Summary of the symposium

Cardiovascular inflammation: The silent killer on trial

Novo Nordisk Symposium at the
76th European Society of Cardiology (ESC) Congress,
Munich, Germany
29 August 2026

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Disclaimer

Paul M Ridker, Nikolaus Marx and **Vijay Kunadian** took part in the Novo Nordisk symposium titled **Cardiovascular inflammation: The silent killer on trial** at the ESC Congress 2026.

The summary is provided as part of Novo Nordisk's commitment to enhance the educational content and learning experience to support scientific exchange with the medical community.

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Cardiovascular inflammation: The silent killer on trial

Speakers: Paul M Ridker, Nikolaus Marx, Vijay Kunadian

Perspectives on CV inflammation

CV inflammation is associated with **risk for HF**, **AMI** and **all-cause death**[2]

Elevated hsCRP is associated with adverse CV outcomes, including MACE and **CV death**[3,4]

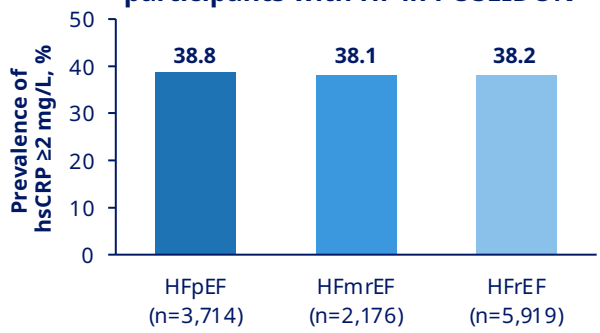
2025 ACC scientific statement: Inflammation and CVD[1]

- Reducing CV inflammation lowers CV risk
- hsCRP may be used as a **risk predictor** of CVD, including HF
- Clinicians will not treat what they do not measure

Broad screening of hsCRP is recommended in both **primary and secondary CVD prevention**, including in **patients with HF**

The prevalence of CV inflammation

Prevalence of CV inflammation in participants with HF in POSEIDON[5]



~2 in 5 participants with HF, regardless of EF, as well as those with ASCVD and CKD, had **CV inflammation (hsCRP ≥2 mg/L)**[5,6]

CV inflammation was **highly prevalent** amongst participants in the global **POSEIDON** prevalence study[5,6]

Participants with CV inflammation had a **greater burden of comorbidities**[5,6]

The POSEIDON study provides a real-world estimate of the prevalence of CV inflammation within CVD populations, demonstrating an unmet therapeutic need[5,6]

Evolving clinical guidelines in CV inflammation

2023–2025
Clinical guidelines have increasingly recognised CV inflammation as a **biomarker of CV risk**[7–10]

2026

ACC/AHA joint guideline on the management of dyslipidaemia:[11]
hsCRP is recognised as a CV risk enhancer

AHA/ACC/ADA/ASN guideline for the management of CKM syndrome:[12]
hsCRP is recognised as a risk enhancer

ESC consensus statement: Inflammation in coronary syndromes in clinical practice:[13]
hsCRP should be assessed in clinically stable CAD

Evidence supports the targeting of CV inflammation in HF and AMI[14–17]

*However, the focus on CV inflammation in **HF guidelines is currently limited***[18,19]

Ziltivekimab targets CV inflammation and is being investigated in patients with **HFmrEF/HFpEF** (HERMES and ATHENA) and **AMI** (ARTEMIS)[20–22,*]

***Ziltivekimab is an investigational drug; efficacy and safety are under evaluation. There is no guarantee that this compound will become commercially available for the indications under investigation. ARTEMIS protocol amendment approval pending in some countries.** ACC, American College of Cardiology; ADA, American Diabetes Association; AHA, American Heart Association; AMI, acute myocardial infarction; ASCVD, atherosclerotic cardiovascular disease; ASN, American Society of Nephrology; CAD, coronary artery disease; CCS, chronic coronary syndrome; CKD, chronic kidney disease; CKM, cardiovascular-kidney-metabolic; CV, cardiovascular; CVD, cardiovascular disease; EF, ejection fraction; ESC, European Society of Cardiology; HF, heart failure; HFmrEF, heart failure with mildly reduced ejection fraction; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; hsCRP, high-sensitivity C-reactive protein; IL-6, interleukin-6; MACE, major adverse cardiovascular event.

1. Mensah GA et al. *J Am Coll Cardiol* 2026;87:1381–1404; 2. Yao Z et al. *J Am Coll Cardiol* 2026;88:282–298; 3. Ridker PM et al. *N Engl J Med* 2024;391:2087–2097; 4. Ridker PM et al. *Lancet* 2023;401:1293–1301; 5. Lam CSP et al. *Eur J Heart Fail* 2026;doi.org/10.1093/ejhf/xuag155 (online ahead of print); 6. Navar AM et al. *Atherosclerosis* 2026;419:120816; 7. Virani SS et al. *J Am Coll Cardiol* 2023;82:833–955; 8. Vrints C et al. *Eur Heart J* 2024;45:3415–3537; 9. Rao SV et al. *Circulation* 2025;151:e771–862; 10. Mach F et al. *Eur Heart J* 2025;46:4359–4378; 11. Blumenthal RS et al. *J Am Coll Cardiol* 2026;87:2624–2757; 12. Ndumele CE et al. *Circulation* 2026;154:e50-e158; 13. Roubille F et al. *Eur Heart J Acute Cardiovasc Care* 2026;doi.org/10.1093/ehjacc/zuag086 (online ahead of print); 14. Van Tassell BW et al. *Circ Heart Fail 2018;11:e005036*; 15. Everett BM et al. *Circulation* 2019;139:1289–1299; 16. Tardif JC et al. *N Engl J Med* 2019;381:2497–2505; 17. Nidorf SM et al. *N Engl J Med* 2020;383:1838–1847; 18. Heidenrich PA et al. *Circulation* 2022;145:e895–e1032; 19. Maddox TM et al. *J Am Coll Cardiol* 2024;83:1444–1488; 20. Novo Nordisk A/S. NCT05636176. Available at: https://clinicaltrials.gov/study/NCT05636176 (accessed August 2026); 21. Novo Nordisk A/S. NCT06200207. Available at: https://clinicaltrials.gov/study/NCT06200207 (accessed August 2026); 22. Novo Nordisk A/S. NCT06118281. Available at: https://clinicaltrials.gov/study/NCT06118281 (accessed August 2026)