

6th Annual COVADIS Summit

Cardiac PET

Marcelo F. Di Carli, MD

Executive Director, CV Imaging Program

Chief, Division of Nuclear Medicine and Molecular Imaging

Brigham and Women's Hospital

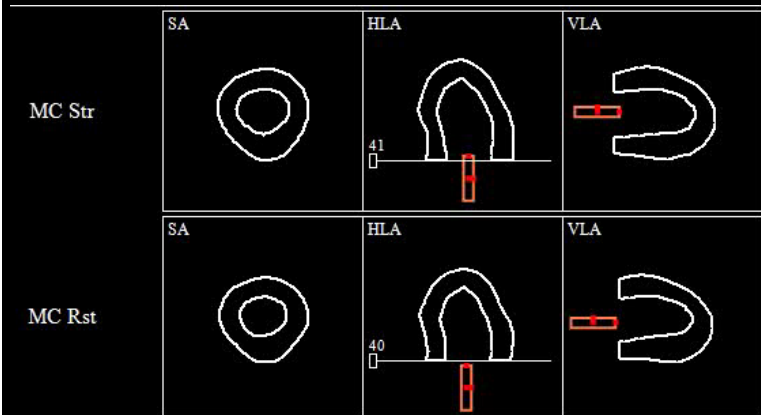
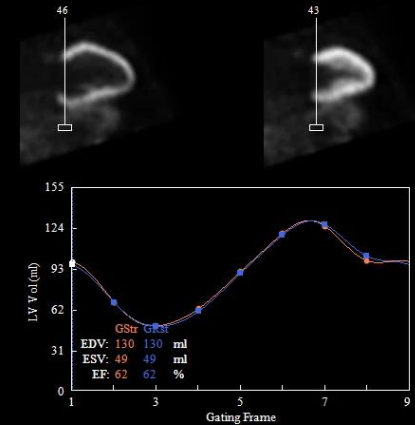
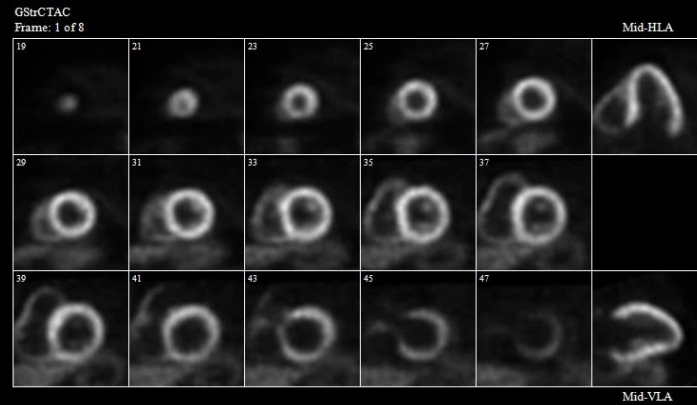
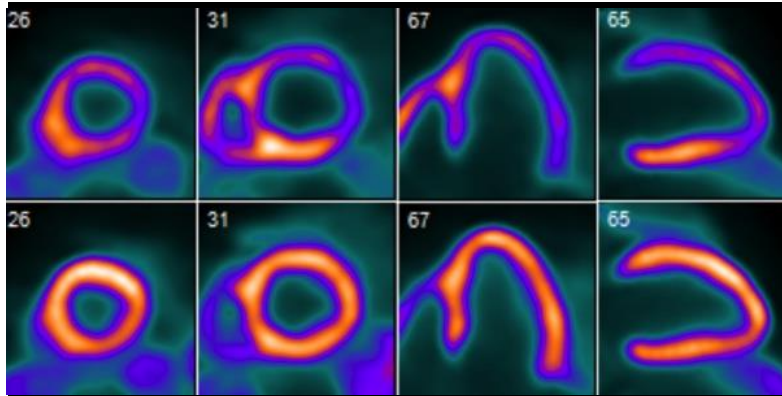
Professor of Radiology and Medicine

Harvard Medical School

PET imaging in CMD

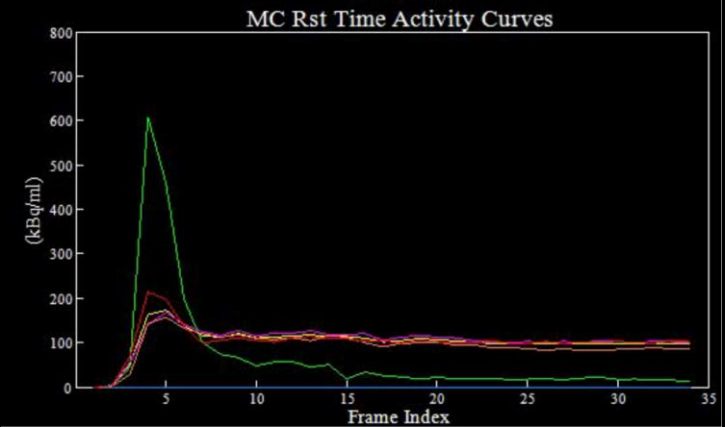
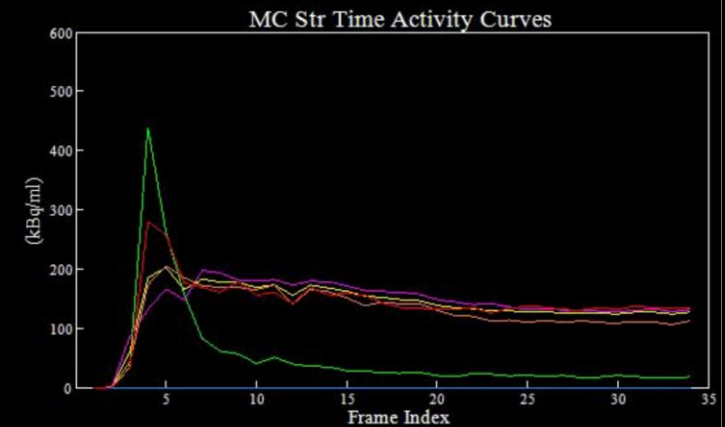
- Technical advances and integrated protocol

Technical innovation enabling clinical application of CFR quantification

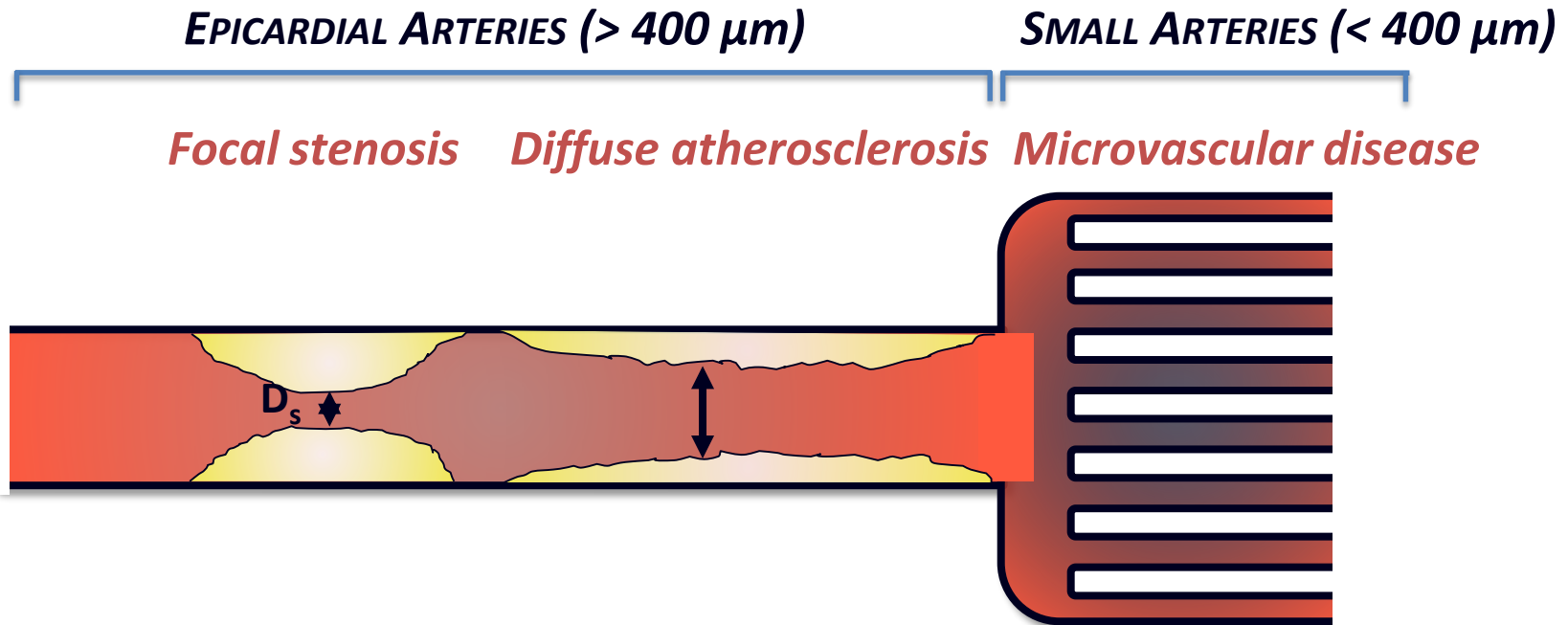


Global Results

Region	Mean		Flow (ml/min/g)		Reserve
	MC Str	MC Rst	MC Str	MC Rst	
LAD	87 %	88 %	2.76	1.14	2.42
LCX	71 %	73 %	2.99	1.06	2.82
RCA	87 %	88 %	3.90	1.04	3.76
TOT	82 %	84 %	3.03	1.09	2.78



Factors affecting the pathophysiology of myocardial ischemia and injury in stable IHD



Diffuse nonobstructive atherosclerosis: A common finding in CMD

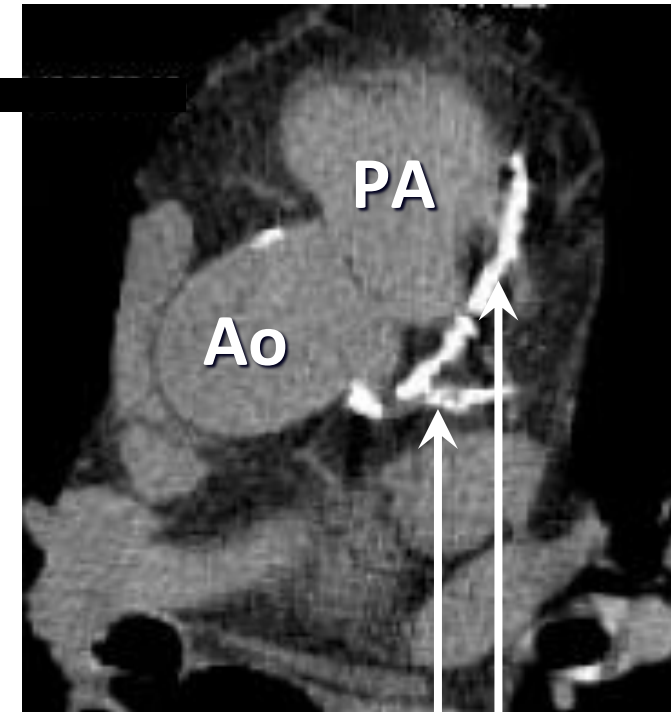
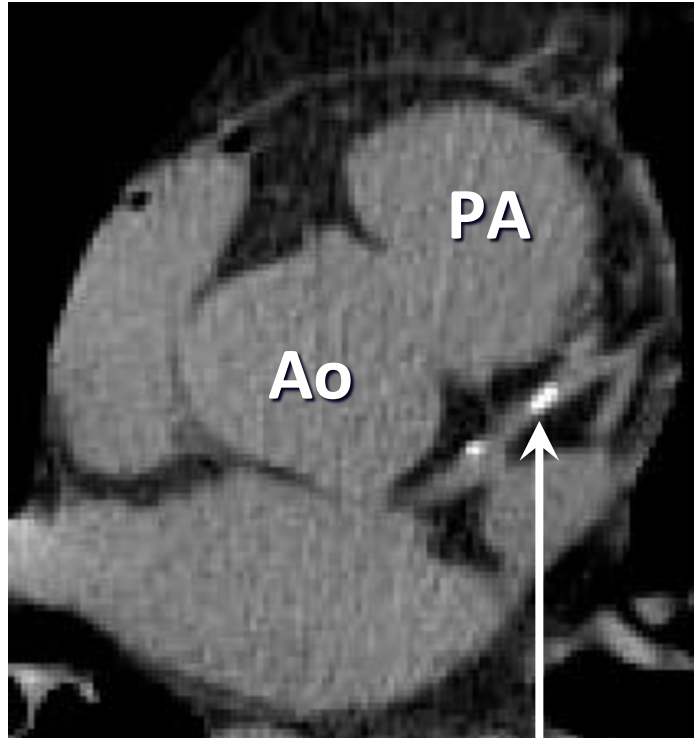
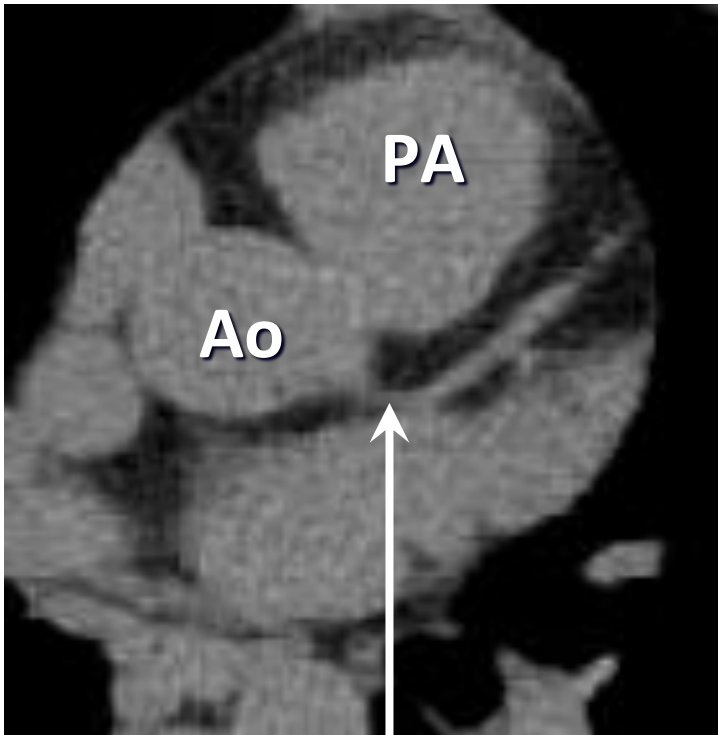
- 70-80% of patients with CMD have diffuse athero by intravascular US or coronary CT
 - Contributes to myocardial ischemia and symptoms
 - May help explain low frequency of obstructive CAD in registries and clinical trials
 - Offers an opportunity for directing specialized testing for diagnosis and management

Integrating atherosclerosis burden with CMD

No Calcification

**Moderate
Calcification**

**Severe
Calcification**

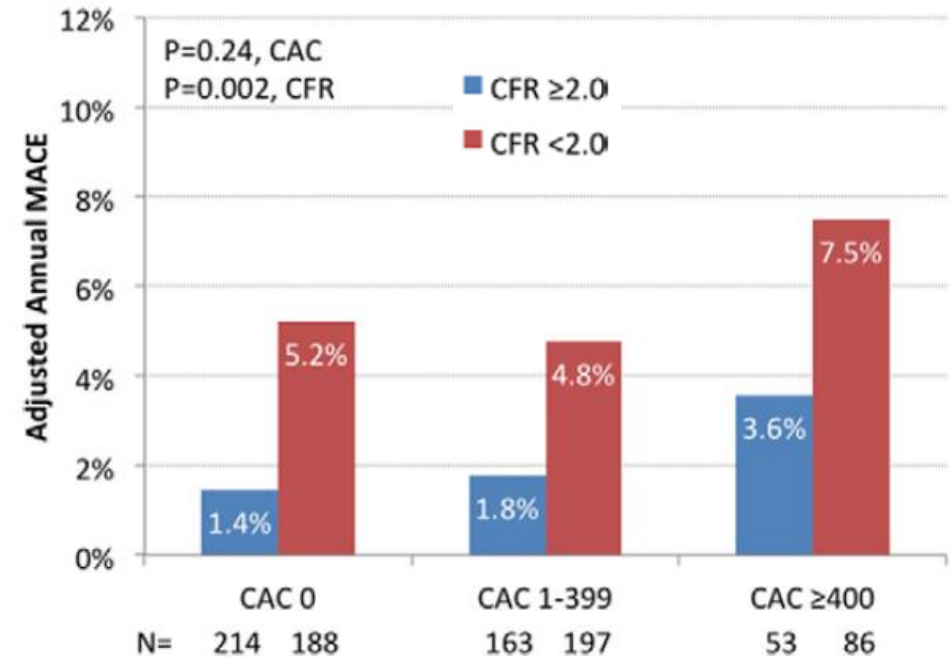
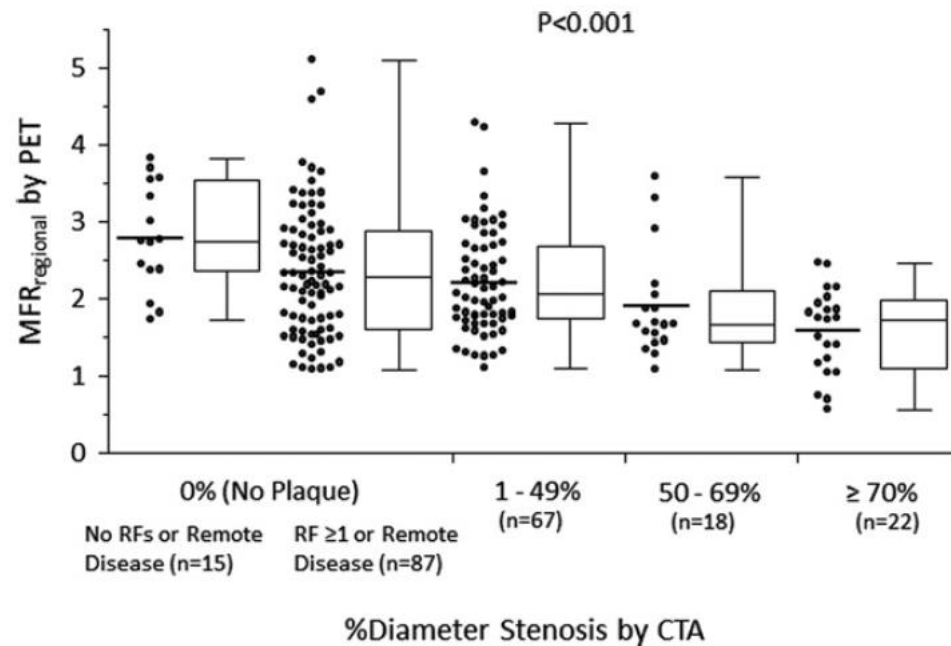


Left Main

LAD

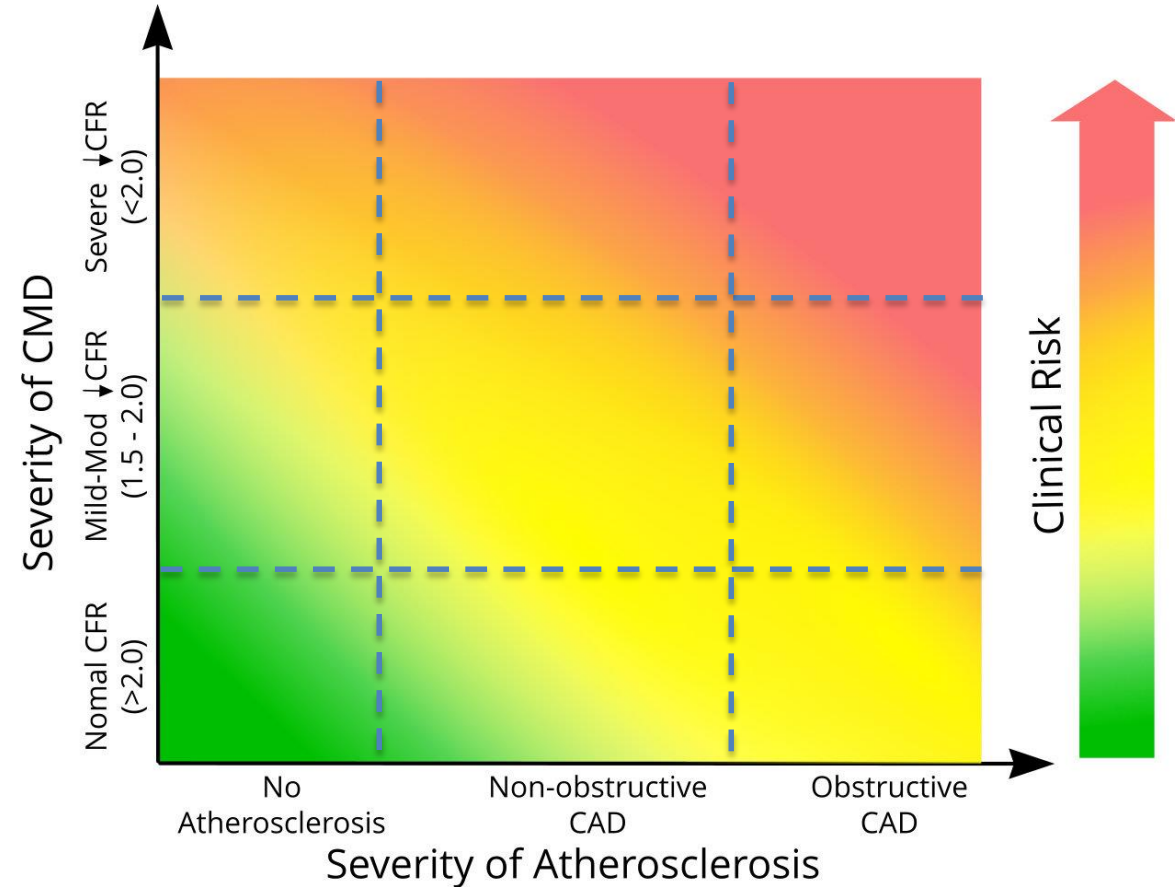
**LAD
LCX**

Interplay between atherosclerosis burden, CMD and clinical risk



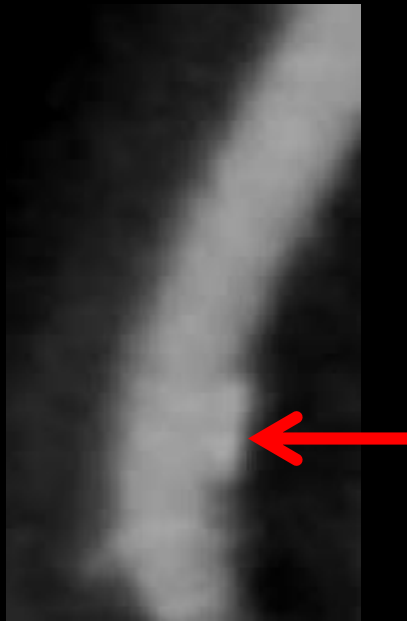
CMD, atherosclerosis burden and clinical risk

- CMD w/o atherosclerosis
 - Hypertensive and valvular heart disease, and cardiomyopathies
- CMD w/ nonobstructive CAD
- CMD w/ obstructive CAD



Nonobstructive atherosclerosis: A common finding in CMD

**Minimal
(0-25%)**



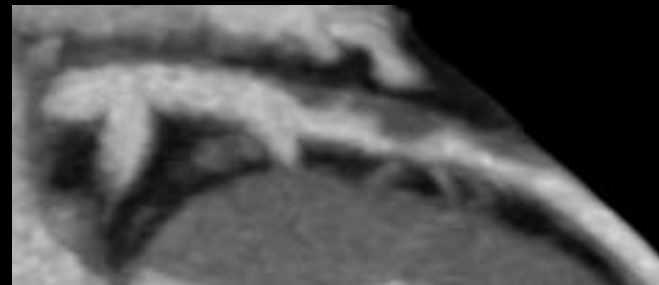
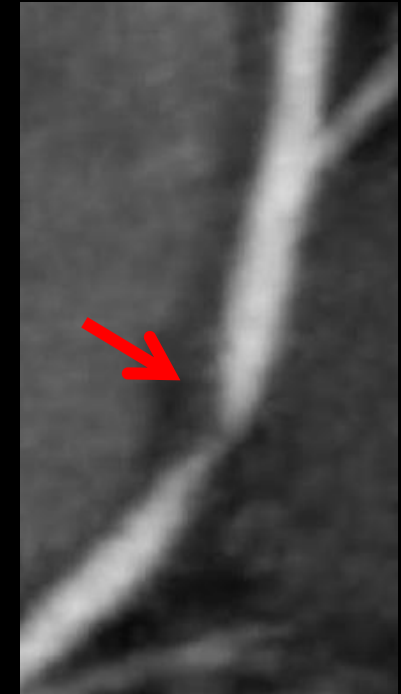
**Mild
(25-49%)**



**Moderate
(50-69%)**



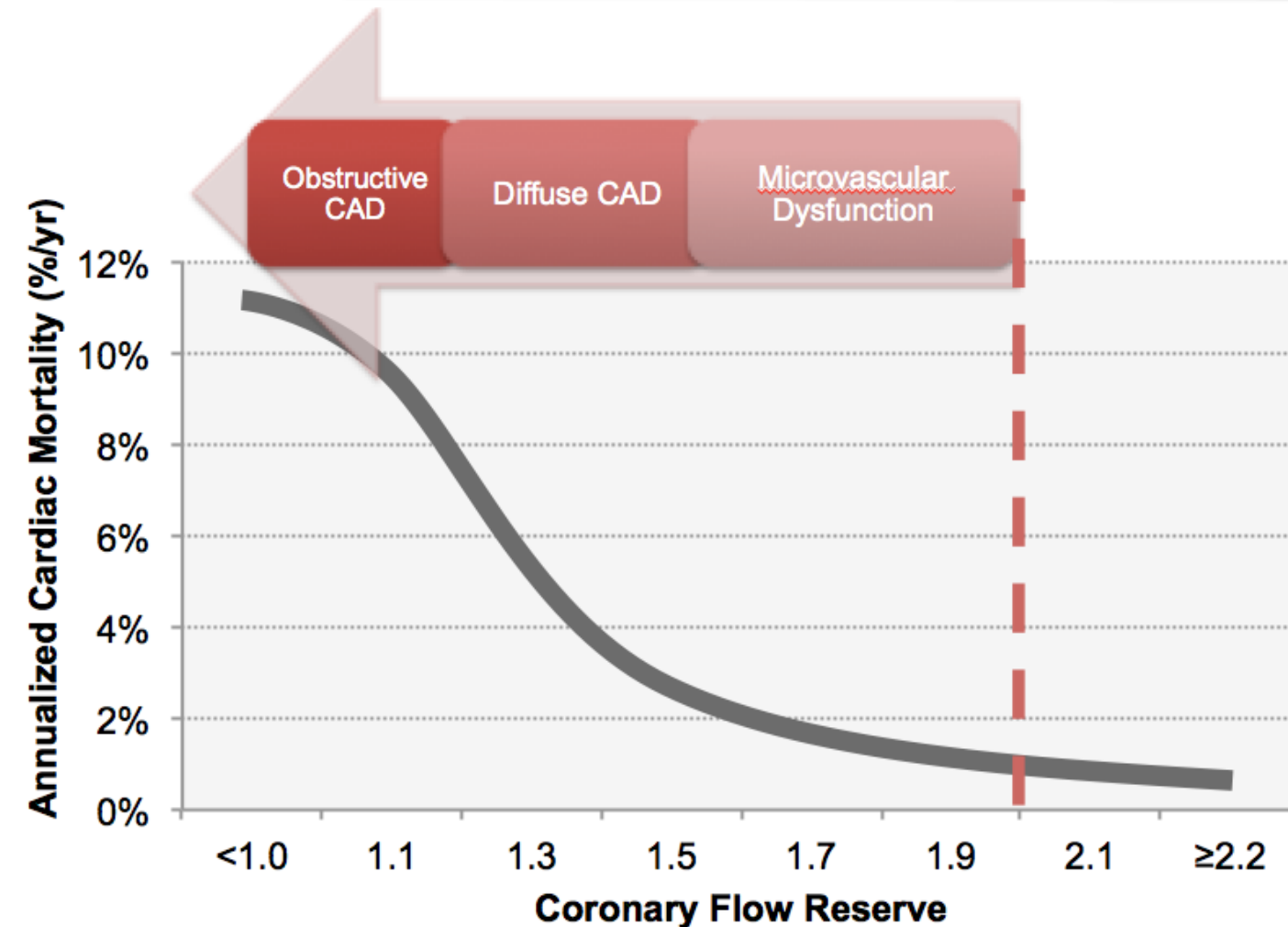
**Severe
(>70%)**



PET imaging in CMD

- Technical advances and integrated protocol
- Diagnostic features of CMD

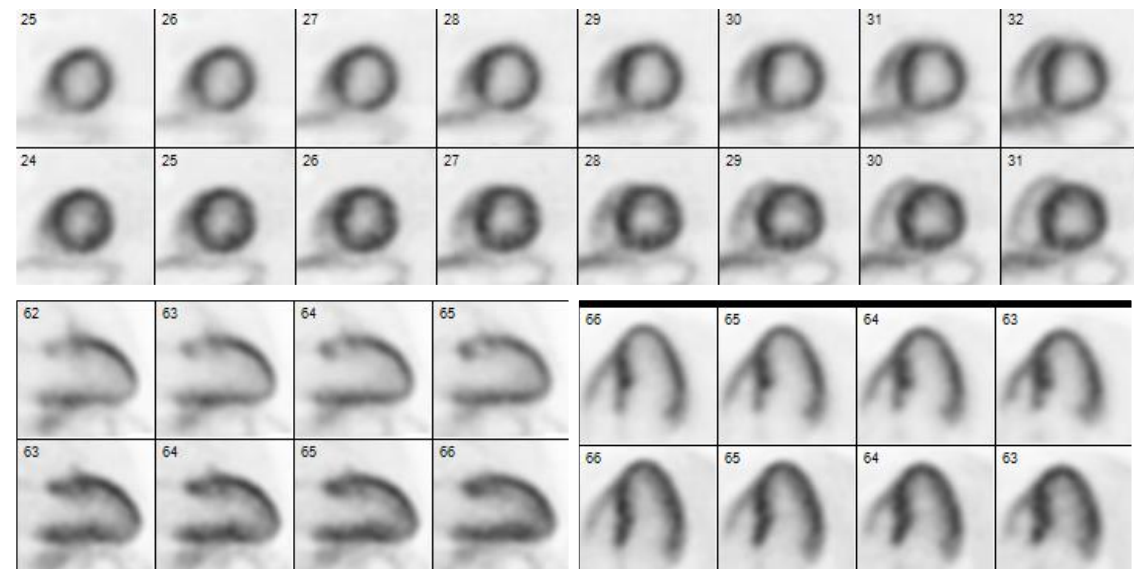
Risk-based threshold of CFR for diagnosis of CMD



- Nonobstructive CAD
- Obstructive CAD
- Isch and non-isch cardiomyopathy
- Diabetes
- Met syndrome
- CKD

Sources: Murthy VL et al. JNM 2014; 2014;55:1952-8; Taqueti & Di Carli, Curr Probl Cardiol 2016; Murthy VL, et al. Circulation. 2011;124:2215-24; Herzog et al. JACC 2009;54:150; Ziadi et al. JACC 2011;58:740; Fukushima et al. JNM 2011;52:726; Shah NR, et al. JASN 2016 Jun;27:1823-9; Taqueti VR, et al. Circulation 2015;131(6):528-35 & Circulation 2015;131(1):19-27

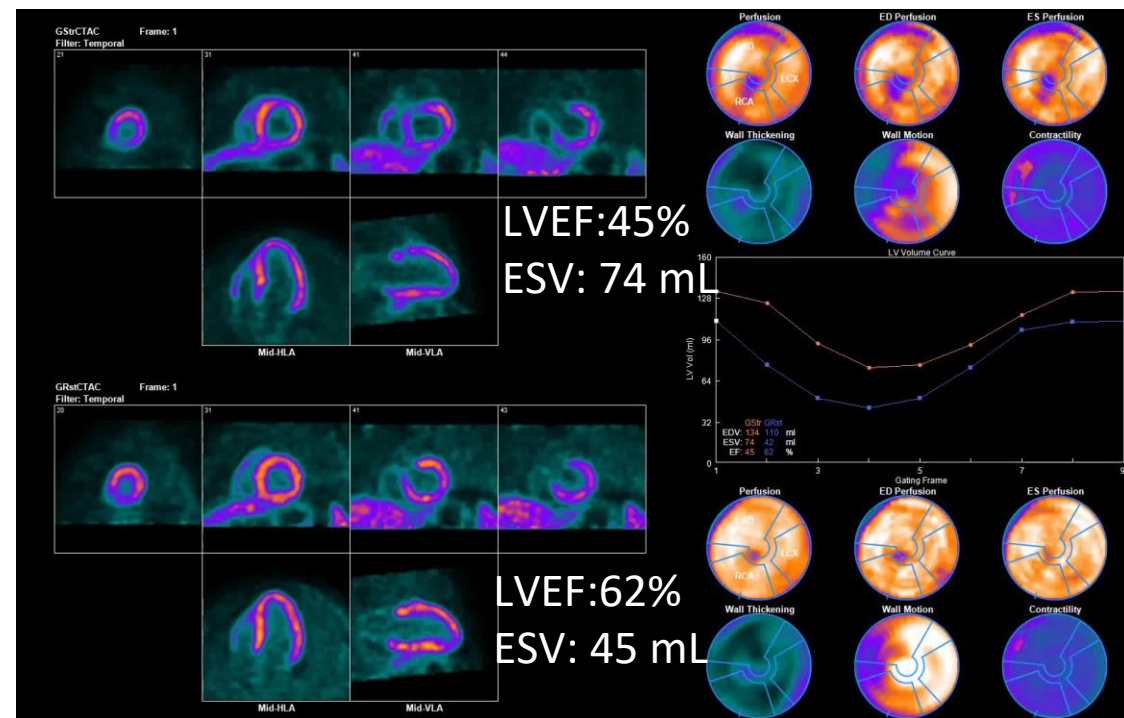
51 yo M with CAD, recent STEMI and DES to pLAD in 2/16, HTN, Type 1 DM, diabetic nephropathy s/p renal transplant in 2008, p/w several hours of chest pain and dyspnea.



Quantitative myocardial blood flow and CFR

	Rest	Stress	CFR
LAD	0.82	1.23	1.50
LCX	0.83	1.34	1.62
RCA	0.81	1.13	1.39
Global LV	0.82	1.23	1.50

Normal CFR >2

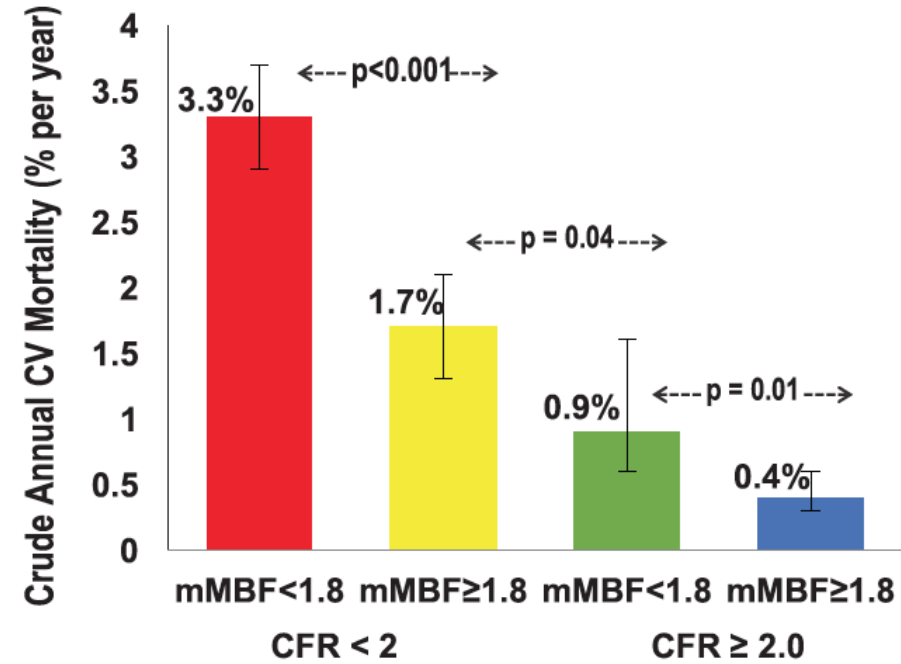
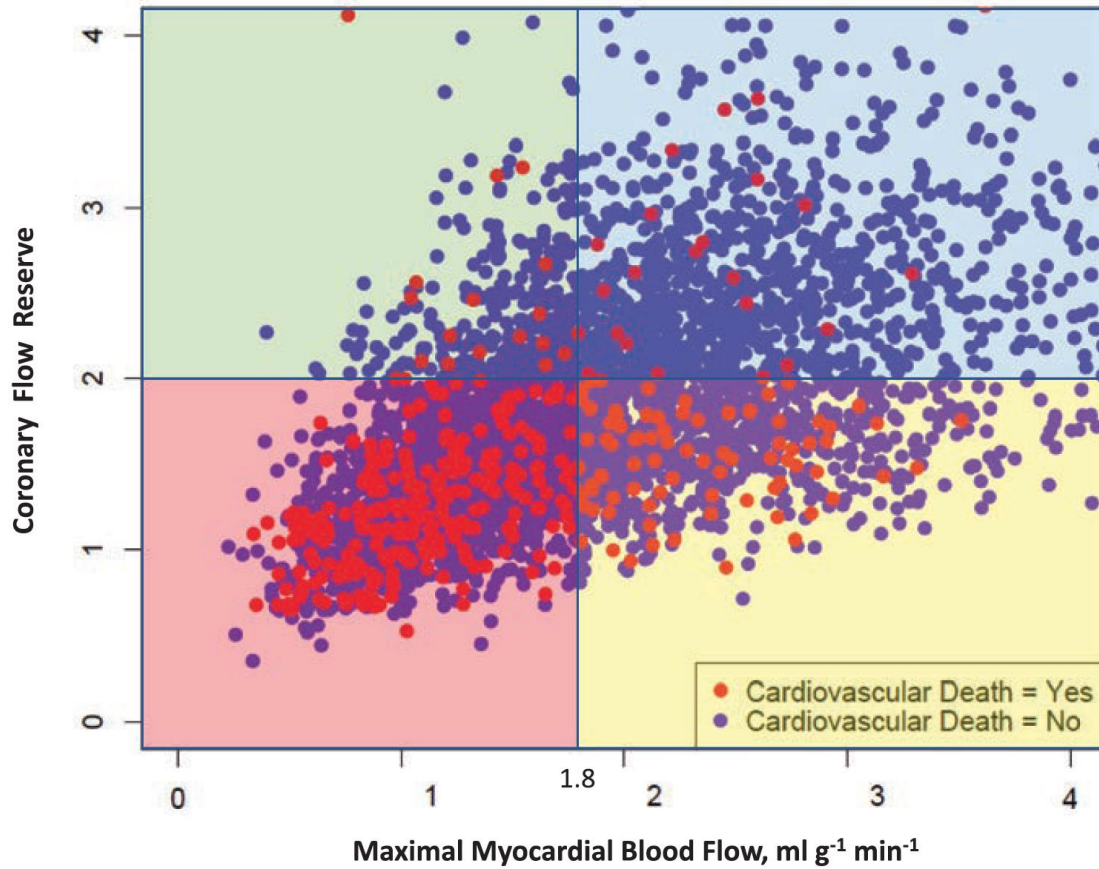


Coronary hemodynamic profile and risk of cardiac death

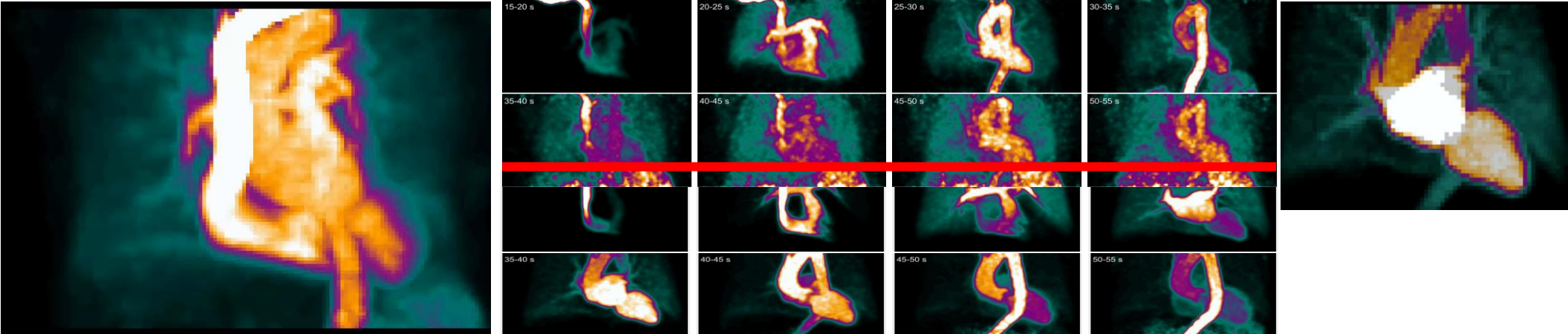


N= 4,029
CD= 392
FU= 5.6 yrs

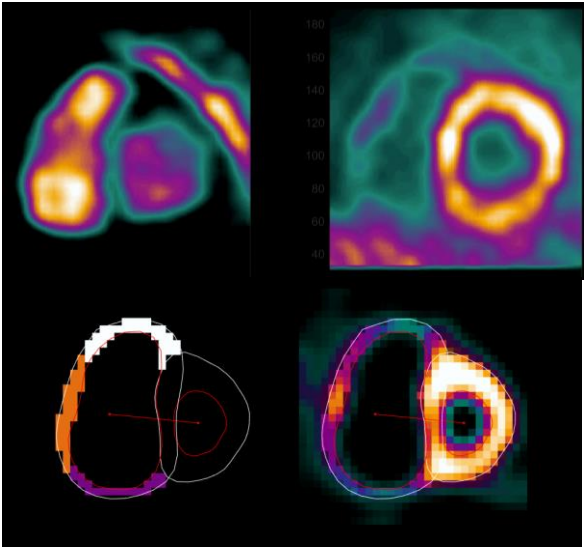
■ Concordant Impairment
 High risk of CV Death (>3%/y)
 ■ Discordant with Impaired CFR
 Intermediate risk of CV Death (1-3%/y)
 ■ Discordant with Preserved CFR
 Low risk of CV Death (<1%/y)
 ■ Concordant Normal
 CV Death unlikely (<0.5%/y)



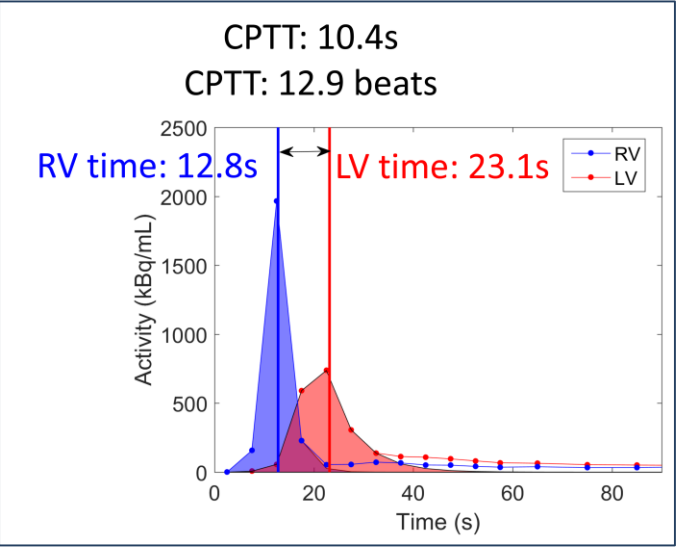
Quantification of integrated cardiopulmonary function from dynamic PET



RV function and flow



Cardio-pulmonary transit time



Source: Hans Harms, PhD., University of Denmark and Brigham and Women's Hospital

PET imaging in CMD

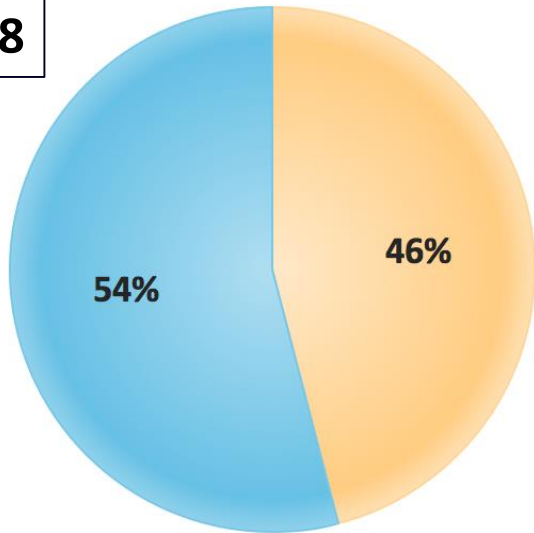
- Technical advances and integrated protocol
- Diagnostic features of CMD
- **Prognostic data**

High prevalence of CMD in patients without obstructive CAD



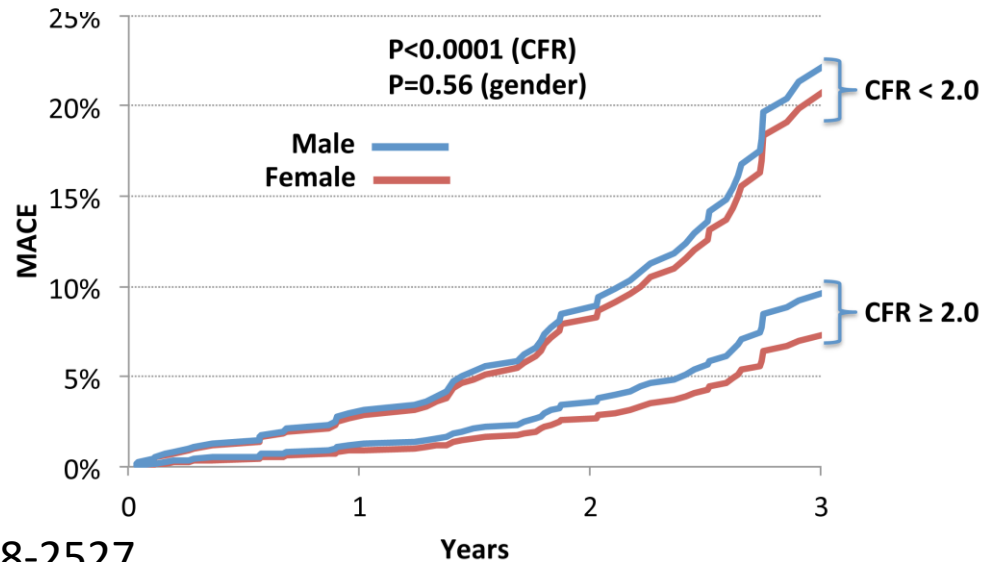
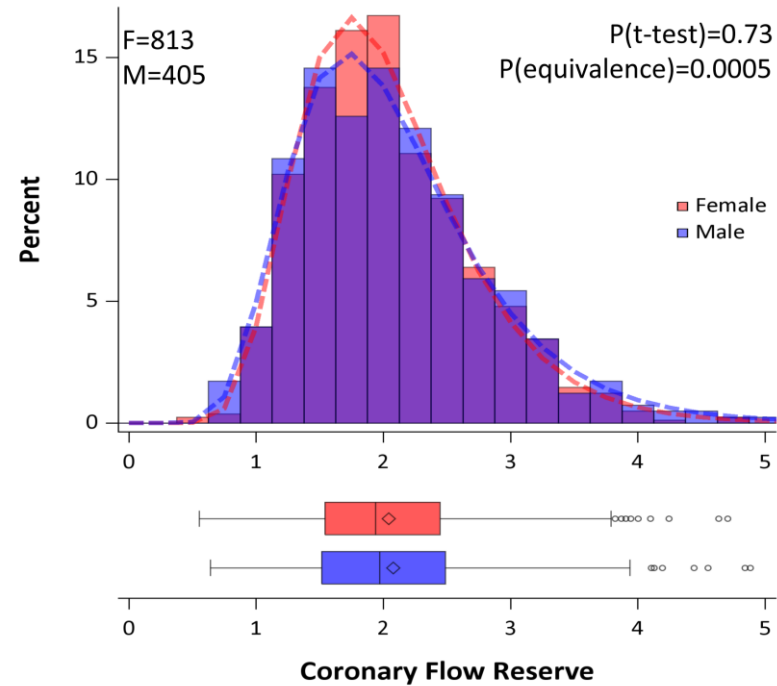
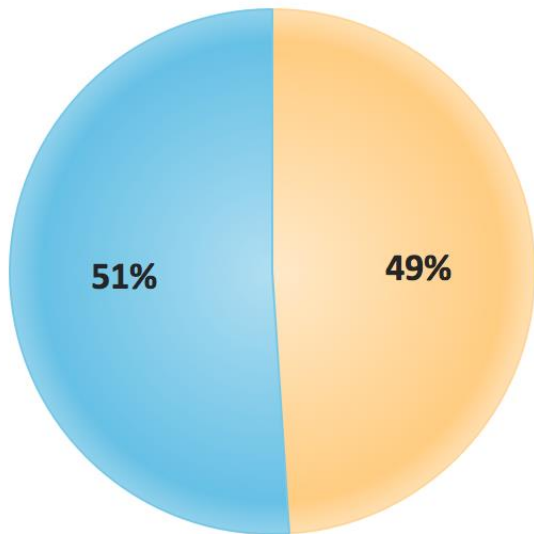
N=1,218

**Female
n=813**



● CFR > 2.0 ● CFR < 2.0

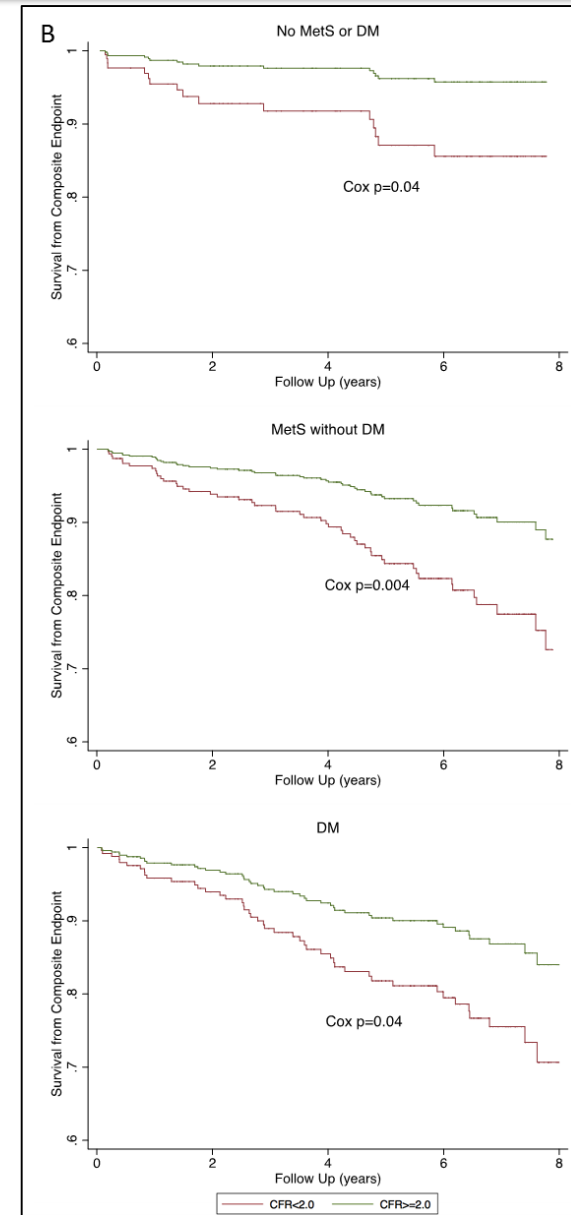
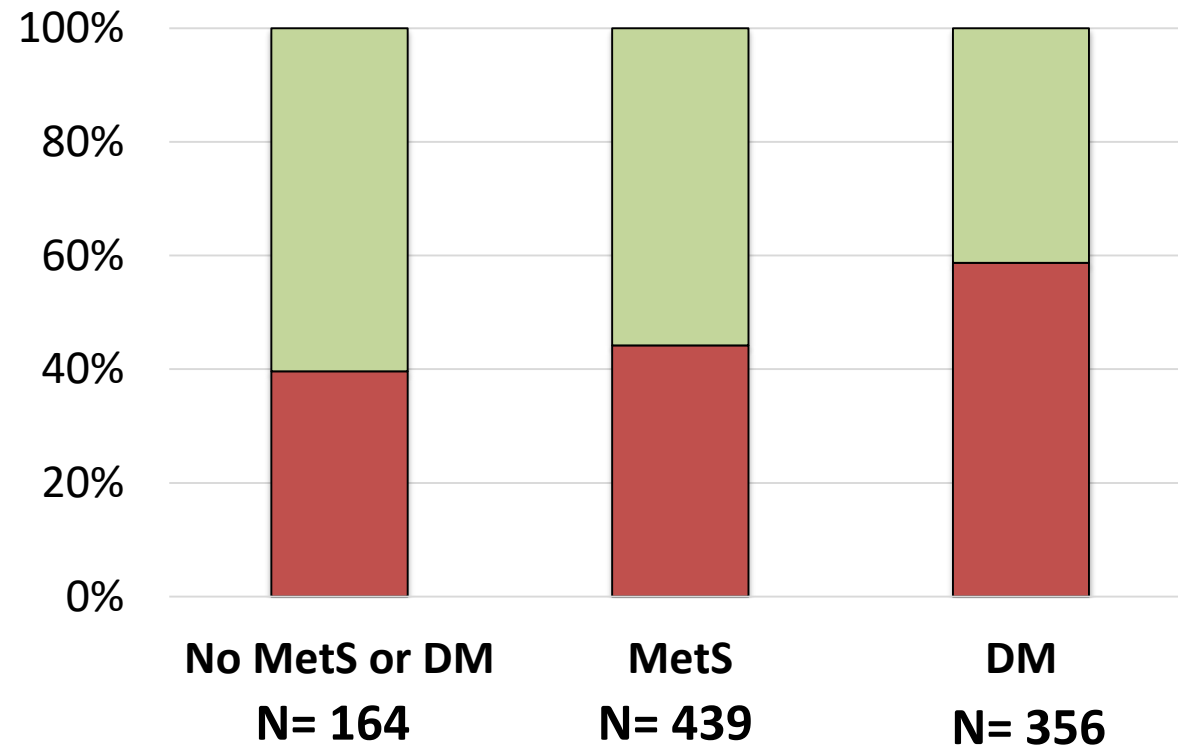
**Male
n=405**



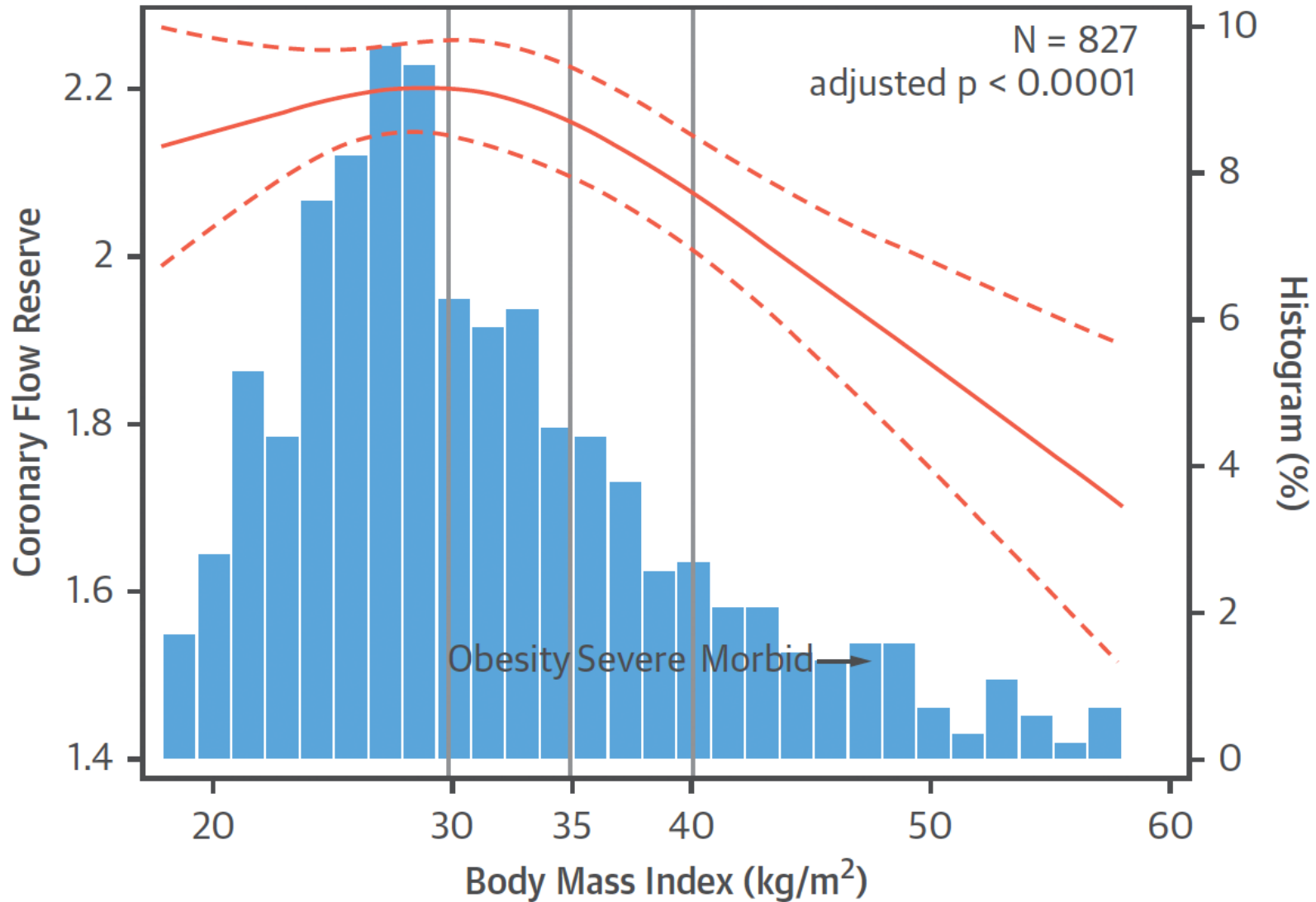
Prevalence of CMD and outcomes across the spectrum of cardiometabolic risk



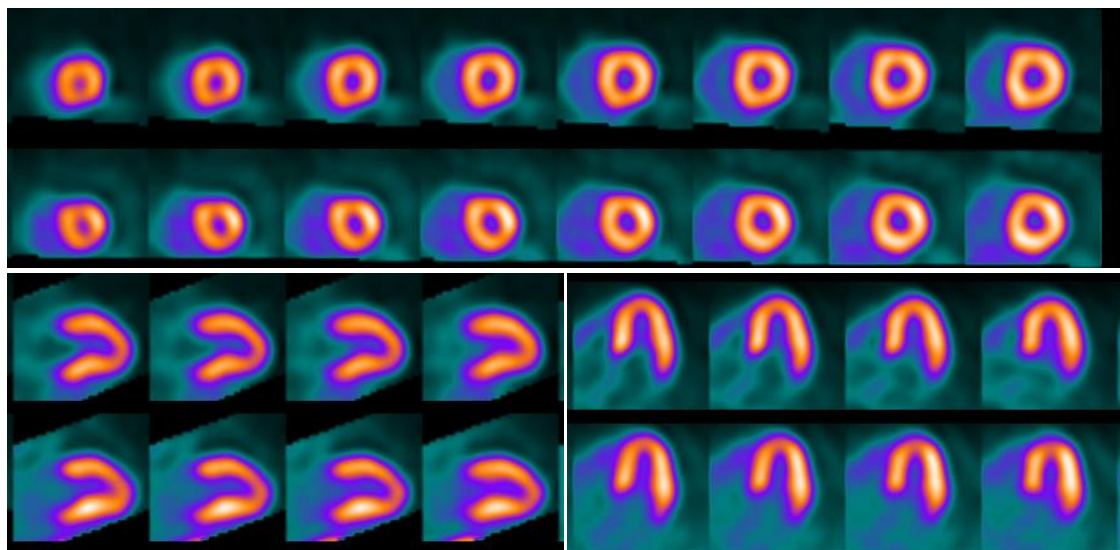
■ CMD ■ No CMD



High prevalence of CMD in obese patients



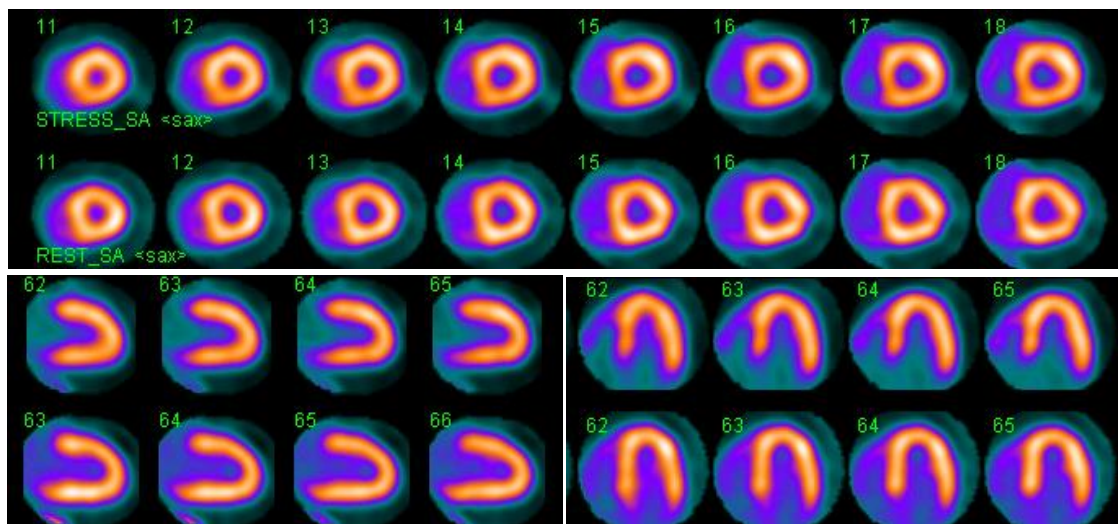
58 yo male with HTN and diabetes evaluated for atypical chest pain



Quantitative myocardial blood flow and CFR

	Rest	Stress	CFR
LAD	0.91	2.1	2.3
LCX	0.87	1.98	2.2
RCA	0.92	1.87	2.0
Global LV	0.89	1.98	2.1

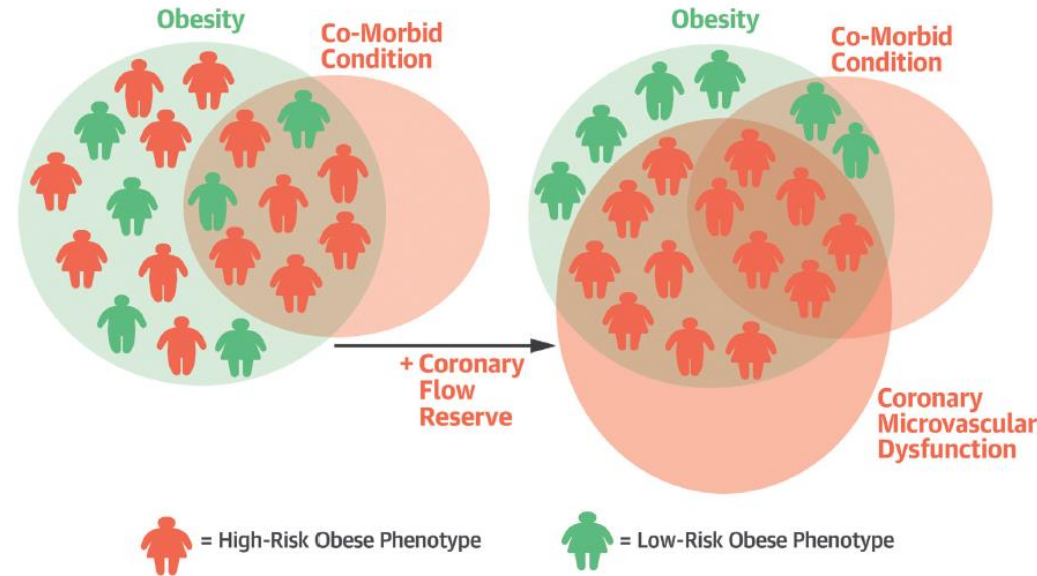
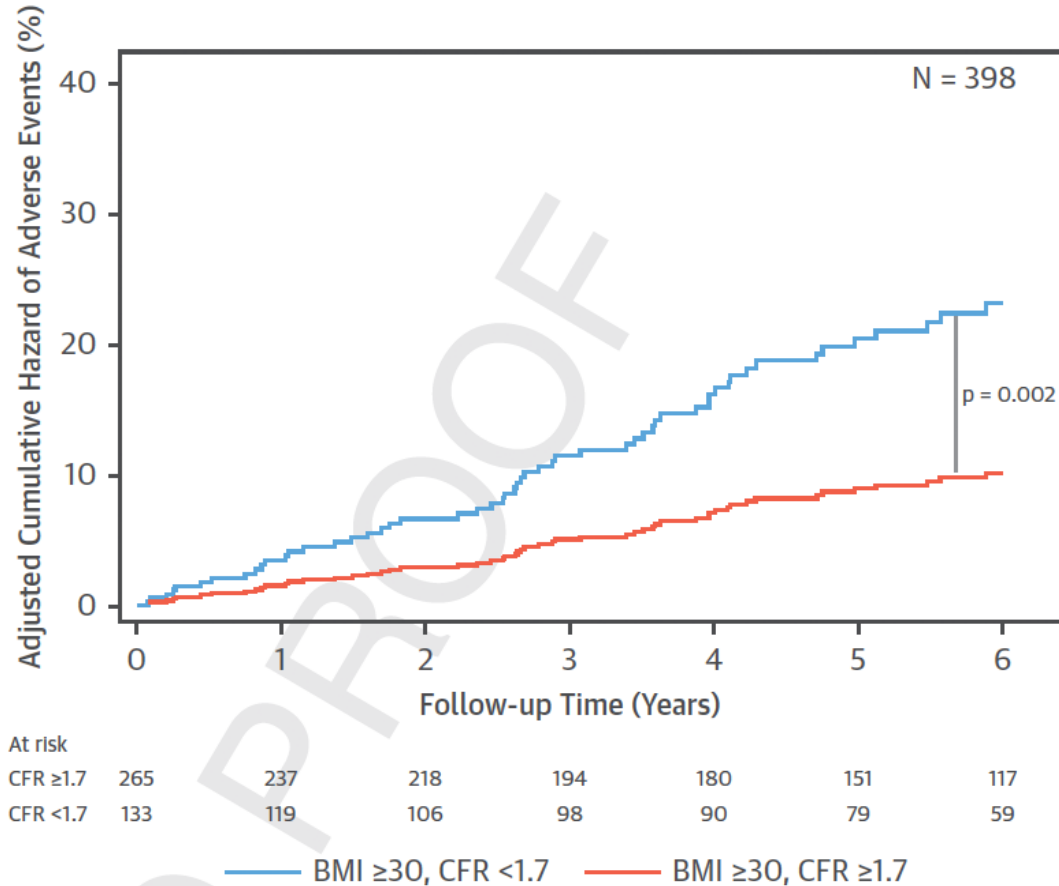
63 yo male with HTN, diabetes and high cholesterol evaluated for dyspnea



Quantitative myocardial blood flow and CFR

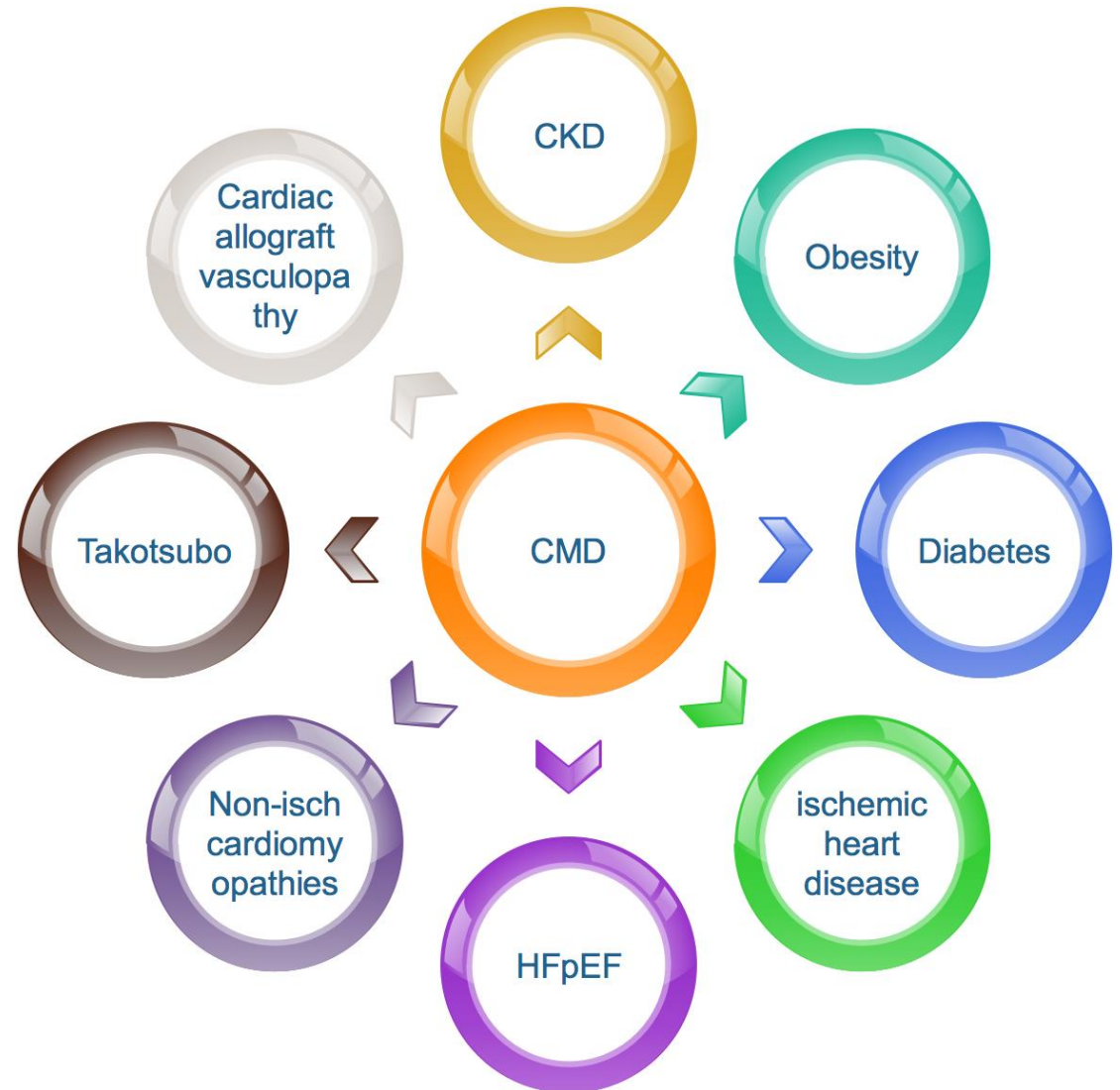
	Rest	Stress	CFR
LAD	1.0	1.48	1.48
LCX	0.94	1.41	1.50
RCA	0.97	1.39	1.43
Global LV	0.97	1.42	1.47

Risk reclassification by identification of CMD in symptomatic obese individuals



CMD is prevalent in a wide range of patients groups

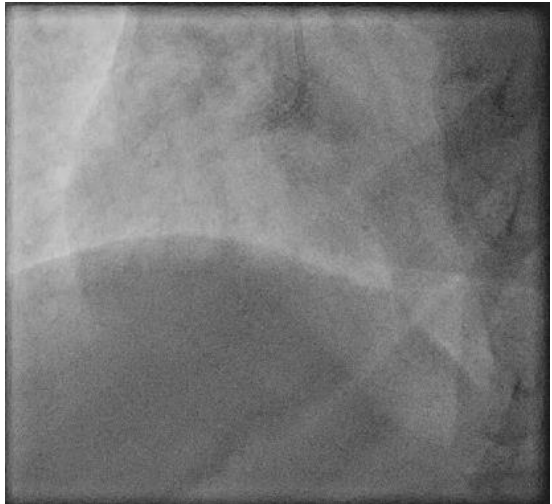
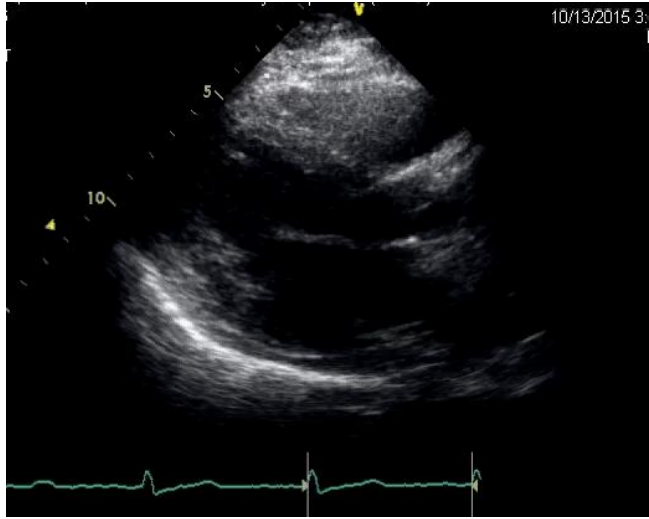
- In all groups, CMD associated with worse clinical outcome



PET imaging in CMD

- Technical advances and integrated protocol
- Diagnostic features of CMD
- Prognostic data
- Impaired CFR, adverse remodeling and outcomes

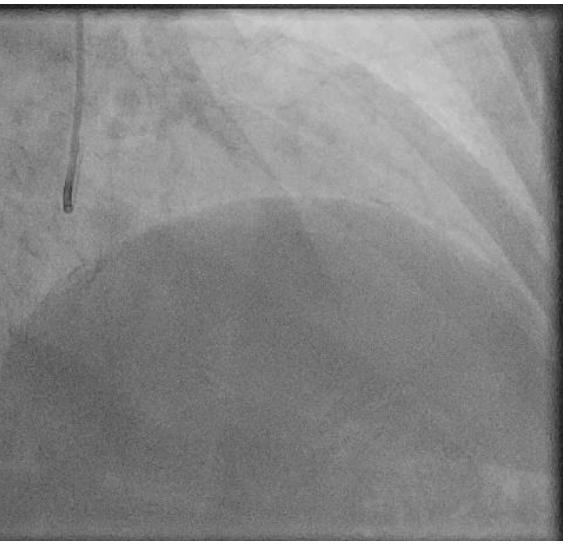
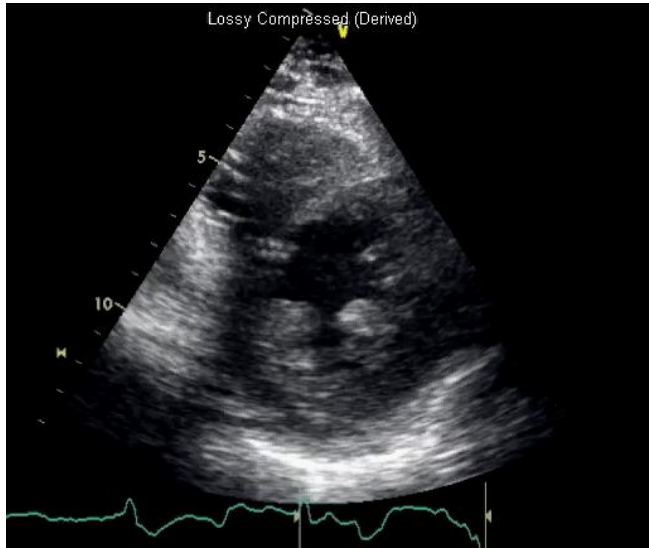
73 female, CAD s/p PCI, IDDM, HTN, hyperlipidemia, CKD (GFR ~35), OSA, presenting with chest pain and HFpEF



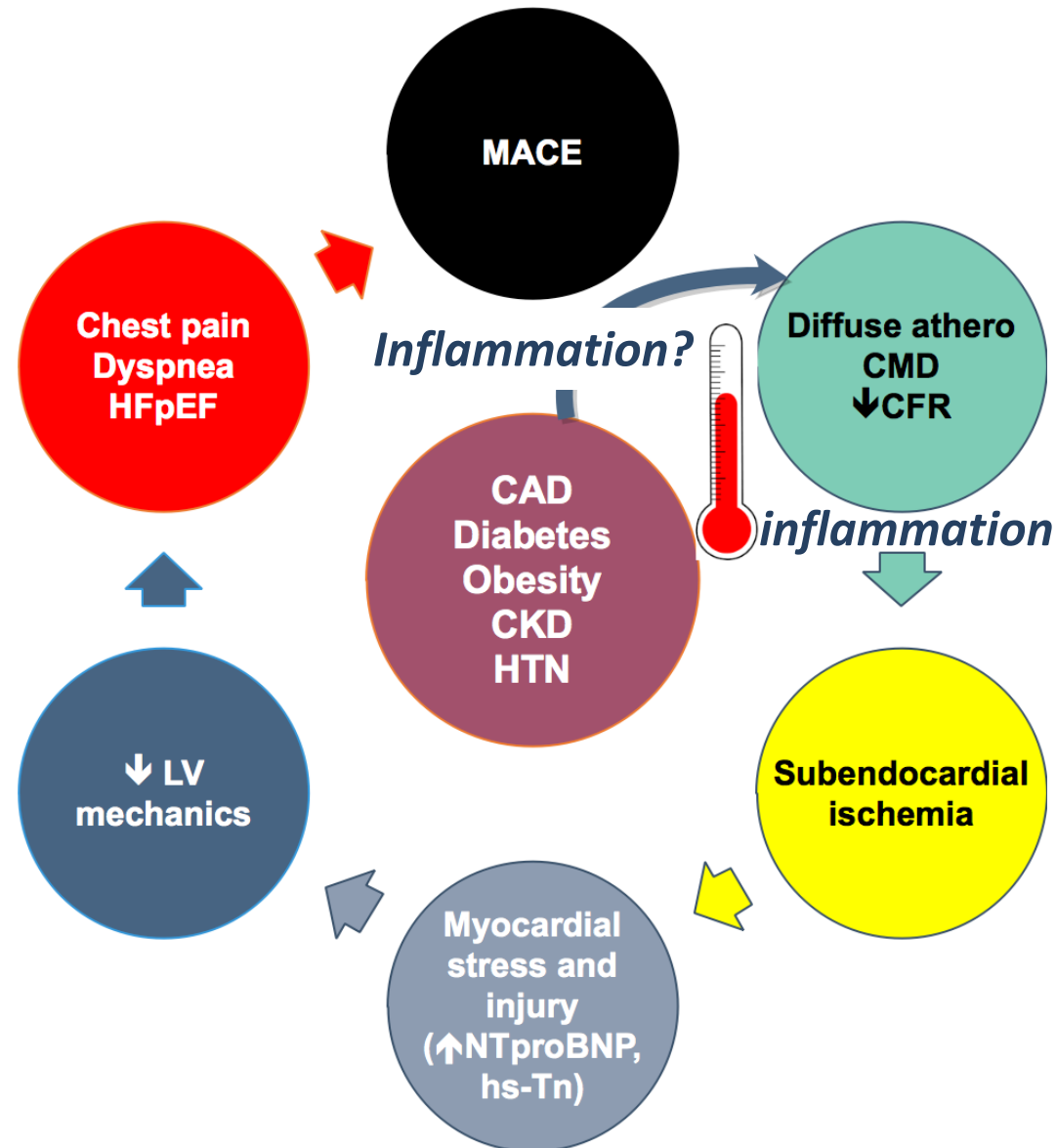
Quantitative myocardial blood flow and CFR

	Rest	Stress	CFR
LAD	0.90	1.40	1.56
LCX	0.84	1.19	1.42
RCA	0.83	0.99	1.20
Global LV	0.86	1.21	1.41

Normal CFR >2



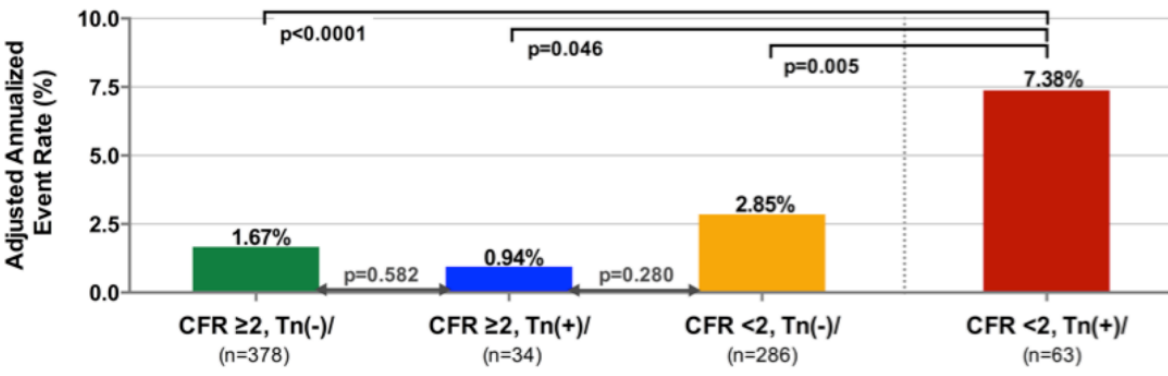
Proposed pathophysiologic link between atherosclerosis and CMD and clinical outcomes





Microvascular ischemia, myocyte injury, and outcomes in patients w/o obstructive CAD

N=761



Annualized event rates adjusted for pretest clinical score, LVEF, and estimated glomerular filtration rate <math><60 \text{ mL}\cdot\text{min}^{-1}\cdot 1.73 \text{ m}^{-2}</math>.

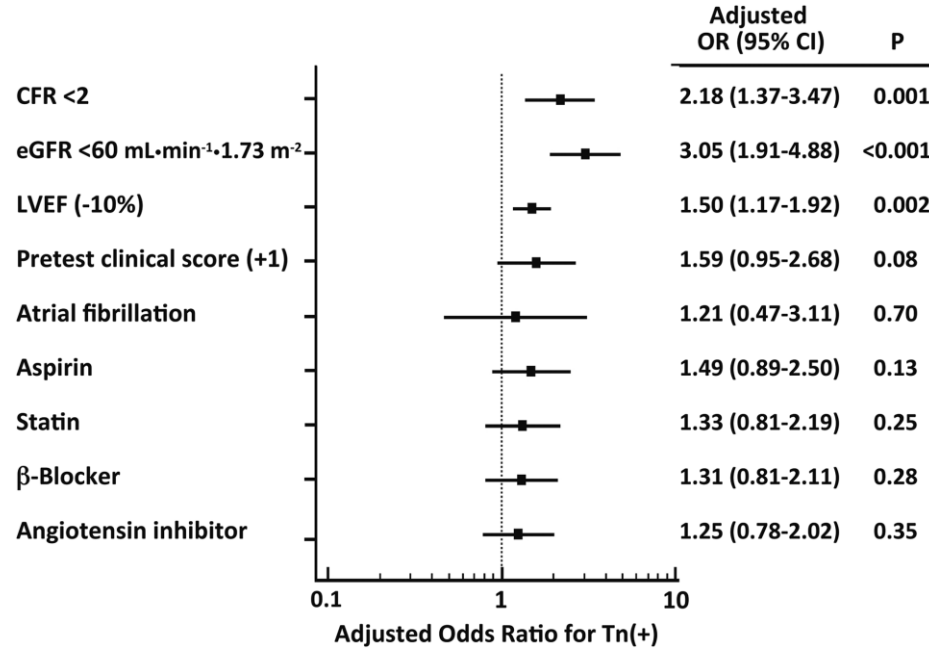


Table 2. Association Between CFR and Positive Troponin

Covariate	Univariable Model		Multivariable Model*	
	OR (95% CI)	P Value	OR (95% CI)	P Value
CFR _{binary} †	2.45 (1.57–3.82)	<0.0001	2.18 (1.37–3.47)	0.001
CFR _{continuous} ‡	1.80 (1.34–2.43)	0.0001	1.62 (1.19–2.20)	0.002

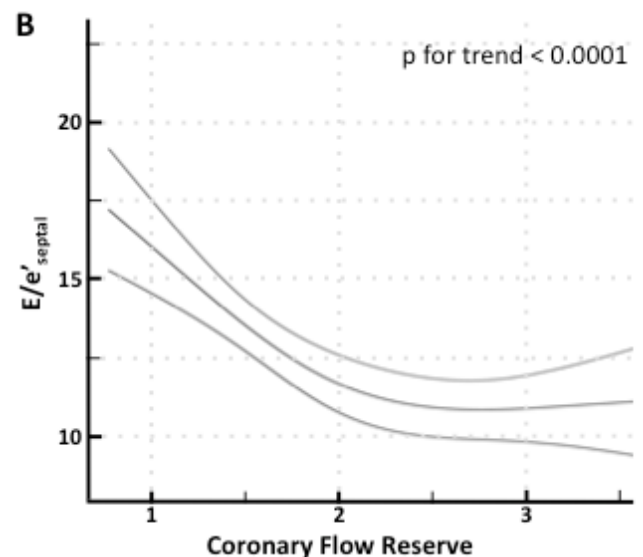
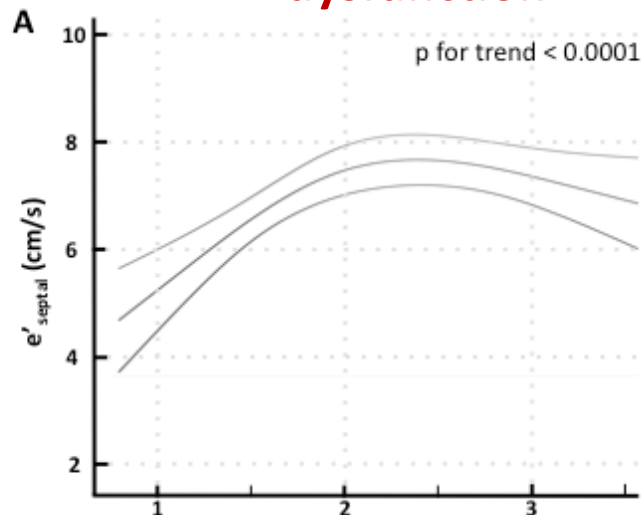
CFR indicates coronary flow reserve; CI, confidence interval; and OR, odds ratio.

*Adjusted for pretest clinical score, left ventricular ejection fraction, estimated glomerular filtration rate <math><60 \text{ mL}\cdot\text{min}^{-1}\cdot 1.73 \text{ m}^{-2}</math>, history of atrial fibrillation, and use of aspirin, β-blocker, statin, or angiotensin inhibitor.

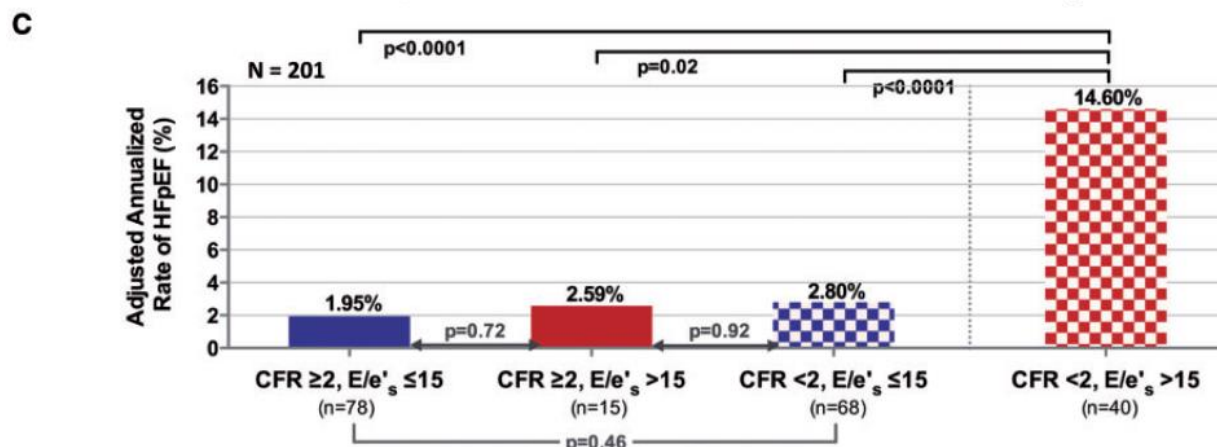
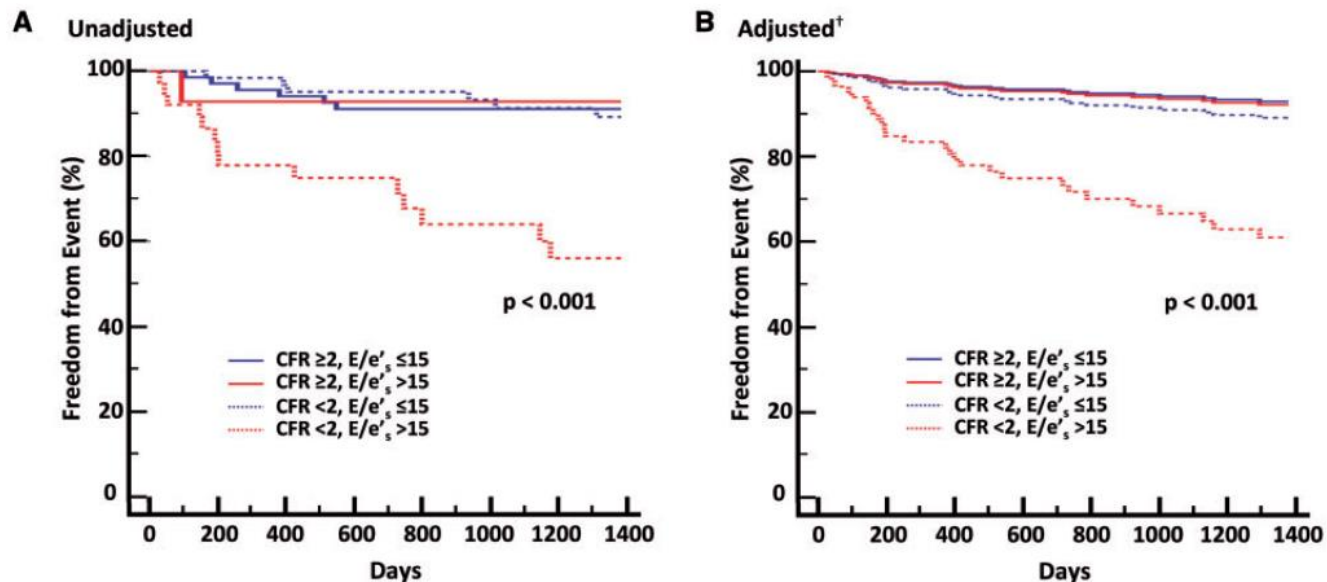
CMD, diastolic dysfunction, and HF hospitalizations



CFR and markers of diastolic dysfunction



Freedom from Hospitalization for HF by CFR and E/e'



* E/e'_s refers to E/e'_{septal}

†Adjusted for pretest clinical score and detectable troponin

PET imaging in CMD

- Technical advances and integrated protocol
- Diagnostic features of CMD
- Prognostic data
- Impaired CFR, adverse remodeling and outcomes
- Integrating PET in multicenter trials

Opportunities and challenges for PET imaging of CMD

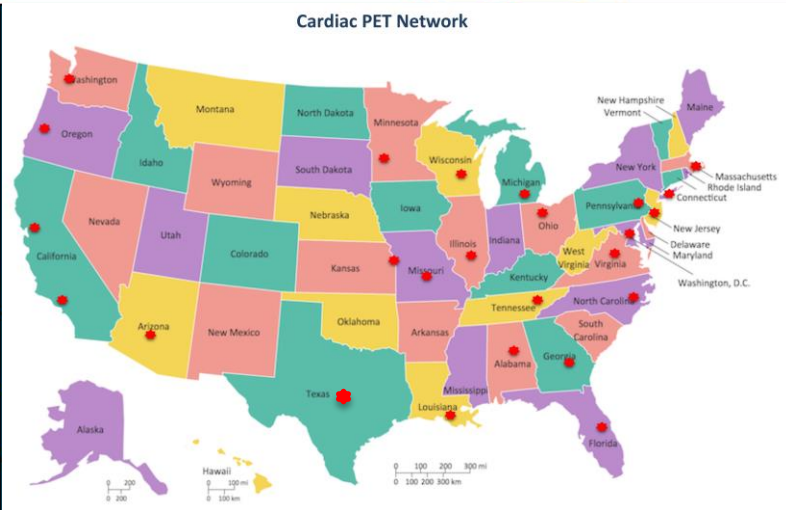
Opportunities

- Robust quantification and excellent reproducibility
- Strong association with outcomes including CV death and HFpEF
- Myocardial perfusion imaging is part of the continuum of care and easy to translate into practice

Challenges

- Reasonable network of PET scanners worldwide
- Increasing access to perfusion agents

Cardiac PET Network



15 countries, 4 continents, 25 centers