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.

<table>
<thead>
<tr>
<th>Patients with suspected AMI</th>
<th>Roche CARDIAC POC Troponin T result within 12 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 50 ng/L</td>
<td>High risk of mortality, initiate treatment accordingly</td>
</tr>
<tr>
<td>&lt; 50 ng/L</td>
<td>If cTnT-hs laboratory test is NOT available</td>
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<tr>
<td></td>
<td>If cTnT-hs laboratory test is available</td>
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<tr>
<td></td>
<td>Retest on POC after 3, 6, 12 hours</td>
</tr>
<tr>
<td></td>
<td>Retest with cTnT-hs laboratory test immediately</td>
</tr>
<tr>
<td>&lt; 50 ng/L</td>
<td>≥ 50 ng/L</td>
</tr>
<tr>
<td>Retest</td>
<td>High risk of mortality, initiate treatment accordingly</td>
</tr>
<tr>
<td>Follow clinical guidelines1 or the cTnT-hs 1-hour rule-out and rule-in algorithm for AMI1+4**</td>
<td></td>
</tr>
</tbody>
</table>

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 AMI1+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 emergency room

Roche CARDIAC POC Troponin T testing allows identification of patients with suspected AMI at high risk of long-term mortality in the emergency room in 12 minutes. This ensures rapid routing to the coronary intensive care unit or the cath lab, or re-transport to available cath lab hospitals – and contributes to saving time and costs:

- Early and fast triage of patients with suspected AMI at high risk of long-term mortality
- Reduce costly bed-time and unnecessary waiting time in the emergency room
  - Immediate transfer of high-risk patients (POC cTnT ≥ 50) to the correct destination
- Standardized and comparable results between Roche CARDIAC POC Troponin T and Elecsys® Troponin T high-sensitive

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

Applying POC cTnT test in the emergency room 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 minutes¹,²
- Easy-to-use handheld point-of-care system²
- Precise results standardized with Elecsys® Troponin T high-sensitive laboratory test²

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.