



FROM DONATION TO IMPACT

THE IMPACT OF OUR WORK 2025

CONTENTS

A Word from the Secretary General	3
About the Swedish Heart Lung Foundation	4
2025 – Highlights from Our Work	8
Prevention – A Key Part of Our Mission	13
Finally, a National Heart Plan	15
Researcher Olle Melander Practises What He Preaches	16
More Than 120 Years of Breakthroughs	18
Lars Wallin – A Designer with Heart	20
How We Raise Funds	22
Facts About Heart, Vascular and Lung Diseases	26
Ivars Jegers Lives with Heart Failure	28
Research Is Our Method	30
Research Grants Awarded in 2025	34
Julia Aulin Represents the Future of Research	38
SCAPIS – A Unique Population Study	42
Josefine Sjöberg Received New Medication for Cystic Fibrosis	46
Donations Fund High-Quality Research	48
How You Can Contribute	51

THIS CONCERNS US ALL

Production: Swedish Heart Lung Foundation. **Project Manager and Editor:** Malin Sjödin.

Text: Malin Sjödin, Mattias Areskog and Nils Bergeå. **Production Manager:** Anna Bergstrand.

Art Director: Pia Albinsson. **Photography:** Anders G Warne, Leonard Gren, Anders Eliasson, Susanne Kronholm, Alexander Neimert, Pontus Lundahl, Sofia Nordin and Sara Friberg. The Royal Court of Sweden. **Cover:** Designer Lars Wallin. **Printing:** K-print (via Printpool).

Support heart and lung research:

With your donation, you support research that helps more people live longer and healthier lives.

Swish: 90 91 92 7 | Plusgiro: 90 91 92-7 | Bankgiro: 909-1927

A WORD FROM THE SECRETARY GENERAL

2025 was a very strong year for the Swedish Heart Lung Foundation. For the second time in our history, we raised around SEK 600 million and were able to allocate more than half a billion kronor to research.



2025 WAS A very strong year for the Swedish Heart Lung Foundation. For the second time in our history, we raised around SEK 600 million and were able to allocate more than half a billion kronor to research.

First and foremost, I would like to extend my heartfelt thanks to all of you who supported the Swedish Heart Lung Foundation and life-saving research through your donations over the past year.

Our vision is a world free from heart and lung diseases. The purpose of this report is to show how we work to achieve that vision – and the strong results this work delivered in 2025.

Visions can sometimes seem unrealistic. Yet they are important to keep in mind, as they help us stay focused. And the fact is that we are moving in the right direction. Over the past 20 years alone, mortality from cardiovascular disease has declined significantly. To a large extent, both directly and indirectly, this progress can be attributed to research.

Our 121st year of operations since our founding in 1904 was one of the strongest ever in terms of fundraising. We successfully maintained the momentum created during our anniversary year in 2024 and achieved fundraising results that exceeded our budget.

Ultimately, these achievements mean that more lives can be saved. You, our donors, are many – and your numbers continue to grow. Together, we are strengthening research into heart, vascular, and lung diseases. This is critically important, as the medical need continues to increase. Today, more than 2.2 million people

in Sweden are living with cardiovascular disease, and around 1.3 million have a lung disease.

This report also highlights that 2025 was an important year for SCAPIS, the world-unique population study in the field of heart and lung diseases, for which the Swedish Heart Lung Foundation is the main funder. During the year, most of the study's second phase was carried out, with approximately half of the original participants undergoing follow-up examinations of their heart and lungs. Encouragingly, the majority of those invited to participate in a second examination accepted. These follow-up examinations will soon further increase the potential for successful research based on SCAPIS. Preliminary findings already indicate unexpectedly significant changes in the coronary arteries in middle age – see page 44.

Once again, heartfelt thanks to all of you who contribute to life-saving research.

KRISTINA SPARRELJUNG

Secretary General, Heart-Lung Foundation

ABOUT THE SWEDISH HEART LUNG FOUNDATION

To give people longer and healthier lives, the Swedish Heart Lung Foundation raises and distributes funds to carefully selected research in heart and lung diseases.

The need for research is substantial. In Sweden, around



2.2

million people
are living with
cardiovascular disease



1.3

million
with lung disease



Cardiovascular disease causes nearly one-third of all deaths in Sweden and is the leading cause of death in the country.

Approximately

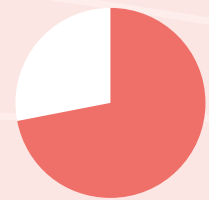
28,500

people in Sweden die from cardiovascular disease each year.

The most fatal cardiovascular conditions are **HEART ATTACKS** and **STROKES**. **ASTHMA** and **COPD** are the most common lung diseases in Sweden.

The Swedish Heart Lung Foundation is a non-profit fundraising organisation entirely dependent on donations from individuals, companies, and foundations.

- ➔ A large share of independent research in the field of heart, vascular, and lung diseases in Sweden is funded by the Swedish Heart Lung Foundation.
- ➔ In 2025, the Foundation financed approximately **330 ongoing research projects** in the major grant round.
- ➔ In the same grant round, **67 percent** of the allocated research funding went to cardiovascular research and **33 percent** to lung research.
- ➔ In total, the Swedish Heart Lung Foundation distributed **SEK 524 million** in 2025 to research into heart, vascular, and lung diseases.
- ➔ The funding was awarded in the form of project grants, research positions, research months, the Swedish Heart Lung Foundation's Major Research Grant, Prince Daniel's Grant for Promising Young Researchers, the Swedish Heart Lung Foundation's Prevention Grant, and the Norhed Foundation's Prevention Grant via the Swedish Heart Lung Foundation.
- ➔ The Swedish Heart Lung Foundation is also the main funder of the large population study SCAPIS, as well as the follow-up examinations conducted in 2025. In the initial phase, 30,150 individuals underwent extensive examinations of their heart, vessels, and lungs. In the follow-up phase, half of the participants were invited to undergo similar examinations.
- ➔ In 2025, 16 percent of total income was used for fundraising and administrative costs.



67%

of the distributed funds went to cardiovascular research



33%

of the distributed funds went to lung research

Footnote: Refers to the major grant round.

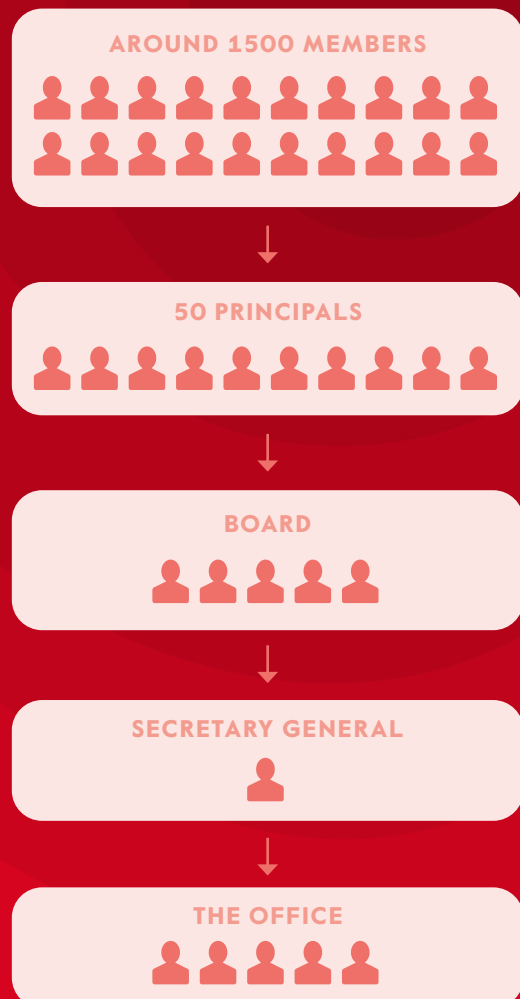
Footnote: A fundamental rule set by Swedish Fundraising Control is that no more than 25 percent of a non-profit fundraising organisation's total income may be used for fundraising and administrative costs.



THE SWEDISH HEART LUNG FOUNDATION – ORGANISATION

The Swedish Heart Lung Foundation is a non-profit fundraising organisation with members, principals, and a board. The Foundation is led by a Secretary General, and its office is located in Stockholm.

- ➔ In 2025, the Swedish Heart Lung Foundation had close to 1,500 members. The members appoint 50 principals, who in turn appoint the board.
- ➔ In 2025, the board held five regular meetings and one constitutive meeting in May.
- ➔ The Chair of the Swedish Heart Lung Foundation's board was Thomas Rolén, President of the Administrative Court of Appeal in Stockholm. H.R.H. Prince Daniel served as Honorary Chair.
- ➔ The board also consisted of six additional ordinary members, as well as a treasurer and an employee representative with a deputy.
- ➔ Secretary General Kristina Sparreljung led the Foundation's work during 2025.
- ➔ During the year, the Swedish Heart Lung Foundation had 66 employees.
- ➔ The office in Stockholm comprised the departments of Research, Communication, Fundraising, Marketing, HR and Office Services, Finance, and IT.





Felix Böhm, consultant cardiologist and PCI operator at Danderyd Hospital, saves the lives of heart attack patients through balloon angioplasty.

2025 – HIGHLIGHTS FROM THE YEAR

Thanks to generous donations, the Swedish Heart Lung Foundation raised SEK 593 million in 2025. This enabled us to allocate SEK 524 million to carefully selected research in heart and lung diseases. On the following pages, you can read more about our work over the past year.

"VI MÅSTE FÖRSTÅ VARFÖR KVINNOR DRABBAS"

Hjärtinfarkt är en av de vanligaste orsakerna till dödsfall bland kvinnor. Men det finns ett viktigt samband som ofta glöms bort: SCAD. Detta är en sällsynt typ av hjärtinfarkt, som oftast drabbar kvinnor mellan 20 och 40 år. Det är viktigt att vi förstår varför kvinnor drabbas av SCAD och hur vi kan förebygga det. För att kunna hjälpa dessa patienter behöver vi veta mer om vad som orsakar sjukdomen och hur vi bäst kan behandla den.

Forskningen kallas SCAD för att det är svårt att förstå varför kvinnor drabbas av denna typ av hjärtinfarkt. Forskningen är ett viktigt steg mot att förstå och förebygga denna typ av hjärtinfarkt. Genom att

Forskningen om SCAD är viktig för att vi ska kunna hjälpa kvinnor som drabbas av denna typ av hjärtinfarkt. För att kunna hjälpa dessa patienter behöver vi veta mer om vad som orsakar sjukdomen och hur vi bäst kan behandla den.

Sofia Sederholm Lawesson
Forskare vid Karolinska Institutet

Stöd forskningen du också. Bliv medlemsdonator så får du vårt fina hjärt- och lungfundament.
hjart-lungfonden.se

Minga människor lever med hjärt- och lungsjukdomar. Det är viktigt att vi förstår hur dessa sjukdomar påverkar oss och hur vi kan förebygga dem. För att kunna hjälpa dessa patienter behöver vi veta mer om vad som orsakar sjukdomen och hur vi bäst kan behandla den.

"Vi vill stoppa sjukdomen innan den når till"

SCAD är en sällsynt typ av hjärtinfarkt som oftast drabbar kvinnor mellan 20 och 40 år. Det är viktigt att vi förstår varför kvinnor drabbas av SCAD och hur vi kan förebygga det. För att kunna hjälpa dessa patienter behöver vi veta mer om vad som orsakar sjukdomen och hur vi bäst kan behandla den.

Göran Bergström
Forskare vid Karolinska Institutet

Stöd forskningen du också. Bliv medlemsdonator så får du vårt fina hjärt- och lungfundament.
hjart-lungfonden.se



RESEARCHERS SHOWCASE THE BREADTH OF RESEARCH

In the spring, a particular focus was placed on women's heart health. Researcher **Sofia Sederholm Lawesson** highlighted her work on SCAD, a type of heart attack that primarily affects women. Researchers **Jenny Mjösberg**, **Marie Wahren-Herlenius**, **Peder Olofsson** and **Göran Bergström** also featured in campaigns, illustrating the breadth of research supported by the Swedish Heart Lung Foundation.

LARS WALLIN COLLABORATION

During the summer, a collaboration was launched with fashion designer **Lars Wallin**, who designed a tote bag given as a gift to new monthly donors who chose to contribute a fixed amount each month.

HELSINGBORG'S OWN MUSIC GALA

In October, opera singer **Carolina Tholander** from Helsingborg brought together a wide range of artists for a gala in Mariakyrkan, Helsingborg Heart Gala 2025. The initiative was inspired by the loss of her father, who passed away in 2019 after a sudden aortic aneurysm.



Performers included Lasse Holm, Susanne Resmark, Emma Sventelius and a 40-member choir. An artwork by Ida Bentinger was also auctioned during the evening. All proceeds – **SEK 50,000** – were donated in full to the Swedish Heart Lung Foundation and its research.



THE WEBSITE - AN IMPORTANT SOURCE OF KNOWLEDGE

The Swedish Heart Lung Foundation's website now features 37 topic areas related to heart, vascular, and lung diseases, as well as their risk factors. All content is fact-checked and approved by scientifically responsible researchers.



SCAPIS-EVENT

In 2025, SCAPIS events were held in Umeå and Uppsala, both attracting large audiences.

"SCAPIS participants are genuinely interested in the study's findings, which is very encouraging," says Susanne Klofsten, Head of Communications for SCAPIS at the Swedish Heart Lung Foundation.

At these events – an important part of the Foundation's mission to share results – researchers presented findings, ongoing work and future research from the SCAPIS study, hosted by artist Lina Hedlund. Both events set attendance records, and a record number of participants chose to become monthly donors.



GOLD, SILVER AND BRONZE PACKAGES

To encourage corporate donations, new giving packages – gold, silver and bronze – were introduced, depending on the level of contribution (see page 51).



AMBASSADORS RAISE AWARENESS

During the autumn, several ambassadors helped highlight the need for increased support for research. Among those contributing were **Jill Johnson, Janne Schaffer, Marie Richardson and Therese Alshammar.**

Det gäller oss alla

CAMPAIGNS THROUGHOUT THE YEAR

Several campaigns were carried out during the year to raise funds and increase awareness of the Foundation's work. The year was structured around four seasonal campaigns – spring, summer, autumn and Christmas. The year concluded with a Christmas campaign aimed at encouraging both companies and individuals to donate. All campaigns were based on the overarching communication concept **Det gäller oss alla** (This concerns us all).



INCREASED AWARENESS

During the autumn, particularly in September, the highest level of unaided awareness of the Swedish Heart Lung Foundation was recorded to date – 25 percent, an increase of six percentage points compared with the same period in 2024. The Foundation's donor services handled 37,456 calls in 2025.



37 456
calls

The Swedish Heart Lung
Foundation's Donor Services
received during 2025.



LIGHT A CANDLE

It is now possible to light digital memorial candles via the Foundation's website. By making a donation, individuals can honour the memory of a loved one. The candles are displayed in a peaceful digital memorial garden. Visit hjärt-lungfonden.se/stod-oss/digitalt-minnesljus/minneslund/



DONATE AN ITEM FOR AUCTION

In 2025, the Swedish Heart Lung Foundation began a collaboration with Stockholms Auktionsverk. By donating valuable items to be auctioned, individuals can turn them into contributions to research.

RESEARCH NEWSLETTER

Five newsletters were sent to researchers across Sweden during the year, providing information on grant deadlines, upcoming initiatives and popular science articles on research and results.



GIFT CALENDAR WITH GUNILLA MANN

Artist Gunilla Mann's colourful artwork featured in the Swedish Heart Lung Foundation's 2025 gift calendar. She is based in Rörum, Österlen.



FORSKNING FÖR HÄLSA - THE MAGAZINE

The magazine **Forskning för hälsa**, sent to all monthly donors, was published in four issues in 2025. It covers current research, personal stories and guidance on lifestyle, diet and physical activity.



HEART LUNG DAYS 2025

In January, the Foundation invited healthcare professionals to two full days of lectures on treatment and new developments in heart, vascular, and lung diseases. The event is part of the Foundation's mission to share knowledge that leads to healthier lives. It was also broadcast live and made available on demand.

MEDIA IMPACT

In 2025, the Foundation's PR team achieved record media coverage. The fourth quarter was the strongest in its history, with air pollution as the top topic, followed by several major SCAPIS-related stories. More than 800 articles were published during the final quarter alone.



NEW SCAPIS WEBSITES

Towards the end of the year, two new websites were launched in connection with SCAPIS: scapis.org, aimed at the research community, and scapis.se, targeting study participants.



PUBLICATIONS AND FACT SHEETS

In 2025, 400 healthcare providers ordered publications free of charge from the Foundation, and more than 200,000 copies were distributed. A new publication on sex and relationships in heart disease was also released. Materials are available both in print and digitally across a wide range of topics, including

- ➔ heart attack
- ➔ heart failure
- ➔ stroke
- ➔ asthma
- ➔ COPD
- ➔ diabetes
- ➔ healthy lifestyle choices.



OUR KEY CHANNELS

The Swedish Heart Lung Foundation continued to grow its presence on Facebook, Instagram and LinkedIn, where researchers, patients and relatives share experiences and insights.



INSTAGRAM

On Instagram, a video featuring ambassador Annika Gaardsdal reached 4.8 million views, 90,000 interactions and 3,000 comments.

FACEBOOK

On Facebook, a post about 27-year-old Filippa and her congenital heart condition reached 1.8 million views and 11,000 interactions.

LINKEDIN

On LinkedIn, the announcement of the Foundation's SEK 15 million Major Research Grant generated the most engagement, with 214 reactions.

FACEBOOK COMMUNITIES

The Foundation also runs 12 Facebook groups for people affected by heart, vascular, and lung diseases, with a total of more than 13,000 members. These groups provide safe spaces for sharing experiences, offering support and accessing relevant information.



MEDIA PRESENCE

On World Heart Day, TV4 highlighted heart attacks and the issue of patients discontinuing medication. Secretary General Kristina Sparreljung and Helena Efraimsson, who had a heart attack four years ago, participated in a live broadcast to discuss research and patient experiences. The story also received widespread coverage in Aftonbladet.



JEAN-PIERRE BARDA ON SVT

Artist Jean-Pierre Barda, who has experienced two heart attacks and lives with COPD, appeared on Swedish national television (SVT). New research shows that COPD is associated with a nearly doubled risk of heart attack. This was discussed live by Jean-Pierre Barda and Kristina Sparreljung.



FUNDRAISING CHANNELS IN 2025

In 2025, the Swedish Heart Lung Foundation raised funds through television advertising, digital and print media, outdoor advertising, fundraising letters, telemarketing, monthly donors, and various types of gifts – including memorial donations, spontaneous donations, personal fundraising initiatives and bequests.

3 MILLION
visitors went to www.hjart-lungfonden.se during 2025.

THE SWEDISH HEART LUNG FOUNDATION'S WORK FOR A HEALTHIER SOCIETY

The vision of the Swedish Heart Lung Foundation is a world free from heart, vascular, and lung diseases. To achieve this, the Foundation works to improve the conditions for research, strengthen healthcare, and help reduce the number of people affected by heart and lung diseases. Below are some examples of our work within our key advocacy areas during the year:



Physical Activity

In April 2025, the Swedish Heart Lung Foundation, together with the Swedish Cancer Society, launched the report *A Sedentary Sweden – Turning the Tide*. In connection with the launch, a seminar was held in the Swedish Parliament, where the report's conclusions were presented.

Following the report, meetings were held with representatives from parliamentary parties to build support for its proposals. Through press activities together with organisations such as Friluftsrådet, STF (the Swedish Tourist Association), and PRO (the National Pensioners' Organisation), the proposals also received significant media attention.

Our call to the Government: Develop a national action plan to increase physical activity and reduce sedentary behaviour.



Air Pollution

In autumn 2025, the Swedish Heart Lung Foundation, together with the Swedish Environmental Protection Agency and the Swedish Meteorological and Hydrological Institute (SMHI), carried out a high-profile press initiative that received broad national and regional media coverage. The effort helped raise awareness of the serious impact of air pollution on heart and lung health. To highlight the EU's new Air Quality Directive, a regional clean air day and a parliamentary seminar were also organised.

Our call to the Government: Implement the Air Quality Directive with high ambition, clear accountability, and swift measures to reduce exposure.



Healthy Eating Habits

In May 2025, the Swedish Heart Lung Foundation, together with UNICEF Sweden, published the report *In Your Phone*, showing that a large share of food advertising seen by children and young people on social media promotes unhealthy products.

Together with the Swedish Cancer Society and Generation Pep, a child impact assessment was also conducted, showing that current marketing of unhealthy food may conflict with children's rights under the UN Convention on the Rights of the Child. During the year, the Public Health Agency of Sweden and the Swedish Food Agency proposed restrictions on advertising unhealthy food on social media – an area where the Swedish Heart Lung Foundation and the Swedish Cancer Society have played a key role in the dialogue.

Our call to the Government: Develop a national action plan for healthy and sustainable eating habits.



Tobacco and Nicotine

During the year, the Swedish Heart Lung Foundation worked to strengthen the regulation of new nicotine products, which pose significant risks to heart and lung health – particularly among young people, where use has increased sharply in recent years. As the political response in Sweden has been limited, much of this work has focused on the EU level, where parts of tobacco regulation are decided.

The Swedish Heart Lung Foundation has highlighted the need for clearer and more harmonised regulation of new nicotine products within the EU, which would also strengthen protection in Sweden. In the absence of EU-wide regulation, several countries have chosen to ban nicotine pouches – a development welcomed by the Swedish Heart Lung Foundation.

Our call to the Government: Set a goal that no children should become new nicotine users by 2040.

Read more about the national heart plan and a tool for the health of the future on the next spread, and about the researcher who practises what he preaches on page 16.

UNIQUE TOOL CAN SIMULATE THE FUTURE BURDEN OF CARDIOVASCULAR DISEASE

In collaboration with the Public Health Agency of Sweden and the Swedish Cancer Society, the Swedish Heart Lung Foundation has developed a simulation model that makes it possible to study how cardiovascular diseases may evolve in the future.

The tool, NCDSim, enables analysis of how both cardiovascular disease and cancer may develop over time, based on changes in risk factors at the population level.

“The model shows how risk factors such as smoking, dietary habits, alcohol consumption and physical activity influence population health. It allows for scenario-based estimates of how these factors may affect disease incidence, mortality and related healthcare costs,” explains **Anette Jansson**, Policy and Prevention Advisor at the Swedish Heart Lung Foundation.

NCDSim is based on population projections from Statistics Sweden and can illustrate potential developments for these diseases up to the year 2120. For many purposes, however, shorter-term projections are sufficient.

“NCDSim is an important tool for prioritising preventive efforts in cardiovascular health. By adjusting parameters such as smoking, salt intake and physical activity, it is possible to estimate the impact of preventive measures on disease incidence, healthcare costs and mortality. This can give policymakers and healthcare providers a clearer basis for how to allocate resources and design effective prevention strategies,” says Anette Jansson.

A key principle of the project is that NCDSim is built on the best available empirical data on population structure, risk factor prevalence and disease occurrence. Estimates are based

on data from Statistics Sweden, the National Board of Health and Welfare, the Public Health Agency of Sweden and the Swedish Food Agency. Relative risks associated with the included risk factors are derived from relevant academic literature.

The model is designed as a flexible analytical tool, where assumptions can easily be adjusted to create different scenarios for disease development. Typical use cases include analysing how preventive interventions targeting one or more risk factors may influence future disease trends.

At present, NCDSim is used to analyse trends in cancer and cardiovascular disease, but it can be adapted to other non-communicable diseases where sufficient data are available. The tool also provides annual outputs on prevalence, incidence, mortality and healthcare costs. Results are presented clearly in a web-based interface and can be exported for further analysis in other software.



GREEN LIGHT FOR A NATIONAL CARDIOVASCULAR PLAN

The Swedish Heart Lung Foundation has long advocated for the government to develop a national action plan to prevent and treat cardiovascular disease. In 2025, the government confirmed that this will now move forward.

In November 2025, the government announced the development of a national action plan for the prevention and treatment of cardiovascular disease. At the same time, the National Board of Health and Welfare was tasked with developing the plan, which will cover everything from preventive measures to reduce disease risk, to updated guidelines and increased patient involvement. This is an initiative that the Swedish Heart Lung Foundation, together with the Swedish Heart and Lung Association and the Swedish Society of Cardiology, has long supported.

“It is extremely encouraging to see this strategy taking shape. We now look forward to actively contributing to the development of the plan, with a focus on reducing both first-time and recurrent disease, as well as improving quality of life for those affected,” says Kristina Sparreljung, Secretary General of the Swedish Heart Lung Foundation.

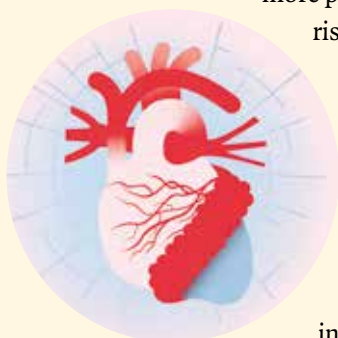
The Swedish Heart Lung Foundation particularly welcomes the focus on prevention.

“Today, we know that more than 50 percent of certain cardiovascular diseases can be prevented. Society needs to invest in structures that make it easier for everyone to live a healthy life. We must also ensure that research forms the foundation for development, and that new knowledge is implemented in healthcare. This is how we can achieve equitable, person-centred health and care,” says Kristina Sparreljung.

According to the government, the objectives are to ensure that more people receive care in time, to reduce the risk of disease, and to provide more equitable care regardless of where people live.

While the full content of the plan is still under development, several key components have already been outlined.

These include equitable care, risk factor management, prevention, early detection, treatment, precision medicine, and increased patient involvement.



KEY FACTS – NATIONAL CARDIOVASCULAR PLAN:

- The government has tasked the National Board of Health and Welfare with developing a national action plan to prevent and treat cardiovascular disease.
- The aim is to improve cardiovascular health in Sweden, strengthen prevention, improve treatment, and increase patient involvement in care.
- The plan will cover the full spectrum – from preventive measures to updated guidelines and greater patient participation.
- The overall goal is to reduce mortality and improve quality of life for those affected.
- The plan will include: equitable care (including risk factor management), prevention and early detection, treatment (including precision medicine), increased patient involvement and self-care, rehabilitation, and improved follow-up, analysis and evaluation of outcomes.
- An implementation plan is to be submitted by 30 May 2026, with final reporting due by 15 October 2028. The National Board of Health and Welfare and the Medical Products Agency will also report annually on progress.

OLLE MELANDER:

THE DOCTOR WHO WENT FROM HIGH RISK TO GOOD HEALTH

Olle Melander, Professor and Senior Consultant, has a family history of cardiovascular disease. When the scales showed too many extra kilos and his risk of disease had increased, he decided to take action. Today, he is both healthier and lighter.

Olle Melander, who works as a senior consultant and researcher at Skåne University Hospital, has received several major research grants from the Swedish Heart Lung Foundation. His research focuses on new ways to prevent cardiovascular disease and to detect early signs of conditions such as heart attack. He also studies the role of genetics in the development of heart disease. It was this area of research that prompted him to make a lifestyle change a few years ago.

“I have a high genetic risk. My father died prematurely from a heart attack, and several other family members have developed cardiovascular disease at an early age. I also had a typical pattern of abdominal fat, and I was at least 30 kilos overweight. My values, including high cholesterol, were also not good,” he explains.

Olle Melander significantly increased his level of physical activity, going from running a few kilometres a couple of times a week to at least 17 kilometres every day. At the same time, he reduced his portion sizes.

“I now eat until I feel about 80 percent full,” he says – a method practised on the Japanese island of Okinawa, long known for its high number of centenarians.

“I have always eaten healthily, but I tried this

approach – and it worked. Today, I weigh 30 kilos less and have maintained my weight.”

Eating until 80 percent full may sound complicated, but his advice is simple: reduce your usual portion size by around 20 percent from the start.

“In my work, I sometimes share my own journey. Many people find it inspiring to see that it is possible.”

Olle Melander also takes statins to maintain healthy cholesterol levels and protect his blood vessels. Today, his blood lipid levels are within the normal range.

“Thanks to these changes, I have reduced my genetic risk as much as possible, and I hope this will lead to a long and healthy life. Through my research, I know that around 20 percent of the population has a high genetic risk of cardiovascular disease. Most people are unaware of this, as there is often no clear family history and risk factor levels may appear normal. In my case, I had both a family history and elevated cholesterol levels. I was also able to confirm a high genetic risk through blood testing. I hope my research will help integrate genetic risk assessment into healthcare so that more high-risk individuals can be identified.”

Olle Melander has maintained his weight for several years and feels reassured that his risk of developing – or even dying from – a heart attack has decreased.

“I feel very well, I sleep better, and I have much more energy. Overall, my wellbeing is excellent,” he concludes.

OLLE MELANDER

Age: 55

Occupation: Professor and Senior Consultant, Skåne University Hospital, and Director of the Precision Medicine Centre South at Region Skåne and Lund University

Residence: Malmö

Family: Wife and children

Motivation: Seeing collaboration lead to results

♥ **Research grant:** SEK 5.7 million over three years (2025–2027)



MORE THAN 120 YEARS OF BREAKTHROUGHS

Since its founding, the Swedish Heart Lung Foundation has placed its trust in research as the most important solution in the fight against heart and lung diseases. This commitment has delivered results. Everything we know today about risk factors, diagnostic methods, medical technology, health-care and treatment in the fields of heart, vascular, and lung diseases is built on decades of research and scientific breakthroughs.

1904



The Swedish Heart Lung Foundation is established

The Swedish National Association Against Tuberculosis (later the Swedish Heart Lung Foundation) is founded under the leadership of Crown Prince Gustaf. Its initial aim is to combat tuberculosis, one of the major public health challenges of the time.

1953



Sweden pioneers cardiac ultrasound

The world's first ultrasound examination of the heart is performed in Lund by cardiologist Inge Edler and Professor Hellmuth Hertz. Ultrasound and ECG remain two of the most important methods for diagnosing heart disease.

1958



The pacemaker transforms patients' lives

Inventor Rune Elmqvist develops the first pacemaker under time pressure to save a patient with severe heart disease. The pacemaker is considered one of the most important innovations of the 20th century and has improved the lives of millions of people.

1942



Mobile X-ray units in the fight against tuberculosis

Three million examinations are carried out in mobile screening units as part of efforts to combat tuberculosis. Fifty years later, the disease is almost eradicated in Sweden.

1954



The heart-lung machine revolutionises cardiac surgery

Professor Clarence Crafoord becomes the second person in the world to successfully perform heart surgery using a heart-lung machine.

1968

Swedish heart surgeon develops an early artificial valve

Cardiac surgeon Viking Björk, together with an American engineer, develops a mechanical heart valve. The innovation is rapidly adopted worldwide.

1906

Sweden's first ECG recording

A physician in Uppsala conducts the first examination in which a patient's heart rhythm can be recorded and visualised as a curve.

»IMAGINE IF, THANKS TO SCAPIS, WE COULD
DELAY - OR EVEN PREVENT - HEART AND LUNG DISEASES
ALTOGETHER. JUST IMAGINE.«

Göran Bergström, Professor and Senior Consultant, Sahlgrenska University Hospital, and Principal Investigator of SCAPIS



1970

First coronary bypass operations in Sweden

A Russian surgeon, Vasilii Kolesov, performed the first successful bypass surgery in the 1960s. The first such procedures in Sweden followed soon after.



2008

3D ultrasound introduced in paediatric cardiology

With moving 3D imaging, doctors can detect and assess heart defects in the foetus. Treatment can begin immediately after birth.

2015

Thrombectomy for stroke

Several scientific studies demonstrate that mechanical removal of large blood clots in the brain – known as thrombectomy – is highly effective and reduces the risk of death and severe disability.

1994

Statins

A landmark Scandinavian study involving 4,444 patients with angina or previous heart attack shows that statins reduce mortality by 20–40 percent.

1990

First lung transplant in Sweden

The first lung transplant in Sweden is performed at Lund University Hospital, making it possible to save patients with severe lung disease.



BENGT SAMUELSSON

1982

Nobel Prize for research on prostaglandins

Research by Sune Bergström and Bengt Samuelsson leads to the development of blood-thinning medications that reduce the risk of clots in the heart and brain. Their discoveries are awarded the Nobel Prize in 1982.



SUNE BERGSTRÖM

2014

The world-unique SCAPIS study begins

The hearts and lungs of 30,000 Swedes are examined in detail at six university hospitals. The resulting data, imaging and biobank will serve as a national resource for research for decades. The long-term goal is to prevent heart and lung diseases before they develop.

2024



SCAPIS 2 begins

Half of the participants from SCAPIS 1 are re-examined in SCAPIS 2. Several sites completed their work in 2025. The study will provide valuable insights into how coronary artery and lung diseases develop over time.

LARS WALLIN:

“I WANT TO CREATE SOMETHING TIMELESS”

He is one of Sweden’s leading fashion designers, known for his gowns worn by royalty, at the Nobel Banquet and in Melodifestivalen. But for Lars Wallin, beauty goes beyond appearances – it is about conveying something that resonates.

For more than 35 years, Lars Wallin has created exclusive couture and collaborated with some of Sweden’s most prominent figures in fashion and culture. For him, design is a way to create balance and harmony – but also a way to make an impact. In 2025, he began a collaboration with the Swedish Heart Lung Foundation, using his design to support research.

“I believe we are all influenced by beauty, even if we don’t always think about it. I want to create something timeless – something that doesn’t have an expiry date,” he says.

During 2025, Lars Wallin brought his design language into a new context through his collaboration with the Swedish Heart Lung Foundation. For him, it is a cause that is close to his heart – both figuratively and literally.

Several of Lars Wallin’s close relatives have been affected by cardiovascular disease. His grandfather died from a heart attack, his grandmother had a stroke, and his mother survived a heart attack thanks to timely care. He himself is currently undergoing evaluation for heart-related issues.

“I have seen firsthand how important research and high-quality care are. It feels meaningful to contribute in the way I can – by creating something that draws attention and engagement,” he says.

As a first step in the collaboration, Lars Wallin designed a tote bag that, for a limited period, was offered as a gift to new monthly donors.

“I wanted to create something that feels luxurious and timeless – something you want to carry every day. That’s why I focused on the details: the deep red colour, the quilted pattern inspired by the Swedish Heart Lung Foundation’s symbol, and materials that are both functional and beautiful.”

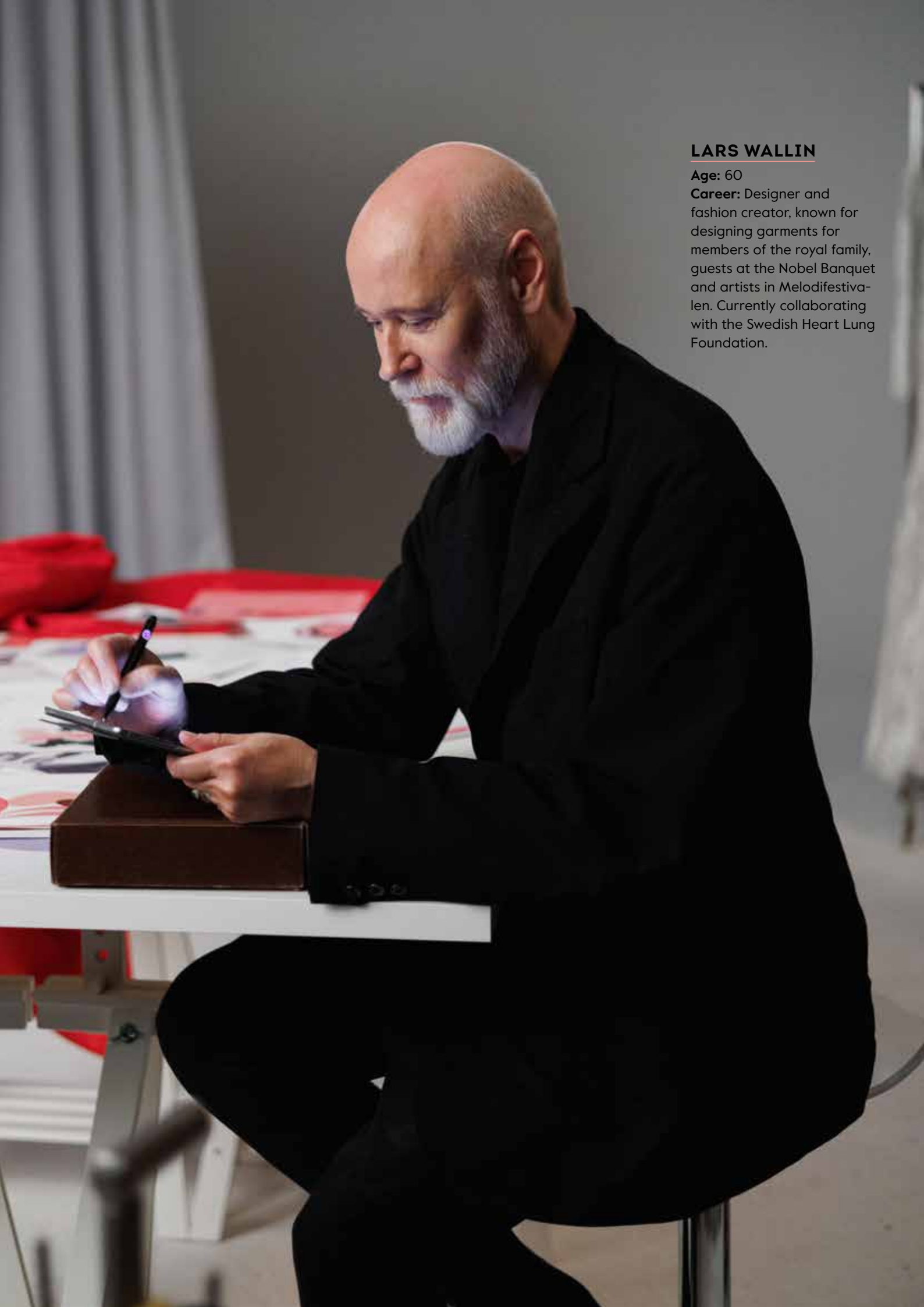
Lars Wallin sees the collaboration as a natural extension of his work.

“Everything I do has to come from the heart. That applies both to my design and to my engagement in this cause.”

Lars Wallin has also created a gift calendar in support of the Swedish Heart Lung Foundation.

“When the Swedish Heart Lung Foundation asked me to create the 2026 gift calendar, I said yes without hesitation. For the calendar, I created twelve unique heart compositions, photographed as artworks for each month. Each motif is a tribute to craftsmanship, patience and sincerity – the same values that define my couture work. I hope the calendar conveys both beauty and hope, and reminds people why research is so important,” says Lars Wallin.

Footnote: The tote bag and gift calendar are no longer available. However, more collaborations are planned.



LARS WALLIN

Age: 60

Career: Designer and fashion creator, known for designing garments for members of the royal family, guests at the Nobel Banquet and artists in Melodifestivalen. Currently collaborating with the Swedish Heart Lung Foundation.

FUNDRAISING

The Swedish Heart Lung Foundation raises and distributes funds to carefully selected research in heart and lung diseases – research that leads to improved diagnostics, treatment and care, and provides knowledge about healthier lifestyles.

SAFE GIVING

The work of the Swedish Heart Lung Foundation is monitored by Svensk Insamlingskontroll (Swedish Fundraising Control), which ensures that the Foundation complies with the regulations governing all fundraising organisations holding a 90-account.

**tryggt
givande**
givasverige

In 2025, a total of SEK 593 million was raised, thanks to generous contributions from individuals, companies and foundations. An important form of giving is also when individuals choose to leave all or part of their estate to the Swedish Heart Lung Foundation.

WAYS TO GIVE

Bequests; regular donations; memorial donations; fundraising letters; share donations; major gifts; corporate donations.

Read more about how you can contribute on page 51.

The Swedish
Heart Lung
Foundation has
500,000
regular donors

The Swedish Heart Lung
Foundation raised SEK

593
MILLION
million during 2025.

New Ways to Give in 2025:

- ➔ Lighting a digital memorial candle via the Foundation's website while making a donation.
- ➔ Donating an item for auction through Stockholms Auktionsverk, with proceeds supporting research into cardiovascular disease.

Fundraising Channels:

- ➔ Television
- ➔ Print and digital advertising
- ➔ Fundraising letters
- ➔ Telemarketing to existing donors
- ➔ Own channels such as the website, social media and printed materials

The Postcode Lottery

In 2025, the Swedish Postcode Lottery awarded SEK 21 million to the Swedish Heart Lung Foundation as part of its major annual distribution. In December, an additional SEK 500,000 was granted. Thanks to all lottery participants, this provides vital support for research.

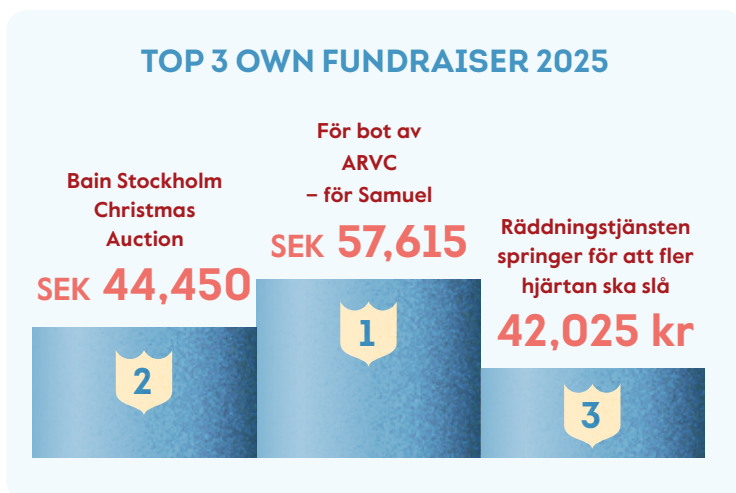


Corporate Partnerships

During the year, the Swedish Heart Lung Foundation collaborated with Di Luca/Zeta. To encourage corporate giving, new donation packages – gold, silver and bronze – were introduced based on contribution levels.

START YOUR OWN FUNDRAISER

Across Sweden, dedicated individuals raise funds in support of the Swedish Heart Lung Foundation. Creating your own fundraiser is simple and allows you to contribute to life-saving research while honouring someone you care about. By sharing your fundraiser on social media, you can help spread the message and increase its impact.



MOUNTAIN MARATHON FOR RESEARCH

Firefighter Fredrik Moberg ran a mountain marathon in full firefighting gear to raise funds for heart and lung research.

Firefighter Fredrik Moberg ran a mountain marathon in full firefighting gear to raise funds for heart and lung research.

Fredrik works part-time as a firefighter in Idre and often encounters cardiac arrest cases while waiting for ambulances to arrive. These experiences inspired him to support research and raise awareness of the importance of CPR.



When the Craft Idre Fjällmarathon took place, he decided to run the 45-kilometre course – across mountains, trails and rocky terrain – wearing full firefighting equipment and carrying a QR code linking to the Foundation’s fundraiser. The gear added more than ten kilograms in weight.

“It felt like running in a sauna. I was sweating heavily almost the entire time,” Fredrik says.

Despite the challenge, he completed the race in just over seven hours. His effort attracted significant attention both locally and nationally. For Fredrik, the initiative was also about encouraging more people to learn CPR and register as volunteer responders.

“Sometimes we arrive to find that someone has already started CPR. That can make all the difference.”

The fundraiser exceeded expectations and has so far raised more than SEK 40,000 for the Swedish Heart Lung Foundation.



**ELIN
ANDERSSON**

Age: 47

Family: Husband Christian, daughters Olivia (21) and Moa (17)

Residence: Vellinge

Occupation: Business developer, runs the Instagram account elinstrokefighter and is an ambassador for the Swedish Heart Lung Foundation

Interests: Exercise, travel, challenges and adventure, spending time with family and friends

NOTHING STOPS STROKE SURVIVOR ELIN

Three years ago, Elin Andersson had a stroke. Through determination, she has returned to work, resumed climbing and skiing – and continues to raise funds for research.

Last summer, she attempted to climb Kebnekaise together with around 30 others to support stroke research.

“Unfortunately, I didn’t make it all the way. The terrain was too challenging, with a lot of rocks, and the pace was too fast for me. I had to stop after a few kilometres.”

Reflecting on the experience, she says:

“I felt sad, frustrated and disappointed. But looking back, I realise it was the right decision – and I’m proud that I raised more than **SEK 30,000** for the Swedish Heart Lung Foundation.”

Elin recalls the day of her stroke:

“It was late morning, and suddenly I felt very dizzy. My friends performed a FAST test – I couldn’t raise my arm and my speech was slurred. An ambulance arrived within ten minutes, and I was eventually admitted to

the neurological intensive care unit in Lund.”

When she regained consciousness:

“I was partially paralysed, unable to move my gaze, speak or move. I understood that this would be my greatest challenge.”

Her rehabilitation began with basic movements – transferring from bed to wheelchair, then standing and walking.

“I had to relearn everything. After just under a year, I was back at work, able to walk and function in everyday life. It was an enormous relief.”

Elin also runs the Instagram account elinstrokefighter:

“I want to inspire others. I receive so much support and encouragement when I share my journey – it means a lot.”

Earlier this year, she returned to skiing:

“Since my stroke, I’ve longed to ski again. Thanks to Totalskiskolan in Åre, I learned how to use the lift and get down the slopes again. It was an incredible feeling. I hope others see me and think – never give up.”

Her next goals:

“I want to try again and reach the summit of Kebnekaise in 2027. I’m also working on learning to swim again.”

FIFTY YEARS SINCE THEIR SON DIED FROM HEART DISEASE

Anneli, 76, and Harry, 77, have chosen to leave part of their estate to the Swedish Heart Lung Foundation. Their decision is rooted in the loss of their son Oliver, who died following heart surgery at the age of six

Even after 50 years, the memory remains vivid.

“Time does not heal all wounds. The loss of a child is something you carry forever,” says Harry.

Oliver was born in 1968, before heart defects could be detected through ultrasound during pregnancy. His condition was discovered only after birth.

“He had a hole in a heart valve and a narrowing of the pulmonary artery,” Anneli explains.

His early years were quieter than those of other children.

“He couldn’t run and play like the others, but he found other ways – he loved drawing and painting. We never imagined he might die.”

At the age of six, Oliver needed heart surgery. On 16 September 1974, he was admitted for the procedure.

“We were able to be with him for a while before he was taken away. He was scared and upset,” says Anneli.

After the operation, Oliver was to remain on a ventilator for two weeks. On the fourth day, the hospital called.

“A nurse told me I should come. I immediately understood something was seriously wrong,” Harry recalls.

This was before mobile phones, and Anneli could not be reached. Harry went to the hospital alone. When he arrived, Oliver had passed away. The operation had placed too much strain on his already weakened heart.

“I didn’t know how to tell Anneli,” he says.

The couple later had two daughters and now have grandchildren and step-grandchildren. Oliver’s sisters often visit the memorial garden where he rests.

Anneli and Harry are aware that Oliver might have survived if he had been born today. This is one of the reasons they chose to include the Swedish Heart Lung Foundation in their will.

“We want to do what we can to help research move forward. With more support, more children can survive and live their lives. No parent should have to go through what we did,” they say.



Harry and Anneli Sillfors have written a will in which part of their estate is donated to the Swedish Heart Lung Foundation.

FACTS ABOUT HEART AND LUNG DISEASES IN SWEDEN

To help people live longer and healthier lives, the Swedish Heart Lung Foundation raises and distributes funds to carefully selected research in heart, vascular, and lung diseases.

Approximately 30,000 people in Sweden die from cardiovascular disease each year. This corresponds to nearly one-third of all deaths in the country, making these conditions – by a wide margin – the leading cause of death.

More People Affected in the Future

According to the National Board of Health and Welfare, more than 2.2 million people in Sweden are living with cardiovascular disease. This number is not expected to decline. Projections using simulation tools such as ncd-Sim, developed by the Public Health Agency of Sweden and others, indicate that the annual number of new cases of cardiovascular disease is expected to increase from 139,000 in 2024 to 210,000 by 2075 – an increase of 51%. This trend is largely driven by the projected growth of the population aged 70 and older in the coming decades.

The most fatal cardiovascular conditions are heart attacks and stroke. According to the most recent data from the National Board of Health and Welfare (2024), approximately 20,300 people in Sweden experienced a heart attack, and around 4,000 died as a result. In the same year, approximately 24,400 people were affected by stroke, with around 5,200 deaths.

Around One Million People Living with Asthma

Lung diseases are also widespread in Sweden, affecting at least 1.3 million people. The most common conditions are asthma and chronic obstructive pulmonary disease (COPD). An estimated 400,000 to 700,000 people in Sweden are living with COPD, while approximately 800,000 are living with asthma.

40,000

Around 40,000 adults and approximately 30,000 children in Sweden are currently living with **CONGENITAL HEART DEFECTS**.

13.3%

In 2024, 13.3% of people who experienced an out-of-hospital **CARDIAC ARREST** were alive after 30 days.



Spirometry is one of the examinations carried out on SCAPIS participants. Here, the test is performed by section manager Josefin Berglund.

IVARS JEGERS:

A HEART THAT ENDURES

Ivars Jegers, 80, has been living with heart failure for the past three years. His heart also carries the grief of losing a beloved wife – and the lasting impact of a heart attack more than two decades ago.

“My heart has two functions: to pump blood, and to give love,” he says.

It has been over 20 years since Ivars experienced a heart attack, and three years since he was diagnosed with heart failure. His wife, Inger, passed away from Alzheimer’s disease in November 2024.

“There is an emptiness. She has not left my heart,” he says.

At 80, Ivars is not someone who dwells on the past or harbours regrets. He speaks matter-of-factly about the years he spent commuting from his home outside Sandviken to Stockholm. In the early 1990s, he co-founded the analysis company Kairos Future. It was during this period that his heart first began to trouble him.

On an early morning train to Stockholm, he suddenly felt slightly nauseous, with a mild pressure across his chest.

“But I finished my work and took the train home.”

It was Inger who made sure he sought medical care. At Gävle Hospital, doctors confirmed that he had suffered a heart attack.

“I was only 58, and it came as a shock. I was in good shape – I had run nine marathons and completed three Lidingölopp races. I paid attention to my health, yet my heart still gave way,” he recalls.

He reflects on the phrase *memento mori* – a reminder of our mortality.

“I had to stop and think about how close I actually was to dying. It is frightening. Until my heart attack, I had only thought of the heart as an organ that pumps blood and keeps me alive. Afterward, I began to see it as something more – an organ where emotions also reside.”

Life moved on. His sons grew up and moved away from home. Ivars continued working and giving lectures. He looked after his health and remained well informed.

But two years ago, while Inger was living in a care home in Gävle, struggling with her memories, something changed. His energy suddenly disappeared. A short walk from the train platform in Sandviken to his snow-covered car felt more demanding than any marathon he had ever run.

“I had to stop repeatedly, leaning against lampposts, gasping for breath. I could barely lift my legs.”

Eventually, he gathered the strength to drive home. The following day, he was taken to hospital, where doctors diagnosed heart failure.

“It is likely that my heart attack led to heart failure. I now take medication. I feel well, I go for walks and stay active. But I become short of breath and tired more easily. I rarely worry – I focus on the future and refuse to be defined by my diagnoses.”

Although Ivars says he feels well overall, he has noticed increased fatigue in recent months. Medical examinations have yet to identify a cause, and further tests are planned. His own belief is that grief has taken a physical toll.

“I still love her. And this is something I must deal with myself – not the cardiologists.”

Despite grief and illness, Ivars radiates a deep joy for life.

“Life still has meaning. It is good to be alive, even when it is difficult. I can both think and feel. All things considered, I see myself as healthy – despite a heart attack, heart failure, and a damaged back.”



IVARS JEGERS

Age: 80

Lives: Forsbacka, outside Gävle/
Sandviken

Career: Co-founder of Kairos Future
in 1994, an analysis company
focused on future studies; author
and lecturer

Interests: Reading, writing, football,
music, art, and travel

Diagnosis: Heart attack in 2004 and
heart failure since 2023; also living
with spinal stenosis

RESEARCH IS OUR METHOD

Almost everything we know today about diseases, risk factors, treatments, and diagnostics in the field of heart and lung diseases is built on robust scientific research.

CONTINUED HIGH DEMAND FOR FUNDING

In 2025, a total of

924

APPLICATIONS

were submitted for research funding across all grant types, compared with 940 in 2024. During the Foundation's anniversary year in 2024, a special jubilee grant was awarded, which may explain the slight decrease in applications in 2025.

As early as the fight against tuberculosis in the first half of the 20th century, the predecessor of the Swedish Heart Lung Foundation – the National Association Against Tuberculosis – invested in medical research. The organisation supported projects and methods aimed at limiting the spread of this feared infectious disease in Sweden.

Today, research is more clearly than ever the Swedish Heart Lung Foundation's most important tool in the fight against heart, vascular, and lung diseases.

The Largest Independent Funder

The Swedish Heart Lung Foundation is the largest and most important independent funder of research in heart and lung diseases in Sweden. In recent years, the Foundation's total funding for independent research in this field has exceeded both government funding allocated through the Swedish Research Council and support provided through so-called ALF funding.

Tailored Grant Types

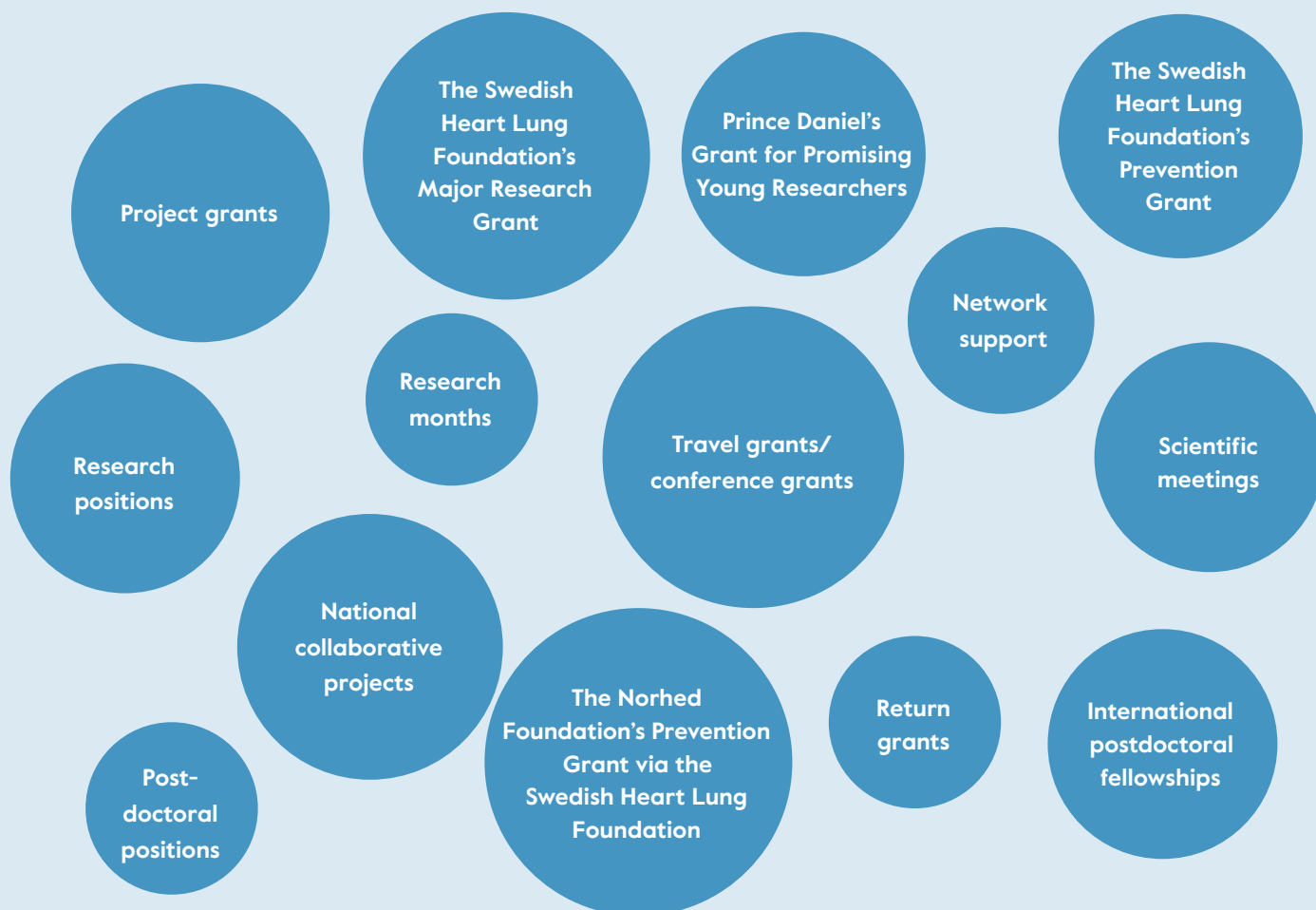
The Swedish Heart Lung Foundation aims to promote research across the entire field of heart, vascular, and lung diseases. The Foundation strives for a balanced distribution of funding among established, promising, and innovative researchers of all genders, across different specialisations and from all parts of the country.

This makes it essential to offer funding schemes that meet a wide range of needs. Grants must support both early-career researchers and world-leading research groups. The full breadth of grant types is illustrated in the accompanying graphic, many of which have been introduced in recent years. The Swedish Heart Lung Foundation continuously develops new funding opportunities in line with advances in research and changes in society.

Assessment by the Research Council

Applications are assessed by the Swedish Heart Lung Foundation's Research Council, together with additional expert reviewers.

Our Grant Categories 2025



For certain grant types, assessments are conducted by a Nordic review panel. One of the key criteria in the selection process is clinical relevance – ensuring that research can be translated into practical healthcare as quickly as possible.

The Research Council follows a structured evaluation model, with the fundamental principle of allocating funding to research of the highest quality and with the greatest potential to make a meaningful impact.

The Council then submits recommendations to the Board on which researchers should receive funding. In 2025, the Research Council consisted of 24 members – highly qualified researchers in heart, vascular, and lung diseases from across Sweden.

Review Panels Ensure Rigorous Evaluation

For the Foundation's main grant call, members of the Research Council and other med-

ical experts are organised into review panels. In 2025, there were ten such panels. Strict conflict-of-interest rules are applied to ensure objective assessments.

Since 2021, an external observer has participated in panel meetings to monitor that applications are evaluated impartially and that funding decisions follow established guidelines.

The Swedish Heart Lung Foundation distributed approximately SEK

524 million

to research during 2025.

TO RECEIVE A GRANT – HERE'S HOW IT WORKS

Throughout the year, the Swedish Heart-Lung Foundation receives generous donations from its donors. The funds are distributed to selected research projects through a quality-assured evaluation process.



Footnote: This applies to grant types within the main grant round, such as project grants.

Our Largest Grants

Since 2008, the Swedish Heart Lung Foundation has annually announced its Major Research Grant of SEK 15 million, distributed over three years.

The second-largest grant awarded directly by the Foundation is Prince Daniel's Grant for Promising Young Researchers, totalling SEK 6 million over three years.

For the fifth time, the Norhed Foundation's Prevention Grant was awarded through the Swedish Heart Lung Foundation in 2025. The grant, which supports research into prevention and lifestyle habits, amounts to SEK 6 million distributed over three years.

In addition, the Foundation awarded, for the fourth consecutive year, a separate prevention-focused grant funded directly by the Foundation, totalling SEK 3 million over a three-year period.

As in previous years, the largest share of distributed funding in 2025 consisted of project grants for important research projects within the fields of heart, vascular and lung diseases.

In addition to project grants and the Foundation's major grants, the Swedish Heart Lung Foundation also finances SCAPIS, research months, research positions and international research fellowships, among other initiatives (see chart on the previous page).

Read more about the recipients of our largest grants on page 34.

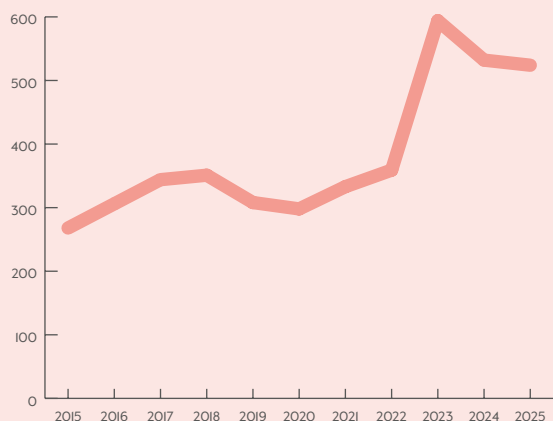
WELL OVER HALF A BILLION

The Swedish Heart Lung Foundation raised approximately SEK

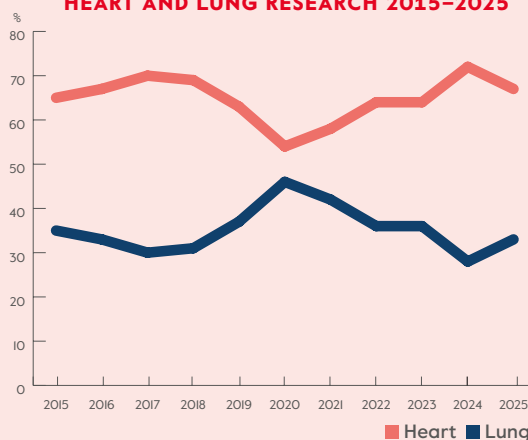
593 million

during 2025. This marks the second time fundraising has exceeded half a billion SEK in a single year.

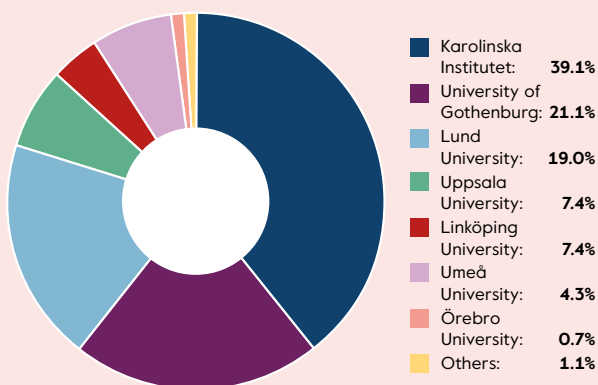
RESEARCH FUNDING DISTRIBUTED 2015–2025



DISTRIBUTION OF GRANTS BETWEEN HEART AND LUNG RESEARCH 2015–2025

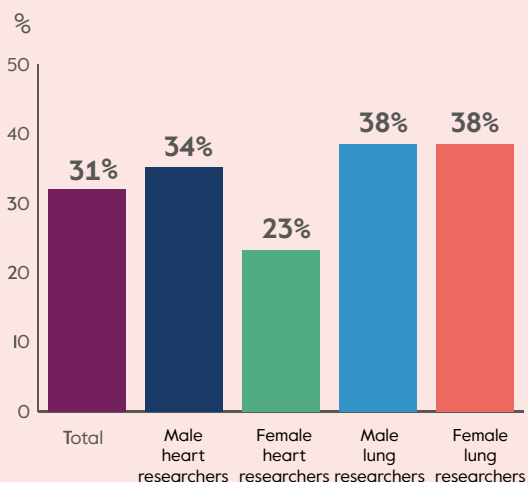


SHARE OF AWARDED FUNDING 2025



Note: Grant amounts per university vary greatly from year to year, depending on when the university's research groups choose to apply for their usually three-year project grants.

APPROVAL RATE FOR PROJECT GRANT APPLICATIONS OVERALL AND BY GENDER 2025



LOCATIONS RECEIVING THE MOST GRANTS



RESEARCHERS APPLIED FOR GRANTS TOTTALING SEK

2.6 billion in 2025

– COMPARED WITH SEK 2.5 BILLION IN 2024

APPROXIMATELY

330 research projects

FUNDED BY THE SWEDISH HEART LUNG FOUNDATION WERE ONGOING DURING 2025.

RESEARCH GRANTS AWARDED IN 2025

The Swedish Heart Lung Foundation's Major Research Grant and Prince Daniel's Grant for Promising Young Researchers are the Foundation's largest and most prestigious awards. Here, the 2025 grant recipients share insights into their research – and what this funding makes possible.

The Swedish Heart Lung Foundation's Major Research Grant

SEK **15** MILLION distributed over three years

MAJOR RESEARCH GRANT – ADVANCING HEART TRANSPLANTATION

The Swedish Heart Lung Foundation's Major Research Grant 2025 was awarded to Johan Nilsson, Professor and Senior Consultant in Cardiothoracic Surgery and Bioinformatics at Lund University.

What is your project about?

“Our project aims to improve the conditions for heart transplantation by making better use of donated hearts. The research focuses both on a new method for preserving hearts during transport and on improving how we assess heart function prior to transplantation.”

What is the goal of the research?

“The goal is to enable more heart transplants to be performed safely. Today, only around one-third of donated hearts are used, for various reasons. My hope is that we will be able to utilise significantly more in the future, which could save many lives.”

What drives your work?

“Curiosity and problem-solving – the desire to understand complex medical relationships and to find practical solutions that can benefit patients.”

What does the grant mean?

“It provides the stability we need to complete these resource-intensive studies.”

John Pernow, consultant physician, professor and Chair of the Swedish Heart Lung Foundation's Research Council; Kristina Sparreljung, Secretary General of the Swedish Heart Lung Foundation; and Johan Nilsson, professor and consultant thoracic surgeon at Lund University, during the presentation of the Major Research Grant.





Kristina Sparreljung, Secretary General of the Swedish Heart Lung Foundation, Associate Professor Bahira Shahim, and Prince Daniel during the presentation of Prince Daniel's Grant for Promising Young Researchers at the Royal Palace.

PRINCE DANIEL'S GRANT - RESEARCH ON HEART VALVE DISEASE

Prince Daniel's Grant for Promising Young Researchers 2025 was awarded to Associate Professor Bahira Shahim at Karolinska Institutet for her research on heart valve disease.

What is your project about?

"My research focuses on heart valve disease, particularly mitral valve prolapse. The project aims to understand how the condition develops, which patients are at risk of serious arrhythmias and sudden cardiac death, and whether valve surgery can reduce these risks."

What is the goal of the research?

"My hope is that we can move towards

precision medicine, where treatment and follow-up can be tailored to each patient's specific condition."

What drives your work?

"Meeting patients and working closely with them. Understanding their condition more deeply is what motivates me."

What does the grant mean?

"I have received funding from the Swedish Heart Lung Foundation for many years, and it has meant a great deal. These studies are resource-intensive, and this support is crucial. Every generous donation from supporters enables research that ultimately benefits patients."

Prince Daniel's Grant
for Promising Young
Researchers

SEK **6**
MILLION
distributed over
three years

The Norheds Foundation's Prevention Grant

SEK **6** MILLION

distributed over three years

PREVENTION GRANT - PERSONALISED DIETARY ADVICE

The Norheds Foundation's Prevention Grant, awarded via the Swedish Heart Lung Foundation, was granted in 2025 to **Rikard Landberg**, Professor of Food and Health at Chalmers University of Technology.



What is your project about?

"We know what constitutes a generally healthy diet, but personalised dietary advice may be more effective than general recommendations. We aim to understand how dietary guidance can be tailored to optimise health and reduce the risk of cardiovascular disease."

What is the goal of the research?

"Our hypothesis is that diet can be adapted to improve how the body processes and responds to food, which in turn may reduce disease risk."

What drives your work?

"We want to develop a transparent and scientifically validated method that is accessible to everyone and provides a more comprehensive

understanding of how diet affects long-term health."

What does the grant mean?

"It is fantastic to receive this support. It ensures that we can complete our data collection and analyse the results as planned."

EXERCISE PROGRAMME FOR PEOPLE WITH POTS

The Swedish Heart Lung Foundation's Prevention Grant

SEK **3** MILLION distributed over three years

The Swedish Heart Lung Foundation's Prevention Grant 2025 was awarded to Associate Professor **Viktor Hamrefors** at Lund University and physician at Skåne University Hospital.

What is your project about?

"Postural orthostatic tachycardia syndrome (POTS) significantly affects quality of life, and many patients struggle with everyday activities. Previous studies suggest that physical exercise may reduce symptoms, but larger studies are needed to confirm this."

Previous studies suggest that physical exercise may reduce symptoms, but larger studies are needed to confirm this."

What is the goal of the research?

"If the results show that exercise reduces

symptoms, it could become an important part of future treatment for POTS. We also want to explore whether the programme can be implemented on a larger scale within healthcare."



What drives your work?

"If we can confirm that exercise helps patients with POTS, we can offer an evidence-based treatment that is currently lacking. That would represent a major step forward for both patients and healthcare."

What does the grant mean?

"It enables us to carry out the study in full. Our hope is that the results will contribute to improved quality of life for people living with POTS."

AI TO SUPPORT EMERGENCY CARE

Ulf Ekelund, Professor of Emergency Medicine at Lund University and physician at Skåne University Hospital, has been awarded SEK 3 million for research on AI in emergency care.

What is your project about?

“In this project, we will test an AI-based decision support tool designed to help doctors assess the risk of heart attack or death in patients presenting with chest pain. The tool will be integrated into electronic health records and tested in emergency departments in Lund, Malmö and Helsingborg.”



What is the goal of the research?

“The aim is to evaluate whether the AI support can improve clinical decision-making, the care provided in emergency departments, and ultimately patient outcomes.”

What drives your work?

“I am driven by curiosity and by the opportunity to improve and streamline emergency care. It is a privilege to work on this.”

What does the grant mean?

“It enables my team and me to conduct high-quality research over several years that can improve care for emergency patients.”

Ulf Ekelund has been awarded

3
SEK
MILLION
project funding from the Swedish Heart Lung Foundation.

IMPROVING KNOWLEDGE OF A RARE LUNG DISEASE IN CHILDREN

Emma Goksör has been awarded SEK 2.7 million for research on primary ciliary dyskinesia (PCD), a serious inherited lung disease in children. The study is conducted in collaboration with senior consultant and doctoral student Christina Kavouridou.

What is your project about?

“The project aims to increase knowledge about primary ciliary dyskinesia, a rare condition that causes recurrent airway infections and can lead to severe lung damage in children.”

What is the goal of the research?

“Our goal is to map how common PCD is among children in Sweden, how it is diagnosed, and what treatments are pro-

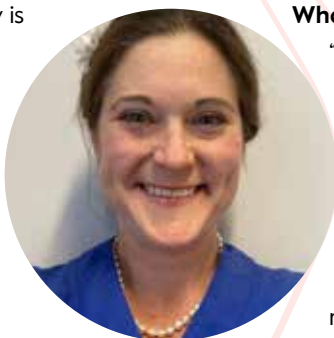
vided. We will also follow children over time to understand disease progression and factors influencing prognosis.”

What drives your work?

“To ensure that children with serious lung disease receive the right diagnosis in time and the best possible treatment. Increased knowledge can make a significant difference for both children and their families.”

What does the grant mean?

“It enables us to collect and follow data from paediatric clinics across Sweden and to track patients over time. In the long term, the results may contribute to more equitable and personalised care for children with PCD.”



Emma Goksör has been awarded

2.7
SEK
MILLION
project funding from the Swedish Heart Lung Foundation.

FROM PATIENT TO RESEARCHER

Julia Aulin's own experience of being a patient as a child led her to pursue a career in medicine – and sparked a deep interest in research. Through the Swedish Heart Lung Foundation's mentorship programme, she has also gained access to a valuable support network.

Julia Aulin, 43, is a cardiology specialist at Uppsala University Hospital and a researcher at the Department of Medical Sciences at Uppsala University. She holds a PhD and is currently a postdoctoral researcher in a translational neurology research group.

“The choice to become a doctor has a very natural explanation,” she says.

At the age of six, Julia was diagnosed with scoliosis – a condition in which the spine curves sideways, often with rotation of the vertebrae. The diagnosis would shape much of her childhood.

“When I was eight, the curvature had worsened significantly. I had to wear a rigid plastic brace 23 hours a day until I was 17.”

The aim of the treatment was to prevent the curvature from progressing as she grew.

“My condition improved – the curve was reduced by more than half. It really is a success story. I avoided spinal fusion surgery, and when I turned 18, I was told that my case was unique. It left me with a deep sense of gratitude towards healthcare, and I gained first-hand insight into what it means to be a patient. It sparked something in me,” Julia says.

When the time came to choose a university path, medicine was the obvious choice. During her internship, she developed a strong interest in cardiology while working in the emergency department.

“Chest pain cases were the most interesting. It is hands-on, requires quick decisions, and you often get clear answers within the same shift. Thanks to research and development, there is also a great deal we can do within cardiology. That is very rewarding.”

Her ability to make rapid decisions and approach problems from different perspectives has been an asset in her work.

“I love the combination of action, teamwork, and immediate feedback – but also the quieter side: sitting at a desk, thinking, writing, and reading.”

Her interest in research stems from a natural curiosity and a desire to understand how things work and connect.

“It is hard not to start asking questions when you meet patients. I can apply insights from clinical work in my research, and vice versa. In research, I also collaborate with professionals from other fields, such as statisticians. It is both stimulating and rewarding. But it has also been demanding,” she adds.

This was especially true during her pregnancies. She experienced severe nausea and was hospitalised for extended periods. Today, she and her husband Karl have three children aged 7, 11 and 13.



JULIA AULIN

Age: 43

Lives: Uppsala

Career: PhD, specialist in cardiology; currently completing a higher education teaching course in preparation for a docent position; participant in the Swedish Heart Lung Foundation's mentorship programme

Interests: Enjoys flea markets, auctions, and restoring furniture; dreams of renovating a traditional cottage; finds energy in skiing, socialising, and spending time with family and friends

“It would not have been possible without support from my family. My parents have been – and still are – invaluable. It should be possible to combine family life and a research career, but I admit that I have also learned to push through at times,” she says.

Her husband Karl is a neurologist who primarily works with stroke patients and is also involved in research. Their shared professional interests often continue at the dinner table.

“We see many of the same challenges and opportunities for new discoveries.”

“Perhaps a bit nerdy,” she adds with a smile,

“but we have come up with many good ideas together. Our patients have a lot in common – two different specialties, with differences but also clear connections. Working together is incredibly rewarding.”

Julia's research focuses on how cardiovascular disease affects the brain and brain health – the connection between the heart and the brain – and how biomarkers could be used to assess brain health through a blood test.

“The dream is to develop a blood test that reflects brain health. For most organs, we already have routine blood tests that indicate how they



Physician and researcher Julia Aulin, who works at Uppsala University Hospital, is passionate about hearts.

are functioning. For the brain, however, we still rely on expensive and less accessible imaging methods. We know that people with atrial fibrillation have a higher risk of stroke. Imagine if we could identify those at greatest risk before it happens.”

A year ago, Julia was nominated and accepted into the Swedish Heart Lung Foundation’s mentorship programme, which aims to support early-career researchers and strengthen research capacity in Sweden.

“Several professors at the hospital asked if they could nominate me, and I was selected by Uppsala University as their candidate. I am incredibly grateful for this opportunity. I have met regularly with my group and mentor, both digitally and in person, over the past two years. The programme has given me so much.”

Through the programme, she has gained practical advice on writing grant applications

and developing research strategies, as well as insights into leading a research group and navigating the challenges of an academic career.

“One important realisation is how much we can support each other. Many of us face the same challenges – such as repeated rejections of grant applications, which can make you doubt yourself. Through the programme, I have understood that this is something everyone experiences. It is part of being a researcher. You simply have to move on from setbacks and celebrate the successes, as one of my senior professors so wisely put it,” she says with a laugh.

Julia receives funding from the Swedish Heart Lung Foundation for her research.

“It was crucial for me to be able to continue. I am highly motivated and want to contribute as much as I can. My work as a doctor and researcher is incredibly rewarding – but it also requires persistence.”

WHY THE SWEDISH HEART LUNG FOUNDATION INVESTS IN A MENTORSHIP PROGRAMME

To attract and retain early-career researchers in Sweden, the Swedish Heart Lung Foundation runs a mentorship programme. Its aim is to support promising young researchers in continuing their academic careers.

The first programme was launched in 2022 with sixteen participants and concluded in 2024, when a new group of early-career researchers began the next cycle. To be considered, candidates must be nominated by their university, hold a PhD, and be under the age of 40. The Swedish Heart Lung Foundation's Research Council then selects the participants, with the goal of achieving a balanced representation across regions and research fields.

"The reason we introduced the mentorship programme was that, over time, we saw in our data that many researchers leave academia in their forties – even though they are highly promising and have completed their PhDs. We wanted to understand why, so we conducted a survey," says **John Pernow**,



Professor of Cardiology and Chair of the Swedish Heart Lung Foundation's Research Council.

The responses showed that many young researchers felt they lacked a professional network and were uncertain about how to, for example, write strong grant applications or secure support from senior colleagues. Many also expressed a need for a mentor to discuss ideas and challenges with.

"Several respondents also highlighted the importance of connecting with peers and receiving support from more experienced researchers. This need was particularly evident among women," John Pernow adds.

For the Swedish Heart Lung Foundation – where strong research and skilled researchers are essential – the solution was to establish a mentorship programme for promising researchers under the age of 40. Participants are matched with carefully selected mentors within the same field and, where possible, in close geographic proximity.

"The mentors we match with participants are experienced, senior researchers with extensive knowledge – many have served on our Research Council. They meet with their mentees a few times each year, either digitally

or in person. The group also meets regularly. These sessions include lectures on different aspects of research, as well as opportunities for participants to exchange experiences," explains John Pernow.

Each cohort includes between 15 and 20 participants, and evaluations show clear results: those who complete the programme are more likely to continue successful research careers and submit more grant applications.

"We can see that the programme makes a difference. Participants report that they receive valuable advice on writing applications, balancing clinical work and research, and demonstrating independence while collaborating with others. These are not easy challenges to manage, and the network and mentors provide important support."

Each mentorship programme runs for two years. The group that started in 2024 will complete the programme this year, and a new programme is set to begin in spring 2026.

"We will continue to refine and develop the content. Shortly, we will invite universities to nominate new candidates."

John Pernow, now a senior professor and clinician, also recalls what it was like to be early in his career.

"I would have greatly benefited from a programme like this – especially during periods when I felt uncertain and was moving between institutions," he says.

KEY FACTS ABOUT THE PROGRAMME:

Target group: Early-career, promising researchers at Sweden's medical faculties

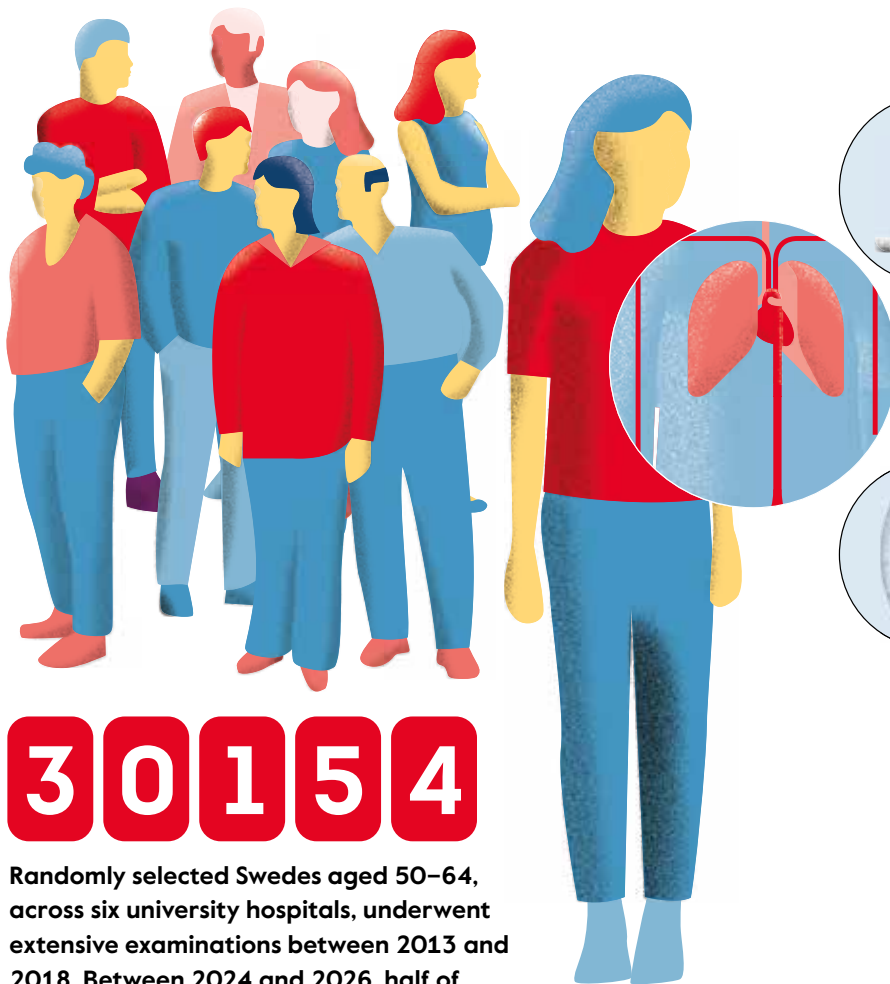
Scope: A two-year programme including experienced mentors

Purpose: To strengthen research in heart, vascular, and lung diseases

Previous cohorts: Have included more than ten mentees nominated from different universities

SCAPIS – A UNIQUE POPULATION-BASED STUDY

SCAPIS – the Swedish Cardiopulmonary BioImage Study – is Sweden’s largest population-based study of heart, vascular, and lung diseases. Its goal is to help prevent these diseases before they develop. Between 2013 and 2018, more than 30,000 people were examined as part of SCAPIS. In 2024, SCAPIS 2 was launched, involving follow-up examinations of half of the original participants. SCAPIS is the Swedish Heart Lung Foundation’s largest research initiative.



30154

Randomly selected Swedes aged 50–64, across six university hospitals, underwent extensive examinations between 2013 and 2018. Between 2024 and 2026, half of the participants are undergoing follow-up examinations.

1

The primary focus was to examine lung and heart health, as well as risk factors linked to heart, vascular and lung diseases.

This included blood tests, ultrasound examinations, imaging diagnostics, lung function tests, physical activity measurements, and extensive questionnaires on lifestyle and diet.

SCAPIS is led and conducted by researchers from the universities and university hospitals in Gothenburg, Linköping, Malmö, Stockholm, Uppsala and Umeå, with the Swedish Heart Lung Foundation as the main funder.

2013: SCAPIS Gothenburg began its examinations.

2015: SCAPIS Stockholm, SCAPIS Linköping and SCAPIS Uppsala began their examinations.

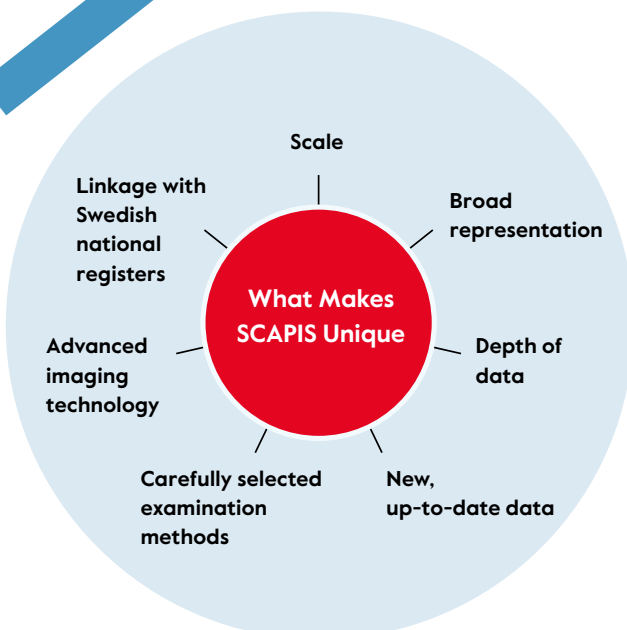
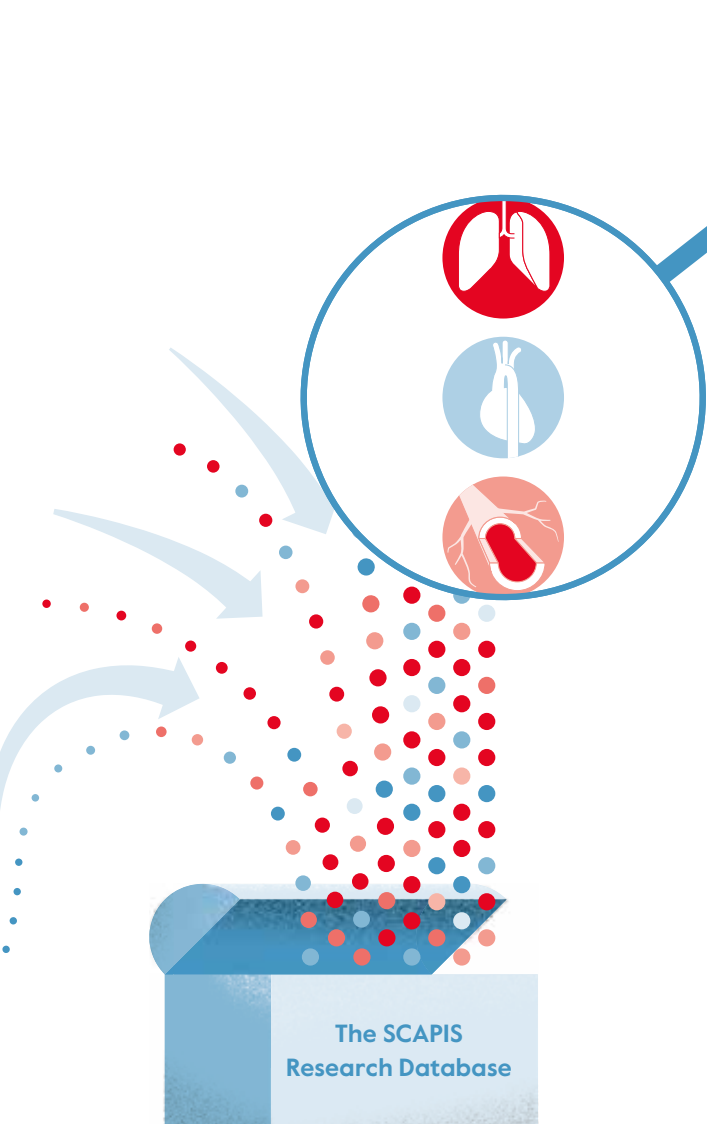


2007: SCAPIS was conceived by Björn Fagerberg, professor and consultant physician in Gothenburg. The Swedish Heart Lung Foundation was invited to participate in the development and funding of SCAPIS.

2012: 1,100 individuals participated in a pilot study.

2014: SCAPIS Malmö launched its examinations.

2016: SCAPIS Umeå launched its examinations.



Never before has such a comprehensive body of medical data been collected in Sweden – or globally.

2 All material collected during the SCAPIS 1 examinations has been compiled into a national research database.

In total, 450,000 examinations were carried out during SCAPIS 1.

Approximately 2,500 imaging scans of coronary arteries, lungs and body fat distribution are available for each participant.

The examinations generated 30 million data points. Once the SCAPIS 2 examinations are completed, the already world-leading research database will become even stronger.

3 The aim of SCAPIS is to identify individual risks for conditions such as stroke, COPD, sudden cardiac arrest, heart attack and other heart, vascular and lung diseases – and to initiate treatment before disease develops.

2018: The examinations were completed. A total of 30,154 individuals had been examined across the six SCAPIS sites.

2021: The SCAPIS research database opened to researchers in Sweden.

2021: The first scientific paper based on the full SCAPIS dataset was published. It provided a unique mapping of participants' vascular health, showing that four in ten participants had plaque build-up in their blood vessels.

2025: SCAPIS 2 launched at all SCAPIS sites. Read more on the following pages.

2040: Better public health!



FOLLOW-UP EXAMINATIONS NEAR COMPLETION

The second phase of SCAPIS, a re-examination of half of the study participants, is now nearing completion. Preliminary findings indicate that many people in late middle age have more extensive changes in the coronary arteries than expected.

For more than two years, half of the original participants have been re-examined in SCAPIS 2, using methods similar to those in the first phase. Most of the examinations conducted between 2013 and 2018 have been repeated.

“We can now follow how atherosclerosis in the blood vessels and lung function develop over time,” says **Carl Johan Östgren**, Professor at Linköping University and Vice Chair of the SCAPIS national steering group.

Data collection was completed at five of the six study sites in 2025 and is expected to conclude at the final site, Malmö, in February 2026.



“It is remarkable that six hospitals and universities have managed to coordinate and carry out this major project without delays,” he adds.

The SCAPIS team has drawn important lessons from the first phase. Unlike the baseline study, which was conducted at different times as funding became available, the follow-up study represents a significant technological leap. All participating hospitals now use new photon-counting CT scanners – largely funded by the Swedish Heart Lung Foundation – which provide highly detailed, high-resolution images of the coronary arteries and lungs.

Based on the findings from the follow-up examinations, some participants are offered preventive consultations within healthcare. Researchers have already analysed preliminary data from approximately 13,800 individuals who took part in both phases of SCAPIS. Of these, 31% met the criteria for a preventive follow-up.

“We are seeing substantial changes in the coronary arteries over the years between the first and second examinations. This was not entirely expected. It is concerning that so much can happen in just over eight years. We also see a clear difference between sexes – men develop atherosclerosis in the coronary arteries on average 10–12 years earlier than women.”



Radiographer Eva Forsberg prepares a SCAPIS participant for a CT scan.

KEY FINDINGS FROM SCAPIS

The number of scientific studies based on SCAPIS continues to grow. Below is a selection of key findings:

Four in ten people in late middle age have coronary plaque

A study published in *Circulation* (September 2021) was the first to describe in detail how common and severe plaque build-up is in the coronary arteries among asymptomatic individuals in late middle age.

Pregnancy complications linked to increased heart risk

A study published in *JAMA* (February 2023) found that certain pregnancy complications are associated with a higher risk of coronary artery disease later in life.

A new way to identify individuals at risk of COPD

Research published in *American Journal of Respiratory and Critical Care Medicine* (2023) showed that using lung function reference values after bronchodilation may improve identification of individuals at increased risk of developing COPD.

Genetic markers for coronary artery disease identified

A study published in *Nature Communications* (March 2025) identified new genetic markers associated with coronary artery disease.

CT coronary angiography improves prediction of heart attack risk

Research published in *JAMA* (2025) demonstrated that CT imaging of coronary arteries in middle age can improve the prediction of future heart attacks.

Small lung abnormalities are common

A study published in *ERJ Open Research* (2023) found that minor structural changes in lung tissue are relatively common, even among individuals without a history of smoking, and may in some cases indicate early-stage pulmonary fibrosis.

THANKS TO SCAPIS, ABNORMALITIES WERE DETECTED IN KENNETH

Kenneth Söderman, 65, participated in both SCAPIS 1 and SCAPIS 2. Thanks to the study, doctors discovered a blocked coronary artery and elevated cholesterol levels.

Kenneth Söderman, who lives in Bjurholm, remembers when the random invitation to participate in SCAPIS 1 arrived in his mailbox. At the time, he was 55 years old and working full-time at Volvo Trucks. He did not feel ill or experience any health problems.

“At first, I considered not taking part. It seemed very time-consuming. But my wife told me to go because it was an opportunity to undergo a major health examination,” he says.

The examinations included comprehensive health assessments, laboratory tests and advanced imaging diagnostics. The primary focus was to assess lung and heart health, as well as so-called risk factors linked to heart, vascular and lung diseases. This included blood tests, ultrasound examinations, imaging diagnostics, lung function tests, physical activity measurements, and extensive questionnaires on lifestyle and diet.

“The only thing they discovered was that my blood

pressure was too high. That was followed up by my local healthcare centre and I was prescribed medication. I also received health advice, such as exercising more and eating healthily.”

When Kenneth was randomly selected again a year ago to participate in SCAPIS 2, he was pleased – and unlike the first time, he never hesitated.

“I accepted immediately. It was an excellent opportunity to see what had happened over the past ten years – whether anything had changed or if my values had worsened without me knowing.”

During the imaging examination of Kenneth's blood vessels, doctors discovered plaque build-up that required further investigation. He was also informed that his cholesterol levels were too high.

“I underwent balloon angioplasty in two coronary arteries and was prescribed statins. I'm incredibly grateful to be part of the study and to have received a second invitation. If they hadn't examined my blood vessels, I might have suffered a heart attack and been lying in a grave by now.”



JOSEFINE SJÖBERG:

“A NEW TREATMENT MADE IT EASIER TO BREATHE”

Josefine Sjöberg was born with cystic fibrosis. Five years ago, she faced a life-changing decision: undergo a lung transplant or try a new medication.

“I chose the treatment – and within just three days, I could take deep breaths again,” she says.

When Josefine was just over a year old and not gaining weight, her parents became concerned. They repeatedly sought medical help but were often dismissed as overly anxious first-time parents.

“Eventually, a paediatrician suspected cystic fibrosis. He performed a sweat test, and we received the diagnosis. My childhood was marked by hospital visits and unpleasant medications,” Josefine recalls.

Thirty years ago, cystic fibrosis was a very difficult condition to treat, and those affected often faced a significantly shortened life expectancy.

“At times, I have felt it was unfair. But no one knew that my parents carried the gene.”

At first glance, it is not obvious that Josefine lives with a serious lung disease. Her complexion is healthy, and her gaze is alert. But there are subtle signs – a slight cough, a wheeze when she breathes, and breathlessness that comes more easily than for others.

“My condition worsened when I was around 20. Breathing became more difficult.”

Five years ago, her lung function had declined to just over 30%.

“I became much worse and had to take sick leave full-time. I could not walk the dogs or climb the stairs at home. I was underweight, losing my hair, and I thought I was going to die.”

She describes the terrifying sensation of not being able to breathe:

“Imagine an elephant sitting on your chest while you are trying to breathe through a narrow straw – filled with thick mucus.”

“Restricted” is the word she uses to describe that period of her life. She prepared herself for the possibility that her time was limited. Her doctors presented two options: lung transplantation or a new medication called Kaftrio.

“I was very sceptical about the medication. A few years earlier, I had tried another drug that made me worse. A lung transplant also felt daunting – it is a major, high-risk procedure that requires lifelong medication.”

Josefine went home and reflected. In the end, she thought: what do I have to lose? She started the treatment on a Wednesday, with lung function just above 30%. By Saturday, something had changed.

“It was easier to breathe. I had less mucus, and I felt healthier. I could take deep breaths.”

The emotions were – and still are – overwhelming. Today, her lung function is between 50 and just under 60%.

“It has taken time to rebuild, but the treatment made it possible. Having been so close to needing a transplant – or even losing my life – it is incredible to have this chance to feel well. I am deeply grateful that research has made it possible for people with cystic fibrosis to live better, longer lives.”

The treatment consists of three tablets a day. In addition, Josefine takes enzymes and other medications and uses inhalation therapy for an hour each day. The weight on her chest has eased. Her breathing is freer. Deeper.

But the most profound change is something else entirely – her greatest wish has come true.

“I have recently become a mother to twin boys. I feel incredibly grateful – everything is simply wonderful.”



JOSEFINE SJÖBERG

Age: 35

Family: Husband Tomas, twin sons Francis and Alfons (3 months), and the dogs Bentley and Ebbot

Occupation: Financial administrator at a government agency

Lives: Outside Stockholm

Diagnosis: Cystic fibrosis

DONATIONS SUPPORT HIGH-QUALITY RESEARCH

Research funded by the Swedish Heart Lung Foundation is of a very high scientific standard. This is demonstrated by an analysis of researchers' scientific publications and citation impact in 2024.

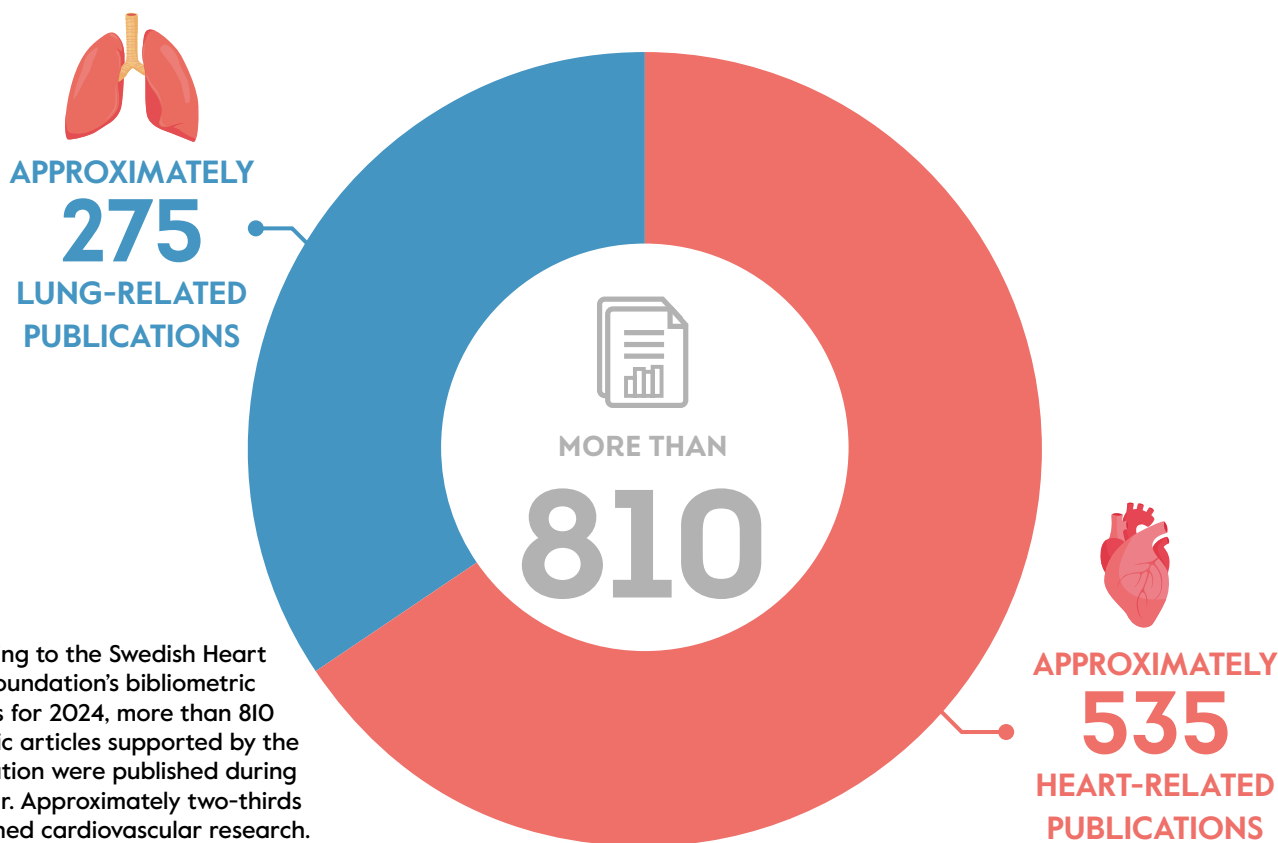
Donations to the Swedish Heart Lung Foundation support high-quality research. In 2024, more than 810 scientific articles were published based on research funded by the Foundation, compared with around 850 in 2023 and approximately 660 in 2022.

Of the roughly 810 publications, around 535 focused on cardiovascular research, while approximately 275 addressed lung research. Between 2017 and 2024, a total of 7.5% of all scientific articles funded by the Swedish Heart Lung Foundation were published in the high-

est-ranked journals worldwide (top 1%). More than half – 53% – were published in journals within the top 10%.

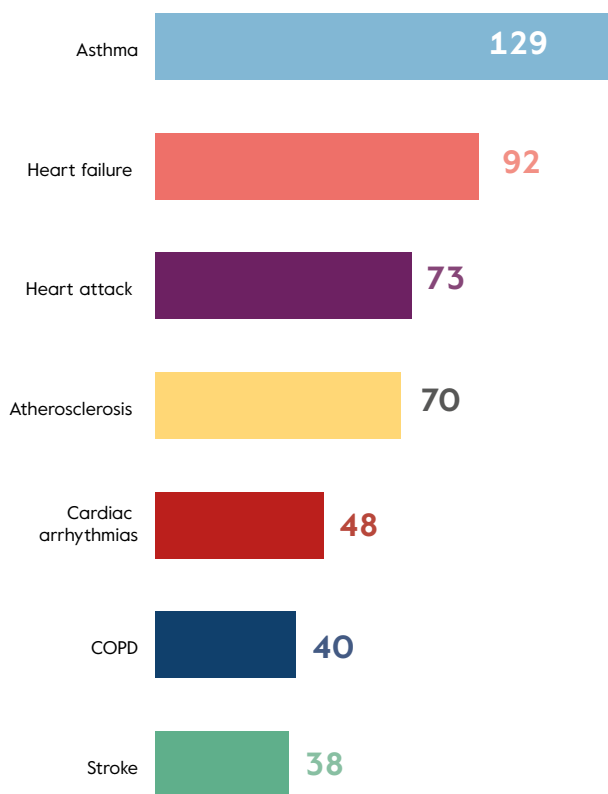
“This year’s figures once again show that the research we fund is of high quality,” says Kristina Sparreljung, Secretary General of the Swedish Heart Lung Foundation.

The research areas with the highest number of scientific publications supported by the Foundation in 2024 were asthma, heart failure and heart attack.



According to the Swedish Heart Lung Foundation's bibliometric analysis for 2024, more than 810 scientific articles supported by the Foundation were published during the year. Approximately two-thirds concerned cardiovascular research.

**MOST SCIENTIFIC ARTICLES WITHIN
ASTHMA RESEARCH**



Asthma was the research field in which the largest number of scientific publications supported by the Swedish Heart Lung Foundation were published during 2024. The categories "Other Heart" and "Other Lung" have been excluded. Figures should be regarded as approximate.

APPROXIMATELY

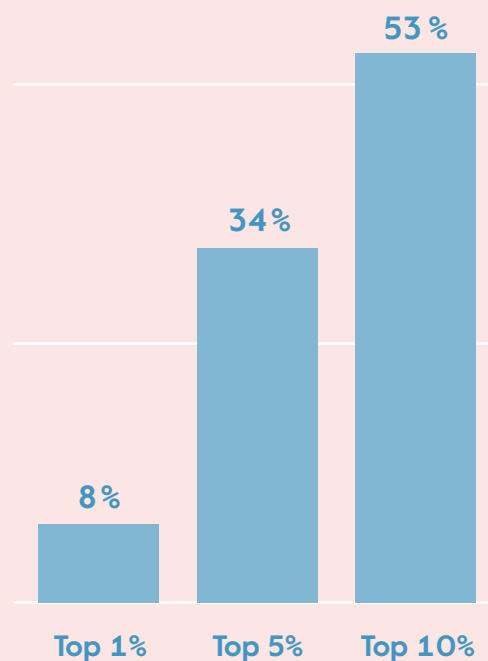
7,100

scientific publications supported by the Swedish Heart Lung Foundation were produced between 2017 and 2024. Of these, 4,846 concerned cardiovascular research and the remainder lung research.

APPROXIMATELY

210

scientific publications supported by the Swedish Heart Lung Foundation were produced by researchers within the heart and vascular field at Karolinska Institutet during 2024.



Research supported by the Swedish Heart Lung Foundation is published in highly respected scientific journals. The chart shows the proportion of publications between 2017 and 2024 published in journals ranked within the top 1 percent, top 5 percent and top 10 percent of all scientific journals according to the Scimago Journal Rank classification.

FOOTNOTE 1: The bibliometric data presented on this spread reflect approximate levels rather than exact absolute figures. The methodology does not allow for the identification of every single publication with complete accuracy.

FOOTNOTE 2: The bibliometric data presented on this spread are based on publications reported in researchers' annual and final reports. These reports are collected the following year, meaning the data are presented with a one-year delay. The figures shown here therefore refer to 2024, even though this report concerns 2025.

SWEDISH HEART LUNG FOUNDATION IMPACT REPORT 2026

This report, From Donation to Impact, constitutes the Swedish Heart Lung Foundation's impact report. These reports are published annually at hjärt-lungfonden.se/forskning/effektrapporten/

The report follows the guidelines for impact measurement and reporting developed by Giva Sverige, which are available at givasverige.se/kvalitet-styrning/effektrapportering/.

YOUR SUPPORT MAKES ALL THE DIFFERENCE

We need more people to give. Every donation to research brings us one step closer to our shared goal – to defeat heart, vascular, and lung diseases.

Visit hjärt-lungfonden.se/gava

DIGITAL GIFT CARD

With the Swedish Heart Lung Foundation's digital gift card, you can easily share care and generosity. Choose an amount to donate to research, select a design, and add a personal message for someone you care about. It is a simple and meaningful way to give while supporting life-saving research. The gift card is delivered via SMS, and you can choose when the message is sent – immediately or at a later time. **Learn more at hjärt-lungfonden.se/stod-oss/digitalt-gavokort/.**

START A FUNDRAISER

Create your own fundraising campaign and invite friends and family to contribute to heart and lung research. Getting started is easy, and you can describe what your fundraiser means to you. **Visit hjärt-lungfonden.se/egen-insamling.**

LEGACY GIVING

Supporting research through your will is a meaningful way to give hope for the future, after providing for your loved ones. To ensure that part of your estate goes to research, you need to draw up a will. You can order our guidance free of charge. **Please contact [Monica Carlsson](mailto:Monica.Carlsson@hjärt-lungfonden.se) or [Jeanette Forslund](mailto:Jeanette.Forslund@hjärt-lungfonden.se), or visit hjärt-lungfonden.se/stod-oss/testamente.**

IN MEMORY GIVING

Honour someone close to you and show your care in connection with a funeral. We will send a memorial card with your personal message. Your donation supports research and remains long after flowers and wreaths have faded. **Visit hjärt-lungfonden.se/minnesgava or call +46 200-88 24 00.**

MONTHLY GIVING

As a monthly donor, you support more than 300 research projects and enable long-term research that ultimately saves lives. You will also receive our magazine Research for Health four times a year. **Visit hjärt-lungfonden.se/manadsgivare or call +46 8 566 242 40.**

FOR COMPANIES

Many companies support us in the fight against heart, vascular, and lung diseases. Businesses can contribute through different partnership levels – gold, silver, or bronze. In doing so, you show both employees and customers that you support vital research. **Please contact [Paula Lillo](mailto:Paula.Lillo@hjärt-lungfonden.se) at paula.lillo@hjärt-lungfonden.se or visit hjärt-lungfonden.se/foretag.**

GIFTS OF SHARES AND SECURITIES

When you donate shares or other securities, neither you nor the Swedish Heart Lung Foundation pays capital gains tax (special rules apply for ISK accounts). This increases the value of your gift and means more funding for research. **Please contact [Pernilla Lindros](mailto:Pernilla.Lindros@hjärt-lungfonden.se) at +46 708 544 673 or visit hjärt-lungfonden.se/aktiegava.**

GIFT CALENDAR

The Swedish Heart Lung Foundation's annual gift calendar is a decorative wall calendar created in support of research. The 2027 edition will be available in November.

MEMORIAL CANDLE

Light a digital memorial candle via the Swedish Heart Lung Foundation's website to honour someone who has passed away while supporting research. You can also leave a message and view other memorial candles. **Learn more at hjärt-lungfonden.se/stod-oss/digitalt-minnesljus/.**

**SWISH A DONATION: 90 91 927
PLUSGIRO: 90 91 92-7
BANKGIRO: 909-1927**



Donate any amount via the QR code.

