



FOR IMMEDIATE RELEASE

**SOCIETY OF CARDIOVASCULAR COMPUTED TOMOGRAPHY
PUBLISHES GUIDELINES FOR THE INTERPRETATION AND
REPORTING OF CCTA**

Washington, D.C. (March 10, 2009) — To date, physicians have not had the benefit of written standards for best interpreting and reporting coronary computed tomography angiography.

Today, the Society of Cardiovascular Computed Tomography (SCCT) published a Guidelines for the Interpretation and Reporting of Coronary Computed Tomographic Angiography report, which will be printed in the March/April issue of the *Journal of Cardiovascular Computed Tomography*. The purpose of the report is to establish standardization in the cardiovascular CT community on how to appropriately read, interpret and diagnose CT scans.

The ultimate objective of interpretation is to convey diagnostic information to the treating physician with as much clarity and accuracy as possible. Interpretation may convey the reader's expert opinion on the potential pathophysiological importance of a lesion, so it is critical that a frame of reference exists by which to interpret the data extracted from a scan.

Additionally, the interpretation section of the report contains specific recommendations on interpretation formats: the transaxial or "raw data," multiplanar reformation (MPR), and maximum intensity projection (MIP) views should all be interpreted. Each of these formats has

advantages in visualization of the vessels, and no one format should be the sole technique used for interpretation – all three, plus the optional curved multiplanar reformation (cMPR) image review should be utilized. Following these recommendations, as well as additional criteria set forth in the report, will ensure the best interpretation of coronary computed tomography angiography (CCTA) possible.

The reporting section of the guidelines report stresses the importance of the implementation of standardized reporting. The guidelines suggest the following components be in the final report: indication(s) for procedure, patient clinical data, technical procedure information (image acquisition data), image quality, clinical scan findings, interpretation, and, when appropriate, clinical recommendation(s). The report should always contain adequate information to support clinical necessity of the procedure, sufficient technical details to allow reproduction of the study, and sufficient description of the clinical scan findings to allow clear understanding of the implications of the report.

The written report is often the only document the referring physician sees, so it is critical that the data required to appropriately treat the patient be listed. Standardized reports can convey similar information despite differences in interpreter background or training and can improve reporting consistency throughout and across institutions.

The SCCT Writing Group, comprised of ten cardiologists, radiologists and researchers, spent over a year developing the guidelines. Dr. Gilbert Raff, director of the Ministrelli Center for Advanced Cardiovascular Imaging at William Beaumont Hospital in Royal Oak, Michigan is chair of the SCCT Writing Group and co-chair of the SCCT Guidelines Committee.

“The increasing use of CCTA requires the establishment of standards to ensure reliable practice methods and quality outcomes,” said Dr. Raff. “These recommendations were produced as an educational tool for practitioners to improve the diagnostic care of patients, in the interest of developing systematic standards of practice for CCTA based on the best available data or broad expert consensus.”

Guidelines are not intended to diminish the importance of clinical judgment in evaluating individual patients, nor to include every possible type of patient. Instead, one of their most important uses will be in establishing standards of practice where they currently do not exist.

Two of the society’s most important objectives are to foster optimal clinical effectiveness of CCTA and to ensure its expert and appropriate application. The Guidelines for the Interpretation and Reporting of Coronary Computed Tomographic Angiography report was created to aid in fulfilling those goals.

“We hope all cardiologists and radiologists involved in the administration and interpretation of CCTA will strictly adhere to these guidelines in order to ensure its appropriate application and accurate interpretation across the board.” said cardiac imager, Daniel S. Berman, M.D., SCCT president and Chief of Cardiac Imaging and Nuclear Cardiology at Cedars-Sinai Medical Center. “Following these guidelines will enable this valuable diagnostic tool to consistently serve in the best interest of the patient.”

For more information, please visit www.scct.org.

About the Society for Cardiovascular Computed Tomography

(SCCT) is the recognized representative and advocate for physicians, scientists, and technologists who work in the field of cardiovascular computed tomography. With a membership of over 4,000, it is nationally and internationally viewed as the principal independent

organization committed to the further development of cardiovascular computed tomography through education, training, accreditation, quality control, and research. For more information on the Society's Mission and Goals, please see the SCCT Website at: www.SCCT.org.

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