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## Prevention

### THE FINDING OF INCIDENTAL CAC: PHYSICIAN AWARENESS AND THE IMPACT ON DOWNSTREAM MEDICAL TREATMENT

Poster Contributions

Hall C

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**Background:** Coronary artery calcium (CAC) incidentally found on a non-contrast chest CT (NCCT) performed for non-cardiac indications has both diagnostic and prognostic value. The frequency at which interpreting physicians report incidental CAC and its impact on pt management is not well studied.

**Methods:** We examined 204 consecutive pts ( $63 \pm 17$  yrs, male 59%) without a history of coronary artery disease (CAD) referred for a NCCT for non-cardiac indications at two academic hospitals. NCCT were analyzed for CAC by an expert and compared to the radiology report. The medical record was reviewed for changes in medications. Physicians caring for these pts were surveyed regarding the clinical value of incidental CAC after pts had been discharged.

**Results:** There were 108/204 (53%) pts with a CAC score  $>0$ . CAC was formally reported in 74/108 (69%) pts. Among the 74 pts, there was an increase in statin and aspirin prescription of 4% and 5% respectively (figure). 132 physicians directly responsible for the care and ordering of the NCCT in these pts were surveyed. Of these physicians, 54% believed that CAC on NCCT was analogous to the presence of CAD, 23% were aware that CAC was reported, and 4% said they would make management decisions based on the finding of incidental CAC.

**Conclusion:** The presence of CAC on NCCT is frequently underreported. Even when reported, the presence of CAC led to little change in management, apparently due to an under appreciation of the prognostic significance of CAC abnormality among ordering physicians.

