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. Troponin T is the number one criterion for high risk in these patients.

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.

Save lives – POC cTnT ≥ 50 allows faster triaging in pre-hospital care and emergency room. 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.

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.
The new Roche CARDIAC POC Troponin T ≥ 50 ng/L (POC cTnT ≥ 50) for faster triaging in general practitioners’ offices

POC cTnT testing allows identification of patients with suspected AMI at high risk of long-term mortality in the general practitioner’s office 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 send the patient
  - High-risk patients (POC cTnT ≥ 50) are sent directly to cath lab hospital
  - Low-risk patients (POC cTnT < 50) are sent to local hospital for further investigation

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

Applying POC cTnT test in the general practitioner’s office 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 system⁶
- Precise results standardized with Elecsys® Troponin T high-sensitive laboratory test⁶

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

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*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.

⁵ Thygesen, K. et al. (2012). J Am Coll Cardiol. 60(16), 1581–98.
⁶ Roche CARDIAC POC Troponin T. Package Insert, 2015.