Clinical Benefits of Maralixibat for Patients With Alagille Syndrome Are Durable Through 7 Years of Treatment: Data From the MERGE Study



Emmanuel Gonzalès¹, Binita M. Kamath²⁻⁴, Deirdre A. Kelly⁵, Karen F. Murray^{6,7}, Daniel H. Leung⁸, Douglas B. Mogul⁹, Will Garner⁹, Pamela Vig⁹, Emmanuel Jacquemin¹

¹Service d'Hépatologie et de Transplantation Hépatique Pédiatriques, Centre de Référence de l'Atrésie des Voies Biliaires et des Cholestases Génétiques (AVB-CG), FSMR FILFOIE, ERN RARE LIVER, Hôpital Bicêtre, AP-HP, Faculté de Médecine Paris-Saclay, Le Kremlin-Bicêtre, and Inserm U1193, Hépatinov, Université Paris-Saclay, Orsay, France; ²Division of Gastroenterology, Hepatology and Nutrition, The Children's Hospital of Philadelphia, Pennsylvania, USA; ³University of Pennsylvania Perelman School of Medicine, Philadelphia, Pennsylvania, USA; ⁴The Hospital for Sick Children, Toronto, Ontario, Canada; ⁵Liver Unit, Birmingham Women's & Children's Hospital NHS Trust and University of Birmingham, United Kingdom; ⁶Cleveland Clinic Children's, Cleveland, Ohio, USA; ⁷Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Cleveland, Ohio, USA; ⁸Texas Children's Hospital, Houston, TX, United States; ⁹Mirum Pharmaceuticals, Inc., Foster City, California, USA

Introduction

- Alagille syndrome (ALGS) is a rare, debilitating, autosomal dominant disorder that presents with a broad range of clinical manifestations.¹
- The key clinical manifestations include cholestasis, pruritus, failure to thrive, xanthomas, and progressive liver disease, all of which can lead to liver transplant or death.
- Maralixibat 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 ALGS ≥2 months of age in the EU.²
- Improvements in pruritus, sBA, and height were observed in prior clinical trials of maralixibat in participants with ALGS.^{3,4}
 - In ICONIC (up to 380 µg/kg/twice daily), responses were durable for up to ~4 years.³
 - In IMAGO (280 μg/kg/daily) and its extension study IMAGINE and in ITCH (280 μg/kg/daily) and its extension study IMAGINE-II, responses were durable for up to $^{1.5}$ years.
- Participants from ICONIC, IMAGINE, and IMAGINE-II were invited to enrol in the MERGE study for additional follow-up to assess the long-term durability of response to maralixibat.⁶

Objective

• To report on the efficacy of maralixibat in reducing cholestasis in participants with ALGS with additional long-term follow-up from MERGE, including some participants who received treatment for 7 years.

Methods

- All participants from ICONIC, IMAGINE, and IMAGINE-II were included in the analysis; details of the study designs have been presented previously.
- Impact of maralixibat was assessed for pruritus, sBA, height and weight Z-scores, ALT, AST, and total and direct bilirubin.^a
 - Pruritus was measured using the Itch-Reported Outcome (Observer) (ItchRO[Obs]) scale, which is a 0 to 4 scale where 0 = no itch, 1 = mild, 2 = moderate, 3 = severe, and 4 = very severe.⁷ A ≥1-point reduction in ItchRO(Obs) is considered clinically meaningful.
- Change from Baseline (CFB) was assessed by comparing median (Q1, Q3) values from enrolment in the initial trial (ie, ICONIC, IMAGO, or ITCH) with data from the visit in MERGE that best aligned with an annual visit.

^aALT and bilirubin were measured in serum.

Results

- Of the 86 participants for whom data were analysed, 85 had a genetic diagnosis of ALGS (*JAG1*, n=83; *NOTCH2*, n=2) and 1 participant had an unidentified variant.
- The median age of the cohort was 5 years, 57% were male.
- Sixty-eight (79.1%) participants were taking ursodeoxycholic acid (UDCA) and sixty-five (76%) were taking rifampicin at Baseline.
- Of 83 participants on either UDCA or rifampicin at Baseline,
 94% (n=78) continued to take either one of them at any time during the study period.
- Of 22 participants on either UDCA or rifampicin at Year 7, 96% (n=21) continued to take either one of the two medications at any time during the study period.

Improvements in Clinical Outcomes Persist for up to 7 Years of Maralixibat Treatment

Table 1. Change From Baseline in Clinical Outcomes of Interest After Initiation of Maralixibat

Parameter ^a	Baseline (N=86)	Year 1 (n=76)	Year 2 (n=49)	Year 3 (n=45)	Year 4 (n=42)	Year 5 (n=40)	Year 6 (n=34)	Year 7 (n=23)
ItchRO(Obs)	2.7 (2.1, 3.1)	-1.6 (-2.1, -0.8)	-1.0 (-1.9, -0.3)	-1.0 (-2.0, -0.3)	-1.1 (-2.0, -0.5)	-2.0 (-2.9, -1.3)	-1.3 (-1.9, -0.6)	-2.1 (-2.6, -1.6)
		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	0.004
sBA, μmol/L	194 (83, 363)	-53 (-146, 8)	-62 (-137, 2)	-60 (-134, 0)	-61 (-152, -34)	-77 (-182, -21)	-113 (-235, -24)	-121 (-231, -41)
		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Height Z-score ^b	-1.6 (-2.3, -0.9)	0.1 (-0.1, 0.3)	0.2 (0.0, 0.5)	0.4 (0.0, 0.6)	0.3 (0.0, 0.8)	0.4 (-0.1, 0.9)	0.5 (0.0, 1.1)	0.8 (0.0, 1.2)
		<0.001	<0.001	<0.001	<0.001	0.002	<0.001	0.002
Weight Z-score ^b	-1.4 (-2.2, -0.7)	0.1 (-0.2, 0.4)	0.2 (-0.4, 0.5)	0.1 (-0.2, 0.5)	0.3 (-0.3, 0.5)	0.2 (-0.4, 1.2)	0.4 (-0.4, 1.3)	0.1 (-0.5, 0.9)
		0.26	0.17	0.08	0.15	0.11	0.10	0.51

^aAll data are median (Q1, Q3); *P* value. *P* value is from a signed-rank test that used a within-group comparison to assess whether the CFB is significantly different from 0 (no change). ^bHeight and weight Z-scores are based on a participant's sex and age at the Baseline visit. The World Health Organization growth charts were used to derive Z-scores for participants younger than 24 months, and the US Centers for Disease Control and Prevention growth charts were used to derive Z-scores for participants aged 24 months or older.

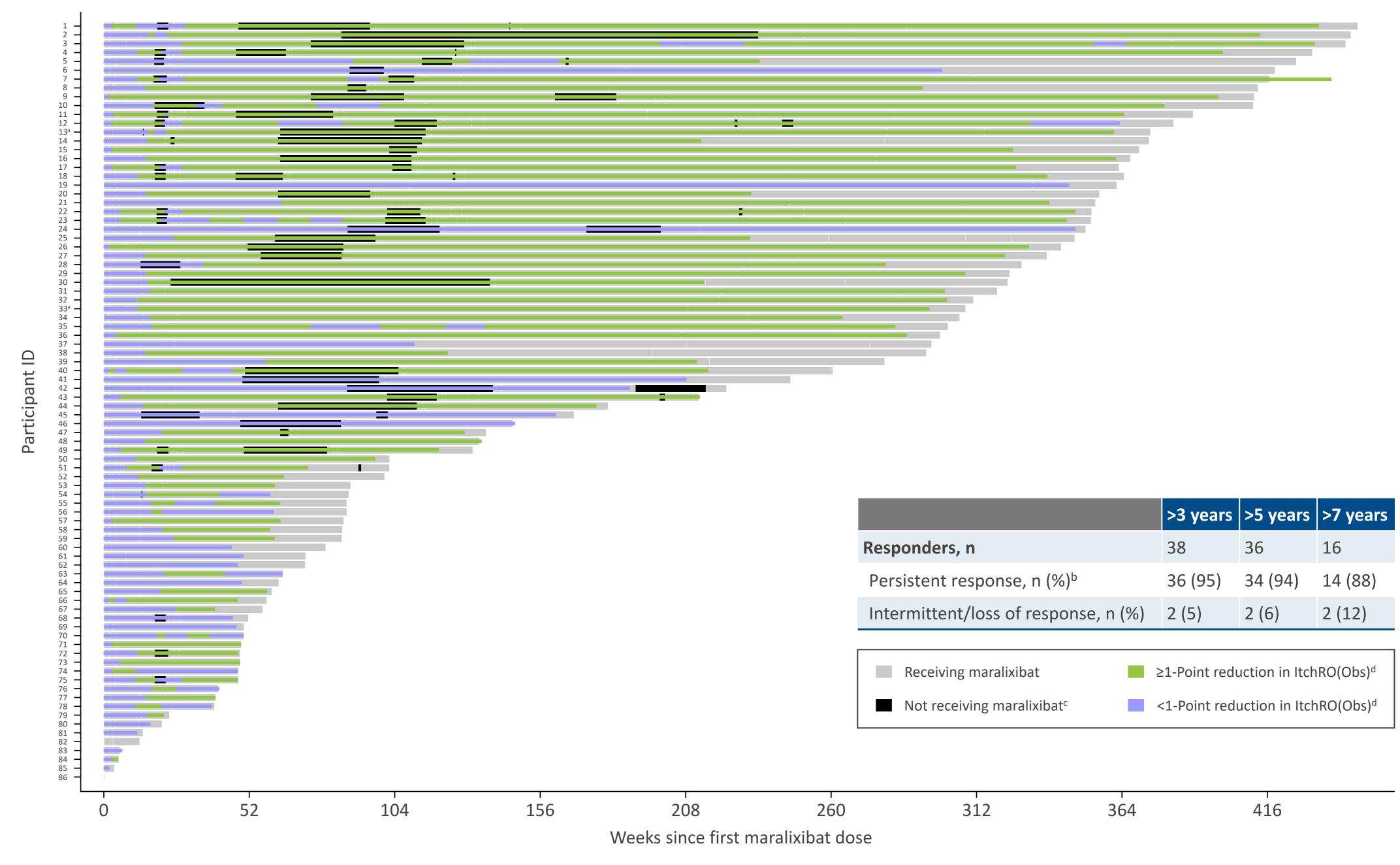
Table 2. Liver Function Tests at Baseline and Over 7 Years

Parameter ^a	Baseline (N=86)	Year 1 (n=76)	Year 2 (n=49)	Year 3 (n=45)	Year 4 (n=42)	Year 5 (n=40)	Year 6 (n=34)	Year 7 (n=23)
Total bilirubin, μmol/L	49.6 (17.1, 138.5)	37.6 (15.4, 140.2)	22.2 (15.4, 71.8)	27.4 (15.4, 80.4)	23.9 (15.4, 71.8)	23.9 (13.7, 70.1)	22.2 (15.4, 82.1)	22.2 (15.4, 92.3)
Direct bilirubin, μmol/L	42.8 (12.0, 128.3)	18.8 (8.6, 78.7)	17.1 (8.6, 58.1)	17.1 (10.3, 53.0)	15.4 (8.6, 47.9)	12.0 (8.6, 35.9)	13.7 (10.3, 59.9)	10.3 (6.8, 70.1)
ALT, U/L	140 (95, 196)	180 (125, 228)	165 (130, 254)	189 (126, 249)	173 (109, 271)	180 (122, 310)	168 (108, 342)	176 (123, 270)
AST, U/L	133 (89, 187)	155 (110, 216)	162 (114, 210)	140 (97, 227)	133 (107, 260)	170 (102, 229)	135 (95, 220)	130 (105, 245)

^aAll data are median (Q1, Q3) and are observed values

Pruritus Response Persists for up to 7 Years of Maralixibat Treatment

Figure 1. Maralixibat Exposure and ItchRO(Obs) Response by Participant



^aParticipants with *NOTCH2* variant. ^bResponse was evaluated among individuals who had an initial response and was considered durable if >85% of measurements showed a reduction of ≥1 point in ItchRO(Obs). ^cGaps in maralixibat exposure are due to treatment interruption or participants receiving placebo during Weeks 18 to 22 in ICONIC. ^dReduction in ItchRO(Obs) relative to Baseline (first dose of maralixibat).

Conclusions

- Of those participants who remained on maralixibat therapy out to 7 years, nearly all experienced benefits in key clinical outcomes, including reductions in pruritus and sBA, as well as improvements in growth.
- Significant (P<0.05) reductions in total and direct bilirubin were observed in some individuals following long-term therapy.
- No meaningful changes in ALT or AST were observed.
- Maralixibat had a sustained treatment response in improving pruritus and quality of life.

Abbreviations

ALGS, Alagille syndrome; ALT, alanine aminotransferase; AST, aspartate aminotransferase; CFB, change from Baseline; ItchRO(Obs), Itch-Reported Outcome (Observer); *JAG1*, jagged canonical Notch ligand 1; *NOTCH2*, Notch receptor 2; sBA, serum bile acid; UDCA, ursodeoxycholic acid.

Disclosures

EG reports consulting fees from CTRS, Vivet, Mirum Pharmaceuticals, Inc., and Albireo and fees for participation on a data safety monitoring board or advisory board from Mirum Pharmaceuticals, Inc., and Albireo. BMK reports grants or contracts from Mirum Pharmaceuticals, Inc. and Albireo and consulting fees from Mirum Pharmaceuticals, Inc., Albireo, and Audentes. DK reports grants from Albireo, AbbVie, Gilead Sciences, Mirum Pharmaceuticals, Inc., and Intercept (for clinical trials); consulting fees from Albireo, Alnylam, Mirum Pharmaceuticals, Inc., Intercept, Takeda, Freeline, GSK, Orphalan, and AstraZeneca; and honoraria from Mirum Pharmaceuticals, Inc., and Albireo. KFM reports consulting fees from Albireo and Gilead and board membership for ICN. DL reports grants/research support from Gilead, Mirum Pharmaceuticals, Inc., and CF Foundation and is a medical advisory board member for AstraZeneca. DBM, WG, and PV are employees of and shareholders in Mirum Pharmaceuticals, Inc. EJ reports consulting fees from Laboratoire CTRS and Vivet Therapeutics. Previously presented at European Association for the Study of the Liver (EASL) Congress; June 5-8, 2024; Milan, Italy, the North American Society for Pediatric Gastroenterology, Henatology and Nutrition

Previously presented at European Association for the Study of the Liver (EASL) Congress; June 5-8, 2024; Milan, Italy, the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition Annual Meeting (NASPGHAN); November 6-9, 2024; Hollywood, Florida, USA, the Belgian Society of Paediatric Gastroenterology, Hepatology and Nutrition (BeSPGHAN); February 12-14, 2025; Liege, Belgium, the Joint 2025 Canadian Digestive Diseases Week™ and Canadian Liver Meeting Conference (CDDW™-CLM); February 28-March 2, 2025; Quebec, Canada, the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) Annual Meeting; March 19-21, 2025; Newcastle, UK, the 57th Annual Meeting of the Associazione Italiana Studio del Fegato (AISF); March 27-28, 2025; Rome, Italy, the 46th Groupe Francophone d'Hépatologie-Gastroentérologie et Nutrition Pédiatriques (GFHGNP) congress; March 27-29, 2025; Marseille, France, and the XXXVII Reunião Anual da Sociedade Portuguesa de Gastroenterologia, Hepatologia e Nutrição Pediátrica (SPGP); 3-4 April, 2025; Coimbra, Portgual.

Acknowledgments

The authors would like to thank the clinical trial participants, their families, and investigators for their participation in these studies. Maralixibat is owned by Mirum Pharmaceuticals, Inc. This analysis was funded by Mirum Pharmaceuticals, Inc. Medical writing and editorial support for the development of this poster was provided by Precision AQ in Bethesda, Maryland, USA, which was funded by Mirum Pharmaceuticals, Inc.

References

Saleh M, et al. Appl Clin Genet. 2016;9:75-82.
 LIVMARLI® (maralixibat) [summary of product characteristics]. Amsterdam, Netherlands; Mirum Pharmaceuticals International B.V.; Dec 2024.
 Gonzales E, et al. Lancet. 2021;398:1581-1592.
 Shneider BL, et al. Hepatol Commun. 2022;6:1922-1933.
 ClinicalTrials.gov identifier: NCT02057692. Updated March 26, 2019. Accessed March 3, 2025. https://www.clinicaltrials.gov/study/NCT02057692.
 ClinicalTrials.gov identifier: NCT04168385. Updated March 6, 2025. Accessed March 3, 2025. https://www.clinicaltrials.gov/study/NCT04168385.
 Kamath BM, et al. Hepatol Commun. 2020;4:1012-1018.