

HM17321, a Novel UCN2 Analog, Improves Weight Loss Quality in combination with Amylin Analogs in DIO rats

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**Abstract**

**Introduction & Objective:** GLP-1 therapies have transformed the treatment landscape for obesity, yet significant unmet medical needs remain, including GI adverse events, variability in patient response, and notably lean mass (LM) loss. Amylin analogs are being developed to address these limitations, but their impact on LM remains unclear. Previously, HM17321 showed body weight (BW) loss while increasing functionally intact muscle mass, and improved weight loss quality (WLQ) in combination with incretin therapies. Here, we evaluated a novel combination potential of HM17321 and amylin analogs.

**Methods:** Combination efficacy of HM17321 and amylin analogs (cagrilintide, petrelintide, and eloralintide) was evaluated in DIO rats. At the end of treatment, body composition was assessed by time domain nuclear magnetic resonance.

**Results:** HM17321 monotherapy resulted in significant fat mass (FM) reduction and LM gain, confirming a favorable body recomposition. Each amylin analog showed significant BW loss, primarily through FM loss (-32.4% to -15.8% vs. day -1;  $p < 0.001$  vs. DIO, vehicle). Combination treatment of HM17321 with amylin analogs promoted greater FM reduction (-56.5% to -45.4% vs. day -1;  $p < 0.05 \sim 0.001$  vs. each mono) without additional food intake inhibition. Importantly, HM17321 combination markedly enhanced LM gain (17.9% to 22.1% vs. day -1;  $p < 0.01 \sim 0.001$  vs. each mono) compared with each amylin monotherapy (9.2% to 12.9% / DIO, vehicle 6.6% vs. day -1), suggesting WLQ improvement. Similarly, all treatment groups improved blood glucose profile compared to DIO vehicle, and HM17321 combination showed a trend toward further improvement.

**Conclusion:** In DIO rats, combination treatment of HM17321 with amylin analogs enhanced FM reduction while promoting LM gain, leading to marked improvement in WLQ. These findings highlight the unique potential of HM17321 to improve body composition during weight loss and support its development both as a monotherapy and as a combination partner for amylin- or incretin-based therapies.

**Background**

HM17321, a novel long-acting CRFR2-selective UCN2 analog, selectively reduces fat mass while preserving or increasing lean mass.

**Expected effect of incretin, amylin and their COMBO with HM17321**

|    | GLP-1RA | Amylin analog        | Each COMBO w/ HM17321 |
|----|---------|----------------------|-----------------------|
| BW | ↕       | ↕                    | ↕                     |
| FM | ↕       | ↕                    | ↕                     |
| LM | ↘       | Yet to be determined | ↔/↗                   |

More favorable weight loss quality

**Methods**

**In vivo study design**

**Study 1. DIO mice, ♂ 20W** *HFD for 14 weeks*  
(C57BL/6 mice, n=6/group)

D0 D28

Q2D drug treatment (HM17321, SEMA, TZP)

BW, FI monitoring

Body composition measurement

**Study 2. DIO rat, ♂ 11W** *6-week-old, HFD for 5 weeks*  
(SD rats, n=6/group)

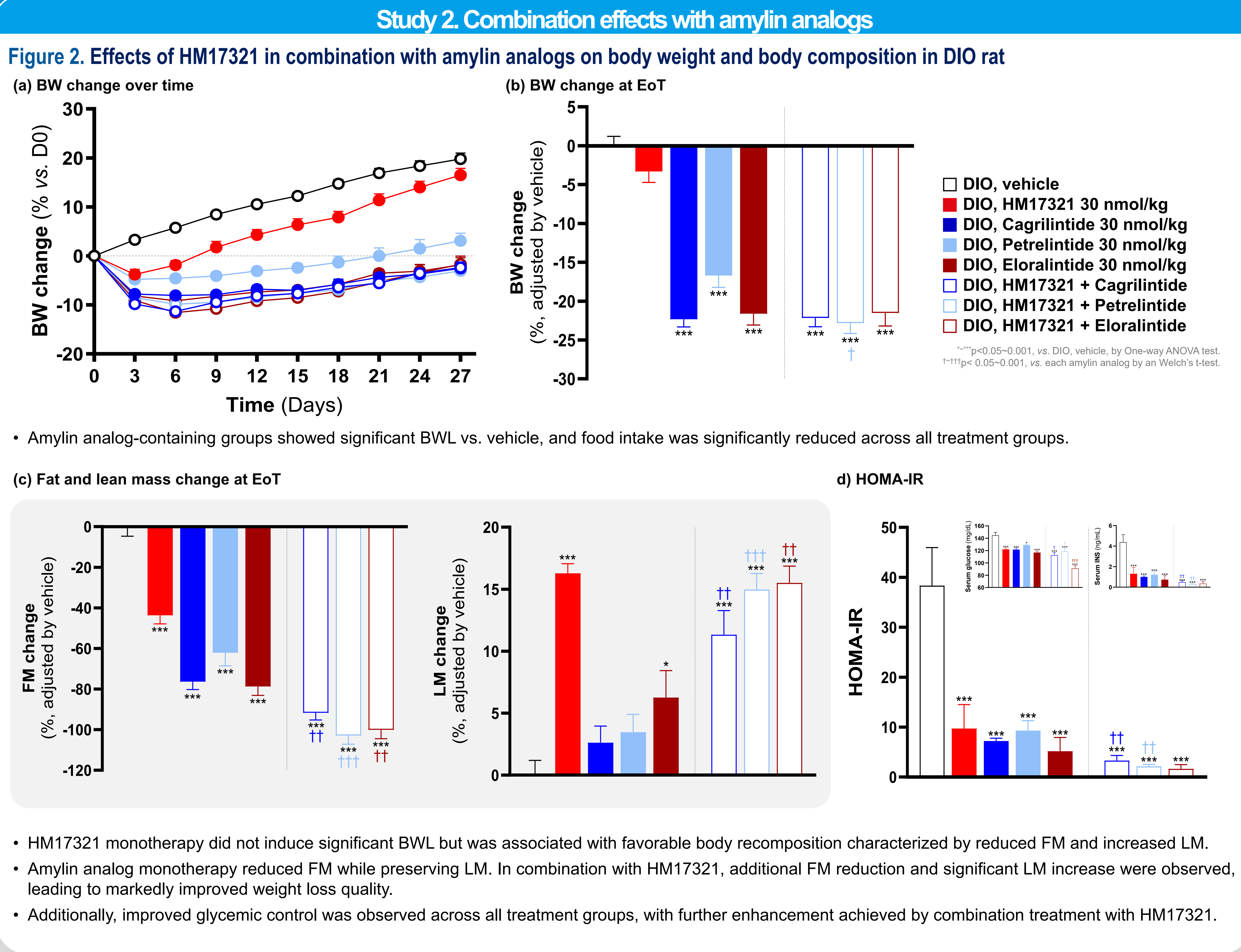
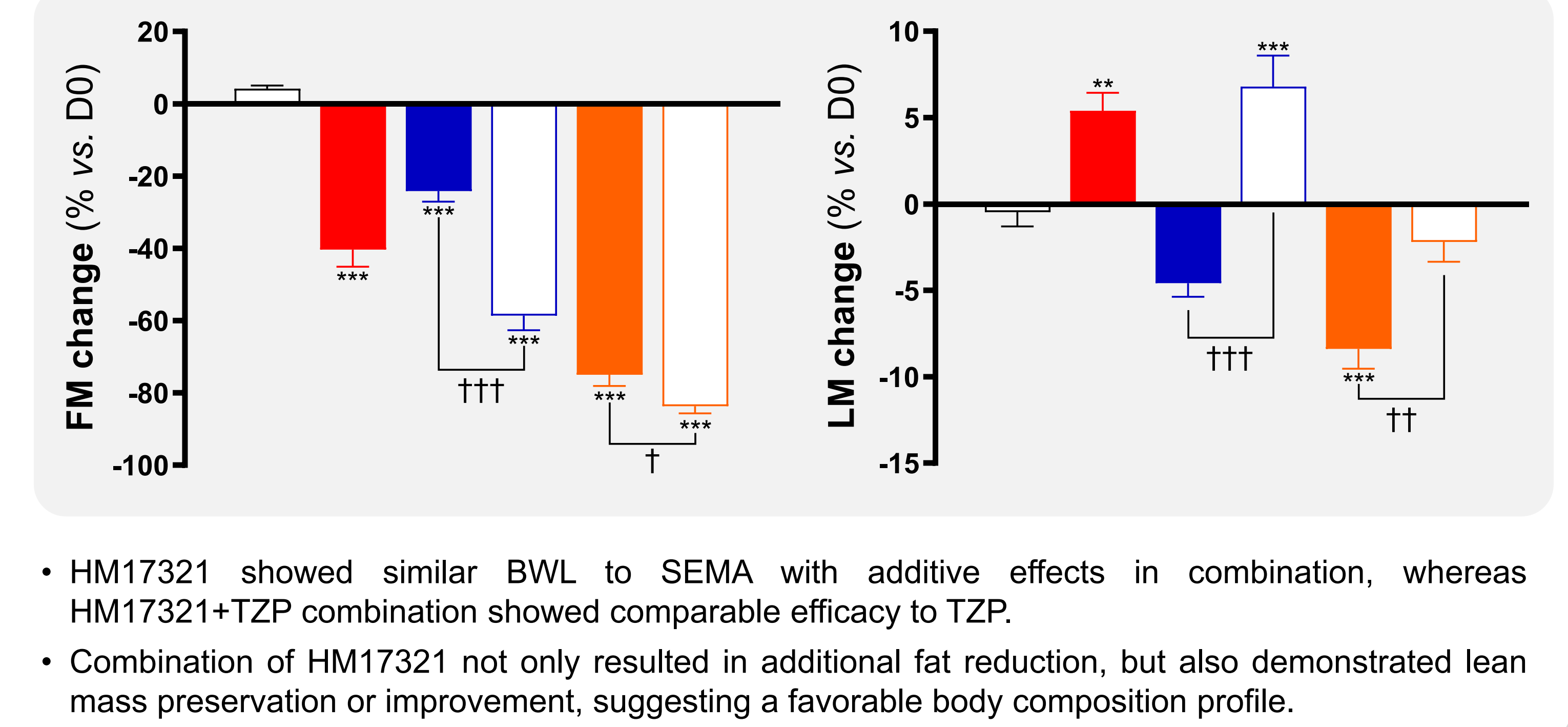
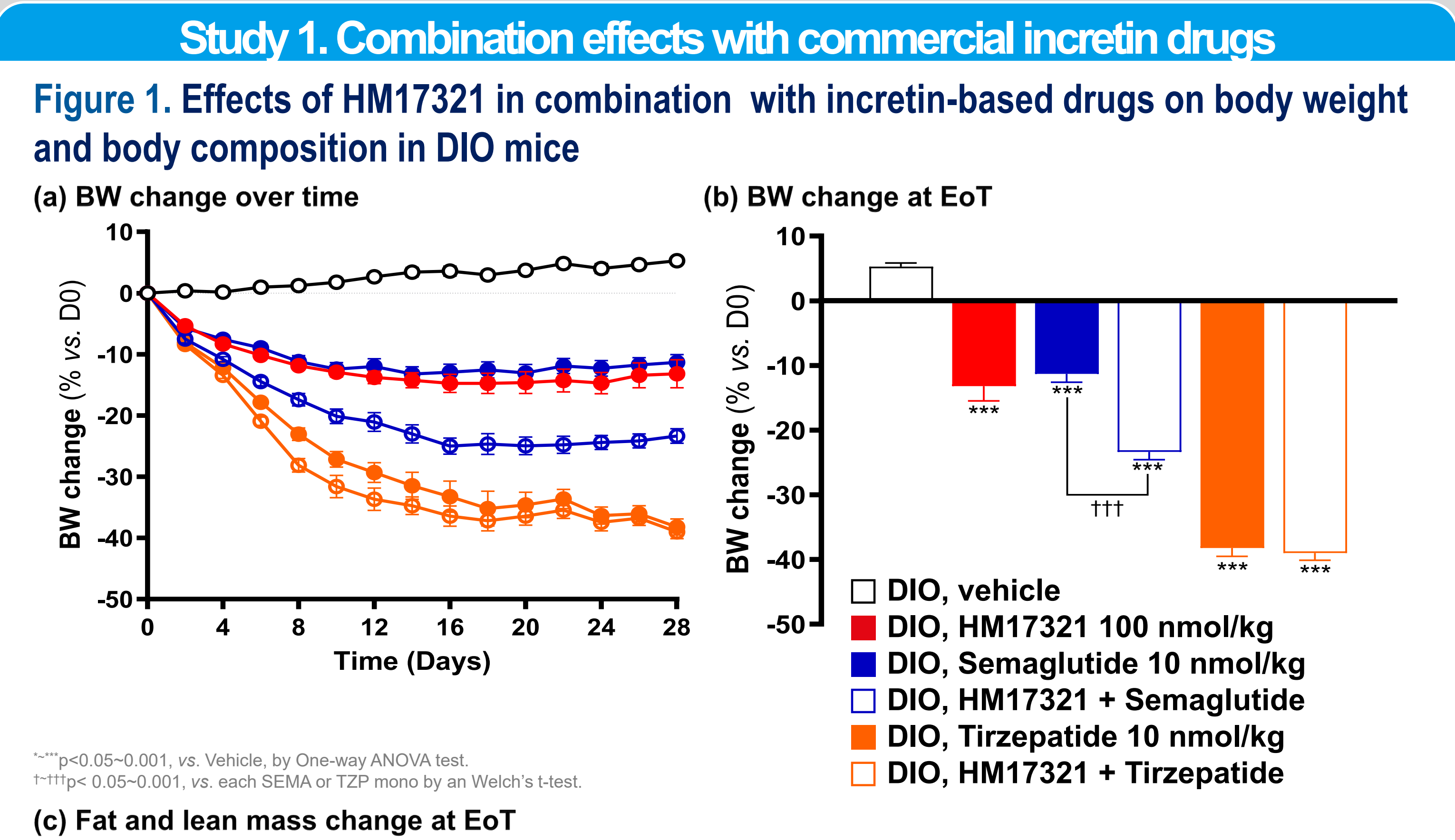
D0 D28

Q3D drug treatment (HM17321, Amylin analogs)

BW, FI monitoring

Body composition measurement

Cagrilintide  
Petrelintide  
Eloralintide  
(in-house synthesized)



**Concluding Remarks**

- HM17321, a novel CRFR2-selective agonist, was designed to improve weight loss quality through fat mass (FM) reduction while preserving or increasing lean mass (LM), differentiating it from incretin-based therapies.
- Therapeutic potential of HM17321 as a monotherapy was demonstrated across multiple animal models with findings presented at ADA 2025 (843-P).
- DIO mouse and rat studies showed that **combination of HM17321 with either incretin- or amylin-analogs further enhanced FM reduction and LM preservation versus monotherapy**. All treatment groups showed improved glycemic control with greater improvements observed in the combination than monotherapy groups.
- These findings support the potential of HM17321 to further improve weight loss potency and quality through combination with incretin- or amylin-based therapies.**
- Human relevance of HM17321 is being evaluated in a Phase 1 clinical study. (NCT07219589)
- Please also note additional posters presenting Hanmi's pipeline assets: HM17321 (1783-P, 1803-P, 2537-P, 2538-P, 2579-P and 2872-LB) and HM500197 (a peptide-based MSTN inhibitor; 3073-LB).