**PPG Meeting Minutes**

Date: 20th May 2025

**PPG: ONE Obesity PPG**

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| **Attendees’ initials** | **Function/Department – *Present*** | **Function/Department –**  ***NOT present*** |
| **Chair:**  TCIT  **PPG members:**  NAVR, CTJD, XSLA, OIFR, SQKL, LSVM, NMHL, CJLU, ITSH, MDZP, ICSM, TMYU,  **Guests:** | * Global Medical Affairs * Safety Surveillance * Market Access * Scientific Publications Manager * PVP * Real World Evidence * Global Payer Evidence * Medical & Science * Regions * Global HEOR | * Biostatistics * Regulatory Affairs * Global Safety * Clinical Pharmacology * Clinical Reporting * Epidemiology * Global Marketing |

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| **Executive Summary** | |
| **Proposal** | **PPG Decision** |
| 1. Assessment of the Carbon Emissions Impact Associated with Semaglutide for Obesity/Diabetes in the UK - manuscript | ***Endorsed*** |
| 1. Indirect Treatment Comparison (ITC) of Oral semaglutide 25 mg with s.c. injectable semaglutide 2.4 mg – abstract and manuscript | ***Endorsed*** |
| 1. Relationships between body mass indices and surgical replacements of knee and hip joints – abstract | ***Endorsed*** |
| 1. Impact of Wegovy on household shopping, lifestyle and behavioural metrics in US – abstract Impact of Wegovy on food noise and mental wellbeing in US – abstract | ***Offline discussion and consideration at the next PPG meeting*** |
| 1. Real world cardiovascular and gastro-intestinal benefit of Wegovy compared to Zepbound in US – 2 abstracts | ***Offline discussion and consideration for email endorsement*** |

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| **Proposals: for review and endorsement** | |
| Who: All | |
| What: For decision | **Actions** |
| **1. Assessment of the Carbon Emissions Impact Associated with Semaglutide for Obesity/Diabetes in the UK – manuscript - CJLU** Slides and content were presented by CJLU.  **Abstract:**  Proposed congress: N/A  Submission deadline: N/A  **Manuscript:**  Proposed journals: Value in Health/Pharmacoeconomics  Proposed submission date: Q3 2025  *Background and rationale:*   * The aim of this study was to determine the net carbon emissions (including production) of semaglutide in the health care system. * Using the core obesity model (validated for long-term outcomes of obesity complications), health events will be translated into carbon emissions using:   1. Select populations from STEP 1 and STEP 2 combined.   2. Full analysis sets for STEP 1 and 2   3. Select population from SELECT. * Analyses will evaluate the trial product estimand for 1 and 2, and the treatment policy estimand for 3.   *Results*   * Greenhouse gas emissions were reduced with semaglutide 2.4 mg, due to a reduction in emissions resulting from obesity complications. No other results were presented.   *Publication strategy*   * Writing will be provided by IQVIA and process support by IQVIA and OPEN Health.   *Questions and comments:*   * MDZP asked who the target audience was and whether there was similar data for Monjara and Zepbound available as this could be a point of interest for insurers.   + CLJU stated that the primary target audience was public payers and their sustainability targets as peer submissions are now asking for inclusion of environmental considerations. No data has been put forward for Zepbound which gives the opportunity to be leaders in this area considering NN’s strong environmental KPIs. * OIFR asked why the focus was only on healthcare systems and not, for example, transport or food production.   + CLJU stated that the aim was to be conservative, as the further outwards they projected the less credible the impact of semaglutide seemed, though there was a long-term objective to extend these analyses further in the future. OIFR stated concern that people don’t connect healthcare systems to CO2. CLJU stated public payers likely do though it may not be the biggest driver.   **PPG Decision: Endorsed** |  |

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| **2. Indirect Treatment Comparison (ITC) of Oral semaglutide 25 mg with s.c. injectable semaglutide 2.4 mg - ICSM** Slides and content were presented by ICSM.  **Abstract:**  Proposed congress: OW25 late breaking  Submission deadline: July 25  **Manuscript:**  Proposed journals: Journal of Medical Decision Making  Proposed submission date: Q3 2025 (full manuscript ready for launch Jan 2026)  *Background and rationale:*   * This analysis aims to compare efficacy between oral semaglutide 25 mg and s.c. semaglutide 2.4 mg. * This is to support the launch of semaglutide 25 mg in the US and show that oral administration maintains efficacy and is comparable to s.c. with respect to change in body weight (%), physical function and cardiovascular indices. * Using the Buscher ITC method, primary and secondary outcomes from OASIS 4 and STEP 1 trials will be compared (see accompanying slides for a full list of outcomes that will be compared between trials).   *Results*   * Both trial product and treatment policy estimands overlap for change in % body weight, indicating no difference in efficacy between oral and s.c. semaglutide. * For the IWQoL-Lite CT, oral was favoured over s.c. (not statistically significant) for the trial product estimand. The trials used different placebos, but this could be worth exploring further in the full manuscript. * Data for HbA1c, lipids and blood pressure all look similar with narrow confidence intervals and are very similar between estimands.   *Publication strategy*   * Proposed external authors are Domenica Rubino, Timothy Garvey and Alexander Hodkinson. Proposed internal authors are MQIV, ICSM, NAVR and PYLK. * Writing by Petauri, process support by OPEN Health.   *Questions and comments:*   * NMHL suggested to include updated modelling on the exposure to semaglutide between oral and s.c. administration.   + ICSM stated that some modelling information was available from the FDA, and NAVR added they are working on a separate manuscript for the full modelling comparing the two routes, this can be referenced in this publication. * TCIT asked for suggestions if the external authors were unavailable.   + ICSM suggested another author from Petauri or another investigator from OASIS 4 or STEP 1. NAVR suggested an internal discussion with updates to the PPG as necessary on authorship.   **PPG Decision: Endorsed** |  |

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| **3. Relationships between body mass indices and surgical replacements of knee and hip joints – TMYU** Slides and content were presented by TMYU.  **Abstract:**  Proposed congress: OW25 late breaking  Submission deadline: July 25  **Manuscript:**  Proposed journals: N/A  Proposed submission date: N/A  *Background and rationale:*   * This study aimed to investigate the association between obesity and hip and knee joint replacement surgeries, as an update to Wendelboe *et al*, 2003 for the COM. * The following analyses will be conducted using AEMR Plus data from 2014-2024:   + Odds ratio for joint replacement/revision surgeries by BMI and sex (primary endpoint).   + Annual incidence rates of partial/total knee/hip replacement/revision surgeries per age category (this is a new analysis). * Additional analyses linking weight loss with semaglutide to surgery incidence rates are a work in progress but will be included.   *Results*   * Primary endpoint: There is an increased risk of all surgeries associated with increasing BMI category. These are in line with Wendelboe *et al*, 2003. * As age increases, incidence of all surgeries increases.   *Publication strategy*   * Internal authorship only. Proposed internal authors are TMYU, ICSM and IAUH. * Suggestions for external authors are welcomed. * Writing by Oxford PharmaGenesis.   *Questions and comments:*  **PPG Decision: Endorsed** |  |

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| What: For decision | **Actions** |
| **4. Impact of Wegovy on household shopping, lifestyle and behavioural metrics in US, Impact of Wegovy on food noise and mental wellbeing in US– TMYU** Slides and content were presented by TMYU.  **Abstract:**  Proposed congress: OW25 late breaking  Submission deadline: July 25  **Manuscript:**  Proposed journals: N/A  Proposed submission date: N/A  *Background and rationale:*   * This study aimed to generate insight into the behaviours and sentiments of Wegovy® users vs non-users in the US, in collaboration with Numerator using first-party, consumer-sourced data from Apr 2024 to Apr 2025.   + Outcomes for analysis include grocery spending per household and type, media consumption habits and substance use. * A separate project will measure the impact of Wegovy® on food noise via qualitative survey delivered by the consumer facing app, Omni Panel. * Results will be split into one-person households and multi-person households.   *Results*   * Wegovy® results in a decreased overall grocery spend across both household types. * Wegovy® users are less likely to be smokers and drink less alcohol. * Wegovy® users are more engaged in keeping a healthy lifestyle and are more environmentally conscious. * There were no results presented for the second project.   *Publication strategy*   * Proposed external author is Kristina Murphy (TBC). * Proposed internal authors are TMYU, NNI and BZVO. * Writing by Oxford PharmaGenesis.   *Questions and comments:*   * OIFR asked if this qualified as scientific research for publication, as this is fundamentally market research and is not within the scope of this PPG.   + TMYU stated it would not be accepted in a scientific journal, but the purpose was to submit to OW25 as an abstract which can be leveraged in other communication channels.   + TMYU added that there are concerns that Lilly are already publishing similar evidence and NN needs to remain competitive and produce outputs that resonate with consumers not just HCPs. * ITSH asked if the cohorts were adjusted for socio-economic status.   + TMYU stated the cohorts were demographically matched for age, ethnicity, gender, income, household size and geography. * LVSM asked if there was baseline data available for the food noise study.   + TMYU stated NN wanted to release the data quickly, so no baseline data was recorded. Participants are asked to think retrospectively before they were prescribed Wegovy®. The aim is to have a prospective follow-up study with recruitment, baseline characteristics, and such.   **PPG Decision: To be discussed offline and considered at the next PPG meeting** | *TMYU to discuss offline and determine if this is market research.  TMYU to submit a new proposal and present the data for food noise at the next PPG meeting.* |

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| **Proposals: for review and endorsement** | |
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| What: For decision | **Actions** |
| **5. Real world cardiovascular and gastro-intestinal benefit of Wegovy® compared to Zepbound® in US – TMYU** Slides and content were presented by TMYU.  **Abstract:**  Proposed congress: OW25 late breaking  Submission deadline: July 25  **Manuscript:**  Proposed journals: N/A  Proposed submission date: N/A  *Background and rationale:*   * Tirzepatide has shown superior efficacy for weight loss following SURMOUNT-5. NNI has a strong plan to strengthen the body of evidence of the benefits Wegovy® has over tirzepatide, particular in relation to CV and GI events. * The primary endpoints of this study will assess:   + Total number of CV/GI events   + Time to first CV/GI event * The proposal is one abstract for CV events and one abstract for GI events. * Initial analysis indicates a potential reduction in events with Wegovy®.   *Results*   * Results will be presented at the next PPG meeting.   *Publication strategy*   * There will be no external authors. * Proposed internal authors are TMYU, IAUH and NNI. * Writing by Oxford PharmaGenesis.   *Questions and comments:*   * ITSH asked why another CV study is required since NNI have other similar projects underway.   + TMYU stated that this study has more patients on tirzepatide measuring a broader CV event definition than MACE 4 and MACE 5. * SQKL voiced concern that there needs to be a feasibility assessment, as the GI data may not be in Wegovy’s® favour and that if published, could lead to a strong narrative of superior tolerance of Mounjaro® over Wegovy®. SQKL suggested to keep this data internal for now and compare to other NNI outputs.   + TMYU stated that the timelines are very short, but a more extensive feasibility assessment will be taken into consideration. * ITSH suggested that the addition of severity in GI events could be useful as this would capture more real-world evidence which may be beneficial and comparable to SURMOUNT-5.   **PPG Decision: To be discussed offline and considered for email endorsement** | *TMYU to present results data at the next PPG.*  *An offline e-mail endorsement will be considered due to tight timelines.* |

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**PPG meeting presented slides:**

