

- # ESC

A society fit for the future

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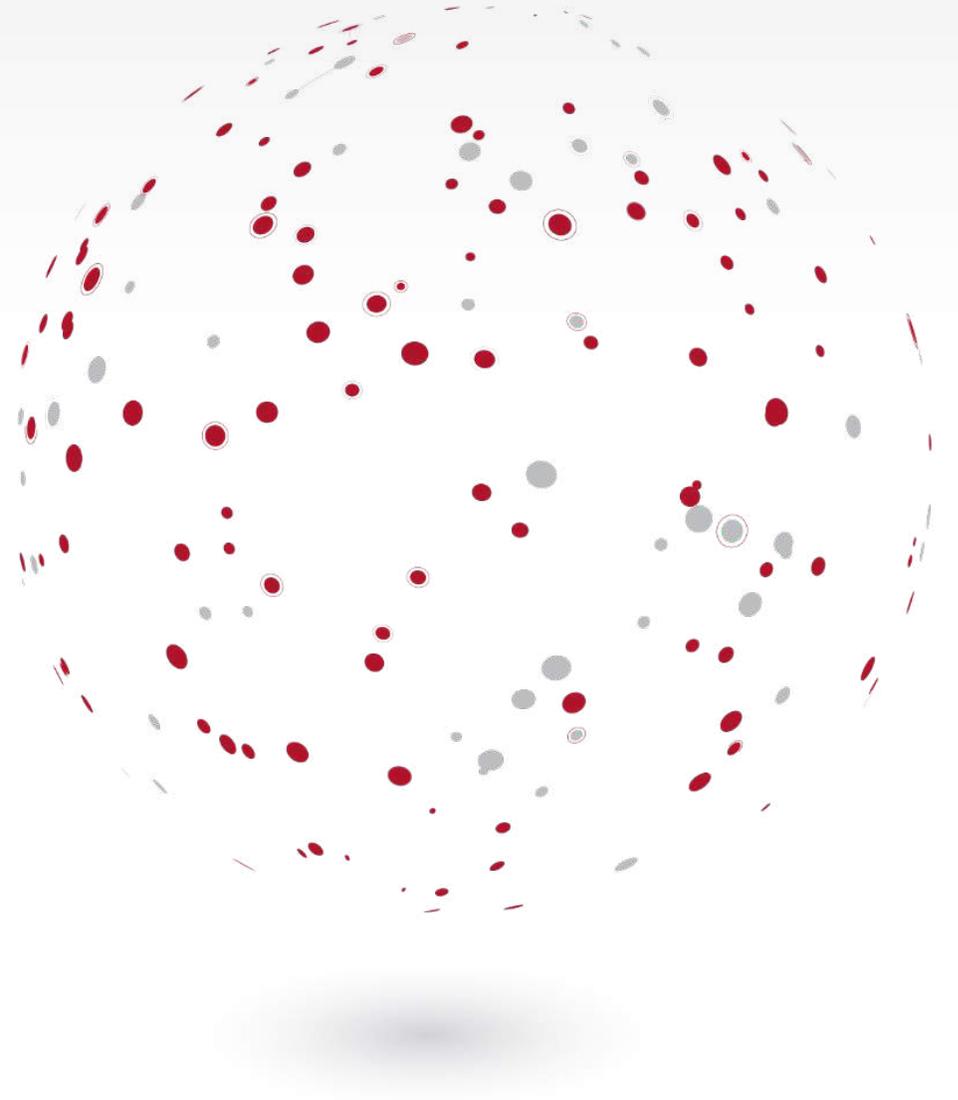
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ESC

European Society
of Cardiology



What is the ESC?

A volunteer led, not-for-profit medical society

- Unbiased training and education
- Evidence-based cardiology
- Dissemination of knowledge
- *Research & quality of care*
- *Communication*
- *Influence on health policy*
- *Advocate for and with patients and professionals*



A Global Cardiovascular Society

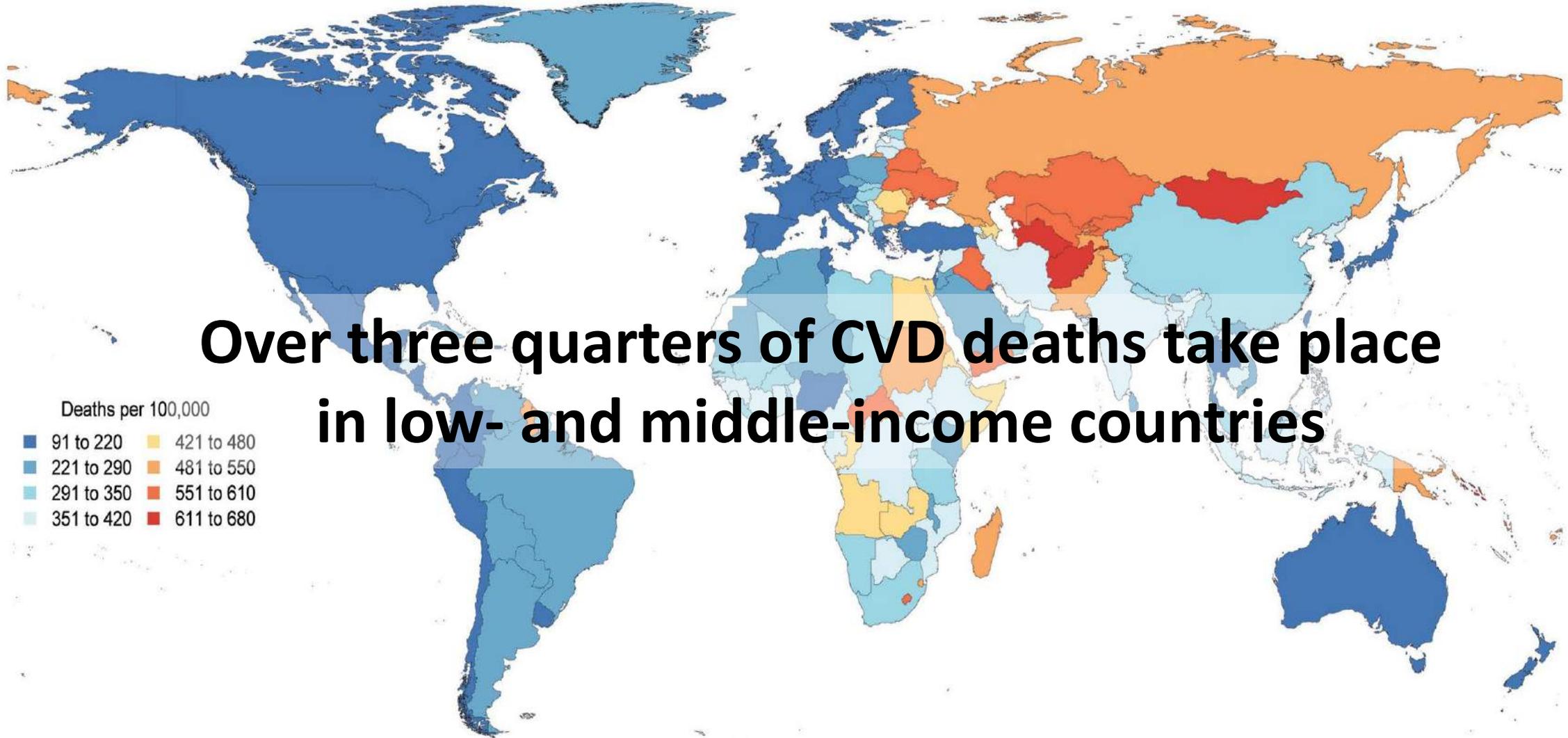
- **57 Member National Cardiac Societies**
from within Europe and the Mediterranean basin
- **47 Affiliated Cardiac Societies**
non-European cardiac societies and organisations



The ESC is a European Society

Why Change?

Our Mission is to Reduce the Burden of Cardiovascular Disease



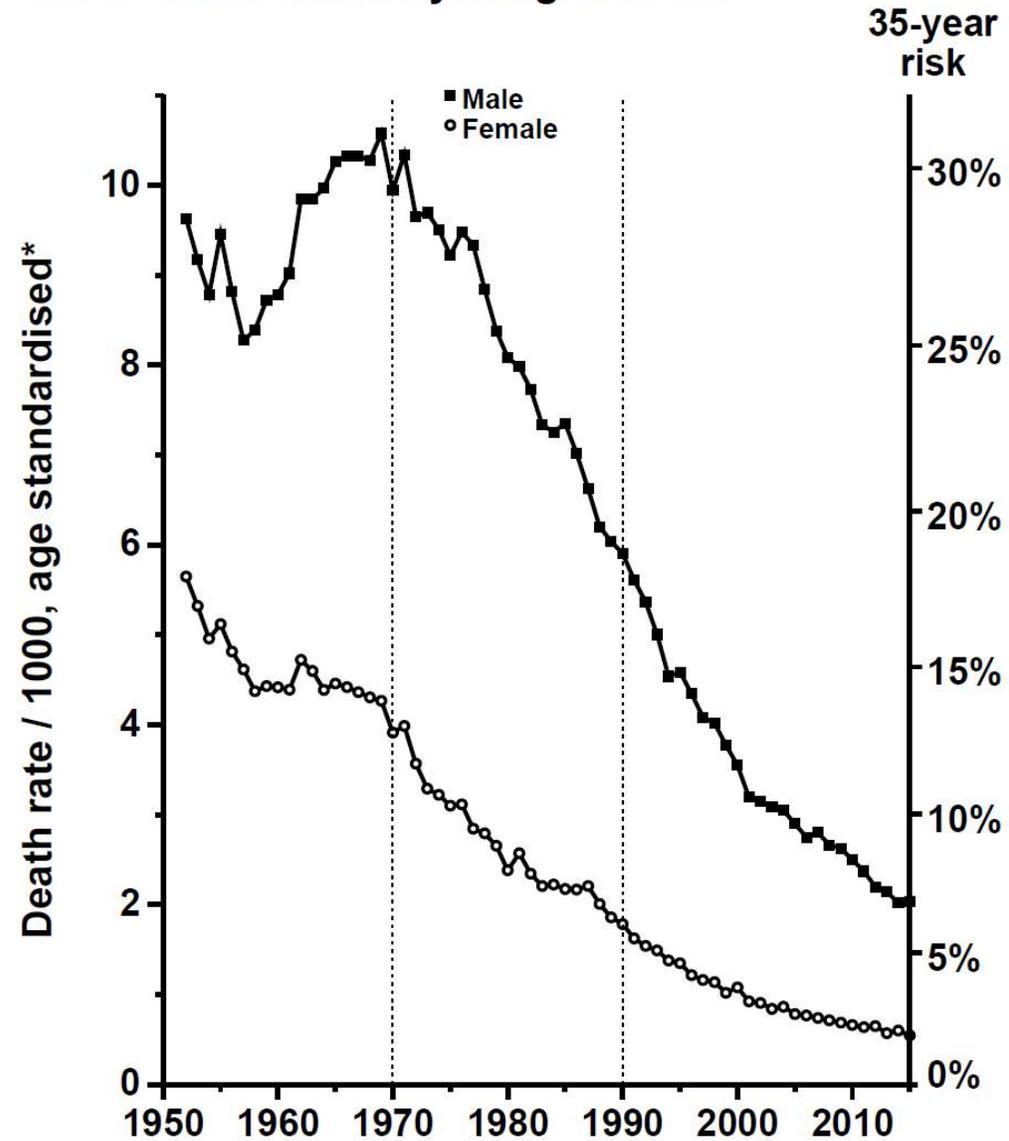
Over three quarters of CVD deaths take place in low- and middle-income countries

Age-standardized death rate of CVD

Roth et al. JACC 2017

FINLAND 1952–2015: Males & Females

All vascular mortality at ages 35–69

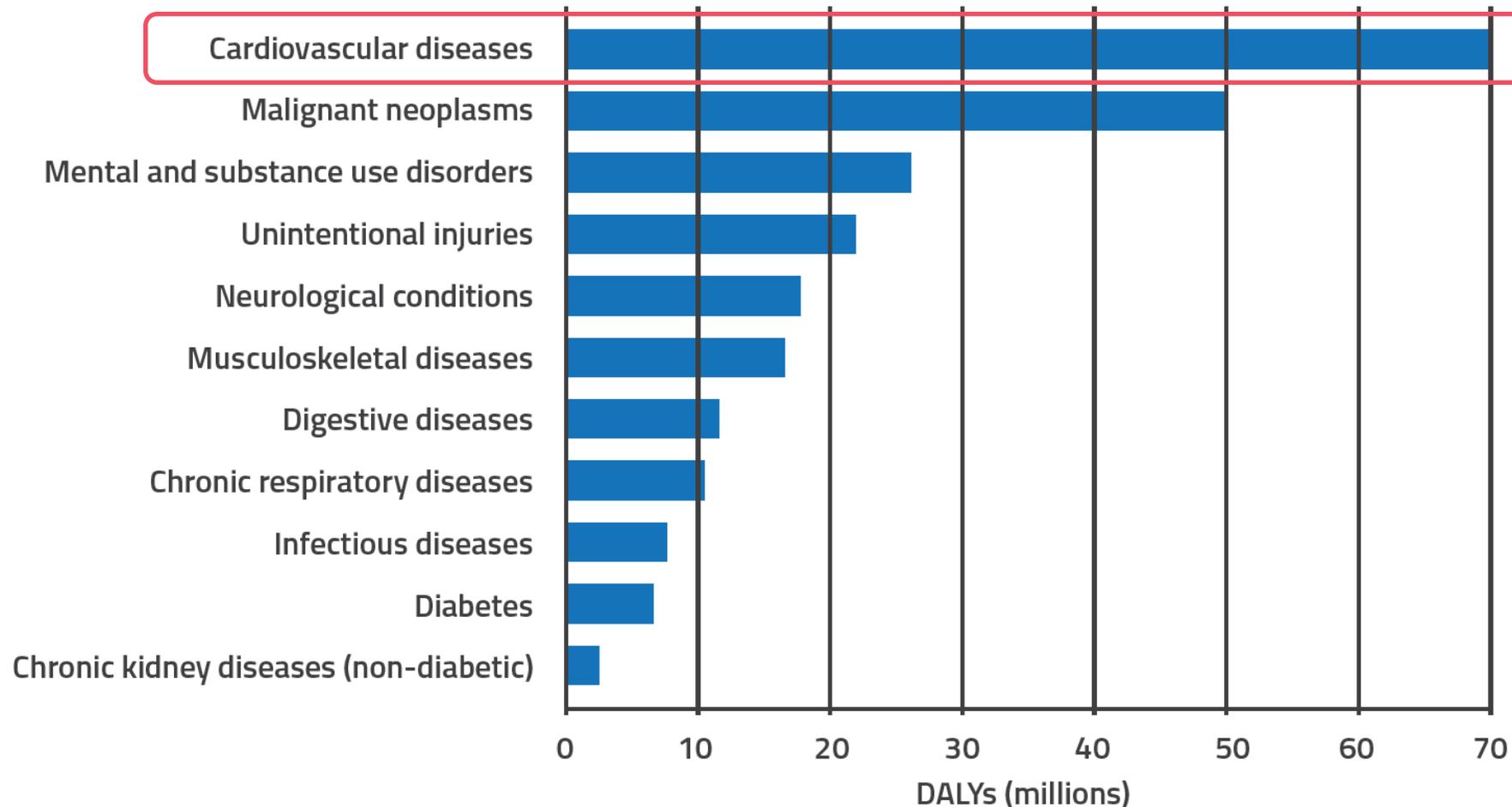


*Mean of annual rates in the seven component 5-year age groups

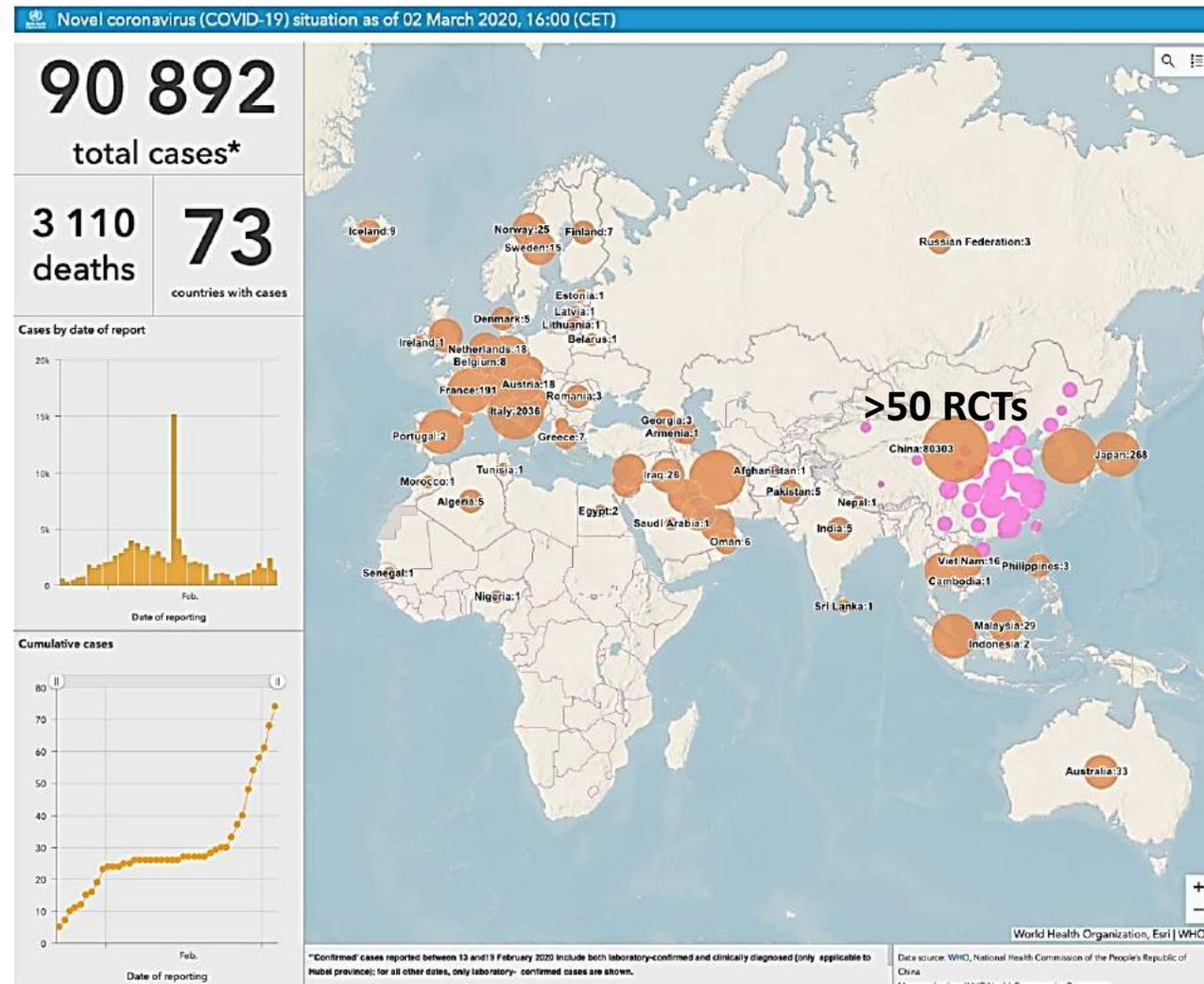
Source: WHO mortality & UN population estimates

We are one of the most
successful medical community
Why Change?

70M Lost Years of Healthy Life to CVD in Europe (2016)



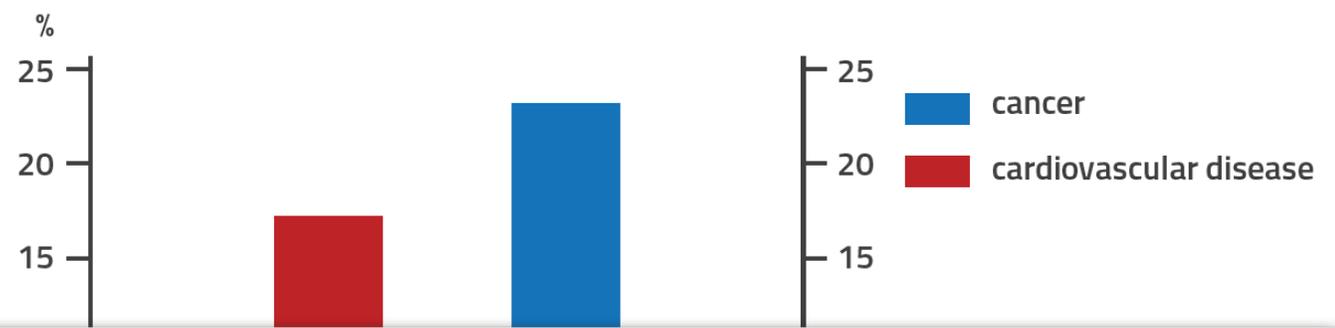
We happily accept risks where we have the illusion of control (e.g., driving cars) whereas we fear risks of vastly lower probability because we have the perception we can't control them or we don't know them as well.



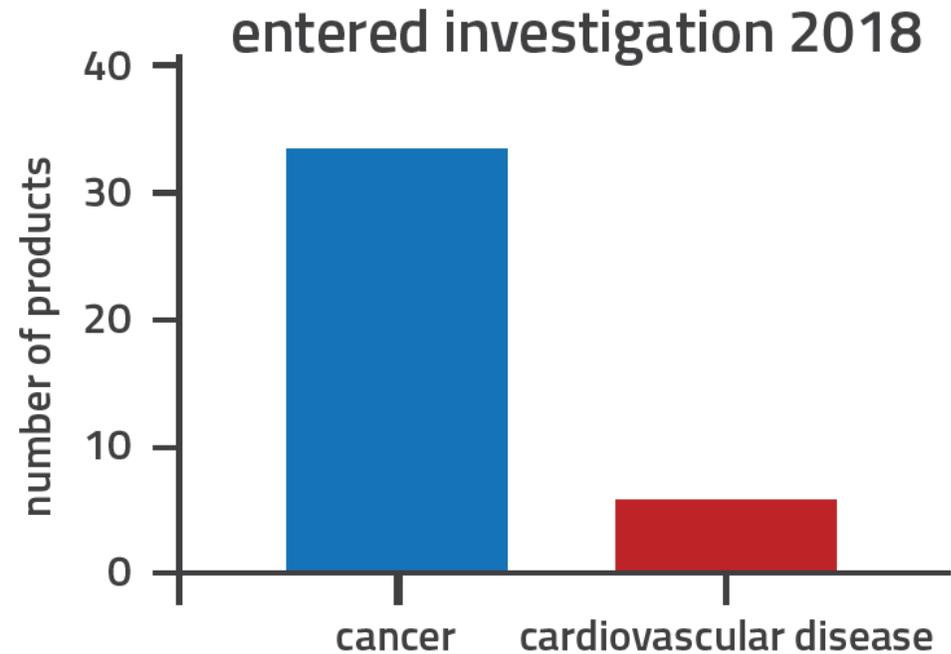
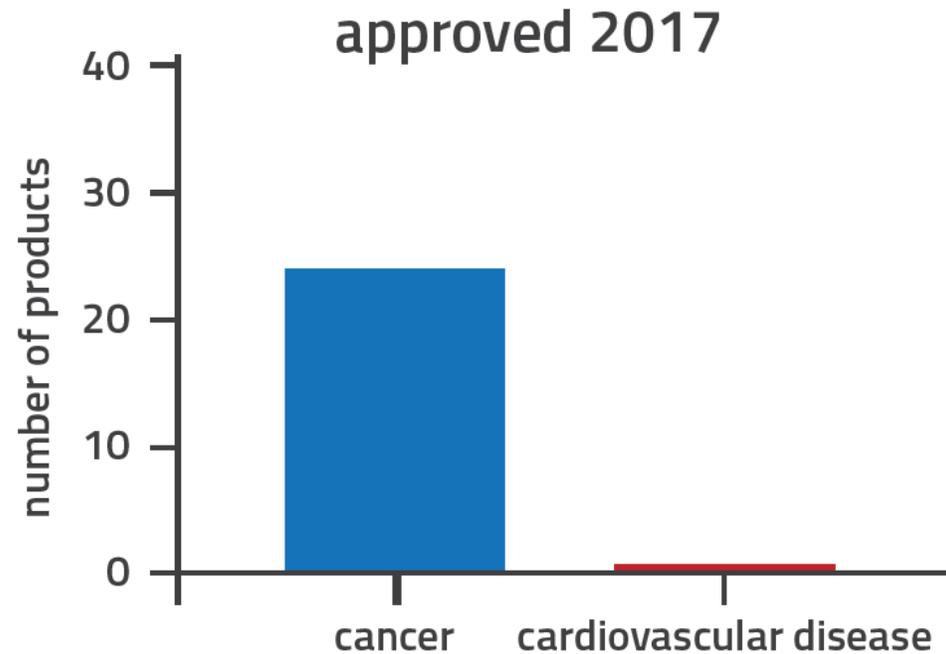
CVD Key facts

- An estimated **17.9 million people** died from CVDs in 2016, representing **31%** of all global deaths. Of these deaths, 85% are due to heart attack and stroke.
- Out of the 17 million **premature deaths (under the age of 70)** due to noncommunicable diseases in 2015, **37% (6.3 million)** are caused by CVDs.
- CVDs are the number 1 cause of death globally: **more people die annually from CVDs than from any other cause.**

**We think we know a lot about CVD
...so complacency settles in**



“Trials are too expensive, expected benefits are of moderate size and payers are reluctant to fund new CV drugs because so many people will be eligible to have them”



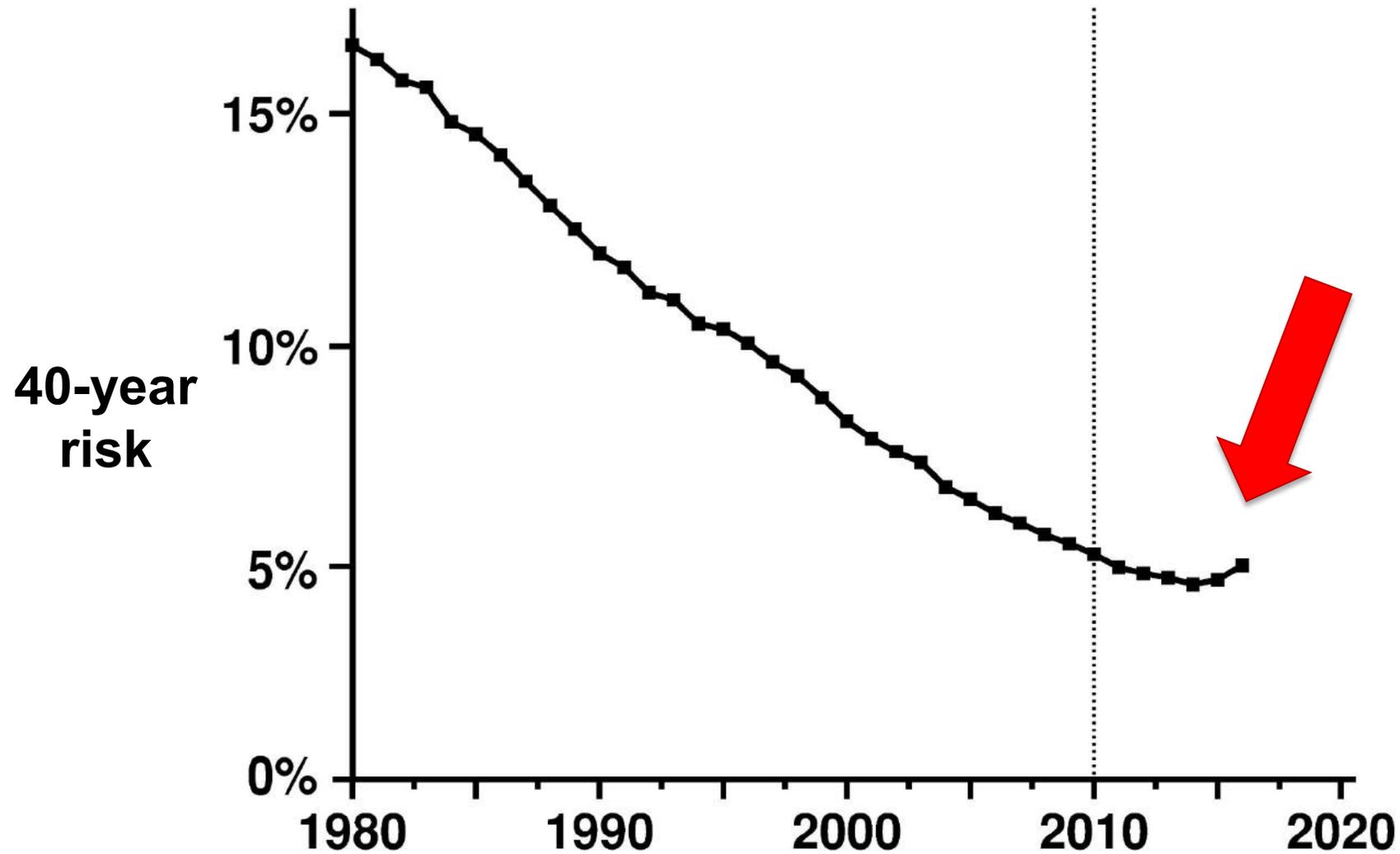
High cost of trials is driving industry focus towards costly treatments for rare disease

(and away from treatments for the major causes of morbidity & mortality, i.e. CVD)

Top-10 drugs in the United States	2000
Revenue (\$ billion)	34
Potential patients (million)	413

19-fold increase in cost per patient

EU15 (European Union – 15 countries) 1980-2016: All vascular mortality at ages 30-69



Source: WHO mortality &
UN population estimates

The ESC CV Patients Forum: Nothing About Me Without Me



We have the knowledge and are
capable of deciding on behalf of
our patients
Why Change?

Why does the ESC have a Patient Forum?

- Because having cardiologists lobbying for more funding for cardiology is not very compelling (re: advocacy);
- Because we may not always hit the right note (re: communication);
- Because we need help to spread the message (re: prevention, early diagnosis);
- Because most patients now live with CVD – when interventions are aimed at symptoms and QoL rather than death, the preference of the patients needs to inform treatment (re: guidelines);
- **Because this is a good way to enact our values and fulfil our mission to reduce the burden of CVD.**

World's largest community of cardiovascular professionals

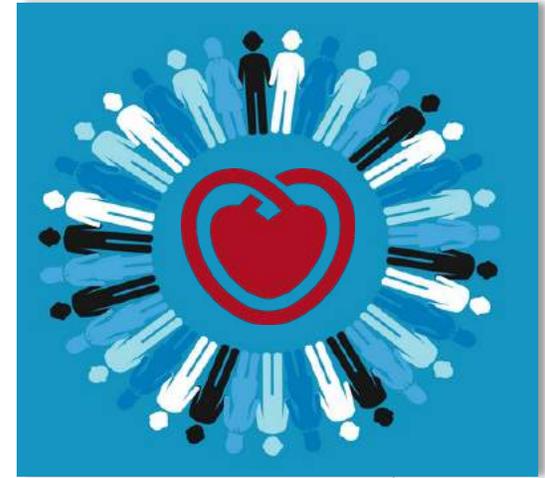


102,953 members

The ESC Individual Membership

Why Change?

Why a membership for individual cardiovascular professionals?



- **A means to offer compelling scientific and educational content that meets the needs of cardiology community**
→ *From trainee to FESC pathway.*
- **A way to grow the ESC Community.**
- **A way to support the ESC – *The ESC will be owned by its Members (currently 69.8% of ESC total income is from its congresses).***

Summary

- **Stability is no longer the norm.**
- As leaders of our community, **we should lead change** rather than resist it or just try to manage it.
- If we ignore the powerful societal forces that drive change, **someone else's ideas, ethos and priorities will be imposed on us.**
- **Timing and a sense of urgency** are critically important.

The first part of today's programme

- We know about RCTs – ***Why do we need to change them?***
- We already have EORP – ***Why do we need EuroHeart?***
- We already have the ESC Atlas – ***Why do we need the Burden of CV Disease Project?***

A yellow diamond-shaped sign with a black border and two silver fasteners at the top and bottom. The sign is set against a blurred background of a desert landscape with mountains and a winding road. The text on the sign is in a bold, black, sans-serif font, arranged in four lines.

**OLD WAYS
WON'T OPEN
NEW
DOORS**