

Multicenter, Double-Blind, Randomized Trial of Emricasan in Subjects Post Liver Transplantation with Recurrent Hepatitis C Virus and Liver Fibrosis or Cirrhosis Despite Achieving Sustained Virologic Response: POLT

K. Rajender Reddy¹, Michael P. Curry², Catherine T. Frenette³, Fredric G. Regenstein⁴, Eugene R. Schiff⁵, Zachary D. Goodman⁶, James Mac Robinson⁷, Jean L. Chan⁷, Alfred P. Spada⁷, Joanne C. Imperial⁷ and David Hagerty⁷

⁽¹⁾University of Pennsylvania Medical Center, ⁽²⁾Beth Israel Deaconess Medical Center, Boston, MA, ⁽³⁾Scripps Clinic, ⁽⁴⁾Tulane Medical Center, ⁽⁵⁾University of Miami, ⁽⁶⁾Inova Fairfax Hospital, ⁽⁷⁾Conatus Pharmaceuticals

Background

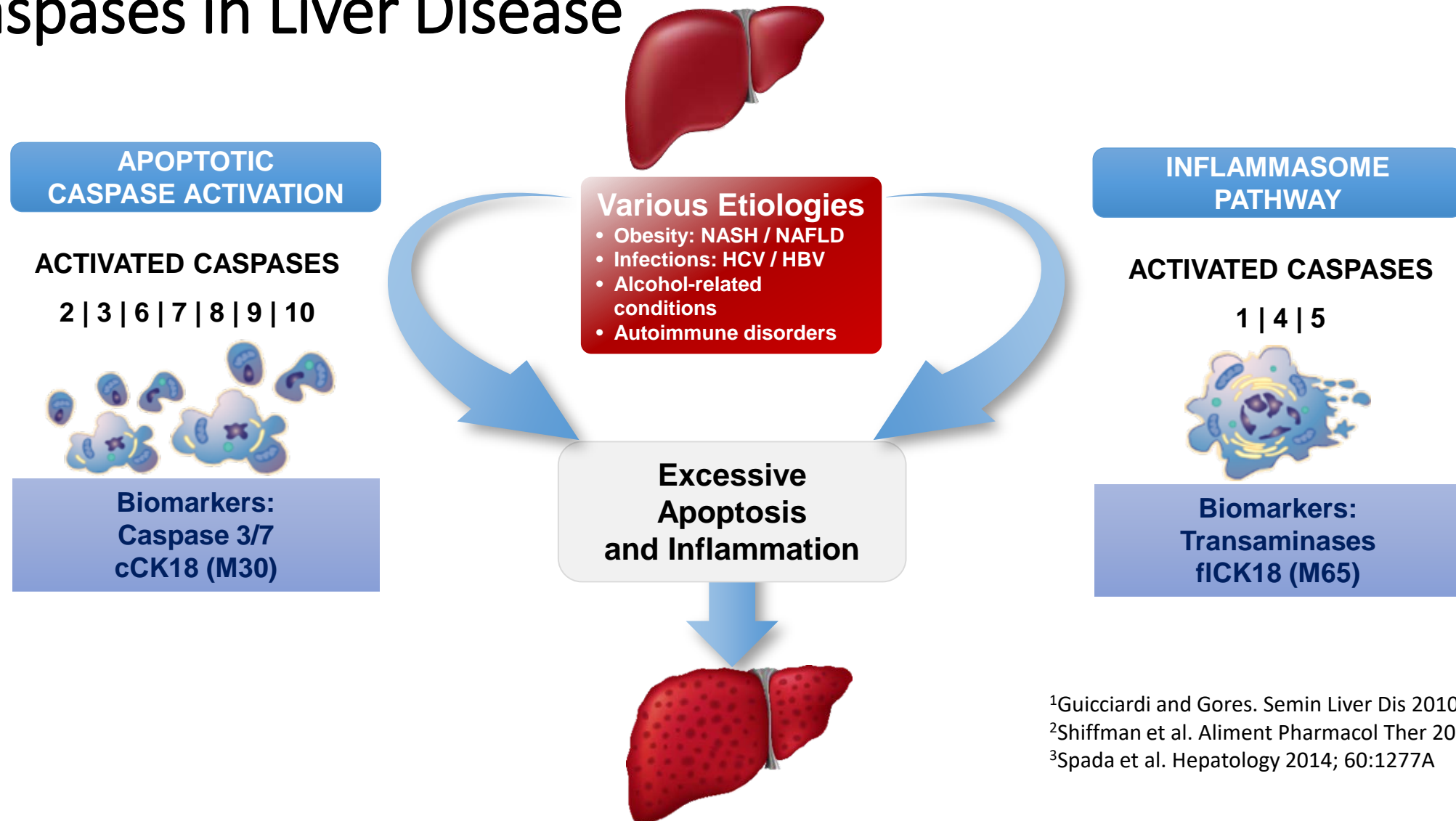
- Direct acting antivirals (DAAs) are safe and highly effective in treating recurrent HCV infection post liver transplantation, as most patients achieve a sustained virologic response (SVR) ¹⁻³
- Despite achieving SVR, there remains a population of HCV patients post liver transplantation with residual and advanced fibrosis who may progress to cirrhosis

¹Charlton M et al *Gastroenterology*. 2015;149(3):649-59

²Saxena V, Khungar V et al *Hepatology*. 2017;66(4):1090-1101

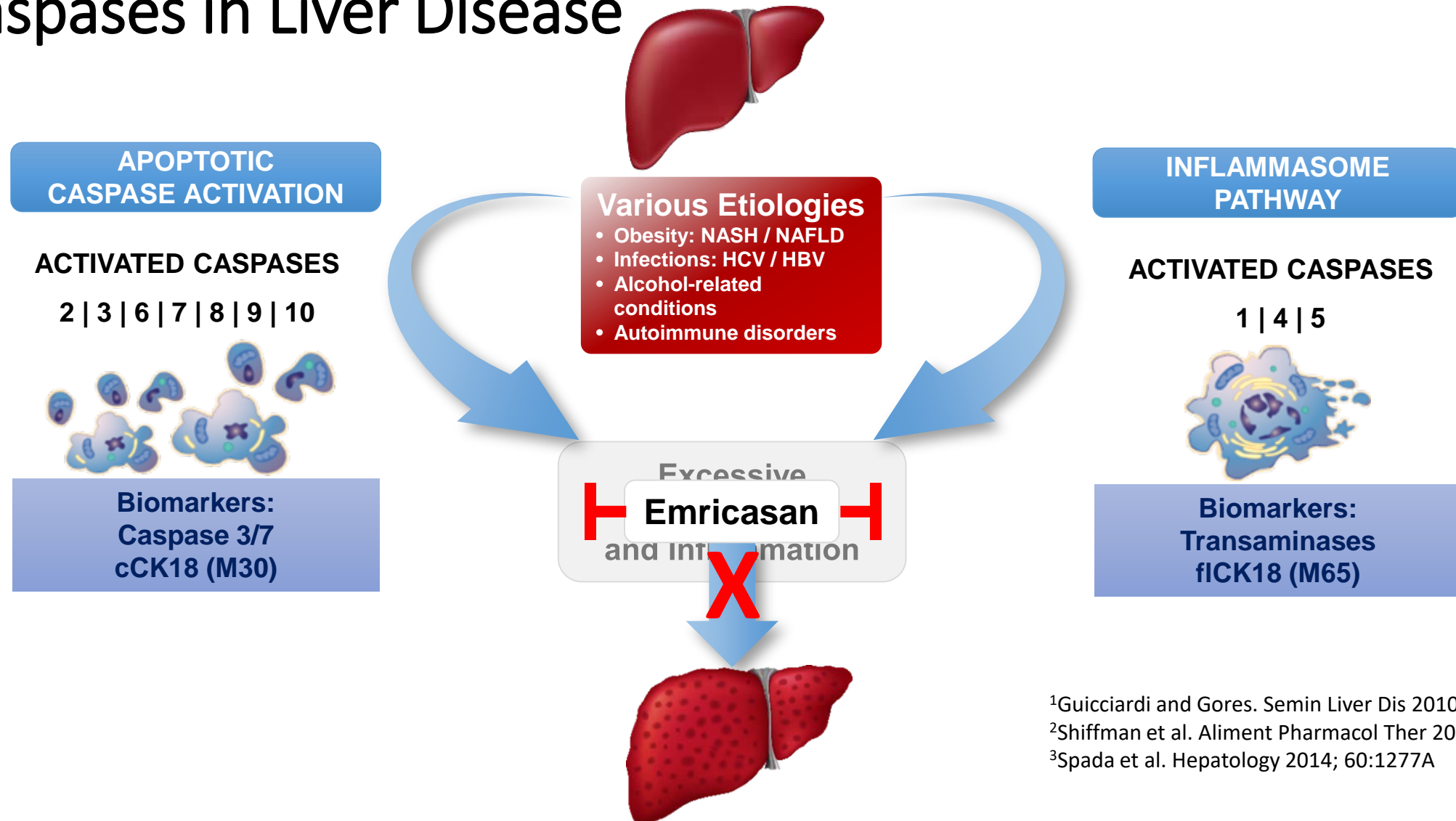
³Reau N *Hepatology*. 2018 Apr 19. doi: 10.1002/hep.30046.

Emricasan (IDN-6556): Caspases in Liver Disease



¹Guicciardi and Gores. Semin Liver Dis 2010; 30:402-10
²Shiffman et al. Aliment Pharmacol Ther 2010; 31:969-78
³Spada et al. Hepatology 2014; 60:1277A

Emricasan (IDN-6556): Caspases in Liver Disease

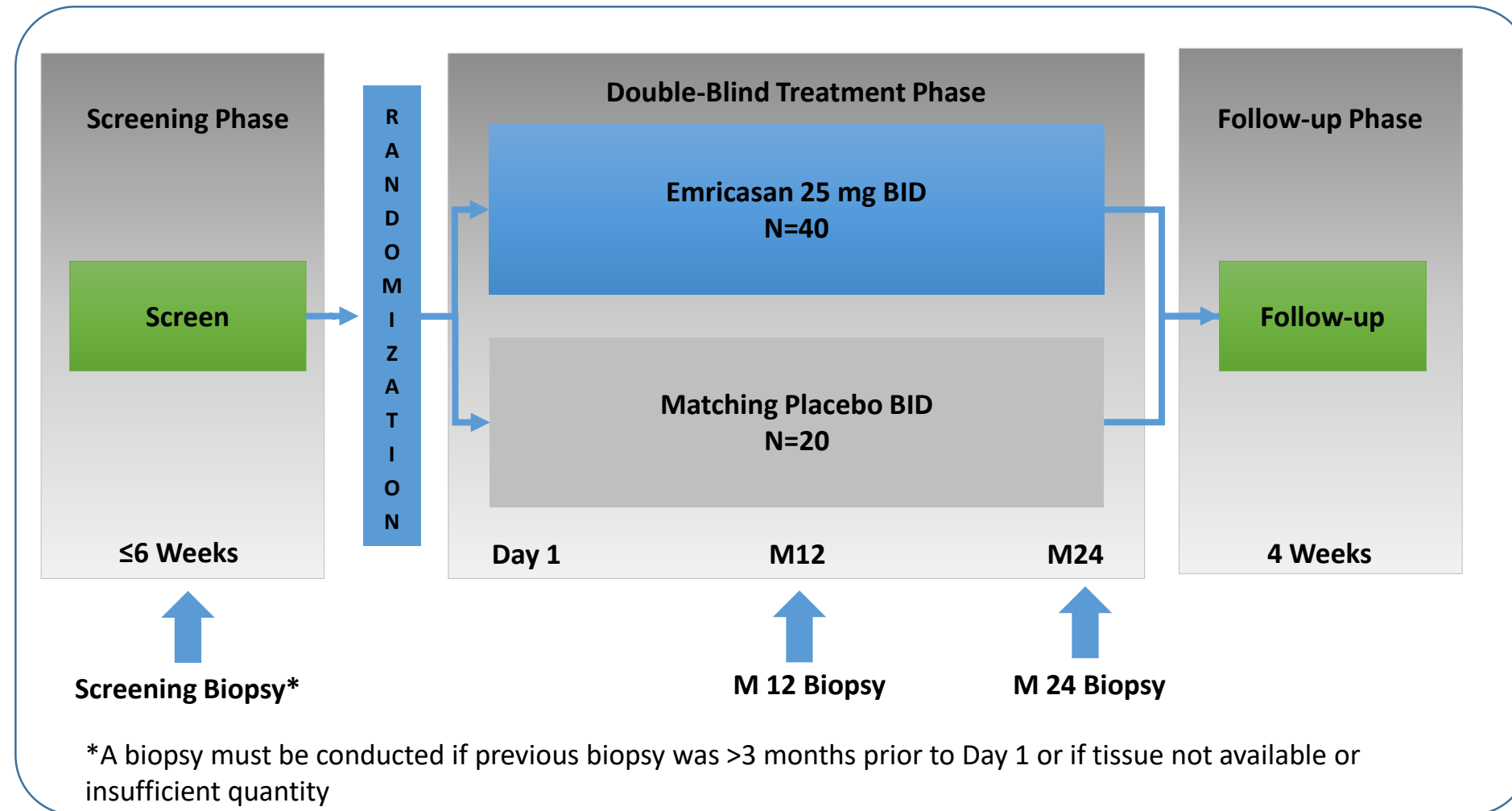


¹Guicciardi and Gores. Semin Liver Dis 2010; 30:402-10
²Shiffman et al. Aliment Pharmacol Ther 2010; 31:969-78
³Spada et al. Hepatology 2014; 60:1277A

Study Aims

- To determine the safety and efficacy of emricasan in reducing or preventing progression of hepatic fibrosis in post transplant HCV recipients achieving SVR with anti-viral therapy
- To assess changes from baseline in ALT and caspases 3/7

POLT: Study Design



Subjects were stratified according to Ishak fibrosis score at baseline:

- F2
- F3-F5
- F6

Study Endpoints

- The primary endpoint: improvement or stability in Ishak fibrosis stage between emricasan compared to placebo at month 24
 - Improvement defined as ≥ 1 -stage decrease in fibrosis stage (all subjects)
 - Stability defined as no change in fibrosis stage (in baseline F2-F5 subjects)
- The secondary endpoints included
 - Change from baseline in ALT and caspases 3/7
 - Long-term assessment of safety and tolerability of emricasan over 24 months in subjects post liver transplantation
- Statistical considerations:
 - Primary endpoint used a multiple imputation technique for subjects with missing data
 - All other analyses were based on observed data

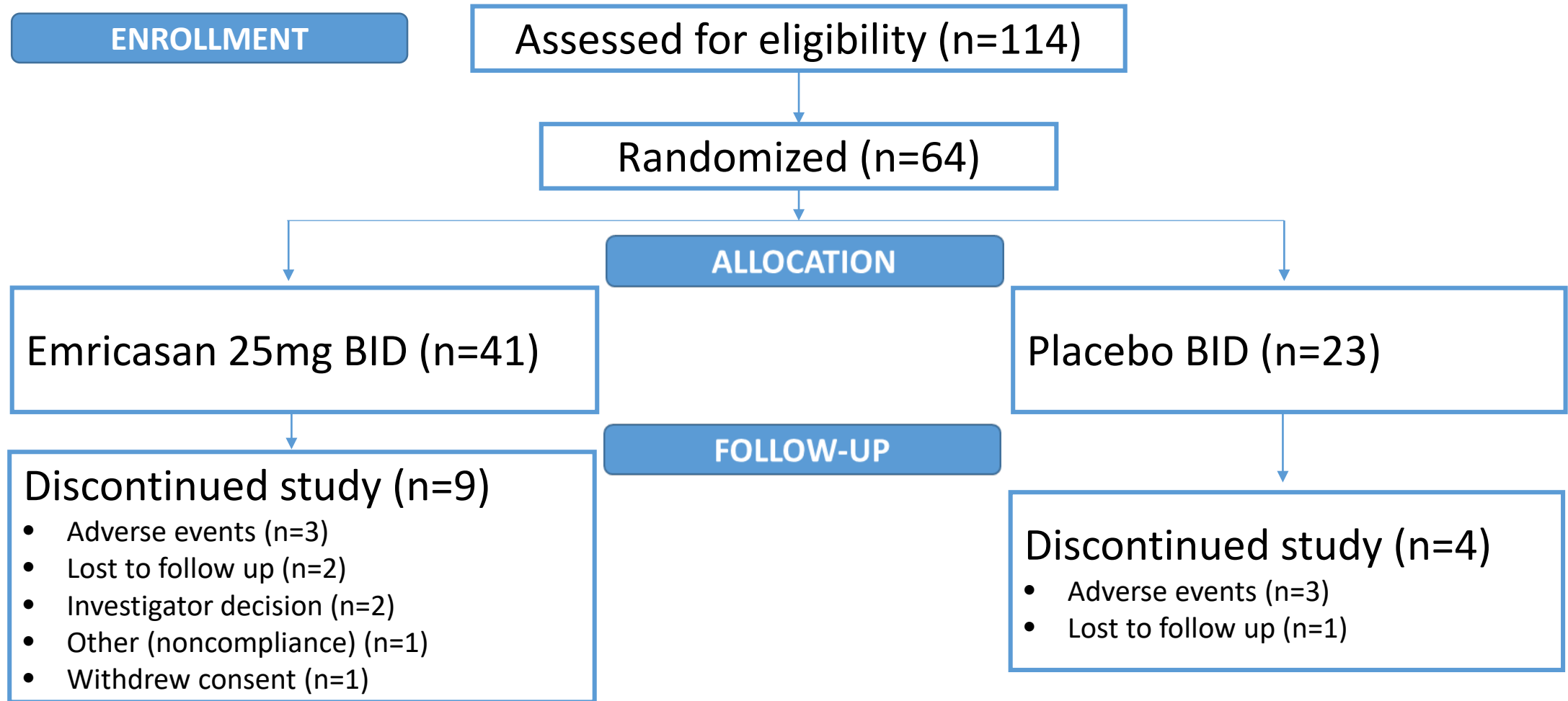
Key Inclusion Criteria

- History of liver transplant for HCV-induced liver disease and diagnosis of HCV infection post liver transplantation
- Documented SVR with anti-viral treatment within 18 months prior to Day 1
- Confirmed liver fibrosis or cirrhosis (Ishak F2 to F6) on biopsy, as read by central histopathologist within three months of Day 1

Key Exclusion Criteria

- Active HIV and/or HBV infection
- Autoimmune diseases
- Chronic liver disease of any other etiology
- Evidence of allograft rejection within three months of Day 1
- Decompensated liver disease
- HCC at entry into the study
- Renal transplant or severe renal impairment with eGFR <30mL/min/1.73m²
- Concurrent sirolimus use

Subject Disposition



Subject Demographics

	Emricasan (N=41)	Placebo (N=23)
Age (yr)		
Median	61.6	61.1
Age group (yr) – n (%)		
18-39	2 (4.9)	0
40-64	27 (65.9)	17 (73.9)
≥65	12 (29.3)	6 (26.1)
Gender – n (%)		
Female	9 (22.0)	5 (21.7)
Male	32 (78.0)	18 (78.3)
Race – n (%)		
Black or African American	7 (17.1)	2 (8.7)
White	30 (73.2)	20 (87.0)
More than one race	1 (2.4)	0
Unknown or Not reported	3 (7.3)	1 (4.3)

Subject Baseline Characteristics

	Emricasan (N=41)	Placebo (N=23)
Ishak Fibrosis Stage (n%)		
F2	9 (22.0)	6 (26.1)
F3	20 (48.8)	7 (30.4)
F4	5 (12.2)	5 (21.7)
F5	2 (4.9)	2 (8.7)
F6	5 (12.2)	3 (13.0)
Median		
ALT (U/L)	18.0	21.0
AST (U/L)	22.0	26.0
Caspase 3/7 (raw RLU)*	1808.5	2057.0
cCK18 (IU/mL)**	199.0	235.0
fICK18 (IU/mL)***	342.0	420.0

Historical values in normal volunteers:

*Caspase 3/7: 919.5 (Study-05); 1173 (Study-08)

**cCK18: 334.0 (Study-05); 332 (Study-08)

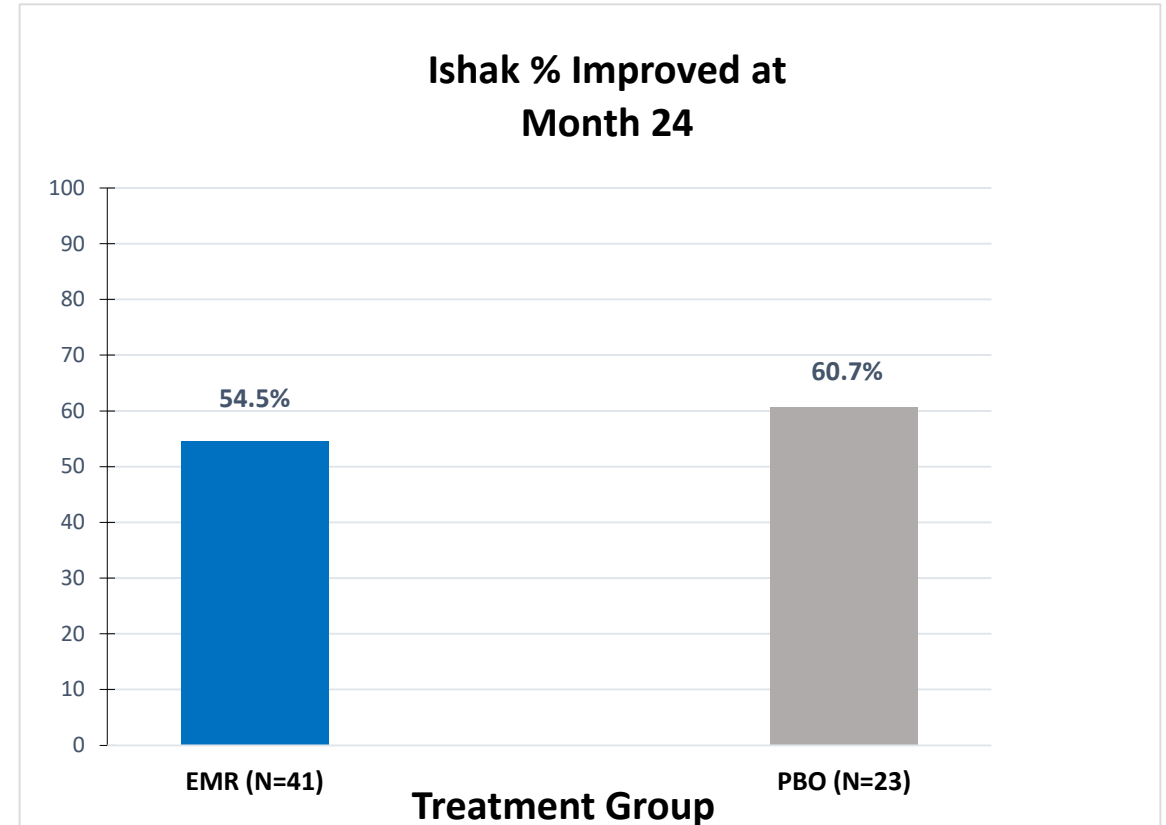
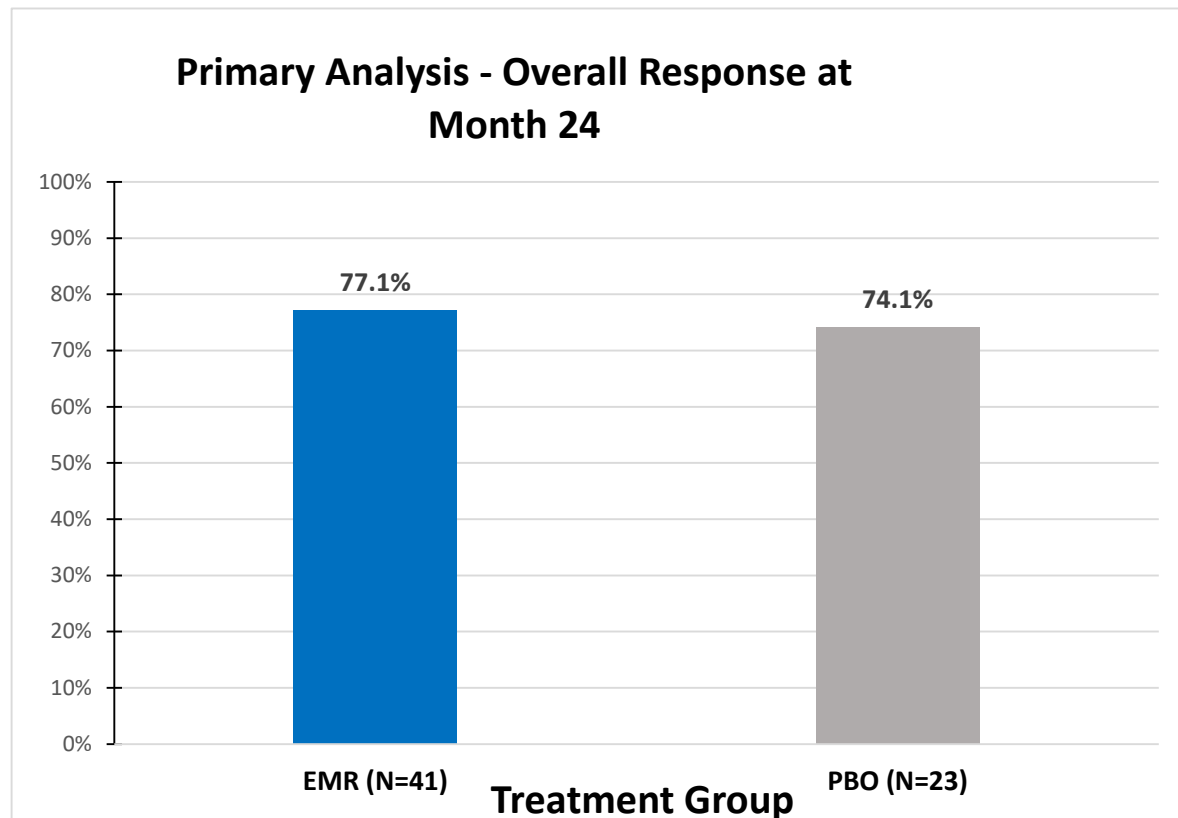
***fICK18: 240.0 (Study-05); 178 (Study-08)

Liver Transplant History

	Emricasan (N=41)	Placebo (N=23)
Median number of years since transplant	5.87	6.55
Median time since SVR (days)	227.0	233.0
Immunosuppressant Therapy	n (%)	n (%)
tacrolimus +/-steroids	35 (85.4)	19 (82.6)
cyclosporine +/- steroids	5 (12.2)	4 (17.4)
Previous HCV treatment		
antiviral	33 (80.5)	19 (82.6)
antiviral-immunotherapy	8 (19.5)	4 (17.4)

Primary Endpoint: Response Rate F2-F6 Ishak Fibrosis Stages at Month 24*

- Response (stable or improved) showed no significant treatment difference (%)
- Improvement alone (≥ 1 stage) showed no significant treatment difference (%)



*Multiple imputations

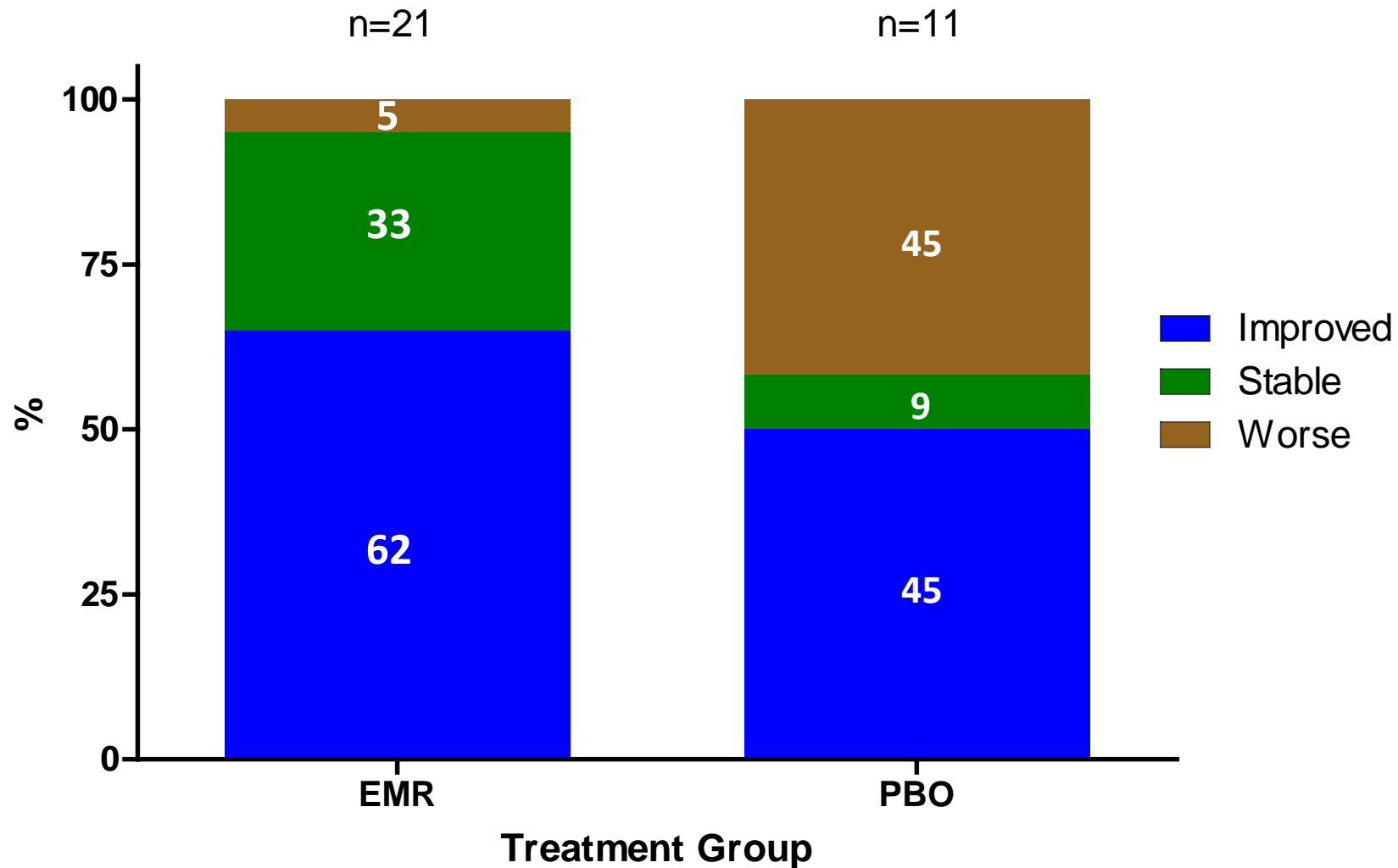
Responses by Pre-Specified Ishak Fibrosis Stages

Ishak Fibrosis Stage	Emricasan % (n)	Placebo % (n)	Difference %	p Value
Overall Population	78.1 (32)	73.7 (19)	4.4	0.718
F2*	83.3 (6)	100 (5)	-16.7	1.000
F3,4,5*	95.2 (21)	54.6 (11)	40.7	0.011
F6^	0 (5)	100 (3)	-100	0.018

*Pre-specified strata: response=stable or improvement in Ishak Fibrosis Stage Month 24 (observed data)

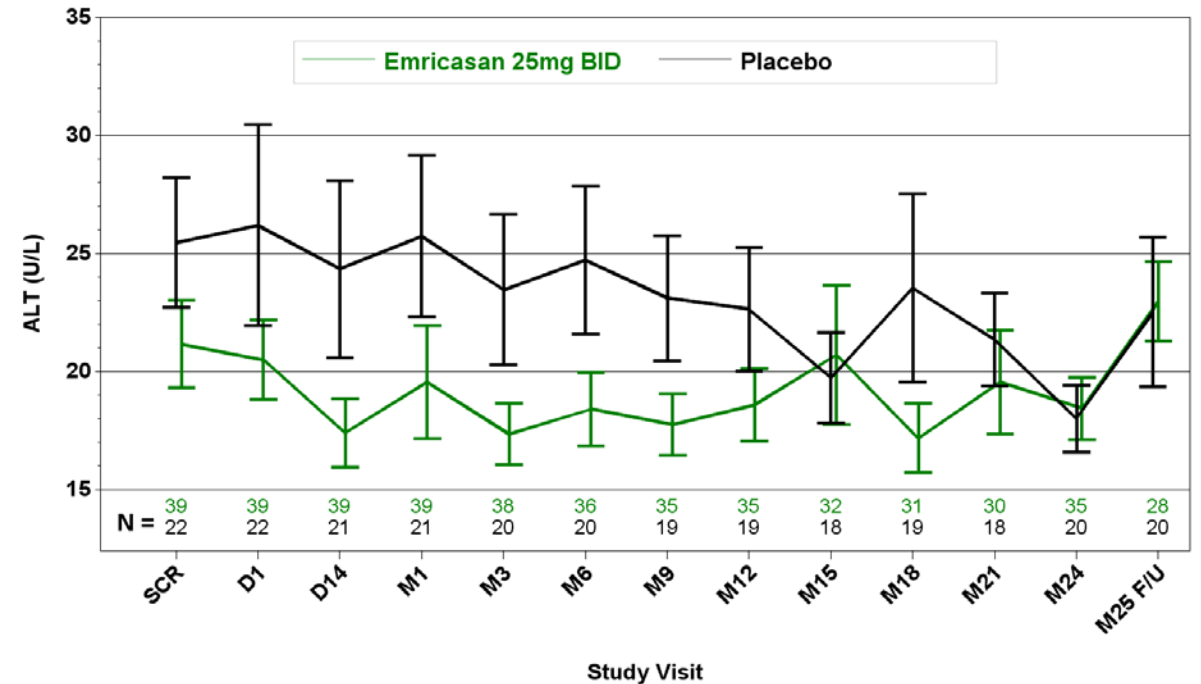
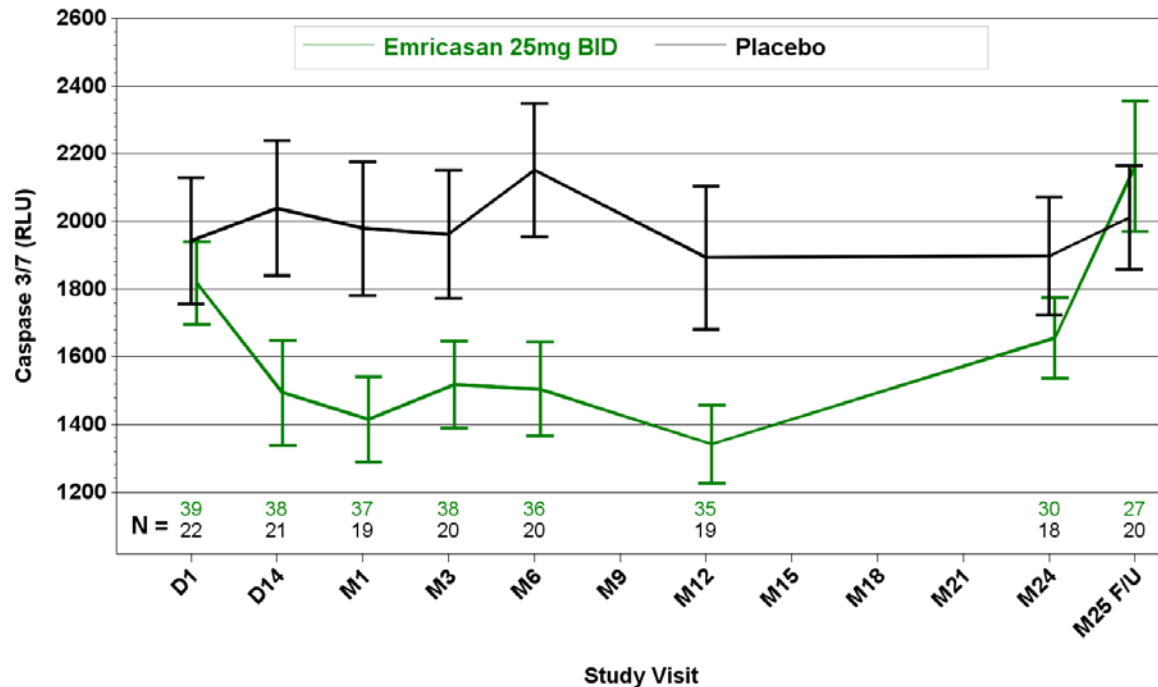
^Improvement only in Ishak Fibrosis Stage at Month 24

Prespecified F3-F5 Subgroup: Ishak Fibrosis Stage Response at Month 24



Serum Biomarkers

- Caspase 3/7 values were modestly elevated and showed a clear treatment effect through month 12
- ALT values were within the normal range at baseline and showed a small treatment effect through month 12



Treatment Emergent Adverse Events (TEAEs): Balanced Between Groups

	Emricasan (N=41)	Placebo (N=23)
Subjects with TEAE – n (%)	37 (90.2)	20 (87.0)
Subjects with serious TEAE – n (%)	14 (34.1)	7 (30.4)
Subjects with moderate TEAE – n (%)	26 (63.4)	16 (69.6)
Subjects with severe TEAE – n (%)	13 (31.7)	7 (30.4)
Subjects with TEAE leading to study discontinuation – n (%)	3 (7.3)	3 (13.0)

Adverse Events with Preferred Term Incidence of $\geq 10\%$ in Either Treatment Group

	Emricasan (N=41)		Placebo (N=23)	
	n	%	n	%
Diarrhea	9	22	5	21.7
Nausea	7	17.1	4	17.4
Headache	7	17.1	7	30.4
Fatigue	7	17.1	6	26.1
Arthralgia	6	14.6	2	8.7
Hypertension	6	14.6	3	13.0
Dizziness	2	4.9	5	21.7
Rash	2	4.9	4	17.4
Upper respiratory tract infection	1	2.4	4	17.4
Muscle spasms	0	0	3	13.0

Treatment Emergent Adverse Events of Interest

System Organ Class Preferred term	Emricasan n (%)	Placebo n (%)
Infections & infestations	13 (31.7)	9 (39.1)
Neoplasms, malignant		
Hepatocellular CA*	2 (4.9)	0 (0)
Pancreatic CA	0 (0)	1 (4.3)
Prostate CA	1 (2.4)	0 (0)
Squamous cell CA, skin	0 (0)	1 (4.3)

*10 subjects in emricasan group & 2 subjects in placebo group had HCC prior to transplant

Summary

- In liver transplant recipients with recurrent HCV, fibrosis, and despite SVR:
 - The primary endpoint, subjects with improvement or stability in Ishak fibrosis stage, was similar between groups at 24 months ($p=NS$)
 - However, there was both significant improvement & stability in fibrosis stage in the F3-F5 subgroup vs. placebo ($p=0.01$)
 - Tolerability and safety profiles were similar in emricasan and placebo subjects
 - Emricasan safety profile was encouraging given use for 24 months in combination with immunosuppression

Acknowledgements : Co-investigators

Baylor All Saints Medical Center (PI: Dr. M. Ashfaq)

Baylor College of Medicine (PI: Dr. S. Khaderi)

Beth Israel Deaconess Medical Center (PI: Dr. M. Curry)

Columbia University Medical Center (PI: Dr. E. Verna)

Henry Ford Health System (PI: Dr. S. Gordon)

Indiana University (PI: Dr. M. Lacerda)

Johns Hopkins Hospital (PI: Dr. K. Shetty)

McGuire DVAMC (PI: Dr. M. Fuchs)

Ochsner Medical System (PI: Dr. S. Joshi)

Piedmont Transplant Institute (PI: Dr. R. Rubin)

Rush University Medical Center (PI: Dr. N. Shah)

Rutgers New Jersey Medical School (PI: Dr. N. Pyrsopoulos)

Saint Louis University (PI: Dr. B. Bacon)

Scripps Clinic (PI: Dr. C. Frenette)

Southern California Research Center (PI: Dr. T. Hassanein)

Tulane Health Science Center (PI: Dr. F. Regenstein)

UCLA Pflieger Liver Institute (PI: Dr. S. Saab)

UF Hepatology Research at CTRB (PI: Dr. R. Firpi-Morell)

University of Chicago (PI: Dr. H. Te)

University of Cincinnati (PI: Dr. N. Anwar)

University of Kansas Medical Center (PI: Dr. Ryan Taylor)

University of Louisville (PI: Dr. M. Cave)

University of Miami (PI: Dr. E. Schiff)

University of Pennsylvania (PI: Dr. R. Reddy)

University of Texas Health Science Center at Houston (PI: Dr. V. Machicao)

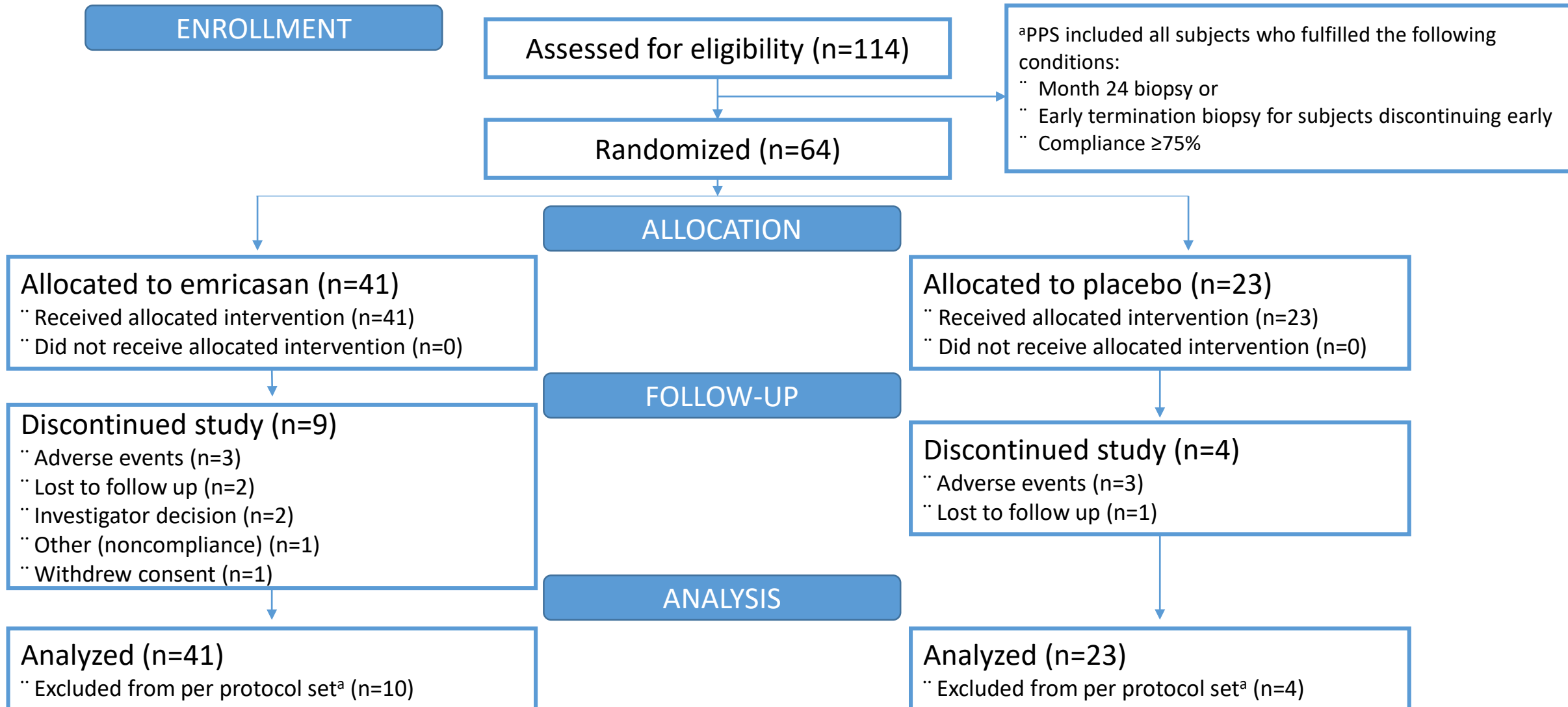
University of Utah (PI: Dr. J. Gallegos-Orozco)

University of Washington / Harborview Medical Center (PI: Dr. C. Landis)

Special thanks to the study coordinators, the patients, and their families

Back up/Supporting Slides

Subject Disposition



Baseline Disease Characteristics

	Emricasan 25 mg BID (N=41)	Placebo (N=23)	Total (N=64)
BMI (kg/m ²)			
n	40	23	63
Mean (SD)	28.10 (4.330)	30.51 (4.701)	28.98 (4.583)
Median	27.75	29.40	28.70
Min, Max	17.8, 38.0	23.0, 42.5	17.8, 42.5

Adverse and Serious Adverse Events: Neoplasms

	n (%)	Events	n (%)	Events	n (%)	Events
Neoplasms benign, malignant and unspecified (including cysts and polyps)	8 (19.5)	10	2 (8.7)	2	10 (15.6)	12
	Emricasan 25 mg BID (N=41)		Placebo (N=23)		Total (N=64)	
Basal cell carcinoma	3 (7.3)	4	0	0	3 (4.7)	4
Hepatocellular carcinoma	2 (4.9)	2	0	0	2 (3.1)	2
Colon adenoma	1 (2.4)	1	0	0	1 (1.6)	1
Mycosis fungoides	1 (2.4)	1	0	0	1 (1.6)	1
Pancreatic carcinoma metastatic	0	0	1 (4.3)	1	1 (1.6)	1
Prostate cancer	1 (2.4)	1	0	0	1 (1.6)	1
Seborrheic keratosis	1 (2.4)	1	0	0	1 (1.6)	1
Squamous cell carcinoma of skin	0	0	1 (4.3)	1	1 (1.6)	1

Serious Adverse Events: Infections

	Emricasan		Placebo		Total	
Infections and infestations	4 (9.8)	6	1 (4.3)	2	5 (7.8)	8
Biliary tract infection bacterial	1 (2.4)	1	0	0	1 (1.6)	1
Enterobacter bacteremia	1 (2.4)	1	0	0	1 (1.6)	1
Gastroenteritis cryptosporidial	1 (2.4)	1	0	0	1 (1.6)	1
Gastroenteritis viral	1 (2.4)	1	0	0	1 (1.6)	1
Influenza	0	0	1 (4.3)	1	1 (1.6)	1
Pneumonia	1 (2.4)	1	0	0	1 (1.6)	1
Pneumonia mycoplasma	1 (2.4)	1	0	0	1 (1.6)	1
Sepsis	0	0	1 (4.3)	1	1 (1.6)	1