

Oral GLP-1s Could Redefine the Next Phase of Cardiometabolic Care

June 24, 2026 | Influencers | By Ankit Kankar | ankit.kankar@mmactiv.com

CORXEL CEO Dr. Sandy Mou discusses why convenience, tolerability, scalability, and long-term disease management are becoming the defining factors in obesity and cardiometabolic innovation.



As obesity treatment evolves beyond weight loss toward comprehensive cardiometabolic disease management, pharmaceutical innovators are racing to develop therapies that balance efficacy with long-term patient adherence. **At BIO International Convention 2026 in San Diego, BioSpectrum Asia spoke with Sandy Mou about the growing role of oral GLP-1 therapies**, changing treatment expectations, and how CORXEL is positioning its cardiometabolic pipeline to address global healthcare needs.

What differentiates oral GLP-1 therapies from injectable alternatives?

Injectable GLP-1 therapies have meaningfully changed expectations for obesity and cardiometabolic care, showing that incretin-based mechanisms can deliver important benefits for patients. The next phase of innovation is about expanding treatment choice in a way that supports long-term disease management, not only short-term weight reduction.

Oral GLP-1 therapies are differentiated by how they may fit into daily care over time. For many patients living with obesity, type 2 diabetes, cardiovascular conditions, fatty liver disease, or other metabolic complications, treatment is often part of a broader routine that already includes oral medications. A once-daily oral option may be easier to integrate into that routine and may reduce practical barriers associated with injections, such as administration training or needle aversion.

For therapies intended for chronic use, the most important profile is the balance of efficacy, tolerability, usability, and affordability over time. Oral small-molecule approaches may also offer advantages in scalability and access, which matter when addressing large global patient populations.

At CORXEL, our focus is on advancing oral small-molecule therapies designed for the realities of long-term cardiometabolic disease management. We believe injectable and oral therapies will both have important roles, with treatment decisions increasingly shaped by patient needs, clinical context, and the ability to sustain therapy over time.

How important is patient convenience in driving obesity treatment adoption?

Patient convenience is a major factor in treatment adoption, and it should be considered within the broader context of cardiometabolic disease management. Obesity is chronic and closely linked with type 2 diabetes, cardiovascular conditions, fatty liver disease, and other metabolic complications.

A therapy may show strong efficacy in clinical studies, but if it is difficult to access, administer, tolerate, or sustain, its real-world impact can be limited. For some patients, injectable therapies may be appropriate and effective while an oral option may feel more familiar and easier to incorporate into everyday care for others.

At CORXEL, we view convenience as one part of a broader value profile, helping lower barriers to starting treatment and staying engaged. Physicians and patients need confidence that a therapy can provide meaningful clinical benefit with a safety and tolerability profile suitable for chronic use, as many patients will need treatment for years.

As obesity care evolves into long-term cardiometabolic disease management, therapies that are practical for patients and sustainable for healthcare systems will be increasingly important. Oral delivery can support adoption, particularly when paired with meaningful efficacy, tolerability, and scalability.

What does the latest obesity data tell us about future treatment expectations?

Recent obesity data across the field have broadened expectations for what pharmacologic treatment should deliver. The focus is no longer weight loss alone. Patients, clinicians, and payers are increasingly evaluating therapies across a fuller value profile that includes durability, safety and tolerability, ease of use, adherence, affordability, and fit within long-term cardiometabolic care.

Considering that obesity is closely linked to other metabolic complications, as treatment moves from short-term weight reduction to chronic disease management, therapies need not only to be effective, but also easy to use, tolerable, and sustainable over time.

For CORXEL, the latest data on CX11, our oral small-molecule GLP-1 receptor agonist, reinforce this view. Our U.S. Phase 2 results and our partner Vincentage's China Phase 3 data demonstrated competitive weight loss alongside a favorable tolerability profile, including low vomiting rates reported in the 12% to 16% range. In a field where gastrointestinal side effects can contribute to discontinuation, tolerability is directly relevant to whether a therapy can support long-term disease management at scale.

The data also show that no single format will meet every patient's needs. Injectable therapies have set a high bar, but there remains meaningful opportunity for oral therapies and differentiated approaches that may improve scalability, convenience, tolerability, and patient fit.

Where do you see cardiometabolic innovation heading next?

The first wave of incretin-based therapies demonstrated that pharmacologic treatment can meaningfully improve outcomes for patients with cardiometabolic diseases. The next phase will be defined by how well therapies support long-term disease management across broader patient populations.

Several themes are likely to shape the field. First, oral therapies will become increasingly important as developers seek treatment options that can be scaled globally and fit easily into chronic care routines. Second, the field will continue to move toward differentiated mechanisms and combinations that address multiple aspects of metabolic dysfunction. Third, tolerability, persistence, and affordability will become increasingly important as obesity treatment is understood less as episodic weight reduction and more as sustained cardiometabolic care.

There is also growing recognition that obesity, type 2 diabetes, cardiovascular conditions, fatty liver disease, and other metabolic complications are interconnected. Future innovation will likely focus not only on single endpoints, but also on how therapies can improve the broader metabolic health profile of patients over time.

This is the context in which CORXEL is building its pipeline. Our focus is on oral small-molecule therapies for major cardiometabolic diseases where substantial unmet need remains. We believe the future will include a broader toolkit of therapies that can be matched to patient needs, clinical settings, and global healthcare realities.

What partnership opportunities are you seeking as the programme advances?

As our program advances, CORXEL's priority is to continue building the clinical, regulatory, and strategic foundation of our cardiometabolic pipeline. We believe oral small-molecule GLP-1 therapies and other differentiated cardiometabolic approaches can play an important role in the next phase of innovation, particularly as treatment expectations move toward long-term disease management.

Partnerships can be important in a field as large as cardiometabolic disease, but discussions must be grounded in strategic alignment and complementary capabilities. The right partner should bring strengths that support disciplined execution, whether across global clinical development, regulatory strategy, manufacturing readiness, commercialization, or market access.

Overall, we remain focused on disciplined execution of our clinical programs while open to strategic discussions with partners who share our long-term view of cardiometabolic care. As the data package continues to mature, we will evaluate partnership opportunities that can strengthen global development, expand future patient access, and help maximize the long-term value of our pipeline.