Hot Lines

FRI 28 AUG · 5 TRIALS IN THE REGISTER

HOT LINE 1 · FRI 28 AUG

CARDIO-TTRansform did not reduce cardiovascular death or recu...

SINGLE-AF reduced the net composite of stroke, embolism, major b...

POET-II was non-inferior to the standard 4–6-week course for death,...

ACACIA-HCM improved KCCQ clinical summary score and peak oxy...

CMR GUIDE did not reduce sudden cardiac death or haemodynamicall...

HF · CARDIAC AMYLOIDOSIS

CARDIO-TTRansform 2026

A Phase 3 Global, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate the Efficacy and Safety of ION-682884 (Eplontersen) in Patients With Transthyretin-Mediated Amyloid Cardiomyopathy

In 1,432 patients with transthyretin amyloid cardiomyopathy, eplontersen did not reduce cardiovascular death or recurrent cardiovascular events at 140 weeks compared with placebo.

Result · 381 events in 210 patients vs 392 events in 231 (rate ratio 0.89, 95% CI 0.73-1.09; P = 0.28). Serum transthyretin was suppressed through week 140. Without a background stabiliser fewer primary events with eplontersen (nominal significance); with one, no incremental effect.

POPULATION INTERVENTION COMPARISON OUTCOME

Fontana M, Masri A, et al. N Engl J Med. 2026; published online 28 August.

doi: 10.1056/nejmoa2608510

AF · STROKE PREVENTION

SINGLE-AF 2026

The Efficacy and Safety of Non-vitamin K Antagonist Oral Anticoagulants for Intermediate Stroke Risk in Patients With Atrial Fibrillation

In 1,803 patients with atrial fibrillation at intermediate stroke risk, a direct oral anticoagulant reduced the net composite of stroke, embolism, major bleeding and death at 2 years compared with no anticoagulation.

Result · 0.5% vs 1.5% at 24 months (HR 0.31, 95% CI 0.10-0.94; P = 0.03), driven by ischaemic stroke (0.1% vs 1.1%). Major bleeding 0.3% vs 0.5%.

POPULATION INTERVENTION COMPARISON OUTCOME

Kim D, Lee Y, et al. N Engl J Med. 2026; published online 28 August.

doi: 10.1056/nejmoa2607978

INFLAMMATORY · ENDOCARDITIS

POET-II 2026

Accelerated Treatment of Endocarditis (POET II)

In 508 patients with left-sided infective endocarditis, a tailored 2–4-week antibiotic course was non-inferior to the standard 4–6-week course for death, unplanned cardiac surgery, relapse or embolisation at 6 months.

Result · Days alive without antibiotic treatment at 6 months 183 vs 169 (P < 0.001); median antibiotic duration 26 vs 41 days. Safety composite of death, unplanned valve surgery or embolic events 8.2% vs 10.7%, meeting non-inferiority. Relapse 5.1% vs 1.6% (P = 0.04).

POPULATION INTERVENTION COMPARISON OUTCOME

Bundgaard H, Pries-Heje M, et al. N Engl J Med. 2026; published online 28 August.

doi: 10.1056/nejmoa2607887

HF · CARDIOMYOPATHY

ACACIA-HCM 2026

A Phase 3, Multi-Center, Randomized, Double-Blind Trial to Evaluate the Efficacy and Safety of Aficamten Compared to Placebo in Adults With Symptomatic Non-Obstructive Hypertrophic Cardiomyopathy

In 517 patients with symptomatic non-obstructive hypertrophic cardiomyopathy, aficamten improved KCCQ clinical summary score and peak oxygen uptake at 36 weeks compared with placebo.

Result · KCCQ clinical summary score +11.4 vs +8.4 (P = 0.02) and peak oxygen uptake +0.64 vs −0.03 mL/kg/min (P = 0.003) at week 36. NYHA class, submaximal exercise and NT-proBNP also improved. LVEF fell below 50% in 10% vs 1%, managed by dose reduction.

POPULATION INTERVENTION COMPARISON OUTCOME

Masri A, Maron MS, et al. N Engl J Med. 2026; published online 28 August.

doi: 10.1056/nejmoa2603021

ARRHYTHMIA · SUDDEN DEATH PREVENTION

CMR GUIDE 2026

Cardiac Magnetic Resonance GUIDEd Management of Mild-moderate Left Ventricular Systolic Dysfunction

In 353 patients with LVEF 36–50 % and scar on cardiac MRI, a primary-prevention ICD did not reduce sudden cardiac death or haemodynamically significant ventricular arrhythmia compared with an implantable loop recorder.

Result · 7.8% vs 9.2% (HR 0.76, 95% CI 0.37-1.58); no significant difference. Sudden cardiac death alone 1.7% vs 5.8% (HR 0.26, 95% CI 0.07-0.95). Below 70 years a 72% relative reduction in the primary endpoint, none above.

POPULATION INTERVENTION COMPARISON OUTCOME

Selvanayagam JB, et al. JAMA. 2026; published online 28 August.

doi: 10.1001/jama.2026.17078

Hot Lines

SAT 29 AUG · 19 TRIALS IN THE REGISTER

HOT LINE 2 · SAT 29 AUG

STAREE improved one of two co-primary outcomes – disability-free survival and major cardiov...

AMUNDSEN increased achievement of an LDL-C reduction of ≥50 % to below 1.4 mmol/L at 12...

TRANQUILITY reduced hs-CRP through day 90

REACT Silent atherosclerosis in 57.1% of participants overall: about 1 in 13 aged 18-29 and 9 of...

ENRICH-AF did not reduce stroke or systemic embolism, and major haemorrhage

DAN-RSV reduced hospitalisation for RSV-related respiratory disease

HOT LINE 3 · SAT 29 AUG

LIBREXIA ACS did not reduce cardiovascular death, myocardial infarction or ischaemic stroke

PREMIUM was not non-inferior to 12 months of dual antiplatelet therapy for death, myocardial i...

SWITCH SWEDEHEART did not reduce death, myocardial infarction or stroke at 1 year

A-CLOSE was non-inferior to extended dual antiplatelet therapy for net adverse clinical events...

EPIDAURUS did not reduce major ischaemic events at 6 weeks

HOT LINE 4 · SAT 29 AUG

PRESC1SE-MI was non-inferior to the 0/3-hour algorithm for death or type 1 myocardial infar...

0/1-hour IPDMA did not improve diagnostic safety and efficacy

AIR-STEMI reduced death, stroke, reinfarction or ischaemia-driven revascularisation

TARGET-CTCA did not reduce myocardial infarction or cardiac death

HOT LINE 5 · SAT 29 AUG

EMAIL-HF increased initiation of an SGLT2 inhibitor within 6 months

Remote Exercise SWEDEHEART did not increase the number of supervised sessions atte...

ADHERE-ASCVD Stage 1: 14-day statin refill 14.4% with any digital outreach vs 12.0% usual...

VIRTUES was non-inferior to scheduled in-clinic follow-up for major adverse cardiac events at...

LIPIDS · PRIMARY PREVENTION

STAREE 2026

STAtin Therapy for Reducing Events in the Elderly

In 9,971 healthy adults aged 70 years or over, atorvastatin 40 mg improved one of two co-primary outcomes — disability-free survival and major cardiovascular events — compared with placebo.

Result · Major cardiovascular events 6.0% vs 8.3% over a median 5.9 years (HR 0.70, 95% CI 0.61-0.82; P < 0.001). The other co-primary, disability-free survival, was unchanged: 12.8% vs 13.6% (HR 0.94, 95% CI 0.84-1.05; P = 0.25). Muscle, liver and diabetes-related adverse events were more common with atorvastatin; serious adverse events 2.7% in both arms.

POPULATION INTERVENTION COMPARISON OUTCOME

Zoungas S, et al. N Engl J Med. 2026; published online 28 August.

doi: 10.1056/nejmoa2607314

LIPIDS · PCSK9 INHIBITION IN ACS

AMUNDSEN 2026

Acute Myocardial Infarction Upbound to PCI Immediately (STEMI) or in the Next Three Days (NSTEMI), and Randomized to Subcutaneous Evolocumab or Normal Strategies to Reach Guidelines LDL Objectives in the Real-world

In 2,161 patients with acute myocardial infarction undergoing PCI, evolocumab started before PCI increased achievement of an LDL-C reduction of ≥50 % to below 1.4 mmol/L at 12 months compared with standard lipid-lowering care.

Result · Primary lipid endpoint met: 792/970 (81.6%) vs 370/934 (39.6%), adjusted OR 5.54 (95% CI 4.50–6.82), p<0.001; median LDL-C at 6 weeks 16 vs 56 mg/dL. No clinical benefit: death or unplanned cardiovascular hospitalisation at 12 months 159/1087 (14.6%) vs 165/1074 (15.4%), adjusted OR 0.94 (95% CI 0.73–1.19), p=0.59

POPULATION INTERVENTION COMPARISON OUTCOME

Montalescot G, Ferrari E, Souteyrand G, et al. JAMA. 2026; published online 29 August.

doi: 10.1001/jama.2026.17302

INFLAMMATORY · IL-6 INHIBITION

TRANQUILITY 2026

A Phase 2, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate Quarterly and Monthly TOUR006 (Pacibekitug) in Participants With Chronic Kidney Disease and Elevated High-Sensitivity C-Reactive Protein

In 143 patients with chronic kidney disease and raised hs-CRP, pacibekitug, an IL-6 antibody reduced hs-CRP through day 90 compared with placebo.

Result · Median time-averaged change in hs-CRP through day 180: −76% (25 mg quarterly), −85% (50 mg quarterly) and −89% (15 mg monthly) vs +7% on placebo, all P < 0.0001. Fibrinogen and lipoprotein(a) fell as well. Discontinuation 1.9%, with no clear dose-related safety signal.

POPULATION INTERVENTION COMPARISON OUTCOME

Bhatt DL, et al. Presented at ESC Congress 2026, Hot Line 2, 29 August. Not yet published.

VASCULAR · SUBCLINICAL ATHEROSCLEROSIS

REACT 2026

DETECTion of the Prevalence of Silent Atherosclerosis Across Adult Life and Development of a Risk Calculator to Predict Its Presence — Phase I of the REACT (Early Cure of Atherosclerosis) Project

In 16,808 adults aged 18–70 years without known cardiovascular disease, whole-body imaging for atherosclerosis was studied for the age- and sex-specific prevalence of silent atherosclerosis.

Result · Silent atherosclerosis in 57.1% of participants overall: about 1 in 13 aged 18-29 and 9 of 10 aged 60-70. Men were affected 5-10 years earlier than women, who showed a steep rise around menopause. SCORE2 classified only a small minority of those with plaque as high risk, and almost none of the young.

POPULATION INTERVENTION COMPARISON OUTCOME

Bundgaard H, Ibanez B, et al. N Engl J Med. 2026; published online 29 August.

doi: 10.1056/nejmoa2609059

AF · ANTICOAGULATION AFTER ICH

ENRICH-AF 2026

EdoxabaN foR IntraCranial Hemorrhage Survivors With Atrial Fibrillation

In 948 patients with atrial fibrillation and a previous intracranial haemorrhage, edoxaban did not reduce stroke or systemic embolism, and major haemorrhage compared with no anticoagulation.

Result · Stroke or systemic embolism 11.8% vs 12.8% (HR 0.88, 95% CI 0.61-1.26; P = 0.48) over a mean 28 months. The composite hides two opposite effects: ischaemic stroke 6.2% vs 10.3% (HR 0.57, 0.36-0.90) against haemorrhagic stroke 5.8% vs 1.9% (HR 2.99, 1.41-6.37). ISTH major bleeding 11.6% vs 5.2% (HR 2.23, 1.39-3.59; P < 0.001), fatal bleeding 4.1% vs 0.8%. Death 25.3% vs 23.7%. Recurrent intracranial haemorrhage on edoxaban ran at 7.4 per 100 patient-years after lobar ICH or convexity SAH, against 2.4 after non-lobar ICH.

POPULATION INTERVENTION COMPARISON OUTCOME

Shoamanesh A, Sharma M, Hart RG, et al. Presented at ESC Congress 2026, Hot Line 2, 29 August. Not yet published.

CARDIOPROTECTION · RSV VACCINATION

DAN-RSV 2026

A Pragmatic Randomized Trial to Evaluate the Vaccine Effectiveness of Bivalent RSV Prefusion F Vaccine (Abrysvo) for Preventing RSV Hospitalizations in Adults

In 511,535 adults aged 18 years or over in Denmark and Galicia, a single dose of RSVpreF vaccine reduced hospitalisation for RSV-related respiratory disease compared with no vaccine.

Result · In the expanded cohort of 511,535 adults aged 18 or over in Denmark and Galicia, hospitalisation for RSV-related respiratory tract disease occurred in 19 vs 64 (vaccine effectiveness 70.3%, 95% CI 49.7-83.2). RSV-related cardiorespiratory hospitalisation 20 vs 67 (VE 70.0%, 50.1-82.8); any cardiorespiratory hospitalisation 2,704 vs 2,889 (VE 6.2%, 1.2-11.1). All-cause hospitalisation and death were unchanged. In the original Danish cohort aged 60 or over, protection held into a second season (7 vs 16 events; VE 56.2%, -12.4 to 84.8; both seasons combined 10 vs 34, VE 70.6%, 39.1-87.0). Serious adverse events 2.0% vs 2.2%; Guillain-Barre syndrome in 5 vaccinated and none in the control group.

POPULATION INTERVENTION COMPARISON OUTCOME

Biering-Sorensen T, Lassen MCH, et al. Presented at ESC Congress 2026, Hot Line 2, 29 August; simultaneously published in NEJM Evidence.
doi: 10.1056/evidoa2600272

CORONARY · FACTOR XIA INHIBITION

LIBREXIA ACS 2026

A Phase 3, Randomized, Double-blind, Placebo-controlled, Event-driven Study to Demonstrate the Efficacy and Safety of Milvexian, an Oral Factor XIa Inhibitor, After a Recent Acute Coronary Syndrome (Librexia ACS)

In 14,194 patients with a recent acute coronary syndrome, milvexian added to antiplatelet therapy did not reduce cardiovascular death, myocardial infarction or ischaemic stroke compared with placebo.

Result · Cardiovascular death, myocardial infarction or ischaemic stroke 5.4% vs 5.1% over a median 10 months (HR 1.05, 95% CI 0.91-1.21; P = 0.50). Intracranial or fatal bleeding (BARC 3c or 5) 0.3% in both arms (HR 1.04, 95% CI 0.58-1.87; P = 0.88). Stopped for futility at the interim analysis in November 2025.

POPULATION INTERVENTION COMPARISON OUTCOME

Gibson CM, Steg PG, Bahit MC, et al. N Engl J Med. 2026; published online 29 August.

doi: 10.1056/nejmoa2608717

CORONARY · ASPIRIN-FREE ANTIPLATELET STRATEGY

PREMIUM 2026

PRasugrEl Monotherapy Following prImary percUtaneous Coronary Intervention for ST-elevation Myocardial Infarction (PREMIUM)

In 2,216 patients with STEMI undergoing primary PCI, aspirin-free prasugrel monotherapy was not non-inferior to 12 months of dual antiplatelet therapy for death, myocardial infarction or stroke at 12 months.

Result · Death, stroke or myocardial infarction at 12 months 11.0% vs 8.5% (HR 1.34, 95% CI 1.02-1.75; P = 0.40 for non-inferiority) — non-inferiority not met. Major bleeding (BARC 3 or 5) 5.6% vs 8.4% (HR 0.66, 95% CI 0.47-0.91). Definite or probable stent thrombosis and serious adverse events were similar.

POPULATION INTERVENTION COMPARISON OUTCOME

Takahashi K, Kozuma K, Morino Y, et al. N Engl J Med. 2026; published online 29 August.

doi: 10.1056/nejmoa2606997

CORONARY · P2Y12 INHIBITOR CHOICE

SWITCH SWEDEHEART 2026

Switching From Ticagrelor to Prasugrel in Patients With Acute Coronary Syndrome – a Stepped Wedge Cluster Randomized Evaluation in the SWEDEHEART-registry (SWITCH SWEDEHEART)

In 17,095 patients with an acute coronary syndrome, prasugrel as the default P2Y12 inhibitor did not reduce death, myocardial infarction or stroke at 1 year compared with ticagrelor.

Result · 11.1% vs 11.8% at 1 year (adjusted OR 0.90, 95% CI 0.77-1.06); no difference in the individual components. Major bleeding 4.2% vs 4.4% (OR 0.80, 95% CI 0.64-0.99).

POPULATION INTERVENTION COMPARISON OUTCOME

Omerovic E, et al. N Engl J Med. 2026; published online 29 August.

doi: 10.1056/nejmoa2609057

CORONARY · DAPT DURATION

A-CLOSE 2026

A Randomized Comparison of CLOpidogrel Monotherapy Versus Extended Dual-antiplatelet Therapy Beyond 12 Months After Implantation of Drug-eluting StEnts in High-risk Lesions or Patients (A-CLOSE)

In 3,203 high-risk patients after 12 months of DAPT following PCI, clopidogrel monotherapy was non-inferior to extended dual antiplatelet therapy for net adverse clinical events at 24 months.

Result · Net adverse clinical events 5.0% vs 5.1% at 24 months (P = 0.001 for non-inferiority). The composite hides a swap: ischaemic events 3.7% vs 1.6% (P < 0.001) and BARC 2, 3 or 5 bleeding 1.8% vs 4.1% (P < 0.001).

POPULATION INTERVENTION COMPARISON OUTCOME

Lee YJ, et al. N Engl J Med. 2026; published online 29 August.

doi: 10.1056/nejmoa2608533

CORONARY · AF-PCI ANTITHROMBOTICS

EPIDAURUS 2026

Escalated Single Platelet Inhibition for One Month Plus Direct Oral Anticoagulation in Patients With Atrial Fibrillation and acUte coRonary Syndrome Undergoing percutaneoUS Coronary Intervention (EPIDAURUS)

In 602 patients with atrial fibrillation and ACS after PCI, one month of a potent P2Y12 inhibitor plus a NOAC did not reduce major ischaemic events at 6 weeks compared with clopidogrel plus a NOAC.

Result · Stopped early after 602 of a planned 1,474 patients. BARC type 3 or higher bleeding more than tripled with the potent P2Y12 inhibitor (HR 3.54, 95% CI 1.15-10.85; P = 0.028). No difference in cardiovascular death, myocardial infarction or stroke at 6 weeks or 6 months.

POPULATION INTERVENTION COMPARISON OUTCOME

Rizas KD, et al. Presented at ESC Congress 2026, Hot Line 3, 29 August; simultaneously published in Nat Med.

doi: 10.1038/s41591-026-04629-7

CORONARY · CHEST-PAIN PATHWAYS

PRESC1SE-MI 2026

PRospective Evaluation of the European Society of Cardiology 0/1-hour Algorithm's Safety and Efficacy for Triage of Patients With Suspected Myocardial Infarction (PRESC1SE-MI)

In 67,624 emergency presentations with suspected myocardial infarction, the ESC 0/1-hour troponin algorithm was non-inferior to the 0/3-hour algorithm for death or type 1 myocardial infarction at 30 days, and length of stay.

Result · Safety: death from any cause or new type 1 myocardial infarction within 30 days in 454/36 464 (1.2%) with the 0/3-hour pathway vs 341/31 160 (1.1%) with the 0/1-hour pathway (adjusted OR 0.93, 95% CI 0.77-1.13; p = 0.0004 for non-inferiority, margin OR 1.3). Efficacy: median emergency department length of stay 309 min (IQR 203-470) vs 309 min (207-474); ratio of adjusted median times 1.00 (95% CI 0.97-1.02), two-sided p = 0.65 — non-inferior for safety, no reduction in length of stay.

POPULATION INTERVENTION COMPARISON OUTCOME

Boeddinghaus J, Bima P, Crisanti L, et al. Safety and efficacy of the 0/1 h pathway for myocardial infarction in the emergency department: an international, pragmatic, stepped-wedge, cluster-randomised, controlled trial.
doi: 10.1016/s0140-6736(26)01654-5

CORONARY · CHEST-PAIN PATHWAYS

0/1-hour IPDMA 2026

0/1-hour versus standard care pathways in myocardial infarction — systematic review and individual patient data meta-analysis

In patients with suspected myocardial infarction in pooled pathway studies, the ESC 0/1-hour troponin algorithm did not improve diagnostic safety and efficacy compared with standard-care pathways.

Result · Across five randomised trials and 110,933 presentations, the 0/1-hour pathway neither shortened emergency department stay nor increased the proportion discharged directly from the emergency department.

POPULATION INTERVENTION COMPARISON OUTCOME

Presented at ESC Congress 2026, Hot Line 4, 29 August, alongside PRESC1SE-MI; simultaneous publication in The Lancet, DOI pending.

CORONARY · PHYSIOLOGY-GUIDED REVASCULARISATION

AIR-STEMI 2026

Functional Coronary Angiography to Indicate and Guide Revascularization in STEMI Patients With Multivessel Disease (AIR-STEMI)

In 1,823 patients with STEMI and multivessel disease, angiography-derived FFR-guided non-culprit PCI reduced death, stroke, reinfarction or ischaemia-driven revascularisation compared with angiography-guided PCI.

Result · Death, stroke, reinfarction or ischaemia-driven revascularisation 8.9% vs 13.7% over a median 17.9 months (HR 0.62, 95% CI 0.47-0.83; P < 0.001). Cardiovascular death or myocardial infarction HR 0.52 (0.37-0.73); myocardial infarction 3.8% vs 8.0% (HR 0.47), both spontaneous and procedure-related. Contrast-associated kidney injury 2.2% vs 4.0% (HR 0.55). The physiology arm used 38% fewer staged procedures, treated 45% fewer non-culprit vessels and implanted 31% less stent length.

POPULATION INTERVENTION COMPARISON OUTCOME

Biscaglia S, Campo G, et al. N Engl J Med. 2026; published online 29 August.

doi: 10.1056/nejmoa2605373

CORONARY · CT CORONARY ANGIOGRAPHY

TARGET-CTCA 2026

Troponin in Acute Chest Pain to Risk Stratify and Guide EffecTive Use of Computed Tomography Coronary Angiography (TARGET-CTCA)

In 3,170 patients with suspected ACS, infarction ruled out and an intermediate troponin, outpatient CT coronary angiography did not reduce myocardial infarction or cardiac death compared with standard care.

Result · Myocardial infarction or cardiac death after a median 3.0 years in 7.1% vs 7.3% (adjusted HR 0.95, 95% CI 0.73-1.23; P = 0.71). CT coronary angiography was performed within 90 days in 92.1% of the CT group and 2.2% of the standard-care group; 0.4% had a CT-related adverse event.

POPULATION INTERVENTION COMPARISON OUTCOME

Lee KK, Wereski R, Lowe DJ, et al. N Engl J Med. 2026; published online 29 August.

doi: 10.1056/nejmoa2608903

HF · GDMT IMPLEMENTATION

EMAIL-HF 2026

Implementation of Sodium-Glucose Cotransporter-2 Inhibitors in Patients With Heart Failure Through a New Digital Strategy

In 5,996 patients with heart failure not on an SGLT2 inhibitor, a digital letter inviting specialist review increased initiation of an SGLT2 inhibitor within 6 months compared with usual care.

Result · SGLT2 inhibitor started within 6 months in 18.6% vs 8.2% (P < 0.001), and the gap persisted at 24 months. Heart failure hospitalisation or death from any cause 13.0% vs 14.0% (P = 0.28).

POPULATION INTERVENTION COMPARISON OUTCOME

Elmegaard M, et al. Presented at ESC Congress 2026, Hot Line 5, 29 August.

CORONARY · CARDIAC REHABILITATION

Remote Exercise SWEDEHEART

2026

Remote Exercise SWEDEHEART Study – a Multicentre Registry-based Cluster Randomised Crossover Clinical Trial (RRCT)

In 3,112 patients after myocardial infarction referred to cardiac rehabilitation, a choice of video-delivered remote exercise did not increase the number of supervised sessions attended compared with centre-based exercise only.

Result · No difference in participation: 13.8% vs 13.6% completed the full programme. Remote sessions made up about 38% of recorded exercise during the intervention periods, exercise capacity improved equally, and serious adverse events were rarer remotely (0.17 vs 0.47 per 1,000 patient-hours).

POPULATION INTERVENTION COMPARISON OUTCOME

Bäck M, et al. Presented at ESC Congress 2026, Hot Line 5, 29 August.

LIPIDS · STATIN ADHERENCE

ADHERE-ASCVD 2026

Adherence to Dyslipidemia Therapy: Harnessing Evidence From Randomized Evaluations in AtheroSclerotic CardioVascular Disease

In 20,604 statin-non-adherent patients with cardiovascular disease or diabetes, adaptive digital outreach was compared with usual care on a statin refill within 14 days.

Result · Stage 1: 14-day statin refill 14.4% with any digital outreach vs 12.0% usual communication (aRD 2.3 percentage points, 95% CI 1.3-3.4; aRR 1.20, 95% CI 1.10-1.30); secure portal 14.9% (aRR 1.24, 95% CI 1.11-1.36), SMS 14.4% (aRR 1.21, 95% CI 1.09-1.33), non-secure e-mail 13.9% (aRR 1.15, 95% CI 1.03-1.27). Stage 2 (initial non-responders): 13.0% vs 10.4% (aRD 2.5 percentage points, 95% CI 1.3-3.7; aRR 1.25, 95% CI 1.11-1.39); switching vs repeating modality 13.2% vs 12.5% (aRR 1.06, 95% CI 0.94-1.17). 28-day cumulative refill 24.9% vs 21.2% (aHR 1.21, 95% CI 1.13-1.30).

POPULATION INTERVENTION COMPARISON OUTCOME

Bhatt AS, Liu VX, Sun B, et al. Digital Outreach to Improve Statin Refills in Patients With Low Statin Adherence: The ADHERE-ASCVD Randomized Clinical Trial. JAMA. Published online August 29, 2026. doi:10.1001/jama.2026.16372
doi: 10.1001/jama.2026.16372

ARRHYTHMIA · DEVICE FOLLOW-UP

VIRTUES 2026

Virtual Integrated Reliable Transformative User-driven E-health System for Implantable Cardioverter Defibrillators (VIRTUES ICD) and for Pacemakers (VIRTUES PM) – listed in the programme as "VIRTUES ICD / VIRTUES PM"

In 1,963 patients with an ICD or pacemaker, remote-only device management via an e-health platform was non-inferior to scheduled in-clinic follow-up for major adverse cardiac events at 18 months.

Result · Two parallel trials, both non-inferior. VIRTUES ICD (n = 1,115): safety composite 11.0% vs 11.2% (HR 0.98, 95% CI 0.69-1.39; P = 0.007 for non-inferiority); median time from device-detected event to clinical decision 2.0 vs 1.0 days (difference 1 day, 95% CI -1.24 to 2.26; P < 0.001 for non-inferiority). VIRTUES PM (n = 847): safety composite 6.1% vs 7.4% (HR 0.83, 95% CI 0.49-1.39; P = 0.021). Adjusted total cost fell by CAD 77 per patient in both trials, with fewer in-clinic visits and lower patient travel costs; SF-36 quality of life did not differ.

POPULATION INTERVENTION COMPARISON OUTCOME

Parkash R, Wells G, Tang A, et al. Presented at ESC Congress 2026, Hot Line 5, 29 August.

Hot Lines

SUN 30 AUG · 20 TRIALS IN THE REGISTER

HOT LINE 6 · SUN 30 AUG

H-HeFT did not reduce death or worsening heart failure

H-ISDN meta-analysis reduced clinical outcomes

Met-HeFT did not reduce death, worsening heart failure, myocardial infarction or stroke

Met-HeFT meta-analysis did not reduce clinical outcomes

LUMINARA improved the change in LV end-systolic volume index or systemic vascular resistance a...

PADN-PH-LHD reduced clinical worsening

TIME-HF increased days alive and out of hospital over 2 years

HOT LINE 7 · SUN 30 AUG

POPular ACE TAVI reduced death or bleeding at 30 days

TAVI PCI was non-inferior to PCI before TAVI for death, myocardial infarction, revascularisation, r...

TRIC-I-HF reduced death, heart-failure hospitalisation and quality of life at 12 months

ACASA-TAVI reduced leaflet thrombosis on CT and a safety composite at 12 months

NOTION-4 did not reduce leaflet thrombosis on CT at 1 year

HOT LINE 8 · SUN 30 AUG

AFFIRMO did not reduce unplanned hospitalisation at 12 months

PVI-SHAM-AF did not improve AF-specific quality of life at 6 months

NEXAF reduced AF burden and AF-specific quality of life at 12 months

IDEAL-AF increased freedom from atrial arrhythmia at 12 months

HOT LINE 9 · SUN 30 AUG

SHASTA-3/4 reduced the change in fasting triglycerides at 12 months

CRHCP reduced all-cause dementia

BPLTTC IPD meta-analysis reduced major cardiovascular events across the full spectrum of pr...

ECLIPSE-CKD reduced systolic blood pressure at 3 months

HF · VASODILATORS

H-HeFT 2026

Hydralazine-ISDN in Patients With Chronic Heart Failure – Hydralazine Heart Failure Trial (H-HeFT), component of the DANish randomised, double-blind, placebo-controlled trial in patients with chronic HEART failure (DANHEART)

In 592 patients with HFrEF on guideline-directed therapy, hydralazine–isosorbide dinitrate did not reduce death or worsening heart failure compared with placebo.

Result · All-cause death 19.4% vs 24.2% (HR 0.72, 95% CI 0.51-1.02) over a mean 3.7 years; cardiovascular death 12.6% vs 15.1% (HR 0.74, 0.48-1.15). First heart failure hospitalisation was unchanged, 16.3% vs 15.1% (HR 0.99, 0.66-1.48), as was the composite of that and death (28.9% vs 29.9%, HR 0.88, 0.65-1.18). Treatment discontinuation was high.

POPULATION INTERVENTION COMPARISON OUTCOME

Butt JH, et al. Presented at ESC Congress 2026, Hot Line 6, 30 August.

HF · VASODILATORS

H-ISDN meta-analysis 2026

In patients with HFrEF in randomised trials of hydralazine–isosorbide dinitrate, hydralazine–isosorbide dinitrate reduced clinical outcomes compared with control.

Result · Pooling V-HeFT I (n = 459), A-HeFT (n = 1,050) and H-HeFT (n = 592): all-cause death HR 0.71 (95% CI 0.58-0.87; P = 0.001, I2 = 0%), cardiovascular death HR 0.65 (0.47-0.90; P = 0.009). First heart failure hospitalisation HR 0.71 (0.56-0.89) in fixed-effect models but with substantial heterogeneity (I2 = 72.5%), and not significant under random effects. A Mantel-Haenszel sensitivity analysis put death at RR 0.82 (0.69-0.98).

POPULATION INTERVENTION COMPARISON OUTCOME

Butt JH, et al. Presented at ESC Congress 2026, Hot Line 6, 30 August. PROSPERO CRD420261402397.

HF · METABOLIC THERAPY

Met-HeFT 2026

Metformin in Patients With Chronic Heart Failure and Diabetes or Insulin Resistance – Metformin Heart Failure Trial (Met-HeFT), component of DANHEART

In 940 patients with HFrEF and diabetes or insulin resistance, metformin did not reduce death, worsening heart failure, myocardial infarction or stroke compared with placebo.

Result · Death, worsening heart failure, myocardial infarction or stroke 25.1% vs 23.4% over 3.7 years (HR 1.10, 95% CI 0.84-1.42; P = 0.48). All-cause death, unplanned heart failure hospitalisation, new-onset diabetes and the change in NT-proBNP were all unaffected. No harm signal.

POPULATION INTERVENTION COMPARISON OUTCOME

Presented at ESC Congress 2026, Hot Line 6, 30 August.

HF · METABOLIC THERAPY

Met-HeFT meta-analysis

2026

In patients with heart failure or ischaemic heart disease in studies of metformin, metformin did not reduce clinical outcomes compared with no metformin.

Result · Pooling the randomised evidence in heart failure and in ischaemic heart disease reached the same conclusion as the trial: no significant protection against cardiovascular outcomes with metformin.

POPULATION INTERVENTION COMPARISON OUTCOME

Presented at ESC Congress 2026, Hot Line 6, 30 August.

HF · RELAXIN RECEPTOR AGONIST

LUMINARA 2026

A Phase IIb Two-Cohort, Randomised, Placebo-controlled, Double-blind, Multi-centre, Dose-ranging Study of AZD5462 in Stable Patients With Chronic Heart Failure

In 375 patients with chronic heart failure, AZD5462, an oral relaxin agonist improved the change in LV end-systolic volume index or systemic vascular resistance at 24 weeks compared with placebo.

Result · Cohort A (LVEF ≤ 35%): change in LV end-systolic volume index vs placebo P = 0.054, 0.132 and 0.662 for 20, 80 and 360 mg. Cohort B (LVEF 41-55%): change in systemic vascular resistance index P = 0.004, < 0.001 and 0.021. Every key secondary — NT-proBNP, LVEF, KCCQ, eGFR — was P > 0.05. Serious adverse events 18.2% vs 18.6% in cohort A; renin rose with dose.

POPULATION INTERVENTION COMPARISON OUTCOME

Januzzi JL, et al. Circulation. 2026; published online 30 August.

doi: 10.1161/circulationaha.126.082763

PH / ACHD · PULMONARY ARTERY DENERVATION

PADN-PH-LHD 2026

A Prospective, Multicenter, Randomized Controlled Trial to Evaluate the Safety and Efficacy of Single-use Ring-shaped Pulmonary Artery Radiofrequency Ablation Catheter and Pulmonary Artery RF Ablation Generator for the Treatment of Pulmonary Hypertension Associated With Left Heart Failure

In 264 patients with pulmonary hypertension due to heart failure, pulmonary artery denervation reduced clinical worsening compared with medical therapy alone.

Result · Kaplan-Meier estimated 2-year clinical worsening 25.7% vs 51.5% (HR 0.49, 95% CI 0.30-0.82; P = 0.006) over a median follow-up of 338 days. Access-site haematoma in 2 of 134 denervation patients and 1 of 130 controls, with no other procedural complications; adverse events during follow-up were similar in both groups.

POPULATION INTERVENTION COMPARISON OUTCOME

Zhang H, Wang L, Liang X, et al. N Engl J Med. 2026; published online 30 August.

doi: 10.1056/nejmoa2609056

HF · COLLABORATIVE CARE MODEL

TIME-HF 2026

Team based collaborative care model, facilitated by mHealth enabled and trained nurses, for management of heart failure with reduced ejection fraction in India (TIME-HF)

In 1,507 patients with HFrEF at 22 hospitals in India, nurse-led, app-supported collaborative care increased days alive and out of hospital over 2 years compared with usual care.

Result · The probability of surviving two years without hospitalisation was 84.0% vs 79.4% (P < 0.001), with 22% fewer deaths at two years (P = 0.03). Use of all four guideline-directed drugs rose from 22.1% to 37.3%.

POPULATION INTERVENTION COMPARISON OUTCOME

Jeemon P, Ganapathi S, et al. Circulation. 2026; published online 30 August.

doi: 10.1161/circulationaha.126.082490

STRUCTURAL · TAVR PROTAMINE

POPular ACE TAVI 2026

Routine Versus Selective Protamine Administration to Reduce Bleeding Complications After Transcatheter Aortic Valve Implantation

In 966 patients undergoing transfemoral TAVI, routine protamine after the procedure reduced death or bleeding at 30 days compared with selective protamine.

Result · Death or clinically relevant bleeding at 30 days: risk difference −10.9 percentage points (95% CI −17.0 to −4.8; P < 0.001) in favour of routine protamine. The difference is carried by minor bleeding (type 1: −10.9 points, 95% CI −16.8 to −5.1). Anaphylaxis was more frequent with routine protamine: +1.3 points (95% CI 0.2 to 3.0; P = 0.01).

POPULATION INTERVENTION COMPARISON OUTCOME

Overduin C, et al. Presented at ESC Congress 2026, Hot Line 7, 30 August.

STRUCTURAL · TAVR AND PCI

TAVI PCI 2026

Optimal Timing of Transcatheter Aortic Valve Implantation and Percutaneous Coronary Intervention — The TAVI PCI Trial

In 986 patients with severe aortic stenosis and coronary disease, PCI after TAVI was non-inferior to PCI before TAVI for death, myocardial infarction, revascularisation, rehospitalisation or major bleeding at 1 year.

Result · 22.2% vs 24.2% at 1 year — risk difference −2.0 percentage points (95% CI −7.4 to 3.4; P < 0.001 for non-inferiority). BARC 3a or worse bleeding 6.6% vs 9.7%.

POPULATION INTERVENTION COMPARISON OUTCOME

Stähli BE, et al. N Engl J Med. 2026; published online 30 August.

doi: 10.1056/nejmoa2606924

STRUCTURAL · TRICUSPID INTERVENTION

TRIC-I-HF 2026

TRICuspid Intervention in Heart Failure trial (TRIC-I-HF-DZHK24)

In 360 patients with severe tricuspid regurgitation and right heart failure, transcatheter tricuspid intervention reduced death, heart-failure hospitalisation and quality of life at 12 months compared with medical therapy alone.

Result · Win ratio 2.42 (95% CI 1.76-3.33; P < 0.001) at 12 months for the hierarchy of death, heart failure hospitalisation and quality-of-life improvement. At three years, freedom from death or heart failure hospitalisation 52.4% vs 21.0% (HR 0.40, 95% CI 0.29-0.55; P < 0.001), with both components reduced.

POPULATION INTERVENTION COMPARISON OUTCOME

Hausleiter J, Stocker TJ, et al. N Engl J Med. 2026; published online 30 August.

doi: 10.1056/nejmoa2606934

STRUCTURAL · TAVR ANTITHROMBOTICS

ACASA-TAVI 2026

AntiCoagulation versus AcetylSalicylic Acid after Transcatheter Aortic Valve Implantation

In 360 patients after TAVI without an indication for anticoagulation, 12 months of a factor Xa inhibitor reduced leaflet thrombosis on CT and a safety composite at 12 months compared with aspirin.

Result · Hypo-attenuated leaflet thickening on CT at 12 months 17.2% vs 32.6% (risk ratio 0.55, 95% CI 0.37-0.82; P = 0.004). The safety composite of VARC-3 bleeding, thromboembolism and death ran 7.5% vs 10.6% (risk difference −3.3 percentage points, 95% CI −9.5 to 2.8; P < 0.001 for non-inferiority); bleeding was low overall and numerically higher on aspirin, with life-threatening or fatal bleeding only in that arm. Deaths 2 vs 10.

POPULATION INTERVENTION COMPARISON OUTCOME

Dodgson S, Herstad J, Kløve SF, et al. JAMA. 2026; published online 30 August.

doi: 10.1001/jama.2026.17036

STRUCTURAL · TAVR ANTITHROMBOTICS

NOTION-4 2026

The Nordic Aortic Valve Intervention Trial 4 – Prospective Study on the Impact of Different Anti-thrombotic Therapies on Subclinical Leaflet Thickening and Its Temporal Dynamics in Transcatheter Bioprosthetic Aortic Valves

In 352 patients after TAVI without an indication for anticoagulation, 3 months of a DOAC, then antiplatelet therapy did not reduce leaflet thrombosis on CT at 1 year compared with antiplatelet therapy alone.

Result · HALT at 12 months (primary endpoint) 28.3% with 3-month DOAC vs 32.2% with SAPT (risk difference −3.9%, 95% CI −14.4 to 6.6; P = 0.54). At 3 months, on DOAC, HALT 12.1% vs 31.8%. All-cause death, stroke or major/life-threatening bleeding at 12 months 8.2% vs 2.3% (risk difference 5.9%, 95% CI 1.2 to 10.6).

POPULATION INTERVENTION COMPARISON OUTCOME

Jørgensen TH, Larsen AF, Jensen JM, et al. Short-Term Anticoagulant Therapy and Subclinical Leaflet Thickening in Transcatheter Aortic Valves: The NOTION-4 Trial. J Am Coll Cardiol. 2026 Aug 30 (online first).
doi: 10.1016/j.jacc.2026.08.023

AF · INTEGRATED CARE

AFFIRMO 2026

Atrial Fibrillation Integrated Approach in Frail, Multimorbid and Polymedicated Older People

In 1,260 older patients with atrial fibrillation and multimorbidity, app-supported integrated care on the ABC pathway did not reduce unplanned hospitalisation at 12 months compared with usual care.

Result · Unplanned all-cause hospitalisation at one year 17.1% vs 18.2% (OR 0.95, 95% CI 0.61-1.49; P = 0.84). Guideline adherence was very high in both arms at baseline.

POPULATION INTERVENTION COMPARISON OUTCOME

Lip GYH, Proietti M, Ainsworth J, et al. Lancet Reg Health Eur. 2026;101832.

doi: 10.1016/j.lanepe.2026.101832

AF · ABLATION

PVI-SHAM-AF 2026

Pulmonary Vein Isolation versus SHAM-pulmonary Vein Isolation for Symptomatic Relief in Patients with Atrial Fibrillation

In 262 patients with symptomatic atrial fibrillation, pulmonary vein isolation did not improve AF-specific quality of life at 6 months compared with a sham procedure.

Result · AFEQT summary score rose from 61.3 (SD 20.1) to 81.1 (16.6) with ablation and from 59.2 (19.0) to 74.9 (19.5) with sham; Hodges-Lehmann between-group difference in change 2.6 (95% CI −2.7 to 8.0; p = 0.36) — no superiority. Freedom from atrial fibrillation at 6 months 73% vs 52%. Procedure-related serious adverse events in 10 patients (6 ablation, 4 sham), including one ischaemic stroke in the sham group; one death in each group, neither procedure-related.

POPULATION INTERVENTION COMPARISON OUTCOME

Wachter R, Haag P, Uhe T, et al. Catheter ablation for symptomatic atrial fibrillation (PVI-SHAM-AF): a randomised, double-blind, sham-controlled, multicentre trial. Lancet. 2026 Aug 30 (online first).
doi: 10.1016/s0140-6736(26)01558-8

AF · EXERCISE

NEXAF 2026

The Norwegian Exercise in Atrial Fibrillation Trial

In 295 inactive adults with non-permanent atrial fibrillation, a 12-month supervised-then-home exercise programme reduced AF burden and AF-specific quality of life at 12 months compared with usual care.

Result · AF burden 3.9% vs 7.1% at one year, a 45% relative reduction (P = 0.02), but the co-primary quality-of-life score did not differ (AFEQT +5.6 vs +4.4; P = 0.43). Fitness rose and resting heart rate fell; total hospitalisations were 37% lower and AF-related hospitalisations 46% lower.

POPULATION INTERVENTION COMPARISON OUTCOME

Nes BM, et al. Presented at ESC Congress 2026, Hot Line 8, 30 August.

AF · ABLATION

IDEAL-AF 2026

Individually DEsigned Ablation of Low-voltage areas in patients with persistent Atrial Fibrillation – a randomised controlled multicentre trial

In 209 patients with persistent atrial fibrillation and low-voltage areas, pulmonary vein isolation plus individualised low-voltage ablation increased freedom from atrial arrhythmia at 12 months compared with pulmonary vein isolation alone.

Result · Freedom from documented atrial arrhythmia off antiarrhythmic drugs at one year 67.6% vs 37.4% (OR 3.50, 95% CI 1.98-6.20; P < 0.001). AFEQT quality of life improved as well, with no safety concerns.

POPULATION INTERVENTION COMPARISON OUTCOME

Paul Nordin A, Charitakis E, Carnlöf C, et al. Low-Voltage Ablation in Persistent Atrial Fibrillation: The IDEAL-AF Randomized Clinical Trial. JAMA. Published online August 30, 2026. doi:10.1001/jama.2026.17274
doi: 10.1001/jama.2026.17274

LIPIDS · TRIGLYCERIDES

SHASTA-3/4 2026

SHASTA-3 and SHASTA-4 – Double-blind, Placebo-controlled, Phase 3 Studies to Evaluate the Efficacy and Safety of Plozasiran in Adults With Severe Hypertriglyceridemia

In 757 patients with severe hypertriglyceridaemia, plozasiran every 3 months reduced the change in fasting triglycerides at 12 months compared with placebo.

Result · Median triglycerides fell 79% (SHASTA-3) and 81% (SHASTA-4) with plozasiran against 27% on placebo at 12 months. Acute pancreatitis was 78% less frequent; in the subgroup above 880 mg/dL with prior pancreatitis, no events occurred on plozasiran. Discontinuation for a treatment-related adverse event 1.4% vs 0.8%, with no meaningful difference in liver enzymes.

POPULATION INTERVENTION COMPARISON OUTCOME

Watts GF, et al. Presented at ESC Congress 2026, Hot Line 9, 30 August.

HTN · BP CONTROL AND DEMENTIA

CRHCP 2026

China Rural Hypertension Control Project (CRHCP) – Effectiveness of a Standardized Protocol-based Treatment Program on Hypertension Control in Rural China

In 33,995 rural Chinese adults with hypertension, village-doctor-led intensive blood-pressure control reduced all-cause dementia compared with usual care.

Result · Dementia occurred in 8.85% vs 10.55% over seven years (adjusted risk ratio 0.85, 95% CI 0.78-0.91; P < 0.001), a 15% relative reduction. Cognitive impairment without dementia was 13% less frequent (P < 0.001). Systolic pressure fell 17.6 vs 2.4 mmHg. Serious adverse events 47.15% vs 49.78%.

POPULATION INTERVENTION COMPARISON OUTCOME

Zhong S, et al. Presented at ESC Congress 2026, Hot Line 9, 30 August.

HTN · BP LOWERING BY CV RISK

BPLTTC IPD meta-analysis

2026

Blood Pressure Lowering Treatment Trialists' Collaboration — blood pressure-lowering treatment across the spectrum of cardiovascular risk: an individual participant data meta-analysis

In 357,440 participants in 51 randomised blood-pressure trials, blood-pressure-lowering treatment reduced major cardiovascular events across the full spectrum of predicted risk compared with placebo or less intensive treatment.

Result · Per 5 mmHg systolic reduction the hazard ratio was 0.90 (95% CI 0.88–0.92) overall and ran from 0.85 to 0.92 across the ten deciles, with no interaction (P > 0.99) and no trend (P = 0.20) — including the lowest decile, 35,744 people at a mean predicted risk of 3.0%. Absolute benefit tracked baseline risk instead: the 5-year risk difference rose from 0.4 to 2.6 percentage points, a number needed to treat of 255 falling to 38, while baseline blood pressure itself added little. Adverse events were more frequent with treatment and did not vary by risk decile: haemodynamic HR 1.66 (1.53–1.80), renal 1.49 (1.26–1.75), neurovestibular and fall-associated 1.09 (1.03–1.15), with no excess of falls or fractures.

POPULATION INTERVENTION COMPARISON OUTCOME

Bidel Z, Nazarzadeh M, Mihaylova B, et al. N Engl J Med. 2026; published online 30 August. Presented at ESC Congress 2026, Hot Line 9.

HTN · SALT SUBSTITUTION IN CKD

ECLIPSE-CKD 2026

In 640 adults with hypertension and stage G2–G3a chronic kidney disease, a potassium-enriched salt substitute reduced systolic blood pressure at 3 months compared with regular salt.

Result · Systolic pressure fell 6.6 vs 2.0 mmHg, a between-group difference of −4.3 mmHg (95% CI −6.4 to −2.2; P < 0.001); diastolic −1.9 mmHg (−3.1 to −0.8). Serum potassium rose by 0.2 mmol/L more (0.2 to 0.3), with no hyperkalaemia in either group and fewer hypokalaemia events on the substitute (9 vs 23). eGFR fell 1.8 mL/min/1.73 m² more with the substitute (−2.5 to −1.2).

POPULATION INTERVENTION COMPARISON OUTCOME

Dong S, et al. Presented at ESC Congress 2026, Hot Line 9, 30 August.

Hot Lines

MON 31 AUG · 14 TRIALS IN THE REGISTER

HOT LINE 10 · MON 31 AUG

ASPIRED did not reduce self-reported syncope episodes at 1 year

DANISH-CRT did not reduce death or unplanned heart-failure hospita...

SyncAV PMT did not reduce the reduction in LV end-systolic volume...

Syncope-Stopper reduced cardiovascular death, recurrent syncope,...

HIS Alternative II was non-inferior to biventricular pacing for the ch...

HOT LINE 11 · MON 31 AUG

EVAOLD was not non-inferior to routine invasive management for dea...

ISOLEDS was non-inferior to IVUS guidance for target lesion failure...

CorCal was not non-inferior to risk score-guided statin therapy for maj...

CoCAP Patient-level graft patency (<50 % stenosis) 83.3 % vs 81.6 % (a...

HOT LINE 12 · MON 31 AUG

DISCO did not improve survival at 30 days

OHCA-CAG meta-analysis did not improve clinical outcomes

HeartRunner did not improve survival at 30 days

PRAGUE-26 reduced death, recurrent embolism or decompensation a...

LAACS-2 did not reduce stroke or TIA over 2 years

ARRHYTHMIA · SYNCOPE

ASPIRED 2026

Multi-centre open-label randomised controlled trial of immediate enhanced ambulatory ECG monitoring versus standard monitoring in acute unexplained syncope patients: the ASPIRED study

In 2,233 emergency patients with unexplained syncope, immediate 14-day patch ECG monitoring did not reduce self-reported syncope episodes at 1 year compared with standard care.

Result · Self-reported syncope at one year did not differ (1.37 vs 1.58 episodes; P = 0.43). Monitoring more than doubled arrhythmia detection (22% vs 9%) and shortened the median time to diagnosis from 55 to 22 days; pacemakers were implanted in 6.8% vs 4.6% and antiarrhythmic therapy started in 10.8% vs 7.3%. All-cause mortality was 1.5% vs 2.9%.

POPULATION INTERVENTION COMPARISON OUTCOME

Reed MJ, Goodacre S, Weir CJ, et al. N Engl J Med. 2026; published online 30 August.

doi: 10.1056/NEJMoa2605812

HF · CRT LEAD PLACEMENT

DANISH-CRT 2026

DANISH-CRT – Does Targeted LV Lead Positioning Towards Latest Local Electric Activation at CRT Implantation Reduce Incidence of the Combined Endpoint "Death or Non-planned Hospitalisation for Heart Failure" in Patients With HF and Prolonged QRS

In 1,000 patients with heart failure and bundle branch block receiving CRT, electrically targeted LV lead placement did not reduce death or unplanned heart-failure hospitalisation compared with conventional lead placement.

Result · Death or first unplanned heart-failure hospitalisation occurred in 27.9% with targeted placement and 25.5% with conventional placement over a median 45.8 months (HR 1.10, 95% CI 0.86–1.39; P = 0.45). Lead-related complications were more frequent in the targeted group.

POPULATION INTERVENTION COMPARISON OUTCOME

Nielsen JC, et al. Lancet. 2026; published online 31 August. Presented at ESC Congress 2026, Hot Line 10.

doi: 10.1016/s0140-6736(26)01597-7

HF · CRT OPTIMISATION

SyncAV PMT 2026

SyncAV Post-Market Trial

In 1,288 CRT recipients with left bundle branch block, dynamic AV-delay optimisation did not reduce the reduction in LV end-systolic volume at 12 months compared with a fixed AV delay.

Result · Left ventricular end-systolic volume at 12 months did not differ (P = 0.054), nor did the proportion of responders with a fall of at least 15% (P = 0.16). Paced QRS was shorter with the algorithm (123 vs 138 ms; P < 0.0001) and atrial fibrillation lasting more than 10 days was less frequent (2.0% vs 4.4%; P = 0.03). Mortality 2.1% vs 2.4%. In the exploratory half with a PR interval of 185 ms or more, the clinical composite ran 10.3% vs 21.5% (P = 0.006).

POPULATION INTERVENTION COMPARISON OUTCOME

Varma N, Mont L, Zareba W, et al. Presented at ESC Congress 2026, Hot Line 10, 31 August.

ARRHYTHMIA · SYNCOPE

Syncope-Stopper 2026

The Syncope-Stopper study: comparison of the effectiveness and complications of upfront pacing with standard care for high-risk adult patients with unexplained syncope

In 200 older adults with high-risk unexplained syncope, upfront pacemaker implantation reduced cardiovascular death, recurrent syncope, bradycardia or device complications at 12 months compared with standard monitoring.

Result · The composite occurred in 17.2% with upfront pacing and 31.7% with standard care (HR 0.49, 95% CI 0.27–0.87; P = 0.014). Recurrent syncope fell from 21.8% to 11.1% (11 of 99 vs 22 of 101; HR 0.47, 95% CI 0.23–0.97; P = 0.037, NNT 9.3), and bradycardia leading to a pacemaker occurred in 0% versus 18.8% (P < 0.001). Cardiovascular death was 3.0% in both arms and all-cause mortality 4.0% versus 3.0%. Major device complications were 3.0% versus 1.0% and minor complications 9.1% versus none. Emergency presentations were 24.2% versus 40.6% (P = 0.016), admissions 36.4% versus 63.4% (P < 0.001), and median admission days 0 versus 3.

POPULATION INTERVENTION COMPARISON OUTCOME

William JB, Voskoboinik A, et al. Presented at ESC Congress 2026, Hot Line 10, 31 August.

HF · CONDUCTION SYSTEM PACING

HIS Alternative II 2026

His-Alternative II – Direct His/LBB Pacing as an Alternative to Biventricular Pacing in Patients With Symptomatic Heart Failure Despite Optimal Medical Treatment and an ECG With a Typical Left Bundle Branch Block Pattern

In 148 patients with HFrEF and left bundle branch block, conduction-system pacing was non-inferior to biventricular pacing for the change in LV end-systolic volume at 6 months.

Result · The relative fall in left ventricular end-systolic volume at 6 months differed by 0.9 percentage points (95% CI −6.9 to 8.7; P = 0.003 for non-inferiority, P = 0.8 for superiority); on-treatment 2.7 points (−4.6 to 10.0; P < 0.001 for non-inferiority). QRS duration, ejection fraction, NT-proBNP, NYHA class, quality of life and walking distance improved comparably, and the safety profiles were similar.

POPULATION INTERVENTION COMPARISON OUTCOME

Vinther M, Philbert BT, Risum N, et al. J Am Coll Cardiol EP. 2026; published online 31 August.

doi: 10.1016/j.jacep.2026.08.008

CORONARY · ELDERLY NSTEMI STRATEGY

EVAOLD 2026

Evaluation of a Strategy Guided by Imaging Versus Systematic Coronary Angiography in Elderly Patients With Ischemia: a Multicentric Randomized Non Inferiority Trial (EVAOLD)

In 587 patients aged 80 years or over with NSTEMI, a selective invasive strategy guided by stress imaging was not non-inferior to routine invasive management for death, myocardial infarction or stroke at 12 months.

Result · Recruitment stopped for futility after 587 of the planned 1,756 patients. Death, myocardial infarction or stroke at one year occurred in 24.1% with the selective strategy and 20.7% with routine invasive management (HR 1.22, 95% CI 0.86–1.72; P = 0.27), so non-inferiority was not shown. The selective strategy did reduce the number of angiograms and their attendant complications.

POPULATION INTERVENTION COMPARISON OUTCOME

Barone-Rochette G, et al. Presented at ESC Congress 2026, Hot Line 11, 31 August.

CORONARY · INTRAVASCULAR IMAGING

ISOLEDS 2026

Comparison of Intravascular Ultrasound-guided With Optical Coherence Tomography-guided Percutaneous Coronary Intervention for Left Main Distal Bifurcation Lesions (ISOLEDS)

In 664 patients undergoing PCI of a distal left main bifurcation, OCT guidance was non-inferior to IVUS guidance for target lesion failure at 12 months.

Result · Target lesion failure at 12 months occurred in 14.4% with OCT and 19.6% with IVUS (adjusted HR 0.90, 95% CI 0.59–1.36; P = 0.0003 for non-inferiority) over a median 362 days of follow-up.

POPULATION INTERVENTION COMPARISON OUTCOME

Zeng Y, et al. Presented at ESC Congress 2026, Hot Line 11, 31 August.

LIPIDS · STATIN ALLOCATION STRATEGY

CorCal 2026

CorCal Outcomes – Effectiveness of a Proactive Cardiovascular Primary Prevention Strategy, With or Without the Use of Coronary Calcium Screening, in Preventing Future Major Adverse Cardiac Events

In 5,772 statin-naïve adults in primary prevention, coronary calcium score-guided statin therapy was not non-inferior to risk score-guided statin therapy for major adverse cardiovascular events.

Result · Over 4.2 years, major adverse cardiovascular events occurred in 2.7% of both groups and the non-inferiority criterion was not met (HR 0.99, 95% CI 0.71–1.38; P = 0.045 for non-inferiority). Patients in the risk-score arm were recommended a statin more than three times as often, while adherence was far higher when the recommendation followed a calcium score (62% vs 23%).

POPULATION INTERVENTION COMPARISON OUTCOME

Muhlestein JB, et al. Presented at ESC Congress 2026, Hot Line 11, 31 August.

CORONARY · ANTIPLATELET AFTER CABG

CoCAP 2026

Coronary CT Angio Evaluating Graft Patency in ACS Patients Treated With DAPT or Single ASA After CABG (CoCAP)

In 360 patients after CABG for an acute coronary syndrome, dual antiplatelet therapy with ticagrelor was compared with aspirin alone on graft patency on CT angiography at 12–36 months.

Result · Patient-level graft patency (<50 % stenosis) 83.3 % vs 81.6 % (adjusted risk difference 1.2 %, 95 % CI −4.7 to 7.0; P = 0.70) in 368 analysed. Non-occlusion 87.6 % vs 85.5 % (adjusted difference 2.1 %; P = 0.42), with no consistent interaction across prespecified subgroups. Imaging at a single timepoint with selection bias and incomplete adherence; the parent TACSI trial was neutral for MACE with more bleeding on DAPT. UNVERIFIED — figures read off a third-party congress summary, not yet checked against a primary source.

POPULATION INTERVENTION COMPARISON OUTCOME

Presented at ESC Congress 2026, Hot Line 11, 31 August 2026. UNVERIFIED — figures from a third-party congress summary; no primary publication indexed.

CRITICAL CARE · POST-ARREST CARE

DISCO 2026

Direct or Subacute Coronary Angiography in Out-of-hospital Cardiac Arrest – a Prospective, Randomized Study (DISCO)

In 1,003 comatose survivors of cardiac arrest without ST-elevation, immediate coronary angiography did not improve survival at 30 days compared with delayed, selective angiography.

Result · Survival at 30 days 54.6% vs 53.6% (HR 0.95, 95% CI 0.74-1.21; P = 0.67). Neurological outcome and survival at 180 days did not differ either.

POPULATION INTERVENTION COMPARISON OUTCOME

Rubertsson S, et al. Presented at ESC Congress 2026, Hot Line 12, 31 August.

CRITICAL CARE · POST-ARREST CARE

OHCA-CAG meta-analysis

2026

Coronary angiography after out-of-hospital cardiac arrest without ST-elevation — meta-analysis (programme title)

In patients resuscitated from cardiac arrest without ST-elevation in randomised trials of angiography timing, early coronary angiography did not improve clinical outcomes compared with delayed or selective angiography.

Result · Pooled across five randomised trials and 2,173 patients, no difference in 30-day survival between immediate coronary angiography and a deferred or selective strategy.

POPULATION INTERVENTION COMPARISON OUTCOME

Pol L, et al. Presented at ESC Congress 2026, Hot Line 12, 31 August, alongside DISCO.

CRITICAL CARE · COMMUNITY FIRST RESPONDERS

HeartRunner 2026

Public Access Defibrillation by Activated Volunteer Citizen Responders – the HeartRunner Trial

In 2,114 out-of-hospital cardiac arrests, smartphone activation of citizen responders did not improve survival at 30 days compared with standard EMS response.

Result · No difference in 30-day survival: 15% vs 17% where responders arrived within 3 minutes (P = 0.42) and 13% vs 14% at 3 to 9 minutes (P = 0.43). In the 3-to-9-minute stratum bystander CPR rose from 75% to 86% and bystander defibrillation from 6% to 14% (both P < 0.0001).

POPULATION INTERVENTION COMPARISON OUTCOME

Folke F, et al. Presented at ESC Congress 2026, Hot Line 12, 31 August.

THROMBOSIS · PULMONARY EMBOLISM

PRAGUE-26 2026

A Multicentre, Randomized Trial of Catheter-directed Thrombolysis in Intermediate-high Risk Acute Pulmonary Embolism (PRAGUE-26)

In 558 patients with intermediate–high-risk pulmonary embolism, catheter-directed thrombolysis reduced death, recurrent embolism or decompensation at 7 days compared with anticoagulation alone.

Result · Death, recurrent embolism or cardiorespiratory decompensation within 7 days 0.7% vs 6.8% (relative risk 0.10, 95% CI 0.02-0.44; P < 0.001). Major bleeding 4.6% vs 5.0% (P = 0.85), with 2 intracranial bleeds after catheter-directed thrombolysis and none on anticoagulation alone.

POPULATION INTERVENTION COMPARISON OUTCOME

Kozka V, Kroupa J, et al. Presented at ESC Congress 2026, Hot Line 12, 31 August.

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AF · LAA CLOSURE

LAACS-2 2026

Left Atrial Appendage Closure by Surgery-2 (LAACS-2)

In 1,500 adults undergoing open-heart surgery, concomitant surgical left atrial appendage closure did not reduce stroke or TIA over 2 years compared with leaving the appendage open.

Result · Over a median 4.0 years, stroke or transient ischaemic attack occurred in 4.28% with closure and 5.04% with the appendage left open (HR 0.85, 95% CI 0.53–1.37; P = 0.52), with no difference in mortality. Among patients whose CHA2DS2-VASc score was above the median, closure was associated with a 56% lower rate of the primary endpoint (P = 0.02); below the median there was no signal.

POPULATION INTERVENTION COMPARISON OUTCOME

Dominguez H, Park-Hansen J, et al. Presented at ESC Congress 2026, Hot Line 12, 31 August.