



# Predictors of 6-year event-free survival in patients with Alagille syndrome treated with maralixibat, an IBAT inhibitor

**Ronald J Sokol**,<sup>1</sup> Emmanuel Gonzales,<sup>2</sup> Binita M Kamath,<sup>3</sup> Alastair Baker,<sup>4</sup> Pamela Vig,<sup>5</sup> Will Garner,<sup>5</sup> Bettina E Hansen,<sup>6</sup> Emmanuel Jacquemin,<sup>2</sup> Richard J Thompson<sup>7</sup>

<sup>1</sup>Pediatric Gastroenterology, Hepatology and Nutrition and the Digestive Health Institute, Children's Hospital Colorado and University of Colorado School of Medicine, Aurora, CO, USA;

<sup>2</sup>Hépatologie Pédiatrique, Hôpital Bicêtre, AP-HP, Université Paris-Saclay, Le Kremlin-Bicêtre, Paris, France; <sup>3</sup>Division of Gastroenterology, Hepatology and Nutrition, The Hospital for Sick Children and the University of Toronto, Toronto, ON, Canada; <sup>4</sup>Paediatric Liver Centre, King's College Hospital, London, UK; <sup>5</sup>Mirum Pharmaceuticals, Inc., Foster City, CA, USA; <sup>6</sup>Toronto General Hospital and Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, ON, Canada; <sup>7</sup>Institute of Liver Studies, King's College London, London, UK



# Alagille syndrome: Background

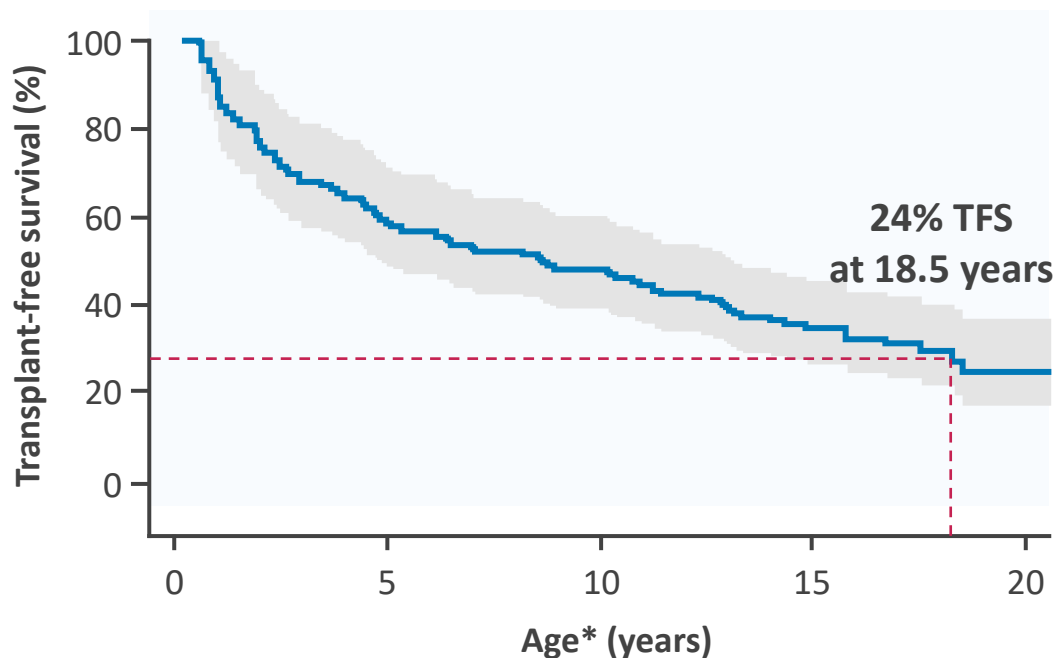
- Alagille syndrome (ALGS) is a debilitating, autosomal-dominant multi-systemic disorder characterised by intrahepatic bile duct paucity and caused by mutations in *JAGGED1* or *NOTCH2*<sup>1,2</sup>
- ALGS is a rare disease with an incidence of 1 in 30,000–50,000 live births<sup>3</sup>
- The key liver-related clinical features of ALGS are cholestasis, jaundice and severe pruritus, as well as a broad range of other clinical manifestations<sup>4–7</sup>
- Cholestatic pruritus and xanthomas represent a significant unaddressed clinical burden of disease, leading to greatly diminished quality of life<sup>7</sup>

1. Saleh M, et al. *Appl Clin Genet* 2016;9:75–82; 2. NORD. Alagille syndrome. Available at: <https://rarediseases.org/rare-diseases/alagille-syndrome/>. Accessed June 2022;  
3. Leonard LD, et al. *Eur J Hum Genet* 2014;22:435; 4. Kamath BM, et al. *J Pediatr Gastroenterol Nutr* 2018;67:148–156; 5. Turnpenny P & Ellard S. *Eur J Hum Genet* 2012;20:251–257;  
6. Berniczai-Royko A, et al. *Med Sci Monit* 2014;20:476–480; 7. Kamath BM, et al. *Hepatol Commun* 2020;4:387–398.

# Substantial risk for liver transplantation in patients with ALGS

## ChiLDReN (North America network)<sup>1</sup>

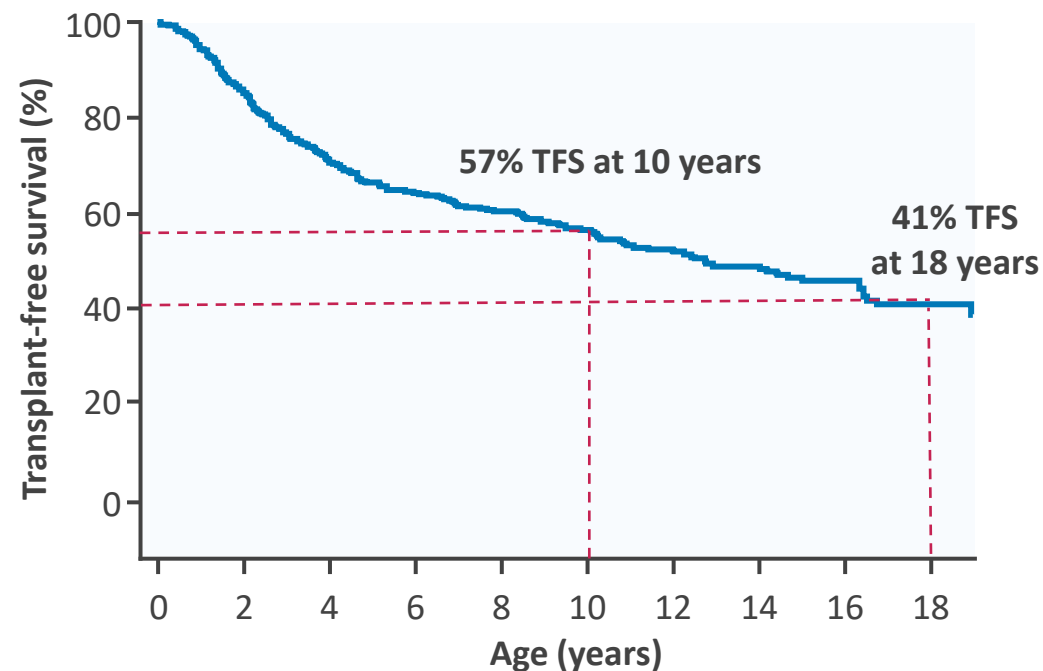
Transplant-free survival (TFS) in patients with ALGS (N = 293)



Data collected: 2006–2020

## GALA<sup>2</sup> (Global)

Transplant-free survival (TFS) in patients with ALGS presenting with neonatal cholestasis (N = 911)



Data collected: 1997–2019

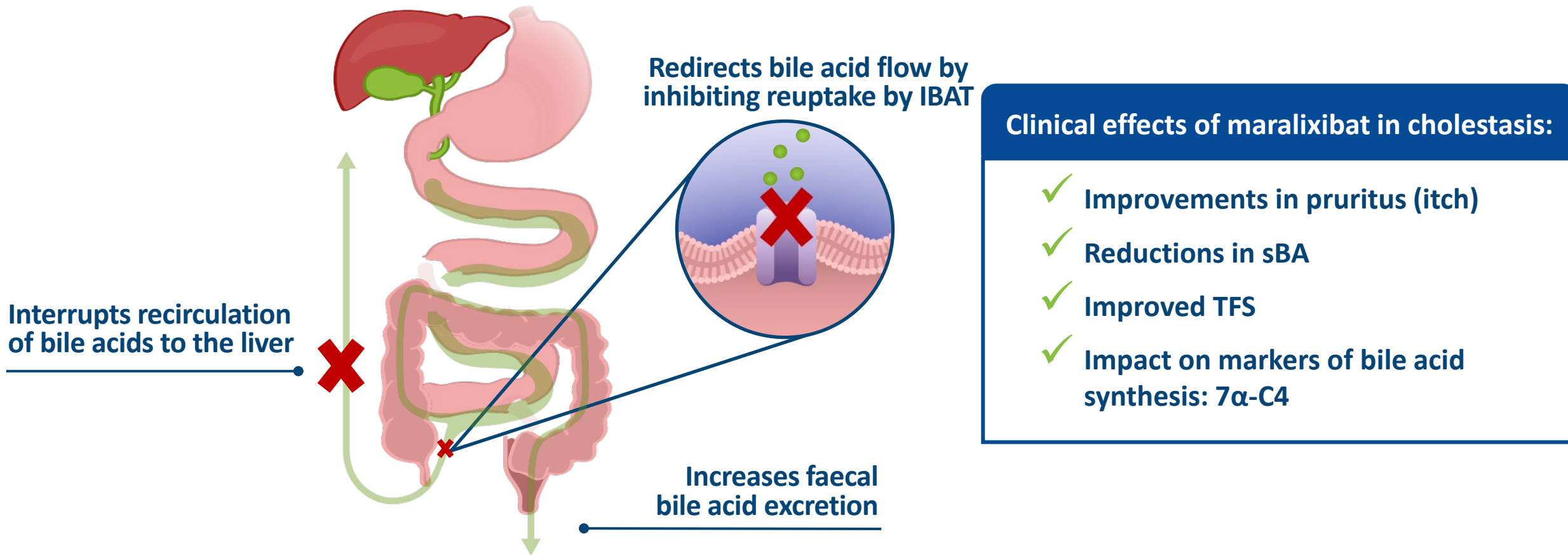
**Refractory pruritus and progression of end-stage liver disease are indications for liver transplantation in patients with ALGS<sup>1–3</sup>**

\*Left truncated at baseline age.

ALGS, Alagille syndrome; TFS, transplant-free survival.

1. Kamath BM, et al. *Hepatol Commun* 2020;4:387–398; 2. Vandriel S, et al. *J Hepatol* 2020;73:S554–S555 (and associated poster presentation); 3. Wang KS, et al. *Hepatology* 2017;65:1645–1654.

# Maralixibat: IBAT inhibitor that interrupts enterohepatic circulation



**Maralixibat received FDA approval in 2021 for the treatment of cholestatic pruritus in patients with ALGS 1 year of age and older<sup>1,2</sup>**

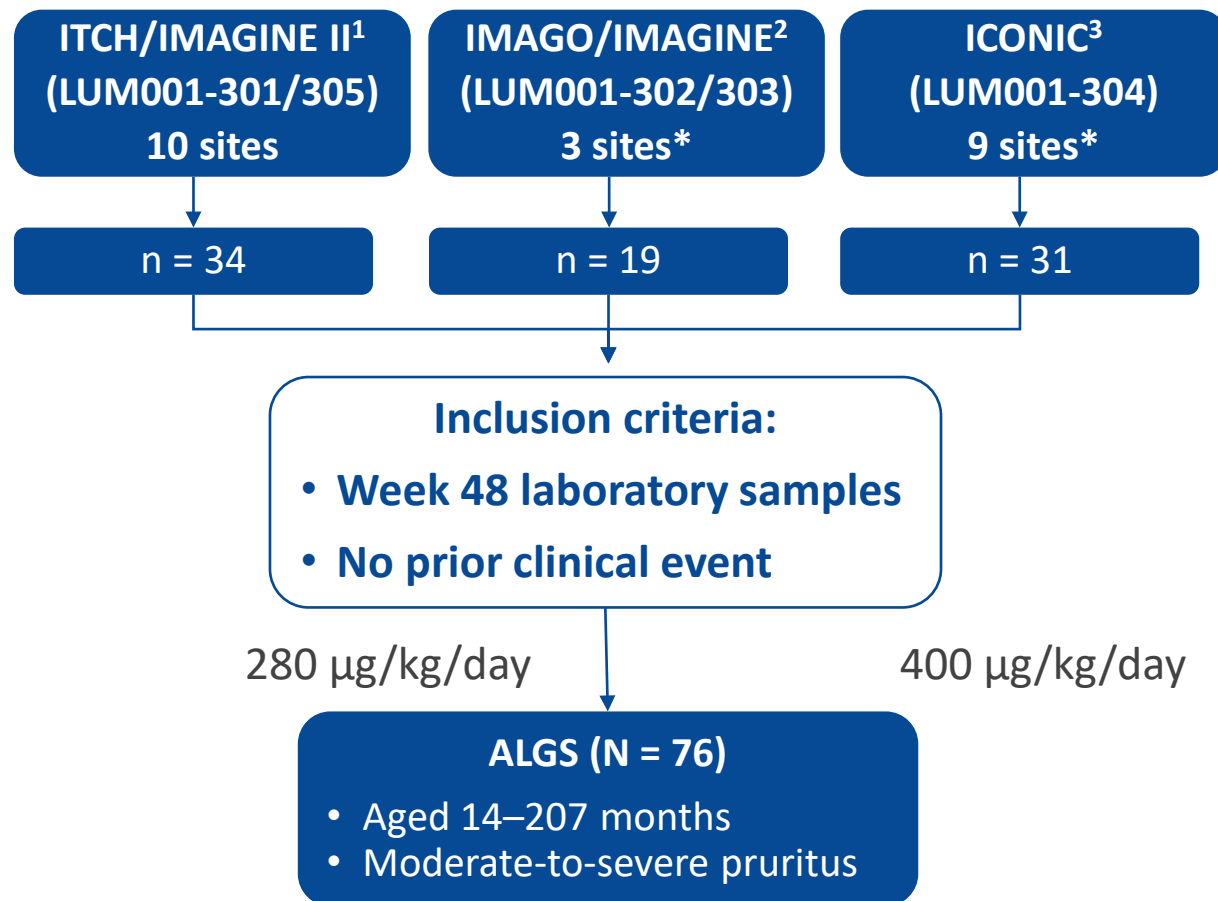
FDA, US Food and Drug Administration; IBAT, ileal bile acid transporter; sBA, serum bile acid.

1. Gonzales E, *et al. Lancet* 2021;398:1581–1592; 2. Mirum Pharmaceuticals, Inc. LIVMARLI® (maralixibat) PI. 2021. Accessed online at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/214662s001lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/214662s001lbl.pdf) on April 20, 2022.

Figure reprinted from The Lancet, 398, Gonzales E, *et al.*, 'Efficacy and safety of maralixibat treatment in patients with Alagille syndrome and cholestatic pruritus (ICONIC): a randomised phase 2 study', 1581–1592, Copyright (2021), with permission from Elsevier.

**To identify predictors of long-term event-free survival and transplant-free survival in patients with ALGS enrolled in three clinical trials of maralixibat,<sup>1–3</sup> an ileal bile acid transporter inhibitor, with up to 6 years of follow-up**

# Methods: Study design



## Endpoints of this analysis

- **Event-free survival: time to first clinically significant event**  
(e.g. liver transplant, surgical biliary diversion, hepatic decompensation [ascites requiring therapy and variceal bleeding], death)
- **Transplant-free survival: time to liver transplant or death, whichever came first**

\*There was a common site in both IMAGO/IMAGINE and ICONIC trials. The total number of different sites for the N = 76 overall study population was 21.

1. ClinicalTrials.gov ID: NCT02117713. Accessed online at: <https://clinicaltrials.gov/ct2/show/NCT02117713> on February 28, 2022; 2. ClinicalTrials.gov ID: NCT02047318. Accessed online at: <https://clinicaltrials.gov/ct2/show/NCT02047318> on February 28, 2022; 3. ClinicalTrials.gov ID: NCT02160782. Accessed online at: <https://clinicaltrials.gov/ct2/show/NCT02160782> on February 28, 2022.

# Methods: 43 variables included in the model

- The following variables were considered for inclusion in the model
  - Laboratory values (e.g. bilirubin, sBA, ALT)
  - Clinical values (e.g. ItchRO[Obs], weight, quality of life)
  - Demographics (e.g. age at enrolment)
  - Study characteristics (e.g. study number)
- Variables were considered at multiple timepoints, and as relative changes and absolute values
- Only variables that met a C-statistic threshold  $\geq 0.7$  were considered in the models

# Baseline characteristics in maralixibat-treated patients with ALGS

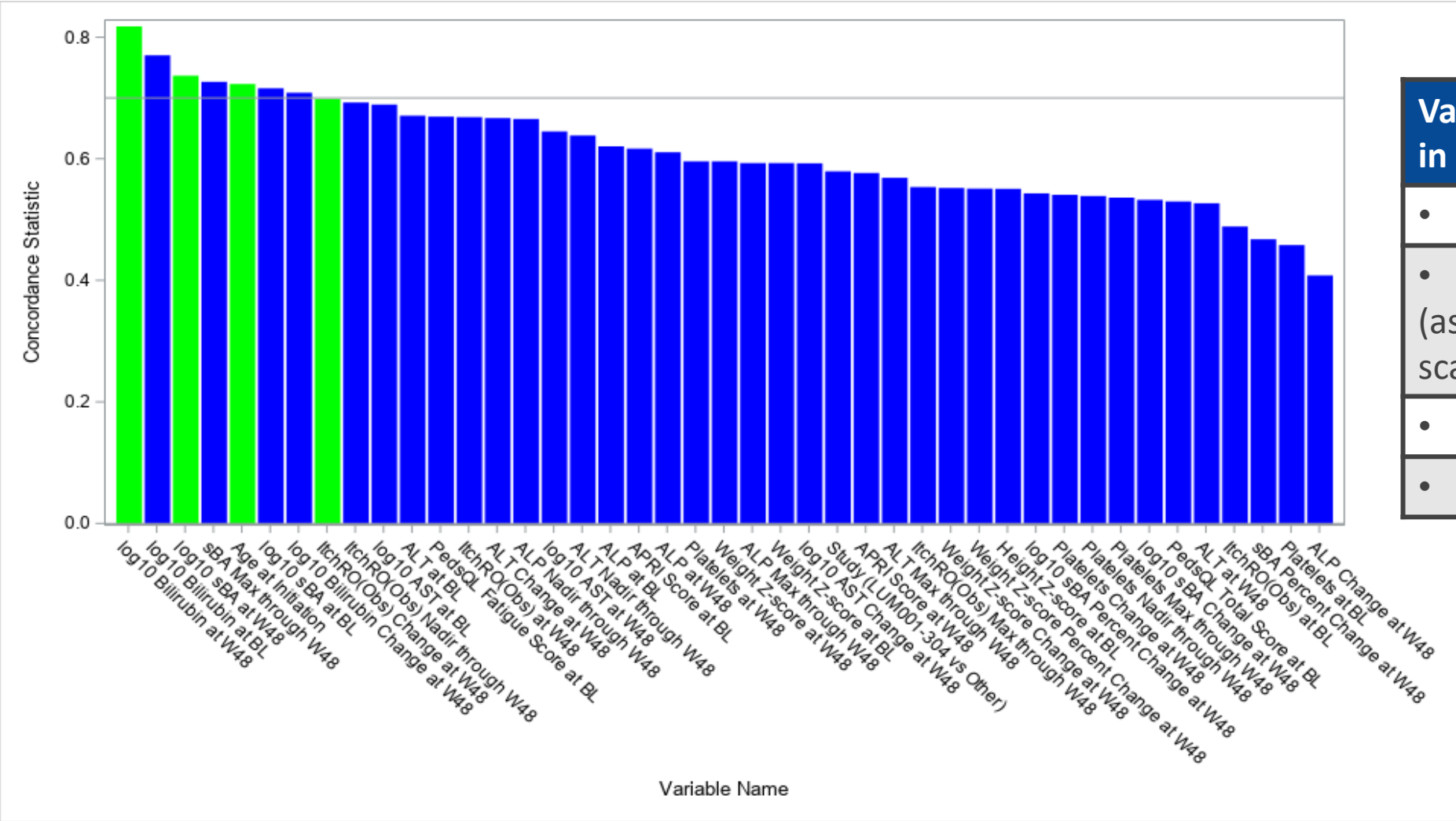
Patients (N = 76)	Median (IQR)
Age at first maralixibat dose, years	5.82 (2.76, 10.53)
Male, n (%)	45 (59)
Weight Z-score	−1.41 (−2.15, −0.67)
ItchRO(Obs) weekly morning average score	2.71 (2.14, 3.14)
Total sBA, μmol/L	184 (78, 361)
Total bilirubin, mg/dL	2.3 (0.9, 8.4)
Direct bilirubin, mg/dL	1.7 (0.6, 6.9)
Albumin, g/dL	4.6 (4.3, 4.7)
ALT, U/L	134 (95, 193)
AST, U/L	130 (96, 185)
GGT, U/L	392 (188, 751)
Total cholesterol, mg/dL	313 (247, 456)
INR	1.00 (1.00, 1.10)
Platelets, 10 <sup>9</sup> /L	293 (223, 383)

**Median follow-up: 5.1 years (range 1.0–7.3)**



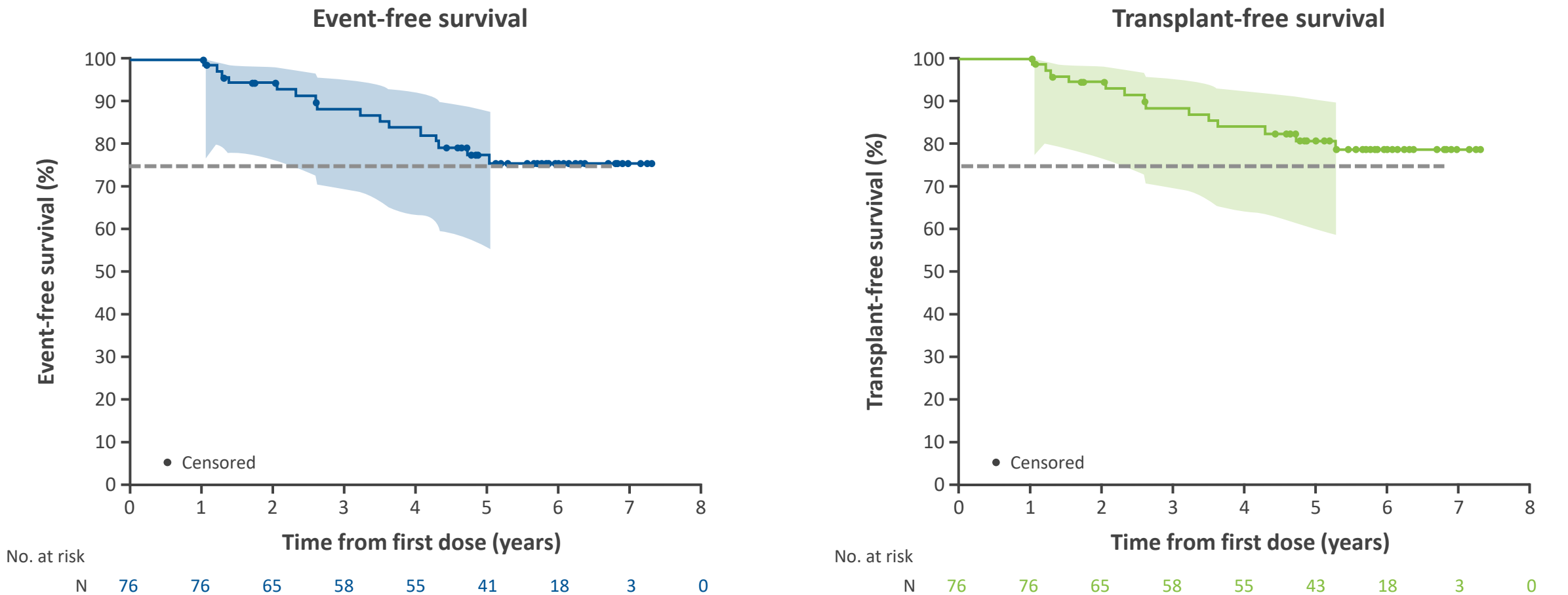
# Descending plot of C-statistics calculated for each variable in the model

The four variables identified as predictors of event-free survival had high C-statistics over time, indicating that these cutoffs were stable predictors for 2–5 additional years after 48 weeks of maralixibat treatment



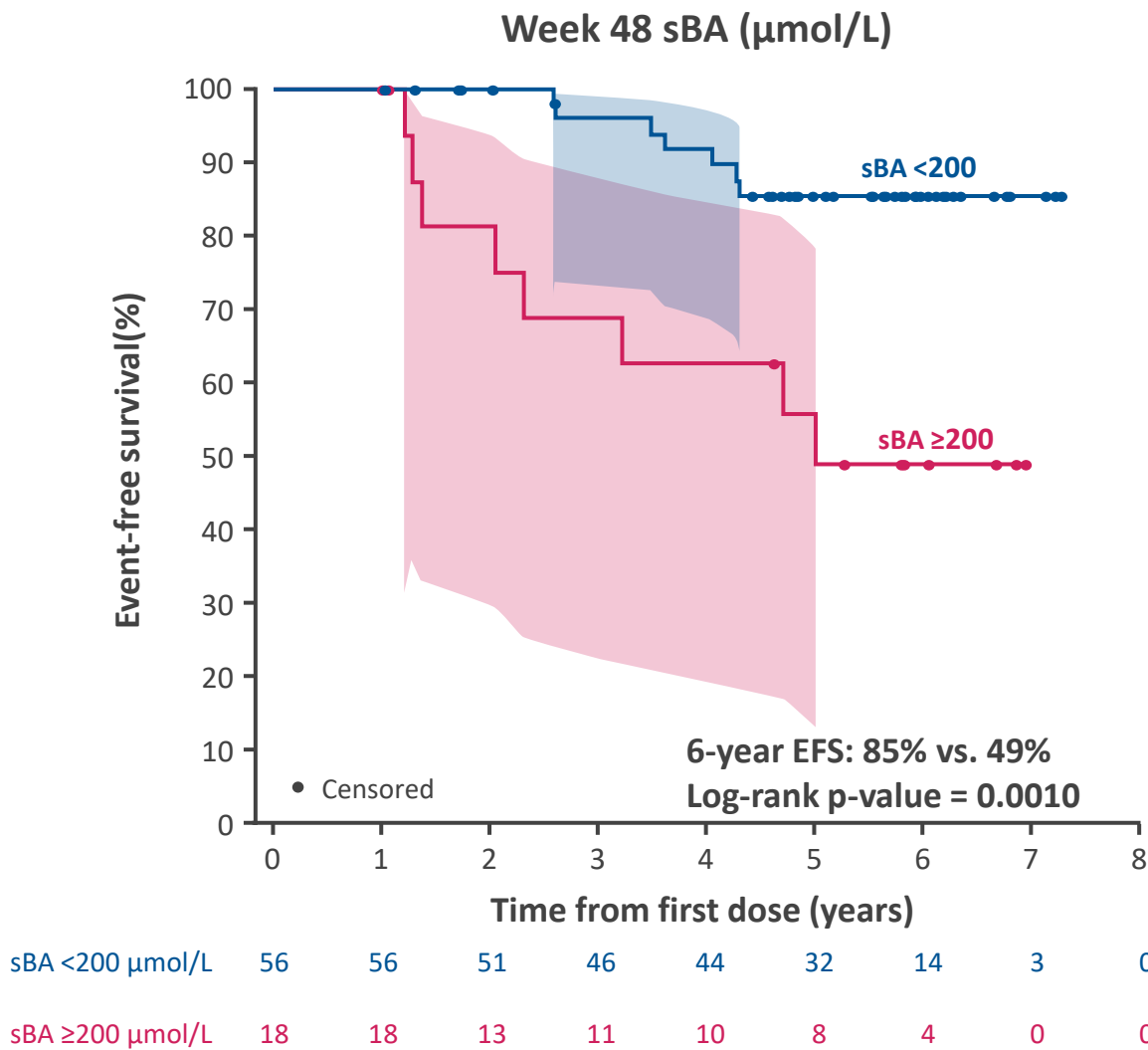
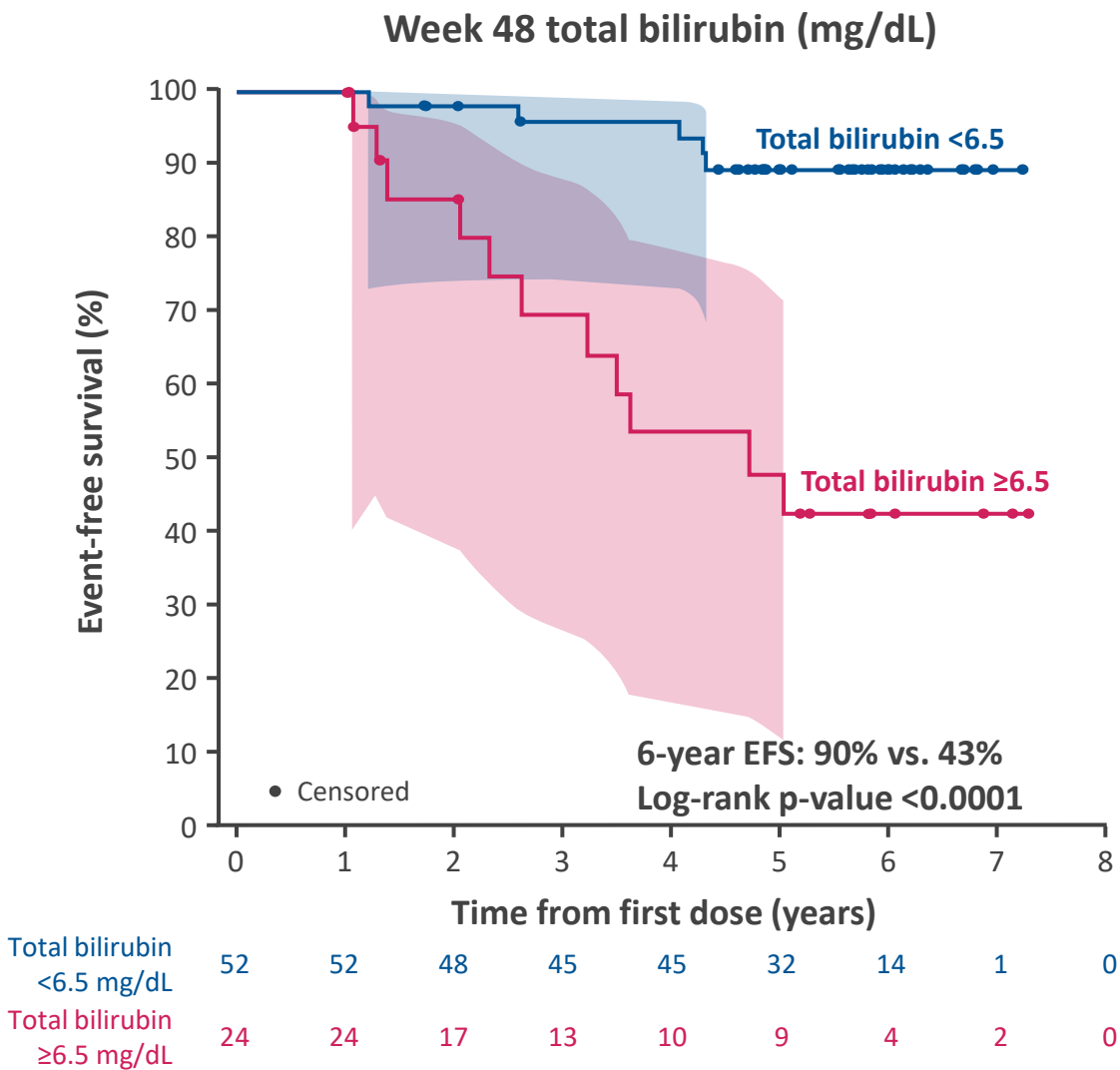
Variables selected for inclusion in the model (C-statistic >0.7):	
•	Bilirubin at 48 weeks
•	Change in pruritus (as assessed by ItchRO[Obs] 0–4 scale)
•	Total sBA at 48 weeks
•	Age at enrolment

# Most maralixibat-treated patients with ALGS remained event-free and transplant-free after 6 years



**76% and 79% of maralixibat-treated patients with ALGS remained event-free and transplant-free, respectively, at 6 years after treatment initiation**

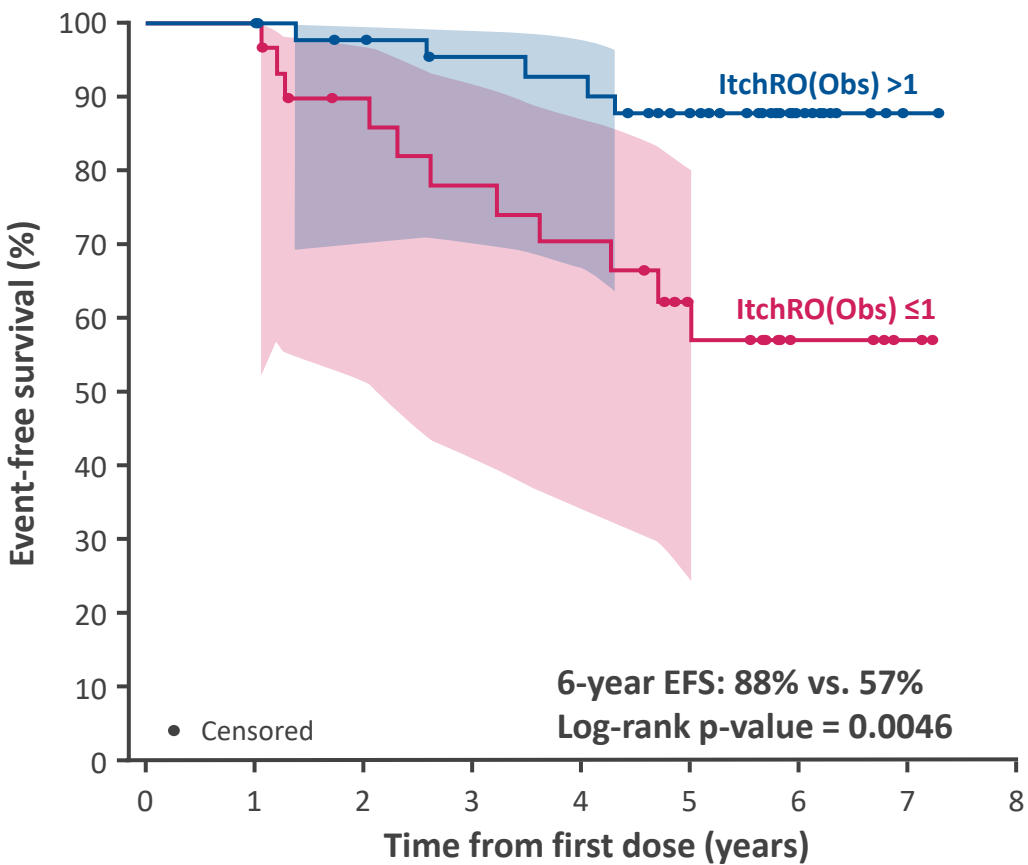
# Week 48 total bilirubin and sBA are significant predictors of event-free survival



Data values under each panel indicate the number of patients at risk for an event at each time point.

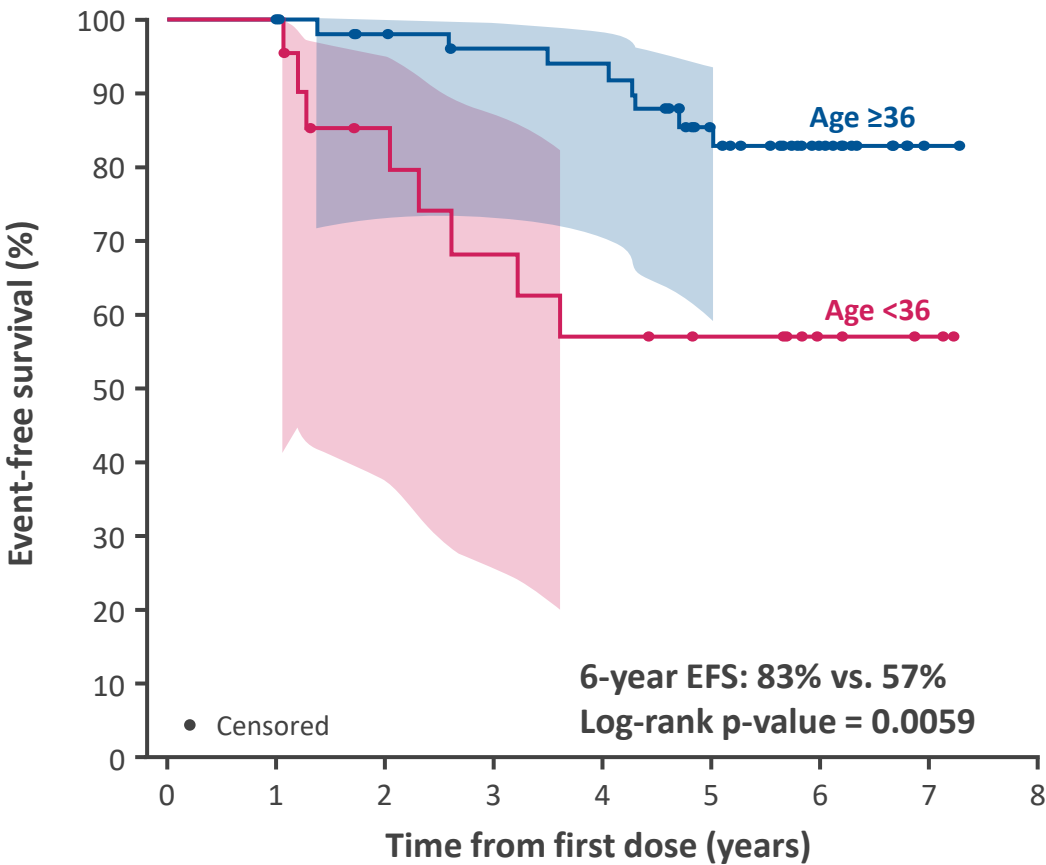
# Pruritus reduction and age at enrolment are significant predictors of event-free survival

Change from baseline to week 48 ItchRO(Obs) (point reduction)



ItchRO(Obs) >1 point reduction	46	46	42	38	37	29	13	1	0
ItchRO(Obs) ≤1 point reduction	30	30	23	20	18	12	5	2	0

Age at enrolment (months)



Age ≥36 months	55	55	50	46	45	33	14	1	0
Age <36 months	21	21	15	12	10	8	4	2	0

Data values under each panel indicate the number of patients at risk for an event at each time point.

# Distribution of predictors of EFS among the maralixibat-treated population

Week 48 total bilirubin (mg/dL)	Week 48 sBA (μmol/L)	Age at enrolment (months)	Change from baseline to week 48 ItchRO(Obs) (pt reduction)	Participants (N = 74)	6-year EFS (%)*	EFS variables (n)
<6.5	<200	≥36	>1 pt reduction	30	89	0
<6.5	<200	≥36	≤1 pt reduction	9	89	1
≥6.5	<200	≥36	>1 pt reduction	5		
<6.5	<200	<36	>1 pt reduction	5		
<6.5	≥200	≥36	>1 pt reduction	2		
≥6.5	≥200	≥36	>1 pt reduction	4		
<6.5	<200	<36	≤1 pt reduction	3	86	2
<6.5	≥200	≥36	≤1 pt reduction	1	29	3
≥6.5	<200	<36	≤1 pt reduction	4		
≥6.5	≥200	≥36	≤1 pt reduction	3		
<6.5	≥200	<36	≤1 pt reduction	1		
≥6.5	≥200	<36	≤1 pt reduction	7	33	4

n = 59 (79.7%)  
6-year EFS: 88%

n = 15 (20.3%)  
6-year EFS: 31%

■ Predicts for better EFS    ■ Predicts for worse EFS

Two or more predictors of better event-free survival (EFS) result in an increase in 6-year EFS from 31% to 88%

Proportion with events does not account for censoring and is not a survival probability.

# Predictors of transplant-free survival in maralixibat-treated patients with ALGS

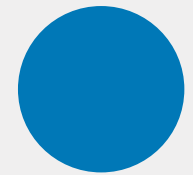
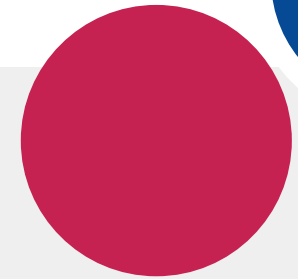
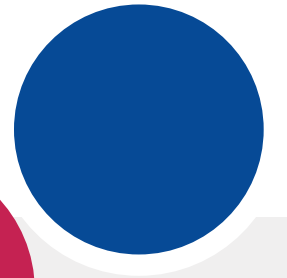
Variable	Better Transplant-free Survival	Worse Transplant-free Survival	p-value
<b>Week 48 total bilirubin</b> C-statistic: 0.85	<b>&lt;6.5 mg/dL</b> n = 52 6-year TFS: 94%	<b>≥6.5 mg/dL</b> n = 24 6-year TFS: 42%	<b>&lt;0.0001</b>
<b>Week 48 sBA</b> C-statistic: 0.79	<b>&lt;200 µmol/L</b> n = 56 6-year TFS: 90%	<b>≥200 µmol/L</b> n = 18 6-year TFS: 49%	<b>0.0001</b>
<b>Change from baseline to week 48 ItchRO(Obs)</b> C-statistic: 0.77	<b>&gt;1 pt reduction</b> n = 46 6-year TFS: 93%	<b>≤1 pt reduction</b> n = 30 6-year TFS: 57%	<b>0.0007</b>
<b>Age at enrolment</b> C-statistic: 0.74	<b>≥36 months</b> n = 55 6-year TFS: 87%	<b>&lt;36 months</b> n = 21 6-year TFS: 57%	<b>0.0016</b>

**Week 48 total bilirubin, week 48 sBA, change from baseline to week 48 in pruritus (ItchRO[Obs]), and age at enrolment were similarly predictive for event-free survival and transplant-free survival**

# Summary and conclusions

- In patients with ALGS, predictors of long-term event-free survival with maralixibat treatment include:
  - Total bilirubin (at week 48), sBA (at week 48), pruritus reduction (from baseline to week 48), age at enrolment
- Most (>75%) maralixibat-treated patients with ALGS remained event-free and transplant-free after 6 years
- Improvement in pruritus is significantly associated with improved event-free survival and transplant-free survival
- These data identify potential prognostic markers that may better inform patient/provider discussions of clinical outcomes in patients with ALGS receiving maralixibat treatment

**THANK YOU!**

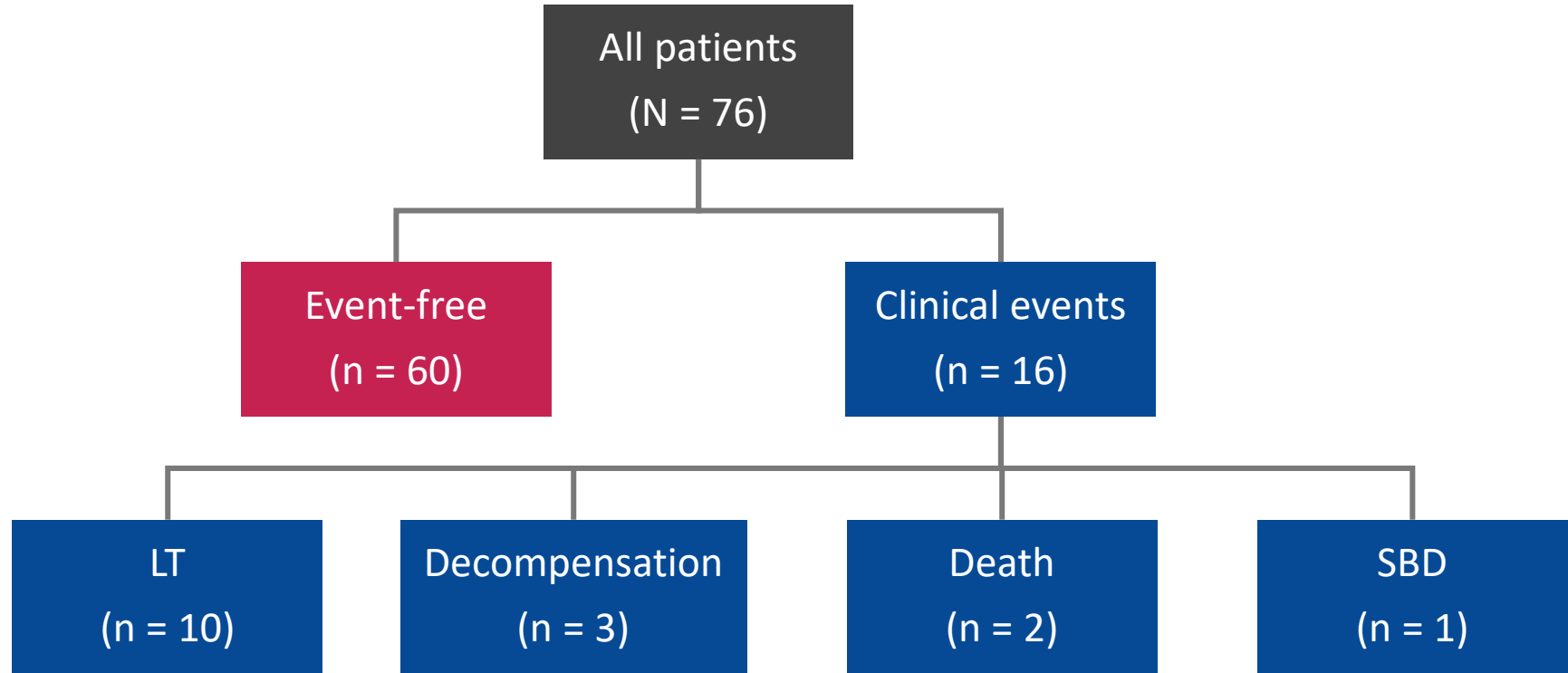




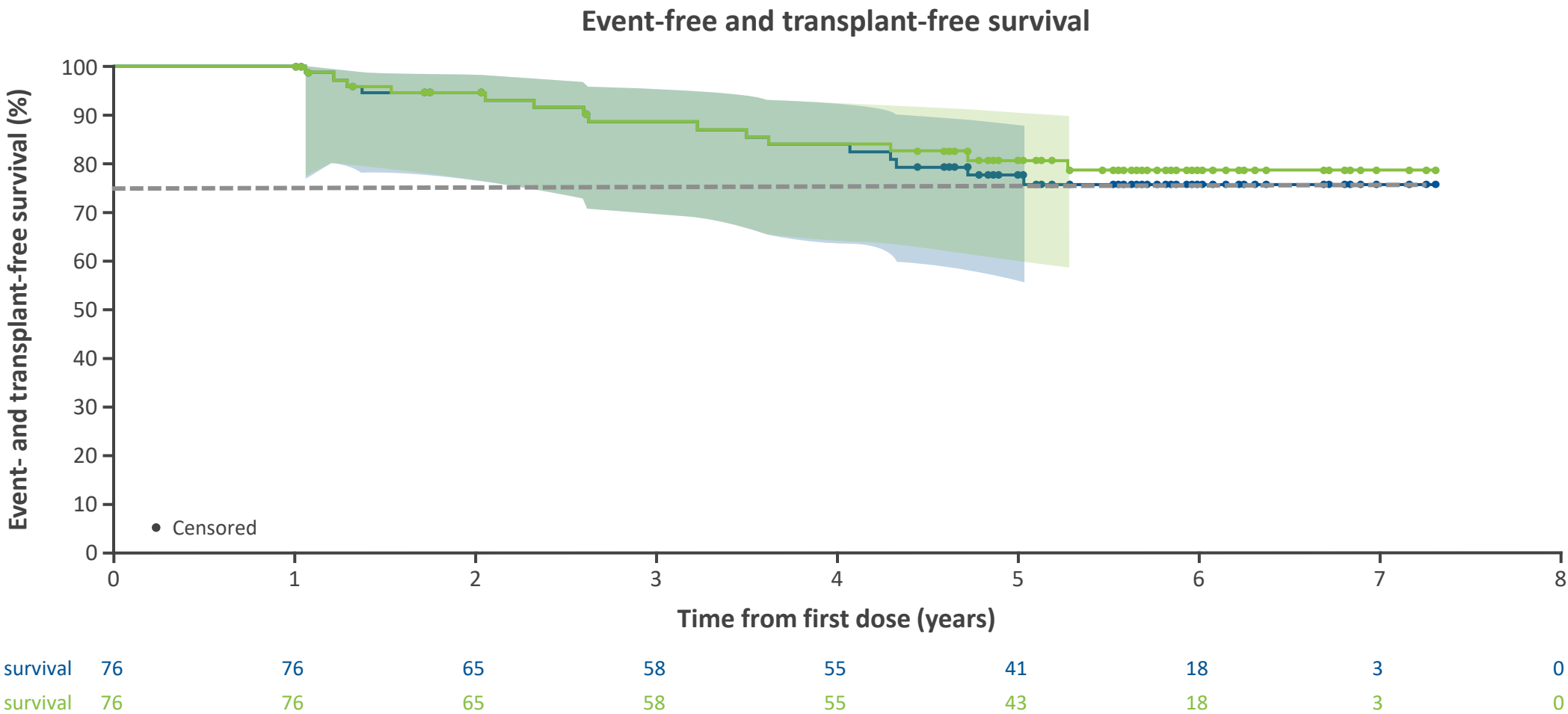


**Back-up**

# Patient flow through the study



# Most maralixibat-treated ALGS patients remained event-free and transplant-free after 6 years



**76% and 79% of maralixibat-treated patients with ALGS remained event-free and transplant-free, respectively, at 6 years after treatment initiation**

Data values under each panel indicate the number of patients at risk for an event at each time point. Dashed line indicates 75% survival threshold.