**Letter to NEJM re: STEP 1 trial correspondence**

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We would like to thank the editors for giving us the opportunity to respond to the correspondence relating to the STEP1 study1. Javor asks questions about hypoglycaemia; extensive clinical experience in type 2 diabetes with GLP1 RA and in obesity with liraglutide shows that severe hypoglycaemia is rare with these agents. In type 2 diabetes the majority of events occur in people taking concomitant sulfonylurea or insulin therapy which was not relevant for STEP 1 as no participants with diabetes were included in the trial. The suggestion of measuring fasting blood glucose during study visits is reasonable, but in the SCALE obesity and prediabetes trial2 most of the events reported were asymptomatic readings below 3.9mmol/l during fasting study visits, and there were no severe episodes of hypoglycaemia; similar results were seen in the phase 2 trial with semaglutide3, hence this was not considered essential for the safety of study participants during STEP 1. Koo and Lin ask about the efficacy in people with type 2 diabetes. This is indeed important and has been addressed in the separate STEP 2 study4. Their question about GLP1 RA as an adjunct to bariatric surgery is interesting. This group was excluded from the current trial, although a number of trials are addressing this question with liraglutide 3.0mg (e.g. NCT033414295 and NCT035343106). This is certainly an area that would be of interest for future research with semaglutide.

**References**

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5. Available at https://clinicaltrials.gov/ct2/show/NCT03341429
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