PURSUIT OF ZΩH — THE WEEKLY

This Week in Cardiology

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THIS WEEK

Pacing through the heart's own wiring

A pacemaker lead in the heart's own conduction system beats the usual site, a countywide CPR program leaves survival flat, a pill-and-team plan lowers blood pressure, and survodutide passes a heart-safety test.

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01

PACEMAKERS

Pacing through the heart's own wiring beats the usual lead site

Pacing from the right ventricle, the usual lead position, is linked to an out-of-sync left ventricle and weaker pumping.[1] Left bundle-branch pacing feeds the signal into the conduction system instead, keeping the left ventricle in step.[1] In an international, open-label trial in the New England Journal of Medicine, 702 people with atrioventricular block were randomized to one or the other.[1] Over a median 35.1 months, death, heart failure hospitalization or pacing-induced cardiomyopathy occurred in 16 patients with left bundle-branch pacing and 35 with right ventricular pacing.[1]

WHY IT MATTERS

It turns a physiological argument into a randomized clinical result, with fewer composite events than the standard lead site and a four-year cumulative incidence of 8.5% versus 19.2%.[1]

CAVEAT *Open-label, and stopped early at a planned interim analysis; serious adverse events not tied to implantation were 11.8% vs 9.3% (P = 0.32).*[1]

0.41

hazard ratio for the composite outcome, left bundle-branch vs right ventricular pacing (95% CI 0.23 to 0.75)

SOURCE 1

[1] doi:10.1056/nejmoa2612972

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02

RESUSCITATION

A countywide CPR push did not lift cardiac arrest survival

Early CPR and defibrillation improve survival after cardiac arrest outside hospital, but randomized tests of community programs that promote them have been lacking.[2] The RACE-CARS trial, in the New England Journal of Medicine, randomized clusters of North Carolina counties to usual care or a four-part program: quicker arrest recognition by 911 telecommunicators, better CPR coaching by phone, community CPR classes and more defibrillator use before ambulances arrived.[2] With 11,615 patients in intervention clusters and 10,844 in usual-care clusters, survival to discharge with good neurologic function was 9.0% versus 9.4%.[2]

9.0% vs 9.4%

survival to hospital discharge with good neurologic outcome, intervention vs usual care

SOURCE 2

WHY IT MATTERS

A large randomized null result is informative: this package, as delivered, did not change the outcome patients care most about (adjusted odds ratio 0.97, 95% CI 0.75 to 1.26).[2]

CAVEAT *The trial tested this bundle of community strategies, not CPR or defibrillation themselves, which the authors note improve survival.*[2]

[2] doi:10.1056/nejmoa2612757

03

HYPERTENSION

One combination pill plus a care team lowers blood pressure

Combination tablets help people stay on blood pressure treatment, yet few trials have tested how to roll them out in everyday clinics.[3] A pragmatic cluster trial in JAMA randomized 40 primary care clinics in Colombia and Jamaica and enrolled 1706 adults with uncontrolled hypertension.[3] Intervention clinics paired locally bought single-pill combinations with staff training, health coaching, home monitoring, and audit and feedback.[3] At 18 months, systolic pressure fell from 145.9 to 126.8 mm Hg with the program and from 145.0 to 136.1 mm Hg with standard care.[3]

-10.1 mm Hg

between-group difference in systolic pressure change at 18 months (95% CI -13.3 to -6.9)

SOURCE 3

WHY IT MATTERS

Control below 130/80 mm Hg was reached by 69.5% with the program and 29.2% with standard care, in clinics working with limited resources.[3]

CAVEAT *Unblinded, and the pill was tested as one package with several team-based elements; serious adverse events were 7.9% vs 9.9%.*[3]

[3] doi:10.1001/jama.2026.24169

04

OBESITY DRUGS

Survodutide clears its cardiovascular safety bar

Survodutide acts on two hormone receptors, glucagon and GLP-1, and the cardiovascular safety of this new drug class had not been established.[4] SYNCHRONIZE-CVOT, in The Lancet, randomized 5530 adults with obesity plus heart disease or risk factors, at 524 sites in 34 countries, to weekly survodutide (3.6 or 6.0 mg) or placebo.[4] Over a median 22.0 months in the study, a composite of cardiovascular death, nonfatal stroke or heart attack, ischemia-related revascularization or heart failure event occurred in 3.7% of the survodutide group and 4.1% of the placebo group.[4]

0.89

hazard ratio, primary cardiovascular composite, pooled survodutide vs placebo (95% CI 0.67 to 1.18)

SOURCE 4

WHY IT MATTERS

It passed its prespecified noninferiority test against a margin of 1.65, which rules out a large excess of cardiovascular risk; as a safety trial, it was not designed to show benefit.[4]

CAVEAT *Nausea affected 48.0% and 49.0% on the two doses vs 12.1% on placebo; funded by Boehringer Ingelheim.*[4]

[4] doi:10.1016/s0140-6736(26)02140-9

WORDS THIS WEEK

Atrioventricular block
A fault in the electrical relay between the heart's upper and lower chambers, so beats from above fail to reach the ventricles reliably; often treated with a pacemaker.

Left bundle-branch pacing
Placing the pacemaker lead so it stimulates the left bundle branch, part of the heart's own wiring, so both ventricles contract in a more natural sequence.

Cluster-randomized trial
A trial that randomizes groups, such as counties or clinics, instead of individual patients; useful when a program is delivered to a whole community.

Single-pill combination
One tablet that contains two or more blood pressure medicines at fixed doses, meant to simplify treatment.

Noninferiority
A trial design that asks whether a treatment is not worse than a comparator by more than a preset margin, rather than whether it is better.

SOURCES

1. PAPER Z. Qian et al., “Left Bundle-Branch Pacing versus Right Ventricular Pacing for Atrioventricular Block,” New England Journal of Medicine (8 Nov 2026). doi:10.1056/nejmoa2612972
2. PAPER C. Malta Hansen et al., “Community and EMS Interventions to Improve Survival in Cardiac Arrest,” New England Journal of Medicine (8 Nov 2026). doi:10.1056/nejmoa2612757
3. PAPER J. P. Lopez-Lopez et al., “Implementation of Single-Pill Combination Therapy Through Team-Based Care for Hypertension Control in Resource-Constrained Settings: A Cluster Randomized Clinical Trial,” JAMA (8 Nov 2026). doi:10.1001/jama.2026.24169
4. PAPER B. Bozkurt et al., “Cardiovascular outcomes with survodutide in adults with obesity at increased cardiovascular risk (SYNCHRONIZE-CVOT): a double-blind, randomised, placebo-controlled, phase 3 trial,” The Lancet (online 9 Nov 2026). doi:10.1016/s0140-6736(26)02140-9

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