

Executive Summary

EHC Round Table on “Bridging the Gap: Bleeding Disorders and Cardiovascular Care in Europe”

On September 29, 2026, the European Haemophilia Consortium (EHC) hosted its Round Table on “Bridging the Gap: Bleeding Disorders and Cardiovascular Care in Europe” at the European Parliament in Brussels, Belgium. The event took place from 16:30 to 18:00, and was co-chaired by MEP Aurelijus Veryga and Tatjana Marković, President of the European Haemophilia Consortium. The Round Table was attended by a total of 23 participants, representing a diverse group of stakeholders. This included EHC staff, Steering Committee members and National Member Organisation (NMO) representatives. In addition, third-party organisations, clinicians, and industry representatives were present. The variety of attendees fostered rich discussions and allowed for a broad exchange of perspectives on the growing importance of cardiovascular health as people with bleeding disorders live longer.

Session Highlights

The event commenced with a warm welcome and introduction from the co-chairs, setting the stage for an informative and interactive session.

1. Raising awareness of cardiovascular care

MEP Veryga highlighted the challenges faced by people with bleeding disorders who develop cardiovascular conditions, particularly when managing two potentially conflicting health needs. The discussion emphasised the importance of closer cooperation between medical specialities and of considering the patient’s overall health rather than treating conditions separately.

2. Cardiovascular disease and treatment challenges

Dr Bruna Gigante provided a cardiological perspective on the management of cardiovascular disease in people with bleeding disorders. She highlighted that cardiovascular conditions often require long-term or lifelong treatment, particularly as cardiovascular risk increases with age. The discussion addressed conditions such as atrial fibrillation and the prevention of ischaemic stroke.

She noted that while antithrombotic and anticoagulant therapies are often essential, their use presents particular challenges for people with bleeding disorders. Dr Gigante emphasised the importance of a comprehensive assessment of cardiovascular risk, taking into account factors such as hypertension, alcohol consumption, drug interactions, and kidney and liver function.



She stressed that treatment strategies must be tailored to each patient's individual circumstances. Raising awareness and ensuring access to appropriate healthcare services and structures are essential to improving outcomes and saving the lives of people living with both bleeding disorders and cardiovascular disease.

3. Ageing with bleeding disorders

EHC Vice President William McKeown addressed the evolving healthcare needs of an ageing population of people with bleeding disorders. He noted that cardiovascular disease has not historically been a major priority in this community, but is becoming increasingly important as life expectancy improves.

He emphasised the need for a holistic, person-centred approach to care, recognising that older people may experience multiple, interconnected health conditions. Key challenges discussed included frailty, haemophilic arthropathy, chronic pain, polypharmacy, falls, immobility, and cognitive impairment.

Mr McKeown also highlighted EHC initiatives such as Living Well, Ageing Well, webinars, podcasts, peer voices, and the National Member Organisation (NMO)'s survey. He underlined the importance of collecting health data and strengthening the evidence base on ageing with rare diseases to better understand patients' evolving needs.

He concluded that, while people with bleeding disorders are living longer, they increasingly face complex health challenges that require greater recognition and consideration in healthcare planning and policymaking.

4. A patient perspective

Miguel Crato shared his personal experience of living with haemophilia A with inhibitors alongside cardiovascular disease. Following the discovery of a problem affecting his left anterior descending (LAD) coronary artery, he underwent a complex treatment programme requiring close collaboration between his cardiologist and haematologist.

His treatment involved procoagulant prophylaxis, antithrombotic therapy, and antiplatelet treatment following stent placement, supported by regular monitoring, including rotational thromboelastometry (ROTEM) testing. Despite the complexity of managing these competing risks, he reported experiencing no bleeding during dual therapy.

Mr Crato also highlighted the psychological impact of treatment, explaining that taking medication such as aspirin raised concerns about the potential bleeding risks associated with haemophilia. His experience of anxiety and subsequent support from a psychologist underscored the importance of addressing mental health alongside physical health when managing complex, coexisting conditions.



5. Panel discussion

Multidisciplinary cooperation emerged as a key theme throughout the Round Table, particularly in managing patients living with both bleeding disorders and cardiovascular disease. Participants explored situations in which healthcare professionals may have differing perspectives on treatment, highlighting the importance of collaboration and coordinated decision-making.

The discussion emphasised the role of haemophilia specialists in engaging relevant medical experts and ensuring that the specific risks associated with a patient's bleeding disorder are considered in treatment planning. Participants also stressed the importance of shared decision-making, with patients actively involved in decisions about their care and their individual needs, preferences, and priorities taken into account.

Access to treatment across Europe was another important topic. Participants noted that healthcare organisation remains primarily the responsibility of individual Member States, resulting in differences in treatment approaches and access to care between countries. These discussions underscored the need for continued collaboration to support equitable, patient-centred care for people living with both conditions.

Key Takeaways

The Round Table highlighted the importance of:

- Multidisciplinary collaboration between haematologists, cardiologists, and other healthcare professionals.
- Holistic care that considers the whole person and the interaction between different health conditions.
- Individualised treatment that balances cardiovascular and bleeding risks.
- Greater focus on ageing, including frailty, polypharmacy, chronic pain, and cognitive impairment.
- Patient involvement in treatment decisions and consideration of individual priorities and quality of life.
- Greater attention to mental health as part of comprehensive care.
- Improved evidence and health data on cardiovascular disease and ageing in people with bleeding disorders.

Conclusion and Acknowledgements

The EHC Round Table on “Bridging the Gap: Bleeding Disorders and Cardiovascular Care in Europe” successfully fostered meaningful dialogue among healthcare professionals, patients and patient advocates, third-party organisations, and industry representatives, addressing the growing challenge of cardiovascular disease among people living with bleeding



disorders. The discussions reinforced the need for a holistic and multidisciplinary approach to care, supported by better evidence, closer collaboration between specialists, and meaningful patient involvement. The EHC extends its heartfelt thanks to MEP Aurelijus Veryga for hosting us at the European Parliament as well as CSL for their generous sponsorship, which made this important gathering possible and contributed to the advancement of discussions on improving care for people living with bleeding disorders.

