ICU
MANAGEMENT & PRACTICE

Results of study support the use of suPARnostic® Quick Triage in emergency departments

Today, at the 12th European Congress of Emergency Medicine in Glasgow, data from the TRIAGE III study were presented, evidencing that use of suPARnostic® Quick Triage shortened patients' stay at emergency departments by 6.5 hours and allowed a significantly higher proportion of patients to be discharged within 24 hours.

The study measured the effect of suPARnostic® Quick Triage compared to conventional triage/risk stratification systems used in emergency departments. The TRIAGE III cluster-randomised controlled study included 16,801 patients of whom 7,905 patients had their level of suPAR protein in the bloodstream determined quickly and the result conveyed to doctors and nurses in the emergency department.

The study results demonstrated superiority of suPAR as a prognostic biomarker compared to other investigated biomarkers (e.g. age, CRP, albumin), including a combined model of commonly used routine blood tests, in predicting short-term mortality. After a median follow-up of 362 days, death occurred in 13.9% in the suPAR group and in 14.3% of the patients in the control group (not significant).

Patients, whose level of suPAR had been established by suPARnostic® Quick Triage, experienced a significantly shorter stay at the emergency departments (mean: 6,5 hours shorter stay) and a significantly higher proportion of suPAR-patients were discharged within 24 hours compared to the control group (both statistically significant at $p<0.05$).

Data from the TRIAGE III study were presented by investigator Martin Schultz, MD. Dr Schultz concluded that a low suPAR level may be used to identify patients with a good prognosis, and who are at very low risk of short-term mortality. This is of particular value to emergency departments required to assess larger number of patients in a short time. Improving patient flow by early discharge of low-risk patients, where admission might not be necessary, will potentially benefit both patients in need of hospital treatment and low-risk patients that can be discharged without being exposed to the risks of hospitalization. CEO Jakob Knudsen, ViroGates, said: " The data support ViroGates' claims that the suPARnostic® product is capable of helping emergency care physicians taking faster decisions with respect to patients that are being considered for admission, thus saving healthcare systems valuable time and money. Furthermore, we see that such decisions are not taken at the expense of patients' safety in that the mortality in the study is unaffected by the overall savings of time and resources."

About the TRIAGE III study: The TRIAGE III trial was a cluster-randomized interventional trial conducted at emergency departments at Herlev Hospital and Bispebjerg Hospital in the Capital Region of Denmark. The inclusion period was from January through June of 2016 and consisted of twelve cluster-periods of 3-weeks alternating between intervention and control and a subsequent follow-up of ten months. Patients arriving during the interventional periods had their suPAR level analysed upon arrival. In the control periods, suPAR measurements were not performed. The primary endpoint was all-cause mortality 10 months after arrival of the last patient in the inclusion period. Secondary outcomes included length of stay and proportion of patients discharged within 24-hours. The study has been registered in clinicaltrials.gov, NCT02643459.

Published on : Mon, 10 Sep 2018