Rhythm



What is Hypothalamic Obesity?

Hypothalamic obesity is an acquired form of rapid-onset, severe obesity that occurs most frequently after hypothalamic damage resulting from surgical resection or radiation of brain tumors¹⁻³

Prevalence⁴



(Rhythm Pharmaceuticals estimate)

Injury to the hypothalamic region can impair signaling of the MC4R pathway a critical regulator of satiety and energy balance—in the hypothalamus, brain stem, and spinal cord.^{1-3, 5} Disruption of the MC4R pathway is associated with pathological, insatiable hunger (ie, hyperphagia), severe obesity,^{5,6} and increased risk of comorbidities, including decreased energy expenditure, sleep disturbances, and hyperinsulinemia¹



AgRP, agouti-related protein; BBS, Bardet-Biedl syndrome; LEPR, leptin receptor; MC4R, melanocortin-4 receptor; MSH, melanocyte-stimulating hormone; PCSK1, proprotein convertase subtilisin/kexin type 1; POMC, proopiomelanocortin.

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Rapid-onset, severe obesity and hyperphagia observed in hypothalamic obesity are often refractory to traditional weight management strategies^{1,5} Setmelanotide is an MC4R agonist being studied for its effect on weight and hunger in patients with MC4R pathway diseases^{14,15}

A Phase 3, Double-Blind, Randomized, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of Setmelanotide in Patients With Acquired Hypothalamic Obesity^{16,17}



^aThe initial dose of 0.5 mg is to be escalated in increments of 0.5 to 1.0 mg until the patient reaches an individual therapeutic regimen based on age and weight. ^bPatients completing the trial may be eligible to participate in an open-label LTE trial. ^cSubcutaneous injection. ^dThe safety follow-up visit is required only for patients prematurely discontinuing treatment or those completing the trial who do not enroll in the LTE.

Key Eligibility Criteria^{16,17}

KEY INCLUSION CRITERIA

- ≥4 years of age
- Documented evidence of acquired hypothalamic obesity, defined as
 - Diagnosis of craniopharyngioma or other brain lesion affecting the hypothalamic region with treatment (ie, surgery, chemotherapy, radiation) received ≥6 months before screening
 - Documented injury to the hypothalamus ≥6 months before screening for which surgery or radiation is not indicated
- Documented weight gain associated with hypothalamic injury (before or after therapy), and
 - BMI \ge 30 kg/m² for those aged \ge 18 years
 - BMI ≥95th percentile for age and sex for those aged
 <18 years

KEY EXCLUSION CRITERIA

- Diagnosis of PWS or ROHHADNET syndrome
- Obesity due to genetic or syndromic conditions before hypothalamic injury
- Weight loss in the prior 3 months
 - ->2% reduction in body weight for those aged ≥18 years
 - ->2% reduction in BMI for those aged <18 years
- Bariatric surgery or procedure within the last 2 years
- HbA_{1c} >11.0%
- Significant dermatologic findings relating to melanoma, or a history or close family history of skin cancer or melanoma
- Severe psychiatric disorder or major depressive disorder

BMI, body mass index; GFR, glomerular filtration rate; HbA1c, glycated hemoglobin; LTE, long-term extension; PWS, Prader-Willi syndrome; ROHHADNET, rapid-onset obesity with hypoventilation, hypothalamic dysfunction, autonomic dysregulation, and neuroendocrine tumor.

Key Endpoints^{16,17}

Mean percentage change in BMI

KEY SECONDARY ENDPOINTS^a:

PRIMARY

ENDPOINT^a:

- Composite proportion of patients with ≥5% reduction in BMI (≥18 years of age)
 - and BMI z-score reduction of ≥ 0.2 points (<18 years of age)
 - Proportion of all patients with ≥5% reduction in BMI
 - Mean change in weekly average of daily most hunger score in those aged ≥12 years

Safety and tolerability will be assessed by the frequency and severity of adverse events, as well as changes in ambulatory blood pressure and heart rate

^aAfter 52 weeks of setmelanotide vs placebo.

Expected Trial Completion Date: April 2025¹⁶

- For additional trial information, including a list of eligibility criteria and endpoints, please visit https://clinicaltrials.gov/ct2/show/NCT05774756
- For questions about the trial, please contact us at clinicaltrials@rhythmtx.com

References

- 1. Abuzzahab MJ, et al. Horm Res Paediatr. 2019;91(2):128-136.
- 2. Erfurth EM. Neuroendocrinology. 2020;110(9-10):767-779.
- 3. Rose SR, et al. Obesity (Silver Spring). 2018;26(11):1727-1732.
- 4. Data on file. Rhythm Pharmaceuticals, Inc; 2021.
- 5. van lersel L, et al. Endocr Rev. 2019;40(1):193-235.
- 6. Yazdi FT, et al. PeerJ. 2015;3:e856.
- 7. da Fonseca ACP, et al. J Diabetes Complications. 2017;31(10):1549–1561.
- Farooqi IS, O'Rahilly S. Nat Clin Pract Endocrinol Metab. 2008;4(10):569-577.
- 9. Roth CL. Front Endocrinol (Lausanne). 2011;2:49.

- 10. Baldini G, Phelan KD. J Endocrinol. 2019;241(1):R1-R33.
- 11. Seo S, et al. Hum Mol Genet. 2009;18(7):1323-1331.
- 12. Sohn JW, et al. Cell. 2013;152(3):612-619.
- 13. Rossi J, et al. Cell Metab. 2011;13(2):195-204.
- 14. Clément K, et al. Lancet Diabetes Endocrinol. 2020;8(12):960-970.
- 15. Haqq AM, et al. Lancet Diabetes Endocrinol. 2022;10(12):859-868.
- 16. ClinicalTrials.gov identifier: NCT05774756. Accessed May 24, 2023. https://clinicaltrials.gov/ct2/show/NCT05774756
- 17. Roth CL, et al. Poster presented at: The Endocrine Society Annual Meeting; June 15-18, 2023; Chicago, IL. Poster FRI-065.



Scan to view the ClinicalTrials.gov

Approximately 120

patients will be enrolled across

up to 35 sites