



Summary of the symposium

**Clinical translation of
GLP-1RAs for
adiposity-driven HFpEF:
From guidelines to practice**

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

Professors Carolyn Lam, Mark Petrie and Katharina Marx-Schütt took part in the Novo Nordisk symposium titled **'Clinical translation of GLP-1RAs for adiposity-driven HFpEF: From guidelines to practice'** at the ESC Congress 2026.

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Clinical translation of GLP-1RAs for adiposity-driven HFpEF: From guidelines to practice

Speakers: Carolyn Lam, Mark Petrie and Katharina Marx-Schütt

HFpEF is a common type of HF and is associated with CV death, CV hospitalisation and reduced HRQoL¹⁻³



HFpEF accounts for **~50%** of **HF cases**⁴

HFpEF prevalence **increases by ~1% annually** globally⁵

Almost **1 in 3** people with HFpEF die within 2 years of first hospitalisation²

CV-related deaths (47-53%) are responsible for the majority of deaths in people with HFpEF³

HFpEF is associated with a **high impact on HRQoL**⁶

What is HFpEF?

Central adiposity is nearly universal in HFpEF⁷

Central adiposity is increasingly recognised as a key **risk factor** for HFpEF⁸⁻¹²



Central adiposity contributes to **inflammation, metabolic dysfunction, and disrupted haemodynamics**⁸



HFpEF is related to adiposity

We see benefits with incretin therapies

Practical aspects of GLP-1RA treatment

Educate regarding the benefits of GLP-1RAs

Discuss GI adverse events

Make a monitoring plan

GLP-1RA practicalities



STEP-HFpEF¹³ semaglutide 2.4 mg

KCCQ-CSS +7.5 points

6MWD +17 metres

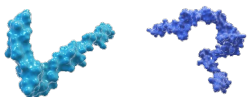


Incretin-based therapies reduce **body weight**, adverse **cardiac remodelling**, **inflammation** and **NT-proBNP**¹⁴⁻¹⁹

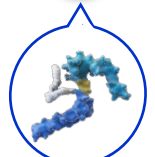
Zenagamtide* is a novel, unimolecular GLP-1 and amylin receptor agonist^{20,21}

Zenagamtide s.c. has shown clinically meaningful **improvements in body weight, HbA_{1c} and key cardiometabolic parameters** in people with overweight, obesity and T2D, with an acceptable safety profile in phase 1 and 2 studies^{21,24-27}

Amylin complements many biological effects of GLP-1, with additional protective benefits^{22,23}



What is coming next?



Combining GLP-1 and amylin receptor agonism may have beneficial CV effects
HF-POLARIS is a CVOT investigating zenagamtide in patients with **adiposity-related HFpEF**²⁸

*Zenagamtide is an investigational drug; Efficacy and safety have not been established. There is no guarantee that this compound will become commercially available for the use under investigation

6MWD, 6-minute walk distance; CV, cardiovascular; CVOT, cardiovascular outcomes trial; GI, gastrointestinal; GLP-1, glucagon-like peptide 1; GLP-1RA, glucagon-like peptide 1 receptor agonist; HbA_{1c}, glycated haemoglobin; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; HHF, hospitalisation for heart failure; HRQoL, health-related quality of life; KCCQ-CSS, Kansas City Cardiomyopathy Questionnaire Clinical Summary Score; NT-proBNP, N-terminal pro-B-type natriuretic peptide; T2D, type 2 diabetes. 1. Becher PM et al. *Eur Heart J* 2022;43:3005-3007; 2. Cendros V et al. *Int J Cardiol Cardiovasc Risk Prev* 2025;25:200391; 3. Savarese G et al. *Cardiovasc Res* 2022;118:3272-3287; 4. Gurwitz JH et al. *Am J Med* 2013;126:393-400; 5. Borlaug BA. *Nat Rev Cardiol* 2020;7:559-573; 6. Chandra et al. *JACC Heart Fail* 2019;7:862-874; 7. Pelkert et al. *Eur Heart J* 2025;46:2372-2390; 8. Powell-Wiley TM et al. *Circulation* 2021;143:e984-e1010; 9. Rubino F et al. *Lancet Diabetes Endocrinol* 2025;13:221-262; 10. Koskinas KC et al. *Eur Heart J* 2024;45:4063-4098; 11. Pedersen SD et al. *CMAJ* 2025;197:e797-e809; 12. Obesity Canada. Available at: <https://obesitycanada.ca/news/obesity-pharmacotherapy-guideline-update/> (accessed August 2026); 13. Butler J et al. *Lancet* 2024;403:1635-1648; 14. Solomon SD et al. *J Am Coll Cardiol* 2024;84:1587-1602; 15. Kramer CM et al. *J Am Coll Cardiol* 2025;85:699-706; 16. Petrie M et al. *J Am Coll Cardiol* 2024;84:27-40; 17. Borlaug BA et al. *Nat Med* 2025;31:544-551; 18. Kosiborod MN et al. *N Engl J Med* 2023;389:1069-1084; 19. Packer M et al. *N Engl J Med* 2025;392:427-437; 20. Kuhre RE et al. *EBioMedicine* 2025;118:105862; 21. Gasiorok A et al. *Lancet* 2025;406:135-148; 22. Volčanský et al. *Diabetes Ther* 2025;16:1207-1227; 23. Secher A et al. *Nature Metab* 2026;8:299-312; 24. Mulvagh SL et al. Presented at the European Society of Cardiology 2025, 29 August-1 September 2025, Madrid, Spain; 25. Dehestani B et al. *J Obes Metab Syndr* 2021;30:320-325; 26. Dahl K et al. *Lancet* 2025;406:149-162; 27. Novo Nordisk Press release 25 November 2025. <https://www.novonordisk.com/content/ncorp/global/en/news-and-media/news-and-ir-materials/news-details.html?id=916463> (accessed August 2026); 28. Novo Nordisk A/S. NCT07567001. Available at: <https://clinicaltrials.gov/study/NCT07567001> (accessed August 2026)