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SCCT publishes guidelines for CTA interpretation, reporting

Written by Editorial Staff
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The Society of Cardiovascular Computed Tomography (SCCT) has issued guidelines for the interpretation and reporting of coronary CT angiography (CCTA), which will be published in the March/April issue of the *Journal of Cardiovascular Computed Tomography*.

The purpose of the report is to establish standardization in the cardiovascular CT community on how to appropriately read, interpret and diagnose CT scans, according to the SCCT.

The society said that the "ultimate objective of interpretation is to convey diagnostic information to the treating physician with as much clarity and accuracy as possible. Interpretation may convey the reader's expert opinion on the potential pathophysiological importance of a lesion, so it is critical that a frame of reference exists by which to interpret the data extracted from a scan."

The reporting section of the guidelines stressed the importance of the implementation of standardized reporting. The guidelines suggested the following components be in the final report: indication(s) for procedure, patient clinical data, technical procedure information (image acquisition data), image quality, clinical scan findings, interpretation and, when appropriate, clinical recommendation(s).

The report should always contain adequate information to support clinical necessity of the procedure, sufficient technical details to allow reproduction of the study, and sufficient description of the clinical scan findings to allow clear understanding of the implications of the report, according to the guidelines.

Additionally, the interpretation section of the report contains specific recommendations on interpretation formats: the transaxial or "raw data," multiplanar reformation (MPR) and maximum intensity projection (MIP) views should all be interpreted.

Each of these formats has advantages in visualizing the vessels, and no one format should be the sole technique used for interpretation—all three, plus the optional curved MPR image review, should be utilized, according to the guidelines.

The SCCT writing group, comprised of ten cardiologists, radiologists and researchers, spent over a year developing the guidelines.

"The increasing use of CCTA requires the establishment of standards to ensure reliable practice methods and quality outcomes," said Gilbert Raff, MD, of the SCCT writing group and director of the Ministrelli Center for Advanced Cardiovascular Imaging at William Beaumont Hospital in Royal Oak, Mich.

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