Top Ten Things To Know
ACCF/SCAI/STS/AATS/AHA/ASNC
Appropriateness Criteria for Coronary Revascularization

1. Coronary atherosclerosis (CAD) involves 1.2 million hospital stays resulting in greater than $44 billion in expenses.

2. More than half of the hospital stays for CAD have been among patients who also received one of the following coronary artery revascularization procedures: percutaneous coronary intervention (PCI) or surgical revascularization (coronary artery bypass graft [CABG]).

3. The current paper is the first effort to develop appropriateness criteria for 2 distinct approaches to coronary artery revascularization (e.g., percutaneous and surgical).

4. Appropriateness criteria are developed to serve as a supplement to ACC/AHA guideline documents.

5. A technical panel was asked to rate numerous clinical indications for revascularization as either appropriate, uncertain, or inappropriate using a prespecified definition for appropriateness.

6. These clinical indications were scenarios developed by members of the coronary revascularization writing group.

7. The technical panel also rated each clinical indication with emphasis based on health outcome (symptoms, functional status, and/or quality of life) or survival benefits.

8. The methods used to derive the appropriateness criteria were grounded in evidence-based guidelines as well as precedent established in evaluating appropriateness.

9. Application of the appropriateness criteria described in detail in the current paper can serve as a tool to guide decision-making for clinicians and their patients.

10. Future research efforts are needed that focus on uncertain clinical indications for coronary revascularization.