



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 4, 2016

New York State Soluble Tumor Markers Proficiency Test 1-2016¹

Dear Laboratory Director,

This is a summary and critique of the New York State Proficiency Test from January 2016 for Tumor Markers AFP, CA125, CA15-3, CA27.29, CA19-9, CEA, PSA, free PSA and complexed PSA.

Laboratories were challenged with five (5) different coded specimens prepared by Wadsworth Center personnel. Purified analyte preparations were added in varying concentrations to a serum-based matrix, then sterile filtered, aseptically dispensed into sample vials and stored at 4°C until mail-out. All laboratories received the same samples, regardless of whether they tested for one or all of the analytes.

Result evaluation:

Your laboratory's individual results, score(s), previous two PT event scores and overall performance status are on a separate report securely posted on the Department's Health Commerce System site under EPTRS (Electronic Proficiency Test Reporting System). To access the results for your laboratory, please log in to the Electronic Proficiency Test Reporting System homepage at:

<https://commerce.health.state.ny.us>

Under "My Applications" click on **EPTRS**

Click on **Online Reporting** which will bring you to the "Select Event" page

Scroll down or filter by year under "Submitted/Closed Events" to find the correct survey and click on **Evaluation** in the **Scored** column.

Laboratory contacts were also sent an email alert indicating the availability of the individual result evaluation report.

This critique with summary tables and graphs is sent by a separate email to the laboratory contacts and will also be posted on the public Wadsworth website at:

<http://www.wadsworth.org/regulatory/clep/pt/summaries>

Once posted, it can also be accessed by clicking the **Statistical** link from the "Select Event" webpage.

¹ The use of brand and/or trade names in this report does not constitute an endorsement of the products on the part of the Wadsworth Center or the New York State Department of Health.

Please **review, print and sign** your score report within two weeks of notification of release and keep it in your files. You will need it for your next laboratory survey to demonstrate successful participation in the NYS PT program.

For grading purposes, all results were evaluated based on their respective peer group mean ($N \geq 3$). This mean was determined with the robust regression followed by outlier identification (ROUT) statistical method, as implemented in GraphPad's Prism®6 software (Harvey J Motulsky and Ronald E Brown, "Detecting outliers when fitting data with nonlinear regression – a new method based on robust nonlinear regression and the false discovery rate," BMC Bioinformatics 7:123 (2006). Available at: <http://www.biomedcentral.com/1471-2105/7/123>). This method identifies outliers through robust statistical analysis with a nonlinear curve fit of the data, thus removing points that can skew calculations of the mean. For our purposes, the target is the mean determined from the best fit values derived from that analysis while the standard deviation (SD) was calculated by multiplying the standard error of the mean for each individual peer group with the square root of the number of labs in that peer group. Except for AFP, the allowable error and range were determined from the average of the median %CVs for each sample across all methods (see summary tables); allowances for increased scatter at low concentrations were made for some analytes. For AFP only, the allowable error and range were $\pm 3SD$ from your peer group mean. Please note that, unless indicated otherwise, we combined results from different instruments made by the same manufacturer and/or brand into one peer group, except where the linear regression line between the results from two instruments showed a significant ($p < 0.01$) deviation from identity.

To help you compare your results to those of your peer group, we have calculated a D/Dmax value and displayed it on your individual report card next to the range for each sample. D/Dmax is a measure of how much your result (x) deviates from your peer group target, **$D/D_{max} = (x - \text{target}) / (\text{maximum allowable error})$** , with D being the difference of your result from the target, and Dmax being the **maximal allowable error for your peer group**. In general, an acceptable result has a D/Dmax between -1 and $+1$. Occasionally, however, due to rounding effects, there may be a small discrepancy between the D/Dmax value and the actual scoring, in which case the actual scoring takes precedence. The closer D/Dmax is to zero, the closer your result was to the target. A negative D/Dmax means that your result was below, and a positive value means your result was above the target. No entry in this place means that your result either had a qualifier ($<$ or $>$) or was not gradable, in which case there will be an NG in the grade column. **Note: If your D/Dmax is not within ± 0.66 (approximately $\pm 2 SD$), especially for more than one or two samples, you should carefully check your result(s) since this indicates that they are significantly different from the mean(s) of your peer group.** While this could be an isolated incident, it could also potentially indicate that your assay may not be performing as it should. Furthermore, if your **average D/Dmax is greater than $+0.5$ or smaller than -0.5** , then your results exhibited a substantial high or low bias compared to the rest of your peer group, suggesting a potentially significant systematic error with your assay. Possible causes could include a calibration drift, reagents that are close to their expiration date, or subtle malfunction of your instrument. We strongly encourage you to take a close look at the run in question as well as others performed around that time and/or with the same reagent lots, and to evaluate if patient results might have been similarly affected.

For all analytes, summary tables give the targets and acceptable ranges for each sample and peer group (if $N \geq 3$). We also present graphical comparisons of the results among the different peer groups. In order to compare results between peer groups more easily, average normalized values were calculated for each sample by dividing the individual peer group mean by the median of the means from all peer groups (all method median). The all method medians are used instead of the all lab means to reduce the bias towards methods that are used by a greater proportion of labs. For AFP, PSA and free PSA, we calculated these values relative to the assigned target values (see below) as well as the all method median. Keep in mind when comparing methods that in some of the peer groups the number of results (N) was small. However, the fact that the relative performance for almost all methods has been very constant over the last several years indicates that the results shown reflect the true behavior of each method compared to its peers, at least under the conditions of the NYS Sera and Soluble Tumor Markers Proficiency Test.

Discussion:

CA125 (Table 1, Figure 1): Results were reported by 56 labs using instruments from eight different manufacturers corresponding to seven peer groups with $N \geq 3$. The peer group means ranged from 29% below to 21% above the all method median, with Ortho Clinical Diagnostics being the lowest and Tosoh being the highest. Over half (57%) of the labs were in the two peer groups that fell at or within $\pm 5\%$ of the all method median. The different methods used to measure CA125 are still not very well harmonized, and the reference range cut-off value of 35 U/ml may not apply across the board. Indeed, different laboratories reported cut-off values ranging from 16.3 to 36.0 U/ml suggesting that individual laboratories determine their own reference ranges based on their own patient populations. However, an individual lab's reference range does not necessarily correspond to the lab's method's relative performance in the NYS PT. Consequently, baseline levels for serial measurements should be redetermined if there is a change in the method or instrument used.

CA19-9 (Table 2, Figure 2): Results were reported by 34 labs using instruments from six different manufacturers, three with $N \geq 3$ for peer group grading. Forty-one percent of all reporting labs used Siemens ADVIA Centaur XP, 35% used either Beckman's Unicel or Access/2, and 9% used the Tosoh ST-AIA method. Similar to what has been seen in past events, results from the Siemens Advia Centaur method were almost two-fold those from Beckman and Tosoh, and the Abbott Architect method results averaged 4.7 times higher than the all method median (used by one lab only).

The MUC1 breast cancer antigen was measured by 53 labs, with 62% using an instrument from one of five manufacturers (one with $N=2$) to measure **CA15-3** (Table 3, Figure 3), and the remainder using an instrument from one of two manufacturers to measure **CA27.29** (Table 4, Figure 4). Of the methods used for CA15-3, three were within $\pm 5\%$ of the all method median, whereas the Beckman Unicel/Access results exhibited a notable negative bias, averaging -34% from the all method medians and Siemens Immulite averaged 14% above the median. **CA27.29** measurements showed a 34% difference between the ADVIA Centaur XP/CP and the Tosoh methods, and the median CA27.29 measurements showed a 10-21% concentration dependent positive bias compared to the corresponding median CA15-3 measurements.

CEA (Table 5, Figure 5): Results were reported by 85 labs using instruments from eight different manufacturers corresponding to eight peer groups comprising from 4 to 21 labs. Tosoh AIA exhibited a high positive bias averaging 65% above the median, while all other methods were within +/-15% of the medians suggesting some degree of harmonization among the methods.

For **AFP, PSA and free PSA**, target values were assigned using traceable International Standards. However, for scoring purposes the results were evaluated based on their respective peer group means. For the purpose of method comparison, the tables show the method bias against both the all method medians and the assigned target values, but the graphs show the performance relative only to the assigned targets.

AFP (Table 6, Figure 6): Results were reported by 46 labs using instruments from eight different manufacturers corresponding to eight peer groups. Three of the eight methods, used by 37% of the labs, gave results within +/-5% of the target, but averaged 11% lower than the all method median. The remaining five methods averaged 22% above the target (range 13-29%), with the two Siemens methods, Advia Centaur and Immulite, exhibiting the highest positive bias at +32% and +29%, respectively. Most methods somewhat overestimated AFP levels in our samples, but the overall difference in measurements between most methods is less than 15%, which is a result similar to what has been observed in previous NYS PT events.

PSA (Table 7, Figure 7): Results were reported by 133 labs using instruments from nine manufacturers. Results from two methods, Beckman Unicel/Access and Siemens Dimension (RxL Max Xpand Plus, EXL), were clearly higher than those from the others with both at 23% above the target. Results from the rest of the methods ranged from 1% below the target (Siemens Advia Centaur XP & CP) to 15% above the target (Abbott Architect and Siemens Dimension Vista). These results suggest that there is still a difference in how the different methods are calibrated.

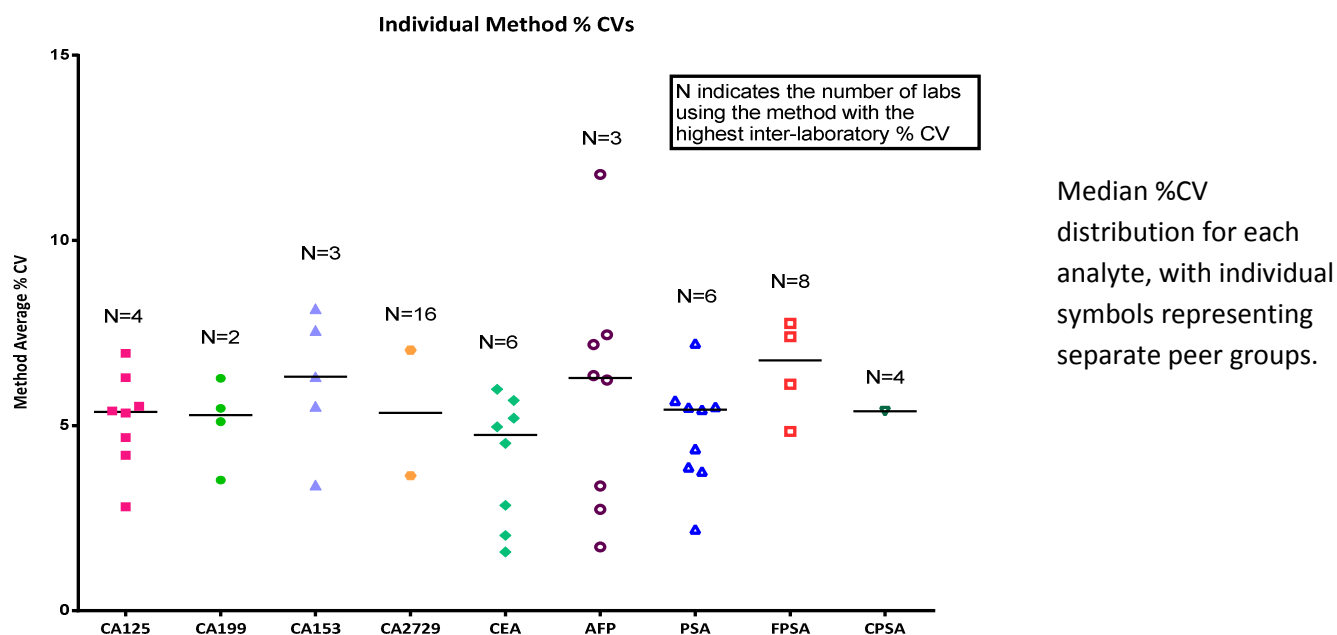
Free PSA (Table 8, Figure 8): Results were reported by 42 labs using instruments from seven manufacturers, but only four had $N \geq 3$. The Beckman Unicel/Access calibrated with the Hybritech standards was the method used by the most labs (36%) and results were distinctly higher than those obtained by the other methods (32% higher than the all method medians and 56% higher than the targets). Abbott Architect was 8% above the all method median and 28% above the assigned targets, while the Siemens Immulite and Dimension were 4% and 8% above the assigned targets, respectively. We calculated % free PSA for each sample using each peer group's respective average PSA and free PSA levels and observed that the differences between methods showed a pattern similar to that of the measured free PSA. Whereas % free PSA from Abbott and Beckman was between +0.5% and 8.2% higher than the values calculated from the IS targets, the % free PSA values for the two Siemens methods were (with one exception) within 1% of the values calculated from the IS targets.

Please note, labs are required to measure and report **free PSA** for **all proficiency test samples** if free PSA

is on their test menu. We understand that this may in some cases be a deviation from a lab's policy in dealing with free PSA and could mean that PT samples are not treated exactly like patient samples.

Finally, only four labs measured **complexed PSA** and all of them used either the Siemens ADVIA-Centaur XP or CP instrument, which exhibited little difference between them and good inter-laboratory agreement, indicated by an average %CV of 5.4% (Table 9).

In conclusion, substantial differences remain between the results obtained with various methods or instruments for some analytes. Furthermore, not all methods appear equally reproducible as indicated by the spread of the average within-method %CVs (see graph below). Most %CVs are <10% but there are some notable outliers, which could at least in part be caused by the low number of labs using that particular method.



While some of the differences between methods may be attributed to the artificial nature of the PT samples, others are more likely due to inherent differences in the assays themselves. We make every effort to minimize the differences that can be attributed to the sample composition and suggest that despite the somewhat artificial nature of the PT samples, the differences between the results obtained by various methods might also be reflected in patient serum samples. Therefore, we encourage labs and physicians to use caution when comparing the results from the same patient measured with different methods on different instruments, since clearly not all methods are equal. For this reason, **we require that the method used be clearly indicated on the patient report** (Oncology Standard OC S1). We also encourage you to educate your physician clients about this potential problem.

We would like to reiterate the following cautionary notes regarding the interpretation of the results from this proficiency test: 1) since some of the assays were done by a small number of labs, the results might be skewed due to a lack of statistical power; 2) it is difficult to make accurate comparisons of results when the % CVs are large; and finally 3) the analyses for PT purposes are done with artificially prepared mixtures of proteins, which may or may not accurately reflect patient derived samples.

Please be aware that even though the Instrument and Reagent fields will usually be pre-populated in EPTRS based on what was previously entered, it is still necessary to confirm that ALL instruments and reagents have been correctly entered prior to final submission, especially when you changed instruments. That information is critical to evaluate your results within the correct peer group or it could (and has) lead to failure if the two peer groups are substantially different. Furthermore, make sure to only select a qualifier (< or >) when your result is below or above your quantifiable range or you may end up with a technical failure. No changes can be made for incorrect or missing information after the submission deadline.

Note: As per new guidelines from CMS, measuring and reporting results from a second instrument is no longer allowed.

Please note that questions regarding the electronic proficiency testing reporting system (EPTRS) account application process and the entry and submission of proficiency test results can be directed to clepeptrs@health.state.ny.us.

The scheduled dates for the remaining 2016 Tumor Marker Proficiency Test events are:

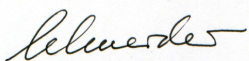
Mail-out date:

May 3, 2016
August 30, 2016

Due date:

May 18, 2016
September 14, 2016

If you have any questions or wish to discuss topics alluded to in this critique, contact Susanne McHale at susanne.mchale@health.ny.gov (518) 486-5775, or myself at erasmus.schneider@health.ny.gov or (518) 473-4856.



Erasmus Schneider, Ph.D.
Director, Oncology Section
Clinical Laboratory Reference System

Table 1: 1-16 NYS Tumor Marker PT Summary for CA 125

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median
Abbott Architect ABH							
TM296	6	14.3	8.9	19.7	5.4	6.85	1.25
TM297	6	50.5	41.4	59.6	9.1	4.61	1.14
TM298	6	50.2	41.2	59.2	9.0	3.75	1.15
TM299	6	32.8	26.9	38.7	5.9	5.09	1.12
TM300	6	21.7	16.3	27.1	5.4	6.41	1.14
					mean ±SD	5.34 1.28	1.16 0.05
Beckman Unicel & Access/2 BCU/BCX							
TM296	13	11.4	6.0	16.8	5.4	8.07	1.00
TM297	13	47.5	39.0	56.1	8.6	4.86	1.07
TM298	13	46.5	38.1	54.9	8.4	5.89	1.06
TM299	13	30.5	25.0	36.0	5.5	4.85	1.04
TM300	13	19.0	13.6	24.4	5.4	7.84	1.00
					mean ±SD	6.30 1.57	1.03 0.03
Roche Elecsys & Cobas BME/BMR							
TM296	4	11.3	5.9	16.7	5.4	5.22	0.99
TM297	4	34.8	28.5	41.1	6.3	4.57	0.79
TM298	4	34.6	28.4	40.8	6.2	3.12	0.79
TM299	4	23.4	18.0	28.8	5.4	3.93	0.80
TM300	4	16.3	10.9	21.7	5.4	4.17	0.86
					mean ±SD	4.20 0.78	0.84 0.09
Siemens Advia Centaur XP & CP COB/COC							
TM296	19	12.3	6.9	17.7	5.4	6.42	1.08
TM297	19	44.2	36.2	52.2	8.0	5.81	1.00
TM298	18	43.8	35.9	51.7	7.9	2.92	1.00
TM299	19	29.4	24.0	34.8	5.4	6.26	1.00
TM300	19	19.1	13.7	24.5	5.4	6.18	1.01
					mean ±SD	5.52 1.47	1.02 0.03
Siemens Immulite 2000 DPB/DPD							
TM296	5	10.0	4.6	15.4	5.4	3.00	0.88
TM297	5	37.9	31.1	44.7	6.8	5.04	0.86
TM298	5	35.8	29.4	42.2	6.4	5.36	0.82
TM299	5	23.8	18.4	29.2	5.4	4.08	0.81
TM300	5	15.6	10.2	21.0	5.4	5.90	0.82
					mean ±SD	4.68 1.15	0.84 0.03
Ortho Clinical Diag Vitros ECi/ECiQ & 5600 JJC/JJF							
TM296	3	5.5	0.1	10.9	5.4	0.00	0.48
TM297	3	35.1	28.8	41.4	6.3	7.07	0.79
TM298	3	35.0	28.7	41.3	6.3	4.71	0.80
TM299	3	19.5	14.1	24.9	5.4	6.67	0.66
TM300	3	11.1	5.7	16.5	5.4	8.56	0.58
					mean ±SD	5.40 3.32	0.71 0.10

continued on next page

Table 1 (cont.): 1-16 NYS Tumor Marker PT Summary for CA 125

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median
Tosoh AIA TOM							
TM296	4	14.7	9.3	20.1	5.4	7.41	1.29
TM297	4	51.5	42.2	60.8	9.3	5.53	1.17
TM298	4	53.0	43.5	62.5	9.5	5.57	1.21
TM299	4	34.1	28.0	40.2	6.1	5.43	1.16
TM300	4	22.9	17.5	28.3	5.4	10.83	1.21
mean ±SD						6.95 2.32	1.21 0.05

Sample ID	N	All Method Median	Median % CV	Min %CV	Max %CV
TM296	56	11.4	5.82	0.00	8.07
TM297	56	44.2	4.95	3.51	7.07
TM298	55	43.8	4.23	2.92	5.89
TM299	56	29.4	4.97	3.80	6.67
TM300	56	19.0	6.29	1.39	10.83
Average			5.25		
Allowable CV %			6.0		
Allowable Error if >= 30 U/ml (+/-) %			18.0		
Allowable Error if < 30 U/ml (+/- U/ml)			5.4		

Figure 1: CA 125 Method Comparison

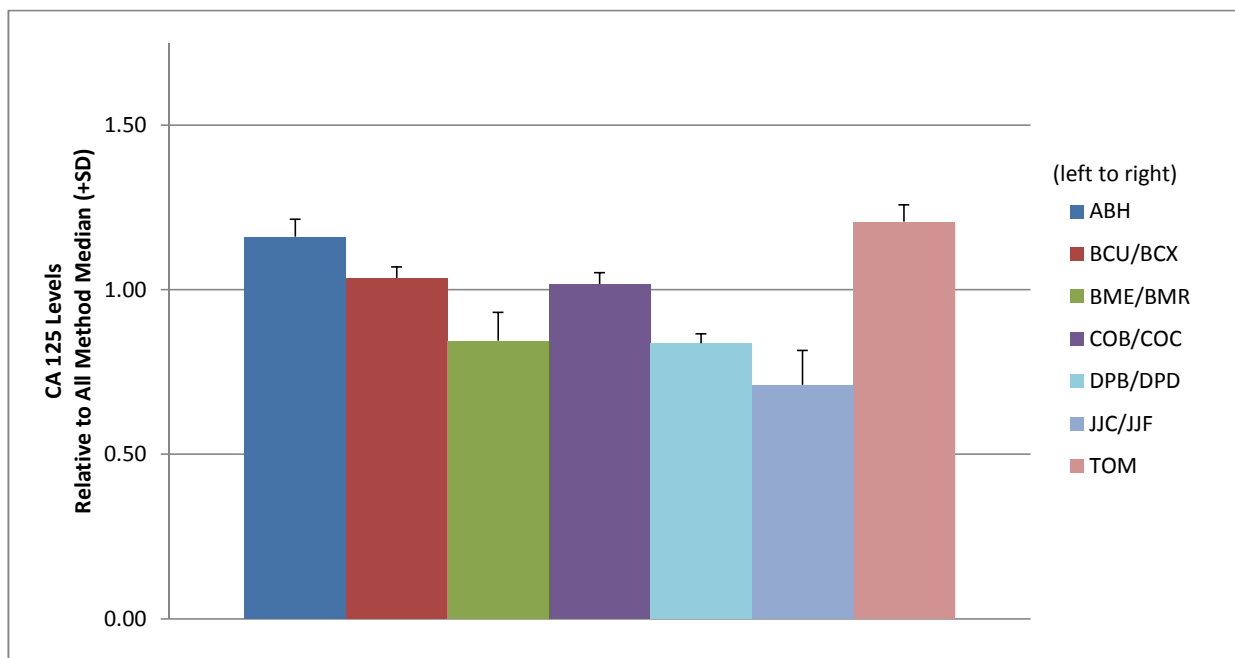


Table 2: 1-16 NYS Tumor Marker PT Summary for CA 19-9

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median		
Beckman Unicel & Access/2 BCU/BCX									
TM296	12	18.5	14.9	22.1	3.6	6.54		0.75	
TM297	12	21.4	17.5	25.3	3.9	4.67		0.96	
TM298	12	62.3	51.1	73.5	11.2	5.39		1.00	
TM299	12	37.0	30.3	43.7	6.7	4.73		1.00	
TM300	12	35.1	28.8	41.4	6.3	4.22		1.00	
					mean ±SD	5.11	0.90	0.94	0.11
Siemens Advia Centaur XP COB									
TM296	14	33.9	27.8	40.0	6.1	5.46		1.37	
TM297	14	41.0	33.6	48.4	7.4	3.80		1.84	
TM298	14	127.9	104.9	150.9	23.0	6.25		2.05	
TM299	14	72.9	59.8	86.0	13.1	6.50		1.97	
TM300	14	66.9	54.9	78.9	12.0	5.35		1.91	
					mean ±SD	5.47	1.06	1.83	0.27
Tosoh AIA TOM									
TM296	3	24.8	20.3	29.3	4.5	1.85		1.00	
TM297	3	22.3	18.3	26.3	4.0	2.47		1.00	
TM298	3	46.1	37.8	54.4	8.3	6.70		0.74	
TM299	3	29.8	24.4	35.2	5.4	2.65		0.81	
TM300	3	32.3	26.5	38.1	5.8	3.99		0.92	
					mean ±SD	3.53	1.94	0.89	0.12
Sample ID	N	All Method Median				Median % CV	Min %CV	Max %CV	
TM296	32	24.8				5.46	1.85	6.54	
TM297	32	22.3				3.80	2.47	4.67	
TM298	32	62.3				6.25	5.39	6.70	
TM299	32	37.0				4.73	2.65	6.50	
TM300	32	35.1				4.22	3.99	5.35	
					Average	4.89			
					Allowable CV %	6.0			
					Allowable Error if ≥ 20 U/ml (+/-) %	18.0			
					Allowable Error if < 20 U/ml (+/- U/ml)	3.6			

Figure 2: CA 19-9 Method Comparison

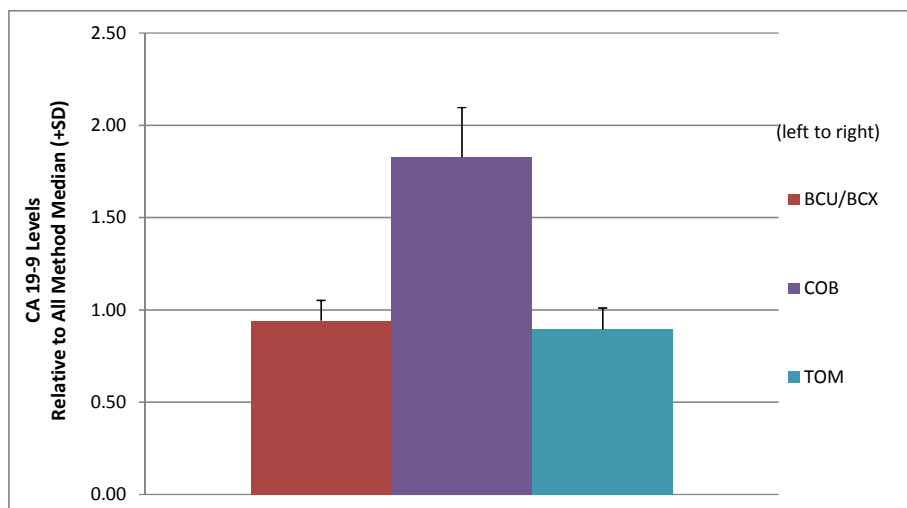


Table 3: 1-16 NYS Tumor Marker PT Summary for CA 15-3

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median
Abbott Architect ABH							
TM296	3	71.1	58.3	83.9	12.8	2.18	0.98
TM297	3	27.9	22.9	32.9	5.0	3.87	0.92
TM298	3	49.3	40.4	58.2	8.9	2.19	0.96
TM299	3	24.6	20.2	29.0	4.4	5.33	0.93
TM300	3	65.9	54.0	77.8	11.9	3.44	1.00
					mean ±SD	3.40 1.29	0.96 0.04
Beckman UniceL & Access/2 BCU/BCX							
TM296	11	47.5	39.0	56.1	8.6	7.98	0.65
TM297	11	20.0	16.4	23.6	3.6	8.90	0.66
TM298	11	33.5	27.5	39.5	6.0	8.39	0.65
TM299	11	17.6	14.4	20.8	3.2	6.19	0.66
TM300	11	44.9	36.8	53.0	8.1	6.39	0.68
					mean ±SD	7.57 1.21	0.66 0.01
Siemens Advia Centaur XP & CP COB/COC							
TM296	13	73.4	60.2	86.6	13.2	6.39	1.01
TM297	12	30.4	24.9	35.9	5.5	4.01	1.00
TM298	13	51.8	42.5	61.1	9.3	6.24	1.01
TM299	13	26.5	21.7	31.3	4.8	4.98	1.00
TM300	13	69.2	56.7	81.7	12.5	6.00	1.05
					mean ±SD	5.52 1.01	1.01 0.02
Siemens Immulite 2000 DPD							
TM296	3	85.4	70.0	100.8	15.4	5.82	1.18
TM297	3	34.1	28.0	40.2	6.1	10.79	1.13
TM298	3	58.7	48.1	69.3	10.6	7.10	1.14
TM299	3	30.5	25.0	36.0	5.5	8.69	1.15
TM300	3	73.6	60.4	86.8	13.2	6.05	1.12
					mean±SD	8.16 2.06	1.14 0.02

continued on next page

Table 3 (cont.): 1-16 NYS Tumor Marker PT Summary for CA 15-3

Sample ID	N	All Method Median	Median % CV	Min %CV	Max %CV
TM296	32	72.3	6.39	2.18	7.98
TM297	31	29.2	6.07	3.87	10.79
TM298	32	50.6	6.24	2.19	8.39
TM299	32	25.6	6.19	4.98	8.69
TM300	32	67.6	6.05	3.44	6.42
Average			6.19		
Allowable CV %			6.0		
Allowable Error (+/-) %			18.0		

Figure 3: CA 15-3 Method Comparison

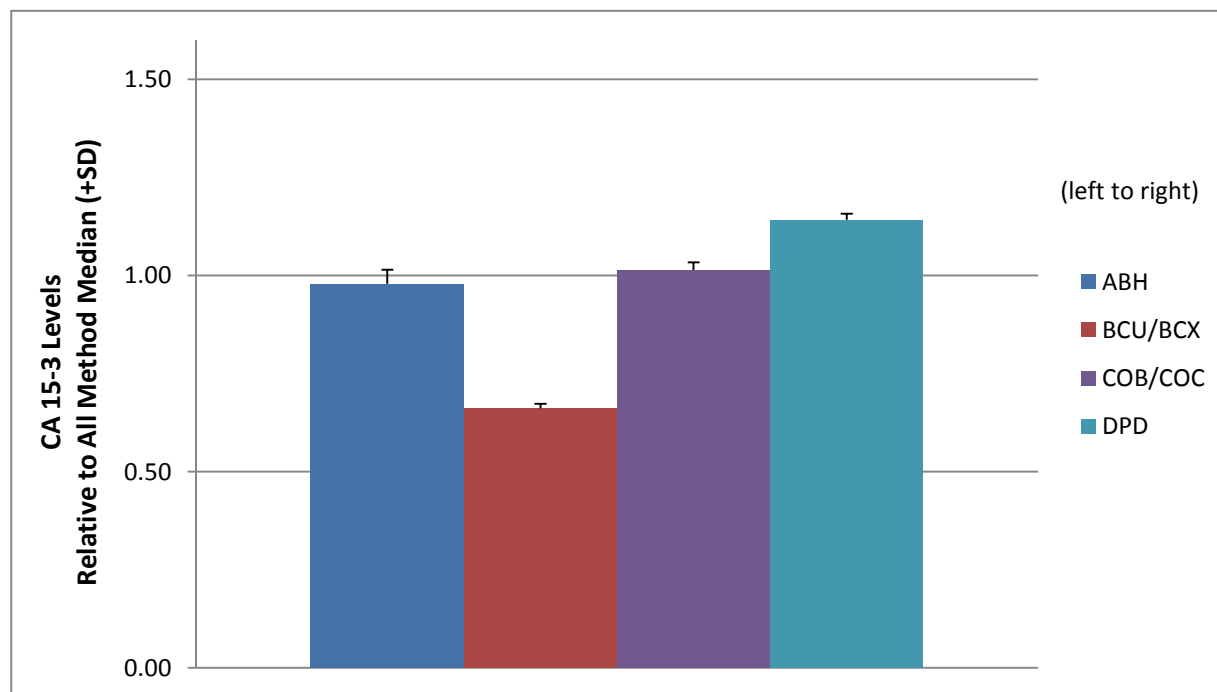


Table 4: 1-16 NYS Tumor Marker PT Summary for CA 27.29

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median
Siemens Advia Centaur XP & CP COB/COC							
TM296	16	104.8	82.8	126.8	22.0	5.25	1.20
TM297	16	38.1	30.1	46.1	8.0	10.18	1.14
TM298	16	72.1	57.0	87.2	15.1	4.91	1.18
TM299	16	31.3	24.0	38.7	7.4	9.20	1.10
TM300	16	97.2	76.8	117.6	20.4	5.68	1.20
						mean ±SD	
						7.04 2.46	1.17 0.04
Tosoh AIA TOM							
TM296	4	69.7	55.1	84.3	14.6	2.97	0.80
TM297	4	28.6	21.3	36.0	7.4	3.08	0.86
TM298	4	49.6	39.2	60.0	10.4	3.95	0.82
TM299	4	25.5	18.2	32.9	7.4	4.86	0.90
TM300	4	64.5	51.0	78.0	13.5	3.38	0.80
						mean ±SD	
						3.65 0.78	0.83 0.04

Sample ID	N	All Method Median	Median % CV	Min %CV	Max %CV
TM296	20	87.3	4.11	2.97	5.25
TM297	20	33.4	6.63	3.08	10.18
TM298	20	60.9	4.43	3.95	4.91
TM299	20	28.4	7.03	4.86	9.20
TM300	20	80.9	4.53	3.38	5.68
Average			5.35		

Allowable CV % 7.0
 Allowable Error if ≥ 35 U/ml (+/-) % 21.0
 Allowable Error if < 35 U/ml (+/- U/ml) 7.35

Figure 4: CA 27.29 Method Comparison

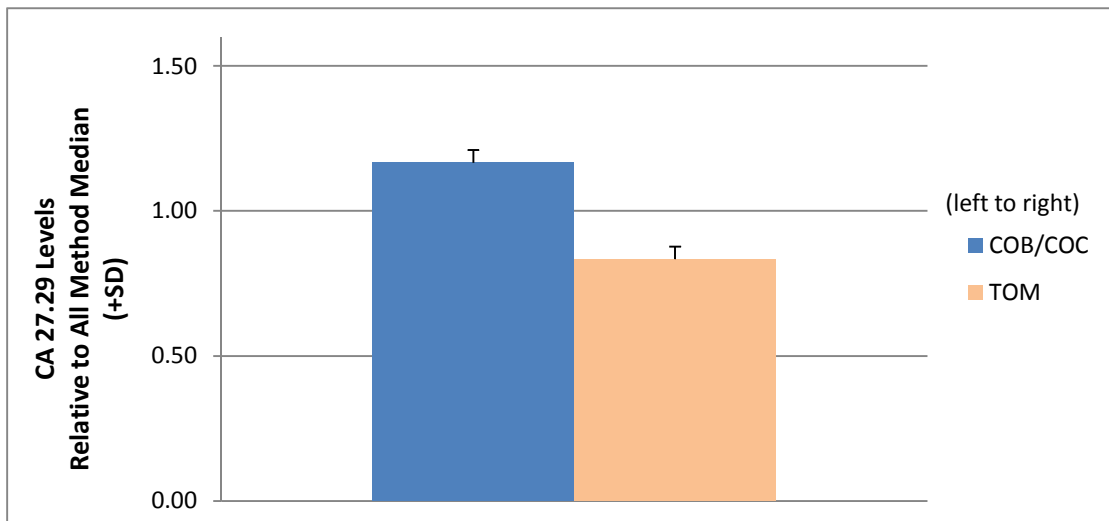


Table 5: 1-16 NYS Tumor Marker PT Summary for CEA

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median
Abbott Architect ABH							
TM296	9	8.6	7.1	10.1	1.5	6.74	1.19
TM297	9	15.7	12.9	18.5	2.8	3.76	1.15
TM298	9	14.1	11.6	16.6	2.5	4.96	1.11
TM299	9	11.1	9.1	13.1	2.0	5.77	1.14
TM300	9	10.7	8.8	12.6	1.9	4.77	1.16
					mean ±SD	5.20 1.12	1.15 0.03
Beckman Unicel & Access/2 BCU/BCX							
TM296	21	7.4	6.1	8.7	1.3	5.68	1.02
TM297	21	13.8	11.3	16.3	2.5	4.42	1.01
TM298	21	13.0	10.7	15.3	2.3	5.31	1.03
TM299	21	10.0	8.2	11.8	1.8	5.60	1.03
TM300	21	9.4	7.7	11.1	1.7	3.83	1.02
					mean ±SD	4.97 0.81	1.02 0.01
Roche Elecsys & Cobas BME/BMR							
TM296	4	6.8	5.6	8.0	1.2	3.24	0.94
TM297	4	12.6	10.3	14.9	2.3	1.19	0.92
TM298	4	11.9	9.8	14.0	2.1	1.26	0.94
TM299	4	9.4	7.7	11.1	1.7	2.98	0.97
TM300	4	8.6	7.1	10.1	1.5	1.51	0.93
					mean ±SD	2.04 0.99	0.94 0.02
Siemens Advia Centaur XP & CP COB/COC							
TM296	20	7.1	5.8	8.4	1.3	7.32	0.98
TM297	20	13.5	11.1	15.9	2.4	4.52	0.99
TM298	20	12.1	9.9	14.3	2.2	5.29	0.96
TM299	20	9.4	7.7	11.1	1.7	4.89	0.97
TM300	20	9.1	7.5	10.7	1.6	6.37	0.98
					mean ±SD	5.68 1.15	0.98 0.01
Siemens Immulite 1000/2000 DPB/DPD							
TM296	3	7.8	6.4	9.2	1.4	5.64	1.08
TM297	3	16.2	13.3	19.1	2.9	7.72	1.19
TM298	3	13.6	11.2	16.0	2.4	4.34	1.08
TM299	3	11.2	9.2	13.2	2.0	4.91	1.15
TM300	3	10.4	8.5	12.3	1.9	0.00	1.12
					mean ±SD	4.52 2.83	1.12 0.05
Siemens Dimension Vista DUV							
TM296	18	6.4	5.2	7.6	1.2	2.97	0.88
TM297	18	13.0	10.7	15.3	2.3	2.69	0.95
TM298	18	12.2	10.0	14.4	2.2	2.62	0.96
TM299	18	9.4	7.7	11.1	1.7	2.55	0.97
TM300	18	8.5	7.0	10.0	1.5	3.41	0.92
					mean ±SD	2.85 0.35	0.94 0.04
Ortho Clinical Diag Vitros ECi/ECiQ & 5600 JJC/JJF							
TM296	6	5.4	4.4	6.4	1.0	6.30	0.74
TM297	6	13.5	11.1	15.9	2.4	4.15	0.99
TM298	6	12.3	10.1	14.5	2.2	6.26	0.97
TM299	6	9.1	7.5	10.7	1.6	8.57	0.94
TM300	5	7.8	6.4	9.2	1.4	4.62	0.84
					mean ±SD	5.98 1.74	0.90 0.10

continued on next page

Table 5 (cont.): 1-16 NYS Tumor Marker PT Summary for CEA

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median
Tosoh AIA TOM							
TM296	4	12.5	10.3	14.8	2.3	1.04	1.72
TM297	4	23.0	18.9	27.1	4.1	2.26	1.68
TM298	4	19.7	16.2	23.2	3.5	1.27	1.56
TM299	4	16.0	13.1	18.9	2.9	1.06	1.65
TM300	4	15.2	12.5	17.9	2.7	2.30	1.64
					mean ±SD	1.59 0.64	1.65 0.06

Sample ID	N	All Method Median	Median % CV	Min %CV	Max %CV
TM296	85	7.3	5.66	1.04	7.32
TM297	85	13.7	3.95	1.19	7.72
TM298	85	12.7	4.65	1.26	6.26
TM299	85	9.7	4.90	1.06	8.57
TM300	84	9.3	3.62	0.00	6.37
Average			4.56		
Allowable CV %			6.0		
Allowable Error if ≥ 5 ng/ml (+/-) %			18.0		
Allowable Error if < 5 ng/ml (+/- ng/ml)			0.9		

Figure 5: CEA Method Comparison

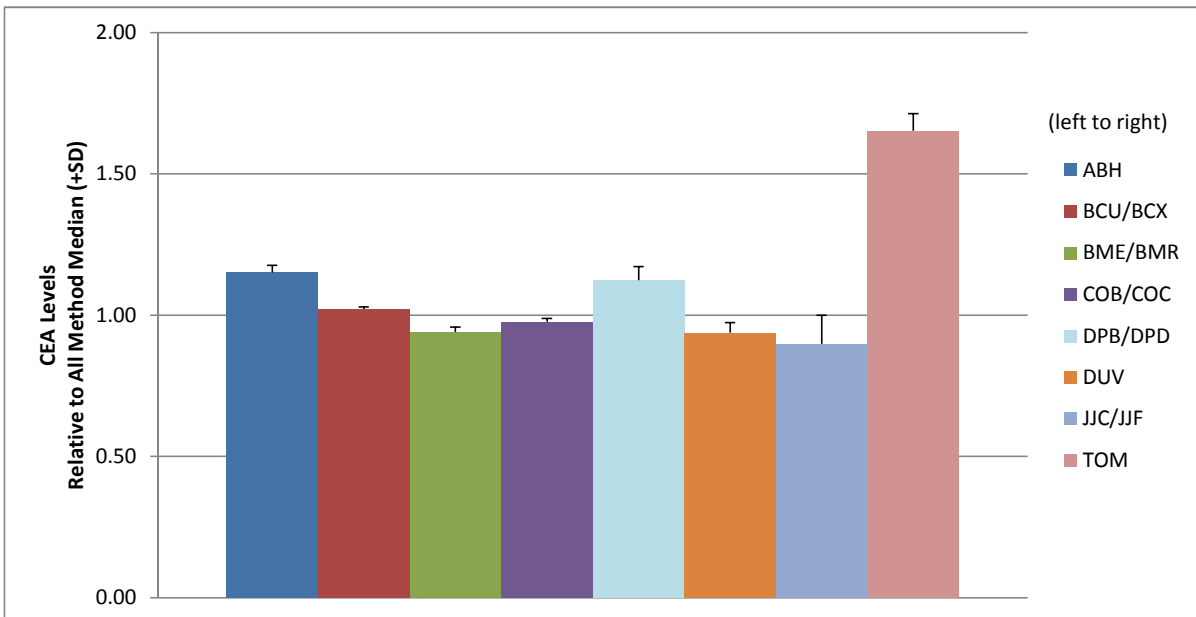


Table 6: 1-16 NYS Tumor Marker PT Summary for AFP

Method Method Code Sample ID	N	Target (Mean)	Lower Limit Based on 3SD	Upper Limit Based on 3SD	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median	Method Bias Relative to IS Target
Abbott Architect ABH								
TM296	4	22.6	20.1	25.1	2.5	3.63	0.93	1.04
TM297	4	11.5	10.3	12.7	1.2	3.39	0.91	1.04
TM298	4	6.2	5.2	7.2	1.0	5.48	0.88	1.07
TM299	4	16.8	16.1	17.5	0.7	1.31	0.93	1.02
TM300	4	27.2	24.7	29.7	2.5	3.01	0.92	1.03
					mean ±SD	3.37 1.49	0.91 0.02	1.04 0.02
Beckman UniceL & Access/2 BCU/BCX								
TM296	12	20.8	16.7	24.9	4.1	6.59	0.86	0.96
TM297	12	11.0	8.5	13.5	2.5	7.45	0.87	1.00
TM298	12	6.1	5.0	7.2	1.1	6.07	0.87	1.06
TM299	12	15.9	13.0	18.8	2.9	6.10	0.88	0.96
TM300	12	26.0	22.2	29.8	3.8	4.92	0.88	0.98
					mean ±SD	6.23 0.92	0.87 0.01	0.99 0.04
Roche Elecsys & Cobas BME/BMR								
TM296	3	24.0	16.0	32.0	8.0	11.08	0.99	1.11
TM297	3	12.5	8.0	17.0	4.5	11.92	0.99	1.13
TM298	3	7.0	4.5	9.6	2.6	12.14	0.99	1.21
TM299	3	17.8	11.7	23.9	6.1	11.40	0.98	1.08
TM300	3	29.6	18.6	40.6	11.0	12.36	1.00	1.12
					mean ±SD	11.78 0.53	0.99 0.01	1.13 0.05
Siemens Advia Centaur XP & CP COB/COC								
TM296	13	27.7	22.0	33.4	5.7	6.86	1.14	1.28
TM297	13	15.0	11.6	18.4	3.4	7.47	1.19	1.36
TM298	13	8.1	5.6	10.6	2.5	10.25	1.15	1.40
TM299	11	21.7	18.9	24.5	2.8	4.29	1.20	1.32
TM300	13	33.2	26.1	40.3	7.1	7.11	1.12	1.25
					mean ±SD	7.19 2.12	1.16 0.03	1.32 0.06
Siemens Immulite 1000 & 2000 DPB/DPD								
TM296	3	28.2	21.0	35.4	7.2	8.51	1.17	1.30
TM297	3	14.6	12.5	16.7	2.1	4.73	1.15	1.33
TM298	3	7.6	5.2	10.0	2.4	10.53	1.08	1.32
TM299	3	20.9	19.0	22.9	2.0	3.11	1.15	1.27
TM300	3	33.4	23.0	43.8	10.4	10.36	1.13	1.26
					mean ±SD	7.45 3.37	1.14 0.03	1.29 0.03
Siemens Dimension Vista DUV								
TM296	5	21.9	21.2	22.6	0.7	1.10	0.90	1.01
TM297	5	11.3	11.1	11.5	0.2	0.71	0.89	1.03
TM298	5	6.4	5.9	6.9	0.5	2.66	0.91	1.11
TM299	5	16.5	15.4	17.6	1.1	2.24	0.91	1.00
TM300	5	26.6	25.1	28.1	1.5	1.92	0.90	1.00
					mean ±SD	1.72 0.81	0.90 0.01	1.03 0.04
Ortho Clinical Diag Vitros EC/ECiQ & 5600 JJC/JJF								
TM296	3	25.4	20.5	30.4	5.0	6.50	1.05	1.17
TM297	3	13.3	10.5	16.2	2.9	7.14	1.05	1.21
TM298	3	7.1	5.5	8.7	1.6	7.46	1.01	1.23
TM299	3	19.3	16.3	22.3	3.0	5.23	1.06	1.17
TM300	3	30.9	25.9	35.9	5.0	5.44	1.04	1.17
					mean ±SD	6.35 1.00	1.04 0.02	1.19 0.03

continued on next page

Table 6 (cont.): 1-16 NYS Tumor Marker PT Summary for AFP

Method Method Code Sample ID	N	Target (Mean)	Lower Limit Based on 3SD	Upper Limit Based on 3SD	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median	Method Bias Relative to IS Target
Tosoh AIA TOM								
TM296	3	24.4	22.2	26.6	2.2	2.95	1.01	1.13
TM297	3	12.8	11.9	13.7	0.9	2.27	1.01	1.16
TM298	3	7.2	6.8	7.7	0.5	2.08	1.02	1.25
TM299	3	18.5	16.2	20.8	2.3	4.11	1.02	1.12
TM300	3	29.7	27.7	31.7	2.0	2.29	1.00	1.12
mean ±SD						2.74 0.83	1.01 0.01	1.16 0.05

Sample ID	N	All Method Median	IS based Target	SD	Median % CV	Min %CV	Max %CV	All Method Median/ IS Target
TM296	46	24.2	21.7	3.92	6.54	1.10	11.08	1.12
TM297	46	12.7	11.0	2.10	5.93	0.71	11.92	1.15
TM298	46	7.1	5.8	0.94	6.77	2.08	12.14	1.22
TM299	44	18.2	16.5	2.92	4.20	1.31	11.40	1.10
TM300	46	29.7	26.5	4.60	5.18	1.92	12.36	1.12
Average					5.72	mean ±SD		1.14 0.05

Allowable Error = +/-3SD

Figure 6: AFP Method Comparison

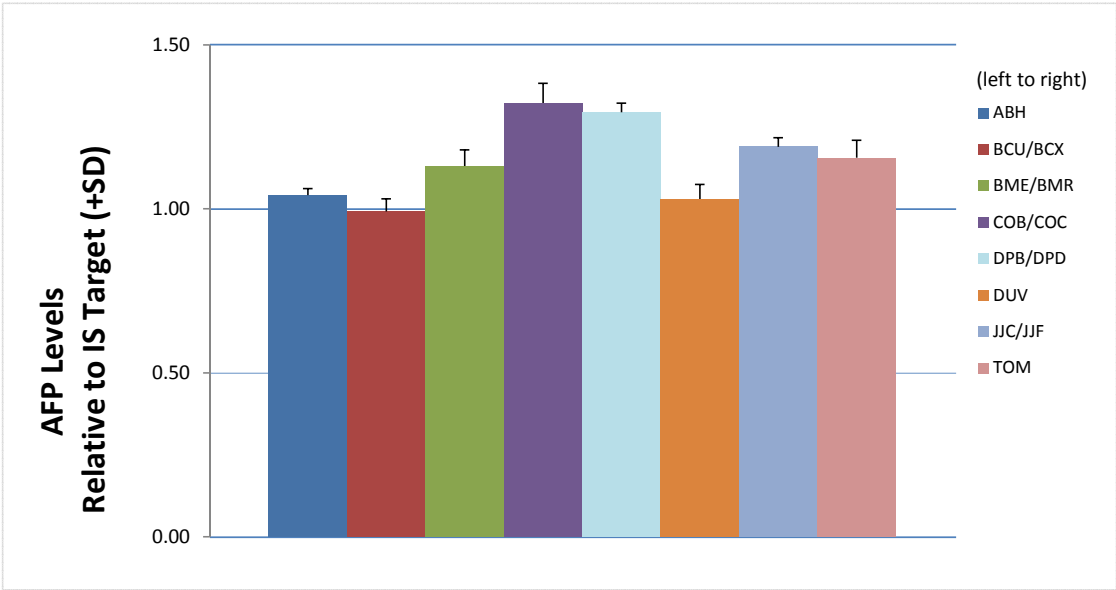


Table 7: 1-16 NYS Tumor Marker PT Summary for PSA

							Method Bias				
Method	Method Code						Relative to		Method Bias		
Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	All Method Median		Relative to IS Target		
Abbott Architect											
ABH											
TM296	12	8.26	6.77	9.75	1.49	3.75	1.03		1.19		
TM297	12	2.44	2.00	2.88	0.44	3.69	1.03		1.15		
TM298	12	1.18	0.97	1.39	0.21	5.93	1.01		1.08		
TM299	12	3.72	3.05	4.39	0.67	3.23	1.04		1.19		
TM300	12	13.55	11.11	15.99	2.44	2.21	1.04		1.13		
					mean ±SD	3.76	1.36	1.03	0.01	1.15	0.04
Beckman Unicel & Access/2 (Hybritech Calibration)											
BCU/BCX (HYB)											
TM296	31	8.85	7.26	10.44	1.59	3.84	1.10		1.27		
TM297	31	2.60	2.13	3.07	0.47	4.23	1.10		1.22		
TM298	31	1.26	1.03	1.49	0.23	3.97	1.08		1.16		
TM299	31	3.87	3.17	4.57	0.70	4.65	1.08		1.24		
TM300	31	14.87	12.19	17.55	2.68	5.18	1.14		1.24		
					mean ±SD	4.37	0.55	1.10	0.03	1.23	0.04
Roche Elecsys & Cobas											
BME/BMR											
TM296	9	7.85	6.44	9.26	1.41	2.68	0.98		1.13		
TM297	10	2.35	1.93	2.77	0.42	4.26	0.99		1.10		
TM298	10	1.17	0.96	1.38	0.21	5.13	1.00		1.07		
TM299	10	3.44	2.82	4.06	0.62	4.94	0.96		1.10		
TM300	9	13.02	10.68	15.36	2.34	2.38	1.00		1.09		
					mean ±SD	3.88	1.28	0.99	0.02	1.10	0.02
Siemens Advia Centaur XP & CP											
COB/COC											
TM296	24	7.01	5.75	8.27	1.26	5.28	0.88		1.01		
TM297	24	2.15	1.76	2.54	0.39	5.12	0.91		1.01		
TM298	24	1.07	0.88	1.26	0.19	5.61	0.91		0.98		
TM299	24	3.13	2.57	3.69	0.56	5.43	0.87		1.00		
TM300	24	11.63	9.54	13.72	2.09	6.02	0.89		0.97		
					mean ±SD	5.49	0.35	0.89	0.02	0.99	0.02
Siemens Immulite 1000, 2000 - Original Pack											
DPB, DPD (DP5)											
TM296	6	8.01	6.57	9.45	1.44	6.99	1.00		1.15		
TM297	6	2.38	1.95	2.81	0.43	8.40	1.00		1.12		
TM298	5	1.08	0.89	1.27	0.19	8.33	0.92		0.99		
TM299	5	3.62	2.97	4.27	0.65	6.08	1.01		1.16		
TM300	6	13.05	10.70	15.40	2.35	6.28	1.00		1.09		
					mean ±SD	7.22	1.10	0.99	0.04	1.10	0.07
Siemens Dimension RxL Max, Xpand Plus, EXL											
DUD/DUX											
TM296	14	8.96	7.35	10.57	1.61	5.80	1.12		1.29		
TM297	14	2.56	2.10	3.02	0.46	5.86	1.08		1.20		
TM298	14	1.24	1.02	1.46	0.22	5.65	1.06		1.14		
TM299	14	3.96	3.25	4.67	0.71	5.05	1.10		1.27		
TM300	14	15.04	12.33	17.75	2.71	4.79	1.15		1.25		
					mean±SD	5.43	0.48	1.10	0.04	1.23	0.06
Siemens Dimension Vista											
DUV											
TM296	19	8.03	6.58	9.48	1.45	1.99	1.00		1.16		
TM297	18	2.37	1.94	2.80	0.43	2.53	1.00		1.11		
TM298	17	1.17	0.96	1.38	0.21	2.56	1.00		1.07		
TM299	18	3.59	2.94	4.24	0.65	1.67	1.00		1.15		
TM300	18	13.41	11.00	15.82	2.41	2.24	1.03		1.12		
					mean ±SD	2.20	0.38	1.01	0.01	1.12	0.03

continued on next page

Table 7 (cont.): 1-16 NYS Tumor Marker PT Summary for PSA

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data		Method Bias Relative to All Method Median		Method Bias Relative to IS Target	
Ortho Clinical Diag Vitros ECI/ECiQ & 5600 JJC/JJF											
TM296	10	6.98	5.72	8.24	1.26	5.01		0.87		1.00	
TM297	10	2.20	1.80	2.60	0.40	4.55		0.93		1.03	
TM298	10	1.02	0.84	1.20	0.18	4.90		0.87		0.94	
TM299	10	3.29	2.70	3.88	0.59	6.08		0.92		1.05	
TM300	10	11.45	9.39	13.51	2.06	7.86		0.88		0.95	
					mean ±SD	5.68	1.35	0.89	0.03	1.00	0.05
Tosoh AIA TOM											
TM296	6	7.85	6.44	9.26	1.41	5.35		0.98		1.13	
TM297	6	2.33	1.91	2.75	0.42	5.15		0.98		1.09	
TM298	6	1.17	0.96	1.38	0.21	6.84		1.00		1.07	
TM299	6	3.54	2.90	4.18	0.64	4.52		0.99		1.13	
TM300	6	12.81	10.50	15.12	2.31	5.70		0.98		1.07	
					mean ±SD	5.51	0.86	0.99	0.01	1.10	0.03
Sample ID	N	All Method Median	IS based Target	SD	Median % CV	Min %CV	Max % CV	All Method Median/ IS Target			
TM296	129	8.01	6.95	0.52	5.01	1.99	6.99	1.15			
TM297	129	2.37	2.13	0.11	4.55	2.53	8.40	1.11			
TM298	128	1.17	1.09	0.13	5.61	2.56	8.33	1.07			
TM299	129	3.59	3.13	0.25	4.94	1.67	6.08	1.15			
TM300	128	13.05	12.00	1.00	5.18	2.21	7.86	1.09			
Average					5.06			mean ±SD		1.11	0.04
Allowable CV %					6.00						
Allowable Error (+/-)%					18.0						

Figure 7: PSA Method Comparison

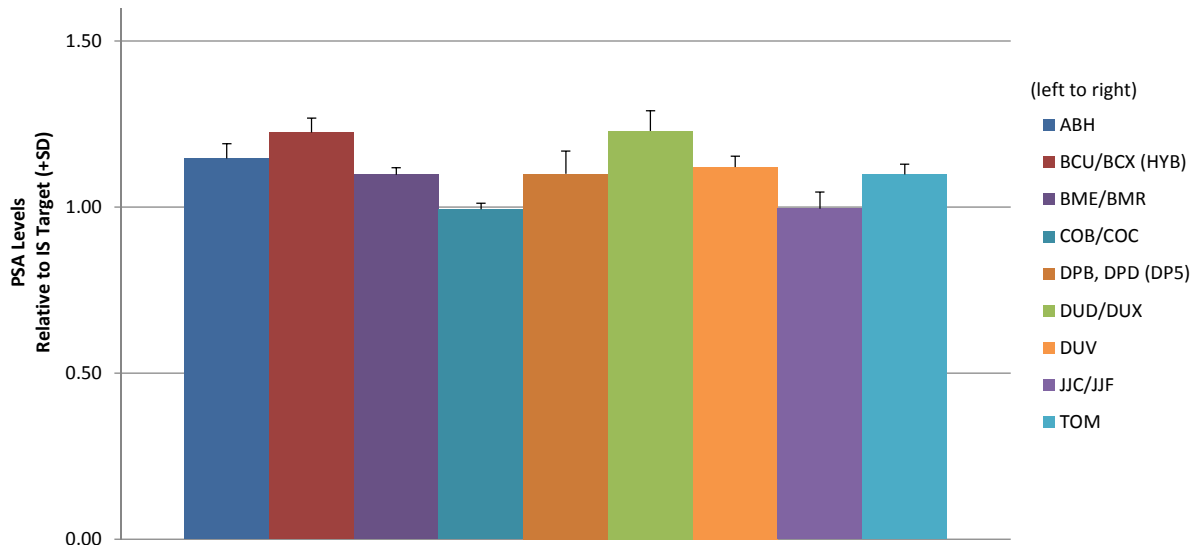


Table 8: 1-16 NYS Tumor Marker PT Summary for Free PSA

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median	Method Bias Relative to IS Target	% free PSA (calculated)
Abbott Architect ABH									
TM296	6	0.69	0.57	0.81	0.12	8.55	1.10	1.26	8.4%
TM297	6	0.60	0.49	0.71	0.11	6.83	1.10	1.32	24.6%
TM298	6	0.28	0.19	0.37	0.09	6.79	1.06	1.31	23.7%
TM299	6	0.32	0.23	0.41	0.09	8.13	1.08	1.26	8.6%
TM300	6	1.12	0.92	1.32	0.20	6.70	1.08	1.23	8.3%
mean ±SD 7.40 0.87 1.08 0.02 1.28 0.04									
Beckman Unicel & Access/2 (Hybritech Calibration) BCU/BCX (HYB)									
TM296	14	0.85	0.70	1.00	0.15	4.94	1.35	1.55	9.6%
TM297	15	0.71	0.58	0.84	0.13	6.20	1.30	1.56	27.3%
TM298	15	0.35	0.26	0.44	0.09	9.43	1.32	1.64	27.8%
TM299	15	0.39	0.30	0.48	0.09	5.64	1.32	1.53	10.1%
TM300	15	1.36	1.12	1.60	0.24	4.41	1.31	1.50	9.1%
mean ±SD 6.12 1.97 1.32 0.02 1.56 0.05									
Siemens Immulite 2000 DPD									
TM296	8	0.57	0.47	0.67	0.10	5.79	0.90	1.04	7.1%
TM297	8	0.49	0.40	0.58	0.09	5.92	0.90	1.08	20.6%
TM298	8	0.25	0.16	0.34	0.09	10.80	0.94	1.17	23.1%
TM299	8	0.27	0.18	0.36	0.09	9.63	0.92	1.06	7.5%
TM300	8	0.96	0.79	1.13	0.17	6.67	0.92	1.06	7.4%
mean ±SD 7.76 2.30 0.92 0.02 1.08 0.05									
Siemens Dimension Vista DUV									
TM296	8	0.57	0.47	0.67	0.10	3.51	0.90	1.04	7.1%
TM297	8	0.48	0.39	0.57	0.09	3.13	0.88	1.06	20.3%
TM298	8	0.22	0.13	0.31	0.09	6.82	0.83	1.03	18.8%
TM299	8	0.27	0.18	0.36	0.09	7.41	0.92	1.06	7.5%
TM300	8	0.93	0.76	1.10	0.17	3.33	0.89	1.02	6.9%
mean ±SD 4.84 2.09 0.89 0.03 1.04 0.02									

Sample ID	N	All Method Median	IS based Targ	SD	Median % CV	All Method Median/ IS Target	% free PSA calculated from IS Targets	Measured %fPSA
TM296	37	0.63	0.55	0.04	5.37	1.15	7.9%	6.4%
TM297	38	0.55	0.45	0.03	6.06	1.20	21.3%	18.5%
TM298	38	0.27	0.21	0.02	8.12	1.24	19.6%	18.7%
TM299	38	0.30	0.25	0.02	7.77	1.16	8.1%	6.7%
TM300	38	1.04	0.91	0.07	5.54	1.14	7.6%	6.3%
						mean ±SD		
						1.18 0.04		
						Average		
						6.57		
						Allowable CV %		
						6.0		
						Allowable Error if >= 0.5 ng/ml (+/-)%		
						18.0		
						Allowable Error if < 0.5 ng/ml (+/- ng/ml)		
						0.09		

Figure 8: Free PSA Method Comparison

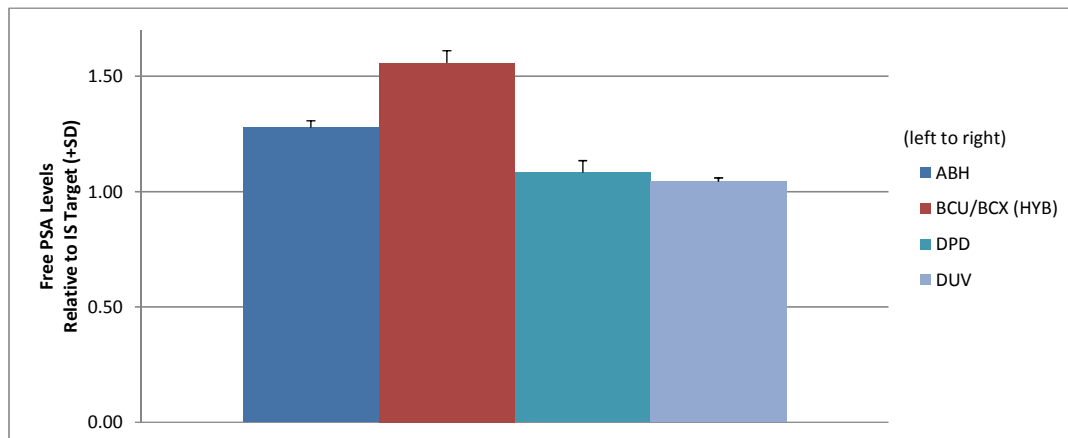


Table 9: 1-16 NYS Tumor Marker PT Summary for Complexed PSA

Method Method Code Sample ID	N	Target (Mean)	Lower Limit	Upper Limit	Dmax (+/-)	%CV of Raw Data	Method Bias Relative to All Method Median
Siemens Advia Centaur XP & CP COB/COC							
TM296	4	7.0	5.7	8.2	1.3	6.91	1.00
TM297	4	1.8	1.4	2.1	0.4	4.57	1.00
TM298	4	0.9	0.7	1.0	0.2	7.06	1.00
TM299	4	3.1	2.5	3.6	0.6	4.26	1.00
TM300	4	11.8	9.7	13.9	2.1	4.15	1.00
mean ±SD						5.39 1.46	1.00 0.00

Sample ID	N	All Method Median	Median % CV
TM296	4	7.0	6.91
TM297	4	1.8	4.57
TM298	4	0.9	7.06
TM299	4	3.1	4.26
TM300	4	11.8	4.15
Average			5.39
Allowable CV %			6.0
Allowable Error (+/-)%			18.0