

# Serum Creatinine Measurement Specificity

NKDEP Lab Working Group

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# Problem Summary

From: Myers, et al, Recommendations for Improving Serum Creatinine Measurement,  
*Clinical Chemistry* 52:1, 5–18 (2006)

- Endogenous and exogenous interfering substances contribute to lack of analytical specificity of Jaffe (alkaline picrate) creatinine methods
- Interfering substances in serum and/or plasma, particularly proteins, can lead to overestimation of 15%–25% with various Jaffe methods
- Interference from glucose and ketoacids particularly important in diabetics who are at high-risk for CKD.

# Problem Summary

From: Myers, et al, Recommendations for Improving Serum Creatinine Measurement,  
*Clinical Chemistry* 52:1, 5–18 (2006)

- Most Jaffe interference studies dated 10-30 years ago
- Several modifications to Jaffe method reported to improve specificity (e.g. use of kinetic assays or early read times)
- An offset of 21  $\mu\text{mol/L}$  (0.234 mg/dL) was needed to further correct “compensated” Jaffe method for non-creatinine Jaffe-reacting chromogens (Junge W, et al. *Clin Chim Acta* 2004; 344:137-48)
  - ...even with low imprecision and assay standardized to IDMS reference measurement procedure
  - If analytical non-specificity bias remains, errors in estimating GFR will occur.

# Problem Summary (cont)

From: Myers, et al, Recommendations for Improving Serum Creatinine Measurement, *Clinical Chemistry* 52:1, 5–18 (2006)

- Although enzymatic creatinine methods are reported to have fewer interferences than Jaffe methods, reports are published of various interferences with enzymatic methods
- HPLC methods have greater analytical specificity than conventional methods.
  - Sample de-proteinization combined with selectivity of mobile-phase conditions make it unlikely that many substances will interfere
- GC-IDMS is method of choice for establishing true concentration of creatinine in serum due to excellent specificity and relative SD (0.3%)

# Creatinine Analytical Performance Goals

From: Myers, et al, Recommendations for Improving Serum Creatinine Measurement, *Clinical Chemistry* 52:1, 5–18 (2006)

## Performance Goals Based on Biological Variability, creat = 1.0 – 1.5 mg/dL

CV <sub>i</sub>	CV <sub>g</sub>	Goal Level	CV <sub>a</sub> Goal Basis	CV <sub>a</sub> Goal	Bias Goal Basis	Bias Goal	TE Goal*
4.30%	12.90%	<b>Minimum Acceptable</b>	(0.75 CV <sub>i</sub> )	3.20%	$0.375 (CV_i^2 - CV_g^2)^{1/2}$	5.10%	11.40%
		<b>Desirable</b>	(0.5 CV <sub>i</sub> )	2.20%	$0.25 (CV_i^2 - CV_g^2)^{1/2}$	3.40%	7.60%
		<b>Optimum</b>	(0.25 CV <sub>i</sub> )	1.10%	$0.125 (CV_i^2 - CV_g^2)^{1/2}$	1.70%	3.80%

\* TE (total error) goal calculation: Bias Goal + (1.96 X CV<sub>a</sub> goal)

## Issue:

**No goal/limit has been defined for sample-dependent random bias (specificity) performance.**

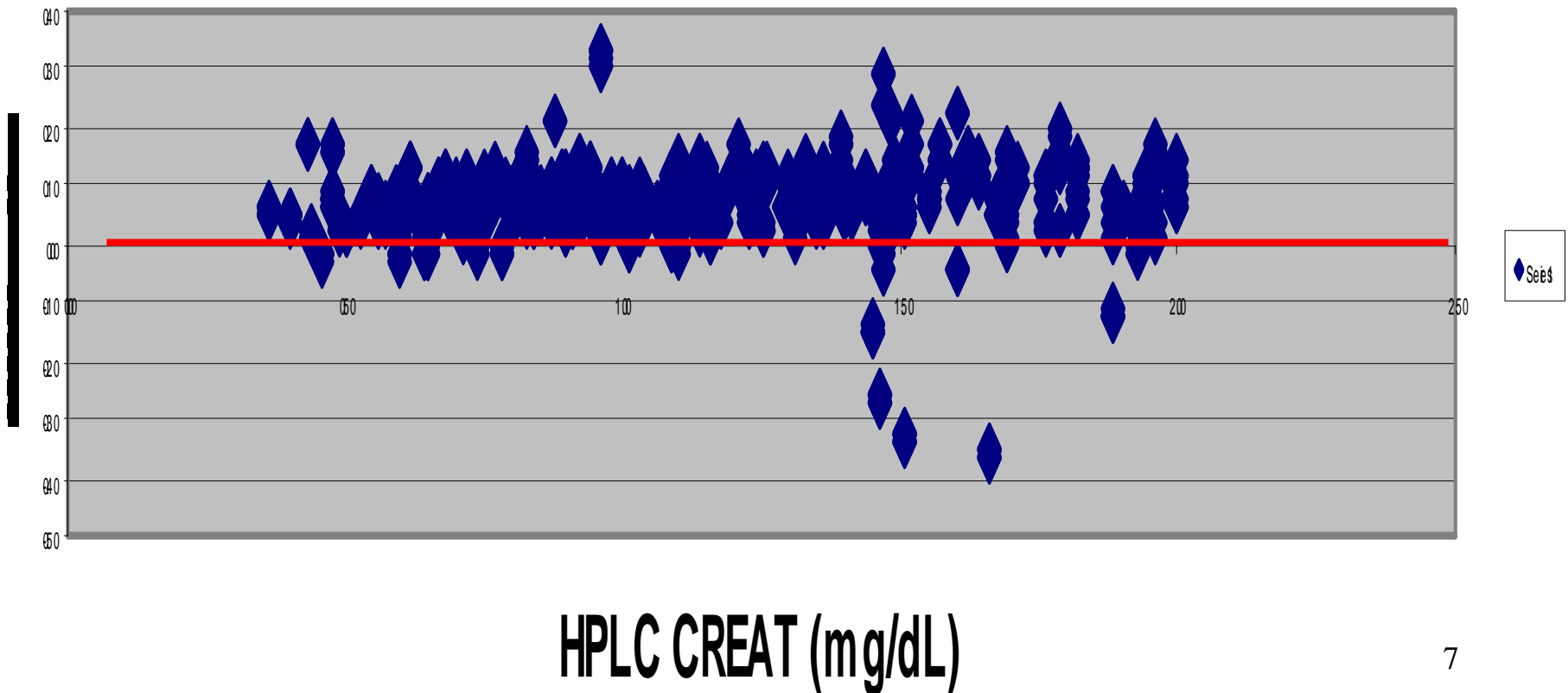
# Creatinine Analytical Performance Goals - Specificity

## Problem/Issue:

For serum/plasma creatinine measurements, especially in context of using serum creatinine values for determination of GFR with estimating equations, **what are appropriate acceptance criteria for individual sample random biases due to interferences and other sample-dependent factors?**

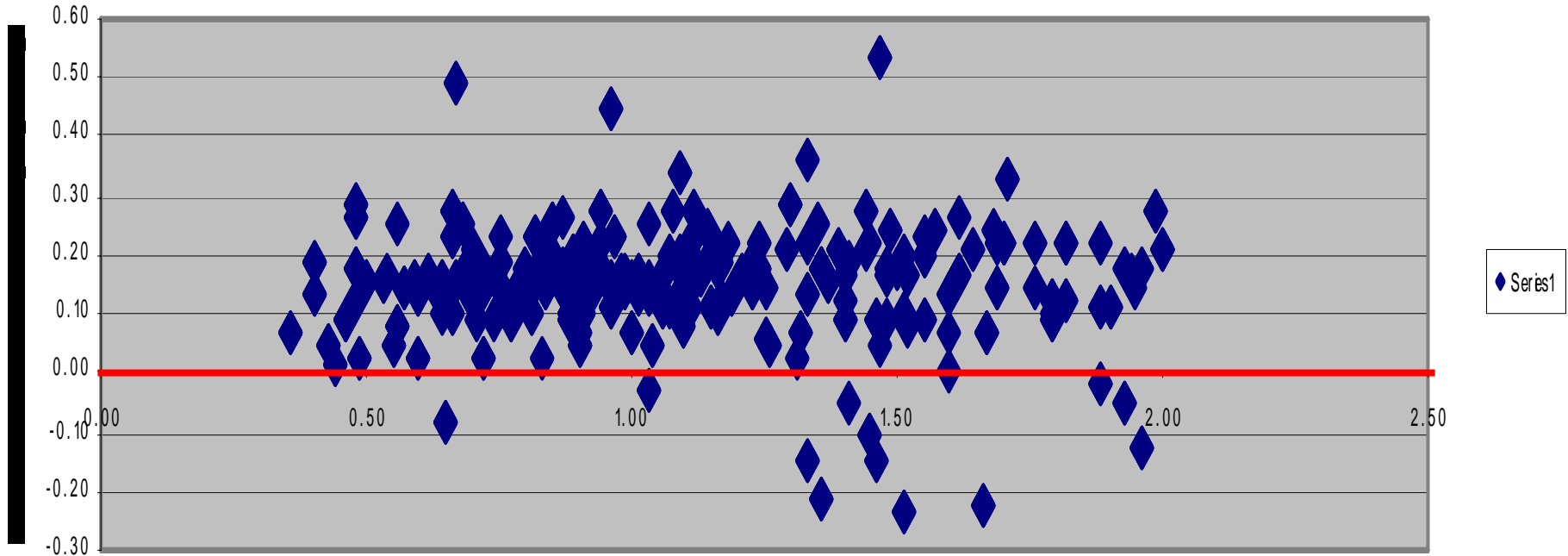
2002 OCD Internal Study, Rate Jaffe and (enzymatic) method compared to HPLC, 410 random patient samples, creatinine range = 0.4 – 2.0 mg/dL

## (Enzymatic) CREAT BIAS vs HPLC



# Example Rate JAFFE CREAT Bias vs. HPLC

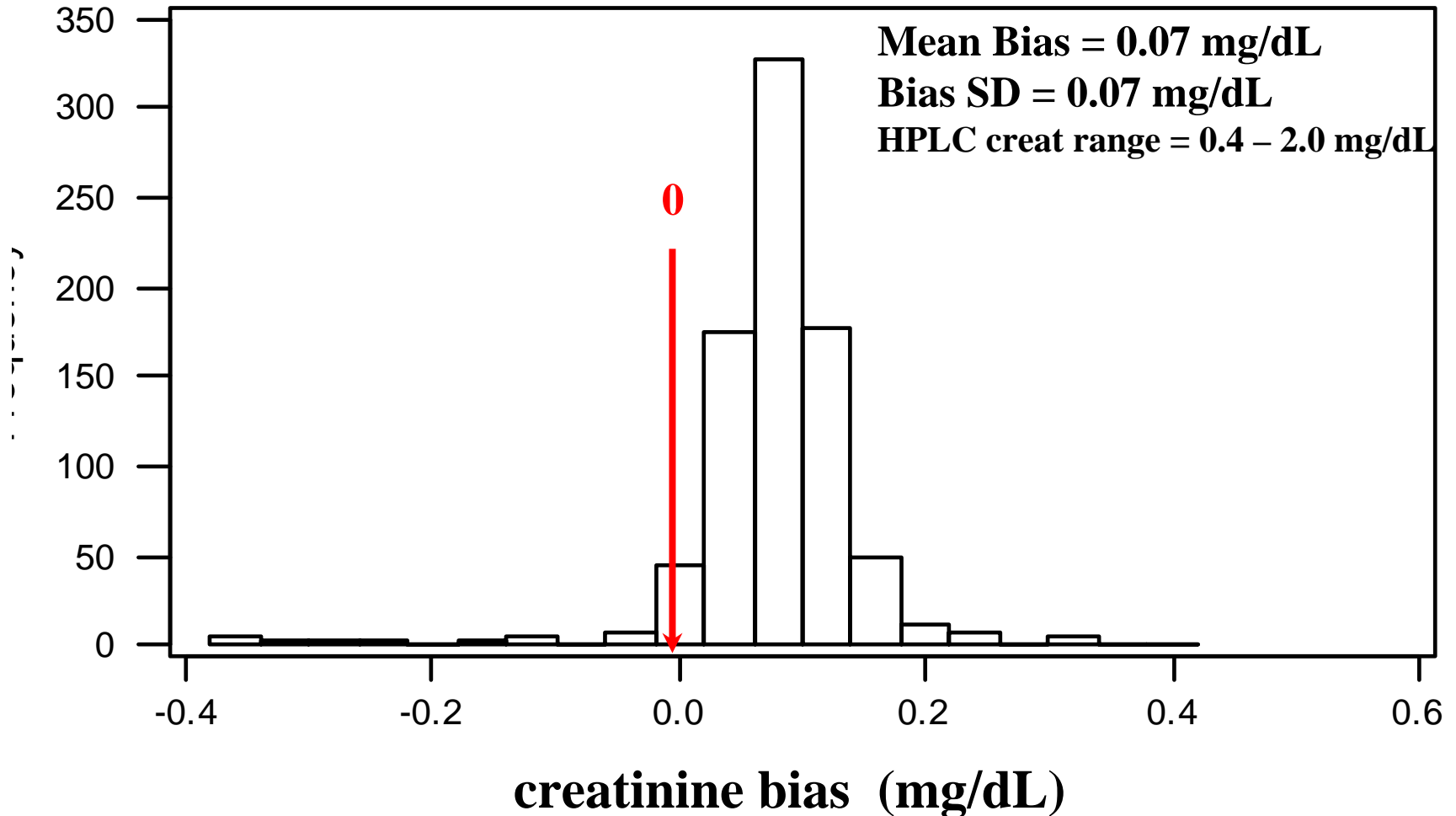
2002 OCD Internal Study, Rate Jaffe and (enzymatic) compared to HPLC,  
410 random patient samples, creatinine range = 0.4 – 2.0 mg/dL



HPLC CREAT (mg/dL)

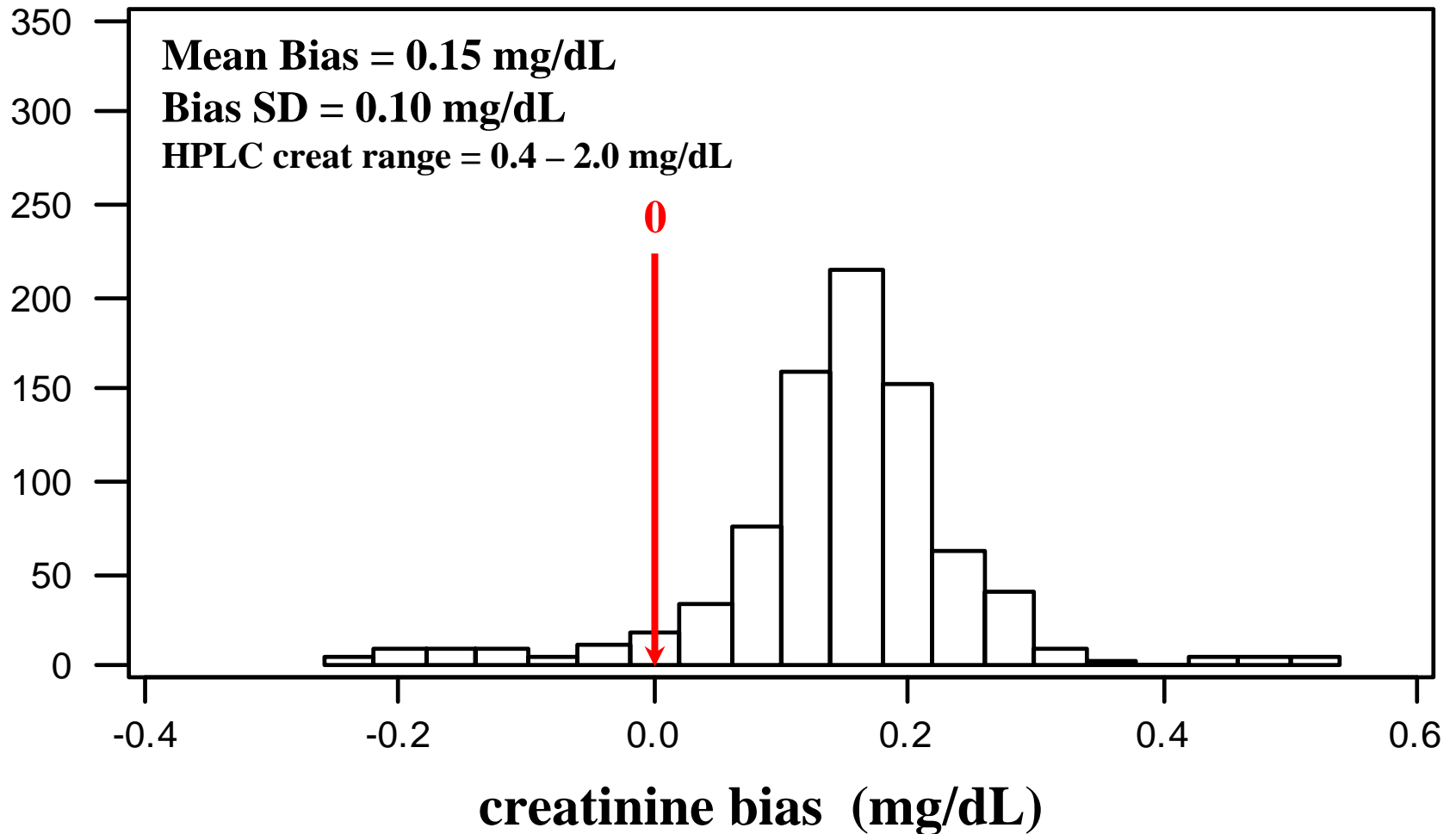


## (enzymatic) Creatinine method Distribution of Biases (mg/dL) vs. HPLC



# Example Rate Jaffe Creatinine Method

## Distribution of biases (mg/dL) vs HPLC



# Creatinine Analytical Performance Goals - Specificity

## Statistical Model for Total Error including Random Bias

Lawton WH, Sylvester EA, Young-Ferraro BJ. Statistical comparison of multiple analytic procedures: application to clinical chemistry. *Technometrics* 21:397-409 (1979)

%TE (total error) goal =

$$\%FB \text{ Goal} + 1.96 \times \text{SQRT}[\%CV_A^2 \text{ goal} + \%CV_{RB}^2 \text{ goal}]$$

Where...

%FB = allowable (systematic) calibration %bias

%CV<sub>A</sub> = allowable analytical imprecision, CV%

%CV<sub>RB</sub> = allowable random bias (non specificity), CV%

# Creatinine Analytical Performance Goals - Specificity

## Rationale for Proposed Goal – Random Bias (non-specificity)

Following the statistical model defined by Lawton, et al...

$$\%TE = \%FB + 1.96 \times \text{SQRT}[\%CV_A^2 + \%CV_{RB}^2]$$

Given that (from biological variability),  $\%CV_{B-G} = 12.9\%$

(where  $\%CV_{B-G} = \%$  biological variation among individuals), allow that  $\%TE$  can be as large as 12.9%.

**Example 1:** Where allowable  $TE = 12.9\%$ ,  $\%FB = 5\%$  and  $\%CV_A = 3\%$ ...

- $12.9\% = 5\% + 1.96 \times \text{SQRT}[(3\%)^2 + \%CV_{RB}^2]$
- then allowable  $\%CV_{RB} = 2.7\%$

# Creatinine Analytical Performance Goals - Specificity

## Rationale for Proposed Goal – Random Bias (non-specificity)

Following the statistical model defined by Lawton, et al...

$$\%TE = \%FB + 1.96 \times \text{SQRT}[\%CV_A^2 + \%CV_{RB}^2]$$

**Example 2:** Where allowable TE= 12.9%, %FB = 1% and %CV<sub>A</sub> =3%...

- $12.9\% = 1\% + 1.96 \times \text{SQRT}[(3\%)^2 + \%CV_{RB}^2]$
- then allowable %CV<sub>RB</sub> = **5.3**

**Example 3:** Where allowable TE= 11%, %FB = 1% and %CV<sub>A</sub> =3%...

- $11\% = 1\% + 1.96 \times \text{SQRT}[(3\%)^2 + \%CV_{RB}^2]$
- then allowable %CV<sub>RB</sub> = **4.1%**

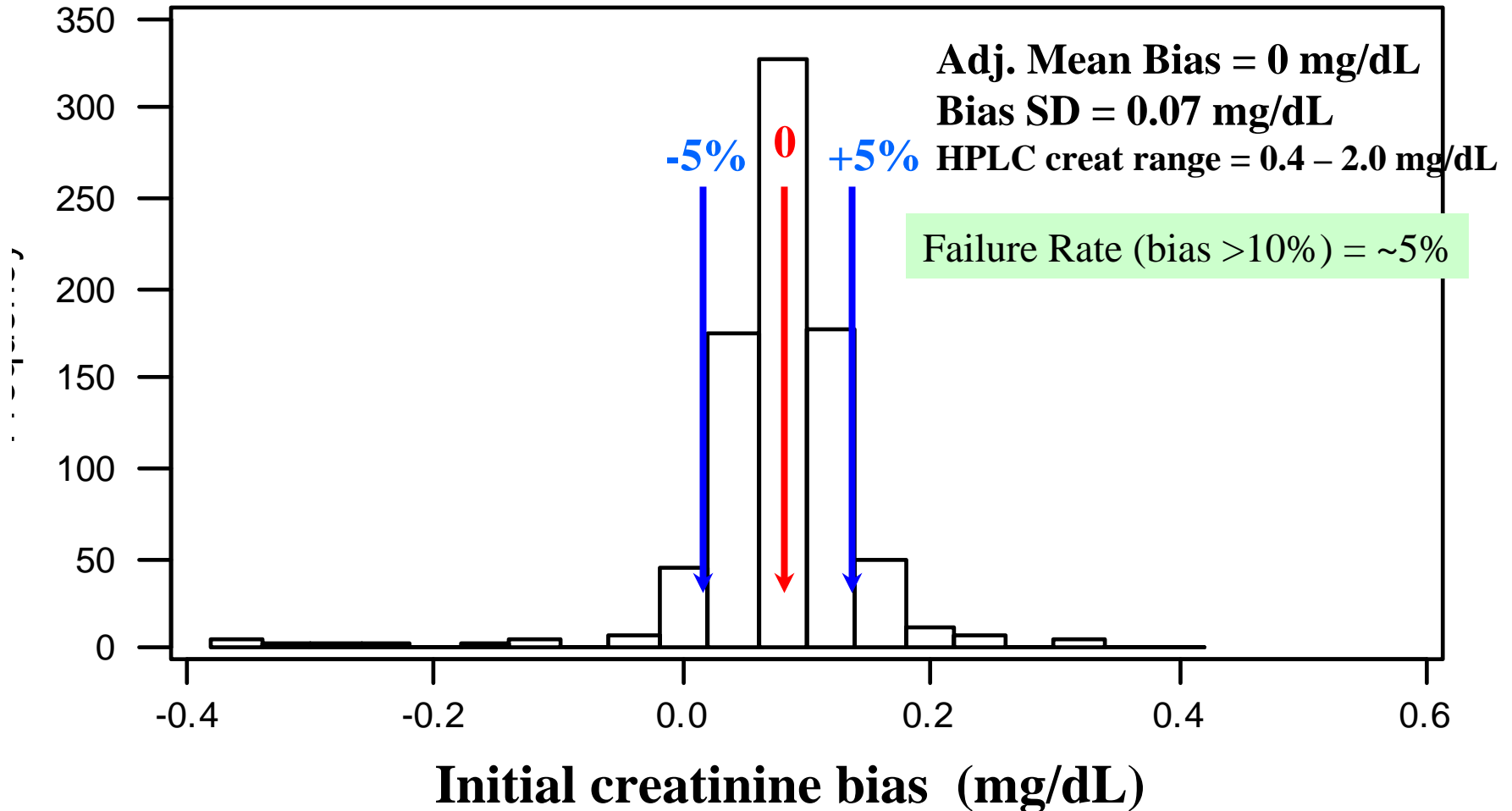
# Creatinine Analytical Performance Goals - Specificity

## Proposed rationale and approach for development of acceptance criteria – specificity

- If systematic bias can be controlled to within  $\pm 1\%$  from IDMS reference target, allowable random bias ( $\%CV_{RB}$ ) can be  $\sim \pm 5\%$  without compromising “minimally acceptable” TE% goals
- Defined criteria should be stated as...
  - When a creatinine method is calibrated to be traceable to the IDMS reference method, for the indication of screening patients for CKD (using MDRD or other estimating equations), random sample-dependent bias should be within  $\pm 2 \cdot X\%$  for 95% of samples tested, where  $X = \%CV_{RB}$  Goal.
  - Possible Criteria:
    - 5% “minimally acceptable”;
    - 3% “desirable”
  - Need to recognize that 3% ( $\%CV_{RB}$ ) performance may not be achievable with state-of-the art methods

## Enzymatic creatinine method Distribution of Biases (mg/dL) vs. HPLC

Mean value = 1.1 mg/dL with bias compensation; Proposed Allowable Random Bias = 5%



# Example Rate Jaffe Creatinine Method

## Distribution of biases (mg/dL) vs HPLC

Mean value = 1.1 mg/dL with bias compensation; Proposed Allowable Random Bias = 5%

