

## ERNDIM - Quantitative Schemes Special Assays in Urine



Dra. Begoña Merinero  
Centro de Diagnóstico de  
Enfermedades Moleculares  
Facultad de Ciencias. Modulo 10  
Universidad Autónoma de Madrid  
28049 Madrid  
Spain  
e-mail: [bmerinero@cbm.csic.es](mailto:bmerinero@cbm.csic.es)

Dr. C.W. Weykamp  
Queen Beatrix Hospital  
MCA Laboratory  
P.O. Box 9005  
NL – 7100 GG Winterswijk  
The Netherlands  
e-mail : [c.w.weykamp@skbwinterswijk.nl](mailto:c.w.weykamp@skbwinterswijk.nl)

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### Annual Report ERNDIM-EQAS 2014

#### 1. **Purpose**

The purpose of the ERNDIM External Quality Assurance Scheme for Special Assays in Urine is the monitoring of the analytical quality of the quantitative assay of a range of analytes in urine in laboratories involved in the diagnosis of patients with inherited metabolic disorders. For details see [www.erndimqa.nl](http://www.erndimqa.nl)

#### 2. **Participants**

188 Data sets were submitted by laboratories from 37 countries. Of these 10 (from 8 laboratories) did not allow to calculate the annual report due to too few submissions. 3 Labs did not submit any results.

#### 3. **Design**

The Scheme has been designed, planned and coordinated by the scientific advisor (Dra. Begoña Merinero) and Dr. Cas Weykamp as scheme organizer (subcontractor on behalf of SKML), both appointed by and according to the procedures of the ERNDIM Board. The design includes samples and reports which are connected to provide information with a balance between short-term and long-term reports and between detailed and aggregated information.

#### **Samples**

The scheme consisted of 8 lyophilised samples, all prepared from the same basic urine but with various amounts of added analyte. The samples were identical two by two: the pairs, analytes and their source as well as the added amounts are in the table below. Samples have been tested for stability and homogeneity according to ISO 13528.

Analyte	Source:	Units	Added Amounts			
			Sample Pair 135 - 139	Sample Pair 137 - 141	Sample Pair 136 - 142	Sample Pair 138 - 140
5-OH indolacetic acid	Sigma H8876	µmol/L	13,0	98,0	28,0	58,0
Carnitine free	Sigma C0283	µmol/L	1,0	485,8	135,9	335,9
Creatine	Sigma C3630	µmol/L	3,0	8959,5	962,7	3961,6
Creatinine	Sigma C6257	mmol/L	0,0	5,0	1,5	3,0
Galactitol	Sigma D0256	µmol/L	45,9	295,8	121,0	196,0
Guanidinoacetate	Sigma G6002	µmol/L	1,0	965,6	165,9	465,8
Homovanillic acid	Sigma H1252	µmol/L	12,2	96,9	27,0	57,0
Lactic acid	Sigma L7022	mmol/L	0,0	8,9	2,9	5,9
MPS	Sigma C6737	mg/L	17,3	149,9	47,9	98,9
Orotic acid	Sigma O2750	µmol/L	2,0	98,9	28,9	58,9
Oxalic acid	Sigma O0136	µmol/L	0,0	477,9	78,0	277,9
Pipecolic acid	Aldrich P4585-0	µmol/L	2,0	39,9	19,9	29,9
Sialic acid	Sigma A2388	µmol/L	0,0	274,9	125,0	200,0
Succinylacetone	Sigma D1415	µmol/L	5,0	40,1	20,1	30,0
Sulfocysteine	Sigma C2196	µmol/L	3,0	33,0	10,0	20,0

## Reports

All data-transfer, the submission of data as well as the request of reports proceeded via the interactive website [www.erndimqa.nl](http://www.erndimqa.nl) which can also be reached through the ERNDIm website ([www.erndim.org](http://www.erndim.org)). The results of your laboratory are confidential and only accessible to you (with your name and password). The anonymised mean results of all labs are accessible to all participants. Statistics of the respective reports are explained in the general information section of the website.

An important characteristic of the website is that it supplies short-term and long-term reports. Short-term reports are associated with the four individual specimens, for each of which there has been a specific deadline in the year 2014. Two weeks after the respective deadlines participants could request their reports and as such had four times up-to-date information on their analytical performance. Although technically not required (the website can work with a delay time zero) a delay time of 14 days has been chosen to enable the scientific advisor to inspect the results and add his comment to the report. Contrary to the fast short-term report is the annual long-term report. The annual report is based on the design-anchored connection between samples which enables to report a range of analytical parameters (accuracy, precision, linearity, recovery and interlab dispersion) once an annual cycle has been completed. The annual report is discussed below.

A second important characteristic of the website is the wide range in aggregation of results which permits labs to make an individual choice for detailed and/or aggregated reports. The most detailed report which can be requested from the website is the "Analyte in Detail" which shows results of a specific analyte in a specific sample (120 such Analyte-in-Detail-reports can be requested in the 2014 cycle). A more condensed report in the "Cycle Review" which summarizes the performance of all analytes in a specific sample (8 such Cycle-Review-Reports can be requested in 2014). The highest degree of aggregation has the Annual Report which summarizes the performance of all analytes of all 8 samples (1 such Annual-Report can be requested in 2014).

#### **4. Discussion of Results in the Annual Report 2014**

In this part the results as seen in the annual report 2014 will be discussed. Subsequently we will regard accuracy, recovery, precision, linearity, interlab CV and crosssectional relations. Please print your annual report from the Interactive Website when you read the “guided tour” below and keep in mind that we only discuss the results of “all labs”: it is up to you to inspect and interpret the specific results of your laboratory.

##### **4.1 Accuracy**

A first approach to describe accuracy is to compare the mean outcome of the eight samples in your lab with the mean of all labs. This is done in the first columns of the annual report. It can be seen that for 5-OH-Indolacetic acid the mean outcome of all labs is 53.1 micromol/liter

##### **4.2 Recovery**

A second approach to describe accuracy is the percentage recovery of added analyte. In this approach it is assumed that the recovery of the weighed quantities is the target value. The correlation between weighed quantities as added to the samples (on the x-axis) and your measured quantities (on the y-axis) has been calculated. The slope of the correlation multiplied with 100% is your recovery of added amounts. Outcome for your lab in comparison to median outcome of all labs is shown in the column “Recovery” in the Annual Report. For all labs the recovery ranges from 53% for Oxalic acid to 111% for orotic acid. The overall recovery is 94%.

##### **4.3 Precision**

Reproducibility is an important parameter for quality in the laboratory and is encountered in the schemes’ design. Samples come in pairs which can be regarded as duplicates from which CV’s can be calculated (Intra Laboratory CV as indicator for reproducibility). Outcome for your lab in comparison to the median of all labs is shown in column “Precision” of the Annual Report. Precision ranges from 3.4% for Creatinine to 20.3% for Oxalic acid. The overall precision is a quite satisfying 8.3%.

##### **4.4 Linearity**

Linearity over the whole relevant analytical range is another important parameter for analytical quality. Again this is encountered in the schemes’ design. With weighed quantities on the x-axis and your measured quantities on the y-axis the coefficient of regression (  $r$  ) has been calculated. Outcome for your lab in comparison to the median of all labs is in the column “Linearity” of the Annual Report. It can be seen that the coefficient of regression ranges from 0.938 for Oxalic acid to 0.998 for Creatine.

##### **4.5 Interlab CV**

For comparison of outcome for one patient in different hospitals and for use of shared reference values it is relevant to have a high degree of harmonization between results of various laboratories. Part of the schemes’ design is to monitor this by calculating the Interlaboratory CV. This, along with the number of laboratories who submitted results, is shown in the column “Data all Labs” in the Annual Report. It can be seen that most laboratories submitted results for Creatinine (122) whereas only 21 submitted results for Galactitol. The Interlab CV ranges from 5.59% for Creatinine to 49.6% for Oxalic acid.

##### **4.6 Cross Sectional Relations**

The various parameters as described above often have an interrelation: more than one parameter directs towards good or bad analytical control.

A typical example of good analytical control is Creatinine: many (122) laboratories submitted results, the reproducibility within the labs is good (precision of 3.4%), the Interlab CV is good with 5.59%, linearity is excellent (0.997) and recovery is 102%. Creatinine will be measured in many institutes by the general clinical chemistry lab using commercial analyzers. It is, therefore, not logical to compare it's results with those of chromatographic analyzers.

#### 4.7 **Your performance: red and green flags**

After some years of discussion and planning a system to judge performance of individual laboratories is implemented starting from January 2009. In the annual report of an individual laboratory red flags indicate poor performance for accuracy, precision, linearity and recovery. Special assays with satisfactory performance for at least three of the four parameters (thus no or only one red flag or no result) receive a green flag. Thus a green flag indicates satisfactory performance for analysis of that particular analyte while a red flag indicates that your laboratory has failed to attain satisfactory performance. Criteria for red flags can be found in the general information on the website (general information; interactive website, explanation annual report).

#### 4.8 **Poor Performance Policy**

A wide dispersion in the overall performance of individual laboratories is evident. Table 2 shows the percentage of red flags observed. 50% of the laboratories have no red flag at all and thus have attained excellent overall performance. In contrast, at the other extreme there are also 4% of laboratories with more than 25% red flags. Following intensive discussion within the ERNDIM board and Scientific Advisory Board (SAB) and taking into account feedback from participants we have been able to agree on a harmonised scoring system for the various branches of the Diagnostic Proficiency schemes and qualitative schemes. We have also tested a scoring system for the quantitative schemes as described in our Newsletter of Spring 2009. In parallel to this the SAB has agreed levels of adequate performance for all the schemes and these will be re-evaluated annually. The scoring systems have been carefully evaluated by members of the SAB and have been applied to assess performance in our schemes from 2007 onwards. The ERNDIM Board has decided that the Scientific Advisor will judge the performance of the individual laboratories based on these levels of satisfactory performance and issue a letter of advice of failure to achieve satisfactory performance to those laboratories which do not achieve satisfactory performance. The letter is intended to instigate dialogue between the EQA scheme organiser and the participating laboratory in order to solve any particular analytical problems in order to improve quality of performance of labs in the pursuit of our overall aim to improve quality of diagnostic services in this field.

*Table 2. Percentage Red Flags*

<b>% Red Flags seen in Annual Report</b>	<b>Percentage Labs In this Category</b>	<b>Cumulative Percentage Of Labs</b>
>25%	4%	4%
20 – 25%	6%	10%
15 – 20%	4%	14%
10 – 15%	7%	21%
5 – 10%	18%	39%
0 – 5%	11%	50%
0%	50%	100%

#### 4.9 **Certificates**

As for other schemes the performance as it is indicated by the red/green flags in the individual laboratories annual report is summarised in the new style of annual

participation certificate. The certificate lists the total number of special assays in the scheme, the number for which results have been submitted and the number for which satisfactory performance has been achieved. It is important to bear in mind that the certificate has to be backed up by the individual annual report in the case of internal or external auditing.

**5. Summary**

The Annual Report, dealing with analytical performance in terms of accuracy, precision, linearity, recovery and interlab CV, shows a pattern similar to previous years. For some analytes the overall performance is good, for others results are less satisfying, especially the interlaboratory dispersion. The heterogeneity of the analytes makes it difficult to give a general advice.

**6. Preview Scheme 2015**

Addition of following analyte: Glycolic Acid.  
DL-Pipecolic acid (Aldrich P4585-0) is replaced by L-Pipecolic acid (Sigma P2519).

**7. Questions, Comments and Suggestions**

If you have any questions, comments or suggestions please address to the scientific advisor of the scheme Dra. Begoña Merinero (bmerinero@cbm.csic.es) and/or to the scheme organiser Dr. Cas Weykamp (c.w.veykamp@skbwinterswijk.nl).