

Triage® D-dimer

Frequently Asked Questions

What is pulmonary embolism and how big is the problem?

Pulmonary embolism (PE) is a potentially lethal condition caused by a blockage of one or more of the pulmonary arteries by a blood clot. PE is the third most common cause of death in the United States, with 650,000 cases each year. It is also the first or second most common cause of unexpected death in most age groups. Because of its vague and non-specific symptoms, more cases of PE are missed and PE is most frequently diagnosed by autopsy.

What is Deep Vein Thrombosis and is this a major health issue?

Deep Vein Thrombosis (DVT) is a blood clot that can form in the legs and sometimes move to the lungs, where it may become a fatal PE. Risk factors associated with DVT include age, immobility, surgery, cancer and pregnancy. 90% of PEs stem from a DVT when the blood clot breaks loose and travels to the lung.

What is D-dimer?

D-dimer is one of the smallest proteins arising directly from the body's natural mechanism to break down blood clots. An elevated level of D-dimer is indicative of the presence of a blood clot that is being broken down somewhere in the body.

What is the utility of the Triage® D-Dimer test?

Given the high number of PE cases, challenges associated with diagnosis, the grave prognosis of a missed PE and the critical nature of the condition, there is a high clinical need for a rapid, quantitative D-dimer test. By providing a rapid, quantitative test on the widely used Triage Meters, the test expands access for our customers to this very important biomarker and flexibility needed to triage critical patients.

What is the value of the Triage D-Dimer Test and Triage Profiler Shortness of Breath (S.O.B.) Panel?

Providing physicians with a rapid, quantitative D-dimer test is important as PE and DVT can result in death. In addition, emergency department overcrowding is a national crisis and routine imaging of all suspected PE and DVT patients add unnecessary costs. The Triage D-Dimer Test and Triage Profiler S.O.B. Panel are ideally suited for the emergency department or laboratory as they provide results in approximately 15 minutes compared to the current automated D-dimer tests, which may take 1-2 hours on average. The S.O.B. Panel, which includes D-dimer, also performs troponin I, CK-MB, myoglobin and B-type natriuretic peptide (BNP) tests, and can help the clinician quickly diagnose acute myocardial infarction, congestive heart failure, PE and DVT.

Do you have additional support services? If so, what are they and whom do I call to access them?

Alere offers a portfolio of value added services that help our customers evaluate, implement and optimise our products as an integrated component of healthcare delivery. For more information, or to access an Encompass service, UK Customers should contact their local Business Development Specialist or Customer Care Team on 0161 483 5884.

Services include:

- 24/7 Technical Services hotline
- Implementation service
- Training and Education:
- Evaluation support: data analysis, comparison report, technical consultation
- Product training/support: technical specialists, technical services, troubleshooting

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- Clinical Education: On-site training, presentations, seminars
- Consulting services
- Connectivity: information management, LIS/HIS interfacing

For additional information on how Alere can assist your institution in evolving to a point-of-care approach to diagnosis, please contact the Customer Care Team on 0161 483 5884.

How can I reach Technical Support if I have any product questions?

Alere provides Technical Product Support on 0161 483 5884 or email: ukcustomer@alere.com and is available 24 hours per day, seven days per week.

How do I order the Triage D Dimer Test?

The product can be ordered directly from Alere. The Customer Care Team provides Customer Service (orders, invoice questions, shipping) with assistance available 24 hours per day, seven days per week. 0161 483 5884

References:

1. *Triage D-Dimer Test Package Insert, Revision B, May 2005.*
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3. Stein PD, Hull RD, Patel KC, et al. *D-dimer for the exclusion of acute venous thrombosis and pulmonary embolism: a systematic review. Ann Intern Med. 2004;140:589-602.*
4. Arnaud Perrier, MD, Pierre-Marie Roy, MD, Drahomir Aujesky, MD, et al. *Diagnosing Pulmonary Embolism in Outpatients with Clinical Assessment, D-Dimer Measurement, Venous Ultrasound, and Helical Computed Tomography: A Multicenter Management Study. Am J Med. 2004;116:291-299.*
5. Lee-Lewandrowski E, Van Cott EM. *Evaluation of the Biosite Triage® quantitative whole blood D-dimer assay and comparison with the bioMerieux VIDAS® D-dimer exclusion test: validation and utility for use in the central laboratory and at the point of care. Point of Care. 2005;4:133-137.*
6. Torbicki, A. et al. *Guidelines on the diagnosis and management of acute pulmonary embolism. European Heart Journal 2008, Vol 29, 2276- 2315*