



Australian Government
National Measurement Institute



DOUGLASS
HANLY MOIR
PATHOLOGY



RCPA QAP
RCPA Quality Assurance Programs

Supporting the Validity of Vitamin D Assays Using Reference Values and CRMs

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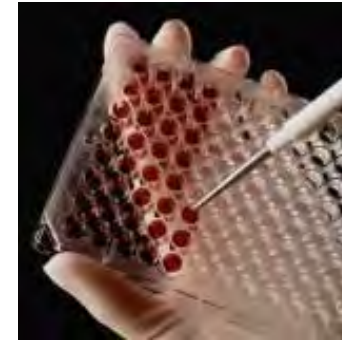
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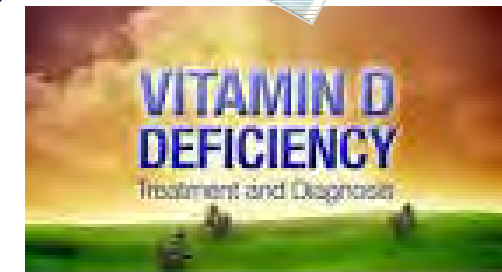
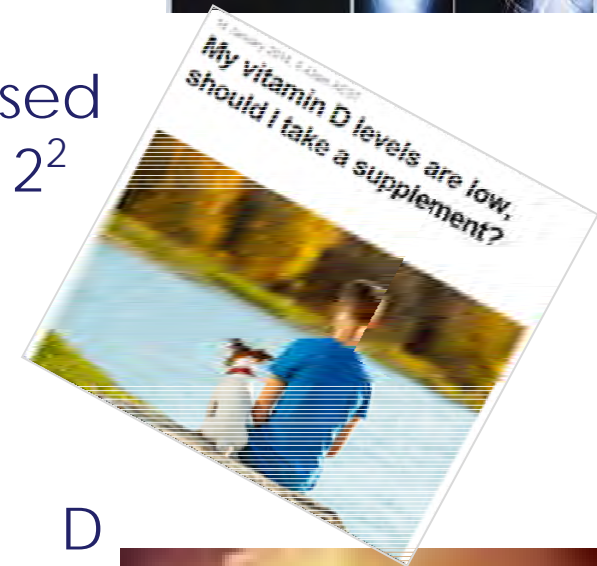
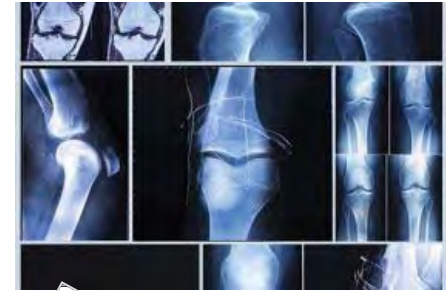
Pathology Testing in Australia

- Pathology testing provides patients and doctors with:
 - 70% of all medical diagnoses
 - every cancer diagnosis
- Pathology testing enables the diagnosis, management and prevention of many diseases
 - diabetes, cardiovascular disease, arthritis, hepatitis and HIV



Vitamin D: A Public Health Issue

- The cost of vitamin D testing to Medicare rose from \$1.02 million to over \$140 million between 2000 and 2012¹
 - ~4 million Australians were diagnosed with vitamin D deficiency in 2011-2012²
- Concerns have been raised over:
 - **the accuracy of testing methods**^{2, 3}
 - the true prevalence of vitamin D deficiency
 - the cost-effectiveness of vitamin D tests



1. R. Lucas and R. Neale, *Neurology*, 2014, 43[3]: 119-122

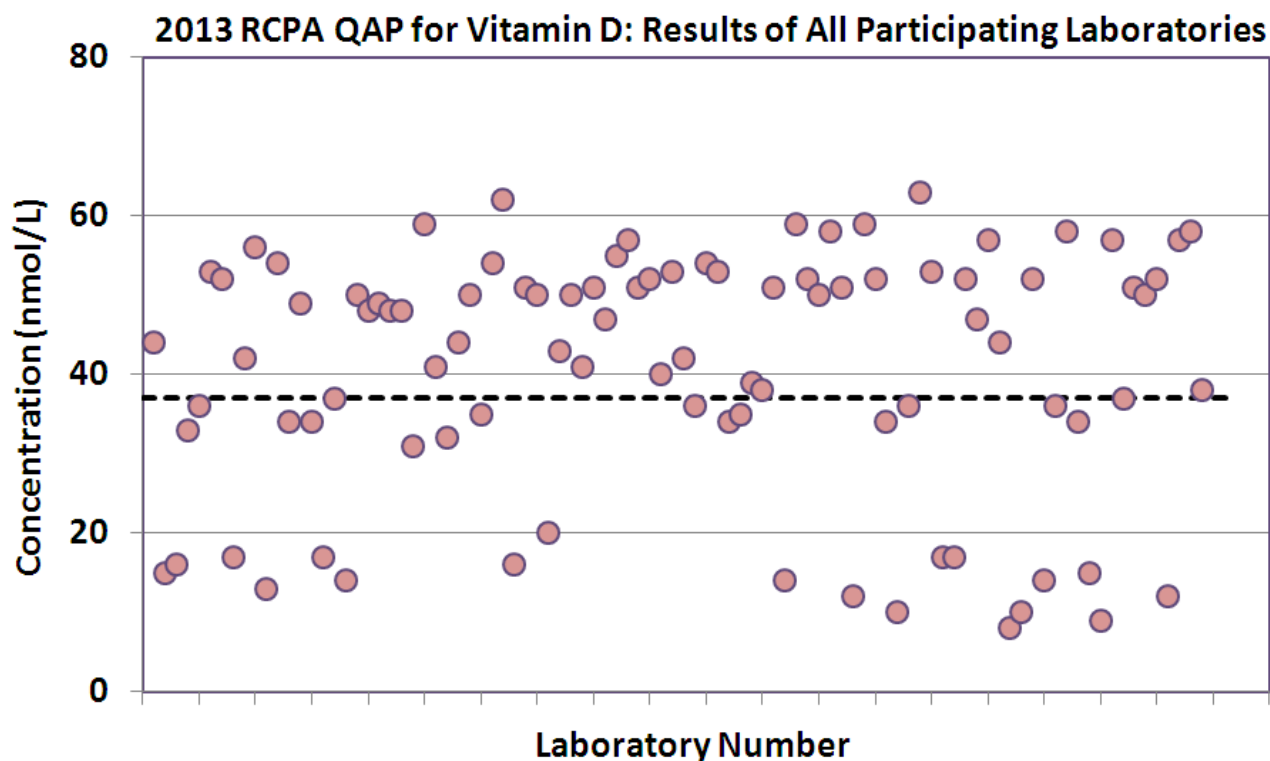
2. <http://www.medicalobserver.com.au/news/four-million-australians-deficient-in-vitamin-d> (www.medicalobserver.com.au/news)

3. The Royal College of Pathologists of Australasia, Position Statement, May 2013, Chemical Pathology Advisory Committee, No.: 1/2013

Measuring Vitamin D

- **Immunoassays (IA)** are primarily used for vitamin D analysis
 - laboratories moving towards **LC-MS/MS** technology

High degrees of accuracy and precision are not always met with existing assays



Sample E13-2 @ 37 nmol/L

Lowest result: 8 nmol/L
Highest result: 63 nmol/L

Challenges in Vitamin D Analysis

- 25-hydroxyvitamin D3 (25OHD3) is the most abundant, circulating metabolite of vitamin D in blood serum



- Multiple homologous metabolites (e.g. 3-epi-25-hydroxyvitamin D3) can cause **cross-reactivity** in IA and **matrix interferences** in LC-MS/MS



- Lipids in serum can cause **matrix effects** in IA and LC-MS/MS

Global Standardisation of Vitamin D Tests

■ Vitamin D Standardisation Program (VDSP)

- National Institutes of Health (**NIH**), Centers for Disease Control and Prevention (**CDC**), National Center for Environmental Health (**NCEH**), National Institute of Standards and Technology (**NIST**) and **Ghent University**, Belgium



- ensure that measurements are accurate and equivalent regardless of the analysis method or laboratory used
- The **ANU**, **ABS**, **UWA**, **Douglass Hanly Moir Pathology** and the **NMI** are VDSP participants

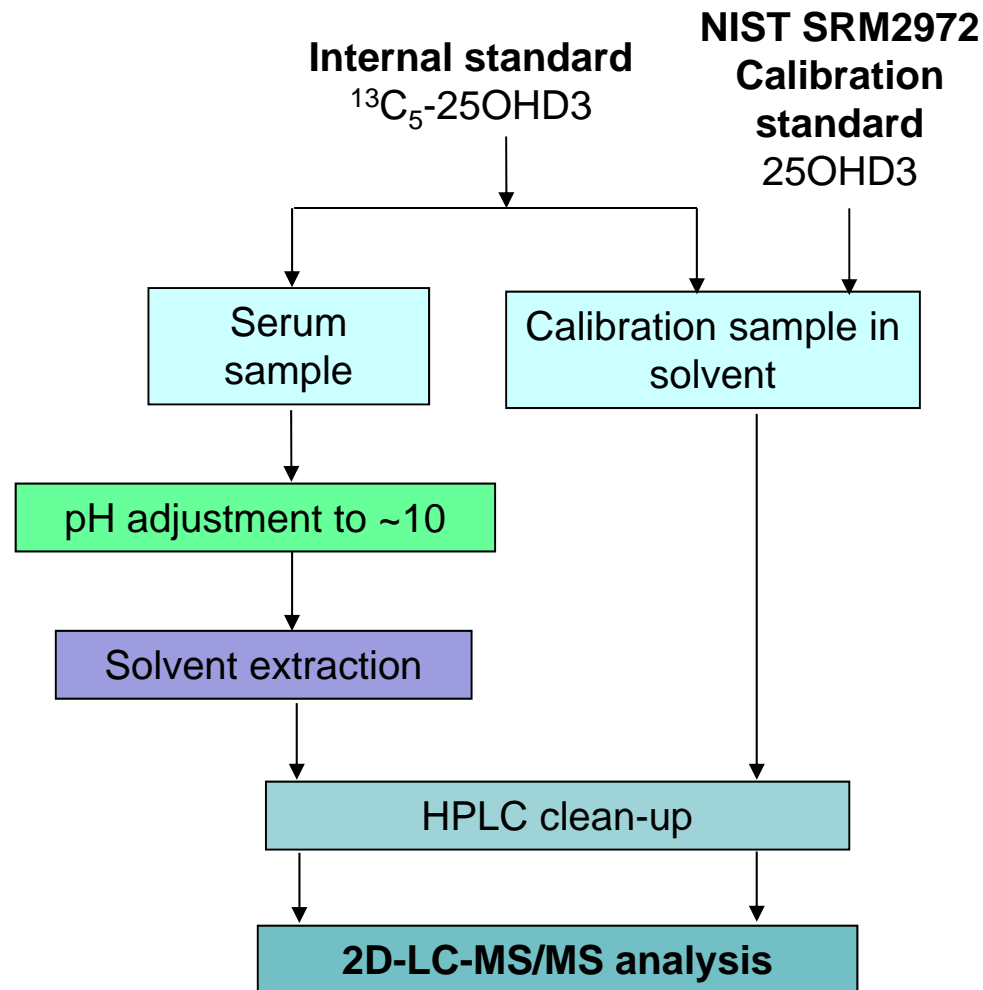


Standardising Vitamin D Measurements in Australia

- A collaborative project between:
 - National Measurement Institute (NMI)
 - Douglass Hanly Moir Pathology (DHM)
 - RCPA QAP
- **Part 1:** Development of a Reference Measurement Procedure (RMP) for vitamin D in serum
- **Part 2:** Application of RMPs in the validation of routine laboratory methods
- **Part 3:** Reference values for target-setting in external quality assurance programs using RMPs

Part 1: A Reference Measurement Procedure (RMP) for Vitamin D Analysis

- A benchmark method that represents the best analytical capability available
 - measurements with experimentally demonstrated negligible systematic error and high precision that are the best estimate of the “true value”



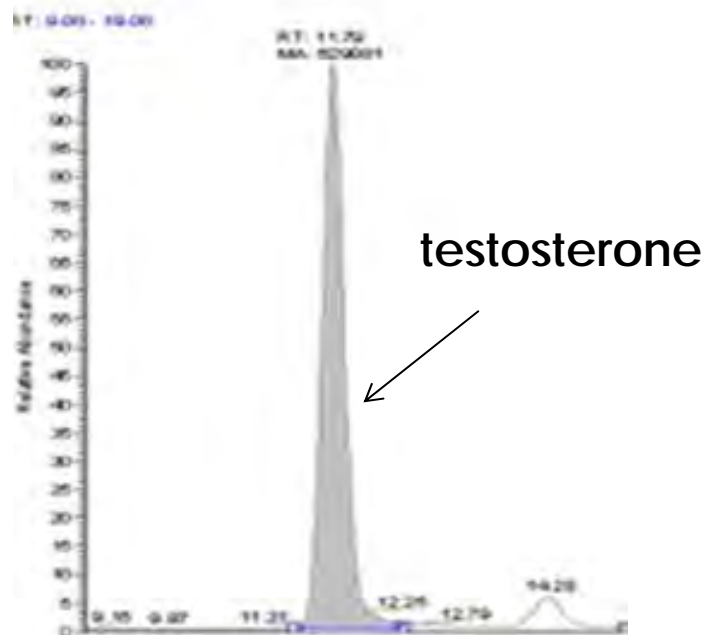
Achieving High Accuracy in RMPs

- Gravimetric sample preparation
 - Isotope-dilution mass spectrometry (IDMS)
 - Exact-matching single-point calibration
 - **Two-dimensional liquid chromatography**

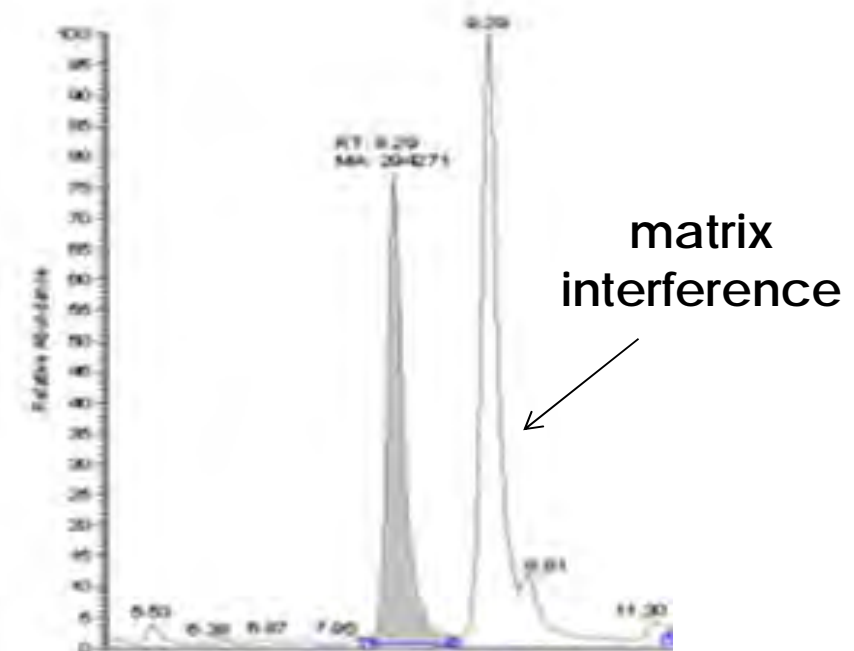
Matrix Interferences

- Isomeric and isobaric matrix interferences cannot be resolved by mass spectrometry
 - they produce the same fragment ions as the target compound in the mass spectrometer

BEH Shield: 1st column

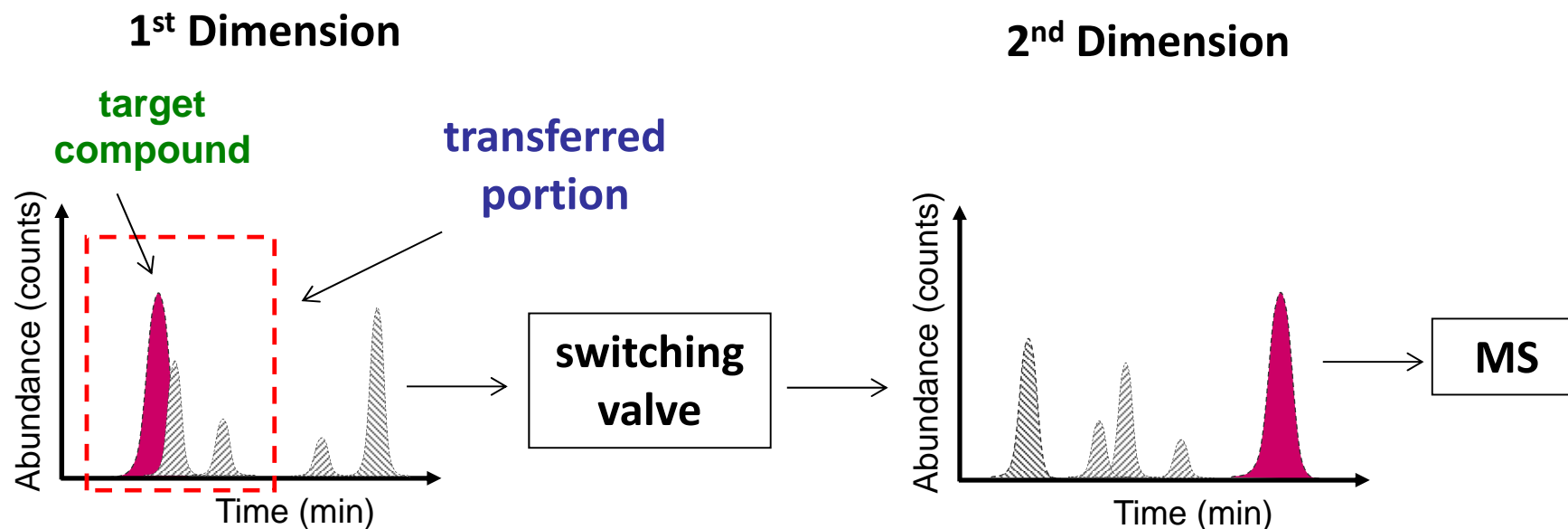


BEH Phenyl: 2nd column



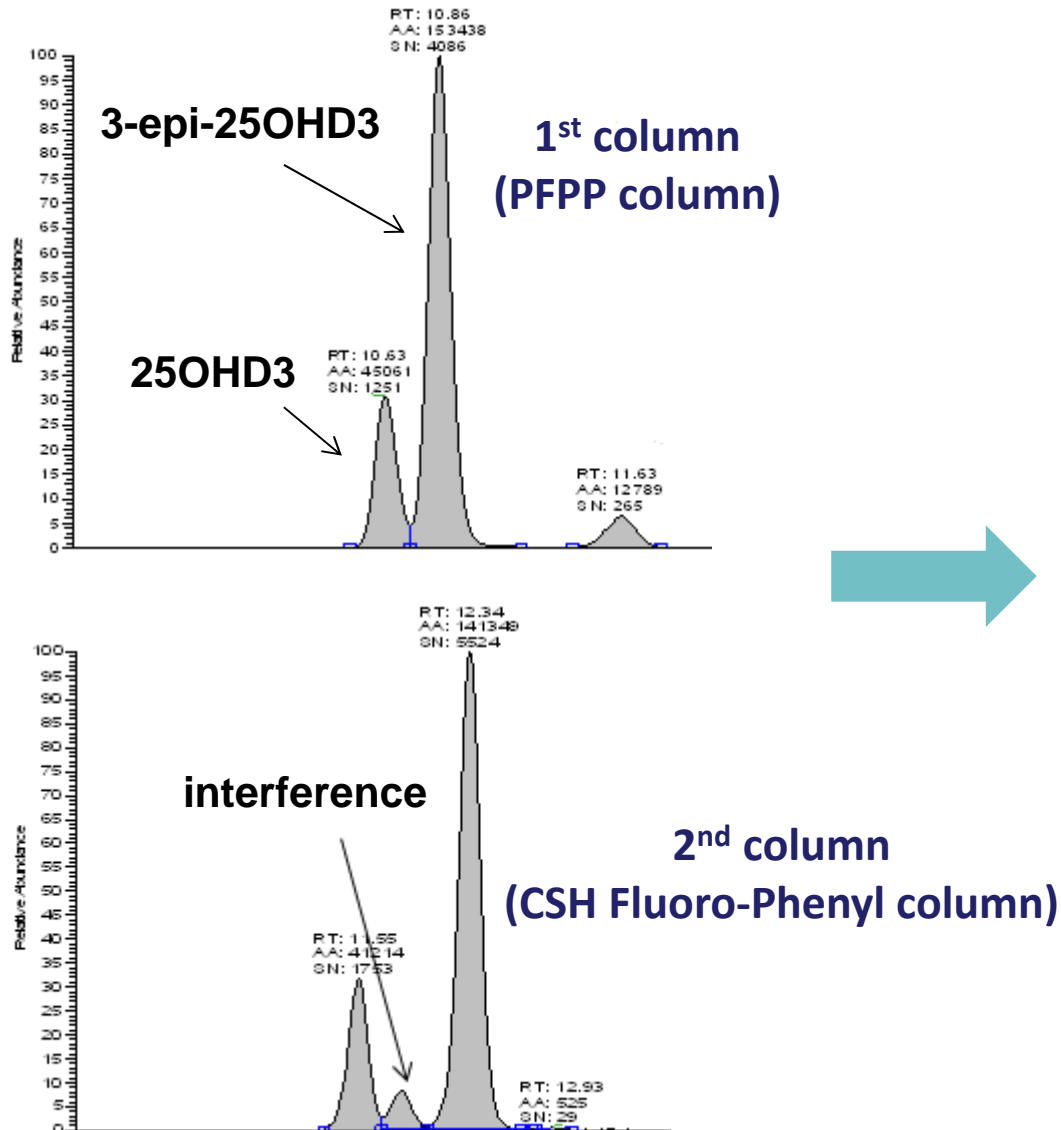
Two-Dimensional Liquid Chromatography

- Coupling of two chromatography systems of very different selectivity
- Compounds elute in a different order in the 1st and 2nd dimensions

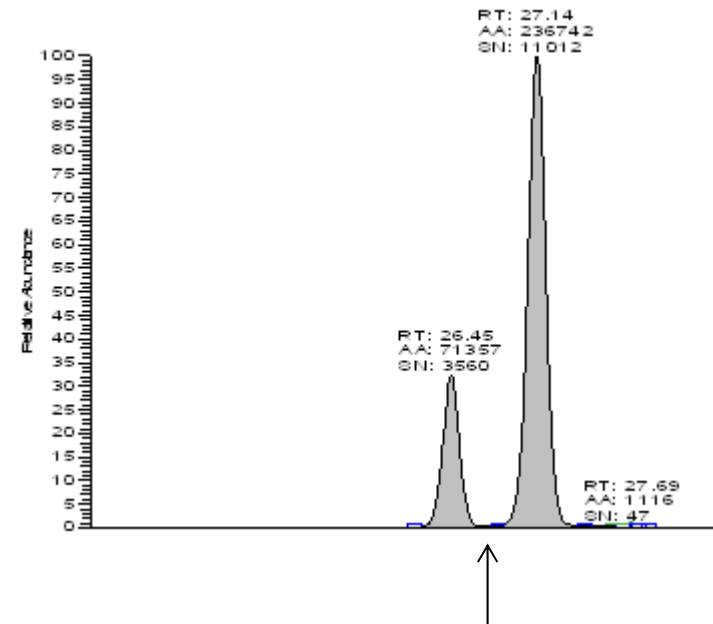




Separation of Interferences by 2D-LC



2D-LC analysis
(PFPP (1st dimension) & CSH
Fluoro-Phenyl (2nd dimension))



interference removed
with complete separation
of vitamin D metabolites!

Analysis of Matrix CRMs (NIST SRM972a)

SRM972a consists of 4 serum materials: Levels 1 to 4

	Concentration (nmol/L)			
Level	Measured value	Certified value	Mean difference	Significant difference?
1	73.9	71.8 ± 2.7	3.1%	No
2	45.3	45.1 ± 1.1	0.3%	No
3	49.9	49.4 ± 1.1	0.7%	No
4	75.2	73.4 ± 2.4	2.6%	No

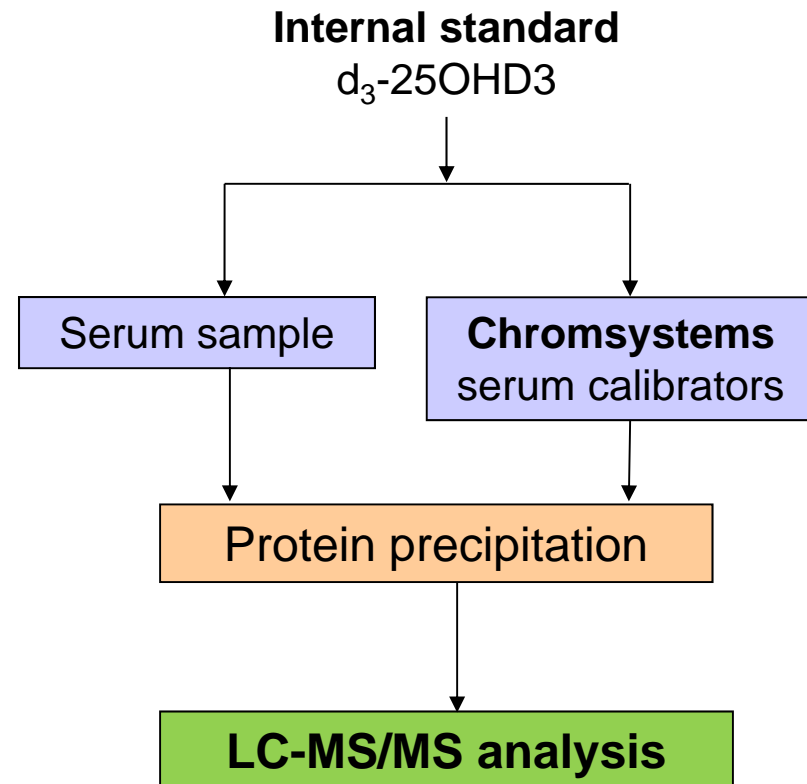
*Differences were assessed for statistical significance at a level of confidence of 95%
 Three replicate analyses performed*



Part 2: RMPs and Method Validation

■ Douglass Hanly Moir Pathology

- 1 of 7 laboratories in Australia performing vitamin D analysis by LC-MS/MS
- Provider of LC-MS/MS measurements for the 2011-2013 Australian Health Survey



Validation of In-House Methods

NPAAC Performance Standard

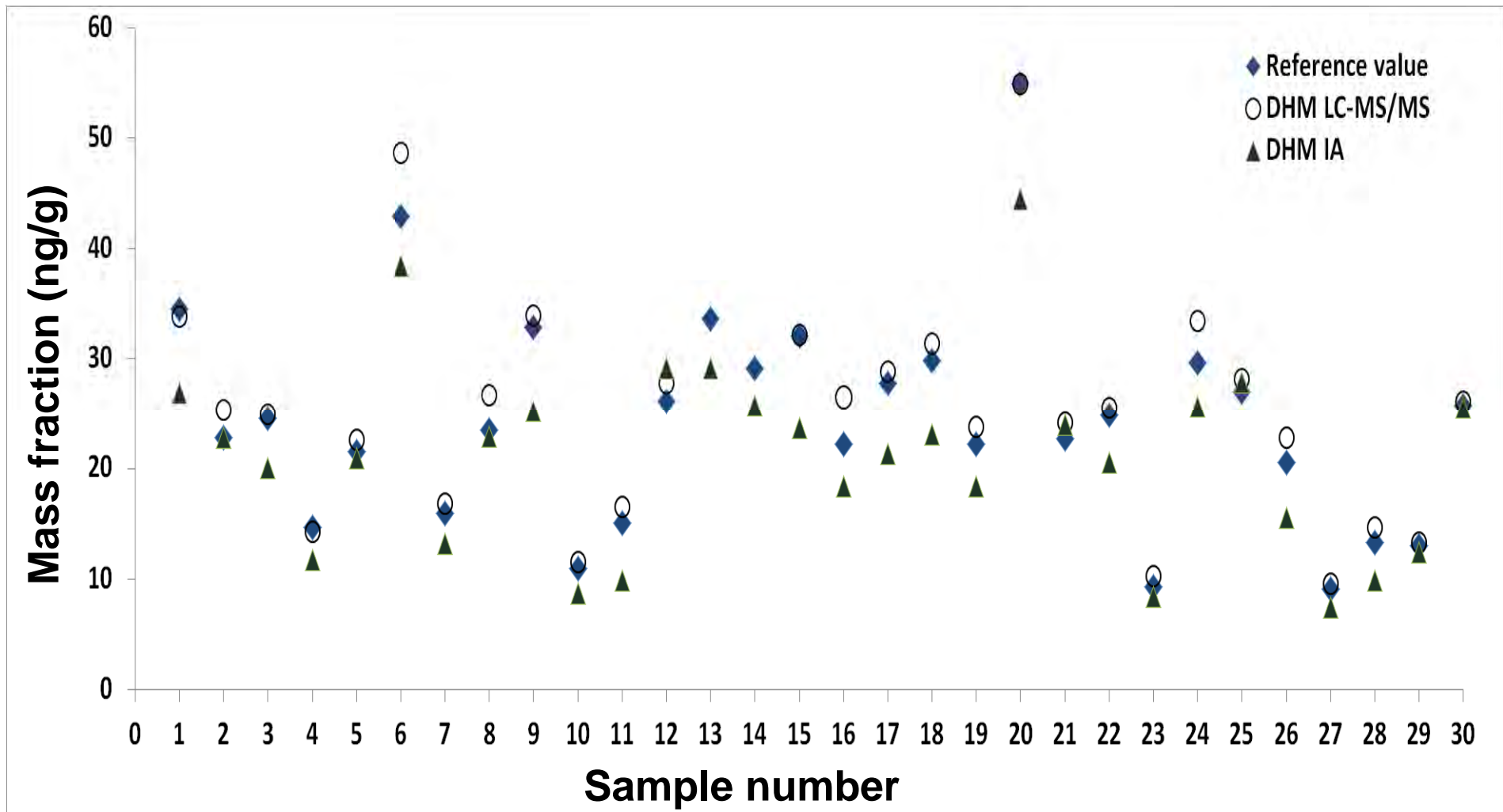
- **Assessment of accuracy and precision by:**
 - analysis of CRMs or in-house reference materials
 - recovery studies
 - participation in external quality assurance programs
 - comparison with a RMP

The **National Pathology Accreditation Advisory Council (NPAAC)** performance standard, "Requirements for the Development and Use of In-House In-Vitro Diagnostic Devices (IVDs) (S4.4), June 2014

DHM's Method Validation

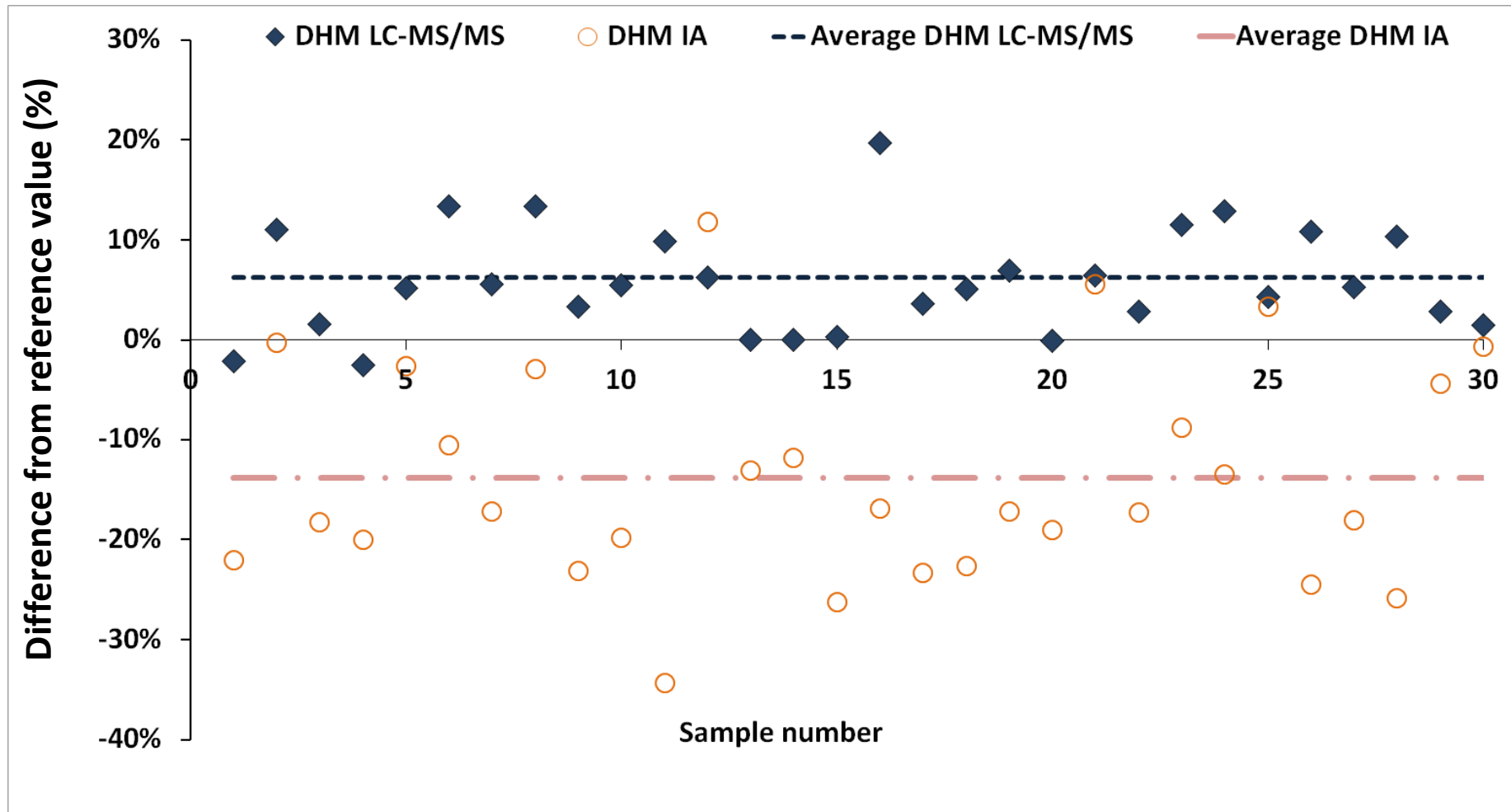
- Analysis of serum quality control materials
 - *Chromsystems MassCheck*
 - *UTAK Serum Controls*
- Analysis of CRMs
 - *NIST SRM968e*
 - *NIST SRM972a*
- **Analysis of 30 patient samples by:**
 - *DHM LC-MS/MS method*
 - *Immunoassay method (DiaSorin Liaison)*
 - *NMI RMP*

Comparison of IA and LC-MS/MS Results Versus Reference Values



Note: DHM LC-MS/MS results not reported for Samples 13 and 14 due to insufficient sample volumes

Differences in IA and LC-MS/MS Results Versus Reference Values



IA Differences: -34% to 12% (average = -14%)

LC-MS/MS Differences: -3% to 20% (average = 6%)

Chromsystems and RECIPE Calibrators

CHROMSYSTEMS CALIBRATORS (Lot: 5012)

Calibrator	Manufacturer's value (ng/mL)	Mass fraction by RMP (ng/g)	Difference
Low Level	4.3	4.2	3%
Level 1	19.5	17.9	8%
Level 2	33.7	31.8	6%
Level 3	66.3	63.0	5%

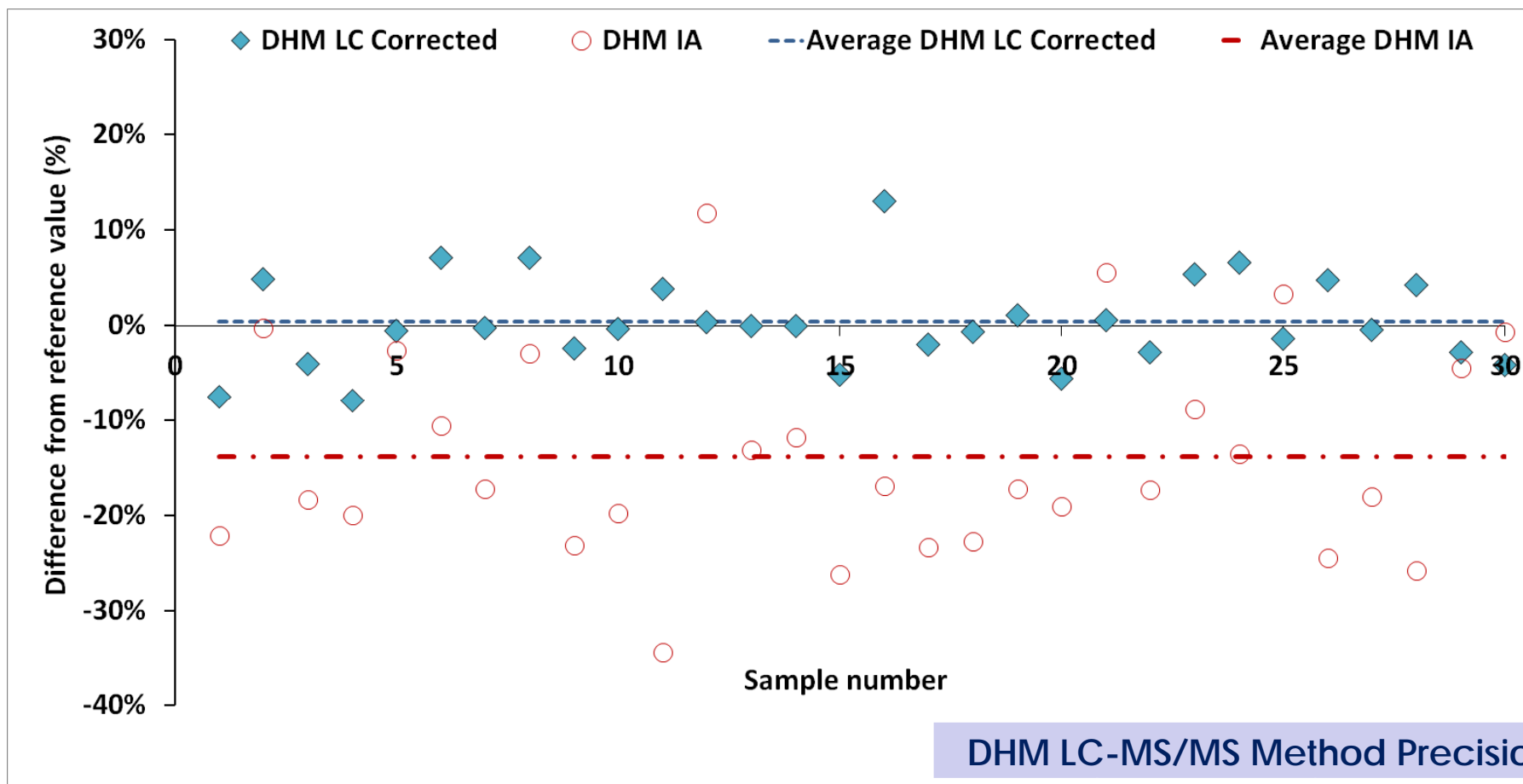
Certified Reference Material
NIST SRM2972:
25OHD3 in ethanol



RECIPE CALIBRATORS (Lot: 238)

Calibrator	Manufacturer's value (ng/mL)	Mass fraction by RMP (ng/g)	Difference
Level 1	9.61	9.01	6%
Level 2	27.4	28.0	2%
Level 3	73.4	76.4	4%

Applying a Correction Factor for the Chromsystems Calibrators



LC-MS/MS Differences after correction:
-0.3% to 8% (average = 0.4%)

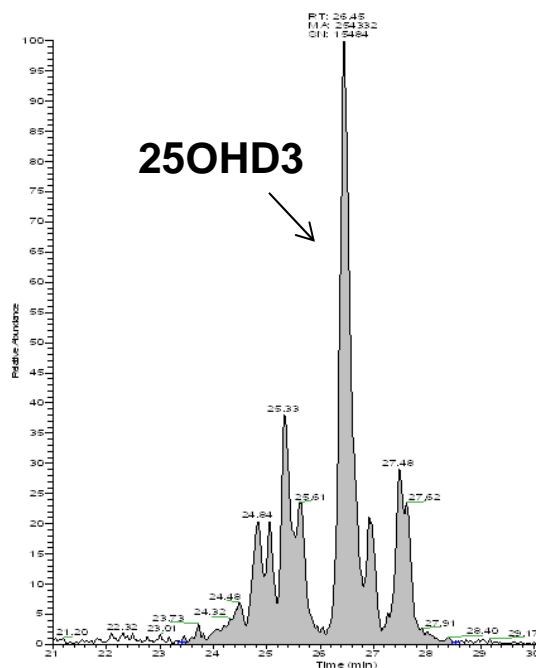
Correction factor: 5.5%

DHM LC-MS/MS Method Precision		
	Level 1	Level 2
Mean	43.3	98.8
%CV	6.9	5.4
Count	149	149

CHROMSYSTEMS MassCheck Controls (Lot: 1513)

Part 3: Reference Values for EQA Programs

- EQA programs offer a practical opportunity for laboratories to judge their performance against a RMP



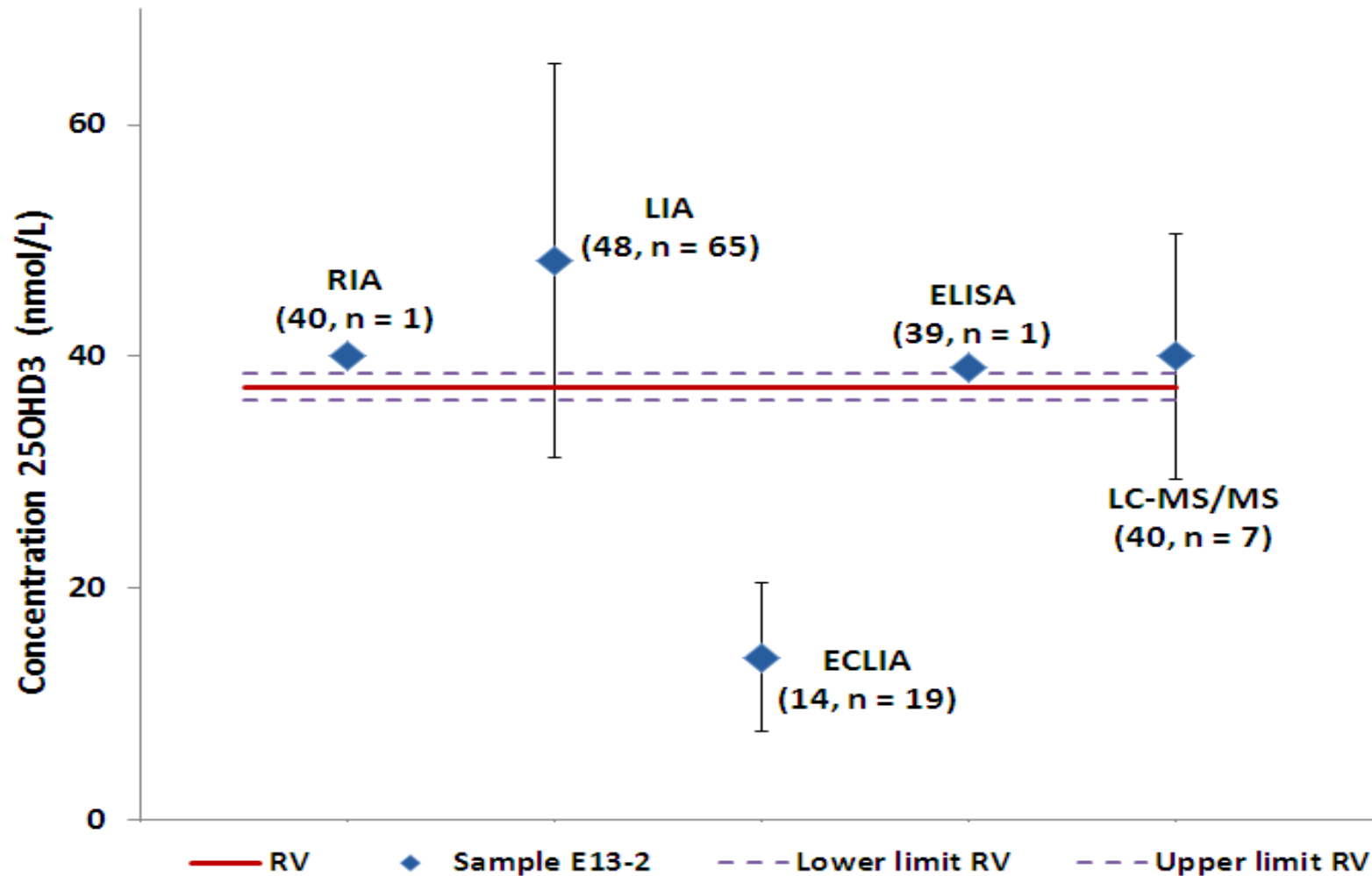
**Matrix interferences
in Sample E13-1**

Sample	Reference value (nmol/L)	Relative expanded uncertainty
E13-1	1.7*	-
E13-2	37.3	3.2%
E13-3	71.5	4.2%
E13-4	108.5	3.7%
E13-5	142.4	3.8%
E13-6	175.1	4.1%

**Note: Result provided for E13-1 is indicative as matrix interferences were observed in sample chromatograms
Six replicate analyses of each material were performed
Expanded uncertainties determined at 95% confidence level*



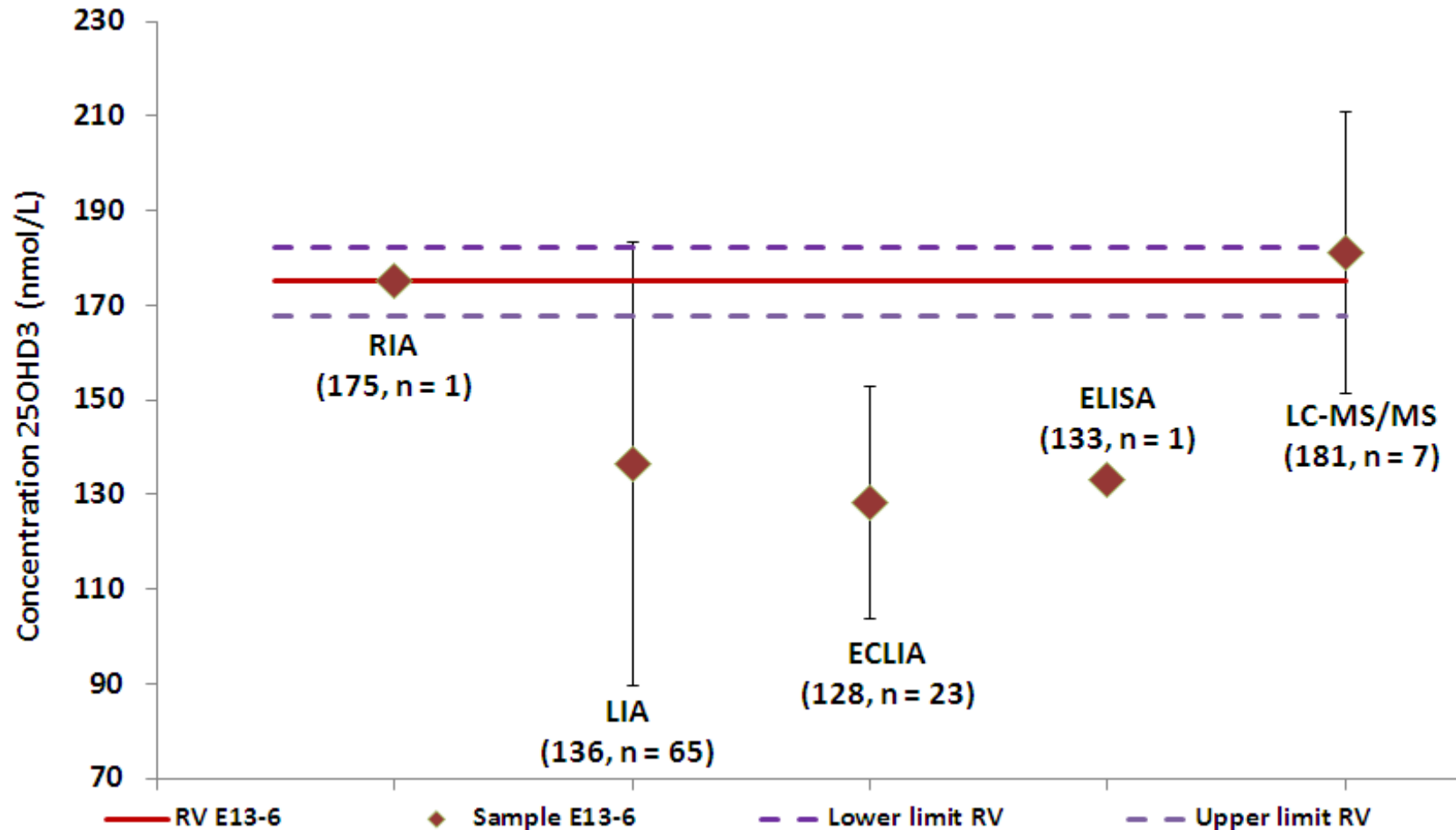
Sample E13-2 @ 37 nmol/L



RV: reference value
RIA: Radioimmunoassay

LIA: Luminescent immunoassay
ECLIA: Electrochemiluminescence immunoassay

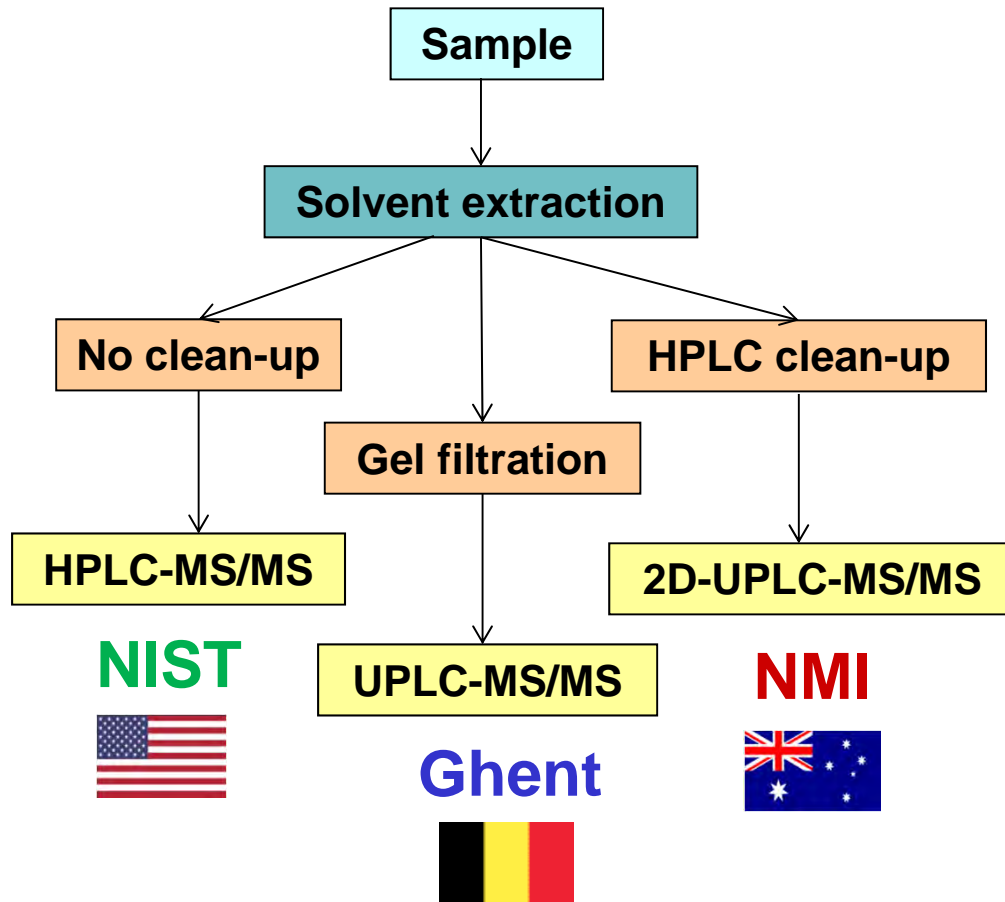
Sample E13-6 @ 175 nmol/L



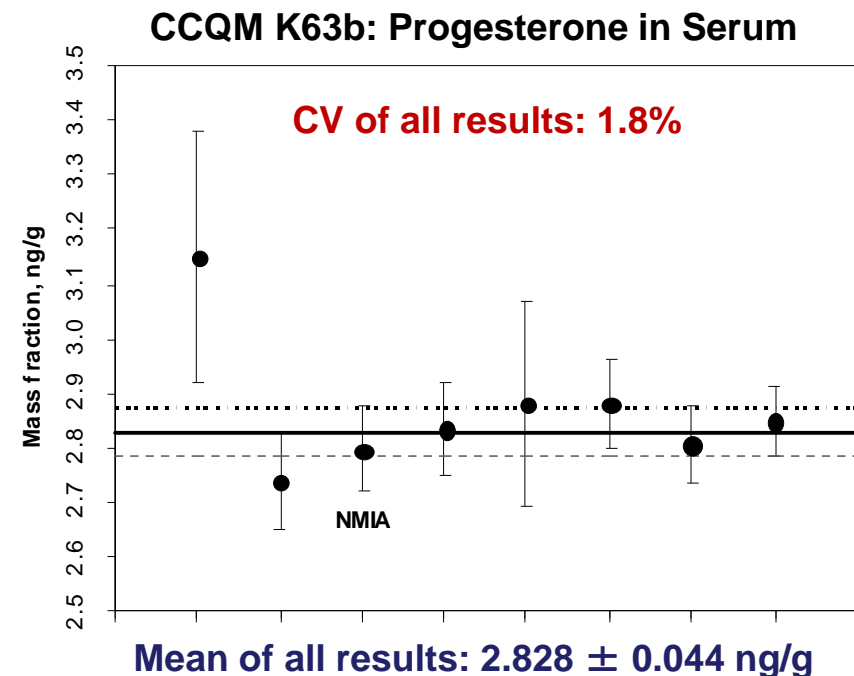
RV: reference value
RIA: Radioimmunoassay

LIA: Luminescent immunoassay
ECLIA: Electrochemiluminescence immunoassay

Demonstrating the Equivalence of RMPs Around the World



- Consultative Committee for the Amount of Substance (CCQM) international key comparison on vitamin D analysis planned for 2015



Acknowledgements

- Andy Liu, Grahame Caldwell and Lisa Li (DHM)
- Lisa Jolly and Graham Jones (RCPAQAP)

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