

# CIRME

## The Centre for Metrological Traceability in Laboratory Medicine (CIRME): scope and activities

*Mauro Panteghini*  
*CIRME Director*

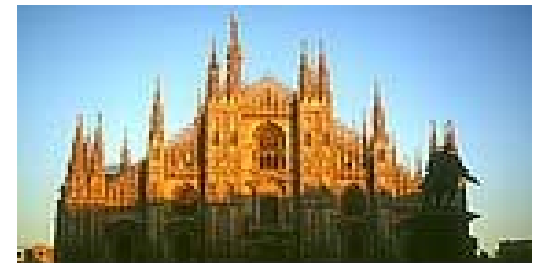


UNIVERSITÀ DEGLI STUDI  
DI MILANO

Centro Interdipartimentale per  
la Riferibilità Metrologica in  
Medicina di Laboratorio  
(CIRME)

Direttore: Prof. Mauro Panteghini

sito web: <http://users.unimi.it/cirme>



# Outline

- Introductory remarks
- Scope of CIRME
- CIRME activities
- Examples of ongoing projects

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# Comparability in Laboratory Medicine

- Interchangeability of results over time and space would significantly contribute to improvements in healthcare, since results of clinical studies undertaken in different locations or times could be universally applied

Standardize clinical decision limits  
(i.e., cutpoints for intervention)



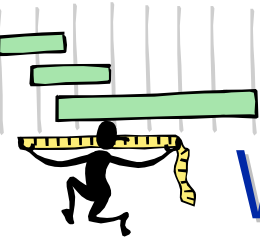
Effective application of  
evidence-based medicine

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# Why comparability?

- Use of clinical guidelines is becoming more and more prominent in the clinical practice
- Analytes in these guidelines (glucose, HbA<sub>1c</sub>, PSA, creatinine (eGFR), etc.) have specific cutoffs that are independent of the assay used
- To globally utilize these cutoffs, the assay results for the analyte in question must be comparable:  
TO BE COMPARABLE THEY MUST BE "TRACEABLE"



# What is metrological traceability?

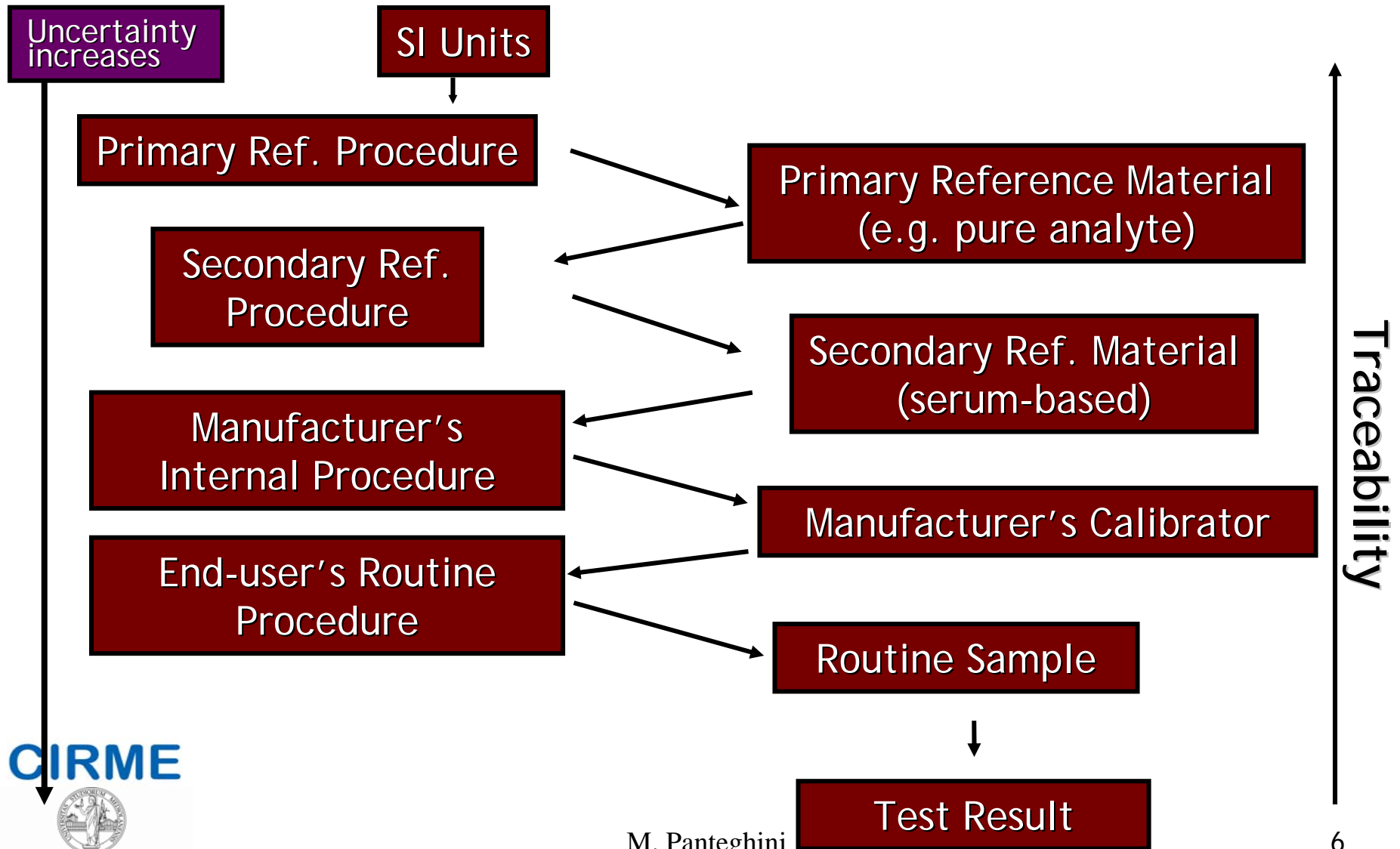
Property of the result related to national or international standards through an unbroken chain of comparisons all having stated uncertainties

Objective → To enable the results obtained by the calibrated routine procedure to be expressed in terms of the values obtained at the highest available level of the calibration hierarchy

## NOTES

1. The concept is often expressed by the adjective “traceable”
2. The unbroken chain of comparisons is called a “traceability chain”

# Reference Measurement System





# Legal Background for the Use of Metrologically Correct Measurement Systems in Laboratory Medicine

## Requirement of the EU 98/79/EC-IVD Directive:

The traceability of values assigned to calibrators and/or control materials must be assured through available reference measurement procedures and/or available reference materials of a higher order

[Annex I - Essential Requirements (Part A. General Requirements)]

*Official Journal of European Communities (1998)*



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# How to fulfill these essential requirements?

Through the availability of:

- Reference materials
- Reference methods
- Reference laboratory services

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# Joint Committee on Traceability in Laboratory Medicine



Other key stakeholders:

- Producers of Reference Materials
- Regulatory Bodies
- IVD Industry
- EQAS Organizations

## Objectives and Purpose

To support comparability and equivalence of measurement results in Laboratory Medicine for the purpose of improving healthcare, through worldwide accepted traceability effort following the principles of metrology

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To support IVD manufacturers in registration and licensing the CE label conforming with the EU directive



# What has JCTLM delivered?

The World's only quality-assured database of:

- a) Higher Order Reference Materials
- b) Higher Order Reference Measurement Procedures
- c) Laboratory Reference Measurement Services

<http://www.bipm.org/en/committees/jc/jctlm/jctlm-db/>

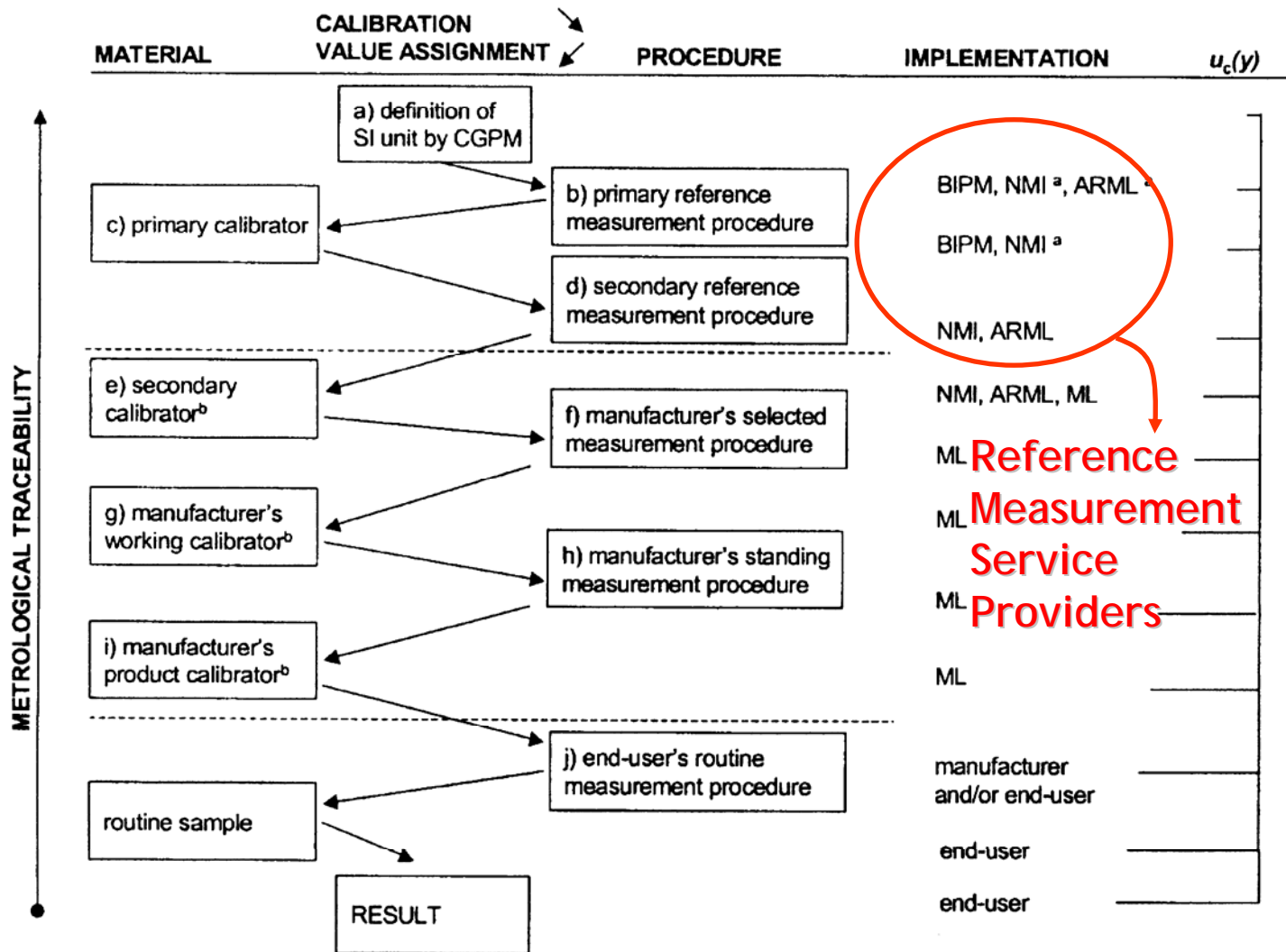
For use by (primarily):

- a) IVD industry (to ensure that results produced by IVDs are traceable to)
- b) Regulators (to verify that results produced by IVDs are traceable to)

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# Traceability implementation



ISO 17511:2003. *In vitro diagnostic medical devices - Measurement of quantities in biological samples - Metrological traceability of values assigned to calibrators and control materials.*



## Reference Measurement Service Providers

Laboratories have been assessed according to the following criteria:

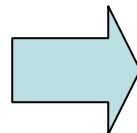
- a) metrological level of the employed reference measurement procedure (compliance with the JCTLM list).
- b) accreditation to ISO 17025/15195 standards (for each individual measurand as calibration laboratory) or link to a national metrology institute.
- c) demonstration of their competence by regular comparative measurements in specific EQAS.

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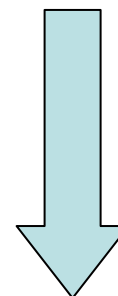


# A Clearer Implementation of the IVD Directive

EU - IVD - Directive



Ref. Materials, Methods, Labs



IVD Industry

Conformity and Traceability

Uniform Calibration

Comparability of Patient Results

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# CIRME

## The Centre for Metrological Traceability in Laboratory Medicine (CIRME)

*created on June 2006 with the scope to join in a sole entity scientists and activities of various Departments of the University of Milan interested in the development of reference methods and calibration materials of high metrological order in the field of biomedical diagnostics.*



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## CIRME reference measurement services in the JCTLM list

### List of reference measurement services

This file was created on 29 October 2007 from the JCTLM-DB website (<http://www.bipm.org/jctlm/>)

Your search criteria: Reference measurement services; Analyte: ALT; Analyte category: Enzymes; Matrix category: -

<b>CIRME, Italy</b>	
<b>Phone</b> : +39 02 3904 2806	<b>Contact person</b> : Prof. Mauro Panteghini
<b>Fax</b> : +39 02 5031 9835	<b>Email</b> : mauro.panteghini@unimi.it
<b>Analyte</b>	alanine aminotransferase (ALT)
<b>Material or matrix</b>	blood serum, blood plasma
<b>Applicable material or matrix</b>	human serum or plasma (heparin); lyophilized, fresh, or frozen
<b>Quantity</b>	Catalytic activity concentration
<b>Service measurement range</b>	3.8 U/L to 250 U/L
<b>Expanded uncertainty (level of confidence 95%)</b>	(not available) to 2.0% The uncertainty of the lower limit of the measurement range is not available as this enzyme value is clinically irrelevant
<b>Interlaboratory comparison results</b>	RELA - IFCC External Quality assessment scheme for Reference Laboratories in Laboratory Medicine at <a href="http://www.dgkl-rfb.de:81/index.shtml">http://www.dgkl-rfb.de:81/index.shtml</a>  Siekmann et al., <i>Clin. Chem. Lab. Med.</i> , 2002, <b>40</b> , 739-745
<b>Measurement principle</b>	Kinetic spectrophotometry
<b>JCTLM reference measurement method/procedure</b>	IFCC reference measurement procedure (37 °C) for ALT

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## CIRME reference measurement services in the JCTLM list

### List of reference measurement services

This file was created on 29 October 2007 from the JCTLM-DB website (<http://www.bipm.org/jctlm/>)

Your search criteria: Reference measurement services; Analyte: HbA1c; Analyte category: Proteins; Matrix category:

-

<b>CIRME, Italy</b>	
<b>Phone</b> : +39 02 5031 8323	<b>Contact person</b> : Prof. Andrea Mosca
<b>Fax</b> : +39 02 5031 8391	<b>Email</b> : andrea.mosca@unimi.it
<b>Analyte</b>	glycated hemoglobin (HbA1c)
<b>Material or matrix</b>	whole blood
<b>Applicable material or matrix</b>	human whole blood or human erythrocytes; lyophilized, fresh, or frozen
<b>Quantity</b>	Amount-of-substance fraction
<b>Service measurement range</b>	5 mmol/mol to 150 mmol/mol The lower limit of detection has been empirically determined in the laboratory
<b>Expanded uncertainty (level of confidence 95%)</b>	(Not applicable) to 2.0% The uncertainty of the lower limit of the measurement range is not available
<b>Interlaboratory comparison results</b>	RELA - IFCC External Quality assessment scheme for Reference Laboratories in Laboratory Medicine at <a href="http://www.dgkl-rfb.de:81/index.shtml">http://www.dgkl-rfb.de:81/index.shtml</a> IFCC Network of Reference Laboratories for HbA1c at <a href="http://www.ifcchba1c.net/">http://www.ifcchba1c.net/</a>
<b>Measurement principle</b>	Quantification of specific peptides isolated and quantified by Capillary Electrophoresis and Mass Spectrometry
<b>JCTLM reference measurement method/procedure</b>	IFCC method for HbA1c (Two equivalent detection methods)

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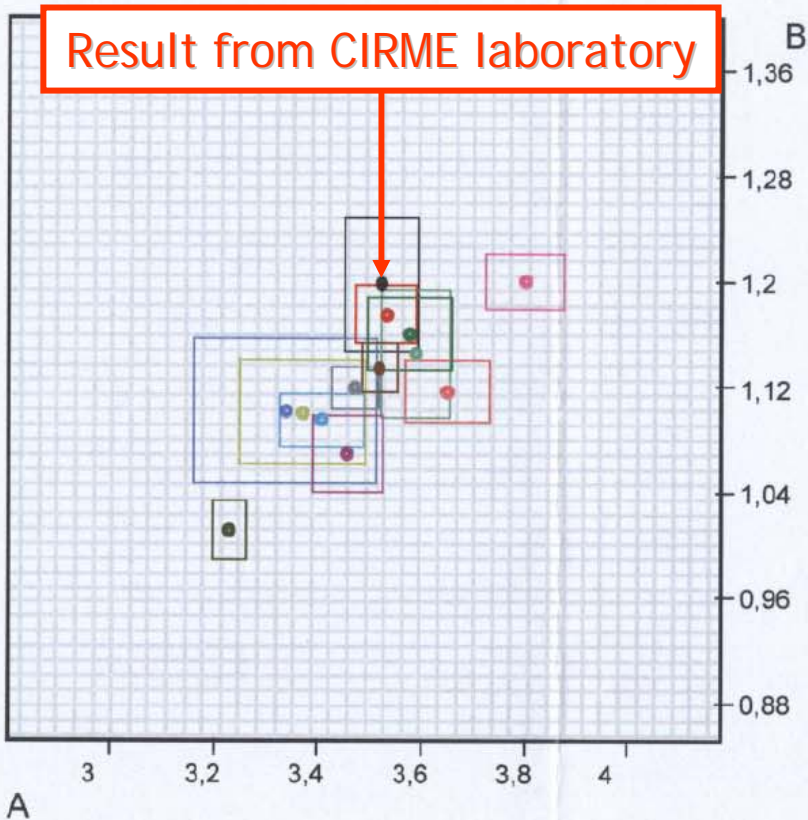




# Participation to the IFCC ring trials for Reference Laboratories (RELA)

RELA 2006

ALT [ukat/l]



Evaluation for LabCode 06

Lab	A	e.u.	B	e.u.	method
●	3,648	0,080	1,115	0,023	kinetic spectrophotometry (IFCC)
06 ●	3,522	0,070	1,197	0,050	kinetic spectrophotometry (IFCC)
●	3,37	0,12	1,1	0,039	kinetic spectrophotometry (IFCC)
●	3,587	0,065	1,143	0,048	kinetic spectrophotometry (IFCC)
●	3,406	0,080	1,093	0,020	kinetic spectrophotometry (IFCC)
●	3,336	0,177	1,101	0,055	kinetic spectrophotometry (IFCC)
●	3,799	0,074	1,200	0,021	kinetic spectrophotometry (IFCC)
●	3,471	0,045	1,119	0,016	kinetic spectrophotometry (IFCC)
●	3,457	0,068	1,069	0,029	kinetic spectrophotometry (IFCC)
●	3,531	0,058	1,174	0,022	kinetic spectrophotometry (IFCC)
●	3,518	0,035	1,134	0,018	kinetic spectrophotometry (IFCC)
●	3,228	0,033	1,010	0,023	kinetic spectrophotometry (IFCC)
●	3,577	0,082	1,159	0,027	kinetic spectrophotometry (IFCC)

Results of IFCC ring trials are available at:  
<http://www.dgkl-rfb.de:81>

M. Panteghini

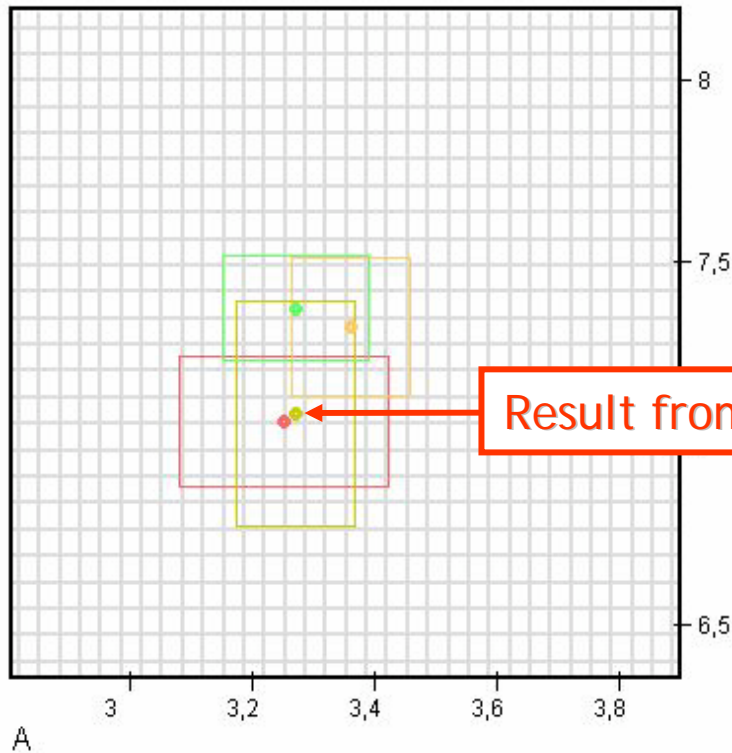
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# Participation to the IFCC ring trials for Reference Laboratories (RELA)

RELA 2006

HbA1c [%]



B

Lab	A	e.u.	B	e.u.	method
10	3,25	0,171	7,06	0,179	IFCC
27	3,36	0,096	7,32	0,192	IFCC
43	3,27	0,096	7,08	0,312	IFCC
52	3,27	0,12	7,37	0,144	IFCC

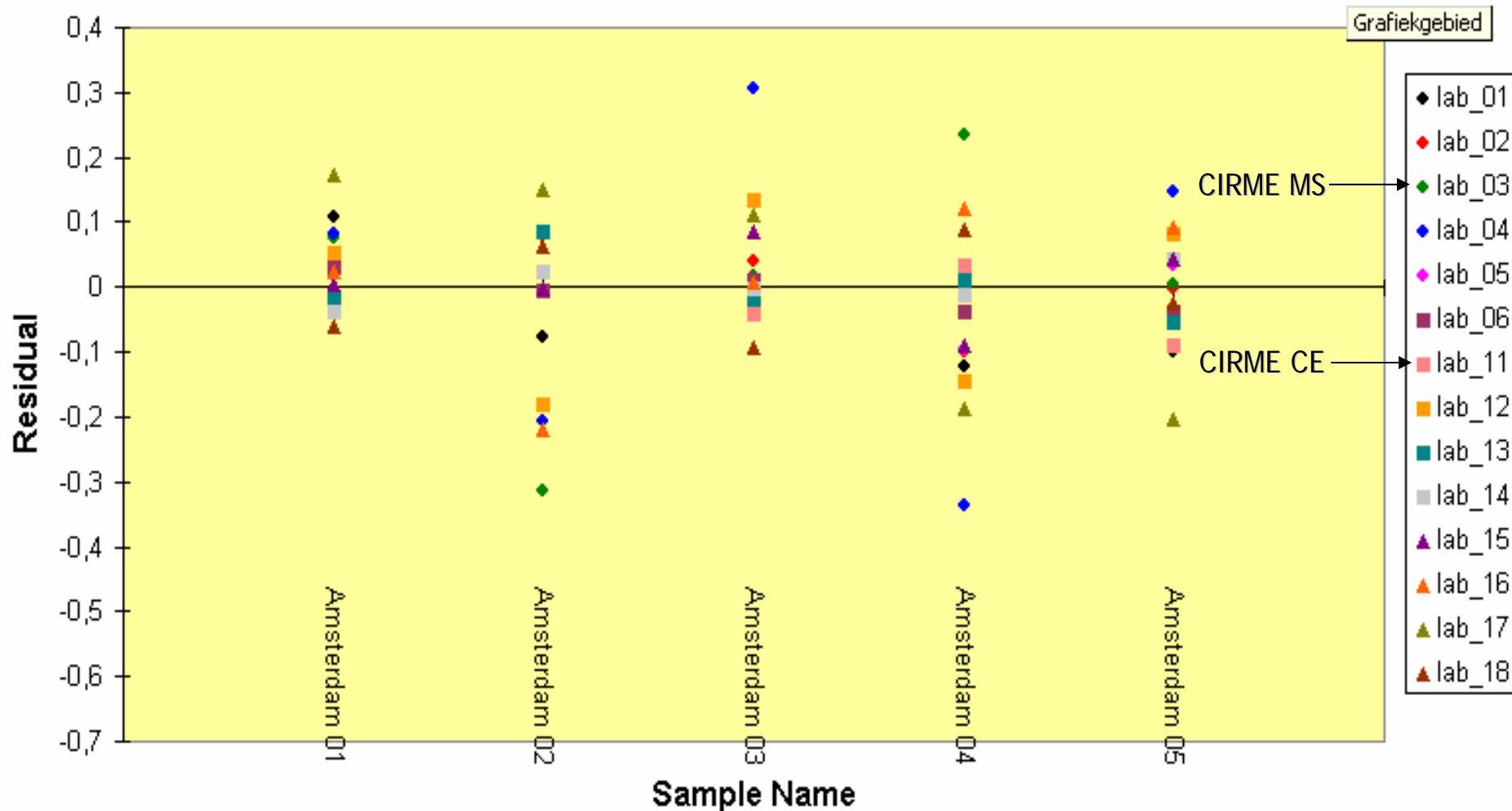
Result from CIRME laboratory

Results of IFCC ring trials are available at:  
<http://www.dgkl-rfb.de:81>

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In addition, to warrant continuity, stability and further reliability, the CIRME reference laboratories participate in the IFCC network studies





SERVICES

*Certification of Reference Materials*



In cooperation with producers of RMs

*Target-setting for EQAS*



In cooperation with EQAS organizers

*Validation of Diagnostic Kits/Instruments*



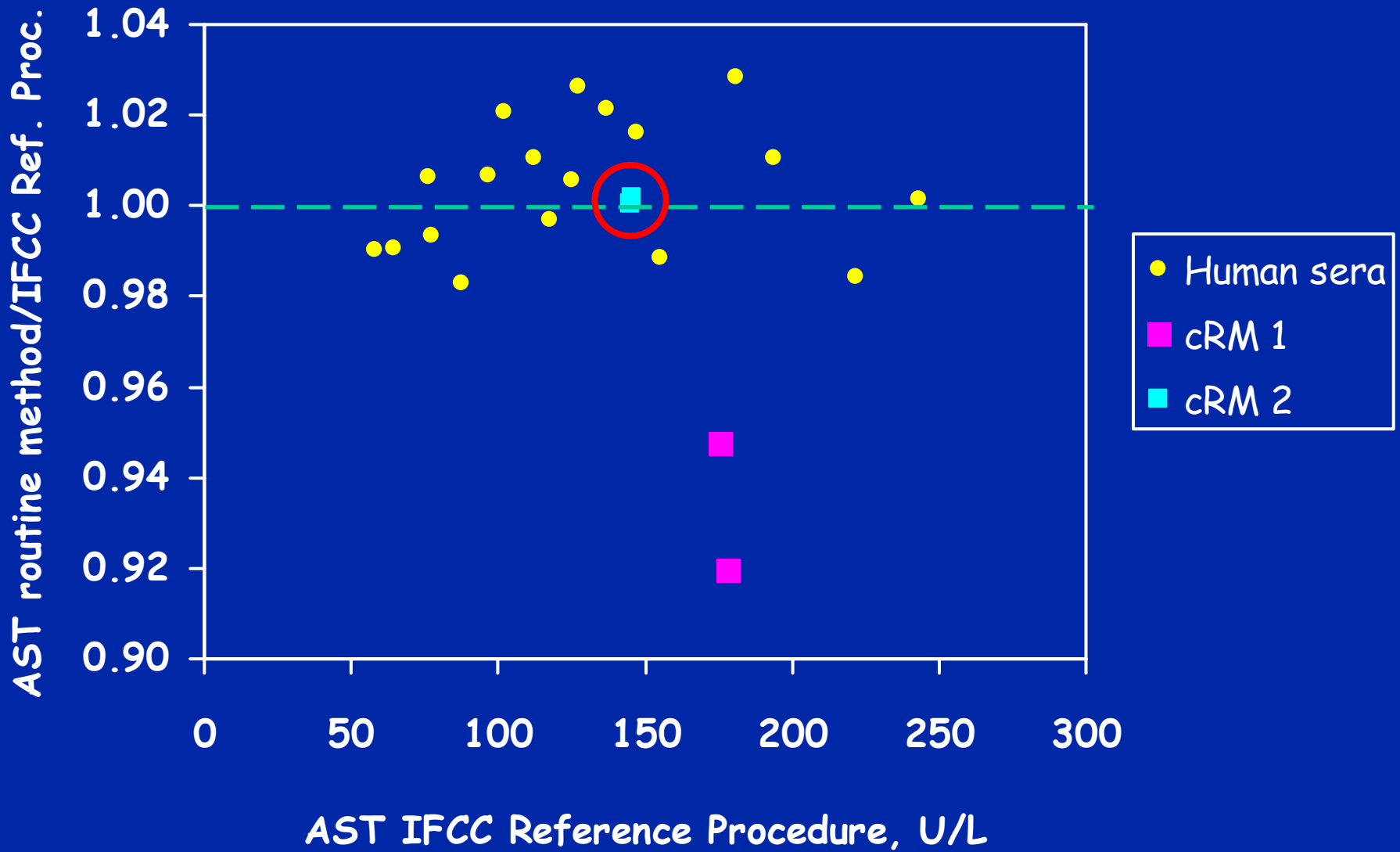
In cooperation with manufacturers

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CIRME Reference Laboratories

# AST reference material



# AST feasibility study

## I. Summary

<i>Average results obtained by 12 labs</i>	<b>Pool of serum</b>	<b>RELA A</b>	<b>RELA B</b>
<b>Average (U/L)</b>	110.08	233.10	191.29
<b>StDev of average (U/L)</b>	3.25	8.53	6.30
<b>RSD of average (%)</b>	2.95	3.66	3.29
<b>Standard <math>u_{\text{char}}</math> (U/L)</b>	0.94	2.46	1.82
<b>Relative <math>u_{\text{char}}</math> (%)</b>	0.85	1.06	0.95

Where StDev= standard deviation; RSD = relative standard deviation,  $u_{\text{char}}$  = uncertainty contribution from characterisation (standard  $u_{\text{char}}$  corresponds to the standard error of the average; relative  $u_{\text{char}}$  corresponds to the relative standard error of the average).

CI The feasibility results combined with the results of the homogeneity study allow us to expect an expanded uncertainty of around 4% for the assigned value of the candidate reference material, which is similar to the expanded uncertainty of the other IRMM reference materials for enzymes.

# Reference material ERM-DA470

## Human Serum Proteins

Cooperation with IRMM and the IFCC Committee on Plasma Proteins for the preparation of the new reference material for plasma proteins [ERM-DA470]:

- serum collection, *completed*;
- selection of 18 laboratories participating in the value transfer, *completed*;
- lab feasibility study, *completed*;
- value transfer campaign for 14 plasma proteins (Autumn 2007);
- availability of the certified material (June 2008).

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# IFCC Project for Standardization of Myoglobin Immunoassays

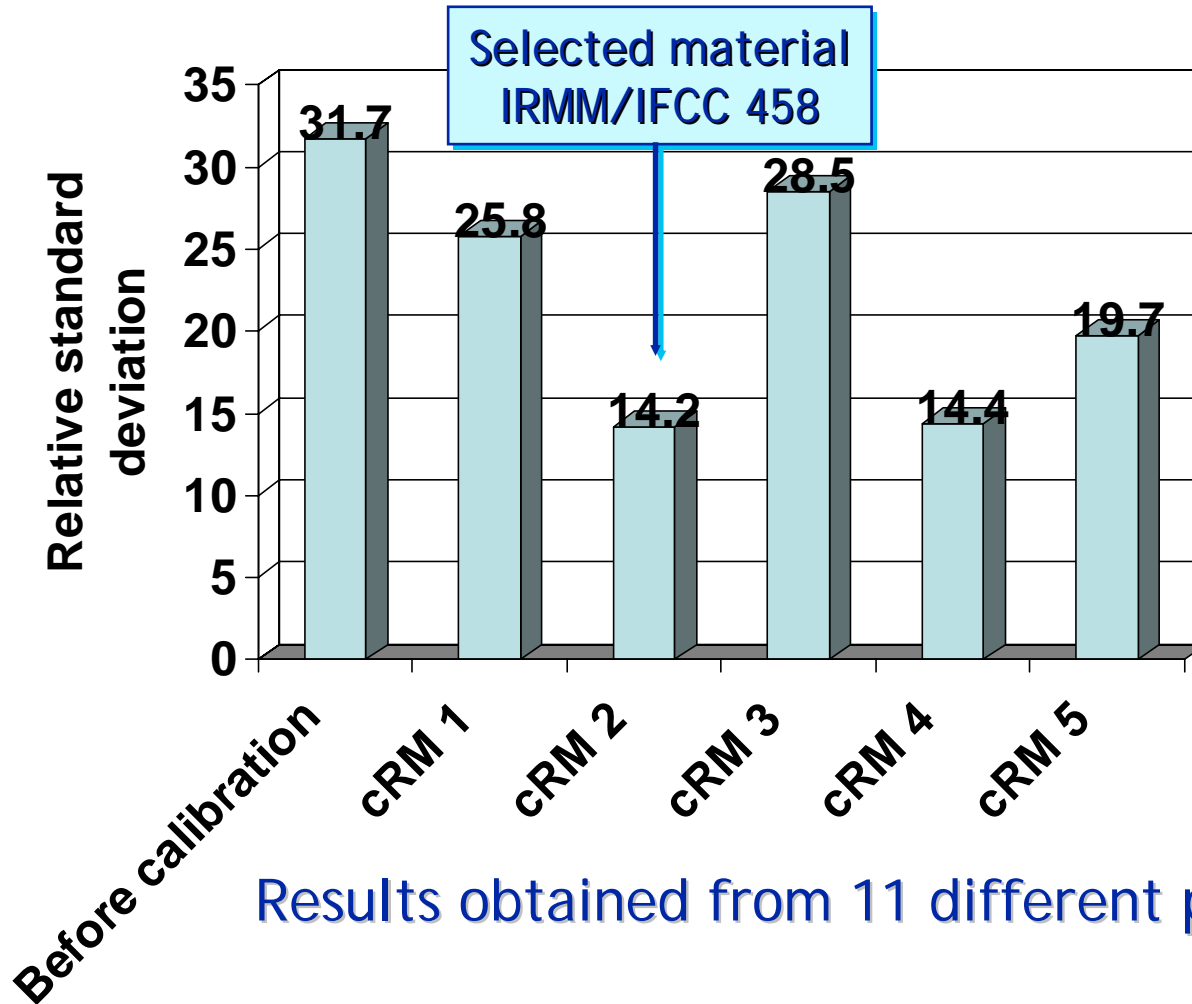
PURPOSE → to determine the suitability of 5 candidate secondary RMs in relation to linearity, recovery rate and commutability

Sources of candidate reference materials for myoglobin

Material	Form	Composition	Nominal value (µg/l)	Manufacturer
cRM#1	lyophilized	myoglobin in bovine serum albumin	700	BioMerieux
cRM#2	lyophilized	human serum spiked with myoglobin	600	HyTest
cRM#3	lyophilized	human serum spiked with myoglobin	650	BioProcessing
cRM#4	frozen liquid	human serum spiked with myoglobin	677	Scipac
cRM#5	frozen liquid	myoglobin in bovine serum albumin	750	Spectral



# IFCC Project for Standardization of Myoglobin Immunoassays



Results obtained from 11 different platforms

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# Current status of the project

- After production, the material was stored at IRMM and part of the batch was stored at different temperatures under isochronous conditions for a stability study (short and long-term). These samples are now ready for analysis as well as some samples foreseen for homogeneity testing. These studies are performed by CIRME.
- After this phase, the value assignment of the material will be performed using an LC-MS-MS method developed in a collaborative project with IRMM.

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# Reference Materials for Hemoglobins A<sub>0</sub> and A<sub>2</sub>

Available c/o CIRME (Dept. Science and Biomedical Technology)

## Primary:

- Pure HbA<sub>0</sub> and HbA<sub>2</sub> (three batches produced so far)

## Secondary:

- Lyophilized hemolysates;
- Production process started on May 2007;
- Preliminarily tested for stability and commutability for 3 HPLC methods;
- In cooperation with IRMM and IFCC

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# Reference Measurement Procedure for HbA<sub>2</sub>

## Principle

HbA<sub>2</sub> ratio to whole hemoglobin is determined as ratio of a delta chain specific peptide to an alpha chain specific peptide.

Peptides are obtained by treating total red blood cell lysate with trypsin.

Peptide mixture is analyzed by HPLC-ESI/MS.

Calibration is performed against primary ref. materials (mixtures of HbA<sub>2</sub> and HbA<sub>0</sub> materials).

The SOP has been defined and implemented in 2 reference laboratories: one is from CIRME.

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# Reference Measurement Procedure for Alkaline Phosphatase (ALP)

**Optimum reaction conditions for the determination of the catalytic concentration of ALP at the measurement temperature 37 °C**

The optimized reaction conditions of the IFCC reference procedure at a measurement temperature of 30 °C<sup>1</sup> were reinvestigated for a measurement temperature 37 °C.

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<sup>1</sup> Tietz, N.W., Finkler, A.D., Shaw, L.M. (1983)  
IFCC Methods for the Measurement of Catalytic Concentrations of Enzymes. Part 5. IFCC Method for Alkaline  
Phosphatase. IFCC Document Stage 2, Draft 1.  
J. Clin. Chem. Clin. Biochem. 21, 731-748

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## *IFCC/IRMM study*

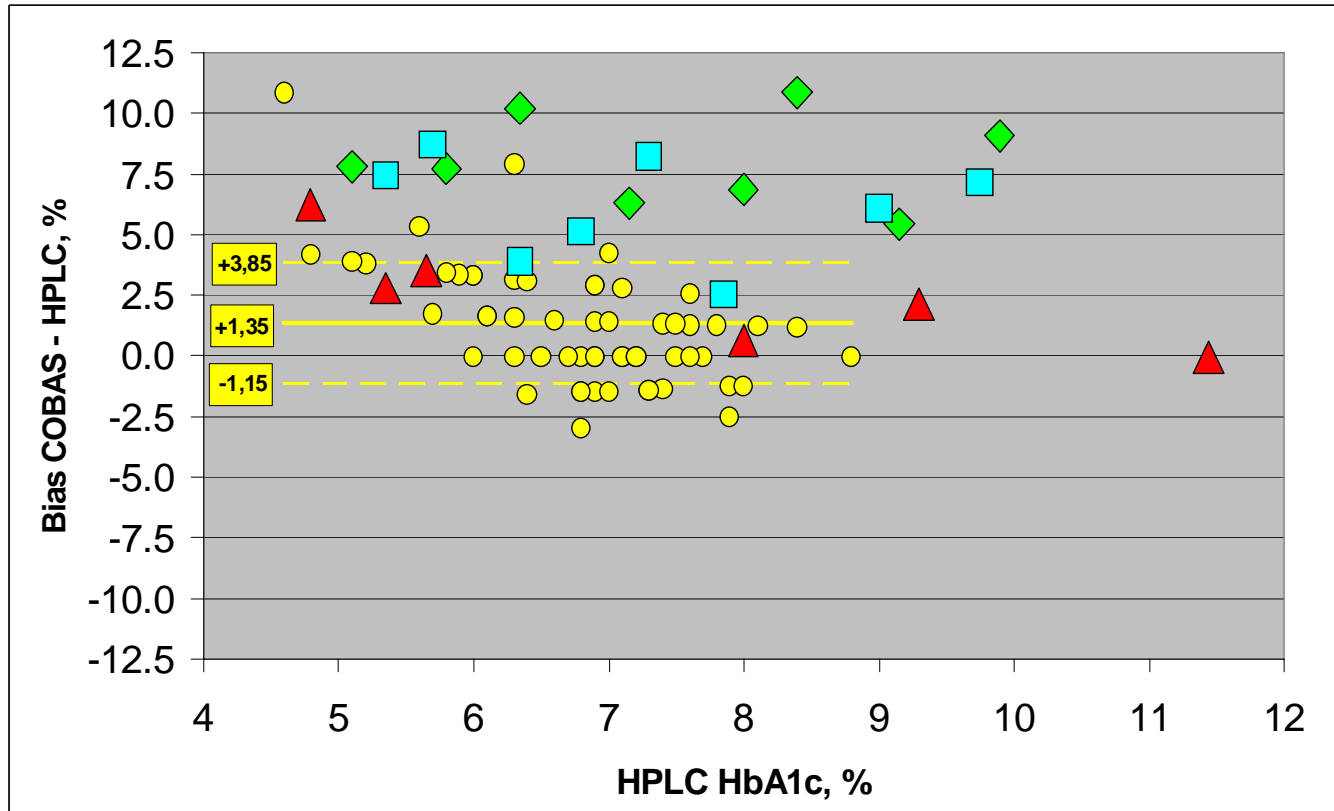
Testing transferability of the candidate reference procedure for measurement of the catalytic concentration of ALP

- The state of the evaluation of the IFCC reference procedure for ALP at 37 °C requires now a multicentre study.
- For that purpose, 7 laboratories with experiences in spectrometric kinetic reference analysis of catalytic concentration of enzymes have been recruited to take part in the study.

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# Evaluation of commutability of EQAS materials



# IFCC Committee on Reference Intervals and Decision Limits (C-RIDL)

## Multicentre Reference Interval Study for AST, ALT & $\gamma$ GT

- Preparation of a protocol for collaborative experiments on the establishment of reference values using assays traceable to reference systems
- Production of “standardized” reference intervals for AST, ALT, and  $\gamma$ GT

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# IFCC Committee on Reference Intervals and Decision Limits (C-RIDL)

## Multicentre Reference Interval Study for AST, ALT & $\gamma$ GT

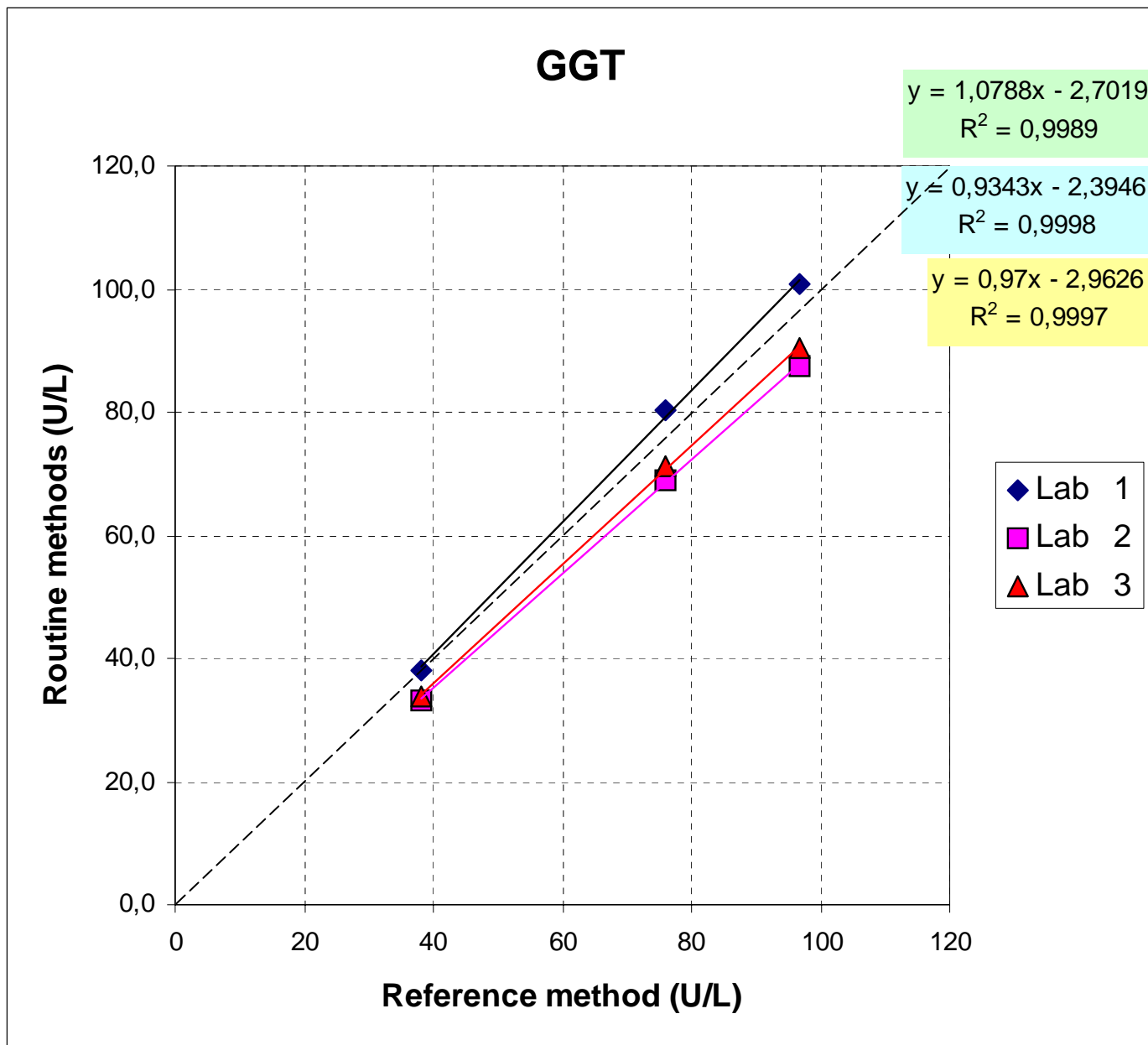
### 1. Preparation of the material for trueness/traceability control

- 3 serum pools at borderline concentrations, minimally processed (filtering, freezing at  $-80\text{ }^{\circ}\text{C}$ );
- value assignment by the reference method by three reference laboratories according to a defined protocol (three batches, two or three replicate measurements per batch).

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# Verification of trueness of the participating laboratories



# Traceability as a mean to obtain worldwide useful reference intervals

## *Premise*

Use of commercial assays that provide traceable results permits to employ “common” reference intervals (at least within homogeneous ethnic groups)

AST (U/L)	➡	F 15-34 M 18-42
ALT (U/L)	➡	F 7-41 M 9-55
GGT (U/L)	➡	F 13-43 M 14-59

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Centro Interdipartimentale per la Riferibilità  
Metrologica in Medicina di Laboratorio  
(CIRME)

under the auspices of the



Scientific Meeting

**STANDARDIZATION OF  
HETEROGENEOUS  
ANALYTE MEASUREMENTS:  
THE EXAMPLE OF  
HEMOGLOBIN A1c**

6 November 2007

MILANO

Aula Magna - Università degli Studi  
Via Festa del Perdono 7

**Programme**

10.00 **Meeting inauguration**  
Academic Authorities

**MORNING SESSION**

*Chairpersons: M.M. Mueller, F. Ceriotti*

10.30 **The Centre for Metrological Traceability in  
Laboratory Medicine (CIRME): scope and  
activities**  
M. Panteghini (Milano, IT)

11.00 **Defining HbA1c: the indispensable decision  
to approach measurement standardization**  
J.O. Jeppsson (Malmö, SE)

11.30 **The HbA1c network: structure, performance  
and rules**  
C. Weykamp (Winterswijk, NL)

12.00 **Implementation of the IFCC reference  
system for HbA1c in clinical practice:  
how to educate clinicians**  
G. John (Norwich, UK)

12.30 **Discussion**

13.00 **Break**

**AFTERNOON SESSION**

*Chairpersons: J. Hicks, A. Pontiroli*

14.00 **Appropriate ways of adopting the HbA1c  
standardization in clinical practice:  
the diabetologist's view**  
E. Ferrannini (Pisa, IT)

14.30 **Why we need traceability in Laboratory  
Medicine**  
M.M. Mueller (Vienna, AT)

15.00 **Standardization of hemoglobin A2: does  
HbA1c history repeat itself?**  
A. Mosca (Milano, IT)

15.30 **Discussion**

16.00 **Meeting conclusions**  
J. Hicks (Washington DC, US)

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