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Download the free
ACC.26 App for the most
up-to-date information.



Connections That Power Progress Start in New Orleans



From career-making connections to can't-miss conversations with experts spanning the global cardiovascular community, the New Orleans stage is set for ACC.26 to deliver the best in science, innovation and community engagement.

"New Orleans is known for its heart, its rhythm and its deep sense of community and it's especially fitting that the ACC is here, carrying forward the legacy of connection and innovation that defines both the city and our Annual Scientific Session," says ACC Scientific Session Chair **Katie Berlacher, MD, MS, FACC**.

The ACC.26 Annual Scientific Session Program Committee, made up of more than 100 members and led by Berlacher, Vice Chair **Julie Damp, MD, FACC**, and CV Team Lead **Kristen Campbell, PharmD, CPP, FACC**,

spent more than a year working with ACC staff to plan and deliver a program that pushes boundaries, rethinks care, brings science to life and meaningfully advances heart health for all.

"A meeting of this scale doesn't happen by chance. It's the result of vision, collaboration and hundreds of hours of planning," says Berlacher.

Starting with today's Opening Showcase Session, followed by the first Late-Breaking Clinical Trial (LBCT) session featuring results from HI-PEITHO, CHAMPION-AF and STEMI-Door to Unload, the next three days will be filled with practice-changing science, high-impact educational sessions and unprecedented opportunities for networking and hands-on learning.

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Unequal Burden, Unified Response: ACC's Commitment to Transforming Global Heart Health

Cardiovascular disease remains the world's leading cause of disease burden, responsible for one in three deaths globally, according to the latest Global Burden of Disease (GBD) study published in *JACC*.

The comprehensive report, which assessed the burden of 376 diseases, including cardiovascular disease, from 1990 to 2023 across 204 countries, reaffirmed the immense toll of cardiovascular disease worldwide. In 2023 alone, there were 437 million cardiovascular disease disability-adjusted life years - a 1.4-fold increase from 320 million in 1990.

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AI in Cardiology: From Promise to Practice



The memory is seared into the mind of **Mintu Turakhia, MD, MS**. It was the summer after his freshman year at the University of California, Berkeley, and his family had returned to the small village in India where his mother grew up. There, his grandfather, a London-trained cardiac surgeon, left a successful practice in Mumbai to return to the village to take care of his family. He put down the scalpel and

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TODAY'S SCHEDULE
SATURDAY MARCH 28, 2026

ACC.26 Opening Showcase
 8:30 - 9:30 a.m.
 Main Tent, Great Hall

Expo Hall Open
 9 a.m. - 5 p.m.

FIT Jeopardy Competition: Battle of the Chapters Preliminary Rounds I and II
 9:30 - 11:30 a.m.
 2:45 - 4:45 p.m.
 Engage Stage, Expo #3337

Joint ACC/JACC Late-Breaking Clinical Trials I
 9:30 - 10:30 a.m.
 Main Tent, Great Hall

Poster Sessions
 9:30 a.m. - 4:45 p.m.
 Hall E

ACC.26 Career Fair
 11 a.m. - 1 p.m.
 Great Hall Pre-Function

AI Intensive I: Augmented Intelligence at the Point of Care - From Hype to Daily Practice Featuring the Louis F. Bishop Keynote
 Noon - 1 p.m.
 Main Tent, Great Hall

A Field Grown Up: Reflections and Roadmaps in ACHD Featuring the Dan G. McNamara Keynote
 Noon - 1 p.m.
 Room 238

Featured Clinical Research I
 Noon - 1 p.m.
 La Nouvelle B

Featured Clinical Research II
 1:30 - 2:30 p.m.
 La Nouvelle B

Power in Partnership: Aligning Teams and Data For CV Impact Featuring the James T. Dove Keynote
 1:30 - 2:30 p.m.
 Room 243

Crowd-Sourced Session: Concierge and Direct Reimbursement Medicine and Cardiology
 3:45 - 4:45 p.m.
 Room 344

Joint ACC/JAMA Late-Breaking Clinical Trials II
 3:45 - 4:45 p.m.
 Main Tent, Great Hall

FIT Mix 'N' Mingle
 5:30 - 6:30 p.m.
 Hilton Riverside, Saint Charles Ballroom

Putting the Guidelines Into Practice: Building a State-of-the-Art Lipid and Cardiometabolic Clinic
 5:45 - 7:15 p.m.
 La Nouvelle B



DON'T MISS TODAY'S LATE-BREAKING CLINICAL TRIALS

- HI-PEITHO
- CHAMPION-AF
- STEMI-Door to Unload
- KARDINAL
- VESALIUS-CV
- Ez-PAVE
- GoFreshRx



Visit **ACC.org** for comprehensive daily news coverage from ACC.26, including summaries on the hottest LBCTs, video interviews and more. **Scan the QR code** and bookmark **ACC.org/ACC2026** for instant news coverage from the meeting!

Connections continued

Among the highlights: seven LBCT sessions, five Featured Clinical Research sessions and three Investigative Horizons sessions, along with an inspiring lineup of Keynotes that will delve into hot topics such as the evolution of adult congenital heart disease, the power of team-based care, and the future of translating discovery into practice.

Guidelines are also a focus, with dedicated sessions exploring recent guidelines, including the new acute pulmonary embolism and dyslipidemia guidelines.

"Plus, attendees can test their overall guideline knowledge with the return of the Guideline Goldmine Gameshow, a Heart2Heart Stage discussion with experts involved in the creation of ACC Clinical Policy, and as part of 'After Chats' taking place in Meet-Up Zone 1 in the Lounge & Learn Pavilion," say Damp and Campbell.

This year's ACC.26 Intensive revisits artificial intelligence (AI), moving beyond concept to implementation and addressing AI in daily patient care, as well as essential approaches to AI financing and governance. And for the second year in a row, a crowdsourced session - built from a topic suggested and voted on by ACC members - is on the agenda. This year's pick dives into concierge care and direct reimbursement models, one of the most talked about trends in medicine.

The Personalized Skills Zone in the Lounge & Learn Pavilion is another "can't-miss" spot, according to ACC.26 leaders, featuring interactive simulation stations, dynamic expert-led cases and two Escape Rooms where teams can race to manage a simulated pulmonary embolism or a cardiac arrest.

Innovation and hands-on experiences are also key features of the Expo with 250+ companies and organizations, ACC Central, puppies, pickleball, and Learning Destinations like the Future Hub and Health Equity Hub.

"Finally, the newly reimagined Closing Ceremony and Convocation promises to send ACC.26 out on a high note," says Berlacher. The goal: to bring the entire community together to reflect on the top scientific takeaways; celebrate the remarkable achievements of the 2026 Distinguished Award winners and all newly elected FACC and AACC members; and honor the global society leaders, presidents and partners who help drive progress year-round. ■



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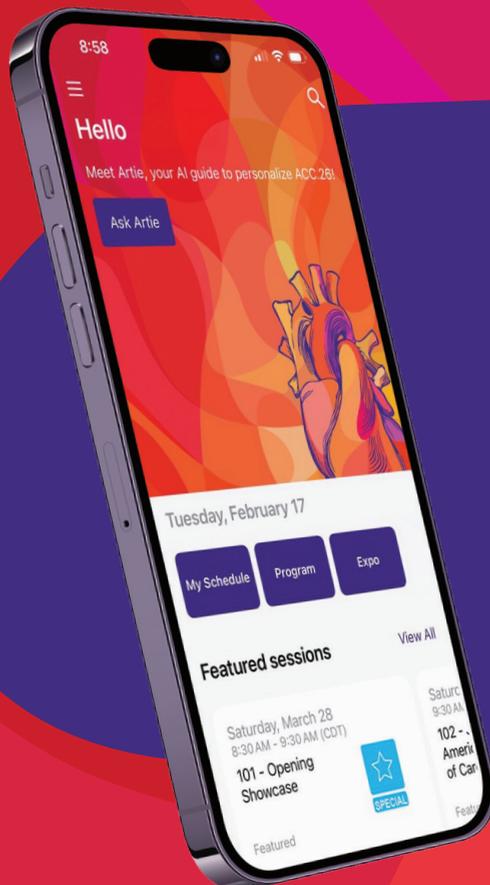
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ONSITE SERVICES TO SUPPORT YOUR ACC.26 EXPERIENCE

ACC.26 offers dedicated wellness and reflection spaces, including a lactation room and an Interfaith Prayer & Meditation Room. Navigate to the **General Information** tab in the ACC.26 App to learn more.





YOUR ACC.26 EXPERIENCE STARTS HERE

From finding your next session to connecting with your peers, the **ACC.26 App** has everything you need to make the most of your meeting experience - all in one place! Build your schedule, navigate the convention center, meet new people and join interactive activities like the **"Where's Artie?" Scavenger Hunt**. Stream sessions live, claim credit on the go and read the latest updates.

Your ACC.26 experience begins now! Search **"ACC.26"** in your app store to get started.



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- **The power of a community** united – join during ACC.26 to **SAVE!**
- **Innovative solutions** to support the entire care team delivered through our **practice and quality improvement tools, JACC Journals** and **CardioSmart**.
- **Data-driven insights** to improve patient outcomes with the support of **NCDR Registries** and **ACC Accreditation Services**.
- **Clinical guidance at the point of care** through our partnership with **OpenEvidence** – stop by to demo the platform.

Plus, stop by to purchase apparel and accessories from the ACC Store!

Unequal Burden continued

Population growth, population aging and risk factor exposure were identified as key drivers of the rising global burden, with stark inequities observed depending on geography, access, environment and health systems.

“The GBD is sometimes viewed as a mirror: a detailed reflection of where we are,” said JACC Editor-in-Chief **Harlan M. Krumholz, MD, SM, FACC**, in an Editor’s Page accompanying the report. “But its real power is as a compass, pointing us toward where we must act. A mirror reflects; a compass directs.”

For the ACC, that compass is clear. Transforming the future of global heart health remains a major strategic initiative. Through a growing international presence that now includes 18K members across 142 countries outside the U.S., and more than 45 International Chapters, the College is focused on fostering meaningful collaboration and locally relevant solutions to drive global change.

Collaboration is at the core of the College’s global strategy, which is spearheaded by ACC’s Assembly of International Governors, led by **Benny J. Levenson, MD, PhD, FACC**. Today, more than 115 institutions across 30+ countries are driving global quality programs.

Through initiatives such as the Global Heart Attack Treatment Initiative, Global Quality Solutions and International Centers of Excellence, the ACC is helping optimize patient care and elevate standards across diverse health systems.

Chapter Section Grants are another example of collaboration in action. An increasing number of U.S. and International Chapters are joining forces with the College’s Member Sections to develop localized programs and resources to improve cardiovascular care and outcomes.

“The impact of these and other grant-funded programs has been profound, underscoring the power of partnerships in transforming cardiovascular care,” wrote Levenson and **Antonio C. P. Chagas, MD, PhD, FACC**, in a Board of Governors Update last year. “For some of our International Chapters, the program provides funding for important work that they might not ever have the funds to do themselves.”

Recognizing that sustainable impact requires strong leadership, the ACC is also investing in the next generation. Programs such as the Wael Al Mahmeed Dedication to Young Leaders, Hani Najm Global Scholar Awards and the William A. Zoghbi Global Research Initiative are designed to cultivate emerging

cardiovascular leaders and foster global research collaboration.

Education remains another pillar of the College’s approach. Regional conferences in Asia, Latin America and the Middle East localize learning and strengthen professional networks, with this year’s meetings taking place in South Korea, Colombia and Jordan. Additional programs like the free, online NCD Academy further expand access to high-quality education for clinicians, community health workers and others on the front lines of preventing and treating noncommunicable diseases. And the Certified Cardiovascular Knowledge (CCK) Exam for cardiologists outside the U.S. provides a unique opportunity to showcase commitment to quality care. Those who pass the exam earn the CCK designation and automatically meet the requirements to become an FACC.

In a recent JACC Leadership Page, ACC President **Christopher M. Kramer, MD, FACC**, reaffirmed the

College’s global commitment. “We remain steadfast in breaking down disease-based silos, championing more integrated, patient-centered care, and solving the global workforce crisis,” he writes. “Together, we must continue to engage directly with communities affected by [noncommunicable diseases] to ensure equitable access to prevention, treatment and lifelong care.”

As the GBD data make clear, the burden of cardiovascular disease is immense and uneven. But through collaboration, education, quality improvement and leadership development, the College is working to ensure that the compass points not just to action, but to measurable progress in global heart health. ■

*Learn more about ACC’s global efforts and access clinician and patient tools at **ACC.org/GlobalHub**.*

Stop by ACC Central to learn more about ACC Membership opportunities and the CCK Exam.



Scan the QR code to access the latest JACC Global Burden report and related resources.

CONNECT, SHARE AND FOLLOW #ACC26

Don’t miss a moment at ACC.26! Follow the ACC on X, Facebook, Instagram, LinkedIn, BlueSky and YouTube for real-time insights, behind-the-scenes content and key takeaways. Tag @ACCinTouch and @JACCJournals, and be sure to use #ACC26 to share your perspective.

Thank you to the ACC.26 Social Media Ambassadors for bringing voices across the College’s membership to life!

Scan the QR code to see who to follow and access ACC’s official Hashtag Guide.





AI in Cardiology continued

instead became the village general practitioner.

"My grandfather's only tools were his own knowledge, textbooks, a reflex hammer, a stethoscope and an old suction-bulb 12-lead electrocardiogram (ECG)," Turakhia says. "While I was fascinated with how much he could do with his brain and just a limited set of tools, this was clearly not the way health care delivery could be scaled in India or anywhere."

Given his majors in computer science and biology, Turakhia integrated computer science and digital technology with medicine. Thirty years later, he is on the forefront of developing those practice-changing tools by bringing artificial intelligence (AI) to cardiovascular medicine.

At ACC.26, Turakhia, a professor at Stanford University, founding director of Stanford's Center for Digital Health, and chief medical and scientific officer of iRhythm Technologies, and **Rohan Khera, MD, MS, FACC**, who directs the Cardiovascular Data Science Lab at Yale University, will bring their

deep knowledge of the field to ACC attendees as Keynote speakers.

Their message is clear. The conversation is no longer about whether AI has potential. It is about how to translate that potential into safe, equitable and clinically useful tools.

Cardiology is uniquely positioned to lead medicine into the AI era, says Turakhia. "We already run well ahead of everyone else around the first lap." He attributes that advantage to the nature

of the specialty itself, "a data-rich field of physiologic signals." AI adds the ability to extract deeper layers of information from those signals; patterns and risk signatures that even experienced clinicians may miss.

Khera and his colleagues have developed AI models that analyze ECGs not only for rhythm abnormalities but also for markers of reduced cardiac contractility and high-risk conditions like cardiac amyloidosis and hypertrophic cardiomyopathy. His team has also used AI to demonstrate that patients diagnosed with cardiac amyloidosis present to emergency departments with patterns predating

their diagnosis by two to three years. Earlier detection, possibly with AI, may have altered their clinical trajectories, he says.

Both Khera and Turakhia say that this moment feels different from prior waves of innovation. What once seemed speculative is now embedded in clinical workflows with devices cleared by the U.S. Food and Drug Administration, AI-powered scribes, and promising research pipelines.

For Turakhia, the critical inflection point is translation. Academic cardiology has produced hundreds of publications demonstrating that AI models can detect arrhythmias, structural disease and risk signatures from common tests. But publication alone does not change patient lives. Moving from podium presentations to practical products requires clarity about the problem to be solved, rigorous validation in real-world settings and alignment with payment models that support adoption.

Both physicians are careful to temper their enthusiasm with realism.

One challenge is clinician acceptance, Khera says. Clinicians must become fluent in interpreting probabilistic outputs, understanding model limitations and integrating AI-generated insights into clinical judgment, rather than deferring to them.

Another concern is "de-skilling," where trainees are no longer required to learn certain skills because of technology. "We will potentially lose some skills but will need to develop new ones, and so there will be an evolution of what it means to be a cardiologist," Khera says.

Underlying both talks is a broader vision: that AI, if implemented appropriately, can expand access to high-quality cardiovascular care beyond the walls of academic medical centers. Moving forward, those same tools that enhance workflow in well-resourced practices should support earlier detection and triage in rural hospitals or underserved regions like Turakhia's family village. ■



Don't miss AI Intensive sessions at ACC.26! The **Louis F. Bishop Keynote**, presented by Turakhia, will commence today at noon in the Main Tent, Great Hall. The **Douglas P. Zipes, MD, MACC, Distinguished Young Scientist Award Keynote**, featuring Khera, will take place tomorrow at 8:30 a.m. in Room 356.

UNLOCK IN-DEPTH PERSPECTIVES WITH FIRESIDE CHATS

Back for a second year, Fireside Chats offer a welcoming setting for thoughtful, in-depth discussions with leaders in cardiology. These sessions invite experts to unpack complex topics, explore nuanced challenges and share meaningful insights in a relaxed, conversational format designed to spark candid dialogue. Today's sessions include:

- **An In-Depth Discussion With Fellowship Directors About Training in Advanced CV Imaging**
Noon - 1 p.m.
- **CHD Registries: Beyond the Numbers - Glorified Data or Game Changers?**
1:30 - 2:30 p.m.
- **Unbreak My Heart: Putting MI on the Chopping Block**
3:45 - 4:45 p.m.



View more
Fireside Chat
sessions in the
ACC.26 App.

Clinical Guidelines Evolving to Meet the Needs of Today's Clinicians

More than four decades after the first clinical practice guideline on cardiac pacemakers, the ACC continues to partner with AHA to evolve and adapt the guideline process - and the documents themselves - to ensure clinicians can optimize the care and outcomes of patients with cardiovascular disease.

Over the last 10 years alone, the societies have implemented several changes to the guideline development process, including the addition of a separate process for conducting systematic reviews of research; the addition of a lay representative on writing committees; the expansion of the peer review process; a focus on recommendations and figures vs. lengthy text and background information; and the use of a modular writing format, making it easier to update or add new

information in specific sections without needing to rewrite the whole guideline.

Another major change is the transition from a procedure-centric to condition-centric focus. Where early clinical practice guidelines addressed procedures, newer guidelines are focused on conditions like atrial fibrillation, acute coronary syndromes, hypertrophic cardiomyopathy, congenital heart disease, etc.

An accelerated public release of the manuscripts is another result of guideline optimization efforts. Since 2024, eight guidelines have been released, including the two most recent 2026 guidelines addressing acute pulmonary embolism and dyslipidemia, respectively. All eight guidelines will be the focus of dedicated sessions, small group discussions and interactive learning taking place throughout ACC.26.

"This accelerated release schedule means patients around the world are able to benefit from the latest scientific advances sooner," said ACC Chief Medical Officer **Richard J. Kovacs, MD, MACC**. "Although there is more work to be done, meaningful progress is being made to ensure clinicians and patients have timely, reliable information to guide care and management decisions." ■

Search "Guidelines" in the ACC.26 App for a complete list of guideline-related sessions.

Visit [JACC.org/Guidelines](https://www.jacc.org/guidelines) to access all recent guidelines and related resources.

ACC/AHA GUIDELINES (2024-TODAY)

2026

- Dyslipidemia
- Acute Pulmonary Embolism

2025

- Adults With Congenital Heart Disease
- High Blood Pressure
- Acute Coronary Syndromes

2024

- Perioperative CV Management For Noncardiac Surgery
- Lower Extremity Peripheral Artery Disease
- Hypertrophic Cardiomyopathy



Don't miss the **Dan G. McNamara Keynote** on the evolution of adult congenital heart disease care, including clinical guidance, delivered by **Carole A. Warnes, MD, FACC**, today at noon in Room 238.

Engage With The Guidelines

Anytime, Anywhere!



Download ACC's **Guideline Clinical App** and get FREE access to the latest clinical guidelines.

Find other tools and resources at [ACC.org/Guidelines](https://www.acc.org/guidelines)



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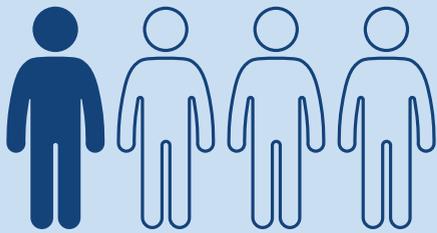
JACC Stats Report: A Roadmap For Action

Drawing on nationally representative surveys, clinical registries, administrative claims and vital statistics, the inaugural JACC Cardiovascular Statistics 2026 report provides a comprehensive view of cardiovascular health in the U.S. and reveals progress, persistent challenges and opportunities for change. ■



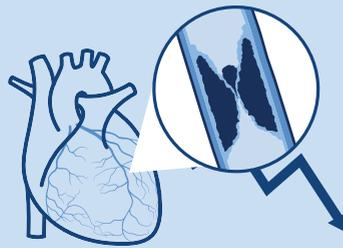
2009-2023

The span in which diabetes has increased in the U.S., with sharp rises seen among younger, low-income and Black populations.



<1 in 4

The proportion of high-risk adults who achieve guideline-recommended LDL targets.



50%

The percentage decline in mortality from coronary artery disease since 2000. However, widening inequities threaten these gains. Stroke mortality shows similar troubling trends.



2x

The rate of cigarette use among low-income adults is twice as high compared with the average.



20

The number of years over which hypertension-related cardiovascular deaths have nearly doubled in the U.S.



40%

The percentage of U.S. adults affected by obesity, with rates climbing across all demographics.

JACC JOURNALS AT ACC.26

From focused events to a host of simultaneous publications, don't miss JACC Journals at ACC.26.

JACC: Cardiovascular Imaging Office Hours

Today from Noon - 1:30 p.m.

Tomorrow from Noon - 1:30 p.m.

Hilton New Orleans Riverside, 3rd Floor, Parish

JACC Stats and Global Burden Author Panel

Today from 2:45 - 3:45 p.m.

Health Equity Hub

Meet the JACC Editors

Tomorrow from 2:45 - 3:45 p.m.

"FAM" Lounge

JACC Digital Advisory Group

Tomorrow from 10 - 10:45 a.m.

Hilton New Orleans Riverside, 3rd Floor, Fulton

JACC Reception/Award Recognition

Tomorrow from 5:30 - 7 p.m.

Hilton New Orleans Riverside, Saint Charles Ballroom

JACC JOURNALS: MEASURING IMPROVEMENT, ACCELERATING PROGRESS

"Progress in cardiovascular health has always depended on data - on our willingness to reflect the evidence clearly, to face uncomfortable truths and to use evidence to guide action," writes JACC Editor-in-Chief **Harlan M. Krumholz, MD, SM, FACC**, in a foreword accompanying the JACC stats report.

"We cannot improve what we do not measure, and we cannot accelerate progress without a shared understanding of where we are and where we have been. This report is designed to make that awareness accessible - to provide a foundation for reflection, collaboration and change."

Scan the QR code to explore the full JACC stats report and join JACC in turning data into meaningful action.



Scan the QR code for a full list of events and simultaneous publications. Plus, stop by ACC Central for copies of JACC and to learn more about the journals.



Celebrating ACC's 2026 Distinguished Award Recipients

The recipients of this year's ACC 2026 Distinguished Awards represent an exceptional group of individuals whose past and ongoing efforts have made meaningful contributions to advancing the College's Vision of a world where science, knowledge and innovation improve cardiovascular care

and patient outcomes worldwide. Plan to celebrate their achievements during sessions and events throughout ACC.26, as well as at the Closing Ceremony and Convocation on Monday, March 30. ■



2026 Bernadine Healy Leadership in Women's Cardiovascular Disease

Sharonne N. Hayes, MD, FACC

📍 Find Hayes at a special Mentorship session in the Lounge & Learn Education Zone, Theater 1 on Monday, March 30 at Noon.



2026 Distinguished Cardiovascular Team Member

Kim Guibone, APRN, DNP, FACC

📍 Find Guibone at a Fireside Chat about Leadership on Monday, March 30 at 10:45 a.m.



2026 Distinguished Educator

Jeffrey T. Kuvin, MD, FACC

📍 Find Kuvin at the Late-Breaking Clinical Trials session on Monday, March 30 at 8:30 a.m.



2026 Distinguished Fellow

Laxmi S. Mehta, MD, FACC

📍 Find Mehta at a Heart2Heart Stage session focused on the Power of Service on Monday, March 30 at Noon.



2026 Distinguished Mentor

Michael R. Zile, MD, FACC

📍 Find Zile at a special Mentorship session in the Lounge & Learn Education Zone, Theater 1 on Monday, March 30 at Noon.



2026 Distinguished Scientist (Basic Domain)

Joseph C. Wu, MD, PhD, FACC

📍 Celebrate Wu at the Closing Ceremony and Convocation on Monday, March 30.



2026 Distinguished Scientist (Clinical Domain)

Allan L. Klein, MD, FACC

📍 Celebrate Klein at the Closing Ceremony and Convocation on Monday, March 30.



2026 Distinguished Scientist (Translational Domain)

Partho P. Sengupta, MD, FACC

📍 Celebrate Sengupta at the Closing Ceremony and Convocation on Monday, March 30.



2026 Distinguished Service

Rakesh Gopinathannair, MD, MA, MBA, FACC

📍 Find Gopinathannair at a Heart2Heart Stage session focused on the Power of Service on Monday, March 30 at Noon.



2026 Douglas P. Zipes Distinguished Young Scientist

Rohan Khera, MD, MS, FACC

📍 Find Khera at the Douglas P. Zipes Distinguished Young Scientist Keynote on Sunday, March 29 at 8:30 a.m. and at a Fireside Chat about Leadership on Monday, March 30 at 10:45 a.m.



2026 Gifted Teacher

Binh An P. Phan, MD, FACC

📍 Celebrate Phan at the Closing Ceremony and Convocation on Monday, March 30.



2026 Lifetime Achievement

Zohair Y. Alhalees, MBBS, FACC

📍 Celebrate Alhalees during the Opening Showcase on Saturday, March 28.



2026 Navin C. Nanda International Service

Kian Keong Poh, MBBChir, MA, MMed, FACC

📍 Find Poh at a Heart2Heart Stage session focused on the Power of Service on Monday, March 30 at Noon.



2026 Pamela S. Douglas Award For Leadership in Diversity and Inclusion

Stephen C. Cook, MD, FACC

📍 Celebrate Cook at the Closing Ceremony and Convocation on Monday, March 30.



2026 Presidential Citation

Thad F. Waites, MD, MACC

📍 Celebrate Waites during the Opening Showcase on Saturday, March 28.



2026 Valentin Fuster Award For Innovation in Science

Helen H. Hobbs, MD

📍 Celebrate Hobbs at the Closing Ceremony and Convocation on Monday, March 30.

2026 MASTERS OF THE ACC (MACC)



Christopher M. Kramer, MD, FACC

📍 Celebrate Kramer at the Closing Ceremony and Convocation on Monday, March 30.



John E. Brush Jr., MD, FACC

📍 Celebrate Brush at the Closing Ceremony and Convocation on Monday, March 30.



Harlan M. Krumholz, MD, SM, FACC

📍 Celebrate Krumholz at the Closing Ceremony and Convocation on Monday, March 30.



Carole A. Warnes, MD, FACC

📍 Celebrate Warnes at the Closing Ceremony and Convocation on Monday, March 30.



CANDID CONVERSATIONS FROM THE HEART

Sessions on the Heart2Heart Stage at ACC.26, located at the center of the Lounge & Learn Pavilion, tackle issues shaping the future of cardiology. Don't miss these candid discussions with ACC leaders and global experts. Today's featured conversations include:

- **Skills in Your Pocket: Rapid Fire Acquisition of Communication Competencies For Tough Conversations**
10:45 - 11:15 a.m.
- **Driving Impact at the Point of Care: Inside the ACC's Solution Set Strategy**
11:45 a.m. - 12:15 p.m.
- **Private Capital, Public Consequences: The Great Cardiology Buyout**
12:45 - 1:15 p.m.
- **Equity in Action: Creating Sustainable Access to Specialty CV Care in Rural and Large Geographic Regions**
1:45 - 2:15 p.m.
- **Advancing in CV Leadership: From Strategic Vision to Execution**
2:45 - 3:15 p.m.
- **Remarkable Conversations LIVE: ACC's Mission in Motion**
3:45 - 4:15 p.m.

Find more **Heart2Heart Stage** discussions in the ACC.26 App.



JOIN US FOR THE CLINICAL SPOTLIGHT SERIES!

Take part in certified dinner sessions that will ensure you are up to date on the newest therapies and cultivate your skills in applying the latest clinical information into patient care. *Doors open for dinner 30 minutes before each session.*

SATURDAY, MARCH 28

Putting the Guidelines Into Practice: Building a State-of-the-Art Lipid and Cardiometabolic Clinic

5:45 - 7:15 p.m. | La Nouvelle Ballroom B

Learn to implement current and emerging lipid guidelines into a high-functioning cardiometabolic clinic using modern risk assessment tools, biomarkers, and individualized treatment strategies. Gain practical insights to optimize care for high-risk patients, including those with chronic kidney disease and cardiometabolic conditions.

Supported by an educational grant from Amgen, Esperion and Novartis.

SUNDAY, MARCH 29

Hypertriglyceridemia and Cardiovascular Health: Recognizing Risks and Tackling Management

6 - 7:30 p.m. | La Nouvelle Ballroom B

Enhance your understanding of hypertriglyceridemia with practical strategies to identify risk, evaluate underlying causes, and apply current and emerging therapies. Learn how multidisciplinary care can improve outcomes in complex patients.

Supported by an educational grant from Ionis Pharmaceuticals.

*As of Feb 18, 2026

ACC.26

MARCH
28 - 30, 2026
NEW ORLEANS



TRANSFORMING
CARDIOVASCULAR
CARE FOR ALL



Learn more and add these sessions to your itinerary using the ACC.26 App.

2026 ACC Lifetime Achievement Award Recognizes Congenital Heart Surgeon With a Global Impact

For four decades, **Zohair Y. Alhalees, MBBS, FACC**, has dedicated his life to advancing congenital heart surgery in Saudi Arabia and strengthening cardiac surgery programs and education around the globe.

"I thank the ACC for honoring me," says Alhalees. "This organization is truly international, spreading knowledge and acknowledging excellence around the world irrespective of borders."

Alhalees is a distinguished senior cardiac surgeon and consultant at King Faisal Specialist Hospital and Research Centre (KFSHRC) in Riyadh, Saudi Arabia, where he has held numerous positions since 1985.

In addition to being an esteemed lecturer and researcher, Alhalees has received several awards, including the King Abdulaziz Medal of Honor First Degree, and served in many prestigious positions, including president of the World Society for Pediatric and Congenital Heart Surgery. Read about highlights from his career.



What led you to pursue training in cardiac surgery?

I've been fortunate to train at top-notch centers in my region and in the U.S., and with extraordinary leaders in the field.

Some legendary American surgeons recruited to work at KFSHRC, namely **K. Alvin Merendino, MD**, and **William Weirich, MD**, helped shape my early start and taught me discipline and commitment. In 1978, through a contract with Baylor College of Medicine in Houston, TX, an open-heart surgery program was established at KFSHRC under the leadership of the late **Michael E. DeBakey, MD**, and **Arthur C. Beall Jr., MD, FACC**. I was integrated into this program, which sparked my interest in cardiac surgery. Subsequently, I received a scholarship for general surgery training in Houston, followed by cardiac surgery training in Ottawa, Canada, and a fellowship in congenital cardiac surgery in Denver, CO.

I returned to KFSHRC in late 1985 and with the support and cooperation of the hospital administration and mentors like the late **Carlos M.G. Duran, MD, PhD**; **Magdi H. Yacoub, MBBCh, FACC**; and many other national and international leaders, we've built a state-of-the-art heart center of excellence - one of the best in our region. It provides advanced cardiac medical and surgical care to

adult and pediatric patients, and it helps advance cardiac care through research and innovation.

What clinical initiative do you hope will be remembered as part of your legacy?

Presenting and demonstrating surgical techniques locally and internationally really opened my eyes to what was going on around us. I saw the need for better cardiac care in many countries that I visited and felt the unmet demand of looking after children with heart disease.

I also led multiple charity missions reaching out to those in need, performing corrective surgery, training local physicians, nurses and technicians, and providing logistical support to establish local heart centers.

I managed to perform over 30K cardiac procedures in both adult and pediatric patients. This figure is hard to imagine for some, yet it's a true reflection of the efforts and dedication of so many individuals, physicians, nurses and technicians who did not mind the grueling working hours. I am very grateful for each of them and owe them this incredible success story.

What impact has your research had on pediatric cardiac surgery?

I developed a keen interest in the Ross procedure. For our cohort of patients, particularly infants and children, it provides the closest valve substitute to the ideal. In our registry,

we performed over 600 Ross procedures in adults and children and published over 30 papers related to the topic in peer-reviewed journals, plus a book chapter. We also introduced a technical modification that simplifies the procedure in infants and children.

How has your career impacted you as a person?

In a nutshell, this experience has made me a better person. Meeting so many people and experiencing so many cultures taught me tolerance and perseverance. I've learned that performing tasks requires intelligent approaches, patience, determination, thinking outside the box, innovation and occasionally some improvisation and compromise.

How has ACC involvement benefited your work and career?

Being a member of the ACC since 1994, I've had the privilege of attending many ACC Annual Scientific Sessions and other activities. I've been able to create friendships with many cardiologists through the congenital heart sessions, and some have even joined our charity missions.

At this stage of my life, I will continue teaching, publishing and charity missions, though with less intensity. I would like to acknowledge my family, particularly my wife, for her unconditional support and for tolerating my erratic schedule and the frequent absences from home. ■

GAME ON: CLINICAL SHOWDOWNS AT ACC.26

The Gameshow Room returns with more high-stakes fun and crowd-fueled competition at ACC.26! Which interventional trial will be crowned winner at ACC.26's 'March Madness' bracket-style debate? Can you 'Beat the Clot' while testing your pulmonary embolism guideline knowledge?

Find out with Gameshow Room sessions, providing a unique blend of education and entertainment.



Search **Gameshow** in the ACC.26 App for today's schedule.



ACC.26 Presidential Citation Honors Thad F. Waites, MD, MACC

Each year, the ACC President recognizes an individual who has made outstanding contributions to the field of cardiology and the broader field of medicine with the Presidential Citation. This year, **Thad F. Waites, MD, MACC**, will receive the honor, accepting the award during today's Opening Showcase.

"Dr. Waites is a true 'Master of the ACC,' with a legacy of leadership that spans decades and has profoundly shaped the College and the cardiovascular profession," says ACC President **Christopher M. Kramer, MD, FACC**.

Waites' long history with the ACC includes serving as chair of the Board of Governors, member of the Board of Trustees, chair of the Health Affairs Committee and chair of the Governance Committee, among many others. Most recently, Waites founded the Thad and Gerry Waites Rural Cardiovascular Research Fellowship in honor of his wife Gerry.

In addition to his many contributions to the ACC, Waites has worked as a cardiologist with Hattiesburg Clinic Heart & Vascular, served on the Mississippi Board of Health through three governors, and helped establish the Mississippi Healthcare Alliance.

"Dr. Waites' constant optimism, thoughtful mentorship and deep compassion have enriched the lives of countless patients, colleagues and trainees," said Kramer. "It is truly an honor to recognize and celebrate his career with the Presidential Citation." ■



“Dr. Waites is a true 'Master of the ACC,' with a legacy of leadership that spans decades and has profoundly shaped the College and the cardiovascular profession.”

Christopher M. Kramer, MD, FACC



INAUGURAL THAD AND GERRY WAITES RURAL CV RESEARCH FELLOW NAMED

The ACC has named **Plicy Perez-Kersey, MD**, as the first recipient of the Thad and Gerry Waites Rural Cardiovascular Research Fellowship Award. Perez-Kersey is an advanced cardiac imaging fellow at Seattle Children's Hospital and an acting instructor in the Department of Pediatrics at the University of Washington.

"Throughout my training, I have developed a deep awareness of the barriers that prevent vulnerable populations from receiving optimal care - and an enduring commitment to addressing them so that circumstance no longer dictates cardiovascular outcomes," Perez-Kersey said. "The Thad and Gerry Waites Rural Cardiovascular Research Fellowship is an extraordinary opportunity to advance this mission, and I am honored and excited to be selected as the inaugural fellow for this innovative program."

Perez-Kersey will be honored today at 10 a.m., kicking off the opening of the Health Equity Hub.

Scan the QR code to learn more about the fellowship.



READY TO LEVEL UP YOUR CAREER?

Stop by the **ACC.26 Career Fair** to discover open positions, get career advice from the experts and prepare for the next step in your professional journey. Join us today and tomorrow from 11 a.m. - 1 p.m. **Scan the QR code** to learn more about Cardiology Careers.



LOUNGE & LEARN PAVILION: YOUR HANDS-ON LEARNING HUB

Step into the heart of ACC.26 at the Lounge & Learn Pavilion - your hub for connection, inspiration and hands-on discovery. The area features four unique zones: the Gathering Zone, Education Zone, Personalized Skills Zone and Meet-Up Zone.

Dive into interactive experiences that sharpen procedural and decision-making skills in the Personalized Skills Zone, where the Escape Room returns with two different team challenges!

Plus, FACCs, AACCs and MACCs can enjoy complimentary coffee or lunch, join exclusive Meet & Greet sessions and snap a photo with friends in the "FAM" Lounge.



ACC Philanthropy Fuels Global CV Training and Research

This past year, the recipients of the Hani Najm Global Scholar Award Observership Program and the William A. Zoghbi International Research Award dedicated themselves to expanding their expertise and driving impactful research across the globe.

Ahmed Mohamedkhair Ahmed Mohamed, MBBS, MRCP UK, MD, CCK, FACC, from Jubail Industrial City, Saudi Arabia; **Ahmed Salash Toure, MD, MMed**, from Dodoma, Tanzania; and **Khuzeima Khanbai, MD, MMed, FACC**, from Dar es Salaam, Tanzania, shadowed practicing cardiologists and advanced their training at the Cleveland Clinic in Ohio as part of the Hani Najm Global Scholar Award Observership Program.

The William A. Zoghbi International Research awardees, **Opeyemi Olalekan Oni, MBBS**, and **Jennifer Mateo Soto, MD**, began their innovative research projects last July and will continue through June of this year. Oni, based in Ogbomoso, Nigeria, is focusing efforts on his research titled

"Ogbomoso Cardiovascular Disease Registry-Need To Complete Data." Soto, based in Santo Domingo, Dominican Republic, is working towards "A Cardio-Obstetrics Didactic Program For Clinicians in the Dominican Republic."

The recipients of the 2026 awards will be recognized at Monday's Convocation. This year's Hani Najm Global Scholar Awardees are **Ivana Purnama Dewi, MD**, from Indonesia, and **Mohammed Mosaad Elzalaawy, MD, D-Card, CCST, MBBCH**, from Saudi Arabia. **Ihsan Ullah, MD**, and **Marwan Refaat, MD, FACC**, recipients of this year's William A. Zoghbi International Research Awards, are from Pakistan and Lebanon, respectively.

The Hani Najm Global Scholar Award Observership Program and the William A. Zoghbi International Research Initiative were developed thanks to the generous support of **Hani K. Najm, MD, MSc, FACC**, and **William A. Zoghbi, MD, MAAC**, respectively. Contributions to the ACC Foundation from other cardiovascular clinicians worldwide further sustain these important awards. ■

“The clinical knowledge gained through the global scholars award has strengthened my commitment to bridging gaps in specialized cardiac care and implementing evidence-based, multidisciplinary models in regions where such services remain limited.”

Ahmed Mohamedkhair Ahmed Mohamed, MBBS, MRCP UK, MD, CCK, FACC

“Once done, this research will help us have a proper overview of the cardiovascular disease profile of two tertiary health centers in the city and provide a solid template for smart health evaluation, policy changes and targeted interventions.”

Opeyemi Olalekan Oni, MBBS

“The award has helped in advocating for the importance of technology with current practice and guidelines and has opened doors for other Tanzanian colleagues to become part of the ACC.”

Khuzeima Khanbai, MD, MMed, FACC

“This award has been the driving force behind the advancement of cardio-obstetrics education in the Dominican Republic and Latin America. We have established an international collaborative network dedicated to educating cardiologists and other specialists on the management of pregnant patients with heart disease.”

Jennifer Mateo Soto, MD

GIVING DAY AT ACC.26: HELP UNLOCK A \$25K MATCHING GIFT

Stop by the ACC Foundation Mardi Gras Booth just outside of Lounge & Learn Pavilion to help unlock a \$25K matching gift - every \$100 becomes \$200 to support educational travel grants for up-and-coming cardiovascular professionals, thanks to a generous gift from ACC member and donor **Harvey J. White Jr., MD, FACC**.

The ACC Doc Matter Community
Connecting You to the Conversations That Matter

Join the conversation and stay up to date on the latest ACC.26 discussions with DocMatter, a global medical community platform and one of ACC's member benefits. All ACC members have free access to the ACC DocMatter online community.

Scan the QR code to log in and connect with your peers!





Participants in
ACC's Internal Medicine
Cardiology Program

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ACC.org/Support



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ACC Distinguished Awardee Honored For Advancing LGBTQ+ Health Equity

Stephen C. Cook, MD, FACC, has worked diligently over the past 30 years to make cardiovascular care more accessible and welcoming to members of the LGBTQ+ community, as well as for other groups that have historically faced discrimination and suffered poorer health outcomes. For his role in advancing health equity both at the ACC and beyond, Cook has been named the 2026 recipient of the Pamela S. Douglas Award for Leadership in Diversity and Inclusion.



"This award represents the values I care about deeply, and that includes equity, inclusion and, especially, belonging," says Cook, a cardiologist at Indiana Heart Physicians in Indianapolis, IN. "This is reflected in the actions I take every day, whether it is at home or at work. It means a lot not only because of the recognition but also because the work we are doing within the College is making a positive difference."

Cook is a current member of ACC's Workforce Culture and Engagement Committee and past chair of ACC's LGBTQ+ Workgroup, established in 2022. Since its start, the Workgroup has grown from five to more than 100 members, fulfilling ACC's goals to promote inclusion, build community and expand mentorship programs. From the beginning of his own medical training, Cook saw the obstacles LGBTQ+ trainees encountered, including a lack of LGBTQ+ health care curricula, discriminatory social interactions and a lack of visible mentorship opportunities.

"This leads to a disproportionate amount of perceived mistreatment and burnout among LGBTQ+ trainees," says Cook. "We have collaborated with the ACC to create a medical workforce that is inclusive of LGBTQ+ physicians and is responsive to meet the needs of our community."

Despite College-wide efforts to advance diversity, inclusion and equity in health care, the Human Rights Campaign's Annual Community Survey reports a growing number of LGBTQ+ individuals feeling more vulnerable in the past year.

"Nearly 48% of LGBTQ+ adults report concealing their sexual orientation [e.g., going 'back in the closet'] over the last 12 months, which to me represents an urgent need on how the medical community should examine their practices to create an environment that is safe and inclusive of sexual and gender minority groups," Cook says.

To combat this trend, he encourages cardiovascular care professionals to show their support for the LGBTQ+ community, emphasizing that transgender and gender-diverse patients have a greater risk for cardiovascular disease compared to their heterosexual or cisgender peers. Cultivating an inclusive space can be as simple as displaying a rainbow sticker at a check-in area.

"These patients have a higher likelihood of experiencing discrimination, stigma and even

health care barriers that they perceive they may experience in the medical setting so they often just avoid care, which may exacerbate their likelihood for developing cardiovascular disease," he says.

Cook also wants to see more cardiovascular research trials including data on sexual orientation and gender identity, stating that improved efforts by cardiovascular clinicians both in research-focused and clinical settings can have real-world impacts.

"Being a professional ally is probably the first step in providing quality, equitable care," he says. "I think we need to see more of that today more than ever. Allies who consistently use inclusive language and promote visibility really help build patient trust."

Moving forward, he maintains that "creating a welcoming and affirming cardiovascular clinic is critical," especially in today's current climate. "Ultimately, this will lead to improved patient experiences and outcomes as well as a rewarding practice environment for clinicians," Cook says. ■



HEALTH EQUITY HUB: IMPROVING HEART HEALTH FOR ALL

Designed to advance health equity in cardiovascular medicine and eliminate disparities, the Health Equity Hub (Expo #701) is the place to explore relevant education, spark meaningful conversations and foster collaboration, while ensuring equitable cardiovascular care for all. Don't miss these highlights:

- **Health Equity Hub Opening Showcase: ACC Health Equity Programs in the Community**
Today from 10 - 11 a.m.

- **Evidence to Action: The Science and Business Case of Health Equity**
Today from 11 a.m. - Noon
- **The Health Equity Toolkit: Data and Resources to Improve Patient Outcomes**
Tomorrow from 9:45 - 10:45 a.m.
- **Championing Communities of Health: A Cross-Industry Panel Discussion on Health Equity Programs**
Tomorrow from 3 - 4 p.m.

Scan the QR code to view more programming and Health Equity Hub sponsors.





A Year in Advocacy: How the ACC is Shaping CV Care Nationwide

ACC's advocacy efforts focus on advancing solutions that enhance the access, quality and value of cardiovascular care and promote heart health nationwide. Thanks to the collective efforts of its members, the ACC achieved significant policy wins and made meaningful progress on key issues. Explore the top 10 highlights from the past year below:

1. Fighting For Medicare Payment Reform

In 2025, the Centers for Medicare and Medicaid Services introduced several structural changes and reductions in the Medicare Physician Fee Schedule that will negatively impact the financial viability of practices and access to high-quality patient care. The College continues to advocate for legislative solutions to add an annual inflationary update to Medicare payments and increase the budget neutrality threshold, creating a more stable system for clinicians and patients.

2. Funding For CV Awareness and Science

ACC President **Christopher M. Kramer, MD, FACC**, testified before the U.S. House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies, urging Congress to authorize funding for the previously passed *Cardiomyopathy Health Education, Awareness, Research, and Training in Schools Act*. The ACC also emphasized the importance of funding for the National Institutes of Health and Centers for Disease Control and Prevention.

3. 400+ CV Clinicians on Capitol Hill

ACC Legislative Conference 2025 was a huge success, with more than 400 clinicians advocating for their patients on Capitol Hill. More than 100 medical students, residents, fellows and early career members and 50 cardiovascular team members were in attendance, showcasing how advocacy is a team effort. ACC members participated in nearly 300 meetings with lawmakers, garnering support for several ACC priority bills.

4. HeartPAC: Supporting CV Champions

ACC Advocacy participated in more than 200 events with lawmakers in 2025 through HeartPAC. HeartPAC's crucial work allows the ACC to connect with emerging candidates, educate lawmakers on the issues impacting cardiovascular care, and ensure topics like clinician workforce, prior authorization reform and telehealth flexibilities are prioritized.

5. Advocating in Statehouses Across the US

ACC State Chapters held 11 lobby days in 2025, pushing for reforms to noncompete laws, expanding access to AEDs and more. In the past year, five states passed noncompete laws, eight states successfully advocated for bills to promote cardiac emergency preparedness, and ACC's Illinois

Chapter spearheaded legislation to secure coverage for annual peripheral artery disease screening in at-risk patients.

6. ACC Members in Action

ACC members sent thousands of messages through ACC's Action Alert system, urging their lawmakers to act on key issues and explaining the impact health policies can have on both patients and clinicians. Many members also opened their practice doors to give legislators an up-close look at how the cardiovascular care team delivers high-quality care.

7. Improving Maternal Health Outcomes

Several bills to improve maternal health have been introduced in Congress, aimed at providing coverage for remote monitoring devices, reauthorizing federal support for state-based maternal mortality review committees, and expanding federal grant programs to provide emergency obstetric care in rural areas. The ACC made maternal health a key topic at Legislative Conference, where bills like the *Connected Maternal Online Monitoring Act* gained traction.

8. Championing Timely Access to Care

After advocating for the *Improving Seniors' Timely Access to Care Act* at Legislative Conference, this bill to reform prior authorization processes secured majority bipartisan support in both chambers of Congress. Meanwhile, prior authorization reform bills have passed in states like Oregon, Virginia, Hawaii, Indiana and North Dakota.

9. Supporting Specialists in Mandatory Models

Value-based care in cardiology has made significant progress in the past year with the introduction of the Ambulatory Specialty Model (ASM) for heart failure and the Transforming Episode Accountability Model for CABG. Access the latest updates and resources for implementing ASM at [ACC.org/ASMForHF](https://acc.org/ASMForHF).

10. Expanding Payer Coverage

The ACC helped expand payer coverage through payer statements on appropriate indications. These coverage victories were for artificial intelligence-based quantitative coronary topography/coronary plaque analysis, renal denervation and drug-coated balloon. ■

CURIOS ABOUT ACC ADVOCACY INITIATIVES?

Drop by the **HeartPAC Lounge** in the Lounge & Learn Pavilion to get your policy questions answered by the experts, connect with other advocacy enthusiasts, and learn more about the HeartPAC Reception, happening tomorrow evening.

Plus, don't miss these advocacy conversations on the Heart2Heart Stage:

Private Capital, Public Consequences: The Great Cardiology Buyout; How Private Equity is Reshaping the Heart of Cardiology Care

Today at 12:45 p.m.

Equity in Action: Creating Sustainable Access to Specialty CV Care in Rural and Large Geographic Areas

Today at 1:45 p.m.

Health Care Payment Reform Landscape

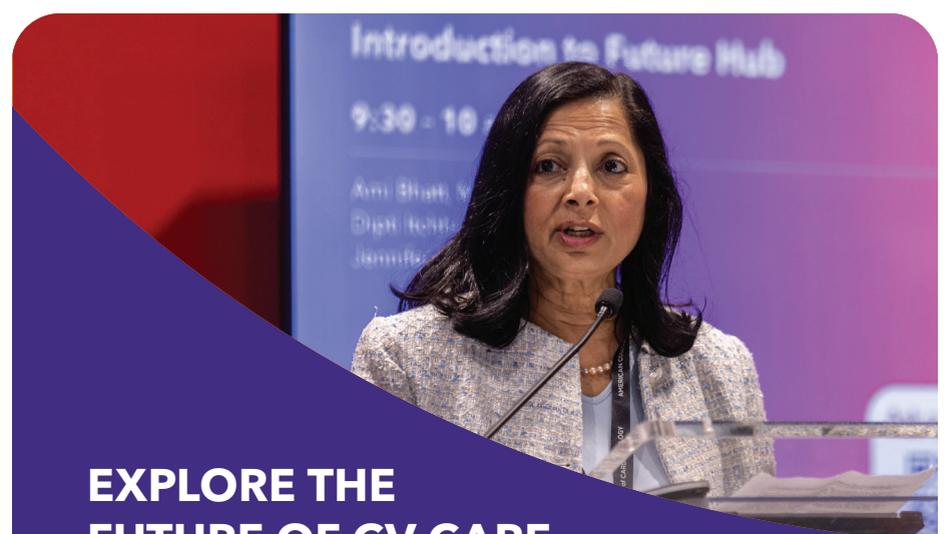
Tomorrow at 10 a.m.

Stemming the Tide: Non-Compete Agreements and State-Based Advocacy Strategies

Tomorrow at 2 p.m.

Advocacy in Action: Examples From Sports Cardiology, Cardio-OB and Vascular Medicine Experts

Monday at 10 a.m.



EXPLORE THE FUTURE OF CV CARE

Step into the Future Hub (Expo #148) and explore the future of cardiovascular care. The dynamic space showcases how emerging technologies, from digital health to advanced medical devices and big data, are reshaping care delivery and strengthening clinician-patient relationships.

Hear compelling presentations on real-world innovation and transformational technologies, meet with Future Hub Partners on the cutting edge, and don't miss the ACC.26 Innovation Pitch Challenge, a two-day event where groundbreaking ideas take center stage.

Day 1 Future Hub presentations will cover best practices for implementing artificial intelligence, building digital clinic workflows, and technologies advancing invasive procedures.

Learn more about the **Future Hub** in the ACC.26 App.

ABCVM Update: Innovation Slowed, Not Stopped

The American Board of Cardiovascular Medicine (ABCVM) recently issued an update on its ongoing efforts to modernize certification in cardiovascular medicine, following the American Board of Medical Specialties decision last year to deny the application to establish an independent cardiovascular board. The decision came despite broad support from the House of Cardiology, including the ACC, AHA, Heart Failure Society of America, Heart Rhythm Society, and the Society for Cardiovascular Angiography & Interventions.

Recognizing cardiovascular medicine as a distinct specialty,

ABCVM was designed to move certification away from high-stakes, episodic examinations and toward a technology-enabled, formative model that integrates real-world practice, quality improvement and nonclinical competencies.

While ABCVM continues to evaluate potential partnerships with alternative certifying organizations, differences in scale, recognition and philosophy have limited near-term options. Looking ahead, the Board is advocating for a “lifelong learning portfolio” model that leverages data analytics, artificial intelligence and real-time feedback to support continuous professional development across a cardiologist’s career.

“We remain committed to identifying viable pathways that align with our mission: creating a competency model that is formative, personalized and integrated into daily practice,” said ABCVM President **Jeffrey T. Kuvin, MD, FACC**, who is also the recipient of ACC’s 2026 Distinguished Educator award.

For now, the American Board of Internal Medicine (ABIM) remains the only recognized certifying body for cardiovascular medicine. ABIM continues to offer maintenance



Read the latest update from ABCVM at [CVBoard.org](https://www.cvboard.org). Scan the QR code to learn more about the CMP.

options including the Collaborative Maintenance Pathway (CMP), the 10-Year Examination and the Longitudinal Knowledge Assessment.

“Cardiovascular physicians should continue to maintain active certification through currently approved ABIM pathways, including continued participation in the CMP. Maintaining certification ensures professional standing today while preserving flexibility as future certification models evolve,” said ACC President **Christopher M. Kramer, MD, FACC**. “At the same time, our profession has evolved well beyond the boundaries of internal medicine, and the ACC

remains committed to pursuing a competency framework that reflects the complexity and realities of cardiovascular care – we owe it to our patients and to ourselves.” ■



“We remain committed to identifying viable pathways

that align with our mission: creating a competency model that is formative, personalized and integrated into daily practice.”

Jeffrey T. Kuvin, MD, FACC



You Found Artie at #ACC26



CHALLENGE CODE: 1PV96

ASK, LISTEN AND LEARN AT ACC.26 TOWN HALLS

At ACC.26 Town Hall sessions, your questions drive the conversation. Engage directly with experts, share real-world experiences and gain practical guidance on cardiology’s most pressing issues.

Stop by today’s Town Halls, including this year’s crowd-sourced session on concierge and direct reimbursement, to get your questions answered by the experts.

- **Renal Denervation Decoded: Your Questions, the Experts’ Answers**
Noon - 1 p.m.
- **Town Hall in Transcatheter Mitral City**
1:30 - 2:30 p.m.
- **Concierge and Direct Reimbursement Medicine and Cardiology**
3:45 - 4:45 p.m.

View the full lineup of **Town Hall** sessions in the ACC.26 App.





DAILY PATIENT CASE QUIZ

MANAGEMENT OF HFpEF

A 74-year-old woman with a history of heart failure with preserved ejection fraction (HFpEF; EF 60%) presents for evaluation. She reports shortness of breath after walking up any inclines but can exercise by walking on a flat surface for 15 minutes daily if she paces herself. Her other medical history includes coronary artery disease with a left anterior descending coronary artery stent to treat chronic stable angina three years ago, hypertension, atrial fibrillation, and dyslipidemia. Her medications include apixaban 5 mg twice daily, valsartan 80 mg daily, rosuvastatin 40 mg daily and furosemide 40 mg daily.

Her blood pressure is 128/78 mm Hg and BMI is 26.0. Her jugular venous pressure is unremarkable at 6 cm H₂O, lungs are clear, heart is regular without murmurs, abdomen is soft and nontender, and extremities are warm without edema.

Laboratory study results include potassium level 4 mEq/L and creatinine level 1.1 mg/dL with estimated glomerular filtration rate 62 mL/min/m².

Which one of the following is the best next step?

- A. Switch valsartan to sacubitril/valsartan 49/51 mg twice daily.
- B. Add dapagliflozin 10 mg daily.
- C. Add spironolactone 25 mg daily.
- D. Add tirzepatide starting at 2.5 mg weekly.

Scan the QR code to learn the answer.



For more activities, scan the QR code to visit ACC's free online course, **Managing HF Across the Spectrum: From Recognizing Symptoms to Implementing Appropriate Treatment**, part of the Transform HF Care Initiative, supported by Bayer.

**TRANSFORM
HF CARE**



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FIT JEOPARDY COMPETITION: BATTLE OF THE CHAPTERS

Gear up for one of the most eagerly awaited events at ACC.26: **FIT Jeopardy: Battle of the Chapters!** Watch as 40 State Chapter teams and four International Chapter teams put their clinical cardiology knowledge to the test in a friendly gameshow-style competition.

Each team of three Fellows in Training (FITs) has been preparing for the chance to become this year's Battle of the Chapters champions. Stop by the **Engage Stage** (Expo #3337) to cheer them on!

In addition to FIT Jeopardy, make sure to check out the **Gathering Zone**, located in the Lounge & Learn Pavilion, to connect with your peers. Also, join your colleagues in the **Education Zone** for useful sessions geared toward young professionals, and don't miss the **FIT Mix 'N' Mingle** taking place today at 5:30 p.m. at the Hilton New Orleans Riverside, Saint Charles Ballroom.



COMPETITION SCHEDULE

PRELIMINARY ROUNDS

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Fellowship is the ultimate professional achievement in cardiology. Apply to become an FACC today! Use the promo code **MyFACC** to have your application fee waived.

SATURDAY, MARCH 28

MORNING SESSION: 9:30 - 11:30 A.M.

9:30 - 10 A.M.

Group 1: Delaware, Alabama, Florida, Washington, DC

10 - 10:30 A.M.

Group 2: Minnesota, Kentucky, Ohio, Massachusetts

10:30 - 11 A.M.

Group 3: Georgia, South Dakota, Illinois, Mississippi

11 - 11:30 A.M.

Group 4: Puerto Rico, Tennessee, Connecticut, Maryland

AFTERNOON SESSION: 2:45 - 4:45 P.M.

2:45 - 3:15 P.M.

Group 5: North Carolina, New England, Nebraska, Hawaii

3:15 - 3:45 P.M.

Group 6: Pennsylvania, Indiana, Missouri, Rhode Island

3:45 - 4:15 P.M.

Group 7: Nevada, West Virginia, South Carolina, Louisiana

4:15 - 4:45 P.M.

Group 8: New Mexico, Virginia, New Jersey, New York

SUNDAY, MARCH 29

9:15 - 10:15 A.M.

9:15 - 9:45 A.M.

Group 9: California, Michigan, Wisconsin, Utah

9:45 - 10:15 A.M.

Group 10: Oklahoma, Oregon, Colorado, Kansas

Semi-Finals + International Jeopardy

U.S. FINALS

SUNDAY, MARCH 29

10:15 - 11:15 A.M.

10:15 - 10:45 A.M.

Semi-Final Group A:
Winners from groups 1-3

10:45 - 11:15 A.M.

Semi-Final Group B:
Winners from groups 4-6

3:15 - 4:15 P.M.

3:15 - 3:45 P.M.

Semi-Final Group C:
Winners from groups 7-10

3:45 - 4:15 P.M.

International FIT Jeopardy:
Singapore, Mexico, Malaysia, Egypt

4:15 - 4:45 P.M.

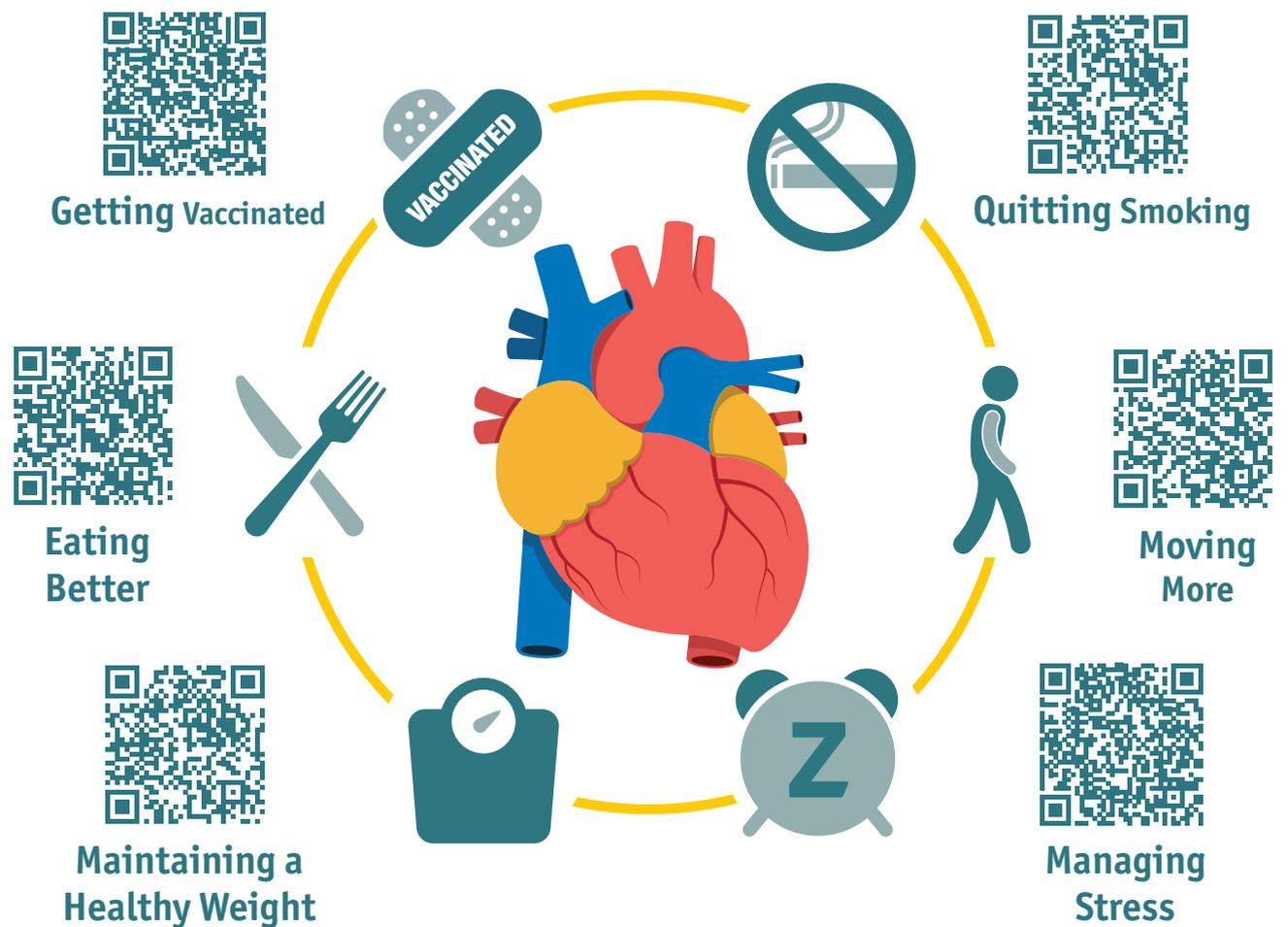
US Finals: Face-Off With Semi-Final A, B, & C Winners



Prevention Starts at Home

Healthy habits throughout life - eating better, moving more, maintaining a healthy weight and not smoking - are important steps patients should take to protect their heart health. Keeping an eye on health conditions that make heart disease more likely, such as diabetes, hypertension and high cholesterol is also key.

Access CardioSmart resources, infographics and discussion guides to help patients learn about actions they can take to improve their health and prevent heart disease.



LAB SCREENING

Visit us at Booth #553 for complimentary screening for:

- Lp(a)
- Lipid Panel
- hs-CRP
- A1c
- UACR



1 in 5 adults have an Lp(a) level that is too high.

Albuminuria is associated with an increased risk of: CAD, stroke, HF, arrhythmias and more.

High CRP is linked to a 3x greater risk of heart attack.



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Visit ACC Central, Booth #1337, to learn more!

*ACC.26 attendees who log in from March 28-30 will automatically be entered into the drawing. The winner will be selected at random and notified by email.

3-month free trial begins March 28 regardless of the date of account activation and is available to professional attendees only.

