

**BLOOD SCIENCES
DEPARTMENT OF CLINICAL BIOCHEMISTRY**

Title of Document: BNP Summary of Assay Change

Q Pulse Reference N^o: BS/CB/DCB/EXDOC/5

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Assay change for NT-pro BNP

From 14/11/2022 at NBT, in January 2023 at RUH and in March 2023 at UHBW, the Clinical Biochemistry departments at each Trust will be moving to a new suite of analytical equipment.

In the case of NT-pro BNP the equipment is provided by Biomerieux/VIDAS[®] and there are some expected method related differences. The VIDAS[®] NT-pro BNP assay exhibits on average a 9% average negative bias up to a concentration of 2000pg/ml. At concentrations >2000pg/ml the negative bias between assays is greater.

Change in interpretation comment attached to reports

In line with publication of NICE Guideline NG106 (Chronic heart failure in adults: diagnosis and management), an update to the interpretation comment attached to all NT-pro BNP reports will be made. Age and sex-related cut-offs for ruling out heart failure by NT-pro BNP will be removed and cut-offs of 400pg/ml and 2000pg/ml will be used to triage urgency of further investigation. This has been agreed by clinical leads for heart failure at the Bristol Heart Institute. The reference range quoted on reports will be changed to 400pg/ml.

The automated report comment will be as follows:

“In suspected chronic heart failure, NICE Guideline NG106 recommends the following cut-off values and actions:

- | | |
|-------------------|--|
| >2000pg/ml : | Refer urgently to heart failure clinic (usually via community heart failure service). |
| 400 – 2000pg/ml : | Refer to community heart failure team (who will arrange echo) & initiate treatment if high clinical suspicion. |
| <400pg/ml : | Heart failure unlikely. Review for alternative causes. If suspicion of heart failure remains discuss with cardiology.” |