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**RE: Inner Imaging offers \$150 Heart Scans in recognition of February Heart Month
BECAUSE OF DEMAND THIS OFFER IS EXTENDED THRU MARCH 19TH**

February is Heart Month, and statistics show that cardiovascular disease remains the leading killer of both men and women in the United States, despite significant advances in treatment and detection over the past half century. Coronary artery disease, the process that leads to heart attacks, is a long-term and complex progressive processes that may often lay silent for decades before symptoms appear, at which time treatment is rendered much more difficult, and sometimes applied too late. Unfortunately, the first symptom of a heart attack can be sudden death in an estimated 30%-50% of patients. Therefore, waiting for symptoms of chest pain before considering screening is clearly not an optimal option. Furthermore, roughly half of heart attacks occur in patients that may otherwise not be deemed “high risk”- those with “normal” cholesterol values.

Fortunately, Electron Beam Tomography (EBT) allows us to detect those with coronary artery disease at its earliest stages, with a sensitivity of 99%, utilizing one-tenth the radiation dose of a traditional CT scan. An EBT study takes only minutes to perform, with no special preparation involved, and the preliminary results are available the same day. The scan generates a “calcium score” that correlates extremely highly with the presence or absence of coronary artery disease, and, very importantly, with one’s risk of having a heart attack over a specified interval of time. As Medical Director of Inner Imaging, EBT is the essential cornerstone of my initial cardiovascular workup, allowing me to take a proactive approach to the identification and treatment of my patients with possible coronary artery disease. I urge you to avail yourself of this safe and potentially life-saving technology.

Lee S. Marcus, M.D., F.A.C.C.

As you may know, Electron Beam Tomography (EBT) is proven to be the most sensitive non-invasive test to detect and quantify sub-clinical coronary artery arteriosclerosis by measuring the extent of coronary calcified plaque burden. Additionally, EBT remains the most powerful prognostic indicator for a future Heart Attack, far exceeding the traditional Framingham Risk Factor Analysis. Furthermore, if you have a “0” calcium score, recent evidence reaffirms the negative predictive value of 99.9%. Which means the risk of a cardiac event over the next decade is approximately 1%. Electron Beam Tomography (EBT) is recommended by the American Heart Association, the American College of Cardiology Foundation, the American Nuclear Society and the Society of Atherosclerotic Imaging. If you have time please watch *The Widower*, a provocative heart disease related documentary on UTube.

Please call 212-991-5445 to schedule your appointment.

Albert E. Barrette, Practice Manager

(Reverse side) EBT Reference papers.

Progression of Coronary Artery Calcium and Risk of First Myocardial Infarction in Patients Receiving Cholesterol-Lowering Therapy

Paolo Raggi, Tracy Q. Callister, Leslee J. Shaw,

Objective – Statins reduce cardiovascular risk and slow progression of coronary artery calcium (CAC). We investigated whether CAC progression and low-density lipoprotein (LDL) reduction have a complementary prognostic impact.

Method and Results: We measured the change in CAC in 495 asymptomatic subjects submitted to sequential electron-beam tomography (EBT) scanning. Statins were started after the initial EBT scan. Myocardial infarction (MI) was recorded in 41 subjects during a follow-up of 3.2 + or – 0.7 years. Mean LDL level did not differ between groups (118+or- 25 mg/dL versus 122+ or- 30 mg/dL, MI versus no MI). On average, MI subjects demonstrated a CAC change of 42%+or- 23% yearly: event-free subjects showed a 17% + or – 25% yearly change (P=0.0001). Relative risk of having an MI in the presence of CAC progression was 17.2 fold (95% CI: 4.1 to 71.2) higher than without CAC progression (P<0.0001). In a Cox proportional hazard mode, the follow-up score (P+0.034 as well as a score change>15% per year (P<0.0001 were independent predictors of time to MI.

Conclusions: Progression of CAC was significantly greater in patients receiving statins who had an MI compared with event-free subjects despite similar LDL control. Continued expansion of CAC may indicate failure of some patients to benefit from statin therapy and an increased risk of having cardiovascular events. **(American Heart Association, Arterioscler Thromb Vasc Biol. 2004;24:1272-1277.)**

Absence of Coronary Artery Calcification and All-Cause Mortality Prognostic Significance of Zero Coronary Calcium Scores on Cardiac Computed Tomography

Michael Blah, MD MPH, Mathew Budoff, MD, Leslee J. Shaw PhD et al.

Objectives: We sought to quantify the mortality rates associated with absent and low positive (CAC 1 to 10) coronary artery calcium (CAC).

Background: there is increasing interest in the absence of CAC as a negative cardiovascular risk factor. However, published event rates for individuals with no CAC vary, likely owing to differences in baseline risk, follow-up period and outcome ascertainment. The prognostic significance of low CAC (CAC1 to 10) is not well described.

Methods: Annualized all –cause mortality rates were assessed in 44,052 consecutive asymptomatic patients referred for CAC testing. Mean follow-up of the cohort was 5.6 + or – 2.6 years (range 1 to 13 years).

Conclusion: In appropriately selected asymptomatic patients the absence of CAC predicts excellent survival with 10-year event rates of approximately 1%. A finding of 0 CAC might be used as a rationale to emphasize lifestyle therapies rather than pharmacotherapy and to forgo repeated imaging studies. Individuals with low CAC score (CAC 1 to 10) are at increased risk above individuals with a 0 score and could be considered a distinct risk group by physicians and investigators. **(American College of Cardiology JACC June 25, 2009)**