



ANNUAL REPORT 2016

EUROPEAN SOCIETY OF CARDIOLOGY

FISCAL PERIOD | APRIL 2015 - 31 MARCH 2016



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PRESIDENT'S INTRODUCTION

I am delighted to introduce the 2016 Annual Report of the European Society of Cardiology. This has been a very exciting year and from the words of the various experts who have provided the content which follows you'll be able to appreciate the fantastic progress we have made in pursuit of our mission – to reduce the burden of cardiovascular disease in Europe. In the following lines let me draw your attention to the major initiatives which the Board has adopted to prepare the ESC for the future challenges.

Thanks to a great deal of hard work, cooperation, enthusiasm, and insight, the ESC Board has approved a 5-year Strategic Plan. While our mission has always remained clear and well-defined, the infrastructure supporting the ESC's activities, such as its scientific work and educational programmes, has undoubtedly become more complex. It is vital that our organisation remains fully aligned with its mission, and our strategic priorities remain relevant to the changing world. Accordingly, the ESC Board has recently carried out a strategic planning exercise to assess the external environment in which we operate and to establish an updated framework of objectives and priorities covering the next five years.

The planning process has resulted in an exciting new strategy for the ESC, and positions us well for the opportunities ahead. The key initiatives include an ambitious scheme for individual membership, an adaptive congress model to meet shifts in participant needs, the formation of a new entity to exploit the ESC education portfolio, the creation of a Think Tank to lead innovation efforts and coordinate research initiatives, and enhanced capabilities to ensure that we reach all external stakeholders and influence policy decisions favourable to our mission. I am sure that the impact of the new plan is already being felt, and it is very important that everyone – members, volunteers, and staff alike – embraces the plan and its objectives.

One key aspect of the plan deserves to be explained more fully: the Board's decision to launch a new ESC direct membership scheme at ESC Congress 2016. This scheme augments the current system in which the National Cardiac Societies are our institutional members, and their individual members automatically qualify for membership of the ESC. This concept will be kept but two new levels of membership will be included in the new membership scheme; these will be known as Professional Member and Professional Plus Member, both of which are subject to a fee which provides access to enhanced benefits and services depending on category. Why are we making this change? Because we want to better engage members in ESC-led initiatives and to encourage their contribution and expertise. We want to enhance the sense of ownership and belonging within our membership so that more of you will volunteer to participate in ESC-led activities. This new cadre of direct members will bring powerful, collective influence on the ESC's activities and make a strong contribution to delivering our mission. I would also like to note that our six Associations have all introduced tiered membership schemes from 2016, aligned with ESC General membership, offering a wide range of incremental benefits in line with the relevant product and service portfolio.

The recent launch of our online programme in General Cardiology is a notable achievement of which the Education Committee can be proud. Pulling together the essence of ESC Clinical Practice Guidelines and the ESC Textbook for Cardiovascular Medicine, as well as other e-learning content, this important project provides a wealth of training and lifelong learning opportunities. We hope that it will be adopted by our institutional members, the National Cardiac Societies of ESC member countries, to complement their extensive training programmes. The programme is open to all qualified cardiologists who want to refresh their knowledge and undertake Continuous Professional Development. Launched at the end of March 2016, the programme will be available as a benefit under the new membership scheme.

ESC Congress is the ESC's flagship event and it remains a crucial element of our future strategy. I was very pleased that 2015 saw a long-overdue and very successful return to London. As always, the scientific programme was a compelling blend of best practice, topical issues, innovation, and breakthroughs covering the complete field of cardiovascular medicine. While 33 000 participants from 134 countries tells a powerful story about the ESC Congress in the global cardiology calendar, we nevertheless recognise that the format will have to adapt over time, and we are starting to prepare for that.

Training the future leaders of our profession is so fundamental that it could not be left out of our strategic plan. We are therefore putting more emphasis on the work carried out at the European Heart Academy to ensure that young cardiologists have a wide range of specialist training programmes to develop their expertise and their careers. Equally fundamental is the Atlas of Cardiology project which is carefully building a database of both qualitative and quantitative data which maps the status of European healthcare systems from a cardiology perspective, and which will provide high quality insights to drive evidence-based policies.

I would like to finish by acknowledging the tremendous efforts of everyone within the ESC over the last 12 months. There have been many challenges and some have still to be overcome. As I reach the end of my term-of-office and prepare to hand over to my esteemed successor, Professor Jeroen Bax, I would like to say that it has been an immense privilege to lead the ESC over the last two years and I express my deepest gratitude to you all for your support, encouragement, professionalism, and commitment. This applies not only to members but also to the hard-working ESC staff at the European Heart House and in Brussels who are responsible for keeping the Society running in such a great shape. I am confident that we have a sound foundation on which to build future achievements, and that our new strategy will keep the ESC at the forefront of the fight against cardiovascular disease. And all this because.....WE ALL ARE THE ESC.



Fausto Pinto
President, European Society of Cardiology
2014 - 2016



CONGRESSES AND MEETINGS

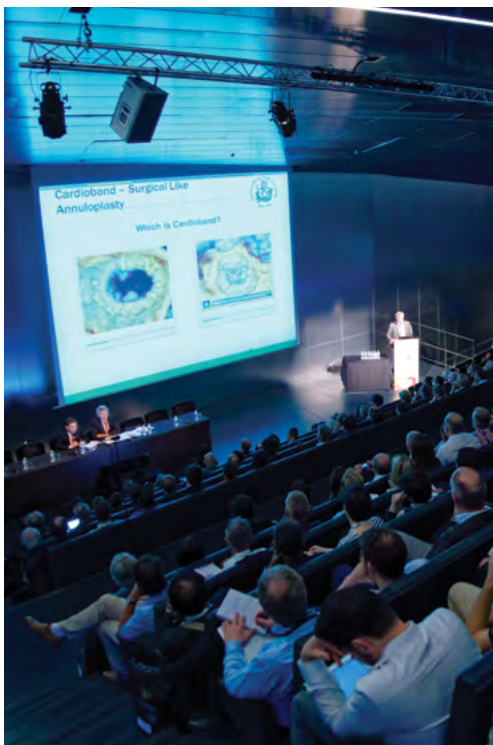
During 2015, the ESC organised eight major congresses, including the annual ESC Congress in London. Together, these attracted almost 50 000 participants from around the world, many of them renowned experts and thought leaders in their field of expertise. The ESC has earned an enviable reputation for the quality, coverage, and scientific excellence of its extensive congress and meetings portfolio. While the flagship ESC Congress is the best known of these, the ESC also organises a large number of important sub-specialty events which have become very well established in the cardiovascular calendar in their own right. They provide invaluable networking and collaboration opportunities. The organisation and content of each event is constantly reviewed to ensure that the format remains relevant, that the needs of all participants are met, that world-class scientific programmes are presented, and that innovation and improved clinical practice remain key outcomes.

A combined total of almost 50 000 cardiology and allied professionals attended ESC-organised congresses during 2015

ESC Congress 2015: ESC Congress returned to London for the first time since 1952. Almost 33 000 participants from 144 countries attended, with 34 percent from outside of the ESC member countries. The spotlight theme was '*Environment and the Heart*', chosen to highlight how environmental risks such as air and noise pollution have a substantial impact on cardiovascular health. In total, over 500 scientific sessions were available covering all aspects of cardiology. 4 500 abstracts were accepted, out of over 11 000 submitted, for presentation in a programme which offered 27 hours of external CME credits. Industry partners took over 10 000m² of exhibition space and there were also 70 satellite symposia and 6 hands-on tutorials held. New ESC Clinical Practice Guidelines and clinical trial hotlines were presented, all of these impacting everyday clinical practice and patient care. An impressive array of features was provided by a suite of communication and media technologies to help participants make the most of their visit or to catch up on topics. These included a dedicated TV channel, interactive lecture theatres, online highlights, and an improved mobile app.

4 500 abstracts were accepted out of over 11 000 submitted for ESC Congress 2015

EuroHeartCare 2015: Organised by the ESC Council on Cardiovascular Nursing and Allied Professions (CCNAP) and the Croatian Association of Cardiology Nurses, EuroHeartCare 2015 was held in Dubrovnik in June. The theme was '*Guidelines: care to implement*'. 600 participants attended, 32 percent of whom were CCNAP members. 235 abstracts were accepted, and presentations were delivered in 19 scientific sessions. The exhibition area showcased 12 stands from industry partners and other organisations.



EuroPrevent 2015: The annual congress of the European Association for Cardiovascular Prevention and Rehabilitation (EACPR) took place in Lisbon in May. The theme was '*Addressing inequalities in Cardiovascular Health*', aimed at addressing the substantial differences in mortality rates found across EU member states according to the latest European CVD statistics. The almost 1 400 participants were offered a scientific programme comprised of 51 sessions accredited with 15 hours of external CME credits. 70 abstracts were presented in dedicated sessions. The congress included an exhibition area with industry and other organisations well represented. A fun run was organised, which helped get the prevention messages out to the public.

ICNC12: The International Conference on Nuclear Cardiology and Cardiac CT was held in Madrid in May. This biennial event is organised in conjunction with the American Society of Nuclear Cardiology, the European Association of Nuclear Medicine, and the Nuclear Cardiology and Cardiac CT section of the European Association of Cardiovascular Imaging. It is the key international scientific event for Nuclear Cardiology and Cardiac CT, and this year the agenda focused on novel applications, new developments, recent trends, and state-of-the-art applications. 600 participants from 21 countries attended, and they were offered 40 scientific sessions, 252 abstracts, and industry satellite sessions in a programme which provided 15 hours of external CME credits. The exhibition area consisted of 13 stands.

Heart Failure 2015: The congress of the Heart Failure Association (HFA) of the ESC was held in Seville in May and included the second World Congress on Acute Heart Failure. Now in its 20th year, this congress has become the world's leading Heart Failure forum. The main theme was '*Heart Failure taking centre stage: drugs, devices, and multidisciplinary care*', while a track was presented in collaboration with the Heart Failure and Heart Transplant Working Group of the Spanish Society of Cardiology. The congress attracted a record almost 5 000 participants from 97 countries and a scientific programme of 104 sessions, and 1 461 abstracts were presented in dedicated sessions. The programme was accredited with 21 hours of external CME credits. Industry organised a further 37 sessions, and 24 exhibitors were represented in the exhibition area.



Over 3 000 cardiology and allied professionals attended EuroEcho-Imaging 2015, and the comprehensive scientific programme offered 162 sessions and 19 hours of CME credits

EHRA EUROPACE-CARDIOSTIM 2015: This congress was organised by the European Heart Rhythm Association (EHRA) in collaboration with Cardiotim and the ESC Working Groups on Cardiac Cellular Electrophysiology and e-Cardiology. It was held in Milan in June, and aimed to highlight the multi-disciplinary and translational approach in modern EP, diagnosis of arrhythmias, and conduction disturbance. It also included sessions from the Innovation, Young EP, and Women in EP committees, and featured a highly successful membership drive. 5 700 attended, participating in a programme accredited with 21 hours of external CME credits. There were 160 scientific sessions and 977 abstracts presented in dedicated sessions, as well as industry sessions and a large exhibition area with 51 stands. This was the first ESC congress to have the final programme available only via a mobile app rather than printed.

Acute Cardiovascular Care 2015: The annual congress of the Acute Cardiovascular Care Association (ACCA) was held in Vienna in October. The provision of acute cardiovascular care requires a multi-disciplinary approach, and the aim of the congress scientific programme was to present a review of all recent advances in acute and intensive cardiovascular care medicine. The theme was '*Innovating to improve Acute Cardiovascular Care*'. Attendance was around 1 000, from 74 countries. 51 scientific sessions were offered including Young ACCA sessions, and 623 abstracts were presented in a programme accredited with 16 hours of external CME credits. The exhibition area consisted of 12 stands.

EuroEcho-Imaging 2015: The 19th annual meeting of the European Association of Cardiovascular Imaging (EACVI) was held in Seville in December. EuroEcho-Imaging 2015 had two themes; '*Cardiomyopathies*' and '*Early diagnosis of cardiovascular disease*'. New initiatives included a Nuclear & CT Track, and a CMR track. Over 3 000 professionals attended from 93 countries, participating in a scientific programme of 143 sessions plus 19 industry sessions. 892 abstracts were presented in a programme accredited with 19 hours of external CME credits. The exhibition area occupied almost 600m² and was supported by 30 organisations and industry partners.

SCIENTIFIC AFFAIRS

Education

The Education Committee has achieved notable successes in recent years by focusing on robust educational methodologies and closely aligning its training programmes and products with proven scientific content. It has also continued to broaden the features of the ESC's e-learning platform, ESCeL, and increased its portfolio. Major highlights have included the launch of the General Cardiology online programmes, the completion of initiatives including an organisational needs assessment in cardiac education and performance improvement, and a behavioural needs assessment in Atrial Fibrillation. This latter exercise will guide the development of educational programmes based on identified needs, evidence, and gaps in practice.

ESC Education Conference: This conference is an important networking event which brings together Directors of Training from the National Cardiac Societies and the ESC Education Committee. The core of the conference is a series of six interactive workshops which capture what is done successfully at national level, what remains a challenge, and how the ESC can best support them in terms of training and lifelong learning in cardiology. With over 40 National Cardiac Societies represented, there were many opportunities for participants to share feedback and discuss operational constraints with their peers as well as with members of the ESC Education Committee. This event is a valuable source of insight into the current and future requirements of member countries, and helps to deliver educational programmes that are needs-driven and relevant. The ESC Education Conference is now held annually, and is helping to develop a community of National Directors of Training. A position paper on the outcome of the 2015 Education Conference is in preparation.

40 National Cardiac Societies were represented at the ESC Education Conference

Guidelines into Practice Tracks: This initiative helps delegates navigate the wealth of resources on ESC Clinical Practice Guidelines made available after ESC Congress. For each track, a team of experts selects the most relevant presentations. There are presently 19 tracks available on the ESC website, and they have been developed in cooperation with the ESC Association or Working Group most relevant to the content. The tracks have been enriched with supplementary material relevant to the Guidelines, from webinar recordings to clinical cases, with the objective of simplifying the task of both learning and teaching.



Courses: In December 2014, the ESC Board appointed a task force to reflect on, and formulate, a new policy for Live Events at ESC. The new ESC Live Event Policy was validated by the ESC Board in December 2015 and has since been launched on the ESC website. In essence, the policy stipulates that events seeking the label of 'organised in collaboration with the ESC' must comply with the ESC Education Blueprint. This blueprint aims to raise the standards of educational events by establishing a series of rules and procedures. Live Events that took place in 2015 included Member Courses in Morocco, Tunisia, and Kazakhstan; an ESC Update Programme in Davos and Dubrovnik; and a series of ten ESC Grand Courses in Europe and Asia.

ESC Live Event Policy launched to raise the standard of education and training courses

ESC Webinar Series in General Cardiology: During the fiscal year, 10 interactive sessions were delivered along with the introduction of an initiative to measure learning outcomes. Each session focuses on a recently published ESC Clinical Practice Guidelines, and key opinion leaders come together to deliver case-based presentations emphasising the most clinically relevant aspects. The remote audience can interact with the experts by posing their questions via 'live chat', and can assess their knowledge through interactive polling. Although streamed live, each session is also recorded and made available free of charge on the ESC website. All speakers are given the opportunity to undertake training to enhance the quality and impact of their presentations. During 2015, average attendance at live sessions increased to 500, with over 30 000 more watching the recordings.

ESC eLearning platform: The ESCeL platform continues its growth. Currently hosting over 500 courses and over 1 000 self-assessment questions, all ESC Associations now offer programmes on the platform for lifelong learning and training as part of their membership benefits. Areas of study cover EP, imaging, prevention, PCI, heart failure, and acute cardiac care. The programme in general cardiology, developed as a result of extensive cooperation between the ESC Education Committee, the MCQ Group, and all of the ESC Associations, was launched on 29 March 2016. The training version of the programme is being piloted by seven National Cardiac Societies.

The ESCeL platform now hosts over 500 courses and 1 000 self-assessment questions

ESC Clinical Case Gallery: Since the launch of the new ESC Clinical Case Gallery, 2015 saw the development of a third area of study with the launch of the portal for the ESC Working Group on Myocardial and Pericardial Diseases.

Knowledge Assessment and MCQs: The ESC's MCQ Group supports a wide range of activities. It has extensive expertise in developing multiple choice questions as well as supporting self-assessment in eLearning. In 2015, the European Exam in General Cardiology catered for over 300 candidates from seven countries. Thanks to this, the ESC is a member of the Council for European Specialist Medical Assessment (CESMA). The ESC also catered for sub-specialty exams to over 1 600 candidates.

Evidence-based education: After the successful completion of two needs assessments initiatives: the ESC Organisational Needs Assessment in cardiac education and performance improvement, as well as a behavioural needs assessment in Atrial Fibrillation, 2015 has seen the launch of a third initiative that aims to raise awareness in mitral regurgitation. Evidence-based education aims to also integrate findings from registries and marketing data.

Clinical Practice Guidelines

2015 was a very productive year with the publication of five new Guidelines at ESC Congress 2015 in London. These covered Pulmonary Hypertension, Infective Endocarditis, Pericardial Diseases, Ventricular Arrhythmias and Sudden Cardiac Death, and NSTEMI-Acute Coronary Syndromes. The Guidelines and their derivative products have already been downloaded over half a million times.

The free-of-charge ESC Pocket Guidelines Application had 55 255 users in 2015 and it contained 23 different titles, over 110 interactive tools, and many new features. These included a specific folder with the Guidelines' Essential Messages to bring the main recommendations to health professionals who are not cardiology experts. Over the past three years (2013-2015), an average of 35 ESC member National Cardiac Societies endorsed each title of the ESC Clinical Practice Guidelines.

Five new Guidelines were published in 2015

Publications

The ESC Journal Family now comprises 14 titles which cover the entire field of cardiovascular medicine. The latest title, Quality of Care & Clinical Outcomes (EHJ-QCCO), has recently been launched and addresses research into cardiovascular outcomes at all levels, highlighting electronic health record and prognosis research. The EHJ-QCCO journal also provides a forum to inform cardiovascular public health policy globally, discuss health economics, and encourage young investigators by supporting growth of the outcomes research community.

The flagship European Heart Journal continues to increase in stature and influence with a significant rise in the number and quality of submissions, weekly publication schedule, superb Impact Factor rating of 15.064, and extensive subscription and readership audiences. During 2015, more than 12.5 million text downloads were registered across the ESC titles. The ESC's Publications Committee continues to champion a high degree of cooperation between the editorial teams of the ESC Journal Family. Through events such as the ESC Publications Committee Winter Meeting, this strategy has resulted in an effective process for transferring papers from the EHJ itself to sub-specialty journals – leading to them being cited more often – and excellent IF ratings across all titles.

Thanks to the continued commitment of experts within the ESC membership, a number of new publications have been completed and approved during 2015. All volunteers, these global thought leaders in cardiology have contributed to two notable textbooks: the ESC Handbook of Preventive Cardiology and the EHRA Book of Interventional Electrophysiology. The EACVI Textbook of Echocardiography was also updated, while online updates were implemented for the ESC Textbook on IACC and the EACPR Textbook on Preventive Cardiology.

Launch of the new EHJ-Quality of Care & Clinical Outcomes brings the number of EHJ titles to 14

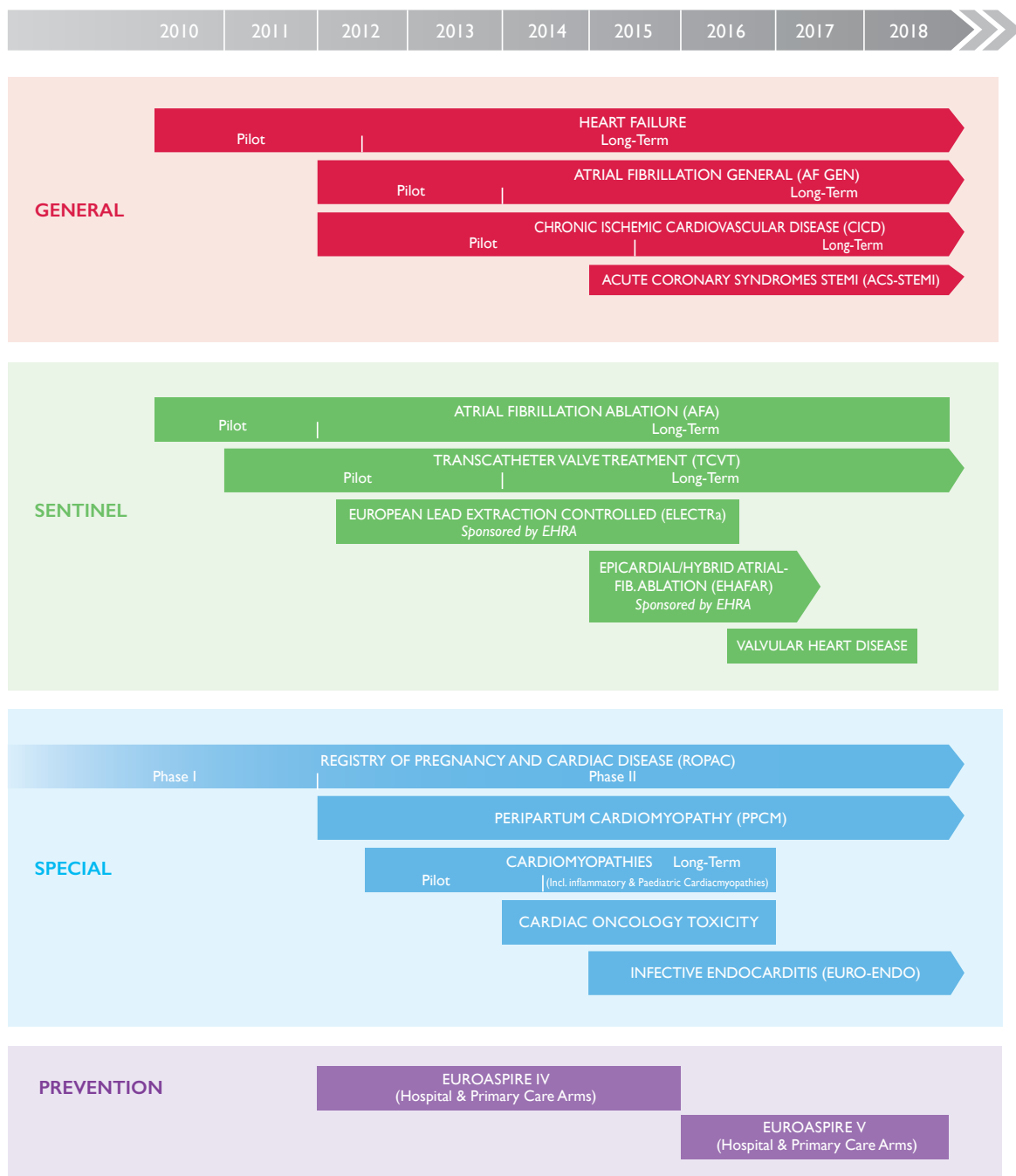
EURObservational Research Programme (EORP)

The EurObservational Research Programme EORP is clearly demonstrating its potential with the implementation of 23 European registries covering multiple cardiovascular topics across general, interventional, imaging, and other specialty areas. This success is partly illustrated by the publication of 25 papers in peer-reviewed journals describing EORP findings in a number of specific registries including Atrial Fibrillation, Heart Failure, Chronic Ischemic Cardiovascular Disease, Cardiomyopathies, Pregnancy and Cardiac Disease, and Cardiac primary and secondary prevention.

Two new registries were launched during 2015 covering Infective Endocarditis and Epicardial/Hybrid Atrial Fibrillation Ablation. In addition, much effort has gone into continuing patient enrolment and providing statistical analyses on the ongoing studies. A new series of EORP scientific sessions was held during the congresses of the National Cardiac Societies of ESC member countries Finland, Hungary, Romania, and Russia. At these sessions, statistical analyses were presented which benchmarked individual country results against the average, using data from the Heart Failure registry and the pilot studies of Chronic Ischemic Cardiovascular Disease and Atrial Fibrillation.

One of the objectives of the EORP is to track the implementation of ESC Clinical Practice Guidelines across member countries by collecting 'real world' clinical data. Discussions at Board level and in various sub-groups have identified the need to better align and synchronise the registry programme with the schedule of Guidelines releases.

Registries for Infective Endocarditis and Epicardial/Hybrid Atrial Fibrillation Ablation were launched in 2015



EURObservational Research Programme

ADVOCACY AND REPRESENTATION

The ESC unites more than 95 000 cardiology professionals from the National Cardiac Societies of its 56 member countries and from its Associations, Working Groups, and Councils behind a mission to reduce the burden of cardiovascular disease. This inevitably means that it has a diverse and complex external relations footprint. It clearly needs to exert influence over a large number of bodies, institutions, and other third parties as well as demonstrate its integrity, independence, and transparency. The ESC's approach to Advocacy is to develop and maintain the important relationships which reflect its priorities and support its mission, as well as position itself as the 'go-to' source for credible, independent, and well informed comment on the leading cardiovascular issues. Its external activities reach a large, diverse community including members, partners, scientific societies, government bodies and pan-European institutions, industry and trade associations, press and media, and staff. A robust and flexible approach to Advocacy is therefore vital to ensure consistent messages are developed and shared, that priorities are defined, that influence is appropriately exerted, and important information is correctly communicated. Advocacy includes all of the ESC's external communications, alliances, and relationship management activities, in particular its work with the European Union (EU) and other policy making institutions, the National Cardiac Societies of member countries, the healthcare industry, the media, and any other organisations with whom it partners.

European Affairs

The ESC is engaged in constant dialogue with European Union institutions, national governments, international organisations, and other relevant stakeholders to secure a policy environment favourable to cardiovascular health of patients in Europe. Over the years, these activities have resulted in greater recognition by policymakers and regulatory authorities of the importance to address CVD, and in a strengthened base of support for the pursuit of its mission.

Regulatory bodies and working groups: ESC volunteers provide professional expertise to a number of external bodies including:

- European Medicines Agency (EMA)
- International Organization for Standardization (ISO)
- European Commission working groups on eHealth and mHealth
- European Commission working groups on medical devices
- European Network for Health Technology Assessment (EUnetHTA)



Alliance for Biomedical Research in Europe (BioMed Alliance): The ESC is a founding member of the BioMed Alliance which was created in 2010 to promote the best interests and values of research across all biomedical disciplines in Europe. Recognising the need for an independent body to represent the scientific community in EU decision-making affecting health research, the ESC successfully argued within the BioMed Alliance for the creation of the Scientific Panel for Health (SPH). The aims of the SPH are to propose solutions to bottlenecks in healthcare improvements, to analyse long-term trends and recommend the appropriate response, and to assist the transition from research into practice. The ESC also led the BioMed Alliance Task Force which developed the BioMed Alliance Code of Conduct for healthcare professionals and scientific organisations. The Code – which was adopted by the ESC – reinforces the core principles of integrity, quality, independence, accountability and transparency, and ensures that interactions and collaborations with the health care sector will be for the benefit of the patient and the improvement of scientific standards and medical care. Key dossiers actively followed by the BioMed Alliance in 2015 include the EU Data Protection legislation. The ESC developed a Position Paper in support of the BioMed Alliance activities, voicing its concerns that proposed EU regulations on Personal Data Protection would potentially impact health and scientific research, and an article appeared in the EHJ raising awareness of the implications. The BioMed Alliance also published a statement on animal research and has set-up an Animal Research Task Force, led by the ESC, to anticipate the revision of Directive 2010/63/EU in 2017.

European Chronic Diseases Alliance (ECDA): The ESC is a founding member of ECDA representing specialty areas including cardiovascular diseases and diseases of the kidney, liver, and lungs, as well as hypertension, diabetes, and cancer. The ESC was elected to hold the Secretariat of the Alliance in 2015 and 2016. In 2015, ECDA produced position papers on the risks associated with salt, alcohol, trans-fats, and poor air quality. ECDA was invited to speak at health-related events such as the Gastein Health Forum, and at conferences organised by EU Presidencies, NGOs, and other health stakeholders. The Alliance has also been invited to represent the European Region at the Non Communicable Diseases Alliance Global Forum.

MEP Heart Group: The Members of the European Parliament (MEP) Heart Group is a discussion forum aimed at promoting measures that will help reduce the burden of CVD in the EU and raise CVD as a political priority. The Secretariat of the MEP Heart Group is run jointly by the ESC and the European Heart Network (EHN). In 2015, the MEP Heart Group initiated the annual #loveyourheart social media campaign on Valentine's Day. It is estimated that over 925 000 people were reached by this campaign. The MEP Heart Group also promoted a public awareness campaign entitled '*Environment & the Heart*' during the ESC Congress 2015. This campaign, launched by the ESC together with the EACPR and the EHN, raised awareness of the need to create healthy environments for the protection of heart health and encouraged appropriate action by policymakers. Healthcare professionals, patient advocates, and the wider public were all invited to join the campaign by signing an online petition. The results of the campaign were presented to the European Commissioners for Health, Environment, Climate Change, and Transport in Brussels on World Heart Day, 29 September.

World Health Organization (WHO): The ESC has taken part in the Expert Reference Group established by the WHO Regional Office for Europe to prepare for the WHO's 'Action Plan for the implementation of the European Strategy for the Prevention and Control of NCDs 2016-2020'. In the run up to the new action plan, WHO organised an international CVD conference in Russia in November 2015. The conference was an opportunity to share knowledge, experience, challenges and successes in implementing an essential package of interventions for the prevention and control of CVD.

European Heart Agency

Now well established in Brussels, the European Heart Agency (EHA) is helping to shape the ESC's response to a fast-changing environment. The EHA is structured as three divisions; European Affairs, the European Heart Health Institute, and the European Heart Academy. Through these divisions, the EHA manages EU-wide projects, engages with key policy makers, maps healthcare realities in Europe and beyond, and develops university courses with well-known academic institutions. Its activities include the following:

- **Economics of Chronic Diseases (EConDA):** This two and a half year programme is co-funded by the European Commission Public Health Programme. The ESC was an associate partner in the project which aims to help EU Member States develop, select, and implement more cost-effective policies to improve chronic disease prevention. In particular, research focused on the impact on populations with the highest rates of premature deaths from chronic diseases, and aims to reduce health inequalities. The project showed how upstream prevention interventions focusing on reducing exposure to risk factors before a chronic disease has occurred is generally more cost-effective in terms of healthcare savings.
- **CATCH ME:** This is a four year project funded under the Horizon2020 programme which aims to improve the prevention and treatment of atrial fibrillation and its complications. The objective of CATCH ME is to develop and validate better disease management strategies based on better understanding of the main health modifiers – such as genes, drugs, and behaviours – which lead to atrial fibrillation in the European population. The project will develop the science to underpin clinical tools, educational programmes, and CATCH ME apps that can be used on any smart phone by healthcare professionals and patients alike.
- **BETA3 LVH:** This five year project is also funded under the Horizon2020 programme and it aims to prevent patients having a structural heart remodelling and becoming at risk of heart failure. 12 partners from eight European countries participate in the project, in which patients suffering from a structural and functional defect of the left ventricle are targeted. Their cardiac hypertrophy and left ventricle functions will be monitored through the whole study to assess the possible benefit of the tested medication.

- **Atlas of Cardiology:** This is a unique comprehensive data collection project of 350 variables containing a vast amount of qualitative and quantitative data covering the economy, demographics, healthcare system, infrastructure, service provision, reimbursement, and other health care policies in each of the 56 ESC countries. The Atlas maps the status of the European healthcare systems from the perspective of cardiology and reveals trends, disparities, gaps and associations between fundamental variables, which can be used to elicit valuable insights for evidence-based health policy in cardiology, and which contribute to reducing the burden of cardiovascular disease in Europe.
- **Cardioscape II:** The successor to Cardioscape I, this is an EU-funded database project which will collect, update, and disseminate information on all relevant research activities and funding availability to the cardiovascular research community. The project is further evidence that the European Heart Agency will promote evidence-based policy by encouraging stakeholders to access this database and create synergies to achieve a more effective coordinated research support.
- **Patient Engagement:** A workshop was held in March 2015 in Brussels to help share current thinking around the concept of this important initiative with stakeholders, and to begin a dialogue which would shape future strategy. A position paper is planned alongside a publication in the European Heart Journal. The Strategic Group on e-Health published its first position paper, setting out its vision to play a proactive role in all aspects of the e-health agenda.
- **European Heart Academy:** The training of future leaders in cardiology is a key objective of the European Heart Academy. Its programmes are designed to fill the current and anticipated gaps in the further development of specialised care for cardiovascular patients in Europe. Programmes include:
 - Certificate of Advanced Studies in Heart Failure developed in collaboration with Zurich University and the ESC Heart Failure Association (HFA) from which 59 students graduated in October
 - MSc in Health Economics, Outcomes and Management in Cardiovascular Sciences, a two year executive programme developed in collaboration with the London School of Economics. The programme was successfully inaugurated in December 2015 with a cohort of 39 students coming from 18 different countries
 - Diploma of Advanced Studies in Cardiac Arrhythmia Management is a future programme being developed in collaboration with Maastricht University and the European Heart Rhythm Association (EHRA)

National Cardiac Societies

The relationship between the ESC and the National Cardiac Societies (NCS) of its member countries is fundamental. Representing over 70 000 individual members, the NCSs provide the expertise which underpins all ESC products and services. From supporting ESC Congress, to helping write and review Clinical Practice Guidelines, to contributing to the registries and surveys within the EORP programme, to volunteering for various duties in one of the many constituent bodies and committees, the ESC needs the enthusiastic commitment and professional expertise available to implement its strategy and to shape the future of cardiology. At ESC Congress 2015, 42 percent of accepted abstracts were submitted by members of the NCSs, which also provided 34 percent of delegates. The scientific programme also reflected the contribution of members with 68 percent of graders and 58 percent of speakers coming from NCSs. The ESC Spring Summit 2016 was the opportunity for the ESC Board to present the ESC Strategic Plan covering the years 2015-2020, and workshops were organised to discuss and debate various themes under the headings of Advocacy, Congress, Education, Membership, and Research.

34 Young Cardiologist organisations of National Cardiac Societies are collaborating through the ESC to form a professional network to help enhance learning and career choices. Individuals can sign up for the My ESC Young Community newsletter and join the dedicated LinkedIn group which now has more than 2 000 members. Furthermore, 583 young cardiologists from National Cardiac Societies benefited from free registration for ESC Congress 2015 and the opportunity to attend sessions of special interest to the younger generation and meet their peers. The ESC also supports the congresses of its NCSs. Discussions on common scientific and economic challenges have been top priorities on the agenda of leadership meetings held with NCS boards. To further enhance collaboration and promote the wider implementation of ESC Guidelines, 40 joint scientific sessions have been organised during NCS annual congresses, while the ESC welcomed members on its stand at a further 16 NCS congresses.

Global Affairs

The ESC Global Affairs Committee was established to extend the reach of the ESC's scientific influence beyond the borders of member countries and to promote the ESC's mission, reputation, and values globally. The ESC Global Scientific Activities (GSA) focuses on education to help harmonise standards of diagnosis and treatment of cardiovascular disease. A comprehensive programme of educational courses has been built around a global network of international partnerships in regions which already organise significant congresses. When invited to these congresses, ESC key opinion leaders and international experts present an appropriate educational programme which typically includes highlights from ESC Congresses and scientific meetings, new or updated ESC Clinical Practice Guidelines, and regionally relevant clinical case studies.

TABLE 1 - GLOBAL SCIENTIFIC ACTIVITIES EVENTS

| 2015 | | |
|---|------------------------------------|---------------|
| 'ESC in Arabia' at the Saudi Heart Association Congress | Riyadh, Saudi Arabia | February 2015 |
| 'ESC in Abu Dhabi' at the Asian Pacific Society of Cardiology Congress | Abu Dhabi, United Arab Emirates | April |
| 'ESC in China' at the Chinese Society of Cardiology Congress | Shanghai, China | September |
| 'ESC in Brazil' at the Brazilian Congress of Cardiology Congress | Curitiba, Brazil | September |
| 'ESC in Argentina' at the Argentine Congress of Cardiology Congress | Buenos Aires, Argentina | October |
| 'ESC in China' at the Great Wall International Congress of Cardiology | Beijing, China | October |
| 'ESC in South Africa' at the South African Heart Association Congress | Sun City, South Africa | October |
| 'ESC in India' at the Annual Conference of the Cardiological Society of India | Chennai, India | February 2016 |

The Global Affairs Committee has also focused on collaboration with the 41 ESC Affiliated Cardiac Societies, including the recently joined Nigerian Cardiac Society and Philippine Heart Association. A number of projects have been undertaken in the last 12 months, amongst which was the organisation of joint scientific sessions during the annual congresses of nine Affiliated Cardiac Societies, and continued support for the Euro-Sino College in conjunction with the Chinese Society of Cardiology. Global Affairs activities also included strong partnerships with the ESC Sister Societies such as the American College of Cardiology, American Heart Association, World Heart Federation, Inter-American Society of Cardiology, and the Asian Pacific Society of Cardiology.

Cardiovascular Round Table

The Cardiovascular Round Table (CRT) is a strategic forum to facilitate high-level and transparent dialogue between the ESC leadership and the cardiovascular industry, represented by a group of 21 pharmaceutical and medical equipment manufacturers. Edwards Lifesciences and Philips joined the CRT in 2015, bringing total membership to 21 participating companies.

Regulatory activities: The CRT continues to progress the scientific dialogue established with regulatory authorities on the requirements for registration in specific therapeutic areas. A regulatory workshop was organised in April 2015 entitled '*Electronic Health Records (EHR) to Improve Patient Care and Facilitate Clinical Research*'.

Innovation: The CRT is concerned that the growing burden of CVD is not being addressed properly because of limited funding for research and development as well as increasing regulations, cost-containment, and reimbursement issues. To continue raising awareness on the urgent need to discuss these challenges and recommend a way forward, the CRT organised a meeting in October 2015 on '*Improving public health by improving clinical trials*'. Participants invited to attend included the European Union, National Health and Financial Authorities, Academia, Medical Societies, Industry, Not-for-Profit Organisations, and Patient Groups.

Organised meetings: The CRT facilitated a number of other meetings during 2015:

- Regulatory Workshop: "Electronic Health Records to improve patient care and facilitate clinical trials"
- CRT Plenary Meeting: "Big Data"
- ACS Pilot Programme workshop: "Quality improvement in CV medicine and clinical outcome"

Ongoing activities: The CRT is proactively addressing issues in the fields of patient engagement and quality in CV medicine and clinical outcomes. It has also developed positions on a number of topical issues and has published, or will shortly publish, articles arising from discussions at the following workshops or meetings:

- Improving clinical trials for CV diseases
- Barriers to Cardiovascular Device Innovation in Europe
- e-Health: a position statement of the European Society of Cardiology
- Optimal Endpoints for Heart Failure Clinical Trials
- Clinical Investigation of New Medicinal Products to Treat Acute Coronary Syndrome
- Electronic Health Records to Improve Patient Care and Facilitate Clinical Research
- Improving Public Health by improving Clinical Trials

TABLE 2 – CRT PARTICIPATING COMPANIES

| | | |
|----------------------|-----------------|-------------------|
| Amgen | Eli Lilly | Philips |
| AstraZeneca | GE Healthcare | Roche Diagnostics |
| Bayer | GlaxoSmithKline | Sanofi |
| Boehringer-Ingelheim | Medtronic | Servier |
| Bristol-Myers Squibb | MSD | Siemens |
| Daiichi-Sankyo | Novartis Pharma | St Jude Medical |
| Edwards Lifesciences | Pfizer | Takeda |



EUROPEAN
SOCIETY OF
CARDIOLOGY®

COMMUNITIES

Councils

There are five Councils within the ESC structure. Four of them consider aspects of cardiovascular medicine from the perspective of the science, practice, and primary care elements of the lifecycle, while the fifth is dedicated to the role played by the nursing and allied professionals across the complete lifecycle. Council activities are oriented around diagnosis, treatment, and prevention, and they each provide advice and guidance on their areas of expertise to other parts of the ESC and external bodies.

COUNCIL ON BASIC CARDIOVASCULAR SCIENCE

Chair: Professor Lina Badimon, FESC, CBCS Chairperson 2014-2016

Aim: To enhance the importance of basic science to clinical cardiology.



Our young community, the Scientists of Tomorrow, continued its development with over 400 followers registered on its LinkedIn platform in March 2016. Here, the group disseminates basic and translational educational material as well as career opportunities. The participation of the Scientists of Tomorrow in ESC Congress 2015 was particularly impressive with involvement in breakfast sessions, career sessions, joint sessions, Advances in Science, and in mainstream scientific sessions. The group has also increased its collaboration with other young communities both inside and outside the ESC. 56 travel awards were given to young basic scientists for ESC Congress 2015, and ten First Contact Initiative Grants were distributed to allow young scientists to establish contact with hosting institutions with the aim of obtaining a fellowship or research affiliate position.

The Council held its biennial Summer School in June. This four-day course is designed for early stage basic or clinical science researchers, and it aims to inspire participants to become future cardiovascular research leaders, to promote a legacy of networking across Europe, and to help participants gain broader perspectives on translation of basic science into clinical practice. 150 applications were received from 38 countries, highlighting the popularity of this event. Three prestigious awards were made during the year; a Basic Research Fellowship grant of €25 000 was awarded and two Basic Scientists were honoured by recognition of their Outstanding Achievements.

In 2015, the Council received 95 submissions in its prescope process, whereby it collects proposals directly from its community and rearranges them for submission to the ESC Congress Programme evaluation. At ESC Congress itself, the Council held its Basic Science Poster Reception, and work is underway on preparing for the 2016 meeting, Frontiers in Cardiovascular Biology, to be held in Florence in July.

COUNCIL ON CARDIOVASCULAR NURSING AND ALLIED PROFESSIONS

Chair: Doctor Catriona Jennings, FESC, CCNAP Chairperson 2014-2016

Aim: To promote excellence in Cardiovascular Nursing and Allied Professions through practice, education, and research.



Membership had grown to over 2 200 members by March 2016, an impressive achievement, and we have continued our representation on the ESC Guidelines Committee, Education Committee, Credentials Committee, and Congress Programme Committee, and we hold an ex-officio position on the ESC Board. CCNAP members have been part of the teams writing six new ESC Guidelines and helped review a further eight, and 2015 has seen the launch of our 'Be Guidelines Smart' programme designed to assist healthcare professionals in implementing ESC recommendations in daily practice. The programme consists of web-based tools and a series of events open to nurses and allied professionals.

In its educational programme, the CCNAP has published its Core Curriculum for the professional development of nurses in cardiovascular settings. Its recommendations are currently used by other ESC groups as well as National Societies of Cardiovascular Nursing. We have also continued collaboration with ESC sub-specialty groups especially in the area of education. Since 2015 the Council has been engaged in a secondary prevention programme with two ESC Associations (EACPR and ACCA) to raise awareness and provide guidance to reduce residual risk and improve secondary preventive interventions. The CCNAP is leading one of the work packages for Phase II of the project, the Patient Survey. We have also collaborated with the World Heart Federation, the AHA Leadership Committee of the Cardiovascular and Stroke Nursing (CVSN) Council, and with the Preventive Cardiovascular Nurses Association.

EuroHeartCare 2015 in Dubrovnik was the Council's first congress in Southern Europe. It attracted 600 participants from around the globe. Over two days the programme included eleven pre-arranged sessions, eight abstract sessions, two satellite symposia, and a workshop on CPR resuscitation. Over 300 abstracts were submitted for the congress. In 2015 the Council moved its General Assembly from ESC Congress to EuroHeartCare. A new award was introduced at EuroHeartCare 2015: the Award for Clinical Excellence, which recognises the exceptional contribution of nurses and allied professionals working in clinical practice.

In 2015 the Council held its first Round Table on the status of cardiology nursing in Europe. With participation from European and US nursing professionals, this was held in Dubrovnik to share experience with Croatian nursing professionals and support them in their development. The Croatian Association of Cardiology Nurses is currently building on this experience to improve nursing education in Croatia.

Our journal, the European Journal of Cardiovascular Nursing, gained an Impact Factor of 2.491 in 2015. We have also given a number of grants and awards including ten travel grants to nurses and allied professionals for ESC Congress, plus a further ten for EuroHeartCare 2015. The Council awarded one Post-doctoral mentoring award of €2 000 and improved its mentoring facilities with an open access mentoring request service. The ESC accepted the Council's recommendation to introduce a new award for nurses, the ESC Nurse Training Grant valued at €25 000. CCNAP continued to organise nursing sessions for ESC Congress and the Saturday general cardiology programme for nurses and technicians.

COUNCIL FOR CARDIOLOGY PRACTICE

Chair: Dr Maxime Guenoun, CCP Chairman 2014-2016

Aim: To bring together practicing cardiologists with common interest in the field of cardiovascular medicine, to promote education and training of cardiologists, and to develop standards for training, continuous education, and professional conduct.



The number of countries represented on the Council has grown to 12 with the addition of Romania. At the same time, the circulation of our e-Journal has increased to over 56 000 thanks to its coverage of topics relevant to our focus on everyday diagnosis and management of cardiovascular patients. Subscriptions to the Council's newsletter have also risen, and now stand at 9 000. Council members have played a major role in the development of new ESC Guidelines, being part of four Guidelines Task Forces and on the Review team for a further eight.

We also made a major contribution to ESC Congress 2015 by organising a session on Atrial Fibrillation and by co-organising the general cardiology programme. We have held joint sessions at the congresses of national cardiology practice associations in Greece, France, and Italy, and also with the HFA. In 2015, the Council developed a collaboration programme to educate cardiologists on the Transcatheter Aortic Valve Implantation (TAVI) procedure for therapy of aortic valve disease. The programme included a satellite symposium at ESC Congress 2015 which was developed jointly with the ESC Working Group on Valvular Heart Disease. This was followed by a survey on the habits of cardiologists in this field, and articles published in the e-Journal of Cardiology Practice. The findings of the survey will be published before the end of June 2016.

COUNCIL ON HYPERTENSION

Chair: Professor Antonio Coca, FESC, CH Chairman 2014-2016

Aim: The Council encourages research, teaching and communication of knowledge, and participates in education, focusing on the cardiovascular aspects of hypertension.



The Council on Hypertension was created in 2014 and held its first General Assembly at the ESC Congress 2015. We currently have a membership of more than 600. Some of our members have been active in preparing new ESC Guidelines for publication, acting as part of both writing and review teams of six Guidelines. The Council plays an important role in the coordination of the hypertension content of ESC Congress and, in order to improve this content, the Council introduced a pre-scope process that resulted in 59 individual submissions. Work has been undertaken in preparing position papers and consensus documents, including the following:

- Arrhythmias in Hypertension (with EHRA)
- Non-invasive cardiovascular imaging for evaluating sub-clinical organ damage in hypertensive patients (with EACVI and the European Society of Hypertension)
- High altitude exposure in patients with cardiovascular disease (with the International Society of High Altitude Medicine, the European Society of Hypertension, the Italian Society of Hypertension, and the Italian Society of Mountain Medicine)
- Vascular Biomarkers in Hypertension (with the ESC Working Group on Peripheral Circulation)

During 2015, we provided our expertise in hypertension by holding joint sessions in both specialist and non-specialist annual congresses organised by the Spanish Society of Cardiology, the Italian Society of Hypertension, the Italian Association of Cardiologists (ANMCO), and the EACPR. The Council has also developed a programme for Advanced Courses on Hypertension and is currently working on a course to explain the origin of hypertension and how to manage it.

COUNCIL ON CARDIOVASCULAR PRIMARY CARE

Chair: Professor Arno Hoes, FESC, CCPC Chairman 2014-2016

Aim: The Council aims to strengthen and enhance cardiovascular care in primary care (general practice, family medicine) at a European level.



The Council has been heavily involved in the preparation of ESC Guidelines summaries for primary care, and participated in eight ESC Guidelines Task Forces, one of these as co-chair, and as members of the review team for a further eight. We have also worked closely with primary care sister organisations including EPCCS, WONCA Europe, and the Primary Care Diabetes Group by establishing masterclasses and consensus meetings. Co-organisation of a pan-European Patient Workshop was undertaken with the HFA in September and local Patient Care workshops were held in Ljubljana and Moscow.

The Council has continued its involvement supporting the Global Alliance for Cardiovascular Disease Prevention in Clinical Practice activities of the World Heart Federation and the ESC, and also organised a one-day programme on general cardiology for physicians, nurses and technicians at ESC Congress 2015. We have held joint symposia at ESC Congress and other sub-specialty congresses with other ESC bodies including the Council on Hypertension, the Council for Cardiology Practice, the EAPCR, and the HFA. The Council has also reaffirmed its commitment to the ESC Global Approach to Women programme.

Associations

Associations are registered branches within the ESC legal structure. Each has its own leadership team elected by members which defines the overall strategy, with implementation and day-to-day operations management under the responsibility of dedicated ESC support staff. The six ESC Associations focus on major areas of cardiology that are strategically and clinically important, and their activities cover all aspects of the sub-specialties including fundamental science, research and development, diagnosis, treatment, management, and prevention. Associations are responsible for communications and education within their domain; they hold their own congress and publish their own journals. The following paragraphs summarise the key achievements of the ESC Associations during 2015.

ACUTE CARDIOVASCULAR CARE ASSOCIATION (ACCA)

President: Professor Héctor Bueno, FESC (2014-2016)

Mission: To improve the quality of care and outcomes of patients with acute cardiovascular diseases.



ACCA Membership grew to over 1 700 by December 2015, helped by the launch of the new Ivory Membership scheme. The second edition of the ACCA Toolkit was successfully updated and expanded during 2015 and now includes a chapter on drugs in acute cardiovascular care. This has been implemented in the online and mobile app versions, as well as a French language version. Translations into other languages are under way. The ACCA has also organised five webinars, developed course content for ESCeL, and organised a certification examination at its congress in Vienna.

The ACCA published position papers on several topics including pre-hospital management of chest pain, safe discharge of acute heart failure patients from the emergency department, and quality indicators for acute myocardial infarction. In addition, a new study group on Spontaneous Coronary Artery has been formed to improve awareness and understanding of this rare condition. Publication of the online EHJ-ACVC journal has been increased in frequency to six issues per year. The second edition of the IACC Textbook has been launched, and will be updated on a yearly basis.

The ACCA organised a very successful Acute Cardiovascular Care congress in Vienna which was attended by almost 1 000 participants from 74 countries. Additionally, the ACCA initiated an overseas programme, holding the first meeting in Oman which attracted 550 participants.

EUROPEAN ASSOCIATION FOR CARDIOVASCULAR PREVENTION AND REHABILITATION (EACPR)

President: Professor Antonio Pelliccia, FESC (2014-2016)

Mission: To promote excellence in research, practice, education and policy in cardiovascular health, primary and secondary prevention.



We have created a new membership scheme for the EACPR, designed to be inclusive for the wider cardiovascular community while providing additional benefits and services. We have also amended our Mission Statement to include cardiovascular health, primary and secondary prevention, launched a Young Preventive Cardiologists community, and launched the Viviane Conraads Outstanding Achievement Award for Established Researchers. Two important projects have been launched; the 'Secondary Prevention after Myocardial Infarction Programme' in collaboration with ACCA and the CCNAP, and the EXPERT project 'Exercise Prescription in Everyday practice & Rehabilitative Training'.

The EACPR journal, the European Journal of Preventive Cardiology, has achieved a noteworthy Impact Factor rating of 3.361 in 2015, and a number of position papers have been prepared including 'Healthy lifestyle interventions to combat non-communicable disease', and 'Sudden cardiac arrest in sports – need for uniform registration'. The ESC Textbook of Preventive Cardiology (2015) has been published, the first comprehensive textbook on this important subject. EACPR experts are also contributing to the sixth edition of the Joint European Guidelines on CVD Prevention in Clinical Practice, on finalising the ESC Handbook of Preventive Cardiology, and are at the initial preparation stage of the ESC Textbook of Sports Cardiology. Also published were 10 reports presenting the achievements of national CVD prevention coordinators and National Cardiac Societies.

EuroPrevent 2015 was held in Lisbon and attracted 1 359 participants. 51 scientific sessions were held, including joint sessions and masterclasses. These included a special symposium, 'Prevention Works! An International Perspective'. We also organised the EACPR Winter Meeting which was held in Nice. This gave EACPR Board members the opportunity to work closely on the EACPR's scientific and educational initiatives. We played a key role in the Environment & the Heart Awareness Campaign in collaboration with the ESC and the European Heart Network, and also contributed to an update of the Atlas Questionnaire of the Europe Observatory Health Systems and Cardiology.

Education is key to our mission, and in 2015 we delivered a number of specific programmes including masterclasses on Exercise Testing, Lipids, and Nutrition, and training courses on Cardiopulmonary Exercise testing and, in collaboration with the HFA, Exercise-based Rehabilitation. The first EACPR webinar on lipid lowering therapy in difficult patients – supported by AMGEN – was held and the Research Support for Young Researchers initiative was launched. The EACPR knowledge module on the ESCeL platform has been expanded and now hosts 25 eLearning courses and 11 practical cases. Several new training courses were organised including Sports Cardiology in Practice and Performing Exercise Measures and Intervention Trials in Heart Failure.

EUROPEAN ASSOCIATION OF CARDIOVASCULAR IMAGING (EACVI)

President: Professor Gilbert Habib, FESC (2014-2016)

Mission: To promote excellence in clinical diagnosis, research, technical development, and education in cardiovascular imaging in Europe.



The EACVI is a unified community of more than 6 000 experts, with support and contribution from 80 European National Societies and Working Groups in CVI, and from 20 sister societies around the world. The Association is a recognised knowledge provider in Echocardiography, Nuclear Cardiology & Cardiac Computed Tomography (Nuclear C & CCT), and Cardiovascular Magnetic Resonance (CMR). It has implemented its strategic goal of putting the patient at the heart of its core activities. The EACVI reached over 6 300 members in 2015, and the association launched a new scheme for 2016 which introduces three levels of paid membership offering an extensive range of benefits and services. The EACVI Club 35 committee focused on the needs of our younger members, which has changed its name to HIT (Heart Imagers of Tomorrow), and close cooperation with our industry partners has been established to help support various scientific initiatives.

We have seen a significant increase in numbers taking certification examinations, with almost 1 000 candidates sitting one of the eight examinations organised by the EACVI. The basic Echocardiography e-Learning course has been launched successfully and an additional 20 tutorials will be integrated shortly. Development of a new Toolbox is underway, with the first aimed at Aortic Stenosis. The EACVI webinar series has proved highly popular, welcoming over 1 500 attendees to the live events. Recordings of the webinars are now available online in seven languages.

Much effort has been put into the EACVI's scientific publications in 2015. Our journal, European Heart Journal - Cardiovascular Imaging (EHJ-CI) achieved a record Impact Factor of 4.293, while the launch of the EACVI Echo Handbook was a great success and more than 1 800 copies were sold within six months. Two mobile apps have been developed providing access to scientific recommendations; one for the abridged recommendations which has had 3 000 downloads so far, and another covering the CMR Pocket Guides. In addition the Association issued the EACVI Compendium, and abridged recommendations on multi-modality imaging and hypertrophic cardiomyopathy. Over 10 scientific papers were published in the EHJ-CI, some of which were prepared jointly with other Scientific Societies. These included:

- Cardiac Oncology Toxicity Registry in breast cancer patients
- Chagas disease
- Use of Echocardiography in adult hypertension
- Imaging in cardiac sarcoidosis
- Comprehensive review of CMR normal values and recommendations for severity grading

A proposed registry on Endocarditis has been accepted by the EORP, and the end date of the Eurofilling study has been extended to allow more patients to be enrolled. The EACVI's annual congress, EuroEcho-Imaging, was held in Seville, Spain and attracted 3 100 delegates from more than 90 countries. EuroCMR 2015 was a joint meeting with our counterpart, SCMR, and was held in Nice with almost 1 500 delegates. ICNC took place in Madrid in May 2015 and welcomed more than 490 delegates from all over the world.

To promote and expand its young community, the EACVI now has 50 HIT National Ambassadors around the world. Their primary role is to create and develop an active CVI network in their country and to get them involved in the EACVI HIT Community. Two workshops have been scheduled in Turkey and Lithuania welcoming in total more than 150 young fellows from Europe. In 2014, the EACVI began offering training grants for CMR and Nuclear C&CCT trainees as well as Echocardiography trainees. In total, three grants for training and three for research programmes have been awarded this year.

EUROPEAN ASSOCIATION OF PERCUTANEOUS CARDIOVASCULAR INTERVENTIONS (EAPCI)

President: Professor Stephan Windecker, FESC (2014-2016)

Mission: To reduce the burden of cardiovascular disease in Europe through percutaneous cardiovascular interventions.



EAPCI membership grew to over 7 000 during 2015, representing more than 130 countries. The 'Valve for Life' project was launched in France and Poland and shall remain our top priority, and we have engaged the support of stakeholders across Europe to speed-up the adoption of the project. It aims to raise awareness of the inequality of patient access to the lifesaving indication of transcatheter heart valve therapy, demonstrate its clinical and economic value, and develop synergies and collaboration between cardiologists and cardiovascular surgeons.

EAPCI members made a major contribution to the success of EuroPCR, the official EAPCI annual course with 12 000 participants from 110 countries, and also to ESC Congress 2015 in London. EAPCI supported the focus on young interventional cardiologists by holding the second EAPCI Fellows course in June 2015, aiming to prepare the next generation of EAPCI leaders. Support was also provided to the dedicated EAPCI Women Committee which has put significant effort into addressing gender issues in interventional cardiology.

In education, the EAPCI has nominated as official courses the PCR London Valve Course and Resistant Hypertension Course (now named the Practical Course on Hypertension). We have also supported six training and research grants and the interventional cardiology area of the ESCeL platform, leading to a certificate of excellence in training. 48 educational courses, 450 MCQs, and over 150 procedures are now available on the platform. These cover seven EAPCI core curriculum

topics and the submission of four full clinical cases. The EAPCI also made significant contributions to PCR seminars and to the PCR-EAPCI Textbook in interventional cardiology.

We continue to support a number of registries including the Transcatheter Valve Treatment (TCVT) Registry and the Acute Coronary Syndrome (ACS) Registry. The geographic coverage and data collection of the study into reperfusion therapy for ST elevation acute myocardial infarction – part of the Stent for Life initiative – has been expanded. Our monthly journal, EuroIntervention, has achieved an impressive Impact Factor of 3.863. In addition, the EAPCI has published an expert consensus statement on Rotational Atherectomy and prepared a joint report ESC/EAPCI on the evaluation of coronary stents in Europe.

EUROPEAN HEART RHYTHM ASSOCIATION (EHRA)

Presidents: Professor Gerhard Hindricks, FESC (2015 - 2017)

Mission: To improve the quality of life of the European population by reducing the impact of cardiac arrhythmias and reduce sudden cardiac death.



EHRA membership increased to 2 200 during 2015, and we have recently announced a new scheme as of 2016 which introduces three levels of paid membership along with a range of benefits and privileges. Notable achievements during the year included the launch of the EHRA Inventors Award; publication of The EHRA Book of Pacemaker, ICD and CRT Troubleshooting; a greatly increased Impact Factor of 4.021 in 2015 for the EP Europace Journal; built a global network of young EP professionals; and enhanced the EHRA Key Messages Mobile App by adding new documents. In addition, we have launched Spanish and Italian versions of the EHRA website for patients, afibmatters.org, covering atrial fibrillation, on top of English, French, and German versions of the website.

The second joint meeting of EHRA EUROPACE - CARDIOSTIM was a great success and took place in Milan, offering four days of scientific sessions and attracting over 5 700 participants. During the year, 560 members undertook professional training courses in a range of subjects, while 409 members took EHRA examinations including CP and EP specialisms as well as Allied Professionals. 11 webinars were hosted, one jointly with the EACVI, and 16 Training Fellowship Programme candidates received awards including three jointly selected Fellows with the Asian Pacific Heart Rhythm Society (APHRS). The Proctor Programme received applications from both individuals and centres in eastern Europe to undertake training in established centres-of-excellence.

The EHRA gathers data from 278 centres within its Research Network and reports on differing EP practice using the EP Wires surveys. Working with the EORP, members have contributed to a number of significant clinical trial surveys on the Atrial Fibrillation Ablation Registry and the European Lead Extraction Controlled Registry (ELECTRa). It is also jointly leading the Early Comprehensive

Atrial Fibrillation Stroke Prevention Trial (EAST), a European, investigator-initiated study. Our Scientific Initiatives Committee has also overseen the SNAP SHOT surveys on Periprocedural Routines for Atrial Fibrillation Ablation and Electronic Device Implants, and has undertaken the first EHRA European Patient Survey on Education and Compliance of Patients taking Anticoagulants.

The EHRA has also been selected as a member of the MedTech Health Technology Assessment, a multi-centre Health Economics project that will research regional variations in access to devices and the implications of those variations on device management.

It has published the 2015 edition of the EHRA White Book along with its EP Supplement, and prepared a number of scientific papers in the EP Europace Journal, consensus statements, and reports on relevant topics including:

- Updated European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist anticoagulants in patients with non-valvular atrial fibrillation
- Cardiac tachyarrhythmias and patient values and preferences for their management
- Syncope Unit: Rationale and Requirement
- Chronic kidney disease in patients with cardiac rhythm disturbances or IEDs
- Antithrombotic management in patients undergoing electrophysiological procedures
- Arrhythmias in heart failure
- ICD Programming and Defibrillation Testing

HEART FAILURE ASSOCIATION (HFA) OF THE ESC

President: Professor Gerasimos Filippatos, FESC (2014-2016)

Mission: To improve quality of life and longevity, through better prevention, diagnosis, and treatment of heart failure including the establishment of networks for its management, education, and research.



The HFA has adopted a new membership scheme which offers three new levels; Gold, Silver, and Regular. HFA Fellows are unaffected by the change. Currently, we have over 9 000 members with impressive growth coming from the Heart Failure Specialists of Tomorrow (HoT) community which has increased by 500 members.

The Heart Failure Congress 2015 in Seville attracted a record audience of 4 791 and the highest ever number of abstract submissions of 1 588. The annual HFA Summit took place this year in Ljubljana and was attended by the Presidents of National Heart Failure Societies and Working Groups. At this event, the Presidents signed a declaration designed to unanimously adopt the call-for-action in support of the Global Heart Failure Awareness Programme. We also hosted a Patient Management Workshop involving a cardiologist, a nurse, and a GP from 10 different countries. The HFA Winter Research Meeting in Les Diablerets (Switzerland) was attended by 120 participants, and we also took part in international Heart Failure congresses, holding joint sessions in Russia, Egypt, Lithuania, Slovenia, Greece and the Tyrol countries of Austria, Switzerland, and Italy.

Our patient website, heartfailurematters.org, has seen a 50 percent increase in visitor numbers compared to 2014, and now stands at 140 000 visitors/month. Heart Failure Awareness Day in May 2015 was coordinated with 25 participating countries. 21 modules are now available for the accredited Online Heart Failure education programme on the ESCeL platform. The final year of the two-year certified Post Graduate Course in Heart Failure was completed. This programme provides a European Medical Certificate of the ESC and Certificate of Advanced Studies by the University of Zurich. 60 more graduates have been selected for the course in 2016-2017. Two research fellowships have been awarded to nurses, and an HFA scholarship has been provided for the London School of Economics Executive MSc in Health Economics, Outcomes and Management in Cardiovascular Sciences.

Working with the International Consortium for Health Outcomes Measurements (ICHOM), the HFA has helped develop a standard set of Heart Failure outcome measures. The European Journal of Heart Failure attained an Impact Factor of 5.135, and our new open access journal, ESC Heart Failure, published four issues during 2015. A number of important scientific papers were prepared and published following international workshops. Work to support the Heart Failure Long Term Registry and Peripartum Cardiomyopathy Registry, part of the EORP, has continued.

Working Groups



The ESC has 15 Working Groups focused on the remaining sub-specialty areas defined by the Cardiology Core Curriculum that are not addressed by the Associations. Working Groups provide education, share expertise, and facilitate exchange of best practice and ongoing medical development. As the scientific backbone of the ESC, the Working Groups contribute to the ESC's overall mission by taking an active part in ESC Congress, in organising and promoting their own symposia, courses, and meetings in specific areas of expertise.

Total membership of the ESC's 15 Working Groups has risen to 6 500 over the last year. Impressively, 20 percent of these are under 35 years old which is an excellent achievement, given the focus on the next generation of cardiology professionals across the ESC. Ten of the ESC WGs organised their annual meetings, attracting 2 000 international delegates, while many participated in international meetings with joint sessions in Europe, North and South America and Asia. Most ESC Working Groups endorse, organise, and contribute to courses and educational programmes, such as webinars, The Clinical Trials teaching course, the HFA Winter meeting, the Basic Science Summer School and Hands-on Courses.

Collectively, the Working Groups prepared and published 16 scientific papers on a range of topics and there was extensive collaboration with the EORP programme on the Pregnancy and Cardiac disease (ROPAC) registry and the Cardiomyopathy and Myocarditis registry. A re-designed Working Groups brochure, in line with the website, promotes official or endorsed meetings, educational courses, textbooks, position papers, and scientific articles, and other initiatives such as awards, travel grants, certification, studies, and registries. Other highlights included:

- **The Working Group on Cardiovascular Pharmacotherapy** maintained its Clinical Trial Programme and delivered teaching workshops on methodological issues on design, conduct and interpretation of clinical trials
- **The Working Group on Myocardial and Pericardial Diseases** developed a cutting-edge education programme using modern pedagogical approaches to improve diagnosis and treatment of heart muscles and pericardial diseases, promote understanding of the pathophysiology, and disseminate the knowledge throughout Europe
- **The Working Group on Thrombosis** launched an exchange grant. This grant aims to facilitate exchanges between the leaders of centres or laboratories involved in research into thrombosis. The grant enables Young Investigators to perform scientific research in thrombosis at a host institution of another ESC member country or ESC-affiliated country



TREASURER'S REPORT

The activities of the European Society of Cardiology are shared between two legal entities:

- The **European Society of Cardiology**, which deals with the not-for-profit professional association and profit-making activities such as congresses
- The **Maison Européenne du Coeur**, a real estate property company which owns the European Heart House and surrounding land

The figures reported below are the consolidated financial statements including both entities, prepared in accordance with French GAAP (Generally Accepted Accounting Principles), certified by the Statutory Auditors and reviewed by the Audit Committee. The Treasurer report includes a three year period of the Group statement of income and expenditure together with the consolidated balance sheet, business reporting analysis and graphs on the evolution of the revenue, profit and headcount and members funds.

ESC GROUP STATEMENT OF INCOMES AND EXPENDITURES

31 March 2016 - Euros

| | 31/03/2014 | 31/03/2015 | 31/03/2016 |
|--|------------------|------------------|------------------|
| Turn over | 53 823 677 | 50 700 790 | 45 907 604 |
| Other operating income | 5 755 776 | 7 034 069 | 6 805 392 |
| Consumables | -17 517 | -16 548 | -51 567 |
| Compensations and wages | -10 570 846 | -11 371 606 | -12 405 528 |
| Others charges | -44 337 131 | -43 820 945 | -36 573 791 |
| Fiscal Charges | -704 850 | -770 714 | -708 692 |
| Depreciation and provisions | -314 214 | -135 757 | -918 155 |
| OPERATING PROFIT | 3 634 896 | 1 619 288 | 2 055 264 |
| Financial Result | 807 381 | 937 259 | 756 898 |
| RESULT BEFORE TAX | 4 442 277 | 2 556 547 | 2 812 162 |
| Extraordinary items | -35 029 | -8 636 | 1 680 |
| Corporate taxes | -1 474 874 | -813 508 | -903 172 |
| RESULT AFTER TAX | 2 932 374 | 1 734 403 | 1 910 670 |
| Notes : | K Euros | K Euros | K Euros |
| Operating income and expenses include sales and purchases of hotel rooms for | 12 497 | 12 125 | 0 |

ESC GROUP BALANCE SHEET CONSOLIDATED

31 March 2016 - Euros

| ASSETS | 31/03/14 | 31/03/15 | 31/03/16 |
|--|-------------------|-------------------|-------------------|
| Intangible assets | 284 753 | 249 456 | 266 038 |
| Tangible assets | 4 622 848 | 4 524 075 | 4 349 534 |
| Financial Assets | 51 116 | 51 176 | 50 515 |
| TOTAL FIXED ASSETS AND INVESTMENTS | 4 958 716 | 4 824 706 | 4 666 087 |
| Deferred taxation | 159 818 | 40 261 | 113 380 |
| Inventories and WIP | 955 344 | 1 270 443 | 1 647 175 |
| Accounts receivable / Suppliers downpayments | 19 288 067 | 14 139 756 | 18 525 047 |
| Fiscal and social debtors | 2 169 562 | 3 385 133 | 1 318 391 |
| Other current assets | 4 545 671 | 5 175 087 | 6 787 696 |
| Cash and cash equivalents | 43 708 484 | 40 426 308 | 50 656 383 |
| TOTAL CURRENT ASSETS | 70 826 945 | 64 436 988 | 79 048 074 |
| TOTAL ASSETS | 75 785 661 | 69 261 694 | 83 714 161 |
| LIABILITIES | 31/03/14 | 31/03/15 | 31/03/16 |
| Non refundable funds | 4 849 260 | 4 849 260 | 4 849 260 |
| Investments reserves | 30 386 476 | 33 318 851 | 35 053 255 |
| Surplus for the year | 2 932 374 | 1 734 403 | 1 910 670 |
| TOTAL NET ASSETS | 38 168 110 | 39 902 515 | 41 813 185 |
| Deferred taxation | 47 559 | 67 751 | 46 791 |
| Provisions for liabilities and charges | 462 291 | 251 772 | 338 569 |
| Financial long term debt | 0 | 0 | 0 |
| Accounts payable | 4 657 748 | 4 286 344 | 4 564 541 |
| Fiscal and social creditors | 5 167 525 | 3 117 080 | 5 072 605 |
| Other Creditors | 27 282 429 | 21 636 233 | 31 878 469 |
| TOTAL LIABILITIES | 37 617 551 | 29 359 179 | 41 900 976 |
| TOTAL LIABILITIES AND NET ASSETS | 75 785 661 | 69 261 694 | 83 714 161 |
| WORKING CAPITAL | 33 209 394 | 35 077 808 | 37 147 098 |
| WORKING CAPITAL REQUIREMENTS | 10 499 090 | 5 348 499 | 13 509 285 |
| CASH AND CASH EQUIVALENTS | 43 708 484 | 40 426 308 | 50 656 382 |

COMMENTARIES ON ESC GROUP CONSOLIDATED ACCOUNTS:

Despite a difficult economic and regulatory environment, the results reported by the European Society of Cardiology group for the fiscal year 2015-2016 show a profit before tax of €2.8 million, which compares favourably to the budget of €-2.8 million. Net profit after tax is €1.9 million. Total ESC group revenue (excluding hotel room sales) was €52.7 million. This is higher than the last comparable year with Europace congress (FY2013-2014) €47 million.

Operating profit:

As mentioned in the ESC business reporting a €2 million operating profit has been generated this year and can be explained by referring to the various activities of the ESC:

- Scientific documents and Educational activities – The ESC has continued its investments in the development of Clinical Guidelines.
 - During the year, €758k were spent on related activities and five new Guidelines were approved and released
 - Education in Cardiology: the department is now focused on providing evidence-based education, deploying needs assessments and producing distance learning courses, webinars, as well as live events.

The ESC has continued its investment in the development of its online educational platform and produced new multiple choice questions (MCQs) and general cardiology webinars. In addition, the ESC and the sub-specialities have continued to invest in the development of educational materials. Five ETPs have been organised.

The ESC has continued, in cooperation with European Universities, the implementation of post-graduate courses.

- **EORP (Registries)** – The multi-registries and multi-sponsors programme (EORP) started in October 2009 and has continued its implementation. Fifteen registries (including the EUROASPIRE registry) are currently on-going and will provide to the scientific community a huge quantity of information. Based on the signed sponsoring agreements and the current discussions with potential sponsors, and also taking into account an extension of the programme's scope, the project is considered as being break-even, with potential funding covering the programme for the next three years. Revenue and costs have been assessed at €1 234k during the current fiscal year for the EORP main programme and €340k for the prevention (EUROASPIRE) programme. The overall registry programme benefits from significant financial support, due to its high scientific importance.
- **Journals and publishing activities** – Journals (including Associations) and publishing activities have generated a total contribution of €3 688k and have increased their international coverage. This year the EHJ remains the major contributor with a €2 058k contribution. EHJ achieved an impact factor with a score of 15.064 (compared to 15.203 in 2014 and 14.723 in 2013). Regarding book publishing, sales of pocket Guidelines generated revenue of €407k compared to €397k in the previous fiscal year.

- **Congresses** – Eight congresses were organised in 2015: the ESC Congress, Heart Failure, EuroEcho-Imaging, Acute Cardiovascular Care, EuroHeartCare, EuroPrevent, EHRA EUROPACE-CARDIOSTIM and ICNCI2. The London ESC Congress was a huge scientific and financial success with 11 306 abstracts submitted (acceptance rate 40%), 32 758 participants and 144 countries represented.
- **Advocacy and Representation** – There are now 4 310 Fellows and Nurse Fellows within the ESC. 21 companies are part of the Cardiovascular Round Table.

The representation office opened in Brussels in February 2013 facilitates the development of the ESC role as a policy making organization with three development axis:

- EU affairs
- Innovation : Health policies, novel technologies, personalized medicine
- Post graduate education including master degrees and courses in cooperation with European universities and hospitals

A global affairs department has been created to support activities with non ESC member countries.

- **Board and committees** – Board and committee expenses at €-2 143k
A travel policy for volunteers' travels has been implemented together with the cost containment principles in order to adapt the association with its more and more challenging environment.
- **Associations** – The six Associations and the Working groups have continued the huge development of their activities and projects, participating to the improvement of the overall ESC position. They have generated a €2 691k contribution during 2015/16. Direct support to the Associations and Working groups has been funded by ESC Central for €870k. This amount does not include any allocation of support functions (Human Resources, Finance, IT...).
- **Financial investments** – The Board has maintained the ESC financial investment policy that is characterised by a prudent, capital conservation profile. Cash reserves are mainly invested in corporate bonds, a €-denomination fund with protected contract, short term deposits, and saving accounts in major banks.

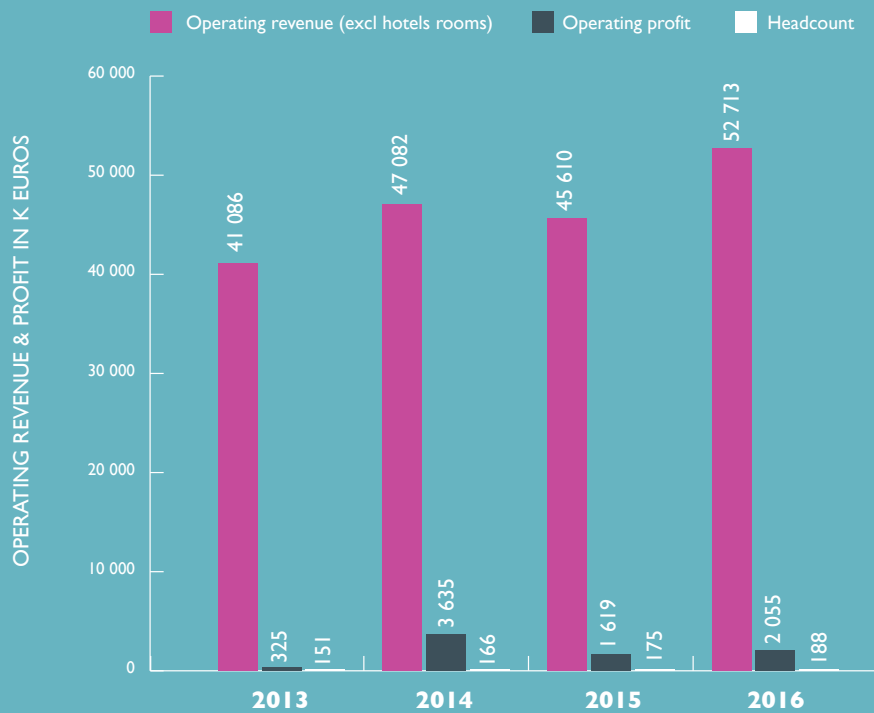
ESC Audit Committee

The Audit Committee reviews compliance with policies and procedures related to the conduct of the financial and business affairs of the ESC, including review of the appropriateness of financial expenditures and risks. It shall also ensure that an appropriate Declaration of Interest and an Ethical Conduct policy are implemented by the Board. It shall oversee the procedures for determining compliance therewith.

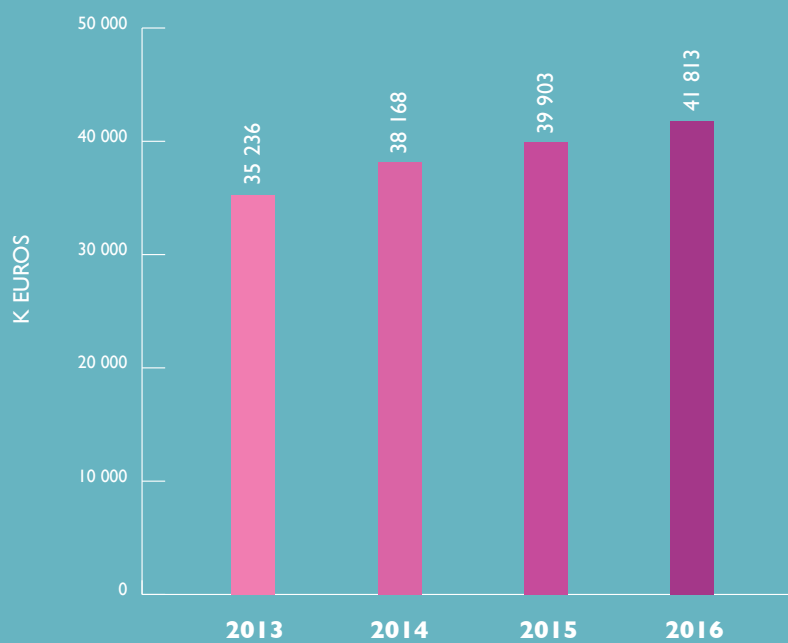
The Audit Committee consists of five members and the process for appointing them is defined in the ESC Statutes; three of them are external member (not from the medical profession). Members of the Audit Committee cannot be ESC Board members, although the ESC Secretary/Treasurer is invited to attend Audit Committee meetings as an observer.

The Audit Committee reports annually to the ESC General Assembly and as such is an independent body from the Board and validates checks and balances in the governance of the ESC.

GROWTH IN GROUP ANNUAL REVENUE, PROFIT & HEADCOUNT



GROWTH IN MEMBERS FUNDS



Based on European Medicines Agency guidelines, the overall proportion of industry and non-industry income is detailed below, taking into account the highest contribution from a single company represents 6.38% of the overall income.

| INDUSTRY RELATED INCOME | | |
|---|--------------------------|------------------------------------|
| Name of company/ funder | Amount of income - Euros | % of overall organisation's income |
| Congresses | 27 004 515 | 51,2% |
| Others seminars | 3 492 920 | 6,6% |
| Studies and registers | 1 622 687 | 3,1% |
| Publications | 1 073 928 | 2,0% |
| Journal royalties | 4 124 822 | 7,8% |
| Miscellaneous: sponsoring for CRT, sub-specialties fellowship training... | 4 076 915 | 7,7% |
| Donations | 80 493 | 0,2% |
| SUBTOTAL: | 41 476 280 | 78,7% |

| NON-INDUSTRY RELATED INCOME | | |
|-----------------------------|--------------------------|------------------------------------|
| Name of company/ funder | Amount of income - Euros | % of overall organisation's income |
| Congresses | 8 286 919 | 15,7% |
| Membership fees | 2 317 366 | 4,4% |
| Others seminars | 21 064 | 0,0% |
| Publications | 160 748 | 0,3% |
| Others | 450 619 | 0,9% |
| SUBTOTAL: | 11 236 716 | 21,3% |
| TOTAL: | 52 712 996 | 100% |

ESC FINANCIAL RESULTS

By division (ESC reporting) - Euros

| Description | FY 2015-2016 ACTUAL | FY 2016-2017 BUDGET |
|---|------------------------|------------------------|
| INCOME : | | |
| CONGRESS & MEETINGS | 35 233 611 | 28 465 239 |
| EDUCATION IN CARDIOLOGY | 617 037 | 582 520 |
| EUROOBSERVATIONAL RESEARCH PROG | 1 622 687 | 2 590 992 |
| RESEARCH | 0 | 417 318 |
| CLINICAL PRACTICE GUIDELINES | 62 500 | 83 667 |
| JOURNALS & PUBLICATIONS | 5 037 420 | 5 166 752 |
| ADVOCACY : CRT & EU AFFAIRS | 947 320 | 865 841 |
| ADVOCACY : INTERNATIONAL AFFAIRS | 716 518 | 571 340 |
| ADVOCACY : NCS & FESC | 1 903 120 | 219 596 |
| ESC INDIVIDUAL MEMBERSHIP | 0 | 2 146 004 |
| EUROPEAN HEART AGENCY GENERAL & COUNCIL | 0 | 0 |
| EUROPEAN HEART ACADEMY | 86 450 | 287 622 |
| EUROPEAN HEART HEALTH INSTITUTE | -655 | 0 |
| EUROPEAN AFFAIRS IN BELGIUM | 0 | 111 771 |
| MARKETING | 1 000 | 0 |
| COMMUNICATION | 24 967 | 18 000 |
| OFFICES IN BELGIUM | 0 | 0 |
| EGH & MAINTENANCE | 0 | 0 |
| INDUSTRY RELATIONS | 0 | 0 |
| PRESS | 0 | 0 |
| WEB | 0 | 0 |
| MGT / FINANCE / HR | 7 319 | 0 |
| TECHNOLOGY & BUSINESS SERVICES | 0 | 0 |
| BOARD & COMMITTEES | 768 393 | 0 |
| BOARD | 0 | 2 000 |
| COMMITTEES | 0 | 0 |
| COUNCILS | 100 364 | 185 325 |
| WG & COUNCILS MGT | 0 | 0 |
| ASSOCIATIONS MGT | 0 | 0 |
| STENT FOR LIFE | 135 000 | 140 000 |
| Total ESC CENTRAL | 47 263 053 | 41 853 986 |
| EACVI | 615 462 | 886 185 |
| EHRA | 2 332 364 | 3 338 251 |
| HFA | 678 862 | 1 032 336 |
| EACPR | 356 967 | 1 015 428 |
| ACCA | 124 897 | 230 780 |
| EAPCI | 877 471 | 1 038 400 |
| WORKING GROUPS | 178 628 | 538 265 |
| Total ASSOCIATIONS | 5 164 652 | 8 079 645 |
| OPERATING INCOME | 52 427 704 | 49 933 631 |

ESC FINANCIAL RESULTS

By division (ESC reporting) - Euros

| Description | FY 2015-2016 ACTUAL | FY 2016-2017 BUDGET |
|---|------------------------|------------------------|
| EXPENSE : | | |
| CONGRESS & MEETINGS | -23 648 346 | -19 743 699 |
| EDUCATION IN CARDIOLOGY | -1 509 098 | -1 527 828 |
| EUROBIOGRAPHICAL RESEARCH PROG | -1 638 618 | -2 594 992 |
| RESEARCH | 0 | -714 409 |
| CLINICAL PRACTICE GUIDELINES | -820 165 | -983 667 |
| JOURNALS & PUBLICATIONS | -2 626 544 | -3 380 087 |
| ADVOCACY : CRT & EU AFFAIRS | -719 094 | -987 536 |
| ADVOCACY : INTERNATIONAL AFFAIRS | -813 405 | -844 619 |
| ADVOCACY : NCS & FESC | -1 072 894 | -297 257 |
| ESC INDIVIDUAL MEMBERSHIP | -52 184 | -1 364 258 |
| EUROPEAN HEART AGENCY GENERAL & COUNCIL | -70 195 | -60 962 |
| EUROPEAN HEART ACADEMY | -697 000 | -563 331 |
| EUROPEAN HEART HEALTH INSTITUTE | -227 846 | -350 760 |
| EUROPEAN AFFAIRS IN BELGIUM | 0 | -234 959 |
| MARKETING | -674 440 | -695 728 |
| COMMUNICATION | -1 573 378 | -1 363 478 |
| OFFICES IN BELGIUM | -326 108 | -294 547 |
| EGH & MAINTENANCE | -885 317 | -903 218 |
| INDUSTRY RELATIONS | -716 579 | -889 730 |
| PRESS | -271 994 | -358 122 |
| WEB | 0 | -267 323 |
| MGT / FINANCE / HR | -3 277 210 | -2 951 293 |
| TECHNOLOGY & BUSINESS SERVICES | -2 300 022 | -2 125 595 |
| BOARD & COMMITTEES | -2 602 615 | 0 |
| BOARD | 0 | -1 352 374 |
| COMMITTEES | 0 | -45 000 |
| COUNCILS | -214 200 | -647 291 |
| WG & COUNCILS MGT | -245 405 | 0 |
| ASSOCIATIONS MGT | -624 417 | -609 201 |
| STENT FOR LIFE | -292 123 | -140 000 |
| Total ESC CENTRAL | -47 899 195 | -46 291 262 |
| EACVI | -510 500 | -700 340 |
| EHRA | -843 103 | -2 650 573 |
| HFA | 28 968 | -675 515 |
| EACPR | -73 501 | -775 081 |
| ACCA | -244 537 | -220 102 |
| EAPCI | -669 445 | -804 400 |
| WORKING GROUPS | -161 128 | -562 182 |
| Total ASSOCIATIONS | -2 473 245 | -6 388 193 |
| OPERATING EXPENSE | -50 372 440 | -52 679 456 |

ESC FINANCIAL RESULTS

By division (ESC reporting) - Euros

| Description | FY 2015-2016 ACTUAL | FY 2016-2017 BUDGET |
|---|------------------------|------------------------|
| RESULT : | | |
| CONGRESS & MEETINGS | 11 585 265 | 8 721 540 |
| EDUCATION IN CARDIOLOGY | -892 061 | -945 308 |
| EUROOBSERVATIONAL RESEARCH PROG | -15 931 | -4 000 |
| RESEARCH | 0 | -297 091 |
| CLINICAL PRACTICE GUIDELINES | -757 665 | -900 000 |
| JOURNALS & PUBLICATIONS | 2 410 876 | 1 786 665 |
| ADVOCACY : CRT & EU AFFAIRS | 228 227 | -121 695 |
| ADVOCACY : INTERNATIONAL AFFAIRS | -96 886 | -273 279 |
| ADVOCACY : NCS & FESC | 830 227 | -77 661 |
| ESC INDIVIDUAL MEMBERSHIP | -52 184 | 781 746 |
| EUROPEAN HEART AGENCY GENERAL & COUNCIL | -70 195 | -60 962 |
| EUROPEAN HEART ACADEMY | -610 550 | -275 709 |
| EUROPEAN HEART HEALTH INSTITUTE | -228 501 | -350 760 |
| EUROPEAN AFFAIRS IN BELGIUM | 0 | -123 188 |
| MARKETING | -673 440 | -695 728 |
| COMMUNICATION | -1 548 411 | -1 345 478 |
| OFFICES IN BELGIUM | -326 108 | -294 547 |
| EHH & MAINTENANCE | -885 317 | -903 218 |
| INDUSTRY RELATIONS | -716 579 | -889 730 |
| PRESS | -271 994 | -358 122 |
| WEB | 0 | -267 323 |
| MGT / FINANCE / HR | -3 269 891 | -3 180 911 |
| TECHNOLOGY & BUSINESS SERVICES | -2 300 022 | -2 125 595 |
| BOARD & COMMITTEES | -1 834 222 | 0 |
| BOARD | 0 | -1 350 374 |
| COMMITTEES | 0 | -45 000 |
| COUNCILS | -113 836 | -461 966 |
| WG & COUNCILS MGT | -245 405 | 0 |
| ASSOCIATIONS MGT | -624 417 | -609 201 |
| STENT FOR LIFE | -157 123 | 0 |
| Total ESC CENTRAL | -636 143 | -4 666 895 |
| EACVI | 104 963 | 185 845 |
| EHRA | 1 489 261 | 687 678 |
| HFA | 707 830 | 356 821 |
| EACPR | 283 466 | 240 347 |
| ACCA | -119 640 | 10 678 |
| EACPI | 208 026 | 234 000 |
| WORKING GROUPS | 17 500 | -23 917 |
| Total ASSOCIATIONS | 2 691 406 | 1 691 452 |
| OPERATING RESULT | 2 055 264 | -2 975 443 |
| FINANCIAL INCOME | 1 343 553 | 530 000 |
| FINANCIAL EXPENSES | -586 655 | -30 000 |
| FINANCIAL RESULT | 756 898 | 500 000 |
| RESULT before Tax | 2 812 162 | -2 475 443 |
| EXTRAORDINARY ITEMS | 1 681 | |
| CORPORATE TAX | -903 172 | 0 |
| RESULT after Tax | 1 910 670 | -2 475 443 |

EUROPEAN SOCIETY OF CARDIOLOGY E.S.C.

Year ended 31 March 2016

Statutory auditors' report on the consolidated financial statements

To the Members,

In compliance with the assignment entrusted to us by your annual general meeting, we hereby report to you, for the year ended March 31, 2016, on:

- the audit of the accompanying consolidated financial statements of S.E.C.;
- the justification of our assessments;
- the specific verification required by law.

These consolidated financial statements have been approved by the board of directors. Our role is to express an opinion on these consolidated financial statements based on our audit.

I. Opinion on the consolidated financial statements

We conducted our audit in accordance with professional standards applicable in France; those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit involves performing procedures, using sampling techniques or other methods of selection, to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made, as well as the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, the consolidated financial statements give a true and fair view of the assets and liabilities and of the financial position of the group as at March 31, 2016 and of the results of its operations for the year then ended in accordance with French accounting principles.

II. Justification of our assessments

In accordance with the requirements of article L. 823-9

of the French commercial code (Code de commerce) relating to the justification of our assessments, we bring to your attention the following matters:

Accounting principles

Note to the financial statements "Notes on the operating account / Explanations on the accounting of certain revenues", paragraph VI.B.2, sets out the accounting standards and methods used with regard to long-term contracts. In the context of our assessment of the accounting standards and methods applied by your association, we have checked the appropriateness of the accounting methods described above and of the information given in this note to the financial statements and we made sure of their correct implementation.

Accounting estimates

Your association sets aside provisions to cover contingencies as described in note to the financial statements "Notes concerning liabilities / Provisions", paragraph V. In the context of our assessment of these estimates, we have verified the reasonableness of the assumptions adopted and the resulting evaluations. These assessments were made as part of our audit of the consolidated financial statements taken as a whole, and therefore contributed to the opinion we formed which is expressed in the first part of this report.

III. Specific verification

As required by law we have also verified, in accordance with professional standards applicable in France, the information presented in the group's management report.

We have no matters to report as to its fair presentation and its consistency with the consolidated financial statements.

Nice, July 8, 2016

The statutory auditors
ERNST & YOUNG audit
French original signed by
Camille de Guillebon

This is a free translation into English of the statutory auditors' report on the consolidated financial statements issued in French and it is provided solely for the convenience of English-speaking users.

The statutory auditors' report includes information specifically required by French law in such reports, whether modified or not. This information is presented below the audit opinion on the consolidated financial statements and includes an explanatory paragraph discussing the auditors' assessments of certain significant accounting and auditing matters. These assessments were considered for the purpose of issuing an audit opinion on the consolidated financial statements taken as a whole and not to provide separate assurance on individual account balances, transactions or disclosures.

This report also includes information relating to the specific verification of information given in the group's management report.

This report should be read in conjunction with and construed in accordance with French law and professional auditing standards applicable in France.



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