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The Application of Coronary Computer Tomography Appropriateness Criteria in Clinical Practice: a Critical single Center Evaluation

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Background: Due to the increasing use of coronary computed tomography (CCT) and the large variety of patient referring sources, the national societies of radiology and cardiology of Austria decided to publish cooperative recommendations for CCT indications following international published criteria in 2007 and 2011.

Methods: We investigated data from patients referred to CCT in our institution. The indications for CCT were examined by 2 cardiologists and classified as appropriate (A), inappropriate (I) or uncertain (U) following published recommendations. Furthermore in a subanalysis the appropriateness of each CCT investigation was evaluated in relation to the referring source.

Results: In 658 patients (pts) referred for CCT the indication was A in 202 (30.7 %), I in 350 (53.2 %) and U in 106 (16.1 %).

In regard to the referring sources we found the distribution displayed in table 1.

Table 1:

Referral source	A	U	I	Total
Intramural (all clinical departments)	136 (32%)	81(19%)	213(49%)	430
Private practice (cardiology, internal medicine)	56 (28%)	24 (12%)	117 (60%)	197
External hospitals	2 (100%)	0	0	2
Private practice (general practice)	8 (28%)	1 (3%)	20 (69%)	29

Conclusion: Using international and national published recommendations for the use of CCT we still find a large number of inappropriate referrals in clinical practice. We therefore conclude that more spread of information is needed to establish a better adherence to existing guidelines.