

# **Measurand characteristics & reference materials for hCG**

**Dr Cathie Sturgeon**  
**on behalf of the IFCC Working Group for hCG**  
**C/o Department of Clinical Biochemistry**  
**Royal Infirmary of Edinburgh**

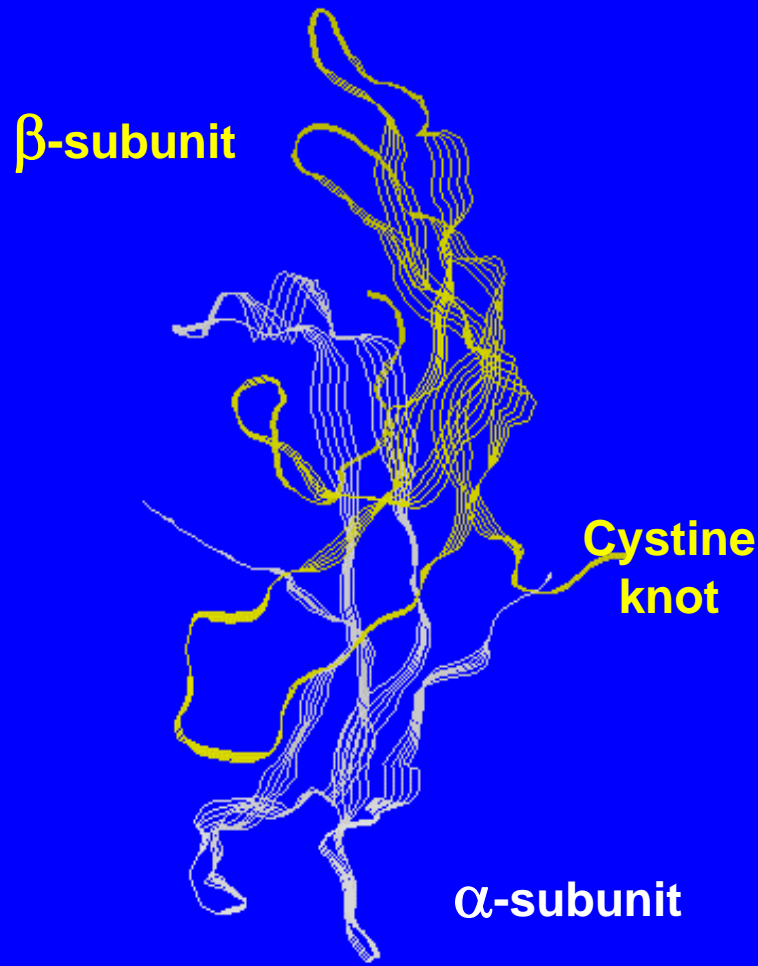
**[C.Sturgeon@ed.ac.uk](mailto:C.Sturgeon@ed.ac.uk)**

# hCG as a measurand

---

- **hCG isoforms in biological specimens**
  - Which isoforms are of clinical relevance?
  - Which isoforms should methods recognise?
- **Achievements of international initiatives**
  - Clear descriptive nomenclature – isoforms, methods
  - Well-characterised International Standards
  - Recommendations re desirable antibody specificities
- **Impact of pure reference materials on hCG measurements in biological specimens**
  - Elucidation of what methods are measuring
  - Effect on between-method agreement
  - Relevance to calibration and assay design

# Chorionic gonadotrophin (hCG)



## Structure of hCG

Glycoprotein hormone, with linked  $\alpha$ - and  $\beta$ -subunits.

Shares the same  $\alpha$ -subunit with LH, FSH and TSH

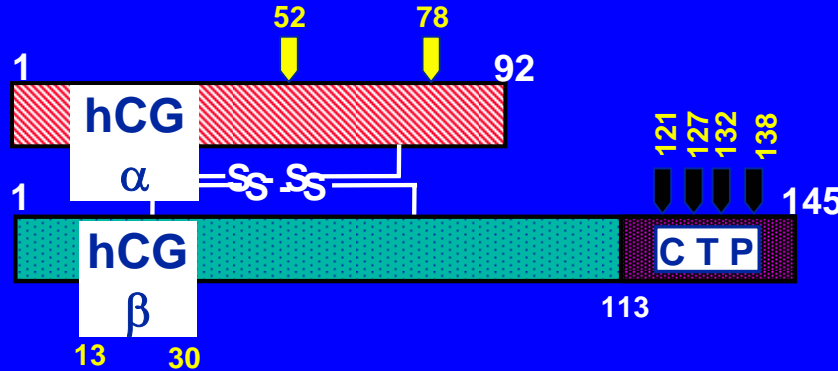
$\beta$ -Subunits confer functional & immunological specificity.

Shares considerable homology with LH.

Crystal structure (1994) similar to that of some protein growth factors.

# Structure and IFCC nomenclature

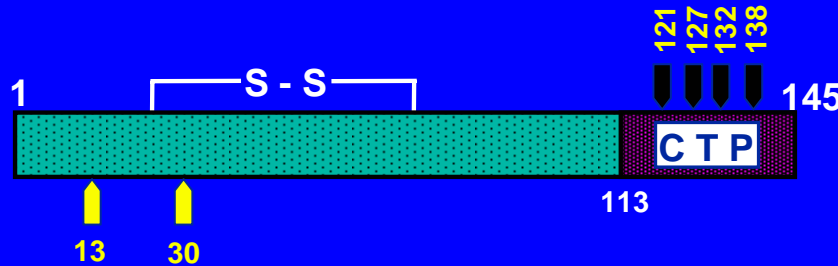
**hCG**



**Intact hCG**

Biologically active. In plasma, serum and urine in pregnancy and cancer.

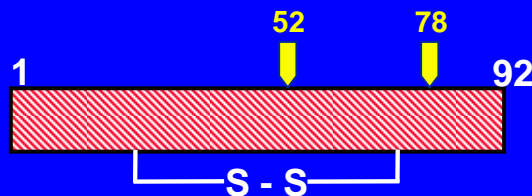
**hCG $\beta$**



**Free beta-subunit**

No biological activity. In plasma, serum and urine in pregnancy and cancer.

**hCG $\alpha$**

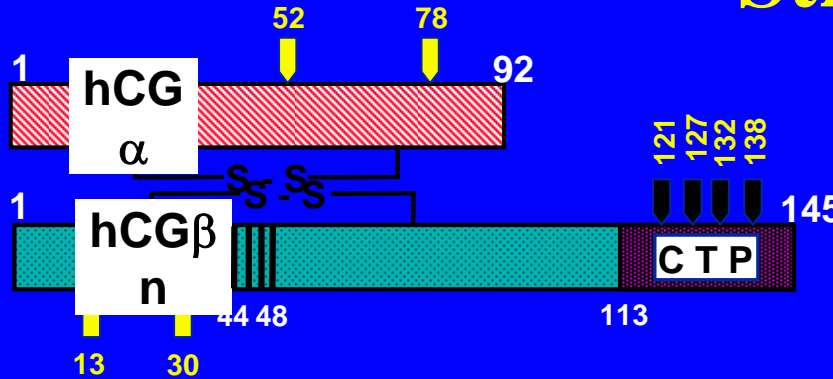


**Free alpha-subunit**

No biological activity. In plasma and serum, especially in cancer (infrequently).

# Structure and IFCC nomenclature

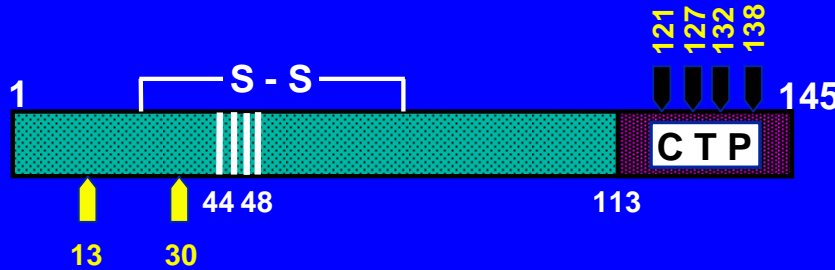
**hCGn**



**Nicked hCG**

Absent or diminished biological activity. May be present in plasma and serum.

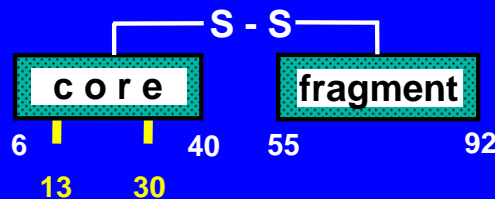
**hCGβn**



**Nicked free beta-subunit**

Unstable. Common form in urine; may occur in plasma.

**hCGβcf**



**Beta core fragment**

Major form in urine. Plasma concentrations very low.

# Recognition of hCG-related species

---

Species	Recognized by	Range* (U/L)
hCG	All hCG & “hCG+hCG $\beta$ ” assays	172-268
hCG <sub>n</sub>	All hCG & “hCG+hCG $\beta$ ” assays	80-213
hCG $\beta$	All “hCG+hCG $\beta$ ” assays	266-1082
hCG $\beta$ <sub>n</sub>	All “hCG+hCG $\beta$ ” assays	148-457
hCG $\beta$ <sub>cf</sub>	9 of 16 “hCG+hCG $\beta$ ” assays	47-543
hCG $\alpha$	None of the hCG or “hCG+hCG $\beta$ ” assays	-

\*U/L of hCG IS 75/589.

NB Concentrations issued differ.

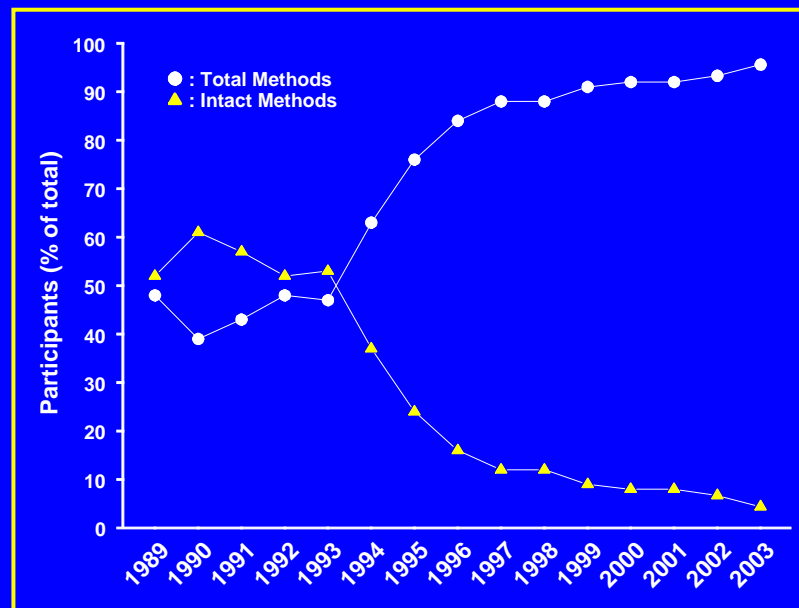
Preparations very kindly gifted by Dr S Birken, Columbia University, New York

*UK NEQAS data*

# hCG assays for oncology

“...the NACB and EGTM guidelines emphasise that both intact hCG and its free  $\beta$ -subunit should be recognised by hCG assays used in oncology...”

*Clin Chem 2002;48: 1151-1159*



# hCG as a measurand

---

- **hCG isoforms in biological specimens**
  - Which isoforms are of clinical relevance?
  - Which isoforms should methods recognise?
- **Achievements of international initiatives**
  - Clear descriptive nomenclature – isoforms, methods
  - Well-characterised International Standards
  - Recommendations re desirable antibody specificities
- **Impact of pure reference materials on hCG measurements in biological specimens**
  - Elucidation of what methods are measuring
  - Effect on between-method agreement
  - Relevance to calibration and assay design



# IFCC hCG Working Group

## Background

- Established by the International Federation of Clinical Chemistry (IFCC) in 1994

## Remit

- To investigate how best to “standardize” assays for complex analytes - taking hCG as a prototype for other molecules

## Working Group members

P Berger (Austria)	Antibody mapping
J-M Bidart (France)	Antibody mapping
S Birken (USA)	Protein chemist
R Norman (Australia)	Practicing gynaecologist
U-H Stenman (Finland)	Standardisation
C Sturgeon (UK)	External quality assessment

## Supporters & collaborators

Abbott Diagnostics	Bayer Diagnostics
Beckman-Coulter	BioClone
BioMérieux	Chiron Diagnostics
CIS bio International	Dade Chemistry
DPC	Ortho Diagnostics
Perkin Elmer	Randox Labs
Roche Diagnostics	Unipath Ltd
A Bristow (NIBSC)	
J Sharratt (University of Cambridge)	

# hCG WG project time-line

---

1992

Bergmeyer conference.  
IFCC hCG WG established.

**Review\* published (1993)**

- Current state-of-the-art for hCG methods in the field.

1996

**Two major areas of concern identified**

- Lack of clear nomenclature
- Difficulty of comparing extent of recognition of different hCG species

2000

2004

2008

*\*Stenman et al. Scand J Clin Lab Invest 1993; 53 (S216): 42-78*

# hCG WG project time-line

---

**1992**

**Bergmeyer conference.**  
**IFCC hCG WG established.**

**Review published by WG**

- **Current state-of-the-art for hCG methods in the field.**

**1996**

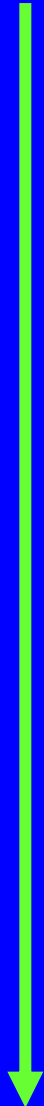
**Two main areas of concern identified**

- **Lack of clear nomenclature**
- **Difficulty in comparing extent of recognition of different hCG-related molecules**

**2000**

**2004**

**2008**



# hCG WG project time-line

1992

Bergmeyer conference.

IFCC hCG WG established.

1996

Financial sponsorship sought.  
Purification begins 1997.

2000

2004

2008

Review published by WG

- Current state-of-the-art for hCG methods in the field.

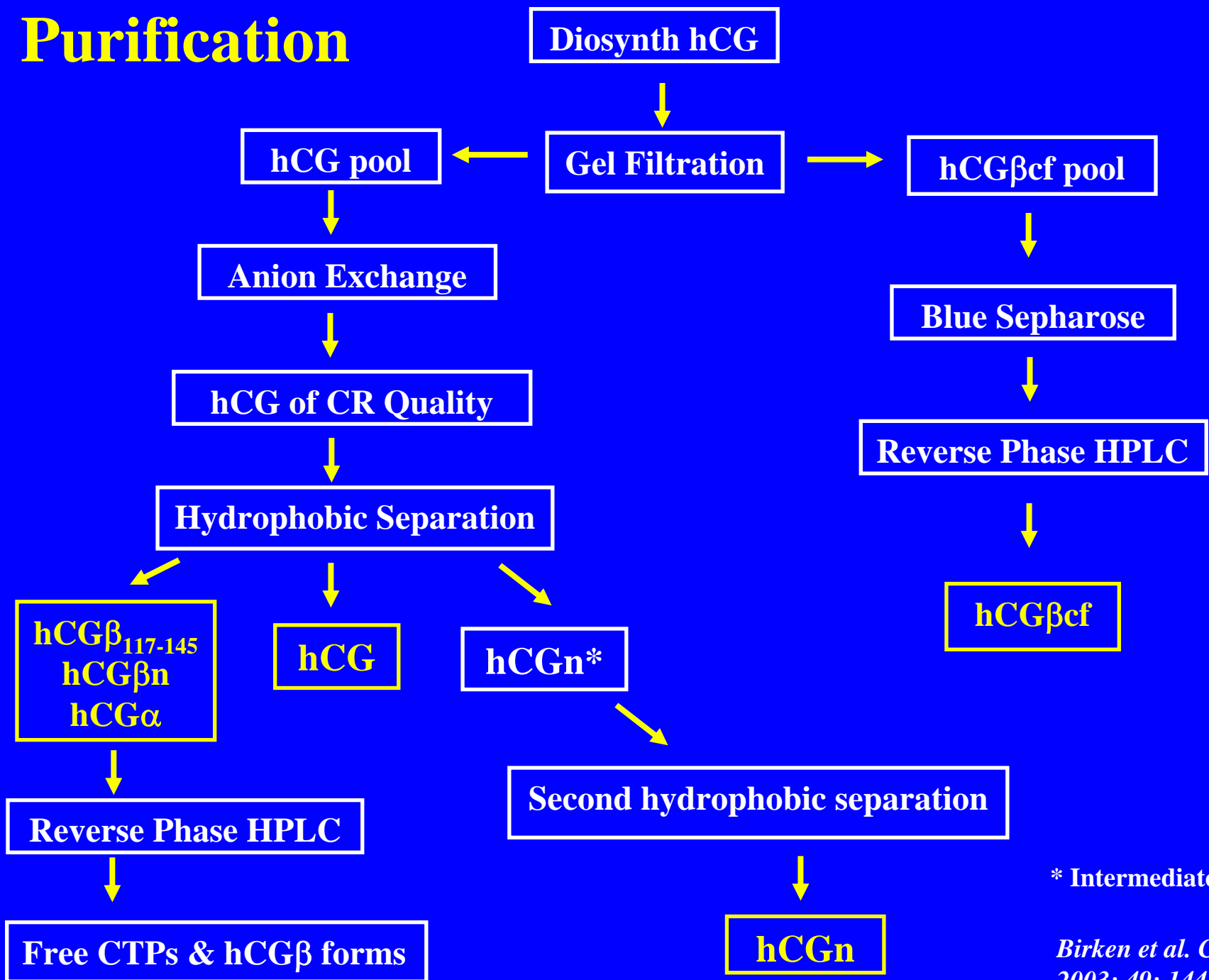
Two main areas of concern identified

- Lack of clear nomenclature
- Difficulty in comparing extent of recognition of different hCG-related molecules

**Limitations of the existing International Standards (IS)**

- IS only for hCG, hCG $\alpha$  and hCG $\beta$ .
- Arbitrary units. Difficult to relate results for different isoforms.  
→ 1 U/L of hCG  $\neq$  1 U/L of hCG $\beta$
- IS for hCG contaminated with hCGn (~10% cross-reaction)

# Purification



\* Intermediate purity

*Birken et al. Clin Chem  
2003; 49; 144-154*

# hCG WG project time-line

---

**1992**

Bergmeyer conference.

IFCC hCG WG established.

**1996**

Financial sponsorship sought.

Purification begins 1997.

Complete purification and  
characterisation, 1999.

**2000**

Value assignment begins.

**2004**

**2008**

Review published by WG

- Current state-of-the-art for hCG methods in the field.

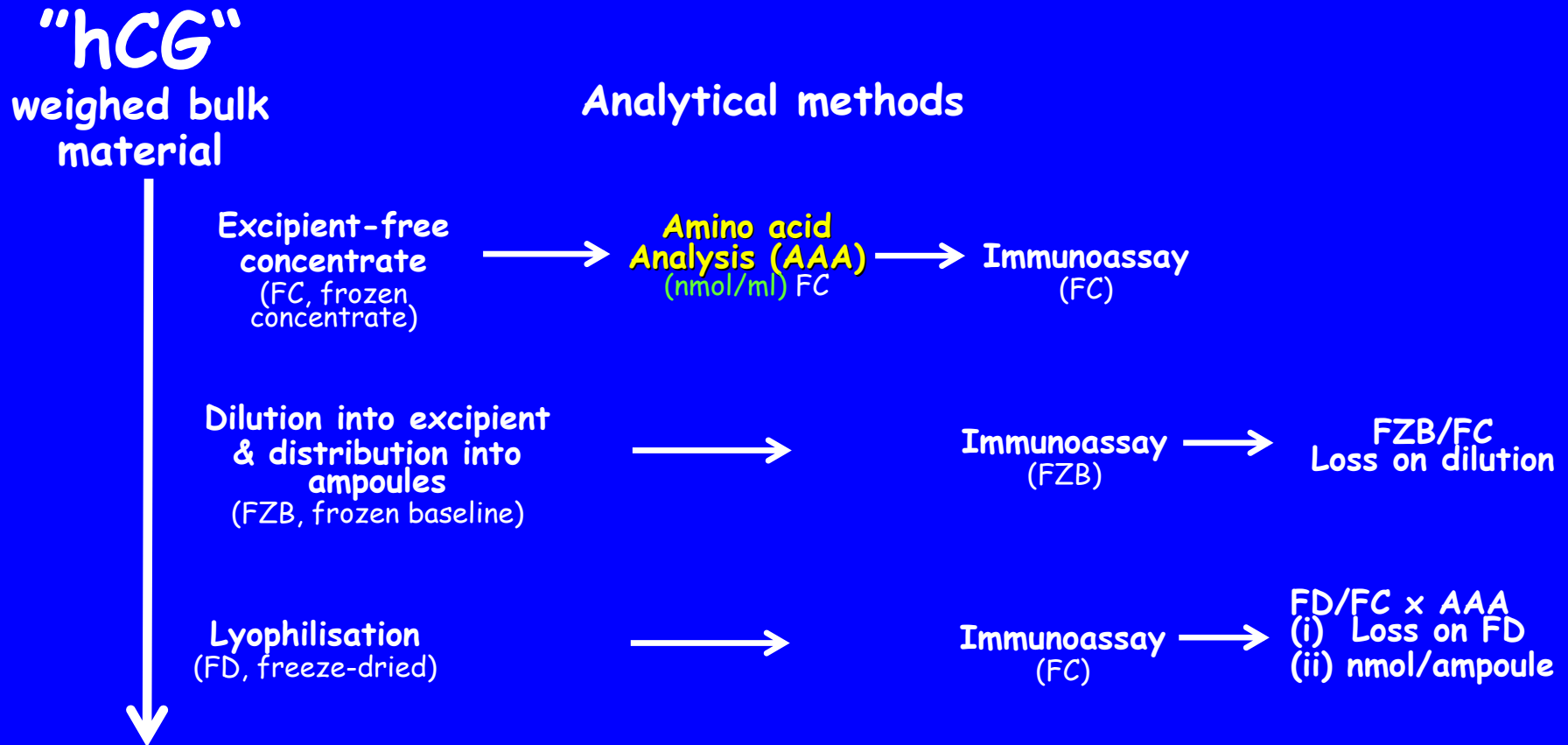
Two main areas of concern identified

- Lack of clear nomenclature
- Difficulty in comparing extent of recognition of different hCG-related molecules

Limitations of the existing  
International Standards (IS)

- IS only for hCG, hCG $\alpha$  and hCG $\beta$ .
- Arbitrary units. Difficult to relate results for different isoforms.  
→ 1 U/L of hCG  $\neq$  1 U/L of hCG $\beta$
- IS for hCG contaminated with hCGn (~10% cross-reaction)

# Value assignment



**1<sup>st</sup> WHO RR** for hCG, hCG<sub>n</sub>, hCG<sub>β</sub>, hCG<sub>α</sub>, hCG<sub>βcf</sub>, hCG<sub>βn</sub>  
[nmol/amp]

# Collaborative study

---

## Participants

- Two laboratories using four different procedures for amino acid analysis
- Ten laboratories using different immunoassay systems  
→ estimates of recovery (and indication of reactivity)

## Results

- Values corrected for loss on reconstitution generally in good accord with nominal (“expected”) values
- Closest for hCG $\beta$ cf (102%)—most discrepant for hCG  $\beta$ n



# hCG WG project time-line

---

**1992**

Bergmeyer conference.  
IFCC hCG WG established.

**1996**

Financial sponsorship sought.  
Purification begins 1997.

**2000**

Complete purification and  
characterisation, 1999.  
Value assignment begins.

**2004**

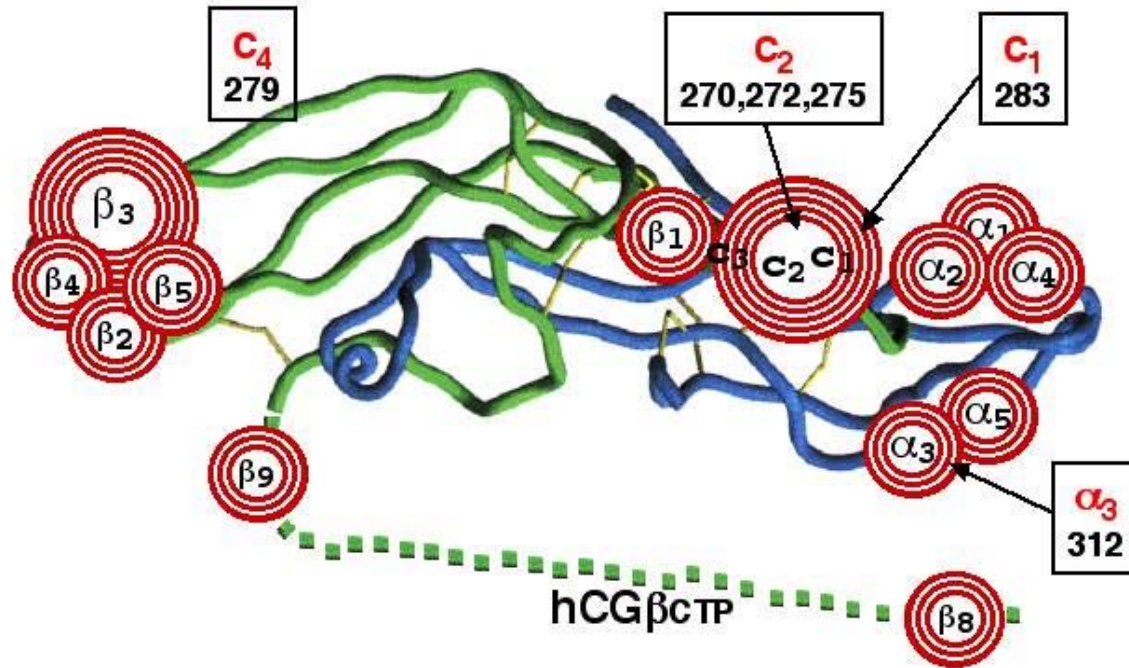
Data submitted to WHO  
Expert Committee on  
Biological Standards  
(ECBS)

**2008**

**ISOBM study of fine specificities  
of a panel of 27 MAbs to hCG and  
related molecules, 2000-2002.**

# ISOBM Workshop on hCG antibodies

## 3D Epitope map of hCG



# Key points for assay construction

---

**Assay  
specificity**

**hCG+ hCG $\beta$**

**hCG**

**hCG $\beta$ cf only**

**Recommended MAb  
combinations**

**$\beta_1$  MAb with  $\beta_2$   
or  $\beta_4$  detection MAbs**

**$c_{1/2}$  MAbs with  $\beta_2$   
or  $\beta_4$  detection MAbs**

**$\beta_{11}$  MAbs with  $\beta_2$   
or  $\beta_4$  detection MAbs**

**Appropriate  
clinical use**

**Oncology  
Early pregnancy**

**Early pregnancy  
Prenatal (Downs)**

**In urine only  
Clinical utility to  
be established**

# hCG WG project time-line

---

**1992**

Bergmeyer conference.

IFCC hCG WG established.

**1996**

Financial sponsorship sought.

Purification begins 1997.

Complete purification and  
characterisation, 1999.

**2000**

Value assignment begins.

1<sup>st</sup> WHO Reference

**2004**

Reagents adopted 2001.

**2008**

ISOBM study of fine specificities  
of a panel of 27 MAbs to hCG and  
related molecules, 2000-2002.

# IFCC Working Group for hCG

---

<b>Symbol</b>	<b>Species</b>	<b>WHO code</b>
<b>hCG</b>	<b>Intact chorionic gonadotropin</b>	<b>99/688</b>
<b>hCGn</b>	<b>Nicked hCG</b>	<b>99/642</b>
<b>hCG<math>\beta</math></b>	<b>Free beta-subunit of hCG</b>	<b>99/650</b>
<b>hCG<math>\beta</math>n</b>	<b>Nicked free beta-subunit</b>	<b>99/692</b>
<b>hCG<math>\beta</math>cf</b>	<b>Core fragment of hCG</b>	<b>99/708</b>
<b>hCG<math>\alpha</math></b>	<b>Free alpha-subunit of hCG</b>	<b>99/720</b>

**In November 2001, these preparations were officially established as the first WHO Reference Reagents for Immunoassay for these hCG-related molecules. Calibrated in molar units, their primary purpose initially is to enable better characterization of the specificities of current hCG immunoassays.**

# hCG as a measurand

---

- **hCG isoforms in biological specimens**
  - Which isoforms are of clinical relevance?
  - Which isoforms should methods recognise?
- **Achievements of international initiatives**
  - Well-characterised International Standards
  - Clear descriptive nomenclature – isoforms, methods
  - Recommendations re desirable antibody specificities
- **Impact of pure reference materials on hCG measurements in biological specimens**
  - Elucidation of what methods are measuring
  - Effect on between-method agreement
  - Relevance to calibration and assay design

# New reference reagents

---

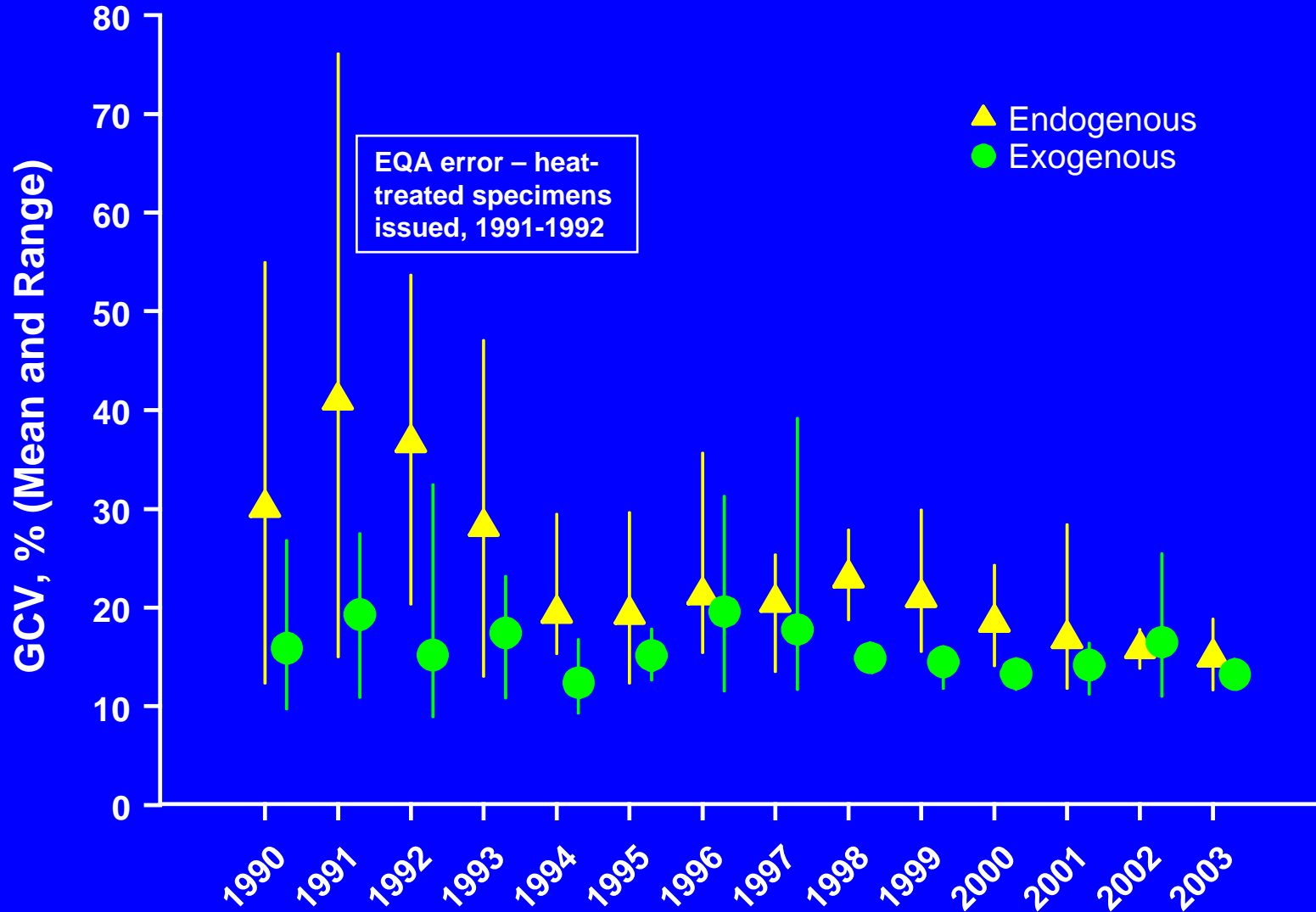
## Potential benefits

- Calibration in molar units permits ready comparison of the extent to which different hCG –related molecules are recognised by different immunoprocures.
- Availability of these highly purified International Reference Reagents should ultimately improve between-method comparability.

## Recognised omission

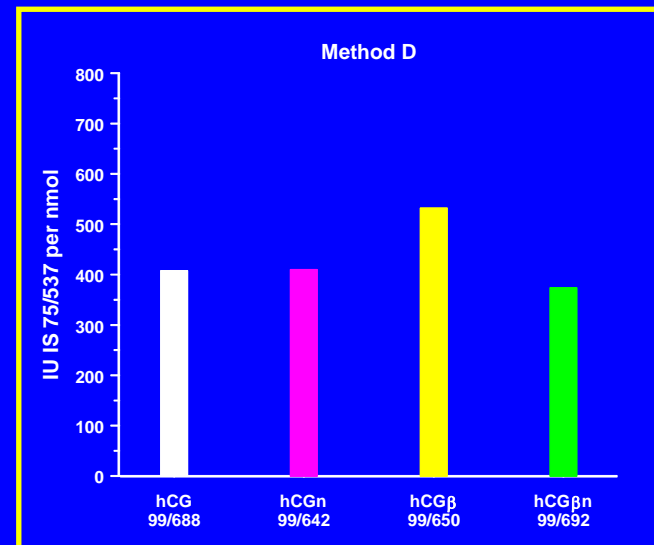
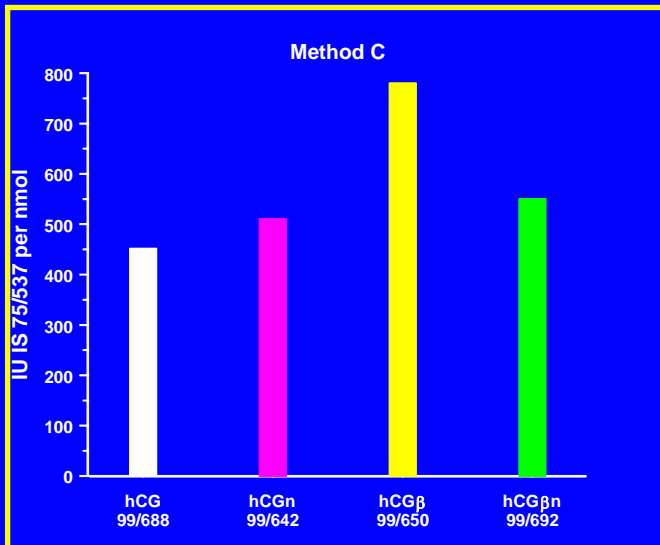
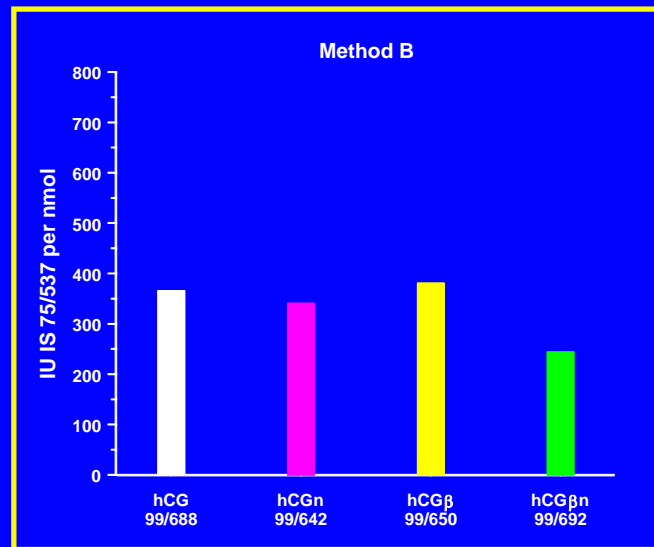
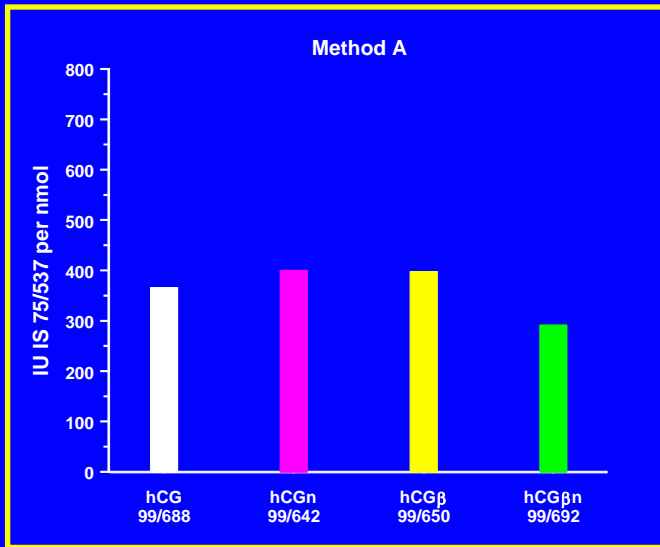
- International Reference Reagent for hyperglycosylated hCG required to elucidate its potential clinical importance.

# Between-lab agreement - hCG





# Method characterisation



hCG



hCGn



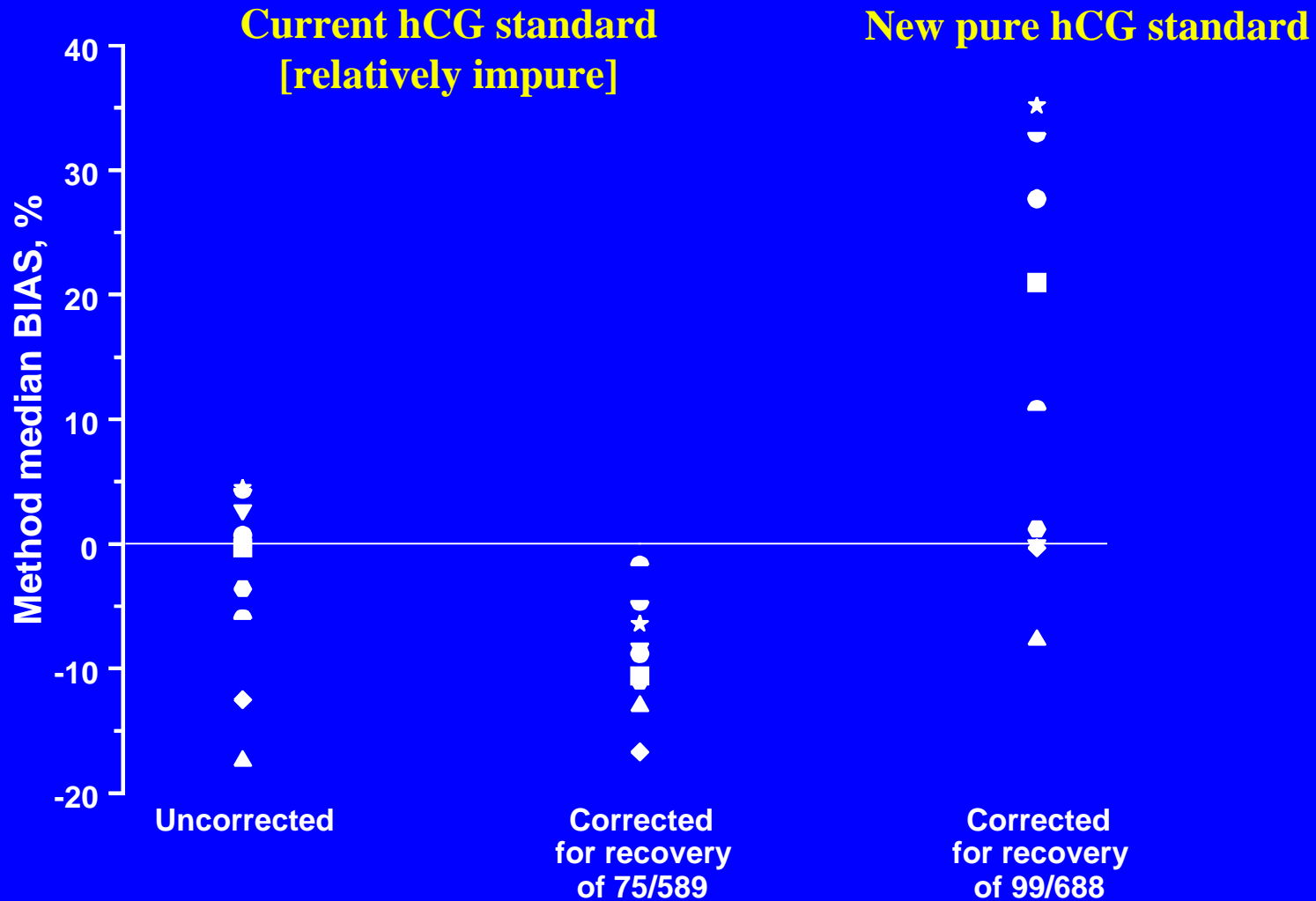
hCGβ



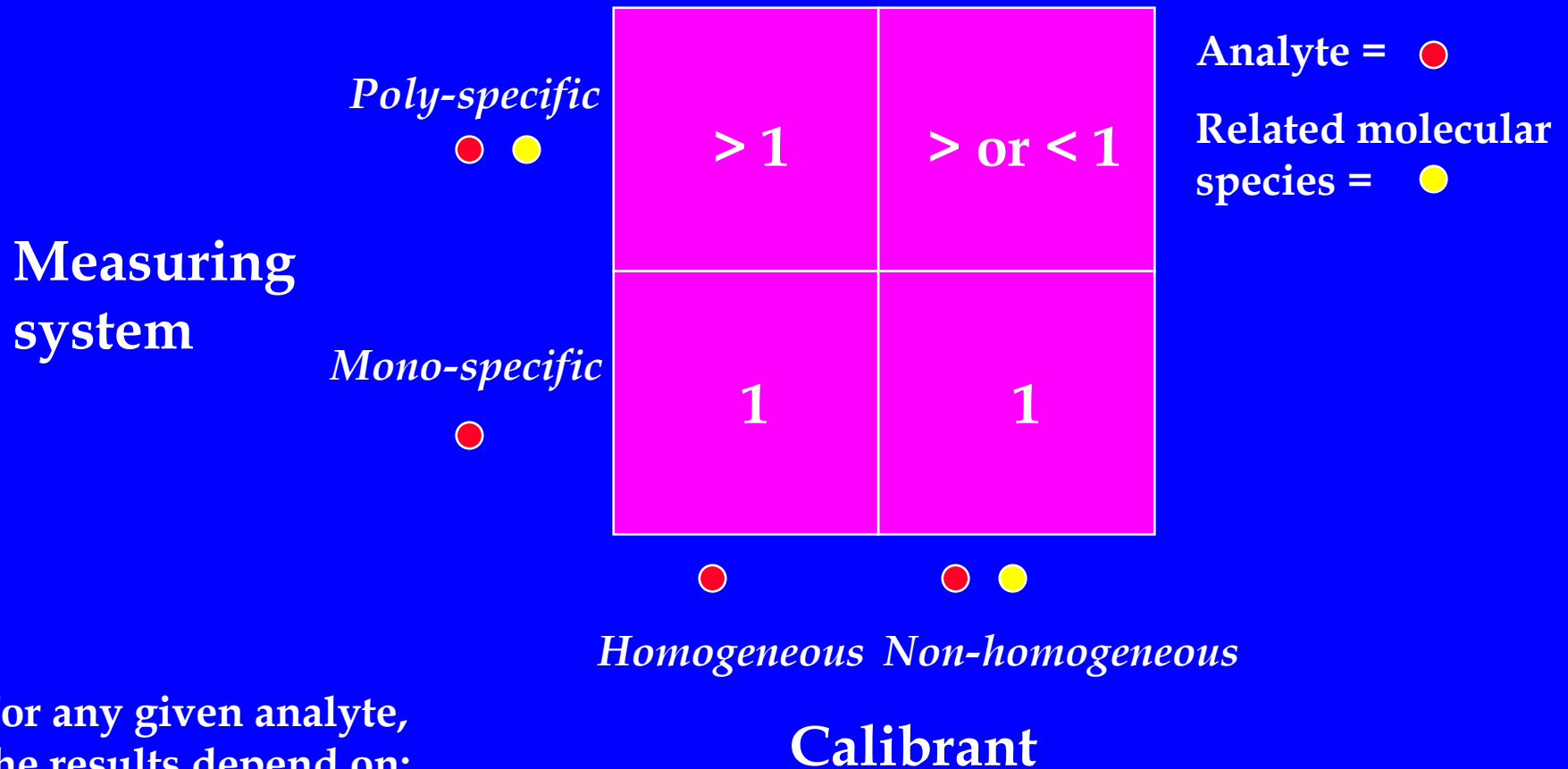
hCGβn



# Relative recognition



# Immunoassay standardization



- For any given analyte,  
the results depend on:
- Assay specificity
  - Calibrant homogeneity

## **How does the use of the new reference materials impact on measurement of hCG in practice?**

**The pragmatic approach to standardisation of measuring “like vs like” has served well, but does not provide a basis for understanding the pathological significance of specific hCG species.**

## **How does the use of the new reference materials impact on measurement of hCG in practice?**

**Initial data indicate that use of purified hCG standards increases divergence among methods, but these standards**

- Provide a sounder analytical basis for improved assay design and calibration.**
- Are a pre-requisite for a clear understanding of the effects of disease on circulating hCG and other related species.**

# hCG WG project time-line

---

1992

Bergmeyer conference.

IFCC hCG WG established.

1996

Financial sponsorship sought.

Purification begins 1997.  
Complete purification and  
characterisation, 1999.

2000

Value assignment begins.  
1<sup>st</sup> WHO Reference  
Reagents adopted 2001.

ISOBM study of fine specificities  
of a panel of 27 MAbs to hCG and  
related molecules, 2000-2002.

2004

## Current plans

- Continue to evaluate new standards – and influence of pure calibrators.
- Prepare International Standard for hyperglycosylated hCG.

2008

- Evaluate feasibility of developing a reference method for hCG, investigating whether LC-Tandem MS techniques can contribute.