Eloralintide evidence dossier

Free Pro-format sample · Four selected records · Sources checked November 11, 2026 · Not a systematic review

The planned Pro format keeps design, population, findings and limits attached to the underlying record. This free sample does not activate a subscription, cover every study or claim independent scientific review.

Read each source type for what it is

A peer-reviewed experiment, a recruiting trial listing and a sponsor announcement answer different questions. Do not turn their coexistence into a pooled estimate or a clinical ranking.

Record 1: From modified amylin to early human pharmacology

Peer-reviewed · Discovery + Phase 1

Design. Receptor assays and animal experiments, plus a randomized, blinded, placebo-controlled single-ascending-dose Phase 1 study in 48 healthy participants.[1]

Question. Does the engineered amylin analogue have a pharmacology and exposure profile that support further clinical investigation?[1]

Finding. The paper characterizes a 37-residue modified amylin analogue, reports preferential activity at human AMY1 receptors in its assays, and describes early human safety and pharmacokinetics.[1]

Limits. The small Phase 1 population and single-dose design do not establish long-term obesity efficacy; receptor selectivity differs across species, and animal comparisons are not clinical head-to-head results.[1]

Funding / conflicts. Lilly-led development research; consult the publication's author affiliations, funding and competing-interest disclosures.[1]

A useful reading question

What is supported directly by the receptor assays, and what needs evidence from a different species, population, duration or study design?

PAGE SOURCES

1. Briere et al., Molecular Metabolism (2025): https://pmc.ncbi.nlm.nih.gov/articles/PMC12640043/

The 48-week monotherapy result

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Record 2: 48-week monotherapy trial in adults without type 2 diabetes

Peer-reviewed · Randomized Phase 2

Design / population. Double-blind, randomized, placebo-controlled trial at 46 US centers; 263 adults with obesity, or overweight plus a weight-related comorbidity, without type 2 diabetes.[1]

Primary endpoint. Percentage change in body weight from baseline at week 48.[1]

Finding. The efficacy-estimand mean change in the fixed 9 mg study arm was approximately −20% (95% CI −22.7 to −17.5; n=54), compared with −0.4% (−2.2 to 1.4; n=53) for placebo.[1]

Safety. Nausea and fatigue were common adverse events, with rates varying substantially between study groups; this summary is not a complete adverse-event table.[1]

Limits. The result is an arm-specific trial estimate, not a guaranteed individual outcome; it does not establish long-term safety, approval or superiority to retatrutide, which was not a comparator.[1]

Funding. Eli Lilly funded the trial; the primary paper identifies author affiliations and disclosures.[1]

Interpretation checkpoint

The approximately −20% figure is an estimated mean change in a specified arm at week 48, not the fraction of participants who benefited or a guaranteed personal result.[1]

Study-arm exposure information is reported only to identify the evidence. This dossier is not dosing, administration or sourcing guidance.

PAGE SOURCES

1. Billings et al., The Lancet (2025), NCT06230523: https://pubmed.ncbi.nlm.nih.gov/41207310/

Ongoing and combination research

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Record 3: ENLIGHTEN-1 is ongoing research, not a completed result

Sponsor trial listing · Phase 3 protocol

Design / population. Phase III study of eloralintide in adults with obesity or overweight without type 2 diabetes, including a main phase and an extension phase.[1]

Status. The sponsor listing shows enrolling, an enrollment goal of 1,980 and trial dates January 2026 to July 2030, checked November 11, 2026.[1]

Finding. No completed efficacy result is presented on this trial listing; an enrollment goal is a target, not the number who have completed the study.[1]

Limits. A protocol or recruiting listing establishes that research is planned or underway; it is not proof of efficacy or regulatory approval, and trial status can change.[1]

Record 4: EloraTZP is eloralintide plus tirzepatide, not monotherapy

Sponsor announcement · Phase 2b combination

Design / population. Sponsor-reported 48-week, double-blind Phase 2b study with 367 randomized participants with obesity or overweight and type 2 diabetes, including monotherapy, combination and placebo groups.[2]

Finding. Lilly reported weight and A1C outcomes for combinations of eloralintide and tirzepatide; in this study the two compounds were administered as separate injections.[2]

Safety. The announcement reports gastrointestinal adverse events and discontinuation due to adverse events of 10.8%–27.0% across combination arms.[2]

Limits. This record is a sponsor announcement, not a substitute for full peer-reviewed reporting; its diabetes population and combination arms must not be merged with the 2025 monotherapy trial or described as eloralintide-versus-retatrutide evidence.[2]

PAGE SOURCES

1. Lilly Trials, ENLIGHTEN-1 / NCT07321886: https://trials.lilly.com/en-US/trial/664295

2. Lilly announcement, September 30, 2026 / NCT06603571: https://investor.lilly.com/news-releases/news-release-details/lillys-eloratzp-combination-eloralintide-and-tirzepatide