

INTRAVENOUS ADMINISTRATION WITH THE ASK1 INHIBITOR SRT-015 ALLEVIATES LIVER INJURY AND SYSTEMIC INFLAMMATION IN DISEASE MODELS OF LIVER FAILURE

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BACKGROUND & AIM

Acute-on-chronic liver failure (ACLF) is characterized by multiple organ failures in patients with acutely decompensated cirrhosis and is associated with high short-term mortality. The development of ACLF occurs in the setting of systemic inflammation, whose severity increases with the number of organ failures and mortality. ACLF is a complex condition resulting from an uncontrolled activation of the innate immune system associated with an exaggerated systemic oxidative stress due to the translocation of pathogen-associated molecular patterns (PAMPs) from the gut and the release of damage-associated molecular patterns (DAMPs) by dying cells¹.

SRT-015 is a novel, small molecule inhibitor of the Apoptosis Signal-regulating Kinase 1 (ASK1). ASK1 is a redox-sensitive kinase that is activated by pathological stimuli including oxidative stress, PAMPs and pro-inflammatory cytokines. Previous studies have demonstrated anti-inflammatory and anti-apoptotic effects of SRT-015 *in vitro* in preventive settings, while oral administration of SRT-015 prevents liver injury in various models of liver diseases^{2,3,4}.

The aim of this study was to evaluate the efficacy of SRT-015 in therapeutic settings (*ie* when added after the pathological induction) using *in vivo* and *in vitro* models.

Therefore, we evaluated

• the efficacy of intravenous (i.v.) SRT-015 administration in two mechanistic models of liver failure:

- Acetaminophen (APAP) overdose that induces exacerbated oxidative stress and leads to acute liver necrosis;
- D-galactosamine that blocks RNA and protein synthesis, combined with LPS that activates Kupffer cells and macrophages, leading to liver cell apoptosis and necrosis as well as systemic inflammation.

• the anti-apoptotic and anti-inflammatory activities of SRT-015 added after oxidative stress or PAMP stimulus in cell-based assays.

MATERIAL & METHODS

• **SRT-015 i.v. administration in APAP mice**

C57BL/6 male mice (8-10-week-old) received an intraperitoneal (i.p.) injection of acetaminophen (APAP, 300 mg/kg diluted in 10% Tween-80/90% normal saline) after an overnight fasting. One hour after APAP injection, mice received an intravenous (i.v.) injection of SRT-015 (1 mg/kg) or vehicle (n=7-8/group). Mice were terminated 6h after APAP injection and blood was collected to measure serum alanine (ALT) and aspartate (AST) aminotransferases (Selectra Pro M Lite - Fully Auto Biochemistry Analyzer).

• **SRT-015 i.v. administration in GalN/LPS mice**

C57BL/6 male mice (8-10-week-old) received an i.p. co-injection of D-galactosamine (GalN, 700 mg/kg) and lipopolysaccharide (LPS E. coli, 25 µg/kg) diluted in phosphate buffered saline (PBS). Mice received intravenous (i.v.) injection of SRT-015 (0.75 mg/kg) or vehicle 0.5h after GalN/LPS injection (n=23-24/group). Mice were terminated 6h after GalN/LPS injection and blood was collected to measure serum ALT and AST using a Daytona plus automate, and cytokines using Luminex technology.

• **Effect of SRT-015 in human hepatocytes after H₂O₂-induced stress**

Human immortalized hepatocytes (IHH)⁵ were stressed with H₂O₂ (300 µM) after 24h starvation. A dose range of SRT-015 (0.1 - 30 µM) was added 15 min after H₂O₂. Caspase 3/7 activity was measured in cell lysates using the Caspase-Glo® 3/7 luminescent assay (Promega) 6h after H₂O₂ addition.

• **Effect of SRT-015 effect in human PBMC after LPS stimulation**

Human peripheral blood mononuclear cells (35% CD3⁺ T cells, 27% CD4⁺ T cells (helper), 6% CD8⁺ T cells (cytotoxic), 12% CD19⁺ B cells, 15% CD14⁺ monocytes, 4% CD56⁺ NK cells, TebuBio) were stimulated with LPS (1 ng/ml *Escherichia coli* O111:B4, Sigma Aldrich) 1h after seeding. A dose range of SRT-015 (0.47 - 30 µM) was added 30 min after LPS. TNFa was measured by HTRF (Revvity) in the cell supernatant 6h after LPS stimulation.

• **Statistical analyses**

Box plots show the median as a line, 25th to the 75th percentile as a box and min and max as whiskers.

For data following a normal distribution:

#: p<0.05; ##: p<0.01; ###: p<0.001 using a two-tailed Student T test

α: p<0.05; αα: p<0.01; ααα: p<0.001 using a Dunnett's multiple comparisons test.

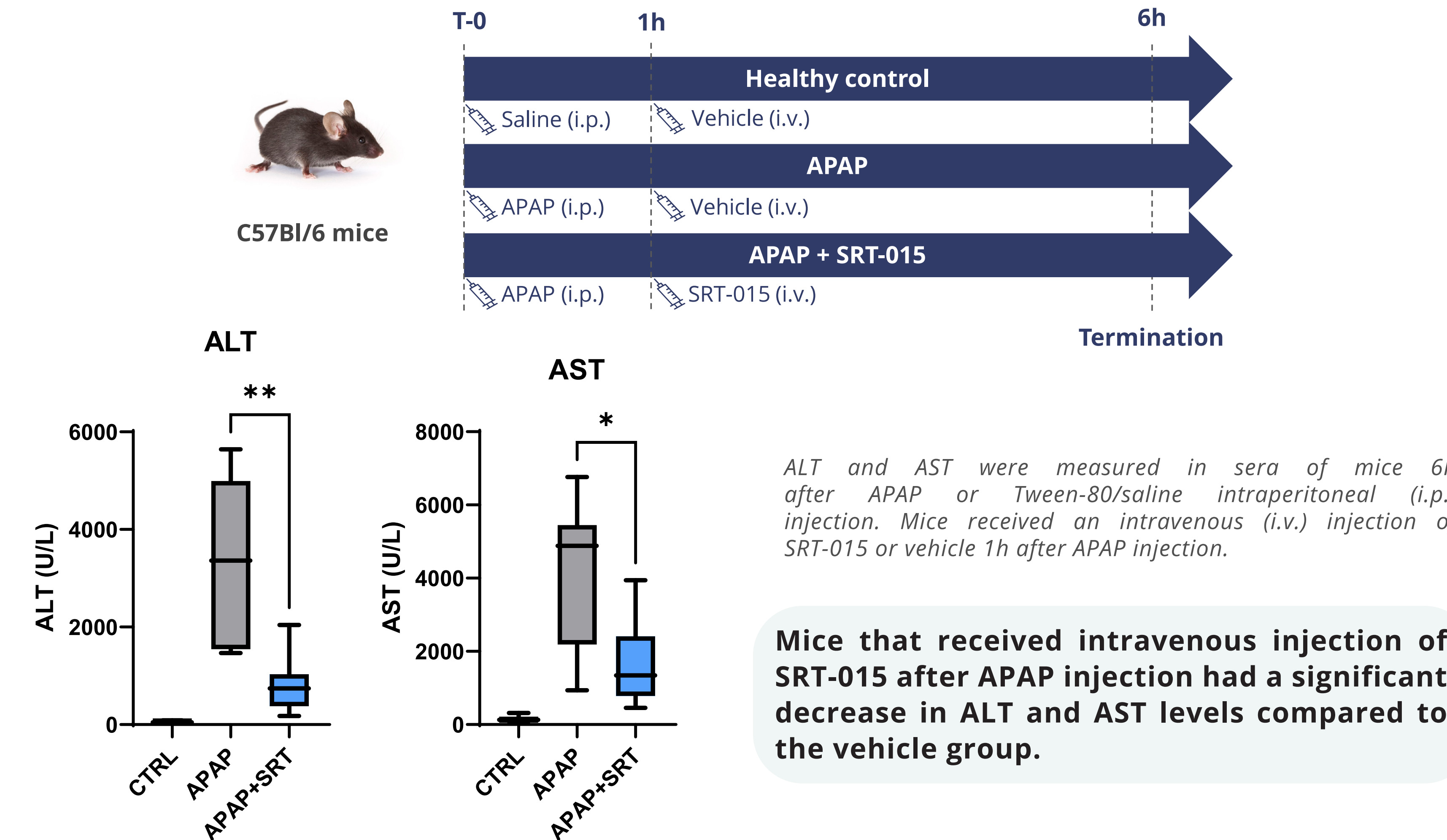
For non-normally distributed variables:

*: p<0.05; **: p<0.01; ***: p<0.001 using a two-tailed Mann-Whitney test

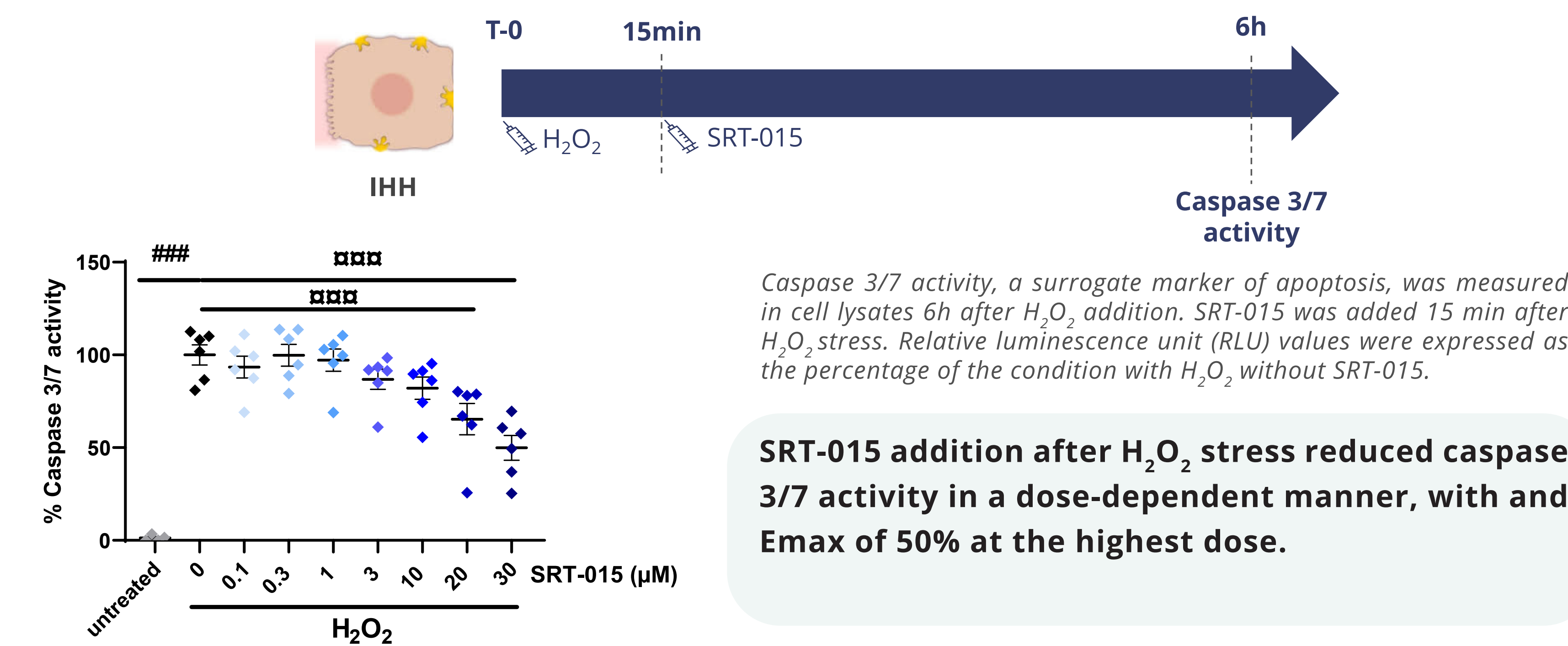
§: p<0.05; §§: p<0.01; §§§: p<0.001 using Dunn's multiple comparisons test.

RESULTS

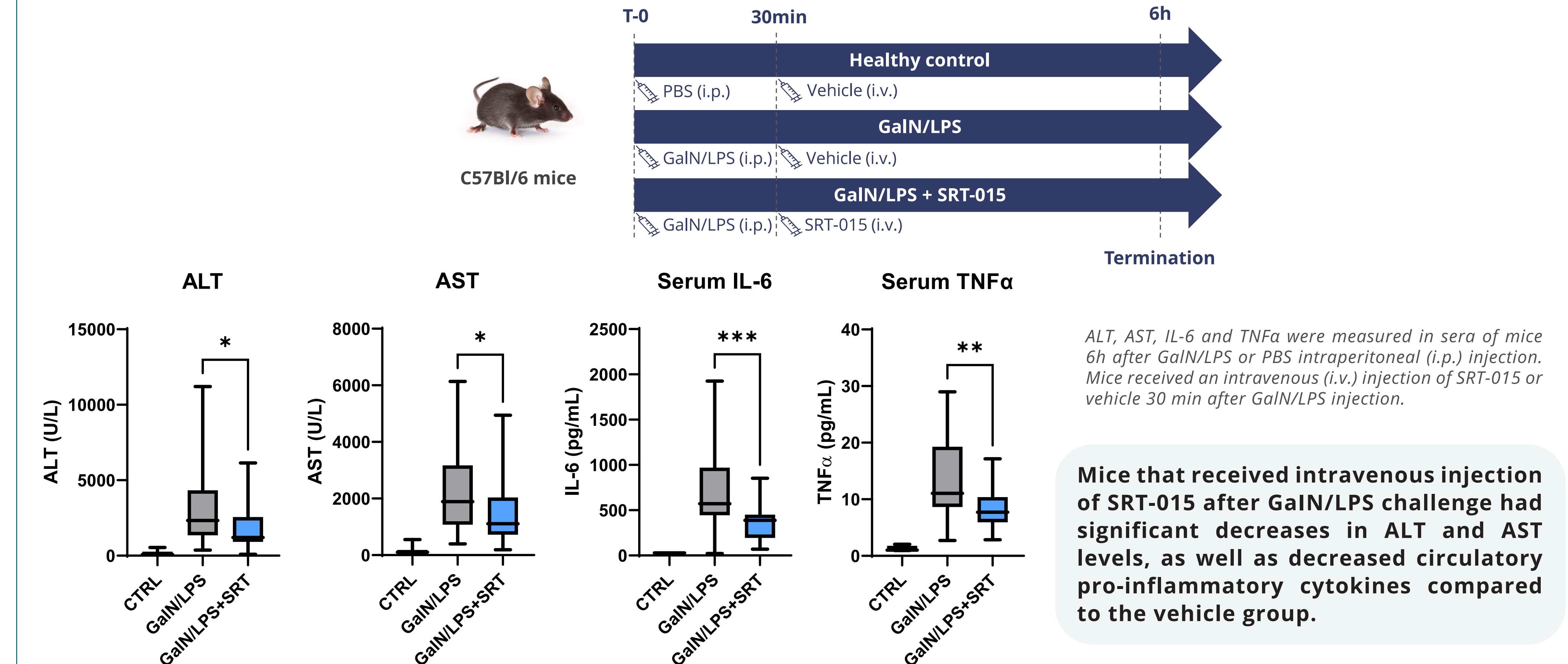
INTRAVENOUS ADMINISTRATION OF SRT-015 AFTER APAP INJECTION ALLEVIATES LIVER INJURY



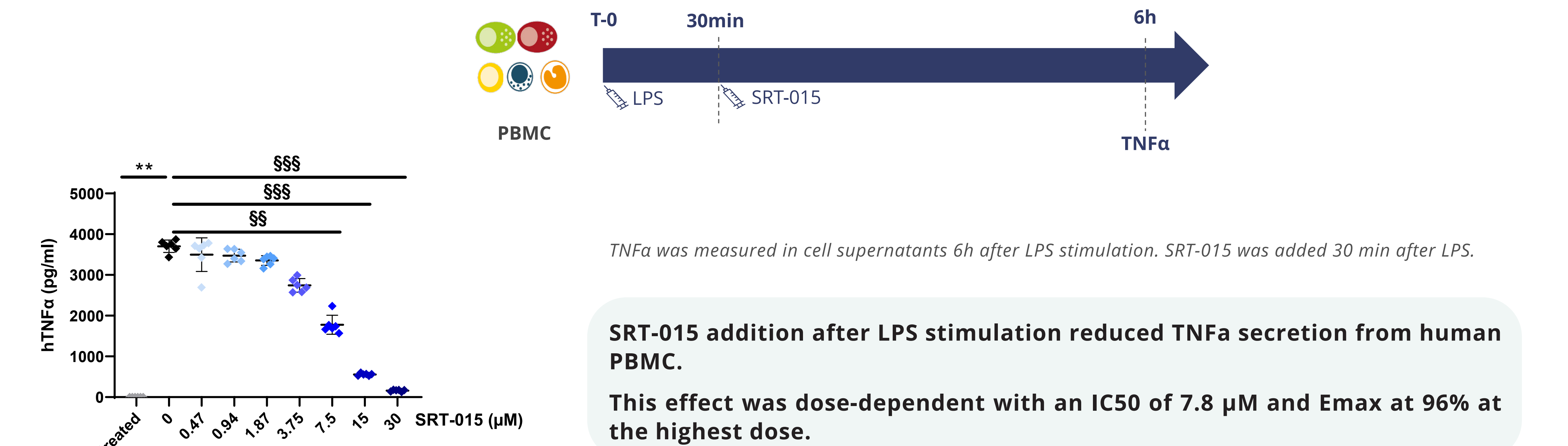
ADDITION OF SRT-015 AFTER H₂O₂ CHALLENGE REDUCES OXIDATIVE STRESS-INDUCED APOPTOSIS IN HEPATOCYTES



INTRAVENOUS ADMINISTRATION OF SRT-015 AFTER GalN/LPS INJECTION ALLEVIATES LIVER INJURY AND SYSTEMIC INFLAMMATION



SRT-015 INHIBITS CYTOKINE SECRETION IN HUMAN PBMC, EVEN WHEN ADDED AFTER LPS STIMULUS



CONCLUSION

• These results show that iv administration of SRT-015 alleviates liver injury and counteracts systemic inflammation in two models of acute liver failure (ALF), hence demonstrating the therapeutic potential of SRT-015 in ALF and ACLF.

• These therapeutic effects might result from both protective effects on hepatocytes (apoptosis) and anti-inflammatory effects on immune cells (cytokine release from PBMC).

• These data support the potential of SRT-015 for the treatment of patients with ALF and ACLF.

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DISCLOSURE

VL, MM, SD, PP, VD, DH, SSJ are employees and stock shareholder of GENFIT S.A.; RH and JC are consultant for GENFIT S.A.; BS is scientific adviser of GENFIT S.A.