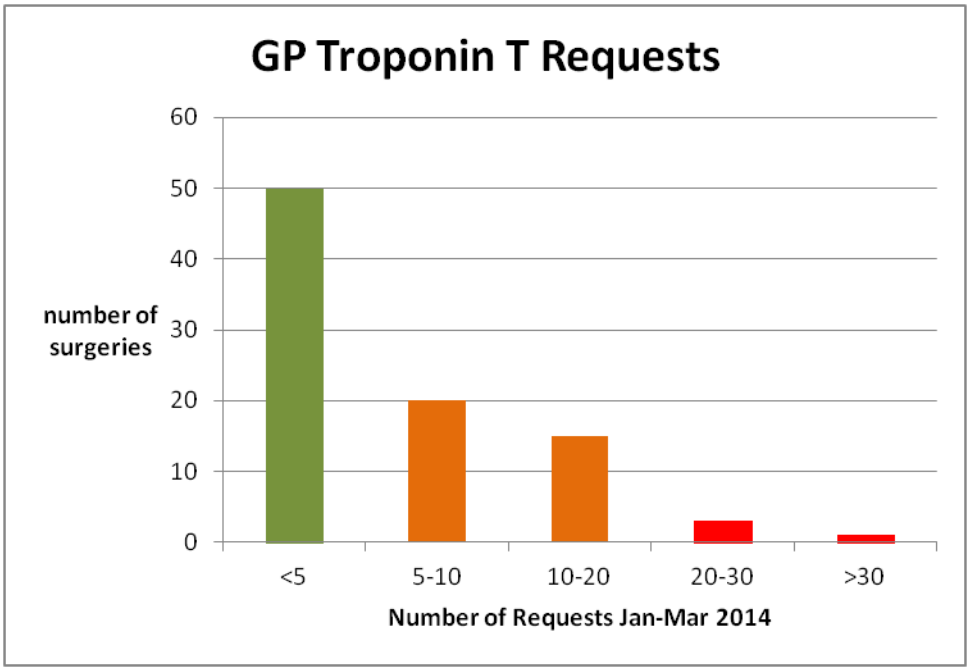
Troponin T: changes to reporting of results:

The department of Chemical Pathology at GHNHSFT will be changing the way in which Troponin T results are reported to bring us in line with the Suspected Acute Cardiac Chest Pain Guidance from the AGWSCS network (2012) – guidance which is followed by neighbouring acute trusts including Bristol and Bath.

Troponin T assay is rarely useful in primary care as it is a clinical decision as to whether chest pain symptoms are:

- Acute – necessitating urgent investigation and treatment in secondary care.
- Sub-acute – necessitating referral to the Rapid Access Chest Pain Clinic.
- Non-convincing in which case Troponin T assay is not indicated.

Nevertheless 10% of Troponin T requests are received from primary care and although most practices request Troponin T rarely, some practices request many more. (50 practices requested fewer than 5 in 3 months, one practice requested 61.)



From 4th August 2014 the Department of Chemical Pathology will start reporting results of the currently used high sensitivity Troponin T assay to a lower limit of 14 ng/L. This is because 99% of normal subjects will have a result less than 14 ng/L.

This will enable 'rule-out' of myocardial infarction in patients presenting to ED with **low-risk cardiac sounding chest pain which has resolved and normal ECG**, and who have a Troponin T result of <14ng/L at 6 hours post chest pain; and eliminate the need to wait till 12 hours post chest pain for a Troponin T result in these patients. (These patients may still need referral to the RACPC on the basis of their symptoms).

Results will be reported with the comment:

Cut-offs at 6 hours post Chest Pain:	
<14 ng/L	Normal Troponin.
14-30 ng/L	Indeterminate Troponin: Cannot exclude Acute Coronary Syndrome: consider ACS in conjunction with the clinical picture. Repeat at 12 hours post chest pain to determine if rising or stable level. Consistent with many non-ischaemic causes (see http://tinyurl.com/pnek6tl)
>30 ng/L	Positive Troponin. Consistent with (but not diagnostic of) Acute Coronary Syndrome, consider the clinical setting and please refer to: http://tinyurl.com/pnek6tl

Low risk patients with a Troponin T result between 14ng/L and 30ng/L at 6 hours post chest pain will need a repeat sample taken at 12 hours to determine whether the level is stable or rising. This result may be consistent with non-ischaemic conditions.

Troponin T >30ng/L at any time post chest pain is consistent with (but not diagnostic of) MI or unstable angina.

Any requests for Troponin T assay from primary care will continue to be assayed but requestors are asked to bear in mind that to achieve our within 24 hour turnaround time for analysis of GP samples most samples from primary care are assayed after the surgery is closed. Troponin T results which are >14 ng/L will be telephoned to the requesting doctor's surgery or, if closed, to the Out-of-Hours service.

Where, after careful consideration, it is therefore felt appropriate to undertake Troponin testing:

- **Requests should be accompanied by clear clinical details.**
- **The patient should be informed that if the result is not < 14 ng/L they may be contacted in the evening by the Out-of-Hours GP service.**
- **Any result which is between 14 ng/L and 30 ng/L will need repeat testing ASAP: Consider discussing with an Acute Care Physician or cardiology registrar on call, via SPCA as per the current arrangement for medical advice.**

For more information about the use of Troponin T and ACS please see:
http://tinyurl.com/Troponin-T