Silent haemoglobin variants and determination of HbA1c with the HPLC Bio-Rad Variant II

T Lahousen, R E Roller, R W Lipp, W J Schnedl

Aims: To evaluate the determination of HbA1c with an automated high performance liquid chromatography (HPLC) method in patients with clinically silent haemoglobin variants.

Methods: HbA1c values were determined with the ion exchange HPLC Bio-Rad Variant II using the high resolution β thalassaemia programme in patients with silent haemoglobin variants, namely: Hb Graz, Hb Sherwood Forest, Hb O Padova, and Hb D.

Results: All of these haemoglobin variants caused additional peaks in the chromatograms. No clinically useful HbA1c results were produced for patients with Hb Graz and Hb Sherwood Forest, the results for the patient with Hb D were too low, but the results for patients with Hb O Padova were acceptable.

Conclusions: The development of this automated HPLC method modification with high resolution mode aids the identification of interference caused by the described clinically silent haemoglobin variants in HbA1c determination.

MATERIALS AND METHODS

The blood samples were collected in EDTA anticoagulation bottles and sent cooled at 4°C by fast mail to the Bio-Rad Laboratories in Munich, Germany. Determinations of HbA1c were performed within three days. The fully automated HPLC Variant II (Bio-Rad Laboratories, Munich, Germany) was used with the high resolution β thalassaemia programme (figs 1–3). If interference by haemoglobin variants is assumed, the Variant II dual kit allows fast switching between the routinely used 3.5 minute haemoglobin A1c programme and the extended 6.5 minute β thalassaemia programme without changing reagents or cartridges. As a second HPLC method the Hi-Auto A1c HA-8140 (Menarini, Florence, Italy) was used. The immunoagglutination method used was the DCA 2000 (Bayer, Vienna, Austria), which uses a specific antibody against the first six amino acid residues of the glycated N-terminal of haemoglobin. Here we describe HbA1c determinations in two patients with type 2 diabetes and the β chain variant Hb Graz (αβ2(NA2) His → Leu), a patient without diabetes but with β chain variant Hb Sherwood Forest (αβ104(G6) Arg → Thr), two patients (one without diabetes and one with type 1 diabetes) with α-chain variant Hb O Padova (βα30(B11) Glu → Lys), and a patient with type 2 diabetes with β chain variant HbD (αβ121(GH4) Glu → Gln). Amino acid analysis and DNA sequence analysis were performed as described previously and the routine haematological data of all patients were within the normal range.

Abbreviations: HbA1c, glycated haemoglobin; Hb, haemoglobin; HPLC, high performance liquid chromatography
RESULTS
In the two patients with type 2 diabetes and Hb Graz the chromatogram from the Bio-Rad Variant II using the high resolution β thalassaemia programme showed that Hb Graz migrates with fetal haemoglobin and labile HbA1c (LA1c), overlapping HbA1c, as shown in the analysis data (fig 1). No result was given for HbA1c determination in both patients with Hb Graz (fig 1). The determination of HbA1c with the HPLC Menarini described the results as “abnormal separation” and the immunoagglutination method DCA 2000 showed values

<table>
<thead>
<tr>
<th>Peak name</th>
<th>Calibrated area %</th>
<th>Area %</th>
<th>Retention time (min)</th>
<th>Peak area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>–</td>
<td>0.1</td>
<td>0.110</td>
<td>3196</td>
</tr>
<tr>
<td>Unknown</td>
<td>–</td>
<td>1.5</td>
<td>0.162</td>
<td>44 603</td>
</tr>
<tr>
<td>A1a</td>
<td>–</td>
<td>9.0</td>
<td>0.244</td>
<td>271 472</td>
</tr>
<tr>
<td>Unknown</td>
<td>–</td>
<td>44.3</td>
<td>0.628</td>
<td>1 341 993</td>
</tr>
<tr>
<td>F3</td>
<td>–</td>
<td>3.5</td>
<td>1.515</td>
<td>106 236</td>
</tr>
<tr>
<td>Ao</td>
<td>–</td>
<td>39.6</td>
<td>1.743</td>
<td>1 197 649</td>
</tr>
<tr>
<td>A2</td>
<td>2.9</td>
<td>–</td>
<td>2.869</td>
<td>61 478</td>
</tr>
</tbody>
</table>

Total area: 3 026 626

**F concentration** = %

**A1c concentration** = %

**A2 concentration** = 2.9%

Analysis comments:

![Chromatogram](http://pathbmi.com/)

**Figure 1** Chromatogram from the ion exchange high performance liquid chromatography Bio-Rad Variant II using the high resolution β thalassaemia programme in a patient with diabetes and the Hb Graz variant.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>HbA1c results in patients with haemoglobin (Hb) variants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin variant</td>
<td>HbA1c</td>
</tr>
<tr>
<td>Non-diabetic reference range</td>
<td>4.7–6%</td>
</tr>
<tr>
<td>Hb Graz 1</td>
<td>No result</td>
</tr>
<tr>
<td>Hb Graz 2</td>
<td>No result</td>
</tr>
<tr>
<td>Hb Sherwood Forest</td>
<td>No result</td>
</tr>
<tr>
<td>Hb D</td>
<td>4.8</td>
</tr>
<tr>
<td>Hb O Padova 1</td>
<td>4.9</td>
</tr>
<tr>
<td>Hb O Padova 2</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Variant II, HPLC variant II (Bio-Rad); HA-8140, HPLC high-auto A1c HA-8140 (Menarini); DCA 2000, immunoagglutination DCA 2000 (Bayer); Abnormal sep, abnormal separation; variant Hb, variant haemoglobin.

HPLC, high performance liquid chromatography.
within the non-diabetic reference range for both patients with diabetes (table 1).12

In the patient without diabetes with the Hb Sherwood Forest variant the chromatogram from the Bio-Rad Variant II using the high resolution β thalassaemia programme demonstrated an additional peak with HbA1c. No HbA1c result was given in the analysis data (fig 2). The result of HbA1c determination with the HPLC Menarini was “abnormal separation” and the immunoagglutination method DCA 2000 showed a value within the non-diabetic reference range for this patient without diabetes (table 1).12

In the two patients (one without diabetes and one with type 1 diabetes) who had the Hb O Padova variant the chromatogram from the Bio-Rad Variant II using the high resolution β thalassaemia programme demonstrated an additional late (at four minutes) migrating peak (fig 3). In the patient without diabetes the result for HbA1c was within the non-diabetic reference range and compared well with values of fasting blood glucose and fructosamine (table 1). In the patient with type 1 diabetes, the result was above the non-diabetic reference range, indicating (in agreement with the fructosamine result) that blood glucose regulation was unsatisfactory. The determination of HbA1c with the HPLC Menarini gave results in both patients described as “variant haemoglobin” and the immunoagglutination method DCA 2000 showed values within the non-diabetic reference range for both patients without diabetes and a diabetic value for the patient with type 1 diabetes (table 1).12

In the patient with type 2 diabetes and Hb D the chromatogram from the Bio-Rad Variant II using the high resolution β thalassaemia programme showed several additional “unknown” peaks, as published previously.15 The result for HbA1c was within the low non-diabetic reference range. Compared with the values of fructosamine and fasting blood glucose (table 1), which were in the diabetic range, the HbA1c result seemed too low. The determination of HbA1c with the HPLC Menarini gave the results as “variant haemoglobin” and the immunoagglutination method DCA 2000 showed values in the upper non-diabetic reference range for this patient (table 1).12

**DISCUSSION**

Most mutations in the globin genes of haemoglobin are a single base pair change in the DNA code, resulting in an amino acid substitution. More than 700 haemoglobin variants are known and about half of these variants are clinically silent like the ones investigated in our study.17 Methods to determine HbA1c include cation exchange HPLC, boronate affinity,
electrophoresis, and immunoassays. The first clinically useful cation exchange chromatographic method for HbA1c determination was published in 1978.\textsuperscript{18} Haemoglobin A1c was originally a term for an ion exchange chromatographic peak and is now defined as irreversibly glycated haemoglobin molecules at one or both N-terminal valines of the $\beta$ chains. Here, we describe the interference of Hb Graz, Hb Sherwood Forest, Hb O Padova, and Hb D in the determination of HbA1c with an extended automated HPLC method modification, namely the Bio-Rad Variant II high resolution $\beta$ thalassaemia 6.5 minute programme, which was developed to measure HbA2 in the diagnosis of $\beta$ thalassaemia trait.

HPLC methods usually indicate the presence of a haemoglobin variant, but they lack the resolution necessary to differentiate between them. They may demonstrate additional peaks in the chromatograms and these may be combined with clinically low or high results (figs 1–3).\textsuperscript{4} The Diamat HPLC method was once used for the screening of certain haemoglobin variants,\textsuperscript{19} and the Hi-Auto A1c HA-8140 HPLC method has separation conditions that seem to detect haemoglobin variants and describe the chromatogram as “abnormal” or “variant” haemoglobin.\textsuperscript{20} The HLC-723 GHb V A1c2.2 HPLC (Tosoh, San Francisco, California, USA) has an enhanced resolution using the 3.0 minute instead of the 2.2 minute protocol, which allows the detection of haemoglobin variants.\textsuperscript{21} Chromatograms from the Variant HPLC using the $\beta$ thalassaemia short programme helped to establish the diagnosis of certain haemoglobinopathies.\textsuperscript{22} However, most HPLC systems are not able to resolve additional peaks in their chromatograms and this leads to the overestimation and underestimation of HbA1c results.\textsuperscript{41 2}

The HPLC Variant II is described as giving an acceptable analytical performance and the results compared well with an HPLC method (Variant; Bio-Rad) certified by the National Glycohaemoglobin Standardisation Programme.\textsuperscript{15} We found that the determination of HbA1c values in patients with early migrating haemoglobin variants, such as Hb Graz and Hb Sherwood Forest, was not possible. The HbA1c value for the late migrating Hb O Padova variant was acceptable, but the HbA1c results for the Hb D variant appeared to be too low compared with the blood glucose and fructosamine results (table 1). Using the high resolution $\beta$ thalassaemia programme of the Variant II in patients with silent haemoglobin variants showed that HPLC

<table>
<thead>
<tr>
<th>Peak name</th>
<th>Calibrated area %</th>
<th>Area %</th>
<th>Retention time (min)</th>
<th>Peak area</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1a</td>
<td>-</td>
<td>0.4</td>
<td>0.165</td>
<td>12 105</td>
</tr>
<tr>
<td>A1b</td>
<td>-</td>
<td>1.1</td>
<td>0.257</td>
<td>35 579</td>
</tr>
<tr>
<td>A1c</td>
<td>-</td>
<td>1.0</td>
<td>0.668</td>
<td>34 073</td>
</tr>
<tr>
<td>A1c</td>
<td>9.5*</td>
<td>-</td>
<td>0.805</td>
<td>184 523</td>
</tr>
<tr>
<td>P3</td>
<td>-</td>
<td>3.6</td>
<td>1.480</td>
<td>118 796</td>
</tr>
<tr>
<td>A0</td>
<td>-</td>
<td>64.6</td>
<td>1.687</td>
<td>2 143 380</td>
</tr>
<tr>
<td>A2</td>
<td>1.9</td>
<td>-</td>
<td>2.840</td>
<td>48 494</td>
</tr>
<tr>
<td>C</td>
<td>-</td>
<td>0.6</td>
<td>4.426</td>
<td>20 186</td>
</tr>
</tbody>
</table>

* Values outside of expected ranges

HbF concentration = %
HbA1c concentration = 9.5%*
HbA2 concentration = 1.9%

**Analysis comments:**

![Chromatogram from the ion exchange high performance liquid chromatography Bio-Rad Variant II using the high resolution $\beta$ thalassaemia programme in a patient with type 1 diabetes and the Hb O Padova variant.](http://jcp.bmj.com/)

**Figure 3** Chromatogram from the ion exchange high performance liquid chromatography Bio-Rad Variant II using the high resolution $\beta$ thalassaemia programme in a patient with type 1 diabetes and the Hb O Padova variant.
Several haemoglobin variants are known to interfere with each method and even with each method modification. The degree of interference of haemoglobin variants may vary with comparison method used. However, these results emphasise the need for additional silent haemoglobin variants to be recognised more easily.

HbA₁c determination with HPLC Variant II

**Take home messages**

- The development of this automated high performance liquid chromatography method modification with high resolution mode aids the identification of interference caused by clinically silent haemoglobin variants in glycated haemoglobin (HbA₁c) determination.
- Such interference should be investigated in all newly developed and/or modified HbA₁c assays.
- Affinity chromatography may provide a more accurate measure of glycemic control in samples with haemoglobin variants.

The determination of HbA₁c in patients with early migrating haemoglobin variants, such as Hb Graz and Hb Sherwood Forest, was not possible.

ACKNOWLEDGEMENT

Thanks to Bio-Rad Laboratories (Munich, Germany) for performing the HbA₁c determinations with the HPLC Variant II high resolution β-thalassaemia programme.

**Authors’ affiliations**

T Lahousen, R E Roller, R W Lipp, W J Schnedi, Department of Internal Medicine, Karl-Franzens University School of Medicine, Auenbruggerplatz 15, A-8036 Graz, Austria

REFERENCES

11. Little RR. Recent progress in glycogemoglobin (HbA₁c) testing [editorial]. Diabetes Care 2000;23:246–56.