NEW ORLEANS
MONDAY
MARCH 30, 2026

ACC.26 Daily
AMERICAN COLLEGE of CARDIOLOGY

INSIDE

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Buzzer Beaters and Brainpower: FIT Jeopardy Wraps Two Days of Competition

The Massachusetts Chapter team was crowned this year's FIT Jeopardy winner, beating teams from Tennessee and Michigan to the buzzer in the final round. Congratulations also go to Malaysia on their International FIT Jeopardy win!

The energy was electric as the annual ACC Jeopardy competition wrapped up yesterday, closing two days of spirited, high-level competition among Fellows-in-Training (FIT) from across the U.S. and around the globe.

A staple of the ACC.26 meeting, the competition challenged participants with clinically relevant questions spanning the breadth of cardiology – from electrophysiology and imaging to prevention and advanced heart failure. But beyond the buzzer battles and rapid-fire answers, the true highlight was the sense of shared purpose and friendly rivalry that defines the event.

Preliminary rounds featured an impressive lineup of teams representing ACC Chapters from Delaware, Alabama, Florida, Minnesota, Kentucky, Ohio, Massachusetts, Georgia, South Dakota, Illinois, Mississippi, Puerto Rico, Tennessee, Connecticut, Maryland, North Carolina, New England, Nebraska, Hawaii, Pennsylvania, Indiana, Missouri, Rhode Island, Nevada, West Virginia, South Carolina, Louisiana, New Mexico, Virginia, New Jersey, New York, California, Michigan, Utah, Wisconsin, Oklahoma, Oregon, Colorado, Kansas and Washington, DC. Each team brought enthusiasm, teamwork and sharp clinical insight to the stage.

The competition culminated in two exciting finals, one featuring the top four U.S.-based Chapter teams, and the other starring International Chapter teams from Singapore, Mexico, Malaysia and Egypt.

As the final answers were revealed and champions crowned, the ACC Jeopardy competition once again proved its value – not just as a contest, but as a celebration of learning, collaboration and the future of cardiology. ■

ALL-RISE: AI-Supported Coronary Flow Assessment Performs Similarly to Gold-Standard Wire-Based Testing

FRangio, a minimally invasive, artificial intelligence (AI)-assisted, novel method of measuring fractional flow reserve (FFR), performed similarly to traditional wire-based testing in patients with coronary artery disease (CAD) undergoing assessment for PCI, according to results from the ALL-RISE trial presented during a Late-Breaking Clinical Trial session at ACC.26 and simultaneously published in *NEJM*.

In the large, international noninferiority trial, investigators **William Fuller Fearon, MD, FACC**, et al., randomized 1,930 patients with CAD

Continued on Page 4

ORBITA-CTO: Angioplasty Reduces Chest Pain, Boosts QoL in CTO

In patients with symptomatic single-vessel coronary chronic total occlusion (CTO), PCI for CTO improved angina beyond placebo, according to findings from the ORBITA-CTO trial presented at ACC.26 and simultaneously published in *JACC*.

The multicenter, blinded trial randomized 50 patients with single-

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TODAY'S SCHEDULE

MONDAY MARCH 30, 2026

Late-Breaking Clinical Trials VI
8:30 – 9:30 a.m.
Main Tent, Great Hall

Featured Clinical Research V
8:30 - 9:30 a.m.
La Nouvelle B

The New Hypertension Guidelines: Everything Clinicians Need to Know
8:30 - 9:30 a.m.
Room 344

Expo Hall Open
9 a.m. - 2 p.m.

Poster Sessions
9:15 a.m. - 1:45 p.m.
Hall E

STEMI Smackdown 2026 Finals: The Ultimate Cardiology Showdown!
10 - 11 a.m.
Personalized Skills Zone, Lounge & Learn

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

Investigative Horizons I
10:45 - 11:45 a.m.
La Nouvelle B

Pathways to Leadership in Cardiology: Insights From Emerging Voices and Established Leaders
10:45 - 11:45 a.m.
Room 338

Heart Tank For the CV Investigator: Tournament of Champions
11:30 a.m. - 1 p.m.
Engage Stage, Expo #3337

The Power of Service to the CV Community: Stories and Lessons From ACC's Distinguished Service Awardees
Noon - 12:30 p.m.
Heart2Heart Stage, Lounge & Learn

Investigative Horizons II
12:15 - 1:15 p.m.
La Nouvelle B

Guideline Goldmine Gameshow
12:15 - 1:15 p.m.
La Nouvelle C

Investigative Horizons III
1:45 - 2:45 p.m.
La Nouvelle B

Closing Ceremony & Convocation
3:30 - 4:30 p.m.
Main Tent, Great Hall

Celebrate our incoming president, new members and award winners with a reception and refreshments immediately following the ceremony.

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

- THRIVE
- Dig-RHD
- SMART-DECISION
- Essence-CTA
- SirPAD
- IVUS CHIP
- OPTIMAL
- DKCRUSH VIII

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!

A Finale You Won't Want to Miss

The newly reimagined Closing Ceremony and Convocation promises to send ACC.26 out on a high note. Today's celebration will bring the entire community together to reflect on the top takeaways from this year's groundbreaking science; honor the global society leaders, presidents and partners who help drive progress year-round; and celebrate the remarkable achievements of the 2026 Distinguished Award winners and all newly elected FACC and AACC members.

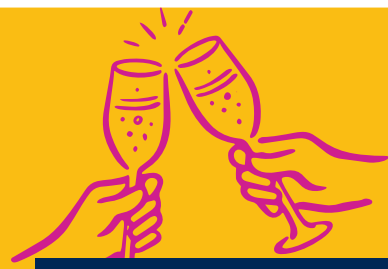
"ACC.26, like my entire presidential year, has truly been a fantastic voyage," says **Christopher M. Kramer, MD, FACC**. "One that reflects the strength, commitment and global reach of this extraordinary College. Everyone should be leaving with important additions to the growing body of evidence guiding care for patients with heart failure, valve disease, coronary disease and beyond."

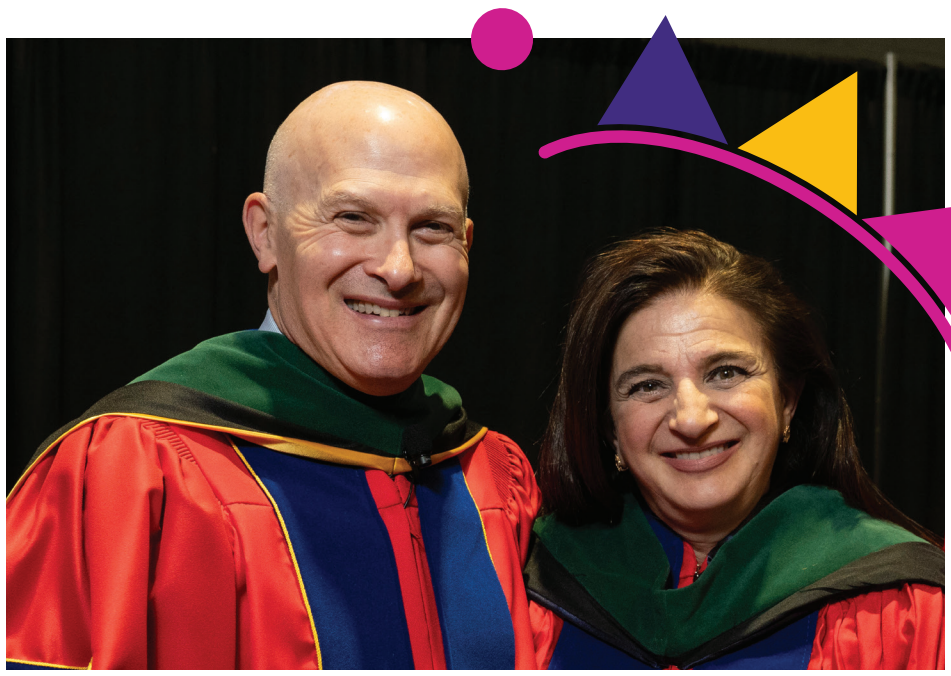
Per tradition, the Closing Ceremony and Convocation will also include the passing of the ACC presidential chain from Kramer to **Roxana Mehran, MD, FACC**, as she steps into her leadership role. And the celebration won't end there. Attendees can stick around after for a special reception congratulating ACC's newest members and awardees. ■

CONGRATULATIONS TO NEW ACC LEADERS!

The ACC welcomes leaders taking on new positions on ACC's Board of Trustees starting at today's Convocation and Closing Ceremony. **Roxana Mehran, MD, FACC**, will take the helm as ACC's new president; **Hani K. Najm, MD, MSc, FACC**, will become the new vice president; and **Renuka Jain, MD, FACC**, and **Dinesh Kalra, MD, FACC**, will take on new roles as secretary and Board of Governors (BOG) chair and BOG chair-elect, respectively.

The College also celebrates new ACC Trustees, including **Fred M. Kusumoto, MD, FACC**; **Andrea L. Price, MS, CPHQ, FACC**; and **Geoffrey A. Rose, MD, FACC**.





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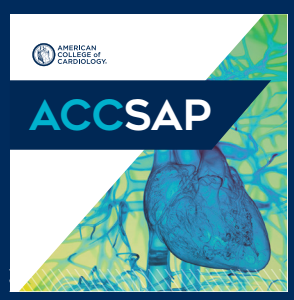
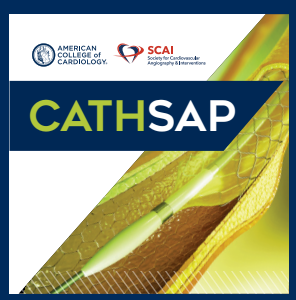


CARDIOVASCULAR DISEASE

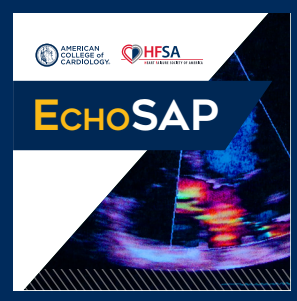


INTERVENTIONAL CARDIOLOGY

CARDIAC ARRHYTHMIAS & ELECTROPHYSIOLOGY

ADVANCED HEART FAILURE & TRANSPLANT CARDIOLOGY

ADULT CONGENITAL HEART DISEASE



ECHOCARDIOGRAPHY

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To learn more visit ACC Central, Booth #1337 or scan the QR Code!

AMERICAN COLLEGE of CARDIOLOGY®

ALL-RISE continued

(mean age, 68; 25% women; 60% White) across the U.S., Israel, Japan, Switzerland and the U.K. to either the FFRangio technique (n=965) or conventional invasive pressure-wire measurements (n=965). Many participants carried substantial cardiovascular history and risk: 17% had a previous myocardial infarction (MI), about 40% had prior PCI; roughly 80% had hypertension, 80% high cholesterol and 38% had diabetes.

At one year, results showed that a similar number of patients in the FFRangio arm and the pressure-wire arm experienced a composite primary endpoint of death, MI or unplanned clinically indicated revascularization (64 vs. 65 patients, respectively; Kaplan-Meier estimate, 6.9% vs. 7.1%; hazard ratio, 0.98; p<0.001 for noninferiority).

No differences were observed in bleeding, acute kidney injury or procedure-related adverse events. The FFRangio approach, compared with the pressure-wire approach, was faster (39 vs. 42 minutes), required lower fluoroscopy exposure and use of contrast material, and avoided additional procedural steps.

"We have shown that using this (FFRangio) software-based tool in the cath lab results in similar clinical outcomes at one year compared with the current gold standard of invasive wire-based assessment," said **Ajay J. Kirtane, MD, FACC**, the study's senior author. "Our hope is that these findings – with a technology that does not require further coronary manipulation beyond a routine angiogram – will lead to increased adoption of coronary physiologic testing as recommended by current guidelines."

"The broader implication is not a comparison between angiography-derived and wire-based testing but a shift away from reliance on anatomy alone," writes **Gianluca Campo, MD**, in an accompanying editorial comment. "Angiography-derived FFR may serve as an integrated, first-line physiological assessment during diagnostic imaging, providing an immediate functional estimate to inform revascularization decisions."

Noted limitations of the trial include its open-label design and exclusion of patients with prior CABG. ■

KEEP THE CONVERSATION GOING – ONLINE!

Stay connected with the ACC long after the meeting ends. Follow us on X, Facebook, Instagram, LinkedIn, Bluesky and YouTube, and use #ACC26 to share your favorite moments from the past three days in New Orleans.

Plus, continue the conversation in ACC's DocMatter Community, where these ACC.26 discussions are happening now:

- HF and Obesity: Dual Epidemics, Single Strategy?
- Renal Denervation: A Game Changer in HTN Therapy
- Opportunities and Challenges in Using AI For CV Imaging

Scan the QR code to log in and connect with other ACC members.

ORBITA-CTO continued

vessel CTO, but without bystander coronary disease, to either CTO PCI or placebo. Blinding was maintained using auditory isolation and deep conscious sedation. For all patients, antianginal medications were stopped at randomization and re-introduced on a patient-initiated protocol. Researchers repeated assessments at six-month follow-up. The primary efficacy outcome was the angina symptom score, assessed by the ORBITA-app, anti-anginal use and override events. Secondary outcomes included symptom and quality-of-life (QoL) questionnaires and blinding fidelity.

While the results showed that angina scores improved in the placebo group, overall results found CTO PCI saw an immediate and sustained improvement in angina symptom score compared with placebo, largely due to a reduction in the number of angina episodes. On average during the 168-day follow-up period, patients who received CTO PCI had 31 more angina-free days than those in the placebo group.

CTO PCI patients also saw a statistically significant improvement in their QoL scores and a reduction in the physician-assessed severity of their angina, compared with those in the placebo group. No patients died, had a heart attack or had to withdraw from the study due to worsening angina.

"Our results demonstrate in a randomized, double-blinded study design that coronary angioplasty and stenting is an effective treatment for patients who have a chronic total occlusion and chronic anginal chest pain," said principal investigator **John Davies, MRCP, PhD**. "These results provide hope for both patients with CTO and their doctors that angioplasty with stenting can be successful and can result in reduced angina pain and better quality of life."

The study has several limitations. With just 50 patients, it was relatively small, and all patients were treated in specialized centers by experienced operators. Patients with the most complex CTO features were also excluded from the study, and the results cannot be extrapolated to these patients. Further research is required to determine the effectiveness of CTO angioplasty in patients with highly complex CTO and to identify more precisely the patients likely to benefit the most from CTO angioplasty, Davies said.

In a related editorial comment, **Ziad A. Ali, MD, DPhil**, writes that ORBITA-CTO "demonstrates that the benefit of CTO PCI is not purely an artifact of expectation, while also reminding us that the magnitude of that benefit is measured and patient-specific." He goes on to add that "for a field that has long relied on technical accomplishment as a surrogate for clinical effect, this kind of evidence is invaluable…The next challenge for the field is to determine when, and for whom, it works best." ■

CLAIM YOUR CREDIT FOR ACC.26

To claim your credit or Certificate of Attendance, open the ACC.26 App or **scan the QR code** and select Claim Credit.

Deadlines to know:

- June 30, 2026, at 5 p.m. ET for general credit
- May 29, 2026, at 5 p.m. ET for pharmacist credit

Need additional assistance? Stop by the Tech Help Desk in Lobby B1 or contact *membercare@acc.org* following the conference.

Meet New ACC President **Roxana Mehran**

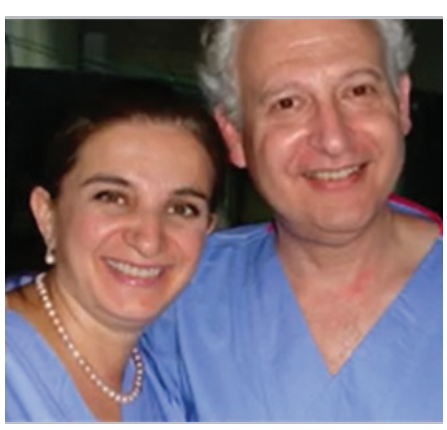
Roxana Mehran, MD, FACC, has built a career defined by scientific achievement, innovation and a clear commitment to advancing cardiovascular care. The ceremonial passing of the presidential chain from **Christopher M. Kramer, MD, FACC**, during today's Convocation will mark the beginning of her one-year term.

As she steps into her new role, Mehran is focused on strengthening the College's global partnerships while maintaining close engagement with members to foster growth, opportunity and impact. Looking ahead, Mehran says she is "optimistic about our future and our collective ability to shape it, guided by science and driven by a commitment to caring for the most vulnerable patients."

A renowned interventional cardiologist, researcher and advocate for women in medicine, Mehran will bring a global perspective and a collaborative approach to her presidency. She is an endowed professor of cardiovascular clinical research and outcomes, and a professor of medicine in cardiology and population health science and policy at the Icahn School of Medicine at Mount Sinai, where she completed fellowships in cardiovascular disease and interventional cardiology. She is also director of the Women's Heart and Vascular Center at Mount Sinai Fuster Heart Hospital, leading a multidisciplinary program designed to address the unique needs of women's cardiovascular health.

Throughout her career, Mehran has led numerous global studies, contributed to the development of clinical guidelines and authored thousands of peer-reviewed publications. She is the founder and chief scientific officer of the Cardiovascular Research Foundation and the founder of Women as One, an independent nonprofit organization dedicated to advancing opportunities for women in medicine. Her dedication to the College is reflected in her longstanding ACC service, including serving as chair of ACC's Interventional Section and contributing as an author on several guidelines.

Read more about her inspirations, defining career moments and vision for the future of cardiology below.



What initially inspired you to pursue cardiology, and what drew you to your areas of focus?

I was drawn to cardiology early in my medical training, beginning as a medical student, by both the intellectual rigor of cardiovascular physiology and the extraordinary pace of innovation in treating cardiovascular disease. That early enthusiasm led me to pursue internal medicine and ultimately a cardiology fellowship.

During my residency at the University of Connecticut, I had the privilege of working with one of the most influential mentors of my career, **Arnold Katz, MD**. He introduced me to basic science research and fostered collaborations with exceptional scientists, helping to shape my academic trajectory. During my fellowship at Mount Sinai, under the mentorship of **Richard Gorlin, MD**; **Valentin Fuster, MD, PhD, MACC**; **Andrew R. Marks, MD**; **John A. Ambrose, MD, FACC**; **Milton Packer, MD, FACC**; and **Samin K. Sharma, MD, FACC**, I trained alongside extraordinary clinicians and scientists deeply committed to excellence. It was during this time that my passion for bench-to-bedside research crystallized, and the cardiac catheterization laboratory became my professional home – a place where science, innovation and lifesaving patient care converge.

What milestones stand out as defining moments in your professional journey?

There have been many milestones that shaped my journey – most of them rooted in caring for patients and delivering evidence-based, science-driven care. Equally defining were the mentors and sponsors who helped me navigate the challenges of an academic and clinical career. Their guidance and belief in my potential were instrumental and for that I remain deeply grateful.

What excites you most about stepping into the role of ACC President?

I am honored and excited to assume this unique leadership role within the College. The ACC is a remarkable global organization devoted to improving human health by transforming cardiovascular care. Our members are on the front lines every day seeking evidence, diagnosing diseases and caring for patients.

As president, my role will be to advance the strategic vision set by our Board of Trustees – one that is intentional, forward-looking and focused on meaningful impact. We will work collaboratively across cardiovascular societies worldwide to achieve these goals. Cardiovascular disease remains the leading cause of death worldwide, yet it is also one of the most dynamic fields for innovation and progress. I look forward to working with our exceptional staff and leadership to bring this vision to life.

Reflecting on your career, what achievements are you most proud of and why?

While I am proud of my contributions to advancing evidence-based cardiovascular care, my greatest pride comes from promoting and lifting others – particularly women. Addressing the global burden of cardiovascular disease requires a strong, healthy and truly representative workforce. Talent is all around us, and with every step forward, we have a responsibility to reach back and lift others. This principle has guided my entire career. You must lift as you climb!

Looking ahead, where do you see the greatest opportunities and challenges for cardiology over the next five years?

While we face significant global challenges, moments of disruption also create extraordinary opportunities. Advances in technology, data science and digital health coupled with a renewed focus on closing gaps in diagnosis and treatment have the potential to be transformative. I remain optimistic about our future and our collective ability to shape it, guided by science and driven by a commitment to caring for the most vulnerable patients.

Outside of your professional life, what are some of your favorite ways to recharge and have fun?

I find great joy in the outdoors, reading, cooking, the arts and, most importantly, time with my family. I am fortunate to be surrounded by family, friends and colleagues near and far. I also love New York City for its global perspective and cultural richness, and for what I consider the world's greatest backyard: Central Park.

Look for the full interview in the May issue of *Cardiology* magazine. ■

GLOBAL LEADERS, ONE MISSION

ACC past presidents were recognized yesterday for their many contributions in moving the College's Mission forward. ACC's Assembly of International Governors also met, uniting 45 chapters worldwide and helping to shape policy and advance cardiovascular care across the globe.

ACC LEADERSHIP PROGRAMS: INSPIRING THE FUTURE OF CARDIOLOGY

ACC's leadership development programs provide support for the careers of future cardiovascular clinicians and scientists. The ACC is committed to educating and strengthening the talent of individuals interested in pursuing careers in the cardiology field.

Scan the QR code to learn more.

LAST DAY TO ENGAGE IN FIRESIDE CHATS, TOWN HALLS

From Fireside Chats to Town Halls, ACC.26 offers interactive forums designed to generate meaningful dialogue and real-world insight. Share experiences, exchange ideas and gain practical takeaways with these discussion-focused sessions:

- **Beyond the Numbers: Intimate Insights Into Optimizing CLTI Outcomes**
  8:30 - 9:30 a.m. | Fireside Chat
- **The New Hypertension Guidelines: Everything Clinicians Need to Know**
  8:30 - 9:30 a.m. | Town Hall
- **Pathways to Leadership in Cardiology: Insights From Emerging Voices and Established Leaders**
  10:45 - 11:45 a.m. | Fireside Chat
- **When Evidence Meets Ambiguity: Can We Really Implement the 2025 ACS Guidelines?**
  10:45 - 11:45 a.m. | Town Hall
- **The Future of Heart Failure: Where Will We Be In 2035, a Fireside Chat With Luminaries**
  12:15 - 1:15 p.m. | Fireside Chat
- **How Do We Fix the Workforce Crisis in Cardiovascular Imaging?**
  12:15 - 1:15 p.m. | Town Hall

Search **Fireside Chat** and **Town Hall** in the ACC.26 App for more details.

EDUCATION COMES TO LIFE ON THE ACC.26 EXPO FLOOR

The Expo's Learning Destinations offer creative ways to expand your educational experience at ACC.26. Be sure to check out these spots today before the Expo closes at 2 p.m.

The inaugural Thad and Gerry Waites Rural Cardiovascular Research Fellowship recipient, **Plicy Perez-Kersey, MD**, along with longtime health equity community leader **Keith Ferdinand, MD, FACC**, and others were recognized on Saturday during the **Health Equity Hub** (Expo #701) opening session. Other sessions over the last few days included an industry partner panel on community health programs, a deep dive into the 2026 *JACC* Stats Report, and the science and business case of health equity. Don't miss today's session at 9:45 a.m. exploring "Health Equity Across the Lifespan."

Other areas to explore include **Industry-Expert Theaters** (Expo #2263, #2562 and #2863) and the **Innovation Stage** (Expo #2064). Plus, don't miss the **Interactive Learning Lab** programming today in rooms 222 and 225.

In the **Future Hub** (Expo #148), attendees can learn more about Future Hub partners and experience firsthand the latest innovations in digital health, medical devices and big data. Discover how these cutting-edge solutions can enhance patient care, impact your practice and improve outcomes. Congratulations to Innovation Pitch Challenges winners: **Andy Kyosek Song** from Medipixel; **Arzu Kalayci, MD**, from Massachusetts General Hospital; **Omer T. Inan, PhD, FACC**, from biozen; and **Filip Peters, MA**, from Acorai.

A favorite stop for ACC.26 attendees, the Expo Hall puppies are irresistible, delivering sweet cuddles, drawing out smiles and providing a place to recharge.

This year's program accepted 4,500+ Posters, Moderated Posters and ePosters, many of which are on display in Hall E.

With pickleball debuting as a new Expo feature, the action is on the court as attendees connect, engage and enjoy some healthy competition.

FIND YOUR COMMUNITY:
JOIN ACC'S MEMBER SECTIONS

No matter your specialty, interest area or career stage, ACC's **23+ Member Sections** help you connect with your network, build leadership experience and make an impact in your chosen area of focus.

- Academic Cardiology
- Adult Congenital and Pediatric Cardiology
- Advanced Career Professionals
- Cardiac Surgery Team
- Reproductive Health & Cardio-Obstetrics
- Cardio-Oncology
- Cardiovascular Management
- Cardiovascular Team
- Critical Care Cardiology
- Early Career
- Electrophysiology
- Federal Cardiology
- Fellows in Training
- Geriatric Cardiology
- Health Care Innovation
- Heart Failure and Transplant
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- Prevention of Cardiovascular Disease
- Program Directors and Graduate Medical Educators
- Sports and Exercise Cardiology
- Vascular Disease
- Women in Cardiology

Medical Students, Residents & FITs can join FREE

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SCOUT-HCM: Mavacamten Benefits Adolescents With oHCM

Mavacamten, a first-in-class drug, was associated with a significant improvement in left ventricular outflow tract (LVOT) gradient compared to placebo in adolescent patients with obstructive hypertrophic cardiomyopathy (oHCM), based on results from the international, multicenter SCOUT-HCM study presented during a Late-Breaking Clinical Trial session at ACC.26 and simultaneously published in *NEJM*.

In the first mavacamten trial in adolescents, investigators **Joseph William Rossano, MD, FACC**, et al., randomized 43 symptomatic patients between the ages of 12-17 years with NYHA class II or III oHCM to 28 weeks of daily mavacamten (n=23) or placebo (n=20). Patients had activity-limited heart failure (HF) symptoms, peak LVOT gradients >50 mm Hg and LVEF >60%. The mean Valsalva LVOT gradient was similar in the two groups (78.4 and 80.8 mm Hg).

Results at week 28 showed a substantial improvement in the primary endpoint of change in Valsalva LVOT gradient, with an average drop of 48.5 mm Hg in the mavacamten group vs. 0.5 mm Hg in the placebo group (p<0.001). Those in the treatment arm compared with placebo also experienced improvements in the secondary endpoints: change in resting LVOT (–39.0 vs. 8.1), maximal LV wall thickness (–2.5 vs. –0.7), peak oxygen consumption and measures of symptoms such as fatigue and shortness of breath. Additionally, troponin and peptide levels decreased in the mavacamten arm and increased in the placebo arm.

Two patients in each group experienced adverse events: two episodes of syncope and an inappropriate shock delivered by an ICD in the treatment group, and in the placebo group, chest pain and suicidal ideation. No patient had an LVEF reduction to <50%, and no deaths occurred during the trial.

"These results are very encouraging. Patients feel better, and their hearts look better," said Rossano. "Beyond symptom relief, there's a signal that this may be favorably remodeling the heart, which could improve the natural history of the disease." The authors say this suggests that it "could be important to start children on this therapy when they're young, before they've had many decades of ongoing injury to the heart from the obstruction."

Study limitations included its relatively small size, short duration and predominantly White population. Investigators plan to continue tracking outcomes for at least 50 weeks and study the drug's efficacy in children younger than 12 years old and with different types of HCM. ■

LOUNGE & LEARN PAVILION: YOUR HUB TO CONNECT

The Lounge & Learn Pavilion is home to multiple lounges where you can network with peers – including dedicated spaces for CV Team members, Young Professionals and Women in Cardiology.

Don't miss the Heart2Heart Stage at the center of it all, featuring powerful, candid discussions on the issues shaping cardiology today. And keep the conversations going in the Meet-Up Zone, where After-Chats and section meet-ups allow attendees to engage directly with speakers, panelists, guidelines authors and colleagues.

Whether you're stopping by between sessions or interested in expanding your network, the Lounge & Learn Pavilion is the place to connect at ACC.26.

Today's Heart2Heart Stage sessions include:

- **Establishing Consensus With Quantitative Coronary Plaque Analysis (QCPA)**
  9 - 9:30 a.m.
- **Advocacy in Action: Examples From Sports Cardiology, Cardio-OB and Vascular Medicine Experts**
  10 - 10:30 a.m.
- **Giving Back, Moving Forward: Why Philanthropy Matters**
  11 - 11:30 a.m.
- **The Power of Service to the Cardiovascular Community: Stories and Lessons From ACC's Distinguished Service Awardees**
  Noon - 12:30 p.m.

Search **Heart2Heart** in the ACC.26 App for more details.

PRO-TAVI: Should High-Risk Patients Undergo PCI Before TAVI?

Older patients with coronary artery disease (CAD) for whom PCI was deferred until after TAVI had similar outcomes as those for whom it was not deferred, according to findings from the PRO-TAVI study presented in a Late-Breaking Clinical Trial session at ACC.26 and simultaneously published in *The Lancet*.

Ronak Delewi, MD, et al., conducted a Netherlands-based, open-label, investigator-initiated trial between 2021-2024 and randomized 466 high-risk, older patients (median age, 81 years; 36% women) with severe aortic stenosis and substantial CAD to either receive PCI before the TAVI procedure (n=233; PCI-first group) or receive TAVI first with PCI afterward if necessary (n=233; deferral group). Among all participants, the median Society of Thoracic Surgeons Predicted Risk of Mortality score was 3.1% and median SYNTAX CAD complexity score was 10.

In the deferral group, 11% of patients eventually underwent PCI due to continuing or worsening symptoms post TAVI.

> **“This study is about intermediate- and high-risk patients only, For low-risk [TAVI] patients who are generally younger, this question remains open to discussion and there is room for new trials to determine what is the more favorable approach.”**
>
> **Michiel Voskuil, MD**

Results showed that 56 patients (24%) in the deferral arm vs. 60 (26%) in the PCI-first arm experienced the primary endpoint, a one-year composite of death from any cause, myocardial infarction (MI), stroke or moderate to severe bleeding (hazard ratio, 0.89). This result met the trial’s prespecified threshold for noninferiority (p=0.0008), with neither approach demonstrating superiority (p=0.68).

There was, however, a significant difference in secondary outcomes – specifically the rate of major bleeding. Among patients in the PCI-first arm, 15% experienced major bleeding compared with 6% in the deferral arm, which investigators attribute to the dual antiplatelet therapy prescribed following PCI. There was no excess mortality associated with the major bleeding.

Researchers found the results to be most applicable to Europe and the Netherlands specifically, where TAVI is generally used in an elderly population. “This study is about intermediate- and high-risk patients only,” said **Michiel Voskuil, MD**, the study’s lead author. “For low-risk [TAVI] patients who are generally younger, this question remains open to discussion and there is room for new trials to determine what is the more favorable approach.”

“In a population with a mean age above 80 years, this reduction in hemorrhagic events is clinically meaningful,” write **Philippe Garot, MD, MSc, FACC**, and **Mariama Akodad, MD**, in an accompanying editorial comment. “Nevertheless, PRO-TAVI should not be interpreted as evidence that PCI is unnecessary in all patients undergoing TAVI.” ■

JOIN THE ACTION IN THE GAMESHOW ROOM

Yesterday’s Gameshow sessions delivered fierce debates, real-world case challenges and interactive learning across cardiology, and the energy continues today!

DIVE INTO SUNDAY’S HIGHLIGHTS:

- Interventional trials from 2025 battled it out to be crowned the year’s best trial.
- Cardiovascular imaging experts took on cases testing their limits.
- Cardio-OB teams tackled two challenging cases, dispelling myths and promoting best practices.
- FITs challenged their clinical decision-making and working knowledge of the 2026 pulmonary embolism guidelines.
- Both experts and the audience participated in an interactive debate, discussing complex ischemic heart disease cases.

WHAT’S HAPPENING TODAY?

- **PHeudin’ on Bourbon Street**
  8:30 - 9:30 a.m.
- **Hearts on Parade: The Family Feud Charade Show!**
  10:45 - 11:45 a.m.
- **Guideline Goldmine Gameshow**
  12:15 - 1:15 p.m.
- **The Rhythm Games: May the P Waves Be Ever in Your Favor**
  1:45 - 2:45 p.m.

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

Early Action, Better Outcomes: Prevention Drives the Future of Heart Health

Heart disease remains the leading cause of death worldwide, yet a substantial proportion of cases are preventable with timely, evidence-based intervention – particularly when risk identification and prevention efforts begin early in life, including in childhood. With this in mind, the ACC is reinforcing its commitment to equipping clinicians with the actionable knowledge needed to advance the quality, equity and value of patient care in multiple ways.

Clinical guidance is one key component of this effort. For example, recent ACC/AHA guidelines addressing high blood pressure and dyslipidemia both recommend earlier screening and lifelong healthy lifestyle changes.

Meetings like ACC.26 and ACC international regional conferences complement this guidance by providing forums for sharing best practices, debating emerging evidence and addressing ongoing challenges. Similarly, the NCD Academy, a free, global resource aimed at clinicians and community health workers, offers a platform for sharing knowledge tied to major noncommunicable diseases and related risk factors.

JACC Journals also serve as premier platforms for peer-reviewed research, expert insights and clinical recommendations tied to prevention and early intervention. Special topic-based focus issues, as well as reports like the new *JACC* Stats Report and the Global Burden of Cardiovascular Disease initiatives, are helping to amplify and disseminate key science perspectives in a time of rapid scientific advancement.

Several bold, new initiatives launching this year also complement the increased clinical guidance and education. For example, the Fuster Prevention Forum, launching in June, will arm participants with practical tools and strategies to promote nutrition, physical activity, and emotional well-being among children and adults, and gain the skills necessary to build healthier communities from the ground up, starting in childhood.

Public-private collaborations are also pivotal to helping clinicians implement clinical recommendations in day-to-day practice through education, training, implementation science and innovative solutions to improve care in the U.S. and globally. The ACC is currently pushing these collaborations forward in several areas including prevention of atherosclerotic cardiovascular disease. "We would like to thank Merck and Amgen, our corporate collaborators, for supporting this effort, and we look forward to bringing additional partners into the fold – thinking boldly and collaboratively to advance the prevention of cardiovascular disease," says ACC President **Christopher M. Kramer, MD, FACC**.

"We would like to thank Merck and Amgen, our corporate collaborators, for supporting this effort, and we look forward to bringing additional partners into the fold – thinking boldly and collaboratively to advance the prevention of cardiovascular disease."

Christopher M. Kramer, MD, FACC

"Merck is excited to join the ACC Foundation on this important initiative and remains committed to addressing the cardiovascular epidemic and the significant needs of patients beginning with disease prevention," said **Bjorn Oddens, MD**, head of Medical Affairs at Merck Sharpe & Dohme LLC, Rahway, NJ. ■

THE NEXT FRONTIER OF CV PREVENTION BEGINS IN CHILDHOOD

Valentin Fuster, MD, PhD, MACC, has spent part of his investigational career studying how early-life interventions might change the trajectory of cardiovascular disease. In a Q&A with ***Cardiology*** magazine, he discusses the science behind primordial prevention; why cardiologists should lead prevention efforts; and how educating children and families could reshape cardiovascular health for future generations.

Scan the QR code to read the full article.

Congratulations to Young Investigator Award winners in Basic to Translational Science and Clinical Investigations pictured above. Don't miss Outcomes Research competitors today at 9:30 a.m. on the Engage Stage (Expo #3337).

DAILY PATIENT CASE QUIZ

HF DEVICE-BASED THERAPIES

A 45-year-old man with a medical history significant for nonischemic cardiomyopathy, heart failure (HF) with reduced ejection fraction, positive titin genetic variant, hypertension and type 1 diabetes (hemoglobin A1c concentration 7.2%) presents to establish care in the HF clinic. He has had two hospitalizations over the past four years because of decompensated HF. He is maintained on reasonable doses of guideline-directed medical therapy, including sacubitril/valsartan, carvedilol, spironolactone and empagliflozin. He has NYHA class III HF symptoms including fatigue and dyspnea with mild-moderate exertion. He has a single-chamber ICD in place.

His vital signs include blood pressure 100/60 mm Hg, heart rate 75 bpm and oxygen saturation 98% on room air.

Recent laboratory study results included sodium level 137 mEq/L, potassium level 4.2 mEq/L, creatinine level 1.3 mg/dL, glomerular filtration rate 60 mL/min/m^2, and NT-proBNP level 1900 pg/mL. An echocardiogram has findings of LVEF 35%, mild mitral regurgitation and mildly reduced right ventricular systolic function. An electrocardiogram has findings of normal sinus rhythm with QRS 110 msec and no evidence of significant conduction delay. Recent right heart catheterization had findings of right atrial pressure 5 mm Hg, pulmonary capillary wedge pressure 10 mm Hg and cardiac index 2.2 L/min/m^2.

Which one of the following device-based strategies would be most appropriate to consider?

A. Cardiac contractility modulation.

B. Cardiac resynchronization therapy.

C. Baroreflex activation therapy.

D. Durable left ventricular assist device or transplant evaluation.

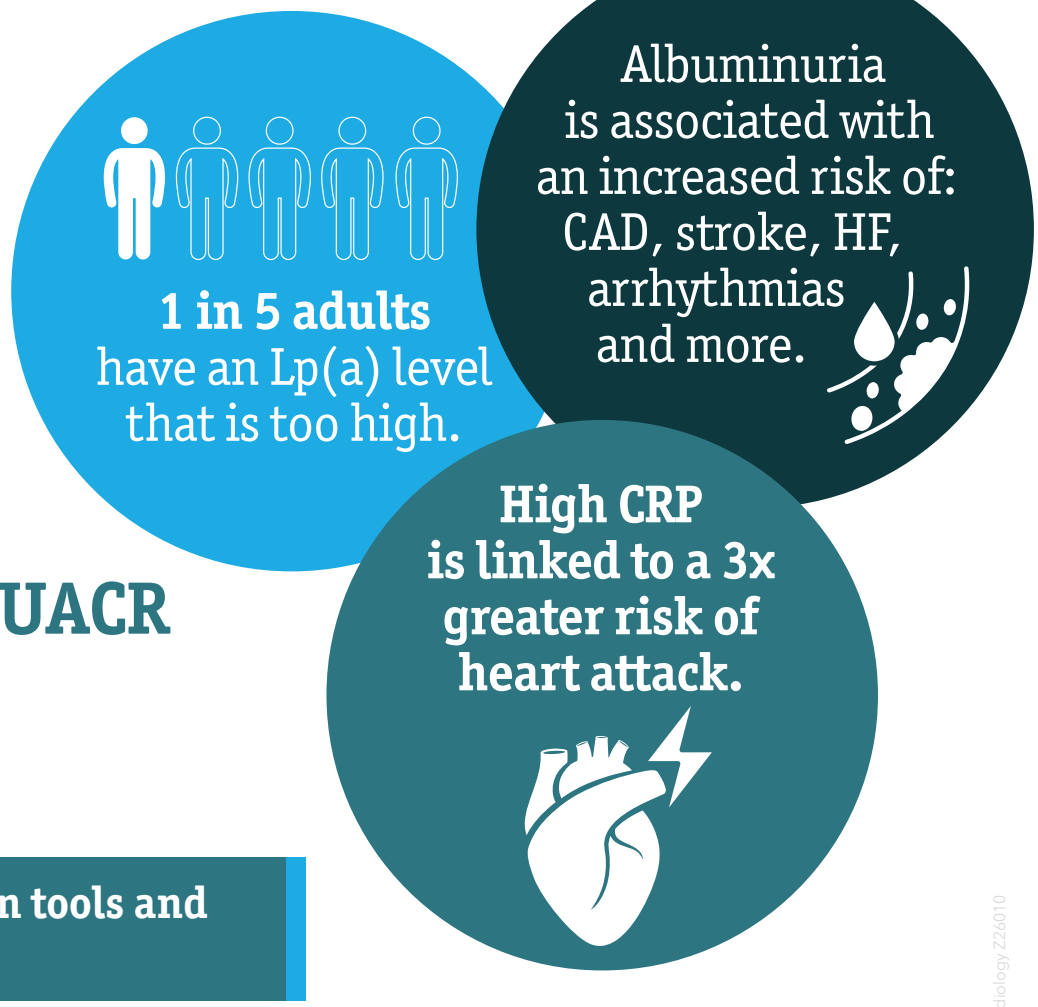
Scan the QR code to learn the answer.

For more on this topic, visit ACC's free online course, **Beyond the Pill: Advancing Heart Failure Care With Monitoring and Device Therapy**, with educational grant support by CVRx, Edwards Lifesciences and Abbott.

CVD LAB SCREENING

Visit us at Booth #553 for complimentary screening for:

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



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

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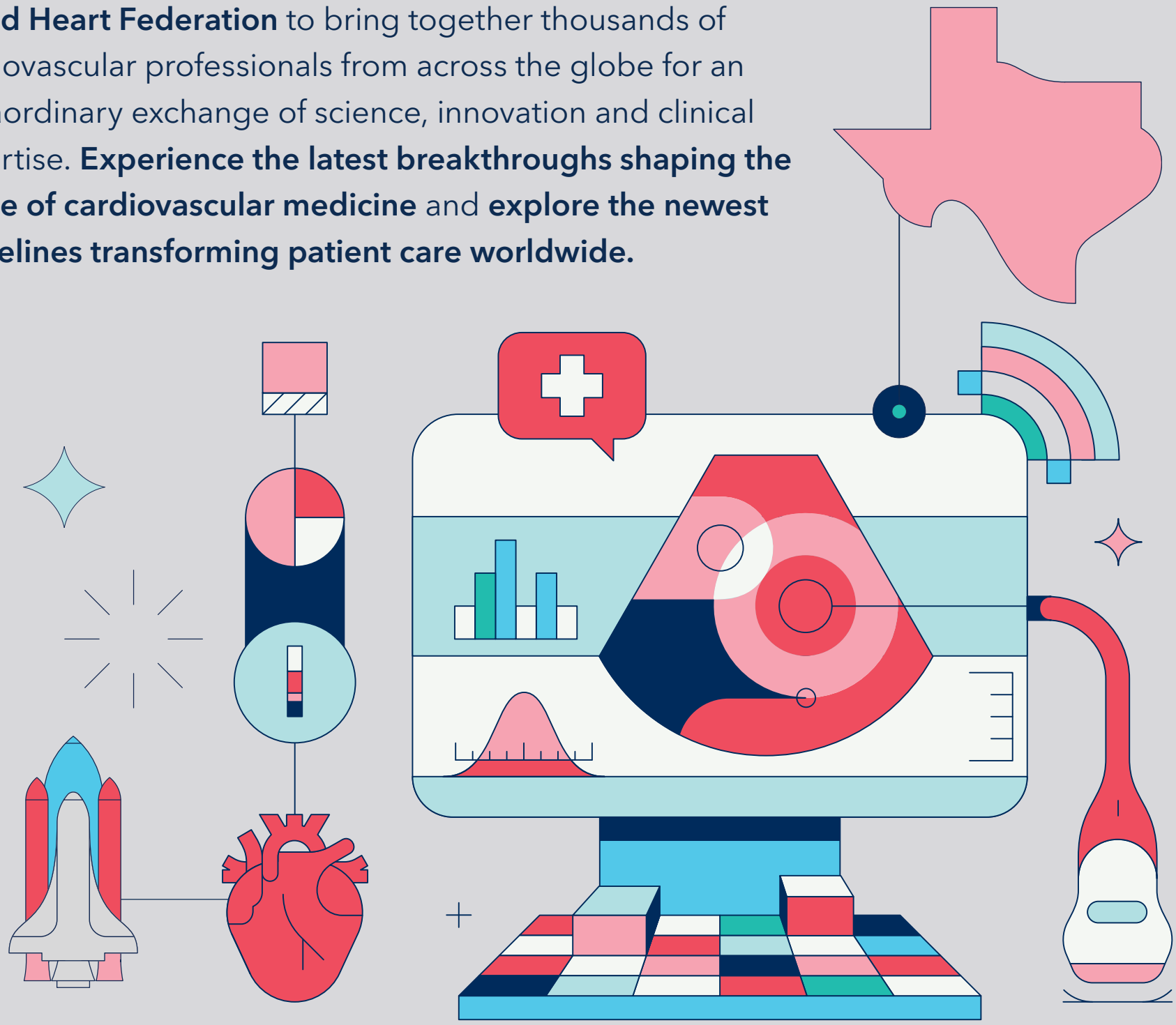
The American College of Cardiology joins with the World Heart Federation to bring together thousands of cardiovascular professionals from across the globe for an extraordinary exchange of science, innovation and clinical expertise. **Experience the latest breakthroughs shaping the future of cardiovascular medicine** and **explore the newest guidelines transforming patient care worldwide.**



Mark your calendar and make plans to join us in Houston, TX!

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