New Troponin Assay
General Information

Information for Clinicians

Pathology Queensland (PQ) is introducing a new highly sensitive cardiac troponin (hs-cTnI) assay to all Queensland Hospital laboratories during 2022. This new assay will replace the existing assay, which will no longer be available.

New assay: Siemens Atellica IM High-Sensitivity Troponin I assay

Why Now?

The instruments PQ currently use to test troponin need replacement. New instruments are being installed and this will mean a change in the troponin assay used in Queensland Health laboratories. The roll out of the assay is occurring in stages across Queensland Hospital and Health Services.

This means for a short time two different troponin assays will be in use at facilities across QH.

Caution should be taken with interhospital transfers.

Different troponin assay results cannot be compared.

New Values

The sex-specific cut-points (99th%) for the Siemens Atellica IM High Sensitivity Troponin I assay are different to the current assay.

Elevated values	Old	New
Female	>10 ng/L	**>34ng/L**
Male	> 20 ng/L	**>54ng/L**

Interpretation of troponin

An elevated troponin value alone does not diagnose acute myocardial infarction (AMI). It detects myocardial injury. Further evaluation may be needed (page 2).

Emergency Department risk stratification of patients with suspected ACS

A new risk stratification process will be utilised (page 3). An online app (*SAMIE*) will support this change.

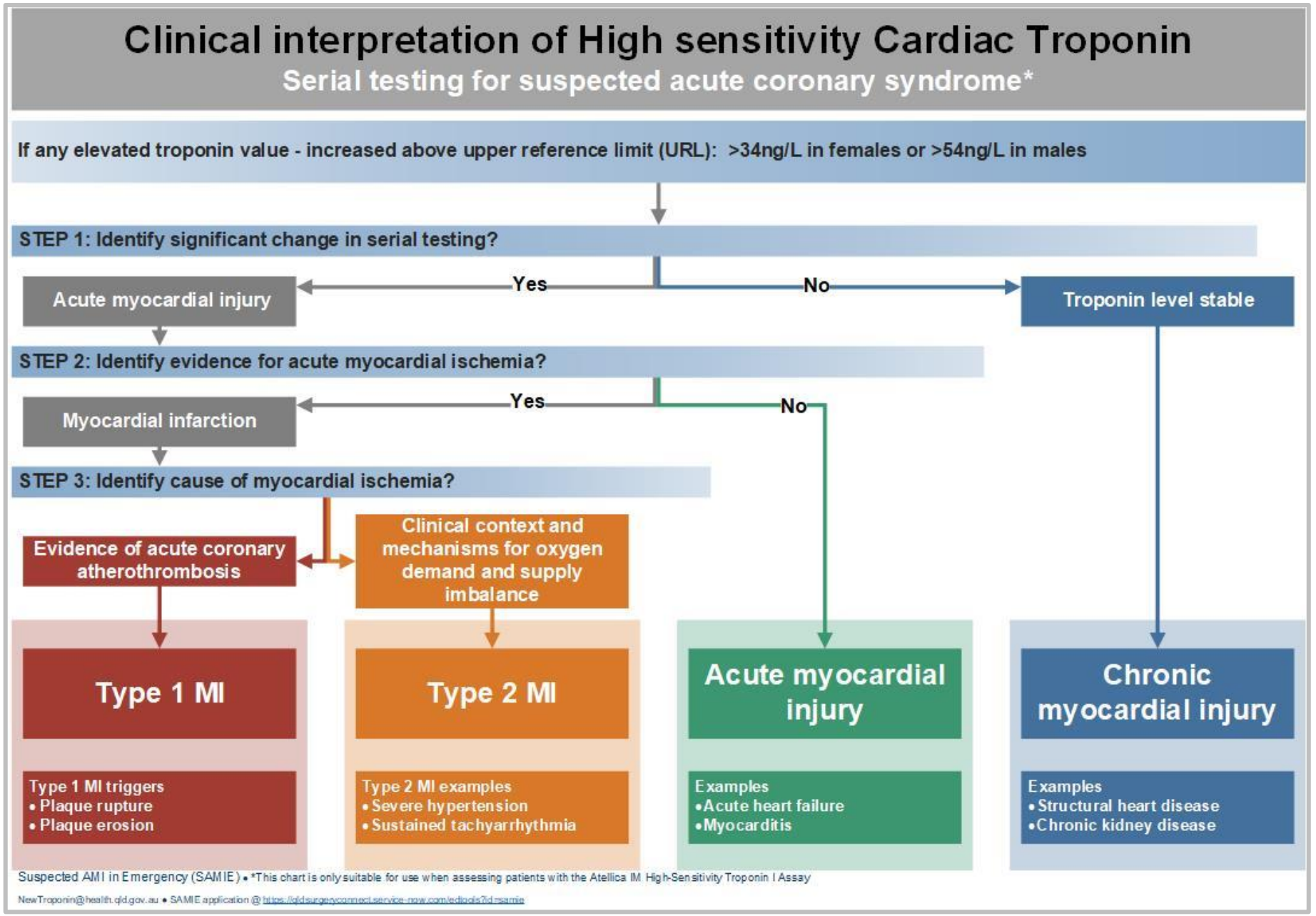
https://healthserviceportal.health.qld.gov.au/edtools?id=samie

Important Note

- The new assay and assessment strategy has been validated in a prospective multi-centre trial including >2000 patients conducted across six Queensland Hospitals.
- The Queensland trial was a validation study of previously published research (https://heart.bmj.com/content/105/8/616).
- The change ONLY applies to laboratory-based Troponin results.

More Information

Email: NewTroponin@health.qld.gov.au



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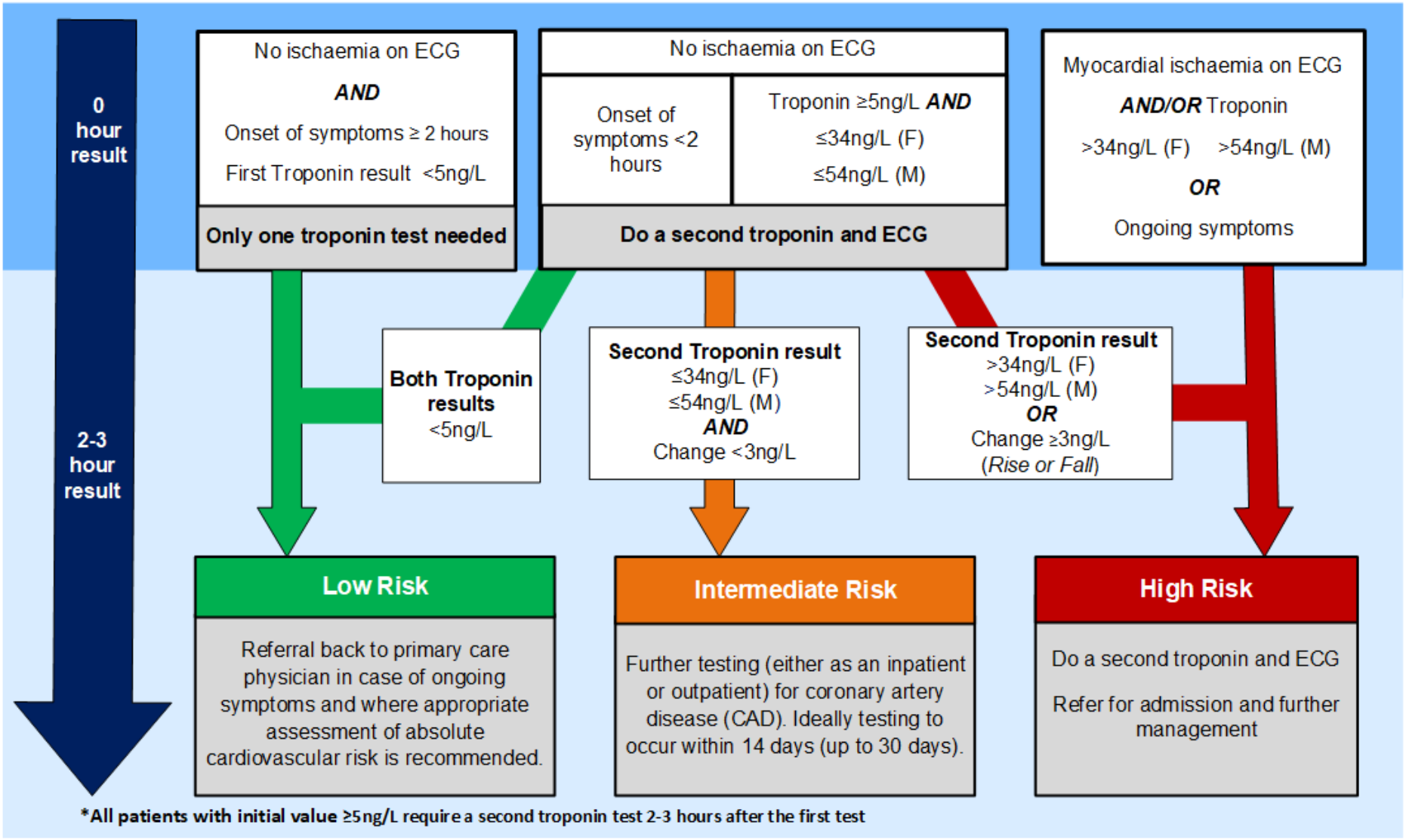
Suspected ACS: recommendations for ED clinical use

ALWAYS consider other life-threatening causes of symptoms e.g. Aortic dissection, PE

Clinical pathways never replace clinical judgement. Care outlined on this pathway must be altered if not clinically appropriate for the patient



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