PLACE 2026

PLATFORM OF LABORATORIES FOR ADVANCES IN CARDIAC EXPERIENCE

CONGRESSO

ROMA, 25 - 27 Giugno 2026

Vericiguat: può essere considerato il quinto pilastro?

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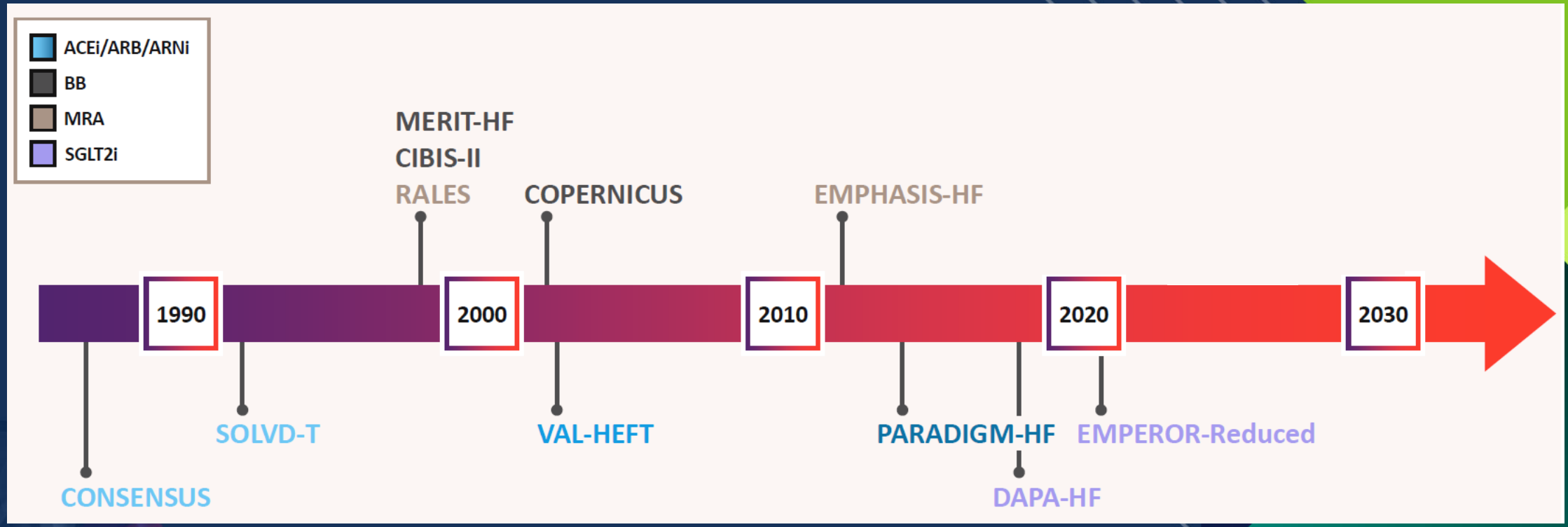
Disclosures

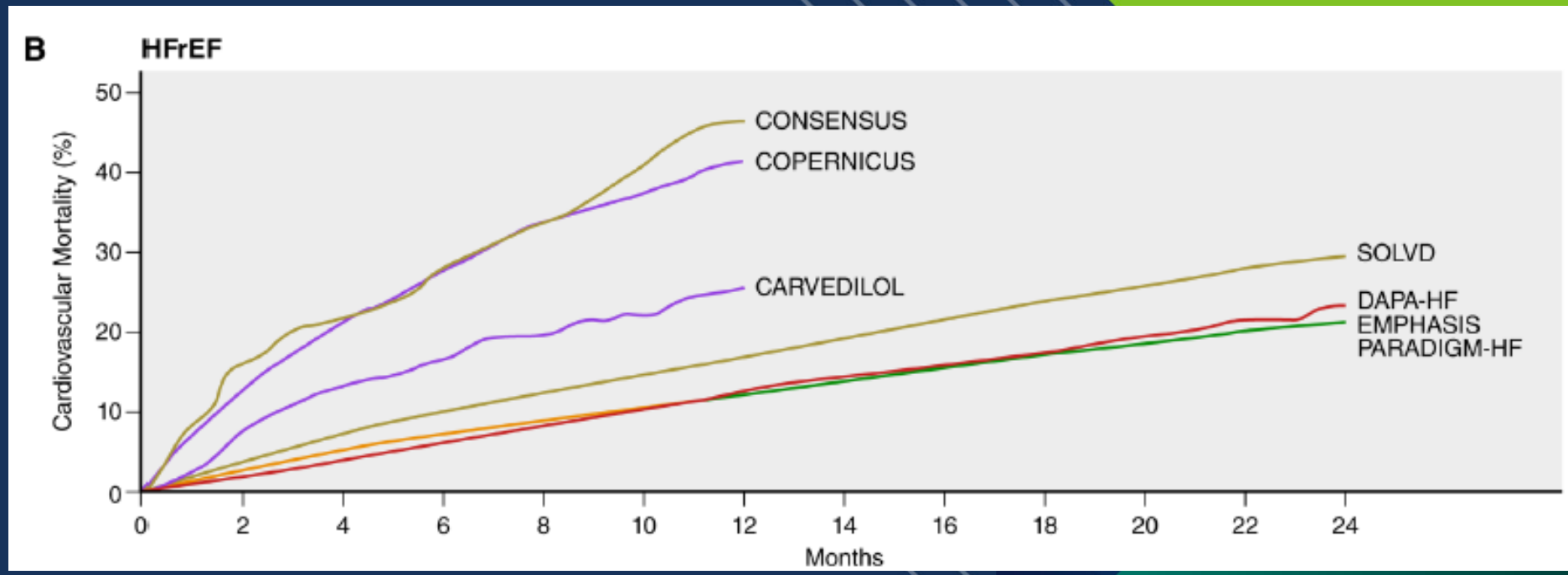
- Speaking engagements with AstraZeneca, Bayer, Boehringer Ingelheim, Bruno Pharma, Daiichi Sankyo, Guidotti, Novartis, Novo Nordisk, Sanofi, Pfizer, Viatris; serves on advisory boards with Alnylam, AstraZeneca, Boehringer Ingelheim, Bayer, Novo Nordisk and GlaxoSmithKline; has received non-industry fees from PACE-CME and TMA.

Evolving landscape of HFrEF treatment



Heart Failure: A Century View, From Failure to Function

Clyde W. Yancy, MD, MSc

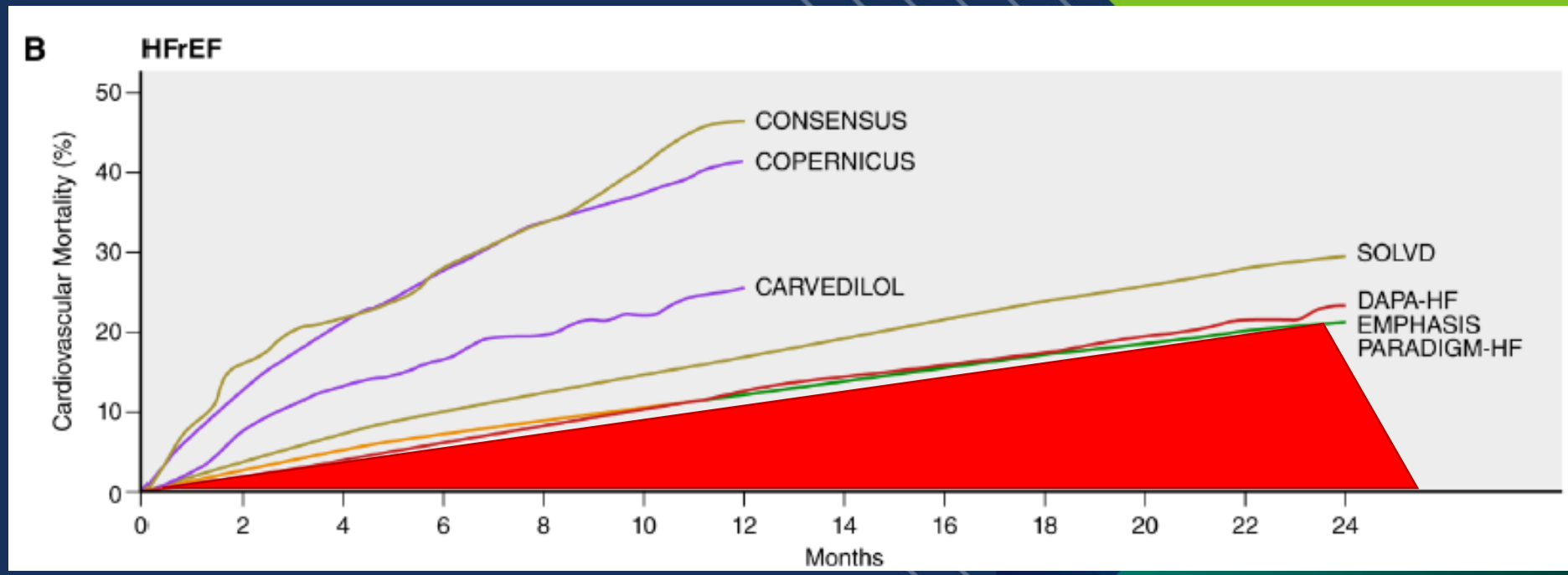


Circulation. 2025;151:585–588

Heart Failure: A Century View, From Failure to Function

Clyde W. Yancy, MD, MSc

Residual CV mortality risk matters



Circulation. 2025;151:585–588

Complementing GDMT Action

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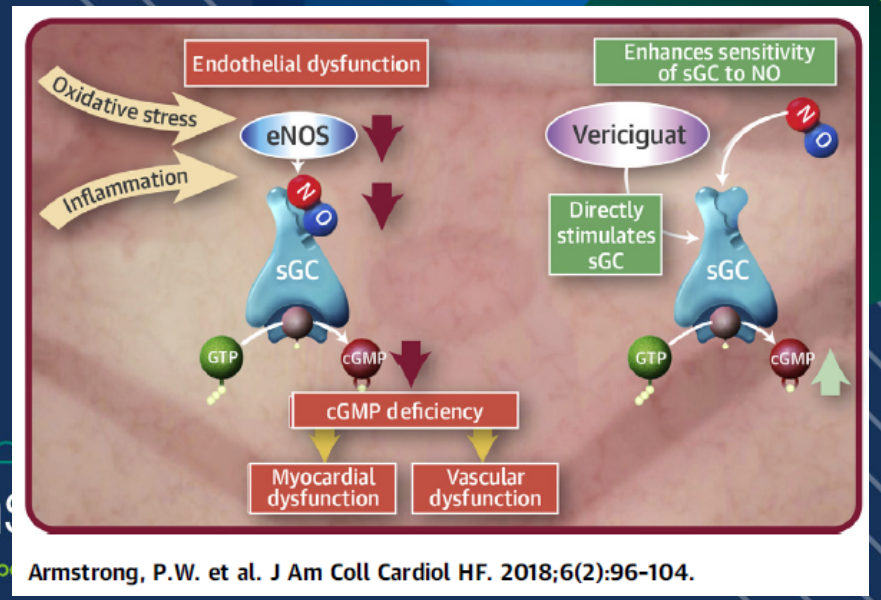
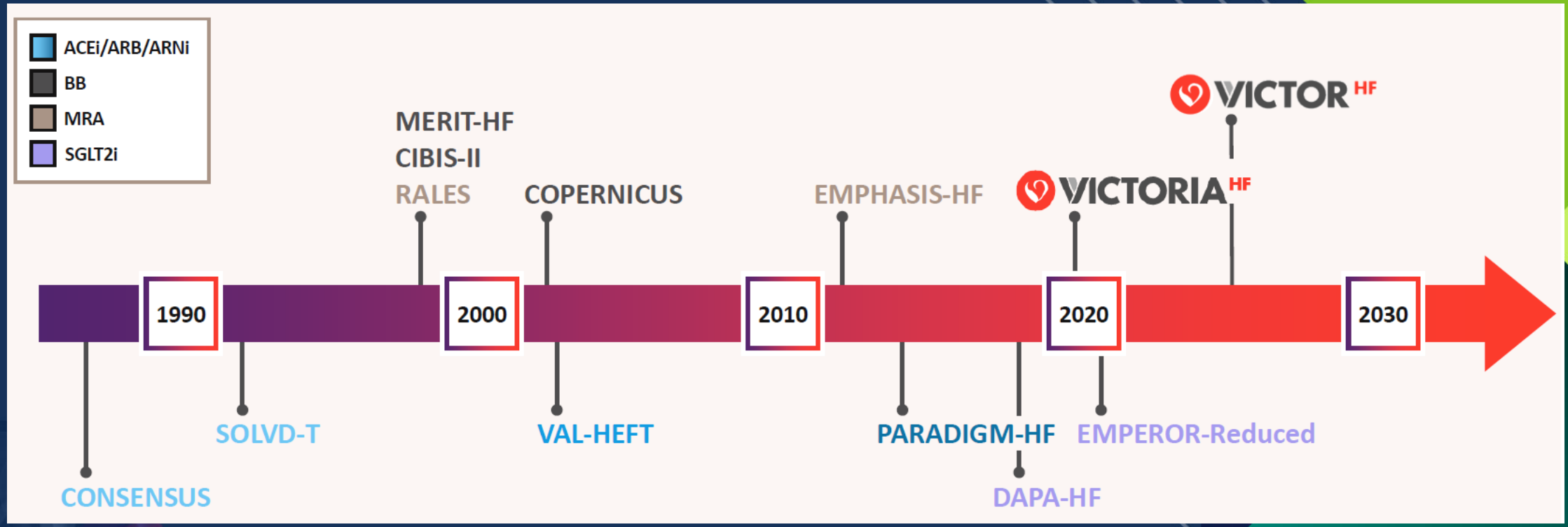
NO – sGC – cGMP

Vericiguat



Armstrong, P.W. et al. J Am Coll Cardiol HF. 2018;6(2):96-104.

Evolving landscape of HFrEF treatment



Vericiguat in Patients with Heart Failure and Reduced Ejection Fraction

Paul W. Armstrong, M.D., Burkert Pieske, M.D., Kevin J. Anstrom, Ph.D., Justin Ezekowitz, M.B., B.Ch., Adrian F. Hernandez, M.D., M.H.S., Javed Butler, M.D., M.P.H., M.B.A., Carolyn S.P. Lam, M.B., B.S., Ph.D., Piotr Ponikowski, M.D., Adriaan A. Voors, M.D., Ph.D., Gang Jia, Ph.D., Steven E. McNulty, M.S., Mahesh J. Patel, M.D., Lothar Roessig, M.D., Joerg Koglin, M.D., Ph.D., and Christopher M. O'Connor, M.D., for the VICTORIA Study Group*

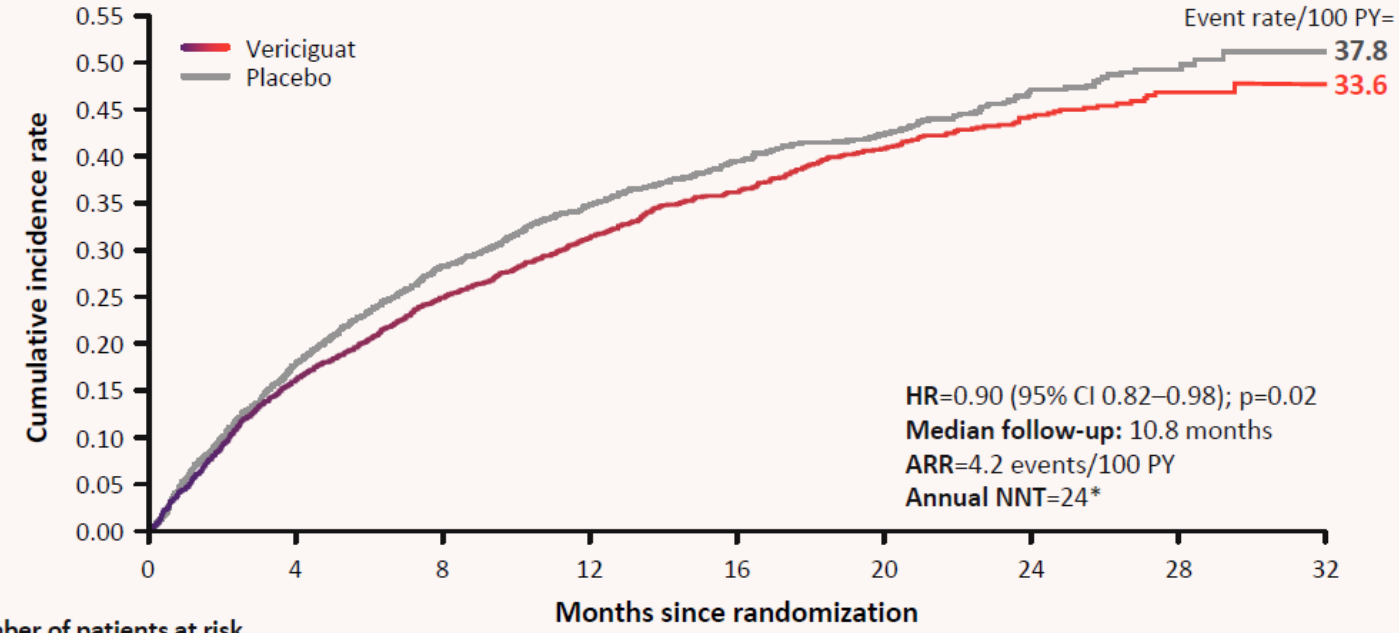
Study population

- Patients with symptomatic chronic HFrEF (LVEF <45%)

Recency of worsening HF event prior to randomization:

- HFH within 6 months *or*
- Outpatient i.v. diuretic use within 3 months

Primary composite endpoint of time to first HFH or CV death



Number of patients at risk

Vericiguat	2,526	2,099	1,621	1,154	826	577	348	125	1
Placebo	2,524	2,053	1,555	1,097	772	559	324	110	0

N Engl J Med 2020;382:1883-93

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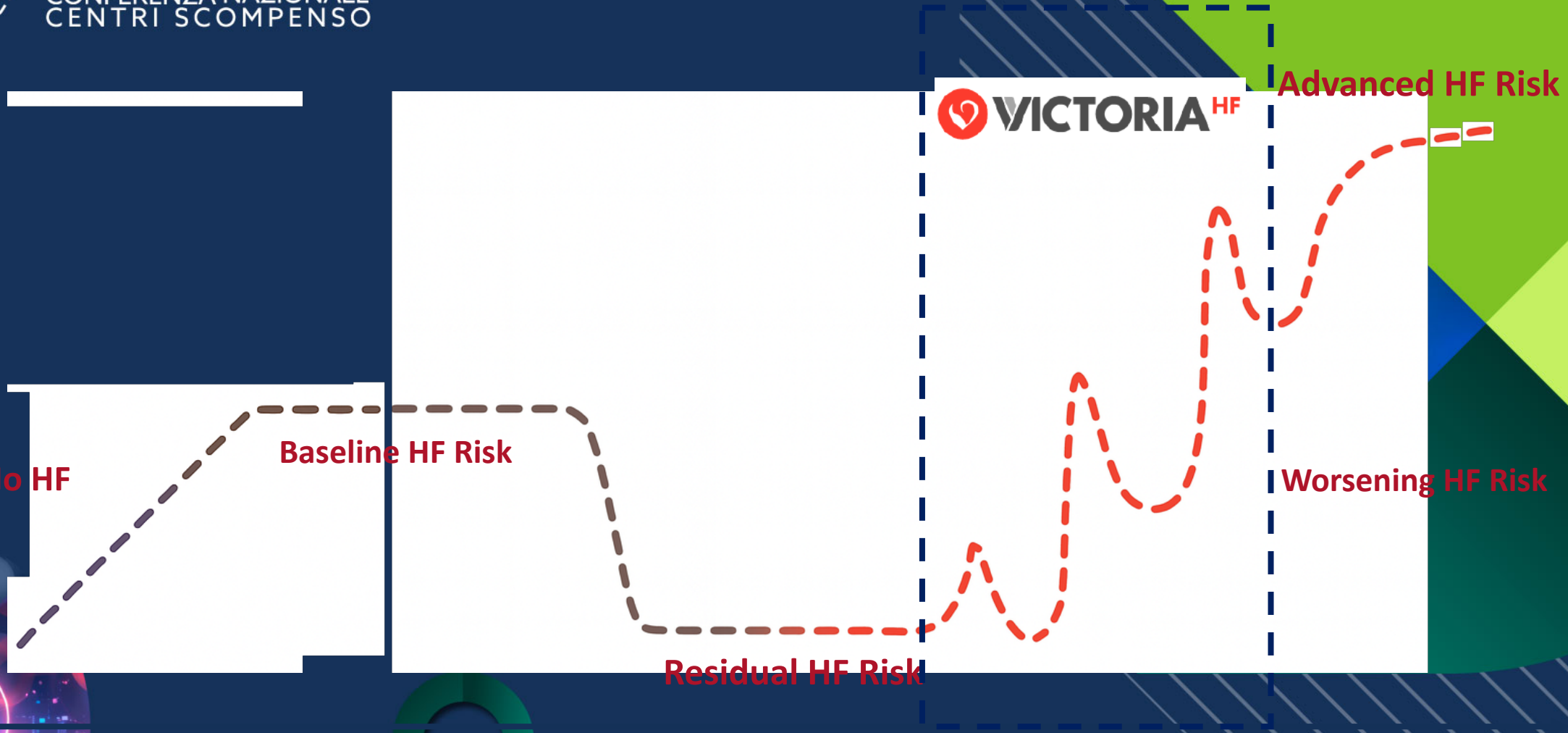
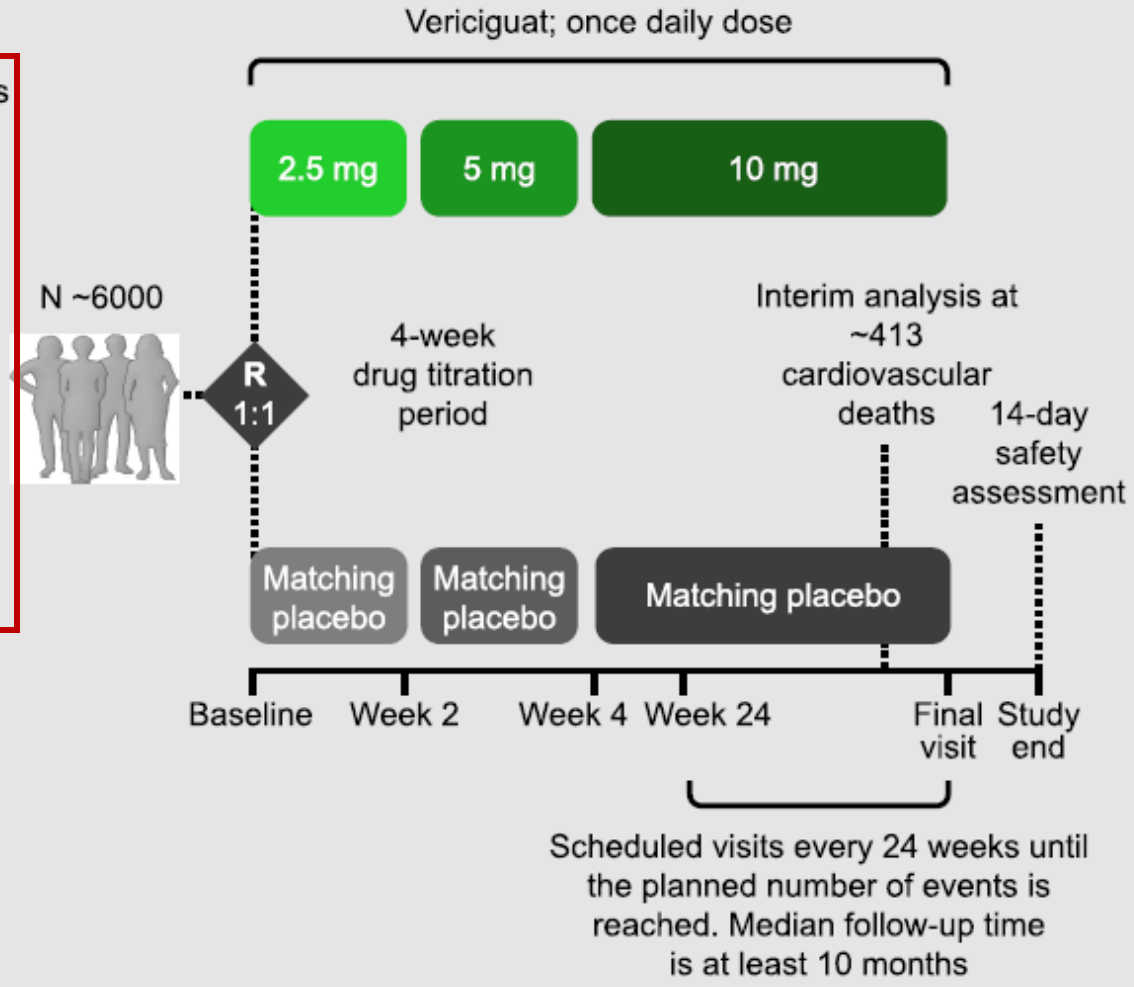
HF lifetime risk



ANMCO HF

Victor Trial Design

- No recent HF events (HHF for 6 months, IV diuretics for 3 months)
- NTproBNP levels of 600–6000 pg/ml
- Patients with HFrEF without current decompensation
- No recent changes in doses of GDMT



Primary endpoint

- Time to cardiovascular death or HHF

Secondary endpoints

Time to:

- Cardiovascular death
- First HHF
- Total HHF events (first and recurrent events)
- All-cause mortality or HHF
- All-cause mortality

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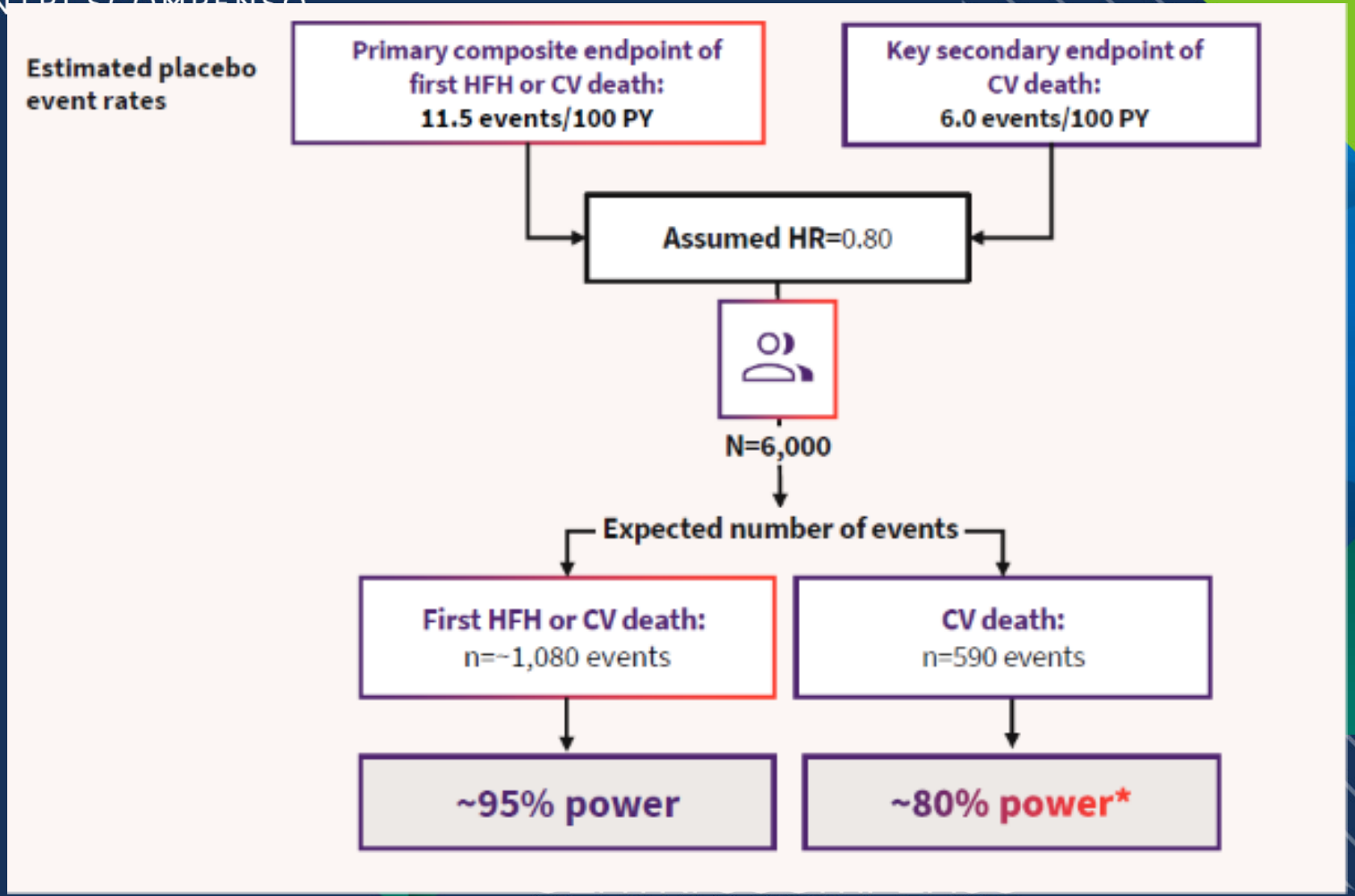
10.1002/ejhf.3598

Pre-specified design to assess CV mortality



10.1002/ejhf.3598

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HF lifetime risk

VICTOR HF

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Vericiguat in patients with chronic heart failure and reduced ejection fraction (VICTOR): a double-blind, placebo-controlled, randomised, phase 3 trial

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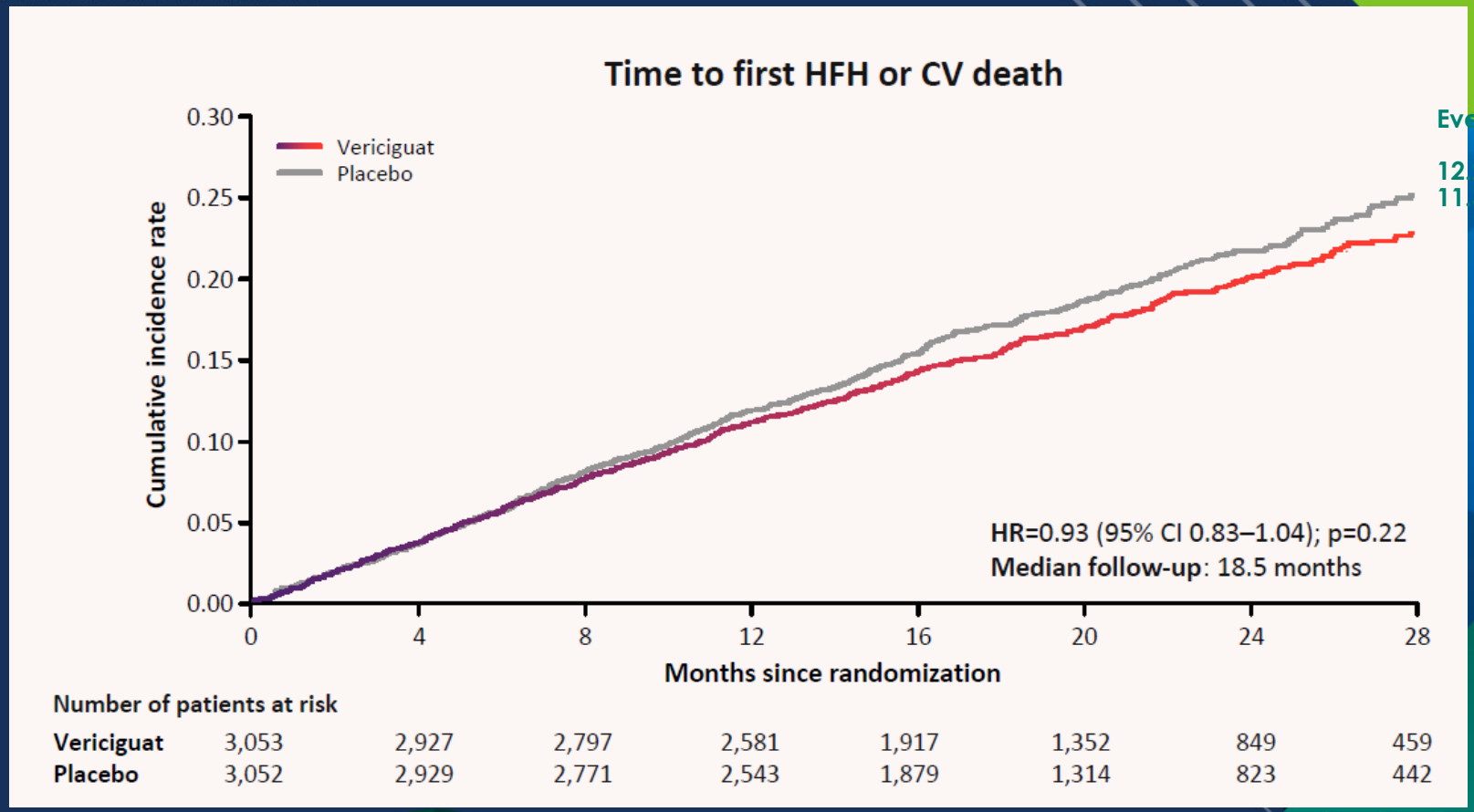

Event rate 100 py

12.2
11.3

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10.1016/S0140-6736(25)01665-4

Vericiguat in patients with chronic heart failure and reduced ejection fraction (VICTOR): a double-blind, placebo-controlled, randomised, phase 3 trial

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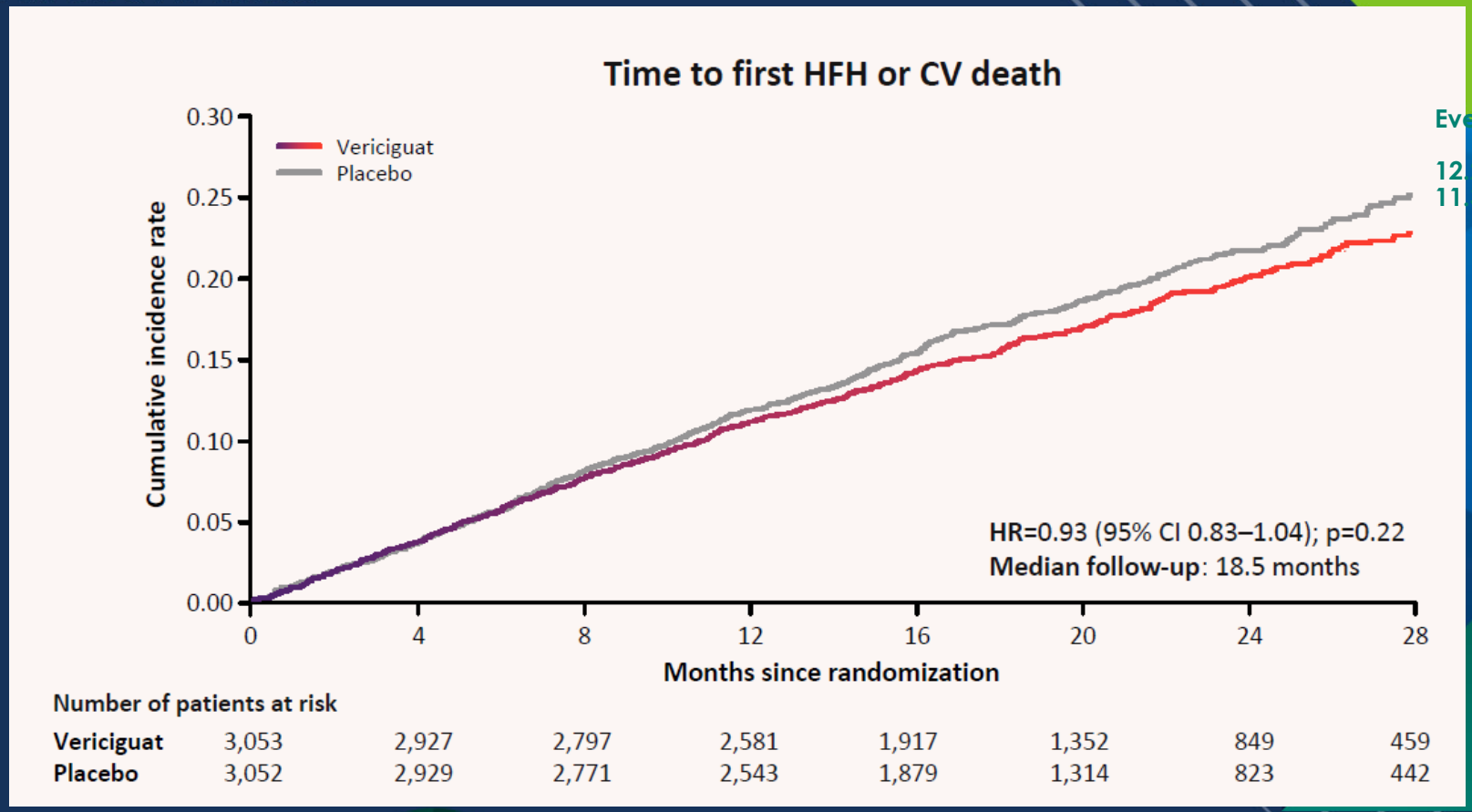

Event rate 100 py

12.2 vs. 37.8
11.3 vs. 33.6

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10.1016/S0140-6736(25)01665-4

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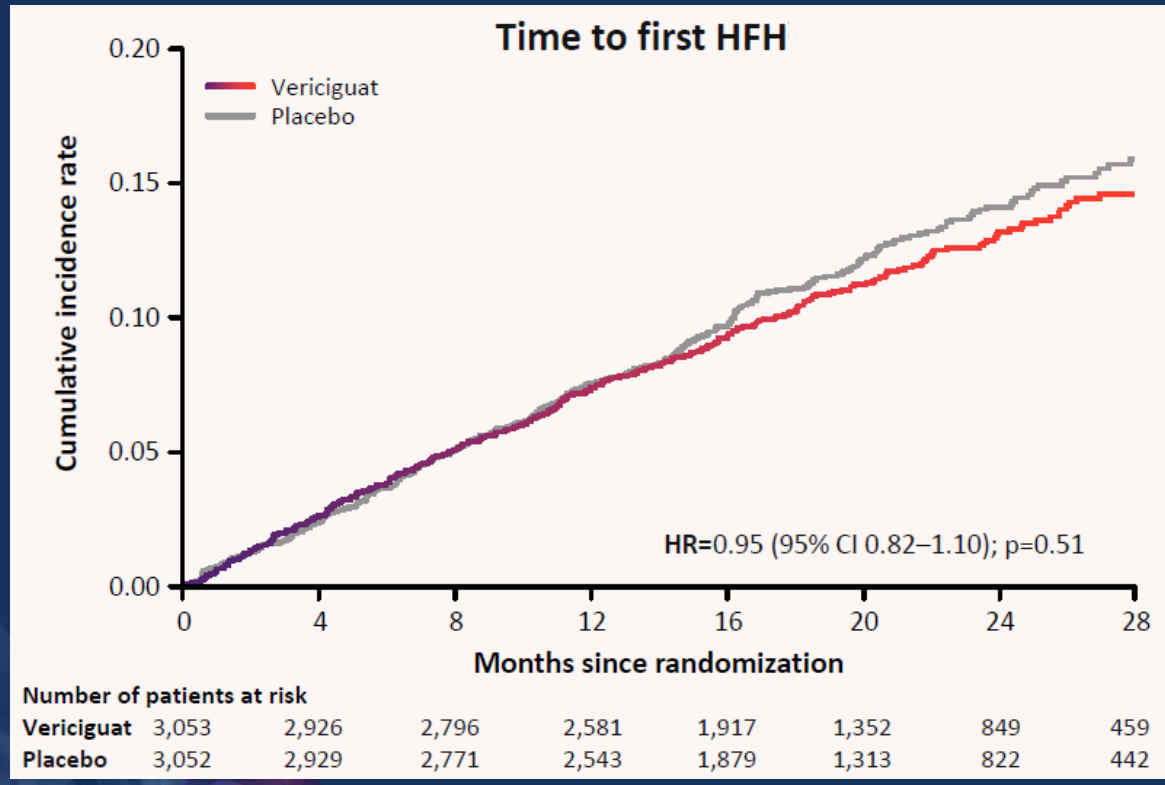
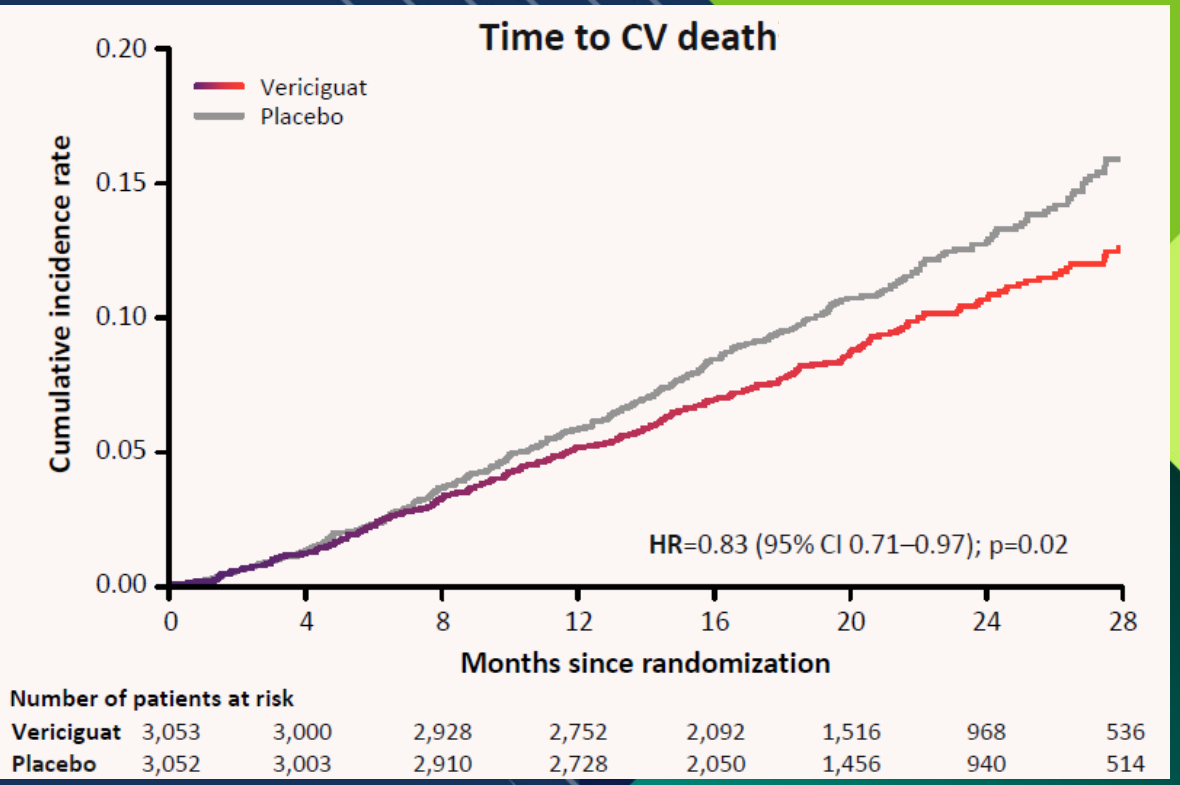


Number of patients at risk								
Vericiguat	3,053	2,926	2,796	2,581	1,917	1,352	849	459
Placebo	3,052	2,929	2,771	2,543	1,879	1,313	822	442



Number of patients at risk								
Vericiguat	3,053	3,000	2,928	2,752	2,092	1,516	968	536
Placebo	3,052	3,003	2,910	2,728	2,050	1,456	940	514

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10.1016/S0140-6736(25)01665-4

Mortality rate reduction

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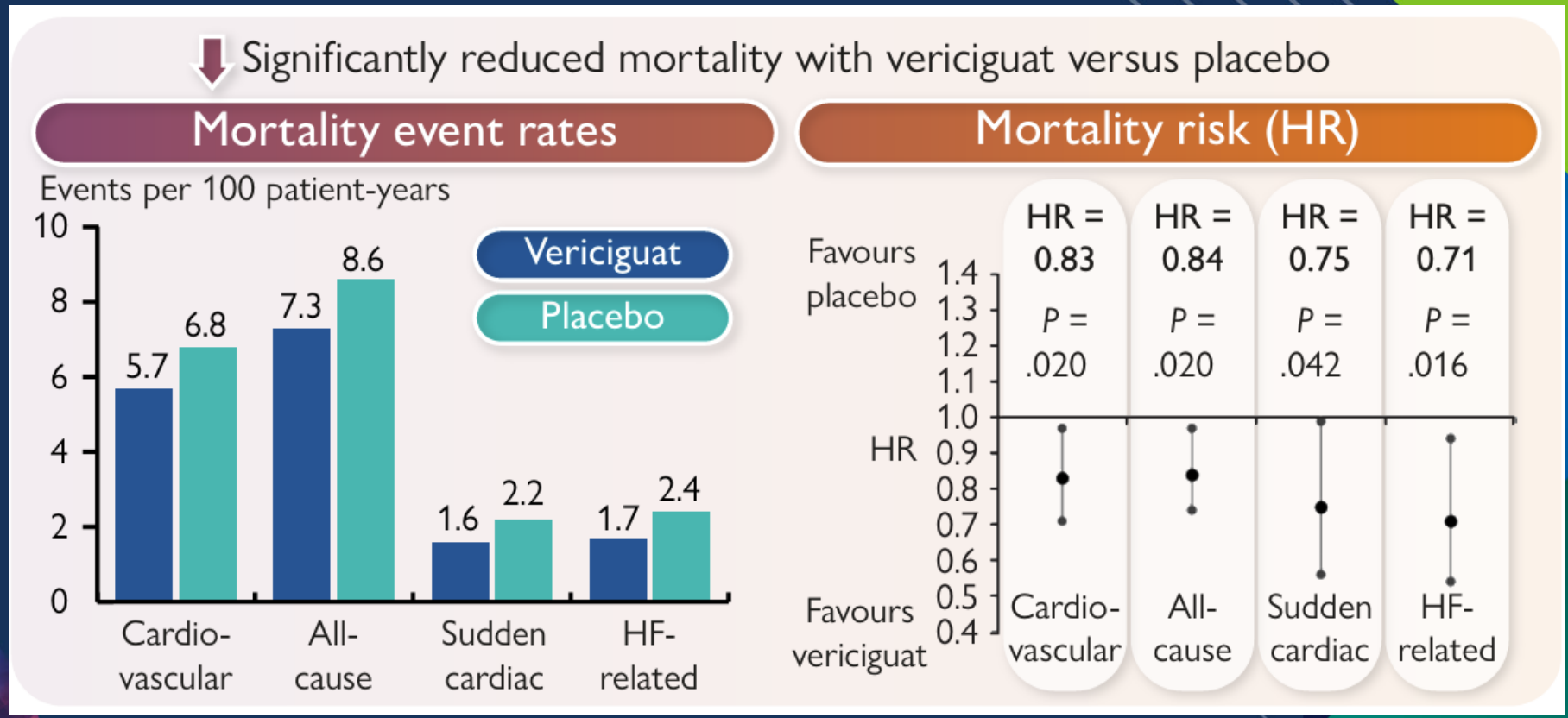

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10.1093/eurheartj/ehaf655

HF treatment, CV death and HHF

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	CV death HR (95% CI)	HF hospitalization HR (95% CI)
Beta-blocker (CIBIS-2, bisoprolol)	0·71 (0·56–0·90)	0·64 (0·53–0·79)
MRA (EMPHASIS-HF, eplerenone)	0.77 (0.62–0.96)	0.61 (0.50–0.75)
Sacubitril/valsartan (PARADIGM-HF)	0.80 (0.71–0.89)	0.79 (0.71–0.89)
ACE inhibitor (SOLVD-T, enalapril)	0.83 (0.73,0.95)	0.64 (0.55–0.73)
Soluble guanylate cyclase stimulator (VICTOR, vericiguat)	0.83 (0.71, 0.97)	0·95 (0·82–1·10)
ARB (CHARM-HFrEF, candesartan)	0.84 (0.75–0.95)	0.76 (0.68–0.85)
SGLT2 inhibitor (meta-analysis)	0·86 (0·76–0·98)	0·69 (0·62–0·78)
Sinus node inhibition (SHIFT, ivabradine)	0·91 (0·80–1·03)	0·74 (0·66–0·83)
Digitalis glycoside (DIG, digoxin)	1.01 (0.93–1.10)	0.72 (0.66–0.79)

From J.McMurray, ESC25

Baseline characteristics of contemporary trial participants with heart failure and reduced ejection fraction: The VICTOR trial

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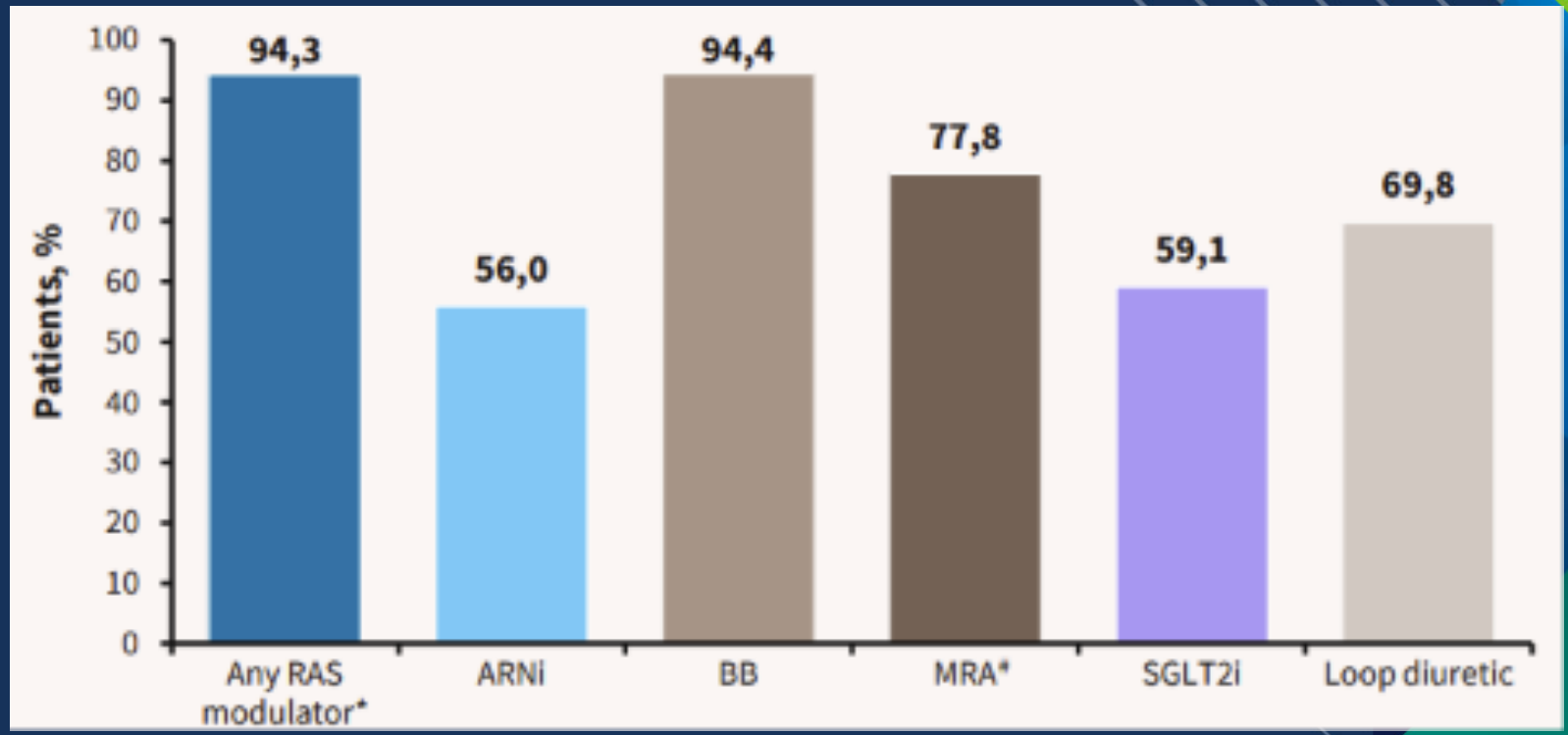
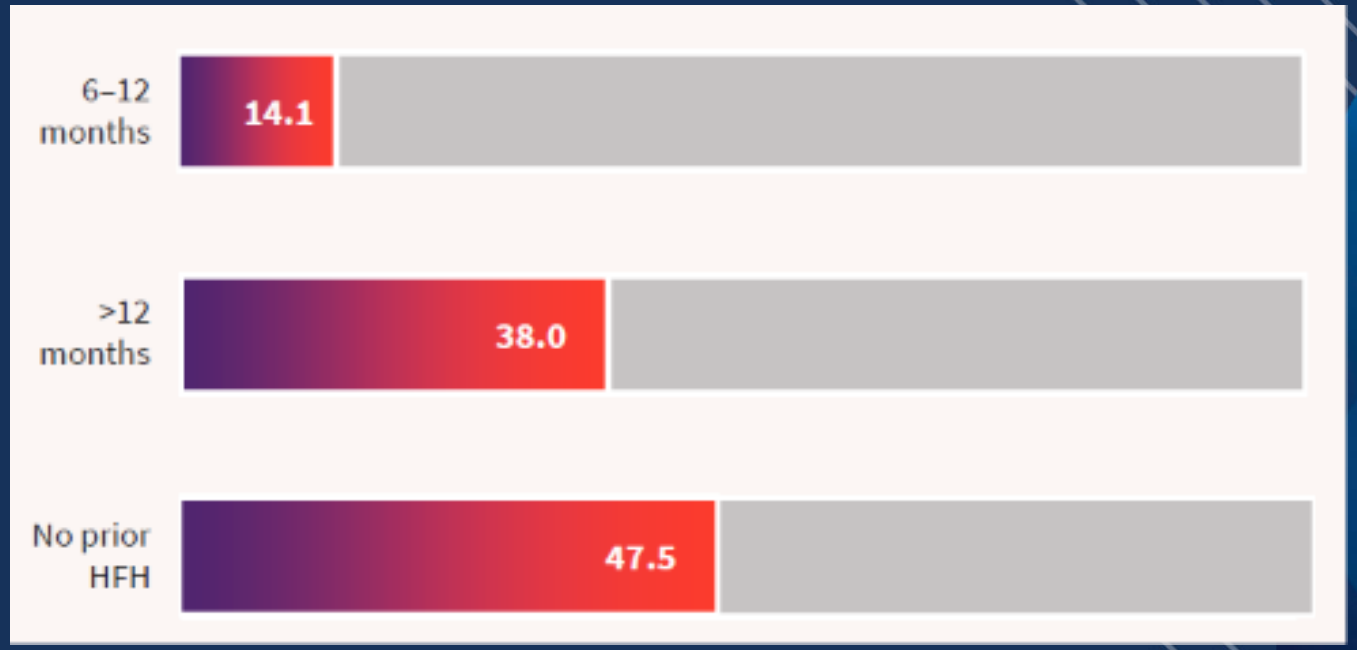
A well-treated population



83.4% patients
Treatment with ≥3 therapies[2]

Eur J Heart Fail. 2025 Aug;27(8):1426-1435

Recency of HF hospitalization

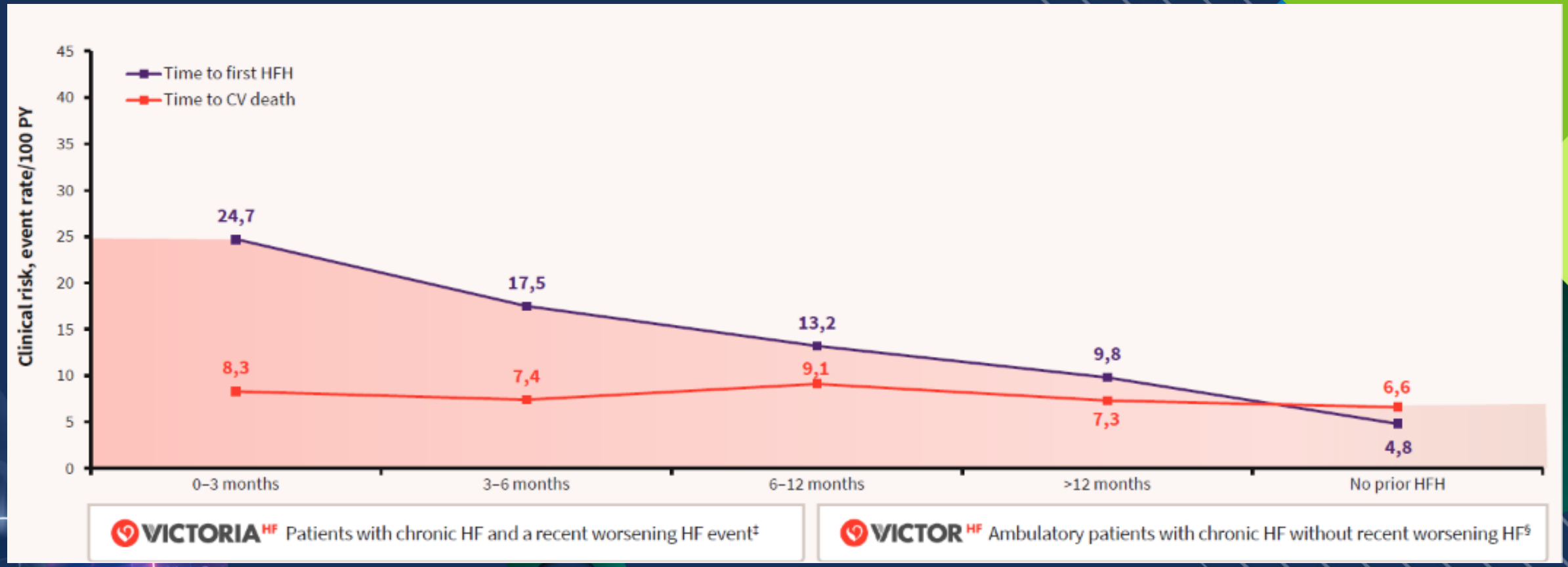


85.4% patients

No prior HFH or HFH >12 months prior to randomization[1]

Eur J Heart Fail. 2025 Aug;27(8):1426-1435

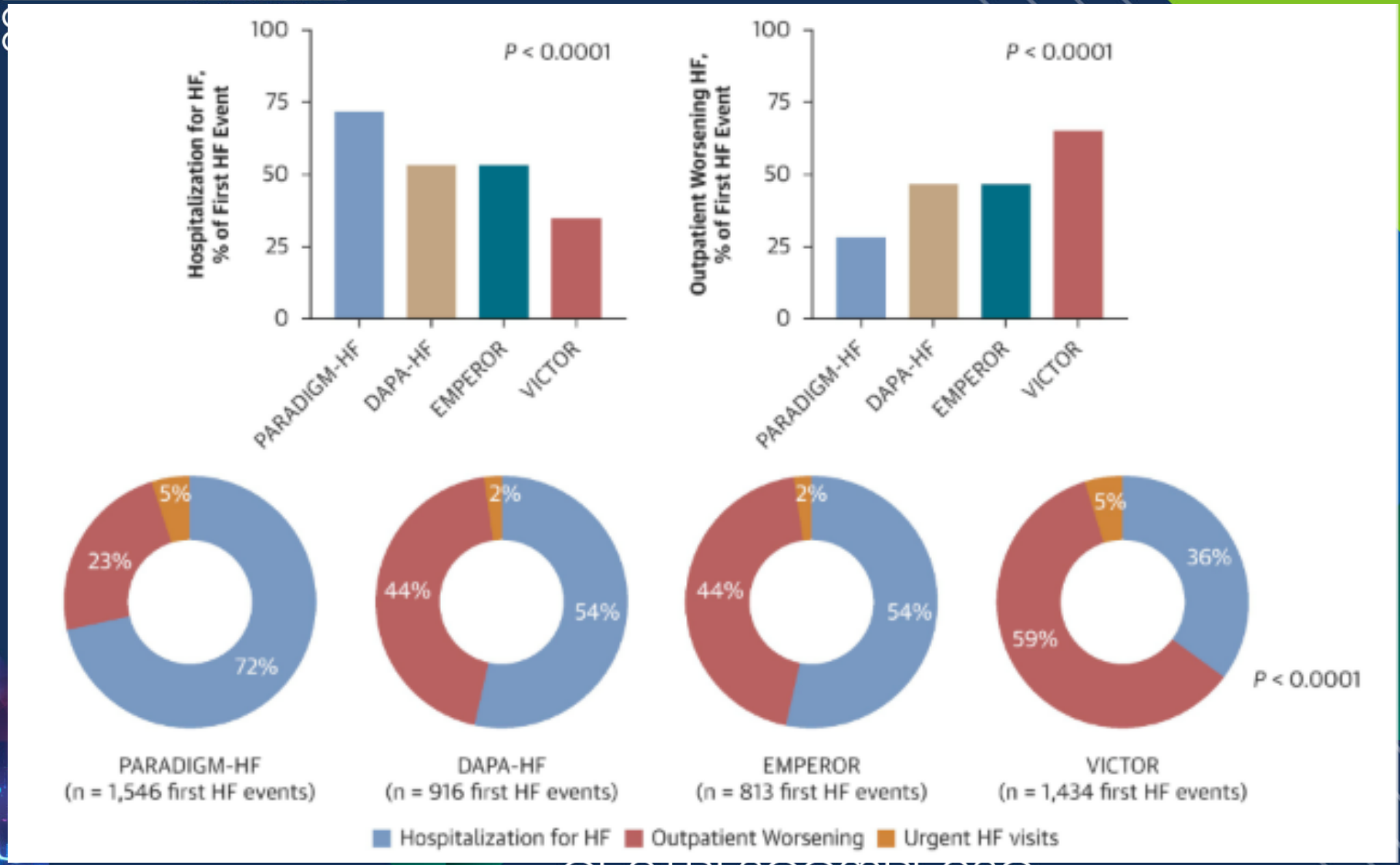
Persistent residual CV death risk



Lancet 2025;406:1341–1350.

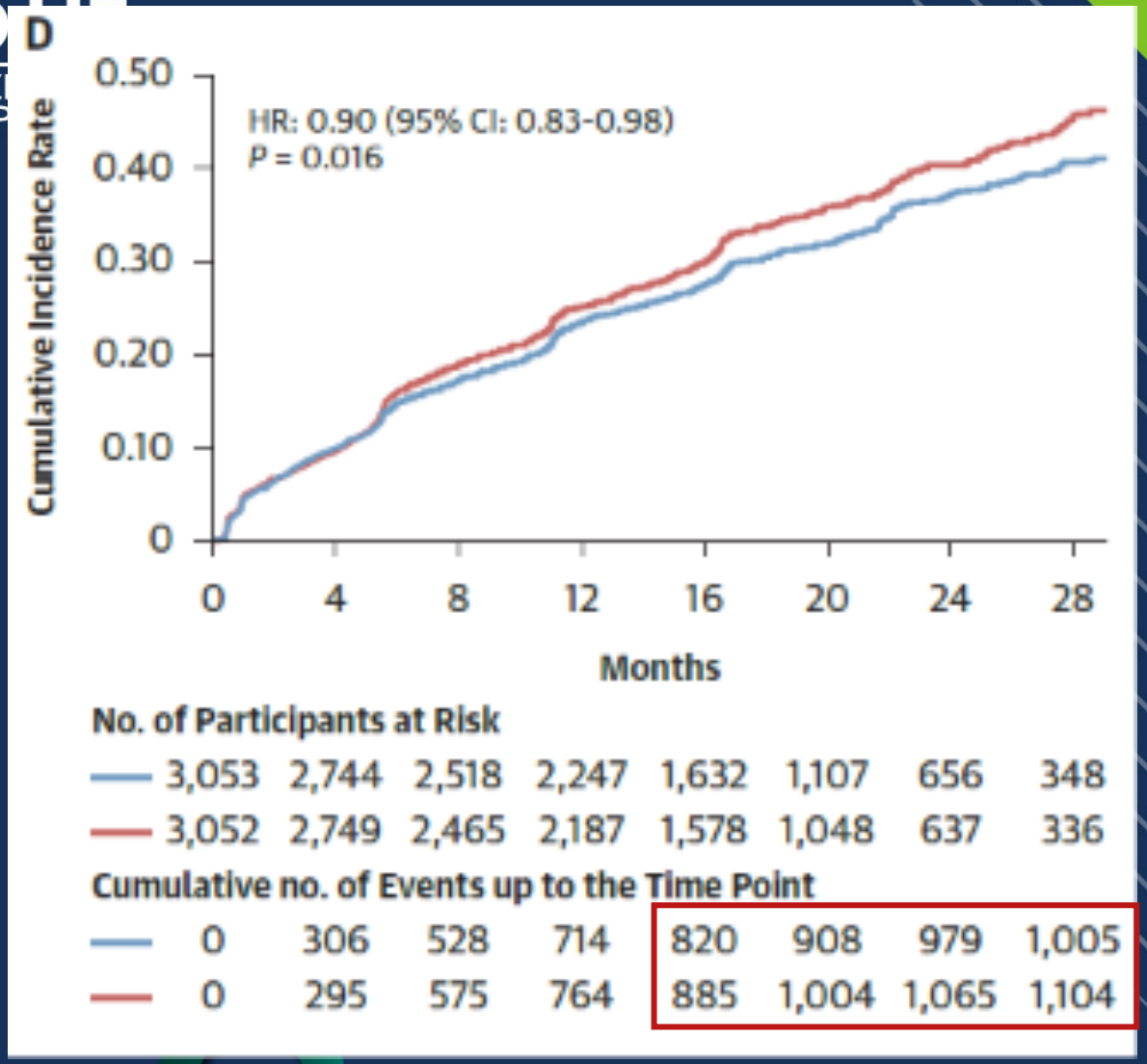
Shift of proportion of HF events over time

ANMCO HF



J Am Coll Cardiol. 2025 Aug 21:S0735-1097(25)07559-X.

Expanded overall worsening HF and CV death



Cardiovascular (CV) Death, HF Hospitalization, UHF Visit, Oral diuretic Intensification or Initiation, worsening NYHA Functional Class

J Am Coll Cardiol. 2025 Aug 21:S0735-1097(25)07559-X

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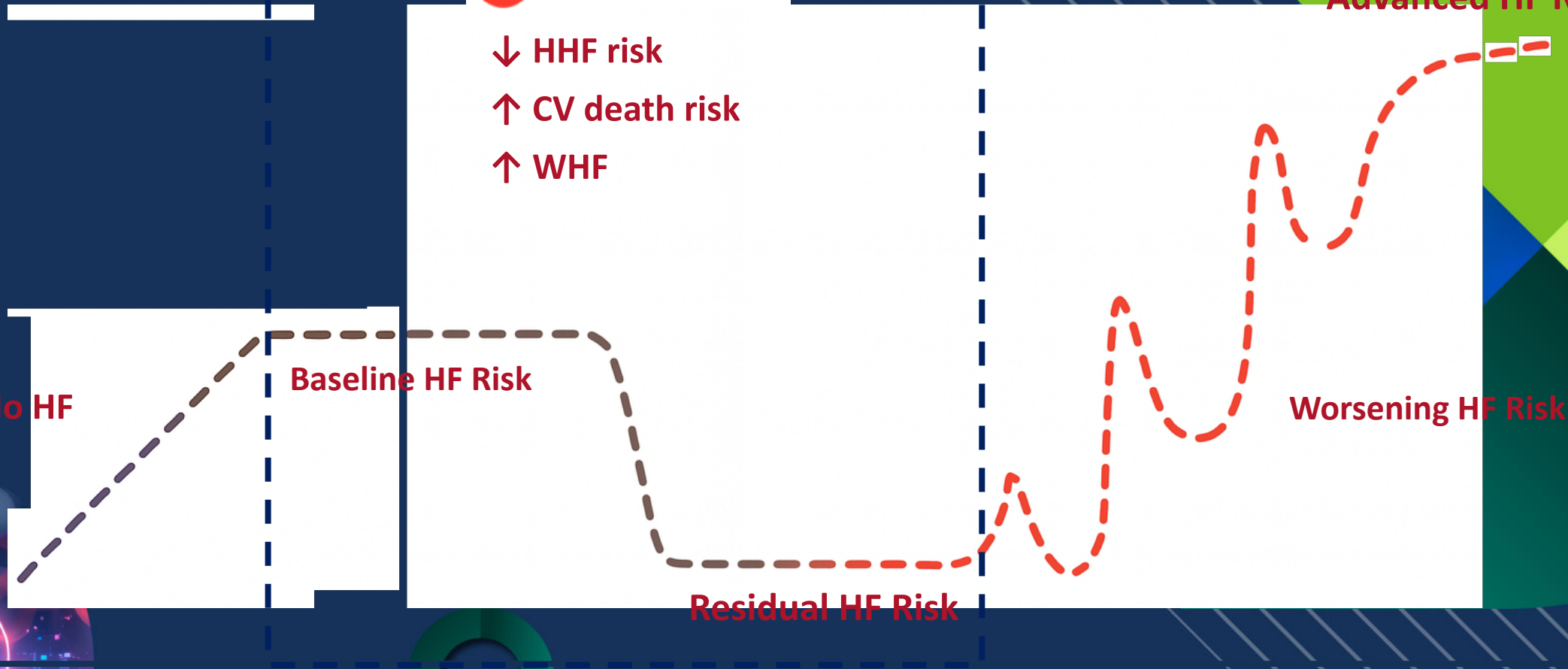
HF lifetime risk

VICTOR HF

↓ HHF risk
↑ CV death risk
↑ WHF



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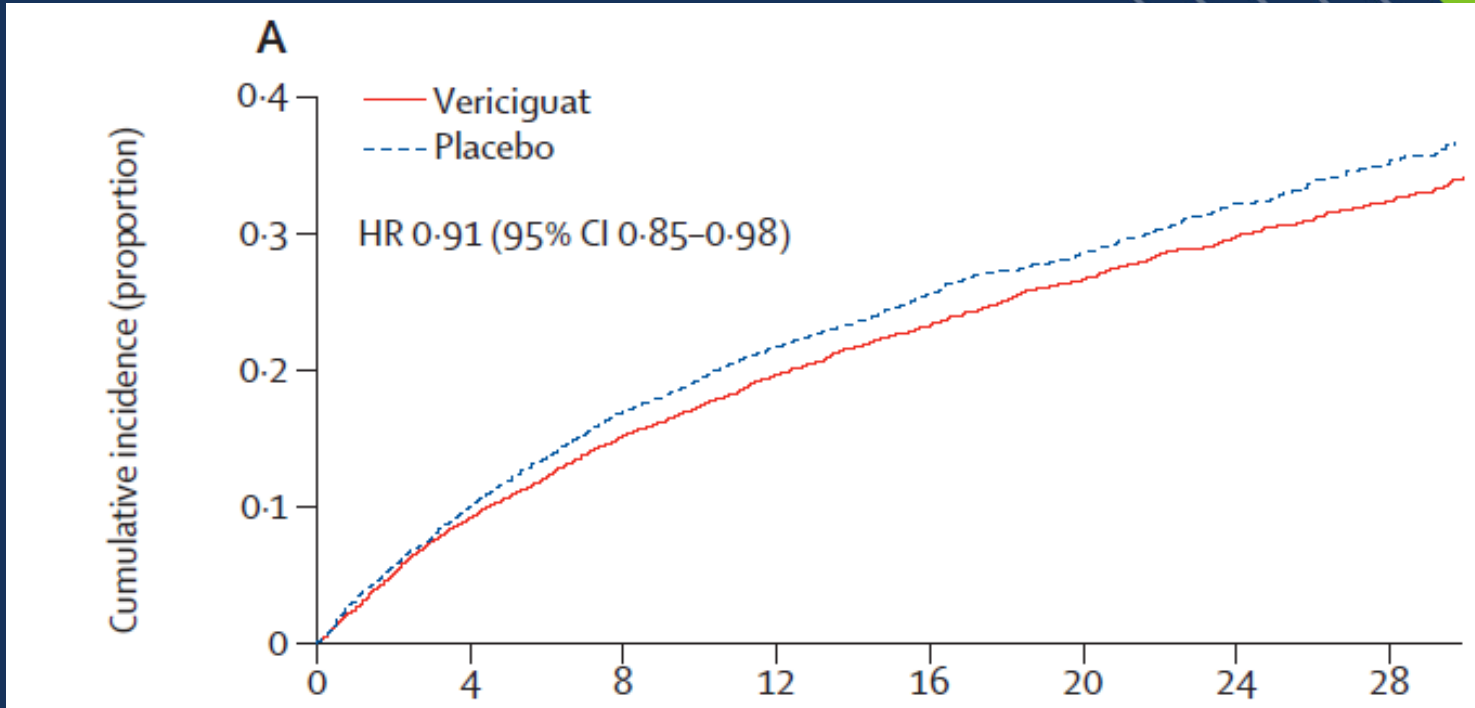
Vericiguat for patients with heart failure and reduced ejection fraction across the risk spectrum: an individual participant data analysis of the VICTORIA and VICTOR trials



Number at risk (censored)								
Vericiguat	5579 (0)	5026 (42)	4418 (324)	3735 (778)	2743 (1626)	1929 (2331)	1197 (2992)	584 (3572)
Placebo	5576 (0)	4982 (38)	4326 (314)	3640 (758)	2651 (1593)	1873 (2273)	1147 (2922)	552 (3481)

10.1016/S0140-6736(25)01682-4

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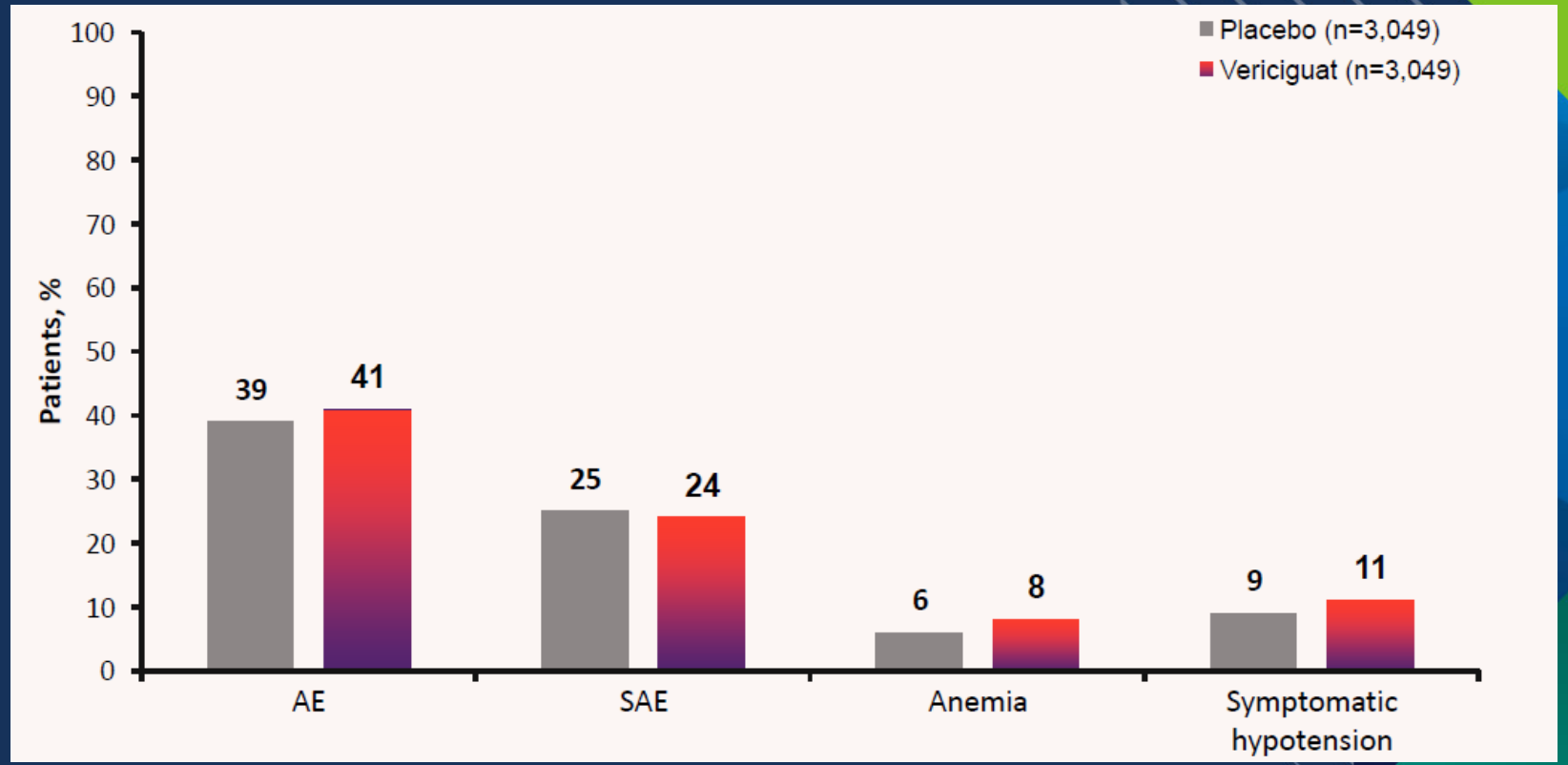
Good safety profile



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N Engl J Med 2020;382:1883-93

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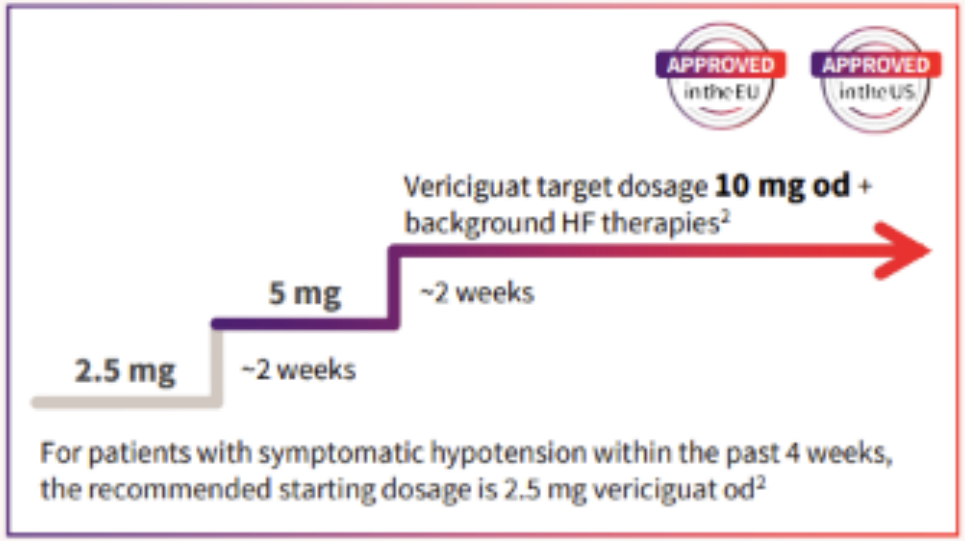
Velocity HF
Tolerability of 5mg initiation

VELOCITY HF

Simplifying initiation to a one-step titration schedule may enable a greater proportion of patients to achieve the target 10 mg od dosage[1,4]

>9 of 10 patients tolerated initiation of vericiguat at a starting dosage of 5 mg od[1]



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Eur J Heart Fail. 2025 Dec;27(12):2837-2840

Time to consider the 5th pillar?

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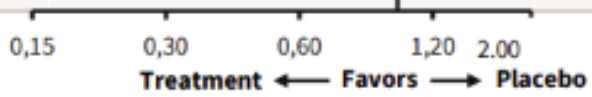
Treatment (N=103,754)	CV mortality (hazard ratio [95% CI])#
ARNi + BB + MRA + SGLT2i + vericiguat*	**0.30 (0.22–0.39)**
ARNi + BB + MRA + vericiguat	0.34 (0.27–0.44)
ARNi + BB + MRA + SGLT2i	0.34 (0.27–0.44)
ARNi + BB + MRA + omecamtiv	0.37 (0.28–0.48)
ARNi + BB + MRA	0.39 (0.32–0.49)
ACEi + BB + MRA + vericiguat	0.42 (0.33–0.52)
ACEi + BB + MRA + SGLT2i	0.42 (0.33–0.52)
ACEi + BB + MRA + ivabradine	0.44 (0.35–0.55)
ACEi + BB + MRA + omecamtiv	0.45 (0.35–0.57)
ARNi + BB + SGLT2i	0.47 (0.38–0.58)
ACEi + BB + MRA	0.48 (0.40–0.58)
ARB + BB + MRA	0.50 (0.41–0.61)
ARNi + BB	0.53 (0.45–0.63)
ACEi + BB + digoxin + H-ISDN	0.58 (0.37–0.90)
ACEi + ARB + BB + digoxin	0.58 (0.47–0.70)
ACEi + MRA + digoxin	0.62 (0.52–0.75)
ACEi + BB	0.65 (0.57–0.74)
ACEi + BB + digoxin	0.66 (0.56–0.77)
ARB + BB	0.68 (0.59–0.78)
ACEi + ARB + digoxin	0.74 (0.62–0.88)



J Am Coll Cardiol. 2025 Aug 26:S0735-1097(25)07572-2

ANMCO HF
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Take home concepts

- Vericiguat reduced the composite of cardiovascular death or first HF hospitalization in patients with worsening HFrEF.
- In well-treated, stable ambulatory HFrEF with lower rate of HHF, vericiguat showed fewer cardiovascular and HF-related deaths, despite a neutral composite endpoint
- Vericiguat reduced expanded worsening HF events (urgent HF visits and diuretic intensifications), reinforcing its role in mitigating early disease progression.
- Overall, vericiguat shows a beneficial effect among patients with worsening HF, and reduces CV death and worsening HF events in stable, well-treated patients.

PLACE 2026

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CONGRESSO

ROMA, 25 - 27 Giugno 2026

Vericiguat: può essere considerato il quinto pilastro?

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