



## MEMORANDUM

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Last Friday, Novo Nordisk [announced](#) topline results from the SCALE Obesity and Prediabetes three-year extension trial, showing that treatment with Saxenda (liraglutide 3.0 mg) reduced the risk of developing type 2 diabetes by ~80% ( $p < 0.0001$ ) compared to placebo. Results of the 160-week, randomized, blinded phase 3a trial also found that the time to onset of type 2 diabetes was 2.6 times longer with Saxenda vs. placebo. Regarding weight loss, at 160 weeks, those on Saxenda experienced a mean weight loss of 6% vs. 2% on placebo. The proportion that achieved  $\geq 5\%$  weight loss was 50% with Saxenda vs. 23% with placebo; and the proportion that achieved  $\geq 10\%$  weight loss was 24% with Saxenda vs. 9% with placebo. In addition, the completion rate for 160 weeks was 53% and 45% for the Saxenda and placebo groups, respectively. As expected, no new safety issues were identified, with the most common adverse events being GI; withdrawals due to adverse events were 13% with Saxenda and 6% with placebo. While these weight loss findings for Saxenda were slightly less impressive than those at [56 weeks](#) (8% weight loss; 63% and 33% achieve  $\geq 5\%$  and  $\geq 10\%$  weight loss, respectively), there was still a significant degree of weight maintenance at three years. These results also strengthen the trial's [56-week results](#) of Saxenda reducing the risk of type 2 diabetes by ~65%, and are indicative of the benefits of chronic use. We hope that these longer-term results provide more support for the consideration of a prediabetes indication or at least get the field thinking more about the role of pharmacotherapies' in prevention of type 2 diabetes. For more background on SCALE Obesity and Prediabetes, please see our coverage of the trial from [ICE/ENDO](#), [EASD](#), [Obesity Week](#), and [ECO](#).