

EUROPEAN CARDIOVASCULAR EARLY DETECTION
A POLICY BRIEF ON THE EU SAFE HEARTS PLAN

EARLIER DETECTION. HEALTHIER HEARTS. A STRONGER EUROPE.

From cardiovascular policy to everyday practice
Risk-factor management and early detection, enabled by European AI innovation
A policy brief from Cardisio | September 2026

FOREWORD

DEAR READER,

Anyone who learns that their heart examination results were normal rightly assumes that their heart is healthy. Nevertheless, a routine resting ECG cannot rule out every heart condition. Often, cardiac care begins only when symptoms appear or when there is already a suspicion of heart damage. While earlier detection is possible, access to appropriate assessment prior to a serious event remains unequally distributed. Far too many opportunities for timely intervention are still being missed.

Cardiovascular disease remains the world's leading cause of death. Our vision at Cardisio is to help reduce serious illness and premature deaths by making earlier detection part of everyday care, followed by appropriate treatment.

After more than eight years of research and development and three years of practical use in German healthcare, Cardisio has built a foundation of clinical evidence and experience. The examination combines a short recording of the heart's electrical activity with spatial analysis and AI. Already used in Germany and other countries, it is ready to contribute to better early detection across the EU, with evaluation in the settings where its use is expanded.

The EU Safe Hearts Plan gives this work a clear political context. Together with Europe's healthcare systems, we have an opportunity to reach more people before a heart attack, worsening heart failure or stroke changes their lives.

As you go through the brochure, we would like to leave you with three questions to think about:

- **Where do you see the greatest need for earlier cardiac assessment in your country?**
- **What would help make Cardisio's existing approach to early detection more widely accessible in your healthcare system?**
- **Which people or organizations could you connect us with to develop joint early detection programs and regional pilots?**

We would be pleased to discuss your answers and share what we have learned in practice.

A NORMAL RESTING ECG ***DOES NOT RULE OUT HEART DISEASE***

"My ECG was normal. Does that mean my heart is healthy?" This illustrative question captures a distinction that deserves greater attention in routine care. A normal tracing answers a limited clinical question at the time of recording. It cannot establish that coronary arteries, heart muscle and future cardiovascular health are normal.

The resting ECG remains indispensable for rhythm assessment, conduction disorders and many acute findings. Its limitations matter just as much. NICE explicitly advises against ruling out stable angina based on a normal resting twelve-lead ECG. [E1] This recommendation concerns people with suspected angina. It does not itself establish the benefit of screening every asymptomatic adult.

"MY ECG WAS NORMAL. DOES THAT MEAN MY HEART IS HEALTHY?"

A normal resting ECG can be reassuring in its proper clinical context. It is not a complete assessment of heart health.



CORONARY DISEASE

A normal resting ECG does not rule out stable angina or coronary disease.

INTERMITTENT ARRHYTHMIA

A short recording may miss a rhythm disturbance absent during acquisition.

EARLY HEART FAILURE

Diagnosis requires clinical assessment and appropriate confirmatory tests

The patient question reveals the policy problem: what happens before symptoms or acute events determine the pathway?

For patients, the message is straightforward: understand what a check has assessed and what it has not. Symptoms, medical history and cardiovascular risk still guide the next step. A reassuring recording must not prevent appropriate investigation when other findings warrant it.

For Europe, the challenge is to make this distinction operational. Primary care already has important tools, including risk assessment, ECG and natriuretic peptide testing for suspected heart failure. The opportunity is to improve access to the right assessment and connect findings to timely confirmation and care. Late recognition contributes to avoidable harm, alongside risk-factor exposure, inequalities and gaps in treatment. It is not the sole explanation for cardiovascular mortality. [E1–E3]

EVERY EARLIER OPPORTUNITY ***MATTERS***

THE EUROPEAN CASE FOR EARLIER ACTION

Cardiovascular disease affects families long before and long after a hospital stay. Its consequences include lost independence, interrupted working lives and years of care.

1.70 m	**32.8 %**	**€ 282 bn**
Deaths from circulatory diseases in the EU, 2023 [1]	Share of all EU deaths in 2023 [1]	Annual societal cost of CVD, reference year 2021 [2]

Late recognition is one contributor to avoidable harm. Europe needs accessible assessment connected to effective prevention and care.

[1] Eurostat, March 2026 release, reporting 2023 data. [2] European Heart Journal, 2023, reporting 2021 costs.
These figures cover the overall cardiovascular burden, beyond the scope of any individual cardiac test.

Cardiovascular disease affects people, families and communities across Europe. Its consequences extend beyond the hospital: lost independence, interrupted working lives and years of care provided by relatives.

In 2023, diseases of the circulatory system caused 1.59 million deaths in the European Union — 32.8% of all deaths.[1]

The economic burden is equally substantial. Across the EU, cardiovascular disease was estimated to cost €282 billion in 2021, including healthcare, long-term care, unpaid care and lost productivity.[2]

Reducing this burden requires action throughout life: healthier environments, effective risk-factor management, timely diagnosis and appropriate treatment.

Earlier detection belongs within that response. Its purpose is to identify people who need further assessment while there is an opportunity to act.

[1–2] These figures describe the overall cardiovascular burden, not the burden detectable or preventable by a single test. The mortality data refer to 2023; the cost estimates refer to 2021.

EUROPE HAS SET THE DIRECTION ***NOW IMPLEMENTATION MATTERS***

The EU Safe Hearts Plan places prevention, early detection and screening, and treatment and care within a shared European framework.[3] Its ambition includes a 25% reduction in premature cardiovascular mortality by 2035, measured against 2022.[3]

A EUROPEAN FRAMEWORK FOR IMPLEMENTATION

01

PREVENTION

Reduce cardiovascular risk throughout life

02

EARLY DETECTION

Health checks and timely assessment

03

TREATMENT AND CARE

Clinical management and rehabilitation

Existing European connections

- Health checks and AI deployment
  The Plan creates a policy route for evaluating additional cardiac assessment. [3]
- JACARDI and research
  Build on existing screening and care-pathway learning with public and academic partners. [7]

[3] COM(2025) 1024 final. The 25% target is an EU objective, not a Cardisio effect. [7] JACARDI, January 2026.
The connections described are opportunities for engagement; no participation, funding or endorsement is implied

The Plan also sets out an EU initiative on cardiovascular health checks and support for AI and digital technologies in cardiovascular care.

- The practical questions now concern delivery:
- How can assessment reach people close to home?
- How can relevant findings lead to timely clinical decisions?
- How can innovation strengthen existing care pathways?

This is where a complementary approach to prevention becomes useful: manage the factors that increase future risk and assess for signs of disease that may already be present.

Existing European initiatives provide relevant points of connection. JACARDI has identified ways in which its work on cardiovascular disease and diabetes, including screening and implementation, can support the Safe Hearts Plan. Its experience can inform how an additional assessment pathway is designed, integrated and evaluated.[7]

The proposal is to build on existing prevention services, research capacity and European implementation priorities. These are opportunities for engagement; they do not imply an existing partnership, funding commitment or endorsement by JACARDI, DG SANTE, HaDEA or another public institution.

[3] The mortality target is an EU policy objective, not an estimated Cardisio effect. The health-check initiative is a policy initiative, not a requirement to use a particular technology.

TWO COMPLEMENTARY PILLARS
ONE CONTINUOUS PATHWAY TO CARE

On 16 December 2025 the European Commission adopted the Safe Hearts Plan, the first EU-wide cardiovascular strategy, built around ten flagship initiatives and a single target: 25% fewer premature cardiovascular deaths by 2035, measured against 2022.

The flagship that matters for this paper is No. 6, an EU protocol on health checks to be proposed as a Council recommendation in 2026, which will define what Member States check, on whom and how. Because it is modelled on Europe's Beating Cancer Plan, the comparison is telling: cancer gets screened while heart disease gets a risk score, so today's health checks ask one question where a complete check would ask two:

TWO COMPLEMENTARY PILLARS OF PREVENTION

PILLAR 1

MANAGE RISK

What increases future risk?

Blood pressure, cholesterol, diabetes, smoking and other relevant risks.

Risk reduction and sustained prevention

PILLAR 2

DETECT DISEASE EARLIER

What warrants investigation today?

Signs of existing cardiac disease, assessed in the appropriate clinical context.

Relevant findings and diagnostic confirmation

TIMELY, APPROPRIATE CARE

Clinical judgement and follow-up connect both pillars.

[3–4] Complementary clinical questions, not separate population groups. Risk-factor attribution is not a screening miss rate.
This prevention framework complements the official three-pillar Safe Hearts Plan.

Pillar 1 is what every European health check already does, and the Plan is right to strengthen it: its own targets sit here, with blood pressure measured annually for 75% of 25-64-year-olds and 90% of over-65s by 2035.

Pillar 2 is indispensable, because about half of cardiovascular disease falls outside the five classical risk factors, and among adults who already had silent atherosclerosis the European risk score flagged only 2% as high risk. A score was never designed to find disease that is already present, so both pillars belong in the same health check.

UNDERSTANDING THE DIFFERENCE:
THE RECORDING AND ITS ANALYSIS

An ECG records the heart's electrical activity through electrodes placed on the body. It is particularly useful for assessing heart rhythm and certain other abnormalities. A normal resting ECG cannot provide a complete picture of the coronary arteries or heart muscle, or guarantee that future problems will not occur. [E1–E3]

DIFFERENT WAYS TO UNDERSTAND THE HEART'S ELECTRICAL SIGNALS

RESTING ECG	***Shows electrical traces*** Doctors use these traces to identify rhythm problems and other abnormalities. A normal result cannot exclude every heart disease.
ECG WITH AI	***Adds computer analysis*** AI can recognise additional patterns. What it can detect depends on the particular system and its clinical evidence.
CARDISIO	***Analyses spatial electrical patterns*** Cardisio combines a reconstructed three-dimensional view of electrical activity with AI. Its report helps doctors decide whether further investigation is needed.

[E1; E4; C1; D1] ECG already contains spatial information. Some AI-ECG systems have clinical trial evidence.
This describes different approaches. It does not establish Cardisio superiority over every ECG or AI-ECG system.

AI can analyse ECG recordings for patterns that a clinician may not readily see. Some AI-ECG tools go beyond automating routine interpretation: a randomised study showed increased identification of a weakened pumping function. What a particular system can detect depends on the condition and the evidence supporting that application. [E4]

Cardisio uses a dedicated recording configuration to reconstruct how the heart's electrical activity changes in three-dimensional space. Computational analysis examines the direction, shape and changing movement of this electrical pattern. AI then helps identify patterns that may warrant further clinical investigation. [C1; C3; D1]

This approach is called cardisiography. It combines vectorcardiography—the spatial representation of electrical activity—with computational electrophysiology and AI. In practical terms, it converts a short resting examination into additional structured information for a clinician's next decision.

These electrical features are sometimes described as biomarkers or electrical phenotypes. They are calculated descriptions of the signal, rather than direct images of blood flow or the heart muscle. Their clinical value must be established against appropriate diagnostic tests. The meaningful comparison is what each validated method helps clinicians identify and do, rather than how many parameters it calculates. [E5–E6; D1]

PUT ***EUROPEAN AI INNOVATION*** TO WORK FOR HEART HEALTH

The heart generates complex electrical signals. Computational analysis can examine patterns within those signals and provide structured information for clinical review.

Vectorcardiography captures the spatial behavior of cardiac electrical activity. Combined with AI-supported analysis, it offers an approach to assessing findings that may warrant further investigation. [5; C1]

EUROPEAN AI THAT DOCTORS CAN USE TODAY

01

RECORD

A short examination with five electrodes

02

RECONSTRUCT

A three-dimensional view of electrical activity

03

ANALYSE

AI examines patterns in the recorded signals

04

REPORT

Results support the doctor's assessment

05

FOLLOW

Further investigation when clinically indicated

MORE INFORMATION FOR THE NEXT DECISION

Cardisio uses the heart's electrical activity to provide additional information for clinical review. The examination is already in use. [C1; C4]

A PRACTICAL EUROPEAN AI APPLICATION

The Safe Hearts Plan includes a €20m AI and digital-health initiative. Existing tools can contribute to its ambition for wider use in care. [3]

[C1; D1] Conceptual workflow and illustration. The analysis does not directly image coronary arteries or measure coronary blood flow.
[3] EU programme-level initiative, not a Cardisio funding award. Clinical interpretation and appropriate follow-up remain essential.

In this context, computational electrophysiology describes the analysis of measured cardiac electrical signals. The purpose is practical: support the clinician's next decision.

The Safe Hearts Plan includes a €20 million flagship initiative for AI and digital technologies, with an emphasis on real-world uptake, cross-border validation and integration into care pathways.[3]

AI-enabled cardiac assessment provides a concrete use case for that agenda. Its value should be demonstrated where care happens: through reliable operation, appropriate clinical decisions, equitable access and measurable patient benefit. The European Commission's Joint Research Centre places particular emphasis on moving AI from technical promise to clinical practice. Independent validation and comparison with current care should establish whether a tool improves patient outcomes, the experience of care and the use of resources.[6]

For cardiac assessment, responsible AI implementation means keeping clinical judgement within the pathway. A structured report must lead to an understandable next step, with professional oversight, appropriate handling of health data and evaluation in the populations and settings where the service will operate. These are requirements for successful implementation, not outcomes established by the availability of an algorithm.

[3] The €20 million initiative is programme-level support, not a Cardisio award. [5; C1] Electrical analysis does not directly image coronary arteries or establish every cardiac diagnosis.

ALREADY IN USE
READY FOR WIDER ACCESS

Cardisio is already used by clinicians in Germany and other countries. The platform and practical delivery experience exist today. These deployment statements are company information confirmed by Cardisio; they do not describe a nationwide screening programme.[C4]

Developed in Germany, the platform combines a short, non-invasive resting recording, three-dimensional electrical analysis and an AI-supported report. Five electrodes acquire the signal. According to Cardisio, recording takes approximately four minutes; preparation, discussion and clinical decisions require additional time.[C1]

ALREADY IN USE. READY FOR WIDER ACCESS.

GERMANY AND OTHER COUNTRIES

HEALTHCARE PROFESSIONALS ALREADY USE CARDISIO TO ASSESS PATIENTS. [C4]

Developed in Germany, the examination combines a short resting recording with AI analysis and a report for the clinician. [C1]

5 ELECTRODES
Signal recording

ABOUT 4 MINUTES
RECORDING TIME [C1]

Published experience also includes 628 tests in UK general practice, pharmacy and a community health centre. [5]

Support can help more decision-makers understand this existing approach and connect it with suitable care settings.

[C4] Current use reported by Cardisio management. This does not imply nationwide public screening or reimbursement in these countries.
[C1] Recording excludes preparation and discussion. [5] Selected UK study population, supporting feasibility and acceptability.

The examination can provide additional information between a basic risk check and specialist investigation. A clinician reviews the findings in context and decides whether further assessment is indicated. A normal result must not override symptoms or other clinical concerns.

Published community experience also demonstrates that delivery beyond a specialist centre is practical. A UK study reported 628 tests in general practice, pharmacy and a community health centre among asymptomatic adults with elevated cardiovascular risk or risk factors. It found the approach feasible and acceptable in that selected population. This is evidence about delivery, not proof of population-wide prevention of heart attacks.[5]

The next task is to connect an existing examination with appropriate local services and broader awareness. Regional projects can evaluate additional patient benefit, referral quality and access while adapting delivery to local needs. They build on an available platform.

Use must follow the applicable intended purpose and regulatory conditions. Recording time is not total appointment time; the UK study described an approximately ten-minute test. [C1; 5]

CLINICAL RESEARCH AND SCIENTIFIC COLLABORATION

Scientific validation has been conducted with established European research partners including Universitätsklinikum Heidelberg, Universität Leipzig, Universitätsmedizin Halle, Queen Mary University of London, NIHR Barts Biomedical Research Centre, Hospital Clínico San Carlos (Madrid) and Charité – Universitätsmedizin Berlin. Results have been published in the Journal of Electrocardiology, Nature Scientific Reports and Frontiers, and presented at ESC and DGK congresses.

RESEARCH PARTNERS

PUBLISHED IN / AT

Health system adoption: In Germany, CSG is reimbursed by all private insurers and selected statutory insurers. In the United Kingdom, the NHS is evaluating Cardisiography with a view to national guideline inclusion, with stated objectives including reducing inappropriate GP-to-cardiologist referrals, enabling specialists to see pre-screened patients, and extending cardiac diagnostics into rural areas.

EARLY DETECTION BECOMES ***VALUABLE WHEN IT LEADS TO CARE***

SAFE HEARTS PATH EUROPE is a proposed concept for an independently led European pilot linking established risk checks with additional cardiac assessment and accountable follow-up. It is a proposed pathway, not an existing EU programme.

The pathway has five connected stages: assess, review, confirm where indicated, act and evaluate. A risk check and cardiac recording provide information; a clinician interprets the findings in context; relevant abnormalities lead to appropriate confirmatory diagnostics; confirmed needs lead to care; and evaluation examines the value of the complete service.

EARLIER DETECTION. A CHANCE TO PREVENT SERIOUS CONSEQUENCES.

REDUCE HEART ATTACK RISK

Coronary artery disease

Identifying coronary disease earlier can enable treatment and prevention to reduce the risk of a heart attack.

HELP PREVENT WORSENING HEART FAILURE

Heart structure and function

Recognising abnormalities earlier can enable treatment to protect heart function and reduce serious complications.

REDUCE STROKE RISK

Atrial fibrillation

Identifying atrial fibrillation enables stroke-risk assessment and, where appropriate, treatment to reduce that risk.

Earlier detection creates the opportunity. Appropriate treatment turns it into patient benefit.

[E1–E3; E7] These are goals of timely diagnosis and care, not proven preventive outcomes of Cardisio testing alone.
Clinical review, diagnostic confirmation where indicated and appropriate treatment are essential.

Cardisio can contribute the assessment platform, structured report and practical delivery experience. Healthcare partners define eligibility and referral decisions, provide diagnostic capacity and maintain continuity of care. An independent public-health, academic or clinical lead should guide evaluation against existing care.

The central questions are whether the pathway identifies clinically relevant conditions earlier, improves the appropriateness of referrals, reaches people in underserved regions, limits unnecessary investigations and uses medical resources sensibly. These questions should be considered together: a higher number of abnormal findings is not sufficient evidence of public-health benefit.

Early implementation can generate measurable information about who was reached, which previously unrecognised conditions were confirmed, time to appropriate care, completion of follow-up and pressure on specialist services. These operational results can become visible before longer-term effects on clinical events are known.

Over time, comparative evaluation should establish effects on clinical outcomes, quality of life, patient experience and total costs. A neutral or negative result would also provide useful evidence by identifying unsuitable populations, excessive referral burdens or conditions under which wider implementation would not be justified.

Political support can help connect independent clinical and research partners and enable a credible evaluation. It need not pre-empt its findings or commit to product endorsement, procurement or reimbursement. The immediate opportunity is to assess a practically available pathway against a clear public-health purpose.

REGIONAL INITIATIVES ***CAN BEGIN IN PARALLEL***

Ministries can help connect prevention programmes, primary-care services and independent clinical partners. Each region can define a relevant population, use existing diagnostic capacity where appropriate and evaluate a pathway suited to its geography and workforce. Community services or pharmacies may provide access points where local rules, clinical oversight and follow-up arrangements permit.

Heart Hub Italy is one example of how this approach could be organised: connecting local assessment with AI-supported analysis, medical review and specialist care when indicated. Other regions can develop their own pathways in parallel, adapted to local needs and healthcare structures. European implementation need not wait for the Italian proposal to be realised.[C2]

The distributor's Greek proposal illustrates the importance of adapting a service to local access constraints and existing resources. It is a discussion concept, not an approved national programme. Neither proposal establishes funding, institutional commitments or clinical outcomes.[C3]

LET US MAKE EARLIER DETECTION ***PART OF EVERYDAY CARE***

A person's opportunity for timely cardiac assessment should not depend on living near a specialist centre.

Europe can connect effective risk-factor management with accessible early detection — supported by clinical expertise and responsible AI innovation.

Cardisio is already part of clinical practice in Germany and other countries. European cooperation can help more people and healthcare decision makers understand this available option and support its appropriate use. Regions can develop and evaluate their own pathways in parallel. [C4]

We invite introductions to the ministries responsible for prevention and healthcare delivery. These institutions can bring together public-health services and independent clinical partners, enabling regional pilot and validation projects. Cardisio is ready to contribute its platform and operational experience to a jointly defined prevention strategy.

RAISE AWARENESS. CONNECT DECISION-MAKERS. ENABLE WIDER APPROPRIATE ACCESS.

- Manage risk.
- Detect earlier.
- Act in time.
- For healthier hearts across Europe.

To explore collaboration:

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REFERENCES AND SOURCE NOTES

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[5] Rudland SV, Shah NH, Nevill A. Community-based cardiovascular risk assessment using the Cardisio AI test. BJGP Open 2025;9(3). https://doi.org/10.3399/BJGPO.2024.0183

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[7] JACARDI. How JACARDI can support the implementation of the EU Safe Hearts Plan. 22 January 2026. https://jacardi.eu/how-jacardi-can-support-the-implementation-of-the-eu-safe-hearts-plan/

[C1] Cardisio product and company information, including the supplied Policy Whitepaper and SAFE HEARTS PATH EUROPE policy pitch deck, version 12. Company descriptions are distinguished from independently established clinical outcomes.

[C2] Cardisio. Heart Hub Italy project proposal, HeartHubItaly_InvitaliaSubmission_v5. Planned architecture and 2027–2029 development period.

[M1] Illustrative assumptions and calculations are stated in the clinical-impact and economic-value sections. They are conditional examples, not observed Cardisio outcomes or a validated European forecast.

[E1] NICE CG95. Recent-onset chest pain, recommendation 1.3.3.11. A normal resting ECG does not rule out stable angina. https://www.nice.org.uk/guidance/cg95/chapter/Recommendations

[E2] ESC 2024 atrial fibrillation guidelines. ECG confirmation, rhythm monitoring and risk-based stroke prevention. https://doi.org/10.1093/eurheartj/ehae176

[E3] NICE NG106. Chronic heart failure in adults, updated 2025. Natriuretic peptides, echocardiography and treatment. https://www.nice.org.uk/guidance/ng106/chapter/recommendations

[E4] Yao et al. AI-enabled ECG identification of low ejection fraction. Pragmatic randomised trial. Nature Medicine 2021. https://pubmed.ncbi.nlm.nih.gov/33958795/

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[E7] NICE CG126. Stable angina management, secondary prevention and individualised treatment. https://www.nice.org.uk/guidance/cg126/chapter/Recommendations

[D1] Supplied Evidence Dossier V9. Proposed computational electrophysiology framework and analytical, physiological, clinical, external and implementation validation. Interpretive synthesis, not independent validation of every claim.

[C3] Supplied Cardisio Pitch Deck v14, pages 1–15; Cardisio overview F V4.0, pages 1–29; HeartHubGreece MinisterialBriefing. Company/distributor material. Regional concepts are proposals, not approved programmes.

[C4] Cardisio management confirmation, September 2026: clinician use in Germany and other countries; research collaborations with Charité and Universitätsmedizin Halle; scientific exchange with DGK, ESC and AHA through conferences, presentations and publications. Company information; no independently audited deployment totals or institutional endorsement asserted.

Additional affiliation reference: Salatzki et al., published author affiliations. https://pubmed.ncbi.nlm.nih.gov/42107243/

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EARLIER DETECTION.
HEALTHIER HEARTS.
A STRONGER EUROPE.

Cardisio GmbH develops and manufactures Cardisiography in Germany: a CE-marked, AI-based 3D electrical heart scan for cardiac detection at first contact. We work with university hospitals, health systems and policymakers across Europe to bring early detection of heart attacks, heart failure and strokes into everyday practice.

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