

# SETTING THE SCENE:



**HANS-PETER BRUNNER-LA ROCCA**

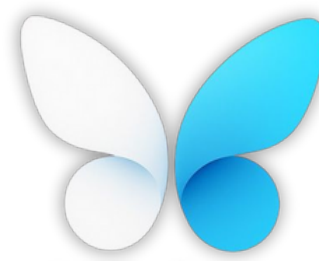
University of Maastricht, Public co-lead



EUROPEAN ALLIANCE  
FOR PERSONALIZED MEDICINE



# Bridging the Innovation Gap – Precision Cardiology for the Next Decade



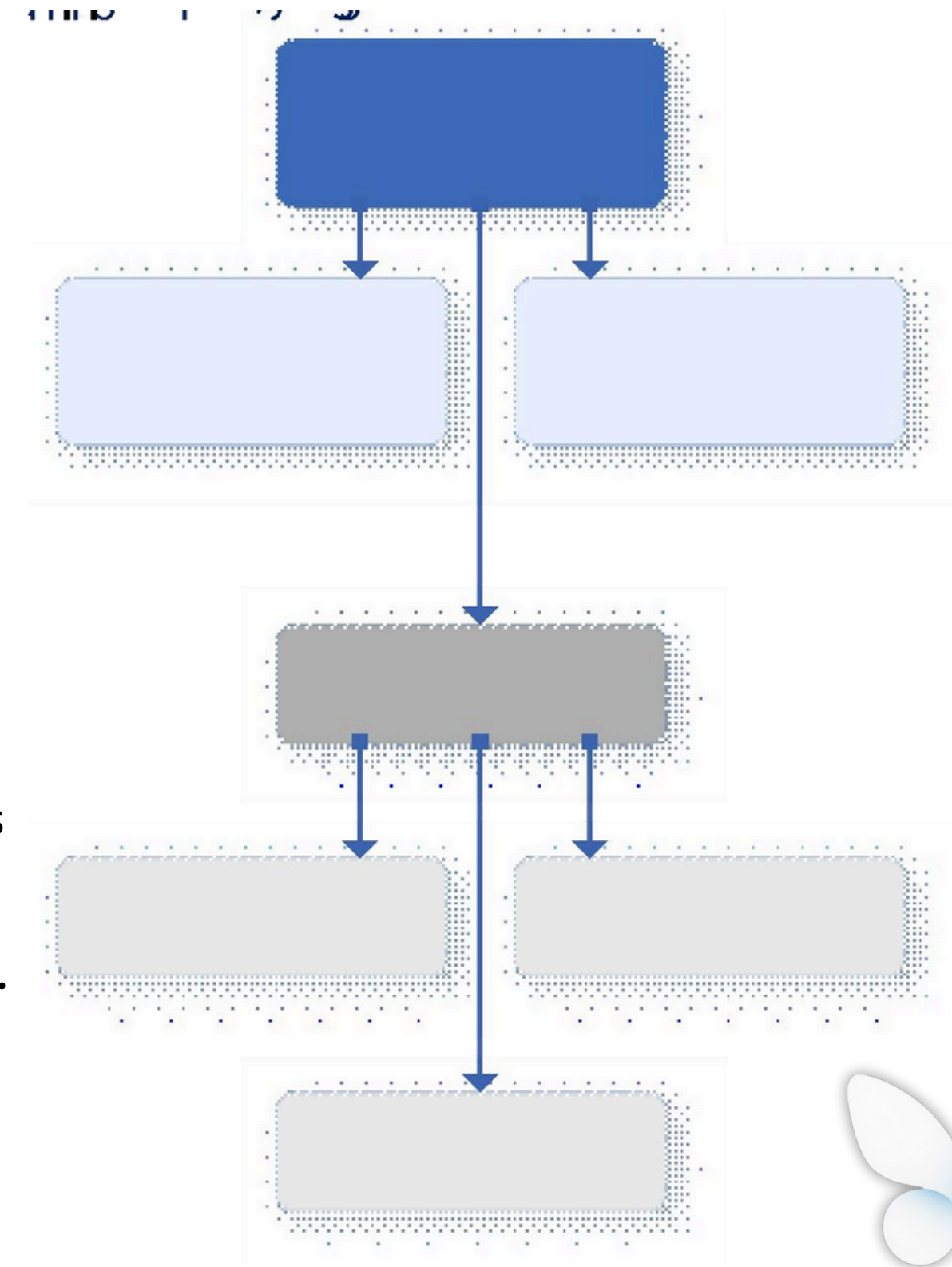
**Maastricht University Medical Centre**  
**Hans-Peter Brunner-La Rocca**



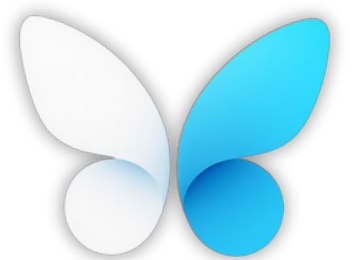
Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them.

# Current challenges in CVD

- Enormous burden to healthcare
  - Leading cause of death worldwide.
  - Increasing prevalence, mainly due to aging population
- Studies creating evidence for treatment (and prevention) excluded many patients
- Current treatment often follows a 'one-size-fits-all' model – why is this a problem?
  - Probably significant heterogeneity in treatment response
  - Growing burden of multi-morbidity and complex patient profiles
  - Healthcare costs demand more targeted, efficient strategies
  - Personalisation is a preference of patients
- Innovation–implementation gap that must be bridged.



EUROPEAN ALLIANCE  
FOR PERSONALIZED MEDICINE



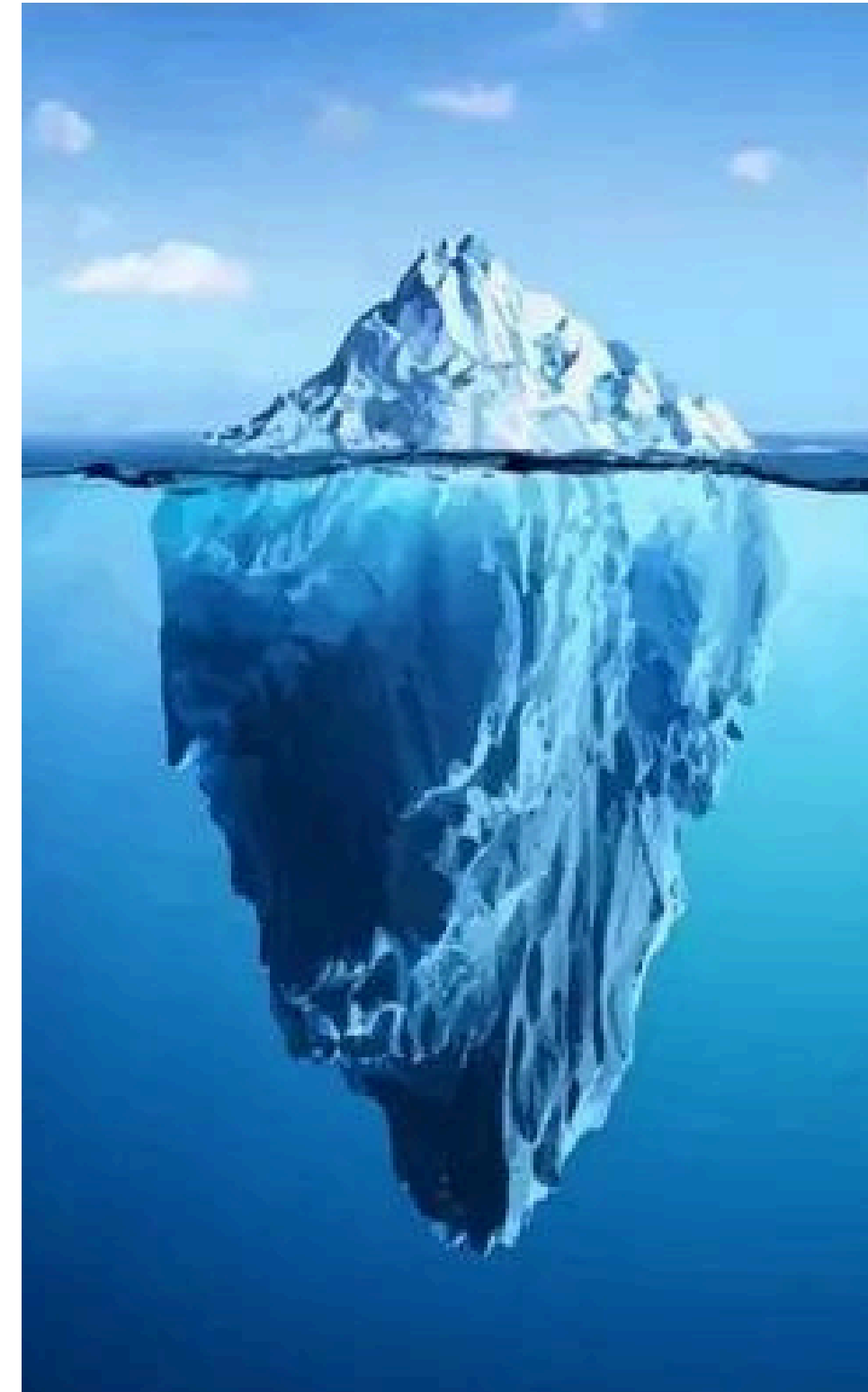


# What is precision medicine in cardiology?

- Use of genetic, biomarker, imaging, clinical, behavioural, and environmental data
- Stratify risk, guide interventions, and optimise outcomes for each individual.
- Example in cardiology: Identifying patients at highest risk for heart failure progression *and* tailoring therapy accordingly.
- Benefits:
  - Improved patient outcomes and quality of life
  - Reduced unnecessary interventions
  - Better resource allocation

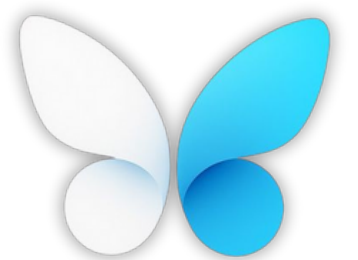


EUROPEAN ALLIANCE  
FOR PERSONALIZED MEDICINE

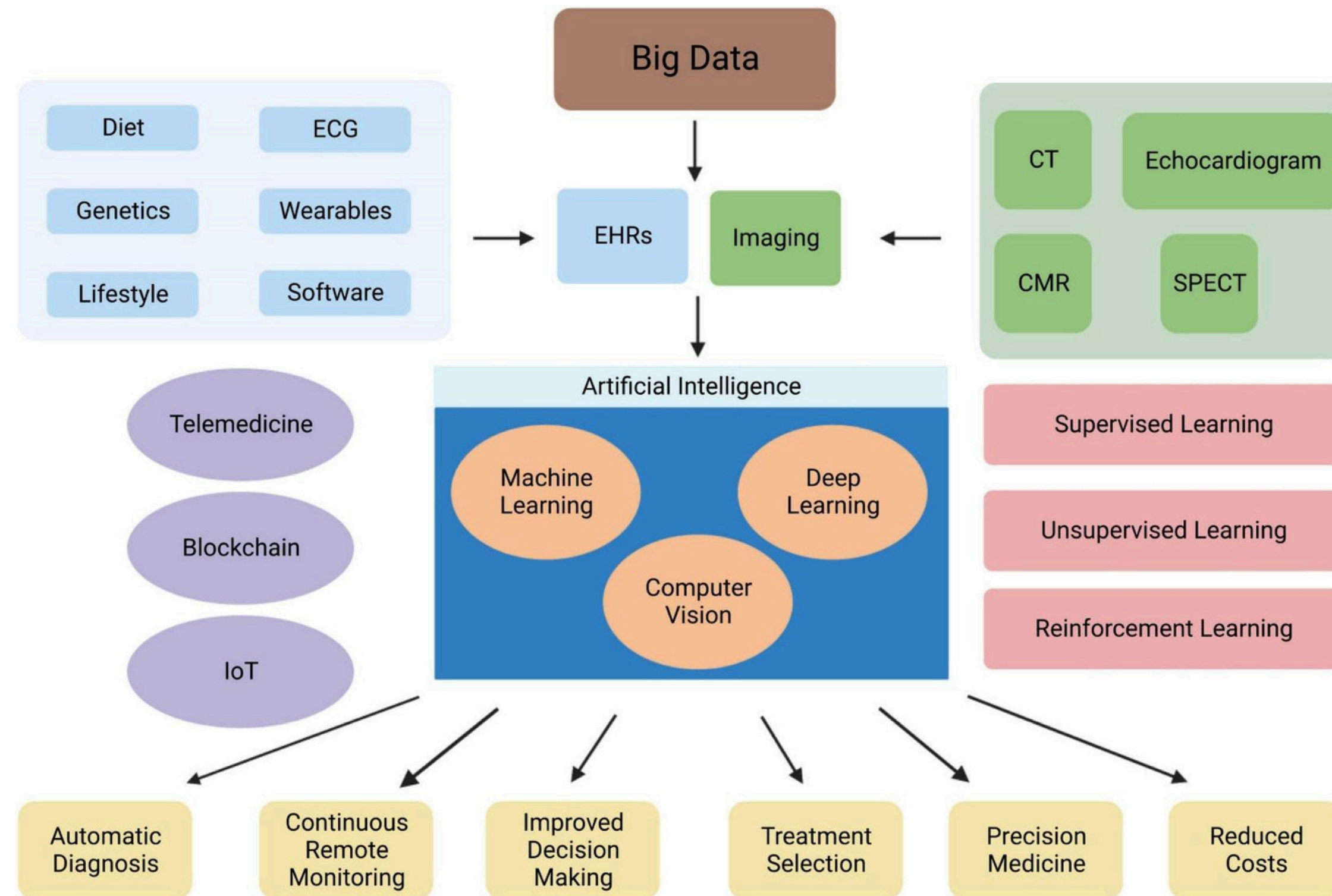


**Visual:**  
Clinical symptoms  
Simple diagnostics  
Guideline-based care

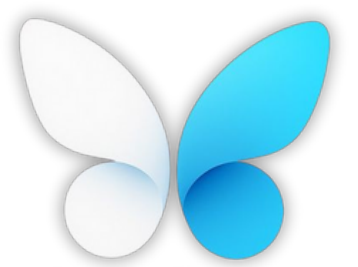
**Hidden:**  
Genetics  
Biomarkers / omics  
Deep Imaging  
Behaviour  
Environment



# (Potential) role of AI in Cardiology



EUROPEAN ALLIANCE  
FOR PERSONALIZED MEDICINE

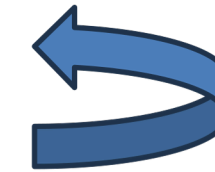


# Framework for implementing precision

## Cardiology

- **Data infrastructure**

- Interoperable, standardised, high-quality datasets
- Generative AI models may also deal with unstructured datasets



- **Advanced analytics**

- AI/ML integrated into clinical workflows.

- **Clinical decision support**

- Embedded in EHR systems, supporting clinical decisions

- **Patient engagement**

- Shared decision-making ? digital self-management / self-treatment

- **Governance & ethics**

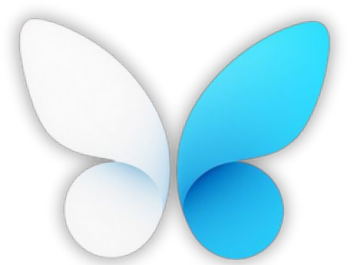
- Privacy, equity, regulation.

- **Evidence generation**

- Robust trials and real-world validation



EUROPEAN ALLIANCE  
FOR PERSONALIZED MEDICINE





# Individualised CARE FrOm early Risk of CardioVascular Disease to established heart failure

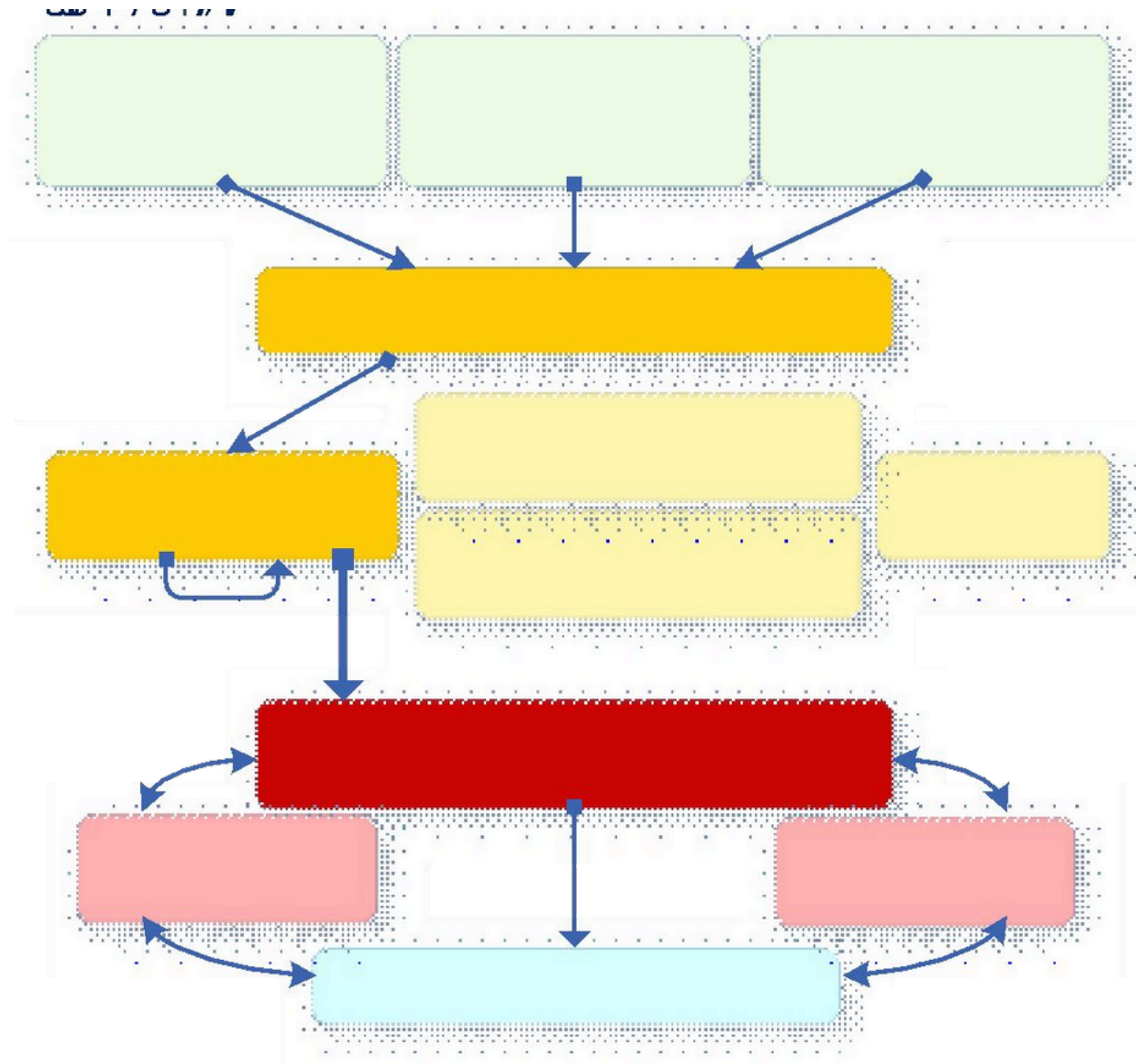
*Hans-Peter Brunner-La Rocca, coordinator*

*iCARE4CVD is a collaboration of 38 partners with total budget of >22M€*

[www.icare4cvd.eu](http://www.icare4cvd.eu)



# iCARE4CVD as case study



Aim: **AI-driven, patient-centred precision medicine in CVD in Europe.**

**Federated data infrastructure across multiple countries and cohorts.**

**AI-based advanced diagnostics, risk prediction and prediction of treatment response.**

**Prospective** validation in intervention trial

**Integration into care pathways with patient-facing tools.**

**Co-created with patients, clinicians, and industry.**