

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



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## INTRODUCTION

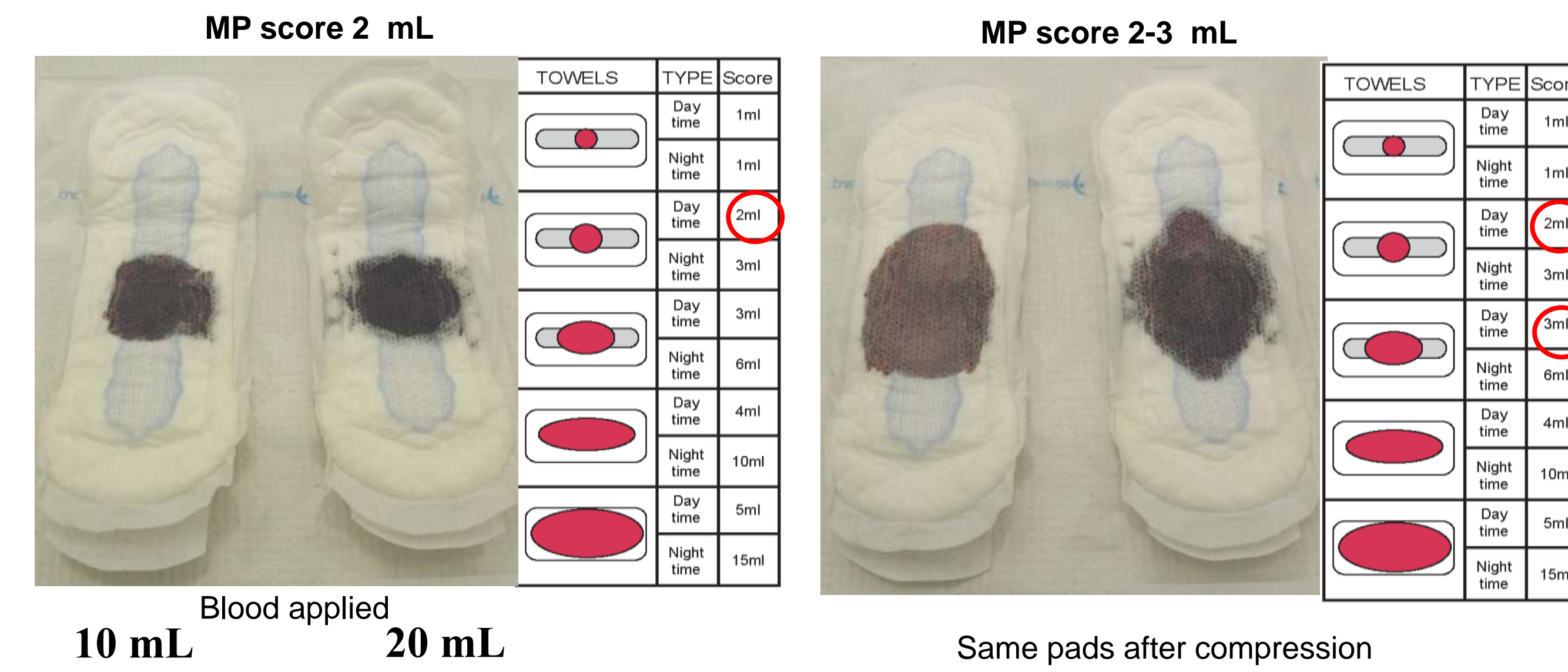
To invalidate Menstrual Pictograms (MP) for measurement of menstrual blood loss (MBL) on feminine hygiene products.

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.

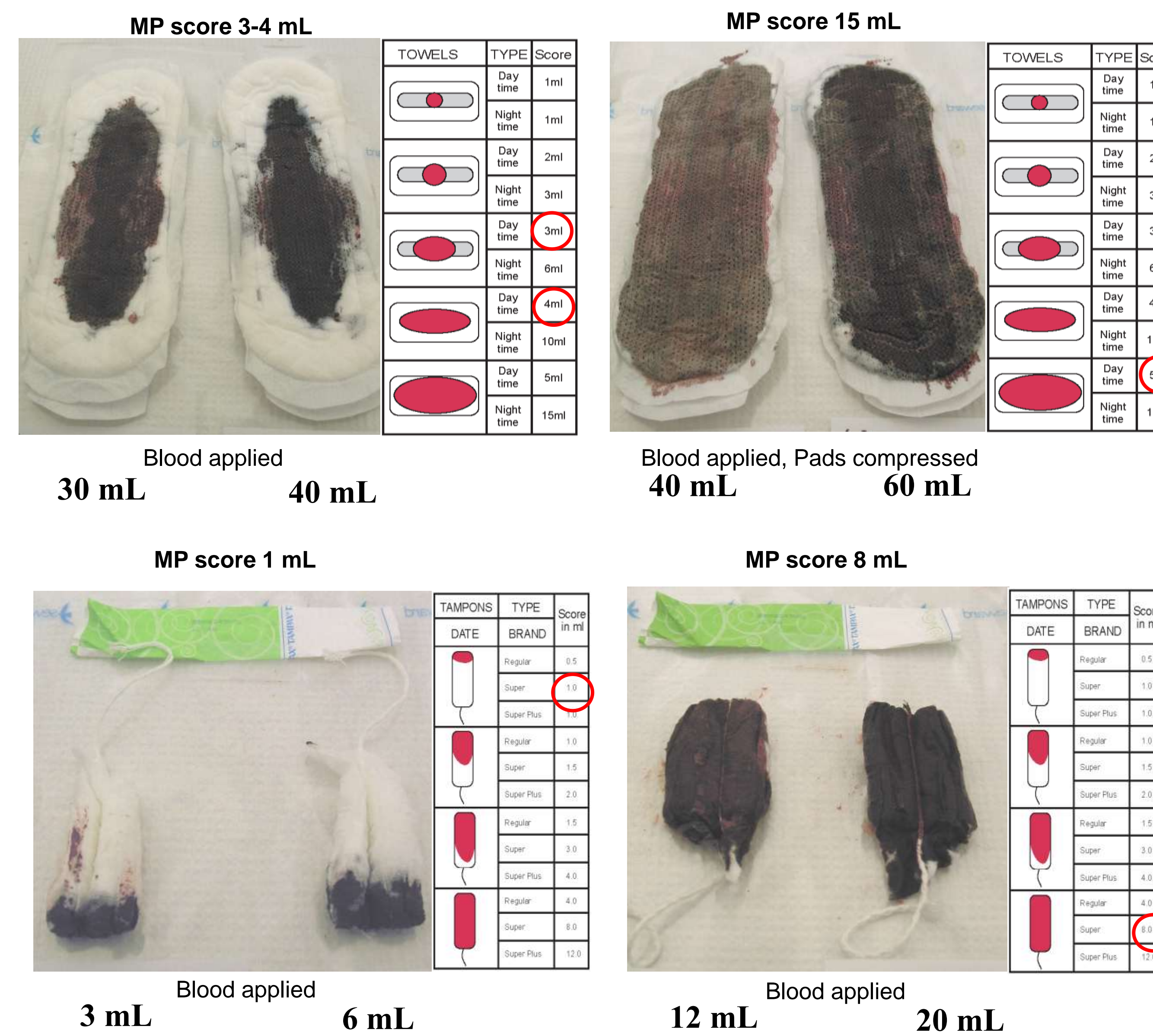
Clinical Samples: Patient feminine hygiene samples were scored using the MP and results were compared to a fully validated alkaline hematin (AH) assay, proven accurate and precise.

## 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?**

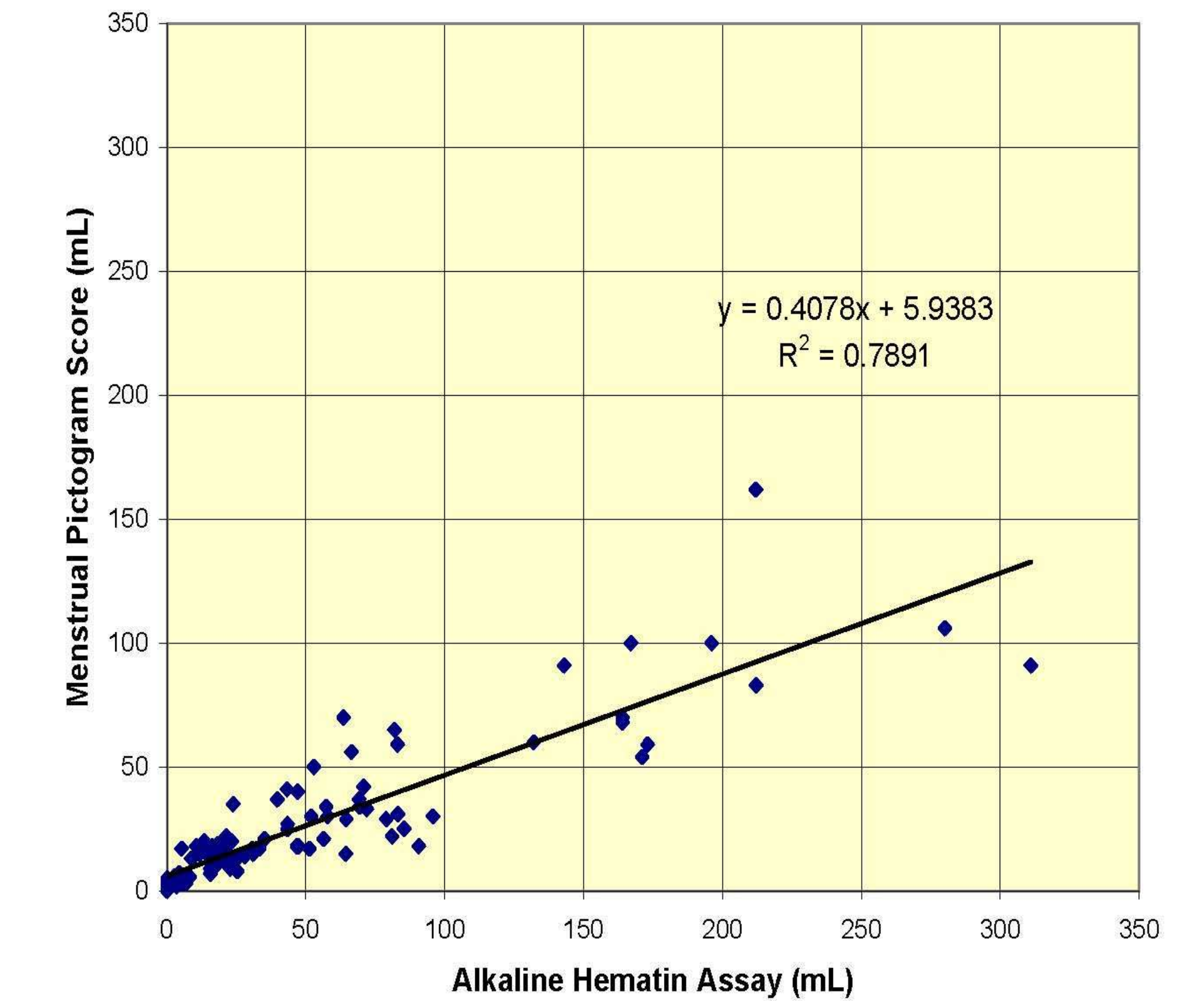
For 166 patients in a clinical trial undergoing MBL measurement by alkaline hematin, actual average volumes measured on samples consisting of pads only or tampons only were compared to the pictogram maxima (12 mL- Tampon; 15 mL-Pad).

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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