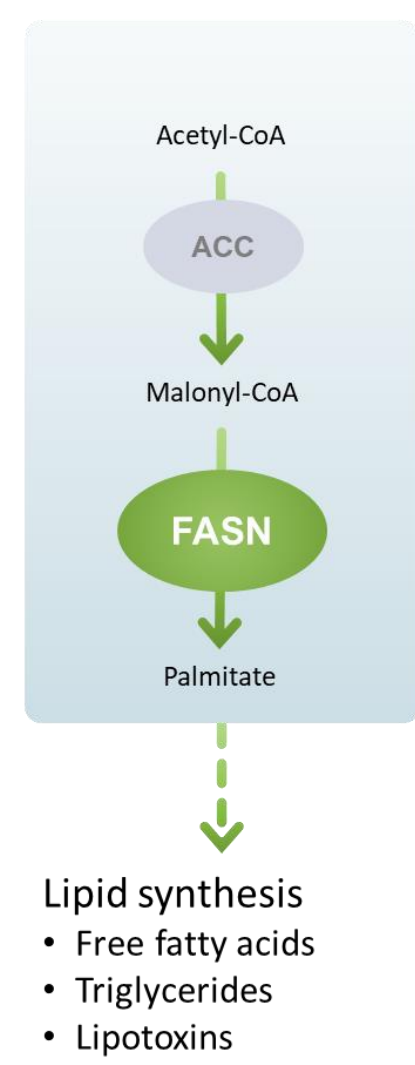


DENIFANSTAT IS A POTENT AND SELECTIVE FASN INHIBITOR

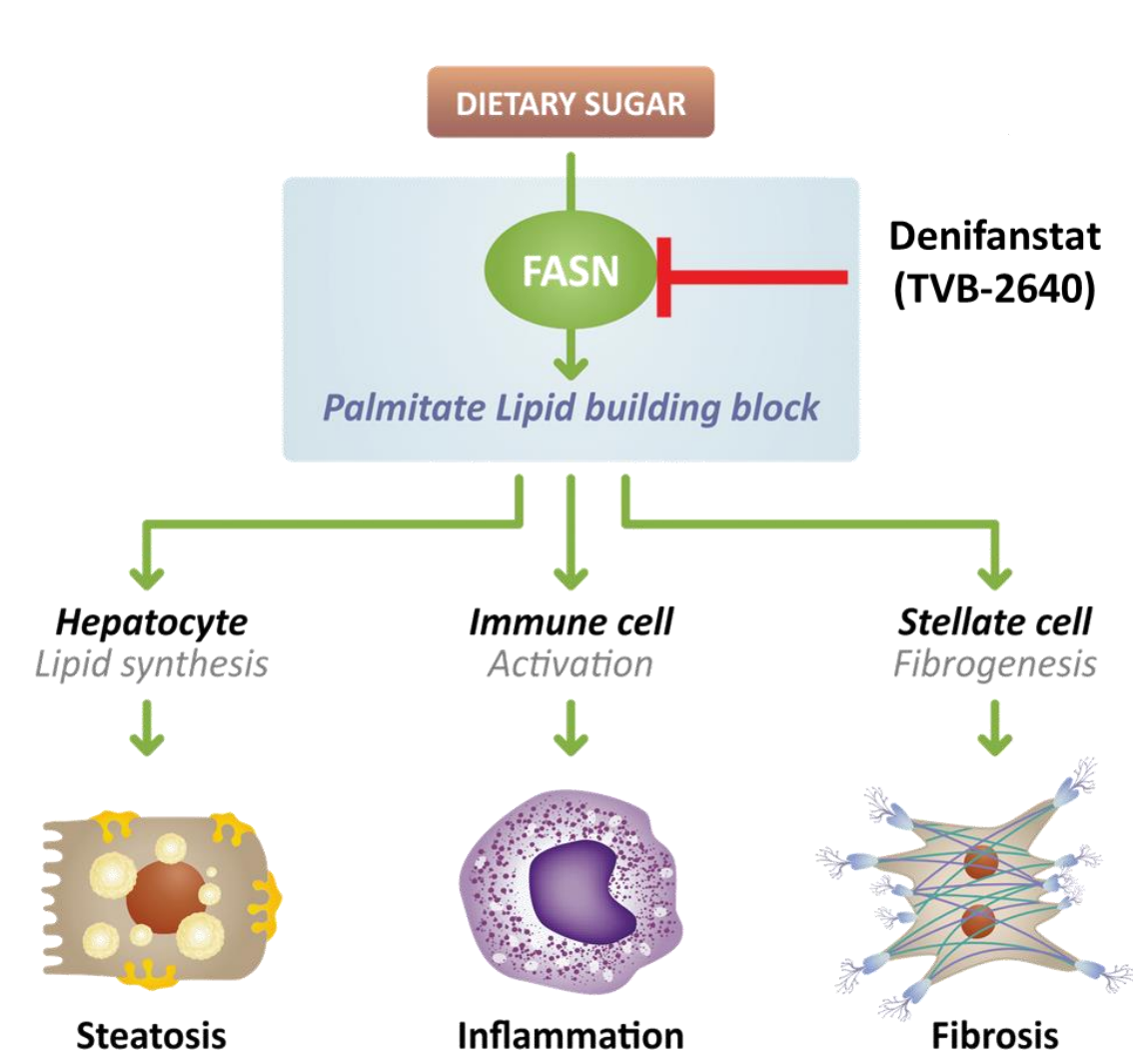
Background

- The de novo lipogenesis (DNL) pathway is elevated in NASH patients, and converts dietary sugars to palmitate, the building block for lipid synthesis.
- Fatty acid synthase (FASN) is the last committed step in DNL and therefore provides an approach to target three hallmarks of NASH; steatosis, inflammation and fibrosis (1, 2).
- The FASN inhibitor denifanstat (TVB-2640) is in Phase 2b development for NASH.
- The Phase 2a FASCINATE-1 study showed that denifanstat significantly reduced liver fat in NASH, and decreased disease biomarkers including ALT, CK-18, PRO-C3 and lipotoxins (3). This confirmed the expected mechanism of action.
- NASH is a complex and heterogeneous disease. Enrichment of patients most likely to respond to a specific therapy is a critical part of NASH drug development and has potential to improve response rates and direct patients to the most appropriate treatment.

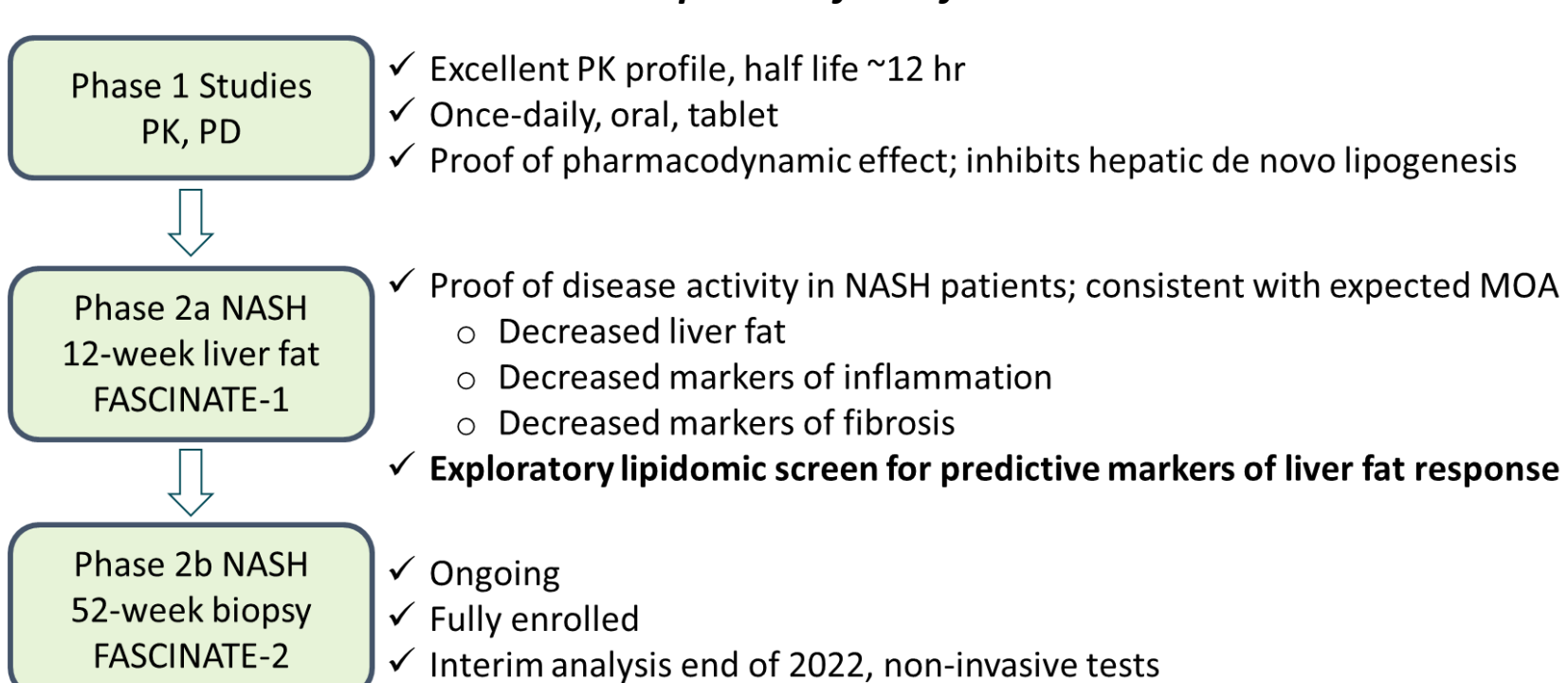
DNL pathway



FASN inhibition directly targets 3 key cell types



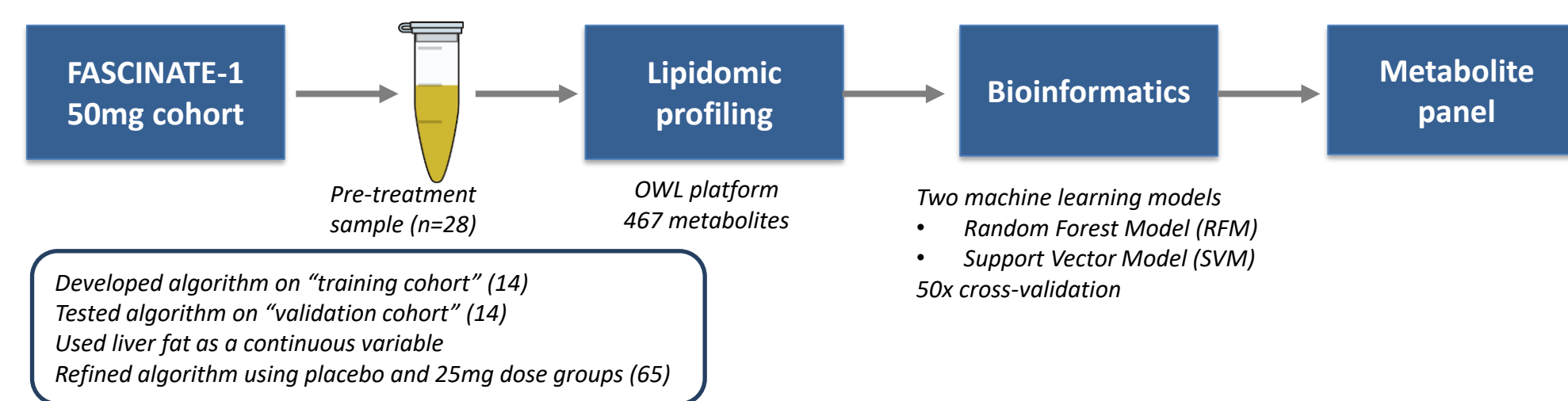
Clinical development of denifanstat



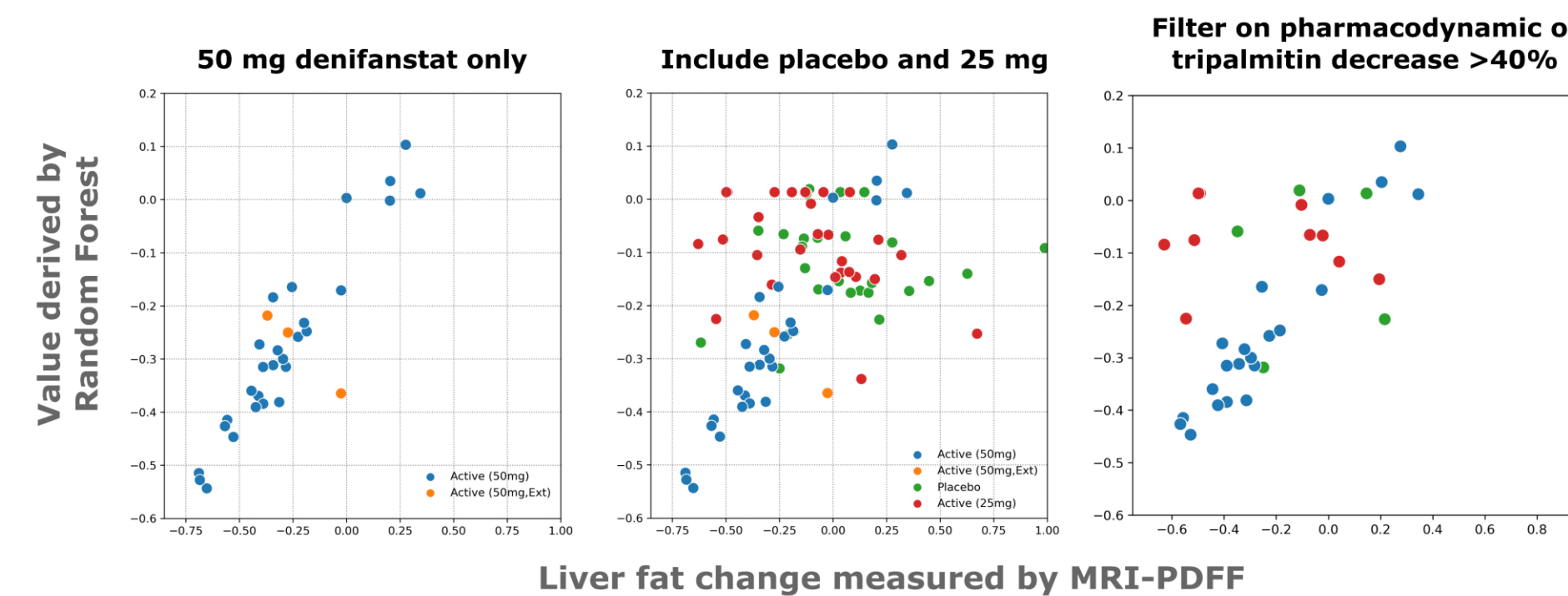
BASELINE METABOLOMIC SIGNATURE PREDICTS LIVER FAT RESPONSE TO DENIFANSTAT

Objectives

- To evaluate baseline lipidomic markers that predict liver fat response to denifanstat.
- To explore the effect of denifanstat on the circulating lipidome.



Developed algorithm on "training cohort" (14)
Tested algorithm on "validation cohort" (14)
Used liver fat as a continuous variable
Refined algorithm using placebo and 25mg dose groups (65)

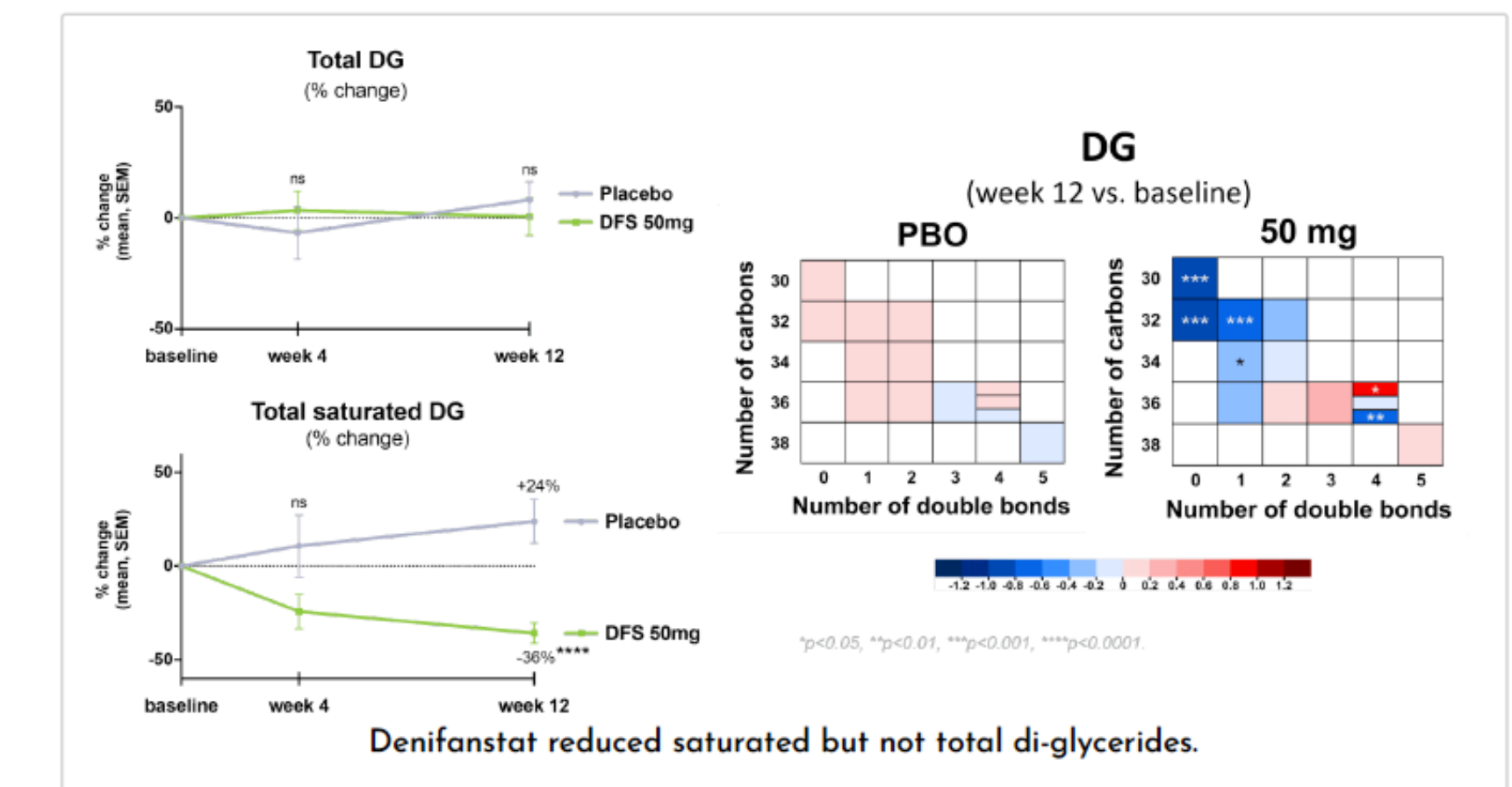


Metabolite	Class	Relative liver fat reduction $\geq 25\%$
Ursodeoxycholic acid	Bile acid	Sensitivity 0.802
DL-2-Aminocaproic acid	Amino Acid Derivative	Specificity 0.860
Sarcosine	Amino Acid	PPV 0.733
Glycoursodeoxycholic acid	Bile acid	NPV 0.899
D(-)-2-Aminobutyric acid	Amino Acid derivative	
PC(O-18:0/22:4)	Glycerophospholipid	

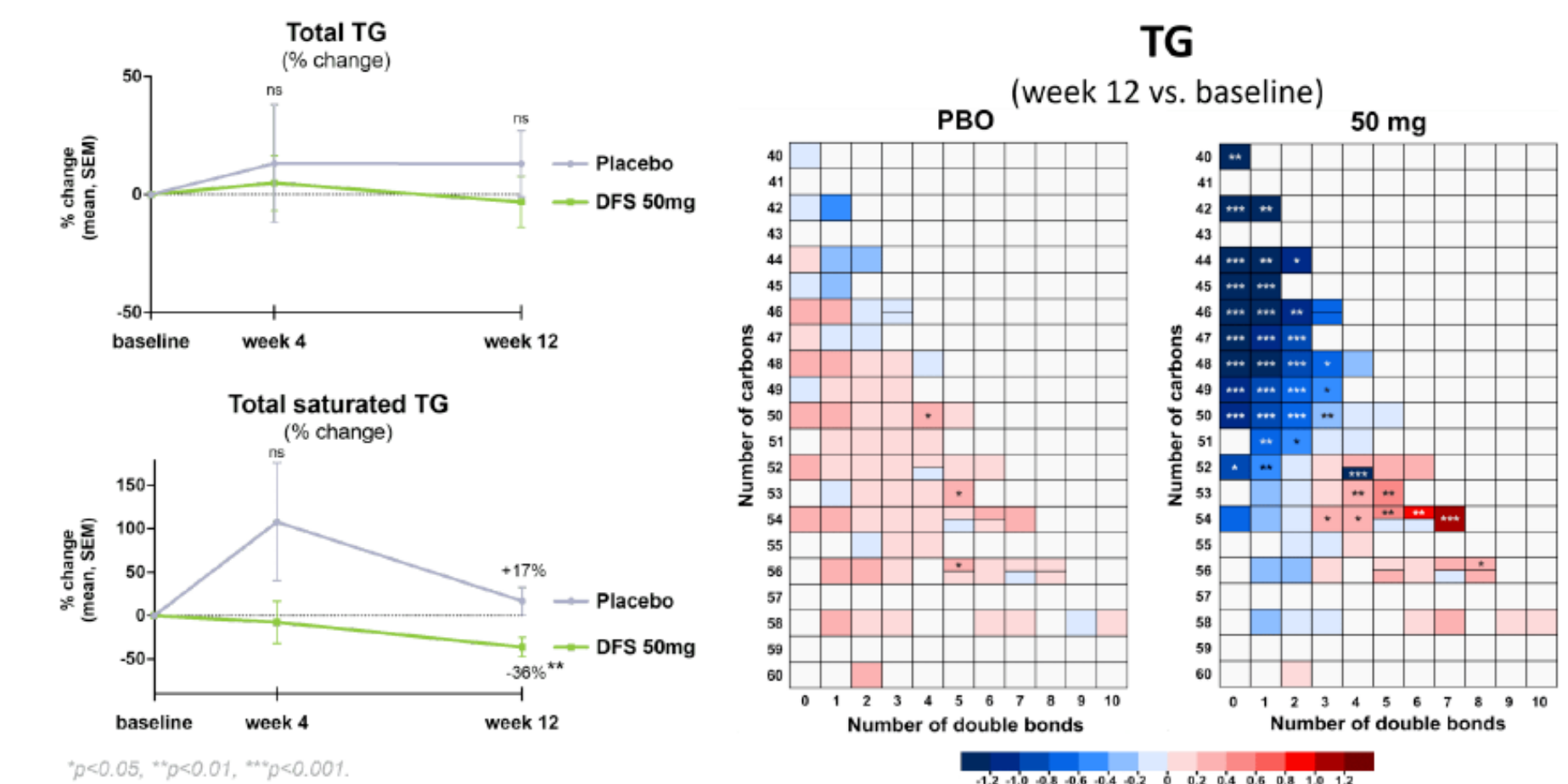
Methods

Study design and results of the Phase 2a FASCINATE-1 study have been previously described (3). Baseline blood samples were profiled by LC/MS/MS for ~470 metabolites at OWL laboratories. Results from denifanstat 50 mg were analyzed by two different nonlinear regression machine learning algorithms (Random Forest and Support Vector Machine) to identify a biomarker panel that predicted liver fat response by MRI-PDFF. Samples were split into training and validation cohorts with 50x cross-validation using liver fat as a continuous variable. Blood samples collected at 4 and 12 weeks of denifanstat treatment were also profiled to evaluate changes in the lipidome with denifanstat treatment.

DENIFANSTAT REDUCES SATURATED DI- AND TRI-ACYLGLYEROLS AND INCREASES LONG CHAIN POLYUNSATURATED FATTY ACID CONTENT



Denifanstat reduced saturated but not total di-glycerides.



SUMMARY

- A preliminary predictive lipidomic marker panel was identified that predicts liver fat response to denifanstat. This panel will be prospectively used to predict liver fat response in Phase 2b, including week 26 interim expected by end 2022, and subsequent week 52 liver biopsy results
- Denifanstat has a favorable effect on fatty acid composition and cholesterol, indicative of cardiovascular benefit

References

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- Seyed et al., 2019. Hepatology. doi.org/10.1002/hep.31000
- Loomba et al., 2021. Gastroenterology. doi:10.1053/j.gastro/2021.07.025

Acknowledgements

We are grateful to the clinical site teams and patients for participation in denifanstat clinical studies. contact: marie.ofarrell@sagimet.com