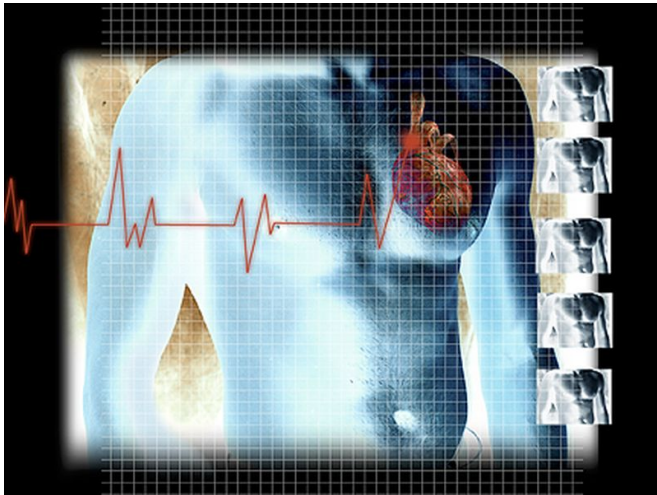


CCTA tied to more appropriate use of invasive angiography

12 April 2016



CCTA, more preventive therapies were initiated (283 versus 74; HR, 4.03). Fatal and nonfatal [myocardial infarction](#) was halved in patients allocated to CCTA versus standard care (17 versus 34; HR, 0.50), from the median time for preventive therapy initiation (50 days).

"In [patients](#) with suspected angina due to [coronary heart disease](#), CCTA leads to more appropriate use of invasive angiography and alterations in preventive therapies that were associated with a halving of fatal and non-fatal myocardial infarction," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

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(HealthDay)—Coronary computed tomography angiography (CCTA) is associated with more appropriate use of invasive angiography and increased use of preventive therapies, according to a study published online April 11 in the *Journal of the American College of Cardiology*.

Michelle C. Williams, M.D., from the University of Edinburgh in the United Kingdom, and colleagues used data from a trial of 4,146 patients who were randomized to receive standard care or CCTA. The [authors](#) sought to examine changes in invasive coronary angiography, preventive treatments, and clinical outcomes.

The researchers found that the rates of invasive angiography were similar for those randomized to CCTA and standard care ($P = 0.451$); however, those allocated to CCTA were less likely to demonstrate normal coronary arteries on invasive angiography (20 versus 56; hazard ratio [HR], 0.39) and more likely to show obstructive coronary artery disease (283 versus 230; HR, 1.29). After

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