UK NEQAS

Leucocyte Immunophenotyping

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Performance Monitoring System for Leukaemia Diagnostic Interpretation Programme

Outline

This programme is designed to assess a laboratory's ability to diagnose leukaemia using a full spectrum of laboratory tests. No samples are issued for this, the programme is totally web-based.

Trial Frequency

Each trial (send out) is issued bimonthly (minimum 4 times and maximum 6 times per annum).

Scoring System Classification

The scoring system is based upon the Correct Diagnosis established by an expert panel/committee. A performance score is produced on the basis of comparing a participant's diagnosis returned to the correct diagnosis.

Scoring System Operation

Performance Scores are assigned by comparing a participant's submitted diagnosis to the Correct Diagnosis which has been established by an expert panel/committee from all of the data provided including clinical presentation, morphology, immunophenotype, cytogenetic and molecular genetic data. On rare occasions, this may not be the consensus diagnosis.

The consensus diagnosis is the diagnosis selected by the majority of participants.

A Differential Diagnosis is such that the diagnosis is deemed plausible in the absence of further pathological tests, and the majority of the Expert Committee is in agreement. If your diagnosis falls into this category, you will be assigned a score of zero.

An Incorrect Diagnosis is one that does not utilise all of the available information to establish either the correct or differential diagnosis. It could also be a diagnosis that may lead clinicians to give sub-optimal therapy. This classification would also be used where a submitted diagnosis has either assumed or introduced pathologies other than those provided in the trial data set. This performance is classed as unsatisfactory.

The table below shows the performance scores assigned for the various diagnosis classification.

Definition of diagnosis	Score Assigned
Correct	0
Differential	0
Incorrect	50

Any laboratory which fails to return a result by the closing date will be regarded as an incorrect diagnosis and will attract 50 points and therefore be classed as unsatisfactory. To avoid non returns, it is important that if your laboratory only undertakes immunophenotyping, but diagnostic interpretation is performed elsewhere, then the laboratory/centre that ultimately performs the diagnostic interpretation completes the Leukaemia Diagnostic Interpretation section.

The running score is a running cumulative of the performance scores over the last 3 samples, thus the latest performance score will replace the oldest score of the three. A running score of 100 or above is classed as Unsatisfactory Performance but at this time the Leukaemia Diagnostic Interpretation Programme is classed as educational and therefore no action is taken regarding unsatisfactory performance.

As with all scoring systems it is important to note that these will be constantly reviewed to determine whether they are providing the information required. The director and deputy director of the scheme retain the discretion to determine if an individual trial should not be scored.