THE FISH&CHIPS STUDY

Real-world study reveals significant reduction in all-cause and cardiovascular mortality.

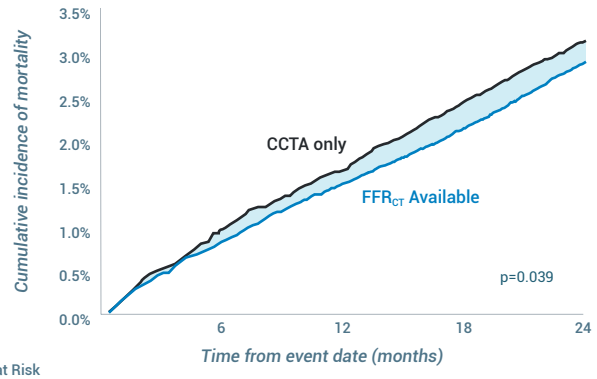
STUDY OVERVIEW

A real world, multi-center, retrospective study including more than **90,000 patients** assessing at a national level the incremental impact of adding FFR_{CT} to a CCTA-first diagnostic paradigm for evaluating and managing coronary artery disease (CAD). The study was conducted in England and was funded by UK Medical Research Council (MRC).

PRIMARY ENDPOINT

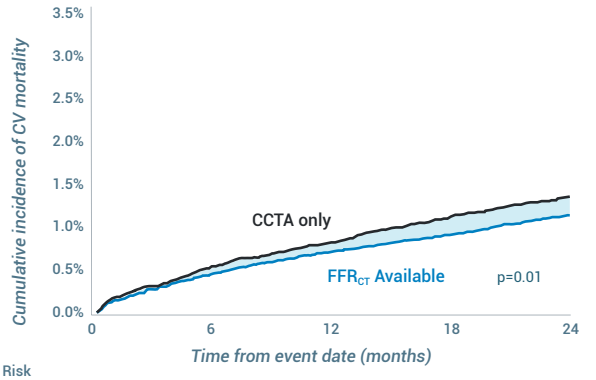
- Significant reduction in **all-cause and cardiovascular mortality** during the time period in which FFR_{CT} was available, as compared to the time period where FFR_{CT} was not available.
- No difference in **fatal or non-fatal MIs** was found between the two time periods.

8% relative reduction in all-cause mortality at 2 years



No. at Risk					
CCTA only	35,688	35,317	35,075	34,807	34,554
CCTA + FFR_{CT}	54,865	54,631	53,996	53,660	53,253

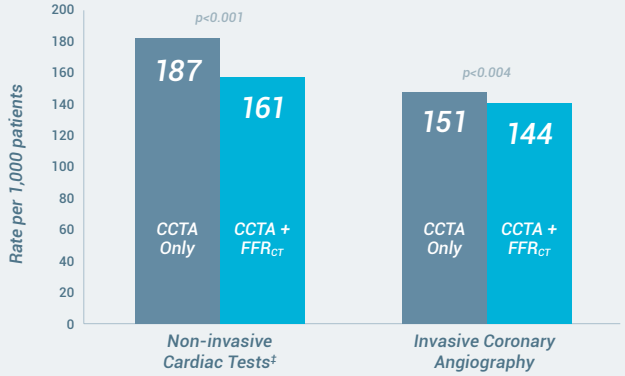
14% relative reduction in cardiovascular mortality at 2 years



No. at Risk					
CCTA only	35,688	35,317	35,075	34,807	34,554
CCTA + FFR_{CT}	54,865	54,361	53,996	53,660	52,346

SECONDARY ENDPOINTS

Impact on Additional Cardiate Testing†



⇩14% relative NIT reduction

⇩5% relative ICA reduction

Cath Lab Impact

Increase in cath lab efficiency, driven by a

⇩5% relative ICA reduction*

⇧8% relative PCI increase*

High Prognostic Value

Patients with severely abnormal FFR_{CT} values (≤0.50) had

2x risk of all-cause death*

3x risk of CV death*

3x risk of non-fatal MI*

*p<0.01
†Cardiac testing AFTER the initial CCTA.
‡Includes cardiac MRI, echo, nuclear medicine, and CCTA.

STUDY DESIGN

- Pragmatic real world multi-center, retrospective, observational analytic cohort study design
- 90,553 patients underwent a CCTA at 25 NHS sites in England
- All patients received a CCTA either before or after the adoption of FFR_{CT}. FFR_{CT} was made available under the NHS England's Innovation and Technology Payment (ITP) program
- 7,836 patients in time period 2 received FFR_{CT} (14.3% of time period 2 patients, 8.7% overall)

TIME PERIOD 1

FFR_{CT} not available

n=35,688

Coronary CTA

+/-

Additional Cardiac Testing

TIME PERIOD 2

FFR_{CT} available

n=54,865

Coronary CTA

FFR_{CT}

+/-

Additional Cardiac Testing

90 DAY, 12 AND 24 MONTH FOLLOW-UP

Clinical Outcomes

Downstream Resource Utilization

Financial Impact

Financial data has not yet been presented.

The FISH&CHIPS Study, Fairbairn, et al. Presented at ESC 2023.

The HeartFlow FFR_{CT} Analysis technology is an AI-based medical device software for the clinical quantitative and qualitative analysis of previously acquired Computed Tomography (CT) DICOM data for patients with suspected coronary artery disease. It provides the calculations of FFR_{CT}, a coronary physiological simulation, computed from simulated pressure, velocity and blood flow information obtained from a 3D computer model generated from static coronary CT images.

The HeartFlow FFR_{CT} Analysis is provided to support qualified clinicians to aid in the evaluation and risk assessment of coronary artery disease. The information provided by the HeartFlow FFR_{CT} Analysis is intended to be used by qualified clinicians in conjunction with the patient's clinical history, symptoms, and other diagnostic tests, as well as the clinician's professional judgment. The HeartFlow FFR_{CT} Analysis may not be appropriate for all patients. See the respective indications for use for more information.

The HeartFlow FFR_{CT} Analysis has received FDA Clearance, is CE-Marked, and is commercially available in the United States, United Kingdom, Europe, Japan, and Canada.

331 E Evelyn Ave, Mountain View, CA 94041
ph: +1.650.241.1221 | info@heartflow.com | heartflow.com

HeartFlow®