

Enobosarm in Older Patients (≥65 years) with Obesity on Semaglutide: Quality Weight Loss & Better Physical Function

Phase 2 QUALITY Clinical Study Post-hoc Subset Analysis

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Obesity Week

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Weight loss on GLP-1 therapy can cost older adults function

Lean mass is lost

Part of the weight lost on semaglutide is lean mass, not just fat.

Older adults have the least reserve

Losing muscle at 65+ puts mobility and independence at risk.

Stairs test real-world function

Time to climb, and power generated, reflect strength in daily life.

THE QUESTIONS

In patients 65 and older on semaglutide,

1. Does rapid weight loss (with GLP-1 therapy) cause clinically relevant reduction in physical function in older patients (≥65 years of age)?

2. Does enobosarm 3 mg preserve physical function (stair climb) over 16 weeks?

PHASE 2b QUALITY TRIAL

Completed Phase 2b QUALITY clinical trial study in 2025

Evaluated enobosarm in 168 patients with obesity

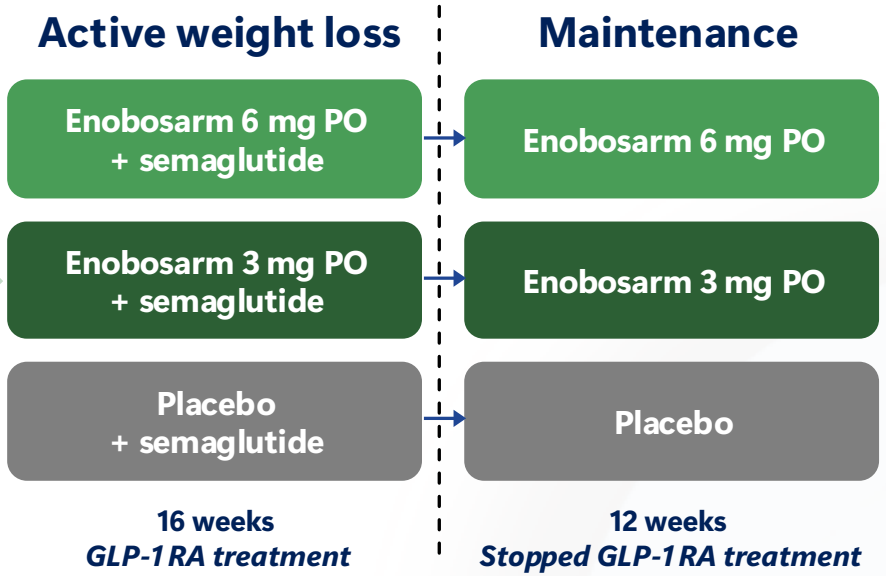
Sample size calculation

- n=168 patients (~55 subjects/arm)

Key Inclusion criteria

- Obese or overweight
- Age ≥60 years
- GLP-1 RA semaglutide is indicated

R 1:1:1



Primary endpoint (16 weeks)

Lean body mass measured by DXA scan

Secondary endpoints

- Total body fat
- Total body weight
- Stair climb physical function test

Principal Investigator

Steven B. Heymsfield, M.D., Professor and the Director of the Body Composition-Metabolism Laboratory at the Pennington Biomedical Research Center in Baton Rouge, Louisiana

Stair climb test[1,2]

Stair climb power (Watts)=
(Body weight + load carried (kg)) X 9.81 m/s^2 X total stair rise (m) time (s)



1. Travison TG et al. J Geront A Biol Sci Med Sci 10:1090, 2011| 2 Gagliano-Juca T. et al. J Gerontol A Biol Sci Med Sci 75:1167-1175, 2020

Older patients started slower and weaker on the stairs

60 to <65

n=72

Stair climb time

5.58 (2.34) s

Stair climb power

300 (92) W

65 to <70

n=57

Stair climb time

6.24 (2.18) s

Stair climb power

244 (72) W

≥70

n=35

Stair climb time

6.90 (4.16) s

Stair climb power

227 (73) W

- Stair Climb Time increases with age (p=0.002)
- Stair Climb Power decreases with age (p<0.001)
- Shows 2% loss of power per year from age 60-84

Means (SD), all subjects combined; implausible records excluded; Kruskal–Wallis test used for time

Post-hoc Analysis: Patients 65 and older, 3 mg vs placebo, at Day 112

Item	Detail
Trial	V2000101 Phase 2b, Double-Blind, Randomized, Placebo-Controlled QUALITY Study
Treatment	All subjects received semaglutide in accordance with the approved prescribing instructions
Comparison (post-hoc analysis)	Enobosarm 3 mg vs placebo
Population (post-hoc analysis)	Age ≥65: 29 vs 31 patients; 26 vs 26 with Day 112 stair data
Endpoints	Stair climb time (s) and power (W), change from baseline
Analysis	ANCOVA adjusted for baseline; medians; responders (Fisher)

Stair power = body weight × 9.81 × stair height ÷ climb time

Age ≥65: Enobosarm 3 mg kept lean mass while losing the same fat as placebo in this short 16 week-study

Total lean mass

Enobosarm 3 mg	+0.3 kg
Placebo	–2.0 kg

Adjusted difference = +2.3 kg on 3 mg, p=0.0001

Total fat mass

Enobosarm 3 mg	–3.5 kg
Placebo	–3.4 kg

No difference, p=0.91

Age ≥65; DEXA; ANCOVA LS mean change, adjusted for baseline and BMI; n=29 vs 30

STAIR CLIMB TIME · DAY 112

Age ≥65: On enobosarm 3 mg, patients climbed 15% faster than baseline

% faster than baseline (ANCOVA LS mean, adjusted for baseline time)



24x difference in time Δ (relative difference)

Difference, 3 mg – placebo

–14.4%, p=0.056

95% CI –29.2 to 0.4

Median % change

–10.3% vs –2.1%

3 mg vs placebo

Change in seconds (LS mean)

–1.15 s vs –0.69 s

3 mg within-arm p<0.001

Age ≥65; n=26 per arm; implausible records excluded

STAIR CLIMB POWER · DAY 112

Age ≥65: 3 mg patients gained power despite losing weight

Change in stair climb power, watts (ANCOVA LS mean, adjusted for baseline)



29x difference in power Δ (relative difference)

Difference, 3 mg – placebo

+37.1 W, p=0.065

95% CI –2.5 to 76.7

Median change in watts

+14.4 W vs –13.0 W

Mann–Whitney p=0.054

Median % change

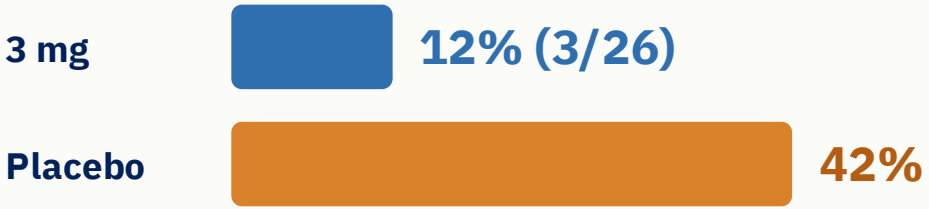
+8.2% vs –5.7%

3 mg vs placebo

Age ≥65; n=26 per arm; implausible records excluded. Power falls with weight loss alone.

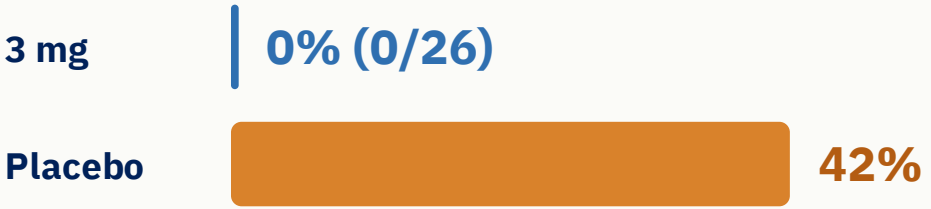
Age ≥65: Far fewer 3 mg patients lost stair function

Got slower (any increase in time)



Placebo 11/26. Fisher **p=0.027**; adjusted OR 0.17, p=0.021

Lost ≥10% of stair power



Placebo 11/26. Fisher **p<0.001**

Age ≥65; implausible records excluded.

EFFECT BY AGE · ALL AGES, 3 MG VS PLACEBO

The physical function benefit with enobosarm treatment appears to be greater with age

Age	n per arm	Stair time, 3 mg – placebo	Lost ≥10% power, 3 mg vs placebo
65–69	17 / 17	–8.4%	0% vs 41% (p=0.007)
70 and over	9 / 9	–24.7%	0% vs 44% (p=0.08)

–2.8%/year

Amount enobosarm is estimated to preserve in stair climb time per year of age (treatment x age interaction) p=0.008

Day 112 % change in stair time (negative = faster), ANCOVA; implausible records excluded

CONCLUSIONS

Question 1

- Does rapid weight loss (with GLP-1 therapy) cause clinically relevant reduction in physical function in older patients (≥65 years of age)?

Answer

- Yes, the following observations are made:
  - While you would expect patients that lose weight to go up the steps faster, 42% of the subjects went up the stairs at a slower rate.
  - The median change in stair climb power was -5.7% representing almost 3 years of loss expected from aging in this population.
  - 42% of the patients on semaglutide alone had ≥10% loss in stair climb power in only 16 weeks representing 7-10 years of loss expected from aging in this population.

CONCLUSIONS

Question 2

- Does enobosarm 3 mg preserve physical function (stair climb) in older patients (≥65 years of age) over 16 weeks?

Answer

- Yes, the following observations are made:
  - The proportion of subjects that were slower going up the stairs was significantly lower in the enobosarm group (12%) versus placebo (42%) p=0.021
  - Subjects on enobosarm went up the steps over 24x faster than the placebo group.
  - ZERO patients on enobosarm lost ≥10% loss in stair climb power on the study (vs. 42% in the placebo group)

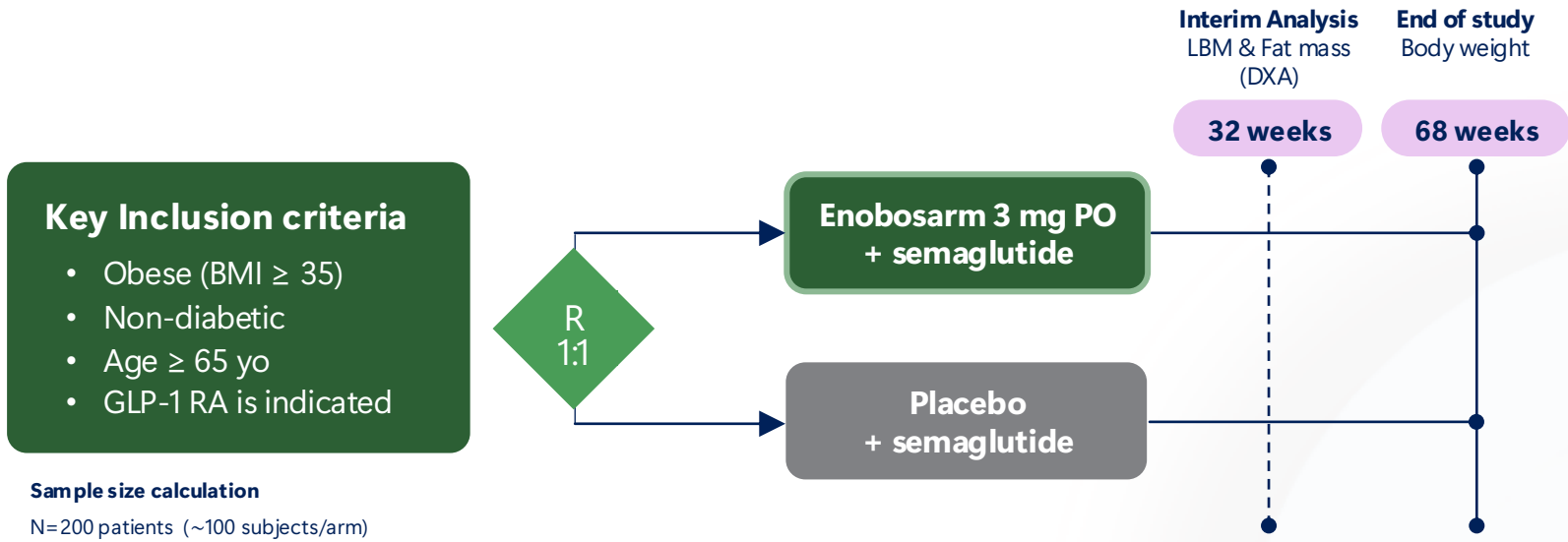
Post hoc analysis of V2000101 patient listings;

TRIAL DESIGN

Phase 2b PLATEAU clinical study design* - Fully enrolled

Double blind study to evaluate enobosarm 3 mg on total body weight, body composition (DEXA), physical function, and safety in 239 older patients with obesity taking semaglutide for weight reduction

Study duration is 68-week, Double-Blind Design



Sample size calculation

N=200 patients (~100 subjects/arm)

α = 0.05 (two-sided)

Power = 80%

5% additional weight loss (SD 12%)

Account for 10% drop-out

Semaglutide weight loss at 68 weeks is 15.7%

Primary endpoint

Total body weight

Secondary endpoints

- **Stair climb test (power & time)**
- **Mobility-disability assessment**
- **Physical function PRO (SF-36 PF-10 physical and IWQOL-Lite CT physical function PRO)**
- Total fat mass (DXA scan)
- Total lean mass (DXA scan)
- **Bone mineral density (DXA scan)**
- HbA1c
- HOMA-IR (insulin resistance)
- High sensitivity C-reactive protein

Principal Investigator

Steven B. Heymsfield, M.D., Professor and the Director of the Body Composition-Metabolism Laboratory at the Pennington Biomedical Research Center in Baton Rouge, Louisiana

* Veru entered into a clinical supply agreement for Wegovy® with Novo Nordisk in June 2026



Q&A