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Prognostic Value of Cardiac MDCT

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Prognostic Value of Cardiac CT

1. Anatomic assessment of CAD
2. Functional assessment of CAD
3. Plaque type and progress



Prognosis

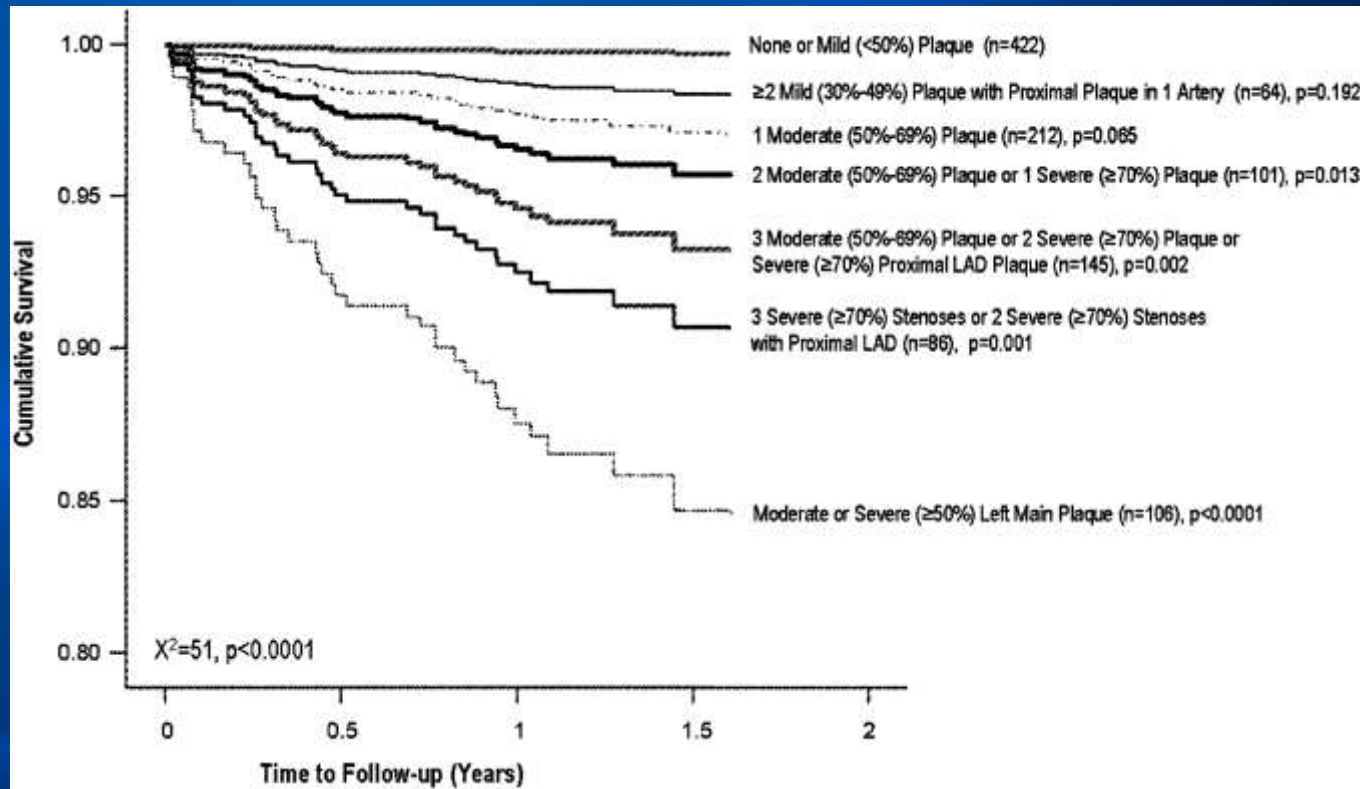


1. Anatomic Assessment of CAD by CT

- Prognostic value

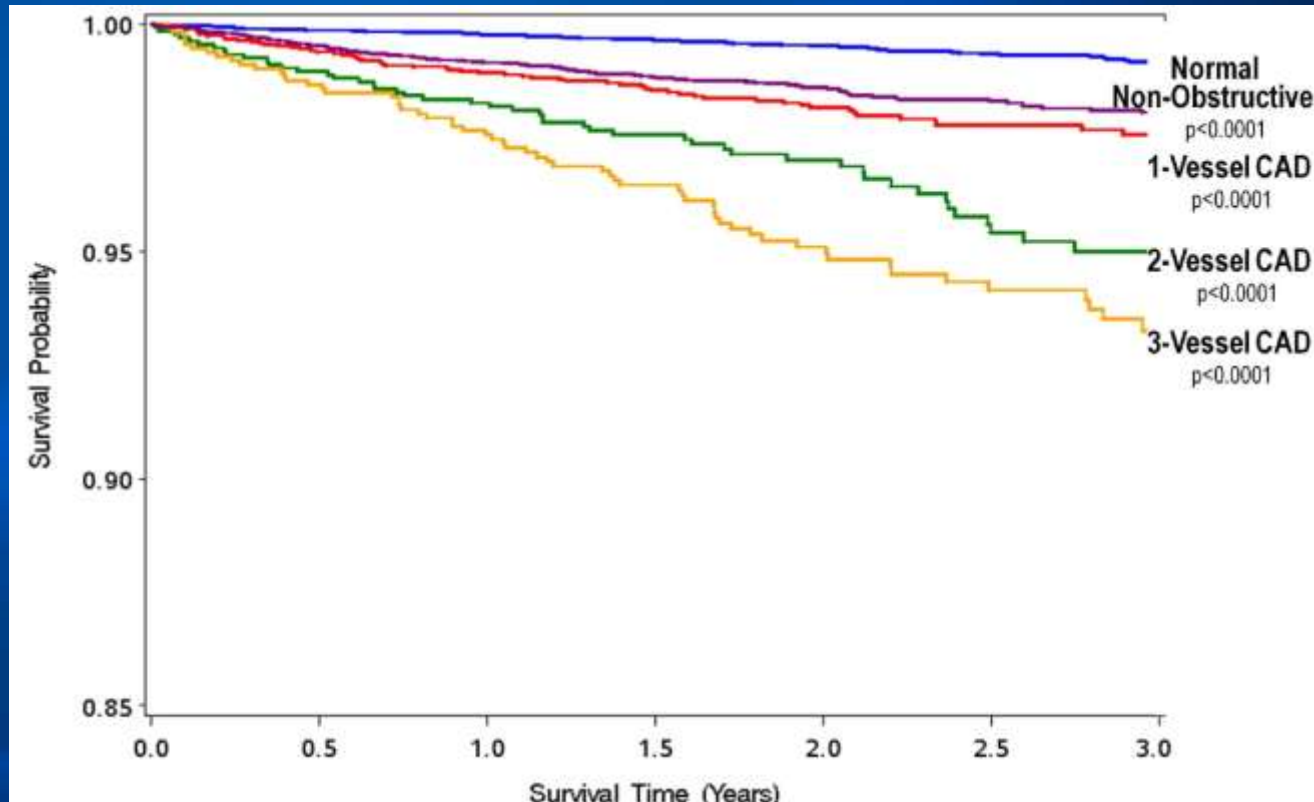


CAD Assessed by CCTA: Early Results



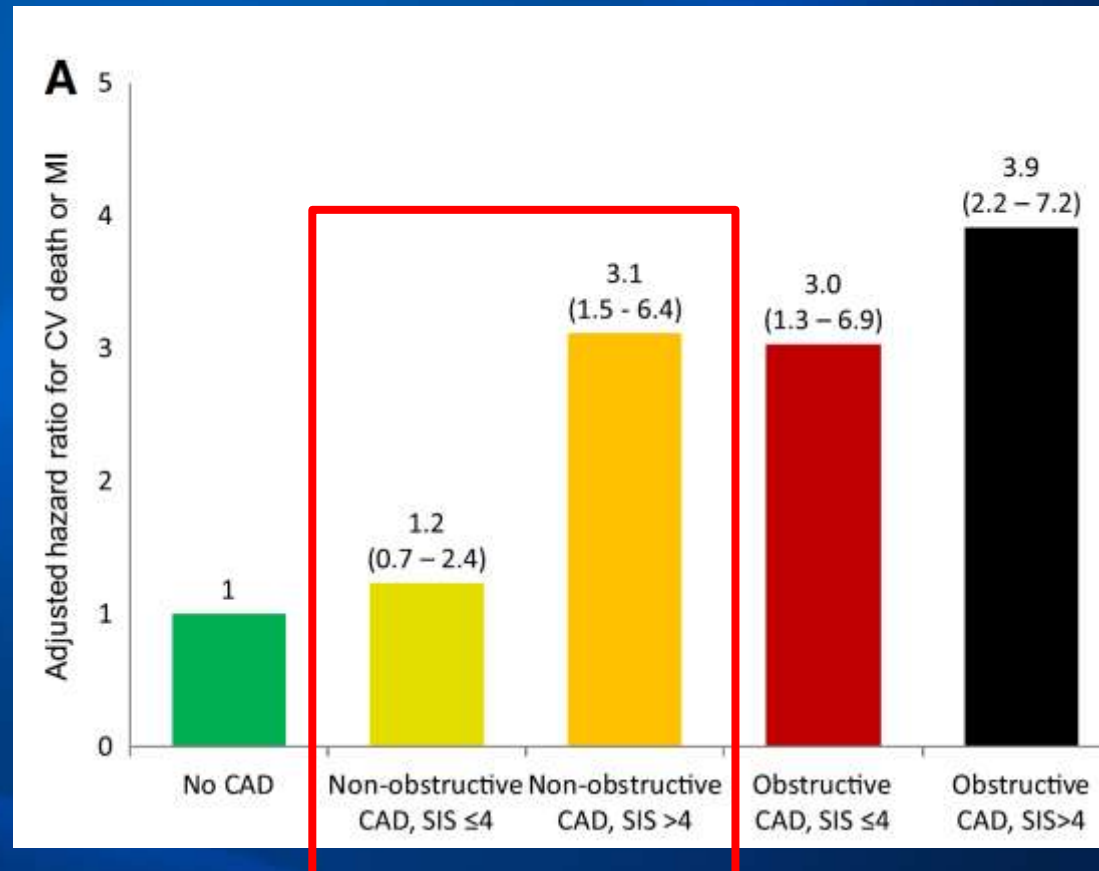
- 1127 symptomatic patients
- 15.3 months F/U, All-cause death
- **CT predictors of death**
 - Proximal LAD stenosis, Number of diseased vessels

Anatomic Assessment of CAD: CONFIRM Registry



- 23,775 multicenter international cohort, 2.3 years f/u
- Both non-obstructive and obstructive CAD → higher rates of mortality
- **Absence of CAD was associated with a very favorable prognosis**
 - **Death rate 0.28% / year**

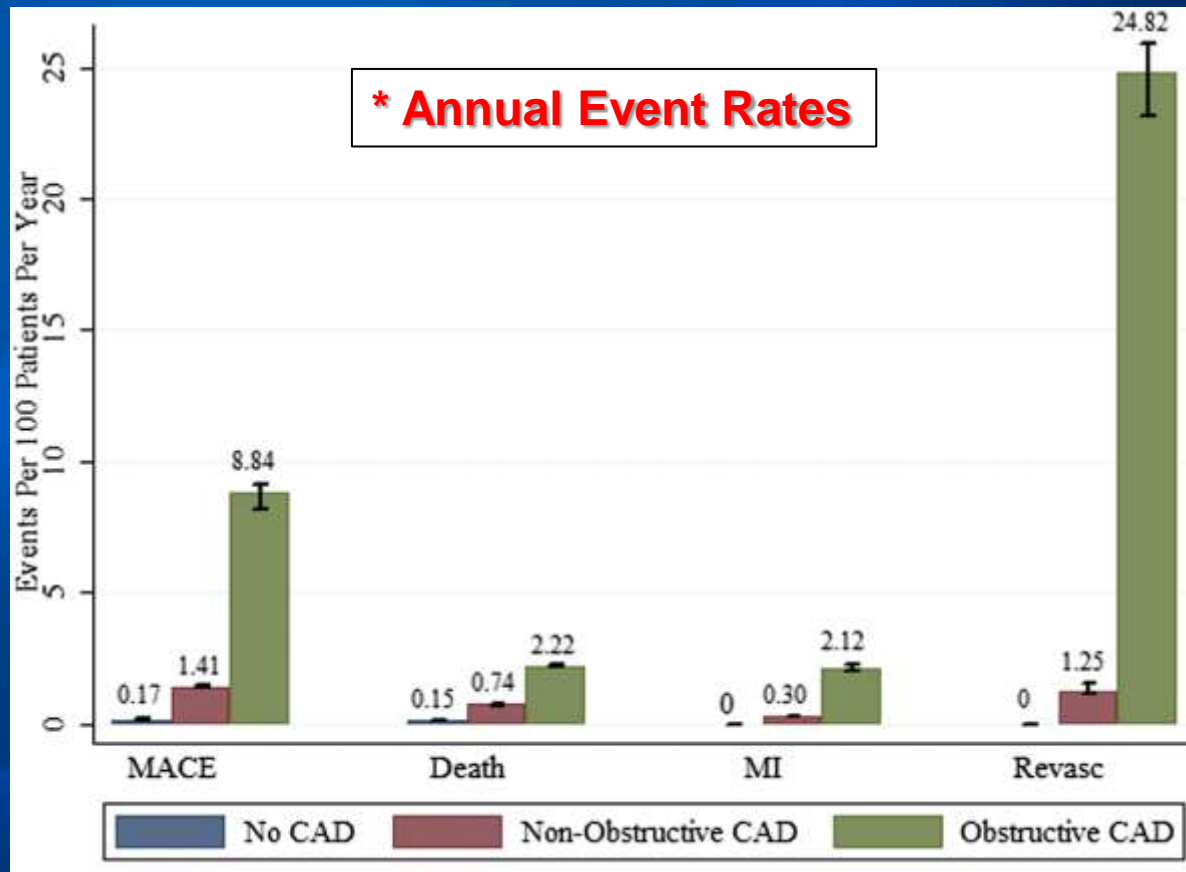
Prognostic Value of CCTA: Plaque Extent



- 3432 patients

Extensive non-obstructive disease experienced the greater risk compared to those with non-extensive obstructive CAD.

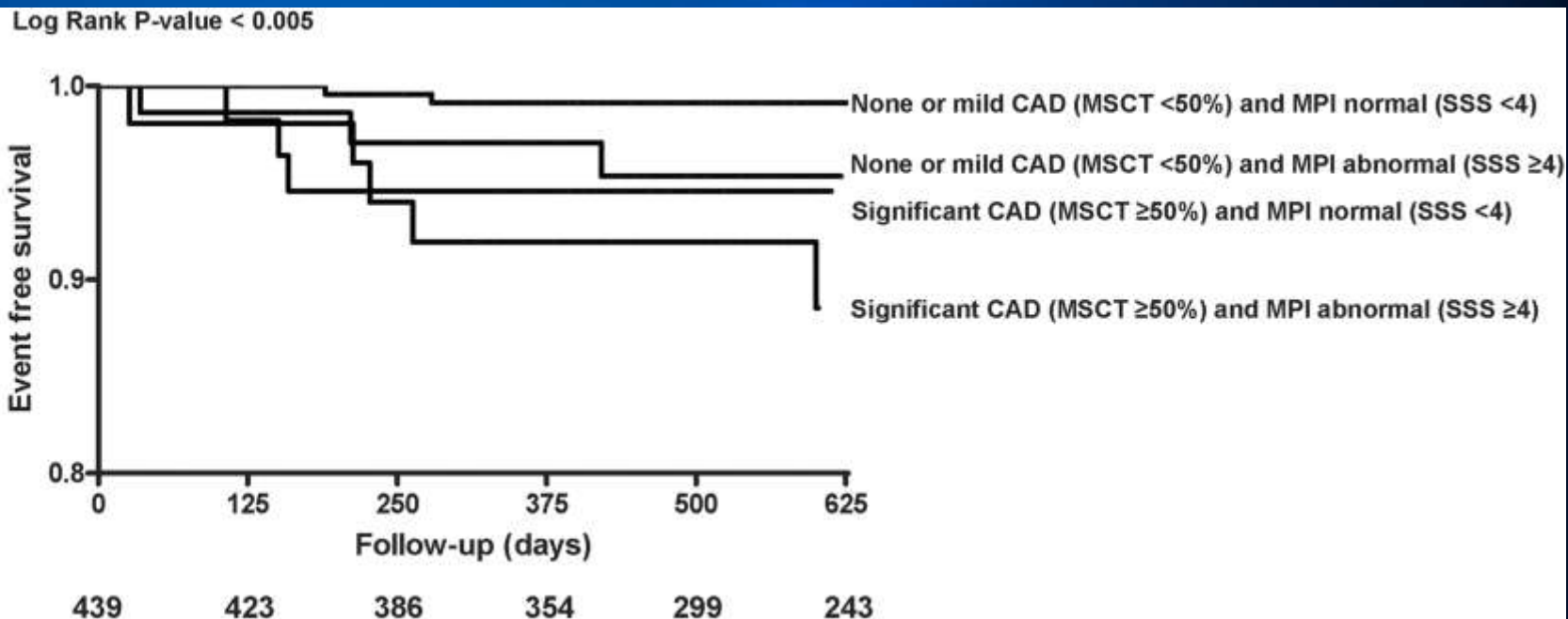
Prognostic Value of CCTA: Meta-Analysis, 2011



- 18 studies, 9592 patients

Incrementally increasing future MACE with increased CAD by CT

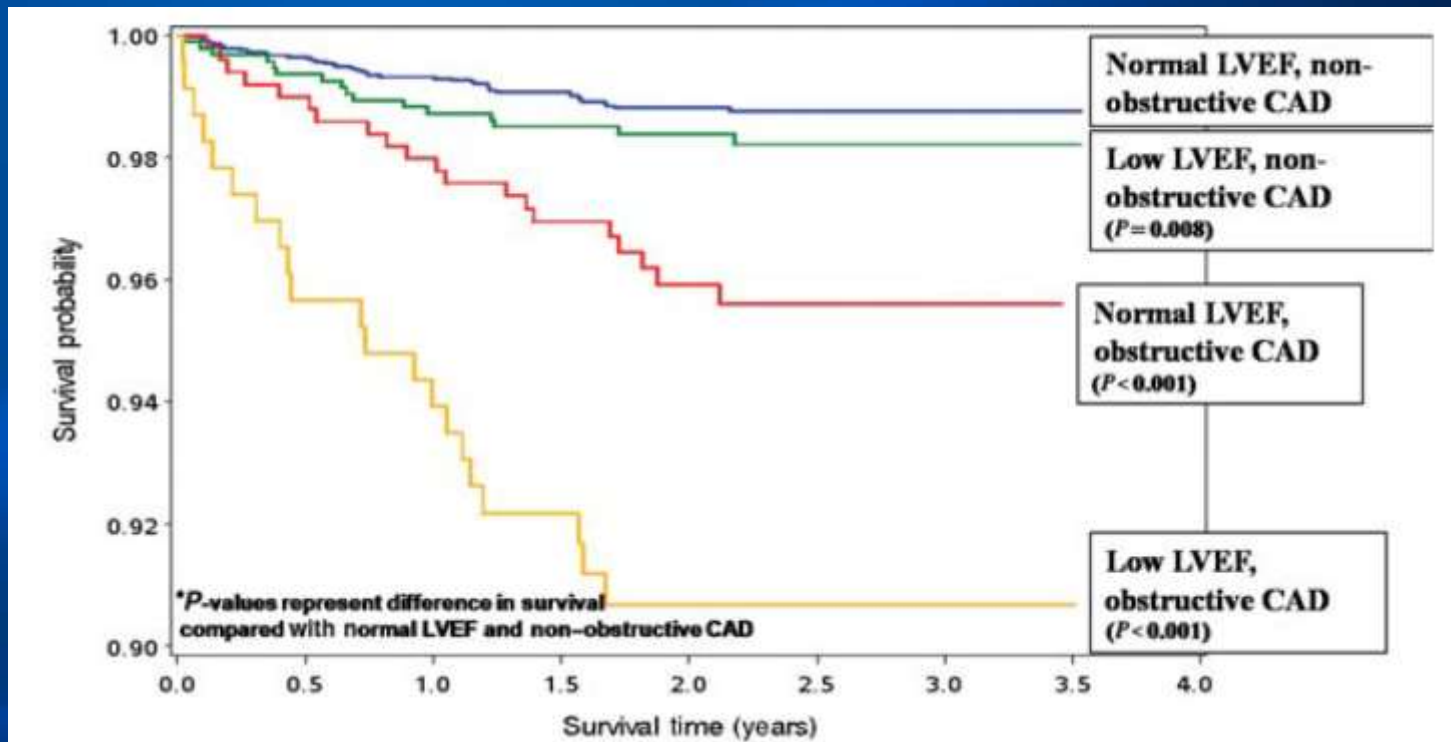
Prognostic Value of CCTA: Incremental Value over SPECT



- 541 patients
- End-points: all-death, MI, unstable angina requiring revascularization
- CT was an independent predictor of events and provides incremental prognostic value to SPECT.

→ **Combined anatomical and functional assessment may allow improved risk stratification**

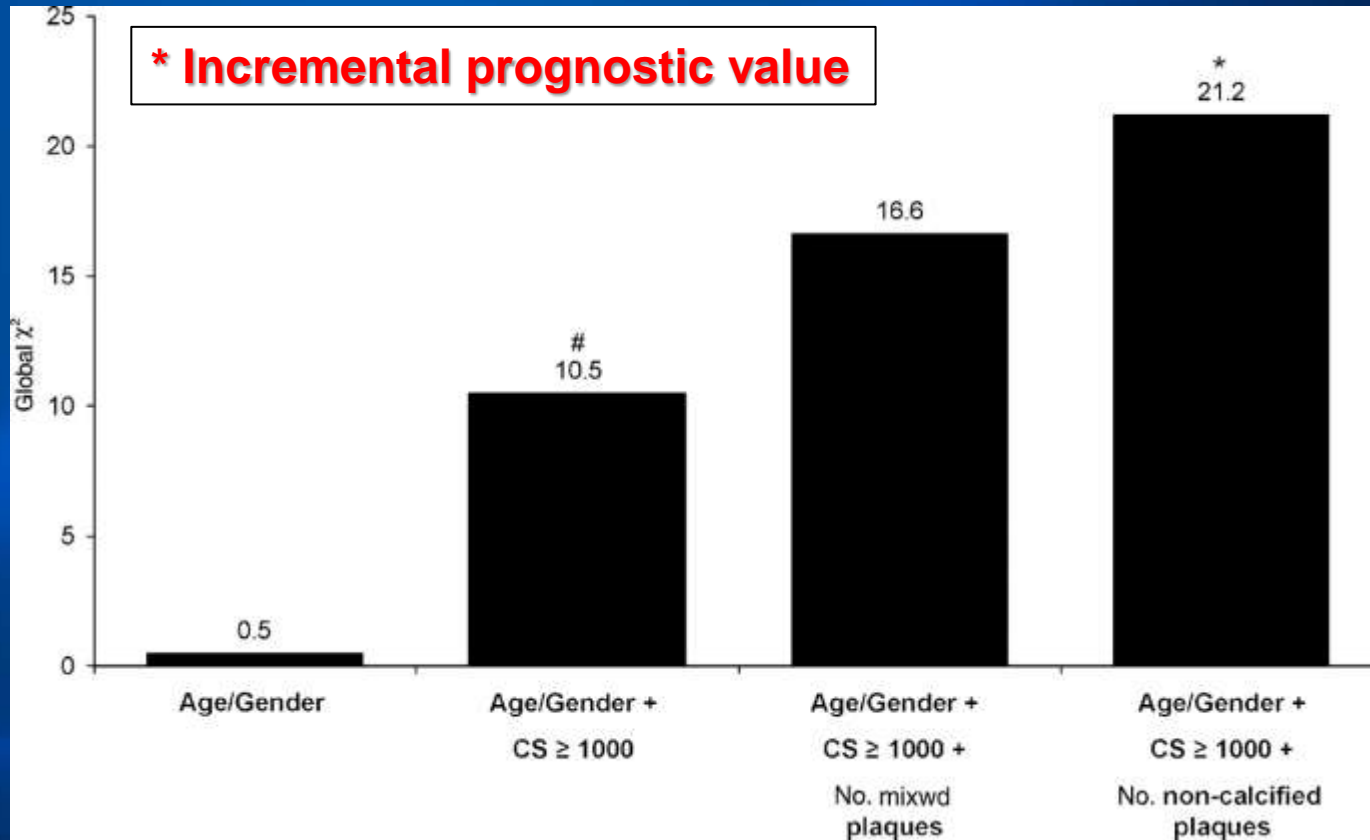
Prognostic Value of CCTA: Incremental Value of LVEF



- 5330 patients without known CAD
- CT + CT driven LVEF

The addition of LVEF by CT enhanced risk stratification for death

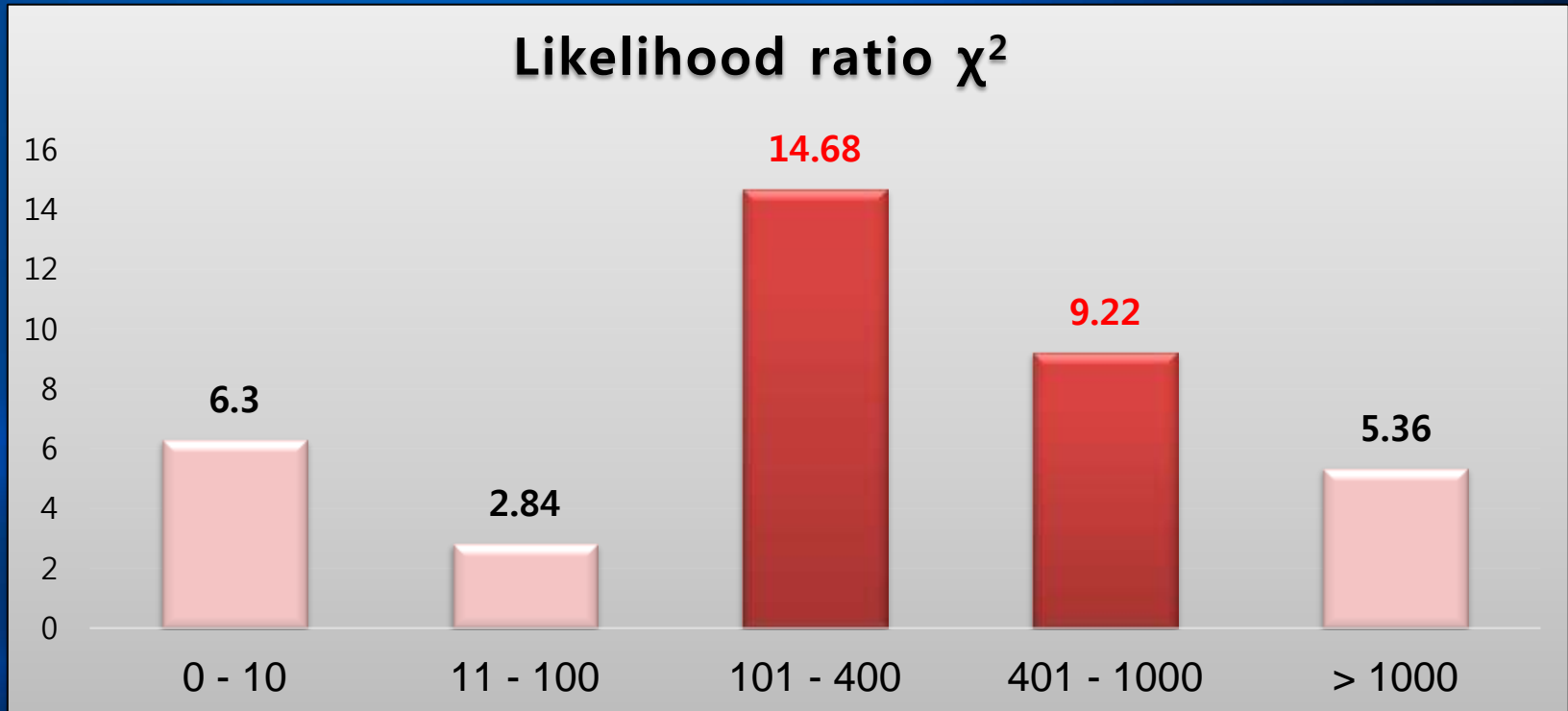
Prognostic Value of CCTA: Incremental Value over Calcium Score



- 432 pts suspected coronary artery disease

CCTA provides additional information to CAC regarding stenosis severity and plaque composition

Incremental Prognostic Value of CT: Dependence upon CAC Severity



- 3217 asymptomatic pts

Incremental prognostic utility for prediction of death and MI with moderately high CACs, but not for lower or higher CACs

Prognostic Value of CCTA: Clinical risk predictors



CONFIRM risk calculator

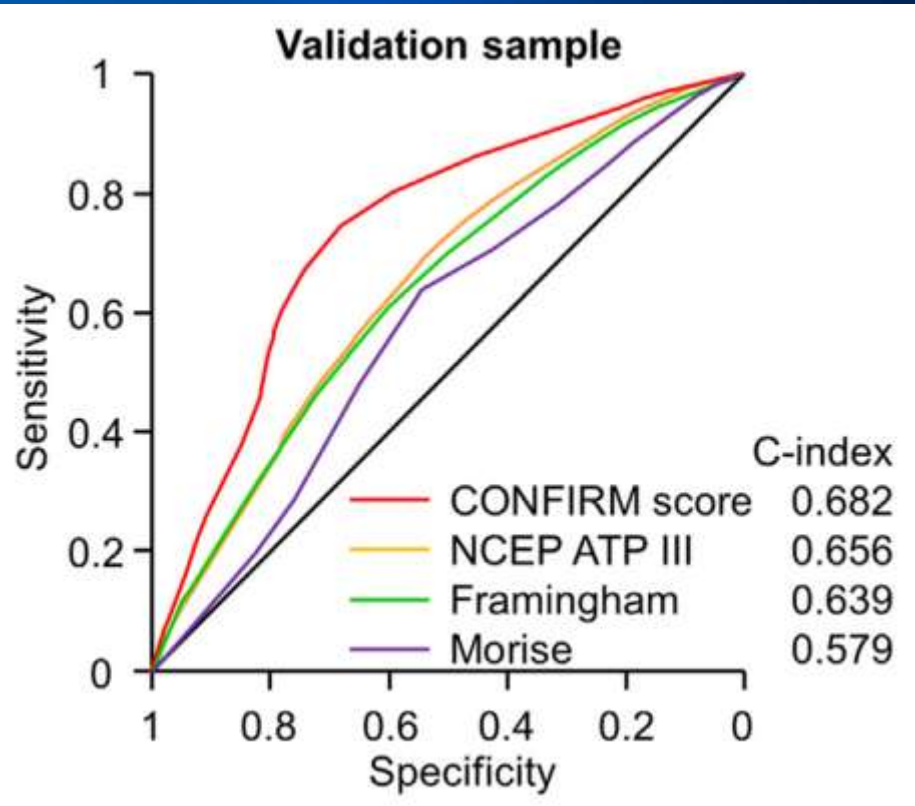
Clinical risk (NCEP ATP III):

Age: years
 Gender: female male
 Total cholesterol: mg/dl
 HDL cholesterol: mg/dl
 Smoker: no yes
 Systolic blood pressure: mmHg
 currently on meds for high blood pressure?: no yes
 Diabetes: no yes

Result from coronary CTA:

Left main coronary artery: calcification stenosis>50%
 proximal left anterior descendent: calcification stenosis>50%
 mid left anterior descendent: calcification stenosis>50%
 proximal left circumflex: calcification stenosis>50%
 first obtuse marginal branch: calcification stenosis>50%
 proximal right coronary artery: calcification stenosis>50%
 mid right coronary artery: calcification stenosis>50%

<http://www.ctconfirm.org/risk/>



Prognostic score based on CONFIRM registry (CONFIRM score) can improve risk prediction beyond clinical risk scores.

1. Anatomic Assessment of CAD by CT - Prognostic value

- CAD extent and severity by CT have prognostic implication.
- The prognostic value of CT is incremental to traditional measures of CAD risk assessment including clinical parameters, SPECT, LVEF, and CAC.
- Absence of CAD in CT is associated with a very favorable prognosis.



2. Functional Assessment of CAD by CT

- Prognostic value**

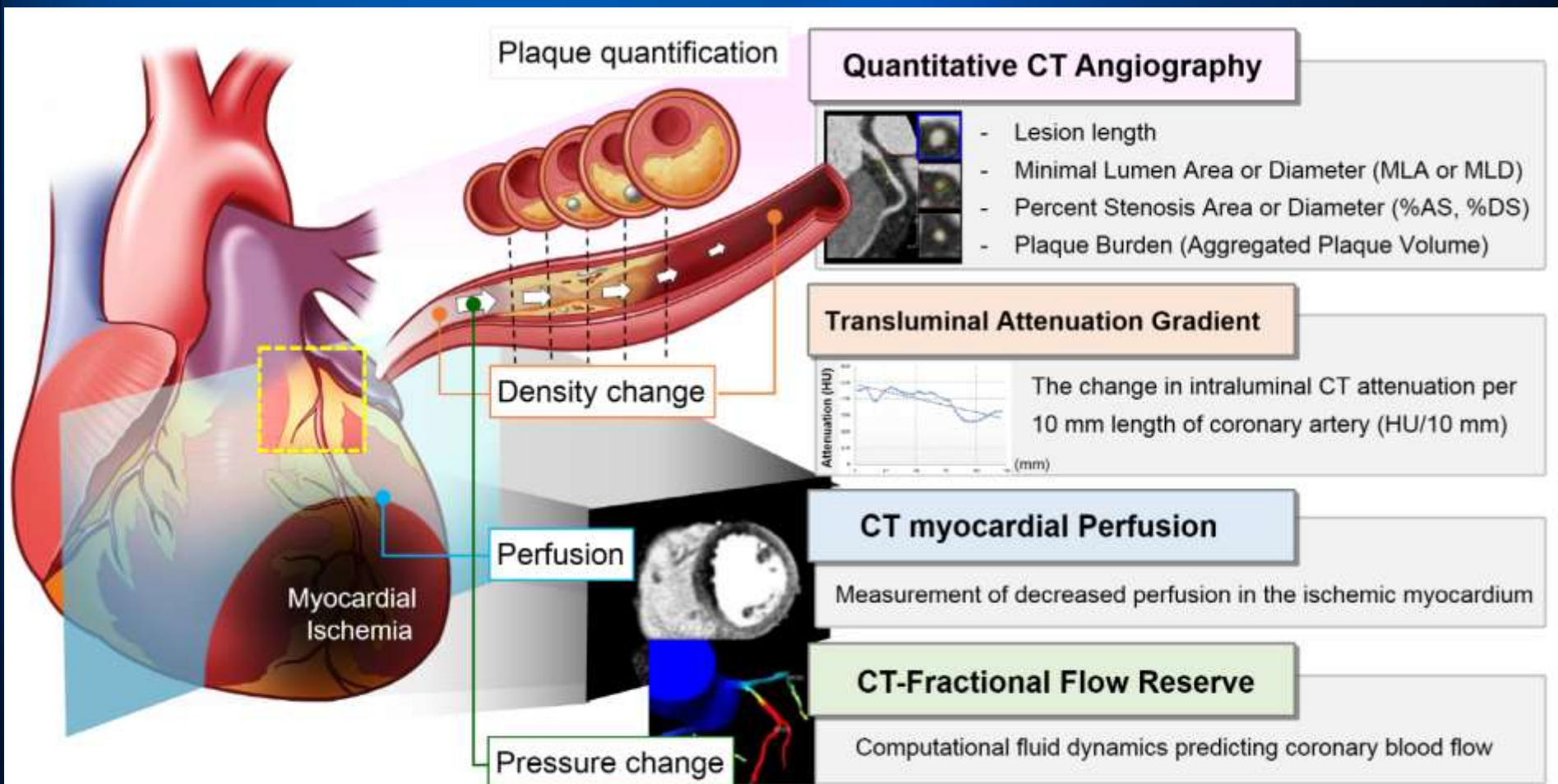


CTA for Prediction of FFR

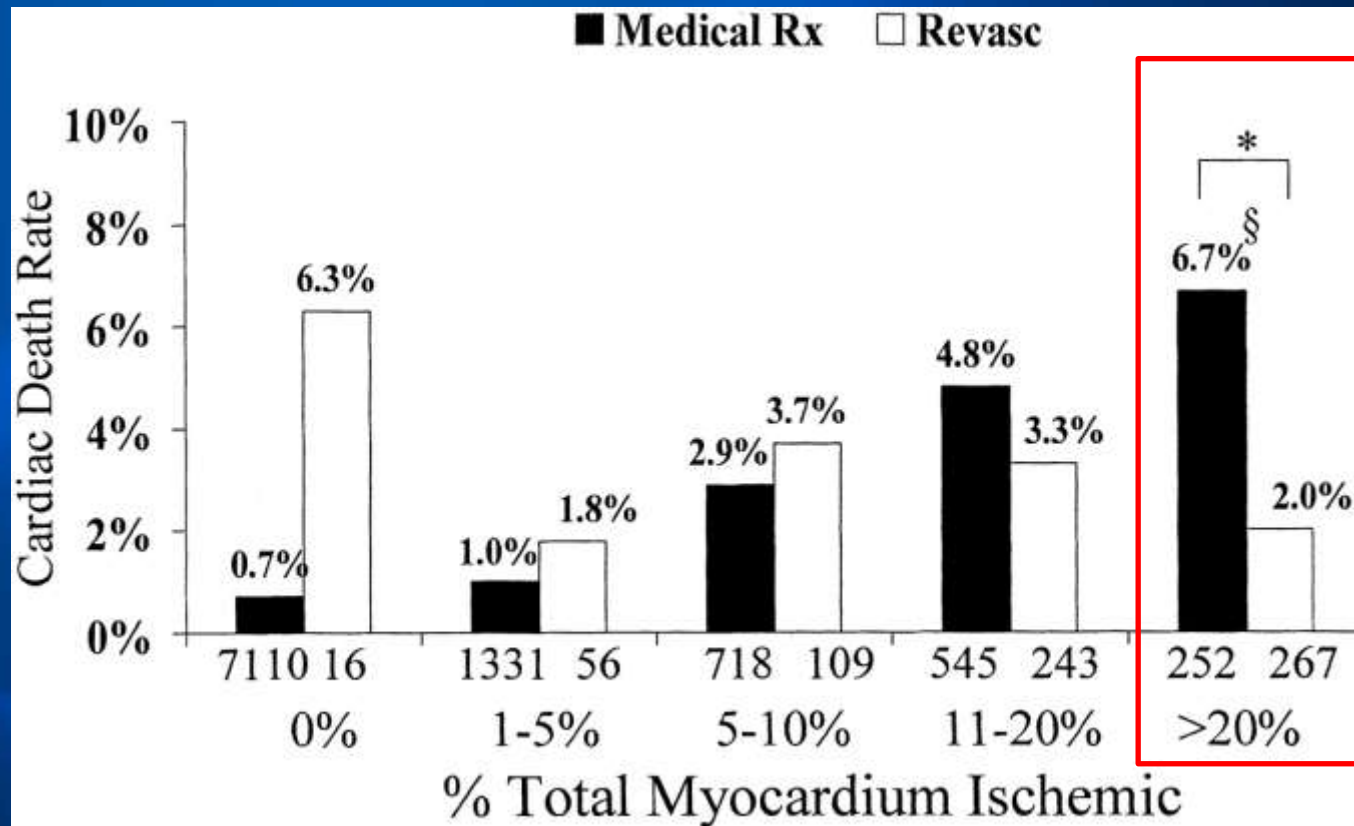
FFR < 0.80 (n=31)	Sensitivity	Specificity	Accuracy
CTA, Visual score	94	48	64
CTA, Quantitative measurement	45	79	67
CAG, Visual score	55	62	60
CAG, Quantitative measurement	57	69	65

- The anatomical assessment of the hemodynamic significance of coronary stenosis determined by CT and CAG does not correlate well with the functional assessment of FFR

Functional Assessment of CAD by CT

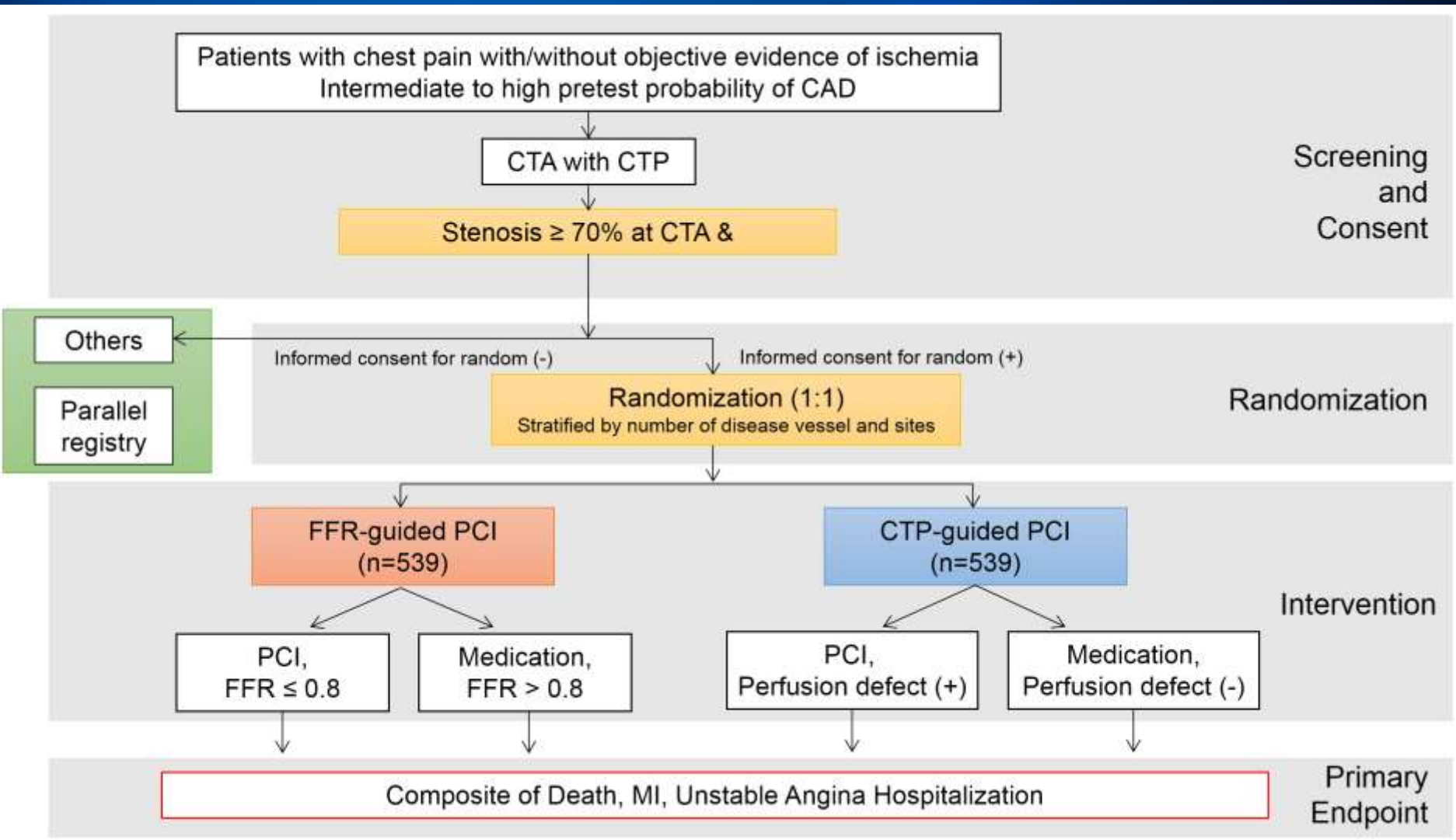


Prognostic Value of SPECT: Treatment Decision



- 10627 pts, No prior MI/revascularization

On going CTP-guided Tx. Trial

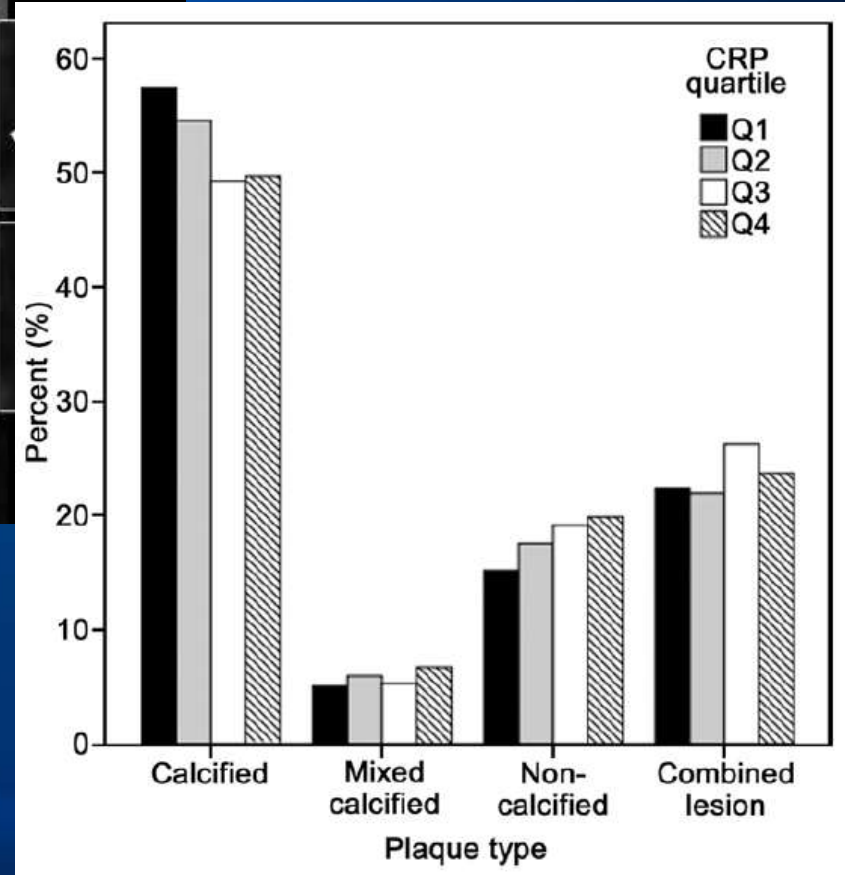
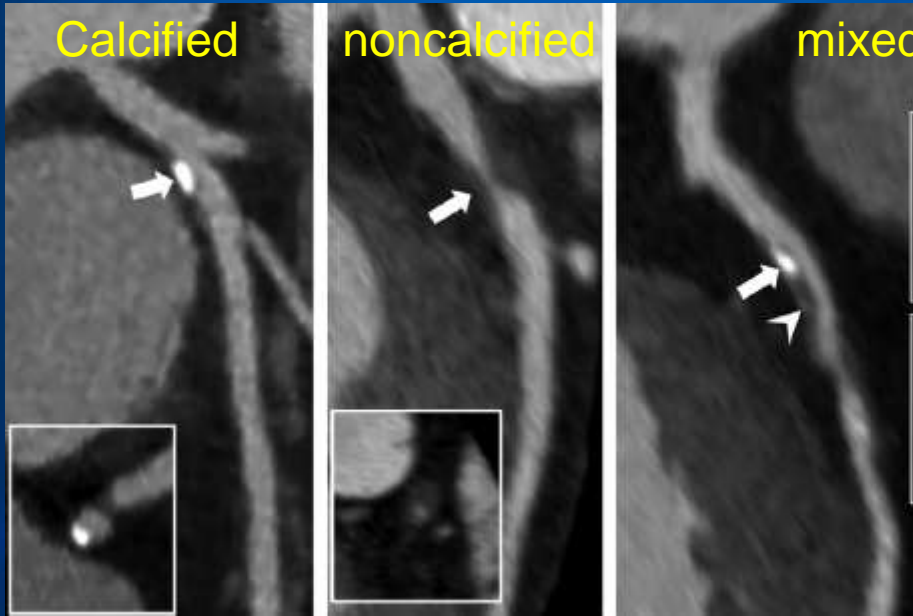


3. Plaque type and progression assessed by CT

- Prognostic value

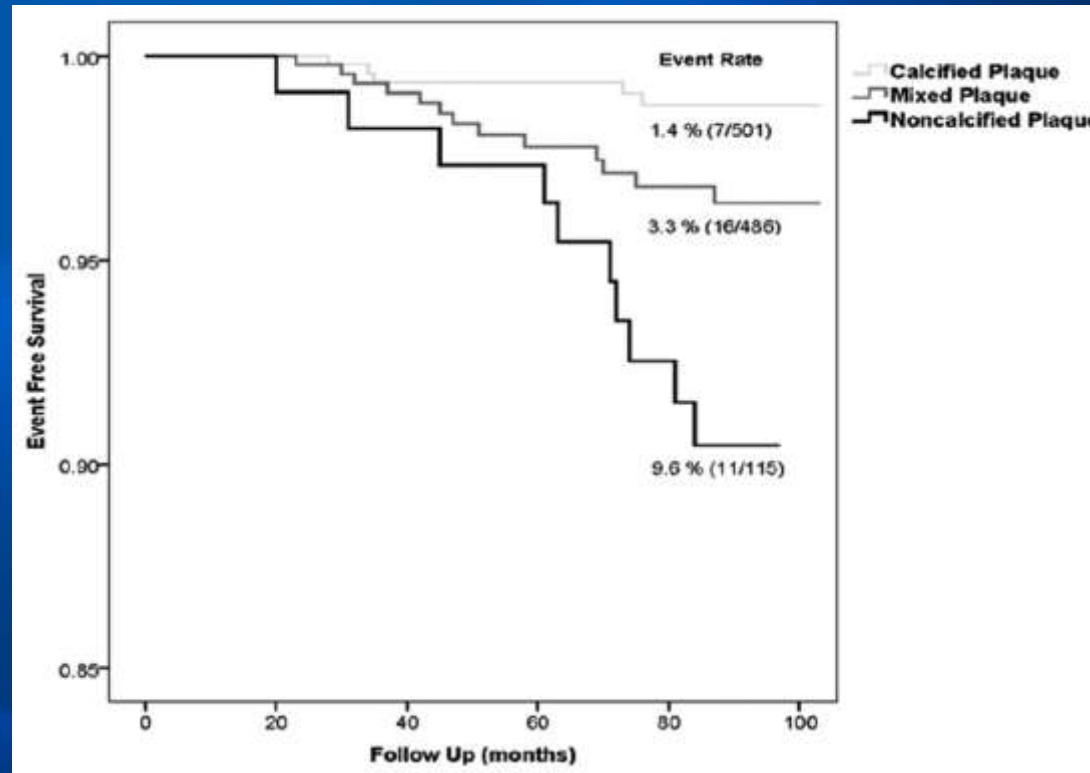


Plaque Type by CCTA: Clinical parameters



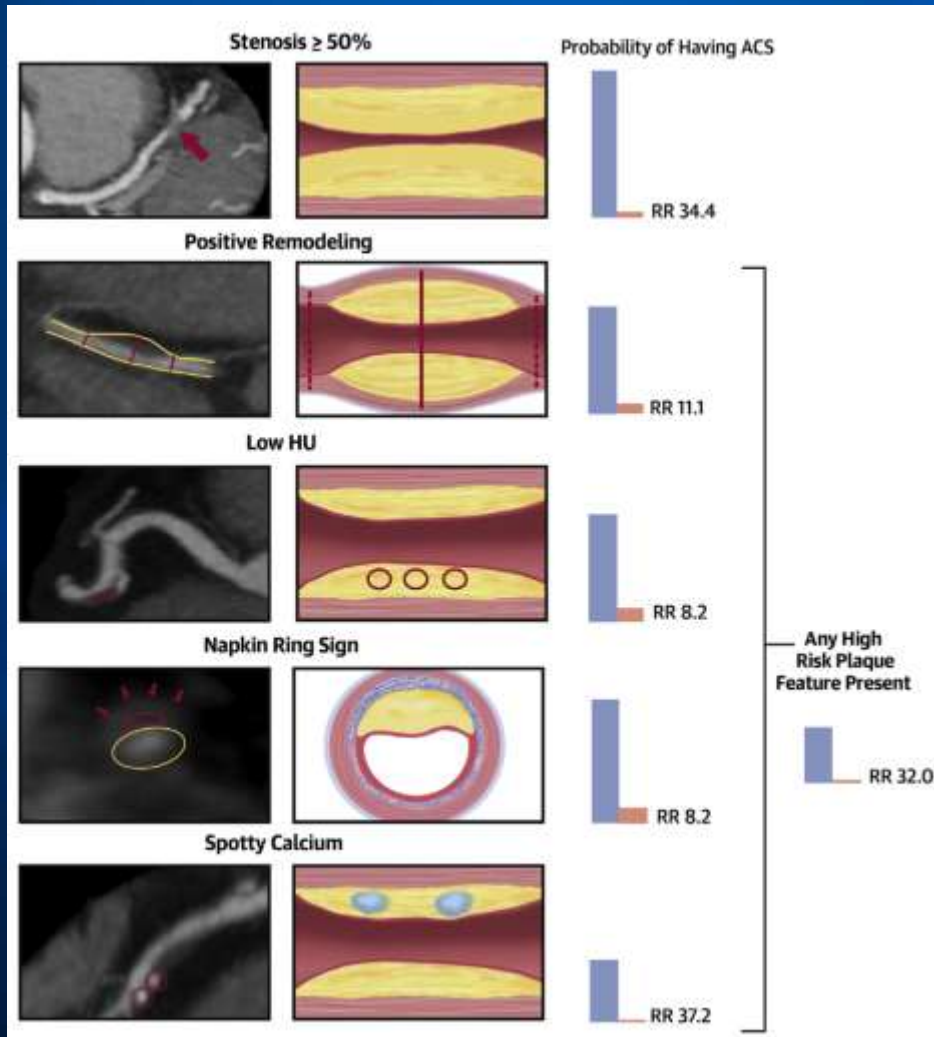
- CPR is associated with noncalcified coronary plaque after adjustment for traditional risk factors
- 2653 asymptomatic subjects

Plaque Type by CCTA: Prognostic Value



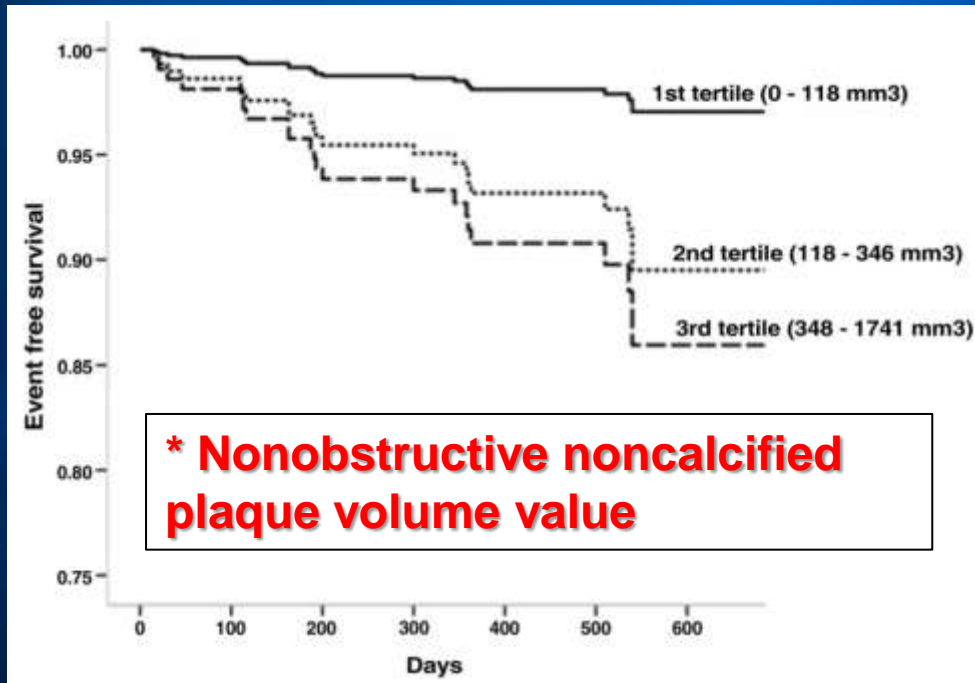
- Mixed / Noncalcified plaque provide incremental value in predicting all-cause mortality in symptomatic subjects **with nonobstructive CAD**
- 1102 symptomatic subjects

High-Risk Plaque by CCTA: Acute Coronary Syndrome (ROMICAT-II Trial)



- 472 pts underwent CCTA at ED
- 37 ACS
- High-risk plaques were more frequent in patients with ACS after adjustment for significant stenosis.
- (RR 8.2 ~ RR 37.2)

Nonobstructive CAD by CCTA: Prognostic value after Acute Coronary Event

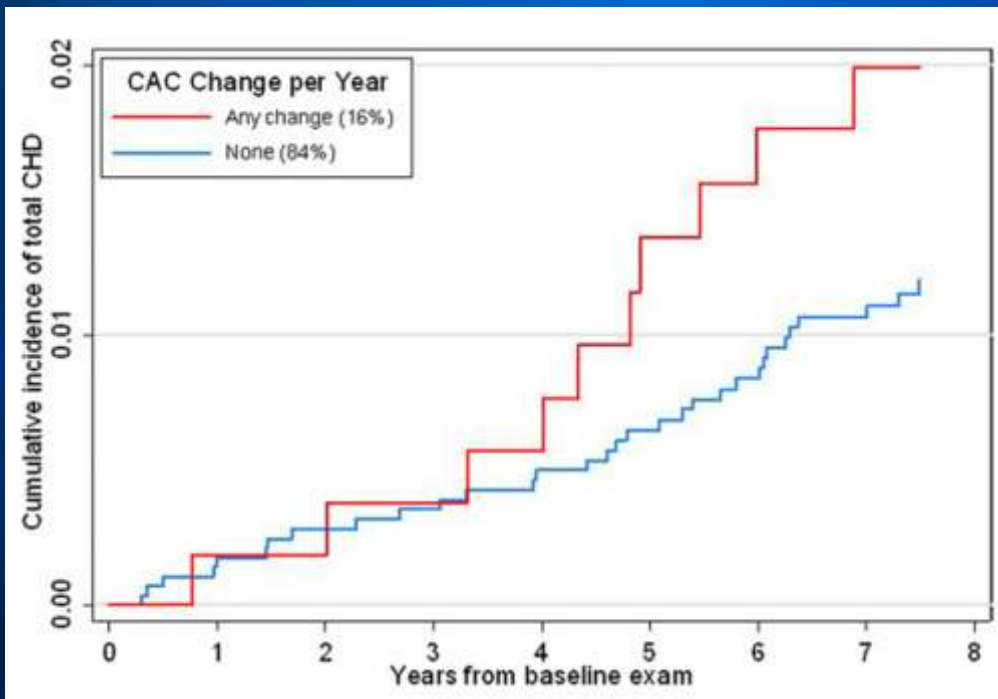


- 312 pts with NSTEMI
- 23 cardiac events during 16 months f/u
- Total amount of noncalcified plaque (HR 1.18/100mm³)

Plaque Progression by Calcium Score

Prognostic value after Acute Coronary Event

* Any Change of Calcium Score

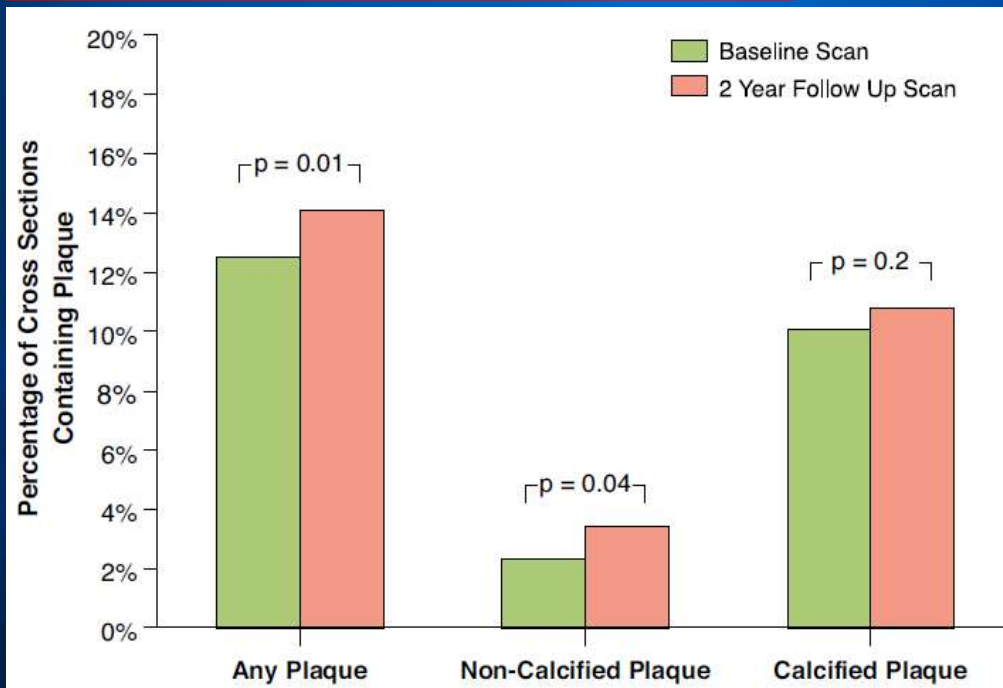


- 6778 MESA population
- The Average annual change
 - 24.9 Agatston units
- Progression of ≥ 300 / year,
 - HR 6.3 for hard CHD

Plaque Progression by CCTA

2-year F/U in symptomatic patients

Progression of coronary plaque



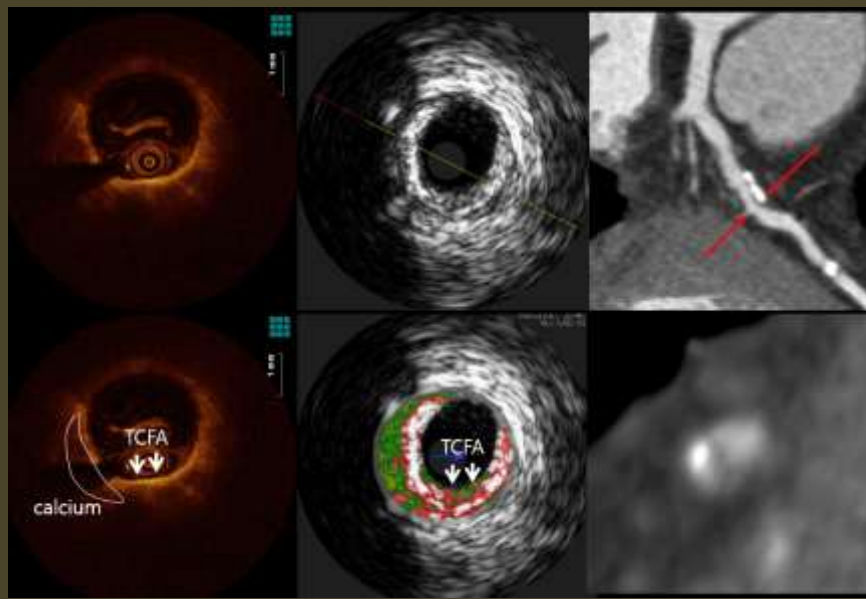
- 69 patients with chest pain
- Initially, no ACS
- 2-year follow-up CCTA
- Coronary plaque burden with acute chest pain significantly increased during 2 years
- Prognostic value / Effect of medical treatment on progression ?? - Unknown

3. Plaque type and Progression by CT

- Prognostic value

- Plaque type, high-risk morphology of plaque, noncalcified plaque burden assessed by CT provide prognostic implication.
- Plaque progression assessed by calcium score is helpful to stratify patient risk.
 - Prognostic implication of plaque progression by serial CCTA need to be evaluated.

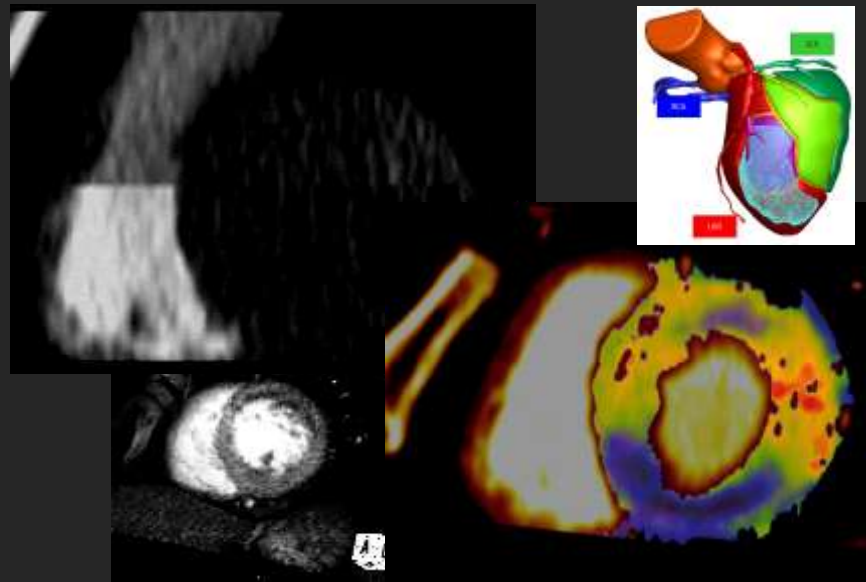




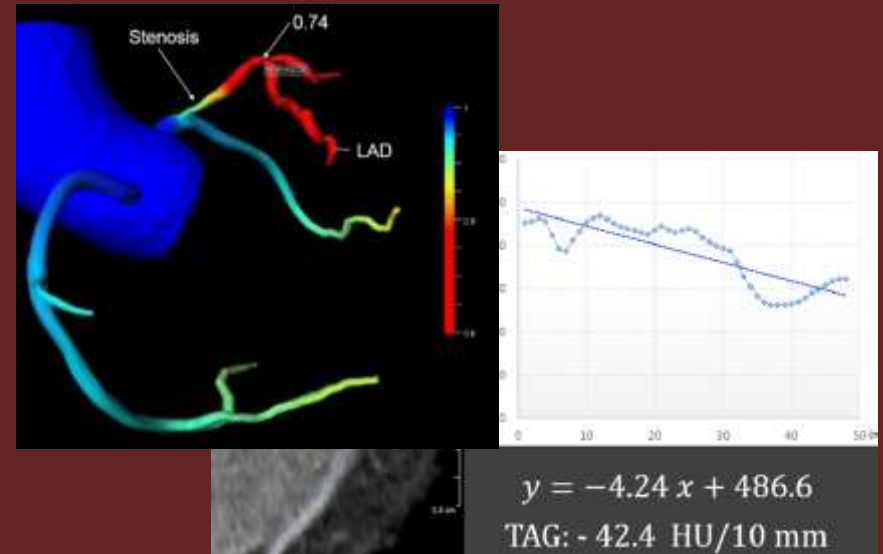
Plaque Imaging



Anatomic assessment



Myocardial perfusion



Functional Image (CT-FFR, TAG)