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17 January 2011

Dr Leah-Anne Ruta
Project Officer – Clinical Programs
Heart Foundation
Level 12
500 Collins Street
MELBOURNE VIC 3000

Dear Dr Ruta,

Re: 2010 addendum to Guidelines for the management of acute coronary syndromes 2006

Thank you for the opportunity to provide feedback to the proposed 2010 addendum. Feedback was sought from members of our Scientific Committee and no major issues were raised with regard to the content of the addendum. It was noted that there are a few areas where clarification would be helpful, including the provision of further supporting documentation, ie. a template flowchart on which EDs could base a guideline. Following is a summary of the committee's discussion and comments.

Concern was stated that confusion may arise from the recommendations regarding the requirement for a 50% change in troponin levels for positive on high-sensitivity (HS) troponin assays, versus 20% on standard troponin assays (page 7). Clinicians who work at multiple sites will encounter both HS and standard. It was recommended that lab reports outline the type of troponin assay used, perhaps also giving a positive/negative result based on the definition, as well as the absolute result. In addition, further definition of the term 'high-sensitivity' (HS) was requested. This appears to have become a term frequently, and possibly occasionally inappropriately used by pharmaceutical companies.

With reference to pages 8 and 9 of the addendum, concern was raised that a potential ambiguity could arise due to misunderstanding the timeline for maximal diagnostic yield of tni assays (three hours after presentation versus six hours after pain onset). The guideline appears to be reinforcing that two troponins are still required: on presentation and one three hours later, or at least six hours post pain, but this is not clear from the text. The associated algorithm on page 9 fails to clarify this, as reference to 'six hours post pain' is omitted. If amended in line with the associated text, the algorithm should provide a clear explanation of the troponin test timeline.

It is suggested that the 60 minute threshold of point-of-care testing (page 9) be emphasised by the inclusion of the explanation that this equates to a result being available by 60 minutes from blood draw time, not from the point at which the sample is placed on the analyser.

The comment was made that the summary might include further emphasis regarding positive troponins that are not ACS. This will become a larger area as troponins become more sensitive.

The clarity of the reference to TIMI major bleeding in the SYNERGY study ('Enoxaparin' - page 15) was queried. Further, it was noted that some variation in use of Enoxaparin pre-lysis has been observed and a suggestion that these variations should be discouraged, as they are usually not evidence based.

Lastly, although the guideline includes a table outlining the recommendations included in the addendum, it may be helpful to include a summary of the areas of change from the 2006 guideline in the introduction section. This would ensure that as much information as possible is conveyed to clinicians who initially only review the introduction, rather than the full addendum.

Once again, thank you for the opportunity to review the proposed addendum prior to its publication. If you have any queries regarding the comments made by the Scientific Committee, please don't hesitate to contact the committee, care of: bec.mcphee@acem.org.au.

Yours sincerely

YUSUF NAGREE
CHAIR
SCIENTIFIC COMMITTEE