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NICE Clinical Guideline 95: Chest pain of recent onset (Assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin): implications for radiology.

Most radiologists will be aware of the above NICE guidelines on Chest pain of recent onset (<http://guidance.nice.org.uk/CG95>), published in March 2010. In brief the guideline suggests that those patients with a low to intermediate risk of coronary artery disease require Coronary CT rather than an exercise treadmill test (ETT). The guidelines suggest the initial CT be a calcium score followed by CT coronary angiography if the calcium score is between 1 – 400. If the calcium score is over 400 invasive angiography is recommended and if it is zero no further investigation is indicated. The British Society of Cardiovascular Imaging (BSCI) feels practitioners may wish to perform coronary CT even if the calcium score is Zero. The NICE guideline also suggests that intermediate risk patients should undergo functional ischaemic testing (MPI, stress echo, stress MRI) rather than ETT.

A review of unpublished data would suggest that if this guideline is adopted by the cardiology community an additional 700 CT scans per million population would be necessary along with a significant increase in the number of functional studies.

The guideline emphasises the rapid growth of non-invasive cardiac imaging and in particular Cardiac CT.

The RCR has been in discussions with the BSCI (Special Interest Group for cardiac imaging) and the Junior Radiologists' Forum to expand and improve educational and training opportunities for cardiac imaging within the Core and Special Interest Curriculum. This will enable radiologists to be at the forefront of cardiac imaging.

Further information can be obtained from the BSCI website at www.BSCI.org.uk.

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