# HeartFlow Information Kit

For potential patients and caregivers



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This HeartFlow Information Kit is intended to help potential patients who are experiencing symptoms of coronary artery disease (CAD), or their caregivers, who are interested in the HeartFlow Analysis as a testing option. Included in this kit:

- · Eligibility for getting the HeartFlow Analysis
- · Frequently Asked Questions About the HeartFlow Analysis
- Preparing for your doctor's appointment: Tips & Common Questions

### Eligibility for Getting the HeartFlow Analysis: Is it Appropriate for Me?

If you are experiencing symptoms of CAD, the HeartFlow Analysis may be appropriate for you. It is important to discuss your symptoms with your doctor. The following CAD symptoms are the most common, but they can vary in frequency and in how they present between individuals.

- **Chest pain or uncomfortable pressure:** Angina is the medical term for pain, pressure or tightness you may feel in the middle or left side of your chest. Sometimes, it may feel like indigestion or heartburn. Symptoms typically last a few minutes and are relieved by rest or medication. It can accompany physical or emotional stress and may be an indication of CAD.
- Pain or discomfort in one or both arms: In addition to chest pain or pressure, you may feel pain in your arms, back, shoulder, neck or jaw. In women, pain in these areas is often short-lived and sharp.
- **Shortness of breath:** If you experience difficulty breathing or unusual fatigue with exertion, that may also mean your heart is not receiving enough blood through the coronary arteries.
- Lightheadedness, nausea or a cold sweat: Breaking out in a cold sweat for no apparent reason can be a symptom of CAD. Excessive sweating may be accompanied by dizziness, light-headedness, extreme weakness or nausea.

HeartFlow is recognized within the American College of Cardiology and American Heart Association Chest Pain Guidelines to help guide treatment for patients with heart disease.

## Frequently Asked Questions About the HeartFlow Analysis

#### How is the test performed?

The process begins with a standard CT scan of your heart to look for blockages. If the scan shows disease or your doctor needs additional information, your doctor may order a HeartFlow Analysis. There is no additional testing required.

#### What information does the test provide?

The HeartFlow Analysis is a personalized, color-coded 3D model of your coronary arteries, showing how the blockages are impacting blood flow. The model gives your doctor the detailed information needed to better understand the severity of disease and determine the next step in your treatment plan. Most importantly, it provides more accurate information compared to other non-invasive cardiac tests.<sup>1</sup>

#### What are the risks?

Because the HeartFlow Analysis is a technology that uses your CT scan, there is no additional risk to you.

#### What are the benefits?

- Enables a more accurate diagnosis of CAD compared to other non-invasive tests.<sup>1</sup>
- Provides <1% chance of missing disease.<sup>2</sup>
- Non-invasive, therefore imposing less risk.
- Provides a streamlined experience with fewer unnecessary tests and outpatient visits.<sup>3</sup>
- No additional radiation exposure.

#### How do I request the HeartFlow Analysis?

To request the HeartFlow Analysis, ask your cardiologist or primary care physician if it would be appropriate for you.

#### What are the next steps after getting my HeartFlow Analysis?

After your HeartFlow Analysis is completed, your physician will review the model generated of your coronary arteries with you to determine whether medical management or an invasive procedure is necessary.

#### What will happen if I choose not to get the HeartFlow Analysis?

If your doctor recommends the HeartFlow Analysis after reviewing your CT scan and you decline it, the next step may be an invasive diagnostic procedure to determine the severity of disease.

#### If I authorize the HeartFlow Analysis, am I guaranteed to get the test?

Not all patients who agree to the HeartFlow Analysis will be a candidate for the test. Most often, this will occur if the CT scan provides enough information by itself to help your physician determine the next step in your treatment plan.

#### Is it covered by my insurance?

The HeartFlow Analysis is reimbursed by the Centers for Medicare and Medicaid Services (CMS) and most major commercial insurers. To verify that it is covered by your insurance plan, ask your doctor's office.

#### Is the HeartFlow Analysis offered near me?

To find out if the HeartFlow Analysis is offered at a hospital near you, visit www.heartflow.com/finder. Some locations are not listed on the website, so if you do not see a nearby site, call 1-877-478-3569 for a comprehensive list.

# Preparing for Your Appointment: Tips & Common Questions

When you are experiencing symptoms of CAD, yet have not received a diagnosis, it is normal to feel concerned and overwhelmed. The first step in receiving a diagnosis is to schedule an appointment with your Primary Care Physician or Cardiologist. This tip sheet is intended to help you prepare for your doctor's appointment and guide you through the process with common questions to consider asking during the visit.

#### Before your appointment

- Get copies of your recent medical records and test results. The written reports and digital films are the best for doctors to review.
- · Compile a list of your medications, including any vitamins and supplements.
- · List your cardiac risk factors, family history is especially important.
- Write down your symptoms and when they occur, as well as what triggers or calms them.
- · Consider bringing a family member or friend to your appointment to help take notes.
- Write down questions and concerns that you have.

#### Questions to ask your doctor about the HeartFlow Analysis:

- · Am I a candidate for the HeartFlow Analysis?
- What are the pros and cons?
- · How accurate is it compared to alternative tests?
- · What does the test involve?
- · When will I get the results?



#### If you are given a diagnosis:

- What is the diagnosis?
- What does it mean for me and my family?
- What lifestyle changes do I need to make?
- · What are the risks associated with my condition?

#### If a treatment is suggested:

- Why do I need this treatment?
- · What are the possible risks and benefits to this treatment?
- · Are there any alternatives?
- · What if my symptoms persist after treatment?

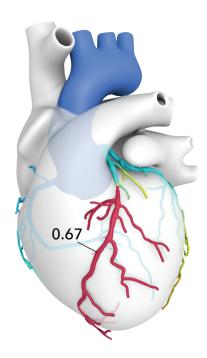
#### At the end of your appointment

- Find out when you will need to follow up with your doctor.
- Ask what the symptoms or warning signs are of needing an earlier follow-up.
- · Get the contact information for who to call or email if questions arise.

Patients are their own best advocate and it is important to take an active role in your care plan. Schedule an appointment with your doctor to understand your options and determine if the HeartFlow Analysis is right for you.

# If you have additional questions about the HeartFlow Analysis, contact our HeartFlow representative: 1-877-478-3569





Notes & Questions for Your Appointment							


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.<sup>1</sup> If you are a patient and suspect this test may be right for you, please speak with your doctor.

<sup>1</sup> Driessen, et al. J Am Coll Cardiol 2019; Norgaard, et al, Euro J Radiol 2015. | <sup>2</sup> Hecht, H., et al., *Should NICE guidelines be universally accepted for the evaluation of stable coronary disease? A debate.* Euro Heart J 2019. DOI: 10.1093/eurheartj/ehz024. <sup>3</sup> Douglas, et al. J Am Coll Cardiol 2016.



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