



Heartflow Highlights Two Presentations at the 2020 American Heart Association Virtual Meeting

November 10, 2020

REDWOOD CITY, Calif. – November 10, 2020 — Heartflow today announced two presentations at the American Heart Association (AHA) conference being held as a virtual meeting on November 13-17, 2020.

Details for the presentations are as follows:

Title: Consideration for CCTA With or Without CT-FFR in Patients With Chest Pain

Presenter: Pamela S. Douglas, M.D., professor of research in cardiovascular diseases in the department of medicine at Duke University and director of the Multimodality Imaging Program at Duke Clinical Research Institute

Date and Time: Saturday, November 14, 2020, 10:51 AM – 10:59 AM CST

Title: Links in the Value Chain: Where AI and Machine Learning Fit In

Presenter: Geoffrey D. Rubin, M.D., chair of the department of medical imaging at the University of Arizona College of Medicine – Tucson

Date and Time: Monday, November 16, 2020, 11:10 AM – 11:18 AM CST

"We are looking forward to these presentations by Dr. Douglas and Dr. Rubin regarding the compelling evidence for the value of coronary computed tomography angiography (CTA) as the default first diagnostic test for patients with stable chest pain," said Campbell Rogers, M.D., FACC, Chief Medical Officer, Heartflow. "Heartflow is proud to be the leader in applying ground-breaking AI-driven technology to improve CAD diagnosis. Our unprecedented image data repository grows daily and now has more than 10 million annotated images. These data and our human-in-the-loop approach are used to improve our AI algorithms on an ongoing basis, which improves turnaround times for analyses and may, in the future, lead to ever-higher accuracy and new high-utility product solutions, further benefiting physicians and their patients."

About the Heartflow FFR_{CT} Analysis

The Heartflow Analysis is a non-invasive, cardiac test for stable symptomatic patients with CAD, the leading cause of death worldwide. Starting with a standard coronary CTA, the Heartflow Analysis leverages deep learning and highly trained analysts to create a digital, personalized 3D model of the heart. The Heartflow Analysis then uses powerful computer algorithms to solve millions of complex equations to simulate blood flow and provides FFR_{CT} values along the coronary arteries. This information helps physicians evaluate the impact a blockage may be having on blood flow and determine the optimal course of treatment for each patient. A positive FFR_{CT} value (≤ 0.80) indicates that a coronary blockage is impeding blood flow to the heart muscle to a degree which may warrant invasive management.

Data demonstrating the safety, efficacy and cost-effectiveness of the Heartflow Analysis have been published in more than 400 peer-reviewed publications, including long-term data out to five years. The Heartflow Analysis offers the highest diagnostic performance available from a non-invasive test.¹ To date, clinicians around the world have used the Heartflow Analysis for more than 60,000 patients to aid in the diagnosis of heart disease.

About Heartflow, Inc.

Heartflow, Inc. is a digital health company uniquely positioned at the intersection of advanced artificial intelligence and healthcare to transform how heart disease is diagnosed and treated. Our non-invasive Heartflow FFR_{CT} Analysis leverages deep learning to create a personalized 3D model of the heart. By using this model, clinicians can better evaluate the impact a blockage has on blood flow and determine the best treatment for patients. Our technology is reflective of our Silicon Valley roots and incorporates decades of scientific evidence with the latest advances in artificial intelligence. The Heartflow FFR_{CT} Analysis is commercially available in the United States, Canada, Europe and Japan. For more information, visit www.Heartflow.com.

1. Driessen, R., et al. Comparison of Coronary Computed Tomography Angiography, Fractional Flow Reserve, and Perfusion Imaging for Ischemia Diagnosis. J Am Coll Cardiol. 2019;73(2),161-73.

