

# Challenges in developing IVD tests for innovative biomarkers: what an IVD manufacturer needs for accurate measurements

*Thomas Masetto*

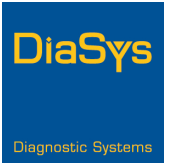
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*EURAMET Workshop on Measurement Challenges – Laboratory Medicine  
November, 10<sup>th</sup>, 2021*



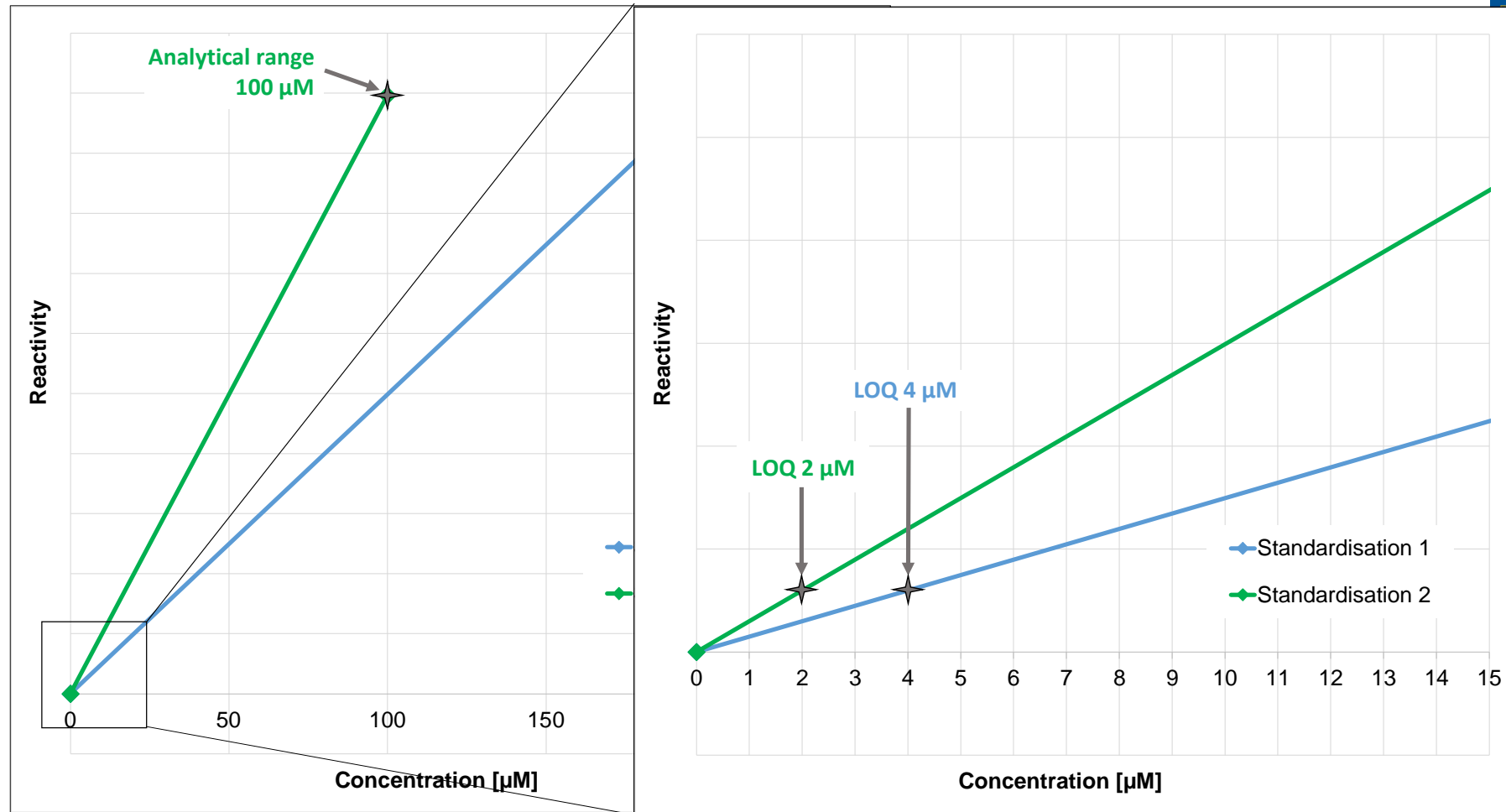
# IVDR (EU) 2017/746



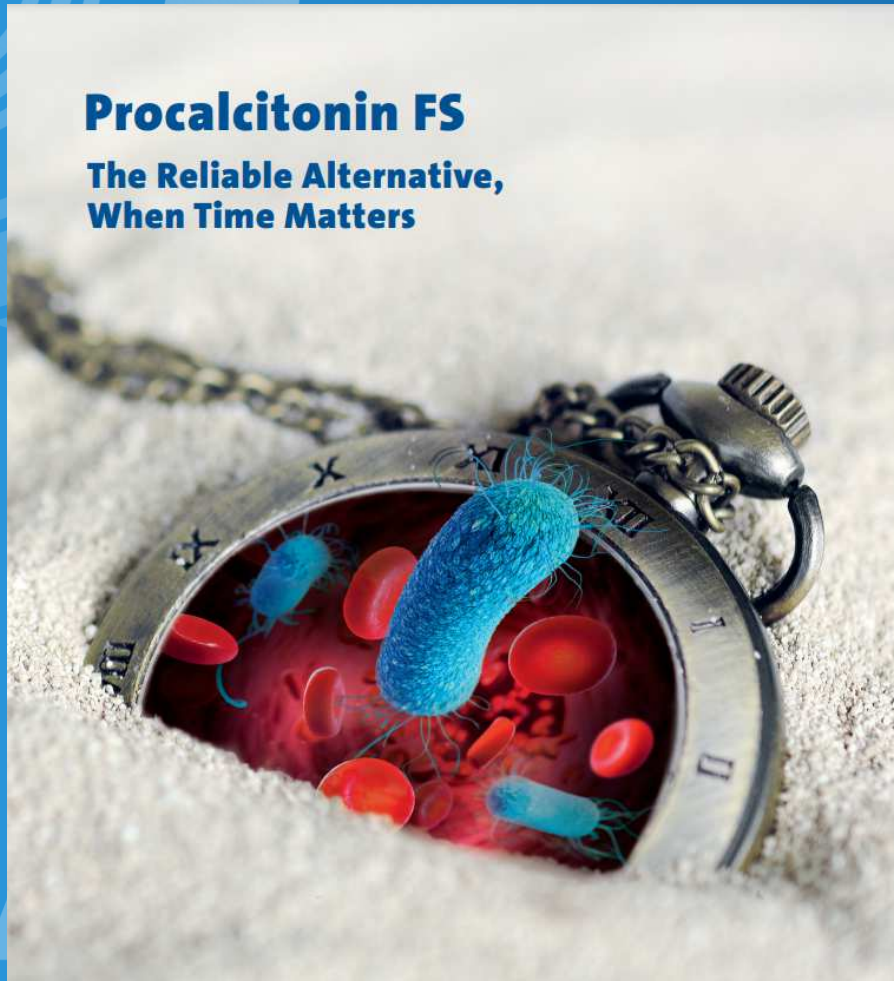
## Annex I – Chapter II “Requirements regarding performance, design and manufacture”

9.3 Where the performance of devices depends on the use of calibrators and/or control materials, the metrological traceability of values assigned to calibrators and/or control materials shall be assured through suitable reference measurement procedures and/or suitable reference materials of a higher metrological order. Where available, metrological traceability of values assigned to calibrators and control materials shall be assured to certified reference materials or reference measurement procedures.

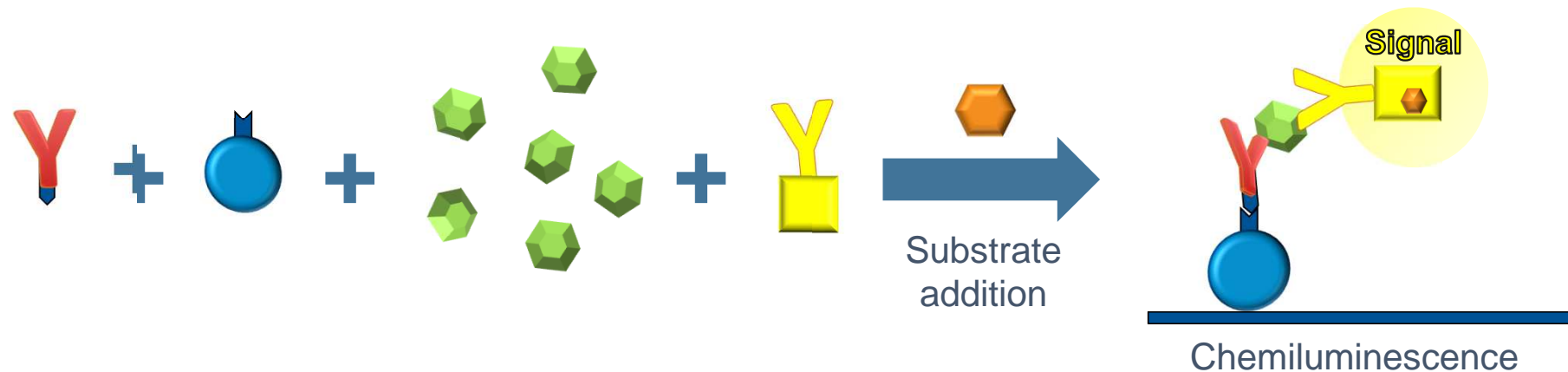
# Direct effects of a (missing) standardisation








# Procalcitonin



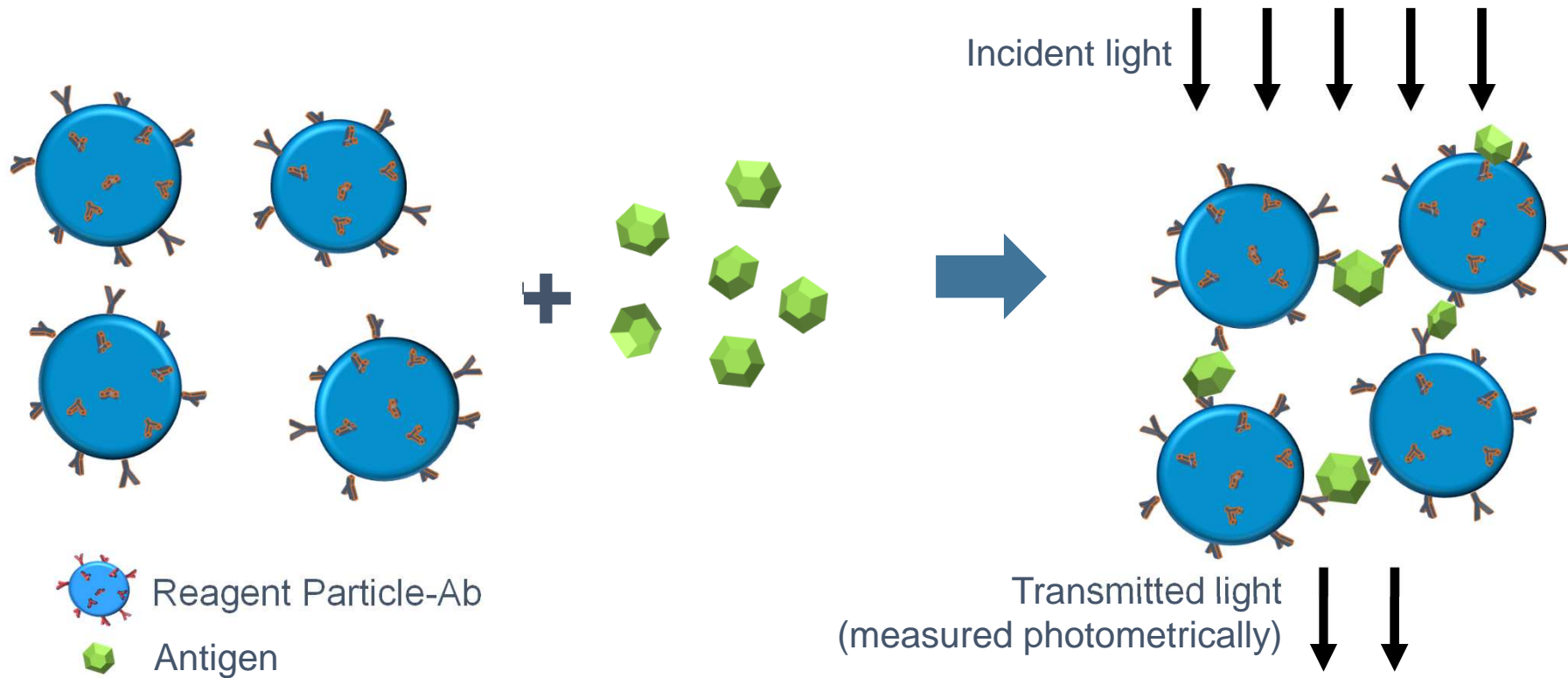
# Chemiluminescence Immunoassay (CLIA) technology



-  Biotin-labelled antibody
-  Streptavidin labelled-magnetic beads
-  Antigen
-  Detection system labelled-antibody (Acridinium-ester, Ruthenium, Luminol, etc.)
-  Substrate

# Particle Enhanced Turbidimetric Immunoassay (PETIA) technology

DiaSys



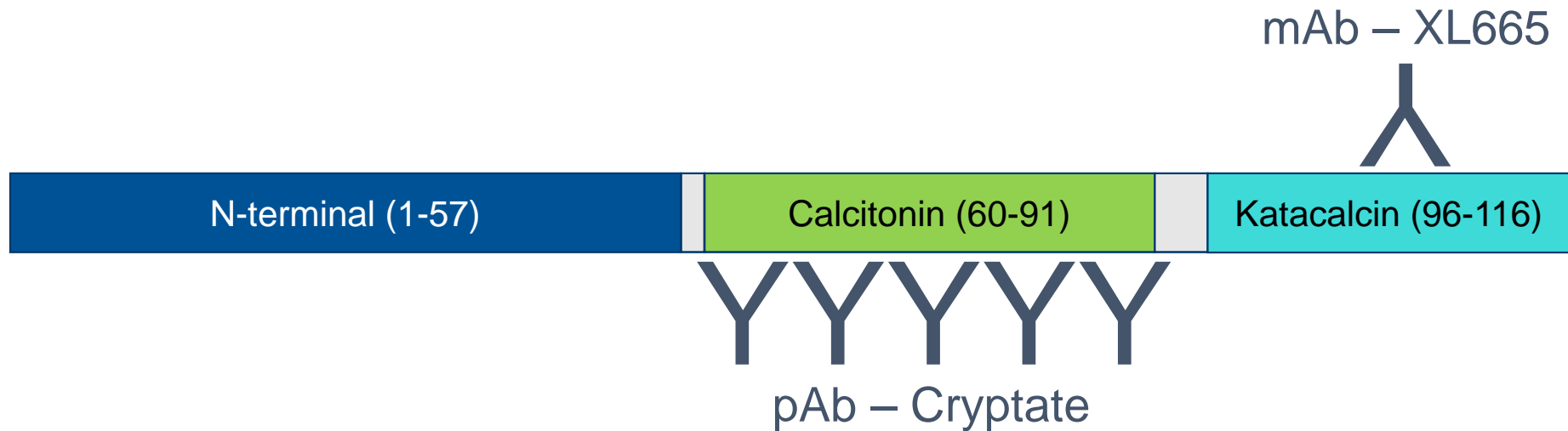
# CLIA vs. PETIA – Example PCT

Parameter	CLIA	PETIA
Precision	++ (CV% ca. 2% @0.49 µg/L)	+ (CV% ca. 7% @0.45 µg/L)
Functional sensitivity (LOQ)	++ (0.06 µg/L ca.)	+ (0.2 µg/L ca.)
Analytical range ( $\Delta$ linearity-LOQ)	++ (up to 100 µg/L)	+ (50 µg/L)
Interferences	++	+
Stability	++	++
Cost structure	High	Low
Sample volume	High (average ca. 100 µL)	Small (ca. 10-15 µL)
Waste production	Disposable materials	No disposable materials needed
Applicability	Low (instrument specific)	Very high (every photometric system)
Time-to-result	Longer (18-40 min)	Short (10 min)

# Influence of the Antibody – pAbs vs. mAbs

## BRAHMS PCT Sensitive Kryptor

DiaSys

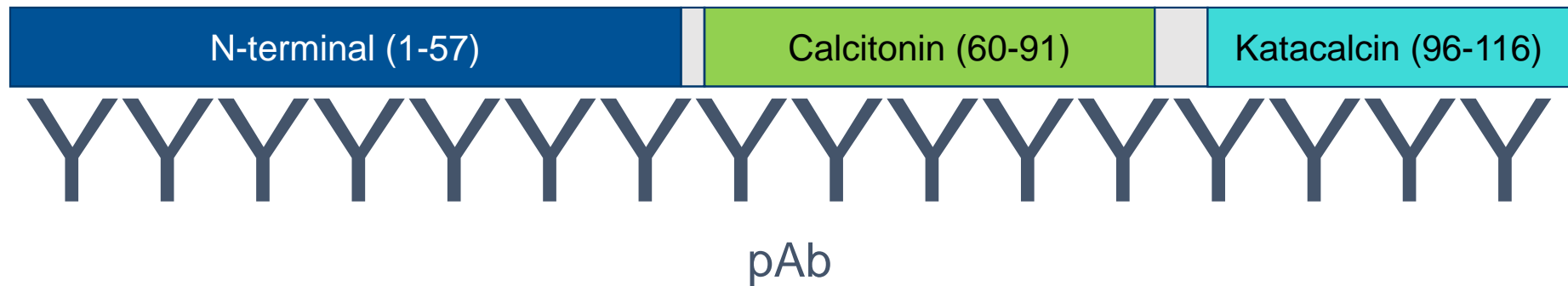




# Influence of the Antibody – pAbs vs. mAbs

DiaSys PCT FS (PETIA)

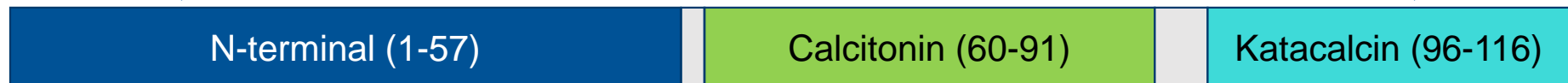
DiaSys



# Influence of the Antibody – pAbs vs. mAbs

Architect BRAHMS PCT (Abbott)

mAb (mouse) – Acridinium (tracer)



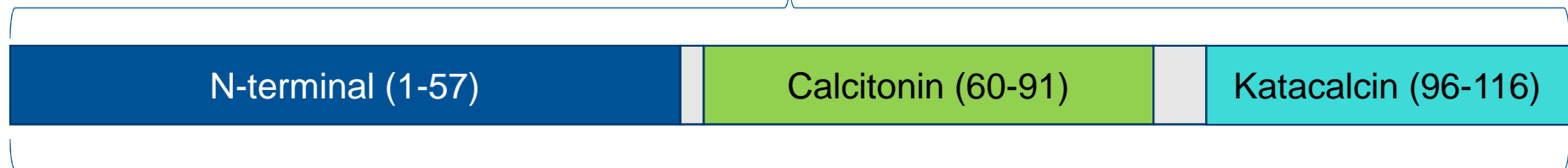
mAb (rat) – Mag Beads (capture)

# Influence of the Antibody – pAbs vs. mAbs

Elecsys BRAHMS PCT (Roche Diagnostics)

mAb (mouse) – Ruthenium (tracer)

Λ?



Y?

mAb (mouse) – Mag Beads (capture)

*Huynh H. et al., 2021*

<https://doi.org/10.1016/j.cca.2021.01.004>

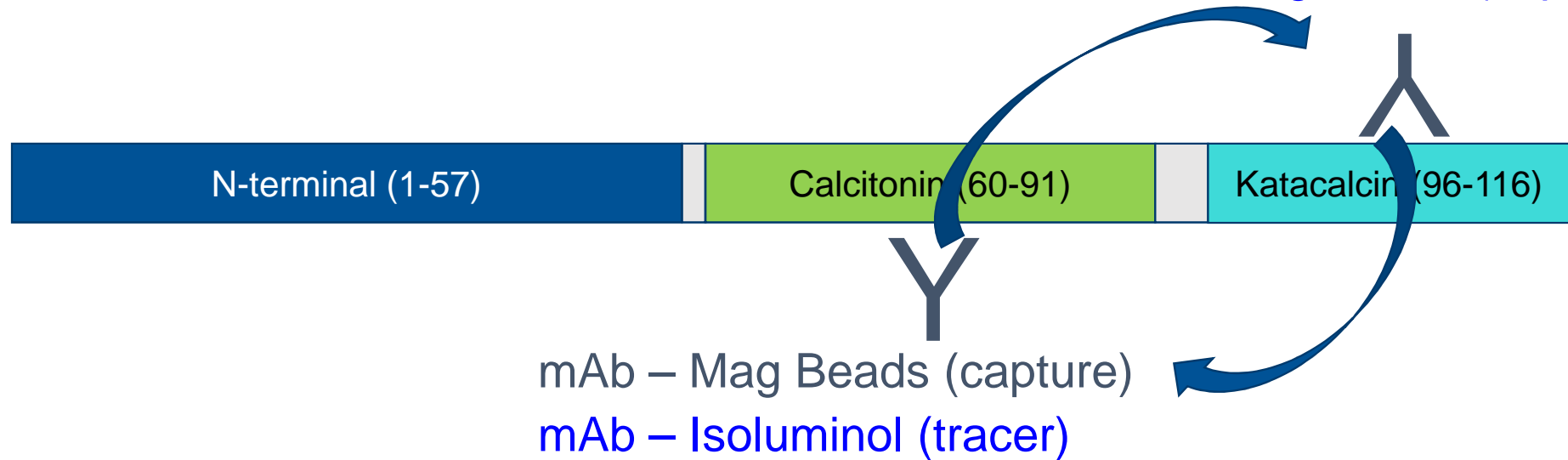
# Influence of the Antibody – pAbs vs. mAbs

Lumipulse G BRAHMS PCT (Fujirebio)

Liaison BRAHMS PCT II Gen (Diasorin)

mAb – Alkaline phosphatase (tracer)

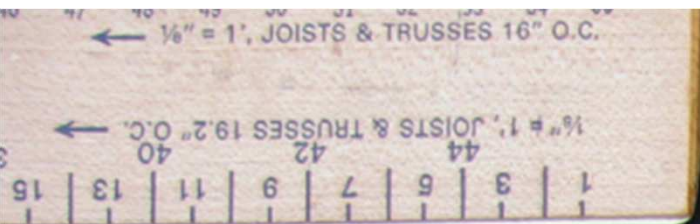
mAb – Mag Beads (capture)



mAb – Mag Beads (capture)  
mAb – Isoluminol (tracer)

Huynh H. et al., 2021

<https://doi.org/10.1016/j.cca.2021.01.004>

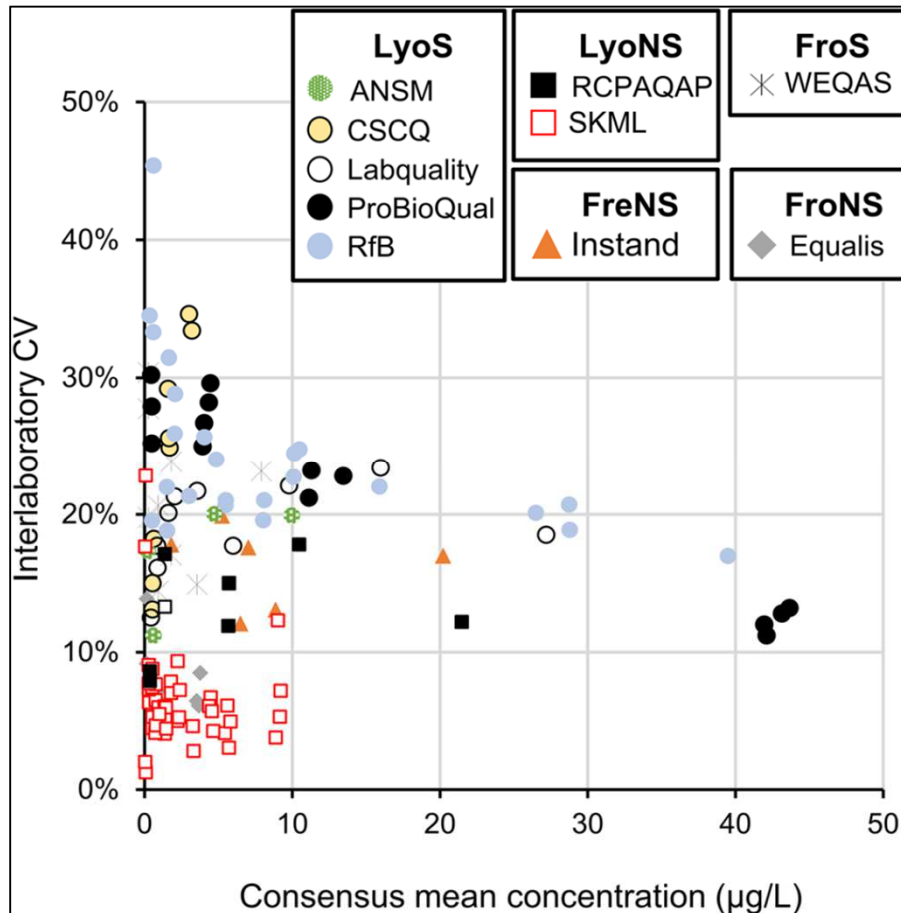


# Calibrator standardization on an already existing immunoassay (used as reference)

	Gravimetric value [ng/mL]	CLIA A [ng/mL]	CLIA B [ng/mL]
Level 5	53.52	26.01	27.10
Level 4	26.58	15.41	11.92
Level 3	12.65	7.74	5.60
Level 2	5.08	2.27	2.21
Level 1	1.15	0.46	0.54
Level 0	0.00	0.00	0.03

Uncertainty unknown

# Harmonization through EQAs



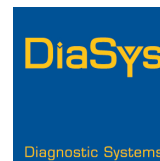
1. Interlaboratory CVs are highly heterogeneous across the different surveys
2. Materials with varying concentrations of PCT and various types of matrices (fresh, frozen, lyophilized, spiked with recombinant PCT or not) were used
3. Are these materials commutable?


Huynh H. et al., 2021

<https://doi.org/10.1515/cclm-2021-0566>



# IFCC PCT Standardisation Working Group



 **IFCC**  
International Federation  
of Clinical Chemistry  
and Laboratory Medicine

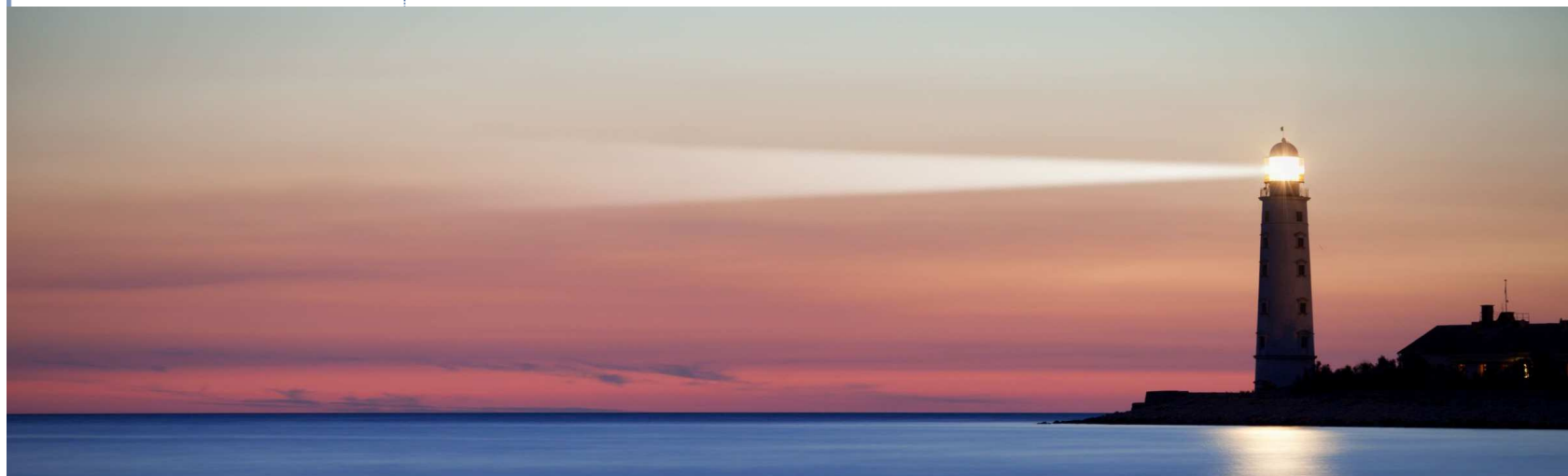
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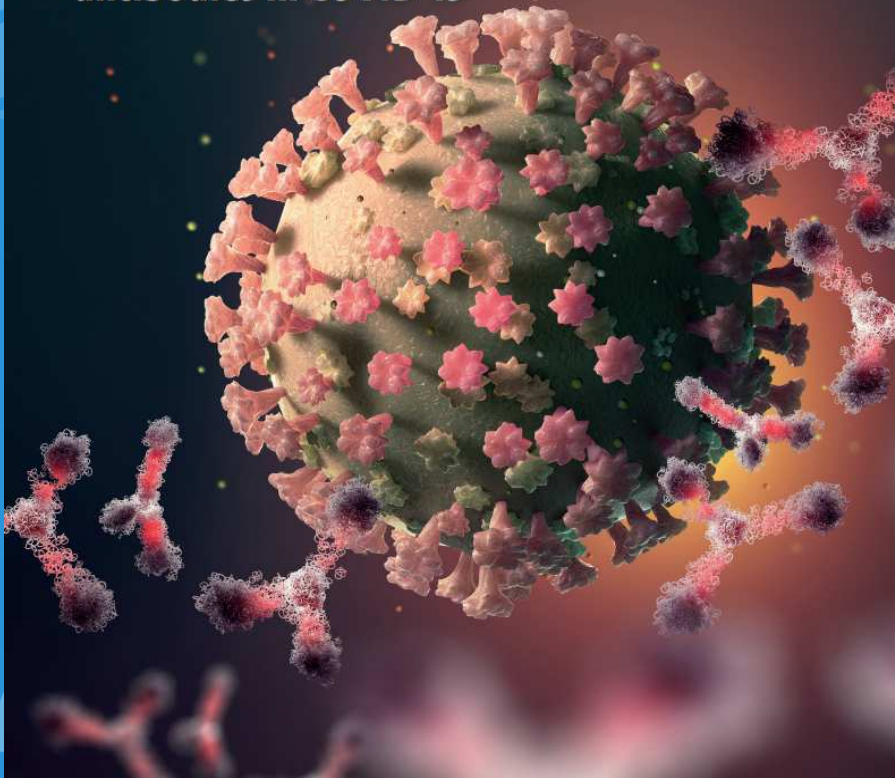
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**Scientific Division** | **Standardization of Procalcitonin assays (WG-PCT)**

A photograph of a lighthouse on a rocky shore at sunset. The lighthouse is illuminated, and its beam of light is visible against the dark sky. The water is calm, reflecting the light from the lighthouse and the colors of the sunset.



**SARS-CoV-2 UTAB FS**  
**Universally applicable IT assay for total**  
**antibodies in COVID-19**



**SARS-CoV-2**



## Medicines & Healthcare products Regulatory Agency

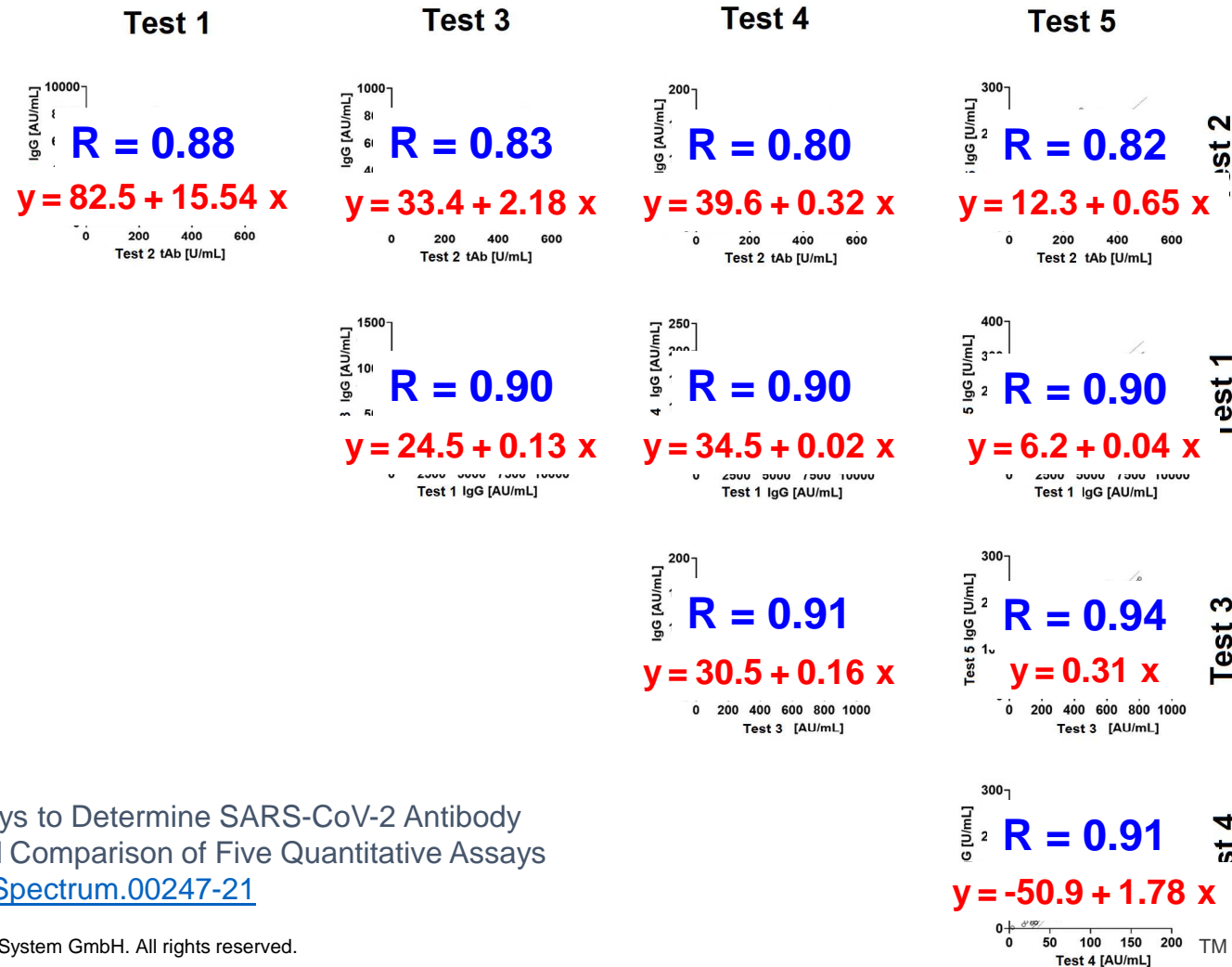
**WHO International Standard  
First WHO International Standard for anti-SARS-CoV-2  
immunoglobulin (human)  
NIBSC code: 20/136  
Instructions for use  
(Version 2.0, Dated 17/12/2020)**

### **3. UNITAGE**

The assigned potency of the WHO International Standard for SARS-CoV-2 is 250 IU/ampoule for neutralising antibody activity. After reconstitution in 0.25 mL of distilled water, the final concentration of the preparation is 1000 IU/mL.

For binding antibody assays, an arbitrary unitage of 1000 binding antibody units (BAU)/mL can be used to assist the comparison of assays detecting the same class of immunoglobulins with the same specificity (e.g. anti-RBD IgG, anti-N IgM, etc.)

# Differences between WHO-standardised tests

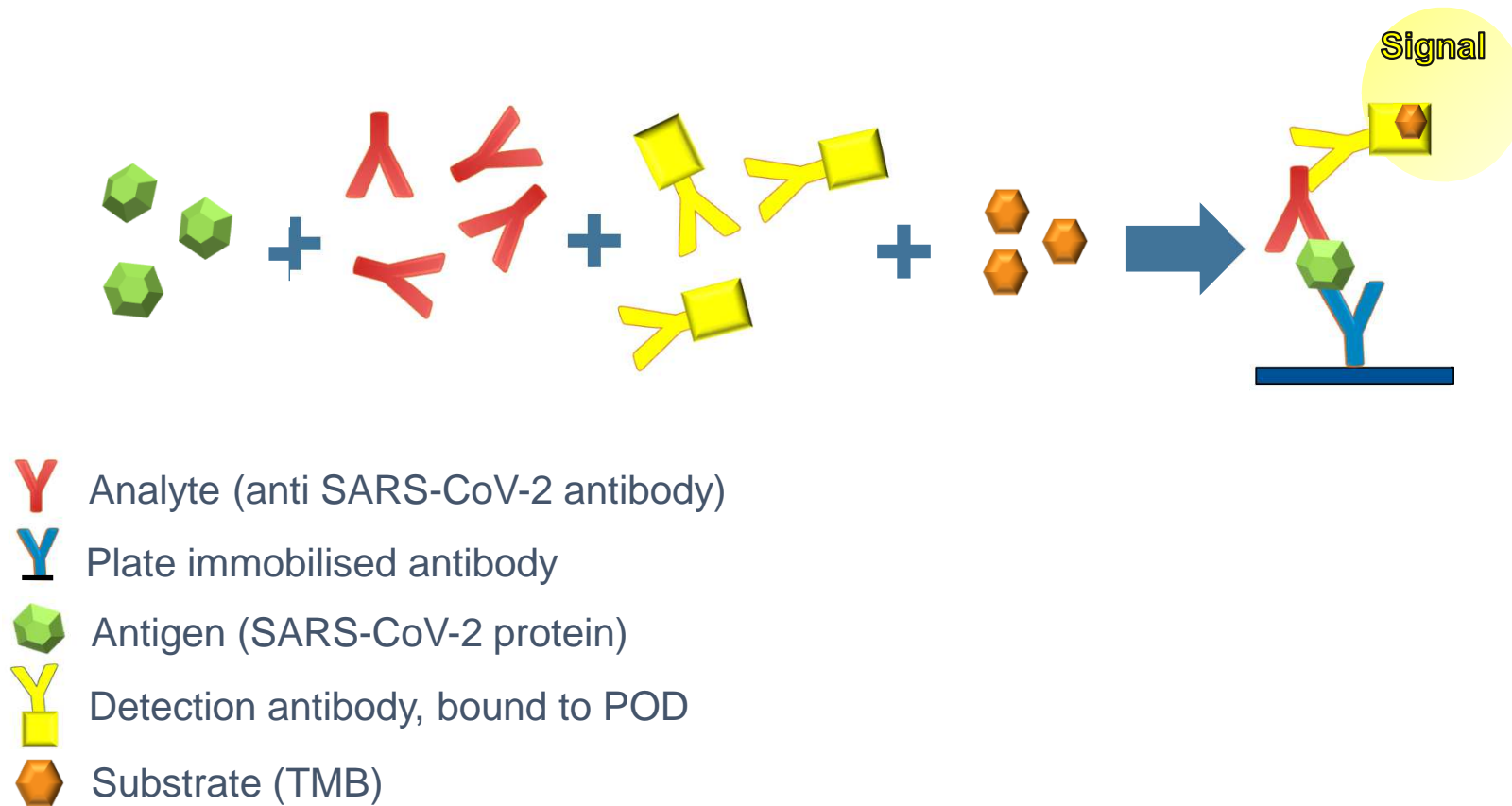


Perkmann et al., 2021

Anti-Spike Protein Assays to Determine SARS-CoV-2 Antibody Levels: a Head-to-Head Comparison of Five Quantitative Assays

<https://doi.org/10.1128/Spectrum.00247-21>

# Enzyme-linked immunosorbent assay (ELISA)



Additional efforts shall also be made for improving harmonization, standardization and comparability of anti-SARS-CoV-2 serology.

*Plebani et al., 2021*

SARS-CoV-2 antibody assay after vaccination: one size does not fit all

<https://doi.org/10.1515/cclm-2021-0703>



# Calprotectin

DIASYS

# Non-homogeneity of measurement procedures

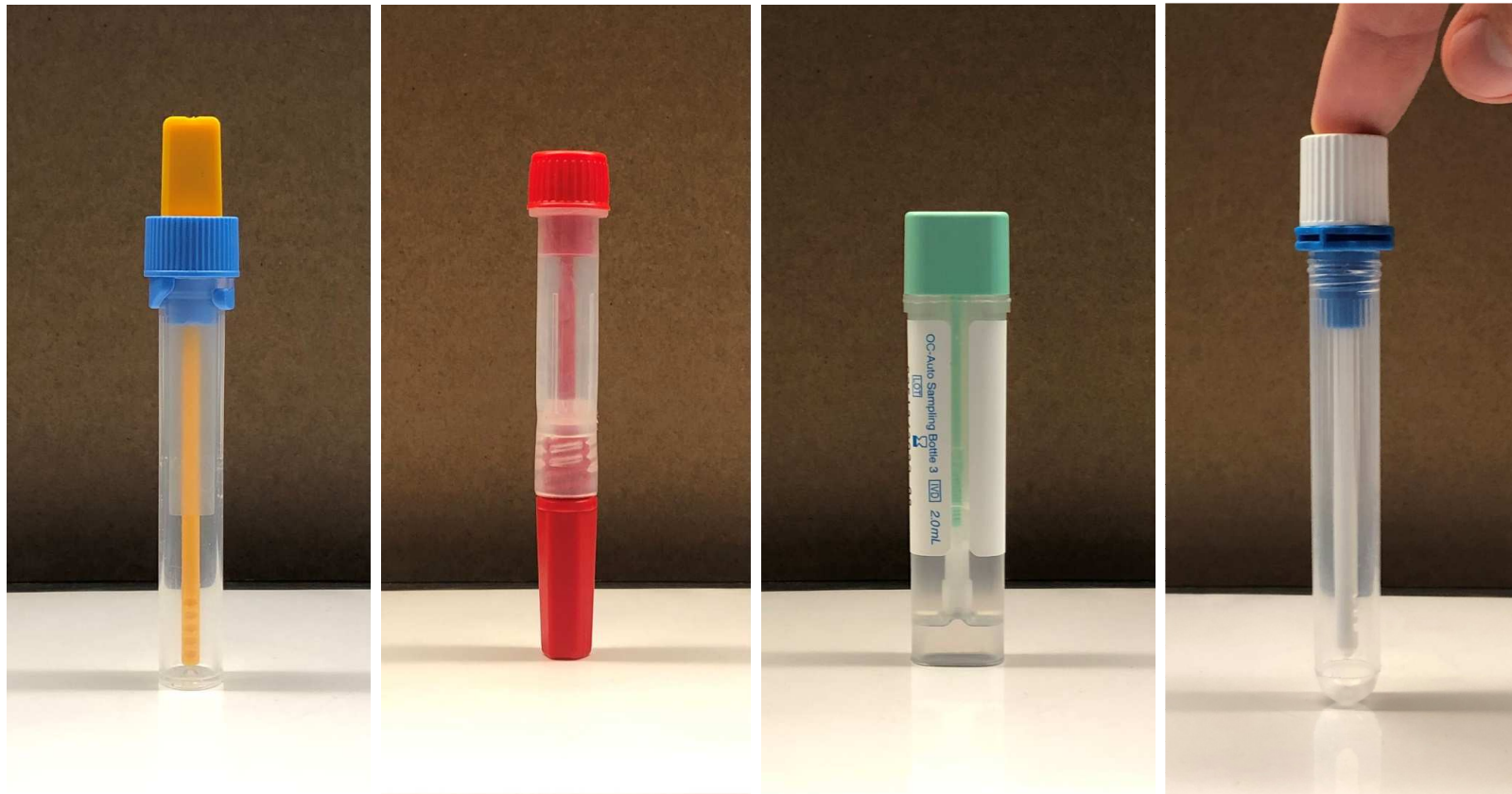
## **Greatest problem is the matrix itself: stool**

- Stool is highly inhomogeneous in comparison to serum / plasma
- Interferences by host proteins, salts / ions, bacterial proteins, lipids etc.
- Process of dissolution in specific matrix tedious and not standardized

## **Stool sample tubes for clinical analyzers**

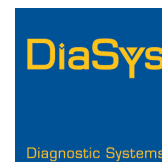
- Differences by manufacturers in sizes, forms, amount of stool and collecting systems
- Amount of stool collected reproducible?
- Handling of stool samples varies with tube (e.g. vortex), preparation and dilution factor

# Influence of the stool tubes





# IFCC Fecal Immunochemical Testing (WG-FIT)



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- Project Proposal Form
- SD Yearly Publications of Interest
- Participation in External Programs and Joint Committees
- SD Executive Committee 2020-2022 Biographies
- ICHCLR Funding Opportunity
- World Metrology Day 2021: Measurement for Health

### Fecal Immunochemical Testing (WG-FIT)

#### Membership

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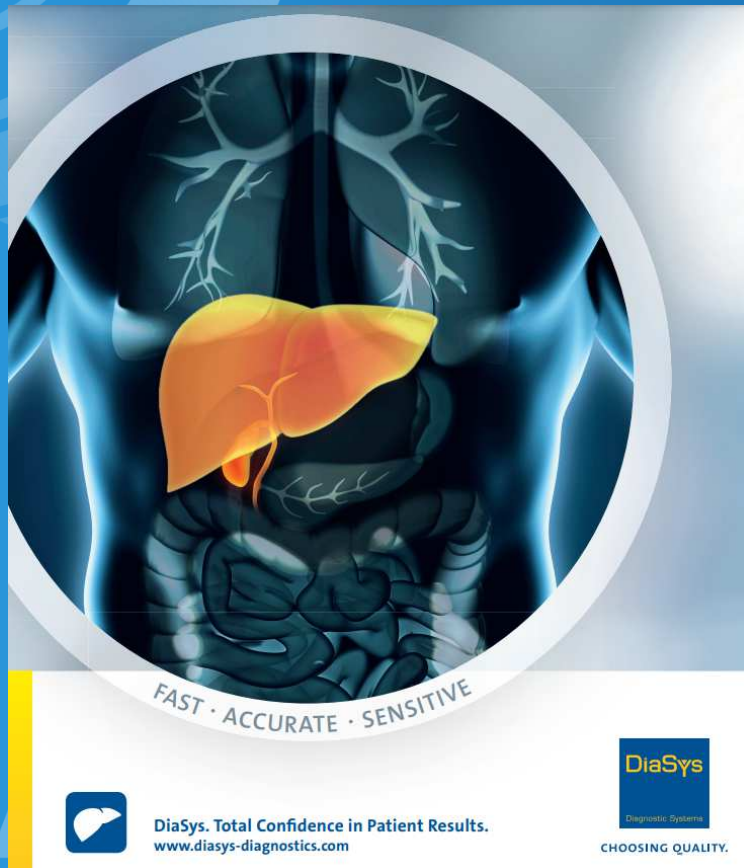
#### Terms of Reference

- To harmonise and/or standardise analysis of haemoglobin in faecal samples by immunochemistry (FIT)
- To establish EQA and 3<sup>rd</sup> party IQC programmes
- To determine the feasibility of developing reference materials and/or commutable calibrators
- The IFCC FIT-WG can provide recommendations and guidance on preanalytical and analytical aspects of FIT

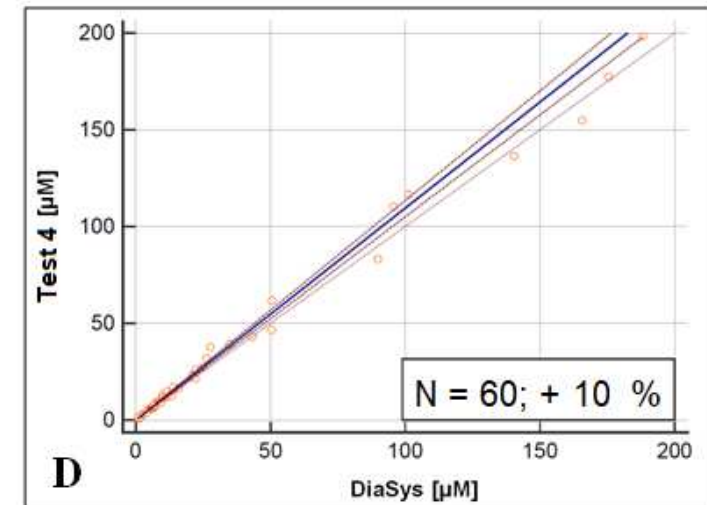
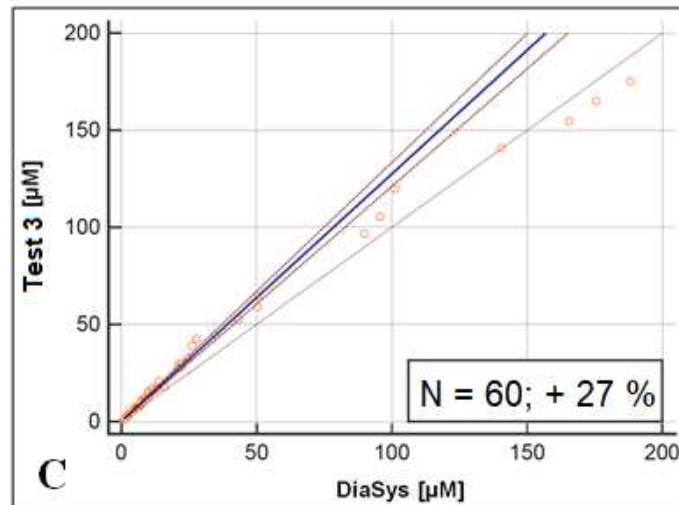
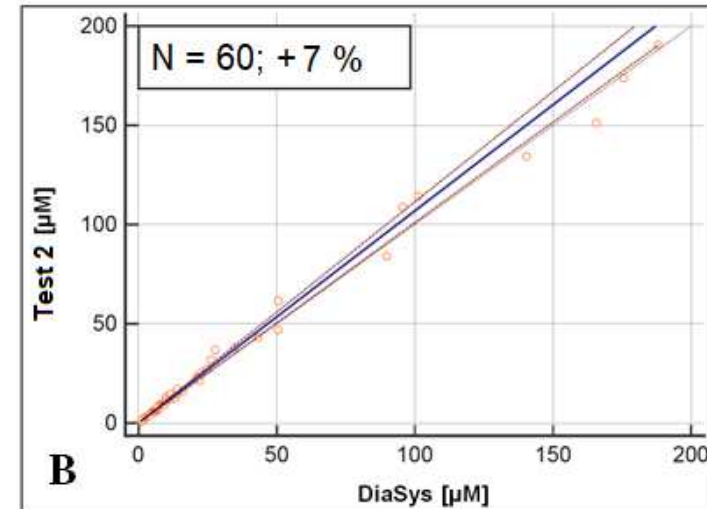
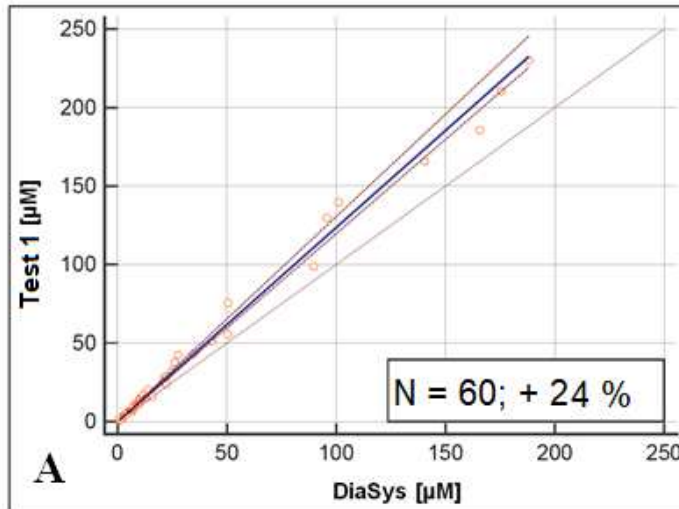
#### Current projects

- Identification of a suitable reference material and assessment of commutability for all available laboratory quantitative FIT methods
- Review of all FIT EQA programmes currently available globally

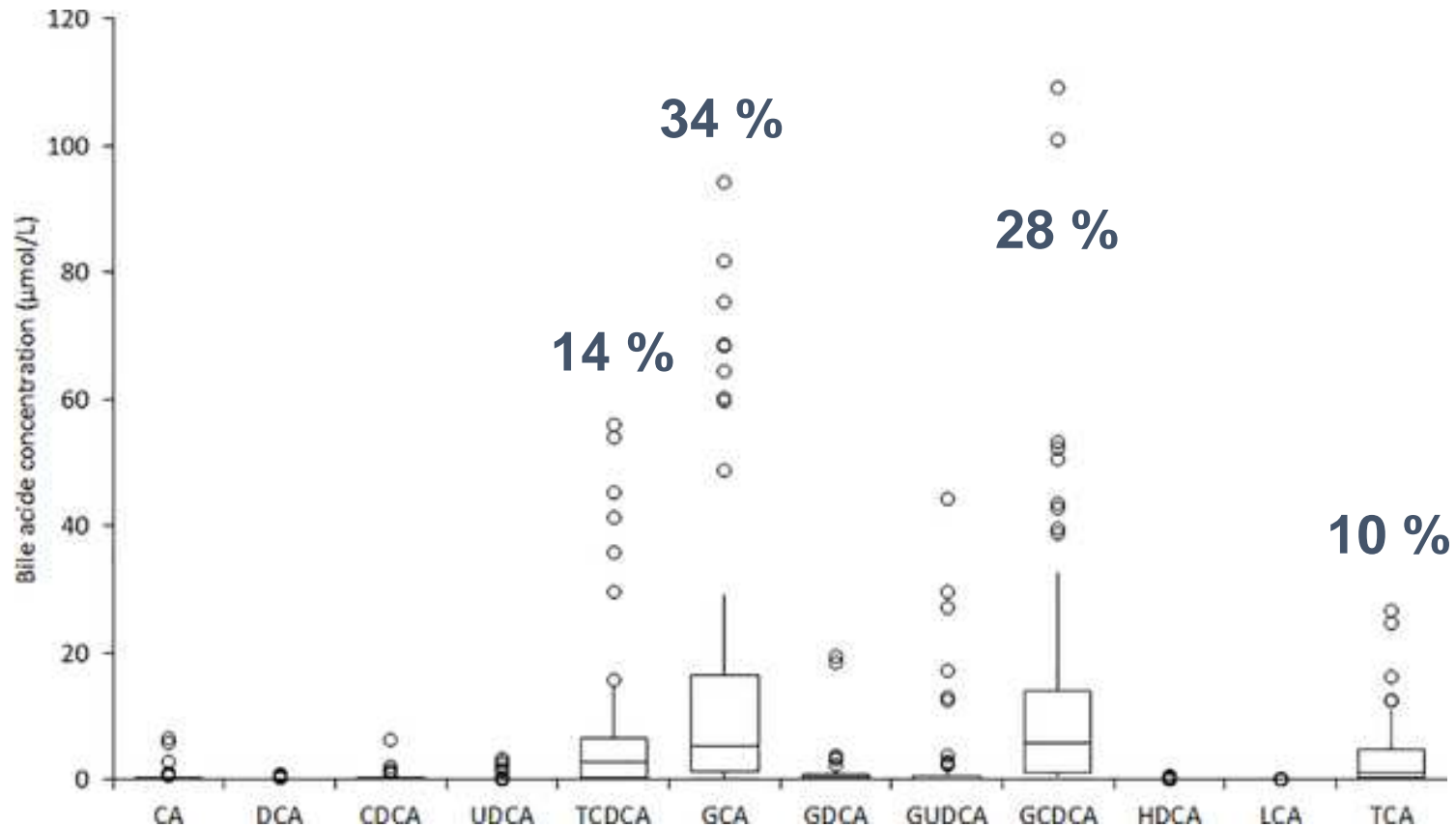
# Total Bile Acids 21 FS



# DiaSys vs. commercial tests P&B regression



# Bile acids composition of plasma samples

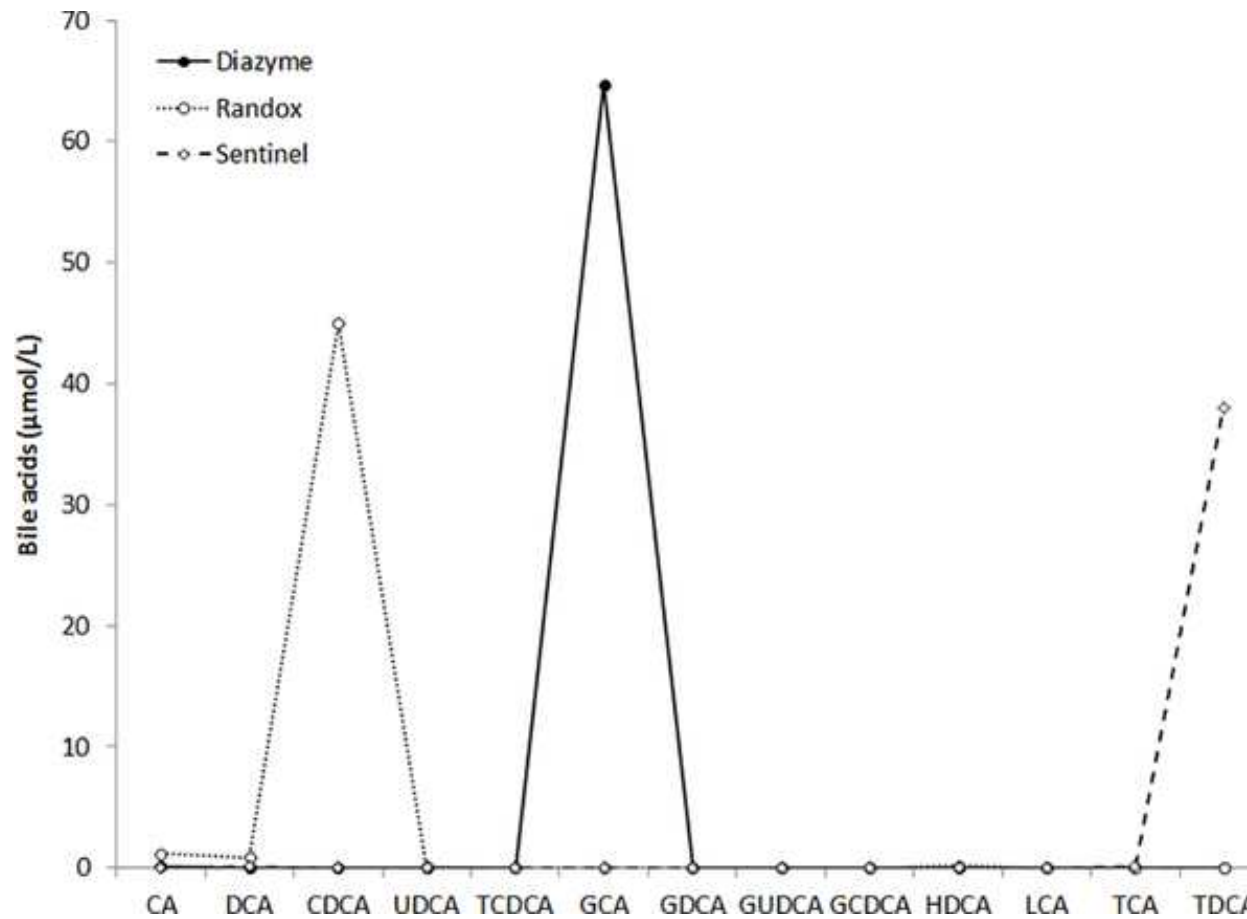


Danese et al., 2017

Analytical evaluation of three enzymatic assays for measuring total bile acids in plasma using a fully-automated clinical chemistry platform

<https://doi.org/10.1371/journal.pone.0179200>

# Bile acids composition of calibrators of three commercial assays



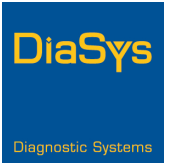
# Futher parameters

DIASYS

# The long and winding road...

Parameter	Standardisation / measurement issues
β-Hydroxybutyrate	No reference material/method; different Enzymes used by manufacturer + D/L impurity of calibration material
LpPLA2	No reference material; Enzyme activity vs. mass
ACE	No reference material, method; different matrices; enzyme vs. mass
Cys-C	No commutable reference material on diverse matrices (serum / urine)
Presepsin	No reference material, method
D-Dimer	No reference material, method; update
APOs	Update of reference material, method

# Conclusions



- Regulations and guidelines, e.g. the new IVDR 2017/746 (EU), strengthen the traceability aspects “through suitable reference measurement procedures and/or suitable reference materials of a higher metrological order”
- Standardisation (recovery) issues do affect assay parameters (e.g. LOQ) and development process (e.g. reaction enhancer, beads concentrations, etc.)
- Different conditions (mAb-pAntibodies, epitopes, labelling, detection systems, techniques) or enzymes can lead to different quantitations → importance of the specificity
- Absence of reference material (CRM) implies harmonization / standardisation of results through different methods (EQA, etc.)
- Defining the sample matrix (blood, stool, liquor, urine) and the commutability





Thank you for your attention

DIASYS

