



## Zoektocht naar de Heilige Graal & de ideale rapportage

Christa Cobbaert  
Namens de sectie algemene chemie  
3 juni 2010

# ***SKML sectie algemene chemie***

**Dr. P.F.H. (Paul)  
Franck**

HAGA Ziekenhuis  
DEN HAAG



**Dr. ir. A.W.H.M.  
(Aldy) Kuypers**

Panteinziekenhuis  
BOXMEER



**Dr. R. (Robert)  
de Jonge**

Erasmus MC  
ROTTERDAM



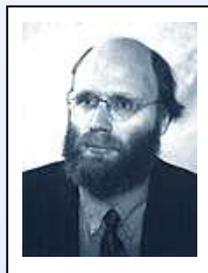
**Dr. Ch.M. (Christa)  
Boersma-Cobbaert**

LUMC  
LEIDEN



**Dr. C.W. (Cas)  
Weykamp**

Streekziekenhuis  
Kon. Beatrix  
WINTERSWIJK

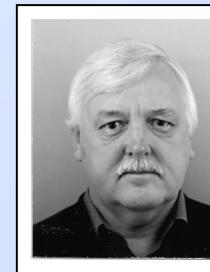


**Adviseurs:**

**H. Steigstra**



**W. de Jonge**



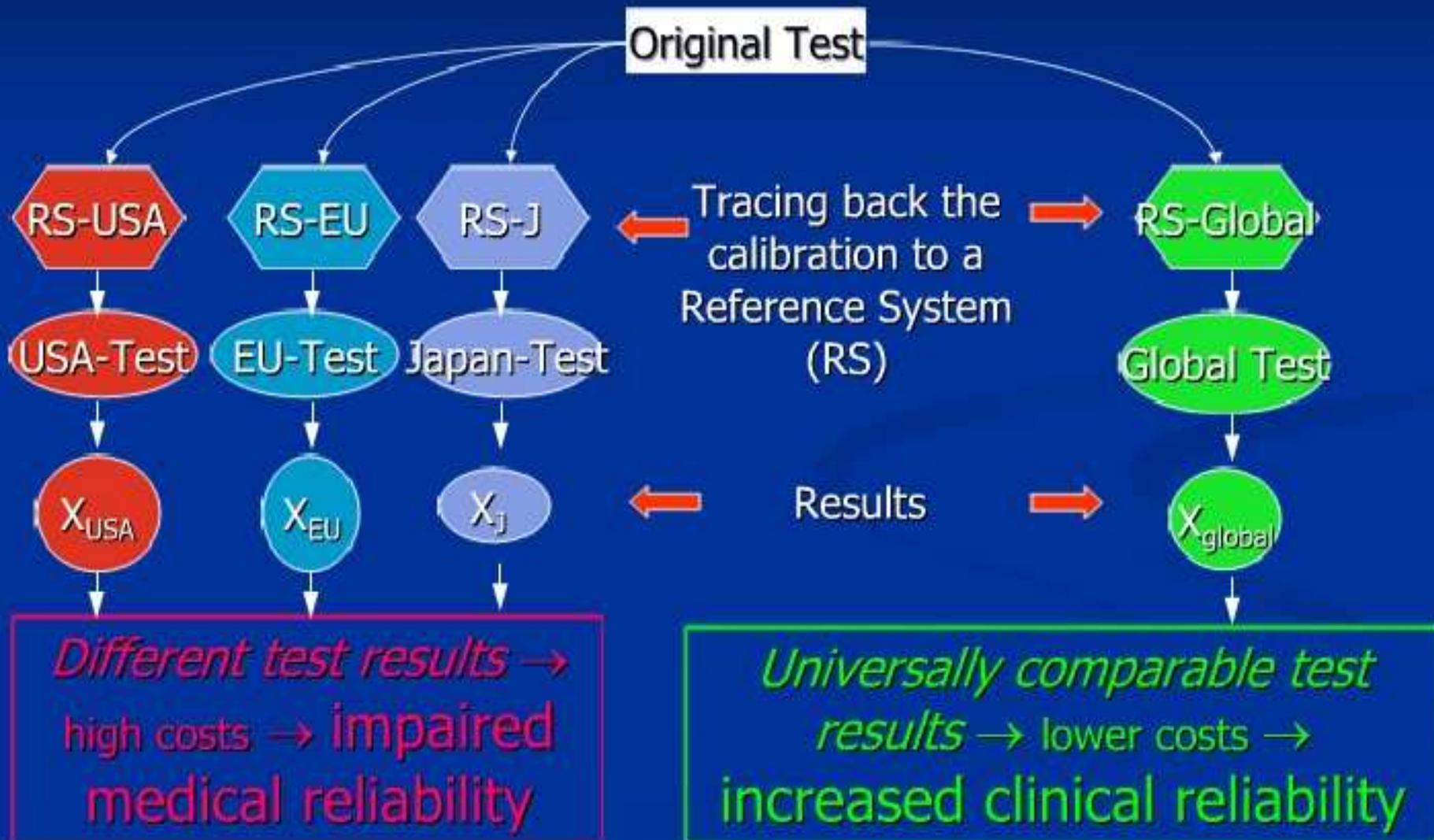
# ***Content***

- *Changing times*
- *Lessons learned & starting points*
- *Adaptability SKML section AC*
- *Output: the information pyramid*
  - *Day report and annual review report on top of the regular quarter report*
- *Conclusions*

# I. Changing times ...



# Need for Internationally Recognized Reference Measurement Systems



# 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

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

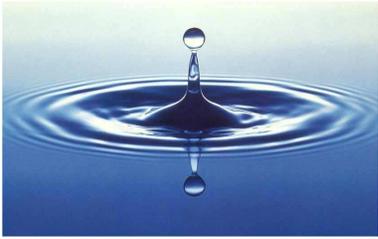
# Traceability & type A analytes

- Well defined “measurand”
- Concentrations expressed in SI-units
- Results are universal and not method-dependent
- About 65 analytes
  - e.g. glucose, elektrolytes, ureum, cholesterol, steroid hormones
- Complete traceability chain

# Standardization in laboratory medicine – primary goal

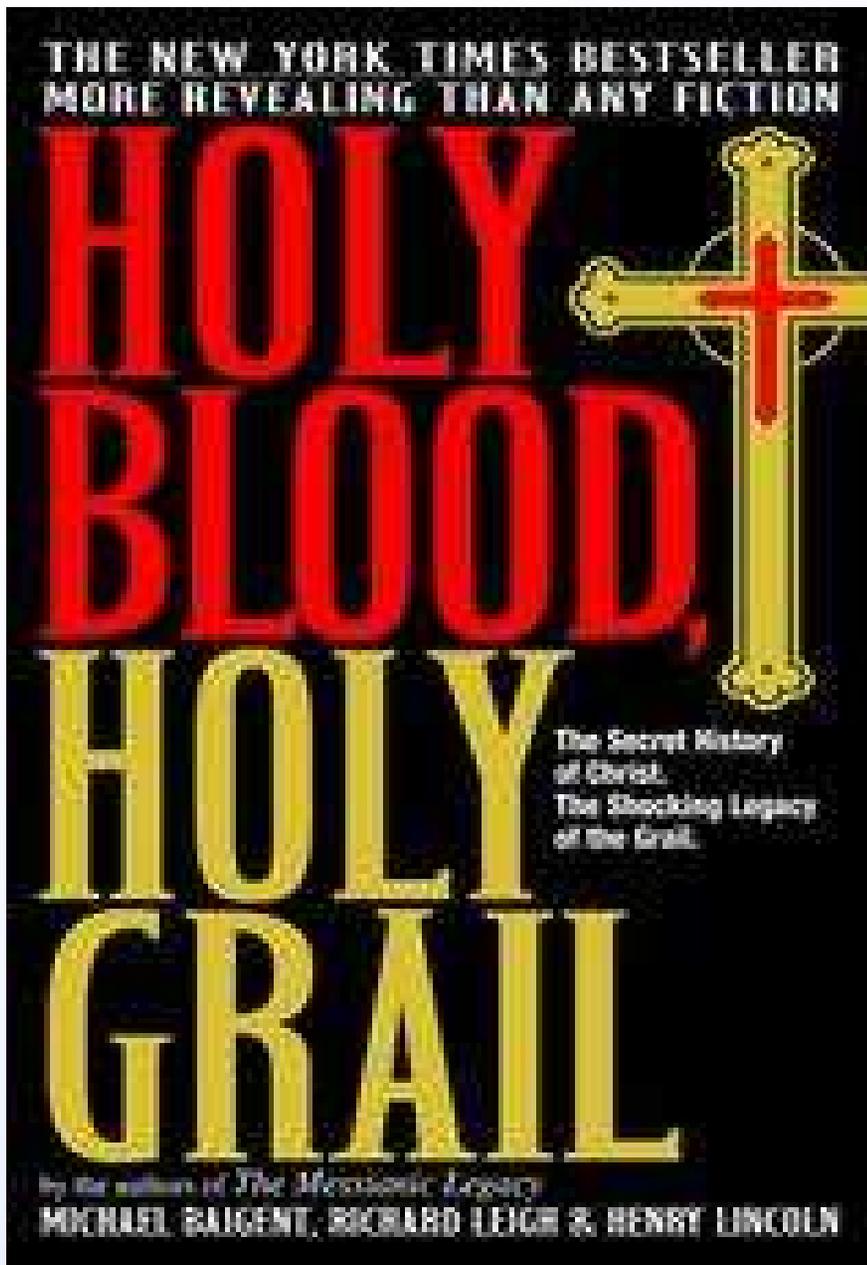
Measurement results should contribute to GMP for optimal patient care and patient safety:

- for risk classification
- for diagnosis
- for monitoring treatment



## **II. Calibration 2000 achievements**





## Taking lessons from Calibration 2000

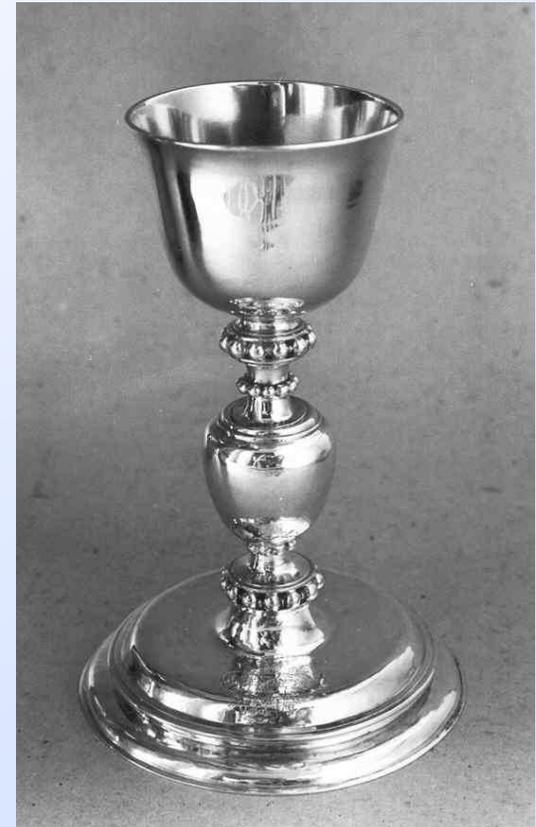
1. Commutable EQA materials
2. Value assigned for trueness verification / temporary recalibration
3. Scoring system based on biological variation and clinical relevance

→ COMBI NEW STYLE based on 3 pillars

Introduced in the Netherlands since 2005.

# Fresh frozen EQA-materials for general clinical chemistry analytes

1. Unequivocally characterized measurand
2. Human serum matrix
3. Liquid frozen
4. Not/minimally processed
5. Stable at - 70 °C (enzymes!)
6. Commutable (wet/dry chemistry)
7. No matrix effects
8. Value assigned and suitable for bias assessment



Holy Grail  
San Greal  
Sang Real

## **III. Adaptability...**



# Modernized EQA-design for clin. chemistry

1. 24 interdependent samples per year (12 pairs; linear relation!)
2. Volume 1 mL; liquid frozen
3. CLSI C37A material (lipids)!
4. Human Recombinant Enzymes
5. Yearly distribution on dry ice
6. Systematic concentration range (donor selection/spiking)
7. Systematic value assignment with JCTLM-endorsed RMs (18/25)

# Systematic concentration range

## *Spiking by accurate weighing*

Na - K -Cl - Ca - Mg - Li - P -ureum - creatinine  
uric acid - glucose - bilirubin

## *Spiking by arbitrary weighing*

ALP - ASAT -ALAT - LD -GGT -CK -amylase  
Fe – Fe-binding - osmolality

## *Adequate concentration range through donor selection*

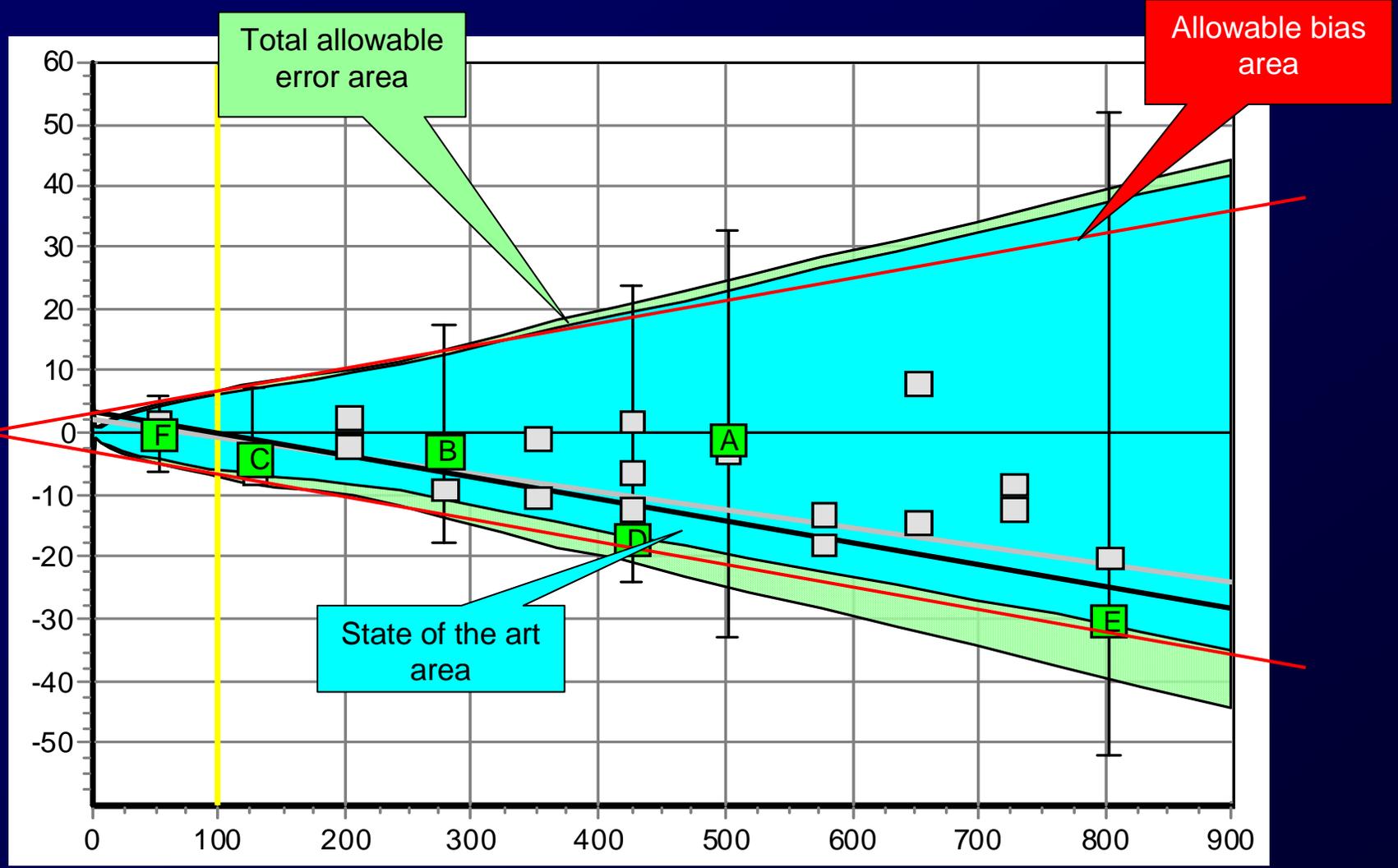
Cholesterol – HDLc - Triglycerides - LDLc  
Apo A1 - Apo B - Lp(a)  
Total protein and albumin

## *Low levels through dialysis*

Same category as spiking by accurate weighing

# Scoring system based on biological variation

A  
b  
s.  
b  
i  
a  
s



Target concentration in  $\mu\text{mol/L}$

## **IV.OUTPUT: the information piramid**



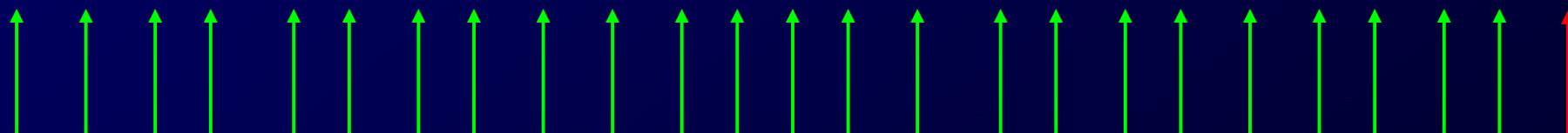
# Informatiepiramide



# NEW EQA-reports to participants

- Simple real-time **DAY REPORT**: only bias, trend in time, concentration can be examined
- **ANNUAL REVIEW REPORT** with method bias, recovery, linearity, precision, interlab CVs and interpretations, conclusions, recommendations

Jan - Feb - Mrt - Apr - Mei - Jun - Jul - Aug - Sep - Okt - Nov - Dec



24 interdependent EQA-samples

# I. Tussenrapport



Stichting Kwaliteitsbewaking  
Medische Laboratoriumdiagnostiek

Deelnemer :16

15 april 2010 10:28

Pagina 1

## Neonatale Bilirubine 2010.1

Bepaling		Uw resultaten		Landelijk			SA-Score		TE-Score	
		Gem.	V.C.	Gem.	V.C.	Referentie	2010.1	Cum.	2010.1	Cum.
Albumine	g/l	21,8	1,9%	21,1	3,1%		40	40	40	40
Kreatinine	µmol/l	13	28%	15	16%		12	12	12	12
Bilirubine	µmol/l	347	4,7%	355	2,3%		43	43	43	43



# II. Kwartaalrapport



## Combi Algemene Chemie

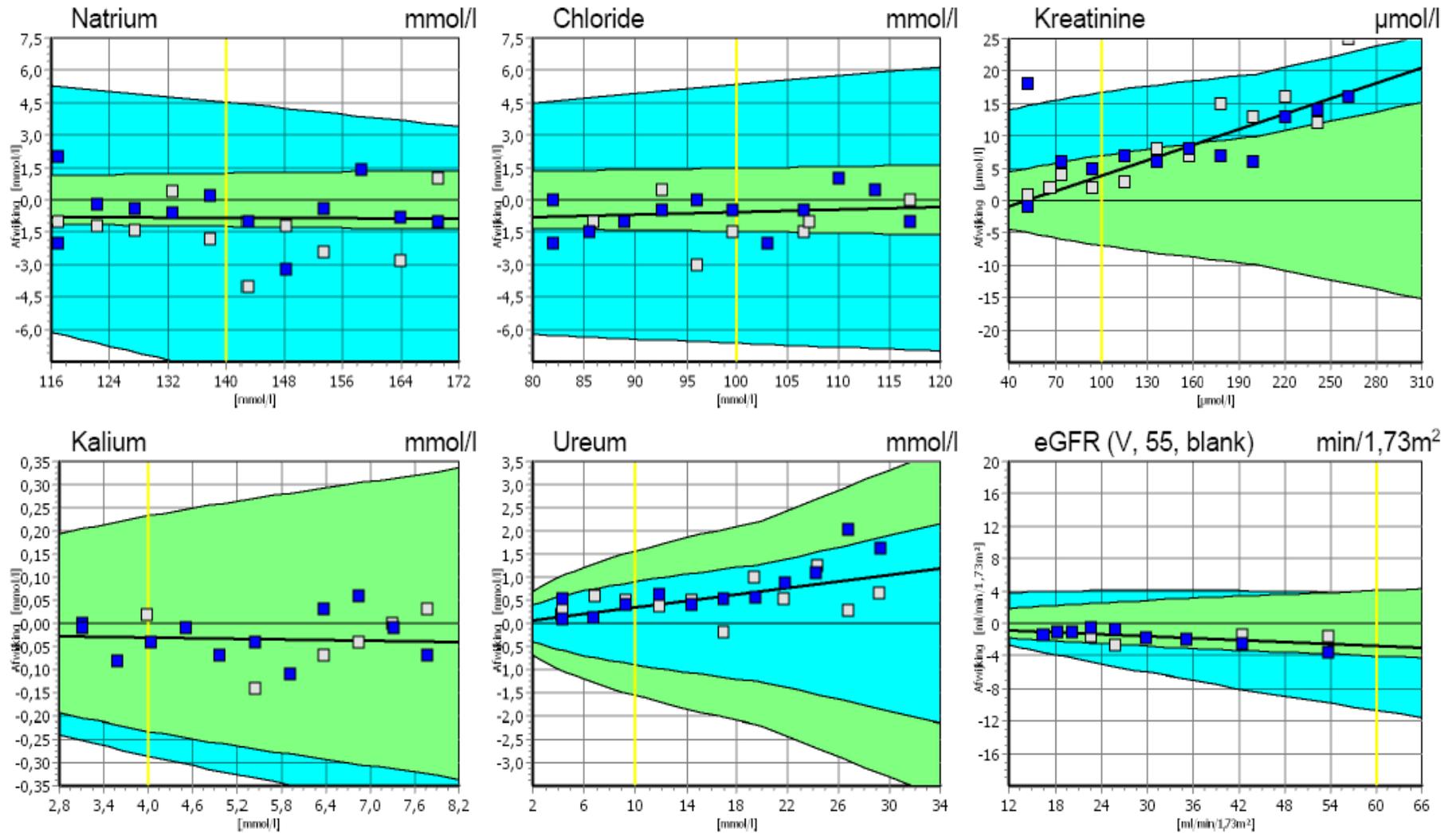
ALG. CHEMIE

Bepaling		Uw resultaten		Landelijk			SA-Score		TE-Score	
		Gem.	V.C.	Gem.	V.C.	Referentie	2005.1	Cum.	2005.1	Cum.
Natrium	mmol/l	134,3	0,31%	137,0	0,8%		100	98	0	38
Kalium	mmol/l	5,32	0,7%	5,42	1,0%		84	95	100	100
Chloride	mmol/l	97,5	0,23%	98,1	1,0%		100	100	100	63
Glucose	mmol/l	21,7	0,5%	22,0	1,8%		92	90	97	97
Magnesium	mmol/l	1,40	0,6%	1,45	2,0%		85	92	74	80
Calcium	mmol/l	2,78	1,8%	2,79	1,9%		99	95	81	68
Anorg. Fosfaat	mmol/l	1,82	1,0%	1,78	1,5%		83	94	89	97
Uraat	mmol/l	0,422	0,8%	0,419	1,7%	0,425	100	100	100	100
Ureum	mmol/l	23,4	1,0%	24,0	2,0%		95	83	100	100
Kreatinine	µmol/l	386	1,8%	384	1,1%	375,0	98	97	95	96
Bilirubine	µmol/l	47,9	0,9%	46,8	2,6%		83	97	96	99
Alk. Fosfatase	U/l	189	0,9%	189	2,4%		100	66	100	82
Gamma-GT	U/l	107	0,8%	97	2,1%	102,8	0	30	100	86
LD	U/l	465	3,2%	739	5,3%	465		7	100	15
ASAT	U/l	186	1,3%	189	1,7%	190,6	83	63	38	88
ALAT	U/l	51,0	2,2%	50,4	3,3%	49,9	100	89	100	100



Analyte		Juistheid				Regressie statistiek							Overall Score		
		Uw gem.	Toetsniveau Cons.	Ref.	Rank	Uw VC	VC all	Intercept	Slope	n	Uitb.	Rank	SDsa score	Total Error score	Rank TE
Natrium	mmol/l	139,2	138,1	140,0	81	1,0%	0,9%	0,994	24	0	36	100	53	85	
Kalium	mmol/l	3,98	3,96	4,00	75	0,9%	1,1%	0,994	24	0	72	100	100	91	
Chloride	mmol/l	99,3	99,2	100,0	63	0,9%	1,0%	0,993	24	0	68	100	76	70	
Ureum	mmol/l	10,4	10,0		31	1,5%	2,2%	1,037	24	4	82	95	99	49	
Kreatinine	µmol/l	105	109	100	39	1,9%	2,2%	1,055	24	2	64	94	66	44	
eGFR (V, 55, blank)	l/min/1,73m <sup>2</sup>	57	56	60	50	2,3%	2,7%	0,947	18	0	61	100	91	74	
Uraat	mmol/l	0,484	0,488	0,500	52	2,1%	1,7%	-0,012	0,993	24	0	100	100	100	
Osmolaliteit	mOsm./kg	291	300		4	0,6%	1,1%	0,970	24	2	88	100	9	4	
Calcium	mmol/l	2,50	2,52	2,50	100	1,2%	1,6%	-0,19	1,075	24	0	100	94	95	
Magnesium	mmol/l	1,09	1,04	1,00	2	2,0%	2,4%	1,094	24	2	63	81	9	5	
Anorg. Fosfaat	mmol/l	0,99	1,00		66	1,6%	1,8%	0,991	24	2	57	93	94	17	
IJzer	µmol/l	30,6	30,0		27	2,4%	1,5%	1,019	24	1	10	98	100	34	
Totaal ijzerb. cap.	µmol/l	41,8	45,0		29	4,0%	2,8%	-31,9	1,636	24	2	77	22	40	
Bilirubine	µmol/l	22,0	20,0		30	4,4%	3,5%	1,102	24	1	32	61	98	44	
Albumine	g/l	41,0	40,0		27	1,5%	1,7%	1,025	24	0	60	100	78	43	
Totaal Eiwit	g/l	73,3	70,5	70,0	5	1,5%	1,7%	1,047	24	1	58	99	22	7	
Alk. Fosfatase	U/l	154	150		55	1,5%	2,5%	1,029	24	4	81	98	98	52	
Gamma-GT	U/l	47	49	50	26	2,5%	2,0%	-2	0,993	24	0	95	100	65	
ASAT	U/l	44	48	50	8	5,1%	2,2%	0,887	24	1	8	67	70	11	
ALAT	U/l	44	48	50	15	1,9%	2,5%	0,888	24	1	74	90	95	33	
LD	U/l	473	697	500	40	7,1%	2,4%	0,945	24	0	8	0	92	49	
CK	U/l	152	147	150	83	1,8%	1,8%	1,011	24	0	52	99	100	100	
Amylase	U/l	260	316	250	51	1,2%	1,6%	4	1,025	24	1	72	0	100	48
Lipase	U/l	26,9	25,0		39	4,6%	4,3%	1,074	24	1	39	93	97	36	
Glucose	mmol/l	10,3	10,0	10,0	17	1,6%	1,6%	0,4	0,992	24	0	99	85	26	
Cholesterol	mmol/l	5,16	5,09	5,00	26	4,0%	1,9%	1,032	24	0	3	96	91	16	
Triglyceriden	mmol/l	2,03	2,00		74	1,7%	2,8%	1,016	24	3	88	94	98	17	
HDL-Cholesterol	mmol/l	1,02	1,00	1,00	62	1,9%	3,1%	1,019	24	1	88	96	96	61	
LDL-Cholesterol	mmol/l	3,09	3,00		48	2,6%	3,3%	1,030	24	1	65	96	96	38	
Pseudo Cholinesterase	kU/l	5,86	6,00		26	3,3%	2,0%	0,976	24	0	13	100	95	32	
hs-CRP	mg/l	-1,468	25,000		58	14%	16%	1,207	-0,107	6	0	75	0	92	
Apo A1 lipoproteïne	g/l	1,49	1,40		15	2,9%	3,7%	-0,27	1,260	24	1	79	98	75	18

Jaarrapport Combi Algemene Chemie 2009



= State of the Art
  = Total Error Budget
  = Toetsniveau
  = Uitslag
  = Duplo

# IIIa. Jaarrapport

# cont'd

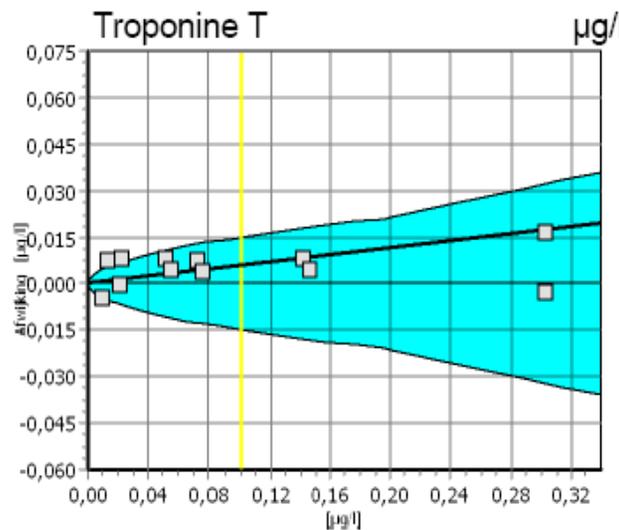
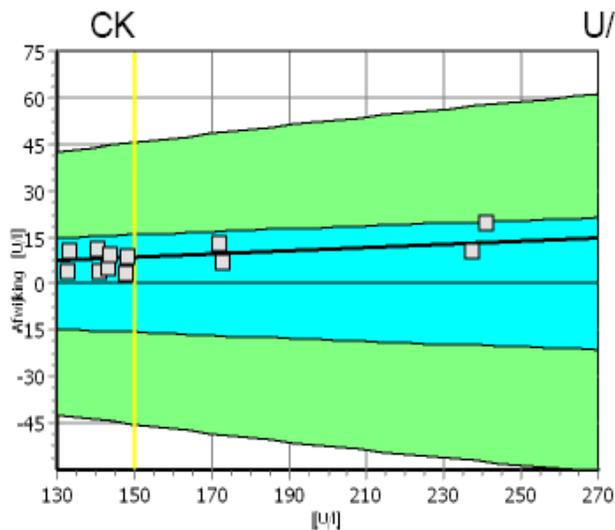
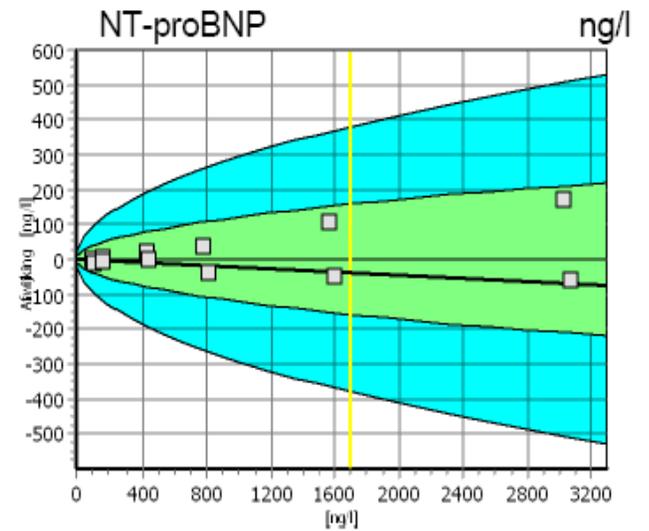
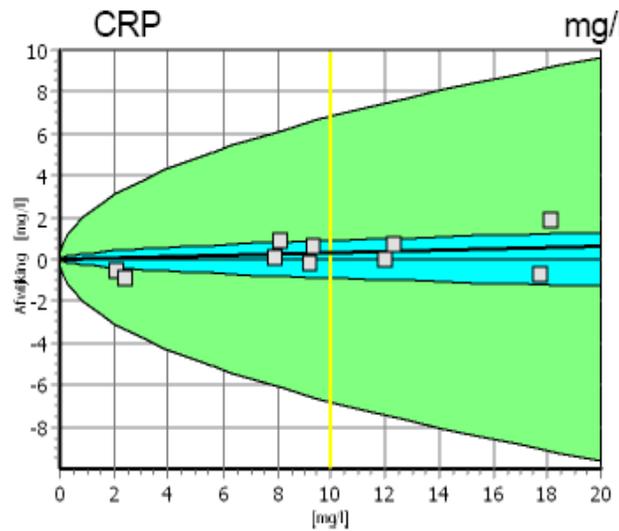
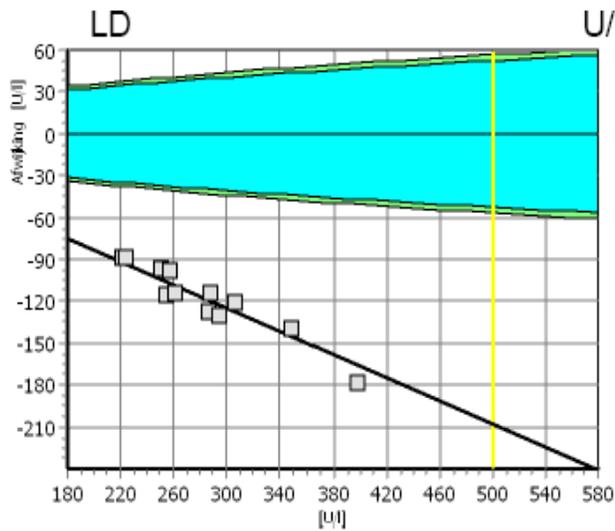


Stichting Kwaliteitsbewaking  
Medische Laboratoriumdiagnostiek

## Jaarrapport Hartmerkers 2009

Analyte	Juistheid			Regressie statistiek							Overall Score			
	Uw gem.	Toetsniveau		Rank	Uw VC	VC all	Intercept	Slope	n	Uitb.	Rank	SDsa score	Total Error score	Rank TE
		Cons.	Ref.											
LD	U/l	292	500	9	4,8%	2,1%	0,583	12	0	20	0	0	12	
CK	U/l	158	150	20	2,1%	1,5%	1,056	12	0	27	98	100	100	
CRP	mg/l	10,3	10,0	60	8,0%	4,5%	1,031	10	0	17	70	100	100	
Troponine T	µg/l	0,106	0,100	33	4,8%	6,1%	1,057	12	1	70	99	99	85	
NT-proBNP	ng/l	1658	1695	57	2,0%	2,0%	0,978	12	3	50	100	96	47	





= State of the Art   
  = Total Error Budget   
  = Toetsniveau   
  = Uitslag   
  = Duplo

# IIIb. Jaarbrief 2009

1. Inleiding
2. Gebruikte Instrumenten: op weg naar Vierstromenland
3. Commuteerbaarheid: zelfreflectie van de SKML
4. Kreatinine en e-GFR: hoe worden aanbevelingen opgevolgd?
5. LD: chaos in de rapportage
6. Hartmerkers: een veld in beweging
7. Bilirubine: de gevolgen van de herstandaardisatie
8. APOA1 en APOB: beter dan HDL-c en LDL-c?
9. HbA1c: steeds betere reproduceerbaarheid en juistheid
10. hs-CRP: kwaliteit van de meting in het lage meetgebied
11. Osmolaliteit: vergelijk van instrumenten
12. Woord van Dank
13. Enquête

# Doel jaarrapport en jaarbrief



## **Jaarrapport:**

*Review van een heel jaar*

*Voor hoofden laboratoria*

*Van belang bij formuleren nieuw beleid*

## **Jaarbrief:**

*Identificeren van probleemgebieden*

*Identificeren van veranderingsgebieden*

# Jaarbrief identificeert problemen

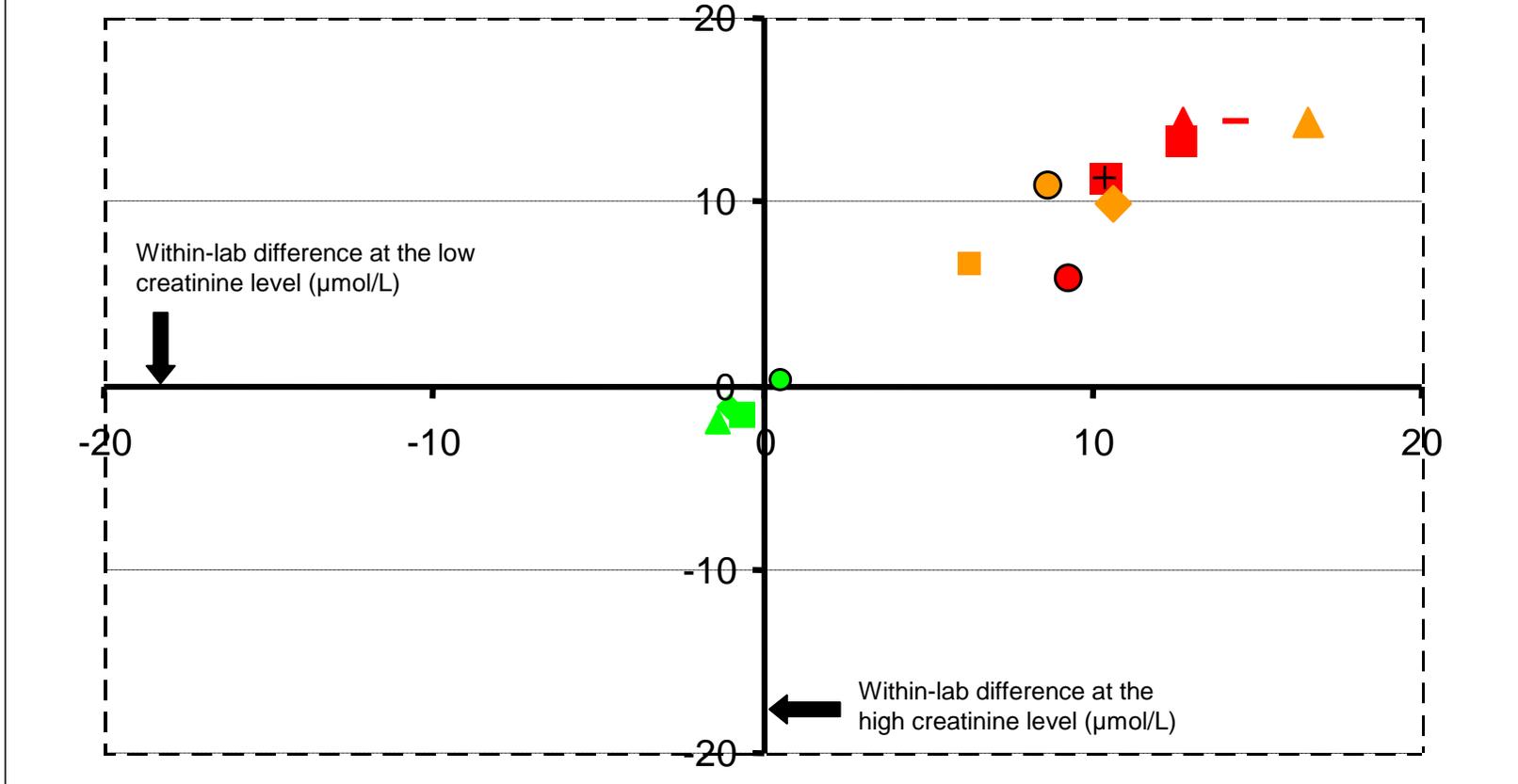
	<i>Method A</i>	<i>Method B</i>	<i>Method C</i>
<i>Lab 1</i>			
<i>Lab 2</i>			
<i>Lab 3</i>			
<i>Lab 4</i>			
<i>Lab 5</i>			



# PPP: bad performing method

	<i>Method A</i>	<i>Method B</i>	<i>Method C</i>
<i>Lab 1</i>	Light Green	Red	Light Green
<i>Lab 2</i>	Light Green	Red	Light Green
<i>Lab 3</i>	Light Green	Red	Light Green
<i>Lab 4</i>	Light Green	Red	Light Green
<i>Lab 5</i>	Light Green	Red	Light Green

## Specificity study – effect of spiking with 25 g/L HSA on serum creatinine



**Figure 1.** Scattergram presenting the within-lab serum creatinine differences (in  $\mu\text{mol/L}$ ) found between HSA-spiked and unspiked specimens at the low (X-axis) and the high (Y-axis) creatinine level. Within-lab differences between HSA-spiked and unspiked specimens are aggregated per method-analyzer combination. To this end, average differences were calculated from the individual lab data. Specific method and analyzer combinations are described in the Materials and Methods section.

- |                                   |  |   |
|-----------------------------------|--|---|
| ◆ Enzymatic Mean Abbott Architect | ▲ Jaffe kin with comp. Mean Roche Cobas      | ◆ Jaffe kinetic Mean Abbott Architect     |
| ● Enzymatic Mean OCD Vitros       | ● Jaffe kin with comp. Mean Roche Integra    | ■ Jaffe kinetic Mean Beckman Coulter LX20 |
| ▲ Enzymatic Mean Roche Cobas      | ■ Jaffe kin with comp. Mean Roche Modular    | ▲ Jaffe kinetic Siemens Advia 1650        |
| ■ Enzymatic Mean Roche Modular    | — Jaffe kin with comp. Mean Siemens Advia    | ● Jaffe kinetic Siemens Dimension RxL     |
|                                   | ⊕ Jaffe kin with comp. Siemens Dimension RxL |   |



N. Y. 132 Oct 7 1892

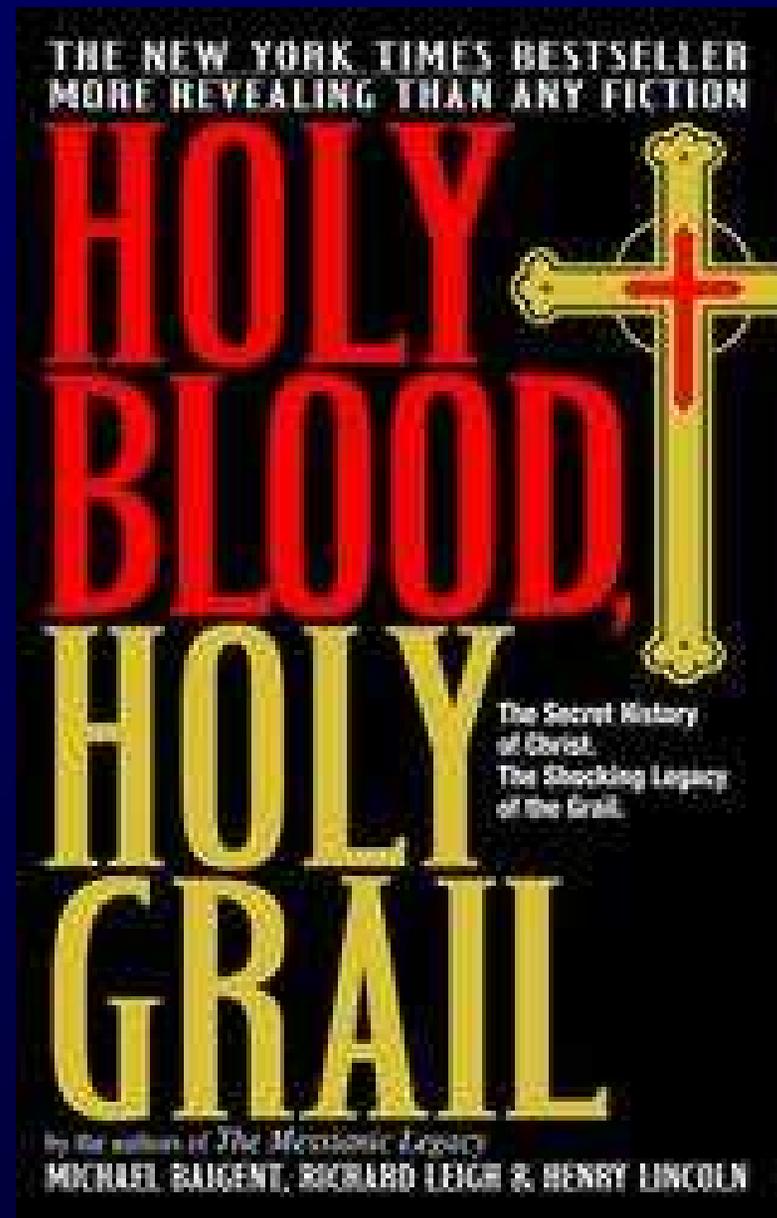


## **V. Conclusion:**





*Procession of the Precious Blood of Jesus Christ, Bruges, Belgium.*



# Informatiepiramide



Tijdelijke hercalibratie

Real time juistheidsverificatie

Dagrapport

Managementreview

Kwartaalrapport

Jaarrapport en Jaarbrief