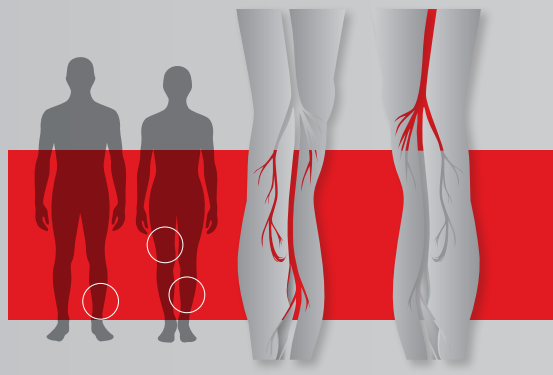
CIRSE Cardiovascular and Interventional Radiological Society of Europe

IN SUPPORT OF THE EU SAFE HEARTS PLAN

SAVING LIMBS AND LIVES



ADDRESSING EUROPE'S BIGGEST HEALTH CHALLENGE

Cardiovascular disease represents the leading cause of death and disability in the EU, claiming 1.7 million lives every year and affecting around 62 million people, leading to an economic cost exceeding €282 billion per year (1).
The Cardiovascular and Interventional Radiological Society of Europe (CIRSE) welcomes and strongly supports the EU Safe Hearts Plan and the recently published proposal for a Council Recommendation on cardiovascular health checks, which sets out an EU approach to early detection and screening.

THE OVERLOOKED CARDIOVASCULAR BURDEN

The EU Safe Hearts Plan offers a unique opportunity to improve cardiovascular prevention, early detection, and treatment across Europe. Vascular diseases, including primarily peripheral arterial disease (PAD), remain a crucial but often under-recognised component of the cardiovascular burden. PAD affects an estimated 17 million people in the EU, with its prevalence rising sharply with age and disproportionately affecting people with diabetes, chronic kidney disease, and smoking history.

KEY FACTS ABOUT PERIPHERAL ARTERIAL DISEASE (PAD)

- A **common** and **underdiagnosed** manifestation of **systemic cardiovascular disease**
- Affects **an estimated 17 million people in the EU**
- Presents as **intermittent claudication** with leg pain during walking, or as **chronic limb-threatening ischaemia (CLTI),** characterised by ischaemic rest pain, non-healing ulceration, or tissue loss
- Associated with **heart attack, stroke, cardiovascular death, reduced mobility** and, in advanced cases, **CLTI** and **major amputation**
- Approximately **22% of patients experience major (above-the-ankle) limb loss within one year** of diagnosis of CLTI
- Patients diagnosed with CLTI face a **high mortality rate of 20% to 25% within the first year, and up to 60% to 70% within five years**
- Patients are often **asymptomatic** or present with **non-specific symptoms**, which frequently leads to **delayed diagnosis**, while fast referrals are key to **save limbs**

Lower limb amputations are often the final and irreversible stage of late-diagnosed or insufficiently treated vascular disease.

Approximately 22% of patients experience major (above-the-ankle) limb loss within one year of diagnosis of chronic limb-threatening ischaemia (CLTI) if they do not undergo revascularisation. Patients diagnosed with CLTI face a mortality rate of 20% to 25% within the first year, and up to 60% to 70% within five years (2).

Furthermore, patients who undergo major amputations due to CLTI carry a high risk of death within 30 days of surgery (ranging from 8% to 14%) and face a one-year mortality rate of over 50%.

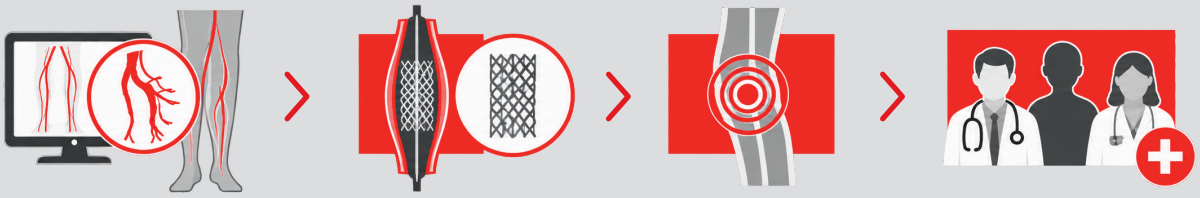
With PAD's significant impact on patients' lives as well as associated healthcare and societal costs, CIRSE urges that PAD must be represented in all flagship initiatives of the implementation of the EU Safe Hearts Plan. CIRSE welcomes the recent proposal for a Council Recommendation on cardiovascular health checks that includes a **recommendation for including the evaluation of peripheral arterial disease in health checks for individuals aged 65 years and older.**

To impact vascular patients' lives and reduce PAD's burden on healthcare systems in the future, CIRSE has formulated **policy recommendations** for the European Institutions and EU Member States for the implementation of the EU Safe Hearts Plan and is ready **to contribute its expertise and support more effective and equitable cardiovascular care across Europe.**

INTERVENTIONAL RADIOLOGY IN SUPPORT OF THE SAFE HEARTS PLAN

Interventional radiology (IR) is the clinical specialty at the forefront of **minimally invasive, image-guided treatment** for vascular disease, focussing on the **diagnosis, treatment, and clinical management of patients**, using minimally invasive procedures (under local anaesthesia and same-day discharge) guided by real-time medical imaging including X-ray, MR, ultrasound, and CT, navigating inside the vascular system and treating conditions that would otherwise require open surgery. Interventional radiologists combine expertise in medical imaging from diagnostic radiology training with specialised training in minimally invasive, image-guided procedures and patient management (3,4).

IR plays a key role in multidisciplinary vascular care throughout the entire patient pathway:



1. **Early diagnosis**
Imaging and image interpretation allow precise localisation and characterisation of vascular disease and guide treatment planning.

2. **Minimally invasive revascularisation**
Angioplasty, stenting and other catheter-based techniques can restore blood flow without open surgery in appropriately selected patients. These procedures are possible on a day-case basis reducing recovery times and costs.

3. **Treatment of complex disease**
IR/endovascular expertise has a particularly important role in multilevel and below-the-knee disease, including for patients with diabetes and significant comorbidities.

4. **Continuity of clinical care**
IRs are clinicians taking care of patient assessment, treatment selection in multidisciplinary teams, intervention, and post-procedural patient follow-up.

SAVING LIMBS AND LIVES: CIRSE RECOMMENDATIONS

As emphasised by the European Commission, **early detection and screening of cardiovascular diseases through health checks are key for prevention**. Identifying PAD early offers an opportunity to identify and treat a person at high cardiovascular risk in time and offer treatments before further cardiovascular events occur. **Amputations become preventable when diseases are detected early.**



1. **PAD assessment needs to be present in cardiovascular health checks for all high-risk populations**

2. **Screening needs to be linked to clear referral pathways**

3. **EU cardiovascular health centres need to provide equitable access to minimally invasive treatments**

1. PAD assessment needs to be present in cardiovascular health checks for all high-risk populations

The Commission's proposal for the Council Recommendation on cardiovascular health checks foresees PAD assessment for individuals aged 65 years and older and creates an important mandate for the stronger implementation of PAD assessments at national level. CIRSE strongly recommends **extending the recommendation to populations with high risk factors** and to recommend and **train physicians** carrying out these checks with simple but effective assessment methods.

HIGH RISK FACTORS FOR PAD MANDATING SCREENING	RECOMMENDED SCREENING
• >65 years of age • Diabetes • Chronic kidney disease • Smoking history • Established cardiovascular disease	1. Symptom questionnaire 2. Ankle-brachial index (ABI) measurement

2. Screening needs to be linked to clear referral pathways

As emphasised in the proposal for the Council Recommendation on cardiovascular health checks, EU Member States are recommended to **ensure the availability and accessibility of referral pathways** for follow-up assessment and care of individuals at a higher risk through an **integrated, patient-centred care pathway**.

Connecting early detection with personalised treatment is essential.



Early detection can prevent disease progression only when screening is directly linked to structured care pathways and allows patients timely access to treatment and rehabilitation. For PAD, this means identifying disease earlier, creating rapid referral pathways, and ensuring that every patient has access to the most appropriate evidence-based treatment. In line with current guidelines, endovascular therapy is the most frequently used revascularisation strategy and, depending on anatomy and patient profile, often the first-line treatment option (5, 9, 12, 13). CIRSE welcomes the planned **Council Recommendation on personalised treatment and monitoring of cardiovascular diseases** to ensure appropriate follow-up care in 2027 and improve access to essential treatments across the EU and strongly supports **the inclusion of structured care pathways for intermittent claudication and CLTI.**

STRUCTURED CARE PATHWAYS FOR INTERMITTENT CLAUDICATION	RAPID REFERRAL TO MULTIDISCIPLINARY VASCULAR TEAMS FOR PATIENTS WITH SUSPECTED CLTI
• Promote best medical therapy and supervised exercise as first-line treatment • Enable **timely referral from primary medical care to a vascular specialist** – interventional radiologist/vascular surgeon/vascular medicine • **Ensure equitable access to minimally invasive endovascular treatment and revascularisation** as part of personalised cardiovascular care	• Enable rapid referral to **multidisciplinary vascular teams**, i.e., interventional radiologists, vascular surgeons, vascular medicine for patients with suspected chronic limb-threatening ischaemia • Ensure adherence to national time-to-revascularisation targets and access to diabetic foot/wound care

3. EU cardiovascular health centres need to provide equitable access to minimally invasive treatments

CIRSE advocates that a **patient's likelihood of losing a limb should not depend on where in Europe they live or whether minimally invasive vascular expertise is locally available**.

The planned **EU network of cardiovascular health centres** represents another key opportunity to improve cardiovascular care across Europe. **The network is expected to be further developed through the forthcoming Council Recommendation on personalised treatment and monitoring of cardiovascular diseases**.

By bringing together expertise and facilitating the uptake of diagnosis and treatment, as well as rehabilitation, long-term care, and effective management, these centres could support more integrated cardiovascular care. As these centres are expected to set standards for tomorrow's cardiovascular treatments with patient-centred multidisciplinary assessments and treatment strategies, PAD patient care must be an integral part of these centres, together with IR's minimally invasive image-guided expertise in all cardiovascular health centres.

To enable this new era of vascular care, CIRSE urges EU Member States to drive equitable access to interventional radiology care through standardised training pathways, certification, subspecialty recognition, and the support of required infrastructure.

A full integration of PAD screening and patient care into the EU Safe Hearts Plan's implementation is paramount to delivering equitable and effective care and to reducing severe and preventable outcomes such as amputations.

CIRSE

The Cardiovascular and Interventional Radiological Society of Europe (CIRSE) is a membership-based, non-profit making, educational and scientific association aiming to improve patient care through the support of teaching, science, research, and clinical practice in the field of cardiovascular and interventional radiology.

Founded in 1985, CIRSE represents more than 11,000 physician members and 59 national and regional IR societies across Europe and internationally and is a leading scientific society promoting minimally invasive image-guided therapies. Learn more about CIRSE at **www.cirse.org.**

References

(1) OECD report (2025) 'The state of cardiovascular health in the EU' – Full Report: The State of Cardiovascular Health in the European Union | OECD. https://www.oecd.org/en/publications/the-state-of-cardiovascular-health-in-the-european-union_ea7a15f4-en/full-report.html

(2) Ventoruzzo, G., Mazzitelli, G., Ruzzi, U., Liistro, F., Scatena, A., & Martelli, E. (2023). Limb Salvage and Survival in Chronic Limb-Threatening Ischemia: The Need for a Fast-Track Team-Based Approach. Journal of clinical medicine, 12(18), 6081.

(3) Morgan, R. A., Patel, P. J., Binkert, C., & Tam, A. (2024). Global Statement Defining Interventional Radiology – Have We Reached the Tipping Point? *Cardiovascular and Interventional Radiology,* 47(11), 1435–1439. / *Journal of Vascular and Interventional Radiology,* 36(5), 744-748.

(4) Mahnken, A. H., Boullosa Seoane, E., Cannavale, A., de Haan, M. W., Dezman, R., Kloeckner, R., O'Sullivan, G., Ryan, A., & Tsoumakidou, G. (2021). CIRSE Clinical Practice Manual. *CardioVascular and Interventional Radiology,* 44(9), 1323–1353.

(5) Writing Committee Members, Gornik, H. L., Aronow, H. D., Goodney, P. P., et al. (2024). 2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Journal of the American College of Cardiology,* 83(24), 2497–2604.

(6) Hamady, M., Wolf, F., Al-Rekabi, A. *et al.* CIRSE Standards of Practice for the Endovascular Management of Acute Lower Limb Ischaemia. *Cardiovasc Intervent Radiol* (2026).

(7) Society for Vascular Surgery Clinical Practice Guideline on the management of intermittent claudication: Focused update. *Journal of Vascular Surgery,* 2025.

(8) Loffroy, R., Basile, A., Dósa, E. *et al.* CIRSE Standards of Practice for the Interventional Radiology Management of Acute and Chronic Arterial Mesenteric Ischaemia. *Cardiovasc Intervent Radiol* 48, 1091–1103 (2025).

(9) Mazzolai, L., Rodriguez-Palomares, J.F., et al. (2024). 2024 ESC Guidelines for the management of peripheral arterial and aortic diseases. *European Heart Journal,* 45(36), 3538–3692.

(10) Aboyans, V., et al. (2024). Editor's Choice – European Society for Vascular Surgery (ESVS) 2024 Clinical Practice Guidelines on the Management of Asymptomatic Lower Limb Peripheral Arterial Disease and Intermittent Claudication. *European Journal of Vascular and Endovascular Surgery,* 67(1), 9–96.

(11) Morgan, R., Haslam, P., McCafferty, I., et al. (2024). Provision of Interventional Radiology Services 2023. *Cardiovascular and Interventional Radiology,* 47(1), 3–25.

(12) Conte, M. S., Bradbury, A. W., Kolh, P., White, J. V., Dick, F., Fitridge, R., Mills, J. L., Ricco, J. B., Suresh, K. R., Murad, M. H., & GVG Writing Group (2019). Global vascular guidelines on the management of chronic limb-threatening ischemia. *Journal of Vascular Surgery,* 69(6S), 3S-125S.e40.

(13) Spiliopoulos, S., Del Giudice, C., Manzi, M. et al. CIRSE Standards of Practice on Below-the-Knee Revascularisation. *Cardiovasc Intervent Radiol* 44, 1309–1322 (2021).

(14) Vascular Society of Great Britain and Ireland (2021) *Provision of Services for People with Vascular Disease 2021.* London: Vascular Society. Available at: https://www.vascularsociety.org.uk