POC cTnT ≥ 50.
Detect the danger.
Start action now.

Improving patient care by early identification and adequate intervention in patients with suspected AMI* at high risk of long-term mortality.1

Test early. Treat right. Save lives.

Test early – In patients with suspected AMI every minute of delay between symptoms and treatment may increase the risk of a negative outcome. The new ESC guidelines recommend an early invasive strategy within 24 hours in patients with non-ST-segment elevation acute coronary syndrome with at least one primary high-risk criterion.2 Troponin T is the number one criterion for high risk in these patients.2

Treat right – Data from the preHAP study show that pre-hospital patients with suspected AMI with Roche CARDIAC POC Troponin T ≥ 50 ng/L (POC cTnT ≥ 50) have a 3 – 10 times higher long-term mortality risk. The group of high-risk patients includes AMI and non-AMI patients (with a variety of CVD diagnoses). POC cTnT ≥ 50 is a strong individual prognostic factor for identifying patients with suspected AMI at high risk of long-term mortality who require accelerated medical investigation and appropriate treatment.1

Save lives – POC cTnT ≥ 50 allows faster triaging in pre-hospital care and emergency room.1 Therefore, testing all patients with suspected AMI in the general practitioner’s office, the ambulance or at the emergency room with the Roche CARDIAC POC Troponin T test using POC cTnT ≥ 50 enables further medical investigation and early intervention.

Proposed treatment algorithm for patients with suspected AMI using the POC cTnT and laboratory troponin T test

Testing patients with suspected AMI with the POC cTnT test ensures a fast triage to coronary intensive care unit or cath lab for patients with POC cTnT ≥ 50. Because of the same standardization and comparability of results, Roche CARDIAC POC Troponin T can be used in combination with Elecsys® Troponin T high-sensitive (cTnT-hs) laboratory test and the 1-hour algorithm for rapid rule-out and rule-in of AMI.1, 3, 4

Any patients with persistent symptoms and a POC cTnT < 50 ng/L cannot be ruled out for AMI and should undergo further troponin and medical investigation.1

This is a proposed algorithm not published as such in any guideline.
**The new Roche CARDIAC POC Troponin T ≥ 50 ng/L (POC cTnT ≥ 50) for faster triaging in the ambulance**

Roche CARDIAC POC Troponin T testing allows identification of patients with suspected AMI at high risk of long-term mortality in the ambulance in 12 minutes. This ensures triage to appropriate treatment and rapid routing to the cath lab hospital, potentially bypassing the emergency room at arrival — and contributes to saving time and costs:

- Early and fast triage of patients with suspected AMI at high risk of long-term mortality
- Make confident decision on where to deliver the patient
  - Transport high-risk patients (POC cTnT ≥ 50) directly to cath lab hospital
  - Transport low-risk patients (POC cTnT < 50) to local hospital for further investigation
- Reduce costly additional transfers from non-interventional to cath lab hospitals

**Improving patient flow for patients at high risk of long-term mortality (POC cTnT ≥ 50)**

Applying POC cTnT test in the ambulance contributes to saving time to life-saving intervention – and costs.

The new Roche CARDIAC POC Troponin T test on the cobas h 232 POC system:

- Results in just 12 minutes\(^1\)
- Easy-to-use handheld point-of-care system\(^6\)
- Precise results standardized with Elecsys\(^®\) Troponin T high-sensitive laboratory test\(^6\)

Cardiac markers available for cobas h 232 POC system: Troponin T, NT-proBNP, D-Dimer, Myoglobin, CK-MB — for rapid on-the-spot decisions.

*AMI, Acute Myocardial Infarction; POC, Point of Care.
**The Roche CARDIAC POC Troponin T is standardized with Roche’s Elecsys\(^®\) Troponin T high-sensitive laboratory test that showed a 99th percentile upper reference limit of a healthy cohort of 14 ng/L.

\(^6\) Roche CARDIAC POC Troponin T. Package Insert, 2015.

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