A short history of the EAPC

In 2020 the Honorary Presidents' Network was established within the EAPC. The Past-Presidents of the EAPC are the memory of the Association. The authors of this short history on how the Association started and where it is now are listed below:

J. Perk, Linnaeus University, Kalmar, Sweden; G. De Backer, Ghent University, Ghent, Belgium; H. Saner, University of Bern, Bern, Switzerland; D. Wood, National University of Ireland, Galway, Ireland; P. Gianuzzi (deceased) University of Veruno, Italy; S. Gielen, Bielefeld University, Detmold, Germany; A. Pelliccia, Institute of Sport Medicine and Science, Rome, Italy; R. Grobbee, Utrecht University, Utrecht, the Netherlands; P. Dendale, Hasselt University, Hasselt, Belgium.

The past-presidents are particularly indebted to K. Pyörälä (Finland) for his contribution to this document and also to B. Bjarnason (Germany), H. Björnstad (Norway), P. Mathes (Germany) and L. Vanhees (Belgium) who provided additional and interesting information.

"τὰ πάντα ῥεῖ καὶ οὐδὲν μένει" "everything flows, and nothing stays."
Heraclitus (535-475 BC).

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It all started with the European Society of Cardiology

In 1946 and 1948, in connection with the Second and Third Inter-American Congresses of Cardiology held in Mexico and Chicago, several leading European cardiologists discussed the possible creation of a European Society of Cardiology (ESC). In 1949 a preliminary meeting was held in Brussels with representatives from 14 countries (Belgium, Denmark, Finland, France, Greece, Italy, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom and Yugoslavia). A provisional Executive Board was appointed including C. Laubry (France) as Honorary President, G. Nylin (Sweden) as President, D.E. Bedford (United Kingdom), E. Coelho (Portugal) and J. Lenègre (France) as Vice-Presidents, F. van Dooren (the Netherlands) as Secretary, and I. Mahain (Switzerland) as Treasurer. The Board prepared a draft constitution, and in 1950, in connection with the World Congress of Cardiology, held in Paris, the ESC was officially established.

The first European Congress of Cardiology was held in London in 1952 under the presidency of Sir John Parkinson. Subsequently, European Congresses were held every four years. However, with the rapid development of cardiology and stimulated by the annual congresses of the American College of Cardiology (ACC) and the American Heart Association (AHA), the ESC began to evolve its strategies, activities and organisation in the 1970s aiming at convening an annual ESC Congress. The main driving force in this development was P. Hugenholtz (the Netherlands), a member of the ESC Board who later became the President of the ESC in 1984 - 1988. An important part of these plans was the creation of Working Groups (WGs) in the main fields of cardiovascular medicine. At the ESC Congress held in Amsterdam in 1976 some WGs were established, including the Working Group (WG) on Epidemiology and Prevention. In 1980 the WG on Exercise Physiology, Physiopathology and Electrocardiography was founded and in 1984 the WG on Cardiac Rehabilitation. As a preparation for the shift to annual European Congresses Joint WG Meetings were held in 1978 in Brighton, UK, in 1981 in Pavia, Italy, in 1983 in Spa, Belgium, in 1985 in Brighton, UK and in 1987 in Santiago de Compostela, Spain.

The ESC Congress held in Vienna in 1988 marked the beginning of annual congresses and the ESC now hosts the largest cardiology congress worldwide.

These new developments in the activities of the ESC, particularly the organization of the meetings and congresses, made it necessary to have a permanent office and staff. The first location of the ESC office was Nyon, Switzerland, with W. Neijmann (the Netherlands) as the Executive Director. When the annual congresses started, the ESC needed more office space and staff and the solution was to buy a piece of land in Sophia Antipolis, near Nice (France), and to build its own headquarters and education centre. The European Heart House was inaugurated in 1992 during the ESC Congress held in Nice. A brief history of the ESC has been written in a booklet in 2008 by its past-presidents (1). In 2021 the ESC unites 57 national cardiac societies and comprises 29 cardiovascular subspeciality communities covering the full spectrum of cardiology including 7 Associations, 15 WGs and 7 Councils.

Steps leading to the creation of the ESC WG on Epidemiology and Prevention

The background leading to the creation of the ESC WG on Epidemiology and Prevention stems from the 1960s and developments within the International Society and Federation of Cardiology (ISFC), now called the World Heart Federation. In 1966, at the World Congress of Cardiology, held in New Delhi, India, eight Scientific Councils were established as official arms of the ISFC to promote the scientific life of the Society. One of them was the Scientific Council on Epidemiology and Prevention. The ISFC Council (later called Section) on Epidemiology and Prevention was open to physicians and other scientists interested in the epidemiology and prevention of cardiovascular diseases (CVD). The annual 10-Day International Teaching Seminars on Cardiovascular Epidemiology and Prevention became the main undertaking of the ISFC Section on Epidemiology and Prevention to promote training of researchers. The first 10-Day International Seminar was held in Makarska, Yugoslavia in 1968. The faculty included famous pioneers of cardiovascular epidemiology (A. Keys (USA), H. Blackburn (USA), J. Stamler (USA), R. Remington (USA), F. Epstein (USA/Switzerland), G. Rose (UK), G. Tibblin (Sweden), and M. Karvonen (Finland)). Most of the participants of this

first 10-Day Seminar had a clinical background and were from European countries. These Seminars have since been held annually, most of them in Europe during the first 10 years.

K. Pyörälä was elected in 1974 as the Secretary of the ISFC Section on Epidemiology and Prevention and served in that capacity for two 4-year periods, in 1974 – 1978 with J. Stamler as the chairman of the Section, and in 1978 – 1982 with G. Rose as chairman. Because the participants of the 10-Day International Seminars were actively recruited to become members of the ISFC Section on Epidemiology and Prevention, by the middle of the 1970s the Section already had about 150 European members. K. Pyörälä then had the idea that it would be useful to establish a European subsection within the ISFC Section to improve the contact and communication between European scientists in this field. He proposed this to G. Rose, then the Chairman-Elect of the ISFC Section and he agreed that this plan should be put forward. This proposal was, however, not approved by the Executive Council of the ISFC Section. At the same time P. Hugenholtz was developing his plans to reorganise and stimulate the activities of the ESC by creating ESC WGs in specific areas of cardiovascular medicine. G. Rose and K. Pyörälä realised that this would be a good opportunity to create a European network between scientists in the field of epidemiology and prevention under the auspices of the ESC. Consultation with F. Epstein, R. Mulcahy (Ireland), G. Lamm (WHO-Europe) and some other colleagues gave strong support to the idea.

The creation of the first ESC WGs was scheduled for discussion at the ESC Congress held in Amsterdam in 1976. To get broader support a letter was sent to all European members of the ISFC Section on Epidemiology and Prevention explaining the plan and inviting them to discuss it during the congress week at an evening meeting. About 30 people came and G. Rose, R. Mulcahy and K. Pyörälä explained the plan to propose to the Board of the ESC that a WG on Epidemiology and Prevention be established within the ESC with the aim of optimising contacts between European scientists working in the field and contributing to the scientific programmes of the congresses and meetings of the ESC. The proposal was unanimously approved, and the decision was celebrated by a good dinner.

However, during the congress week it became known there was a competing proposal for a WG with a comparable name. H. Günther from Berlin (German Democratic Republic), who was at that time a member of the ESC Board, wanted to propose a WG on Preventive Cardiology which was prescient given the current name of our Association. His idea was

more clinically than scientifically oriented, and it became clear that the two proposals had to be formulated into a joint proposal. An agreement was reached to propose to the ESC Board that a WG on Epidemiology and Prevention be established. As a compromise it was agreed that G. Rose and H. Günther would be proposed as the two founding Chairpersons of the WG. On the last day of the Amsterdam Congress the proposal was approved by the ESC Board. K. Pyörälä volunteered to act as the Secretary of the WG and to formulate a proposal for its working rules.

Steps leading to the creation of the ESC WG on Cardiac Rehabilitation and Exercise Physiology

Towards the middle of the last century patients who suffered an acute myocardial infarction (AMI) were kept in bed for several weeks. On discharge all strenuous activities were forbidden for at least a year. This recommendation of enforced bedrest was based on empiricism rather than on experiment. In the early 1950's this belief was questioned and the first inpatient progressive physical activity program, the arm-chair treatment, for patients after an AMI was reported in 1952 (2). In the 1960s' with the proliferation of coronary care units earlier mobilization after an AMI became more accepted. At that time 'rehabilitation' was almost exclusively exercise training and given the economic situation of the 'golden sixties' complemented by some vocational re-adjustments. Later the multidimensional aspects of cardiac rehabilitation were acknowledged and a multidisciplinary team approach addressing not only supervised exercise but all aspects of lifestyle and risk factor management were strongly recommended.

The World Health Organization (WHO) was supportive of this programme evolution (3) and in 1967 a first meeting on cardiac rehabilitation took place in Noordwijk aan Zee (the Netherlands) organised by the WHO Regional Office for Europe. Among the Scientific Councils established within the ISFC in 1966 the Scientific Council on Cardiac Rehabilitation was one of the most active bodies and gained worldwide recognition as one of the most productive Councils of the ISFC. A World Congress on Cardiac Rehabilitation took place in

Hamburg, Germany in 1977 and the Second World Congress on Cardiac Rehabilitation was organised by the Council in Jerusalem, Israël in 1981.

H. Denolin (Belgium) who was president of the ESC in 1976-80 had great interest in exercise physiology and cardiac rehabilitation and promoted the creation of a working group on these topics. A *Working group on exercise physiology, physiopathology and electrocardiography* was founded as WG 1 in 1980 by the late J-M. Detry (Belgium) and by B. Caru (Italy). WG 1 organised in April 1981 in Vienna, Austria a symposium on the prognostic values of exercise testing and drug effects on the exercise ECG (4).

In 1984 a *Working group on cardiac rehabilitation* was founded by P. Mathes and the late R. Mulcahy. From then on, the WG on Cardiac Rehabilitation was present at every annual congress of the ESC. In addition, frequent meetings took place in many European countries, notably Ireland (Dublin), Hungary (Balatonfüred and Budapest), Italy (Veruno and Rome), Portugal (Lisbon and Estoril), Spain (Valencia and Santiago de Compostela), Germany (Höhenried and Munich) and others. Chairmen of the WG on Cardiac Rehabilitation were L. Tavazzi and P. Giannuzzi (Italy), J. Perk (Sweden), H. Saner (Switzerland), I. Hellemans (the Netherlands), C. Monpère (France), G. Veress (Hungary), J. Horgan (Ireland), H. Gohlke (Germany), B. Bjarnason-Wehrens, R. Hambrecht (Germany), D. Cokkinos (Greece) S. Adamopoulos (Greece), M. Mendes (Portugal) and W. Benzer (Austria).

R Mulcahy (Left) and P Mathes, circa 1984

In 1994 WG 1 merged with the WG on cardiac rehabilitation into the *Working group on cardiac rehabilitation and exercise physiology*. The aims and goals of the joint WG included: Increase the acceptance of exercise based cardiac rehabilitation by medical professionals, increase the number of such programs and of their participants in Europe, integrate professional education in cardiac rehabilitation and exercise testing/training for cardiovascular patients into the core curriculum of the European cardiologist, organize training courses in cardiac rehabilitation and exercise testing/training at the European level, start a European cardiac rehabilitation data base, start a Quality of Life project, support

international multicentre research in cardiovascular rehabilitation and have a European Journal for Cardiovascular Prevention and Rehabilitation by 2003.

Independent of the ESC, the *European Association of Cardiovascular Rehabilitation* (EACVR) was established in 1992 aiming at the promotion of multidisciplinary and long-term cardiac rehabilitation in Europe. In 1999 the EACVR joined the ESC Working group on cardiac rehabilitation and exercise physiology.

Activities of the Working Group on Epidemiology and Prevention from 1976 until 2004

The central aim of the WG on Epidemiology and Prevention from its very beginning was to get a good representation of epidemiological research into the programmes of the ESC meetings, particularly the ESC Congresses. The underlying thinking, emphasized by the founders of the WG, was that in this way the results of epidemiological research on the causes of cardiovascular diseases and the results of major prevention trials would reach cardiologists and physicians in clinical practice. The WG on Epidemiology and Prevention took an active part in the Joint WG meetings arranged by the ESC before the shift to the annual ESC Congresses in 1988.

In addition to actively participating in the creation of the programmes of the ESC Congresses the WG also arranged its own separate meetings which were scientifically successful and socially rewarding. The first stand-alone meeting of the WG was held in 1979 in Dublin, Ireland and at that meeting the document on organizational arrangements of the WG was accepted. Further separate meetings were held in 1982 in Barcelona, Spain, in 1992 in Ghent, Belgium, in 1994 in Venice, Italy, in 1996 in Pilsen, the Czech Republic, in 1998 in Shannon, Ireland, in 2000 in Gdansk, Poland, in 2002 in Taormina, Italy and in 2004 in Elsinore, Denmark.

After the founder Co-Chairpersons, G. Rose and H. Günther, who were in office until the Dublin meeting in 1979, the WG has been chaired by a number of prominent people in the field, including L. Wilhelmsen (Sweden), M. Kornitzer (Belgium), H. Tunstall-Pedoe (UK), Z.

Pisa (WHO), D. Thelle (Norway), G. De Backer (Belgium), S. Sans (Spain), D. Wood (UK), F. Gutzwiller (Switzerland), U. Keil (Germany), I. Graham (Ireland), J. Tuomilehto (Finland) and A. Rynkiewicz (Poland). Following K. Pyörälä, the founder Secretary, N. Hickey (Ireland), H. Tunstall-Pedoe, S. Sans, A. Pajak (Poland), and A. Rosengren (Sweden) have served as Secretaries of the WG.

The WG has been very successful in getting a visible place in the ESC Congress programmes. From small audiences in the first years the audiences of sessions arranged by the WG, either alone or jointly with other WGs, have grown remarkably well and research on epidemiology and prevention has got its established place in the ESC Congress programmes.

The ESC WG on Epidemiology and Prevention took the leading role in the development of the first ESC guidelines, the Joint European Societies' recommendations on prevention of coronary heart disease in clinical practice first published in 1994 in collaboration with the European Atherosclerosis Society and the European Society of Hypertension followed by guideline updates in 1998 and 2003. The three Task Forces creating these guidelines were chaired by K. Pyörälä, D. Wood, and G. De Backer respectively. The implementation of these prevention guidelines in Europe was actively promoted by the Joint European Societies CVD Prevention Committee. D. Wood, I. Graham and G. De Backer have chaired this Committee.

The research projects initiated by the WG included the first ESC registry, the EUROASPIRE survey of secondary prevention of CHD across 9 countries in 1995-96 led by D. Wood (5). This was the fore runner of the ESC EuroHeart Survey Programme, created in 1999 by M Simoons (the Netherlands), which progressively evaluated guideline implementation across all cardiology specialities. The second EUROASPIRE survey in 1999-2000 was incorporated in the EuroHeart Survey programme and evaluated secondary prevention across 15 countries (6).

The SCORE project (7) initiated and led by I. Graham developed scoring systems for cardiovascular disease risk assessment based on European cohort study data and was first incorporated in the third update of the European guidelines on CVD prevention.

The ESC WG on epidemiology and prevention has served the same stimulatory role as the AHA Council on Epidemiology and Prevention: to promote epidemiological research in the programs of the ESC Congresses and facilitate communication among clinical and academic groups about CVD epidemiology and prevention research, practice, and policy. This included the Frederick H. Epstein memorial lecture established by Mrs Epstein in 1998 in memory of her husband who spent his scientific career in both the US and in Europe. This named lecture has been held alternatively at the AHA Epidemiology and Prevention Council's conferences and at Congresses of the ESC/ WG Epidemiology and Prevention meetings or EuroPRevent congresses.

Activities of the Working Group on Cardiac Rehabilitation and Exercise Physiology from 1994 until 2004

The work of the WG on cardiac rehabilitation and exercise physiology was very successful and most goals were achieved: In 1998, the first Spring Meeting of the European WG on Cardiac Rehabilitation and Exercise Physiology was organised at the University Hospital Inselspital in Bern, Switzerland (H. Saner) and was followed by Spring Meetings organised in Udine, Italy (P. Fioretti), Bergen, Norway (H. Björnstad), Leipzig, Germany (R. Hambrecht) and Leuven, Belgium (L. Vanhees). In 2003, the first Position Paper titled "Secondary Prevention through Cardiac Rehabilitation" was published in the European Heart Journal (8) under the guidance of P. Giannuzzi (Italy)who later became president of the EAPC but sadly died in 2016.

WG past-chairpersons: from left: P Fioretti, H Gohlke, P Mathes, B Bjarnason-Wehrens, H Saner

The number of cardiac rehabilitation programs and settings increased steadily and the progress has been documented in various

surveys in Europe such as the CArdiac Rehabilitation INformation EXchange (CARINEX) survey (9), the European Cardiac Rehabilitation Inventory Survey (ECRIS) (10) and in a more recent survey by Abreu et al (11). An initiative has been started to integrate the components of cardiovascular prevention and rehabilitation into the first ESC Core Curriculum for European Cardiologists in Training in the year 2001 and the topic has been successfully integrated in this document. The ESC Education and Training Programme for Cardiac Rehabilitation and Exercise Training became the ESC Training Course for Cardiovascular Prevention and Rehabilitation and is organised since 2006 at the University Hospital Inselspital, Bern, Switzerland.
Other educational courses were organised under the auspices of the EACPR notably on ergospirometry in Veruno, Italy and on research methods in Mürren, Switzerland.
Later, teaching programs in sports cardiology have been added and the course continues to be the meeting place for experts in the field teaching course participants from around the world. The European cardiac rehabilitation database has been successfully started and results have contributed to increase the quality-of-service provision around Europe. The Quality-of-Life project has successfully been started with research projects in 22 different countries resulting in a reliable HeartQol questionnaire which is actually available in 32 languages.

The origin of Sports Cardiology and its merge in the WG on Cardiac Rehabilitation and Exercise Physiology and in the EACPR/EAPC.

Starting from the late 90's another area of scientific and professional interest was emerging within the community of the WG on Cardiac Rehabilitation and Exercise Physiology i.e., Sports Cardiology.

Sports Cardiology has a long history within the community of cardiologists. With Italian colleagues, A. Venerando and V. Rulli, WG 1 organised a meeting on Sports Cardiology for the first time in Fiuggi (Italy) in 1984. After the merger with the WG on Cardiac Rehabilitation in 1994 the WG on Cardiac Rehabilitation and Exercise Physiology kept an increasing interest

in Sports Cardiology which gained an increasing audience in the symposia organised in Spring Meetings.

The founding members of the Sport Cardiology section of the WG on Cardiac Rehabilitation and Exercise Physiology at the ESC congress in Berlin, 2002. From left to right : H Bjornstad , D Assanelli, F van Buuren, D Corrado, KP Mellwig, M Borjesson, A Anastasakis, A Pelliccia, N M Panhuyzen-Goedkoop, E Arbustini, P Delise, A Biffi.

In 2001 the first ESC course on Sports Cardiology was held at the Heart House on the initiative of A. Biffi (Italy), and in 2002 the Study Group of Sports Cardiology was officially recognized within the ESC and included in the WG1; the organizing committee being H. Bjørnstad, L. Vanhees, A. Pelliccia and D. Corrado. The scientific aim of the Sports Cardiology group was to reach a European consensus regarding two controversial issues: 1) the role of pre-participation screening as strategy to reduce the burden of sudden death in competitive athletes and 2) implementation of guidelines to advise participation in competitive sport in individuals with CVD.

Consensus documents on these issues were published in 2005 (12,13) and represented the milestone scientific background in this field of CV medicine. These documents gained

international visibility and represented the seed for subsequent Consensus Documents and Guidelines of the EACPR regarding exercise and sport programmes in patients with CVD.

After the merger of the two WGs into the EACPR in 2004, Sports Cardiology kept a highly visible section chaired by A. Pelliccia.

Merger of the WG on Epidemiology and Prevention with the WG on Cardiac Rehabilitation and Exercise Physiology to form the European Association for Cardiovascular Prevention and Rehabilitation (EACPR) and later the European Association of Preventive Cardiology (EAPC)

(see Figure 1)

The creation of the EACPR must be seen within the framework of new developments within the ESC at the turn of the century. The number of the ESC WGs had increased to 27 and there were large disparities between them in size and activities. Another important factor leading to the reorganization of the ESC structure was that some WGs, particularly those getting strong support from the pharmaceutical or medical equipment industries, wanted to become more independent. They already had their own specialty journals and wanted to hold their own separate annual congress-type meetings. Thus, a new organizational concept, Association, was created within the ESC and in 2003 – 2006 the ESC General Assembly accepted the establishment of the following Associations: the European Association of Echocardiography, the European Heart Rhythm Association, the Heart Failure Association of the ESC, the European Association for Cardiovascular Prevention and Rehabilitation and the European Association of Percutaneous Cardiovascular Interventions.

A definitive step towards a merger of the WG on Epidemiology and Prevention with the WG on Cardiac Rehabilitation and Exercise Physiology was taken in 2003 at the ESC Congress in Vienna (Austria), when these WGs got a joint journal, the European Journal of Cardiovascular

Prevention and Rehabilitation (EJCPR), evolved from the Journal of Cardiovascular Risk edited by D. Wood, with H. Saner and D. Wood as the first joint editors-in-chief followed by the late P. Giannuzzi, then D. Grobbee (the Netherlands) and most recently by M. Piepoli (Italy). The journal was renamed in 2012 as the European Journal of Preventive Cardiology (EJPC) more effectively positioning the journal as the first choice for authors to submit high-quality manuscripts related to all aspects of preventive cardiology (14). This move, together with sustained editorial leadership resulted in an impact factor of 7,804 in the year 2021.

Celebration of the launch of the European Journal of Cardiovascular Prevention and Rehabilitation at the ESC Meeting 2003 (from left to right D Wood, H Saner, J-P Bassand (ESC President 2002-2004) and his wife).

While the ESC WG on epidemiology and prevention had been active in promoting preventive cardiology for many years, the importance of exercise, cardiac rehabilitation and sports cardiology has increasingly been recognized. Because both WGs were too small to form separate Associations by themselves, it became clear that both topics should merge into one common discipline of prevention and rehabilitation.

The ESC Board appointed a planning group for the organizational structure of the European Association for Cardiovascular Prevention and Rehabilitation (EACPR) resulting from the merger of the WG Epidemiology and Prevention and the WG Cardiac Rehabilitation and Exercise Physiology. The creation of the EACPR and its role at the political, professional and scientific levels were announced in an editorial in the EJCPR in 2004 (15). The creation of the Association was officially accepted in 2004 at the ESC General Assembly, held during the ESC Congress 2004 in Munich. In January 2004, a first preparatory meeting with nucleus members from both WGs was organised in Amsterdam with I. Hellemans as local host.

First joint meeting hosted by I Hellemans (second left)

From 2004-2006 the Association was led by a provisional Executive Board chaired by J. Perk and G. De Backer. The starting model consisted of six sections and after a building phase of two years the EACPR was launched at the first EuroPRevent meeting in Athens in 2006. In preparation for this common meeting a pilot was successfully organised by L. Vanhees and G. De Backer with a first joint meeting in 2005 in Leuven, Belgium.

Torch run organised by S. Adamopoulo to bring the flame of prevention from the Acropolis to the Olympic Stadium (EuroPRevent 2006Athens)

At the 2006 EuroPRevent meeting held in Athens election of Officers forming the Executive Board of the Association and Officers and Nucleus Members of the Sections took place. H. Saner (from the former WG on Cardiac Rehabilitation and Exercise Physiology) was elected as the President (2006-2008) and D. Wood (from the former WG on Epidemiology and Prevention) as the President-Elect. The main task of the first elected EACPR board was to bring the different interests from the 6 sections together with one vision, one goal and a common action plan. This was a transitory phase towards a larger common organization focusing on a shared common goal which is preventive cardiology. Following the presidency of D. Wood (2008-2010) the late P. Giannuzzi took the lead (2010-2012) followed by S. Gielen (Germany) (2012-2014), A. Pelliccia (2014-2016) D. Grobbee (2016-2018), P. Dendale (2018-2020) and the current president is M. Halle (Germany) (2020-2022). In 2014 the past-presidents and the president gave their personal recollections and views in an article published in 2015 in the EJPC (16). The Association is now led by an Executive Board and consists in 2021 of four sections, five committees and five Task Forces (see figure 2).

In 2016 the General Assembly of the EACPR and the ESC Board approved a name change into 'European Association of Preventive Cardiology' (EAPC). This name change was an important turning point in the history of the Association and represented a landmark shift in the positioning of the Association in the ESC. EACPR bore the marks of an Association that

was formed from different entities that worked together but still kept their own identities. It was recognized that subgroups within the EACPR wanted their own visibility rather than fostering a common cause in prevention and rehabilitation. The name change marked the migration of Preventive Cardiology to centre stage in the ESC. The re-branding of EuroPRevent into the ESC Preventive Cardiology Congress in 2020 and the name change of the European Journal of Cardiovascular Prevention and Rehabilitation into the European Journal of Preventive Cardiology should be viewed in the same way.

All this reflects the Association's adoption of a new strategy comprising all fields of preventive cardiology – primordial, primary and secondary prevention of CVD - including preventive care in primary care settings. In August 2018, the ESC General Assembly approved the ESC Council of Cardiovascular Primary Care merging into the new EAPC section of Primary Care and Risk Factor Management. This section is contributing to EAPC's mission by 'investigating, defining standards, and promoting cardiovascular disease (CVD) prevention in the primary care setting, including risk factor management for those at risk and those with established CVD'. This section also strengthens existing connections between the EAPC nuclei and other organisations that deal with primary care and risk factor management, such as WONCA-Europe (World Organisation of Family Doctors – Europe) and the European Primary Care Cardiovascular Society (EPCCS).

Activities of the EACPR/EAPC 2004-2021

The EACPR has continued the traditions of the former WGs with special contributions to the development of guidelines on CVD prevention by the fourth, fifth, sixth and seventh Joint Task Forces. The Seventh Joint Task Force of the 2021 European guidelines on CVD prevention in clinical practice comprised experts from different entities of the ESC with a special contribution of the EAPC and representatives of 12 other medical societies: European Association for the Study of Diabetes (EASD); European Atherosclerosis Society (EAS); European Heart Network (EHN); European Renal Association - European Dialysis and Transplant Association (ERA-EDTA)[i]; European Society of Hypertension (ESH); European Stroke Organization (ESO); European Federation of Sports Medicine Association (EFSMA); European Geriatric Medicine Society (EuGMS); International Diabetes Federation Europe (IDF Europe); International Federation of Sport Medicine (FIMS); International Society of Behavioural Medicine (ISBM); World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA) – Europe (17).

Joint ESC Guidelines on cardiovascular disease prevention in clinical practice. Chairpersons: K Pyörälä (1994) D Wood (1998), G De Backer (2003) and I Graham (2007).

In alignment with the 2021 ESC Guidelines on CVD prevention, the EAPC co-authored another puzzle piece in the strategy of preventive cardiology by listing quality indicators (QIs) for CVD prevention (18,19). In total 17 main and 14 secondary QIs have been defined covering the breadth of CVD prevention including the structural framework, risk assessment, care for people at risk for CVD, care for patients with established CVD, patient education and experience and outcomes. These QIs offer a mechanism for the evaluation of CVD prevention and outcomes.

Exercise recommendations for sports participation in athletes with CV disease were originally published in 2005 and some aspects were subsequently updated in 2018 and 2019. The overarching aim of these recommendations was to minimize the risk of adverse events in highly trained athletes. It is important to recognize, however, that most of the exercising population engages in leisure sport and recreational exercise and, unlike elite athletes, these

individuals have a higher prevalence of risk factors for atherosclerosis and established CVD. This consideration led to the birth, in 2020, of new ESC guidelines on sport cardiology and exercise in patients with CVD (20). These guidelines, the first in this field, aim to educate clinical cardiologists on criteria for risk stratification and exercise and sports advice in patients with CVD.

The EACPR was also involved in the leadership of the Joint European Societies CVD Prevention Committee and in the EACPR Prevention Implementation Committee. Within this framework the EACPR organised a European summit on CVD prevention in 2008 in the European Heart House to encourage the practical and political implementation of the ESC Guidelines on CVD prevention and the development of national multidisciplinary task forces aimed at strengthening prevention implementation activities. This summit resulted in a Call for Action and in a second European summit on CVD prevention in 2010 in the ESC Heart House. This time political leaders from the EU and from the WHO, opinion leaders, national coordinators for CVD prevention and representatives of professional partner societies were brought together aiming at the development of an effective clinical and political implementation plan adapted to socio-economic and cultural conditions.

The EACPR/EAPC also continued supporting the EUROASPIRE surveys III-V monitoring the implementation of the ESC guidelines on CVD prevention in daily practice in patients with established coronary heart disease (21-23) and in high-risk subjects seen in primary health care. The EACPR also supported the EUROACTION demonstration project, a cluster randomized controlled trial in 24 hospital and general practice centres across eight countries, it which it was shown that a nurse-led, multidisciplinary, preventive cardiology programme could raise standards of preventive care both in hospital and in general practice (24). The subsequent EUROACTION Plus trial of smoking cessation in 20 primary care centres across 4 countries showed a nurse-led behavioural approach, with pharmacological support, cut smoking by half in high-risk patients. [25]

The ESC has worked during the last decades with increasing intensity in collaboration with the European Heart Network (umbrella organization of the European National Heart

Foundations/Associations) to get cardiovascular health on the agenda of the European Union (EU). The WG on Epidemiology and Prevention and the EACPR have had an active role in these efforts. The first important step was taken in 2002 under the Spanish Presidency of the European Union, resulting in the first European declaration on the importance of cardiovascular disease prevention. This was reinforced and expanded in 2004 under the Irish Presidency of the EU by the Council conclusions based on a conference held in Cork, Ireland (26), and finally led in 2005 under the Luxembourg presidency of the EU to the Luxembourg declaration reinforcing the previous conclusions and recommendations on the importance of cardiovascular health and prevention of cardiovascular diseases.

A major step was taken on 12 June 2007 – the launch of the European Heart Health Charter in Brussels, the venue of the EU Parliament. The European Heart Health Charter is the outcome of a fruitful collaborative process led by the Heart Health Charter Steering Group brought together after the Luxembourg declaration (27). The Steering group is composed of members of the ESC, European Heart Network, WHO Regional Office for Europe, European Commission, Directorate-General Health and Consumer Protection, the EACPR, and the Joint European Societies CVD Prevention Committee.

The main objective of the European Heart Health Charter is to mobilize broad support for cardiovascular health promotion and CVD prevention. Numerous European health promotion organizations have agreed to support the European Heart Health Charter. The national implementation of the Heart Health Charter will be monitored through the Euroheart Project – a three-year project funded by the European Commission Public Health Programme.

The emerging role of the EAPC in the international scenario of scientific societies raised the need for more structured action. To this end, under the Presidency of A. Pelliccia, the Global Affair Policy (GAP) in 2016 was implemented. The objective of the GAP was to promote the culture of prevention of CVD and strengthen collaboration with Prevention, Rehabilitation and Sports Cardiology Working Groups of National Cardiac Societies in ESC member countries, promote opportunities for collaboration with Prevention, Rehabilitation and Sports Cardiology Working Groups in ESC Affiliate Cardiac Societies, develop international collaboration with Scientific Societies in the field of preventive cardiology, by establishing an

intercontinental partner network and contribute to a wider dissemination of ESC Guidelines and EAPC recommendations, with joint scientific sessions. Finally, to encourage worldwide participation in EAPC activities and use of EAPC scientific and educational products via the partner network. In line with this policy the Presidents of the EAPC took active part in the congresses and initiatives of the major scientific allied societies including (but not limited to) India, Japan, Brazil, Russia, Saudi Arabia.

At the early stage of the EACPR the main aim was to start a process which brought together the scientific expertise of a heterogeneous group of researchers and clinicians to set standards and to ensure quality of care through guidelines, position papers, continuous education, training and research in preventive cardiology. Although it was recognized that epidemiology had a central role in preventive cardiology the EACPR was dedicated to make the integration of prevention and cardiac rehabilitation a central task.

In the following years the strategy of the EACPR/EAPC was to exploit all the best from the wealth of expertise that existed in the six sections of the Association. The major assets were the EJCPR journal and the EuroPRevent congresses. After the first successful EuroPRevent congress in Athens in 2006 annual meetings were organised in Madrid (2007), Paris (2008), Stockholm (2009), Prague (2010), Geneva (2011), Dublin (2012), Rome (2013), Amsterdam (2014), Lisbon (2015), Nice (2016), Malaga (2017), Ljubljana (2018) and Lisbon (2019). The COVID-19 pandemic prevented the meeting that would be called from then onwards the ESC Preventive Cardiology Congress in 2020 in Malaga, Spain. In April 2021 the European Preventive Cardiology Congress was to take place in Ljubljana, Slovenia but because of the on-going COVID-19 pandemic it was organised on a virtual basis.

Another activity developed in the field of cardiovascular epidemiology and prevention is the 'ESC Lecture on population sciences', established by the ESC in 1995 and renamed in 2007 into the 'ESC Geoffrey Rose lecture on population sciences'. This lecture is held every year at the ESC annual congress. In table 1 a list is given of the awardees and the titles of their presentations.

In 2015 the EACPR established the Viviane Conraads outstanding achievement award in recognition of the contribution of the late V. Conraads to cardiac rehabilitation and heart

transplantation programs. This award honours researchers, members of the EAPC, for outstanding accomplishments in the early stage of their curriculum. Past awardees are S. Sharma (UK) in 2015, J. Sundström (Sweden) in 2016, T. Moholdt (Norway) in 2018, E. Di Angelantonio (UK) in 2019 and M. Kavousi (the Netherlands) in 2020. The award winner in 2021 is S. Caselli (Italy).

Another achievement in 2015 was the implementation of the Young Community of EAPC. The Young Community (YC) started initially by the efforts of A. Pelliccia and C. Pfaff (ESC) to increase interaction among young professionals interested in prevention, rehabilitation and sports cardiology and to share experiences and ideas for new research projects. The strengths of the new structured group within the Association were several: young professionals are fresh from school and loaded with the most recent knowledge, have the drive to change the world and are open for interaction and to collaborate in common scientific projects and research. Indeed, they are familiar with the latest gizmos and are used to communicating through social media.

The first YC meeting was held during EuroPRevent 2015 in Lisbon where young EAPC members under 40 years of age were invited and had a first exchange of research interests and discussion for future plans. From then, the YC has grown exponentially led by the dynamism of its first chairman, F. D'Ascenzi (Italy), followed by H. Jorstad (the Netherlands), and nowadays represents one of the major assets of the Association (28).

In the same period (2015-16), to address the pressure of an adverse financial environment and search for diversified economic sources, new initiatives were planned and progressively implemented, including the program for accreditation of selected, qualified Institutes in Sport Cardiology, Prevention or Rehabilitation. The program has been growing over the subsequent years and nowadays a network of 13 accredited centres (such as in Monaco, London, Rome) is recognized by the EAPC all over Europe and beyond.

Besides its involvement in the ESC Guidelines on CVD prevention in clinical practice, the EACPR/EAPC has produced several position statements and has organised several webinars and other education and training programs on various topics of preventive cardiology such as master classes in preventive cardiology with a focus on arterial hypertension, on diabetes and on sport cardiology, cardiac rehabilitation courses and exercise training courses in heart failure.

In 2007 J. Perk, P. Mathes, H. Gohlke, C. Monpère, I. Hellemans, H. McGee, Ph.Sellier and H. Saner edited a book on 'Cardiovascular prevention and rehabilitation 'with contributions by numerous members of the EACPR (29).

Together with the AHA, the ESC and the American College of Preventive Medicine, the EACPR published in 2015 a policy statement on healthy lifestyle interventions to combat non-communicable disease (30).

EAPC was also strongly implicated in different textbooks and handbooks by the ESC such as in 2015 the 'ESC Textbook on preventive cardiology' edited by S. Gielen, G. De Backer, M F. Piepoli and D. Wood. with an e-update in 2017(31). In 2016 C. Jennings and I. Graham. edited the 'ESC handbook of preventive cardiology: putting prevention into practice' (32). In 2019 the 'ESC Textbook of sports cardiology', edited by A. Pelliccia, H. Heidbuchel, D. Corrado, M. Borjesson and S. Sharma was published (33) and in 2020 the 'ESC Handbook of cardiovascular rehabilitation- a practical clinical guide' edited by A. Abreu, J-P Schmid and M. Piepoli was published by Oxford University Press (34).

Heterogeneity still persists among different centres in which preventive cardiology is offered despite of evidence-based solid data on its implementation. The EACPR/EAPC has addressed this from its creation including the development of an accreditation system to assess the quality of care at centres providing preventive CV care. This program has been growing over the subsequent years and nowadays a network of accredited centres is recognized by the EAPC. The accreditation system covers secondary prevention, cardiac rehabilitation, sports cardiology, risk management and prevention.

In 2020 a position statement was published by the EACPR defining the minimal and optimal standards for secondary prevention and rehabilitation aiming to improve preventive cardiology in clinical practice (35). This work on setting standards, on QIs, on certification and accreditation has been at the basis of what is now available as the EAPC Core curriculum for preventive cardiology (36).

Over the years the boundaries of action of the EAPC have expanded including primordial prevention of cardiovascular risk in the young, high-risk strategies in adult life, prevention of recurrent events in patients with established CVD but also population strategies with the aim of promoting a heart healthy lifestyle resulting in optimal quality of life.

The strength of the EAPC is the availability to offer a broad package of expertise needed for a comprehensive approach to preventive cardiology.

In 2020, EAPC started collaborating for the first time in their history in a HORIZON 2020 project as a consortium partner. EAPC will play a pivotal role in the dissemination and advocacy of the results of the "Coroprevention study" (https://coroprevention.eu). The Coroprevention study consists of two parts: A prospective biomarker-based risk screening study in 12000 coronary artery disease subjects and a nested randomised clinical trial in 2000 high risk coronary artery disease subjects in which a digital health-supported, nurse-led and cardiologist-supervised secondary prevention programme will be tested with a follow-up of 3 years. The main goal of the prevention programme is increasing the adaptation of ESC guideline-based secondary prevention.

EAPC is also involved in shaping the digital transformation of preventive cardiology. Not only by participating in large Digital Cardiology trials such as Coroprevention but Digital Cardiology is getting an important spot during the ESC Preventive Cardiology congresses and EAPC is disseminating the importance of digital tools in prevention and rehabilitation through call-for-action and position papers in the EJPC.

Over the past two decades the EAPC has coordinated through the prevention implementation committee (PIC) a network of dedicated national CVD prevention coordinators (NCPC). These cardiologists have been appointed by their national cardiac societies with the task of acting as a liaison between the EAPC and physicians and allied health workers at their national level. At present there are 58 NCPC's from 52 ESC Member countries in the network. This network is one of the main assets for the Association in promoting preventive cardiology in all ESC member countries. Annually the coordinators meet and network at an appreciated session at the EAPC congress where national projects are shared, new scientific ideas are discussed, and valuable contacts made.

One of the main activities of the network is the creation of an interactive web section where a concise overview of the state of preventive cardiology is published by each national coordinator. The aim of these "Prevention in your Country" reports at the EAPC web section is to share models of preventive care such as cardiac rehabilitation, population health data, ongoing national prevention projects which thereby may act as a source of inspiration for other countries. With the support from the EAPC staff regular efforts are made to keep the reports updated and completed. At present there are reports from 45 European countries

available on this section, which has links to NCPC's and to specific report data. There is a general overview which summarises the content of all reports.
Since 2020 reports from other parts of the world are welcomed which has resulted in valuable information from Argentina and Japan, with more to come. The PIC has the ambition to give the web section a global character in the coming years.

In summary the EAPC is now fit to address future challenges with a unified organization and strong multidisciplinary leadership together with the EJPC, the annual ESC Preventive Cardiology Congress, strong representation of preventive cardiology in the annual ESC Congresses, the ESC Textbook and Handbook of Preventive Cardiology, postgraduate educational activities, position papers and involvement in guidelines related to all aspects of preventive cardiology together with accreditations and a core curriculum for preventive cardiology as major assets under a common brand addressing primordial, primary and secondary prevention of cardiovascular disease.

Acknowledgment:
The EAPC Honorary Presidents' network is indebted to the professional staff members of the ESC who have been of exceptional value in preparing, organising, and implementing various activities developed by the WGs and the EACPR/EAPC during the past decades.

Figure 1: How and from where did the European Association of Preventive Cardiology start?

ESC: European Society of Cardiology

EACPR: European Association for Cardiovascular Prevention and Rehabilitation

EAPC: European Association of Preventive Cardiology

WG: working group

Figure 2: The structure of the EAPC in 2021

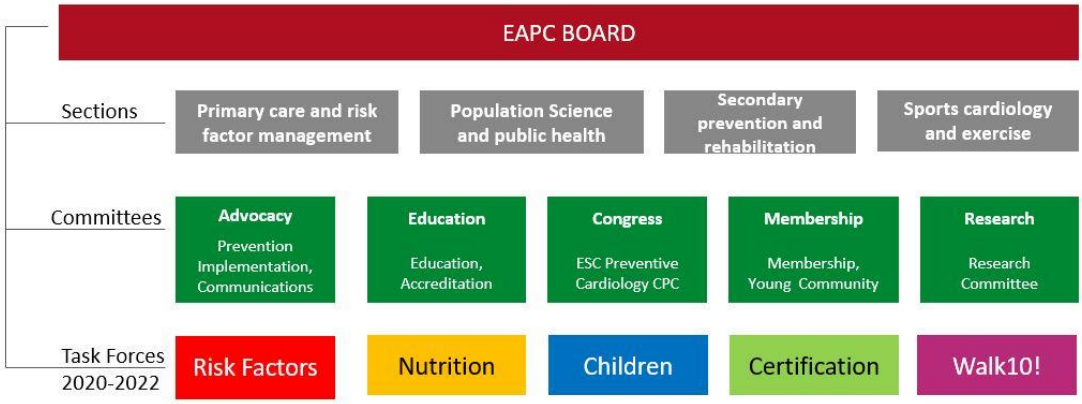

Table 1: ESC Lectures on population sciences (1995-2006) and ESC Geoffrey Rose lectures on population sciences (2007-2021). List of awardees and titles of the lectures.

- 1995 **Changing coronary heart disease trends in Europe. Implications for prevention.** K. Pyörälä (Kuopio, FI)
- 1996 **Cardiovascular mapping of a city over 30 years.** L. Wilhelmsen (Gothenburg, SE)
- 1997 **The spectrum of cardiovascular diseases in Europe.** S. Sans (Barcelona, ES)
- 1998 **On the waves of the Seven Countries Study.** D. Kromhout (Bilthoven, NL)
- 1999 **Clinical and research challenges in risk factors for myocardial infarction.** C. Hennekens (Boca Raton FL, US)
- 2000 **Inequalities in cardiovascular disease and sustainable developments.** M. Marmot (London, UK)
- 2001 **C-reactive protein and other markers of inflammation as risk indicators for ischaemic heart disease.** P.M. Ridker (Boston MA, US)
- 2002 **European model for collaborative clinical research? The case of the GISSI studies.** L. Tavazzi (Pavia, IT)
- 2003 **Tackling the global burden of cardiovascular disease.** S. Yusuf (Hamilton, CA)

- 2004 Cardiomyopathies: from phenotype to genotype and back again. A.J. Tajik (Rochester, US)
- 2005 Cardiovascular diseases in women - impact, implications and imperatives. S. Nishtar (Islamabad, PK)
- 2006 Lipoprotein changes and reduction in cardiovascular disease risk. Implications for health planning. T.R. Pedersen (Oslo, NO)
- 2007 How to influence risk profile of a nation? P. Puska (Helsinki, FI)
- 2008 Changing vascular mortality: prevention, treatment and national trends. R. Peto (Oxford, UK)
- 2009 Cardiovascular disease prevention in Europe - challenges and possible solutions. L. Rydén (Stockholm, SE)
- 2010 The changing face of cardiovascular disease - new challenges for prevention. A. Rosengren (Gothenburg, SE)
- 2011 Prevention without borders: the importance of diabetes prevention in the prevention of cardiovascular disease. J. Tuomilehto (Helsinki, FI)
- 2012 Cholesterol and risk: past, present and future. R.E. Collins (Oxford, UK)
- 2013 Medicine and politics. D.A. Wood (London, UK)
- 2014 Cardiovascular diseases in populations: the challenges of clinical success. V.L. Roger (Rochester, US)
- 2015 Optimising cardiovascular health: old and new challenges. K-T. Khaw (Cambridge, UK)
- 2016 Epidemiology and prevention of cardiovascular disease: quo vadis? G. De Backer (Ghent, BE)
- 2017 Can we eradicate premature cardiovascular deaths? S. Capewell (Liverpool, UK)
- 2018 Prevention of stroke in atrial fibrillation: three decades of progress – where next? S. Connolly (Hamilton, Ont, CA)
- 2019 Heart Failure – can affect everyone. K. Sliwa-Hahnle (Cape Town, ZA)
- 2020 Bidirectional benefits of global cardiovascular research training: the twain shall meet. Dorairaj Prabhakaran (Gurugram, India)
- 2021Population wide epidemiology, the good, the bad and the ugly. C. Tobias Torp-Pedersen (Hilleroed, DE)

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