

Post-market surveillance of the implementation of result traceability in clinical enzymology

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Which criteria should the surveillance fulfill?

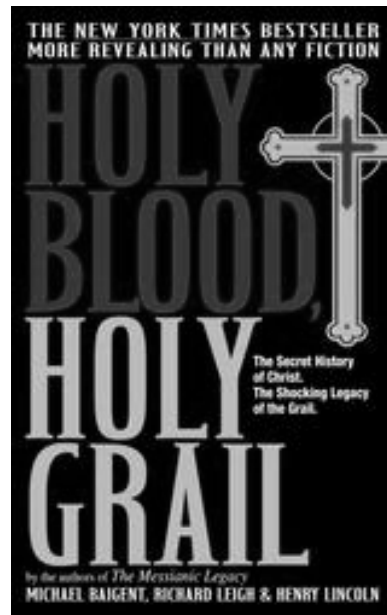
- Which samples?
- Which references?
- What variation is allowable?

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Looking for a Grail?



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Searching the Grail *1. Samples*

- Commutable
- Stable
- Concentration range covering clinical range

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Calibration 2000

- Commutable material proven by twin-study
- Reference values
- Covering range of clinical interest
- Stable

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Holy Grail

San Greal

Sang Real

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Searching the Grail

2. *Reference*

- Reference system IVD
- Reference method targets

IVD directive

- Traceability to reference systems
- 80 category A analytes
- JCTLM defines reference methods and reference materials



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Traceability

- Reference system
 - Reference method
 - Reference materials
 - Reference laboratories
- Industry calibrate kits and reagents
- Surveillance (EQA) trueness verification
 - Commutable materials

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Example Enzymes

- IFCC reference procedures for 6 enzymes
- Commercial systems should be traceable
- International study for trueness verification
 - R. Jansen e.a. Clin Chim Acta 368 (2006) 160-167

International enzyme study

- Commutable material Calibration 2000
 - Calibration 2000, Weykamp
- 70 laboratories Italy, Germany
Netherlands
- Reference laboratories targets
 - Panteghini, Schumann, Franck
- NEQAs organizers
 - Franzini, Kruse, Baadenhuijsen, Kuypers

Trueness verification

- Commutable material Calibration 2000
- Reference method target values
- Allowable area of deviation based on biological variance concept

Searching the Grail *3. Allowable variation*

- Reference method targets
- Variance limits based on biological variance

Biological



variation

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Biological variation

- CV_w within-person variation
- CV_b between-person variation
- CV_a desirable analytical variation
= 0.5 x CV_w
- B maximum allowable bias
= 0.25 $\sqrt{(CV_w^2 + CV_b^2)}$
- TE total allowable error
= 1.65 x CV_a + B

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Statistics

- $(1.65 * SD_{bl} + |X - T|) < AB$ (P=95%)
- $SD_{bl} \text{ max} = (AB - |X - T|) / 1.65$
- $SD_{wl} \text{ max} = (TAE - 1.96 * SD_{bl} - |X - T|) / 1.96$
- $a = [(T + 1.96 * SD_{bl} \text{ max}) - X] / SD_{bl}$
- $b = [X - (T - 1.96 * SD_{bl} \text{ max})] / SD_{bl}$
- $|D(a) - D(b)| * 100\%$ is perc. Labs measuring within limits

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IVD Trueness verification

R. Jansen et al. / Clinica Chimica Acta 368 (2006) 160–167

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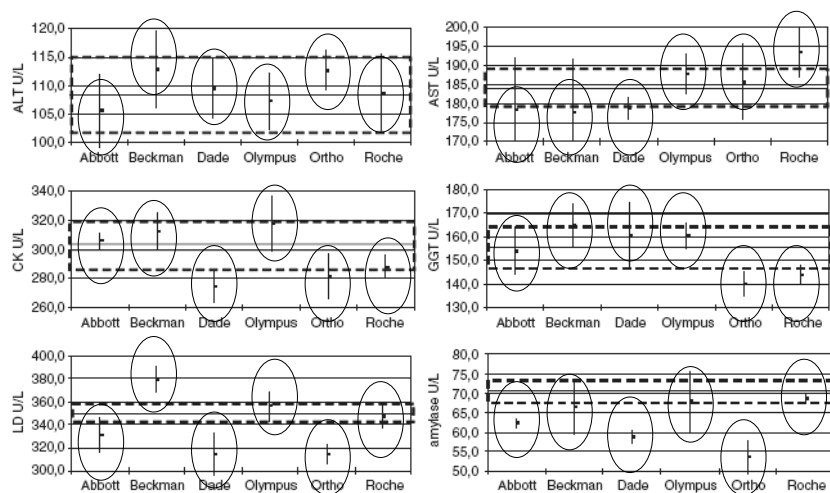


Fig. 1. Target value (fat line), means \pm SD₉₅ (U/L) for each company system, and the area (dashed) of maximum allowable SD₉₅ in absence of significant bias.

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% Labs expected to measure within limits

	ALT	AST	CK	GGT	LD	Amy
Abbott	94%	50%	>95%	90%	37%	1%
Beckm	89%	48%	>95%	79%	12%	49%
Dade	>95%	95%	73%	73%	12%	0%
Olymp	>95%	88%	85%	>95%	73%	50%
Ortho	>95%	68%	81%	62%	0%	0%
Roche	>95%	52%	>95%	92%	81%	>95%

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Example Creatinine

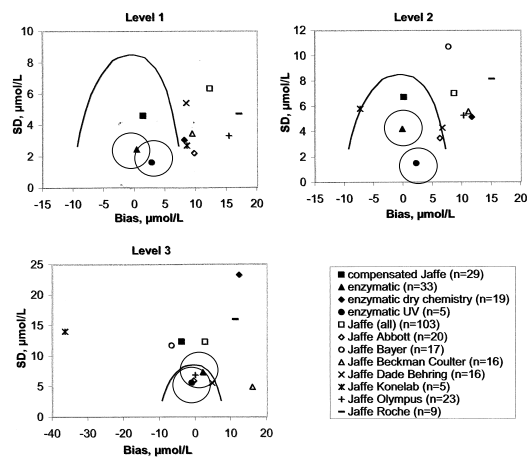
- IFCC reference method
- Commercial systems should be traceable
- International study for trueness verification
 - J. DeLanghe e.a. CCLM 2008, submitted

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Creatinine Total error budget



Delanghe e.a. CCLM 2008, submitted

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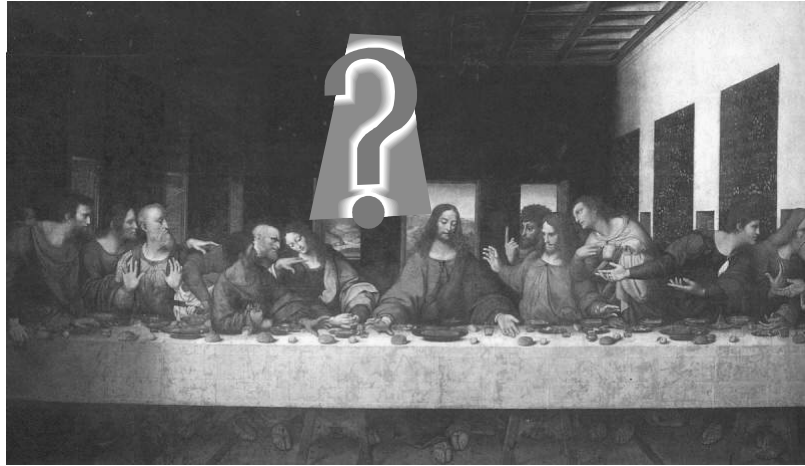
Consequenses

- EFCC/IFCC define allowable variation
- Industry: traceability
- Abandon non-specific methods
- EQA: commutable materials
 - Calibration 2000
- EQA: Biological variation concept
 - Introduced in SKML survey's
- Individual laboratories: TAE

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Searching the Grail

3. Allowable variation in EQA

- Commutable materials
- Reference method targets
- Variance limits based on biological variance
- Comparison with state of the art

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EQA in The Netherlands

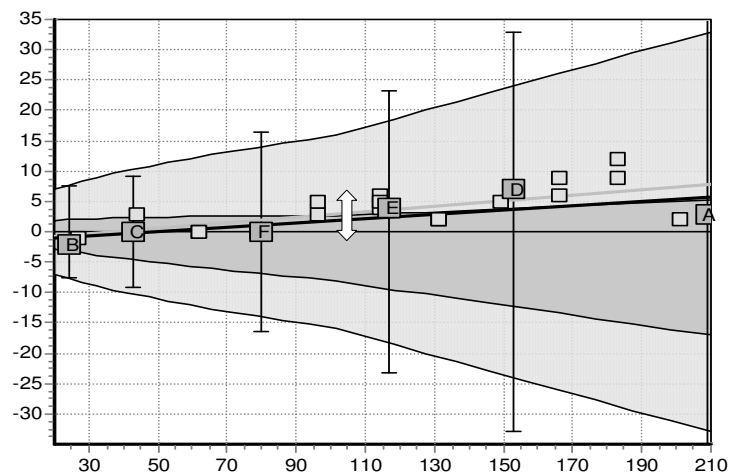
- Commutable control sera
- Target values by reference methods
- Variance criteria based on biological variance concept
- Comparison with state of the art

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Gamma-GT



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Which criteria?

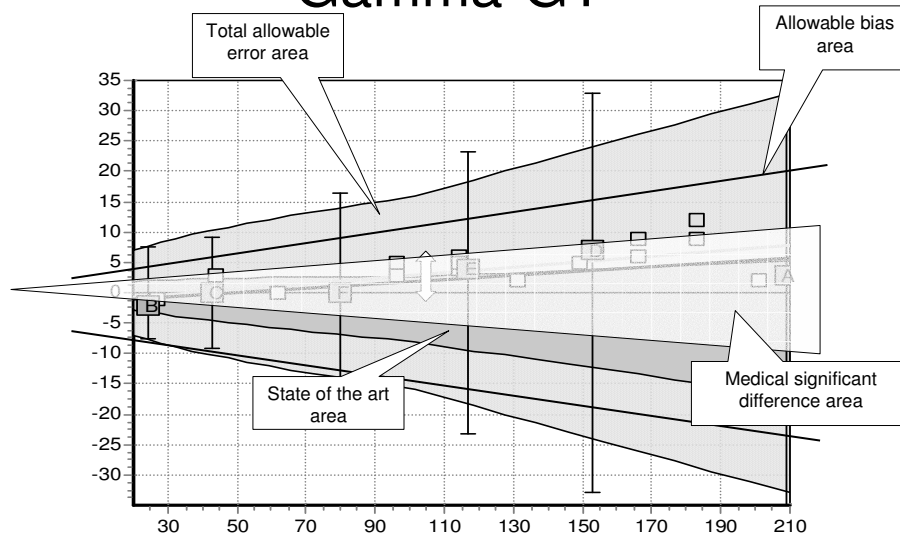
- Total allowable error $1.65 \times CVa + B$
- Desirable SD $CVa = 0.5 CVw$
- Allowable bias $B = 0.25 \sqrt{(CVw^2 + CVb^2)}$
- Medically significant difference
 $\Delta_{med} = 2.77 \times \sqrt{(CVa^2 + CVw^2)} + \Delta SE$
 $\Delta_{med} = 3.1 CVw$ if $\Delta SE = 0$
 $\Delta SE < 0.33 CVw$ if $CVa = 0$

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Gamma-GT

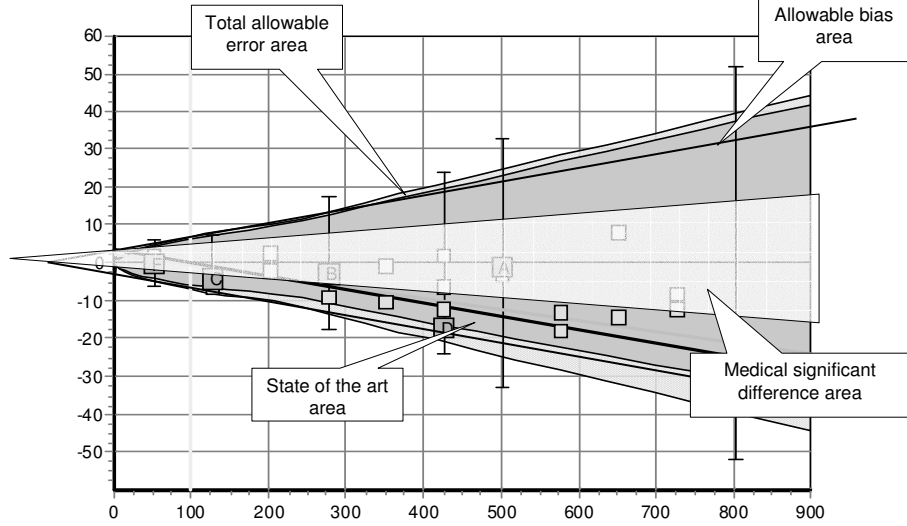


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Creatinine

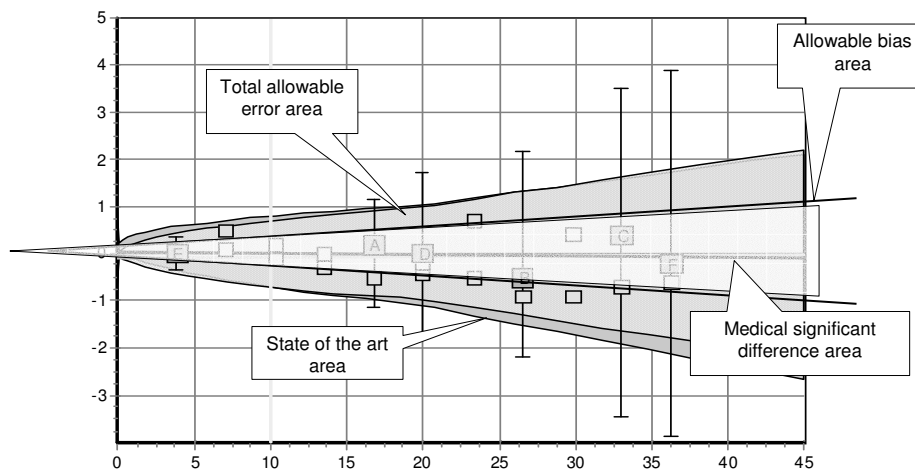


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Glucose



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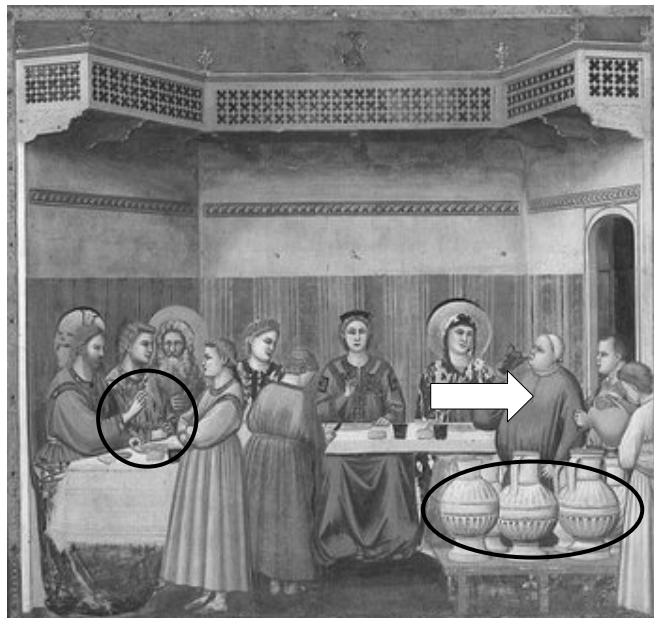
Did we find the Grail?

- Post marketing surveillance is possible
- Does the traceability system guarantee patient security?

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Post marketing surveillance is
started but
the Grail is not yet found

- Commutable plasma instead of serum?
- Reference method targets
- Variance criteria based on allowable bias and medically significant difference?