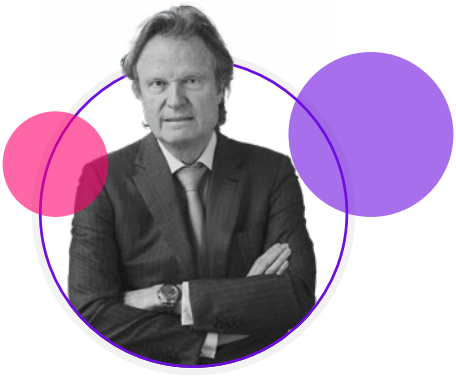
Congress Interviews

In these exclusive interviews, Thomas F. Lüscher (ESC President) and Florian A. Wenzl (member of the ESC Digital Cardiology and Artificial Intelligence Committee) discuss ESC's 75th anniversary, its global impact, and future priorities. They highlight cardiology's evolution, advances in AI and precision medicine, novel biomarkers, and new congress initiatives, showcasing how ESC leadership is driving collaboration, innovation, and cardiovascular health worldwide.

Featuring: Thomas F. Lüscher and Florian A. Wenzl



Thomas F. Lüscher

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Q1 This year, you celebrated 75 years of the European Society of Cardiology (ESC), with this year's overarching theme of Cardiology Beyond Borders and a spotlight on Global Health. How has global collaboration in cardiology evolved over the past 75 years?

First of all, the pioneers started the ESC 75 years ago. These were mainly colleagues from Sweden, France, Germany, and the UK, so it was a relatively smaller group of people. Remember, at the time, Europe was divided, and the Iron Curtain was in place, so it was a rather small society: a club of friends, as I called it in my article.[1] Now we really are an institution, and we have 48 national cardiac societies as members. The ESC today consists of seven associations, seven councils, and 15 working groups. We have more than 100,000 members. So, it's been a fantastic growth.

We are also very proud of what our members have achieved over the years. European physicians and scientists developed the first pacemaker, performed the first coronary angioplasty, implanted the first stent, introduced ablation of atrial fibrillation, performed the first catheter-based pulmonary valve replacement, and the first aortic valve replacement. And then, of course, many drugs have been invented in Europe, and echocardiography was invented in Sweden and has become the work horse of cardiology worldwide. Godfrey Hounsfield, a British electrical engineer, developed CT, so Europe has made a fantastic contribution to cardiology. That's why I published the President's lecture, 'Shaping the future on a solid tradition'.[2]

Q2 When we spoke this time last year, you mentioned a desire to expand ESC collaboration with societies in Northern Africa, the Middle East, and Eurasia. What steps have been taken so far?

We took the newer societies that emerged after the fall of the Iron Curtain and beyond into the ESC,

but we have to further help them with education and research options. And so, I created three task forces. For North Africa and the Middle East, the task force is run by a friend from Egypt: Magdy Abdelhamid, Kasr Alainy School of Medicine, Cairo, Egypt. Then, one task force for Eastern societies, for example, Poland, Serbia, and Hungary, among others, is run by Petar Seferović, University Clinical Center of Serbia, Belgrade, Serbia. The third task force involving Eurasia is run by Robert Gil, National Medical Institute of the Ministry of Internal Affairs, Warsaw, Poland. We did a survey to ask them what they expect from the ESC, and what the ESC could do for them. As an immediate action, we provided 45 travel grants for young colleagues aged ≤40 years who had an abstract accepted at our Annual Congress in Madrid this August. We would also like to expand on this further and consider observerships for fellows. So, we're working on that to really help these National Cardiac Societies develop their practice and research further, because in these countries, access to care is still suboptimal for many procedures. Transcatheter aortic valve implantation, as an example, is massively less accessible in these countries compared with richer ones.

Q3 Exploring the theme of global health, what do you believe to be the top three health challenges in global cardiology today, and how might your answer change if I asked you again in 5 years?

Currently, I think the top three health problems we face are, first of all, pollution. Climate change affects the cardiovascular system, and many people are exposed to environmental hazards; this applies very much to developing countries. For instance, in New Delhi, India, the air quality is very poor. It used to be very poor in Beijing, China, too, but it has improved a bit. We're also exposed to environmental hazards, such as noise and light, which interfere with the circadian rhythm.

The second big problem is the obesity pandemic and the cardiometabolic changes in different organs, such as the pancreas, muscle, liver, and kidneys. This is extremely important, as it can eventually lead to heart failure, whether with preserved or reduced ejection fraction, and also myocardial infarction, stroke, and premature cardiovascular death. We have brought this all together through the European Alliance for Cardiovascular Health (EACH), involving all the societies working on these different organs, to implement a cardiovascular health plan at the European level, and hopefully also secure proper finances for it in the near future.

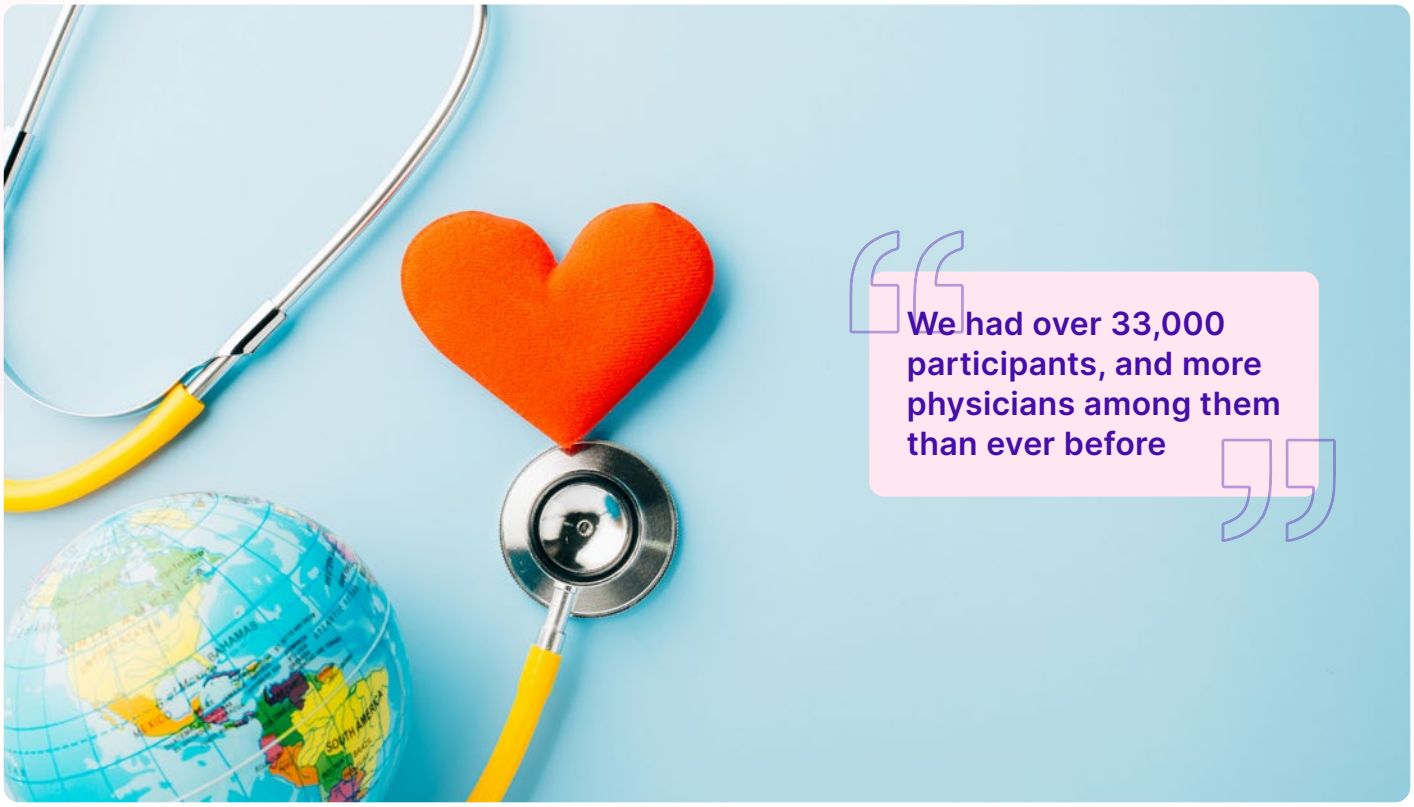
The third problem is prevalent in more affluent societies, and that's the ageing population. For instance, the age distribution in the UK compared to Egypt differs massively. We have many more elderly people, whereas in Egypt, the age distribution is still like a pyramid, with most individuals being in the younger age range. As we know, cardiovascular diseases are massively age dependent. So, in spite of all the progress we made, we will see more patients with cardiovascular disease, because those aged >70 years, even >90 years, are growing rapidly. I think these are the three major topics that we have to address.

In 5 years, I think the environmental hazards will still be a problem, and this is a huge political issue. Accordingly, the ESC is addressing this at the

European Commission level. Europe, of course, had the green policy, but it has not evolved as we expected, particularly now, because of the military confrontations we are currently facing. Plastic is also a very important problem. It enters our body and eventually ends up in our arteries. The Geneva conference on plastic waste unfortunately was not successful, as there are still many countries opposing the major changes required to reduce environmental hazards. The ESC has a task force on that issue, and we are trying to move things forwards at the European level as much as possible. The obesity pandemic will still be a severe problem in 5 years. I think, with new drugs, we have tools at hand to massively reduce not only body weight, but the cardiovascular complications associated with obesity. The question still remains there: can we use this to get people back to a normal weight, or do they have to take this for life like antihypertensives or lipid-lowering drugs? That's a big issue still under discussion. And regarding age, there's a lot of research on how to intervene with age-promoting molecular pathways. I think ageing will be the next disease, and there's a lot of progress on how to interfere with the underlying pathways that eventually determine whether or not you have risk factors for atherosclerosis, whether environmental or organic in nature.

Q4 Has the ESC made progress towards securing EU support for a cardiovascular health plan, as you hoped last year?

On the 3rd of December 2024, it was announced by the 27 Ministers of Health of the European Union, under the leadership of the then Hungarian Health Minister, Péter Takács, that cardiovascular conditions would be made a priority. We then met several times with the newly elected Commissioner of Health, Olivér Várhelyi. We met with members of Parliament, and also with officials of the Direction de la Santé of the European Union. We talked extensively with them about the major topics that should be considered for research and prevention. I also gave a lecture to the person responsible for writing this plan, and we sent additional advice to them by email. We had a glimpse of the plan, and I think it looks pretty good. Of course, the key issue is whether sufficient funding is allocated. In the last mandate, cancer got 4 billion EUR. If we get 3 billion EUR, especially in the context of the increased military spending required, we would be happy, and we hope this will be the case. Horizon Europe is also an important factor. Initially, there were plans to cut its funding, but the budget has now been doubled for Horizon Europe calls for grants. This is significant not only for the EU, but also for the UK and Switzerland, who have agreements in place allowing



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them to participate in such calls. Overall, this looks very promising, and we will see what the calls are when they open next year; hopefully many are focused on cardiovascular diseases, AI, and so on.

Q5 You also noted digital cardiology, particularly AI and machine learning, as your top priority for your presidency. What progress has the ESC made in this area over the past year?

First of all, we developed the ESC Chat in record time. This is an AI-enhanced tool that uses large language models to integrate all valid ESC guidelines in one place. You can ask questions and receive an immediate answer. The ESC Chat is now available online, and people can search for it on the ESC platform or via Google, download it, and start using it. I felt that reading these huge guideline documents was just not feasible for physicians, not even for me. That is why we developed this tool, which we presented to the global community at the Annual ESC Congress in Madrid, Spain this August. We are also now using AI to support the evidence base for guidelines currently in production. Moreover, from the 21st–22nd November 2025, in Berlin, Germany, we will hold the first ESC Digital Cardiology & AI Summit. The final project is to develop an AI-enhanced digital twin app to act as a mentor for patients after myocardial infarction, helping to optimise secondary prevention according to current guidelines.

Q6 Reflecting on your first congress as President, what has been the most surprising part of the role?

I was surprised and delighted to see that we had over 33,000 participants, and more physicians among them than ever before. This made it the most successful Congress, with 167 countries participating. Also, because we were in Madrid, Spain, we had more participants from Latin America, with 2,800 attending this year. We're delighted that the ESC is now secured as the first-line society in cardiovascular medicine worldwide. We also had fantastic hotlines, and we really made a huge impact in the medical literature with this Congress. People were really happy, and I received lots of compliments; our post-event survey revealed an 86% satisfaction rate from participants. And, of course, we also had the King of Spain at a fantastic closing session. Initially, I was a bit concerned about whether we would have enough people attending, but the auditorium, with 3,500 seats, was packed. People were even standing, which was a very nice way to close such a succes sful Congress.

Q7 Looking to the year ahead, what ESC initiatives are you most looking forward to developing further?

The most important historical decision we have taken recently is that we will no longer leave all interventional cardiology activities exclusively to PCR (Paris Course on Revascularization). Instead, the ESC, with the European Association of Percutaneous Cardiac Intervention (EAPCI), will organise its own Congress. The first EAPCI Interventional Summit will take place in Munich, Germany, from the 19th–20th February next year. We want to expand our interventional educational offer of the EAPCI association, and we feel that we have a different profile from PCR. We are more academic. We will integrate interventional cardiology with heart failure, the association of rhythm disorders and prevention, so that we are more integrative than other courses, which mainly focus on the technical aspects of intervention itself. We will do this together with many other societies, including Transcatheter Cardiovascular Therapeutics (TCT), the European Association of Cardio-Thoracic Surgery (EACTS), and hopefully PCR as well. We're also discussing a collaboration with the International Society of Heart and Lung Transplantation (ISHLT). This will truly make it an interventional networked event. Our strength is science, and we will thus foster science. We also publish all Interventional Cardiology guidelines, and we have a new journal, so we're well placed to develop this further over the next 5 years. We hope to make this a successful congress as well, and are very excited about this new strategy. There's such a huge interventional community; even in our own database, there are 76,000 colleagues with an interest in interventional cardiology. Thus, there is room for everybody.

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