

HIGH SENSITIVITY CRP (hsCRP) CHANGE IN REPORTING UNITS

The Methodist Pathology Center currently uses a high sensitivity CRP (hsCRP) test. In order to comply with current CDC/American Heart Association recommendation¹ for reporting hsCRP, the reporting units will be revised from **mg/dL to mg/L** for **ALL** hsCRP results effective October 14, 2003.

Please note that this will **INCREASE THE NUMERICAL RESULT FOR ALL hsCRP TESTS BY A FACTOR OF TEN.**

The reference ranges have been modified and will include cardiovascular risk assessment. The reference ranges are as follows:

Inflammatory Pathology Assessment: <5 mg/L

Cardiovascular Risk Assessment:

<1.0 mg/L	Low Risk
1.0 – 3.0 mg/L	Average Risk
>3.0 mg/L	High Risk

High sensitivity CRP should not supplant other traditional cardiovascular risk markers, or be used for all patients. It is most useful in assessing patients at intermediate risk by global risk assessment.² When used for cardiovascular risk assessment, hsCRP should be measured at least twice (averaging results), optimally two weeks apart, fasting or non-fasting, in metabolically stable patients. For patients having results persistently >10mg/L, clinical evaluation for non-cardiovascular etiologies should be considered.

References:

1. Pearson TW, Mensah GA, Alexander RW, Anderson JL, et al. AHA/CDC Scientific statement. Markers of Inflammation and Cardiovascular Disease. Application to Clinical and Public Health Practice: A Statement for Healthcare Professionals from the Centers for Disease Control and Prevention and the American Heart Association. *Circulation* 2003;107:499.
2. Third report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). National Cholesterol Education Program National Heart, Lung, and Blood Institute of Health NIH Publication No. 01-3670, May 2001.