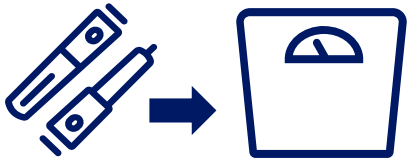
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Synopsis of the original article ***CagriSema in Adults with Overweight or Obesity***

Garvey WT, et al. *New Engl J Med* 2025;DOI: TBC
Synopsis created and reviewed by Novo Nordisk

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Background



The **combination of semaglutide 2.4 mg**, with its well-established weight-loss and cardiovascular benefits, and **cagrilintide 2.4 mg**, which has shown promise in early-phase trials, was evaluated in a large population to **investigate** its **efficacy on weight loss** in people with **overweight/obesity**

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Methods

REDEFINE 1: phase 3a, 68-week, double-blind, multi-center, placebo- and active-controlled study

Participants

3417 adults with BMI ≥30 kg/m^2, or ≥27 kg/m^2

with ≥1 obesity-related complication,

without diabetes

Randomized 21:3:3:7 to

CagriSema 2.4 mg/2.4 mg

Semaglutide 2.4 mg

Cagrilintide 2.4 mg

Placebo

\+ lifestyle intervention

End points (assessed from baseline to week 68 for CagriSema vs. placebo)

Co-primary

Relative change in body weight

Proportion of participants achieving ≥5% body-weight reduction

Confirmatory secondary end points

Body-weight reductions of ≥20–≥30%

Safety was assessed

Data are for the treatment policy estimand. BMI, body mass index.

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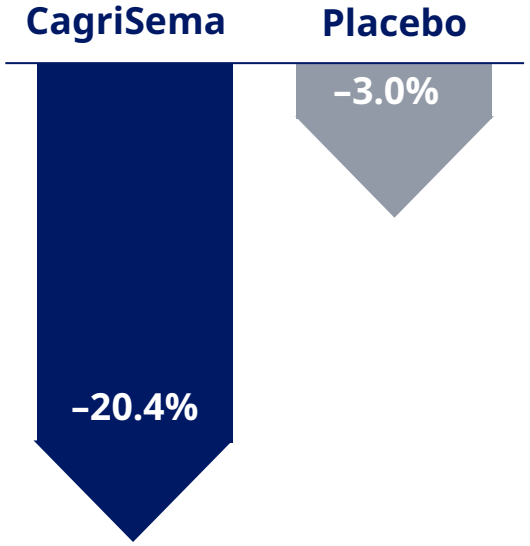
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CagriSema was superior to placebo in improving body weight-related endpoints

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Change in body weight from baseline to week 68 was:



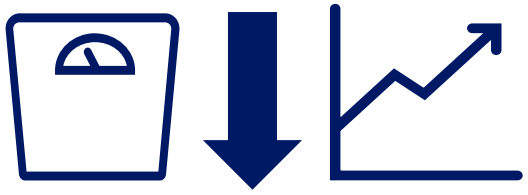
ETD [95% CI]
–17.3 [–18.1 to –16.6]
P<0.001

Participants receiving **CagriSema** vs. placebo were **more likely to achieve weight loss thresholds** of:

≥5%

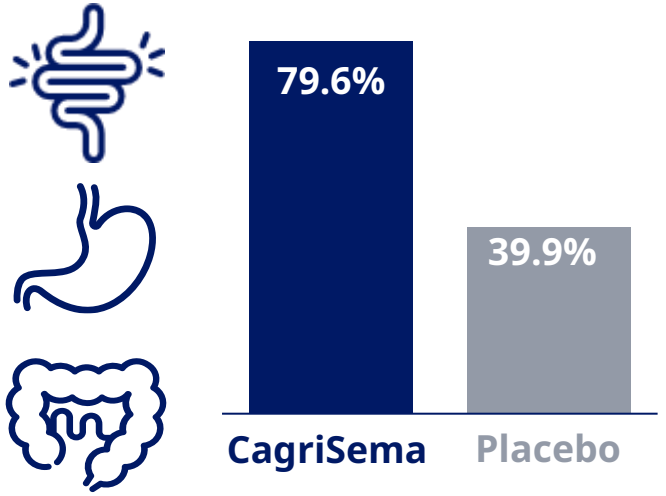
and

≥20–≥30%



all P<0.001

Adverse events were **mainly gastrointestinal**



but mostly **transient** and **mild-to-moderate** in severity

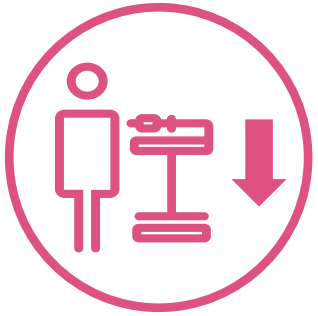
CI, confidence interval; ETD, estimated treatment difference.
Effect estimates are from the treatment policy estimand (consistent with the intention-to-treat principle).

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Conclusion

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CagriSema 2.4 mg/2.4 mg was **highly effective** in providing **statistically significant, substantial** and **clinically relevant body-weight reductions** in adults with **overweight/obesity**, relative to placebo

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