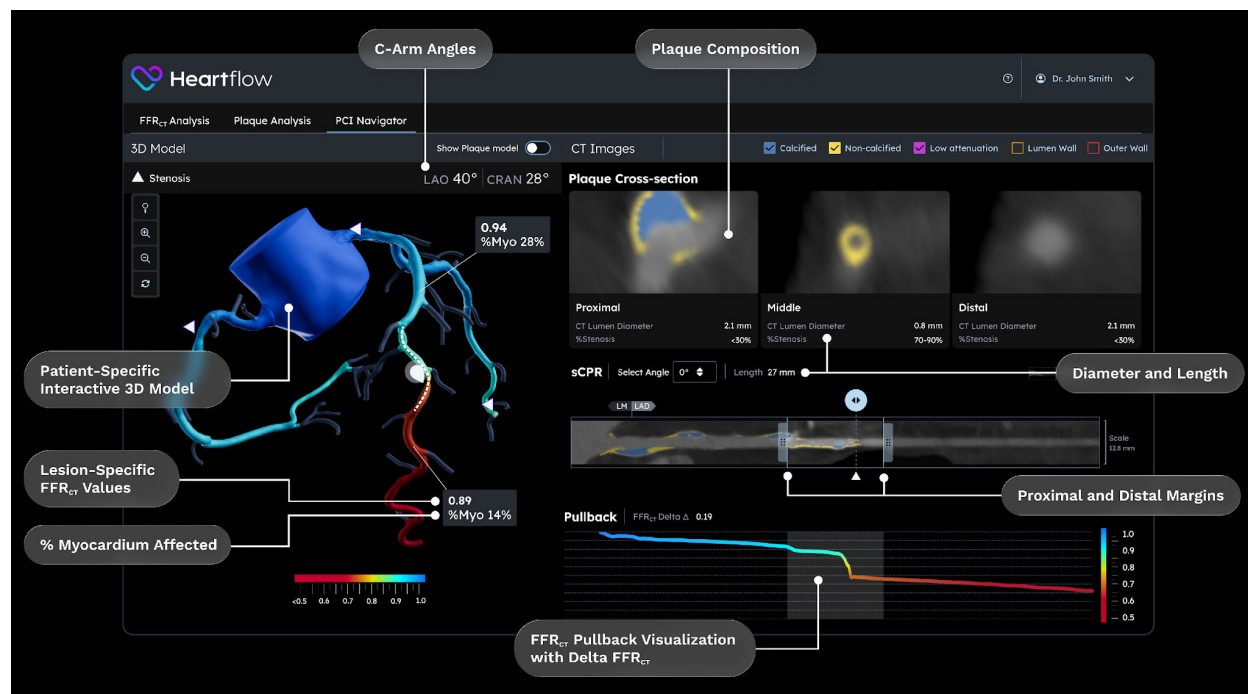


FOR IMMEDIATE RELEASE

[FACILITY NAME] Introduces AI-Powered Planning with Heartflow PCI Navigator to Enhance Precision of Heart Stenting Procedures

Innovative technology prepares interventional cardiologists for percutaneous coronary interventions before procedures begin

[CITY, STATE OF FACILITY] – **[MONTH] [DATE], [YEAR]** – **[FACILITY NAME]** now offers Heartflow PCI Navigator, the newest addition to the Heartflow One platform, which supports cardiologists in the diagnosis, management and treatment of patients throughout the spectrum of coronary artery disease (CAD) care. Each year in the U.S., approximately 900,000 percutaneous coronary intervention (PCI) procedures are performed,¹ with interventional cardiologists historically relying on their expertise to make real-time decisions and adjustments once the procedure is already underway. With PCI Navigator – the first and only integrated, AI-powered PCI planning tool – physicians can now confidently plan their interventional strategy with a patient-specific 3D model detailing anatomy, plaque composition and lesion-specific physiology.



Heartflow PCI Navigator User Interface and Key Features

PCI is a minimally invasive, catheter-based procedure to open narrowed or blocked coronary arteries. PCI Navigator delivers a streamlined view of essential information for cath lab decision-making by integrating all relevant insights into one seamless experience. Before this technology, gathering this information required significant

time and effort in the cath lab, and cardiologists often didn't see the inside of patients' arteries until the PCI procedure was underway. PCI Navigator gives doctors a detailed 3D map before the procedure.

PCI Navigator brings together the information interventional cardiologists need to plan procedures in a web-based interface, which may help to streamline procedures with increased efficiency and clinical confidence for both patients and staff. This includes:

- **Enhanced Precision:** The detailed, personalized 3D model of the heart's arteries can inform doctors to identify the appropriate stent size and ideal placement to more precisely plan and guide procedures.
- **Insights That Drive Efficiency:** By planning ahead, doctors have all the critical measurements (like blood flow and plaque details) integrated into one view, which can help reduce decision-making time and increase efficiency during a procedure.

"PCI has remained one of the few cardiovascular interventions performed without routine imaging for pre-procedural planning, requiring physicians to rely on real-time decision-making after the patient is already on the table," said [PHYSICIAN FIRST AND LAST NAME], M.D., [JOB TITLE] at [FACILITY NAME]. "Now, with Heartflow PCI Navigator at [FACILITY NAME], we can confidently plan and streamline procedures with relevant information before patients enter the cardiac cath lab. Ultimately, this means we are offering our patients a more precise and predictable intervention, improving their care."

CAD is often called the "silent killer" because many of the estimated 18 million adults in the U.S. living with CAD either have no symptoms or symptoms go unrecognized.^{2,3} This disease develops when plaque builds up in the arteries, narrowing or blocking vessels and restricting blood flow to the heart, which can lead to chest pain, heart attacks and death. Identifying the amount and type of plaque throughout the arteries and measuring how much an artery is blocked can help improve a patient's treatment plan, including whether intervention is needed.^{4,5}

If you've been told you have CAD, ask your cardiologist whether PCI Navigator planning is available for your procedure. To learn more about how Heartflow PCI Navigator at [FACILITY NAME] can improve your care, visit [FACILITY WEBSITE] or call [FACILITY PHONE NUMBER] to schedule an appointment with a physician.

About [FACILITY NAME]
[INSERT BOILERPLATE]

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2. Cleveland Clinic. Coronary Artery Disease. <https://my.clevelandclinic.org/health/diseases/16898-coronary-artery-disease>. Accessed April 21, 2026.
3. Stark B, Johnson C, Roth G. JACC. 2024 Apr, 83 (13_Supplement) 2320. [https://doi.org/10.1016/S0735-1097\(24\)04310-9](https://doi.org/10.1016/S0735-1097(24)04310-9)
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