NEW ORLEANS
SUNDAY
MARCH 29, 2026

ACC.26 Daily
AMERICAN COLLEGE of CARDIOLOGY

INSIDE

MORE

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ACC.26 Opens With Energy, Purpose and a Call to Lead – Together

New Orleans' spirit shines as the Kinfolk Brass Band welcomes ACC.26 attendees to a city defined by rhythm, heart and community.

Blending celebration, reflection and forward-looking vision, ACC.26 began in true New Orleans style at the Opening Showcase Session, drawing thousands of cardiovascular professionals together.

From the moment the doors opened, the energy in the room set the tone for a meeting defined by innovation, mentorship and resilience. The session began with a vibrant second line procession ushering in ACC leaders and VIPs, bringing the spirit of the Big Easy directly into the convention hall.

Taking the stage, ACC Scientific Session Chair **Katie Berlacher, MD, MS, FACC**, welcomed attendees and thanked the many volunteers, faculty and staff who made the meeting possible.

She highlighted the breadth of scientific discovery, education and connection ahead over the coming days, before turning the program over to ACC President **Christopher M. Kramer, MD, FACC**.

"It's always inspiring to see the ways ACC members support each other along their career journeys," Kramer said. "Over the next few days, we'll have even more opportunities to learn from one another, to be inspired, and to continue moving our profession – and patient care – forward together."

Reflecting on his presidential year, Kramer revisited the theme of a "Fantastic Voyage," using it as a framework to explore how innovation, mentorship and resilience continue to shape

Continued on Page 2

CHAMPION-AF: Left Atrial Appendage Closure vs. Anticoagulation For AFib

Device-based left atrial appendage (LAA) closure was comparable to non-vitamin K antagonist oral anticoagulant (NOAC) therapy in reducing the combined rate of death from cardiovascular causes, stroke, or systemic embolism at three years in patients with atrial fibrillation (AFib) who were candidates for anticoagulation, based on findings from the CHAMPION-AF trial presented at ACC.26 and simultaneously published in *NEJM*. In addition, LAA closure was superior to long-term NOAC therapy for prespecified nonprocedure-related bleeding over the same time period.

CHAMPION-AF is the first prospective, multinational, randomized trial to test whether LAA closure is noninferior to NOACs in patients who

Continued on Page 4

HI-PEITHO: Ultrasound-Facilitated, Catheter-Directed Fibrinolysis For Acute PE

In patients with acute, intermediate-risk pulmonary embolism (PE), ultrasound-facilitated, catheter-directed fibrinolysis plus anticoagulation led to a lower risk of PE-related death, cardiopulmonary decompensation or collapse, or recurrence of PE compared

Continued on Page 5

TODAY'S SCHEDULE
SUNDAY MARCH 29, 2026

AI Intensive III: Pixels to Progress – Research Frontiers in CV Health AI Featuring the Zipes Distinguished Young Scientist Awardee Keynote
8:30 - 9:30 a.m.
Room 356

Joint ACC/*NEJM* Late-Breaking Clinical Trials III
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
9:15 - 11:15 a.m.
3:15 - 4:45 p.m.
Engage Stage, Expo #3337

Poster Sessions
9:15 a.m. - 4:45 p.m.
Hall E

Late-Breaking Clinical Trials IV
10:45 - 11:45 a.m.
Main Tent, Great Hall

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

Featured Clinical Research III
12:15 - 1:15 p.m.
La Nouvelle B

Featured Clinical Research IV
1:45 - 2:45 p.m.
La Nouvelle B

2026 Eugene Braunwald Keynote: The Future of AI and CV Medicine: Songs of the Heart
1:45 - 2:45 p.m.
Room 253

Late-Breaking Clinical Trials V
4 - 5 p.m.
Main Tent, Great Hall

***JACC* Reception/Award Recognition**
5:30 - 7 p.m.
Hilton Riverside, St. Charles Ballroom

Hypertriglyceridemia and CV Health: Recognizing Risks and Tackling Management
6 - 7:30 p.m.
La Nouvelle B

WEAR YOUR ACC BLUE TOMORROW!
Show your ACC pride on Monday, March 30 by wearing blue. Forgot your blue at home? The store at ACC Central has you covered.

Scan the QR code to access the Featured Employers Guide ahead of the ACC.26 Career Fair, happening today from 11 a.m. to 1 p.m.

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

- CHIP-BCIS3
- ALL-RISE
- ORBITA-CTO
- FAST III
- SPIRIT-HF
- CADENCE
- IMPEDANCE-HFPEF
- SCOUT-HCM
- SURVIV
- PRO-TAVI
- PROTECT H2H
- TRI-FR

the College. He emphasized ACC's growing leadership in artificial intelligence (AI), including new partnerships, the formation of a Presidential AI Integration Task Force, and efforts to embed AI thoughtfully across education, guidelines and meetings.

Kramer also underscored ACC's commitment to delivering timely, trustworthy clinical guidance through a range of formats – from Clinical Guidelines and Appropriate Use Criteria to Concise Clinical Guidance and Scientific Statements – while supporting implementation through education, quality initiatives and registries.

Mentorship remained a central theme, with Kramer highlighting ACC's expanding portfolio of leadership and professional development programs, many supported through philanthropy. He also announced the launch of new initiatives, including the Thad and Gerry Waites Rural Cardiovascular Research Fellowship, the Fuster Prevention Forum, and a bold new public-private collaboration, starting with Merck and Amgen, that will help clinicians implement new guidelines and other evidence-based recommendations in day-to-day clinical practice.

Kramer also reflected on a year of engagement with policymakers, emphasizing the importance of staying grounded in science, data and patient-centered care amid a changing advocacy and health policy landscape.

Additionally, the Opening Showcase honored and recognized ACC's Distinguished Lifetime Achievement Award recipient, **Zohair Y. Alhalees, MBBS, FACC**, for his more than four decades of leadership in congenital heart surgery and transformative impact on cardiac care in Saudi Arabia and around the world.

The Presidential Citation was also presented to **Thad F. Waites, MD, MACC**, for a lifetime of leadership, advocacy, mentorship and philanthropy that has profoundly shaped the College and the cardiovascular profession.

Following the awards, Berlacher closed the session with a look at the not-to-miss highlights of the meeting – her last as chair. "This meeting is intentionally designed to pull you in at every turn...so that you can return home with knowledge that you can put into practice on Tuesday morning," she said. "It has been a journey filled with innovation, transformation, challenge, creativity and so much joy. Standing here today, I could not be more proud of what we have accomplished." ■

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 visit ***ACC.org/ACC2026*** for instant news coverage from the meeting!

AMERICAN COLLEGE of CARDIOLOGY

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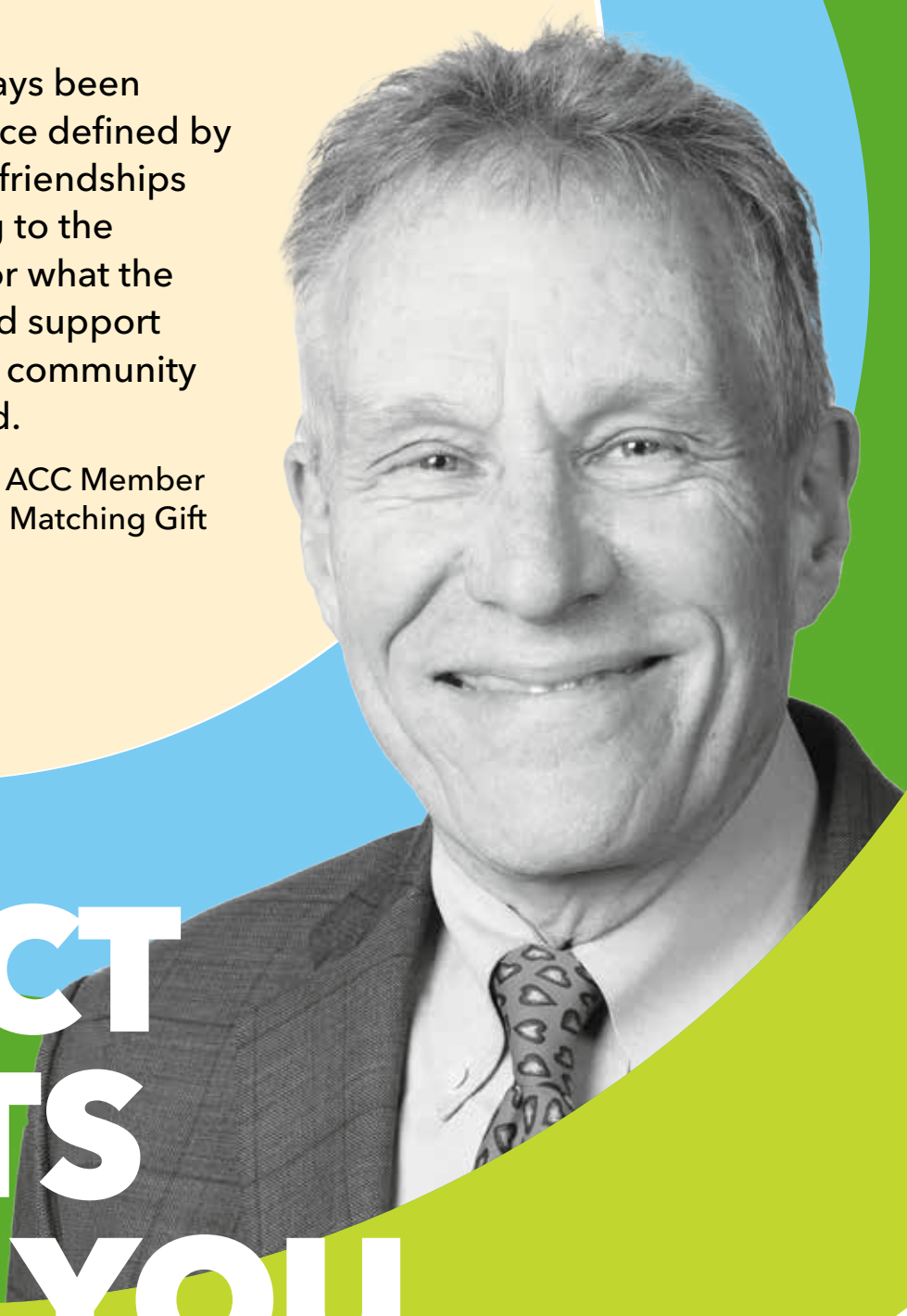
For me, the ACC has always been about community – a place defined by integrity, leadership and friendships that last a lifetime. Giving to the Foundation is how I honor what the College has given me and support programs that foster that community and the future of our field.

– **Harvey J. White, MD, FACC**, ACC Member & Donor Providing a $25,000 Matching Gift During ACC.26



IMPACT STARTS WITH YOU

Donate at ACC.26 and help unlock a $25,000 match to power educational travel grants for emerging cardiovascular professionals.

Thanks to ACC Foundation donor Harvey J. White, MD, FACC, every gift will be DOUBLED, expanding access to life-changing education and accelerating the next generation of cardiology leaders.

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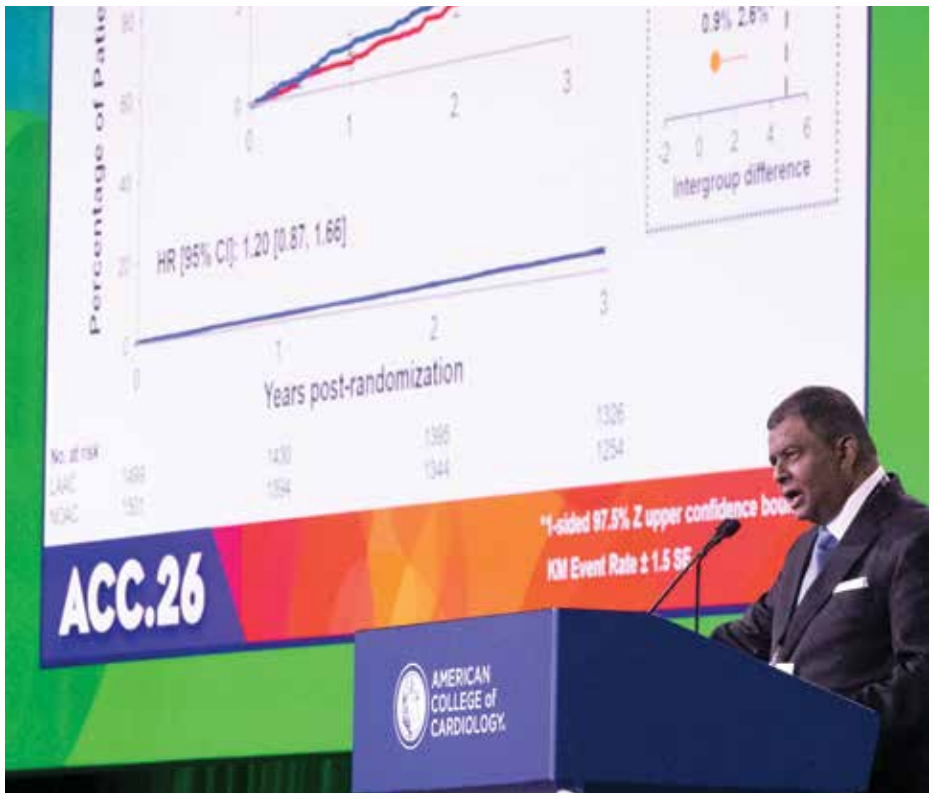
CHAMPION-AF continued

are able to take long-term blood thinners irrespective of whether they have undergone prior AFib ablation. The study included 3,000 patients (average age 72 years, 32% women, 85% White) with nonvalvular AFib who had a moderately elevated risk of stroke (average CHA_2DS_2-VASc score of 3.5) and low bleeding risk (mean HAS-BLED score of 1.3) at 141 sites across 16 countries.

A total of 1,501 patients were randomized to receive a NOAC at the discretion of the treating physician and 1,499 were randomized to undergo LAA closure with the WATCHMAN FLX device. After three years of follow up, 5.7% of patients in the LAA closure group and 4.8% of those in the medical therapy group experienced the trial's primary efficacy endpoint – a composite rate of ischemic stroke, hemorrhagic stroke, cardiovascular death and systemic embolism – which met noninferiority.



"Our data suggest that the LAA closure device used in this trial is a potential and reasonable alternative to medication, even among patients who are suitable for long-term blood thinners, and may be discussed as part of a shared decision-making process," said **Saibal Kar, MD, FACC**, co-principal investigator of the study.

Broken down by individual components, researchers found no difference in deaths, systemic embolism or hemorrhagic strokes, but observed slightly more ischemic strokes among those undergoing the LAA closure procedure (3.2% vs. 2%). Results for the primary safety endpoint – the combined occurrence of major and nonmajor, but clinically relevant, nonprocedural bleeding at three years – showed that those in the medical therapy group had almost twice the rate of bleeding events. Bleeding occurred in 10.9% of those in the LAA closure group and 19% of those in the medical therapy group.

"This is an important finding because we studied people who we thought were good candidates for blood thinners – they are not contraindicated for long-term anticoagulation and they have low bleeding risk – and in spite of that, they had increased bleeding over time," said Kar.

The team also conducted a secondary analysis that looked at major and clinically relevant nonmajor procedural and nonprocedural bleeding and found that at three years, the LAA closure group had fewer events compared to the medical therapy group (12.8% vs. 19%, respectively).

Kar and team will follow patients for five years to determine whether LAA closure is noninferior to NOACs for ischemic stroke and systemic embolism over the longer term.

In a related editorial comment, **Gregory M. Marcus, MD, FACC**, highlights the valuable contributions of CHAMPION-AF in demonstrating LAA closure as an alternative to NOACs in some patients. He notes the potential long-term harms of anticoagulation, patient preferences, and the importance of shared decision-making free from financial bias as factors that might support LAA closure over NOACs on a case-by-case basis. However, the data are insufficient to conclude that this approach is broadly as effective as standard NOAC therapy for most patients with AFib, he writes. ■

HI-PEITHO continued

with anticoagulation alone. These findings from the HI-PEITHO trial were presented at ACC.26 and simultaneously published in *NEJM*.

The trial enrolled 544 patients at 59 sites in the U.S. and eight European countries. Participants had intermediate-risk PE with two additional indicators of clinical severity. Half of the patients were randomly assigned to ultrasound-facilitated catheter-directed thrombolysis, and the other half received standard systemic anticoagulation (control group).

At 30 days, 4% of those in the catheter-based treatment group and 10.3% of those in the control group experienced the trial's primary composite endpoint of PE-related death, cardiorespiratory decompensation or collapse, or symptomatic PE recurrence within seven days of randomization. The 61% between-group difference was significant in favor of the catheter-based treatment arm and was driven by a reduction in the rate of cardiorespiratory decompensation or collapse in this group, said researchers.

In other findings, no brain bleeds occurred, and there were few deaths in either study arm. In addition, the results showed no significant difference in deaths of any cause or in major bleeding complications between groups.

The trial is the first to directly compare clinical outcomes from a catheter-based strategy vs. systemic anticoagulation alone in patients with elevated-risk forms of PE. "This trial shows that a catheter intervention can indeed be effective and improve the prognosis for patients with severe PE and elevated risk of early death or life-threatening complications," said **Stavros V. Konstantinides, MD, PhD**, the study's lead author. "If the right patients are selected for this procedure, it can prevent patients from deteriorating and it can do so at an acceptably low risk of bleeding complications."

Researchers are currently tracking patient outcomes up to 12 months to assess potential differences in long-term survival, late complications, functional outcomes, quality of life and health care utilization.

In a related editorial comment, **Alex C. Spyropoulos, MD**, and **Suresh Vedantham, MD**, say the findings "support a lower threshold for the use of ultrasound-facilitated, catheter-directed thrombolysis in patients with PE who would have been categorized as having intermediate-high risk or the equivalent according to recent guidelines." However, they caution that the "wisdom of applying this approach to patients with less severe intermediate-risk PE remains unclear and will benefit from additional studies." ■

The Future of AI and CV Medicine: Early Detection, Data-Driven Action

Artificial intelligence (AI) is increasingly touching more aspects of modern life, offering great promise, but also great risk. The great potential and concerning influences of AI on medicine, clinicians and patients will be examined by one of its early adopters, **Paul A. Friedman, MD**, during today's Eugene Braunwald Keynote.

Friedman's first published research in the AI space dates back to 2010, investigating the use of AI to inform early diagnosis of various cardiac issues.

Friedman is an electrophysiologist and the Norman Blane and Billie Jean Harty Chair at the Mayo Clinic's department of cardiovascular medicine in Rochester, MN. His background is in electrical engineering and includes multidisciplinary studies spanning history, philosophy and the humanities. This eclectic undergraduate education continues to pay dividends as he collaborates with ethicists, lawyers, engineers and AI scientists to develop a comprehensive, thoughtful approach to incorporating AI into medical practice.

Friedman's Keynote will examine emerging biomarkers that are driving advances in early diagnosis, the expedited processing of data through AI and the thoughtful application of this information into clinical practice.

"I want to demonstrate in real practical terms how AI is fundamentally transforming the paradigm of medicine by allowing us to detect disease early in areas in which we can intervene and affect people's lives – prevent them from dying and from having hospitalizations," Friedman says. "AI enables us to see subtle patterns and detect disease before it manifests."

From his electrophysiology perspective, Friedman considers the "mountains of physiologic data" captured by catheter ablation procedures and implantable cardiac devices as an untapped opportunity to detect disease earlier and to act on these diagnoses more effectively.

"As I gained experience, my thinking evolved from marveling at the remarkable advanced invasive treatments we can offer patients to instead contemplating the use of all of this information to identify when someone has an impending problem," he explains.

Friedman also points out that many clinicians already are using AI scribes to generate notes for patient health records. This tool helps clinicians save time in completing administrative tasks and allows patients more access to information about their conditions.

But with the promise of accelerating detection, improving care and making information more accessible, expanded use of AI throughout the medical field presents various concerns and potential drawbacks.

"As powerful as these tools are, they come with risks," Friedman says. "I think we need to acknowledge and address them and talk about what we can do as a community to ensure AI is used for good. As Uncle Ben told Spiderman – and Voltaire said years before that – with great power comes great responsibility."

It is important to accept that AI is transforming medicine, he says, adding, "The question is whether we will be driving the change or whether we will be driven by it. I'd like to see physicians in partnership with scientists, engineers, ethicists and other dedicated professionals leading the change, and ensuring the deployment of AI in medicine is for the good of humanity." ■

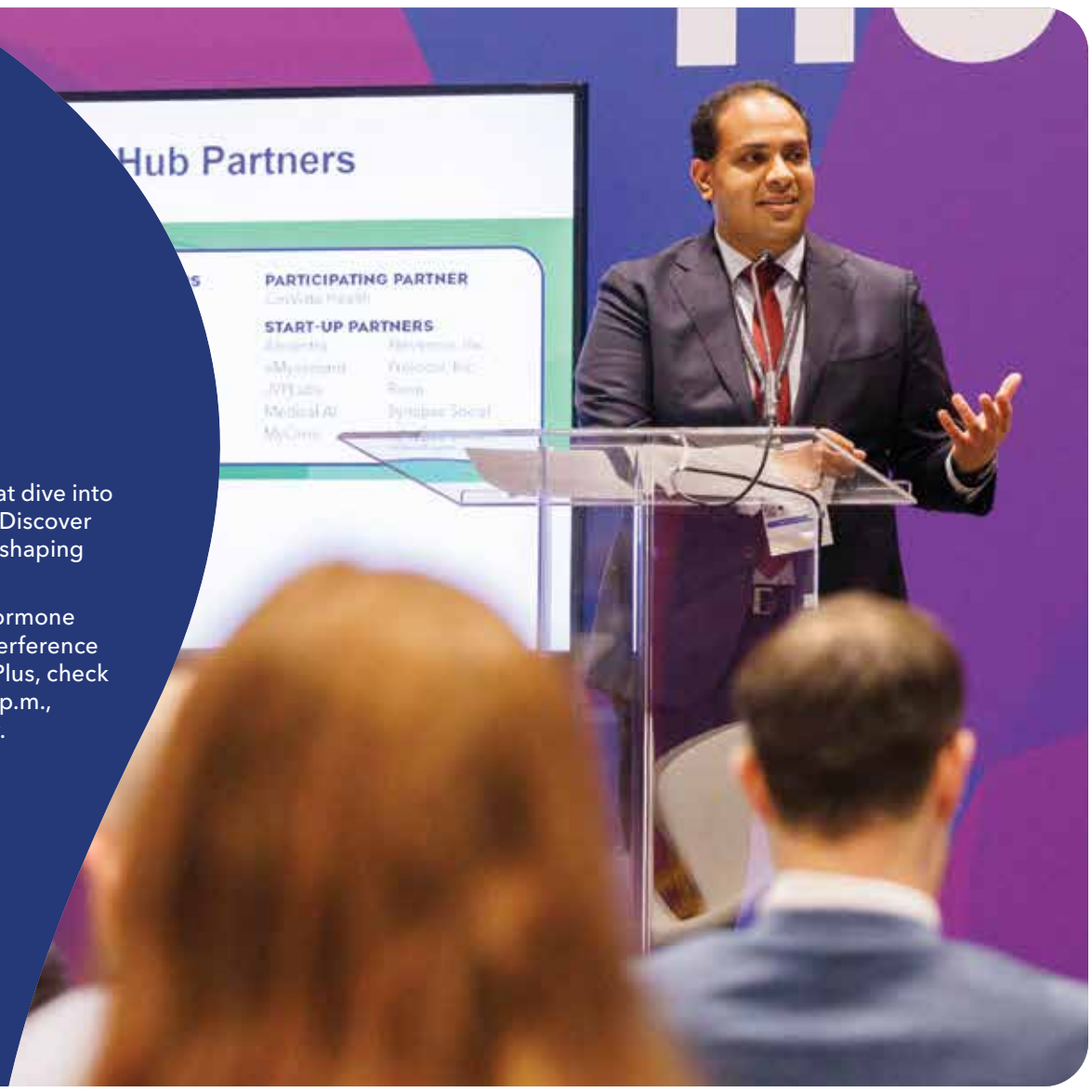
Don't miss today's **Eugene Braunwald Keynote**, from 1:45 to 2:45 p.m. in Room 253, and find other sessions on AI by searching '**Artificial Intelligence**' in the ACC.26 App.

FUTURE HUB: WHERE INNOVATION TAKES CENTER STAGE

Step into the Future Hub for forward-looking sessions that dive into the technology trends transforming cardiovascular care. Discover how innovation is driving new clinical possibilities and reshaping the clinician-patient relationship.

Don't miss sessions on emerging sensors and devices, hormone replacement therapy and cardiovascular events, RNA interference therapeutics, AI-powered guideline insights, and more. Plus, check out day two of the Innovation Pitch Challenge today at 3 p.m., showcasing exciting advances in noninvasive technology.

Find more **Future Hub** details in the ACC.26 App.



PRE-CONFERENCE SESSIONS MARK A POWERFUL START TO ACC.26

Urgent and high-stakes conditions encountered in the intensive care unit were examined during the sold-out **Essentials in Critical Care Cardiology** pre-conference, reinforcing the importance of rapid decision-making and interdisciplinary teamwork.

Participants explored the latest evidence in cancer-related cardiovascular risk, including patient-centered treatment planning and strategies for improving long-term outcomes at **Advancing the CV Care of the Oncology Patient.**

Care of the Athletic Heart saw significant engagement among attendees, tackling the unique challenges of evaluating and managing active patients – from casual fitness enthusiasts to elite competitors.

At the **NP/PA CCK Exam Review Course**, NPs and PAs gathered for a comprehensive, expert-led session to help prepare for the Certified Cardiovascular Knowledge (CCK) Exam offered by the ACC in November.

The ***JACC* Education Workshop**, one of the most popular pre-conference sessions, offered a behind-the-scenes look at translating new evidence into real-world practice change to a packed room of attendees.

ACC Accreditation Services: Guiding Health Systems to QI Success

Working across health care disciplines, departments and facilities is essential for system-wide success in cardiovascular quality improvement (QI), and **Elizabeth A. Maiorana, MBA, MSN, RN**, vice president for the cardiovascular service line at Hackensack Meridian Health (HMH) Network in New Jersey, has spent her career coordinating care teams to achieve this vision.

Under her leadership, eight HMH sites have earned multiple accreditations from ACC Accreditation Services – seven achieving HeartCARE Center designation. From meeting national benchmarks for door-to-balloon times to protecting cath lab staff from radiation exposure, accreditation efforts supported by NCDR data have led to measurable improvements in patient care, clinician safety and the organization's outcomes.

"It's critical to be able to demonstrate the value and worth of what we're doing," says Maiorana. "Right now, everyone is focused on readmissions, length of stay, discharge to home and when to implement evidence-based best practices."

At its core, ACC Accreditation Services brings together health care professionals across disciplines to identify gaps, promote efficiency and advance guideline-driven care.

"Cardiology, emergency medicine, hospital medicine, administration and nursing all come together to formulate these tools to lead accreditation," says ACC Accreditation Oversight Committee Chair **Steven B. Deitelzweig, MD, MMM, FACC**. "Whether that's in the cath lab or congestive heart failure or chest pain, it's a deliverable product that really pays dividends."

This year marks 10 years since the ACC and Society of Cardiovascular Patient Care (SCPC) joined forces to establish ACC Accreditation Services, combining SCPC's accreditation expertise with ACC's registries, quality initiatives and educational resources.

"The accreditation process has really grown and evolved," says **Deepak L. Bhatt, MD, MPH, MBA, FACC**, chair of the ACC Accreditation Services Nominating Committee. "We are now in more hospitals, we've expanded the scope of what accreditation can offer, and we've expanded collaborations with other organizations such as MedAxiom and NCDR, providing a menu of services from which to choose for different hospitals and health care systems."

Maiorana describes the merger as a "game changer," aligning accreditation requirements with the latest standards for data collection and care delivery from the national societies.

With metric benchmarks and accreditation best practices coming from the College, Maiorana says there is enhanced credibility behind her team's QI initiatives – especially among physicians.

"As the standards change from our national society, so do the guidelines related to what's happening in our accreditations, and that is now consistent with what our physician providers need to achieve," she says.

This alignment ensures everyone understands the actions required to achieve high-quality patient care, a goal the ACC and its accredited facilities continue to aspire toward.

"Over the past decade, our accreditation programs have helped hospitals identify opportunities for improvement and forge a path forward, moving us closer to our ultimate goal of a world where science, knowledge and innovation optimize patient care," says ACC CEO **Cathleen C. Gates**.

Read about how Maiorana and her team partner with ACC Accreditation Services to achieve QI success in *Cardiology* magazine. ■

ACC.26 Science Making Headlines: Screen Time and CV Risk, Alcohol Consumption and Mortality, More

ACC.26 findings aren't just resonating within the cardiology community – they're reaching patients and the wider public too. Here's a look at some of the standout studies making headlines in major consumer news outlets.

More Screen Time, More CV Risk: Young adults who reported spending six or more hours a day on screens outside of school or work had higher levels of systolic blood pressure (+18 mm Hg), LDL-C (+28 mg/dL) and BMI than those with more limited time – suggesting screen time as an emerging risk factor for heart disease. The finding was independent of physical activity and remained after adjusting for age, sex and baseline clinical characteristics. Additionally, high screen time plus low physical activity had an even greater adverse impact. Based on questionnaires completed by 382 adults about 35 years old living in Pakistan, researchers found higher screen time was also associated with a higher rate of smoking and vaping.

Alcohol and CV Risk: A study of some 340,000 British adults found that high alcohol intake increased the risk of death from any cause and heart disease, by 24% and 14%, compared to never or occasional drinkers. But, at low and moderate levels of intake, differences in risk emerged by type of alcohol, with a 9% higher risk of cardiovascular death with spirits, beer and cider while the same level of wine consumption was associated with a 21% lower risk of death. Researchers said the study provides a more comprehensive and nuanced picture of the health impacts of alcohol intake.

Shingles Vaccine Reduces Cardiac Events: Adults over age 50 with atherosclerotic cardiovascular disease who had a shingles vaccine, vs. no vaccine, were 46% less likely to suffer any major adverse cardiac event and 66% less likely to die from any cause. Their risk of a heart attack was 32% lower and risk of a stroke or heart failure was 25% lower. Noting the study of 246,822 U.S. adults focused on the first year after vaccination, researchers said the lifetime impacts may differ, with a previous study suggesting cardioprotective effects may last up to eight years.

Sharp Rise in HBP-Related Deaths in Women: A fourfold increase in hypertension-related deaths, from 1.1 to 4.8/100,000 deaths, was found over the last two decades among women aged 25 to 44 years; some 29,000 died. Non-Hispanic Black women had the highest rate vs. non-Hispanic White women (8.6 vs. 2.3/100,000). Rates differed by region, with the highest in the South, followed by the Midwest, Northeast and West (3.8, 2.8, 2.2 and 1.9/100,000, respectively).

Vascular Aging and Dementia: Measures of vascular health derived from routine blood pressure readings may help identify adults at increased risk for dementia. Two analyses from SPRINT showed that pulse pressure-heart rate index independently predicted risk of dementia among adults >50 years, with each unit increase associated with a 76% higher risk, and that persistently elevated or rapidly increasing estimated pulse wave velocity was associated with a greater likelihood of developing dementia. ■

ACC.26 SCIENCE PUBLISHED ACROSS *JACC* JOURNALS

Several *JACC* Journals have simultaneously published science from ACC.26, covering topics like lipoprotein(a) and coronary artery calcium and cardiovascular risk, differential impact of adverse events on mortality post PCI, dysfunctional fat as a driver of heart failure with preserved ejection fraction, and more. **Scan the QR code** to access all *JACC* Journals' simultaneous publications, sessions and events.

With support from a generous ACC Foundation gift by **Chittur A. Sivaram, MBBS, MACC**, Friday's Chittur A. Shivaram Program Directors and Graduate Medical Educators Symposium brought together medical program directors, educators and mentors for a series of engaging sessions and day of networking with the broader PDGME community.

James T. Dove Keynote Highlights Power of Teams in Delivering the Next Generation of CV Care

The enduring impact of teamwork in cardiovascular medicine took center stage during the James T. Dove Keynote at ACC.26, delivered by ACC Past President **Cathleen Biga, MSN, MACC**. Drawing on the legacy of **James T. Dove, MD, MACC**, Biga issued a clear and compelling call to action: the future of high-quality cardiovascular care depends not on dashboards or checklists, but on empowered, aligned teams working together with purpose.

Biga reflected on Dove's pioneering vision, noting that he was among the first leaders to recognize that great cardiovascular care is delivered by teams – not silos. Long before team-based care became a widely embraced model, Dove championed shared accountability, transparency and the thoughtful use of data to drive improvement, she said.

Throughout her lecture, Biga challenged attendees to move beyond measurement alone and focus instead on transforming *how* care is delivered. While health systems are rich in data, she argued, what is often lacking is alignment, ownership and true implementation science. Real progress requires redesigning workflows and culture so that operational and clinical teams work together seamlessly.

"Quality is not about checking boxes," she said. "Dashboards don't change outcomes; teams do."

Biga outlined core principles that define high-performing cardiovascular teams, including shared accountability, transparent metrics, dyad leadership, and clear operational ownership and alignment. Trust, she stressed, is foundational. "The best cardiovascular care is delivered by teams that trust each other," she said.

She highlighted the many advantages of team-based care, including improved coordination and integration for patients, as well as greater professional satisfaction among clinicians. For health systems, Biga said effective team-based care leads to more efficient care delivery and use of resources and facilities.

Strong leadership is key to achieving these benefits. Effective team leaders create urgency, articulate a clear vision, communicate consistently, empower others to act, and celebrate wins along the way, Biga said. Just as importantly, they consolidate improvements so that success is scalable and sustainable.

Biga also emphasized the importance of culture, which is built when physicians and administrators lead together and are aligned around strategy. Operational excellence requires physician leadership, administrative partnership through dyad models, a safe work environment, shared goals, and an aligned vision, she said.

The lecture also addressed the role of teams in alleviating clinician burnout and rising complexity in care delivery. "Teams can improve the quality of the care provided and address some of the issues contributing to burnout," Biga said. "It's hard to stay on top of everything. That's where having the right team work with you is going to be critical. The sum is greater than each individual part."

In closing, Biga offered a powerful tribute to Dove's legacy – and a challenge to the cardiovascular community. "The best way to honor Dr. Dove's legacy is by building teams who use data that facilitate the delivery of the next generation of exceptional cardiovascular care," she said. "No dashboard ever saved a patient. But a great cardiovascular team does it each and every day." ■

NEXT UP ON THE HEART2HEART STAGE

Join ACC leaders and global experts at the Heart2Heart Stage for informal discussions on a wide range of clinical, academic and clinician well-being topics. Today's highlights include:

- **Inflammation and CVD: What Clinicians Need to Know**
  8 - 8:30 a.m.
- **Financial Literacy and Preparedness 101**
  9 - 9:30 a.m.
- **Health Care Payment Reform Landscape**
  10 - 10:30 a.m.
- **Inflammation Without Borders: Multi-Organ Insights in Cardio-Rheumatology**
  11 - 11:30 a.m.
- **ACC Clinical Policy: From Guidelines to Expert Consensus in CVD Prevention**
  Noon - 12:30 p.m.
- **GHATI and STENT SAVE A LIFE Together: Reducing STEMI Mortality Worldwide in Low- and Middle-Income Countries**
  1 - 1:30 p.m.
- **Stemming the Tide: Noncompete Agreements and State-Based Advocacy Strategies**
  2 - 2:30 p.m.
- **Purposeful Presentation Design For CV Education**
  3 - 3:30 p.m.
- **Fortifying the Future of Our Workforce With Purpose**
  4 - 4:30 p.m.

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

NEW ORLEANS HEALTH FAIR:
HEALTH EQUITY IN ACTION

ACC's New Orleans Health Fair welcomed more than 300 community members for a successful day of heart health education last weekend at the historic Treme Recreation Community Center. Participants engaged in free heart health screenings, interactive education sessions, and conversations with ACC health equity advocates and local chapter members.

Thanks to the dedication of volunteers and partners, the event showcased health equity in action and reinforced the College's commitment to expanding access to cardiovascular care.

ACC Health Fair: Scale and Impact

- **300+** Community Members
- **52+** Volunteers
- **100+** Heart Screenings
- **50+** Blood Pressure Checks
- **25+** Local Organizations
- **10+** Heart Health Presentations

Scan the QR code for more event highlights.

ACC.26 TOWN HALL
HIGHLIGHTS INCLUSION, CONNECTION AND COMMUNITY

From discussion to celebration, community-building was front and center on Friday evening at the annual Diversity & Inclusion Town Hall hosted by ACC's Workforce Culture and Engagement Committee followed by an LGBTQ+ Networking Reception with leaders of ACC's LGBTQ+ Work Group.

FOSTERING COLLABORATION, PROMOTING EQUITY

The Health Equity Hub at ACC.26 is the place to explore relevant education, spark meaningful conversations and foster collaboration to ensure equitable cardiovascular care for all. Don't miss today's sessions:

The Health Equity Hub Toolkit: Data and Resources to Improve Patient Outcomes
9:45 - 10:45 a.m.

Championing Communities of Health: A Cross-Industry Panel Discussion on Health Equity Programs
3 - 4 p.m.

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

EXPLORE EACH LOUNGE & LEARN ZONE

Discover four unique zones in the Lounge & Learn Pavilion, each designed for connection, education and hands-on learning.

- **The Gathering Zone:** Recharge, meet peers and join sessions tailored for CV Team, Young Professionals and Women in Cardiology.
- **The Education Zone:** Dive into nonclinical and professional development topics across three engaging theaters.
- **The Personalized Skills Zone:** Build procedural and decision-making skills with two Escape Room team challenges.
- **The Meet-Up Zone:** Connect with colleagues and expand your network.

Other exclusive Lounge & Learn spaces include the Faculty Lounge, HeartPAC Lounge and the "FAM" Lounge for FACC, AACC and MACC members.

IMMERSIVE LEARNING SPOTLIGHT: THE PERSONALIZED SKILLS ZONE

One of the hottest and most active areas of the conference, the **Personalized Skills Zone** is a "can't miss" spot in the Lounge & Learn Pavilion. Interactive simulation stations and dynamic expert-led cases offer hands-on learning for cardiac and pulmonary POCUS, cardiopulmonary exercise testing, and transvenous pacing and TEE use.

Attendees can also practice pulmonary artery catheter interpretation and VA ECMO use, cheer on their favorite team in the STEMI Smackdown Finals, happening today at 10 a.m., or compete themselves in this year's Escape Room where teams race to manage a simulated pulmonary embolism or cardiac arrest.

Search "**Hands-On Learning**" in the ACC.26 App for more interactive education.

KARDINAL: Tonlamarsen Reduces Plasma AGT, Not SBP

A monthly dose of the novel drug tonlamarsen significantly reduced plasma angiotensinogen (AGT) levels compared to a single dose of the drug followed by a placebo, but no reduction in systolic blood pressure (SBP) was observed in patients with uncontrolled hypertension, according to the phase 2 KARDINAL trial presented during a Late-Breaking Clinical Trial session at ACC.26 and simultaneously published in *JACC*.

The trial was designed to evaluate the efficacy of tonlamarsen, an investigational antisense oligonucleotide-targeting hepatic AGT synthesis in patients with uncontrolled hypertension who were taking two to five antihypertensive medications. The co-primary endpoints were the differences between patient groups in the change from baseline to week 20 in plasma AGT and office SBP.

The randomized, placebo-controlled trial enrolled 485 patients with SBP ≥135 mm Hg at 39 sites in the U.S. from February through August 2025, with 279 given a placebo lead-in in Part A and 206 given a single 90 mg subcutaneous injection of tonlamarsen in Part B. The most common reason for patient ineligibility for Part B was having an office SBP <135 mm Hg.

Four weeks after the injection, 100 patients were randomized to receive 90 mg of tonlamarsen every four weeks for 16 weeks (tonlamarsen group) and 98 were randomized to receive a placebo (tonlamarsen/placebo group). The mean age of patients was 61 years, 59% were men, 49% were Black, 33% had diabetes and 11% had an eGFR <60 mL/min/1.73^2.

> **"Although there was a significant difference in percent AGT lowering between treatment groups, 20 weeks following a single dose of tonlamarsen there was still a mean reduction of 23% from baseline in serum AGT levels."**
>
> **Luke J. Laffin, MD, FACC; Steven E. Nissen, MD, MACC; et al**

Among patients in the tonlamarsen group, plasma AGT levels were reduced by 67% from baseline, vs. 23% in patients in the tonlamarsen/placebo group. Both groups had a reduction of 6.7 mm Hg in office SBP at 20 weeks. In addition, patients receiving tonlamarsen for 20 weeks did not achieve an office SBP of <130 mm Hg more frequently than those who received the placebo.

A review of the safety endpoints showed that serious adverse events occurred in 2% of the patients in the tonlamarsen/placebo group and 5% of the tonlamarsen group.

"Although there was a significant difference in percent AGT lowering between treatment groups, 20 weeks following a single dose of tonlamarsen there was still a mean reduction of 23% from baseline in serum AGT levels," write **Luke J. Laffin, MD, FACC**; **Steven E. Nissen, MD, MACC**; et al. "The prolonged and unanticipated AGT reduction among participants who received a single dose of tonlamarsen necessitates additional placebo-controlled trials assessing single or multi-dose tonlamarsen regimens." ■

FIRESIDE CHATS: CONVERSATIONS IN CARDIOLOGY

Fireside Chat sessions offer a welcoming forum for thoughtful, in-depth discussions with leading experts. During today's program, you will hear from legends in preventive cardiology, leaders in pulmonary vascular disease, and faculty with experience in establishing and growing a chronic total occlusion practice, among others.

Wisdom From Legends of Preventive Cardiology: Learning From the Past to Be Prepared For the Future
8:30 - 9:30 a.m.

She's All That, and a Valve Specialist Too: Women and Careers in Valvular Heart Disease
10:45 - 11:45 a.m.

Turning Up the Pressure: Fireside Roundtable With the PH Leaders
12:15 - 1:15 p.m.

Off the Beaten Path: Navigating the Road From EP to Cardiology Leader
1:45 - 2:45 p.m.

CTO Practice Unplugged: Candid Conversations on Launching and Leading
4 - 5 p.m.

Learn more about **Fireside Chats** in the ACC.26 App.

VESALIUS-CV: Evolocumab Reduces CV Risk in Diabetic Patients Without ASCVD

The PCSK9 inhibitor evolocumab reduced the risk of a first major cardiovascular event in patients with diabetes without known significant atherosclerosis, according to a prespecified subgroup analysis of the VESALIUS-CV trial, presented at ACC.26 and simultaneously published in *JAMA*.

The double-blind trial randomized 12,257 patients with qualifying atherosclerosis or high-risk diabetes, without a prior myocardial infarction (MI) or stroke, and LDL-C ≥90 mg/dL to either 140 mg evolocumab every two weeks or matching placebo added to optimally tolerated statin therapy.

This present analysis examined outcomes in 3,655 patients with diabetes and without known atherosclerosis, defined as no prior arterial revascularization, arterial stenosis ≥50% or elevated coronary calcium (coronary artery calcium ≥100 Agatston units). Of them, 1,849 had been randomized to evolocumab and 1,806 to placebo. Their median age was 65 years, 57% were women and 93% were White; BMI was 31.4 kg/m^2 and median baseline LDL-C was 132 mg/dL. At baseline, 89% were on lipid-lowering therapy, including 64% receiving high-intensity statin therapy; more than 80% had hypertension, and at least 25% in each group were smokers.

Results showed that at 48 weeks, LDL-C levels fell to 52 mg/dL with evolocumab vs. 111 mg/dL with placebo (p<0.001). During a median 4.8-year follow-up, 83 evolocumab patients vs. 117 placebo patients experienced a first primary endpoint event, a composite of coronary heart disease death, MI or ischemic stroke (3-P MACE) (hazard ratio [HR], 0.69; p=0.009). Additionally, 127 evolocumab patients vs. 178 placebo patients experienced the second primary endpoint, 3-P MACE plus ischemia-driven revascularization (IDR) (HR, 0.69; p=0.009), with a 2.9% between-group difference.

Investigators note that this effect became apparent after one year, with 41% and 39% reductions in risk in 3-P MACE and 4-P MACE in the years that followed. The evolocumab arm also saw lower mortality rates – both cardiovascular (44 vs. 63 deaths; HR, 0.68) and all-cause (136 vs. 172 deaths; HR, 0.76), although these results should be considered exploratory.

A consistent benefit was seen with evolocumab vs. placebo for prespecified secondary endpoints: 34% reduction in MI, stroke or IDR; 31% reduction in coronary heart death, MI or IDR; and a 32% reduction cardiovascular death, MI or ischemic stroke. The benefit was consistent across subgroups too.

"These data support intensification beyond statins in such patients earlier in the atherosclerotic cardiovascular disease process and targeting LDL-C goals typically reserved for very high-risk secondary prevention patients," write the authors.

"I think this study changes the paradigm," said **Nicholas Marston, MD, MPH**, the study's lead author. "In current practice, PCSK9 inhibitors are largely reserved for patients who have had a prior heart attack or stroke, but here we see a benefit of using evolocumab not only to treat patients without a history of heart attack or stroke, but without known significant atherosclerosis...We can – and should – be much more proactive."

In an accompanying editorial comment, **Philip Greenland, MD, FACC**, and **Donald M. Lloyd-Jones, MD, FACC**, write that the trial results, "show the benefit of evolocumab in a high-risk primary prevention patient population, specifically with long-standing diabetes and other risk factors, many of whom undoubtedly had significant, although unmeasured, [atherosclerotic cardiovascular disease] burden," but raise additional questions about long-term results, cost-effectiveness and age of treatment in younger, lower risk patients. ■

Moments That Mattered: Kramer's Whirlwind Presidential Year

Busy. Exhilarating. Challenging. These are the three words that **Christopher M. Kramer, MD, FACC**, says best describe his past year as ACC president. As he prepares to pass the presidential chain to the College's next president, **Roxana Mehran, MD, FACC**, Kramer shared some of his favorite moments, greatest accomplishments and advice for the future.

Do you have any favorite moments?

Testifying before the Health Subcommittee of the House Appropriations Committee and meeting with the GOP Doctors Caucus regarding advocacy issues were huge highlights. Also, witnessing the excitement of new FACCs becoming part of the ACC family as part of our first-ever Convocation ceremonies during ACC Latin America, ACC Asia and ACC Middle East was exhilarating.

What would you say were the biggest two to three accomplishments over the past year?

My two biggest accomplishments included:

1. Helping to shepherd the College further into the artificial intelligence (AI) era with the creation of an AI implementation Task Force and the beginning of a relationship with Open Evidence.
2. Advocacy! The College showed strength in the face of an onslaught of issues raised by the current administration.

Any lessons learned throughout your presidential year?

I gained an appreciation for how incredibly capable the ACC staff are and how committed they are to the College and member well-being. I also learned how to survive and even conquer jet lag (well, almost…).

Hopes for the College going forward? Any potential challenges and/or opportunities you see on the horizon?

Physician payment remains a constant challenge and ACC's Advocacy Team does an excellent job staying ahead of the game and identifying issues as they arise. Future opportunities with AI offer tremendous hope, as well as challenges, and my hope is that the College can harness these to offer new products that bring tremendous member value.

You traveled a lot! What was your favorite place to visit in the U.S.? Favorite international?

My favorite U.S. visits were Chapter meetings of course. The ACC Georgia Chapter was my favorite – they have tremendous attendance including extended families, camaraderie, a beautiful setting and a great meeting to boot. My favorite international visit was a day trip to the "Edge of the World," the equivalent of the Saudi Grand Canyon, not that far from Riyadh. A shout out to incoming ACC Vice President **Hani K. Najm, MD, MSc, FACC**, for arranging the adventure.

Any advice or words of wisdom for future ACC presidents?

My presidency year has been a whirlwind, filled with wonderful moments with an incredibly talented and committed Board of Trustees and Presidential Team, as well as foundational meetings with international partners around the globe. My advice for future presidents:

- Know that the year will be busier than you can imagine.
- Get ready for the email onslaught.
- Make sure that you have adequate coverage for your day job.
- Rely on your board members and the rest of the Presidential Team.

Read the full interview with Kramer in *Cardiology* magazine. ■

STEMI-DTU: Left Ventricular Unloading in Anterior STEMI Without Shock

Compared with immediate PCI alone, the combination of mechanical left ventricular (LV) unloading using a transvalvular micro-axial flow pump (TV-mAFP) plus delayed PCI did not reduce infarct size in patients with anterior STEMI without cardiogenic shock, according to findings from the STEMI-DTU trial presented at ACC.26 and simultaneously published in *JACC*.

Researchers randomized 527 adults with no prior myocardial infarction from 55 hospitals in the U.S., Germany, Italy, Switzerland, Canada and the UK to receive either LV unloading with a TV-mAFP for 30 minutes prior to PCI or PCI alone. The average age of patients was 61 and about 79% were women.

The primary outcome was infarct size normalized to LV mass evaluated by cardiac MRI three to five days after PCI. The key secondary efficacy endpoint was a composite of death within one year, cardiogenic shock, heart failure, need for a heart transplant and the extent of heart muscle damage. The key secondary safety endpoint was major bleeding or blood vessel complications within 30 days.

Results showed that the extent of heart-muscle damage was not significantly different across the two groups (30.8% in the TV-mAFP group vs. 31.9% in the control group. The 30-day rate of device-related major bleeding or blood vessel complications was 30.8% in the intervention group, which exceeded the 26.5% predefined performance goal.

"Our findings do not support the routine use of a [TV-mAFP] followed by a 30-minute waiting period before performing PCI, as opposed to performing immediate PCI without the heart pump," said **Gregg W. Stone, MD, FACC**, co-author of the trial.

In other findings, bleeding rates were significantly higher in the TV-mAFP group compared with the PCI only group (34% vs. 6%), potentially reflecting "prolonged exposure to high dose periprocedural anticoagulation driven by the protocolized delay to PCI," the researcher said. Additionally, at one year, 3.6% of patients in the TV-mAFP group had died compared with 5.1% in the control group, a nonstatistically significant difference.

While the study did not meet its primary endpoint, Stone said the findings do suggest several avenues for further research. Of note, he said the findings apply only to patients with STEMIs who are not experiencing cardiogenic shock. Use of the same TV-mAFP in a previous study involving patients with both a STEMI and cardiogenic shock significantly reduced the risk of death from any cause within 180 days, compared with similar patients who were not treated with the heart pump.

Stone also added that most patients enrolled in the study had elevated blood pressure, and the type of temporary heart pump used works most efficiently in patients with normal or low blood pressure, pointing to open areas of inquiry. "Pre-treating patients with intravenous medications to lower blood pressure before or shortly after inserting the temporary heart pump could improve the pump's effectiveness and lead to a greater reduction in heart damage," he said. "In addition, removing the pump sooner would likely reduce bleeding complications. These changes represent potential avenues for future studies." ■

ENGAGE AT ACC.26 TOWN HALLS

At ACC.26 Town Halls, your questions shape every session. Dive into open discussions with expert panelists, share your experiences and walk away with practical takeaways on the challenges facing cardiology today. Choose from today's lineup of Town Hall topics and engage in the conversation.

- **Overcoming the Last Mile in HF: Bridging the Gap Between Evidence and Practice**
  8:30 - 9:30 a.m.
- **Remote Monitoring: The Good, the Bad and the Ugly**
  10:45 - 11:45 a.m.
- **From the Dugout to the Decision Table: C-Suite Engagement in Congenital Heart Centers**
  12:15 - 1:15 p.m.
- **TR Town Hall: Expert Perspectives, Unfiltered Insights and the Answers to Your Most Pressing Questions**
  1:45 - 2:45 p.m.
- **Conversations on Pulmonary Vascular Disease Topics**
  4 - 5 p.m.

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

THE CLINICAL GAMES CONTINUE

ACC.26 is built for engagement and experiential learning. With Gameshow sessions, learning meets fun with debates, trivia, and challenges inspired by popular gameshows like *Jeopardy!* and *Who Wants to be a Millionaire*? Join us for today's sessions, each providing a fresh clinical adventure in La Nouvelle C.

Search "**Gaming**" in the ACC.26 App for more details.

- **Top Interventional Trials of 2025: The Gloves are Off!**
  8:30 - 9:30 a.m.
- **Jeopardy: Ultimate Imaging Face-Off**
  10:45 - 11:45 a.m.
- **Return of the Battle of the Cardio-OB Teams by Popular Demand! HF Edition**
  12:15 - 1:15 p.m.
- **Who Wants to Beat the Clot? Learning the 2026 PE Guidelines**
  1:45 - 2:45 p.m.
- **Ischemia Under Fire! Audience vs. Expert**
  4 - 5 p.m.

DAILY PATIENT CASE QUIZ

BEMPEDOIC ACID TO IMPROVE LDL-C LEVELS IN PATIENTS WITH STATIN INTOLERANCE

A 62-year-old man with a medical history of obesity, hyperlipidemia, osteoarthritis, gout and type 2 diabetes presents to his primary care provider for a routine health visit.

He is currently taking naproxen 250 mg twice daily, ezetimibe 10 mg, and metformin 1,000 mg twice daily. Three years ago, he started atorvastatin 20 mg daily to treat his high cholesterol levels but discontinued it after two months due to persistent muscle cramps, which resolved shortly after stopping the medication. He then tried rosuvastatin 5 mg daily but experienced similar symptoms, so this was discontinued. He expresses reluctance to try another statin and would like to avoid any injectable medications. He is open to nonstatin oral options to help lower his cholesterol levels without the adverse effects of muscle cramping.

He works as an accountant and follows a mostly sedentary lifestyle. He has recently started a low-sodium diet. He has a family history of coronary artery disease (CAD). His brother recently had a myocardial infarction at 53 years of age. He does not smoke, drink alcohol or use any substances. He does not have any allergies.

Which one of the following features would make bempedoic acid a less favorable treatment option?

A. Elevated LDL-C level of 122 mg/dL.

B. Recurrent episodes of gout.

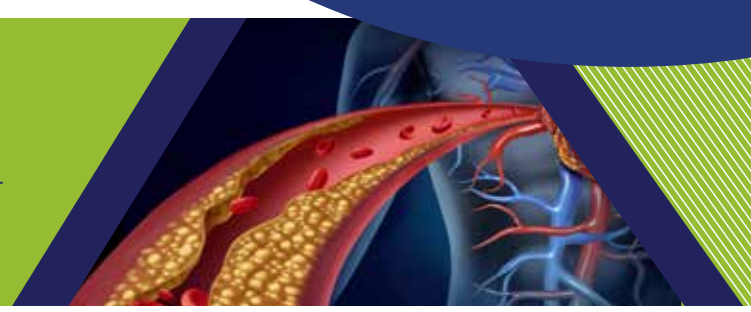
C. Intolerance to multiple statins due to muscle-related adverse effects.

D. Preference of oral medications.

E. Family history of premature CAD.

Scan the QR code to read the full case and learn the answer.

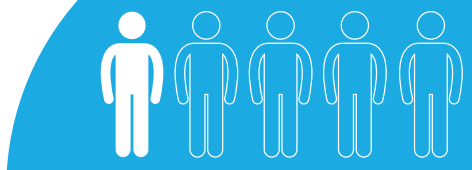
Visit ACC's free online course, **Bempedoic Acid: New Evidence Transforming the LDL-C Treatment Landscape**, part of educational grant support by Esperion, for more quick-tip videos, podcasts and quizzes on this topic.



CVD LAB SCREENING

Visit us at Booth #553 for complimentary screening for:

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



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.

Scan the QR code to access clinician tools and CardioSmart patient resources.

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