AHA 2026 Preview – Clinical and AI / ML



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American Heart Association. Scientific Sessions

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New Trends in Cardiovascular Strategy at AHA 2026 (1/3)

- **Lipoprotein(a) will face its first outcome verdict with a follower pipeline already waiting behind it**
  - AHA 2026 will feature the primary results of the Lp(a) HORIZON trial of pelacarsen, alongside extended analyses and a Featured Science session. The pipeline spotlight will also include earlier-stage candidates, such as a once-yearly siRNA demonstrating an 85% annualised reduction and two bivalent siRNAs targeting PCSK9 and Lp(a). A key consideration will be whether positive cardiovascular outcome data establish Lp(a) as a reimbursed treatment target and how quickly competing programmes adapt their development and positioning strategies
- **Inflammation will be tested as a primary endpoint rather than a mechanistic hypothesis**
  - The congress will open its principal late-breaking block with the primary report of the ziltivekimab cardiovascular outcomes trial, putting interleukin-6 inhibition at the meeting's centre. Support will include a Phase 2 oral NLRP3 inhibitor trial, a Main Event on the thrombo-inflammatory axis and inflammation imaging. If the data hold, residual inflammatory risk becomes a commercially addressable segment, with diagnostics defining the treatable population

New Trends in Cardiovascular Strategy at AHA 2026 (2/3)

- **Editing, silencing and gene transfer will carry cardiology into genetic medicine**
  - AHA 2026 will host a Main Event on gene therapy for cardiovascular disease, a second on RNA therapeutics and base editing, and a CRISPR-based gene editing industry session. Clinical content will include Phase 1b CRISPR-Cas9 editing of ANGPTL3, early findings for an AAV gene therapy in the failing heart and one-time editing for cholesterol control. The commercial question will shift from feasibility to sequencing and payer logic; who the right patient is, and what durability evidence is required
- **AI and Digital Technologies: Supporting Detection, Risk Assessment and Care Delivery**
  - AI and digital technologies feature across cardiovascular diagnosis, disease screening, risk assessment and care delivery. The programme includes sessions on AI and bioinformatics in fundamental research, machine learning in cardiovascular genetics, AI-enabled disease screening, and the use of AI in cardiovascular diagnosis. The emphasis is on how computational tools and connected technologies may support earlier detection, more informed assessment and more integrated care

New Trends in Cardiovascular Strategy at AHA 2026 (3/3)

- **Incretin competition will shift from weight loss to organ outcomes across the CKM continuum**
  - The conference will bring the AHA/ACC/ADA/ASN cardiovascular-kidney-metabolic syndrome guideline to life in an event, supported by a six-part CKM symposium and more than twenty further CKM sessions. Incretin content will span a survodutide outcomes trial, orforglipron in obstructive sleep apnoea and tirzepatide in obesity-related HFpEF. Competition is moving from weight reduction to organ-specific claims, with sleep apnoea, heart failure and kidney outcomes the differentiating indications

- **Cardiomyopathy becomes the most contested therapeutic area**
  - Sessions will address transthyretin amyloid cardiomyopathy and hypertrophic cardiomyopathy, spanning silencers, stabilisers and myosin inhibition. Content will include two-year extension results for vutrisiran, CARDIO-TTRansform analyses and a 52-week obstructive HCM extension from a new entrant. Differentiation is shifting to earlier detection and lifetime positioning

Key Sessions To Watch

Date	Session Title (short)	Type	Author / Institution	Why Watch
07 Nov 2026	The Dr. Eugene Braunwald: Translating Science into Prevention	Late-Breaking Science	Paul M. Ridker, Brigham and Women's Hospital	The meeting's anchor block, pairing the ziltivekimab cardiovascular outcomes trial with primary and extended Lp(a) HORIZON results
07 Nov 2026	Treating the Clot or Controlling the Blood Pressure: Improving Outcomes After Stroke	Late-Breaking Science	Otavio Berwanger, George Institute for Global Health	Factor XIa inhibition in non-cardioembolic stroke alongside two randomised blood-pressure strategies
07 Nov 2026	Hot Topics in CVD Prevention	Late-Breaking Science	Nicolas Rodondi, Institute of Primary Health Care	Statin discontinuation in multimorbid older adults, intensive blood pressure in type 2 diabetes, statin–ezetimibe combination and yoga-based cardiac rehabilitation
08 Nov 2026	Old Meds, New Meds and BP Goals: Optimizing Antihypertensive Therapy	Featured Science	Manish Saxena, University of Bologna	Long-term aldosterone synthase inhibition, angiotensinogen RNA interference and a single-pill strategy for resource-constrained settings
09 Nov 2026	New Frontiers in Cardiometabolic Risk Reduction	Late-Breaking Science	Michelle L. O'Donoghue, Marea Therapeutics	ANGPTL4 inhibition, CRISPR-Cas9 editing of ANGPTL3, orforglipron in obstructive sleep apnoea and a survodutide cardiovascular outcomes trial
09 Nov 2026	Silencing ATTR-CM: Lessons from Helios-B and CardioTransform	Featured Science	Mathew S. Maurer, Columbia University	Two-year open-label extension results for vutrisiran and cardiac structure, function and CMR analyses for eplontersen in one session
09 Nov 2026	Artificial Intelligence in the Diagnosis of Cardiovascular Disease	Late-Breaking Science	Rohan Khera, Yale School of Medicine	The congress's first dedicated AI late-breaking block, spanning consumer smartwatch ECG, tele-ECG, echocardiographic interpretation and plaque analysis

Industry-Sponsored Sessions & Focus Areas – AHA 2026



AHA 2026– Competitive Landscape at a Glance (1/2)

Name	Sessions	Companies / Assets	Why It Matters
Lipoprotein(a) lowering	Multiple	Pelacarsen (Lp(a) HORIZON primary and extended analyses); Sirius Therapeutics / SRSD216; Rona Therapeutics / RN5681 and RN0361; FB7023; Amgen and Eli Lilly	A single outcome readout will set the ceiling for the whole class; the follower assets are competing on dosing interval and on silencing Lp(a) and PCSK9 with one agent
Anti-inflammatory cardiovascular therapy	Multiple	Novo Nordisk / ziltivekimab (interleukin-6); ruvonoflast (oral NLRP3, RESOLVE-1); Caristo Diagnostics / coronary inflammation imaging; colchicine and interleukin-6 mechanistic content	If the interleukin-6 outcome data are positive, the commercial contest moves immediately to identifying the inflamed patient, placing imaging and biomarker companies in the value chain
Transthyretin amyloid cardiomyopathy	Multiple	Alnylam Pharmaceuticals / vutrisiran; Ionis Pharmaceuticals and AstraZeneca / eplontersen; BridgeBio Pharma / TTR stabiliser; Pfizer	With several agents established, differentiation is moving upstream into earlier detection, monitoring frameworks and sequencing rather than head-to-head efficacy
Severe hypertriglyceridemia and residual lipid risk	Multiple	Arrowhead Pharmaceuticals / plozasiran and dual PCSK9–APOC3 RNAi; Ionis Pharmaceuticals / TRYNGOLZA; Marea Therapeutics / MAR001 (ANGPTL4); Merck and Novartis	Rare-disease approvals are being used as entry points into far larger remnant-cholesterol and pancreatitis-prevention populations

AHA 2026– Competitive Landscape at a Glance (2/2)

Name	Sessions	Companies / Assets	Why It Matters
Hypertrophic cardiomyopathy and myosin inhibition	Multiple	Bristol Myers Squibb / mavacamten including paediatric data; Cytokinetics / aficamten in obstructive and non-obstructive disease; Braveheart Bio / HRS-1893	Two established inhibitors are extending into paediatric, non-obstructive and long-term real-world evidence while a new entrant arrives with 52-week extension data
Hypertension pharmacology and devices	Multiple	Mineralys Therapeutics and AstraZeneca / aldosterone-targeted treatment; Corcept Therapeutics / cortisol modulation; Idorsia Pharmaceuticals; Medtronic	After two decades of generic competition, mechanism and duration of effect are commercial variables again, with device and RNA approaches competing against daily oral therapy
Incretins and cardiometabolic organ outcomes	Multiple	Eli Lilly / tirzepatide and orforglipron; Novo Nordisk / semaglutide and cardiovascular inflammation; Boehringer Ingelheim	The battleground has moved past weight loss to indication-specific outcomes in sleep apnoea, HFpEF, liver and kidney disease, where guidelines and reimbursement will follow
Genetic medicine for cardiovascular disease	Multiple	Intellia Therapeutics / CRISPR-based editing; AskBio / umiposgene parvec (AB-1002); Lexeo Therapeutics / Friedreich ataxia cardiomyopathy; Eli Lilly	First clinical findings will shift the discussion to patient selection, durability evidence and payer logic for once-and-done therapy in chronic cardiovascular disease

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

- **Pfizer:**
  - Focus Areas: ATTR-CM Detection, Monitoring & the Care Continuum
  - Pfizer's programme is set to span pre-heart-failure detection of transthyretin amyloid cardiomyopathy and a framework for monitoring disease progression across the care continuum, with further sessions on distinguishing ATTR-CM from hypertrophic cardiomyopathy and on respiratory syncytial virus. Discussion is expected to centre on how earlier recognition reshapes the treated population
- **Novo Nordisk:**
  - Focus Areas: GLP-1 Receptor Agonists & Cardiovascular Inflammation
  - Novo Nordisk's programme is set to rethink cardiovascular care with GLP-1 receptor agonists and to address the evolving science of cardiovascular inflammation, alongside the primary report of its interleukin-6 outcomes trial. Metabolic and inflammatory risk reduction may increasingly converge within a unified therapeutic strategy

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

- **Eli Lilly:**
  - Focus Areas: Incretins, the CKM Framework & One-Time Gene Editing
  - Eli Lilly's programme is set to cover incretin-based therapies within the cardiovascular-kidney-metabolic framework, long-term cholesterol control through one-time gene editing approaches, and Lp(a) testing and risk stratification, with a product theatre on its approved incretin therapy. Discussion is expected to range from practical prescribing to the positioning of durable, single-administration lipid therapy
- **Boehringer Ingelheim:**
  - Focus Areas: RAAS Dysregulation, Organ Crosstalk & Cardiometabolic Risk
  - Boehringer Ingelheim's programme is set to examine RAAS dysregulation and the role of aldosterone in heart failure, organ crosstalk across the cardiometabolic continuum, albuminuria and chronic kidney disease diagnosis, and the liver in cardiovascular care. Session is expected to argue for multi-organ risk assessment rather than single-condition management

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

- **Medtronic:**
  - Focus Areas: Device-Based Hypertension, Stroke Prevention & Heart Failure
  - Medtronic's programme is set to advance hypertension care with a device-based blood pressure procedure, cardiology's role in stroke prevention, device therapy in heart failure and three-year outcomes in women with aortic stenosis. The focus will be on where procedural options belong relative to escalating medical therapy
- **Amgen:**
  - Focus Areas: Inherited Lp(a) Risk & Closing the ASCVD Treatment Gap
  - Amgen's programme is set to turn inherited lipoprotein(a) risk into clinical insight and to address implementation gaps in atherosclerotic cardiovascular disease care, supported by cardiovascular outcomes evidence in high-risk patients. Discussion is expected to centre on moving established risk reduction into routine practice

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

- **Intellia Therapeutics:**
  - Focus Areas: CRISPR-Based Gene Editing in Cardiac Care
  - Intellia Therapeutics' programme is set to examine how CRISPR-based gene editing expands the horizons of cardiac care, convening amyloidosis and cardio-oncology specialists. Discussion is expected to address which patients are suited to a single-administration approach and what evidence will be needed to support it
- **Cleerly:**
  - Focus Areas: AI-Enabled Plaque Staging & the TRANSFORM Trial
  - Cleerly's programme is set to address the diagnosis, staging and treatment of coronary artery disease through the TRANSFORM trial, with a randomised comparison of plaque-based personalised management also scheduled in the Featured Science programme. Session is expected to test whether quantitative plaque assessment changes management rather than description

Key Industry-Sponsored Sessions at AHA 2026 (5/5)

- **AstraZeneca:**
  - Focus Areas: Aldosterone-Targeted Hypertension, ATTR-CM & LDL-C Goal Attainment
  - AstraZeneca's programme is set to introduce a novel aldosterone-targeted treatment for uncontrolled hypertension, present new ATTR-CM data for health care providers from CARDIO-TTRansform, and examine the barriers to achieving LDL-C goals. Discussion is expected to span three therapy areas in which the company is positioning against established incumbents
- **Novartis:**
  - Focus Areas: Factor XI Inhibition & Non-Statin LDL-C Management
  - Novartis' programme is set to frame factor XI inhibition as the next era of safer stroke prevention in atrial fibrillation and to bridge evidence and practice in LDL-C management with a non-statin therapy. Talk is expected to centre on whether a wider safety margin changes who is anticoagulated

New Entrants

Asset / Company	2026 Presence
Ziltivekimab (Novo Nordisk)	Primary report of the ZEUS cardiovascular outcomes trial of interleukin-6 inhibition, opening the meeting's anchor late-breaking session
MAR001 (Marea Therapeutics)	TYDAL-TIMI 78, a randomised trial of ANGPTL4 inhibition in adults with elevated triglycerides and remnant cholesterol
SRSD216 (Sirius Therapeutics)	A once-yearly siRNA to lipoprotein(a) reporting time-averaged annualised reduction of 85% after a single dose
RN5681 (Rona Therapeutics)	A bivalent siRNA targeting PCSK9 and Lp(a) together for optimisation of atherogenic lipid management
BAY 3670549 (Bayer)	First-in-human evaluation of a selective GIRK4 inhibitor for pharmacological cardioversion in atrial fibrillation
HRS-1893 (Braveheart Bio)	Long-term efficacy and safety in obstructive hypertrophic cardiomyopathy from a 52-week extension period
Laromestrocel (Longeveron)	ELPIS II, a Phase 2b trial as adjunct therapy during stage II single-ventricle palliation
Amrecibart and cenvacibart (Regeneron)	A Phase 2 randomised, double-blind, placebo-controlled trial for the prevention of catheter-related thrombosis

AI/ML Trends & Strategic Watchpoints at AHA 2026



AI / Digital Health Angle at AHA 2026 (1/3)

- **AI has moved into the late-breaking programme for the first time**
  - AHA 2026 will host a dedicated session on artificial intelligence in the diagnosis of cardiovascular disease, spanning cross-manufacturer validation of consumer smartwatch ECG, external validation of tele-ECG for structural heart disease, a blinded randomised trial of AI-assisted echocardiographic interpretation and integrated plaque analysis. Placing AI inside the late-breaking programme rather than a methods track signals that the field is now judged on randomised and externally validated evidence
- **Foundation models are entering cardiovascular research**
  - Sessions will feature cardiac MRI and vision-language foundation models, cardiac foundation models built on large federated health record data, and AI-derived strain from cine imaging. A seminar will set out three hard cases for AI evidence and accountability. The question will be whether general-purpose models outperform task-specific ones once they leave their development cohorts
- **Implementation, accountability and governance now share the stage with model performance**
  - Discussions will address embedding AI into clinical workflow, aligning incentives and accountability with policy, equity by design and the regulation of AI through implementation science, alongside a hands-on evaluation workshop. The centre of gravity has shifted from whether models perform to whether health systems can adopt them responsibly, which changes who the buyer is?

AI / Digital Health Angle at AHA 2026 (2/3)

- **Digital health, as distinct from AI, is concentrated on monitoring and medication optimisation**
  - A Featured Science session will cover remote voice analysis for ambulatory heart failure monitoring, electronic tools to reinforce guideline-directed therapy and two randomised digital interventions for medication optimisation, supported by sessions on wearables, implantable monitors and telemetry. Digital health content is being judged by randomised implementation evidence rather than engagement metrics, placing it closer to quality improvement than to consumer technology
- **Key sessions include:**
  - Artificial Intelligence in the Diagnosis of Cardiovascular Disease
  - Are We Ready for AI-Optimized Care? What Clinicians, Health Systems and Policymakers Need
  - Artificial Intelligence in Electrophysiology: From Detection to Decision
  - From Model to Medicine: The New Evidence Lifecycle for Cardiovascular AI
  - Digital-Driven Solutions: Connecting the Patient and Provider for HF Transformation
  - Agentic AI in Cardiovascular Care: From Automation to Intelligence
  - AI at the Bedside: ML for Early Detection and Management of Cardiogenic Shock
  - The Artificial Intelligence Imaging Revolution
  - Cross-manufacturer validation of consumer smartwatch AI-ECG for left ventricular systolic dysfunction
  - AI-assisted comprehensive echocardiographic interpretation in a blinded RCT

AI / Digital Health Angle at AHA 2026 (3/3)

- AI-enabled tele-ECG to identify structural heart disease and prioritise echocardiography in underserved populations
- EchoAtlas, a conversational vision-language foundation model for comprehensive echocardiography
- A cardiac MRI foundation model discriminating genetic background in hypertrophic cardiomyopathy
- ECG2Fibrosis, a machine learning-derived digital biomarker for myocardial fibrosis
- ECG-AI-first sequential screening with NT-proBNP for heart failure risk
- Reproducibility of AI-ECG predictions and within-patient reliability across nine prediction tasks

- **Sessions suggest AI and computational tools are increasingly being used to improve:**
  - Detection of structural heart disease from single-lead and consumer-grade signals
  - Risk stratification and dynamic, competing-risk prediction from longitudinal records
  - Quantitative interpretation of echocardiography, CT and cardiac MRI
  - Identification of untreated or under-treated patients within health systems
  - Triage and prioritisation of diagnostic capacity in resource-limited settings
  - Early detection and management of cardiogenic shock and arrhythmia
  - Governance, accountability and equity in deployed clinical models

What We're Watching for Post-AHA 2026

- Whether a positive Lp(a) outcome result converts lipoprotein(a) into a reimbursed treatment target, and how quickly once-yearly and dual-target followers reposition
- Whether interleukin-6 inhibition establishes residual inflammatory risk as a commercially addressable segment, and which diagnostics define the treatable population
- Whether cardiovascular gene editing and gene therapy produce durability evidence sufficient to support once-and-done positioning in chronic disease
- Whether aldosterone synthase inhibition and RNA-based blood pressure control reopen hypertension as a differentiated therapeutic market
- Whether incretin programmes convert organ-specific outcomes in sleep apnoea, HFpEF and kidney disease into guideline and reimbursement change
- Whether ATTR-CM competition shifts decisively from efficacy toward earlier detection, monitoring frameworks and lifetime sequencing
- Whether AI diagnostics withstand randomised and external validation well enough to enter procurement rather than research
- Whether consumer-grade and single-lead signals prove accurate enough to move screening outside the clinical setting

Strategic Insights and Strategy Development is our focus

