

Preclinical efficacy and clinical translatability of Elafibranor in the GAN diet-induced obese and biopsy-confirmed mouse model of NASH



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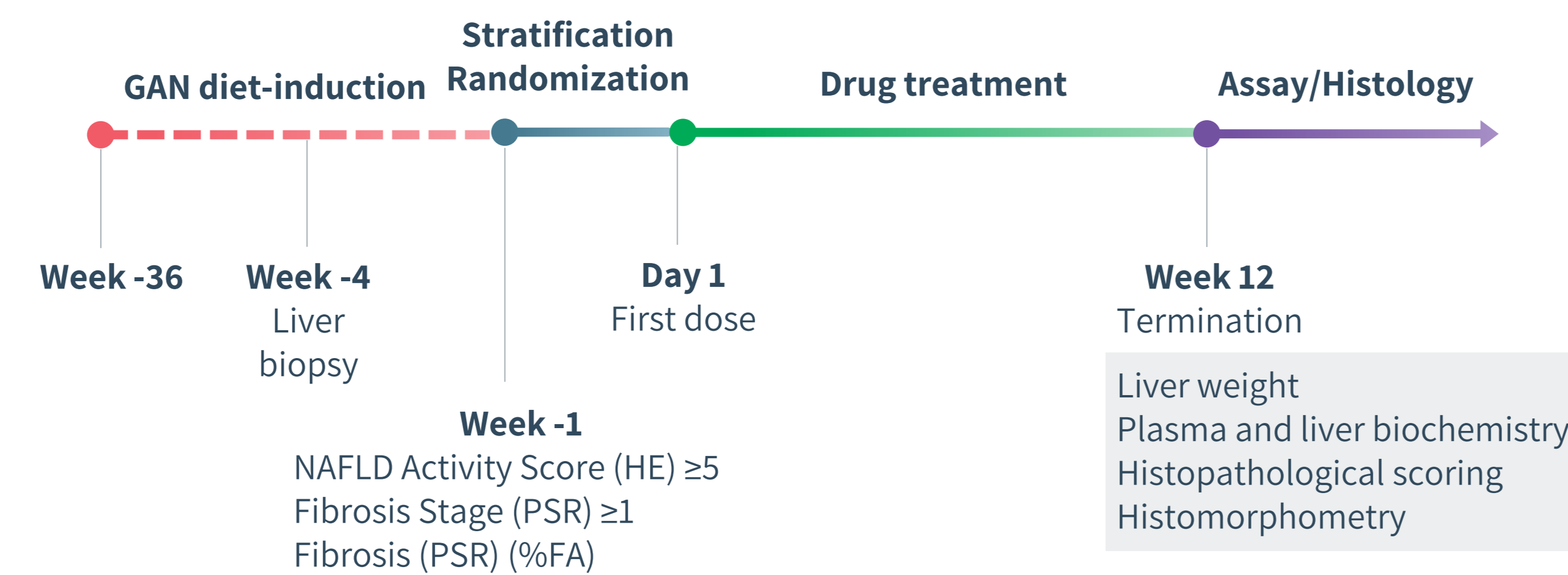
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BACKGROUND & AIM

The PPAR- α/δ agonist elafibranor has recently been clinically evaluated in the phase 3 study RESOLVE-IT trial in NASH patients with liver fibrosis. The present study aimed to (i) evaluate the metabolic, biochemical and histopathological effects of Elafibranor treatment in the Gubra-Amylin NASH (GAN) diet-induced obese (DIO) mouse model of fibrosing NASH; and (ii) compare to primary outcomes in the RESOLVE-IT NASH trial.

1 Study outline



Group	Animal	Gender	Number of animals	Treatment	Administration route	Dosing Frequency	Dose
1	LEAN-CHOW	Male	10	Vehicle	PO	QD	-
2	DIO-NASH	Male	16	Vehicle	PO	QD	-
3	DIO-NASH	Male	17	Elafibranor	PO	QD	30mg/kg

2 Metabolic and biochemical parameters

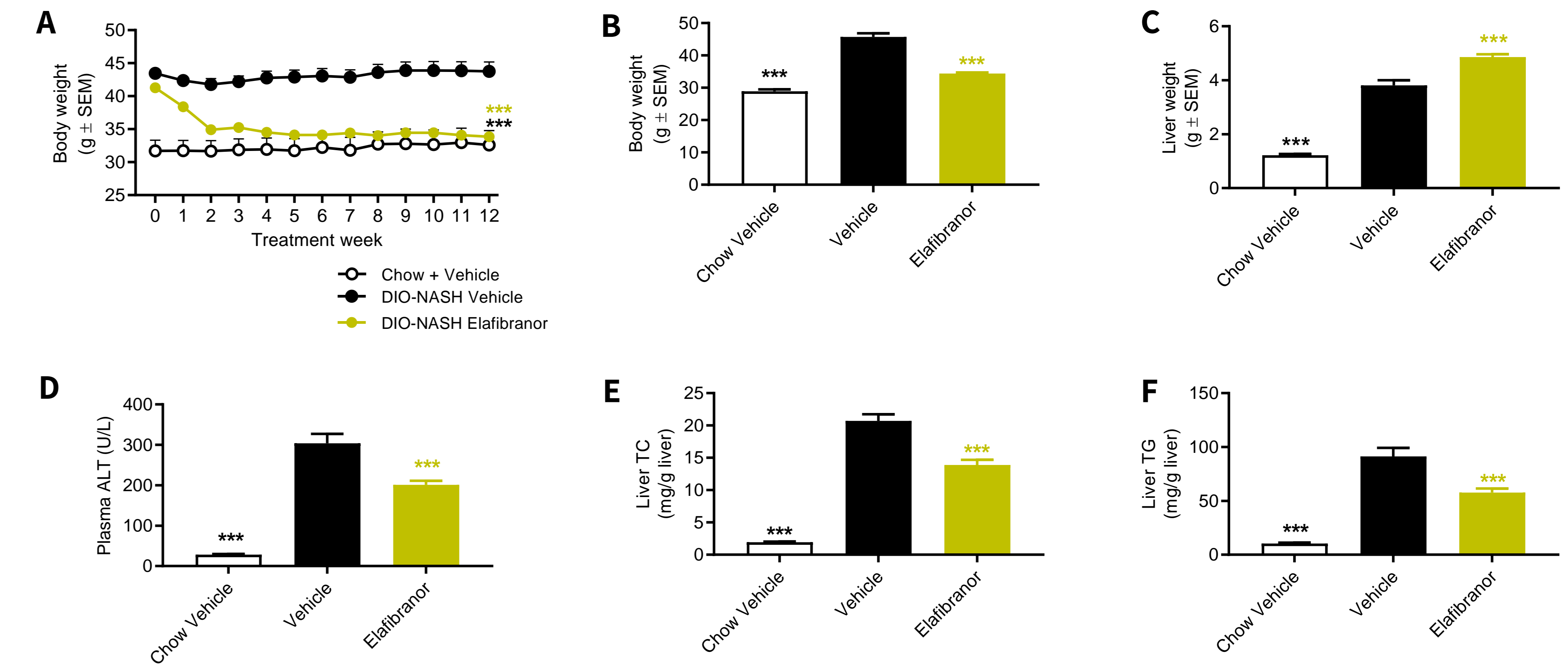


Figure 1. Elafibranor improves metabolic and biochemical parameters in GAN DIO-NASH mice. (A) Absolute body weight during study period. (B) Terminal body weight. (C) Terminal liver weight. (D) Terminal plasma alanine aminotransferase (ALT). (E) Terminal liver total cholesterol. (F) Terminal liver triglycerides. ***p<0.001 compared to corresponding vehicle control (Dunnett's test one-factor linear model).

3 NAFLD Activity Score and Fibrosis stage

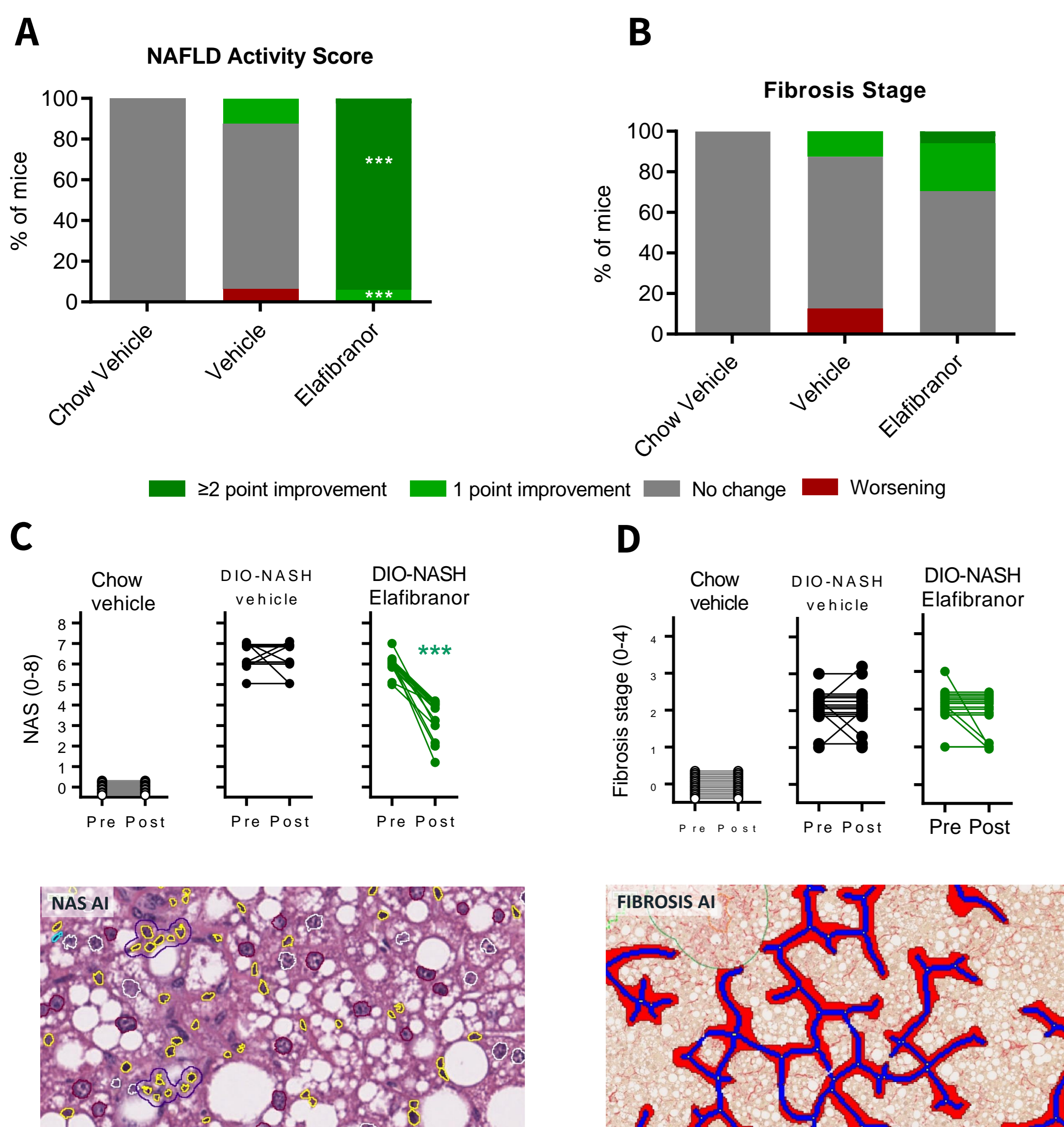


Figure 2. Elafibranor improves NAFLD Activity Score in GAN DIO-NASH mice. Histopathological scores were determined by Gubra Histopathological Objective Scoring Technique (GHOST) deep learning-based image analysis. (A) NAFLD Activity Score (NAS). (B) Fibrosis stage. (C, D) Comparison of individual pre-post NAS and individual pre-post Fibrosis stage. *p<0.05, ***p<0.001 to corresponding DIO-NASH vehicle group (One-sided Fisher's exact test with Bonferroni correction). Bottom panels: representative HE and PSR photomicrographs used for GHOST evaluation.

4 Quantitative histological markers of steatosis, inflammation and fibrosis

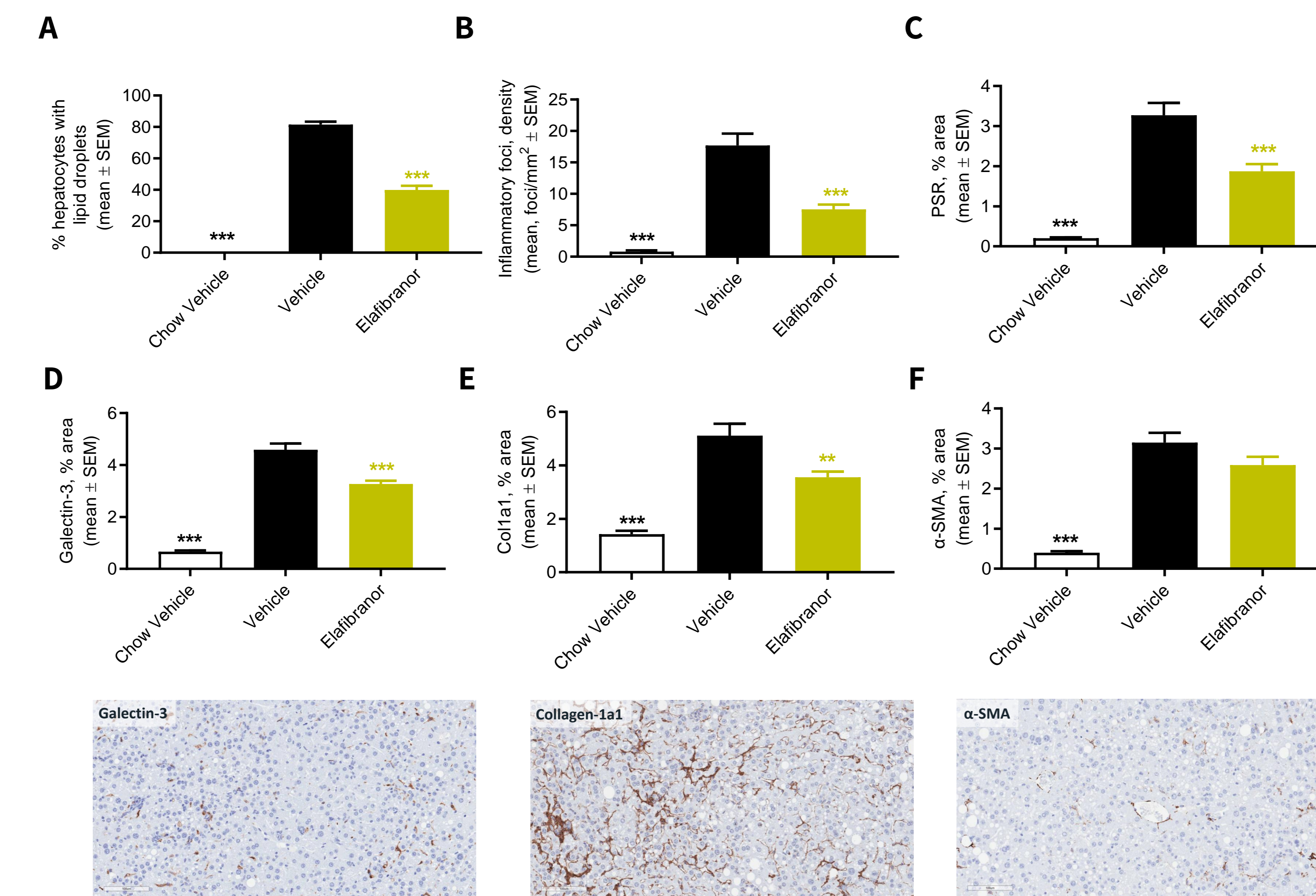


Figure 3. Elafibranor decreases histological markers for steatosis, inflammation and fibrosis in GAN DIO-NASH mice. Histomorphometric assessments were performed by GHOST deep learning-based image analysis on scoring-associated variables (panels A-B) and conventional IHC image analysis (panels C-F). (A) % hepatocytes with lipid droplets. (B) Number of inflammatory foci. (C) % area of PSR. (D) % area of galectin-3. (E) % area of collagen-1a1. (F) % area of alpha-smooth muscle actin (α -SMA) as marker for stellate cell activation. Mean \pm SEM. *p<0.05, **p<0.01, ***p<0.001 to corresponding vehicle group (Dunnett's test one-factor linear model). Bottom panels: Representative galectin-3, collagen 1a1 and α -SMA photomicrographs for elafibranor treatment group (scale bar, 100 μ m).

5 Clinical translatability

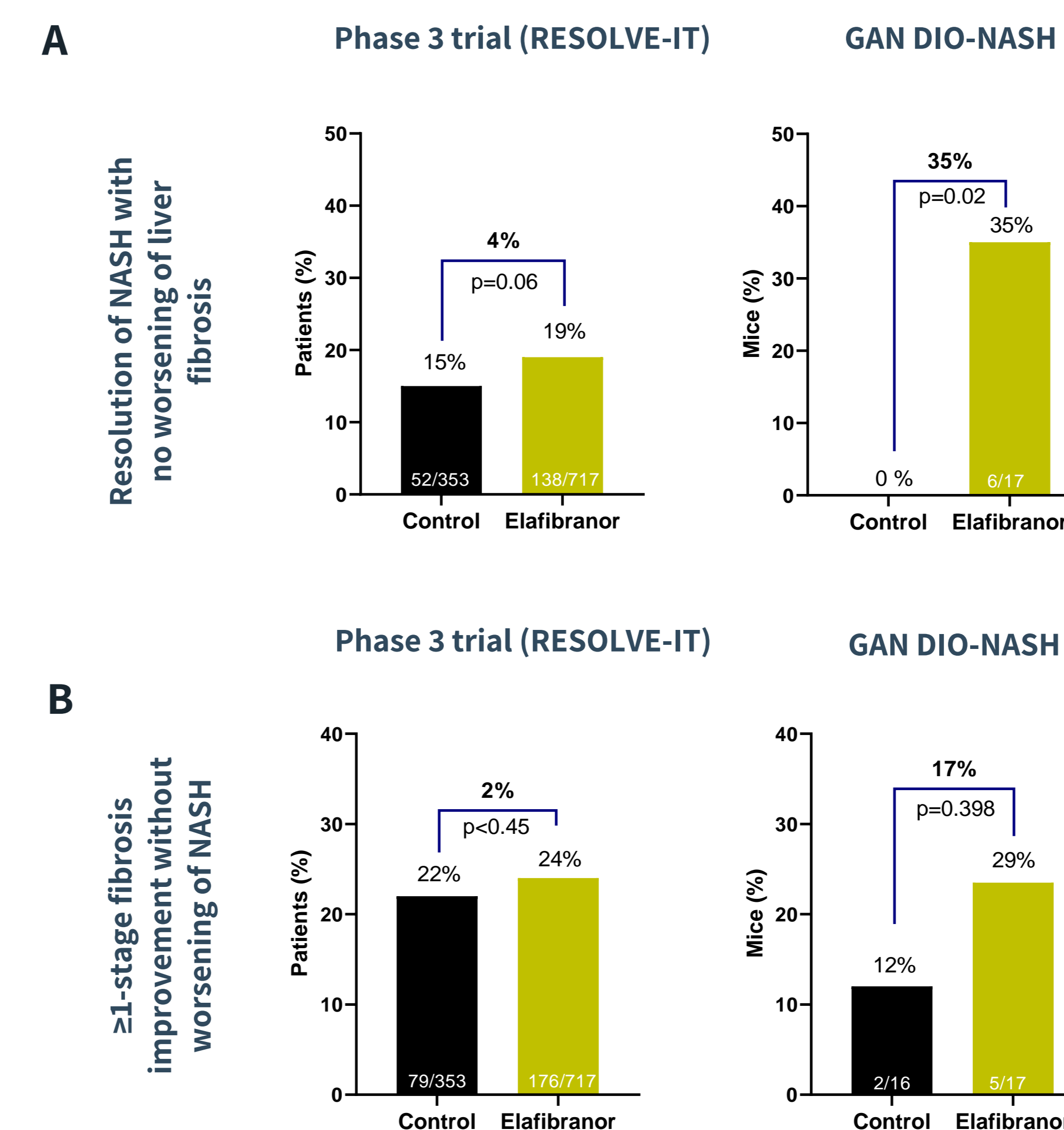


Figure 4. Elafibranor exerts differential effects for NASH resolution and resembling effects on fibrosis improvement in GAN DIO-NASH mice versus NASH patients. (A) Resolution of NASH (inflammation score ≤ 1 ; hepatocyte ballooning=0, with at least a 2-point reduction in NAS) with no worsening of liver fibrosis for elafibranor in GAN DIO-NASH mice compared to clinical phase-3 trial data (RESOLVE-IT). (B) ≥ 1 -stage fibrosis improvement without worsening of NASH in GAN DIO-NASH mice compared to clinical phase-3 trial data (RESOLVE-IT).

CONCLUSION

- + Elafibranor reduces body weight, plasma ALT and liver TC and TG content.
- + Elafibranor demonstrates ≥ 2 -point significant improvement in NAFLD Activity Score.
- + Elafibranor did not improve Fibrosis Stage.
- + Elafibranor reduces quantitative histological markers of steatosis, inflammation and fibrosis.
- + Elafibranor improves primary outcomes for NASH resolution in GAN DIO-NASH mice, but not NASH patients.
- + Elafibranor do not improve primary outcome for fibrosis stage in both GAN DIO-NASH mice and in NASH patients.
- + Level of efficacy for elafibranor treatment on histopathological scoring in GAN DIO-NASH mice resembles fibrosis outcomes in the RESOLVE-IT phase-3 trial in NASH patients with liver fibrosis.