

White Paper

# **ADVIA Centaur Vitamin D Total Assay\* Accurately Measures Patients on Vitamin D Supplementation**

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## Introduction

The influence of supplementation on the ability of immunoassays to accurately measure and monitor vitamin D has been under recent discussion,<sup>1,2</sup> especially as more vitamin D automated immunoassays are available to laboratories for testing. In this study, patient samples were examined before and after supplementation in order to determine the impact of vitamin D supplementation on the ADVIA Centaur® Vitamin D Total assay\*.

## Background

Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and the regulation of calcium homeostasis. Aiding renal absorption of calcium, vitamin D is essential for the formation and maintenance of strong, healthy bones. Vitamin D deficiency can be best diagnosed using 25(OH)vitamin D versus the other vitamin D metabolites because 25(OH)vitamin D levels in serum reflect the body's storage levels of vitamin D and correlate with the clinical symptoms of vitamin D deficiencies. Vitamin D supplementation can occur in the form of vitamin D<sub>2</sub> or D<sub>3</sub>. It is important that a vitamin D assay is able to measure both 25(OH)vitamin D<sub>2</sub> and D<sub>3</sub>.

## Study Design

In order to determine the influence of vitamin D supplementation on a vitamin D immunoassay, 18 serial serum samples were collected from San Francisco General Hospital (SFGH), San Francisco, California, from May 2012 to February 2013. Patients considered deficient in vitamin D by in-house LC/MS/MS at SFGH were placed on vitamin D supplementation which could have occurred by D<sub>2</sub> or D<sub>3</sub> supplementation. Follow-up measurement was conducted approximately three months after the initial draw. Samples were collected, aliquotted, and stored at -20°C, and then sent to Siemens Healthcare Diagnostics (Tarrytown, NY) for vitamin D concentration determination using the ADVIA Centaur Vitamin D Total assay and in-house LC/MS/MS. The ADVIA Centaur Vitamin D Total assay\* used in this

study is traceable to the Ghent University ID-LC/MS/MS 25(OH)vitamin D Reference Method Procedure (RMP), which is a reference laboratory for the Vitamin D Standardization Program (VDSP).<sup>†</sup>

## Results

The 18 initial samples ranged from 11.1 to 25.6 ng/mL, with a mean of 15.4 ng/mL. Post supplementation, the samples ranged from 10.1 to 71.4 ng/mL with a mean of 25.5 ng/mL (Table 1). The average bias to the Siemens internal LC/MS/MS for samples at initial draw was -4.6% and the average bias post-supplementation was -0.9%. While the bias in some of the initial patient samples varied considerably from the mean (-27% to 33%), in post-supplemented patients the bias dropped (ranging from -13% to 7%). This demonstrates there was not a significant bias observed for the ADVIA Centaur compared to LC/MS/MS due to patients being supplemented with high levels of D<sub>2</sub> supplementation (Figure 1).

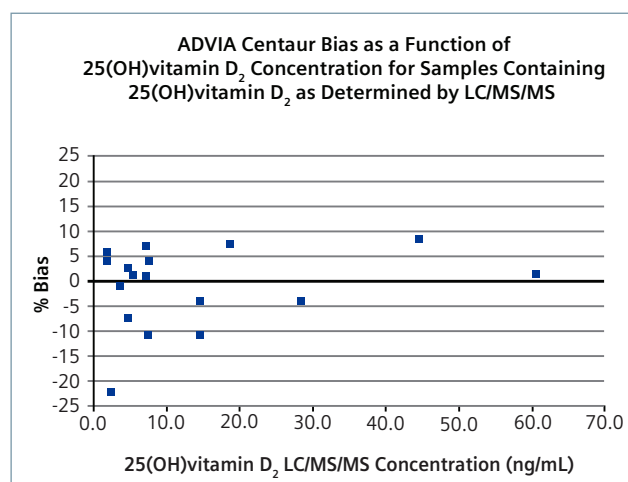


Figure 1. ADVIA Centaur bias as a function of 25(OH)vitamin D<sub>2</sub> concentration for samples containing 25(OH)vitamin D<sub>2</sub> as determined by LC/MS/MS

In this series of patients, 10 out of 18 had higher levels of vitamin D post-supplementation, whereas 8 out of 18 had no significant change in levels. This data may reflect the duration or type of supplementation, patient non-compliance, and/or gastrointestinal absorption disorders.

**Table 1.** ADVIA Centaur Vitamin D Total Assay Bias to LC/MS/MS in Serially Collected Samples.

Sample	D <sub>2</sub>	D <sub>3</sub>	Total	ADVIA Centaur	Bias
01A	<1.5	16.0	16.0	11.7	-27%
01B	46.9	8.7	55.6	59.8	8%
02A	3.5	8.2	11.7	11.5	-1%
02B	<1.5	10.4	10.4	10.5	2%
03A	<1.5	13.8	13.8	12.5	-9%
03B	<1.5	12.2	12.2	13.1	7%
04A	<1.5	14.4	14.4	15.1	5%
04B	<1.5	14.0	14.0	13.0	-7%
05A	5.9	6.5	12.4	12.8	3%
05B	2.6	6.9	9.5	10.1	6%
06A	<1.5	13.3	13.3	12.1	-9%
06B	<1.5	11.7	11.7	12.4	6%
07A	<1.5	12.4	12.4	16.4	33%
07B	17.3	8.6	25.9	27.8	7%
08A	7.9	14.8	22.7	23.6	4%
08B	8.0	14.9	22.9	20.3	-11%
09A	<1.5	17.0	17.0	13.0	-24%
09B	<1.5	15.7	15.7	13.6	-13%
10A	<1.5	18.2	18.2	17.3	-5%
10B	<1.5	29.4	29.4	26.4	-10%
11A	<1.5	14.7	14.7	13.4	-9%
11B	14.2	4.2	18.4	17.6	-4%
12A	<1.5	13.0	13.0	12.8	-1%
12B	7.7	16.0	23.7	23.9	1%
13A	<1.5	21.3	21.3	18.2	-14%
13B	28.6	12.5	41.1	39.4	-4%
14A	<1.5	11.8	11.8	11.1	-6%
14B	14.4	5.3	19.6	17.5	-11%
15A	4.1	7.9	12.0	11.2	-7%
15B	3.6	9.3	12.9	12.7	-1%
16A	6.2	9.3	15.5	15.7	1%
16B	<1.5	42.1	42.1	41.3	-2%
17A	2.6	30.3	32.9	25.6	-22%
17B	60.5	9.2	69.7	71.4	2%
18A	2.6	19.6	22.2	23.1	4%
18B	7.8	18.9	26.7	28.7	7%

Table 2 demonstrates that the ADVIA Centaur Vitamin D Total assay showed 94.5% clinical concordance (correctly identifying patients for deficiency, insufficiency, or sufficiency) with the Siemens LC/MS/MS through all 18 sample sets, and 100% clinical concordance in those samples post-supplementation. Deficiency levels are values <20 ng/mL, insufficiency levels are values between 20-30 ng/mL, and sufficiency levels are values > 30 ng/mL.

**Table 2.** Clinical Concordance between the ADVIA Centaur and LC/MS/MS values.

	ADVIA Centaur	LC/MS/MS
Deficient	24	23
Insufficient	8	8
Sufficient	4	5

Of particular interest in Table 3 are the seven patients where a high increase in 25(OH)vitamin D<sub>2</sub> levels had a corresponding decrease in 25(OH)vitamin D<sub>3</sub> levels. This is consistent with other findings that suggest the body adjusts for the 25(OH)vitamin D<sub>3</sub> levels as 25(OH)vitamin D<sub>2</sub> levels increase.<sup>3,4</sup>

**Table 3.** Serial Samples with Increased 25(OH)Vitamin D<sub>2</sub>

Sample	D <sub>2</sub>	D <sub>3</sub>	Total	ADVIA Centaur
01A	<1.5	16.0	16.0	11.7
01B	46.9	8.7	55.6	59.8
07A	<1.5	12.4	12.4	16.4
07B	17.3	8.6	25.9	27.8
11A	<1.5	14.7	14.7	13.4
11B	14.2	4.2	18.4	17.6
13A	<1.5	21.3	21.3	18.2
13B	28.6	12.5	41.1	39.4
14A	<1.5	11.8	11.8	11.1
14B	14.4	5.3	19.6	17.5
17A	2.6	30.3	32.9	25.6
17B	60.5	9.2	69.7	71.4
18A	2.6	19.6	22.2	23.1
18B	7.8	18.9	26.7	28.7

## Summary

This study demonstrates that the ADVIA Centaur Vitamin D Total assay\* traceable to the 25(OH)vitamin D RMP<sup>†</sup> was shown to be as accurate as LC/MS/MS in assessing vitamin D levels for patients on vitamin D supplementation.

\* The assay is standardized using the Ghent University's ID-LC/MS/MS 25(OH)vitamin D RMP. This version of the ADVIA Centaur Vitamin D Total assay is not available for sale in the US.

† Ghent University's ID-LC/MS/MS 25(OH)vitamin D RMP is traceable to the NIST SRM 2972,<sup>5,6</sup> and is a reference laboratory for the Vitamin D Standardization Program (VDSP).

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