European Society of Cardiology

Professor Fausto Pinto is leading the development of a robust plan to reduce the prevalence of cardiovascular disease. The Society is fostering collaborations across member organisations, sharing relevant data and affecting change through its political agenda.
In what ways does the ESC Congress benefit the cardiology community? Can you discuss the Congress, which was held 30 August-3 September in Barcelona, Spain?

The ESC Congress is the largest medical meeting in Europe. It aims to be the European forum for the latest research in CVD, both clinical and experimental. This year, over 11,444 abstracts were submitted from 100 countries!

The spotlight of this year’s congress was on innovations in scientific discovery, clinical practice, technology, education and in applications to clinical care. Next year we will be in London, and the spotlight will be ‘The environment and the heart’.

Cardiology is evolving rapidly, and it is critically important to keep up to date, not only in special interest areas, but also in what is happening elsewhere across the spectrum of CVD. Apart from lectures, where attendees heard the most important discoveries in the field first-hand, there were many interactive sessions where delegates asked questions and exchanged ideas about the latest treatment options and the application of guidelines.

Last, but not least, the ESC Congress was a great networking experience with colleagues from around the world!

To what extent does the Society influence policy at the European level? Could you outline the activities of the European Affairs Committee?

For many years, we concentrated on science, but cardiologists now realise that we also have a public mission. In order to work for a healthier Europe, science is not enough. We need to create awareness about risk factors, we want to help reduce the gaps in standards of care across Europe and we want new technologies to be widely available.

The ESC is now engaged in a dialogue with health stakeholders, including EU and national policy makers, European advocacy groups and other professional medical societies. To this end, we opened offices in Brussels in February 2013; however, the ESC, through its European Affairs Committee, has already been part of initiatives such as the Members of the European Parliament Heart Group, the Alliance for Biomedical Research and the European Chronic Disease Alliance. More specifically, the ESC European Affairs Committee works to take forward the Society’s agenda on prevention, research, regulatory affairs, registries and eHealth.

How do you ensure that people working in the field have access to up-to-date and reliable data on CVD? What methods do you use to gather relevant data?

We work in various ways: clinical practice guidelines; journals and other publications; our registry programme EORP, which we use to test how guidelines are actually used in clinical practice and to collect comparable and reliable CVD data in the EU; and our congresses and educational courses.

Additionally, our website is a gold mine of information for cardiologists and other health professionals. Behind each of these activities, we have task forces and committees made up of volunteers who work together to examine the latest evidence and put together documents and meetings to help disseminate the best and latest in cardiovascular science.

What are the biggest challenges to continued development in CVD R&D? Are changes in the funding environment threatening innovation in the field?

CVD-related R&D is in steep decline compared to other medical areas. This is a serious concern given that CVD is by far the leading cause of death in Europe and carries a total cost burden of almost €200 billion per year to the overall economy.
The future with Fausto

On 2 September, Professor Fausto Pinto took the reins of Presidency at the European Society of Cardiology. Here, he shares his plans for the Society and discusses the factors motivating his work.

**Membership** – at the ESC, we have a unique asset: our constituent bodies. They are the backbone of the Society. All major decisions should be clearly discussed and shared with them in an open and transparent way. The fair involvement of all constituent bodies in the different activities of the Society is necessary to keep the unit of our family. Also, specificities and differences need to be wisely and properly addressed.

**Education** – one of the main goals of my Presidency will be to make the ESC the main education provider in cardiovascular medicine through innovation and diversity. The development and implementation of the integrated eplatform (ESCeL) will be a priority. This is a powerful tool with multiple potential uses and an endless capacity to include diverse content, as well as the possibility to be used by the different constituent bodies.

We have the largest congress in cardiovascular medicine in the world and that fills us with pride. However, we need to prepare for the future. We are discussing the need to innovate on the congress model, such as making it a year-round virtual product. With the current technology and in a new environment, it seems crucial to prepare good distance learning programmes with regular facilitation of webinars and courses. Education links with certification and accreditation will be key elements in the near future, which we need to be ready to provide.

**Guidelines and standards** – ESC guidelines are highly respected and quoted. This excellent work needs to be continued. A strong dissemination and implementation programme is something I want to encourage. This is an area where the online portal and links with national societies can be quite useful.

**Research and training** – the role of ESC as research supporter can be divided into different aspects that go from training and research grants to registries. The ESC can be more proactive in the development of research programmes by supporting national and transnational research projects; improving knowledge about local and regional realities; sponsoring clinical trials on orphan entities; and monitoring and assessing how research support translates into results. Another area that should be actively encouraged is the development of registries. Our Euro Observational Research Program initiative should be expanded as a means for scientific growth, improving knowledge with a European perspective.

**Advocacy and lobbying** – this is a very important area, and it has received a major push forward with the new delegation in Brussels. The ESC should be the advocate of patients, cardiologists and cardiovascular medicine across Europe. We plan to reach out to audiences beyond the cardiology community, including EU and national policy makers, to coordinate public campaigns and other activities with the national cardiac societies, NGOs and other professional societies. We will also continue our strategic cooperation with the healthcare industry by expanding and reinforcing the role of the Cardiovascular Round Table, and we will increase our humanitarian activities, including our work with European Heart for Children.

The future is in our hands. The future is with the ESC. The future is with you. The ESC should be the advocate of patients, it has received a major push forward with the new delegation in Brussels. The ESC should be the advocate of patients, cardiologists and cardiovascular medicine across Europe. We plan to reach out to audiences beyond the cardiology community, including EU and national policy makers, to coordinate public campaigns and other activities with the national cardiac societies, NGOs and other professional societies. We will also continue our strategic cooperation with the healthcare industry by expanding and reinforcing the role of the Cardiovascular Round Table, and we will increase our humanitarian activities, including our work with European Heart for Children.

The decline is mostly due to the impact of complex regulation, which drives up costs and delays time-to-market for new cardiovascular drugs – both crucial measures for pharmaceutical companies as they prioritise their investments.

In a white paper released last year, the ESC together with industry partners gathered in an initiative called the Cardiovascular Round Table and made a series of recommendations to build on Europe’s proven leadership in CVD R&D. These include a review of issues such as the complex clinical trials environment, the efficacy of a 20-year patent life in the context of development timescales and investment, the availability of EU funding and tax incentives, and the exploitation of established academic centres-of-excellence.


Do you think healthcare systems in Europe are too focused on cure rather than prevention?

Both are important. We need to treat and look after those who are already suffering from CVD but of course, we need to ensure that people adopt healthier lifestyles! CVD leads to more than 4.3 million deaths, but 80-90 per cent of all CVD is preventable.

A statement from the European Association for Cardiovascular Prevention & Rehabilitation (EACPR) of the ESC in 2012 explained that up to 50 per cent of deaths from CVD in Europe could be avoided by implementing population-level changes such as taxation and regulation of advertising. Population-level prevention could produce greater impacts on CVD than individualised approaches.

Societal factors, such as exposure to advertising and the sugar, salt and fat content of processed foods contribute to unhealthy diets, and our sedentary lives lead to unhealthy behaviours. Until now, efforts to prevent CVD have focused on changing individual’s lifestyles, but the impact has been minimal. The EACPR, therefore, has recommended a paradigm shift in CVD prevention towards a population approach, including interventions from local and national governments aimed at encouraging healthy diets, increasing physical activity and reducing smoking and alcohol consumption.

For more information about population-level changes to promote cardiovascular health: http://cpr.sagepub.com/content/early/2012/05/09/2047487312441726.full.pdf+html

www.escardio.org