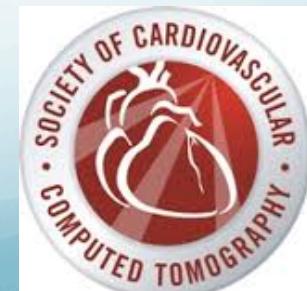


## Incidental Extra Cardiac Findings in a single Centre UK population undergoing Cardiac CT according to NICE guidance for stable chest pain – A case for continued Radiology-Cardiology joint Reporting?

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# Introduction

- Coronary Computed Tomography Angiography (CCTA) is a well-established imaging modality for the assessment of coronary artery disease.<sup>1</sup>
- Unlike the gold standard of invasive coronary angiography, CCTA yields additional information regarding incidental extra cardiac findings (ECF).<sup>2,3</sup>

# Aim

- To assess the prevalence of incidental ECFs in our cohort of patients who underwent coronary CT angiography.
- To see if this justifies joint reporting by Cardiology and Radiology in a limited resource NHS.

# Methods

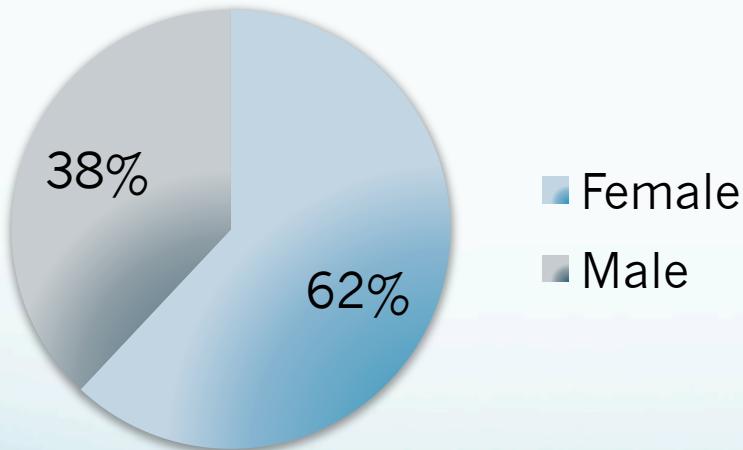
- We analysed data from all patients attending for Cardiac CT, for investigation of chest pain, from January 2013 thru December 2013.
- Data was obtained from Aintree University Hospital's electronic patient record system (Medway SIGMA) and The Pictures Archiving and Communication System database (Carestream PACS).
- Patients with previous coronary artery bypass grafting were excluded.
- ECFs were analysed on the large field of view.
- ECF were deemed "significant" if they were referred to additional diagnostics or therapy.

# Results

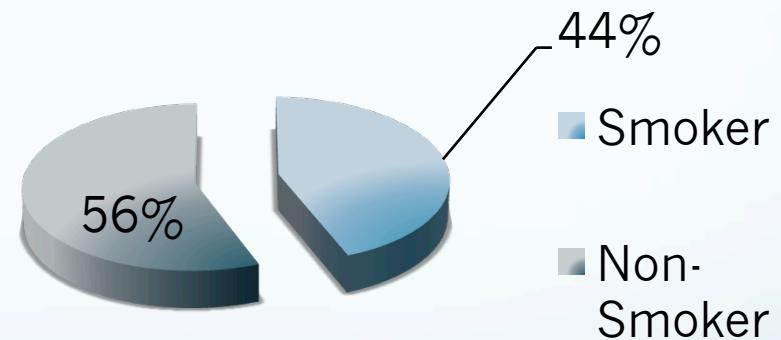
- 210 patients (Mean age 60.9 years) attended Cardiac CT from January 2013 through December 2013.
- Coronary Artery Calcium Scoring was performed in most patients (98.6%).
- 6% of cases had Diabetes Mellitus.
- ECFs were seen in the majority of cases (50.9%).
- Clinically significant findings were seen in 21.4%.
- No malignancies were seen.

# Patient Demographics

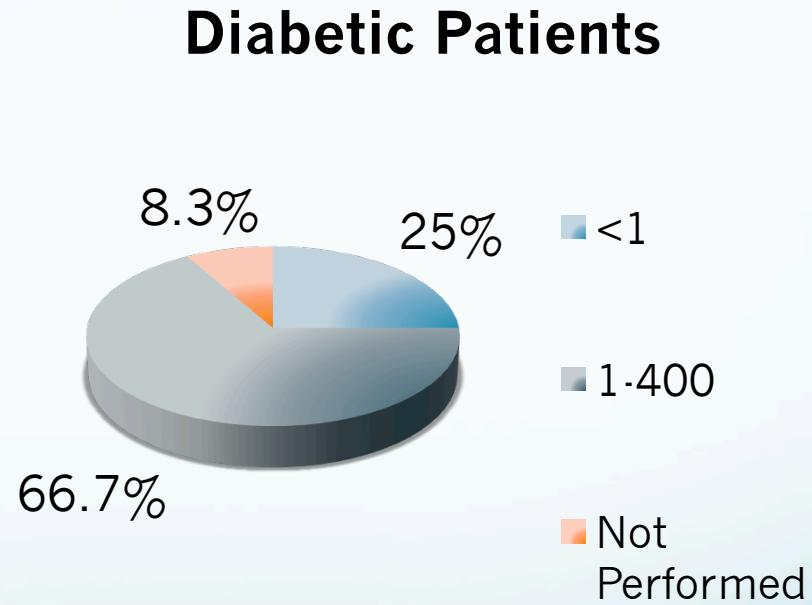
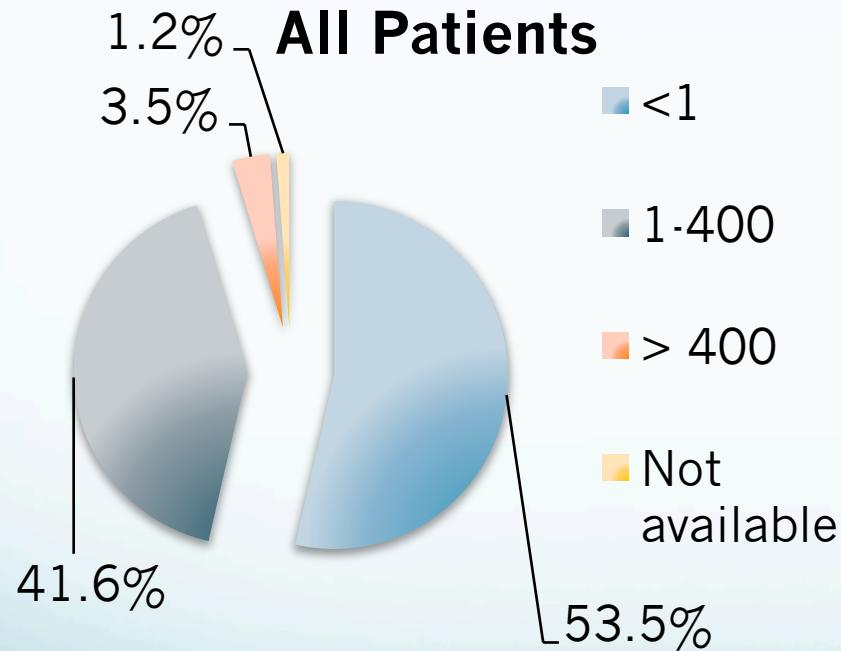
**Gender**



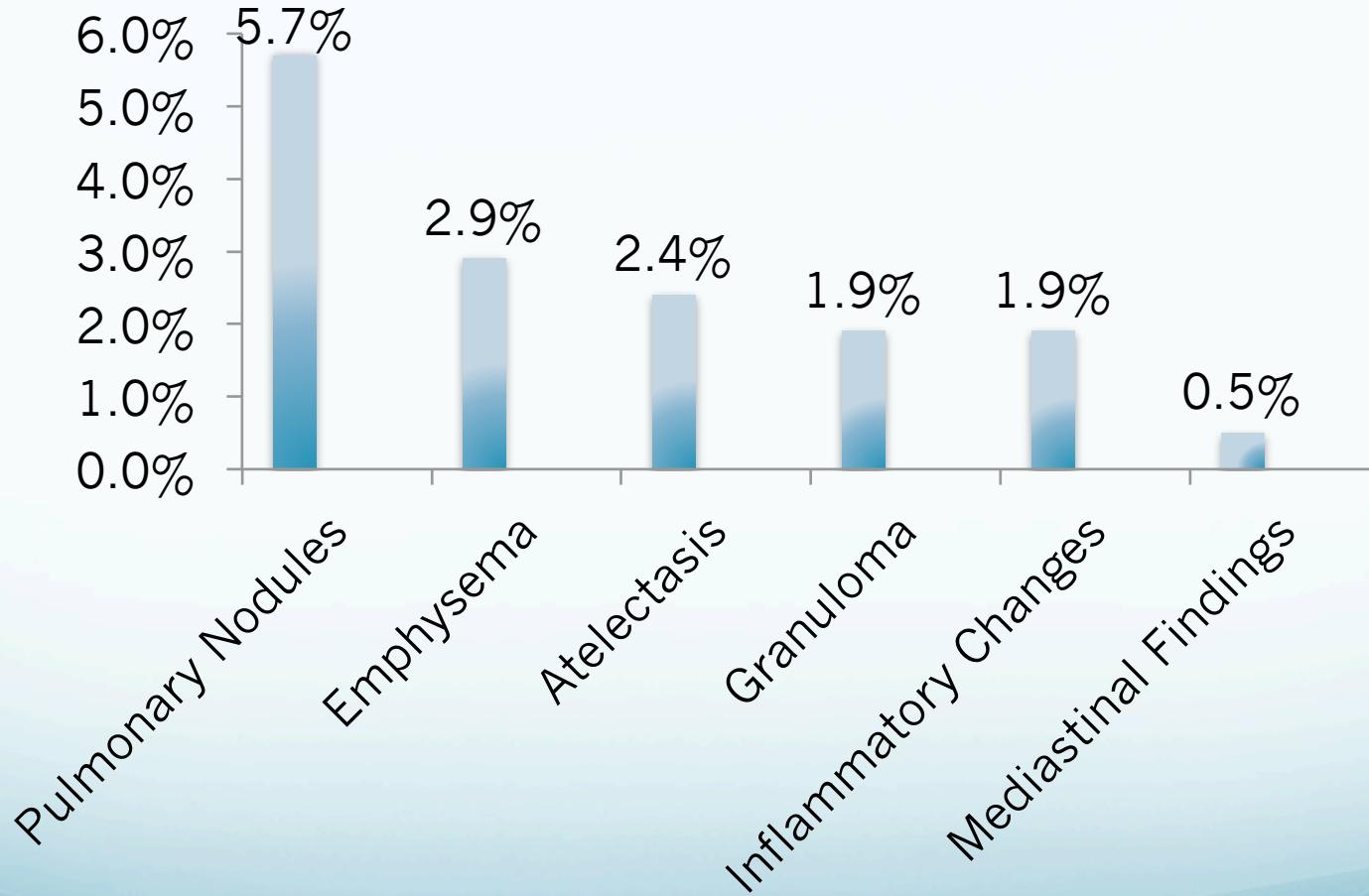
**Smoking Status**



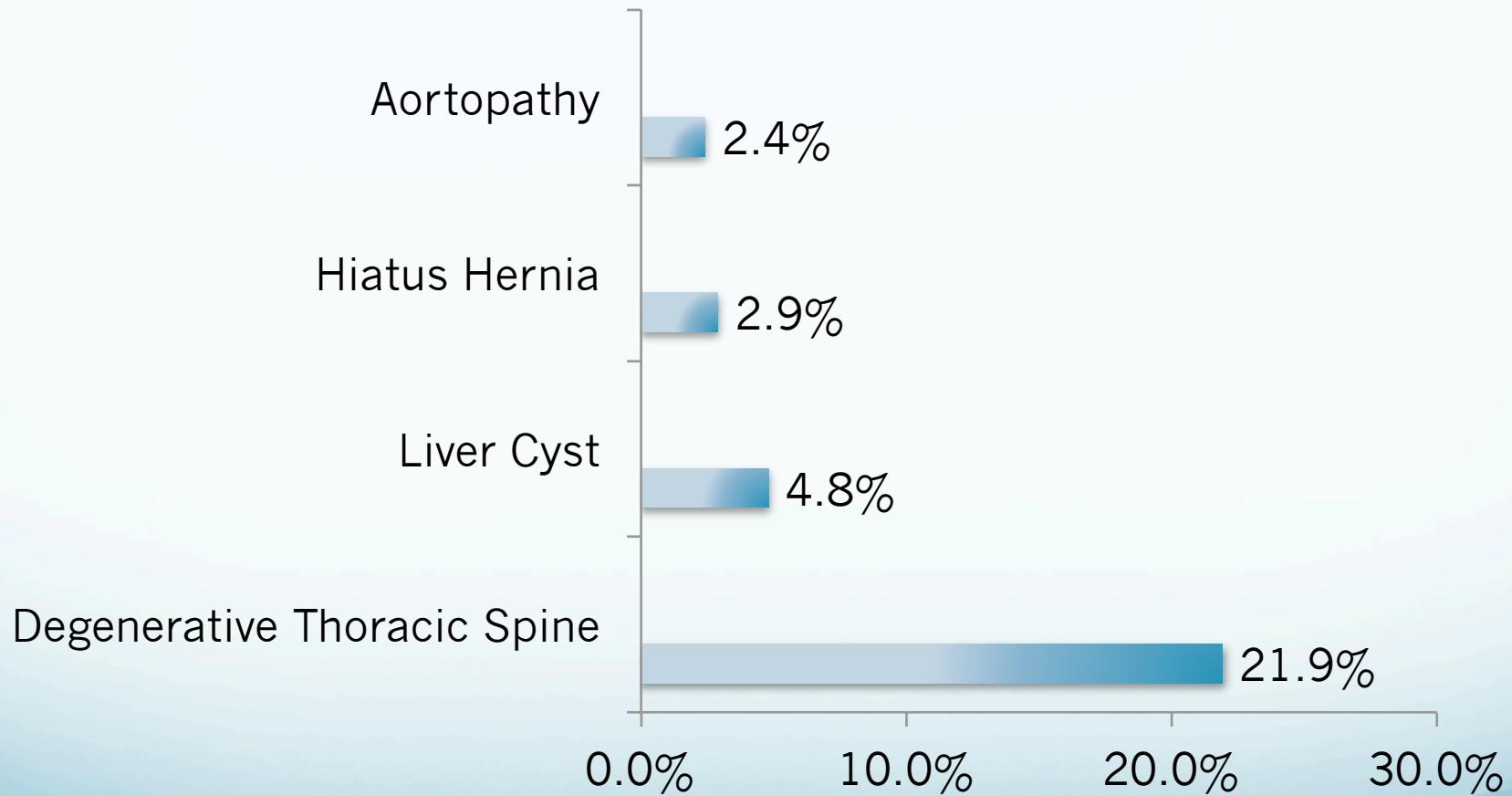
# Results – Calcium Scoring



# Results – Intrapulmonary Findings



# Non Significant Findings



# Conclusions

- Reflective of our experience in a large UK teaching hospital.
- Consistent with a recent meta-analysis which showed a high heterogeneity of findings with a pooled ECF prevalence of 44% (50.9% seen) and clinically significant ECF of 16% (21.4% seen).<sup>4</sup>
- The heterogeneity of our findings support joint reporting as proposed in literature.
- Majority of significant ECF seen were intrapulmonary and there are protocols within our department for follow-up of these.
- Joint reporting maximises sensitivity for significant lesions while minimising false-positive diagnoses thus avoiding unnecessary follow-up examinations.

# References

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