ICU
MANAGEMENT & PRACTICE

New Data for Abbott's High Sensitive Troponin Test Shows It May Predict Heart Attack Risk

Abbott announced on July 30, 2013, promising results from a study evaluating its High Sensitive Troponin-I (hsTnI) assay presented at this year's American Association for Clinical Chemistry (AACC) annual meeting in Houston, Texas. The study, conducted by researchers at Brigham and Women's Hospital, demonstrated that Abbott's hsTnI test (currently for research-use only in the United States) may help doctors predict which patients presenting with symptoms of a heart attack, such as severe chest pain, are at a higher risk for having a heart attack 30 days later.

A concern for patients who present with severe chest pain is that they are more likely to experience another cardiovascular event within a few weeks or months. Researchers at Brigham and Women's Hospital evaluated the performance of a hsTnI assay (Abbott, ARCHITECT) with the performance of a fourth generation troponin T assay (Roche, TnT) among 4,695 patients presenting with severe chest pain and found that the hsTnI assay identified more patients at higher risk of recurrent heart attack, even at very low troponin concentrations.

"The ability to identify patients at higher risk for another heart attack or cardiovascular death is an essential step in their prevention," said Dr. Petr Jarolim, M.D., Ph.D., one of the key authors of the study and Medical Director, Clinical Chemistry and Laboratory Control, Brigham and Women's Hospital. "This study demonstrates that the new high sensitivity cardiac troponin assays are efficient tools for classifying patients, allowing doctors to provide more aggressive treatment of those at higher risk."

Cardiac troponin, a protein found in the heart muscle, is considered the preferred biomarker used to identify suspected heart attacks, because it can detect injury to the heart.1 Abbott's ARCHITECT *STAT* hsTnI assay can measure very low levels of the protein, which allows doctors to evaluate whether or not patients are having a heart attack within two to four hours after presentation.2 This faster evaluation could allow doctors to reduce the time to diagnosis and treatment by several hours when compared to standard troponin tests.

"This study adds to the clinical evidence confirming the advantages of Abbott's high sensitive troponin test to provide more insight to clinicians about which patients are at greater risk for a future heart attack as compared to contemporary tests," said John Frels, PhD, divisional vice president, Diagnostics Research, Abbott. "This is important information for patient care because it may help doctors focus on the patients at greater risk for appropriate management."

The abstract for this study was selected as the first annual recipient of the Biomarkers of Acute Cardiac Disease Division Outstanding Abstract Award. The committee awarded a grant for outstanding abstract to one of the key authors of the study, Dr. Petr Jarolim (Brigham and Women's Hospital).

The ARCHITECT *STAT* hsTnI assay is commercially available in Europe and runs on Abbott's fully-automated ARCHITECT family of analyzers.

Source: Abbott

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