

# Integrated transcriptomics of Rencofilstat treatment in a Phase 2a NASH trial confirms anti-fibrotic effect of pan-cyclophilin inhibition and identifies Rencofilstat-specific biomarkers.

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## INTRODUCTION

The progression of liver fibrosis in Non-Alcoholic Steatohepatitis (NASH) has been directly linked to increased mortality and morbidity. To date, numerous drug candidates have failed to show a significant benefit in fibrotic endpoints for NASH subjects enrolled in clinical trials. Rencofilstat (RCF), a non-immunosuppressive pan-cyclophilin inhibitor has demonstrated pleiotropic effects well-suited for the treatment of NASH and fibrosis.

## AIM

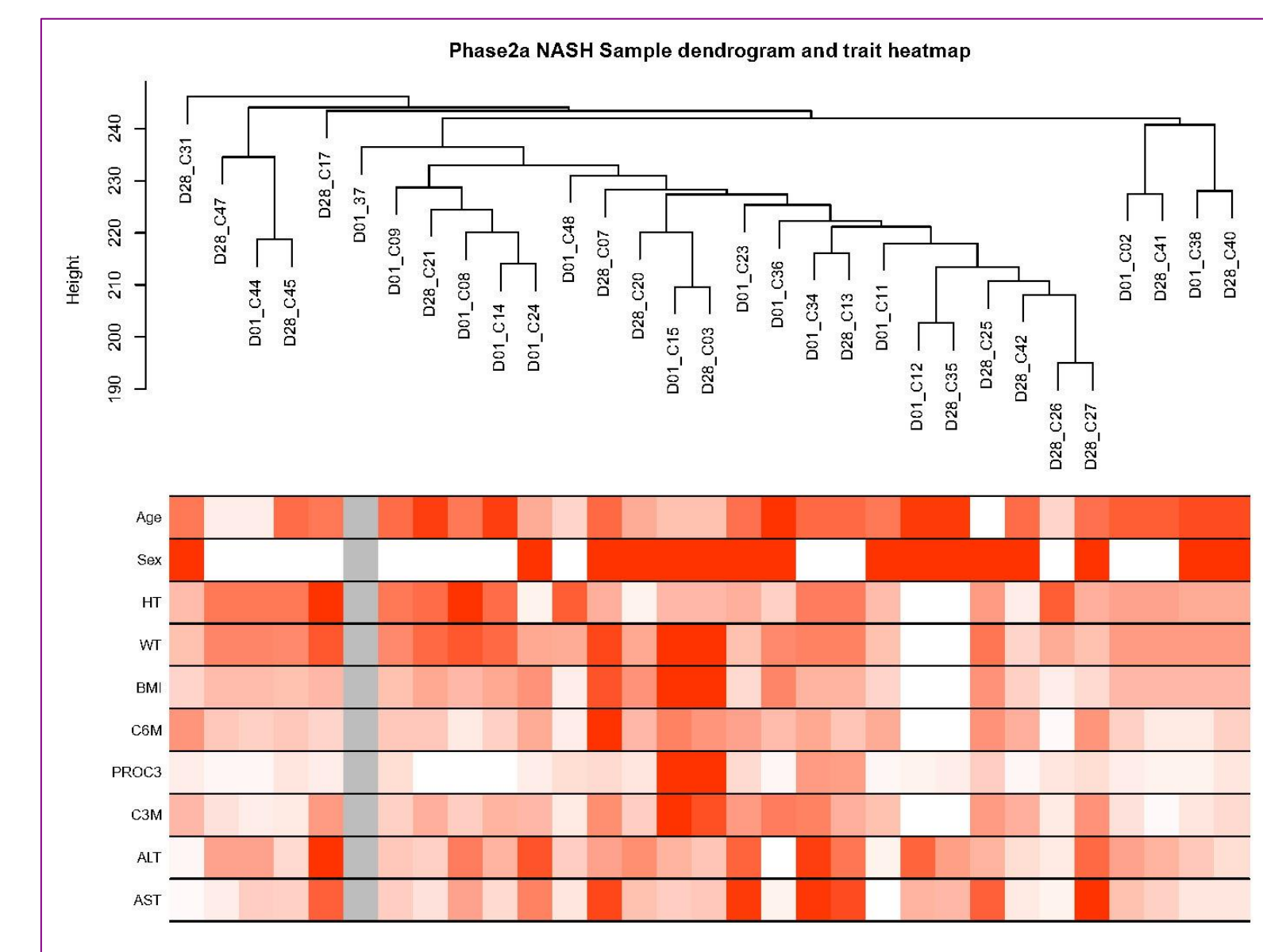
To use transcriptomics to elucidate the effects of RCF in patients with biomarker identified F2/F3 NASH subjects.

- Identify Gene – Clinical Trait Modules
- Identify Key Driver Genes in each Module
- Evaluate if RCF antifibrotic effect is linked to collagen synthesis and catabolism
- Develop a biomarker panel for RCF responsivity

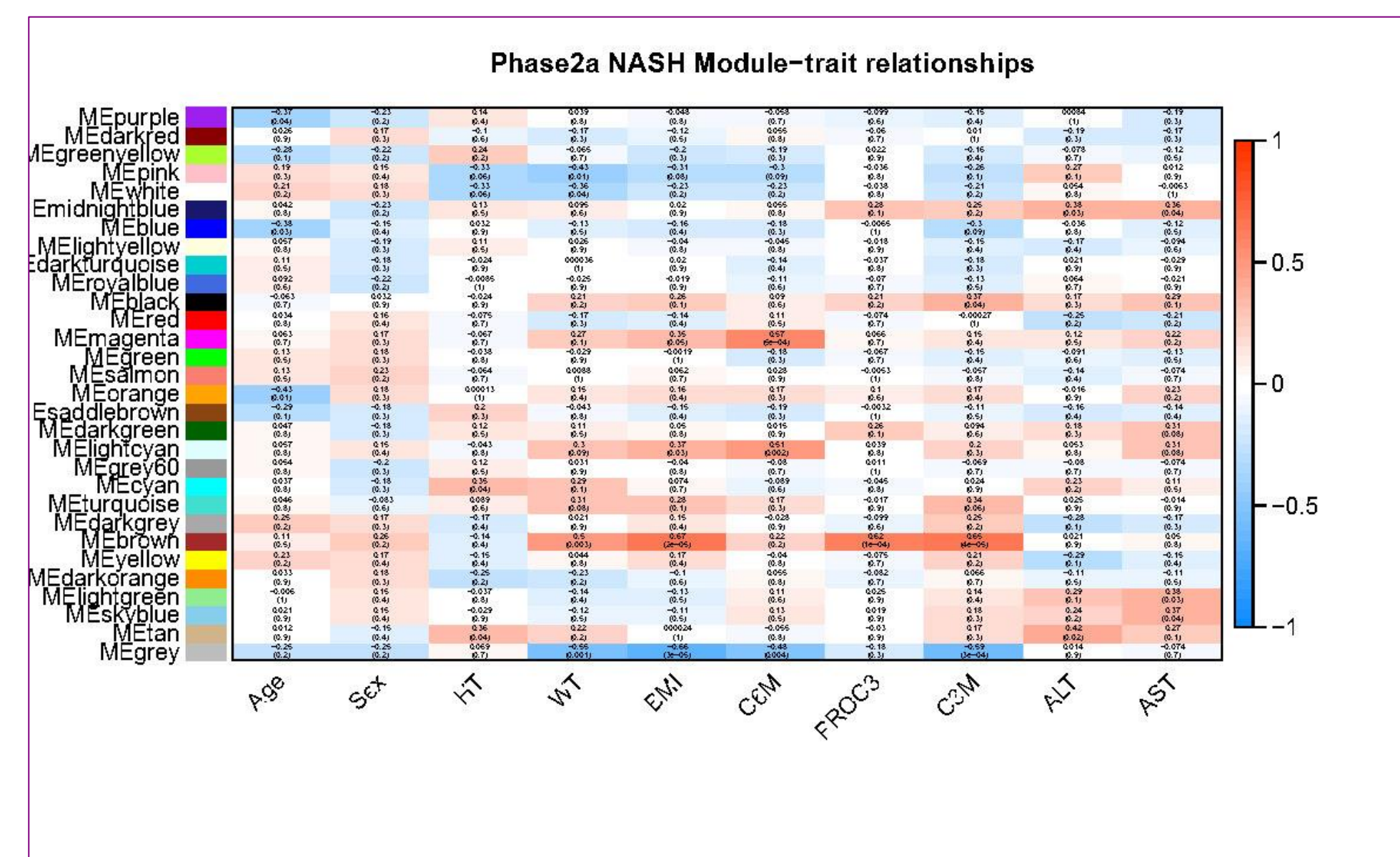
## METHOD

- RNA sequencing data was obtained from a 28-day Phase 2a trial of RCF in F2/F3 NASH subjects (NCT04480710)
- Complete data was obtained from N=31 subjects on 75 mg or 225 mg RCF active treatment .
- RNA was stabilized and isolated from whole blood on Day 1 and Day 28.
- RNA sequencing transcripts were evaluated using FastQC, with quantification in Salmon v1.4.0.
- Differential expression analysis (DEA) was performed using edgeR in R v4.1.1.
- Co-expression networks were constructed using weighted gene correlation network analysis (WGCNA).
- DEA was combined with WGCNA to enhance the discriminating ability of highly related genes as potential biomarkers.
- Weighted Key driver analysis (wkDA) was performed on trait modules using Mergeomics with network plotting and community detection in Cytoscape 3.9.1.
- Functional enrichment was performed using cosine similarity implemented via GeneWalk.

## RESULTS

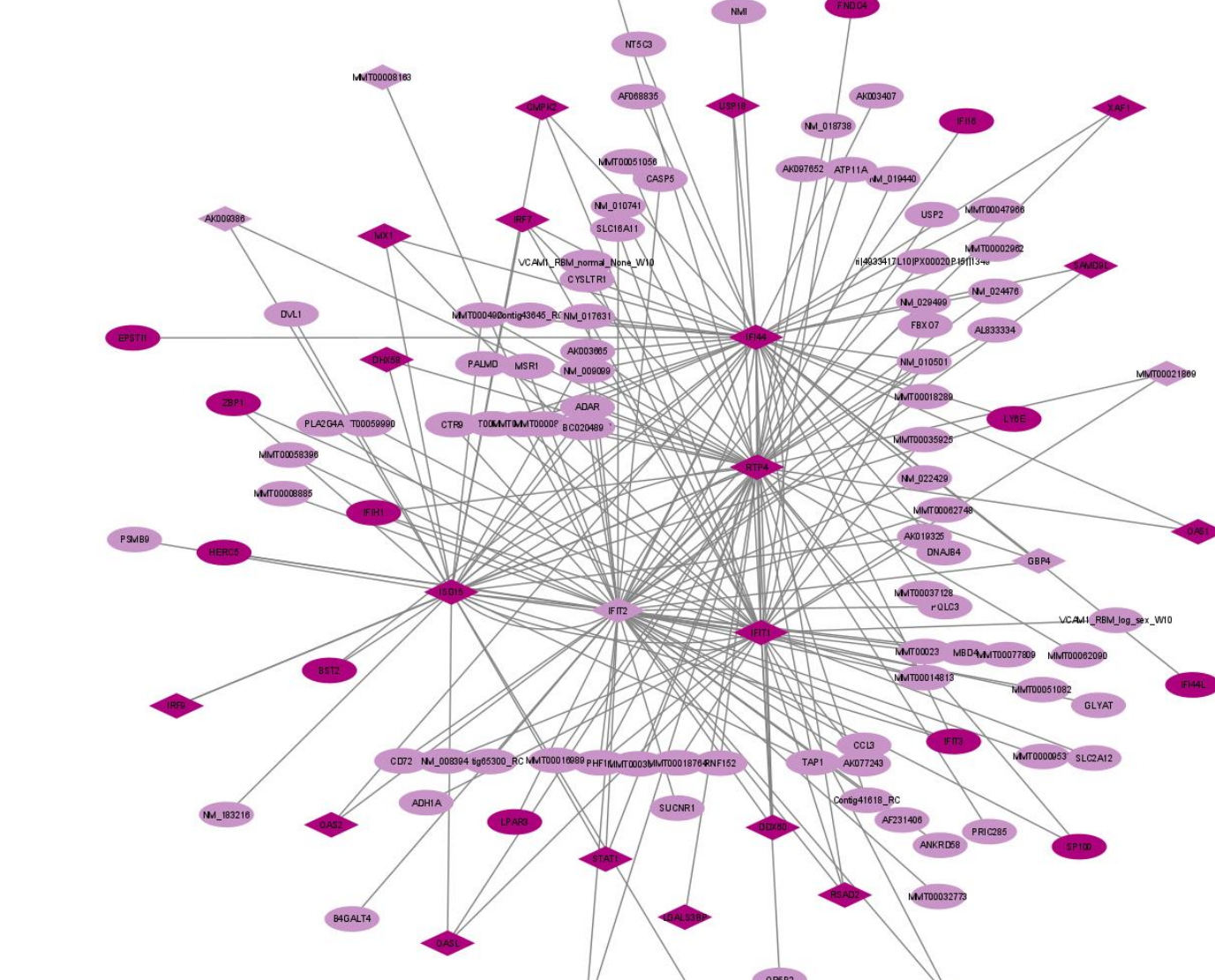


Grey: Subject excluded from final analysis



### wKDA ALT Gene Module (r=0.59 p=8.9e-136)

N Module = 876

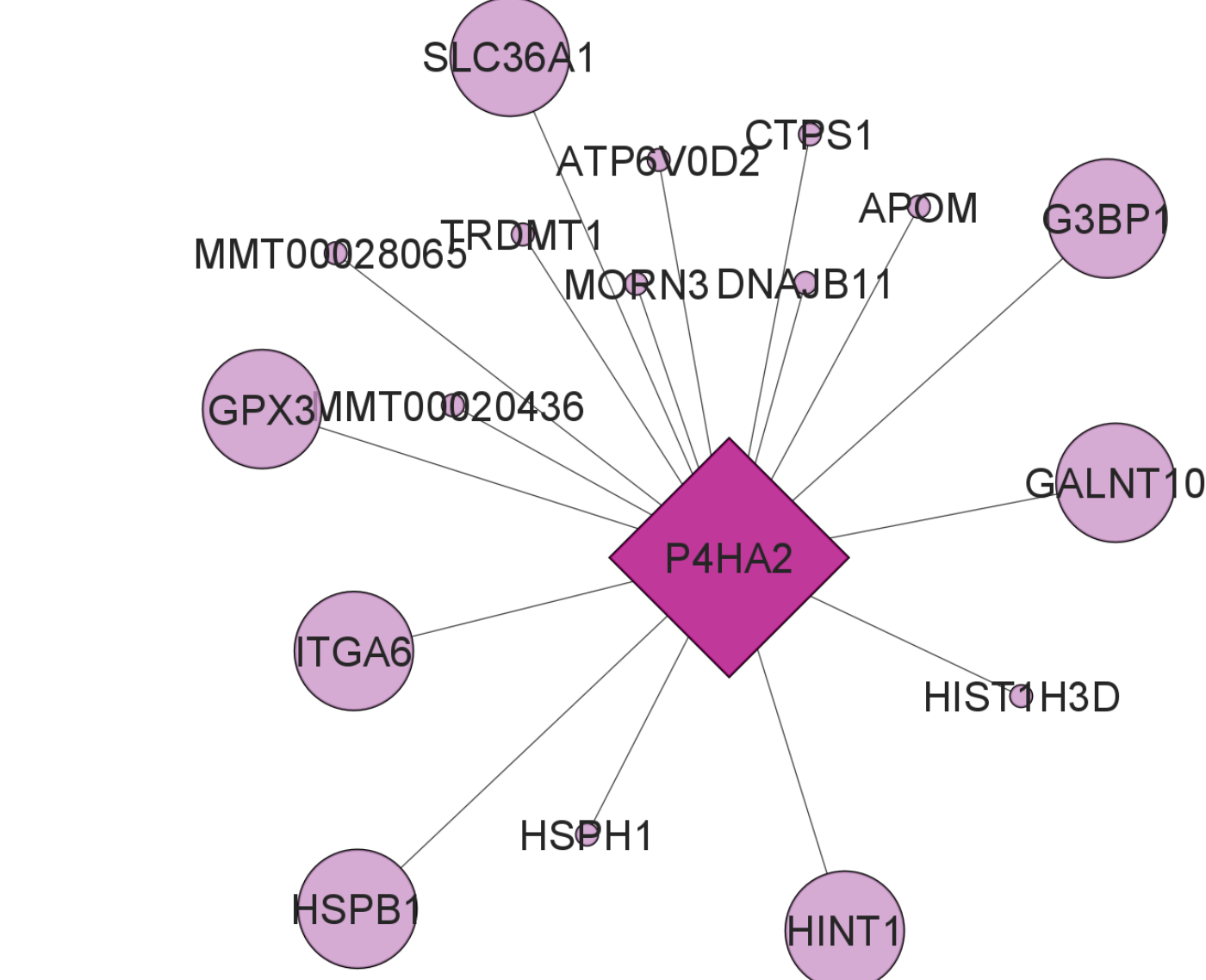


Key Drivers (Top 5 shown, 55 Total)

NODE	Name	FDR	N.neigh	N.obsrv	N.expct
IFI44	Interferon Induced Protein 44	4.12E-35	43	20	1.2
RTP4	Receptor Transporter Protein 4	1.48E-24	46	17	1.2
ISG15	Interferon-stimulated Gene 15	6.73E-22	27	16	0.73
IFIT1	Interferon Induced Protein With Tetratricopeptide Repeats 1 & 2	1.97E-17	39	15	1.1
IFIT2	Tetratricopeptide Repeats 1 & 2	5.87E-17	52	15	1.4

### wKDA ProC3 Gene Module (r=0.78 p<1e-200)

N Module = 654

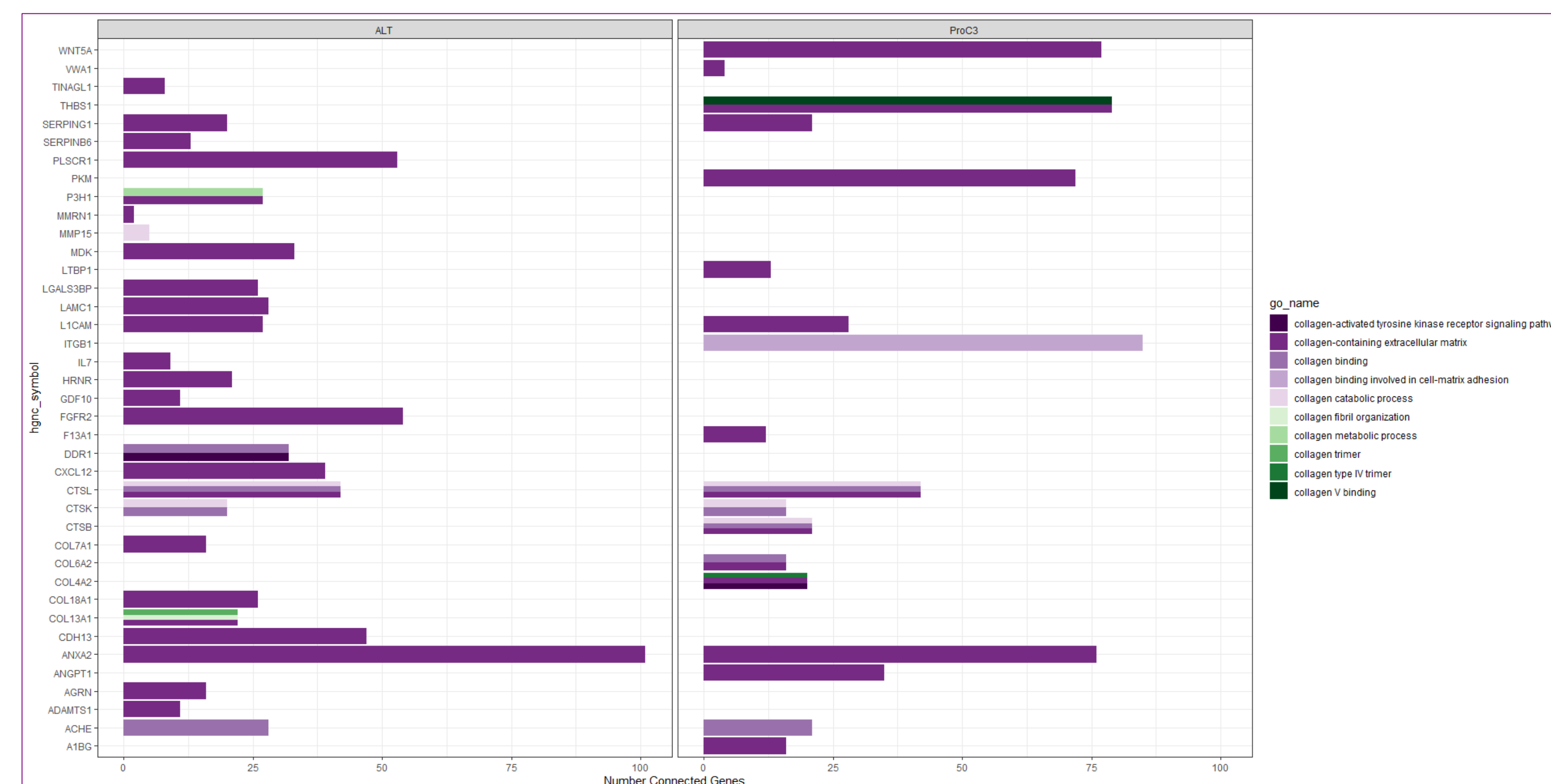


Key Drivers

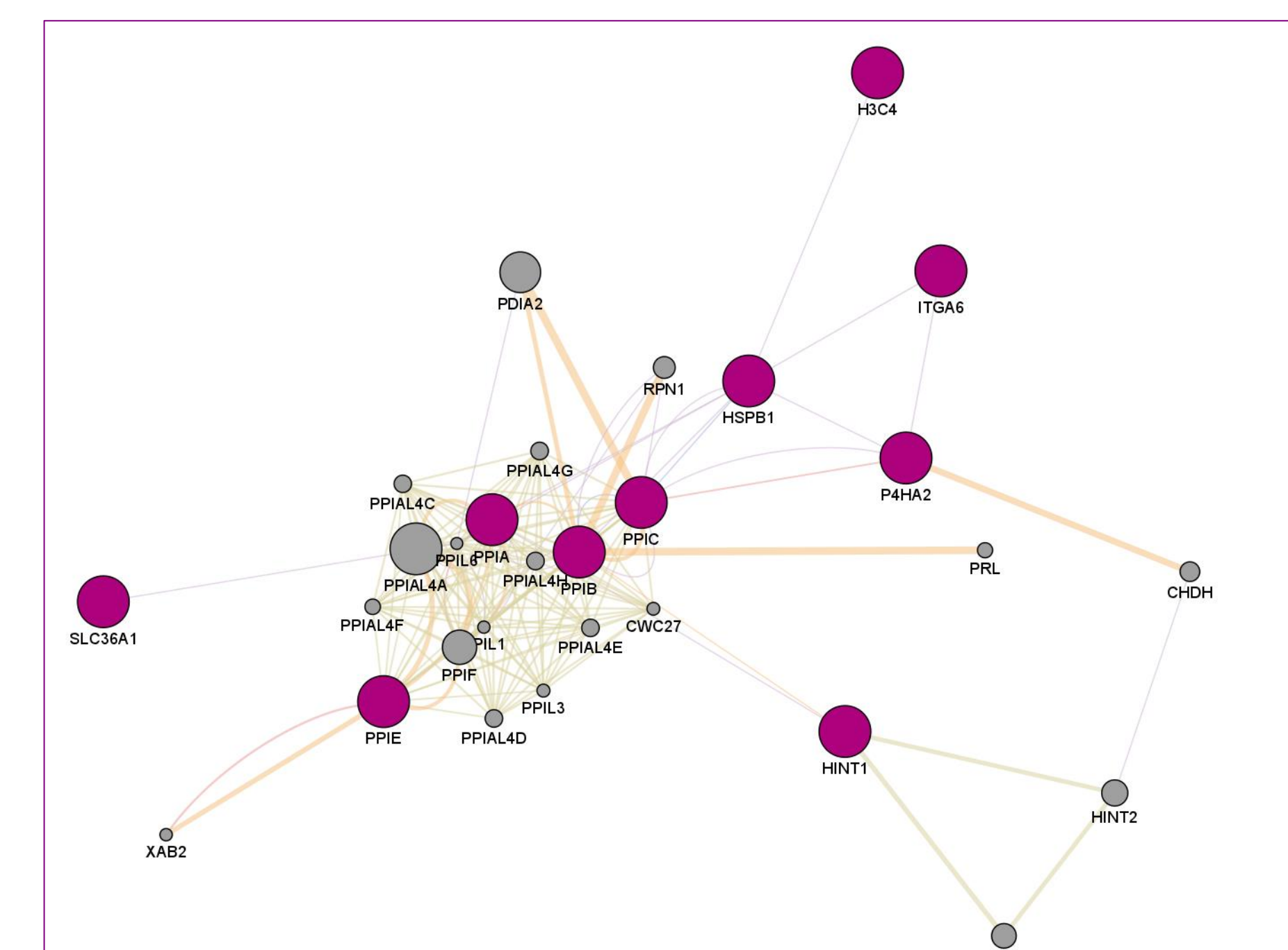
NODE	Name	FDR	N.neigh	N.obsrv	N.expct
P4HA2	Prolyl 4-Hydroxylase Subunit Alpha 2	0.00243	18	8	0.4

Where: FDR = False Discovery Rate, N.Neigh=Number of Neighbors, N.Obsrv = Number Observed, N.expct = Number Expected

### Genewalk: ALT & ProC3 Enrichment Collagen Gene Ontology Domains



### ProC3 Key Driver Network Interactions with Cyclophilins



PPIA = Peptidylprolyl Isomerase A (Cyclophilin A)  
PPIB = Peptidylprolyl Isomerase B (Cyclophilin B)  
PPIC = Peptidylprolyl Isomerase C (Cyclophilin C)  
PPIE = Peptidylprolyl Isomerase E (Cyclophilin E)  
P4HA2 = Prolyl 4-Hydroxylase Subunit Alpha 2 (Collagen Prolyl 4-Hydroxylase Alpha II)

## CONCLUSIONS

- The ALT-module demonstrated great heterogeneity in function including anti-inflammatory and anti-viral properties in addition to collagen regulation consistent with cyclophilin pharmacology.
- The C6M module had great heterogeneity in scope with only three key driver genes identified modulated by RCF treatment.
- The ProC3 module demonstrated the greatest specificity involving regulation of collagen synthesis.
- ProC3 Key Driver network directly interacts with cyclophilins.
- Treatment of these NASH subjects with RCF modulates a large collagen regulatory network including synthesis and catabolism.
- Key driver genes and their regulatory networks can be utilized as biomarkers for RCF pharmacodynamics.
- Gene networks identified in this study support further development in the treatment of NASH and hepatocellular carcinoma.

## ACKNOWLEDGEMENTS

Dedicated to the patients that participated in trial NCT04480710.

## REFERENCES

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## CONTACT INFORMATION

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