

A1221 JACC April 1, 2014 Volume 63, Issue 12



## IMPACT OF THE UPDATED 2009 AMERICAN COLLEGE OF CARDIOLOGY/ AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY APPROPRIATENESS CRITERIA FOR SINGLE-PHOTON EMISSION COMPUTED TOMOGRAPHY MYOCARDIAL PERFUSION IMAGING

Poster Contributions Hall C

Monday, March 31, 2014, 9:45 a.m.-10:30 a.m.

Session Title: SPECT Myocardial Perfusion Imaging: Trends in Imaging, Appropriateness, Radiation Updates

Abstract Category: 16. Non Invasive Imaging: Nuclear

Presentation Number: 1247-23

Authors: <u>Jonathan Kahan</u>, Abdul Moiz Hafiz, Vijayapraveena Paruchuri, Daniel Zakhary, Melissa Fazzari, Joshua DeLeon, Kevin Marzo, Todd Kerwin, Juan Gaztanaga, Winthrop University Hospital, Mineola, NY, USA

**Background:** In 2009 the American College of Cardiology/ American Society of Nuclear Cardiology (ACC/ASNC) updated the 2005 appropriateness criteria categorizing the various indications for the performance of Single-Photon Emission Computed Tomography Myocardial Perfusion Imaging (SPECT MPI). We sought to compare effectiveness of new 2009 criteria in our outpatient community-based teaching hospital's outpatient nuclear cardiology laboratory using the 2005 criteria.

**Methods:** 200 consecutive patients from 2007 were analyzed by both 2005 and 2009 criteria. We collected and compared data on test indication, appropriateness and results.

**Results:** 56% (n=112) of the tests ordered were appropriate, 33% (n=66) inappropriate and 11% (n=22) were uncertain. After applying the 2009 criteria to these patients 51% (n=102) were appropriate, 32% (n=64) were inappropriate and 6% (n=11) were uncertain. Patients were redistributed from among the criteria, Figures 1-3 show re-distribution of individual groups with new criteria while figure 4 shows re-classification of the entire population into the different groups.

**Conclusions:** Using the 2009 ACC/ASNC/AHA appropriateness criteria for SPECT MPI, more patients were classified as inappropriate, who were previously classified as appropriate or uncertain, therefore potentially reducing number of tests ordered, independent of changes in clinical practice patterns.

