



## Pancreastatin in Serum Technical Brief

<b>Specimen Type</b>	Serum
<b>Specimen Volume</b>	2 mL
<b>Collection</b>	Use a serum separator tube and allow samples to clot for 2 hours at room temperature or overnight at 4°C before centrifugation for 15 minutes at approximately 1000xg and freeze immediately. Collect the supernatant for assaying. Patients must be fasting 10-12 hours prior to collection of specimens. Patient should not be on any medications that may influence Insulin levels, if possible, for at least 48 hours prior to collection.
<b>Minimum Volume</b>	1 mL
<b>Handling</b>	Ship frozen on dry ice.
<b>Rejection Criteria</b>	Specimens received unfrozen. Specimens received at refrigerated temperatures. Specimens outside of listed stability.
<b>Stability</b>	Frozen for 30 days.
<b>Methodology</b>	EIA
<b>Reference Range</b>	Normal: 100-288.7pg/mL
<b>Turnaround Time</b>	Up to 7 business days.
<b>CPT Code</b>	86316



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<p><b>Clinical Significance</b></p>	<p>Pancreastatin (PST), also called chromogranin A amide, is a 49-amino acid peptide that was first isolated from porcine pancreas. Pancreastatin is one of a number of biologically active peptides produced by proteolysis of the precursor molecule chromogranin A (CGA). It was first described as an inhibitor of insulin secretion, but since then many different effects have been reported.</p> <p>Pancreastatin is functional in humans <i>in vivo</i>, affecting both carbohydrate and lipid metabolism. Indeed, its actions are potent and specific. Pancreastatin is cleaved from CHGA in hormone storage granules <i>in vivo</i>, and its plasma concentration varies in human disease. The pancreastatin region of CHGA gives rise to three naturally occurring human variants, one of which (Gly297Ser) occurs in the functionally important carboxyl terminus of the peptide and substantially increases the peptide’s potency to inhibit cellular glucose uptake. These observations establish a role for pancreastatin in human intermediary metabolism and disease and suggest that qualitative hereditary alterations in pancreastatin’s primary structure may give rise to individual differences in glucose disposition.</p> <p>Historically analysis of pancreastatin levels has been utilized as a biomarker to establish diagnosis, and in prediction of disease recurrence, potential outcome, and efficacy of therapy in neuroendocrine tumors (NETs). However, there is growing literature on the limitations of use of monoanalytes, such as PST &amp; Chromogranin A, for NET assessment, although conversely Chromogranin A and derived peptides are still perceived as most valuable markers of NETs.</p> <p>Concurrently there is increasing body of evidence on the importance of bioactive peptide fragments of Chromogranin A, including PST, in a spectrum of regulatory activities, important to maintaining homeostasis, involving the endocrine, immune, and cardiovascular systems. Hence the use of PST testing, and knowledge on the clinical implications is actively evolving towards a broader testing population.</p>
<p><b>Principle</b></p>	<p>This test is based on the competitive ELISA principle. Each well of the supplied microtiter plate has been pre-coated with an antigen-specific (pancreastatin) capture antibody. Standards, QCs, or samples are added to each well as well as a fixed quantity of Horseradish Peroxidase (HRP)-Conjugated target antigen. The free antigen in the standards, QCs, or samples competes with the HPR-conjugate antigen for binding to the capture antibody. Unbound antigen is washed away. A TMB substrate is then added which reacts with the HRP enzyme conjugated antigen remaining in the well resulting in color development. A sulfuric acid stop solution is added to terminate color development reaction and the optical density (OD) of the well is measured at a wavelength of 450nm±2nm. The OD of an unknown sample can then be compared to an OD standard curve generated using known antigen (pancreastatin) concentrations in order to determine the antigen concentration of the unknown sample. As a competitive assay the higher the concentration of pancreastatin in the sample, the lower the OD reading (less color development).</p>