

# Dose Frequency Optimization of the Dual Amylin and Calcitonin Receptor Agonist KBP-088: Long-Lasting Improvement in Food Preference and Body Weight Loss<sup>§</sup>

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Received October 23, 2019; accepted February 10, 2020

## ABSTRACT

Dual amylin and calcitonin receptor agonists (DACRAs) are novel candidates for treatment of type 2 diabetes and obesity because of their beneficial effects on body weight, blood glucose, insulin sensitivity, and food preference, at least short-term. DACRAs activate the receptors for a prolonged time period, resulting in metabolic effects superior to those of amylin. Because of the prolonged receptor activation, different dosing intervals and, hence, less frequent receptor activation might change the efficacy of DACRA treatment in terms of weight loss and food preference. In this study, we compared daily dosing to dosing every other day with the aim of understanding the optimal balance between efficacy and tolerability. Obese and lean male Sprague-Dawley rats were treated with the DACRA KBP-088, applying two different dosing intervals (1.5 nmol/kg once daily and 3 nmol/kg every other day) to assess the effect on body weight, food intake, glucose tolerance, and food preference when given the choice between chow (13% fat) and a high-fat diet (60% fat). Treatment with KBP-088 induced significant

weight loss, reduction in adiposity, improvement in glucose control, and altered food preference toward food that is less calorie-dense. KBP-088 dosed every other day (3 nmol/kg) was superior to KBP-088 once daily (1.5 nmol/kg) in terms of weight loss and improvement of food preference. The beneficial effects were evident in both lean and obese rats. Hence, dosing KBP-088 every other day positively affects overall efficacy on metabolic parameters regardless of the lean/obese state, suggesting that less-frequent dosing with KBP-088 could be feasible.

## SIGNIFICANCE STATEMENT

Here, we show that food preference can be altered chronically toward choices that are less calorie-dense by pharmacological treatment. Further, pharmacological dosing regimens affect the efficacy differently, as dosing every other day improved body weight loss and alterations in food preference compared with daily dosing. This suggests that alterations of the dosing regimens could be feasible in the treatment of obesity.

## Introduction

Potent dual amylin and calcitonin receptor agonists (DACRAs) are novel candidates for the treatment of type 2 diabetes and obesity because of their beneficial effects on body weight, blood glucose, and insulin sensitivity (Gydesen et al., 2016, 2017b; Hjuler et al., 2016, 2017). DACRAs activate not only the amylin receptor but also the calcitonin receptor (Andreassen et al., 2014a). Notably, compared with the natural ligands, DACRAs activate the receptors for a prolonged time period (Andreassen et al., 2014b; Gydesen et al., 2016), resulting in metabolic effects superior to those of amylin (Larsen et al., 2019), known effects of which include weight loss and reduced food intake (Mollet et al., 2004; Isaksson et al., 2005; Mack et al., 2010). The prolonged receptor activation suggests that different dosing intervals and, hence, less-frequent receptor activation might improve the efficacy of the DACRAs. A previous DACRA

study investigating tolerability by dose escalation showed that each escalation step induced a transient suppression of food intake while reducing the magnitude over time. In addition, cumulative food intake was lower in the groups that were not dose-escalated, suggesting that the peptide is better tolerated when dose-escalated if using food intake as a surrogate measurement of tolerability (Gydesen et al., 2017a). The use of dose escalation to improve tolerability is also observed with pramlintide (Pullman et al., 2006; Aronne et al., 2007; Traina and Kane, 2011). Whether the balance between tolerability and efficacy of DACRAs can be optimized is not known.

One way to improve efficacy of weight loss therapy is to manipulate the voluntary food intake toward choices that are less calorie-dense. Hence, affecting food preference pharmacologically is of high interest. Amylin agonism has been shown to promote the consumption of a low-fat diet relative to a more calorie-dense diet, which adds an interesting aspect to the known weight-reducing effect (Eiden et al., 2002; Mack et al., 2007, 2010).

A previous 1-week study with the DACRA KBP-089 showed that treatment improved food preference toward a higher

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<https://doi.org/10.1124/jpet.119.263400>.

<sup>§</sup> This article has supplemental material available at [jpet.aspetjournals.org](http://jpet.aspetjournals.org).

accumulated chow consumption compared with vehicle when given the choice between chow and milk chocolate. When dissecting these data, it was evident that DACRA-treated rats tended to have a higher consumption of chow relative to chocolate during the first 3 days of treatment, when the food suppressive effect is most pronounced (unpublished data). This pattern is also observed in some (Mack et al., 2007) but not all (Mack et al., 2010) studies with amylin agonism when rats are given the choice between a low-fat chow diet and a high-fat diet (HFD) (Mack et al., 2007). These observations led to the hypothesis that a dosing regimen other than daily dosing may even further improve food preference. As DACRAs demonstrate superior metabolic effects compared with amylin, this may also apply to the food preference effect potentially even long-term. Today, most food preference studies using amylin or amylin agonists use HFD-fed rats because of the treatment-induced weight loss. However, obese individuals have altered plasma concentration of appetite regulatory hormones (Tschöp et al., 2001; Batterham et al., 2003; Steinert et al., 2017); thus, whether DACRA treatment improves food preference in a similar fashion in both obese and lean rats long-term is presently unknown.

In this study, we compared daily dosing to dosing every other day to characterize the tolerability and efficacy on weight, adiposity, and food intake of these dosing regimens. The long-term food preference effect of these regimens was investigated in obese as well as lean rats to investigate how the receptor activation frequency affects the preference for calorie-dense food.

## Methods

**Peptide Therapy.** Synthetic KBP-088 (SynPeptide, Shanghai, China) was dissolved in saline (0.9%) for subcutaneous delivery. The dose range chosen for KBP-088 administration was based on previous studies using KBP-088 (Gydesen et al., 2016; Larsen et al., 2019) and other DACRAs (Hjuler et al., 2015, 2016, 2017; Gydesen et al., 2017a).

**Animal Experiments.** All animal procedures were performed in accordance with guidelines from the Animal Welfare Division of the Danish Ministry of Justice under the institutional license issued to Nordic Bioscience (2016-15-0201-00910). Animals were housed pairwise in enriched standard type IV cages under controlled temperatures (21–23°C, 55%–65% relative humidity) and a normal 12-hour light/dark cycle with ad libitum access to food and water.

**Chronic Study.** Twenty-four male Sprague-Dawley rats (Envigo, Venray, The Netherlands) were obtained at 5–6 weeks of age and were fed a 60 kcal% fat diet (#D12492, 5.24 kcal/g; ResearchDiets, New Brunswick, NJ) from arrival and throughout the study period. After 12 weeks on HFD, rats were allocated into treatment groups according to body weight (466 g b.wt.  $\pm$  33 S.D.,  $n$  = 8 rats per treatment group). Rats were treated for 9 weeks by subcutaneous injections: vehicle (saline) or the DACRA KBP-088 in two different dosing intervals corresponding to a daily dose of 1.5 nmol/kg. KBP-088 was dosed either once daily (1.5 nmol/kg) or every other day (3 nmol/kg). Body weight and food intake were monitored daily throughout the study. After 3 and 8 weeks of treatment, oral glucose tolerance tests (OGTTs, 2 g/kg) were performed 24 hours postinjection of treatment. At the end of the study, rats were euthanized by exsanguination followed by dissection. Epididymal, perirenal, and subcutaneous inguinal fat depots were surgically removed and weighed.

**Food Preference Studies.** The effect of KBP-088 on diet preference was assessed in both lean and obese rats offered ad libitum access to normal chow (#5002, 3.11 kcal/g; LabDiet, St. Louis, MO) and 60 kcal% HFD (#D12492, 5.24 kcal/g; ResearchDiets). There were four groups in both studies: control (one diet choice, saline once daily),

vehicle (two diet choices, saline once daily), KBP-088 once daily (two diet choices, 1.5 nmol/kg once daily), and KBP-088 every other day (two diet choices, 3 nmol/kg every other day).

In the obesity study, 48 male Sprague-Dawley rats (Envigo) were obtained at 5–6 weeks of age and were fed a 60 kcal% HFD (#D12492; ResearchDiets) for 11 weeks before the start of the experiment (455 g b.wt.  $\pm$  29 S.D.). The rats were acclimatized to both diets for 7 days before 6 weeks of treatment was initiated ( $n$  = 12 rats per treatment group), except the control group (saline), which only received HFD. Food intake and body weight were monitored daily throughout the study. An OGTT (2 g/kg) was performed after 5 weeks of treatment. At the end of the study, the rats were euthanized by exsanguination followed by dissection. Epididymal, perirenal, and subcutaneous inguinal fat depots were surgically removed and weighed.

In the lean study, 48 male Sprague-Dawley rats (Envigo) were obtained at 12 weeks of age and were fed normal chow (#5002; LabDiet) 5 weeks before the start of the experiment (369 g b.wt.  $\pm$  15 S.D.). The rats were acclimatized to both diets (chow and HFD) for 2 weeks before 5 weeks of treatment was initiated ( $n$  = 12 rats per treatment group). The control group (saline) had access to chow but not HFD. Food intake and body weight were monitored daily throughout the study. An OGTT (2 g/kg) was performed at the end of the study, and animals were euthanized by exsanguination followed by dissection. Epididymal, perirenal, and subcutaneous inguinal fat depots were surgically removed and weighed.

**Oral Glucose Tolerance Test.** OGTTs were performed in overnight-fasted rats. A glucose (2 g/kg) bolus (Sigma-Aldrich, Copenhagen, Denmark) was administered by oral gavage (4 ml/kg) at time 0. EDTA blood samples were collected from the tail vein before glucose challenge (0 minutes) and 15, 30, 60, and 120 minutes post-glucose challenge. Blood glucose was monitored at time 0, 15, 30, 60, 120, and 180 minutes post-glucose challenge.

**Biochemical Analysis.** Blood samples were collected in EDTA tubes and centrifuged at 5000 rpm for 10 minutes at 4°C, and plasma was kept at –20°C until further analysis. Blood glucose was monitored by Accu-Check Avia monitoring system (Roche Diagnostics, Rotkreuz, Switzerland). Plasma levels of insulin (Mercodia Rat Insulin ELISA; Mercodia AB, Uppsala, Sweden) were analyzed according to the manufacturer's instructions.

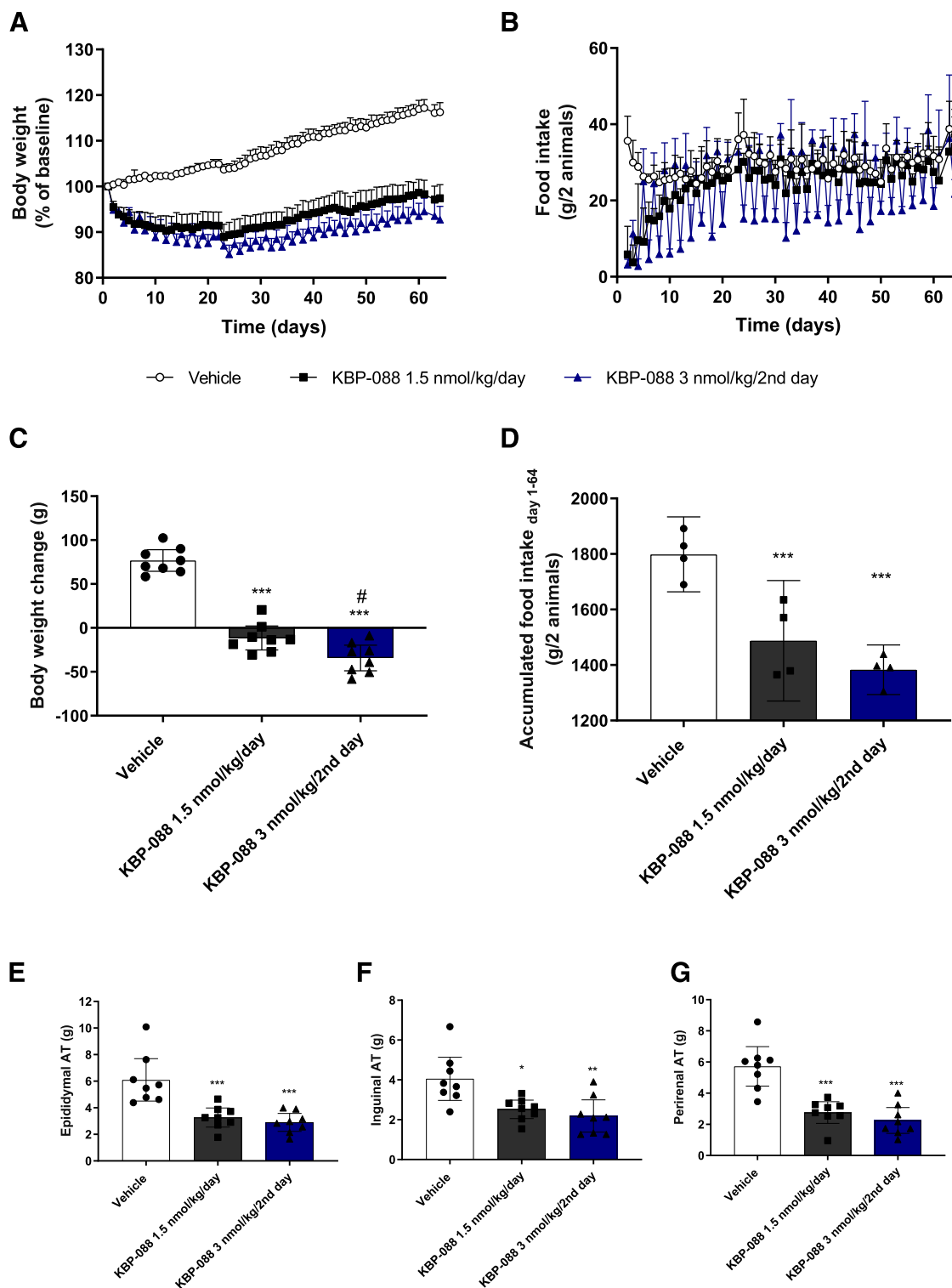
**Statistical Analysis.** All analyses were performed using GraphPad Prism 8 (GraphPad Software, San Diego, CA). Gaussian distribution was evaluated with the Shapiro-Wilk test, with the exception of food intake, to which D'Agostino-Pearson normality test was applied because of a low  $n$  (two rats per cage). Group differences were assessed using one-way ANOVA followed by Tukey's post hoc test for multiple comparison of parametric data. For nonparametric data, Kruskal-Wallis test with Dunn's post hoc test was applied. All data are represented with 95% confidence intervals (CI), except body weight data at randomization, which are described with S.D. A value of  $P$  < 0.05 was considered statistically significant.

## Results

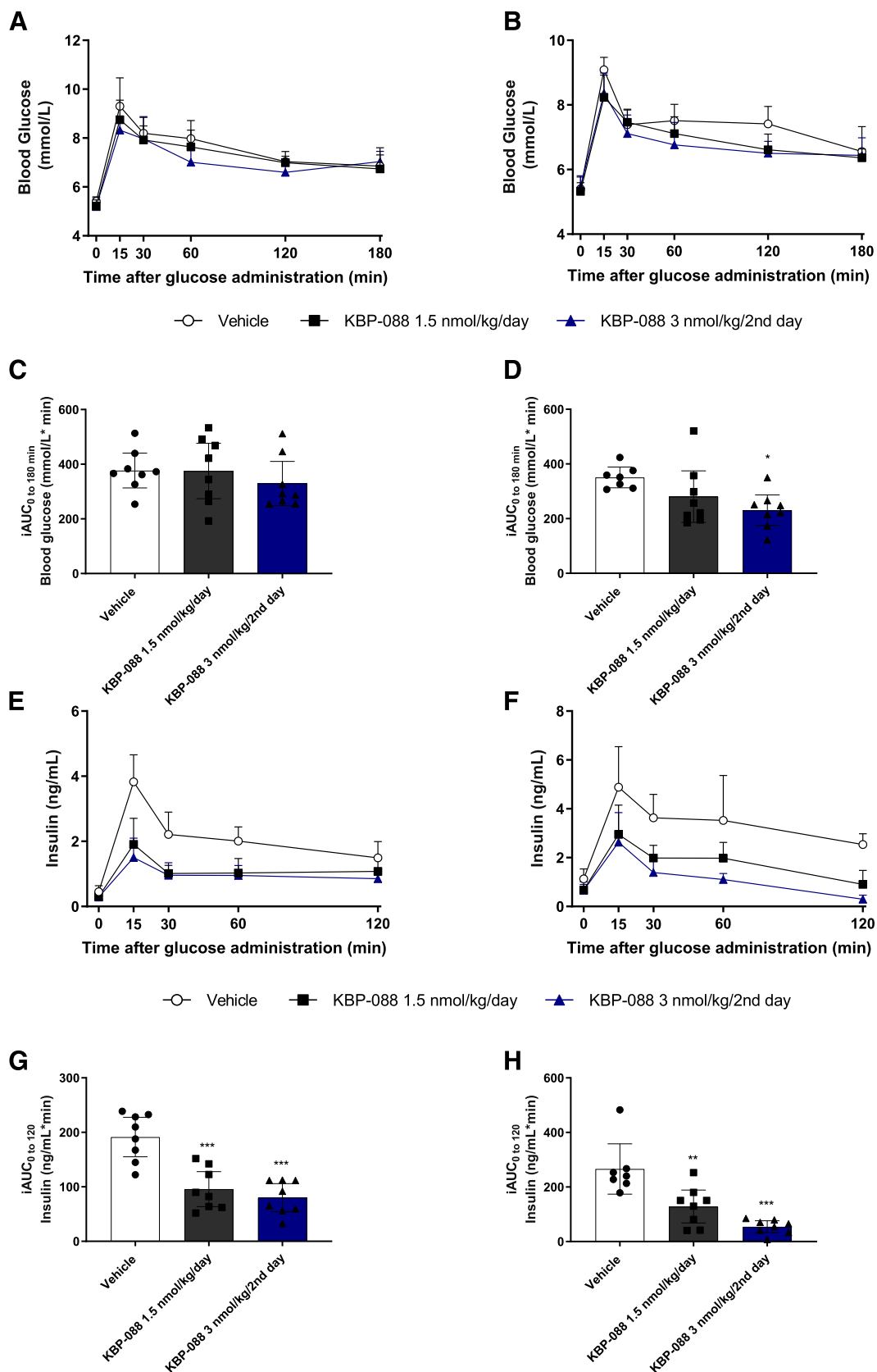
**Dosing Every Other Day Improves Body Weight Loss Compared with Daily Dosing.** Treatment with KBP-088 once daily (1.5 nmol/kg) and every other day (3 nmol/kg) for 9 weeks resulted in reduced food intake, albeit by two different patterns: KBP-088 once daily transiently reduced food intake, which normalized within the first 10 days of treatment, whereas KBP-088 every other day resulted in fluctuating food intake throughout the study (Fig. 1B). The fluctuations reflected the dosing intervals as a marked suppression of food intake after dosing that normalized on nondosing days (Fig. 1B). Despite the different food intake patterns, KBP-088 once daily and every other day had similar accumulated food intake, although KBP-088 treatment every other day

tended to be lower than once daily (Fig. 1D). In line with the food intake, KBP-088 every other day resulted in fluctuations in body weight throughout the study (Fig. 1A). Interestingly, KBP-088 every other day resulted in significantly more weight loss than KBP-088 once daily at the end of the study, although

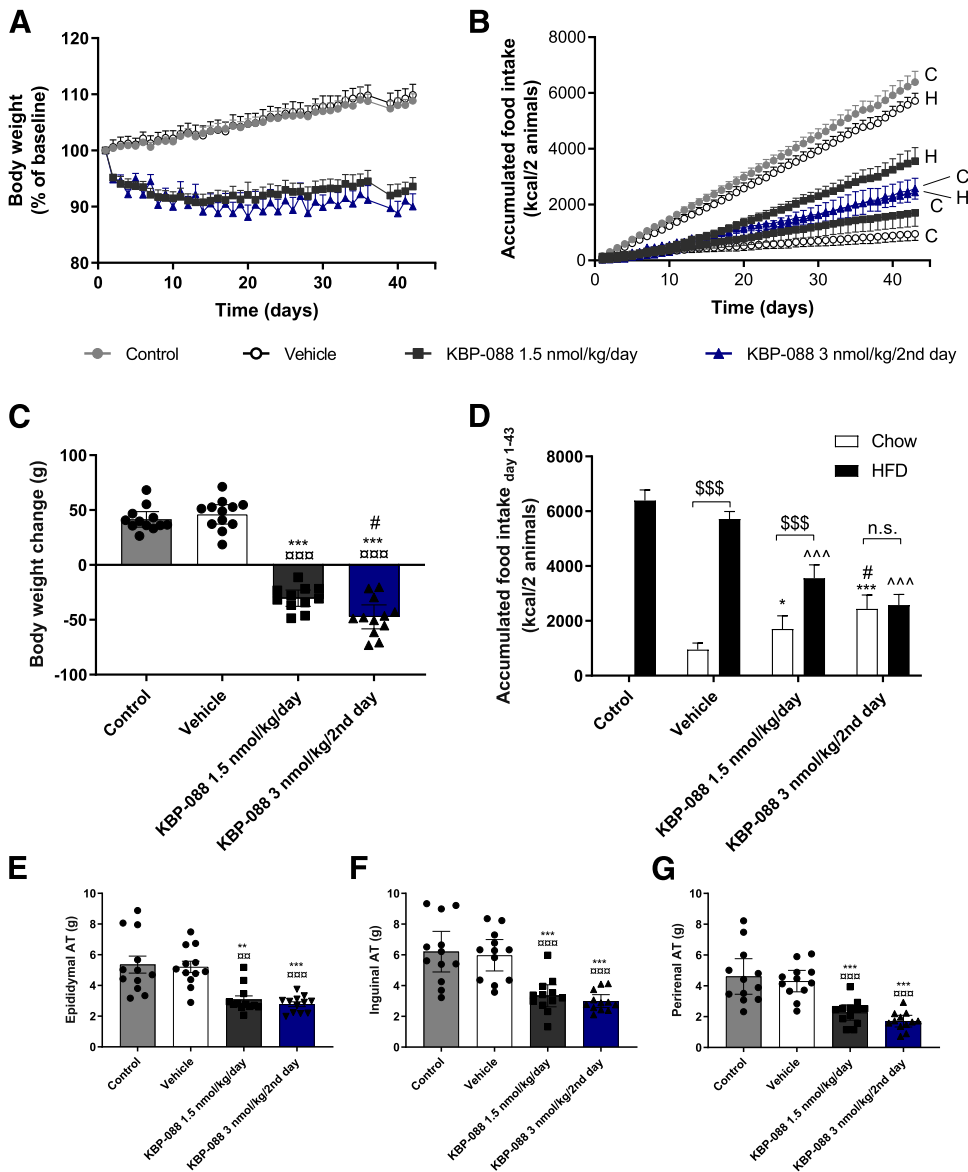
both treatments caused significant weight loss compared with vehicle (Fig. 1C). At the end of the study, adipose tissues were isolated and weighed. Both treatment groups significantly reduced the inguinal, epididymal, and perirenal adipose tissue depots compared with vehicle. In conjunction with the



**Fig. 1.** Body weight as a percentage of initial body weight (A) and food intake (B) during the study. Body weight change at study end (C) and accumulated food intake during the entire study (D). Weights of epididymal (E), inguinal (F), and perirenal (G) adipose tissue (AT) depots at study end. Data are analyzed by one-way ANOVA followed by Tukey's multiple comparisons test. \* $P < 0.05$ ; \*\* $P < 0.01$ ; \*\*\* $P < 0.001$  compared with vehicle and # $P < 0.05$  compared with 1.5 nmol/kg KBP-088.  $n = 8$  rats per treatment group. Data are shown as means with 95% CI.



**Fig. 2.** Plasma glucose (A and B) and insulin (E and F) during OGTT after 3 and 8 weeks of treatment, respectively. The incremental area under the curve (iAUC) shown for glucose (C and D) and insulin (G and H) during OGTT after 3 and 8 weeks of treatment, respectively. Data are analyzed by one-way ANOVA followed by Tukey's multiple comparisons test. \* $P < 0.05$ ; \*\* $P < 0.01$ ; \*\*\* $P < 0.001$  compared with vehicle.  $n = 8$  rats per treatment group. Data are shown as means with 95% CI.



**Fig. 3.** HFD-fed rats. Body weight as a percentage of initial body weight (A) and accumulated food intake (B) during the study: “H” refers to kcal obtained from HFD, and “C” refers to kcal obtained from chow diet. Body weight change (C) and accumulated food intake at study end (D). Weights of epididymal (E), inguinal (F), and perirenal (G) adipose tissue (AT) depots at study end. Data were analyzed by one-way ANOVA followed by Tukey’s multiple comparisons test. Epididymal AT data were analyzed by Kruskal-Wallis followed by Dunn’s multiple comparison test. \* $P < 0.05$ ; \*\* $P < 0.01$ ; \*\*\* $P < 0.001$  compared with vehicle chow. ^^^ $P < 0.001$  compared with vehicle HFD. ^^^ $P < 0.01$ ; ^^^ $P < 0.001$  compared with control. # $P < 0.05$  compared with 1.5 nmol/kg KBP-088 and \$\$\$ $P < 0.001$  compared with chow.  $n = 12$  rats per treatment group. Data are shown as means with 95% CI. n.s. - not significant.

body weight loss at the end of the study, the group dosed with KBP-088 every other day tended to lose more adipose tissue, albeit the difference between the treatment groups was small and nonsignificant (Fig. 1, E–G).

The food preference studies in lean and obese rats, which used the same once-daily and every-other-day dosing regimen, strongly supported the findings described above, although these studies lasted for 5 and 6 weeks, respectively (Fig. 3, A, C, and E–G; Fig. 5, A, C, and E–G for the obese and lean study, respectively).

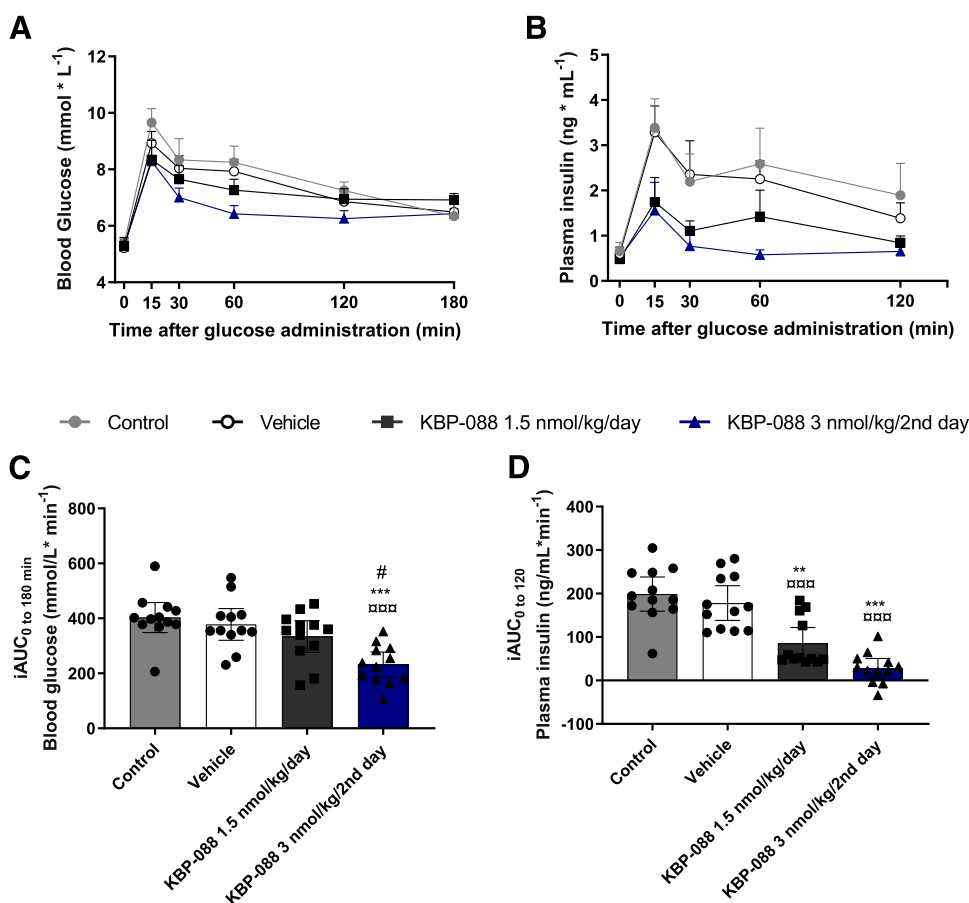
**Dosing with KBP-088 Every Other Day Further Improves Oral Glucose Tolerance Compared with Daily Dosing.** In the 9-week study, OGTTs were performed after 3 and 8 weeks of treatment, 24 hours postdosing of the rats. After 3 weeks of treatment, KBP-088 once daily (1.5 nmol/kg) and every other day (3 nmol/kg) significantly reduced insulin levels, whereas blood glucose was comparable to vehicle levels (Fig. 2, A, C, E, and G). After 8 weeks of treatment, the effect was more pronounced. Blood glucose was significantly lowered with KBP-088 every other day but

not once-daily treatment, although both treatments significantly reduced insulin levels (Fig. 2, B, D, F, and H).

The OGTTs performed in the two food preference studies in obese and lean rats corroborated the significant improvement in glucose tolerance, which was mainly mediated by a reduction in insulin levels (Figs. 4 and 6).

**KBP-088 Induces a Long-Lasting Improvement in Food Preference.** The aim of the food preference studies was to determine whether KBP-088 induces long-lasting changes in food preference and whether KBP-088 dosing intervals (1.5 nmol/kg once daily and 3 nmol/kg every other day) influenced food preference differently. Furthermore, we investigated this in both HFD-fed obese and chow-fed lean rats to shed light on potential differences due to body weight.

In both obese and lean rats, the accumulated chow intake was significantly higher in the KBP-088-treated groups compared with vehicle, whereas HFD intake was significantly lower (Fig. 3, B and D; Fig. 5, B and D). This suggested an altered food preference toward the choice that was less calorie-dense, which lasted throughout the study. Interestingly,



**Fig. 4.** HFD-fed rats. Plasma glucose (A) and insulin (B) during OGTT after 5 weeks of treatment. The incremental area under the curve (iAUC) shown for glucose (C) and insulin (D) during OGTT. Data are analyzed by one-way ANOVA followed by Tukey's multiple comparisons test. <sup>\*\*</sup> $P < 0.01$ ; <sup>\*\*\*</sup> $P < 0.001$  compared with vehicle. <sup>###</sup> $P < 0.001$  compared with control. <sup>#</sup> $P < 0.05$  compared with 1.5 nmol/kg KBP-088.  $n = 12$  rats per treatment group. Data are shown as means with 95% CI.

KBP-088 every other day resulted in a significantly higher chow intake compared with KBP-088 once daily, although the total caloric intake did not differ significantly between the two treatment groups (Fig. 3D; Fig. 5D). This applied to both the obese and lean rats. In addition, treatment with KBP-088 every other day resulted in equal consumption of HFD and chow, whereas vehicle and KBP-088 once-daily groups had a significantly higher caloric intake of HFD compared with chow (Fig. 3D; Fig. 5D). Again, this observation was valid in both the obese and lean rats.

## Discussion

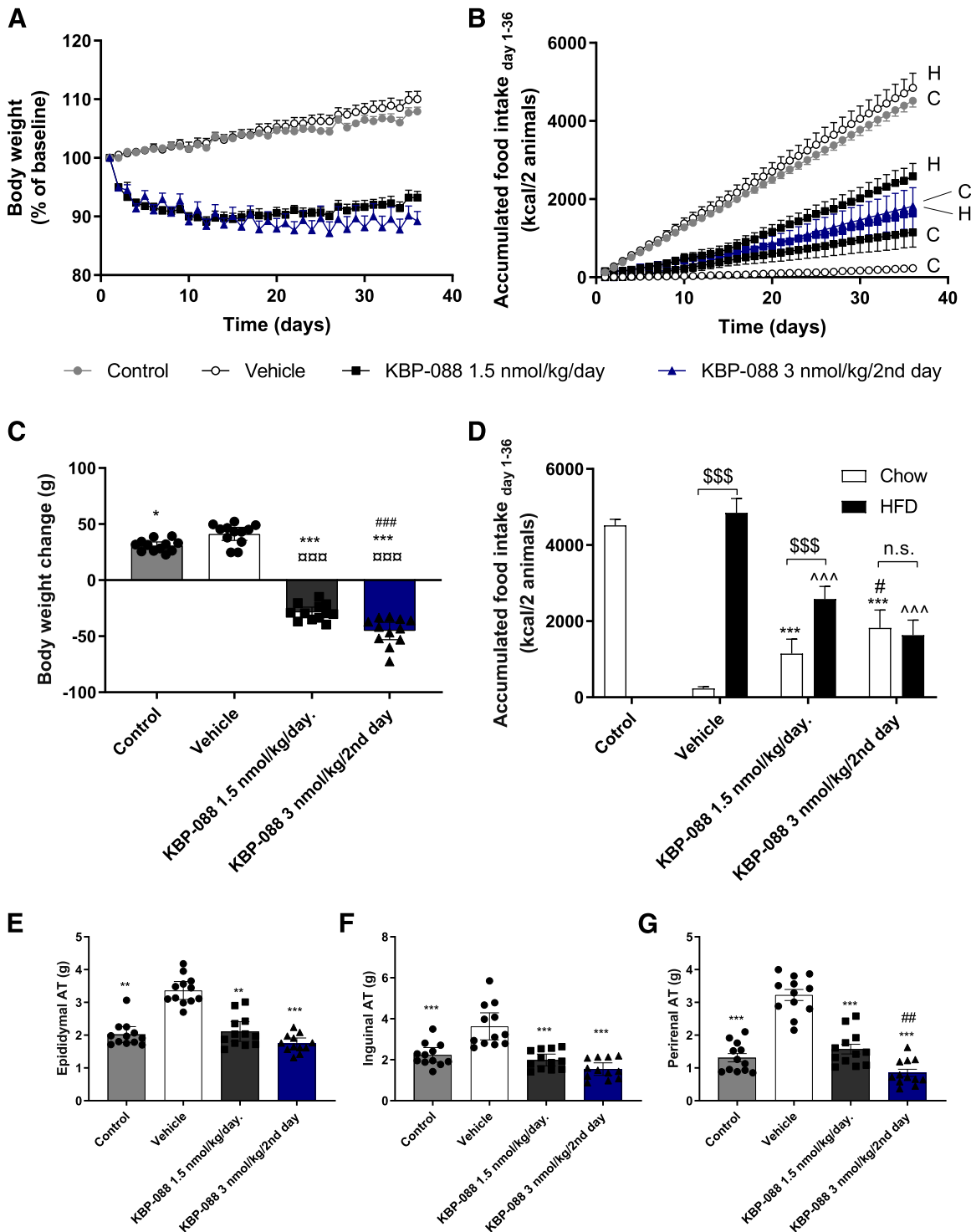
In this article, we demonstrate that dosing KBP-088 every other day positively affects efficacy and improves food preference to an even greater extent than dosing once daily.

All three studies showed that treatment with KBP-088 once daily (1.5 nmol/kg) and every other day (3 nmol/kg) resulted in an initial reduction in food intake. Whereas KBP-088 once daily resulted in a transient reduction in food intake, KBP-088 every other day resulted in fluctuating food intake throughout the study, reflecting the dosing intervals. Fluctuations in food intake and body weight have previously been observed with the DACRA KBP-089 when dosed every other day (Gydesen et al., 2017a). The continuous fluctuations in food intake suggest that a longer rest period between receptor reactivation results in a greater response upon redosing. Marked reductions in food intake might be a sign of nausea and, hence, poor tolerability of the treatment. Lack of tolerability, which

can lead to side effects, is experienced in some studies using amylin analogs. One of the most common side effects of the amylin analog pramlintide is transient nausea, which is experienced by both diabetic and obese individuals Aronne et al., 2007. Increased nausea was presumably not a problem in the present studies, as the applied doses of KBP-088 did not induce pica behavior when measured by kaolin consumption (Supplementary Data). Similar results have been observed with another DACRA, KBP-042, in which only a very high dose (50  $\mu$ g/kg  $\approx$  15 nmol/kg) induced pica behavior (Hjuler et al., 2016). In addition, studies have shown that an amylin-induced reduction in food intake is not related to pica behavior or conditioned taste aversion (Lutz et al., 1995; Rushing et al., 2002; Mack et al., 2007). These observations suggest that significant reductions in food intake are not related to nausea or conditioned taste aversion in rats, although clinical data may contradict this.

The present data show that dosing every other day positively affects the KBP-088-induced body weight loss, albeit adipose depots did not differ significantly between rats dosed once daily and every other day. This may indicate that dosing every other day results in loss of lean mass in contrast to once daily (Gydesen et al., 2017b), although some observations contradict this. First, all three studies in obese and lean rats demonstrated the same trend: adipose tissues of rats treated every other day were smaller than that of rats treated once daily, with one exception favoring dosing every other day. We acknowledge that the difference is very small and statistically nonsignificant; however, the fact that the observation is

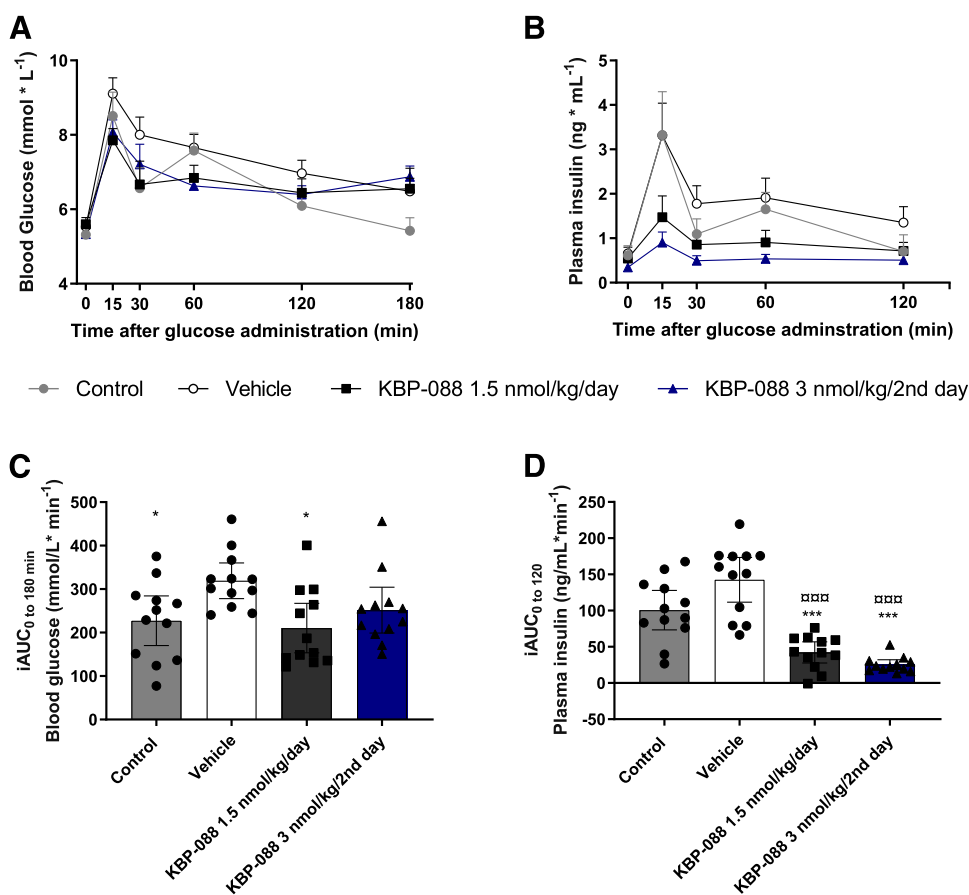




**Fig. 5.** Lean rats. Body weight as percentage of initial body weight (A) and accumulated food intake (B) during the study: “H” refers to kcal obtained from HFD, and “C” refers to kcal obtained from chow diet. Body weight change (C) and accumulated food intake at study end (D). Weights of epididymal (E), inguinal (F), and perirenal (G) adipose tissue (AT) depots at study end. Data were analyzed by one-way ANOVA followed by Tukey’s multiple comparisons test. Epididymal AT data were analyzed by Kruskal-Wallis followed by Dunn’s multiple comparison test. \* $P < 0.05$ ; \*\* $P < 0.01$ ; \*\*\* $P < 0.001$  compared with vehicle chow. ^^^ $P < 0.0001$  compared with vehicle HFD.  $^{\circ\circ\circ}P < 0.001$  compared with control. \* $P < 0.05$ ; # $P < 0.01$ ; ### $P < 0.001$  compared with 1.5 nmol/kg KBP-088, and \$\$\$ compared with chow.  $n = 12$  rats per treatment group. Data are shown as means with 95% CI. n.s. - not significant.

evident in all three studies strengthens its validity. Second, the oral glucose tolerance tests showed that KBP-088 every other day improved glucose tolerance even further than KBP-088 once daily. Given that insulin sensitivity is strongly correlated to body weight and lean mass (Tuomilehto et al.,

2001; McAuley et al., 2002; Fukushima et al., 2016; Kim and Park, 2018), this suggests that dosing every other day does not compromise lean mass. Previous studies with DACRAs have shown that higher doses (up to 500  $\mu\text{g/kg} \approx 150$  nmol/kg) do not improve insulin sensitivity in obese nondiabetic rats



**Fig. 6.** Lean rats. Plasma glucose (A) and insulin (B) during OGTT performed at study end. The incremental area under the curve (iAUC) shown for glucose (C) and insulin (D) during OGTT. Data are analyzed by one-way ANOVA followed by Tukey's multiple comparisons test. \* $P < 0.05$ ; \*\*\* $P < 0.001$  compared with vehicle. □□□ $P < 0.001$  compared with control.  $n = 12$  rats per treatment group. Data are shown as means with 95% CI.

(Hjuler et al., 2016; Gydesen et al., 2017a; Sonne et al., 2020). This indicates that weight loss rather than dose concentration drives the improved insulin sensitivity observed with the every-other-day dosing regimen and that the weight loss is not at the expense of lean mass. Again, this underlines the impact of the longer rest period between receptor reactivation applied with dosing every other day compared with once daily. All OGTTs were performed with 24-hour predosing, and hence, the observed difference between KBP-088 every other day and once daily is unlikely to be due to acute effects.

One way to achieve weight loss is to manipulate the voluntary food consumption toward choices that are less calorie-dense. Amylin agonism is known to affect the feeding pattern in this manner, along with improvement in appetite control (Aronne et al., 2007; Mack et al., 2007; Smith et al., 2007). The DACRA KBP-089 has been shown to improve food preference in rats in a 1-week study offering milk chocolate and chow ad libitum (Gydesen et al., 2017b). However, the long-term effects on food preference were not investigated in that study, and further, taste preference (the sweetness of chocolate) rather than calorie density might have been the focus. Consequently, we attempted to switch the focus to the extent possible to calorie density (HFD vs. chow) rather than taste preference (chocolate vs. chow). In the present study we show that KBP-088 induces a sustained improvement in food preference in terms of a higher intake of food that is less calorie-dense in both lean and obese rats given ad libitum access to chow and HFD. This underlines that the improved food preference is independent of the lean/obese state and,

thereby, potential differences in appetite regulatory hormones (Tschöp et al., 2001; Batterham et al., 2003; Steinert et al., 2017). Interestingly, KBP-088 every other day further increased intake of less-calorie-dense food at the expense of high-calorie-dense food compared with dosing once daily, indicating that dose frequency plays an important role in terms of food preference. With the improvement follows a change in dietary macronutrient consumption (chow vs. HFD) between rats dosed every other day and once daily, which may theoretically cause the observed differences in weight loss and insulin sensitivity. However, studies collectively demonstrate that different dietary macronutrient compositions have no effect on body weight and insulin sensitivity regardless of the diet being eucaloric (with a fixed and identical caloric intake between groups) (Lewis et al., 2013; Berryman et al., 2018; Lundsgaard et al., 2019), hypocaloric (de Luis et al., 2012; Wang et al., 2013), or hypercaloric (Mauler et al., 2009; Draznin et al., 2012; Iggman et al., 2014). Based on these findings, it seems unlikely that dietary macronutrient composition is involved in the differences observed between rats dosed every other day and once daily.

Although the mechanism facilitating the improved food preference is unknown, we speculate that KBP-088 acts centrally, as amylin agonism is known to affect dopamine release in the hypothalamus (Brunetti et al., 2002), which affects the feeding patterns (Szczypka et al., 1999, 2000). This is supported by the observation that the DACRA salmon calcitonin reduces fat intake and to some extent sucrose intake possibly via the ventral tegmental area and/or the area



postrema (Mietlicki-Baase et al., 2017; Whiting et al., 2017) and has been suggested to be involved in blocking the reward mechanism normally induced by alcohol (Kalafateli et al., 2019). Hence, it is likely that KBP-088 influences food preference via central mechanisms. More studies are required before this question may be answered.

The secretion of satiety hormones may change due to the lean/obese state, as is the case with leptin (Jenkins et al., 2012; Singh et al., 2016; Hausmann et al., 2019; Unamuno et al., 2019). The beneficial interplay between amylin agonism and leptin is well described (Roth et al., 2008; Trevaskis et al., 2008, 2010; Turek et al., 2010; Seth et al., 2011; Moon et al., 2012; Duffy et al., 2018) and supports that KBP treatment lowers endogenous leptin, suggesting attenuation of leptin resistance (Andreassen et al., 2014a; Hjuler et al., 2015, 2016). Other hormones, such as cortisol, which is secreted during stress and nausea but also induces hyperphagia, are likewise altered in response to DACRA treatment. Both in healthy individuals (Žofková et al., 1987; Laurian et al., 1988; Trainer et al., 1991) and patients who had undergone hip surgery (Gabopoulou et al., 2002), cortisol increased shortly after administration of the DACRA salmon calcitonin. However, chronic treatment seems to have the opposite effect in a pre-clinical setting with diabetic rats (Adeyemi and Olayaki, 2018). Consequently, cortisol levels may increase with acute treatment but diminish over time as tolerability improves and food intake normalizes. Based on the known DACRA-induced food suppressive effect (Wielinga et al., 2007; Feigh et al., 2011; Andreassen et al., 2014a; Braegger et al., 2014), the increase in cortisol is likely a stress response rather than an orexigenic response. Although KBP treatment does not induce pica behavior in rats (Supplementary Data and Hjuler et al., 2016), we may in this context use food suppression as a surrogate for nausea in humans and, most importantly, as an indication of increased cortisol. Dosing KBP-088 once daily would then likely result in a transient increase in cortisol, which would return to vehicle levels as food intake normalized or possibly go lower with reference to Adeyemi and Olayaki (2018). On the contrary, dosing every other day, which maintains a fluctuating food intake, would theoretically translate to similarly fluctuating cortisol levels. Unfortunately, we did not sample our studies to investigate this matter.

In conclusion, chronic KBP-088 treatment improves food preference in terms of a higher intake of food that is less calorie-dense in both lean and obese rats. Importantly, these positive effects on food preference were maintained throughout the study period. In addition, we show that dosing KBP-088 every other day further improves food preference and positively affects the efficacy on metabolic parameters overall, suggesting that less-frequent dosing with KBP-088 could be feasible. How continual fluctuating food intake and body weight affect tolerability is still unclear.

#### Acknowledgments

We would like to acknowledge a funding grant from the Danish Research Foundation (Den Danske Forskningsfond).

#### Authorship Contributions

*Participated in research design:* Larsen, Sonne, Karsdal, Henriksen.

*Conducted experiments:* Larsen, Sonne.

*Performed data analysis:* Larsen, Sonne, Andreassen.

*Wrote or contributed to the writing of the manuscript:* Larsen, Sonne, Henriksen.

#### References

- Adeyemi WJ and Olayaki LA (2018) Calcitonin and omega-3 fatty acids exhibit antagonistic and non-additive effects in experimental diabetes. *Pathophysiology* **25**: 117–123.
- Andreassen KV, Feigh M, Hjuler ST, Gydesen S, Henriksen JE, Beck-Nielsen H, Christiansen C, Karsdal MA, and Henriksen K (2014a) A novel oral dual amylin and calcitonin receptor agonist (KBP-042) exerts antiobesity and antidiabetic effects in rats. *Am J Physiol Endocrinol Metab* **307**:E24–E33.
- Andreassen KV, Hjuler ST, Furness SG, Sexton PM, Christopoulos A, Nosjean O, Karsdal MA, and Henriksen K (2014b) Prolonged calcitonin receptor signaling by salmon, but not human calcitonin, reveals ligand bias. *PLoS One* **9**:e92042.
- Aronne LJ, Fujioka K, Aroda V, Chen K, Halseth A, Kesty NC, Burns C, Lush CW, and Weyer C (2007) Progressive reduction in body weight after treatment with the amylin analog pramlintide in obese subjects: a phase 2, randomized, placebo-controlled, dose-escalation study. *J Clin Endocrinol Metab* **92**:2977–2983.
- Aronne LJ, Halseth AE, Burns CM, Miller S, and Shen LZ (2010) Enhanced weight loss following coadministration of pramlintide with sibutramine or phentermine in a multicenter trial. *Obesity (Silver Spring)* **18** (9), doi: 10.1038/oby.2009.478 20094043.
- Batterham RL, Cohen MA, Ellis SM, Le Roux CW, Withers DJ, Frost GS, Ghatei MA, and Bloom SR (2003) Inhibition of food intake in obese subjects by peptide YY<sub>3-36</sub>. *N Engl J Med* **349**:941–948.
- Berryman CE, Young AJ, Karl JP, Kenefick RW, Margolis LM, Cole RE, Carbone JW, Lieberman HR, Kim IY, Ferrando AA, et al. (2018) Severe negative energy balance during 21 d at high altitude decreases fat-free mass regardless of dietary protein intake: a randomized controlled trial. *FASEB J* **32**:894–905.
- Braegger FE, Asarian L, Dahl K, Lutz TA, and Boyle CN (2014) The role of the area postrema in the anorectic effects of amylin and salmon calcitonin: behavioral and neuronal phenotyping. *Eur J Neurosci* **40**:3055–3066.
- Brunetti L, Recinella L, Orlando G, Michelotto B, Di Nisio C, and Vacca M (2002) Effects of ghrelin and amylin on dopamine, norepinephrine and serotonin release in the hypothalamus. *Eur J Pharmacol* **454**:189–192.
- de Luis DA, Aller R, Izaola O, de la Fuente B, Conde R, Sagrado MG, and Primo D (2012) Evaluation of weight loss and adipocytokines levels after two hypocaloric diets with different macronutrient distribution in obese subjects with rs9393609 gene variant. *Diabetes Metab Res Rev* **28**:663–668.
- Draznin B, Wang C, Adochio R, Leitner JW, and Cornier MA (2012) Effect of dietary macronutrient composition on AMPK and SIRT1 expression and activity in human skeletal muscle. *Horm Metab Res* **44**:650–655.
- Duffy SJ, Lutz TA, and Boyle CN (2018) Rodent models of leptin receptor deficiency are less sensitive to amylin. *Am J Physiol Regul Integr Comp Physiol* **315**: R856–R865.
- Eiden S, Daniel C, Steinbrueck A, Schmidt I, and Simon E (2002) Salmon calcitonin - a potent inhibitor of food intake in states of impaired leptin signalling in laboratory rodents. *J Physiol* **541**:1041–1048.
- Feigh M, Henriksen K, Andreassen KV, Hansen C, Henriksen JE, Beck-Nielsen H, Christiansen C, and Karsdal MA (2011) A novel oral form of salmon calcitonin improves glucose homeostasis and reduces body weight in diet-induced obese rats. *Diabetes Obes Metab* **13**:911–920.
- Fukushima Y, Kurose S, Shinno H, Cao Thu H, Takao N, Tsutsumi H, and Kimura Y (2016) Importance of lean muscle maintenance to improve insulin resistance by body weight reduction in female patients with obesity. *Diabetes Metab J* **40**: 147–153.
- Gabopoulou Z, Vadalouca A, Velmachou K, Karanastasi C, and Van Zundert A (2002) Epidural calcitonin: does it provide better postoperative analgesia? An analysis of the haemodynamic, endocrine, and nociceptive responses of salmon calcitonin and opioids in epidural anesthesia for hip arthroplasty surgery. *Pain Pract* **2** (4), doi: 10.1046/j.1533-2500.2002.02042.x 17156040.
- Gydesen S, Andreassen KV, Hjuler ST, Christensen JM, Karsdal MA, and Henriksen K (2016) KBP-088, a novel DACRA with prolonged receptor activation, is superior to davalintide in terms of efficacy on body weight. *Am J Physiol Endocrinol Metab* **310**:E821–E827.
- Gydesen S, Andreassen KV, Hjuler ST, Hellgren LI, Karsdal MA, and Henriksen K (2017a) Optimization of tolerability and efficacy of the novel dual amylin and calcitonin receptor agonist KBP-089 through dose escalation and combination with a GLP-1 analog. *Am J Physiol Endocrinol Metab* **313**:E598–E607 Available from: 10.1152/ajpendo.00419.2016.
- Gydesen S, Hjuler ST, Freving Z, Andreassen KV, Sonne N, Hellgren LI, Karsdal MA, and Henriksen K (2017b) A novel dual amylin and calcitonin receptor agonist, KBP-089, induces weight loss through a reduction in fat, but not lean mass, while improving food preference. *Br J Pharmacol* **174**:591–602.
- Hausmann J, Waechtershaeuser A, Behnken I, Aksan A, Blumenstein I, Brenner M, Loitsch SM, and Stein J (2019) The role of adipokines in the improvement of diabetic and cardiovascular risk factors within a 52-week weight-loss programme for obesity. *Obes Res Clin Pract* **13**:440–447.
- Herrmann K, Shan K, Brunell SC, and Chen S (2014) Effects of pramlintide in patients with type 2 diabetes mellitus: an analysis using daily insulin dose tertiles. *Endocr Pract* **20** (10), doi: 10.4158/EP13477.OR 25100363.
- Hjuler ST, Andreassen KV, Gydesen S, Karsdal MA, and Henriksen K (2015) KBP-042 improves bodyweight and glucose homeostasis with indices of increased insulin sensitivity irrespective of route of administration. *Eur J Pharmacol* **762**:229–238.
- Hjuler ST, Gydesen S, Andreassen KV, Karsdal MA, and Henriksen K (2017) The dual amylin- and calcitonin-receptor agonist KBP-042 works as adjunct to metformin on fasting hyperglycemia and HbA1c in a rat model of type 2 diabetes. *J Pharmacol Exp Ther* **362**:24–30 Available from: 10.1124/jpet.117.241281.

- Hjuler ST, Gydesen S, Andreassen KV, Pedersen SLK, Hellgren LI, Karsdal MA, and Henriksen K (2016) The dual amylin- and calcitonin-receptor agonist KBP-042 increases insulin sensitivity and induces weight loss in rats with obesity. *Obesity (Silver Spring)* **24**:1712–1722.
- Iggman D, Rosqvist F, Larsson A, Arnlöv J, Beckman L, Rudling M, and Risérus U (2014) Role of dietary fats in modulating cardiometabolic risk during moderate weight gain: a randomized double-blind overfeeding trial (LIPOGAIN study). *J Am Heart Assoc* **3**:e001095.
- Isaksson B, Wang F, Pernert J, Olsson M, Fruin B, Herrington MK, Enochsson L, Erlanson-Albertsson C, and Arnelo U (2005) Chronically administered islet amyloid polypeptide in rats serves as an adiposity inhibitor and regulates energy homeostasis. *Pancreatology* **5**:29–36.
- Jenkins NT, Padilla J, Arce-Esquivel AA, Bayless DS, Martin JS, Leidy HJ, Booth FW, Rector RS, and Laughlin MH (2012) Effects of endurance exercise training, metformin, and their combination on adipose tissue leptin and IL-10 secretion in OLETF rats. *J Appl Physiol* (1985) **113**:1873–1883.
- Kalafateli AL, Vallöf D, and Jerlhag E (2019) Activation of amylin receptors attenuates alcohol-mediated behaviours in rodents. *Addict Biol* **24**:388–402.
- Kim K and Park SM (2018) Association of muscle mass and fat mass with insulin resistance and the prevalence of metabolic syndrome in Korean adults: a cross-sectional study. *Sci Rep* **8**:2703.
- Larsen AT, Sonne N, Andreassen KV, Gehring K, Karsdal MA, and Henriksen K (2019) The dual amylin and calcitonin receptor agonist KBP-088 induces weight loss and improves insulin sensitivity superior to chronic amylin therapy. *J Pharmacol Exp Ther* **370**:35–43.
- Laurian L, Oberman Z, Hoerer E, and Graf E (1988) Antiserotonergic inhibition of calcitonin-induced increase of beta-endorphin, ACTH, and cortisol secretion. *J Neural Transm* **73** (3), doi: 10.1007/bf01250134 2850348.
- Lewis AS, McCourt HJ, Ennis CN, Bell PM, Courtney CH, McKinley MC, Young IS, and Hunter SJ (2013) Comparison of 5% versus 15% sucrose intakes as part of a eucaloric diet in overweight and obese subjects: effects on insulin sensitivity, glucose metabolism, vascular compliance, body composition and lipid profile. A randomised controlled trial. *Metabolism* **62**:694–702.
- Lundsgaard AM, Holm JB, Sjøberg KA, Bojsen-Møller KN, Myrmel LS, Fjære E, Jensen BAH, Nicolaisen TS, Hingst JR, Hansen SL, et al. (2019) Mechanisms preserving insulin action during high dietary fat intake. *Cell Metab* **29**:50–63.e4.
- Lutz TA, Geary N, Szabady MM, Del Prete E, and Scharrer E (1995) Amylin decreases meal size in rats. *Physiol Behav* **58**:1197–1202.
- Mack C, Wilson J, Athanacio J, Reynolds J, Laugero K, Guss S, Vu C, Roth J, and Parkes D (2007) Pharmacological actions of the peptide hormone amylin in the long-term regulation of food intake, food preference, and body weight. *Am J Physiol Regul Integr Comp Physiol* **293**:R1855–R1863.
- Mack CM, Soares CJ, Wilson JK, Athanacio JR, Turek VF, Trevaskis JL, Roth JD, Smith PA, Gedulin B, Jodka CM, et al. (2010) Divalintide (AC2307), a novel amylin-mimetic peptide: enhanced pharmacological properties over native amylin to reduce food intake and body weight. *Int J Obes* **34**:385–395.
- Mauler B, Dubben S, Pawelzik M, Pawelzik D, Weigle DS, and Kratz M (2009) Hypercaloric diets differing in fat composition have similar effects on serum leptin and weight gain in female subjects with anorexia nervosa. *Nutr Res* **29**:1–7.
- McAuley KA, Williams SM, Mann JI, Goulding A, Chisholm A, Wilson N, Story G, McLay RT, Harper MJ, and Jones IE (2002) Intensive lifestyle changes are necessary to improve insulin sensitivity: a randomized controlled trial. *Diabetes Care* **25**:445–452.
- Mietlicki-Baase EG, McGrath LE, Koch-Laskowski K, Krawczyk J, Reiner DJ, Pham T, Nguyen CTN, Turner CA, Olivios DR, Wimmer ME, et al. (2017) Amylin receptor activation in the ventral tegmental area reduces motivated ingestive behavior. *Neuropharmacology* **123**:67–79.
- Miras AD and le Roux CW (2014) Can medical therapy mimic the clinical efficacy or physiological effects of bariatric surgery? *International Journal of Obesity* **38**, doi: 10.1038/ijo.2013.205 24213310.
- Mollet A, Gilg S, Riediger T, and Lutz TA (2004) Infusion of the amylin antagonist AC 187 into the area postrema increases food intake in rats. *Physiol Behav* **81**: 149–155.
- Moon HS, Chamberland JP, and Mantzoros CS (2012) Amylin and leptin activate overlapping signalling pathways in an additive manner in mouse GT1-7 hypothalamic, C<sub>2</sub>C<sub>12</sub> muscle and AML12 liver cell lines. *Diabetologia* **55**: 215–225.
- Pullman J, Darsow T, and Frias JP (2006) Pramlintide in the management of insulin-using patients with type 2 and type 1 diabetes. *Vasc Health Risk Manag* **2**:203–212.
- Roth JD, Roland BL, Cole RL, Trevaskis JL, Weyer C, Koda JE, Anderson CM, Parkes DG, and Baron AD (2008) Leptin responsiveness restored by amylin agonism in diet-induced obesity: evidence from nonclinical and clinical studies. *Proc Natl Acad Sci USA* **105**:7257–7262.
- Rushing PA, Seeley RJ, Air EL, Lutz TA, and Woods SC (2002) Acute 3rd-ventricular amylin infusion potentially reduces food intake but does not produce aversive consequences. *Peptides* **23**:985–988.
- Ryan G, Briscoe TA, and Jobe L (2009) Review of pramlintide as adjunctive therapy in treatment of type 1 and type 2 diabetes. *Drug Des Devel Ther* **2**, doi: 10.2147/ dddt.s3225 19920907.
- Seth R, Knight WD, and Overton JM (2011) Combined amylin-leptin treatment lowers blood pressure and adiposity in lean and obese rats. *Int J Obes* **35**: 1183–1192.
- Singh P, Sharma P, Sahakyan KR, Davison DE, Sert-Kunishi FH, Romero-Corral A, Swain JM, Jensen MD, Lopez-Jimenez F, Kara T, et al. (2016) Differential effects of leptin on adiponectin expression with weight gain versus obesity. *Int J Obes* **40**:266–274.
- Smith SR, Blundell JE, Burns C, Ellero C, Schroeder BE, Kestey NC, Chen KS, Halsey AE, Lush CW, and Weyer C (2007) Pramlintide treatment reduces 24-h caloric intake and meal sizes and improves control of eating in obese subjects: a 6-wk translational research study. *Am J Physiol Endocrinol Metab* **293**:E620–E627.
- Sonne N, Larsen AT, Andreassen KV, Karsdal MA, and Henriksen K (2020) The dual amylin and calcitonin receptor agonist, KBP-066, induces an equally potent weight loss across a broad dose range while higher doses may further improve insulin action. *J Pharmacol Exp Ther* DOI: 10.1124/jpet.119.263723 [published ahead of print].
- Steinert RE, Feinle-Bisset C, Asarian L, Horowitz M, Beglinger C, and Geary N (2017) Ghrelin, CCK, GLP-1, and PYY(3-36): secretory controls and physiological roles in eating and glycemia in health, obesity, and after RYGB. *Physiol Rev* **97**: 411–463.
- Szczypka MS, Rainey MA, Kim DS, Alaynick WA, Marck BT, Matsumoto AM, and Palmiter RD (1999) Feeding behavior in dopamine-deficient mice. *Proc Natl Acad Sci USA* **96**:12138–12143.
- Szczypka MS, Rainey MA, and Palmiter RD (2000) Dopamine is required for hyperphagia in Lep(ob/ob) mice. *Nat Genet* **25**:102–104.
- Traina AN and Kane MP (2011) Primer on pramlintide, an amylin analog. *Diabetes Educ* **37**:426–431.
- Trainer PJ, Kirk JM, McLoughlin L, Touzel RJ, Perry L, Rees LH, and Besser GM (1991) The effects on anterior pituitary hormone secretion of salmon calcitonin in healthy volunteers. *Clin Endocrinol (Oxf)* **34** (4), doi: 10.1111/j.1365-2265.1991.tb03770.x 1652386.
- Trevaskis JL, Coffey T, Cole R, Lei C, Wittmer C, Walsh B, Weyer C, Koda J, Baron AD, Parkes DG, et al. (2008) Amylin-mediated restoration of leptin responsiveness in diet-induced obesity: magnitude and mechanisms. *Endocrinology* **149**: 5679–5687.
- Trevaskis JL, Lei C, Koda JE, Weyer C, Parkes DG, and Roth JD (2010) Interaction of leptin and amylin in the long-term maintenance of weight loss in diet-induced obese rats. *Obesity (Silver Spring)* **18**:21–26.
- Tschöp M, Weyer C, Tataranni PA, Devanarayan V, Ravussin E, and Heiman ML (2001) Circulating ghrelin levels are decreased in human obesity. *Diabetes* **50**: 707–709.
- Tuomilehto J, Lindström J, Eriksson JG, Valle TT, Hämäläinen H, Ilanne-Parikka P, Keinänen-Kiukkaanniemi S, Laakso M, Louheranta A, Rastas M, et al.; Finnish Diabetes Prevention Study Group (2001) Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med* **344**:1343–1350.
- Turek VF, Trevaskis JL, Levin BE, Dunn-Meynell AA, Irani B, Gu G, Wittmer C, Griffin PS, Vu C, Parkes DG, et al. (2010) Mechanisms of amylin/leptin synergy in rodent models. *Endocrinology* **151**:143–152.
- Unamuno X, Izaguirre M, Gómez-Ambrosi J, Rodríguez A, Ramírez B, Becerril S, Valentí V, Moncada R, Silva C, Salvador J, et al. (2019) Increase of the adiponectin/leptin ratio in patients with obesity and type 2 diabetes after roux-en-y gastric bypass. *Nutrients* **11**:E2069.
- Wang CCL, Adochio RL, Leitner JW, Abeyta IM, Draznin B, and Cornier MA (2013) Acute effects of different diet compositions on skeletal muscle insulin signalling in obese individuals during caloric restriction. *Metabolism* **62**:595–603.
- Whiting L, McCutcheon JE, Boyle CN, Roitman MF, and Lutz TA (2017) The area postrema (AP) and the parabrachial nucleus (PBN) are important sites for salmon calcitonin (sCT) to decrease evoked phasic dopamine release in the nucleus accumbens (NAc). *Physiol Behav* **176**:9–16.
- Wielinga PY, Alder B, and Lutz TA (2007) The acute effect of amylin and salmon calcitonin on energy expenditure. *Physiol Behav* **91**:212–217.
- Younk LM, Mikeladze M, and Davis SN (2011) Pramlintide and the treatment of diabetes: a review of the data since its introduction. *Expert Opin Pharmacother* **12** (9), doi: 10.1517/14656566.2011.581663 21564002.
- Zofková I, Nedvídková J, Stárka L, and Zamrazil V (1987) The effects of calcitonin, somatostatin and hypercalcaemia on metabolic and hormonal indicators during an oral glucose tolerance test (OGTT). *Exp Clin Endocrinol* **89** (1), doi: 10.1055/s-0029-1210632 2885208.

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