

Heart Failure 2025 (ESC HFA), Belgrade: Congress Highlights

Internal Summary, 17 to 20 May 2025

Congress Overview

Heart Failure 2025, the annual congress of the Heart Failure Association of the European Society of Cardiology, brought thousands of clinicians and researchers to Belgrade for four days of late breaking science, clinical case discussion, and hands on training. Heart failure now affects more than 60 million people worldwide, and the congress programme reflected a field working on two fronts: refining the pharmacological therapies already in guidelines, and pushing into newer mechanisms including gene therapy and disease-specific treatments for heart failure caused by amyloidosis and hypertrophic cardiomyopathy.

The Defining Theme: Congestion

The congress's tone was set early by Professor Lynne Warner Stevenson's Eugene Braunwald Lecture, delivered on receiving the HFA lifetime achievement award, with a message that echoed through many of the sessions that followed: to master heart failure, clinicians must first master congestion.

The theme of fluid overload treatment resurfaced both in device-based remote monitoring discussions and in therapy sessions. The new framing was that congestion in outpatient management should be treated as aggressively as at admission.

Late Breaking Trials Worth Watching

VICTOR, a phase III trial of vericiguat in over 6,000 patients with HFrEF already on optimised guideline directed therapy, did not meet its primary composite endpoint of cardiovascular death or heart failure hospitalisation. However, cardiovascular death and all cause mortality were both notably lower in the vericiguat arm, a result likely to prompt discussion about how the trial's mixed result should be interpreted and positioned.

Four further trials added evidence on established therapy classes this congress:

- **DIGIT-HF**: digoxin in HFrEF.
- **BETAMI-DANBLOCK**: beta blocker strategy in HFrEF.
- **REBOOT-CNIC**: further beta blocker evidence.
- **DAPA ACT HF-TIMI 68**: SGLT2 inhibitor evidence in HFrEF.

Together, these reinforce that optimisation of existing guideline directed therapy remains as active a research area as any new mechanism.

Beyond HFrEF: Amyloidosis, HCM, and Gene Therapy

Cardiac amyloidosis and hypertrophic cardiomyopathy both had a strong presence on the programme. There was continued shift toward disease-specific therapy that targets the mechanism of the heart failure development. Early stage gene therapy data was also presented, with follow-up data from an ongoing dose escalation study. The study

reported no serious adverse events related to the treatment to date. This is a modest signal while still working out safety before efficacy.

Final Thoughts

This congress reinforced two things at once: the field is still getting real mileage out of optimising drugs already in guidelines, and the frontier of disease-specific or mechanism-based therapy (amyloidosis, HCM, gene therapy) is advancing in parallel to it.

Actionable Items

Building on the sections above, three concrete next steps for the team:

- Build the congestion framing into medical affairs messaging regardless of therapy area. It gave clinicians a shared working ground across drug classes and device categories.
- Prepare a short interpretation brief on VICTOR's mixed result for HCP-facing teams, since discussions about how such trials with mixed results (primary miss but secondary benefit) should be interpreted, are a recurring communication challenge.
- Flag the amyloidosis/HCM momentum to the pipeline strategy team ahead of the next congress. HCP expectations are visibly shifting toward precision, mechanism-specific treatment.

Interested to learn more? Click [here](#) to read the article presented by our team at the congress on my website.

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Disclaimer: Articles are reviewed every year to keep them accurate and up to date.

Written by me as a congress summary sample, drawing on my experience of Heart Failure 2025 (ESC Heart Failure Association Congress, Belgrade, 17 to 20 May 2025) and publicly available post-congress reporting, for portfolio demonstration purposes. Adapted for an internal medical-affairs audience rather than a patient-facing one