



Towards an Effective EU Protocol for Cardiovascular Health Checks

COCIR Position Paper

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Executive Summary

Cardiovascular diseases, including stroke, remain the leading cause of mortality and morbidity in Europe despite being largely preventable through earlier detection and timely intervention. COCIR strongly supports the development of an EU Protocol for Cardiovascular Health Checks under the Safe Hearts Plan. The Protocol should establish a common framework for prevention and early detection while allowing flexibility for national implementation.

To maximise its impact, the Protocol should move beyond a narrow focus on blood pressure, glucose and cholesterol measurements and adopt a comprehensive, life-course approach to cardiovascular health. Medical technologies, including advanced diagnostics, imaging, digital health solutions and AI-enabled tools, should be explicitly integrated into the framework to improve risk identification, facilitate targeted screening and ensure continuity of care.

Key Recommendations:

- Establish a comprehensive EU protocol combining systematic risk-based assessments and opportunistic screening.
- Adopt a life-course approach with age- and risk-specific cardiovascular health checks.
- Leverage validated medical technologies, diagnostic tools, digital health solutions, connected devices, and AI-enabled technologies to enhance and optimize screening pathways.
- Link health checks to clear referral, diagnostic and treatment pathways.
- Address inequalities in cardiovascular care through equitable access to diagnostics and screening.
- Promote awareness, health literacy and education for patients and healthcare professionals.

A Life-Course Approach to Cardiovascular Health Checks

COCIR supports a life-course framework combining risk-based and age-based assessments.

Childhood and Early Adulthood

Children and young adults should receive **at least one** comprehensive cardiovascular health assessment to identify risk factors early and determine appropriate follow-up based on individual risk profiles.

Adults Aged 35–65

Systematic cardiovascular risk assessments should be conducted **at least every five years**, with frequency adjusted according to risk stratification.

Assessments should include:

- Blood pressure and full lipid profile.
- Body mass index & waist measurement.
- Lipoprotein(a) measurement at least once in life.
- Diabetes and pre-diabetes assessment through HbA1c and fasting plasma glucose.
- Kidney health assessment.
- Lifestyle and behavioural risk factors (including sleep health).
- Family history.
- Mental health screening.
- Gender-sensitive risk factors (e.g. history of reproductive health in female patients).

Adults Aged 65+

Adults over 65 should receive cardiovascular assessments **at least every two years**, tailored to individual risk profiles.

In addition to standard assessments, these evaluations should include:

- Pulse and heart rhythm assessment.
- Cardiopulmonary auscultation.
- Peripheral arterial disease screening through peripheral pulse examination.
- Cardiac imaging for specific high-risk groups.

High-Risk Individuals Across the Life Course

Individuals identified as being at elevated risk should undergo regular health assessments throughout their lives, with a minimum frequency of **once per year**. Early identification of risk factors should trigger appropriate preventive measures, monitoring, and intervention, beginning in childhood or adolescence where relevant.

Opportunistic Screening

Opportunistic screening should complement structured and systematic health assessments. Whenever individuals interact with the healthcare system, particularly in primary care settings, health professionals should take advantage of these encounters to assess relevant risk factors, update preventive care measures, and identify unmet health needs.

The Protocol should also promote the use of existing diagnostic opportunities. For example, chest CT scans performed for lung cancer screening or other thoracic indications can simultaneously provide valuable cardiovascular information, including coronary artery calcification assessment. Such approaches support earlier detection of cardiovascular disease while reducing unnecessary duplication of testing.

Integrating Medical Technologies into Cardiovascular Health Checks

Medical technologies are essential to effective prevention, early detection, and risk assessment. The Protocol should explicitly promote the integration of validated diagnostic technologies, digital health solutions, and AI-enabled systems across the cardiovascular care pathway to support clinical decision-making and improve patient outcomes. This includes AI-powered decision support, handheld diagnostics, wearables, and connected devices to enhance risk stratification, detection, monitoring, and follow-up.

The Protocol should also support the use of validated diagnostic technologies in defined **at-risk populations**, including:

- Electrocardiography (ECG).
- Echocardiography.
- Ankle-brachial index measurement.
- Coronary artery calcium (CAC) scoring.
- Advanced imaging such as CT angiography and cardiac MRI.

These tools can facilitate earlier and more accurate identification of cardiovascular risk and support the detection of under-diagnosed conditions such as peripheral artery disease (PAD), atrial fibrillation, heart failure, inherited cardiovascular disorders and rare diseases.

Ensuring Continuity from Screening to Care

Screening alone does not improve outcomes unless individuals identified as being at risk receive appropriate follow-up care.

The Protocol should establish a clear link between screening results, confirmatory diagnostics, specialist referral, appropriate treatment, long-term monitoring and follow-up to ensure continuity of care and improved cardiovascular outcomes.

Promoting Equity, Education and Reducing Health Inequalities

The Protocol should help reduce inequalities by ensuring equitable access to diagnostic technologies and healthcare services across Member States and regions, and among patients of different genders, ages, and socioeconomic backgrounds. Special attention should be given to women, who still face delayed and under-diagnosis, as well as underserved populations, remote communities, and groups at higher risk of cardiovascular disease.

To improve reach and equity, the Protocol should promote community-based initiatives and mobile screening services, helping to engage individuals in remote, underserved, and hard-to-reach communities who may otherwise be missed by routine health checks.

The framework should also spur the upskilling of healthcare professionals to strengthen recognition of less frequent symptoms, risk factors, and early warning signs. In parallel, it should better educate patients to increase awareness of risks, preventive measures, and the importance of seeking timely medical attention.

Supporting Future-Ready and Integrated Screening Approaches

The Protocol should be designed as a flexible and future-proof framework capable of incorporating emerging technologies and evidence-based innovations and datasets over time. This aligns with the Safe Hearts Plan's emphasis on digital health and AI-enabled solutions.

About COCIR

COCIR is the European Trade Association representing medical imaging, radiotherapy, health ICT and electromedical industries. Founded in 1959, COCIR is a non-profit association headquartered in Brussels, Belgium. We provide a wide range of services on regulatory, technical, market intelligence, sustainability, standardisation, international and legal affairs. COCIR is also a founding member of DITTA, the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association. <https://www.cocir.org/>