Diagnosis of Patients with Suspected Coronary Artery Disease*


Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

1. See Table 2 in 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease for short-term risk of death or nonfatal MI in patients with UA/NSTEMI. (2) 2012 ACCF/AHA Focused Update: Guideline for the Mgmt of Patients With UA/NSTEMI. (3) CCTA is reasonable only for patients with intermediate probability of CAD. (4) 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease.

CCTA: computed coronary tomography angiography; CMR: cardiac magnetic resonance; ECG: electrocardiogram; Echo: echocardiography; IHD: Ischemic Heart Disease; MI: myocardial infarction; MPT: myocardial perfusion imaging; Pharm: pharmacological; UA: unstable angina; UA/NSTEMI: unstable angina/non-ST-segment elevation myocardial infarction


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