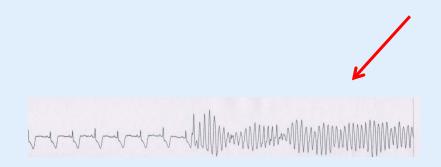


Confronting the Epidemics of CVD Worldwide Prevention + use of technology + treatment = lives saved

Case 1
51 years old man
Lives in Brazil
obese and diabetic
Heart disease suspected



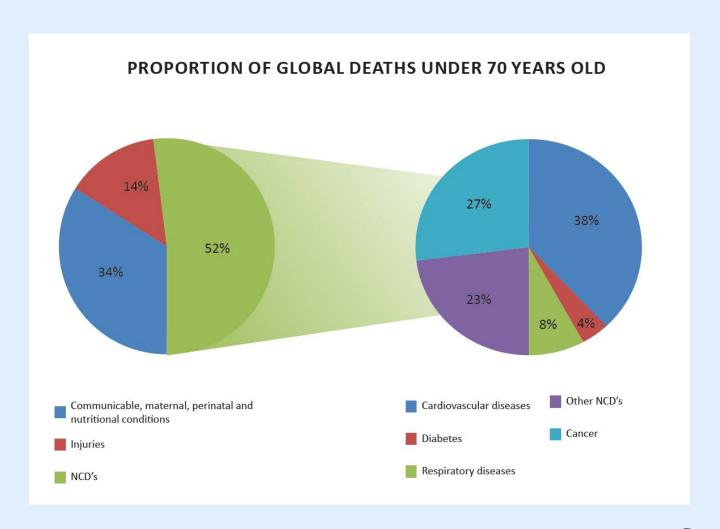
Case 2
54 years old female
Lives in Brazil
obese and diabetic
Heart disease suspected



Both documented cardiac arrest during exercise – survived Both very advanced disease – high risk of premature sudden death

Cardiovascular Disease (CVD) Leader of Mortality

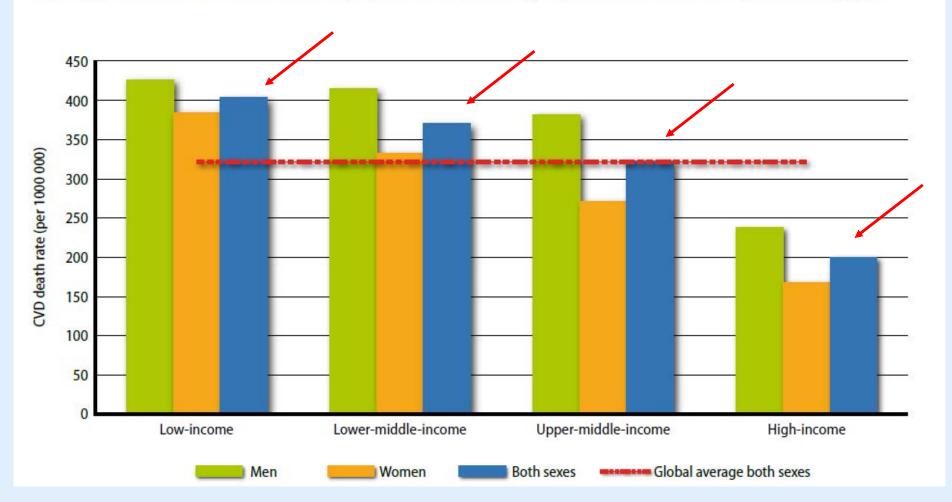
17.5 mi Deaths worldwide ~ 80% of are in LMICs



Source: WHO

LIVING IN A LMIC ~ 2 x higher chance of dying from CVD

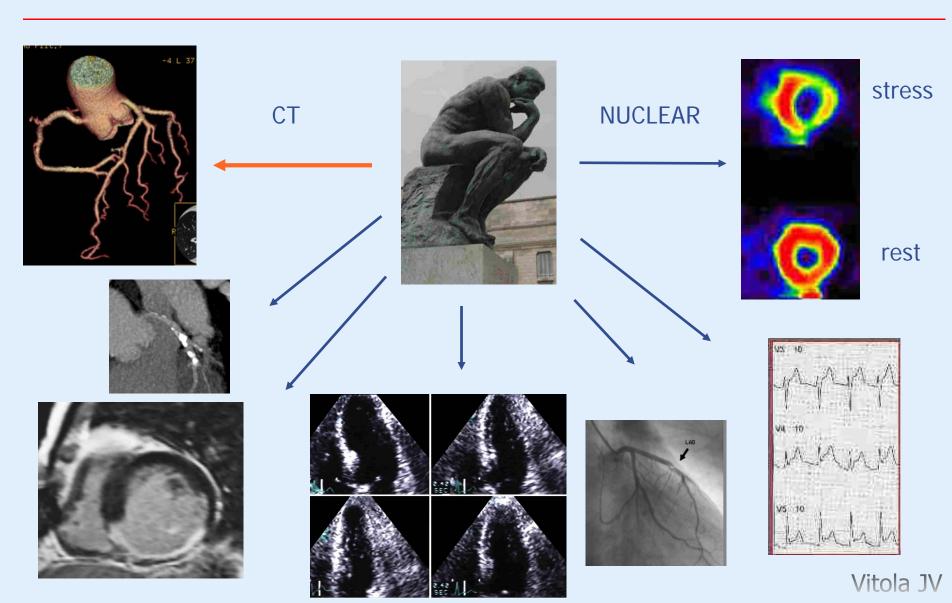
Figure 53 Cardiovascular disease mortality by World Bank income groups in males and females (per 100 000) (1, 6).



Source: WHO

How to identify the high risk patient?

Multiple Technologies Available



Computed Tomography Angiography

Early diagnosis of disease

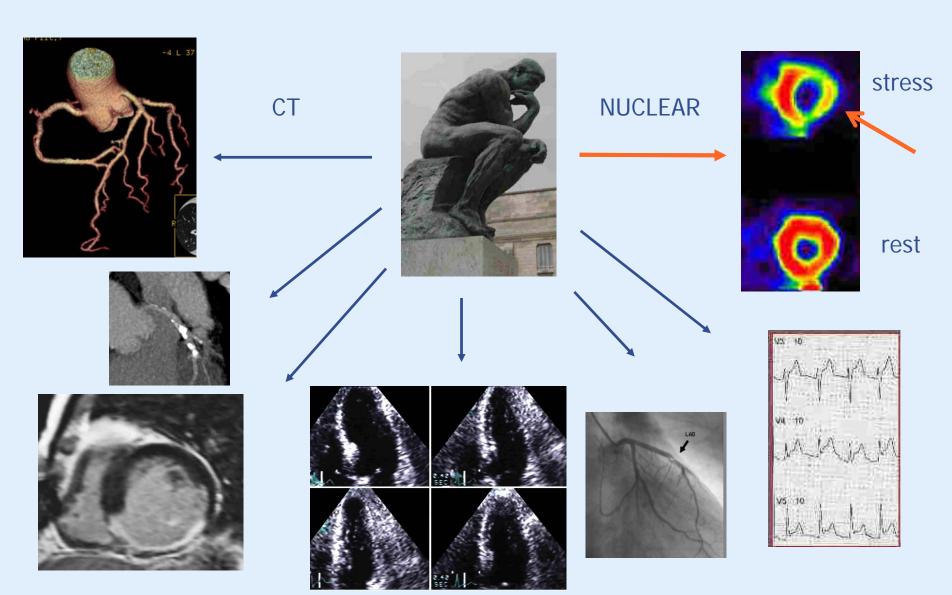


Excludes disease with high accuracy



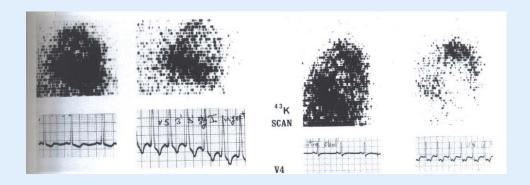
How to identify the high risk patient?

Multiple Technologies Available



Nuclear Cardiology A mature technique of 44 years – solid literature

In 1973 Potassium – 43 – planar imaging

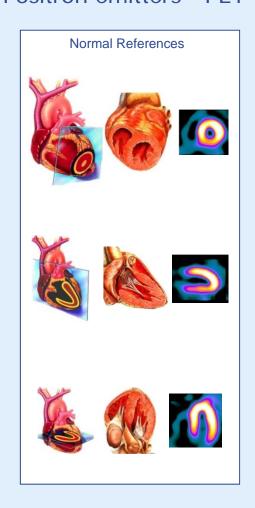


HW Strauss, BL Zaret, ND Martin, HP Wells, Jr, and MD Flamm, Jr

Noninvasive evaluation of regional myocardial perfusion with potassium 43. Technique in patients with exercise-induced transient myocardial ischemia

Radiology 1973 108: 85-90

In 2017
Technetium – 99m – SPECT
Positron emitters - PET



Case 3 - 36 years old man Lives in Brazil - obese and diabetic Heart disease suspected

stress

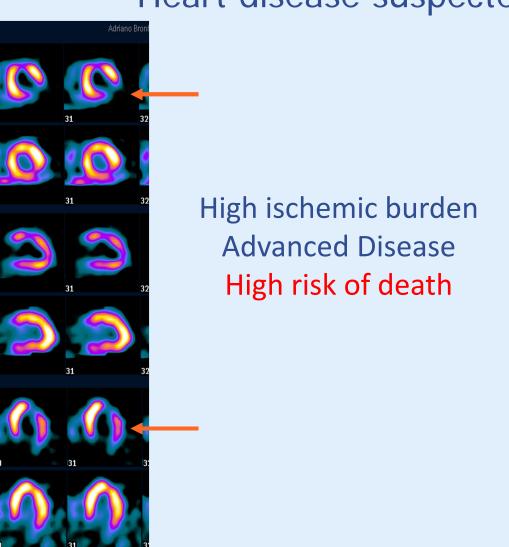
rest

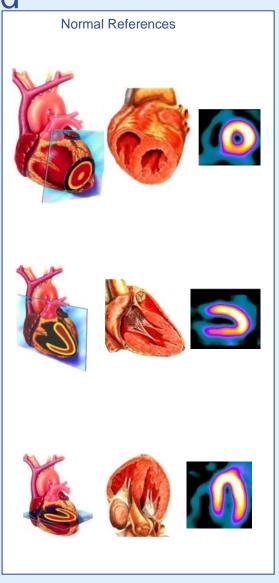
stress

rest

stress

rest



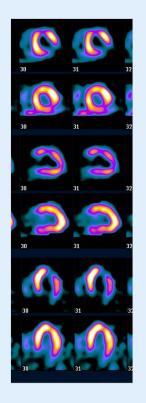


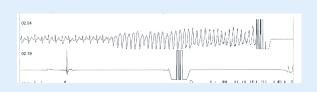
What is common among these 3 patients?

36 years old man

51 years old man

54 years old women





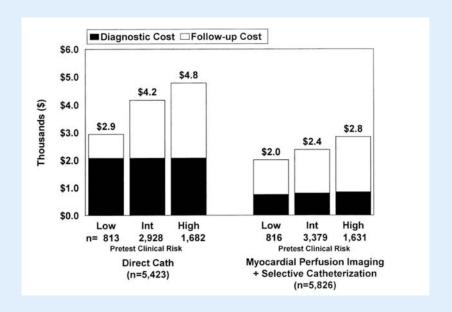


- 1- Advanced disease in relatively young age (all diabetics)
- 2- Live in a country where CV mortality is high (# 6 in the world)
- 3- All lucky to have access to technology and therapy all survived
- 4- Costly treatment (revascularization) disease was advanced
- 5- Their disease is an economic burden specially in LMICs
- 6- Cost effective strategies to deliver care is essential to all countries

Nuclear Imaging Applied Before Revascularization – Lower Costs

The Economic Consequences of Available Diagnostic and Prognostic Strategies for The Evaluation of Stable Angina Patients: An Observational Assessment of the Value of Precatheterization Ischemia

Leslee J. Shaw, PhD,* Rory Hachamovitch, MD,† Daniel S. Berman, MD,‡ Thomas H. Marwick, MD,\$ Michael S. Lauer, MD,\$ Gary V. Heller, MD,¶ Ami E. Iskandrian, MD,†‡ Karen L. Kesler, MS,¶ Mark I. Travin, MD,# Howard C. Lewin, MD,‡ Robert C. Hendel, MD,** Salvador Borges-Neto, MD,¶ D. Douglas Miller, MD,†† for the Economics of Noninvasive Diagnosis (END) Multicenter Study Group Atlanta, Georgia; New York, New York; Los Angeles, California; Cleveland, Ohio; Hartford, Connecticut; Durham, North Carolina; Providence, Rhode Island; Chicago, Illinois; Philadelphia, Pennsylvania; and St. Louis, Missowi



How is Nuclear Cardiology Utilization Worldwide?

Assessing the need for nuclear cardiology and other advanced cardiac imaging modalities in the developing world

João V. Vitola, MD, PhD,^a Leslee J. Shaw, PhD,^b Adel H. Allam, MD,^c Pilar Orellana, MD,^d Amalia Peix, MD,^e Annare Ellmann, MD,^f Kevin C. Allman, MD,^g B. N. Lee, MD,^h Chanika Siritara, MD,ⁱ Felix Y. J. Keng, MD,^j Gianmario Sambuceti, MD,^k Marla C. Kiess, MD,¹ Raffaele Giubbini, MD,^m Salaheddine E. Bouyoucef, MD,ⁿ Zuo-Xiang He, MD,^o Gregory S. Thomas, MD, MPH,^p Fernando Mut, MD,^q and Maurizio Dondi, MD^q

Background. In 2005, 80% of cardiovascular disease (CVD) deaths occurred in low- to middle-income countries (i.e., developing nations). Cardiovascular imaging, such as myocardial perfusion SPECT, is one method that may be applied to detect and foster improved detection of at-risk patients. This document will review the availability and utilization for nuclear cardiology procedures worldwide and propose strategies to devise regional centers of excellence to



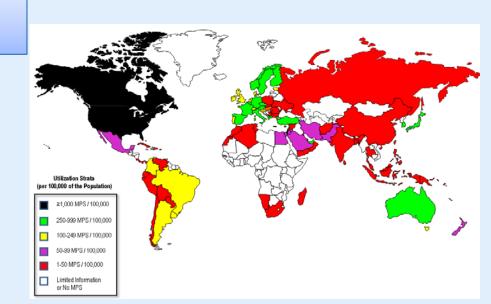
Vitola JV, Shaw L, Allam A et al. JNC 2009

Heterogeneous Nuclear Cardiology Utilization

High utilization where mortality is lower Low utilization where mortality is higher

Nuclear use influenced by

Economy: GDP, Healthcare Policies Information: Organized scientific groups, Training



Heterogeneous Nuclear Cardiology Utilization and Quality



CLINICAL RESEARCH

Imaging

Current worldwide nuclear cardiology practices and radiation exposure: results from the 65 country IAEA Nuclear Cardiology Protocols Cross-Sectional Study (INCAPS)

Andrew J. Einstein^{1,2*}, Thomas N. B. Pascual³, Mathew Mercuri¹, Ganesan Karthikeyan⁴, João V. Vitola⁵, John J. Mahmarian⁶, Nathan Better⁷, Salah E. Bouyoucef⁸, Henry Hee-Seung Bom⁹, Vikram Lele¹⁰, V. Peter C. Magboo^{11,12}, Erick Alexánderson¹³, Adel H. Allam¹⁴, Mouaz H. Al-Mallah¹⁵, Albert Flotats¹⁶, Scott Jerome^{17,18}, Philipp A. Kaufmann¹⁹, Osnat Luxenburg^{20,21}, Leslee J. Shaw²², S. Richard Underwood^{23,24}, Madan M. Rehani²⁵, Ravi Kashyap³, Diana Paez³, and Maurizio Dondi³, for the INCAPS Investigators Group

Einstein AJ et al. Eur Heart J 2015

ORIGINAL ARTICLE



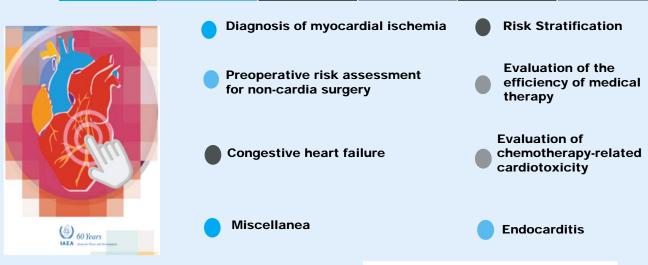
Opportunities for improvement on current nuclear cardiology practices and radiation exposure in Latin America: Findings from the 65-country IAEA Nuclear Cardiology Protocols cross-sectional Study (INCAPS)

João V. Vitola, MD, PhD,^a Fernando Mut, MD,^b Erick Alexánderson, MD,^c Thomas N. B. Pascual, MD, MHPEd,^d Mathew Mercuri, PhD,^e Ganesan Karthikeyan, MD, DM, MSc,^f Nathan Better, MBBS, FRACP,^g Madan M. Rehani, PhD,^{h,i} Ravi Kashyap, MD,^d Maurizio Dondi, MD,^d Diana Paez, MD,^d and Andrew J. Einstein, MD, PhD^{e,j}

Resources in Cardiology















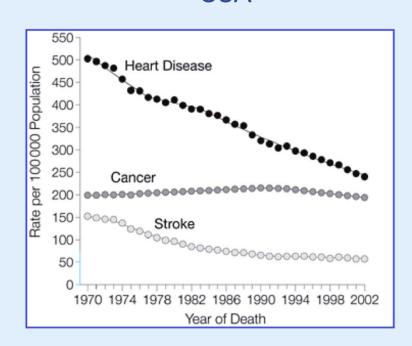


Investing in prevention + diagnosis + treatment works

High income countries - decline in heart disease mortality

Western Europe

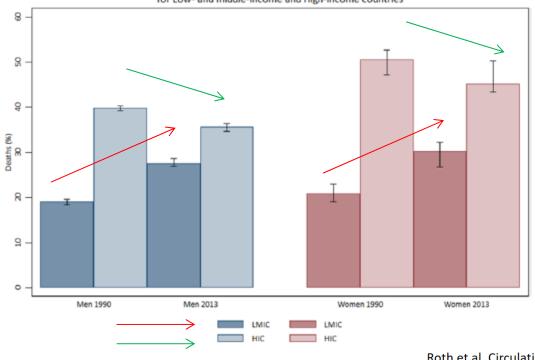
USA



Sources: WHO

Percentage of deaths due to CVD is increasing in LMICs and decreasing in HICs

Percentage of deaths due to CVD in 1990 and 2013 for Low- and middle-income and High-income countries



Roth et al, Circulation 2015













Confronting the Epidemics of CVD Worldwide

Prevention + use of technology + treatment = lives saved



- Awareness about increasing mortality in LMICs (DM)
- Nuclear imaging is very useful to assess risk and guide management - cost effectivelly
- Some countries with the highest mortality have the lowest utilization of nuclear cardiology
- Mortality can be decreased by prevention + appropriate use of technology + appropriate treatment (see high income countries)

