AGENDA

Phone Conference: November 19, 2014 from 08:30 – 09:30 CET

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Diagnostic Imaging Strategies for Patients with Stable Chest Pain and Intermediate Risk of Coronary Artery Disease: Comparative Effectiveness Research of Existing Technologies (DISCHARGE)

DISCHARGE Participants: Marc Dewey (Charité), Michael Laule (Charité), Robert Haase (Charité), Adriane Napp (Charité), Klaus Kofoed (REGIONH), Tanja Drosch (ALB), Jonathan Dodd (NUID UCD),Ligita Zvaigzne (PSKUS), Sanda Jegere (PSKUS), Gintare Sakalyte (LSMU), Poland (WSS), Nuno Bettencourt (CHVNG/E), Nada Cemerlic Adjic (IKVBV), Jose Rodriguez-Palomares (ICS-HUVH), Christian Delles (Glasgow)

Schedule

1) **Welcome by Prof. Dewey**

2) **Which parameters to use from CT for improved PCI planning?**
   a) Using lesion length by CT for PCI planning?
   b) How long should the stent be in lesions with long (noncalcified) plaques but shorter significant stenosis?
   c) Bifurcation lesions and plaque characteristics – implications for PCI?
   d) Identifying culprit coronary lesions by measuring positive remodeling in CT?

3) **Worst view in CT possible** (incl. quantification by LAO/RAO and CAU/CRAN)?

4) **How to improve PCI vs. CABG decision making using CT data?**
   a) Decision making for PCI or CABG using SYNTAX score derived from CT?
   b) CABG: identifying segments suitable for grafts by CT?

Nr.	Issues	Outcomes	ID
1	**Welcome**		MD ML
2	Which parameters to use from CT for improved PCI planning?	Parameter will be gathered in the CT reading CRFs and in the PCI CRFs in the CT group the following questions will be included: How helpful were CT image information for PCI decisions as assessed by the interventionalist in regards to the following PCI parameters: stent length and diameter, approaching bifurcation or ostial lesions, reopening of chronic total occlusions, plaque information for the PCI device selection (e.g. cutting balloon for heavy calcification or specific procedures for stenosis with low-attenuation plaques), and other phases of the PCI procedure?	
	a) Using lesion length by CT for PCI planning?	Lesion length will be measured by CT and recorded in the CT reading CRF to help to determine the potential length of the stent for PCI	All
	b) How long should the stent be in lesions with long (non-calcified) plaques but shorter significant stenosis?	Depending on characterization of plaques, in case of large low attenuation plaques it can be considered to use stents longer than the significantly stenosed part of the lesions, but no strict rules will apply in order to leave the local heart team with enough leeway for optimal individual use of CT image data for PCI approach.	All
	c) Bifurcation lesions and plaque characteristics – implications for PCI?	CT information concerning bifurcation lesions, chronic total inclusions and plaques characteristics will help planning PCI (e.g. usage of specific PCI device or approach way etc.)	All
	d) Identifying culprit coronary lesions by measuring positive remodeling in CT?	Will not be used, because the study includes stable patients only and not acute patients	All
3	Worst view in CT possible (incl. quantification by LAO/RAO and CAU/CRAN)?	Will be done retrospectively, projections of PCI in LAO/RAO and CAU/CRAN will be recorded in all PCI CRFs (in both the randomized CT and ICA group). Worst view will not be recorded in the CT	

		reading CRF but the core lab will do this laborious analysis centrally.	
		The following secondary outcome was defined: Comparison of the worst view (highest diameter stenosis depicted in the projection) of coronary artery stenosis for PCI with the worst view of the same stenosis in CT by the 3D cath view on the vitrea workstation measured in the core lab from all PCI patients in the CT group and worst view in the PCI patients in the ICA group of the study with an independent assessment of the suitability of these by the coordinating ICA investigator.	All
4	How to improve PCI vs. CABG decision making using CT data?	The following secondary outcome/question was defined: How helpful were CT information about the suitability of coronary segments (that were non calcified or had no other relevant plaques) for distal anastomosis selection for CABG? Will be included in the CABG CRF in the CT group.	
	a) Decision making for PCI or CABG using SYNTAX score derived from CT? b) CABG: identifying segments suitable for grafts by CT?	SYNTAX score derived by CT will not to be used for decision making for PCI and CABG in the CT group. However, please discuss all CT images of patients who may undergo PCI or CABG in your local heart team (cardiologists, radiologists and cardiac surgeons) in order to use CT information for the best outcomes of our patients.	All