# STEP 2

# SEMAGLUTIDE 2.4 versus Placebo (FPO)

STEP 2 was a **68-week**, phase 3, randomized, placebo-controlled, double-dummy, double-blind multicenter trial with a **7-week** off-treatment follow-up period in **1210 patients** with overweight or obesity and T2D.

## Select Eligibility Criteria

- BMI: ≥27 kg/m$^2$
- T2D, with $HbA_{1C}$ 7%-10% and 3 or fewer oral antidiabetes medications
- No insulin use

## Study Design

Patients were randomized (**1**:**1**:**1**) to blinded treatment with SEMAGLUTIDE 2.4 mg subcutaneous injection/placebo, semaglutide 1.0 mg/placebo, or placebo/placebo. ⊕

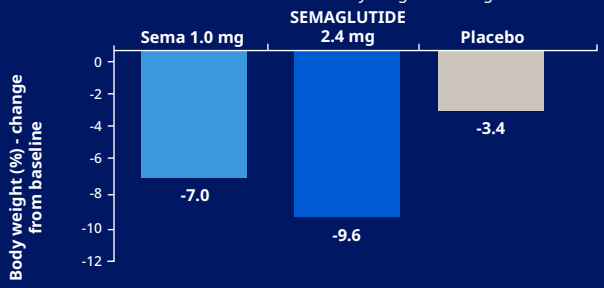
## Key Results at 68 Weeks

**Primary efficacy end point:** Body weight % change from baseline to week 68 with SEMAGLUTIDE 2.4 mg vs placebo

**Confirmatory secondary efficacy end point:** Body weight % change from baseline to week 68 with SEMAGLUTIDE 2.4 mg vs semaglutide 1.0 mg

**Treament policy estimand**

Mean baseline body weight: 99.8 kg




| Analysis at Week 68 | ETD | 95% CI | *P*-value |
|---|---|---|---|
| SEMAGLUTIDE 2.4 mg vs placebo[1] | -6.2 | [-7.3;-5.2] | <.0001 ✓ |
| SEMAGLUTIDE 2.4 mg vs Sema 1.0 mg | -2.7 | [-3.7;-1.6] | <.0001 ✓ |

[1]Primary end point

**Primary efficacy end point:** Odds of achieving ≥5% weight loss at week 68 vs placebo

**Confirmatory secondary efficacy end points:** Odds of achieving ≥10% and ≥15% weight loss at week 68 vs placebo

| SEMAGLUTIDE 2.4 mg vs placebo | OR | 95% CI | *P*-value |
|---|---|---|---|
| ≥5%* | 4.88 | [3.58;6.64] | <.0001 ✓ |
| ≥10% | 7.41 | [4.89;11.24] | <.0001 ✓ |
| ≥15% | 7.65 | [4.11;14.22] | <.0001 ✓ |
| ≥20% | 6.84 | [2.86;16.33] | <.0001 |

*Primary end point

**Other confirmatory end points:** (change at 68 weeks)

- WAIST CIRCUMFERENCE
- $HbA_{1C}$
- SYSTOLIC BLOOD PRESSURE
- SF-36 PHYSICAL FUNCTION SCALE SCORE
- IWQOL-LITE-CT PHYSICAL FUNCTION

## Safety

- The most common adverse events (AEs) were gastrointestinal in nature, including nausea, vomiting, diarrhea, and constipation.
- Patients treated with SEMAGLUTIDE 2.4 mg discontinued treatment due to AEs at a higher rate than those treated with semaglutide 1.0 mg or placebo (6.2% vs 5.0% vs 3.5%), primarily due to gastrointestinal AEs (4.2%).

AE, adverse event; BMI, body mass index; ETD, estimated treatment difference; $HbA_{1C}$, glycosylated hemoglobin; IWQoL-Lite-CT, Impact of Weight on Quality of Life-Lite Clinical Trials Version; OR, odds ratio; SF-36, Short Form 36.