



## Rhythm Pharmaceuticals Announces Six Abstracts to be Presented at The Obesity Society's Annual Meeting at ObesityWeek®

October 10, 2023

BOSTON, Oct. 10, 2023 (GLOBE NEWSWIRE) -- Rhythm Pharmaceuticals, Inc. (Nasdaq: RYTM), a commercial-stage biopharmaceutical company focused on transforming the lives of patients and their families living with hyperphagia and severe obesity caused by rare melanocortin-4 receptor (MC4R) pathway diseases, today announced that six abstracts have been accepted for presentation – three oral presentations and three posters - at The Obesity Society's Annual Meeting at ObesityWeek® to be held October 14-17 in Dallas, TX.

The following abstracts were accepted as late-breakers for presentation:

- "Weight Reduction in Patients With Hypothalamic Obesity Treated with Setmelanotide for 12 Months" will be presented on October 17 from 11:45 a.m. to 1:15 p.m. CT in Exhibit Hall D. The lead author on this research is Christian L. Roth, M.D., Seattle Children's Research Institute, Seattle, WA.
- "3-Year Setmelanotide Weight Outcomes in Patients with Bardet-Biedl Syndrome and Obesity" will be presented on October 17 from 11:45 a.m. to 1:15 p.m. CT in Exhibit Hall D. The lead author on this research is Jack Yanovski, M.D., Ph.D., Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, Bethesda, MD.
- "4-Year Setmelanotide Weight Outcomes of Patients with POMC and LEPR Deficiency Obesity" will be featured in an oral presentation on October 17 from 10:30 to 10:45 a.m. CT in D174. The lead author on this research is Wendy K. Chung, M.D., Ph.D., Division of Molecular Genetics, Department of Pediatrics, Columbia University, New York, NY.
- "Cardiac, Renal, and Endocrine/Diabetes Mellitus Outcomes in Children with Bardet-Biedl Syndrome," will be presented on October 15 from 11:45 a.m. to 1:15 p.m. CT in Exhibit Hall D. The lead author on this research is Jeremy Pomeroy, Ph.D., M.S., Marshfield Clinic Research Institute.

Rhythm will also present two additional oral presentations:

- "Impact of Setmelanotide on Metabolic Syndrome Risk in Patients with POMC and LEPR Deficiency" will be presented on October 16 from 8:15 to 8:30 a.m. CT in Ballroom C. This research was led by Martin Wabitsch, M.D., Ph.D., Department of Pediatrics and Adolescent Medicine, University of Ulm in Germany.
- "Impact of Setmelanotide on Metabolic Syndrome Risk in Patients with Bardet-Biedl Syndrome" will be presented on October 16 from 8:30 to 8:45 a.m. CT in Ballroom C. The lead author is Andrea Haqq, M.D., M.H.S., Division of Pediatric Endocrinology at the University of Alberta.

ObesityWeek® will be held at the Kay Bailey Hutchison Convention Center in Dallas. Rhythm will post these data presentations on the Company's website on the "Publications and Presentations" page following the conference.

In addition, the Company will host an investor conference call and webcast to discuss these data presentations on Wednesday, October 18, 2023, at 8:00 a.m. ET. This conference call will be accessible under "Events & Presentations" in the Investor Relations section of the Company's website at [www.rhythmtx.com](http://www.rhythmtx.com). A replay will be available on the Rhythm website for 30 days following the presentation.

### About Rhythm Pharmaceuticals

Rhythm is a commercial-stage biopharmaceutical company committed to transforming the lives of patients and their families living with hyperphagia and severe obesity caused by rare melanocortin-4 receptor (MC4R) diseases. Rhythm's lead asset, IMCIVREE (setmelanotide) is approved by the U.S. Food and Drug Administration (FDA) and authorized by the European Commission (EC) and the UK's Medicines & Healthcare Products Regulatory Agency (MHRA) for use in accordance with product labeling. Additionally, Rhythm is advancing a broad clinical development program for setmelanotide in other rare MC4R pathway diseases, as well as a preclinical suite of investigational candidates for the treatment of congenital hyperinsulinism. Rhythm's headquarters is in Boston, MA.

### Setmelanotide Indication

In the United States, setmelanotide is indicated for chronic weight management in adult and<sup>1</sup> pediatric patients 6 years of age and older with monogenic or syndromic obesity due to POMC, PCSK1 or LEPR deficiency as determined by an FDA-approved test demonstrating variants in POMC, PCSK1 or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS) and BBS.

In the European Union, setmelanotide is indicated for the treatment of obesity and the control of hunger associated with genetically confirmed Bardet-Biedl syndrome (BBS) or genetically confirmed loss-of-function biallelic proopiomelanocortin (POMC), including PCSK1, deficiency or biallelic leptin receptor (LEPR) deficiency in adults and children 6 years of age and above.

In Canada, setmelanotide is indicated for the treatment of obesity due to Bardet-Biedl syndrome (BBS) or genetically-confirmed biallelic pro-opiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency due to variants interpreted as pathogenic, likely pathogenic, or of uncertain significance in adults and children 6 years of age and above.

### Limitations of Use

Setmelanotide is not indicated for the treatment of patients with the following conditions as setmelanotide would not be expected to be effective:

- Obesity due to suspected POMC, PCSK1 or LEPR deficiency with *POMC*, *PCSK1* or *LEPR* variants classified as benign or likely benign
- Other types of obesity not related to POMC, PCSK1 or LEPR deficiency, or BBS, including obesity associated with other genetic syndromes and general (polygenic) obesity.

In Europe, Setmelanotide should be prescribed and supervised by a physician with expertise in obesity with underlying genetic etiology.

## WARNINGS AND PRECAUTIONS

**Skin Monitoring:** Setmelanotide may lead to generalized increased skin pigmentation and darkening of pre-existing naevi because of its pharmacologic effect. Full body skin examinations should be conducted annually to monitor pre-existing and new skin pigmentary lesions before and during treatment with setmelanotide.

**Heart Rate and Blood Pressure Monitoring:** Heart rate and blood pressure should be monitored as part of standard clinical practice at each medical visit (at least every 6 months) for patients treated with setmelanotide.

**Prolonged Penile Erection:** Spontaneous penile erections have been reported in clinical trials with setmelanotide. Patients who have a penile erection lasting longer than 4 hours should be instructed to seek emergency medical attention for potential treatment of priapism.

**Depression:** In clinical trials, depression has been reported in patients treated with setmelanotide. Patients with depression should be monitored at each medical visit during treatment with setmelanotide. Consideration should be given to discontinuing setmelanotide if patients experience suicidal thoughts or behaviors.

**Pediatric Population:** The prescribing physician should periodically assess response to setmelanotide therapy. In growing children, the impact of weight loss on growth and maturation should be evaluated. The prescribing physician should monitor growth (height and weight) using age- and sex-appropriate growth curves.

**Excipients:** This medicinal product contains 10 mg benzyl alcohol in each ml. Benzyl alcohol may cause allergic reactions. Patients who are pregnant or breastfeeding should be advised of the potential risk from the excipient benzyl alcohol, which might accumulate over time and cause metabolic acidosis. This medicinal product should be used with caution in patients with hepatic or renal impairment, because of the potential risk from the excipient benzyl alcohol which might accumulate over time and cause metabolic acidosis.

**Sodium:** This medicinal product contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially "sodium-free."

## ADVERSE REACTIONS

The most frequent adverse reactions are hyperpigmentation (51%), injection site reaction (39%), nausea (33%), and headache (26%).

## USE IN SPECIFIC POPULATIONS

### Pregnancy

There are no data from the use of setmelanotide in pregnant women. Animal studies do not indicate direct harmful effects with respect to reproductive toxicity. However, administration of setmelanotide to pregnant rabbits resulted in decreased maternal food consumption leading to embryo-fetal effects. As a precautionary measure, setmelanotide should not be started during pregnancy or while attempting to get pregnant as weight loss during pregnancy may result in fetal harm. If a patient who is taking setmelanotide has reached a stable weight and becomes pregnant, consideration should be given to maintaining setmelanotide treatment as there was no proof of teratogenicity in the nonclinical data. If a patient who is taking setmelanotide and still losing weight gets pregnant, setmelanotide should either be discontinued, or the dose reduced while monitoring for the recommended weight gain during pregnancy. The treating physician should carefully monitor weight during pregnancy in a patient taking setmelanotide.

### Breast-feeding

It is unknown whether setmelanotide is excreted in human milk. A nonclinical study showed that setmelanotide is excreted in the milk of nursing rats. No quantifiable setmelanotide concentrations were detected in plasma from nursing pups. A risk to the newborn/infant cannot be excluded. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from setmelanotide therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the mother.

#### **Fertility**

No human data on the effect of setmelanotide on fertility are available. Animal studies did not indicate harmful effects with respect to fertility.

To report SUSPECTED ADVERSE REACTIONS, contact Rhythm Pharmaceuticals at +1 (833) 789-6337. See [Summary of Product Characteristics' APPENDIX V](#) for a list of European national reporting systems to communicate adverse reactions.

**Please see the full Prescribing Information for additional Important Safety Information.**

#### **Forward-looking Statements**

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements contained in this press release that do not relate to matters of historical fact should be considered forward-looking statements, including without limitation statements regarding the potential, safety, efficacy, and regulatory and clinical progress of setmelanotide and our other preclinical investigational candidates, and our participation in upcoming events and presentations. Statements using words such as “expect”, “anticipate”, “believe”, “may”, “will” and similar terms are also forward-looking statements. Such statements are subject to numerous risks and uncertainties, including, but not limited to, risks relating to our liquidity and expenses, our ability to enroll patients in clinical trials, the design and outcome of clinical trials, the ability to achieve necessary regulatory approvals, risks associated with data analysis and reporting, failure to identify and develop additional product candidates, unfavorable pricing regulations, third-party reimbursement practices or healthcare reform initiatives, risks associated with the laws and regulations governing our international operations and the costs of any related compliance programs, our ability to obtain or maintain orphan drug designations for setmelanotide or to obtain or maintain exclusivity in any use, the impact of competition, risks relating to product liability lawsuits, inability to maintain our collaborations, or the failure of these collaborations, our reliance on third parties, risks relating to intellectual property, our ability to hire and retain necessary personnel, the impact of the COVID-19 pandemic and general economic conditions on our business and operations, including our preclinical studies, clinical trials and commercialization prospects, and the other important factors discussed under the caption “Risk Factors” in our Quarterly Report on Form 10-Q for the three months ended June 30, 2023 and our other filings with the Securities and Exchange Commission. Except as required by law, we undertake no obligations to make any revisions to the forward-looking statements contained in this release or to update them to reflect events or circumstances occurring after the date of this release, whether as a result of new information, future developments or otherwise.

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