BREAKOUT SESSION DISCUSSION QUESTIONS

To foster conversation, the following questions have been developed to guide interactive discussions at each table. Please select one representative from your table for each session to take notes and share a summary with the full group at the conclusion of the discussion.

Each group will have 60 minutes to discuss the questions below before reporting back with a summary of the key issues and insights identified.

SESSION 1: WHAT'S WORKING, WHAT'S MISSING – CARDIOVASCULAR RISK MODELS FOR LIFETIME BENEFIT IN THE CRITICAL DECADES

1. Does the current standard of care screen for cardiovascular disease early enough? What are "the critical decades" for prevention of disease for adult patients in your practice?
2. What are the implications of framing interventions as avoidance of disease (benefit) over treatment of disease (risk mitigation)?
3. Current guidelines emphasize treating hypertension at discrete thresholds, often based on risk prediction models. How should we account for other early-life markers like lipids, BMI, inflammation, etc. when projecting lifetime benefit?
4. How should genetic information be integrated into preventive care? For example, should individuals with high polygenic risk be treated as aggressively, or as early as those with monogenic disorders like familial hypercholesterolemia (FH)?
5. What tools (imaging, genomics, biomarkers, AI) have the greatest potential to improve early risk detection and prevention? How soon should these tools become standard practice, and what barriers (cost, evidence, training, patient acceptance) stand in the way?

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SESSION 2: A HEALTHIER LIFE COURSE AND LONGER HEALTH SPAN – BRIDGING THE GAP

1. How do we reconcile the tension between population-level risk models with individualized prediction, particularly when an individual may benefit from early intervention despite being classified as low risk?
2. Can life-course risk prediction (or health prediction) be practically implemented? What barriers do you foresee to payers covering preventive therapies in otherwise “healthy” patients?
3. How do we bridge lifetime risk reduction with the current state of risk management: Lower thresholds for medical therapy? Early age to start medical therapy? Public health efforts?
4. How should we categorize patients for cardiovascular risk across the life course? How can clinicians communicate these categories and lifetime benefits in ways that engage patients and make tools like genetics, AI, and imaging meaningful to their care?
5. Should everyone receive a CAC score or CT coronary angiogram every 10 years beginning at age 40? Why or why not?