# Rationale for using data on biological variation

Dr. Carmen Ricós
Spanish Society of Clinical Biochemistry
and Molecular Pathology.
Analytical Quality Commission



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# Rationale for using data on biological variation

#### **QUESTION**

Why data on biological variation (BV) are useful for assuring the laboratory role in healthcare and patient safety?

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# Rationale for using data on biological variation

#### **ANSWERS**

- BV data from healthy people Applications and limitations.
- 2. BV data from patients. What do we know up today? Practical use

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#### 1. Biological variation from healthy people

#### **BV COMPONENTS**

- Within-subject (CV<sub>I</sub>):
   Random fluctuation around the homeostatic set point
- Between-subject (CV<sub>G</sub>):
   Differences of homeostatic set point between individuals

Simundic A et al. Clin Chem 2014; DOI:10.1373

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#### 1. Biological variation from healthy people

#### **BV DATABASE**

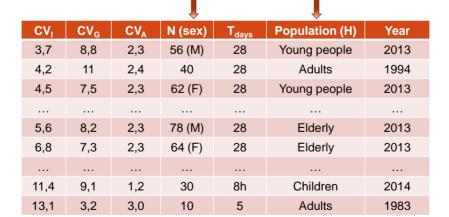
- CV<sub>I</sub> has been determined for 358 analytes
- CV<sub>1</sub> seems to be independent of:
  - age\*, sex
  - number of subjects, number of samples per subject, time span\*
  - geographical area, analytical procedure used

Minchinela J et al. http://www.westgard.com/biodatabase-2014-update.htm

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#### Example: s- Glucose (extract)



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# CVI CVG CVA N Tdays Ss Mean Year 4,2 11 2,4 40 28 3 5.5 1994 ... ... ... ... ... ... ... ...

6,1 70 1988 4,7 14 10 5,3 5,2 1989 4,7 5,4 27 140 10 5,0 20 365 12 5,2 1989 6,5 8,7 2,2 1105 60 9 4,8 1978 13,1 10 1993

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#### Example: s- Glucose (extract)



CVI	CV <sub>G</sub>	CVA	City	Instrumentation	Year
4,7	5,4	2,4	Dundee	SMAC	1989
5,4	5,6	1,4	Stavanger	Gluco-Quant	2011
5,5	7,8	2,5	Bethesda		1970
5,5	8,2	2,3	Toledo	Cobas 6000	2013
6,5	8,7	2,2	San Francisco	Abott bicromatic	1978
8,0	14	18	Barcelona	Hitachi 747	1986
11,4	9,1	1,2	Toronto	Vitros 5,1	2014
13,2		1,5	Heerlen	Automatic analyzer	1985

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#### Exceptions: Time span within a day

Chol	esterol	Troponin I		
CVI	T <sub>hours</sub>	CVI	T <sub>hours</sub>	
1.5	8	3.4	4	
2.4	8	6.1	4	
3.4	0.5	9.7	4-6	
6,1	Median CV <sub>I</sub>	12,9	Median CV <sub>I</sub>	

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#### Exceptions: adults ≠ children

Analyta	Adu	ılts	Children	
Analyte	CVI	CV <sub>G</sub>	CVI	CV <sub>G</sub>
Ceruloplasmin	5.8	11	11 ↑	20
Glucose	5.6	7.5	11 ↑	9,1
GGT	13	42	2,7↓	19
CRP	42	76	19 ↓	125

Bailey D. Clin Chem 2014;60:518-529.

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Ricós SEQC  Biological variation from healthy people Applications and limitations

#### LABORATORY ROLE

 To help clinicians in diagnosis, prognosis and patients monitoring purposes



Analytical errors should be maintained within allowable limits

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 Biological variation from healthy people Applications and limitations

#### LABORATORY ROLE

Data on biological variation can be used to derive allowable limits for analytical imprecision, bias and total error:

#### **QUALITY SPECIFICATIONS**

Keny D et al. Scan J Clin Lab Invest 1999;59:585 (Stockholm consensus). Cooper G et al. Clin Chem Lab Med 2012; 49:793-802 (Stockholm 10 years later)

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- Biological variation from healthy people Applications and limitations
- ✓ ANALYTICAL QUALITY SPECIFICATIONS
- For monitoring purposes analytical imprecision has to be limited.



If imprecision is maintained below **1/2 CV**<sub>I</sub>, the contribution of lab error to the total variation is calculated as 12%.

Cotlove E. Clin Chem 1970;16:1028-32.

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- 1. Biological variation from healthy people Applications and limitations
- ✓ ANALYTICAL QUALITY SPECIFICATIONS
- For diagnosis, case finding and screening purposes, bias has to be limited



If analytical bias is maintained below  $\frac{1}{4} (CV_I^2 + CV_G^2)^{1/2}$ , population-based reference intervals can be shared.

Gowans EMS, Scan J Clin Lab Invest 1988:48:757-64

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- Biological variation from healthy people Applications and limitations
  - ✓ INTERNAL QC
- 1. Define total allowable error (TA<sub>E</sub>) Quality specification
- 2. Measure analytical imprecision (CV<sub>A</sub>) and bias (B<sub>A</sub>)
- 3. Calculate  $\sigma = (TA_E B_A)/CV_A$
- 4. Search for an operative rule

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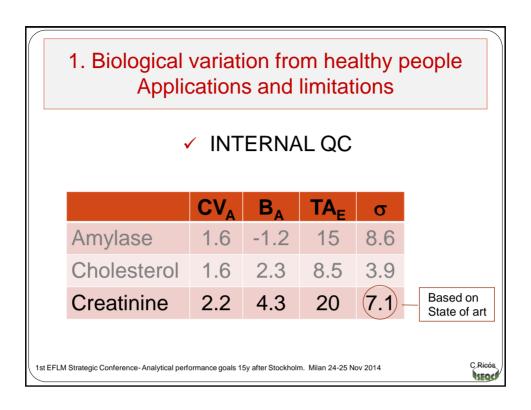
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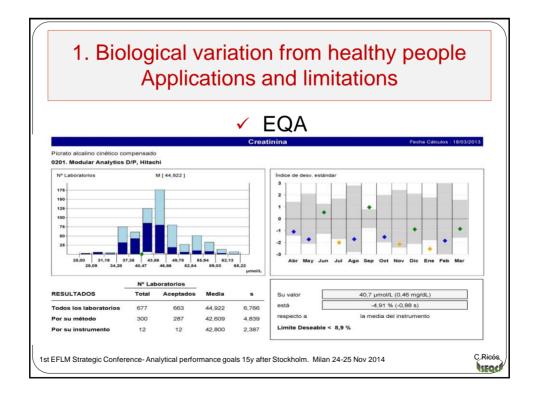
- Biological variation from healthy people Applications and limitations
  - ✓ INTERNAL QC

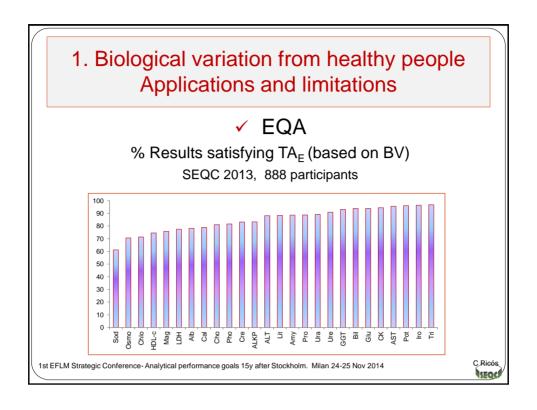
	CVA	B <sub>A</sub>	TAE	σ	
Amylase	1.6	-1.2	15	8.6	
Cholesterol	1.6	2.3	8.5	3.9	
Creatinine	2.2	4.3	8.9	2.1	Based on B\

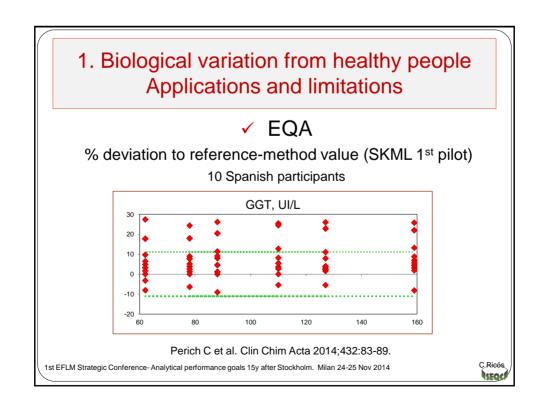
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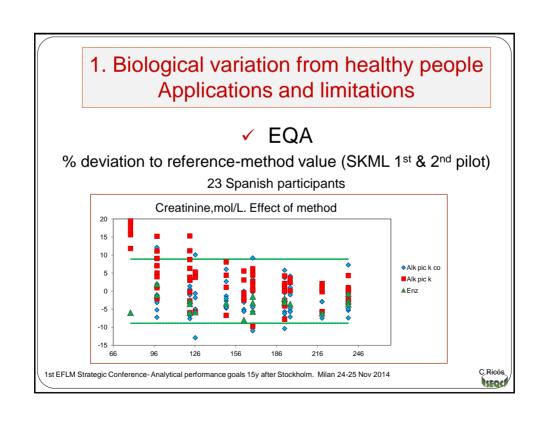


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# 1. Biological variation from healthy people Applications and limitations FQA % deviation to reference-method value (SKML 1st pilot) 10 Spanish participants GGT, 78 U/ L- Effect of traceability GGT, 78 U/ L- Effect of traceability Absortiv A IFCC Internal cal Perich C et al. Clin Chim Acta 2014;432:83-89.

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- Biological variation from healthy people Applications and limitations
  - ✓ INDIVIDUALITY INDEX (II)

$$II = CV_I/CV_G$$

 Of the 358 analytes with CV<sub>I</sub> and CV<sub>G</sub>, 202 (56%) have II≤0.6.



#### Good for monitoring

Harris EK. Prog Clin Pathol 1971;8:45-66 Fraser CG. Biological Variation: From Principles To Practice. AACC Press 2001

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- Biological variation from healthy people Applications and limitations
- ✓ REFERENCE CHANGE VALUE (RCV)  $RCV = 2^{1/2}(CV_{\Delta}^{2} + CV_{I}^{2})^{1/2}$

Harris EK, Yasaka T. Clin Chem 1983;29:25-30 Fraser CG, Harris EK. Crit Rev Clin Lab Sci 1989;27,5:409-437 Fraser CG. Biological Variation: From Principles To Practice. AACC Press 2001

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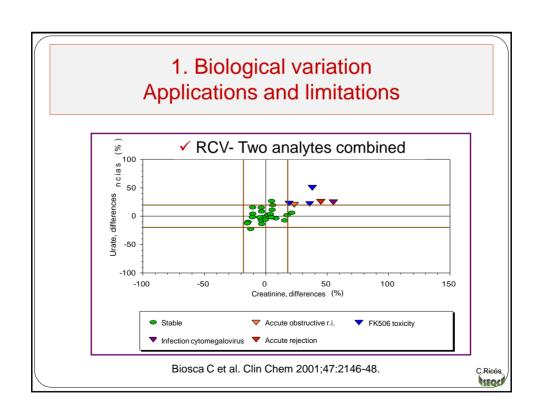
# 1. Biological variation from healthy people Applications and limitations

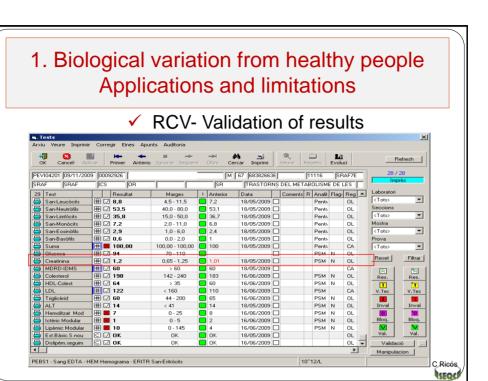
#### **RCV**

Minimum change that should be observed between 2<sup>(1)</sup> or more<sup>(2)</sup> consecutive results of an analyte to be considered as clinically relevant

(1) Fraser CG. Ann Clin Biochem 2011;49:1-3 (2) Lund F et al. Ann Clin Biochem 2014 DOI: 0004563214534636 (2) Lund F et al. Ann Clin Biochem 2014 DOI: 0004563214555163

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# 1. Biological variation from healthy people Applications and limitations

#### ✓ RCV- Reporting to clinicians

NINEWELLS HOSPITAL AND MEDICAL SCHOOL				
	Result		Units	Ref. values
Sodium	138	*	mmol/L	135-147
Potassium	5.0		mmol/L	3.5-5.0
Urea	9.5	* *	mmol/L	3.3-6.6
Creatinine	137	>	mmol/L	50-100
Bilirubins	100	>>	mmol/L	NAME
Albumin	23	< <	g/L	36-50
Calcium	2.27	* *	mmol/L	2.1-2.6

Fraser CG. Biological Variation: From Principles to Practice. Washington, DC, AACC Press, 2001

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# 2. Biological variation from patients What do we know?



✓ Database (DB)

#### 1<sub>st</sub> DB in disease (2007)

- 66 analytes
- 34 disease status

#### 2<sub>nd</sub> DB in disease (2014)

- 97 analytes
- 41disease status
- Ricós et al. Ann Clin Biochem 2007;44:343-352
- Ricós et al. http://www.westgard.com/biological-variation-in-patiens-with-disease.htm.

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### 2. Biological variation from patients What do we know?

#### Liver

- Cirrhosis
- Chronic pathology
- Hepatocellular carcinoma
- Hepatitis
- Liver post transplantation
- Non-alcoholic fatty liver disease

#### Bone

- Osteoporosis
- Bone metabolism disorders
- Paget

#### Neoplasia

- Breast
- Colorectal
- Hepatocellular
- Lung
- Melanoma
- Ovarian
- Prostatic
- Testicular



#### Heart

- Coronary disease
- Myocardial infarction

#### Kidney

- •Chronic renal disease
- •Renal post-transplantation

#### **Diabetes Mellitus**

- Insulin dependent
- Non insulin dependent

#### Lipid

- Metabolic lipid disorders
- Hypercholesterolemia

#### Various

- Cvstic fibrosis
- Hypertension
- Hypothyroidism
- Metabolic syndrome • Monoclonal gammapathy
- Pregnancy
- Porphyria

SEQU

# 2. Biological variation from patients. How should they be used?

CV<sub>1</sub> pathology > CV<sub>1</sub> healthy individuals, only for:

Pathology	Analyte
Breast carcinoma	Alkaline phosphatase, calcium, CA 15.3, CEA, osteocalcin
Cirrhosis, hepato cellular carcinoma	$\alpha$ -fetoprotein
Chronic liver disease	GGT
Chronic renal disease in children	Creatinine
Diabetes Mellitus type I	Glucose, HbA1C, lipoprotein a, microalbumin
Hepatitis B	$\alpha_2$ Macroglobulin
Lung carcinoma	CA 125, CA 19.9, CEA
Ovarian carcinoma	CA 125, CA 19.9
Paget	Alkaline phosphatase

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#### **Overview - BV application**

- Q specifications based on BV are widely used and have been included in various QC programs designed to optimize operative rules.
- They have been incorporated in EQA reports.
- The RCV is not so well implemented because of insufficiently developed LIMS.

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#### Overview - BV database

#### **PROS**

- There is a criterion for accepting data
  - Only specifically designed papers
  - o PI =  $CV_A/0.5 CV_1$ PI>2 → rejected
  - o CV<sub>I</sub>, CV<sub>G</sub> estimated by ANOVA or Fraser &Harris
- Data are systematically updated every two years

Perich C et al. CCLM 2014 aop (DOI 10.1515/cclm-2014-0739)

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#### Overview - BV database

#### **WEAKNESS**

- No data for many analytes paucity of publications available for inclusion in the database
- Few data for some analytes

# Publications	# Analytes
More than 10	27
Between 9 and 2	129
Only 1	202

Perich C et al. CCLM 2014 aop (DOI 10.1515/cclm-2014-0739)

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#### Overview - BV database

#### **WEAKNESS**

- Derived quality specification too restrictive for some analytes as compared with current technological capability (s-sodium, albumin and chloride and blood HbA<sub>1c</sub>)
- And too permissive for others with high biological variation (s- C-reactive protein, triglycerides and urea)

Perich C et al. CCLM 2014 aop (DOI 10.1515/cclm-2014-0739)

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#### **CONCLUSIONS**

#### **BV - DATABASE**

- Preparing international guidelines on how to estimate BV based on data available on the LIMS.
- Developing an international criteria to select the more reliable publications dealing with estimation of the components of BV.
- We are ready and willing for collaboration with such worthy initiatives.

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