

# Comparison of Menstrual Pictogram Scoring to the Validated Alkaline Hematin Assay as Techniques for Measuring Blood Loss on Feminine Hygiene Products



Pamela E. Burnett, B.S., Scott Chudnoff, M.D., M.S., FACOG, Lisa Turner, B.S., and Dari Dadgar, PhD.

## INTRODUCTION

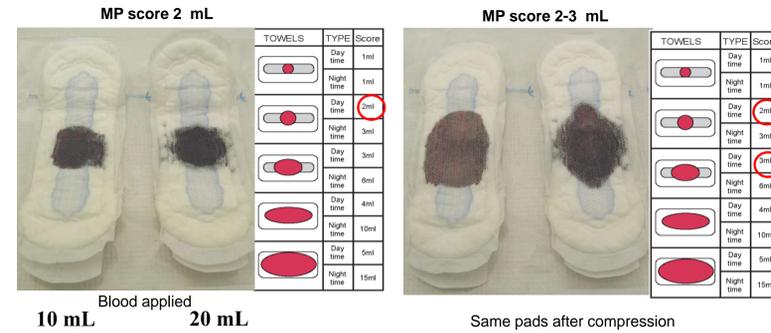
To invalidate Menstrual Pictograms (MP) for measurement of menstrual blood loss (MBL) on feminine hygiene products.

Prospective experimental analysis  
Control Samples: Measured volumes of blood were applied to Kotex Regular Maxi Pads or Tampax Super Tampons. The MP (G. Warrilow et al. *The Obstetrician and Gynecologist* 2004; 6:88-92) score was recorded and compared to actual volumes applied.

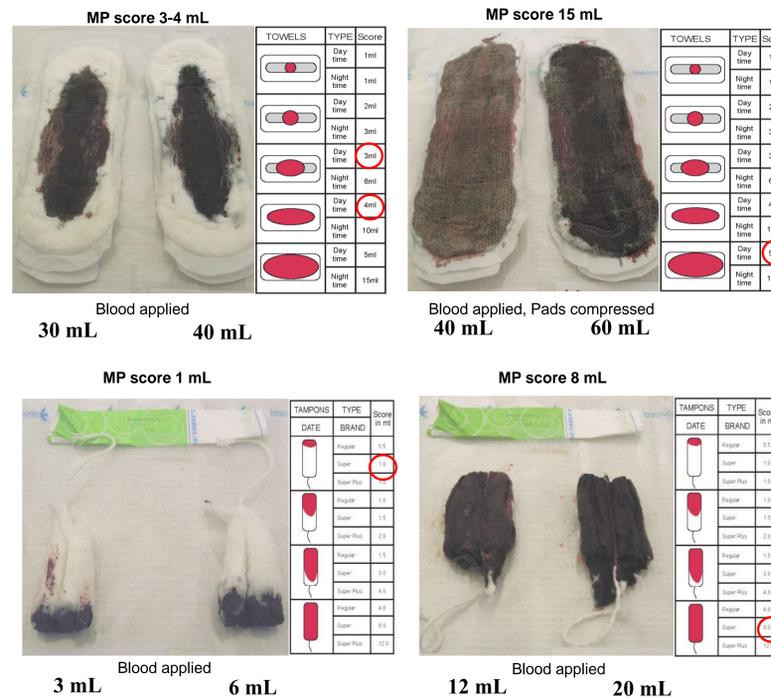
Clinical Samples: Patient feminine hygiene samples were scored using the MP and results were compared to a fully validated alkaline hematin (AH) assay, proven accurate and precise.

## CONTROL SAMPLES

**Control Samples:** Measured blood volumes applied with serological pipet to Kotex Maxi Pads or Tampax Tampons, Vs MP scores recorded.



Pictogram scores under-estimate actual volumes applied by up to 10 fold, sometimes more.



## CLINICAL SAMPLES

**Menstrual Pictogram: Is the Maximum Score Realistic?**

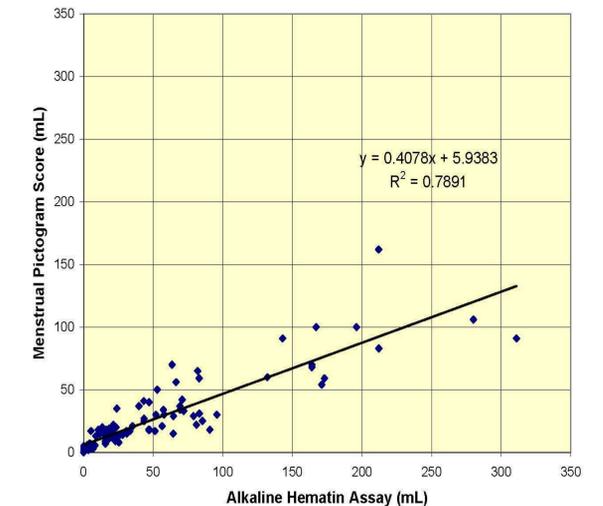
For 166 patients in a clinical trial undergoing MBL measurement by alkaline hematin, actual average volumes measured on samples consisting of pads only or tampons only were compared to the pictogram maxima (12 mL- Tampon; 15 mL-Pad).

Samples = Tampons only (1-8/sample): 173	
Of these, # assayed below LLOQ:	67 (38.7%)
# assayed >LLOQ & ≤12.0 mL/tampon:	63 (36.4%)
# assayed >12.1 mL & ≤25.0 mL/tampon:	27 (15.6%)
# assayed >25.0 mL/tampon:	6 (9.2%)

Samples = Pads only (1-4/sample): 1347	
Of these, # assayed below LLOQ:	233 (17.3%)
# assayed >LLOQ & ≤15.0 mL/pad:	753 (55.9%)
# assayed >15.1 mL & ≤50.0 mL/pad:	248 (18.4%)
# assayed >50.0 mL/pad:	10 (0.7%)

Approximately 25% of assayed tampon samples and 27% of assayed pad samples averaged more than the maximum respective MP scores.

Menstrual Pictogram Score Vs Alkaline Hematin Assay: Individual Collection Days (102)



23 Patients, 102 Cycle Days  
MP Volume (mL) Vs AH Assay Volume (mL)

MP Vol.	5	1	1	0	2	2	2	1	4
AH Vol.	<2.50	<2.50	<2.50	<2.50	<2.50	<2.50	<2.50	<2.50	<2.50
MP Vol.	3	3	4	3	0	3	6	4	2
AH Vol.	<2.50	<2.50	<2.50	<2.50	<2.50	2.57	2.98	3.44	3.46
MP Vol.	6	3	7	17	5	3.5	5	4	3
AH Vol.	4.06	4.21	4.38	5.25	5.43	5.47	6.07	6.20	6.71
MP Vol.	5.5	13	18	15	20	15	7	9	18
AH Vol.	8.21	8.74	10.6	11.8	13.4	14.1	15.7	15.7	16.4
MP Vol.	14	12	19	12	14	19	16	22	10
AH Vol.	18.0	18.1	18.3	19.0	19.0	20.3	20.9	21.4	22.3
MP Vol.	20	35	13	8	14	14	17	15	16
AH Vol.	23.4	23.8	23.8	25.3	26.0	27.9	30.6	30.9	38.1
MP Vol.	21	37	41	25	27	18	40	18	17
AH Vol.	35.2	39.7	43.2	43.4	43.4	46.8	47.0	47.3	51.3
MP Vol.	50	21	34	30	70	15	29	56	37
AH Vol.	52.8	56.4	57.3	57.8	63.6	64.4	64.6	66.4	69.1
MP Vol.	42	33	29	22	65	59	31	25	18
AH Vol.	70.7	71.9	78.9	81.0	81.9	83.0	83.1	85.4	90.6
MP Vol.	60	91	70	68	100	54	59	100	83
AH Vol.	132	143	164	164	167	171	173	196	212
MP Vol.	106	91							
AH Vol.	280	311							

% Diff = (MP Vol - AH Vol) / (Mean, AH & MP Vols)

Table shows data points in increasing order of AH volume, left to right, top to bottom row. Colors depict whether alkaline hematin and MP volumes are within 15% of each other (green).

AH Vol BQL, MP Vol Consistent with this:	MP Vol "Accurate": within ±15% of AH Vol	MP Over-Estimated Vol: > 15% bias Vs AH Vol	MP Under-Estimated Vol: > 15% bias Vs AH Vol
10 data points (9.8%)	12 data points (11.8%)	16 data points (15.7%)	64 data points (62.7%)

78% of pictogram scores are *inaccurate* by bio-assay ± 15% standard

## Pictogram Method Shortcomings:

- Lack of clinically relevant accuracy**
  - Vastly different blood volumes appear the same and produce the same pictogram score.
  - Pictogram-estimated blood volumes are inaccurate
  - Volumes are under-estimated at higher (more clinically relevant) volumes
- Clinically relevant ceiling effect (lack of dynamic range)**
- Pictogram can't be validated to current FDA ±15% accuracy and precision standards**

## CONCLUSION

Photographs clearly show that it is very difficult to distinguish between different amounts of blood on the same pad or tampon, leading to incorrect MP scoring.

The pictogram does not meet established bio-assay accuracy standards (± 15% of nominal), with greater degree of under-estimation at higher volumes more relevant to establishing menorrhagia.

The pictogram leads to a substantial number of mainly false negatives (sometimes false positives) using either 80 mL or 160 mL as the blood loss threshold for inclusion in a clinical study, most likely increasing the number of subjects to screen.

We propose a validated alkaline hematin method should be the method of choice when measuring blood loss in a clinical trial of menorrhagic conditions.

## ACKNOWLEDGEMENTS

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