

Setting the **standard** for **clinical** research.

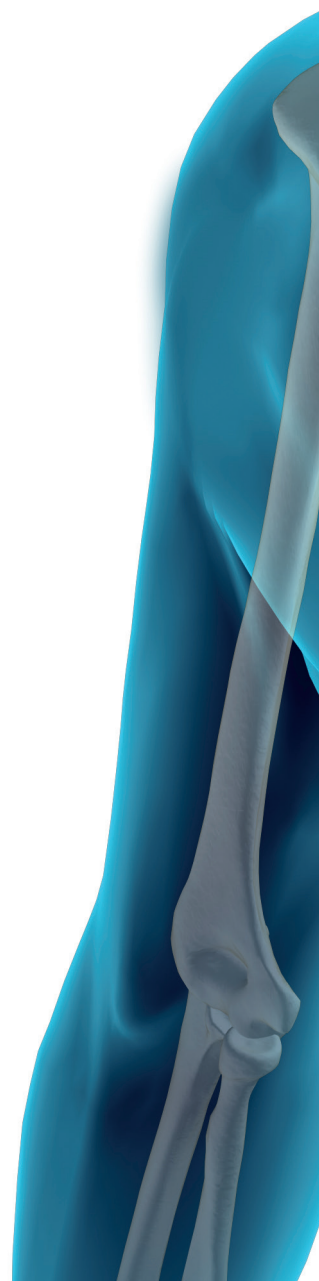


Divischgasse 4 · 1210 Vienna · Austria
T +43 1 291 07 45 · F +43 1 291 07 85
export@bmgrp.com · www.bmgrp.com

Supplied by:



Tel: +44(0)1235 431390
sales@oxfordbiosystems.com
www.oxfordbiosystems.com





THE BONE MARKER
ELISA PRODUCTS



BIOMEDICA

Setting the **standard**
for **clinical** research.

SCLEROSTIN • DKK-1 • OPG •

ELISAs for the quantitative determination of Sclerostin, Dickkopf-1, Osteoprotegerin, free soluble RANKL and FGF23 (C-terminal) in human samples.

MARKERS OF BONE TURNOVER – REGULATION MOLECULES

sRANKL, soluble receptor activator of nuclear factor (NF)- κ B ligand, is the main stimulatory factor for the formation of mature osteoclasts and is essential for their survival. RANKL activates its specific receptor RANK that is located on osteoclasts and dendritic cells.

Osteoprotegerin (OPG) acts as a soluble secreted receptor for RANKL and inhibits osteoclast development. OPG is the counterpart of sRANKL.

Sclerostin serum levels are significantly elevated in postmenopausal women, in patients with immobilization-induced bone loss, and in patients with multiple myeloma. Circulating sclerostin serum levels are reduced by intermittent PTH therapy and estrogen. The development of neutralizing antibodies to DKK-1 and sclerostin are found to be promising therapeutic agents in diseases with elevated bone resorption.

Dickkopf-1 (DKK-1) and sclerostin are potent inhibitors of Wnt signalling and play an important role in osteoblast maturation. Increased circulating DKK-1 levels have been reported in clinical situations characterized by markedly depressed bone formation as in multiple myeloma, or by increased focal osteolysis from multiple myeloma, and bone metastases from breast, prostate or lung cancer, and in rheumatoid arthritis.

FGF23 (fibroblast growth factor 23) is a 32 kDa protein with 251 amino acids that is proteolytically processed between arginine¹⁷⁹ and serine¹⁸⁰ to generate N-terminal and C-terminal fragments. FGF23 is mainly secreted by osteocytes and controls phosphate and 1,25(OH)₂ vitamin D homeostasis.

All Biomedica ELISAs are fully validated and contain human based calibrators and controls.

ASSAY CHARACTERISTICS

FREE SOLUBLE RANKL HIGH SENSITIVITY ELISA (BI-20462) €€

Method	Sandwich ELISA, HRP/TMB
Sample type	serum, Heparin plasma
Sample size	150 μ l / test, 12x8 tests
Standard range	0 – 2 pmol/l
Detection limit	0.01 pmol/l
Incubation time	2h / overnight / 1h / 30min

OSTEOPROTEGERIN ELISA (DAY TEST) (BI-20403) €€

Method	Sandwich ELISA, HRP/TMB
Sample type	plasma, serum
Sample size	20 μ l / test, 12x8 tests
Standard range	0 – 20 pmol/l
Detection limit	0.07 pmol/l
Incubation time	3h / 1h / 30min

SCLEROSTIN ELISA (HIGH SENSITIVITY) (BI-20492)

Method	Sandwich ELISA, HRP/TMB
Sample type	plasma, serum
Sample size	20 μ l / test, 12x8 tests
Standard range	0 – 240 pmol/l
Detection limit	2.6 pmol/l
Incubation time	overnight / 1h / 30min

DICKKOPF-1 ELISA (DAY TEST, no sample predilution!) (BI-20413) €€

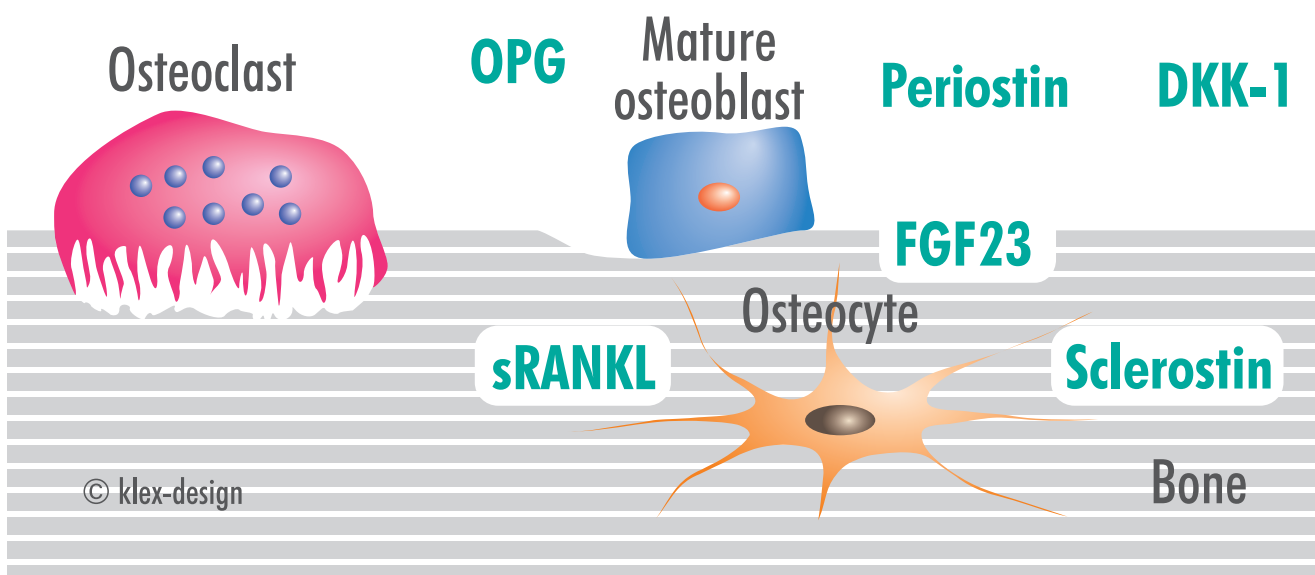
Method	Sandwich ELISA, HRP/TMB
Sample type	serum, cell culture supernatants
Sample size	20 μ l / test, 12x8 tests
Standard range	0 – 160 pmol/l
Detection limit	1.7 pmol/l
Incubation time	2h / 1h / 30min

FGF23 (C-terminal) ELISA (BI-20702) €€

Method	Sandwich ELISA, HRP/TMB
Sample type	serum, plasma
Sample size	50 μ l / test, 12x8 tests
Standard range	0 – 20 pmol/l
Detection limit	0.08 pmol/l
Incubation time	overnight / 1h / 30min

free sRANKL • FGF23 (C-terminal)

Figure1: Bone Cells and Secreted Biomarkers



LITERATURE

Long-term treatment with raloxifene, but not bisphosphonates, reduces circulating sclerostin levels in postmenopausal women. *Chung YE et al., Osteoporos Int, 2012; 23(4): 1235-1243*

Circulating Levels of Sclerostin Are Increased in Patients with Type 2 Diabetes Mellitus. *García-Martín A et al., J Clin Endocrinol Metab, 2012; 97: 234-241*

Sclerostin and Its Association with Physical Activity, Age, Gender, Body Composition, and Bone Mineral Content in Healthy Adults. *Amrein K et al., J Clin Endocrinol Metab, 2012; 97: 148-154*

Sclerostin and Dickkopf-1 in Renal Osteodystrophy. *Cejka D et al., Clin J Am Soc Nephrol, 2011; 6: 877-882*

Cortical Bone Status Is Associated with Serum Osteoprotegerin Concentration in Men: The STRAMBO Study. *Szulc P et al., J Clin Endocrinol Metab, 2011; 96: 2216-2226*

Baseline RANKL:OPG ratio and markers of bone and cartilage degradation predict annual radiological progression over 11 years in rheumatoid arthritis. *van Tuy L et al., Ann Rheum Dis, 2010; 69: 1623-1628*

Biomarkers of the Osteoprotegerin Pathway: Clinical Correlates, Subclinical Disease, Incident Cardiovascular Disease, and Mortality. *Lieb W et al., Arterioscler Thromb Vasc Biol, 2010; 30: 1849-1854*

The RANKL/RANK/OPG Signaling Pathway Mediates Medial Arterial Calcification in Diabetic Charcot Neuroarthropathy. *Ndip A et al., Diabetes, 2011; 60: 2187-2196*

Low circulating Dickkopf-1 and its link with severity of spinal involvement in diffuse idiopathic skeletal hyperostosis. *Senolt L et al., Ann Rheum Dis, 2012; 71: 71-74*

Sclerostin and Insulin Resistance in Prediabetes: Evidence of a Cross Talk Between Bone and Glucose Metabolism. *Daniele G et al., Diabetes Care, 2015; 38: 1509-1517*

High Parathyroid Hormone Level and Osteoporosis Predict Progression of Coronary Artery Calcification in Patients on Dialysis. *Malluche HH et al., J. Am. Soc. Nephrol., 2015; 10.1681/ASN.2014070686.*

Osteoprotegerin and sclerostin in chronic kidney disease prior to dialysis: potential partners in vascular calcifications. *Morena M et al., Nephrol. Dial. Transplant., 2015; 30: 1345-1356*

Bone Mineral Density and Serum Biochemical Predictors of Bone Loss in Patients with CKD on Dialysis. *Malluche HH et al., Clin. J. Am. Soc. Nephrol., 2014; 9: 1254-1262*