

North America Cardiac Markers Market Size and Forecast (2021 - 2031), Global and Regional Share, Trend, and Growth Opportunity Analysis Report Coverage: By Product Type (Reagents and Kits, and Analyzers), Biomarker Type (Troponin, Creatine Kinase-MB, Myoglobin, B-Type Natriuretic Peptide, and Others), Indication (Congestive Heart Failure, Myocardial Infarction, Acute Coronary Syndrome, and Others), End User (Hospitals, Diagnostic Laboratories, Point-of-Care Testing Facilities, and Others), and Country (US, Canada, Mexico)

<https://marketpublishers.com/r/N712366B13C1EN.html>

Date: May 2024

Pages: 106

Price: US\$ 2,485.00 (Single User License)

ID: N712366B13C1EN

Abstracts

The global North America cardiac marker market is expected to reach US\$ 2.87 billion by 2031 from US\$ 1.17 billion in 2023. The market is estimated to grow with a CAGR of 11.8% from 2023 to 2031.

The North America cardiac marker market forecast presented in this report can help stakeholders in this marketplace plan their growth strategies. The rising prevalence of cardiovascular diseases and a surge in the demand for point-of-care cardiac testing kits are the key factors propelling the North America cardiac marker market growth.

Ongoing Research in Use of Exosomes as CVD Biomarkers

Hypoxia significantly affects exosome cargo and produces various proteins and miRNAs that indicate angiogenesis, growth, and progression for CVD through different signaling

pathways. Exosomes has gathered the attention of researchers because they are relevant to intercellular communication under both physiological and pathological conditions. The upregulated exosome miRNAs miR-133a, miR-208a, miR-1, miR-499-5p, and miR-30a have been designated for the timely diagnosis of acute myocardial infarction (AMI). Further, derived exosomes namely, miR-192, miR-146a, miR-194, and miR-92b-5p are considered as potential biomarkers for HF.

Table 1. Exosomes as CVD Biomarkers

| Biomarker | Disease | Function |
|---|---|--|
| miRNA-126, miRNA-223, and miRNA-320b | Acute myocardial infarction | Platelet activation and thrombus formation, endothelial damage, myocardial apoptosis, and fibroblast proliferation |
| miRNA-1, miRNA-21a/b, and miRNA-29b | Acute myocardial infarction | Myocardial apoptosis, fibroblast proliferation, and cardiac hypertrophy |
| miRNA-208a | Acute myocardial infarction | Cardiac hypertrophy and electrical conduction |
| miRNA-499 | Acute myocardial infarction | Myocardial apoptosis |
| miRNA-486 | Acute myocardial infarction | Myocardial apoptosis (protective) |
| miRNA-223-5p | Acute myocardial infarction, atherosclerosis, and heart failure | Cell proliferation, migration, apoptosis, and polarization; cardiomyocyte hypertrophy; and electrical conduction |
| miRNA-941 | Acute coronary syndrome | Cell proliferation and inflammation |
| miRNA-216a and miRNA-451 | Coronary artery disease | Endothelial damage and monocyte recruitment |
| miRNA-223-3p, miRNA-122-5p, and miRNA-93-5p | Coronary artery disease | Inflammation, migration and apoptosis, cardiomyocyte hypertrophy, electrical conduction, and cardiomyocyte apoptosis |
| miRNA-142-3p, miRNA-17-5p, and miRNA-126 | Acute myocardial infarction and coronary artery disease | Inflammation; cardiomyocyte hypertrophy; and cell proliferation, |

migration, and apoptosis

miRNA-133a Coronary artery disease Cell proliferation and differentiation, cardiac hypertrophy, and electrical conduction (arrhythmia)

Serpin G1, Serpin F2, and Cystatin C CD14 Heart failure and acute coronary syndrome Inflammation, decrease in kidney function, decrease in fibrinolysis, and thrombotic process

Source: Allen Press

In coronary artery disease (CAD) patients, upregulated exosome proteins—including fibrinogen beta/gamma chain, alpha-1-antichymotrypsin, and inter-alpha-trypsin inhibitor heavy chain—were evaluated as putative protein biomarkers. The function of exosomes in CVD pathogenesis through diverse intercellular communication mechanisms is gaining significant recognition. Several studies conducted in recent years have generated evidence supporting the association of exosomes with normal physiology (cardiac development, reticulocyte maturation, and myocardial angiogenesis) and pathophysiological processes, including ischemia/reperfusion (IR) injury, atherosclerosis, and cardiac remodeling. Stressful conditions such as hypoxia and inflammation can modulate biological exosome content and target cells, thereby contributing to improving or impairing cardiac function. The integration of exosome-based miRNAs and proteins in body fluids enables a comprehensive analysis of the potential biomarker role of these components in cardiovascular diseases. Therefore, the use of exosome biomarkers is emerging as a new approach for the diagnosis of CVDs.

Factor Hampering North American Cardiac Marker Market

Companies can submit an application for regulatory qualification for a cardiac marker to the FDA Biomarker Qualification Program for a specific application. Only the qualified marker can be used in multiple drug development programs without the need for the Center for Drug Evaluation and Research (CDER) approval to reconfirm the suitability of the markers.

Cardiac markers are widely used in epidemiological studies for completing the investigation of numerous stages of CVD. The process requires more careful handling and storage of valuable biological samples to obtain detailed information. Precise quality control measures are required to ensure that these samples are handled in appropriate storage conditions to avoid data loss. Cardiac marker studies depend on

the integrity of samples and the manner of collection, processing, and storage, as archived samples are used in these studies. Handling, labeling, processing, aliquoting, storage, and transportation may affect study results. The sample must be placed on dry ice and shipped the same day. If the process is not carried out properly, it can impact the quality of the sample, subsequently hampering the outcomes. Therefore, strict validation protocols established by the US FDA and technical issues associated with sample collection and storage hamper the growth of the North America cardiac markers market.

- Based on disease, the North America cardiac marker market is divided into HIV testing, influenza testing, sexually transmitted diseases testing, hepatitis C virus testing, tropical diseases testing, respiratory infection testing, hospital-acquired infections, strep, and others. The market is further divided on the basis of molecular diagnostics into polymerase chain reactions (PCR), isothermal nucleic acid amplification technology (INAAT), and others. The respiratory infection testing segment held the largest market share in 2023.
- Based on product type, the North America cardiac markers market is segmented into reagents and kits, and analyzers. The analyzers segment held a larger share in 2023. The reagents and kits segment is expected to register a higher CAGR during 2023–2031.
- Based on biomarker type, the North America cardiac markers market is divided into troponin, creatine kinase-MB, myoglobin, B-type natriuretic peptide, and others. The troponin segment held the largest market share in 2023 and is estimated to register the highest CAGR in the market during 2023–2031.
- By indication, the market is segmented into congestive heart failure, myocardial infarction, acute coronary syndrome, and others. The congestive heart failure segment held the largest share of the market in 2023. The acute coronary syndrome segment is estimated to register the highest CAGR during 2023–2031.
- In terms of end user, the North America cardiac markers market is divided into hospitals, diagnostic laboratories, point-of-care testing facilities, and others. The hospitals segment held the largest market share in 2023. The diagnostic laboratories segment is estimated to register the highest CAGR in the market during 2023–2031.

North America Point-Of-Care Molecular Testing for Infectious Diseases Market: Regional Overview

The the developed healthcare system and the high acceptance of cardiac markers for diagnosing and predicting diseases. The growing geriatric population needs biomarker testing for detecting conditions such as acute myocardial infarction, thereby driving demand for testing products. The existence of key players such as Quidel Corporation and Danaher Corporation in the region is another factor contributing to the growth of this market. According to the World Health Organization (WHO), ~77 million adults over the age of 18 have type 2 diabetes, including 25 million prediabetes, which increases the possibility of cardiovascular diseases (CVDs) and puts additional pressure on the healthcare system. Furthermore, increasing strategies adopted by market players in this region to develop innovative cardiac biomarker tests are expected to contribute to the market growth in this region.

A few of the major primary and secondary sources referred to while preparing the report on the North America cardiac marker market are the World Bank Data, National Health Service (NHS), US Department of Health and Human Services (HHS), and WHO (World Health Organization).

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