



Combination Therapy WG Liver Forum 16 Update Washington DC

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Novo Nordisk, DK on behalf of the combination therapy WG



Working group progress:



Co-chairs: Alina Allen (Mayo) and Michelle Long (Novo Nordisk)

Meetings: Approximately 1x per month

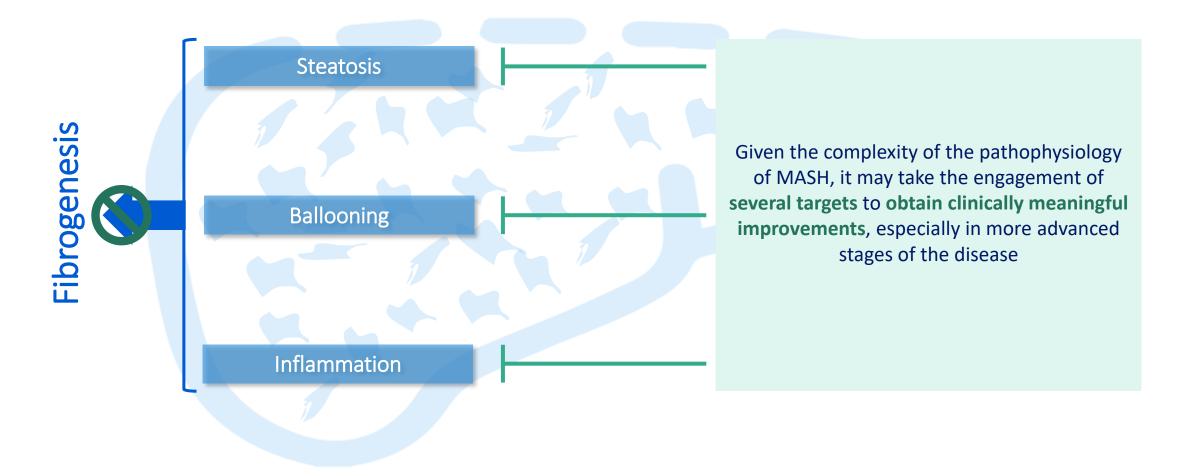
- Alina Allen
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- Michael Fuchs
- Azza Karrar
- Sanjay Kumar
- Ruby Mehta
- Mazen Noureddin
- Cathy O'Hare
- Brenda Rodriguez
- Charmaine Stewart
- Pam Young



Combination therapy may most effectively treat MASH





How do we approach combination therapy for patients with MASH?

Randomisation (2:1)



Trial 1

- · Time driven by biopsy/histology
- Non-cirrhotic NASH

OR

Trial 2

- · Time driven by biopsy/histology
- Non-cirrhotic NASH



Treatment A + Treatment B

Placebo

Treatment duration xx months

How to minimize monotherapy arms?

End of treatment

- Can we extrapolate from historical studies using same or similar molecules for diseases with overlapping phenotypes?
- Can we extrapolate from phase 2 data?
- Can we consider nonhistologic surrogates/NITs for monotherapy arms?



2 Identified Workstreams



- 1: Explore the regulatory landscape for combination therapies in MASH
 - Describe current guidance, highlight challenges, describe consensus suggestions which may mitigate challenges
- 2: Consensus statement on combination therapies
 - Consider different MASLD phenotypes (low, mid, high risk of MALO)
 - Mechanistic rationale for combination therapies
 - Inventory of MoA and build consensus around prioritized combinations



Plan: Consensus recommendations on combination drug development



- Aim: combine clinical, drug development and regulatory considerations in single consensus paper
 - Draft paper under development

Draft: Anticipating the Future of Combination Therapy Trial Designs in MASH
Clinical Trials- Considerations

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Next steps



- Finalize central figure
- Continue to add details to several paper sections
- Anticipate having draft available for broader comments by end of June 2024, paper submission by Aug 2024.