

Effect of NGM282, an FGF19 Analogue, on Pruritus in Patients with Primary Sclerosing Cholangitis: Analysis of a Phase 2, Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial

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BACKGROUND AND AIMS

- NGM282 is an engineered, non-tumorigenic analogue of human FGF19¹⁻²
- Administration of NGM282 resulted in improvements in ALT, AST, and serum markers of fibrogenesis (ELF and Pro-C3), without reducing alkaline phosphatase (ALP), in 12 weeks in patients with primary sclerosing cholangitis (PSC)³
- Approximately 50% of PSC patients experience pruritus, a symptom that can reduce quality of life; however, several drugs in development for PSC further increased pruritus⁴⁻⁵
- We report here the effect of NGM282 on pruritus after 12 weeks of treatment

RESULTS

- We evaluated pruritus using the 5D-itch scale, a multidimensional measure of itching that has been validated in patients with chronic pruritus⁶
 - Domains include pruritus degree, direction, disability, distribution and duration
- We assessed correlation between pruritus and ALP, a marker of cholestasis and an endpoint in almost all PSC trials to-date, using linear regression
- We found that levels of ALP did not correlate with 5D-itch total score or its five domains

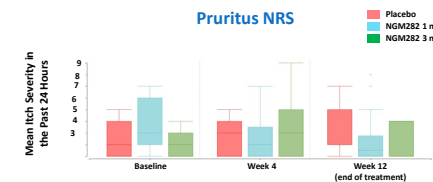
Effect of NGM282 on 5D-Itch Scale

- 5D-itch scale has been demonstrated to be able to detect changes over time, representing a useful outcome measure in clinical trials⁶
- At week 12, placebo-adjusted mean changes in 5D-itch score were -0.50 (95%CI, -3.17 to 2.17) and -1.60 (-4.30 to 1.10) in the NGM282 1 mg and 3 mg groups, respectively, suggesting a trend of improvement with NGM282 therapy



Effect of NGM282 on NRS

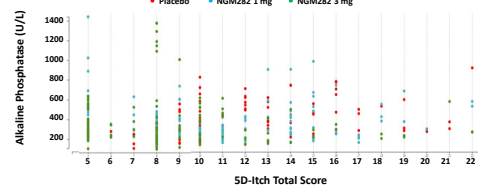
- The pruritus NRS is a patient-reported measure that assesses maximum itch intensity in the previous 24 hours using a point scale of 0 to 10. These daily reports were averaged for each study week to produce a weekly NRS score
- At week 12, placebo-adjusted mean changes in pruritus NRS were -0.47 (-1.93 to 0.99) and -0.52 (-1.96 to 0.92) in the NGM282 1 mg and 3 mg groups, respectively



Summary

	PBO (n = 20)	NGM282 1mg (n = 21)	NGM282 3mg (n = 21)
5D-Itch Scale			
5D-Itch Score (BL)	10.70 (4.60)	11.14 (3.79)	9.50 (3.87)
Change in 5D-Itch Score from BL to W12, LS mean	0.60	0.30	-1.52
P value (W12 vs BL)	0.45	0.70	0.06
NGM282 vs Placebo, difference between means (95% CI)		-0.50 (-3.17 to 2.17)	-1.60 (-4.30 to 1.10)
P value (NGM282 vs Placebo)		0.78	0.06
Numeric Rating Scale			
Pruritus NRS (BL)	1.50 (1.79)	2.29 (2.35)	0.90 (1.25)
Change in Pruritus NRS from BL to W12, LS mean	0.36	0.01	-0.32
P value (W12 vs BL)	0.38	0.98	0.48
NGM282 vs Placebo, difference between means (95% CI)		-0.47 (-1.93 to 0.99)	-0.52 (-1.96 to 0.92)
P value (NGM282 vs Placebo)		0.60	0.56

Lack of Correlation between ALP and 5D-Itch Score and Domains



Correlation with ELF

- ELF score, a composite panel of 3 components of fibrogenesis and matrix remodeling (the N-terminal pro-peptide of type III collagen [PIIINP], the tissue inhibitor of metalloproteinase 1 [TIMP-1] and hyaluronic acid [HA]), has been demonstrated to be a strong predictor of transplant-free survival in patients with PSC⁷⁻⁸
- A change in ELF score of -0.19 from baseline to week 12 has been shown to predict survival free of PSC-related clinical events, such as ascites, encephalopathy, variceal hemorrhage, cholangiocarcinomas, jaundice, liver transplant or death⁹
- NGM282 reduced ELF (-0.29 and -0.37 from baseline to week 12 for 1 mg and 3 mg, respectively), with the most pronounced improvement in patients who had an advanced stage of disease (-0.52 and -0.58 from baseline to week 12 for 1 mg and 3 mg, respectively, in patients with baseline ELF >9.8)³

Correlation Between Change in 5D-Itch Domains and Change in ELF

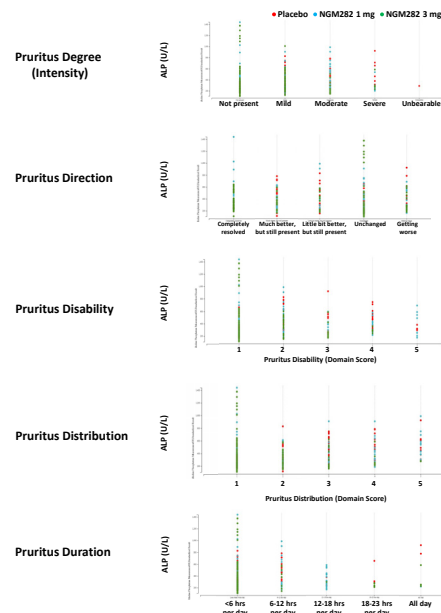
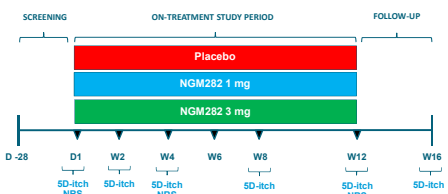
Change from Baseline to Week 12	Δ Degree	Δ Direction	Δ Disability	Δ Distribution	Δ Duration
Δ ELF	0.14	0.23	0.21	0.19	0.02
Δ PIIINP	0.26*	0.27*	0.24	0.42***	0.16
Δ TIMP-1	0.13	0.24	0.23	0.22	-0.03
Δ HA	0.06	0.06	0.08	-0.05	-0.13

Shown are correlation coefficient. ***p<0.001, **p<0.01, *p<0.05

- Changes from baseline to week 12 in PIIINP, but not TIMP-1 or HA, correlate with changes in pruritus distribution, degree and direction

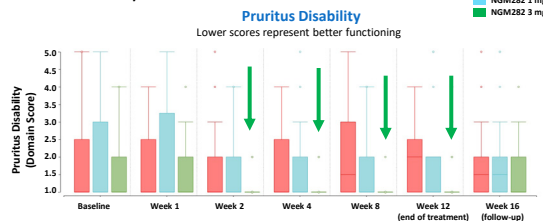
METHODS

- Sixty-two PSC patients received NGM282 1 mg (n=21), 3 mg (n=21) or placebo (n=20) once daily for 12 weeks, with a follow-up visit at week 16³
- Key inclusion criteria included PSC by EASL criteria and an elevated ALP>1.5xULN
- The primary endpoint was the change in ALP from baseline (BL) to Week 12 (W12)
- 5D-itch pruritus questionnaires (scores range from 5 to 25, with higher scores indicating worse itch) were collected
- Patients also recorded pruritus intensity on a numeric rating scale (NRS) ranging from 0 to 10, with higher numbers indicating more severe itch
- An analysis of covariance (ANCOVA) model was used to compare the NGM282 groups with the placebo group

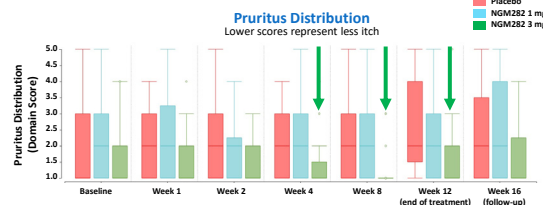


- In particular, patients treated with NGM282 3 mg showed a trend of improvement in pruritus disability domain score as early as Week 2, and at repeated assessments at Weeks 4, 8 and 12 (end of treatment)

- Pruritus disability domain assess the impact of pruritus on the following activities
 - Sleep
 - Leisure/Social
 - Housework/Errands
 - Work/School



- Patients treated with NGM282 3 mg showed a trend of improvement in pruritus distribution, which assess the location of pruritus in various parts of the body



CONCLUSION

- In this population of patients with PSC, treatment with NGM282 was not associated with drug-induced pruritus, but was associated with a trend of improvement in pruritus, especially in the 3 mg group
- Levels of ALP did not correlate with 5D-itch total score or its five domains
- Changes from baseline to week 12 in PIIINP correlate with changes in pruritus distribution, degree and direction, revealing an unexpected connection between collagen turnover and pruritus
- These patient experience data may provide important additional information about the clinical benefit of NGM282
- Clinically relevant, patient-reported outcome measures should be evaluated in future PSC trials

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