

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

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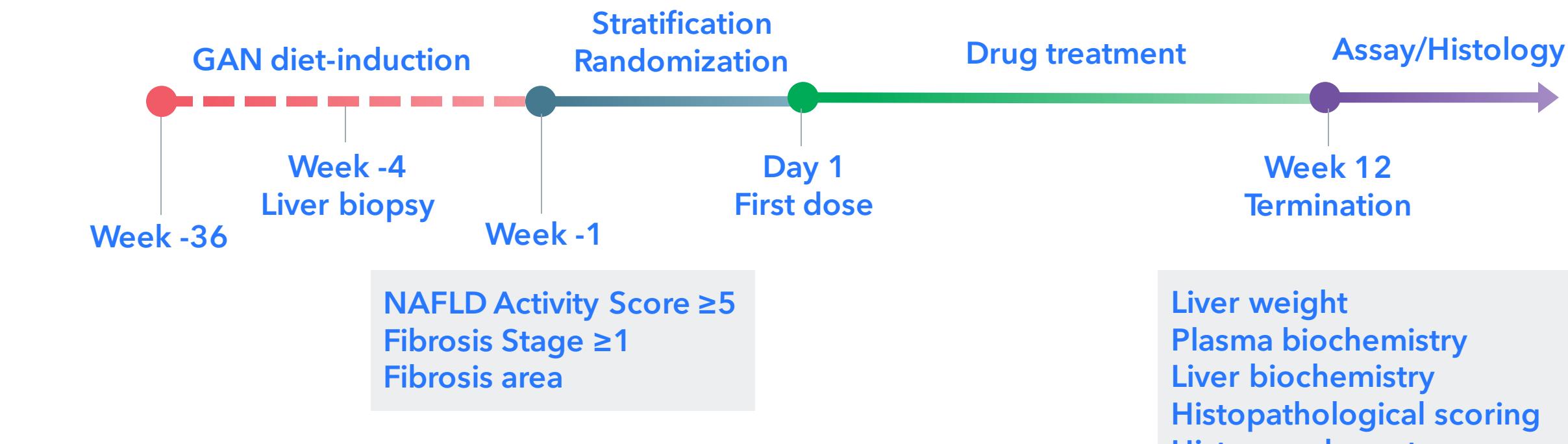
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## Background & Aim

Resmetirom (THR- $\beta$  agonist) and semaglutide (glucagon-like-peptide (GLP)-1 receptor agonist) are currently in late-stage clinical development for non-alcoholic steatohepatitis (NASH). The present study aimed to (i) evaluate the metabolic, biochemical and histopathological effects of resmetirom and semaglutide monotherapy in the Gubra-Amylin NASH (GAN) diet-induced obese (DIO) mouse model of fibrotic NASH; and (ii) compare preclinical study data to primary outcomes in corresponding clinical phase II/III trials.

## 1 Study outline



Group	Animal	Gender	Number of animals	Treatment	Administration route	Dosing Frequency	Dosing concentration
1	LEAN-CHOW	Male	10	Vehicle	SC	QD	-
2	DIO-NASH	Male	15	Vehicle SC	SC	QD	-
3	DIO-NASH	Male	16	Semaglutide	SC	QD	30nmol/kg
4	DIO-NASH	Male	16	Vehicle PO	PO	QD	-
5	DIO-NASH	Male	15	Resmetirom	PO	QD	3mg/kg

## 2 Metabolic and biochemical parameters

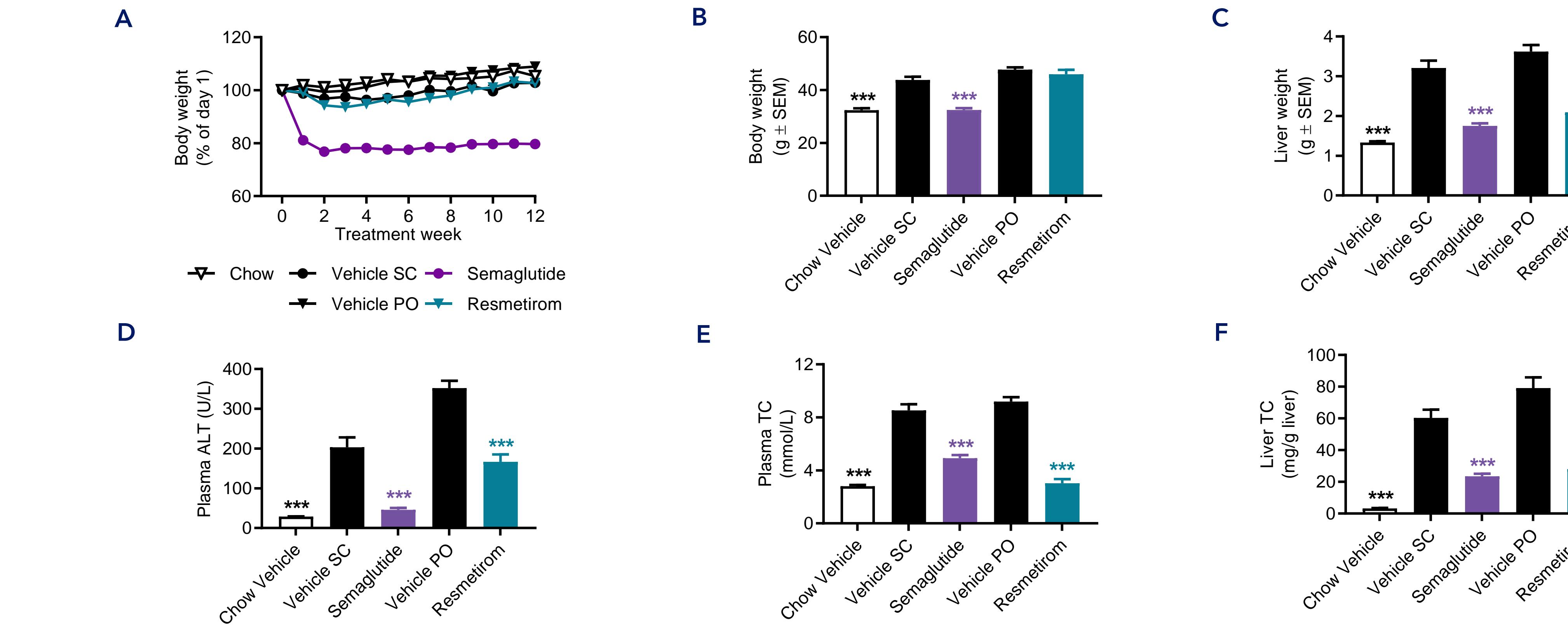
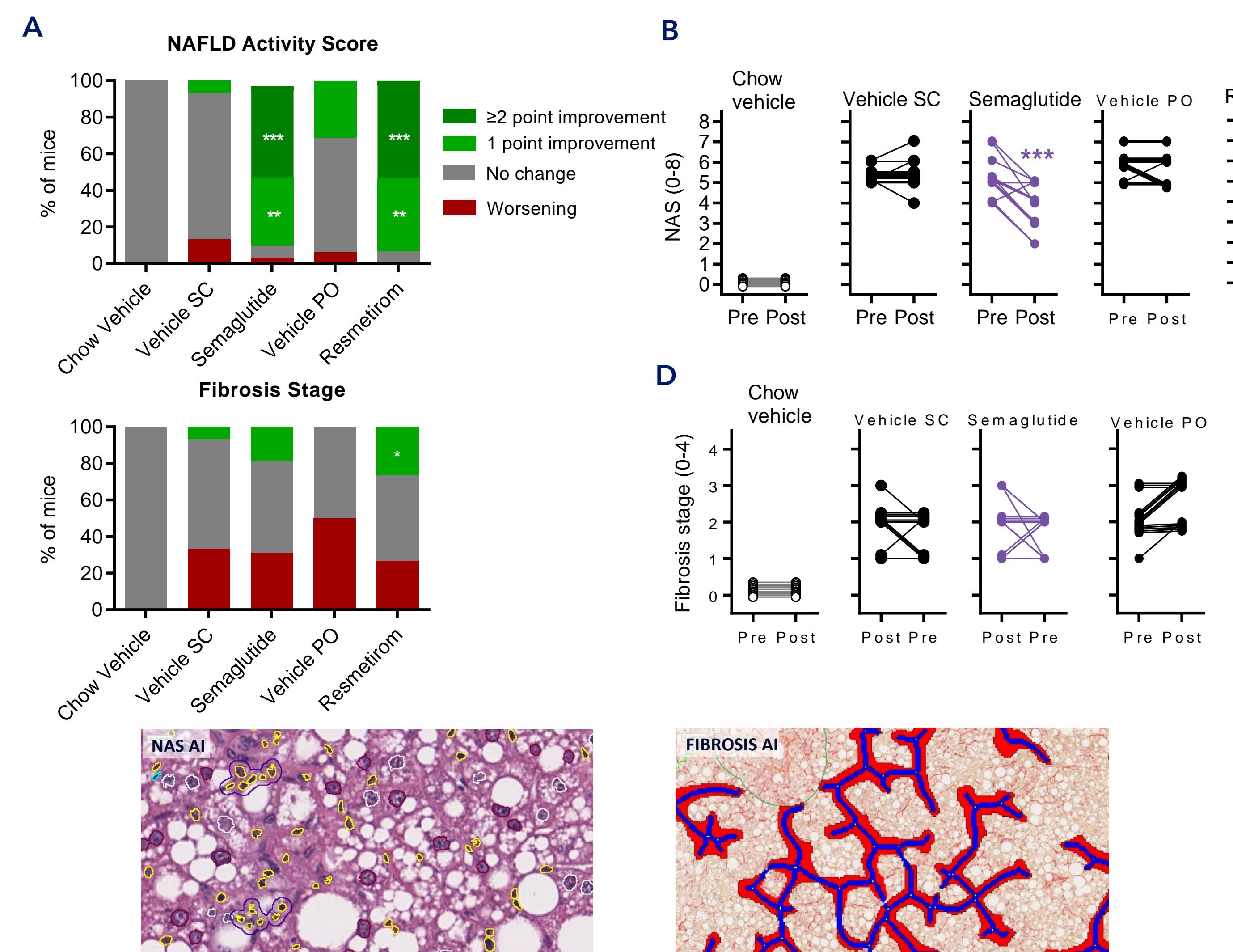


Figure 1. Semaglutide and resmetirom improve hepatomegaly and biochemical parameters but have differential effects on body weight. (A) Relative body weight during study period. (B) Terminal liver weight. (C) Terminal plasma alanine aminotransferase (ALT). (E) Terminal plasma total cholesterol. (F) Terminal liver total cholesterol. \*\*\*p<0.001 compared to corresponding vehicle control (Dunnett's test one-factor linear model).

## 3 NAFLD Activity Score and Fibrosis Stage



## 4 Histological markers of steatosis, inflammation and fibrosis

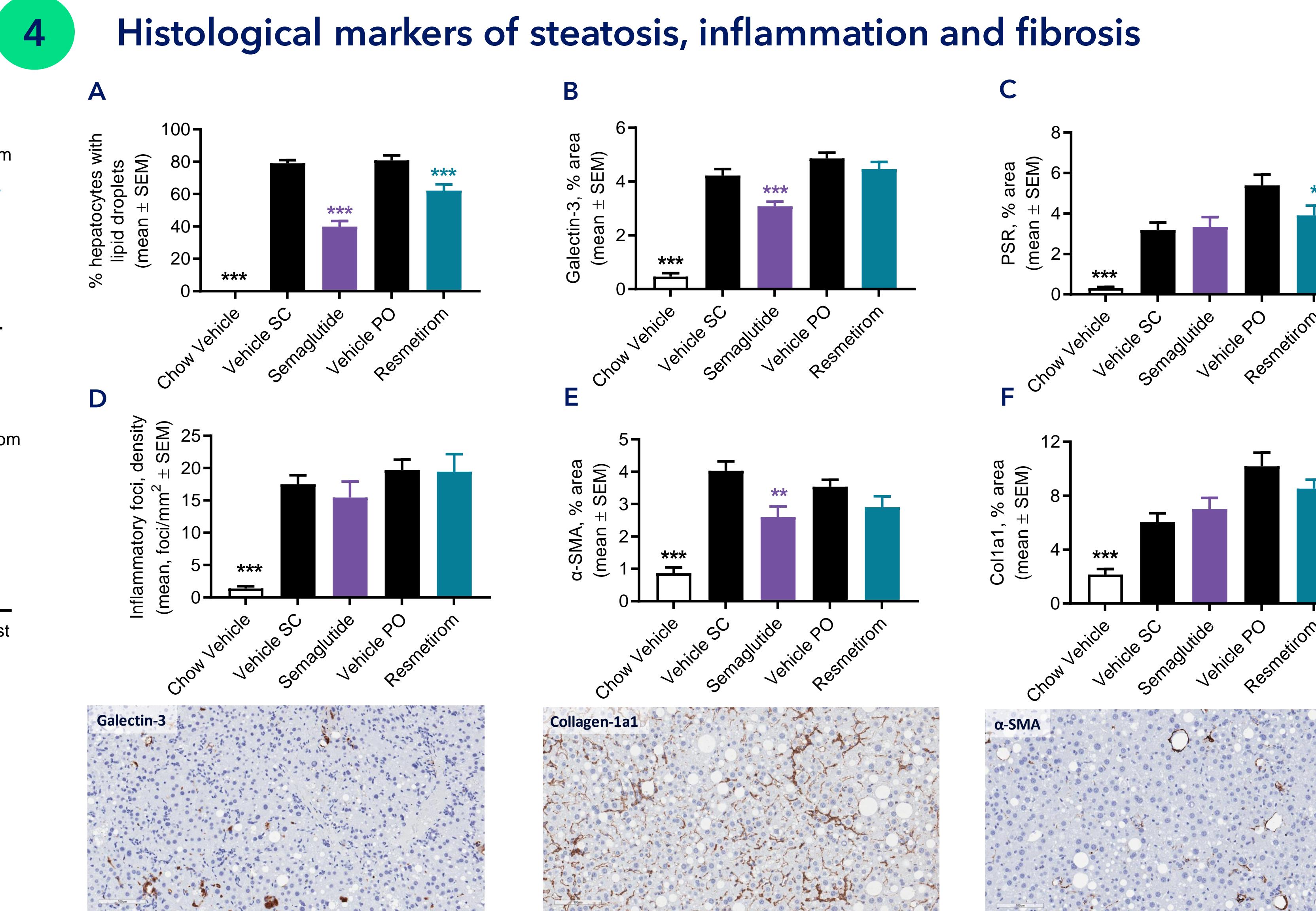
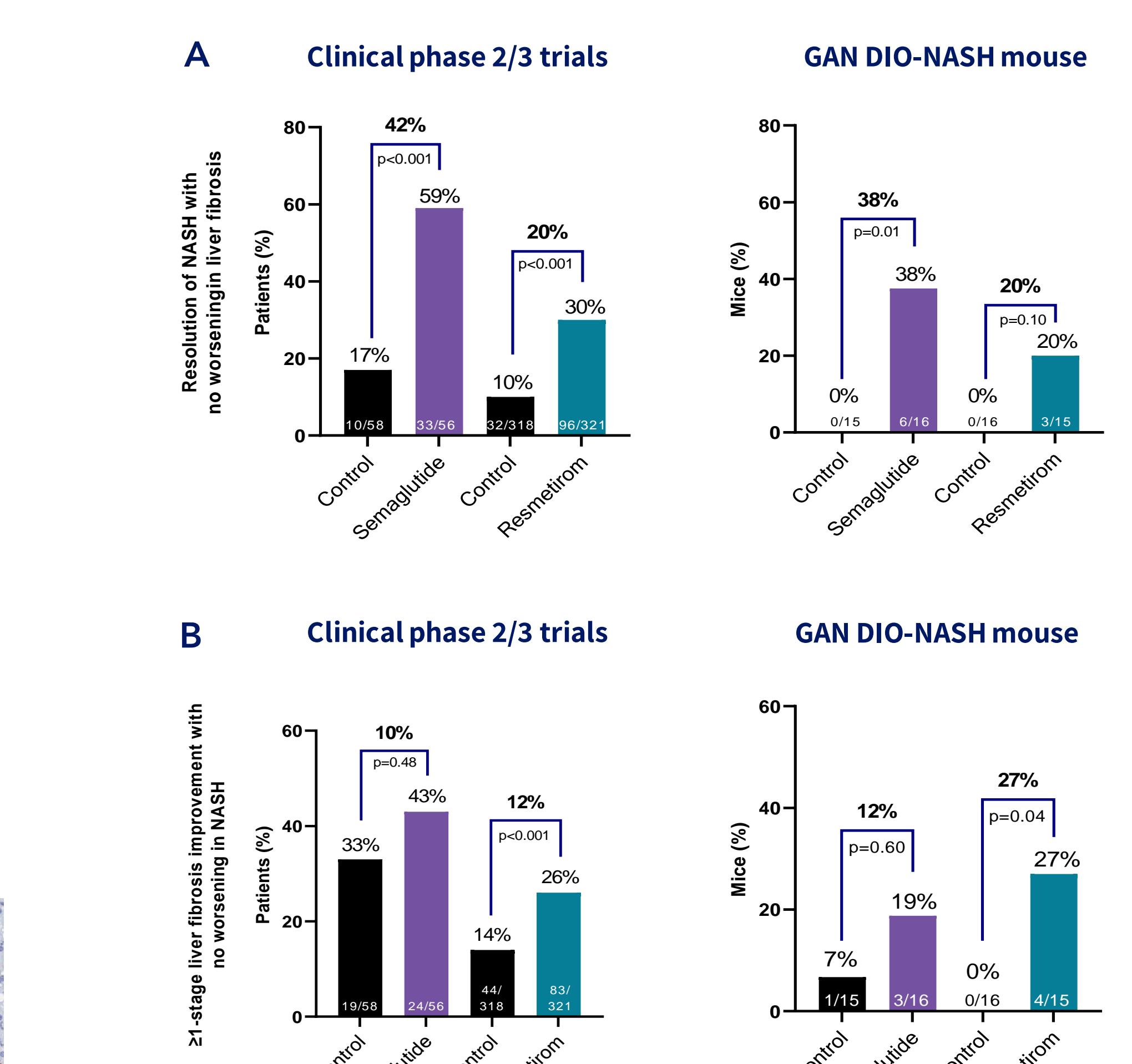


Figure 3. Semaglutide and resmetirom improves quantitative histological markers of steatosis, inflammation and fibrogenesis in GAN DIO-NASH mice. Histopathological scores were determined by Gubra Histopathological Objective Scoring Technique (GHOST) deep learning-based image analysis on scoring-associated variables (panels A-E) and conventional IHC image analysis (panels C-F). (A) % hepatocytes with lipid droplets. (B) Number of inflammatory foci. (C) % area of galectin-3. (D) % area of  $\alpha$ -smooth muscle actin ( $\alpha$ -SMA, marker of stellate cell activation). (E) % area of PSR. (F) % area of collagen-1a1. Mean ± SEM. \*p<0.05, \*\*p<0.01, \*\*\*p<0.001 to corresponding vehicle group (Dunnett's test one-factor linear model). Bottom panels: Representative photomicrographs of galectin-3,  $\alpha$ -SMA and collagen 1a1 (scale bar, 100  $\mu$ m).

## 5 Clinical Translatability



## Conclusion

- + Resmetirom is weight-neutral, whereas semaglutide promotes  $\approx$ 20% weight loss.
- + Semaglutide and resmetirom improve hepatomegaly, plasma transaminases and plasma/liver lipid levels.
- + Both semaglutide and resmetirom promote  $\geq$ 2-point significant improvement in NAFLD Activity Score.
- + Only resmetirom promotes 1-point significant improvement in fibrosis stage.
- + Semaglutide and resmetirom have beneficial effects on quantitative steatosis histology.
- + Only semaglutide reduces quantitative histology for galectin-3 (inflammation marker) and  $\alpha$ -SMA (fibrogenesis marker).
- + Only resmetirom significantly reduces quantitative histology for PSR (fibrosis marker).
- + Overall, these data agrees with clinical findings, further highlighting clinical translatability of the GAN DIO-NASH mouse model