

ACS care with unprecedented diagnostic confidence

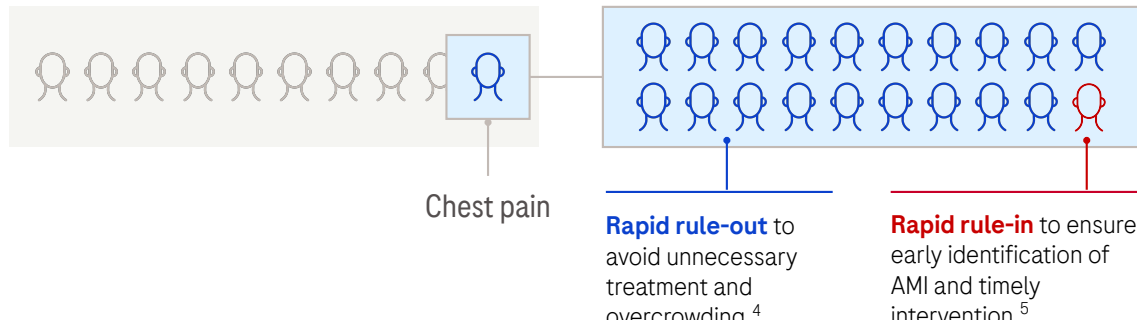


Speed meets confidence with Elecsys® Troponin T hs Gen 6, advancing rapid and safe ACS triage

ED overcrowding is recognized as a global health delivery problem or healthcare challenge.¹

Up to 10% of male and female adult ED visits are chest pain-related.²

Approximately 1 in 20 chest-pain patients have a life-threatening AMI.³



Rapid rule-out to avoid unnecessary treatment and overcrowding.⁴

Rapid rule-in to ensure early identification of AMI and timely intervention.⁵

Accelerate your rule-out decisions without compromising on safety

From analytical performance to clinical confidence

High sensitivity at even lower troponin levels,⁶ helping to boost confidence in decision-making.



Market-leading hemoglobin interference resistance, reducing resampling and enhancing lab efficiency.⁶⁻⁸

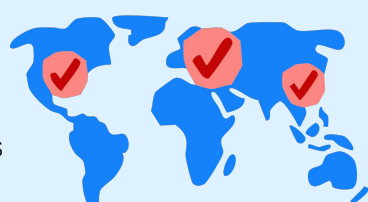


Elecsys® Troponin T hs Gen 6 is globally validated, giving you stronger confidence in your ACS decision.⁹⁻¹²

>11,000 patients

>10 countries

4 different cohorts at launch



Clear and reliable classification

76% of suspected ACS patients can be triaged (rule-out or rule-in) within 1 hour¹⁰ using assay-specific ESC algorithms, potentially accelerating the AMI diagnosis process and reducing ED workload.^{10,11,13}

ESC 0/1h and 0/2h algorithms cutoffs:⁶

Rule-out	✓
@0h <8 ng/L (if CPO >3h)	
@0h <18 ng/L AND Δ1h <2 ng/L	
@0h <18 ng/L AND Δ2h <4 ng/L	
Observe	?
Further assessment	
Rule-in	!
@0h ≥112 ng/L	
@1h Δ ≥10 ng/L	
@2h Δ ≥15 ng/L	

Clinical performance of the ESC 0/1h algorithm:¹⁰

56% of suspected NSTEMI patients with very high NPV of 99.9%

24% of patients requiring further assessment

20% of patients with a high PPV of 73.0%

Similar performance observed with the ESC 0/2h algorithm.¹⁰

Enhance cardiovascular risk assessment to improve long-term patient management

Strong prognostic value of Elecsys® Troponin T hs Gen 6 beyond diagnostic efficiency^{10,12,13}

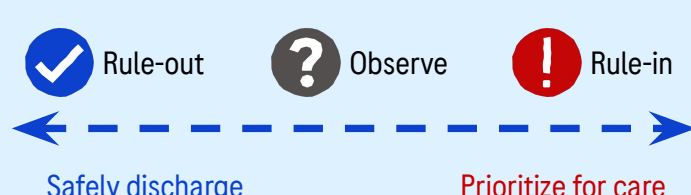
Patient outcomes⁶

Excellent short- and long-term prognostic performance, improving triage efficiency and safety at follow-up of:

30 days
180 days
5 years

Confidence in classification^{6,12}

Clear risk stratification allowing for safe discharge of the rule-out group, and for prioritizing care for rule-in/observe groups.



Patients ruled out by applying the ESC 0/1h algorithm show:



MACE* and all-cause death <0.5% at 30 and 180 days^{10,12,13}



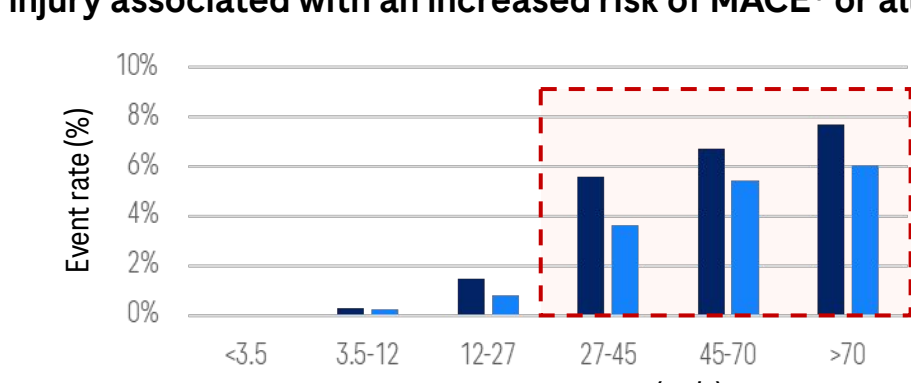
5-year mortality rate similar to reported rates for the general population in age-matched studies (2.7% vs 3-6%, respectively)¹⁴

MACE* and all-cause death distribution for the ESC 0/1h algorithm^{10,12,13}

		Rule-out	Rule-in
30 days	All-cause death:	0.12%	3.09%
	MACE:	0.04%	3.36%
180 days	All-cause death:	0.46%	9.03%
	MACE:	0.26%	7.71%
1 year	All-cause death:	0.9%	12%
	MACE:		
5 years	All-cause death:	2.7%	25.5%
	MACE:		

MACE data unavailable at 1 and 5 years. Data derived from multiple independent studies (APACE¹⁰, BACC¹², PERFORM-TSIX¹³). Follow-up duration and endpoints vary across studies.

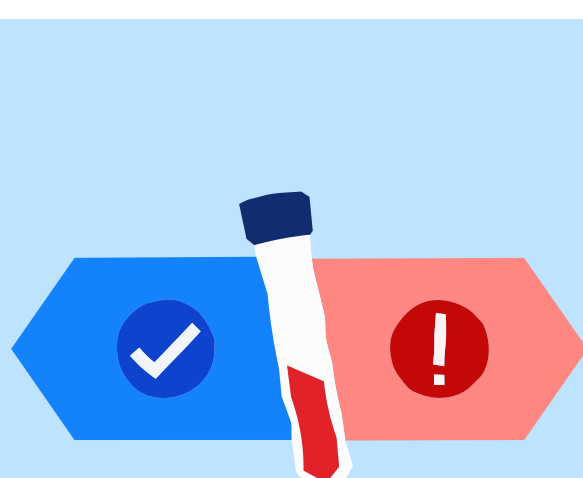
Elecsys® Troponin T hs Gen 6 (above 99th percentile URL) can detect myocardial injury associated with an increased risk of MACE* or all-cause death⁶



Above 99th percentile universal URL (27 ng/L), patients are more likely to experience MACE or all-cause death

	<3.5	3.5-12	12-27	27-45	45-70	>70
All-cause death	619	1656	1029	502	328	947
MACE	592	1579	980	469	314	891

Unlock more efficient pathways with the potential of a one-and-done pathway



The emerging single-sample rule-out strategies use a **single blood sample** to exclude AMI based on low concentrations of hs-cTn and ECG findings.¹⁵

This approach has the potential to rapidly identify low-risk patients**, allowing for **safe and early discharge from the emergency department.**^{11,15}

99.9% negative predictive value
99.4% sensitivity
0 MACE* at 30 days

Elecsys® Troponin T hs Gen 6 is a significant improvement on previous Troponin T generations:

41% of patients in the ED can be ruled out with **1 sample** and a **single baseline cutoff of <13 ng/L.**¹¹ These results have been further supported by the results in the APACE¹⁰ and PERFORM-TSIX¹³ studies.

By supporting diverse accelerated triage pathways, Elecsys® Troponin T hs Gen 6 can improve ED patient throughput and reduce the burden on healthcare services.

These promising, evidence-generating approaches have the potential to improve patient throughput in the ED and reduce the burden on healthcare services.

*MACE: AMI or cardiac death; **Patients who present at least 3 hours after the onset of ischemic symptoms. 1. Sartini M, et al. Healthcare. 2022;10(9):1625; 2. Dawson LP, et al. J Am Coll Cardiol. 2022;79:2333-2348; 3. Slankamenac KS, et al. J Clin Cardiol. 2019;1(1):1-15; 4. Januzzi JL, et al. J Am Coll Cardiol. 2018;71:617-619; 5. Byrne RA, et al. Eur Heart J. 2023;44(38):3720-3826; 6. F. Hoffmann-La Roche Ltd. Elecsys® Troponin T hs Gen 6 Method Sheet. (v.3.0).2026; 7. F. Hoffmann-La Roche Ltd. Hemoglobin interference comparison. Data on file; 8. Marques-Garcia F, et al. Ann Lab Med. 2022;42(2):169-177; 9. Daniels LB, et al. Clin Res Cardiol. 2026;DOI:10.1007/s00392-025-02842-x; 10. Koechlin L, et al. 2026. JACC DOI:10.1016/j.jacc.2025.12.052; 11. Thurston F, Early rule-out of myocardial infarction with the novel Troponin T hs Gen 6 assay. Presented at: EUSEM Congress; 2025 Sept 28 - Oct 1; Vienna, Austria; 12. Völschow B, et al. Diagnostic Validation of a novel High-Sensitivity Cardiac Troponin T Assay. NCT02355457. Manuscript in preparation. Data on file; 13. Peacock WF, et al. Primary results of PERFORM-TSIX, a prospective, international, observational, longitudinal cohort study evaluating clinical performance of the next generation cardiac troponin T high-sensitivity Gen 6 assay in acute myocardial infarction. Presented at: EUSEM Congress; 2025 Sept 28 - Oct 1; Vienna, Austria; 14. Eurostat. Life table by age and sex [Internet; cited 2025 Mar 18]. Available from: https://ec.europa.eu/eurostat/databrowser/view/DEMO_MLIFETABLE/default/table?lang=en; 15. Jaffe AS, et al. J Am Coll Cardiol. 2023;82:60-69.