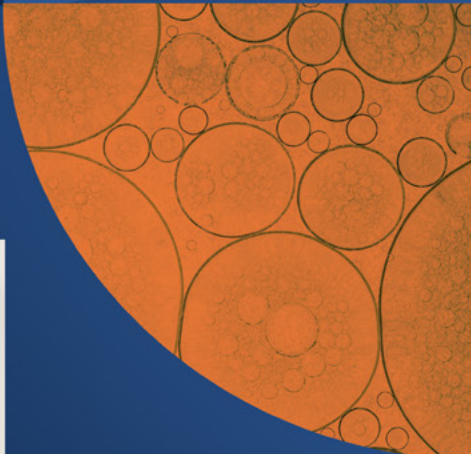


2025 Annual Review



Delivering Excellence
with Simplicity





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Chief Executive Introduction

I would like to welcome you to the 2025 Annual Review of Mater Private Network. This review gives me an opportunity to acknowledge the achievements of our staff, our consultants and to publicly thank them for their hard work and dedication.

I would also like to thank our referring physicians, our patients, and their families for placing their trust in Mater Private to deliver their care. We understand that for a healthcare system to deliver on its mission we need to exceed your expectations.

This year I would also like to highlight the journey that we are on at a time of great advancement in healthcare. Breakthrough therapies are emerging at pace, enabling more precise and personalised care than ever before.

At Mater Private Network we strive to deliver an integrated healthcare system distinguished through exceptional outcomes and service while operating under shared governance, strategy and performance framework across the network. This integrated network is more than a confederation of healthcare facilities operating under one brand, we aim to deliver clinical integration across our network, while understanding that patients and their families wish to be treated locally if possible. We continue to expand under these principles across the country and 2026 will see further expansion of our hospitals, day hospitals, cancer centres, polyclinics and specialised clinics.

We continue to develop our digital capabilities to enhance the delivery of care and the relationship with our patients, their families, our staff and referring physicians. We understand the reassurance that this connectivity gives to all of our patients. We will continue to simplify our processes without compromising the excellence of our care. AI is revolutionising healthcare by improving patient experience and optimising operations to reduce cost. Our significant

investment in digital technology over the past five years puts us in a position to leverage AI for everyone's benefit.

We appreciate that our patients wish to actively participate in their care pathways, that their care should be personalised and delivered in a predictable manner. Moreover, all stakeholders, from our staff to the individual, want a focus on prevention and we have begun a significant programme of investment in prevention and wellness which will continue into 2026.

In 2026 we will continue to support the people who provide care, and leverage technology to make excellent, accessible healthcare sustainable not just today but for the long term.

I thank you for your ongoing support of Mater Private Network.

Mr. John Hurley
Group Chief Executive Officer and
Consultant Cardiothoracic Surgeon



Mater Private Network 2025 Highlights

Opening
of the Cork
Heart Centre



90.5%
HCAHPS patient
experience score

One year of
Electronic Health
Records (EHR)



€42m
Capital investment
delivered

42,000
Heart & Vascular
tests, treatments,
& procedures



20th anniversary
of the Mid-Western
Radiation Oncology
Centre



67,000
Oncology tests,
treatments, &
procedures

31,000
Ophthalmology
tests, treatments,
& procedures

New CT scanner
& injection suite
in South Dublin
Day Hospital
(Cherrywood)

Heart Summit wins
Irish Healthcare
Award



Mater Private Network About Us

Mater Private Network is Ireland's leading private healthcare organisation, providing coordinated, patient-centred care for almost 40 years. Founded in Dublin in 1986, the Network has grown into an integrated system of hospitals and specialist centres delivering advanced diagnostics, expert-led treatment, and connected care pathways.

Today the Network includes acute hospitals in Dublin and Cork, Day Hospitals in north and south Dublin, specialist radiotherapy centres in Limerick and Liverpool, and multiple regional outpatient clinics, offering timely and convenient access to high-quality care across Ireland and beyond.

Mater Private Network is particularly recognised for its cardiology, spine, and oncology services, where expert multidisciplinary teams deliver care grounded in evidence and driven by ongoing innovation.

Our ambition is to achieve clinical excellence with increasing simplicity for patients. Through continued investment in our people, technology, and clinical infrastructure, Mater Private Network is advancing innovation while making high-quality healthcare more accessible, coordinated, and seamless.



Mater Private Network 2025 Activity

In 2025, we provided patients with approximately 317,000 tests, treatments, and procedures across our integrated care network.

317,000

Total tests, treatments, and procedures performed in 2025

Key specialties

7,411
Vascular

1,129
Cardiothoracic

34,383
Cardiology

4,043
Colorectal

11,272
Gastroenterology

1,835
Diabetes

4,505
Haematology

12,819
Medical
Oncology

35,701
Radiation
Oncology

5,741
Orthopaedics

5,762
Spine Care

4,830
Urology

2,466
Gynaecology

31,078
Ophthalmology

9,416
Urgent Cardiac
Care (UCC)

127,912
Radiology

Patient Experience

Our patients' experience is a fundamental part of their care journey, which shapes how they feel about their treatment at every stage. Over the past year, we remained focused on ensuring that patients feel respected, informed, and supported from their first interaction through to follow-up care.

We collect feedback in two ways:

Qualitative

- Speaking directly to our patients and their families about their experiences in Mater Private Network care settings. We ask for their feedback across all aspects of their patient journey.

Quantitative

- Measuring through the Hospital Consumer Association for Hospital Providers Surveys (HCAHPS) – an international survey by Press Ganey (PG) tracking perceptions of hospital experience, benchmarking against large international centres of excellence. Mater Private Network is the only Irish hospital group that participates in HCAHPS.
- Measuring our Net Promoter Score (NPS) – a systematic process of measuring patient satisfaction in partnership with RedC Research.

Patient Satisfaction HCAHPS Press Ganey



Network-wide Net Promoter Score (NPS)



Patient feedback

Dublin



Everything worked very smoothly. I arrived a little before my appointment time but was taken through and seen to immediately. All the staff were lovely.



Staff very informative and considerate. No delays and definite diagnosis. Peace of mind knowing what is going on.



I felt totally safe and well cared for. I was very frightened and everybody was kind, also professional and looked into any requests I had. And the food was lovely.

Cork



I was treated with kindness and respect during my stay. I found all staff to be professional, effective and kind.



Was made feel very comfortable & was met by a very friendly lady. The experience was very pleasant & efficient.



Everything I experienced from booking-in to discharge was so well managed and I was put at ease and confident about the procedure.

Mater Private Network

Quality of Care

Delivering safe, effective, and consistently high-quality care across all our care settings remained integral to our work. Throughout the year, we continued to subject our services to independent and objective scrutiny, ensuring that our standards were rigorously benchmarked against both national and international best practice. Significant preparation took place in 2025 to prepare our teams and systems for the forthcoming JCI survey in 2026, reinforcing our culture of continuous improvement and accountability.

Joint Commission International

Mater Private Network has been accredited by Joint Commission International (JCI) to gold standard since 2001 in Dublin and in Cork since its opening in 2013.

This accreditation provides objective assessment and recognition of the high quality of our services, patient care, and safety across all sites.

Our process to ensure that we reach this accreditation includes:

- Performance measurement, clinical audit, and benchmarking against national and international standards.
- Proactively identifying and managing risk.
- Clear accountability for quality, safety, and patient satisfaction.
- Investment in innovation, technologies, and expertise.



Health Information Quality Authority (HIQA)

In 2025, both hospital sites successfully underwent inspection by the Health Information and Quality Authority (HIQA):

Dublin hospital – April 2025

Cork hospital – August 2025

Both inspections demonstrated compliance with regulatory requirements, reflecting strengthened governance, documentation control, clinical oversight, and operational readiness.



Irish National Accreditation Board (INAB)

Both Dublin and Cork sites achieved successful accreditation from the Irish National Accreditation Board (INAB). This accreditation validates laboratory governance, technical competence, and quality control systems across sites and reinforces the organisation's commitment to externally benchmarked standards.

Mater Private Network

Our People

In 2025, Mater Private Network continued to strengthen its approach to workplace culture through a series of initiatives focused on engagement, recognition, and well-being. Together, these programmes support an environment where healthcare professionals are valued and enabled to deliver high-quality care.

These initiatives are reviewed on an ongoing basis through employee feedback, HR practice reviews, and structured evaluation processes. Collectively, they contribute to our approach to organisational culture and the long-term well-being of our people.

340+

Consultants within the Network

2,423

Total medical, administrative, and support staff across the network

1,770

Dublin

599

Cork

54

Limerick

Great Place to Work

Achieving Great Place to Work certification for the first time in 2025 reflects progress in building trust, transparency, and engagement across the organisation. Regular employee sentiment surveys and structured feedback mechanisms allow us to better understand staff experience and to inform practical, data-led improvements to workplace culture.

Top Employer certification

Top Employer certification recognises the strength and consistency of our HR practices and people strategies. The certification process involves detailed benchmarking against established standards and supports our continued focus on fair policies, professional development, and supportive working environments.

The Mater Private Network team at the Great Place to Work awards ceremony



The Mater Private Network HR team at the Top Employer awards ceremony

National Employee Recognition Awards 2025

Participation in the National Employee Recognition Awards highlights the importance we place on recognising individual and team contributions. Peer-to-peer nominations encourage engagement and reinforce a culture of appreciation. In 2025, more than 7,000 nominations were submitted, reflecting strong participation across the organisation.

Mental health initiatives

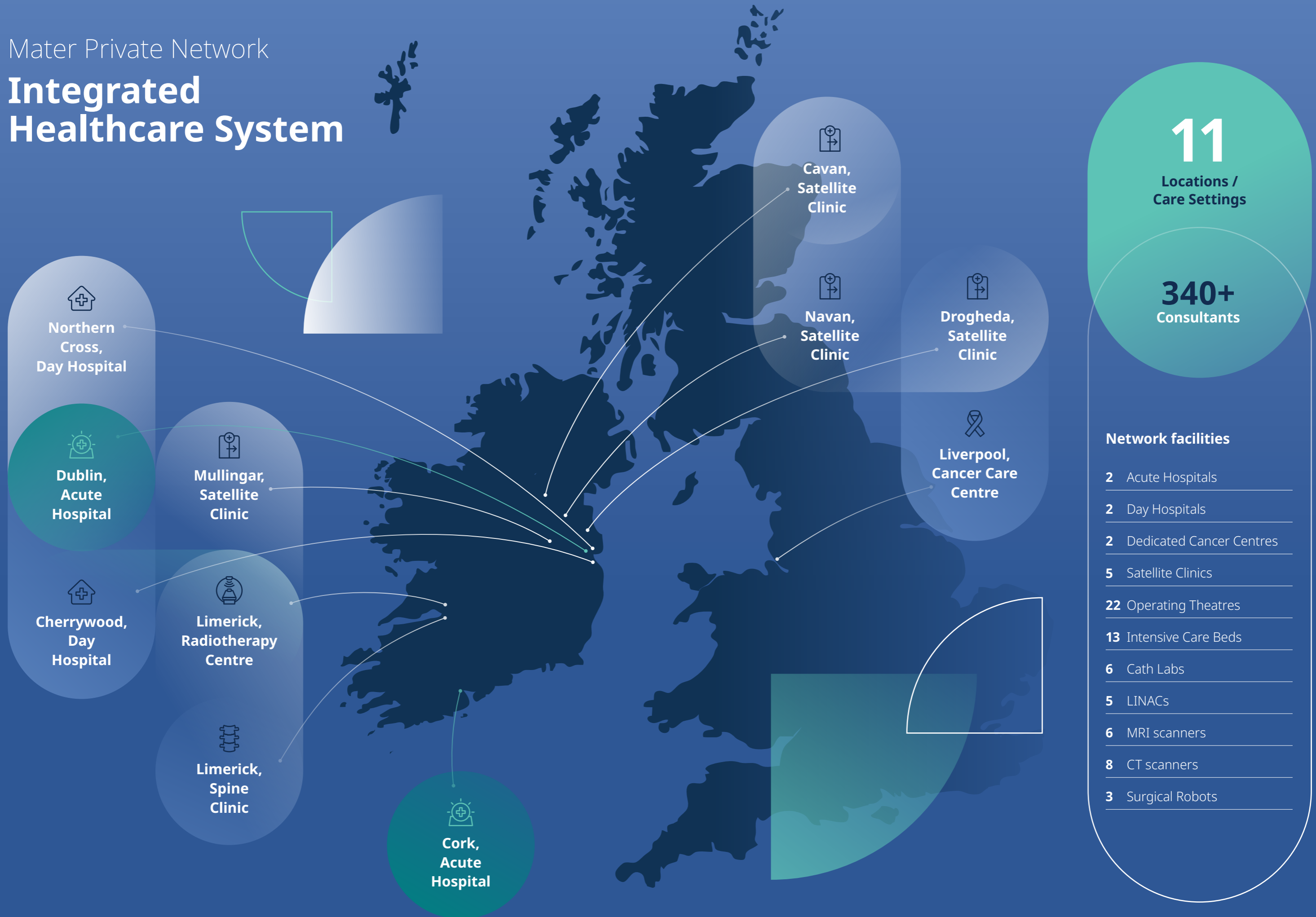
Mental health remains a key component of our approach to employee well-being. Through a range of support programmes and awareness initiatives, we aim to create a workplace where staff feel supported and able to access appropriate resources. This focus recognises that staff well-being is integral to sustaining high standards of care and organisational resilience.

Our people bring experience and expertise from 50 countries across the globe



● Home countries of staff members

Mater Private Network Integrated Healthcare System



Mater Private Network

Strategic Investment

Dublin

Strategic investment in 2025 strengthened Mater Private Network's clinical capability and capacity across Dublin, supporting high-quality, efficient care across a broad range of services.

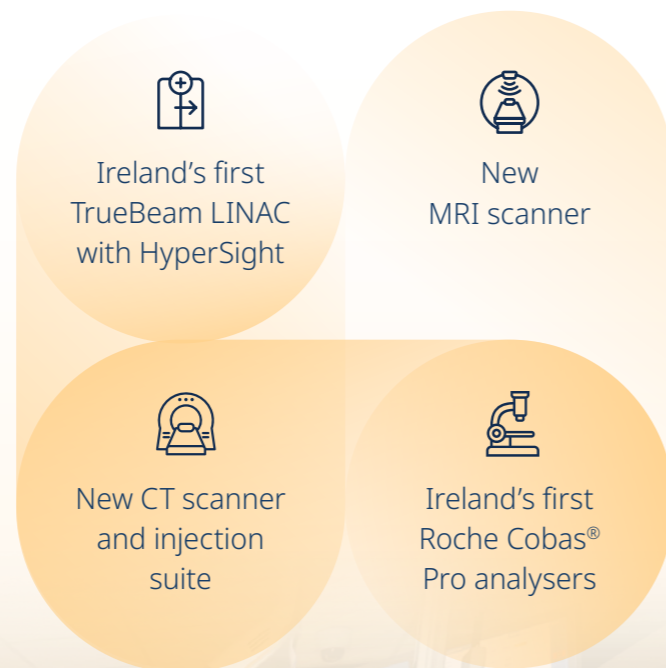
Investment in cancer services continued with the introduction of Ireland's first TrueBeam LINAC with HyperSight at our Dublin hospital, enabling faster, more precise radiotherapy treatments.

A new CT scanner and injection suite at our South Dublin Day Hospital (Cherrywood) became operational in September. In November, a Magnetom Sola MRI scanner was installed at our Eccles Street hospital, further enhancing imaging capability across our Dublin locations.

Launch ceremony of Ireland's first TrueBeam LINAC with Hypersight

Mater Private Network also became the first hospital in Ireland to introduce two Roche Cobas® Pro analysers, increasing laboratory efficiency and testing capacity while supporting faster turnaround times for patients and clinicians.

In 2025, capital investment in Dublin delivered:



Scan QR code to watch a highlights video of the Cork Heart Centre opening



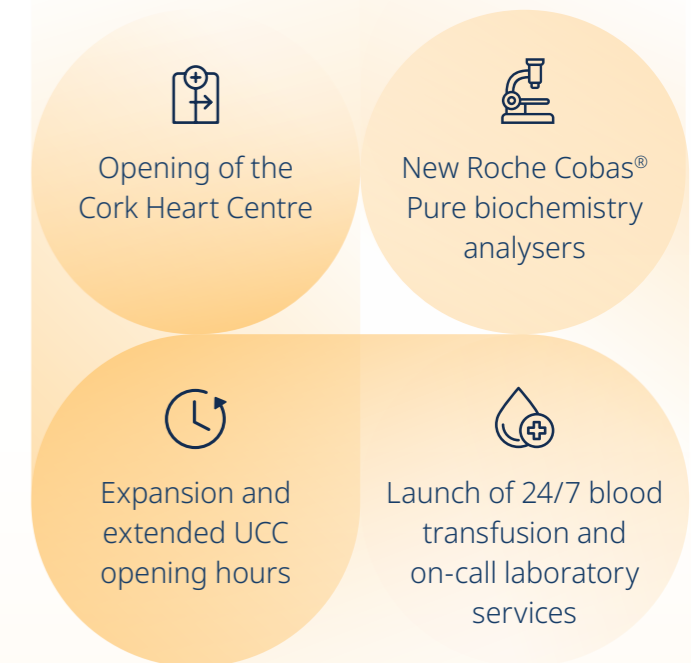
Cork

Strategic investment in Cork during 2025 focused on expanding specialist services and strengthening regional access to high-quality, consultant-led care.

This included the official opening of the Cork Heart Centre, representing a €12 million multi-year investment in cardiac care. Developments supporting the centre included the expansion and extended opening hours of Urgent Cardiac Care (UCC), alongside the introduction of a new intensive care unit and a dedicated Cardiothoracic Surgery service.

Diagnostic and laboratory capability was also strengthened with the introduction of two Roche Cobas® Pure biochemistry analysers. This was complemented by the launch of 24/7 blood transfusion and on-call laboratory services, supporting faster clinical response and enhanced patient safety.

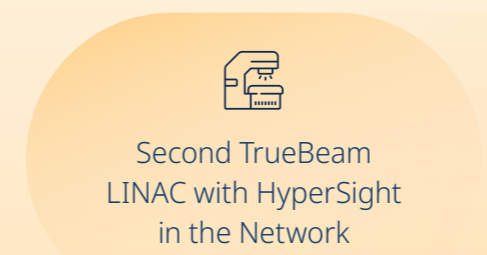
In 2025, capital investment in Cork delivered:



Limerick

The Mid-Western Radiation Oncology Centre in Limerick remained a key investment priority in 2025, serving patients with cancer diagnoses across the Munster region. In August, the second TrueBeam LINAC with HyperSight within our network began treating patients, paving the way for advanced stereotactic radiotherapy to begin in 2026.

In 2025, capital investment in Limerick delivered:



Mater Private Network

Digital Transformation

One full year of our Electronic Health Record

The introduction of a single, network-wide Electronic Healthcare Record (EHR) marks a major step forward in how care is delivered across all our locations in Ireland.

The system standardises and integrates clinical and administrative workflows, with laboratory, diagnostic imaging, pharmacy, scheduling, and registration processes now consistent across all sites.

Clinical teams benefit from shared documentation and a complete view of each patient's care journey across inpatient,

outpatient, and ambulatory services, supporting more informed clinical decision-making and reducing duplication of testing.

The EHR has also strengthened coordination and continuity of care for patients while enhancing safety through innovations such as network-wide specimen traceability and standardised patient tracking.

Together, these capabilities provide a strong digital foundation for continued service innovation and growth across Mater Private Network.

EHR at all

10

locations in Ireland

The Mater Private Network EHR management team

Migrated into the system

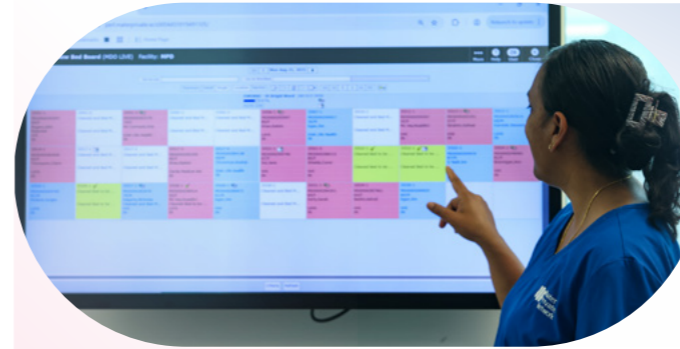
> 1

million patient records

> 5

million visit records

Extensive historical documentation



Cyber security

Cyber security is a central focus within Mater Private Network's wider digital transformation programme. It is underpinned by sustained investment and a clear strategic approach.



Skilled team responding to security issues



Strengthened resilience against cyber threats



Secure patient data



Mater Private Network

Emergency Services

Urgent Cardiac Care

Dublin

Demand for Urgent Cardiac Care (UCC) in Dublin remained consistently high throughout the year. One of the most frequently required investigations within the UCC pathway is echocardiography. To ensure faster access and reduce delays for patients, a UCC-specific on-site echocardiography technician is now in place.

The service has been strengthened by the introduction of an additional dedicated triage nurse. The triage nurse provides immediate clinical engagement for both walk-in and phone-in patients. The additional capacity has improved the consistency and quality of first contact, ensuring patients are directed to the most appropriate inpatient or outpatient care pathway.

Cork

Urgent Cardiac Care services in Cork continued to mature following recent investment in cardiac services. Extended opening hours, from 8am to 8pm, have significantly increased accessibility for patients across Munster. This gives patients with active cardiac symptoms more convenient access to any necessary intervention and support.

9,416
tests, treatments,
and procedures

Emergency Department

Dublin

In 2025, the Dublin Emergency Department (ED) completed its transition to a seven-day service, representing a significant expansion in access and capacity. This was supported by the appointment of additional emergency medicine consultants, bringing the total in Dublin to 19, ensuring consistent senior clinical decision-making is accessible at all times.

Specialist capability within the department was further enhanced with the introduction of a dedicated neurology service, staffed by two full-time consultant neurologists. This development has strengthened the hospital's ability to assess and manage patients presenting with routine and complex neurological symptoms.

Cork

In Cork, the Emergency Department improved access to care through extended opening hours and the introduction of a walk-in service. These developments improved responsiveness to patient needs and offered greater flexibility for those seeking urgent assessment.

11,834
tests, treatments,
and procedures

Mater Private Network Cardiovascular Research

2025 was a year of consolidation and momentum for the Cardiovascular Research Institute (CVRI) Dublin, marked by progress across research, education, leadership, and collaboration. Through a combination of clinical trial innovation, international partnerships, and strategic investment in people and infrastructure, CVRI Dublin continued to strengthen its role within Mater Private Network and the wider cardiovascular research community in Ireland and abroad.

Strengthening leadership

In February 2025, Prof. Osama Soliman joined CVRI Dublin as Deputy Director and Director of the PRECISE Core Lab. His appointment, alongside the arrival of eight team members, significantly enhanced CVRI Dublin's research capability and leadership capacity. Prof. Soliman brings a wealth of clinical and academic expertise.

Empowering future researchers

In partnership with the Irish Cardiac Society and RCSI University of Medicine & Health Sciences, CVRI Dublin delivered a Scientific Writing Symposium focused on building advanced research and publication skills among cardiology registrars and the next generation of clinical researchers.

Celebrating clinical innovation

Prof. Robert Byrne, Clinical Director of CVRI Dublin, was awarded the RCSI Vice-Chancellor Clinical Innovation Award in recognition of his work on the CYCLOPES study. This prestigious award highlights the impact of clinically-led research at CVRI Dublin and its contribution to advancing patient-centred cardiovascular care.

Editorial leadership in cardiovascular education

Prof. Robert Byrne's appointment as Editor-in-Chief of the PCR-EAPCI Textbook further strengthened CVRI Dublin's standing in cardiovascular education. The role reflects international recognition of academic leadership within the organisation and reinforces its influence on clinical practice and training across Europe.

Breakthrough moment in clinical trials

The successful enrolment of the first patients in the DUBSTENT-DIABETES and BIOMAG-II trials marked an important milestone for CVRI Dublin. These studies demonstrate the organisation's growing capacity to deliver complex, high-impact clinical trials in collaboration with academic and industry partners.

Advancing electrophysiology research

The enrolment of the first patient in the LUMINIZE study represented a key step forward in electrophysiology research at CVRI Dublin. The study reflects a continued focus on innovation in diagnostic and therapeutic approaches, with the ultimate aim of improving patient outcomes.



The CVRI Dublin team at the Scientific Writing Symposium

Major research funding secured

The CVRI Dublin PRECISE Core Lab, under the leadership of Prof. Osama Soliman, secured €1.6 million in funding as part of the DUO-MAX consortium through the Disruptive Technologies Innovation Fund. This significant award supports the development of advanced cardiovascular technologies.

International research collaboration

CVRI Dublin was awarded €960,000 in funding for the STREAMLINE study through the HRB EFFECTRIAL programme. Delivered as part of an international consortium spanning multiple European countries, it involves collaborative research and contribution to address shared cardiovascular challenges at a global level.

A new home for CVRI Dublin

In 2025, CVRI Dublin announced its move to the Grain Store, Princes Street South, Dublin. This dedicated new research office will support the continued growth of the team, enhance collaboration, and provide a strong foundation for future research expansion.

Study Name	Principal Investigator	Brief Study Design	Recruitment Start Date
LUMINIZE	Prof. Gábor Széplaki	The LUMINIZE study is a first-in-human, prospective, non-randomised, single-arm feasibility study.	Jan-25
DUBSTENT DIABETES	Prof. Robert Byrne	Randomised trial of dual device treatment involving drug-coated balloon angioplasty and drug-eluting stent implantation compared to single device treatments in patients with diabetes mellitus.	Jun-25
BIOMAG II	Prof. Robert Byrne	Safety and clinical performance of the Drug Eluting Resorbable Coronary Magnesium Scaffold System (Freesolve®) in the treatment of subjects with de novo lesions in native coronary arteries.	Jul-25
OPALISE	Prof. Gábor Széplaki	A registry on the FARAVIEW technology of the OPAL HDx Mapping System when used with the FARAWAVE NAVablation Catheter in the treatment of atrial fibrillation.	Nov-25
AGENT DCB	Prof. Robert Byrne	AGENT Drug-Coated Balloon for stent avoidance in PCI for de novo coronary artery disease.	Dec-25

Mater Private Network

Heart & Vascular

Throughout the year, Mater Private Network continued to strengthen its position as a national leader in cardiac care, delivering routine and complex specialist services across Dublin and Cork. Investment in people, infrastructure, and digital capability supported high standards of patient-centred care. It also enabled the expansion and ongoing development of cardiology services through clinical innovation, multidisciplinary collaboration, and integrated care from diagnosis to long-term management.

Dublin

In Dublin, Mater Private Network built on its long-established role as a centre of excellence for complex cardiac care. Over the year, services progressed across electrophysiology, structural heart disease and heart failure, alongside continued development in interventional cardiology and cardiovascular education.

Advances included the introduction of new ablation technologies within electrophysiology, the expansion of transcatheter valve interventions within structural heart services, and patient pathway optimisation within our heart failure service. These developments were underpinned by specialist expertise, our Electronic Healthcare Record (EHR), and collaboration at national and international level.

Cork

In Cork, multi-year investment, culminating in the opening of the Cork Heart Centre, has supported a significant expansion of cardiac services. 2025 marked the one-year anniversary of the introduction of cardiothoracic surgery at the hospital, directed by Dr. Niamh Keenan, in addition to a new intensive care unit, and enhanced Urgent Cardiac Care capacity. These developments strengthened the provision of specialist cardiac treatment in the Munster region and reduced the need for patients to travel for complex care.

Under the clinical leadership of Dr. John P. Foran, Clinical Lead of Cardiology, cardiac services were delivered through an integrated model that brought together diagnostics, intervention, and surgery, supported by multidisciplinary team collaboration.

43,000+

tests, treatments,
and procedures

Among our extensive heart & vascular treatment areas are:

- ✓ Coronary Intervention
- ✓ Structural Heart Disease
- ✓ Vascular Disease
- ✓ Cardiac Rhythm Disorders
- ✓ Cardiac Imaging
- ✓ Ireland's only CHIP programme using complex PCI
- ✓ Heart Failure

Key contributors

64
Expert
consultants

5,525
Coronary
angiogram / PCI

3,346
Cardiac rhythm
disorders

740
Cardiothoracic
surgery

784
Vascular
surgery

255
Structural
heart



Complex Coronary Intervention

An increasing number of patients are presenting to cardiology services across Ireland with complex patterns of coronary artery disease. Many of these individuals are not suitable candidates for coronary artery bypass surgery, meaning that minimally invasive percutaneous coronary intervention (PCI) is their only treatment option.

Mater Private Network Dublin established Ireland's only Complex and High-Risk Coronary Interventional Procedures (CHIP) programme, focusing on treating patients with particularly challenging disease profiles, including those with chronically occluded arteries, recurrent disease following previous stenting, or failure of coronary bypass grafts. A core aim of the complex PCI programme is to offer these patients a viable treatment pathway, aiming to improve both their symptoms and long-term outcomes.

Delivering care at this level requires advanced techniques and specialised technologies that are not available in all centres. The service routinely employs intravascular imaging to guide decision making during procedures and to optimise procedural outcomes. Alongside technical expertise, the programme is supported by a robust digital infrastructure, including the use of our Electronic Health Record to enable comprehensive pre-procedural planning, real-time access to prior investigations, and seamless communication across the multidisciplinary team.

In 2025, more than **270** stenting procedures were performed on the complex PCI list.

This included more than 60 chronic total occlusion (CTO) procedures.

The complex PCI service is led by Dr Colm Hanratty, Director of the Cardiac Catheterisation Laboratory, and Dr JJ Coughlan, Consultant Interventional Cardiologist, at Mater Private Network in Dublin. They operate a dedicated weekly two-consultant complex PCI list. It functions as a quaternary referral service, accepting complex cases from centres across Ireland as well as from colleagues within Mater Private Network. The programme is delivered by a highly specialised team, comprising consultant cardiologists, complex PCI fellows, catheterisation laboratory nurses, and cardiac physiologists, working within a structured and highly coordinated care model.

“

The growth of our complex coronary intervention service reflects both the changing needs of our patient population and our commitment to offering treatment options to patients with the most challenging patterns of coronary disease. By combining advanced interventional techniques, routine use of intravascular imaging, and a highly experienced multidisciplinary team, we can deliver safe, effective care to patients who may previously have had limited or no options.

”

Dr. Colm Hanratty
Director of the Cardiac Catheterisation Laboratory



Mater Private Network Electrophysiology

Within our Electrophysiology service, 2025 was characterised by the early adoption of emerging technologies and active participation in international and first-in-human clinical studies. Through education, collaboration, and research, the service supported the introduction of innovative therapies while ensuring patients benefited from increasingly precise and personalised treatment approaches.

Advancing pulsed field ablation education in Europe

In June, Mater Private Network hosted Europe's inaugural meeting dedicated to pulsed field ablation (PFA) education and innovation. Led by Prof. Gábor Széplaki in partnership with Boston Scientific, the meeting brought together leading European experts to share early clinical experience and shape future PFA training models.

The programme focused on workflow integration using FARAVIEW™ software, evolving clinical strategies, and the development of structured education pathways.

First-in-human LUMINIZE study with LUMA Vision

Mater Private Network became the first institution globally to conclude the LUMINIZE clinical study, marking a significant milestone in intracardiac imaging. The first-in-human procedure was led by Prof. Széplaki using the VERAFFE™ Navigation and Visualisation Platform, delivering real-time, four-dimensional, CT-quality anatomical reconstructions in under 60 seconds.

The study reinforced the Network's role as a centre of excellence for complex electrophysiology research, and provided patients with early access to advanced imaging technologies.

Early adoption of FARAVIEW™ for atrial fibrillation

Mater Private Network was among a small number of centres globally to be granted early access to the FARAVIEW™ system for atrial fibrillation treatment and was selected as one of only three centres worldwide to participate in the FARAVIEW™ technology study.

Since adopting the FARAPULSE™ PFA System in 2022, almost 2,000 patients have been treated.

Dual Energy ablation with Johnson & Johnson MedTech

Mater Private Network was among the first centres worldwide to treat atrial fibrillation using the Dual Energy THERMOCOOL SMARTTOUCH™ SF Catheter. This technology enabled clinicians to switch between radiofrequency and pulsed field energy within a single procedure, supporting a more personalised approach to care.

Prof. Széplaki served as an investigator in the first-in-human clinical trial, ensuring patients in Ireland were among the earliest to benefit from this advancement in ablation therapy.

1,300+
ablations performed



The Atrial Fibrillation Institute consultants and nursing team

Leadless pacing with Abbott Aveir™

The successful implantation of the Abbott Aveir™ DR leadless pacemaker by Dr. Jim O'Brien was a major milestone. The next-generation system removed the need for traditional leads and chest pockets, reducing complication risk and supporting faster recovery with no visible scarring.

Varipulse PFA programme milestone

The Dublin Electrophysiology team completed its 100th procedure using Varipulse PFA technology during the year. The milestone case, performed using V8 Phase 3 software, took place during a live case observation event attended by visiting physicians from across Europe.

Ireland's first Abbott Volt™ PFA procedures

Our team performed Ireland's first atrial fibrillation procedures using Abbott's Volt™ Pulsed Field Ablation System. The technology enabled shorter procedures with a reduced risk of damage to surrounding tissue compared with thermal ablation, supporting faster recovery for patients.

Expanding advanced EP care in Cork

In Cork, the cardiology team completed the first PFA procedure in the Munster region using the FARAPULSE™ system. The EP team includes Dr. Maheshwar Pauriah, Dr. John O'Dea, and Dr. John P. Foran. The case marked an important step in expanding access to advanced electrophysiology care in the Munster region.



“

Over the past year, our priority was to combine innovation with consistently high standards of clinical care. By contributing to first-in-human studies, adopting new technologies early, and investing in education and collaboration, we continued to raise standards in electrophysiology while ensuring our patients benefited from safe, effective, and personalised care.

”

Prof. Gábor Széplaki,
Head of Cardiac Electrophysiology

Mater Private Network

Heart Failure

Ongoing evaluation of the Heart Failure service was a key priority in 2025, as patient volumes continue to increase across the Network. Work began to implement a comprehensive audit programme for the service, providing a clearer understanding of activity, outcomes, and care pathways.

This work will be supported by the continued optimisation of the Electronic Health Record (EHR), enabling more consistent data capture and improved visibility across the patient journey. Together, audit and digital capability will underpin a more responsive, data-informed approach to service development, and quality improvement.

Early insights from this ongoing evaluation have reinforced the importance of nurse-led clinics in the delivery of high-quality heart failure care. These clinics play a central role in continuous patient monitoring, optimisation of therapy, and improved patient education, supporting continuity of care for patients with complex and long-term needs.

Clinical research is important for the growth of the Heart Failure service. Patients have been enrolled in the HERMES study, which is exploring the role of anti-inflammatory agents in heart failure management, reflecting the service's commitment to contributing to the evolving evidence base while integrating research into clinical practice.

Key service components



Comprehensive
audit
programme



Nurse-led
clinics



Therapy
optimisation
and education



“

As demand for heart failure services continues to grow, our focus is on building a model of care that is both sustainable and centred on patient outcomes. By expanding nurse-led clinics, strengthening our research activity, and consistent evaluation of the service, we are ensuring that patients receive consistently high-quality, evidence-based care.

”

Prof. Mark Dayer,
Head of Heart Failure



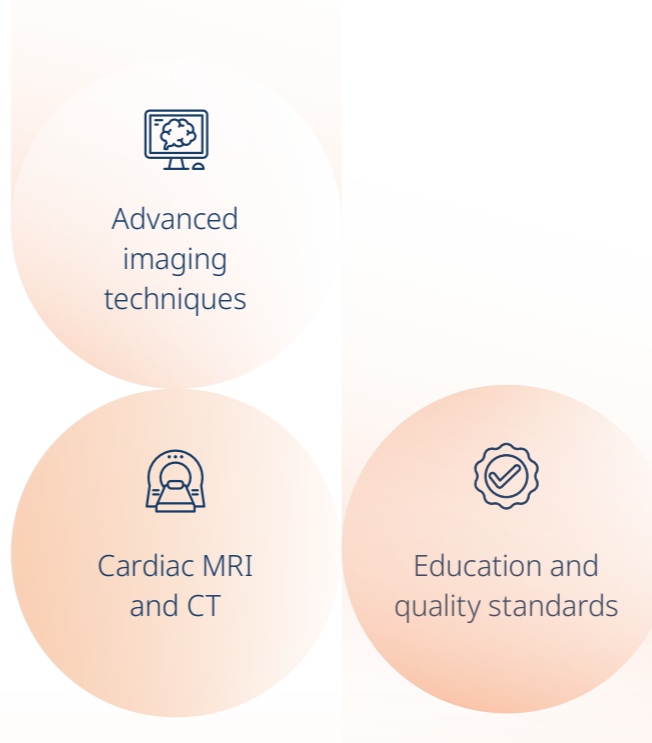
Mater Private Network Cardiovascular Imaging

Cardiovascular Imaging remained a cornerstone of the Heart & Vascular service at Mater Private Network, supporting high-volume and increasingly complex diagnostic and interventional care. Sustained investment in technology and specialist expertise ensured imaging capability continued to evolve in line with clinical need and international best practice.

A key development during the year was the appointment of Dr. JP Carpenter as Head of Cardiovascular Imaging. Dr. Carpenter brings extensive experience in advanced imaging techniques, including cardiac MRI and CT, alongside a strong focus on education and quality standards with his involvement in the European Society of Cardiology (ESC). He is also actively involved in contributing to ESC TV through the **Cardiology This Week** programme, providing updates on the latest scientific advances in cardiology.

Significant technological advances have further enhanced cardiovascular imaging across the network. New MRI technology at Eccles Street hospital has introduced advanced cardiac imaging capabilities, including specialised sequences that enable improved imaging for patients with implantable cardiac devices. With state-of-the-art scanning now available across all three Dublin sites and in Cork, Mater Private Network is well positioned to support continued growth in imaging volumes and clinical complexity.

Key service components



In parallel, upgrades to our cardiovascular platform have delivered a more robust and consistent reporting system for clinicians, supporting enhanced imaging integration for echocardiography and cardiac catheterisation lab procedures.

Innovation within the service is also increasingly extending into artificial intelligence (AI) and digital workflows through our Electronic Health Record. AI has been in use for assistance with routine cardiac MRI analysis since 2020, supporting automated structure identification and cardiac cycle tracing.



Cardiovascular imaging at Mater Private Network is evolving rapidly, driven by close integration between technology, clinical expertise, innovation, and education. By investing in advanced imaging platforms and with strong utilisation of our EHR platform, we are building a service that supports both high-volume care and the most complex heart interventions, while maintaining consistently high standards of image quality and reporting.



Dr. JP Carpenter,
Head of Cardiovascular Imaging



Mater Private Network

Structural Heart

The Structural Heart service across Mater Private Network continues to evolve as a highly specialised, multidisciplinary programme focused on delivering minimally invasive solutions for patients with structural heart disease. Working across our Dublin and Cork hospitals, the service has a team approach which brings together interventional cardiology, imaging, anaesthesia, nursing, and catheterisation lab expertise to provide treatment options for patients with valvular and structural heart disease.

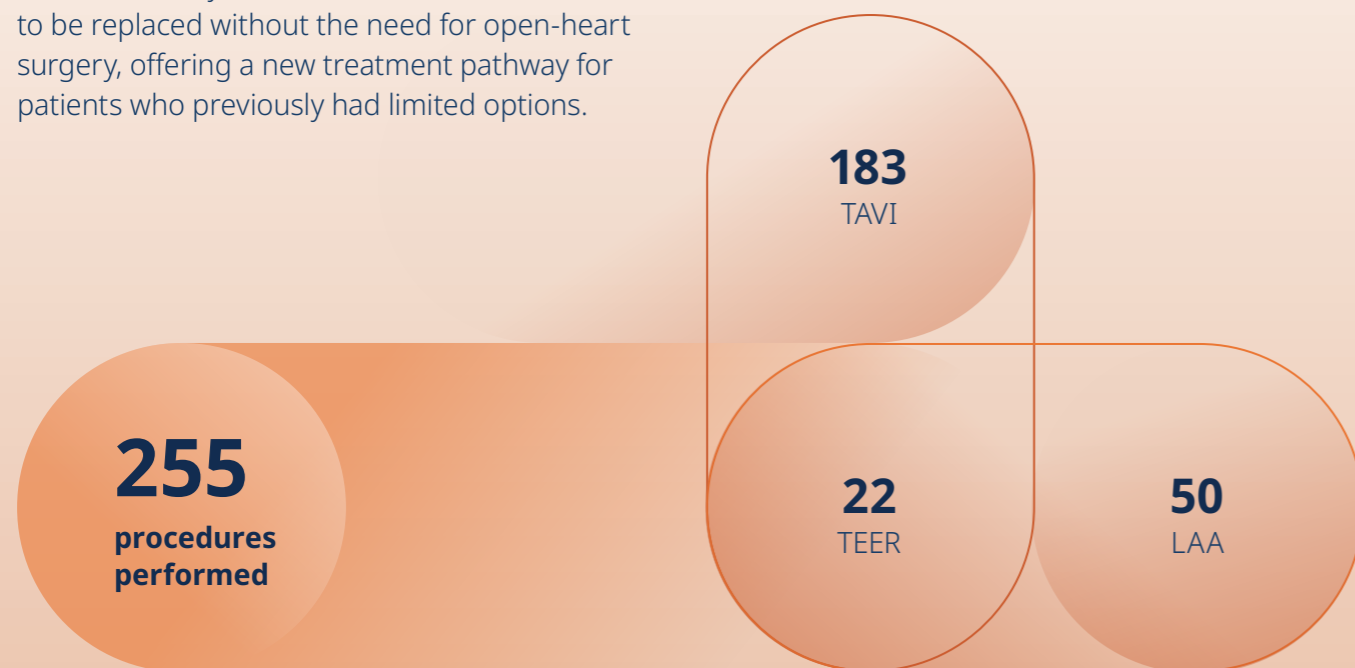
Dublin

In Dublin, the service has taken a significant step forward in the treatment of severe tricuspid regurgitation with the introduction of the EVOQUE transcatheter tricuspid valve replacement system. Mater Private Network is the first private hospital in Ireland to offer this new, minimally invasive therapy for a condition that is often under-treated but can have a profound impact on quality of life.

Severe tricuspid regurgitation is frequently associated with an enlarged heart, placing additional strain on the heart and limiting patients' ability to carry out everyday activities. The EVOQUE system allows the diseased valve to be replaced without the need for open-heart surgery, offering a new treatment pathway for patients who previously had limited options.

This programme is supported by a highly skilled multidisciplinary team. With fewer than 1,000 cases performed worldwide to date, the introduction of EVOQUE represents a major milestone for the Structural Heart service and underscores its role at the forefront of cardiovascular innovation in Ireland. We also continued to develop transcatheter edge-to-edge repair services for patients with tricuspid and mitral regurgitation.

Key contributors



Cork

In November 2025, Mater Private Network Cork successfully carried out the first Transcatheter Aortic Valve Implantation (TAVI) in a private hospital in Munster, marking another significant step in the hospital's ongoing investment in cardiac services for the region.

TAVI is a minimally invasive treatment for severe aortic stenosis, allowing for replacement of the aortic valve without open-heart surgery and enabling quicker recovery for suitable patients. With the introduction of TAVI in Cork, patients can now access this specialist, well established procedure closer to home, benefiting from

faster recovery, shorter hospital stays, and streamlined follow-up within the region.

The TAVI service launch reflects six months of coordinated planning, preparation, and training, underpinned by strong collaboration between the Cork and Dublin clinical teams. The first procedure was led by Dr. Richard Tanner, consultant cardiologist, supported by Prof. Mark Spence, clinical nurse manager Emer O'Brien, and consultant anaesthetist Dr. Maurice Hogan.



“

Structural heart disease demands innovation, precision, and true multidisciplinary collaboration. Across Dublin and Cork, we are focused on building services that offer patients transcatheter treatments where appropriate for structural heart disease, complementing our excellent cardiac surgery services. This multidisciplinary heart team approach maintains the highest standards of safety and care and is aligned with evidence and guideline-based practice.

”

Prof. Mark Spence,
Head of Structural Heart

Mater Private Network Heart Summit 2025

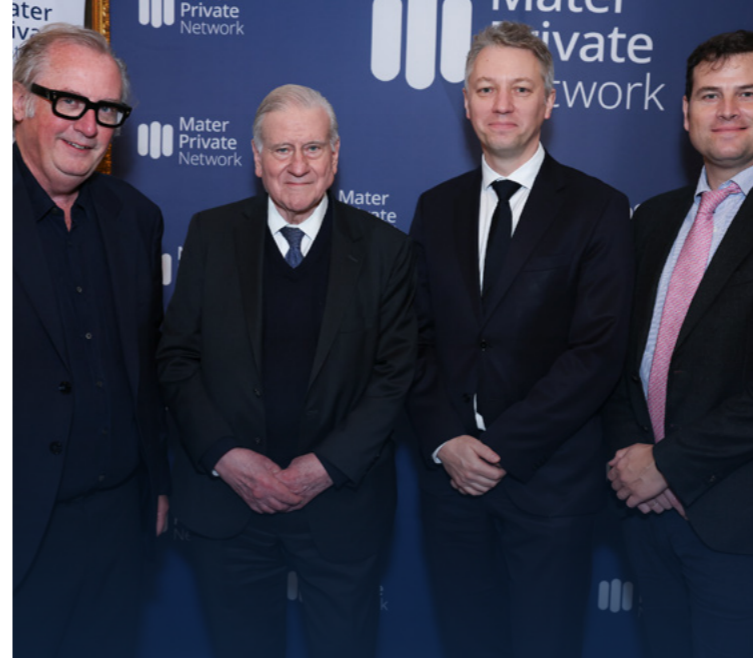


The Dublin Heart Summit marked its second year in 2025, providing a forum for healthcare professionals to engage with developments in cardiovascular medicine, patient care, and research. A collaboration between Mater Private Network and the Cardiovascular Research Institute (CVRI) Dublin, and supported by the Royal College of Surgeons in Ireland (RCSI) and the Irish Cardiac Society, the Summit brought together over 700 attendees, including cardiologists, GPs, and allied health professionals, to share knowledge, discuss emerging treatments, and explore innovations in heart health.

Highlights included a keynote address from Prof. Valentin Fuster of Mount Sinai Hospital, USA, and the National Centre for Cardiovascular Investigation, Spain, who spoke on the changing landscape of health and disease, with a focus on technology and education.

Other sessions featured leading international and national experts who explored a wide range of topics, including recent developments in the treatment of heart failure, coronary artery disease, cardio-oncology, the link between menopause and heart health, and the role of exercise as a form of cardiovascular medicine.

The Summit programme combined expert-led discussions, presentations on emerging treatments and technologies, and evolving models of care. Beyond its professional audience, the Summit also contributed to raising public awareness of cardiovascular disease through national media coverage and expert interviews.



Scan QR code to watch a highlights video of the 2025 Dublin Heart Summit

In recognition of its impact, the Dublin Heart Summit was awarded Healthcare Education Event of the Year at the Irish Healthcare Awards 2025. A panel of over 30 judges - including leading physicians, educators, patient advocates, medical journalists, and industry representatives - highlighted the Summit's high-quality education, broad reach, and exceptional delegate satisfaction.

Looking ahead, the Summit will continue to expand its reach and impact in 2026, with the inaugural **Women's Heart Summit** on January 24th 2026, followed by the **3rd Dublin Heart Summit** on April 18th 2026, further cementing Mater Private Network's leadership in cardiovascular education and collaboration.



We were honoured to receive this recognition from the Irish Healthcare Awards. The Dublin Heart Summit reflects our ongoing commitment to clinical excellence, education, and innovation. Through collaboration with our partners in RCSI and the Irish Cardiac Society, we are helping shape the future of cardiovascular care while improving outcomes for patients across Ireland.



Prof. Robert Byrne,
Director of Cardiology
and Director of CVRI Dublin



Mater Private Network

Oncology

Mater Private Network is the only private hospital to offer seamless, connected cancer care from diagnosis through treatment. Services in Dublin provide the full spectrum of oncology care, including complex medical and surgical oncology alongside advanced radiation oncology. Radiation oncology services are also delivered in Limerick and Liverpool, ensuring care is available across multiple locations while remaining clinically connected.

A significant development for the Network was the establishment of the Mater Hospitals and University College Dublin (UCD) Cancer Centre. Launched in September 2024, and incorporated fully into Mater Private Network in 2025, the Centre was formed as a collaborative initiative between Mater Misericordiae University Hospital, Mater Private Network, and University College Dublin. The partnership is designed to combine clinical expertise, academic leadership, and research capability, with the shared ambition of delivering high-quality, evidence-based cancer care to all patients.

Led by three established organisations, the Cancer Centre approach is a cross-campus, unified care model that leverages multidisciplinary meetings to ensure the optimal care pathway for every patient. Research, innovation, and education are embedded as core pillars of the Centre's work. This ensures patients benefit from care while also contributing valuable insights to the development of contemporary treatment approaches.

Sub-specialty expertise across cancers, including:

- ✓ Blood
- ✓ Breast
- ✓ Colorectal
- ✓ Genitourinary
- ✓ Gastrointestinal
- ✓ Gynaecological
- ✓ Head & Neck
- ✓ Lung
- ✓ Prostate
- ✓ Skin
- ✓ Testicular
- ✓ Thoracic

The Mater Hospitals and UCD Cancer Centre management team



The Mater Hospitals and UCD Cancer Centre

Preparatory work also progressed towards the Cancer Centre seeking accreditation from the Organisation of European Cancer Institutes (OECI), reflecting a commitment to internationally recognised standards in comprehensive cancer care.

The expansion of the Electronic Health Record (EHR) across cancer services enabled more efficient and informed multidisciplinary meetings, supporting decision-making across all tumour groups. Enhanced data capture also allowed our teams to better track treatment activity, patient outcomes, identify areas of strength, address variation, and improve quality and safety across the Network. This approach also supported alignment with the National Cancer Control Programme's key performance indicators and informed the ongoing development of services to meet patients' and families' current and future needs.



Our priority remains to build a cancer service that is innovative, coordinated, and benchmarked against the highest international standards. By combining expertise, research, data, and technology, we are shaping care that is both future-focused and centred on the patient.



Prof. Jerome Coffey,
Head of Cancer Care



67,000

tests, treatments,
and procedures

Mater Private Network Radiation Oncology

35,701
tests, treatments, and procedures

Radiation Oncology remained a cornerstone of cancer care across Mater Private Network during the year, supporting patients through highly specialised treatment pathways. Delivered through a multidisciplinary model and supported by sustained capital investment, the service improved access to treatment and the continual advancement of clinical practice across its sites in Dublin and the Mid-West.

Dublin

In 2025, we began treating patients with Ireland's first TrueBeam LINAC with HyperSight, an advanced radiotherapy system designed to deliver faster, more precise treatment through high-quality imaging. The technology enabled enhanced tumour targeting, reduced treatment times, and improved patient experience, while also laying the groundwork for future expansion to other sites across the Network.

This development came as part of a broader €20 million investment over the past five years to enhance cancer services.

Clinical leadership and capability continued to grow with the addition of a new consultant radiation oncologist to the Dublin team. Research activity within the department also expanded, supported by dedicated radiation therapist resource to facilitate data collection and trial participation.

The service marked an important milestone in 2025 with the treatment of its first patients using radioligand therapy (a search and destroy treatment for advanced prostate cancer).

Our suite of radiotherapy treatments is delivered by a team of eight subspecialty radiation oncologists, working closely with multidisciplinary colleagues across The Mater Hospitals and UCD Cancer Centre, and University Hospital Limerick. This collaborative approach supported optimised treatment pathways across a wide range of tumour sites, including prostate, brain, and lung cancers.

Radiation oncology treatments include:

- ✓ **External Beam Radiotherapy**
Intensity modulated radiation therapy (IMRT)
Image guided radiation therapy (IGRT)
- ✓ **Brachytherapy**
High-dose rate (HDR) brachytherapy
Low-dose rate (LDR) brachytherapy
- ✓ **Stereotactic body radiation therapy (SBRT)**
- ✓ **Surface guided radiation therapy (SGRT)**
- ✓ **Xofigo (Ra223 dichloride) radionuclide therapy**



Mid-Western Radiation Oncology Centre, Limerick

The second TrueBeam LINAC with HyperSight within our Network became operational for treatment at the Mid-Western Radiation Oncology Centre in Limerick in August. This new technology, working alongside the Halcyon Linear Accelerator, which has been used to treat over 1,500 patients, will continue to improve the accuracy of treatments, while cutting treatment time for patients. As of 2025, treatment times had already reduced by approximately 50% as a result of the Halcyon Linear Accelerator.

Significant progress was also made in developing stereotactic radiotherapy services in Limerick. A network-wide approach accelerated site readiness, drawing on clinical experience and operational learning from Dublin. Mater Private Network will soon be able to offer this treatment across two locations, Dublin and the Mid-West, further improving access for patients nationwide.

Beyond clinical services, patient support also continued to evolve with the launch of a new Kerry Cancer Support Group bus, funded through sponsorship by Mater Private Network.

Clinical trial participation

Study Name	Type	Description
SIMPLIFY-SABR-COMET	Radiotherapy	This trial compares radiation therapy delivered in multiple fractions versus a single fraction. Both are standard approaches, but single-fraction treatment may offer added benefits. The trial evaluates differences in toxicity, progression-free survival, lesion response, quality of life, and cost-effectiveness.



The introduction of advanced radiotherapy technology allowed us to deliver treatment with greater precision and efficiency. At the same time, important progress was made in our plan to extend stereotactic radiotherapy from Dublin to the Mid-Western Radiation Oncology Centre in Limerick, broadening access to specialised care across the Network.



Prof. Daniel Cagney,
Head of Radiation Oncology



Mater Private Network

Medical Oncology

During the year, Medical Oncology services across the Network continued to provide comprehensive consultant-led care, supporting patients through diagnosis, treatment, and follow-up. Activity remained centred on outpatient delivery, with a strong focus on continuity of care, access to specialist expertise, and the integration of medical oncology with surgical and radiation services where required.

Capacity within our Haematology service was strengthened through the appointment of a second consultant with extensive expertise in benign haematology, lymphoma, multiple myeloma, leukaemia, and transfusion medicine. This expansion supported service resilience and ensured continued access to specialist haematological expertise for all forms of blood cancer as demand continues to increase.

In Dublin, there was continued strong uptake of outpatient clinic appointments with medical oncologists, alongside sustained growth in oral chemotherapy clinics at our North Dublin Day Hospital (Northern Cross). These services play an important role in delivering treatment closer to home for patients, while maintaining appropriate clinical oversight and multidisciplinary coordination.

17,324 tests and treatments



“

Our team remains focused on providing accessible, patient-centred care which is underpinned by the pillars of, and expertise within, the Cancer Centre. In practical terms, the expansion of outpatient and oral chemotherapy clinics has enabled us to meet increasing demand and support patients, while insights gathered from our extensive participation in clinical trials will help us to shape our treatment options and wider services for years to come.

”

Prof. John McCaffrey,
Head of Medical Oncology

Clinical trial participation

Study Name	Type	Cancer	Description
MoonRISe-1	Medical Oncology	Bladder	This trial compares a new treatment with a device called TAR 210 with standard chemotherapy for FGFR2 or FGFR3 gene altered bladder cancer.
CAMBRIA-2	Medical Oncology	Breast	The aim of this study is to assess if camizestran results in improved invasive breast cancer-free survival compared to standard adjuvant therapy in patients with ER+/HER2 early breast cancer with a risk of disease recurrence.
Fourlight-3	Medical Oncology	Breast	The purpose of this study is to determine the safety and efficacy of PF-07220060 with letrozole compared to approved treatments in people with breast cancer.
TREAT ctDNA	Medical Oncology	Breast	This trial compares elacestrant to standard endocrine therapy. Patients will also be tested at different timepoints to detect the presence of ctDNA in their blood.
ARTEMIDE Lung03	Medical Oncology	Lung	This trial aims to learn more about the effectiveness and safety of the drug rilvegostomig when compared to pembrolizumab, a standard treatment option for non-small cell lung cancer.
KRYSTAL 4	Medical Oncology	Lung	This trial evaluates whether adagrasib, a new cancer therapy, can improve outcomes for people with metastatic non-small cell lung cancer whose tumours carry a specific mutation called KRAS G12C.
RASOLVE 301	Medical Oncology	Lung	This trial is designed to test whether daraxonrasib, an investigational targeted therapy, can improve outcomes for people with advanced solid tumours that carry a KRAS G12C mutation.



Mater Private Network

Surgical Oncology

Depending on tumour type, cancer stage, and patient need, surgery for cancer is delivered as a standalone intervention or in combination with systemic therapies and radiation. With all three treatment modalities available within the Network, patients benefit from coordinated care pathways that enable timely decision-making and continuity of care throughout their treatment journey.

A key area of service development was the continued growth of the Endoscopic Retrograde Cholangiopancreatography (ERCP) service. This minimally invasive procedure, which combines endoscopy and real-time fluoroscopic imaging, played an important role in the diagnosis and treatment of biliary and pancreatic conditions. The expanding ERCP programme supported interventions such as bile duct stone removal, stent insertion to relieve obstruction, and targeted tissue sampling, strengthening the Network's hepatobiliary cancer pathways.

The surgical oncology service was further enhanced through the addition of new consultants across a range of specialties. New expertise in breast surgery increased capacity to treat breast cancer patients, while the appointment of a hepatobiliary surgeon supported the management of increasingly complex upper gastrointestinal and liver disease management. The surgical team was also strengthened in thoracic surgery and urogynaecology, broadening access to specialist surgical input across multiple tumour sites.

In parallel, the appointment of a new palliative care consultant helped to further integrate supportive care within surgical, medical, and radiation oncology pathways, reinforcing a holistic, patient-centred approach to cancer treatment across the Network.

13,901

tests, treatments,
and procedures



“

Surgical oncology remained a central component of cancer care across Mater Private Network, delivered in close collaboration with medical and radiation oncology to support fully integrated treatment pathways. During the year, surgical services continued to evolve through expanded specialist expertise and the growth of complex procedures, while medical oncology and radiation oncology advanced in parallel through service development and targeted investment in technology. The availability of all three treatment modalities within the Network, in conjunction with the Cancer Centre, ensured coordinated, patient-centred cancer care from diagnosis through to treatment.

”

Mr. Hugh Healy,
Director of Cancer

Mater Private Network Orthopaedics

The Orthopaedics service provides rapid access to care for both complex and routine conditions, delivering a comprehensive and integrated model of orthopaedic treatment. Care spans foot and ankle, hip and knee, and hand and arm services, supported by a network of consultation and imaging locations.

Dedicated injection therapy suites at our North and South Dublin Day Hospitals support orthopaedic pain management. Across the service, there is a strong focus on precision-led interventions, including ultrasound-guided and fluoroscopic-guided joint injections delivered using state-of-the-art C-arm imaging to optimise accuracy and clinical outcomes.

During 2025, the Orthopaedics service continued to benefit from the strength of its consultant team, particularly in joint surgery. The team delivered high volumes of hip and knee arthroplasty, supported by exceptional depth and clearly defined subspecialty expertise within the consultant group.

The year also saw the continued development of specialist foot and ankle services, including the establishment of a new foot and ankle clinic at our South Dublin Day Hospital (Cherrywood) with a particular focus on minimally invasive techniques for forefoot conditions such as hallux valgus and related pathologies.

A multidisciplinary approach supported continuity of care across the full patient pathway, from initial assessment through to recovery and rehabilitation. Among the programmes available to patients were the Pre-operative Assessment Clinic and a structured Joint Rehabilitation Programme, alongside tailored support for patients with more complex clinical needs.



Bronagh Tubridy, orthopaedic clinical nurse manager, and Paolo Melo, orthopaedic advanced nurse practitioner (ANP) working with a patient

Physiotherapy played an increasingly integral role in the orthopaedic care pathway throughout 2025. The team established a dedicated six-week hip and knee replacement exercise class to support structured rehabilitation following arthroplasty, further strengthening post-operative recovery pathways. Physiotherapists also ran fracture clinics alongside consultants, providing follow-up care for orthopaedic patients following Emergency Department attendance. The service supported our foot and ankle clinic in our North Dublin Day Hospital (Northern Cross), ensuring

integrated rehabilitation input from the outset. In addition, the appointment of two clinical specialist musculoskeletal physiotherapists enabled the delivery of dedicated one-to-one outpatient clinics.

The Orthopaedics service continued to be supported by our orthopaedic advanced nurse practitioner (ANP) – the first one in a private hospital setting in Ireland. The ANP supported care coordination, undertaking complete episodes of patient care, including initial assessment, diagnosis, planning, treatment, and discharge.

Key contributors

5,741

tests, treatments,
and procedures

1,049
Hip

648
Knee

4,044
Other

Mater Private Network Spine Care

The Spine Care service provides comprehensive assessment and treatment for the full spectrum of spinal conditions, from common degenerative issues to complex pathologies. Care is delivered through an integrated multidisciplinary model combining on-site imaging and diagnostics with orthopaedic and neurological expertise, supporting early mobilisation and recovery.

Patients benefit from fast access to consultations in Dublin, Cork, and Limerick. The service is supported by access to critical care facilities, including Intensive Care Units (ICU) and High Dependency Units (HDU), enabling the safe management of complex surgical cases. Specialist physiotherapy is embedded throughout the patient journey, supporting both surgical and non-surgical

pathways, with tailored post-operative rehabilitation programmes, structured follow-up, and direct-access outpatient physiotherapy clinics to optimise recovery and outcomes. Integrated care across the full treatment pathway ensures efficiency, continuity, and patient convenience.



“

Our Spine and Orthopaedic services provide fully integrated care across the full spectrum of conditions, from routine to highly complex. Recent appointments and facility expansions have strengthened specialist expertise and improved access, ensuring patients benefit from the most advanced, patient-focused treatment pathways.”

Mr. Ashley Poynton,
Clinical Director of Spine and Orthopaedics

5,762

tests, treatments,
and procedures

Key contributors

3,330

Spinal injections
/ epidural

1,169

Spinal discectomy
/ decompression

1,141

Spinal fusion

122

Other



Dublin

Early in 2025, Prof. Darren Lui commenced in his post as Director of Scoliosis Surgery and Spinal Oncology Surgery. This appointment supported the development of adolescent scoliosis surgery and enhanced the service's capability in the management of complex spinal deformity and oncology cases.

Capacity within the Dublin service was further enhanced through the expansion of the South Dublin Day Hospital (Cherrywood), with the addition of two new injection therapy suites. This development increased access for spinal and orthopaedic injection procedures and supported more timely access to interventional care.

Cork

In Cork, the appointment of Mr. Mazhar Iqbal expanded the consultant spine care team and enhanced the scope of services available to patients in the region. Mr. Iqbal brought specialist expertise in complex spine instrumentation surgery, minimally invasive spinal techniques supported by multi-modality intra-operative 3D navigation, and the management of degenerative spine disorders.

Mater Private Network Ophthalmology

Expansion of the consultant team, increased procedural volumes, and investment in clinical infrastructure and specialist roles were important developments in the Ophthalmology service, strengthening the Network's capacity to deliver timely, high-quality ophthalmic care across medical and surgical pathways.

Dublin

In Dublin, the consultant team expanded significantly, with the addition of five new consultants. This growth enhanced service resilience and capacity across a broad range of ophthalmic subspecialties.

Activity in intravitreal eye injections continued to increase, reflecting rising demand for treatment of conditions such as wet age-related macular degeneration, diabetic retinopathy, and retinal vein occlusion. The expansion of this service supported improved access to ongoing, often time-sensitive care for patients with chronic retinal disease.

Laser eye surgery capacity also increased with the expansion of the team and facilitated expanded access to refractive and therapeutic laser procedures. A range of advanced techniques are available to patients, including

Laser-Assisted Epithelial Keratomileusis (LASEK), Laser In-situ Keratomileusis (LASIK), PhotoRefractive Keratectomy (PRK) and Photo-Therapeutic Keratectomy (PTK), supporting personalised treatment pathways based on patient need and clinical indication.

Cork

In Cork, an additional consultant ophthalmologist joined the team while the Eye Centre was enhanced with the opening of an additional dedicated testing room. The multidisciplinary team was further supported through the appointment of a senior nurse, a new Clinical Nurse Manager (CNM), and a new eye technician.



31,078

tests, treatments,
and procedures

Key contributors

7,898

Optical coherence
tomography (OCT)

7,506

Eye injections

5,845

Cataract

1,248

YAG laser

165

Vitreotomy / retinal
detachment

8,416

Other



Over the past year, the Ophthalmology service continued to grow in a planned and sustainable way. The expansion of our consultant team, alongside increased capacity for medical retina treatments and laser procedures, allowed us to respond to rising patient demand while maintaining a strong focus on quality and safety. Investment in our Eye Centre infrastructure and in our team supports this growth and ensures the delivery of consistent, high-quality ophthalmic care across the Network.



Mr. Ian Dooley,

Clinical Lead of Ophthalmology



Mater Private Network

Diagnostic Imaging

Diagnostic Imaging continued to play a central role in supporting timely, accurate diagnosis across the Network, underpinned by sustained investment in technology, safety, and service development. A focus remains on expanding capacity, enhancing image quality, and strengthening pathways that support enhanced clinical decision-making for patients and clinicians.

Dublin

A new CT scanner became operational at our South Dublin Day Hospital (Cherrywood) facility in September. This advanced system supports both general and cardiac CT imaging, strengthening diagnostic capability in an area of growing demand and improving access for patients in the region.

A new X-ray room opened in our Eccles Street hospital in September, featuring a state-of-the-art Samsung digital X-ray system. Designed to support a wider range of examinations, the new facility delivers higher image quality and

increased throughput, including advanced digital stitching for whole spine and leg length X-rays.

In November, a new MRI scanner was commissioned in our Eccles Street hospital. The Magnetom Sola system delivers high-resolution imaging across neurological, musculoskeletal, cardiac, abdominal, and whole-body applications. Its integrated AI capabilities reduced certain scan times by up to 50%, supporting improved patient experience while enabling confident and timely diagnosis.

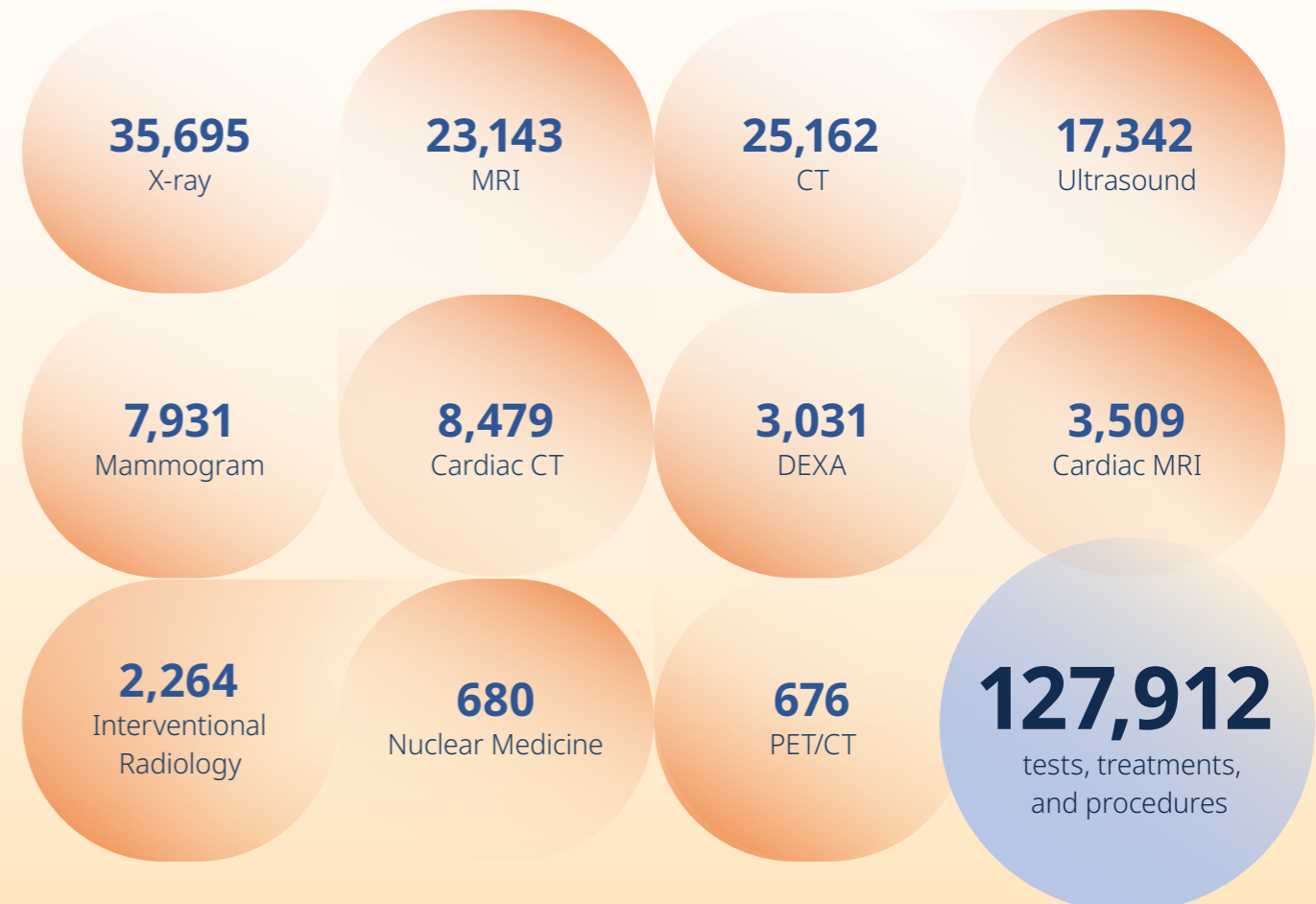


Cork

In Cork, the diagnostic imaging service was recognised for its commitment to quality and patient safety, with the hospital awarded EuroSafe Imaging 5-Star Status by the European Society of Radiology. This accreditation reflected the department's adherence to rigorous quality and safety standards, including excellence in education, clinical audit, and multidisciplinary collaboration, all of which contributed to optimised patient outcomes and minimised radiation exposure.

Alongside this recognition, preparatory work commenced for a planned expansion of the radiology service in 2026, laying the groundwork for future growth in capacity and capability. The year also saw the continued development of rapid access imaging pathways for key subspecialties, particularly gynaecology and urology, supporting more streamlined diagnostic journeys and faster access to care.

Key contributors



Opening of the new CT scanner at the South Dublin Day Hospital (Cherrywood)



Mater Private Network

Health Screening

Supported by more than 39 years of health screening experience, Mater Private Network offers a range of health screening services designed to support early detection and proactive management of health. These services combine thorough assessment with the latest technology, helping patients make informed decisions about their well-being.

Mater Private HealthCheck

The Mater Private HealthCheck service is delivered by a multidisciplinary team of expert consultants, with the option to choose a male or female physician as preferred. Our on-site cardiology, radiology, and laboratory facilities mean you can complete all tests and investigations in a single visit.

Mater Private HealthCheck underwent significant transformation in 2025, becoming a more comprehensive and personalised health screening programme. Our patient results reporting process has improved with the introduction of the Mater Private HealthCheck Patient Portal. This facilitates more detailed reports delivered in a digital format, providing immediate access to insights across multiple areas, alongside tailored recommendations for lifestyle and preventative care.

The service has been expanded physically with a new dedicated patient lounge at our South Dublin Day Hospital (Cherrywood), reflecting a commitment to enhancing patient experience and comfort. New assessments, including body composition analysis, VO₂ max, mental health, and expanded blood testing have been introduced, reinforcing a holistic approach to health.



2,295

visits to Mater Private HealthCheck



Aeromedicals & Visa Medicals

There are a variety of health screening options available across our Network. Among the most popular are AeroMedicals and Visa Medicals.

AeroMedicals: Since 2000, we have been an officially designated aeromedical centre for those wishing to obtain a licence from the Irish Aviation Authority.

Visa Medicals: We are also a designated provider of visa medicals for Australia, Canada, New Zealand, and the USA.

Other clinics and services available within the Network include:

- ✔ Bone Density
- ✔ Breast Triple Assessment Clinic (TAC)
- ✔ Cancer Genetics
- ✔ Cardiac Calcium Scoring
- ✔ Cardiology Rapid Access Clinic
- ✔ Endoscopy Direct Access Clinic
- ✔ HeartCheck
- ✔ Lung Rapid Access
- ✔ Pelvic Health Clinic
- ✔ Prostate Rapid Access
- ✔ Pulmonary Function Testing
- ✔ Retinal Eye Rapid Access Clinic
- ✔ Urodynamics
- ✔ Women's Health



Mater Private Network

Continuous Improvement

Continuous Improvement underpins the way we deliver care across our Network. We consistently assess our services, prioritise areas for development, and implement focused initiatives that strengthen quality and improve services for our patients.

Clinical Care Pathway Projects

On an annual basis, department leaders are required to collectively determine at least five hospital-wide priority areas on which to focus the use of clinical practice guidelines and related clinical pathways / protocols to guide clinical care.

In 2025, five areas of focus were:

1. Breast surgery pathway
2. Lung cancer care pathway
3. Spinal surgery anti-microbial stewardship
4. Paediatric spinal surgery
5. Unscheduled care – sepsis management

Leadership Priorities

Each year, hospital leadership improvement priorities are identified and are led by departmental teams to achieve sustained improvements in processes and quality of care.

In 2025, five areas of focus were:

1. Patient Experience: Enhance patient comfort and follow-up care communications
2. EHR: Enhance safety and oversight of electronic clinical documentation
3. Medication Safety: Prioritise clinical pharmacy support processes
4. Infection Prevention: Implement robust control measures
5. Deteriorating Patients: Maximise safety and adherence to INEWS process

Sustainability

Sustainability advanced as a core element of our continuous improvement agenda. An Environmental Working Group was established and undertook an assessment of Mater Private Network's greenhouse gases footprint, identifying the principal sources of emissions. The findings informed the development of a clear greenhouse gases reduction roadmap for the organisation.

To support organisation-wide engagement, a bespoke six-part training programme on climate change and sustainability was also developed and made mandatory for all staff.

Additional sustainability measures were progressed across our operations, infrastructure, and service resilience planning. These steps reflected a structured and organisation-wide commitment to more sustainable healthcare delivery.

Mater Private Network

Services & Specialties

Our integrated Network provides a range of services across several specialties. These services are offered by more than 340 of Ireland's leading specialist consultants. Services and specialties include:

- ✓ Aeromedical
- ✓ Arrhythmia Clinic
- ✓ Cancer Genetics Clinic
- ✓ Cardiac Rehabilitation Programme
- ✓ Cardiac Testing
- ✓ Cardiac Transfer
- ✓ Cardiac Catheterisation Laboratories
- ✓ Central Decontamination Unit
- ✓ Complex Higher-Risk Indicated Patient (CHIP) Programme
- ✓ Day Diagnostics
- ✓ Day Oncology
- ✓ Day Procedure Unit
- ✓ Diagnostic Imaging
- ✓ Dietetics
- ✓ Gastrointestinal Lab
- ✓ Health Screening
- ✓ Heart Failure Clinic
- ✓ Joint Rehabilitation Programme
- ✓ Intensive Care Unit
- ✓ Laboratory
- ✓ Laminar Air Flow Theatres
- ✓ Outreach Clinics
- ✓ Paediatric Care
- ✓ Palliative Care
- ✓ Phlebotomy
- ✓ Physiotherapy
- ✓ Pre-Assessment Clinic
- ✓ Pulmonary Function Lab
- ✓ Radiotherapy
- ✓ Rapid & Direct Access Clinics
- ✓ Robotic-Assisted Surgery
- ✓ Same Day Surgery
- ✓ Survivorship Programme
- ✓ Survivorship Programme
- ✓ Triple Assessment Clinic
- ✓ Urodynamics
- ✓ Anaesthesia
- ✓ Bariatric Surgery
- ✓ Cardiology
- ✓ Cardiothoracic
- ✓ Colorectal
- ✓ Cranio/Maxillofacial
- ✓ Dental & Oral
- ✓ Dermatology
- ✓ Diabetes
- ✓ Ear, Nose & Throat
- ✓ Emergency Department
- ✓ Endocrinology
- ✓ Endoscopy
- ✓ Gastroenterology
- ✓ General Surgery
- ✓ Geriatric Medicine
- ✓ Gynaecology
- ✓ Haematology
- ✓ Histopathology
- ✓ Infectious Diseases
- ✓ Microbiology
- ✓ Nephrology
- ✓ Neurology
- ✓ Neurophysiology
- ✓ Oncology – Medical
- ✓ Oncology – Radiation
- ✓ Ophthalmology
- ✓ Orthopaedics
- ✓ Paediatrics
- ✓ Pain Management
- ✓ Palliative Care
- ✓ Pathology
- ✓ Pelvic Health
- ✓ Radiology
- ✓ Reconstructive & Aesthetic Surgery
- ✓ Respiratory Medicine
- ✓ Rheumatology
- ✓ Sleep Disorders
- ✓ Spine Surgery
- ✓ Sports Medicine
- ✓ Urgent Cardiac Care
- ✓ Urogynaecology
- ✓ Urology
- ✓ Vascular
- ✓ Women's Health

Clinical Research Publications

A selection of research papers published in 2025

Cardiology

Infective Endocarditis Risk After Invasive Dental Procedures. Thornhill MH, Lockhart PB, Dayer MJ, Prendergast BD, Baddour LM. *Mayo Clin Proc Innov Qual Outcomes.* 2025 Nov 11;9(6):100676. doi: 10.1016/j.mayocpiqo.2025.100676. eCollection 2025 Dec. PMID: 41311730 *Mayo Clin Proc Innov Qual Outcomes*

Endocarditis Prophylaxis-Indications, Application and Current Controversies. Thornhill MH, Dayer MJ, Prendergast BD, Baddour LM. *Can J Cardiol.* 2025 Oct 14:S0828-282X(25)01213-9. doi: 10.1016/j.cjca.2025.10.011. Online ahead of print. PMID: 41101643 *Can J Cardiol*

Complications after complex device implantation: how important is implanter seniority? Scott PA, Cannata A, Bromage DI, Wright IJ, Bhuva A, Lovell MJ, Plummer C, de Belder M, Dayer M, Murgatroyd F. *Open Heart.* 2025 Sep 3;12(2):e003428. doi: 10.1136/openhrt-2025-003428. PMID: 40903196 *Open Heart*

Evaluation of Out-of-Hospital Use of a Valsalva Assist Device in the Emergency Treatment of Supraventricular Tachycardia. Appelboam A, Osborne R, Ukoumunne OC, Black S, Cox M, Richards N, Rhodes S, Cook H, Ou Y, Hawker R, Summers B, Dawe P, Hawton A, Dayer M, Creanor S; EVADE SVT study collaborators. *Ann Emerg Med.* 2025 Dec;86(6):659-673. doi: 10.1016/j.annemergmed.2025.06.623. Epub 2025 Aug 14. PMID: 40810706 *Ann Emerg Med*

Use of single-chamber atrial pacemakers post-DANPACE: an analysis using national data. Scott PA, Wright IJ, Bromage DI, Plummer C, de Belder M, Dayer M, Murgatroyd FD. *Europace.* 2024 Dec 26;27(1):euae290. doi: 10.1093/europace/euae290. PMID: 39871547 *Europace*

Operator characteristics and reintervention after pacemaker implantation: Insights from a national database. Scott PA, Cannata A, Shote A, Bromage DI, McConnachie A, Plummer C, de Belder M, Sopher M, Dayer M, McDonagh TA, Murgatroyd FD. *Heart Rhythm.* 2025 Jul;22(7):1872-1873. doi: 10.1016/j.hrthm.2024.12.034. Epub 2024 Dec 27. PMID: 39733850 *Heart Rhythm*

The Lancet Commission on rethinking coronary artery disease: moving from ischaemia to atheroma. Zaman S, Wasfy JH, Kapil V, Ziaeiian B, Parsonage WA, Sriswasdi S, Chico TJA, Capodanno D, Colleran R, Sutton NR, Song L, Karam N, Sofat R, Fraccaro C, Chamié D, Alasnag M, Warisawa T, Gonzalo N, Jomaa W, Mehta SR, Cook EES, Sundström J, Nicholls SJ, Shaw LJ, Patel MR, Al-Lamee RK. *Lancet.* 2025 Apr 12;405(10486):1264-1312. doi: 10.1016/S0140-6736(25)00055-8. Epub 2025 Mar 31. *Lancet*

Leaflet modification techniques to mitigate coronary obstruction risk during transcatheter aortic valve implantation. Goel S, Tanner R, Chan KE, Khan JM, Vinayak M, Lerakis S, Safi LM, Khera S, Krishnamoorthy P, Kini AS, Sharma SK, Dangas GD, Tang GHL. *EuroIntervention.* 2025 May 16;21(10):525-535. doi: 10.4244/EIJ-D-24-00972. *EuroIntervention*

Opportunities and challenges for the use of human samples in translational cardiovascular research: a scientific statement of the ESC. Working Group on Cellular Biology of the Heart, the ESC Working Group on Cardiovascular Surgery, the ESC Council on Basic Cardiovascular Science, the ESC Scientists of Tomorrow, the European Association of Percutaneous Cardiovascular Interventions of the ESC, and the Heart Failure Association of the ESC Davidson SM, Andreadou I, Antoniadou C, Bartunek J, Basso C, Brundel BJM, Byrne RA, Chiva-Blanch G, da Costa Martins P, Evans PC, Girão H, Gircz Z, Gollmann-Tepeköylü C, Guzik T, Gyöngyösi M, Hübner N, Joner M, Kleinbongard P, Krieg T, Liehn E, Madonna R, Maguy A, Paillard M, Pesce M, Petersen SE, Schiattarella GG, Sluijter JPG, Steffens S, Streckfuss-Bömeke K, Thielmann M, Tucker A, Van Linthout S, Wijns W, Wojta J, Wu JC, Perrino C. *Cardiovasc Res.* 2025 May 23;121(5):702-729. doi: 10.1093/cvr/cvaf023. *Cardiovasc Res*

High-risk percutaneous coronary intervention in patients with reduced left ventricular ejection fraction deemed not suitable for surgical revascularisation. A clinical consensus statement from the European Association of Percutaneous Cardiovascular Interventions (EAPCI) in collaboration with the ESC Working Group on Cardiovascular Surgery Schäfer A, Alasnag M, Giacoppo D, Collet C, Rudolph TK, Roguin A, Buszman PP, Colleran R, Stefanini G, Lefevre T, Mieghem NV, Cayla G, Naber C, Baumbach A, Witkowski A, Burzotta F, Capodanno D, Dudek D, Al-Lamee R, Banning A, MacCarthy P, Gottardi R, Schoenhoff FS, Czerny M, Thielmann M, Werner N, Tarantini G. *EuroIntervention.* 2025 Jan 6;21(1):22-34. doi: 10.4244/EIJ-D-23-01100. *EuroIntervention*

PCI of Native Coronary Artery vs Saphenous Vein Graft After Prior Bypass Surgery: A Multicenter, Randomized Trial. de Winter RW, Hoek R, Walsh SJ, Hanratty CG, Sprengers RW, Twisk JWR, Vegting I, Schumacher SP, Bom MJ, Verouden NJ, Henriques JP, Wilgenhof A, Viscusi MM, Teeuwen K, Opolski MP, Wolny R, Agostoni P, van Kuijk JP, Schölzel BE, Kraaijeveld AO, van Geuns RM, Dirksen MT, Heestermans AACM, Dens J, Bennett J, Haine SEF, Delewi R, Nap A, Spratt JC, Knaapen P; PROCTOR Trial Investigators. *J Am Coll Cardiol.* 2026 Jan 27;87(3):269-282. doi: 10.1016/j.jacc.2025.09.1577. Epub 2025 Oct 28. *J Am Coll Cardiol*

Coronary Artery Disease and Transcatheter Aortic Valve Replacement. Tanner R, Gilhooley S, Power D, Tang GHL, Kini AS, Sharma SK. *J Soc Cardiovasc Angiogr Interv.* 2025 Mar 11;4(4):102574. doi: 10.1016/j.jscai.2025.102574. eCollection 2025 Apr. *J Soc Cardiovasc Angiogr Interv*

Minimization or withdrawal of oral pharmacotherapy in chronic heart failure patients with improved myocardial function: A systematic review. Luo Y, Xiao W, Sener YZ, Meijers WC, van der Boon RMA, Hasabo EA, Soliman O, de Boer RA, Caliskan K. *Eur J Heart Fail.* 2025 Dec;27(12):2747-2759. doi: 10.1002/ejhf.3652. Epub 2025 Apr 20. *Eur J Heart Fail*

Drug Coated Balloons Versus Drug-Eluting Stents in Patients With De Novo Coronary Artery Disease. O'Callaghan D, Rai H, Giacoppo D, Coughlan JJ, Durand R, Paradies V, Colleran R, Blake GJ, Alfonso F, Byrne RA. *Catheter Cardiovasc Interv.* 2025 Sep;106(3):1843-1853. doi: 10.1002/ccd.70005. Epub 2025 Jul 15. *Catheter Cardiovasc Interv*

Patent Foramen Ovale Closure: British Cardiovascular Intervention Society Position Statement. Turner M, Aggarwal SK, Mullen MJ, Malik I, MacCarthy P, Northridge D, Spence MS, Rana B, Hildick-Smith D. *Interv Cardiol.* 2025 Feb 19;20:e04. doi: 10.15420/icr.2024.18. eCollection 2025. *Interv Cardiol*

Key priorities for the implementation of the 2023 ESC Guidelines for the management of acute coronary syndromes in low-resource settings. Byrne R, Coughlan JJ, Rossello X, Ibanez B; Members of the Task Force for the 2023 ESC Guidelines for the management of acute coronary syndromes. *Eur Heart J Qual Care Clin Outcomes*. 2025 Sep 12;11(6):766-772. doi: 10.1093/ehjqcco/qcae107. *Eur Heart J Qual Care Clin Outcomes*

A history of the development of dual antiplatelet therapy for coronary artery disease. Coughlan JJ, Durand R, Birrane J, Blackburne B, Kastrati A, Byrne RA. *J Thromb Haemost*. 2025 Oct;23(10):3336-3348. doi: 10.1016/j.jtha.2025.06.011. Epub 2025 Jul 3. *J Thromb Haemost*

Changes in non-culprit coronary lesions with PCSK9 inhibitors: the randomised, placebo-controlled. FITTER trial Mensink FB, Los J, Reda Morsy MM, Oemrawsingh RM, von Birgelen C, Ijsselmuiden AJ, Meuwissen M, Cheng JM, van Wijk DF, Smits PC, Paradies V, van Wijk DJ, Rai H, Ten Cate TJF, Camaro C, Damman P, van Nunen LX, Dimitriu-Leen AC, van Wely MH, Cetinyurek-Yavuz A, Byrne RA, van Royen N, van Geuns RM. *EuroIntervention*. 2025 Aug 18;21(16):910-920. doi: 10.4244/EIJ-D-24-01065. *EuroIntervention*

Transcatheter Aortic Valve Replacement With Balloon- Versus Self-Expandable Bioprostheses for the Treatment of Bicuspid Aortic Valve Stenosis. Giacoppo D, Alvarez-Covarrubias H, Xhepa E, Matsuda Y, Cangemi S, Michel JM, Sannino A, Ziegelmueller J, Criscione E, Fukutomi M, Hein M, Didier R, Meier D, Okuno T, Ludwig S, Ancona M, Schewel D, Fabris T, Vincent F, Voigtlaender L, Ziviello F, Tanner R, Tamburino C, Ruge H, Lunardi M, Codner P, Barbanti M, Nietlispach F, Nef H, Casserly I, Babaliaros V, Tchetché D, Lange R, Gilard M, Montorfano M, Landt M, Grayburn P, Ruile P, Van Mieghem NM, Bedogni F, Dangas G, Tamburino C, Schofer N, Burzotta F, Van Belle E, Neumann FJ, Kornowski R, Ribichini F, Mylotte D, Windecker S, Richardt G, Sondergaard L, Webb JG, Tarantini G, Pilgrim T, Mehran R, Capodanno D, Kastrati A, Joner M, Spence MS, Kasel AM, Byrne RA.

Circulation. 2025 Sep 9;152(10):639-657. doi: 10.1161/CIRCULATIONAHA.124.069323. Epub 2025 Aug 18. *Circulation*

Balancing clinical responsibilities and research during electrophysiology. fellowship Papakonstantinou PE. *HeartRhythm Case Rep*. 2025 Aug 15;11(8):831-832. doi: 10.1016/j.hrcr.2025.06.023. eCollection 2025 Aug. *HeartRhythm Case Rep*

Real-world experience with the pentaspline pulsed field ablation system: one-year outcomes of the FARADISE registry. Boersma LVA, Széplaki G, Dello Russo A, García-Bolao I, Efremidis M, Szegedi N, Willems S, Haqqani H, Gandjbakhch E, Solimene F, Andrikopoulos G, Fiala M, Defaye P, Luik A, Lugenbiel P, Eckardt L, Ouss A, Herzet JM, Maqueda JR, Abbey S, Osca J, Hussin A, Cielen N, Johnson M, Albrecht EM, Sutton BS, Vijgen J. *Europace*. 2025 Sep 1;27(9):euaf182. doi: 10.1093/europace/euaf182. *Europace*

Randomized Trial of Biolimus DCB for In-Stent Restenosis: The Primary Results of the REFORM Study. Byrne RA, Hahn JY, O'Kane P, Sabaté M, Toelg R, Copt S, Fitzgerald S, Morice MC, Trevelyan J, Mylotte D, Ortiz AF, Rai H, Durand R, Wöhrle J, Kleber FX, Stefanini G, Alfonso F. *JACC Cardiovasc Interv*. 2025 Mar 10;18(5):654-662. doi: 10.1016/j.jcin.2024.11.026. Epub 2025 Feb 5. *JACC Cardiovasc Interv*

Prasugrel monotherapy versus standard DAPT in STEMI patients with OCT-guided or angio-guided complete revascularisation: design and rationale of the randomised, multifactorial COMPARE STEMI ONE trial. Paradies V, Van Mieghem NM, Oemrawsingh RM, Richardt G, Esposito G, Campo G, Burzotta F, Canova P, Linke A, Porto I, Trabattoni D, Teeuwen K, Adriaenssens T, Kala P, Stankovic G, Vliet RV, Giacoppo D, Daemen J, Smits PC. *EuroIntervention*. 2025 May 16;21(10):571-580. doi: 10.4244/EIJ-D-24-00829. *EuroIntervention*

Atrial fibrillation versus atrial myopathy in thrombogenesis: Two sides of the same coin? Papakonstantinou PE, Rivera-Caravaca JM, Chiarito M, Ehrlander H, Iliakis P, Gąsecka A, Romiti GF, Parker WAE, Lip GYH. *Trends Cardiovasc Med*. 2025 Jul;35(5):271-281. doi: 10.1016/j.tcm.2025.01.002. Epub 2025 Jan 24. *Trends Cardiovasc Med*

Pre-Percutaneous Coronary Intervention C-Reactive Protein Levels and In-Stent Restenosis: A Systematic Review and Meta-Analysis. Rai H, Reddi R, Coughlan JJ, Durand R, O'Callaghan D, Colleran R, Byrne RA. *Health Sci Rep*. 2025 Apr 29;8(5):e70757. doi: 10.1002/hsr2.70757. eCollection 2025 May. *Health Sci Rep*

Valve Underexpansion and Clinical Outcomes With ACURATE neo2: Findings From the ACURATE IDE Trial. Makkar RR, Chakravarty T, Gupta A, Soliman O, Gnall E, Ramana RK, Ramlawi B, Diamantouros P, Potluri S, Kleiman NS, Samy S, Rassi A, Yadav P, Thourani V, Yakubov S, Frawley C, Patel D, Kapadia S, Chalekian A, Modolo R, Sathananthan J, Kim WK, Reardon MJ. *J Am Coll Cardiol*. 2025 Jul 29;86(4):225-238. doi: 10.1016/j.jacc.2025.05.011. Epub 2025 May 21. *J Am Coll Cardiol*

Dual energy for pulmonary vein isolation using focal ablation technology integrated with a three-dimensional mapping system: SmartfIRE 12-month results. De Potter T, Scherr D, Pürerfellner H, Račkauskas G, Hansen J, Vijgen J, Philips T, Knecht S, Szeplaki G, Van Herendael H, Kronborg MB, Berte B, Ruwald M, Kollias G, Lukac P, Tan T, Duytschaever M. *Europace*. 2025 Sep 1;27(9):euaf174. doi: 10.1093/europace/euaf174. *Europace*

Unrepaired hemitruncus arteriosus in adulthood. Murray C, Cronin M, Devitt P, Byrne R. *Acta Cardiol*. 2025 Dec;80(10):1080. doi: 10.1080/00015385.2025.2569026. Epub 2025 Oct 7. *Acta Cardiol*

ACS Guidelines: Bridging the Transatlantic Divide. Coughlan JJ, Al Lamee R, Byrne RA. *J Am Coll Cardiol*. 2025 Jun 10;85(22):2118-2121. doi: 10.1016/j.jacc.2025.04.050. *J Am Coll Cardiol*

Applications of Artificial Intelligence as a Prognostic Tool in the Management of Acute Aortic Syndrome and Aneurysm: A Comprehensive Review. Ayhan C, Mekhaeil M, Channawi R, Ozcan AE, Akargul E, Deger A, Cayan I, Abdalla A, Chan C, Mahon R, Ayhan D, Wijns W, Sultan S, Soliman O. *J Clin Med*. 2025 Nov 27;14(23):8420. doi: 10.3390/jcm14238420. *J Clin Med*

Implementation of prevention guidelines in primary healthcare: a scientific statement of the European Association of Preventive Cardiology of the ESC, the ESC Council for Cardiology Practice, the Association of Cardiovascular Nursing & Allied Professions of the ESC. WONCA Europe, and EURIPA Kurpas D, Petrazzuoli F, Shantsila E, Antonopoulou M, Christodorescu R, Korzh O, Kümler T, Kyriakou M, Neubeck L, Papakonstantinou PE, Richter D, Semb AG, Vargas MF, Ferrini M. *Eur J Prev Cardiol*. 2025 Jul 17:zwaf384. doi: 10.1093/eurjpc/zwaf384. Online ahead of print. *Eur J Prev Cardiol*

Long-term clinical outcomes of intravascular brachytherapy for multilayer drug-eluting in-stent restenosis. Tanner R, Dhulipala V, Joshi U, Vinayak M, Farhan S, Leone PP, Sartori S, Smith K, Buckstein M, Hooda A, Sharma R, Sweeny JM, Mehran R, Kini AS, Sharma SK. *EuroIntervention*. 2025 Apr 7;21(7):e356-e365. doi: 10.4244/EIJ-D-24-00807. *EuroIntervention*

Off TARGET Effects in Stent Comparison Trials: Looking Beyond the Primary Endpoint Analysis. O'Callaghan D, Coughlan JJ, Giacoppo D, Colleran R, Byrne RA. *J Am Coll Cardiol*. 2025 Feb 18;85(6):575-577. doi: 10.1016/j.jacc.2024.11.021. Epub 2025 Jan 8. *J Am Coll Cardiol*

Vascular regenerative deficiencies in people with elevated lipoprotein(a): the Lp(a)-VRCE CardioLink-16 translational study. Moroney M, Casey JH, Teoh H, Krishnaraj A, Pan Y, Quan A, Patel SK, Dennis F, He AZ, Park B, Verma R, Misner E, Seguchi R, Hassan SMA, Dennis CJ, Meglis G, Pandey A, Butler J, Mazer CD, Byrne RA, Koschinsky ML, Hess DA, Verma S. *Cardiovasc Res*. 2025 Nov 22;121(14):2127-2130. doi: 10.1093/cvr/cvaf142. *Cardiovasc Res*

Predicting the risk of in-stent restenosis after drug-eluting stent implantation: Pipe dream or machine learning-enabled opportunity?

Giacoppo D. *Int J Cardiol.* 2025 Sep 15;435:133364. doi: 10.1016/j.ijcard.2025.133364. Epub 2025 May 11. *Int J Cardiol*

Visualization of PFA During PVI With the Second-Generation Pentaspline Catheter: NAVIGATE-PF Phase 1 Results.

García-Bolao I, Reddy VY, Su WW, Koruth JS, Fitzpatrick N, Neuzil P, Rincón RA, Canepa S, Kang K, Oesterlein T, Koop BE, Metzдорff C, Okeson B, Gutbrod SR, Szeplaki G. *JACC Clin Electrophysiol.* 2025 Dec 30:S2405-500X(25)00998-3. doi: 10.1016/j.jacep.2025.11.016. Online ahead of print. *JACC Clin Electrophysiol*

The implementation of a streamlined TAVI patient pathway across five European countries: BENCHMARK registry.

Saia F, Lauck S, Durand E, Muir DF, Spence M, Vasa-Nicotera M, Wood D, Urbano-Carrillo CA, Bouchayer D, Iliescu VA, Etienne CS, Leclercq F, Auffret V, Asmarats L, Di Mario C, Veugeois A, Maly J, Schober A, Nombela-Franco L, Werner N, Gómez-Hospital JA, Mascherbauer J, Musumeci G, Meneveau N, Meurice T, Mahfoud F, De Marco F, Seidler T, Leuschner F, Joly P, Collet JP, Vogt F, Di Lorenzo E, Kuhn E, Disdier VP, McCalmont G, Rakova R, Wesselink W, Kuruçova J, Hachaturyan V, Lüske CM, Bramlage P, Frank D; BENCHMARK Investigator Group. *Clin Res Cardiol.* 2025 Apr 22. doi: 10.1007/s00392-025-02638-z. Online ahead of print. *Clin Res Cardiol*

Implications of Structural Deterioration of the Trifecta Valve for the Evaluation and Regulatory Approval of High-Risk Medical Devices.

Coughlan JJ, Durand R, Fraser AG, Byrne RA. *Ann Thorac Surg.* 2025 Dec;120(6):1029-1032. doi: 10.1016/j.athoracsur.2025.07.013. Epub 2025 Jul 29. *Ann Thorac Surg*

Great debate: default duration of dual antiplatelet treatment after percutaneous coronary intervention in acute coronary syndrome should be 12 months.

Byrne RA, Valgimigli M, Bhatt DL, Coughlan JJ, Gibson CM, Rossello X, Gorog DA, Ibanez B, James S, Landi A, Steg PG, Stone GW, Andreotti F. *Eur Heart J.* 2025 Jun 2;46(21):1965-1978. doi: 10.1093/eurheartj/ehaf070. *Eur Heart J*

Smoking Status at Baseline and 10-Year Outcomes After Drug-Eluting Stent Implantation: Insights From the DECADE Cooperation.

Presch A, Coughlan JJ, Bär S, Brugaletta S, Maeng M, Kufner S, Ortega-Paz L, Räber L, Laugwitz KL, Jensen LO, Windecker S, Warnakula Olesen KK, Sabaté M, Heg D, Kastrati A, Cassese S. *JACC Cardiovasc Interv.* 2025 Apr 28;18(8):1001-1010. doi: 10.1016/j.jcin.2024.12.028. Epub 2025 Mar 19. *JACC Cardiovasc Interv*

Priorities for medical device regulatory approval: a report from the European Society of Cardiology Cardiovascular Round Table.

Windecker S, Fraser AG, Szymanski P, Gilard M, Lüscher TF, Abid L, Brennan J, Byrne R, Crotti L, Drossart I, Franke J, Cossellu MG, Kirtane AJ, Kuruçova J, Krucoff M, McGauran G, Myers PO, O'Connor DB, Parma R, Piscoi P, Rao A, Rappagliosi A, Stefanini G, Samset E, Vincent A, von Bardeleben RS, Weidinger F. *Eur Heart J.* 2025 Apr 22;46(16):1469-1479. doi: 10.1093/eurheartj/ehaf069. *Eur Heart J*

Right ventricular dysfunction on echocardiography to predict mortality in acute pulmonary embolism: an individual patient data meta-analysis.

Cimini LA, Pruszczyk P, Jiménez D, Weekes A, Zuin M, Vanni S, Ciużyński M, Kostrubiec M, Khemasuwan D, Yuriditsky E, Bahloul M, Rajagopal S, Pieralli F, Umena MV, Monreal M, Agnelli G, Becattini C. *J Thromb Haemost.* 2025 Dec 15:S1538-7836(25)00899-2. doi: 10.1016/j.jtha.2025.11.020. Online ahead of print. *J Thromb Haemost*

A systematic review and meta-analysis of the hemodynamics and outcomes of the Myval balloon-expandable valve in patients with severe aortic stenosis and with aortic regurgitation.

Hasabo EA, Aboali AA, Hemmeda L, Elgadi A, Alrawa SS, Ahmed AS, Abdalmotalib MM, Eissa AYH, Fadelallah Eljack MM, Sultan S, Soliman O. *Int J Cardiol Heart Vasc.* 2025 Mar 6;58:101641. doi: 10.1016/j.ijcha.2025.101641. eCollection 2025 Jun. *Int J Cardiol Heart Vasc*

Quantitative videodensitometric assessment of aortic regurgitation in Myval, Sapien, and Evolut THV series: Results from the LANDMARK trial.

Hasabo EA, van Royen N, Amat-Santos IJ, Hudec M, Bunc M, IJsselmuiden A, Laanmets P, Unic D, Merkely B, Hermanides RS, Ninios V, Protasiewicz M, W M Rensing BJ, Martin PL, Feres F, Sousa Almeida M, van Belle E, Linke A, Ielasi A, Montorfano M, Webster M, Toutouzas K, Teiger E, Bedogni F, Voskuil M, Pan M, Angerås O, Kim WK, Rothe J, Kristić I, Peral V, Van den Branden B JL, Thakkar A, Chandra U, Ayhan C, Neiroukh D, Nosir MY, Yacoub MS, Ali S, Altamimi M, Elzomor H, Serruys PW, Baumbach A, Soliman O. *Int J Cardiol Heart Vasc.* 2025 Sep 29;61:101804. doi: 10.1016/j.ijcha.2025.101804. eCollection 2025 Dec. *Int J Cardiol Heart Vasc*

The safety of direct transeptal puncture using a radiofrequency guidewire combined with a 17Fr pulsed field ablation sheath.

Jauvert G, Kerley RN, Fitzpatrick N, O'Brien J, Seaver F, Rosales L, Arellano D, Laurilla K, Keelan T, Galvin J, Tahin T, Szeplaki G. *Sci Rep.* 2025 Mar 12;15(1):8500. doi: 10.1038/s41598-025-88447-w. *Sci Rep*

Comparative analysis of therapeutic strategies in atrial fibrillation patients with left atrial appendage thrombus despite optimal NOAC therapy.

Komlósi F, Arnóth B, Szakál I, Tóth P, Mészáros H, Sánta H, Bohus G, Vámosi P, Bartha E, Horváth M, Bousoussou M, Szegedi N, Salló Z, Osztheimer I, Perge P, Széplaki G, Gellér L, Merkely B, Nagy KV. *Clin Res Cardiol.* 2025 May 6. doi: 10.1007/s00392-025-02665-w. Online ahead of print. *Clin Res Cardiol*

Drug-Coated Balloons in Chronic Total Occlusion Percutaneous Coronary Intervention.

O'Callaghan D, Coughlan JJ, Durand R, Byrne RA, Hanratty CG. *Interv Cardiol Clin.* 2026 Jan;15(1):97-109. doi: 10.1016/j.iccl.2025.09.008. Epub 2025 Oct 23. *Interv Cardiol Clin*

European Society of Cardiology quality indicators for the management of acute coronary syndromes: developed in collaboration with the Association for Acute Cardiovascular Care and the European Association of Percutaneous Cardiovascular Interventions of the ESC.

Rossello X, Gonzalez-Del-Hoyo M, Aktaa S, Gale CP, Barbash I, Claeys MJ, Coughlan JJ, Ferreira JP, Galbraith M, Leosdottir M, Schiele F, Raposeiras-Roubin S, Gimenez MR, Byrne RA, Ibanez B. *Eur Heart J Acute Cardiovasc Care.* 2025 Mar 22;14(3):145-154. doi: 10.1093/ehjacc/zuaf014. *Eur Heart J Acute Cardiovasc Care*

PULSE survey: Population Survey on Knowledge, Gaps and Perception of Heart Rhythm disorders-an initiative of the Scientific Initiatives Committee of the European Heart Rhythm Association.

Gunawardene MA, Pürerfellner H, Merino JL, Linz D, Sultan A, Scherr D, Deharo JC, Wohlmuth P, Feldhege J, Costa FM, Ribeiro S, Charitakis E, Verstrael A, Anselmino M, Szeplaki G, Simovic S, Jadczyk T, Adelino R, Katsoularis I, Liebrechts M, Tilz RR, Chun KJ. *Europace.* 2025 Mar 28;27(4):euaf032. doi: 10.1093/europace/euaf032. *Europace*

Cavotricuspid Isthmus Line with a Variable-Loop Biphasic Circular Pulsed Field Ablation Catheter Integrated with a 3-Dimensional Mapping System - A Case Report.

Papakonstantinou PE, Murray P, O'Brien J. *Curr Cardiol Rev.* 2025 Oct 9. doi: 10.2174/011573403X401914250922111014. Online ahead of print. *Curr Cardiol Rev*

Orbital atherectomy for severely calcified coronary artery lesions.

Coughlan JJ, Byrne RA. *Lancet.* 2025 Apr 12;405(10486):1206-1207. doi: 10.1016/S0140-6736(25)00572-0. Epub 2025 Mar 30. *Lancet*

Timing of multivessel revascularization in stable patients with STEMI: a systematic review and network meta-analysis. Voll F, Kuna C, Scalamogna M, Kessler T, Kufner S, Rheude T, Sager HB, Xhepa E, Wiebe J, Joner M, Byrne RA, Schunkert H, Ndrepepa G, Stähli BE, Kastrati A, Cassese S. *Rev Esp Cardiol (Engl Ed)*. 2025 Jan;78(2):127-137. doi: 10.1016/j.rec.2024.06.002. Epub 2024 Jun 25. *Rev Esp Cardiol (Engl Ed)*

How to avoid oversizing Perceval sutureless aortic valve: Technique. Nezafati P, Yadav S. *ARYA Atheroscler*. 2025;21(5):1-3. doi: 10.48305/arya.2025.43498.3031. *ARYA Atheroscler*

Drug-coated balloon angioplasty for in-stent restenosis: pros and cons. Alfonso F, Byrne RA, Scheller B, van Belle E, Mehilli J. *EuroIntervention*. 2025 Jan 20;21(2):e102-e104. doi: 10.4244/EIJ-E-24-00062. *EuroIntervention*

Trade-offs between vessel-based and substrate-based nomenclatures for coronary heart diseases. Byrne RA, Kastrati A. *Nat Rev Cardiol*. 2025 Feb;22(2):65-66. doi: 10.1038/s41569-024-01099-7. *Nat Rev Cardiol*

Highlights of the 7th annual conference of the ESC Council on Stroke. Papakonstantinou PE, Imberti JF, Nikas DN; ESC Heart & Stroke 2024 organising committee and ESC Council on Stroke Nucleus. *Eur Heart J*. 2025 Jun 16;46(23):2145-2147. doi: 10.1093/eurheartj/ehaf184. *Eur Heart J*

Breaking barriers in atrial ablations: pulsed field ablation over left atrial scar lesions. Papakonstantinou PE, Qazalbash K, Szeplaki G. *J Interv Card Electrophysiol*. 2025 Oct;68(7):1381-1382. doi: 10.1007/s10840-025-02032-9. Epub 2025 Apr 8. *J Interv Card Electrophysiol*

Immediate or staged complete revascularisation in patients with ST segment elevation myocardial infarction. Byrne RA, Coughlan JJ. *Lancet*. 2025 Sep 6;406(10507):984-986. doi: 10.1016/S0140-6736(25)01680-0. Epub 2025 Aug 31. *Lancet*

Unveiling the risk of infective endocarditis after mitral valve replacement and mitral valve repair. Giacoppo D. *Eur Heart J*. 2025 Sep 22;46(36):3580-3582. doi: 10.1093/eurheartj/ehaf099. *Eur Heart J*

Seeking out the primary tumour: multi-modality imaging of metastatic cardiac angiosarcoma. Karlsson R, Cronin M, Murray C, Byrne R. *Eur Heart J Imaging Methods Pract*. 2025 Oct 24;3(4):qyaf130. doi: 10.1093/ehjimp/qyaf130. eCollection 2025 Oct. *Eur Heart J Imaging Methods Pract*

Superior vena cava isolation with 3D mapping using a novel balloon-in-basket pulsed field ablation catheter. Papakonstantinou PE, O'Brien J. *J Interv Card Electrophysiol*. 2025 Oct 15. doi: 10.1007/s10840-025-02158-w. Online ahead of print. *J Interv Card Electrophysiol*

Endovascular management of a giant aortic arch aneurysm diverticulum: a case report. Sultan S, Acharya Y, Ibrahim R, Parodi JC, Wijns W, Soliman O. *Eur Heart J Case Rep*. 2025 Feb 5;9(2):ytaf054. doi: 10.1093/ehjcr/ytaf054. eCollection 2025 Feb. *Eur Heart J Case Rep*

Ten-year clinical outcomes after drug-eluting stents implantation according to clinical presentation-Insights from the DECADE cooperation. Starnecker F, Coughlan JJ, Jensen LO, Bär S, Kufner S, Brugaletta S, Räber L, Maeng M, Ortega-Paz L, Heg D, Laugwitz KL, Sabaté M, Windecker S, Kastrati A, Olesen KKW, Cassese S. *Eur J Clin Invest*. 2025 Jan;55(1):e14323. doi: 10.1111/eci.14323. Epub 2024 Oct 1. *Eur J Clin Invest*

In-hospital and long-term outcomes in spontaneous coronary artery dissection with concurrent cardiac arrest: Systematic review and meta-analysis. Baqal O, Karikalan SA, Hasabo EA, Tareen H, Futela P, Qasba RK, Shafqat A, Qasba RK, Hayes SN, Tweet MS, El Masry HZ, Lee KS, Shen WK, Sorajja D. *Heart Rhythm O2*. 2025 Apr 24;6(6):843-853. doi: 10.1016/j.hroo.2025.03.023. eCollection 2025 Jun. *Heart Rhythm O2*

Long term follow up of patients treated with a polymer coated non drug-eluting stent in the COBRA-REDUCE trial. Bresha J, Hug KP, Byrne RA, Lahu S, Cassese S, Colleran R, Ibrahim T, Xhepa E, Bernlochner I, Joner M, Laugwitz KL, Kastrati A, Kufner S, Coughlan JJ; COBRA-REDUCE investigators. *Cardiovasc Revasc Med*. 2025 Jun;75:15-22. doi: 10.1016/j.carrev.2025.02.014. Epub 2025 Mar 2. *Cardiovasc Revasc Med*

Association of Body Mass Index on 10-Year Outcomes in Patients Treated with Percutaneous Coronary Intervention and Drug-Eluting Stents (the DECADE Cooperation). Scalamogna M, Simonetti F, Coughlan JJ, Ortega-Paz L, Räber L, Jensen LO, Maeng M, Brugaletta S, Kufner S, Bär S, Laugwitz KL, Heg D, Sabaté M, Windecker S, Olesen KKW, Kastrati A, Cassese S. *Eur J Prev Cardiol*. 2025 Nov 24:zwaf753. doi: 10.1093/eurjpc/zwaf753. Online ahead of print. *Eur J Prev Cardiol*

Lipid-lowering therapy treatment regimens in high- and very high-risk patients for the prevention of cardiovascular events: results from the Irish cohort of the multinational, observational. SANTORINI study Rai H, Coughlan JJ, O'Callaghan D, Sheahan R, Murphy R, Burke D, McFadden E, Nolan D, Colleran R, Hazeez-Agbaje A, Ray KK, Catapano AL, Byrne RA; on behalf of SANTORINI study investigators. *Ir J Med Sci*. 2025 Dec;194(6):2085-2094. doi: 10.1007/s11845-025-04096-y. Epub 2025 Oct 30. *Ir J Med Sci*

A Prospective, Multicenter, Open Label Study Investigating the Implementation of a Standardized Algorithm for Coronary CaLcificatiOn With PlaquE Modification Using UltraSound Guidance to Improve Procedural and Clinical Outcomes (CYCLOPES): Design and Rationale of the CYCLOPES Trial. O'Callaghan D, Durand R, Hanratty CG, Cuisset T, Vaquerizo B, Sinning JM, O'Kane P, Coughlan JJ, Walsh S, Colleran R, Rai H, Soliman O, Barbato E, Stähli BE, Byrne RA. *Catheter Cardiovasc Interv*. 2025 Dec 17. doi: 10.1002/ccd.70424. Online ahead of print. *Catheter Cardiovasc Interv*

Inclusion and reporting by age, sex, and ethnicity in clinical studies of high-risk medical devices approved in the European Union. Coughlan JJ, Byrne RA, Siontis GCM, McGovern L, Durand R, Lübbecke A, Bano A, Fraser AG. *Eur Heart J Qual Care Clin Outcomes*. 2025 Nov 4;11(7):962-968. doi: 10.1093/ehjqcco/qcaf007. *Eur Heart J Qual Care Clin Outcomes*

Refractory inappropriate sinus tachycardia treated with pulsed field ablation of the sinus node: A breath of fresh air. Kerley RN, Fitzpatrick N, Galvin J. *Heart Rhythm*. 2025 Aug;22(8):2111-2116. doi: 10.1016/j.hrthm.2024.09.041. Epub 2024 Sep 20. *Heart Rhythm*

Predictive modelling of vascular surgery trends using machine learning: a comparative study of Irish public and private tertiary referral centres. Sultan S, Acharya Y, Sultan MS, Zayed O, Soliman O. *Front Surg*. 2026 Jan 8;12:1733205. doi: 10.3389/fsurg.2025.1733205. eCollection 2025. *Front Surg*

Impact of a Clinical Valve Coordinator on Hospital Length of Stay and Patient Outcomes: Results From the BENCHMARK. Registry Lauck SB, Saia F, Durand E, Kirk BH, Kelly F, Muir DF, McCalmont G, Spence MS, Vasa-Nicotera M, Wood D, Urbano Carrillo CA, Bouchayer D, Iliescu VA, Etienne CS, Fauré N, Hee C, Ledercq F, Auffret V, Asmarats L, Di Mario C, Veugeois A, Maly J, Schober A, Nombela-Franco L, Werner N, Gómez Hospital JA, Mascherbauer J, Musumeci G, Meneveau N, Meurice T, Mahfoud F, De Marco F, Seidler T, Leuschner F, Joly P, Collet JP, Vogt F, Di Lorenzo E, Kuhn E, Disdier VP, Rakova R, Wesselink W, Kurucova J, Hachaturyan V, Lüske CM, Zielinski M, Bramlage P, Frank D. *Struct Heart*. 2025 Oct 17;10(1):100740. doi: 10.1016/j.shj.2025.100740. eCollection 2026 Jan. *Struct Heart*

Oncology

Neoadjuvant trastuzumab deruxtecan alone or followed by paclitaxel, trastuzumab, and pertuzumab for high-risk HER2-positive early breast cancer (DESTINY-Breast11): a randomised, open-label, multicentre, phase III trial. Harbeck N, Modi S, Puzsai L, Ohno S, Wu J, Kim SB, Yoshida A, Fabi A, Cao X, Joseph R, Li R, Żurawski B, Escrivá-de-Romaní S, Meneguetti R, Supavavej A, Chen SC, Liu Z, Kelly C, Curigliano G, Symmans WF, Gufran M, Ke J, Konpa A, Herbolzheimer P, Boileau JF; DESTINY-Breast11 Trial Investigators. *Ann Oncol.* 2026 Feb;37(2):166-179. doi: 10.1016/j.annonc.2025.10.019. Epub 2025 Oct 21. *Ann Oncol*

Dynamics of molecular heterogeneity in high-risk luminal breast cancer-From intrinsic to adaptive subtyping. Denkert C, Rachakonda S, Karn T, Weber K, Martin M, Marmé F, Untch M, Bonnefoi H, Kim SB, Seiler S, Bear HD, Witkiewicz AK, Im SA, DeMichele A, Pehl A, Van't Veer L, McCarthy N, Stiewe T, Jank P, Gelmon KA, García-Sáenz JA, Westhoff CC, Kelly CM, Reimer T, Felder B, Olivé MM, Knudsen ES, Turner N, Rojo F, Schmitt WD, Fasching PA, Teply-Szymanski J, Zhang Z, Toi M, Rugo HS, Gnant M, Makris A, Holtschmidt J, Nekljudova V, Loibl S. *Cancer Cell.* 2025 Feb 10;43(2):232-247.e4. doi: 10.1016/j.ccell.2025.01.002. *Cancer Cell*

Final survival results from the PENELOPE-B trial investigating palbociclib versus placebo for patients with high-risk HR+/HER2-breast cancer and residual disease after neoadjuvant chemotherapy. Loibl S, Martin M, Bonnefoi H, Untch M, Kim SB, Bear HD, García-Sáenz JA, Melé Olivé M, Mc Carthy N, Gelmon K, Kelly CM, Im SA, Reimer T, Martinez-Janez M, Zhang Z, Toi M, Provencher L, Rugo HS, Gnant M, Makris A, Antón Torres A, Hirmas N, Holtschmidt J, Nekljudova V, Marmé F. *Ann Oncol.* 2025 Jul;36(7):832-837. doi: 10.1016/j.annonc.2025.03.010. Epub 2025 Mar 24. *Ann Oncol*

Stereotactic radiosurgery in Patients With Small Cell Lung Cancer and 1-10 Brain Metastases: A Multi-Institutional, Phase II, Prospective Clinical Trial. Aizer AA, Tanguturi SK, Shi DD, Catalano PJ, Shin KY, Ricca I, Johnson M, Benham G, Kozono DE, Mak RH, Hertan L, Chipidza F, Krishnan M, Pashtan I, Peng L, Qian JM, Shiloh RY, Cagney DN, Sands J, Brown PD, Wen PY, Haas-Kogan DA, Rahman R. *J Clin Oncol.* 2025 Sep 20;43(27):2986-2997. doi: 10.1200/JCO-25-00056. Epub 2025 Jul 11. *J Clin Oncol*

Tumor-specific major histocompatibility-II expression predicts pathological complete response to atezolizumab combined to chemotherapy in triple-negative breast cancer. Balko JM, Licata L, Wang XQ, Dugo M, Huang CS, Egle D, Bermejo B, Zamagni C, Thill M, Anton A, Russo S, Sevillano E, Ciruelos EM, Greil R, Semiglazov V, Colleoni M, Kelly CM, Mariani G, Del Mastro L, Zambelli S, Viale G, Callari M, Viale G, Puzsai L, Gianni L, Ali HR, Bianchini G. *NPJ Breast Cancer.* 2025 Sep 29;11(1):103. doi: 10.1038/s41523-025-00828-6. *NPJ Breast Cancer*

The effect of non-pharmacological supportive care interventions on patient-reported outcomes among patients with a brain tumour: A systematic review and meta-analysis. O'Doherty D, O'Donovan M, Lavery R, Kelleher AB, Wills T, Saab MM. *Eur J Oncol Nurs.* 2025 Jun;76:102856. doi: 10.1016/j.ejon.2025.102856. Epub 2025 Mar 8. *Eur J Oncol Nurs*

Characterization of Focal Leptomeningeal Extension in Patients with Brain Metastases: A Novel Entity. Lamba N, Kraemer L, Rahman R, Tanguturi S, Cagney DN, Catalano PJ, Elhalawani H, Haas-Kogan DA, Wen PY, Aizer AA. *Neuro Oncol.* 2025 Oct 11;noaf229. doi: 10.1093/neuonc/noaf229. Online ahead of print. *Neuro Oncol*

Rectal complications following SpaceOAR insertion after prior pelvic radiation. Yates AH, Dempsey PJ, Power JW, Agnew A, Murphy BD, Coffey C, Moore R, El Bassiouni M, McNicholas MMJ. *BJR Case Rep.* 2025 Mar 17;11(2):uaaf013. doi: 10.1093/bjrcr/uaaf013. eCollection 2025 Mar. *BJR Case Rep*

Clinical Management of Ovarian Function Suppression in Premenopausal Women With Breast Cancer: A Survey of Members of ASCO. Kelly CM, Bennett KE, Cahir C, Eisen A, Puzsai L. *JCO Oncol Pract.* 2025 May;21(5):654-662. doi: 10.1200/OP-24-00502. Epub 2024 Nov 12. *JCO Oncol Pract*

The current practice of volumetric modulated arc therapy for breast cancer in Europe - A survey by the EFOMP VMAT breast working group. Koivumäki T, Clivio A, Doolan P, Essers M, Fusella M, Jäckel M, Laugaard Lorenzen E, Lizondo M, Noblet C; EFOMP VMAT Breast working group collaborators. *Phys Med.* 2025 Aug;136:105028. doi: 10.1016/j.ejmp.2025.105028. Epub 2025 Jun 24. *Phys Med*

Gynaecology/Urogynaecology

Female Orgasmic Disorder: How Far We Have [Not] Come? Dasriyah RA, Rotem R, O'Leary B, Domoney C, O'Reilly B. *Int Urogynecol J.* 2025 Jun;36(6):1163-1171. doi: 10.1007/s00192-025-06206-x. Epub 2025 Jun 30. *Int Urogynecol J*

Diabetes & Endocrinology

Mitochondrial heteroplasmy-phenotype correlation and response to glucose lowering therapy in subjects with m.3243A>G mutations Ng. N, Sanchez-Lechuga B, McCarrick CJ, Mangan C, Burke M, Ioana JA, Gavin C, O'Byrne R, O'Byrne JJ, Byrne MM. *Diabetes Metab.* 2025 Sep;51(5):101678. doi: 10.1016/j.diabet.2025.101678. Epub 2025 Jun 18. *Diabetes Metab*

Ophthalmology

Progression of Loss of Vision From Centre-Involving Macular Atrophy in Eyes Treated for nAMD. Teo KYC, Ponsioen TL, Lan S, OToole L, Arruabarrena Sanchez C, Barry R, Morros HB, Chung C, Invernizzi A, Cheung GCM, Barthelmes D, Gillies MC. *Clin Exp Ophthalmol.* 2025 Nov;53(8):925-935. doi: 10.1111/ceo.14587. Epub 2025 Aug 3. *Clin Exp Ophthalmol*

Minimum set of outcome measures for non-advanced age-related macular degeneration: a Delphi consensus statement by the TRACER (intermediate age-related macular degeneration) study group. Cozzi M, Zweifel S, Balaskas K, Curcio CA, Viola F, Mehta H, Zarranz-Ventura J, Teo KYC, O'Toole L, Nolan J, Green-Gomez M, Johnson EJ, Arnold J, Staurengi G, Gillies MC, Barthelmes D, Invernizzi A. *Br J Ophthalmol.* 2025 Oct 8;bjo-2025-327744. doi: 10.1136/bjo-2025-327744. Online ahead of print. *Br J Ophthalmol*

Autosomal Recessive Bestrophinopathy-Phenotypic Variability, Natural History, and Genotype-Phenotype Correlations. Bianco L, Antropoli A, Boulanger-Scemama E, Nassisi M, Benadji A, Mésa G, O'Toole L, Antonio A, Condroyer C, Andrieu C, Sahel JA, Zeitz C, Audo I. *Am J Ophthalmol.* 2026 Mar;283:188-198. doi: 10.1016/j.ajo.2025.12.012. Epub 2025 Dec 18. *Am J Ophthalmol*

Impact of cataract surgery on patients receiving intravitreal therapy for retinal vein occlusion. Invernizzi A, Airaldi M, Cozzi M, Nguyen V, Hashimoto Y, Barthelmes D, O'Toole L, Ponsioen TL, Kusenda P, Lavid FJ, Jaross N, Gillies M, Hunt A. *Clin Exp Ophthalmol.* 2025 May-Jun;53(4):374-383. doi: 10.1111/ceo.14468. Epub 2024 Dec 5. *Clin Exp Ophthalmol*

Outliers of Treatment Frequency in Retinal Vein Occlusion: 24-Month Comparative Analysis of Fight Retinal Blindness! Practitioners. Ponsioen T, Hashimoto Y, Invernizzi A, Gabrielle PH, Lavid FJ, Mehta H, Silva R, Jaross N, Squirrell D, O'Toole L, Kusenda P, Barthelmes D, Gillies M, Hunt A. *Clin Exp Ophthalmol.* 2025 May-Jun;53(4):409-420. doi: 10.1111/ceo.14490. Epub 2024 Dec 28. *Clin Exp Ophthalmol*

Geriatric Medicine

Age-related differences in staging, treatment and net survival in relation to frailty in adults with colon cancer in England: an analysis of the COloRECTal cancer data repository (CORECT-R) resource. Pilleron S, Birch RJ, Taylor J, O'Hanlon S, Morris EJA. *Age Ageing*. 2025 Feb 2;54(2):afaf025. doi: 10.1093/ageing/afaf025. *Age Ageing*

Resuscitation discussion practices: a survey of European geriatricians. Trabert J, Trevisan C, Golüke N, Chapelet G, Sanchez-Garcia E, Ni Lochlainn M. *Eur Geriatr Med*. 2025 Aug;16(4):1527-1536. doi: 10.1007/s41999-025-01218-8. Epub 2025 May 5. *Eur Geriatr Med*

Stepping up: can we integrate exercise prescription into routine care? O'Hanlon S. *Age Ageing*. 2025 Oct 30;54(11):afaf327. doi: 10.1093/ageing/afaf327. *Age Ageing*

Cancer and older people. A research collection and commentary on the theme. O'Hanlon S. *Age Ageing*. 2025 May 3;54(5):afaf113. doi: 10.1093/ageing/afaf113. *Age Ageing*

Personalized palliative care for older adults with cancer: A call for action on oncogeriatric palliative care. Liposits G, Baxter MA, Brown-Kerr A, O'Hanlon S. *J Geriatr Oncol*. 2025 Nov;16(8):102339. doi: 10.1016/j.jgo.2025.102339. Epub 2025 Aug 9. *J Geriatr Oncol*

Spine Care

Patterns of intra-discal vacuum phenomenon in adult degenerative scoliosis. Cawley DT, Simpkin A, Abraham E, Doyle T, Elsheikh N, Fallon J, Habash M, Phua RJ, Langille J, Matini E, McDonnell A, McNamee C, Mohamed F, Gabhann CN, Noorani A, Oh J, O'Reilly P, O'Sullivan D, Devitt A. *J Spine Surg*. 2025 Sep 30;11(3):516-525. doi: 10.21037/jss-24-160. Epub 2025 Sep 24. *J Spine Surg*

Motion attenuation surgery in the degenerative lumbar spine: Is cement discolasty a safe and effective option? Cawley DT. *Brain Spine*. 2025 Mar 4;5:104220. doi: 10.1016/j.bas.2025.104220. eCollection 2025. *Brain Spine*

Intra-discal vacuum phenomenon with advanced lumbar spine disc degeneration: complementary findings from both MRI and CT. Cawley DT, McDonnell A, Simpkin A, Doyle T, Habash M, McNamee C, Gabhann CN, O'Reilly P, O'Sullivan D, Woods R, Devitt A. *BMC Med Imaging*. 2025 Mar 20;25(1):94. doi: 10.1186/s12880-025-01635-y. *BMC Med Imaging*

Orthopaedics

Pre-arthritis coronal plane alignment predicted by the arithmetic hip-knee-ankle angle (aHKA) and the Flexion Extension Balancing Algorithm (FEBA) for Primary Total Knee Arthroplasty (TKA). Pillay T, O'Neill A, Hay P, McAuliffe M. *J Orthop*. 2024 Nov 26;64:117-123. doi: 10.1016/j.jor.2024.11.024. eCollection 2025 Jun. *J Orthop*

Iliotibial band release significantly improves pain, function, and quality of life in patients with isolated patellofemoral osteoarthritis: A 2-year retrospective study. Hepburn J, Brady B, Mioc ML, Vioreanu M. *J ISAKOS*. 2025 Dec;15:101014. doi: 10.1016/j.jisako.2025.101014. Epub 2025 Oct 16. *J ISAKOS*

Radiology

Practical use of radiomic features as a metric for image quality discrimination in [(18)F] FDG-PET: a pilot study. Burns J, O'Driscoll H, Loughman E. *EJNMMI Rep*. 2025 May 8;9(1):16. doi: 10.1186/s41824-025-00243-x. *EJNMMI Rep*

Other

Recommended methodologies for clinical investigations of high-risk medical devices- Conclusions from the European Union CORE-MD Project. Fraser AG, Buccheri S, Byrne RA, Kjaersgaard-Andersen P, James S, Jüni P, Bally L, Bulbulia R, Koletzko BV, Landray MJ, Louati C, Lübbecke A, Marang-van de Mheen PJ, McCulloch P, Patro-Golab B, Rademakers FE, Schnell-Inderst P, Siontis GCM, Torre M, Wild C, Zeisl Y, Melvin T, Nelissen RGHH; CORE-MD Consortium. *Lancet Reg Health Eur*. 2025 Sep 15;58:101460. doi: 10.1016/j.lanepe.2025.101460. eCollection 2025 Nov. *Lancet Reg Health Eur*

The effect of exogenous melatonin and melatonin receptor agonists on intensive care unit and hospital length of stay: A systematic review and meta-analysis. Kelleher AB, O'Donovan M, O'Doherty D, Lavery R, Lehane E, Saab MM. *PLoS One*. 2025 Sep 8;20(9):e0332031. doi: 10.1371/journal.pone.0332031. eCollection 2025. *PLoS One*

A multi-institution performance assessment of a double-layer MLC. Buckle A, Heeney C, Jones M, Ganesan V, Valentine R, Wheeler P, Earley J, Grogan G, Sparks M. *J Appl Clin Med Phys*. 2025 Nov;26(11):e70261. doi: 10.1002/acm2.70261. *J Appl Clin Med Phys*

Commentary on Secondary Amenorrhea and Clinical Hyperandrogenism in a 34-Year-Old Female: Polycystic Ovary Syndrome or Not? Lee GR. *Clin Chem*. 2025 May 2;71(5):546. doi: 10.1093/clinchem/hvae224. *Clin Chem*

Patient satisfaction rates and tolerance of free-hand ultrasound-guided transperineal prostate biopsy in an outpatient setting. Power JW, Dempsey PJ, Yates A, Soman N, D'Souza M, McGarvey C, O'malley KJ, Galvin DJ, Hutchinson BD, Murray JG, McNicholas MM, Cronin CG. *Abdom Radiol (NY)*. 2025 Oct;50(10):5004-5010. doi: 10.1007/s00261-025-04867-2. Epub 2025 Mar 22. *Abdom Radiol (NY)*

A cross-sectional analysis of occupational stress and mental health among migrant healthcare workers in Ireland. Thankachen S, Kabir Z, Sadath A. *J Migr Health*. 2025 Mar 25;11:100325. doi: 10.1016/j.jmh.2025.100325. eCollection 2025. *J Migr Health*

Metabolic bariatric surgery generates substantial, sustained weight loss and health improvement in a real-world setting. Brown WA, Brown DL, Holland JF, Campbell A, Cottrell J, Ahern S, Reilly J, Garduce P, Wetter J, Hamdorf JM, Talbot M, Baker S, MacCormick AD, Caterson ID. *ANZ J Surg*. 2025 May;95(5):895-903. doi: 10.1111/ans.19378. Epub 2025 Jan 9. *ANZ J Surg*

Compression versus bridge negative pressure wound therapy combined with compression in non-healing venous ulcers: A randomized controlled trial with quality-of-life assessment and cost effectiveness. Tawfick W, Acharya Y, Tasopoulou KM, Cahill-Collins M, Wijns W, Gallagher N, Soliman O, Sultan S. *Phlebology*. 2025 Nov 28;2683555251404139. doi: 10.1177/02683555251404139. Online ahead of print. *Phlebology*

Knowledge and preventive barriers towards conducting systematic review among undergraduate medical students of Arab countries: A multi country online survey. Hasabo EA, Elnaiem W, Ahmed AS, Abdalla AEA, Ahmed KAHM, Ahmed GEM, Abdelgader MSS, Alfatih A, Sherif HA, Al Komi O, Aldare HA, Benmelouka AY, Jobran AWM, Mugibel TA, Al-Kassih MI, Alsaman MZB, Aljabali A, Eljack MMF; Sudan Analytics Research Group team of collaborators. *PLoS One*. 2025 Aug 18;20(8):e0329827. doi: 10.1371/journal.pone.0329827. eCollection 2025. *PLoS One*





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