

Effect of the panPPAR agonist lanifibranor on plasma biomarkers of liver necro-inflammation and fibrosis in non-cirrhotic NASH patients: additional results of the NATIVE Phase 2b trial.

Anstee QM^{1,2}, Bedossa P^{3,4}, Ratziu V⁵, Bugianesi E⁶, Sanyal AJ⁷, Loomba R⁸, Harrison S⁹, Balabanska R¹⁰, Mateva L¹¹, Lanthier N¹², Alkhoury N¹³, Moreno C¹⁴, Schattenberg JM¹⁵, Stefanova-Petrova D¹⁶, Vonghia L¹⁷, Rouzier R¹⁸, Romero-Gomez M¹⁹, Hodge A²⁰, Guillaume M²¹, Leroy V²², Wettstein G²³, Lacombe O²³, Huot-Marchand P²³, Konstantinova I²³, Abitbol JL²³, Junien JL²³, Broqua P²³, Abdelmalek MF²⁴, Francque S¹⁷.

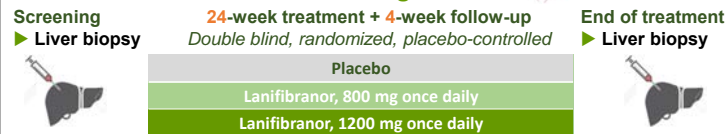
1 Newcastle NIHR Biomedical Research Centre, Newcastle upon Tyne, UK. 2 Newcastle upon Tyne Hospitals NHS Foundation Trust, UK. 3 Department of Gastroenterology and Hepatology, Antwerp University Hospital, Belgium. 4 Translational and Clinical Research Institute, Faculty of Medical Sciences, Newcastle, UK. 5 AP-Hôpital Pitié-Salpêtrière, Paris, France. 6 Division of Gastroenterology and Hepatology Department of Medical Sciences University of Torino A.O., Torino, Italy. 7 Virginia Commonwealth University, Richmond, VA, USA. 8 US San Diego Health System, La Jolla, CA, USA. 9 Pinnacle Clinical Research, PLLC, Live Oak, TX, USA. 10 AcaMed City Clinic Tokuda Hospital EAD, Sofia, Bulgaria. 11 UMHAT Sv. Ivan Rilski EAD, Sofia, Bulgaria. 12 Gastroenterology and Hepatology Unit, Brussels, Belgium. 13 The Texas Liver Institute, San Antonio, USA. 14 Cliniques d'Hépatologie et de Transplantation hépatique médicale, Brussels, Belgium. 15 Johannes Gutenberg-Universität, Mainz, Germany. 16 DCC Alexandrovskia, EOOD, Sofia, Bulgaria. 17 Department of Gastroenterology and Hepatology, Antwerp University Hospital, Belgium. 18 CAP Research, Quatre Bornes, Mauritius. 19 Hospital U. Virgen del Rocío, Sevilla, Spain. 20 Monash Medical Centre, Clayton, Victoria, Australia. 21 CHU Purpan, Toulouse, France. 22 Service d'hépatogastro-entérologie-7D, Grenoble, France. 23 INVENTIVA, Daix, France. 24 Division of Gastroenterology and Hepatology, Duke University, Durham, USA.

1-INTRODUCTION

Lanifibranor is a well-balanced agonist of the 3 PPAR isotypes with anti-inflammatory and anti-fibrotic effects in pre-clinical models of NASH. The NATIVE phase 2b trial (NCT03008070) in non-cirrhotic NASH patients demonstrated beneficial effects of lanifibranor treatment on several histological endpoints including NASH resolution and improvement of fibrosis. We report here the effects of lanifibranor on plasma biomarkers of liver necro-inflammation and fibrosis measured during the NATIVE trial.



Trial design



- Randomisation 1/1/1
- Stratification on type 2 diabetes mellitus (T2DM)

► **Main inclusion criteria:** patients with biopsy-proven NASH confirmed by central reader having Steatosis-Activity-Fibrosis (SAF) scores of 1-3 for steatosis, 3-4 for activity, and <4 for fibrosis

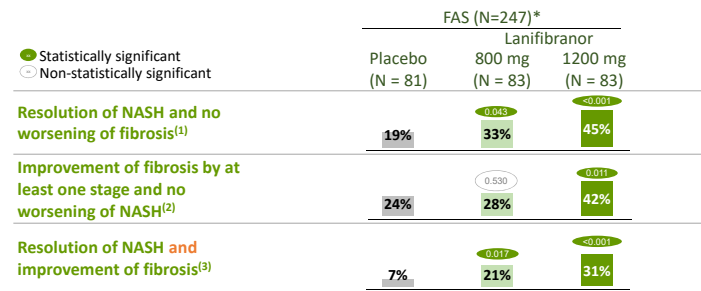
Patient population	# patients	Definition
Full Analysis Set (FAS)=Safety set	247	Patients randomized having received at least one dose of lanifibranor/placebo

2-Material/Methods

Blood samples were taken at baseline and week 24. The following biomarkers were measured: the collagen neo-epitope Pro-C3 (Nordic Bioscience using ELISA), MMP2 and TIMP1 (BARC using Mesoscale and CMIA, respectively), Hs-CRP and ferritin (BARC using turbidimetry and ECLIA, respectively) and CK18-M30 (BARC using ELISA). For each biomarker, the patients with values available pre-treatment (baseline) and post-treatment (week 24) were considered. The two doses of lanifibranor were pooled in the treatment group. Mean values at baseline and week 24, mean absolute change, mean and median relative changes from baseline at week 24 were described in the placebo and treatment groups. Relative changes in treatment group vs. placebo were compared using Student's t-test or Wilcoxon signed rank test.

3-RESULTS

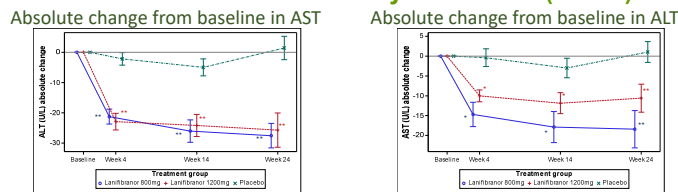
Main histological secondary endpoints



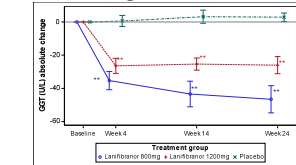
Similar results in the PP population, Consistent response in diabetic and non-diabetic patients, See Poster LP9

- (1) Resolution of NASH with no worsening of fibrosis at week 24: NAS-I = 0 or 1 (NAS-Inflammation), NAS-B = 0 (NAS-Ballooning) and no worsening of NAS-F from baseline;
- (2) Improvement of liver fibrosis ≥ 1 stage and no worsening of NASH at week 24;
- (3) Resolution of NASH and improvement of fibrosis at week 24: NAS-I = 0 or 1, NAS-B = 0 and an improvement of NAS-F ≥ 1 stage
- P-values - values were calculated using Cochran Mantel Haenszel test to assess lanifibranor's effect versus placebo, stratified on T2DM status
- * Missing biopsies are considered Non-responders

Effect of lanifibranor in liver enzymes in FAS (n=247)



Absolute change from baseline in GGT



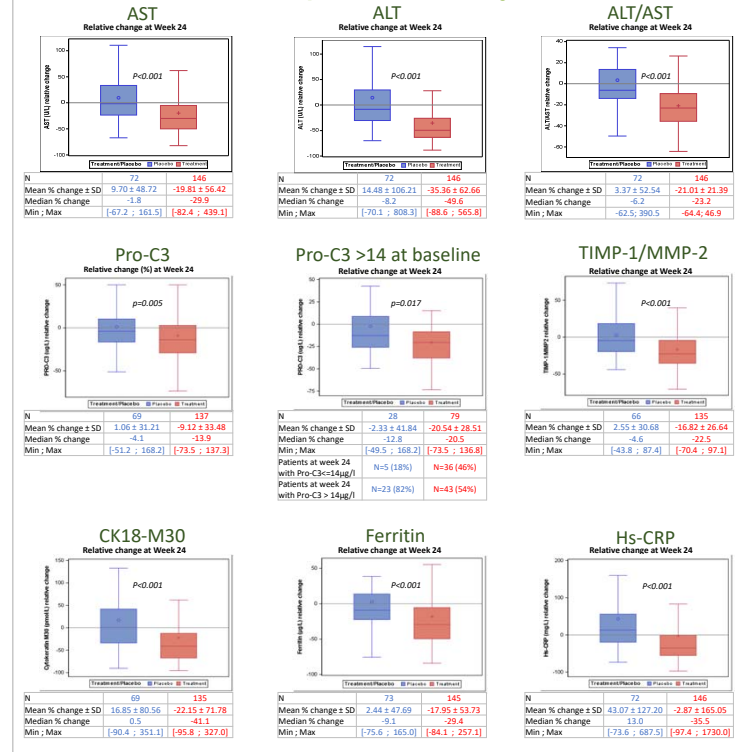
- Statistically significant decrease of ALT, AST and GGT in both lanifibranor dose groups observed beginning after 4 weeks

* p<0.01 ***p<0.001

Baseline and week 24 table

	Placebo			Lanifibranor		
	Baseline	Week 24	Median	Baseline	Week 24	Median
AST (U/L)	72	41.5 ± 22.2	35.0	42.5 ± 25.6	37.5	146
ALT (U/L)	72	54.4 ± 31.1	43.5	55.8 ± 38.7	42.0	146
ALT/AST ratio	72	1.36 ± 0.45	1.3	1.33 ± 0.45	1.3	146
PRO-C3 (ug/L)	69	15.8 ± 8.2	13.2	15.4 ± 8.7	11.9	137
PRO-C3 (ug/L) > 14 ug/L at baseline	28	23.1 ± 8.2	21.0	22.0 ± 10.1	19.1	79
TIMP1/MMP2 ratio	66	3.5 ± 1.3	3.2	3.4 ± 0.9	3.3	135
Cytokeratin M30 (pmol/L)	69	701.6 ± 509.0	571.6	710.0 ± 562.3	589.0	135
Ferritin (ug/L)	73	267.0 ± 240.3	205.0	263.2 ± 259.4	183.0	145
Hs-CRP (mg/L) - High Sensitivity	72	4.1 ± 4.4	3.2	4.6 ± 5.6	3.0	146

Effect of lanifibranor in plasma liver enzyme and biomarkers



4-CONCLUSION

Consistent with the histological data from the NATIVE study showing a decrease in the activity and fibrosis of the SAF score, the plasma markers of inflammation - ferritin and Hs-CRP, apoptosis - CK18-M30, and fibrosis - Pro-C3, TIMP1/MMP2, all show a statistically significant reduction in the lanifibranor treatment group compared to the placebo group.

Contact information

Pr. Anstee, Quentin
quentin.anstee@newcastle.ac.uk