#### Traceability in External Quality Assessment:

## How Weqas ensures traceability in EQA and stresses its importance to users

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# **Programme Design: Lab and PoCT**

Serum Chemistry

Lipids / Bilirubin

ED Toxicology

Common Report format (quantitative)

Urine Chemistry / Oxalate & Citrate

Blood Gases / Co-oximetry

Endocrine / Haematinics / Cardiac Marker / BNP

Homocysteine / Bile Acids / Serum ACE / Serum HCG / Porphyrin / Ammonia / CRP / TDM / IS

HbA1c

**POCT Creatinine** 

Urine Drugs of Abuse



# **Multiple samples are important**

- Identifies components of both Imprecision and Inaccuracy (traceability across the measurement range)
- Identifies systematic errors
- Assesses method linearity required for ISO 15189
- Powerful error detection tool





# **Value of Reference Targets**

- Traceable to higher order
- Establishes method traceability for the lab requirement of ISO 15189
- Highlights the pitfalls of using the trimmed overall
  mean as an accuracy target in EQA Schemes
- Useful in the post market vigilance of the IVD -Directive



Detailed in Participants Manual and on website



# **Reference Methods**

#### Flame Atomic Absorption/ Emission

#### Spectrometry

- Sodium, Potassium, Calcium
- Magnesium, Lithium

#### IFCC Enzymes

• AST, ALT, LDH, GGT

• HbA1c \* \* Provided by IFCC Ref lab, Netherlands

#### ID-MS

- Progesterone
- •Testosterone
- Cortisol
- •Bile Acids
- Creatinine
- Cholesterol\*\*
- Glucose
- •Urate
- Triglyceride
- •HDL \*\*\*

\*\* Currently provided by CDC lab Rotterdam & Weqas Ref Lab

\*\*\*Currently provided by CDC lab Rotterdam



#### Drugs Of Abuse / Therapeutic Drug Monitoring: Gravimetric values

Measurand (DOA; Urine)	Range Covered	Measurand (TDM; Serum)	Range Covered
Amphetamine	0 – 3000 μg/L	Amikacin	0 – 35 mg/L
Benzodiazepine	0 – 1000 μg/L	Carbamazepine	0 – 20 mg/L
Barbiturate	0 - 1000 µg/L	Digoxin	0 – 6 ug/L
Buprenorphine	0 - 50 μg/L	Gentamicin	0 - 20 mg/L
Cocaine	0 - 1000 µg/L	*Lamotrigine	0- 30 mg/L
Cannabis	0 - 150 μg/L	Lithium	0 – 2.5 mmol/L
6-Acetylmorphine (heroin)	0 - 50 μg/L	Methotrexate	0 -1.5 umol/L
Ketamine	0 - 3000 µg/L	Phenobarbital	0 - 65 mg/L
Methadone	0 - 1000 µg/L	Phenytoin	0 - 30 mg/L
EDDP	0 - 1000 µg/L	*Teicoplanin	0 - 70 mg/L
Methamphetamine	0 - 3000 µg/L	Theophylline	0 - 30 mg/L
Opiates	0 – 3000 μg/L	Tobramycin	0 - 15 mg/L
Phencyclidine (PCP)	0 - 100 μg/L	Valproic acid	0 - 175 mg/L
Tricyclic antidepressants	0 - 3000 µg/L	Vancomycin	0 - 50 mg/L
MDMA	0 – 3000 μg/L		
Amphetamines Group Screen	Qualitative only		

- High order drug/metabolite gravimetrically added to base material
- Pools mixed with the negative base material to produce a panel of intermediate pools.
- The "weighed-in" value incorporating purity of the spike used as target value.
- All microbalances are calibrated by ISO17025 accredited organisation Weqas

# The WEQAS Report Target values used in Statistical Analysis

Reference values – used for bias plot /SDI calculation and  $\sigma$  score

Method mean – used for SDI calc if no ref and n>8

Hierarchy

Overall mean – used for SDI calc and bias plot if no ref and n <8

Analyser mean – on report for information only



# **Analytical Specification Requirements**

The National QA Advisory Panel in the UK has devised a **M**inimum **A**nalytical **P**erformance **S**pecification (MAPS) which has been adopted since 2010

	Concentration	Allowable Bias vs Reference Value	Allowable variability	Allowable Total Error
Total Cholesterol	5.0 mmol/L [Desirable <sup>1</sup> ]	4.00%	2.70%	8.50%
HDL-Cholesterol	1.0 mmol/L [Desirable <sup>1</sup> ]	5.20%	3.60%	11.10%
	1.0 mmol/L [Achievable]	10.00%	3.60%	15.90%
Glucose	7.0 mmol/L [Desirable <sup>1</sup> ]	2.20%	2.90%	6.90%
	2.0 mmol/L [Achievable]	+/- 10% absolute		
HbA1c	50 mmol/mol [Desirable <sup>1</sup> ]	2.2%*	2.5%*	6.3%*
	50 mmol/mol [Achievable]	3.60%	2.50%	7.70%
Creatinine	75 umol/L [Desirable <sup>1</sup> ]	3.80%	2.70%	8.20%
	75 umol/L [Achievable]	5.00%	2.70%	9.50%





	ab	Code: AE	<ul> <li>Section:</li> </ul>	Architect	T2 ·	Instrument:	Architec
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**Total Error** 

SDI is a measurement of your total error and will include both in



.... Median \_\_\_ Your SDI 97.5th

Please note: Linear regression uses CF corrected data

#### This Distribution PQ

Assesses how far the lab's results are away from the "true" value and general performance over time.



#### **Previous Distributions**



# Traceability Communication to Users

Reports sent to participants, published at conferences, journals, website etc.

Annual Participant Meeting often features talks on traceability

*Example:* Creatinine (presented at Euromedlab, Athens)



### **EQA Assigned Method Groups**





#### **Overall Method Groups Bias Plot**



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#### **Jaffe ID-MS Traceable Bias Plot**





### **Enzymatic: Bias Plot**



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#### **In Summary**

- Laboratories are scored against Reference Measurement
   Values where available
- Gravimetric spiking of material with higher order material is used as an alternative traceable target
- Both Reference Measurement and gravimetric target values aid in identification of methods where traceable calibration may be an issue
- Traceability of methods is therefore assured aiding ISO
   15189 accreditation for laboratories
- The use of reference targets as opposed to comparison with mean data eloquently highlights the variability of results and reduces the pitfalls of laboratory trimmed data comparisons

#### Thank you for your attention



