

[practice logo here]

[Date]

[name and title of addressee]

[address]

[city, state zip]

Dear Colleague,

[*Insert Practice Name Here*] is committed to the goal of continuous quality improvement in our mission to be the area's premier provider of comprehensive health care. Since heart disease is the leading cause of death in the United States¹, its early and accurate diagnosis is of utmost importance to us.

Cardiac positron emission tomography (PET) with Rb-82 was first approved by the U.S. Food and Drug Administration (FDA) over two decades ago and was redefined as a "Class 1" procedure appropriate for routine clinical use by the American College of Cardiology, American Heart Association, and the American Society of Nuclear Medicine in 1995.² Since that time, the application of PET and PET/computed tomography (CT) for cardiac imaging has become more robust and accessible due to increased numbers of scanners as well as numerous advances in technology. Now, that PET and PET/CT have been optimized for cardiac imaging, we are proud to announce that we will offer this advanced imaging modality for detecting heart disease.

Rb-82 PET myocardial perfusion imaging is well established and highly accurate in the detection of CAD.³ The evidence supporting the value of PET is dramatic. Researchers comparing the diagnostic accuracy of PET vs. single photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI) concluded that "PET performed better than SPECT in women and men and in obese and non-obese patients...[and] improved the ability of MPI to recognize the presence of multivessel CAD...." The results of this study demonstrated that the diagnostic accuracy of PET was 91% compared to 76% for SPECT (for lesions at the 50% coronary stenosis threshold).⁴

Recent literature examining radiation dosimetry confirms that Rb-82 PET MPI supplies a low radiation dose. In fact, a typical rest/stress PET protocol results in a dose that's only "slightly above the average annual natural background exposure in the United States."⁵

Being mindful of the current challenges we face to control healthcare costs points to additional compelling evidence in support of cardiac PET. Another study comparing PET vs. SPECT examined downstream invasive procedure costs and overall costs of disease management for CAD. The study confirmed that, for patients with intermediate pre-test likelihood of CAD, PET MPI reduced the false-positive rates by two-thirds when compared to SPECT and resulted in more appropriate use of invasive coronary angiography and CABG. Further, the study concluded that cardiac PET resulted in a "30% reduction in CAD management costs, and excellent short-term patient outcomes..."²

At [Insert Practice Name Here], a complete gated rest/stress PET MPI procedure can be performed in as little as 30 minutes* for optimal patient comfort, convenience, and satisfaction.

We invite your feedback and suggestions on how we might better improve our imaging services. We appreciate your support and look forward to providing you and your patients with the best available healthcare, which now includes cardiac PET imaging.

Sincerely,

[Insert Medical Director Name & Title Here]

1. Roger, V., et al. (2011). Heart Disease and Stroke Statistics 2011 Update: A Report From the American Heart Association. *Circulation*, doi: 10.1161/CIR.0b013e3182009701.
2. Mehrige, ME, et al. (2007). Impact of Myocardial Perfusion Imaging with PET and ⁸²Rb on Downstream Invasive Procedure Utilization, Costs, and Outcomes in Coronary Disease Management. *JNM*, 48(7), 1069-1076.
3. Dilsizian, V. (2009). ASNC Imaging Guidelines for Nuclear Cardiology Procedures: PET myocardial perfusion and metabolism clinical imaging. *JNC*, 16, doi:10.1007/s12350-009-9094-9.
4. Bateman, TM, Heller, GV, McGhie, IA, et al. (2006). Diagnostic Accuracy of Rest/Stress ECG-gated Rb-82 Myocardial Perfusion PET: Comparison with ECG-gated Tc-99m Sestamibi SPECT. *JNC*, 13(1):24-33.
5. Senthamizchelvan, S. et al. (2010). Human Biodistribution and Radiation Dosimetry of ⁸²Rb. *JNM*, 51(10), 1592-1599.

*Additional time is required for patient preparation. Actual test times may vary based upon individual patient characteristics and environmental factors.