

President  
and Chief  
Executives'  
Report  
to Members



# The European Society of Cardiology

The European Society of Cardiology celebrated its 50th anniversary in the year 2000. At that occasion, in addition to the festivities, the Board reviewed the programmes and structure of the Society. A strategic plan was developed, with a series of objectives presented in the Annual Report 2000. One year later, we are pleased to report that significant progress has been made towards most of these objectives.

## Mission Statement European Society of Cardiology:

to improve the quality of life  
in the European population  
by reducing the impact  
of cardiovascular disease

### Science, research and development

The understanding of the physiology and pathophysiology of the heart and the circulation has improved in a major way, particularly during the last decades of the previous century. This trend continues year by year, and we can be proud of the many contributions to this development by members of the ESC, and by other scientists and clinicians in Europe. It is a challenge for the Science Council, and the 26 Working Groups to keep track of these developments, to bring these to the attention of the cardiologists and other professionals and scientists in the ESC and to coordinate Research and Development when appropriate. The high standard of Research and Development is reflected in the increasing quality of presentations at the Congress of the ESC and at the major meetings of the Working Groups. It can also be seen in the calibre of the European Heart Journal, Cardiovascular Research and the three topic-oriented journals of the Society led by Working Groups: the European Journal of Heart Failure, the European Journal for Pacing, Arrhythmias and Cardiac Electrophysiology and the European Journal of Echocardiography.

### Continuing Medical Education

The ESC has, for many years, contributed to Continuing Medical Education (CME) and professional development through the journals, congresses and special education programmes. We are pleased to notice that the need for CME of specialists, nurses and allied professionals has now been recognised by the political structures in Europe, including the European Union of Medical Specialists (UEMS), which receives its charter from the European Commission. Recognition of the international Diploma of European Cardiologist, established in 1999, was the first step and formal accreditation of programmes and products for CME is the second important step to ensure the quality of the profession throughout Europe.

The ESC and the UEMS have together created the European Board for Accreditation in Cardiology (EBAC) to organise this accreditation process, and to coordinate the national Cardiology Accreditation programmes. We are proud that the annual congress of the ESC in Stockholm 2001 is the first programme to officially receive European accreditation from this independent board.

Continuing education of cardiologists and other medical specialists should reflect the state of the art as summarised in practice guidelines. Several new practice guidelines have been completed this year, including a guideline on management of atrial fibrillation. This is the first of a series being developed by the ESC together with the American College of Cardiology and the American Heart Association. It is appreciated that some 75-90% of a practice guideline is a review of the evidence. This review, and the resulting recommendations, should be valid worldwide, while the derived practical guidelines for prevention, diagnosis and management of disease in the remaining 10-25% of a guideline document should, of course, also reflect the available resources and facilities for patient care, in the country or community. Thus, there is a need for international guidelines development with a national or perhaps local application. The process to develop and to regularly update such guidelines is in place!

**Euro Heart Survey** The Euro Heart Survey programme has been introduced to verify whether guidelines are indeed applied in clinical practice, to verify whether clinical trials are applicable to all patients seen in practice and to compare outcome of different treatment strategies. This year the first survey (Prevention, EuroAspire-2) has been published, while the surveys on heart failure and acute coronary syndromes have been completed. These, and future surveys, close the loop with education and guidelines.

**External relations** The actual practice of cardiology and the quality of patient care are dependent on the skills of physicians, nurses and other professionals, and also on the available resources and facilities. In order to achieve its mission, the ESC, its Members and the National Societies of Cardiology must work closely with governments and health care authorities and with the pharmaceutical, device and equipment industries.

Recently, the ESC has been invited as a professional organisation to comment and advise on guidelines for the evaluation of new drug therapies, to be used by the EMEA, the European Medicine Evaluation Agency. Contacts with the EMEA will further be developed to assist in the evaluation process and perhaps to facilitate the related procedures.



This year, the ESC has taken the initiative to create the Cardiovascular Round Table. At this Round Table, members of the Board and other leaders in the profession meet with leaders of the medical industry to discuss important developments related to prevention, diagnosis, and management of cardiovascular disease. Four task forces have been created to address specific areas of mutual interest of the medical profession and industry.

### **European Heart Network**

The European Heart Network is an assembly of National Heart Foundations set up for the specific purpose of lobbying within the political structures of the European Union for improvements in and changes to policies related to cardiovascular health for the citizens of Europe. The ESC is a partner and supporter of the EHN in many of its initiatives and the cooperation between the two organisations continues to grow.

### **Public information, prevention**

A public information campaign “For your Heart’s Sake” was held in Amsterdam at the time of the 2000 congress. This well attended (6000 participants) event will be repeated in Stockholm 2001 and in Berlin 2002, in close collaboration with the respective National Heart Foundations and the national cardiac societies in Sweden and Germany.

Furthermore, development of an international interactive public information system is under consideration. The joint European prevention guidelines will be the basis of the prevention section in this programme, while the ESC guidelines for diagnosis and management of cardiovascular disease will be used to develop programmes addressing other aspects of diagnosis and management of cardiovascular disease.





## ESC structure

The previous Annual Report mentioned the restructuring of the ESC Board, and other parts of the ESC organisation. This process is well underway, with the Board addressing strategic issues, planning and new initiatives, while the committees assume responsibility for specific ESC programmes. The increasingly complex ESC structure, with the expanding staff and economy requires modification of many internal procedures. In particular, the responsibilities of the different parts of the organisation, officers and staff must be clarified. This has been the focus of the Corporate Governance Committee, whose report was accepted by the Board in spring 2001. In the forthcoming year the new corporate governance structure and procedures will be implemented.

### Working Groups

The Working Groups are the scientific heart of the Society. Their increasing creativity and entrepreneurialism in developing new programmes and studies, coupled with the broadening of the educational scope of their meetings – large and small – brings credit to the ESC. The initial success of 3 Working Group journals serves as a model for other Working Groups. The Board appreciates enormously the many and varied contributions of the large number of cardiologists and researchers in a leadership position in the Working Groups and, in particular, the members of the Science Council. The new Corporate Governance organisational and financial management changes reported elsewhere in this document, can only bring improvement to the Working Groups' internal management structures and enhance their opportunities for growth.

### National Societies

During the course of a series of visits by Board members to the National Societies at their national congresses, and at the annual meeting in the Heart House with National Society Presidents, the activities of the ESC and National Societies were reviewed. Particular attention is being given to the respective European and national responsibilities for guideline development (European), guideline implementation (national), training, Continuing Medical Education programmes and accreditation, surveys and other programmes.

### Council for Cardiology Practice

The ESC recognises that the practice of cardiology varies widely, from small private practices, to larger practices, from small hospitals to larger hospitals and academic centres. Yet, in the past, little attention was given to the specific needs of those colleagues in private practice who are responsible for the care of many patients. The Council for Cardiology Practice has been created to fill this gap, bringing existing organisations of these professionals under the umbrella of the ESC. It is envisaged that this newly created Council will particularly contribute to the development and implementation of practice guidelines and CME programmes.

A similar need has been identified for nurses and other allied professionals in the field of cardiovascular medicine, and this has been addressed by the creation of a Council for these professionals in the forthcoming year.



## Finance and accounts

This Annual Report includes the Treasurer's Report and the Auditors' Report. This past year has been a year of financial management challenges, new activity investment and operating systems improvement.

The Board is reporting a group financial loss of - €455,209 compared to a budget loss of - €800,056, an improvement of €350,000. Included in this loss are the substantial costs associated with the financial collapse of an independent service company supplier which was a fund raiser for one of the ESC's key programmes and a large Working Group.

It is because of this occurrence that the Board has taken extremely important steps to improve governance and oversight of all the Society's activities and to create an independent Audit Committee. It has established, with the support of the leadership of all parts of the Society, formal management, organisational and financial reporting systems. These changes are designed to ensure that no such loss occurs again.

## The ESC 2001-2002

It will be evident from this overview and the more detailed information in the other chapters of this Annual Report, that the ESC is proceeding to meet the objectives formulated by the Board in the year of its 50th anniversary. To guide the committees, the ESC business units, Working Groups and other components of the ESC, these strategic objectives have been updated and reformulated as shown on the next page.

We are grateful for the contribution of the many scientists, cardiologists, nurses and other professionals who continue to contribute to the programmes and activities of the ESC and for the enthusiastic support of our dedicated staff. It has been, and continues to be, a pleasure to work with all of you. Further improvement and gradual expansion of the ESC activities will help us all to improve the quality of life in the European population by reducing the impact of cardiovascular disease.



Maarten L. Simoons  
ESC President, 2000 -2002

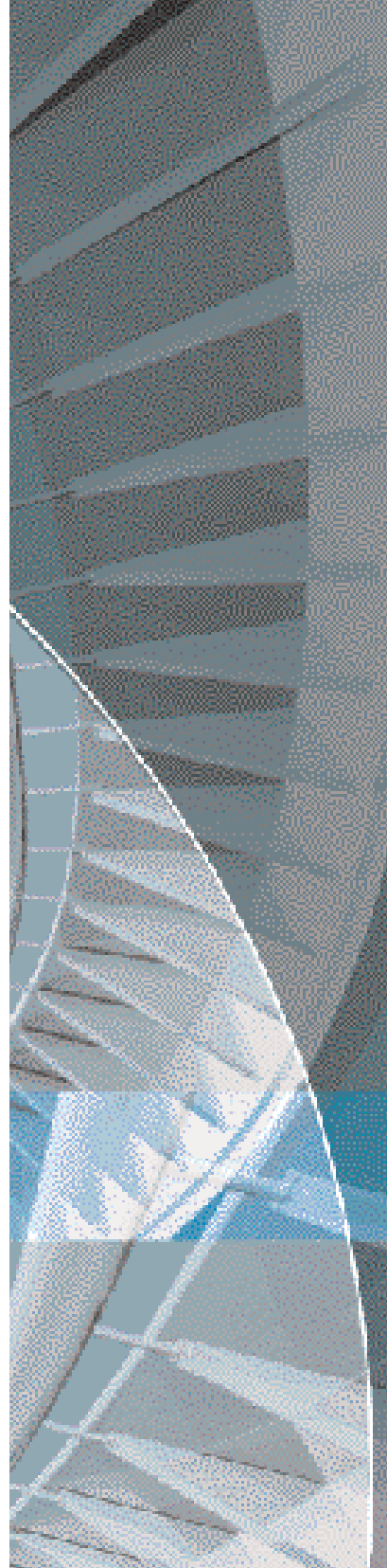


Alan J. Howard  
ESC Chief Executive

# ESC Board Strategic Objectives for 2000-2002

- 1** To provide relevant services to the whole membership, whether collective or individual, through existing programmes and new initiatives, in a coordinated and collaborative effort with the National Societies and Working Groups, and to represent European Cardiology towards external parties. To ensure that the services and representation are valued by the members.
- 2** To provide a high quality programme for Continuing Medical Education related to cardiovascular disease, aimed at cardiologists, other medical specialists, general practitioners and also to nurses and allied health professionals. This CME programme will be based particularly on Guidelines for prevention, detection and management of cardiovascular disease, as developed by the ESC, the National Societies and the Working Groups and on the observations in the Euro Heart Survey programme.
- 3** To develop a high quality programme for information and education of the European public on prevention, detection and management of cardiovascular disease.
- 4** To initiate and conduct a multi-partner study as to the 10 – 15 year future vision of the practice of prevention, detection and management of cardiovascular disease.
- 5** To ensure that the name and reputation of the ESC as a Professional Society is effectively communicated to the widest possible public and that the ESC is recognised for its authority and integrity in the leadership of cardiovascular medicine in Europe.
- 6** To promote and build partnerships and alliances with other associations, professional groups, industry colleagues and the European Commission, where these further the Society's objectives and goals.
- 7** To ensure that the educational, scientific and business activities of the Society are managed within the framework of sound, coherent, performance-measured plans, consistent with the financial resources and human capital resources of the Society.
- 8** In order to safeguard the Society's assets, to upgrade the level of transparency and accountability in decision-making, operative and financial management within all parts of the Society and the Working Groups through improved management oversight, financial reporting and independent audit.





## Report on ESC Activities



## ESC Journals **European Heart Journal**

The Journal continues to show marked growth in its subscriber base, with the worldwide audience increasing year on year. We currently boast an international readership base of almost 15,000 registered subscribers. Individual subscribers are now also offered full online access to the regular issues and supplements through a new website at [www.eurheartj.com](http://www.eurheartj.com).

The European Heart Journal continues to attract significant revenue from the pharmaceutical world, with a considerable number of supplements to be published with the 2001 volume. The Impact Factor currently stands at **3.210**, but as the supplement articles are no longer included in the impact factor calculation, this is due to rise significantly this year. Article reprints and advertising are also good sources of revenue for the Journal, particularly around the time of the ESC congress.

### **Cardiovascular Research**

Cardiovascular Research is a mature journal, which has a stable subscription base from libraries and delegates to the yearly ESC meeting. The usage via the library service ScienceDirect has more than doubled from just over 5,000 full text article downloads in February 2000 to about 17,000 full text article downloads per month in the first quarter of 2001. The impact factor has increased from 2.996 to 3.783 and is expected to grow even further in the coming years. As the current editorial team will step down at the end of 2002, the search for a new editorial team has started.

### **European Journal of Heart Failure**

The European Journal of Heart Failure, launched in 1999, has a growing subscription base, advertising income and reprint income. For 2001 an increase from 4 to 6 issues per year is planned. Last year a medical writer was hired at the editorial office to improve on presentation and readability of the accepted manuscripts. In 2002, the first impact factor for the journal will be published.

### **Europace (European Journal of Pacing, Arrhythmias and Cardiac Electrophysiology)**

We are continuing to build steadily on the subscriber base established over the past two years, and the readership will be given a considerable boost when the delegates of Europace 2001 are incorporated. It is hoped that with this increased audience, the Journal's profile will continue to rise, which will encourage submissions. With a wider readership, the Journal is becoming more attractive for advertisers and potential supplement sponsors. Europace is also now abstracted/indexed by Science Citation Index, Index Medicus, and MEDLINE.

### **The European Journal of Echocardiography**

This Journal has had an excellent start and is performing well as a new title in a highly competitive field. Again, the subscriber base looks set to rise considerably when the Euroecho 5 delegates take their subscriptions as part of their delegates' benefits.

# Congresses

Providing education and continuing professional development for the European cardiological community has become one of the most important tasks of our Society. The ESC Annual Congress, the largest medical congress in Europe and one of the three largest in the world related to cardiovascular disease, is the corner stone of our Society's commitments to training and education.

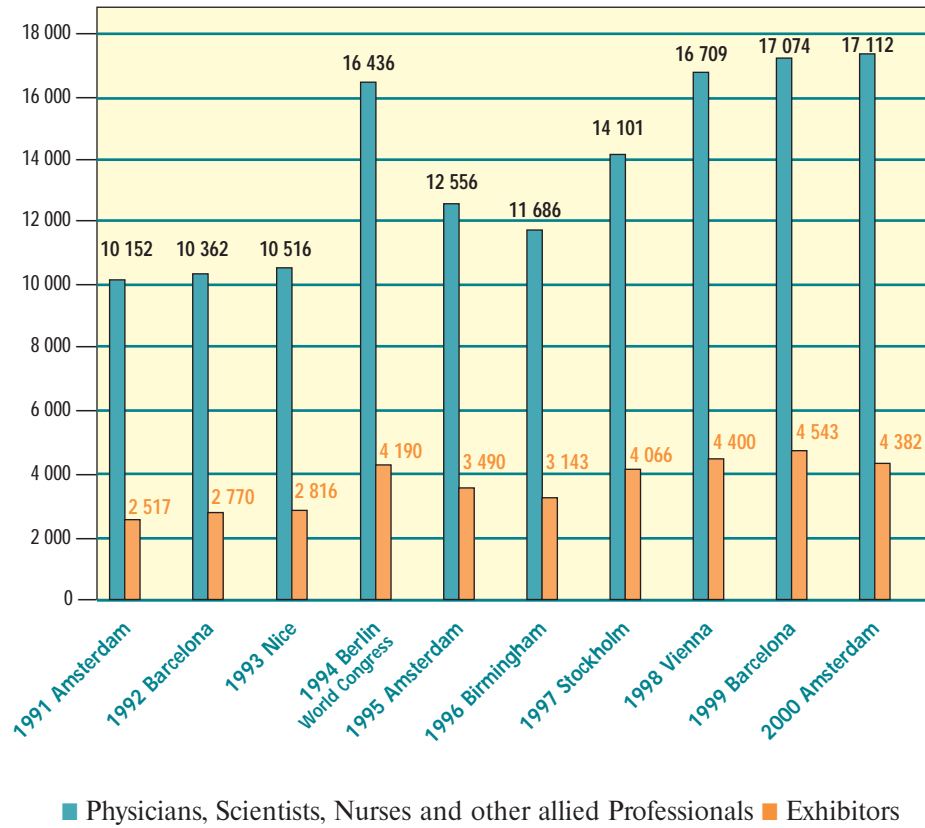
The ESC Congress has grown considerably over the last decade and has become an indispensable event for exchange of scientific information and for education of cardiologists and other physicians, but also for nurses and allied professionals working in the field of cardiovascular medicine.

The Congress Programme Committee, with the active collaboration of the ESC Working Groups and Science Council, has elaborated for the ESC 2001 Congress in Stockholm an attractive Scientific Programme that covers a broad spectrum of topics. The 2001 Programme will address basic science related to cardiovascular physiology and pathophysiology, population science, clinical science practice including diagnosis procedures, atherosclerotic heart disease, valvular heart disease, heart failure and arrhythmias. This year's congress is being held together with the Association for European Paediatric Cardiology (AEPIC) and the scientific programme will reflect this alliance with a special emphasis on congenital heart disease in infants and adults.

The congress organisation experience and knowledge acquired by the ESC over the past 20 years also benefits the ESC Working Groups. So far in 2000-2001, the ESC has successfully organised the meetings of the Working Groups on Echocardiography (1,200 attendees), Heart Failure (2,900 attendees) and Nuclear Cardiology (1,000 attendees).



## REGISTRATION PROGRESSION OVER 10 YEARS



### Total participants in 2000:

Physicians, Scientists, Nurses and other allied Professionals:	17,112
Press:	476
Exhibitors:	4,382
Accompanying persons:	862
<b>Total:</b>	<b>22,832</b>

**Since the last ESC Congress in Amsterdam, the Committee for Practice Guidelines and Policy Conferences has worked on an update of the guidelines for guidelines and a manual for writing guidelines including standard operating procedures.**

The guidelines in preparation on syncope, sudden cardiac death, chest pain, bacterial endocarditis, aortic dissection, grown-up congenital heart disease, primary pulmonary hypertension and anti-thrombotic agents, as well as an update on ST-elevation myocardial infarction and congestive heart failure were reviewed. Partner guidelines with ACC/AHA on atrial fibrillation have been completed.

Furthermore, the Committee has initiated development of new guidelines on hypertrophic cardiomyopathy (together with ACC/AHA), supraventricular arrhythmias other than atrial fibrillation (together with ACC/AHA and NASPE), percutaneous coronary intervention, cardiovascular diseases in pregnancy, pericardial diseases, prevention and early diagnosis of coronary artery disease and a consensus document on the appropriate use of ACE inhibitors and beta-blockers.

Currently an inventory of all existing guidelines in Europe and a long term plan on production and revision of guidelines is being carried out. The National Societies were involved in the development of two guidelines (chest pain and syncope), and their cooperation in the development of European guidelines will become systematic.

In the meantime, the joint ESC/ACC report on myocardial infarction redefined—a consensus document of the joint European Society of Cardiology and American College of Cardiology for the redefinition of myocardial infarction was published in the European Heart Journal. This document was developed after a policy conference at the Heart House.

At the time of the Annual Congress in Stockholm, the following new guidelines will be published in the European Heart Journal: ACC/AHA/ESC guidelines for the management of patients with atrial fibrillation (simultaneously in the European Heart Journal, in the Journal of the American College of Cardiology and in Circulation), the guidelines on sudden cardiac death, the guidelines on syncope, the guidelines on congestive heart failure update, as well as the guidelines on the management of aortic dissection.

# Education



An essential aspect of the ESC's mission is its commitment to Continuing Medical Education (CME). Since 1994, the Education Committee has been responsible for setting up high quality programmes at the European Heart House. In collaboration with Working Groups and National Societies, the geographic coverage of these programmes has been extended to cover many of the ESC's 47 countries.

The Education Committee has, over the past 12 months, offered 12 courses in the European Heart House attracting nearly 800 participants, and 10 courses in other cities in Europe with an average participation of 100 per course.

To improve both the quality and the coverage of important topics for CME, the Committee has concentrated on producing a core curriculum programme. This programme will serve as a framework for various topics to be covered in CME programmes. These courses will be offered on a repeat basis at the European Heart House and at other locations in collaboration with National Societies.

Educational materials are important as stand-alone products. Over the last year, audiocassettes on acute chest pain and CD-ROM's covering the Annual Congress highlights, atrial fibrillation (a joint venture by the ACC/AHA/ESC), as well as on thrombosis and unstable coronary syndromes have been produced.

Through a grant under the Leonardo programme of the European Union, the Committee has begun pilot work on a distance learning website. Based on the core curriculum document, different case histories will be produced, covering various areas, i.e. basic science, pathophysiology, diagnosis and management. The case histories will provide both interactive learning and the acquisition of CME credit points. In parallel, the Education Committee will produce web material based on programmes held at the Heart House.

A new educational programme initiative has been launched, presenting ESC guidelines directly to national audiences. The first round of programmes, supported by the participating National Societies, consists of a series of meetings, presenting the new guidelines on acute coronary syndromes. Closing the loop between guidelines, education and surveys is one of the most important goals of the Education Committee.

All educational activities offered by the ESC will be submitted for accreditation by EBAC. Consequently, education will be of high quality and may be used by all members to fulfil his/her local requirements of CME.