnose and begin treatment of renal bone disease at the earliest stage of CKD. The intact PTH value has been the non-invasive marker of choice for this purpose in the CKD patient population. It is now known that the intact PTH assay value is the sum of 1-84 PTH (true hypercalcemic intact PTH) and 7-84 PTH (with hypocalcemic hormone actions). Several independent bone histology studies have demonstrated that the 1-84 PTH/7-84 PTH ratio accurately predicts bone turnover status. Therefore, we sought to investigate the differences between stages 1 and 2 in the following PTH parameters: intact PTH (or 1-84 PTH + 7-84 PTH), 1-84 PTH (CAP), 7-84 PTH (CIP), and CAP/CIP ratio. GFR/ml was measured in all patients as clearance of 99m Tc-DTPA. Thus, the CAP/CIP ratio showed the greatest discrimination between stage 1 and stage 2 CKD patient populations. The CAP/CIP ratio shows promise in improving the early management of bone disease in CKD patients.



Donadio C, Cantor T. The Difference in the Scantibodies CAP/CIP Ratios Between Stage 1 and Stage 2 Pre-ESRD Patients. *Am J Kidney Dis* 2004(April); 43(4):29, pp. A22.