

Coronary Artery Disease is Complicated and Dangerous.

Heart disease is the leading cause of death in the United States, killing **1 in 4 people**.

Coronary artery disease (CAD) is the most common type and occurs when arteries that supply blood to the heart become narrowed with blockages.

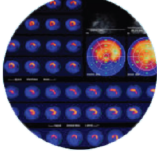
The problem is that the patient journey to a CAD diagnosis can be long and challenging. Traditional testing options can be costly, time-intensive and lead to conflicting results that don't always enable clear treatment paths.

Testing for CAD Doesn't Always Lead to a Clear Diagnosis.

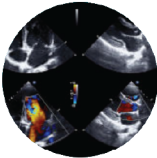
When a patient is experiencing symptoms that could be related to CAD, their doctor may order a series of non-invasive tests, including:



Exercise stress test (EKG): Utilizes exercise with electrocardiography to understand the heart's electrical activity.

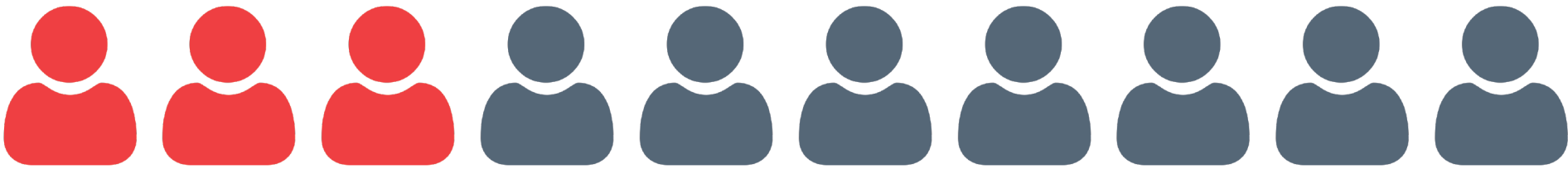


SPECT stress test: Uses nuclear imaging to compare blood flow at rest and under exercise or medication-induced stress.



Stress echocardiogram: Uses sound waves to take ultrasound images of the heart to compare performance at rest and under exercise or medication-induced stress.

20-30% of patients are sent home with their disease undetected.¹



There are **advantages and disadvantages** for each CAD test.

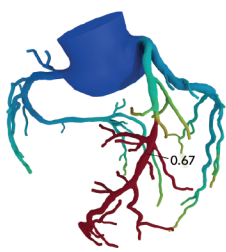
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Exercise stress test (EKG)	<ul style="list-style-type: none">• No radiation exposure• Readily accessible	<ul style="list-style-type: none">• Lower accuracy compared to other CAD tests²• Often requires additional testing
SPECT stress test	<ul style="list-style-type: none">• Accessible and well-known	<ul style="list-style-type: none">• Low sensitivity leading to a high rate of disease that goes undetected (false negative results)³• High radiation exposure⁴
Stress echocardiogram	<ul style="list-style-type: none">• No radiation exposure	<ul style="list-style-type: none">• Does not provide information about blockages in the heart's arteries

The problem with these options is that they often lead to sending the patient for an invasive coronary angiogram.



Today, there is a new option available that can make the testing process more streamlined - the **HeartFlow Analysis**.



This test applies artificial and human intelligence to a standard non-invasive coronary CT scan to create a personalized, 3D model of the coronary arteries. Each Analysis shows the impact that blockages have on blood flow to the heart, giving doctors the detailed information needed to determine the severity of CAD.

The HeartFlow Analysis has the highest accuracy compared to other non-invasive tests and has been proven to reduce the number of unnecessary tests and procedures.^{5,6}

It's important to understand each test and have an open dialogue with your doctor about what's right for you.

To learn more, visit: www.heartflow.com/patients



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 tests¹. If you are a patient and suspect this test may be right for you, please speak with your doctor.

¹Arbab-Zadeh, HeartInt 2012. Yokota, et al. NethHeart J 2018. Nakanishi, et al. J NuclCardiol 2016.
²Patel, et al. N Engl J Med 2010. Patel, et al. AHJ 2014.
³Melikian, 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.
⁴Stocker, et al. Euro Heart J 2018.
⁵Douglas, et al. J Am Coll Cardiol 2016.
⁶Driessen, et al. J Am Coll Cardiol 2019; Norgaard, et al, Euro J Radiol 2015.