

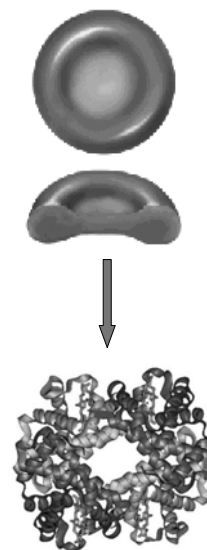


Interferenza da varianti emoglobiniche nella misura dell'HbA_{1c}

*Freddi Cristina
Laboratorio Analisi Chimico Cliniche
Azienda Ospedaliera Ospedali Riuniti di Bergamo
9 Maggio 2009 - Desenzano del Garda*

Emoglobina (Hb)

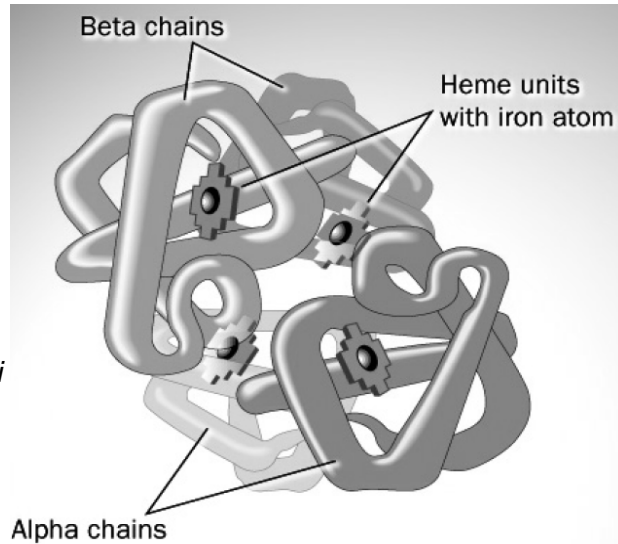
- *Proteina del sangue contenuta negli eritrociti*
- *Concentrazione di Hb nel sangue*
13-18 g/dL nell'uomo
12-16 g/dL nella donna
- *Quantità di eritrociti:*
4.6-6.2M / μ L nell'uomo
4.2-5.4M / μ L nella donna



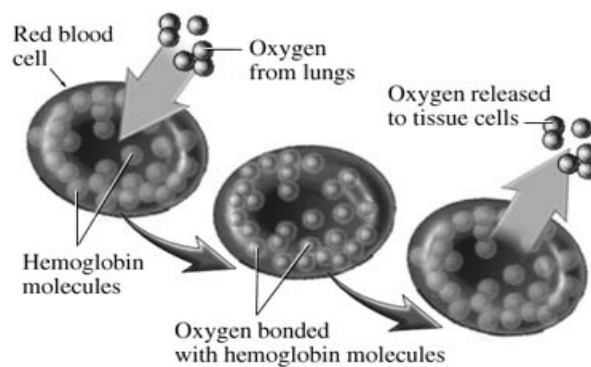
Struttura dell'emoglobina (HbA)

*E' un etero-tetramero
composto da:
2 subunità Alfa
2 subunità Beta
GLOBINE $\alpha_2\beta_2$*

*Ogni subunità è
coniugata ad un gruppo
eme, un composto in cui
è presente un atomo di
ferro, il quale lega
l'ossigeno e la CO2*



Funzioni



Hb: Varianti fisiologiche

Emoglobine embrionali

geni Alfa, Zeta, Epsilon e Gamma presenti

Gower 1 ($\zeta_2\epsilon_2$)

Gower 2 ($\alpha_2\epsilon_2$)

Portland ($\zeta_2\gamma_2$)

Emoglobina fetale (Hb F)

geni Alfa e Gamma presenti

HbF ($\alpha_2\gamma_2$)

Emoglobine adulte (HbA)

geni Alfa, Beta e Delta presenti

HbA ($\alpha_2\beta_2$, > 95%)

HbA₂ ($\alpha_2\delta_2$, < 3%)

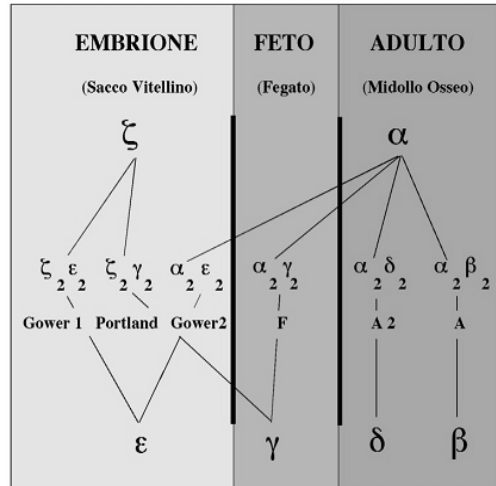


Fig.2. Composizione delle emoglobine (Gower 1, Gower 2, Portland, F, A, A2) prodotte nell'uomo dall'embrione, dal feto e dall'adulto. Tra parentesi sono indicati i siti di eritropoiesi.

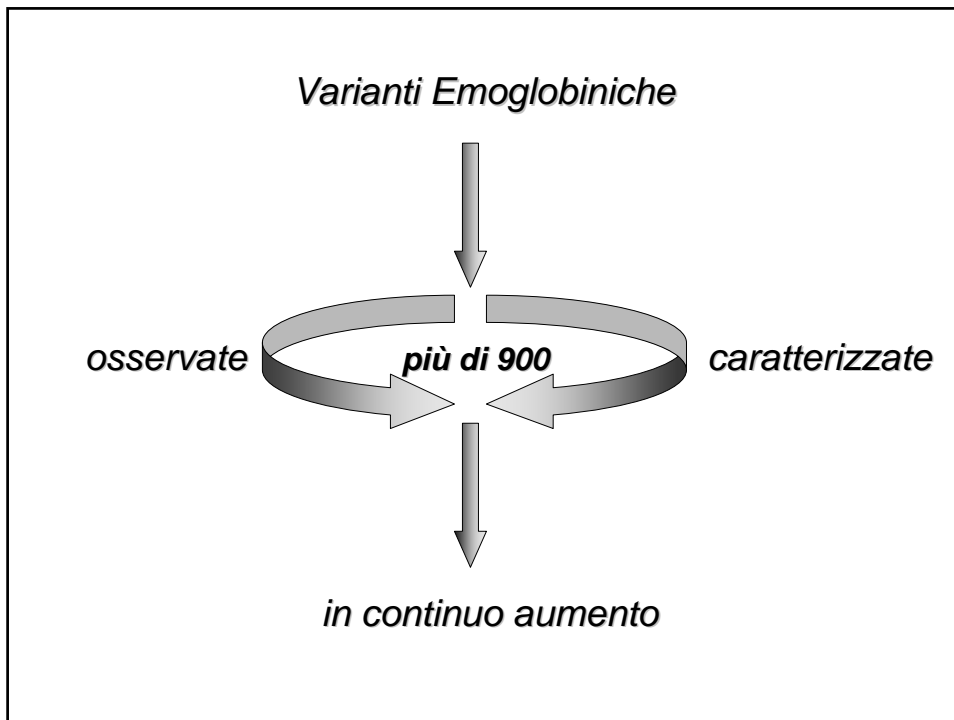


Emoglobinopatie

Patologie determinate da disordini ereditari dell'emoglobina

Talassemie

Emoglobine varianti
(HbS, HbC, HbE, Hb Lepore...)



Normal beta chain	ATG GTG CAC CTG ACT CCT GAG GAG AAG TCT GCC GTT ACT GCC CTG TGG GGC AAG GTG AAC CTG GAT GAA GTT GGT GGT GAG GCC CTG GGC Val His Leu Thr Pro Gln Gln Lys Ser Ala Val Thr Ala Leu Trp Gly Lys Val Asn Val Asp Gln Val Gly Gly Gln Ala Leu Gly
HbS Sickle cell (missense)	ATG GTG CAC CTG ACT CCT GTG GAG AAG TCT GCC GTT ACT GCC CTG TGG GGC AAG GTG AAC CTG GAT GAA GTT GGT GGT GAG GCC CTG GGC Val His Leu Thr Pro Val Gln Lys Ser Ala Val Thr Ala Leu Trp Gly Lys Val Asn Val Asp Gln Val Gly Gly Gln Ala Leu Gly
HbC (missense)	ATG GTG CAC CTG ACT CCT AAG GAG AAG TCT GCC GTT ACT GCC CTG TGG GGC AAG GTG AAC CTG GAT GAA GTT GGT GGT GAG GCC CTG GGC Val His Leu Thr Pro Lys Gln Lys Ser Ala Val Thr Ala Leu Trp Gly Lys Val Asn Val Asp Gln Val Gly Gly Gln Ala Leu Gly
HbThalassemia (nonsense)	ATG GTG CAC CTG ACT CCT GAG GAG AAG TCT GCC GTT ACT GCC CTG TGG GGC TAG GTG AAC CTG GAT GAA GTT GGT GGT GAG GCC CTG GGC Val His Leu Thr Pro Gln Gln Lys Ser Ala Val Thr Ala Leu Trp Gly Stop
HbThalassemia (frameshift) -44	ATG GTG CAC CTG ACT CCT GAG GAG CTC TGG CGT TAC TGC CCT GTG GGG CAA GGT GAA CGT GGA TGA ACT TGG TGG TGA GGC CCT GGG C Val His Leu Thr Pro Gln Gln Val Cys Arg Tyr Cys Pro Val Gly Gln Gly Gln Arg Ala Stop

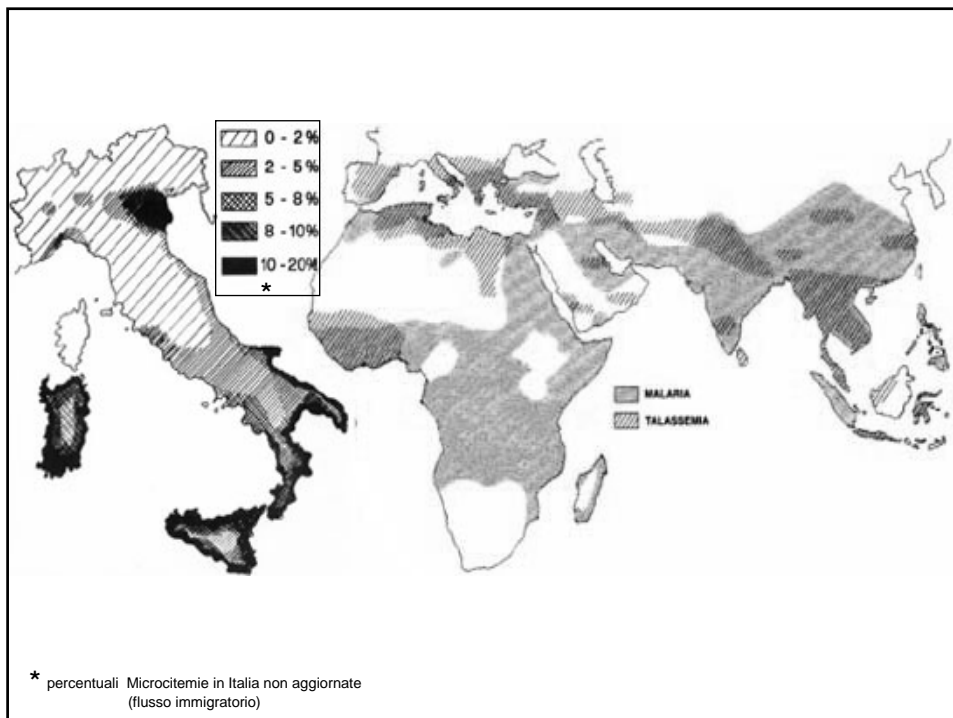
Le maggiori varianti emoglobiniche

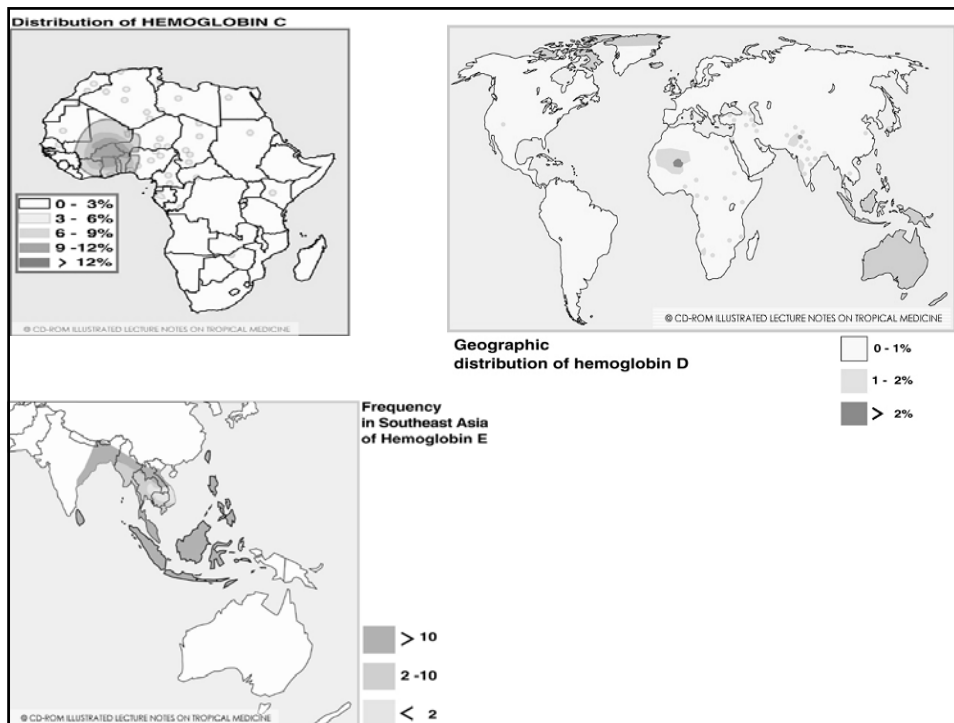
Hb S *Bacino Mediterraneo*
Africa (regioni orientali 40%)
Arabia
India

Hb C *Africa (regioni occidentali 20%)*

Hb D *India Nord-Ovest*

Hb E *Sud-Est Asiatico (15-30%)*





Esistono variazioni post-traduzionali determinate da legami con altri composti chimici presenti nel globulo rosso dovuti processi di

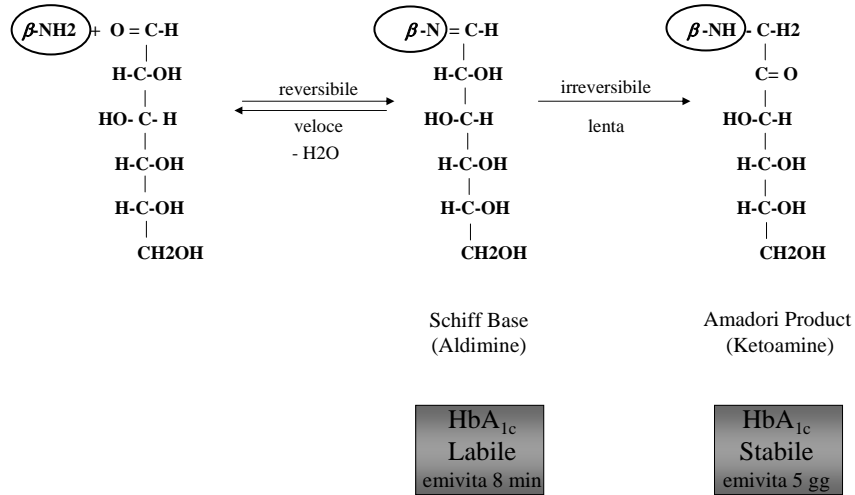
Carbamilazione

Acetilazione

Glicazione

Reazione di glicazione non enzimatica

gruppo aldeidico del glucosio + il gruppo amminico N-terminale delle catene β dell' Hb



Emoglobine: cenni storici

Soggetto normale adulto

HbA ($\alpha_2\beta_2$) circa 95%

HbA2 ($\alpha_2\delta_2$) fra 2 e 3.5%

HbF ($\alpha_2\gamma_2$) meno del 2%

1955 Elettroforesi su amido	Resina a scambio cationico eluizione da colonnine di IRC-50	Anno '68 circa	Anni '80 Bunn et al.
Frazioni emoglobiniche "minori" Modifiche post-traduzionali	A _{1a} A _{1b} A _{1c} A _{1d} A _{1e}	A _{1c} aumenta in soggetti affetti da <u>diabete mellito</u>	circa 60% del glucosio lega le valine N-terminali delle catene β dell'HbA _{1c}

Sistemi di misura dell' HbA_{1c}

Differenza di carica elettrica

- separazione tra HbA_{1c} e HbA

}

HPLC
 minicolonnine
 isoelettrofocalizzazione
 elettroforesi

Immunochimici

- dosaggio senza separazione dall' emoglobina non-glicata
- non interferenze biochimiche dovute a varianti emoglobiniche
- possibili interferenze biologiche dovute al rapido turnover dell'emoglobina (vita media degli eritrociti)

Cromatografia di affinità

- valuta la presenza di glucosio legato covalentemente all'emoglobina

Cromatografia

Tecnica di separazione basata sulle proprietà chimico-fisiche dei composti

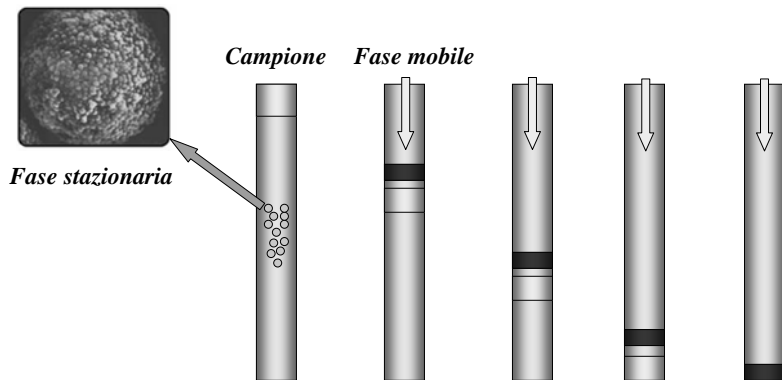
Elevata pressione → maggiore velocità di flusso dell' eluente

Fase Stazionaria	<ul style="list-style-type: none"> - Silice microporosa (diametro 3-10 um) - Allumina - Resina a scambio ionico immiscibile posta in una colonna (vetro, acciaio, titanio) o su una superficie solida
Fase Mobile	<ul style="list-style-type: none"> - Gas - Liquido o fluido supercritico - Tamponi a diverso pH e forza ionica

High Performance Liquid Chromatography

High Performance Liquid Chromatography (HPLC) can help identify the types and quantities of haemoglobin made by an individual

HPLC also allows you to detect structurally abnormal haemoglobins



Traguardi analitici per l'HbA_{1c}

Precisione, Accuratezza, Variabilità Biologica

$CV_b = \text{circa } 1\%$

$CV_w = 3,9 - 7,9\% = \text{circa } 5\% \longrightarrow ET_a = 6,2\%$

$CV_a = 2,5\%$

ET_a errore totale ammissibile
 CV_a coefficiente di variazione analitico (limite di imprecisione)
 CV_b coefficiente di variazione intra-individuale
 CV_w coefficiente di variazione inter-individuale

Ricos et al. [Scand J Clin Lab Invest 1999]

2007 GH2-A (fresh pooled samples)
* = NGSP certified at the time of the survey

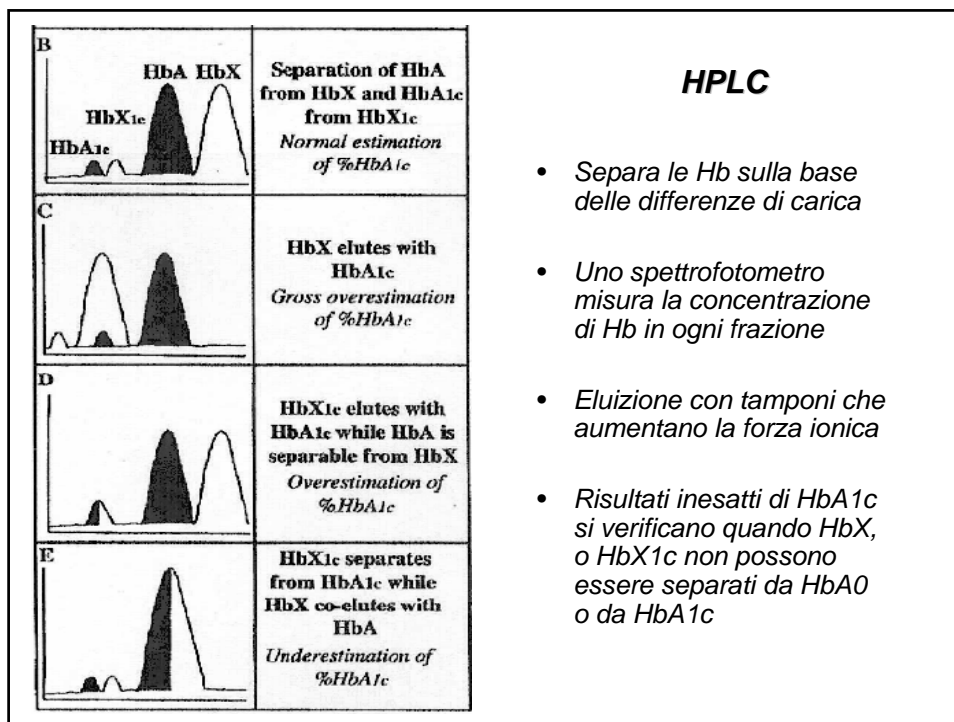
NGSP Reference Value ¹	no. labs	GH2-01		GH2-02		GH2-03	
		Median	%CV	Median	%CV	Median	%CV
		5.4		11.6		7.6	
Methods reporting HbA1c (or equivalent)							
* Abbott Architect	47	5.0	5.0	11.2	3.9	7.4	4.1
* Bayer Advia	33	5.5	4.2	11.3	4.9	7.7	5.2
* Bayer DCA 2000	227	5.2	2.9	11.5	4.8	7.4	2.7
* Beckman Synchron System	385	5.3	4.6	11.7	5.4	7.3	4.6
* Bio-Rad D-10	169	5.5	2.7	12.6	2.3	8.1	2.5
* Bio-Rad Diastat	11	5.2	3.5	11.8	4.4	7.3	3.7
* Bio-Rad Variant A1c	17	5.2	2.6	11.5	2.2	7.5	3.7
* Bio-Rad Variant II A1c	253	5.4	3.4	12.3	2.5	7.9	2.6
* Bio-Rad Variant II Turbo A1c	95	5.4	2.7	12.0	2.6	7.8	2.3
* Dade Behring Dimension	593	5.8	3.1	11.3	3.5	7.6	2.8
* Metrika A1cNOW	23	5.3	6.1	11.7	6.3	7.4	7.7
* Olympus AU system	30	5.6	6.2	12.2	6.1	8.2	5.5
* Pointe Scientific	5	5.0	-	11.0	-	7.5	-
* Primus HPLC (affinity)	36	5.3	2.7	11.7	2.5	7.6	2.3
* Roche cobas c501	6	5.8	-	11.4	-	7.5	-
* Roche Cobas Integra	239	5.5	3.4	11.8	3.7	7.7	3.6
* Roche Cobas Integra Gen.2	72	5.5	3.3	11.7	2.8	7.5	2.3
* Roche/Hitachi (Tina Quant II)	63	5.5	5.2	11.8	4.2	7.5	3.5
* Tosoh A1c 2.2 Plus	186	5.4	3.5	12.4	2.7	8.0	2.9
* Tosoh G7 Auto HPLC	261	5.4	2.4	12.3	1.8	7.9	2.0
* Vitros 5,1 FS Chem Syst	66	5.7	3.6	12.3	4.4	7.7	4.0
Methods reporting Total GHB							
Bio-Rad Variant	10	5.4	6.5	14.1	4.2	8.8	3.9
Primus	15	6.2	4.3	17.1	2.3	10.0	2.9

CV inter-laboratorio <3%

College of American Pathologists (CAP) Survey Data:
(updated 5/07)

Principali interferenti nella misura della HbA_{1c}

- Emoglobinopatie Interferenza analitica o biologica
- Frazione labile Falsi positivi. No per metodi cromatografici ed immunochimici
- Insufficienza renale Hb carbamilata
- Invecchiamento del campione Interferenza positiva
- Ipertrigliceridemia Interferenza positiva per metodi immunoturbidimetrici
- Variabilità stagionale Discreto effetto ciclico
- Processi emolitici falsi negativi (diminuzione vita media eritrocitaria)
- Aumento WBC Interferenze positive



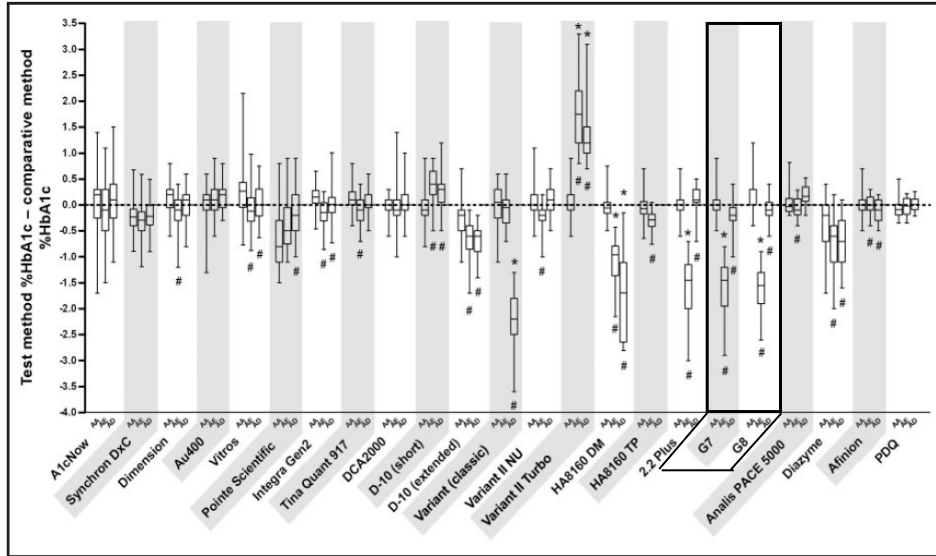
Effects of Hemoglobin (Hb) E and HbD Traits on Measurements of Glycated Hb (HbA_{1c}) by 23 Methods

Randie R. Little,^{1*} Curt L. Rohlfing,¹ Steve Hanson,¹ Shawn Connolly,¹ Trefor Higgins,² Cas W. Weykamp,³ Mario D'Costa,⁴ Veronica Luzzi,⁵ William E. Owen,⁶ and William L. Roberts⁷

Effects of Hemoglobin C and S Traits on Glycohemoglobin Measurements by Eleven Methods, William L. Roberts,^{1*} Sekineh Safar-Pour,² Barun K. De,³ Curt L. Rohlfing,⁴ Cas W. Weykamp,⁵ and Randie R. Little⁴ (¹ Department of Pathology, ARUP Institute for Clinical & Experimental Pathology, University of Utah, Salt Lake City, UT; ² ARUP Laboratories, Salt Lake City, UT; ³ Department of Pathology, University of Arizona, Tucson, AZ; ⁴ Departments of Pathology & Anatomical Sciences and Child Health, University of Missouri-Columbia School of Medicine, Columbia, MO; ⁵ Queen Beatrix Hospital, Winterswijk, The Netherlands; ^{*} address correspondence to this author at: ARUP

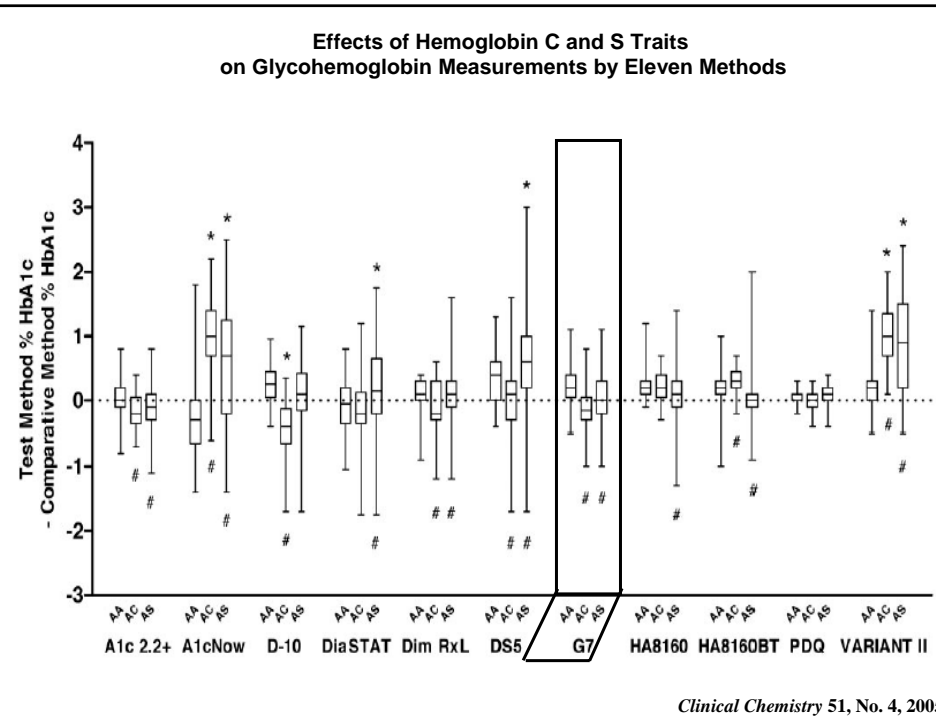
Clinical Chemistry 51, No. 4, 2005

**Effects of Hemoglobin HbE and HbD Traits
on Measurements of Glycated Hb (HbA_{1c}) by 23 Methods**



Clinical Chemistry 54:8 (2008)

**Effects of Hemoglobin C and S Traits
on Glycohemoglobin Measurements by Eleven Methods**



Clinical Chemistry 51, No. 4, 2005

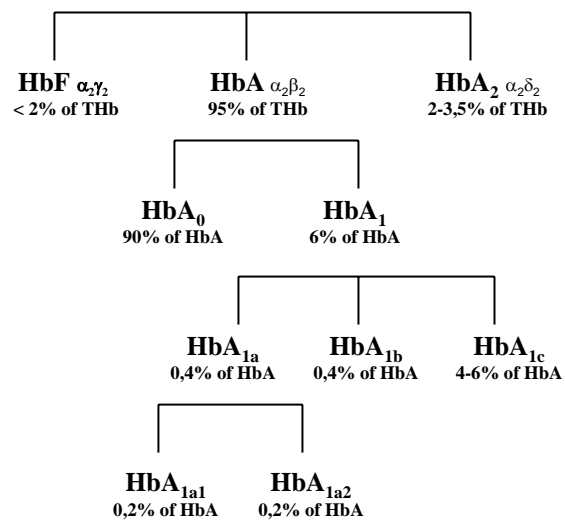
Calculation of HbA_{1c}

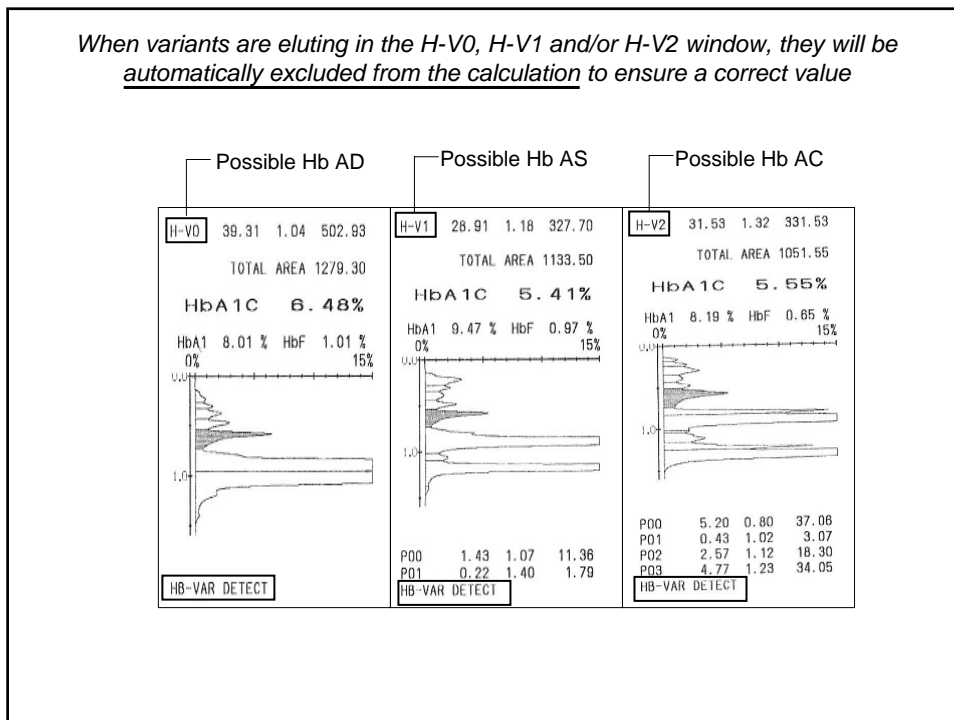
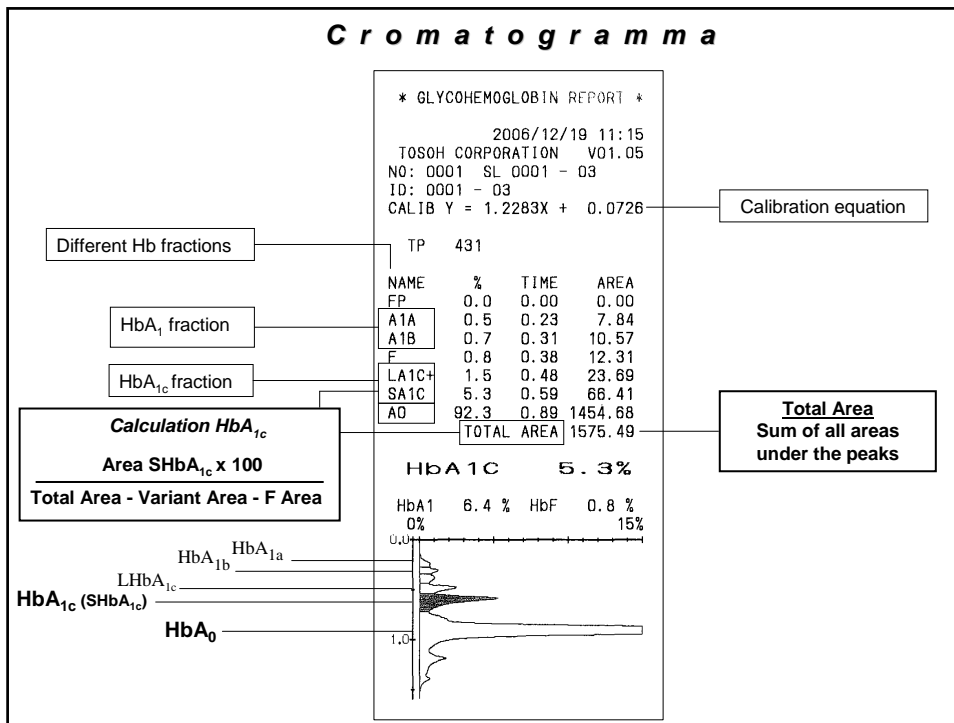
What is
Hemoglobin?

What is
HbA_{1c}?

How is HbA_{1c} calculated?

Total Haemoglobin (THb)





Why on Total Area and not on area of HbA₀ ?

Ratio should be calculated using the total amount of HbA_{α₂β₂} and not only HbA₀

HbA₀ is only one fraction of the HbA

* GLYCOHEMOGLOBIN REPORT *

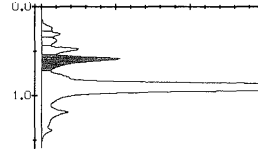
2006/12/19 11:15
TOSOH CORPORATION V01.05
NO: 0001 SL 0001 - 03
ID: 0001 - 03
CALIB Y = 1.2283X + 0.0726

TP 431

NAME	%	TIME	AREA
FP	0.0	0.00	0.00
ATA	0.5	0.23	7.84
A1B	0.7	0.31	10.57
F	0.8	0.38	12.31
LA1C+	1.5	0.48	23.69
SA1C	5.3	0.59	66.41
AO	92.3	0.89	1454.68
TOTAL AREA			1575.49

HbA1C 5.3%

HbA1 6.4 % HbF 0.8 %
0% 15%



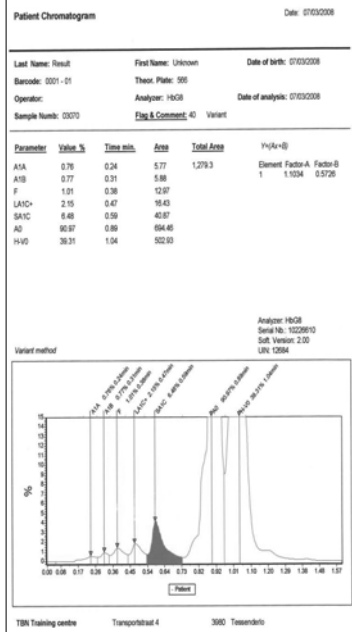
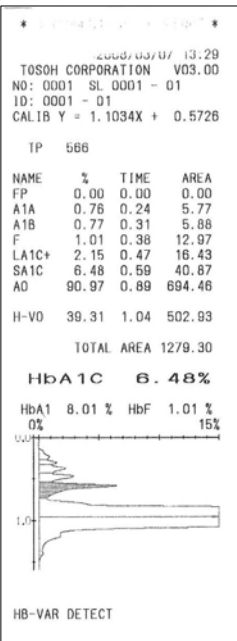
Possible HbAD patient

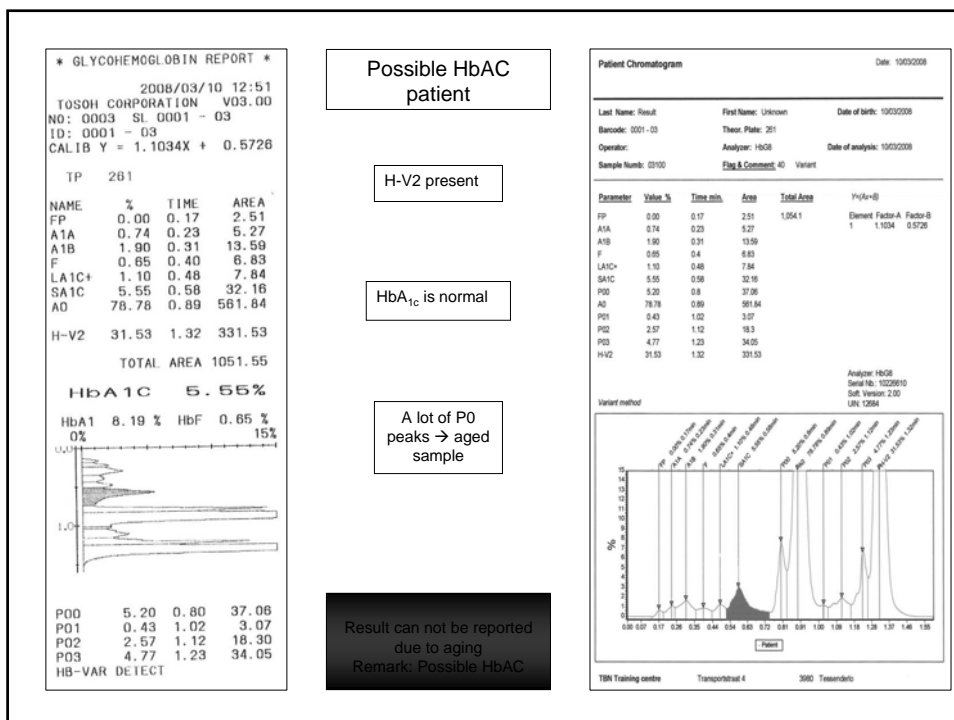
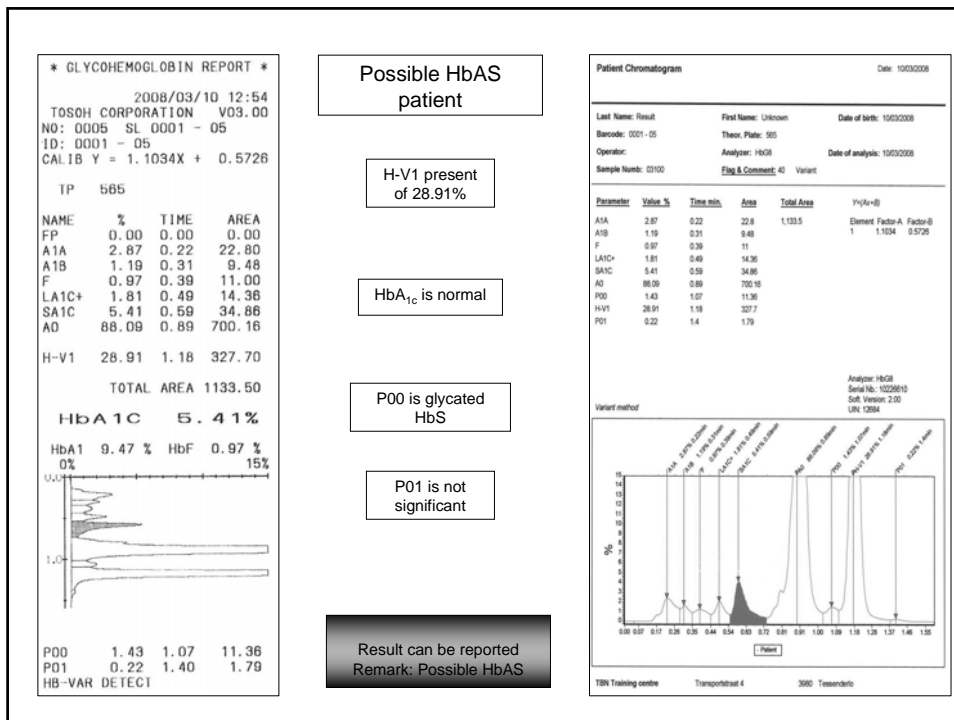
H-V0 present of 39.31%

HbA_{1c} higher than normal

Normal range can not be used

Result can be reported
Remark: Possible HbAD





* GLYCOHEMOGLOBIN REPORT *

2008/03/10 12:47
 TOSOH CORPORATION V03.00
 NO: 0001 SL 0001 - 01
 ID: 0001 - 01
 CALIB Y = 1.1034X + 0.5726

TP 581

NAME	%	TIME	AREA
FP	0.00	0.00	0.00
A1A	0.85	0.23	12.44
A1B	0.59	0.31	8.57
F	0.82	0.39	12.10
LA1C+	1.16	0.49	16.92
SA1C	4.56	0.59	52.65
A0	93.78	0.90	1365.55
TOTAL AREA			1468.22

HbA1C 4.56%

HbA1 6.00% HbF 0.82%
 0% 15%

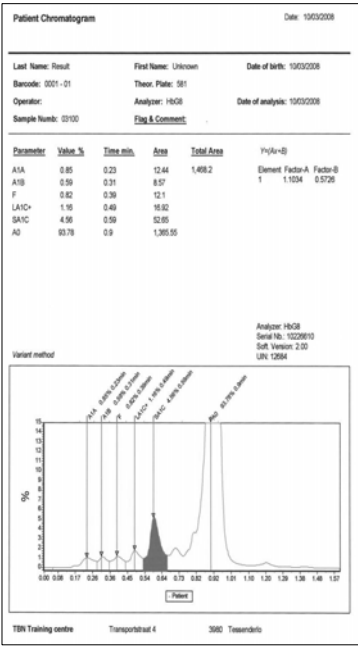
Possible HbAE patient

HbA_{1c} is normal

E variant under A0

Small shoulder between SA1c and A0 → glycated E

Result can not be reported
 Remark: Possible HbAE



* T *

2008/06/09 14:15
 TOSOH CORPORATION V03.00
 NO: 0003 SL 0001 - 03
 ID: 0001 - 03
 CALIB Y = 1.1895X + 0.4297

NAME	%	TIME	AREA
FP	0.0	0.16	7.38
A1A	7.9	0.24	15.29
A1B	0.0	0.00	0.00
F	49.1	0.40	94.58
LA1C+	0.0	0.00	0.00
SA1C	0.0	0.00	0.00
A0	37.0	0.88	71.39

H-V1 78.4 1.16 899.78
 TOTAL AREA 892.52

HbA1C 0.0%

HbA1 7.9% HbF 49.1%

P00 6.0 1.03 11.51
 HB-VAR DETECT

221 A1B NOT DETECT 14:17

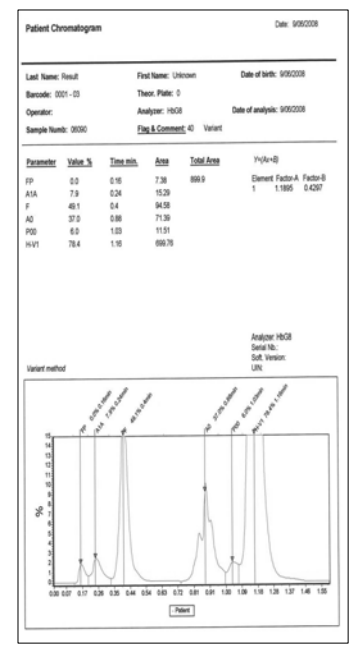
Possible HbSS patient

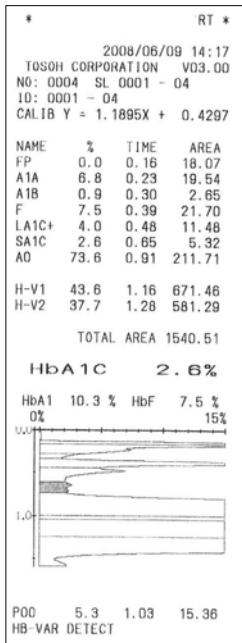
H-V1 peak of 78.4%

HbA_{1c} of 0.0%

No HbA present because HbSS

No HbA_{1c} present
 Remark: Possible HbSS





Possible HbSC patient

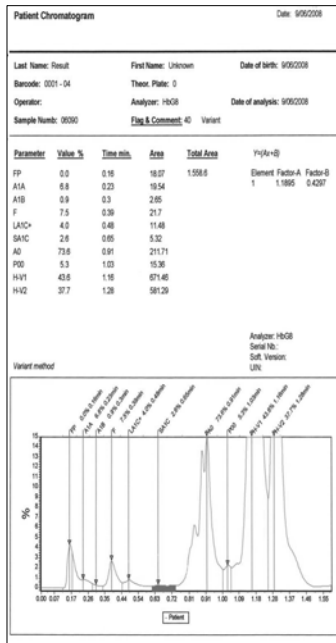
H-V1 peak of 43.6% → HbS

H-V2 peak of 37.7% → HbC

HbA_{1c} is lower than normal

2.6% is not HbA_{1c} → no HbA present because HbSC

HbA_{1c} result can not be reported
Remark: Possible HbSC



ZIENDA OSPEDALIERA OSPEDALI RIUNITI DI BERGAMO

Confronto fra due metodi HPLC nella rilevazione dell'HbA_{1c} in campioni con e senza varianti emoglobiniche

Freddi C.*, Amboni P.*, Nani C.*, Maestroni C.*, Caluffetti I.*, DeMarinis R.°, Ottomano C.*

* Dipartimento di Medicina di Laboratorio, Laboratorio Analisi Chimico Cliniche, A.O. Ospedali Riuniti di Bergamo, Italy

° Tosoh Bioscience, S.r.l., Torino, Italy



Numero campioni processati : 287

- ✓ Campioni rilevanti picchi anomali con richiesta dosaggio HbA_{1c}
- ✓ Campioni con probabili varianti con richiesta dosaggio Hb Patologiche
- ✓ Dati emocromo
- ✓ Sangue intero (K₃EDTA / Litio Eparina)
- ✓ Processati in tempo reale
- ✓ Conservati a 2-8 °C se analizzati entro 7 giorni
- ✓ Congelati e scongelati se analizzati oltre tale limite di tempo


Tosoh H723G7BetaThal Mode
Tosoh HLC-723G7HbA1c Variant Mode



* GLYCOHEMOGLOBIN REPORT *

TOSOH CORPORATION V01.15
 NO:
 ID:
 CALIB Y = 1.1091X + 0.8654
 TP 836

NAME	%	TIME	AREA
FP	0.0	0.00	0.00
A1A	7.9	0.31	14.23
A1B	0.0	0.00	0.00
F	8.7	0.52	77.97
LA1C+	0.0	0.00	0.00
SA1C	5.2	0.70	7.76
AO	71.7	1.06	126.79
H-V1	71.4	1.44	841.96

TOTAL AREA 899.85

HbA1C 5.2%

Hba1	%	HbF	%
Hba1	13.1	HbF	8.7
0%		15%	

P00	8.6	1.32	15.50
P01	7.5	1.62	13.44

HB-VAR DETECT

** THALASSEMIA REPORT **

OSP. RIUNITI <BG>

TOSOH CORPORATION V01.15
 NO:
 ID:
 CALIB F Y = 0.9978X
 A2 Y = 1.6156X
 TP 2074

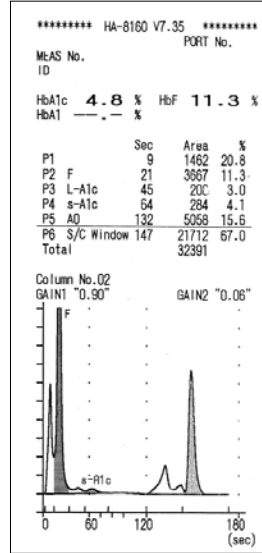
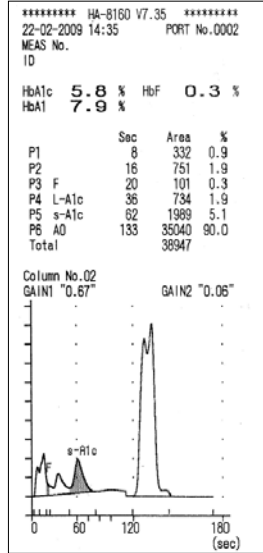
NAME	%	TIME	AREA
F	8.4	1.11	161.15
AO	8.2	3.22	156.09
A2	4.8	4.12	56.07
D+	0.0	0.00	0.00
S+	72.4	6.03	1378.66
C+	0.0	0.00	0.00

TOTAL AREA 1904.11

F : 8.4%
A2 : 4.8%

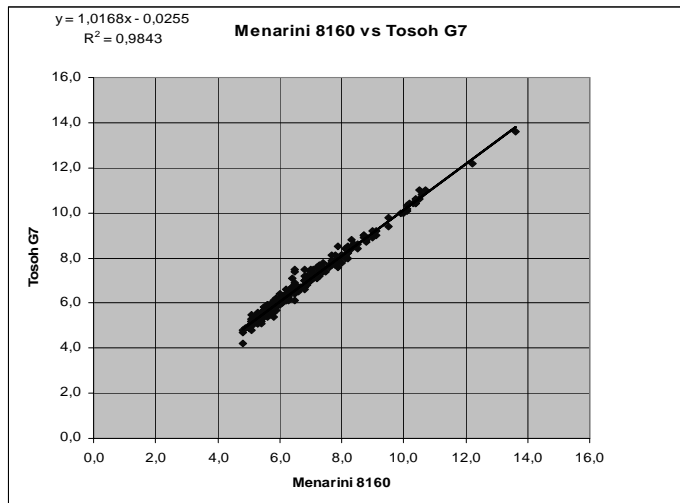
P00	1.8	0.52	34.14
P01	1.5	1.91	27.75
P02	0.7	2.41	13.82
P03	0.5	2.85	9.35
P04	0.7	5.23	12.84
P05	1.8	5.55	34.21
P06	1.1	6.67	20.24

Menarini Adams A1c HA-8160

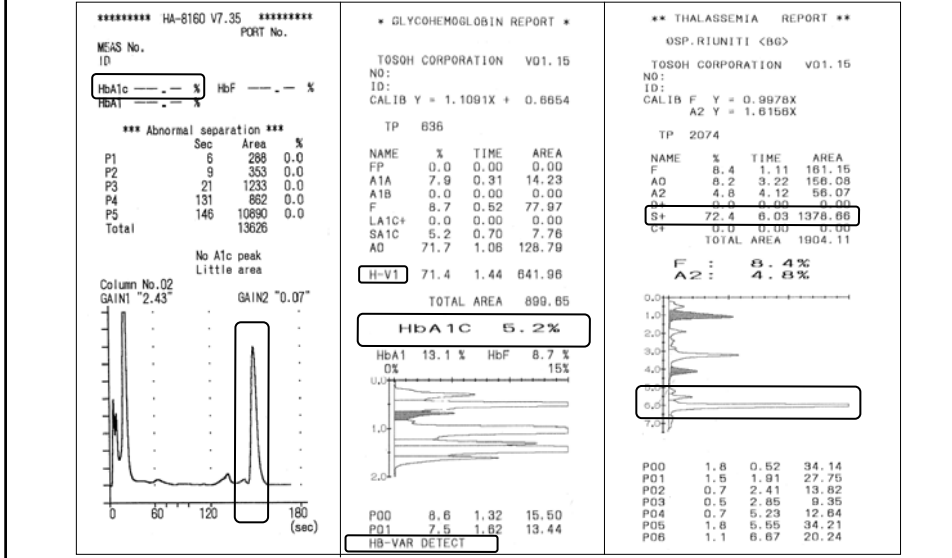


**Menarini Adams A1c HA-8160
 Tosoh HLC-723G7HbA1c Variant Mode**

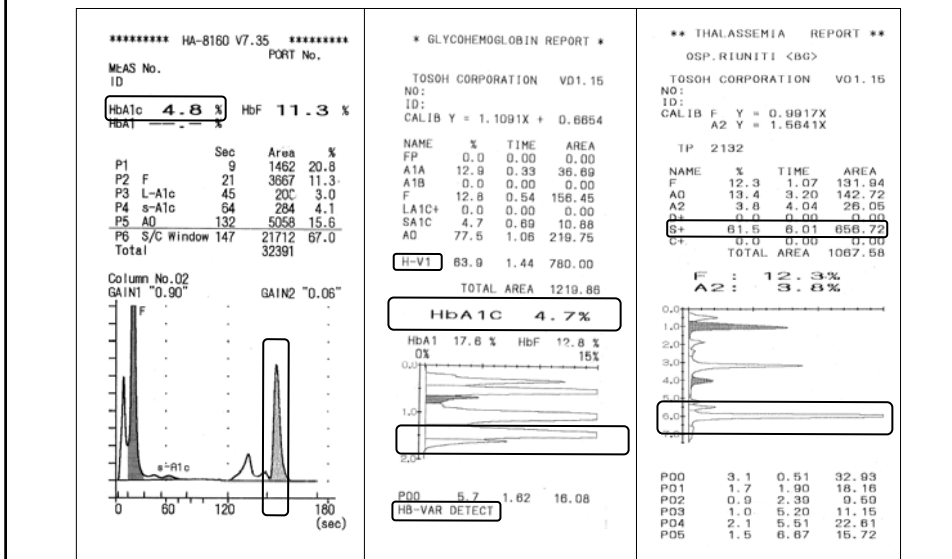
*I due sistemi, su campioni normali (269), presentano una buona correlazione
 ($R^2 = 0.9843$)*



HbS Variante omozigote
inesattezza analitica
(assenza o verosimile sottostima)

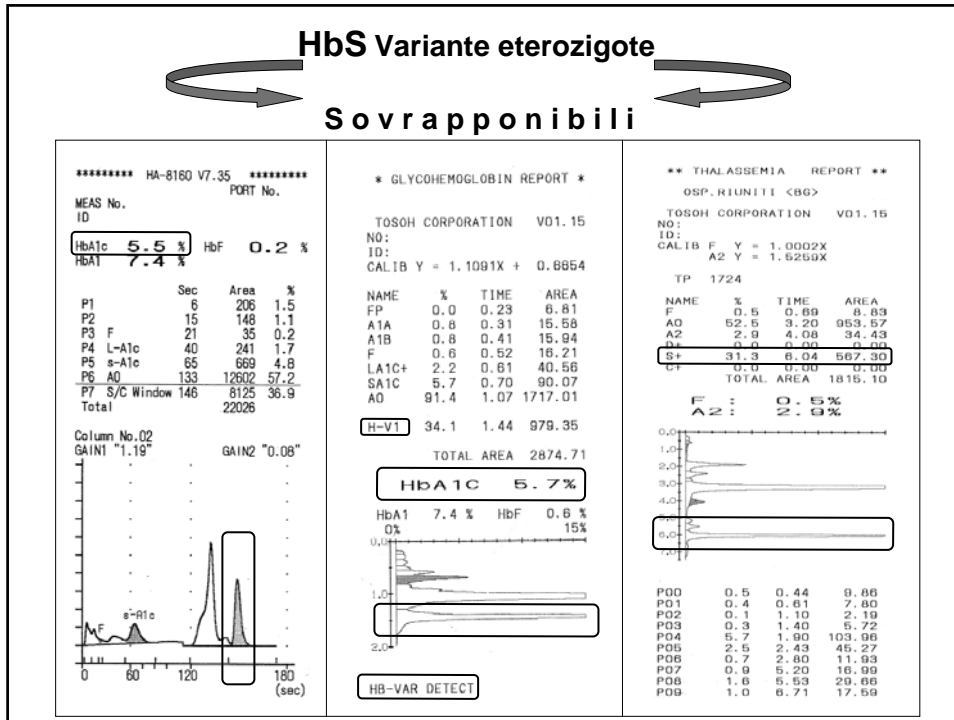


HbS Variante omozigote
inesattezza analitica
(assenza o verosimile sottostima)



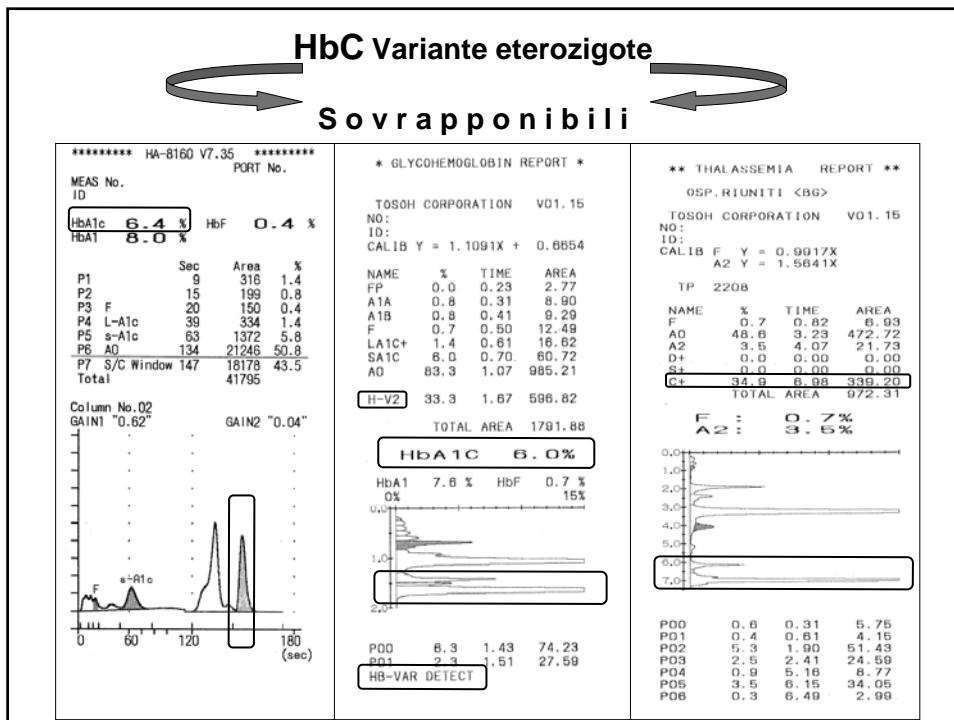
HbS Variante eterozigote

Sovrapponibili



HbC Variante eterozigote

Sovrapponibili

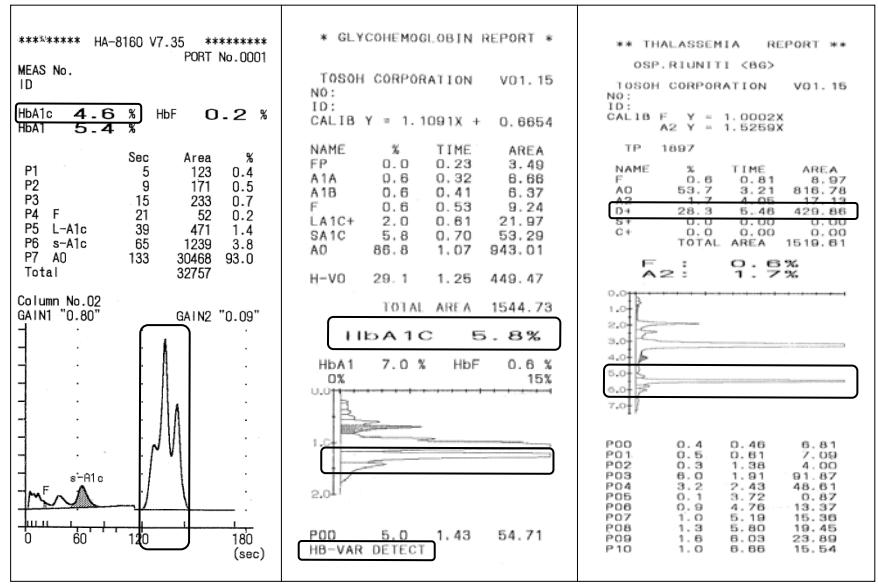


HbD Variante eterozigote

Sensibile sottostima

~~Tosoh~~

Menarini Adams HLC-723G7HbA1c Variant Mode



G r a z i e