

**Health Systems Agency of Northern Virginia
Board of Directors Meeting
August 31, 2026**

Members Present

Pamela Kincheloe, RN
Patrice Lepczyk
Kyle Mullins
Anitha Raj, Chairperson
Douglas Samuelson
Robert Sharpe
James Smith, III MD

Staff Present

Ann McFeeley
Dean Montgomery

Guests (Partial List)

Carol Burchett, Chief Strategy Officer, Fairfax Radiology Centers
Ashish Chawla, MD, Chair of the Department of Radiation Oncology at Inova Fairfax Hospital
Paul Dreyer, Senior Director, Strategy & Planning, Inova Health System
Stuart Fruman, MD, PET of Reston
Lauri Garrett, Carient Heart & Vascular, US Health Partners
Nilay Gandhi, MD, President, Potomac Urology Center, TCAU
Laura Matthews, Vice President and Administrator of the Inova Schar Cancer Institute
Neel Shah, MD, Carient Heart & Vascular, US Health Partners US Health Partners
Christine Tran, MD, The Urology Group, Chief Strategy Officer, TCAU
Emma Trivax, Counsel, The Centers for Advanced Urology

I. Call to Order

Anitha Raj, Chairperson, Health Systems Agency of Northern Virginia (HSANV), called the meeting to order at 7:30 PM. She welcomed guests and reviewed the agenda.

Raj stated that, among other matters, the board would consider three certificate of public need (COPN) applications:

- Inova Fairfax Hospital, COPN Request VA-8894
- The Centers for Advanced Urology, COPN Request VA-8879
- Carient Heart & Vascular, COPN Request VA-8893

She said, without objection, the proposals would be considered in the order listed on the agenda.

II. Previous Minutes

The board approved minutes of the June 8, 2026, and June 15, 2026, meetings.

III. COPN Applications:

A. Inova Fairfax Hospital, expand radiation therapy service (COPN Request VA-8894)

Conflict of Interest Query

Raj followed HSANV conflict of interest procedures to determine whether any member had a conflict of interest on either application. No conflicts were declared, alleged, or otherwise identified.

Inova Fairfax Hospital Presentation, COPN Request VA-8894

Paul Dreyer, Senior Director, Strategy & Planning, Inova Health System, Laura Matthews, Vice President and Administrator of the Inova Schar Cancer Institute, and Ashish Chawla, MD, Chair of the Department of Radiation Oncology at Inova Fairfax Hospital, presented the proposal. They emphasized the high service volumes at Inova Fairfax Hospital (IFH), expanded hours of operations, increasing caseloads, and the absence of a practical alternative to adding capacity to respond to current and near-term demand at the hospital.

The radiation therapy service data discussed by IFH spokesmen is attached (Attachment 1).

Board & Staff Questions, Discussion

In response to questions Dryer, Matthews, and Chawla stated or confirmed that:

- Though three Inova Health Systems hospitals with two linear accelerators each have unused capacity, their average use is not low enough to permit the relocation of an accelerator from any of the three without creating a problematic operational environment at the donor program.
- Improving technology and treatment options have reduced the average number of fractionated treatment visits among radiation therapy patients within Inova Health System. The average now is about twenty visits delivered over four to five weeks.
- Inova Fairfax Hospital's specialized radiation therapy services, e.g., proton therapy and stereotactic radiosurgery (cyberknife), also have high use.

Public Comment

There was no public comment other than the letters of support submitted with the application. There is no known opposition to the project.

Final Summary

Dryer thanked the board for its consideration of the application.

Staff Recommendations, COPN Request VA-8894

Based on the data and information presented in the agency staff report on the application and the amplifying information presented by the IFH representatives, Montgomery recommended approval of the application as presented.

Board Deliberation and Vote, COPN Request VA-8894

Douglas Samuelson offered a motion to recommend approval of COPN Request, VA-8894. Pamela Kincheloe seconded the motion. The motion passed by a vote of seven in favor (Kincheloe, Lepczyk, Mullins, Raj, Samuelson, Sharpe, Smith,) and no one opposed.

B. The Centers for Advanced Urology, COPN Request VA-8879

Conflict of Interest Query

Raj followed HSANV conflict of interest procedures to determine whether any member had a conflict of interest on either application. No conflicts were declared, alleged, or otherwise identified.

The Centers for Advanced Urology Presentation, COPN Request VA-8879

Christine Tran, MD, The Urology Group, Chief Strategy Officer and Nilay Gandhi, MD, President, Potomac Urology Center presented the TCAU proposal.

They noted the increasing reliance on PET imaging in an array of clinical applications, notably in diagnosing and treating prostate cancer, renal cancer, and other urological problems. Among other considerations, Tran and Gandhi stated:

- PET imaging is the preferred diagnostic imaging option for an expanding array of acute care patients. As reflected in recent reported service volumes and the number of TCAU referrals for PET scans, demand is growing rapidly regionwide.
- Most of the oncology-focused PET-CT services are used heavily, with several operating at or near capacity.
- Given the location of TCAU offices in northern Virginia, an imaging center in western Fairfax County will improve access among those served by the applicant.
- The capital cost of the project is within the range commonly seen for similar projects.
- Opposition to the project by Fairfax Radiology Centers (FRC) is misplaced. There is, or soon will be, efficient use of all authorized services, including those of FRC.
- There is no dedicated urology focused PET service in the region. Dedicated urology focused PET services should be given the same favorable treatment that has been afforded cardiac PET services.
- Adding a PET imaging service at TCAU is not a threat to any other imaging service.

The information presented by Tran and Gandhi is summarized in the slides used in their presentation (Attachment 2).

Board & Staff Questions, Discussion

In response to questions Tran and Candhi indicated that:

- The TCAU service would be urology focused. There is no intention or desire to change its clinical orientation.
- Demand for PET imaging in urology practices is expected to continue to grow as clinical indications for its use increase.
- The most appropriate response to increasing demand is to establish complementary services, as proposed by TCAU, in the service areas of its existing PET services.

Public Comment

Stuart Fruman, MD, representing PET of Reston, spoke against the TCAU application. He said PET of Reston (POR) is near the proposed TCAU site and serves residents of western Fairfax County. POR has upgraded its service and has capacity to serve many more patients. He noted the recent authorization of several oncology focused PET services that are not yet operational and that there is no indication of a regional need for more capacity. Consequently, the proposal is premature.

Fruman said with recent upgrades of its scanner PET of Reston, which is near the proposed TCAU site and now serves hundreds of TCAU patients, can serve more than 4,000 patients annually. He noted that, contrary to TCAU assertion of lengthy waits for service, PET of Reston serves nearly all referred patients within three days. Fruman's testimony is attached (Attachment 3).

Carol Burchett, Chief Strategy Officer, Fairfax Radiology Centers, opposed the TCAU proposal. She noted that IRMC recently opened a PET service near the proposed TCAU site. Like PET of Reston, it serves the same area and provides the same urology scans TCAU would provide. Burchett's testimony is attached (Attachment 4).

Applicant Final Summary

Tran and Gandhi restated TCAU's principal arguments for a dedicated urology focused PET service, exemplified by the TCAU proposal.

Staff Recommendation, COPN Request VA-8879

Based on the data and information presented in the agency staff report on the application and on the critique to the proposal by PET of Reston and Fairfax Radiology Centers, Montgomery said the TCAU application is premature. He suggested that TCAU defer the proposal, to permit recently authorized services to report caseloads. TCAU did not choose to defer or otherwise postpone consideration of the application. Montgomery recommended denial of the proposal.

Board Deliberation and Vote, COPN Request VA-8879

James Smith offered a motion to recommend approval of COPN Request VA-8879. Robert Sharpe seconded the motion. The motion failed by a vote of three in favor (Lepczyk, Sharpe, Smith) and four

opposed (Kincheloe, Mullins, Raj, Samuelson). The recommendation of denial passed four in favor and three opposed.

C. Carient Heart & Vascular, COPN Request VA-8893

Conflict of Interest Query

Raj followed HSANV conflict of interest procedures to determine whether any member had a conflict of interest on the application. Pam Kincheloe declared a conflict. No other conflicts were declared, alleged, or otherwise identified.

Carient Heart & Vascular Presentation

Lauri Garrett, Carient Heart & Vascular and Neel Shah, MD, Carient Heart & Vascular, presented the application. The information Shah and Garrett discussed is attached (Attachment 5)

Among other considerations, they stated that:

- Carient's Manassas and Vienna PET imaging services are operating at near capacity, serving more than 5,000 patients in 2025. Demand is increasing. Additional capacity is needed to meet internal demand.
- Given the distribution of Carient offices in northern Virginia, establishing a PET service in southeastern Fairfax County is needed to reduce demand in the Manassas and Vienna imaging centers, and thereby improve operating efficiency practice wide.
- Projected capital costs are within the capital expenditure range seen for similar projects.
- The project is consistent with applicable Virginia SMFP service planning considerations applied to other cardiac PET-CT service proposals.

Board & Staff Questions, Discussion

In response to questions Garrett and Shah stated that:

- Carient Heart & Vascular is now a subsidiary of US Health Partners, a Maryland based firm.
- Carient's Manassas service has a substantially larger caseload than its Vienna service.
- Demand for, and reliance on, PET imaging and CT calcium scoring imaging is growing steadily within Carient.
- Medicare and most other insurers do not pay for calcium scoring scans.

Public Comment

There was no public comment other than the letters of support submitted with the application. There is no known opposition to the project.

Applicant Final Summary

Shah and Garrett thanked the board for its consideration of the application and offered to answer any additional questions.

Board Deliberation and Vote, COPN Request VA-8889

James Smith offered a motion to recommend approval of COPN Request, VA-8893. Douglas Samuelson seconded the motion. The motion passed by a vote of six in favor (Lepczyk, Mullins, Raj, Samuelson, Sharpe, Smith), none opposed, and on abstention (Kincheloe).

V. Other Business

The next HSANV meeting will be Monday, October 5, 2026. There will be no scheduled board meeting in September

VI. Adjourn

Raj adjourned the meeting at 10:10 PM.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Dean Montgomery", written in a cursive style.

Dean Montgomery

Attachments (5)

Attachment 1

Exhibit 1: Inova Fairfax Hospital Historic & Projected Radiation Treatment Counts & Utilization

Inova Fairfax Hospital – Historical and Projected Treatment Counts

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Facility	Type	Units	2022	2023	2024	2025	2028	2029
IFH / ISCI	Traditional Linear Accelerator (w/ and w/out SR capability)	3 / *4 in 2028+2029	20,141	19,903	22,197	24,149	25,195	25,553
	Cyberknife (SRS/SRT only)	1	1,178	1,352	1,679	1,461	1,561	1,596
	Proton Therapy (1 unit, 2 vaults)	1	9,796	9,566	9,729	8,052	8,763	9,014
IFH / ISCI Total			31,115	30,821	33,605	33,662	35,519	36,163

Inova Fairfax Hospital – Historical and Projected SMFP Utilization

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The Centers for Advanced Urology, LLP
("TCAU")
COPN Request No. VA-8879
Establish a Medical Care Facility with a
PET/CT

HSANV Public Hearing

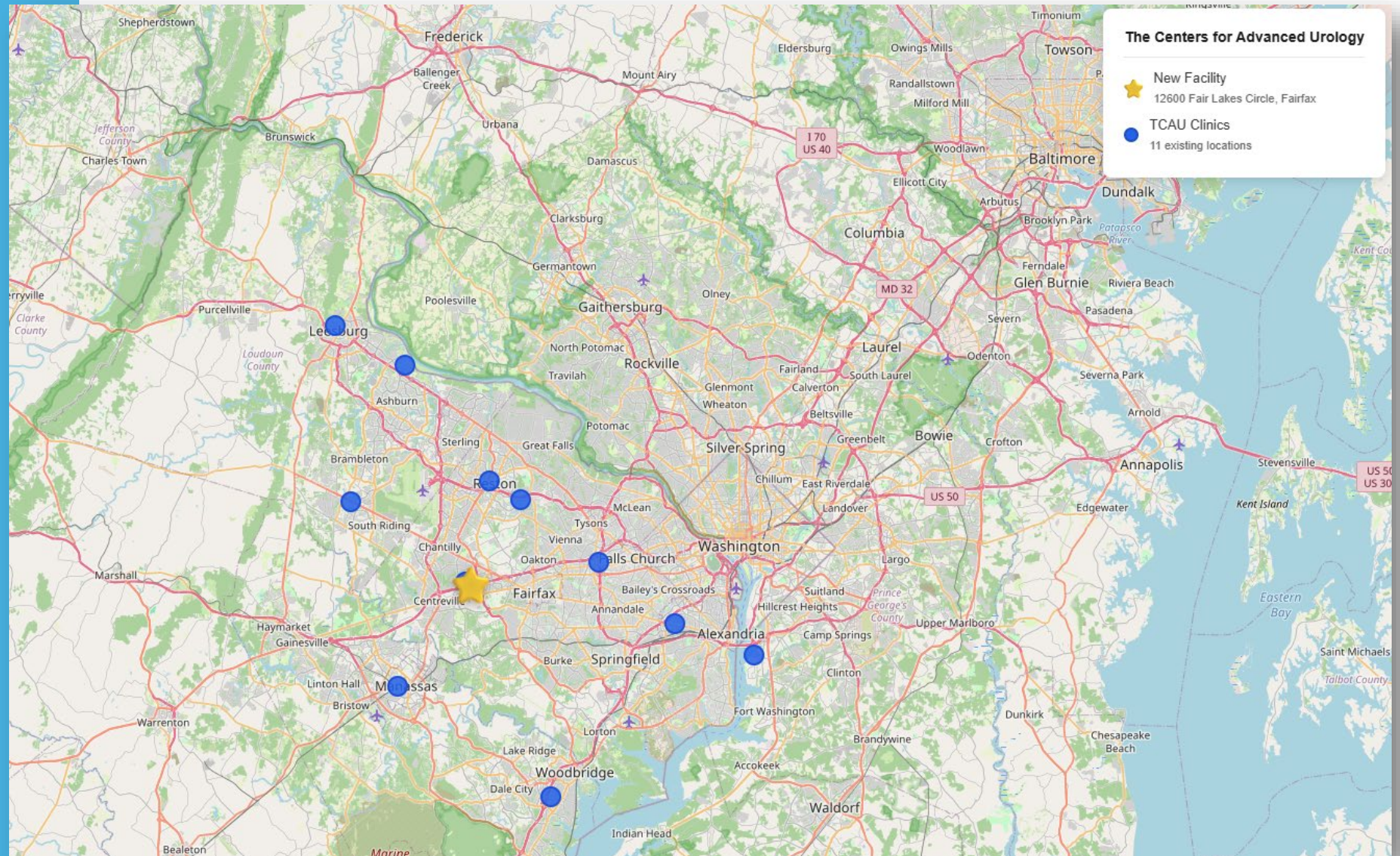
August 31, 2026

Who Are We?

- 12 locations
- 25 Urologists plus 9 advanced practice providers
- Almost 100,000 visits annually
- Our mission is to provide “exceptional, compassionate care that empowers patients to lead healthier lives” through a comprehensive approach integrating preventive care, lifestyle modifications, and advanced medical therapies.



TCAU Locations



Full Range of Urology Care



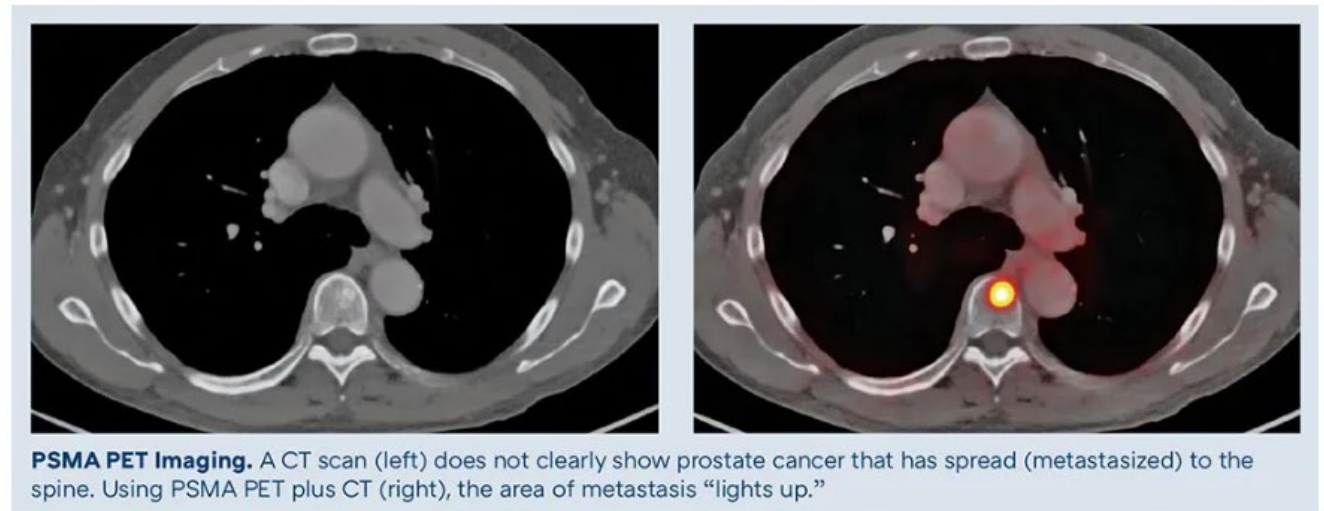
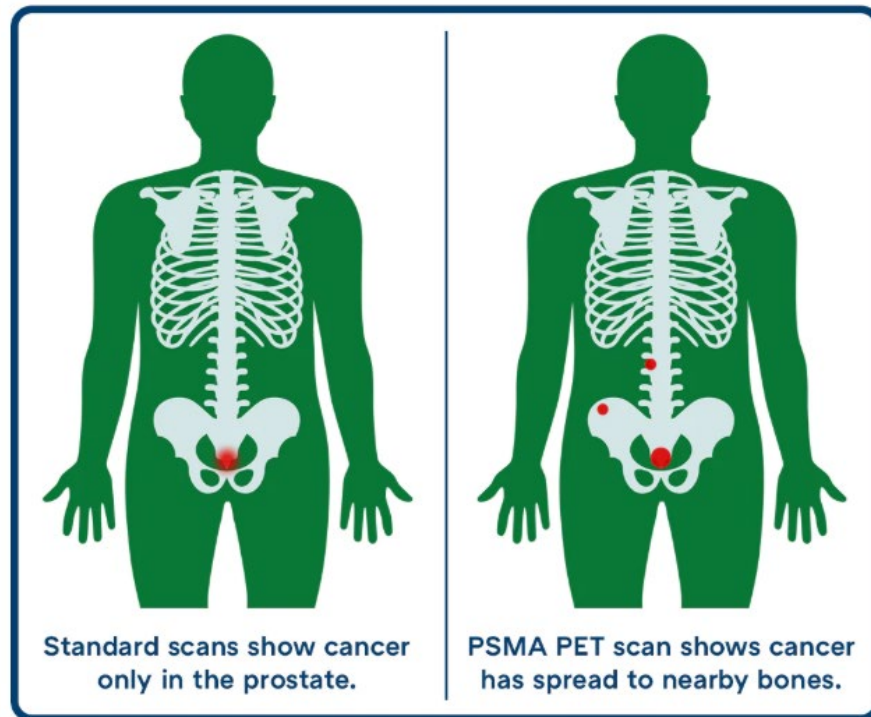
Our Urologic Specialties



Why Urologic PET Matters

- Prostate cancer is the #2 most common cancer in U.S. men and disproportionately affects men 65+.
- PSMA PET/CT images tumor biology at the cellular level, detecting disease that CT, MRI, and bone scans miss.
 - Localizes disease at PSA levels below conventional imaging thresholds
 - Enables precision decisions and targeted treatment

Why Urologic PET Matters



TCAU Goals

- Primary goal: Establish the first dedicated urologic PET/CT in PD 8, integrating subspecialized, on-site urologic PET/CT imaging into TCAU's comprehensive urology platform to enable faster, more coordinated diagnostic and treatment pathways for patients with prostate and other urologic cancers.
- Candidates for PSMA:
 - Metastatic prostate cancer patients
 - Patients who are categorized as high-risk at their initial diagnosis
 - Patients who are under active surveillance
 - Patients with inconclusive conventional imaging results
 - Patients who need detailed treatment planning
- PSMA takes longer to complete than other PET scans.
 - 50 minutes of radiotracer uptake time after injection
 - 30 minutes of imaging time in the scanner

Community Benefits

- Timely, dedicated urologic access for PD 8 residents. While some general PET/CT providers have recently expanded PSMA capacity, no existing scanner in PD 8 is solely dedicated to urologic imaging. A dedicated urologic PET/CT will enable imaging within days of a physician order, accelerating treatment decisions during the critical window between diagnosis and intervention.
- Lower site-of-service cost than hospital-based alternatives. By providing PET/CT in an outpatient urology setting, the project offers imaging at a lower cost structure compared to hospital outpatient departments, benefiting patients, payors, and the broader healthcare system.
- Reduces patient burden and improves equity. The integrated model eliminates the need for separate appointments, duplicate registrations, fragmented billing, and additional travel to unaffiliated imaging centers.

Population Demographics

PD 8 – Population Growth

Year	Male Population 65+
2023	159,250
2030	193,336
2035	205,812

<https://statecancerprofiles.cancer.gov/> 2018-2022 is the most current data available.

PD 8 - Age-Adjusted Incidence Rate cases per 100,000 for Prostate Cancer

Locality	Age-Adjusted Incidence Rate cases per 100,000 for Prostate Cancer
Loudoun County	125.1
City of Fairfax	116.7
Prince William County	106.5
City of Falls Church	106.4
Fairfax County	105.3
Arlington County	99.4
City of Alexandria	98.9
City of Manassas	73.4
City of Manassas Park	62.5

TCAU PET/CT Growth and Projections

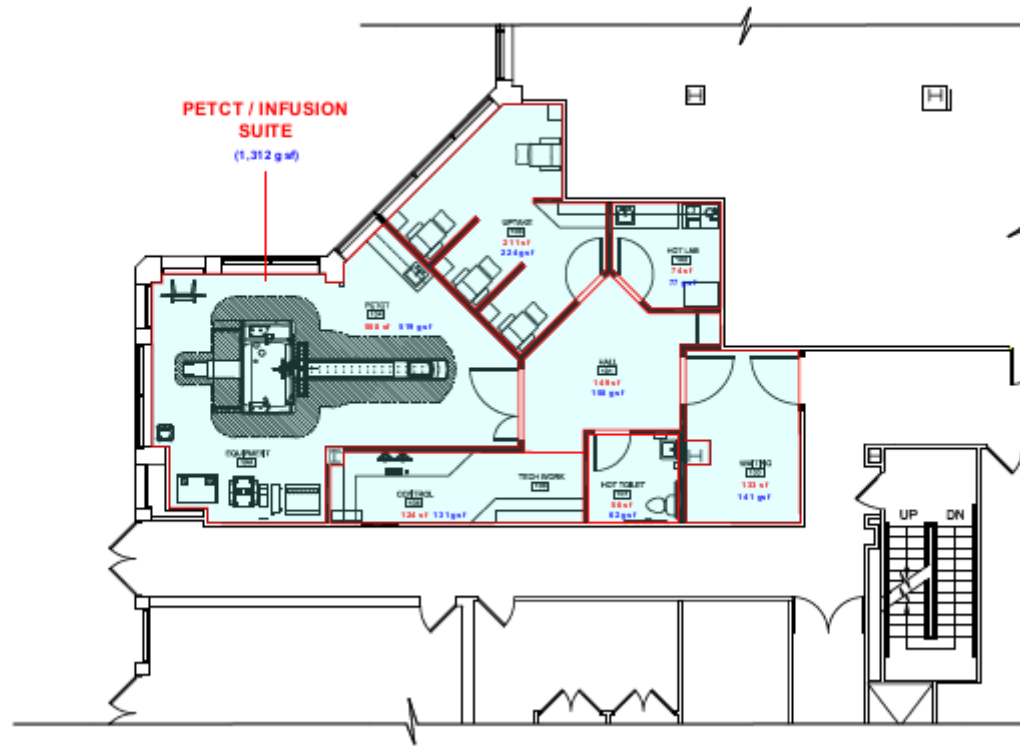
2023 PET/CT	2024 PET/CT	2025 PET/CT	Average Annual Growth
578	854	811	20.2%

Year 1	Year 2
818	847

Scanner & Site Details

Total capital cost: \$3,750,172

- No third-party financing, as the project is funded entirely through accumulated reserves and operating cash flow.



- The scanner will be a RS Biograph mCT-S(64) PET/CT scanner. It will be housed in a space that will include a control room, scanner room, hot lab, equipment room, and an uptake room, all equipped with the necessary patient care equipment.
- TCAU will renovate existing space to house the PET/CT scanner, utilizing a compact, shielded design to minimize material costs and expedite the buildout process.
- Completion is expected 14 months after COPN approval.

Compliance with the State Medical Facilities Plan

- Travel-time standard (12VAC5-230-200): PET services already exist within 60 minutes' drive for 95% of PD 8; however, no dedicated urologic PET/CT is available. This project would be the first of its kind in the planning district.
- Staffing standard (12VAC5-230-240): The service will be supervised by Christine Tran, MD, who is appropriately authorized and licensed, with radiologic interpretation by board-certified radiologists/nuclear medicine physicians through ProScan Imaging.

SMFP Standard for PET is Outdated

3. Consistency with Virginia State Medical Facilities Plan (SMFP)

PET service planning guidance in the State Medical Facilities Plan is dated. It is not useful in assessing proposals to develop additional services or to add cardiac imaging capacity. VHC Health's proposal appears to be consistent with the principles and policies on which the plan is based, and with the considerations applied in assessing similar PET projects recently.

PD 8 PET Inventory

Facility	Total Scanners	Scans (2024)
PET and PET/CT Restricted to Cardiac Imaging		
Carient Heart & Vascular (Manassas)	1	3,478
Nova Cardiovascular Care, Inc.	1	1,210
Virginia Heart (Falls Church)	1	5,448
Carient Heart & Vascular (Vienna)	1	1,082
Open Restricted to Cardiac Imaging	4	
Amelia Heart & Vascular Center	1	
Virginia Heart (Alexandria)	1	
Virginia Heart (Leesburg)	1	
Cardiac Care Associates	1	
Inova Health Care Services	1	
Unopened Restricted to Cardiac Imaging	5	

Facility	Total Scanners	Scans (2024)	Scan Utilization (2024)
Unrestricted PET and PET/CT Scanners			
Fairfax PET/CT Imaging Center	1	4,139	138%
Sentara Northern Virginia Medical Center	1 (mobile)	360	N/A
Kaiser Permanente Woodbridge Imaging Center	1		
Metro Region PET Center	2	6,081	203%
UVA Cancer Care Gainesville	1 (mobile)	839	N/A
PET of Reston	1	2,218	74%
Virginia Hospital Center	1	1,422	47%
Inova Reston MRI Center, LLC (Centreville, Opened Feb. 2026)	1		
Open Un-Restricted	8		
Virginia Hospital Center Arlington Health System	1		
Unopened Un-Restricted	1		
Total Authorized PD 8 PET Inventory	19	26,277	88% (open)

Fairfax Radiology Arguments for a PET/CT

- “As discussed in Section II.C.2, patients waiting for PET/CT services at the Fairfax PET/CT facility are experiencing wait times of approximately twelve (12) days for a PET/CT procedure. Although this wait time is less than it was prior to the opening of the Centreville PET/CT facility (when wait times were approximately 2 to 2.5 weeks), it is still longer than desirable for oncology patients.”
- “The Centreville PET/CT unit is already performing 8-10 PET/CT procedures per operational day despite having been in operation for less than two (2) months, and continued growth is expected as patients and referring physicians become more aware of the service location and as clinical indications for PET/CT continue to expand.”
- “Demand for PET/CT services continues to rise due to increasing cancer incidence and survivorship, broader clinical applications, and an aging population. According to Sg2’s 2024–2034 projections, outpatient PET/CT demand in PD 8 is expected to grow 43% (4.3% annually), the highest growth rate of any imaging modality.”
- “The compound average growth rate for PSMA PET/CT utilization is expected to grow at a rate 2-3 times faster than the growth rate for general oncology over the next five or more years.”

COPN Request No. VA-8890, Application (March 31, 2026)

Conclusion

- TCAU's proposed PET/CT scanner addresses a clear, unmet need: there is no dedicated urologic PET/CT service in PD 8, despite a large and rapidly growing population at risk for prostate and kidney cancer.
- The project integrates advanced molecular imaging, particularly PSMA PET/CT, directly into an established, high-volume urology practice, eliminating the fragmentation, delays, and coordination failures of the current referral model in PD 8.
- With a strong historical utilization, increased at-risk population in PD 8, conservative volume projections, full self-financing, and projected profitability from Year 1, the project is clinically necessary, financially viable, and consistent with the goals of the SMFP.
- Given the critical level of need for this PET/CT scanner in PD 8, we respectfully request approval of the TCAU COPN application, COPN Request Number VA-8879, to establish a medical care facility in PD 8 with one PET/CT scanner restricted to urologic use.

Fruman POR

Good evening, and thank you for the opportunity to address the Board regarding COPN Request No. VA-8879 as submitted by the Centers for Advance Urology. My name is Stuart Fruman, and I am a radiologist with PET of Reston. I am here today to share information and perspective that I hope will be useful to you as you consider whether approving this project truly serves the public interest.

Let me begin with a brief introduction. PET of Reston is a radiologist-owned and operated imaging center that has served patients throughout Planning District 8 with high-quality fixed-site PET services since 2021. We provide PSMA PET/CT and other oncology-focused services, including to patients referred by the very urology practices referenced in this application. Our medical director, Dr. Karan Lotfi, is double board-certified by the American Board of Radiology and the American Board of Nuclear Medicine, with subspecialty training in nuclear medicine and PET imaging. Our team of experienced, board-certified radiologists reads scans, guides technologists, and communicates important findings to ordering physicians quickly and directly.

I want to address the question of public need directly. Planning District 8 currently has 19 authorized PET services and 17 fixed-site PET scanners. Eight new services—seven cardiac and one oncology—were authorized over just the last two years and are still under development, with none yet reporting service volumes. The Division of Certificate of Public Need has also recommended approval of another PET service in Leesburg. As your own staff analysis confirms, and I quote, “There is no documented public need for additional PET services or capacity.” The staff memo further states that “there are enough scanners to meet near-term demand” and recommends that “additional capacity should not be added until the recently authorized services are operational and their use and system effects assessed.”

This matters because the proposed project would add a new fixed-site scanner before those recently approved services have reported any volume. The applicant’s own data shows that only about 27 percent of the State Medical Facilities Plan threshold is being met across the district at non-cardiac focused PET services. Even if that threshold changes in the future, as some expect and that the HSNV staff report notes, the math and the availability of existing services simply does not support calculated need—especially with all the new capacity already in the pipeline.

At PET of Reston specifically, we have significant available capacity to serve more patients. PET of Reston performed 2,218 scans in 2024 and 2,874 in 2025. Following recent technological upgrades—including a fifth ring on our scanner installed in February 2026—we can conservatively provide at least 1,500 additional scans per year. We currently see about 16 patients per day, but with this upgrade could see up to 30. We run 10-hour shifts and have efficient scheduling workflows. If no insurance preauthorization is required, we routinely scan patients the next day after receiving a referral.

The applicant claims average wait times for PET scans of about 15 days but provides no evidence to support that figure. That does not reflect our experience. We pride ourselves on getting patients in quickly, generally within one day absent insurance pre-authorization requirements. We also turn around readings generally within one hour. Our physicians routinely

field calls in near real-time from referring physicians and communicate urgent or actionable findings immediately. We are local physicians with strong relationships in this community.

I also want to raise a concern about the impact on existing providers. Under Virginia Code Section 32.1-102.3, the Commissioner must consider the relationship of a proposed project to the existing health care system. The applicant acknowledges it will draw volume from PET of Reston and Metro Region PET Center. The HSANV Staff Report independently confirms this, noting that the project is predicated on serving in-house the more than 800 patients a year that it now refers to existing oncology-focused PET services. This is not new demand. It is existing volume currently served by existing providers that the applicant seeks to redirect to its own scanner. When that volume shifts, existing providers will necessarily lose it. We have invested significantly to keep our scanner state-of-the-art precisely to serve these patients well and diverting that volume would threaten the financial viability of providers like ours who have invested heavily in new technology to better serve our patients.

Finally, I have concerns about feasibility. The applicant is associated with excellent urologists. However, they are not radiologists and do not have experience operating a PET/CT imaging center. Our team has built up its depth of expertise over more than 30 years. We understand what it takes to deliver high-quality imaging. The applicant proposes staffing the facility with only one technologist—meaning that if that person is sick or on vacation, no scans can be completed. That is not a sustainable model for high-quality, efficient care. Additionally, the applicant proposes oversight by a urologist rather than a board-certified radiologist with subspecialty training in PET, with scan interpretations performed by a national contractor rather than local radiologists who are part of this medical community.

In closing, I want to be clear: I ask the HSANV Board to weigh these considerations carefully. The data does not support a finding of public need. Significant new capacity is already coming online. Existing providers stand ready to serve these patients without delay. And the proposed project raises real questions about operational readiness. I respectfully ask that you take these concerns into account as you deliberate. Thank you for your time and for the important work you do on behalf of Northern Virginia's patients.



OPENING STATEMENT

Good evening. My name is Carol Burchett, and I am the Chief Strategy Officer for Fairfax Radiology Centers. Fairfax Radiology is the largest outpatient imaging company in Northern Virginia performing over 600,000 imaging exams per year and has been in the Northern Virginia community for over 60 years.

I am speaking on behalf of IRMC, LLC regarding COPN Request No. VA-8879. For simplicity, I'll refer to PET/CT services as "PET" throughout my remarks.

Let me first correct some misrepresentations of the applicant by stating that PET/CT scans are read within 24 hours. The only time it is longer than that is if a scan is performed on a Friday, it is read by the following Monday.

Regarding Loudoun, we have been very transparent from the beginning around the Loudoun request and this being a geographic submarket gap and about our plan for the triangle of three sites to cover our significant patient population with Loudoun being the third. Why is Loudoun different than this request? Loudoun County currently has no PET service. Every PET patient in Loudoun currently travels outside the county for imaging. This proposal would add another PET to Fairfax County where most of the existing PET scanners are already located and within ten minutes of a new PET that opened earlier this year and currently has a 3-day wait to appointment time.

The question is whether a county of Loudoun's size should continue to have no PET service at all.

The COPN program is intended to direct resources where they are needed most. Approving the first PET service in a county that currently has none is fundamentally different from approving another PET scanner in a submarket already served by multiple PET providers.

The Fair Lakes application asks whether another PET scanner should be added to a submarket already served by numerous PET providers. The Loudoun application asked whether a county with no PET service at all should have its first. Those are fundamentally different public-need questions.

So now I will return to my prepared statement.

I want to begin by making one point clear. IRMC recognizes the importance of PSMA PET imaging in the diagnosis, staging, and management of prostate cancer. The question before HSNV is not whether PSMA PET is beneficial. It is unquestionably beneficial.



The question before the Board is whether the applicant has demonstrated a public need for an additional PET scanner in Planning District 8.

We believe the answer to that is no.

The HSAHV report notes unused capacity exists among both cardiac and oncology-focused PET services and concludes that there are enough scanners to meet near-term demand.

Based on the evidence, we agree with HSAHV's assessment that existing PET services are not operating at levels that would justify a determination of public need for TCAU's proposed PET.

The applicant's primary argument is around access, but the applicant intends to serve only their own patient population.

The PET provider located closest to the proposed site, IRMC's Centreville PET, which was not addressed in their application, accepts referrals from all appropriately licensed physicians.

Centreville opened at the beginning of February 2026; it is actively engaged in performing PSMA PET studies and is located 5.6 miles or 10 minutes' drive time from the proposed Fair Lakes location.

Since opening, IRMC's Centreville PET facility has performed 285 PSMA PET studies. It has a current appointment wait time of approximately three days.

PET of Reston and Virginia Hospital Center also serve western Fairfax County and offer PSMA PET services, and both have capacity based upon their reported utilization.

So our direct experience as an active PET provider is that patients already have timely access to PSMA PET imaging services in western Fairfax County.

So, what does this proposal demonstrate? It demonstrates that the practice wants a PET/CT in its office. And by the way, they have 12 offices which would mean they would have their patients travel to this one office for PET services regardless of where they are coming from.

What it doesn't demonstrate is that there is public need, a key determinant and objective of the COPN regulatory process.



The application is limited to TCAU patients only, with the intent to internalize scans that are already being performed by existing providers.

So those patients are already receiving PET scans today. The proposal changes nothing in the realm of COPN public need. It proposes to change where those scans are performed, but it does not demonstrate a previously unmet community need.

In short, the application tells us why TCAU would like to provide these services within its practice walls, but what it does not demonstrate is why Planning District 8 needs another PET scanner right now.

And one final point.

PET services require more than a scanner. They require highly trained nuclear medicine technologists, and those professionals are in increasingly short supply and difficult to recruit and retain so with every PET approval it gets increasingly more difficult. PD8 cannot support an environment where every physician specialty practice that seeks approval for a PET/CT for its patients is approved for the service. Continuing to add more and more PET/CTs risks negatively impacting the existing delivery system without producing a corresponding improvement in access, quality, or efficiency. The Commissioner seems to recognize that there is not a public need for every physician practice to be approved for PET/CT simply because they want to provide the service. As you may be aware, the Commissioner last week denied 2 applications proposed by specialty physician practices to establish PET/CT services in PD16.

When patients can obtain a PSMA PET in Centreville within three days, and just ten minutes from the proposed site, and when appointment capacity already exists without the addition of yet another PET/CT, I think it is reasonable to ask whether this application addresses a genuine public need or simply duplicates services that are already available.

In conclusion, we concur with HSAHV's report that concludes there is no documented public need and that reasonable access already exists.

I would respectfully ask that the Board consider whether already scarce healthcare personnel and capital resources be directed to a duplicative service when existing providers are fully capable of serving these patients today.

For these reasons, IRMC respectfully requests that HSAHV recommend denial of COPN Request No. VA-8879.

Thank you for your consideration.



Attachment 5

Alexandria-Springfield Cardiac PET/CT & Coronary Calcium Scoring

Certificate of Public Need Request No. VA-8893

Health Systems Agency of Northern Virginia — Board Presentation

Carient Heart & Vascular | Neel K. Shah, MD, FACC | August 31, 2026

Requested services: Cardiac PET/CT myocardial perfusion imaging (MPI) and coronary artery calcium scoring (CACS) — cardiac use only

About Carient Heart & Vascular

An Established Northern Virginia Cardiovascular Practice

- Providing cardiovascular care in Northern Virginia for more than 20 years
- 22 physicians providing cardiac and vascular care
- More than 35,000 patients served annually, including approximately 12,000 new patients each year
- Second cardiology practice in Virginia to offer cardiac PET imaging
- Carient brought the first cardiac PET scanner to Northern Virginia — first presented to this board in November 2018 — under the vision and leadership of Dr. Merdod Ghafouri and Dr. Neel Shah
- More experience with cardiac PET than anyone else in Northern Virginia

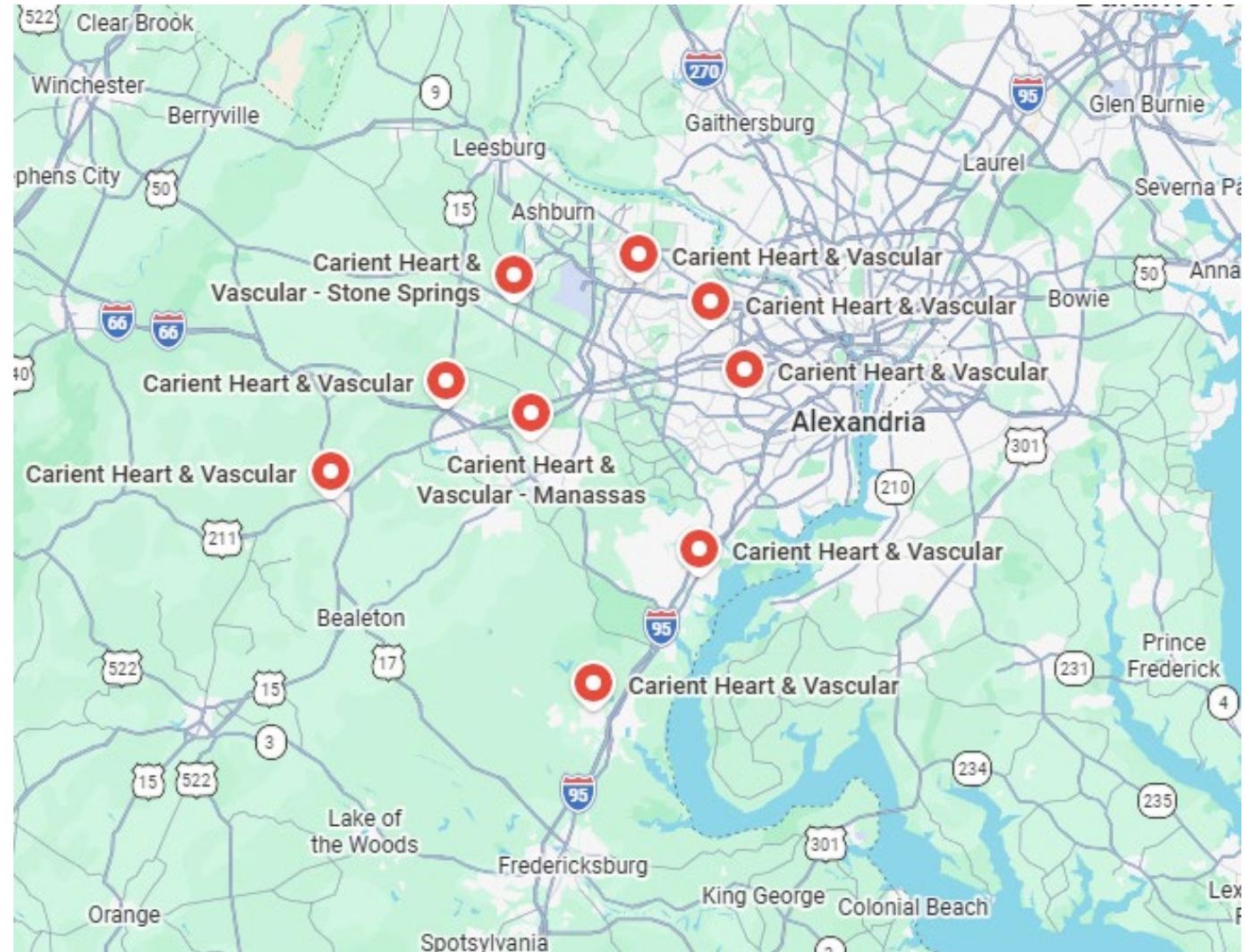
Centers of Excellence

- Heart Rhythm Disorders
- Vascular Surgery
- Diagnostic Testing
- Interventional Cardiology
- Women & Heart Disease
- Remote Patient Monitoring
- Preventive Cardiology
- Cardio-Oncology
- Clinical Research

Our Locations Across Northern Virginia

10 Locations

- Annandale
- Haymarket
- Manassas
- Reston
- Stafford
- Stone Springs
- Vienna — Clinic
- Vienna — Angio Suite
- Warrenton
- Woodbridge



Project Overview

Expanding Carient's existing, COPN-approved cardiac imaging program to better serve its growing Northern Virginia patient population.

Why Alexandria-Springfield?

- Improve access
- Enhance care coordination
- Increase scheduling availability
- Reduce travel and wait times

Proposed Cardiac Imaging Services

- Cardiac PET/CT MPI
- Coronary artery calcium scoring
- Cardiac-only use — Carient would accept a cardiac-only restriction on the certificate

Why Additional Cardiac PET/CT Capacity Is Needed

4,302

2023 PET/CT studies

4,549

2024 PET/CT studies

5,048

2025 PET/CT studies

- Carient's established cardiac PET/CT volume increased by approximately 17% from 2023 to 2025
- The existing Manassas and Vienna operations support an estimated practical annual capacity of approximately 4,160 studies
- 2025 utilization of 5,048 studies exceeded that estimated capacity by approximately 888 studies
- The proposed location will absorb existing demand pressuring the two-camera program and accommodate continued growth

Source: Carient Heart & Vascular operational data, 2023-2025, as reported in COPN Application VA-8893.

Projected Utilization & Patient Access

≈ 1,505

Year 1 — projected cardiac PET/CT studies

≈ 1,893

Year 2 — projected cardiac PET/CT studies

- Projections include both redistributed existing demand and anticipated new-patient growth
- Provides a more accessible option for patients in the eastern portion of Carient's service area who currently travel to Manassas or Vienna
- Patient-origin analysis of Carient's existing PET/CT services confirms patients who could reasonably be served at Alexandria-Springfield

Source: Carient Heart & Vascular patient-origin and utilization analyses, COPN Application VA-8893.

Cardiac PET/CT Myocardial Perfusion Imaging

A highly specialized, noninvasive evaluation of coronary artery disease

- Images blood flow to the heart muscle at rest and during pharmacologic stress, identifying areas receiving inadequate flow
- Uniquely quantifies myocardial blood flow and myocardial flow reserve in absolute terms — no other noninvasive stress test does this
- Detects coronary microvascular (small-vessel) disease that other noninvasive tests miss
- Flow reserve is a powerful, independent predictor of cardiac risk: preserved flow reserve identifies patients with an excellent prognosis; reduced flow reserve identifies patients needing intervention or intensified therapy

Murthy VL, et al. Improved cardiac risk assessment with noninvasive measures of coronary flow reserve. Circulation. 2011;124(20):2215-2224.

Clinical Indications for Cardiac PET MPI

Evaluation of Coronary Artery Disease

- Intermediate- to high-risk patients with stable or acute chest pain
- Known or suspected coronary artery disease

Complex or Difficult-to-Assess Disease

- Multivessel or left-main disease
- Prior PCI or CABG

Myocardial Blood Flow Assessment

- Coronary microvascular dysfunction
- Enhanced risk stratification and treatment planning

The American Society of Nuclear Cardiology and the Society of Nuclear Medicine and Molecular Imaging jointly recommend PET MPI, when available, as the preferred modality for patients who meet criteria for myocardial perfusion imaging.

Bateman TM, Dilsizian V, Beanlands RS, DePuey EG, Heller GV, Wolinsky DA. ASNC and SNMMI Joint Position Statement on the Clinical Indications for Myocardial Perfusion PET. J Nucl Med. 2016;57(10):1654-1656.

The Evidence: Cardiac PET vs. Conventional SPECT

- Most accurate noninvasive test, head-to-head: PET detected flow-limiting (ischemic) coronary artery disease — confirmed by invasive pressure-wire (FFR) measurement — with 87% sensitivity vs. 57% for SPECT, and the highest overall accuracy (85%) of any test studied

Danad I, Rajmakers PG, Driessen RS, et al. PACIFIC trial. JAMA Cardiology. 2017;2(10):1100-1107.

- About one quarter of the radiation: mean effective dose 3.6 mSv for cardiac PET vs. 14.6 mSv for SPECT across accredited U.S. laboratories. For perspective: a chest X-ray is ~0.1 mSv, a mammogram ~0.4 mSv, an abdominal CT ~8 mSv, and average U.S. background radiation is ~3 mSv per year

Desiderio MC, Lundbye JB, Baker WL, Farrell MB, Jerome SD, Heller GV. Circulation: Cardiovascular Imaging. 2018;11(12):e007565. Comparator doses: Mettler FA Jr, Huda W, Yoshizumi TT, Mahesh M. Radiology. 2008;248(1):254-263.

- Clearer images in patients whom SPECT often cannot image well — women and patients with obesity — meaning fewer inconclusive results and fewer repeat tests
- The platform keeps advancing: the first new cardiac PET perfusion tracer in nearly 30 years (flurpiridaz F-18) was FDA-approved in September 2024 after improving CAD detection vs. SPECT in its phase 3 trial

Maddahi J, Agostini D, Bateman TM, et al. AURORA phase 3 trial. Journal of the American College of Cardiology. 2023;82(16):1598-1610. U.S. FDA approval: September 27, 2024.

Downstream Savings for the Health System

Better answers cost less: accuracy prevents unnecessary invasive procedures

- In 2,159 PET patients vs. matched SPECT controls, PET-guided care produced over 50% fewer invasive coronary angiographies and bypass referrals, approximately 30% lower costs of care, and equally good outcomes at one year

Merhige ME, Breen WJ, Shelton V, Houston T, D'Arcy BJ, Perna AF. Journal of Nuclear Medicine. 2007;48(7):1069-1076.

- National real-world claims data confirm lower downstream testing and healthcare utilization after PET MPI than after SPECT MPI

Pelletier-Galarneau M, Cabra A, Szabo E, et al. BMC Cardiovascular Disorders. 2024;24:543.

- More patients managed medically and appropriately — invasive procedures reserved for those who truly need them
- These savings were part of Carient's original projection when it first brought cardiac PET to Northern Virginia — the same model this project extends

Coronary Artery Calcium Scoring

Benefits of Coronary Calcium Scoring

- Detects atherosclerosis years before symptoms appear
- Predicts future heart attack and cardiac event risk, guiding the intensity of preventive treatment
- Fast, safe, low-dose, and relatively low-cost
- Motivates preventive lifestyle change and treatment adherence
- Already established at Carient: HSANV and the Commissioner approved calcium scoring at Manassas and Vienna in 2025 (COPN VA-8813, VA-8814); more than 1,300 patients served through June 2026

Calcium scoring in risk-based prevention decisions: Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. Circulation. 2019;140(11):e596-e646.

Why Carient Is Requesting Approval

1. Existing demand has grown beyond the practical operating capacity of Carient's current two-camera program — the need is present, not projected
2. Alexandria-Springfield adds capacity closer to patients in the eastern service area, without reducing services anywhere else
3. The request is limited to cardiac PET/CT MPI and calcium scoring — cardiac-only, and Carient would accept that restriction on the certificate
4. The technology is the most accurate noninvasive test in its class, at a fraction of the radiation, and published evidence shows it lowers downstream costs of care
5. Carient has done this before: the region's first cardiac PET program, IAC-accredited, a perfect 2025 MIPS quality score, and 15 letters of support from referring providers

Carient Heart & Vascular respectfully requests HSANV's favorable recommendation for COPN Request No. VA-8893.

