



Dear Doctor,

Thank you for using the expertise of MIC Medical Imaging for the Nuclear Cardiology Imaging and exercise testing needs of your patients. We strive to provide expert testing and imaging consultation utilizing resources appropriately in as cost-effective a manner as possible. I write now as part of our continuing quality improvement work.

The Canadian Cardiovascular Society has published guidelines for the diagnosis and management of stable coronary artery disease (Canadian Journal of Cardiology 30 (2014) 837-849) which contain the following recommendations:

- **We suggest that the initial test in patients able to exercise, with a rest ECG that precludes ST segment interpretation, should be exercise myocardial perfusion imaging or exercise echocardiography (Conditional Recommendation, Moderate-Quality Evidence).**
- **We suggest that the initial test in patients without LBBB or paced rhythm who cannot exercise be vasodilator stress myocardial perfusion imaging or dobutamine echocardiography (Conditional Recommendation, Moderate Quality Evidence).**
- **We recommend that the initial test in patients with LBBB or ventricular paced rhythm should be either vasodilator stress myocardial perfusion imaging or CCTA (Strong Recommendation, High-Quality Evidence).**

These guidelines suggest that there are also situations in which advanced cardiac imaging is not indicated. I bring to your attention the most recent recommendations of the Choosing Wisely Canada initiative with respect to stress cardiac imaging.

Choosing Wisely Canada: Cardiology (Canadian Cardiovascular Society June 2017)

- **Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.**
- **Don't perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.**
- **Don't perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.**

These recommendations are intended to guide physicians in the choice of investigations that will best provide discriminating information in the management of their patients while providing protection against over-investigation that increases overall health system costs.

I appreciate your trust in MIC Medical Imaging to provide expert assistance to you as you care for your patients and trust that this review of appropriate indications for nuclear stress imaging will be helpful to you.

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