

Diagnostic laboratory procedure

One study has shown that simultaneously using both markers enabled liver tumours to be detected in 78% of one patient group with low AFP values. For this reason, we recommend a triple screening test that comprises AFP with AFP-L3 and DCP.

Ancillary sample

Blood is drawn from a vein in the arm (serum in a whole-blood monovette tube). No special preparation is necessary, but the treating physician should rule out the possibility of a Vitamin K deficiency beforehand, as the formation of DCP is dependent on Vitamin K. A Vitamin K deficiency can occur in patients who take medications such as Marcumar or Phenprocumon.

Handed out by:

Practice stamp

Please note that information regarding reimbursement is only valid for patients who are either members of German statutory or private health insurance.

For patients insured by the public health system:

Refundable when specified with exemption clause 32005 and the „reasonable medical necessity“. Here must be specified on the request form: „HCC high risk patient with Hochrisikopatient with advanced liver fibrosis and chronic hepatitis“. **Without this information, these tests are not refundable.**

For patients insured privately:

Costs will be covered by private health insurance according to a valid medical fee schedule, provided there has been no prior exclusion of benefits. Your physician will be happy to answer any questions you may have about this matter.

AFP: 14,57 € (GOÄ 3743)

AFP-L3: 33,22 € (GOÄ 4078)

DCP: 33,22 € (GOÄ 4078)

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Early detection of liver cancer

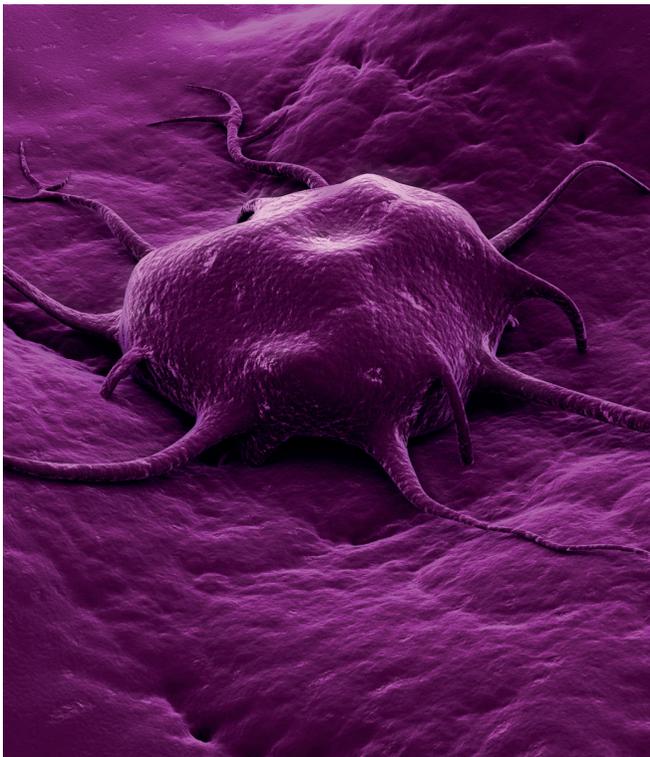
AFP, AFP-L3 und DCP



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New markers for early detection of liver cancer

Approximately 6,000 people per year develop cancer of the liver in Germany. This makes hepatocellularcarcinoma (HCC) liver cancer the fifth most prevalent type of cancer worldwide – a trend that is on the increase. In about 70% of patients, diagnosis is delayed and only occurs at advanced stages.

Risk factors include protracted alcohol dependency



and chronic liver inflammations (hepatitides) due to hepatitis B and/or C (HCV and HBV), which may be associated with cirrhosis of the liver. As in other malignancies, the chance of a cure is slim once the tumour reaches an advanced stage.

Current studies and the guidelines of the European Association for the Study of the Liver (EASL) and the European Organisation for Research and Treatment of Cancer (EORTC) recommend the surveillance of at-risk patients by means of an ultrasound scan of the liver twice a year.

As it is difficult to interpret the ultrasounds of patients with advanced cirrhosis of the liver, a study recently published in the USA recommends an alpha-fetoprotein (AFP) test. This increases the rate of detection of liver tumours to above that of ultrasonics alone.

Advantages of the new parameters

We are now one of the first laboratories in Germany to measure both AFP and a sub-unit of AFP, **AFP-L3**.

The clear advantage of AFP-L3 is that it affords early detection of a liver tumour. While AFP is „still“ in a grey area, i.e. may tend toward the conclusive range, AFP-L3 may already be elevated.

We also test for **DCP**. DCP stands for des-gamma-carboxy-prothrombin and is a precursor form of prothrombin. As for AFP-L3 and AFP, increased DCP values in a certain percentile range can indicate a liver tumour early on.