press release

Novo Nordisk to present new data on Wegovy® across a wide range of cardiometabolic conditions at the American Diabetes Association's 2026 Scientific Sessions

- Post hoc analyses explored the impact of semaglutide across an array of conditions, including obstructive sleep apnoea (OSA), asthma-related adverse outcomes, liver health, cardiometabolic risk factors, and other obesity-related comorbidities[1-6]

- Two of the post hoc analyses demonstrated semaglutide use was associated with a reduction of asthma-related adverse outcomes and improvements in systolic blood pressure for those with uncontrolled hypertension and overweight or obesity, respectively[2-3]

- Multiple post hoc analyses were of the SELECT study, the pivotal study which led to an indication to reduce the risk of MACE in adults with obesity or overweight and established cardiovascular disease, along with diet and exercise[1-2,7]

Plainsboro, NJ and Bagsværd, Denmark, 6 June 2026 – Novo Nordisk is presenting post hoc analyses from the SELECT, STEP, ESSENCE, and OASIS clinical trials at the 2026 Scientific Sessions of the American Diabetes Association® (ADA), highlighting data regarding the impact of semaglutide across weight-related conditions.[1-6] Across these analyses, findings explore the impact of treatment with semaglutide on obstructive sleep apnoea (OSA), asthma-related adverse outcomes, cardiometabolic risk factors, and other obesity-related complications.[1-6]

“These new analyses build on the growing body of clinical evidence for semaglutide, an important medicine that has already been extensively studied not only in obesity but also in cardiovascular disease and metabolic dysfunction-associated steatohepatitis (MASH),” said Andrea Traina, Pharm.D., senior medical director, Obesity and Liver Health, Novo Nordisk. “We're continuing to invest in deepening our understanding of the potential for semaglutide to better serve appropriate patients across a diverse set of obesity-related complications.”

These exploratory data add to the growing body of evidence showing obesity is linked to a wide range of interconnected health risks and that treatment with semaglutide in these settings was associated with improved health measurements beyond weight loss alone.

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“Obesity is a chronic disease that can cause many complications in the body, contributing to serious comorbidities and broader health issues,” said Domenica Rubino, MD, founder and director, Washington Center for Weight Management & Research. “These analyses, across the spectrum of clinical trial programs conducted to evaluate semaglutide, add to our understanding of the critical ways semaglutide may impact those complications, with the goal of going beyond weight loss to improvements in overall health.”

It is important to note that semaglutide injection 2.4 mg and semaglutide tablets 25 mg contain a Boxed Warning for possible thyroid tumors, including cancer, and should not be used in those with a personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). The most common side effects include nausea, diarrhea, vomiting, constipation, stomach (abdomen) pain, changes in skin sensations, headache, tiredness (fatigue), upset stomach, dizziness, feeling bloated, belching, low blood sugar in people with type 2 diabetes, gas, stomach flu, heartburn, and hair loss.[7]

Incidence of obstructive sleep apnoea

A post hoc analysis of the SELECT trial assessed the impact of semaglutide injection 2.4 mg on risk of MACE in participants with reported OSA as well as incidence of OSA. A questionnaire identified OSA at baseline and incident OSA was captured via adverse event reporting in those without OSA at baseline. At baseline, 2,550 participants (14.5%) reported having OSA.[1]

Semaglutide injection 2.4 mg was associated with a significantly lower incidence of obstructive sleep apnoea (HR [95% CI]=0.48 [0.31-0.74]) in adults with overweight or obesity and established cardiovascular disease, compared with placebo.[1] Among those without OSA at baseline, there were a total of 95 incident cases of OSA (semaglutide 2.4 mg: 30; placebo: 65). Semaglutide injection 2.4 mg was also associated with a reduced risk of major adverse cardiovascular events (MACE) regardless of OSA status (Interaction p = 0.203.).[1]

Asthma-related adverse outcomes

In a separate post hoc analysis of the SELECT trial, patients with self-reported asthma were followed for asthma-related AEs/SAEs. A total of 1190 patients had asthma. Overall, patients with established cardiovascular disease, asthma and obesity or overweight treated with semaglutide injection 2.4 mg had a lower incidence of asthma-related AEs/SAEs (n=27) versus placebo (n= 46) [HR 0.58 (95% CI 0.36, 0.93)].[2] Changes in biomarkers that reflect inflammation were also evaluated from baseline to week 104; there was a reduction in high-sensitivity C-reactive protein (hsCRP) of 38.9% from baseline observed in patients taking semaglutide injection 2.4 mg, with no changes in blood eosinophil or neutrophil counts.[2]

Blood pressure outcomes

In a post hoc analysis including 597 adults with overweight or obesity and with uncontrolled hypertension from STEP 1,3, 5-9 and OASIS 4 clinical trials, semaglutide injection 2.4 mg, along with diet and exercise, was associated with meaningful improvements in systolic blood pressure

compared to placebo. From baseline to week 68, significant changes in systolic blood pressure (estimated treatment difference [ETD] –5.48 mmHg, 95% CI –7.78, –3.19; p<0.0001) and diastolic blood pressure (ETD –2.73 mmHg, 95% CI –4.19, –1.27; p=0.0003) were seen with semaglutide injection 2.4 mg compared with placebo in the pooled STEP trial data.[3]

Liver health

In a post hoc analysis of part 1 of the ESSENCE trial of the first 800 participants randomized,, semaglutide injection 2.4 mg resulted in consistent improvement in cardiometabolic risk factors (HbA1c, body weight [BW], waist-to-height ratio [WtHR], systolic and diastolic blood pressure [BP], triglycerides, non-HDL cholesterol, hsCRP) and liver health parameters, including ALT, controlled attenuation parameter, Enhanced Liver Fibrosis, FibroScan-AST, liver stiffness measurement) versus placebo up to week 72, regardless of baseline glycemia level in people with MASH and liver fibrosis.[4] In a separate post hoc analysis of the STEP 1 trial, people with overweight or obesity treated with semaglutide injection 2.4 had a reduction in fatty liver index scores from baseline to week 68.[5]

Cardiometabolic effects of semaglutide in OASIS 4 participants by body mass index class

In a post hoc analysis of the OASIS 4 trial assessing the effect of semaglutide tablets 25 mg on cardiometabolic outcomes (eg, body weight, waist circumference HDL, and LDL cholesterol, HbA_{1c}, blood pressure, fasting plasma glucose, and hsCRP) by baseline BMI class, patients with overweight/obesity class I (BMI 27-<35, n=85) treated with semaglutide tablets 25 mg had similar or greater improvements in cardiometabolic outcomes compared with the obesity class II/III cohort (BMI >=35, n=119) at week 64.[6] By week 64, 27% of patients in the overweight/ obesity class I cohort were in the National Institute for Health and Care Excellence low health risk category (based on waist to height ratio) versus 2% of the obesity class II/III cohort.[6]

Exploratory post hoc analyses are hypothesis-generating, and further work investigating the clinical validity of these results would be of value. Semaglutide is not approved to treat obstructive sleep apnoea, asthma, hypertension, or MASLD. Safety and efficacy for these conditions have not been established.

About STEP

The STEP program included phase 3 trials evaluating once-weekly injectable semaglutide, along with diet and exercise, for weight management in adults with overweight or obesity.[8]

About OASIS 4

OASIS 4 was a 64-week phase 3 randomized, double-blind, placebo-controlled trial evaluating the efficacy and safety of once-daily oral semaglutide 25 mg versus placebo in 307 adults with obesity (BMI ≥ 30 kg/m^2) or overweight (BMI ≥ 27 kg/m^2) with one or more weight-related comorbidities. People with diabetes were excluded. OASIS 4 included a 64-week treatment period, including a 12-week dose escalation, and a 7-week off-treatment follow-up period.[9]

In total, 307 participants were randomized in a 2:1 ratio to once-daily oral semaglutide 25 mg or placebo, alongside lifestyle intervention for 64 weeks.[9]

About SELECT

SELECT was a multicenter, randomized, double-blind, placebo-controlled, event-driven superiority trial designed to evaluate the efficacy of semaglutide 2.4 mg versus placebo as an adjunct to cardiovascular standard of care for reducing the risk of major adverse cardiovascular events (cardiovascular death, non-fatal heart attack, or non-fatal stroke) in adults with established CVD with overweight or obesity with no prior history of diabetes.[10] In SELECT, established CVD was defined as a prior heart attack, prior stroke, or symptomatic PAD.[10]

The trial, initiated in 2018, enrolled 17,604 adults and was conducted in 41 countries at more than 800 investigator sites.[10]

About ESSENCE

ESSENCE is an ongoing phase 3 trial evaluating the effect of once-weekly subcutaneous semaglutide 2.4 mg in adults with MASH with moderate-to-advanced liver fibrosis (stage F2 or F3). It is a two-part trial in which 1,197 planned participants were randomized 2:1 to receive semaglutide 2.4 mg or placebo, on top of standard of care for 240 weeks.[11]

In part 1, the objective was to demonstrate that treatment with semaglutide 2.4 mg improves liver histology at 72 weeks compared with placebo, based on biopsy sampling from the first 800 randomized patients. In part 2, which is ongoing, the primary objective is to demonstrate that treatment with semaglutide 2.4 mg lowers the risk of liver-related clinical events compared to placebo in adults with MASH and moderate-to-advanced liver fibrosis at 240 weeks.[11]

About obesity

Obesity is a serious, chronic, progressive, and complex disease that requires long-term management.[12-14] One key misunderstanding is that this is a disease of just a lack of willpower, when in fact there is underlying biology that may impede people with obesity from losing weight and keeping it off.[12,13] Obesity is influenced by a variety of factors, including genetics, social determinants of health, and the environment.[15]

About Novo Nordisk

Novo Nordisk is a leading global healthcare company with a heritage of more than 100 years in diabetes care. Building on this foundation, our purpose is to drive change to defeat serious chronic diseases - from diabetes and obesity to rare blood and endocrine disorders - by pioneering scientific breakthroughs, expanding access to medicines, and working to prevent and ultimately cure disease. We are committed to long-term, responsible business practices that deliver financial, social and environmental value. Headquartered in Denmark and operating in around 80 countries, Novo Nordisk employs approximately 67,900 people and markets products in roughly 170 countries. In the United States, Novo Nordisk has a 40-year presence, is headquartered in New Jersey and employs approximately 10,000 people across more than 10 manufacturing, R&D, and corporate locations in seven states plus Washington, D.C. For more information, visit novonordisk.com and novonordisk-us.com, and follow us on Facebook, Instagram, X, LinkedIn, and YouTube.

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