

ADA Scientific Sessions

June 6, 2026

**The First Phase 3 Obesity Study of Retatrutide,
a GIP, GLP-1, and Glucagon Receptor Agonist,
in People with Obesity
(TRIUMPH-1)**

Ania M. Jastreboff, MD, PhD

Harvey & Kate Cushing Professor, Yale University School of Medicine

Internal Medicine, Endocrinology & Metabolism

Pediatrics, Pediatric Endocrinology

Director, Yale Obesity Research Center (Y-Weight)

RESEARCH SUPPORT:

- Amgen
- Boehringer Ingelheim
- Eli Lilly
- NIH/NIDDK
- Novo Nordisk
- Rhythm Pharmaceuticals

OPTIONS/SHARES:

- Intellihealth
- Metsera
- State 4 Tx – academic co-founder
- Syntis Bio

SCIENTIFIC ADVISORY BOARD:

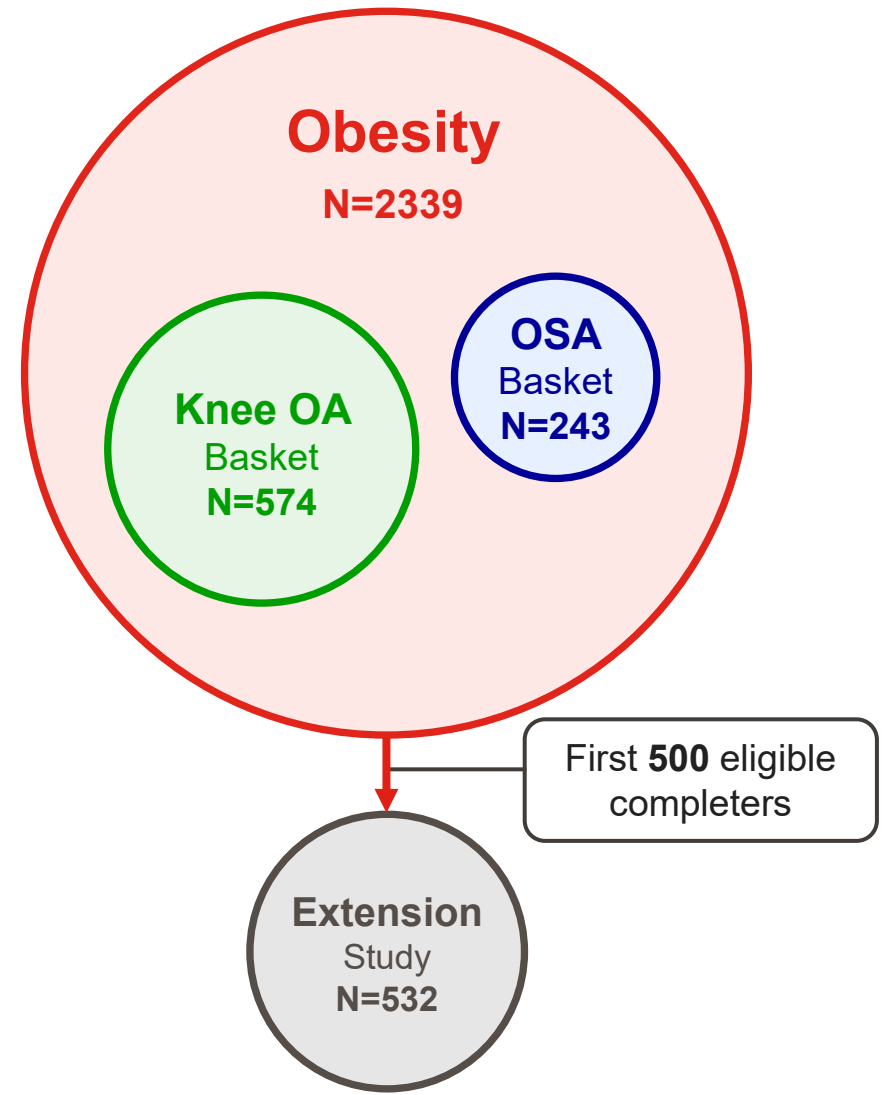
- Amgen
- AstraZeneca
- Boehringer Ingelheim
- Biohaven
- Eli Lilly
- i2o
- Kailera
- Metsera
- Novo Nordisk
- Pfizer
- Regeneron
- Roche/Genentech
- Scholar Rock
- Structure Therapeutics
- Viking
- Wave
- WW (WeightWatchers)
- Zealand Pharmaceuticals


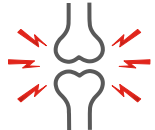

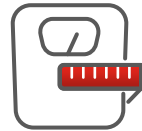
TRIUMPH-1

Study Design and Participant Disposition

TRIUMPH-1: Retatrutide Phase 3 Obesity Trial

Study Overview



	Obesity Primary Endpoint	Percent change in Weight at 80 weeks
	Osteoarthritis Primary Endpoint	Change in Knee Pain
	OSA Primary Endpoint	Change in Apnea-Hypopnea Index
	Extension Primary Objective	Percent change in Weight at 104 weeks

OSA=obstructive sleep apnea; OA=osteoarthritis.

TRIUMPH-1: Retatrutide Phase 3 Obesity Trial

Key Inclusion and Exclusion

TRIUMPH-1

Participants (N=2339)

Key Inclusion Criteria

- ≥18 years of age
- BMI ≥30 kg/m² or BMI ≥27 kg/m² with ≥1 obesity-related disease

Key Exclusion Criteria

- Any type of **diabetes** or a history of **ketoacidosis**, or **hyperosmolar state**
- **Stable weight** within 90 days prior to screening

Knee OA Basket

Participants (N=574)

Additional Inclusion Criteria

- **WOMAC Pain subscale score of 4-9** (on a 0-10 scale), and
- **Meets American College of Rheumatology criteria** (clinical and radiological) for knee OA

OSA Basket

Participants (N=243)

Additional Inclusion Criteria

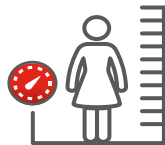
- **Moderate-to-severe OSA** on screening PSG (AHI ≥15), and
- **On stable PAP therapy** or **unable/unwilling to use PAP**

Extension Study

Participants (N=532)

Key Inclusion Criteria

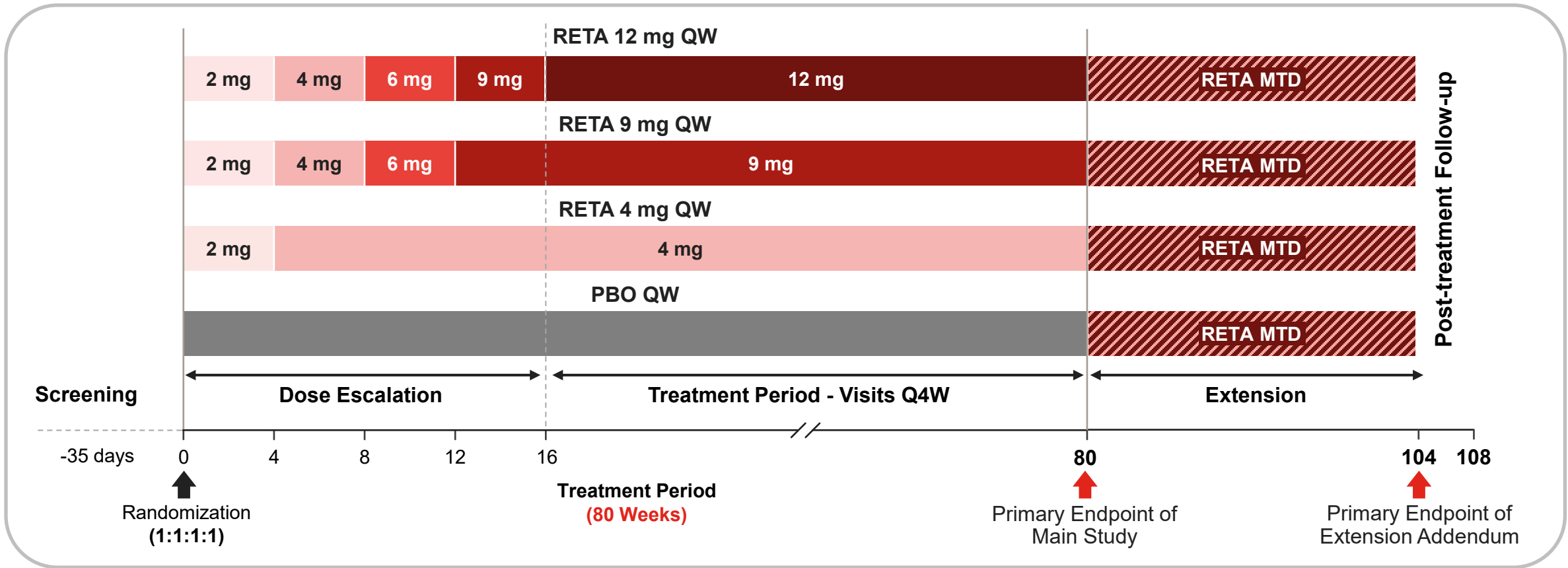
- Initial baseline **BMI ≥35 kg/m²**
- Completed the main study (Week 80)
- **On target dose** at Week 80



- Goal **80% enrichment** BMI ≥35 kg/m²
- **70% cap** on female participants

TRIUMPH-1: Study Design

Randomized, double-blind, Phase 3 trial of weekly retatrutide vs. placebo in participants with obesity, including subsets of participants with OSA or knee OA



Participants received individualized **lifestyle counselling** on **healthy diet** and **physical activity**

Giblin K, et al. Diabetes Obes Metab. 2026; <https://clinicaltrials.gov/study>

BMI=body mass index; MTD=maximum tolerated dose; OA=osteoarthritis; OSA=obstructive sleep apnea; PBO=placebo; RETA=retatrutide

Primary and Key Secondary Endpoints

TRIUMPH-1 Overall Study



Primary Endpoint

Percent change in weight at week 80 with retatrutide 9 mg or 12 mg



Key Secondary Endpoints

- Percent change in weight at week 80 with **retatrutide 4 mg**
- Percentage of participants reaching **weight reduction thresholds** of **≥5%**, **≥10%**, **≥15%**, **≥20%**, **≥25%**, **≥30%**, and **≥35%**
- Change in:
 - **systolic blood pressure**
 - **triglycerides** and **non-HDL cholesterol**
 - **hsCRP**
 - **physical function** and **psychosocial** quality of life measures

TRIUMPH-1

Participant Characteristics

Baseline Demographics

Overall Study and Baskets

Characteristic	TRIUMPH-1 Total (N=2339)	Knee OA Basket (N=574)	OSA Basket (N=243)
Age, years	48.6 (12.2)	56.1 (9.1)	47.6 (10.5)
Female, n (%)	1533 (65.5)	435 (75.8)	89 (36.6)
Race, n (%)			
White	1723 (73.7)	421 (73.3)	129 (53.1)
Black or African American	172 (7.4)	55 (9.6)	19 (7.8)
Asian	185 (7.9)	7 (1.2)	3 (1.2)
American Indian or Alaska Native	169 (7.2)	71 (12.4)	70 (28.8)
Native Hawaiian or other Pacific Islander	7 (0.3)	3 (0.5)	0
Multiple	43 (1.8)	2 (0.3)	8 (3.3)
Ethnicity, n (%)			
Hispanic or Latino	577 (24.7)	130 (22.6)	195 (80.2)

OA basket: Participants were older and included more female participants

OSA basket: More Hispanic participants and more male participants

OA=osteoarthritis; OSA=obstructive sleep apnea.

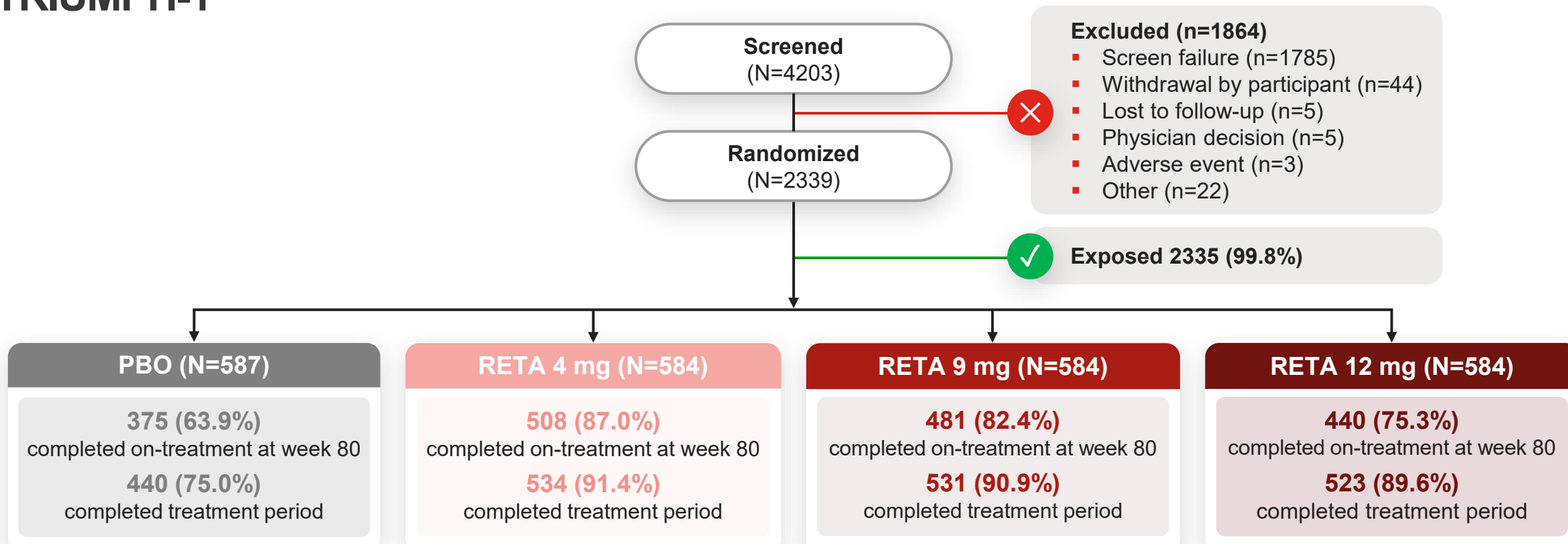
Anthropometric Measures

TRIUMPH-1 Overall Study

Characteristic	PBO (N=587)	RETA 4 mg (N=584)	RETA 9 mg (N=584)	RETA 12 mg (N=584)	Total (N=2339)
Waist circumference, cm	118.2 (16.0)	118.4 (16.2)	118.0 (15.7)	118.8 (15.5)	118.3 (15.8)
Waist-to-height ratio	0.7 (0.1)	0.7 (0.1)	0.7 (0.1)	0.7 (0.1)	0.7 (0.1)
Body Weight, kg	112.3 (24.7)	113.3 (26.2)	112.2 (24.1)	113.0 (23.9)	112.7 (24.7)
BMI, kg/m ²	39.8 (6.9)	40.3 (7.3)	40.0 (7.2)	40.0 (6.8)	40.0 (7.0)
BMI category, n (%)					
Overweight: 27-<30 kg/m ²	12 (2.0)	12 (2.1)	13 (2.2)	9 (1.5)	46 (2.0)
Class 1 Obesity: ≥30 to <35 kg/m ²	127 (21.6)	110 (18.8)	120 (20.5)	126 (21.6)	483 (20.6)
Class 2 Obesity: ≥35 to <40 kg/m ²	213 (36.3)	208 (35.6)	207 (35.4)	196 (33.6)	824 (35.2)
Class 3 Obesity: ≥40 kg/m ²	235 (40.0)	254 (43.4)	244 (41.8)	253 (43.3)	986 (42.1)
Participants with BMI ≥35 kg/m², n (%)	448 (76.3)	462 (79.1)	451 (77.2)	449 (76.9)	1810 (77.4)

Average baseline BMI = class 3 obesity (BMI ≥40 kg/m²)

Participant Disposition TRIUMPH-1



PBO: 75% completed the study, with ~64% completing on treatment

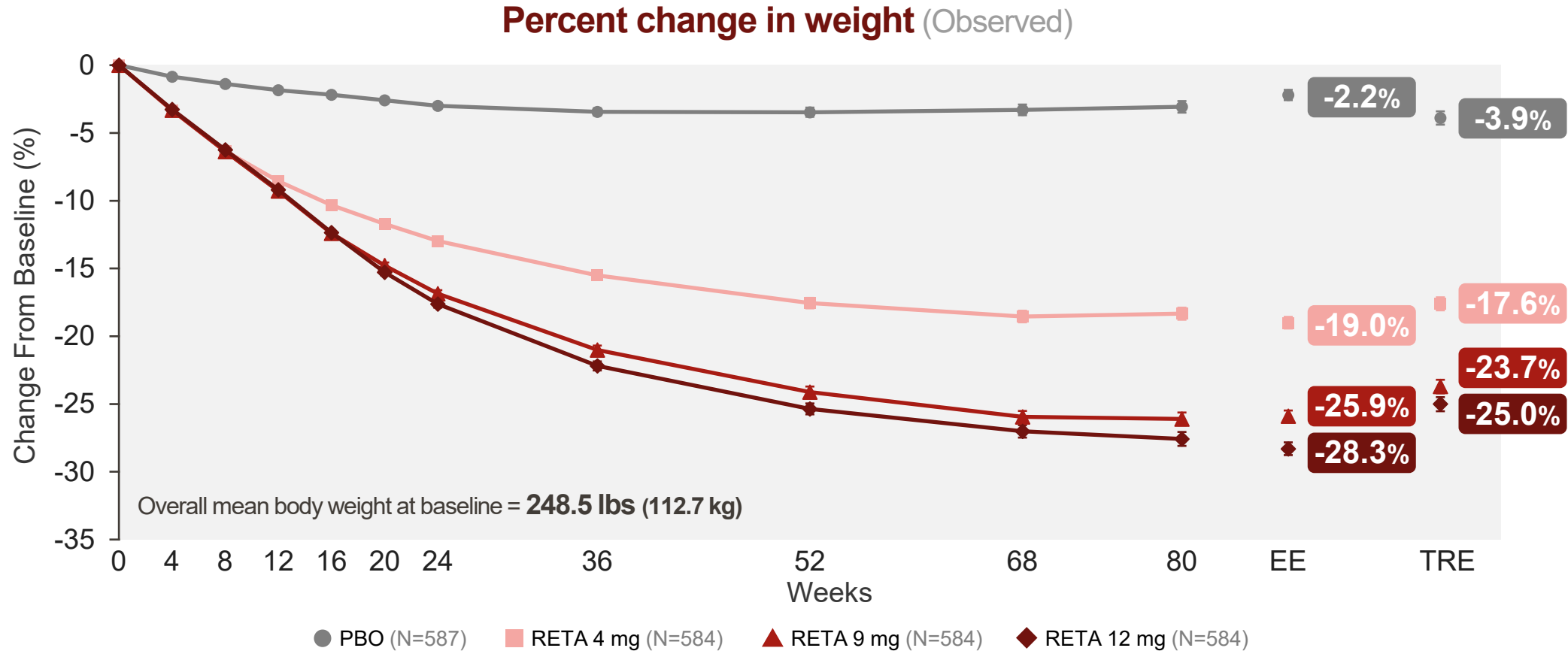
RETA: ~89%-91% completed the study, with ~75%-87% completing on treatment

TRIUMPH-1

Primary and Secondary Outcomes

Weight Reduction Over 80 Weeks With Retatrutide

TRIUMPH-1 Primary Outcome



With RETA 4 mg, a dose which had only one up-titration step, weight reduction was an average of 19% at 80 weeks

With RETA 12 mg, weight reduction was an average of 28.3% at 80 weeks

All groups p<0.001 vs. PBO.
PBO=placebo; RETA=retatrutide; EE=Efficacy Estimand; TRE=Treatment Regimen Estimand.All groups

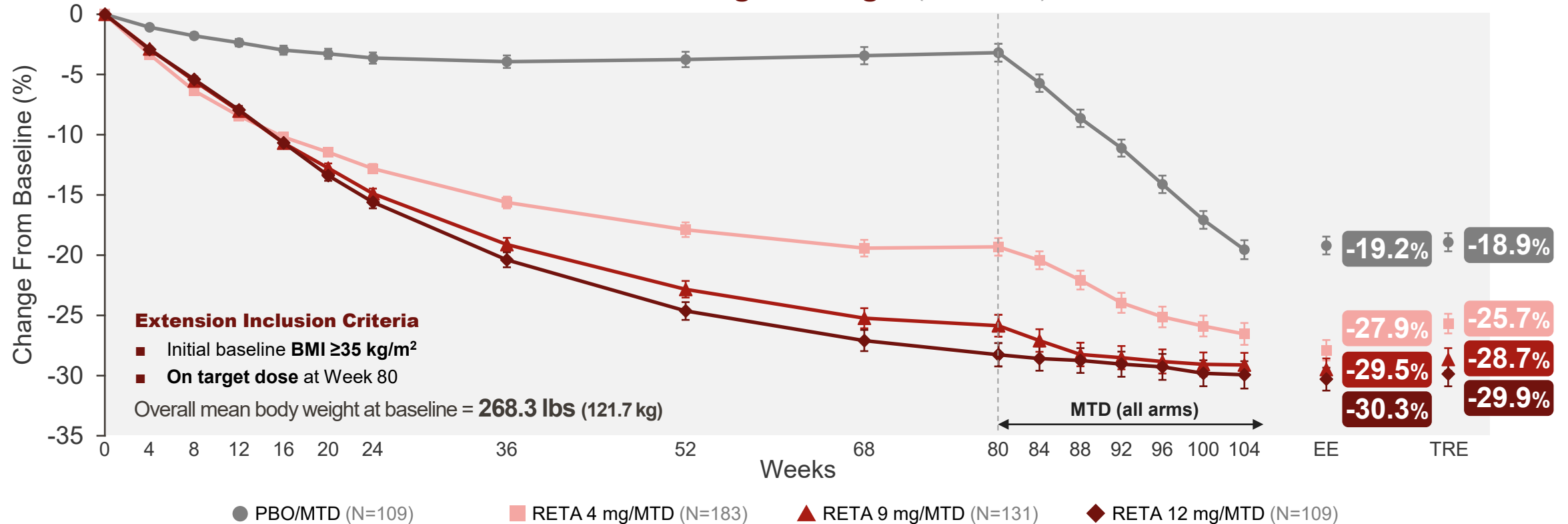
Weight Reduction Over 104 Weeks With Retatrutide

TRIUMPH-1 Extension

All Addendum Participants

N=532
total

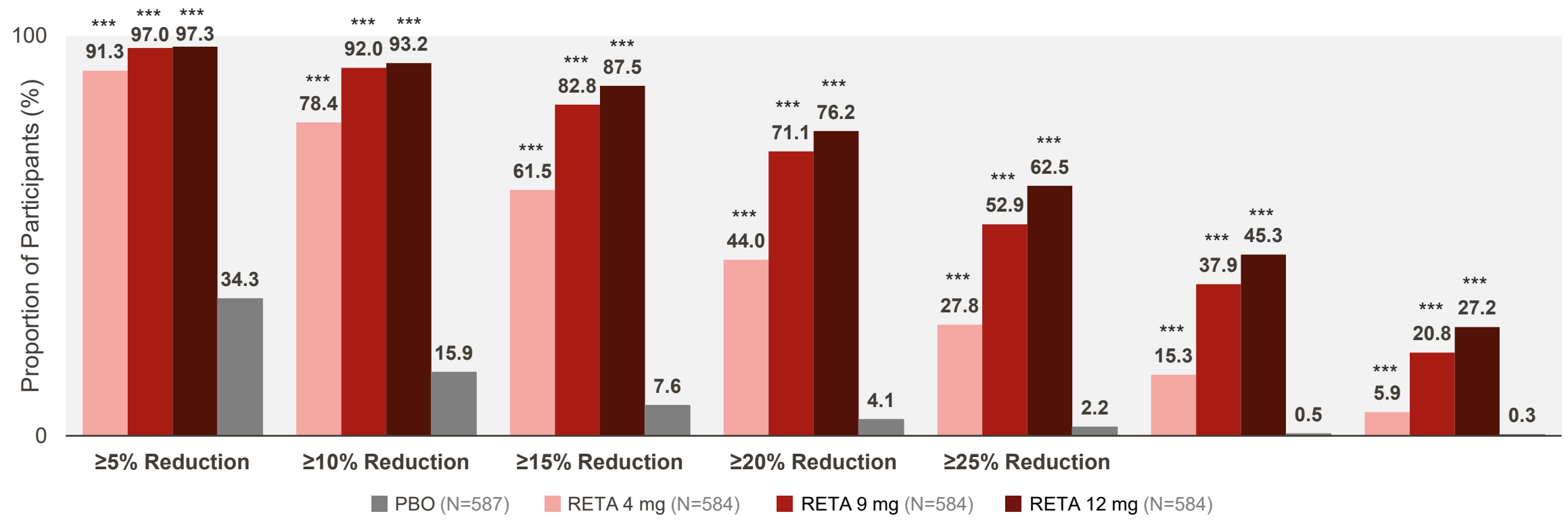
Percent change in weight (Observed)



Participants in the extension lost up to an average of 30% of their initial weight at 104 weeks

All group p < 0.001 vs. PBO.
 BMI=body mass index; EE=Efficacy Estimand; MTD=maximum tolerated dose; PBO=placebo; RETA=retatrutide; TRE=Treatment Regimen Estimand.

Percent of Participants Reaching Weight Reduction Thresholds with Retatrutide at Week 80



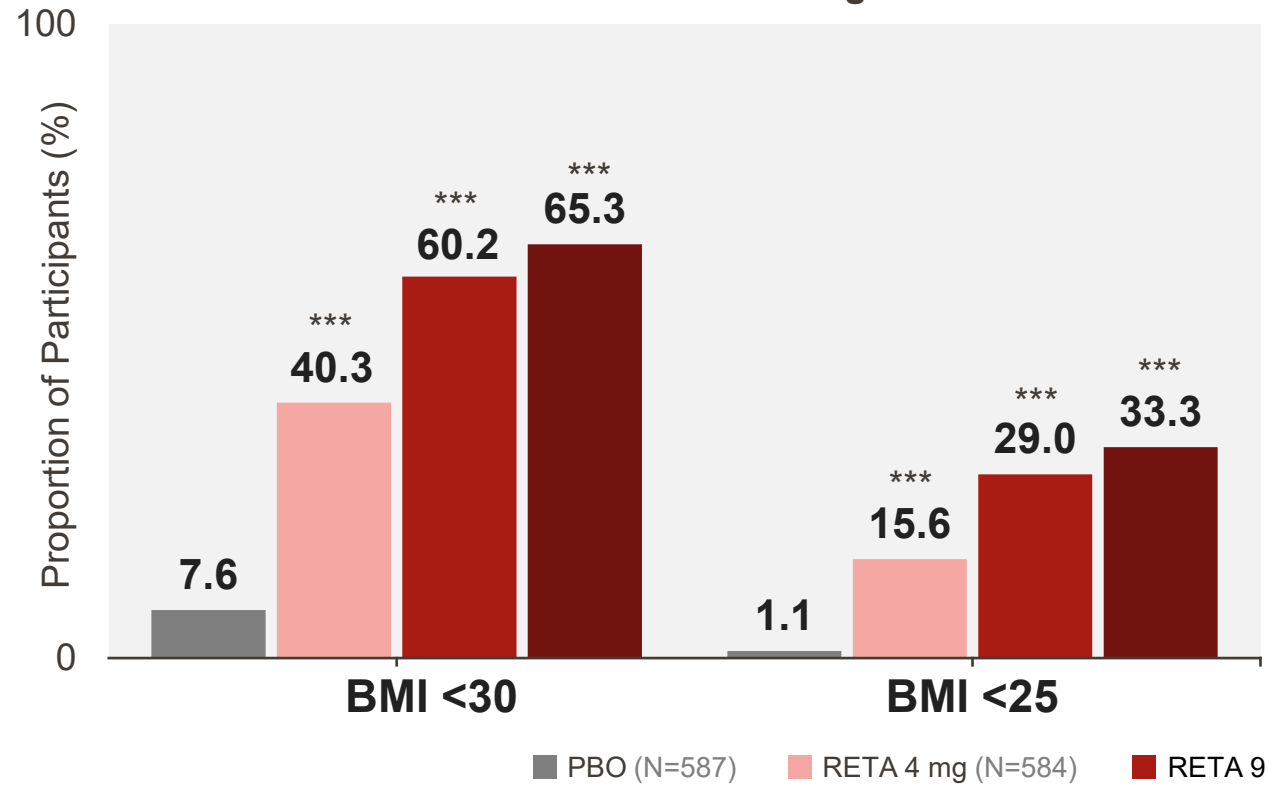
Clinically meaningful weight reduction in nearly all participants treated with RETA, including reaching higher weight reduction thresholds of ≥30% and ≥35%

***p<0.001 vs. PBO.
PBO=placebo; RETA=retatrutide.

Percentage of Participants Reaching BMI and WtHR Targets with Retatrutide at Week 80

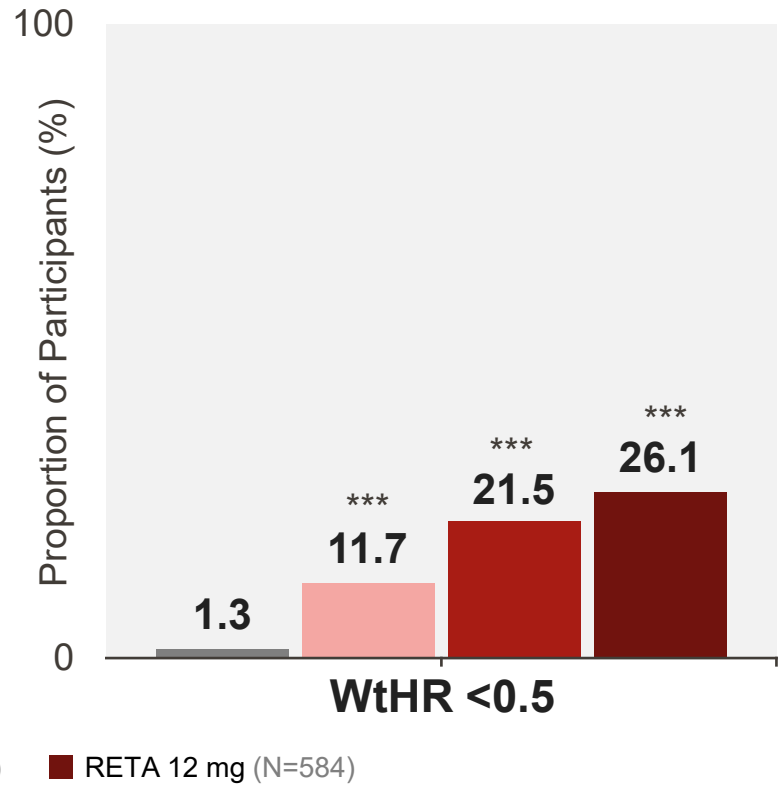
Body Mass Index

Mean baseline BMI = 40 kg/m²



Waist-to-Height Ratio (WtHR)

Mean baseline WtHR = 0.7



The efficacy observed with RETA potentially allows for a treat-to-target approach rather than relative change in weight approach, though data are needed to demonstrate health benefits with targets

***p<0.001 vs. PBO.

BMI=body mass index; PBO=placebo; RETA=retatrutide; WtHR=waist-to-height ratio.

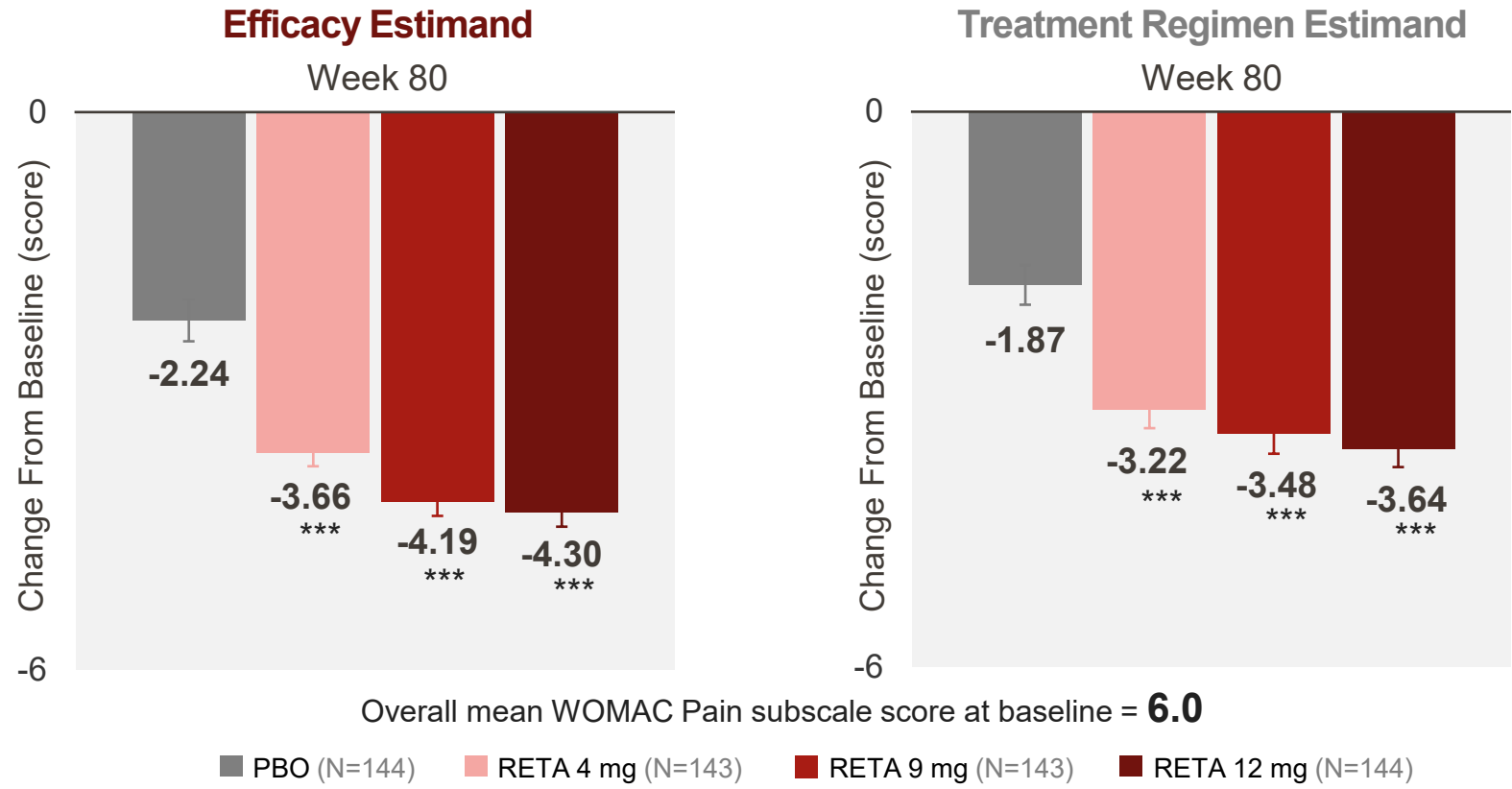
TRIUMPH-1

Primary Outcomes of the Knee OA and OSA Baskets

TRIUMPH-1- OA Basket Knee Osteoarthritis

Absolute Change in
WOMAC Pain Subscale Score

N=574
total



RETA resulted in a WOMAC pain score reduction more than the clinically significant threshold of 4 points

Which translates to up to more than a 70% decrease in pain with RETA

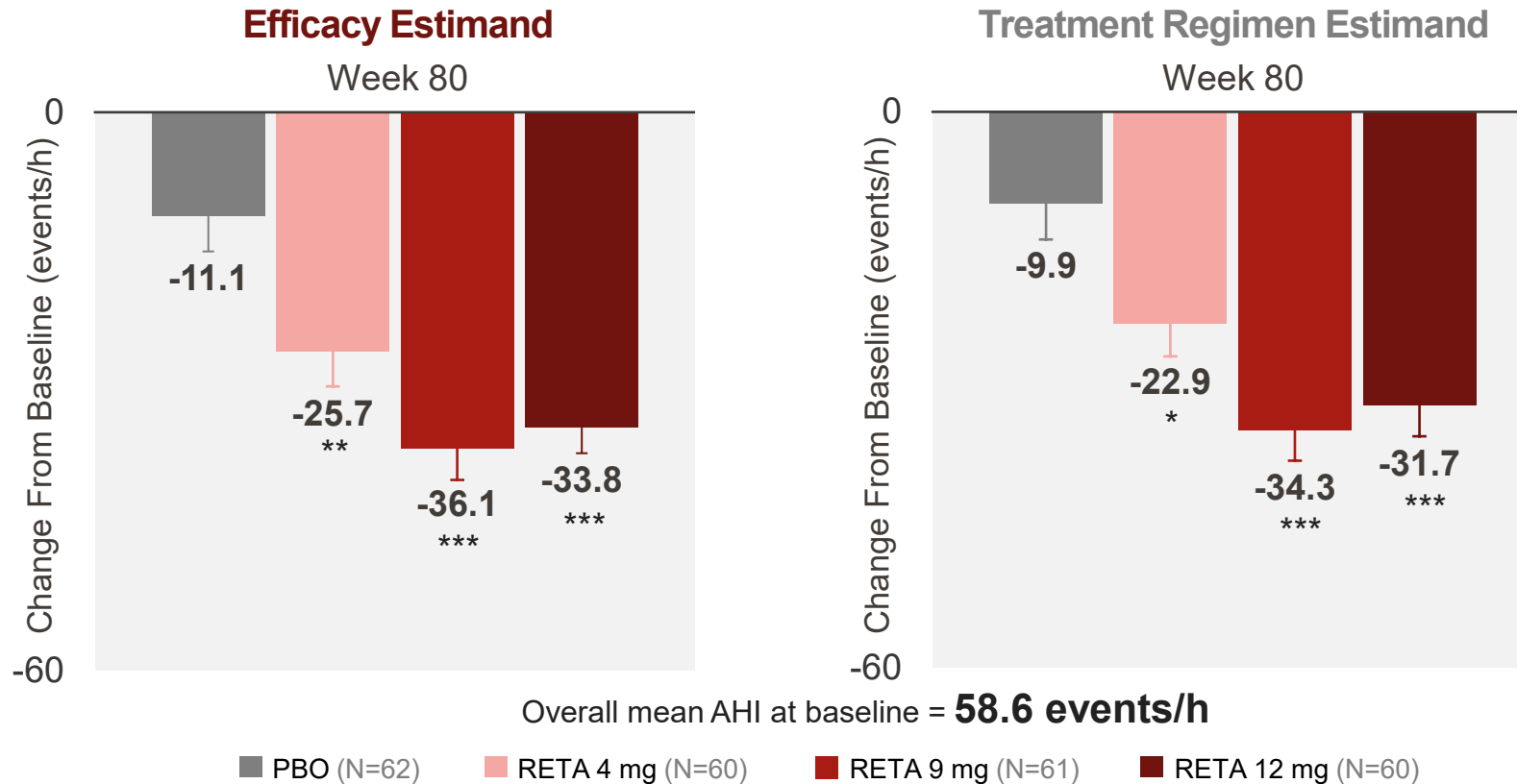
***p<0.001 vs. PBO.

BMI=body mass index; OA=osteoarthritis; PBO=placebo; RETA=retatrutide; WOMAC=Western Ontario and McMaster Universities Osteoarthritis Index.

TRIUMPH-1 OSA Basket Obstructive Sleep Apnea

Absolute Change in
Apnea Hypopnea Index (AHI)

N=243
total



RETA resulted in an AHI reduction more than the clinically significant threshold of 15 events per hr

Which translates to up to more than a 60% decrease in AHI with RETA

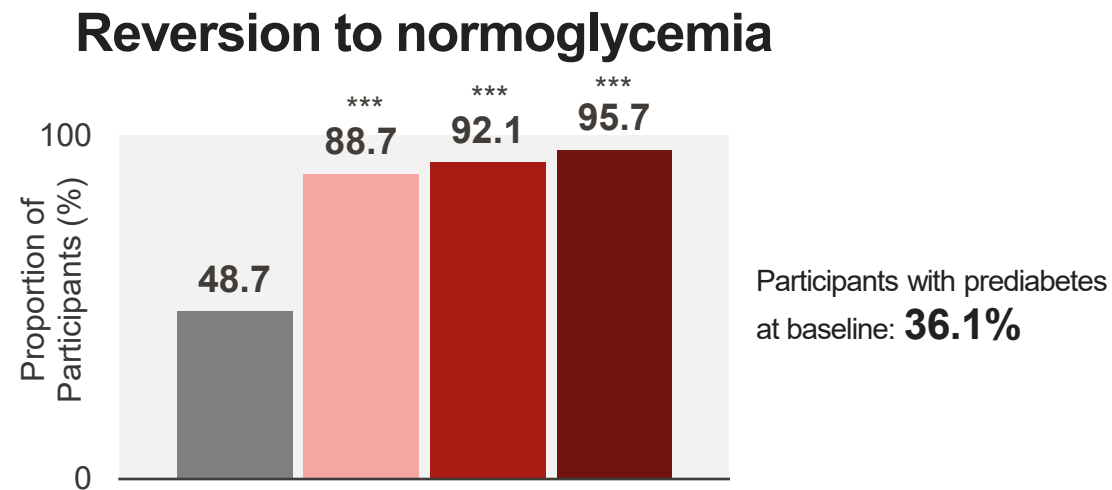
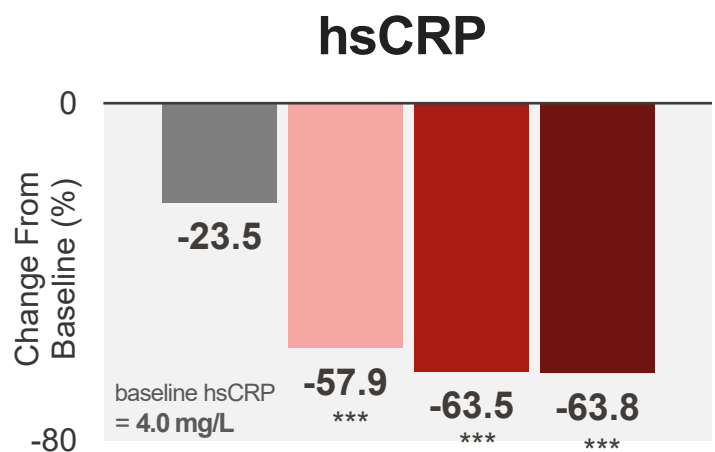
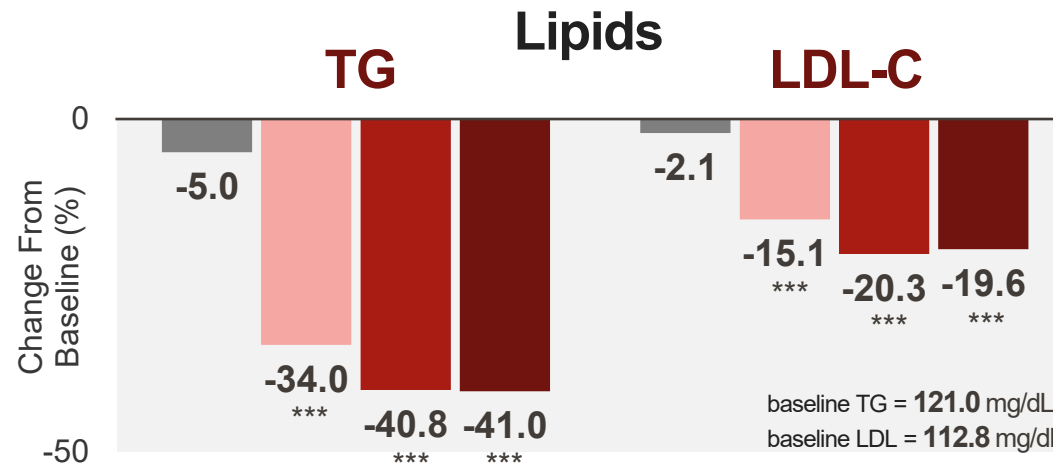
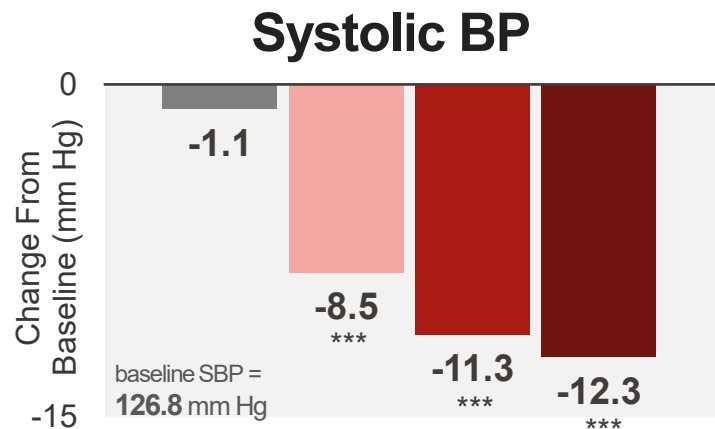
*p<0.05, **p<0.01, ***p<0.001 vs PBO.
AHI=Apnea-Hypopnea Index; BMI=body mass index; OSA=obstructive sleep apnea; PBO=placebo; RETA=retatrutide.

TRIUMPH-1

Cardiometabolic Measures and Patient-Reported Outcomes

Cardiometabolic Measures at 80 weeks with Retatrutide

Efficacy Estimand



■ PBO ■ RETA 4 mg ■ RETA 9 mg ■ RETA 12 mg

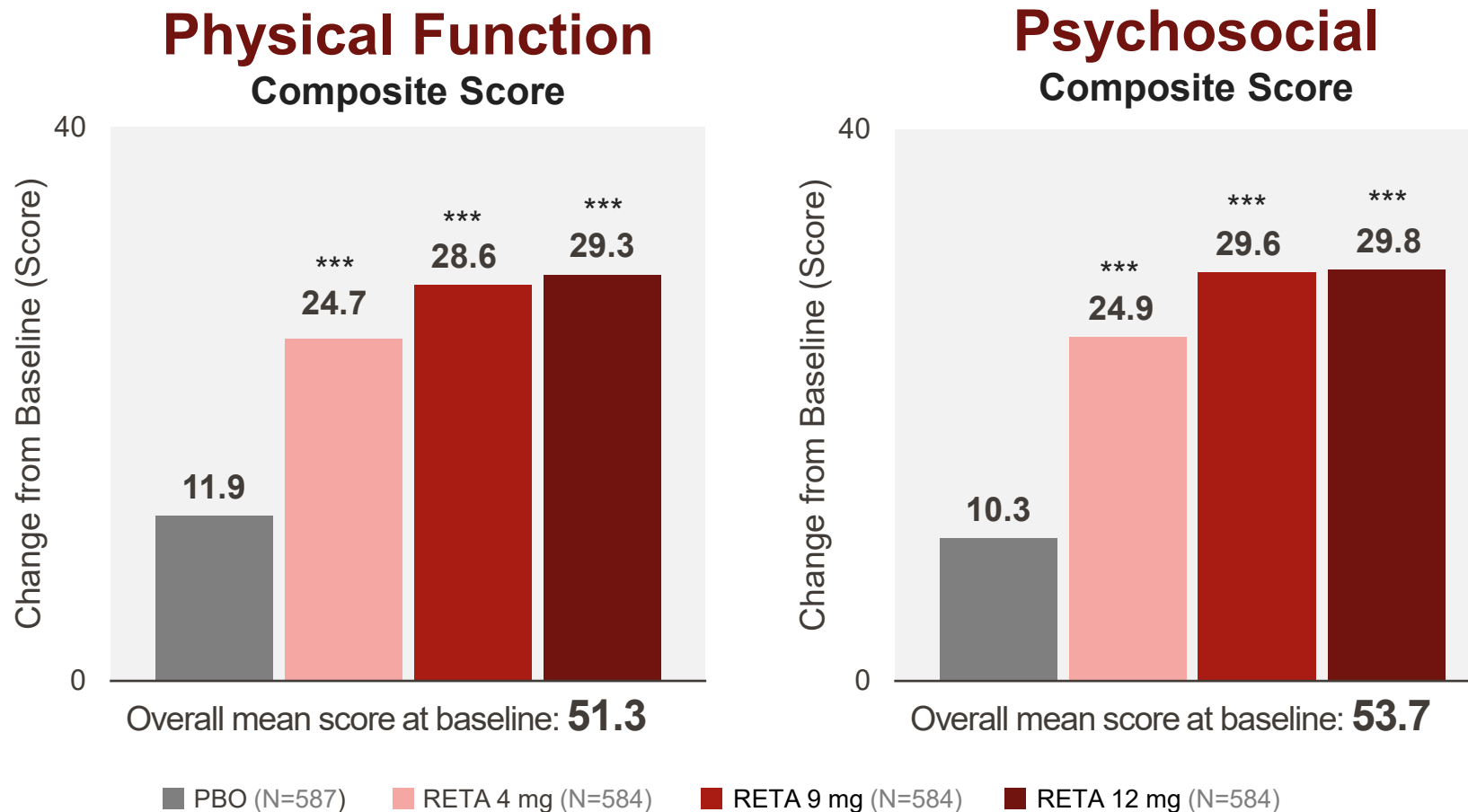
Greater improvements in blood pressure, lipids, hsCRP, and glycemia in all RETA arms than with PBO

***p<0.001 vs PBO
BP=blood pressure; hsCRP=high-sensitivity C-reactive protein; LDL-C=low-density lipoprotein cholesterol; PBO=placebo; RETA=retatrutide; SBP=systolic blood pressure; TG=triglycerides.

Patient-Reported Outcomes at Week 80 with Retatrutide

Impact of Weight on Quality of Life (IWQOL)

Efficacy Estimand



Greater improvements in physical function and psychosocial quality of life measures with RETA than with PBO

***p<0.001 vs. PBO.

IWQOL-Lite-CT=Impact of Weight on Quality of Life-Lite Clinical Trials; PBO=placebo; RETA=retatrutide.

TRIUMPH-1

Safety and Tolerability

Overview of Adverse Events

Participants with AEs, n (%)	PBO (N=586)	RETA 4 mg (N=584)	RETA 9 mg (N=583)	RETA 12 mg (N=582)
Participants with ≥ 1 AE during treatment period	473 (80.7)	508 (87.0)	519 (89.0)	519 (89.2)
Participants with ≥ 1 serious AE	32 (5.5)	45 (7.7)	45 (7.7)	61 (10.5)
Death ^a	2 (0.3)	0	3 (0.5)	1 (0.2)

Treatment-emergent adverse events were reported in 80.7% of the participants in the PBO group and 87%-89.2% of participants in the RETA groups

Serious adverse events were reported in 5.5% of the participants in the PBO group and 7.7%-10.5% of participants in the RETA groups

^aAll deaths were adjudicated by an external committee of physicians as to whether the death was a cardiovascular-related death or not.
AE=adverse event; PBO=placebo, RETA=retatrutide.

Adverse Events Occurring in $\geq 5\%$ of Participants

Participants with AEs by PT, n (%)	PBO (N=586)	RETA 4 mg (N=584)	RETA 9 mg (N=583)	RETA 12 mg (N=582)
Nausea	87 (14.8)	167 (28.6)	224 (38.4)	247 (42.4)
Diarrhea	79 (13.5)	147 (25.2)	199 (34.1)	186 (32.0)
Constipation	64 (10.9)	139 (23.8)	151 (25.9)	152 (26.1)
Vomiting	28 (4.8)	62 (10.6)	133 (22.8)	147 (25.3)
Upper respiratory tract infection	68 (11.6)	83 (14.2)	71 (12.2)	76 (13.1)
Decreased appetite	34 (5.8)	75 (12.8)	78 (13.4)	96 (16.5)
Headache	45 (7.7)	46 (7.9)	51 (8.7)	51 (8.8)
Fatigue	21 (3.6)	43 (7.4)	62 (10.6)	59 (10.1)
COVID-19	35 (6.0)	44 (7.5)	58 (9.9)	48 (8.2)
Dyspepsia	22 (3.8)	46 (7.9)	52 (8.9)	63 (10.8)
Dizziness	18 (3.1)	29 (5.0)	52 (8.9)	70 (12.0)
Nasopharyngitis	46 (7.8)	51 (8.7)	40 (6.9)	32 (5.5)
Urinary tract infection	28 (4.8)	40 (6.8)	47 (8.1)	47 (8.1)
Gastroesophageal reflux disease	18 (3.1)	40 (6.8)	52 (8.9)	49 (8.4)
Back pain	46 (7.8)	35 (6.0)	35 (6.0)	41 (7.0)
Arthralgia	44 (7.5)	38 (6.5)	42 (7.2)	32 (5.5)
Abdominal pain	11 (1.9)	41 (7.0)	34 (5.8)	60 (10.3)
Eructation	12 (2.0)	40 (6.8)	42 (7.2)	46 (7.9)
Influenza	35 (6.0)	43 (7.4)	29 (5.0)	28 (4.8)

UTIs were reported in 6.8%-8.1% of participants in RETA arms, and 4.8% with PBO, mostly mild to moderate in severity, resolved on treatment, and did not lead to discontinuation; 92% were in female participants

AEs Leading to Treatment Discontinuation

AEs Leading to Treatment Discontinuation by PT, n (%)	PBO (N=586)	RETA 4 mg (N=584)	RETA 9 mg (N=583)	RETA 12 mg (N=582)
Participants with ≥1 AE leading to treatment discontinuation	29 (4.9)	24 (4.1)	40 (6.9)	66 (11.3)
Discontinuation from treatment due to GI AEs	7 (1.2)	13 (2.2)	22 (3.8)	27 (4.6)
Nausea	2 (0.3)	3 (0.5)	8 (1.4)	10 (1.7)
Diarrhea	0	1 (0.2)	3 (0.5)	4 (0.7)
Vomiting	0	1 (0.2)	3 (0.5)	3 (0.5)
Asthenia	0	0	1 (0.2)	3 (0.5)
Pulmonary embolism	1 (0.2)	0	0	2 (0.3)
Sensitive skin	0	1 (0.2)	0	2 (0.3)
Constipation	0	1 (0.2)	2 (0.3)	1 (0.2)
Pancreatitis acute	2 (0.3)	1 (0.2)	2 (0.3)	1 (0.2)
Abdominal pain	0	2 (0.3)	1 (0.2)	1 (0.2)
Fatigue	1 (0.2)	0	1 (0.2)	1 (0.2)
Gastroesophageal reflux disease	0	2 (0.3)	0	1 (0.2)
Malignant melanoma	0	2 (0.3)	0	1 (0.2)
Rash	1 (0.2)	1 (0.2)	1 (0.2)	0

Discontinuation due to adverse event occurred in 4%-11% of participants who received RETA and 5% of those who received PBO

Gastrointestinal adverse events were the most common reason for treatment discontinuation; 2.2-4.6% in the RETA arms and 1.2% in the PBO arm

Adverse Event of Special Interest

Adverse event of special interest, n (%)	PBO (N=586)	RETA 4 mg (N=584)	RETA 9 mg (N=583)	RETA 12 mg (N=582)
Dysesthesia (skin burning sensation and related)	5 (0.9)	30 (5.1)	72 (12.3)	73 (12.5)
Injection site reactions	22 (3.8)	32 (5.5)	52 (8.9)	71 (12.2)
GI adverse events (severe or serious)	8 (1.4)	15 (2.6)	35 (6.0)	30 (5.2)
Hypotension, orthostatic hypotension, and blood pressure decreased	5 (0.9)	16 (2.7)	31 (5.3)	51 (8.8)
Malignancies	6 (1.0)	12 (2.1)	5 (0.9)	11 (1.9)
Arrhythmias & cardiac conduction disorders (severe or serious)	5 (0.9)	1 (0.2)	4 (0.7)	5 (0.9)
Pancreatitis (adjudication-confirmed)	2 (0.3)	1 (0.2)	3 (0.5)	4 (0.7)
Gallbladder / biliary tract disorders (severe or serious)	4 (0.7)	10 (1.7)	5 (0.9)	4 (0.7)
MACE (adjudication-confirmed)	1 (0.2)	1 (0.2)	5 (0.9)	3 (0.5)
Ketoacidosis due to inadequate nutritional intake & other types of metabolic acidosis / ketosis (severe or serious)	1 (0.2)	1 (0.2)	1 (0.2)	2 (0.3)
Depression / suicidal ideation / behavior (severe or serious)	1 (0.2)	0	0	1 (0.2)

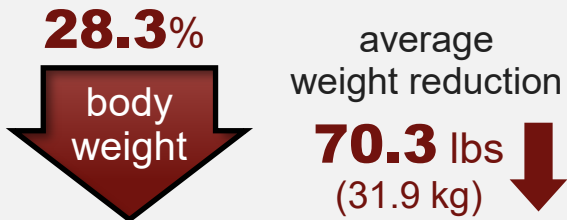
Most prevalent AESI were dysesthesia, injection site reactions, GI AEs, and reported hypotension, with the latter being more common in participants taking anti-hypertensive medications

TRIUMPH-1

Summary

TRIUMPH-1: Summary of Phase 3 Obesity Trial With Retatrutide

Retatrutide, a **once-weekly triple hormone receptor agonist**, was generally well-tolerated and provided substantial reductions in weight as well as clinically meaningful improvements in health outcomes for patients with obesity, OSA, and knee OA

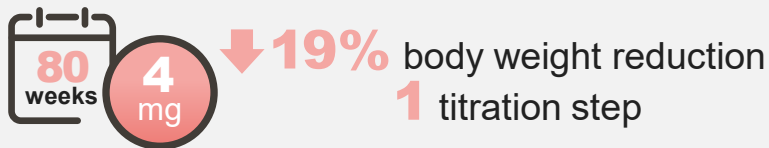


Participants in Extension lost up to on average **↓30% (85 lbs) at 104 weeks**

Weight Reduction Thresholds

- Nearly **all** lost **≥5%**
- Over **85%** lost **≥15%**
- More than **1 in 4** lost **≥35%**

Anthropometric Treat-to-target

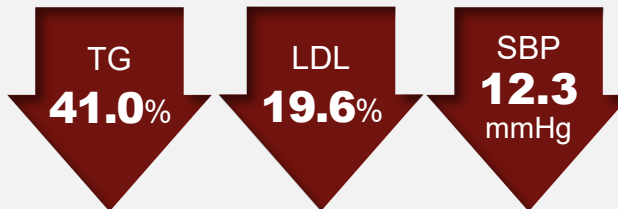


Health Outcomes

- Knee OA: >70% ↓** reduction in the **WOMAC** pain subscale
- OSA: >60% ↓** reduction in **AHI**



Prediabetes reverted to **normoglycemia in >95% of participants**



Most common side effects with retatrutide were **gastrointestinal** in nature, more frequent with **RETA 9 and 12 mg**

Reported hypotension was more common with **RETA** in participants taking **antihypertensive medication**

UTIs were more common in treatment with **RETA** and **occurred mostly in female participants**

We express our appreciation to the participants of the study, and the investigators and study coordinators who cared for them and the study sponsor, Eli Lilly.

**Thank
You**