



Biophytis<sup>®</sup>

LIVE HEALTHIER LONGER



**18<sup>th</sup> International Conference of  
the Society on Sarcopenia,  
Cachexia, & Wasting Disorders**

**11-13 DECEMBER 2025**

**A.Roma Lifestyle Hotel, Rome, Italy**

**Abstract n°: W4**

**Poster session n° 3,2**

**Waly Dioh PhD, MBA**

*Chief Clinical Officer*



**OBA: a phase 2 clinical trial testing the drug candidate BIO101 (20E) to limit the loss of muscle mass and function induced by semaglutide in patients with obesity.**



## 20-Hydroxyecdysone activates the protective arm of the RAAS via the MAS receptor

Affiliations + expand

PMID: 34825653 DOI: 10.1530/JME-21-0033

# Preclinical 20E efficacy in Diet Induced Obese (DIO) mice (I)

C57BL/6J DIO, JanvierLabs  
(male, 22 week-old, fed with specific  
diet\* during 16 weeks)  
n=48

\*High fat (60%), D12492 from Research diet.



Treatment groups (n=12/group):

- Group 1: DIO, control, untreated
- Group 2: DIO, semaglutide 0.12mg/kg, s.c., 5 x/ week
- Group 3: DIO, semaglutide 0.12mg/kg, s.c. 5 x/ week + BIO101 68mg/kg (drinking water): «COMBO»

Treatment period (4 weeks)

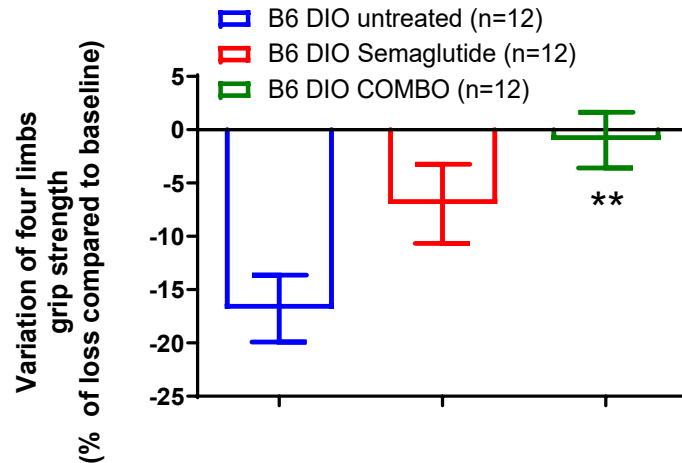
- *In toto* tests: Grip test (strength)

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- Spontaneous activity: Actimeter  
- Endurance test: treadmill

- *In situ* tests: EDL (contractility analysis)

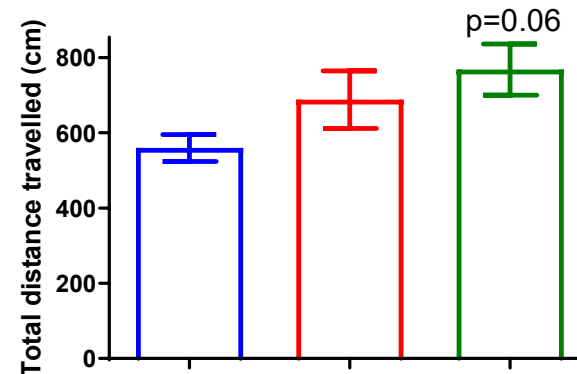
**A**

**Grip test (strength)**



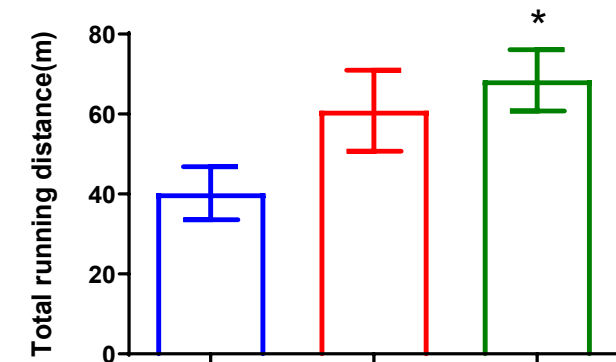
**B**

**Spontaneous activity**



**C**

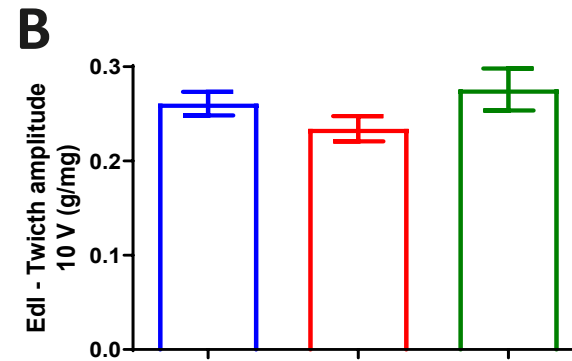
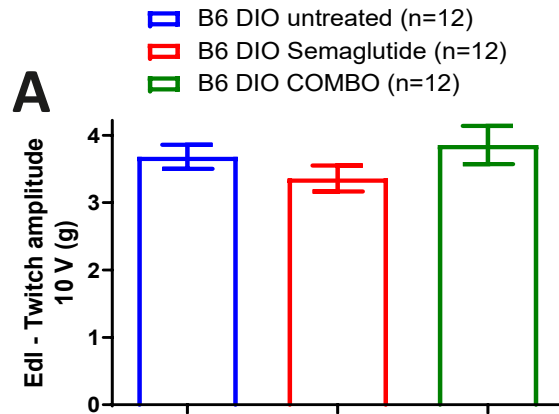
**Endurance test**



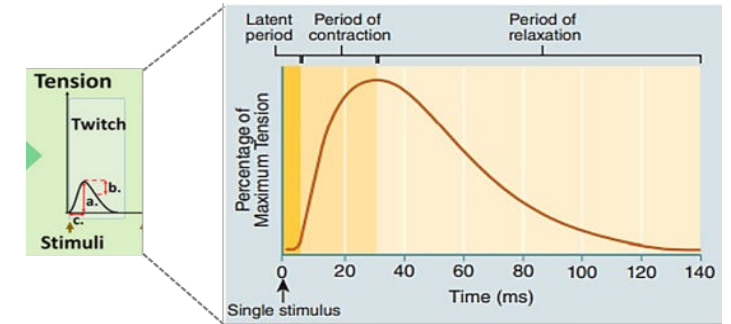
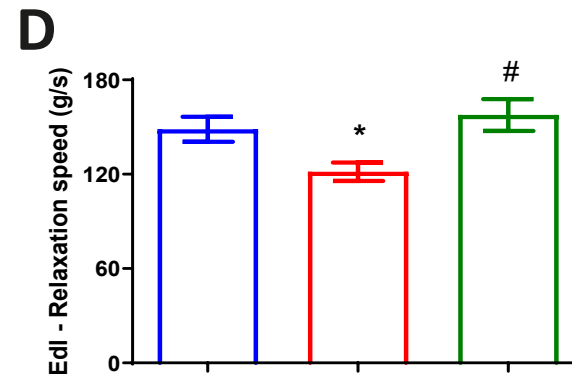
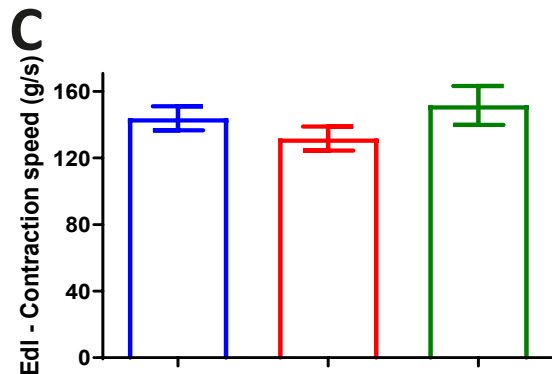
With \*p<0.05 and \*\*p<0.01 compared to B6 DIO untreated group

## Twitch test (end of study) – Extensor Digitorum Longus muscle (EDL)

Twitch amplitude



Twitch kinetic



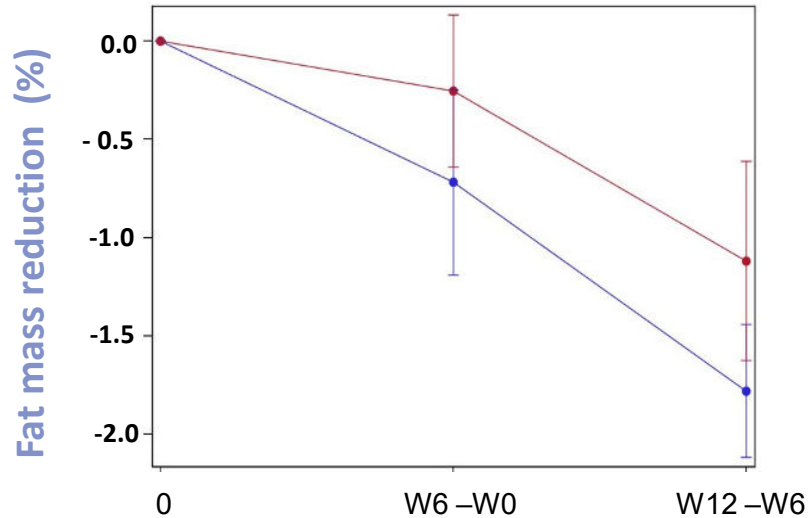
➤ Combination treatment (BIO101+ Semaglutide) tends to revert contraction amplitude alterations due to Semaglutide alone.

➤ Combination treatment (BIO101+ Semaglutide) reverts contraction kinetic alterations due to Semaglutide alone.

With \*p<0.05 compared to B6 DIO untreated group  
 With #p<0.05 compared to B6 DIO Semaglutide group

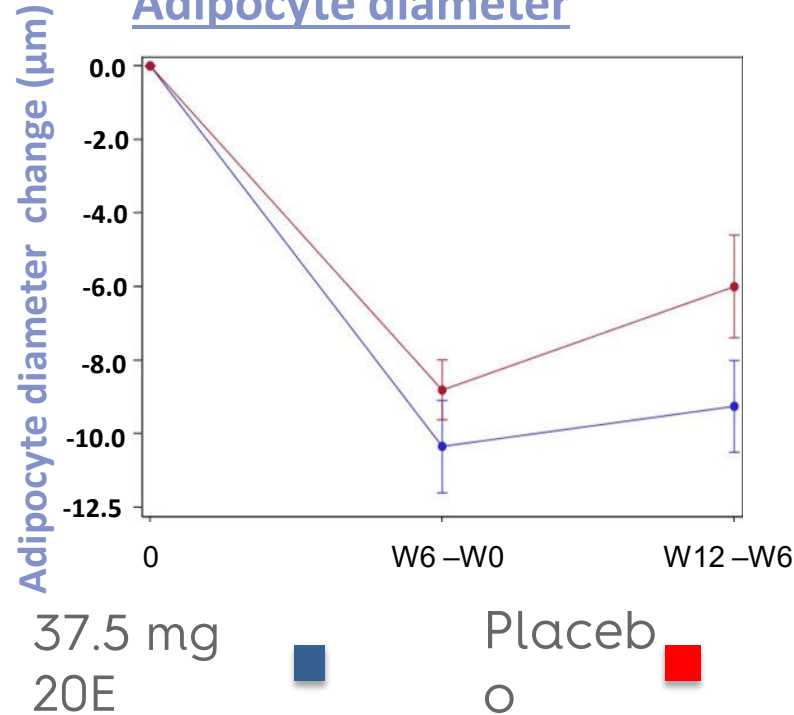
# Randomized placebo-controlled study with 37.5 mg 20E in 58 subjects with obesity and overweight

## Android Fat mass



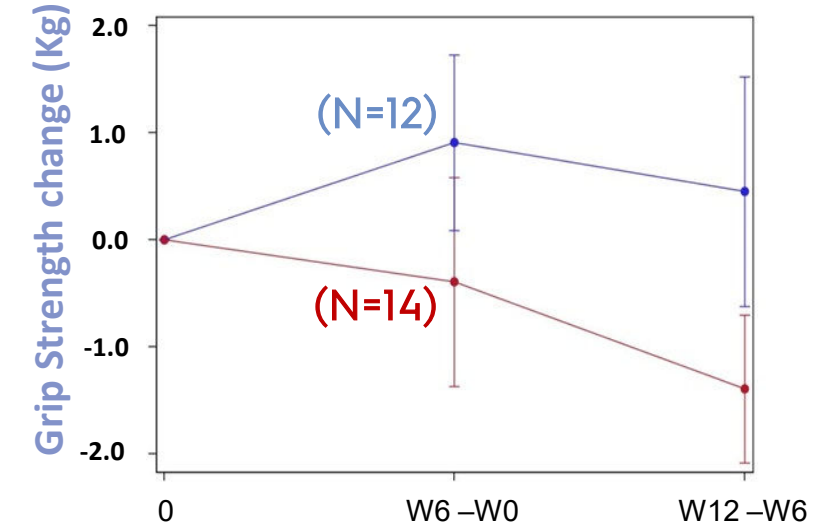
Statistically significant decrease of android fat mass ( $p=0.039$ )

## Adipocyte diameter



Statistically significant decrease in adipocyte diameter ( $p=0.032$ )

## Hand grip strength

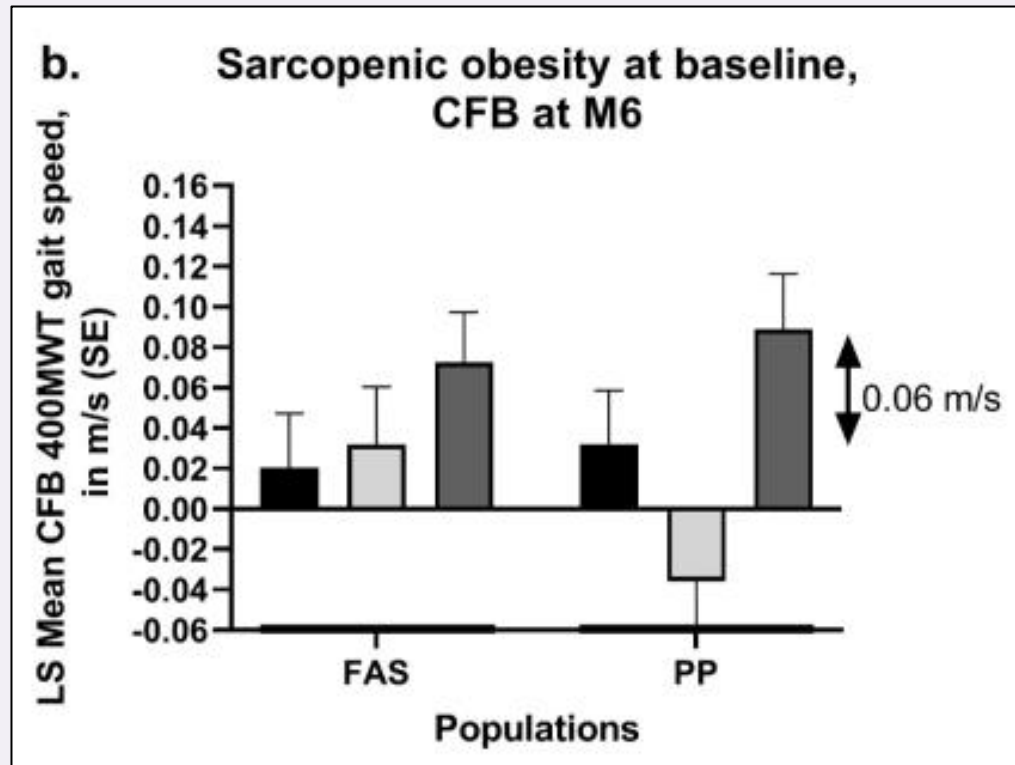


Trends for handgrip strength maintenance in subjects who lost > 5% of their initial weight during the weight loss phase ( $p=0.097$ )



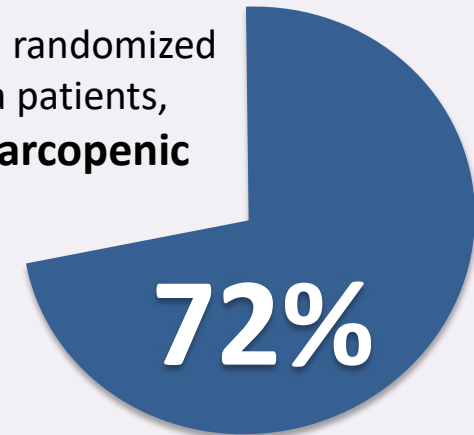
# Phase 2 SARA-INT : gait speed from 400MWT in sub-population with sarcopenic obesity

Gait speed in patients with sarcopenic obesity: FNIH criteria and (% of body fat mass of >25% in men and >35% in women)



 Placebo  
 175 mg BID  
 350 mg BID

Of the 233 randomized sarcopenia patients, 72% had **sarcopenic obesity**



⇒ **Nominally significant treatment effect versus placebo**  
**p=0.0037 for the PP population at Month 6**

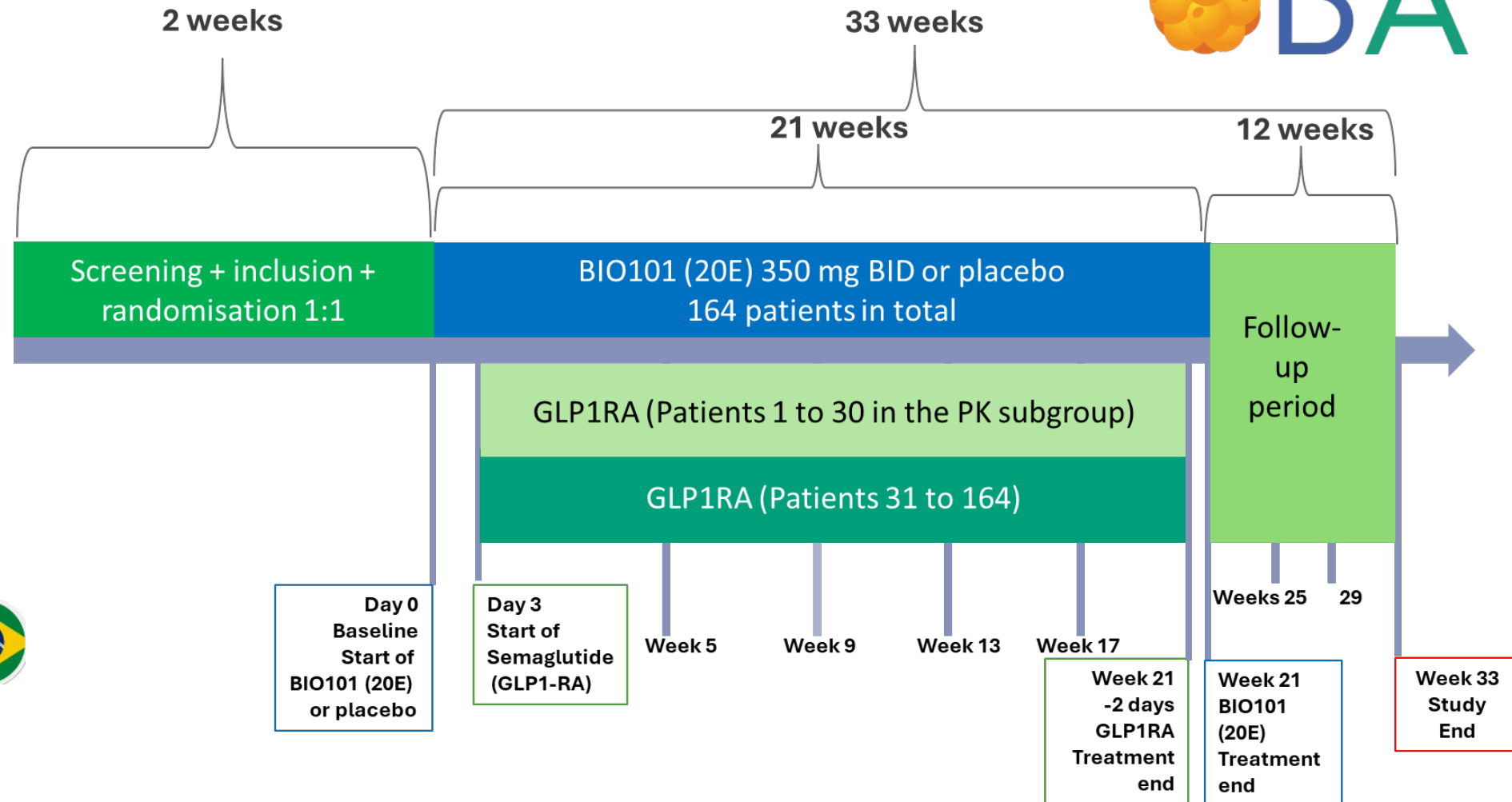


A Phase 2, double-blind, randomized, placebo-controlled multicenter study in 164 patients to evaluate the efficacy and safety of 20-Hydroxyecdysone (20E) in reducing the muscle strength loss from GLP1 agonists in combination with dieting in adult patients with obesity



#### Target population:

Patients with obesity BMI  $\geq 30$  or overweight (BMI  $\geq 27$ ) with one or more weight-related sequelae (e.g. hypertension) who will start treatment with semaglutide a GLP-1 agonist.



#### Sites Location :







## Primary Objective

To assess the efficacy of 20E on muscle strength

## Primary Endpoint :

*knee extension strength evaluated by isokinetic dynamometry*



## Secondary and exploratory Objectives

## Endpoints

To explore the efficacy of 20E on another measure of muscle strength

- Knee extension strength at intermediate timepoints
- Knee flexion strength evaluated by Isokinetic Dynamometry.
- Hand Grip Strength (HGS)

To explore the efficacy of 20E on performance and mobility

- 6MWD
- 5XSST
- Stair climb

To explore 20E effect on body composition

DXA: appendicular and total lean body mass and fat mass (central reading)

To explore 20E effect on health related QoL

- SF-36
- WQoL- Lite CT Physical Function score and total score

To explore 20E effect on body weight and anthropometry

- BMI, Body weight, waist circumference

To explore 20E effect on Insulin sensitivity, glucose control, blood pressure

- HOMA, (fasted insulin + glucose) + Hba1c, LDL, HDL, triglycerides
- Blood pressure: SBP+DBP



A Phase 2, double-blind, randomized, placebo-controlled multicenter study in 164 patients to evaluate the efficacy and safety of 20-Hydroxyecdysone (20E) in reducing the muscle strength loss from GLP1 agonists in combination with dieting in adult patients with obesity



## OBA Study – Current Regulatory Status

- **USA**
  - FDA: Study May Proceed
  - IRB: Ongoing
- **EUROPE**
  - EMA: Positive opinion Part I
  - EMA submission Part II: planned for Q1 2026
- **BRAZIL**
  - ANVISA submission: ongoing
  - Ethics Committees submission: planned for Q1 2026



A Phase 2, double-blind, randomized, placebo-controlled multicenter study in 164 patients to evaluate the efficacy and safety of 20-Hydroxyecdysone (20E) in reducing the muscle strength loss from GLP1 agonists in combination with dieting in adult patients with obesity

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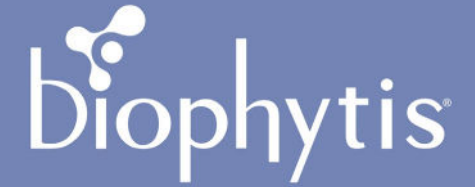
Thank you for your attention!



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## Forward Looking Statements



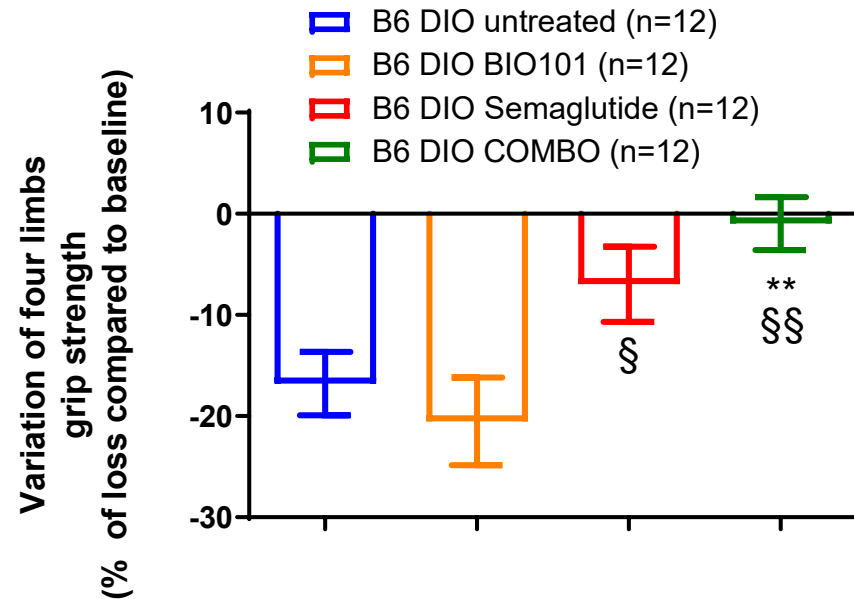
This presentation contains forward-looking statements. Forward-looking statements include all statements that are not historical facts. In some cases, you can identify these forward-looking statements by the use of words such as **«outlook », «believes», «expects», «potential», «continues», «may», «will», «should», «could», «seeks», «predicts», «intends», «trends», «plans», «estimates», «anticipates» or the negative version of these words or other comparable words.** These forward-looking statements include statements regarding Biophytis' anticipated timing for its various BIO101 (20-hydroxyecdysone) clinical trials and expectations regarding commercialization. Such forward-looking statements are based on assumptions that Biophytis considers to be reasonable.

However, there can be no assurance that the statements contained in such forward-looking statements will be verified, which are subject to various risks and uncertainties including, without limitation, delays in patient recruitment or retention, interruptions in sourcing or supply chain, its ability to obtain the necessary regulatory authorizations, COVID-19-related delays, and the impact of the current pandemic on the Company's clinical trials. The forward-looking statements contained in this presentation are also subject to risks not yet known to Biophytis or not currently considered material by Biophytis.

Accordingly, there are or will be important factors that could cause actual outcomes or results to differ materially from those indicated in these statements. Please refer to the «Risk Factors» section of the Company's 2023 Full Year Financial Report available on BIOPHYTIS website ([www.biophytis.com](http://www.biophytis.com)) and to the risks discussed in the Company's registration statement on Form F-1 and other reports filed with the Securities and Exchange Commission (the "SEC"). We undertake no obligation to publicly update or review any forward-looking statement, whether as a result of new information, future developments or otherwise, except as required by law.

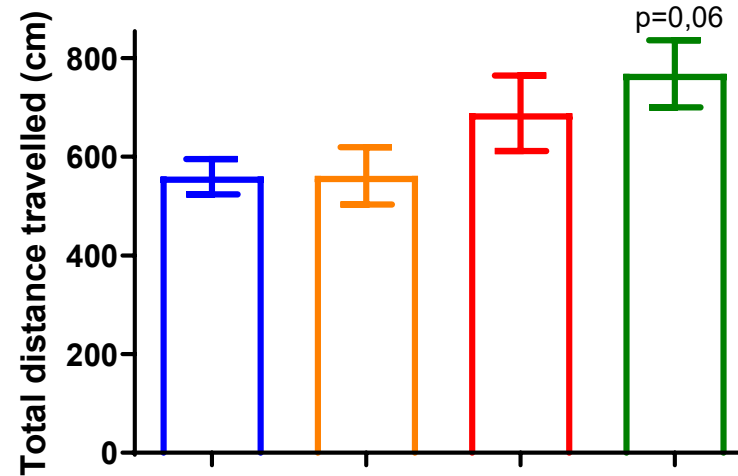
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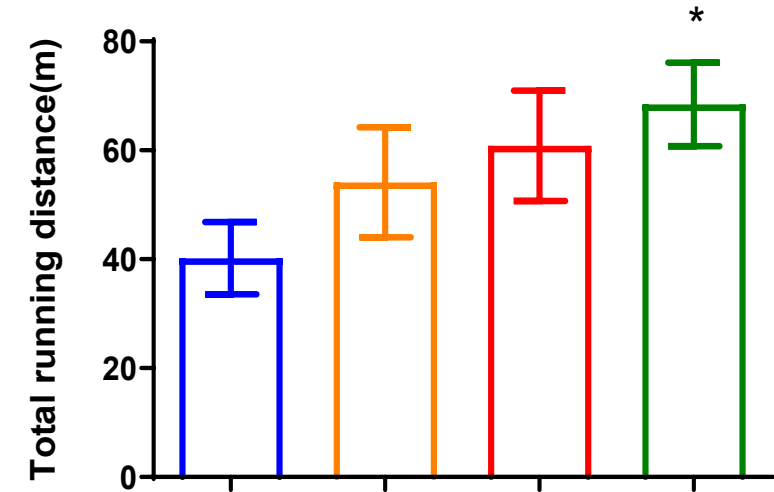
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**Spontaneous activity**



**C**

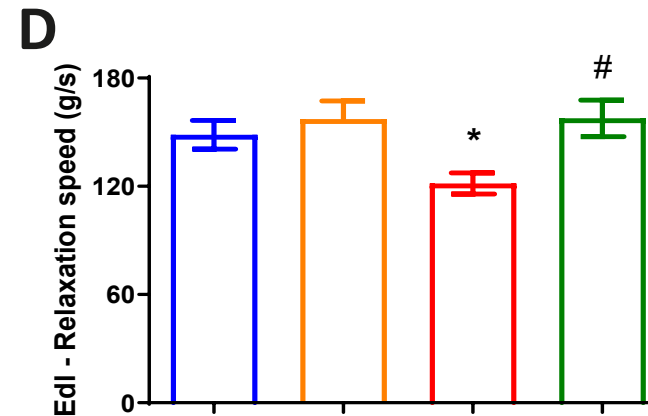
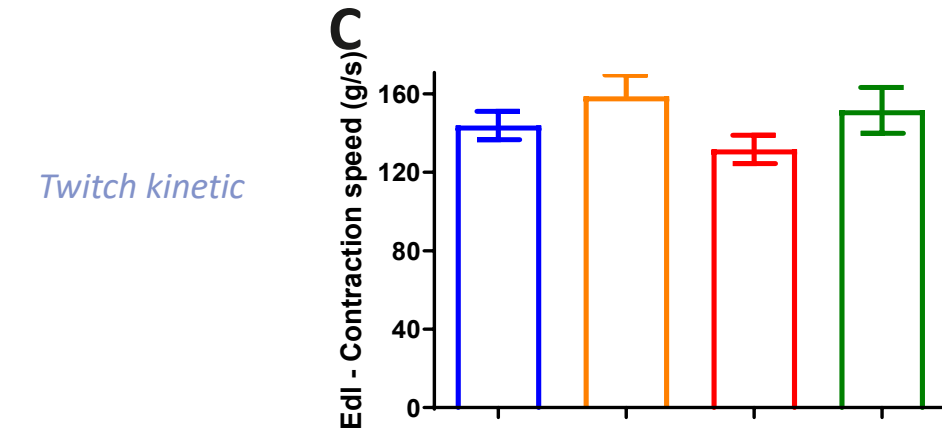
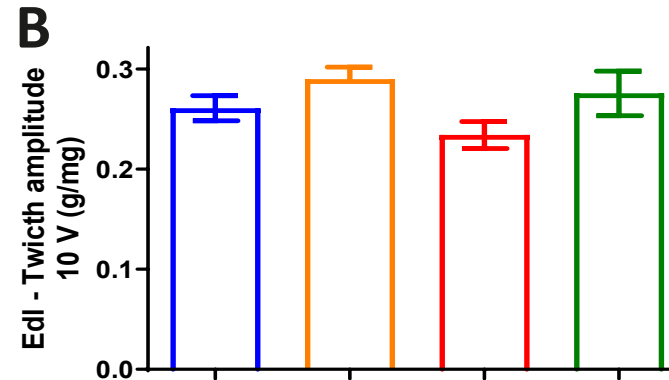
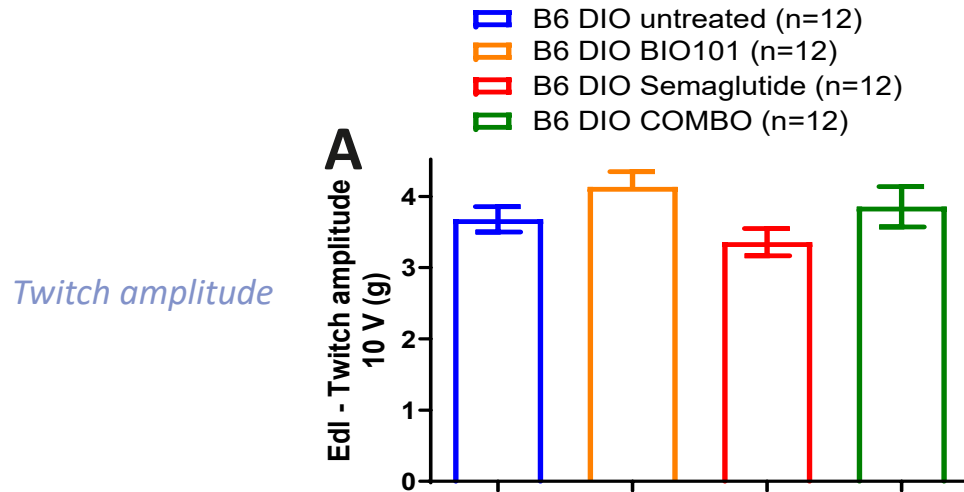
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