

Overview

Useful For

Monitoring *Cryptococcus* antigen titers in serum

Aiding in the diagnosis of cryptococcosis

This test **should not be used** as a test of cure or to guide treatment decisions.

Method Name

Lateral Flow Assay (LFA)

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial

Forms

If not ordering electronically, complete, print, and send [Infectious Disease Serology Test Request](#) (T916) with the specimen.

Specimen Minimum Volume

0.3 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Clinical & Interpretive

Clinical Information

Cryptococcosis is an invasive fungal infection caused by *Cryptococcus neoformans* or *Cryptococcus gattii*. *C neoformans* has been isolated from several sites in nature, particularly weathered pigeon droppings. *C gattii* was previously only associated with tropical and subtropical regions. More recently, however, this organism has been found to be endemic in British Columbia and the Pacific Northwestern United States and is associated with several different tree species.

Infection is usually acquired via the pulmonary route. Patients are often unaware of any exposure history. Approximately half of the patients with symptomatic disease have a predisposing immunosuppressive condition such as AIDS, steroid therapy, lymphoma, or sarcoidosis. Symptoms may include fever, headache, dizziness, ataxia, somnolence, and cough. While the majority of *C neoformans* infections occur in immunocompromised patient populations, *C gattii* has a higher predilection for infection of healthy individuals.(1,2)

In addition to the lungs, cryptococcal infections frequently involve the central nervous system (CNS), particularly in patients infected with HIV. Mortality among patients with CNS cryptococcosis may approach 25% despite antibiotic therapy. Untreated CNS cryptococcosis is invariably fatal. Disseminated disease may affect any organ system and usually occurs in immunosuppressed individuals.

Reference Values

Negative  
Reference values apply to all ages.

Interpretation

The presence of cryptococcal antigen in any body fluid (serum or cerebrospinal fluid) is indicative of cryptococcosis.

Disseminated infection is usually accompanied by a positive serum test.

Declining titers may indicate regression of infection. However, monitoring titers to cryptococcal antigen should not be used as a test of cure or to guide treatment decisions. Low-level titers may persist for extended periods of time following appropriate therapy and resolution of infection.(3,4)

Cautions

*Cryptococcus* antigen titers acquired by the lateral flow assay (LFA) may be higher than titers achieved by other *Cryptococcus* antigen assays. Titers acquired by different assay methods are not interchangeable.

*Cryptococcus* antigen titers should be followed using the same assay.

A positive result is indicative of cryptococcosis; however, all test results should be reviewed in light of other clinical findings.

Testing should not be performed as a screening procedure for the general populations and should only be performed when clinical evidence suggests the diagnosis of cryptococcal disease.

Testing hemolyzed serum samples may lead to false-negative results due to the high background color on the lateral flow assay strip.

Although rare, extremely high concentrations of cryptococcal antigen can result in weak test lines and in extreme instances, yield negative test results.

This assay has not been evaluated for cross reactivity in patients with trichosporonosis.

Supportive Data

End-point titers between the IMMY *Cryptococcus* antigen lateral flow assay (LFA) and the Meridian latex agglutination test were compared for 10 samples positive for *Cryptococcus* antigen. While the overall qualitative correlation was good, these data indicate that the end-point titer achieved by the IMMY LFA was at least 2-fold higher than that achieved by the Meridian latex agglutination assay in 8 of 10 (80%) serum samples (Table).(5) Therefore, *Cryptococcus* antigen titers should be monitored by using the same method on serially collected samples; titers acquired by different methods are not interchangeable.

Table. Reciprocal endpoint titer

Serum sample	Meridian latex agglutination	IMMY LFA
1	256	160
2	8	10
3	16	80
4	1024	2560
5	Negative*	10
6	8	20
7	2	10
8	4	10
9	64	160
10	8	20

\*This sample showed 1+ reactivity by the Meridian latex agglutination assay upon screening but was interpreted as negative according to the package insert requirement for 2+ reactivity.

Clinical Reference

1. Speed B, Dunt D: Clinical and host differences between infections with the two varieties of *Cryptococcus neoformans*. Clin Infect Dis. 1995;21(1):28-34

2. Chen S, Sorrell T, Nimmo G, et al: Epidemiology and host- and variety-dependent characteristics of infection due to *Cryptococcus neoformans* in Australia and New Zealand. Australasian Cryptococcal Study Group. Clin Infect Dis. 2000 Aug;31(2):499-505. doi: 10.1086/313992

3. Lu H, Zhou Y, Yin Y, [Pan X, Weng X](#): Cryptococcal antigen test revisited: significance for cryptococcal meningitis therapy monitoring in a tertiary Chinese hospital. J Clin Microbiol. 2005 June;43(6):2989-2990

4. Perfect JR, Dismukes WE, Dromer F, et al: Clinical practice guidelines for the management of cryptococcal disease: 2010 update by the Infectious Diseases Society of America. Clin Infect Dis. 2010 Feb 1;50(3):291-322

5. Binnicker MJ, Jespersen DJ, Bestrom JE, Rollins LO: A comparison of four assays for detection of cryptococcal antigen. Clin Vaccine Immunol. 2012 Dec;19(12):1988-1990

6. Warren NG, Hazen KC: *Candida, Cryptococcus*, and other yeasts of medical importance. In: Murray PR, ed. Manual of Clinical Microbiology. 7th ed. ASM Press; 1999: 1184-1199

Performance

Method Description

The *Cryptococcus* antigen (CrAg) lateral flow assay is a sandwich immunochromatographic assay. Specimens and diluent are added to a test tube and the lateral flow device is added. The test uses specimen wicking to capture gold-conjugated, anti-cryptococcal antigen monoclonal antibodies and gold-conjugated control antibodies deposited on the test membrane. If cryptococcal antigen is present in the specimen, it binds to the gold-conjugated, anti-cryptococcal antigen antibodies. This complex wicks up the membrane and interacts with the test line, which has immobilized anti-cryptococcal antigen monoclonal antibodies. The antigen-antibody complex forms a sandwich at the test line causing a visible line to form. A valid test shows a visible line at the control line. Positive test results create 2 lines (control and specimen), while negative results form only the control line.(Package insert: CrAg Lateral Flow Assay. IMMY; Rev 06/27/2019)

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

Same day/1 to 2 days

Specimen Retention Time

14 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 has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

87899

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
SLFAT	Cryptococcus Ag Titer, LFA, S	9818-6

Result ID	Test Result Name	Result LOINC® Value
62077	Cryptococcus Ag Titer, LFA, S	9818-6