# Biological Variation: Bridge Between Laboratorians and Clinicians

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## Biological Variation Working Group

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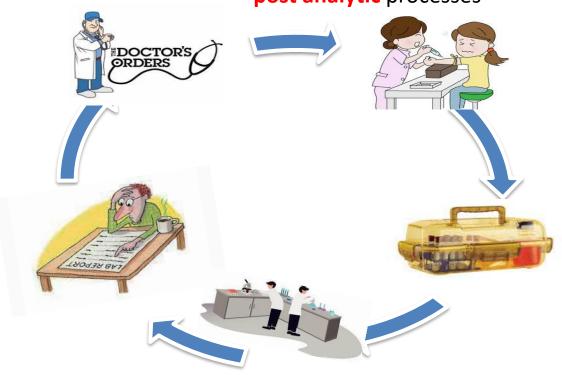
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# Objectives:

 To investigate clinicians' understanding and use of biological variation during interpretation of test results.

## **Laboratory Errors**

Most common reasons for laboratory related errors are due to **pre-pre analytic** and **post-post analytic** processes



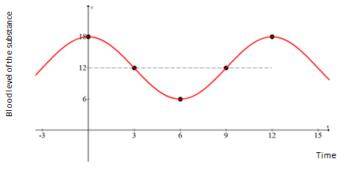
# Variability in the Lab

-3SD -2SD -ISD X +ISD +2SD +3SD

- Analytical variability (CVA)
- Biological variability (CVI)
  - within a subject over time (CV<sub>i</sub>)
  - between subjects (CV<sub>G</sub>)



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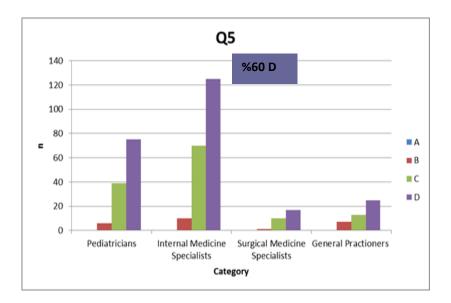
$$RCV = \sqrt{2} *2*\sqrt{CVA^2 + CVI^2}$$

# **The Questionnaire**

- Face to face interview
- –Four closed ended questions
- –Five open ended questions

## Evaluation of the open ended questions

- A. The highest level of knowledge and ability of calculation of biological variation
- B. Clinician has some knowledge about biological variation, but lacks ability to calculate
- C. Clinician has overall knowledge about variation in laboratories, but not particularly on biological variation
- D. Clinician has no knowledge about variations in laboratory



## **Demographic Characteristics of The Study**

Characteristics	Category	Number	Frequency (%)
Gender	Male	164	41.1
	Female	235	58.9
Age	<25	7	1.8
	25–39	294	73.7
	40–59	69	23.4
	>59	5	1.3
Experience	<1 yr	7	1.8
	1-5 yrs	226	56.6
	>5 yrs	166	41.6
Hospital	University (Public)	158	39.6
	University (Foundation)	25	6.3
	Training & Research Hospital	181	45.4
	Public Hospital	8	2
	Private Hospital	26	6.5
	Other	1	0.2
Category			
1	Paediatricians Paediatricians	120	30
2	Internal Medicine Specialists	206	51
3	Surgical Medicine Specialists	28	7
4	<b>General Practitioners</b>	45	12
	Total	399	

**A1:** 

## Q1:

- Which criteria do you
   Clinicians interpret apply when interpreting test results?
  - Reference intervals based on age and gender
  - Clinical assessment
  - Literature

results using a combination of reference intervals

and clinical assessment

## **Q2:**

IU/L, in a patient on a evaluation. medication with hepatic side effects, significant?

#### **A2:**

 Would you consider an Difference between two test increase in serum ALT results were interpreted levels from 40 to 60 based on solely clinical

## **Q3:**

 What's your assessment if your patient's cholesterol levels lower by %25 in two consecutive measurements, while both values are within the reference interval?

#### **A3:**

 Physicians regarded changes in cholesterol levels as significant even if the values were within the reference interval.

### **Q4**:

 Which factors do you think may influence test results?

#### **A4**:

- Physicians have knowledge about
  - Pre-analytical
  - Analytical factors

## **Q5**:

 What do you think
 Physicians are not about the biological variation of lab tests?

#### **A5**:

familier with the concept of BV

## **Q6:**

 Do you consider biological variation during interpretation of lab results?

#### **A6**:

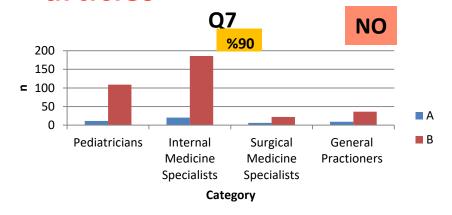
- you consider Most of the physicians cal variation scored D
  - Followed by C
    - They were aware of biological factors age, gender ect.

## **Q7**:

 Did you read any publication on the intraindividual and interindividual biological variation that may affect the test results?

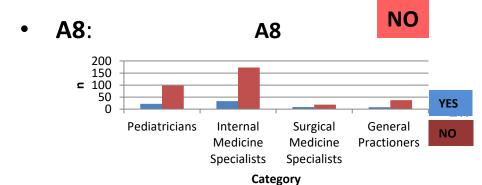
#### **A7**:

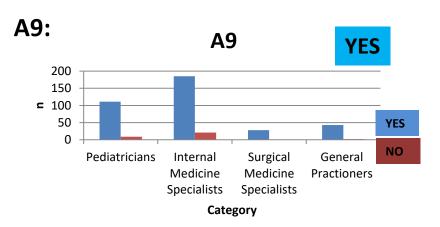
They have not read any articles



 Q8: Have you ever had any formal education on intra- or interindividual biological variation at pre- or post graduate level?

 Q9: Do you think biological variation should be included in medical education?





## Conclusion

- Clinicians' knowledge of biological variation is inadequate
- All our efforts are for nothing if we cannot reach the clinicians
- Clinicians should be encouraged to use RCV for interpretation of laboratory results
- For this purpose, educational programs should include laboratory variability

