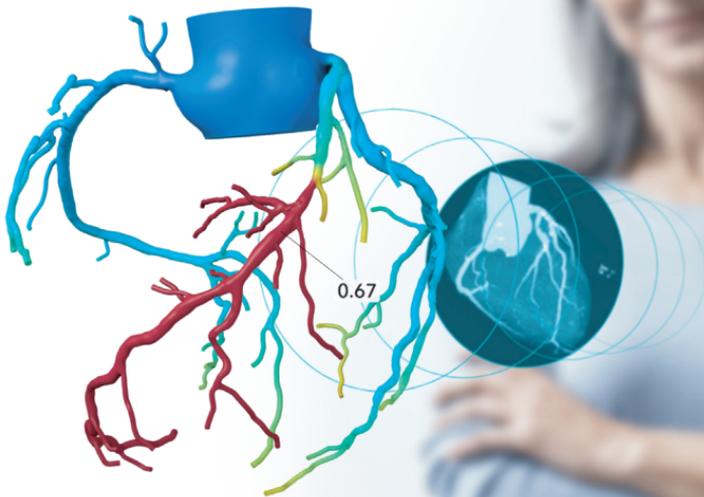




A better way to
diagnose coronary
artery disease.

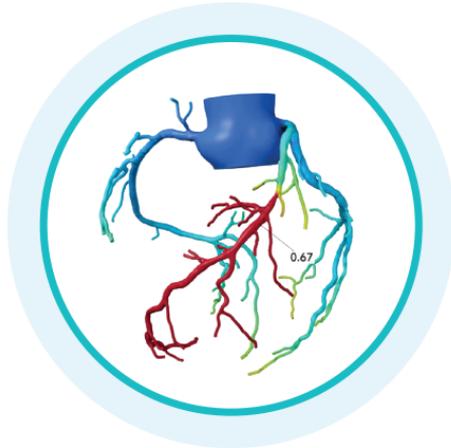


When you are experiencing symptoms of coronary artery disease, you want quick answers.

However, the most commonly used tests - SPECT and exercise stress - often don't provide enough information for a diagnosis, which could result in delays for additional testing to be completed or misdiagnosis.¹

Introducing CT-Flow

With the CT-Flow pathway, patients have access to a more accurate, non-invasive way of understanding their CAD.²





The Better Way

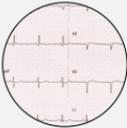
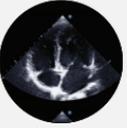
The CT-Flow pathway provides a better alternative. It combines two non-invasive technologies - a standard coronary CT scan and the HeartFlow Analysis - to provide a personalized, color-coded 3D visual of your coronary arteries. This clearly shows the impact blockages have on blood flow to your heart - information that otherwise would only be available with a riskier, invasive test.



How CT-Flow Can Help You

- Enables a more accurate diagnosis compared to other non-invasive tests ²
- Provides a streamlined experience with fewer unnecessary tests ³
- Gives clear insight into your condition with a visual model of your heart's blood flow

The Traditional Pathway

	Test Description	Patient Experience	Radiation Exposure	Diagnostic Accuracy
Exercise Stress 	Utilizes exercise with electrocardiography to understand the heart's electrical activity.	Electrodes are placed on the chest to monitor ECG, heart rate and blood pressure while exercising on a treadmill or bicycle. The process typically takes about one hour.	No radiation exposure	Lower accuracy compared to other CAD tests, no image data and often requires additional testing. ⁴
SPECT 	Uses a radioactive substance and special camera to create 3D pictures of the heart showing blood flow.	Images of the heart are taken at both rest and stress. In order to stress the heart, medication or exercise is required. The entire process can take approximately 2-4 hours.	10.4 mSv (50% more radiation than a coronary CT) ⁵	Low sensitivity leading to a high rate of disease that goes undetected (false negative results). ⁶

20-30% of patients are sent home with their disease undetected.⁷

The CT-Flow Pathway

	Description	Patient Experience	Radiation Exposure	Diagnostic Accuracy
	Combines a coronary computed tomography (CT) scan with the HeartFlow Analysis technology to provide a 3D model of the heart's blood flow.	Images are taken during a single breath-hold while the patient lies on a CT scanner bed. No stress to the heart is needed and only one patient visit is required, typically lasting about one hour.	5.1 mSv (50% less radiation than SPECT) ⁸	Highest accuracy compared to other non-invasive tests. ²

"If you have disease, you want your physician to find it and know how to treat it. Even better if you don't need an invasive, risky procedure. I'm so glad my doctor followed the CT-Flow pathway and hope others can benefit from it too."

- John, patient



CT-Flow has been
used with more than
40,000 patients
worldwide.

The CT-Flow pathway is available in hospitals worldwide, and is reimbursed by the Centers for Medicare & Medicaid Services (CMS) and most major commercial insurers in the United States.

Find a center that is offering CT-Flow near you:

www.heartflow.com/finder



www.heartflow.com/ct-flow

Brought to you by HeartFlow

The HeartFlow Analysis is a personalized cardiac test indicated for use in clinically stable symptomatic patients with coronary artery disease. The information provided by the HeartFlow Analysis is intended to be used in conjunction with the patient's clinical history, symptoms and other diagnostic tests, as well as the clinician's professional judgment. Patient symptoms must be documented in the patient's medical record. While no diagnostic test is perfect, the HeartFlow Analysis has demonstrated higher diagnostic performance compared to other non-invasive cardiac tests.¹ If you are a patient and suspect this test may be right for you, please speak with your doctor.

¹ Lu MT, et al. JACC Cardiovasc Imaging 2017.

² Driessen, et al. J Am Coll Cardiol 2019; Norgaard, et al, Euro J Radiol 2015.

³ Douglas, et al. J Am Coll Cardiol 2016.

⁴ Patel, et al. N Engl J Med 2010. Patel, et al. AHJ 2014.

⁵ Stocker, et al. Euro Heart J 2018.

⁶ 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.

⁷ Arbab-Zadeh, HeartInt 2012. Yokota, et al. NethHeart J 2018. Nakanishi, et al. J NuclCardiol 2018.