

Efficacy of CagriSema on body composition in participants with early type 2 diabetes: REIMAGINE 1

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Presenter disclosures:

- Jøran Hjelmæsæth reports the following:
 - Advisory board member for AstraZeneca, Eli Lilly, Novo Nordisk A/S and VIVUS
 - Lecture fees from AstraZeneca, Eli Lilly, Navamedic, Novo Nordisk A/S and VIVUS
- All payments have been made directly to his institution since 2024

Agenda



Introduction and overview of REIMAGINE 1



MRI substudy results:

- Body composition
 - Abdominal adipose tissue volumes (subcutaneous, visceral)
 - Thigh skeletal muscle volume
- Organ fat accumulation (liver, pancreas, skeletal muscle)



Conclusions

Introduction



CagriSema 2.4 mg/2.4 mg and 1.0 mg/1.0 mg are fixed-dose combinations of cagrilintide (a long-acting amylin receptor agonist) and semaglutide (a GLP-1 receptor agonist) that are being investigated for diabetes and weight management¹⁻⁵



In the global phase 3 REIMAGINE 1 trial in people with early-stage T2D inadequately controlled with diet and exercise,¹ once-weekly s.c. CagriSema provided:



Estimated mean HbA_{1c} reduction:
1.8%-points[†]



Estimated mean body weight reduction:
13.8%[†]

This MRI substudy of REIMAGINE 1 was conducted to evaluate the effect of CagriSema on body composition and organ fat accumulation

[†]Data are for CagriSema 2.4 mg/2.4 mg, according to the efficacy estimand that assessed the effect of taking CagriSema or placebo as intended, without discontinuation or rescue intervention.

GLP-1, glucagon-like peptide-1; HbA_{1c}, glycated haemoglobin; MRI, magnetic resonance imaging; s.c., subcutaneous; T2D, type 2 diabetes.

1. Aroda VR, et al. *Lancet Diabetes Endocrinol* 2026;14:649–661; 2. Buse JB et al. *Lancet Diabetes Endocrinol* 2026;14:662–677; 3. Rosenstock J, et al. *Lancet* 2026;408:38–51; 4. Garvey WT, et al. *N Engl J Med.* 2025;393:635–647; 5. Davies MJ, et al. *N Engl J Med.* 2025;393:648–659.

REIMAGINE 1 trial design

Interventional, multi-national, multi-centre, randomised, parallel-group study¹

Overall trial population

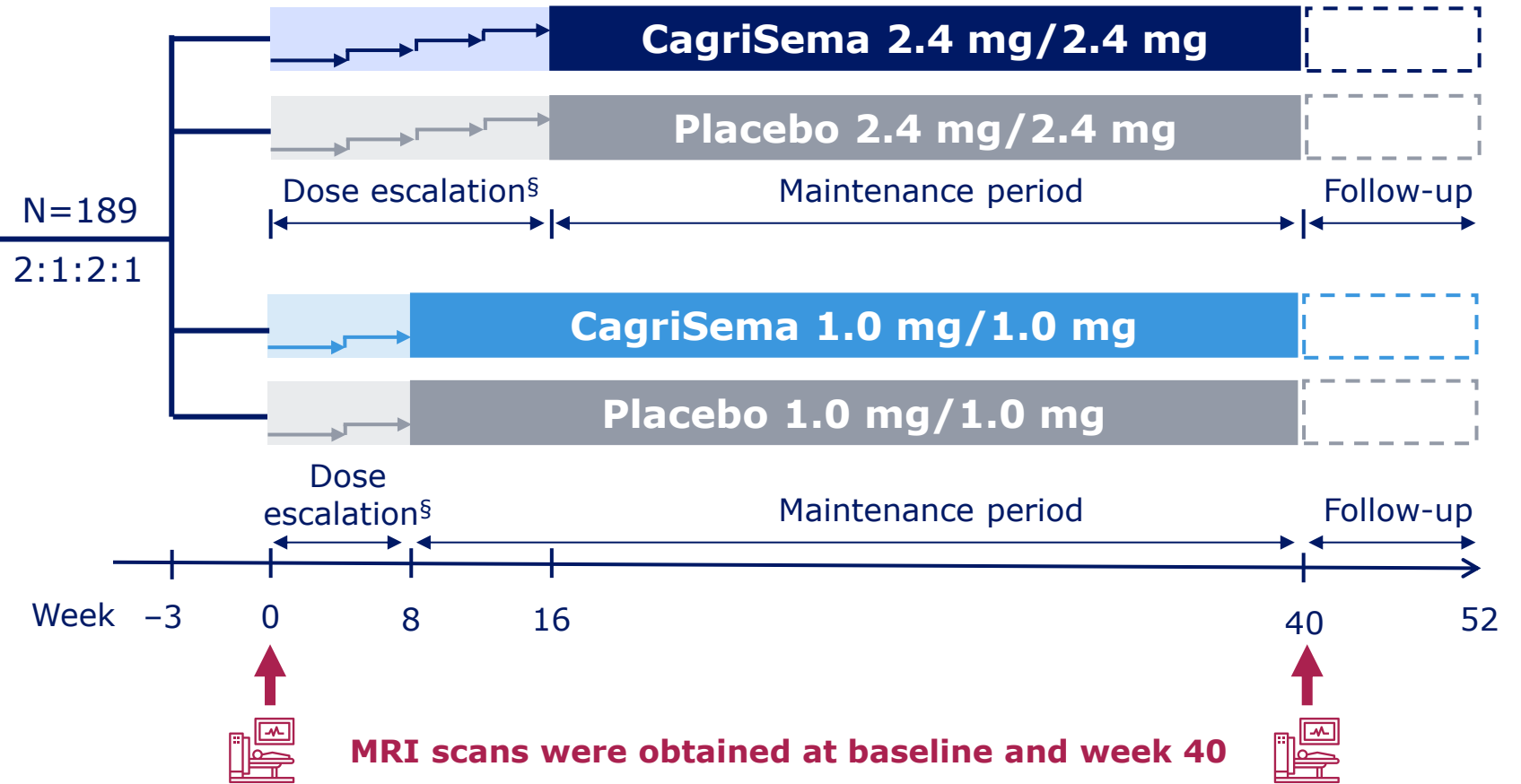


- Male or female ≥ 18 years
- HbA_{1c} 7.0–9.5%
- BMI ≥ 23 kg/m²
- T2D inadequately controlled on diet and exercise
- No medication for diabetes or obesity within 90 days[†]
- No prior injectable therapy for diabetes or obesity[‡]

MRI substudy



- Exploratory
- N = 81
- Abdominal adipose tissue volumes
- Thigh muscle volume
- Organ fat accumulation

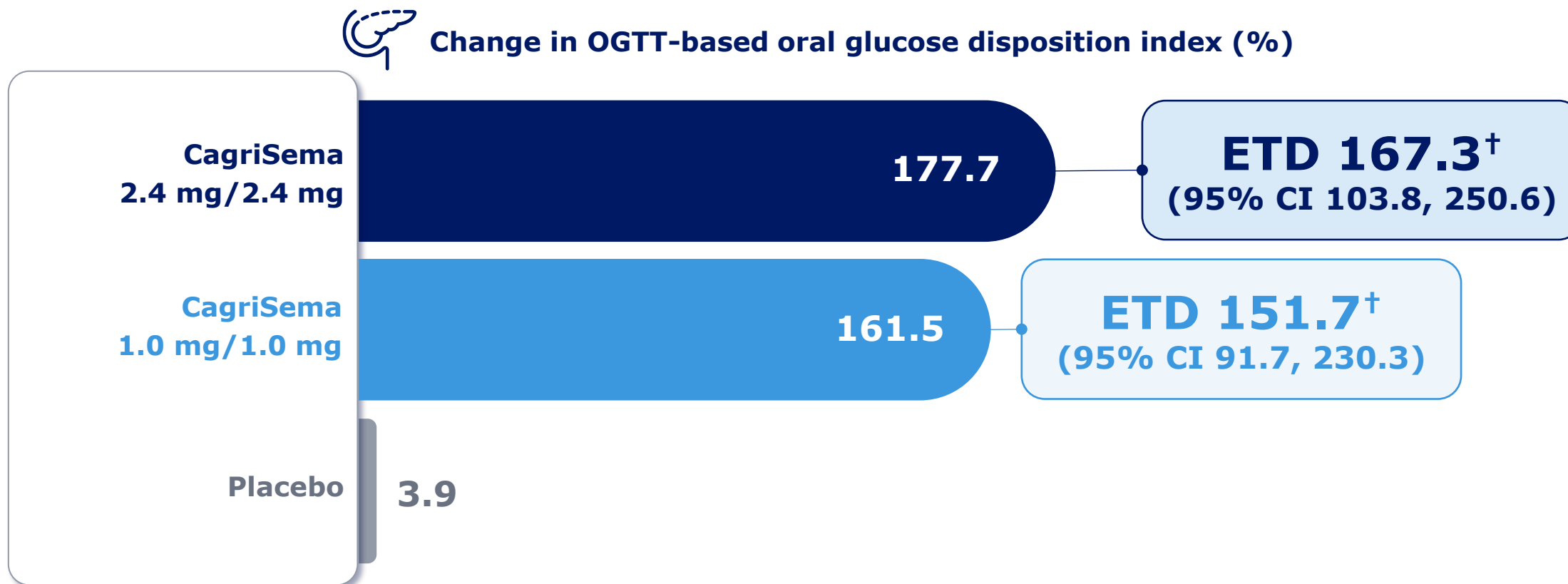


[†]No medication for diabetes or obesity within 90 days before screening (in Hungary, Italy, and Poland, this was extended to any medication ever for the indication of diabetes); [‡]No history of any injectable therapy for diabetes or obesity was permitted; short-term insulin treatment for ≤ 14 consecutive days and prior insulin treatment for gestational diabetes were allowed; [§]Dose escalation occurred every 4 weeks. BMI, body mass index; HbA_{1c}, glycated haemoglobin; MRI, magnetic resonance imaging; T2D, type 2 diabetes.

1. Aroda VR, et al. *Lancet Diabetes Endocrinol* 2026;14:649–661.

CagriSema improved β -cell function (disposition index)

REIMAGINE 1 overall study population¹



Change in OGTT-based disposition index from baseline to week 40, using the efficacy estimand. [†]ETD versus placebo.

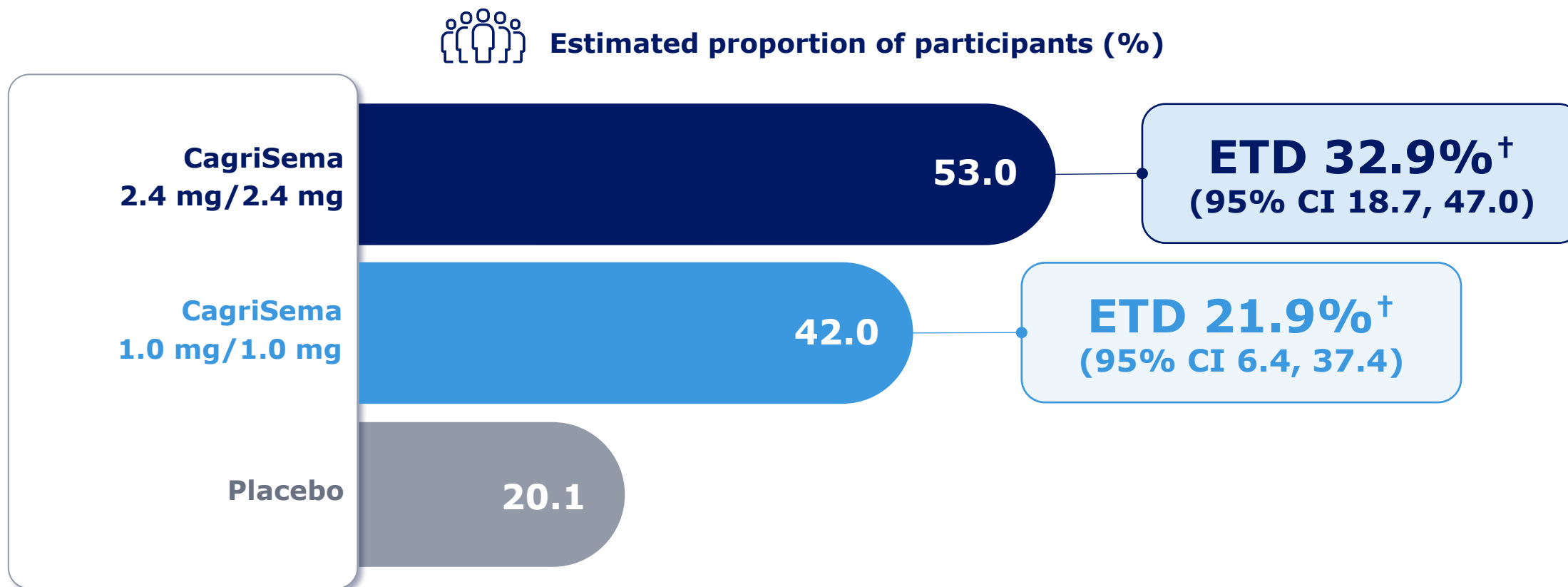
CI, confidence interval; ETD, estimated treatment difference; OGTT, oral glucose tolerance test.

1. Aroda VR, et al. *Lancet Diabetes Endocrinol* 2026;14:649–661.

Pratley R, et al., Presented at the European Association for the Study of Diabetes (EASD) 62nd Annual Meeting, 28 September–2 October 2026, Milan, Italy.

CagriSema increased achievement of HbA_{1c} ≤6.5% after 12-week off-treatment follow-up period

REIMAGINE 1 overall study population¹



Data are for the treatment policy estimand because the efficacy estimand was not prespecified for this endpoint. [†]ETD versus placebo.

CI, confidence interval; ETD, estimated treatment difference.

1. Aroda VR, et al. *Lancet Diabetes Endocrinol* 2026;14:649–661.

Pratley R, et al., Presented at the European Association for the Study of Diabetes (EASD) 62nd Annual Meeting, 28 September–2 October 2026, Milan, Italy.

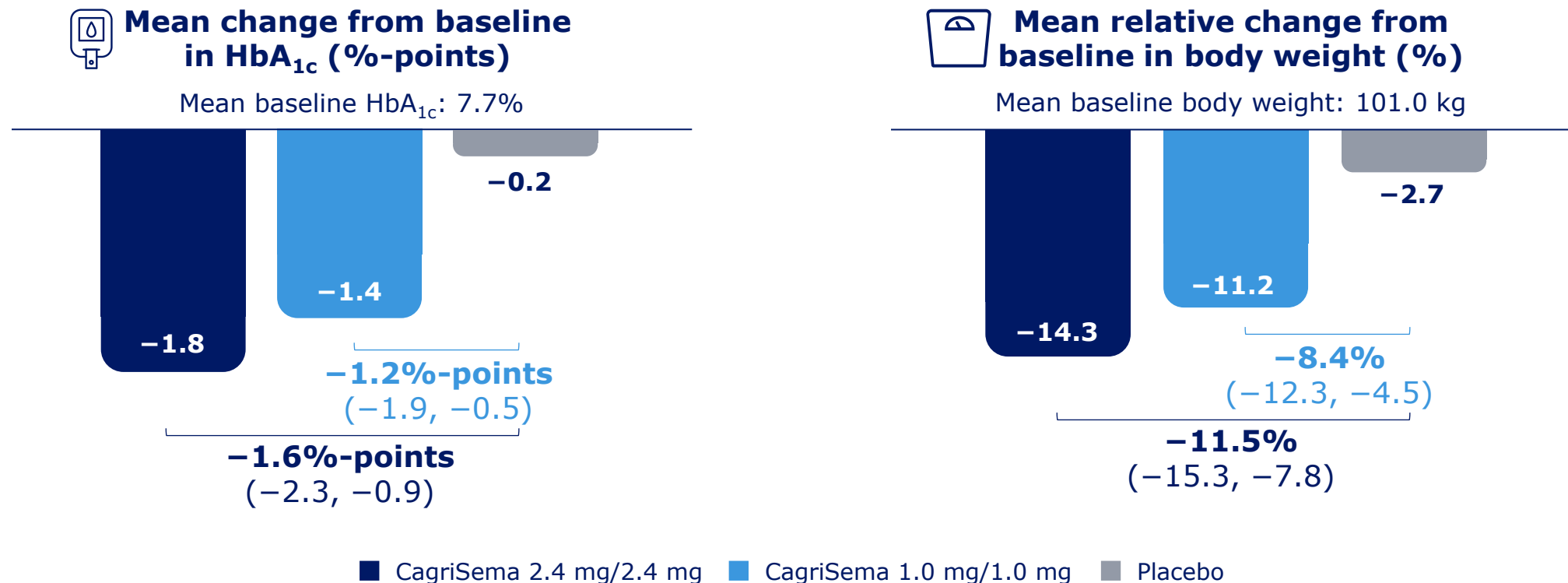
Baseline characteristics – MRI substudy

		CagriSema 2.4 mg/2.4 mg (n=27)	CagriSema 1.0 mg/1.0 mg (n=26)	Placebo (n=28)
	Male, n (%)	13 (48)	14 (54)	15 (54)
	Female, n (%)	14 (52)	12 (46)	13 (46)
	Age, years	52.1 (13.4)	52.9 (11.1)	53.9 (11.5)
	HbA _{1c} %-points	7.5 (0.7)	7.8 (0.6)	7.8 (0.7)
	Median diabetes duration, years (IQR)	0.8 (0.3–2.9)	2.0 (0.2–4.6)	0.8 (0.3–2.2)
	Body weight, kg	102.1 (23.4)	97.7 (20.0)	103.0 (22.3)
	BMI, kg/m ²	35.8 (7.7)	34.0 (6.6)	34.4 (6.0)

*Data are mean (SD) or n (%), unless otherwise stated.
BMI, body mass index; HbA_{1c}, glycated haemoglobin; IQR, interquartile range; SD, standard deviation.*

Pratley R, et al., Presented at the European Association for the Study of Diabetes (EASD) 62nd Annual Meeting, 28 September–2 October 2026, Milan, Italy.

CagriSema reduced HbA_{1c} and body weight



Changes in HbA_{1c} and body weight with CagriSema were similar in the MRI substudy and overall study populations¹

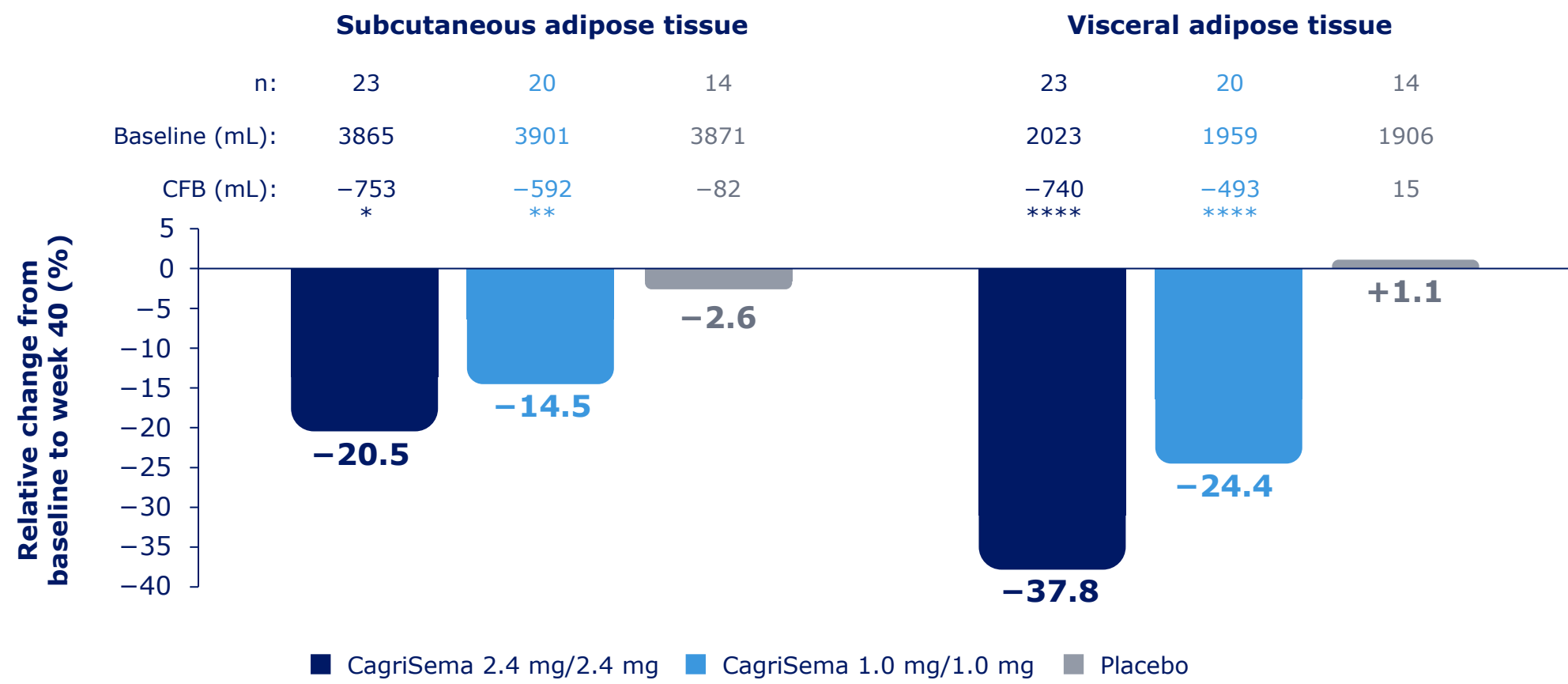
Data are for the efficacy estimand. Comparison values are estimated treatment differences (95% CI) versus placebo.

CI, confidence interval; HbA_{1c}, glycated haemoglobin; MRI, magnetic resonance imaging.

1. Aroda VR, et al. *Lancet Diabetes Endocrinol* 2026;14:649–661.

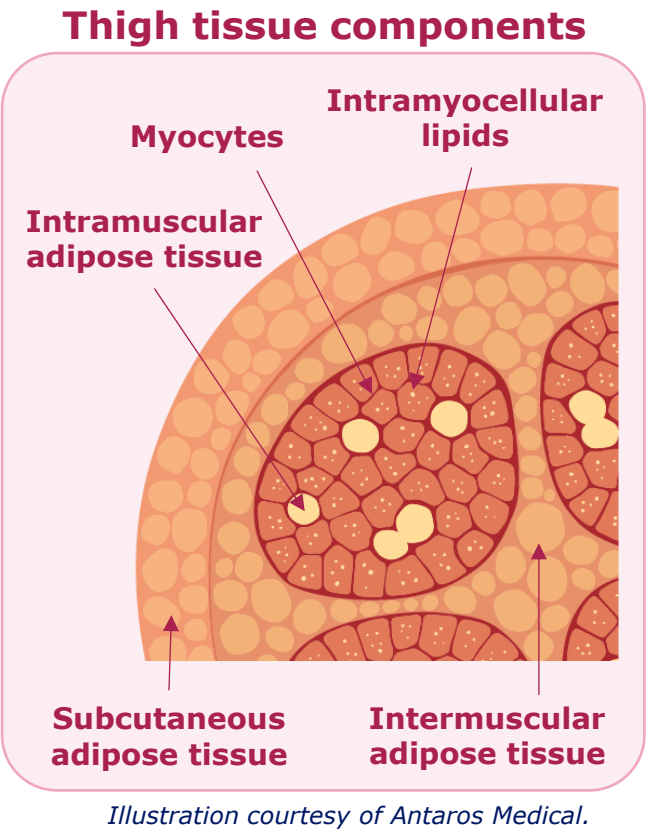
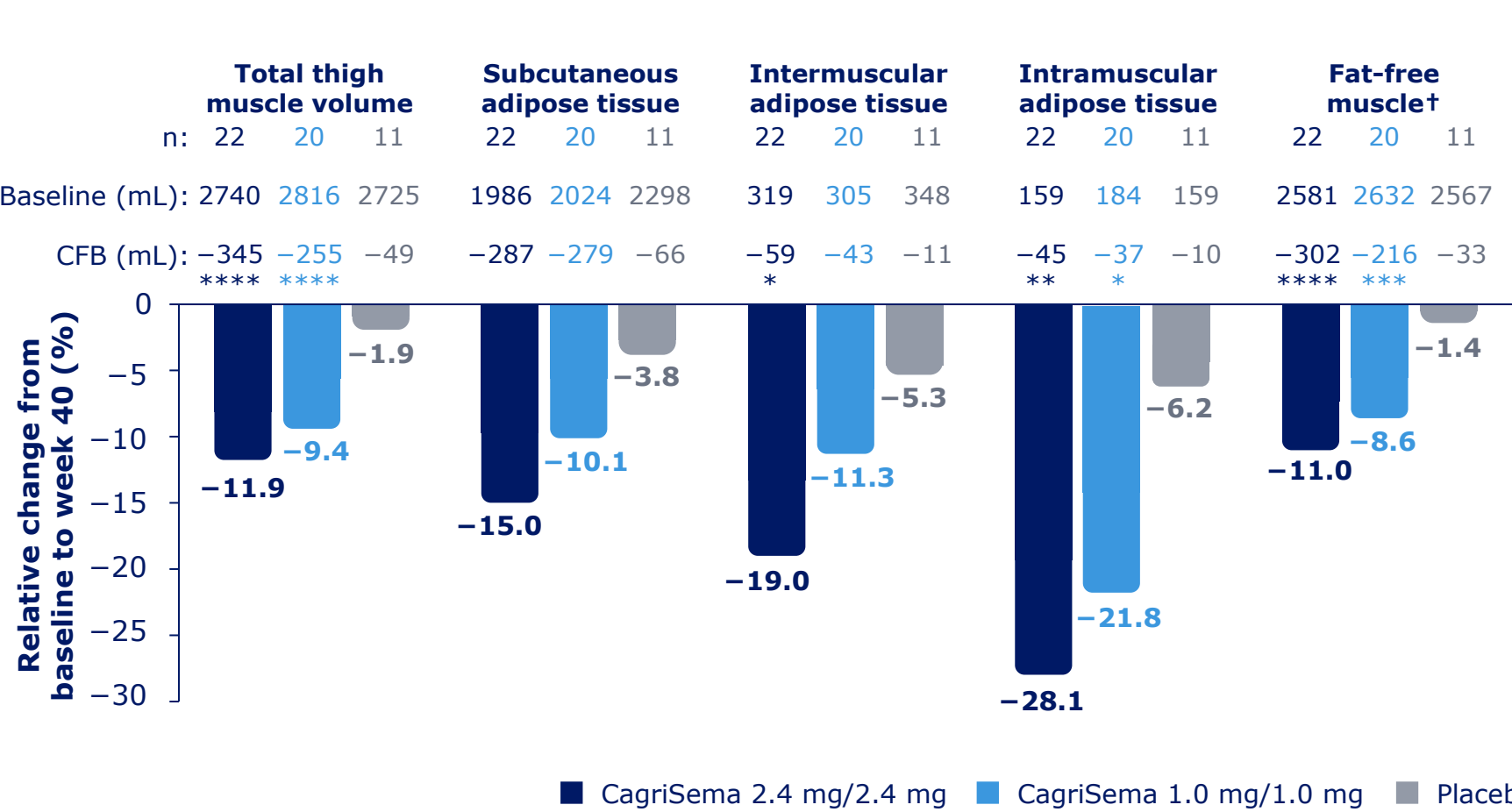
Pratley R, et al., Presented at the European Association for the Study of Diabetes (EASD) 62nd Annual Meeting, 28 September–2 October 2026, Milan, Italy.

CagriSema significantly reduced abdominal subcutaneous and visceral adipose tissue volumes



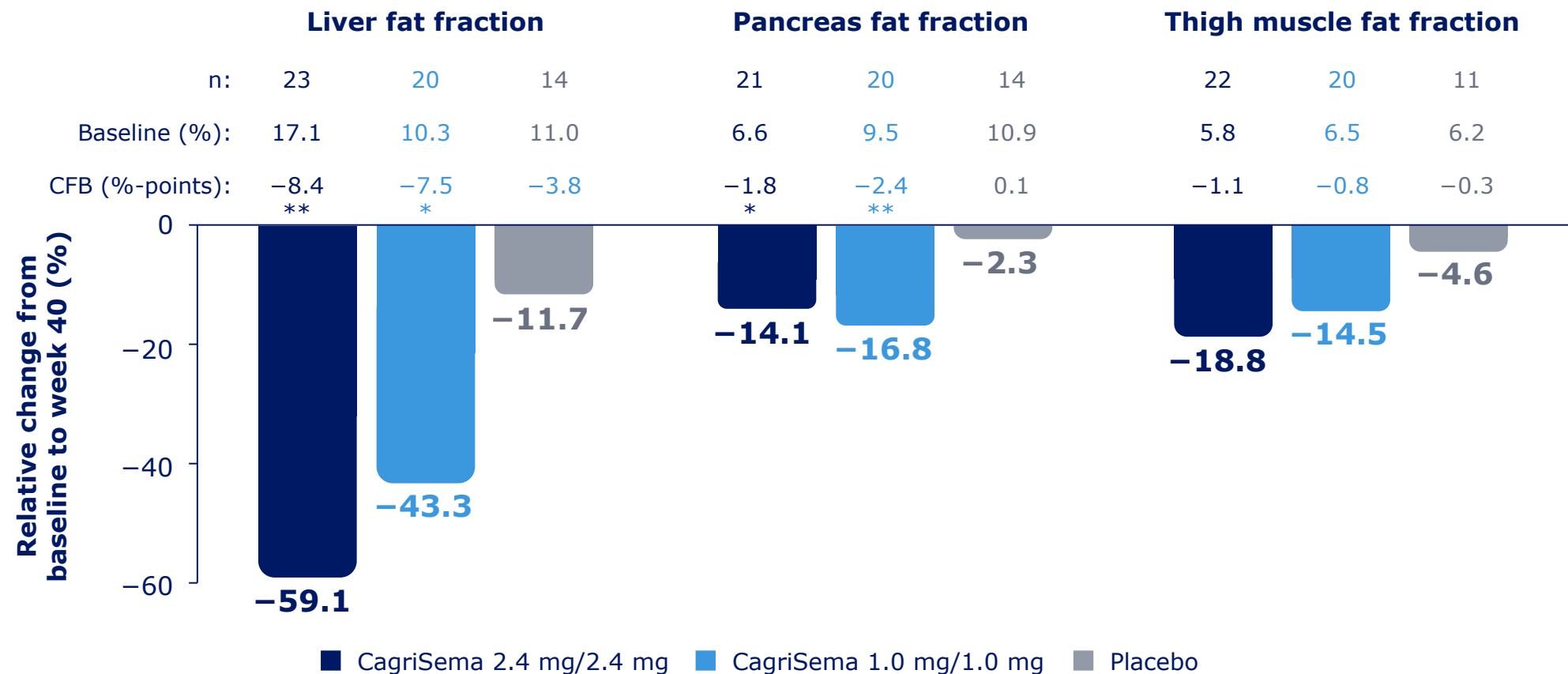
Data are for the efficacy estimand (analysis of data from the on-treatment period without rescue intervention). Statistical analysis is based on absolute change from baseline in mL (* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$).
CFB, change from baseline; n, number of participants with an observation at week 40.
Pratley R, et al., Presented at the European Association for the Study of Diabetes (EASD) 62nd Annual Meeting, 28 September–2 October 2026, Milan, Italy.

CagriSema significantly reduced thigh muscle volumes and muscle fat volumes



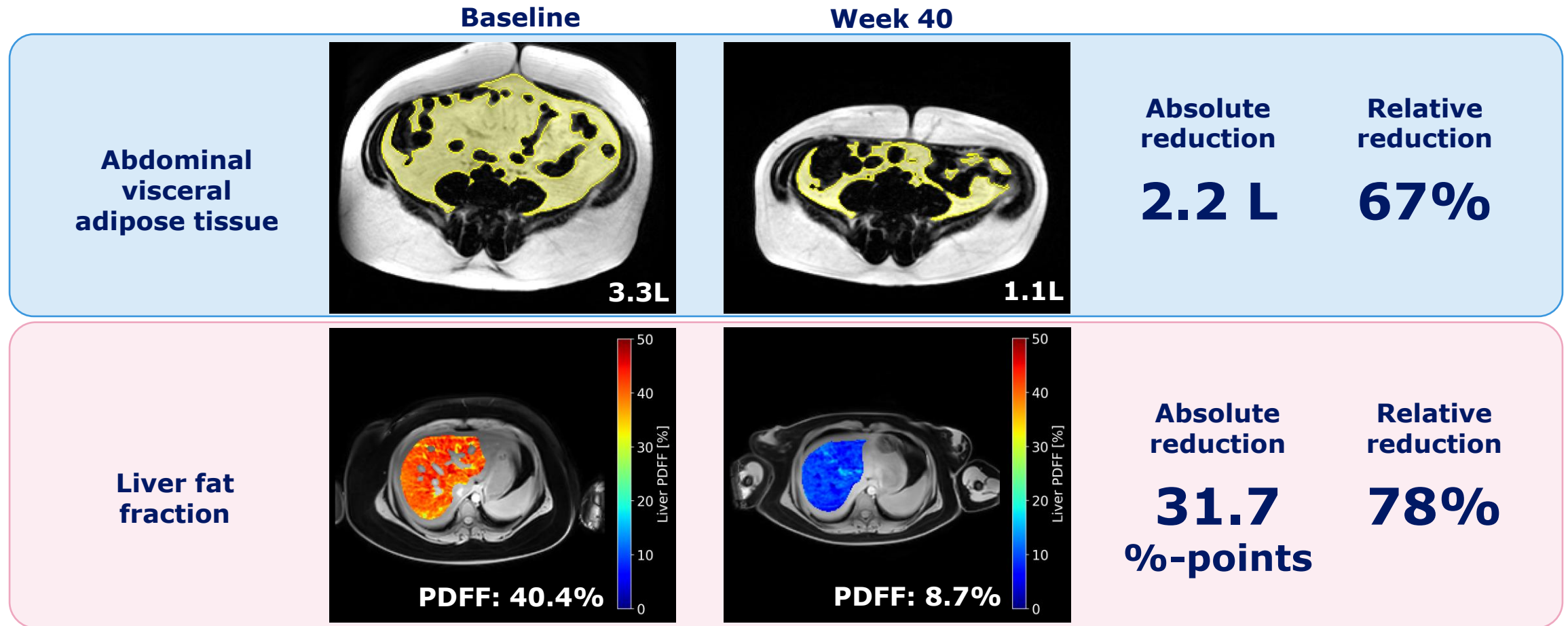
Data are for the efficacy estimand (analysis of data from the on-treatment period without rescue intervention). Statistical analysis is based on absolute change from baseline in mL (* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$). †Contractile muscle volume.
CFB, change from baseline; n, number of participants with an observation at week 40.
Pratley R, et al., Presented at the European Association for the Study of Diabetes (EASD) 62nd Annual Meeting, 28 September–2 October 2026, Milan, Italy.

CagriSema significantly reduced fat fractions in the liver and pancreas



Data are for the efficacy estimand (analysis of data from the on-treatment period without rescue intervention). Statistical analysis is based on absolute change from baseline in mL (* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; **** $p < 0.0001$).
CFB, change from baseline; n, number of participants with an observation at week 40.

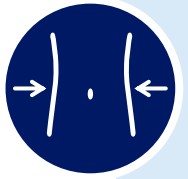
Illustrative example of CagriSema effects



Representative MRI images from a participant receiving CagriSema 2.4 mg/2.4 mg.
MRI, magnetic resonance imaging; PDFF, proton density fat fraction.

Pratley R, et al., Presented at the European Association for the Study of Diabetes (EASD) 62nd Annual Meeting, 28 September–2 October 2026, Milan, Italy.

Conclusions



Body composition

Weight reduction with CagriSema produced significant decreases in abdominal subcutaneous and visceral adipose tissue and total thigh muscle tissue volumes



Organ fat accumulation

Weight reduction with CagriSema significantly reduced intramuscular, hepatic and pancreatic fat accumulation



Potential implications

These findings, together with improved β -cell function, support potential disease-modifying metabolic benefits of CagriSema