SCOT-HEART

Purpose: To determine if the proportion of angina diagnosis caused by coronary heart disease (CAD) changes with the use of the coronary artery calcium score and the computed tomography coronary angiogram vs. standard care (cardiologist consultation and exercise stress test).

Trial Design: Interventional, prospective, randomized 1:1, parallel, open-label trial. Randomized to standard care or to Computed tomography coronary angiography (CTCA) + standard care. Baseline CAD angina diagnosis = 23%. N= 4146.

Primary Endpoint: Number of patients with a diagnosis of angina caused by coronary heart disease.

Trial Results	CAD angina Dx reclassified @ 6 wks		Treatment Change		Decrease in # of MI @1.7 years	
Standard Care		p=<0.0001	5%	p<0·0001	26%	38% decrease p= 0.0527
Standard Care + CACT	23%		23%		42%	

Conclusions: Chest pain caused by coronary artery disease is diagnosed with more accuracy with the use of CTCA. Also noted was a trend toward fewer MI's in patients getting CACT.

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