How Should Blood Glucose Meter System Analytical Performance Be Assessed?

Journal of Diabetes Science and Technology
2016, Vol. 10(1) 178–184
© 2015 Diabetes Technology Society
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1932296815598599
dst.sagepub.com

David A. Simmons, MD¹

Abstract

Blood glucose meter system analytical performance is assessed by comparing pairs of meter system and reference instrument blood glucose measurements measured over time and across a broad array of glucose values. Consequently, no single, complete, and ideal parameter can fully describe the difference between meter system and reference results. Instead, a number of assessment tools, both graphical (eg, regression plots, modified Bland–Altman plots, and error grid analysis) and tabular (eg, International Organization for Standardization guidelines, mean absolute difference, and mean absolute relative difference) have been developed to evaluate meter system performance. The strengths and weaknesses of these methods of presenting meter system performance data, including a new method known as Radar Plots, are described here.

Keywords

accuracy, blood glucose monitoring system, performance, precision

Blood glucose monitoring systems (BGMSs) are used by people with diabetes to monitor and manage their blood glucose levels, which may prevent or delay complications associated with poor glycemic control.^{1,2} Correspondingly, a wide array of BGMSs are available to individuals with diabetes. The accuracy of results obtained from BGMSs is important because they may be used, for example, to calculate an appropriate insulin dose; inaccurate meter system results can lead to insulin dosing errors,^{3–5} and these errors have the potential to be clinically important, as shown by modeling analyses.⁶ Thus, it is important to assess meter system performance and communicate these performance results to the public. This commentary is from the perspective of a diabetologist and someone who works in the industry and must communicate meter system performance information to regulatory agencies, health care payers, health care providers, and people with diabetes.

What Is Meter System Performance?

This commentary focuses specifically on the analytical performance of BGMSs, meaning the performance attributable to the meter system itself (as opposed to the user, the blood sample, or changing experimental conditions). To assess meter system performance, a laboratory reference instrument is used to measure the glucose concentration of a blood sample; this result is defined as the “true” glucose concentration.

The BGMS is also used to measure the glucose concentration of the same blood sample, and this result is then compared with that of the reference instrument. It is important to note that the assumption that the measurement taken with the laboratory reference instrument is “the truth” is inherently flawed, as error is also associated with this instrument (and the error inherent to the reference instrument becomes more consequential as the BGMSs being tested become more accurate and precise).⁷ It is also important that the validity of the laboratory reference method used for comparison to the meter system results should be established by monitoring the instrument’s accuracy and precision using National Institute of Standards and Technology traceable serum controls⁸ spanning the range of samples being tested.

Multiple pairs of glucose measurements are made over time and across a broad array of glucose values. As a result, no single, complete, and ideal parameter can fully describe the differences between meter system and reference results. Key measures of comparison include precision (the degree of dispersion of deviations from the reference) and trueness (the average deviation of measurements from the reference; Figure 1).

¹Bayer HealthCare LLC, Diabetes Care, Whippany, NJ, USA

Corresponding Author:

David A. Simmons, MD, Bayer HealthCare LLC, Diabetes Care, 100 Bayer Blvd, PO Box 915, Whippany, NJ 07981, USA.
Email: dr-david.simmons@bayer.com

Figure 1. Graphical representation of the concepts of precision and trueness. A circular target is used to illustrate precision (the degree of dispersion of deviations from the center of the target) and trueness (the average deviation from the center of the target).

Multiple methods have been developed to assess BGMS performance data, each with its own strengths and weaknesses. These methods and the information they convey are described here using anonymized data from 3 meter systems to illustrate different performance characteristics.

Graphical Representations

Regression Plots

Perhaps the simplest method of presenting meter system data is using Cartesian coordinates to plot the reference value on the x-axis and the BGMS value on the y-axis, for each pair of measurements, to generate a regression plot.⁹ Ideally, the x- and y-values would be identical, and all data points would fall on the line $y = x$. In the examples illustrated in Figure 2, the data points for meter A fall near the line at $y = x$; the data points for meter B fall within a broader area around the $y = x$ line; and the data points for meter C, while in a relatively tight band, are not centered on the line at $y = x$.

Using linear regression analysis, a best-fit line for a given dataset can be compared with the ideal scenario by generating a regression equation and R^2 value. A meter system with higher accuracy, such as meter A, will have a slope closer to 1 and a y-intercept closer to 0 compared with meter systems

with lower accuracy, such as meters B and C. An R^2 value close to 1 indicates that the data are linear and precise (as seen in the plots for meters A and C); however, the R^2 value alone provides no information about accuracy. While both meters A and C have an R^2 value close to 1, meter A is more accurate than meter C because it has much higher trueness. It is also important to note that comparing R^2 values between different studies is difficult because the R^2 value is highly influenced by the range of glucose values.

Accuracy guidelines from the International Organization for Standardization (ISO) can also be incorporated in regression plots. For example, dashed lines can be plotted on the graph to represent ISO 15197:2003 accuracy guidelines¹⁰ (meter system results within ± 15 mg/dL or $\pm 20\%$ of the mean reference result for samples with glucose concentrations < 75 mg/dL and ≥ 75 mg/dL, respectively) or the updated ISO 15197:2013 guidelines¹¹ (meter system results within ± 15 mg/dL or $\pm 15\%$ of the mean reference result for samples with glucose concentrations < 100 mg/dL and ≥ 100 mg/dL, respectively). The more rigorous ISO 15197:2013 guidelines are represented in the regression plots as dashed lines that are tighter around the $y = x$ line than those of ISO 15197:2003. For both sets of ISO criteria, a greater number of data points for meter A fall within the lines compared with those of meters B and C.

Using regression plots as a method of representing meter system accuracy data has several advantages including enabling assessment of large amounts of data, quantification of the comparisons between meter system and reference results, and visualization of extrinsic criteria (eg, ISO guidelines). However, a straightforward comparison of BGMS and reference results is impractical due to the many parameters generated using regression analysis (eg, slope, intercept, R^2 value). In addition, regression analysis does not allow for simple visual assessment of the intrinsic bias (ie, systematic error) of a meter system.

Modified Bland–Altman Plots

Using modified Bland–Altman plots,¹² the difference between meter system and reference results is plotted on the y-axis, with reference results plotted on the x-axis. Ideally, all data points would fall on the line $y = 0$; however, any intrinsic bias of a meter system would be illustrated with data points trending either above or below the $y = 0$ line (indicating positive or negative bias, respectively). For example, as illustrated in Figure 3, meters B and C both show a negative bias. Similar to regression plots, ISO accuracy guidelines can be incorporated into modified Bland–Altman plots, with the more stringent ISO 15197:2013 criteria represented by lines that are narrower in the vertical dimension than those of ISO 15197:2003.

A strength of using modified Bland–Altman plots to evaluate meter system accuracy is that it allows for simple visual

Figure 2. Visualization of BGMS accuracy using regression plots. For each panel, the black diagonal line represents the ideal scenario ($y = x$); ISO criteria are plotted using dashed lines; the red line denotes the regression line; and the regression equation and R^2 value are shown in the top left corner of the plot area. BGMS, blood glucose monitoring system; ISO, International Organization for Standardization; YSI, YSI glucose analyzer.

Figure 3. BGMS accuracy visualized using modified Bland-Altman plots. For each panel, the black diagonal line represents the ideal scenario ($y = 0$) and ISO criteria are plotted using dashed lines. BGMS, blood glucose monitoring system; ISO, International Organization for Standardization; YSI, YSI glucose analyzer.

assessment of the degree to which meter system results differ from the reference; moreover, these plots allow for the detection of intrinsic meter system bias (ie, systematic error). However, modified Bland-Altman plots themselves do not provide any numerical measures to describe the data.

Error Grid Analysis

While regression plots and modified Bland-Altman plots represent the analytical error associated with BGMSs, they do not convey the possible clinical significance of that error. The surveillance error grid (SEG)¹³ is a tool used to

assign a level of clinical risk associated with BGMS measurement inaccuracies. The SEG is a refinement of the Clarke error grid¹⁴ and Parkes error grid^{15,16}; compared with the older grids, the SEG allows clinical risk to be quantified with greater precision, particularly for low levels of risk. Using error grid analysis, the data are plotted in the same manner as in a regression plot, with reference results on the x-axis and meter system results on the y-axis; however, the data overlay the error grid contained within the plot area (Figure 4). The SEG is color-coded to represent clinical risk, with the level of risk associated with each possible BGMS reference result pair having been empirically

Figure 4. Surveillance error grid analysis to evaluate the clinical risk associated with BGMS inaccuracy. As shown in the legend, the level of clinical risk associated with each pair of BGMS and reference results is represented by a color on the grid. BGMS, blood glucose monitoring system; YSI, YSI glucose analyzer.

determined using a survey of diabetes clinicians.¹³ The grid encompasses 15 risk zones, but color-coding using a continuous spectrum of color captures an even greater degree of nuance in SEG plots.

The ability of error grid analysis to indicate the clinical significance of BGMS error is useful, as this is the ultimate consequence of meter system error. However, error grid analysis specifically assesses acute clinical risk and not the risk associated with chronic meter system imprecision. Because people with diabetes using intensive insulin therapy may measure their blood glucose 6 to 10 times or more each day,¹⁷ the potential consequences of even relatively small meter system errors on insulin dosing³⁻⁶ could be compounded over time.

Tabular Representations

International Organization for Standardization Guidelines

As noted previously, ISO 15197:2003¹⁰ and ISO 15197:2013¹¹ guidelines specify accuracy criteria for BGMSs (with meter systems required to have $\geq 95\%$ of results within the limits defined above) and are used by regulatory agencies to assess meter system accuracy. The number and percentage of BGMS results within defined error limits, including those specified by ISO, can be presented in tabular form. As shown in Table 1, 99.5% and 99.1% of results for meter A were within ISO 15197:2003 and ISO 15197:2013 error limits, respectively; thus, meter A surpassed both sets of ISO accuracy criteria.

While ISO guidelines are a simple and effective measure of BGMS accuracy, the relatively arbitrary boundary between acceptable and unacceptable error likely oversimplifies meter system performance. Moreover, these guidelines do not specify any criteria for 5% of meter system errors; thus, there is no limit to the error allowed in up to 5% of BGMS results.

Mean Absolute Difference (MAD) and Mean Absolute Relative Difference (MARD)

MAD and MARD¹⁸ further simplify the tabular representation of meter system error by quantifying an entire dataset with a single numeric value, either in terms of absolute error (MAD) or percentage error (MARD). As shown in Table 2, the MAD and MARD values for meter A were lower than those of meters B and C, indicating that meter A has a higher degree of accuracy than the other meter systems. However, although these analyses are useful for comparing multiple meter systems in a single study, MARD is not a sufficient statistic and cannot by itself be used to describe meter system quality.¹⁹

Radar Plots

Radar Plots are a new way to visualize BGMS analytical performance. Using this method, differences between BGMS and reference instrument measurements are plotted using polar rather than Cartesian coordinates. While the same information is plotted using a Radar Plot and a modified Bland–Altman plot (ie, the difference between BGMS and reference results

Table 1. Assessment of BGMS Accuracy Using ISO Criteria (Meter A).

Glucose concentration	n	Number of results within specified error limits			
<75 mg/dL	5	±5 mg/dL 4 (80%)	±10 mg/dL 5 (100%)	±15 mg/dL 5 (100%)	±20 mg/dL 5 (100%)
≥75 mg/dL	216	±5% 168 (77.8%)	±10% 208 (96.3%)	±15% 214 (99.1%)	±20% 215 (99.5%)
Total	221	±5 mg/dL or ±5% 172 (77.8%)	±10 mg/dL or ±10% 213 (96.4%)	±15 mg/dL or ±15% 219 (99.1%)	±15 mg/dL or ±20% ^a 220 (99.5%)
<100 mg/dL	39	±5 mg/dL 30 (76.9%)	±10 mg/dL 39 (100%)	±15 mg/dL 39 (100%)	±20 mg/dL 39 (100%)
≥100 mg/dL	182	±5% 143 (78.6%)	±10% 174 (95.6%)	±15% 180 (98.9%)	±20% 181 (99.5%)
Total	221	±5 mg/dL or ±5% 173 (78.3%)	±10 mg/dL or ±10% 213 (96.4%)	±15 mg/dL or ±15% ^b 219 (99.1%)	±20 mg/dL or ±20% 220 (99.5%)

BGMS, blood glucose monitoring system; ISO, International Organization for Standardization. The example data are representative of an ISO 15197:2013 section 8 study and are shown only to illustrate the ISO accuracy criteria; complete satisfaction of ISO 15197 would also require a section 6/7 study with 100 samples in a prescribed distribution.^{10,11}

^aISO 15197:2003 accuracy criteria.¹⁰

^bISO 15197:2013 accuracy criteria.¹¹

Table 2. MAD and MARD Analysis of BGMS Accuracy.

Meter system	MAD (mg/dL; N = 538)	MARD (%; N = 538)
Meter A	5.60	3.09
Meter B	17.69	12.32
Meter C	21.46	9.60

BGMS, blood glucose monitoring system; MAD, mean absolute difference; MARD, mean absolute relative difference. MAD and MARD are defined as follows:

$$MAD = \frac{1}{n} \sum_{i=1}^n |Meter_i - Lab_i|$$

$$MARD = \frac{1}{n} \sum_{i=1}^n 100 \frac{|Meter_i - Lab_i|}{Lab_i}$$

Where *Meter* = meter system blood glucose measurement.

Lab = laboratory reference blood glucose measurement.

n = number of blood samples.

MAD and MARD were computed for all samples across the overall glucose range (21–496 mg/dL).

vs reference results), the circular contours of constant error levels in Radar Plots add another dimension to the visualization of the distribution of meter system error. Figure 5 shows that the data points for meter A cluster around the center of the plot while those of meters B and C are generally further from the center, indicating lower accuracy. Consistent with the previous visualizations of meter system performance, the data points for meter B are more dispersed and thus less precise than those of meter C. As with regression plots and modified Bland–Altman plots, ISO guidelines can be incorporated into Radar Plots (although as a circle as opposed to lines).

Radar Plots simplify the presentation of meter system performance data by including multiple measures of analytical performance (accuracy [in terms of average error and based on ISO criteria] and precision) in a single graphic. While modified Bland–Altman plots and regression plots provide some of the same information, Radar Plots do so in a more intuitive fashion. Because of the Radar Plot's resemblance to a target, a tight clustering of data points in the center of the plot intuitively represents higher accuracy and precision. Moreover, Radar Plots can facilitate visual comparison of multiple meter systems in a single study. However, as with any plot, the plot itself does not provide a numerical measurement of meter system performance.

Conclusions

Although assessing BGMS performance is important, it is not straightforward because pairs of blood glucose measurements from a meter system and reference instrument are compared over time and using a variety of glucose concentrations. In addition, there are multiple measures of meter system performance, including accuracy and precision. Given this complexity, a variety of methods have been developed to assess meter system performance, broadly divided into graphical and tabular representations. Each method has advantages and limitations that should be acknowledged when used to interpret data. Radar Plots are a new method of assessing BGMS performance and are a valuable visual indicator to illustrate meter system accuracy and precision, as well as to compare the analytical performance of multiple meter systems in a single study.

Figure 5. Visualization of BGMS accuracy using Radar Plots. Each data point represents the error of a meter system result; error is given in units of mg/dL for YSI results <100 mg/dL (region of the plot within the magenta dashed lines) and in units of percentage for YSI results ≥100 mg/dL (region of the plot outside the magenta dashed lines). The outer green circle (bolder line) represents ISO 15197:2013 accuracy criteria; data points within this circle (the 15-15 Zone) meet these criteria. In a Radar Plot, the distance from the center of the plot to a data point indicates the magnitude of the meter system error. The direction of a line connecting the point to the center indicates the value of the laboratory reference measurement. If the point is above the horizontal midline, the error is positive (ie, the meter system overestimated the laboratory reference blood glucose value). If the point is below the horizontal midline, the error is negative (ie, the meter system underestimated the laboratory reference blood glucose value). If the laboratory reference blood glucose value is <100 mg/dL (~5.55 mmol/L), then the errors are expressed in mg/dL (or mmol/L). Otherwise, the errors are expressed as a percentage of the laboratory reference measurement. BGMS, blood glucose monitoring system; YSI, YSI glucose analyzer.

Abbreviations

BGMS, blood glucose monitoring system; ISO, International Organization for Standardization; MAD, mean absolute difference; MARD, mean absolute relative difference; SEG, surveillance error grid; YSI, YSI glucose analyzer.

Acknowledgments

I would like to thank Scott Pardo, PhD, PStat®; Bern Harrison, BA; Robert Morin, MD; and Jane F. Wallace, BA, CCRA; of Bayer HealthCare LLC, Diabetes Care, Whippany, NJ, for their review of the technical details in this manuscript. Medical writing assistance was provided by Courtney St. Amour, PhD, of MedErgy, Yardley, PA, and was supported by Bayer HealthCare LLC, Diabetes Care.

Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: DAS is a full-time employee of Bayer HealthCare LLC, Diabetes Care.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by Bayer HealthCare LLC, Diabetes Care, Whippany, NJ.

References

1. UK Prospective Diabetes Study Group. Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). *Lancet*. 1998;352(9131):837-853.
2. Diabetes Control and Complications Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *N Engl J Med*. 1993;329(14):977-986.
3. Boyd JC, Bruns DE. Quality specifications for glucose meters: assessment by simulation modeling of errors in insulin dose. *Clin Chem*. 2001;47(2):209-214.
4. Raine CH III, Schrock LE, Edelman SV, et al. Significant insulin dose errors may occur if blood glucose results are obtained from miscoded meters. *J Diabetes Sci Technol*. 2007;1(2):205-210.
5. Virdi NS, Mahoney JJ. Importance of blood glucose meter and carbohydrate estimation accuracy. *J Diabetes Sci Technol*. 2012;6(4):921-926.
6. Raine CH III, Pardo S, Parkes JL. Predicted blood glucose from insulin administration based on values from miscoded glucose meters. *J Diabetes Sci Technol*. 2008;2(4):557-562.
7. Bailey T, Klaff LJ, Wallace JF, et al. Fundamental importance of reference glucose analyzer accuracy for evaluating the performance of blood glucose monitoring systems (BGMSs). *Diabetes*. 2015;64(suppl 1):A239.
8. Neese JW, Duncan P, Bayse D, et al. Development and evaluation of a hexokinase/glucose-6-phosphate dehydrogenase

- procedure for use as a national glucose reference method. HEW Publication No (CDC) 77-8330 HEW USPHS, Centers for Disease Control and Prevention; 1976.
9. Stockl D, Dewitte K, Thienpont LM. Validity of linear regression in method comparison studies: is it limited by the statistical model or the quality of the analytical input data? *Clin Chem*. 1998;44(11):2340-2346.
 10. International Organization for Standardization. ISO 15197:2003(E): In vitro diagnostic test systems—requirements for blood-glucose monitoring systems for self-testing in managing diabetes mellitus. Geneva, Switzerland: International Organization for Standardization; 2003.
 11. International Organization for Standardization. ISO 15197:2013(E): In vitro diagnostic test systems—requirements for blood-glucose monitoring systems for self-testing in managing diabetes mellitus. Geneva, Switzerland: International Organization for Standardization; 2013.
 12. Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet*. 1986;1(8476):307-310.
 13. Klonoff DC, Lias C, Vigersky R, et al. The surveillance error grid. *J Diabetes Sci Technol*. 2014;8(4):658-672.
 14. Clarke WL, Cox D, Gonder-Frederick LA, Carter W, Pohl SL. Evaluating clinical accuracy of systems for self-monitoring of blood glucose. *Diabetes Care*. 1987;10(5):622-628.
 15. Parkes JL, Slatin SL, Pardo S, Ginsberg BH. A new consensus error grid to evaluate the clinical significance of inaccuracies in the measurement of blood glucose. *Diabetes Care*. 2000;23(8):1143-1148.
 16. Pfitzner A, Klonoff DC, Pardo S, Parkes JL. Technical aspects of the Parkes error grid. *J Diabetes Sci Technol*. 2013;7(5):1275-1281.
 17. American Diabetes Association. Standards of medical care in diabetes—2015. *Diabetes Care*. 2015;38(suppl):S1-S93.
 18. Tack C, Pohlmeier H, Behnke T, et al. Accuracy evaluation of five blood glucose monitoring systems obtained from the pharmacy: a European multicenter study with 453 subjects. *Diabetes Technol Ther*. 2012;14(4):330-337.
 19. DeGroot MH. *Probability and Statistics*. Menlo Park, CA: Addison-Wesley; 1975.