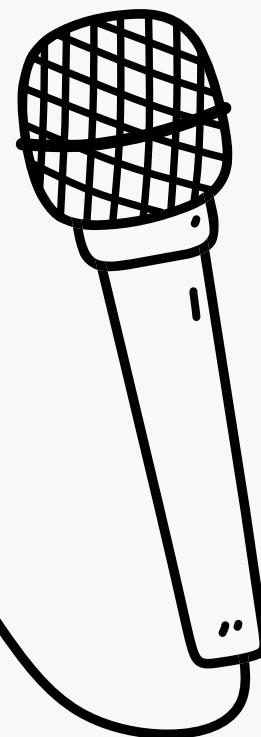


SETTING THE SCENE:



HANS-PETER BRUNNER-LA ROCCA

University of Maastricht, Public co-lead



EUROPEAN ALLIANCE
FOR PERSONALIZED MEDICINE



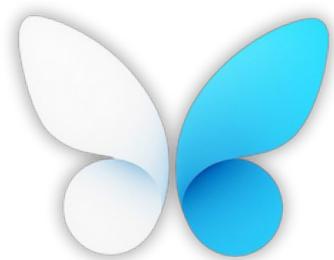
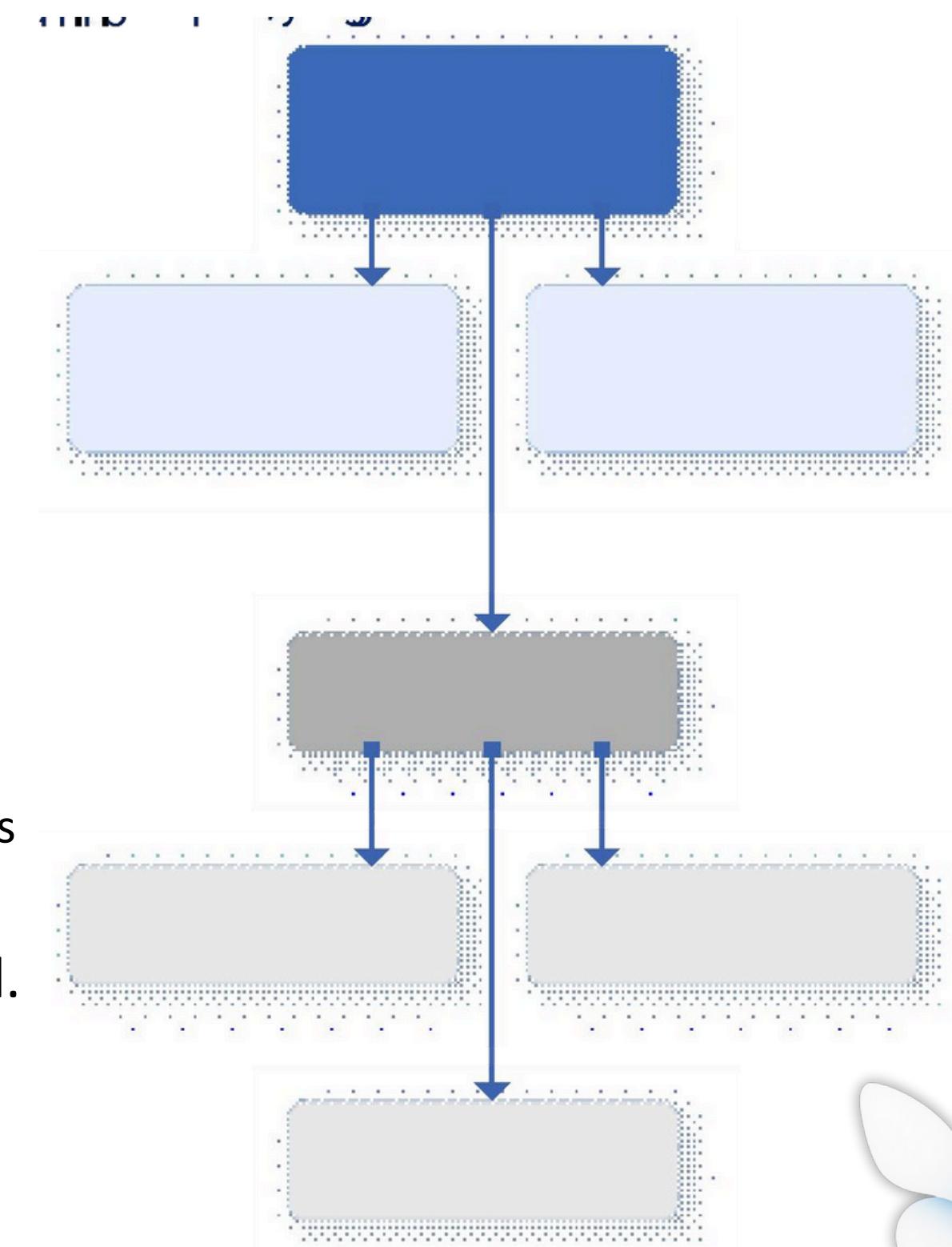
Bridging the Innovation Gap – Precision Cardiology for the Next Decade



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

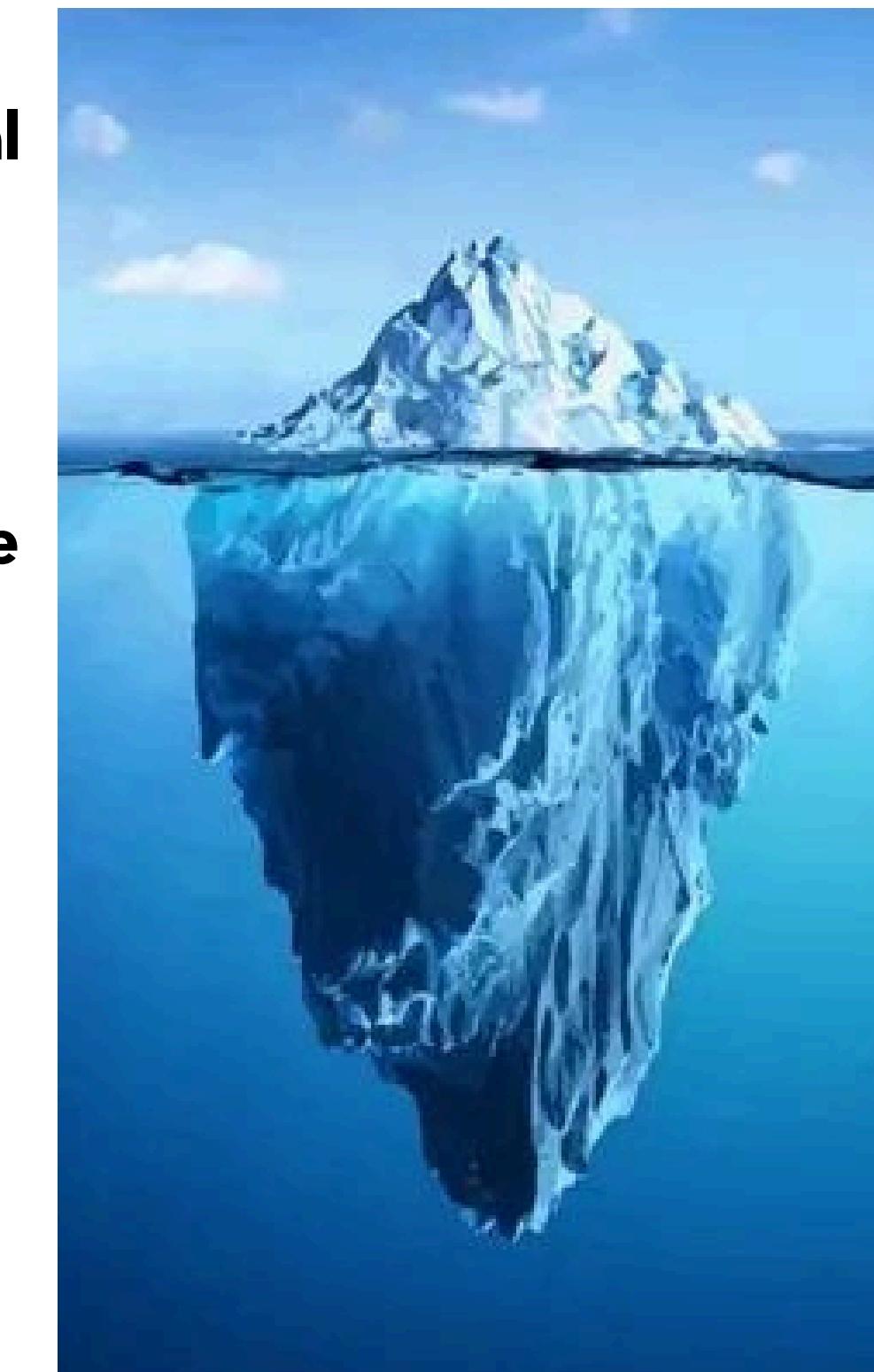
Current challenges in CVD

- Enormous burden to healthcare
 - Leading cause of death worldwide.
 - Increasing prevalence, mainly due to ageing 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.



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

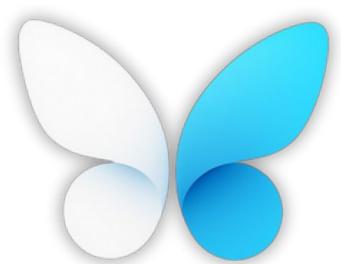


Visual:
Clinical symptoms
Simple diagnostics
Guideline-based care

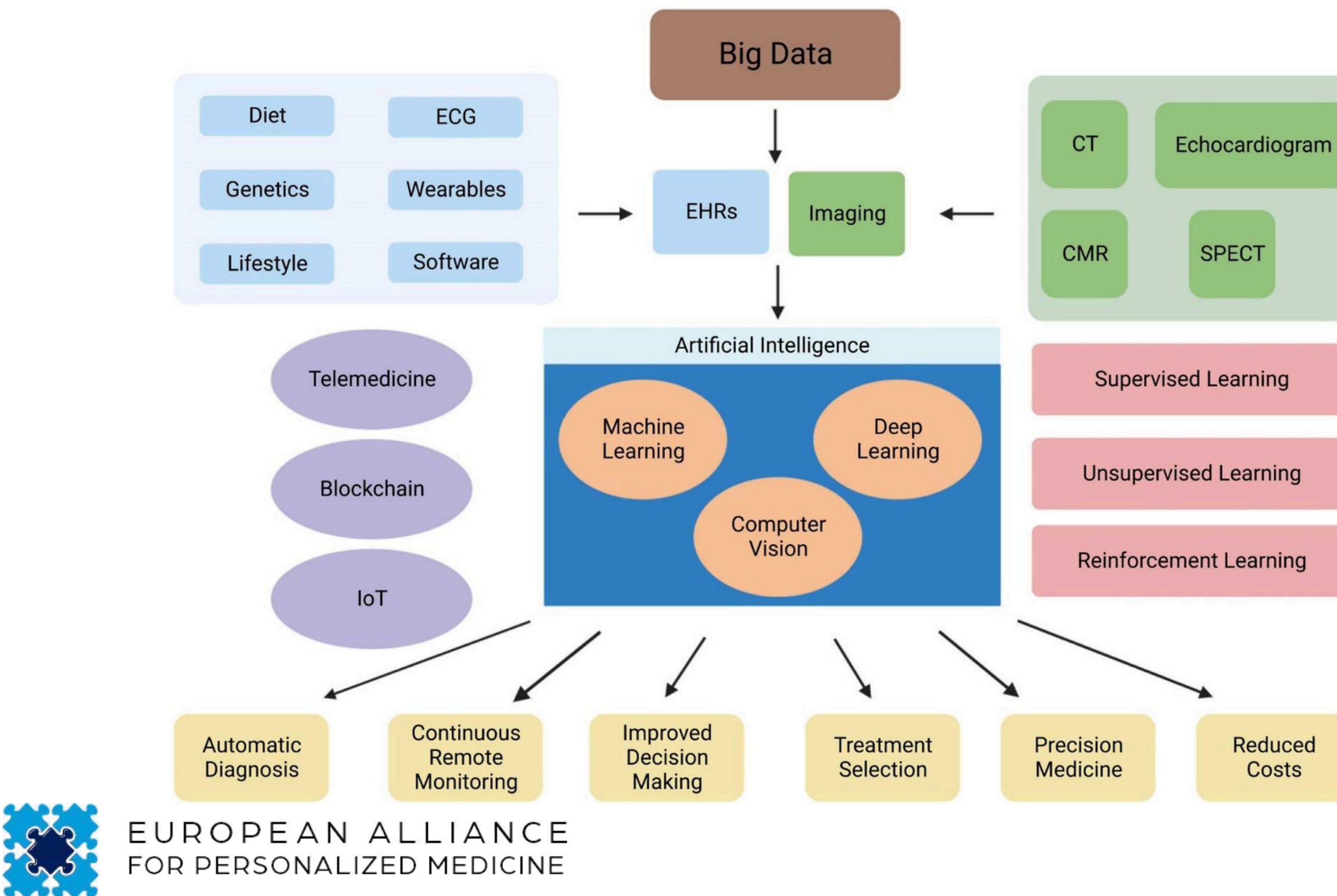
Hidden:
Genetics
Biomarkers / omics
Deep Imaging
Behaviour
Environment



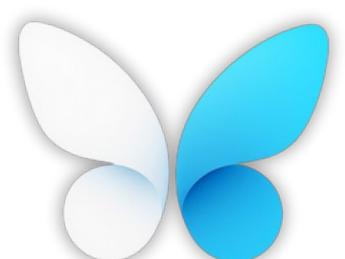
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(Potential) role of AI in Cardiology



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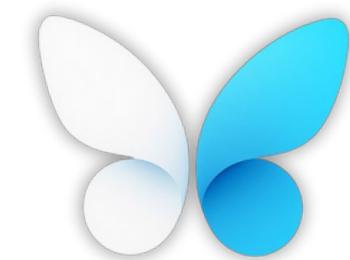
Framework for implementing precision

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



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

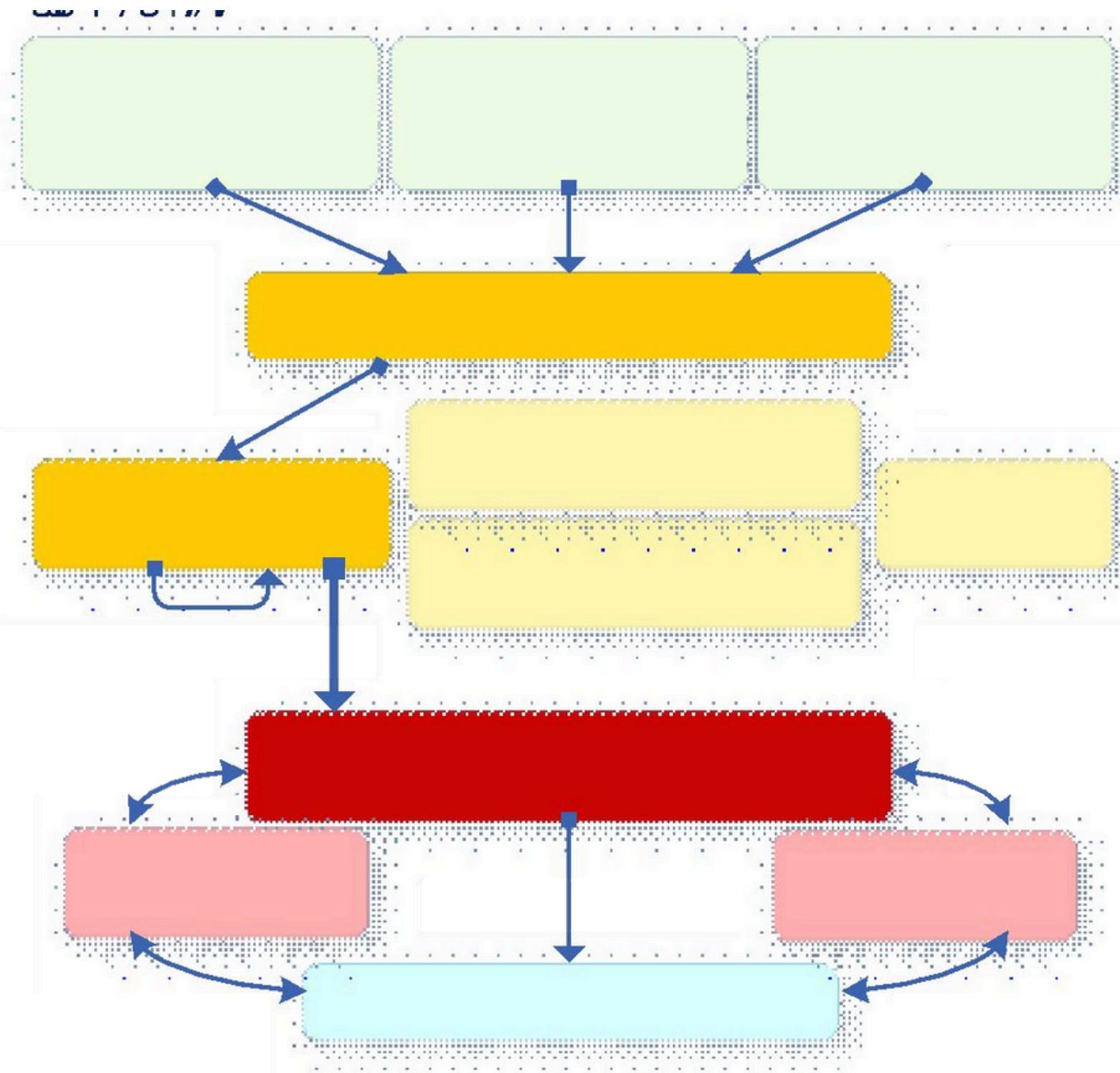
Hans-Peter Brunner-La Rocca, coordinator

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

www.icare4cvd.eu



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.