

Review compares diagnostic strategies for assessment of coronary artery disease

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Coronary computed tomography angiography (CCTA) is associated with

a similar risk for cardiovascular death and myocardial infarction as direct invasive coronary angiography (ICA) for initial assessment of suspected stable coronary artery disease (CAD), according to a review published online June 6 in the *Annals of Internal Medicine*.

Andrea Zito, M.D., from the Catholic University of the Sacred Heart in Rome, and colleagues compared the effect of clinical management and subsequent health effects of alternative diagnostic strategies for initial assessment of suspected stable CAD. The strongest evidence was available for three comparisons: CCTA versus ICA, CCTA versus exercise electrocardiography (ECG), and CCTA versus stress single-photon emission computed tomography [myocardial perfusion](#) imaging (SPECT-MPI; four, two, and five trials, respectively).

The researchers found that CCTA was associated with no difference in [cardiovascular death](#) and [myocardial infarction](#) compared with direct ICA referral, but was associated with less index ICA and index revascularization (relative risks, 0.23 and 0.71, respectively). Compared with exercise ECG and SPECT-MPI, CCTA was associated with a reduction in cardiovascular death and myocardial infarction (relative risks, 0.66 and 0.64, respectively). More index revascularization was seen in association with CCTA versus exercise ECG (relative risk, 1.78), but less downstream testing was observed (relative risk, 0.56).

"This [meta-analysis](#) provides comparative evidence of the relative performance of individual diagnostic strategies for the initial assessment of patients with suspected stable CAD," the authors write. "Results' uncertainty calls for further research to better assess the relative performance of each diagnostic strategy."

More information: Andrea Zito et al, Diagnostic Strategies for the Assessment of Suspected Stable Coronary Artery Disease, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-0231](https://doi.org/10.7326/M23-0231)

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