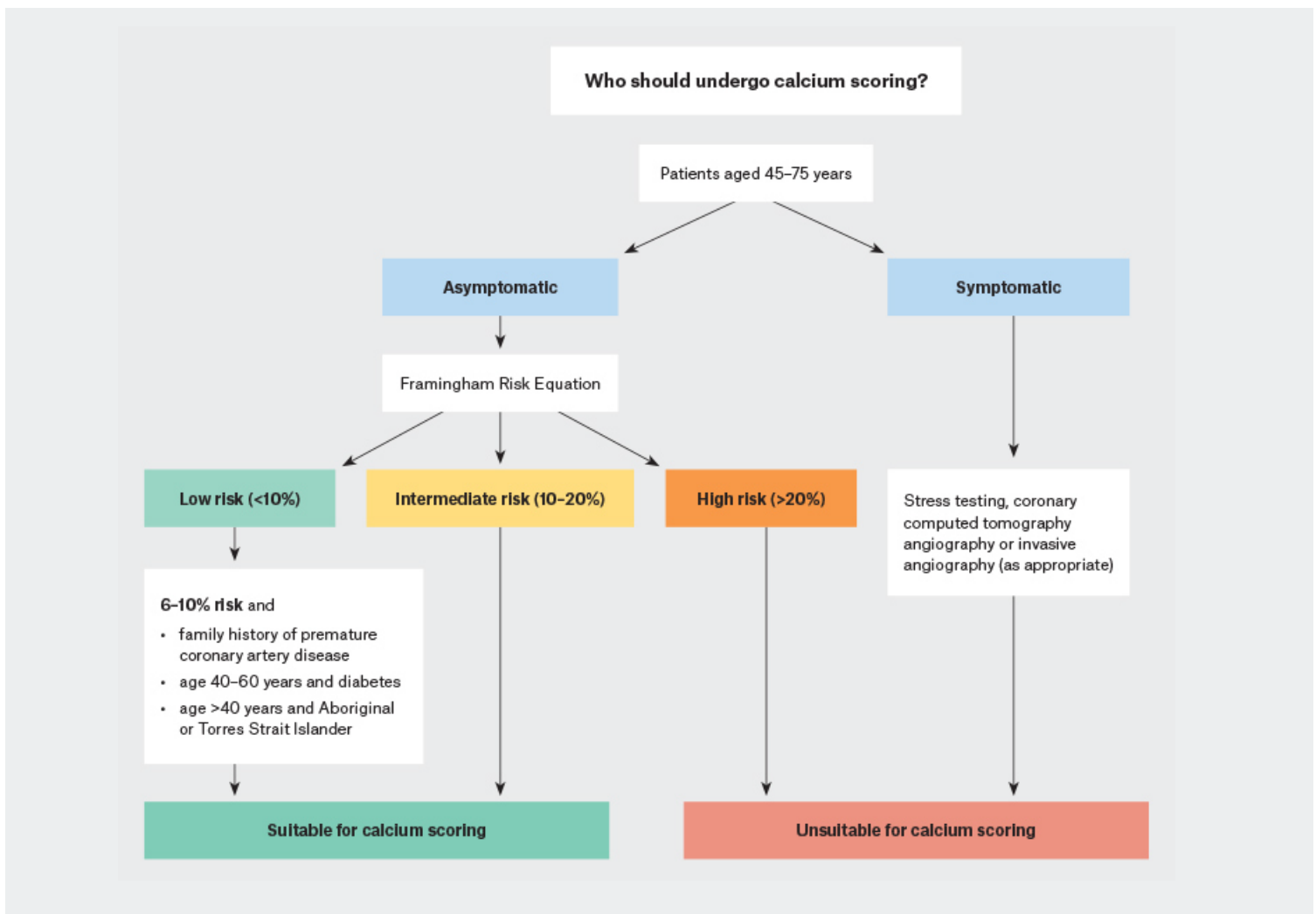


Patient Group to Consider Coronary Scoring

1. CAC is of most value in intermediate risk patients (absolute 10-year cardiovascular risk of 10–20%) who are asymptomatic, do not have known coronary artery disease, and aged 45–75 years, where it has the ability to reclassify patients into lower or higher risk groups.
2. It may also be considered for lower risk patients (absolute 10-year cardiovascular risk 6–10%), particularly in those where traditionally risk scores underestimate risk, e.g., especially in the context of family history of premature cardiovascular disease (CVD), and possibly in patients with diabetes aged 40 to 60 years old.

Patient Groups in Whom Coronary Calcium Scoring Should Not be Considered:

1. At very low risk (<5% absolute 10 year risk); or,
2. High risk (>20% absolute 10 year risk)—as testing is unlikely to alter the recommended management. This includes some patients who are automatically considered to be high risk (eg., diabetics over 60 years old or diabetics with albuminuria, chronic kidney disease (eGFR <45 mL/min), BP >180/110, familial hypercholesterolaemia and cholesterol >7.5 mmol/L) and therefore should be managed aggressively with optimal medical therapy; or
3. Symptomatic or previously documented coronary artery disease.



Taken from: Liew G, Chow C, van Pelt N, et al. Cardiac Society of Australia and New Zealand position statement: Coronary artery calcium scoring. Heart Lung Circ 2017;26(12):1239–51. doi: 10.1016/j.hlc.2017.05.130