

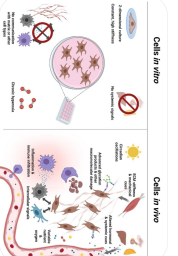
Therapeutic Candidates in a Single Animal Model of NASH

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Background

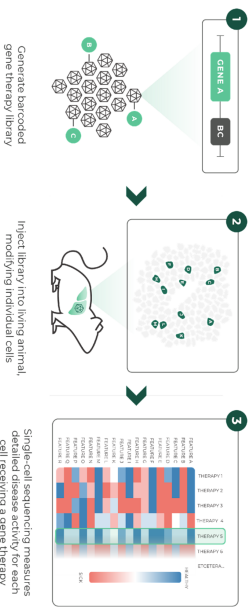
NASH is a disease with a large unmet medical need and complex etiology, involving metabolism, inflammation and fibrosis. *In vivo* testing is essential to measure therapeutic efficacy of putative treatments for NASH, since the pathology is dependent on interactions between multiple cell types, and with systemic metabolism. But *in vivo* experiments are difficult to scale especially in the most realistic animal models.

We have developed technology that enables many therapies to be tested for therapeutic effects inside a single live animal, simultaneously.



Pooled therapeutic screening *in vivo*

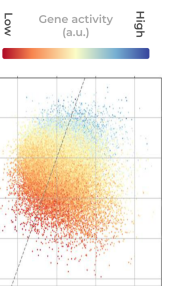
We deliver different therapeutics to individual cells of the liver, and extract those cells for phenotypic transcriptome readouts



Biological features curated in transcriptome, representing (individually or in sets) predictions about physiological effects

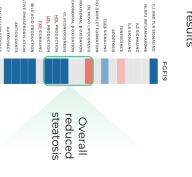
Activity of individual features determined by dimensionally reduction of component genes.

Example: Proinflammatory activation



Data: Cells in individual gene therapy model
Axes: Reduced dimensionality gene set
Dotted line: Inferred gene activity gradient

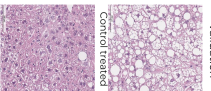
Features validated with orthogonal assays



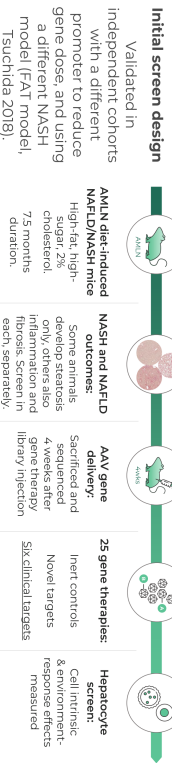
Screen results

Prediction

Physiological validation



Screen predicts clinical and preclinical outcomes

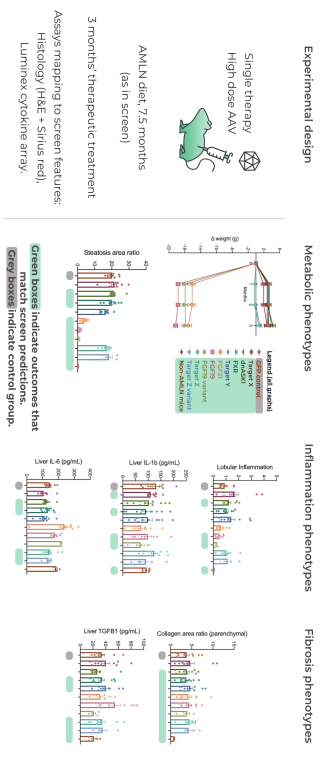


Predictions about clinical targets included in the screen match 14 of 16 outcomes measured in Ph. II/III trials

	FGF9	FGF21	FXR	ASK1	PPAR A+D (+19 other targets)
INFLAMMATION	Benefit (50% patients)	No effect	Benefit (100% patients)	Marginal (100% patients)	No effect
FIBROSIS	Marginal (50% patients)	No effect	Benefit (100% patients)	Marginal (100% patients)	No effect
STEATOSIS	Benefit (50% patients)	Marginal (50% patients)	Marginal (100% patients)	Marginal (100% patients)	No effect
CHOLESTEROL	Marginal (50% patients)	Marginal (50% patients)	Marginal (100% patients)	Marginal (100% patients)	No effect

Left: Predictions from our *in vivo* pooled screen, based on features grouped by physiological readout. Right: Significant clinical trial outcomes. Green boxes indicate outcomes consistent with predictions.

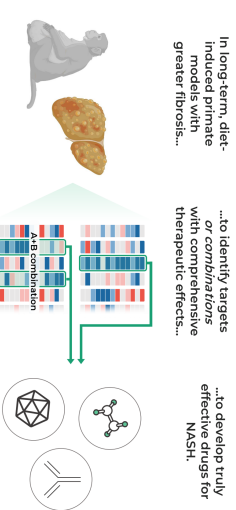
In vivo pooled screen predicts majority of physiological outcomes in high dose, single therapy follow-up experiments



Conclusions & next steps

- Controlled delivery of gene therapies to, and phenotypic profiling of, single liver cells feasible.
- Overall, our *in vivo* screen had strong predictive power for both preclinical and clinical outcomes.
- Hepatocyte screen highly predictive for metabolic effects, less so for inflammation.
- Future stellate & Kupffer screens should capture these features better.
- Thus, *in vivo* pooled screening enables efficacy testing at a dramatically greater scale than has previously been possible.

Upcoming screens will test hundreds of novel candidate therapies per animal



Join our team!

All authors are employees and stockholders of Gordian Biotechnology. We are grateful to Scott Friedman for advice and insightful discussions. We thank Mathieu Petitjean, Li Chen, Louis Petitjean at Pharmanest and Janani Iyer and Robert Brockett at PathAI for their expert analysis of histology data.

We're hiring in San Francisco!

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Job listing

