

Despite minimal differences in downstream use between office- and hospital-based stress testing, the data of Chen et al. (1) suggest that there is substantial overuse. Other possible reasons, such as financial incentives, misinterpretation of abnormal tests, patient expectations, or defensive medical practice, might also contribute to this discrepancy and warrant further investigation.

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#### REPLY

Drs. Huffman and van Geertruyden raise a timely concern regarding overutilization of stress testing. Their Bayesian approach suggests that many patients in our study (1) appear to be at low pre-test probability for coronary artery disease. Although the appropriateness of stress testing is beyond the scope of our study, as clinical data is required to confirm the level of risk, other studies have demonstrated that 14% to 18% of stress tests with imaging were inappropriate, with nearly one-half performed in asymptomatic, low-risk individuals (2). Clearly, patient selection for stress testing can be improved, and we agree with Drs. Huffman and van Geertruyden that additional research is needed to evaluate what prompts low-risk patients to be referred for stress testing.

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