

Identity:

Title: Prof. Dr., FESC, FHFA
 Family Name(s): Brunner-La Rocca
 First Name(s): Hans-Peter
 Age: 62

Photo:**Application for the following position in the HFA Board or Nominating Committee:**

Nominating Committee member

Place of work

If you work in multiple places, please provide the one where you spend the most time or that you consider to be your main place of practice.

Institute/organisation:	Maastricht University Medical Centre
Department:	Cardiology
Address:	PO Box 5800
Post code / Zip:	6202AZ Maastricht
Country:	The Netherlands

General Curriculum Vitae (500 words max)

Please also include your H index and top 5 to 10 publications in the last 5 years

After my study, I was trained to become an Internist from 1989 to 1994, followed by specialization in Cardiology from 1994 to 1997 in Switzerland. With over 25 years of experience, I have established myself as a general cardiologist and heart failure specialist, with a broad spectrum of clinical expertise. Between 2004 and 2009, I also practiced as an interventional cardiologist. My postdoctoral work took me to Australia at the Baker Medical Research Institute, Melbourne, from 1997 to 1999, focusing on sympathetic activation in heart failure.

My career further evolved as a cardiologist and co-chairman of the heart failure group at the University Hospital Zurich, Switzerland, from 1999 to 2002. I then led the heart failure services at the University Hospital Basel until 2009. The same year, I moved to Maastricht, the Netherlands, to start a position at the Department of Cardiology at Maastricht University Medical Centre, where I serve as the vice chairman of the department and head of the heart failure clinic. My role encompasses being an active clinical cardiologist with strong focus on heart failure, engaging significantly in clinical research, but also in management with the Department, and teaching. I particularly like the various tasks as an academic cardiologist.

I have a keen interest and extensive experience in personalized care and eHealth. My research expertise is diverse, focusing on biomarkers, as evidenced by my leadership of the TIME-CHF study, and eHealth, highlighted by my role as coordinator of different national and international projects. Among other, I am the coordinator of the large international public-private partnership IHI project iCARE4CVD (33 academic and industry partners, budget 22M€, www.icare4cvd.eu), aiming to pioneer precision medicine in cardiovascular diseases with artificial intelligence based modelling of a large variety of biomarkers and digital data. I have spearheaded an international project, PASSION-HF, to develop a physician avatar for heart failure patient self-care, including medication prescription, and developed a self-guiding diuretic app for heart failure patients. My involvement extends to numerous international RCTs and many investigator-initiated trials, underscoring my commitment to advancing cardiology through innovation and research.

H-index 61 (Web of Science)

1. Brunner-La Rocca HP, et al. Contemporary Drug Treatment of Chronic Heart Failure with Reduced Ejection Fraction. The CHECK-HF registry. JACC HF 7: 13-21 (2019)
2. Simonavičius J, ..., Brunner-La Rocca HP. Prognostic significance of longitudinal clinical congestion pattern in chronic heart failure: insights from TIME-CHF trial. Am J Med 132: e679-e692 (2019)
3. Brunner-La Rocca HP, et al. Artificial intelligence supported patient self-care in chronic heart failure: a paradigm shift from reactive to predictive, preventive and personalised care. EPMA J 10: 445-464 (2019)
4. Harjola VP, ..., Brunner-La Rocca HP, ..., Yilmaz MB. Acute coronary syndromes and acute heart failure: a diagnostic dilemma and high-risk combination. A statement from the Acute Heart Failure Committee of the Heart Failure Association of the European Society of Cardiology. Eur J Heart Fail 22: 1298-1314 (2020)
5. Packer M., ..., Brunner-La Rocca HP., ..., Zannad F. Cardiovascular and Renal Outcomes with Empagliflozin in Heart Failure. N Engl J Med 383: 1413-1424 (2020)
6. Anker SD, ..., Brunner-La Rocca HP, ..., Packer M. Empagliflozin in Heart Failure with a Preserved Ejection Fraction. N Engl J Med 385: 1451-1461 (2021)
7. Moura B, ..., Brunner-La Rocca HP, ..., Richards AM. Integration of imaging and circulating biomarkers in heart failure: a consensus document by the Biomarkers and Imaging Study Groups of the Heart Failure Association of the European Society of Cardiology. Eur J Heart Fail 23: 1577-1596 (2021)
8. Eurlings CGMJ, ..., Brunner-La Rocca HP. Use of artificial intelligence to assess the risk of coronary artery disease without additional (non-invasive) testing: validation in a low-risk to intermediate-risk outpatient clinic cohort. BMJ Open 12: e055170 (2022)
9. Brugts JJ, ..., Brunner-La Rocca HP, de Boer RA; MONITOR-HF investigators. Remote haemodynamic monitoring of pulmonary artery pressures in patients with chronic heart failure (MONITOR-HF): a randomised clinical trial. Lancet 401: 2113-2123 (2023)
10. Gingele AJ, Amin H, ..., Brunner La Rocca HP. Developing an AI-based decision engine for disease-modifying therapy in heart failure – A pilot study. EHJ Dig Health (2023), in press

Describe previous experience within the HFA, ESC and/or your National Cardiac/ HF Society

150 words maximum

Throughout my career, I have gained substantial experience through active participation in various committees, both within the Heart Failure Association (HFA) and national cardiology societies. My roles have included serving as a Member of the Acute Heart Failure Committee of the HFA from 2014 to 2018, and as a Member of the Patient Care Committee of the HFA from 2018 to 2022. In addition, I am a Board Member of the Pharmacotherapy Working Group of the Dutch Society of Cardiology since 2022. My involvement extended to the Heart Failure Working Group of the Dutch Society of Cardiology from 2013 to 2019, and the Swiss Society of Cardiology from 2002 to 2010, during which I served as President from 2006 to 2008. I am a Fellow of the European Society of Cardiology (ESC) and of the HFA, recognizing my contributions and commitment to the field of heart failure and cardiology.

Why are you motivated to join the HFA Board or Nominating Committee?

150 words maximum

With over 25 years of specialization in heart failure, my career is distinguished by an extensive international network, a result of my significant contributions to major European projects both as a coordinator and work package leader, along with active involvement in various committees. My

professional journey has integrated research, education, and clinical practice, endowing me with a comprehensive understanding of the multifaceted requirements essential for the advancement of the heart failure community, particularly within the HFA. My approach is characterized by openness, objectivity, independence, positivity, and integrity. These attributes, coupled with my dedication and accumulated experience over the years, render me exceptionally equipped to evaluate and address the evolving needs of the HFA. As a prospective member of the Nominating Committee, I am positioned to effectively contribute to the selection of candidates who are best suited to meet these needs, ensuring the continuous growth and success of our community.

How will you combine your HFA position with your daily clinical/research workload?

80 words maximum

In recent years, I consciously scaled back my involvement in various minor responsibilities. This strategic decision enables me to concentrate more effectively on endeavours that have a substantial impact on innovation. By focusing on tasks where my contributions can truly make a difference, I have optimized my professional engagement. Having recently stepped back from some regional activities, I am now seeking a new opportunity where my experience and dedication can benefit the heart failure community.