

## Foreword



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The November 2003 issue of *Cardiology Clinics* was devoted to cardiac computed tomography (CT). In the intervening 6 years tremendous advances in this technology have occurred. We now can legitimately claim that computed tomography angiography (CTA) of the coronary arteries is available. In the evaluation of patients with suspected coronary artery disease, many guidelines consider CTA an alternative to stress testing. In the typical patient with exercise-induced symptoms, stress imaging still makes sense, but there are many other patients in whom CTA may be preferable. For example, we are using it frequently in pre–noncardiac organ transplant patients to exclude significant coronary artery disease (CAD) before committing a scarce resource (organ) to a patient.

The use of CTA in primary prevention patients is more controversial, because the Bayes theorem becomes important in considering diagnostic test interpretation in populations with a low prevalence of disease. Also, given our current armamentarium for preventing CAD, it is difficult to prove that CTA information changes outcomes. However, it is clear that CTA information motivates physicians to be more aggressive therapeutically.

Cardiac CT has other uses that are also discussed in this issue, such as atherosclerotic plaque characterization, myocardial perfusion and viability, heart valve function and anatomic imaging for electrophysiology studies, and ablations. These topics and all the particulars the clinician needs to know about cardiac CT are covered in this excellent issue edited by Dr. Mario Garcia. He has assembled an internationally known group of experts to bring us up to date in this rapidly emerging field. This issue is full of important information that every cardiologist needs to know.

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