

**Educational Discussion: Reporting High-Sensitivity Troponin Results** 

## 2016-C Cardiac Markers Survey (CAR)

High-sensitivity cardiac troponin (hs-cTnT and hs-cTnI) assays are available worldwide except for the United States, where no hs-cTn assays have received clearance from the Food and Drug Administration (FDA). Globally the Abbott hs-cTnI and Roche hs-cTnT assays are the only hs-cTn tests marketed. Over the past few years there has been a notable increase in laboratories (appropriately outside of the United States) reporting proficiency testing results within the hs-cTn peer groups in the CAP Cardiac Marker Survey.

The 2016-C Cardiac Markers Survey (CAR) was updated to reflect the international reporting recommendations for hs-cTn which universally state that hs-cTn concentrations should be expressed in nanograms per liter (ng/L) and results should be reported in whole numbers  $^{1,2}$ . This guidance was put forth as a means to avoid confusion by having unnecessary zeros following the decimal point if the same reporting convention was used for assays not designated as high-sensitivity (ng/mL or  $\mu$ g/L). Adopting this convention also avoids clinical errors in data reporting for both electronic medical records and electronic data transfer, where decimal rounding to zero is a true risk. Changes to the CAP CAR Survey were conducted to eliminate potential transcription errors from laboratories attempting to convert results back to ng/mL because no option was previously given to report in ng/L.

As laboratories in the United States are not clinically using high-sensitivity cardiac troponin assays, they therefore should not be reporting cardiac troponin results in whole numbers or ng/L.

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