

AACC Position on eAG

AACC Position on Reporting and Use of Estimated Average Glucose in Diabetes
[This is limited to the eAG issue and does not address compliance with the IFCC standard.]

Whereas,

1. The American Diabetes Association (ADA) has called for laboratories to express HbA1c results as estimated average blood glucose (eAG).
2. ADA believes that eAG will be easier for patients to understand and will lead to improved management of diabetes.
3. At the current time, ADA has asked that eAG be reported as an adjunct to HbA1c.
4. There is one published study¹ in the peer-reviewed literature that demonstrates that it is reasonable to report HbA1c results to eAG without significant loss of information for the studied population.
5. It appears that clinicians and laboratories in different countries may decide on different approaches to reporting eAG.

AACC believes that:

1. In light of the published data and significant clinician interest, it is appropriate for laboratories in the United States to report eAG along with A1c results.
2. Absent global agreement, decisions about how this issue should be addressed in other countries should be left to the appropriate groups within those countries.
3. At the current time, there is inadequate data to justify sole reporting of eAG without the HbA1c result.
4. There should be additional studies to determine the appropriateness of eAG in less-studied populations. These include:
 - a. Pregnant women
 - b. Adolescents
 - c. Various ethnic groups
5. Global harmonization of A1c and eAG is highly desirable but may not be feasible in the near term because of significant differences in how clinicians and laboratorians view this issue in different countries.
6. Global harmonization may require significant leadership on the part of the major diabetes and laboratory organizations.
7. Global harmonization should be addressed through well-defined and well-disciplined processes that bridge the many different perspectives on clinicians, laboratorians, and other stakeholders in different countries.

¹ Diabetes Care 2008; 31:1473-78.

8. Effective implementation of the eAG change should be facilitated by major educational programs for clinicians, laboratories, and patients.
9. Effective coordination among the various communities would benefit greatly from a well defined plan that includes specific target dates for education and implementation.
10. The implementation of eAG in the short-run without global consensus may cause a degree of confusion and problems in the longer run.
11. eAG has the same limitations as HbA1c for patients with hemoglobinopathies.

Therefore, AACC calls on:

1. Laboratories in the United States to report eAG along with HbA1c.
2. ADA and other groups to develop a coordinated plan for educating clinicians and patients about eAG.
3. ADA and other groups to work toward global harmonization.