



# Maralixibat Improves Growth in Patients With Progressive Familial Intrahepatic Cholestasis: Data From the MARCH/MARCH-ON Trials

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## Introduction

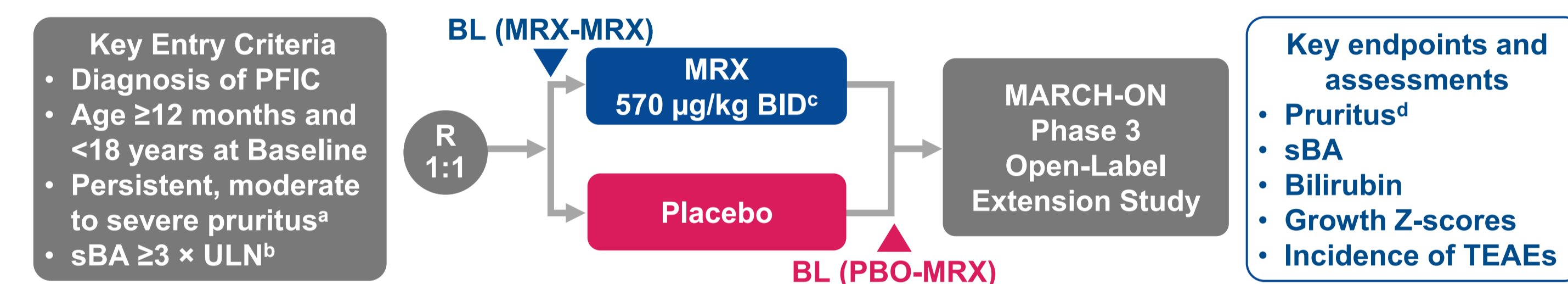
- Progressive familial intrahepatic cholestasis (PFIC) is a group of genetic disorders that result in disrupted bile composition and chronic cholestasis.<sup>1</sup>
  - Key clinical manifestations include debilitating pruritus, impaired growth, reduced quality of life, and progressive liver disease with an eventual need for liver transplantation.<sup>1</sup>
- Maralixibat (MRX) is a minimally absorbed ileal bile acid transporter inhibitor that prevents enterohepatic bile acid recirculation and is approved for the treatment of cholestatic pruritus in patients with Alagille syndrome ≥2 months of age in the EU.<sup>2</sup>
- In a phase 2 study of maralixibat in participants with PFIC (INDIGO), those with bile salt export pump (BSEP) deficiency who were sBA responders showed significant improvements in growth with >5 years of maralixibat treatment compared with non-responders.<sup>3,4</sup>
- MARCH was a phase 3, randomised, double-blind, placebo-controlled, 26-week trial investigating the efficacy and safety of maralixibat in participants with PFIC across the broadest range of PFIC types studied to date and with a higher dose than with INDIGO.<sup>3,5-6</sup>
  - In MARCH, participants who received maralixibat achieved statistically significant improvements in pruritus, levels of sBAs, bilirubin, and growth.<sup>6</sup>
- Long-term maintenance of effect was observed for up to 2 years in MARCH-ON, an open-label extension study for participants who completed the MARCH study.<sup>7,8</sup>

## Objective

- To report on the long-term impact of maralixibat on improvements in growth across a variety of PFIC types from the MARCH/MARCH-ON trials.

## Methods

Figure 1. MARCH Phase 3 Study Design



<sup>1</sup>Itch-Reported Outcome (Observer) (ItchRO[Obs]) score ≥1.5. <sup>2</sup>Criteria for primary BSEP cohort only. <sup>3</sup>Maralixibat 570 µg/kg is equivalent to 600 µg/kg maralixibat chloride. <sup>4</sup>ItchRO[Obs] is a 0-4 scale, where 0 = no itch, 1 = mild, 2 = moderate, 3 = severe, and 4 = very severe. <sup>5</sup>A ≥1-point reduction in ItchRO[Obs] is considered clinically meaningful.

Figure 2. MARCH Study Populations

Full-study population (N=93)	All-PFIC cohort (n=64)	BSEP cohort: nt-BSEP (n=31)
	Exploratory cohort (n=29)	FIC1 (n=13), MDR3 (n=9), TJP2 (n=7), and MYO5B (n=4); (n=33)
		Heterozygosis* (n=2), t-BSEP (n=9), variants not found (n=8), fluctuating sBA (n=2), and surgery (n=8)

\*One participant had a heterozygous ABCB11 variant, and another had a heterozygous ATP8B1 variant.

- Height and weight Z-scores based on a participant's sex and age at each scheduled trial visit were analysed.
- Data for MARCH and MARCH-ON are presented. For MARCH-ON, data were combined for participants who received maralixibat during MARCH and continued into MARCH-ON (MRX-MRX) and participants who received placebo (PBO) in MARCH and initiated maralixibat in MARCH-ON (PBO-MRX).
- Baseline was defined as last assessment before the start of maralixibat treatment for each group.

## Results

- Sixty participants from the All-PFIC cohort in MARCH-ON were analysed including PFIC types FIC1 (n=13), nt-BSEP (n=28), MDR3 (n=9), TJP2 (n=7), and MYO5B (n=3).
- Baseline characteristics (eg, age, sBA, pruritus, and liver biochemistries) were well-balanced between groups.
- Growth (mean [SE]) for the overall PFIC study population was stunted at Baseline (height Z-score -2.11 [0.17]; weight Z-score -1.50 [0.17]).

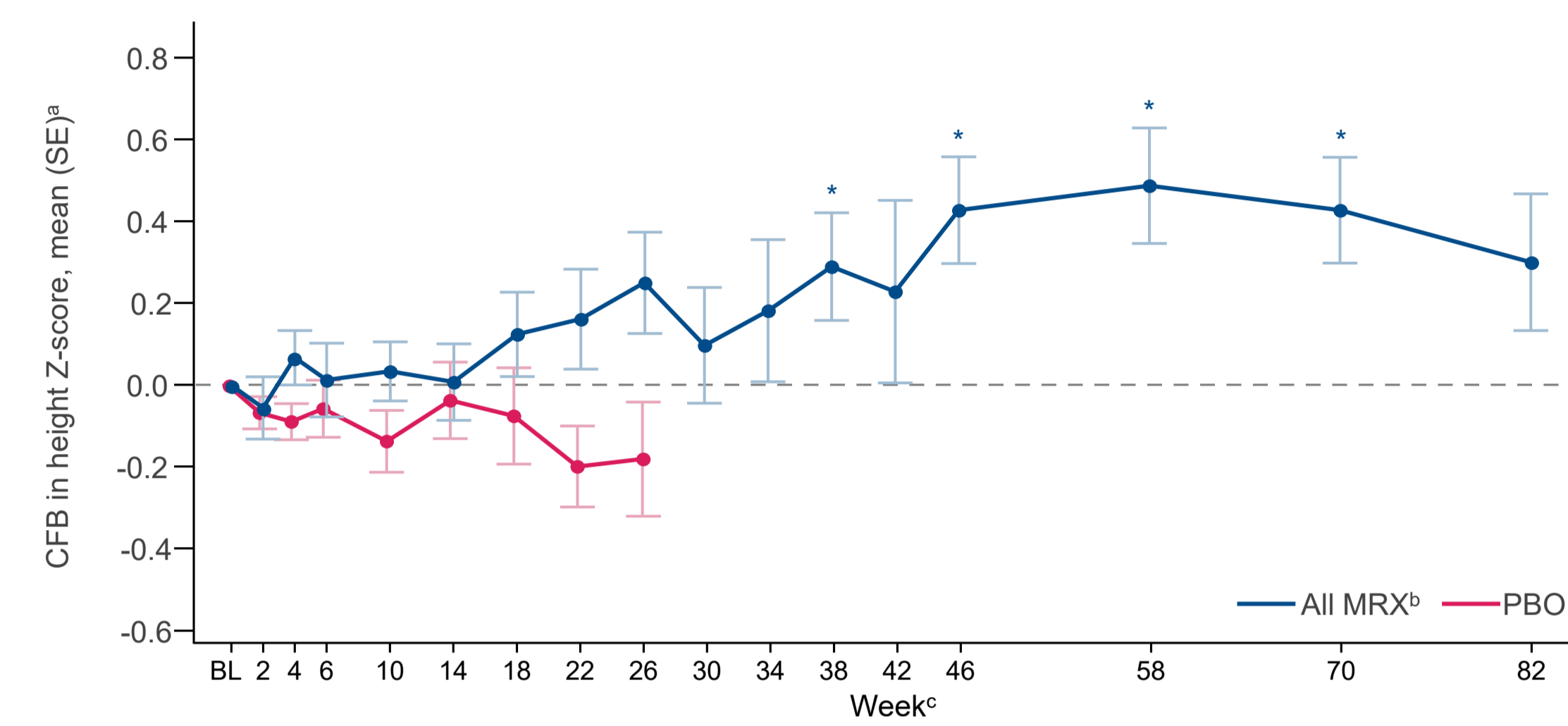
## Abbreviations

ABCB11, adenosine triphosphate binding cassette subfamily B member 11; ATP8B1, ATPase phospholipid transporting 8B1; BID, twice daily; BL, baseline; BSEP, bile salt export pump; CFB, change from Baseline; FIC1, familial intrahepatic cholestasis-associated protein 1; ItchRO[Obs], Itch-Reported Outcome (Observer); MDR3, multidrug resistance protein 3; MRX, maralixibat; MYO5B, myosin Vb; nt, nontruncated; PBO, placebo; PFIC, progressive familial intrahepatic cholestasis; R, randomised; sBA, serum bile acid; SE, standard error; t, truncated; TEAE, treatment-emergent adverse event; TJP2, tight junction protein 2; ULN, upper limit of normal.

## Results (cont'd)

### Significant Improvements in Height Z-Score Were Maintained for >2 Years of Continuous Treatment With Maralixibat

Figure 3. Mean Change in Height Z-Score Over Time in the BSEP Cohort

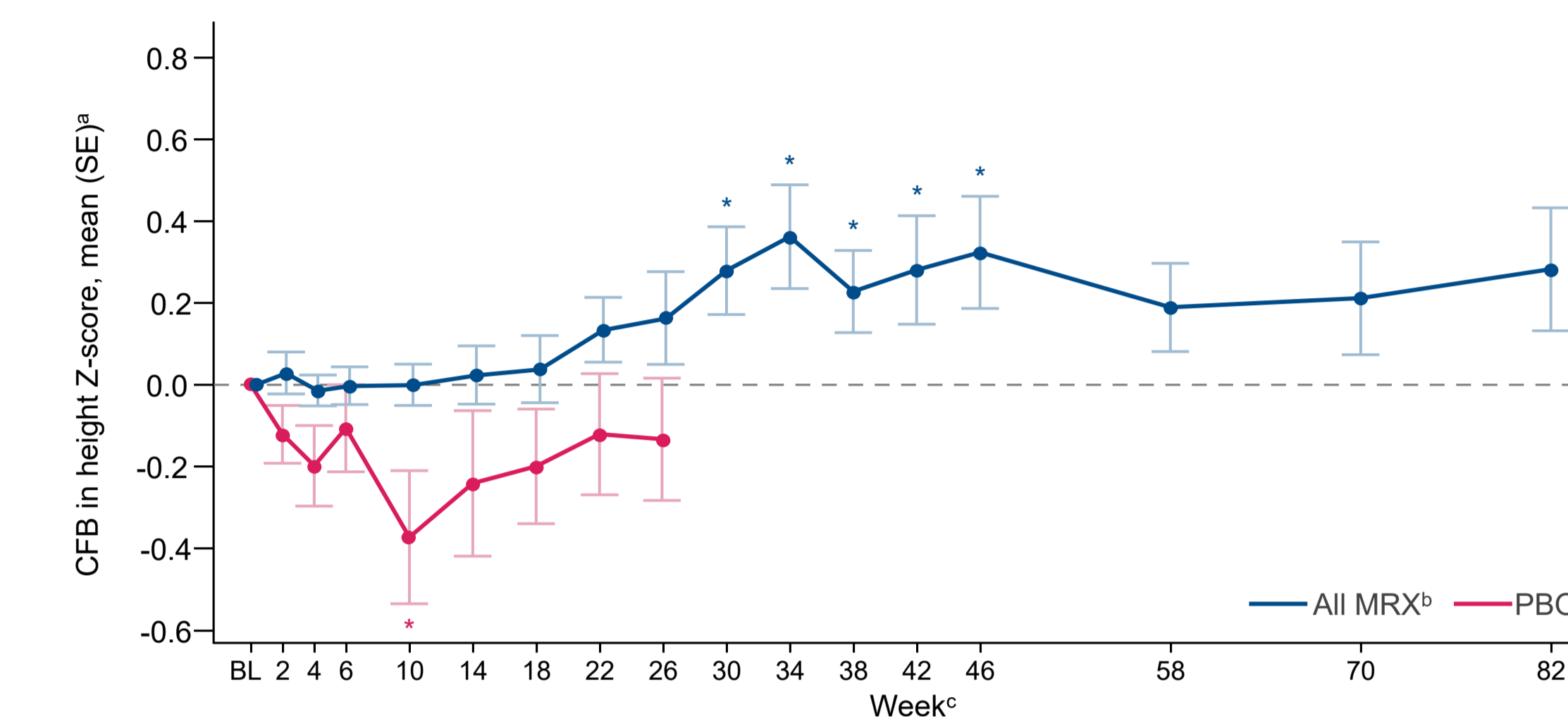


All MRX	28	26	23	26	25	26	27	13	10	24	10	13	24	17	15
PBO <sup>d</sup>	17	17	17	16	15	13	14	15							

\*Two-tailed P value for Student's t test: \* ≤0.05, \*\* ≤0.001. <sup>b</sup>Combines results from MRX-MRX and PBO-MRX treatment groups. Baseline for the MRX-MRX group is from MARCH and Baseline for the PBO-MRX group is from MARCH-ON, respectively. <sup>c</sup>Results up to Week 82 are shown. <sup>d</sup>Baseline is from MARCH.

- For participants who received maralixibat, improvements in height Z-score were observed at 26 weeks of therapy in BSEP (mean CFB [SE] +0.25 [0.12]; P=0.054), FIC1, MDR3, TJP2, MYO5B (+0.16 [0.11]; P=0.16), and All-PFIC (+0.21 [0.08]; P=0.017) participants, which continued through 82 weeks; there were no changes in height for participants who received placebo.
- In participants who received placebo in MARCH and received maralixibat in MARCH-ON for up to 1 year, comparable significant improvements were observed in height Z-score (+0.37 [0.13]; P=0.012).

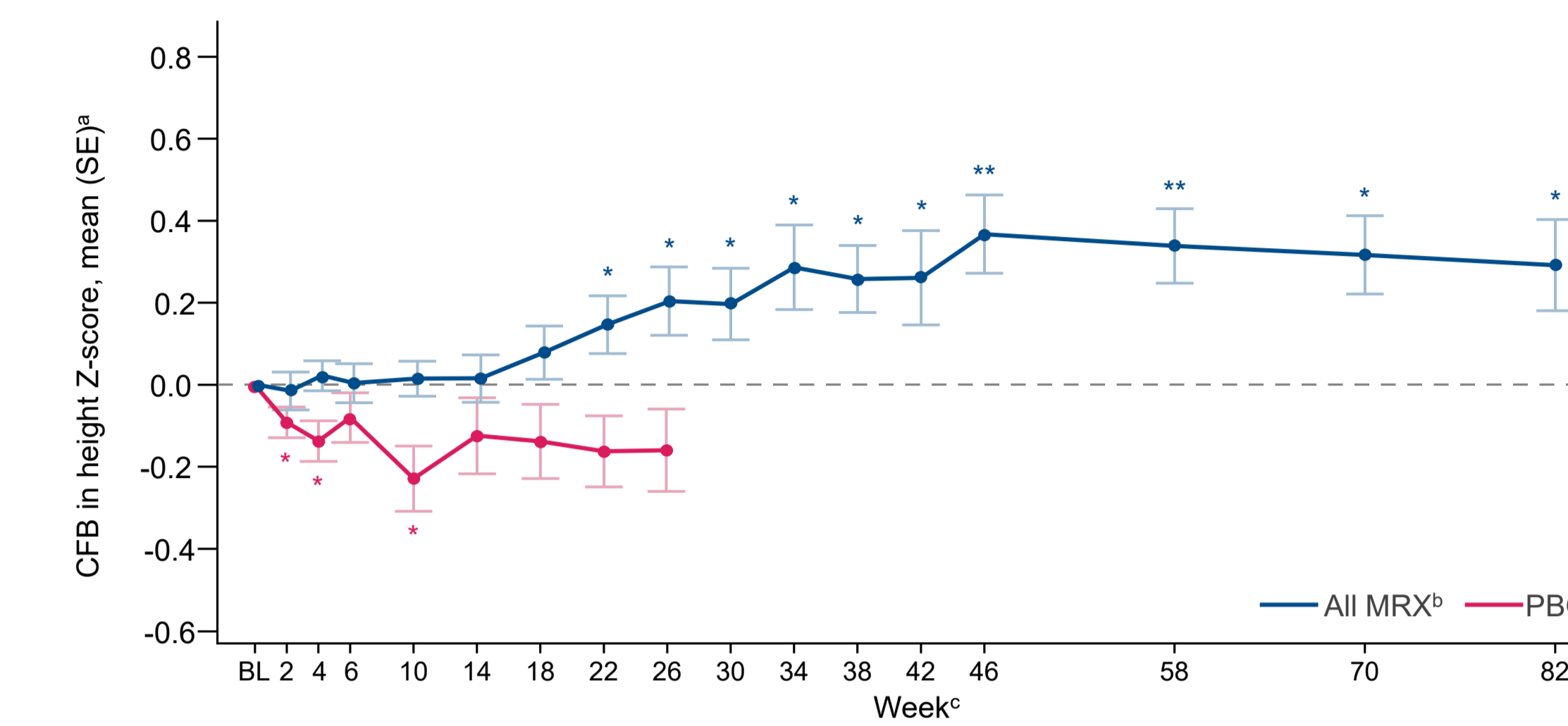
Figure 4. Mean Change in Height Z-Score Over Time in the FIC1, MDR3, TJP2, MYO5B Cohort



All MRX	32	25	28	31	30	28	28	30	30	16	14	25	17	18	24	18	14
PBO <sup>d</sup>	14	13	13	13	10	11	13	13	13								

\*Two-tailed P value for Student's t test: \* ≤0.05, \*\* ≤0.001. <sup>b</sup>Combines results from MRX-MRX and PBO-MRX treatment groups. Baseline for the MRX-MRX group is from MARCH and Baseline for the PBO-MRX group is from MARCH-ON, respectively. <sup>c</sup>Results up to Week 82 are shown. <sup>d</sup>Baseline is from MARCH.

Figure 5. Mean Change in Height Z-Score Over Time in the All-PFIC Cohort

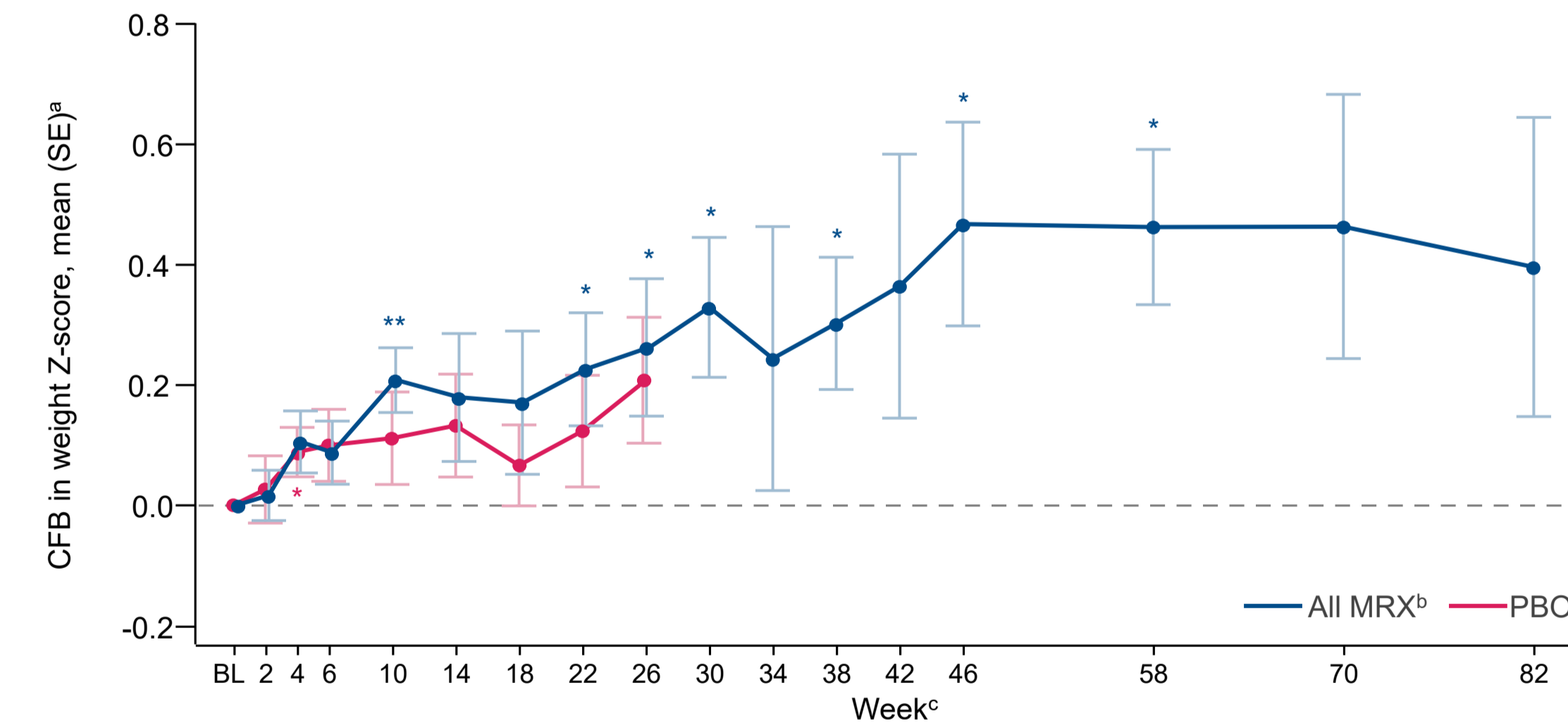


All MRX	60	51	57	55	54	53	56	57	29	24	49	27	31	48	35	29
PBO <sup>d</sup>	31	30	30	29	26	26	27	28								

\*Two-tailed P value for Student's t test: \* ≤0.05, \*\* ≤0.001. <sup>b</sup>Combines results from MRX-MRX and PBO-MRX treatment groups. Baseline for the MRX-MRX group is from MARCH and Baseline for the PBO-MRX group is from MARCH-ON, respectively. <sup>c</sup>Results up to Week 82 are shown. <sup>d</sup>Baseline is from MARCH.

### Significant Improvements in Weight Z-Score Were Maintained for >2 Years of Continuous Treatment With Maralixibat

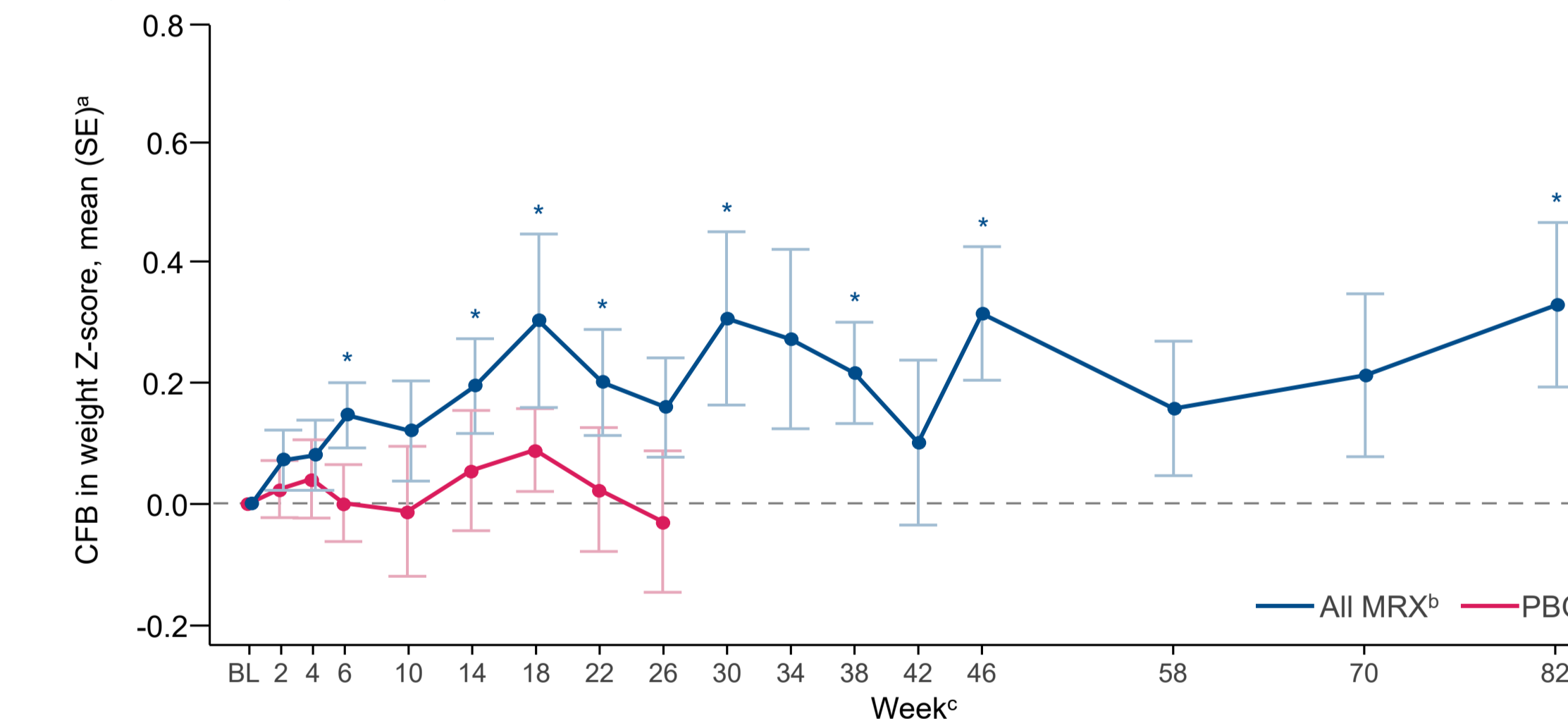
Figure 6. Mean Change in Weight Z-Score Over Time in the BSEP Cohort



All MRX	28	26	23	26	25	26	27	13	10	24	10	13	24	17	15
PBO <sup>d</sup>	17	17	17	16	15	13	14	15							

\*Two-tailed P value for Student's t test: \* ≤0.05, \*\* ≤0.001. <sup>b</sup>Combines results from MRX-MRX and PBO-MRX treatment groups. Baseline for the MRX-MRX group is from MARCH and Baseline for the PBO-MRX group is from MARCH-ON, respectively. <sup>c</sup>Results up to Week 82 are shown. <sup>d</sup>Baseline is from MARCH.

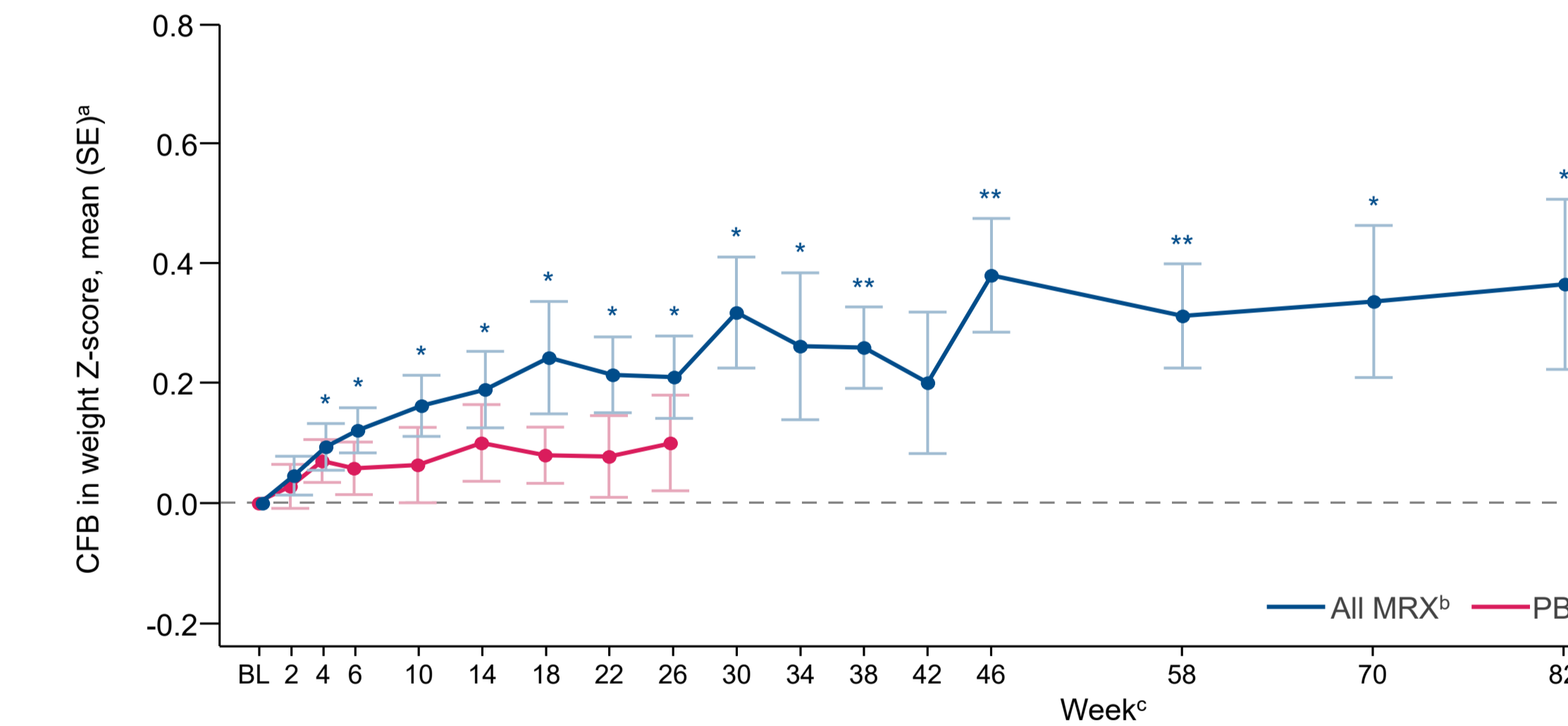
Figure 7. Mean Change in Weight Z-Score Over Time in the FIC1, MDR3, TJP2, MYO5B Cohort



All MRX	32	25	28	31	30	28	28	30	30	16	14	26	17	18	24	18	14
PBO <sup>d</sup>	14	14	13	13	11	12	13	13	13								

\*Two-tailed P value for Student's t test: \* ≤0.05, \*\* ≤0.001. <sup>b</sup>Combines results from MRX-MRX and PBO-MRX treatment groups. Baseline for the MRX-MRX group is from MARCH and Baseline for the PBO-MRX group is from MARCH-ON, respectively. <sup>c</sup>Results up to Week 82 are shown. <sup>d</sup>Baseline is from MARCH.

Figure 8. Mean Change in Weight Z-Score Over Time in the All-PFIC Cohort



All MRX	60	51	57	55	57	54	57	57	29	24	50	27	31	48	35	29
PBO <sup>d</sup>	31	31	30	29	27	27	26	27	28							

\*Two-tailed P value for Student's t test: \* ≤0.05, \*\* ≤0.001. <sup>b</sup>Combines results from MRX-MRX and PBO-MRX treatment groups. Baseline for the MRX-MRX group is from MARCH and Baseline for the PBO-MRX group is from MARCH-ON, respectively. <sup>c</sup>Results up to Week 82 are shown. <sup>d</sup>Baseline is from MARCH.

- For participants who received maralixibat, the improvements in weight Z-scores that have been previously reported at 26 weeks for BSEP (+0.26 [0.11]; P=0.03), FIC1, MDR3, TJP2, MYO5B (+0.16 [0.08]; P=0.06), and All-PFIC (+0.21 [0.07]; P=0.0038) continued to 82 weeks for the participants.
- In participants who received placebo in MARCH and received maralixibat in MARCH-ON for up to 1 year, comparable significant improvements were observed in weight Z-score (+0.32 [0.13]; P=0.03).

## Conclusions

- Participants treated with maralixibat had statistically significant increase in height Z-scores following 26 weeks of therapy with improvements observed out to 82 weeks.
- Previous reported increase in weight Z-scores following 26 weeks of treatment with maralixibat persisted through 82 weeks.
- Improvements in growth were seen across all types of PFIC.
- These consistent trends in growth for participants who received maralixibat indicate a potential disease-modifying effect of maralixibat treatment in PFIC.

## Disclosures

RPG-P has received a research grant from Mirum Pharmaceuticals, Inc., and is an advisor, teacher, and educator for Mirum Pharmaceuticals, Inc., and Albireo. AGM is a consultant and has a sponsored research agreement with Mirum Pharmaceuticals, Inc. AAA is a consultant for Mirum Pharmaceuticals, Inc., Albireo, and Sarepta Therapeutics. DBM, TN, WG, and PV are employees of and shareholders in Mirum Pharmaceuticals, Inc. RJT is a consultant for Mirum Pharmaceuticals, Inc., Albireo, Generation Bio, Rectify Therapeutics, and Alnylam and is a shareholder in Generation Bio and Rectify Therapeutics.

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## References

- Kamath BM, et al. *Liver Int*. 2020;40:1812-1822.
- LIVMARL<sup>®</sup> (maralixibat) [summary of product characteristics]. Amsterdam, Netherlands; Mirum Pharmaceuticals International B.V. Jan 2024.
- Loomes KM, et al. *Hepatol Commun*. 2022;6(9):2379-2390.
- ClinicalTrials.gov identifier: NCT02057718. Updated October 23, 2023. Accessed April 5, 2024. <https://clinicaltrials.gov/ct2/show/NCT02057718>.
- ClinicalTrials.gov identifier: NCT03905330. Updated December 11, 2023. Accessed March 18, 2024. <https://clinicaltrials.gov/ct2/show/NCT03905330>.
- Thompson RJ, et al. Presented at AASLD 2022.
- ClinicalTrials.gov identifier: NCT04185363. Updated October 5, 2023. Accessed March 13, 2024. <https://www.clinicaltrials.gov/study/NCT04185363>.
- Miethke AG, et al. Presented at AASLD 2023.
- Kamath BM, et al. *Hepatol Commun*. 2020;4:1012-1018.