Letter by Palmas Regarding Article, “Comparative Effectiveness of Exercise Electrocardiography With or Without Myocardial Perfusion Single Photon Emission Computed Tomography in Women With Suspected Coronary Artery Disease: Results From the What Is the Optimal Method for Ischemia Evaluation in Women (WOMEN) Trial”

To the Editor:

I read with great interest the article by Shaw et al1 reporting results of the very well designed What Is the Optimal Method for Ischemia Evaluation in Women (WOMEN) trial. The WOMEN trial addressed an important clinical issue, whether evaluation with myocardial perfusion imaging results in better outcomes in women in comparison with management based on the standard ECG treadmill test.1 Given the low rates of major cardiovascular events in the trial, the authors pointed out that their study was probably insufficiently powered to detect an improvement in outcomes. This lack of power may have been caused by recruitment yielding a sample with lower cardiovascular risk than the target population. However, in my opinion, an alternative explanation should be considered. The event rates in WOMEN may actually reflect a secular trend toward lower incidence of major cardiovascular events, thanks to improved utilization of efficacious risk factor modification therapies, such as statins. If so, it may be time to reassess the accuracy and calibration of our predictive tools.

In addition, the availability of highly efficacious medical therapies should also be considered when assessing the role of diagnostic tests in lower-risk populations. Recent randomized, controlled trials have shown that optimal medical therapy has similar efficacy in preventing death and myocardial infarction, in comparison with revascularization, in patients with chronic stable angina.2,3 Thus, we should perhaps study whether optimal medical management of cardiovascular risk factors, without any ECG treadmill test or myocardial perfusion imaging evaluation, may be more cost-effective in ambulatory patients with suspected coronary artery disease who are symptomatically stable.

Disclosures
None.

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References
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