Embargoed until Friday, June 5, 2026, at 5:30 p.m. CT

First Dual GLP-1/GIP Receptor Agonist Developed for Type 1 Diabetes Shows Promising Benefits in Blood Glucose Control

Phase 2 Study Results Highlight Use of Once-Daily Injection for Weight Loss and Reduction in Insulin Use

NEW ORLEANS, La. (June 5, 2026) – A new study evaluating the role of acmopatide (CT-868), a once-daily dual glucagon-like peptide 1/gastric inhibitory polypeptide receptor agonist (GLP-1/GIP RA) injection, found that treatment improved blood glucose management, reduced body weight, and was generally well tolerated in patients with type 1 diabetes. The phase 2 trial results were presented today as a symposium at the 2026 Scientific Sessions of the American Diabetes Association® in New Orleans.

Approximately 1.2 million people in the U.S. are living with type 1 diabetes, and of those, 64% are classified as living with overweight or obesity. While insulin therapy is essential for managing blood glucose in type 1 diabetes, it can also promote fat storage and weight gain, which can increase the risk of serious complications such as heart and kidney disease, creating a significant unmet need for non-insulin therapies. Dual GIP/GLP-1 RAs mimic the naturally occurring GLP-1 and GIP hormones and can help regulate blood glucose, reduce appetite, stimulate insulin release after eating, and support weight loss in patients with type 2 diabetes without the use of basal insulin. However, additional research is needed to understand the impact of GIP/GLP-1 RAs on type 1 diabetes outcomes.

The phase 2 trial was a randomized, placebo-controlled study that enrolled 111 adults with type 1 diabetes who were classified as having overweight or obesity (body mass index (BMI) greater than or equal to 27 kg/m²). Participants were randomly assigned to receive acmopatide at doses of 1.8 mg, 4.1 mg, 6.6 mg, or placebo. The study's primary endpoint was change in A1C, a measure of average blood glucose levels over the previous 2 to 3 months, from baseline to week 16. Secondary endpoints included changes in body weight, insulin dose requirements, and continuous glucose monitoring (CGM) metrics, generated by wearable devices that track glucose levels in real time.

Findings demonstrated treatment with acmopatide improved blood glucose management while reducing body weight and insulin requirements in patients with type 1 diabetes. In the patients (mean age of 41 years, BMI of 34 kg/m², and baseline A1C of 7.5%) who received 4.1mg of CT-868, A1C levels decreased by 0.34% from baseline, and 56% of participants achieved an A1C below 7%, the recommended A1C target for diabetes management. The use of acmopatide also

led to dose-dependent weight loss of approximately up to 7% and reduced insulin use by up to 15%, compared with placebo. The treatment was generally well tolerated, with no reported safety concerns.

“Despite significant advances in diabetes care, people living with type 1 diabetes continue to have limited treatment options beyond insulin,” said Klara Klein, MD, PhD, lead author of the study. “These findings highlight the potential for the first incretin therapy developed specifically for type 1 diabetes to expand treatment options for type 1 diabetes with the potential to improve glycemic control, support weight management, and ultimately reduce the burden of type 1 diabetes-related complications.”

Research Presentation Details:

“Symposium - Dual Agonism in Type 1 Diabetes: Unveiling Efficacy and Safety of Adjunct Therapy with CT-868 (GLP-1/GIP RA) in Adults with Type 1 Diabetes—Phase 1 and 2 Results”

- Klara Klein, MD, PhD, and Jeremy Pettus, MD
- Phase 2 Study: Trial Design, Baseline Characteristics, and Key Glycemic Endpoints
- Phase 2 Study: Key Secondary Endpoints, Safety/Tolerability, and Clinical Interpretation of Findings
- Friday, June 5 from 5:30-6:30 p.m. CT
- Ernest N. Morial Convention Center, Great Hall A (Level 1)

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About American Diabetes Association’s 2026 Scientific Sessions

The ADA’s 2026 Scientific Sessions, the world's largest scientific meeting focused on diabetes research, prevention, and care, will be held in New Orleans, LA, from June 5-8. Thousands of leading physicians, scientists, and healthcare professionals from around the world are expected to convene both in person and virtually to unveil cutting-edge research, treatment recommendations, and advances toward a cure for diabetes. Attendees will receive exclusive access to thousands of original research presentations and take part in provocative and engaging exchanges with leading diabetes experts. Join the Scientific Sessions conversation on social media using #ADASciSessions.

About American Diabetes Association

The American Diabetes Association (ADA) is the nation’s leading voluntary health organization fighting to end diabetes and helping people thrive. This year, the ADA celebrates 85 years of driving discovery and research to prevent, manage, treat, and ultimately cure diabetes—and we’re not stopping. There are over 155 million Americans living with diabetes or prediabetes. Through advocacy, program development, and education, we’re fighting for them all. To learn more or to get involved, visit us at diabetes.org or call 1-800-DIABETES (800-342-2383). Join us in the fight on Facebook (American Diabetes Association), Spanish Facebook (Asociación Americana de la Diabetes), LinkedIn (American Diabetes Association), and Instagram

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