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**Contact: Debra Fernandez  
(703) 766-1706  
dfernandez@scct.org**

## **NEARLY HALF OF STATIN CANDIDATES CAN SAFELY AVOID DRUG TREATMENT:**

### **Computed Tomographic (CT) Calcium Testing Facilitates Informed Patient Choices**

#### **President of *The Society of Cardiovascular Computed Tomography* (SCCT) Comments on Potential to Improve Patient Care, Shared Decision-Making and Cost Savings**

Vienna, VA (October 5, 2015) - The *Society of Cardiovascular Computed Tomography* (SCCT) today commented on a new study of patients considered eligible (based on current clinical guidelines) for long-term statin therapy. This study - involving CT calcium testing in a large patient population - has potential to significantly refine conventional wisdom regarding long-term statin therapy, as well as favorably impact cost containment and flexible treatment options.

The paper, published in the October 13, 2015 issue of *the Journal of the American College of Cardiology*<sup>1</sup> notes that recent American College of Cardiology (ACC)/American Heart Association (AHA) guidelines for cholesterol management have "significantly broadened the scope of candidates eligible for statin therapy." However, this study found that nearly half of persons with risk high enough to merit statin treatment (according to current guidelines) can be reclassified to a level where they are not recommended for such therapy after a coronary calcium scan.

Commenting on the findings, SCCT President Jonathon A. Leipsic, MD, FSCCT, FRCPC noted "coronary artery calcium (CAC) scoring has been primarily to identify those at increased risk of downstream events to guide appropriate medical therapy. However, this new data in a very large cohort confirms CAC also to discriminate those at a low risk of events, potentially allowing for de-identification of therapy. This will reduce costs and potential downstream side effects of medical therapy in patients highly unlikely to benefit from such treatments."

The study's primary author, Khurram Nasir, MD, MPH ([khurramn@baptisthealth.net](mailto:khurramn@baptisthealth.net) Center for Healthcare Advancement & Outcomes, Miami Cardiac & Vascular Institute, Baptist Health South Florida), commented "this study could significantly impact the physician-patient shared decision process regarding statin initiation for managing cardiovascular risk. Since the majority are already candidates for statin therapy according to guidelines, the need to identify additional individuals for testing and preventive treatment becomes less compelling. Informed patients place high value on information that potentially reduces or eliminates unnecessary medications. The study results will facilitate patients to engage in shared decisions with their physicians and make informed choices as to optimal risk-reducing treatments individualized to their clinical risk. We believe these risk-guided approaches can limit overtreatment at the population level."

Dr. Nasir continued by stressing that "perhaps the most profound finding of this study is the realization that in 2015, the true value of CAC testing can be unlocked by emphasizing more of the *power of zero*. Importantly, for providers reading this report, most of their patients will have no CAC, i.e., a score of zero. We welcome further discussion on the pros and cons of this pragmatic approach, with the goal of empowering our patients through a much better understanding of their underlying risk and subsequent treatment options."

SCCT President-Elect Leslee Shaw, PhD, FSCCT, FACC, FASNC, FAHA, one of the study's authors, further commented on the economic implications of this study. "The medical community worldwide is being challenged to 'do more with less' while continuing to provide the best possible patient care. This study is very timely, strongly suggesting that a low cost coronary artery calcium scan can efficiently guide cost containment and reduce the need for costly medical therapy, including limiting high out-of-pocket expenditures for our patients."

Recent studies of new guidelines have generated intense discussion over broadening the scope of statin eligibility and potential over-treatment of low risk individuals likely to benefit from therapy. In this landscape, accurate identification of low-risk statin candidates less likely to yield meaningful benefit is critical to assist shared decision-making among key stakeholders.

To address these needs, the study team analyzed prospective data from the Multi Ethnic Study of Atherosclerosis (MESA) followed for ten years. The goal was to determine whether absence of coronary atherosclerosis (as measured by non-contrast CT for coronary artery calcium detection) could effectively reclassify ASCVD risk among individuals currently eligible for statin therapy to a category where the guideline no longer recommends treatment.

#### Major findings:

1. Nearly 2/3 of adults aged 45-75 years are either recommended or considered for statins by current guidelines.
2. Almost half of these candidates have no coronary artery calcium, and their actual risk is much lower than the threshold suggested by the guidelines to consider statin therapy. The greatest reclassification was noted in those at intermediate level of estimated risk by traditional risk factors.
3. The knowledge of significantly lower reclassified risk with absence of coronary artery calcium can be valuable in better informing patients of choices, who may consider avoiding statins to focus on prudent lifestyle changes.
4. From a societal prospective, the estimated number of individuals to treat in order to prevent one cardiac event is very high. This finding should stimulate dialogue on best strategies for appropriate resource allocation in the healthcare system.

SCCT President Jonathon Leipsic further stressed this study is neither "pro-statin" nor "anti-statin," but rather the goals are consistent with the highest goals of medical care. "As physicians we are dedicated to one principle: determine the right course of action for each patient, be it drug therapy, surgery, risk factor reduction, lifestyle modifications or any combination. This study makes an invaluable contribution to that end. It is now the responsibility of *The Society of*

*Cardiovascular Computed Tomography* and our colleague societies to re-examine our current assumptions and clinical guidelines, and update them based on the latest scientific evidence. This is our highest responsibility as caregivers."

**About the Society of Cardiovascular Computed Tomography**

SCCT is the professional society devoted exclusively to cardiovascular computed tomography. The Society is acknowledged and recognized as the international representative and advocate for research, education, and clinical excellence in the use of cardiovascular computed tomography. For more information on the society's mission and goals, please see the SCCT website at [www.SCCT.org](http://www.SCCT.org) or call Debra Fernandez at (703) 766-1706.

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1. Nasir K, Bittencourt M, Blaha MJ, Budoff MJ, Blankstein RB, Agatston A, Shaw LJ, Sibley CT, Blumenthal RS, Krumholz HM. Implications of Coronary Artery Calcium Testing Among Statin Candidates According to American College of Cardiology/American Heart Association Cholesterol Management Guidelines. *J Am Coll Cardiol.* 2015;66:1657-68