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
30 August 2026

HQ26CARD00106 | August 2026

novo nordisk®

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.

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

The summary is not meant to guide treatment decisions and it does not make any claim(s) for any medicine. For the indications and proper use of Novo Nordisk products, refer to the product's approved label for your country.

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 HRQoL[1–3]

What is HFpEF?

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

HFpEF prevalence **increases by ~1% annually** globally[5]

Almost **1 in 3** people with HFpEF die within 2 years of first hospitalisation[2]

CV-related deaths (47–53%) are responsible for the majority of deaths in people with HFpEF[3]

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

Central adiposity is nearly universal in HFpEF[7]

Central adiposity is **increasingly recognised** as a key **risk factor** for HFpEF[8–12]

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

HFpEF is related to adiposity

We see benefits with incretin therapies

Incretin-based therapies benefit patients with HFpEF

Practical aspects of GLP-1RA treatment

GLP-1RA practicalities

- Educate regarding the **benefits** of GLP-1RAs
- Discuss **GI adverse events**
- Make a **monitoring plan**

STEP-HFpEF[13]
semaglutide 2.4 mg

KCCQ-CSS	6MWD
+7.5 points	**+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]

Amylin complements many biological effects of GLP-1, with additional protective benefits[22,23]

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]

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. Cendrós 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. Peikert 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. Gasiorek A et al. *Lancet* 2025;406:135–148; 22. Volčanšek 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/nncorp/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)