

Harmonization through EQA data aggregation

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EQALM, 13 October 2021

Learning objectives

- ❖ How does EQA support harmonization**
- ❖ Why commutability matters**
- ❖ How can we aggregate EQA data**

Clinical decisions need equivalent results from different measurement procedures

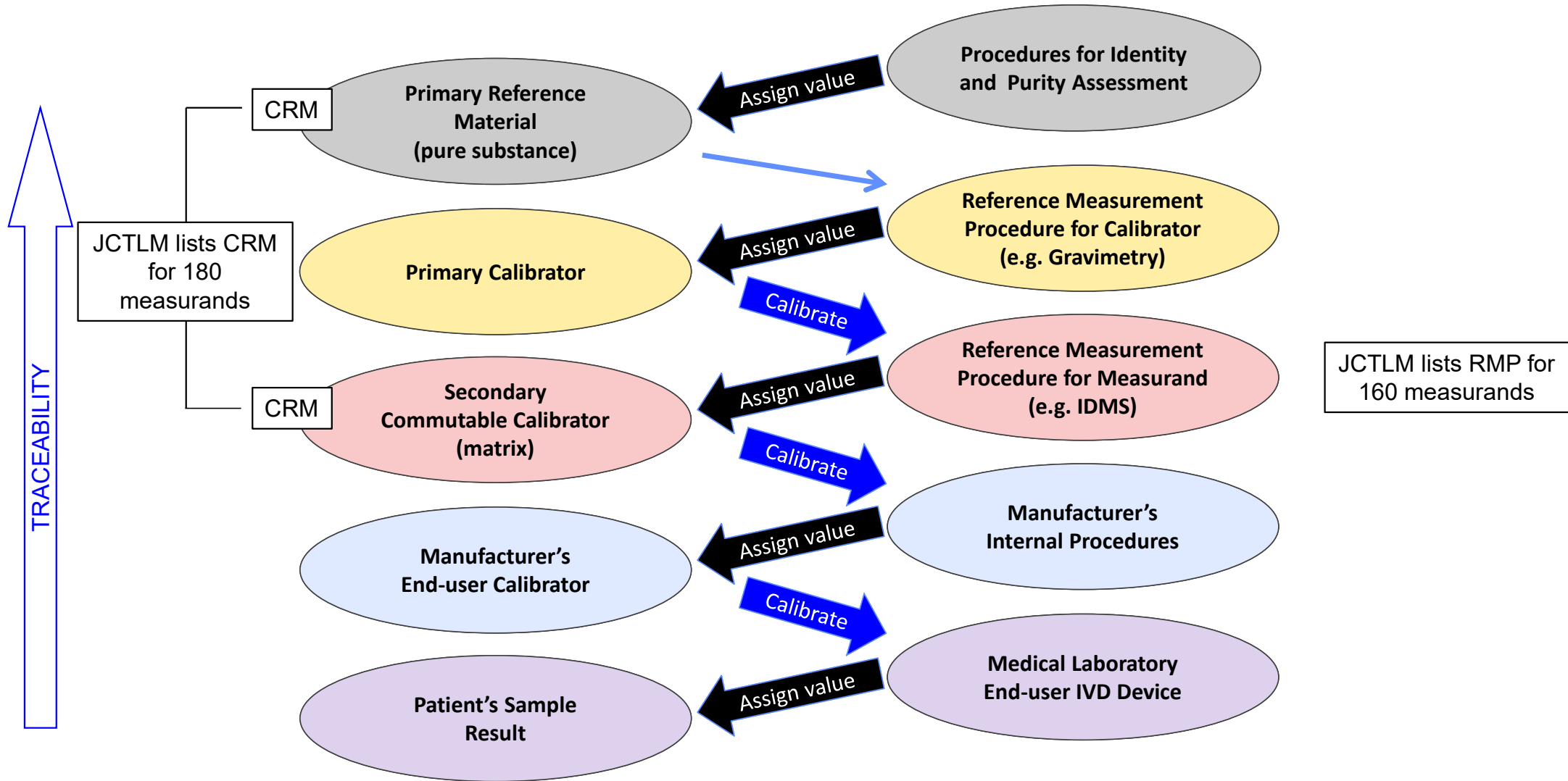


- **Equivalent does not mean identical**
- **Equivalent means within an uncertainty consistent with an acceptable risk of harm from decisions based on a lab test result**

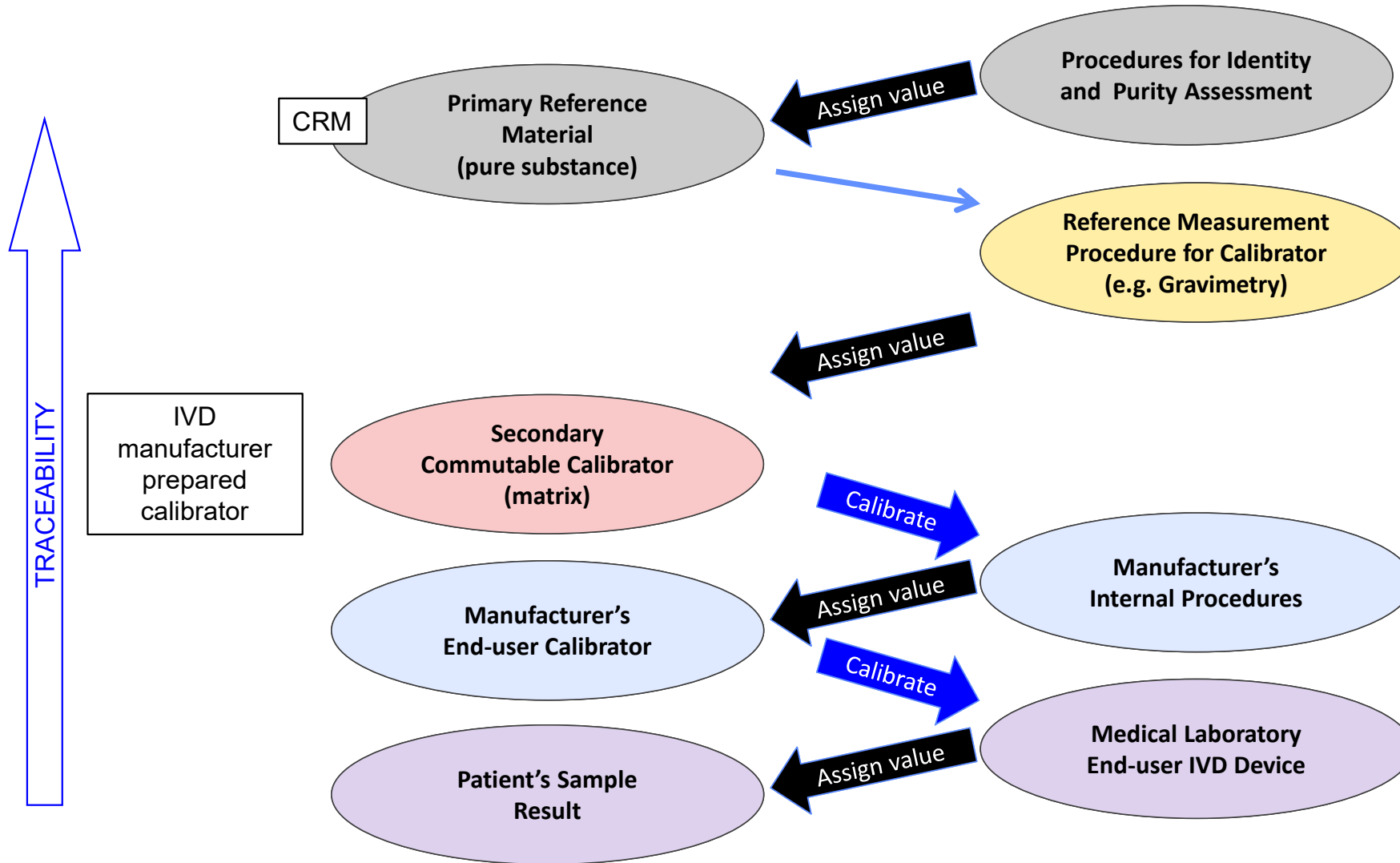
How to achieve equivalent results

- 1. Calibration of all measuring systems is traceable to a common fit-for-purpose reference system**
- 2. All measuring systems measure the same measurand**
 - Acceptable influence by interfering substances, or molecular forms**

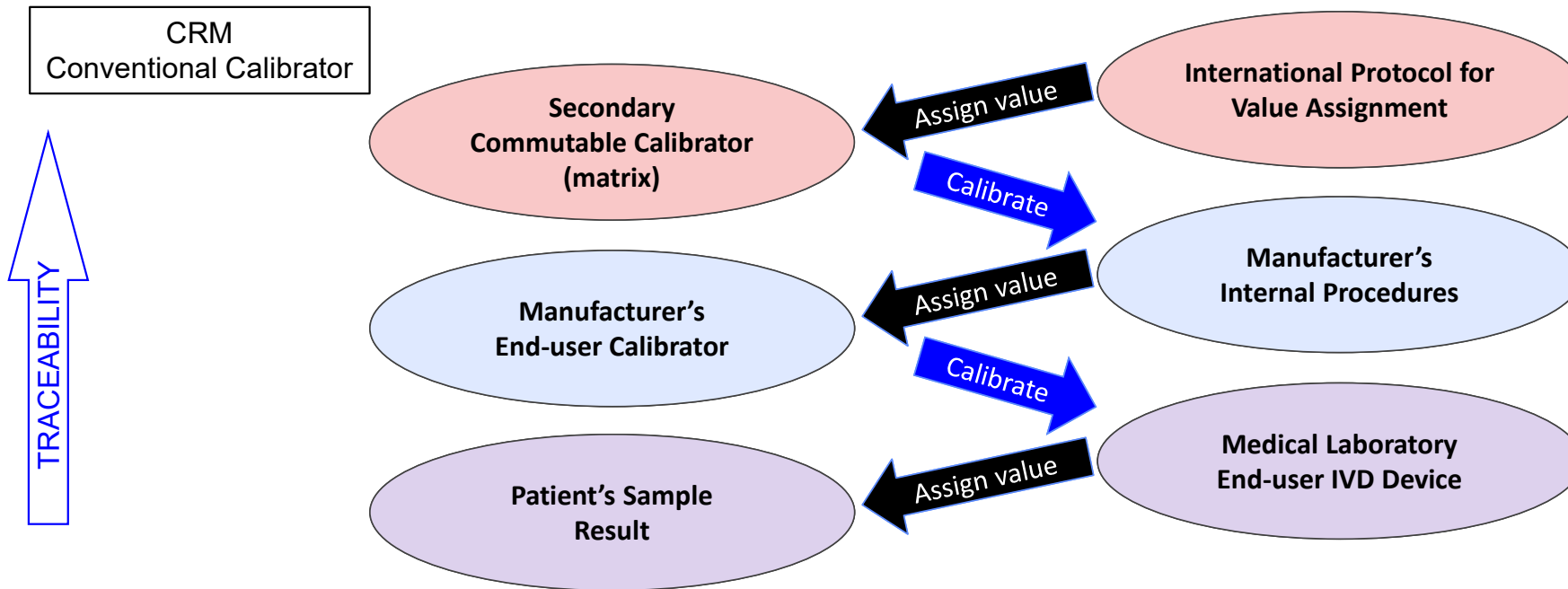
ISO 17511:2020 Metrological Traceability



ISO 17511:2020 Metrological Traceability

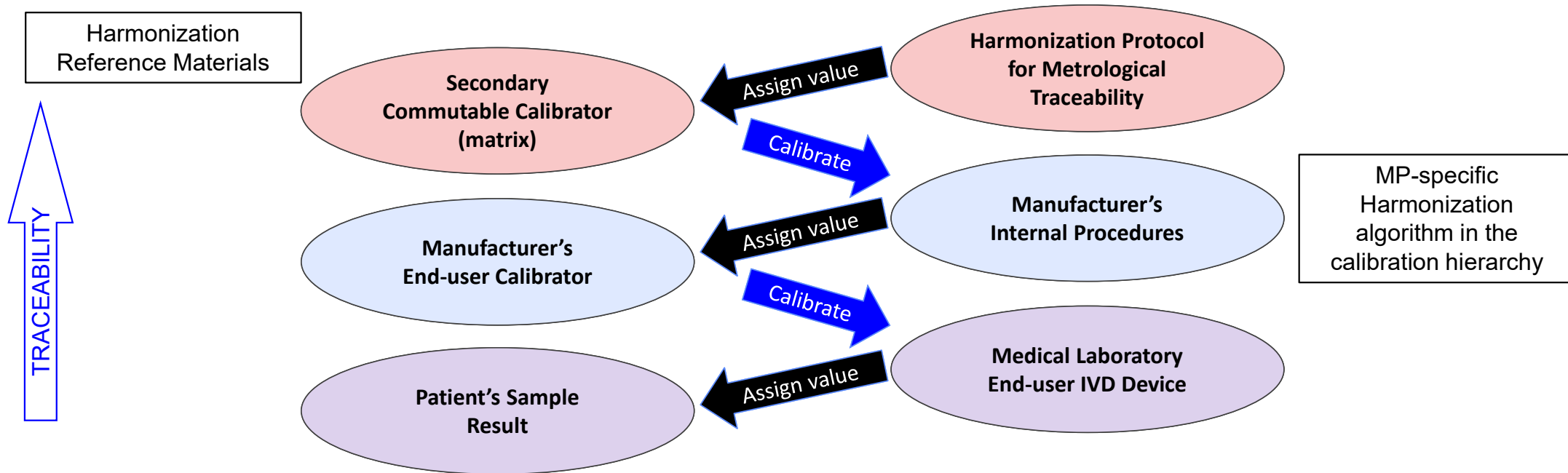


ISO 17511:2020 Metrological Traceability



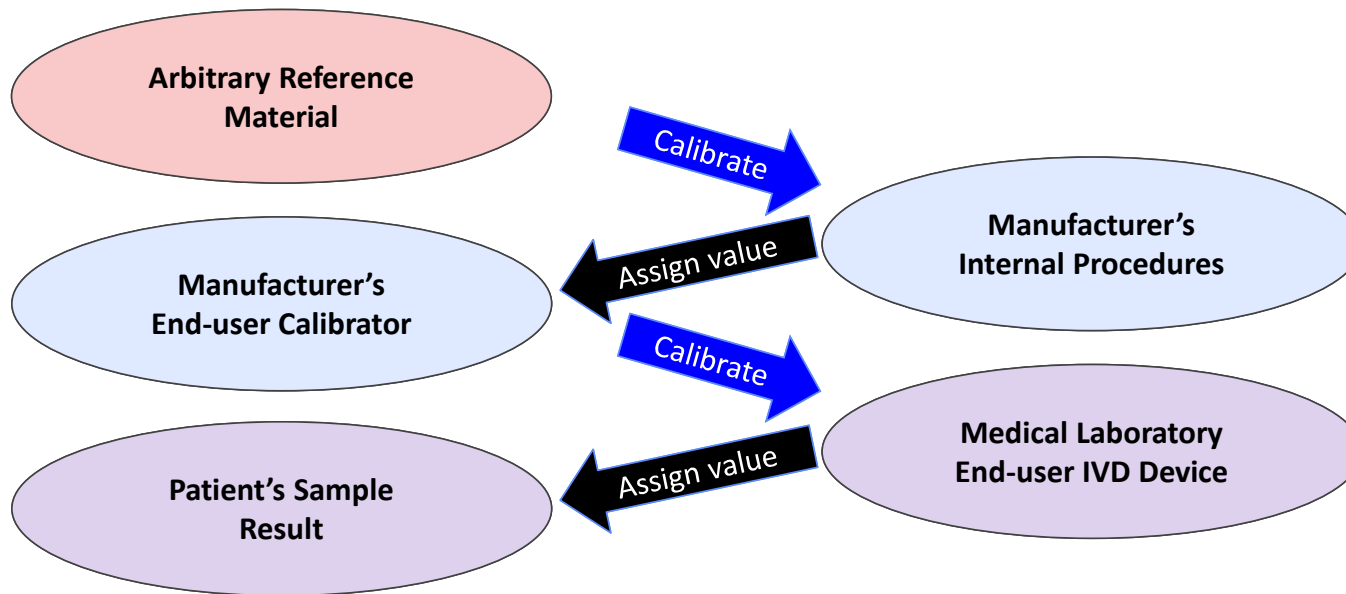
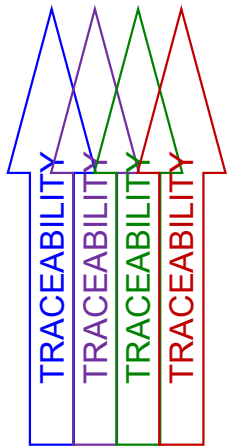
ISO 17511:2020 Metrological Traceability

ISO 21151:2020 Harmonization Protocol for Metrological Traceability



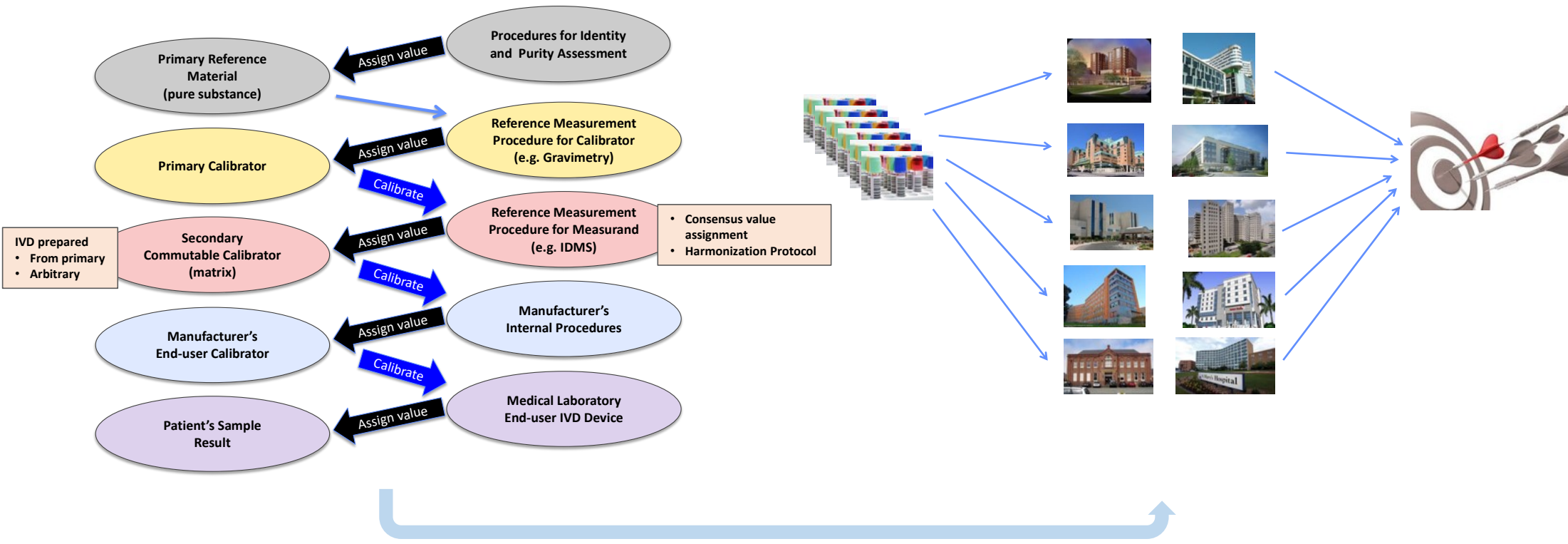
ISO 17511:2020 Metrological Traceability

Each is unique
? Harmonization ?





STANDARDIZATION / HARMONIZATION METROLOGICAL TRACEABILITY

ASSESSMENT EQA



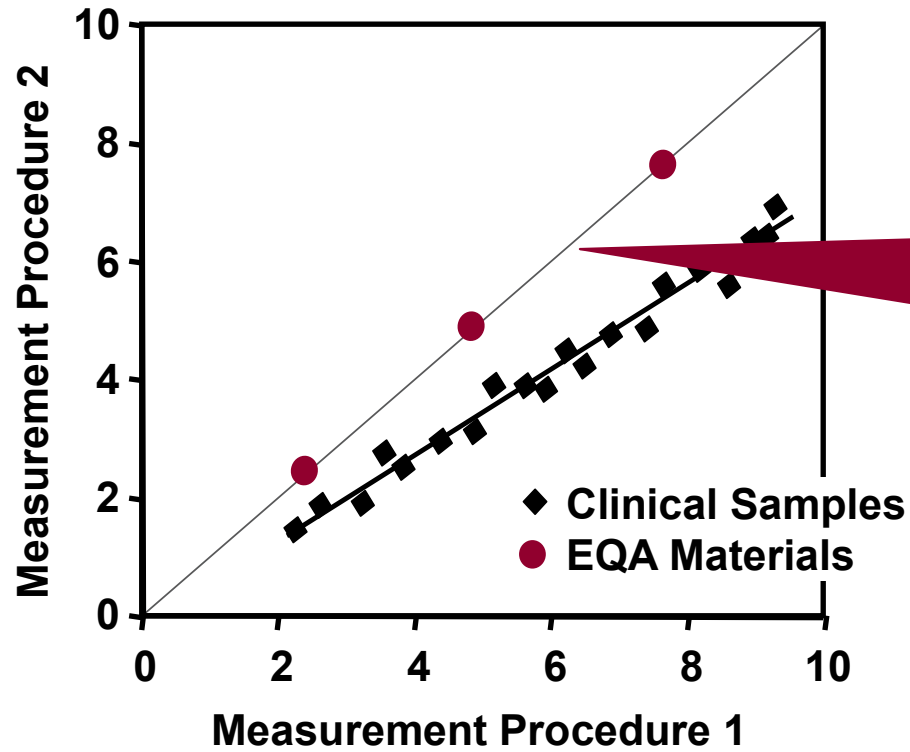
EQA Scheme Design

Sample Characteristics

	Value Assign by RMP or CRM	Accuracy of Lab			Harmonization of Measurement Procedures	
		vs. RS	vs. All	vs. Peer Grp	vs. RS	vs. All
Commutable	X	X	X	X	X	X
Commutable			X	X		X
<hr/>						
Non-Commutable				X		

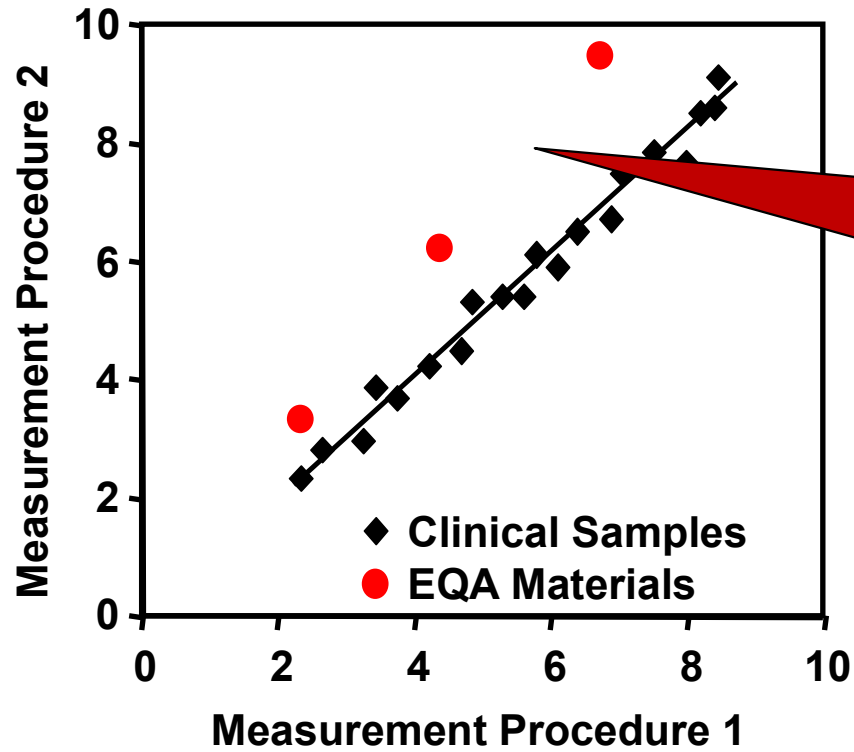
Adapted from Miller, Jones, Horowitz, Weykamp. Clin Chem 2011;57:1670-80

Non-Commutable EQA



Apparent agreement means patient results DO NOT AGREE

Non-Commutable EQA



Disagreement
does **NOT** mean
patient results are
different

Need EQA feedback to the IVD industry

We need a mechanism for EQA providers to cooperate to:

- 1. Cover measurands on an annual or biennial cycle**
- 2. Prepare aggregated data summaries among schemes**

An organizing role for EQALM?

Should EQALM become GQALM?

ICHCLR and EQALM conducted a pilot feasibility study

DE GRUYTER

Clin Chem Lab Med 2021; 59(1): 117–125

Eline A. E. van der Hagen, Cas Weykamp, Sverre Sandberg, Anne V. Stavelin, Finlay MacKenzie and W. Greg Miller*

Feasibility for aggregation of commutable external quality assessment results to evaluate metrological traceability and agreement among results

Sandberg and van der Hagen presented findings at EQALM, Ljubljana 2019

- **Creatinine as example measurand**
- **Four EQA providers: CAP, NEQAS(UK), NOKLUS, SKML**
- **Commutable EQA materials**

Challenge: how to determine an EQA material is commutable

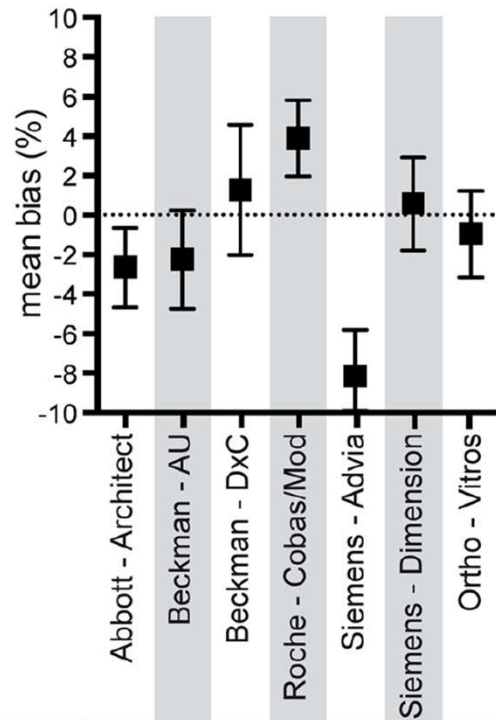
Common practice is to **assume commutability** based on how samples are prepared

- Collected and processed the **“same way”** as patient samples
 - ✓ Freeze thaw influences
 - ✓ Pooling influences
 - ✓ Supplementation and preservative influences
- **Not scientifically defensible without evidence**

An approach is in development by the IFCC WG-CMT

Aggregated data by instrument, enzymatic methods

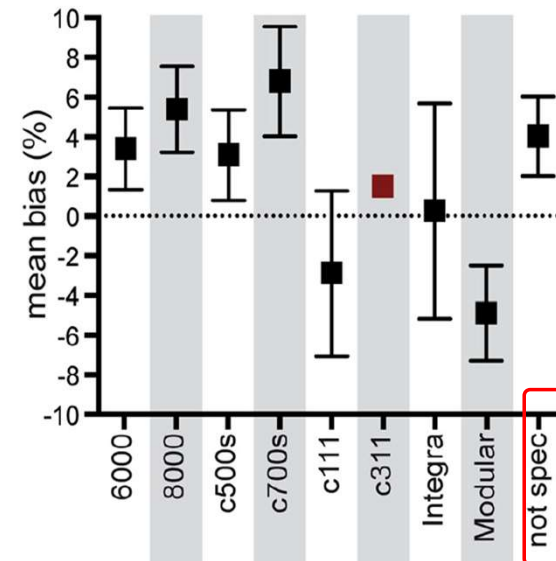
B



Bias (%)	-2.7	-2.3	1.2	3.8	-8.2	0.5	-1.0
ExpU (%)	2.0	2.5	3.3	1.9	2.4	2.4	2.2
n	85	30	10	314	42	20	48
% Outlier	1.2	-	-	0.6	-	-	-

Heterogeneity within a single manufacturer

C



Bias (%)	3.3	5.3	3.0	6.7	-3.0	1.4	0.2	-5.0	4.0
ExpU (%)	2.1	2.2	2.3	2.8	4.2	-	5.4	2.4	2.0
n	78	39	50	23	5	1	3	2	113
% Outlier	-	5.1	-	-	-	-	-	-	-

Challenge: information about the measuring systems

Table 3: Participant information needed for aggregation of results from different EQA providers.

Information	Minimum requirement	Desirable information	Example
Instrument manufacturer	X		Abbott
Instrument name	X		Architect
Instrument measuring system designation	X		C8000
Method type (reagent type)	X		Enzymatic
Reagent manufacturer		X	Abbott
Reagent lot number		X	R49872
Calibrator manufacturer		X	Abbott
Calibrator lot number		X	C43256
Calibration traceability (when applicable)		X	IDMS listed by JCTLM

Collaboration between EQALM and ICHCLR



The European Organisation for External Quality Assurance Providers in Laboratory Medicine

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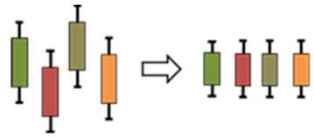
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Harmonization of Measurands in **L**aboratory **M**edicine through Data **A**ggregation

The **HALMA** initiative

<http://www.eqalm.org/site/halma/halma.php>



International Consortium
for Harmonization of Clinical Laboratory Results

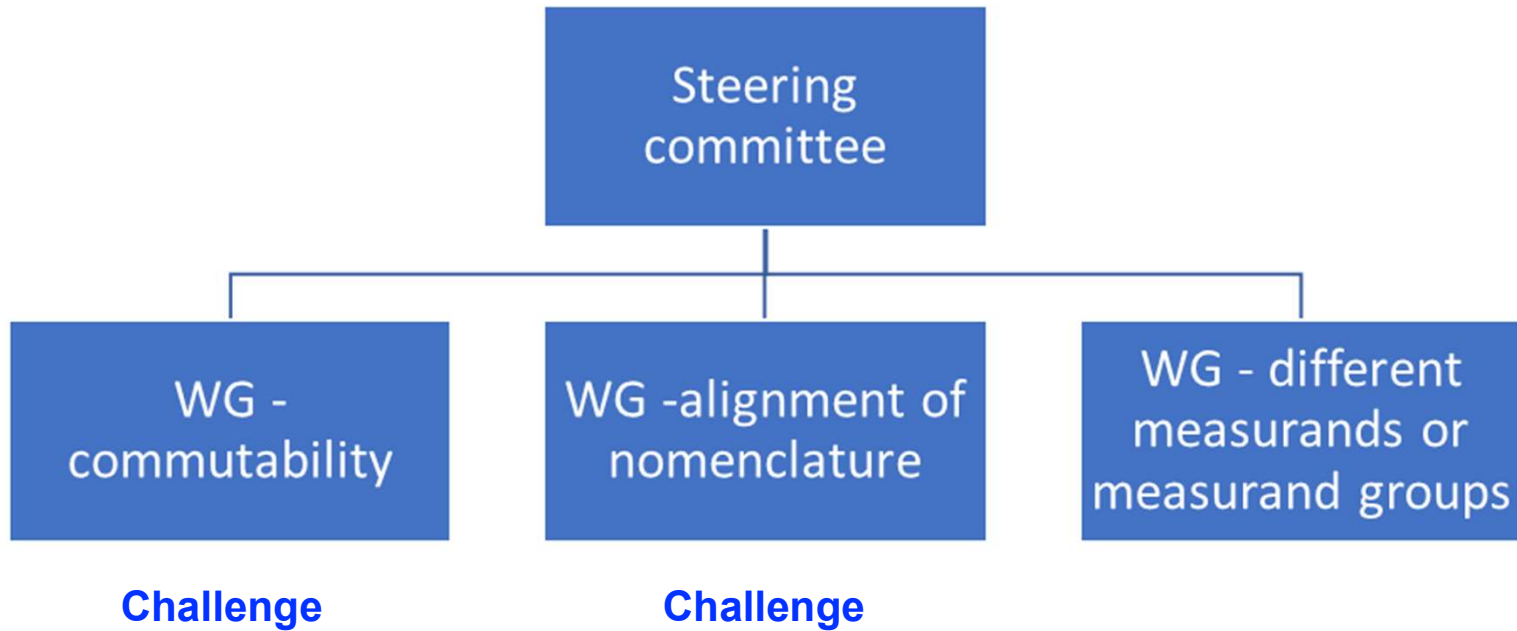


HALMA:

The primary purpose is to assess harmonization of the IVD industry through aggregated EQA data for different measurands on an international basis.



International Consortium
for Harmonization of Clinical Laboratory Results



HALMA Steering Committee

EQALM

Gitte Henriksen, Denmark (chair)

Wim Coucke, Belgium

Piet Meijer, The Netherlands

ICHCLR

Greg Miller, USA

Gary Myers, USA

Sverre Sandberg, Norway

WG - Commutability

Greg Miller, USA (chair)

Vincent Delatour, France

Finlay MacKenzie, UK

Sverre Sandberg, Norway

WG - Alignment of Nomenclature

Tony Killeen, USA (CAP; chair)

Tony Badrick, Australia (RCPAQAP)

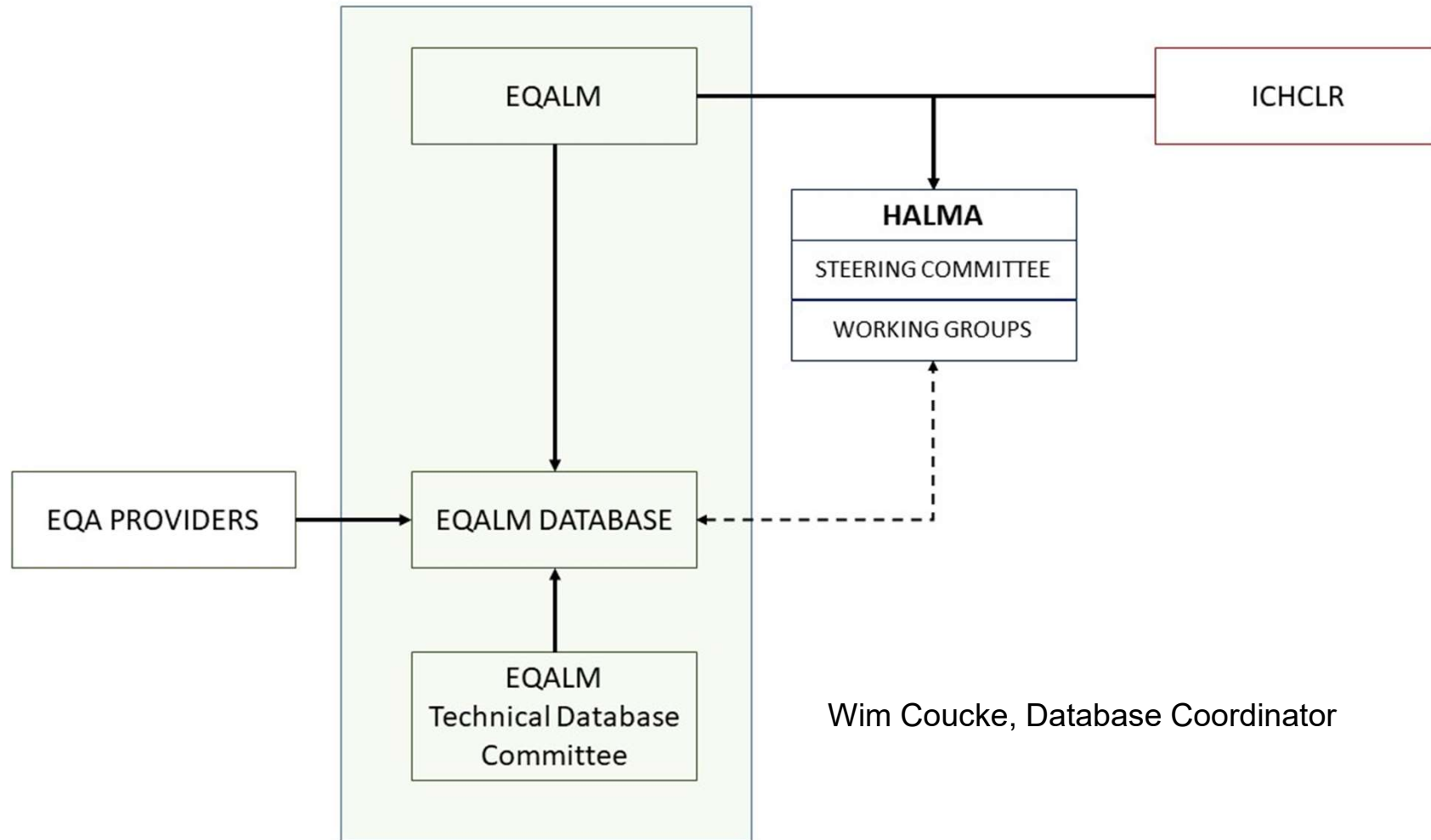
Eline van der Hagen, The Netherlands (SKML)

Gunnar Nordin, Sweden (EQUALIS)

Annette Thomas, UK (WEQAS)

WGs for Measurands

1. Creatinine, Dave Ducroq, UK (chair)
2. TSH and free T4
3. ALT and AST
4. HDL-cholesterol



Conclusions

- **Harmonization/standardization of results is important to reduce medical errors**
- **EQA with commutable samples has an essential role in the process**
- **EQA data aggregated from different schemes informs IVD manufacturers, clinical laboratories, and regulatory bodies**
- **Global cooperation is needed to support harmonization**