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This report contains:

- This letter
- Summary
- Individual results

Approved by MP
2023.11.07

Next reporting periods:
2024.04.22 – 2024.04.29
2024.10.21 – 2024.10.28

Cystatin C, Creatinine and eGFR, 3345 DK EQA report no. 2, November 2023

Number of participants

There are 31 laboratories registered for this scheme.

26 laboratories have reported one or more set of results for P-Cystatin C, 20 laboratories for P-Creatinine and 20 laboratories have calculated eGFR in addition to P-Cystatin C.

Sample material

Sample material Haeb (02_2023)

A plasma pool from patients with a normal kidney function.

Expected levels of P-Cystatin C, P-Creatinine and eGFR, in the normal range. This pool has not been used before.

Sample material Hacb (03_2023)

A plasma pool from patients with a reduced kidney function.

Expected levels of P-Cystatin C and P-Creatinine in the high range, and eGFR in the lower range. This pool has not been used before.

Target values

The target values for P-Cystatin C and P-Creatinine are the overall mean values for the respective material.

The target values for eGFR for the different method groups are based on 50-year-old white male (85 kg) and are calculated from the overall mean value of P-Cystatin C and/or P-Creatinine for the respective sample material. The acceptance intervals ($\pm 11.4\%$) for the different method groups are shown in grey (Table 1):

Table 1. Target value (T) and accept interval (A) for eGFR in mL/min/1.73 m², for each sample and the different method groups (CKD-EPI formula variants).

Sample	Method group/formula	T	A
Haeb (03_2023)	2009 CKD-EPI (Crea)	105	(93.2 – 117.2)
Haeb (03_2023)	2012 CKD-EPI (Crea-CysC)	109	(97.0 – 121.9)
Haeb (03_2023)	2012 CKD-EPI (Cys C)	110	(97.7 – 122.9)
Haeb (03_2023)	2021 CKD-EPI (Crea)	109	(96.2 – 121.0)
Hacb (04_2023)	2009 CKD-EPI (Crea)	11	(9.3 – 11.7)
Hacb (04_2023)	2012 CKD-EPI (Crea-CysC)	10	(8.5 – 10.7)
Hacb (04_2023)	2012 CKD-EPI (Cys C)	10	(8.9 – 11.1)
Hacb (04_2023)	2021 CKD-EPI (Crea)	11	(9.9 – 12.5)

Statistics

Mean, SD and CV% are calculated for all results as well as for the method groups. In the graphic part, the acceptance interval is calculated from the overall mean value (M) or reference value (R) (only applicable to pools from patients with a reduced kidney function, produced before 2021), which assumes that the results are normally distributed. For each quantity, it is examined whether the results deviate to an unacceptable degree from the normal distribution, by looking at the difference between the overall mean and the median in relation to the width of the acceptance interval.

For P-Cystatin C the requirement for acceptable normal distribution across method groups is not met for the sample material *Haeb*. This means that we may, on a false basis, place someone outside the acceptance range.

Outliers

Outliers are defined as results that deviate more than $3.6 \times \text{SD}$ relative to the target value.

Two outliers are found in this round. The results are not included in the calculations.

Acceptance interval

The acceptance limit for P-Cystatin C is 11.4 %, calculated as total error from biological variation. The intra-individual variation is 8.6 % and the between-individuals variation is 15 % (ref. 1).

The acceptance limit for P-Creatinine of 8.9 % is calculated from biological variation based on the intra-individual variation being 6 % and the between-individuals variation 14.7 % (ref. 2).

The acceptance limit for eGFR is 11.4 % (the same as for P-Cystatin C).

Results and comments

Calculations of mean of all can be seen in the “Summary report for metodegruppe”.

P-Cystatin C

There is a good agreement between the mean value of Nephelometry and Turbidimetry method group for the normal sample material *Haeb* (0.771 mg/L vs. 0.78 mg/L). The main bulk of participants' results comes from Turbidimetry. Eight results are outside the acceptance interval for Turbidimetry.

Nephelometry mean value is also in good agreement with Turbidimetry method group for sample material, *Hacb*, from patients with reduced kidney function (4.96 vs. 4.82 mg/L). None of the results are outside the acceptance interval for both method groups.

P-Creatinine

There is generally good agreement between the mean value of Enzymatic and Jaffe method group for both sample material, although the mean value for Jaffe is higher, but not significantly higher than the target value for the normal sample material *Haeb*. For *Haeb*, 3 and 2 results for the respective method group, are outside the acceptance interval.

eGFR

Most of the eGFR results are reported using the 2009 CKD-EPI (*Crea*) formula (n=13).

Using the 2009 CKD-EPI (*Crea*) formula, 3 and 1 result for the respective sample material are outside the acceptance interval of the target value (Table 1). For those laboratories using the 2012 CKD-EPI (*Crea-CysC*) formula (n=3), 2 and 1 result for the respective sample material are outside the acceptance interval and for those using 2012 CKD-EPI (*CysC*) formula (n=5), 2 results are outside for the normal sample material *Haeb*.

Those laboratories should check their performance carefully.

All individual results are seen in the graphic part. The unit is mL/min/1.73 m², though the unit in the graphic part is shortened to mL/min.

If your LIMS system generates an automatic calculation of eGFR, you must control if the variant of the CKD-EPI formula used is the same as the one that



you have reported. If not, the target value and the accept interval can be different.

Scientific method

The Danish scientific societies recommend automatic reporting of eGFR whenever a P-Cystatin C or a P-Creatinine is ordered by the clinicians. This automatic reporting helps to identify asymptomatic kidney dysfunction at an earlier stage.

Interpretation of reports

You will find a guide for reading the graphic report at <https://deks.dk/en/products/information-about-the-deks-programs/interpretation-of-reports/>

Yours sincerely

Lisbeth Nielsen and Dår Kristian Kur

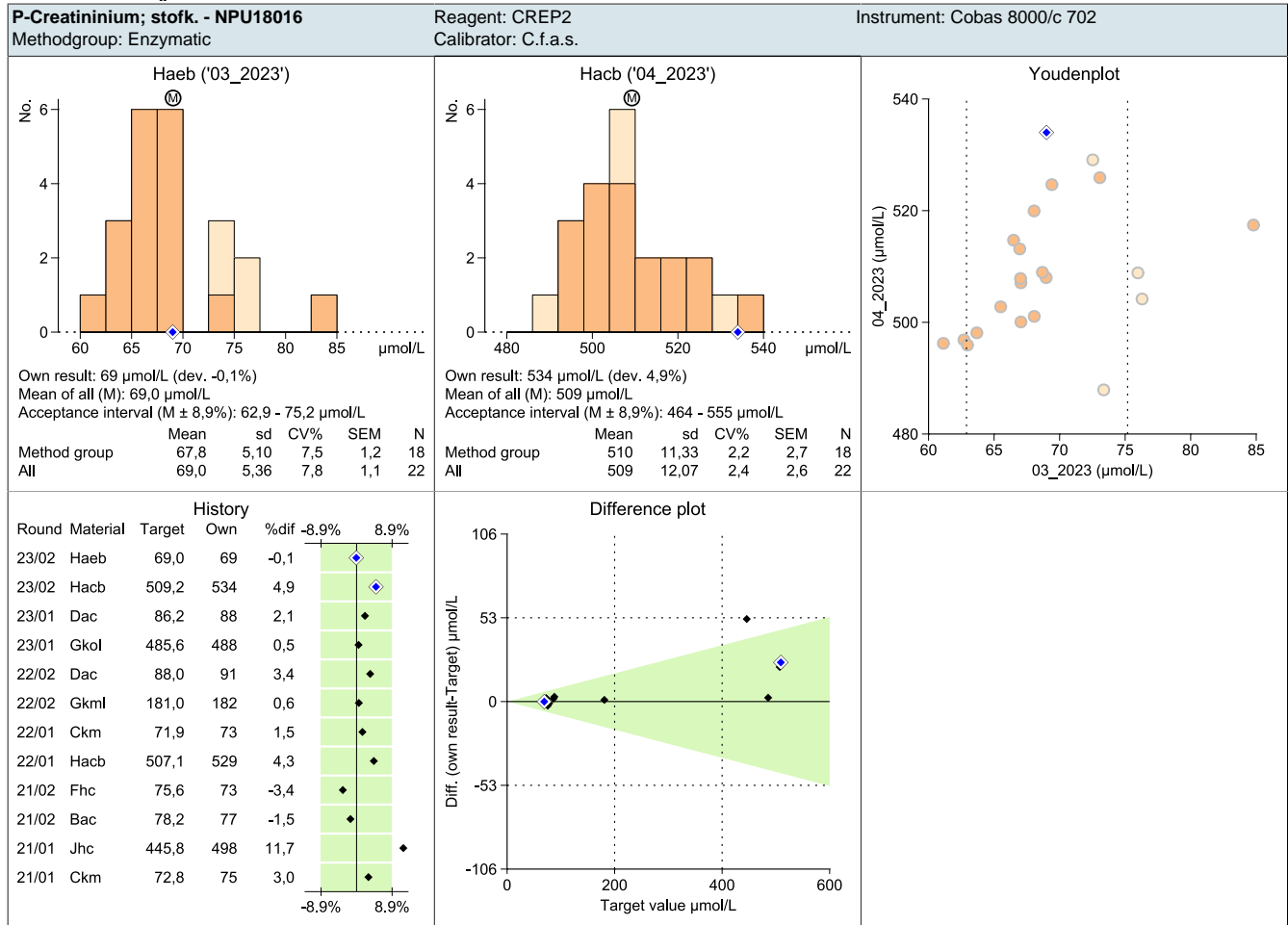
References

1. Reinhard M, Erlandsen EJ & Randers E. Biological variation of cystatin C and creatinine. Scand J Clin Lab Invest 2009;69(8):831-836.
2. Ricos C. *et al.* Current databases on biologic variation: pros, cons and progress. Scand J Clin Lab Invest 1999;59:491-500.

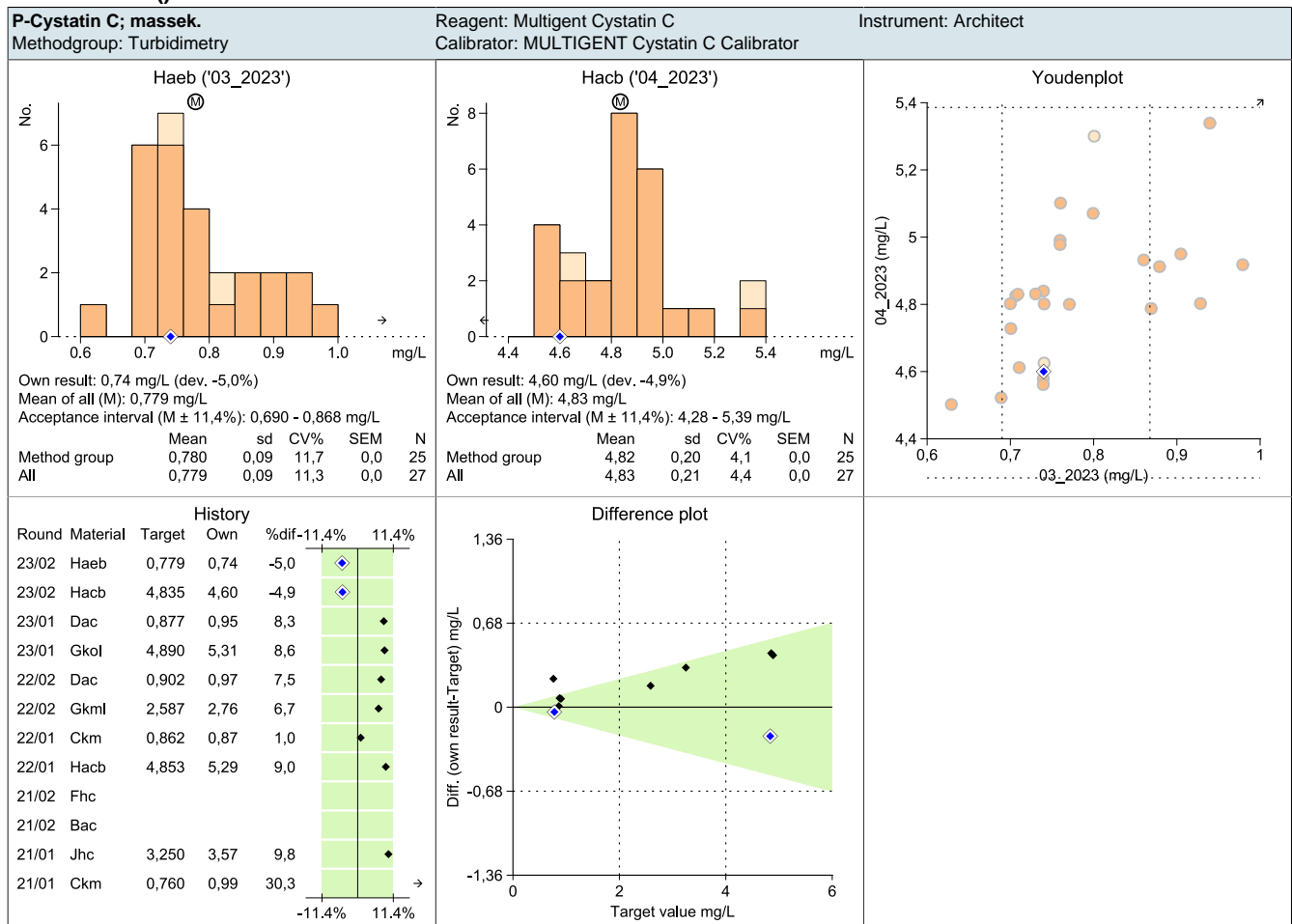


Component	Mean	Sd	CV	sem	N	Outliers
P-Creatininium; stofk. Sample 'Haeb'						
<i>Alle</i>	509	12,07	2,37	2,57	22	0
Enzymatic	510	11,33	2,22	2,67	18	0
Jaffe reaction	508	16,96	3,34	8,48	4	0
P-Creatininium; stofk. Sample 'Haeb'						
<i>Alle</i>	69	5,36	7,76	1,142	22	0
Enzymatic	67,8	5,1	7,53	1,203	18	0
Jaffe reaction	74,6	1,863	2,5	0,931	4	0
P-Cystatin C; massek. Sample 'Haeb'						
<i>Alle</i>	4,83	0,214	4,44	0,0413	27	1
Nephelometry immunoassay	4,96	0,477	9,62	0,338	2	1
Turbidimetry	4,82	0,1971	4,09	0,0394	25	0
P-Cystatin C; massek. Sample 'Haeb'						
<i>Alle</i>	0,779	0,0878	11,28	0,0169	27	1
Nephelometry immunoassay	0,771	0,0417	5,41	0,0295	2	1
Turbidimetry	0,78	0,091	11,67	0,0182	25	0
P-eGFR; (Glomerular filtration) vol.hast. Sample 'Haeb'						
<i>Alle</i>	10,73	0,674	6,29	0,1406	23	0
2009 CKD-EPI (Crea)	10,75	0,595	5,54	0,1651	13	0
2012 CKD-EPI (CysC- Crea)	11,04	1,322	11,97	0,763	3	0
2012 CKD-EPI (CysC)	10,31	0,447	4,33	0,1999	5	0
2021 CKD-EPI (Crea)	11,1	0,1414	1,274	0,1	2	0
P-eGFR; (Glomerular filtration) vol.hast. Sample 'Haeb'						
<i>Alle</i>	107,7	12,1	11,23	2,52	23	0
2009 CKD-EPI (Crea)	103,8	7,66	7,38	2,12	13	0
2012 CKD-EPI (CysC- Crea)	118,2	25,1	21,2	14,47	3	0
2012 CKD-EPI (CysC)	110,9	13	11,72	5,81	5	0
2021 CKD-EPI (Crea)	109	0,0707	0,0649	0,05	2	0

Metodesæt 2 ()



Metodesæt 1 ()



Metodesæt 2 ()

