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September 22, 2006

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RE: Impedance cardiography (IC) for hypertension (CAG-00001R2)

Dear Drs. Phurrough, Jacques and Ulrich:

The International Society on Hypertension in Blacks (ISHIB) is pleased to provide comment on the decision memorandum on coverage of impedance cardiography (IC) for hypertension management. We have considered the data in the published literature from the Mayo Clinic hypertension clinic and from eleven primary care sites in the CONTROL trial. Though neither study was without flaws, we believe that both were executed in a rigorous enough fashion. Thus, we have confidence in the validity of the impressive final study results.

ISHIB is an organization that has long been on the forefront of seeking strategies that will either prevent hypertension and/or improve blood pressure control, especially in ethnic minorities. We view the approach of linking non-invasively determined vascular pathology to therapeutic selections as an important advance in truly individualizing hypertension therapy in a way that enhances blood pressure control. Hypertension is the number one reason that individuals attend ambulatory clinic visits and elevated blood pressure, per se, is linked to serious cardiovascular-renal consequences such as stroke, heart failure, and even myocardial infarction, cardiovascular conditions that disparately afflict African Americans.

Clinicians often use ethnicity rather than pathophysiology as a factor in selecting drug therapy. While the science of race as a selection factor is flawed, the science of the IC algorithm is robust. We therefore take the position that extending coverage nationally for impedance cardiography will ultimately lead to better patient care and fewer costly pressure-related clinical outcomes because of improved therapeutic decision-making and, we posit, less therapeutic inertia. Thus, we support extending coverage for impedance cardiography to high-risk (diabetes mellitus and/or chronic kidney disease according to JNC 7 definitions) on at least 2 antihypertensive medications and to all other hypertensive patients taking at least three antihypertensive drugs.

We anticipate that you will give our comments all due consideration. We appreciate the opportunity to speak on behalf a favorable advance in the management of hypertension.

Yours truly,

Kenneth Jamerson, MD  
President