



Helping Cardiovascular Professionals  
Learn. Advance. Heal.

#### Heart House

2400 N Street, NW  
Washington, DC 20037-1153  
USA

202.375.6000  
800.253.4636  
Fax: 202.375.7000  
[www.acc.org](http://www.acc.org)

#### President

W. Douglas Weaver, M.D., F.A.C.C.

#### President-Elect

Alfred A. Bove, M.D., Ph.D., F.A.C.C.

#### Immediate Past President

James T. Dove, M.D., M.A.C.C.

#### Vice President

Ralph G. Brindis, M.D., M.P.H., F.A.C.C.

#### Secretary

Jane E. Schauer, M.D., Ph.D., F.A.C.C.

#### Treasurer

William A. Zoghbi, M.D., F.A.C.C.

#### Chair, Board of Governors

Jane E. Schauer, M.D., Ph.D., F.A.C.C.

#### Trustees

Elliott M. Antman, M.D., F.A.C.C.  
Eric R. Bates, M.D., F.A.C.C.  
Alfred A. Bove, M.D., Ph.D., F.A.C.C.  
Ralph G. Brindis, M.D., M.P.H., F.A.C.C.  
A. John Camm, M.D., F.A.C.C.  
Richard A. Chazal, M.D., F.A.C.C.  
Pamela S. Douglas, M.D., M.A.C.C.  
Paul L. Douglass, M.D., F.A.C.C.  
James T. Dove, M.D., M.A.C.C.  
James W. Fasules, M.D., F.A.C.C.  
Michael D. Freed, M.D., F.A.C.C.  
Robert A. Guyton, M.D., F.A.C.C.  
John G. Harold, M.D., F.A.C.C.\*  
Robert A. Harrington, M.D., F.A.C.C.  
David R. Holmes Jr., M.D., F.A.C.C.  
Jerry D. Kennett, M.D., F.A.C.C.  
Charles R. McKay, M.D., F.A.C.C.  
Michael J. Mirro, M.D., F.A.C.C.  
Rick A. Nishimura, M.D., F.A.C.C.  
Steven E. Nissen, M.D., M.A.C.C.  
Patrick T. O'Gara, M.D., F.A.C.C.  
Miguel A. Quinones, M.D., F.A.C.C.  
George P. Rodgers, M.D., F.A.C.C.\*  
Jane E. Schauer, M.D., Ph.D., F.A.C.C.  
James E. Udelson, M.D., F.A.C.C.  
C. Michael Valentine, M.D., F.A.C.C.  
Mary N. Walsh, M.D., F.A.C.C.  
W. Douglas Weaver, M.D., F.A.C.C.  
Kim Allan Williams, M.D., F.A.C.C.  
William A. Zoghbi, M.D., F.A.C.C.

\**ex officio*

Chief Executive Officer  
John C. Lewin, M.D.

January 29, 2009

Elizabeth G. Nabel, M.D., F.A.C.C.  
Director  
National Institutes of Health  
National, Heart, Lung, and Blood Institute  
31 Center Drive, MSC 2486  
Bldg. 31, Rm 5A52  
Bethesda, MD 20892

Dear Betsy,

It has come to our attention that NHLBI is currently considering several proposals for a large randomized controlled trial assessing the impact of cardiovascular imaging on health outcomes. We would like to offer the strongest possible support for the funding of such a trial, as it would address one of the major problems in cardiovascular care today.

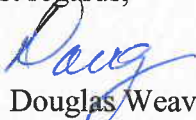
Although cardiovascular imaging is clearly an important component of cardiovascular care, only a large scale prospective RCT can provide the robust evidence base necessary to provide caregivers with the vital outcomes-based information they need to guide the optimal use of competing and new diagnostic technologies. A successful trial will need to take an unbiased approach, emphasize real world effectiveness and compare the full spectrum of usual care with new technology across a variety of clinical practice settings. With the practice changing information which might be expected from such a landmark study, patients and providers would be able to draw on prospective data to guide the selection of diagnostic testing strategies which are matched to the clinical situation, assess the proper clinical role of new technologies such as CTA, and address escalating imaging costs without jeopardizing clinical quality.

The assessment of imaging value is a complex area with many stakeholders. Only NHLBI's scientific leadership, impartiality and dedication to the highest levels of research integrity can ensure an impartial review of research proposals and guarantee the quality of the investigative process. ACCF takes no position on the merits of any of the proposals. We hope that the quality of the current

proposals allows at least one to be funded. And if NHLBI does fund an imaging RCT, we would eagerly look forward to partnering with you on disseminating the results as they are urgently needed by our members, colleagues and partners.

In summary, a RCT on imaging value would address the urgent need for evidence regarding the value of cardiovascular imaging to promote quality of care and wise use of resources. Further, in funding such a trial, NHLBI has the opportunity to lead in providing a template for how we can evaluate future advances in healthcare technology and ensure quality and cost efficiency in the future.

Best regards,

  
W. Douglas Weaver, MD, FACC

cc: Michael Lauer, MD, FACC