



## **Educational Discussion**

### **2022-A Accuracy-Based Urine (ABU)**

The Laboratory Working Group of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the International Federation of Clinical Chemistry (IFCC) Working Group on Standardization of Albumin in Urine (WG-SAU) are collaborating to facilitate the development of reference measurement procedures for urine albumin. Candidate reference measurement procedures (cRMPs) for urine albumin are under development at the National Institute of Standards and Technology (NIST), the Mayo Clinic Renal Function Laboratory, the University of Minnesota, and the Chemical Metrology Division of the Health Sciences Authority in Singapore.

Urine albumin target values for the 2013-2020 ABU Surveys were based on value assignments provided by the Mayo Clinic Renal Function Laboratory. However, comparisons among the cRMPs have suggested that metrological traceability of calibrations needs to be refined. In 2021, we recommend using all-method mean values for self-assessment purposes. Beginning in 2022, participant results for albumin are formally evaluated against the all-method mean values, until the reference system network is further developed. This information provides assessment of the agreement of results among the measurement procedures represented in the Survey. Participant results for creatinine are graded against the reference measurement procedure target value, provided by the CDC Reference Laboratory, Division of Laboratory Sciences, Centers for Disease Control and Prevention. The albumin-to-creatinine ratio (ACR) is not graded. The 2022 ABU Survey evaluation criteria for each analyte are shown above.

For ABU-A 2022, the overall albumin participant pass rates were 97.7%, 100%, and 97.7% for specimens ABU-01, ABU-02 and ABU-03, respectively. The overall participant pass rates for creatinine were 94%, 92% and 92%, respectively. The ABU Survey materials are prepared from minimally processed human urine to ensure the materials are commutable with clinical urine samples and can be used to evaluate agreement among measurement procedures. These data suggest that current agreement among measurement procedures is good for urine albumin and for urine creatinine, and therefore also good for the albumin-to-creatinine ratio.

Lorin Bachmann, PhD, DABCC  
Greg Miller, PhD, DABCC  
For the Accuracy-Based Programs Committee