

Effect of CagriSema on achievement of composite HbA_{1c} and body weight reduction targets in participants with type 2 diabetes: REIMAGINE 1

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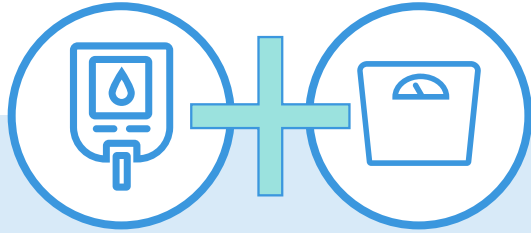
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Background



T2D treatment guidelines recommend the achievement of both **HbA_{1c} targets** and **body weight reductions** to improve cardiometabolic health outcomes¹

- Across trials of currently approved GLP-1-based therapies,[†] no more than **44%** of participants with T2D inadequately controlled on diet and exercise achieved the **dual target of HbA_{1c} ≤6.5% and ≥10% weight loss**²
- In the **real world**, **45%** of individuals with T2D[‡] achieved **HbA_{1c} ≤6.5%**, and **33%** achieved **≥5% weight loss** within 2 years of diagnosis³

[†]i.e., no background glucose-lowering medication; [‡]In UK primary care.

GLP-1, glucagon-like peptide-1; HbA_{1c}, glycated haemoglobin; T2D, type 2 diabetes.

1. American Diabetes Association Professional Practice Committee for Diabetes. *Diabetes Care* 2026;49(Supple 1):S166–S182; 2. Lingvay I et al. *Diabetes Obes Metab* 2023;25:965–974;

3. Fernando K et al. *EASD* 2026. Abstract #339.

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

REIMAGINE 1 results and aim of *post hoc* analysis



In the global phase 3a REIMAGINE 1 study in people with early-stage T2D and HbA_{1c} >7.0% inadequately controlled with diet and exercise, once-weekly s.c. CagriSema, a novel fixed-dose combination of the GLP-1RA semaglutide and the long-acting AMYR cagrilintide, provided:¹



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



Mean body weight reduction:[†]
13.8%

This *post hoc* analysis of REIMAGINE 1 examined the effect of CagriSema on achievement of **composite HbA_{1c} and body weight reduction targets** across a range of clinically relevant thresholds

[†]With 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. AMYR, amylin receptor agonist; GLP-1RA, glucagon-like peptide-1 receptor agonist; HbA_{1c}, glycated haemoglobin; s.c., subcutaneous; T2D, type 2 diabetes.

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

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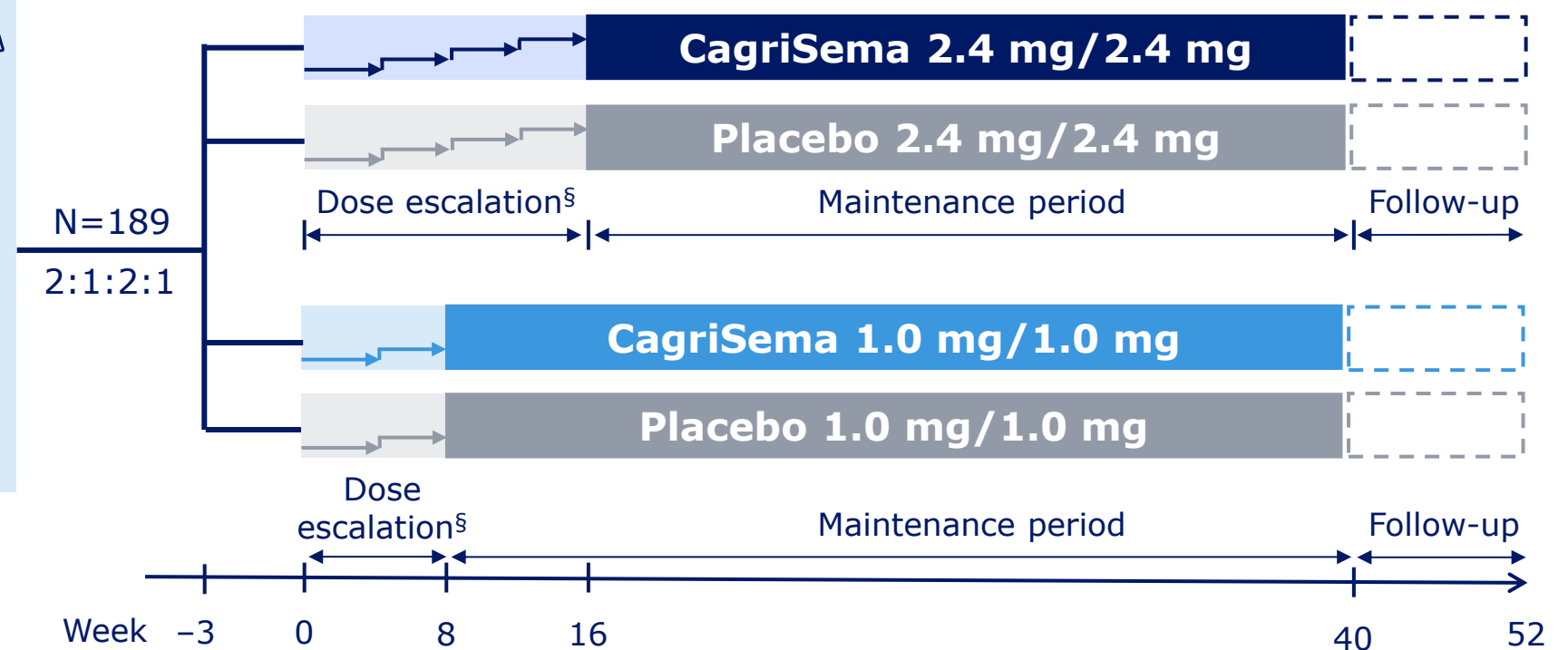
REIMAGINE 1 study design

Interventional, multi-national, multicentre, 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[‡]



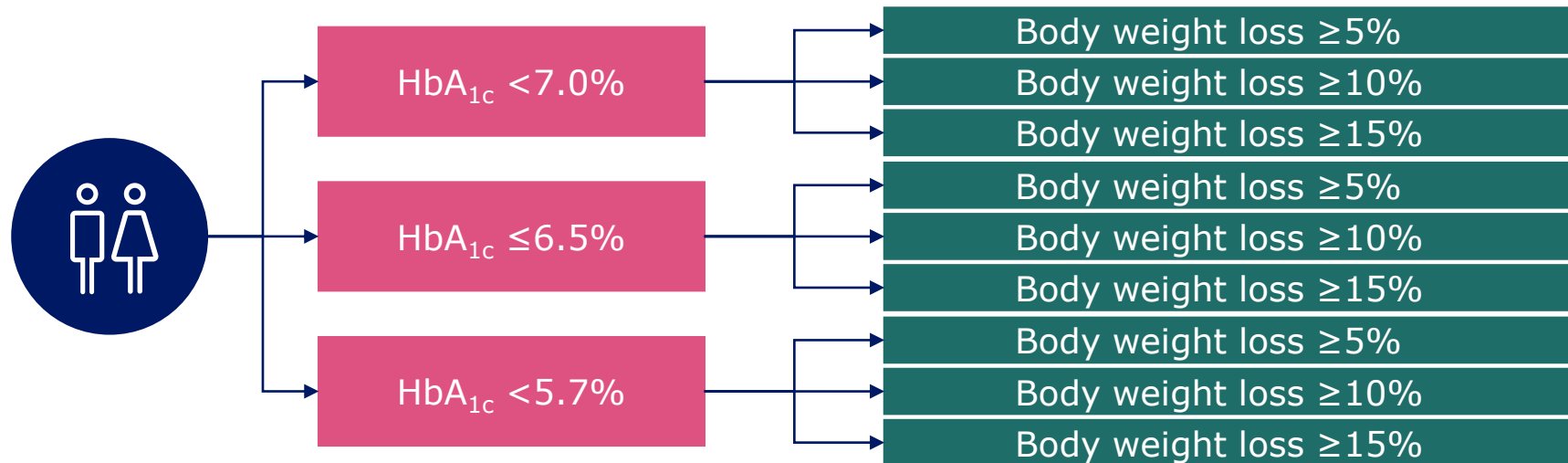
[†]No medication for diabetes or obesity within 90 days before screening (in Hungary, Italy and Poland, this was extended to any medication ever for the indication of diabetes); [‡]No history of any injectable therapy for diabetes or obesity was permitted; short-term insulin treatment for ≤ 14 consecutive days and prior insulin treatment for gestational diabetes were allowed; [§]Dose escalation occurred every 4 weeks.

BMI, body mass index; HbA_{1c}, glycated haemoglobin; T2D, type 2 diabetes.

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

Methods

- This *post hoc* analysis used a logistic regression marginal method to estimate the proportion of participants in the full analysis set achieving HbA_{1c} targets at week 40, in combination with body weight reduction thresholds:



- Data are for the efficacy estimand

Baseline characteristics

	CagriSema 2.4 mg/2.4 mg (n=62)	CagriSema 1.0 mg/1.0 mg (n=63)	Placebo (n=64)
	Male, n (%)	30 (48)	37 (59)
	Female, n (%)	32 (52)	26 (41)
	Age, years, mean (SD)	53.5 (12.6)	53.3 (12.3)
	White, n (%)	45 (73)	48 (76)
	Asian, n (%)	9 (15)	10 (16)
	Black or African American, n (%)	6 (10)	4 (6)
	Other[†], n (%)	2 (3)	1 (2)
	HbA_{1c}, %, mean (SD)	7.7 (0.7)	7.9 (0.7)
	Diabetes duration, years, median (IQR)	1.4 (0.3–4.0)	1.9 (0.4–4.6)
	Body weight, kg, mean (SD)	99.3 (23.5)	100.9 (24.5)
	BMI, kg/m², mean (SD)	35.3 (7.8)	34.9 (7.5)

[†]Not reported, multiple or missing.

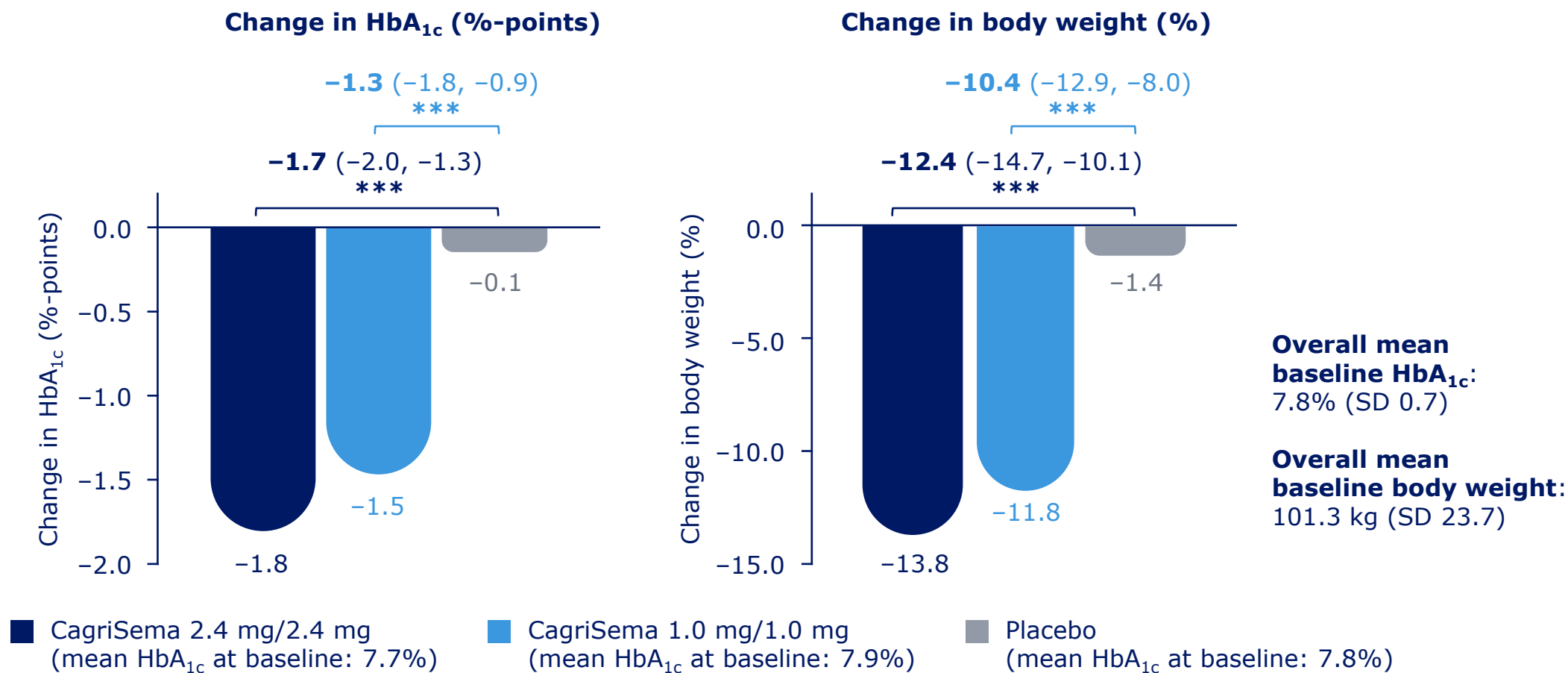
BMI, body mass index; HbA_{1c}, glycated haemoglobin; IQR, interquartile range; SD, standard deviation.

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

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Mean change in HbA_{1c} and body weight at week 40

Efficacy estimand



Mean change in HbA_{1c} (%-points; left) and body weight (%; right) from baseline to week 40, using the efficacy estimand. Error bars indicate $\pm$ standard error of the mean. Comparison values are ETD (95% CI); asterisks denote significance (***) $p < 0.0001$.

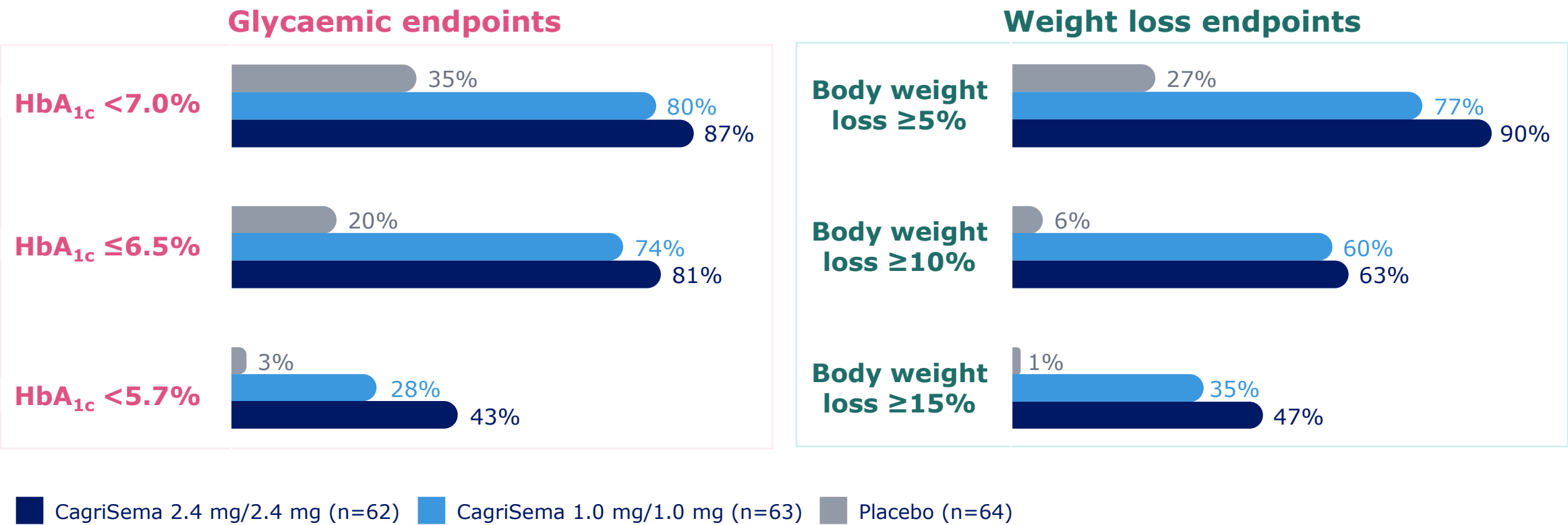
CI, confidence interval; ETD, estimated treatment difference; HbA_{1c}, glycated haemoglobin; SD, standard deviation.

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

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

Proportion of participants (%) achieving individual glycaemic and weight loss endpoints at week 40

Efficacy estimand

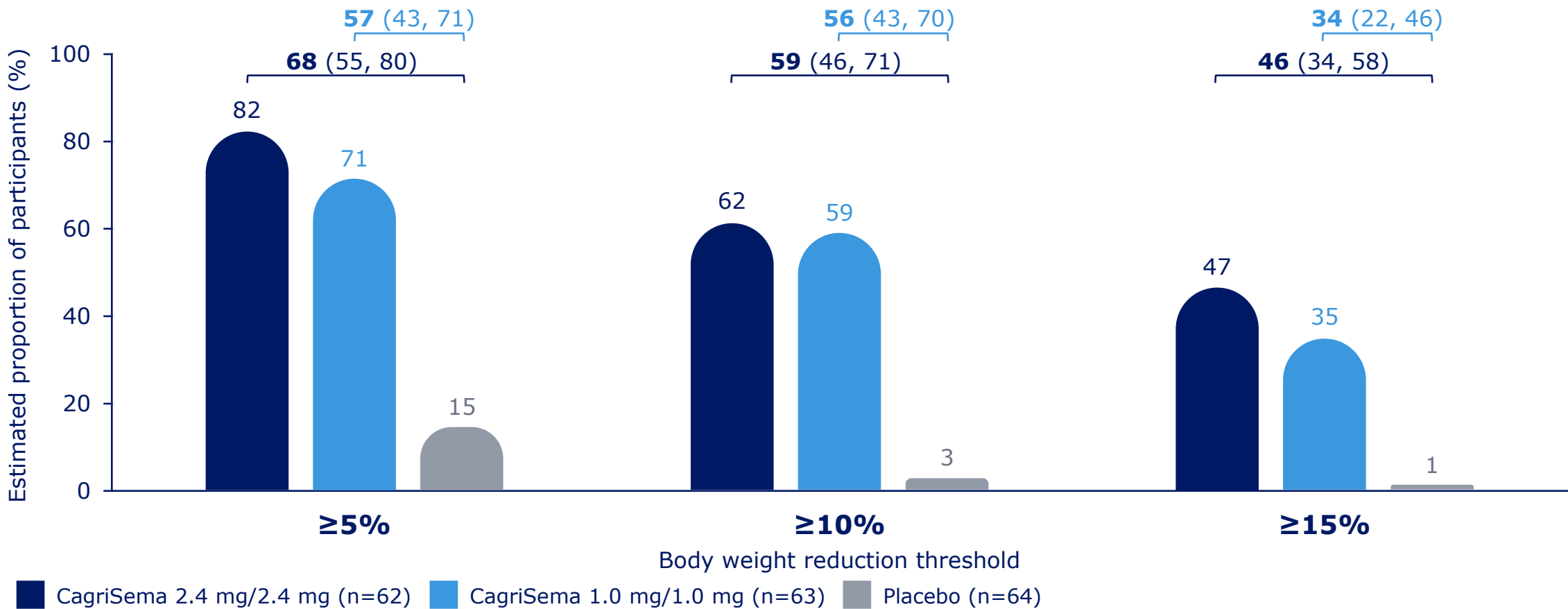


HbA_{1c} glycated haemoglobin.

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

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Attainment of **HbA_{1c} <7.0%** and body weight reduction thresholds at week 40

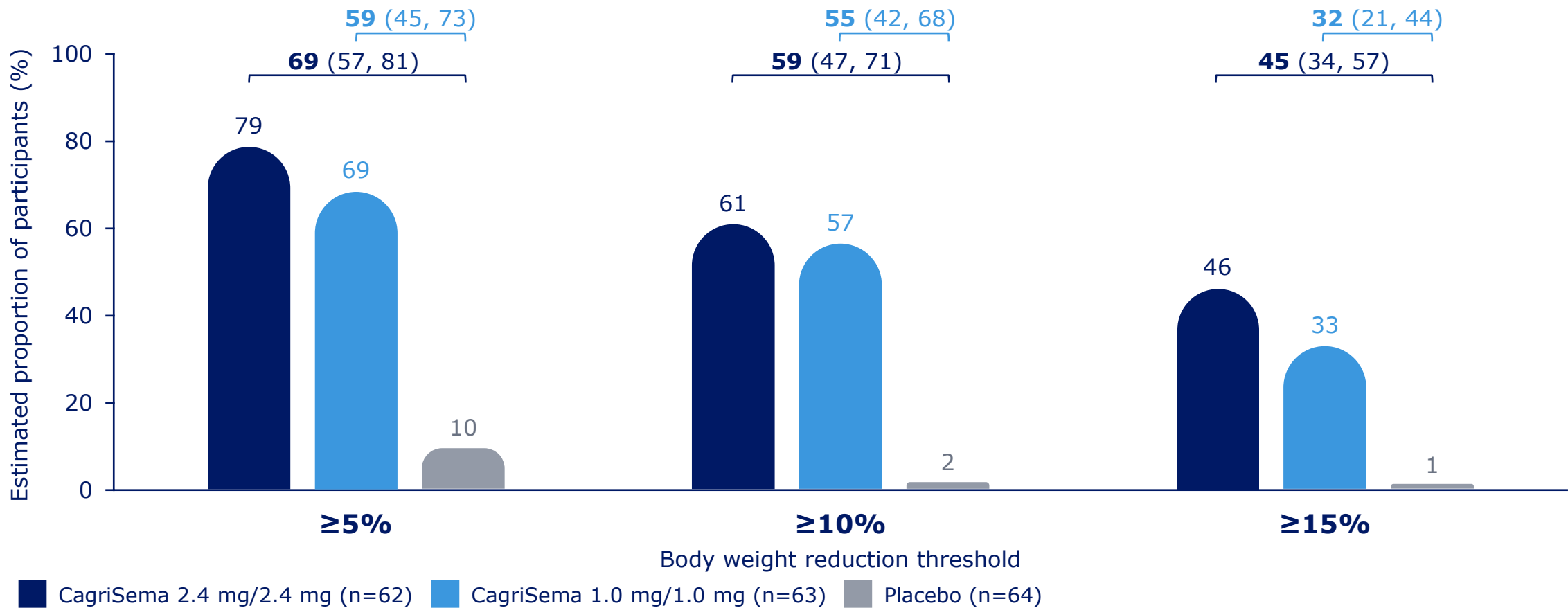


This post hoc analysis used an LR marginal method to estimate the proportion of participants in the full analysis set achieving HbA_{1c} targets and, among those, the corresponding body weight reduction thresholds. Percentages represent model-estimated proportions derived using the LR marginal method and are not calculated directly from observed responder counts divided by treatment-arm N. ETDs (95% CI) versus placebo are shown above the bars.

CI, confidence interval; ETD, estimated treatment difference; HbA_{1c}, glycated haemoglobin; LR, logistic regression.

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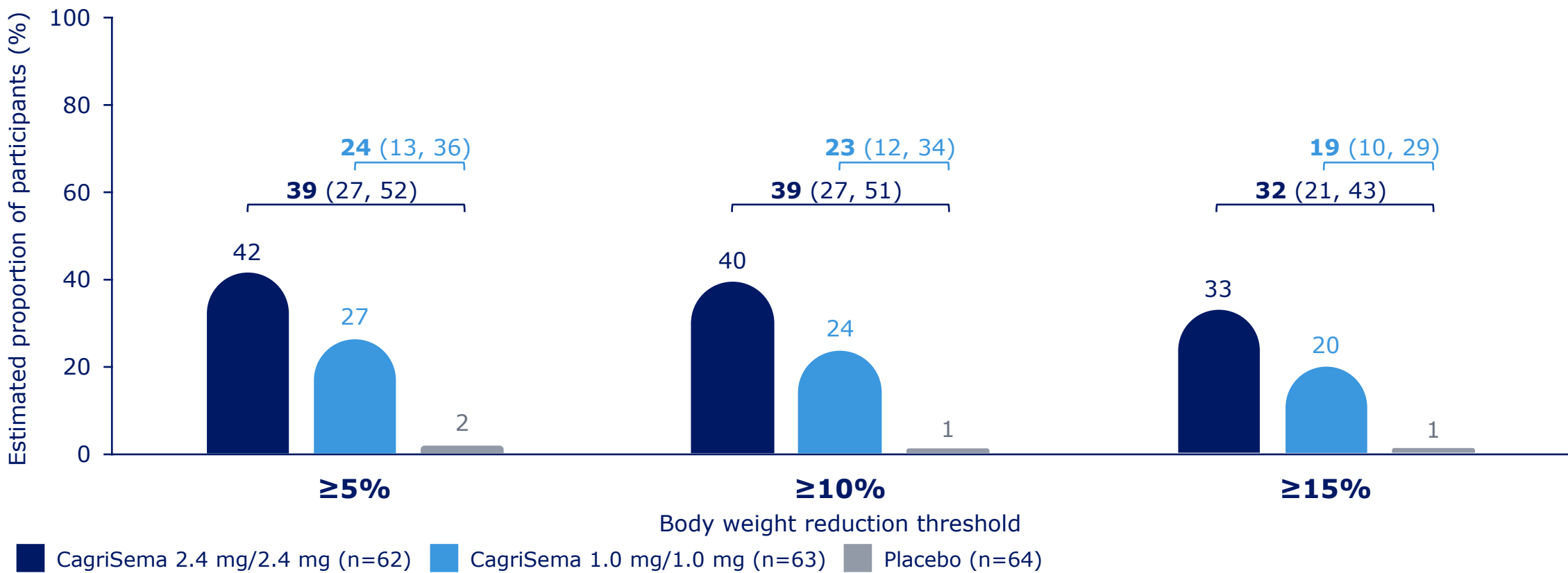
Attainment of **HbA_{1c} ≤6.5%** and body weight reduction thresholds at week 40



This post hoc analysis used an LR marginal method to estimate the proportion of participants in the full analysis set achieving HbA_{1c} targets and, among those, the corresponding body weight reduction thresholds. Percentages represent model-estimated proportions derived using the LR marginal method and are not calculated directly from observed responder counts divided by treatment-arm N. ETDs (95% CI) versus placebo are shown above the bars.

CI, confidence interval; ETD, estimated treatment difference; HbA_{1c}, glycated haemoglobin; LR, logistic regression.

Attainment of **HbA_{1c} <5.7%** and body weight reduction thresholds at week 40



This post hoc analysis used an LR marginal method to estimate the proportion of participants in the full analysis set achieving HbA_{1c} targets and, among those, the corresponding body weight reduction thresholds. Percentages represent model-estimated proportions derived using the LR marginal method and are not calculated directly from observed responder counts divided by treatment-arm N. ETDs (95% CI) versus placebo are shown above the bars.

CI, confidence interval; ETD, estimated treatment difference; HbA_{1c}, glycated haemoglobin; LR, logistic regression.

Conclusions



At week 40, an estimated **82%** of participants receiving CagriSema 2.4 mg/2.4 mg achieved an **HbA_{1c} <7.0% with ≥5% body weight** loss, versus 15% on placebo



One in three achieved **normoglycaemia** (HbA_{1c} <5.7%) with **≥15% weight reduction** versus ~1% with placebo



This *post hoc* analysis shows markedly greater dual target attainment with CagriSema 2.4 mg/2.4 mg, supporting potential early intervention in T2D