LEADING GLOBAL CAUSE OF DEATH

Cardiovascular diseases, heart disease, stroke, and related conditions are frequently called ‘ACS’ - Acute Coronary Symptoms. They remain the leading global cause of death, accounting for almost one-third of all global deaths* both in the USA and worldwide. Cardiovascular diseases claim more lives than all forms of cancer combined.

More than 700,000 patients in the US have heart attacks each year, and many will have another in their lifetime. Every year, about the same number of people in the US have a stroke, and stroke remains a leading cause of disability. Direct and indirect costs of cardiovascular diseases and stroke total more than $300 billion per year, a major cost to the healthcare system.

The good news is that rates of death from cardiovascular diseases and stroke are declining as much as a third in the last decades as advances in medicine, less invasive surgical procedures, and emphasis on shorter door to needle times have improved survivability in acute MI and stroke patients.

AHA AGGRESSIVELY ACTS

The AHA has set a goal to improve the cardiovascular health of all Americans and reduce deaths from cardiovascular diseases and stroke by 20% by 2020. They track 7 key health factors and behaviors (dubbed Life’s Simple 7) that increase risks for heart disease and stroke: Not smoking, physical activity, healthy diet, body weight, control of cholesterol, blood pressure, and blood sugar.

WATSON ENTERS CARDIOVASCULAR HEALTH

AHA has also taken Life’s Simple 7 to workplace health programs. They are partnering with IBM and ‘Watson’ to provide natural language processing, deep Q&A capability to develop tailored work benefits and programs. They are teaming up with a wearable data player partner to collect data. Watson will assess the relative heart healthiness of workers and develop tailored health benefits and programs. In a separate initiative, the US government has begun a massive “SPRINT” trial to validate the common belief that aggressive lowering of systolic blood pressure results in lower incidence of cardiovascular complications. The hope is to show a positive effect on other related conditions as well.

CARDIOLOGY: SMALL MOLECULE THERAPIES HAVE A LONG HISTORY

Extensive basic research into human physiology and inter-related mechanisms generated numerous novel therapeutic strategies in the last 40 years. The many pharmaceutical competitors and prodigious research productivity for small molecule interventions resulted in a multitude of oral therapies for patients with heart disease. Overall, the advancement of knowledge of patient heart health in the last 40 years lowered deaths from cardiovascular disease and extended the lifespan of millions of patients, improved the health of many patients. Mostly these functioned to reduce workload for the heart addressing hypertension, heart muscle, and blood flow.

Medical research productivity peaked, and as several generations of therapy strategies matured, fewer new therapeutic strategies were discovered. Many pharmaceutical R&D departments started deemphasizing small molecule programs in heart
function and hypertension research, and shifted towards cholesterol and blood clotting product areas. Advances in biotech and basic research have led to a small resurgence of new products and rising promotion in the area of newer antiplatelet and anticoagulant therapies. Cholesterol management has new MOA products (Praluent, Rapatha) that are finding growth as lower cost statins remain a major therapy. Pay-for-performance is rare but gaining ground in several categories: Repatha (cholesterol) and Entresto (heart failure) have been growing much slower than expected and have initiated such programs.

Most medical therapies work to lower cardiac workload to reduce risk of severe events. While medical devices/digital technology and remote monitoring have allowed patients mobility, comfort, and in some cases, early warning of potentially serious episodes.

Other technologies and vascular access have advanced care for many patients who might have died or been severely disabled in the past. Vascular access interventions such as PTCA, atherectomy, thrombectomy remain some of the most frequent procedures. Innovations in microsurgery have added valve replacements and heart tissue surgeries to the array of procedures performed via vascular access and are becoming common.

**THE COMPLETE CARDIOLOGIST**

M3 is active in recruiting for our clients’ studies in the Cardiology space. In 2015, we recruited almost 21,000 healthcare professionals for over 230 studies across 20 or more countries. Surveys were completed primarily among hospital and non-hospital-based physicians in the Cardiologists/Cardiac Surgery and Primary Care specialties.

M3 also provides several syndicated services in this sector. The Complete Cardiologist is a syndicated study examining the challenges faced by Cardiologists in their daily practice. Physician Map is a KOL mapping service offered in specific disease areas—in this case anti-coagulants. Patient Map is a syndicated service that examines patient loads across 400 diseases and includes Cardiology and Primary Care specialties.

*American Heart Association, 2015 Heart Disease and Stroke Statistics Update
**WHO World Health organization Media Center: Fact Sheet 312

Contact us on how to access our robust panel of Cardiologists or for additional information on our syndicated offerings.

M3 Global Research operates an ISO 26362 certified healthcare professionals panel, ancillary healthcare providers, as well as patients and caregivers. M3 is the first company ISO 27001 certified by CASRO Institute for Research Quality for the Information Security Standard providing quality data collection and project management capabilities that cover the spectrum of quantitative and qualitative techniques utilized today. M3 Inc. operates in the US, Asia, and Europe with over 3.5 million physician members globally via its physician websites.