Comparison of Risk Profiles of Women with INOCA Diagnosed by Coronary Computed Tomography Angiography vs Invasive Coronary Angiography: A Substudy of the Women's Ischemia Trial to Reduce Events In Non-Obstructive Coronary Artery Disease (WARRIOR)

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Background. Coronary computed tomography angiography (CCTA) is increasingly used to evaluate patients with suspected ischemia as an alternative to invasive coronary angiography (ICA). We compared baseline characteristics of a sample of ~800 participants in the WARRIOR trial by qualification using CCTA or ICA.

Methods. The WARRIOR trial (NCT03417388, sponsored by DOD) is an ongoing multicenter, prospective, randomized, blinded outcome evaluation of intensive medical therapy vs. usual care in women with suspected ischemia and no obstructive coronary arteries (INOCA), as identified by CCTA or ICA. We present a sample of baseline extracted from a recent cohort analysis. No clinical outcomes data were extracted.

Results. Participants were predominantly <65 years and typically with multiple cardiac risk factors (Table). Those randomized after ICA more frequently had abnormal ECGs, stress tests, and troponin values at baseline versus those randomized after CCTA ($P < 0.001$). The ICA cohort also had higher prevalence of hypertension, hypercholesterolemia, prior heart attack or heart failure, and family history of CAD. ($P<0.05$) (Table).

Conclusions. Among women with suspected INOCA, those diagnosed after ICA have worse clinical risk profiles versus those diagnosed after CCTA. Women with INOCA present with differential clinical risk profiles based on presentation by CCTA vs ICA: consideration of this knowledge might better inform care and outcomes of women with INOCA, when identified by CCTA or ICA.