Blood Pressure and Safety Outcomes with Vericiguat in the VICTORIA Trial

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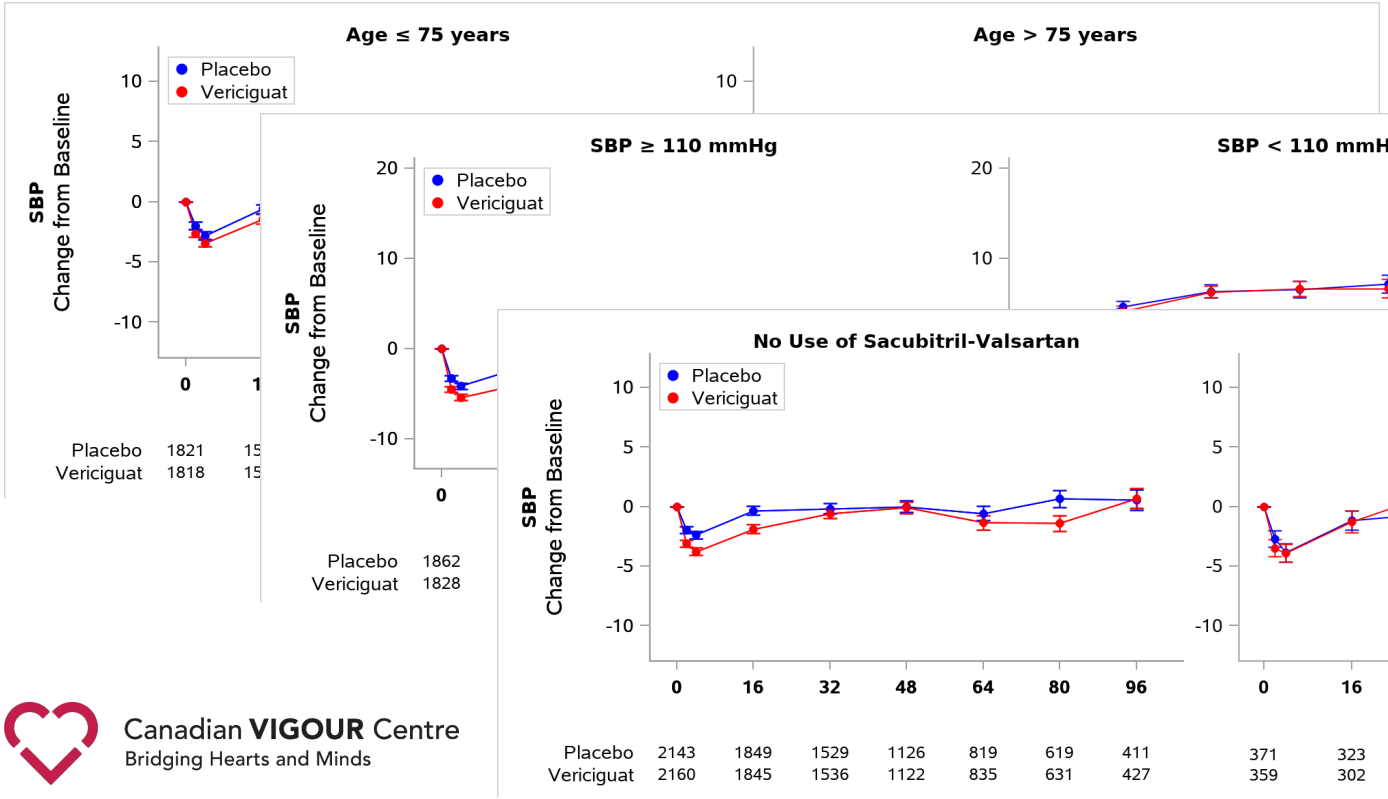
Background & Aims

- While safety and tolerability of vericiguat was established in the VICTORIA trial in patients with recent worsening HFrEF, some subgroups may be more susceptible to symptomatic hypotension; e.g.
  1. Older >75 years old (n=1395)*
  2. Lower baseline SBP <110 mm Hg (n=1344)*
  3. Concurrently taking ARNI (n=730)*
- Compare SBP trajectory over time and its relation to symptomatic hypotension or syncope in potentially vulnerable subgroups in VICTORIA
- Evaluate the relation between baseline SBP and efficacy of vericiguat

*Among 5034 patients receiving at least 1 dose of study drug

SBP trajectory over time in potentially vulnerable subgroups



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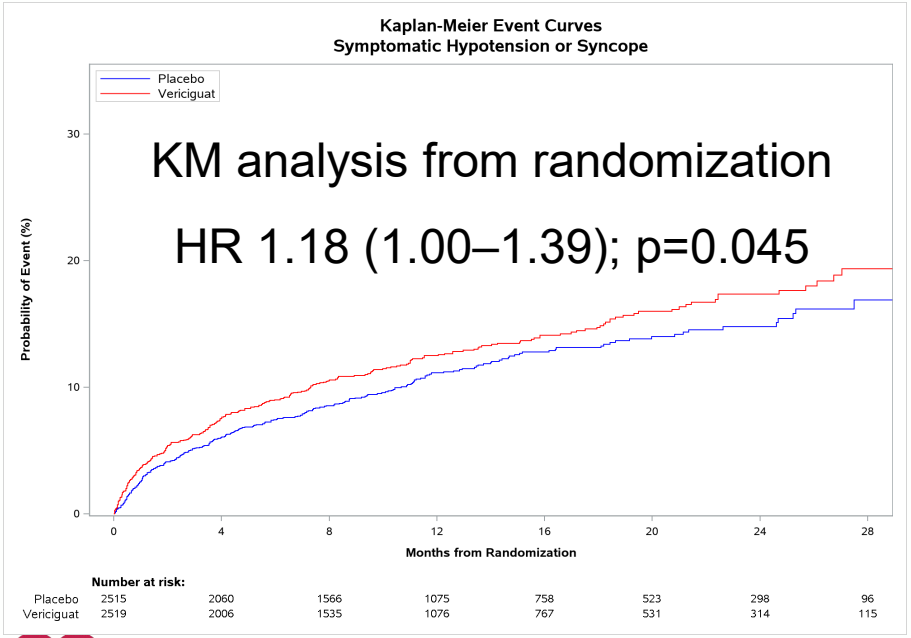
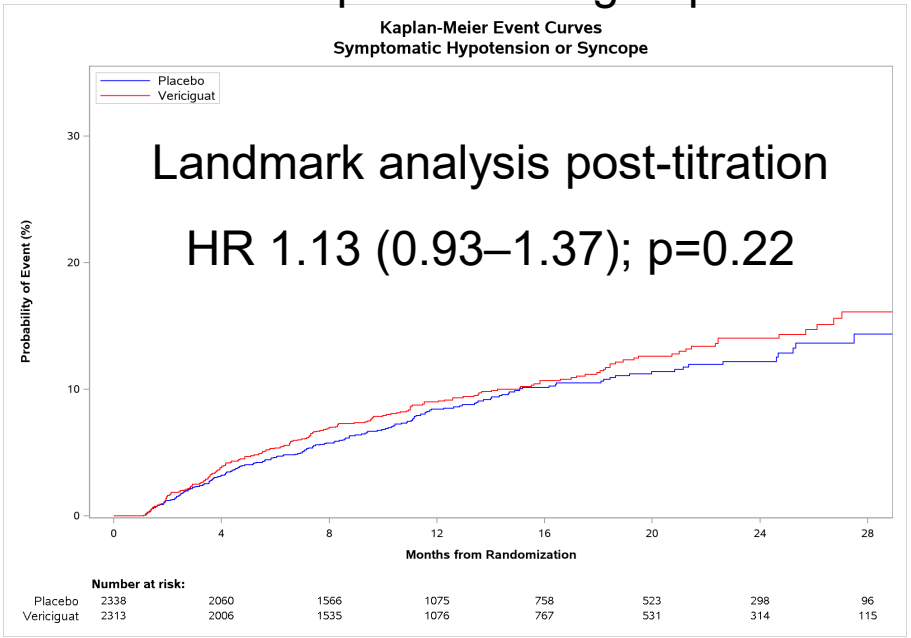
Time to symptomatic hypotension or syncope

Rates of symptomatic hypotension/syncope were low (<23 per 100 patient-years) and similar between randomized treatment arms across specified subgroups





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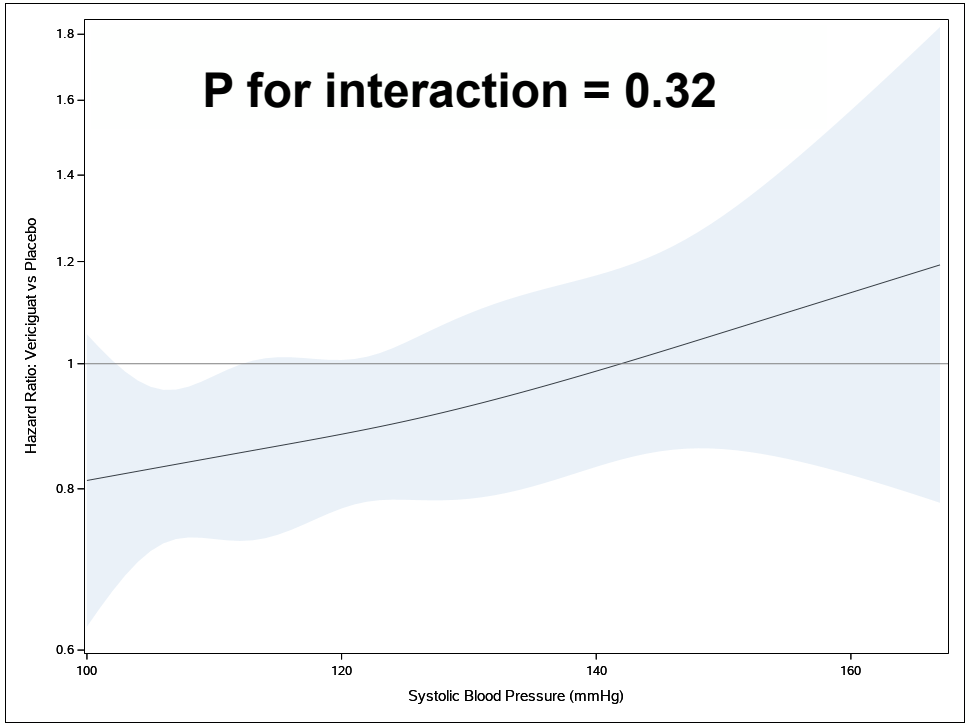
Treatment effect of vericiguat vs. placebo on primary composite endpoint (first HFH or CV death) according to baseline SBP



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Conclusions

- No excessive BP reduction with vericiguat in potentially vulnerable patients predisposed to BP decreases e.g. older patients, those with lower baseline SBP, and patients receiving concurrent ARNI
- Small nominally significant increase in symptomatic hypotension or syncope early during dose titration, but no difference from 4 weeks
- No evidence of treatment heterogeneity for vericiguat vs. placebo across the spectrum of baseline SBP
- Along with prior evidence of benefit with vericiguat regardless of age and background therapy, our findings indicate the favorable benefit:risk ratio of vericiguat extends to patients potentially predisposed to BP decreases

Thank you!

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