

# Uncertainty in diagnostic metabolite assays white cell cystine as an example

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# This presentation will look at

- Clinical utility of the white cell cystine assay
- The steps involved in the process
- Utility of EQA
- Limitations of UoM

# Clinical Utility

- Diagnosis and monitoring of cystinosis
  - Defect of cystine transport out of lysosomes
  - Treatment with cysteamine is effective but compliance can be difficult
- Cystine accumulation is intracellular
- Plasma and urine metabolite changes are non specific
- Mixed leukocyte preparations preferred *but* cystine accumulates predominantly in polymorphonuclear lymphocytes (PMN or Neutrophils, 60-70% WBC)

# White Cell Cystine Analysis

## Isolation of Leukocytes

- 5mL whole blood – add ACD-dextran to precipitate most RBC
- Brief hypotonic shock to remove remaining RBC
- Sonicate WBC pellet to break up cells
- Precipitate proteins with SSA
- Freeze ppt and SNT separately

## Analyte Assays

- Colorimetric protein assay
- TMS cystine assay

## Final result

- Complex calculation embedded in a spreadsheet

# Cystine analysis

## Variety of methods

- Competitive binding protein assay
- Automated ion exchange chromatography
- HPCL
- Tandem mass spectrometry

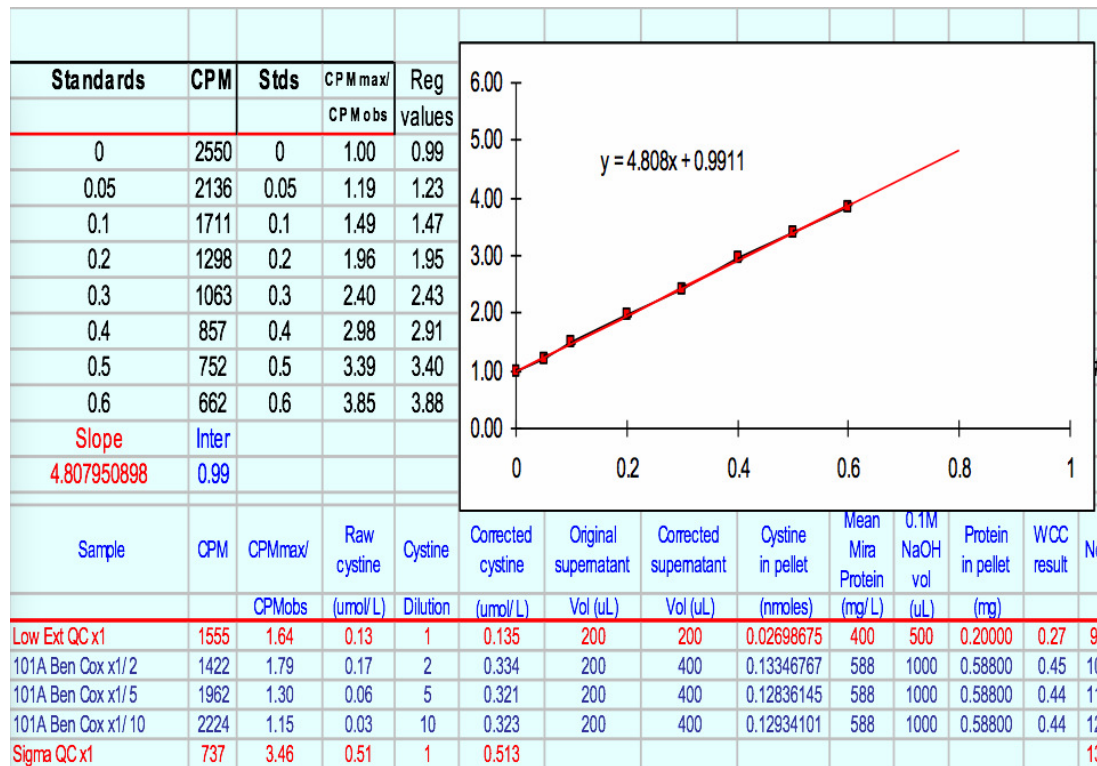
# Protein analysis

- Two main methods, both similar, colorimetric



# Calculation of final result

- Complex algorithm using formulae embedded in a spreadsheet
- Reporting units: nmol ½ cystine / mg protein



# ERNDIM EQA Scheme

- ERNDIM distributes protein pellets and leukocyte SNTs spiked with cystine
- 36 participants from around the world
- Return results through a website
- Get feedback about performance monthly
- Annual report and feedback



# ERNDIM experience

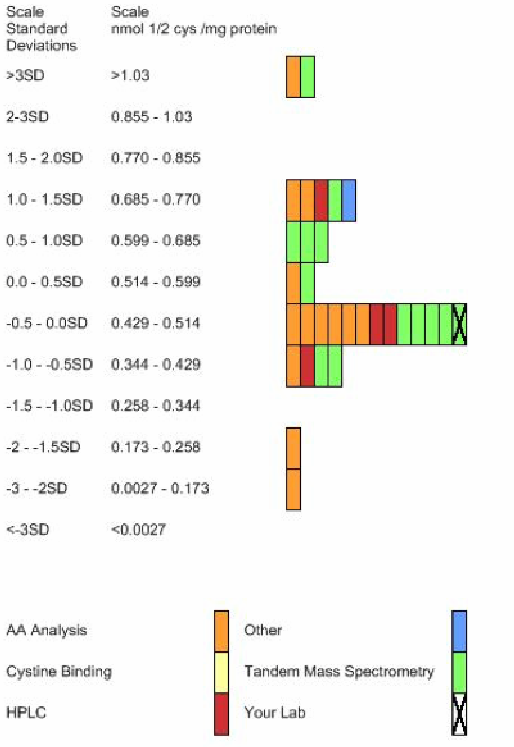
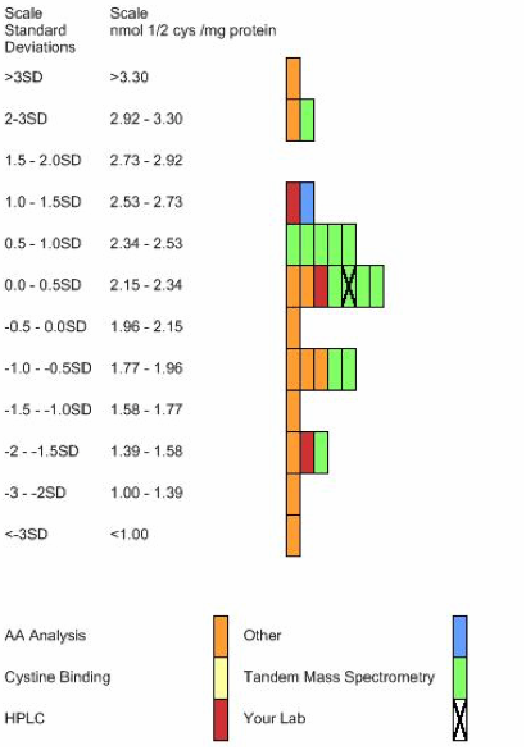
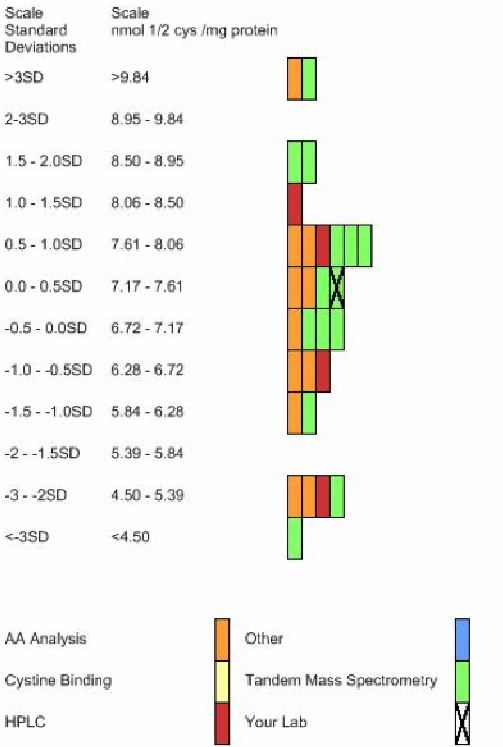
- Participating labs submit data separately for cystine and protein analysis together with calculated combined result.
- So ERNDIM can see if there is an identifiable problem with any of these (cys, prot, calc)
  - Precision
  - Accuracy
  - Blunder

# ERNDIM results

All Labs results	
n:	29
Mean:	7.17
Median:	7.23
SD:	0.890

All Labs results	
n:	29
Mean:	2.15
Median:	2.17
SD:	0.383

All Labs results	
n:	31
Mean:	0.514
Median:	0.485
SD:	0.170



# UoM from Leeds lab

## Cystine

cv = 7%, 95% confidence limits @ 0.96  $\mu\text{mol/L}$  = 0.8 – 1.01

## Protein

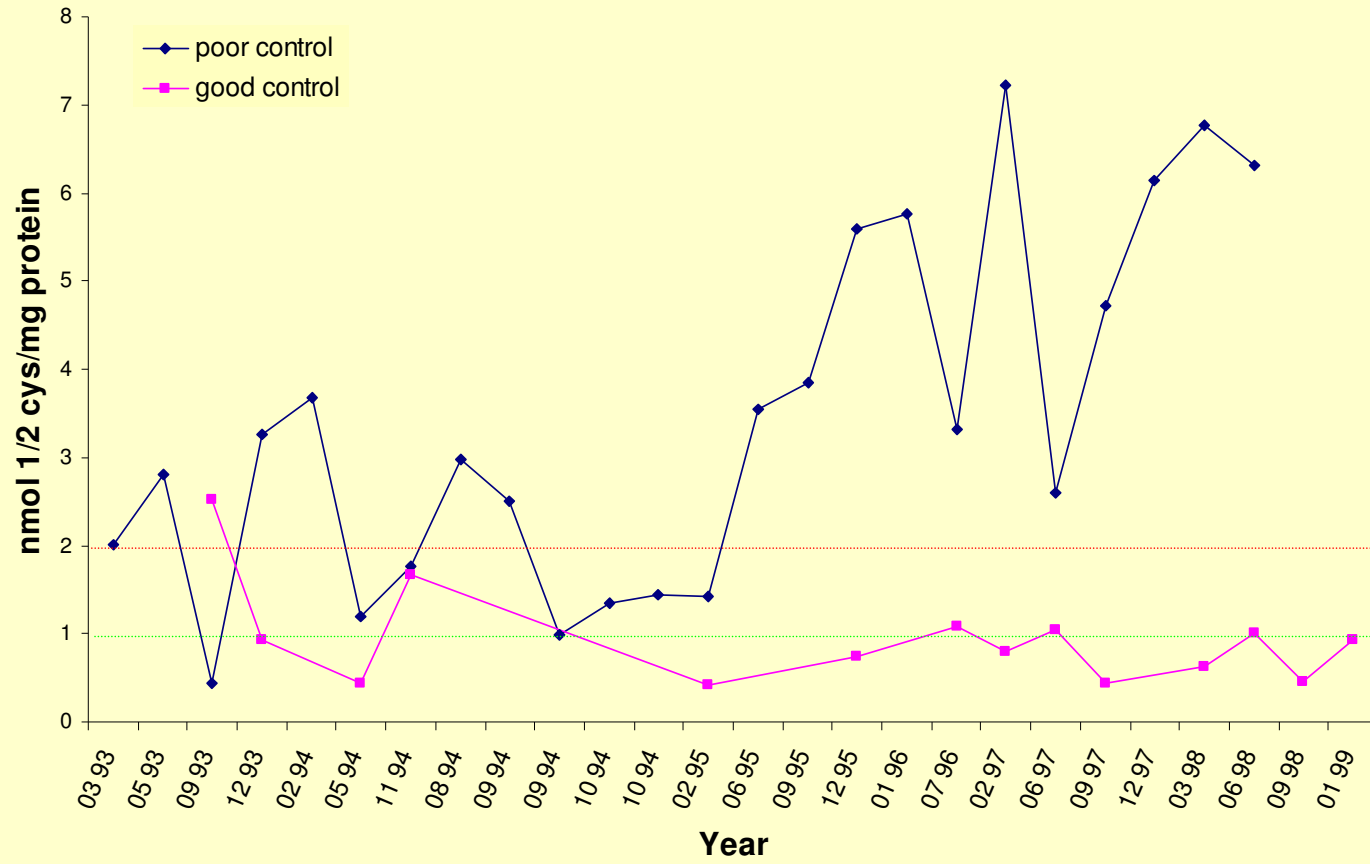
cv = 9%, 95% confidence limits @ 335 mg/L = 268 – 401

## Final Result

cv = 7.3%,

95% confidence limits @ **1.15** nmol $\frac{1}{2}$ cys/mgpr = **0.98 – 1.32**

## Two cystinotic patients



# Summary

- Difficult to give clear guidance on UoM for this assay because main variable, the isolation of the pellet, is very hard to assess or control for
- Implication is that consistency of lab practice is important
- **But**, we can assess analytical variation in the analyte assays and through EQA we can identify analytical problems and help rectify them