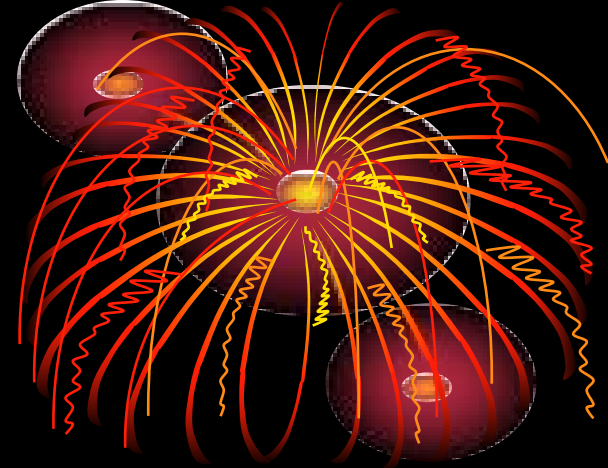




高雄醫學大學附設中和紀念醫院 100學年度第10次實證醫學月會

2012/02/20

影像醫學部 R2 戴睿廷 / VS 郭禹廷



- 臨床情境分析 (Clinical Scenario)
- Asking: 形成一個可以回答的問題 (PICO)
- Acquire: 搜尋過程
- Appraisal: 文獻評讀方式
- Apply: 證據之外推
- Audit: 自我評估

Clinical Scenario

- 2011/06/15 行政院衛生署

⇒ 99年國人主要十大死因：

心臟疾病占10.8%

- Screen method:
- EKG
- Exercise cardiac stress test (treadmill stress test)
- Radionuclide stress test
- Calcium scan (CT)

99年國人十大死因排行

排名	死亡原因	死亡人數占率
1	惡性腫瘤（癌症）	28.4%
2	心臟疾病	10.8%
3	腦血管疾病	7.0%
4	肺炎	6.2%
5	糖尿病	5.7%
6	事故傷害	4.6%
7	慢性下呼吸道疾病	3.6%
8	慢性肝病及肝硬化	3.4%
9	高血壓疾病	2.9%
10	腎炎、腎衰竭群及腎性病變	2.8%

99年國人前十大癌症死亡排行

排名	癌症名稱	死亡人數占率
1	肺癌	20.0%
2	肝癌	18.9%
3	結腸直腸癌	11.4%
4	女性乳房癌	4.2%
5	口腔癌	5.8%
6	胃癌	5.5%
7	攝護腺癌	2.5%
8	食道癌	3.8%
9	胰臟癌	3.6%
10	子宮頸癌	1.7%

資料來源 / 衛生署

製表 / 記者魏怡嘉

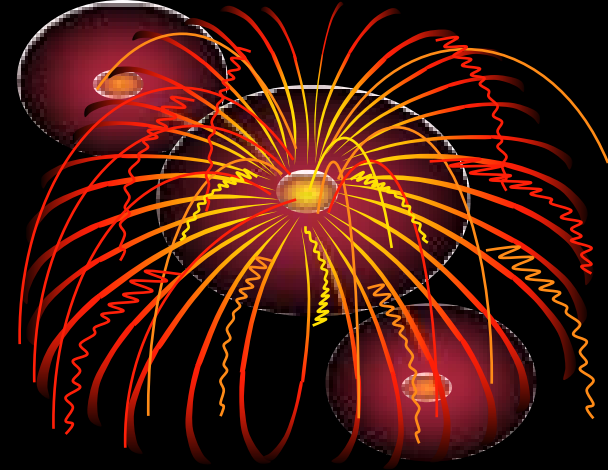
Patient's Concern



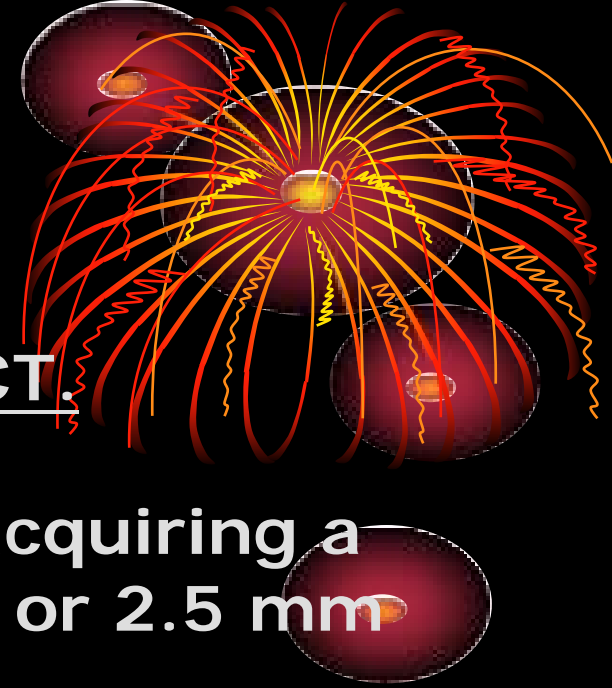
- 自己沒有心臟病症狀, 定期使用冠狀動脈斷層掃描作為健康篩檢真的可以減少未來得到心臟病的機率嗎?

Background

- **Coronary calcium CT scans = cardiac calcium scoring.**
- Coronary calcium scans use computed tomography **(CT)** to check for the buildup of calcium in plaque on the walls of the coronary arteries.
- Normally, the coronary arteries do not contain calcium.
- Calcium in the coronary arteries is a sign of coronary artery disease (CAD).



Background



- Scanning using Multi-detected CT.
- The imaging protocol involved acquiring a single scan of 30 to 40 slices of 3 or 2.5 mm thickness.
- Total calcium score was determined by summing lesion-specific scores, calculated according to the **Agatston method**.
- Estimated radiation dose ranged from 1 to 2 mSv. (CXR: 0.03 mSv)

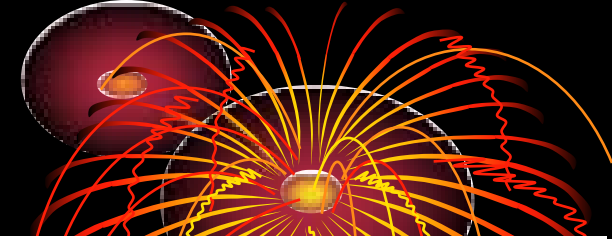


Table 2 Cardiac CT scanning and scoring parameters for application of Agatston coronary calcium scoring (see text for details)

CT Scanner FOV	26 cm
Minimal CT density for calcium	≥ 130 HU
CT scanner slice collimation	3.0 mm
Minimal calcium area	1 mm ² (3 pixels)
Scoring by calcified lesion	calcium area (mm ²) \times 1 for maximum HU 130–199
Total Agatston Score = sum of all scores for all calcified lesions in all coronary arteries	calcium area (mm ²) \times 2 for maximum HU 200–299 calcium area (mm ²) \times 3 for maximum HU 300–399 calcium area (mm ²) \times 4 for maximum HU ≥ 400

**Score of each lesion
= Area (pixel) x weighted
score**

- **Asking**

- 將病人的問題寫成PICO

- **Acquire**

- 找資料來回答問題

- **Appraisal**

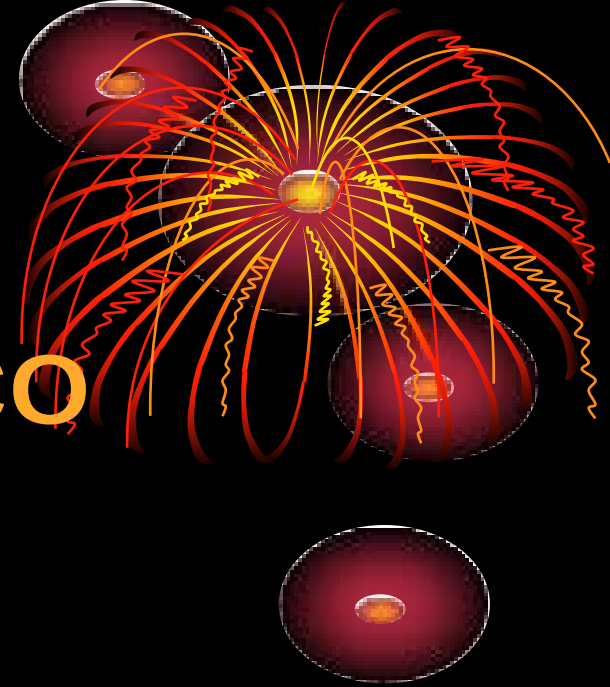
- 嚴格評讀文獻

- **Apply**

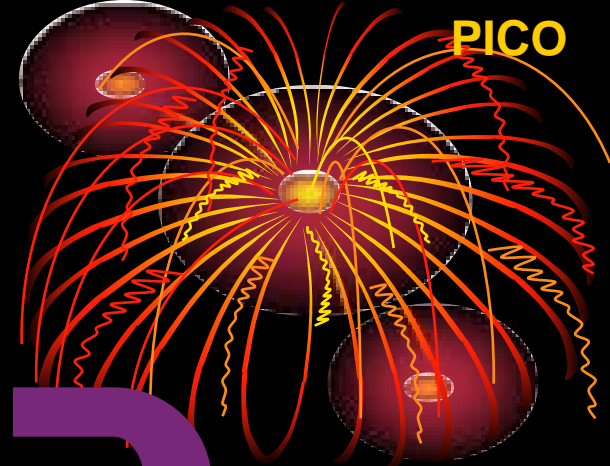
- 是否可應用到病人身上

- **Audit**

- 自我評估



Clinical Question



Patient

Asymptomatic
Patient
For CAD

Intervention

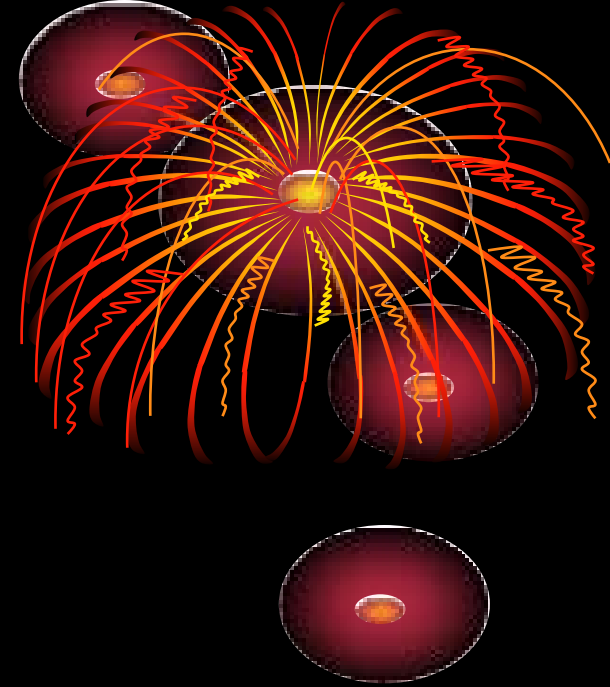
calcium scan

Comparison

NO
calcium scan

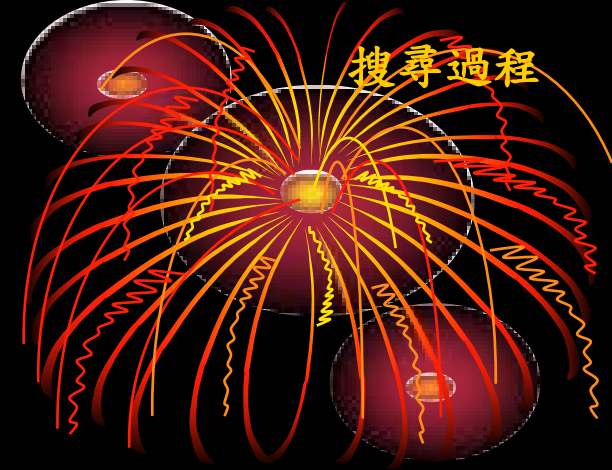
Outcome

預防冠狀動脈
病變之效果



- Asking
 - 將病人的問題寫成PICO
- **Acquire**
 - 找資料來回答問題
- Appraisal
 - 嚴格評讀文獻
- Apply
 - 是否可應用到病人身上
- Audit
 - 自我評估

Database



Searching evidence

Medical database

Internet search engine

Prefiltered

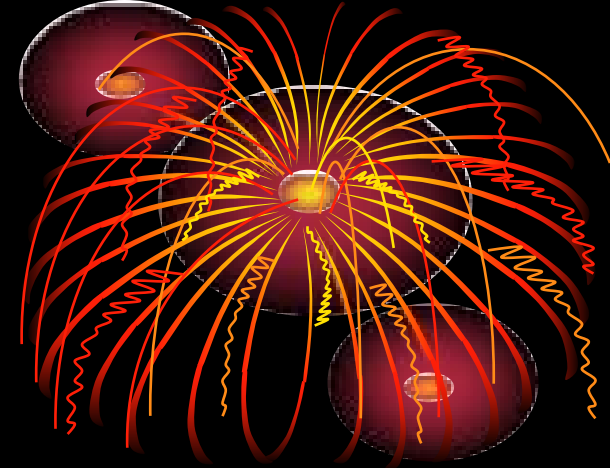
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- EBMR
- ACP journal club

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e-Medicine**

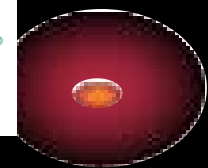
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Yahoo**

Start to Search~



Wolters Kluwer
Health

OvidSP



MeSH (Medical Subject Heading)

= > to identify terms

http://www.ncbi.nlm.nih.gov - Mucocutaneous Lymph Node Syndrome - MeSH Result - Microsoft Internet Explorer

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Suggestions: [Kawasaki disease](#), [Disease, kawasaki](#), [Kaposi disease](#), [Kaposi disease](#), [Kaposi's disease](#), [Kikuchi disease](#), [Kikuchi disease](#), [Kienbock disease](#), [Krabbes disease](#), [Koehlers disease](#), [More...](#)

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Asymptomatic patient, Silent patient.....

☒ 1. Mucocutaneous Lymph Node Syndrome Links

An acute, febrile, mucocutaneous condition accompanied by swelling of cervical lymph nodes in infants and young children. The principal symptoms are fever, congestion of the ocular conjunctivae, reddening of the lips and oral cavity, protuberance of tongue papillae, and edema or erythema of the extremities. Year introduced: 1984(1977)

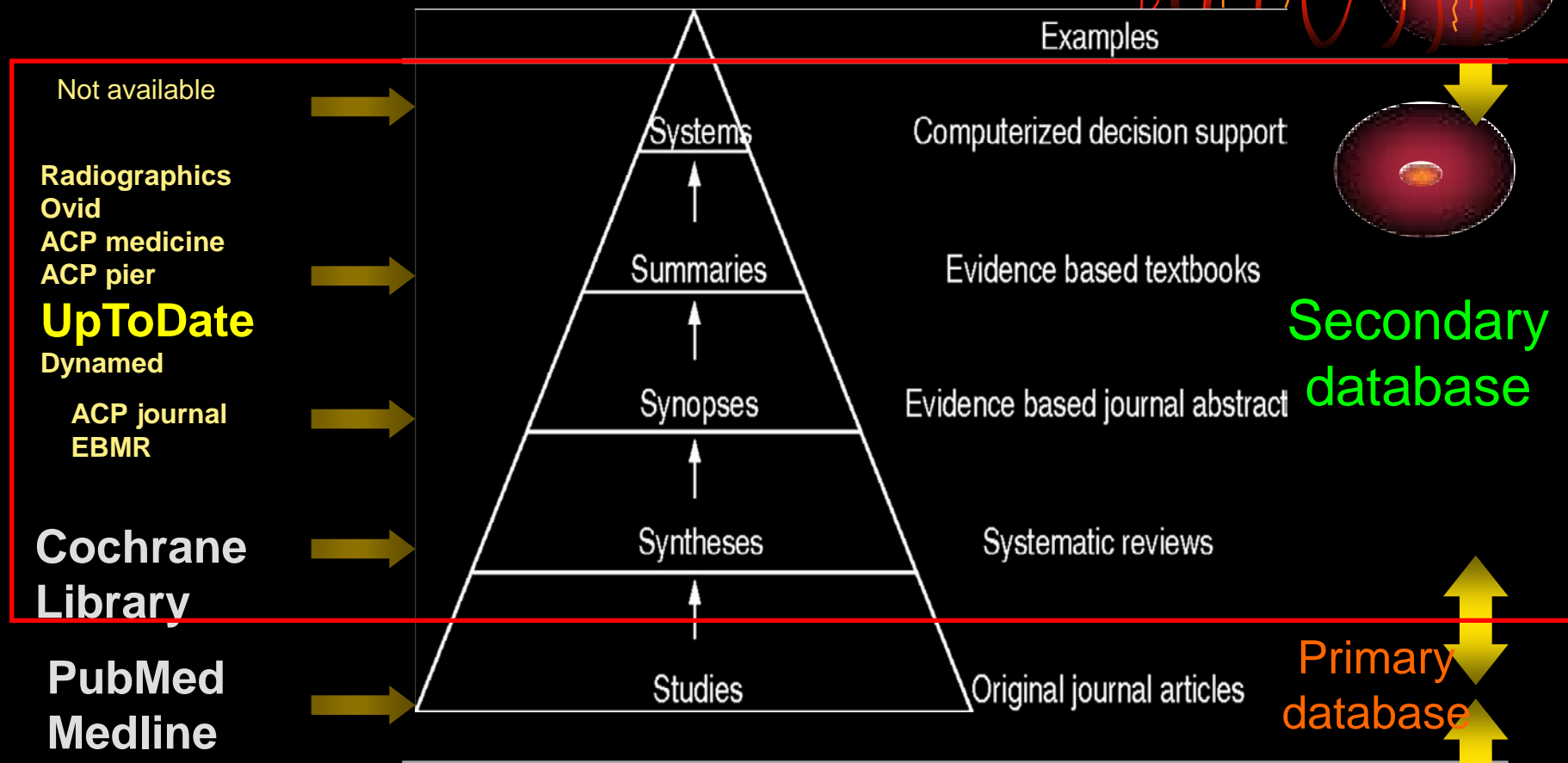
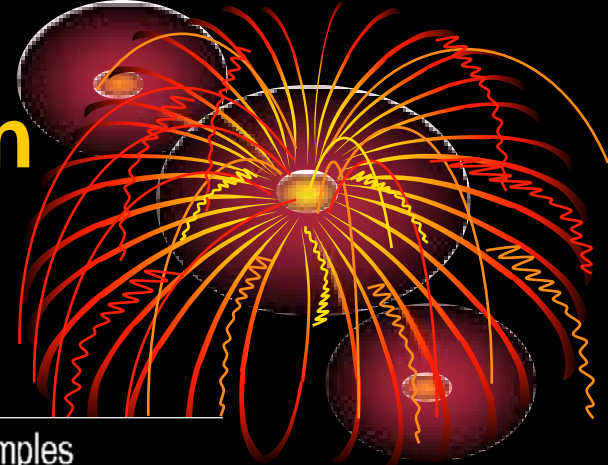
Subheadings: This list includes those paired at least once with this heading in MEDLINE and may not reflect current rules for allowable combinations.

☐ blood ☐ cerebrospinal fluid ☐ chemically induced ☐ classification ☐ complications ☐ congenital ☐ diagnosis ☐ drug therapy ☐ economics ☐ enzymology ☐ epidemiology ☐ ethnology ☐ etiology ☐ genetics ☐ history ☐ immunology ☐ metabolism ☐ microbiology ☐ mortality ☐ nursing ☐ pathology ☐ physiopathology ☐ prevention and control ☐ psychology ☐ radiography ☐ radionuclide imaging ☐ rehabilitation ☐ surgery ☐ therapy ☐ transmission ☐ ultrasonography ☐ urine ☐ veterinary ☐ virology

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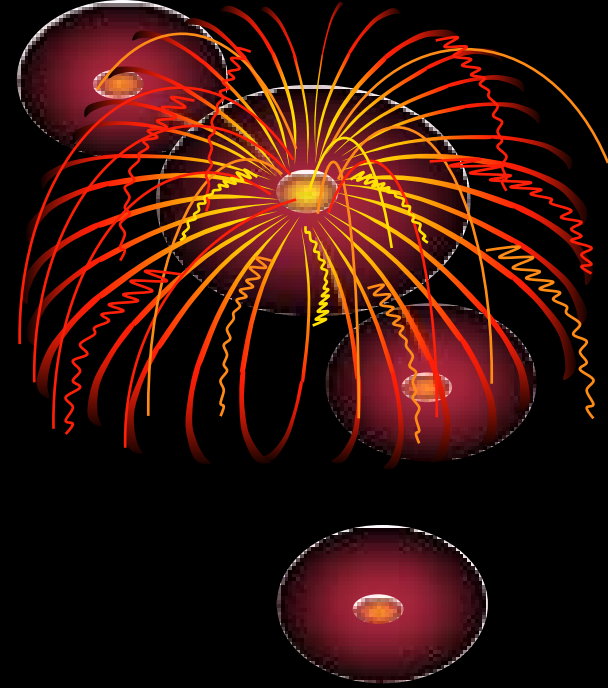
The "5S" levels of organisation of evidence from healthcare research



搜尋 EBMR Review

- Keywords:

coronary artery **AND**
calcium scan **AND**
asymptomatic



Search History (1 search) (Click to expand)

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Search

All EBM Reviews - Cochrane DSR, ACP Journal Club, DARE, CCTR, CMR, HTA, and NHSEED

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ANDANDAND

All FieldsAll FieldsAll FieldsAll Fields

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Results of your search: (fever and children and physical method and antipyretic).af.

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Search Aid

Your search

Search terms used:

antipyretic

children

fever

method

physical

☐ EBM Reviews - Cochrane Database of Systematic Reviews Meremikwu, M. Oyo-Ita, A. **Physical methods for treating fever in children.**

1. [Systematic Review] **Cochrane Infectious Diseases Group** *Cochrane Database of Systematic Reviews*. 4, 2008.

AN: 00075320-100000000-03254

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AN: 00075320-100000000-02578

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EBM Topic Review

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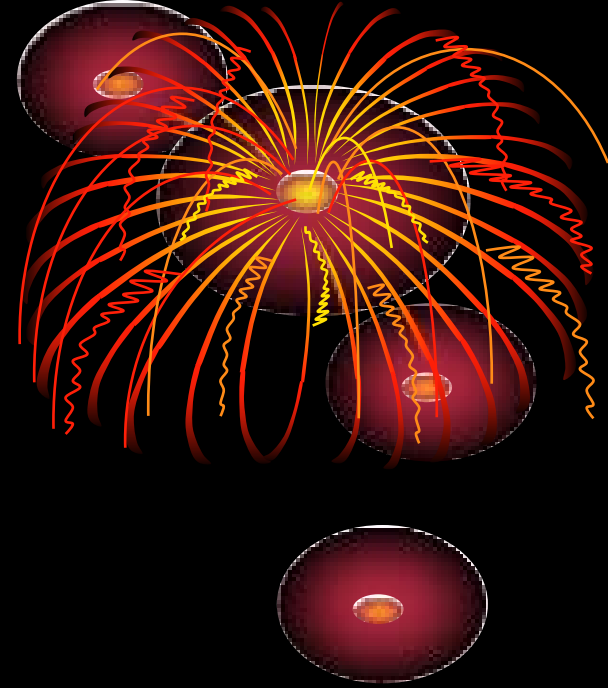
www.ovid.com

完成

搜尋 Cochrane Library

- Keywords:

coronary artery **AND**
calcium scan **AND**
asymptomatic



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1/34

Record information

Sort by: Record title | Match % | Date

[Impact of coronary artery calcium scanning on coronary risk factors and downstream testing the EISNER \(Early Identification of Subclinical Atherosclerosis by Noninvasive Imaging Research\) prospective randomized trial.](#)

Rozanski A, Gransar H, Shaw LJ, Kim J, Miranda-Peats L, Wong ND, Rana JS, Orakzai R, Hayes SW, Friedman JD, Thomson LE, Polk D, Min J, Budoff MJ, Berman DS
2011

New

[Lupus Atherosclerosis Prevention Study \(LAPS\).](#)

Petri MA, Kiani AN, Post W, Christopher-Stine L, Magder LS
2011

New

[Calcium/vitamin D supplementation and coronary artery calcification in the Women's Health Initiative.](#)

Manson JE, Allison MA, Carr LL, Langer RD, Cochrane BB, Hendrix SL, Hsia J, Hunt IR, Lewis CE, Margolis KL, Robinson JG, Rodabough RJ, Thomas AM, Women's Health Initiative and

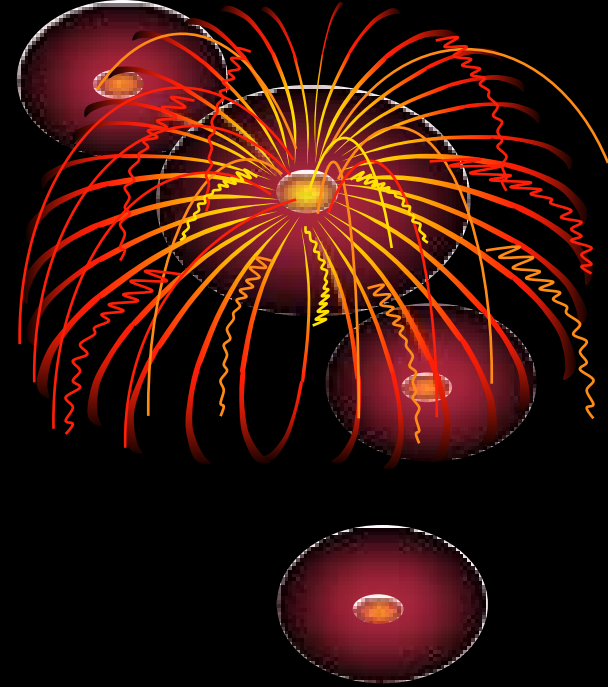
Searching Results

Title of article	Impact of Coronary Artery Calcium Scanning on Coronary Risk Factors and Downstream Testing
Content	<p>(1) Compared with the no-scan group, the scan group showed a <u>net favorable change in systolic blood pressure, LDL cholesterol, and waist circumference</u> for those with increased Abdominal girth, and <u>tendency to weight loss</u> among overweight subjects, and <u>Framingham Risk Score</u>.</p>

搜尋 UpToDate

- Keywords:

coronary artery **AND**
calcium scan **AND**
asymptomatic



coronary artery AND calcium scan AND asymptomatic - Windows Internet Explorer

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Search Results for "coronary artery AND calcium scan AND asymptomatic"

All Topics Adult Pediatric Patient Graphics

Diagnostic and prognostic implications of coronary artery calcification detected by computed tomography

Screening for coronary heart disease in patients with diabetes mellitus

Screening for coronary heart disease

Cardiac syndrome X: Angina pectoris with normal coronary arteries

Risk factors and epidemiology of coronary artery disease in end-stage renal disease (dialysis)

Silent myocardial ischemia: Prognosis and therapy

Prevalence of and risk factors for coronary heart disease in diabetes mellitus

Clinical manifestations and diagnosis of coronary heart disease in end-stage renal disease (dialysis)

Treatment of coronary heart disease in end-stage renal disease (dialysis)

Stress testing for the diagnosis of coronary heart disease

Clinical features and diagnosis of coronary heart disease in women

Silent myocardial ischemia: Diagnosis and screening

Overview of the management of stable angina pectoris

Management of proximal left anterior descending coronary artery disease

Coronary artery bypass grafting in patients with cerebrovascular disease

Topic Outline

INTRODUCTION

COMPUTED TOMOGRAPHY

CT scanner types

CAC scanning

Radiation exposure

CAC AND CORONARY ARTERY STENOSIS

CAC scoring

Importance of ethnicity

CAC AND MYOCARDIAL ISCHEMIA

EMERGENCY DEPARTMENT EVALUATION OF CHEST PAIN

CAC AND PROGNOSIS IN ASYMPTOMATIC PATIENTS

General predictive value

Added value to Framingham risk score

Identifying high-risk individuals

Role in moderate risk patients

Effect on prognosis

Added value to serum CRP

Added value in smokers

Serial measurements

CAC progression and risk

Comparison with carotid intima-

1/4

網際網路 100%

開始 6 Internet ... EBM Radio... lung ca scree... OCEBM2.JP... 結束鈕(尚... 下午 09:39

Searching Results



Title of article	Diagnostic and prognostic implications of coronary artery calcification detected by computed tomography
Content	(1) CAC scanning — <u>Routine screening</u> of asymptomatic patients for coronary disease by CAC scanning is <u>not</u> <u>currently recommended.</u>

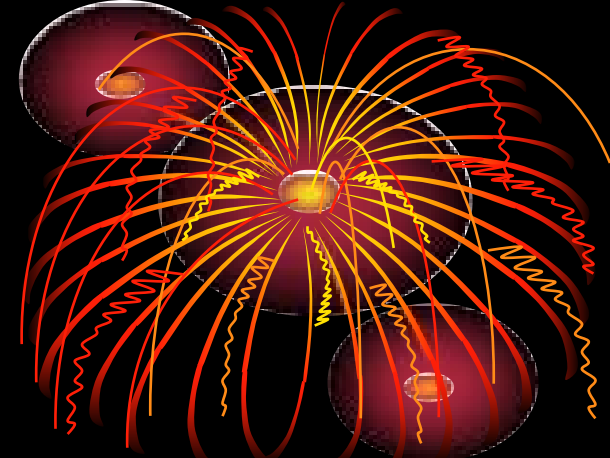
Searching Results



Title of article	Diagnostic and prognostic implications of coronary artery calcification detected by computed tomography
Content	<p>(2) We do NOT recommend coronary CT scanning for asymptomatic patients with low or high ten-year CHD risk as established by the Framingham.</p> <p>(3) For asymptomatic patients with an intermediate CHD ten year risk (between 10 and 20 percent), coronary CT scanning may be considered.</p>

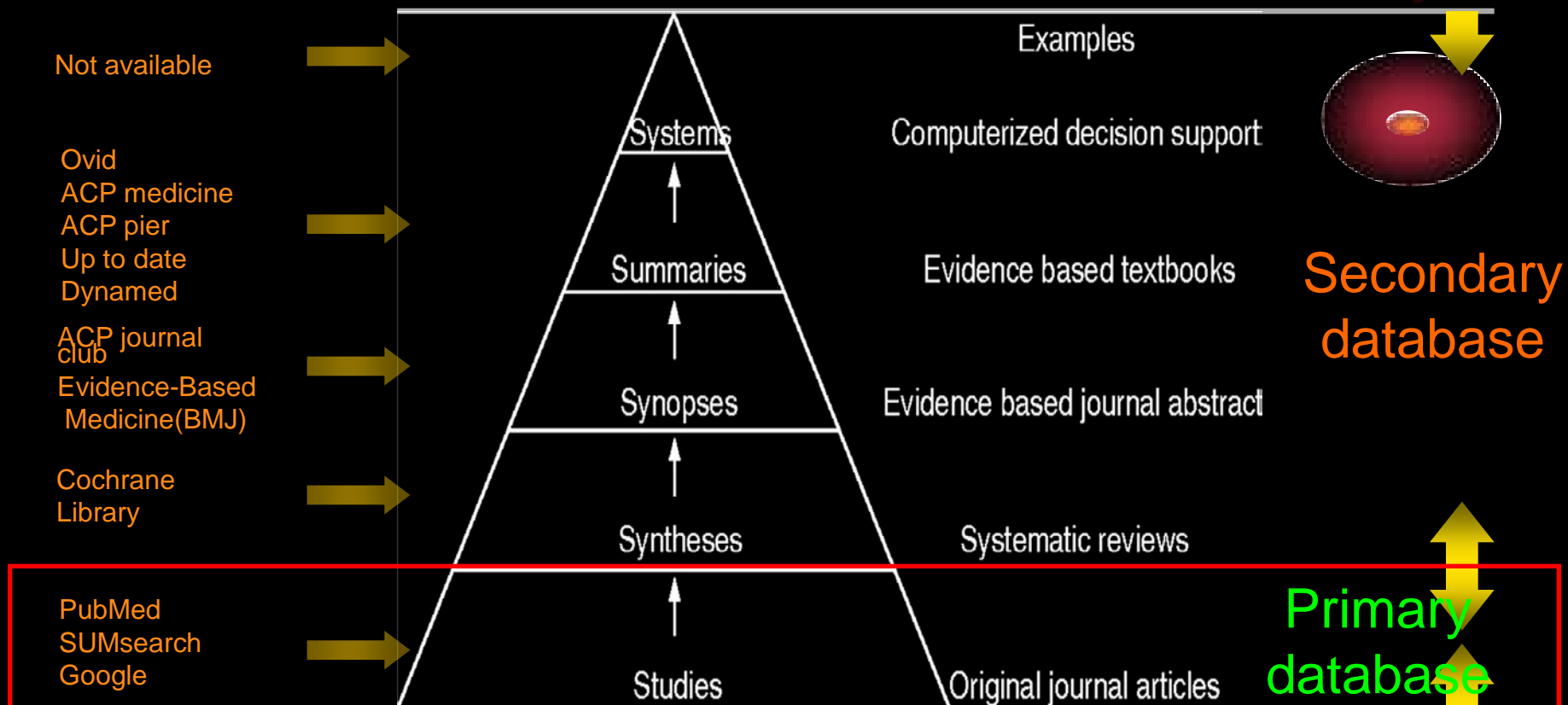
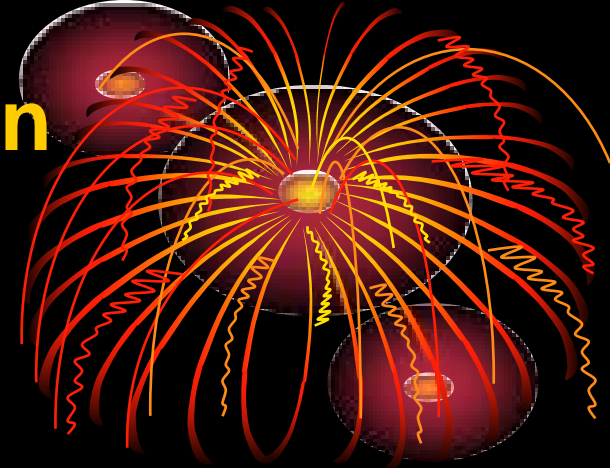
Framingham/ATP III point scores in men						HDL cholesterol mg/dL (mmol/L)	Points		
Age, years	Points					≥60 (1.55)	-1		
20 to 34	-9					50 to 59 (1.29 to 1.53)	0		
35 to 39	-4					40 to 49 (1.03 to 1.27)	1		
40 to 44	0					<40 (1.03)	2		
45 to 49	3					Systolic blood pressure, mmHg	Untreated	Treated	
50 to 54	6					<120	0	0	
55 to 59	8					120 to 129	0	1	
60 to 64	10					130 to 139	1	2	
65 to 69	11					140 to 159	1	2	
70 to 74	12					≥160	2	3	
75 to 79	13					Point total	10-year risk, percent	Point total	10-year risk, percent
Total cholesterol mg/dL (mmol/L)	Age 20 to 39	Age 40 to 49	Age 50 to 59	Age 60 to 69	Age 70 to 79	0	1	9	5
<160 (3.4)	0	0	0	0	0	1	1	10	6
160 to 199 (3.4 to 5.15)	4	3	2	1	0	2	1	11	8
200 to 239 (5.17 to 6.18)	7	5	3	1	0	3	1	12	10
240 to 279 (6.2 to 7.21)	9	6	4	2	1	4	1	13	12
≥280 (7.24)	11	8	5	3	1	5	2	14	16
	Age 20 to 39	Age 40 to 49	Age 50 to 59	Age 60 to 69	Age 70 to 79	6	2	15	20
Nonsmoker	0	0	0	0	0	7	3	16	25
Smoker	8	5	3	1	1	8	4	≥17	≥30

搜尋結果



資料庫	符合篇數 / 查詢篇數
EBMR Reviews	2 / 4
Cochrane Library	1 / 34
UpToDate	1 / 4

The "5S" levels of organisation of evidence from healthcare research



搜尋 Pub Med—Clinical Queries



- Keywords:

coronary artery **AND**
calcium scan **AND**
asymptomatic

Diagnostic and prognostic implications of coronary artery calcification detected by computed to - Windows Internet Explorer

http://www.uptodate.com/contents/diagnostic-and-prognostic-implications-of-coronary-artery-calcification-detected-by-computed-tomography?source=search_result&search=coronary+artery+AND+calcium+scan

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New Search

Diagnostic and prognostic implications of coronary artery calcification detected by computed tomography

TOPIC OUTLINE

INTRODUCTION

COMPUTED TOMOGRAPHY

CT scan

CAC score

Radiation

CAC AND CORONARY ARTERY DISEASE

STENOSIS

CAC score

Important

CAC AND CORONARY ARTERY DISEASE

EMERGENCY EVALUATION

CAC AND PROGNOSIS

ASYMPTOMATIC

General population

Added value of CAC score

Identify high-risk individuals

Role in clinical decision making

Effect on outcomes

Added value of CAC score

Added value of CAC score

coronary artery AND calcium scan AND asymptomatic - PubMed - NCBI - Windows Internet Explorer

http://www.ncbi.nlm.nih.gov/pubmed

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1. [Impact of unexpected factors on quantitative myocardial perfusion and coronary flow reserve in young, asymptomatic volunteers.](#)

Springola S, Johnson NP, Kirkeeide RL, Cid E, Gould RL. JACC Cardiovasc Imaging. 2011 Apr;4(4):402-12. PMID: 21492816 [PubMed - indexed for MEDLINE] [Related citations](#)

2. [Impact of subclinical hypothyroidism on the coronary artery disease in apparently healthy subjects.](#)

Park YJ, Lee YJ, Choi SI, Chun EJ, Jang HC, Chang HJ. Eur J Endocrinol. 2011 Jul;165(1):115-21. Epub 2011 Apr 13. PMID: 21490120 [PubMed - indexed for MEDLINE] [Related citations](#)

3. [Prevalence of coronary artery calcium scores and silent myocardial ischaemia was similar in Indian Asians and European whites in a cross-sectional study of asymptomatic subjects from a U.K. population \(LOLIPOP-IPC\).](#)

Jain P, Kooner JS, Raval U, Lahiri A. J Nucl Cardiol. 2011 May;18(3):435-42. Epub 2011 Apr 9. PMID: 21479755 [PubMed - indexed for MEDLINE]

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Comparison of the atherosclerotic burden in asymptomatic patients vs n [J Nucl Cardiol]

Health behavior modification after electroanatomical mapping and computed tomography and ph [J Behav Med]

Review Using noncontrast cardiac CT and coronary artery c [Vasc Health Risk Man]

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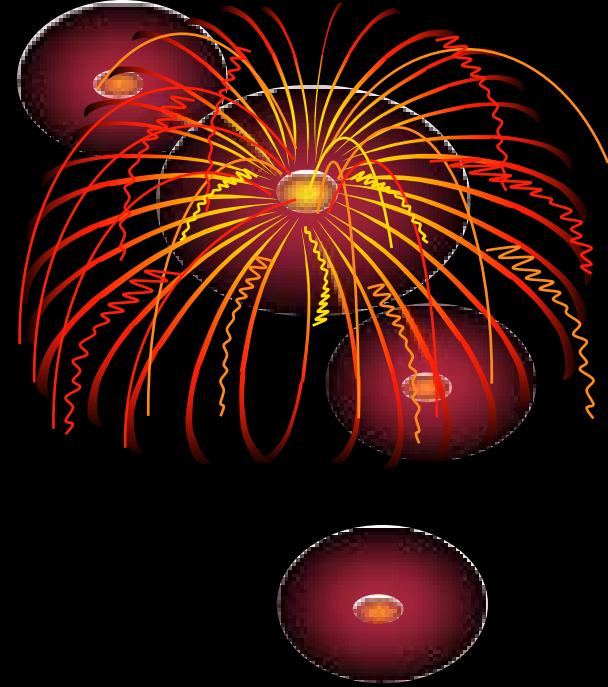


Title of article	<p>Using noncontrast cardiac CT and coronary artery calcification measurements for cardiovascular risk assessment and management in asymptomatic adults (Vascular health and risk management, July 2010)</p>
Content	<p><u>Calcium scan is best applied in the</u> <u>medium/intermediate risk,</u> <u>asymptomatic adult</u> regardless of ethnicity across broad age ranges for both men and women <u>to improve</u> <u>CHD risk assessment and</u> <u>management.</u></p>

搜尋 Medline

- Keywords:

coronary artery **AND** calcium
scan **AND** asymptomatic



檢索中：MEDLINE | [選擇資料庫](#) »coronary artery 於 [選取欄位 \(可加選\)](#)AND [▼](#) calcium scan 於 [選取欄位 \(可加選\)](#)AND [▼](#) asymptomatic 於 [選取欄位 \(可加選\)](#) [新增資料列](#)[檢索](#) [清除](#) [?](#)[基本檢索](#) | [進階檢索](#) | [視覺檢索](#) | [檢索歷史](#)

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▶ 32 以下檢索的結果...

縮小檢索結果

- ☐ 連結的全文
- ☐ 有摘要
- ☒ 英文

出版日期

1996

2011

Detection of silent coronary artery disease by computed tomographic scan: coronary artery calcium versus noninvasive coronary angiography.

(eng; includes abstract) By Morcillo Serra C, Roca JM, Masip J, Delás J, Reni M, Schembari A, López-Perna Y, Bechich S, **Coronary Artery Disease [Coronary Artery Dis]**, ISSN: 1473-5830, 2011 Mar; Vol. 22 (1), pp. 73-80; PMID: 21150777

主題: Spain; Calcinosi radiography; Coronary Angiography methods; Coronary Artery Disease radiography; Coronary Stenosis radiography; Tomography, X Ray Computed; Middle Aged: 45-64 years; All Adult: 19+ years; Female; Ma

資料庫: MEDLINE

Searching Results

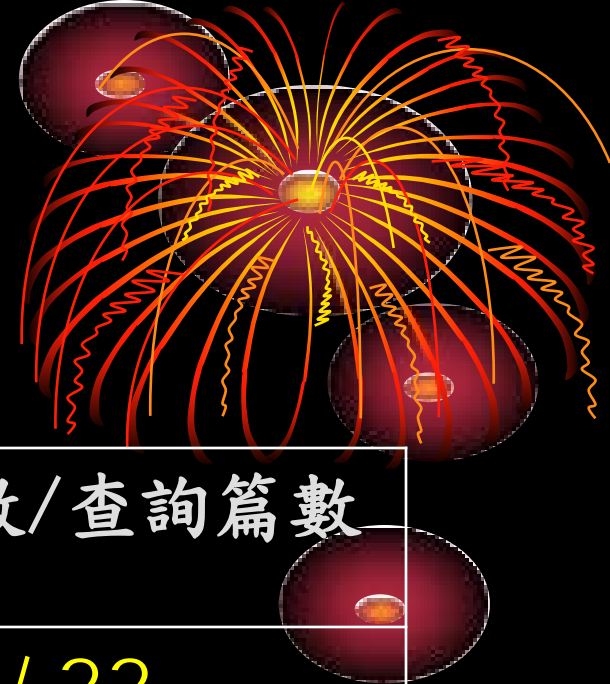
OVID

MEDLINE

<1966 to Present>

Title of article	Health behavior modification after electron beam CT and physician consultation (Journal of behavioral medicine, April 2011)
Content	This study suggests that seeing and being counseled on the presence and extent of <u>coronary artery calcium is significantly associated with behavior change</u> . (increasing <i>exercise</i> (odds ratio = 1.34, $P = 0.02$), changing <i>diet</i> (odds ratio = 1.40, $P < 0.01$), and changing <i>alcohol</i> intake)

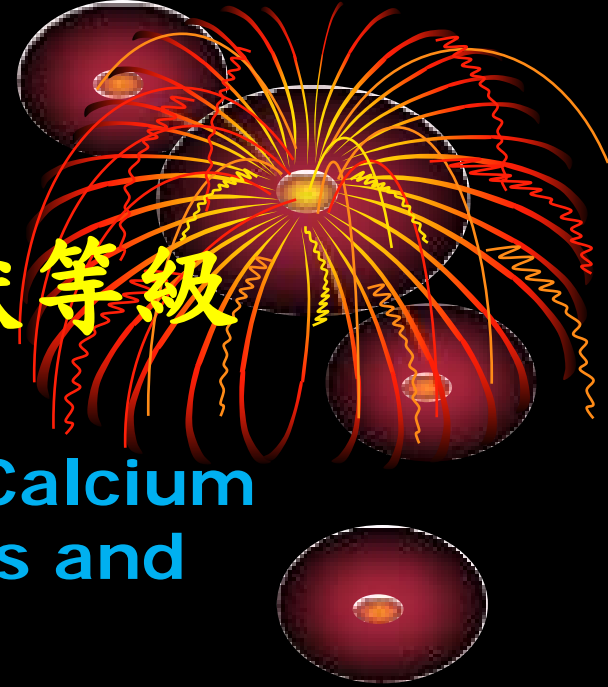
搜尋結果



資料庫	符合篇數 / 查詢篇數
PubMed (Clinical Queries)	1 / 22
Medline	3 / 32

Result

搜尋到的文章標題及文獻等級



- 標題：**Impact of Coronary Artery Calcium Scanning on Coronary Risk Factors and Downstream Testing**
- 文獻：**Journal of the American College of Cardiology Vol. 57, No. 15, 2011**
- 等級：**Ib**
- 建議等級：**A**

Journal of the American College of Cardiology
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Vol. 57, No. 15, 2011
ISSN 0735-1097/\$36.00
doi:10.1016/j.jacc.2011.01.019

EXPEDITED PUBLICATION

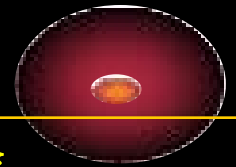
Impact of Coronary Artery Calcium Scanning on Coronary Risk Factors and Downstream Testing

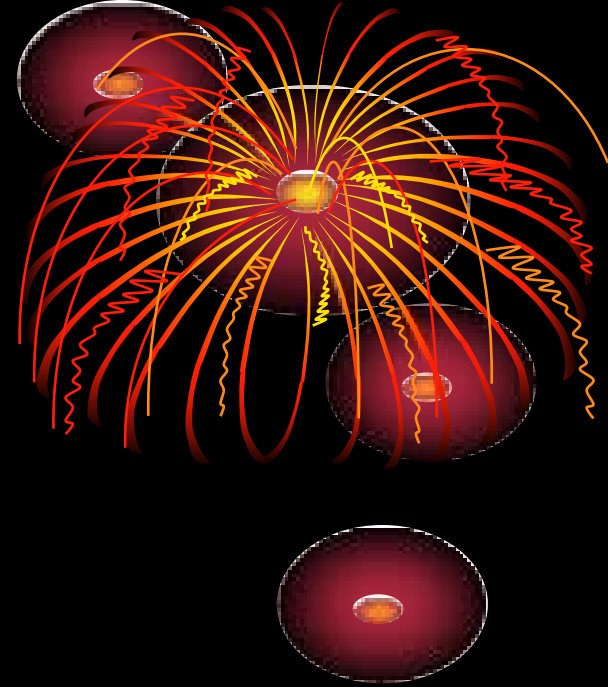
The EISNER (Early Identification of Subclinical Atherosclerosis by Noninvasive Imaging Research) Prospective Randomized Trial

Oxford Center for EBM: Levels of Evidence



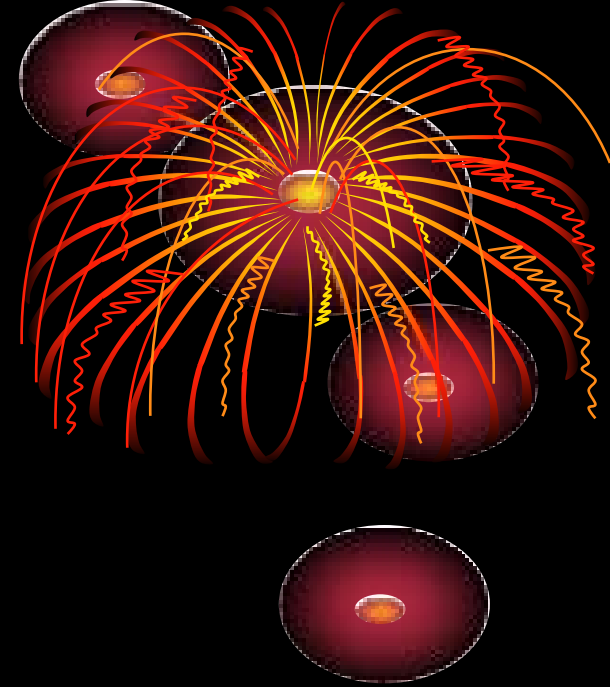
Recom mendat ion	Level	Therapy/Prevention/Etiology/Harm
A	1a	系統性回顧 Systematic review (分析數個隨機臨床對照試驗, 其結果均類似)
A	1b	設計良好, 結果精確 之隨機臨床對照試驗
A	1c	All or none
B	2a	系統性回顧 (分析數個世代研究, 其結果均類似)
B	2b	世代研究 Cohort study; 設計粗糙之隨機臨床對照試驗
B	2c	"Outcomes" Research; Ecological studies
B	3a	系統性回顧 (分析數個病例 - 對照研究, 其結果均類似)
B	3b	病例 - 對照研究 Case-control study
C	4	某家醫院的十年經驗; 設計不良之世代研究 及病例 - 對照研究
D	5	未經考證之專家個人意見, 基礎研究, 細胞實驗, 生理實驗, 動物實驗...的結果





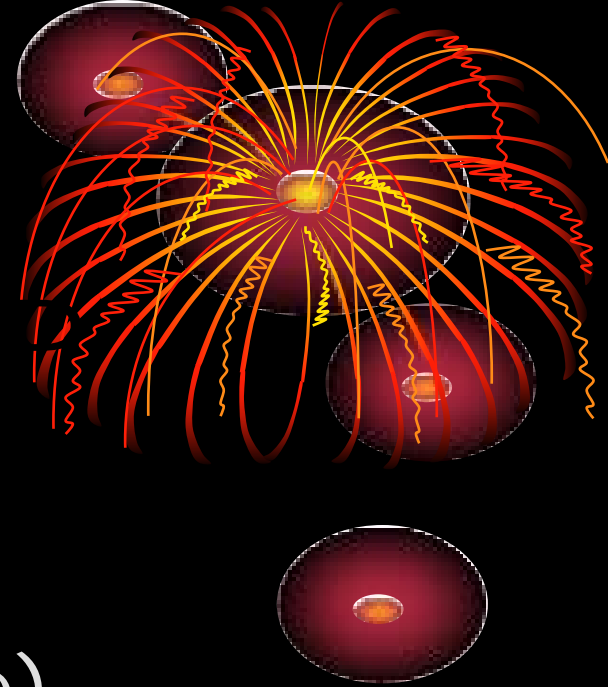
- Asking
 - 將病人的問題寫成PICO
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Appraisal--VIP



- Validity
 - 可信度(效度)
- Impact (Importance)
 - 影響程度
- Practice
 - 臨床可使用性

- **Validity**
 - 可信度(效度)
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Asking Focused Questions

Finding the Evidence

Critical Appraisal

Study Designs

Explanations and Examples

Critical Appraisal Sheets

EBM Calculators

CATmaker

Making a Decision

Evaluating Performance

Designing Research

Critical Appraisal

This section contains useful tools and downloads for the critical appraisal of medical evidence. Example appraisal sheets are provided together with several helpful examples. Below, you can download our calculators, as well as our PC-based software tool CATmaker.



Critical Appraisal Sheets

[Systematic Review Critical Appraisal Sheet](#)[Diagnostic Critical Appraisal Sheet](#)[RCT Critical Appraisal Sheet](#)[PICO Critical Appraisal Sheet \(PDF\)](#)[PICO Critical Appraisal Sheet \(MS-Word\)](#)[Educational Prescription Critical Appraisal Sheet \(PDF\)](#)

Explanations & Examples

[Pre-test probability](#)[SpPin and SnNout](#)[Likelihood Ratios](#)[NNTs](#)

Calculators

All-purpose 2x2 Table

The "CATmakers Scratching Post"
[Download](#) (Adobe Flash format)

Interactive Nomogram

Generates post-test probabilities from

CATmaker

CATmaker is a computer-assisted critical appraisal tool, which helps you create Critically Appraised Topics (CATs), for



What's New

The PAUL GLASZIOU FILES

a series of interviews with proponents of evidence-based medicine and evidence-based practice from around the world
[More Information](#)

Workshop on Evidence-Based Practice 1 day Workshop

27th November 2009

[More Information](#)

CEBM in Action

Paul Glasziou
EBM in Practice

Carl Heneghan
Diagnostic Tests



Related Links

Are the results of the study Valid? (效度如何?)

• *Was the assignment of patients to treatments randomised?*

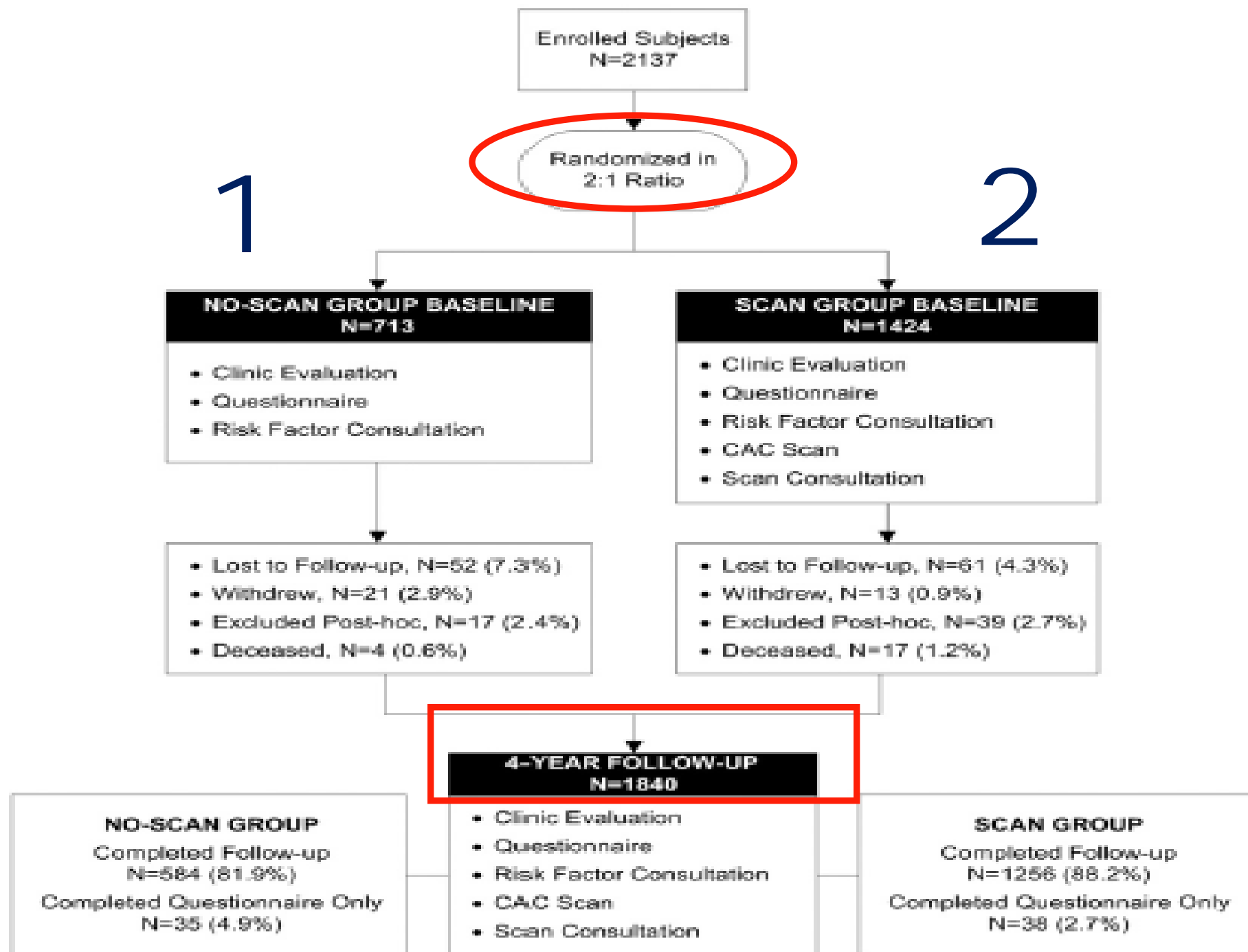
☒ 是

☐ 否

☐ 不清楚

評論：

- Selected: middle-aged individuals with CAD risk factors
- Excluded: subjects with history of cardiac or cerebrovascular disease or chest pain, age 80 years, pregnancy, and prior CAC scanning.
- After recruitment, subjects were randomized into a group that was either scheduled for CAC scanning (scan group) or not (no-scan group) with the ratio of randomization was 2:1. (To encourage subjects' enrollment into our study, the ratio of randomization was 2:1)



• *Were the groups similar at the start of the trial?*

☒ 是

☐ 否

☐ 不清楚

評論：

- The *Results* have a table of "Baseline Characteristics" comparing the randomized groups on a number of variables that could affect the outcome.
- The 2 groups were comparably matched in terms of age, sex, socioeconomic factors, cardiac risk factors, medication use, and Framingham Risk Score (FRS).

Table 1	Baseline Characteristics			
Parameters	Overall (n = 1,934)	No-Scan Group (n = 623)	Scan Group (n = 1,311)	p Value
Age, yrs	58.5 ± 8.4	58.4 ± 8.2	58.6 ± 8.5	0.75
Male	1,015 (52.5%)	327 (52.5%)	688 (52.5%)	1.00
Race/ethnicity				
Caucasian	1,487 (77.0%)	493 (79.1%)	994 (76.0%)	0.59
African-American	97 (5.0%)	26 (4.2%)	71 (5.4%)	
Asian/Pacific Islander	202 (10.5%)	62 (10.0%)	140 (10.7%)	
Hispanic/Latino	81 (4.2%)	23 (3.7%)	58 (4.4%)	
Other	64 (3.3%)	19 (3.0%)	45 (3.4%)	
Level of education				
<High school	13 (0.7%)	3 (0.5%)	10 (0.8%)	
High school/tech	156 (8.3%)	43 (7.1%)	113 (8.9%)	
Some college	412 (21.9%)	137 (22.5%)	275 (21.6%)	
College	533 (28.3%)	197 (32.3%)	336 (26.4%)	
Graduate education	767 (40.8%)	230 (37.7%)	537 (42.3%)	
Annual income				0.55*
<\$20,000	75 (4.2%)	26 (4.5%)	49 (4.0%)	
\$20,000–\$39,000	188 (10.5%)	58 (10.0%)	130 (10.7%)	
\$40,000–\$59,000	262 (14.6%)	77 (13.3%)	185 (15.3%)	
\$60,000–\$79,000	289 (16.1%)	97 (16.8%)	192 (15.8%)	
\$80,000–\$99,000	243 (13.6%)	78 (13.5%)	165 (13.6%)	
≥\$100,000	734 (41.0%)	243 (42.0%)	491 (40.5%)	
Cardiac risk factors				
Hypertension	1,108 (57.3%)	355 (57.0%)	753 (57.4%)	0.85
High cholesterol	1,498 (77.5%)	468 (75.1%)	1,030 (78.6%)	0.09
Diabetes mellitus	158 (8.2%)	52 (8.4%)	106 (8.1%)	0.85
Past smoker	803 (41.5%)	254 (40.8%)	549 (41.9%)	0.65
Current smoker	111 (5.7%)	37 (5.9%)	74 (5.6%)	0.80
Family history of CAD	513 (26.5%)	155 (24.9%)	358 (27.3%)	0.26
Body mass index, kg/m ²	26.4 (23.9, 29.9)	26.3 (23.8, 29.7)	26.5 (23.9, 29.9)	0.23



- *Aside from the allocated treatment, were groups treated equally?*

☒ 是

☐ 否

☐ 不清楚


評論：

<Comparison of CAD risk factors at 4 years in the randomized groups>

- Fasting lipid profile and serum glucose; systolic and diastolic blood pressure; height; weight; and waist circumference. Ten-year risk of CAD by the Framingham Risk Score (FRS)

<Comparison of medical resource utilization>

antihypertensive or lipid-lowering medications,

- 
- *Were all patients who entered the trial accounted for? (were they analysed in the groups to which they were randomised?)*


☒ 是

☐ 否

☐ 不清楚

評論：

- Trial participants were asked to return for a follow-up clinic visit at 4 years.
- Of the 2,137 enrolled subjects, 584/713 (81.9%)no-scan subjects and 1,256/1424 (88.2%) scan subjects, completed the follow-up.
- ***Lost to follow-up, withdrew from the trial, or died before 4-year follow-up.***

- 
- *Were measures objective or were the patients and clinicians kept “blind” to which treatment was being received?*

☐是

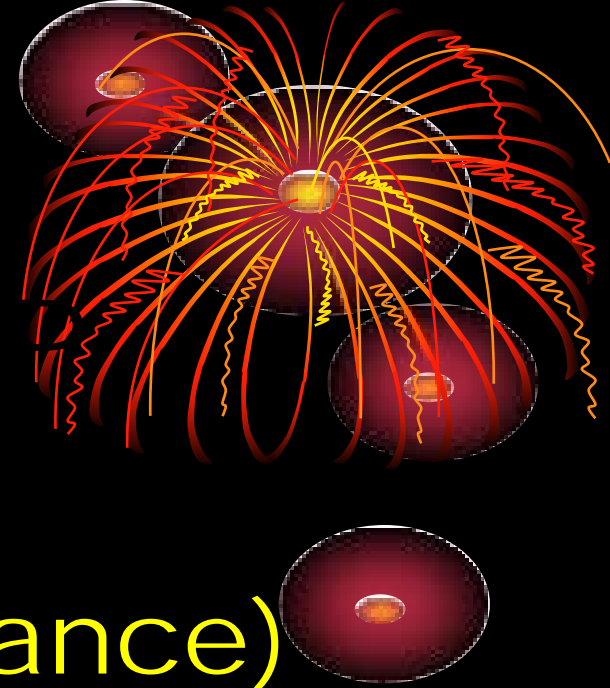
☐否

☒不清楚

<Method>

No “double-blinded” study method was mentioned.

- Validity
 - 可信度(效度)
- Impact (Importance)
 - 影響程度
- Practice
 - 臨床可使用性



How many trials included and how many participants?



☐是

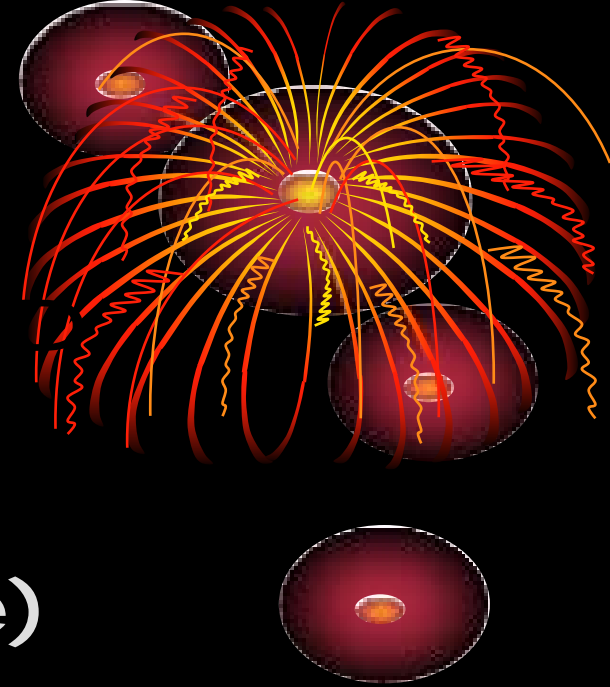
☐否

☒不清楚

評論：

- We assigned 2,137 volunteers to groups that either did undergo CAC scanning or did not undergo CAC scanning.
- The primary end point was 4-year change in coronary artery disease risk factors and Framingham Risk Score.

- **Validity**
 - 可信度(效度)
- **Impact (Importance)**
 - 影響程度
- **Practice**
 - 臨床可使用性

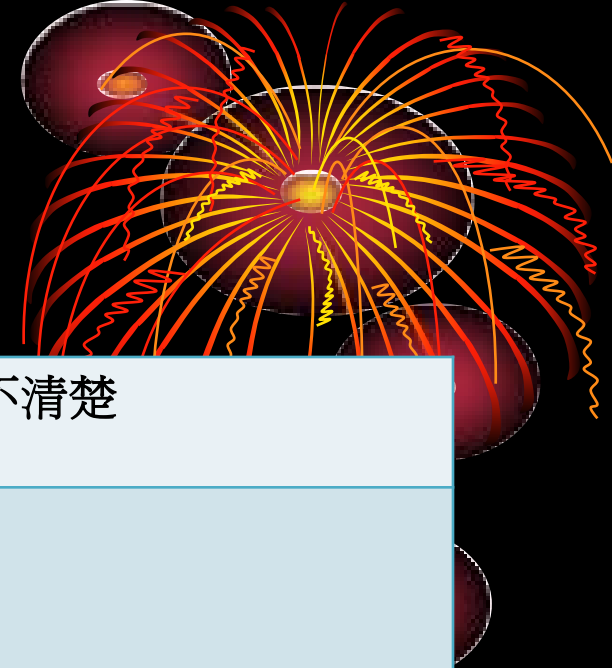


Main result



(1) CAC scanning can improve cardiac management without incurring significant increase in downstream medical costs.

(2) Further work should assess patients who are suitable candidates for CAC scanning based on clinical consensus and current guidelines



Implication for practice

☒ 是

☐ 否

☐ 不清楚

評論：

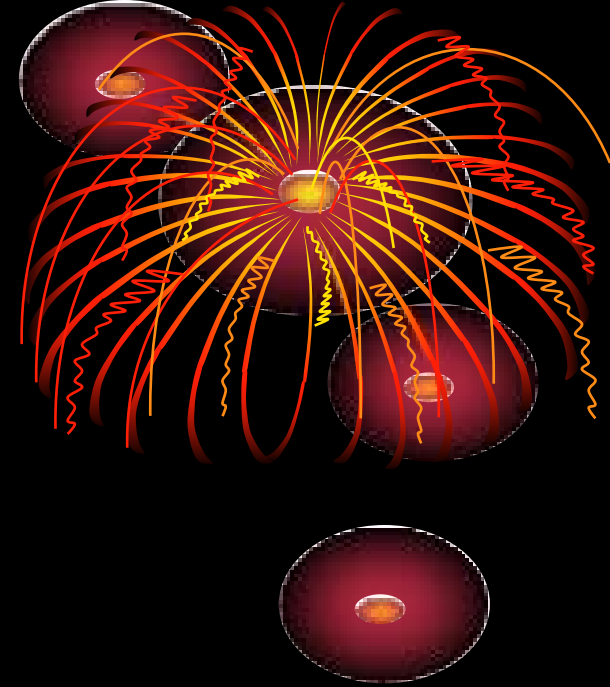
(1) CAC scanning

(2) WHO are Suitable candidates?

Results



Title of article	Diagnostic and prognostic implications of coronary artery calcification detected by computed tomography
Content	(3) <u>For asymptomatic patients with an intermediate CHD ten year risk (between 10 and 20 %), coronary CT scanning may be considered</u> when the result is reasonably expected to lead to a change in management.



- Asking
 - 將病人的問題寫成PICO
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 - 是否可應用到病人身上
- Audit
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這個研究的病人是否和我們的病人類似

☐是

☐否

☒不清楚

Table 1 Baseline Characteristics

Parameters	Overall (n = 1,934)	No-Scan Group (n = 623)	Scan Group (n = 1,311)	p Value
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這個治療在我們的診療環境是否合理？

☒ 是

☐ 否

☐ 不清楚

評論：

- 是否有這個自費項目 → Yes
- 是否容易取得 → Yes
- 是否符合經濟效益(花費不會太高) → ?
=> NT \$ 9000 (高醫:自費)

我們的病人從治療中得到什麼好處或壞處？

評論：

- **Benefit:**

- **Physical:** 減少未來冠狀動脈疾病的發生
- **Psychological:** 減少疾病恐慌, 正面生活動力
- **Economical:** 減少國家因治療冠狀動脈疾病龐大的醫療支出

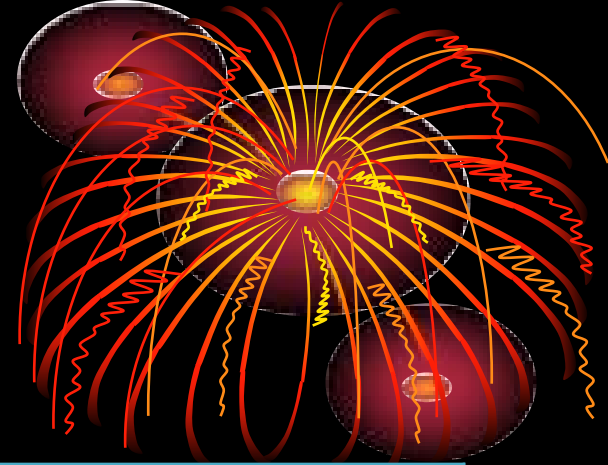
- **Harms:**

- **Radiation dose**

Representative values and ranges of effective dose estimates reported in the literature for selected radiological studies^[1]

Exam	Representative effective dose value (mSv)	Range of reported effective dose values (mSv)
Chest x-ray PA and lateral	0.1	0.05-0.24
CT chest	7	4-18
CT abdominal	8	4-25
CT pelvis	6	3-10
Coronary calcium CT*	3	1-12
64-slice coronary CTA•		
Without tube current modulation	15	12-18
With tube current modulation ^[2]	9	8-18
Dual source coronary CTA•		
With tube current modulation	13	6-17
Prospectively triggered coronary CTA ^[3] •	3	2-4
Diagnostic invasive coronary angiogram	7	2-16
Percutaneous coronary intervention or radiofrequency ablation	15	7-57

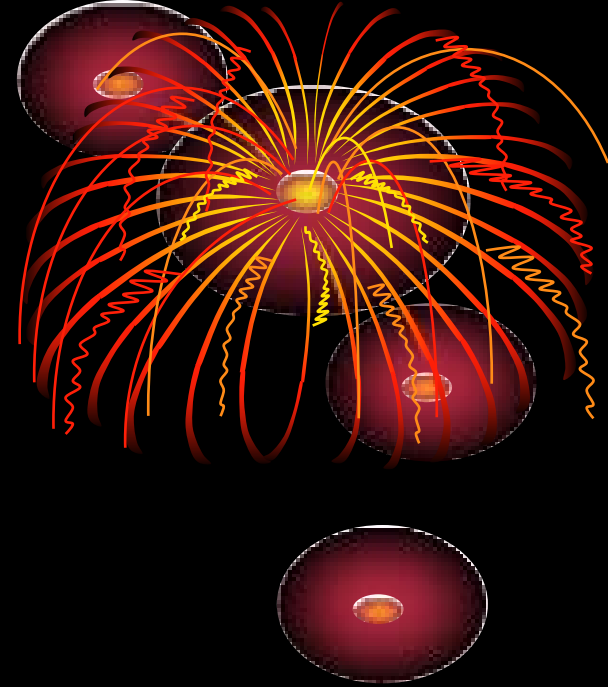
可以給病人的建議為何？



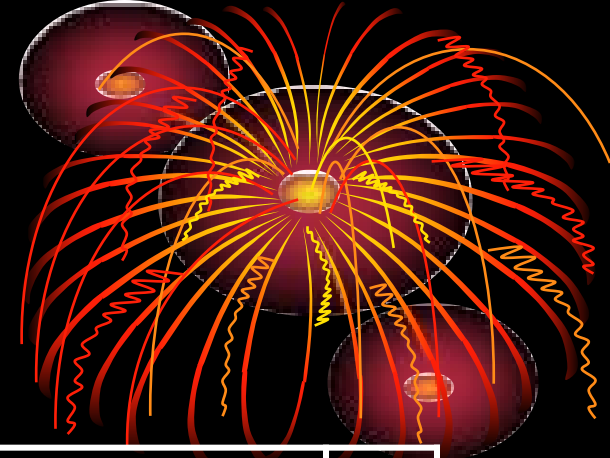
評論：

- 若經濟狀況許可, 以Framingham量表介於中度危險因子者, 建議進行。

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- **Audit**
 - 自我評估



自我評估：結論



Step 1: Asking

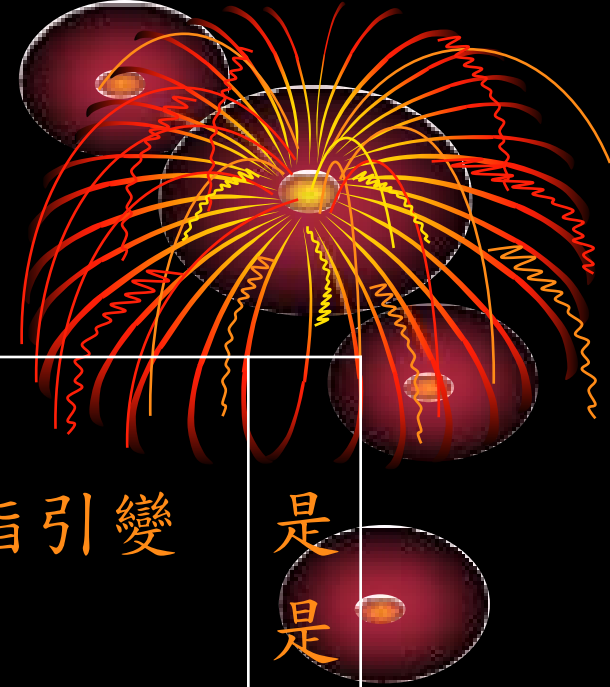
1. 我有提出任何臨床問題嗎？
2. 我提出的是結構完整的問題？

有
是

Step 2: Acquire

1. 我知道在我的臨床領域中現有的最佳證據來源？
2. 在搜尋方面我變得更有效率？

是
是



Step 3: Appraisal

1. 對我而言，應用此研究證據之評讀指引變得更簡單？
2. 我是否盡全力做評讀了？

是
是

Step 4: Apply

1. 我盡力將審慎評估之結果融入診療中？
2. 我是否將搜尋到的最佳證據應用到我的臨床工作中？

是
是

Thanks for your
attention ~ ~

