www.alacrita.com

Therapeutic Approaches to Cirrhotic versus Pre-Cirrhotic NASH

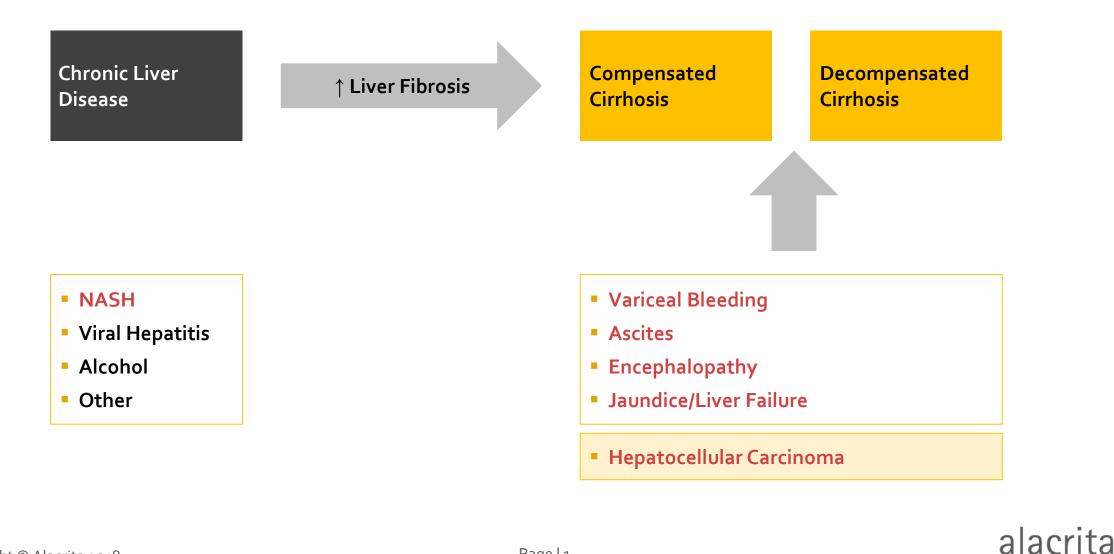
Discovery on Target: NASH & Fibrosis

September 26, 2018

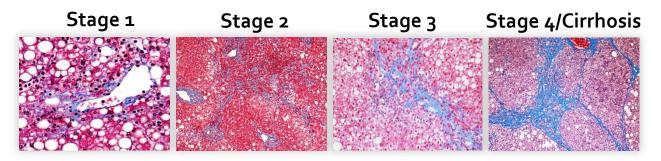
Boston, MA Peter G. Traber, MD Partner, Alacrita Consulting

Alacrita Consulting Inc 303 Wyman St., Suite 325 Waltham, MA 02451 Alacrita Consulting Ltd London BioScience Innovation Centre 2 Royal College Street, London NW1 oNH Alacrita Consulting AG Artherstrasse 7 6300 Zug, Switzerland

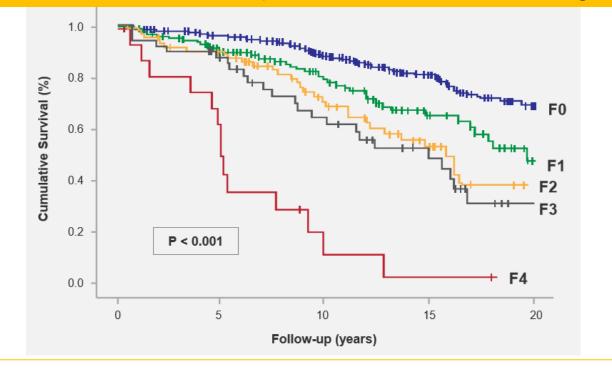
Chronic Liver Disease, Cirrhosis and its Progression



Fibrosis Stage Progression Associated with NASH



Survival Free of Liver Transplantation Based on Fibrosis Stage¹



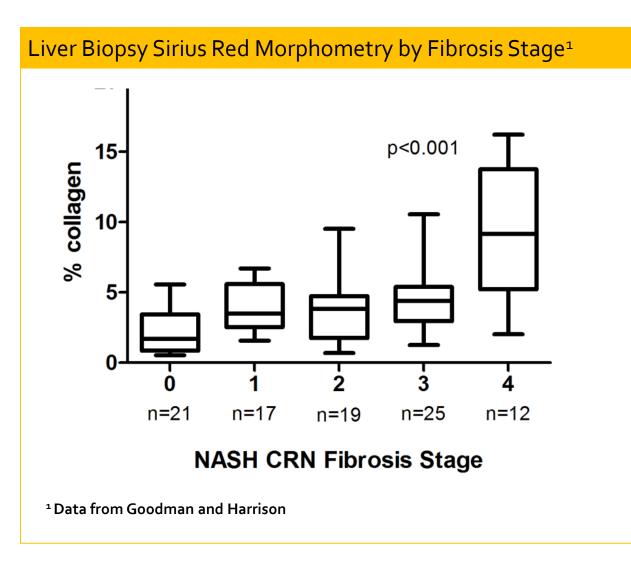
NASH and Fibrosis Stage

- Approximately one-third of patients with NASH will advance to Stage 3/4 fibrosis ²
- An estimated 40% of NASH patients in the U.S. have a fibrosis stage of F2 or higher ³
- NASH with advanced fibrosis carries the greatest risk of all-cause and liver-related mortality ^{2,4,5}
- ¹ Graphic taken from ICPT presentation May 2018 which re-graphs data from Angulo, et al. Gastroenterology 2015;149:389-397

alacrita

- ² Caldwell, et al. Dig Dis 2010;28:162–168
- ³ Estes, et al. Hepatology 2018;67:123-133
- ⁴ Dulai, et al. Hepatology 2017;65:1557-1565
- ⁵ Hagstrom, et al. J Hepatology 2017;67:1265-1273

Copyright © Alacrita 2018



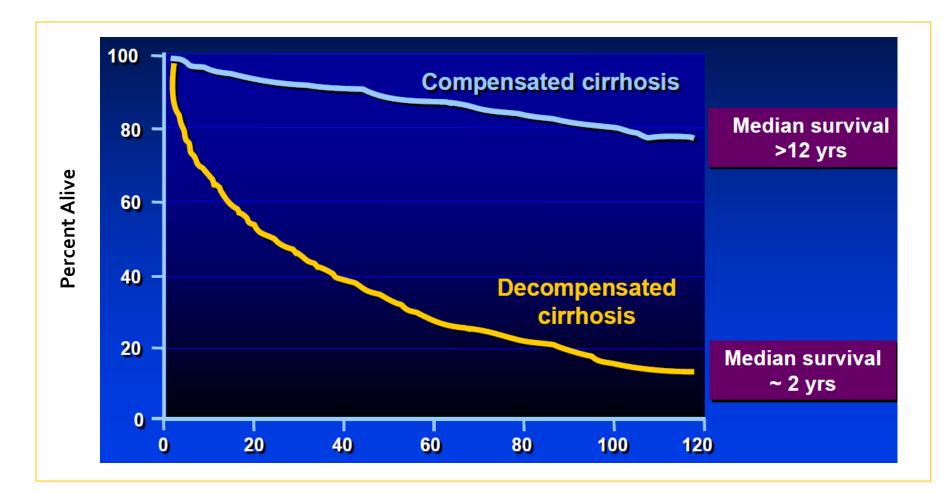
Collagen Accumulation in NASH

- The distribution of fibrosis in NASH is important in staging as well as the amount of collagen
- While there is an increase in the median percent collagen from stage o to 3, there is a great deal of overlap of values.
- In stage 4, or cirrhosis, there is a marked increase in the median amount of collagen and a very broad range.
- These and other published data show that progression of fibrosis after the development of cirrhosis is a critical element for development of complications of cirrhosis

alacri

 Better methods of quantifying fibrosis is required for early drug assessment

Survival Between Compensated and Decompensated Cirrhosis

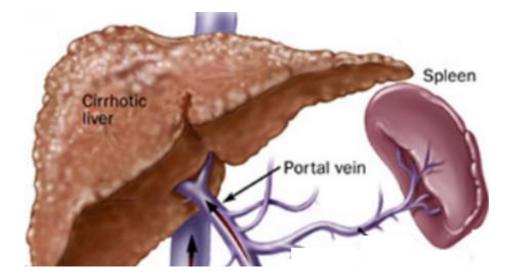


D'Aminco et. Al., J Hepatol 2006;44:217 (Graphic borrowed from Dr. Guadalupe Garcia-Tso)

Copyright © Alacrita 2018

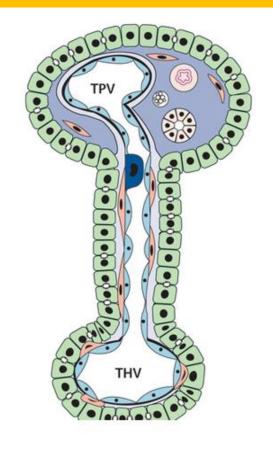
Portal Hypertension is a Major Driver of Decompensation

Increased pressure in the portal circulation is initiated by increased intrahepatic resistance to blood flow though the liver

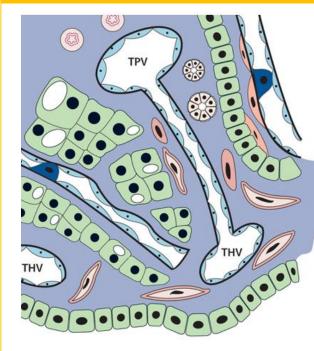


Multiple Contributors to Increased Intrahepatic Blood Flow Resistance in Cirrhosis

Normal Liver Acinar Unit

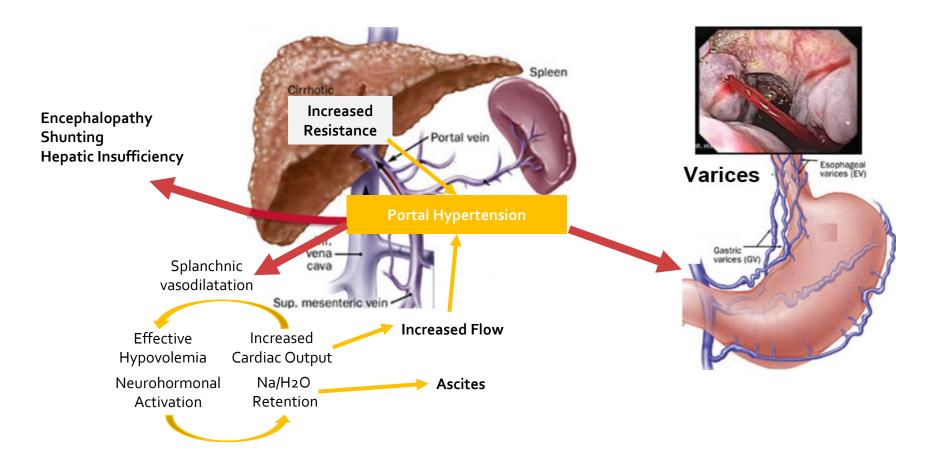


Distorted Architecture in Cirrhosis



- Structural Components
 - Scar tissue
 - Stellate cells
- > Regenerative nodules
- > Neoangiogenesis
- > Micro thrombosis
- Non-Structural Components
 - > Nitric Oxide
 - > Endothelin
- > Eiconsanoids
- > CO/others
- "Endothelial Dysfunction"

Cirrhosis Complications Center Around Increased Portal Vein Blood Pressure



	Compensate	d Cirrhosis	Decompensa	ated Cirrhosis
	Stage 1	Stage 2	Stage 3	Stage 4
Varices	No	Yes	Yes/No	Yes
Ascites	No	No	Yes	Yes/No
Bleed	No	No	No	Yes
Mortality	1%	3%	20%	57%

The Critical Cirrhosis Transition: Endpoints for Pre-Cirrhotic NASH



Pre-cirrhotic NASH Endpoints							
Surrogates for Accelerated Approval (agreement with Agencies as part of Phase 3 clinical trials)	Clinical Outcomes for Full Approval						
Proportion of patients who achieve ≥ 1 stage improvement in fibrosis without worsening of NASH	Reduced time to cirrhosis complications, including the						
Proportion of patients who achieve NASH resolution without worsening of liver fibrosis	progression to cirrhosis						

The Critical Cirrhosis Transition: Endpoints for NASH Cirrhosis



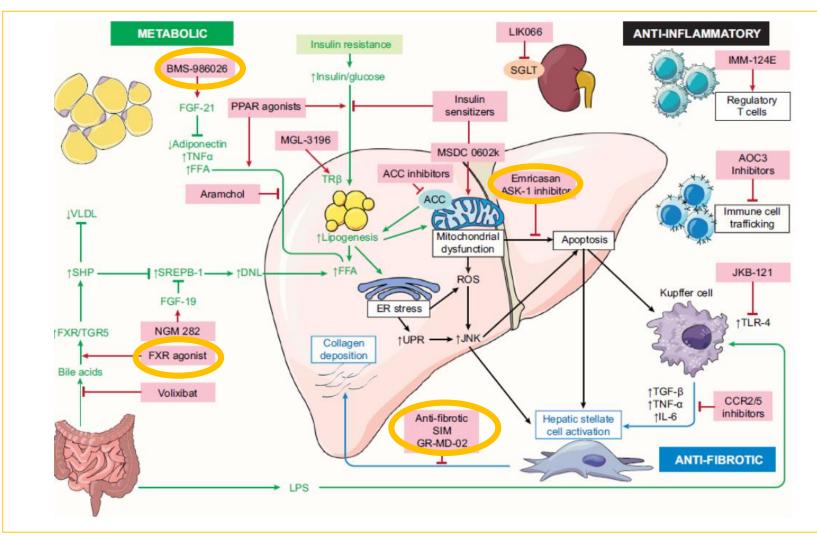
NASH Cirrhosis Enc	points
Surrogates for Accelerated Approval (agreement with Agencies as part of Phase 3 clinical trials)	Clinical Outcomes for Full Approval
Proportion of patients who achieve ≥ 1 stage improvement in fibrosis without worsening of NASH	Reduced time to cirrhosis complications

The following are potential endpoints as there are no final phase 3 protocols

Reduction in HVPG (endpoints will need to define threshold and degree of reduction in specific populations TBD)	Reduced time to cirrhosis complications
Reduced time to development of esophageal varices in patients with no varices at baseline	Reduced time to cirrhosis complications



Targets for NASH Therapies



Targets and drugs in current clinical trials for NASH cirrhosis

- Inhibition of apoptosis pathway
 - Emricasan
 - Selonsertib
- Anti-fibrotic
 - GR-MD-02
- Metabolic regulator
 - **BMS-986026 (FGF-21)**
- FXR agonist
 - Obeticholic Acid

Konerman, et. al., J. Hepatology. 2018

Copyright © Alacrita 2018

Page | 11



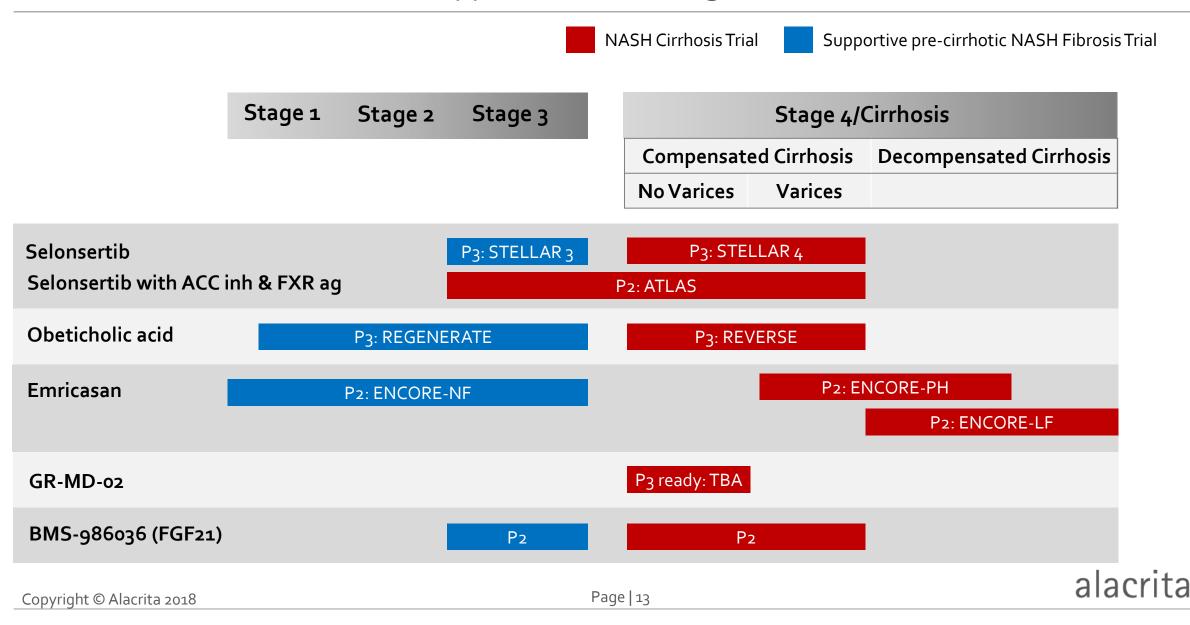
Phase 2/3 Clinical Trials in NASH Cirrhosis

			NASH Cirrhosis Trial Supportive pre-cirrho	tic NASH Fibrosis Trial
Drug (Company/Partner)	MOA/Route of Administration	Phase	Studies	Next Expected Data (estimate)
Selonsertib (Gilead)	ASK-1 inhib./oral	3 3 2	STELLAR-4: compensated cirrhosis STELLAR-3: NASH with F3 fibrosis ATLAS*: F3 and F4 patients	Q1 2019 Q2 2019 Q1 2020
Obeticholic acid (Intercept)	FXR Agonist/oral	3	REVERSE: compensated cirrhosis REGENERATE: NASH with F2/F3 fib	JUL 2020 H1 2019
GR-MD-02 (GALT)	Galectin-3 inhib./iv	3	Compensated cirrhosis w/o varicesPhase 3 start not yet announced	ТВА
Emricasan (CNAT/Novartis)	Pan-caspase inhib./oral	2 2 2	ENCORE-PH (severe portal HTN) ENCORE-LF (decompensated cirrhosis) ENCORE-NF (NASH fibrosis)	Q4 2018 H2 2019 H1 2019
BMS-986036 (BMS)	PEG-FGF21/subcut	2	P2b multiple dose; compensated cirrhosis P2b multiple dose; stage 3 fibrosis	JAN 2020 JAN 2020

* ATLAS study evaluates Selonsertib in combination with GS-0976 (ACC inhibitor) and GS-9674 (FXR agonist)

Copyright © Alacrita 2018

NASH Cirrhosis Clinical Trials Mapped to Patient Segment



Selonsertib: Phase 2 Data Supporting Phase 3 Studies

Worse No change Improved 100 7% 15% 80 40% Patients with NASH fibrosis (stage 2/3) Patients, % 60 showed improved histologic fibrosis 40 staging from baseline to week 24 43% 20 30% 20% 0 Selonsertib 18 mg Selonsertib 6 mg Simtuzumab ± simtuzumab ± simtuzumab n=10 n=30 n=27

Histologic, imaging and laboratory factors were associated with fibrosis improvement seen on liver biopsy staging

			0	dds Rat	io*					95% CI	p-value
Histology											
NAS, improved/no change vs worse	-						_	↦	7.52	1.15, 49.4	0.04
Hepatic collagen, per 1% decrease	1 .		-						2.50	1.49, 4.18	<0.001
Alpha-SMA, per 1% decrease		-							1.45	1.13, 1.86	< 0.01
Imaging											
FibroScan, per 1-kPa decrease	-								1.20	1.01, 1.43	0.04
MRE, per 1-kPa decrease	+		•					_	2.66	0.90, 7.85	0.08
Laboratory											
GGT, per 10 U/L decrease	-								1.44	1.01, 2.04	0.04
CK18 M30, per 100 U/L decrease									1.25	1.04, 1.52	0.02
CK18 M65, per 100 U/L decrease	-								1.12	1.00, 1.25	0.04
	1	2	3	4	5	6	7	8			

alacrita

Loomba, et. al., Hepatology 2018

Copyright © Alacrita 2018

STELLAR-4: Selonsertib in Compensated NASH Cirrhosis

Phase 3 Study

# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoints
• 883 (actual)	 SEL 18 mg SEL 6 mg Placebo 	 Inclusion Liver biopsy with NASH cirrhosis (Stage 4 by NASH-CRN class) Exclusion No history of decompensation Child-Pugh score >7 MELD >12 	 Proportion of patients who achieve a ≥ 1 stage improvement in fibrosis without worsening of NASH [Week 48] Event-Free Survival as assessed by time to first clinical event [Week 240]
Converight @ Alacrita and		Pagel1r	alacrita

STELLAR-3: Selonsertib in NASH with Bridging Fibrosis (stage 3)

Phase 3 Study

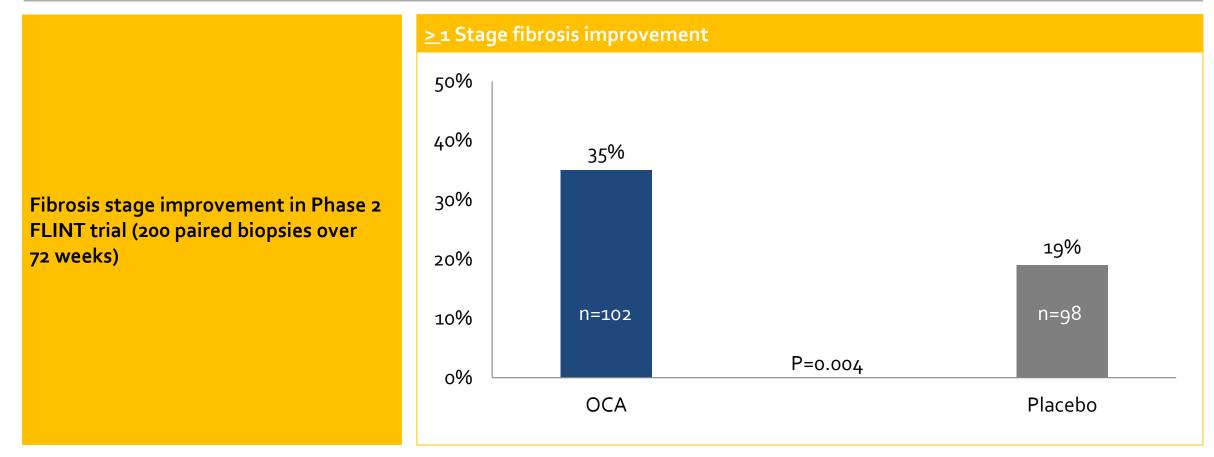
# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoint
 808 (actual) 	 SEL 18 mg SEL 6 mg Placebo 	 Inclusion Liver biopsy with NASH with bridging fibrosis (Stage 3 by NASH CRN classification) Exclusion No history of decompensation Child-Pugh score >6 MELD >12 	 Proportion of patients who achieve a ≥ 1 stage improvement in fibrosis without worsening of NASH [week 48] Event-Free Survival as assessed by time to first clinical event [Week 240]
		Page 116	alacrita

ATLAS: Selonsertib in Combination with GS-0976 (ACC inh) & GS-9674 (FXR ag)

Phase 2 Study

# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoints
• 350	 Seven groups covering active and placebo combinations with SEL 	 Inclusion Liver biopsy with NASH with bridging fibrosis (F3) or cirrhosis (F4) (NASH CRN class) FibroScan + ELF, if no LBx Exclusion No history of decompensation Child-Pugh score >6 MELD >12 	 Safety: AEs and Lab Abnormalities Proportion of patients who achieve a ≥ 1 stage improvement in fibrosis without worsening of NASH [week 48]
		Page 17	alacrita

Obeticholic Acid: Phase 2 Data in NASH Fibrosis



Neuschwander-Tetri, et. al., Lancet 2015

REVERSE: Obeticholic Acid in Compensated NASH Cirrhosis

Phase 3 Study

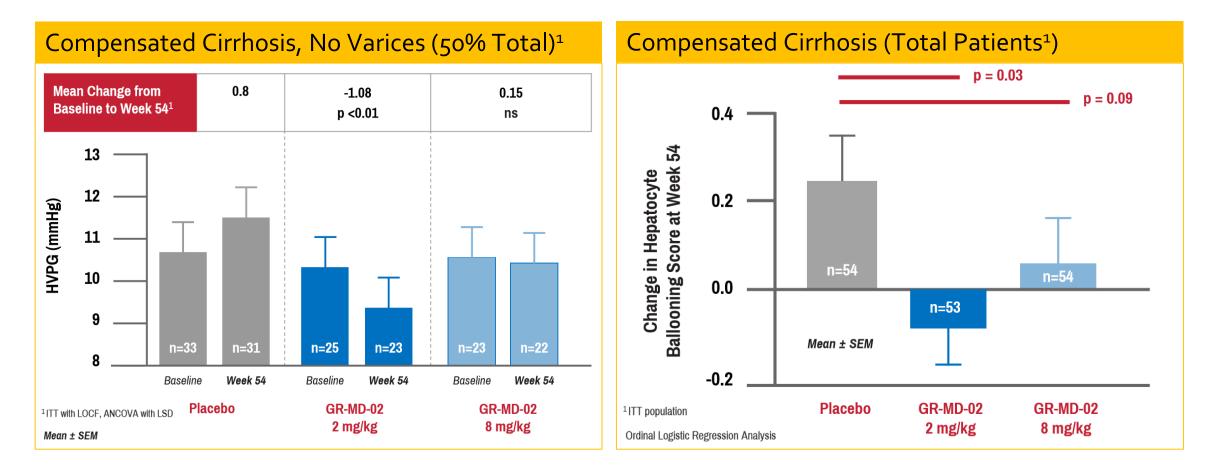
# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoints
• 540	 OCA 10 mg OCA 10-25 mg Placebo 	 Inclusion Liver biopsy with NASH cirrhosis (Stage 4 by NASH-CRN class) Exclusion No history of decompensation Child-Pugh score >7 MELD >12 	 Proportion of patients with ≥ 1 stage improvement in fibrosis without worsening of NASH [12 months]
Converight @ Alacrita 2018		Page 110	alacrita

REGENERATE: Obeticholic Acid in NASH with F2/F3 Fibrosis

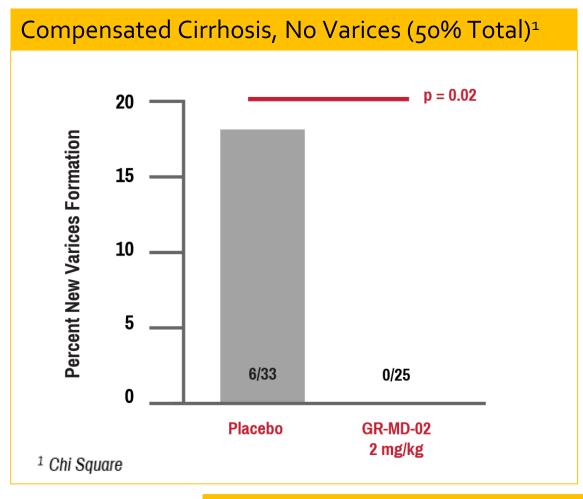
Phase 3 Study

# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoints
 ~ 750 for interim (18 months) Additional ~1600 for outcomes 	 OCA 25 mg OCA 10 mg Placebo 	 Inclusion Liver biopsy with fibrosis stage 2 or stage 3, or stage 1a or stage 1b if accompanied by ≥1 of obesity (BMI ≥30 kg/m2), type 2 diabetes, ALT >1.5× upper limit of normal (ULN). Exclusion No history of decompensation Child-Pugh score >6 MELD >12 	 Proportion of patients with ≥ 1 stage improvement in fibrosis without worsening of NASH OR Proportion of patients achieving NASH resolution without worsening of liver fibrosis [18 months] Event-Free Survival as assessed by time to first clinical event-includes progression to cirrhosis [~7 years]
Convright @ Alacrita 2019		Pageloo	alacrita

GR-MD-02: Phase 2b NASH Cirrhosis Study Results (NASH-CX)



Disclosure: Presenter previously full time employee of GALT and continues to own equity in company. Figures taken from publicly disclosed July 2018 corporate presentation



NASH-CX Study Conclusions

- First clinical trial to show positive results in compensated cirrhosis without esophageal varices
 - Clinically meaningful effect in reducing portal pressure in subgroup of patients
 - > Improvement in liver cell death
 - > Reduction in the development of new varices
- Drug was safe and well tolerated
- Following meeting with FDA in May 2018, determined to be Phase 3-ready

alacri

 Proceeding with plans for a phase 3 clinical trial program

Disclosure: Presenter previously full time employee of GALT and continues to own equity in company. Figures and text taken from publicly disclosed July 2018 corporate presentation

Copyright © Alacrita 2018

Emricasan: Series of Phase 2a Studies Supported Additional Larger Phase 2 Studies in NASH Fibrosis and Cirrhosis

- NASH patients had reductions in ALT, suggesting reduced liver injury
- Patients with all etiology cirrhosis and severe portal hypertension had significant reductions in HVPG
 - Emricasan reduced number of circulating microparticles which may have vascular effects on portal pressure
- NASH cirrhosis patients with high MELD scores had improved MELD scores on emricasan

ENCORE-PH: Emricasan in NASH Cirrhosis and Severe Portal Hypertension

Phase 2 Study

# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoints
• 240	 EMR 50 mg EMR 25 mg EMR 5 mg Placebo 	 Inclusion Liver biopsy with NASH cirrhosis HVPG ≥12 mmHg Compensated or decompensated with 1 event Exclusion Severe decompensation Child-Pugh score ≥10 	 Mean change in HVPG [Week 24] In this patient population with HVPG ≥12 mmHg, changes in HVPG may be an acceptable surrogate endpoint
		Pagelar	alacrita

ENCORE-LF: Emricasan in Decompensated NASH Cirrhosis

Phase 2 Study

# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoints
• 210	 EMR 25 mg EMR 5 mg Placebo 	 Inclusion Liver biopsy with NASH cirrhosis History of variceal hemorrhage or moderate ascites MELD ≥12 and ≤20 Albumin ≥12 g/dL Serum creatine ≤1.5 mg/dL Exclusion Severe decompensation Child-Pugh score ≥10 	 Event-free survival on composite clinical endpoint [final treatment; at least 48 weeks to a max of 120 weeks]
		Pagelar	alacrita

ENCORE-NF: Emricasan in NASH Fibrosis

Phase 2 Study **Primary Endpoints** # patients **Inclusion/Exclusion Criteria** Groups Proportion of patients with ≥ 1 stage EMR 50 mg Inclusion 330 improvement in fibrosis without EMR 5 mg > Liver biopsy definitive NASH worsening of NASH [week 72] Placebo > NAS \geq 4 with 1 in each component Fibrosis stage 1, 2, or 3 Exclusion > Severe decompensation > Child-Pugh score ≥ 10

BMS-986036 (FGF-21) in Compensated NASH Cirrhosis

Phase 2 Study

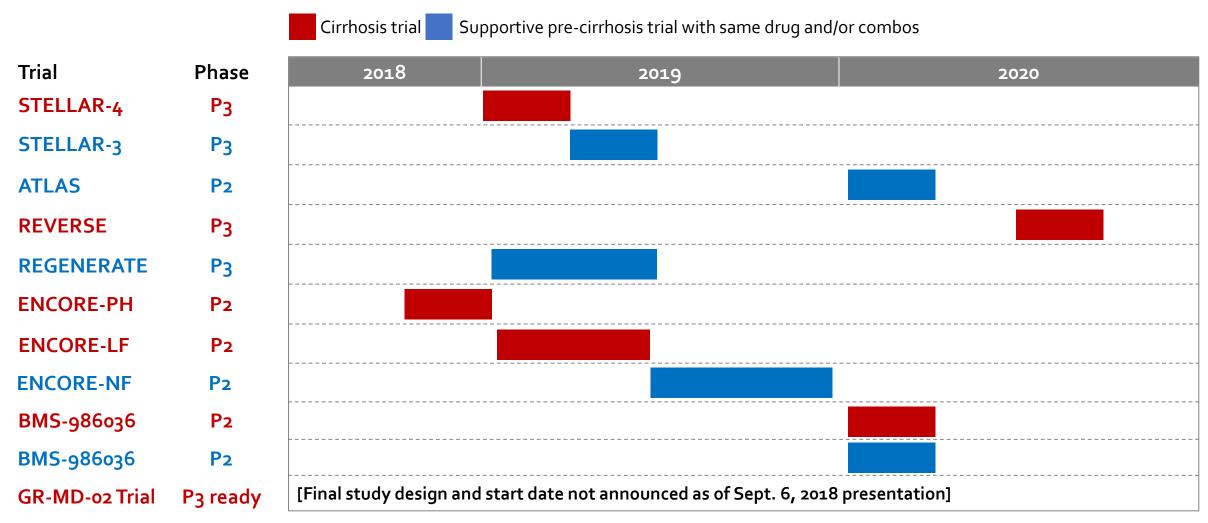
# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoints
• 100	 3 dose levels Placebo 	 Inclusion Liver biopsy with NASH cirrhosis (Stage 4 by NASH-CRN class) Exclusion No history of decompensation No hepatocellular carcinoma 	 Proportion of patients who achieve a ≥ 1 stage improvement in fibrosis without worsening of NASH [Week 48] Change in NASH-CRN fibrosis score [Week 48] Change in NAFLD Activity Score [Week 48]
Convight @ Alacrita 2019		Page	alacrita

BMS-986036 (FGF-21) in NASH with Bridging Fibrosis (stage 3)

Phase 2 Study

# patients	Groups	Inclusion/Exclusion Criteria	Primary Endpoints
• 160	 3 dose levels Placebo 	 Inclusion Liver biopsy with NASH with bridging fibrosis (Stage 3 by NASH CRN classification) NASH with a score of at least 1 for steatosis, lobular inflammation, and ballooning Exclusion No history of decompensation No hepatocellular carcinoma 	 Proportion of patients who achieve a ≥ 1 stage improvement in fibrosis without worsening of NASH [week 24] Proportion of patients who achieve NASH improvement with no worsening of fibrosis [week 24] Change in NAFLD Activity Score [Week 24]
		Page 128	alacrita

Estimated Data Milestones for NASH Cirrhosis Trials*



* Based on clinicaltrial.gov postings plus company guidance when available; when a specific month was designated, the milestone is indicated over the ensuing one quarter

www.alacrita.com



Peter G. Traber, MD Partner, Alacrita Consulting ptraber@alacrita.com

Alacrita Consulting Inc 303 Wyman St., Suite 325 Waltham, MA 02451 Alacrita Consulting Ltd London BioScience Innovation Centre 2 Royal College Street, London NW1 oNH Alacrita Consulting AG Artherstrasse 7 6300 Zug, Switzerland

alacrita

Thank You!