FOR IMMEDIATE RELEASE

**[NAME OF FACILITY] Adopts HeartFlow Analysis, a Novel Diagnostic Tool for Heart Disease**

*Incorporating a HeartFlow FFRCT  analysis can help more accurately determine if a person with suspected coronary artery disease (CAD) should be treated for heart disease.*

[HOME TOWN, STATE OF FACILITY] – [MONTH] [DATE], [YEAR] – [NAME OF FACILITY] now offers a proven, non-invasive diagnostic option for people with suspected heart disease living in [REGION]. Using CT images combined with CT-derived fractional flow reserve (FFRCT) is a non-invasive clinical pathway that helps diagnose CAD. Trained analysts and AI algorithms create an anatomical model of a person’s heart that helps physicians visualize the blood flow and detect stenosis, or plaque that obstructs the blood flow.

Heart disease is the leading cause of death for adults in the United States, and CAD is the most common type of heart disease, affecting nearly half the adult population.1,2 CAD develops when the arteries leading to the heart narrow or become blocked, which may lead to a reduction in blood flow to the heart. This can cause chest pain, heart attacks and death. Identifying exactly where and how an artery is blocked or clogged can help improve a person’s treatment plan -- including whether or not an intervention is needed.

Despite CAD being the most common form of heart disease, studies have shown there is a need to improve how and when CAD is evaluated and diagnosed. Many of the non-invasive tests available today offer a low accuracy rate in detecting CAD. About 4 million diagnostic tests are conducted on patients with chest pain suspected of having CAD each year in the U.S. -- many of which are unnecessary.2

“Historically, we have been faced with either using tests that were frequently inaccurate or putting a patient through an invasive procedure just to determine whether they would need another invasive procedure to restore blood flow,” said Dr. [INSERT FIRST, LAST NAME], [INSERT TITLE] of [INSERT FACILITY NAME]. “The HeartFlow FFRCT Analysis completely changes this paradigm, providing essential information that can help us determine the right approach for a patient through a convenient, non-invasive platform.”

**Recognized by professional guidelines; backed by data**

The HeartFlow FFRCT Analysis offers the highest diagnostic accuracy available from a non-invasive test.3  Additionally, in clinical trials, using the HeartFlow FFRCT Analysis helped identify which patients do and do not need invasive treatment.4 The use of the HeartFlow FFRCT Analysis also reduced the cost of care by 26% compared to usual care.5

Professional guidelines, such as the ACC/AHA chest pain guidelines, recognize the combination of CCTA with selective FFRCT as a front-line pathway that helps diagnose CAD. This pathway was recently shown to be the superior diagnostic pathway in the PRECISE trial for suspected CAD compared to Traditional Testing.\*

**The CCTA + HeartFlow FFRCT Pathway:**

1. **allows for more accurate non-invasive diagnosis**, significantly lowering the rates of false negatives and false positives compared to Traditional Testing in patients with coronary artery disease.
2. **reduces unnecessary tests**, providing a better patient experience, with a 4x reduction in unnecessary invasive catheterization and necessitating fewer initial diagnostic tests overall.
3. **provides confidence in treating the right patients** - 75% more likely to identify patients in need of intervention.

**HeartFlow FFRCT Analysis on our Community**

“The HeartFlow FFRCT Analysis will help us develop the most appropriate treatment plan for a patient with coronary artery disease without the need for unnecessary and stressful procedures,” [INSERT NAME] said. “This is game-changing technology that will be beneficial for both our patients and the organization.”

About [INSERT FACILITY NAME]

[INSERT BOILER PLATE]

*\*Traditional Testing means functional stress testing /direct to ICA*

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1 https://www.cdc.gov/heartdisease/facts.htm

2 Gulati et al., Circ 2021.

3 Driessen, et al. J Am Coll Cardiol 2019.

4 Douglas, et al., Euro Heart J 2015.

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

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