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November 10, 2009

RE: CORE CT FACILITIES

Los Angeles Biomedical (LA Biomed) Research Institute has been a thought leader related to coronary artery calcium and computed tomographic angiography over the last 20 years. The core laboratory at LA Biomed has been acting as the CT laboratory for most of the NIH studies performed over the last 15 years, and a large majority of industry funded projects. Our expertise has extended from coronary artery calcium and CT angiography, to venous imaging, aortic imaging, and ventricular and atrial imaging. We have published a majority of the validation work in this field, and currently work as the core laboratory for over 10 ongoing multicenter trials. The most important breakthroughs have been recently with our work with reproducibility of both CT angiographic measurements, as well as ventricular and plaque imaging techniques, allowing this technology to start supplanting other imaging modalities as a measure of atherosclerosis. We have recently undertaken 9 projects to follow plaque progression under the influence of different therapies, including testosterone, anti-retrovirals, phosphate binders, hormone replacement, garlic, statins, thiazolidinediones, anti-inflammatory and anti-hypertensive agents.

We have worked closely with partners in device manufacturing to assess adequacy of different techniques, acting as a core lab for studies including heart failure devices, mitral valve and aortic valve repair techniques and devices, pacemakers (both wireless and biventricular), stents (coronary and aortic) among others. We are available to extend our services to potentially assist in both study design, core CT laboratory duties, and patient recruitment/evaluation. We continue to participate as a recruiting center for both single- and multi-center trials related to CT as well. I have personally assisted companies by sitting on steering committees and with publication of results.

Most importantly, we have access to a network of exceptional imaging centers that can carry out these studies. Our own scanner, the GE 64 slice scanner, allows the lowest radiation dose in the industry, averaging 1-2 mSev per CT angiographic study. This is 3-6 fold lower than the 320 slice scanner, with has a prospective radiation profile of 4-6 mSev per study. Higher detector scanners give up imaging efficiency (higher doses), to allow for faster coverage. We have purposely stayed with 64 slice scanners, to balance imaging aspects (5 beat studies) with radiation exposure (prospective imaging on the order of 1-2 mSev).

If I can provide you with information, or discuss at some point with persons at your company, please do not hesitate to call or email at my address above.

Sincerely,

A handwritten signature in black ink that reads 'Matt Budoff'.

Matthew Budoff, M.D., F.A.C.C., F.A.H.A.