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## Overview

### Useful For

Reporting an end titer result in spinal fluid specimens

Distinguishing, in spinal fluid, autoimmune GFAP astrocytopathy from infectious meningoencephalitis and idiopathic inflammatory central nervous system (CNS) disorders such as multiple sclerosis, vasculitis and sarcoidosis, disorders commonly considered in the differential diagnosis

Alerting the clinician that the patient has an immune-mediated, steroid-responsive disorder and to search for a malignancy

### Testing Algorithm

If immunofluorescence assay (IFA) pattern suggests GFAP, then GFAP IFA titer and GFAP cell-binding assay (CBA) are performed at an additional charge.

### Method Name

Only orderable as a reflex. For more information, see:

DMC2 / Dementia Autoimmune Evaluation, Spinal Fluid

ENC2 / Encephalopathy Autoimmune Evaluation, Spinal Fluid

EPC2 / Epilepsy Autoimmune Evaluation, Spinal Fluid

MAC1 / Autoimmune Myelopathy Evaluation, Spinal Fluid

Indirect Immunofluorescence Assay (IFA)

### NY State Available

Yes

## Specimen

### Specimen Type

CSF

### Necessary Information

Provide the following information:

-Relevant clinical information

-Ordering provider name, phone number, mailing address, and e-mail address

### Specimen Required

# Test Definition: GFATC

Glial Fibrillary Acidic Protein Alpha Subunit  
Antibody, Immunofluorescence Titer Assay,  
Spinal Fluid

Only orderable as a reflex. For more information, see:  
DMC2 / Dementia Autoimmune Evaluation, Spinal Fluid  
ENC2 / Encephalopathy Autoimmune Evaluation, Spinal Fluid  
EPC2 / Epilepsy Autoimmune Evaluation, Spinal Fluid  
MAC1 / Autoimmune Myelopathy Evaluation, Spinal Fluid

**Container/Tube:** Sterile vial

**Specimen Volume:** 2 mL

### Specimen Minimum Volume

1.5 mL

### Reject Due To

|                 |        |
|-----------------|--------|
| Gross hemolysis | Reject |
| Gross lipemia   | Reject |
| Gross icterus   | Reject |

### Specimen Stability Information

| Specimen Type | Temperature              | Time     | Special Container |
|---------------|--------------------------|----------|-------------------|
| CSF           | Refrigerated (preferred) | 28 days  |                   |
|               | Frozen                   | 28 days  |                   |
|               | Ambient                  | 72 hours |                   |

### Clinical & Interpretive

#### Clinical Information

Antibody targeting glial fibrillary acidic protein (GFAP)-IgG is a biomarker of a subacute and progressive autoimmune meningitis, encephalitis, and myelitis that can mimic multiple sclerosis (MS) or other idiopathic inflammatory central nervous system (CNS) disorders such as sarcoidosis. Neurological manifestations include headache, optic neuropathy, transverse myelitis, cognitive decline, and cerebellar ataxia. Cerebrospinal fluid (CSF) is inflammatory. Cranial magnetic resonance (MR) imaging reveals linear perivascular enhancement oriented radially to ventricles. A paraneoplastic neurological context is common. Reported neoplasms accompanying neurological symptoms include adenocarcinomas (prostate and gastroesophageal), myeloma, melanoma, colonic carcinoid, parotid pleomorphic adenoma and teratoma. If GFAP-IgG is detected by immunofluorescence assay (IFA), it is reflexed to a test for the alpha isoform of GFAP (GFAPalpha-IgG) by cell based assay.

#### Reference Values

Only orderable as a reflex. For more information, see:  
DMC2 / Dementia Autoimmune Evaluation, Spinal Fluid

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ENC2 / Encephalopathy Autoimmune Evaluation, Spinal Fluid

EPC2 / Epilepsy Autoimmune Evaluation, Spinal Fluid

MAC1 / Autoimmune Myelopathy Evaluation, Spinal Fluid

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### Interpretation

Seropositivity for autoantibody (positive) is supportive of autoimmune glial fibrillary acidic protein (GFAP) astrocytopathy, a treatable form of meningoencephalomyelitis. A paraneoplastic basis should be considered, according to age, sex, and other risk factors.

Patients who are GFAP-IgG positive have increased risk of tumor. GFAP-IgG increases the likelihood of certain malignancies being found within 2 years of symptom onset (34%). The most common malignancy found is ovarian teratoma (22%).

GFAP meningoencephalomyelitis is immunotherapy-responsive. GFAP-IgG positive patients have better outcomes after treatment with corticosteroids.

The presence of GFAP-IgG alerts the clinician the patient has an immune-mediated, steroid-responsive disorder and directs patient care accordingly. It also alerts the clinician to search for a malignancy.

### Cautions

[Negative results do not exclude the diagnosis of autoimmune meningoencephalomyelitis or cancer.](#)

### Clinical Reference

1. Fang B, McKeon A, Hinson SR, et al: Autoimmune glial fibrillary acidic protein astrocytopathy: a novel meningoencephalomyelitis. *JAMA Neurol* 2016;73:1297-1307
2. Flanagan EP, Hinson SR, Lennon VA, et al: Glial fibrillary acidic protein immunoglobulin G as biomarker of autoimmune astrocytopathy: Analysis of 102 patients. *Ann Neurol* 2017;81:298-309
3. Iorio R, Damato V, Evoli A, et al: Clinical and Immunological characteristics of the spectrum of GFAP autoimmunity: a case series of 22 patients. *J Neurol Neurosurg Psychiatry* 2018 Feb;89(2):138-146 doi:10.1136/jnnp-2017-316583

### Performance

#### Method Description

The patient's sample is tested by a standardized indirect immunofluorescence assay (IFA) that uses a composite frozen section of mouse cerebellum, kidney, and gut tissues. After incubation with sample and washing, fluorescein-conjugated goat antihuman IgG is applied. Neuron-specific autoantibodies are identified by their characteristic fluorescence staining patterns. Samples that are scored positive for any neuronal nuclear or cytoplasmic autoantibody are titrated to an endpoint. Interference by coexisting non-neuron-specific autoantibodies can usually be eliminated by serologic absorption.(Yu Z, Kryzer TJ, Griesmann GE, et al: CRMP-5 neuronal autoantibody: marker of lung cancer and

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thymoma-related autoimmunity. Ann Neurol 2001;49:146-154)

**PDF Report**

No

**Day(s) Performed**

Monday through Sunday

**Report Available**

10 days

**Specimen Retention Time**

28 days

**Performing Laboratory Location**

Rochester

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

86256

**LOINC® Information**

| Test ID | Test Order Name     | Order LOINC® Value |
|---------|---------------------|--------------------|
| GFATC   | GFAP IFA Titer, CSF | 93421-6            |

| Result ID | Test Result Name    | Result LOINC® Value |
|-----------|---------------------|---------------------|
| 605134    | GFAP IFA Titer, CSF | 93421-6             |