Summary of the symposium

Breaking boundaries in cardiometabolic care with oral and injectable GLP-1RAs

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

Professors Erin Bohula, Subodh Verma and Domenica Rubino took part in the Novo Nordisk symposium titled **'Breaking boundaries in cardiometabolic care with oral and injectable GLP-1RAs'** 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.

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Breaking boundaries in cardiometabolic care with oral and injectable GLP-1RAs

Speakers: Erin Bohula, Subodh Verma and Domenica Rubino

Advancing cardiovascular health together: Our call to action

Our shared goal is to improve outcomes for people living with CVD and overweight/obesity

~20%

reduction in MACE with **semaglutide 2.4 mg** in people with CVD and obesity[1]

With the first statistically significant reduction occurring at **day 20**[2]

Serum proteomics data from the SELECT trial suggest there are **mechanisms beyond weight loss** that are responsible for **semaglutide's effect on MACE**[3]

Both oral and injectable GLP-1RA therapies are now available

S.c. semaglutide demonstrates up to **21% weight reduction**[4]

Comparable weight reduction to that of **oral semaglutide** (OASIS 4 trial)[5]

Using an ITC method*†, the ORION study showed **3.2% greater weight loss** with **oral semaglutide** versus orforglipron[6]

Oral semaglutide also demonstrates CV benefits

Improvements in CV risk factors, including **hsCRP** and **triglycerides**[7]

There is a **strong patient preference** for **oral treatment** options[7]

Weight reduction and **CV risk reduction** are the most **important factors** influencing patients' treatment preferences[7]

The latest CV guidelines highlight the multisystem effects of semaglutide in the management of CVD and obesity[8–10]

Obesity is recognised as a **key driver of CVD**, characterised by **interconnections among metabolic risk factors, CKD and CVD** in the 2026 CKM guidelines[10]

The 2026 CKM guidelines[10]

Adjunctive GLP-1RA therapy may improve weight loss, metabolic health and CKM risk profiles in people living with obesity

*The comparative evidence base was informed by two multinational, randomised controlled trials (RCTs), which together provide high-quality data and support the internal validity of the ITCs. Methods for population-adjusted ITCs were employed in accordance with best practice and current guidelines; †ITCs remain less reliable than head-to-head randomised clinical trials because treatment allocation is not randomised across studies and residual treatment effect measure modification cannot be fully excluded in both unadjusted and population-adjusted approaches. CKD, chronic kidney disease; CKM, cardiovascular-kidney-metabolic; CV, cardiovascular; CVD, cardiovascular disease; GLP-1RA, glucagon-like peptide 1 receptor agonist; hsCRP, high-sensitivity C-reactive protein; ITC, indirect treatment comparison; MACE, major adverse cardiovascular event; s.c., subcutaneous.

1. Lincoff AM et al. *N Engl J Med* 2023;389:2221–2232; 2. Plutzky J et al. Presented at European Congress on Obesity 2025, Málaga, Spain, 11–14 May 2025; 3. Colhoun HM et al. Presented at ADA Congress 2026, New Orleans, LA, USA, 5–8 June 2026; 4. Wharton S et al. *Lancet Diabetes Endocrinol* 2025;13:949–963; 5. Rubino D et al. Presented at Obesity Week 2026, Atlanta, GA, USA, 4–7 November 2025; 6. Michalak W et al. *Diabetes Obes Metab* 2026;28:7247–7256; 7. Tadesse Bell S et al. Presented at Obesity Medicine Association Congress 2026, San Diego, CA, USA, 9–12 April 2026; 8. Vrints C et al. *Eur Heart J* 2024;45:3415–3537; 9. Rao SV et al. *Circulation* 2025;151:e771–e862; 10. Ndumele CE et al. *J Am Coll Cardiol* 2026;87:e1889–e2007