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**The efficacy and safety of liraglutide 3.0mg for weight management are similar across baseline Edmonton Obesity Staging System (EOSS) categories: post-hoc analysis at 56 weeks**

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**Aims:** SCALE Obesity and Prediabetes (NCT01272219) and SCALE Diabetes (NCT01272232) evaluated efficacy and safety of liraglutide 3.0mg, as adjunct to diet and exercise. We evaluated *post-hoc* weight loss (WL; primary endpoint), secondary endpoints and safety from the trials in Edmonton Obesity Staging System (EOSS) subgroups. The EOSS classifies obesity based on comorbidities and functional status.

**Methods:** Adults (BMI ≥27kg/m² with ≥1 comorbidity or ≥30kg/m²) randomised to liraglutide 3.0mg or placebo were assigned an EOSS score. Data are for those exposed with ≥1 post-baseline assessment, last observation carried forward.

**Results:** More individuals with Type 2 diabetes had a baseline EOSS score of 2 or 3, indicating greater risk. Mean age, weight, BMI and systolic blood pressure (SBP) increased with baseline score. Consistently across EOSS scores, greater WL and improvements in HbA1c, SBP, lipids and physical function were seen at week 56 for liraglutide 3.0 mg vs placebo. With liraglutide 3.0 mg WL was 7.4–8.1% in individuals without Type 2 diabetes, 5.8–6.5% in those with Type 2 diabetes. In the placebo group WL was 2.3–3.1% and 1.8–3.2%. Baseline EOSS scores did not generally explain outcomes (interaction p-value>0.05). Adverse events and serious events were similar across EOSS scores. Pulse increased with liraglutide 3.0mg (1.9–2.6 bpm) vs placebo (-3.9–0.9 bpm; treatment difference 2.0–6.5 bpm, p<0.05) across EOSS scores.

**Conclusions:** Effects of liraglutide 3.0 mg, as adjunct to diet and exercise, on WL, associated risk factors, physical function and safety were generally consistent across baseline EOSS scores.

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