UK NEQAS (H)

Perspective on performance: The Haemoglobinopathies *Barbara Wild*

Haemoglobinopathies

Perspective on Performance: Performance assessment process

DNA diagnostics for Haemoglobinopathies scheme Outcomes of shadow scoring exercise

Abnormal Haemoglobins A₂/F/S scheme Plan for performance assessment of interpretive comments



UKNEQAS(H) Quality assessment schemes for the Haemoglobinopathies

- Sickle cell screening
- Abnormal Haemoglobins HbA₂/F
- Liquid Newborn specimens
- Newborn sickle screening on dried blood spots
- DNA diagnostics for the Haemoglobinopathies



Haemoglobinopathy schemes

Sickle screening

Solubility test





Abnormal haemoglobins +HbA₂/F

Haemoglobin electrophoresis High Performance Liquid Chromatography Capillary electrophoresis

Liquid newborn samples



F Concentration = 0.6 % A2 Concentration = 2.9 %

Analysis comments:



Haemoglobinopathy schemes Newborn screening for sickle cell disease High Performance Liquid Chromatography Specimens:



Specimens: Dried blood spots

Isoelectric focusing



FAC FAS FS FA AFDC



Mass Spectrometry

Haemoglobinopathy schemes

DNA diagnostics

Suitable for all DNA diagnostic techniques

Specimens: Extracted DNA in buffer

DNA fluorescent sequencing







DNA scheme: Plan

Develop schedule for regular surveys

Develop Performance Assessment

Apply for accredited status of scheme



DNA Scheme: History

Scheme commenced in 2002 as a pilot scheme **Purpose**:

To assess the quality of DNA analyses for the haemoglobinopathies within the UK

Participants:

The 3 Prenatal Diagnosis laboratories

Any other UK laboratory undertaking α/β genotyping

Surveys:

12 surveys over 10 year period

Outcome:

Summary reports, no scoring undertaken



Current process

Schedule developed

3 surveys per with 2 specimens per year, commenced 2011

Specimens issued with: Age/gender Full blood count data Haemoglobinopathy screening data Reason for referral



Current participants

Australia	1	Israel	2
Austria	2	Ireland	2
Belgium	3	Portugal	3
Cyprus	1	Poland	1
France	7	Spain	1
Germany	2	Sweden	2
Greece	1	Switzerland -	4
Netherlands	2	UK	9

Total = 43 participants

16 different countries

Current process



Shadow scoring

>Scoring requires internal and external expert

>Model answer agreed by experts

>Assessment undertaken at UKNEQAS(H)

>Independent scoring by external assessor

>Meeting to finalise participants' scores



Tariff of penalties

Aspect	Penalty	
Non participation	50	
Incorrect analytical results: α genotype	50	
Incorrect analytical results: β genotype	50	
Incorrect annotation: α genotype	35	
Incorrect annotation: β genotype	35	
Incorrect interpretation re case details	50	
Incorrect annotation of interpretation	35	
Inadequate/absent/incorrect recommendations	50	
HGVS nomenclature incorrect/not used	35	



Cases shadow scored

Date	Genotypes : Specimen 1	Genotypes : Specimen 2
July 2012	$-SEA/-\alpha^{3.7}$: β^A/β^E	$-\alpha^{4.2}/\alpha \alpha$: β^{A}/β^{IVS1-5} (G>C)
November 2012	αα /αα : $\beta^A/\beta^{Fr 41-42(-TCTT)}$	$-\alpha^{3.7}/-\alpha^{3.7}$: β^{A}/β^{S}
February 2013	$-\alpha^{3.7}/\alpha\alpha$: β^{A}/β^{IVS} II 654(C>T)	$\alpha \alpha / \alpha \alpha : \beta^A / \beta^A$
July 2013	$\alpha \alpha / \alpha \alpha : \beta^A / \beta^{Cd8/9(+G)}$	$-\alpha^{3.7}/\alpha\alpha:\beta^{A}/\beta^{-88(C>T)}$



Example

Sample 1202DN1 was from a 1.5 year old female of Vietnamese origin. Referred for elucidation of FBC results:

FBC: Hb: 98g/L RBC: 6.43x10¹²/L MCV: 52fl MCH: 17pg

Haemoglobinopathy screen: Hb A + fraction eluting in Hb A₂ window Hb A₂=13.7%; Hb F=2.0%



Expected results: Criteria for the model answer

Mutation analysis:	Alpha genotype: $-\alpha^{3.7}/SEA$
	Beta genotype: β^A/β^E
Interpretation using case details:	
	HbH disease plus Hb E trait (carrier)
Recommendations on report:	Child should be referred for follow-up
	Parental testing recommended
HGVS nomenclature	HBB:c.79G>A



RESULTS	1202DN1	1202 DN2	1301 DN1	1301DN2
No participants	35	35	41	41
Incorrect analysis: α genotype	-α ^{3.7} / ^{SEA} 4	$-\alpha^{4.2}/\alpha\alpha$	-α ^{3.7} /αα 2	αα/αα 2
Incorrect analysis: β genotype	$\beta^{A}/\beta^{Cd26(G>A)}$	β ^{A/} β ^{IVS1,5(G>C)}]	β ^a /β ^{iv} sii 654(C>t) 4	ββ/ββ 1
Incorrect annotation: α genotype	6	2	12	1
Incorrect annotation: β genotype	3	3 3		1
Incorrect interpretation	1	1	1	2
Incorrect annotation of interpret	0	0	3	0
Inadequate/absent/incorrect recommendations	21	12	12	3
HGVS nomenclature incorrect/absent	9	5	11	16
Labs with ZERO penalties	2	6	3	6



Participation

Survey	Total number of participants in scheme	Number of Non-participants
1202DN	35	3
1203DN	37	3
1301DN	41	6
1302DN	43	3



Ranges of penalties accrued per sample

	1202 DN1	1202 DN2	1203 DN1	1203 DN2	1301 DN1	1301 DN2	1302 DN1	1302 DN2
Ranges of points given	0-190	0-190	0-255	0-240	0-220	0-135	0-255	0-255
% labs with no points	9	16	6	6	9	18	10	10



Scoring – outcomes

- Labs are given a score
 0 = No penalties
- Persistent unsatisfactory performance
 = 2 or more errors in 3 surveys
 (usual score accumulated = 100 or more)

Accredited Scheme: PUP referred to a professional overseeing organisation



Outcomes of shadow scoring project

- Report of shadow scoring for participants
- Guidelines / user reference compiled
 - What's required in the report (...already provided)
 - Example of model answer
 - Reference websites for guidance
 - Globin gene server
 - ITHANET
 - HGVS
 - Examples of 'ideal reports'

Meeting for participants to discuss these



November2014

Assistance -upgrade

- Incorrect mutation analysis discussed with participant as soon as survey closes
- Model answer issued within a week of survey closure
- International experts available for discussion on inconsistencies or out of consensus results



Interestingly.....

- Annotation can be addressed
- Is interpretation not a usual process?
- Are recommendations not a usual process?

 How do the latter work for different countries' culture economy healthcare systems





Understanding that *from non-UK labs* this approach *could* be for NEQAS reports only

Shadow scoring exercise – accepted commences November 2014



Performance assessment of the Abnormal Haemoglobins HbA₂/F Scheme



Extension of performance assessment

- Fraction identification

Interpretive comments

Project to commence 2015



Likely that the process will be similar to that of the DNA diagnostics

The aim is to achieve: Performance assessment of the whole analytical, analytical and reporting outcomes



There are significant differences to be considered: each individual laboratory's level of operation, -how they define their role and purpose

- Primary screening, then refer
- Presumptive identification of common variants, then refer
- Comprehensive diagnostic service
- Referral service



Performance assessment: Abnormal Hbs, A₂/F scheme UKNEQAS(H) needs

-more information instrumentation and techniques

- diagnostic protocols

in order to 'categorise' laboratories



Consideration of the following

Modification of the results proforma to encompass all categories of operation

A good example: Has the 'Non-specific fraction' outlived itself

The level of operation will obviously affect interpretive comments made by participants



Participation – being purist about it.....

- Reasons for repeated non-participation
- Incomplete participation
- Failure to request repeat samples
- Joint participation=one report



Where to start?

Questionnaire to participants-early next year

Create participant 'Groups'

Modify:

results proformas create model answers create new penalty tariff udjust IT accordingly



Performance assessment

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