

Impact of cagrilintide 2.4 mg on physical function – *post hoc* patient-reported outcomes from REDEFINE 1

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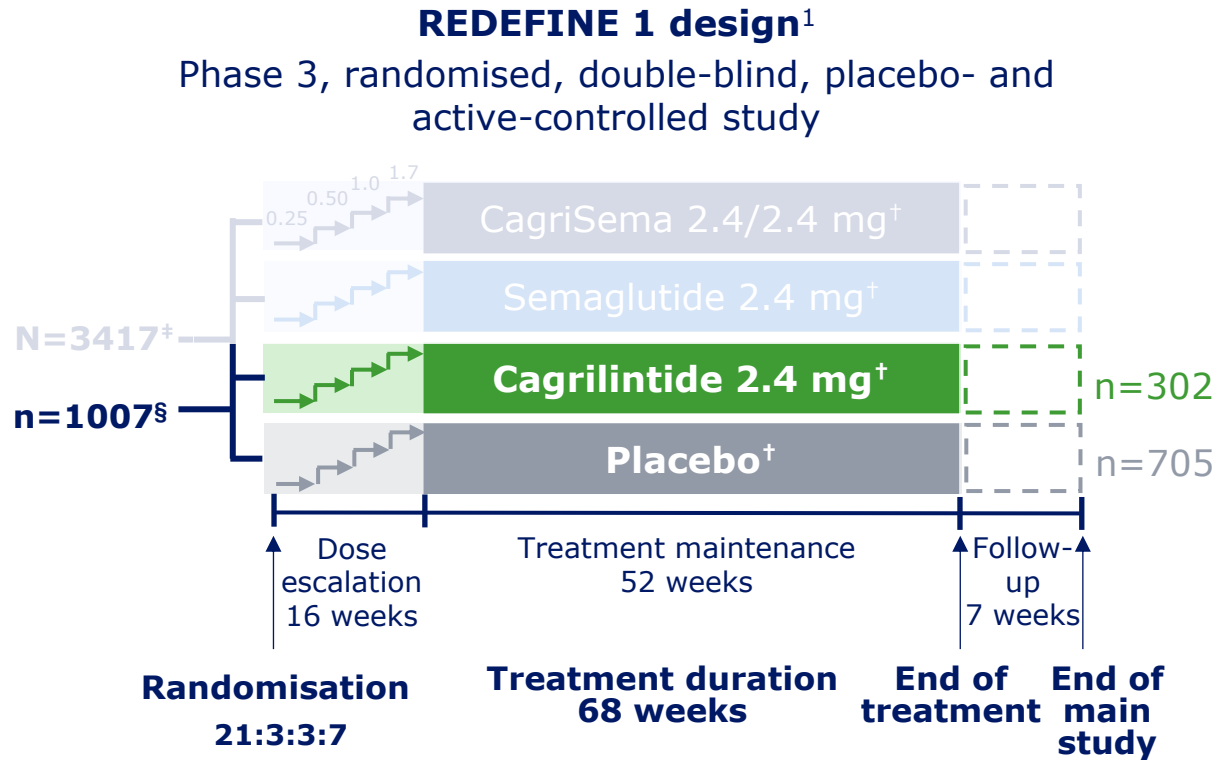
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REDEFINE 1 trial design and PROs

Measuring physical function



SF-36v2² General QOL

- 36-item generic PRO measure
- Eight domain scores (and two summary scores):
 - **Physical Functioning**
 - Role Physical
 - Bodily Pain
 - General Health
 - Vitality
 - Social Functioning
 - Role Emotional
 - Mental Health
- Norm-based scores[¶], with higher scores indicating better functional health and well-being
- MWPC: score increase of ≥ 3.7 points⁴



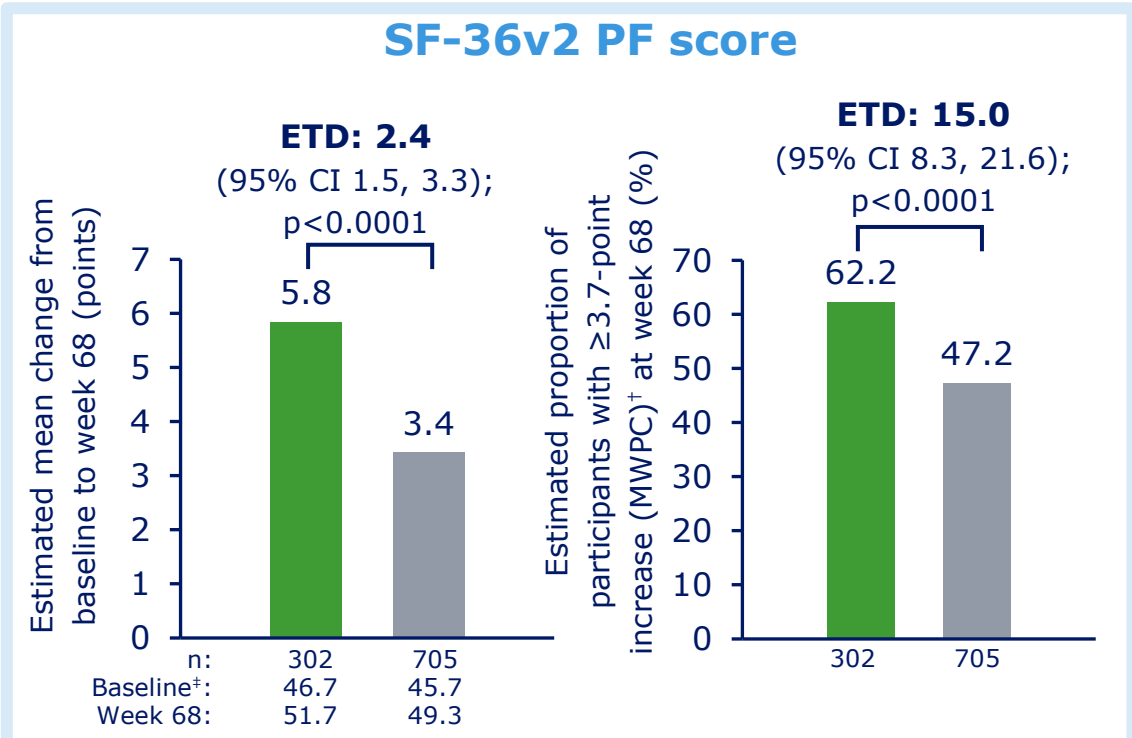
IWQOL-Lite-CT³ Weight-related QOL

- 20-item disease-specific PRO measure
- Clinical trials version
- Three composite scores (and a Total score):
 - **Physical Function**
 - Physical
 - Psychosocial
- Composite scores of 0–100, with higher scores indicating better functional health and well-being
- MWPC: score increase of ≥ 14.6 points⁵

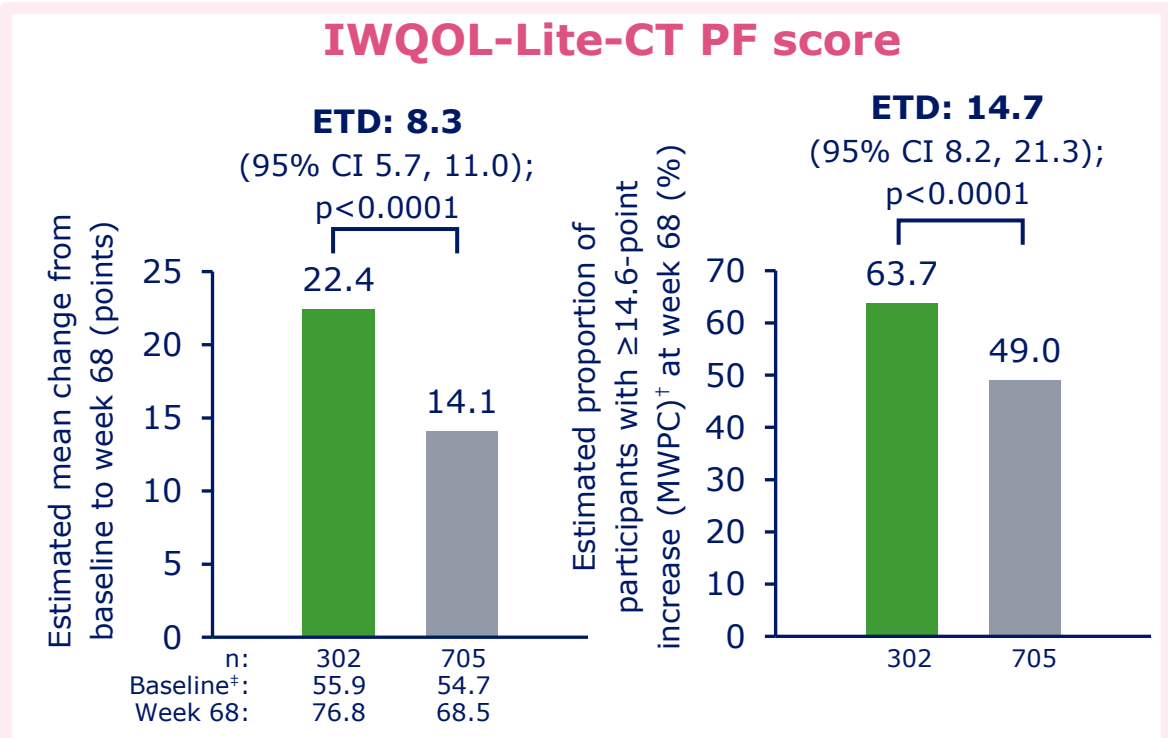
[†]As an adjunct to a reduced-calorie diet and increased physical activity in adults with obesity or overweight during main phase only. [¶]N represents the total REDEFINE 1 trial population. [§]N for cagrilintide 2.4 mg and placebo arms. [¶]Transformed scores to a scale where the 2009 US general population has a mean of 50 and a standard deviation of 10. IWQOL-Lite-CT, Impact of Weight on Quality of Life–Lite Clinical Trials Version; MWPC, meaningful within-person change; PRO, patient-reported outcome; QOL, quality of life; SF-36v2, 36-Item Short Form Version 2. 1. Garvey WT et al. N Engl J Med 2025;393(7):635–647; 2. Ware JE Jr et al. J Clin Epidemiol 1998;51(11):903–912; 3. Kolotkin RL et al. Clin Obes 2019;9(3):e12310; 4. Rubino D et al. Diabetes Obes Metab 2024;26(7):2945–2955; 5. Kolotkin RL et al. Clin Obes 2021;11(5):e12477.

Greater improvements and MWPC in physical function scores with cagrilintide 2.4 mg versus placebo

Cagrilintide 2.4 mg Placebo



Among participants receiving cagrilintide 2.4 mg, MWPC in SF-36v2 PF was achieved by **62.2%** of participants, and by 52.5% of those with poor physical function at baseline (versus 42.8% of those without)



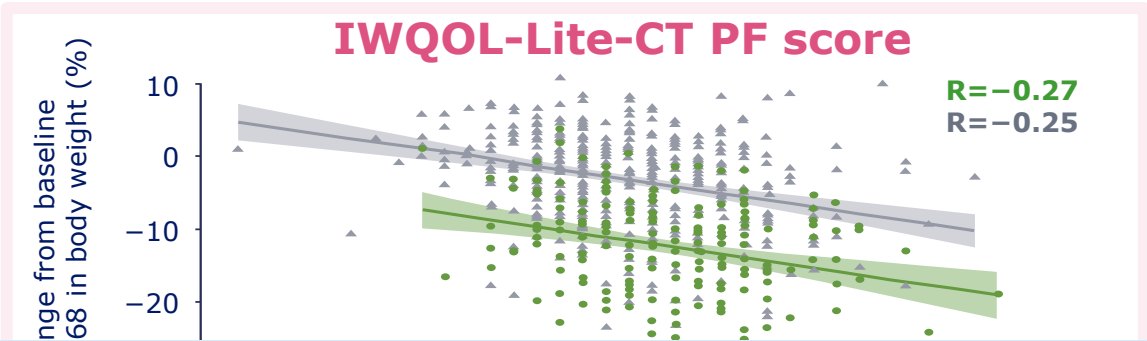
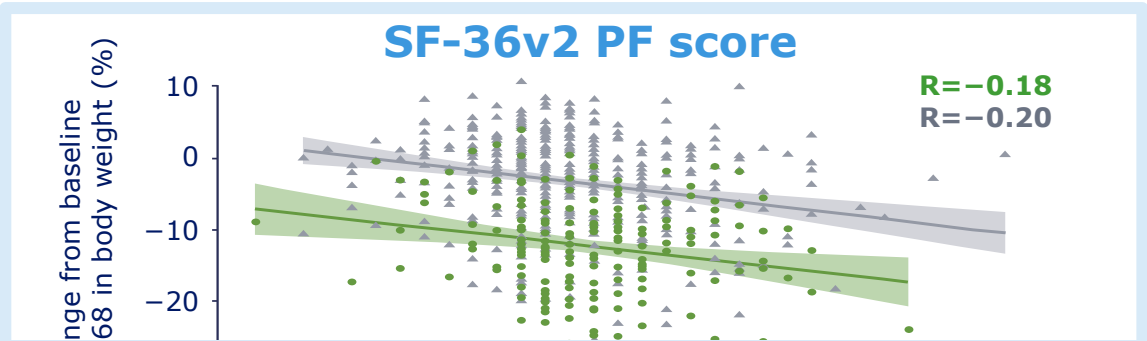
Among participants receiving cagrilintide 2.4 mg, MWPC in IWQOL-Lite-CT PF was achieved by **63.7%** of participants, and by 70.7% of those with poor physical function at baseline (versus 64.0% of those without)

Data are estimated mean values using the trial product estimand, unless otherwise stated. Higher scores indicate better physical functioning for both SF-36v2 PF and IWQOL-Lite-CT PF.

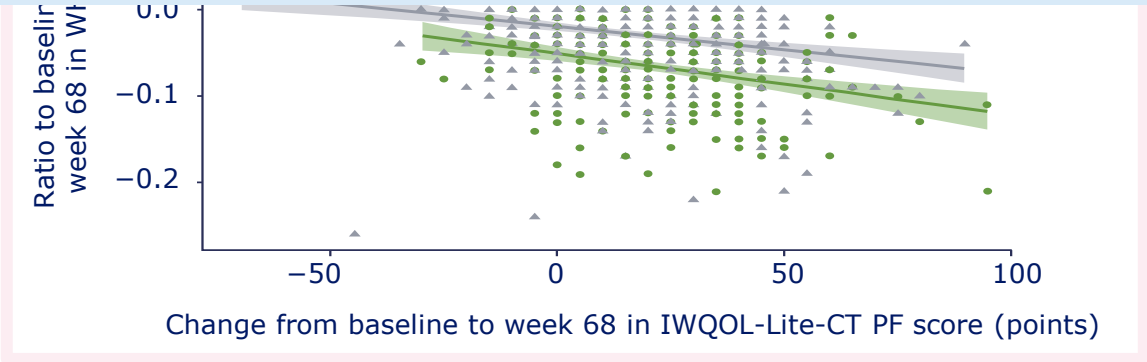
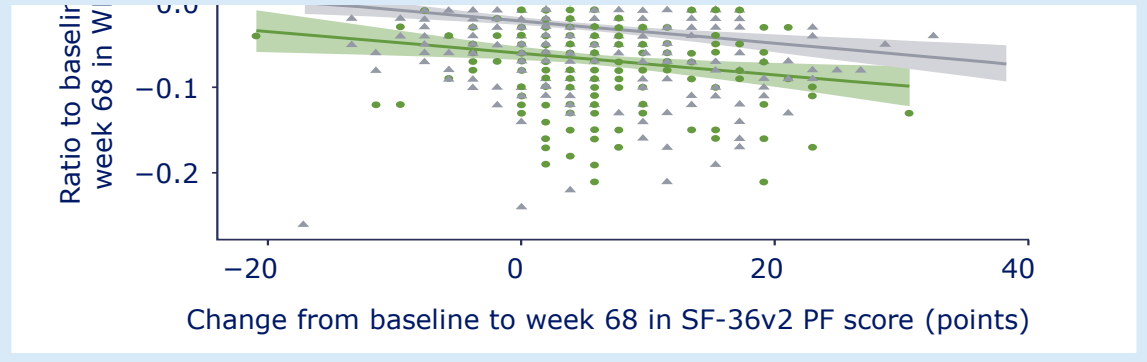
[†]MWPC was defined using established score-change thresholds of ≥3.7 points for SF-36v2 PF and of ≥14.6 points for IWQOL-Lite-CT PF.^{1,2} ^{*}Observed values.

CI, confidence interval; ETD, estimated treatment difference; IWQOL-Lite-CT PF, Impact of Weight on Quality of Life-Lite Clinical Trials Version Physical Function; MWPC, meaningful within-person change; SF-36v2 PF, 36-Item Short Form Version 2 Physical Functioning. 1. Rubino D et al. Diabetes Obes Metab 2024;26(7):2945-2955; 2. Kolotkin RL et al. Clin Obes 2021;11(5):e12477.

Greater changes in body weight and WHtR correlated with greater improvements in physical function scores



Cagrilintide 2.4 mg monotherapy improved physical function in people with overweight or obesity



● Cagrilintide 2.4 mg ● Placebo

Impact of cagrilintide 2.4 mg on physical function – *post hoc* patient-reported outcomes from REDEFINE 1

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Cagrilintide 2.4 mg monotherapy significantly improved physical function versus placebo in people with overweight or obesity



Aim

- Obesity can impair physical function, and many people living with overweight or obesity experience reduced weight-related and health-related quality of life.^{1,2}
- In REDEFINE 1, CagriSema 2.4 mg/2.4 mg provided significant body weight reduction and improvements in physical function versus placebo.³
 - Cagrilintide 2.4 mg was also shown to reduce body weight versus placebo.
- This *post hoc* analysis assessed the effect of cagrilintide 2.4 mg monotherapy versus placebo on physical function.

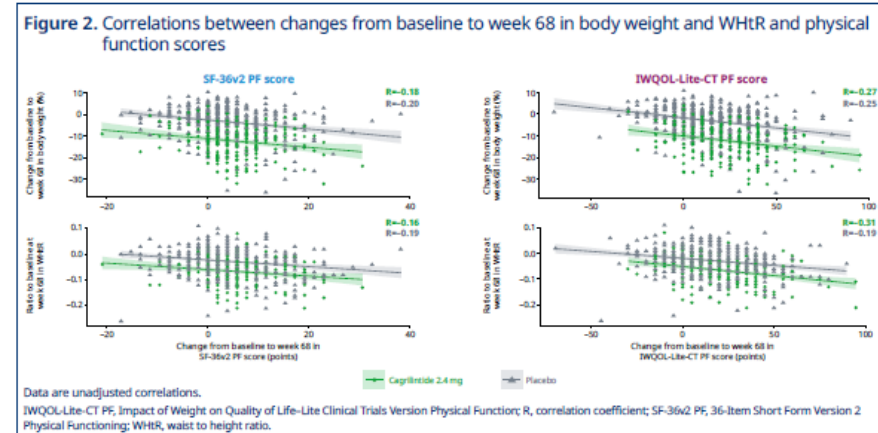
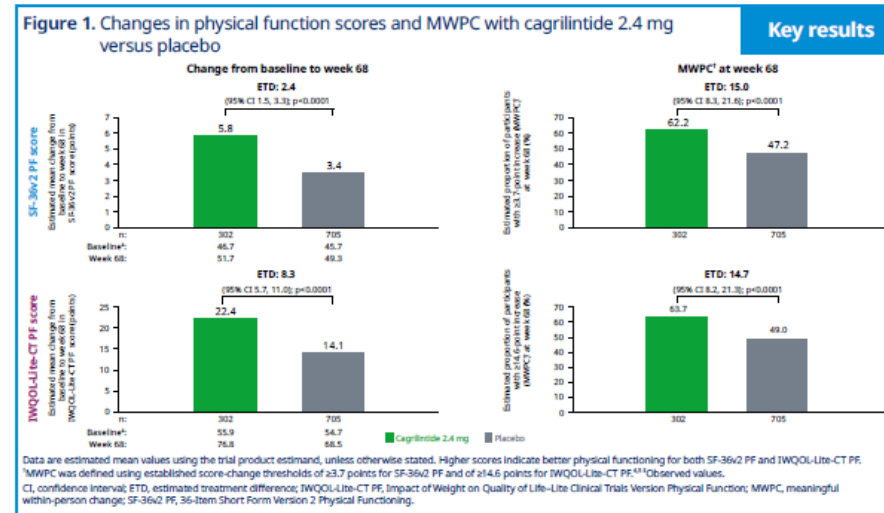
Methods

- REDEFINE 1 was a phase 3 trial that randomised (21:33:7) adults without diabetes and with body mass index (BMI) ≥ 30 kg/m² or ≥ 27 kg/m² and at least one obesity-related complication to CagriSema 2.4 mg/2.4 mg, semaglutide 2.4 mg, cagrilintide 2.4 mg or placebo for 68 weeks.³
- This *post hoc* analysis assessed change from baseline to week 68 in patient-reported outcome physical function scores (Impact of Weight on Quality of Life–Life Clinical Trials Version Physical Function [IWQOL-Lite-CT PF] and 36-Item Short Form Version 2 Physical Functioning [SF-36v2 PF]), body weight and waist to height ratio (WHtR), and the correlation between changes in body weight and WHtR, respectively, and change in physical function scores at week 68.

Key results

- Of 3417 randomised participants, 302 received cagrilintide 2.4 mg and 705 received placebo.
- At baseline, in the cagrilintide 2.4 mg and placebo groups, 68.9% and 65.4% of participants were female and mean age was 46.6 and 46.7 years, respectively; mean SF-36v2 PF was 46.7 and 45.7, IWQOL-Lite-CT PF was 55.9 and 54.7, body weight was 106.5 and 106.6 kg, and WHtR was 0.7 and 0.7, respectively.
- After 68 weeks, cagrilintide 2.4 mg improved SF-36v2 PF and IWQOL-Lite-CT PF scores versus placebo (estimated treatment difference [ETD] 2.4 points [95% confidence interval 1.5, 3.3] and 8.3 points [5.7, 11.0], respectively; $p < 0.0001$ for both; **Figure 1**).
- A greater proportion of participants reached a meaningful within-person change (MWPC) in SF-36v2 PF score (defined as a ≥ 3.7 -point improvement from baseline) with cagrilintide 2.4 mg than with placebo (62.2% vs 47.2%; ETD 15.0 [8.3, 21.6]; $p < 0.0001$).

- Among participants receiving cagrilintide 2.4 mg, MWPC in SF-36v2 PF was achieved by 52.5% of those with poor physical function at baseline versus 42.8% of those without poor physical function at baseline.
- Similarly, a greater proportion of participants achieved a MWPC in IWQOL-Lite-CT PF score (defined as a ≥ 14.6 -point improvement from baseline) with cagrilintide 2.4 mg than with placebo (63.7% vs 49.0%; ETD 14.7 [8.2, 21.3]; $p < 0.0001$).
- Among participants receiving cagrilintide 2.4 mg, MWPC in IWQOL-Lite-CT PF was achieved by 70.7% of those with poor physical function at baseline versus 64.0% of those without poor physical function at baseline.
- Compared with placebo, cagrilintide 2.4 mg significantly reduced body weight (ETD -9.6 [–10.6, –8.5]; $p < 0.0001$) and WHtR (ETD -0.04 [–0.05, –0.03]; $p < 0.0001$). Greater changes in body weight and WHtR correlated with greater improvements in physical function scores (**Figure 2**).



Conclusion

- Cagrilintide 2.4 mg monotherapy improved physical function in people with overweight or obesity.

¹Washington Center for Weight Management and Research, Arlington, VA, USA; ²Novo Nordisk A/S, Søborg, Denmark; ³Helmholtz Center Munich and University of Leipzig Medical Center, Leipzig, Germany; ⁴Quality of Life Consulting, PLLC, Durham, NC, USA; ⁵Duke University School of Medicine, Durham, NC, USA; ⁶Obesity Research Unit, University of Helsinki and Helsinki Health Hub, Abdominal Center, Helsinki University Hospital, Helsinki, Finland; ⁷University of Pennsylvania, Philadelphia, PA, USA. This study was funded by Novo Nordisk A/S and is registered with ClinicalTrials.gov (NCT02057796). Medical writing support was provided by Diana Mazzoni, PhD, of Titan, OPEN Health Communications, and funded by Novo Nordisk A/S, in accordance with Good Publication Practice (GPP) guidelines (www.gpp.org.uk/2020). D. Blüher reports grants from Amgen, AstraZeneca, Boehringer Ingelheim, Novo Nordisk and Takeda Pharmaceuticals, and consultancy at AbbVie, AstraZeneca, Boehringer Ingelheim, Cytosol Pharma, Eli Lilly and Company, Ferring, Neuroscience Biosciences, Neurix, NordThera, Novo Nordisk, Pfizer, Regeneron Pharmaceuticals, Roche, Shionogi and Summit Clinical Trial Network. She is a shareholder at AbbVie. Presented at the 62nd Annual Meeting of the European Association for the Study of Diabetes (EASD), 28 September–2 October 2026, Milan, Italy.

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- (5) Kozlowski R et al. *Clin Obes* 2021;11(1):e1471.