

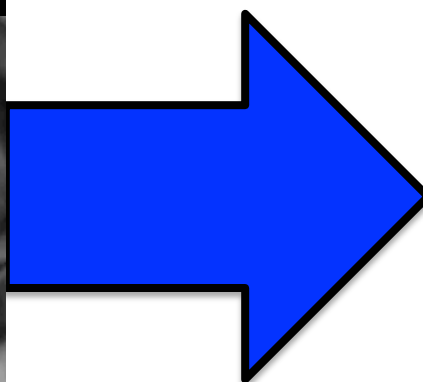
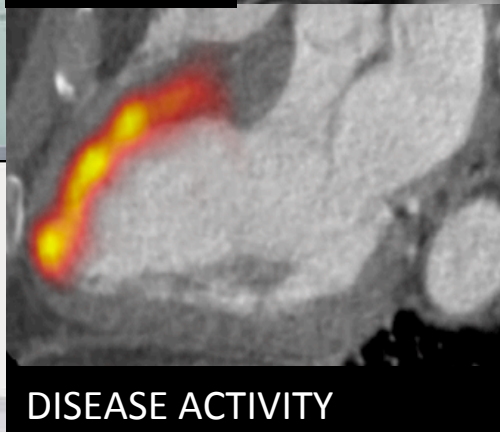
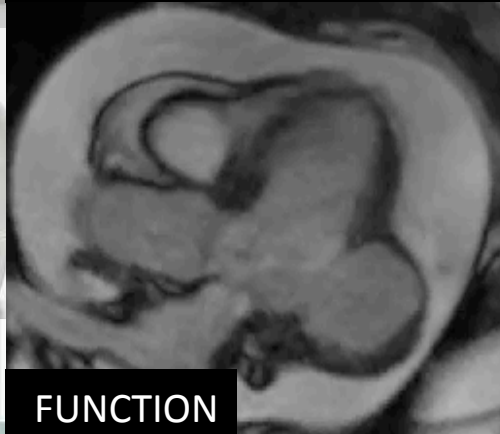
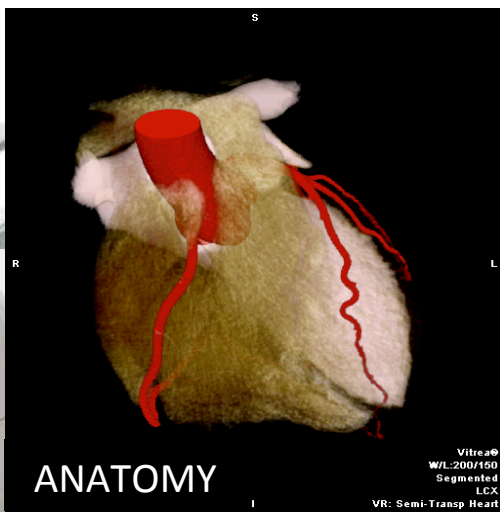


Picturing the Heart in 2020

Dr Marc Dweck

BHF Intermediate Clinical Research Fellow
& Consultant Cardiologist





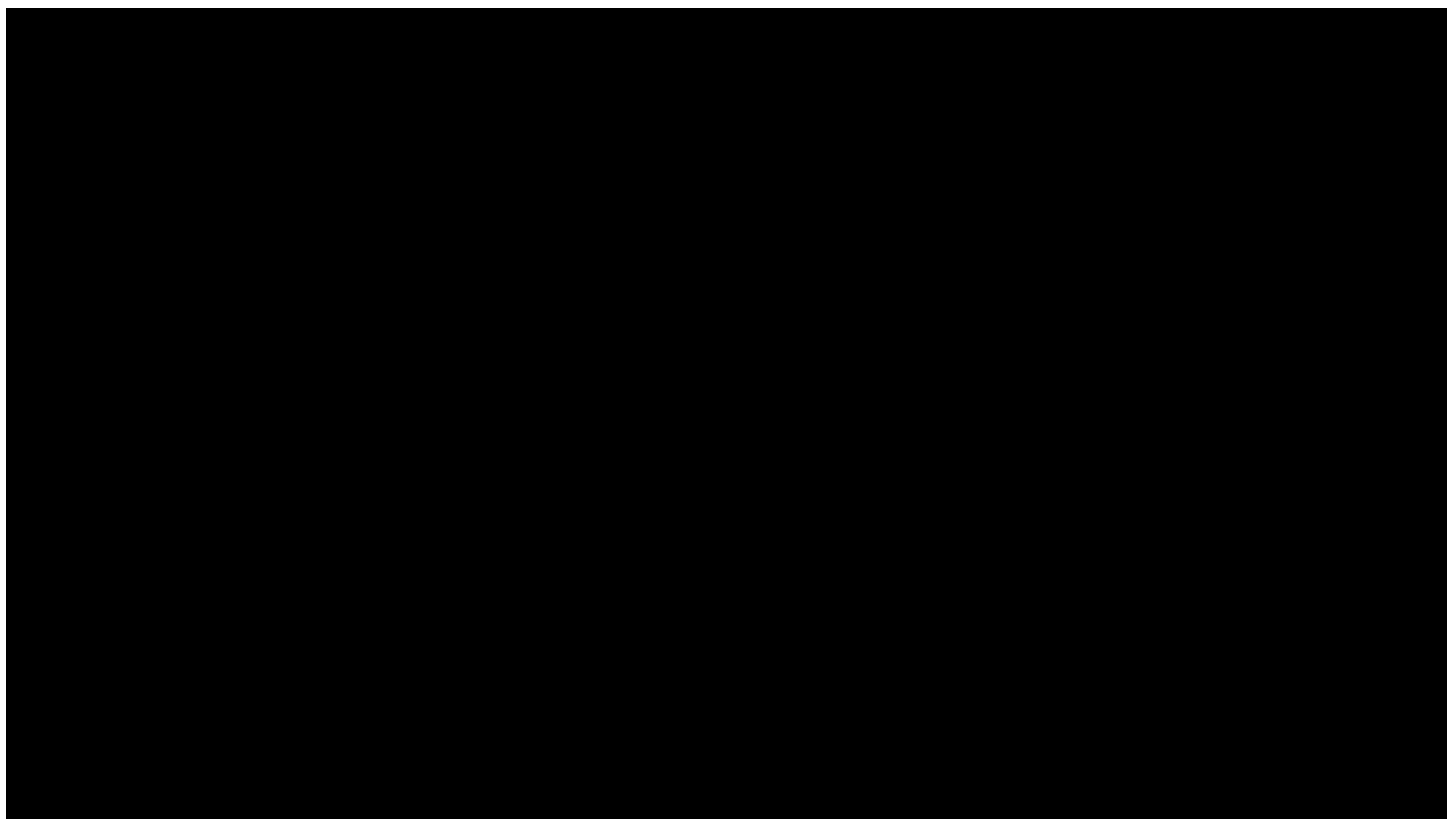
IMPROVED
PATIENT CARE
& OUTCOMES



Outline

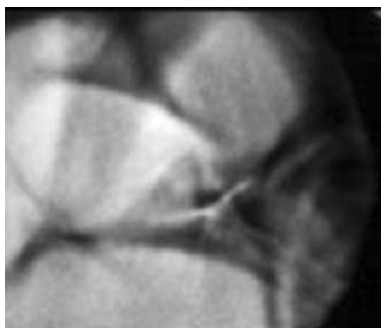


- Novel imaging approaches in coronary artery disease
- CT coronary angiography
- Magnetic resonance imaging
- PET imaging

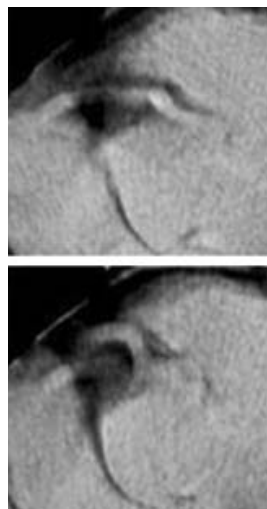


Advances in CT imaging

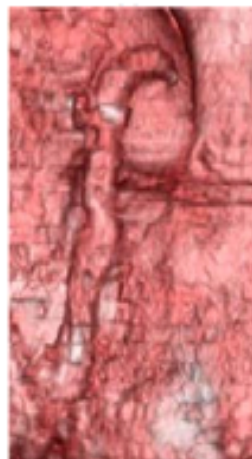
1990 → 1996 → 2002 → 2003 → 2005



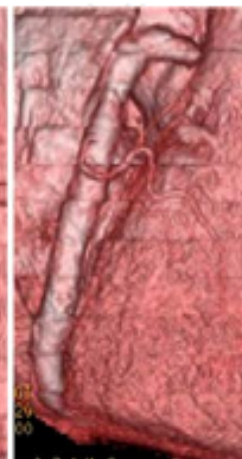
1 slice



1 slice
Overlapping
algorithm



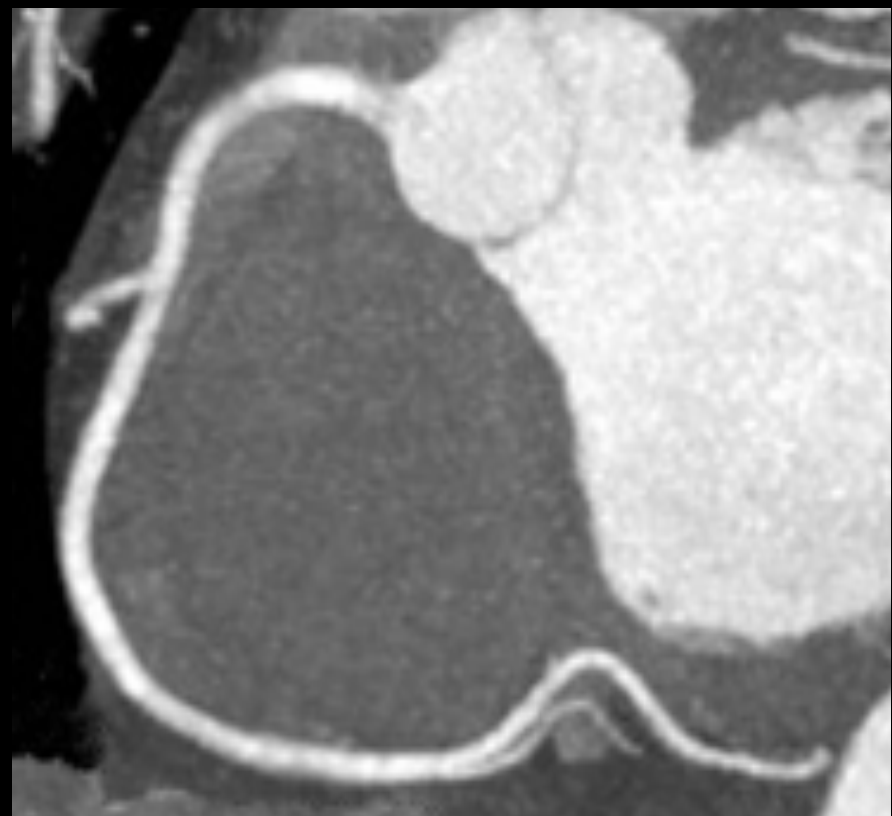
4 slice



16 slice



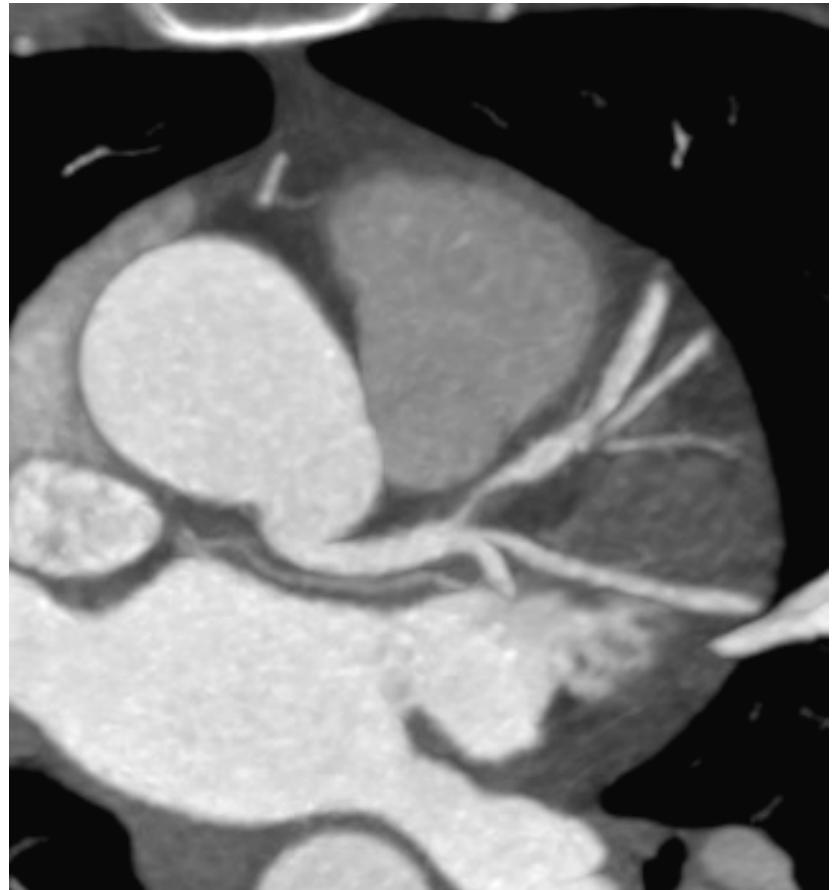
64 slice



Directly Identifies Plaque

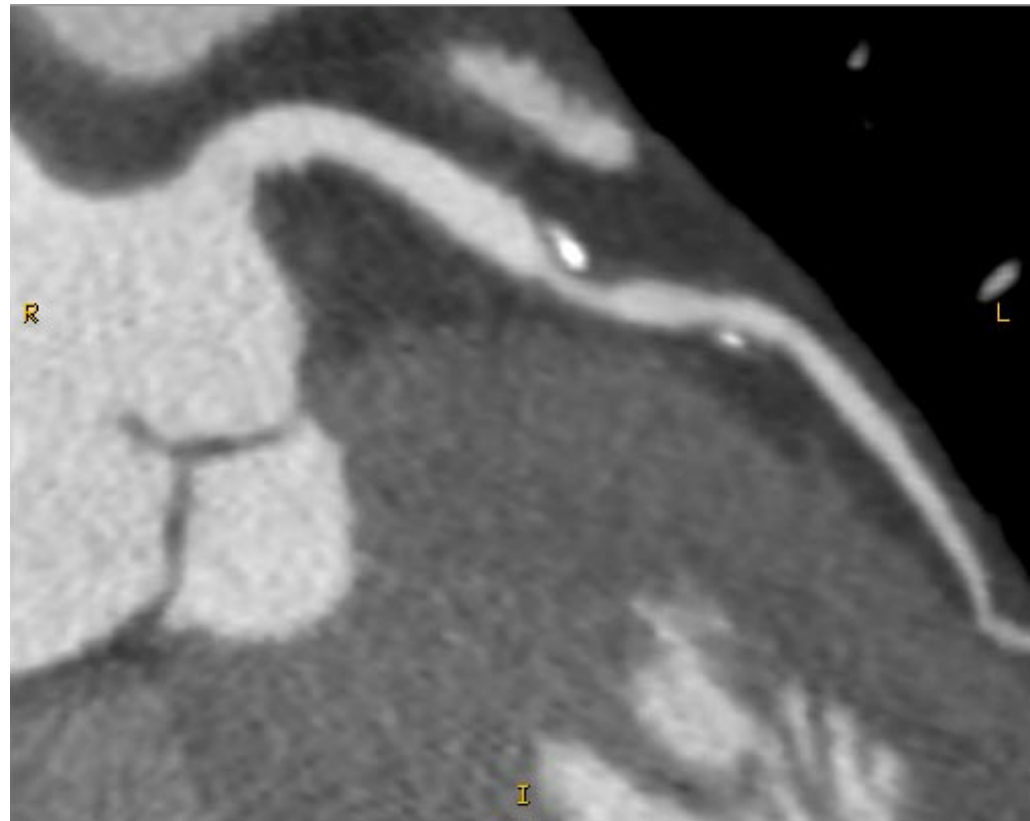
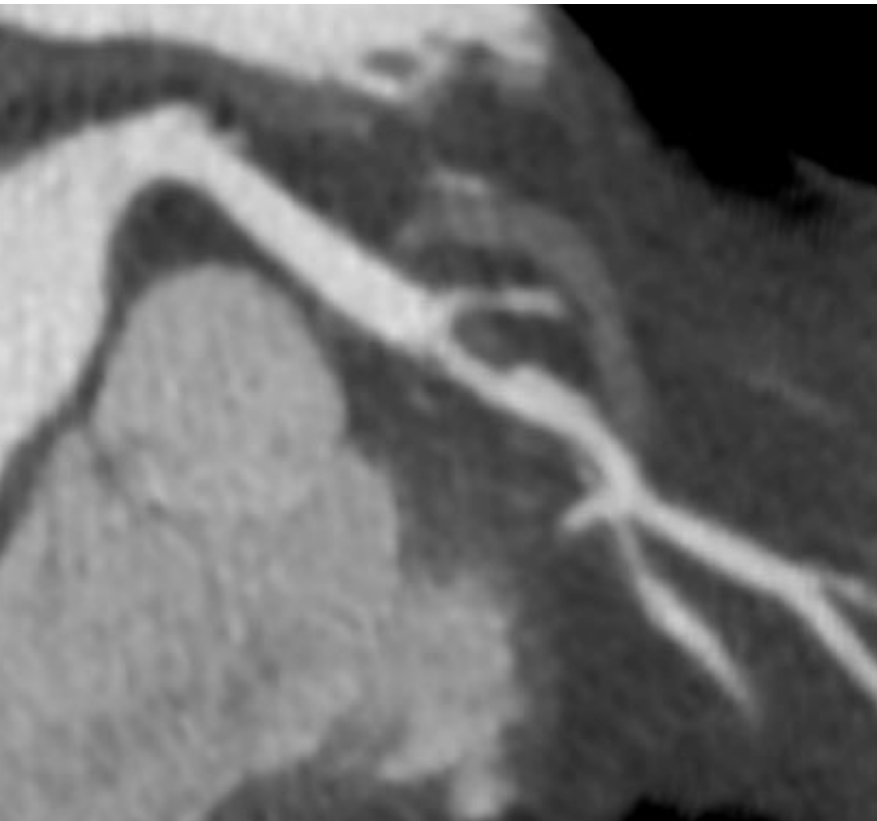


**Edinburgh
Heart Centre**

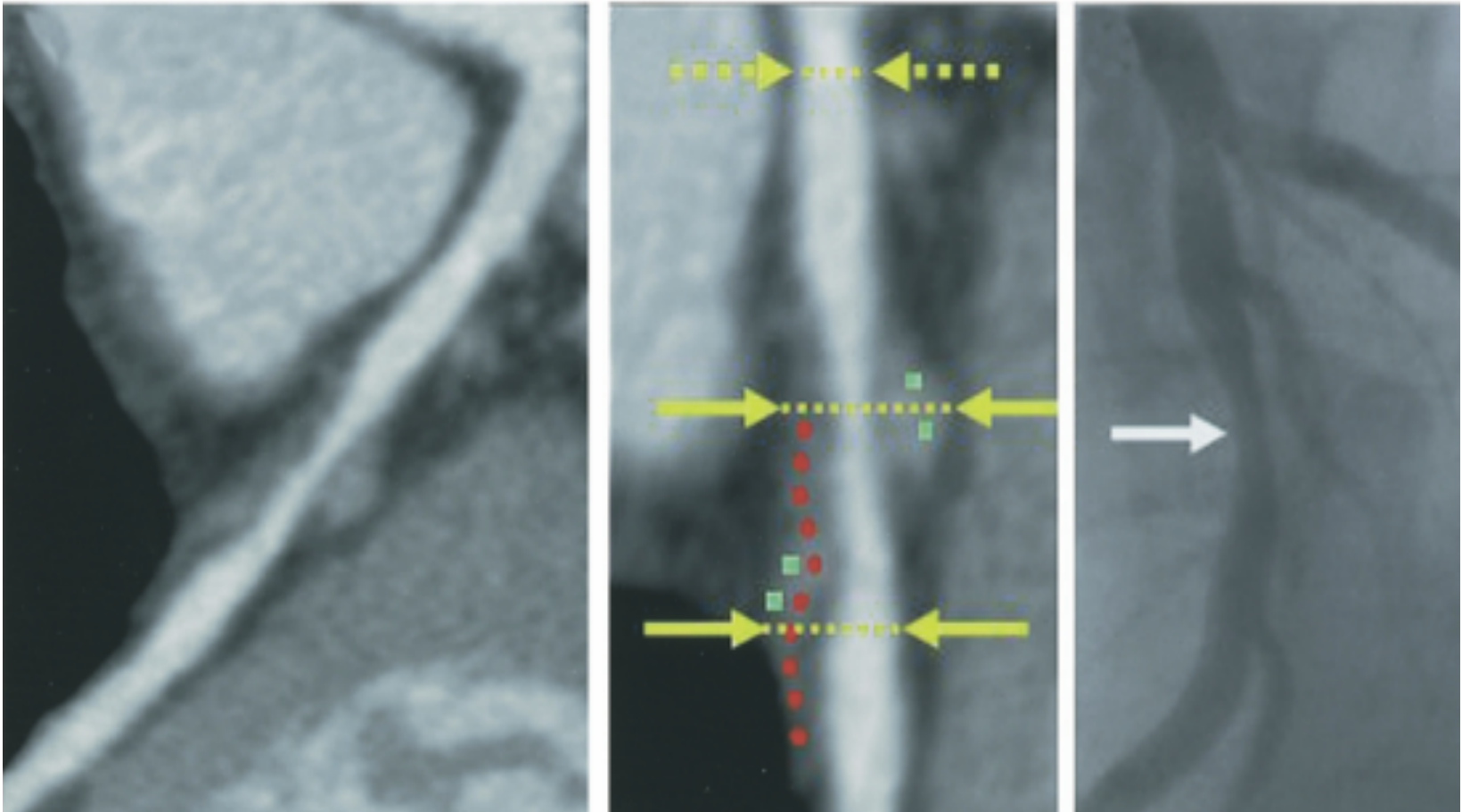


Obstructive Coronary Atherosclerosis

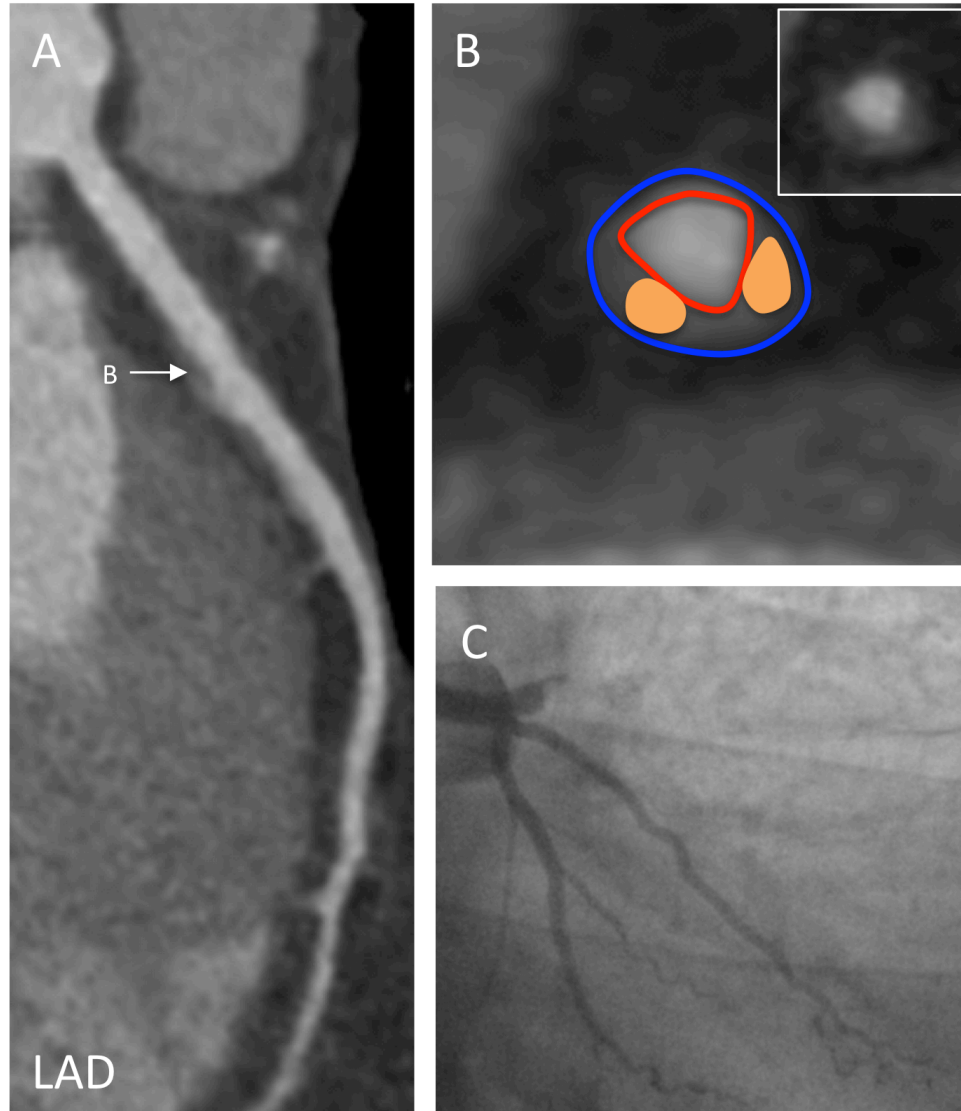
~90% Specificity and Sensitive for Obstructive Coronary Heart Disease



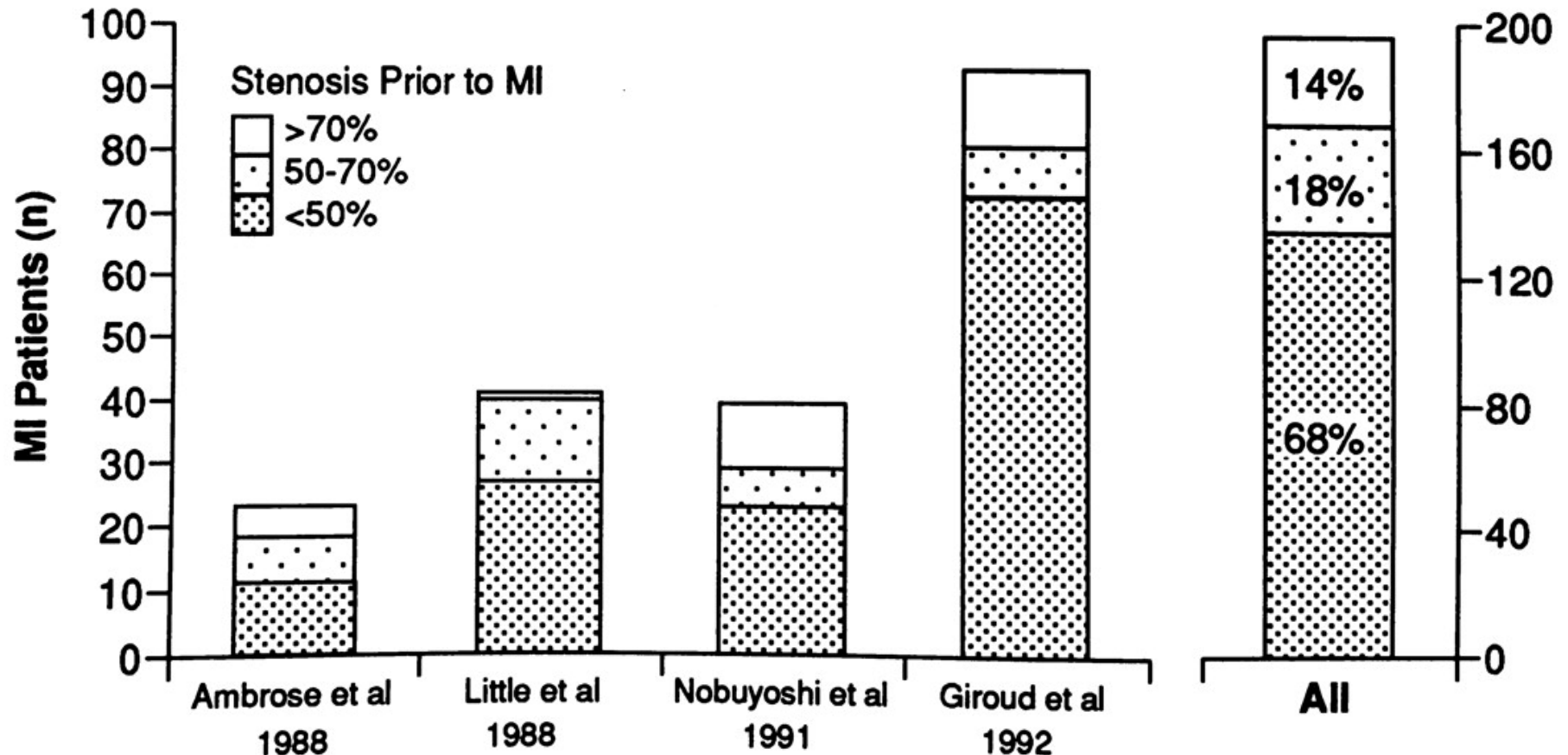
Non- Obstructive Coronary Atherosclerosis



MI arising from a non-obstructive plaque



Importance of Non-Obstructive Disease





Plaque Burden is the Only Independent Predictor of Clinical Events

	Univariable analysis	Multivariable analysis #
Adverse plaque *	3.00 (1.60, 5.63) p=0.001	1.15 (0.54, 2.47) p=0.714
Coronary Artery Calcium Score **	1.99 (1.49, 2.68) p<0.001	1.72 (1.16, 2.56) p=0.007
Obstructive coronary artery disease	3.35 (1.81, 6.19) p<0.001	1.36 (0.63, 2.95) p=0.431
Male Gender	2.12 (1.06, 4.24) p=0.033	1.21 (0.58, 2.53) p=0.610
Cardiovascular Risk score \$	1.00 (0.98, 1.03) p=0.861	-



The NEW ENGLAND
JOURNAL of MEDICINE

ORIGINAL ARTICLE

Coronary CT Angiography and 5-Year Risk of Myocardial Infarction

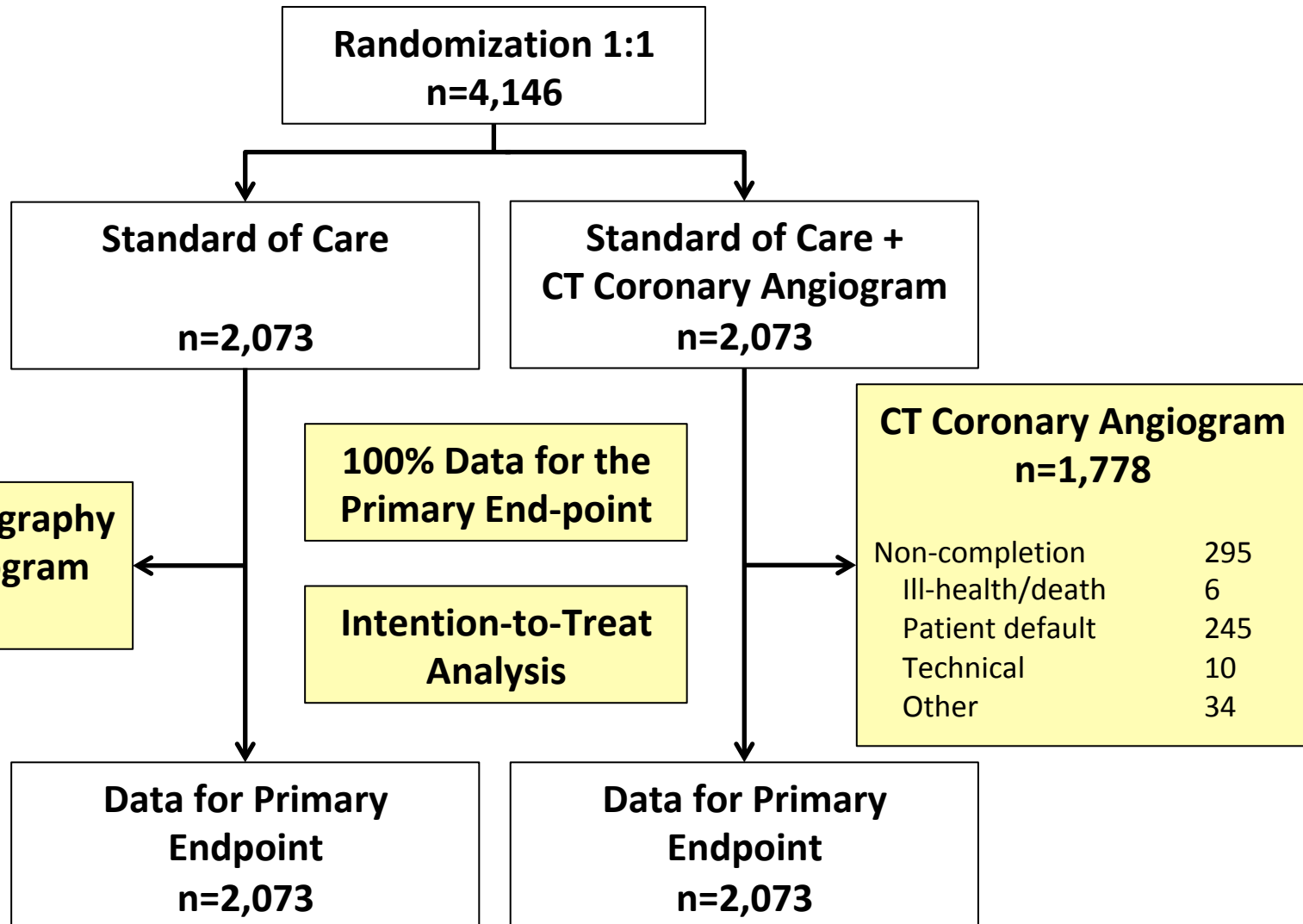
The SCOT-HEART Investigators*





SCOT-HEART

Trial Population





SCOT-HEART Trial

The 5-Year Data



Pre-specified 5-year assessment of Coronary CT Angiography on:

- Coronary heart disease death or non-fatal myocardial infarction
- Invasive coronary angiography and coronary revascularisation
- Prescription of preventative therapies

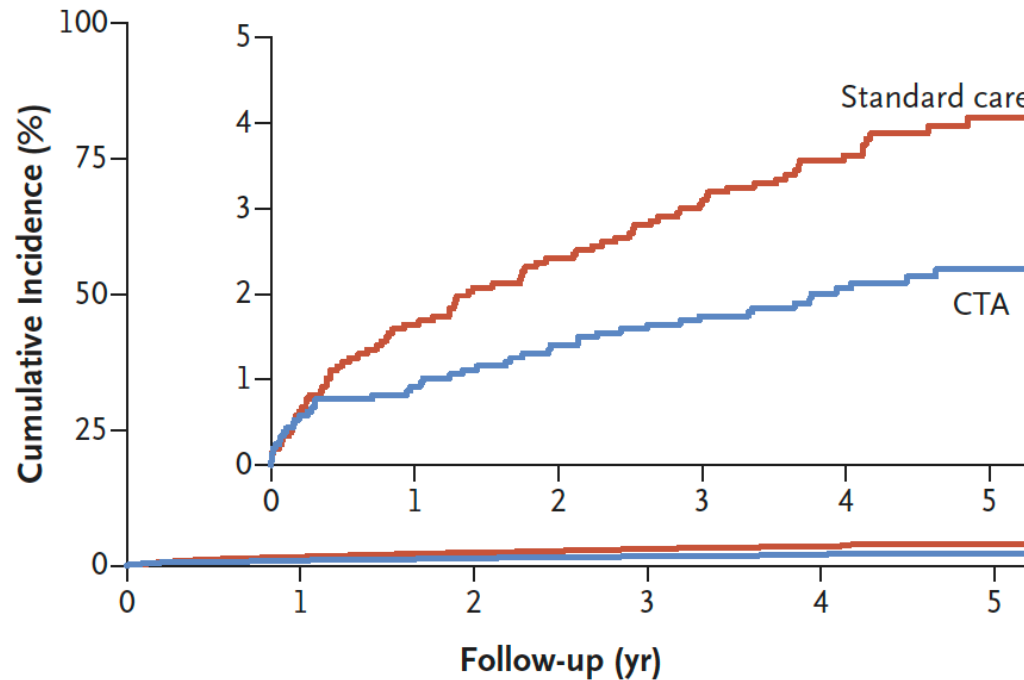


Trials. 2012;13:184

Fatal or Non-fatal MI



A Death from Coronary Heart Disease or Nonfatal Myocardial Infarction



Hazard Ratio 0.59
(95% CI, 0.41 to 0.84)
P=0.004

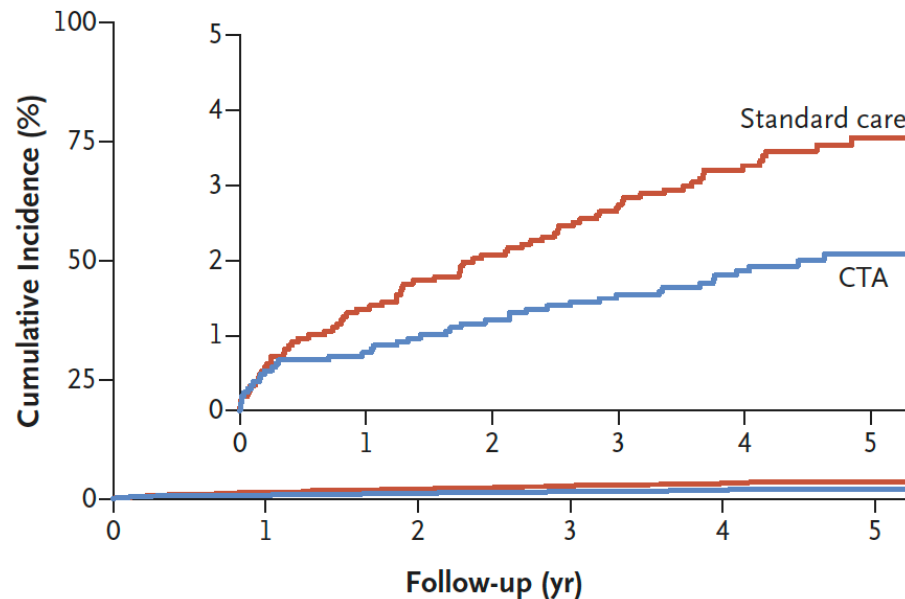
No. at Risk

Standard care	2073	2033	2008	1994	1572	856
CTA	2073	2051	2029	2015	1588	872

Non-fatal Myocardial Infarction



B Nonfatal Myocardial Infarction



Hazard Ratio 0.60
(95% CI, 0.41 to 0.87)
P=0.007

No. at Risk

Standard care	2073	2045	2030	2017	1597	881
CTA	2073	2057	2048	2041	1618	891

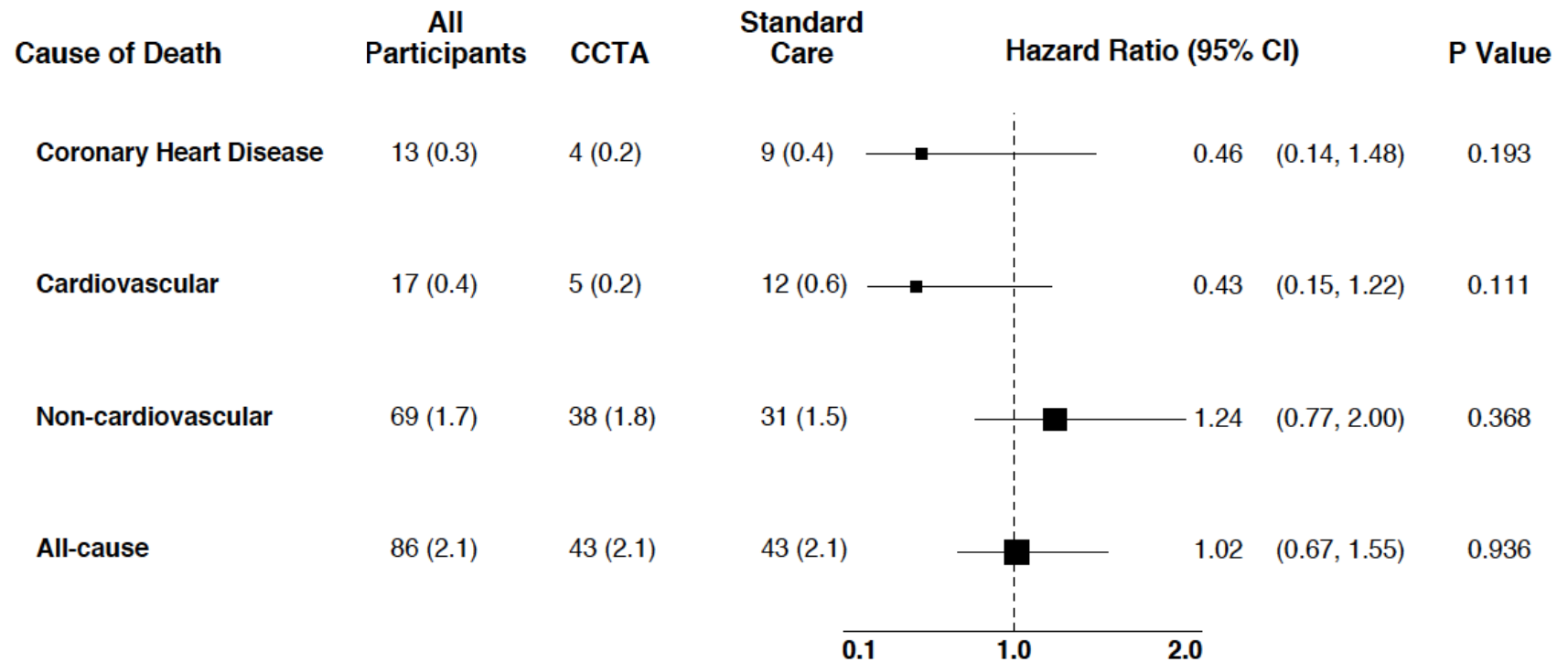
— Standard Care Alone

— CTCA + Standard Care

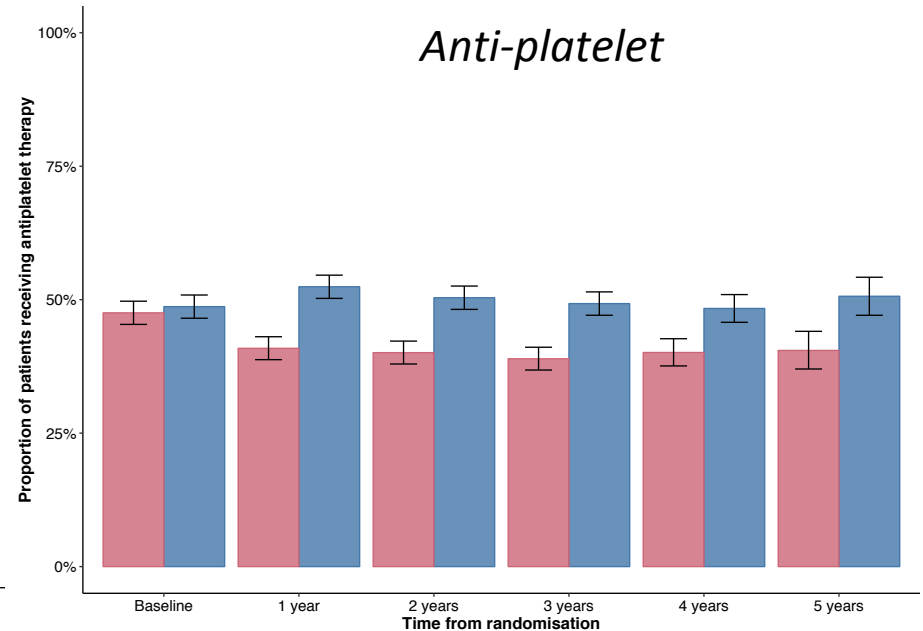
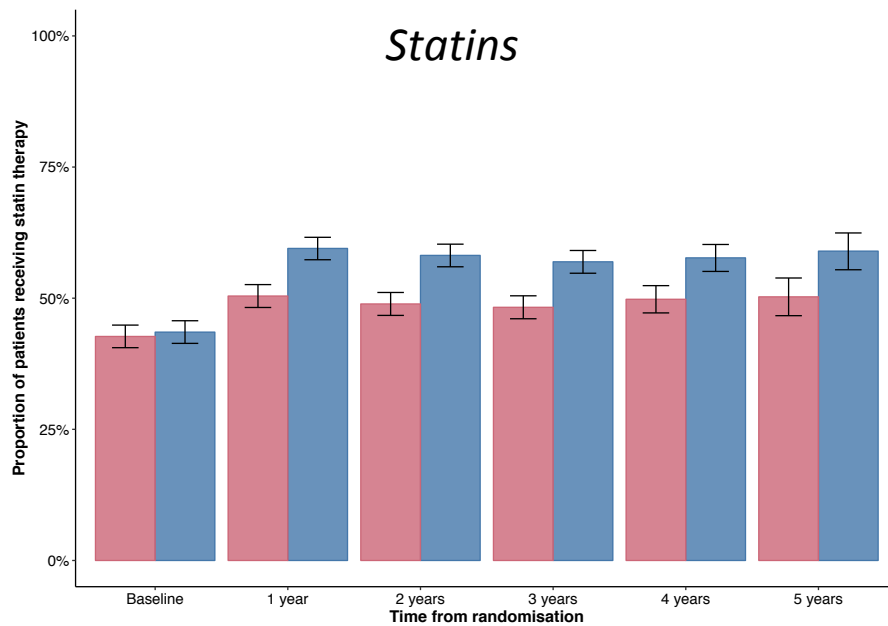


Mortality

Cardiovascular and Non-cardiovascular Death



Statin & Anti-Platelet Therapy Use over 5 Years

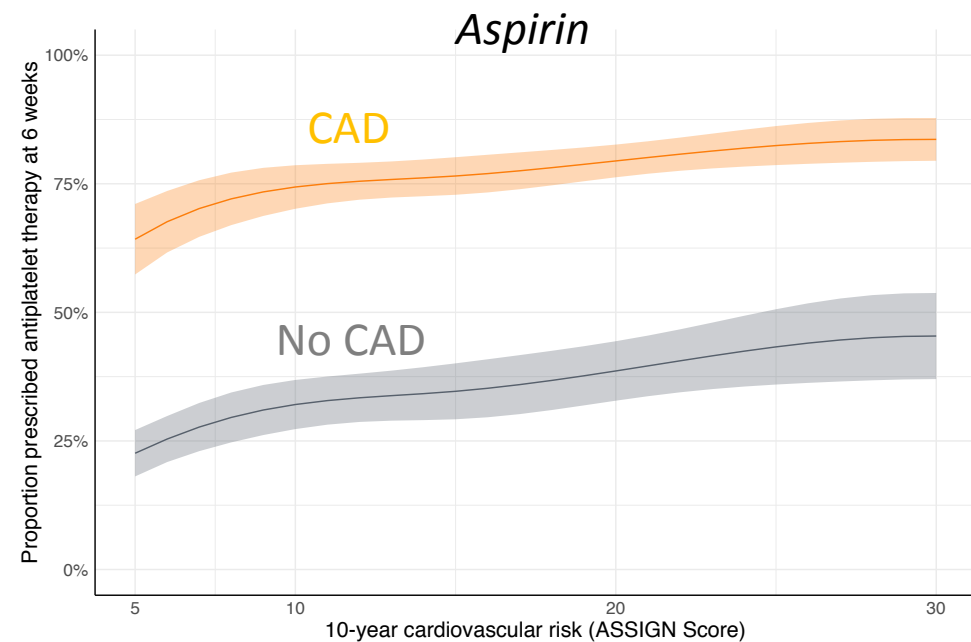
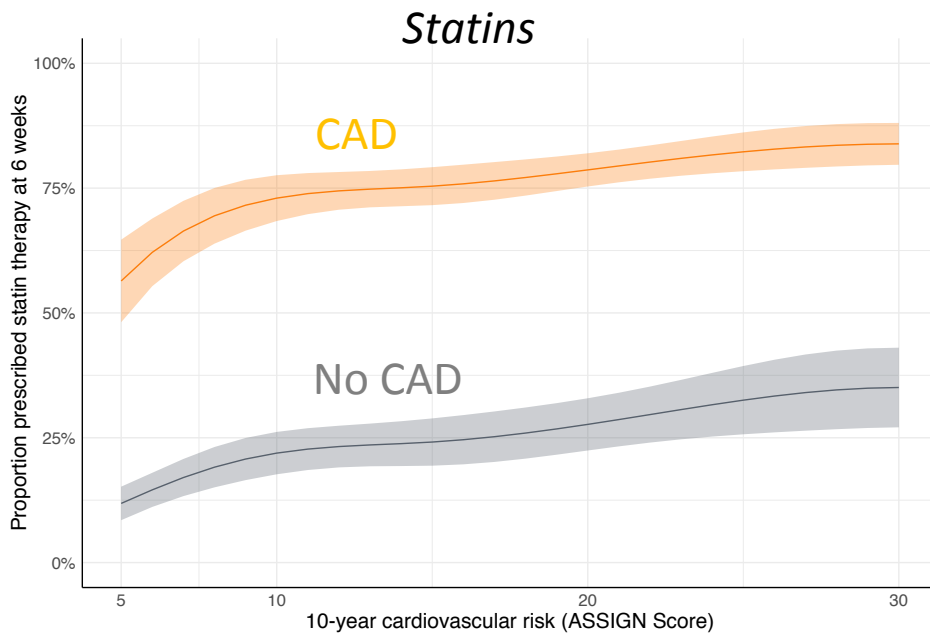


CT: blue

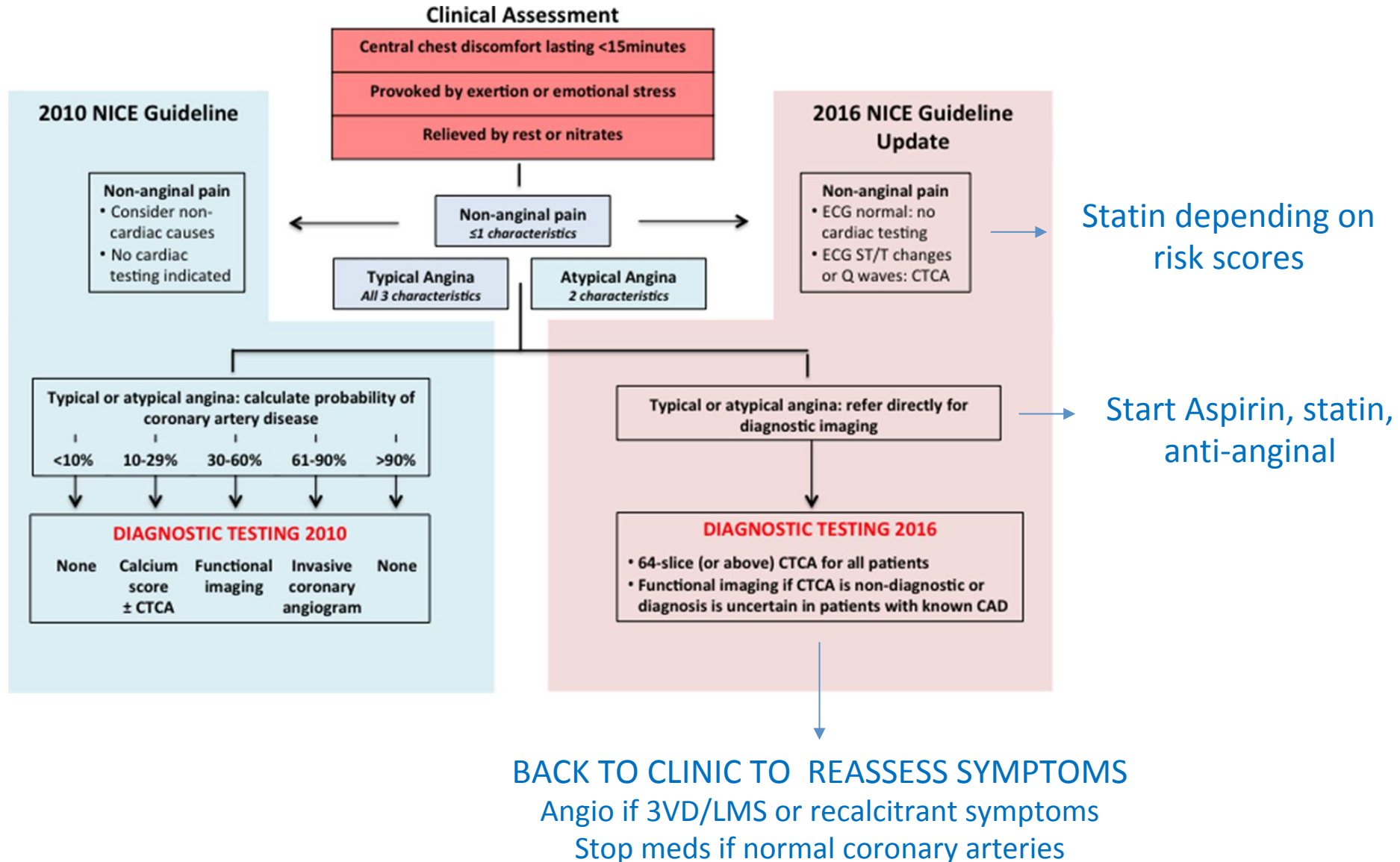
Standard care: red

The Right Patient Gets the Right Treatment

Aspirin & Statin Use in Patient with and without CAD on CT imaging



The Right Patient Gets the Right Treatment





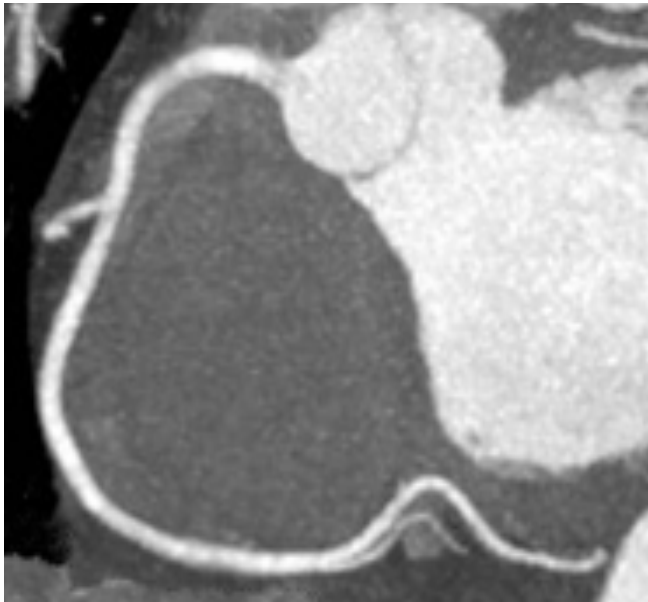
What about CT imaging in the ED?

- Have they had a heart attack?
- Do they have plaque?
- Do they have prognostic disease?

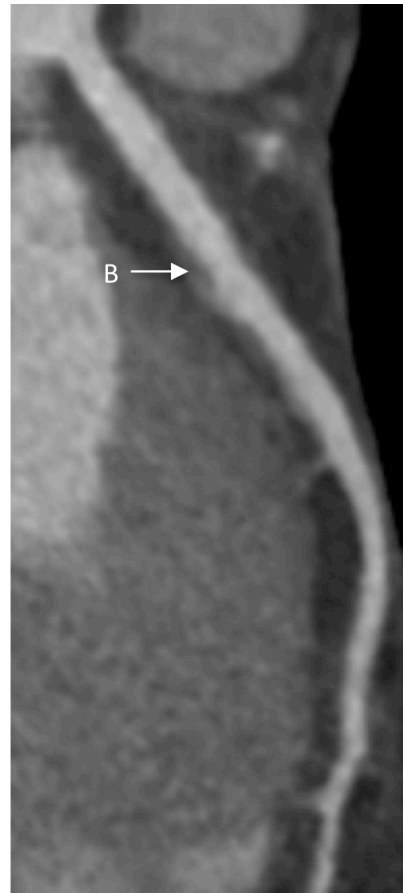
Have they had a heart attack?



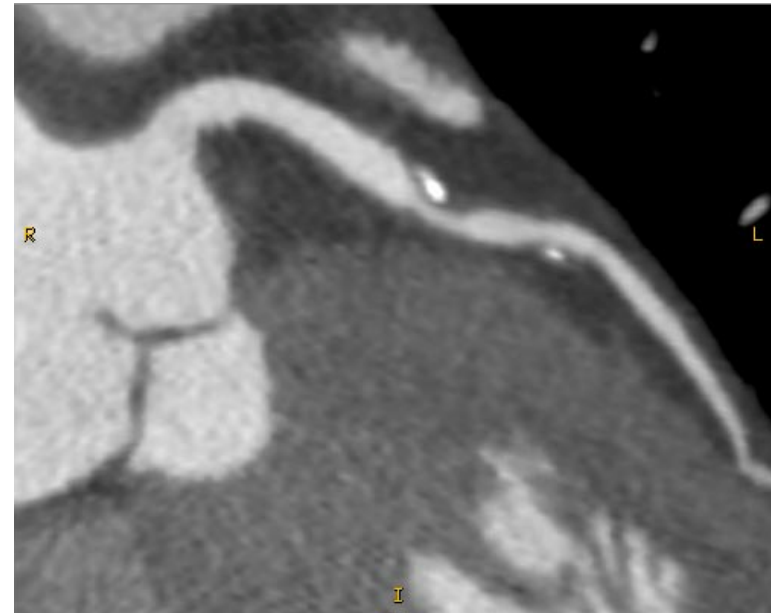
Normal



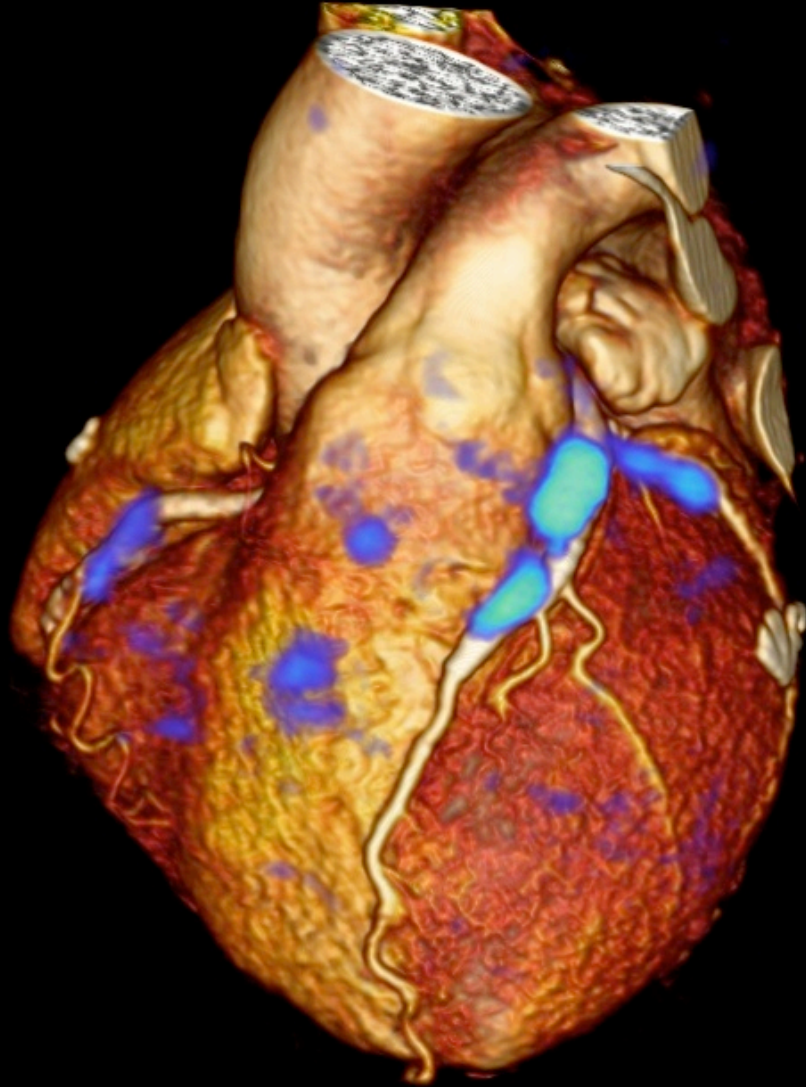
Non-obstructive



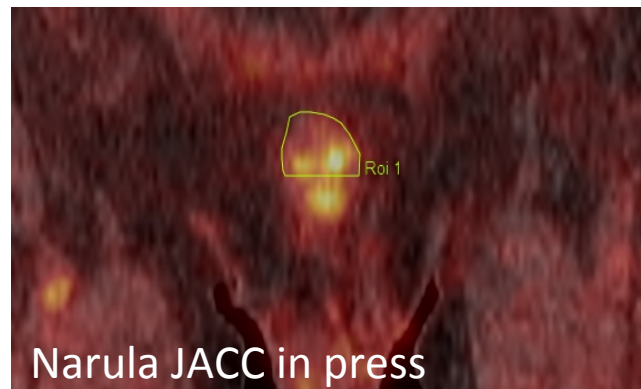
Obstructive



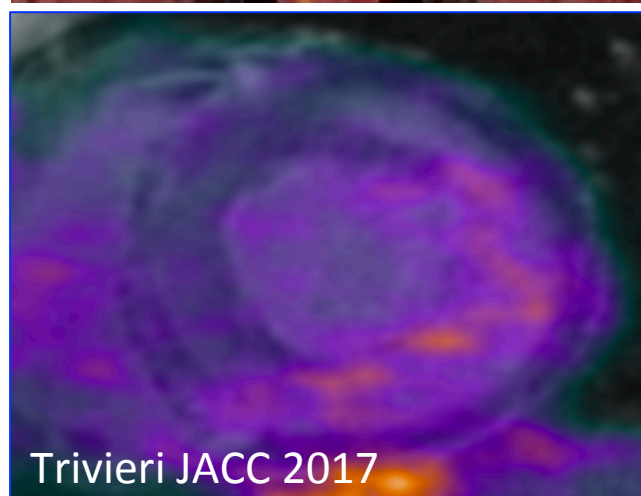
CAN WE BETTER IDENTIFY CULPRIT PLAQUE IN THE CORONARY ARTERIES?



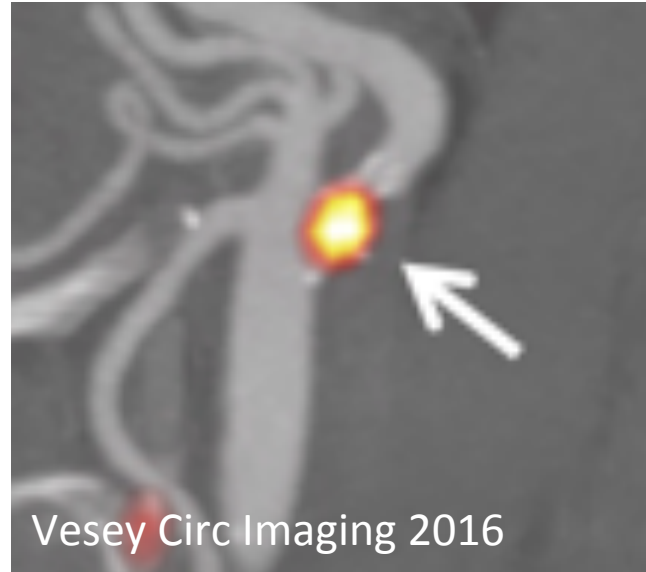
^{18}F -Fluoride PET



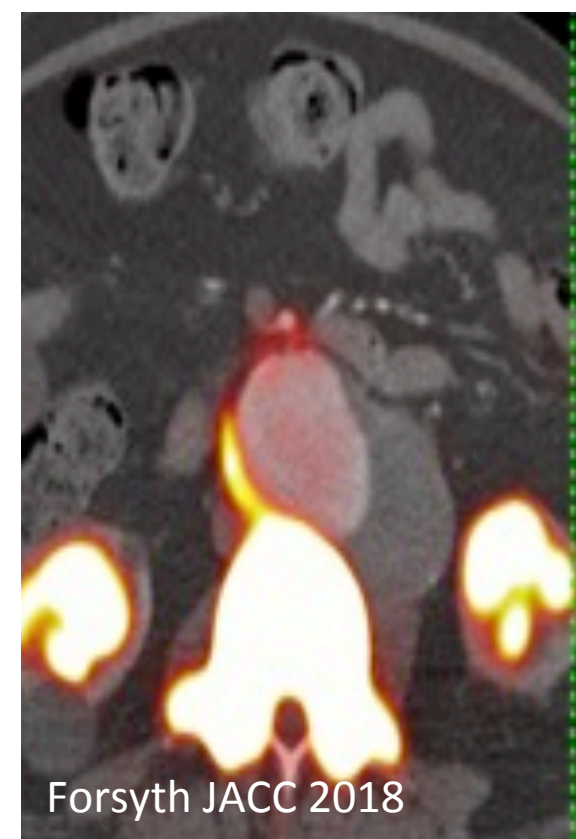
Narula JACC in press



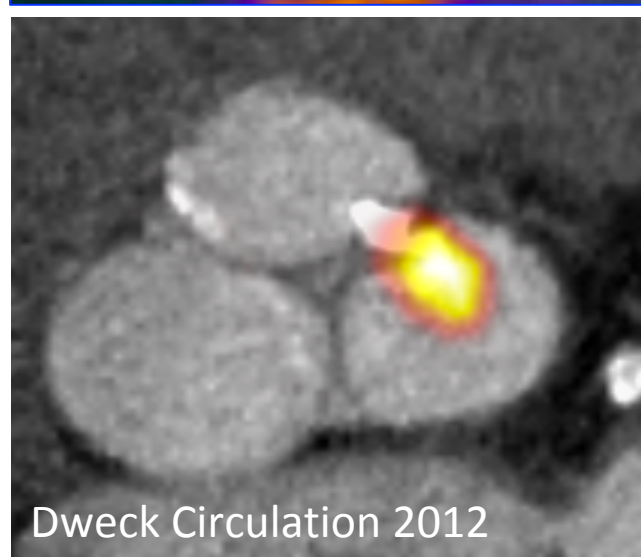
Trivieri JACC 2017



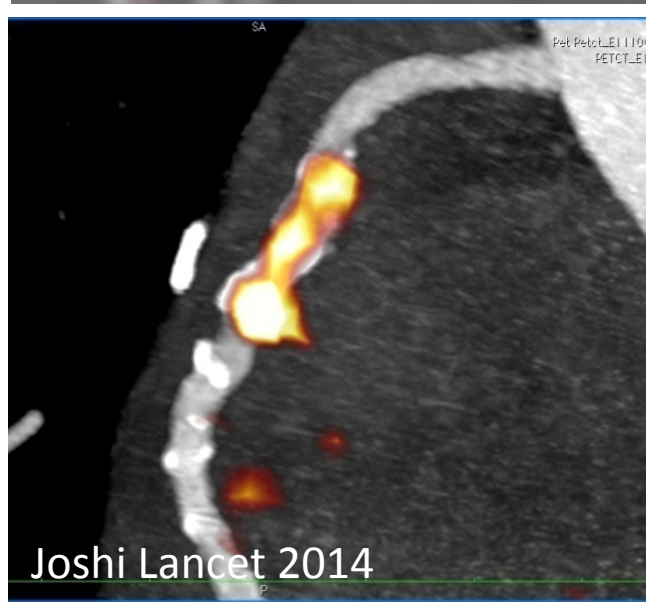
Vesey Circ Imaging 2016



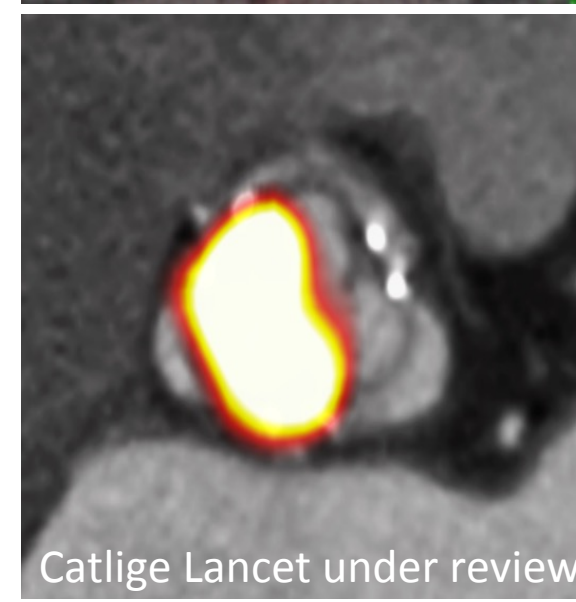
Forsyth JACC 2018



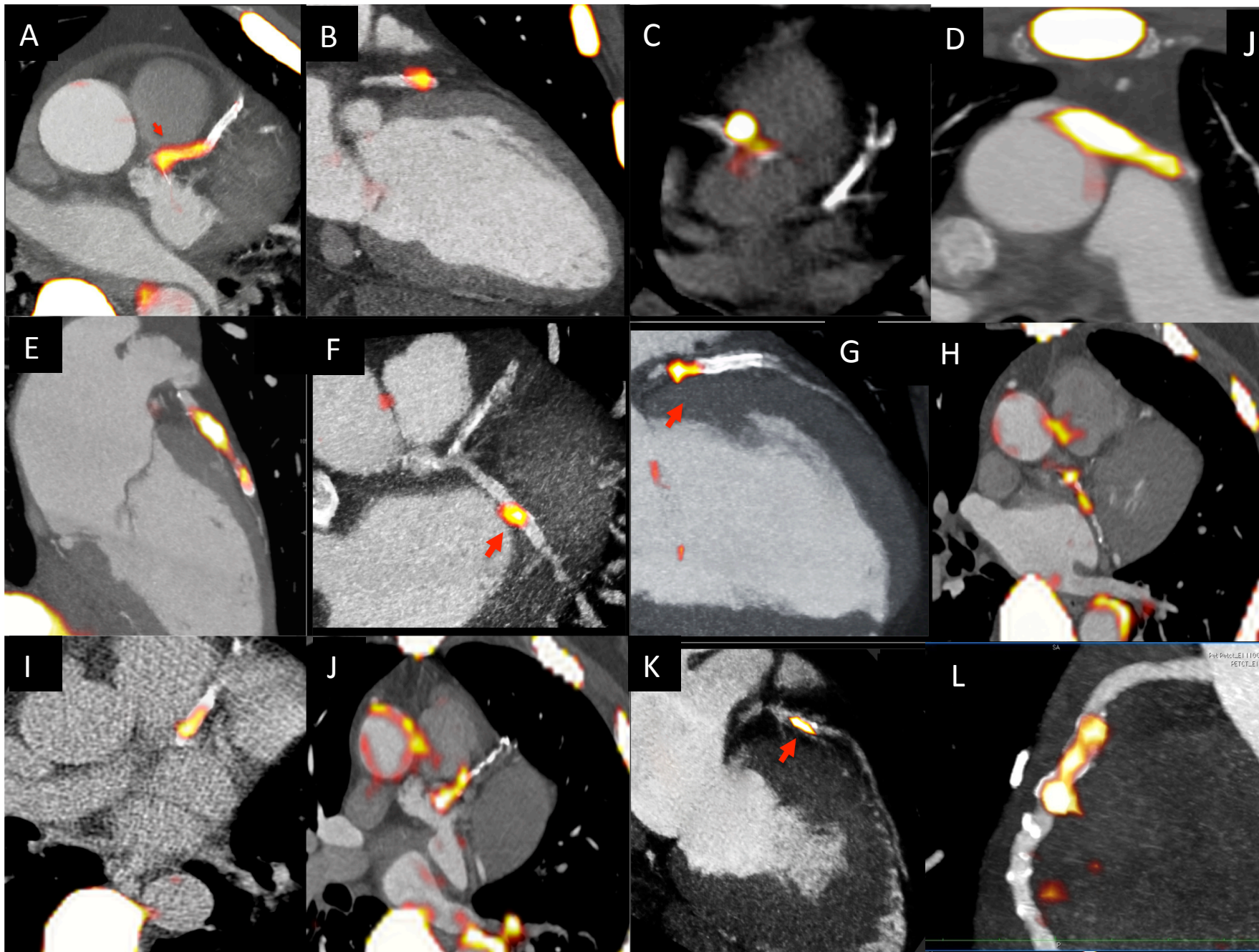
Dweck Circulation 2012



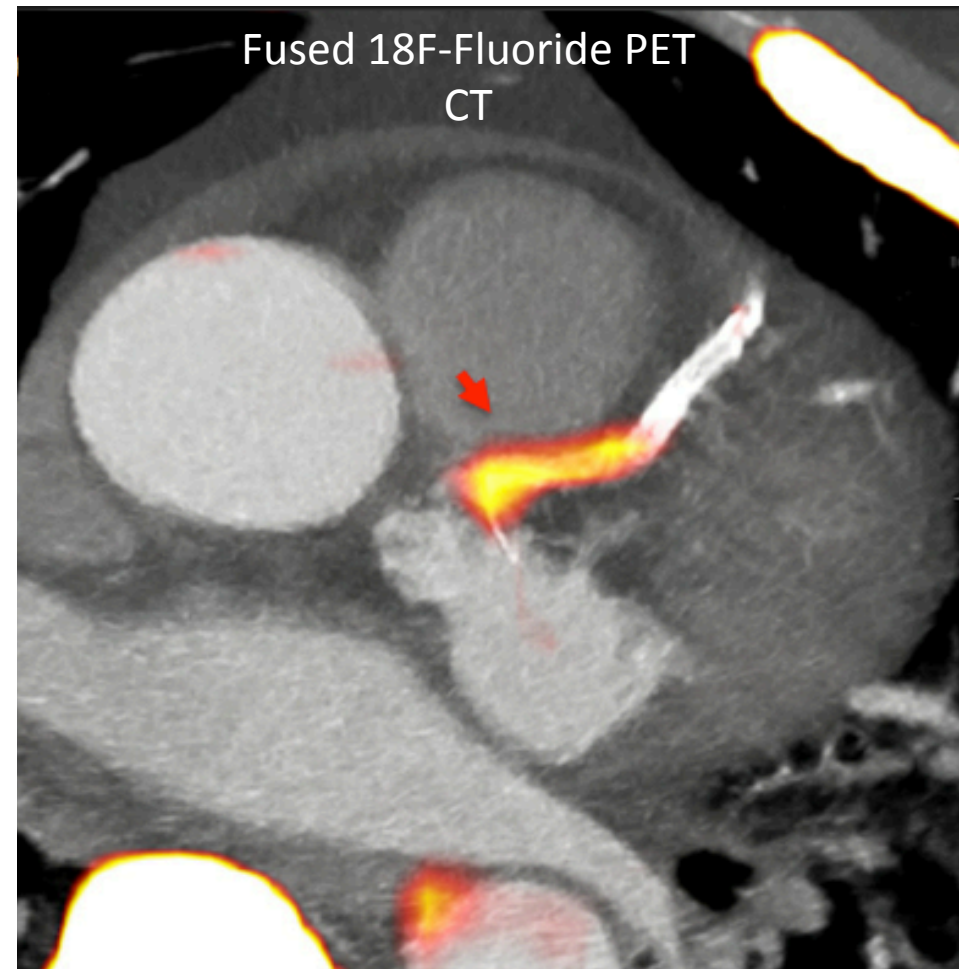
Joshi Lancet 2014



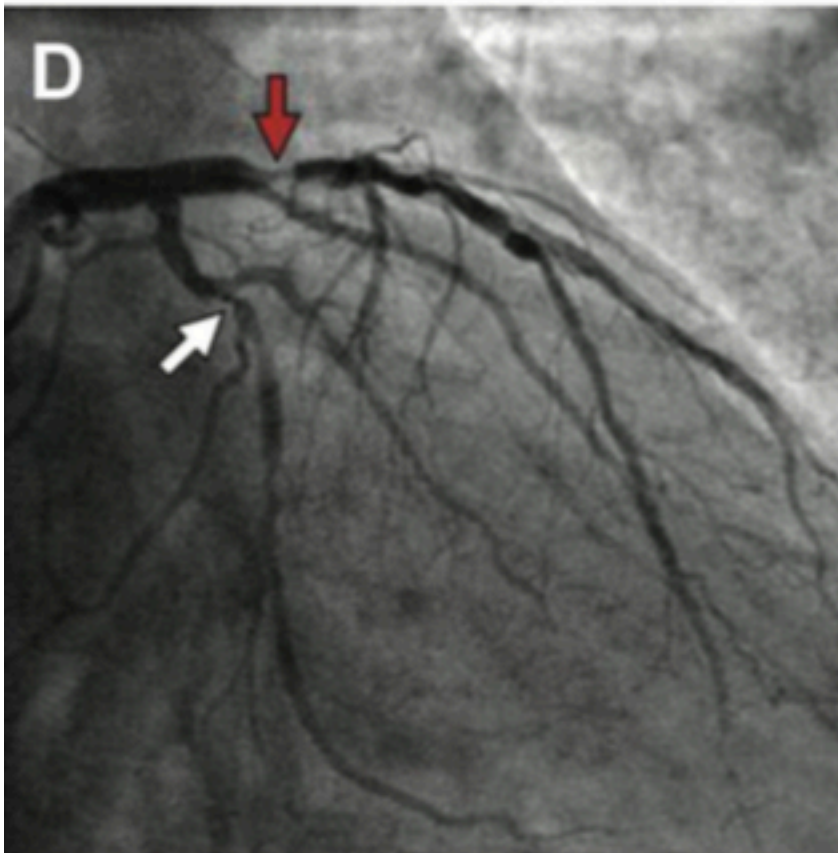
Catlige Lancet under review



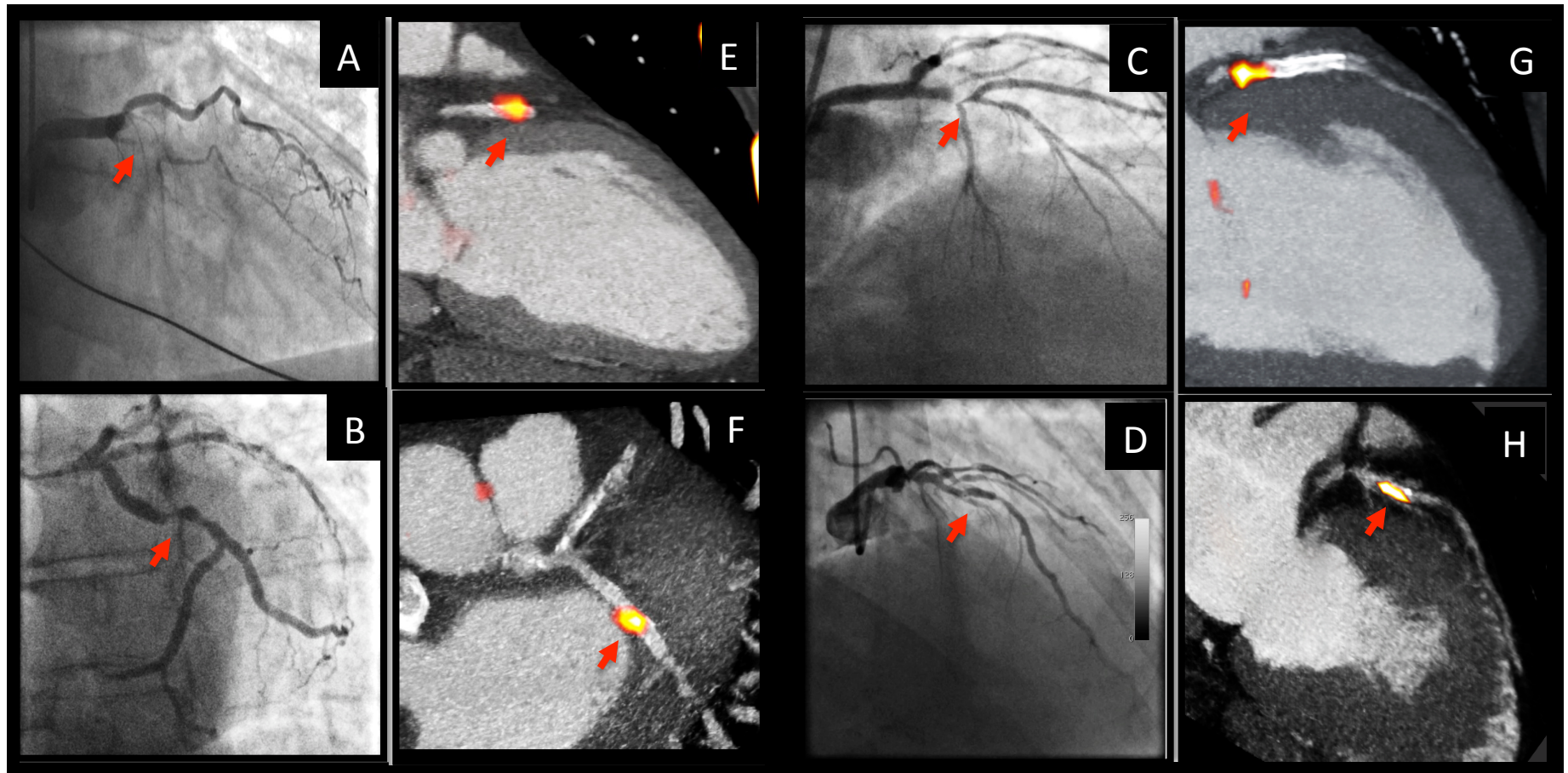
^{18}F -Fluoride post STEMI



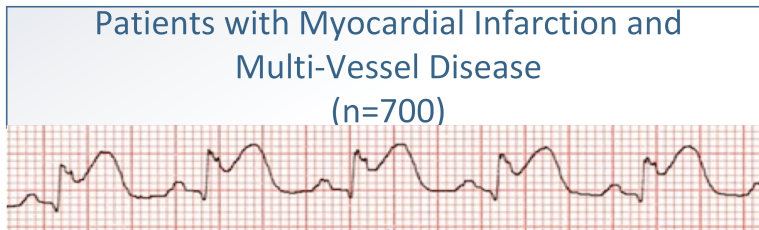
^{18}F -Fluoride post STEMI



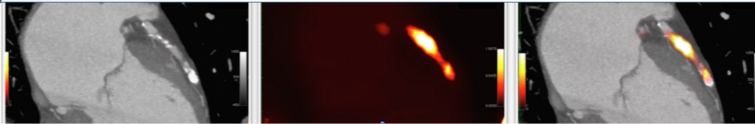
Patients with Myocardial Infarction *¹⁸F-Fluoride Identifies Culprit Plaque*



Will ^{18}F -Fluoride Predict Events?

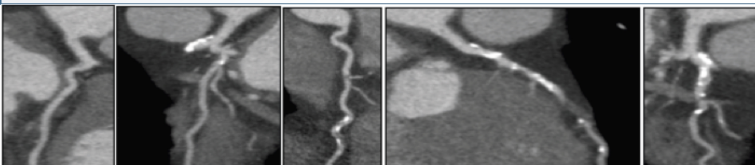


Baseline ^{18}F -NaF PET, CTCa^{2+}
+ CT-Coronary Angiogram
<21days from MI



Telephone follow-up at 12 monthly intervals until
study end

CTCa^{2+} + CT-Coronary Angiogram at 2 years



Electronic Health Record Review for 5 years after
study end

The
PREFFIR
Study



Disease Progression

Clinical Events
(Cardiac Death or MI)

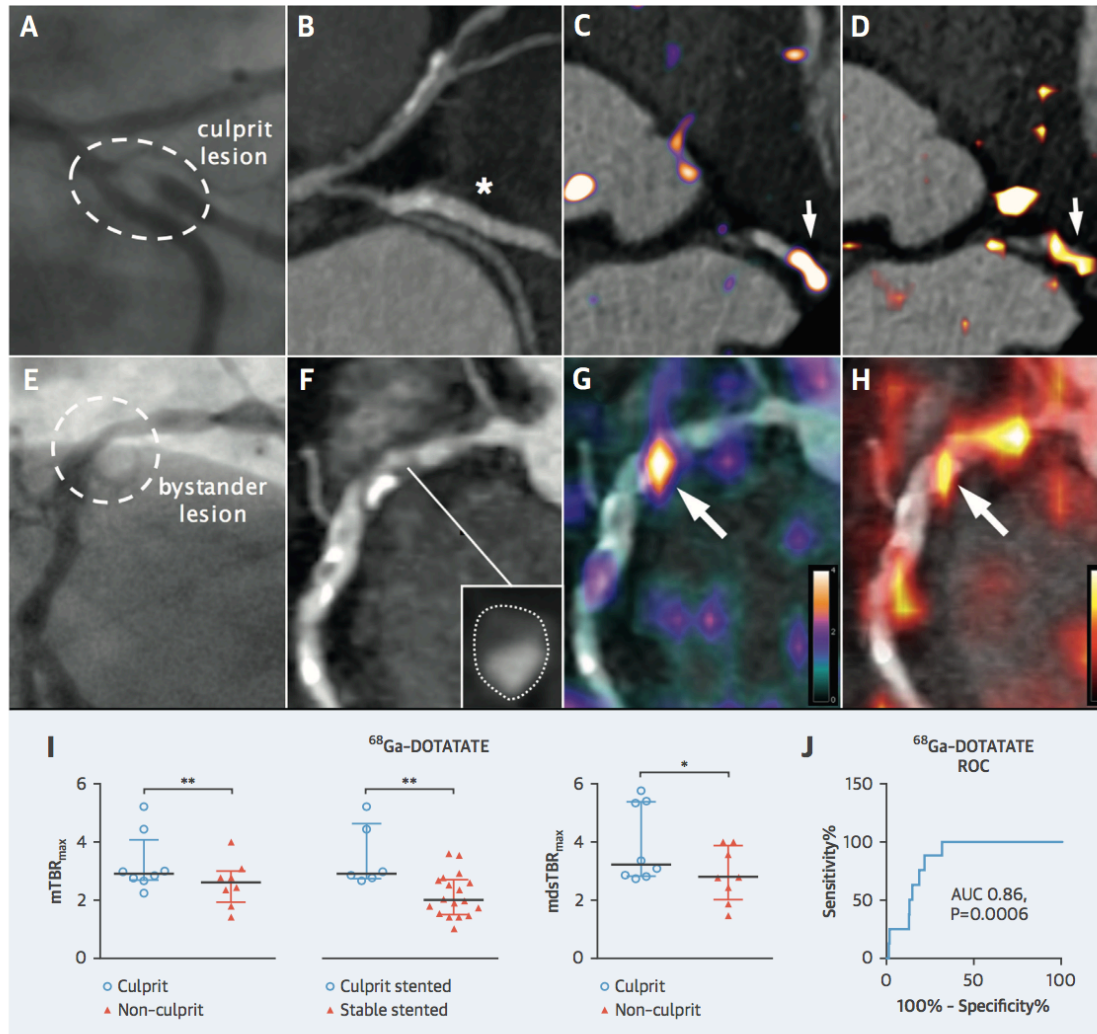


New Tracers



Macrophages 68-Gallium Dotatate

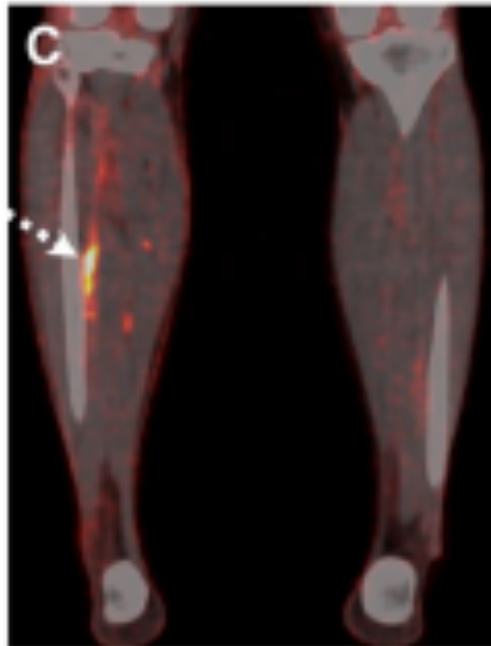
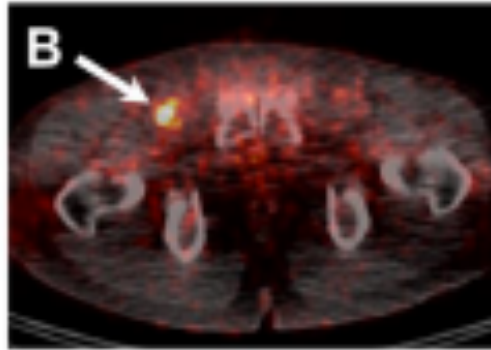
FIGURE 3 Coronary PET Inflammation Imaging: ACS Culprit Versus Bystander Lesions



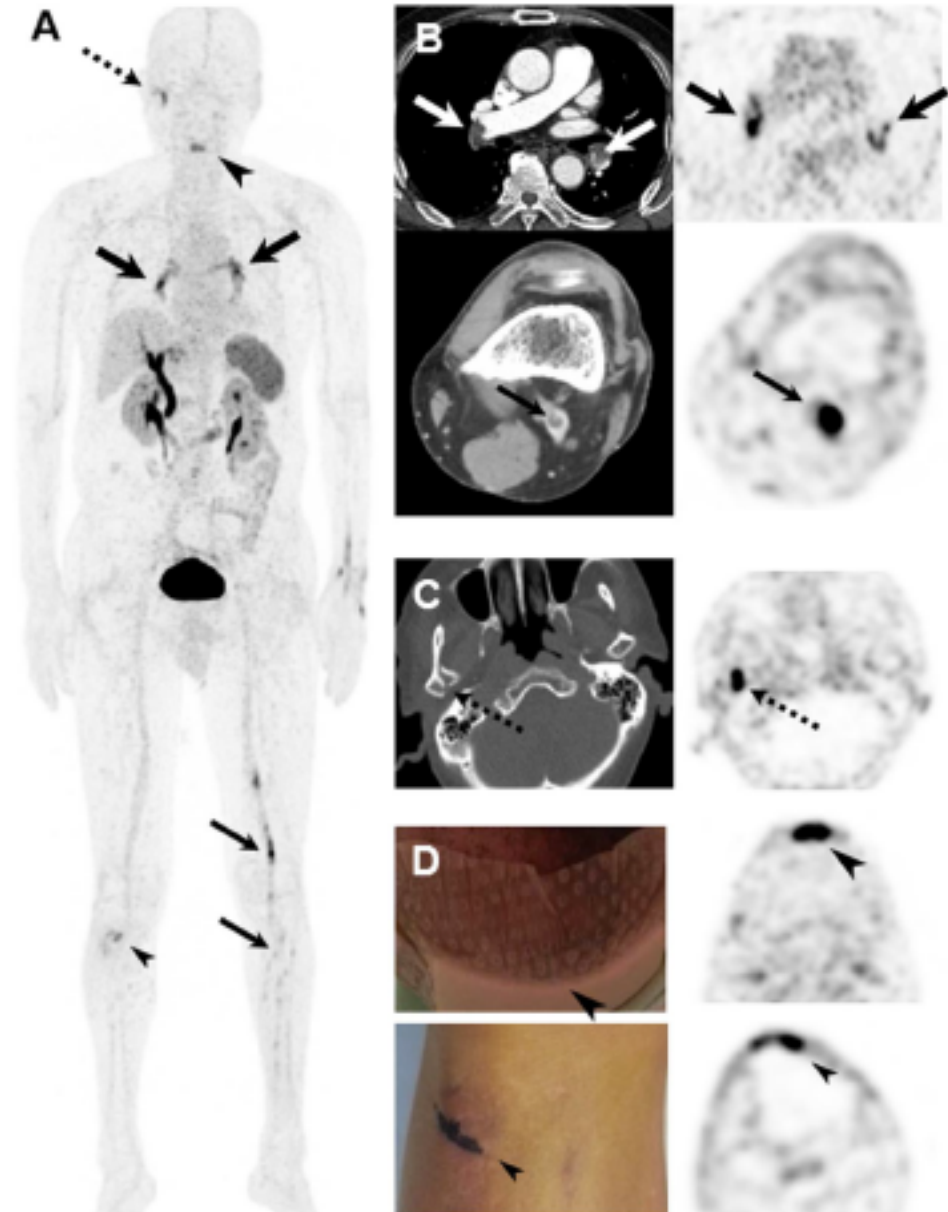
18F-GP1 THROMBUS TRACER



Edinburgh
Heart Centre



18F-GP1 THROMBUS TRACER



Kim, C., Lee, J. S., Han, Y., Chae, S. Y., Jin, S., Sung, C., et al. (2018). Glycoprotein IIb/IIIa receptor imaging with 18F-GP1 positron emission tomography for acute venous thromboembolism: an open-label, non-randomized, first-in-human phase 1 study. *Journal of Nuclear Medicine : Official Publication, Society of Nuclear Medicine*, jnumed.118.212084. <http://doi.org/10.2967/jnumed.118.212084>

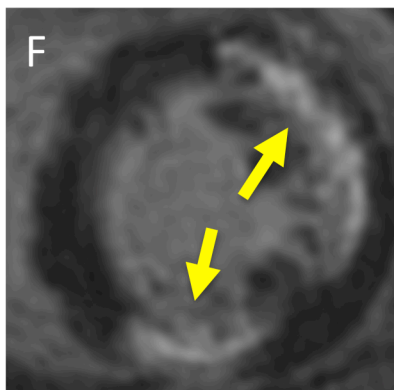
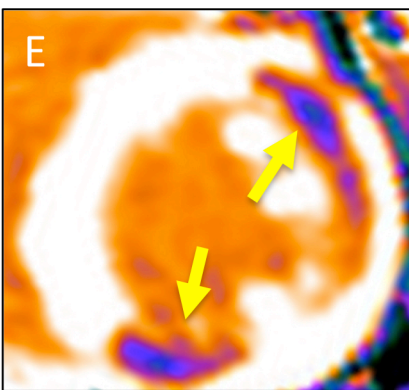
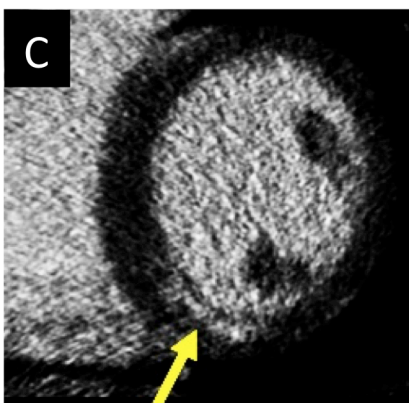
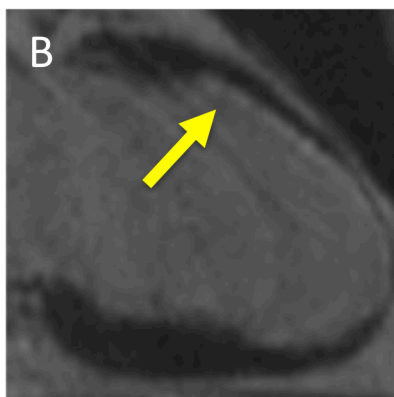
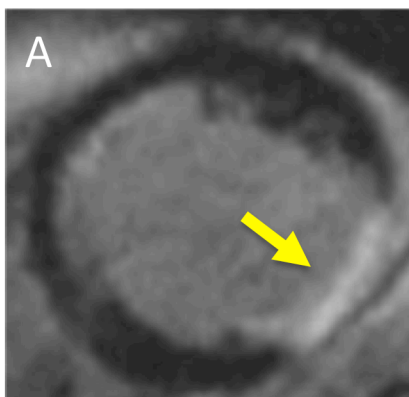


Cardiac MRI

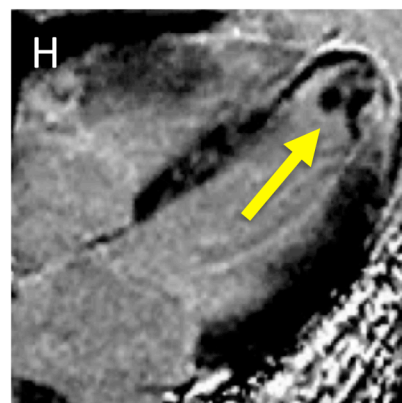
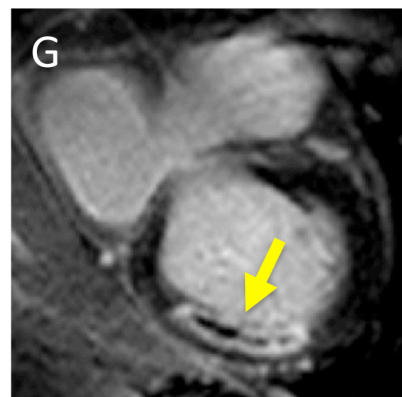




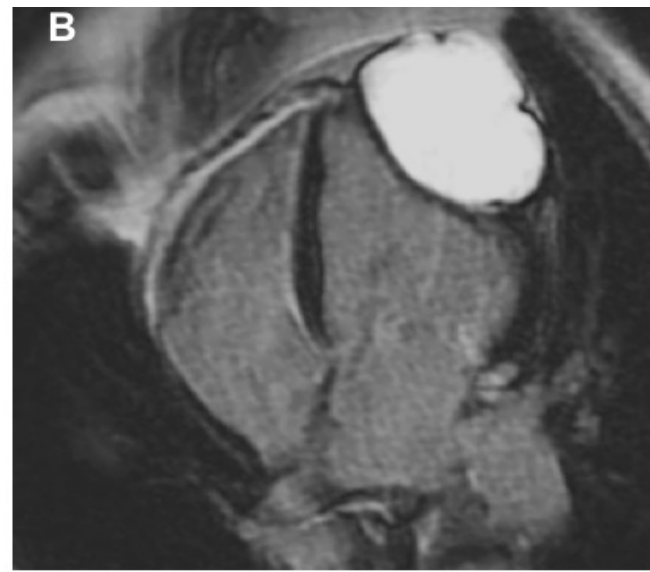
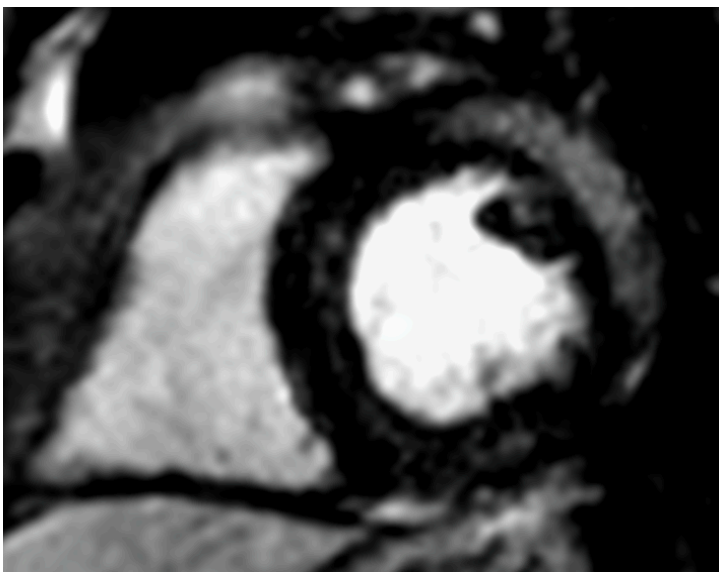
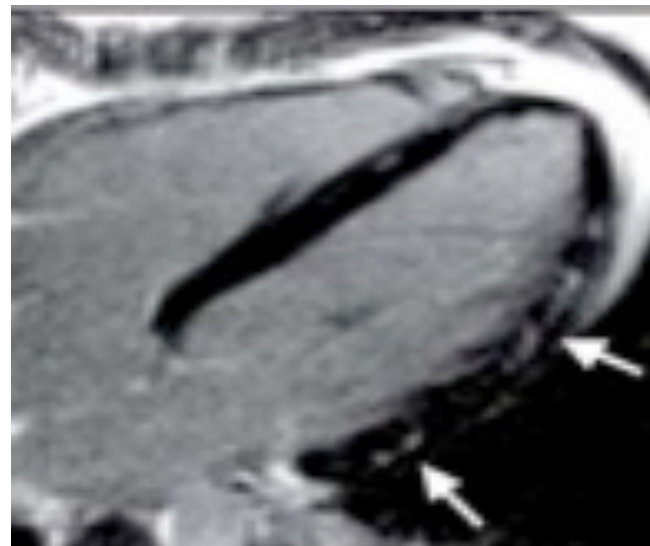
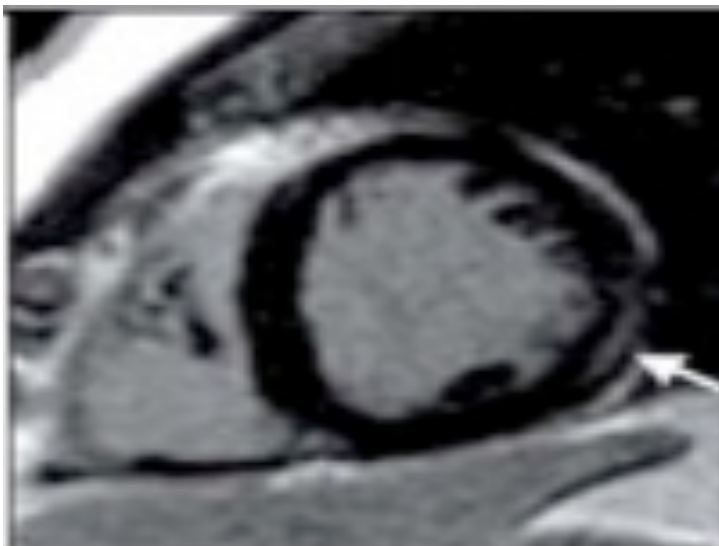
Myocardial scar imaging post MI



Complications post MI



DIFFERENTIAL DIAGNOSIS

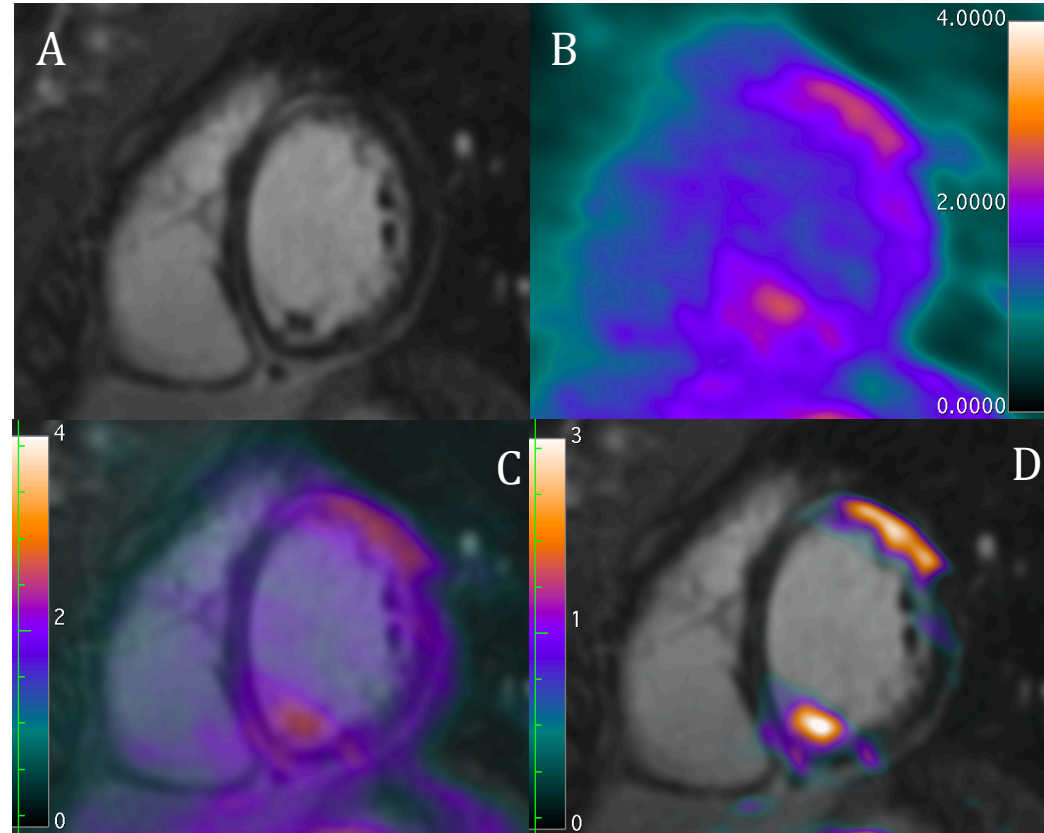
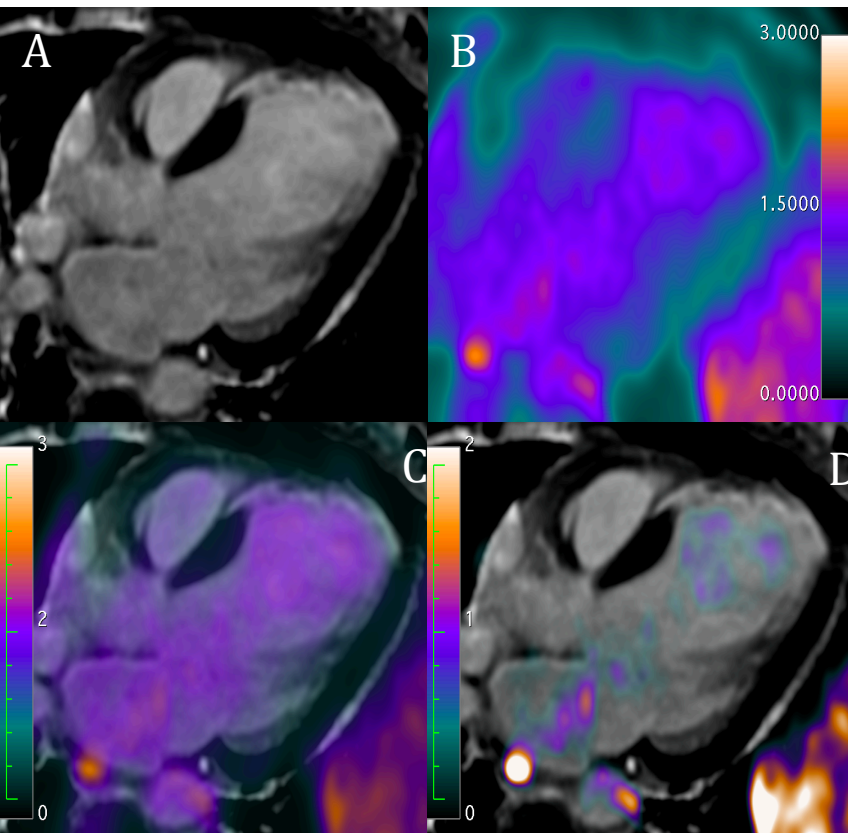


MI vs Myocarditis & Disease Activity



Old Infarct

Acute Myocarditis





Acknowledgements



University of Edinburgh

Prof David Newby
Prof Nick Mills
Prof Edwin van Beek
Prof Keith Fox
Dr Nicholas Boon
Dr Tania Pawade
Dr Russell Everett
Dr Anoop Shah
Dr Mhairi Doris
Dr Jack Andrews
Dr Tim Cartlidge
Dr Chris Tuck
Dr Alastair Moss
Dr Phil Adamson

University of Cambridge

Dr James Rudd
Dr Anthony Davenport
Prof Martin Bennett
Dr Agnese Irkle
Dr Patrick Calvert

The British Heart Foundation

- BHF Clinical Research Training Fellowship (FS/10/026)
- Extension to Clinical Research Training Fellowship (FS-10/026)
- BHF Clinical Research Training Fellowship (FS/12/84/29814)
- BHF Project Grant (PG/12/8/29371)
- BHF Intermediate Clinical Research Fellowship (FS/14/78/31020)
- BHF Programme Grant (RG/16/10/32375).
- BHF Centre of Research Excellence Award.

The Chief Scientist Office

Wellcome Trust

Sir Jules Thorn Award for Biomedical Research 2015

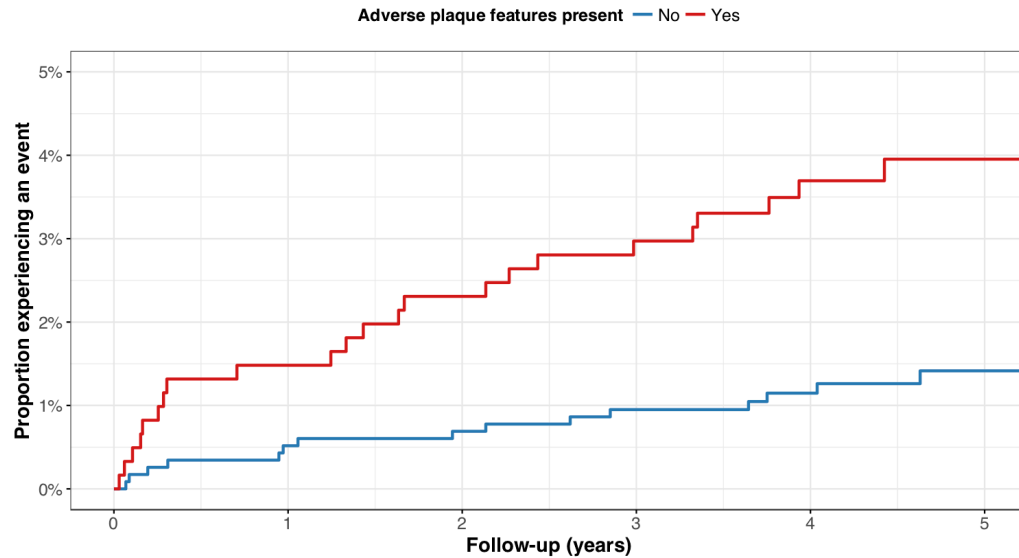
Cedars Sinai Hospital LA

Prof Dan Berman
Prof Piotr Slomka
Dr Damini Dey

Mount Sinai Hospital, NY

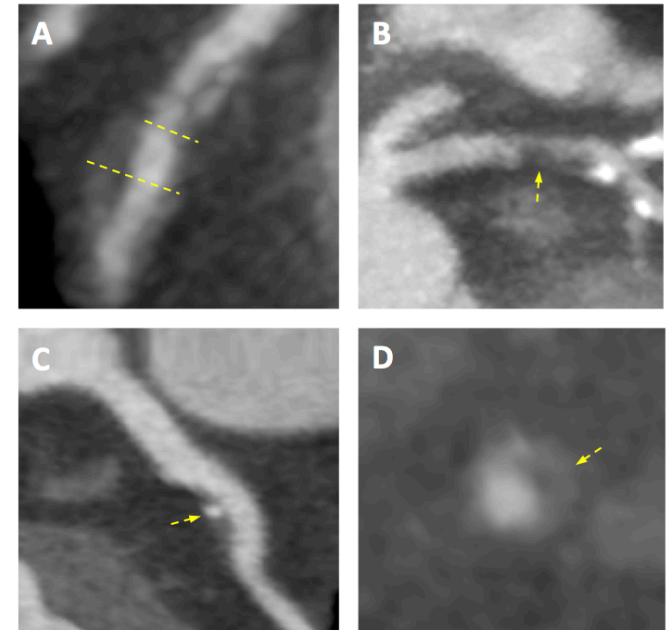
Prof Zahi Fayad
Prof Valentin Fuster
Prof Jagat Narula

High Risk Plaque

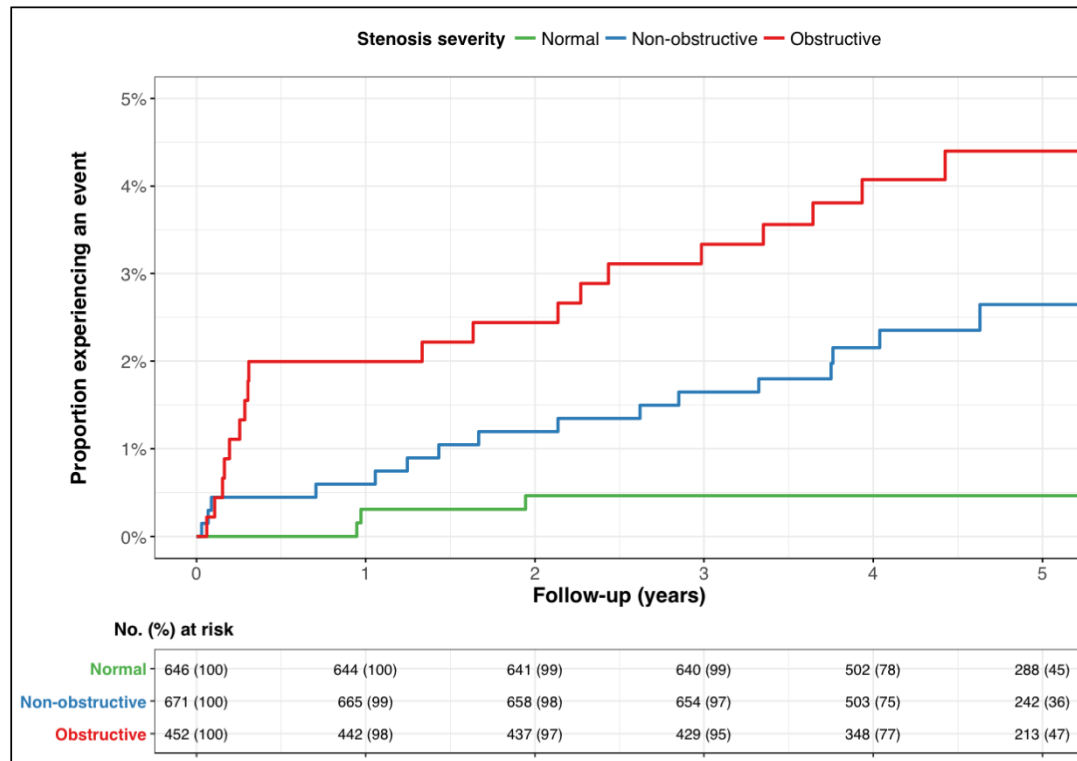


Adverse plaque features present

No	1161 (100)	1153 (99)	1146 (99)	1141 (98)	886 (76)	488 (42)
Yes	608 (100)	598 (98)	590 (97)	582 (96)	467 (77)	255 (42)

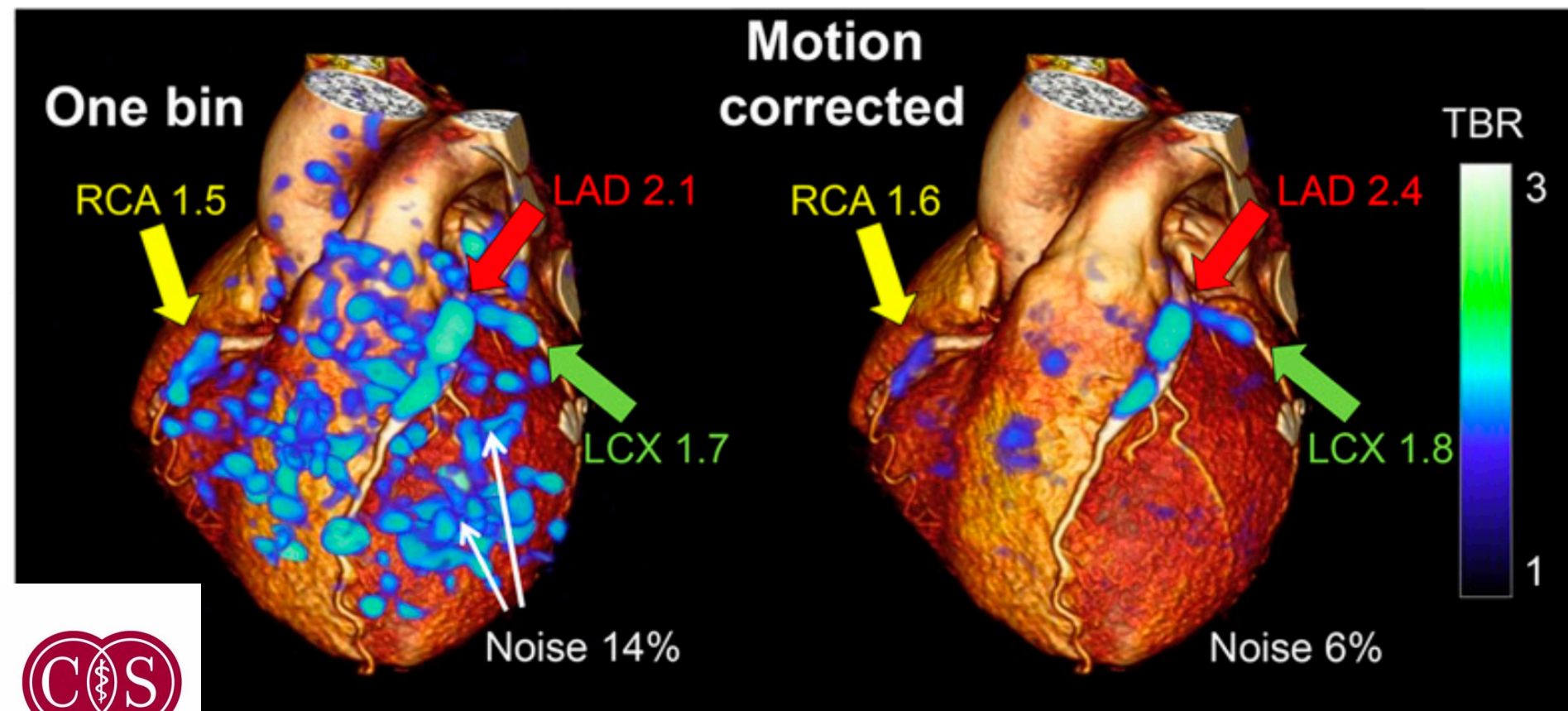
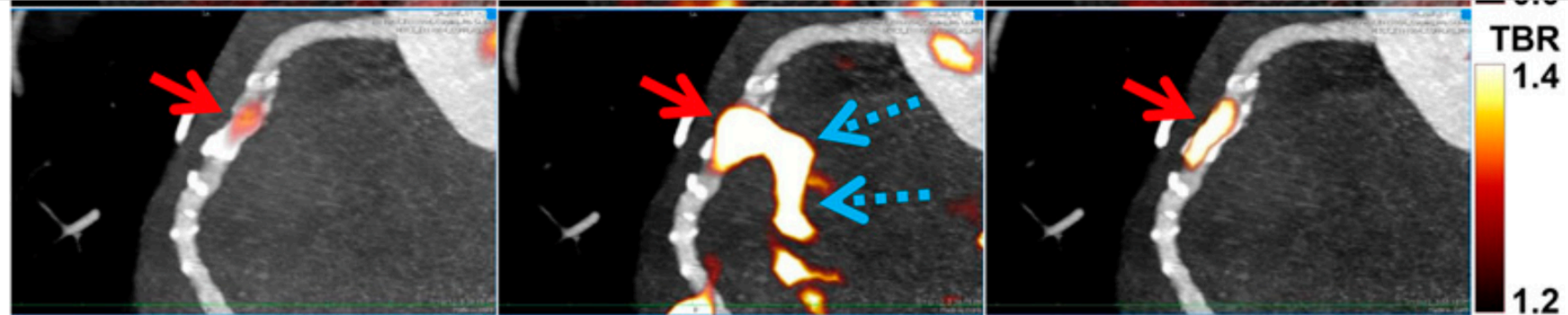


Obstructive & Non-obstructive Plaque



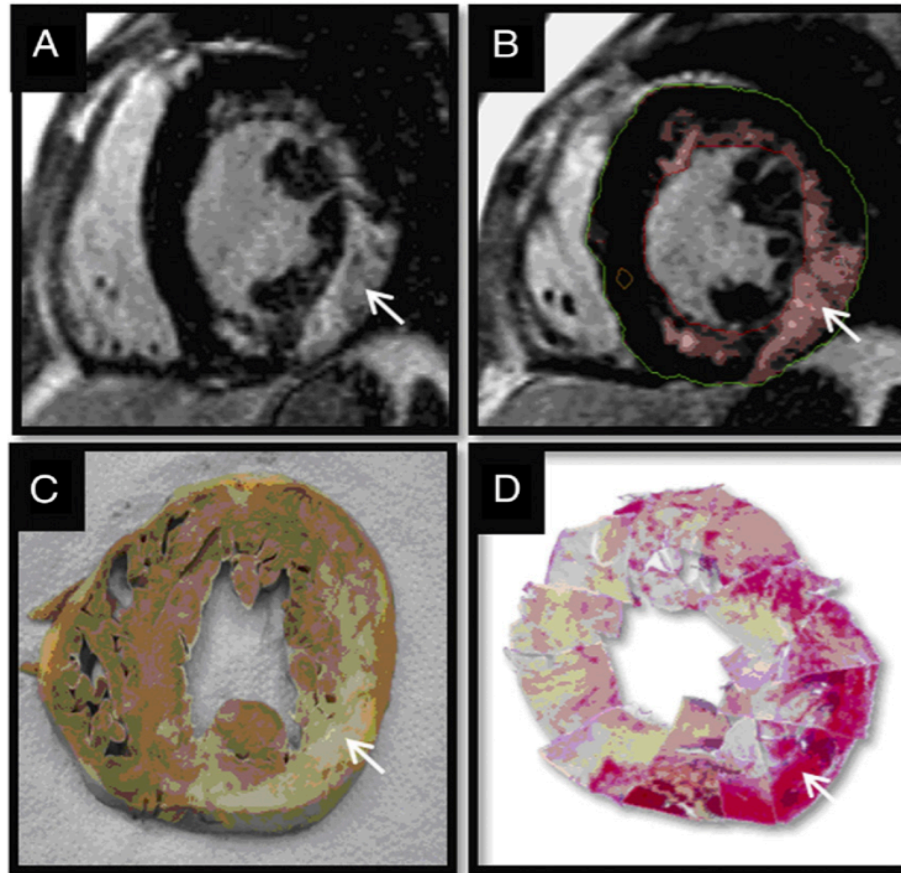
Plaque Burden is the Only Independent Predictor

	Univariable analysis	Multivariable analysis #
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Cardiovascular Risk score \$	1.00 (0.98, 1.03) p=0.861	-



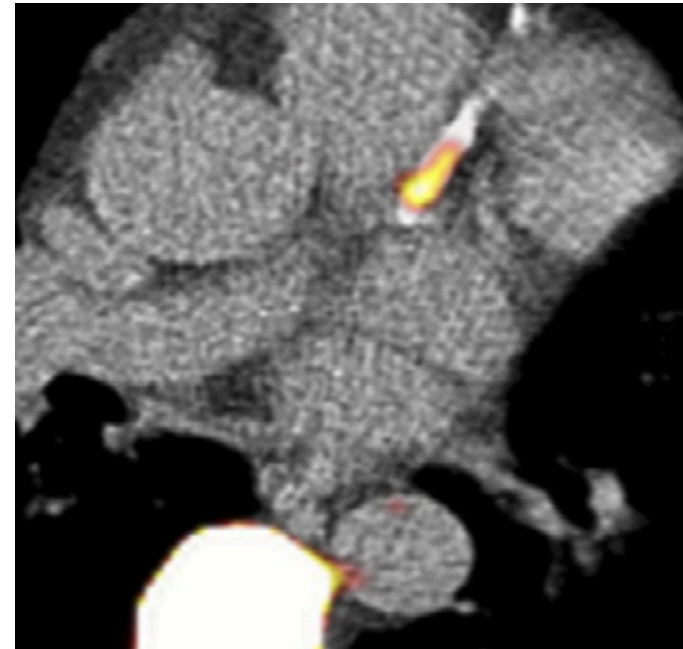
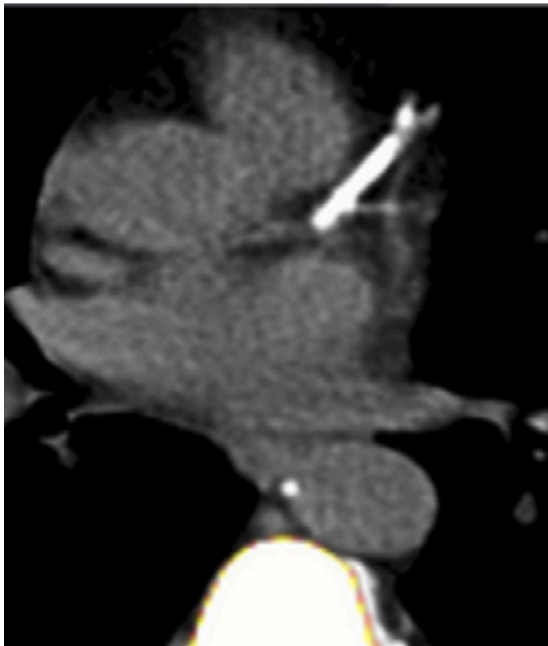


Detecting Scar in Heart Muscle



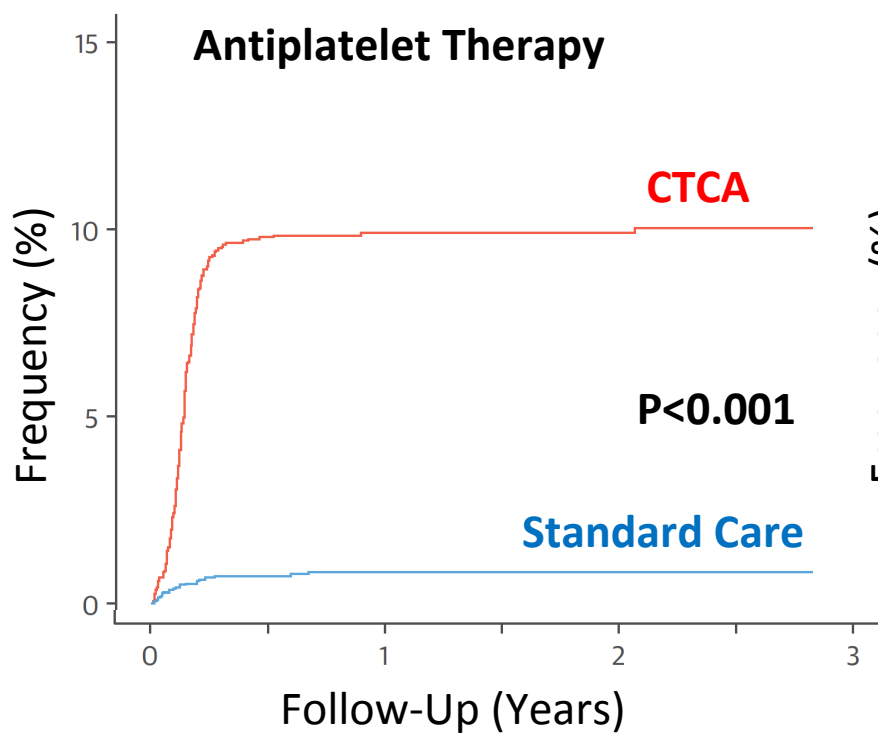
How Will We Use It?

- In patients with advanced atheroma
- Differentiating patients with stable burnt out disease and patients with active atheroma

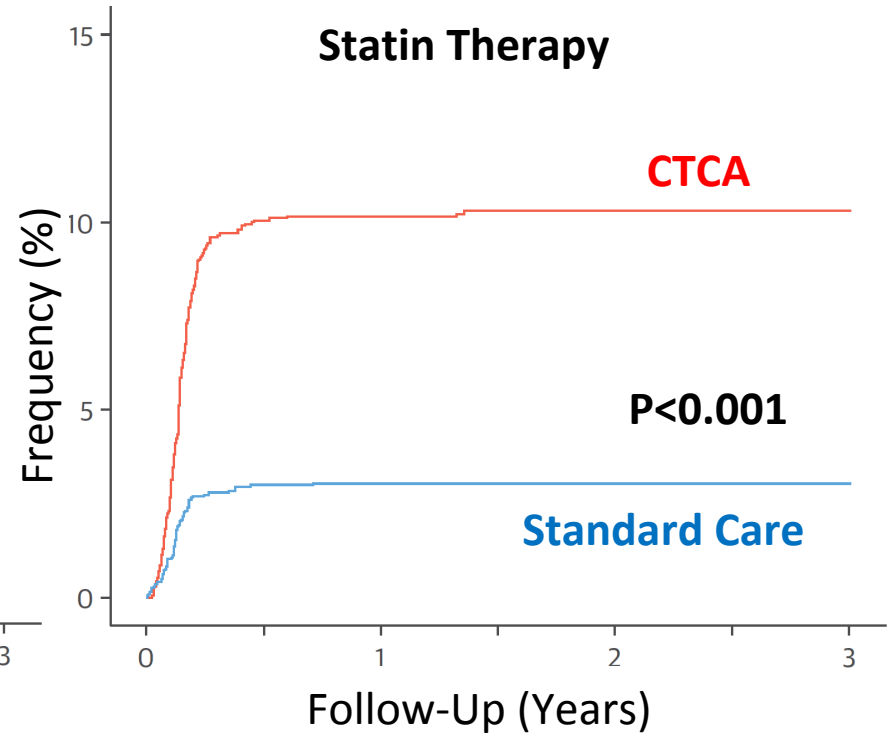


National Prescribing Data

Anti-platelet and Statin Therapy



**Median 46 [30-64] days
from clinic to prescription**



**Median 50 [30-70] days
from clinic to prescription**



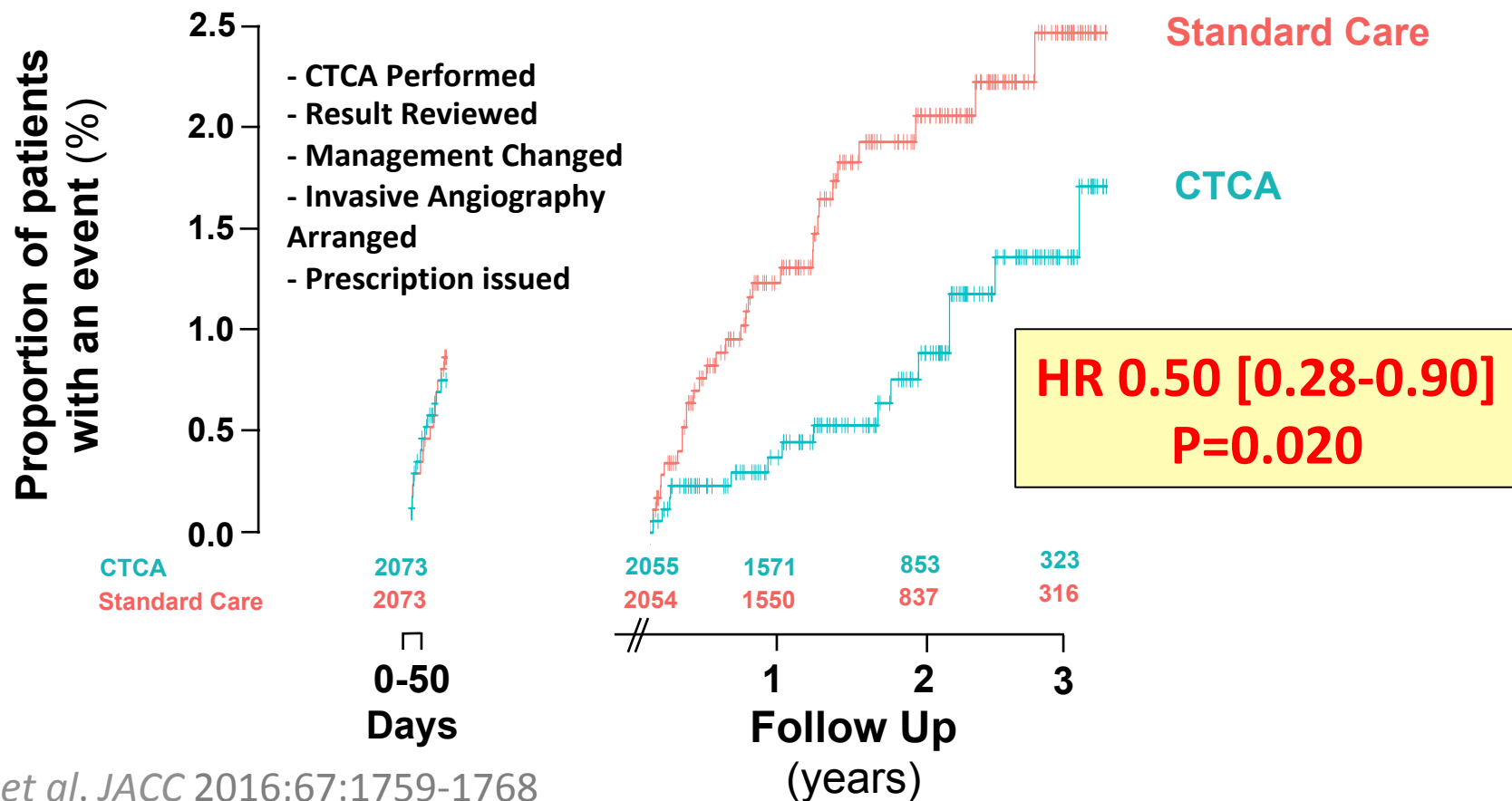
CHD Death and Non-fatal MI

Post-hoc 50-Day Landmark Analysis

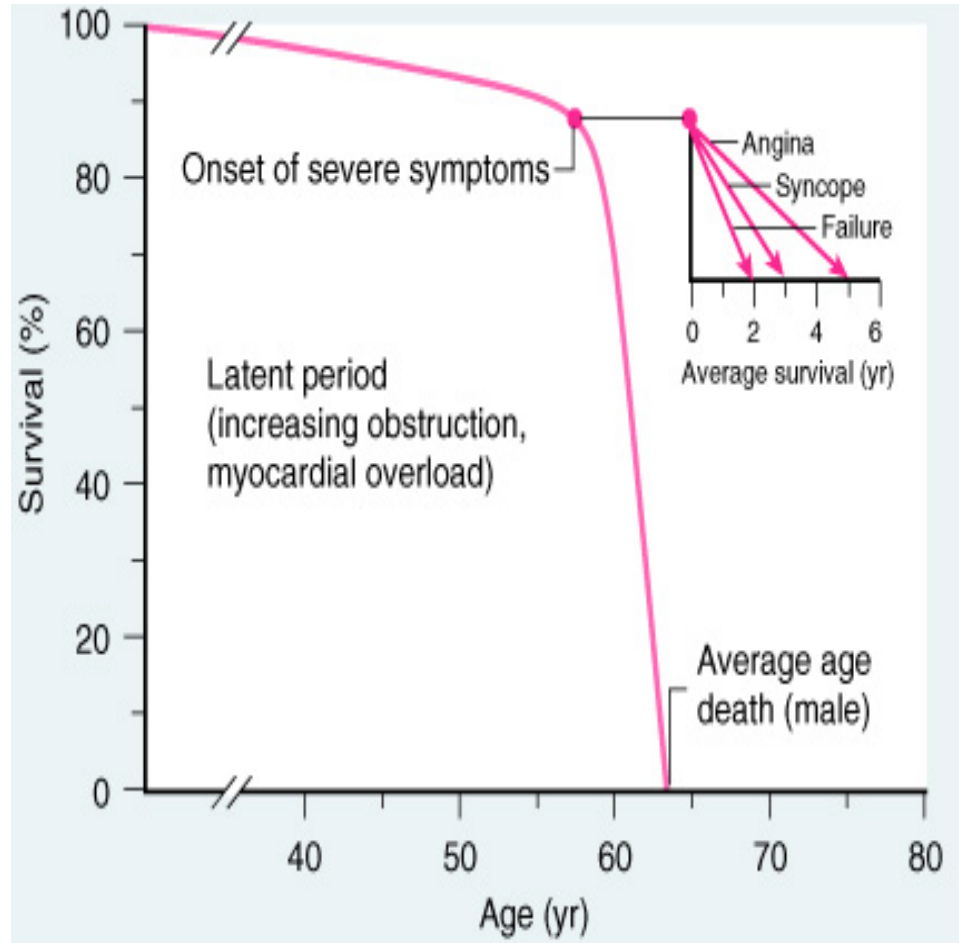


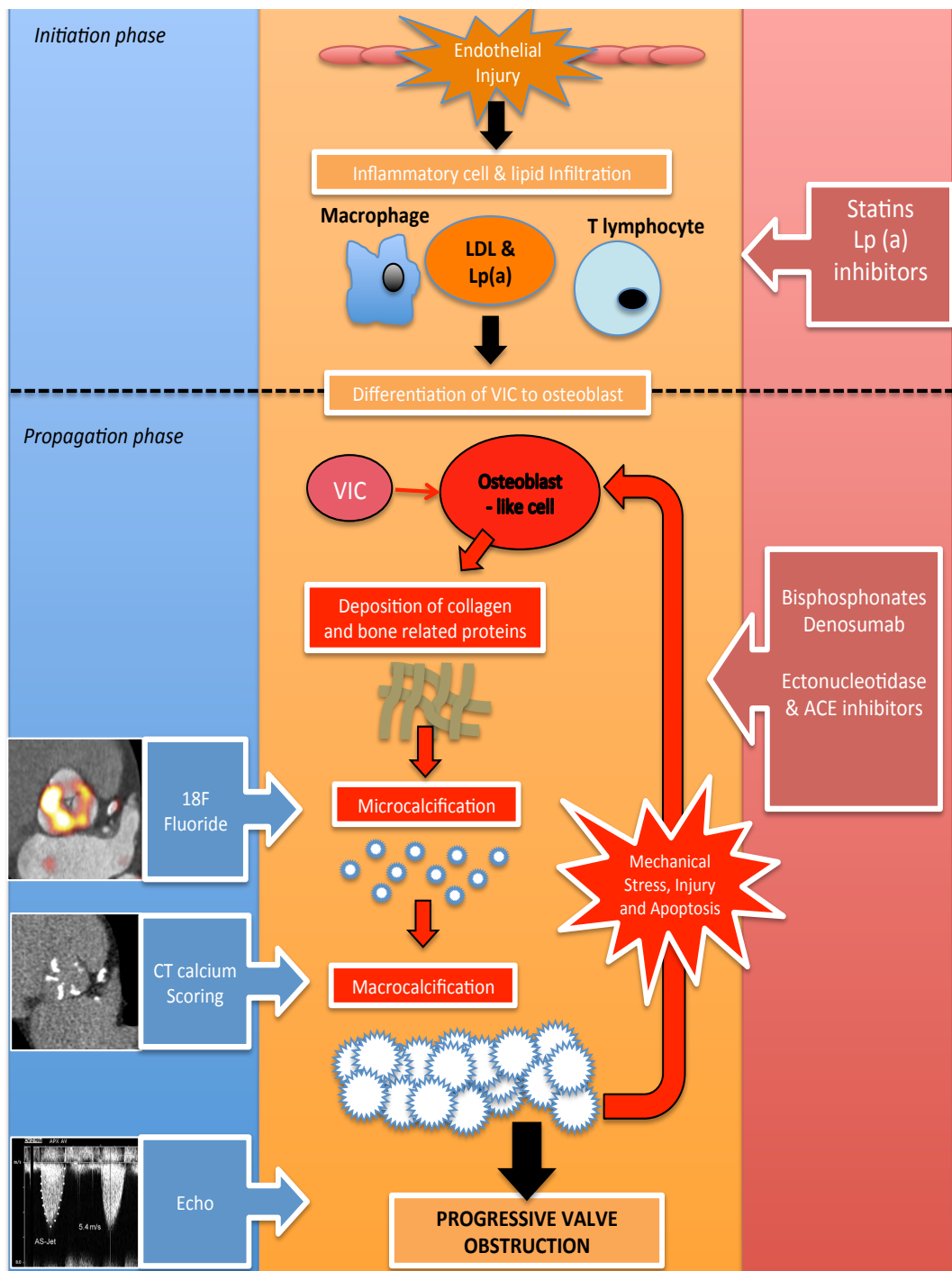
Implementation
Delay

Impact of Alterations in
Therapy



Symptoms & Aortic Stenosis

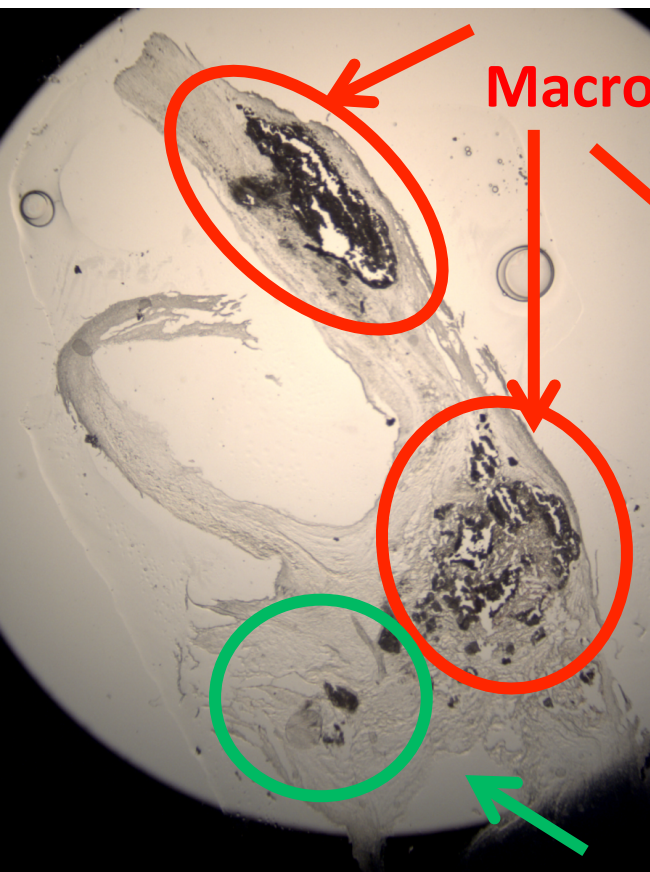




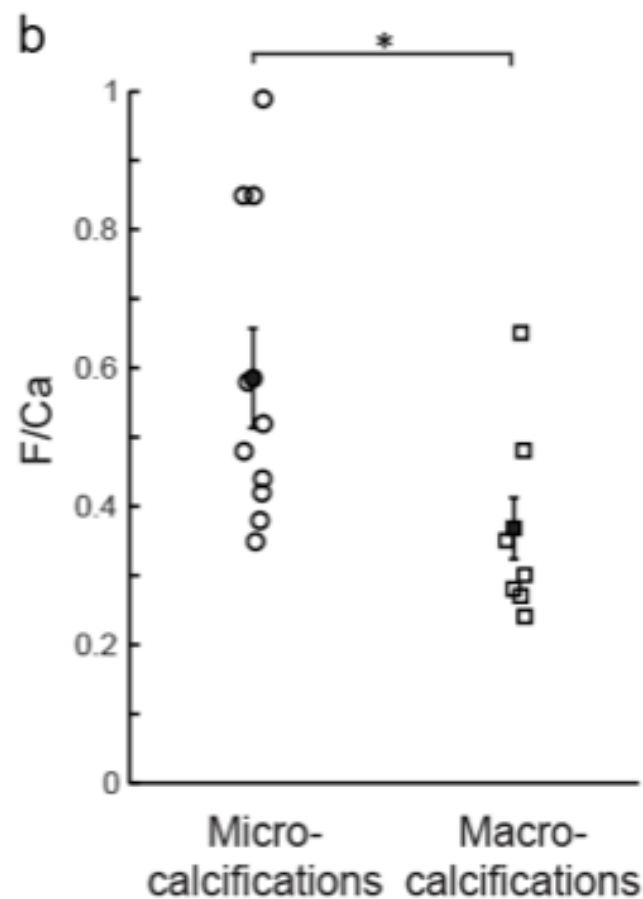
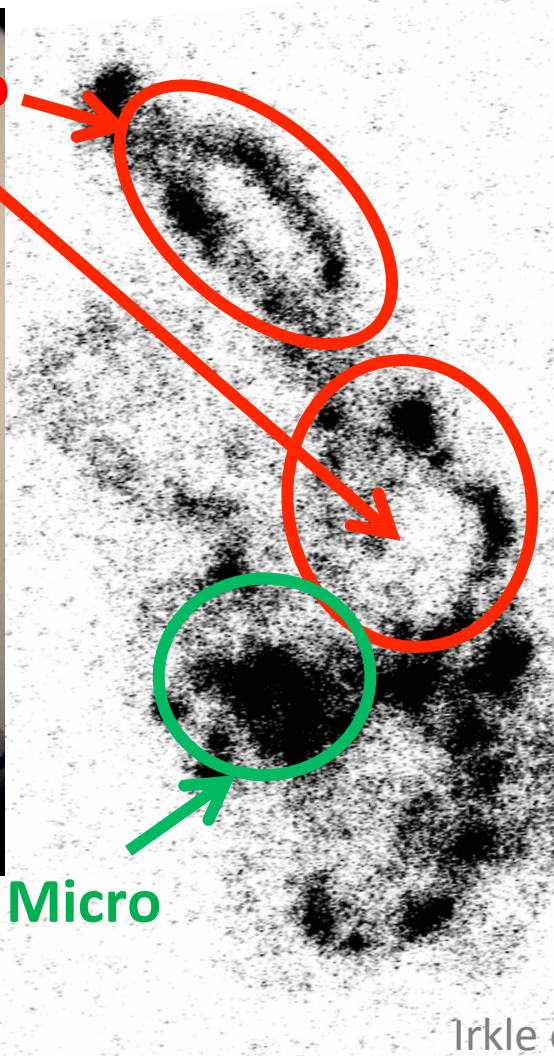
^{18}F -Fluoride Preferentially Binds areas of Microcalcification



Light Microscopy



Autoradiography





Why MR PET not PET CT?



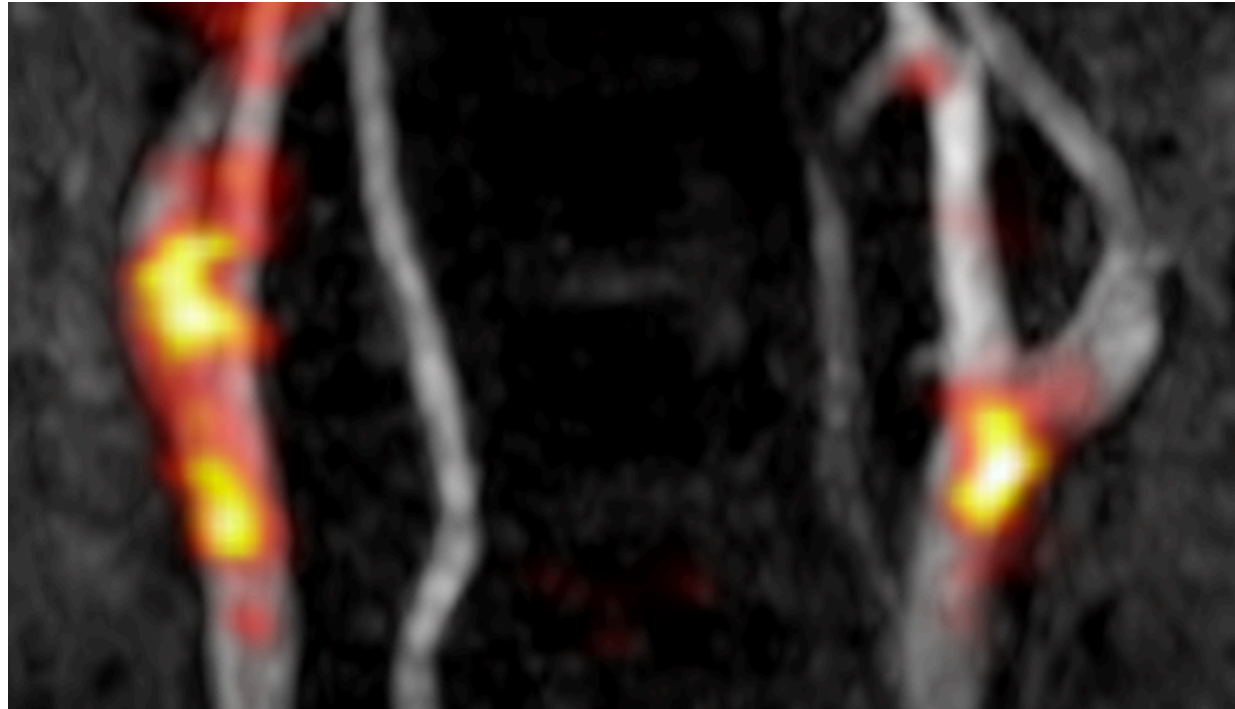
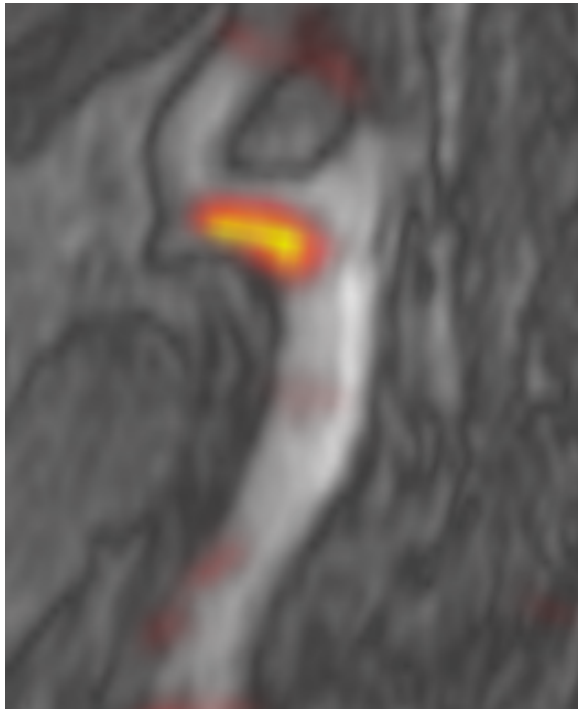
Edinburgh
Heart Centre

- What is MR good at?
 - Myocardial disease
 - Carotid atherosclerotic plaque
- Low radiation doses
 - Multi-time point imaging (e.g. drug trials)
 - Multiple different tracers
 - Multiple remote organ systems





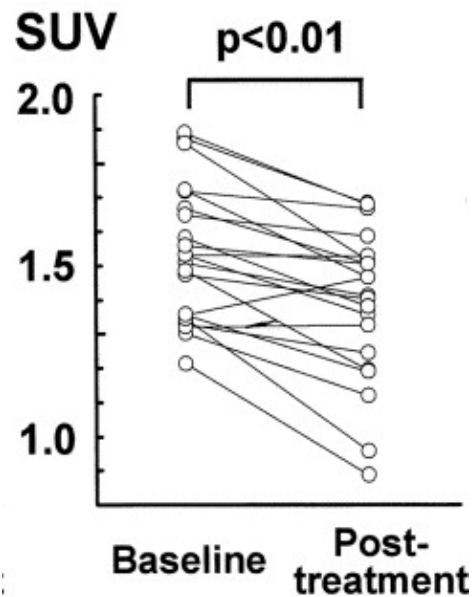
Carotid FDG PET/MR



Phase 2 Drug Trials

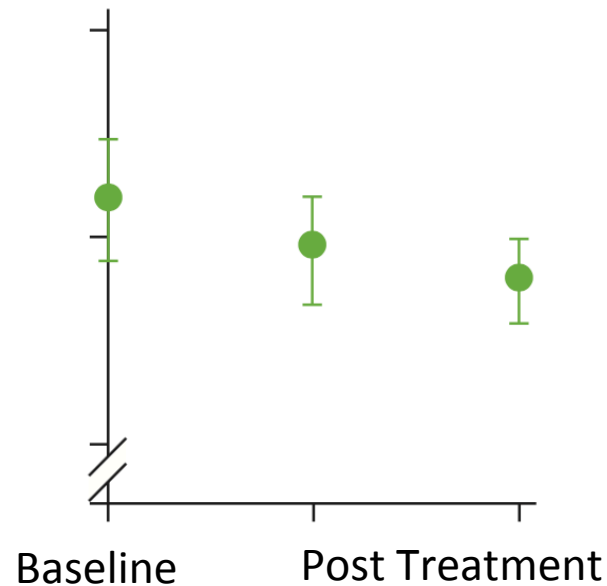


Simvastatin



Tahara et al JACC 2006

Dalcetrapib

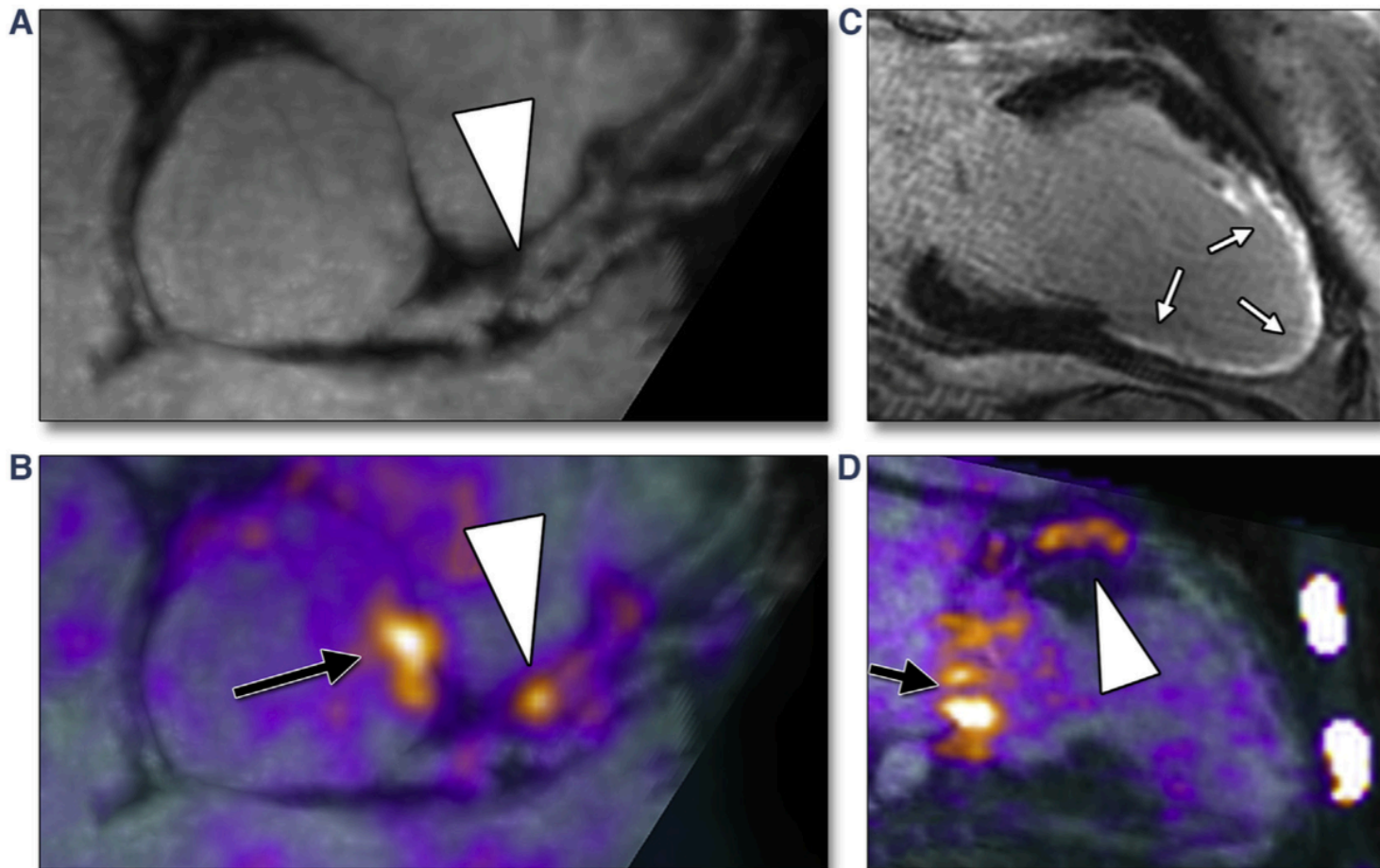


Fayad et al. Lancet 2011

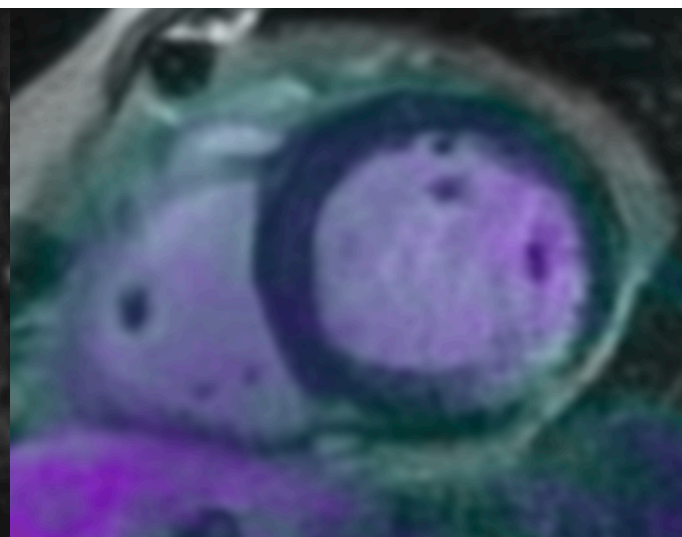
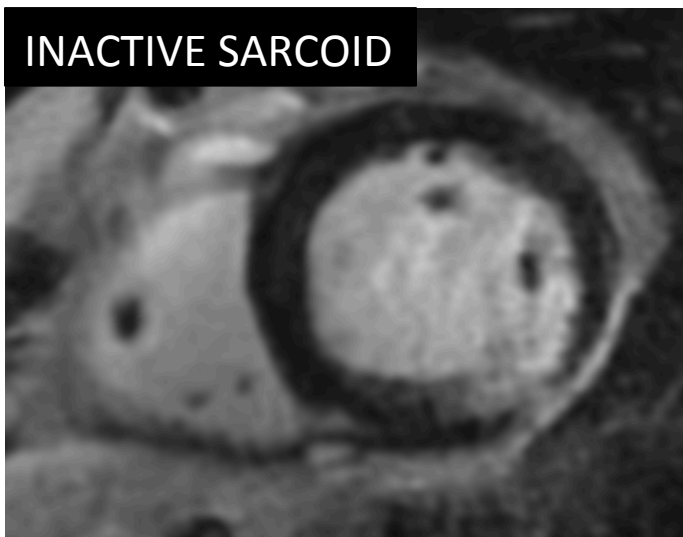
Low Radiation PET/MR Imaging



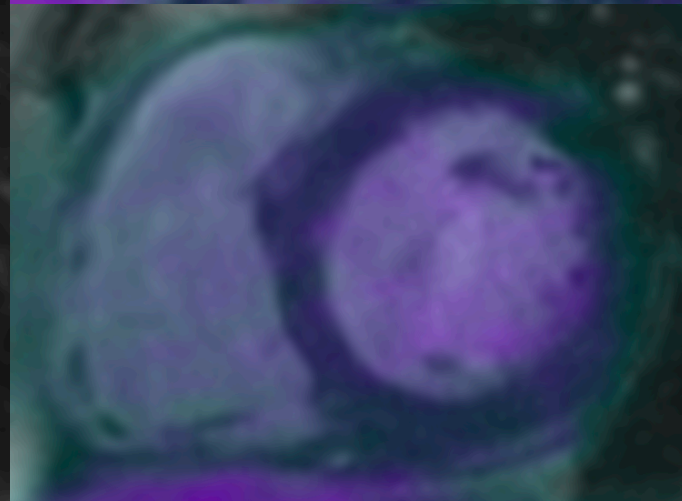
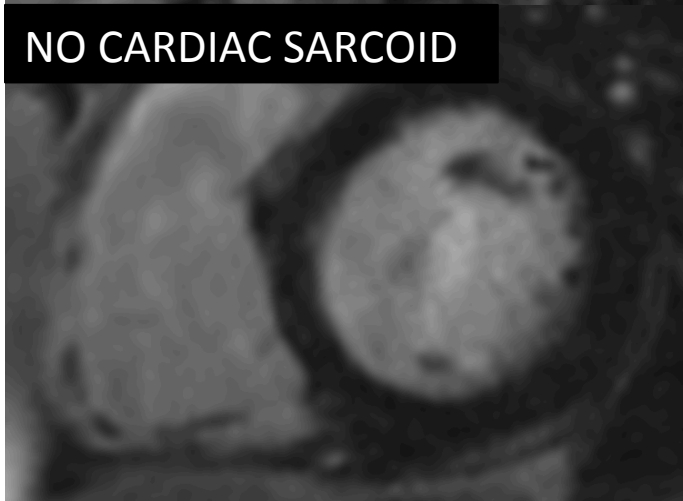
FIGURE 3 Examples of Increased Coronary ^{18}F -Sodium Fluoride Uptake on Positron Emission Tomographic/Magnetic Resonance Images



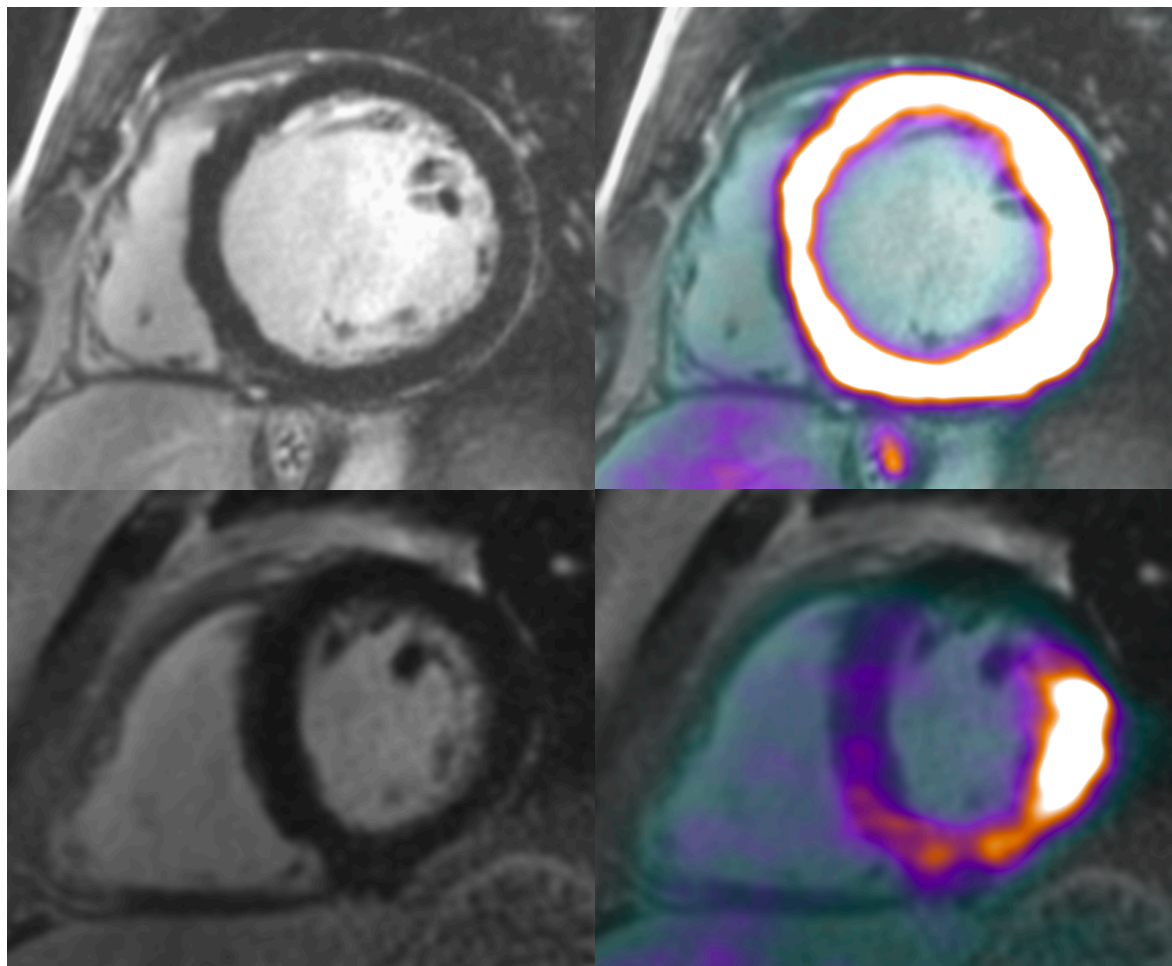
INACTIVE SARCOID



NO CARDIAC SARCOID



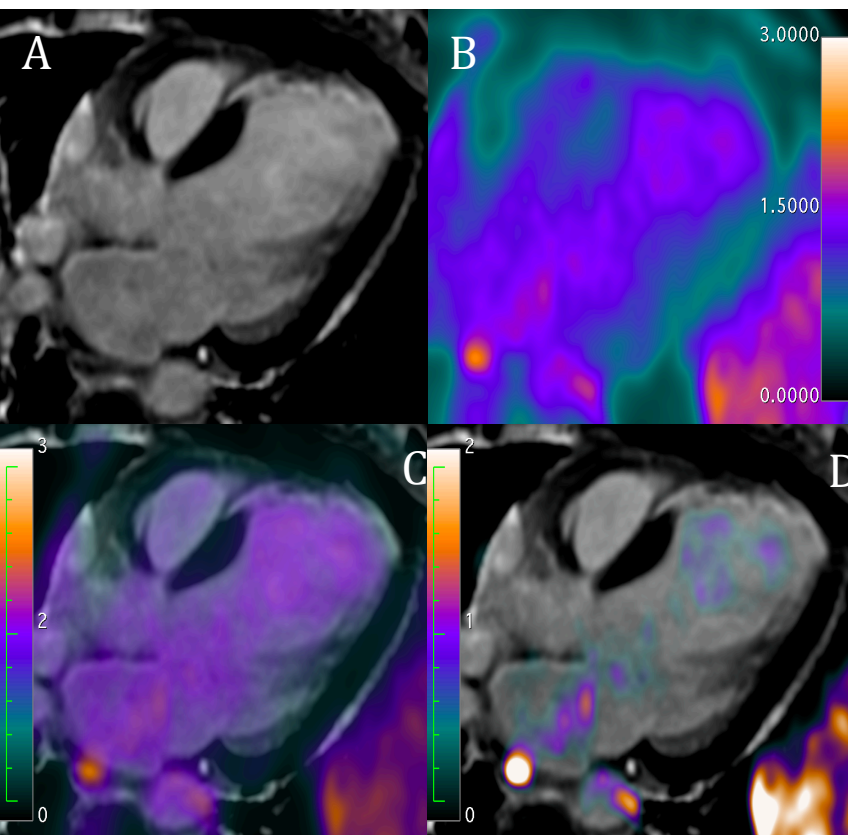
False Positive 18F-FDG PET



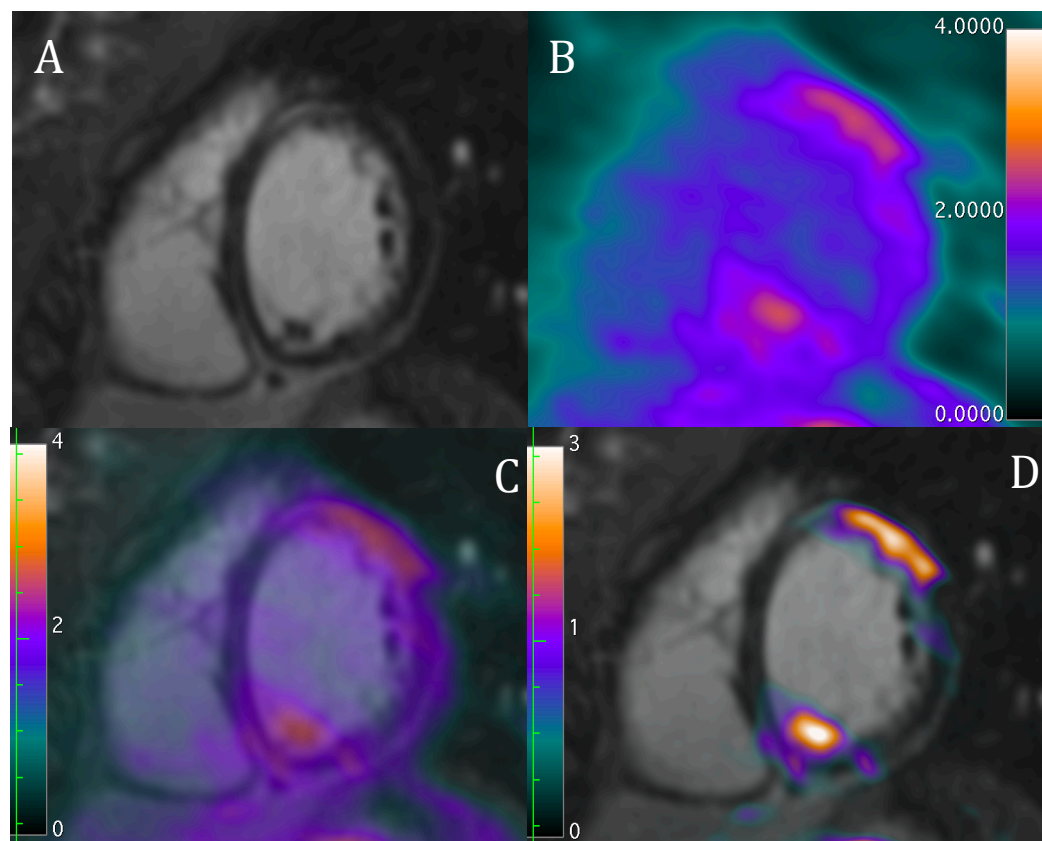
PET/MR & Disease Activity



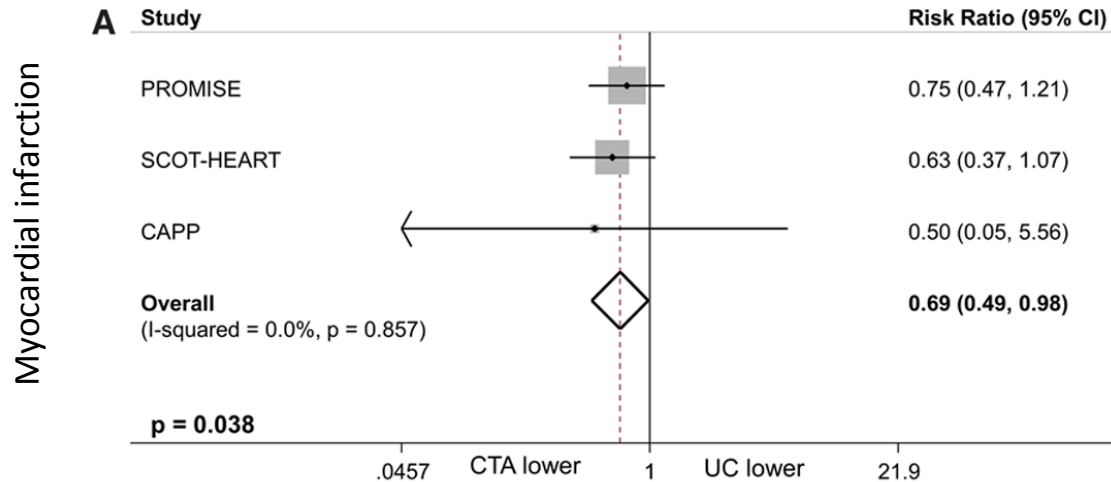
Old Infarct



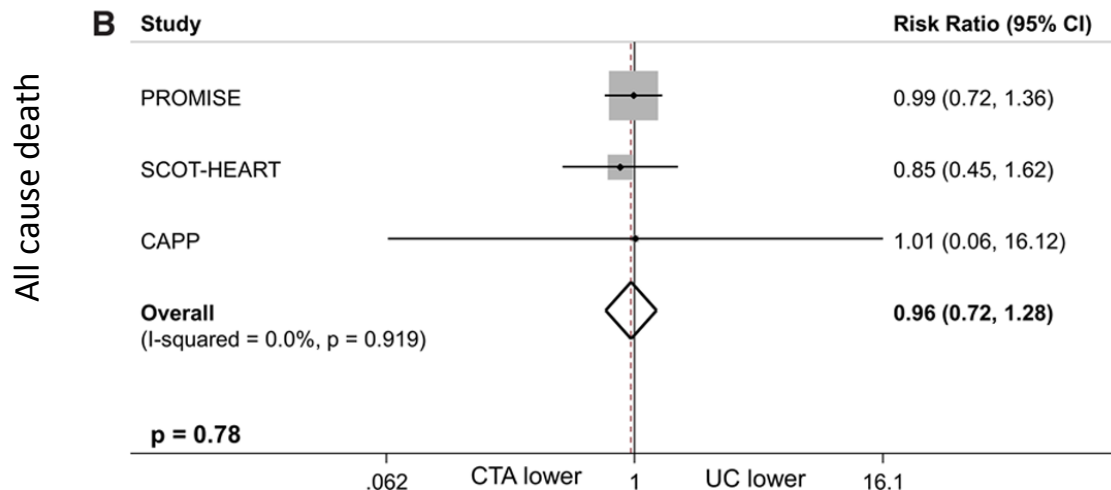
Acute Myocarditis



Meta-analysis



Significant reduction in
the annual rate of
myocardial infarction



No difference in all
cause mortality

Clinical Outcomes Often Poor Following AVR

Kaplan-Meier Curve

