

NONINVASIVE INITIATION AND MONITORING OF THE THERAPY WITH TNR-BETA AGONIST RESMETIROM (RT) USING LIVERFAST, FIB-4 AND VIBRATION-CONTROLLED TRANSIENT ELASTOGRAPHY (VCTE, FIBROSCAN) IN PATIENTS WITH MASH.

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Track: MASLD and MASH

INTRODUCTION

Resmetrom therapy (RT) was recently approved by the FDA for non-cirrhotic MASH with fibrosis.

The impact of RT on NITs has not been assessed in real-life patients.

LIVERFAST (Fibronostics, Florida, US) is a new blood-based AI-test that assesses liver fibrosis, activity, and steatosis, potentially useful in initiating and monitoring patients during Resmetrom therapy.

AIM

- To assess the dynamic of LIVERFAST, FIB-4 and VCTE during longitudinal monitoring of patients ongoing Resmetrom therapy.
- To estimate the fibrosis progression rate (PR) from baseline to repeated NIT.

Between baseline and repeated measurements in the overall population and according to the RT dose and concomitant therapy with GLP-1 Receptor Agonist (GLP1RA).

METHODS

Patients on RT with baseline and repeated LIVERFAST, VCTE and FIB4 have been included retrospectively. LIVERFAST, a blood-based test, generates scores (0.00-1.00) proportional to the severity of fibrosis, activity, and steatosis.



Vibration Controlled Transient Elastography (VCTE)

Liver stiffness measurement (LSM) < 30% IQR/median ratio included

Statistics

NITs dynamics have been assessed using Kaplan Meier non-parametric statistics censored at ~10% PR occurrence from 10, Tukey-Kramer Multiple-Comparison Test (repeated measurements ANOVA), descriptive and subgroup analysis (dose and GLP-1 receptor agonists (GLP-1RA) analysis).

RESULTS

All patients have been included retrospectively.

86 patients have been eligible with baseline LIVERFAST without RT discontinuation (62% 80mg-dose), 39% male, 55% T2D, 46% on GLP-1RA, mean (se) age 62.4 (1.3), BMI 33.7 (0.7), ALT 44 (4).

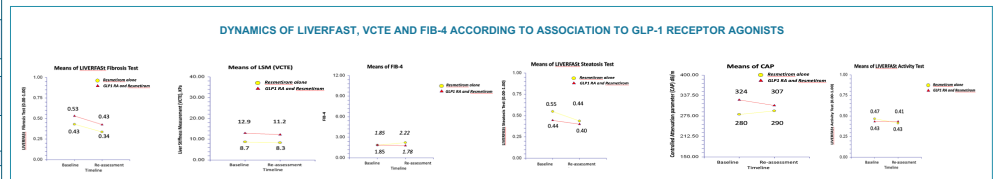
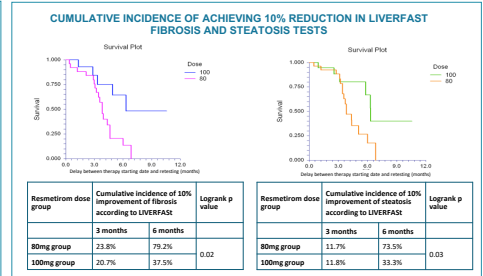
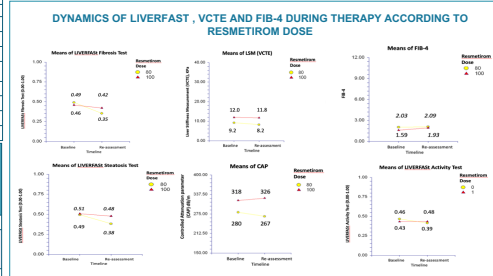
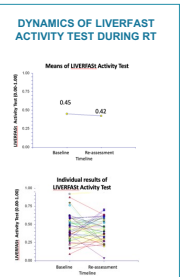
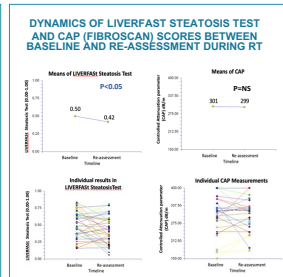
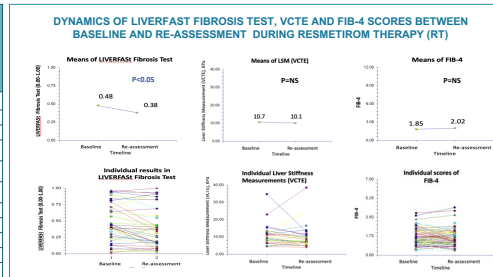
NITs had baseline and repeated testing: N=67 had FIB-4, N=44 LIVERFAST and N=30 LSM (VCTE)

Description of the included population

N=86	Overall	Group on 80mg dose (38%)	Group on 100mg dose (38%)
Age	62.4 (1.3)	60.8 (1.5)	63.8 (2)
Male	39%	39%	50%
BMI	33.7 (1.3)	29.9 (0.6)	39.7 (2.7)
Type 2 Diabetes	55%	46%	63%
GLP-1RA	46%	40%	57%
ALT	44 (4)	49 (5)	38 (5)
FIB-4	1.79 (0.14)	1.86 (0.21)	1.64 (0.12)
Baseline prevalence F2F3			
Using VCTE	44%	46%	40%
Using LIVERFAST	61%	58%	65%
Median (max) delay, months baseline to repeated testing			
Using VCTE	7.6 (8.1)	6.9 (6.4)	8.0 (4.5)
Using LIVERFAST	3.1 (0.3)	3.1 (0.4)	3.1 (0.4)
Using FIB-4	6.7 (0.5)	6.3 (0.4)	7.4 (0.8)

Biomarker Dynamics	Mean (SE)		Probability Level Bonferroni (All-Pairwise) Multiple Comparison Test
	Baseline assessment	Re-assessment	
LIVERFAST N=44			
LIVERFAST Fibrosis Test (D-1)	0.48 (0.02)	0.38 (0.02)	<0.001
LIVERFAST Steatosis Test (D-1)	0.50 (0.02)	0.42 (0.02)	<0.05
LIVERFAST Activity Test (D-1)	0.45 (0.02)	0.42 (0.02)	NS
GST, IU/l	68 (5)	41 (5)	<0.001
Total bilirubin,mg/dl	0.68 (0.03)	0.58 (0.03)	<0.05
Alpha2 Macroglobulin, mg/dl	274 (4)	258 (4)	<0.05
Apolipoprotein A1, mg/dl	131 (2.5)	146 (2.5)	<0.001
Haptoglobin, mg/dl	137 (3)	147 (3)	<0.05
ALT, IU/l	53 (4)	40 (4)	<0.05
AST, IU/l	44 (3)	36 (3)	NS
Triglycerides, mg/dl	144 (5)	108 (5)	<0.0001
Total cholesterol, mg/dl	168 (2.4)	146 (2.4)	<0.0001
Blood glucose, mg/dl	108 (2)	112 (2)	NS
BMI	33.4 (0.2)	33.3 (0.2)	NS
Fibrosan N=30			
Liver Stiffness Measurement (VCTE), kPa	10.7 (0.8)	10.1 (0.8)	NS
Controlled Attenuation parameter (CAP), dB/m	301 (7)	299 (7)	NS
FIB-4 N=67			
Platelet count	230 (3)	224 (3)	NS
FIB-4	1.85 (0.13)	2.02 (0.13)	NS
Non-invasive tests Dynamics according to the resmetromid dose	Mean (SE)		Probability Level Bonferroni (All-Pairwise) Multiple Comparison Test
	Baseline assessment	Re-assessment	
LIVERFAST N=44			
LIVERFAST Fibrosis Test (D-1)			
80 mg, n=27	0.49 (0.02)	0.35 (0.02)	<0.001
100 mg, n=17	0.46 (0.03)	0.42 (0.03)	NS
LIVERFAST Steatosis Test (D-1)			
80 mg, n=27	0.49 (0.03)	0.38 (0.03)	<0.05
100 mg, n=17	0.51 (0.04)	0.48 (0.04)	NS
LIVERFAST Activity Test (D-1)			
80 mg, n=27	0.46 (0.03)	0.39 (0.03)	NS
100 mg, n=17	0.43 (0.04)	0.48 (0.04)	NS
Fibrosan N=30			
Liver Stiffness Measurement			
80 mg, n=14	9.2 (1.2)	8.2 (1.2)	NS
100 mg, n=16	12.1 (1.1)	11.8 (1.1)	NS
CAP by Fibrosan, dB/m			
80 mg, n=14	280 (10)	267 (10)	NS
100 mg, n=16	318 (9)	326 (9)	NS
FIB-4 N=67			
FIB-4			
80 mg, n=39	2.03 (0.17)	2.09 (0.17)	NS
100 mg, n=28	1.59 (0.20)	1.93 (0.20)	NS

Non-invasive tests Dynamics according to the association with GLP-1 RA	Mean [SE]		Probability Level
	Baseline assessment	Re- assessment	
			Benferroni (All- pairwise) Multiple Comparison Test
LIVERFAST N=44			
LIVERFAST Fibrosis Test (D-1) Resmetrom alone, n=23	0.43 (0.02)	0.34 (0.02)	<0.05
GLP1 RA + Resmetrom, n=21	0.53 (0.03)	0.43 (0.03)	<0.05
LIVERFAST Steatosis Test (D-1) Resmetrom alone, n=23	0.55 (0.03)	0.44 (0.03)	<0.05
GLP1 RA + Resmetrom, n=21	0.44 (0.03)	0.40 (0.03)	NS
LIVERFAST Activity Test (D-1) Resmetrom alone, n=23	0.47 (0.03)	0.43 (0.03)	NS
GLP1 RA + Resmetrom, n=21	0.43 (0.03)	0.43 (0.03)	NS
Fibrosan N=30			
Liver Stiffness Measurement Resmetrom alone, n=16			NS
GLP1 RA + Resmetrom, n=14	8.7 (1.1) 12.9 (2.1)	8.3 (1.1) 12.2 (2.4)	NS
CAP by Fibrosan, dB/m Resmetrom alone, n=16			NS
GLP1 RA + Resmetrom, n=14	280 (9) 324 (9)	290 (9) 307 (9)	NS
FIB-4 N=67			
FIB-4 Resmetrom alone, n=37			NS
GLP1 RA + Resmetrom, n=30	1.85 (0.18) 1.85 (0.20)	2.22 (0.18) 1.78 (0.20)	NS



CONCLUSIONS

Initiation of Resmetrom therapy based on MASH assessment using LIVERFAST, FIB4 and VCTE is efficient and allows further non-invasive monitoring.

LIVERFAST is an efficient monitoring tool of fibrosis and steatosis and significant improvement, higher than 10% in LIVERFAST scores being observed since 3rd month of Resmetrom therapy, mainly in the 80mg group.

FIB-4 and LSM (VCTE) scores showed limited change at reassessment, suggesting lower ability to detect early fibrosis or steatosis improvement.

REFERENCES

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Decraecker M, Dutarte D, Hiriart JB, Aliment Pharmacol Ther. 2022 Mar;55(5):580-592.

CONTACT INFORMATION

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DISCLOSURES

MM, JL: Fibronostics, New Orleans, LA, US

