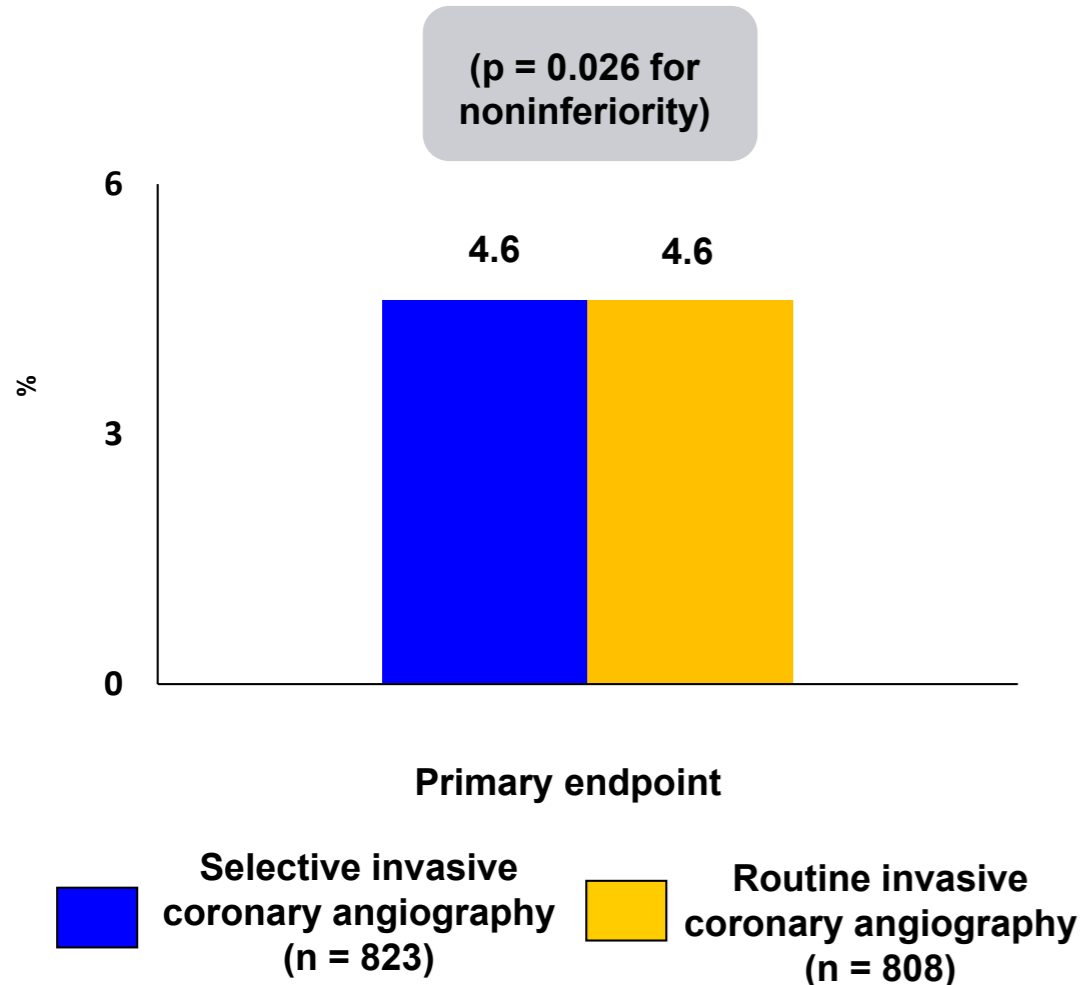


CONSERVE

Trial Description: Patients with suspected obstructive CAD were randomized to selective invasive coronary angiography after initial CT angiography vs. routine invasive coronary angiography.



RESULTS

- Primary efficacy endpoint, death, MI, unstable angina, cardiac hospitalization, or stroke, occurred in 4.6% of the selective angiography group vs. 4.6% of the routine angiography group (p = 0.026 for noninferiority)
- Major bleeding: None in the selective angiography group vs. 0.3% of the routine angiography group
- Transfusion: None in the selective angiography group vs. 0.1% of the routine angiography group

CONCLUSIONS

- Among patients with suspected stable ischemic heart disease, selective referral for invasive coronary angiography was noninferior to routine referral for invasive coronary angiography

Chang HJ, et al. *JACC Cardiovasc Imaging* 2019;12:1303-12