

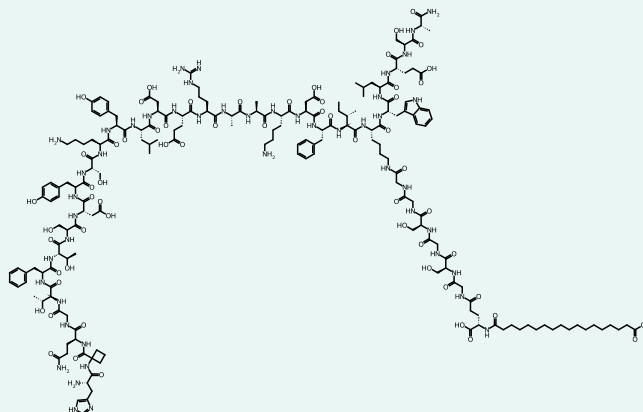
093 Survodutide

Therapy / research molecule | Combined reference p. 78

2D BOND DIAGRAM

Survodutide

CID 171378821 | C192H289N47O61



Enlarged molecular plates are included in the full Atlas.

Maturity	Weight	Fat	Lean	Function
M4	3/5	NR	NR	0/5

M4; weight 3/5 and function 0/5 retained. Fat and lean NR pending full MRI-source appraisal.

Clinical study gap / review limit

The primary article includes MRI outcomes. Fat and lean remain NR while corrected-version and supplementary-method checks are incomplete; this is not absence of composition evidence.

Identity and background

Survodutide is a glucagon/GLP-1 dual receptor agonist. The obesity and liver-disease programs address different endpoints; a shared mechanism does not make those results interchangeable. It remains described as investigational in the selected trial publications.



093 Survodutide - continued

Same entry; clinical and community source distinctions continue.

Study history and current source status

The phase 2 trial preceded SYNCHRONIZE-1 (without diabetes) and SYNCHRONIZE-2 (type 2 diabetes). The latter randomized 752 adults: at week 76, treatment-regimen weight changes were -8.2% and -9.8% versus -3.9% placebo [SURVO_P3_T2D]. Do not substitute the sponsor efficacy-estimand headline.

What the evidence does not establish

Table 2 includes MRI outcomes from 25 participants per arm who remained on uninterrupted assigned treatment with paired scans [SURVO_P3]. This selected subset is not the full randomized cohort. Lean-volume change is not skeletal-muscle preservation or strength. The reported lean-loss ratio is a regression slope, not an individual fraction [SURVO_P3; SURVO_MRI_2026].

Community account and recorded background

Identity, proposed use, and research context | G page 92

A GLP-1/glucagon dual agonist discussed for satiety, metabolic effects, and liver fat. These mechanisms do not establish superiority over other agents without appropriate clinical comparisons.

Community-reported practice - unvalidated

Guide claims weekly escalation from 0.6 mg through higher 1.2-4.8 mg amounts. This is not independently confirmed current prescribing information or a validated DIY regimen.

Community/anecdotal research focus

GLP-1/glucagon-related obesity and liver-fat research.



093 Survodutide - continued

Same entry; clinical and community source distinctions continue.

Community uses, benefits and contrary accounts

The source records appetite, liver-fat and metabolic interest. No newly authenticated firsthand survodutide outcome was added. A claimed research-vial experience cannot verify identity with the manufactured clinical product or replace the trial safety denominator.

Reported practice and unresolved questions

The guide's escalation examples remain historical captures, not current prescribing. The accessible June 8 article copy predates a publisher-listed July 23 update; the corrected supplement was unavailable. Retain NR while reconciling versions and methods.

Community-source quality

Compiled reference and named public accounts where stated. No authenticated cohort, verified product identity or representative response denominator. Account gaps and repeated stories remain explicit; anecdotes do not supply clinical efficacy points.

Source trail

Tier B | Survodutide obesity phase 2; PMID 38330987

Tier B | SYNCHRONIZE-1 phase 3; PMID 42253238

Tier B | Survodutide obesity/type 2 diabetes phase 3; PMID 42820639

Tier E | SYNCHRONIZE-1 MRI analysis; sponsor report, June 7, 2026; corrected lean/tissue ratio

Existing card source | Read the original study or record

Existing card source | SYNCHRONIZE-1 Phase 3 obesity study

Existing card source | Survodutide vs semaglutide energy-use/fat-metabolism study

Existing card source | SYNCHRONIZE-CVOT

Existing card source | SYNCHRONIZE-2 publication

Existing card source | MRI analysis - sponsor report

Molecular visual source

Survodutide | <https://pubchem.ncbi.nlm.nih.gov/compound/171378821>

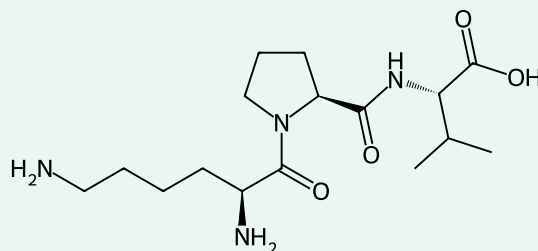
115 KPV Oral Capsules

Blend / formulation | Combined reference p. 84

2D BOND DIAGRAM

KPV

CID 125672 | C₁₆H₃₀N₄O₄



Same KPV reference molecule; capsule ingredients and oral performance are not shown. Registry reference; not an assay, 3D fold or evidence grade.

Maturity	Weight	Fat	Lean	Function
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NR NR NR NR NR

NR: identity, exact-product evidence or the relevant clinical claim remains unresolved.

Clinical study gap / review limit

Oral KPV capsules remain NR as a human formulation. Preclinical intestinal findings do not validate every capsule, clinical indication or repeat-use schedule.

Identity and background

KPV is the Lys-Pro-Val tripeptide, here listed as an oral product for intestinal/inflammatory support. A capsule's contents, release characteristics and other ingredients are part of the intervention. The label is not equivalent to a verified study preparation.

Study history and current source status

The selected KPV research includes cell and mouse intestinal experiments [KPV]. It supplies a rationale for investigation, not a controlled human capsule efficacy or safety program. Evidence for another route or for a mixture cannot close that gap.



115 KPV Oral Capsules - continued

Same entry; clinical and community source distinctions continue.

What the evidence does not establish

Reduced inflammation in a model does not establish treatment of IBS, IBD, allergy or a nonspecific gut complaint. Symptom improvement without diagnosis, controls or follow-up cannot identify the mechanism or distinguish natural fluctuation.

Community account and recorded background

Community/anecdotal research focus

Oral formulation discussed for intestinal inflammation and barrier support.

Community uses, benefits and contrary accounts

One public oral-KPV account described improved gut comfort, bowel function and skin, but also anhedonia that led them to stop [COMM_KPV_ORAL]. Product identity and causality are unverified. The reported benefit and unwanted effect are both retained; this is not a clinical adverse-event rate.

Reported practice and unresolved questions

No capsule dose or symptom-management strategy is inferred. Exact formulation, diagnosis, concurrent diet/drugs, baseline symptoms and later follow-up are missing from the account. A positive intestinal anecdote does not earn a clinical efficacy score.

Community-source quality

Compiled reference and named public accounts where stated. No authenticated cohort, verified product identity or representative response denominator. Account gaps and repeated stories remain explicit; anecdotes do not supply clinical efficacy points.

Source trail

Tier F | KPV cell/mouse intestinal study; PMID 18061177

Tier G | Public oral KPV account: gut benefit and anhedonia; checked Oct 15, 2026

Tier A | FDA bulk-substance safety context

Molecular visual source

KPV | <https://pubchem.ncbi.nlm.nih.gov/compound/125672>