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**B-R-A-H-M-S GmbH, part of Thermo Fisher Scientific, Announces Copeptin Now Included
in the German Cardiac Society (DGK) Recommendations**

*DGK follows the ESC recommendations for instant rule out of Acute Myocardial Infarction (AMI)
with combined copeptin and troponin; specifies use for outpatient cardiologists*

HENNIGSDORF, Germany (December 6, 2016) – In recently released recommendations the German Cardiac Society (DGK, Deutsche Gesellschaft für Kardiologie) confirms the actual ESC (European Society of Cardiology) recommendations which suggest the combination of both biomarkers copeptin and troponin for instant and fast rule-out of Acute Myocardial Infarction (AMI) at admission. In addition, the DGK explicitly recommends this diagnostic pathway for outpatient cardiologists.^{1,2}

Fast but reliable testing to rule out AMI in patients with chest pain (who present in a pre-hospital or in a hospital setting) reduces both the increasing crowding in emergency departments (ED) and financial burden on health systems. Patients with suspected acute coronary syndrome are common, even though only few of these patients are ultimately diagnosed with AMI. As a result, rapid rule-out of AMI and support of early discharge is a major benefit for hospitals and the public health system in general. Additionally, faster diagnosis can improve patient well-being by avoiding unnecessary patient stress, anxiety and other risks associated with hospitalization.

"This new specific DGK recommendation is important because chest pain units and outpatient cardiologists are country-specific. In Germany we have more than 200 certified chest pain units and approximately 50 certified outpatient cardiologist offices," said Professor Evangelos Giannitsis, University Hospital Heidelberg in Germany. "The measurement of copeptin will be even more attractive as soon as a specific point-of-care testing is available."

Copeptin, in combination with troponin, is recommended by the ESC for a fast rule-out of AMI especially when using conventional troponin assays; this corresponds to a class 1a recommendation according to the guidelines grading system based on scientific publications including a prospective randomized interventional trial and a meta-analysis.^{3,4,5} According to a class 2b recommendation by the ESC Copeptin may have some added value, even over high-sensitivity cardiac troponin in the early rule out of AMI. "It is of significance that the DGK now endorsed the ESC statement", said Professor Martin Möckel, Charité – Universitätsmedizin Berlin, Germany. "Both, the ESC and DGK recognize the safety and efficacy of copeptin in the support of early discharge."

More information on the Thermo Scientific B-R-A-H-M-S Copeptin™ can be found [here](#), or by visiting www.thermoscientific.com/brahms.

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References

- 1) Criteria of the German Society of Cardiology for the establishment of chest pain units: update 2014 Post F, Gori T, Giannitsis E, Darius H, Baldus S, Hamm C, Hambrecht R, Hofmeister HM, Hugo Katus Stefan Perings Jochen Senges Thomas Munzel Clin Res Cardiol (2015) 104:918–928 DOI 10.1007/s00392-015-0888-2.
- 2) Kriterien der Deutschen Gesellschaft für Kardiologie Herz- und Kreislaufforschung e. V. für „Brustschmerz-Ambulanzen“ Update 2016 S. Perings, N. Smetak, M. Kelm, U. Gremmler, H. Darius, J. Senges, T. Münzel, E. Giannitsis, H. Katus Kardiologie 2016 10:301–306 DOI 10.1007/s12181-016-0074-4.
- 3) 2015 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: Task Force for the Management of Acute Coronary Syndromes in Patients Presenting without Persistent ST-Segment Elevation of the European Society of Cardiology (ESC). Roffi M, Patrono C, Collet JP, Mueller C, Valgimigli M, Andreotti F, Bax JJ, Borger MA, Brotons C, Chew DP, Gencer B, Hasenfuss G, Kjeldsen K, Lancellotti P, Landmesser U, Mehilli J, Mukherjee D, Storey RF, Windecker S. Eur Heart J. 2015 Aug 29. pii: ehv320.
- 4) A systematic review and collaborative meta-analysis to determine the incremental value of copeptin for rapid rule-out of acute myocardial infarction. Lipinski MJ, Escarcega RO, D'Ascenzo F, Magalhaes MA, Baker NC, Torguson R, Chen F, Epstein SE, Miro O, Llorens P, Giannitsis E, Lotze U, Lefebvre S, Sebbane M, Cristol JP, Chenevier-Gobeaux C, Meune C, Eggers KM, Charpentier S, Twerenbold R, Mueller C, Biondi-Zoccai G, Waksman R. Am J Cardiol 2014; 113:1581–1591.
- 5) Mockel M, Searle J, Hamm C, Slagman A, Blankenberg S, Huber K, Katus H, Liebetrau C, Muller C, Muller R, Peitsmeyer P, von Recum J, Tajsic M, Vollert JO, Giannitsis E. Early discharge using single cardiac troponin and copeptin testing in patients with suspected acute coronary syndrome (ACS): a randomized, controlled clinical process study. Eur Heart J 2015;36:369–376.

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