

Implementation of Percentiler and Flagger in the C-STFT project

Linde De Grande
PhD student
linde.degrande@ugent.be

EMPOWER IVD•GLOBE

Dietmar Stöckl
dietmar@stt-consulting.com

Linda Thienpont
linda.thienpont@ugent.be

Thienpont & Stöckl
Wissenschaftliches Consulting GbR

IFCC Committee for Standardization of Thyroid Function Tests (C-STFT)

Chair: Prof. Dr. L. Thienpont



Terms of reference

- Develop reference measurement systems for free thyroid hormones and TSH
- Establish a network of competent reference laboratories
- Liaise with key stakeholders to implement traceable methods in routine clinical practice

<http://www.ifcc.org/ifcc-scientific-division/sd-committees/c-stft/>

C-STFT Phase I - III

3 method comparison studies for FT4 and TSH

- Good quality of performance, however, with room for improvement
- Confirmed the need for standardization (FT4) and/or harmonization (TSH)
- Demonstrated the feasibility by recalibration using a “targeted” panel (clinically relevant concentration range)
- Targets set by:
 - FT4 conventional RMP (ED ID-MS) (LoQ: 1.3 pmol/L)
 - Statistically derived “All-Procedure Trimmed Mean” (APTM)

References

- Thienpont LM, Van Uytfanghe K, Beastall G, Faix JD, leiri T, Miller WG et al. Report of the IFCC working group for standardization of thyroid function tests
 - part 1: Thyroid-stimulating hormone.
[Clin Chem 2010;56:902-11.](#)
 - part 2: Free thyroxine and free triiodothyronine.
[Clin Chem 2010;56:912-20.](#)
 - part 3: Total thyroxine and total triiodothyronine.
[Clin Chem 2010;56:921-9.](#)
- Thienpont LM, Van Uytfanghe K, Van Houcke S; IFCC Working Group for Standardization of Thyroid Function Tests (WG-STFT). Standardization activities in the field of thyroid function tests: a status report. [Clin Chem Lab Med 2010;48:1577-83.](#)
- Thienpont LM, Van Uytfanghe K, Van Houcke S, Das B, Faix JD, MacKenzie F et al. A Progress report of the IFCC Committee for Standardization of Thyroid Function Tests. [Eur Thyroid J 2014;3:109-16.](#)

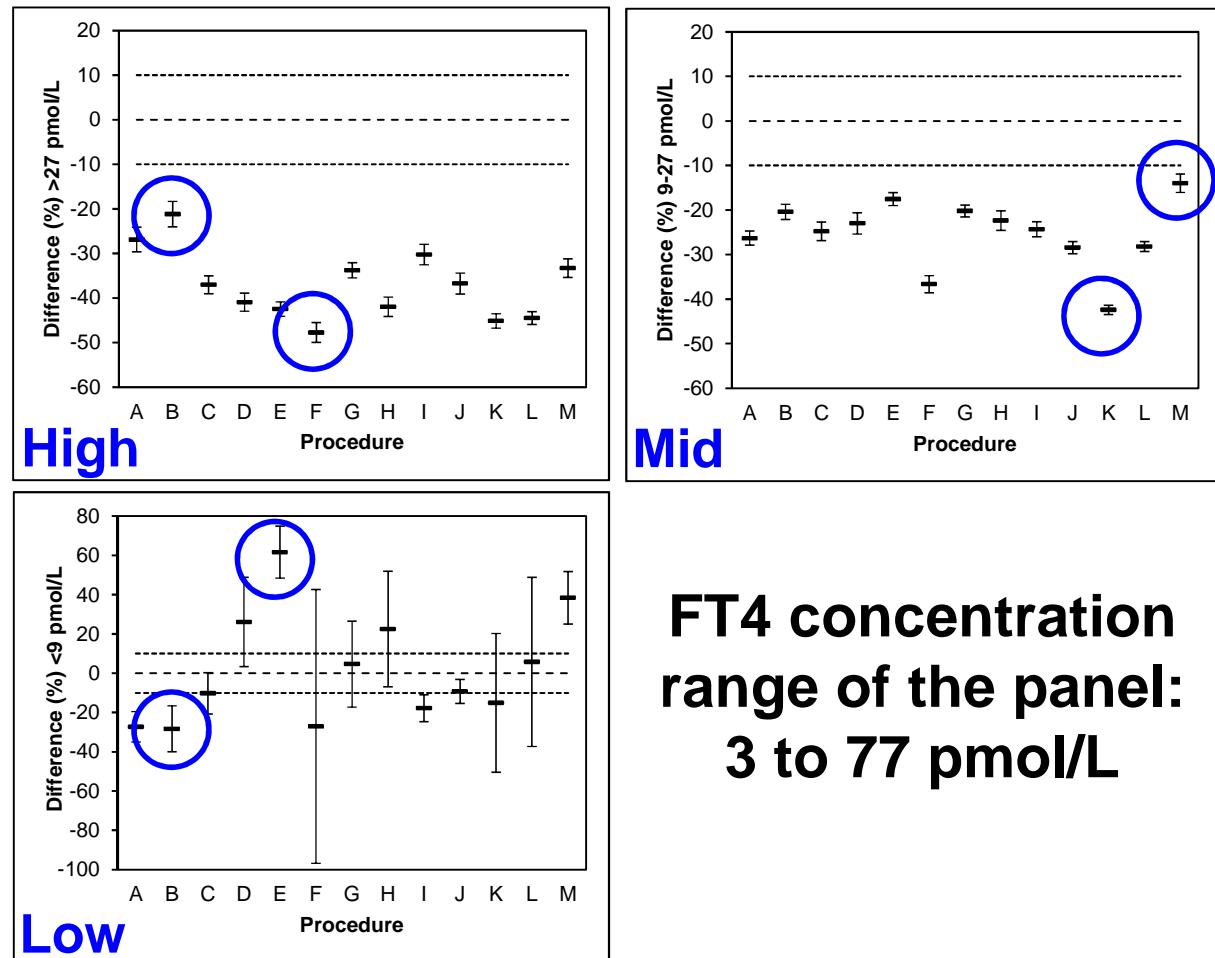
Standardization status – FT4

Phase III – Bias to ED ID-MS#

>27 pmol/L:
-37% (mean)
Range: -21% to -48%

9–27 pmol/L:
-25% (mean)
Range: -14% to -42%

<9 pmol/L:
2% (mean)
Range: -28% to 62%

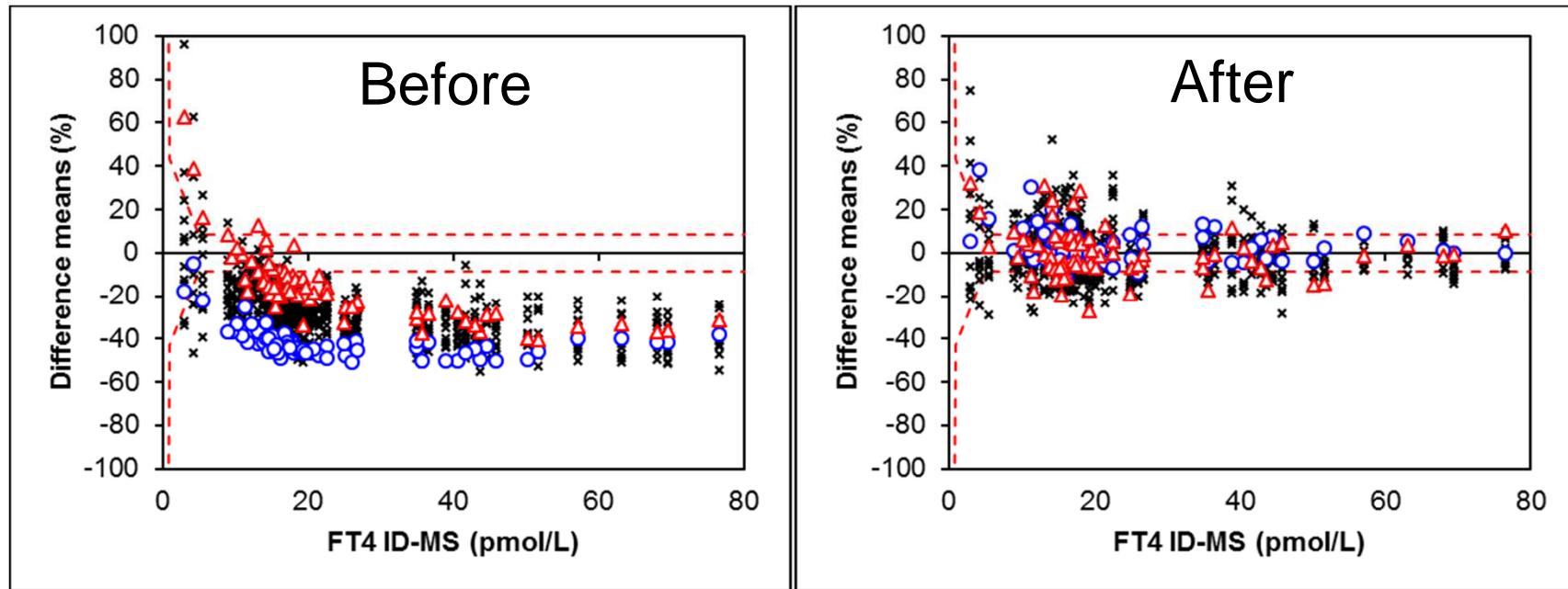


All assays strongly negatively biased

#Thienpont et al. Eur Thyroid J 2014;3:109-16.

Feasibility of standardization/recalibration

FT4 – Phase III#



- Bias to ED ID-LC/tandem MS removed
- Residual dispersion nearly entirely due to within-assay effects

#Thienpont et al. Eur Thyroid J 2014;3:109-16.

C-STFT Phase IV

Technical recalibration

- Measurements done
- Final data treatment on-going
- Recalibration by manufacturers to follow

Prior to implementation

- Liaise with regulatory authorities and key stakeholders
- Do risk-benefit analysis at all levels of stakeholders
- Educate stakeholders about impact/changes
- Coordinate implementation of standardized/ harmonized assays by all manufacturers at the same point in time and worldwide
- Monitor sustainability of standardization status

Percentiler and Flagger

Objective for use in the C-STFT project

- Start in the “pre”-standardization/harmonization phase
 - Recruit sufficient participants
 - Get experienced with interpretation
- Fully exploit in “post”-standardization/harmonization phase
 - Sustainability of new calibration status
 - Impact of analytical quality/instability on daily surrogate medical decision making

Overview current participants

	Percentiler		Flagger	
	Participants	Instruments	Participants	Instruments
Abbott Architect	9	18	1	1
Beckman Synchron	11	14	6	7
OCD Vitros	4	9	1	1
Roche Cobas Elecsys	33	64	12	13
Siemens Centaur	7	19	2	2
Siemens Immulite	2	4	0	0
Siemens Vista	3	5	1	3

Percentiler: 69 participants with 133 instruments
Flagger: 23 participants with 27 instruments

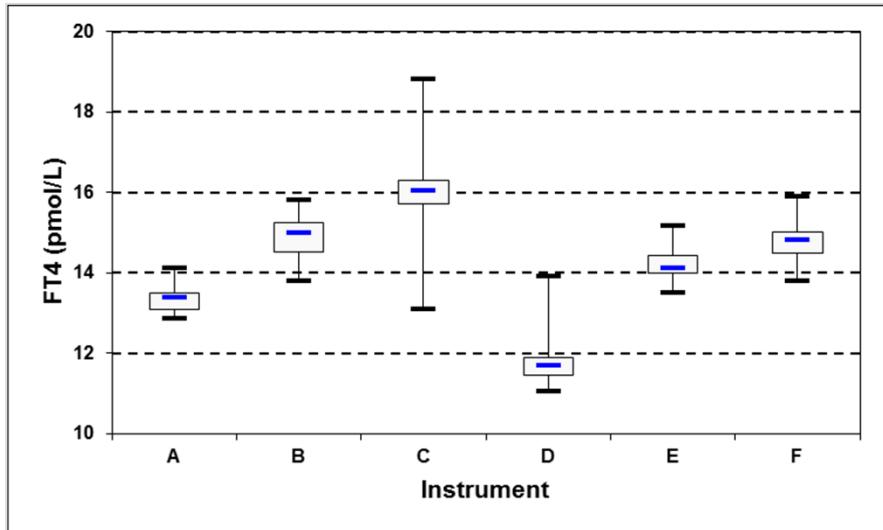
Bias specifications for interpretation

	Bias Biology (%)	Bias Empower (%)	Bias Biology (unit)	Bias Empower (unit)	Median “SI”	Limit (relative %)	Minimum limit (absolute %)	Unit
FT4	3.3	3.4	0.5	0.5	14.9	30	1	pmol/L
TSH	7.8	7.3	0.13	0.12	1.65	30	1	mIU/L

- Starting point: bias limits inferred from the biological variation model#
- Currently set limits seem achievable by several participants/assays
- If necessary, the current performance of IVD assays will be taken into account

#<https://www.westgard.com/biodatabase1.htm>

Percentiler vs C-STFT Phase I

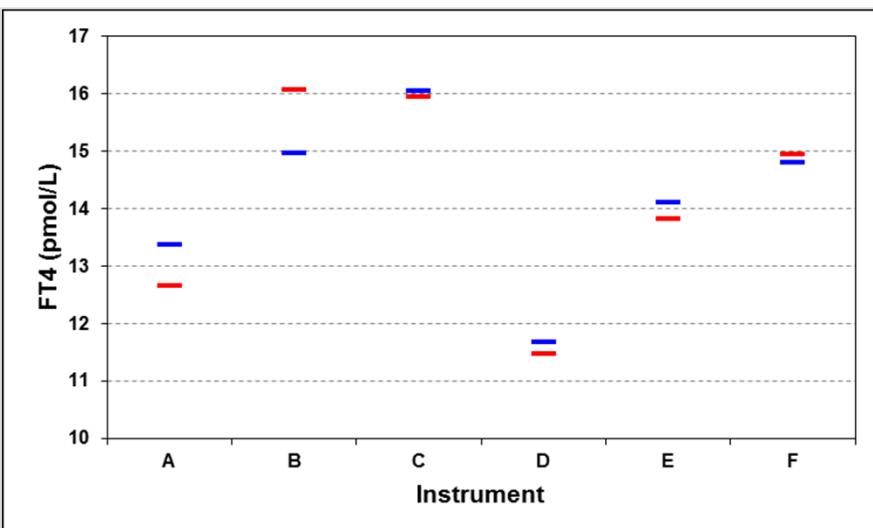


Peer group medians

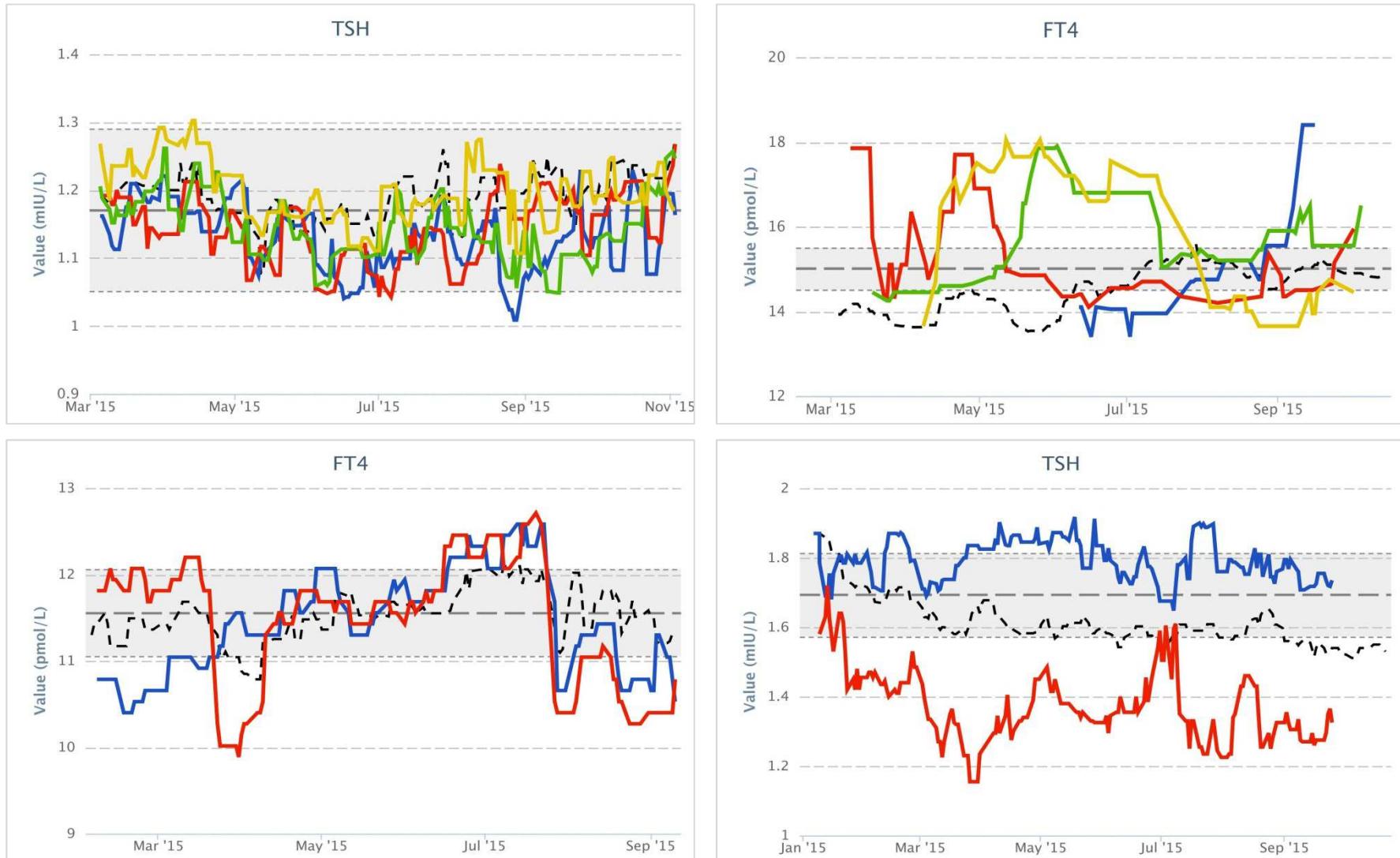
- Median from 11.7 – 16 pmol/L

Median values

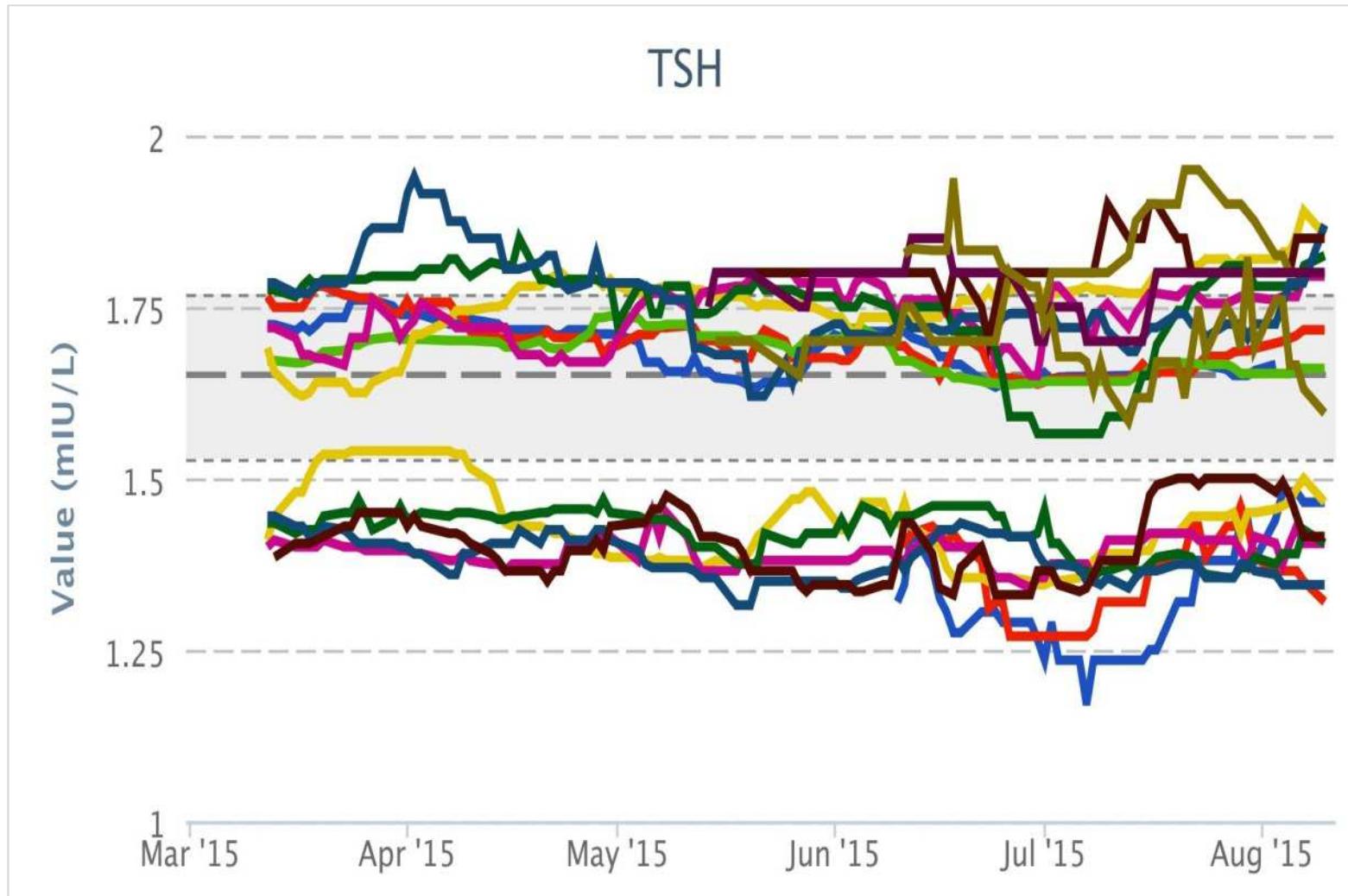
- Blue: Percentiler: outpatients
- Red: Phase I: euthyroid panel



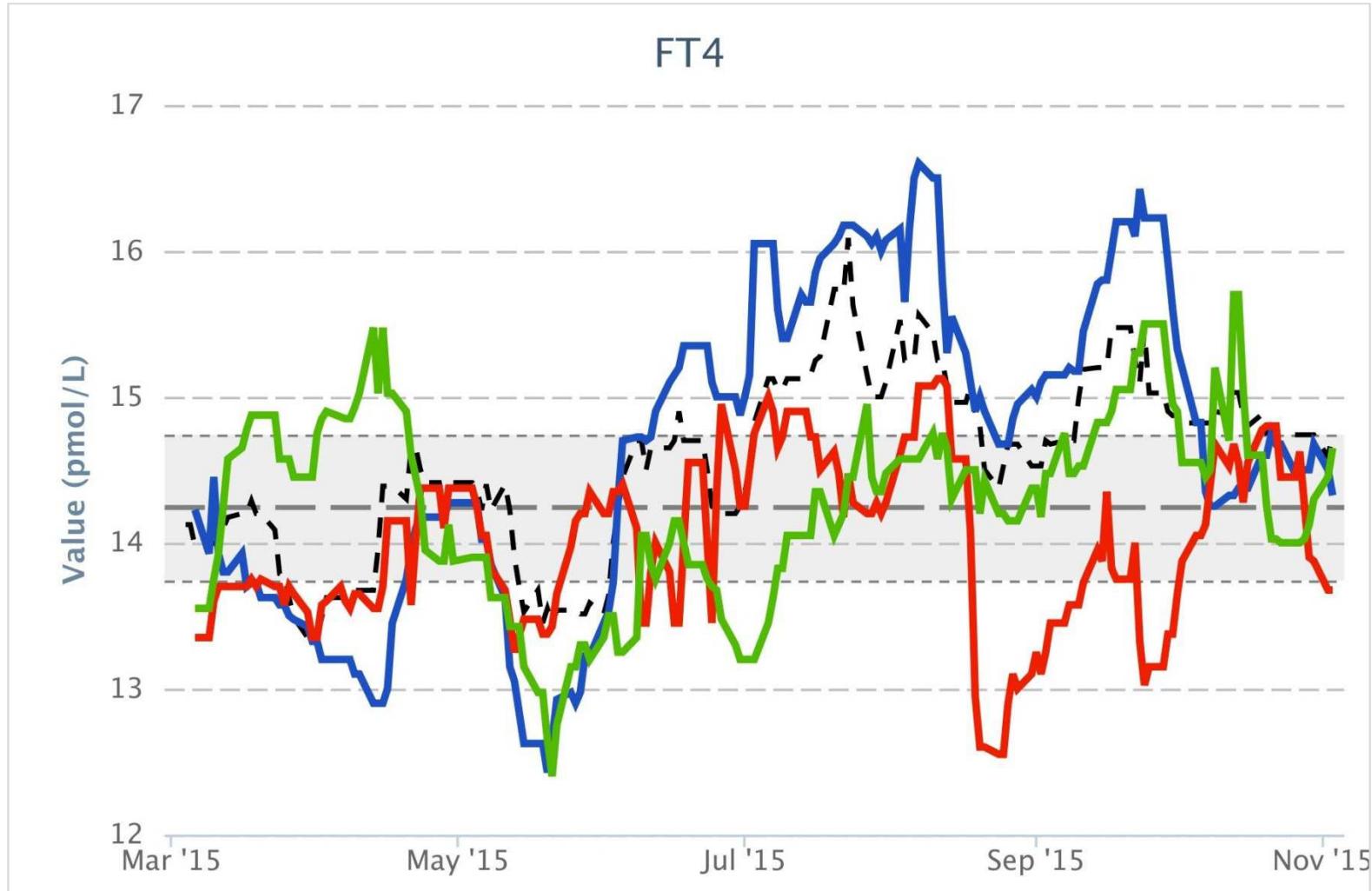
Examples Percentiler



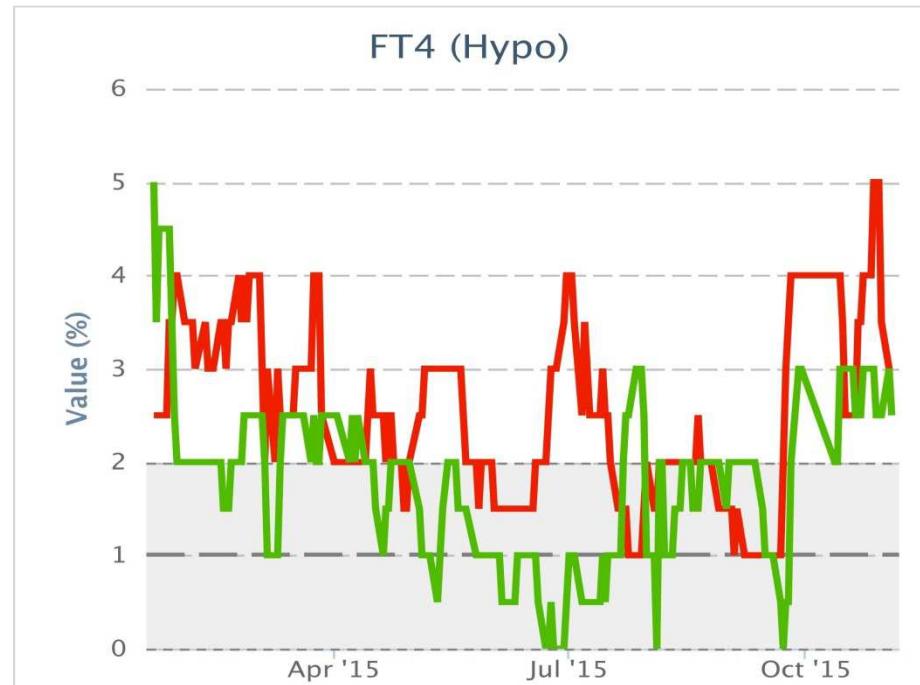
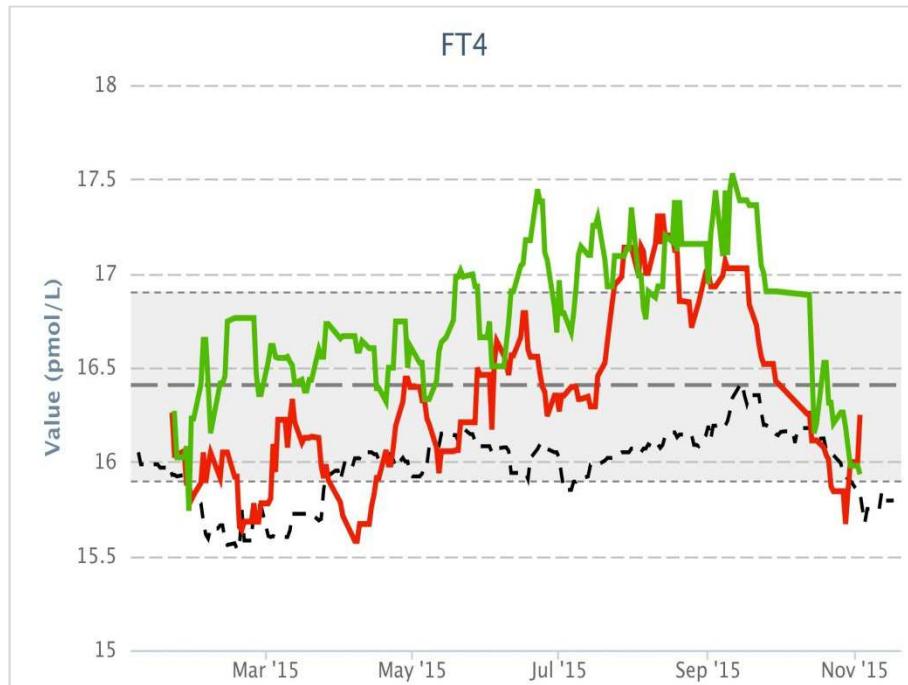
Example 2 subgroups for TSH



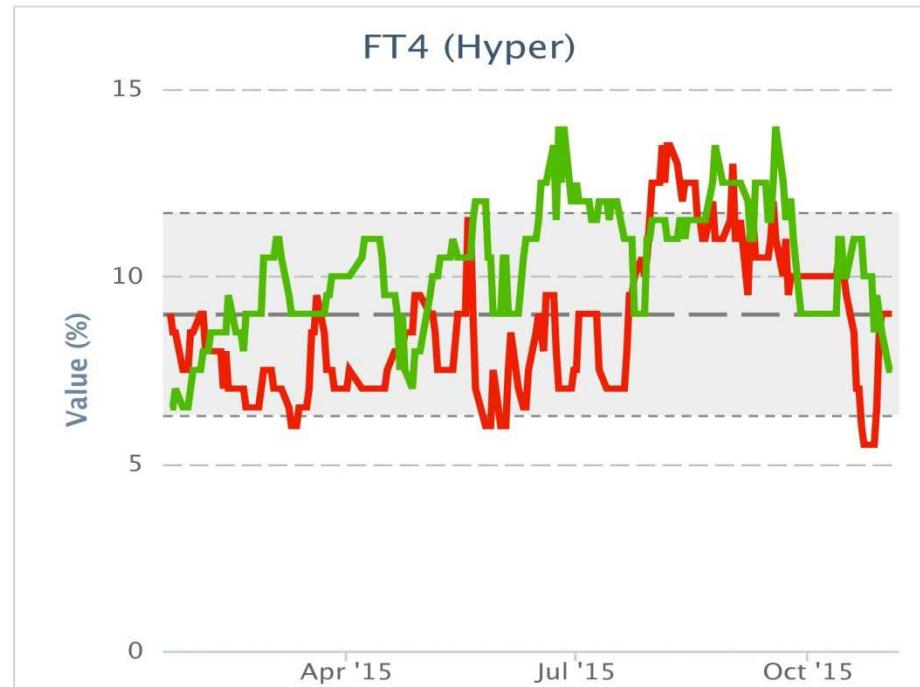
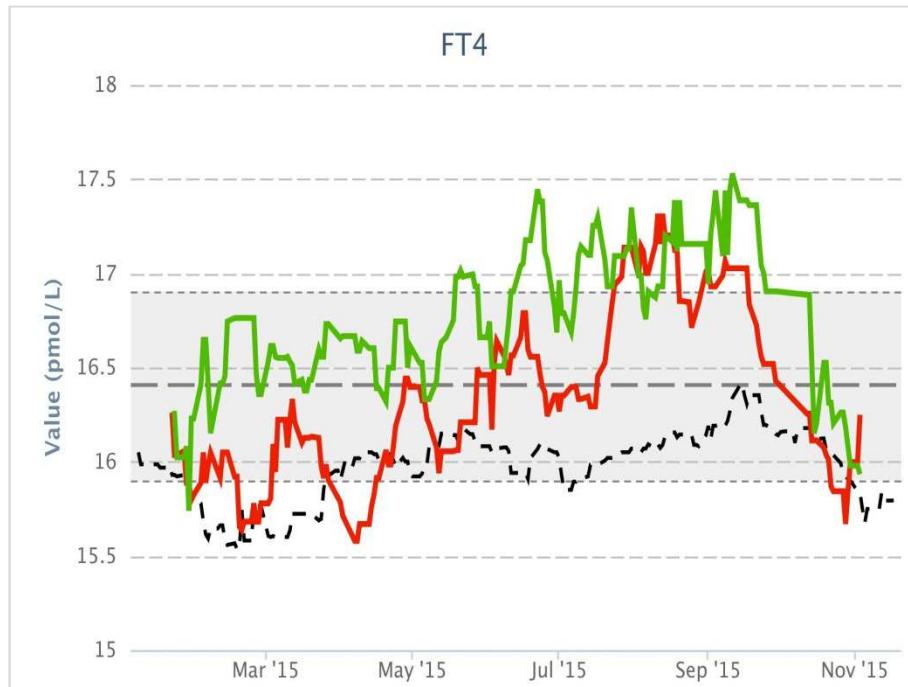
Instability FT4 assays



Percentiler vs Flagger



Percentiler vs Flagger



In conclusion

Percentiler and Flagger for C-STFT

- Utility is shown in pre-standardization phase
- Monitor sustainability of recalibration status

Limitations to be resolved

- More participants
- Representation of all manufacturers involved in the project
- Better definition of outpatient results

Invitation

Percentiler

- Include FT4 and TSH to the clinical chemistry analytes

Flagger

- Join the Flagger with FT4 and TSH

