

# **SPECT myokardu**

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# 2024 ESC Guidelines for the management of chronic coronary syndromes

European Heart Journal (2024) 00, 1  
<https://doi.org/10.1093/eurheartj/eha>

## What is new

2024 Guidelines contain a number of new and revised recommendations, which are summarized in [Tables 3](#) and [4](#), respectively.

### Table 3 New major recommendations in 2024

**Invasive functional myocardial imaging tests in the initial diagnostic management of individuals with suspected chronic coronary syndrome—resting and stress single-photon emission computed tomography/positron emission tomography—cardiac magnetic resonance imaging, if available and supported by local expertise—Section 3**

Individuals with suspected CCS and moderate or high (>15%–85%) pre-test likelihood of obstructive CAD, SPECT or, preferably, PET

myocardial perfusion imaging is recommended to:

diagnose and quantify myocardial ischaemia and/or scar;

estimate the risk of MACE;

quantify myocardial blood flow (PET).

Individuals selected for PET or SPECT myocardial perfusion imaging, it is recommended to measure CACS from unenhanced chest CT (used for attenuation correction) to improve detection of both non-obstructive and obstructive CAD.

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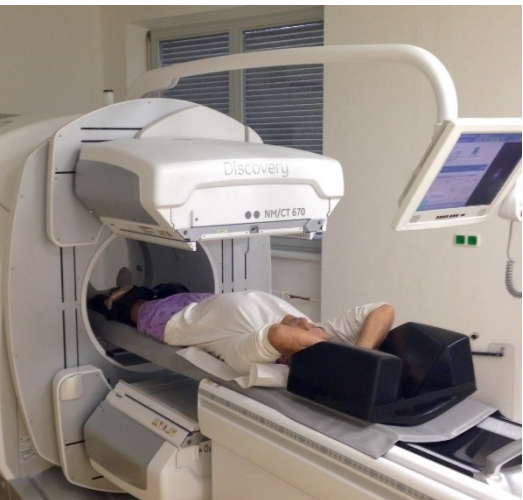
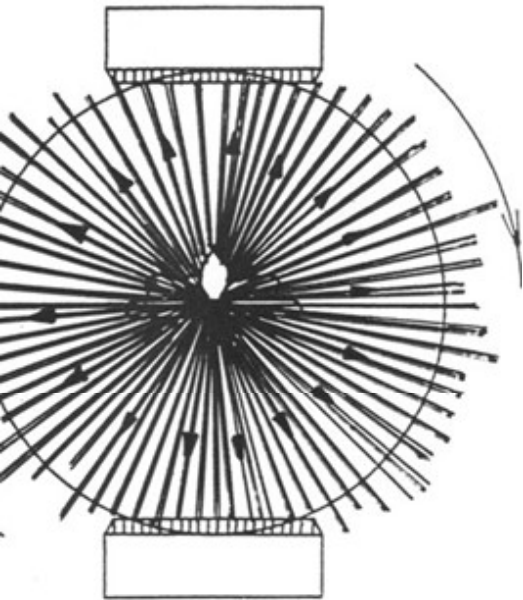
### 3.3.2.2. Myocardial perfusion scintigraphy—single-photon emission computed tomography

Newer-generation SPECT cameras based on cadmium–zinc–telluride (CZT) semiconductor detector technology enable a substantial reduction in radiation dose exposure and acquisition time, as well as an increased diagnostic accuracy<sup>260</sup> and absolute quantification of MBF. Hence, its diagnostic performance for multivessel CAD has improved substantially.<sup>261</sup>

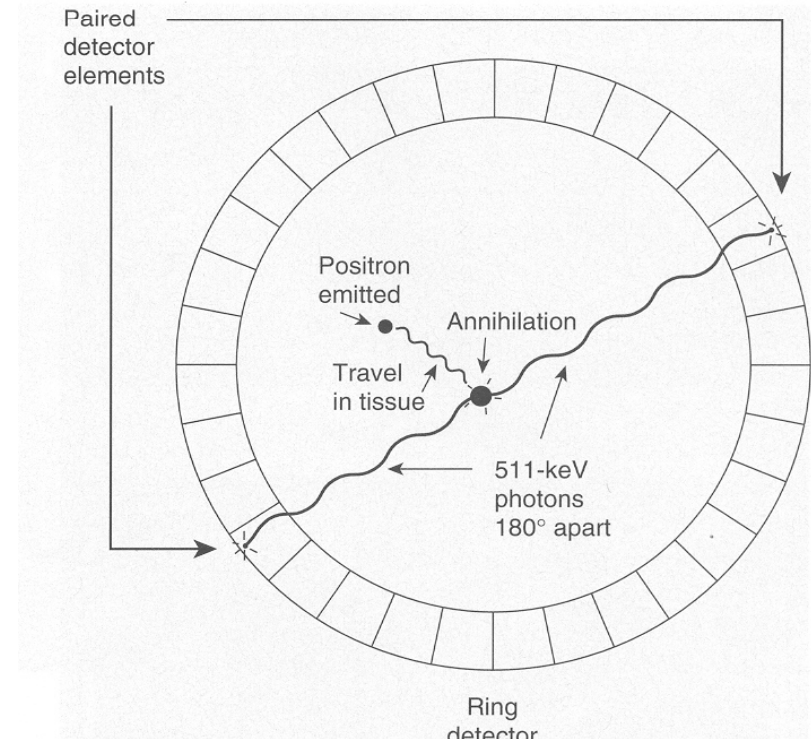
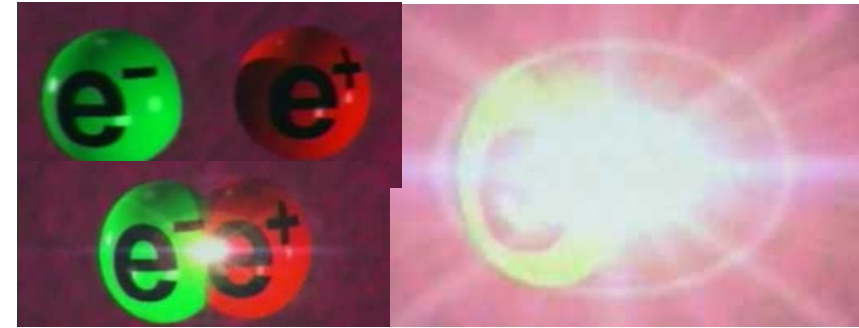
261. Panjer M, Dobrolinska M, Wagenaar NRL, Slart R. Diagnostic accuracy of dynamic CZT-SPECT in coronary artery disease. A systematic review and meta-analysis. *J Nucl Cardiol* 2022;**29**:1686–97. <https://doi.org/10.1007/s12350-021-02721-8>



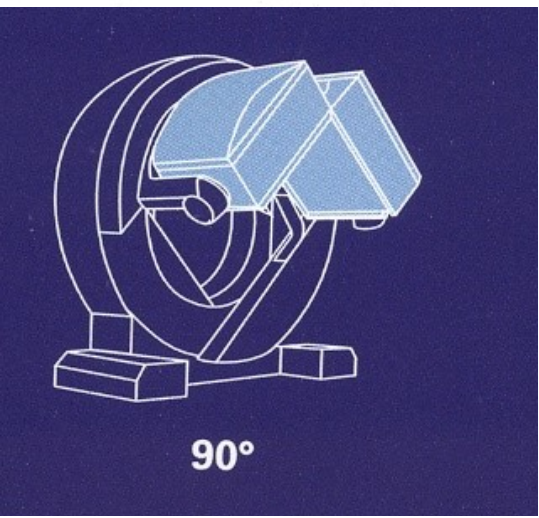
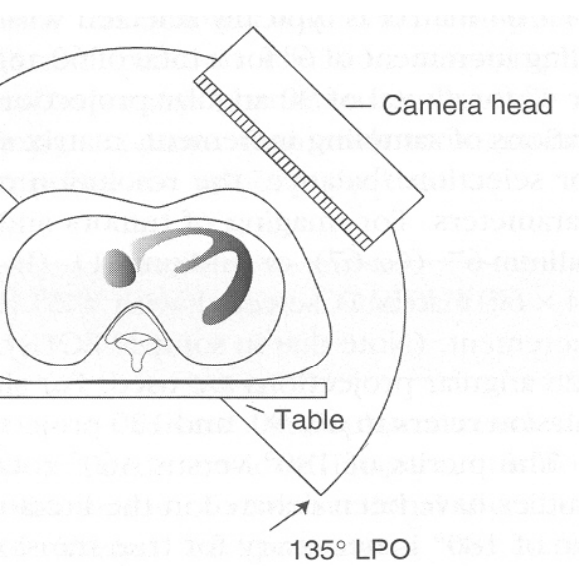
# Single Photon Emission Computed Tomography (SPECT)



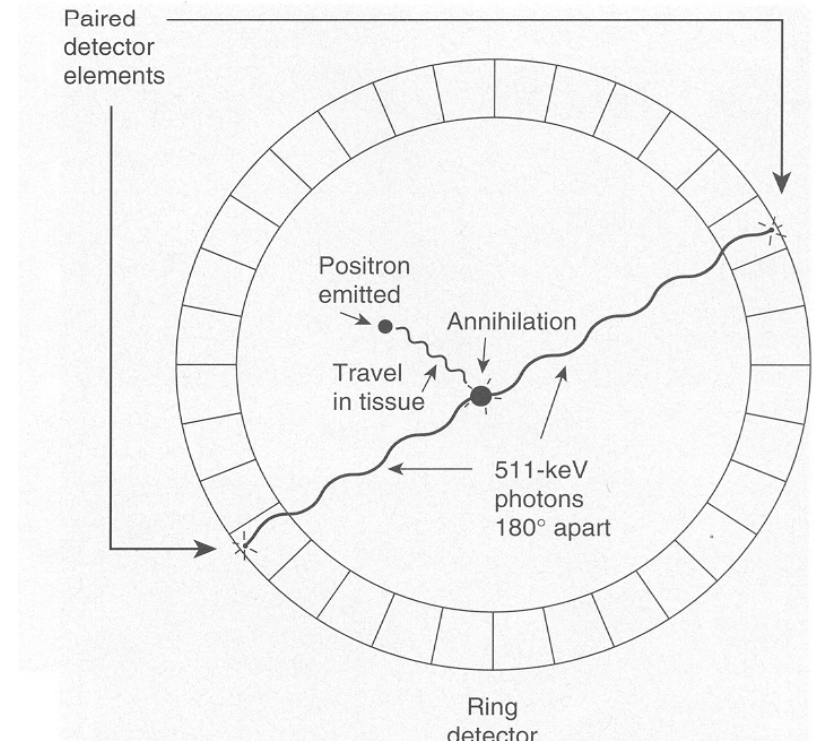
# Positron Emission Tomography (PET)



# Single Photon Emission Computed Tomography (SPECT)

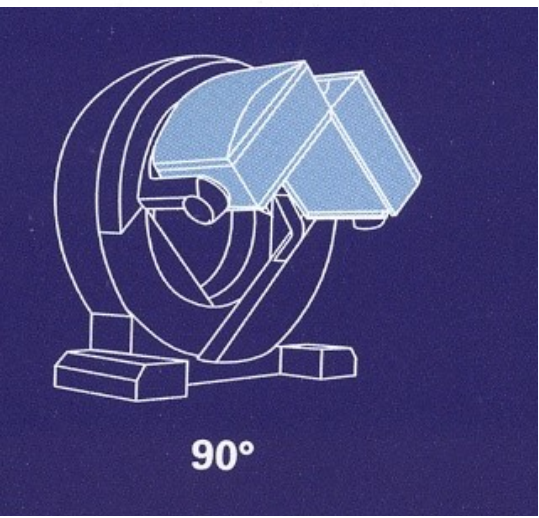
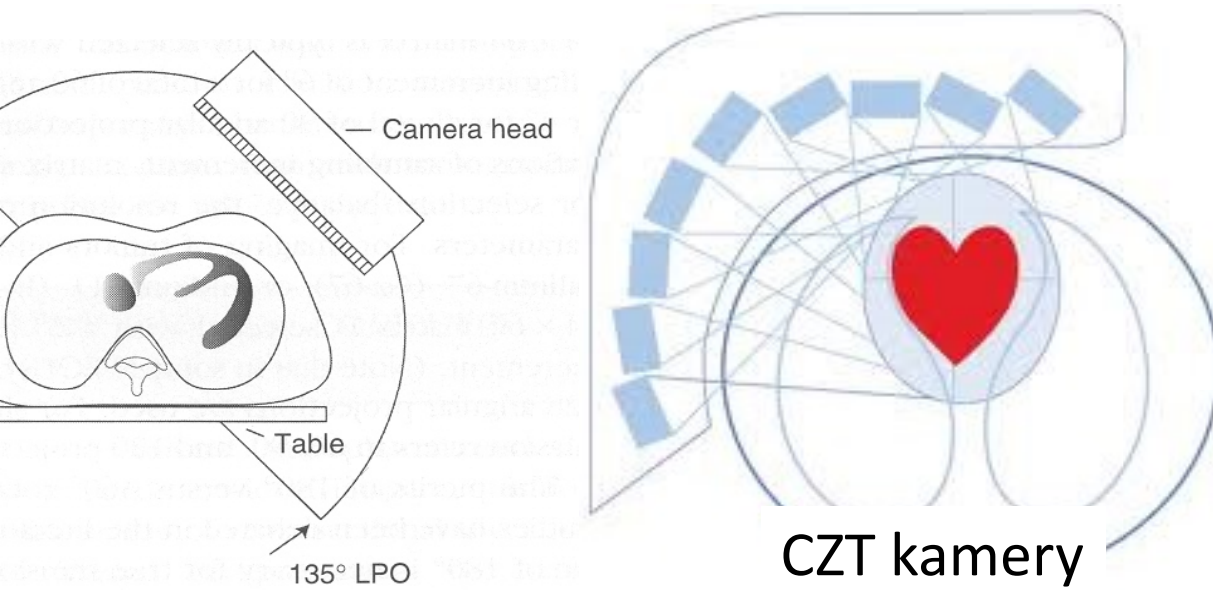


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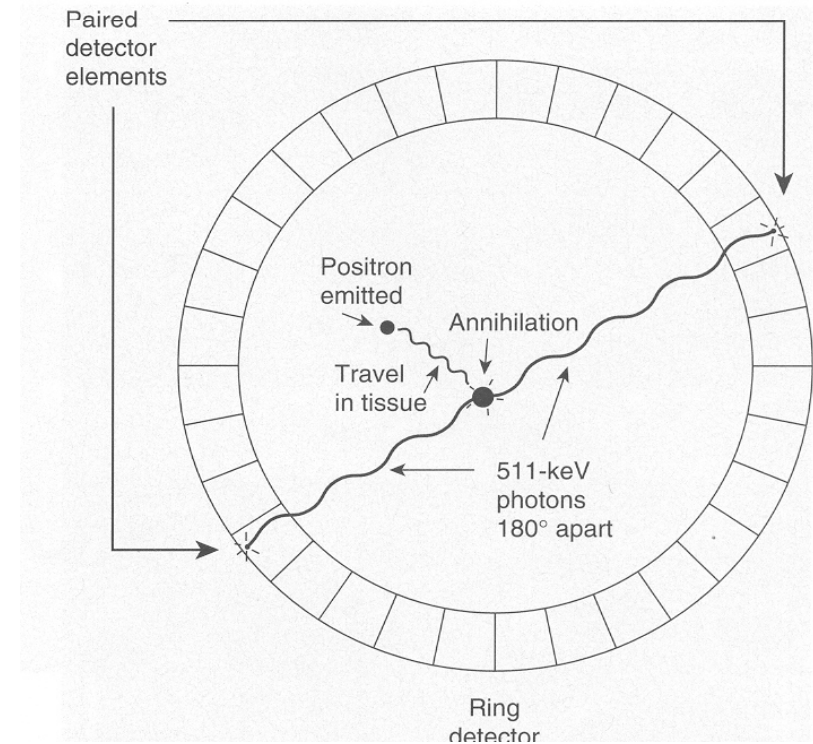




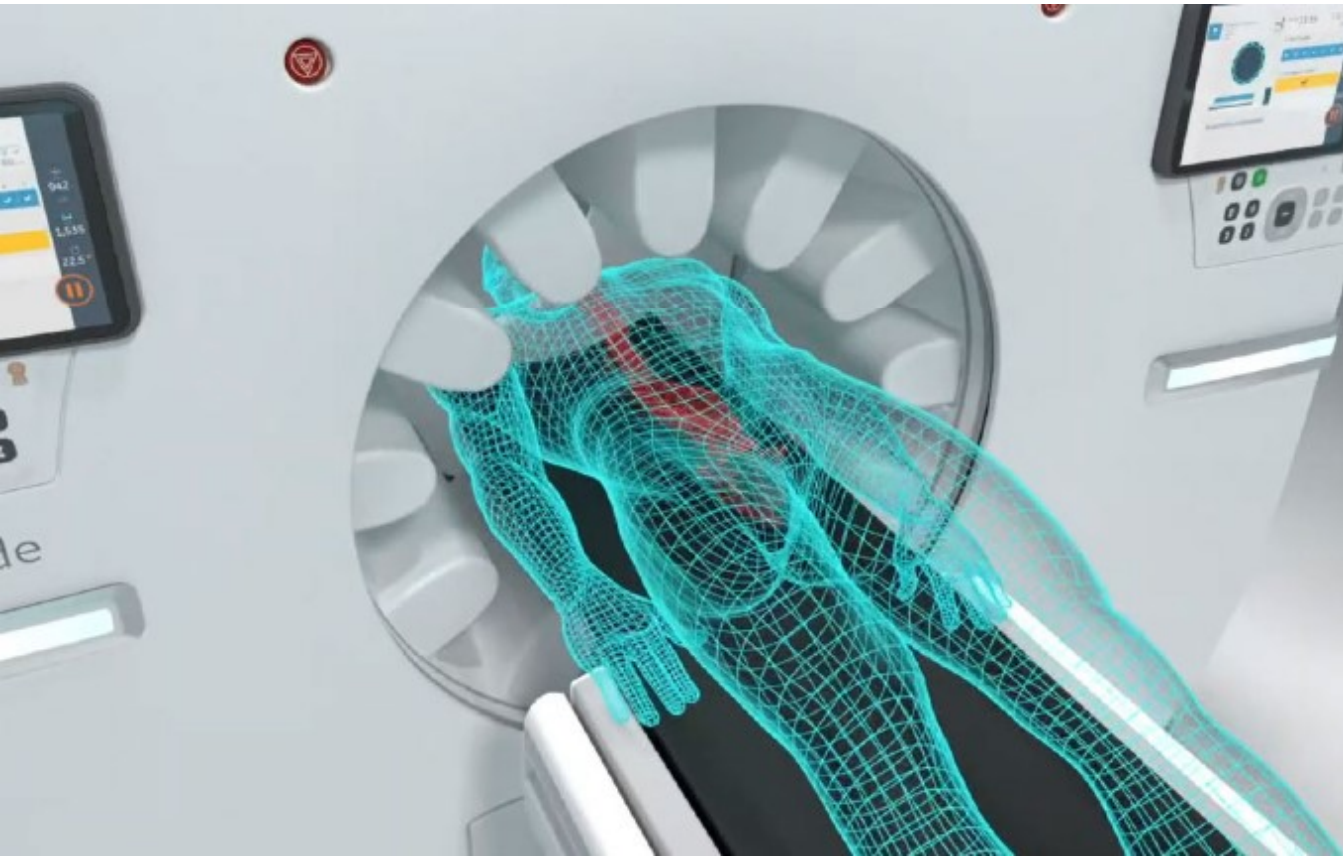
# Single Photon Emission Computed Tomography (SPECT)



# Pozitron Emission Tomography (PET)



# Single Photon Emission Computed Tomography (SPECT)

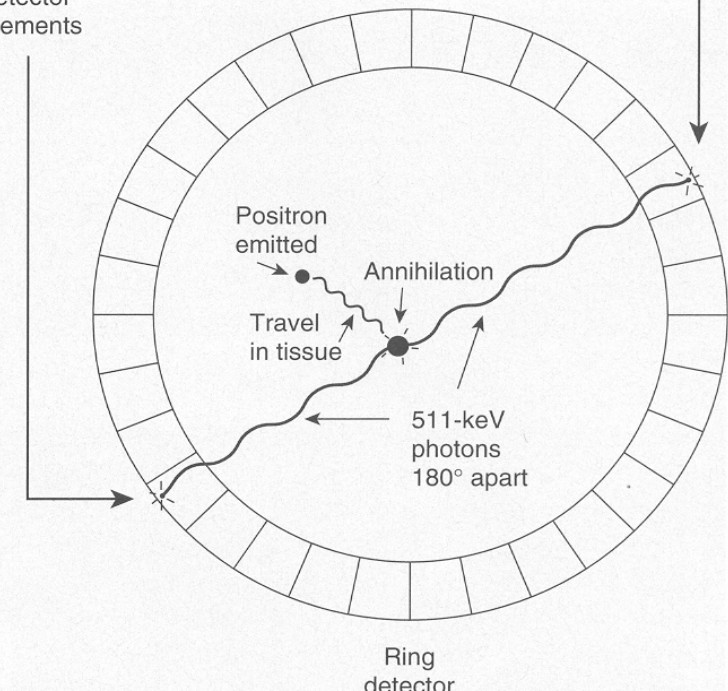


GE StarGuide - 12 CZT detektorů

# Pozitron Emission Tomography (PET)



Paired  
detector  
elements



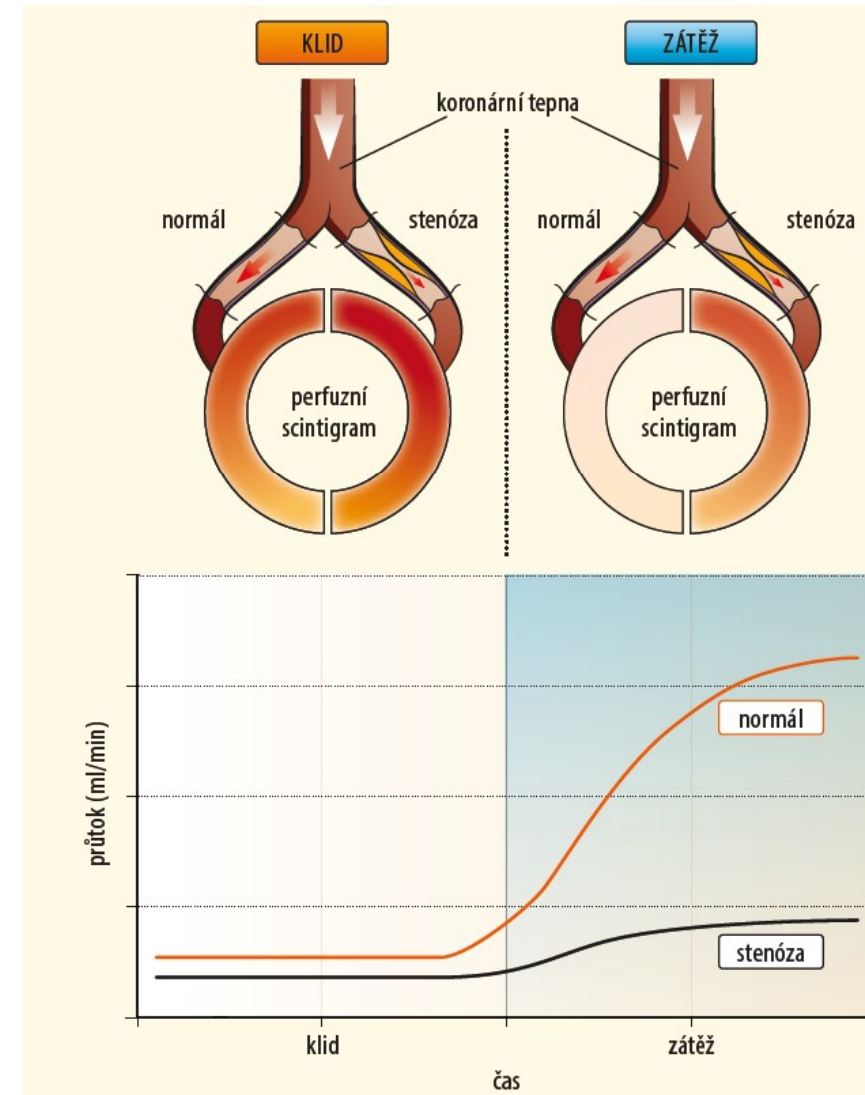


# SPECT resp. PET myokardu

Konvenční SPECT resp. PET = relativní perfuze

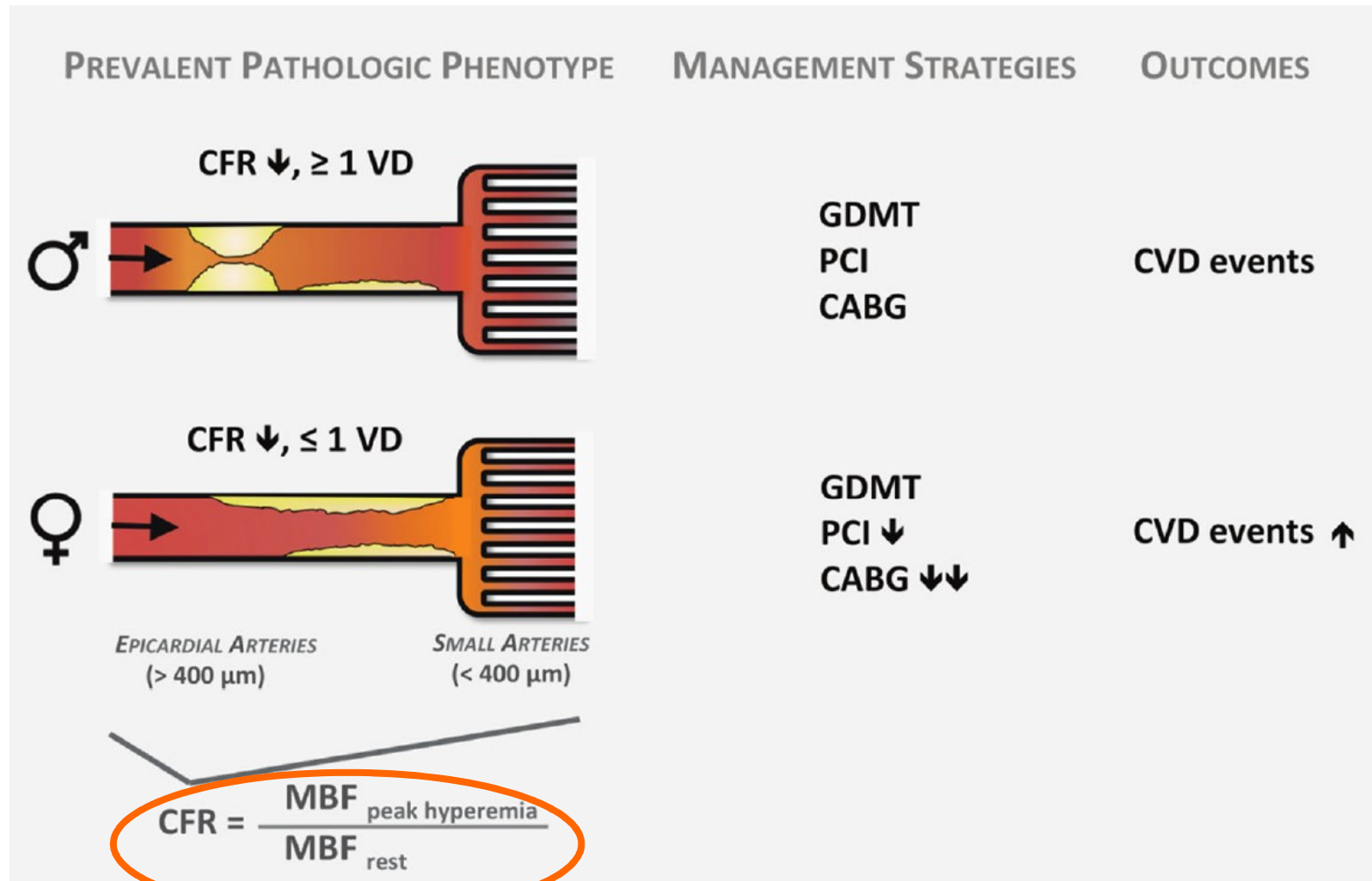
Dynamický SPECT resp. PET = absolutní kvantifikace

## *Pozátěžové navození heterogenity perfuze*





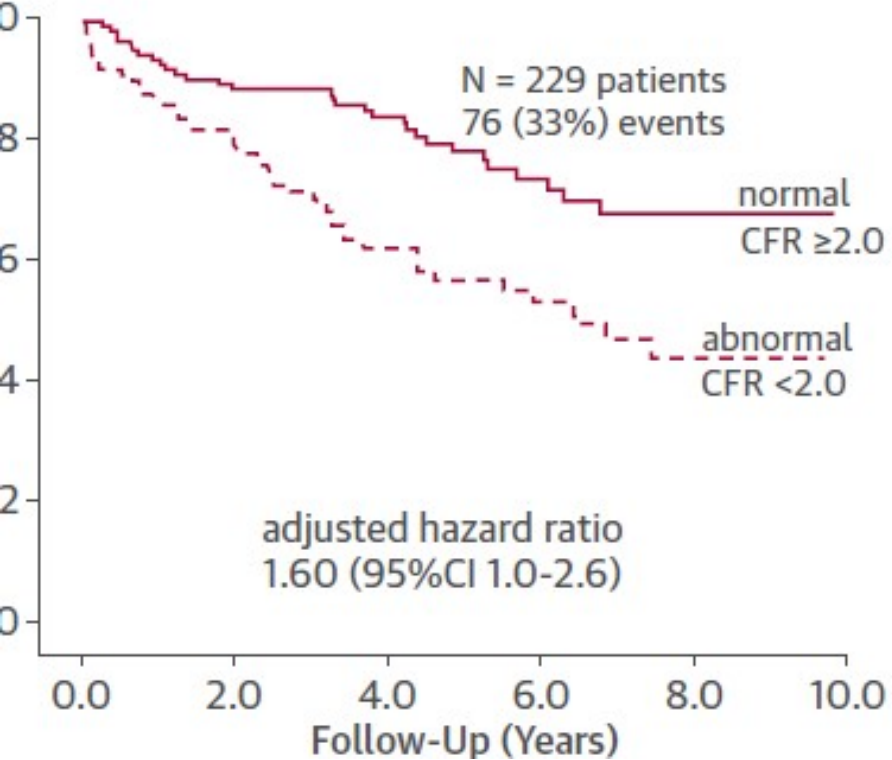
# ASNC Consensus Statement : Women



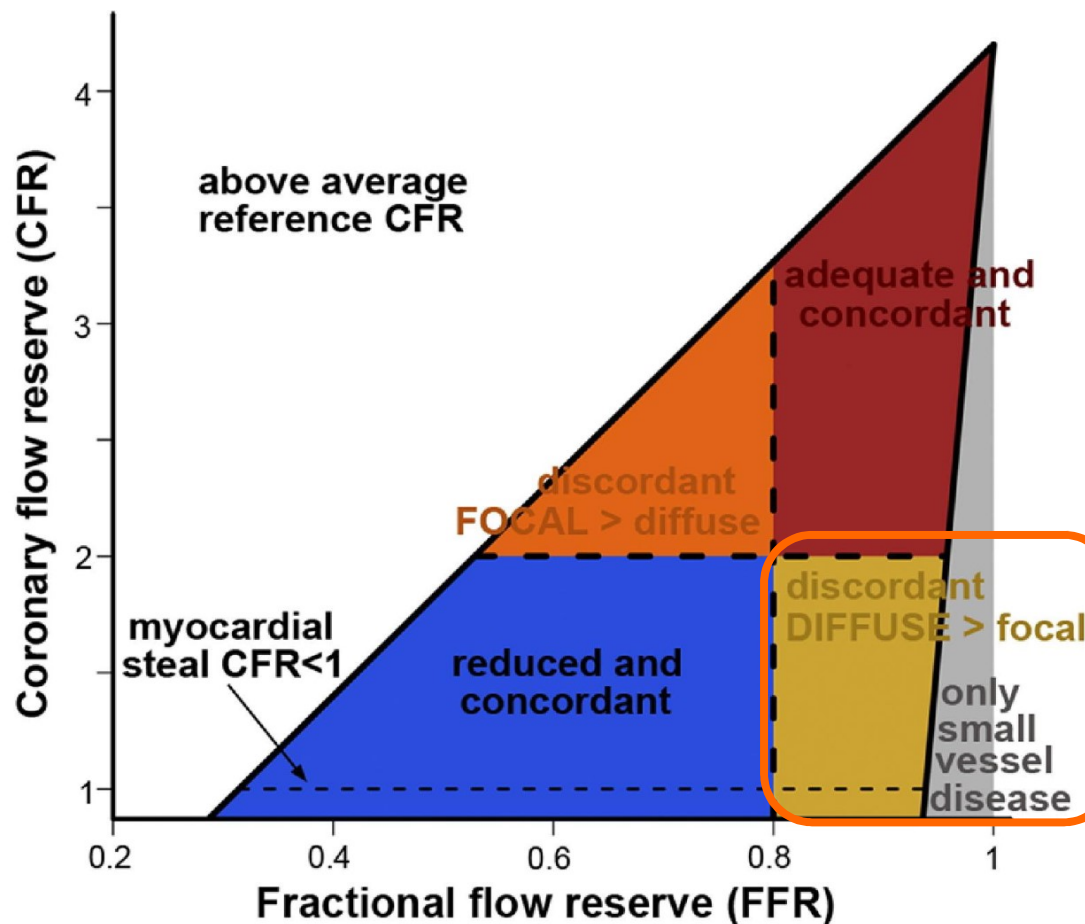
CFR - Coronary flow reserve  
 MBF - Myocardial blood flow

GDMT- guideline directed medical therapy

Johnson et al. JACC  
2016;67:2772-88



## Future of FFR and CFR



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## Sequential testing (in any order):

- Functional imaging (PET, MRI, stress echo, SPECT)



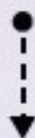
Coronary microvascular dysfunction and/or Myocardial ischaemia

and

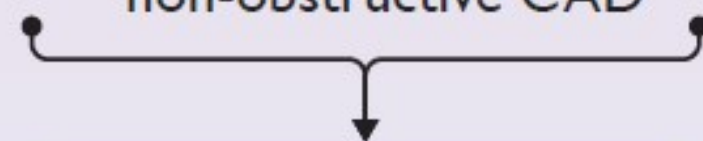
- Anatomical imaging (CCTA)



No apparent or non-obstructive CAD



[Obstructive CAD → GDMT ± ICA]



**ANOCA/INOCA**





# Dynamický PET: Coronary Flow Reserve (CRF)

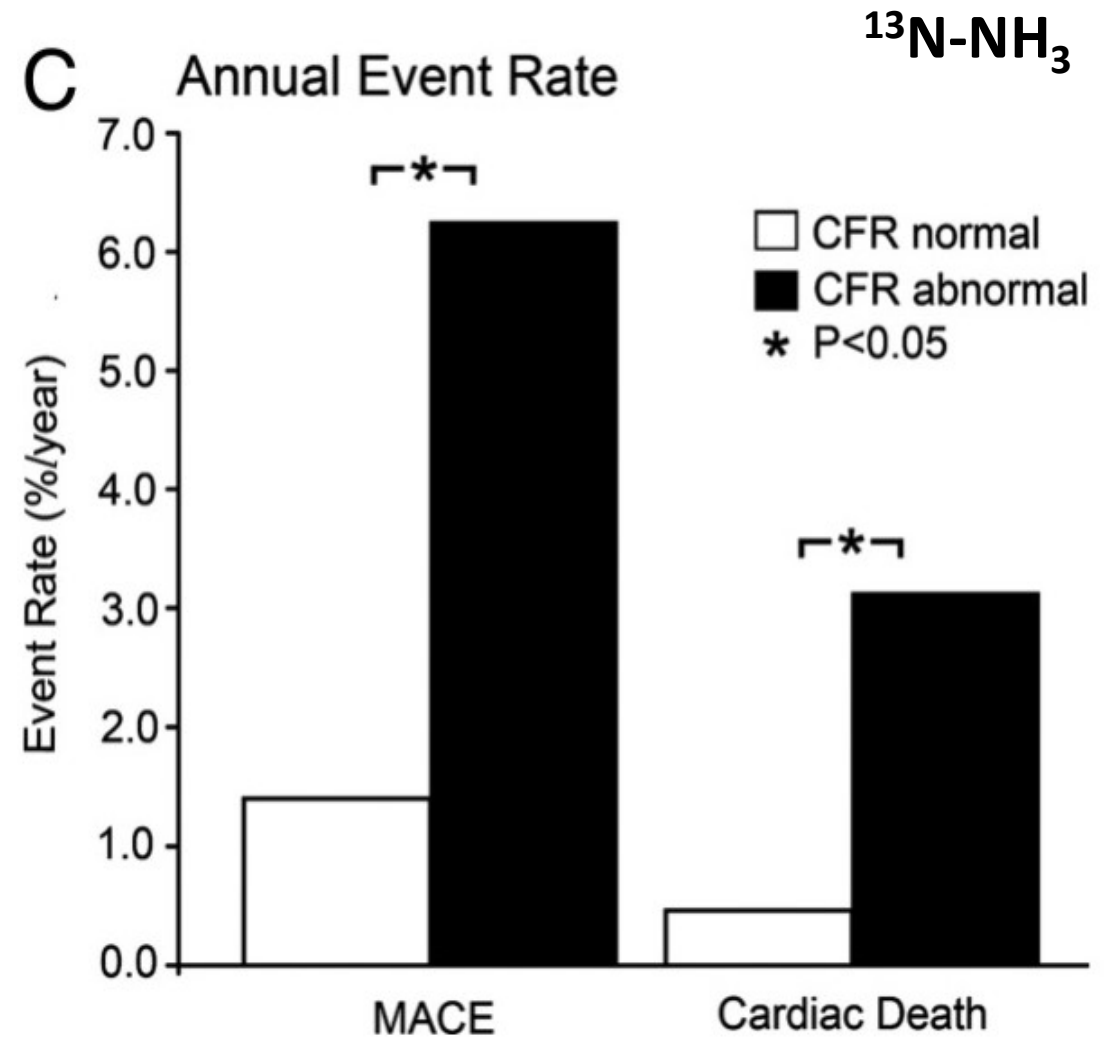
## PET radiofarmaka

$^{13}\text{N-NH}_3$

$^{15}\text{O-H}_2\text{O}$

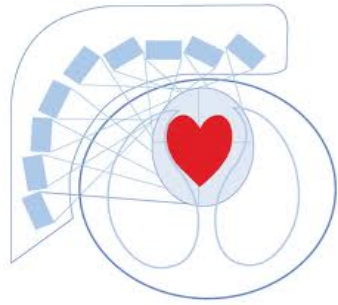
$^{82}\text{Sr}/^{82}\text{Rb}$  generátor

flurpiridaz (čeká na schválení FDA)



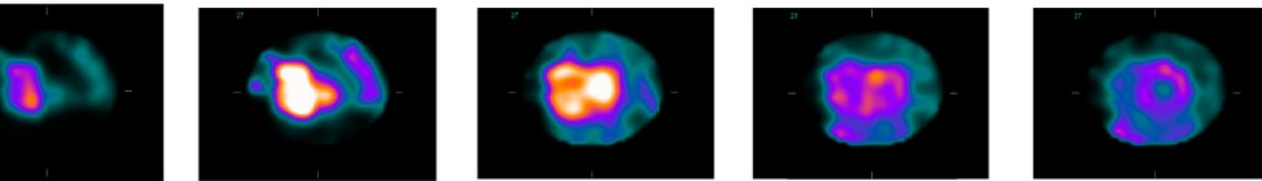
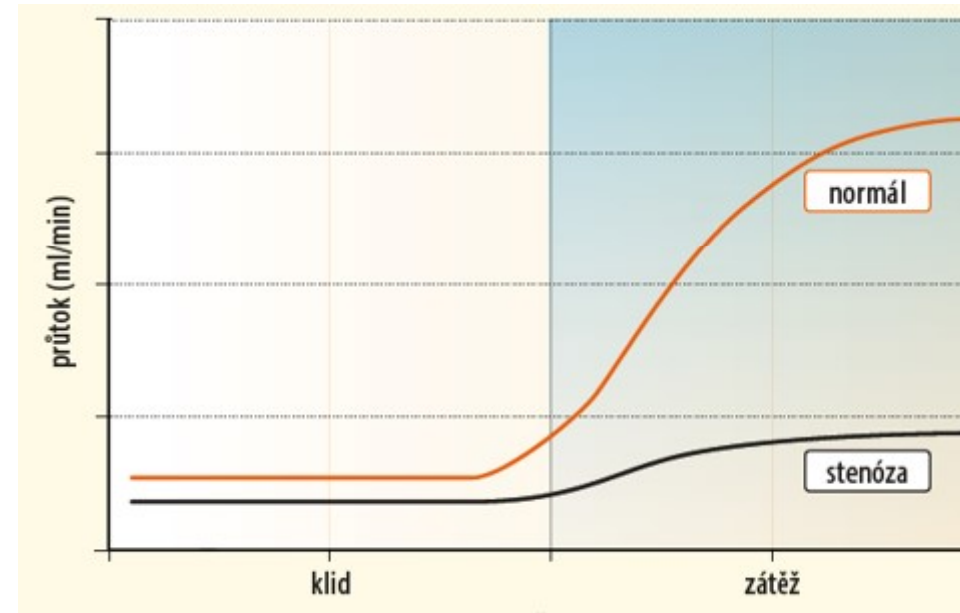
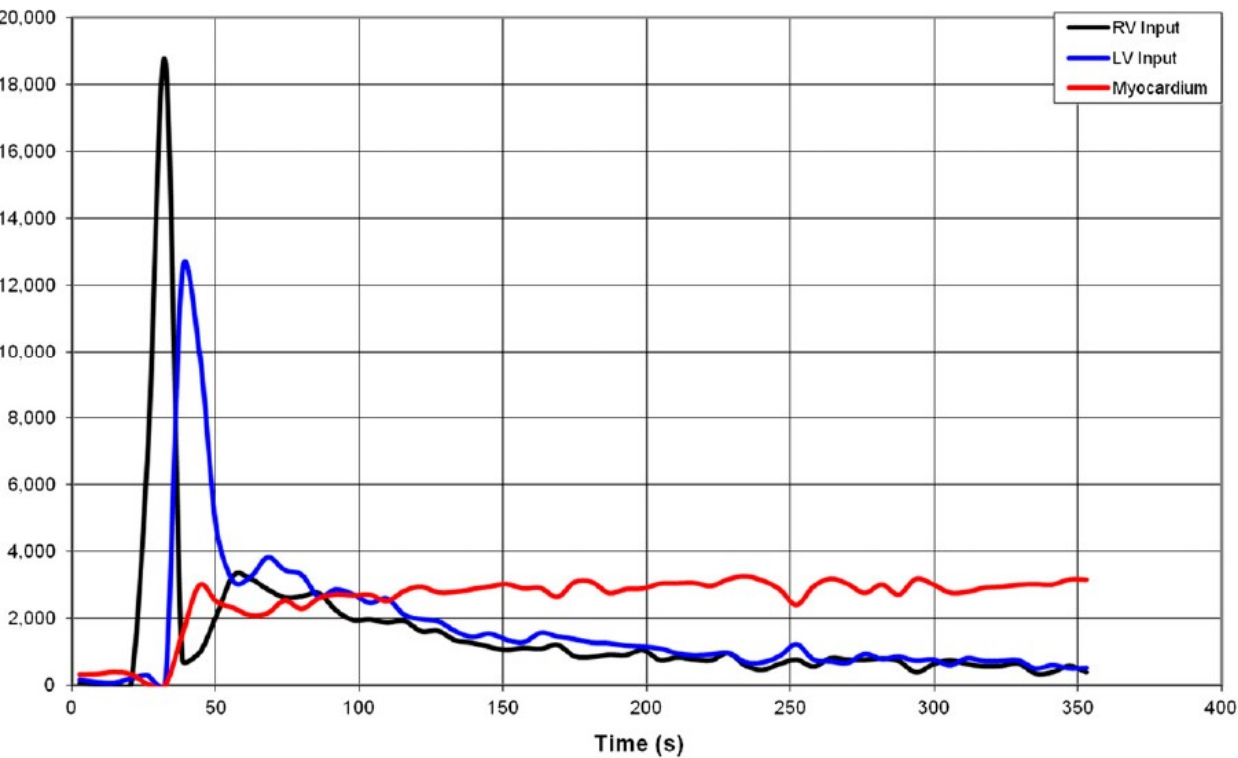
Herzog BA, et al. *Am J Cardiol* 200

Ben-Haim S, et al.  
JACC 2013



# Dynamic SPECT on CZT Camera

## Coronary Flow Reserve (CFR)



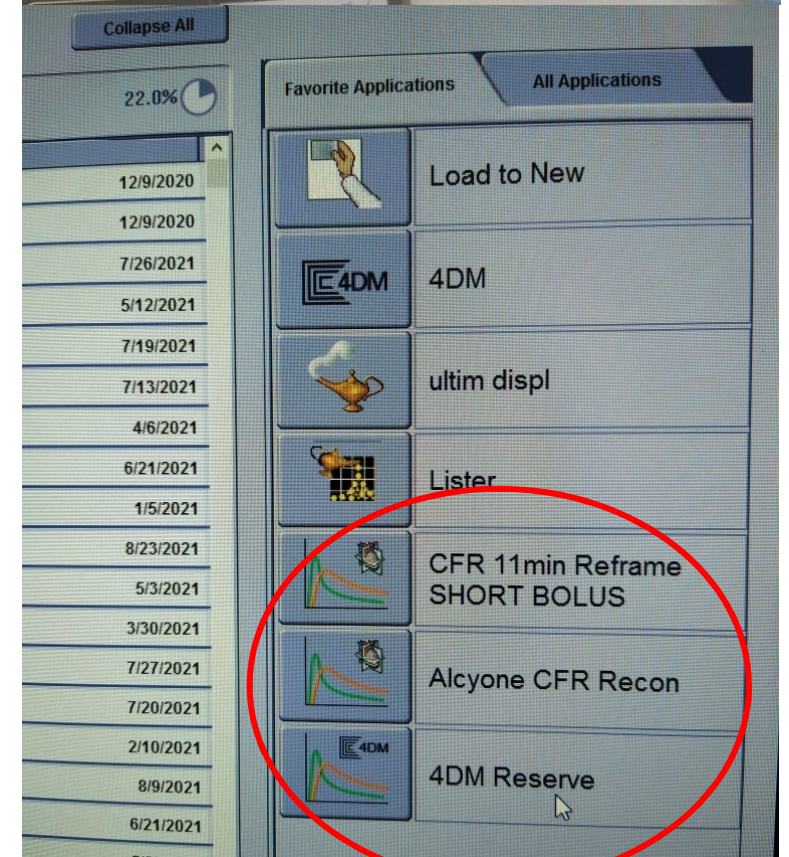
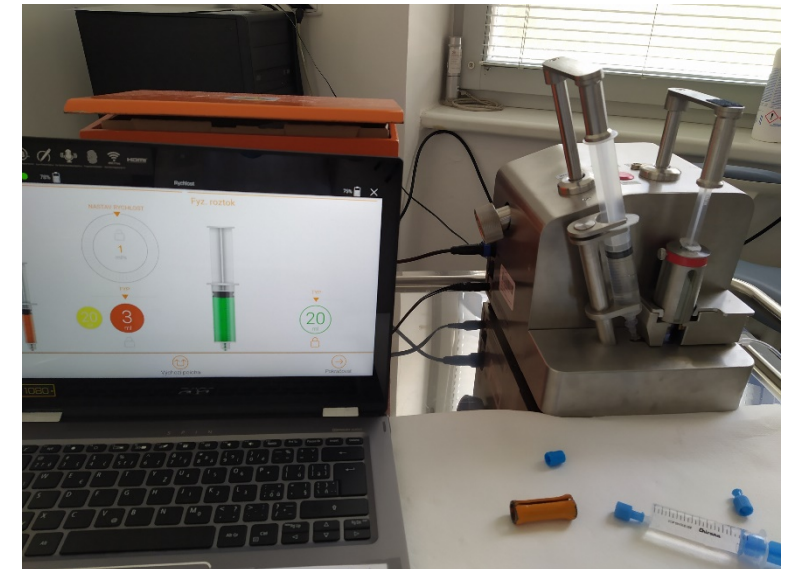
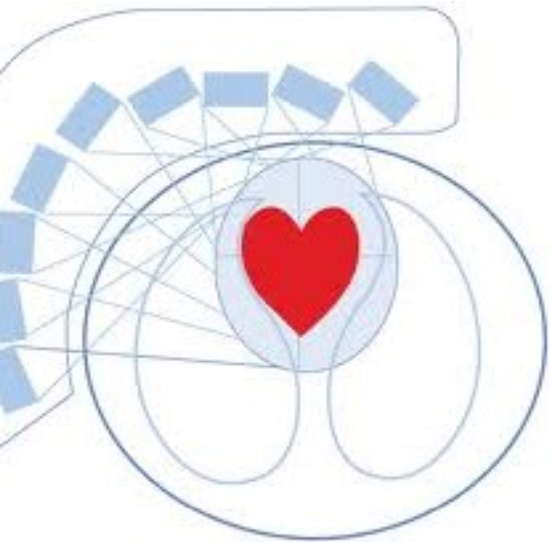
Corresponding 6-s SPECT images

# Kvantifikace MBF a CRF

- Konverze PET programů pro použití na CZT SPECT kamerách s jednofotonovými zářiči
- Klinická validace porovnáním SPECT vs PET:
  - MIBI vs  $^{15}\text{O-H}_2\text{O}$  (1)
  - tetrofosmin vs  $^{13}\text{N-NH}_3$  (2,3)

1. Agostini D, et al. EJNMMI 2018 (WATERDAY study)
2. Nkoulou R, et al. J Nucl Med. 2016
3. Giubbini R, et al. J Nucl Cardiol 2019





# Dynamický SPECT

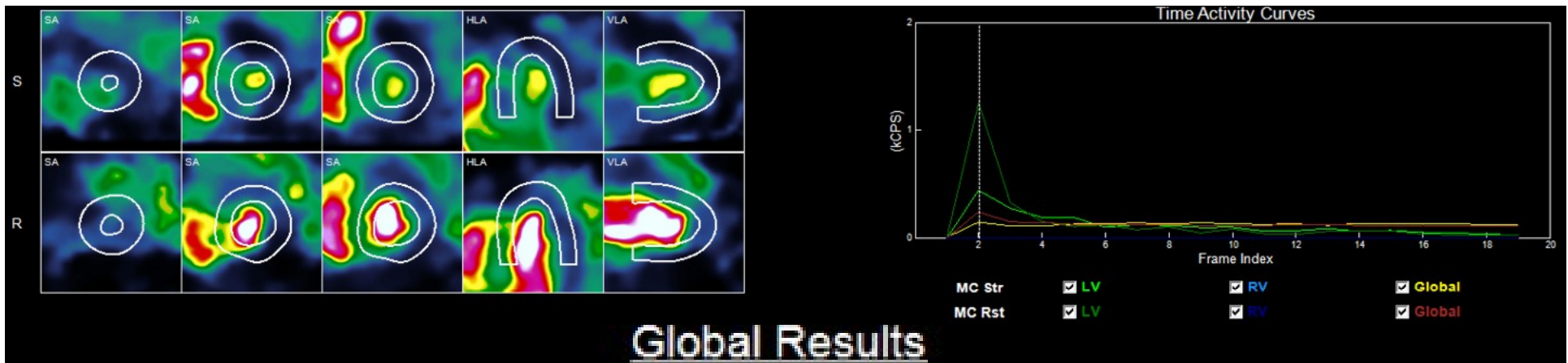
CZT kamera

Injektor (1 ml/sec)

Licence na kvantitativní program

50letý muž. DM, námahová dušnost

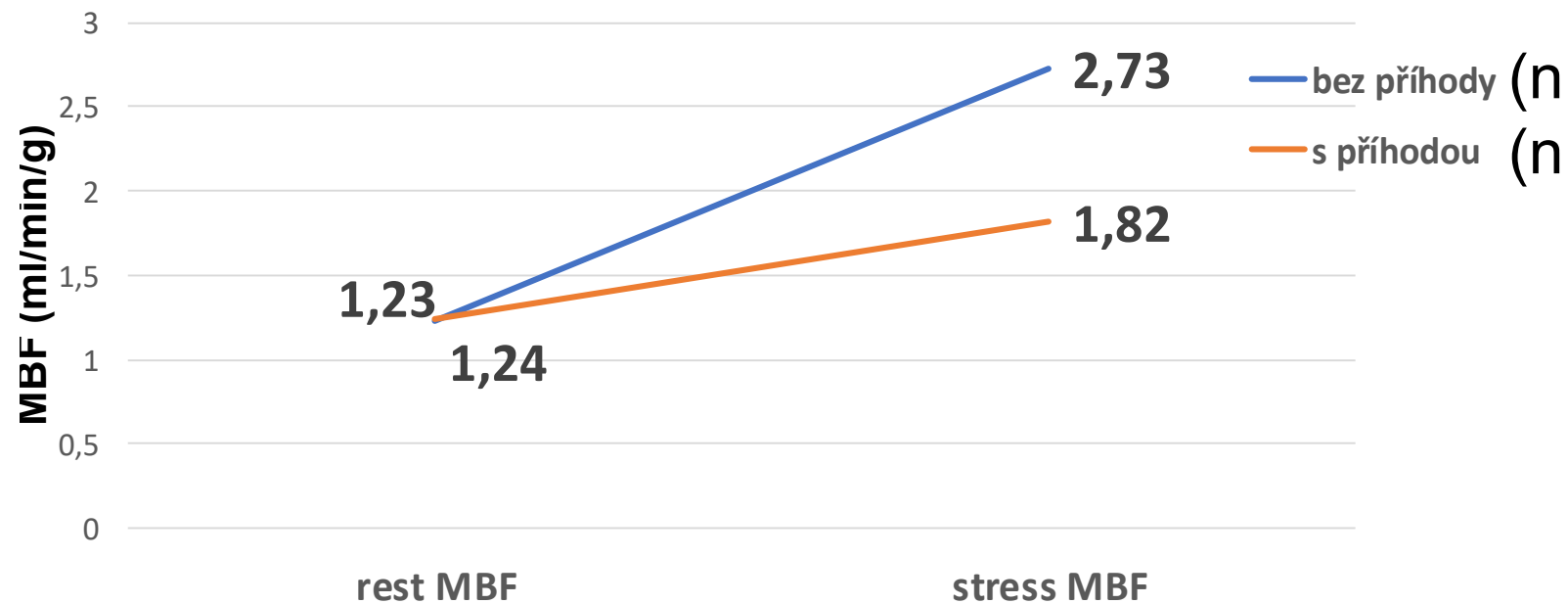
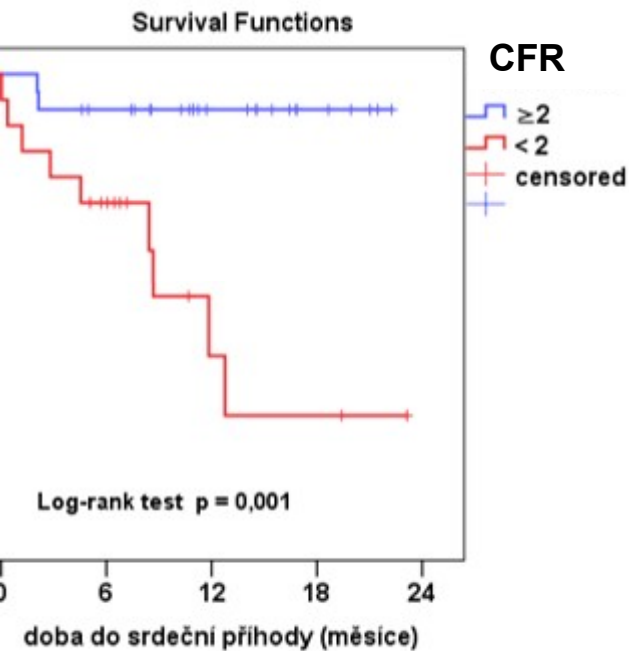
Normal Coronary Flow Reserve (CFR)  $\geq 2$



Global Results

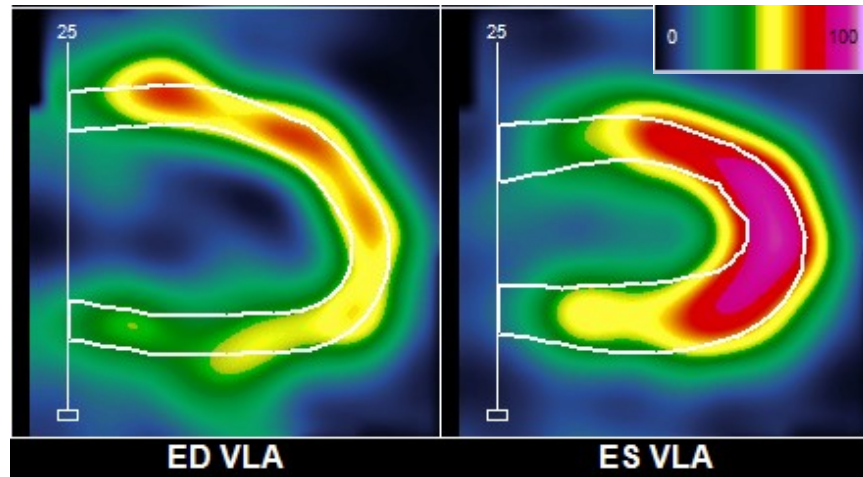
<u>Region</u>	<u>Mean</u>		<u>Flow (ml/min/g)</u>		
	<u>MC Str</u>	<u>MC Rst</u>	<u>MC Str</u>	<u>MC Rst</u>	<u>Reserve</u>
LAD	87%	83%	2.72	1.16	2.35
LCX	89%	91%	3.53	1.37	2.57
RCA	73%	70%	3.20	1.01	3.17
TOT	84%	81%	3.04	1.13	2.69

# Coronary flow reserve (CFR) Myocardial blood flow (MBF)

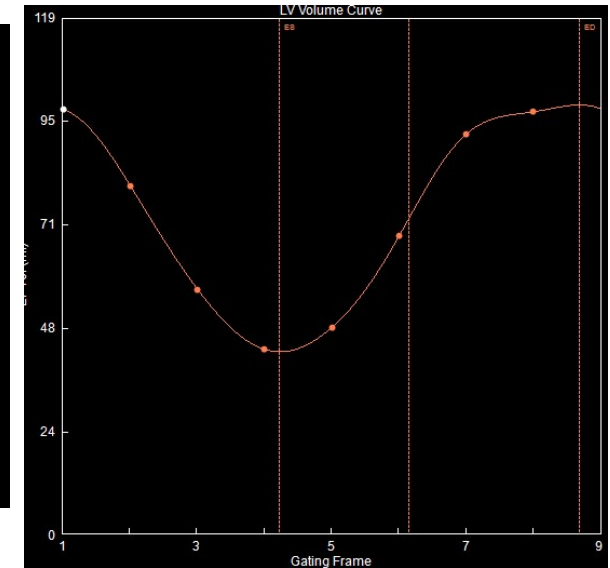




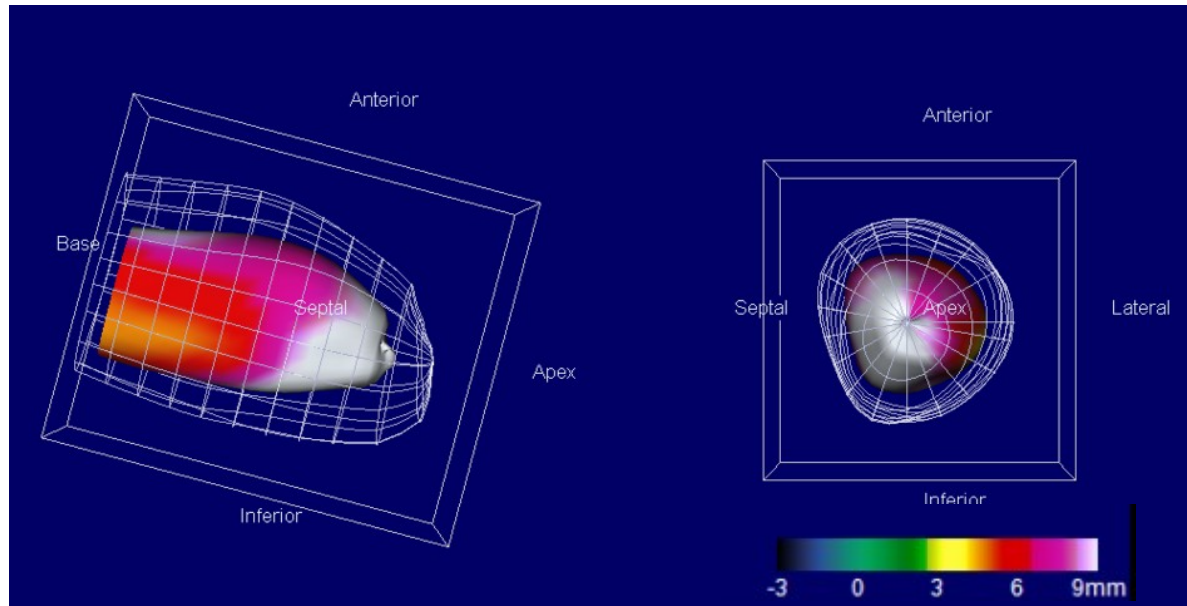
# Gated SPECT – systolické ztlušťování jako nárůst impulsů



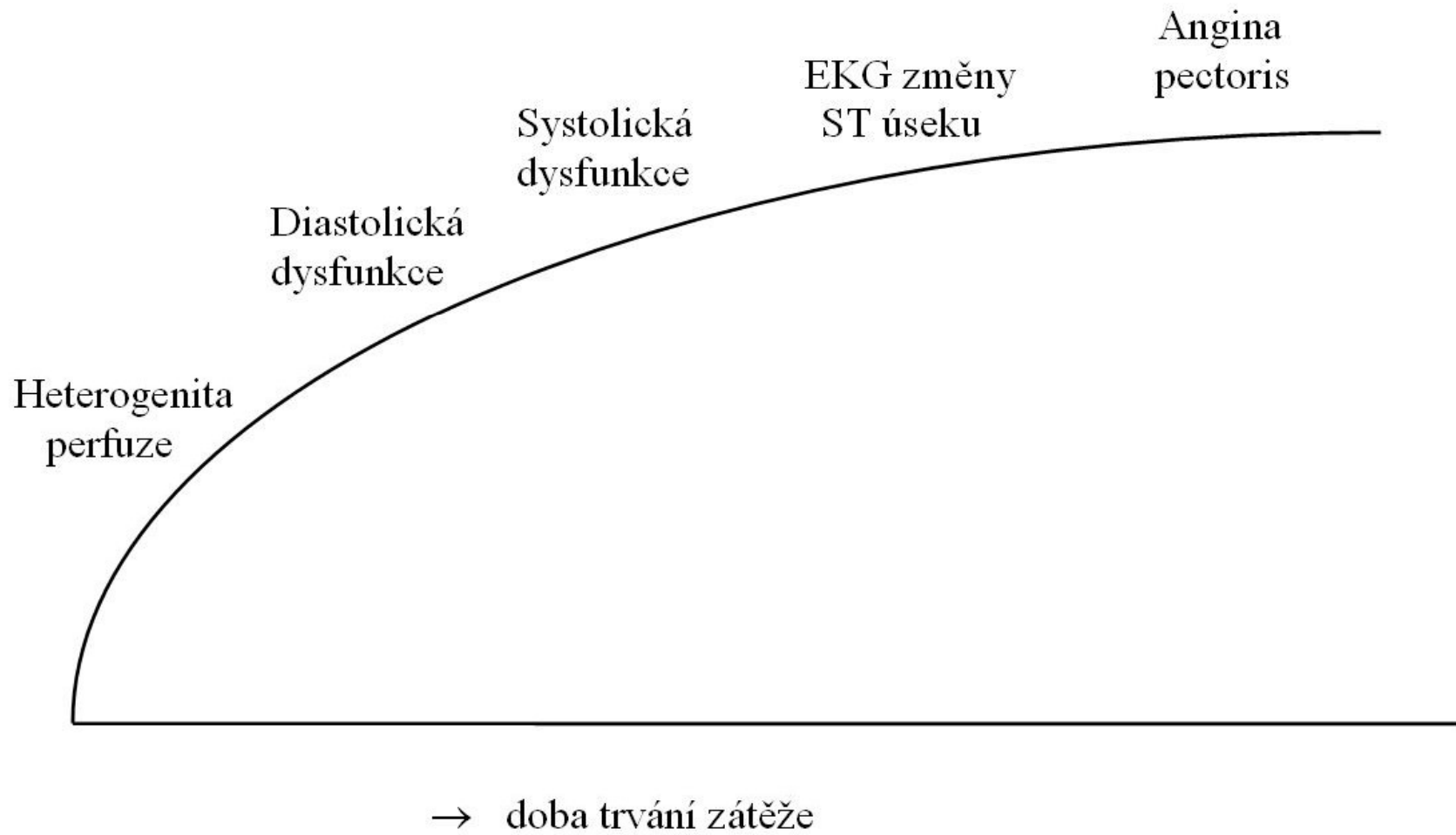
	GStr
Show	<input checked="" type="checkbox"/>
EDV (ml)	100
ESV (ml)	32
EF (%)	68



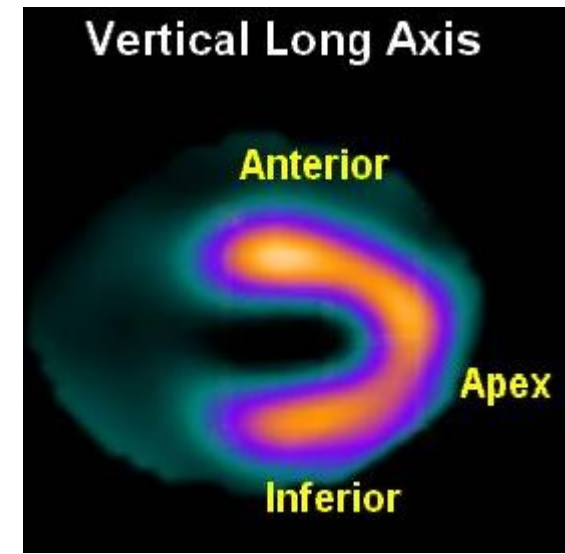
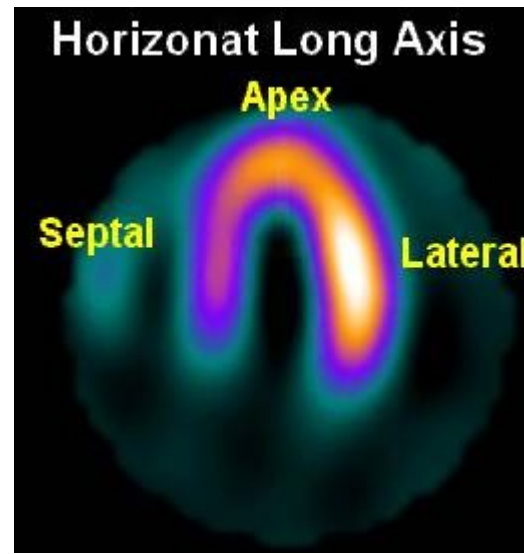
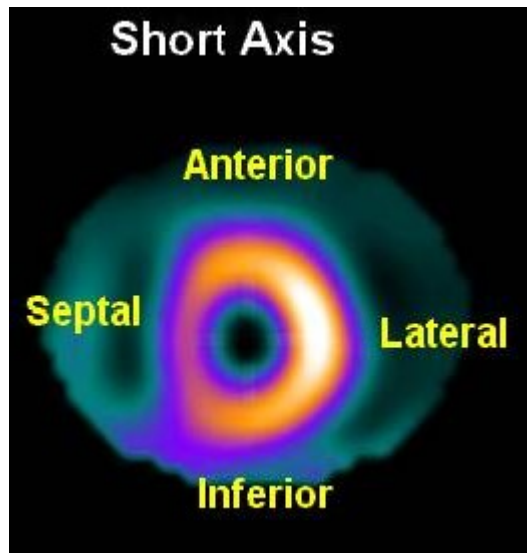
Pohyb endokardu v mm  
mřížka = endokard v ED, barevně v  $F^s$



# Ischemická kaskáda



# Prognostický význam SPECT



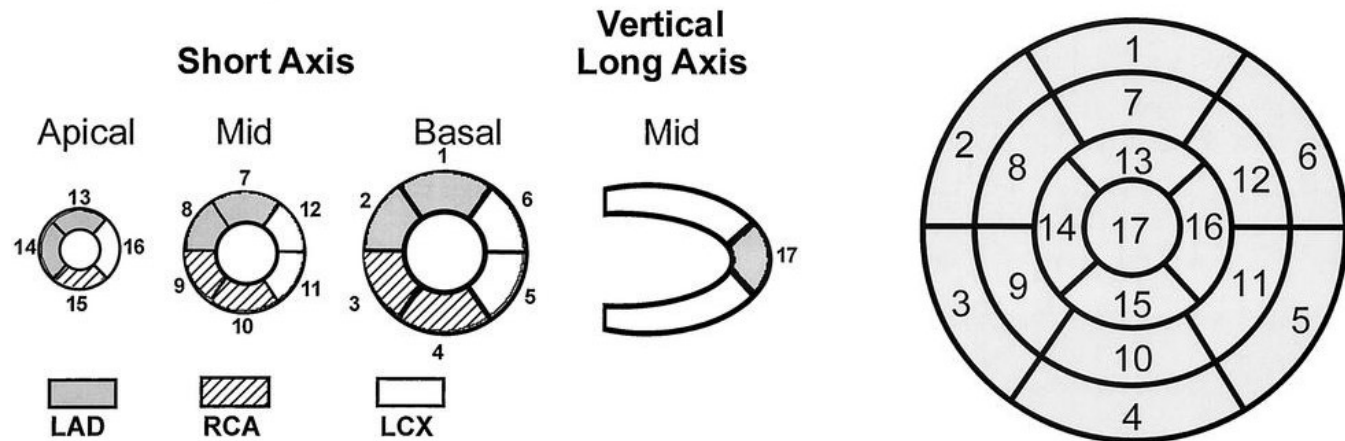
Normální zátěž. SPECT myokardu: nízké riziko

- srdeční smrt/infarkt myokardu < 1 % ročně
- i při koronarografickém nálezů stenózy > 50 %

*Gibson PB, JACC 2002: 0,6% ročně*

*Kamínek M, BiomedPapers 2015: 0,7% ročně*

# Kvantitativní analýza perfuze



- 5ti stupňová škála (0 = normal, 4 = absent)
- sumační zátěžové skóre (**SSS**), sumační klidové skóre (**SRS**) a sumační rozdílové skóre (**SDS**)
- **Hypoteticky nejhorší možné skóre = 68** (při postižení všech 17ti segmentů levé komory x nejhorší perfuze, tj 4)

## Přepočet na masu levé komory

$$\text{score normalized to \%LV} = \frac{\text{score (i. e., SSS, SDS or SDS)}}{68} * 100$$



# SPECT - mírná ischemie (< 10 % z levé komory):

## nízké riziko srdeční smrti (< 1 % ročně)

# 2018 ESC Guidelines on Revascularization

Indications for revascularization in patients with stable angina or silent ischaemia

Extent of CAD (anatomical and/or functional)		Class <sup>a</sup>	Level <sup>b</sup>
For prognosis	Left main disease with stenosis >50%. <sup>c 68–71</sup>	I	A
	Proximal LAD stenosis >50%. <sup>c 62,68,70,72</sup>	I	A
	Two- or three-vessel disease with stenosis >50% with impaired LV function (LVEF ≤35%). <sup>c 61,62,68,70,73–83</sup>	I	A
	Large area of ischaemia detected by functional testing (>10% LV) or abnormal invasive FFR. <sup>d 24,59,84–90</sup>	I	B
	Single remaining patent coronary artery with stenosis >50%. <sup>c</sup>	I	C
For symptoms	Haemodynamically significant coronary stenosis <sup>c</sup> in the presence of limiting angina or angina equivalent, with insufficient response to optimized medical therapy. <sup>e 24,63,91–97</sup>	I	A

© ESC 2018

CAD = coronary artery disease; FFR = fractional flow reserve; iwFR = instantaneous wave-free ratio; LAD = left anterior descending coronary artery; LV = left ventricular; LVEF = left ventricular ejection fraction.

<sup>a</sup>Class of recommendation.

<sup>b</sup>Level of evidence.

<sup>c</sup>With documented ischaemia or a haemodynamically relevant lesion defined by FFR ≤0.80 or iwFR ≤0.89 (see section 3.2.1.1), or >90% stenosis in a major coronary vessel.

<sup>d</sup>Based on FFR <0.75 indicating a prognostically relevant lesion (see section 3.2.1.1).

<sup>e</sup>In consideration of patient compliance and wishes in relation to the intensity of anti-anginal therapy.

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© ESC 2018

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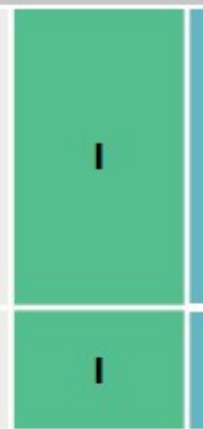
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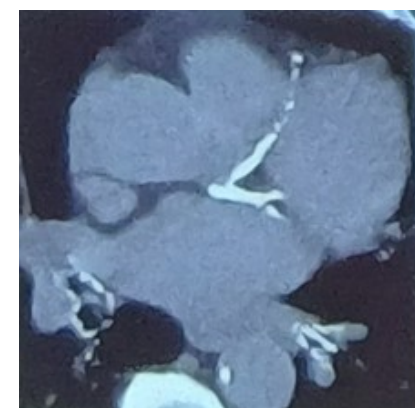
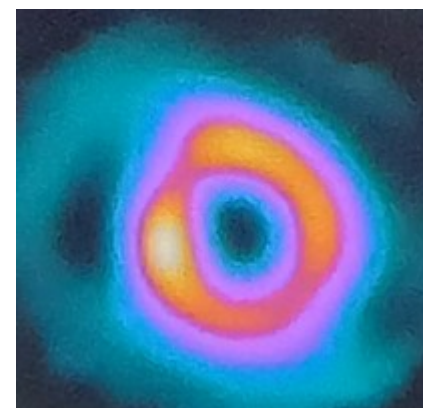




## HYBRID IMAGING GUIDELINE

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2022 ASNC/AAPM/SCCT/SNMMI guideline  
for the use of CT in hybrid nuclear/CT cardiac  
imaging



MPI identified ischemia & defines need for revascularization

CACS reflects anatomic burden of atherosclerosis

MPI & CACS are independent & complementary predictors of cardiac events

Every pt without known CAD undergoing MPI, should have CACS (increased diagnostic acumen, enhances long term stratification, improves pt outcome by targeting aggressive risk factor modification in those with subclinical AS)

No ischemia  
No atherosclerosis

No ischemia  
+ atherosclerosis

Ischemia  
+/- atherosclerosis



# SCAPIS study: Prevalence of Silent Coronary Atherosclerosis by CCTA with CACS

**Prevalence of Coronary Computed Tomography Angiography–Detected Atherosclerosis in SCAPIS Participants Established Coronary Heart Disease Who Underwent Both Successful Coronary Computed Tomography Angiography Scoring, for Whom PCE Could Be Calculated, and With 0 CAC (n=14 679), Divided by Sex and PCE Risk Group**

Characteristic	Total	PCE risk category			
		Low (<5%)	Borderline (≥5 to <7.5%)	Intermediate (7.5 to <20%)	High (≥20%)
<b>With CAC = 0</b>					
Sample size	14 679	9780	2203	2543	153
Atherosclerosis	13 876 (94.5)	9350 (95.6)	2086 (94.7)	2310 (90.8)	130 (85.0)
Amount of atherosclerosis	803 (5.5)	430 (4.4)	117 (5.3)	233 (9.2)	23 (15.0)
Stenosis ≥50%	60 (0.4)	32 (0.3)	14 (0.6)	12 (0.5)	2 (1.3)
LM, proximal LAD, or 3-vessel disease	22 (0.1)	11 (0.1)	8 (0.4)	3 (0.1)	0 (0.0)
<b>With CAC = 0</b>					
Sample size	5635	1998	1369	2126	142
Atherosclerosis	5228 (92.8)	1889 (94.5)	1288 (94.1)	1931 (90.8)	120 (84.5)
Amount of atherosclerosis	407 (7.2)	109 (5.5)	81 (5.9)	195 (9.2)	22 (15.5)
Stenosis ≥50%	25 (0.4)	7 (0.4)	8 (0.6)	8 (0.4)	2 (1.4)
LM, proximal LAD, or 3-vessel disease	11 (0.2)	4 (0.2)	4 (0.3)	3 (0.1)	0 (0)
<b>With CAC = 0</b>					
Sample size	9044	7782	834	417	11
Atherosclerosis	8648 (95.6)	7461 (95.9)	798 (95.7)	379 (90.9)	10 (90.9)
Amount of atherosclerosis	396 (4.4)	321 (4.1)	36 (4.3)	38 (9.1)	1 (9.1)
Stenosis ≥50%	35 (0.4)	25 (0.3)	6 (0.7)	4 (1)	0 (0)
LM, proximal LAD, or 3-vessel disease	11 (0.1)	7 (0.1)	4 (0.5)	0 (0)	0 (0)

n = 14 679

5.5 % atherosclerosis

0.4 % stenosis ≥ 50%

0.1 % LM, prox LAD

Bergstrom G et al

Circulation 2021

# Závěr

Nukleární kardiologie umožňuje efektivně zobrazit a kvantifikovat ischemii

Dobrá prognóza u pacientů bez ischemie nebo s limitovanou ischemií  
≤ 10 % z levé komory

Dynamický SPECT (event. PET) umožňuje přímou kvantifikaci průtoků v ml/min/g (MBF) a jejich rezervu po vazodilataci (CFR)

U vybraných pacientů se susp. ICHS lze výhodně kombinovat SPECT a CAC skóre (diabetici, dialyzovaní, dilatovaná levá komora)