

# An ISO standard for traceability to a harmonization protocol

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# The goal:

Equivalent results, within clinically meaningful limits, among different measurement procedures for the same laboratory test

# RACKAfracka by Fritz

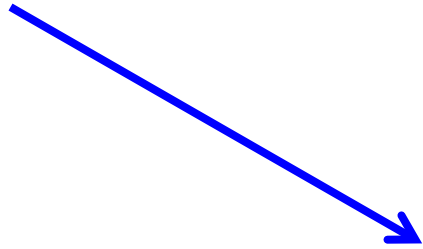
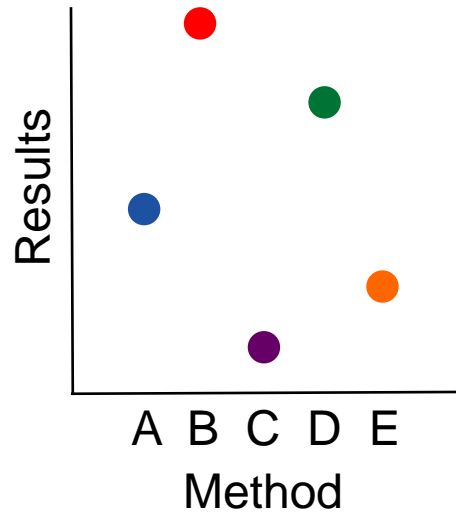


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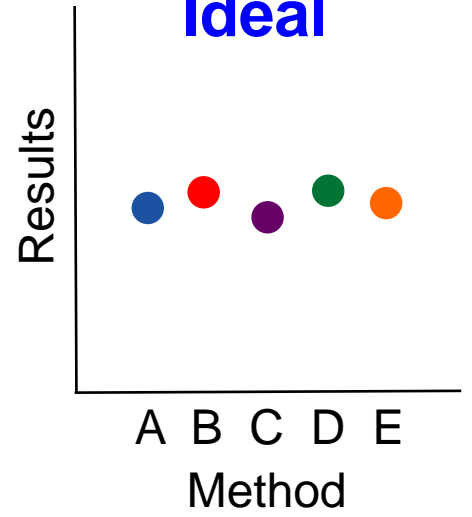
# Harmonization principles

1. The goal for closeness of agreement among results is based on suitability for use in medical decisions
2. An improvement in agreement can reduce the risk for patient harm – even if the goal is not met

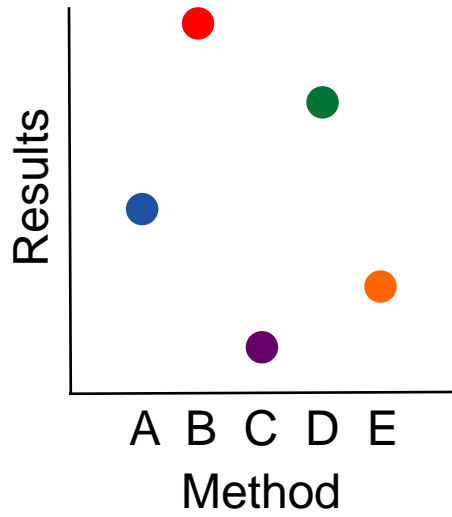
# Current



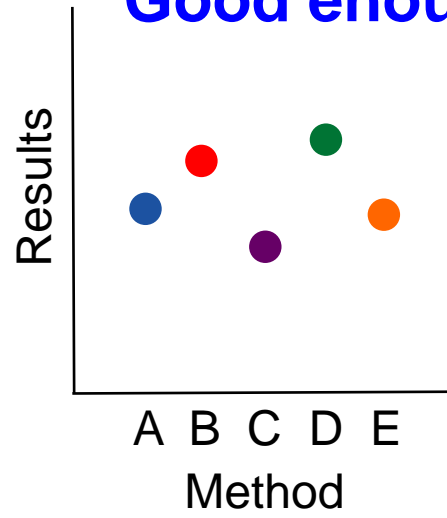
# Ideal



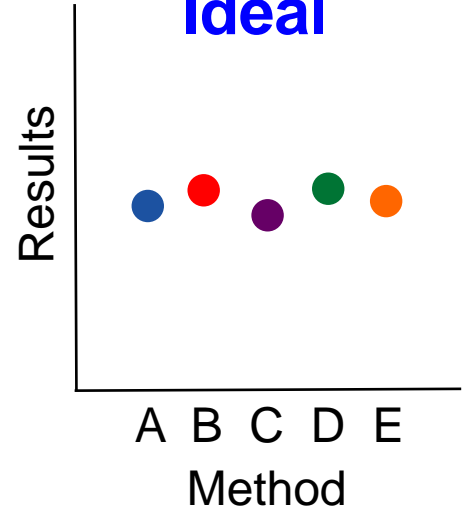
# Current



# Good enough ?



# Ideal



# Harmonization principles

3. Any process to achieve agreement in results is acceptable

**Perfect is the Enemy of Good**

# ISO 17511:2003

Metrological traceability of values assigned to calibrators and control materials

- Vague regarding focus on patient results

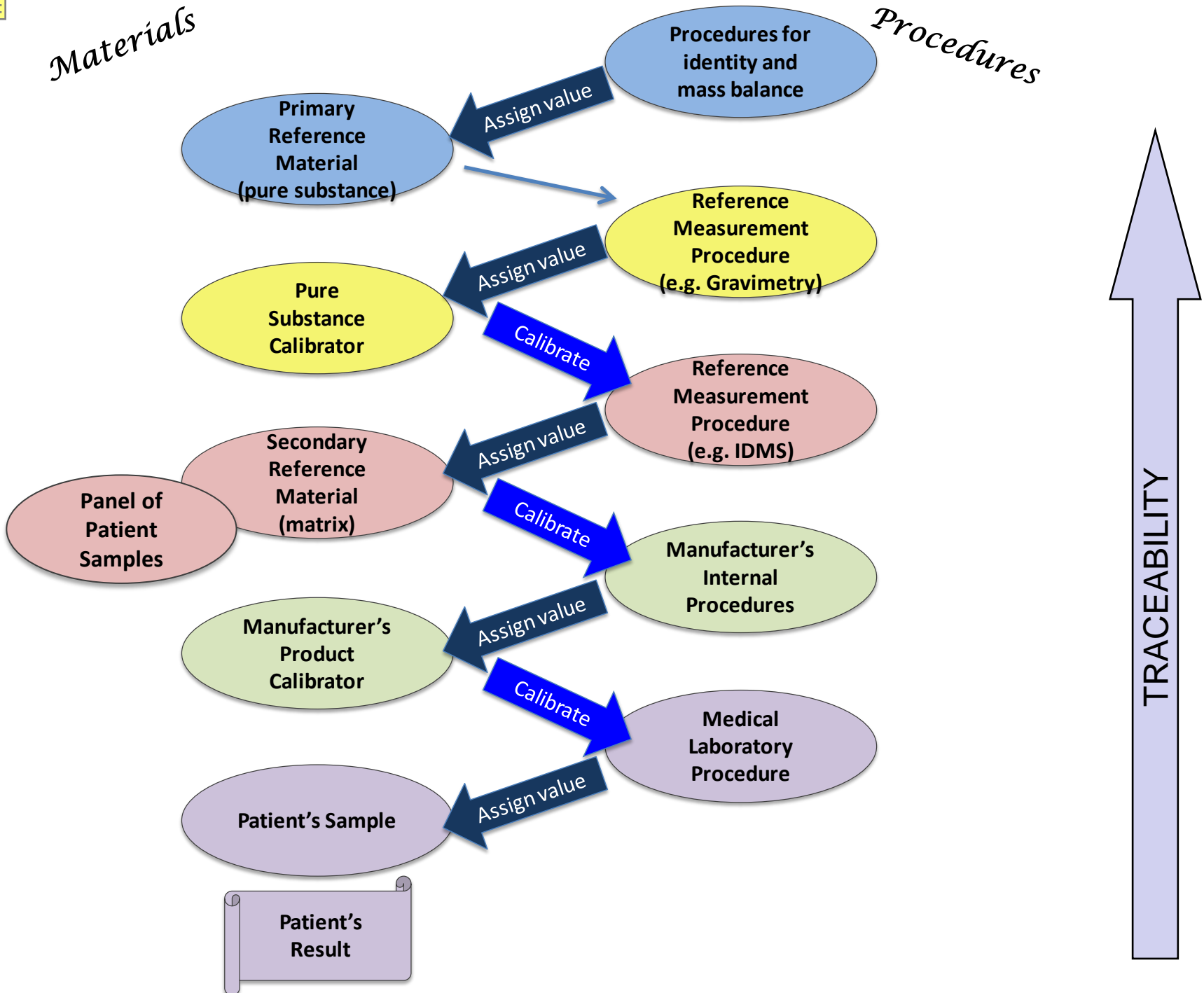


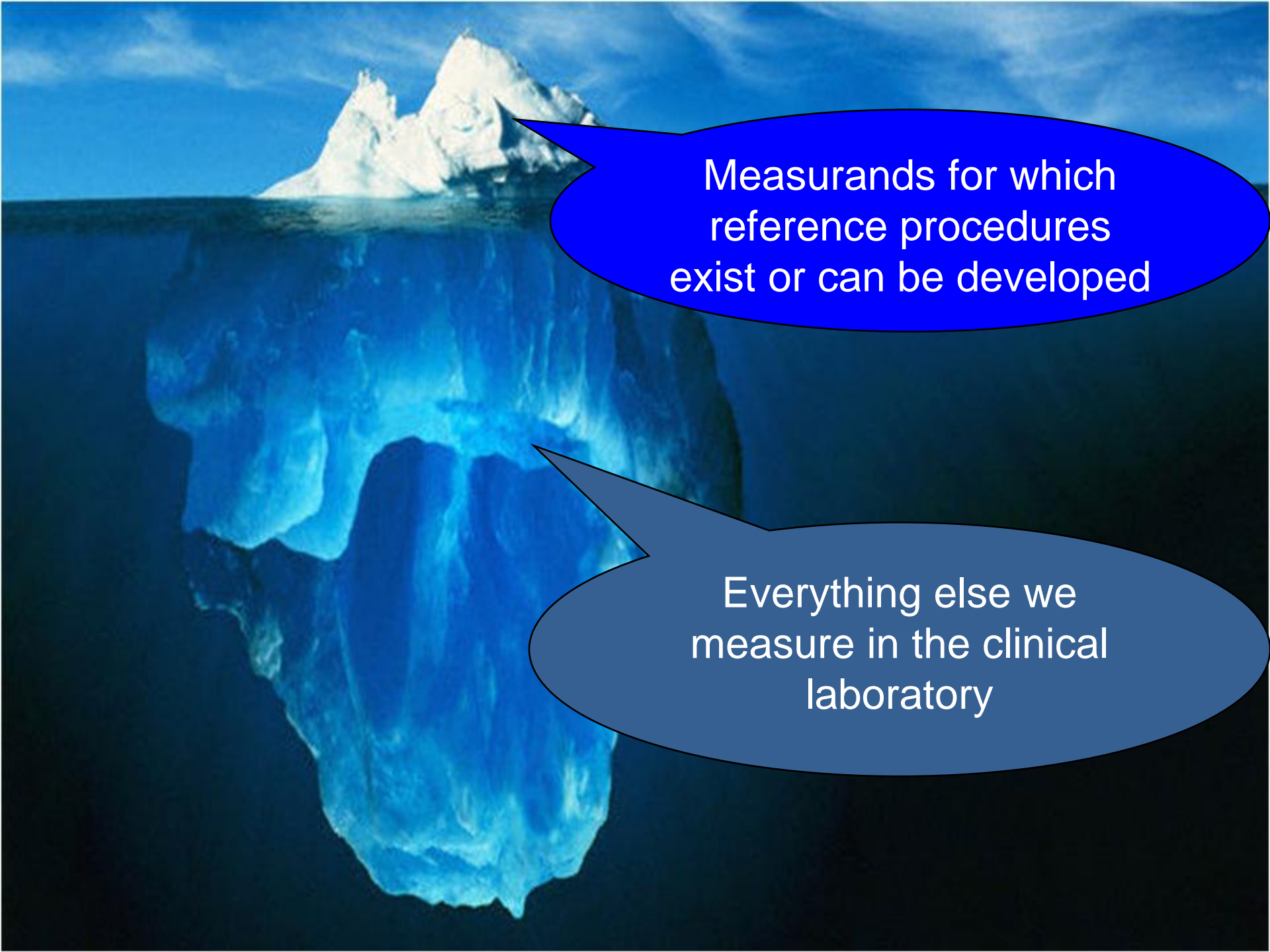
# ISO 17511:201x revision

Establishing metrological traceability of values assigned to calibrators, trueness control materials and **human samples**

*Materials*

*Procedures*



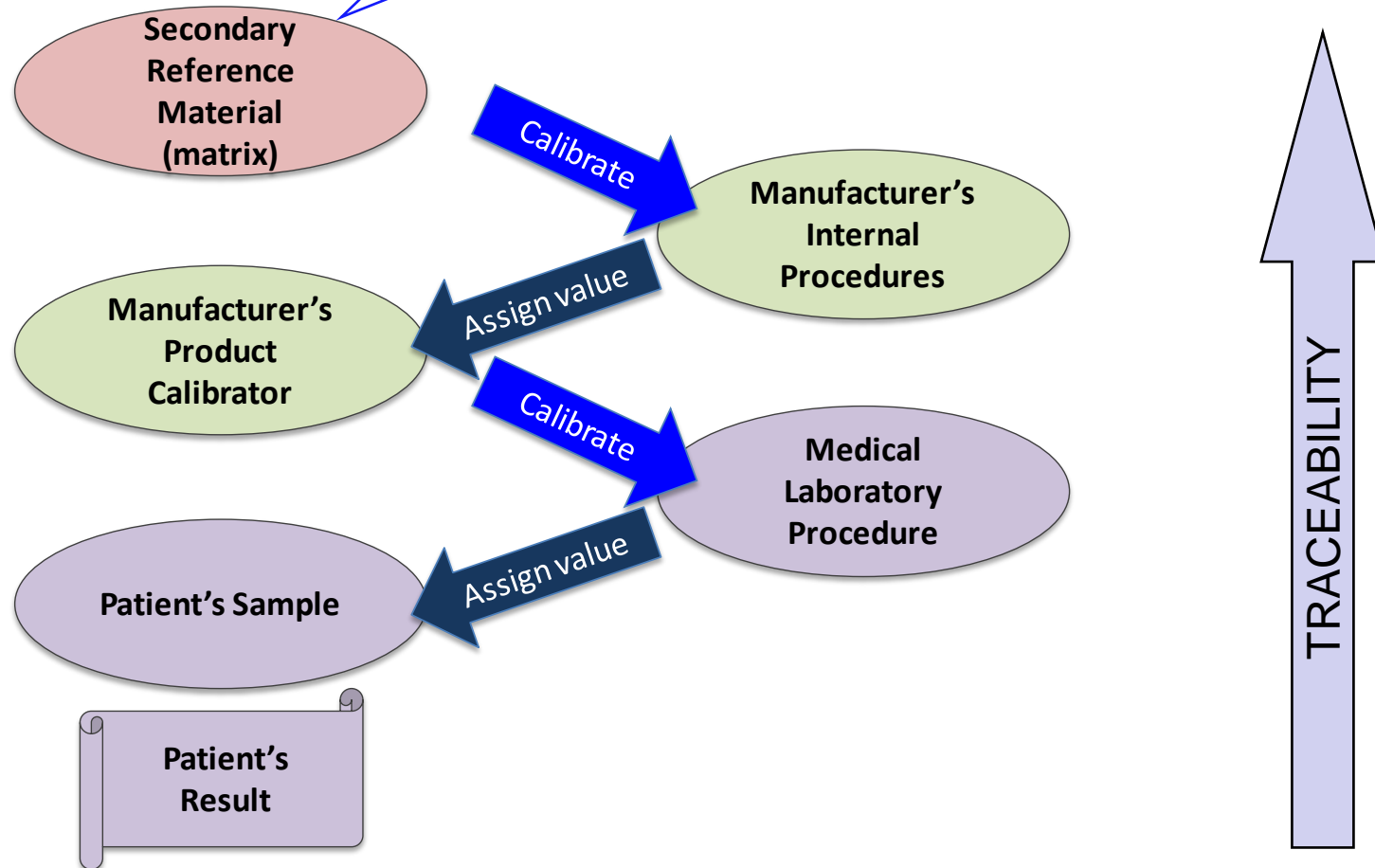
An iceberg floating in the ocean. The tip of the iceberg is above the water line, and the much larger, submerged part is below. Two speech bubbles are overlaid on the image. The top bubble is blue and points to the tip of the iceberg. The bottom bubble is a lighter blue and points to the submerged part of the iceberg.

Measurands for which  
reference procedures  
exist or can be developed

Everything else we  
measure in the clinical  
laboratory

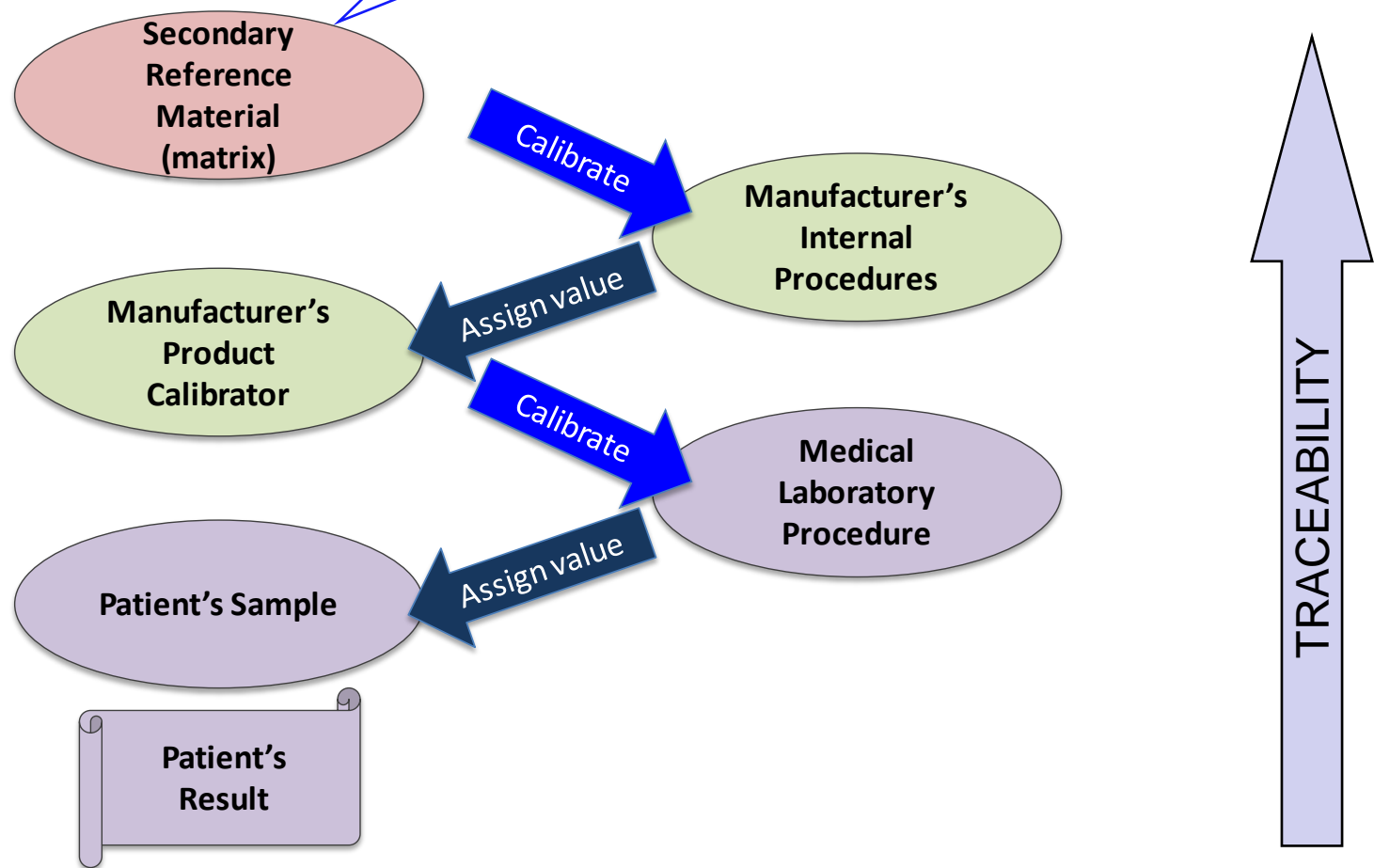
What happens when there is no  
reference measurement procedure

**Traceability is established to a reference material**





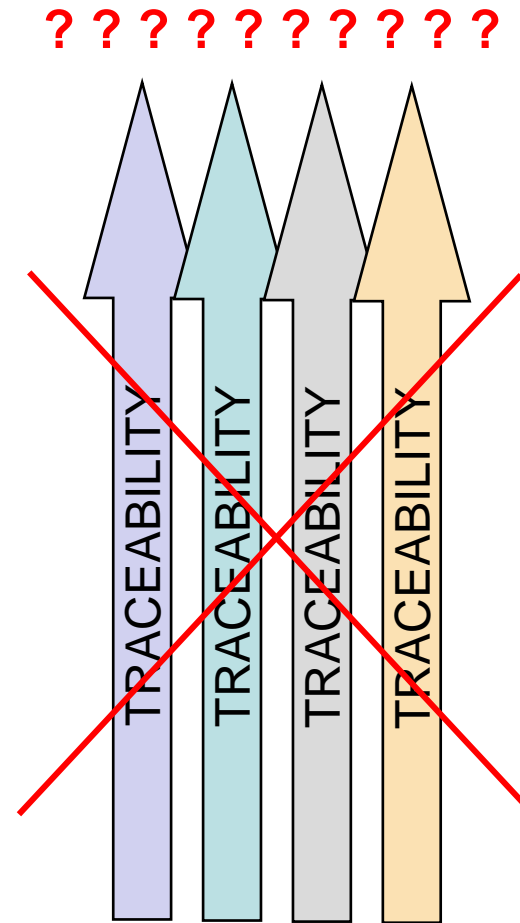
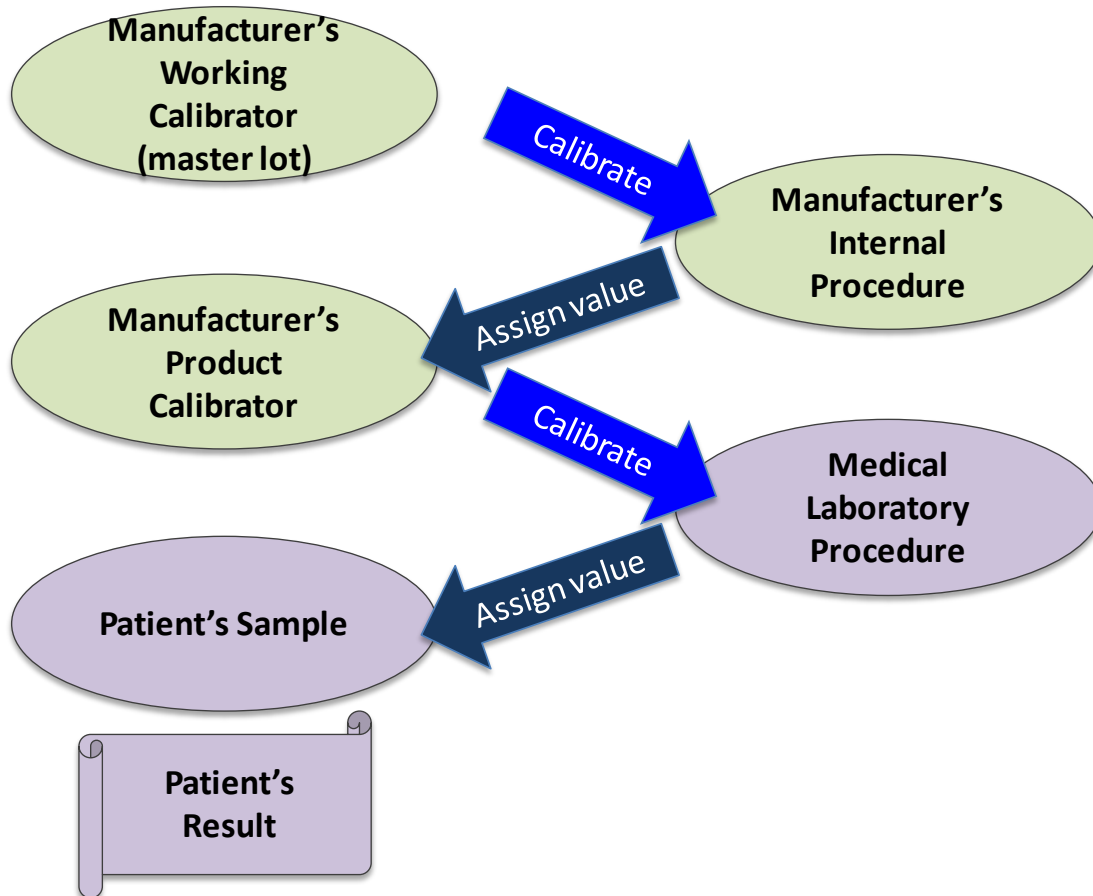
❖ **Value assignment**  
❖ **Commutability**



# What happens when there is both:

- no reference measurement procedure
- no certified reference material or international conventional reference material

**Traceability is established to to a material selected for a measurement procedure**  
**No coordination among producers (IVD or LDT)**





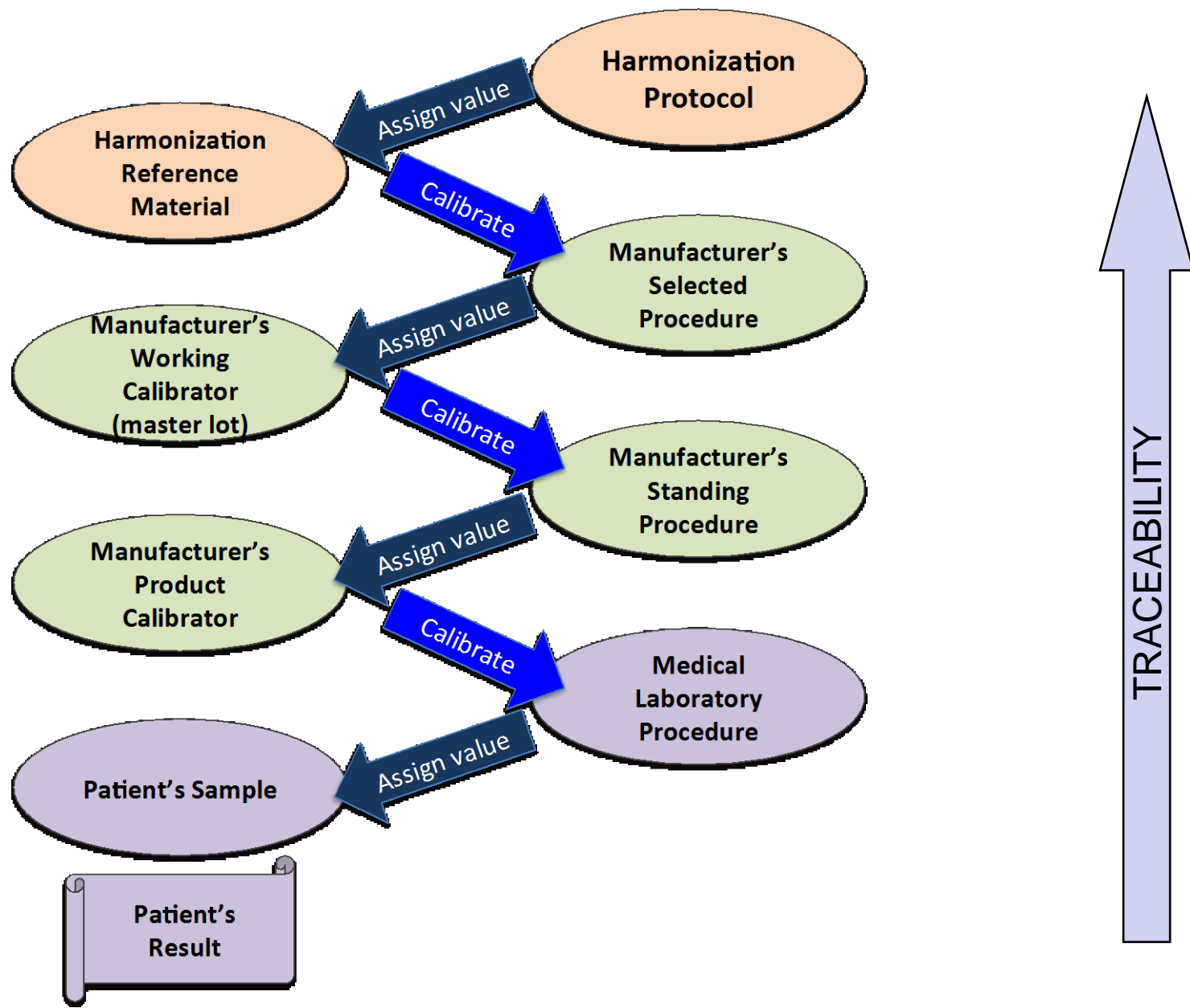
# ISO Standards

- ❖ 17511:2003, Calibration Traceability
- ❖ 18153:2003, Traceability for Enzymes
- ❖ 15193:2009, Reference Measurement Procedures
- ❖ 15194:2009, Certified Reference Materials
- ❖ 15195:2003, Reference Measurement Laboratories

**JCTLM lists reference materials,  
reference measurement procedures  
and reference laboratories  
that conform to the ISO Standards**

# ISO TC 212 WG2

Revision of the traceability standard 17511  
is expected to include traceability to a  
harmonization protocol



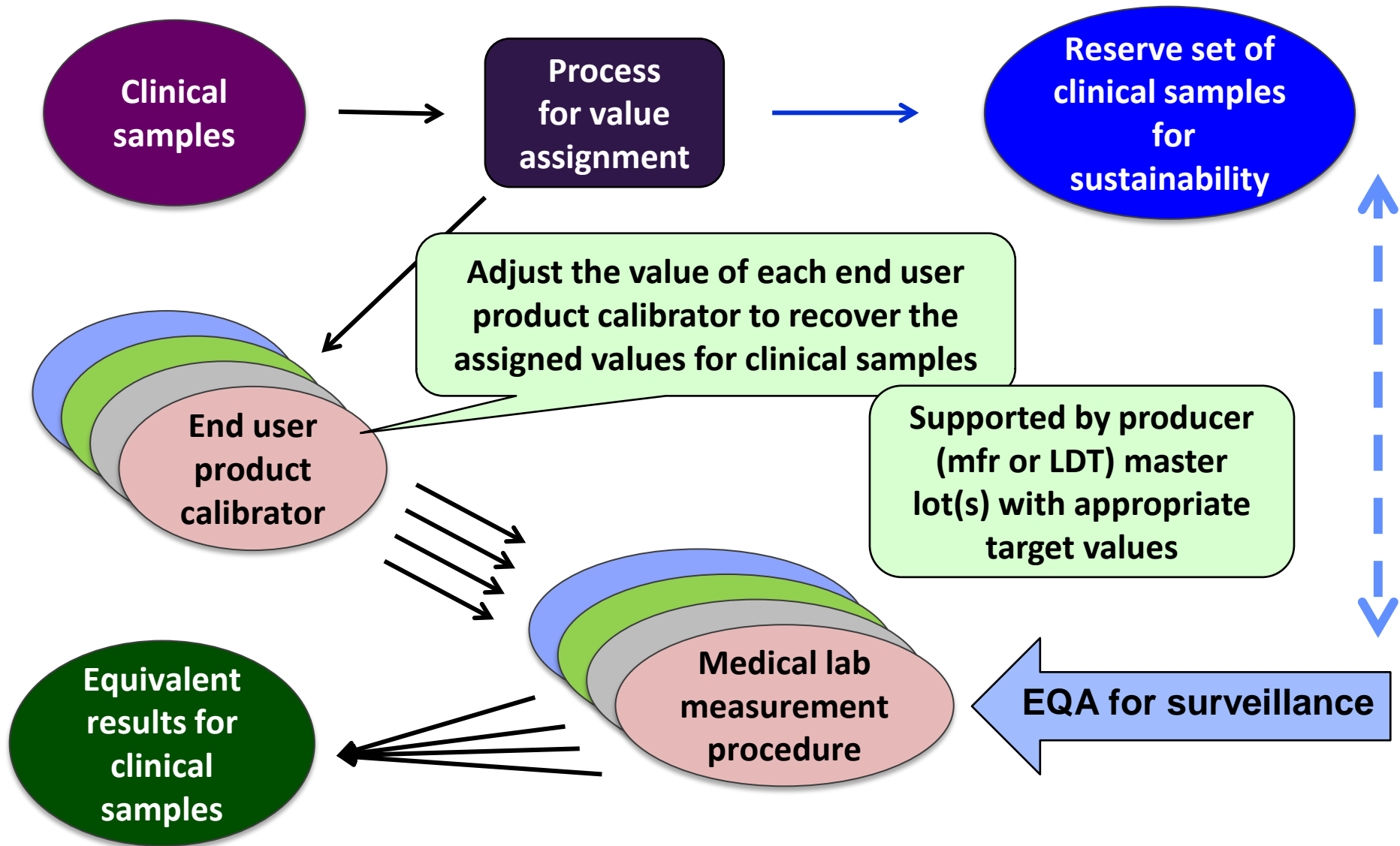
**ISO 20089, NWIP: A new standard to support JCTLM listing of harmonization protocols**

***Requirements for international harmonization protocols intended to establish metrological traceability of values assigned to product (end user) calibrators and patient samples***

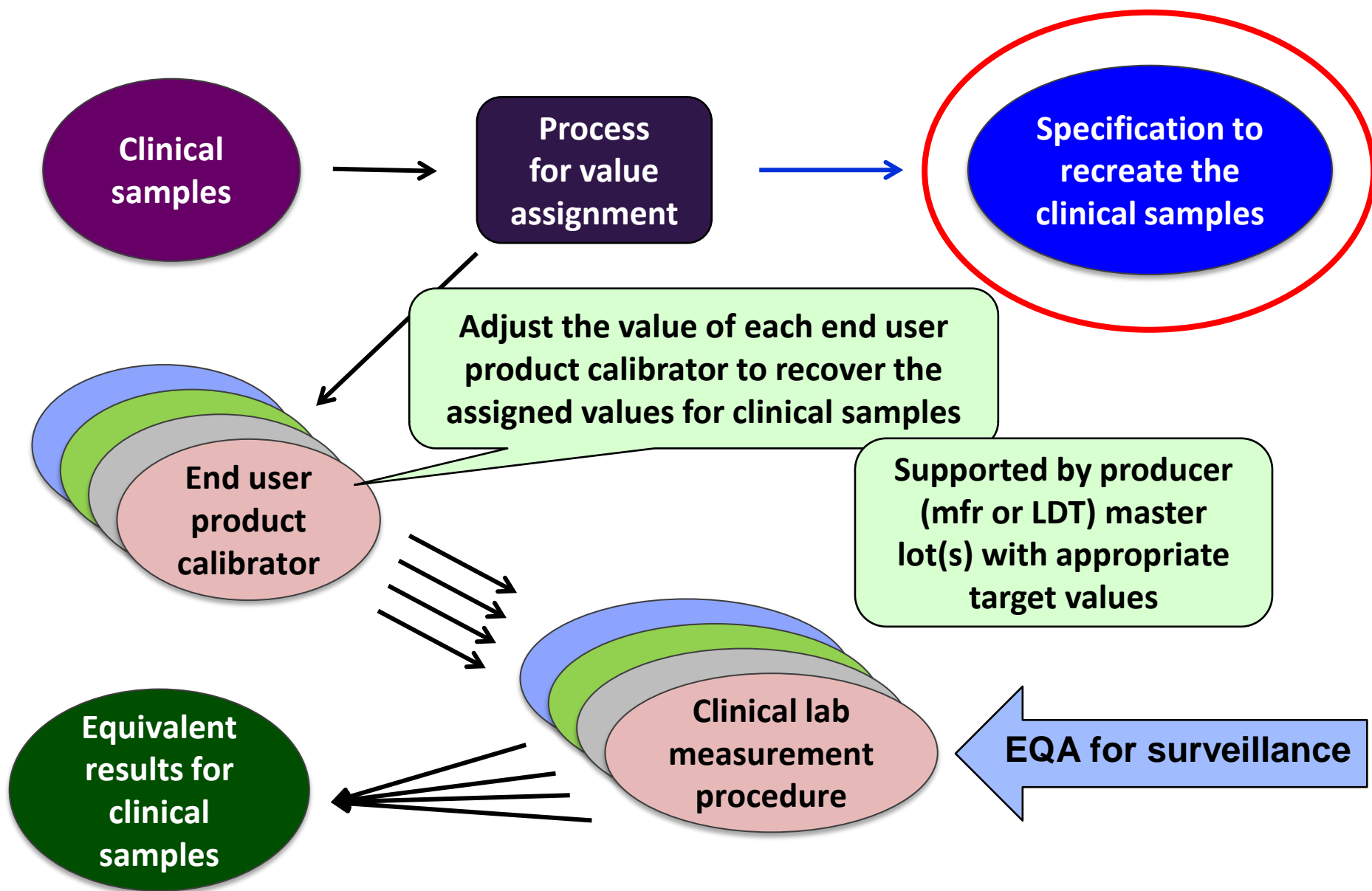
# Critical components for harmonization

1. Calibration of all measurement procedures is traceable to a common reference protocol
2. All measurement procedures measure the same quantity (the same molecular form)
3. Traceability can be sustained over time and location

# Example 1: harmonization protocol



# Example 2: harmonization protocol





# A harmonization protocol has reference materials

- ❖ Suitable for use material(s)
  - ❑ Panel of individual clinical samples
  - ❑ Pool of suitable clinical samples
  - ❑ Other – supplemented ...
  
- ❖ Commutability must be ensured
  - ❑ Influence of sample collection, handling, storage, pooling, supplementation, etc.

# A harmonization protocol has reference materials

- ❖ Materials do not meet requirements for a CRM or an international conventional reference material
  - ❑ May be used over a short time for a protocol
  - ❑ Protocol specifies how to obtain/prepare the material(s)
    - Clinical characteristics for inclusion or exclusion
    - Sample collection, handling, storage, pooling, supplementation, etc.

# **ISO 20089 – Requirements for international harmonization protocols**

- 1) Description of the measurand and what is actually measured**
- 2) Acceptable agreement among measurement procedures**
- 3) Criteria for inclusion or exclusion of measurement procedures**
- 4) Description of the process to achieve harmonization**
- 5) Process to add measurement procedures not included**
- 6) Materials used (typically patient samples that meet specifications)**
- 7) How to assign quantity values to materials**
- 8) How to assign values to end user calibrators (product calibrators)**
- 9) Evidence for validation of the protocol**
- 10) Provision for sustainability of the protocol over time**

# Questions / Comments



**Perfect is the Enemy of Good**