



Thermo Scientific™ B·R·A·H·M·S™ Copeptin proAVP

Early and Safe rule-out of myocardial infarction

Copeptin, a 39-amino acid glycopeptide that comprises the C-terminal part of the arginine vasopressin (AVP) precursor is a stable and sensitive surrogate marker for circulating AVP or anti-diuretic hormone (ADH).

As a marker of acute endogenous stress, Copeptin is increased immediately after onset of Acute Myocardial Infarction and then steadily decreases.¹

Combined Copeptin and Troponin strategy:

In contrast, Troponin is a specific marker for myocardial necrosis. Because of its delayed increase after Acute Myocardial Infarction (AMI) onset ("Troponin-blind" period) a prolonged patient monitoring including serial blood sampling is necessary.

A dual marker strategy combining Copeptin and Troponin (whether conventional or high-sensitivity) benefits from the integration of complementary information provided by pathophysiologically different processes and results in the highest Negative Predictive Value (NPV) for the diagnosis of AMI.²

Safety and Efficacy of the Strategy:

As demonstrated in the Biomarker in Cardiology (BIC)-8 interventional clinical trial, combining the biomarkers Thermo Scientific™ B·R·A·H·M·S™ Copeptin proAVP and Troponin provides a safe and effective procedure to rule out AMI after the first blood draw and better manage overcrowded emergency departments.³

This strategy is now recommended in the 2015 ESC guidelines³ for the management of acute coronary syndrome in patients presenting without persistent ST-segment elevation.⁴

The suggested Copeptin cut-off to minimize the number of false negative patients and obtain the highest NPV for the diagnosis of AMI is 10 pmol/L.³

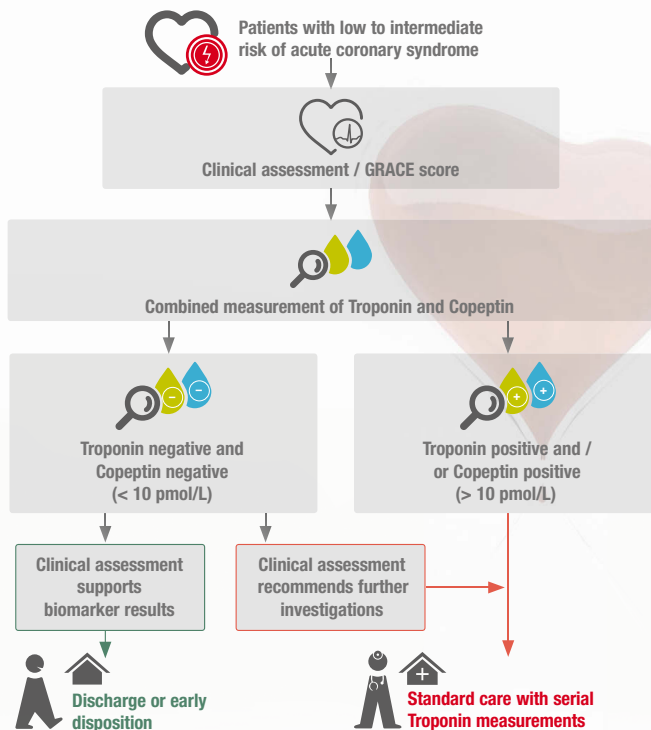
References:

- 1) Morgenthaler NG et al., Clin Chem 2006;52:112–119
- 2) Lipinski MJ., et al. Am J Cardiol 2014;113:1581e1591
- 3) Möckel M et al., Eur Heart J 2014;DOI:10.1093/eurheartj/ehu178
- 4) Roffi et al., Eur Heart J. 2015 Aug 29;
doi: <http://dx.doi.org/10.1093/eurheartj/ehv320>

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Algorithm

Fast Rule-Out of ACS at the Berlin Charité Hospital. modified from Möckel M and Searte J, Curr Atheroscler Rep. 2014 Jul;16(7):421.

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