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Letter to the editor

Letter of concern on evaluating the consistency between two clinical COVID-19 diagnostic methods

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To the Editor,

We read with interest the article entitled: "Clinical COVID-19 diagnostic methods: Comparison of reverse transcription loop-mediated isothermal amplification (RT-LAMP) and quantitative RT-PCR (qRT-PCR)" [1]. This study compares the RT-LAMP assay with qRT-PCR using the Loopamp[™] SARS-CoV-2 Detection Kit. RT-LAMP shows similar performance to qRT-PCR for 151 nasopharyngeal swab and 88 sputum samples. Therefore, the article states that RT-LAMP is a highly reliable and at least equivalent to qRT-PCR in utility. Although this article provides valuable information, we believe that when the authors evaluated the consistency between qRT-PCR and RT-LAMP, some results are worth discussing. According to the authors' evaluation, the concordance rates for nasopharyngeal samples, sputum samples, and total samples between qRT-PCR and RT-LAMP assays were 93.4 (141/151), 93.2 (82/88), and 93.3% (223/239), respectively. We notice that the agreement of the qRT-PCR and RT-LAMP were not assessed. However, it should be noted that to evaluate intraobserver consistency, applying overall concordance rate is not always appropriate. It depends on the prevalence of each observer. For example, Table 1 shows that in both (a) and (b) conditions, the prevalence of concordant data is 95.0% and discordant data is 5.0%. Meanwhile, the overall concordance rates are 95.0% in both conditions. However, we get different Cohen's kappa values (0.260 as minimal agreement and 0.900 as strong agreement), respectively.

Table 1

Limitation of overall concordance rate to assess consistency of two observers with different prevalence in the two categories.

Observe	r 1		Concordance rate	
	+	-	total	
+ -	94 3	2 1	96 4	95.0%, (94+1)/100
total	97 +	3 -	100 total	
+ - total	47 3	2 48 50	49 51 50	95.0%, (47+48)/100
	Observe + total + - total	Observer 1 + 94 - 3 total 97 + 47 - 3 total 50	Observer 1 + - + 94 2 - 3 1 total 97 3 + - - + 47 2 - 3 48 total 50 50	Observer 1 + - total + 94 2 96 - 3 1 4 total 97 3 100 + - total + + 47 2 49 - 3 48 51 total 50 50 59

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Cohen's kappa analysis is suitable for evaluating consistency between two observers [2] and calculated as follows:

 $k = \frac{\sum_{i=1}^{n} (p_{ii}-p_i q_i)}{1-\sum_{i=1}^{n} p_i q_i}$, (1)where *k* is the kappa value and *p* and *q* are the sample frequencies. According to McHugh [3], the kappa result should be interpreted as follows: 0–0.20 as indicating no agreement, 0.21–0.39 as minimal agreement, 0.40–0.59 as weak agreement, 0.60–0.79 as moderate agreement, 0.80–0.90 as strong agreement, and 0.91–1.00 as almost perfect agreement.

Therefore, we recommend combining Cohen's kappa analysis and concordance rate in the consistency analysis between qRT-PCR and RT-LAMP assays. Here, according to the authors' data, we calculated the Cohen's kappa values. The Cohen's kappa values for nasopharyngeal samples, sputum samples, and total samples between qRT-PCR and RT-LAMP assays were 0.868, 0.840, and 0.864, respectively (Table 2). It showed strong agreement between qRT-PCR and RT-LAMP assays.

Table 2

Cohen's kappa values for calculating agreement between qRT-PCR and RT-LAMP.

qRT-PCR	RT-LAMP				Concordance rate
Nasopharyngeal swab and sputum samples		+	-	total	
k = 0.864	+	94	14	108	93.3%, (94+129)/239
	-	2	129	131	
(strong agreement)	total	96	143	239	
Nasopharyngeal samples		+	-	total	
k = 0.868	+	70	9	79	93.4%, (70+71)/151
	-	1	71	72	
(strong agreement)	total	71	80	151	
		+	-	total	93.2%, (70+71)/151
Sputum samples	+	24	5	29	
k = 0.840	-	1	58	59	
(strong agreement)	total	25	63	88	

Note: The data has been cited from the article published by Kitajima et al. [1] and undergone modification. *k* in the table is the Cohen's kappa value calculated by us.

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Declaration of Competing Interest

The authors report no declarations of interest. There are no any ethical/legal conflicts involved in the article.

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