

## The Reply



We are honored to learn of Dr. Hendel's interest in our review series, "Imaging in the Evaluation of Chest Pain in the Primary Care Setting."<sup>1,2</sup> We note his reference to the appropriate use criteria (AUC) published by the American College of Cardiology in conjunction with multiple other societies. The AUC, first introduced as a response to the growing cost of healthcare and great geographic variation in utilization, was developed to increase effectiveness of testing, decrease unnecessary and potentially harmful procedures, improve patient outcomes, and reduce healthcare costs. In fact, data suggests that the publication of AUC for myocardial perfusion imaging and coronary angiography have led to decreased population rates of utilization.<sup>3,4</sup> Over time, we rely on our societies and experts to incorporate new scientific data related to technological advances and modified diagnostic algorithms, such as with coronary computed tomography angiography, into future revisions.<sup>5</sup> We must remember that although guidelines may apply in a variety of common presentations, not every clinical scenario can be encompassed. Appropriate use criteria are meant to complement the physician's judgment, not diminish the importance of clinical experience.

The primary focus of our review series was to familiarize the reader with the fundamental concepts of the multiple imaging modalities available and to present illustrative examples of radiologic findings of pathological conditions that result in chest pain in the outpatient setting. To that end, we presented an image-rich article encompassing a broad differential diagnosis, given that only a minority of outpatient visits will be cardiac in etiology.<sup>6</sup> Dr. Hendel aptly points out the inclusive nature of the American College of Radiology Appropriateness Criteria, which we believe is particularly helpful to the primary care physician.

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We would like to echo the author's emphasis on multidisciplinary collaboration between imagers from radiology and cardiology. We are fortunate to practice in an institution that epitomizes the ideals of such a collegial approach.<sup>7</sup> Our institution's advanced cardiovascular imaging service is composed of fellowship-trained subspecialists from the departments of radiology and cardiology, including full-time research faculty. We enjoy our time spent side by side (before the COVID-19 pandemic) in the reading room, sharing our unique expertise and complementary skill sets to accomplish the best possible care for our patients. We collaborate on research projects spanning the gamut of cardiovascular imaging topics, including cardio-oncology and congenital heart disease. Lastly, and perhaps most importantly, we all participate in the training of residents and fellows from both departments, who will shape the future of medicine in general, and cardiovascular imaging in particular.

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