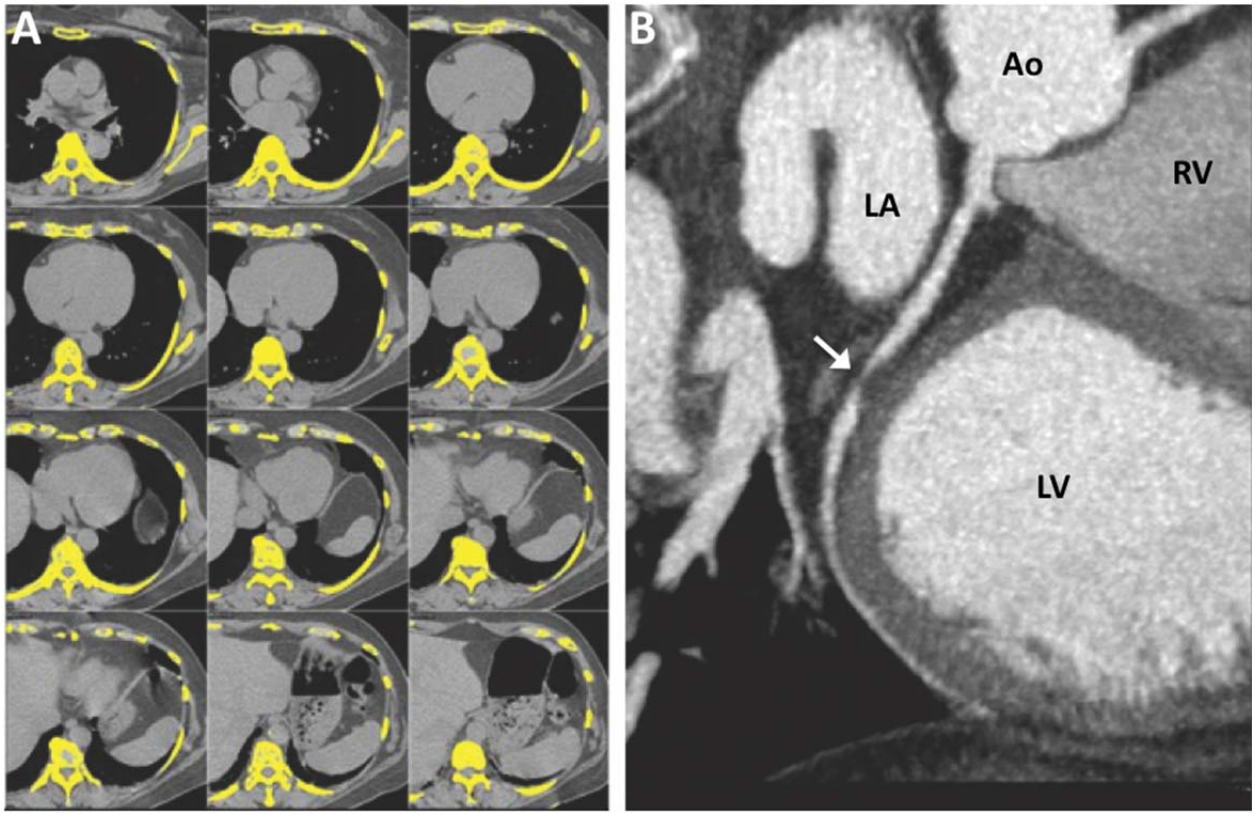
SUPPLEMENTAL MATERIAL

SUPPLEMENTAL FIGURE LEGENDS

Supplemental Figure 1. 58 year old woman with chest pain with CAC of zero and ACS due to noncalcified left circumflex severe stenosis. CAC score was zero (A) and CCTA demonstrated high grade obstructive CAD in left circumflex coronary artery (arrow) (B). Patient underwent diagnostic angiography which confirmed high grade left circumflex stenosis, and subsequently underwent percutaneous coronary intervention. Ao=Ascending Aorta; LA=Left Atrium; LV=Left Ventricle; RV=Right Ventricle.

Supplemental Figure 2. 42 year old man with chest pain with CAC of zero and ACS due to NSTEMI and incidentally found to have anomalous RCA arising from the pulmonary artery (PA). CAC was zero (A) and appears normal. CCTA showed no coronary artery disease but instead an anomalous RCA with ostium (*) arising from the PA (B, C) with prominent left to right collaterals (D, arrows). Second troponin T was elevated at 0.12, where the myocardial ischemia is a resultant of flow reversal via collateral and perfusion of the right coronary artery territory by relatively oxygen depleted blood and lower perfusion pressures. Diagnostic angiography confirmed no coronary artery disease and presence of the anomalous RCA arising from the PA (ARCAPA) with extensive left to right collaterals, patient underwent surgical revision and re-implantation of the RCA. Notably, this rare form of anomalous coronary from the PA, which requires surgical intervention, was not appreciated on the CAC scan. Ao= Ascending Aorta; PA=Pulmonary Artery; LCA: Left Coronary Artery; RCA=Right Coronary Artery; RV= Right Ventricle

Supplemental Figure 1



Supplemental Figure 2