

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

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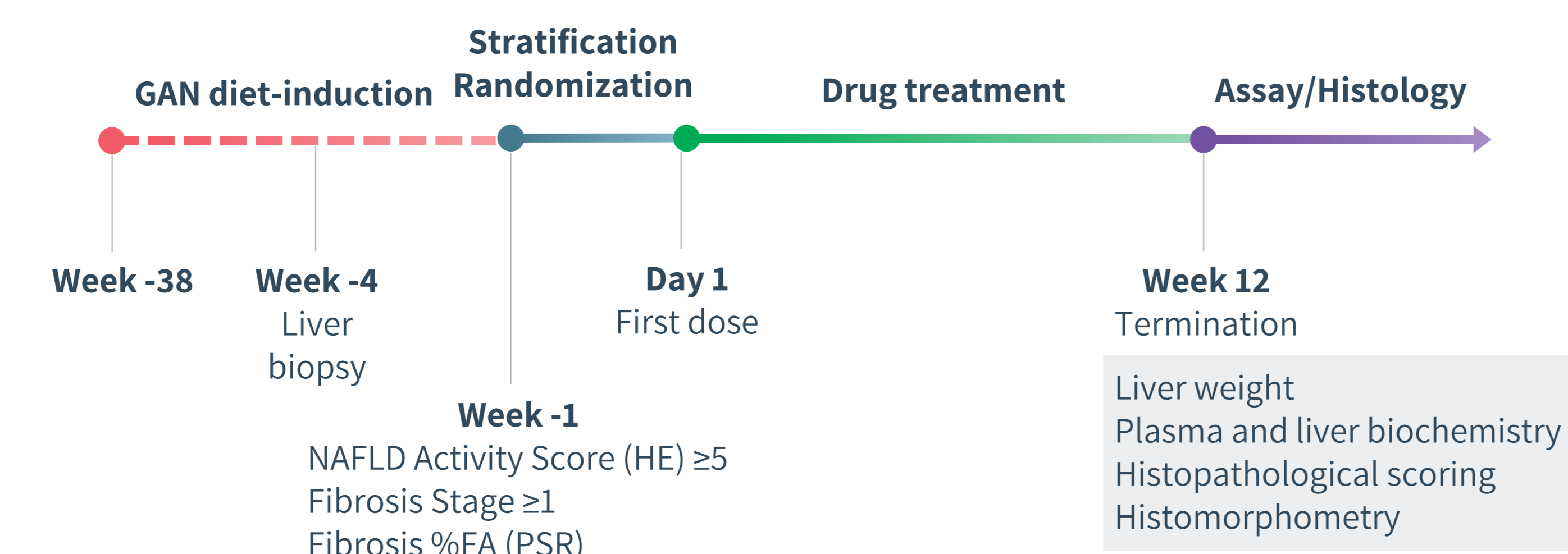
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BACKGROUND & AIM

Resmetirom (MGL-3196), a selective THR- β agonist, has been reported to improve histopathological outcomes in a recent 52-week phase-3 clinical trial (MAESTRO-NASH) in patients with non-alcoholic steatohepatitis (NASH). The present study aimed to (i) evaluate the metabolic, biochemical and histopathological effects of resmetirom treatment in the Gubra-Amylin NASH (GAN) diet-induced obese (DIO) mouse model of fibrosing NASH; and (ii) compare to primary outcomes in the MAESTRO-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	15	Resmetirom	PO	QD	3mg/kg

2 Metabolic and biochemical markers

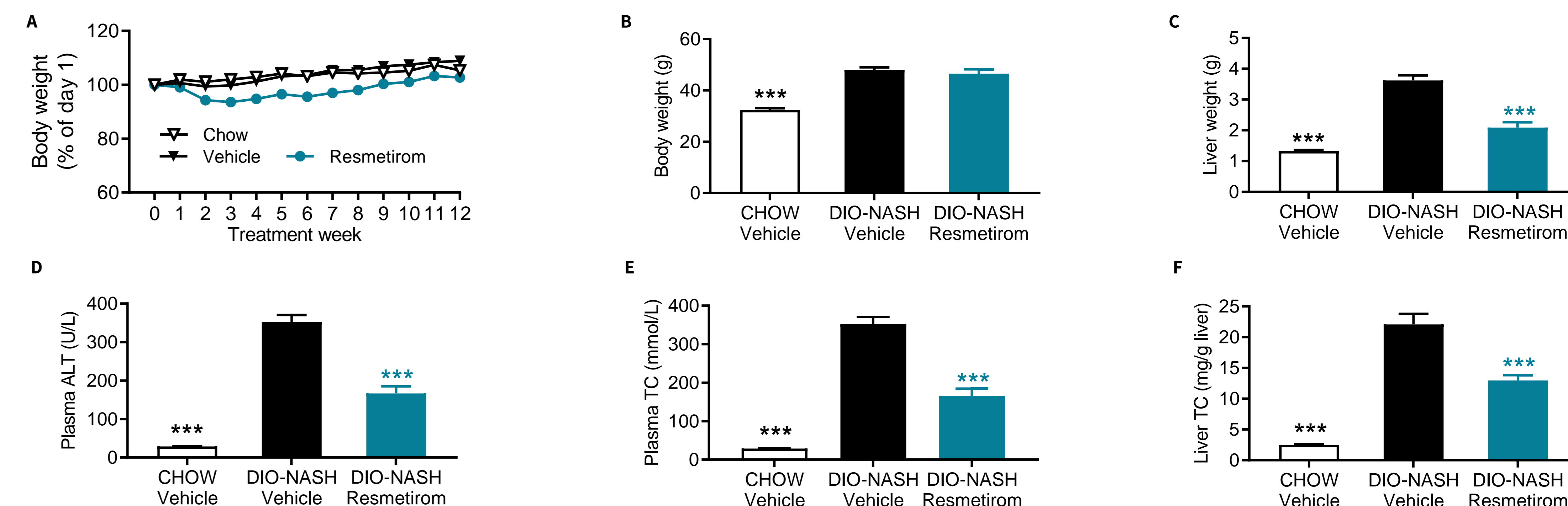


Figure 1. Resmetirom is weight-neutral and improves both hepatomegaly and biochemical markers in GAN DIO-NASH mice. (A) Body weight change relative to baseline (day 0). (B) Terminal body weight (g). (C) Liver weight. (D) Plasma alanine aminotransferase (ALT). (E) Plasma total cholesterol (TC). (F) Liver total cholesterol (TC). *** $p < 0.001$ compared to corresponding DIO-NASH vehicle control (Dunnett's test one-factor linear model).

3 NAFLD Activity Score and Fibrosis Stage

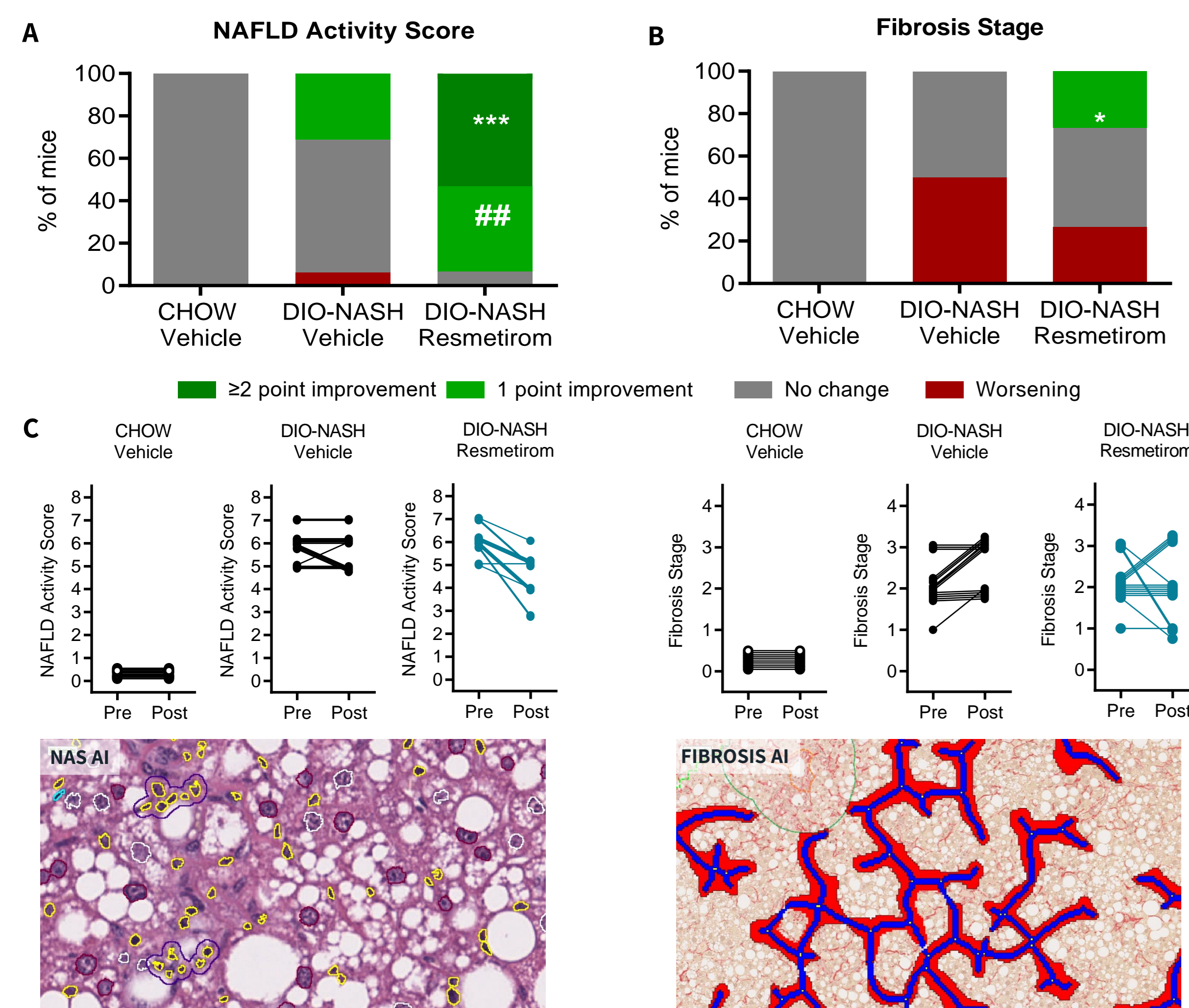


Figure 2. Resmetirom improves liver histopathological scores in GAN DIO-NASH mice. Histopathological scores were determined by Gubra Histopathological Objective Scoring Technique (GHOST) deep learning-based image analysis. (A) NAFLD Activity Score (NAS). (B) Fibrosis Stage. (C) Comparison of individual pre-post NAS and individual pre-post Fibrosis stage. Bottom panels: Representative HE and PSR photomicrographs used for GHOST evaluation. ## $p < 0.01$ with 1 point improvement, * $p < 0.05$ ≥ 1 stage fibrosis improvement, *** $p < 0.001$ with more than 2-point improvement compared 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

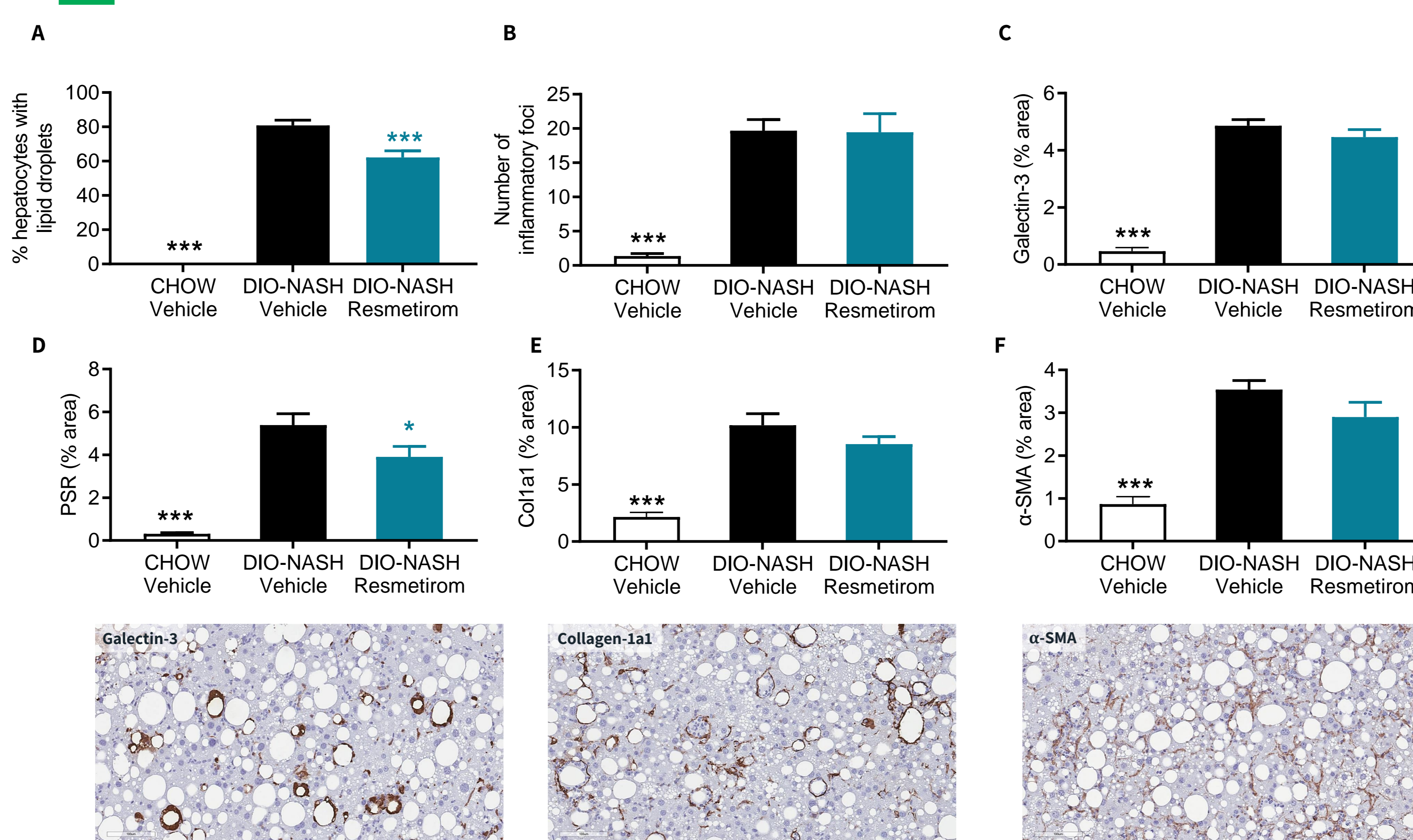


Figure 3. Resmetirom improves quantitative liver histological markers in GAN DIO-NASH mice. Histomorphometric assessments were performed by GHOST deep learning-based image analysis on scoring-associated variables (panels A-B) and conventional IHC image analysis (panels C-F). (A) % hepatocytes with lipid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

5 Clinical translatability

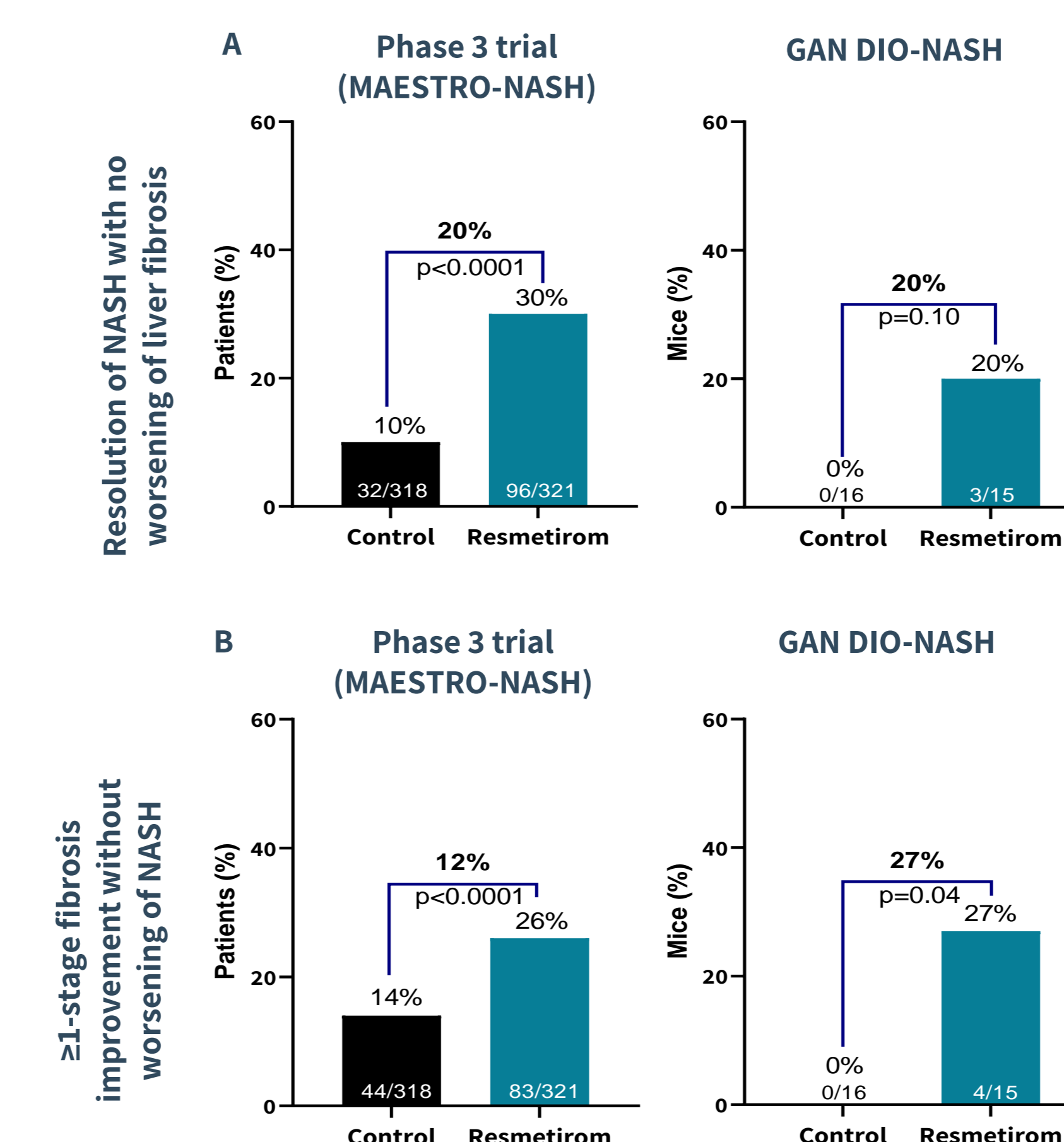


Figure 4. Resmetirom promotes NASH resolution and improves fibrosis stage in both GAN DIO-NASH mice and NASH patients. (A) Resolution of NASH (inflammation score ≤ 1 ; hepatocyte ballooning=0, with at least a 2-point reduction in NAS) with no worsening of liver fibrosis in GAN DIO-NASH mice compared to clinical phase-3 trial data (MAESTRO-NASH, [press release Dec 19, 2022](https://www.gubra.dk/press-release/2022/09/19/maestro-nash)). (B) ≥ 1 -stage fibrosis improvement without worsening of NASH in GAN DIO-NASH mice compared to the MAESTRO-NASH trial.

CONCLUSION

- + Resmetirom reduces hepatomegaly, plasma ALT levels, and plasma/liver total cholesterol levels.
- + Resmetirom promotes ≥ 2 -point significant improvement in NAFLD Activity Score.
- + Resmetirom promotes 1-point significant improvement in Fibrosis Stage.
- + Resmetirom reduces quantitative histological markers of steatosis and fibrosis.
- + Resmetirom demonstrates comparable efficacy on primary endpoints in NASH patients and GAN DIO-NASH mice.
- + These findings highlight the clinical translatability of the GAN DIO-NASH mouse model.