Better health through laboratory medicine.

Topic: The Laboratory's Role in Drug Monitoring for Pain Management

Date: Wednesday, June 15, 2016

Q&A SESSION 3 | Time: 11:00AM-11:10AM	
Nicholas Heger	Thanks for a great talk, Dr. Kwong! You talked about different strategies for testing (e.g. confirm all positives, or only confirm upon request). What do most hospitals do? How about outpatient clinics?
Henning Proelss	How useful is the screening immunoassay for 6-MAM as a reflux screening test to detect heroin abuse?
Gregory Hobbs	What is the value of a quantitative drug result in urine?
Tai Kwong	For Dr. Heger: Most common strategy is screen and confirm. But cost is a consideration. If result is clinically expected and the patient is a Self-pay patient, confirmation is not ordered.
Robert Buco	Thanks for the interesting overview and perspectives on test menu. You offered some opinions about appropriate substances to put on the test menu based on prevalence of those substances being prescribed or as illicit drugs of concern, however, I wonder if you can share your opinion regarding the inclusion of other substances common in chronic pain patients, like antidepressants, or OTC?
Peter Platteborze	Are many facilities starting to use the new hydrocodone immunoassays instead of relying on the opiates immunoassay cross-reactivity?
Tai Kwong	6MAM is the marker for heroin use. Its utility depends on the prevalence of heroin use. Note that the window of detection of 6MAM is only a few hours after use
David Kinniburgh	Can you comment on the value of screening for ethanol versus screening for a biomarker like EtG?
William Bennett	In our patient population opioids are highly prescribed. Logically, as you point out, one would go directly to confirmation without screening. However, as I understand it, the CMS guidelines require a screen before confirmation - on all samples.

Barbarajean Magnani	I find the urine quantitation very helpful with difficult cases. Small amounts of morphine (<500 ng/mL) may more likely be attributed to poppy seed ingestion but concentrations >10,000 ng/mL would be more consistent in patients taking MSContin.
Kim Diehl	We are a small clinic which has a heroin clinic attached to our providers. Since we are small and have a small staff, we are doing the urine drug screens of the 12 most used drugs in this area. It is a qualitative exam and seems to be working okay for the time. What parameters should we be looking at to improve our system?
David Kinniburgh	Is 6-AM stable in urine or does it degrade over time?
jennifer collins	Regarding the 6MAM screen, we have been surprised to find 6MAM positives in urine with very low morphine concentrations - so it has been a very effective test.
Tai Kwong	Hobbs: quantitative assay is useful to determine if the unexpected positive opiate is a metabolite of prescribed opiate or illicit use of that opiate. Also for evaluation of possible manufacturing impurity present in prescribed opiate. More detail will come in next two sessions
Matthew Woodcock	Through the use of our ethanol immunoassay and EtG test run by LC/MS/MS, we have found that typically one of the two tests are positive, but not both. There is some overlap with both results being positive, but it is far less than I would've expected.
Barbarajean Magnani	The CDC guideline says that the use of confirmatory testing adds substantial costs and should be based on the need to detect specific opioids that cannot be identified on standard immunoassays or on the presence of unexpected UDT results.
Tai Kwong	Buco: the bottom line of what to add to menu is prevalence and cost. Menu can be specific for a clinic. I have added methylphenidate to one specific clinic.
Tai Kwong	Platteborze: Hard to say because it will be difficult to know until large survey programs such those offered by the CAP include that test in the method section of response form
Tai Kwong	Kinniburg: Window of detection. Ethanol passes through the body quickly and can be negative within a few hours. EtG is formed in vivo and can stay positive up 1-3 days. It is very sensitive and detectable after exposure to ethanol, e.g., mouth wash
Barbarajean Magnani	Jennifer, The paper by Beck and Bottcher (JAT 30, 2006) discusses the low concentrations of morphine found in patients positive with 6-AM.

Tai Kwong	Bennett: I have two tests-confirmation test and a separate quantitative opiates test, the latter can be ordered as a separate test, not confirmation... Should check with your LCD policy.
Tai Kwong	Collins, 7-8% of heroin users have very low morphine and higher 6-MAM. ^-AMAM screening will be useful for these patients
Tai Kwong	Diehl: review positive and negative rates and confer with providers to improve cost eff effectiveness of screen