New Approaches In Obesity Treatment

Current And Future Therapy Overview

Obesity is the excessive accumulation of fat in the body, which has been linked to many health complications such as diabetes, stroke, and hypertension. Currently, 2.6 billion people globally are estimated to be suffering from the disease, making it the second-most common preventable cause of death. Over the past decade, obesity drugs in market have shown improved effectiveness, while the pipeline is seeing advancements in mechanism of action (MOA) and route of administration.

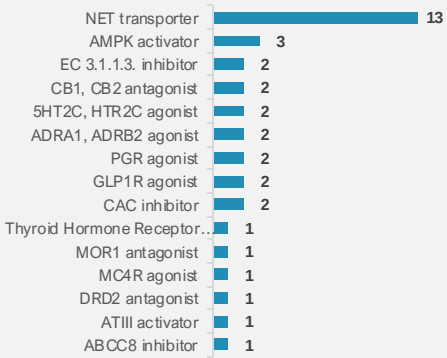
CURRENT LANDSCAPE

Current antiobesity medications focus on suppressing appetite by targeting specific receptors, primarily using NET transporter mechanism. However, these therapies are mostly intended for adults >18 years, with limited options for childhood obesity.

I. Approved and Marketed Therapies

35

Approved antiobesity therapies globally



II. Current Unmet Needs

Adherence to Antiobesity Medication

- Currently approved therapies required administration often and subcutaneously.
- They require a medical professional for administration.
- Oral medication may potentially improve patient compliance.

Childhood Obesity

- Treatment options for childhood obesity are limited (**only 2 approved**) despite increasing prevalence.
- In the US, only **orlistat** is approved in patients >12 years.
- This necessitates the need for research in this age group.

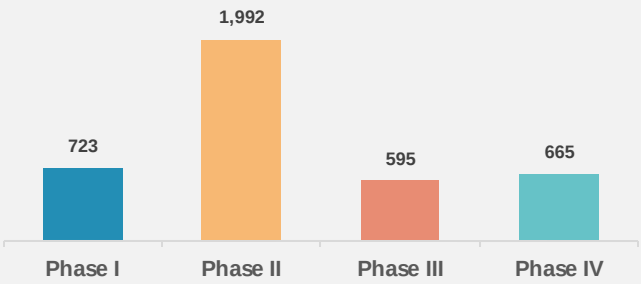
Key players

NOVARTIS · novo nordisk · Eisai · Takeda · Abbott

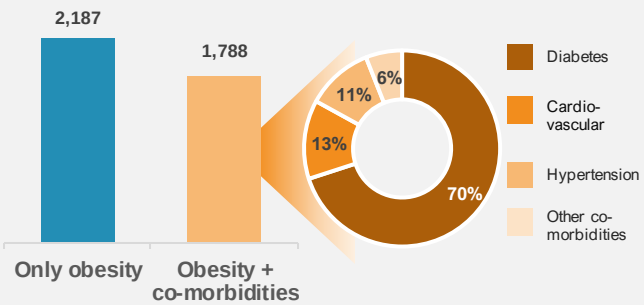
FUTURE LANDSCAPE

Currently, ~3,900 trials are ongoing for obesity, with about 50% activity seen in Phase II. Investigators are exploring various MOAs beyond GLP-1 receptor agonists. Further focus is on formulations requiring reduced dosage and enhanced efficacy.

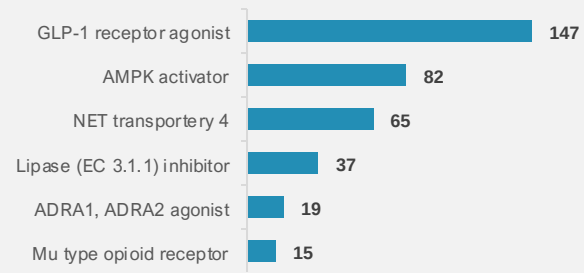
Phase-wise trials reveal a greater concentration of trials in Phase II.



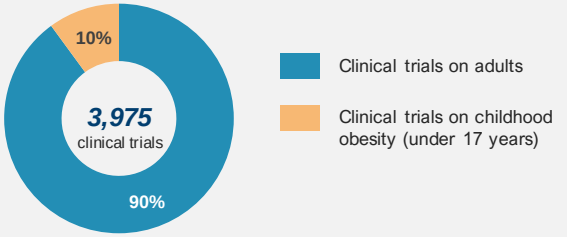
As obesity is commonly associated with various comorbidities, trials are also studying its link with these conditions.



While GLP receptor agonists continue to remain the most frequently studied MOA in the pipeline, there is a growing trend of studying other targets to improve treatment options.



About 10% of clinical trials target childhood obesity. Semaglutide and tirzepatide (approved in adults) are also being explored in patients >12 years, addressing unmet need in this area.



aranca

PROMISING THERAPIES

Some of the new MOAs and route of administration that are being explored have shown promising results in clinical trials.

Novel route of administration

Semaglutide explores an oral route of administration for obesity. In Phase II trials, it displayed 14.9% reduction over 68 weeks compared to 2.4% with placebo. This formulation is expected to improve patient compliance.

Novel mechanism of action

S-309309 targets MGAT2, reducing triglyceride storage through a novel MOA, and its oral formulation showed a 6.4% mean reduction in 12 weeks.

Oxytocin is a first of its kind antiobesity nasal spray. It is believed to reduce appetite by increasing the release of hormones such as cholecystokinin that signal a sense of fullness, acting as CGRP inhibitor.

Emerging players

TONIX PHARMACEUTICALS · SHIONOGI · Innovent

FUTURE UNMET NEEDS

Despite current clinical activity focusing on novel therapies and childhood obesity, dosing and cost continue to remain pain points.

Lower frequency of administration

- These medications pose a challenge for HCPs and patients due to their dosage frequency.
- Even the lowest frequency necessitates weekly administration.

Cost-effective medications

- The accessibility of anti-obesity drugs decreases due to their high cost.
- Many commercial insurers do not cover these drugs, leading to an increase in cost of therapy and thus impacting accessibility.

Obesity is becoming more prevalent worldwide due to sedentary lifestyles and health-related problems. Progress in developing anti-obesity medications through clinical trials has been significant. However, there is still a need to address the substantial disease burden. Further advancements and continuous research are essential to meet the challenges posed by obesity and improve outcomes for affected individuals.

Right from understanding key issues to advising you through the right set of insights and recommendations, Aranca provides research, consolidation, and insightful analysis to aid in-depth understanding of therapy and effective decision-making.

HOW CAN ARANCA HELP?

01 **Epidemiological Analysis:** Prevalence and diagnosis of diseases based on geography, gender, race and ethnicity, etc.

02 **Diagnosis and Treatment Paradigm:** Analysis of diagnosis and treatment algorithm adopted in clinical practice

03 **Current and Future Landscape:** Current treatments and latest pipeline landscape assessment for a particular therapy area

04 **Humanistic, Economic Burden, and Unmet Need Analysis:** Impact of a disease on the patient's mental and economic well-being

05 **Health Technology Assessment:** Analysis of various HTA decisions published by various countries

Connect with us

info@aranca.com

www.aranca.com/contact-us.php

www.linkedin.com/company/aranca