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 triage 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.

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**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.1,3,4,5

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.
Roche CARDIAC POC Troponin T test:
Reliable results comparable to the laboratory

Roche CARDIAC POC Troponin T test – for fast and standardized results

• Results in just 12 minutes\(^1,6\) – ensures complying with the guideline whenever laboratory troponin results cannot be delivered within a suggested turn-around time of 1 hour\(^7\)
• Quantitative range of 40 – 2000 ng/L\(^6\) – for fast and accurate rule-in of AMI in conjunction with ECG and clinical symptoms\(^2\) – 5
• Standardized with Elecsys\(^6\) Troponin T high-sensitive laboratory test – ensures comparable results\(^6\)

cobas h 232 POC system*** – for ease of use

• Access control to ensure use by authorized staff
• User and patient identification with barcode scanner to avoid errors
• Use of patient and user ID ensures correct documentation of test results

cobas\(^\circ\) POC IT solution – reliable test quality and documentation controlled by the laboratory

• The cobas POC IT solution brings all information together to effectively manage POC testing, improve workflows and meet accreditation and regulatory requirements
• Test results and quality controls are stored electronically and automatically in a central patient record reducing thus administration time and risk of typing errors
• Integrated cobas academy user training package for customized e-learning courses and automated user (re)certification can be supervised and controlled from the laboratory

The cobas h 232 POC system can also be connected to other data management solutions.

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6 Roche CARDIAC POC Troponin T. Package Insert, 2015.

**AMI, Acute Myocardial Infarction; POC, Point of Care.
***The Roche CARDIAC POC Troponin T is standardized with Roche’s Elecsys\(^6\) Troponin T high-sensitive laboratory test that showed a 99\(^\text{th}\) percentile upper reference limit of a healthy cohort of 14 ng/L.

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