

HEART OF THE MATTER

CTA's Imagined Benefits

Technology continues to challenge cardiologists' ability to distinguish between clinical benefit and financial reward. For the past half-century, we have been the beneficiaries of a seemingly limitless volume of patients that can support the investment in expensive technological research. At the same time, we have a blank check authority to pay for technology, regardless of clinical value, which would never be invested in rare diseases or even a more commonplace disease. As a result, we have at our disposal a variety of new technologies such as stents, defibrillators, and artificial hearts, often provided without a clear understanding of the clinical question to which they apply.

Now we are faced with the dilemma of how to include CT angiography (CTA) into the balance between what is clinically beneficial to the patient and the economics required to support the technology and the practicing cardiologist. The dazzling image of the coronary vessels, displayed by CTA in living color and in three dimensions, can be seen with a click of the mouse on anyone visiting the New York Times Web site. Wouldn't you want to have a 3D picture of your heart, particularly if it could ensure your survival? You could even print it and hang it over your mantelpiece with a warm cozy fire to show your friends on a cold winter's night.

What does it really show us? As we moved the technology from 8 slices to 16,

32, and now 64, the pictures have become more and more elegant. But according to many experts in this technology, they will never become sensitive enough to give us the insight into the question of when and if we will have an occlusion of a specific coronary artery. And yet this is the message that is being conveyed to the general public. For the asymptomatic patient, it is being sold as a screening test. In the symptomatic and acute coronary syndromes patients, it is proposed as a noninvasive test to indicate the need for early intervention. There are few data to

support either position. Nevertheless, many hospitals and physicians have invested more than a million dollars each for a scanner.

In an appropriateness study carried out by the American College of Cardiology Foundation, experts in the field found little to suggest that the CTA would provide any important information in regard to the occurrence of an acute coronary occlusion (J. Am. Coll. Cardiol. 2006;48:1475-97). In addition, it is becoming clear that there is considerable radiation risk to the patient. Some would suggest that this is not important in view of the age of the usual cardiac patient, although some physicians are suggesting annual or biannual CTA studies to evaluate "disease progression."

Last December, the Centers for Medicare and Medicaid Services floated a proposal to cover CTA for acute coronary syndromes patients only if they were en-

rolled in a CMS trial. The intent was to gather data to understand the clinical benefit of the CTA in that clinical syndrome. The response was a storm of protests from the CTA practitioners and the ACC, whose CEO, Dr. Jack Lewin, said that this "noninvasive clinical tool... has been clinically proven to be effective in diagnosing coronary artery disease." As a result, the CMS backed down and Medicare, as well as many private insurers, will now pay for CTA in the setting of symptomatic patients. However, the CMS will not pay for CTA in asymptomatic patients. So if you are feeling well and just want to entertain your friends, you will have to pay the \$1,000 out of your own pocket.

It is not entirely clear whether the players in the battle for CTA coverage actually are interested in collecting data that would answer the clinical issue at hand. It is clear that many physicians believe in the value of this new technology. Nevertheless, the economics of CTA raise significant questions about the motivation of physicians advocating the test, which should be resolved with a clinical trial. In time, it is likely that someone will carry out a study that will confirm or negate the value of CTA. The tragedy is that with a CMS-directed trial, the data would be forthcoming much sooner, before needless radiation risks to patients had occurred, and before a lot of money was spent on a test with questionable clinical import. ■

DR. GOLDSTEIN, *medical editor of CARDIOLOGY NEWS, is professor of medicine at Wayne State University and division head, emeritus, of cardiovascular medicine at Henry Ford Hospital, Detroit.*



BY SIDNEY GOLDSTEIN, M.D.

EP Cath Lab Activation Cuts Time to PCI

WASHINGTON — When an attending physician in the emergency department can directly open the cardiac catheterization laboratory, more patients with acute ST-elevation MI may be able to receive treatment more quickly, according to a retrospective study.

"We figured out that it's better to mobilize these forces and then call off the dogs," than to wait for an official STEMI diagnosis from a cardiologist, Dr. Edward Ullman said in an interview at the annual meeting of the Society for Academic Emergency Medicine.

Dr. Ullman and associates in the emergency medicine department at Beth Israel Deaconess Medical Center, Boston, identified 98 STEMI patients who underwent emergent percutaneous coronary intervention there over 2.5 years in 2005-2007. When an attending emergency physician (EP) directly opened the cardiac cath lab, significantly more patients had a door-to-balloon time of 90 minutes or less (18 [86%] of 21 patients) than did patients who arrived at the lab after use of a "Code STEMI" page to notify the cardiology team (28 [68%] of 41) or the paging of a cardiology consultant after identification of a STEMI (20 [56%] of 36). The groups' mean door-to-balloon time followed the same pattern. It took significantly less time for patients to undergo a PCI when an attending EP directly opened the cardiac cath lab (75 minutes) than when a Code STEMI pager alert was used (86 minutes) or a cardiology consultant was paged (111 minutes).

—Jeff Evans

Cardiology News

President, IMNG Alan J. Imhoff

Executive Director, Editorial Mary Jo M. Dales

Executive Editor, IMNG Denise Fulton

Executive Editor, EGMN Kathy Scarbeck

Publication Editor Catherine Hackett

Senior Editors Christina Chase, Kathryn DeMott, Lori Buckner Farmer, Joyce Frieden, Keith Haglund, Gwendolyn B. Hall, Gina L. Henderson, Sally Koch Kubetin, Teresa Lassman, Mark S. Lesney, Jane Salodof MacNeil, Catherine Cooper Nellist, Amy Pfeiffer, Calvin Pierce, Terry Rudd, Robin Turner, Elizabeth Wood

Associate Editors Alicia Ault, Lorinda Bullock, Jay C. Cherniak, Richard Franki, Randall Frey, Renée Matthews, Leanne Sullivan

Bureaus Betsy Bates (Los Angeles), Sherry Boschert (San Francisco), Doug Brunk (San Diego), Robert Finn (San Francisco), Jonathan Gardner (London), Bruce Jancin (Denver), Fran Lowry (Orlando), Diana Mahoney (New England), Damian McNamara (Miami), Mary Ellen Schneider (New York), Michele G. Sullivan (Mid-Atlantic), Nancy Walsh (New York), Patrice Wendling (Chicago), Sharon Worcester (Southeast), Mitchel L. Zoler (Philadelphia)

Senior Writers Jeff Evans, Elizabeth Mechatie, Heidi Splete, Miriam E. Tucker, Kerri Wachter

Assistant Editor, Graphics Kari Ledbetter

Assistant Editor Denise Napoli

Contributing Writers Christine Kilgore, Mary Ann Moon

Copy Chief Felicia R. Black

Assistant Copy Chief Carol Nicotera-Ward

Copy Editors Therese Borden, Julia Duncan, Mimi Harrison, Virginia Ingram-Wells, Jane Locastro

Editorial Offices 5635 Fishers Lane, Suite 6000, Rockville, MD 20852, 800-445-6975, cardiologynews@elsevier.com

Executive Director, Operations Jim Chicca

Director, Production/Manufacturing Yvonne Evans

Production Manager Judi Sheffer

Production Specialists Victor De la Cruz, Anthony Draper, Tracy Law, Rebecca Slebodnik

Information Technology Manager Doug Sullivan

Senior Systems Administrator Lee J. Unger

Systems Administrator/Application Support Peter Ayinde

Operations Assistant Melissa Kasimatis

Creative Director Louise A. Koenig

Design Supervisor Elizabeth Byrne Lobdell

Senior Designer Julie Keller

Design Staff Sarah L. Gallant, Yenling Liu, Lisa M. Marfori

Photo Editors Rebecca Gardner, Vivian E. Lee, Sherilyn M. Mattes

Project Manager Susan D. Hite

Assignments Manager Megan Evans

Department Coordinator Vicki Long

Accounts Payable Coordinator Daniela Silva

H.R. Manager Cynthia Barrett

Address Changes Fax change of address (with old mailing label) to 973-290-8245 or e-mail change to subs@elsevier.com

Reprints Call 240-221-2419

CARDIOLOGY NEWS is an independent newspaper that provides the practicing specialist with timely and relevant news and commentary about clinical developments in the field and about the impact of health care policy on the specialty and the physician's practice.

The ideas and opinions expressed in CARDIOLOGY NEWS do not necessarily reflect those of the Publisher. Elsevier Inc. will not assume responsibility for damages, loss, or claims of any kind arising from or related to the information contained in this publication, including any claims related to the products, drugs, or services mentioned herein.

V.P., Med. Ed./Bus. Development Sylvia H. Reitman

Program Managers, Med. Ed. Jenny R. McMahon, Malika Wicks

Senior Director, Marketing/Research Janice Theobald

Circulation Analyst Barbara Cavallaro

Marketing Associate Jennifer Savo

Sales Director Mark E. Altier, 973-290-8220, m.altier@elsevier.com

National Account Manager Christy Tetterton, 973-290-8231, c.tetterton@elsevier.com

Business Controller Dennis Quirk

Adv. Services Manager Joan Friedman

Credit Supervisor Patricia H. Ramsey

Manager, Administration/Conventions Lynne Kalish

Sales Assistant Karen Benarzi

Receptionist Linda Wilson

Advertising Offices 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250

Classified Sales Manager Brian Vishnupad, 212-633-3129, fax 212-633-3820, b.vishnupad@elsevier.com

Classified Advertising Offices 360 Park Ave. South, 9th fl., New York, NY 10010, 800-379-8785

POSTMASTER Send changes of address (with old mailing label) to CARDIOLOGY NEWS Circulation, 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960.

CARDIOLOGY NEWS (ISSN 1544-8800) is published monthly by Elsevier Inc., 60 Columbia Rd., Bldg. B, 2nd fl., Morristown, NJ 07960, 973-290-8200, fax 973-290-8250. Subscription price is \$95.00 per year.

©Copyright 2008, by Elsevier Inc.



INTERNATIONAL
MEDICAL NEWS
GROUP

