

A background image showing a microscopic view of cells stained with a blue dye, likely hematoxylin. The cells appear dark blue against a lighter blue background.

Effect of traceability – example from a EQA provider.

Harmonization of 7 common enzymes  
in the Netherlands

Paul Franck

Netherlands Reference laboratory for Enzymes



# Harmonization 7 common enzymes in the Netherlands

Since 2012 all laboratories measure the enzymes  
ALT, AST, ALP, GGT, LD, CK and  $\alpha$ -amylase

according to

IFCC primary reference measurement procedures

Patient results are accompanied by

National IFCC reference limits (for adults)

How did we achieve this national harmonization ?



**Stichting Kwaliteit Medische Laboratoria**  
Dutch Organisor of EQA / proficiency testing

## Netherlands Reference laboratory for Enzymes

Service: IFCC reference measurement procedures for 7 common enzymes



Regional medical laboratory of the Hague  
including 5 laboratories  
Hospitals + general practitioners in the region

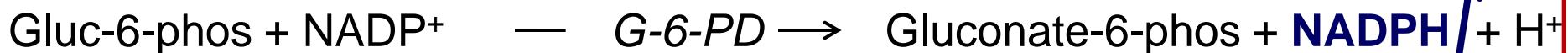
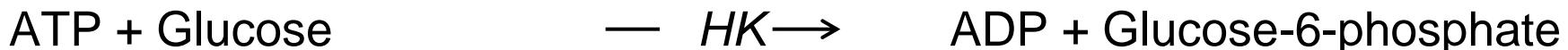
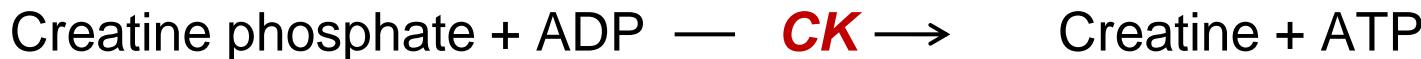
# Enzymes present in organs

Enzyme	Organ
Aspartate Amino transferase (AST)	<b>Heart and Liver</b>
Alanine Amino transferase (ALT)	<b>Liver</b>
Alkaline Phosphatase (ALP)	<b>Bile duct / Liver</b> Bone, intestine and other tissues
Gamma Glutamyl Transferase (GGT)	<b>Liver</b>
Creatine kinase (CK)	Muscle. Including <b>cardiac muscle / heart</b>
Lactate Dehydrogenase (LD)	Heart, skeletal muscle, liver, RBC
$\alpha$ Amylase	<b>Pancreas</b> Salivary gland

# Enzymes elevated in organ damage

Enzyme	Elevated in organ damage
Aspartate Amino transferase (AST)	<b>Liver disease</b> especially with liver cell damage Myocardial infarction,
Alanine Amino transferase (ALT)	<b>Liver disease</b> especially with liver cell damage
Alkaline Phosphatase (ALP)	<b>Liver disease- biliary obstruction</b> Osteoblastic bone disease-rickets
Gamma Glutamyl Transferase ( GGT)	<b>Liver disorder</b> like liver cirrhosis
Creatine kinase (CK)	<b>Myocardial infarction</b> and Skeletal muscle disease / muscular dystrophy
Lactate Dehydrogenase (LD)	<b>Myocardial infarction</b> , other diseases like Liver disease and blood diseases. Hemolysis
$\alpha$ Amylase	<b>Acute pancreatitis</b> Mumps

# Clinical enzymology: serial reactions CK



Raise of light absorbtion of NADPH at wavelength 340 nm

Catalytic activity / concentration: mol/sec = katal / l or mol/min = U / l

Influenced by:

Temp: 25 - 37°C

pH: 6,2 - 9,6

Concentration: substrates, (co) enzymes, inhibitors and ions

# 35 jaar IFCC standardization of enzymes

- 1980 - 1990: IFCC reference measurement procedures  
ALT, AST, CK and GGT at 30°C.  
No procedure for ALP,  $\alpha$ -amylase en LD.
- 1994: IFCC Committee on Reference Systems for Enzymes (C-RSE).  
  
37°C official incubation temperature of IFCC reference methods.
  - Physiological temperature of human body
  - In Vitro Diagnostics industry: 37° faster reaction / less substrate. Cheaper
  - United Germany: Choice for 37°C. Before 25°C West and 37°C East.

# 35 jaar IFCC standardization of enzymes

- 1999 - 2009:  
Research in transformation IFCC reference methodes from 30° to 37°C.

IFCC C-RSE and worldwide network of reference laboratories (n=10),

Network laboratories:

Reference institutes

University- and general hospitals, including our laboratory in the Hague

In vitro diagnostics manufacturers

# 35 jaar IFCC standardization of enzymes

- 2002 - 2011:  
Publication new Primairy IFCC reference methods 37°C  
with (prelimiry) reference limits for normal caucasian population.  
  
Clin. Chem. Lab. Med: Part 1 tm 9 including ALP,  $\alpha$ -amylase and LD
- 2002 – 2016:  
Primary Certified Reference Materials (CRM) developed and  
assigned with target values of IFCC reference methodes by the network

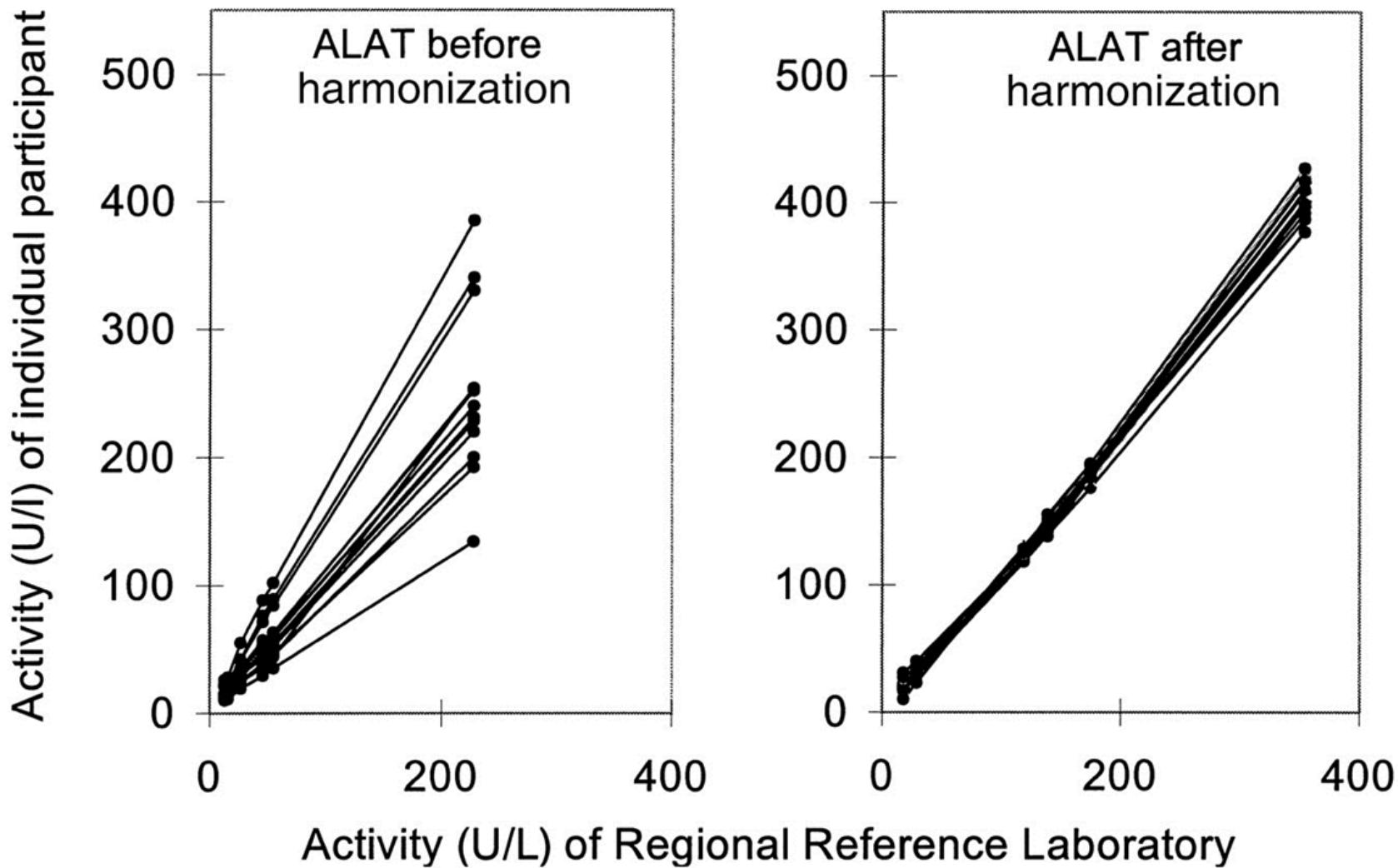
# Traceability and daily practice

- Reference method is the golden standard but is not practical.
- Reference materials are practical.
  - Can be used on analytical device.
  - Results compared to target values assigned by reference methods.
- Patient results are *traceable* to reference methods.

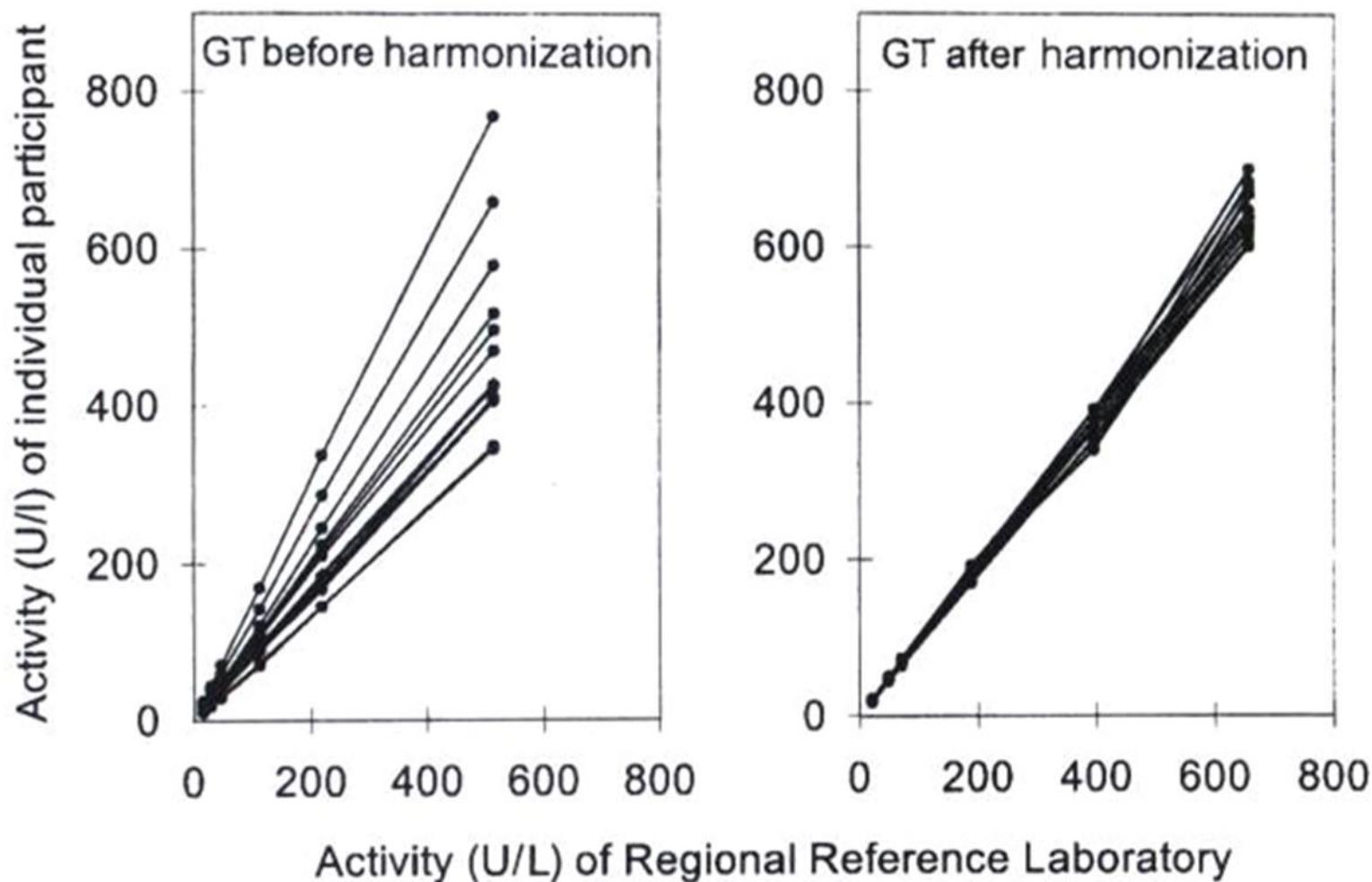
# Deviation of ALT results in 1996

Laboratories in the Hague and Leiden

6 patient pool sera



# Deviation of GGT results in 1996



From "Multicenter harmonization of common enzyme results by fresh patient-pool sera."  
Paul Franck, et al. Clinical Chemistry 44:3 614-621 1998

# Harmonization versus Standardization

## ■ Harmonization:

comparable, reproduceable, precise results

but not yet

## ■ Standardization:

comparable, reproduceable, precise **TRUE** results

# Certified Reference Materials (CRM)

- Primary CRM / standards:

- IRMM and IFCC (C-RSE and network of reference laboratories)



- Secundary standards, calibrators and proficiency materials

- Calibrators for analytical devices produced by diagnostica industry
  - Verifiers like Enzyme Trueness verifier . Checking calibration
  - EQA / PT materials like General Chemistry EQA scheme

# Certified Reference Materials

Name EC number	Primairy CRM IFCC / IRMM IFCC target value	Organ tissue or Human type Enzyme <b>Recombinant E.coli in BSA</b>	Trueness Verifier SKML IFCC target value	Human Pool Serum spiked with Human type Enzyme <b>Recombinant E.Coli</b>
<b>ALT</b> Alanine Aminotransferase EC 2.6.1.2	ERM AD 453k / IFCC 103,8 U/l	Recombinant Human Liver	Batch 2011.237 183 U/l	Recombinant Human Liver
<b>ALP</b> Alkaline Phosphatase EC 3.1.3.1	Under developement		Batch 2011.237 242 U/l	Recombinant Human Liver
<b><math>\alpha</math> - amylase</b> Alfa Amylase EC 3.2.1.1	IRRM-IFCC AD 456 546 U/l	Human pancreas $\alpha$ – amylase isoenzyme	Batch 2011.237 297 U/l	Recombinant Human Pancreas Human Saliva
<b>AST</b> Aspartate Aminotransferase EC 2.6.1.1	ERM AD 457 / IFCC 104,6 U/l	Recombinant Human Liver	Batch 2011.237 128 U/l	Recombinant Human Liver
<b>CK</b> Creatine Kinase EC 2.7.3.2	ERM AD 455k / IFCC 314 U/l	Recombinant Human Muscle MM isoenzyme	Batch 2011.237 394 U/l	Recombinant Human Muscle
<b>GGT</b> Gamma Glutamyltransferase EC 2.3.2.2	ERD AD 452 / IFCC 114,1 U/l	Pig kidney	Batch 2011.237 159 U/l	Recombinant Human Liver
<b>LD</b> Lactate Dehydrogenase EC 1.1.1.27	ERM AD 453k / IFCC 330 U/l	Recombinant Human erythrocyte LD1 iso enzyme.	Batch 2011.237 701 U/l	Human erythrocyte .

# Commutable stable proficiency materials

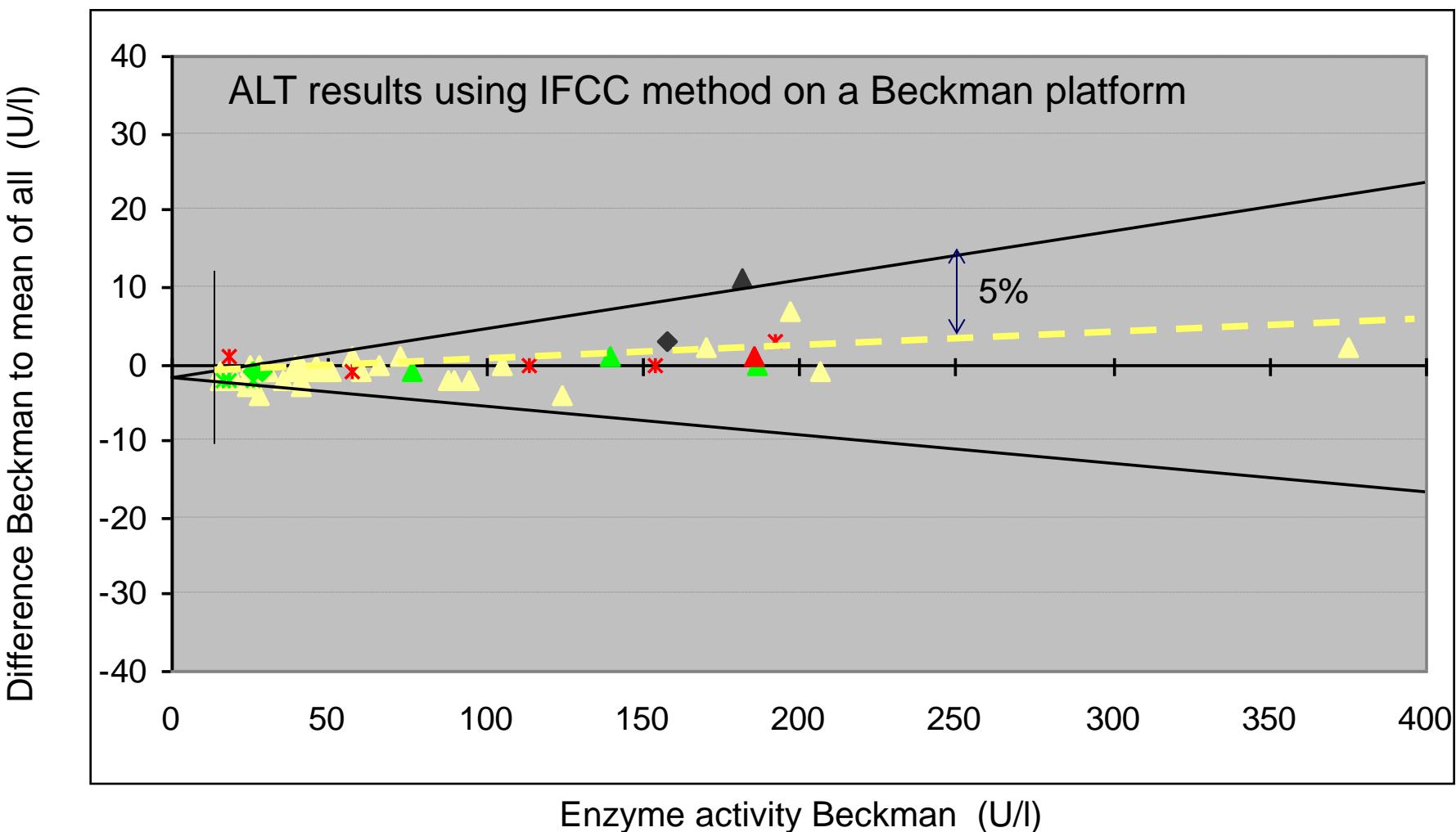
- Perform like patient samples.

Guideline CLSI EP30-A: Prerequisites for commutability

- SKML: Fresh frozen patient pool sera
  - Stable at -70°C
  - No additives.
  - Samples covering the clinical relevant range
  - Spiked with human recombinant enzymes
  - Target values assigned by IFCC reference method

# Commutability EQA samples and Reference Materials

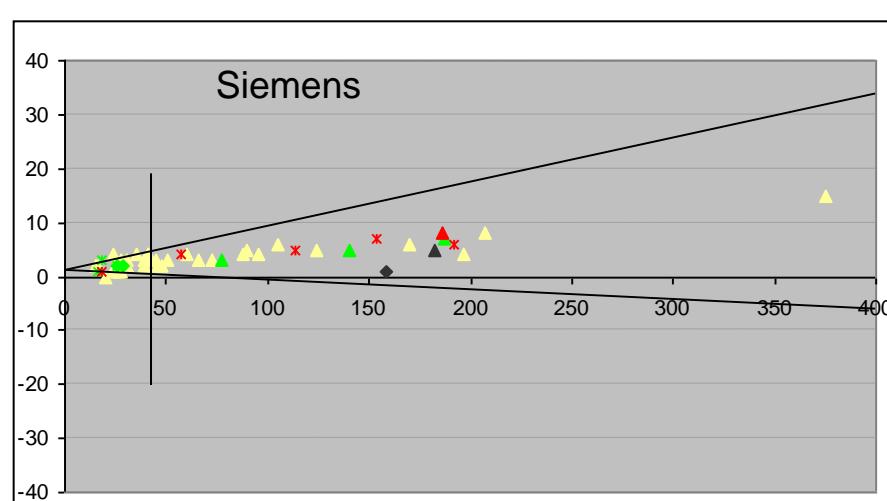
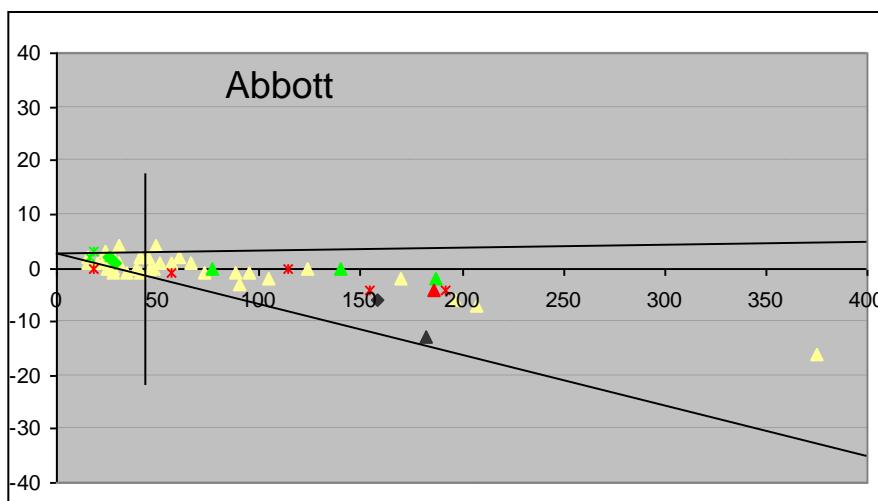
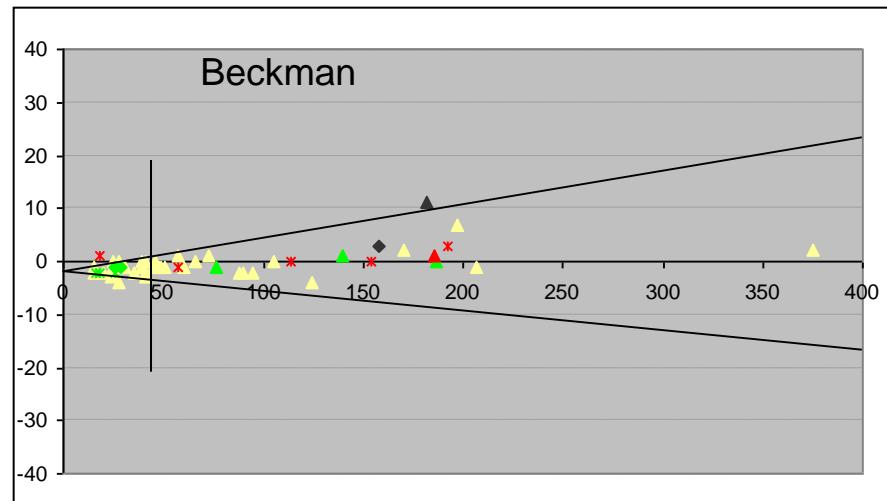
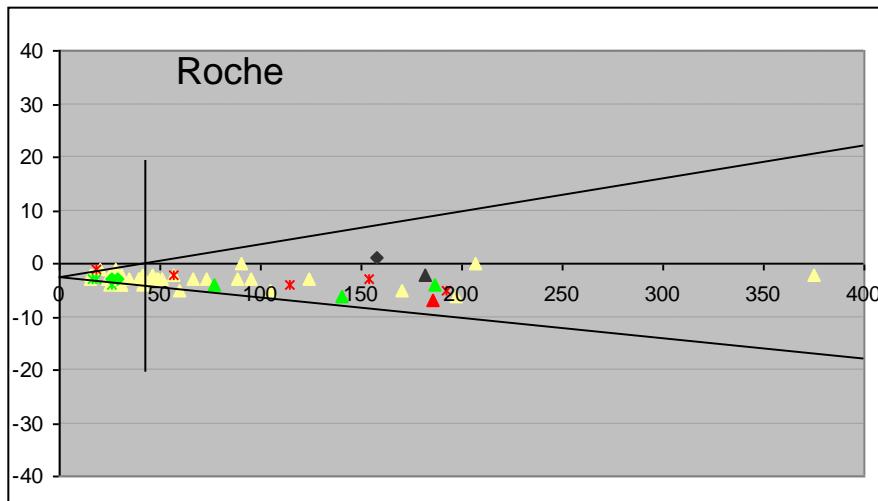
- ▲ Patient Sera    ♦ Poolserum    ▲ Spiked Single Serum all enzymes    ✕ EQA samples
- ▲ IRMM Ref. Material    ♦ Asahi Kasei Ref. Material    ▲ Trueness Verifier



# Commutability for ALT with 4 Manufacturers

▲ Patient Sera    ♦ Poolserum    ▲ Spiked Single Serum all enzymes    ✕ EQA samples

▲ IRMM Ref. Material ◆ Asahi Kasei Ref. Material    ▲ Trueness Verificator

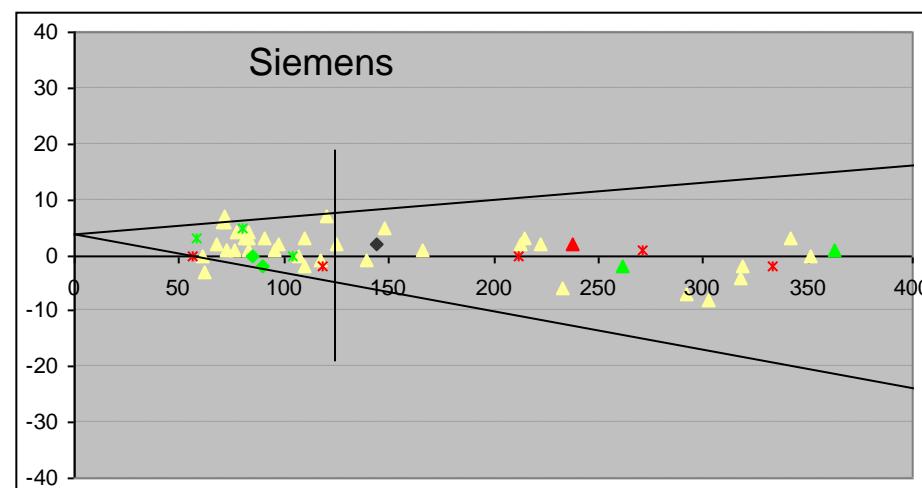
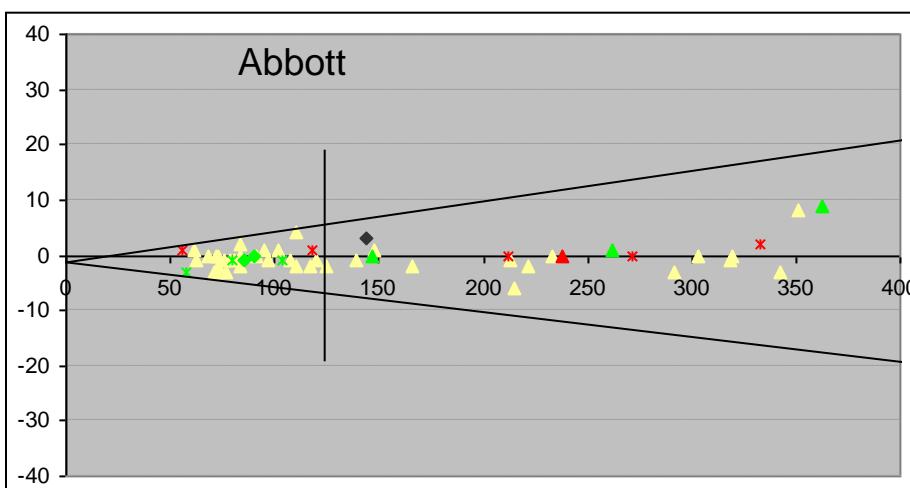
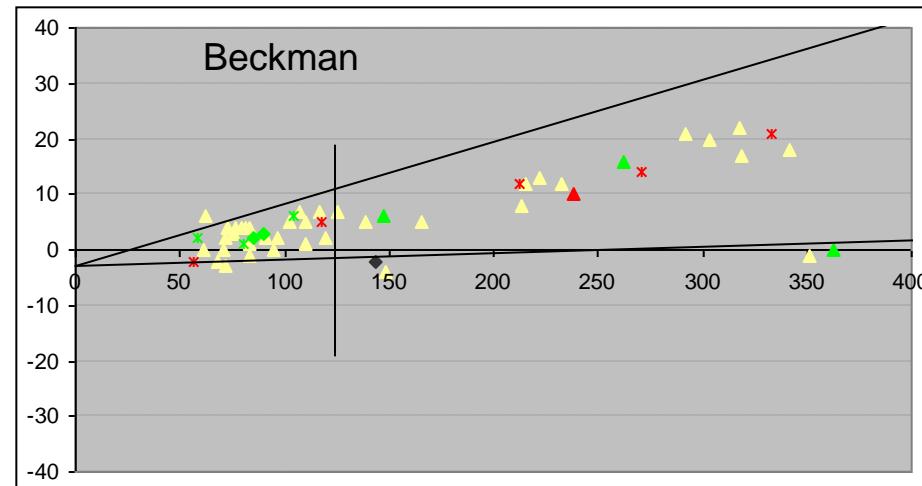
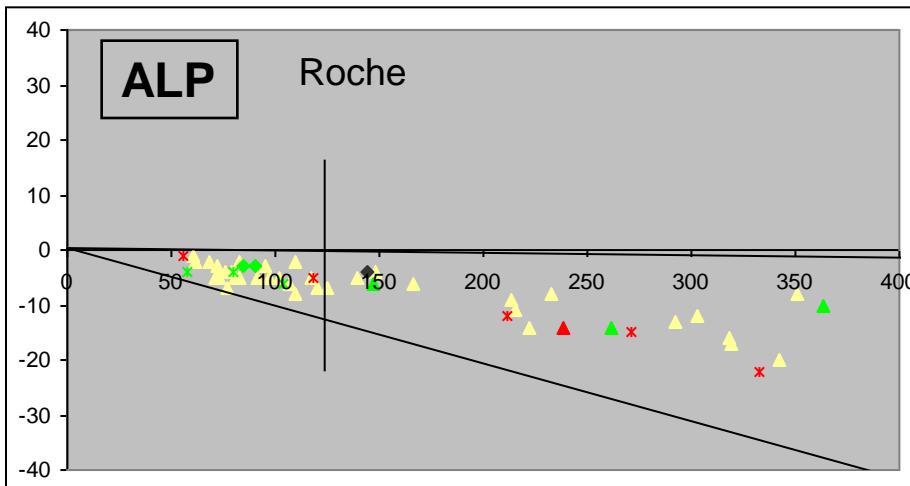


# Commutability for ALP with 4 Manufacturers

▲ Patient Sera    ♦ Poolserum    ▲ Spiked Single Serum all enzymes    ✕ EQA samples

◆ Asahi Kasei Ref. Material

▲ Trueness Verificator



# IFCC reference method harmonization / standardization

SKML EQA / PT results enzymes in 2012-2013

<u>Expressed as:</u>	Overall	ALT	AST	Amyl	ALP	CK	GGT	LD
Compliance %	95%	97	98	87	96	96	96	97
Recovery %	99%	100	102	99	96	100	98	98
Inter-lab CV %	4%	4	4	4	6	5	4	3
Clinically Allowable Total Error %	28	17	16	12	30	22	11	

# IFCC (preliminary) patient reference limits

Name EC number	IFCC Reference Methods	IFCC Reference Upper limit U/I Caucasian population	the Hague / Leiden Upper limit U/I Harmonazation 1998
<b>ALT</b> Alanine Aminotransferase EC 2.6.1.2	Clin Chem Lab Med. 2002; 40(7) :718-724.	F < <b>34</b> M < <b>45</b>	F < <b>42</b> M < <b>46</b>
<b>ALP</b> Alkali n Phosphatase EC 3.1.3.1	Clin Chem Lab Med. 2011 ; 49(9): 1439-46	F < <b>98</b> M < <b>115</b>	F < <b>120</b> M < <b>124</b>
<b><math>\alpha</math> - amylase</b> Alfa Amylase EC 3.2.1.1	Clin Chem Lab Med. 2006; 44(9): 1146-55.	F < <b>107</b> M < <b>107</b>	
<b>AST</b> Aspartate Aminotransferase EC 2.6.1.1	Clin Chem Lab Med. 2002 ; 40(7): 25-733.	F < <b>31</b> M < <b>35</b>	F < <b>38</b> M < <b>43</b>
<b>CK</b> Creatine Kinase EC 2.7.3.2	Clin Chem Lab Med. 2002; 40(6): 635-642.	F < <b>145</b> M < <b>171</b>	F < <b>168</b> M < <b>200</b>
<b>GGT</b> Gamma Glutamyltransferase EC 2.3.2.2	Clin Chem Lab Med. 2002; 40(7): 734-738.	F < <b>38</b> M < <b>55</b>	F < <b>35</b> M < <b>50</b>
<b>LD</b> Lactate Dehydrogenase EC 1.1.1.27	Clin Chem Lab Med. 2002; 40(6): 643-648.	F < <b>247</b> M < <b>248</b>	

# Summary

- Reference method: conclusively accepted by international committee
- Reference materials:

Primary CRM / standards for reference methods. Commutable?

Secundary standards and proficiency materials. Commutable

- Calibrators of in vitro diagnostics industry
- Trueness verifiers for checking calibration
- EQA proficiency materials like  General Chemistry EQA scheme  
Results are compared to target values assigned by reference methods.

- Patient results: *traceable chain* from reference limits to reference methods



# The End

Thank you for your attention