

ACCURACY AND PRECISION OF THE AFINION[™] HbA1c

While point of care (POC) has the potential to save time, money and effort for patients, healthcare practitioners and healthcare facilities, it is important to ensure the accuracy and precision of these tests. The market for POC glycated hemoglobin (HbA1c) tests has grown quickly over the last few years, and there are more and more point-ofcare testing (POCT) options available to physicians, making it increasingly difficult to determine which devices are truly reliable. It is essential to choose a device that is evidencebacked and laboratory-equivalent ¹

<image>

AFINION[™] HbA1c

- The performance has been investigated in a large number of studies over the years (see the following summary tables).
- ✓ Recent studies comparing the Afinion[™] HbA1c assay to routine and reference laboratory methods have consistently shown a bias close to zero and a coefficient of variation (CV) below 2% (NGSP units).²⁻⁶
- ✓ The test has recently been judged to be excellent.⁵
- Clinical assessments performed in healthcare settings show the reliable performance in the hands of nonlaboratory staff using fingerprick capillary blood.²⁷
- ✓ External quality assurance data from the College of American Pathologists proficiency testing survey and the EurA1c trial demonstrate the good performance is in the hands of end users and that the Afinion[™] HbA1c matches or even outperforms routine laboratory methods.^{8,9}
- ✓ The Afinion[™] HbA1c has been certified by the IFCC and the NGSP for more than a decade, which demonstrates the traceability of the results to the IFCC reference measurement procedure and to the Diabetes Control and Complications Trial reference method.^{8,10}

"Point-of-care testing for HbA1c offers a wealth of opportunities to provide a rapid, accurate and easy to access tool for healthcare professionals, with performance of some devices matching or even outperforming routine laboratory instruments."¹¹

COMPARISON OF THE AFINION™ HbA1c TEST WITH LABORATORY METHODS

PUBLICATION	COMPARATOR	ACCURACY AFINION™	PRECISION AFINION™	FURTHER CRITERIA	CONCLUSION
Nathan DM, et al. <i>J Diabetes Sci Technol.</i> 2019.²	Reference method: Premier Afinity [™] HbA1c assay on the Premier Hb9210 [™] HbA1c Analyzer	Mean difference, technician (venous): Absolute: -0.01% HbA1c Relative: -2.1%	CV, technician performed (venous): 0.78–1.18%	Technician performed (venous): r ² = .977, P < .001	The POCT performed acceptably compared to the laboratory assay under realistic clinical conditions.
		Mean difference, non-technician (fingerstick): Absolute: -0.2% HbA1c Relative: -3.41% Absolute bias: -0.2% HbA1c	CV, non-technician performed (fingerstick): 1.39–1.54%	Non-technician performed (fingerstick): r ² = .978, P < .001	
Arnold WD, Kupfer K, Little RR, et al. <i>J Diabetes Sci Technol.</i> 2019. ³	Reference method: Tosoh glycohemoglobin test on the Tosoh HLC [*] -723G8 Analyzer at a NGSP SRL	Relative bias (venous): -0.250.60% Relative bias (fingerstick): -0.330.80%	Total CV (venous): 1.31–1.64% Total CV (fingerstick): 1.30–2.03%	Total error (venous): 2.93–3.80% Total error (fingerstick): 2.87–4.75%	The POCT evaluated is precise across its measuring range using both fingerstick and venous whole blood. The total error is well under the accepted quality requirement of ≤ 6%.
Arnold WD, Kupfer K, Swensen MH, et al. <i>J Diabetes Sci Technol.</i> 2019. ⁴	Reference method: Tosoh glycohemoglobin test on the Tosoh HLC*-723G8 Analyzer at a NGSP SRL	Bias (venous): Differential: -0.005% Relative: -0.058% Bias (fingerstick): Differential: -0.021% Relative: -0.311%	Total CV (venous): 1.11–1.69% Total CV (fingerstick): 0.62–1.93%	Correlation (venous and fingerstick): r = 0.99 97% of results fell within ± 6% of the NGSP reference method results regardless of sample type	The results indicate that the POCT evaluated here is accurate and precise using both fingerstick and venous whole blood.

PUBLICATION	COMPARATOR	ACCURACY AFINION™	PRECISION AFINION [™]	FURTHER CRITERIA	CONCLUSION
Lenters-Westra E, English E. <i>J Diabetes</i> <i>Sci Technol</i> . 2018. ⁵	Reference method: Four certified SRMs: Premier Hb9210™	Mean absolute bias (venous): 0.01/-0.01% HbA1c	CV (venous): 1.2% at 6.5% HbA1c 0.9% at 9% HbA1c 1.7% at 48 mmol/mol* HbA1c 1.1% at 75 mmol/mol* HbA1c	Sigma: 5.8	The analytical performance was excellent for the Afinion™ 2 Analyzer and the Quo-Lab [®] HbAlc Analyzer, acceptable for the HemoCue [®] HbAlc 501, and unacceptable for the AlCare [™] HbAlc Analyzer according to different criteria used.
	HbA1c Analyzer Roche Tina-quant® HbA1c Gen. 3	0.03/0.04% HbA1c			
	Tosoh HLC®-723G8 Analyzer	0.03/0.04% HbA1c			
	Abbott HbA1c (enzymatic) on ARCHITECT™ c4000	0.01/0.01% HbA1c			
Sobolesky PM, et al. <i>Clinical Biochemistry</i> . 2018.°	Reference method: Tosoh HLC*-723G8 Analyzer at a NGSP SRL	Total bias (venous): Relative: -0.6% at 6.5% HbA1c Absolute: -0.04% at 6.5% HbA1c	Total CV (venous): 0.85-1.46%	Correlation: r = 0.994 97.1% of the POC results fell within the target value of ± 6% of the NGSP reference method results	The accuracy and precision of the Afinion™ HbA1c method was comparable to the laboratory HbA1c methods supporting the FDA's recent approval of the Afinion™ HbA1c Dx device for use in the diagnosis of diabetes.
Torregrosa ME, et al. <i>Endocrinol Nutr.</i> 2015. ¹²	Reference method: Adams [™] Alc HA-8160	Mean absolute bias (venous): -0.04% at 6.6% HbA1c	CV (venous): 1.8% at 7% HbAlc	Correlation (venous): r = 0.98	Only the Afinion™ AS100 Analyzer met all the NGSP performance criteria.

Note: All numbers presented in NGSP units except those marked with "*".

SRL = secondary reference laboratory

SRM = secondary reference measurement

COMPARISON OF POC METHODS

PUBLICATION	COMPARATOR	ACCURACY	PRECISION	FURTHER CRITERIA	CONCLUSION
Lenters-Westra E, English E. <i>J Diabetes</i> <i>Sci Technol.</i> 2018.⁵	Reference method: (Four certified SRMs)	Mean absolute bias:	CV: at 6.5%/9% HbA1c (at 48/75 mmol/mol HbA1c)*	Sigma:	The analytical performance was excellent for the Afinion™ 2 Analyzer
	Afinion™ 2	-0.06-0.04% HbA1c	1.2/0.9% (1.7/1.1%)*	5.8	and the Quo-Lab [®] HbA1c Analyzer, acceptable for the
	Quo-Lab®	-0.08-0.04% HbA1c	1.6/1.8% (2.4/2.4%)*	4.0	HemoCue [®] HbAlc 501, and unacceptable for the AlCare [™] HbAlc Analyzer according to different criteria used.
	HemoCue [®]	-0.180.08% HbA1c	2.1/1.7% (3.4/2.7%)*	2.1	
	A1Care™	-0.130.02% HbA1c	4.1/2.9% (6.2/4.1%)*	1.4	
Torregrosa ME, et al. <i>Endocrinol Nutr.</i> 2015. ¹²	Reference method: Adams™ A1c HA-8160	Mean absolute bias: at 4.6–9.9% HbA1c	CV: at 7% HbA1c (53 mmol/mol)	Correlation:	Our study showed that the Afinion™ AS100 Analyzer is superior to the other
	Afinion™	-0.04% HbA1c	1.8%	r = 0.98	two POC analyzers for monitoring blood
	DCA Vantage®	-0.28% HbA1c	3.74%	r = 0.98	glucose control in patients with diabetes
	In2it™	0.06% HbA1c	7.14%	r = 0.83	mellitus at the office.

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Lenters-Westra E, Slingerland RJ. <i>Clin</i> <i>Chem</i> . 2014. ¹³	Reference method: (Three certified SRMs)	Mean absolute bias:	CV: at 6.2–6.4%/8.0–8.9% (at 44–47/61–74 mmol/mol HbA1c)*		Afinion [™] , DCA Vantage [®] , Cobas [®] b 101 and B-Analyst [®] instruments met the generally accepted performance criteria for HbA1c Analyzer, Quo- Lab [®] HbA1c Analyzer, Quo- Lab [®] HbA1c Analyzer and InnovaStar [®] met the criteria for precision, but not for bias.
	Afinion™	-0.08-0.05%	1.3/1.4% (2.1/1.9%)*		
	B-Analyst®	0.11-0.19%	1.2% at 8.0-8.9% (1.6%)*		
	Cobas® b 101	-0.05-0.09%	1.8/1.2% (2.8/1.5%)*		
	DCA Vantage®	-0.15-0.06%	1.9/3.2% (3.1/4.2%)*		
	InnovaStar®	0.13-0.18%	1.2/0.9% (1.9/1.3%)*		
	Quo-Lab®	0.16-0.20%	1.9/1.6% (2.7/2.0%)*		
	Quo-Test®	0.19-0.22%	2.1/1.7% (3.1/2.2%)*		
Hirst JA, et al. Clin Chem Lab Med. 2017. ¹⁴	Meta-analysis: Afinion™ B-Analyst® Cobas® b 101 DCA Vantage® InnovaStar® Quo-Lab® Quo-Test® Alc Gear® Alc Care AlcCare AlCCare AlCNow® NycoCard™ CLOVER Alc®		Total CV: 1.9% 1.5% 2.5% 2.3% 1.9% 3.4% 1.4% 2.7% 2.9% 3.8% 3.8%		There were sufficient data to carry out meta-analysis on the diagnostic accuracy for five devices (Afinion™, DCA Vantage* Analyzer, AICNow*, Quo-Test* HbA1c Analyzer and NycoCard™ READER II). Sensitivity across all the devices was similar. The Afinion™ and DCA Vantage* Analyzer had the highest specificity at a cutoff of 6.5% HbA1c.

Note: All numbers presented in NGSP units except those marked with "*".

SRL = secondary reference laboratory

SRM = secondary reference measurement

- Lenters-Westra E, English E. Analysis: Investigating the quality of POCT devices for HbAlc, what are our next steps? J Diabetes Sci Technol. 2019;13:1154-1157 https://journals.sagepub.com/doi/pdf/10.1177/1932296819850838.
- Nathan DM, Griffin A, Perez FM, et al. Accuracy of a Point-of-Care Hemoglobin Alc Assay. J Diabetes Sci Technol. 2019;13(6):1149-1153. https://journals.sagepub.com/doi/abs/10.1177/1932296819836101.
- Arnold WD, Kupfer K, Little RR, et al. Accuracy and Precision of a Point-of-Care HbA1c Test. J Diabetes Sci Technol. March 10, 2019. https://journals.sagepub.com/doi/pdf/10.1177/1932296819831292.
- Arnold WD, Kupfer K, Swensen MH, et al. Fingerstick Precision and Total Error of a Point-of-Care HbA1c Test. J Diabetes Sci Technol. March 6, 2019. <u>https://journals.sagepub.com/doi/pdf/10.1177/1932296819831273</u>.
- Lenters-Westra E, English E. Evaluation of Four HbA1c Point-of-Care Devices Using International Quality Targets: Are They Fit for the Purpose? J Diabetes Sci Technol. 2018;12(4):762-770. <u>https://journals.sagepub.com/doi/pdf/10.1177/1932296818785612</u>.
- Sobolesky PM, Smith BE, Saenger AK, et al. Multicenter assessment of a hemoglobin A1c point-of-care device for diagnosis of diabetes mellitus. Clin Biochem. 2018;61(4):18-22. <u>https://www.sciencedirect.com/journal/clinical-biochemistry/vol/61/suppl/C</u>.
- 7. Jain A, Rao N, Sharifi M, et al. Evaluation of the point of care Afinion AS100 analyser in a community setting. Ann Clin Biochem. 2017;54(3):331-341. https://journals.sagepub.com/doi/pdf/10.1177/0004563216661737.
- 8. NGSP. Harmonizing Hemoglobin A1c Testing. http://ngsp.org/
- The EurAlc Trial Group. EurAlc: The European HbAlc Trial to Investigate the Performance of HbAlc Assays in 2166 Laboratories across 17 Countries and 24 Manufacturers by Use of the IFCC Model for Quality Targets. *Clin Chem.* 2018;64(8):1183-1192. http://clinchem.aaccjnls.org/content/clinchem/64/8/1183.full.pdf.
- Certificate Manufacturers. International Federation of Clinical Chemistry and Laboratory Chemistry. <u>https://information.ifcchbalc.org/sustainable-implementation/manufacturers/certificate-manufacturers.aspx</u>. Accessed May 16, 2020.
- 11. English E, Schaffert LN, Lenters-Westra E. Point-of-care testing for HbA1c: clinical need and analytical quality. Clinical Laboratory International. November 6, 2018;42:12-14.
- Torregrosa ME, Molina J, Argente CR, Ena J. Accuracy of three hemoglobin Alc point-of-care systems for glucose monitoring in patients with diabetes mellitus. *Endocrinol Nutr.* 2015;62(10):478-484. <u>http://www.elsevier.es/en-revista-endocrinologia-nutricion-english-edition--412articulo-accuracy-three-hemoglobin-alc-point-of-care-S2173509315001440</u>.
- Lenters-Westra E, Slingerland RJ. Three of 7 Hemoglobin Alc Point-of-Care Instruments Do Not Meet Generally Accepted Analytical Performance Criteria. Clin Chem. 2014;60(8):1062-1072. <u>http://clinchem.aaccinls.org/content/clinchem/60/8/1062.full.pdf</u>.
- Hirst JA, McLellan JH, Price CP, et al. Performance of point-of-care HbA1c test devices: implications for use in clinical practice a systematic review and meta-analysis. Clin Chem Lab Med. 2017;55(2):167-180. <u>https://www.degruyter.com/downloadpdf/j/cclm.2017.55.issue-2/cclm-2016-0303/cclm-2016-0303.pdf</u>.

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