



News & Views

The Scoop

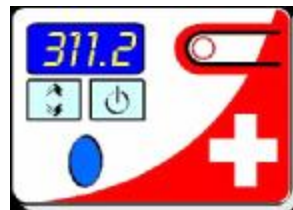
April 2004

Volume 5

New Developments In Diabetes Testing

Service Tip “Duplicates”

New Developments in Diabetic Testing

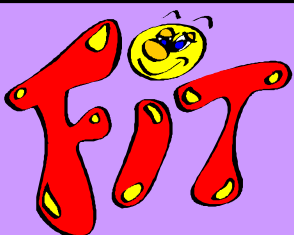


The secret's out. North America is fat. There is growing concern over this new reality and for good reason. With obesity comes a corresponding risk of undiagnosed diabetes. It is estimated there are approximately 16 million people in the United States with diabetes and, of that number, about 45% are undiagnosed and therefore untreated. This problem is likely to get worse unless there is a major change in North American diets. Presently, it is recommended that specific screening for diabetes always be considered if the applicant is either obese, has a first degree relative with diabetes, is hypertensive or has hypertriglyceridemia.

To recognize this very real added risk in the general population, we have changed the upper range of our serum glucose to 110 mg/dL and recommend reflexes to A1c and microalbumin testing on all cases exceeding this limit. Our studies, as well as a recent American Diabetes Association recommendation, prompted this decision. They recommend that every person with serum glucose of 110 mg/dL and higher be screened for diabetes. In addition, due to the failure to centrifuge serum samples in a timely manner after collection, many samples received at the lab may have artificially low glucose values. This can hinder the underwriter's ability to identify the diabetic risk. Finally, it is important to recognize that the mortality associated with diabetes over the last two decades has increased from 2.77 to 4.22 deaths per 100,000 people.

However, we are concerned that even with these changes in our current testing profile we might still be missing some undiagnosed diabetes. Our concern is based on the following:

Fact: In the busy world of specimen collection we recognize that 20-25% of insurance samples are either not centrifuged or are delayed. This action can result in artificially low glucose values. Our data shows that well over half of the hemoglobin A1c positive applicants have normal fructosamine values. More troubling, approximately 28% of hemoglobin A1c positive samples have both normal fructosamine and glucose levels. We believe that the lowering of our serum glucose level will, to a large extent, address this problem. However, it will not entirely remove this risk.



For Your Consideration: We have identified a new advanced glycation product (AGP) that is unaffected by delays in centrifugation. Advance glycation products (AGP) are formed during the reaction of blood glucose with serum proteins and lipids. The concentration of AGP is proportional to the average glucose concentration over the prior two to four weeks.

In a study at CRL, over 10,000 blood samples from insurance applicants were screened for glucose, Fructosamine and the AGP profile. Samples positive for any of these markers were then tested for hemoglobin A1c.

In this study, 213 hemoglobin A1c positive applicants were tested. AGP in combination with serum glucose correctly identified 95% (203/213) of applicants who were hemoglobin A1c positive. Normal fructosamine levels were found in 65% of the positive A1c samples. Glucose plus Fructosamine failed 28% of hemoglobin A1c positive samples.

Conclusion: The AGP is not affected by delays in centrifugation and is a sensitive and specific screening tool for identifying diabetic applicants. AGP should be used in conjunction with serum glucose values greater than 110 mg/dL to identify applicants at risk for diabetes. Hemoglobin A1c testing should be performed on samples with abnormal glucose or AGP values to confirm the likelihood of diabetes.



Call your CRL sales representative if you would like to learn more about AGP testing and how it might work for you.

Service Tip “Duplicates”

You have an applicant that advises you that they recently had a blood test completed for another insurance company. You know you will save time, money and not inconvenience your applicant if you obtain a copy of that report from the laboratory. CRL Customer Service is your avenue to that “duplicate” report.

Requests for duplicates are processed upon receipt of proper authorization (a signed MIB authorization) and reports transmitted through normal transmission protocol. Reports will then be on your system, on WebOasis or faxed to your underwriting office the following morning. When the need arises let us know and reports can be faxed to you the same day.

To streamline the process, you may elect to have a “blanket authorization” completed and on file with CRL. This will allow your underwriting staff to call, e-mail or fax your request without needing to send us a copy of the signed MIB authorization. For further information about blanket authorizations, please contact your sales rep or Customer Service at 1-800-882-1922.