SCAI
Society for Cardiovascular Angiography & Interventions

Ischemia Trial Communications Toolkit

SCAI Members

Dear SCAI Members,

As you many of you know, the American Heart Association's 2019 Scientific Sessions was held this Saturday, November 16, 2019 through Monday, November 18, 2019. The much-anticipated Ischemia Trial results were released during the first late-breaking session on Saturday, November 16th.

Over the past decade, incredible advances have been made in the treatment of coronary artery disease. The first ever drug-eluting stent (DES) changed the way cardiologists treat patients and generated more candidates for minimally-invasive percutaneous coronary intervention (PCI), which has become a standard procedure for patients with advanced ischemic heart disease.

As the professional home for invasive and interventional cardiologists, SCAI would like to be in unison with our members in our discussions and evaluations of the study's findings. SCAI stands behind the use of PCI on eligible patients and encourages our members to share the SCAI message. We released our official statement in response to the findings, which can be viewed here.

With the recent media coverage, you may receive questions from your patients and physician referral sources. SCAI is providing you with a toolkit that contains a series of materials for you to use in your patient and external activities including:

- Patient Myocardial Ischemia Fact Sheet
- Physician Ischemia Fact Sheet
- Communication Tips

If you have any questions please contact Kimberly Brown with the SCAI media team at kbrown@scai.org. Thank you for your continued support.

Sincerely,
Ehtisham Mahmud, MD, FSCAI
2019-2020 SCAI President

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What is Ischemia?

Myocardial Ischemia is a condition in which heart muscle experiences reduced blood flow, usually due to heart artery blockages. Blockages developing, or worsening, suddenly can cause heart attacks. People with blockages that have developed slowly can experience chest pain and other symptoms, but are usually stable otherwise; such people said to have stable ischemic heart disease.

Heart artery blockages are usually the result of Coronary Artery Disease (CAD). The most important treatments for CAD are certain medications and lifestyle choices. Interventions such as heart stent placement and bypass surgery are often used to relieve Myocardial Ischemia when medicines and other measures are felt to be insufficient.

Who Does It Impact?

Myocardial Ischemia often impacts patients with CAD – a major cause of the condition.

- An estimated **13 million Americans** suffer symptoms from Myocardial Ischemia
- Another **3 to 4 million Americans** may have Silent Ischemia, meaning they don't experience typical symptoms of the disorder
- Generally, the risk for Myocardial Ischemia goes up as age increases, however, more and more young people are affected by Ischemia with diabetes and childhood obesity rates on the rise
- **CAD is the leading cause of death** for both men and women of all ethnicities in the U.S., accounting for 1 in 7 deaths of all Americans
- 50 percent of the men and almost two-thirds of the women who die suddenly from CAD had no previous warning signs. Even if you have no symptoms, you may still be at risk for CAD

Signs and Symptoms

Myocardial Ischemia is most likely to happen when your heart muscle needs more oxygen and nutrients than it receives. This can happen even at rest, but is more likely to occur when you are exercising, eating, excited, stressed or exposed to extreme temperatures. The symptoms you can experience include:

- Pain or discomfort in the upper body, including the arms, left shoulder, back, neck, jaw or stomach
- Trouble breathing or feeling shortness of breath
- Sweating or "cold sweat"
- Feeling full, indigestion, or a choking feeling (may feel like heartburn)
- Nausea or vomiting
- Feeling light-headed, dizzy, very weak or anxious
- Fast or irregular heartbeat

For more information about related heart conditions and treatments please visit www.SCAI.org.

Myocardial Ischemia
Terms to Know

Angina: A type of chest pain caused by reduced blood flow to the heart

Coronary Artery Disease: The presence of narrowings or blockages in heart arteries, usually due to build-up of plaque and cholesterol inside the coronary arteries

Heart Attack: An event that occurs when a coronary artery becomes fully blocked, stopping the flow of blood to an area of heart muscle and causing muscle injury

Ischemia: A condition in which heart muscle experiences reduced blood flow

Silent Ischemia: Myocardial Ischemia that doesn't cause any symptoms

Percutaneous Coronary Intervention (PCI): A non-surgical procedure that improves blood flow past a blockage using catheters (thin plastic tubes) to treat heart artery plaques

Stents: Small devices made of metal and usually designed to release medicines that can be placed over plaques to push them aside and improve blood flow through an artery

Plaque: A build-up of fat, cholesterol, calcium and other substances that can reduce blood flow to heart muscle

Individualized Treatment Pathways

By working with your doctor to develop an individual treatment plan, patients may be able to prevent Myocardial Ischemia from getting worse and even reverse some of the blockage. Under most circumstances, doctors try to optimize medical therapies before recommending other interventions.

Medications

Several types of medications may be used to treat Myocardial Ischemia, depending on a patient's specific needs and symptoms, including:

- **Cholesterol-Lowering Medications**: Decreases the primary material that deposits on the coronary arteries
- **Beta Blockers**: Helps relax the heart muscle and decrease blood pressure
- **Ranolazine:** Helps relieve the symptoms of Myocardial Ischemia
- **Aspirin:** Reduces the risk of blood clots, which can help prevent blockage of the coronary arteries
- **Angiotensin Converting-Enzyme (ACE) Inhibitors**: Helps relax blood vessels and lower blood pressure
- **Calcium-Channel Blockers**: Relaxes and widens blood vessels, increasing blood flow to heart muscle
- **Nitrates:** Helps to widen arteries, improving blood flow to heart muscle

Catheter-Based Therapies

Although your doctor may prescribe medical therapy to alleviate your ischemia, some instances call for another option. These options range from minimally-invasive to more invasive therapies and can include the following:

- **Percutaneous Coronary Intervention (PCI):** A non-surgical procedure that improves blood flow by using catheters to treat heart artery blockages. Usually, this involves placing a small stent to open blood vessels in the heart. For unstable patients, PCI can be life-saving. For stable patients, PCI is usually used when medicines are not proving effective in managing symptoms.
- **Angioplasty:** A minimally-invasive procedure to open narrowed or blocked blood vessels that supply blood to the heart, usually using an inflatable catheter (balloon angioplasty). Angioplasty is a form of PCI.
- **Stent:** A thin metal tube inserted into blocked blood vessels to keep the passage ways open.

Surgery

Coronary Artery Bypass Surgery is a surgical procedure that can restore normal blood flow beyond coronary artery blockages by using segments of veins or arteries to carry blood around the blockages. Coronary Artery Bypass Surgery is usually recommended when many blockages are found in several arteries, or a severe narrowing is found in the main artery that carries blood to the heart. In this situation, surgery may provide better results than PCI.

Know Your Risk:
Questions to Ask Your Doctor

The following questions can help you talk to your doctor about your individual risk of having or developing Myocardial Ischemia. Print out or write down these questions and take them with you to your next appointment. Taking notes can help you remember your doctor's response when you get home.

- Based on my family history, am I at greater risk for Myocardial Ischemia?
- Based on my personal history, am I at greater risk for Myocardial Ischemia?
- Could symptoms I am having be related to Myocardial Ischemia?
- Do my cholesterol levels put me at risk for Myocardial Ischemia?
- Is my weight within a healthy range to prevent Myocardial Ischemia?
- Does diabetes put me at greater risk for Myocardial Ischemia?
- Does smoking put me at greater risk for Myocardial Ischemia?
- Is my blood pressure within the normal range? How can I control high blood pressure?
- What dietary choices should I be making to support cardiovascular health?
- What level of exercise is safe for me? What level of exercise will have cardiovascular benefits?
- Are there lab tests or diagnostic tests that you would recommend based on my risk factors?
- What treatment options are best for me?

Diagnosed with Myocardial Ischemia:
Questions to Ask Your Doctor

If you have been diagnosed with Myocardial Ischemia, it is normal to have questions and want as much information about the disease and treatment options as possible. It can be a particularly difficult time for patients who have experienced a serious cardiovascular event, such as a heart attack. The following questions can help lay the groundwork for a conversation between you and your doctor.

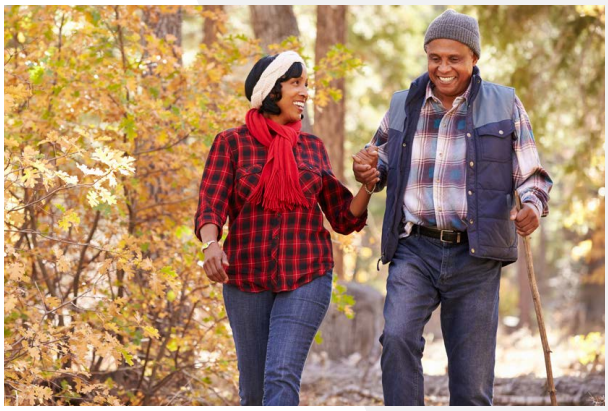
- What does my angina (chest pain) mean for me? What can we do to manage or eliminate my chest pain?
- What additional tests do I need?
- What are my treatment options? What combination of lifestyle, medication and in-hospital treatments/surgery may be necessary to combat the disease?
- What is my prognosis? What are the likely outcomes?
- Will I be able to have my desired quality of life? What can I do to improve the odds of this?
- What happens after treatment? If treatment involves recovery, how long will that take?
- What follow-up will be necessary?
- Am I a good candidate for a cardiac rehabilitation program?
- How long is a particular treatment likely to be effective?
- Who can I turn to for support (hospital staff, support groups, etc.)?

Following Treatment:
Where to Go from Here?

After Myocardial Ischemia treatment, it can be difficult to determine next steps for your health. Many factors come into play, including diet, exercise, medications and more.

Below are a few steps to consider post-treatment.

Lifestyle Changes: Making changes in your lifestyle can be very hard, but good health habits are the most effective way to prevent development of Myocardial Ischemia, and the best way to live a long, happy life if you have Myocardial Ischemia. A healthy diet and regular exercise are key to treating Ischemia. Studies have shown that you can improve your heart health by exercising at a moderate intensity just 30 minutes a day, five days a week. Be sure to check with your doctor to find out what level of exercise and diet is best for you.



Medications: Check with your doctor to see what medications you should be taking, as it varies person by person. Take your medicines consistently, and never stop them without discussing it with your doctor.

Support Groups: Talk with your doctor about joining a support group such as Mended Hearts or WomenHeart.

For more information about related heart conditions and treatments please visit **www.SCAI.org**.

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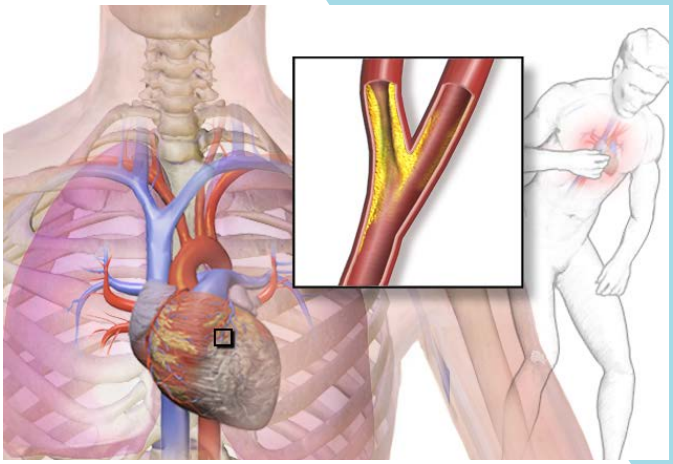
Treating Patients with Ischemia



As you know, ischemic heart disease impacts more than 13 million people in the United States and is the leading cause of death and disability worldwide. Most patients with coronary artery disease have stable ischemic heart disease (SIHD). Optimal medical therapies (OMT) are known to provide significant benefit in SIHD patients.

Despite the clinical utility of percutaneous coronary intervention (PCI) and coronary artery bypass grafting (CABG) in SIHD patients, uncertainty remained about whether early use of these procedures, in combination with OMT, provide benefits beyond those achieved with intensified OMT alone. The recent ISCHEMIA study sought to clarify the best role for coronary revascularization in these SIHD patients.

- For patients with persisting symptoms despite intensified OMT and those who are intolerant of medications, early intervention can provide symptom relief and an improved quality of life. The ISCHEMIA study did not address this patient population. ISCHEMIA also did not address patients with accelerating symptoms or heart attacks. In these patients, early intervention is superior to medical therapies.

ISCHEMIA Trial Findings

New data presented at the 2019 American Heart Association's Scientific Sessions from the long-awaited ISCHEMIA trial found:

- Results are consistent with earlier studies showing medical therapies are essential to keep people safe and help improve quality-of-life, with or without early intervention.
- A routine strategy of early intervention may not be necessary to prevent adverse events in stable ischemic heart disease patients with minimal to no symptoms. However, early intervention is safe for patients who prefer to minimize the burden of medical therapies, those who have limited tolerance to medications, or who have persistent symptoms despite medications.
- Early revascularization resulted in lower rates of spontaneous heart attacks.
- Angina was relieved reliably in patients with chest pain or discomfort - confirming appropriateness of using PCI to improve quality of life.
- The study did not address patients with accelerating symptoms or heart attacks. For those high-risk patients, early intervention plus medical therapy remains the recommended course of action compared to medical therapy alone to keep patients safe.

What Patients Need to Know

The ISCHEMIA trial provides additional information that compliments more than 40 years of research on the value of PCI, and helps doctors understand how to use PCI most effectively.

The ISCHEMIA trial results do not indicate that any change of care is needed for patients who have received intervention.

Treatment plans are individualized and should be a conversation between physicians and patients.

Resources

- SCAI Statement to ISCHEMIA Trial Results
- ISCHEMIA Trial AHA Presentation

For more information about related heart conditions and treatments please visit **www.SCAI.org**.

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ISCHEMIA Trial AHA Data Outcomes

SCAI Member Media Tips

Overview: The purpose of this document is to provide a general guide for SCAI Members to reference for media interviews in reaction to the ISCHEMIA trial result announcement at AHA 2019.
As a vital member of our society, SCAI encourages you to speak with the media regarding the ISCHEMIA trial findings and included below are communications tips to inform your interactions with the media.
If you have questions or concerns, please reach out to the SCAI Media Team: kbrown@scai.org.

Media Interview Basics

- **You have an active role to play during the interview** – You are not simply answering questions. While the reporter is trying to get their story, you are trying to tell yours.

- **Each interview is an opportunity** – YOUR opportunity – View every interview as your chance to deliver your key messages – regardless of the questions being asked. You need to answer the reporter's questions, but you need to tell your story, too.

- **Keep it interesting** – Be certain to keep the interview interesting and newsworthy. Plug in important facts and statistics where appropriate, but don't overload the reporter with too many numbers. The audience will only retain a couple of the points that you make.

- **Remain focused** – Although the tone of an interview should be that of an informed, engaging conversation, open and forthright – remaining focused will ensure a successful placement with the right messaging.

- **Be concise** – A 10-minute interview may end up as a 20-second sound bite on the air or three lines in print. Be able to crystallize your thoughts into a few hard-hitting sentences. If you can't say it in 15-30 seconds, it isn't worth saying.

- **Rehearse before the interview** – This will assist in keeping your thoughts simple and clear. Another person may be able to point out questions you had not anticipated and evaluate your answers.

- **Prepare** – Regardless of the format or type of interview (print, TV, radio), preparation is the single most important element for success.

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Making the Most Out of Every Interview

AS YOU PREPARE...

- Do your homework
- Ask questions
- Be sensitive to deadlines
- Think of the reader (is it a clinician, a patient?)
- Be accessible

DURING THE INTERVIEW...

Do This...

✓ Get comfortable
✓ Be yourself
✓ Anticipate
✓ Make your points -- deliver your key messages
✓ Be concise -- but avoid yes or no answers
✓ Answer only what was asked
✓ Use the printed word
✓ Tell the truth
✓ Keep your composure
✓ Control the interview: Don't be led by the reporter

But Avoid...

✘ Memorizing sentences or paragraphs verbatim
✘ Technical terms or industry jargon
✘ The impulse to fill silence with babble
✘ Repeating loaded questions -- be positive, not negative – answer the question, don't repeat it
✘ Speculation -- know when to say "I don't know"
✘ Responding to third-hand information
✘ Speaking "Off the Record"

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Helpful Techniques

Flagging
Flagging helps you place priority on specific thoughts. Prior to delivering a key message, it is very beneficial to "flag it." This technique draws attention to what you are about to say.

Using a flag:
To do so, you can preface sentences with such phrases as:

"The most important thing to remember is…"

"I think it all boils down to…"

"The best part about…"

"Before I forget, I want to tell your audience..."

"What's important to remember, however..."

"What's most important is..."

Bridging
Bridging helps you move from one issue to another and bring the focus back to your key messages. When you bridge, you first answer the question, but answer briefly, concisely, and then move or "bridge" to what you want to discuss.

Using the Bridge:

"I don't know the specifics, but I do know that…"

"I don't know the answer to that question. But what I do know is..."

"Historically, that was the case. But today, here's what we're doing..."

"No, but let me explain..."

"That's an interesting question, let me remind you though..."

"That's not my area of expertise but what I can tell you is…"

"…that's why…"

Deferring
If a reporter persists with questions you can't answer, defer him or her to the SCAI website for the official statement on the ISCHEMIA trial findings (www.SCAI.org).

SCAI will be posting a statement once the embargo lifts at 2:00 p.m. ET on Saturday, November 16.

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Key Messages

- I would like congratulate the investigators of the ISCHEMIA trial on this very important research. Studies like ISCHEMIA are imperative for the advancement of medicine and lead to better care of our patients.
- Today, more than 13 million people in the United States have ischemic heart disease (or coronary artery disease) and it is the leading cause of death and disability worldwide
- During the last 40 years, evidence-based research has proven that PCI prevents death and heart damage in patients with heart attacks and worsening symptoms, and it improves function in patients with stable heart disease.
- For those with persisting symptoms and those who have trouble with medicines, patients and their physicians may choose intervention for symptom relief and an improved QOL.