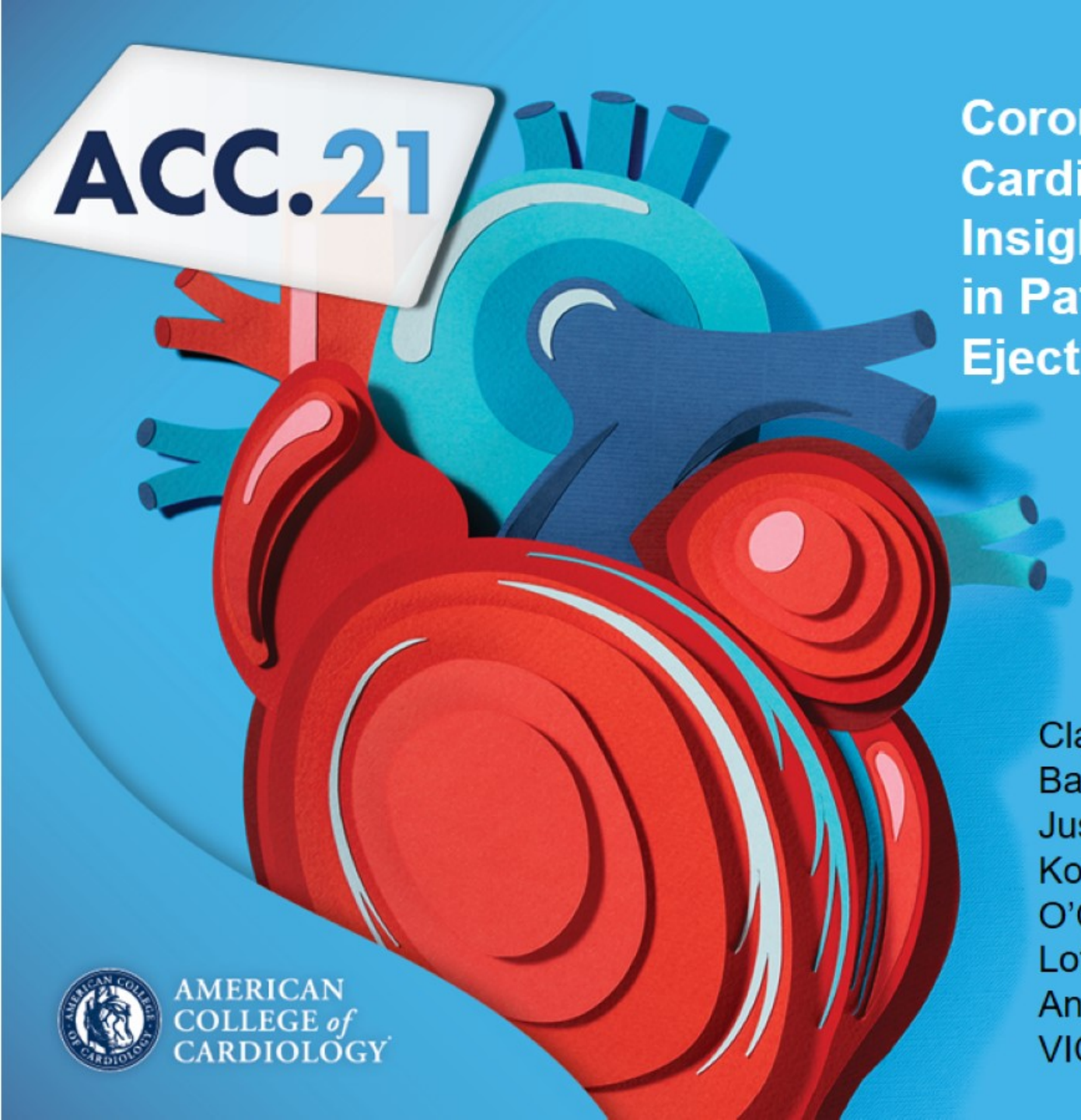


Coronary Artery Disease and Cardiovascular Outcomes in Heart Failure: Insights from the VerICiguaT Global Study in Patients With Heart Failure and Reduced Ejection Fraction (VICTORIA)

Clara Saldarriaga[1], Dan Atar[2], Amanda Stebbins[3], Basil S. Lewis[4], Imran Zainal Abidin[5], Javed Butler[6], Justin A. Ezekowitz[7], Adrian F. Hernandez[3], Joerg Koglin[8], Carolyn S.P. Lam[9], Christopher M. O'Connor[10], Burkert Pieske[11], Piotr Ponikowski[12], Lothar Roessig[13], Adriaan A. Voors[14], Kevin J. Anstrom[3] & Paul W. Armstrong[7] on behalf of the VICTORIA Study Group

AMERICAN COLLEGE of CARDIOLOGY

Conflicts of Interest Disclosure for Clara Saldarriaga

- Speaker for Novartis, Astra Zeneca, Servier, Medtronic, Abbot, Pfizer
- Principal investigator for clínical trials for Novartis, Amgen, Merck

Background

- Concomitant coronary artery disease (CAD) is associated with worse long-term cardiovascular (CV) outcomes in patients with heart failure (HF) as compared with non-CAD patients with HF

Objective

- To describe the characteristics of high risk patients with HF with reduced ejection fraction (HFrEF) and recent worsening HF according to the presence of CAD in the VICTORIA trial (NCT02861534), and evaluate whether a history of CAD was associated with differing outcomes and benefits afforded by vericiguat.

Methods

- Cox proportional hazard models were generated for the primary endpoint of CV death/HF hospitalization and the secondary outcomes of CV death, HF hospitalization and all-cause mortality.
- The presence of CAD was defined as previous MI, PCI, or CABG.

Results

- A total of 5048 patients were included.
- 2704 (58.3%) had CAD
- Patients with CAD were older (70 vs 66 yrs; p<0.0001)
- More frequently male (81.2 vs 70.1%; p<0.0001), diabetic (53.7 vs 39.1%), smokers (64.2 vs 52.5%), and had more COPD (19.1 vs 15.0%; p<0.0001).

Results

- CAD vs non-CAD patients had a mean LVEF of 30.0 vs 29.0%
- Lower GFR (53.5 vs 63.3 mL/min/1.73m^2; both p<0.0001)
- CAD patients were less often treated with ACE inhibitors or ARBs (71.1 vs 76.0%; p<0.0001) and MRAs (66.7 vs 74.5%; p<0.0001)

Results

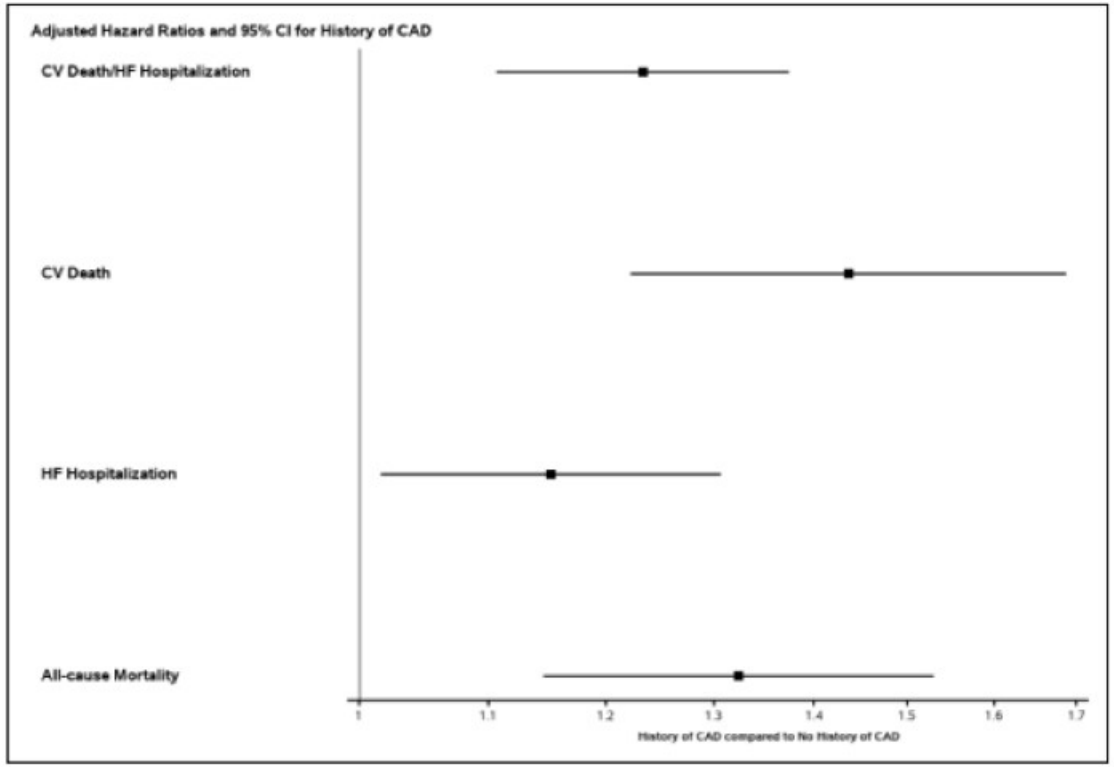
- The use of sacubitril-valsartan was similar (14.3 vs 14.7%; p= 0.65) between the groups

- The use of implantable cardioverter defibrillators and cardiac resynchronization therapy was higher in the CAD group (33.5 vs 21.1%; p<0.0001 and 16.3 vs 12.8%; p=0.0006, respectively).

Results

- After multivariable adjustment, primary endpoint of CV death or HF hospitalization was significantly higher in the CAD group (52.7%) than in non-CAD group (45.0%; adjusted HR 1.23; p<0.001).
- All-cause mortality was also higher in the CAD group (34.8 vs 27.2%; adjusted HR 1.32; p<0.001).

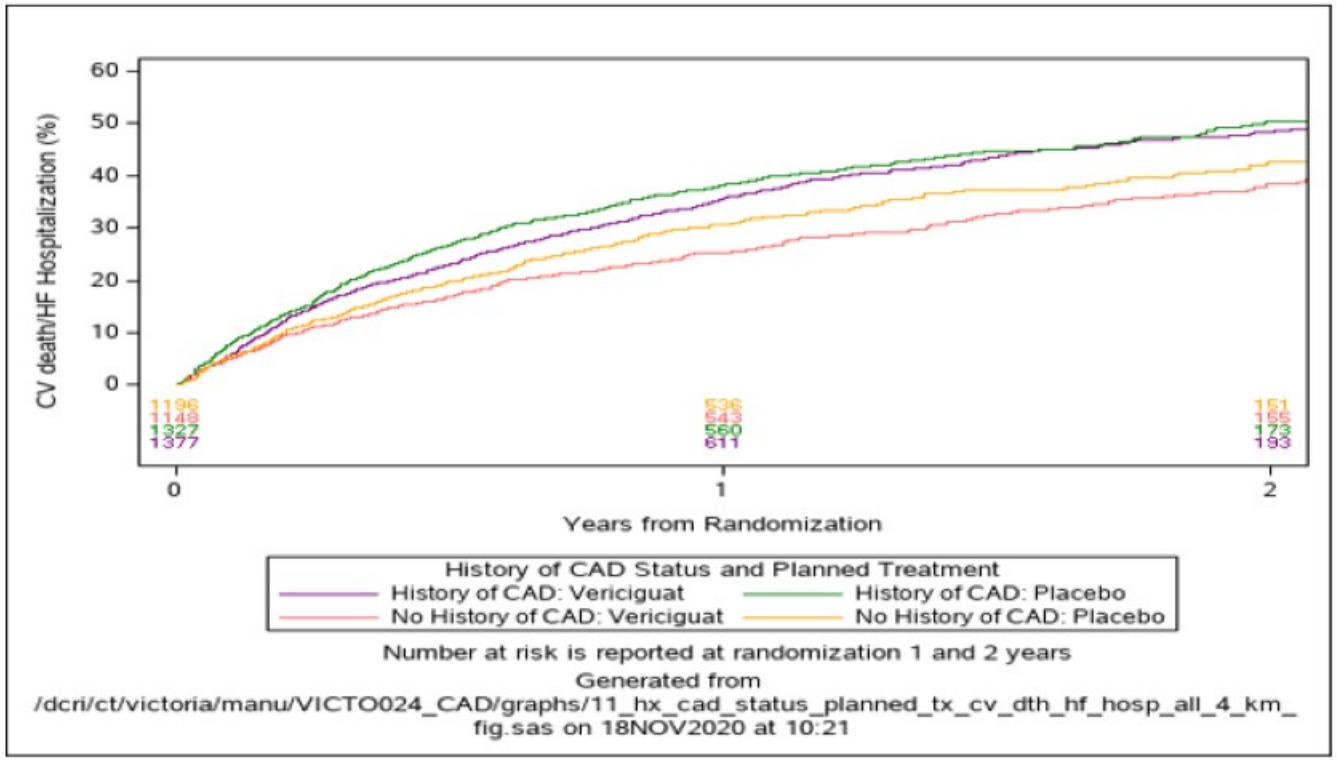
Adjusted HRs and 95% CI of History of CAD vs. no History of CAD



	HR [95% CI]
CV Death/HF Hospitalization	1.23 [1.11, 1.37]
CV Death	1.44 [1.22, 1.69]
HF Hospitalization	1.15 [1.02, 1.31]
All-cause Mortality	1.32 [1.15, 1.53]

History of CAD status and vericiguat treatment: CV death or HF hospitalization

- Vericiguat's treatment benefit was similarly expressed in both CAD and non-CAD patients.



Conclusion

- CAD is associated with increases in both the composite endpoint of CV death and HF hospitalization and each of its components in patients with HFrEF and worsening HF

- Vericiguat exerted its beneficial effects irrespective of a concomitant history of CAD in this high-risk HF population

Thanks

Twitter: @Clara_clarais