

**In Reply:** We thank Dr. Modarressi for his interest in our article.<sup>1</sup> He astutely highlighted the issue in the algorithm proposed for the management of stable coronary artery disease. While coronary calcium scoring has utility for risk stratification in primary prevention, most patients being considered for coronary revascularization have established vascular disease, for which calcium scoring would be less useful.<sup>2</sup> We agree with Dr. Modarressi that coronary computed tomography angiography is the appropriate test in our algorithm for the management of stable angina to exclude left main disease,<sup>3</sup> and we have revised our algorithm to clarify this point.

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■ REFERENCES

1. **Nagaraja V, Lincoff AM.** Stable coronary artery disease: Intervene or not? *Cleve Clin J Med* 2020; 87(7):410–415. doi:10.3949/ccjm.87a.20048
2. **Mori H, Torii S, Kutyna M, et al.** Coronary artery calcification and its progression: what does it really mean? *JACC: Cardiovascular Imaging* 2018; 11:127–142. doi:10.1016/j.jcmg.2017.10.012
3. **Maron DJ, Hochman JS, Reynolds HR, et al.** Initial invasive or conservative strategy for stable coronary disease. *N Engl J Med* 2020; 382(15):1395–1407. doi:10.1056/NEJMoa1915922

doi:10.3949/ccjm.87c.12004