

<u>Test items</u>	<u>Determination method</u>	<u>Current state</u>	<u>Problems, trends in development</u>
A-11. CA125	RIA	Mainly RIA	Increasing use of EIA is necessary for future popularity
A-12. CA15-3	RIA	Mainly RIA	Fuji Rebio plans to market EIA
A-13. IAP	SRID Immune turbidity method	Cut off level is 500 ug/ml (for both methods). Immune turbidity is marketed and therefore, automation is proceeding.	A reduction in insurance score is anticipated because of automation. It is currently 100 points.
A-14. gamma-Sm	EIA	EIA bead method, cut off level of 4fg/ml.	Development of a kit that responds to a fully-automated system is needed.
A-15. Elastase 1	RIA Double antibody method	Determination method is 3 and a half hours (centrifugation necessary)	Time curtailed (1 step, beads), development of EIA
A-16. PGR	EIA beads	Determination time of approximately 20 hours, two washings.	Improvement of 1 step method

B. Items related to diabetes

<u>Test items</u>	<u>Determination method</u>	<u>Current state</u>	<u>Problems, trends in development</u>
B-1. Hemo-globin A1	Electrophoresis	Mainly column, all are manual methods	There has been no competition with AIC in terms of clinical significance or automation and therefore, there will be a trend toward reduction of the market.
B-2. Hemo-globin A1c	Column HPLC	Focusing on automation with columns	The market is slowly growing, but competition with fructosamine is a negative factor.
B-3. Urinary albumin	RIA, double antibody method RIA, solid phase method Immune turbidity Latex quantitative determination	The solid phase method has been used for RIA and therefore, there may be a change to a (DPC) simple solid phase method. Improved to a cut off level on the order of ug/ml with immune turbidity and latex.	Cost is the most important point with the development of immune turbidity. In the future the number of entry manufacturers is expected to increase.