RHODE ISLAND MEDICAL IMAGING

Coronary/Cardiac CTA (CCTA) and Heartflow FFR_{CT} Analysis

Dear Referring Colleagues,

We are pleased to announce that Coronary/Cardiac CTA (CCTA) is now available on an outpatient basis at Rhode Island Medical Imaging (RIMI). This exam is performed on our new state-of-the-art 128-slice Philips CT scanner in Johnston. Authorization is required for most insurances and the **CPT Codes are 75574 and 75580**.

CCTA uses advanced CT technology along with IV Contrast to obtain high-resolution 2D and 3D images of the heart and its blood vessels. It is a highly accurate, non-invasive test, that takes approximately 5 seconds to perform and only requires 15 minutes of monitoring in our office once completed.

CCTA accurately depicts coronary artery anatomy and can identify stenoses or blockages associated with atherosclerotic plaque. **In patients with chest pain, a normal or near normal examination essentially rules out coronary pathology as a cause of symptoms.**

You may want to consider ordering CCTA for patients with the following risk factors:

- Stable chest pain (not acute) with low or intermediate risk for coronary artery disease (CAD)
- Continued or worsening symptoms (e.g., chest pain, shortness of breath) with a prior normal stress test result
- Unclear or inconclusive stress test results
- New onset heart failure with reduced heart function

Details: Patients will receive a sublingual nitroglycerin tablet immediately prior to the study to dilate the coronary arteries. A high-quality CCTA examination requires a steady heart rate of < 65 bpm at the time of examination. We therefore ask that you prescribe a single dose of metoprolol PO (suggested dose: 50 mg) to be taken one hour prior to the study to lower the heart rate. (We will administer additional IV beta-blocker as appropriate.) If the patient has a resting heart rate < 65 bpm, a systolic blood pressure < 110 mmHg, OR any of the following conditions, a beta-blocker should NOT be taken prior to the examination, and the patient may not be a candidate for CCTA:

- Allergy to beta-blocker
- Decompensated cardiac failure
- Severe aortic stenosis
- Active bronchospasm
- Asthma or COPD on β2-agonist inhaler
- Any heart block

Also, because the study requires a steady heart rate, atrial fibrillation is a contraindication.

We are excited about our outpatient CCTA service and would be more than happy to address any questions or concerns that you may have. You can also scan the QR Code for more information on our website. Thank you for referring your patients to RIMI.

Best regards,

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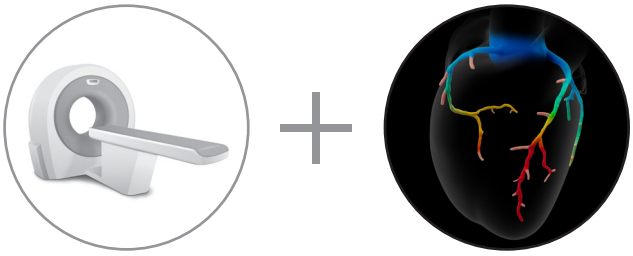
A Better Pathway for Your Patients

Coronary CTA enables clinicians to non-invasively visualize a patient's coronary artery disease (CAD), but what happens when it's unclear if the disease is impacting blood flow?

This is where the Heartflow FFR_{CT} Analysis can help:

- Without additional patient tests, the Heartflow Analysis quickly and non-invasively delivers functional information (FFR_{CT} values) about each blockage.
- Completing the picture for each patient leads to better clinical decision making and improved patient outcomes.[1]
- Recognized in ACC/AHA Chest Pain Guidelines to help guide treatment for patients with CAD.

How It works



Patients with symptoms of CAD can be referred to the CT + Heartflow pathway. First, a standard coronary CTA scan is completed. If the reading physician sees disease, a Heartflow FFR_{CT} is ordered and the CCTA images are sent directly to Heartflow where AI algorithms, trained analysts and computational fluid dynamics are used to create the Heartflow Analysis. This personalized, color-coded 3D model of a patient's coronary arteries indicates the impact that blockages have on blood flow - information otherwise only available with an invasive procedure.

A proven solution - see the Heartflow difference

Increase your diagnostic confidence

$CCTA+FFR_{CT}$ delivers better per-vessel diagnostic performance than other non-invasive cardiac tests.[2]

See what might be missed

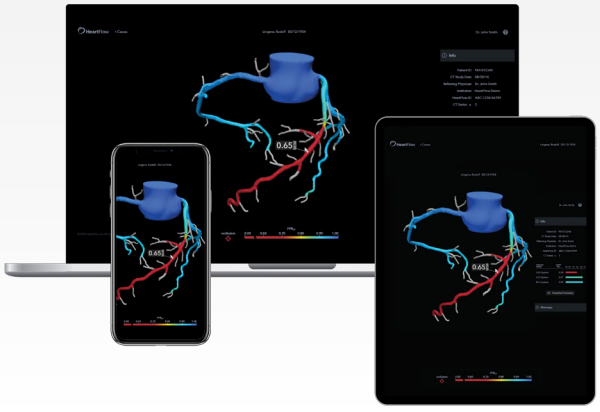
$CCTA+FFR_{CT}$ identifies disease other non-invasive cardiac tests may overlook.[2,3]

Avoid the unnecessary

$CCTA+FFR_{CT}$ enables physicians to confidently identify patients who can be treated with optimal medical therapy alone.[4]

Help every patient own their heart health

$CCTA+FFR_{CT}$ enables you to provide patients with a visual understanding of their disease and impact it has on their heart.



Patients can now be referred to **Rhode Island Medical Imaging** to receive precise heart care using this proven, revolutionary technology.

Contact us for more information.
(401) 432-2400

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1. Curzen, N.P., et al., J Am Coll Cardiol 2016. Newby D.E., et al. N Engl J Med 2018. **2.** Driessen, et al. J Am Coll Cardiol 2019. Norgaard, et al, Euro J Radiol 2015. **3.** Melikian, et al. JACC: Cardiovasc Interv 2010. Jung, et al. Euro Heart J 2008. Koo, et al. J Am Coll Cardiol 2011. Min, et al. JAMA 2012. Nørgaard, et al. J Am Coll Cardiol 2014.
4. Patel, et al. J Am Coll Cardiol 2019.

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