

Project of EFLM working-group on biological variation - Abstract 1 - Within and between-subject biological variation data obtained from 91 healthy subjects for serum creatinine using Enzymatic and Jaffe methods.

Irene Marino¹, Anna Carobene^{1,10}, Elena Guerra¹, Niels Jonker^{2,10}, Gerhard Barla², William A Bartlett^{3,10}, Sverre Sandberg^{4,5,10}, Marit Sverresdotter Sylte⁴, Thomas Røraas⁵, Una Ørvim Sølvi⁶, Pilar Fernandez-Calle^{7,10}, Jorge Díaz-Garzón⁷, Francesca Tosato⁸, Mario Plebani⁸, Abdurrahman Coşkun^{9,10}, Mustafa Serteser⁹, Ibrahim Unsal⁹, Ferruccio Ceriotti¹.

¹ Servizio Medicina di Laboratorio, Ospedale San Raffaele, Milan, Italy.

² Certe, Wilhelmina Ziekenhuis Assen, Europaweg-Zuid 1, 9401 RK Assen, the Netherlands.

³ Blood Sciences, Ninewells Hospital & Medical School, Scotland, UK DD1 9SY.

⁴ Laboratory of Clinical Biochemistry, Haukeland University Hospital, Bergen, Norway.

⁵ Norwegian Quality Improvement of Primary Health Care Laboratories (Noklus), Haralds plass, Hospital, Bergen, Norway.

⁶ Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway

⁷ Hospital Universitario La Paz, Madrid, Spain, and Quality Analytical Commission of Spanish Society of Clinical Chemistry (SEQC).

⁸ Dept. of Laboratory Medicine University Hospital, Padua, Italy.

⁹ Acibadem University, School of Medicine, Atasehir, Istanbul, Turkey.

¹⁰ Biological Variation Working Group, European Federation of Clinical Chemistry and Laboratory Medicine, <http://efccclm.eu/science/wg-biological-variation>, www.biologicalvariation.com.

Aim: An EFLM project was established to deliver new biological variation (BV) data for serum creatinine obtained using enzymatic and Jaffe methods.

Method: A cohort of 91 healthy subjects (38 male and 53 female, 21-69 years old) were bled for 10 consecutive weeks at one of six European laboratories. An equivalent and stringent pre-analytical protocol was followed at each center to deliver the blood samples. Separated sera were stored at -80°C prior to analysis in duplicate within a single run on ADVIA 2400 (Siemens Healthcare) at San Raffaele Hospital, Milan. Biorad control materials at two different concentration levels were analyzed in duplicate in each analytical run. The data were subject to outlier analysis prior to CV-ANOVA, to determine the BV estimates with confidence intervals (CI).

Results: CV_A (1.1%) calculated by ANOVA on sample's replicates for enzymatic method, was below desirable analytical performance specifications for imprecision based on current BV data (2.98%). On the contrary CV_A for Jaffe method (4.7%) was higher than quality specification. Similar overall CVs were obtained on QC materials: control low [$\sim 70 \mu\text{mol/L}$] CV_A 2.1 % and 5.7%, control high [$\sim 160 \mu\text{mol/L}$] 1.5 and 4.1% respectively for Enzymatic and Jaffe method.

For the two methods there were no statistical differences between genders in within-subject BV estimates ($CV_I(95\%CI)$): 4.5% (4.3 - 4.7), Enzymatic method [$\text{Crea}=70.7 \mu\text{mol/L}$]; 4.7% (4.4 - 4.9) Jaffe method [$\text{Crea} = 65.6 \mu\text{mol/L}$]. Both CV_I s were significantly lower than the one reported in Westgard database ($CV_I= 5.95\%$).

Statistical differences between genders were found in between-subject BV (CV_G) estimates.

Enzymatic: CV_G male 14.2 % (11.4-18.2) [$\text{crea} = 79.5 \mu\text{mol/L}$], CV_G female 12.9% (10.7-15.9) [$\text{crea} = 64.5 \mu\text{mol/L}$]. Jaffe: CV_G male 17.2 % (13.8-22.1) [$\text{crea} = 75.0 \mu\text{mol/L}$], CV_G female 13.9% (11.5-17.1) [$\text{crea} = 59.0 \mu\text{mol/L}$]. CV_G obtained are closed to BV data currently used (14.7%).

Conclusion: The new estimates of CV_I were obtained using a stringent protocol and two analytical methods, with different specificities. CV_I found are statistically significantly lower than existing published data whereas CV_G are similar. The new BV data deliver lower analytical goals for imprecision for serum creatinine.