Rhythm Pharmaceuticals Announces Presentation of New Data at ObesityWeek® 2026

November 16, 2026

– Two-year results from Phase 3 TRANSCEND trial showed continuous setmelanotide therapy sustained BMI reductions in patients with acquired hypothalamic obesity –

– Global expert panel established and presented consensus definition, diagnostic criteria for acquired hypothalamic obesity –

BOSTON, Nov. 16, 2026 (GLOBE NEWSWIRE) -- Rhythm Pharmaceuticals, Inc. (Nasdaq: RYTM), a global commercial-stage biopharmaceutical company focused on transforming the lives of patients living with rare neuroendocrine diseases, today announced new data that were presented at ObesityWeek® 2026, November 14-17 in Washington, D.C. Rhythm and its collaborators presented four posters and one oral presentation related to acquired hypothalamic obesity (HO).

In addition, a global panel of 17 experts in acquired HO presented a poster with a new definition and set of diagnostic criteria for this rare disease at the conference.

“The data presented at ObesityWeek add to our understanding of acquired HO and the potential benefits of setmelanotide,” said David Meeker, M.D., Chairman, President and Chief Executive Officer of Rhythm. “The sustained BMI reductions at two years in TRANSCEND build on the robust efficacy demonstrated in our pivotal Phase 3 trial. And, importantly, the new global expert consensus on the definition and diagnosis of acquired HO represents an important step toward better recognition and more consistent diagnosis of this serious disease, helping patients receive the care they need.”

Two Year Phase 3 Trial Results of Setmelanotide in Patients with Acquired Hypothalamic Obesity

Susan Phillips, M.D., Pediatric Endocrinology, University of California San Diego/Rady Children’s Hospital, delivered an oral presentation of two-year results from the long-term extension of the Phase 3 TRANSCEND trial.

After one year, all patients who entered the long-term extension received open-label setmelanotide. Of the 125 patients who entered the long-term extension, 81 had completed two years of treatment at the time of the analysis, including 54 who received setmelanotide continuously and 27 who initially received placebo and switched to setmelanotide. Key findings include:

- -18.8% mean change in BMI at two years among patients treated continuously with setmelanotide;
- -16.5% mean change in BMI at two years among patients who switched from placebo to setmelanotide after one year;
- -21.2% and -21.0% mean changes in BMI at two years for adult patients treated continuously with setmelanotide and those who switched from placebo after one year, respectively;
- -1.71 and -1.49 mean changes in BMI z-score at two years for pediatric patients treated continuously with setmelanotide and those who switched from placebo after one year, respectively; and
- The safety profile of setmelanotide was generally consistent with previous trials in acquired HO.

Definition and Diagnostic Criteria for Acquired Hypothalamic Obesity: Global Expert Panel Consensus
Lead author Christian Roth, M.D., a pediatric endocrinologist and principal investigator of the Norcliffe Foundation Center for Integrative Brain Research at Seattle Children’s Research Institute, and author and panel co-chair Ashley Shoemaker, M.D., MCSI, presented the global expert consensus on the definition and diagnostic criteria for acquired HO. This consensus was established by a global panel comprised of clinicians representing multiple disciplines and patient advocacy.

“Acquired hypothalamic obesity is a complex disease that can be difficult to recognize because patients experience varying patterns of weight gain following hypothalamic injury,” said Dr. Roth “By establishing evidence-informed diagnostic criteria, we hope to help clinicians identify the condition earlier, distinguish it from other forms of obesity and connect patients with appropriate, disease-specific care.”

The framework is designed to support earlier and more accurate diagnosis of acquired HO, helping ensure that patients are recognized as having a distinct disease and receive appropriate, disease-specific care. Key conclusions include:

- Acquired HO is a distinct, rare neuroendocrine disease defined as weight gain following hypothalamic or pituitary injury which can occur in both children and adults;
- This definition includes not only patients who meet the criteria for obesity, but also those who are within the overweight

range at the time of diagnosis;
- Diagnosis requires both hypothalamic injury or dysfunction and one of the three characteristic weight-gain patterns described in the framework;
- Weight-gain trajectory may or may not be accompanied by hyperphagia and may be rapid and steep, slow and steady, or delayed after an initially stable period;
- Imaging and pituitary hormonal disorders may be used as evidence of hypothalamic injury, but are not prerequisites for a diagnosis of acquired HO; and
- Pre-existing general obesity does not preclude a diagnosis of acquired HO when a distinct change in weight trajectory occurs following hypothalamic injury.

Additional presentations at ObesityWeek included:

- Weight Category Improvement Following Setmelanotide in Patients with Acquired Hypothalamic Obesity;
- Meaningful Patient Outcomes from the TRANSCEND Trial in Acquired Hypothalamic Obesity;
- Efficacy and Safety of Setmelanotide in Acquired Hypothalamic Obesity: Final Phase 3 Trial Results.

All Rhythm-related presentations from ObesityWeek will be available following the conference at: https://hcp.rhythmtx.com/publications-presentations/.

About Rhythm Pharmaceuticals
Rhythm is a commercial-stage biopharmaceutical company committed to transforming the lives of patients and their families living with rare neuroendocrine diseases. Rhythm's lead asset, IMCIVREE ® (setmelanotide), an MC4R agonist designed to treat hyperphagia and severe obesity, is approved by the U.S. Food and Drug Administration (FDA) to reduce excess body weight and maintain weight reduction long term in adult and pediatric patients aged 4 years and older with acquired hypothalamic obesity, adult and pediatric patients 2 years of age and older with syndromic or monogenic obesity due to Bardet-Biedl syndrome (BBS) or genetically confirmed pro-opiomelanocortin (POMC), including proprotein convertase subtilisin/kexin type 1 (PCSK1), deficiency or leptin receptor (LEPR) deficiency. Both the European Commission (EC) and the UK's Medicines and Healthcare Products Regulatory Agency (MHRA) have authorized setmelanotide for the treatment of obesity and control of hunger in patients 4 years of age and above with acquired hypothalamic obesity due to hypothalamic injury or impairment; and for the treatment of obesity and the control of hunger associated with genetically confirmed BBS or genetically confirmed loss-of-function biallelic POMC, including PCSK1, deficiency or biallelic LEPR deficiency in adults and children 2 years of age and above. Additionally, Rhythm is advancing a broad clinical development program for setmelanotide in other rare diseases, as well as investigational MC4R agonists bivamelagon and RM-718, and a preclinical suite of small molecules for the treatment of congenital hyperinsulinism. Rhythm's headquarters is in Boston, MA.

Setmelanotide Indication
In the United States, setmelanotide is indicated to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients aged 4 years and older with acquired hypothalamic obesity, in adult and pediatric patients aged 2 years and older with syndromic or monogenic obesity due to Bardet-Biedl syndrome (BBS) or Pro-opiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency confirmed by genetic testing demonstrating variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS).

In the European Union and the United Kingdom, setmelanotide is indicated for the treatment of obesity and the control of hunger associated with genetically confirmed BBS or loss-of-function biallelic POMC, including PCSK1, deficiency or biallelic LEPR deficiency in adults and children 2 years of age and above, and for the treatment of obesity and control of hunger in adults and children 4 years of age and above with acquired hypothalamic obesity due to hypothalamic injury or impairment. In the European Union and the United Kingdom, setmelanotide should be prescribed and supervised by a physician experienced in the diagnosis and management of rare forms of obesity with genetic or hypothalamic origin.

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 acquired HO, BBS, or POMC, PCSK1 or LEPR deficiency, including obesity associated with other genetic syndromes and general (polygenic) obesity.

Important Safety Information

CONTRAINDICATIONS

Prior serious hypersensitivity to setmelanotide or any of the excipients in IMCIVREE. Serious hypersensitivity reactions (e.g., anaphylaxis) have been reported.

WARNINGS AND PRECAUTIONS

Disturbance in Sexual Arousal: Spontaneous penile erections and increased frequency of penile erections in males have occurred. Inform patients that these events may occur and instruct patients who have an erection lasting longer than 4 hours to seek emergency medical attention.

Depression and Suicidal Ideation: Depression and suicidal ideation have occurred. Monitor patients for new onset or worsening depression or suicidal thoughts or behaviors. Consider discontinuing IMCIVREE if patients experience suicidal thoughts or behaviors, or clinically significant or persistent depression symptoms occur.

Hypersensitivity Reactions: Serious hypersensitivity reactions (e.g., anaphylaxis) have been reported. If suspected, advise patients to promptly seek medical attention and discontinue IMCIVREE.

Skin Hyperpigmentation, Darkening of Pre-existing Nevi, and Development of New Melanocytic Nevi: Generalized or focal increases in skin pigmentation occurred in the majority of IMCIVREE-treated patients. IMCIVREE may also cause development of new melanocytic nevi or darkening of pre-existing nevi. Perform a full body skin examination prior to initiation and periodically during treatment to monitor pre-existing and new pigmented lesions.

Acute Adrenal Insufficiency with Acquired HO: Patients with acquired HO and secondary adrenal insufficiency reported serious adverse reactions related to acute adrenal insufficiency in 5% of IMCIVREE-treated patients and no placebo-treated patients. In patients with secondary adrenal insufficiency, monitor for clinical signs of acute adrenal insufficiency.

Sodium Imbalance in Patients with Acquired HO and Central Diabetes Insipidus: Patients with acquired HO and concomitant central diabetes insipidus (DI)/arginine vasopressin (AVP) deficiency reported hyponatremia in 6% of IMCIVREE-treated patients and 2% of placebo-treated patients and hypernatremia in 5% of IMCIVREE-treated patients and 4% of placebo-treated patients. Monitor serum sodium levels with changes in fluid intake and hydration status. Adjust the doses of concomitant therapies for DI/AVP deficiency as needed.

ADVERSE REACTIONS

Most common adverse reactions (incidence ≥20% in at least 1 indication) included skin hyperpigmentation, injection site reactions, nausea, headache, diarrhea, abdominal pain, vomiting, depression, and spontaneous penile erection.

USE IN SPECIFIC POPULATIONS

Treatment with IMCIVREE is not recommended when breastfeeding. Discontinue IMCIVREE when pregnancy is recognized unless the benefits of therapy outweigh the potential risks to the fetus.

To report SUSPECTED ADVERSE REACTIONS, contact Rhythm Pharmaceuticals at +1 (833) 789-6337 or FDA at 1-800-FDA-1088 or http://www.fda.gov/medwatch. See section 4.8 of the Summary of Product Characteristics for information on reporting suspected adverse reactions in Europe.

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, benefits of, and clinical or regulatory progress of any of our products or product candidates at any dosage or in any indication, including, setmelanotide, bivamelagon, and RM-718; the use of setmelanotide in patients with acquired HO and the success of our commercialization of IMCIVREE for acquired HO; our expectations surrounding potential regulatory submissions, progress, or approvals and timing thereof for any of our product candidates; our participation in upcoming events and presentations, including at Obesity Week, and the date, time and content thereof; and the timing of any of the foregoing; and the timing of any of the foregoing. 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, our ability to enroll patients in clinical trials, the design and outcome of clinical trials, the impact of competition, the ability to achieve or obtain necessary regulatory approvals, risks associated with data analysis and reporting, 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 successfully commercialize setmelanotide, our liquidity and expenses, our ability to retain our key employees and consultants, and to attract, retain and motivate qualified personnel, and general economic conditions, and the other important factors, including those discussed under the caption "Risk Factors" in Rhythm's Quarterly Report on Form 10-Q for the three months ended September 30, 2026, 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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