

Elevations of Cardiac Troponin Values Due to Myocardial Injury

Related to primary myocardial ischemia

- Plaque rupture
- Intraluminal coronary artery thrombus formation

Injury related to supply/demand imbalance of myocardial ischemia

- Tachy-brady arrhythmias
- Aortic dissection or severe aortic valve disease
- Hypertrophic cardiomyopathy
- Cardiogenic, hypovolemic, or septic shock
- Severe respiratory failure
- Severe anemia
- Hypertension, with or without LVH
- Coronary spasm
- Coronary embolism or vasculitis
- Coronary endothelial dysfunction without significant CAD
- Injury not related to myocardial ischemia
- Cardiac contusion, surgery, ablation, pacing, or defibrillator shocks
- Rhabdomyolysis with cardiac involvement
- Myocarditis
- Cardiotoxic agents (HERCEPTIN, anthracyclines)

Multifactorial or indeterminate myocardial injury

- Congestive heart failure (acute and chronic)
- Stress cardiomyopathy
- Severe pulmonary embolism or pulmonary hypertension
- Sepsis and critical illness
- Renal failure
- Acute neurological disease, including stroke, or subarachnoid hemorrhage
- Infiltrative diseases (amyloidosis, hemochromatosis, sarcoidosis, and scleroderma)
- Strenuous exercise

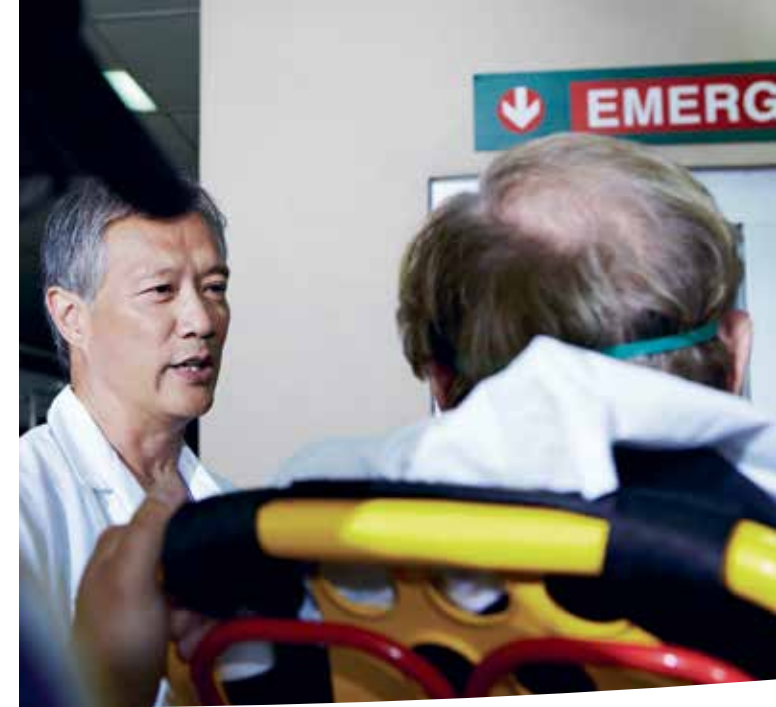
References:

- Roffi M, et al. Eur Heart J. 2016;37:267-315.
Thygesen K, et al. Eur Heart J. 2012;33:2551-67.
Wildi K, et al. Am Heart J. 2016;181:16-25.

Dimension, EXL, and all associated marks are trademarks of Siemens Healthcare Diagnostics Inc., or its affiliates. All other trademarks and brands are the property of their respective owners.

Product availability may vary from country to country and is subject to varying regulatory requirements. Please contact your local representative for availability.

High-Sensitivity Troponin I assay is not currently available for sale in the U.S.



Dimension EXL High-Sensitivity Troponin I (TNIH) Assay

0–3 Hour Algorithm for Diagnosis of Suspected
Acute Myocardial Infarction

Siemens Healthineers Headquarters

Siemens Healthcare GmbH
Henkestr. 127
91052 Erlangen, Germany
Phone: +49 9131 84-0
siemens.com/healthineers

Local Contact Information

Siemens Healthcare Diagnostics Inc.
Laboratory Diagnostics
511 Benedict Avenue
Tarrytown, NY 10591-5005
USA
Phone: +1 914-631-8000

Acute myocardial infarction (AMI) is diagnosed when there is evidence of myocardial necrosis in a clinical setting consistent with myocardial ischemia. Necrosis is defined by a significant rise or fall (serial change) of cardiac troponin measured between presentation at 0 hour and 3 hours later, with at least one value above the 99th percentile. The 99th percentile is also known as the upper limit of normal (ULN) or the upper reference limit (URL). The Dimension® EXL™ High-Sensitivity Troponin I (TNIH) assay demonstrates analytical imprecision much below 10% CV (coefficient of variation) at the 99th percentile ULN of the reference population.

Dimension EXL TNIH Assay 99th Percentile

A reference interval study was conducted using the Dimension EXL TNIH assay based on guidance from the Clinical and Laboratory Standards Institute (CLSI) Guideline Protocol EP28-A3c.23. Serum and lithium heparin plasma specimens were collected in the U.S. from 2020 apparently healthy individuals who ranged in age from 22 to 91 years of age.

Inclusion criteria

Each apparently healthy individual who consented to participate in the study was adult, completed a health status questionnaire, and was considered by self-assessment as generally healthy with no symptoms of a heart attack (chest or arm pain).

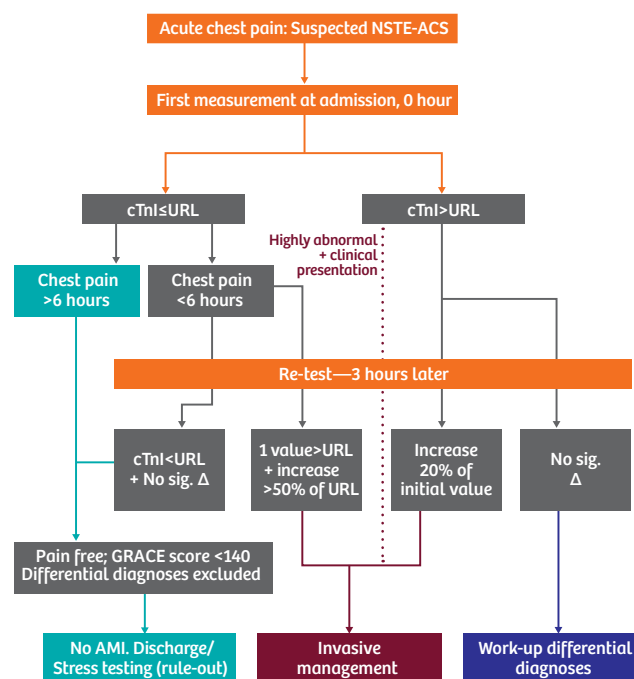
Exclusion criteria

- History of vascular or cardiovascular disease (e.g., atherosclerosis, coronary artery disease, coronary artery bypass surgery, angioplasty or myocardial infarction, congestive heart failure, deep vein thrombosis, pulmonary embolism, etc.).
- History of hypertension.
- Taking cardioactive drugs (aspirin, beta-blockers, diuretics, angiotensin-converting enzyme inhibitors or angiotensin-2 blockers, alpha-blockers, statins, calcium- or potassium-channel blockers, antidysrhythmic drugs, digoxin, inotropes, COUMADIN). The following exceptions did not exclude a subject as long as all other criteria were met:
 - Aspirin (up to 325 mg/day) taken in prophylaxis.
 - Statins taking in prophylaxis or for dyslipidemia without a confirmed diagnosis of atherosclerosis.
 - History of diabetes mellitus, chronic renal disease, and/or rheumatoid arthritis.

Each specimen was frozen, thawed, and assayed once. The 99th percentile values were determined using the nonparametric statistical method described in CLSI Document C28-A3c. Sample type, gender, and age had no statistically significant effect on the 99th percentile.

Sample Type	Sex	n	99th percentile (ng/L or pg/mL)	90% CI* (ng/L or pg/mL)
Lithium heparin	Female	1017	51.4	35.6–109.2
	Male	1003	76.2	42.3–117.0
	Combined	2020	60.4	43.2–81.3

*CI: confidence interval.



cTnI: cardiac troponin I
 URL: upper reference limit (99th percentile)
 AMI: acute myocardial infarction

0–3 Hour Algorithm to Interpret Dimension EXL TNIH Assay Values

The algorithm uses the 99th percentile concentration of the healthy individual as the Dimension EXL TNIH assay's upper reference limit (URL).

Chest pain more than 6 hours with a first cardiac troponin I measurement below the URL indicates that myocardial necrosis can be ruled out.

Chest pain less than 6 hours

- A **first measurement below the URL** in patients with suspected AMI requires a second measurement 3 hours later. It may be repeated 6 hours after admission in patients whose 3-hour values are unchanged but for whom AMI is still highly suspected.
 - If the second cardiac troponin I value is above the URL and the increase within 3 hours is above 50% of the URL with evidence of ischemia, AMI diagnosis is highly likely.
 - If the second cardiac troponin I value is unchanged, the patient can be discharged.

- A **first measurement above the URL** in patients suspected of chronic illness requires a second measurement 3 hours later to help differentiate acute from chronic necrosis. The serial change value in the case of chronic necrosis will be below 20% of the initial value at admission.

Cardiac troponin is a marker of myocardial necrosis and not a specific marker of AMI. The latter may only be diagnosed with a rise and/or fall of cardiac troponin together with characteristic symptoms, and/or electrocardiogram changes indicative of ischaemia and/or imaging evidence of acute myocardial ischaemia. Stable or inconsistently variable cardiac troponin values without significant dynamic changes are likely markers of chronic structural heart disease.