

# Case study: Non clinical study outcomes of fasiglifam (TAK-875) discontinued prior to approval — Consideration from non-clinical study results



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Hideo FUKUI, PhD, DABT, DJSOT  
Non Clinical Safety Research, Research  
Axcelead Drug Discovery Partners, Inc.

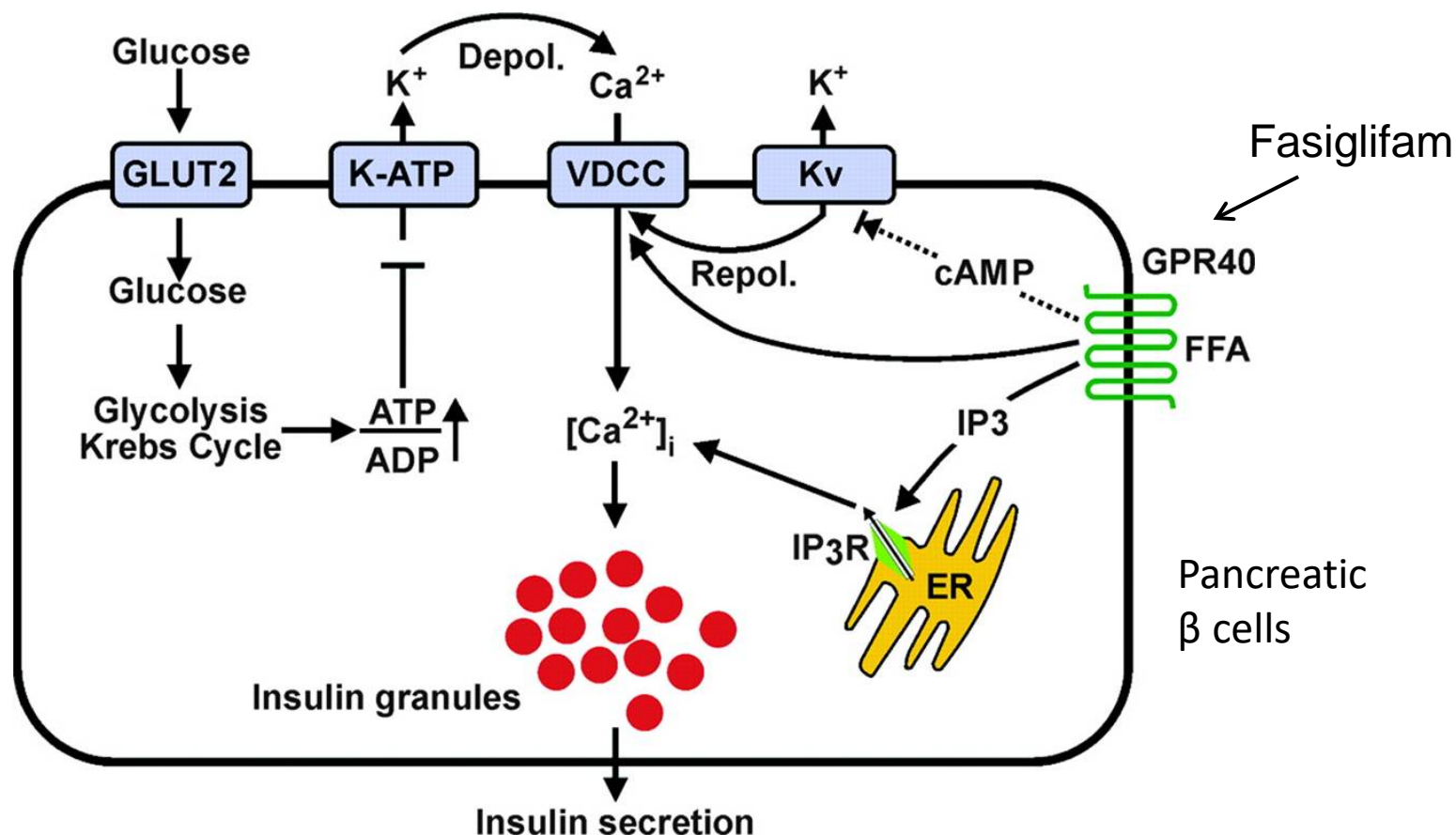
# Fasiglifam: Overview of Liver Toxicity Data

## Outline

- Pharmacology
- Phase 3 results
- Liver toxicity in repeat-dose studies
  - Rats
  - Dogs
- Pathological changes in dog liver
- Exposure margin

# Fasiglifam (TAK-875): Pharmacology

## Regulation of insulin secretion by glucose and GPR40



From: Gromada, J. Endocrinology 2006;147:672-673

Clinical development was  
terminated just before approval in  
Japan.

What was going on the phase III  
clinical studies outside Japan?

# What is Hy's Law?

## Drug-Induced Liver Injury: Premarketing Clinical Evaluation (DILI Guidance, *July 2009*)

- Discontinuation of treatment should be considered if:
  - *stop rules*

	Criteria	Others
ALT/AST	> 8x ULN	
ALT/AST	> 5x ULN	over 2 wks
ALT/AST	> 3x ULN	& T Bilirubin > 2x ULN
ALT/AST	> 3x ULN	& symptoms (e.g. fatigue, nausea & vomiting, right upper abdominal discomfort, fever, rash, eosinophilia)

Any potential Hy's Law case should be reported to the FDA promptly.

# Overview of liver injury severity in global phase III

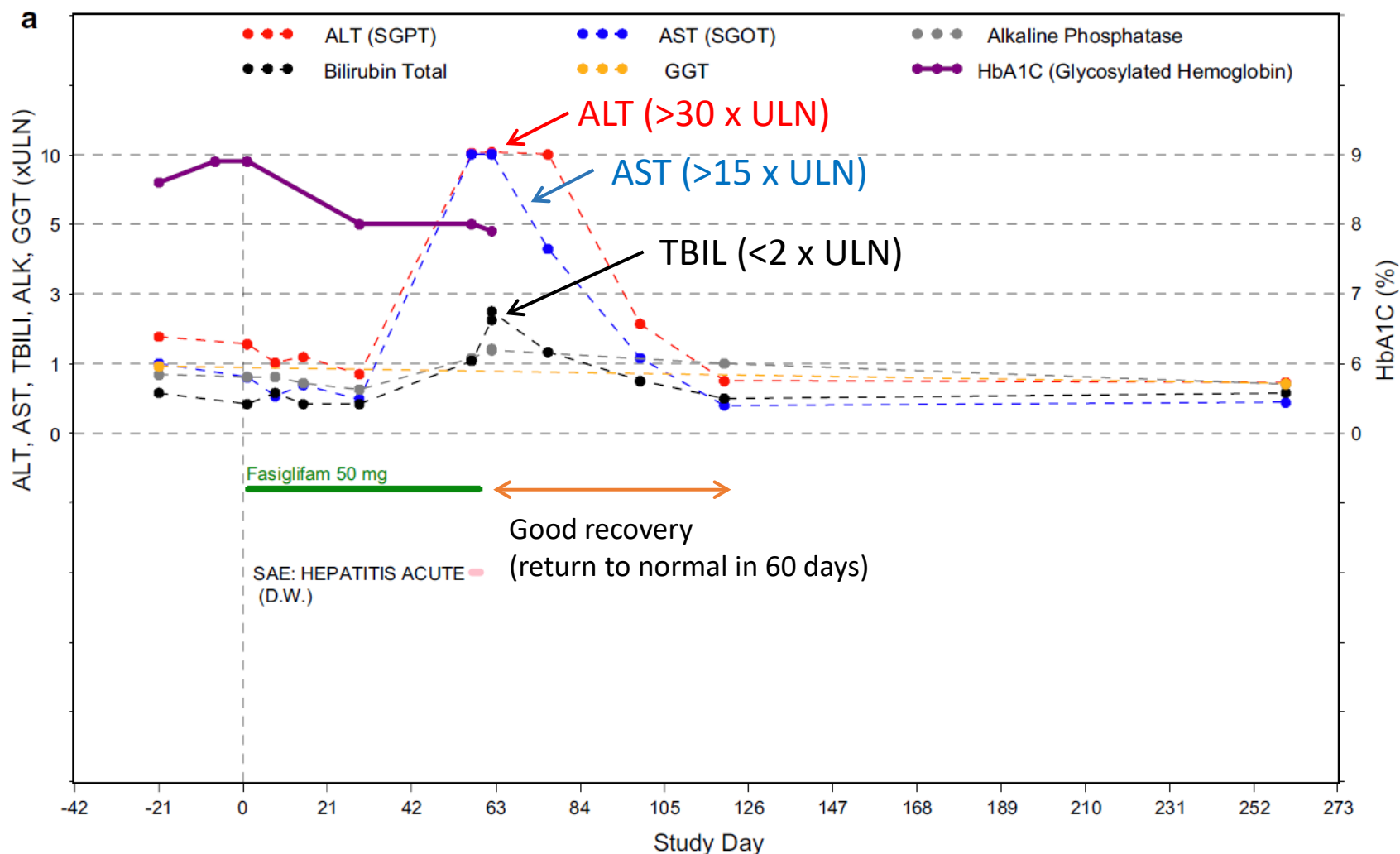
Seriousness category	Placebo [N = 2336] (%)	Fasiglifam 25 mg [N = 1637] (%)	Fasiglifam 50 mg [N = 3300] (%)	Sitagliptin 100 mg [N = 368] (%)	Glimepiride 4 mg [N = 953] (%)
ALT >8x ULN	3/2234 (0.1)	10/1624 (0.6)	24/3195 (0.8)	1/360 (0.3)	0
ALT >3x ULN, & TBIL >2x ULN	1/2234 (0.0)	2/1624 (0.1)	5/3195 (0.2)	2/360 (0.6)	0
Hospitalization for the liver injury	2 (<0.1)	4 (0.2)	8 (0.2)	3 (0.8)	4 (0.4)
Liver-related death or transplant	0	0	0	0	0

ALT alanine aminotransferase, ULN upper limit of normal, TBIL total bilirubin, AST aspartate aminotransferase

Marcinak et al. Drug Saf (2018) 41:625–640

# Case 1 : Hy's Law Case (Only 1 case)

42-year-old man, fasiglifam 50 mg/day for 2 months

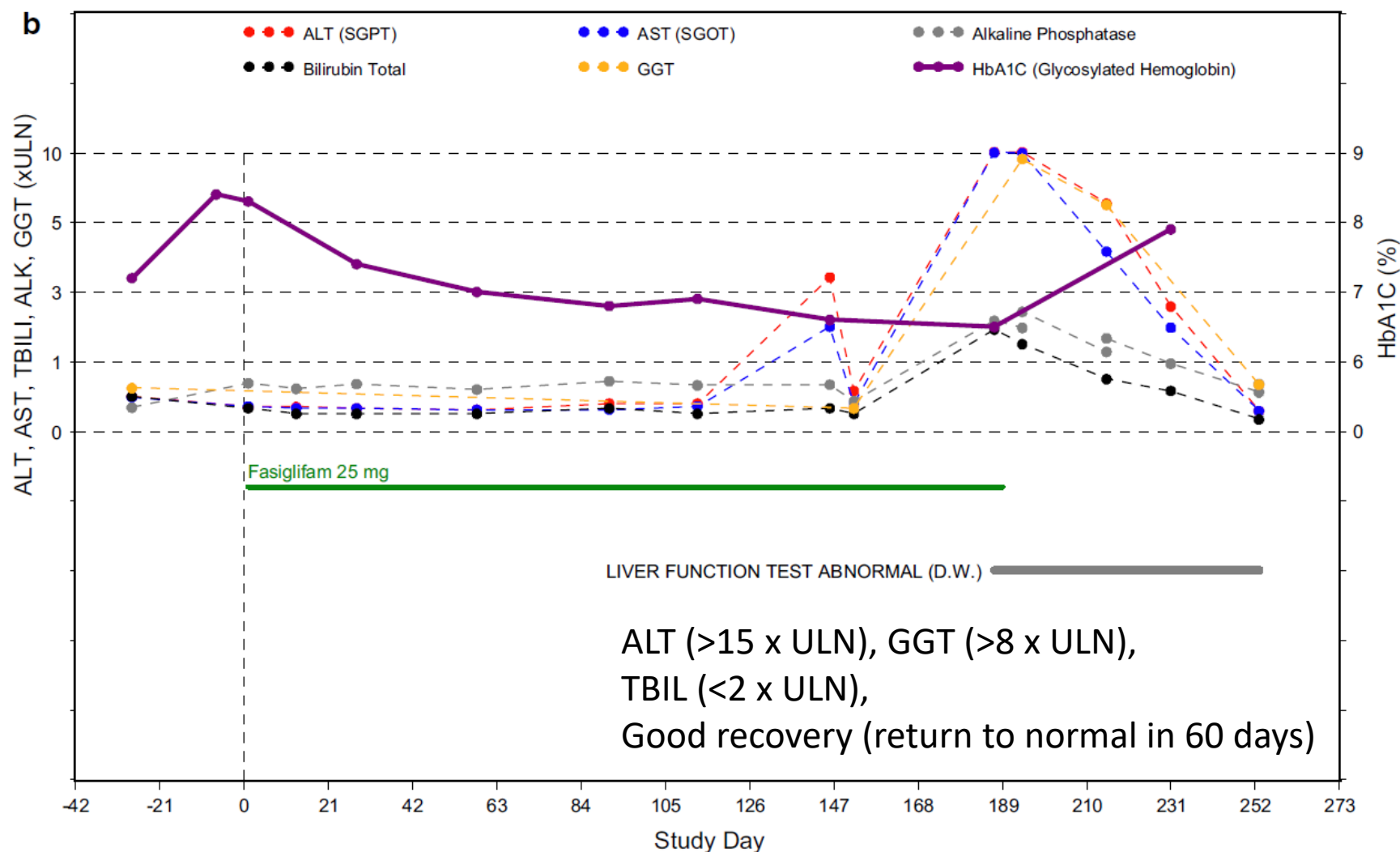


D.W. - Drug Withdrawn, D.I. - Drug Interrupted.

Marcinak et al. Drug Saf (2018) 41:625–640

# Case 2 : 'Near' Hy's Law Case (1 of 2 cases)

75-year-old man, fasiglifam 25 mg/day for 6 months



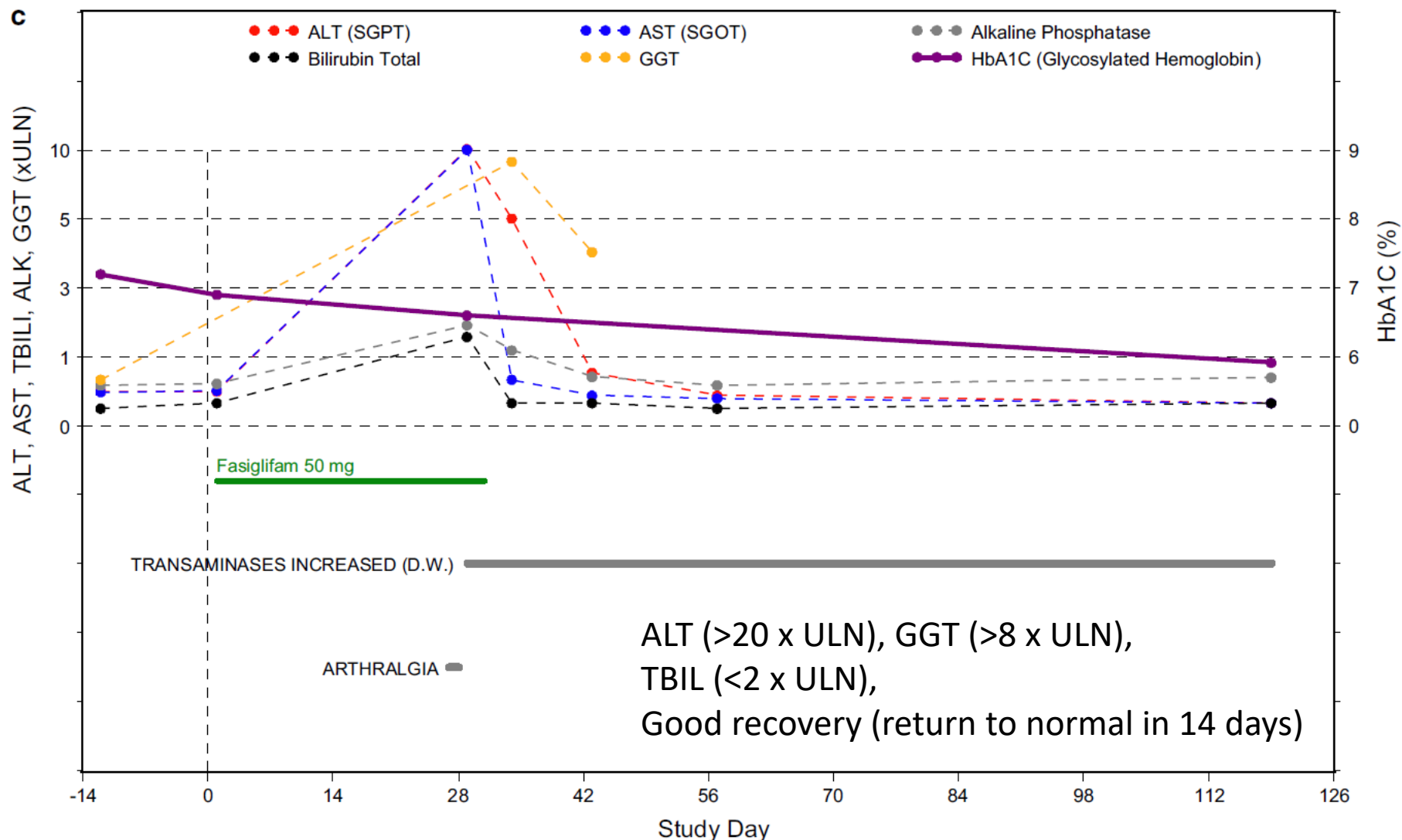
D.W. - Drug Withdrawn, D.I. - Drug Interrupted.

Marcinak et al. Drug Saf (2018) 41:625–640



# Case 3 : 'Near' Hy's Law Case (1 of 2 cases)

60-year-old man, fasiglifam 50 mg/day for 1 month



D.W. - Drug Withdrawn, D.I. - Drug Interrupted.

Marcinak et al. Drug Saf (2018) 41:625–640

# Clinical development program termination

- The combination of imbalance in ALT elevations with Hy's Law cases led to the termination of the fasiglifam clinical program in late phase III development.
- **Global Phase III:** **One** definite Hy's Law and **two** 'near' Hy's Law cases were identified in fasiglifam-treated patients. Three serious liver injuries were attributed to fasiglifam treatment. [**3/5359** patients (**0.05%**) in fasiglifam group]
- **Japanese Phase III:** All studies were completed ahead of the global program. These studies indicated **no Hy's Low cases in Japanese patients**.
- These outcomes resulted in the decision to terminate the clinical development program of fasiglifam.

Marcinak et al. Drug Saf (2018) 41:625–640

# Questions?

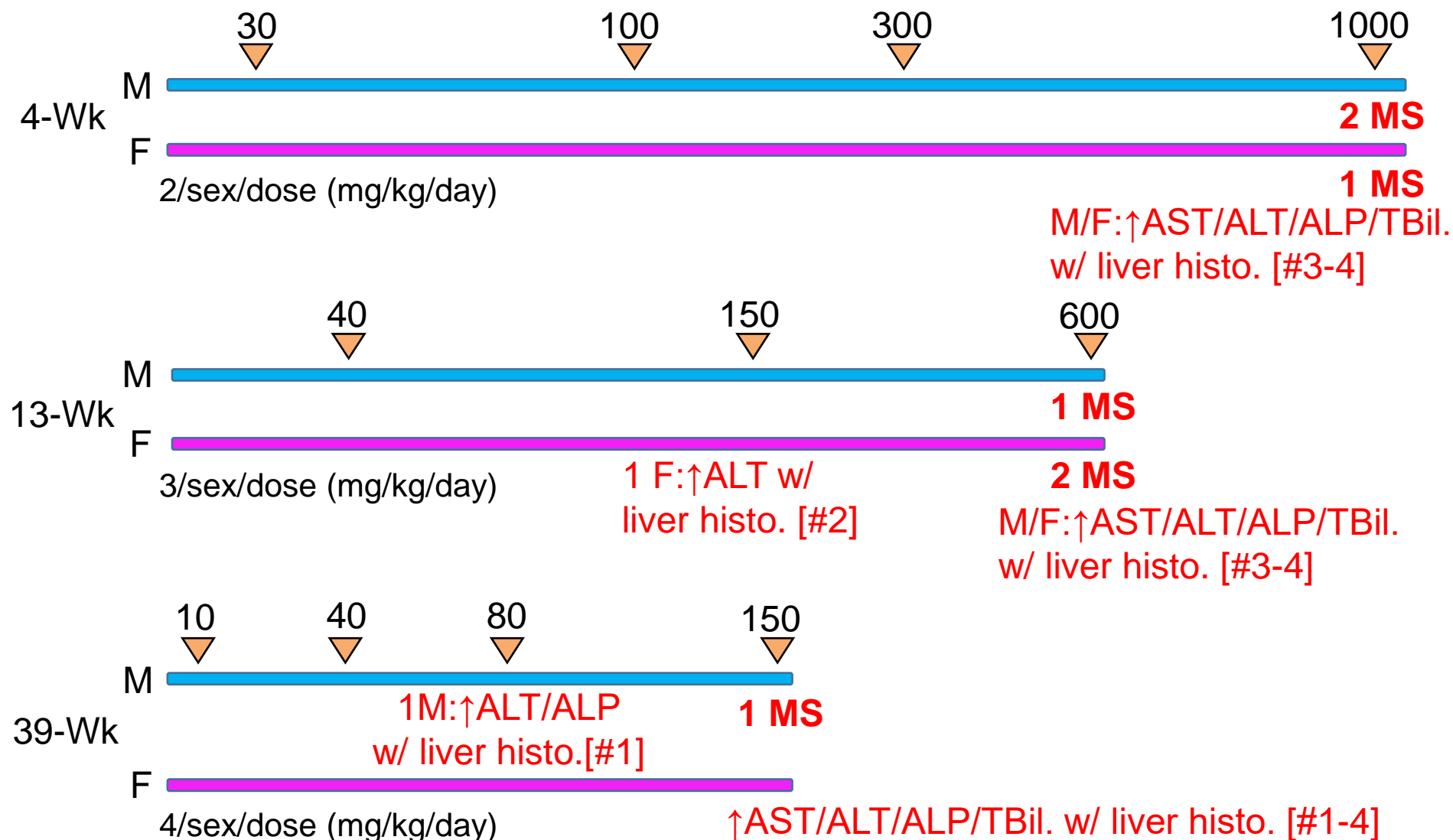
- What had happened in the toxicity studies in animals ?
- Should we predict the outcome of liver toxicity in humans from non-clinical study results?

# Fasiglifam: Rat Liver Toxicity

- 4-week (20, 60, 200, 600 mg/kg/day. NOAEL: 60 mg/kg/day)
  - $\geq 200$  mg/kg/day
    - $\uparrow$  cholesterol (females)
  - 600 mg/kg/day
    - $\uparrow$  liver weight,  $\uparrow$ AST/ALT & bilirubin
    - hypertrophy of centrilobular hepatocytes
- 13-week (20, 60, 600, 2000 mg/kg/day. NOAEL: 60 mg/kg/day)
  - 600 mg/kg/day
    - $\uparrow$  liver weight,  $\uparrow$ AST/ALT & bilirubin,
    - hypertrophy of centrilobular hepatocytes
    - Changes resolved/tended to resolve after 13 weeks of recovery
  - 2000 mg/kg/day
    - moribund conditions & mortality (90% by Day 81)
- 26-week (20, 60, 200 mg/kg/day. NOAEL: 60 mg/kg/day)
  - No liver toxicity at up to 200 mg/kg/day

# Fasiglifam: Dog Liver Toxicity

無断転載禁止

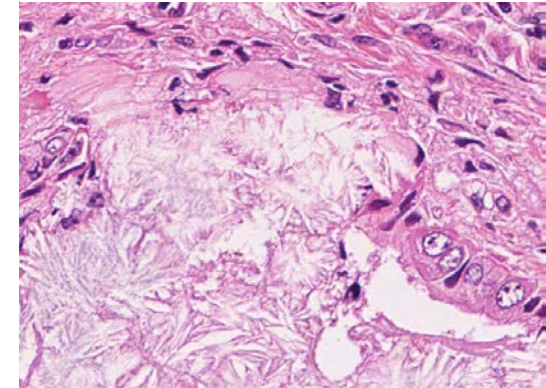
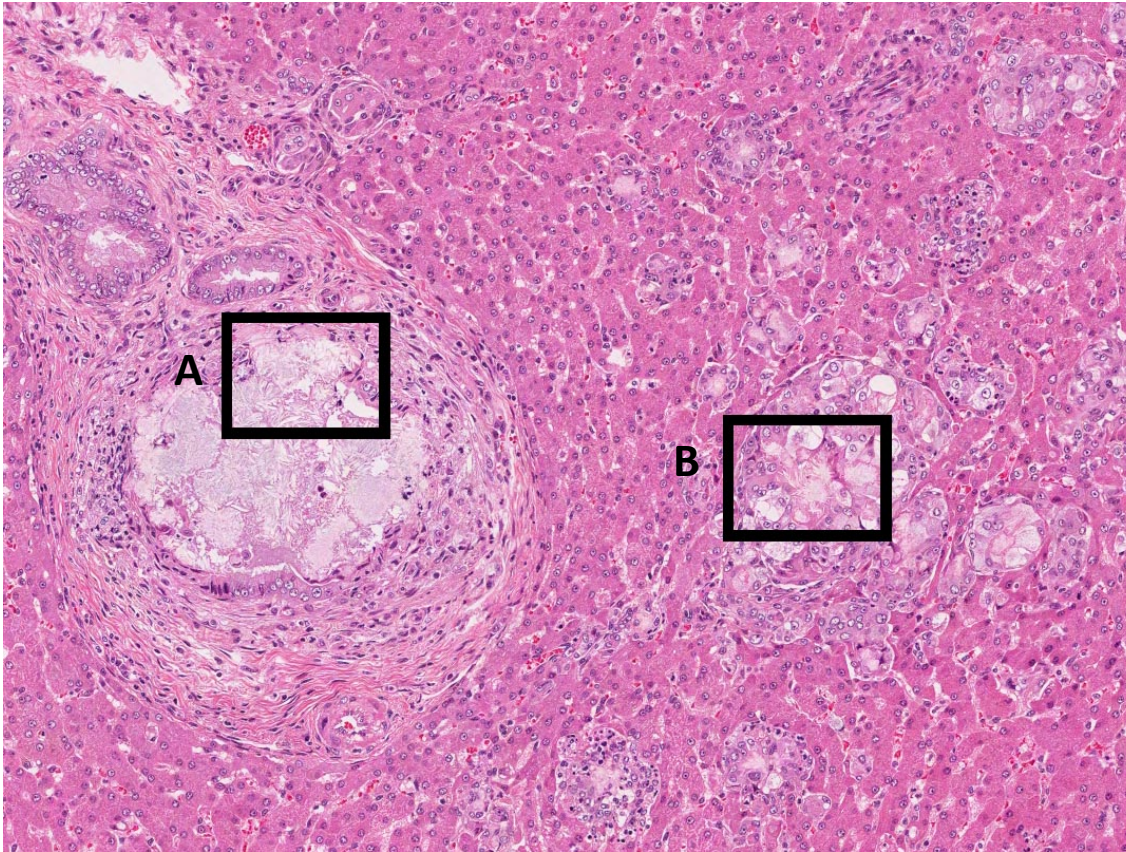


liver histo.=portal/periportal granulomatous inflammation w/ crystal formation,  
 number in [ ] indicates severity grade(s); **MS**: moribund sacrifice.

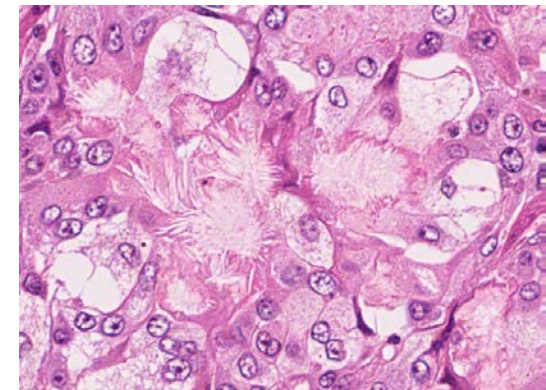


# Fasiglifam: Portal/periportal granulomatous inflammation with crystal formation in dogs

Dose: 600 mg/kg



A. bile duct

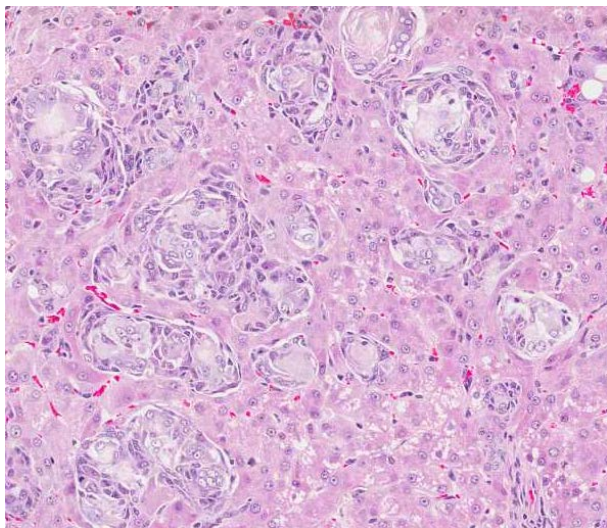


B. parenchyma

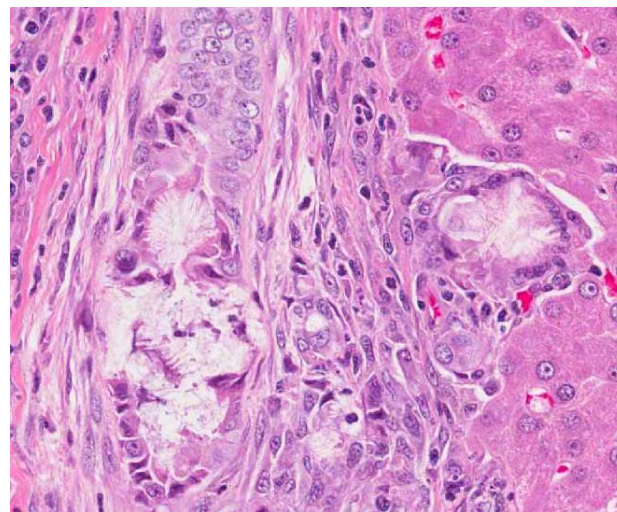
The liver toxicity was observed in dogs but not in rats.



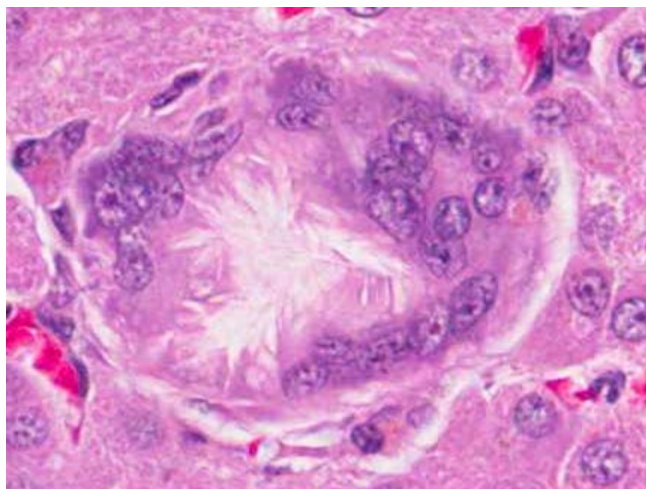
# Fasiglifam: Portal/periportal granulomatous inflammation with crystal formation



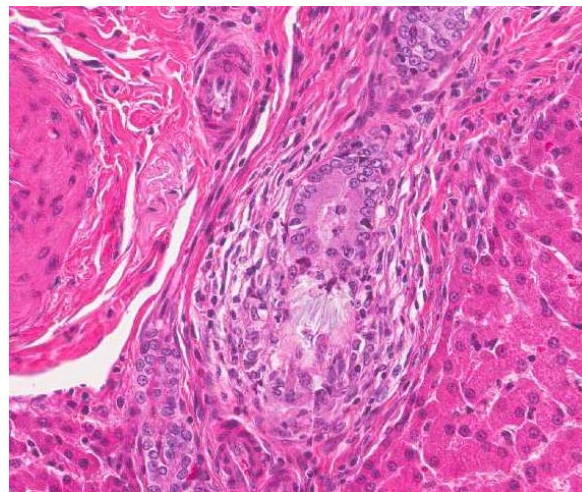
Multiple granuloma [3] (4-week,M,1000 mg/kg/day)



Crystal in bile duct [4] (4-week,M,1000 mg/kg/day)



Granuloma with crystal [4] (4-week,M,1000 mg/kg/day)



Crystal in bile duct [3] (39-week,F,150 mg/kg/day)

M: male; F: female; Number in [ ]: severity grade.

無断転載禁止

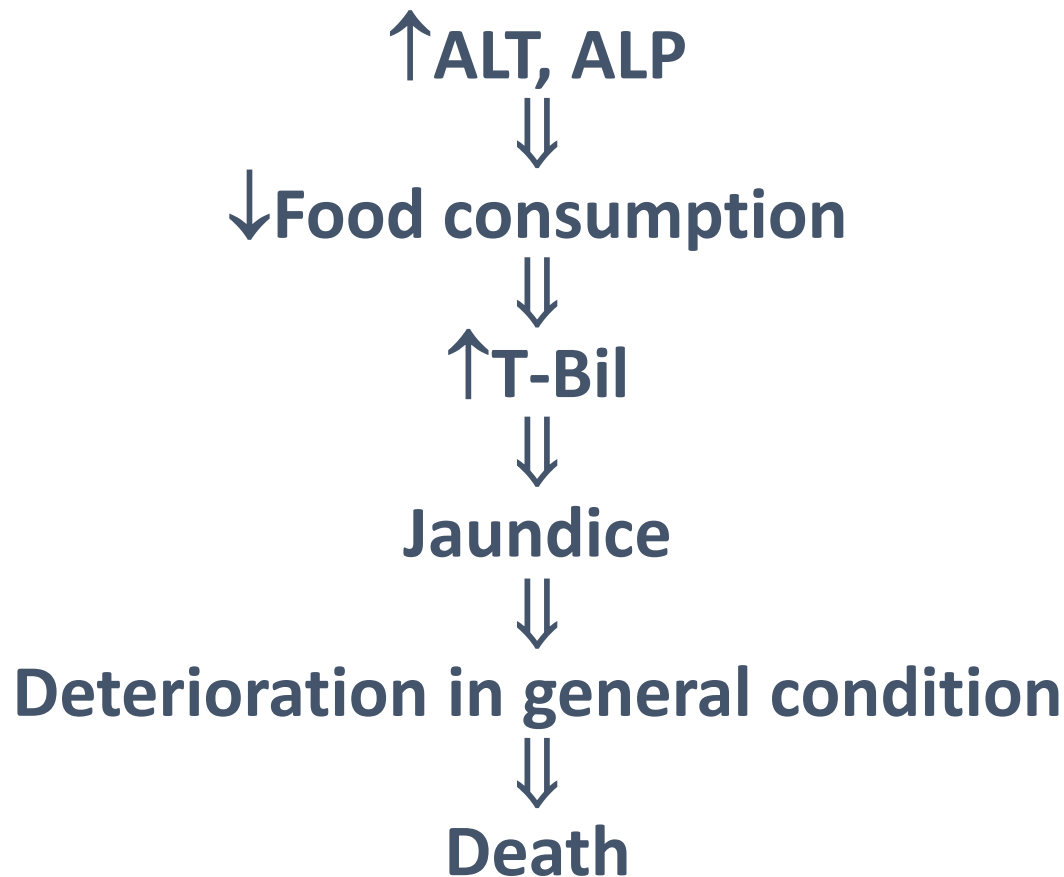
# Fasiglifam: Incidence of portal/periportal granulomatous inflammation with crystal formation

Dose (mg/kg/day)	40	80	100	150	300	600	1000
4-Wk 2/sex/dose			-		-		<b>2M/1F MS</b> 1/sex [3] 1/sex [4]
13-Wk 3/sex/dose	-			1F [2]		<b>1M/2F MS</b> 1M [3] 2/sex [4]	
39-Wk 4/sex/dose	-	1M [1]		<b>1M MS</b> 1M [1] 1F [2] 1F [3] 1M [4]			

-: liver appeared normal; M: male; F: female; MS: moribund sacrifice; shaded area: dose not used in the study  
 Number in [ ]: severity grade 1 (minimal to slight), 2 (mild), 3 (moderate) and 4 (marked to severe).



# Process to death due to fasiglifam in dogs



# Summary: Fasiglifam Dog Liver Toxicity

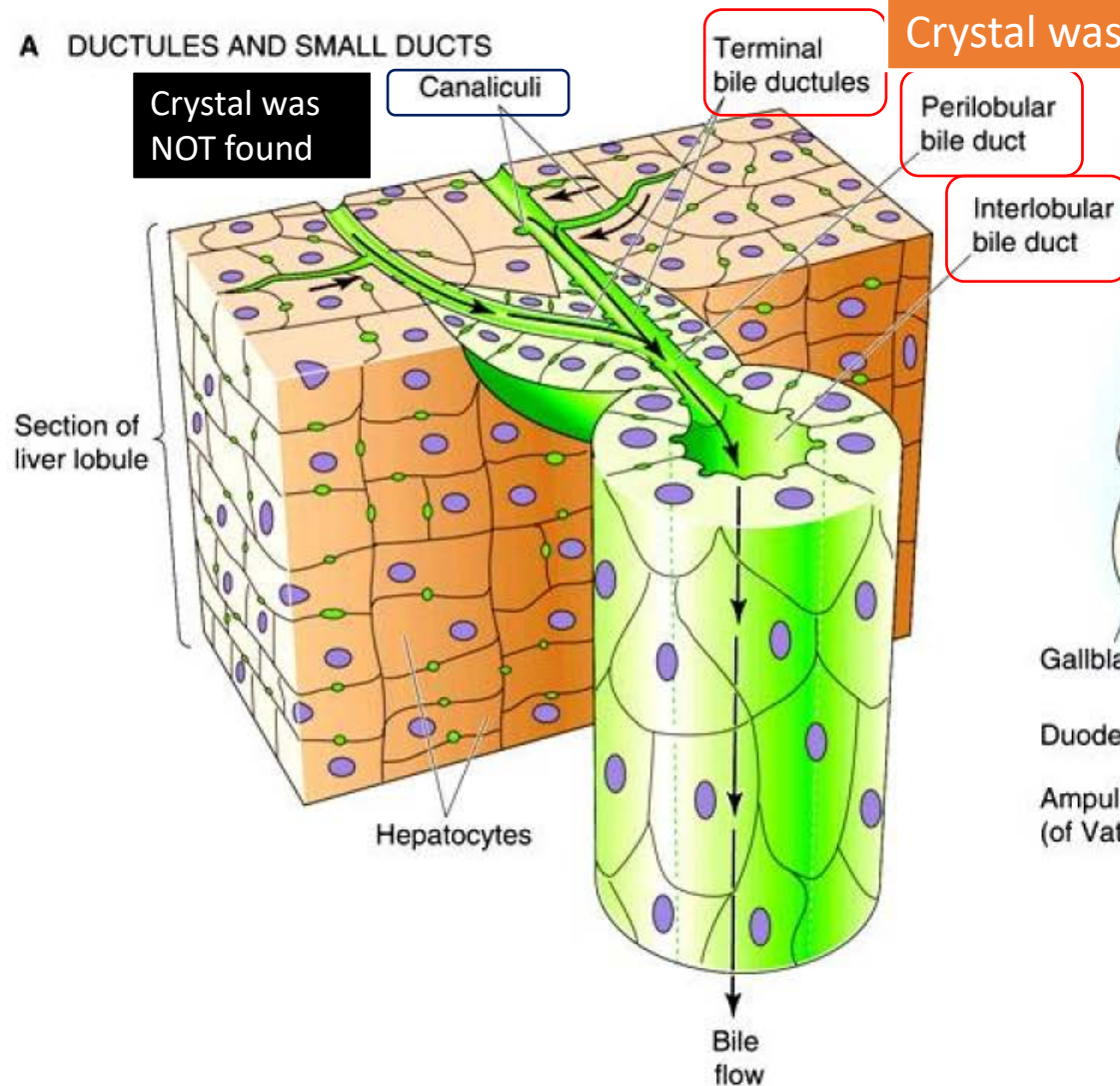
- Dog-specific toxicity in liver/intrahepatic bile ducts
  - Portal/periportal granulomatous inflammation with crystal formation
  - Severity/frequency dose- and time-dependent
  - Liver toxicity at 150 mg/kg/day in the 39-week study resolved/tended to resolve after a 13-week recovery
- Safety margin based on NOAEL in the 39-week dog study for T2DM patients at 50 mg/day
  - 14X

# What was the composition of crystal ?

1. Matrix-assisted laser desorption/ionization time-of-flight mass spectrometry analysis clarified that the crystalline materials were composed by **fasiglifam and fasiglifam glucuronide**.
2. Hepatotoxicity in dogs is considered due to the precipitation of fasiglifam-related materials in the bile duct.

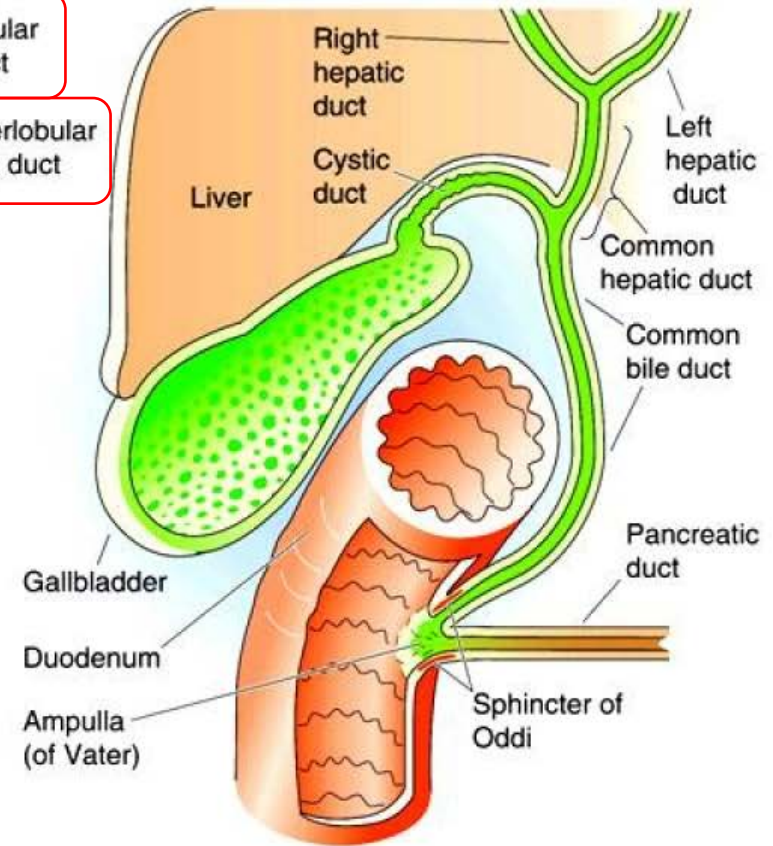
# Bile is secreted by the liver, stored in the gall bladder and ejected into the small intestine

## A DUCTULES AND SMALL DUCTS

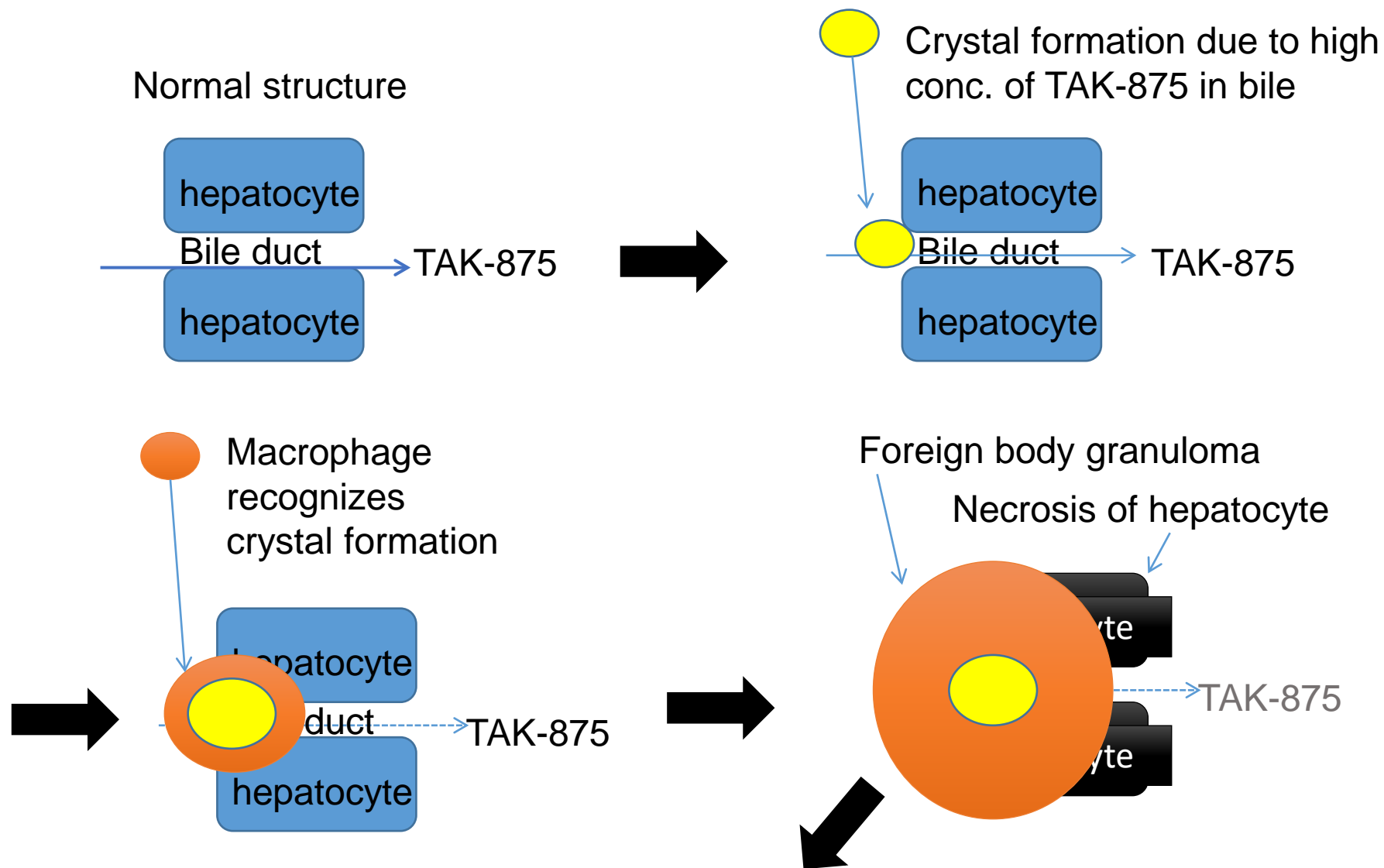


Crystal was found

## DUCTS AND GALLBLADDER



# Hypothesis of formation of jaundice with bile stasis



# What was safety margin in human bile?

# Safety margin in AUC in plasma

- Human Ph3 doses vs NOAEL in dog 39W tox study -

Dose (mg/day)	50
AUC <sub>0-24h</sub> (μg.h/mL) in humans	61.4 <sup>a)</sup>
AUC <sub>0-24h</sub> (μg.h/mL) at NOAEL (40 mg/kg/day) in dogs	854 <sup>b)</sup>
SM (vs AUC in plasma)	14X

Estimated Ph3 doses: 50 & 25 mg, AUC at NOAEL in a 39-week tox study in dogs,

a) Mayer, 2014, Drugs R D 14:273–282.

b) Wolenski, 2017, Toxicol Sci 157:50–61.

**Possible mechanism of hepatotoxicity in dogs**

**⇒Precipitation of fasiniglifam-related materials in the bile duct.**

**Consideration of safety margin in bile is more important.**

# Safety margin in AUC in bile

- Human Ph3 doses vs NOAEL in dog 39W tox study -

## Safety margin in estimated conc. in bile: **23X**

- Human 50 mg Ph3 doses vs NOAEL in dog 39W tox study -



Next speaker Dr Tagawa explains how to calculate safety margins in bile.

Appropriate SMs (at least **14X** in plasma and **23X** in bile) would be ensured in consideration of the estimated high dose (50 mg/day) for Ph3.



# Conclusion from dog toxicity studies

- Liver toxicity in dogs
  - Unique and likely due to high concentration of TAK-875 and/or metabolites in liver/bile
  - Correlate liver enzyme changes with histopathological changes in affected dogs
- Safety margin based on dog NOAEL is considered adequate (>10X in plasma, >24X in bile, even worst case situation)

# TAK-875: KOL and Agency judgment

Key Opinion Leader's opinion:

- Allow clinical monitoring for liver toxicity
- Support progression to Ph.3

In addition, PMDA/FDA/EMA accepted progression to Ph.3.