

Coronary CT angiography IDs cardiac allograft vasculopathy

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Image courtesy of Blausen Medical

patient-based analysis of 64-slice CCTA and IVUS, while the corresponding positive and negative predictive values were 93 and 50 percent.

"CCTA using currently available technology is a reliable noninvasive imaging alternative to [coronary angiography](#) with an excellent sensitivity, specificity, and negative predictive value for the detection of CAV," the authors write.

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(HealthDay)—Noninvasive coronary computed tomography angiography (CCTA) is a reliable alternative to coronary angiography for detection of cardiac allograft vasculopathy (CAV), according to a meta-analysis published online March 26 in the *Journal of the American College of Cardiology*.

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Omar Wever-Pinzon, M.D., from the University of Utah Health Sciences Center in Salt Lake City, and colleagues compared the diagnostic accuracy of CCTA with conventional coronary angiography (CCAG) alone or with intravascular ultrasound (IVUS) for detecting CAV. Data were included from 13 studies, evaluating 615 patients (mean age, 52 years).

The researchers found that, in patient-based analyses comparing CCTA with CCAG, the mean weighted sensitivities for the detection of any CAV and significant CAV were 97 and 94 percent; specificities were 81 and 92 percent; negative predictive values were 97 and 99 percent; positive predictive values were 78 and 67 percent; and diagnostic accuracies were 88 and 94 percent, respectively. Use of 64-slice versus 16-slice CCTA for detecting significant CAV correlated with a strong trend toward improved sensitivity and negative predictive value (both $P = 0.06$). The mean weighted sensitivity and specificity were 81 and 75 percent, respectively, for detecting CAV on

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