CLOSER LOOK

MEMORANDUM

Kailera announces positive topline results from phase 3 trial of Hengrui Pharma's oral GLP-1 RA for obesity and T2D – July 7, 2026

HRS-7535/KAI-7535 achieved mean weight loss up to 11% by Week 44 and lowered A1c by up to 1.7% at Week 32

Waltham, Massachusetts-based Kailera Therapeutics announced today positive topline results from two phase 3 trials of its HRS-7535 (also known as KAI-7535), an oral GLP-1 RA. Kailera's partner, China-based Hengrui Pharma, conducted the phase 3 HARBOR-1 trial (n=556) in adults living with obesity and overweight and the phase 3 OUTSTAND-2 trial (n=810) in adults with T2D.

In the HARBOR-1 trial, participants receiving 120 mg and 180 mg of HRS-7535 achieved mean weight losses of 10% and 11% from baseline at Week 44, respectively, compared with 3% with placebo. In addition, approximately 59% of participants taking 120 mg of HRS-7535 achieved at least 5% weight loss.

In the OUTSTAND-2 trial, participants receiving HRS-7535 achieved significantly greater A1c reductions than dapagliflozin by Week 32. Reductions in A1c from baseline for 30 mg, 60 mg, and 90 mg HRS-7535 were 1.6%, 1.5%, and 1.7%, respectively, compared with a 1.3% reduction in 10 mg of dapagliflozin. Hengrui intends to share the full data from both trials at undisclosed upcoming conferences and to submit NDAs for the therapy for T2D and obesity in China.

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HARBOR-1 trial shows weight reduction up to 11% by Week 44 in people with obesity and overweight

At baseline, participants had a mean body weight of 94.1 kg (207 lbs) and BMI of 34.0 kg/m^2. Based on the efficacy estimand, participants taking HRS-7535 achieved a mean weight loss of 10% with the 120 mg dose and 11% with the 180 mg dose, compared to 3% with placebo. Based on the treatment policy estimand, participants taking HRS-7535 achieved mean weight losses of 8% (120 mg) and 10% (180 mg) compared to 2% with placebo. Nearly 59% of participants taking 120 mg and 68% taking 180 mg HRS-7535 achieved at least 5% weight loss, and more than a quarter achieved at least 15% weight loss. In an ad hoc analysis, at Week 50, participants achieved mean weight losses of 10% (120 mg) and 11% (180 mg), compared to 3% with placebo.

Most treatment-emergent adverse events were mild to moderate and were GI-related. Rates of nausea were 70% at both 120 mg and 180 mg doses, while vomiting was 67% at 120 mg and 69% at 180 mg. Treatment discontinuation rates were less than 5% for both doses. No liver safety signals were observed, which was consistent with prior HRS-7535 clinical trials.

OUTSTAND-2 trial shows A1c reduction up to 1.7% by Week 32 in people with T2D

At baseline, participants were primarily male (64%) and had a mean A1c of 8.6%. Based on the efficacy estimand, reductions in A1c from a baseline of 8.6% were 1.6% (30 mg), 1.5% (60 mg), and 1.7% (90 mg), compared to 1.3% on dapagliflozin 10 mg. The trial also demonstrated improvements in body weight, systolic blood pressure, lipid profiles, and UACR. Most adverse events were mild to moderate and GI-related, with no level 3 hypoglycemic events reported.

Kailera aims to optimize clinical profile for the treatment of obesity in its phase 2 trial

KAI-7535's phase 2 global trial (n=320) is currently being conducted in the US and Australia. Kailera is evaluating a wide range of doses, starting at a lower dose of 15 mg and following a more gradual titration schedule. The 44-week trial will enroll adults with a BMI $\geq$ 30kg/m^2 or a BMI $\geq$27 kg/m^2 with at least one co-morbidity, including T2D, where participants receive two dosing regimens (morning and evening). Every four weeks, participants receiving KAI-7535 will increase their dose until reaching a maximum dose of 180 mg. The primary endpoint is percent change in body weight from baseline at week 44.

Close Concerns' Questions

1. Does Kailera intend to assess changes in body composition for patients taking HRS-7535?
2. What is the anticipated regulatory timeline for HRS-7535 in China for the treatment of T2D and obesity?
3. Given the relatively high rates of nausea and vomiting, what strategies does Kailera believe will help in reducing these symptoms?
4. What insights from the phase 3 trial are informing the design of the global phase 2 trial?

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