

The Modern Way to Diagnose
Coronary Artery Disease

Unlocking the Power of Coronary CTA

With the CT-Flow pathway, physicians can more accurately diagnose patients with suspected coronary artery disease (CAD).¹ The pathway combines two powerful technologies – coronary CTA (CCTA) and the HeartFlow Analysis – to provide functional information non-invasively.

What makes the CT-Flow pathway better?

To address the current gaps in cardiac diagnostic testing, the CT-Flow pathway:

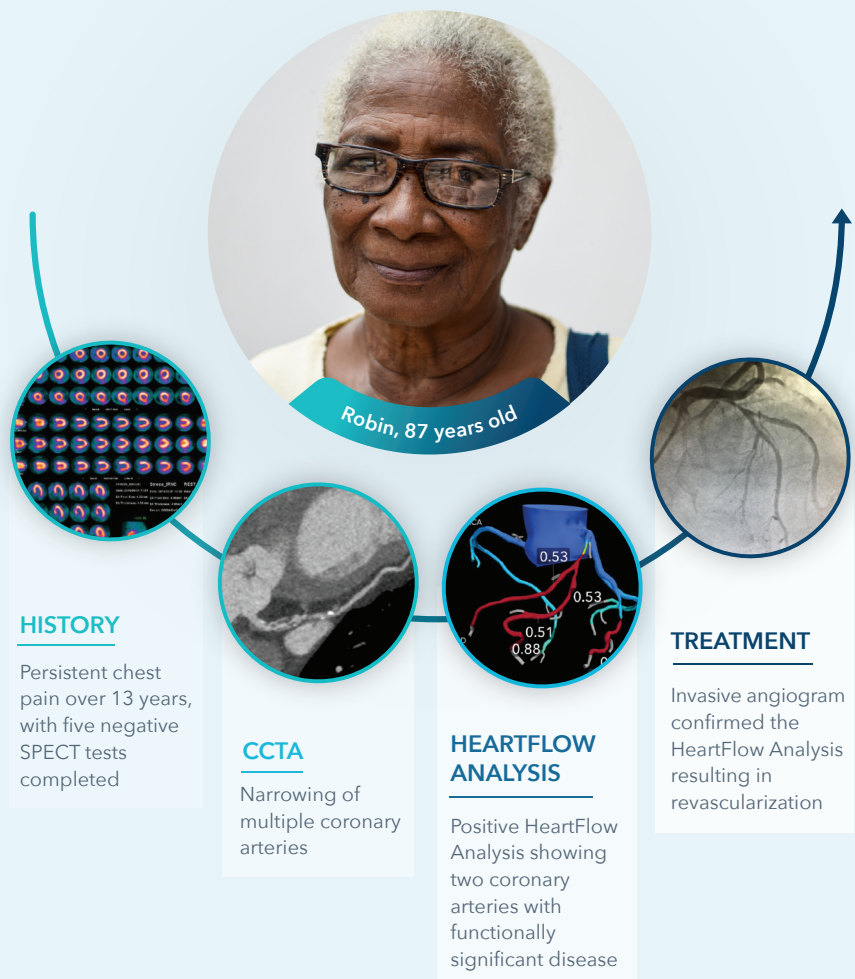
- Delivers better per-vessel diagnostic performance than other non-invasive cardiac tests¹
- Identifies functional disease other non-invasive cardiac tests may overlook^{1,2}
- Limits unnecessary invasive testing³
- Reduces radiation exposure by up to 50% (compared to a SPECT test)⁴

Patient Story

Robin

Robin, 87, presented with a history of persistent chest pain and repeated negative SPECT tests. After thirteen years of symptoms, her physician recommended the CT-Flow pathway and identified significant disease that required invasive treatment.

Following the CT-Flow pathway first, Robin's disease may have been diagnosed years earlier.



* Patient story is based off of a real patient case, and the name has been changed to protect patient privacy.

55%

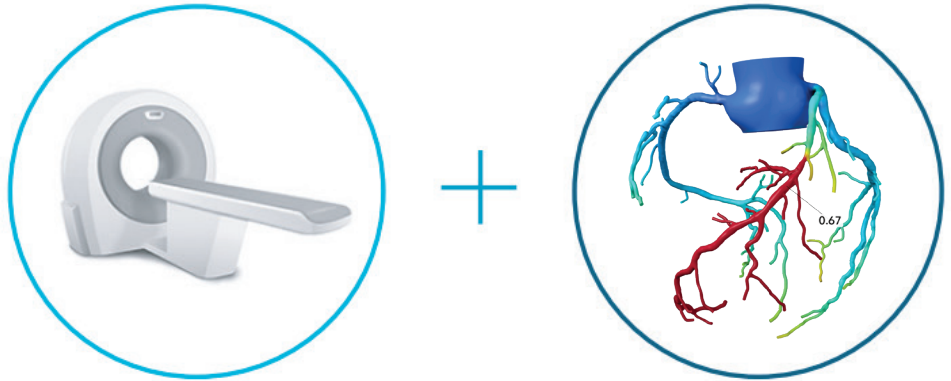
of patients sent for an elective ICA (diagnostic cath) do not have obstructive CAD³

20-30%

of patients are sent home with their disease undetected⁷

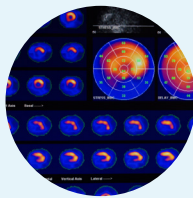
How does the CT-Flow pathway work?

The CT-Flow pathway begins with a CCTA. If the physician sees disease, the CT images are sent to HeartFlow where AI algorithms, computational fluid dynamics and trained analysts create the HeartFlow Analysis. This personalized, color-coded 3-D model of a patient's coronary arteries provides functional information about each blockage and a clearer picture of their heart health.

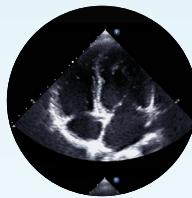


How do non-invasive CAD tests compare?

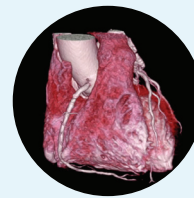
SPECT



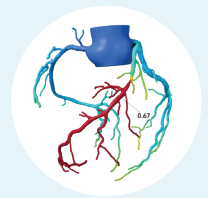
Stress Echo



Coronary CTA



CT-Flow



	SPECT	Stress Echo	Coronary CTA	CT-Flow
Diagnostic Performance *	Sensitivity: 0.42 Specificity: 0.97 AUC: 0.79 ¹	Sensitivity: 0.77 Specificity: 0.75 AUC: 0.70 ⁶	Sensitivity: 0.68 Specificity: 0.83 AUC: 0.83 ¹	Sensitivity: 0.90 Specificity: 0.86 AUC: 0.94 ¹
Disadvantages ¹⁻⁶	Low sensitivity; high rate of false positives; higher radiation exposure; lacks anatomic data	Low sensitivity; often requires additional testing; lacks anatomic data	High sensitivity with low specificity leads to overutilization of invasive testing; no functional information	Requires CCTA; Currently not as well known as other tests
Advantages ¹⁻⁶	Accessible; high specificity; standard of care	Safe; highly informative	High sensitivity identifies CAD; provides anatomic data	More accurate than other non-invasive tests; anatomic and functional information; lower radiation; single patient visit

* Diagnostic performance of SPECT, CCTA and FFR_{CT} evaluated in a head-to-head comparison for the identification of ischaemia.

FAQs

Q. How accurate is the CT-Flow pathway?

A. The CT-Flow pathway provides the highest diagnostic performance available from a non-invasive test to help identify functional disease.¹ This pathway leads to targeted treatment plans and a more streamlined patient experience.

Q. How can I best incorporate CT-Flow into my practice?

A. Physicians can use the CT-Flow pathway for any clinically stable symptomatic patient with CAD. The pathway requires access to a standard CT scanner and an institution that offers the HeartFlow Analysis. Find a center near you with our finder tool: www.heartflow.com/heartflow-finder or contact your local HeartFlow representative.

Q. How quickly will I get the analysis?

A. Within hours, physicians can receive the HeartFlow Analysis, which is available on desktop and mobile.

Q. How will my patients benefit?

A. CT-Flow offers a streamlined workflow that reduces unnecessary invasive testing and radiation exposure, and provides more accurate information about their condition compared to other non-invasive cardiac tests.^{1,2,3,4} The highly visual, color-coded model resonates well with patients and can help increase adherence to treatment plans.

Q. Is CT-Flow approved and covered?

A. Both CCTA and the HeartFlow Analysis, the two steps of the CT-Flow pathway, are commercially available. The HeartFlow Analysis is FDA cleared and reimbursed by CMS and most major commercial insurers. It's currently available at more than 200 institutions worldwide – in the United States, United Kingdom, Europe, Canada and Japan – and has been used for more than 30,000 patients to date.



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

² 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.

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

⁴ Stocker, et al. Euro Heart J 2018.

⁵ Curzen, N.P., et al., J Am Coll Cardiol 2016. Newby D.E., et al. N Engl J Med 2018.

⁶ Danad, et al., Euro Heart J 2017.

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