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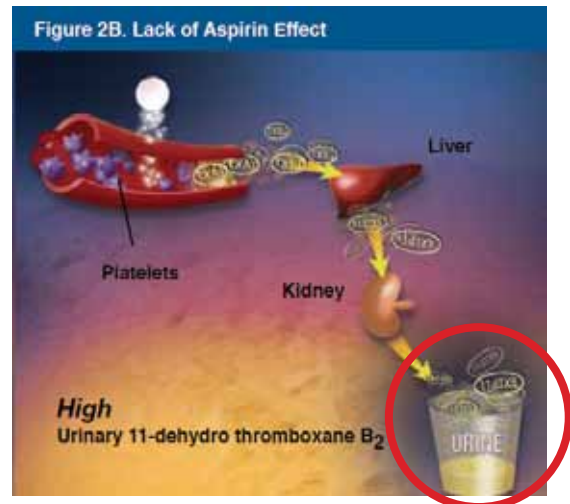
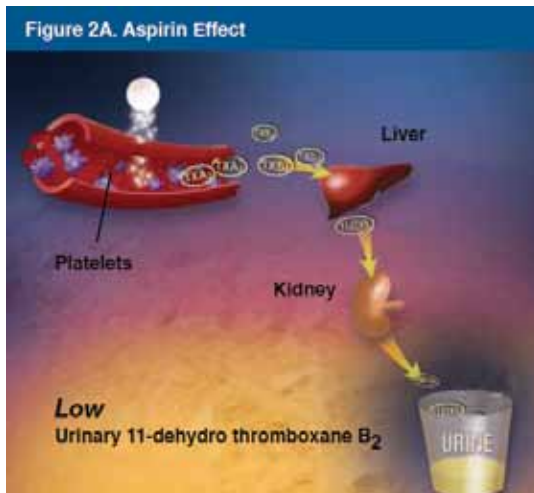
TxBCardio™

Automated assay for urinary evaluation
of Aspirin resistance



An accurate urinary test to assess Aspirin effects and associated potential cardiac risk

TxB Cardio is an immunoturbidimetric assay providing qualitative determination of 11-dehydro thromboxane B₂ (11-dhTXB₂) levels in urine. This test measures the levels of Thromboxane in a sample, providing a direct detection of aspirin (ACA) effect in apparently healthy individuals post ingestion.



Who to test?

- Apparently healthy individuals on low-dose aspirin therapy.

Why test?

FACT: Not everyone benefits from the same dose of aspirin

- In aspirin treated patients, high levels of 11 dhTXB₂ are associated with increased risk of heart attack and cardiac death¹
- Patients classified as aspirin resistant are at about a four-fold increased risk of cardiovascular events²
- Hyperlipidemia is associated with diminished response to aspirin^{3,7}
- 11 dhTXB₂ levels demonstrate a dose related effect of aspirin treatment⁴
- Diabetes may contribute to a diminished response to aspirin⁵
- 11 dhTXB₂ levels have been shown to correlate with a Framingham Risk Score⁶

Frequency of testing?

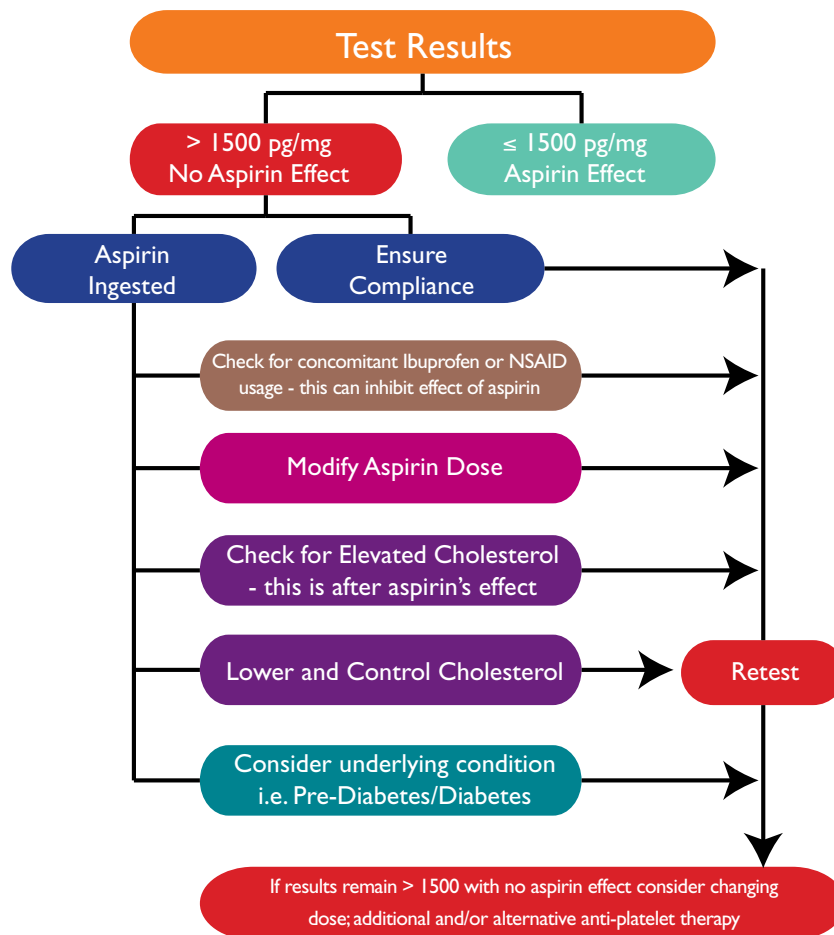
- The frequency of testing is determined by the patients medical history
- Consideration of medical conditions & concurrent medications is essential
- Utilisation of the TxB Cardio test enables clinicians to optimise their patient's Aspirin therapy

How to test?

- The Randox TxB Cardio test is a qualitative immunoturbidimetric (IT) assay, which can be used on a wide range of IT instruments commonly found in biochemistry laboratories
- TxB Cardio does not require separate instrumentation and can be run alongside other routine tests

An accurate urinary test to assess Aspirin effects and associated potential cardiac risk

Utilise the TxB Cardio results to optimise therapy



Key Features and benefits

- TxB Cardio assesses aspirin treatment effectiveness and enables clinicians to optimise therapy
- Fully automated immunoturbidimetric assay – no dedicated instrumentation required
- Urine based test
 - Easy & non-invasive method of sample collection
 - Avoids potential in-vitro platelet activation effects of blood drawing
 - Extremely stable sample type – avoids the complications of blood collection & storage
- Major clinical studies already published HOPE and CHARISMA trials
- Fully automated applications available for the Randox RX series of immunoturbidimetric analysers, in addition to a wide range of others from most major manufacturers

References:

1. Circulation 2002;105:1650-1655. Eikelboom JW et al. Aspirin-Resistant Thromboxane Biosynthesis and the Risk of Myocardial Infarction, Stroke, or Cardio-vascular Death in Patients at High Risk for Cardiovascular Events.
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3. BMJ 2003;326:82-3. Friend M et al. Platelet Responsiveness to Aspirin in Patients With Hyperlipidaemia.
4. Circulation 2007;115:3156-64. Gurbel P et al. Evolution of Dose Related Effects of Aspirin on Platelet Function.
5. Diabetes December 2007; 56:3014-19. DiChiara J et al. The Effect of Aspirin Dosing on Platelet Function in Diabetic and Non-diabetic Patients.
6. J Cardiol 2006;98:774-9. Faraday N et al. Relation Between Atherosclerosis Risk Factors and Aspirin Resistance in Primary Prevention Population.
7. Basic & Clin Pharmacol Toxicol 2006;98:503-9. Markuszewski Let al. Reduced Blood Platelet Sensitivity to Aspirin in Coronary Artery Disease: Are Dyslipidemia and Inflammatory States Possible Factors Predisposing to Sub-Optimal Platelet Response to Aspirin?

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