

ESAIC focused guideline for the use of cardiac biomarkers in perioperative risk evaluation: Endorsement by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine

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Abstract

Background: The Clinical Practice Committee of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine endorses the clinical practice guideline “ESAIC focused guideline for the use of cardiac biomarkers in perioperative risk evaluation.” The guideline can provide guidance to Nordic anaesthesiologists on the perioperative use of cardiac biomarkers in patients undergoing non-cardiac surgery.

KEYWORDS

AGREE II, biomarkers, cardiology, clinical practice guideline, perioperative care, risk stratification, SSAI

1 | BACKGROUND

Cardiac biomarkers are used in perioperative cardiovascular risk assessment of patients undergoing non-cardiac surgery.¹ Biomarkers may aid clinicians in risk stratification and prognostication of surgical patients, which in turn can be used to tailor the perioperative strategy. In December 2023, the European Society of Anaesthesiology and

Intensive Care (ESAIC) published a focused guideline for the use of cardiac biomarkers in perioperative risk evaluation.² The Clinical Practice Committee (CPC) of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) decided to appraise this guideline for possible endorsement to guide Scandinavian anaesthesiologists and intensivists on the use of cardiac biomarkers in perioperative risk evaluation.

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2 | METHODS

The SSAI CPC assessed the guideline using the Appraisal of Guidelines for REsearch and Evaluation (AGREE) II tool,³ as per the outlined process for endorsement of non-SSAI guidelines.⁴

3 | RESULTS

Five SSAI CPC members completed the appraisal. One member co-authored the guideline and was excluded from the evaluation, as per the SSAI endorsement process.⁴

The individual domain totals were: (1) Scope and purpose 90%; (2) Stakeholder involvement 88%; (3) Rigor of development 90%; (4) Clarity of presentation 83%; (5) Applicability 67%; (6) Editorial independence 98%; and (7) Overall assessment 83%.

The breakdown of the individual appraisers (de-identified) is available in the Supplementary Material.

4 | DISCUSSION

This clinical practice guideline on the use of cardiac biomarkers in perioperative risk evaluation in non-cardiac surgery received overall

good ratings on all domains with acceptable agreement between the SSAI CPC appraisers (Figure 1). The appraisers did not identify any major shortcomings, but agreed that applicability could have been more explicitly covered.

We believe this guideline can serve as a useful decision aid for Nordic anesthesiologists using cardiac biomarkers in perioperative risk evaluation in non-cardiac surgery. The guideline can be used without major adaptation or modification.

5 | CONCLUSION

The SSAI CPC endorses the guideline “ESAIC focused guideline for the use of cardiac biomarkers in perioperative risk evaluation.”²

AUTHOR CONTRIBUTIONS

All authors drafted, revised and approved the manuscript.

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FUNDING INFORMATION

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CONFLICT OF INTEREST STATEMENT

MSC was a co-author of the guideline assessed and did not participate in the AGREE II assessment, as per the SSAI endorsement process. No other authors had direct or indirect conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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3. Brouwers MC, Kho ME, Browman GP, et al. AGREE II: advancing guideline development, reporting and evaluation in health care. *CMAJ.* 2010;182:E839-E842.

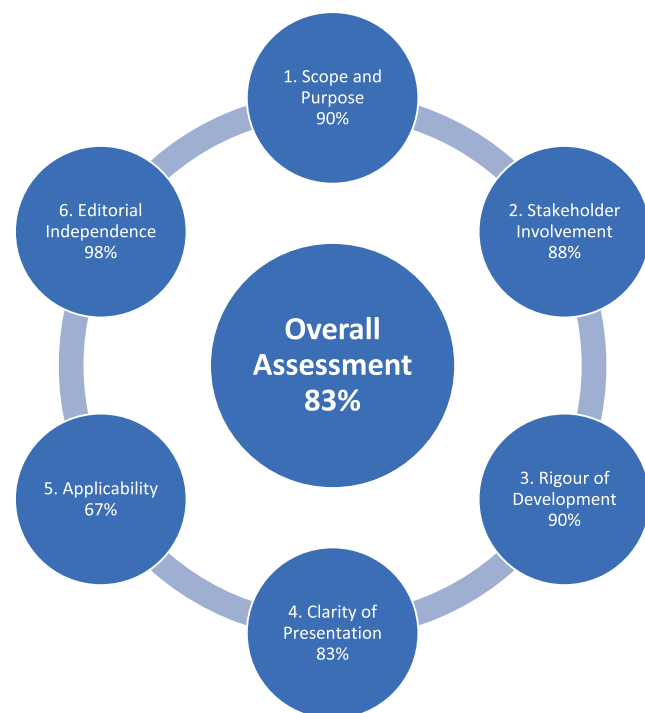


FIGURE 1 Summary of the Appraisal of Guidelines for REsearch and Evaluation (AGREE) II assessment.

4. Rehn M, Chew MS, Olkkola KT, Orn Sverrison K, Yli-Hankala A, Moller MH. Endorsement of clinical practice guidelines by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine. *Acta Anaesthesiol Scand.* 2019;63:161-163.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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