

Study examines unnecessary angiography rates among strategies to guide care of suspected CHD

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In a study published online by *JAMA*, John P. Greenwood, Ph.D., of the University of Leeds, Leeds, United Kingdom, and colleagues examined whether among patients with suspected coronary heart disease (CHD), cardiovascular magnetic resonance (CMR)-guided care is superior to National Institute for Health and Care Excellence (NICE) guidelines-directed care and myocardial perfusion scintigraphy (MPS)-guided care in reducing unnecessary angiography. The study is being released to coincide with its presentation at the European Society of Cardiology Congress 2016.

Coronary heart disease is a leading cause of death and disability worldwide. Several methods are available to diagnose CHD, risk-stratify patients, and determine the need for revascularization. Despite the widespread availability and recommendations for noninvasive imaging in international guidelines, invasive coronary angiography is commonly used in patients with suspected CHD. Evidence from large populations presenting with chest pain has confirmed that the majority will not have significant obstructive coronary disease. Avoiding unnecessary angiography should reduce patient risk and provide significant financial savings.

In this study, 1,202 symptomatic patients from 6 UK hospitals with suspected CHD were randomly assigned to management according to UK NICE guidelines (n = 240) or to guided care based on the results of

CMR (n = 481) or MPS (n = 481) testing. Among the [patients](#), the number with invasive coronary angiography after 12 months was 102 in the NICE guidelines group (43 percent), 85 in the CMR group (18 percent); and 78 in the MPS group (16 percent). The researchers found that a CMR-guided strategy significantly reduced study-defined unnecessary angiography compared with NICE guidelines-guided care, but was not significantly different from an MPS-guided strategy.

Between the 3 strategies, there was no difference in major adverse cardiovascular event rates at 12 months or disease detection (positive angiography) rates.

More information: John P. Greenwood et al. Effect of Care Guided by Cardiovascular Magnetic Resonance, Myocardial Perfusion Scintigraphy, or NICE Guidelines on Subsequent Unnecessary Angiography Rates, *JAMA* (2016). [DOI: 10.1001/jama.2016.12680](https://doi.org/10.1001/jama.2016.12680)

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