

# Efficacy and Safety of Volixibat, an IBAT Inhibitor, in Patients With Primary Sclerosing Cholangitis and Moderate-to-Severe Pruritus: Results of the VISTAS Trial

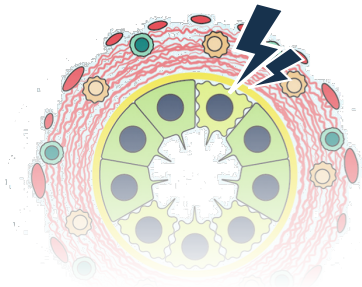
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# Primary Sclerosing Cholangitis (PSC)<sup>1-7</sup>

## Progressive Biliary Injury Drives Cholestasis and Liver Damage



Progressive biliary strictures

↓  
Impaired bile flow, bile acid accumulation

↓  
Scarring and destruction of bile ducts

↓  
**Biliary fibrosis and cirrhosis**

## Serious and Compounding Disease Consequences

### Pruritus and Fatigue

Heavy symptom burden

### Elevated Laboratory Tests

ALP, Bilirubin, ALT, AST

### Cholangitis

Recurrent, unpredictable

### Frequent Association with IBD

~70% have concomitant IBD

### Increased Cancer Risk

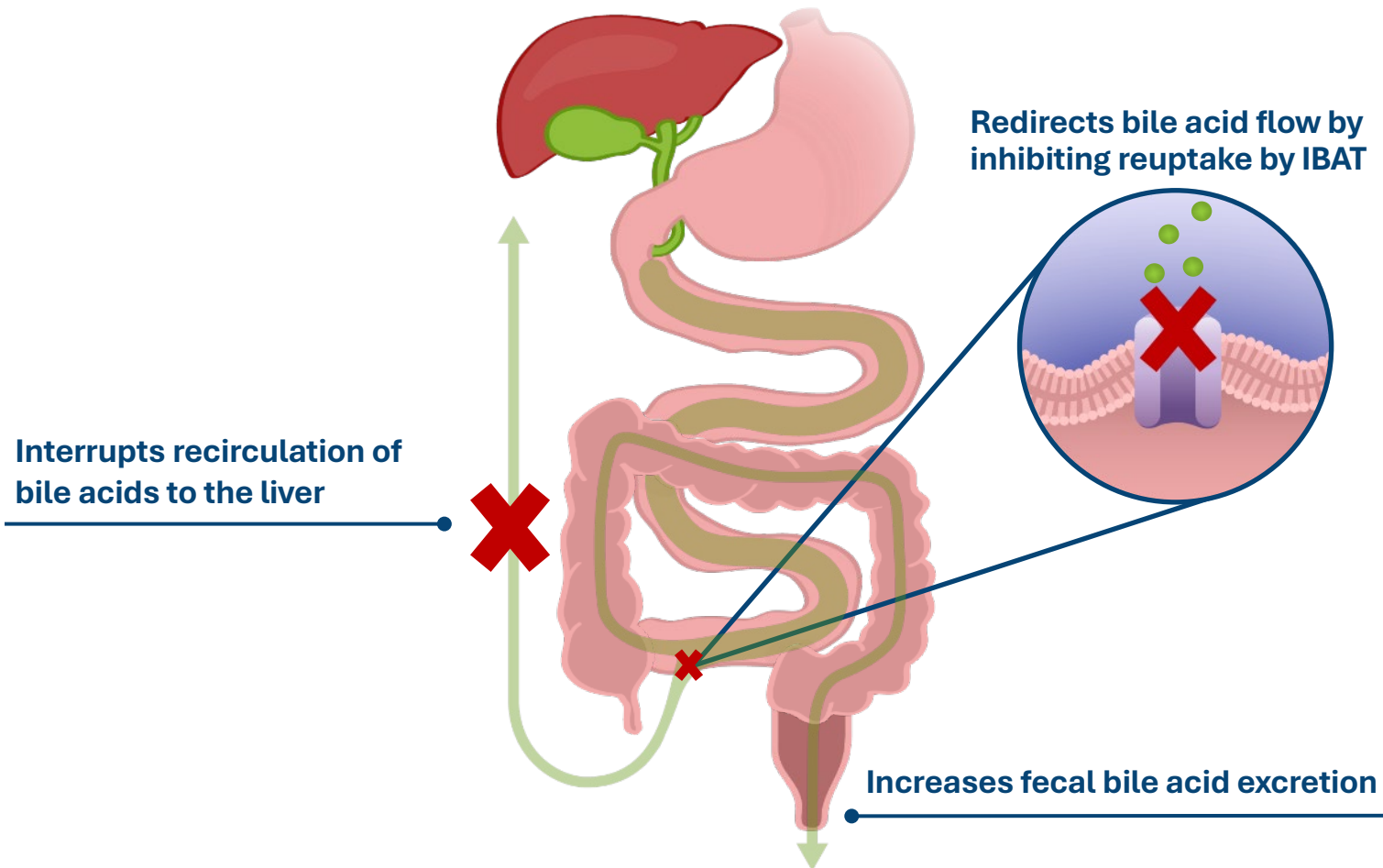
Cholangiocarcinoma, colorectal, gallbladder

## Significant Unmet Need

**No Approved Therapies for Disease and Symptoms**

**Emerging evidence supports a potential role for IBAT inhibitors in patients with PSC**

# IBAT Inhibitors May Reduce Clinical Effects of Chronic Cholestasis



## Clinical effects of IBAT inhibitors seen in cholestatic diseases<sup>1-3</sup>

### IBATi clinical studies show:

- ✓ Impact on bile acid pharmacodynamic markers: cholesterol, 7 $\alpha$ C4, FGF-19
- ✓ Reduction in sBA levels
- ✓ Reductions in pruritus

**Volixibat is a minimally absorbed IBAT inhibitor that interrupts the enterohepatic recirculation of bile acids, reducing sBA levels and potentially improving cholestasis, pruritus and other clinical outcomes in PSC<sup>1</sup>**

7 $\alpha$ C4, 7-alpha-hydroxy-4-cholesten-3-one; FGF-19, fibroblast growth factor 19; IBAT, ileal bile acid transporter; IBATi, ileal bile acid transporter inhibitor; PSC, primary sclerosing cholangitis; sBA, serum bile acid.

1. Key C, et al. Presented at: AASLD 2020. 2. Gonzales E, et al. *Lancet*. 2021;398:1581-1592. 3. Loomes MK, et al. *Hepatol Commun*. 2022;6:2379-2390. Figure reprinted from *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.

# VISTAS: Largest Global Clinical Trial With IBAT Inhibitors in PSC With 103 Study Sites

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# VISTAS Study Design: Primary Cohort

- Key Entry Criteria**
- Confirmed diagnosis of PSC per AASLD guidelines
  - Aged ≥12 years at Baseline
  - Moderate to severe pruritus
  - Concomitant IBD allowed with stable treatment



Primary Endpoint	Select Secondary Endpoints <sup>b</sup>	
<ul style="list-style-type: none"> <li>• Change in pruritus by Adult ItchRO score from Baseline to the last 12 weeks of the double-blind period</li> </ul>	<ul style="list-style-type: none"> <li>• Other pruritus measures</li> </ul>	<ul style="list-style-type: none"> <li>• Change in sBA</li> </ul>
	<ul style="list-style-type: none"> <li>• Pruritus in secondary cohort*</li> </ul>	<ul style="list-style-type: none"> <li>• Change in ALP and total bilirubin</li> </ul>
	<ul style="list-style-type: none"> <li>• HRQoL measures</li> </ul>	<ul style="list-style-type: none"> <li>• Incidence of AEs</li> </ul>

\*Participants were randomized to the secondary cohort (n=47) if they had mild pruritus at Baseline

**The efficacy data being presented are from the primary cohort<sup>c</sup> and the safety data (N=158) are from all participants (primary and secondary cohorts) enrolled in VISTAS**

AASLD, American Association for the Study of Liver Diseases; AE, adverse event; BID, twice daily; ItchRO, Itch-Reported Outcome; PSC, primary sclerosing cholangitis; R, randomisation; sBA, serum bile acid; VLX, volixibat.

<sup>a</sup>Adult ItchRO is an 11-point (0-10) scale, where 0 = no itch and 10 = worst possible itch. <sup>b</sup>Assessed from Baseline to Week 28. <sup>c</sup>Except where otherwise noted.

ClinicalTrials.gov identifier: NCT04663308. Updated February 4, 2026. Accessed May 4, 2026. <https://clinicaltrials.gov/ct2/show/NCT04663308>.

# Adult Itch-Reported Outcome (ItchRO) Scale: Description

- The Adult ItchRO is a single-item daily diary that assesses the severity of itching over the past 24 hours with use of a worst itch numeric rating scale (WI-NRS)
  - Originally developed, tested, and content validity confirmed in patients with PBC<sup>1</sup>
  - Scored by averaging the daily ratings over the 7 days preceding a study visit

**Adult ItchRO**

How would you rate the worst itch you experienced over the last 24 hours?

0 1 2 3 4 5 6 7 8 9 10

No Itch Worst Possible Itch

3:38 ?

# VISTAS Primary Cohort: Key Demographic Characteristics

Parameter <sup>a</sup>	VLX 20 mg BID (n=54)	Placebo BID (n=57)
Age at enrollment, years <sup>b</sup>	45.2 (15.7)	44.3 (14.2)
Time since PSC diagnosis in years	8.4 (7.2)	9.7 (8.3)
Male	29 (53.7)	22 (38.6)
<b>PSC Type</b>		
Large Duct	49 (90.7)	53 (93.0)
<b>IBD</b>	40 (74.1)	42 (73.7)
UC	29 (72.5)	29 (69.0)
CD/Other	11 (27.5)	13 (31.0)
<b>Partial Mayo IBD Score (Overall Score)<sup>c</sup></b>	n=29	n=29
0-2 Remission	25 (86.2)	29 (100)
3-5 Mild	4 (13.8)	0
<b>UDCA use at Baseline</b>	43 (79.6)	43 (75.4)

CD, Crohn's disease; IBD, inflammatory bowel disease; PSC, primary sclerosing cholangitis; UC, ulcerative colitis; VLX, volixibat.

<sup>a</sup>Continuous variables present mean (SD) and categorical variables present N (%). <sup>b</sup>VLX group included participant who was 17 years old and PBO group included participant who was 16 years old. <sup>c</sup>Partial Mayo IBD score only calculated for those with UC. No participant had moderate (6-7) or severe (8-9) activity based on the partial Mayo IBD score.

## VISTAS Primary Cohort: Additional Key Baseline Characteristics

Parameter <sup>a</sup>	VLX 20 mg BID (n=54)	Placebo BID (n=57)
ItchRO Score <sup>b</sup>	6.3 (1.6)	6.1 (1.5)
sBA, μmol/L	109.6 (137.5)	61.4 (83.2)
ALT, U/L	73 (46.8)	87 (58.5)
AST, U/L	61 (30.2)	72 (46.7)
Total Bilirubin, μmol/L	20.1 (13.9)	18.5 (14.2)
Direct Bilirubin, μmol/L	11.5 (10.7)	9.6 (10.0)
ALP, U/L	334 (189.6)	365 (232.2)

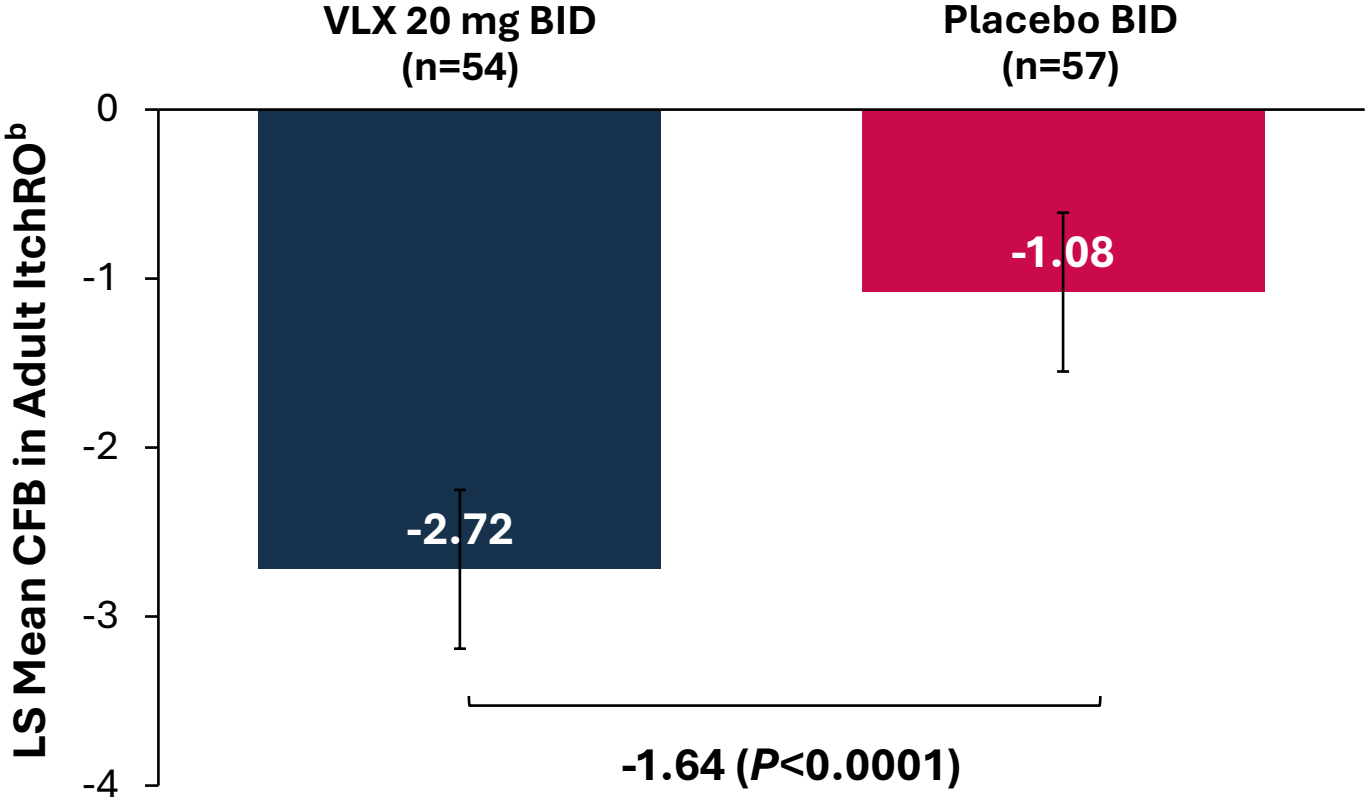
ALP, alkaline phosphatase; ALT, alanine aminotransferase; AST, aspartate aminotransferase; sBA, serum bile acid.

<sup>a</sup>Continuous variables present mean (SD) and categorical variables present N (%). <sup>b</sup>Adult ItchRO is an 11-point (0-10) scale, where 0 = no itch and 10 = worst possible itch

# VISTAS Primary Cohort Results: Participants Who Received Volixibat Showed Statistically Significant Reductions in Cholestatic Pruritus

Pruritus Score (Adult ItchRO) MMRM Analysis<sup>a</sup>

**Mean (SD) Adult ItchRO Scores at Baseline:**  
VLX 20 mg BID: 6.3 (1.6)  
Placebo BID: 6.1 (1.5)

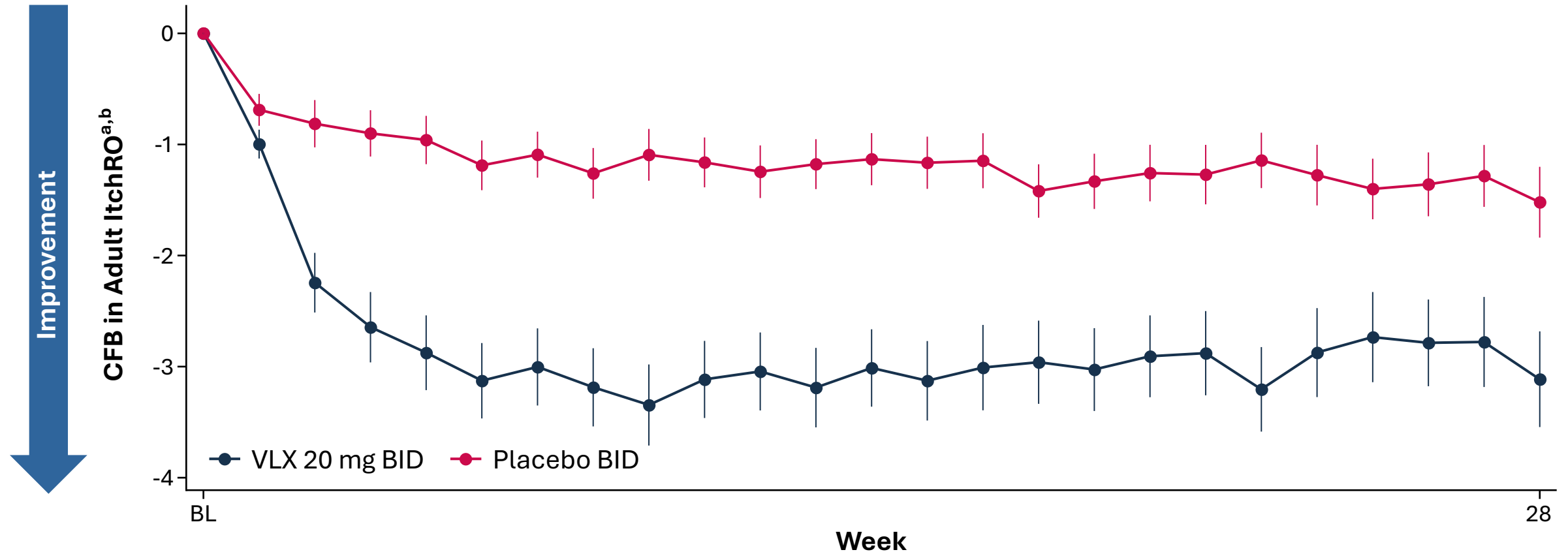


Clinically meaningful and statistically significant reductions in pruritus were observed with volixibat compared with placebo

BID, twice daily; CFB, change from Baseline; ItchRO, Itch-Reported Outcome; LS, least squares; MMRM, mixed-effects model for repeated measures; VLX, volixibat.  
<sup>a</sup>LS mean (95% CI) change from Baseline to the average of the last 12 weeks of treatment. LS means and P values were calculated using an MMRM model. Within-group P values are depicted as \*<0.05; \*\*<0.01; \*\*\*<0.0001. <sup>b</sup>Adult ItchRO is an 11-point (0-10) scale, where 0 = no itch and 10 = worst possible itch.

# VISTAS Primary Cohort Results: Participants Who Received Volixibat Showed Reductions in Cholestatic Pruritus Over Time

Average Pruritus Score (Adult ItchRO)

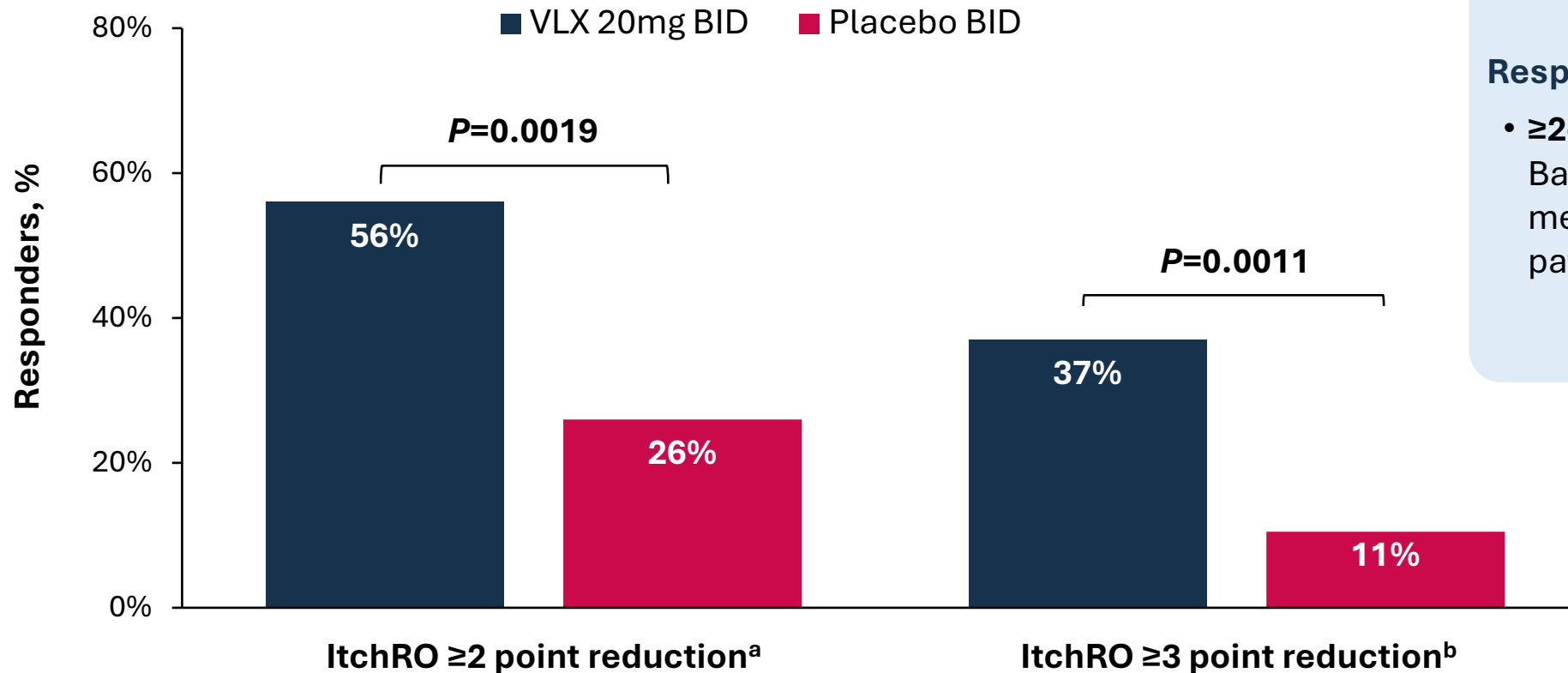


**Rapid and sustained reductions in pruritus were observed after treatment with volixibat as early as Week 2 and maintained over time**

BID, twice daily; CFB, change from Baseline; ItchRO, Itch-Reported Outcome; VLX, volixibat.  
<sup>a</sup>Data are mean (SE). <sup>b</sup>Adult ItchRO is an 11-point (0-10) scale, where 0 = no itch and 10 = worst possible itch.

# VISTAS Primary Cohort Results: Pruritus Responder Analysis Across Participants

## Proportion of Pruritus Responders



### Responder Thresholds:

- **≥2-point reduction** from Baseline defined as meaningful improvement for patients

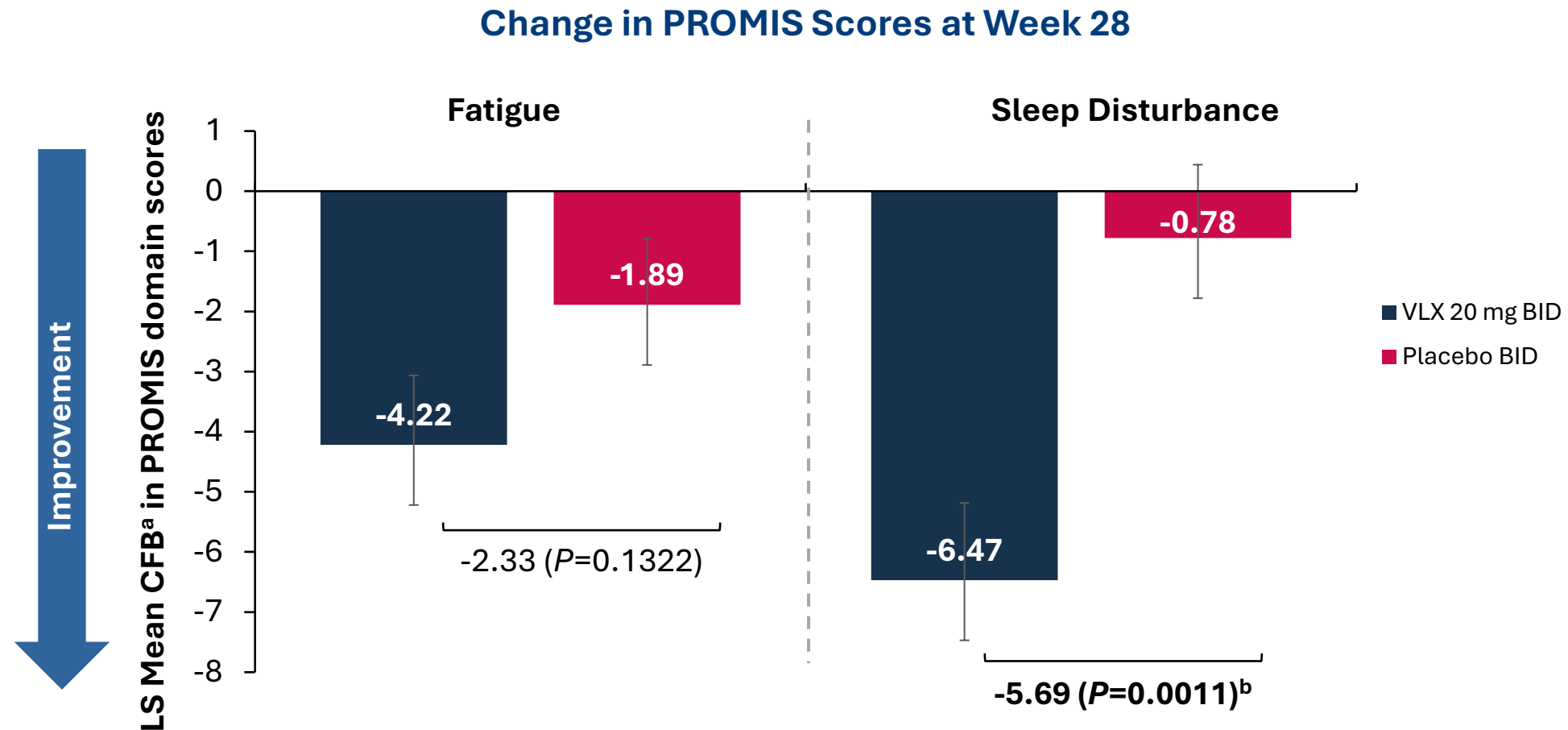
**Statistically significant reductions with volixibat versus placebo for all pruritus responder analyses**

BID, twice daily; ItchRO, Itch-Reported Outcome; VLX, volixibat

<sup>a</sup>ItchRO responder is defined as ≥2-point reduction in the adult ItchRO score from Baseline. <sup>b</sup>ItchRO responder is defined as ≥3-point reduction in the adult ItchRO score from Baseline.

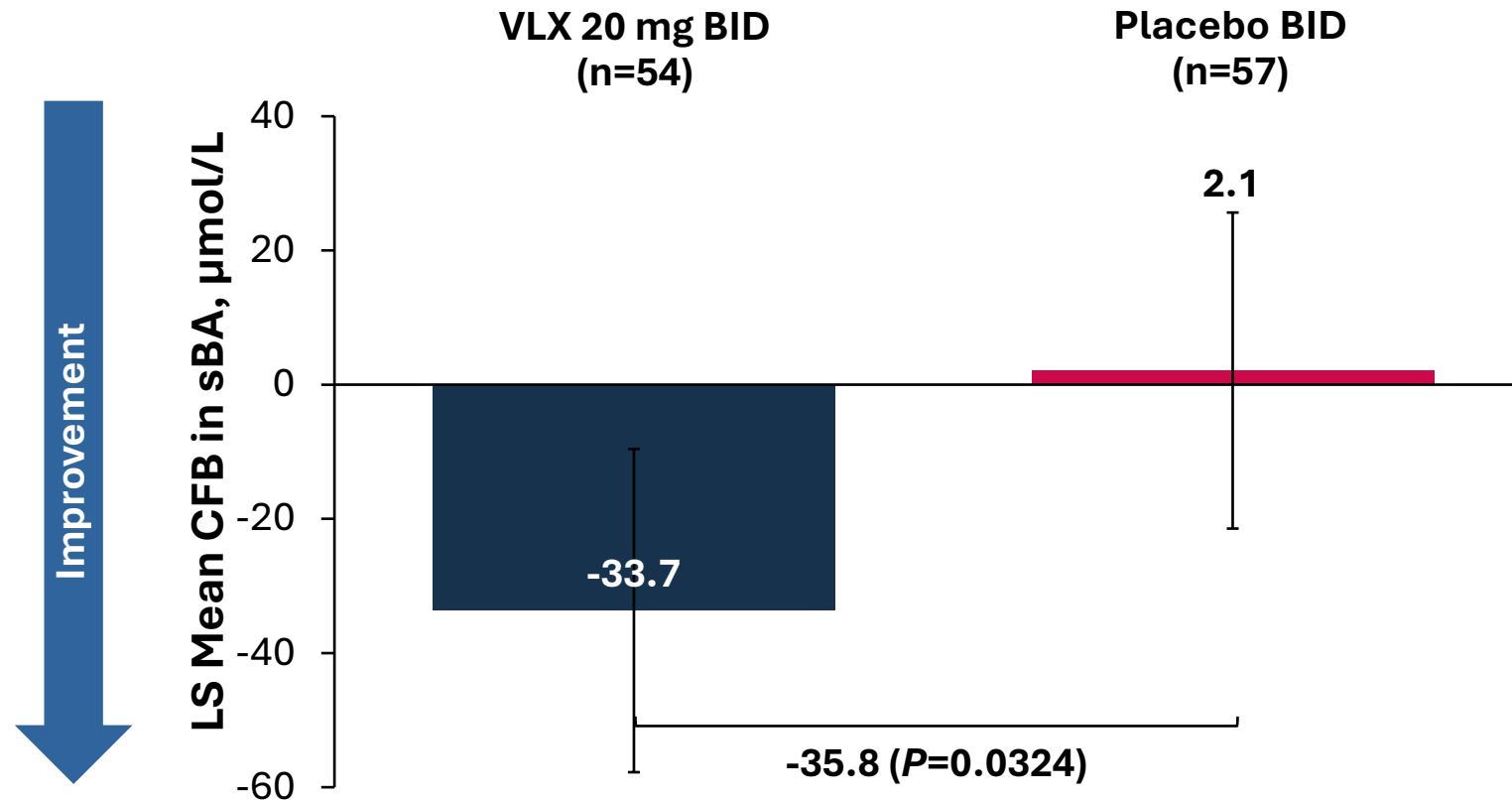
Foster B, et al. Presented at: The Digital International Liver Congress 2020.

# VISTAS Primary Cohort Results: Participants Who Received Volixibat Showed Improvements in Fatigue and Sleep



# VISTAS Primary Cohort Results: Participants Who Received Volixibat Showed Statistically Significant Reductions in sBA Levels

## sBA Levels MMRM Analysis<sup>a</sup>

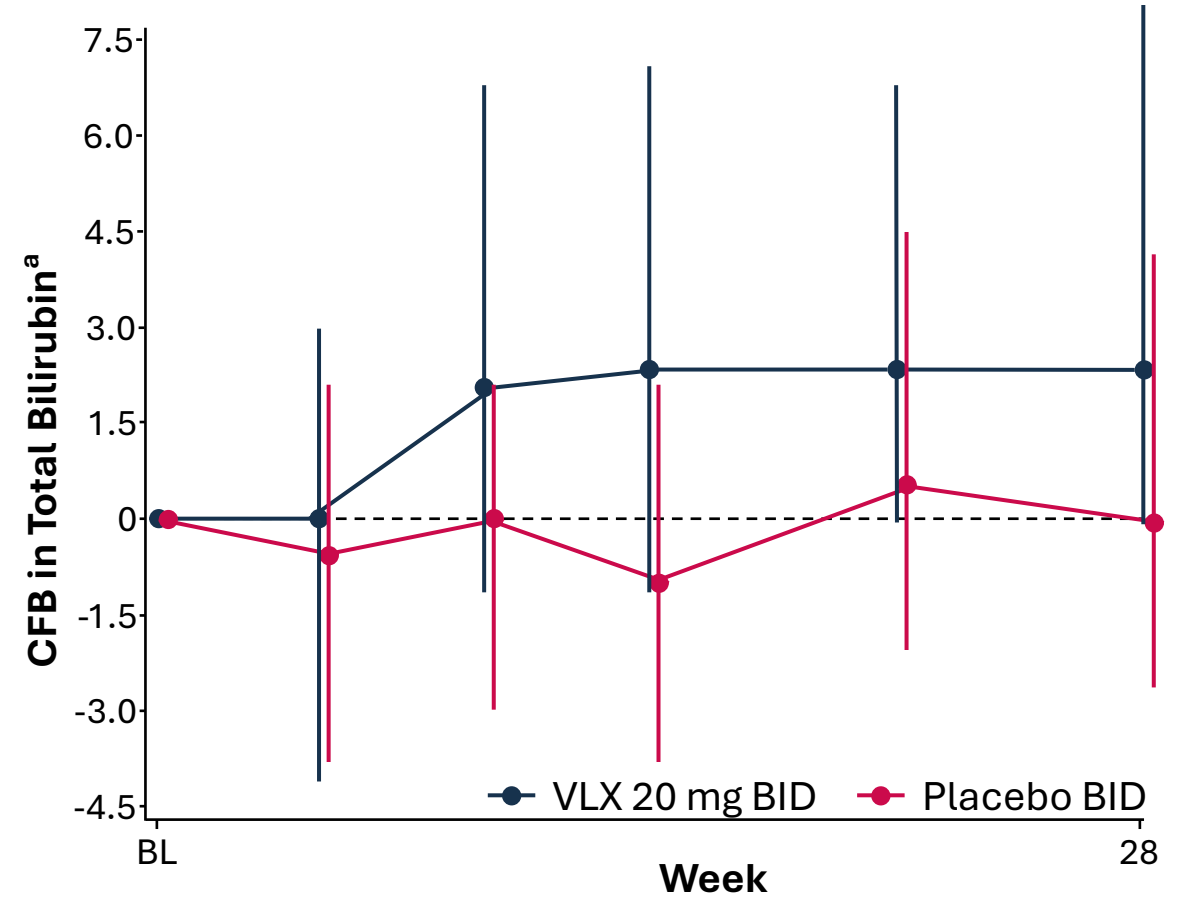
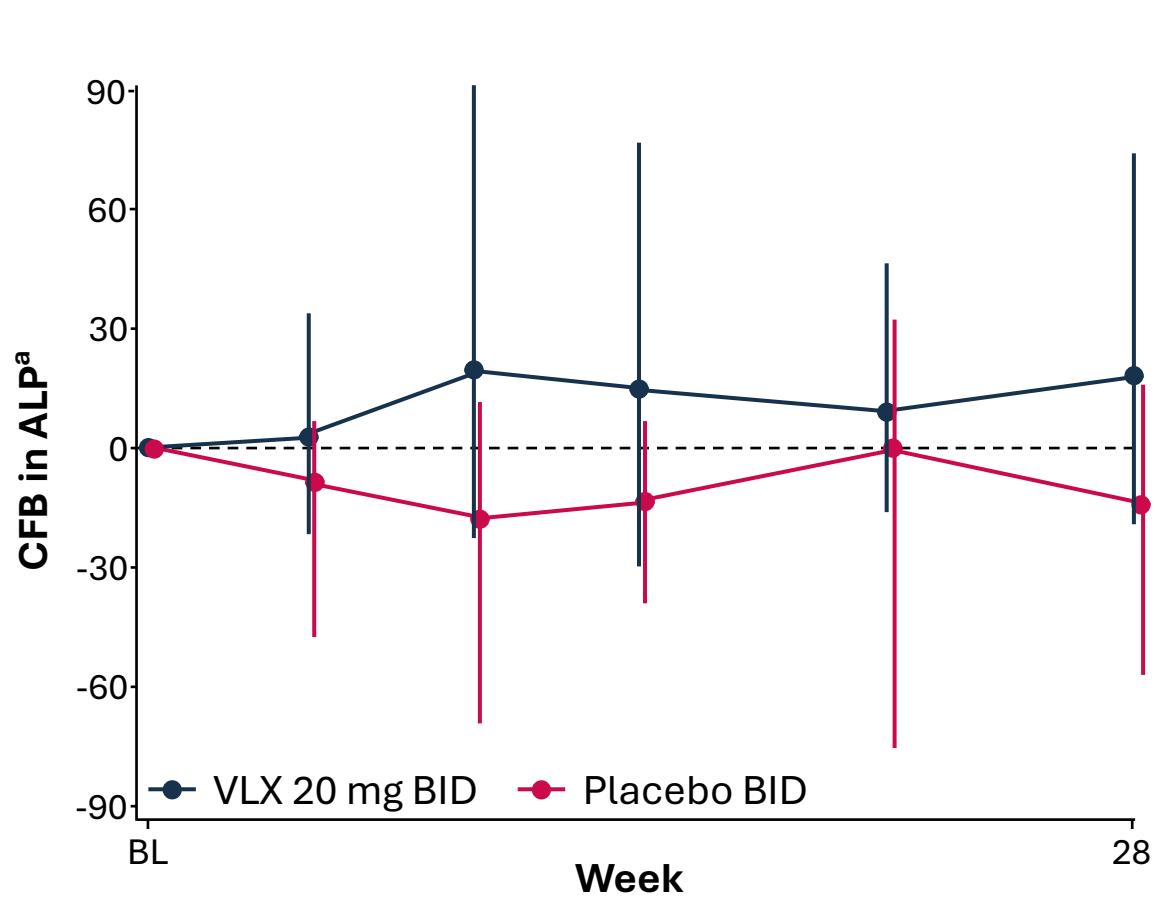


Statistically significant reductions in sBA were observed with volixibat compared with placebo

BID, twice daily; CFB, change from Baseline; MMRM, mixed-effects model for repeated measures; sBA, serum bile acid; VLX, volixibat.

<sup>a</sup>Data are LS mean with standard error bars. Effect size compared the difference between volixibat and placebo, averaged over the last 12 weeks using MMRM.

# Median Change from Baseline in Alkaline Phosphatase and Total Bilirubin: Primary Cohort



<sup>a</sup>Data are median (Q1, Q3) changes from baseline.

# VISTAS Safety Analysis in Primary and Secondary Cohorts: Summary of TEAEs

Parameter	VLX 20 mg BID (N=77)	Placebo BID (N=81)
<b>No. (%) of Participants with Any TEAE</b>	72 (93.5)	68 (84.0)
Related TEAEs	34 (44.2)	16 (19.8)
Grade 3 or higher TEAEs	10 (13.0)	9 (11.1)
Related Grade 3 or higher TEAEs	2 (2.6)	3 (3.7)
Serious TEAEs	8 (10.4)	5 (6.2)
Related Serious TEAEs	0	0
TEAE that led to premature DC of study drug	7 (9.1)	2 (2.5)
Study drug DC due to diarrhea	3 (3.9)	1 (1.2)
TEAE that led to death	0	1 (1.2) <sup>a</sup>

- SAE in VLX group: acute cholangitis, infection (sepsis, liver abscess, viral infection), abdominal pain, cholangiocarcinoma, sclerosing cholangitis (progression), biliary colic, pyrexia, back pain, procedure-related pancreatitis; none related to treatment
- SAEs in Placebo group: acute cholangitis, constipation, spontaneous bacterial peritonitis<sup>a</sup>, liver function tests increased, radius fracture; none related to treatment
- TEAEs that led to premature DC of study drug: VLX: diarrhea (n=3), IBD (n=1), cholangitis sclerosing (progression; n=1), alanine aminotransferase increased (n=1), cholangiocarcinoma (n=1); PBO: diarrhea (n=1), ascites (n=1).

# VISTAS Safety Analysis in Primary and Secondary Cohorts: Participants With Any TEAE ≥5%

Preferred Term	VLX 20 mg BID (N=77)	Placebo BID (N=81)
<b>No. (%) of Participants with Any TEAE</b>	72 (93.5)	68 (84.0)
Diarrhoea	31 (40.3)	7 (8.6)
Abdominal Pain	14 (18.2)	8 (9.9)
Nausea	10 (13.0)	3 (3.7)
Vitamin D deficiency	8 (10.4)	4 (4.9)
Abdominal pain upper	7 (9.1)	6 (7.4)
Alanine aminotransferase increased	7 (9.1)	3 (3.7)
Upper respiratory tract infection	6 (7.8)	6 (7.4)
Back pain	5 (6.5)	2 (2.5)
Fatigue	5 (6.5)	4 (4.9)
Blood bilirubin increased	4 (5.2)	3 (3.7)
Jaundice	4 (5.2)	1 (1.2)
Pyrexia	4 (5.2)	1 (1.2)
Influenza	3 (3.9)	5 (6.2)

- Elevations in ALT, AST, ALP, and bilirubin were observed more frequently in volixibat-treated than placebo-treated participants

**The safety of volixibat is generally consistent with the known effects of IBAT inhibition**

# Conclusions

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VISTAS is the largest interventional study investigating the efficacy and safety of an IBAT inhibitor in PSC and is the first controlled evidence of a potential therapy addressing the cholestatic symptom burden in patients with PSC.



Volixibat led to rapid, significant, and sustained improvement in cholestatic pruritus while showing a safety profile that is consistent with IBAT inhibition.



Improvements in quality of life, specifically sleep, were observed with volixibat.

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