F.3 Aortic stenosis – coronary artery disease on cardiac CT

Table 16: Clinical evidence profile: coronary artery disease on cardiac CT

Tubic io.	Ollillical C	viaciice	oronie. Coronary	ditciy discuse	on caraiac	<u> </u>			V.	
Quality assessment							No of patients		Effect	Quality
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Coronary artery disease on cardiac CT	Control	Relative (95% CI)	
			eter) of 1, 2 or 3 vessels n for AVR) (follow-up m		mpared to nor	mal coronary angiogra	m for predicting indication for	AVR - un	adjusted (Asympto	omatic
	cohort studies	, ,		no serious indirectness	serious ²	none	36/85 (42.4%)	7/19 (36.8%)	RR 1.15 (0.61 to 2.18)	⊕OOO VERY LOW

	cohort studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	16/32 (50%)	27/72 (37.5%)	RR 1.33 (0.84 to 2.11)	⊕000 VERY LOW
AD >70% :	stenosis com	pared to ≤7	0% stenosis for predic	ing indication for AV	R - unadjusted	(asymptomatic mild-se	vere AS) (follow-up median 27	months)		
	cohort studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	19	97	HR 1.79 (0.93 to 3.44)	⊕OOC VERY LOW
			red to no multivessel o ptomatic mild-severe A			c events - cardiac deat	h, AVR, non-fatal myocardial ir	farction a	and HF requiring ur	rgent
	cohort studies	very serious ¹	no serious inconsistency	very serious ³	serious ²	none	11	53	HR 2.7 (0.95 to 7.65)	⊕OO(VER`

¹ Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

² 95% ČI crosses null line

³ Population - unclear whether there is uncertainty regarding indication for intervention in all patents, as includes mild-severe asymptomatic AS patients, with only 45% being asymptomatic severe; and outcome - composite of multiple outcomes specified in the protocol rather than being reported separately