# CT coronary angiogram reports

All CT coronary angiogram (CTCA) reports should contain the information below, with standard angiographic images of coronary vessels provided or available in addition to the written report. Copies of the angiographic DICOM dataset (that allows visualisation in standard clinical workstations) should be available on request by the CAA Medical Department (with any fee for this paid by the applicant), ideally via a webpage link.

## CTCA report requirements

Each lesion to be reported as per Society of Cardiovascular Computed Tomography (SCCT) cutoffs (including % stenosis boundaries):

- 1-24% - minimal
- 25-49% - mild
- 50-69% - moderate
- 70-99% - severe
- occluded

All individual lesions should be described as calcified, non-calcified or mixed plaque lesions.

Aggregate stenosis (summation of every lesion) should be provided to give total overall stenosis burden. This includes all major epicardial vessels and side branches:

- for **calcified lesions use lower values of SCCT grade boundary** for additive lesion, for example, 25% for a 25-49%, 50% for 50-69%
- For **non-calcified plaques use higher values of SCCT grade boundary** for additive lesion, for example, 49% for a 25-49%, 69% for 50-69%

Any high-risk features (positive remodelling, spotty calcification, low attenuation plaque (<30 HU), napkin ring signs and extensive non-calcified plaque burden) should be reported.

Comment on any coronary ectasia (especially in those with no atheroma).

## Coronary artery calcium score (CACS)

If a formal CACS is undertaken as part of a CTCA, it should be reported on by vessel, and overall, with a formal Agatston score (CACS) provided, with associated comment on percentile for age and sex.

If not formally scored, a visual assessment of the overall calcified plaque burden should be undertaken and graded mild, moderate, or severe calcification.

Additional formal CACS is not a requirement for aeromedical assessment purposes.

## CT fractional flow reserve (FFR)

CT coronary angiography based FFR is not currently acceptable for aeromedical assessment.