Prognostic factors in neuroendocrine carcinoma: biological markers are more useful than histomorphological markers

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Supplementary Table 1. Assessment of biochemical analysis.

		Technical or Substrate	Unit	Upper limit of normal
CgA	CisBio, 2004-2016	radioimmunoassay	µg/L	98
NSE	Thermofisher Brahms (Kryptor), 2003-2016	immunofluorescent assay	µg/L	12.5
LDH	Roche (Modular), 2002-2011 Siemens (Vista), 2011-2016*	lactate (IFCC recommended)	IU/L	241
ASAT	Roche (Modular), 2002-2011 Siemens (Vista), 2011-2016*	with pyridoxal 5 phosphate (IFCC recommended)	IU/L	35
ALAT	Roche (Modular), 2002-2011 Siemens (Vista), 2011-2016*	with pyridoxal 5 phosphate (IFCC recommended)	IU/L	45
ALP	Roche (Modular), 2002-2011 Siemens (Vista), 2011-2016*	p-nitrophenyl phosphate	IU/L	136
Total Bilirubin	Roche (Modular), 2002-2011 Siemens (Vista), 2011-2016*	diazonium salt (phenyldiazonium) diazonium salt (sulfanilic acid)	µmol /L	17
CRP	Roche (Modular), 2002-2011 Siemens (Vista), 2011-2016*	turbidimetry nephelometry	mg/L	3
Albumin	Roche (Modular), 2002-2011 Siemens (Vista), 2011-2016*	turbidimetry nephelometry	g/L	35#

For albumin, we indicated the lower (not the upper) limit of the normal

* There is no statistical difference between these processes, as they are based on the same method with the same substrate, and transferability was checked before each method evolution. We used the recommended method of the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC).

Abbreviations: CgA, chromogranin A; NSE, Neuron-specific enolase; LDH, lactate dehydrogenase; AST, aspartate aminotransferase; ALP, alkaline phosphatase; ALT, alanin aminotransferase; CRP, C-reactive protein.