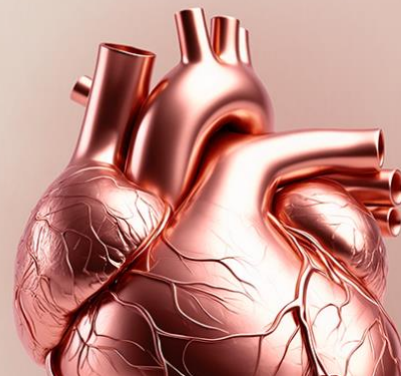




IN SUPPORT OF THE EU SAFE HEARTS PLAN

IMAGING SAVES LIVES

2 JULY 2026, 10:30-12:30

On 2 July 2026, the European Society of Radiology (ESR) and the European Association of Nuclear Medicine (EANM) organised the event *“Imaging saves lives. The role of imagining in improving cardiovascular health”*, at the European Parliament in Brussels.

The event, hosted by MEP Romana Jerković, brought together European policymakers including Vytenis Andriukaitis, MEP and former EU Health Commissioner, clinical experts, patients and industry representatives to discuss how radiology can support implementation of the Safe Hearts Plan across prevention, diagnosis, treatment and follow-up.

The discussions were underpinned by new [ESR](#) and [EANM](#) policy briefings launched for the occasion of the event.

Where imaging makes the difference

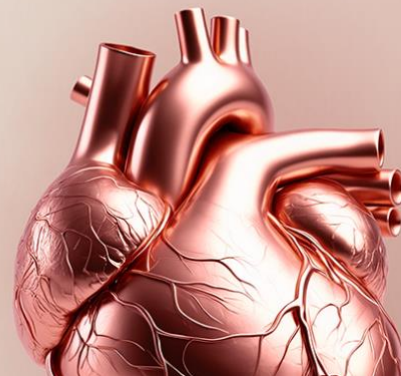
A central message emerged throughout the event: *cardiovascular imaging should no longer be regarded merely as a diagnostic service operating at the margins of care, but as a strategic tool that supports the entire patient pathway.*

As highlighted by the **Member of the European Parliament, Romana Jerković** – *Rapporteur for the report on the Safe Hearts Plan, Vice-Chair of the European Parliament’s Committee on Public Health and Chair of the MEP Group on Cardiovascular Health* – in her opening remarks, imaging plays a role at every stage of care, from prevention and early detection to treatment planning and long-term monitoring. As such, it is increasingly becoming a key enabler of better cardiovascular outcomes and more efficient healthcare systems.

This broader vision aligns closely with the objectives of the EU Safe Hearts Plan, which seeks to strengthen Europe’s response to cardiovascular disease. Speakers agreed that achieving these ambitions will require a shift in mindset. Improving treatment alone will not be sufficient; greater attention must be given to early identification of disease and to ensuring that patients receive the right intervention at the right time. Both **MEP Jerković** and **MEP Vytenis Andriukaitis**, stressed that prevention and early diagnosis must be central pillars of future cardiovascular policy.

In this context, imaging was presented not only as a clinical tool but also as a mechanism for improving healthcare sustainability. **Prof. Mathias Prokop**, President of the ESR, underlined that accurate diagnosis allows clinicians to avoid unnecessary procedures, make better use of available resources and support a “first-time-right” approach to patient care. The discussion also highlighted the importance of stronger cooperation between Member States, improved interoperability of health data and greater coordination at European level to ensure equitable access to quality cardiovascular care across Europe, an issue particularly emphasised by Andriukaitis.

As the debate progressed, a clear picture emerged: the future cardiovascular strategy will depend on collaboration between policymakers, healthcare professionals, scientific societies, patient organisations and industry, to ensure that imaging is fully integrated into cardiovascular care pathways. This need for collaboration was echoed by several speakers, including **Prof. Paola**



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Anna Erba, President of the EANM, who stressed that investment in education, workforce development and equitable access must accompany technological progress. She further highlighted the growing importance of personalized medicine in cardiovascular care and explained how imaging converts biological information into measurable biomarkers that allow clinicians to better assess individual patient risk and tailor treatment accordingly.

Imaging in practice: from early detection to precision medicine

The discussion then turned to the practical contribution of imaging within routine cardiovascular care.

A recurring theme was that cardiovascular diseases often present in complex and heterogeneous ways. Patients with similar symptoms may have very different underlying conditions and therefore require very different treatment approaches. As demonstrated through patient cases by **Prof. Rodrigo Salgado**, President of the European Society of Cardiovascular Radiology, imaging provides the evidence needed to distinguish between these cases and to guide clinical decision-making with greater confidence.

Examples presented during the session demonstrated how advanced CT imaging can identify significant coronary artery disease early enough to allow timely intervention, while at the same time helping other patients avoid unnecessary invasive procedures. The value of imaging therefore lies not only in detecting disease but also in ensuring that treatment decisions are appropriately tailored to each patient's needs.

Speakers also stressed that many of the technologies required to improve cardiovascular diagnosis are already available across European healthcare systems. As Prof. Salgado argued, the challenge is often less about developing new equipment than about making better use of existing resources and incorporating imaging effectively into routine care pathways.

The conversation further evolved towards the importance of combining different imaging approaches. Anatomical imaging can provide highly detailed information about narrowing of coronary arteries, inflammation or structural abnormalities. However, understanding anatomy alone is not always sufficient. **Prof. Lars Christian Gormsen** explained that nuclear imaging can reveal how the cardiovascular system is actually performing, showing whether an observed abnormality is affecting blood flow, metabolism or other critical biological processes.

By combining these complementary perspectives, clinicians can move beyond simply identifying disease to understanding its clinical significance. The result is more accurate diagnosis, better risk assessment and more informed treatment decisions. This integration of anatomical and functional information is one of the strongest examples of how imaging is evolving towards precision medicine.

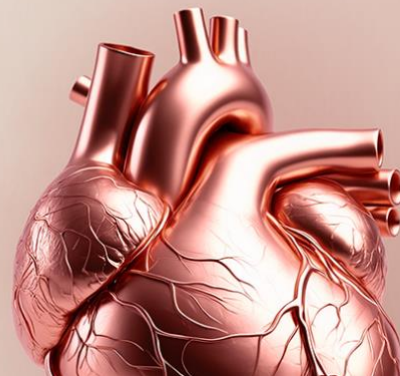
When imaging makes the difference: the patient perspective

The clinical presentations were reinforced by powerful patient testimonies that demonstrated what is at stake when imaging is available and when it is not.

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Christel Put described experiencing severe chest pain while showing none of the typical indicators associated with cardiovascular disease. Initial investigations failed to identify a cause, yet her symptoms continued to raise concerns. As explained by Prof. Salgado, the mismatch between clinical presentation and test results prompted additional imaging. Thanks to this decision, a critical coronary artery narrowing was discovered and timely intervention could take place.

A second patient perspective, shared by **Guy Lippens**, highlighted the consequences of delayed diagnosis. Living with amyloidosis, a rare disease, he experienced years of uncertainty before receiving the correct diagnosis. Earlier access to appropriate imaging could potentially have identified the disease before substantial organ damage developed. Beyond the individual experience, this story exposed broader challenges that continue to affect patients across Europe, including limited awareness of rare conditions, disparities in access to specialised diagnostic services and significant variations between countries in recognising less common diseases.

Both testimonies illustrated an important point repeatedly raised throughout the event: imaging is not simply about generating pictures. Its value lies in enabling healthcare professionals to uncover conditions that may otherwise remain hidden and to intervene in a targeted manner before a major cardiovascular event occurs.

New frontiers in cardiovascular imaging

While current imaging technologies are already transforming care, speakers highlighted that the field is rapidly evolving beyond traditional diagnosis.

As **Prof. Marco Francone** explained, the future of cardiovascular imaging increasingly lies in its ability to predict disease rather than simply detect it. Advances in quantitative imaging, imaging biomarkers, and artificial intelligence are providing new insights into the biological mechanisms that drive cardiovascular disease. Rather than focusing exclusively on visible anatomical changes, clinicians are becoming able to identify earlier disease processes and understand how conditions develop over time.

This evolution is particularly important for prevention. By identifying patients at higher risk before symptoms occur or before irreversible damage develops, imaging can help target interventions more effectively and support more personalised treatment strategies.

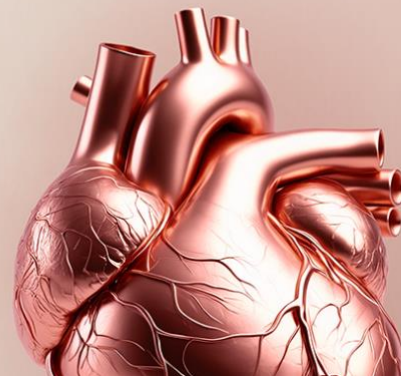
Several examples illustrated how molecular and functional imaging can detect disease activity before structural abnormalities become visible. Such capabilities may allow clinicians to intervene earlier, potentially preventing future cardiovascular events altogether.

Prof. Riemer Slart demonstrated how function-based imaging can identify pathological processes at a stage when traditional imaging approaches may still appear normal. Particular attention was given to coronary microvascular dysfunction, a condition that often remains undetected through conventional diagnostic approaches and disproportionately affects women. Prof. Slart highlighted how functional PET imaging offers the possibility of identifying these

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patients more accurately, helping to address an important gap in cardiovascular care and supporting more equitable diagnosis and treatment.

At the same time, advances in artificial intelligence and data analysis are expected to further enhance the ability of imaging technologies to support risk prediction, workflow efficiency and personalised medicine. These developments suggest that imaging will continue to play an increasingly important role not only in clinical practice but also in broader public health and prevention strategies.

Imagers in support of the EU Safe Hearts Plan implementation

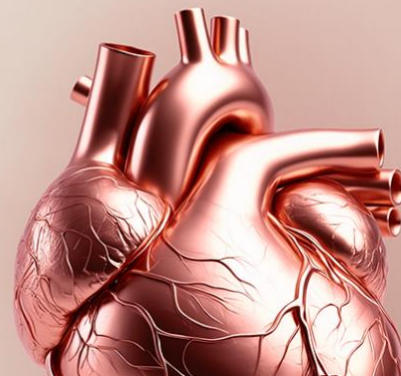
The programme concluded with a panel discussion bringing together representatives from Member States, professional medical societies and healthcare stakeholders to discuss how imaging should be integrated into the implementation of the Safe Hearts Plan and the importance of multidisciplinary collaboration.

A strong consensus emerged that investment in imaging cannot be limited to purchasing equipment. Advanced technologies require trained professionals, integrated care pathways and healthcare systems capable of using diagnostic information effectively. **Evis Sala**, Minister of Health of Albania, emphasised that healthcare systems must invest not only in technology but also in people who understand how imaging fits within the broader patient journey. Human expertise, education and workforce development were repeatedly identified as essential components of any successful strategy.

Participants also recognised that while the Safe Hearts Plan provides an important European framework, implementation will ultimately occur at national level. As noted by **Isabelle Baustert Chrysanthou**, Health Attaché at the Permanent Representation of the Republic of Cyprus to the EU, Member States will remain responsible for determining how these approaches are integrated into their healthcare systems, making national commitment and sustained investment crucial to success.

The importance of multidisciplinary collaboration became another defining theme. **Prof. Thomas Felix Lüscher**, President of the European Society of Cardiology, highlighted the importance of combining imaging, biomarkers, clinical data, and artificial intelligence to support more personalized cardiovascular prevention and care. Several speakers argued that cardiovascular care should adopt the same multidisciplinary model that has proven successful in oncology, ensuring that patients benefit from coordinated expertise throughout their healthcare journey.

Attention was also drawn to conditions that remain insufficiently recognised, such as peripheral arterial disease. **Prof. Philippe Pereira**, President of the Cardiovascular and Interventional Radiological Society of Europe (CIRSE), called for greater recognition of these conditions within future European cardiovascular strategies and advocated for integrated care pathways and centres of excellence.



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Industry representatives reinforced the importance of balancing prevention with early detection, treatment and long-term follow-up. **Viktoriia Shportiuk**, Co-Chair of the COCIR Cardiovascular Disease Task Force, also highlighted the role that adequate funding and innovation-friendly regulatory frameworks, particularly for artificial intelligence, will play in ensuring that technological advances can be translated into patient benefit.

Conclusion: A shared vision for the future of cardiovascular care

The event concluded with a clear and shared vision: imaging must become a fully integrated component of cardiovascular healthcare policy and practice.

Across all discussions, from the policy perspectives of MEP Romana Jerković and Vytenis Andriukaitis, to the clinical insights shared by imaging experts and the experiences of patients themselves, the same conclusion emerged. Imaging delivers value far beyond diagnosis. It enables earlier detection, more precise treatment decisions, personalised care, better use of healthcare resources and ultimately improved patient outcomes.

However, technology alone will not deliver these benefits. Success will require investment in people, education, infrastructure and collaboration. As stressed by **Prof. Carlo Catalano**, ESR former President, in his closing remarks, partnerships between scientific societies, policymakers and patient organisations are not merely beneficial but essential for the successful implementation of the Safe Hearts Plan.

The Safe Hearts Plan provides the framework. Imaging provides many of the tools needed to achieve its objectives. The challenge now is to ensure that these tools are accessible, integrated and effectively used so that patients across Europe can benefit from earlier diagnosis, more personalised treatment and better cardiovascular health.