Use of diagnostic imaging tests in the initial diagnostic management of symptomatic patients with suspected coronary artery disease

Recommendations	Class[a]	Level[b]
Non-invasive functional imaging for myocardial ischaemia[c] or coronary CTA is recommended as the initial test to diagnose CAD in symptomatic patients in whom obstructive CAD cannot be excluded by clinical assessment alone.[4,5,55,73,78–80]	I	B
It is recommended that selection of the initial non-invasive diagnostic test is done based on the clinical likelihood of CAD and other patient characteristics that influence test performance,[d] local expertise, and the availability of tests.	I	C
Functional imaging for myocardial ischaemia is recommended if coronary CTA has shown CAD of uncertain functional significance or is not diagnostic.[4,55,73]	I	B
Invasive coronary angiography is recommended as an alternative test to diagnose CAD in patients with a high clinical likelihood, severe symptoms refractory to medical therapy or typical angina at a low level of exercise, and clinical evaluation that indicates high event risk. Invasive functional assessment must be available and used to evaluate stenoses before revascularization, unless very high grade (>90% diameter stenosis).[71,72,74]	I	B
Invasive coronary angiography with the availability of invasive functional evaluation should be considered for confirmation of the diagnosis of CAD in patients with an uncertain diagnosis on non-invasive testing.[71,72]	IIa	B
Coronary CTA should be considered as an alternative to invasive angiography if another non-invasive test is equivocal or non-diagnostic.	IIa	C
Coronary CTA is not recommended when extensive coronary calcification, irregular heart rate, significant obesity, inability to cooperate with breath-hold commands, or any other conditions make obtaining good image quality unlikely.	III	C
Coronary calcium detection by CT is not recommended to identify individuals with obstructive CAD.	III	C

CAD = coronary artery disease; CT = computed tomography; CTA = computed tomography angiography.
[a]Class of recommendation.
[b]Level of evidence
[c]Stress echocardiography, stress cardiac magnetic resonance, single-photon emission CT, or positron emission tomography.
[d]Characteristics determining ability to exercise, likelihood of good image quality, expected radiation exposure, and risks or contraindications.

Use of exercise electrocardiogram in the initial diagnostic management of patients with suspected coronary artery disease

Recommendations	Class[a]	Level[b]
Exercise ECG is recommended for the assessment of exercise tolerance, symptoms, arrhythmias, BP response, and event risk in selected patients.[c]	I	C
Exercise ECG may be considered as an alternative test to rule-in and rule-out CAD when non-invasive imaging is not available.[73,83]	IIb	B
Exercise ECG may be considered in patients on treatment to evaluate control of symptoms and ischaemia.	IIb	C
Exercise ECG is not recommended for diagnostic purposes in patients with ≥0.1 mV ST-segment depression on resting ECG or who are being treated with digitalis.	III	C

BP = blood pressure; CAD = coronary artery disease; ECG = electrocardiogram.
[a]Class of recommendation.
[b]Level of evidence.
[c]When this information will have an impact on diagnostic strategy or management.