



Better health through  
laboratory medicine.

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

Date: Wednesday, June 15, 2016

Q&A SESSION 4   Time: 11:40AM-11:50AM	
Nicholas Heger	Great talk, Dr. Kwong! If you suspect that a urine specimen for a urine drug screen is adulterated, what's the best way to work this up?
Tai Kwong	Work up should begin at the collection site with temperature check and visual inspection for unusual appearance of the urine. In the lab, the minimum specimen integrity test should include the easy to perform tests such as urine pH, creatinine, specific gravity, and maybe nitrite or oxidizing agents.
Debbie Whitehair	Excellent presentation Dr. Kwong. Your last presentation on instrumented urine drug tests clearly stated the limitations of the various commercial assays. What about the POC devices like P-cups and strips? Are the limitations in results on these devices more pronounced?
Barbarajean Magnani	Another issue we have discovered is that a UDT may be positive in a patient taking oxycodone. However, the clinician lets us know that there are concerns with this patient. On confirmation we find only the parent compound and no metabolites suggesting adulteration
Krisztina Larraillet-Sallai	Thank you for the great summary, Dr. Kwong! My question is: do you know any indication where it has a value for an assay to distinguish between d and l-amphetamine? Or you only care for the sum of these two? Probably you will discuss this in your next talk...
Tai Kwong	Same limitations as instrument-based analysis in terms of immunospecificity. Whitehair: POCT devices are designed to be portable and easy to use has misled users to underestimate the importance of Proper training of testing personnel. Many devices, the reading of result needs caution because a color line is negative and no line is positive, and a faint line can be difficult to discern
Henning Proelss	Is there a Benzodiazepine Immunoassay that is specifically designed to detect the newer Benzos (e.g. medazolam) at lower levels?
Michael Moehlenbrock	Are more labs performing enantiomeric confirmation testing for methamphetamine positive by other methods? Is there instances when direct MS detection of d versus l is performed without immunoassay screen?

Tai Kwong	Larraillet-Sallai: measurements of the isomers is not trivial, requires chiral chromatography. Required in workplace drug testing. Clinically I have never been ask to send out a urine for measurement of d and l isomers.
Tai Kwong	Proelss: no homogeneous immunoassay that I know off. ELISA assays can have lower cutoffs
Nicholas Heger	Immunoassay package inserts often state cross-reactivities with various related/unrelated compounds. Should labs disclose this information on patient reports or in an online directory of tests?
Tai Kwong	Moehlenbrock: entaniomeric confirmation is done using chiral chromatography and maybe available in large reference labs which are also SAMSHA-certified labs. This is done routinely.
Tai Kwong	Heger: Relative cross-reactivities of family members are important information to help assess false negative results. The list may be too long to include in lab report, but one can consider including in the report a link to the lab website for the cross-reactivity information.
Peter Platteborze	Since the IA window of detection of 6-
Barbarajean Magnani	The CDC guideline state that clinicians should be familiar with the drugs included in the UDT panels used in their practice which is why it is important for us to have the information available to let them know what our assays will detect and will not detect.
Peter Platteborze	Since the immunoassay window of detection for 6-AM is so short has there been any discussion of lowering the cutoff to 5 ng/mL or less. If so, are any vendors pursuing this? Thank you.