Teacher's Key

GLP-1 Weight-Loss Drugs: What Happens When People Stop (Level C1)

Vocabulary Matching

1 generic = **N**
2 efficacy = **A**
3 placebo = **H**
4 comorbidity = **L**
5 escalation = **G**
6 adverse = **M**
7 baseline = **I**
8 plateau = **E**
9 extrapolation = **D**
10 discontinuation = **O**
11 adherence = **J**
12 chronic = **K**
13 conditional = **B**
14 regimen = **C**
15 substandard = **F**

Fill in the Blank

1 efficacy
2 comorbidity
3 placebo
4 escalation
5 Adverse
6 baseline
7 plateau
8 extrapolation
9 discontinuation
10 chronic
11 Adherence
12 regimen
13 conditional
14 substandard

True or False

1 **True.** The first paragraph names both brands.
2 **False.** They went on sale the day after the patent expired.
3 **True.** The loss was measured at 72 weeks.
4 **False.** Tirzepatide led, 20.2 to 13.7 percent.
5 **True.** Participants had overweight or obesity and existing heart disease, but not diabetes.
6 **False.** It was about twice as common on semaglutide.
7 **True.** The reading describes it as exploratory.
8 **False.** Regain was faster, about 0.8 kilograms a month.
9 **True.** It is conditional and based on moderate-certainty evidence.
10 **False.** Higher income was linked to a lower risk of stopping.

Language Focus: Reporting Numbers: Percent, Percentage Points, and Compared With

Example answer: In the drug group, 4 percent had a heart attack, **compared with 5 percent** in the placebo group: an absolute difference of **1 percentage point**, or a relative reduction of **20 percent**.

Comprehension Questions: Model Answers

1 Generic semaglutide went on sale the day after a key patent expired, at far lower prices than the branded drug. The writer uses it as a hook: cheaper, easier treatment makes the question of what happens after stopping more urgent.

2 STEP 1: 14.9 percent on semaglutide compared with 2.4 percent on placebo over 68 weeks; SURMOUNT-1: 20.9 percent at the highest tirzepatide dose at 72 weeks; the 2025 trial: 20.2 against 13.7 percent. The 2025 trial is the most direct because it compared the two drugs in one study rather than across separate trials.

3 Doses are raised in steps (dose escalation), partly to limit side effects. The most common are nausea, vomiting, and diarrhea.

4 The relative figure (a 20 percent lower risk) compares the two event rates with each other; the absolute figure (1.5 percentage points) is the actual difference between 8.0 and 6.5 percent. Both are correct, but the relative figure can sound larger.

5 The STEP 1 extension followed 327 people for a year after stopping and found about two-thirds of the lost weight regained, but it was exploratory. SURMOUNT-4 randomly assigned 670 people to continue or stop: the placebo group regained 14 percent, while the continuing group lost a further 5.5 percent. In both, heart-related risk factors partly returned.

6 Across 37 studies and 9,341 adults, weight returned at about 0.4 kilograms a month, reaching baseline after about 1.7 years, and faster (about 0.8 kilograms a month) for semaglutide and tirzepatide. The writer notes that these are averages and that some people kept weight off.

7 Because it projects regain beyond the year of data actually observed. Projections become less certain the further they go beyond real observations, so the figure is weaker evidence than the one-year results.

8 Stopping was more likely with digestive side effects and smaller weight loss, and less likely with higher income. The writer concludes, cautiously, that adherence depends partly on cost and tolerability, not only on motivation.

9 Open answer. The writer's reasoning: the evidence suggests the benefit lasts only while treatment continues, so the total cost of long-term use decides who can benefit. A strong answer evaluates this link, for example by noting that some people keep weight off, or that maintenance doses are not yet well studied.

10 False. In SURMOUNT-4 the placebo group regained 14 percent of body weight after losing about 21 percent, so they did not regain all of it within the year.

11 No. The writer says that both numbers are correct but leave different impressions.

12 To keep the text evidence-based rather than advisory: the writer reports what is known, marks what is uncertain, and points to the next useful question, instead of making a medical recommendation the evidence cannot support for individuals.

Notes on the Evidence

- Sources checked (September 2026). India: patent expiry on 20 March 2026 and generic launches on 21 March (South First; NATCO press release, 1,290 rupees a month for its lowest-priced vials; branded Ozempic about 8,800 to 11,000 rupees a month, per South First). Pills: oral semaglutide approved by the FDA on 22 December 2025 and orforglipron (Foundayo) on 1 April 2026 (Healio; Lilly release; Chugai discovered the molecule). Trials: STEP 1 (1,961 adults, 14.9 vs 2.4 percent, 68 weeks), SURMOUNT-1 (20.9 percent at 72 weeks), the 2025 head-to-head trial (20.2 vs 13.7 percent), SELECT (NEJM, November 2023; 17,604 adults; events 569 of 8,803 vs 701 of about 8,800, hence 6.5 vs 8.0 percent; hazard ratio 0.80; discontinuation for adverse events 16.6 vs 8.2 percent), STEP 1 extension (327 participants; 11.6 of 17.3 points regained; net 5.6 percent), SURMOUNT-4 (JAMA, December 2023; 670 randomized; 20.9 percent lead-in loss; 14.0 percent regain vs 5.5 percent further loss).
- Reviews and real-world data: West et al., BMJ, January 2026 (37 studies, 9,341 adults; 0.4 kg a month; baseline at about 1.7 years; 0.8 kg a month and about 1.5 years for semaglutide and tirzepatide), read through the Oxford release and summaries. The 75 percent plateau projection is from a later 2026 eClinicalMedicine meta-analysis, described through the Science Media Centre (Adam Collins, University of Surrey); the paper itself was not opened. Rodriguez et al., JAMA Network Open, 2025 (125,474 US adults; one-year discontinuation 64.8 vs 46.5 percent). WHO guideline of 1 December 2025 (conditional recommendations; moderate-certainty evidence; limited data on discontinuation and maintenance dosing, per the AJMC summary).
- Discrepancies: one secondary report gives the SURMOUNT-4 further loss as 6.7 percent; the JAMA abstract gives 5.5 percent, which the reading uses. SELECT follow-up is reported as a mean of 33 to 39.8 months depending on the measure, so the reading says more than three years. Relative and absolute SELECT figures were computed from reported event counts. The Indian prices are launch prices and will change; the Indian patent date is reported as 20 March, with launches on 21 March.
- Revision (September 2026). Rebuilt from the earlier version (What the Evidence Shows). The reading is reframed around a durable question, what happens when people stop, with the Indian generic launch as the hook. Corrections: the second pill is now dated (1 April 2026, confirmed) instead of “reported in spring 2026”; the IELTS True/False/Not Given answer changed from “Not Given or False” to False; unattributed claims (“according to clinical summaries” on a plateau, “experts have written consensus statements”, “reports suggest” generics) were removed or replaced with named sources; the dated forecast of a US decision on a combination drug was removed; the in-text “not medical advice” line moved to the teacher's notes. Added: SELECT (relative vs absolute risk), SURMOUNT-4, the 2026 BMJ review, and real-world discontinuation data. Vocabulary: durable (near-synonym of chronic), prioritization, and stigma dropped; generic, baseline, and extrapolation added. Translations corrected for escalation (conflict sense in Arabic and dose-only senses in Chinese, Korean, and Russian replaced), adverse (Korean, Arabic), regimen (Hindi, French), and adherence (Russian).
- Scope and caution. This unit is not medical advice; it reports published evidence. It does not cover rarer safety issues, children, pregnancy, compounded products, or bariatric surgery. Most trials were funded by the manufacturers. Discussion questions and the AI prompt avoid personal health details, and teachers may wish to preview the topic. The Hindi and Arabic translations have not been checked by a native speaker.