VANQUISH-2

PHASE 3, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF WEEKLY SUBCUTANEOUS ADMINISTRATION OF VK2735 IN OBESE OR OVERWEIGHT ADULTS WITH TYPE 2 DIABETES

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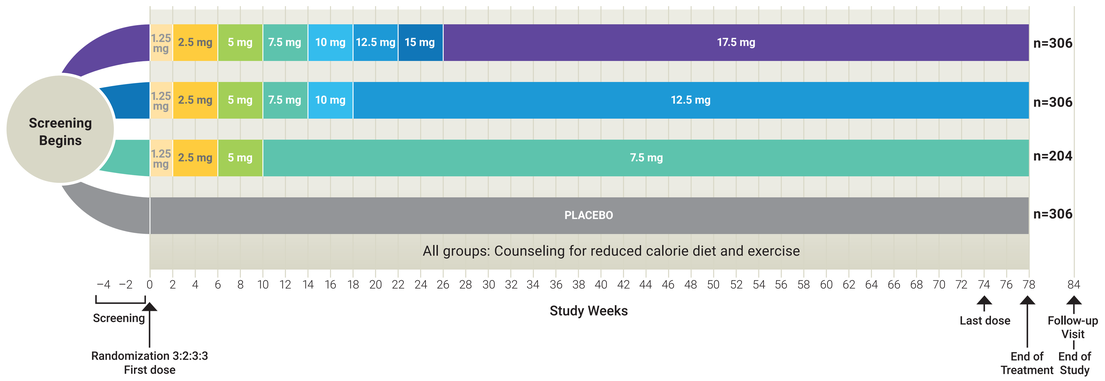
INTRODUCTION

- Approximately 38.1 million adults, or about 15% of U.S. adults, have been diagnosed with type 2 diabetes (T2D), accounting for 90–95% of all diabetes cases in the U.S.[1]
- 90% of individuals with T2D have been estimated to have overweight or obesity[2]
- T2D increases the risk of multiple comorbidities including cardiovascular disease, microvascular conditions, depression and mortality[3]
- In addition, obesity is associated with increased risk of cardiovascular disease, obstructive sleep apnea, some cancers, arthritis, psychosocial difficulties, and mortality[4]
- Weight loss is the most efficient strategy for reducing morbidity and mortality associated with T2D[5]
- For people living with obesity and T2D, weight reduction is now recommended as a key element of diabetes treatment, since it can improve glycemic control and decrease cardiometabolic risk factors, while greater body weight reduction (≥10%) has been reported to lead to remission of diabetes[6]
- VK2735 is a dual agonist of the glucagon-like peptide 1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP) receptors, which has demonstrated significant weight loss in a Phase 2 study in participants with obesity/overweight

VANQUISH-2 WILL ASSESS THE EFFICACY AND SAFETY OF VK2735 IN A LARGE, DIVERSE, PATIENT POPULATION WITH TYPE 2 DIABETES

Study Design

- VANQUISH-2 (NCT07104383) is a Phase 3, multicenter, randomized, double-blind, placebo-controlled, parallel arm study
- The duration of the study is 78 weeks, with a 6-week follow-up period
- Approximately 1,122 participants will be randomized in the study
- Participants with type 2 diabetes and obesity or overweight will be randomized 3:2:3:3 to the study arms below and will be stratified by sex
  - Matched placebo
  - 7.5 mg weekly SC VK2735
  - 12.5 mg weekly SC VK2735
  - 17.5 mg weekly SC VK2735



Objectives

- VANQUISH-2 will evaluate the weight loss efficacy as well as safety, tolerability, pharmacodynamic effects, and pharmacokinetics of VK2735 in adult individuals with BMI ≥27 kg/m² and T2D

Key Study Endpoints at 78 weeks

Primary Endpoint

Percentage change in body weight from baseline

Key Secondary Endpoints

- ≥5% body weight reduction
- ≥10% body weight reduction
- ≥15% body weight reduction
- ≥20% body weight reduction

Additional Outcomes

Functional Mobility
Physical functioning (SF-36 v2, IWQoL)

Cardiovascular & Metabolic Health
hsCRP, MACE, ALT, AST, eGFR

Mental Health
SF-36 v2, IWQoL

Work Productivity
Work Productivity & Activity Impairment

DIVERSITY PLAN

- Developed to promote broad, inclusive participation to improve the relevance of trial outcomes
- Enrollment goals specified to achieve inclusive trial participation reflective of the real-world demographic
- To ensure representativeness, participant demographics will be tracked for:
  - Gender
  - Race / Ethnicity
  - Age
  - Socioeconomic status

CONCLUSIONS

- Anti-obesity medications (i.e., incretin mimetics) have the potential to mprove glycemic control and support weight loss in people with T2D and offer additional cardiovascular, metabolic, and renal benefits
- The ongoing VANQUISH-2 trial will provide further data regarding the efficacy and safety of the dual GLP-1/GIP receptor agonist VK2735 for weight loss in adults with obesity or overweight and T2D
- Measures that influence treatment adherence and persistence will also be collected (e.g., health-related quality of life, physical and mental well-being, work productivity, and treatment satisfaction)

GLP-1 / GIP Mechanism of Action

Glucagon-like Peptide-1 Receptor Agonism

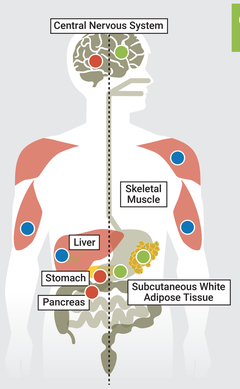
Central Nervous System
- ↑ Satiety
- ↓ Food Intake
- ↑ Nausea
- ↓ Body Weight

Pancreas
- ↑ Insulin
- ↓ Glucagon

Stomach
- ↓ Gastric Emptying

Systemic
- ↓ Hyperglycemia

Liver
- ↑ Insulin Sensitivity
- ↓ Hepatic Glucose Production
- ↓ Ectopic Lipid Accumulation



Glucose-dependent Insulinotropic Polypeptide Receptor Agonism

Central Nervous System
- ↓ Food Intake
- ↓ Nausea
- ↓ Body Weight

Pancreas
- ↑ Insulin
- ↑ Glucagon

Subcutaneous White Adipose Tissue
- ↑ Insulin Sensitivity
- ↑ Lipid Buffering Capacity
- ↑ Blood Flow
- ↑ Storage Capacity
- ↓ Proinflammatory Immune Cell Infiltration

Systemic
- ↓ Hyperglycemia
- ↓ Dietary Triglyceride

Liver
- ↑ Insulin Sensitivity
- ↓ Hepatic Glucose Production
- ↓ Ectopic Lipid Accumulation

● Glucose-dependent Insulinotropic Polypeptide Receptor Agonism
● Glucagon-like Peptide-1 Receptor Agonism
● Indirect Action

Key Inclusion Criteria

- Adults ≥18 years of age
- BMI ≥27 kg/m²
- Diagnosed with T2D according to the American Diabetes Association, with HbA1c ≥7% to ≤11% at screening, and on stable therapy for the last 3 months prior to screening

Key Exclusion Criteria

- Type 1 diabetes mellitus, history of ketoacidosis or hyperosmolar state/coma, or any other type of diabetes except T2D
- Prior or planned bariatric surgery
- ≥1 episode of severe hypoglycemia and/or ≥1 episode of hypoglycemia unawareness within 6 months of screening
- ≥2 confirmed fasting self-monitoring blood glucose values >270 mg/dL (on 2 non-consecutive days) within 4 weeks prior to randomization
- Proliferative diabetic retinopathy, or diabetic macular edema, or non-proliferative diabetic retinopathy that requires acute treatment
- Recent significant weight changes (≥5% within 3 months of screening)
- History of acute or chronic pancreatitis

130 Study Sites Now Enrolling in the US

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DISCLOSURES

All authors are employees of Viking Therapeutics, Inc.