

Curriculum Item #6 Qualification of molecular-genetic laboratory personnel

**ATLAS Project**

ISO 15189 Accreditation  
Support Course

## ‘Educational Curriculum, Qualification, and Career Development of Laboratory Professionals in Molecular Biology’

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The Committee for Standardization of Molecular-Genetic Testing, JCCLS

Japanese National Mirror Committee of ISO/TC212

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# 1. Laboratory Personnel in Quality Assurance of Molecular-Genetic Testing

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## Expanded Use and Global Standards

Sequencing and biological significance of the human genome

→individual drug responses or future disease risks

→genome-based medicine (individualized, preventive)

Entry of clinical laboratories into service for routine tests

Entry of molecular/genetic scientists into commercial service

Genetic information service

Uses are expanded: Medicine→Health industry

Services and products: Regional→Global

Care providers: Untrained



### Quality?

Needs for global standards:

OECD (2007)→ISO★, CDC, CLSI, CAP, etc.

★ISO/TC212 Clinical laboratory testing and *in vitro* diagnostic testing systems

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## Recent Trends in Molecular-Genetic Testing in Japan

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- Promotion of the use of genomic medicine for treating cancer and rare intractable diseases.
- Introduction and expansion of the following by covering under national health insurance for medical care:
  - Companion diagnostics
  - Cancer gene panel testing
  - Genetic testing for heritable diseases
- Expansion and penetration in not only the medical but also healthcare field
  - Items not applicable to national health insurance
  - Items not covered by health insurance (NIPT, personal identification)
- Health check-up
- DTC/OTC

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## OECD Guidelines for Quality Assurance in Molecular-Genetic Testing (2007)

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(OECD: Organization for Economic Cooperation and Development)

### General Principles and best practices

- 1) Quality assurance systems
- 2) Proficiency testing
- 3) Quality of result reporting
- 4) Education and training standards for laboratory personnel

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## Methods and Best Practices (Highlights) (OECD 2007)

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Quality assurance framework is important.  
Totality of the mechanisms that directly or indirectly affect the quality of a laboratory service.  
Mechanisms may include statutory, non statutory, regulatory and/or professional ones such as code of practices and clinical guidelines.

Methods	Best Practices (selected)
1) Quality assurance systems	
2) Proficiency testing	Acceptable performance levels Timely corrective actions Assess all phases Scheme for every disease or alternative methods
3) Quality of result reporting	Effectively communicable information with non-specialist health care professional
4) Education and training standards for laboratory personnel	Measures to ensure professional competence Directors: MD, PhD, or equivalent Continuing education and training program

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## Guideline for Best Practice in Molecular-Genetic Testing issued by JCCLS (JCCLS 2012)

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Scope: Quality assurance of testing offered in a clinical context

All three categories of molecular-genetic testing for DNA sequence variations in pathogens, somatic cells, and the germ line

### General Principles and best practices

- 1) Quality assurance systems
- 2) Proficiency testing
- 3) Quality of result reporting
- 4) Education and training standards for laboratory personnel

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**Current Issues and Challenges in Japan, according to Japan Best Practice Guideline for Molecular-Genetic Testing (JCCLS 2020)** ATLAS Project  
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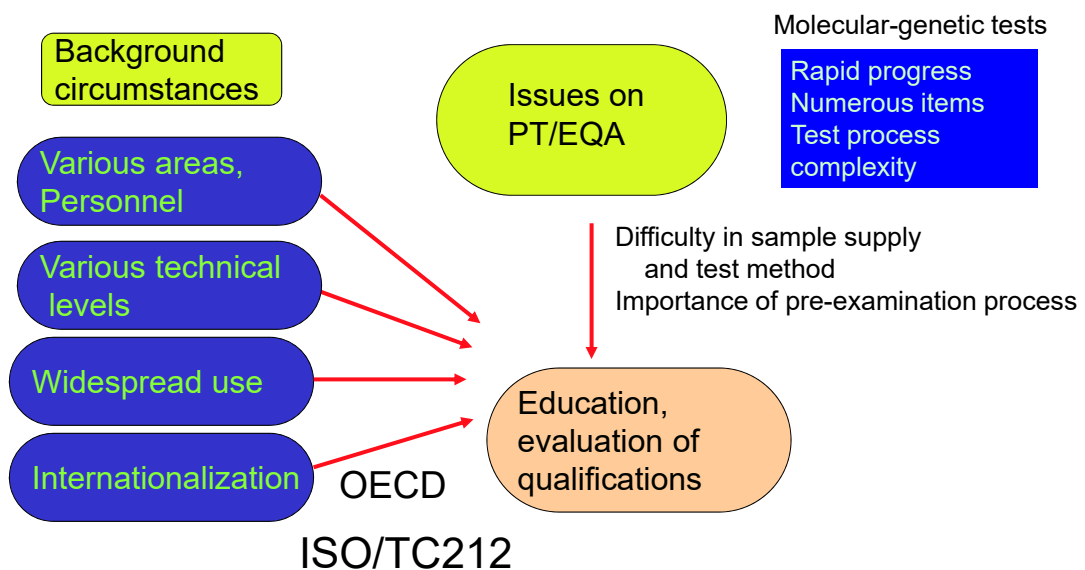
Major approaches	Current situations	Issues	Challenges
① Quality Assurance System	Clinical Research Core Hospital (2015) Cancer Genome Core Hospital (2018)	Accreditation not mandatory (recommendation) Health insurance (2016)	ISO 15189 Guidance Pilot Audit (2019) → Accreditation Program (2020)
② Proficiency Testing/EQA	CAP EQA available Obligation to make effort (2018)	Few items Caucasian-specific Costly	Onsite PT Plan for Japan EQA Japan GetRM
③ Quality of Result Report	Best Practice Guideline	Recruitment of Expert physicians Incentive	Transition of research to clinical laboratories
④ Education and Training of Laboratory Personnel	JSLM/CJLM Molecular Analysts (2007) /Specialists (2012)	Regulatory requirement (2018)	Training and qualification (directors and personnel)

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**Basic requirements for Laboratory Professionals to Ensure Quality**

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## 2. Qualification Examination of Laboratory Technologists in Molecular-Genetic Testing

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### 5.1.2 Personnel Qualifications (ISO 15189: 2012)

- Laboratory management shall document personnel qualifications for each position.  
The qualifications shall reflect the appropriate education, training, experience, and demonstrated skills needed, and be appropriate to the tasks performed.
- The personnel making judgments with reference to examinations shall have the applicable theoretical and practical background and experience.

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## Laboratory Careers in Molecular Pathology in the USA

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### Types of Careers

- Laboratory Assistant
- Technologist:
  - Cytogenetic
  - Molecular
- Manager/Administrative Director
- Medical Director

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## Manager/Administrative Director and Medical Director

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### Manager/Administrative Director

Managers and Administrative Directors in molecular laboratories typically have experience of working as a technologist in the field of molecular technology and often have a Master's degree in a technical area or in business. Their responsibilities may include benchwork but will always include managing staffing and operations for the laboratory. In larger laboratories, specific aspects of laboratory management, such as operations, quality, or education may be overseen by specific managers within the management team. Depending on the state in which the laboratory is located, there may be two laboratories with operations overseen by the Administrative Director, i.e., a research laboratory where the tests are developed and a clinical laboratory where diagnostic testing is performed.

### Medical Director

The Medical Director typically has a doctorate with fellowship, postdoctoral, or other training in molecular diagnostics. Often, the Medical Director is board-certified in the technical area that he/she oversees. MDs and PhDs both qualify for this position; however, different states have specific requirements regarding the qualifications for this role.

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## Types of Certifications for Technologists in the USA

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MB (ASCP): Molecular Biologist

MDT(AMT): Molecular Diagnostics Technologist (American Medical Technologist)

SMB (ASCP): Specialist in Molecular Biology

Specialist in Molecular Biology Board Certification (provided by the American Society for Clinical Pathology)  
& MT(AAB) Molecular Biology Board Certification (provided by the American Association of Bioanalysts)

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## Importance of Qualifications and Training of Personnel

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**In Good Laboratory Practices for Molecular Genetic Testing for Heritable Diseases and Conditions.**  
**MMWR June 12, 2009/58(RR06);1-29**

Studies indicate that qualifications of laboratory personnel, including training and experience, are critical for ensuring quality performance of genetic testing, because human error has the greatest potential influence on the quality of laboratory test results.

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## Laboratory Technologist Certifications Issued by the College of Laboratory Medicine of Japan (CLMJ)

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Technologist in Microbiology  
Technologist in Pathology  
Technologist in Chemistry  
Technologist in Hematology  
Technologist in Immunology  
Technologist in Cardiology  
Technologist in Neurology  
Technologist in Respiratology

Specialist in Microbiology  
Specialist in Pathology  
Specialist in Chemistry  
Specialist in Hematology  
Specialist in Immunology  
Specialist in Cardiology  
Specialist in Neurology  
Specialist in Respiratology

Technologist in Emergency Laboratory

Operator in POCT (2020)

Molecular Analysis Technologist (2007)

Molecular Analysis Specialist (2012)

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## The Objectives of the Molecular Analysis Technologist/Specialist System

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- Foster laboratory professionals who have specialized knowledge in the field of molecular-genetic analysis science and can internalize advanced technology.
- Promote the development and dissemination of molecular-genetic analysis and analytical technology.
- Contribute to the nation's health and science and technology development by promoting the improvement and standardization of the technical methodology and providing high-quality results in molecular-genetic tests.

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## Eligibility Criteria for the Post of Molecular Analysis Technologist/Specialist

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More than 3 years of work experience in laboratory testing and more than 3 years of work experience in quality control.

Studied molecular biology-related subjects at graduate schools, universities, colleges, vocational colleges, or colleges of technology.

(molecular biology, genetic testing, cell genetics, human genetics, microbiology, biochemistry, immunology, hematology, physiology, pathology, anatomy, animal cell engineering, biological science, etc.)

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## Definition of Molecular Analysis Technologist/Specialist

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Definition: Genetic technologists for genomic material derived from all living organisms and organism-derived substances. The individual is certified as having the academic knowledge and skills necessary to responsibly carry out molecular analysis and genetic testing.

### **Molecular Analysis Technologist**

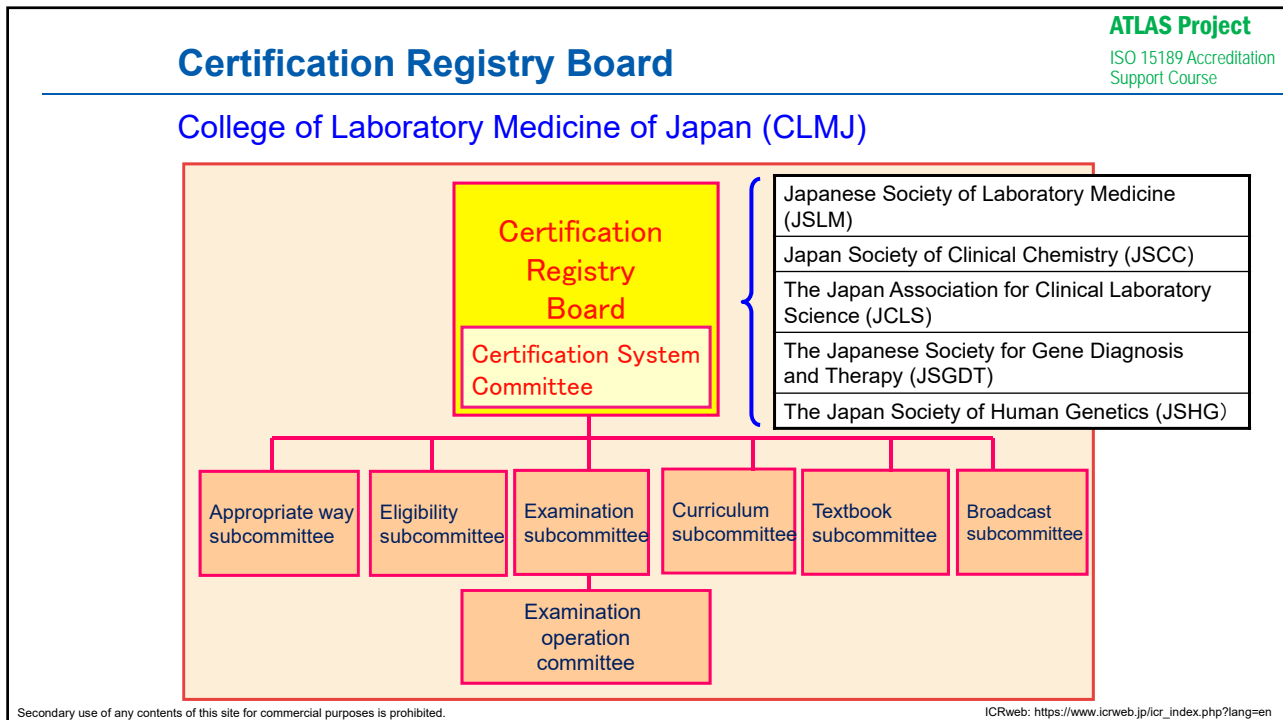
Has basic knowledge and skills and can perform molecular-genetic analysis and testing.

### **Molecular Analysis Specialist**

Has already acquired certification as a Molecular Analysis Technologist and has advanced knowledge and sufficient experience and can teach juniors.

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## Related Rules for the System for Certified Molecular Analysis Technologist/Specialist

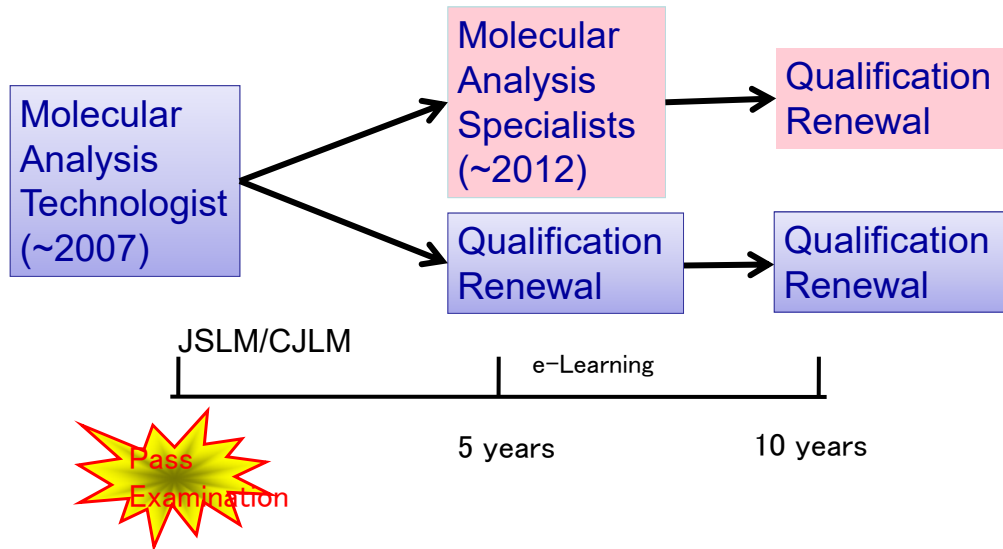
Rules	Content
Rules for system	Registry board, designated curriculum, application, certification, registration, renewal and cancellation, etc.
Detailed rules for system enforcement	Application qualifications, examination criteria, designated training, examination, renewal, etc.
Examination Committee internal rules	Examination implementation, content, pass/fail judgment, etc.

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## A Certified System with Two Stages and Renewal

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## Educational Curriculum for Molecular Analysis Technologist

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Levels	Major items	Medium item
Basic version	Basic medical knowledge	Biochemistry, physiology, anatomy
	Knowledge required to carry out molecular-genetic tests	Equipment handling, reagent preparation method, sample handling method, quality control of molecular-genetic/chromosome test, law on gene/chromosome
Advanced version	Genetic testing	Search for responsible genes, interpretation of test results, usage of tests
	Molecular-genetic tests technology	How to handle test reagents, nucleic acid extraction, nucleic acid amplification, detection technology, troubles and countermeasures, advanced technology
	Practice of genetic testing	Genetic medicine, genetic information, ethics
	Evaluation of molecular-genetic test results	Infectious diseases, blood diseases, solid tumors, hereditary diseases, lifestyle-related diseases, personal identification, regenerative medicine
	Chromosome testing technology	Structure and function, classification and nomenclature, human chromosomal map
	Chromosome test practice	Cell culture method, sample preparation, banding method, karyotype analysis, fluorescence <i>in situ</i> hybridization
	Evaluation of chromosomal test results	Types of chromosomal abnormalities, tumors and chromosomal abnormalities, environmental variants and chromosomal abnormalities

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## Educational Curriculum for Molecular Analysis Specialist

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Major items	Medium item
Basic Knowledge of Molecular-Genetic Testing	Molecular Analyst/Specialist Certification System, General Considerations in Molecular-Genetic Testing, Basics of Gene and Chromosome
Basic Technology of Pre-examination	Handling of Specimens, Handling of Reagents and Equipment, Quality Assurance
Nucleic Acid Extraction	Specimen Pretreatment, DNA/RNA extraction (Animal/Plant/Human), Usage of Testing
Nucleic Acid Amplification	Significance and Principles, PCR Methods, Other Nucleic Acid Amplification Technologies
Detection Technology	DNA/RNA Analysis and Other Detection Technologies
Advanced Technology	Genomics, Proteomics, Regenerative Medicine, Bioinformatics
Other Genetic Testing Techniques	Animal Gene Analysis, Plant Gene Analysis, Human Chromosome Map
Practice of Medical Care Based on Molecular-Genetic Testing	Genetic Abnormalities and Diseases, Genetic Diagnosis, Gene Therapy, Genetic Counseling, Genetic Information, Ethics
Evaluation of Genetic Test Results	Infectious Diseases, Blood diseases, Solid Tumors, Hereditary Diseases, Lifestyle-related Diseases, Personal Identification, Pharmacogenomics
Chromosome Test Practice	Cell Culture Method, Specimen Preparation, Banding Method, Karyotype Analysis, Fluorescence <i>in situ</i> Hybridization
Evaluation of Chromosomal Test Results	Types of Chromosomal Abnormalities, Tumors and Chromosomal Abnormalities, Environmental Variants and Chromosomal Abnormalities, Ethics
Molecular-Genetic/Chromosome Testing Operation	Operation Management, Consultation, Education and Training, <b>Quality Assurance/Management</b> , Safety Management, <b>Quality Control</b> , Genetic Testing Business, Clinical Trials, Development of Diagnostic Reagents, <b>Guidelines</b>

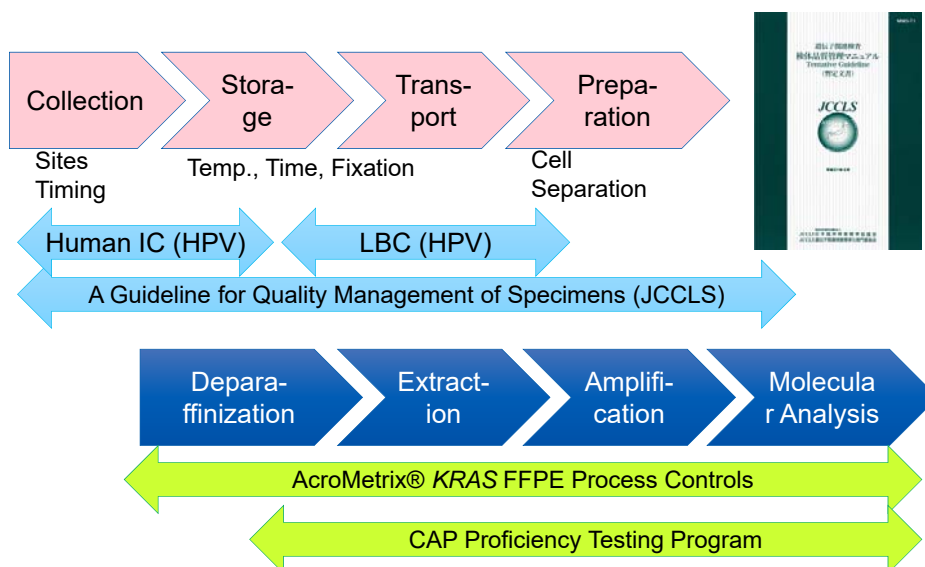
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## Quality Assurance for Pre-examination

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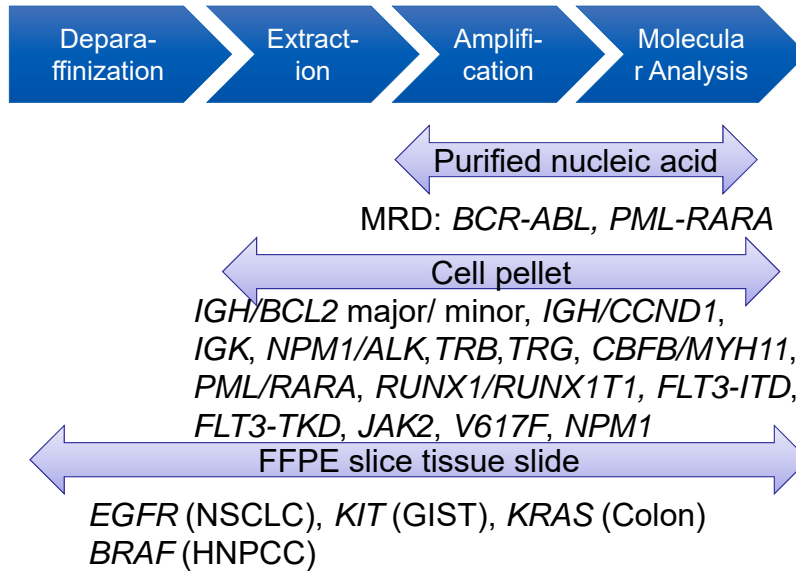
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## CAP Proficiency Testing (Molecular Oncology)

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## Updated: Addition to Minor Items

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Medium item	Minor Item
Molecular Analyst/Specialist Certification System, General Considerations in Molecular-Genetic Testing, Basics of Gene and Chromosome	microRNA
Handling of Specimens, Handling of Reagents and Equipment, Quality Assurance	Biobank, LBC, Liquid biopsy
Specimen Pretreatment, DNA/RNA extraction (Animal/Plant/Human), Usage of Testing	
Significance and Principles, PCR Methods, Other Nucleic Acid Amplification Technologies	Cancer-gene panel test
DNA/RNA Analysis and Other Detection Technologies	
Genomics, Proteomics, Regenerative Medicine, Bioinformatics	iPS
Animal Gene Analysis, Plant Gene Analysis, Human Chromosome Map	
Genetic Abnormalities and Diseases, Genetic Diagnosis, Gene Therapy, Genetic Counseling, Genetic Information, Ethics	Genome editing, Genome and personal information, Secondary findings
Infectious Diseases, Blood Diseases, Solid Tumors, Hereditary Diseases, Lifestyle-related Diseases, Personal Identification, Pharmacogenomics	Companion diagnostic test
Cell Culture Method, Specimen Preparation, Banding Method, Karyotype Analysis, Fluorescence <i>in situ</i> Hybridization	
Types of Chromosomal Abnormalities, Tumors and Chromosomal Abnormalities, Environmental Variants and Chromosomal Abnormalities, Ethics	
Operation Management, Consultation, Education and Training, Management, Safety Management, Quality Control, Genetic Testing Business, Clinical Trials, Development of Diagnostic Reagents, Guidelines	

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# Process of Cancer Gene Panel Test

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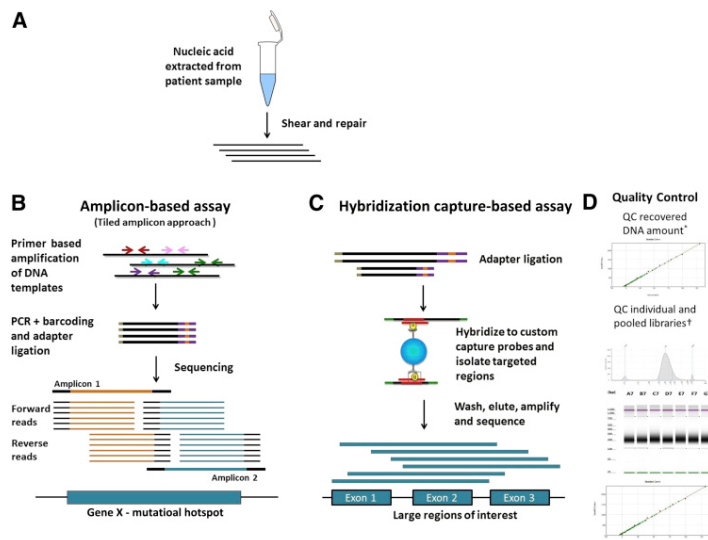
<https://www.thermofisher.com/jp/ja/home/life-science/sequencing/next-generation-sequencing.html>

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# Target Enrichment Process Flow

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Jennings LJ, et al. J Mol Diagnostics 2017; 19: 342

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## Primary and Secondary Findings of Cancer Gene Panel Tests

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1. Detection of activated oncogenes, e.g., *EGFR*, *KRAS*, and *ALK*, which are candidates for molecular targeted therapy.
2. Detection of variants of suppressor genes, e.g., *TP53* and *APC*, which facilitate diagnosis of inherited tumors.
3. Detection of deletion of genes responsible for homologous recombination, which indicate selection of poly ADP-ribose polymerase (PARP) inhibitor.
4. Evaluation of microsatellite instability (MSI) and tumor mutation burden (TMB), which are indicators of immune checkpoint inhibitors.

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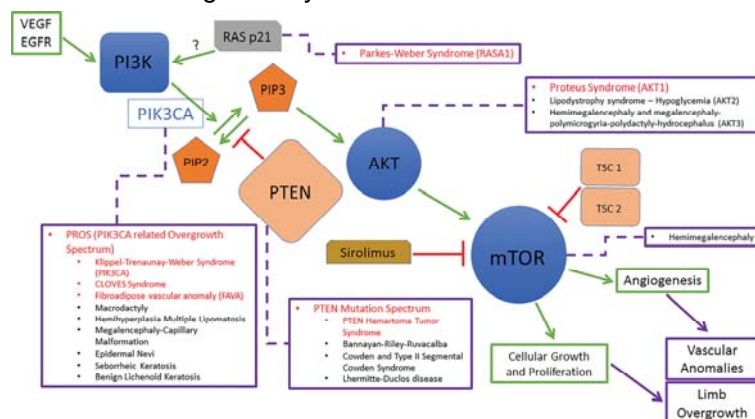
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## Involvement of Cancer-related Genes in Intractable Diseases

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PI3K/AKT/mTOR pathway and associated limb overgrowth syndromes



(Frederic Bertino, et al. RadioGraphics 2019; 39:491–515)

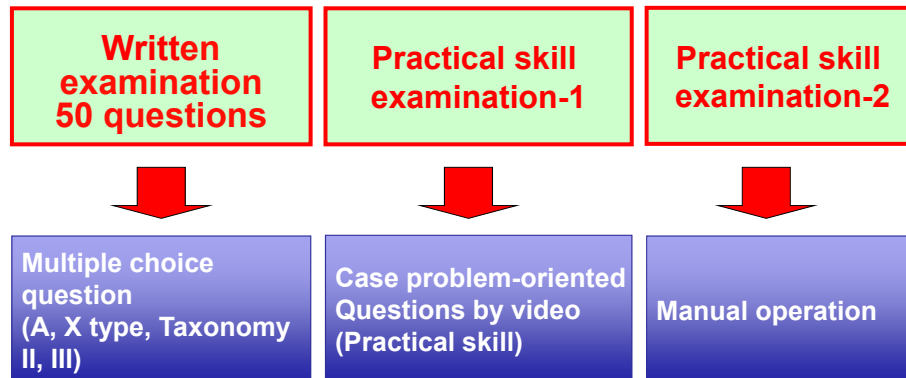
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## Question Criteria and Methods

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Written

Examination → Content of Educational Curriculum

Practical Skill

Examination → Achievement of Goal

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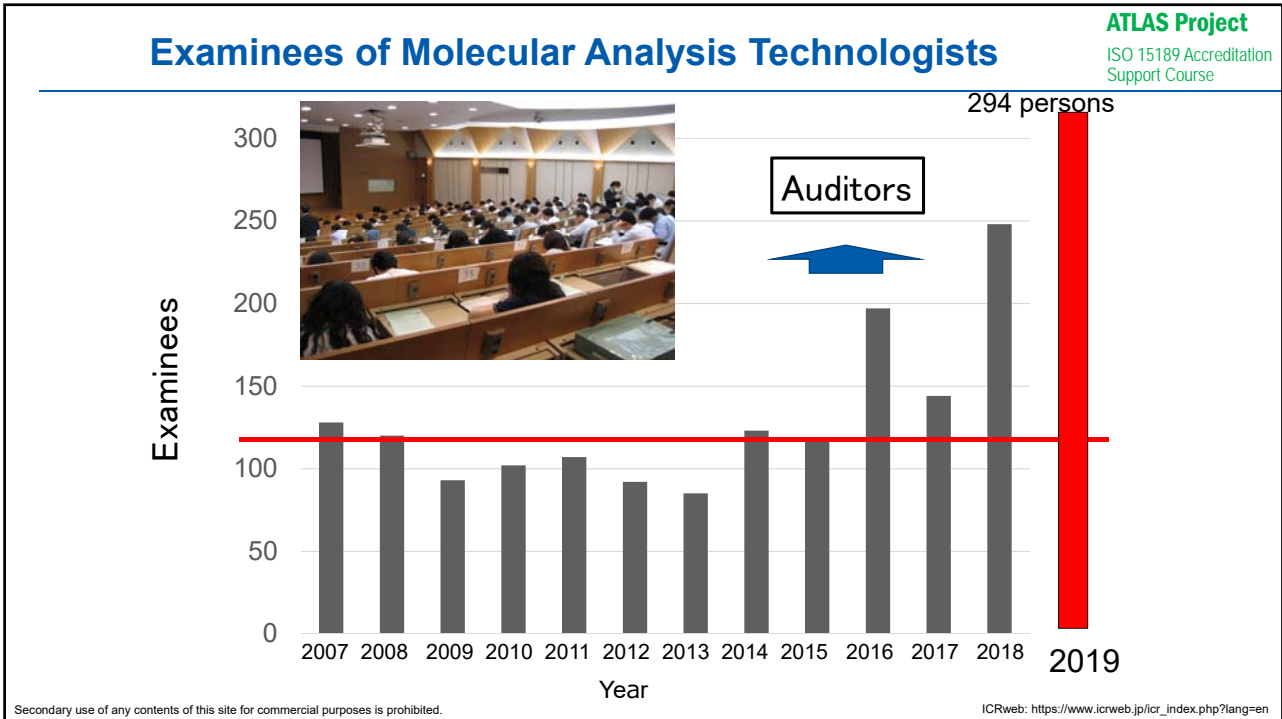
## Question Criteria for Practical Skill Examination: Achievement of Goal

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- 1) Be able to select the optimum testing items, sampling, pretreatment method, and testing method considering appropriate operation of the test and the roles of various nucleic acid amplification technologies.
- 2) In carrying out the test, understand proper work and procedures, and be able to avoid the influence of inappropriate operations on test result values.
- 3) Be familiar with the theoretical background and limits of each operation and be able to properly grasp and solve measurement problems.
- 4) Be able to extract artificially abnormal results (sampling, measurement) and abnormal samples from the test results (list), estimate the cause, and instruct retesting.
- 5) Be able to judge the measurement result for the general target of detection encountered in the routine test, to select/instruct additional test, evaluate or interpret the result, and report it to the user.
- 6) Be able to obtain information on gene structural abnormalities specific to the target of detection, select efficient analysis techniques for the detection, and design individual specific tests.
- 7) When implementing a new test, be able to evaluate the basic performance of the test and ensure sufficient measurement accuracy based on the appropriate evaluation.

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## 3. Qualification of Laboratory Director in Molecular-Genetic Testing

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## Personnel Requirements

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CLIA requires laboratories performing moderate- and high-complexity tests to have specific expertise available.

□ **Laboratory director:** The director is responsible for the overall operation and administration of the laboratory. The laboratory director ensures that consultation is available to the laboratory's clients on matters relating to the quality of the test results reported and their interpretation regarding specific patient conditions. CLIA sets out specific qualification requirements for laboratory directors, depending on the complexity of tests performed by a laboratory.

□ **Technical consultant/technical supervisor:** For laboratories performing moderate- complexity testing, one or more persons must be qualified to provide technical consultation for each specialty and subspecialty for which the laboratory is accredited. For high- complexity testing, laboratories must have a technical supervisor for each such specialty and subspecialty. These persons are responsible for ensuring appropriate test methodology, verifying test procedures, and establishing quality control programs.

□ **Clinical consultant:** Laboratories performing moderate- and high-complexity testing must employ a clinical consultant who is qualified to consult with and render opinions to laboratory clients regarding the diagnosis, treatment, and management of patient care.

□ **General supervisor:** For high-complexity testing, laboratories also must employ one or more general supervisors to provide day-to-day supervision of testing personnel and reporting of test results. Specific qualifications apply depending on the specialty and sub-specialty testing performed by the laboratory.

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## Certification Boards for Laboratory Directors of High Complexity Testing

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Most molecular-genetic tests are classified as moderate or high complexity.

For high complexity testing at 42 CFR 493.1443(b)(3)(i), the laboratory director must hold an earned doctoral degree in a chemical, physical, biological, or clinical laboratory science from an accredited institution and be certified and continue to be certified by a board approved by HHS (Department of Health and Human Services).

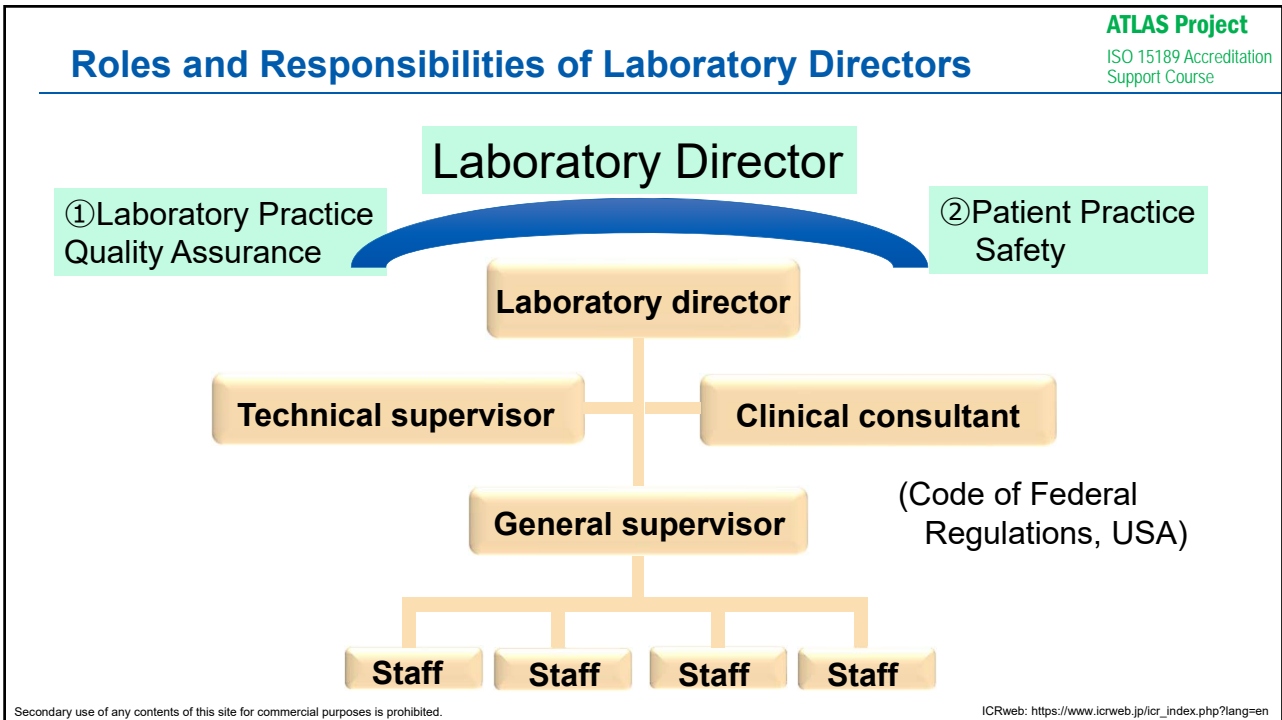
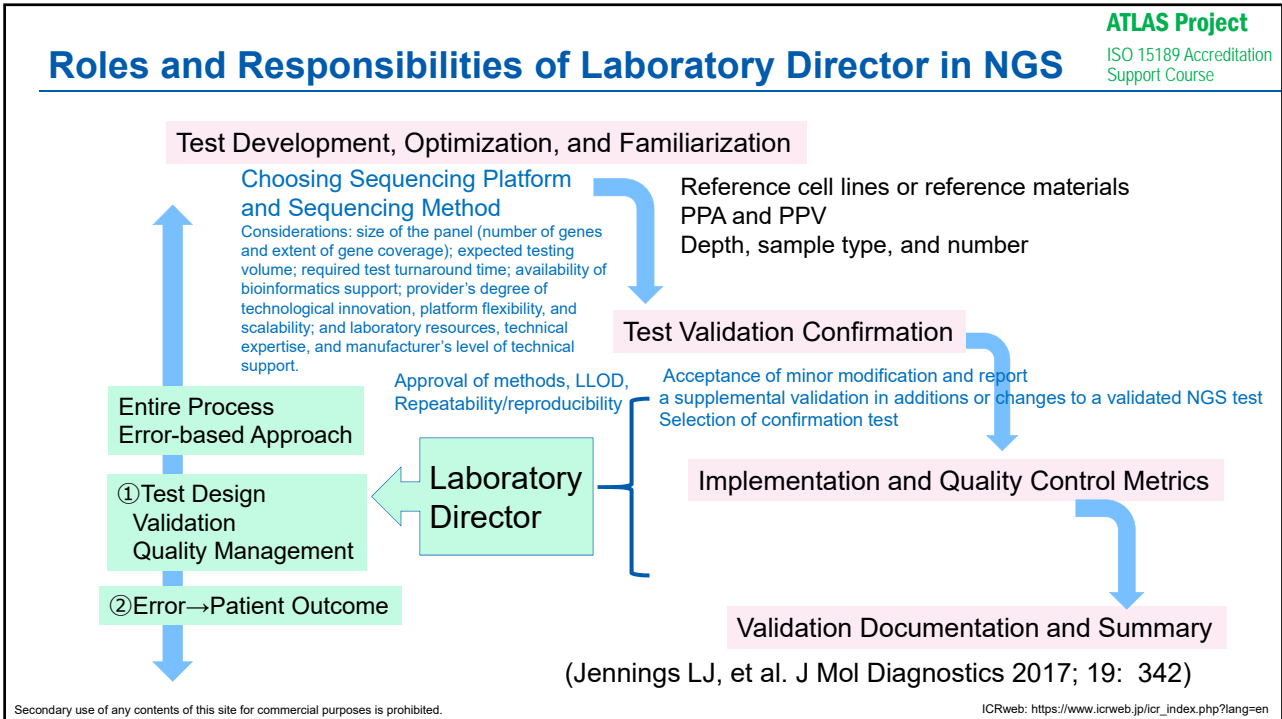
The current approved boards are as follows:

ABB – American Board of Bioanalysis  
ABB public health microbiology certification  
ABCC – American Board of Clinical Chemistry  
ABFT – American Board of Forensic Toxicology (limited to individuals with a doctoral degree with Fellow status)\*  
ABMGG – American Board of Medical Genetics and Genomics (formerly known as American Board of Medical Genetics (ABMG))  
ABMLI – American Board of Medical Laboratory Immunology  
ABMM – American Board of Medical Microbiology  
ACHI – American College of Histocompatibility and Immunogenetics (formerly known as American Board of Histocompatibility and Immunogenetics (ABHI))  
NRCC – National Registry of Certified Chemists (limited to individuals with a doctoral degree) \*

\* These boards certify non-doctoral individuals also.

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## Roles and Responsibilities of a Laboratory Director in the New Era

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Support Course

Roles and Responsibilities	
1	Ensuring quality in all aspects of laboratory Particularly in validation of laboratory developed tests on emerging technologies, implementation and evaluation of clinical validation, and allocation and training of personnel
2	Ensuring compliance with confidentiality of patient information and life ethics Compliance with ethical codes and guidance
3	Ensuring quality in judgment, interpretation, and reporting of a test result Clinical competence and knowledge, with specialty and experience as necessary, when judging, interpreting, and reporting
4	Ensuring multi-discipline collaborative approach Recruiting of and collaborating with experts as necessary

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## Outline of Training Curriculum for Laboratory Medicine (JSLM 2014, revised)

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- Overall Goals of Training Curriculum
- Competencies Shared among All Rotations
- Basic Schedule of Rotations
- Curriculum for Subdiscipline-Specific Rotations

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## Overall Goals of Training Curriculum for the Laboratory Medicine (JSLM 2014, revised)

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### 1. Career development

To have the fundamental skills and knowledge as a basic medical specialist (generalist in laboratory medicine) and the competency to become an expert in a subspecialty.

### 2. Laboratory management

To communicate as a medical consultant with other clinicians and to **optimally direct the management of the clinical laboratory enterprise**.  
To understand the science and technology of the clinical laboratory and ensures the quality, clinical appropriateness, and usefulness of the data produced by the laboratory.

### 3. Patient management

To understand and consult on methods of diagnostic test development, test utilization in the context of generally applicable and patient-specific clinical settings, and assay interpretation in the clinical management of patients.

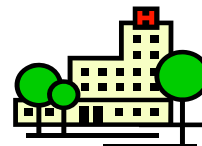
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## Competencies Shared among All Rotations

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1. Expert Consultation in Patient Care Provision
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice



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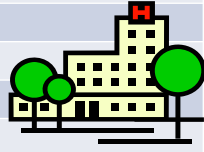
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## Basic Schedule of Rotations

The achievements that are required for minimal competency as a generalist in laboratory medicine would be acquired in 36 months of training.

It is generally recommended that the core rotations be structured as subsdiscipline-specific, concentrated, and protected rotations.

	Subdiscipline	Duration (months)
1	General Laboratory and Clinical Chemistry	3–5
2	Clinical Hematology	3–5
3	Clinical Microbiology	3–5
4	Transfusion Medicine	1–2
5	Clinical Immunology	1–2
6	Molecular Pathology/Genetics	1–2
7	Medical Imaging and Physiology	1–2
8	Laboratory Management, Informatics	1–2



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## 4.8 Molecular Pathology/Gene-related Testing

	Competence
4.8.1. <b>Basic Knowledge</b> of Specific Tests Using Molecular Biology Methods	
4.8.1.1 Basic of Molecular Pathology and Genetics	<ol style="list-style-type: none"> <li>1) <b>Understand</b> structure and function of gene/chromosome.</li> <li>2) <b>Understand</b> synthesis of protein.</li> <li>3) <b>Understand</b> inheritable diseases and mode of inheritance.</li> <li>4) <b>Understand</b> categories of gene-related tests.</li> <li>5) <b>Understand</b> genetic testing of mono-gene diseases.</li> <li>6) <b>Understand</b> pharmacogenomics-based tests.</li> <li>7) <b>Understand</b> personal differentiation tests.</li> </ol>
4.8.1.2 <b>Understand</b> ethics in genetic tests.	
4.8.2 Molecular Biology Technology	<ol style="list-style-type: none"> <li>1) <b>Have awareness</b> of sample types, preparation, and storage for molecular tests.</li> <li>2) <b>Have knowledge</b> of extraction and handling of nucleic acid.</li> <li>3) <b>Understand</b> principle and limitations of PCR.</li> <li>4) <b>Understand</b> nucleic acid amplification methods and others.</li> <li>5) <b>Understand</b> DNA sequencing and microarray methods</li> <li>6) <b>Understand</b> variations of genome sequence.</li> </ol>
4.8.3. <b>Judgment and Interpretation</b> of Gene-related Tests	<ol style="list-style-type: none"> <li>1) <b>Be able to interpret</b> results of molecular tests for hematopoietic neoplasms</li> <li>2) <b>Be able to interpret</b> results of molecular tests for mono-gene diseases.</li> <li>3) <b>Be able to interpret</b> results of molecular tests for infectious diseases.</li> <li>4) <b>Be able to make a report</b> of results of molecular tests.</li> </ol>

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## Increased Roles of Subspecialization

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In an era of ever-increasing medical complexity, the role of subspecialization by a subset of laboratory physicians is increasing, and fellowship-trained subspecialists are likely to become increasingly important in medical care delivery systems.

General Laboratory  
Clinical Chemistry  
Clinical Hematology  
Clinical Microbiology  
Transfusion Medicine  
Clinical Immunology  
Molecular Pathology  
Medical Imaging and Physiology  
Laboratory Management, Informatics  
Laboratory and Patient Safety

Generalist in Laboratory Medicine



Genetic Medicine  
Ultrasound Medicine  
Preventive Medicine

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## 4. Education and Training of Auditors in ISO 15189 for NGS-based tests

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## Issues to be challenged

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Support Course

1. Monitoring scheme of external quality assessment  
Japanese version of EQA and GetRM
2. Linkage with clinical (and research) biobank
3. Expansion of accredited laboratories
4. Qualification and training of auditors
5. Training of laboratory professionals

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## Usage of ISO 15189 Guidance for Molecular-Genetic Laboratories

ATLAS Project  
ISO 15189 Accreditation  
Support Course

### Molecular-Genetic Laboratories

- Introduction of quality management (validation and verification  
→performance parameters  
→internal quality control)
- Documentation of operational procedures
- Education and training of laboratory staff

### Accreditation body

Basis for accreditation criteria  
Education of auditors  
Harmonization among auditors



Development of a new accreditation program  
for molecular-genetic laboratories

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## Career Development of Molecular Analysis Technologist

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### Molecular Analysis Technologist

a person who has basic knowledge and skills and can perform molecular-genetic analysis and testing.



### Molecular Analysis Specialist

a person who already has acquired certification for Molecular Analysis Technologist and has advanced knowledge and sufficient experience and can teach juniors.



Career Development



Auditor of conventional molecular laboratories

Auditor of laboratories performing NGS

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## Candidates of Auditors for Molecular Laboratories

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Types of Labs	Methods/Panels	Candidates for an Auditor	
		Certificated as Molecular Analysis	In Combination with Certified Technologist
Conventional Molecular Laboratories	PCR-based Sanger-Sequencing FISH	Technologist	Pathology, Hematology, or Microbiology
Molecular Laboratories Performing NGS-based Test	Inherited Diseases	Specialist	
	Solid Tumor		
	Hematopoietic Tumor		
	Microbial Pathognes		

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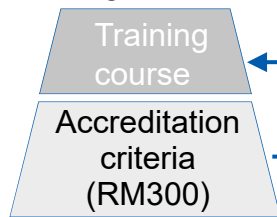
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## Auditor Training: Uniform and Unification Level of Audit

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### Current Program

Discrepancies  
among auditors



Corresponds  
to daily  
progress in  
knowledge



### New Program

Special  
training  
course

Training  
course

New accreditation  
criteria

Creating a  
guidance document

Molecular Analysis  
Technologist/Specialist  
+Technologist in pathology,  
hematology, or microbiology

Minimum requirement for a person  
responsible for quality assurance  
in amendment of medical law.

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## External Quality Assessment (EQA) or Proficiency Testing (PT) (IFCC, 2017)

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Support Course

- External quality assessment (EQA) or proficiency testing (PT) describes the process of comparing the laboratory's test results to an outside source.
- There are four methods for EQA/PT:
  - Rechecking or retesting samples that were previously tested by a reference laboratory,
  - On-site evaluation,
  - Inter-laboratory exchange of samples (typically between a few laboratories), and
  - Proficiency testing.
- In proficiency testing, an organization provides unknown samples for testing to a set of laboratories, and the results from all laboratories are analyzed and reported to the laboratories.
- EQA identifies systematic errors in testing, training needs, and objective evidence of testing quality.

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## Issues and Challenges

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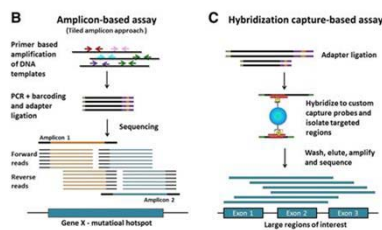
in Competence Evaluation of Laboratories Performing NGS-based tests

### Diversity of NGS-based Tests

Specimen types  
Purpose of use  
Assay platforms  
Detection targets of interest

### Samples Prepared

Genome-based  
DNA-based  
Cell-based



Guidelines for Validation of Next-Generation Sequencing-Based Oncology Panels  
*J MolDiagn.* 2017 May;19(3):341-365

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## Forms of NGS On-Site Evaluation

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### Report of self-assessment

Test item  
DNA preparation  
Library construction results  
Sequencing results  
Interpretation and discussion  
Auditor assessment



### Instruction for auditors

- ★1 Diversity of NGS-based tests  
Purpose of use  
Assay platforms  
Detection targets of interest  
Three types of sample are delivered.  
As necessary, an alternative approach is allowed.
- ★2 On-site evaluation is conducted to assess the routine laboratory work.  
Routine lab. practice and competence is to be evaluated.  
In the presentation and discussion, information and suggestions can be given to ensure the quality of the laboratory.

Presentation and discussion  
→internal process improvement



Competence of laboratory professionals

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## Potential Sources of Error Affecting NGS Assays

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Designed for Formalin-Fixed, Paraffin-Embedded Tissue

Step	Assay design considerations	Quality assessment during Validation
DNA yield	Optimize extraction	Measure yield
DNA purity and integrity	Optimize DNA library preparation	Monitor DNA library preparation
Deamination or depurination	Ung treatment, duplex reads	Confirm all positives with orthogonal method
Contamination	Change blades during tissue dissection	No template control
Stochastic bias	Increase input, multiple displacement amplification, single-molecule barcoding	Sensitivity control
Amplification errors	High-fidelity polymerase, duplex reads	Confirm all positives with orthogonal method
Capture bias	Optimize enrichment, long-range PCR	Define minimum coverage, back-fill with orthogonal method
Primer bias and allele dropout	Assess causes of false-negatives, design overlapping regions	Bioinformatically flag homozygosity of rare variants

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## Inconsistent Test Results in AF among Laboratories (IonPGM)

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		Tokai	B	C					
BRAF	COSM467	11.4	21.9	22.7	KRAS	COSM19940	8.2	6.9	8.4
	COSM21683	19.6	18.4	23.2		COSM554	8.3	10.1	5.5
	COSM21687	22.4	21.6	23.1		COSM546	8.2	10.2	8.6
EGFR	COSM21690	21	20.8	20.5	COSM521	8.6	8.8	8.1	
	COSM6239	25.4	23	24.9	NRAS	COSM564	9	9.1	7.6
	COSM6213	19.8	8.5	5.2	PDGFRA	COSM22415	7.2	7.5	7.4
MET	COSM700	21.3	20.1	20.2		COSM736	7.6	7	8.4
COSM691	21.6	20.4	8.0	PIK3CA		COSM27497	10.1	0	0.0
AKT1	COSM33765	5.5	6.2		8.6	COSM13570	10.1	0	0.0
ALK	COSM28056	11.6	8.7		7.9	COSM754	8.7	7.7	8.6
	COSM28055	10.3	8.5	8.7	COSM757	9	9	8.5	
	COSM36912	10.4	9.2	5.2	COSM759	8.8	8.7	7.1	
FGFR2	COSM36906	8.9	7.6	9.0	COSM760	8.6	8.6	7.1	
	COSM36904	8.8	7.5	8.8	COSM763	8.7	8.6	7.2	
	COSM36903	9.3	8.8	8.5	COSM125370	8.7	8.6	7.2	
FGFR3	COSM715	6	6.8	8.1	COSM778	9.7	8.5	7.4	
	COSM719	7	4.5	7.1	COSM94986	11	9.2	7.1	
	COSM24802	6.8	7.9	9.8	COSM775				
HRAS	COSM499	8	9.3	9.1					
	COSM483	9.3	5.1	8.8					

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MET	COSM700	21.3	20.1	20.2	PDGFRA	COSM736	7.6	7	8.4
	COSM691	21.6	20.4	8.0					
AKT1	COSM33765	5.5					0.1	0	0.0
ALK	COSM28056	11.6					0.1	0	0.0
	COSM28055	10.3					3.7	7.7	8.6
FGFR2	COSM36912	10.4					9	9	8.5
	COSM36906	8.9					3.8	8.7	7.1
	COSM36904	8.8					3.6	8.6	7.1
	COSM36903	9.3					3.7	8.6	7.2
FGFR3	COSM715	6					3.7	8.5	7.4
	COSM719	7					3.7	8.5	7.4
HRAS	COSM24802	6.8					11	9.2	7.1
	COSM499	8							
	COSM483	9.3							

Decreased leads because of  
variants  
at a primer annealing site

p.L588R p.L861Q p.G960D p.A971G

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## Causes of a Failure of Detection by NGS-based Cancer Gene Panel Tests

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- Decreased leads because of variants at a primer annealing site.
- Decreased leads because of a panel property.
- Decreased leads because of pseudogenes.
- Filtering of pathogenic variants because of complex sequences/misalignment.



Plan for correcting internal processes  
Inform the limitation to users

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## Outcomes of On-Site Evaluation

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### Advantages

- Self-assessment, discussion, and feedback effectively improved quality of various NGS-based tests.
- Quality indicators in each process allowed evaluation of the appropriateness.
- Each laboratory made a plan relevant to its own system (dummy RNA, matched pair analysis with reference genome).
- Particularly, this worked for cancer companion diagnostics.

### Limitations and challenges

- Various specimens and applications of NGS-based tests such as circulating cell-free nuclear acid.
- Development and evaluation (assigned values) of all types of samples are costly.
- For diverse applications, combination with alternative approaches is accepted.

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## Summary

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## Summary

**ATLAS Project**  
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1) Because of the highly complex process of molecular-genetic testing and important impact of test results on decision-making for patient care, the importance of Laboratory Personnel in Quality Assurance has been underscored.

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## Summary

**ATLAS Project**  
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Support Course

1) Because of the highly complex process of molecular-genetic testing and important impact of test results on decision-making for patient care, the importance of Laboratory Personnel in Quality Assurance has been underscored.

2) Efforts for Qualification of Laboratory Technologist in Molecular-Genetic Testing were overviewed: certification system of molecular analysis technologists and specialists has been developed in Japan.

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## Summary

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Support Course

- 1) Because of the highly complex process of molecular-genetic testing and important impact of test results on decision-making for patient care, the importance of Laboratory Personnel in Quality Assurance has been underscored.
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- 3) Major role and responsibility of laboratory directors in molecular-genetic laboratory can be featured by laboratory practice with quality assurance, and patient practice and safety.

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## Summary

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- 3) Major role and responsibility of laboratory directors in molecular-genetic laboratory can be featured by laboratory practice with quality assurance, and patient practice and safety.
- 4) In the ISO 15189 accreditation for NGS-based tests, auditors were trained, based on new accreditation criteria and the implementation guidance document ISO 15189, as well as development of on-site evaluation for persons certified as Molecular Analysis Technologists/Specialists.

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