

EAS 2026 Preview – Clinical and AI / ML



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- **PCSK9 competition will shift from efficacy claims to modality trade-offs**

- EAS 2026 will place **VERVE-102, enlicitide, STX-1150, evolocumab, lerodalcibep, and inclisiran** across late breakers, workshops, and real-world evidence sessions. The strategic question will be whether **oral inhibition, mAbs, siRNA, epigenetic silencing, or base editing** can define distinct roles based on **durability, reversibility, adherence, and safety monitoring**



- **ApoC-III and ANGPTL3 will compete for severe triglyceride positioning**

- The congress will feature **olezarsen, plozasiran, AZD1705, apoC-III, and ANGPTL3** across late-breaking and industry-sponsored content. The unresolved question will be whether companies frame value primarily around **pancreatitis-risk reduction in severe hypertriglyceridemia** or attempt to extend these mechanisms into **broader ASCVD residual-risk management**



• **Residual inflammation will test whether druggable risk can be re-opened**

- The late breaker on ruvonoflast, an oral NLRP3 inhibitor, and Novo Nordisk's cardiovascular inflammation session will keep inflammatory-risk biology visible at EAS 2026. The competitive question will be whether NLRP3 inhibition and CHIP-linked inflammatory-risk models can identify a treatable ASCVD subgroup, or whether the field remains constrained by biomarker-driven narratives



• **Oral LDL-C intensification will defend relevance against injectable and durable approaches**

- Daiichi Sankyo will emphasize oral triple-combination LDL-C therapy, ESC/EAS guideline updates, and MILOS real-world evidence, while Menarini will position early combination lipid lowering and CETP inhibition. The tension will be whether oral regimens can retain a practical role as PCSK9 mAbs, inclisiran, enlicitide, lerodalcibep, STX-1150, and VERVE-102 broaden the LDL-C treatment landscape



• **HoFH will remain a rare-disease proving ground for differentiation**

- EAS 2026 will include Chiesi HoFH pathway sessions and planner content on **evinacumab, lomitapide, lerodalcibep, inclisiran, and LDLR/APOB genetics**. The strategic question will be whether differentiation in HoFH is driven by **LDL-C depth, pediatric applicability, real-world durability, plaque effects, or ability to reduce dependence on apheresis**



• **AI and digital risk tools will remain secondary but worth tracking**

- AI-relevant content will include **AI-enhanced exposomics, generative-AI decision-making in lipid disorders, ¹H-NMR metabolomics with machine learning, polygenic risk scores, and digiphysical Lp(a) cascade screening**. The competitive tension will be whether these tools improve patient identification for Lp(a), FH, ASCVD risk refinement, or imaging-based trial enrichment, rather than staying as academic risk-model work



Key Sessions To Watch

Date	Session Title (short)	Type	Author / Institution	Why Watch
25 May 2026	VERVE-102 PCSK9 base editing	Late Breaker	Scott B. Vafai / USA	Tests whether one-time PCSK9 editing can create a durable LDL-C lowering proposition
25 May 2026	Enlicitide ApoB effect in Phase 3	Late Breaker	Alberico L. Catapano / Italy	Important for Merck's oral PCSK9 case beyond LDL-C alone
25 May 2026	STX-1150 epigenetic PCSK9 silencing	Late Breaker	Benjamin L. Oakes / USA	Adds another durable PCSK9 modality and raises reversibility and safety questions
25 May 2026	Evolocumab, Lp(a), VESALIUS-CV	Late Breaker	Victorien Monguillon / USA	Helps clarify how Lp(a)-associated risk behaves under established PCSK9 mAb therapy
25 May 2026	Lerodalcibep long-term Phase 3 extension	Late Breaker	David Kallend / USA	Relevant for whether third-generation PCSK9 inhibition can differentiate in severe LDL-C elevation
26 May 2026	Olezarsen and pancreatitis risk	Late Breaker	Andre Zimerman / Brazil	Central for apoC-III positioning in patients with triglycerides >10 mmol/L
26 May 2026	AZD1705 ANGPTL3 silencing	Late Breaker	Niklas Bergh / Sweden	Tracks whether ANGPTL3 silencing can compete with apoC-III approaches in atherogenic lipoprotein lowering
26 May 2026	Plozasiran in renal/hepatic impairment	Late Breaker	Jennifer Hellawell / USA	Safety and dosing in impaired-organ populations could affect severe TG treatment use
27 May 2026	Perivascular fat imaging biomarkers	Late Breaker	Charalambos Antoniades / UK	Relevant for whether vascular inflammation imaging can become a precision-medicine endpoint



Industry-Sponsored Sessions & Focus Areas – EAS 2026





EAS 2026– Competitive Landscape at a Glance

Name	Sessions	Companies / Assets	Why It Matters
Lp(a) screening and risk stratification	Multiple	Novartis, Eli Lilly, muvalaplin, Lp(a) testing / cascade-screening models	The competitive issue is whether testing infrastructure can mature before dedicated Lp(a)-lowering launches scale
FH / HoFH and inherited dyslipidemias	Multiple	Chiesi, lerodalcibep, evinacumab, lomitapide, inclisiran, LDLR/APOB genetics	Rare lipid disorders remain a high-value testbed for depth of LDL-C lowering and real-world implementation
CETP and oral LDL-C combinations	Multiple	Menarini, Daiichi Sankyo, bempedoic acid, obicetrapib, ezetimibe/statin combinations	Oral strategies are being positioned against injectable and RNA-based competitors through access, combination use, and guideline alignment
ApoC-III / ANGPTL3 / severe TG biology	Multiple	olezarsen, plozasiran, AZD1705, Arrowhead, Sobi, ApoC-III, ANGPTL3/8	Severe TG competition is dividing between pancreatitis-risk reduction and broader atherogenic-lipoprotein control
PCSK9 inhibition, silencing, and editing	Multiple	VERVE-102, enlicitide, STX-1150, evolocumab, lerodalcibep, inclisiran	PCSK9 competition is shifting from LDL-C efficacy alone to route, durability, reversibility, safety, and adherence



Key Industry-Sponsored Sessions at EAS 2026 (1/4)

- **Novartis:**

- Focus Areas: Lp(a) biology, risk assessment, and emerging therapeutic landscape
- Sessions will cover global evidence, patient stratification, and practical guidance for managing elevated Lp(a) in cardiovascular risk

- **Menarini:**

- Focus Areas: Lipid management strategies, including early intensive approaches and CETP inhibition
- Sessions will cover evolving guideline-based treatment, stepwise vs strike-early approaches, and translating evidence into clinical decision-making

- **Eli Lilly:**

- Focus Areas: Cardiovascular risk assessment using Lp(a)
- Discussions will focus on global evidence and practical applications of Lp(a) testing to guide real-world patient care



Key Industry-Sponsored Sessions at EAS 2026 (2/4)



• **Sanofi:**

- Focus Areas: Real-world evidence supporting lipid-lowering therapy and first-event prevention
- Sessions will highlight strategies for early intervention and evidence-driven clinical decisions



• **Arrowhead:**

- Focus Areas: Familial chylomicronemia syndrome (FCS) management and treatment strategies
- Presentations will cover clinical approaches, current and future therapies, and practical implementation



• **Merck MSD:**

- Focus Areas: Cardiovascular risk continuum and LDL-driven risk management
- Sessions will address latest advances, practical management strategies, and evidence-based guidance for ASCVD prevention



Key Industry-Sponsored Sessions at EAS 2026 (3/4)



- **Novo Nordisk:**

- Focus Areas: Cardiovascular inflammation mechanisms and emerging targets
- Sessions will cover translating mechanistic insights into clinical guideline-based management



- **Chiesi:**

- Focus Areas: HoFH management and achieving LDL-C goals
- Sessions will cover diagnostic pathways, treatment strategies, and translating clinical evidence into real-world practice



- **Daiichi Sankyo:**

- Focus Areas: ESC/EAS dyslipidaemia guideline updates, oral triple combination LDL-C therapy, and real-world evidence
- Sessions will highlight clinical impact and practical implementation of guideline recommendations



Key Industry-Sponsored Sessions at EAS 2026 (4/4)



• Sobi:

- Focus Areas: Severe hypertriglyceridemia (sHTG) management and apoC-III targeting
- Presentations will cover early identification, treatment strategies, and translating evidence into clinical practice



New Entrants

Asset / Company	2026 Presence
AZD1705	Late Breaker: Liver-Targeted ANGPTL3 Silencing With AZD1705 Lowers Atherogenic Lipoproteins: Preclinical Validation and Phase 1 Results
VERVE-102	Late Breaker: In Vivo Base Editing of PCSK9 With VERVE-102 Enables Potent and Durable LDL-C Reduction in Patients With Hypercholesterolemia
Ruvonoflast	Late Breaker: Oral NLRP3 Inhibitor Ruvonoflast Provides Rapid, Robust, and Reversible Inflammation Reduction in Patients With Residual Inflammatory Risk of ASCVD
Digiphysical Lp(a)	SaaG Session (E-Poster Screens): Digiphysical Cascade Screening for Lipoprotein(a) in Patients With Coronary Artery Disease: Predictors of Screening
AI-enhanced Exposomics	Plenary: AI-Enhanced Exposomics in Cardiovascular Health
H-NMR Metabolomics ML	SaaG Session (E-Poster Screens): Accurate Estimation of Lipoprotein(a) Concentration via 1H-NMR Metabolomics and Ensemble Machine Learning

AI/ML Trends & Strategic Watchpoints at EAS 2026





AI / Digital Health Angle at EAS 2026 (1/2)

- **AI/ML presentations at EAS 2026 represent a practical lipid and cardiovascular workflow signal, not a generic digital-health theme. Sessions focusing on AI-enhanced exposomics, NMR/metabolomics modeling, polygenic risk scoring, generative-AI decision tools, and cascade screening for Lp(a) suggest digital tools are being tested where they could influence patient identification, risk stratification, therapy prioritization, and trial enrichment**
- **AI/ML activity at EAS 2026 is strategically relevant because it is targeted at actionable clinical decision points in lipidology and ASCVD management, rather than broad analytics. The main signal is whether these tools can move from retrospective validation into workflows that affect earlier detection, targeted therapy, cascade screening, and trial patient selection**
- **Key sessions include:**
 - AI-enhanced Exposomics in CV health
 - ¹H-NMR metabolomics with machine learning for lipoprotein profiling
 - Generative AI-assisted clinical decision-making in lipid disorders
 - Digiphysical cascade screening for Lp(a)
 - Polygenic risk score modeling for inherited dyslipidemia



AI / Digital Health Angle at EAS 2026 (2/2)

- **Sessions suggest AI and digital tools are being applied to improve:**

- Patient identification and risk stratification in FH, HoFH, and elevated Lp(a) populations
- Quantitative lipid and metabolic profiling for residual cardiovascular risk
- Disease phenotyping and precision-risk assignment across LDL-C, TG, and Lp(a) subgroups
- Workflow optimization for testing, cascade screening, and referral
- Trial enrichment via imaging-derived markers, polygenic scores, or metabolomic signatures



What We're Watching for Post-EAS 2026

- Whether PCSK9 modalities (VERVE-102, enlicitide, STX-1150, lerodalcibep, inclisiran) show meaningful differentiation in durability, reversibility, and adherence
- Whether Lp(a) screening sessions from Novartis and Eli Lilly translate into actionable testing pathways for therapy adoption
- Whether apoC-III and ANGPTL3 inhibitors (olezarsen, plozasiran, AZD1705) provide signals sufficient to justify positioning in severe TG or ASCVD residual-risk populations
- Whether NLRP3 inhibition (ruvonoflast) defines a treatable inflammatory-risk subgroup
- Whether oral LDL-C intensification strategies from Daiichi Sankyo and Menarini remain relevant amid expanding injectable/RNA PCSK9 use
- Whether HoFH and inherited dyslipidemia data support differentiation through LDL-C depth, pediatric use, or real-world durability

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e: INFO@LQVENTURES.COM

w: WWW.LQVENTURES.COM