

TRIPLE-RECEPTOR RESEARCH

R3TA - RT-3

What human trials are showing beyond the scale.

GIP

GLP-1

GLUCAGON

28.3%

MEAN WEIGHT REDUCTION

80-WEEK PHASE 3 RESULT

Highest-dose group. The 4 mg and 9 mg groups averaged 19.0% and 25.9%.

APPETITE + SATIETY

LESS HUNGER

Supports fullness, lower intake, and less food noise.

WAIST + ABDOMINAL FAT

-9.5 IN

Average waist change at 12 mg; visceral fat also fell.

CARDIOMETABOLIC MARKERS

-41% TG | -24.2% NON-HDL

Up to 12.3 mmHg lower systolic blood pressure.

BLOOD-SUGAR CONTROL

A1C: -2.0 PTS

In adults with type 2 diabetes; up to 46% reached under 5.7%.

FATTY-LIVER SIGNAL

-81% TO -82%

Mean relative liver-fat change at 8 mg and 12 mg in a small substudy.

SLEEP APNEA

AHI: -60.6%

Up to 36.1 fewer breathing events per hour in the OSA subset.

KNEE OSTEOARTHRITIS

PAIN: -73.1%

Patient-reported improvement in the knee OA trial subset.

INFLAMMATION

HS-CRP IMPROVED

A favorable trial signal; the weight-loss contribution is not yet separated.

MORE THAN THE SCALE

Trials showed changes across weight, waist, glucose, lipids, blood pressure, liver fat, sleep apnea, knee pain, and inflammation.

READ THE LIMITS

Group averages. Different populations. Long-term CV, kidney, muscle, and off-treatment outcomes remain under study.

EXPANDED BENEFIT GUIDE | PAGE 2

R3TA - RT-3: THE FULL BENEFIT PICTURE

What has been observed, in whom, and what still needs to be proven.

01 WEIGHT, APPETITE + ENERGY

WEIGHT REDUCTION

19.0% TO 28.3%

Mean loss at 80 weeks across the 4 mg, 9 mg, and 12 mg groups. A severe-obesity extension reached 30.3% at 104 weeks.

PHASE 3 GROUP AVERAGES

APPETITE + FOOD NOISE

MORE SATIETY

GLP and GLP-1 signaling supports earlier fullness and lower calorie intake. Food noise was not a formal primary trial endpoint.

MECHANISM-SUPPORTED

ENERGY EXPENDITURE

POSSIBLE BOOST

Glucagon-receptor activity may increase energy use and fat oxidation, but its exact contribution to human weight loss has not been isolated.

STILL BEING QUANTIFIED

02 BODY FAT + METABOLIC HEALTH

WAIST + VISCERAL FAT

UP TO -9.5 IN

Average waist reduction at 12 mg by week 80. MRI data also showed reductions in visceral and abdominal fat.

OBESITY TRIAL

BLOOD-SUGAR CONTROL

A1C: UP TO -2.0

In type 2 diabetes, up to 90% reached A1C below 7.0%, and up to 46% reached below 5.7% at week 40.

TYPE 2 DIABETES GROUP

LIPIDS + BLOOD PRESSURE

TG: UP TO -41%

Non-HDL cholesterol fell up to 24.2%. Systolic blood pressure fell up to 12.3 mmHg in the obesity trial.

CARDIOMETABOLIC MARKERS

03 LIVER, SLEEP + JOINT OUTCOMES

LIVER FAT

-81% TO -82%

Mean relative change at 24 weeks with 8 mg and 12 mg. Normal liver fat was reached by 79% and 86% in a 98-person substudy.

SMALL PHASE 2A SUBSTUDY

SLEEP APNEA

AHI: UP TO -60.6%

Participants with obesity and moderate-to-severe OSA had up to 36.1 fewer breathing interruptions per hour.

OSA TRIAL SUBSET

KNEE OSTEOARTHRITIS

PAIN: UP TO -73.1%

WOMAC knee-pain scores fell up to 4.3 points from a 6.0 baseline. Weight loss likely contributed to the improvement.

KNEE OA TRIAL SUBSET

04 INFLAMMATION + DAILY FUNCTION

SYSTEMIC INFLAMMATION

HS-CRP IMPROVED

Phase 3 showed lower hsCRP. The direct drug effect has not been separated from weight loss.

MOBILITY + QUALITY OF LIFE

LIKELY SECONDARY GAINS

Less weight and knee pain plus better sleep may improve daily function. This is not proven as an independent drug effect.

COMMON TRIAL SIDE EFFECTS

Nausea, diarrhea, constipation, and vomiting. Higher doses produced more discontinuations.

NOT PROVEN YET

Long-term CV events, kidney protection, muscle preservation, head-to-head superiority, and off-treatment maintenance.



THE QUESTION EVERYONE ASKS | PAGE 3

WHAT HAPPENS WHEN R3TA STOPS?

Regain is common with obesity medicines. Regaining every pound is not guaranteed.

THE HONEST ANSWER

DIRECT R3TA OFF-TREATMENT RESULTS ARE STILL PENDING.

TRIUMPH-6 is testing maintenance versus switching to placebo, but completion is estimated for 2028.

RELATED EVIDENCE: TIRZEPATIDE

14.0% REGAINED

After losing 20.9% during 36 weeks, participants switched to placebo regained 14.0% over the next 52 weeks. They still averaged 9.9% below their original weight.

SURMOUNT-4 RANDOMIZED WITHDRAWAL TRIAL

RELATED EVIDENCE: SEMAGLUTIDE

ABOUT TWO-THIRDS

One year after stopping, participants regained about two-thirds of their prior loss. They still averaged 5.6% below baseline, and 48.2% remained at least 5% below baseline.

STEP 1 OFF-TREATMENT EXTENSION

WHY REGAIN CAN HAPPEN

APPETITE SIGNALS RETURN

Hunger, cravings, and food noise may rise when the medication's effects are removed.

THE BODY DEFENDS WEIGHT

After weight loss, biology can push energy intake up and energy use down.

HEALTH MARKERS CAN DRIFT

Blood pressure, glucose, lipids, and inflammation may move back toward baseline as weight returns.

WHAT THIS DOES NOT MEAN

REGAIN IS NOT PROOF OF ADDICTION OR PERSONAL FAILURE.

It is consistent with obesity acting like a chronic condition. The right question is not only how to lose weight, but how the result will be maintained before treatment begins.



BUILD THE EXIT PLAN FIRST | PAGE 4

HOW TO PROTECT THE RESULT

There is no guaranteed exit strategy and no validated R3TA taper. Planning still matters.

THE GOAL

KEEP BIOLOGICAL, BEHAVIORAL + CLINICAL SUPPORT IN PLACE.

The maintenance plan should begin before the first dose, not after regain starts.

SIX PART MAINTENANCE CHECKLIST

01 DECIDE WHAT LONG-TERM MEANS

Ask whether ongoing approved treatment would be acceptable if benefits outweigh risks and cost.

02 PROTECT LEAN MASS

Prioritize adequate protein and consistent resistance training. Rapid weight loss can include lean tissue.

03 BUILD SATIETY WITHOUT THE DRUG

Use protein, fiber-rich foods, fluids, sleep, and a repeatable meal structure to reduce friction.

04 TRACK MORE THAN SCALE WEIGHT

Monitor waist, blood pressure, resting heart rate, glucose or A1C, lipids, and liver measures as appropriate.

05 SET AN EARLY ACTION RANGE

Agree on a personal weight or waist range that triggers a review before regain accelerates.

06 IF STOPPING, SUPERVISE IT

There is no proven R3TA taper. Review the reason, alternatives, symptoms, and follow-up with a qualified clinician.

EVIDENCE BOUNDARY

DIRECT R3TA STOPPING RESULTS ARE STILL PENDING.

TRIUMPH-6 is studying maintenance versus stopping. Related withdrawal trials provide context, but they cannot predict an individual's R3TA outcome.

BOTTOM LINE

PLAN MAINTENANCE BEFORE THE FIRST DOSE.