Obesity and prediabetes are widespread in the United States. At Weeks 24 and 72, the mean 10-year least square mean differences and interaction p-value were 100.1 (17.7) and 49.7 (13.6), respectively. As the predicted T2D risk was calculated using the CMDS risk engine, additional data from prospective randomized controlled trials are needed to further confirm the effects of tirzepatide on T2D risk in individuals with prediabetes.

**CONCLUSIONS**

- Tirzepatide significantly reduced the predicted risk of developing type 2 diabetes compared with placebo, regardless of the prediabetes status.
- The reduction in 10-year predicted risk for type 2 diabetes by tirzepatide was greater in participants with prediabetes compared with those without prediabetes.
- The data suggest that risk stratification may help identify people who can derive greater benefits for prevention or delay in progression to diabetes through weight reduction interventions.
- As the predicted T2D risk was calculated using the cardometabolic disease staging risk engine, additional data from prospective randomized controlled trials are needed to further confirm the effects of tirzepatide on T2D risk in individuals with prediabetes.

**Tirzepatide Reduces the Preventive Risk of Developing Type 2 Diabetes: SURMOUNT-1 Post hoc Analysis by Prediabetes Status**

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**Methods**

**Statistical analysis**

- Least square mean differences and interaction p-values were derived from mixed model for repeated measures adjusted for country and baseline risk scores.
- The p-values for differences in baseline characteristics between participants with and without prediabetes were lower in tirzepatide groups versus placebo.
- **Age, sex, BMI, and other cardiometabolic factors at baseline were significantly different between participants with and without prediabetes**.

**References**