

TESTING FOR B-TYPE NATRIURETIC PEPTIDE IN THE DIAGNOSIS AND ASSESSMENT OF HEART FAILURE: WHAT ARE THE NUANCES?

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Supplement Editor

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B-TYPE NATRIURETIC PEPTIDE (BNP) has recently assumed a prominent role in the management of heart failure, owing to its emergence as a therapy in the form of the biologic agent nesiritide and its recognition as a useful diagnostic biomarker for the disease, particularly in the emergency room.

The usefulness of BNP as a biomarker in the acute care setting has prompted growing interest in the peptide's potential roles as a diagnostic and prognostic marker in the outpatient setting. To explore these roles, the *Cleveland Clinic Journal of Medicine* convened a roundtable discussion in March 2004 among a panel consisting of cardiologists with expertise in BNP as well as internists who are now assessing what BNP testing can bring to their practice. The aims were to begin to define the role of BNP testing in the outpatient setting and, in the words of roundtable moderator James Young, MD, "to try to reach consensus about what we know and what we don't know."

The transcript of that discussion follows. Tables and figures within the transcript were included by consensus of the panel.

Disclosures

The following panelists reported that they have a relationship that, in the context of this supplement, could be perceived as a potential conflict of interest:

- James B. Young, MD, reported that he has received grant/research support from Biosite Inc.
- Gary S. Francis, MD, reported that he serves on an advisory board to Biosite Inc.
- Alan Maisel, MD, reported that he has received grant/research support from, serves as a consultant to, and is on the speakers' bureau of Biosite Inc. He also reported that he is on the speakers' bureau of Scios Inc.
- Franklin Michota, MD, reported that he serves as a consultant to Scios Inc.

(Natalie G. Correia, DO, reported that she has no relationships that could be perceived as a potential conflict of interest in the context of this supplement.)

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