

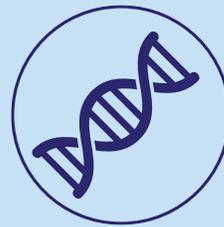
# Rhythm is a biopharmaceutical company dedicated to a greater understanding of rare genetic diseases of obesity

## Not all obesity is the same



### Environmental factors<sup>1-3</sup>

- Diet and overeating
- Lack of sleep
- Increased stress
- Physical inactivity
- Medications

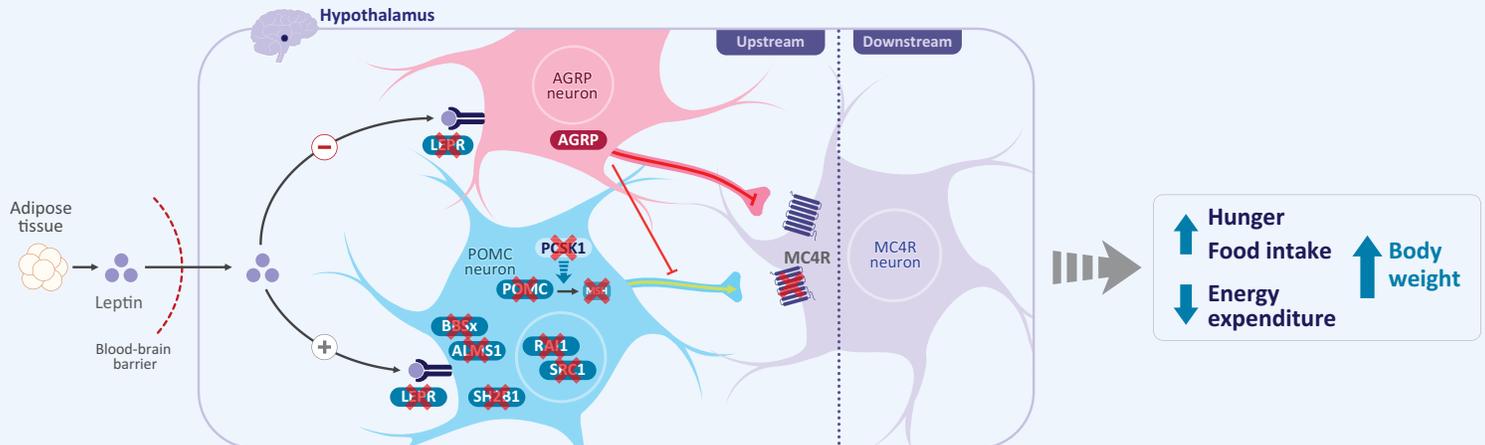


### Genetic factors<sup>4</sup>

- Common genetic variants
- Impairment of gene expression or function
- Rare genetic variants

## Rare genetic variants within the MC4R pathway—a key pathway responsible for regulating hunger—may result in impaired neuronal signaling, leading to rare genetic diseases of obesity<sup>5-10</sup>

Impaired MC4R pathway



**Abbreviations:** AGRP, agouti-related protein; ALMS1, Alström syndrome 1; BBS, Bardet-Biedl syndrome; LEPR, leptin receptor; MC4R, melanocortin-4 receptor; MSH, melanocyte-stimulating hormone; PCSK1, proprotein convertase subtilisin/kexin type 1; POMC, proopiomelanocortin; RAI1, retinoic acid induced 1; SH2B1, Src homology 2 B adapter protein 1; SRC1, steroid receptor coactivator 1.

Individuals with rare genetic diseases of obesity are often affected with early-onset, severe obesity and hyperphagia<sup>10</sup>



Early-onset, severe obesity<sup>a</sup>



Hyperphagia (insatiable hunger)

<sup>a</sup>Early onset is typically at age 2 to 5 years.

# Rare genetic diseases of obesity present with a variety of clinical characteristics, but early-onset, severe obesity and hyperphagia are common features

Disease and Estimated Number of Individuals Affected<sup>11</sup>

	POMC deficiency <sup>12-15</sup> 100-500 (US)	LEPR deficiency <sup>16,17</sup> 500-2000 (US)	Bardet-Biedl syndrome <sup>10,18</sup> 1500-2500 (US)	Alström syndrome <sup>19-22</sup> 500-1000 (worldwide)	MC4R deficiency <sup>13,16,23</sup> 10,000 <sup>a</sup> (US)	SRC1 deficiency <sup>8,24,25,b</sup> >23,000 (US)	SH2B1 deficiency <sup>26</sup> >24,000 (US)
Early-onset, severe obesity	✓	✓	✓	✓	✓	✓	✓
Hyperphagia	✓	✓	✓	✓	✓	✓	✓
Growth abnormalities	✓	✓		✓	✓		✓
Endocrine abnormalities	✓	✓	✓	✓	✓	✓	✓
Renal disease			✓	✓			
Visual impairments			✓	✓			
Cognitive or developmental impairments			✓	✓			
Cardiovascular defects			✓	✓			
Other possible characteristics	• Red/orange hair • Light or pale skin	• Severe bacterial infections	• Polydactyly	• Audiopathy			

<sup>a</sup>Estimated number of individuals in the US with rescuable variants of the MC4R.

<sup>b</sup>Hyperphagia was observed in mouse models of SRC1 deficiency.

Genetic testing along with evaluation of clinical presentation may aid in the diagnosis of a rare genetic disease of obesity<sup>13,27</sup>



## Consider specific genetic testing in individuals (children or adults) with:

- Early-onset, severe obesity (before 5 years of age)
- Hyperphagia
- Other clinical characteristics of rare genetic diseases of obesity
- Family history of notable weight differences between family members

If you think your patient may have a rare genetic disease of obesity and would like more information on genetic testing, please visit:

**UncoveringRareObesity.com**

**Abbreviations:** LEPR, leptin receptor; MC4R, melanocortin-4 receptor; POMC, proopiomelanocortin; SH2B1, Src homology 2 B adapter protein 1; SRC1, steroid receptor coactivator 1.

**References:** 1. Muñoz Yáñez C, et al. *Austin J Nutr Metab.* 2017;4(3):1052. 2. National Heart, Lung, and Blood Institute. <https://www.nhlbi.nih.gov/health-topics/overweight-and-obesity>. Accessed September 14, 2020. 3. Domecq JP, et al. *J Clin Endocrinol Metab.* 2015;100(2):363-370. 4. Speliotes EK, et al. *Nat Genet.* 2010;42(11):937-948. 5. da Fonseca ACP, et al. *J Diabetes Complications.* 2017;31(10):1549-1561. 6. Yazdi FT, et al. *PeerJ.* 2015;3:e856. 7. Burns B, et al. *Hum Mol Genet.* 2010;19(20):4026-4042. 8. Lu Q, et al. *J Mol Endocrinol.* 2019;62(1):37-46. 9. Vaisse C, et al. *Cold Spring Harb Perspect Biol.* 2017;9(7):a028217. 10. Huvenne H, et al. *Obes Facts.* 2016;9(3):158-173. 11. Rhythm Pharmaceuticals. <https://www.rhythmmtx.com/our-research>. Accessed September 14, 2020. 12. Coll AP, et al. *J Clin Endocrinol Metab.* 2004;89(6):2557-2562. 13. Styne DM, et al. *J Clin Endocrinol Metab.* 2017;102(3):709-757. 14. Mendiratta MS, et al. *Int J Pediatr Endocrinol.* 2011;2011(1):5. 15. Argente J, et al. *Endocr Abstr.* 2019;63:P976. 16. Farooqi IS, O'Rahilly S. *J Endocrinol.* 2014;223(1):T63-T70. 17. Thaker VV. *Adolesc Med State Art Rev.* 2017;28(2):379-405. 18. Forsythe E, Beales PL. *Eur J Hum Genet.* 2013;21(1):8-13. 19. Marshall JD, et al. *Eur J Hum Genet.* 2007;15(12):1193-1202. 20. Han JC, et al. *J Clin Endocrinol Metab.* 2018;103(7):2707-2719. 21. Marshall JD, et al. *Curr Genomics.* 2011;12(3):225-235. 22. Paisey RB, et al. <https://www.ncbi.nlm.nih.gov/books/NBK1267/>. Accessed September 14, 2020. 23. Farooqi IS, et al. *N Engl J Med.* 2003;348(12):1085-1095. 24. Cacciottolo TM, et al. *QJM.* 2019;112(9):724-729. 25. Yang Y, et al. *Nat Commun.* 2019;10(1):1718. 26. Doche ME, et al. *J Clin Invest.* 2012;122(12):4732-4736. 27. van der Valk ES, et al. *Obes Rev.* 2019;20(6):795-804.