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**3rd GLOBAL
LIVER
HEALTH
FORUM**

**Importance of
hepatic
membrane
protection against
NAFLD/NASH**

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Disclosures



- Prof. Wei An has nothing to disclose

Overview



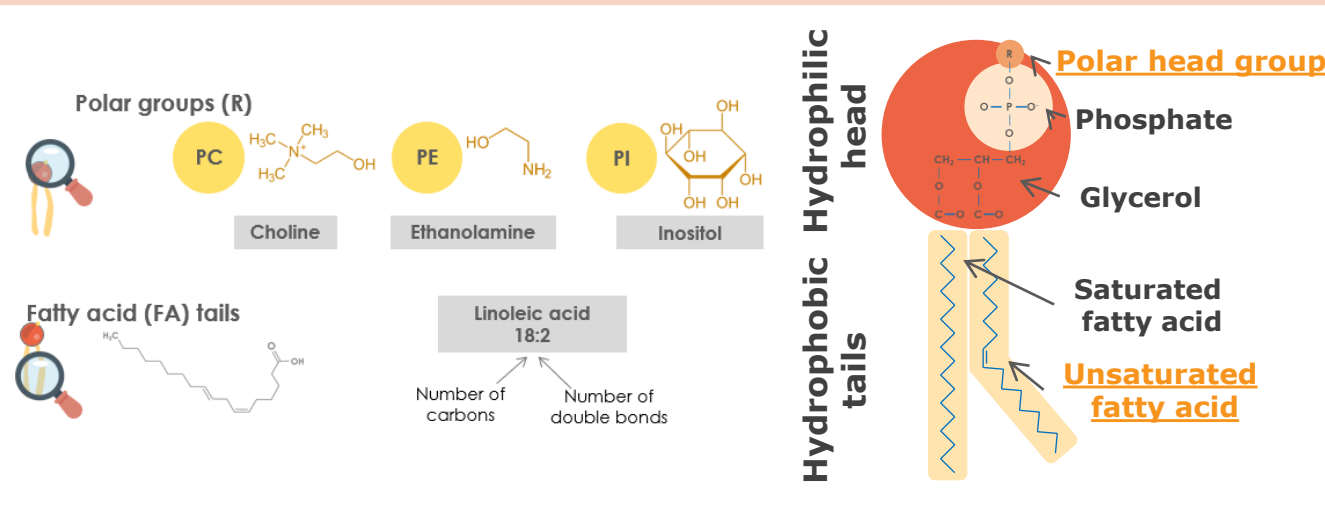
1. Cellular and subcellular membranes
2. Preclinical and clinical evidence of EPL
3. Mitochondria-associated membranes and hepatotoxicity
4. Summary

Cellular and subcellular membranes

Phospholipids are essential components of cellular and subcellular membranes

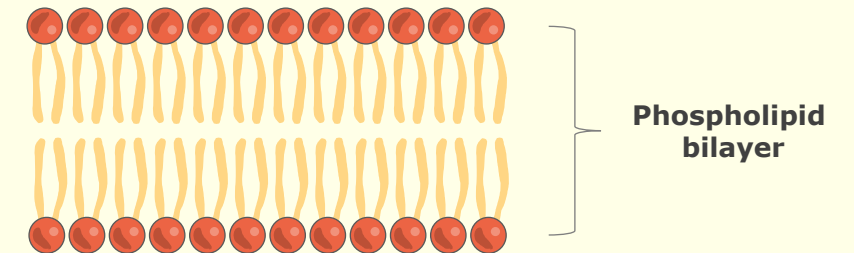
The most abundant phospholipids in mammalian tissues are:¹

- Phosphatidylcholine (**PC**)
- Phosphatidylethanolamine (**PE**)



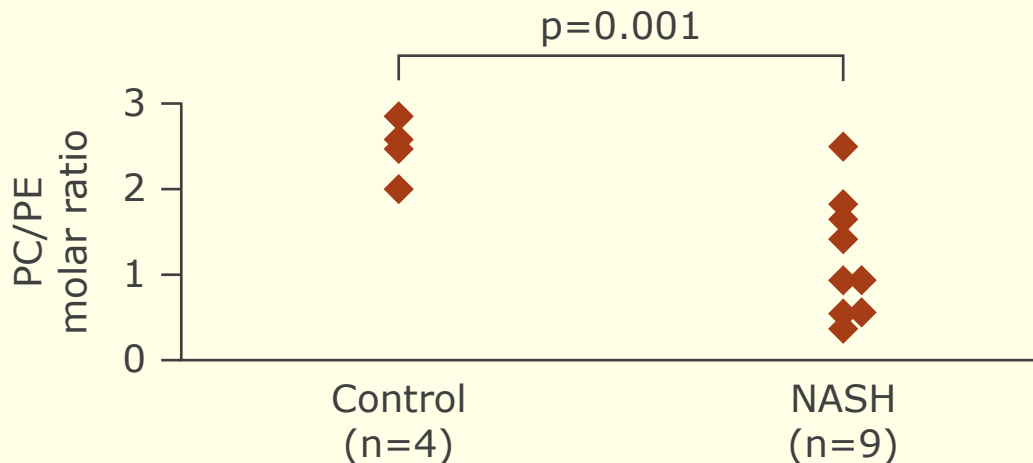
Phospholipid functions

- Provide cell **integrity**²
- Support membrane **fluidity** and **permeability**²
- Help transport molecules
- The **PC/PE ratio** is a key regulator of membrane integrity^{1,2}

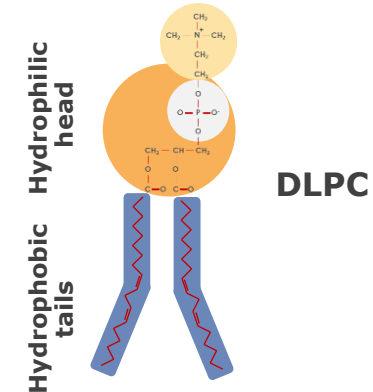


EPLs are associated with improved membrane stability

- Damage to liver cell membranes and organelles originate from reduced phospholipid levels or altered phospholipid composition, and lead to decreased membrane fluidity¹
- Hepatic PC/PE ratios in patients with NASH have been shown to be significantly lower than those in healthy controls²



- DLPC is the lead compound in the active ingredient whose phosphatidylcholine molecules have specified amounts of 72–96% of phospholipids in EPL¹

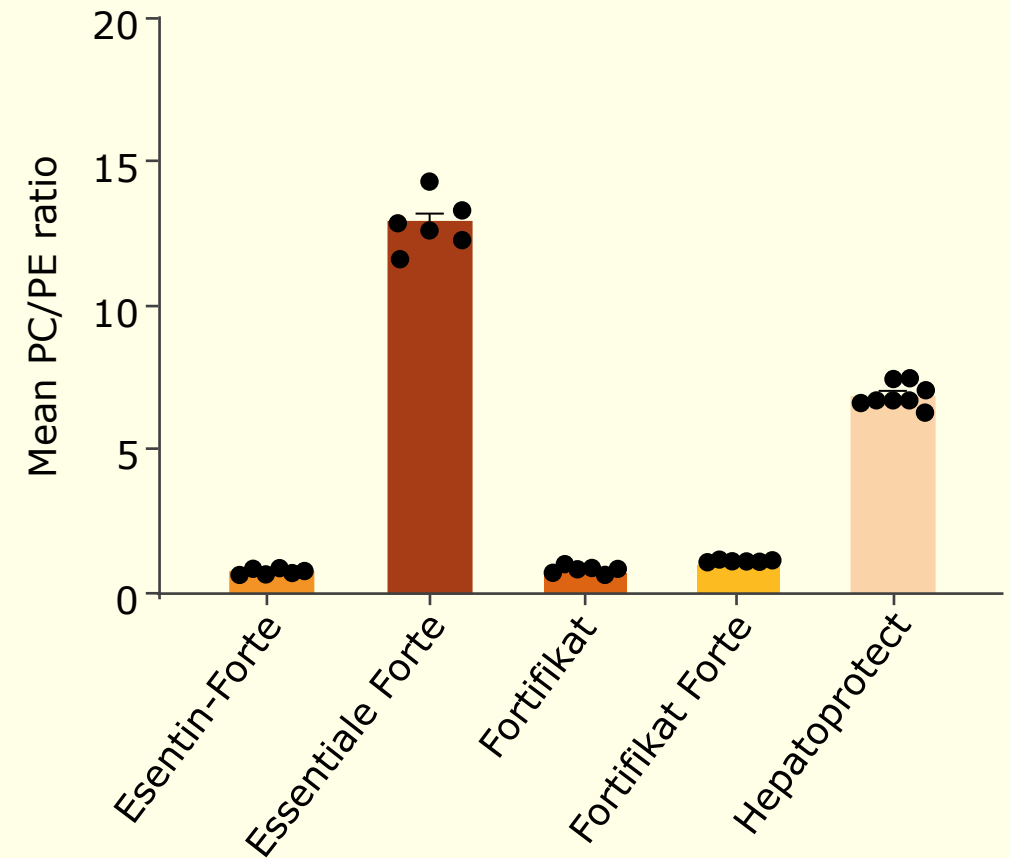


EPL administration significantly increases its percentage in the **membranes of hepatocytes, blood corpuscles and pancreatic tissue, among other tissues**¹

Essentiale Forte has shown the highest PC:PE ratio among other EPL preparations



- Essentiale Forte had a **significantly higher PC:PE (12.9 ± 2.2) ratio** compared with each of the other generic PPCs investigated
- The higher PC:PE ratio observed in Essentiale Forte suggests that it may have a **substantial clinical benefit** in the early treatment of hepatic disorders
- **PC 36:4, 36:3 and 36:5** with high linolenic and linolenic acid content was the most common species detected in all preparations
- A **significantly higher** distribution of PC species 36:4 was seen in Essentiale Forte when compared directly with each of the other PPC preparations, except Esentin



Error bars represent SE of the mean

Preclinical and clinical evidence of EPLs

How familiar are you with the preclinical evidence supporting the use of EPL in patients with NAFLD?



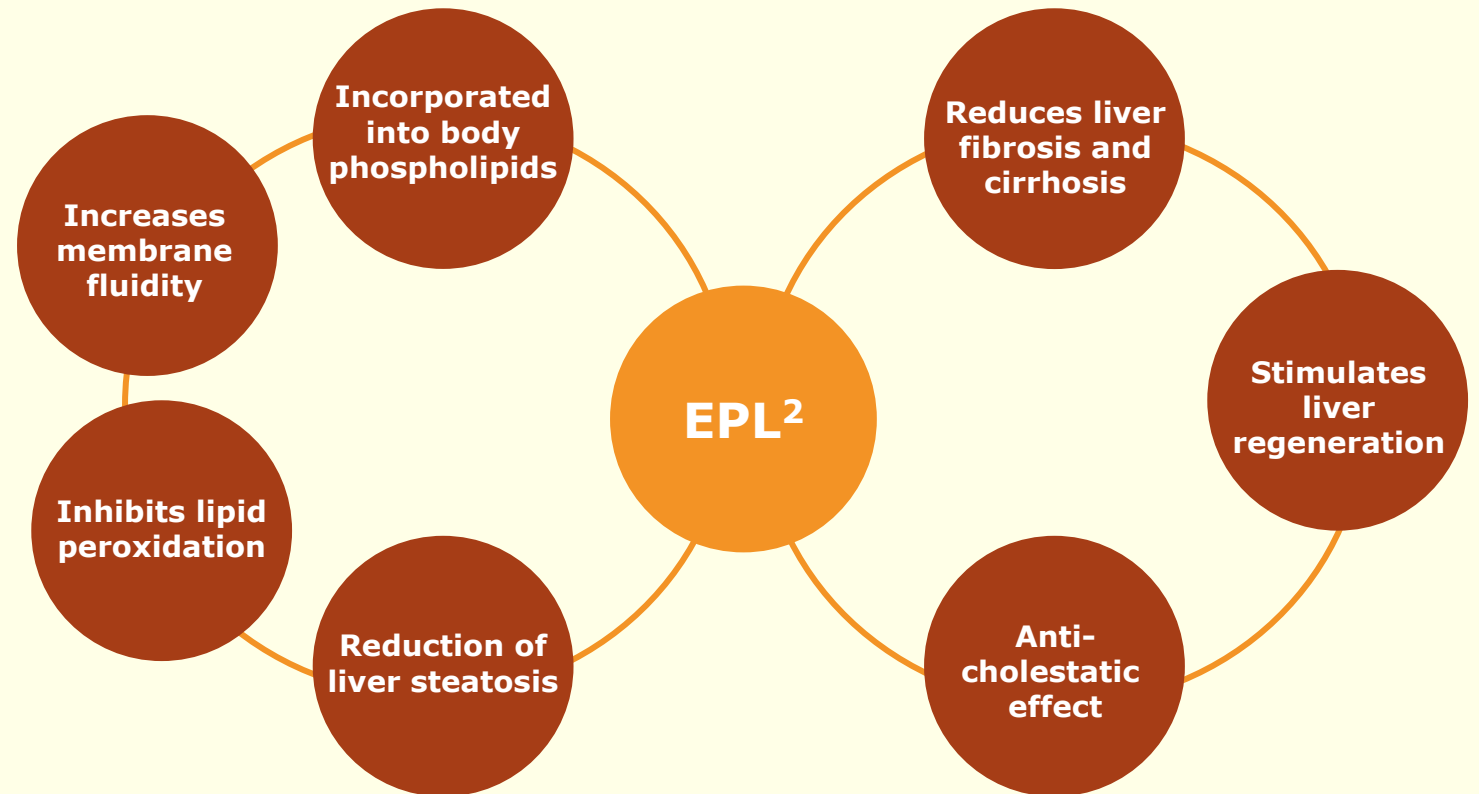
- 1 I am fully up to date with the latest data on EPL
- 2 I am aware of some data on the use of EPL
- 3 I am aware of data for other hepatoprotective agents, but not for EPL
- 4 I am not aware of data supporting EPL use in patients with NAFLD

Preclinical evidence has revealed various functions of EPL

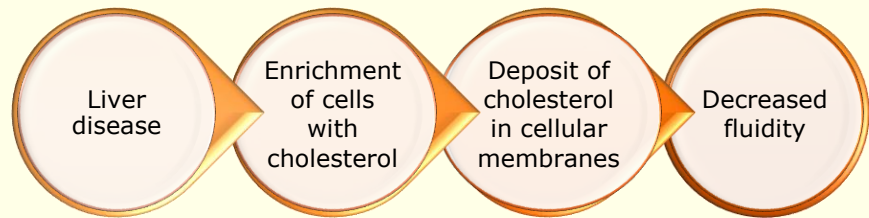
Though EPL preparations have been used in humans since 1957, very little is known about their MoA at the cellular level¹

Preclinical trials have provided insights into multiple MoA of EPL that are potentially involved in their hepatoprotective effects²

These potential MoA of EPL are amenable to further study *in vitro*

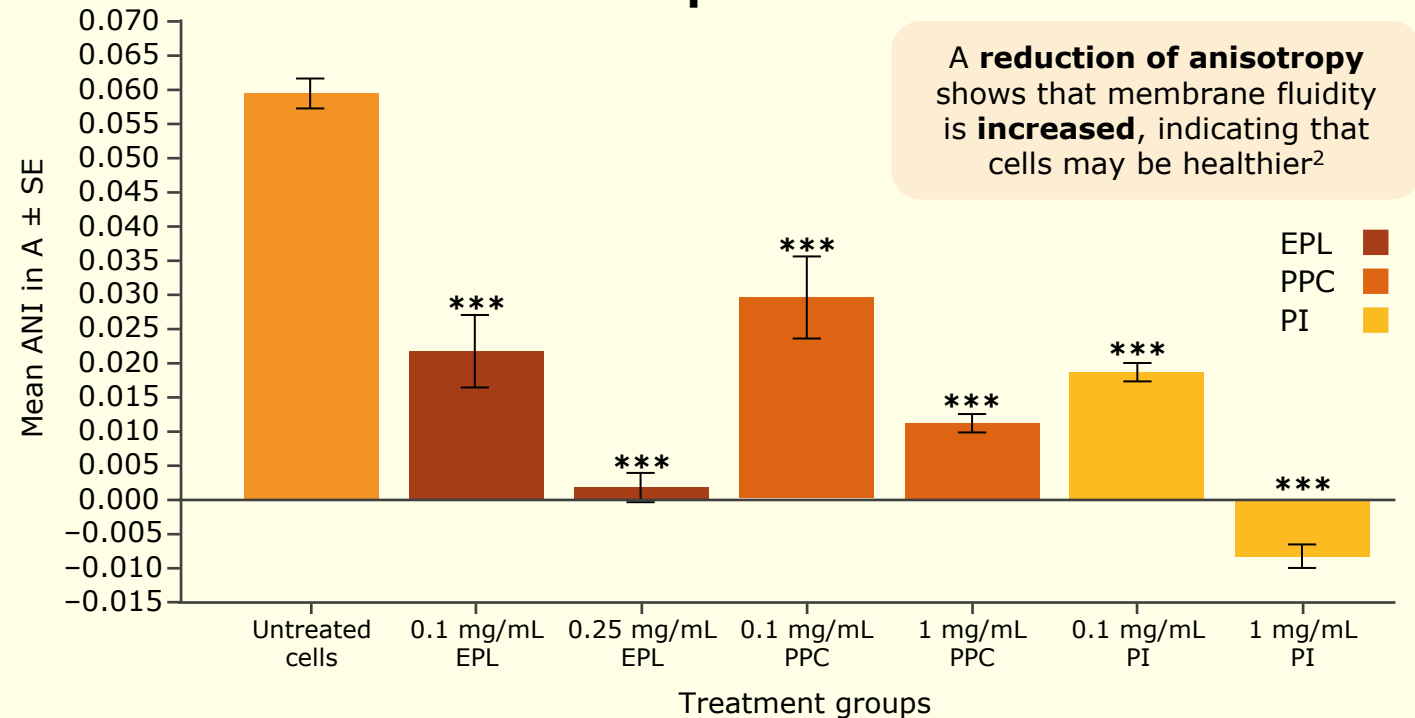


EPL have been shown to increase membrane fluidity



- **PPC contributes to increasing membrane fluidity by sequestering excess cholesterol in erythrocyte membranes¹**

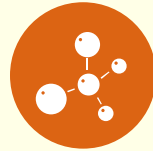
Effect of EPL, PPC and PI on anisotropy in the HepG2 cell line^{†2}



Anisotropy values significantly decreased with all three phospholipids in HepG2 cell cultures compared with untreated cells²

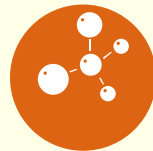
Lipid peroxidation can lead to inflammation and liver damage

- Several circulating biomarkers of lipid peroxidation have been identified in NAFLD and linked with disease severity¹



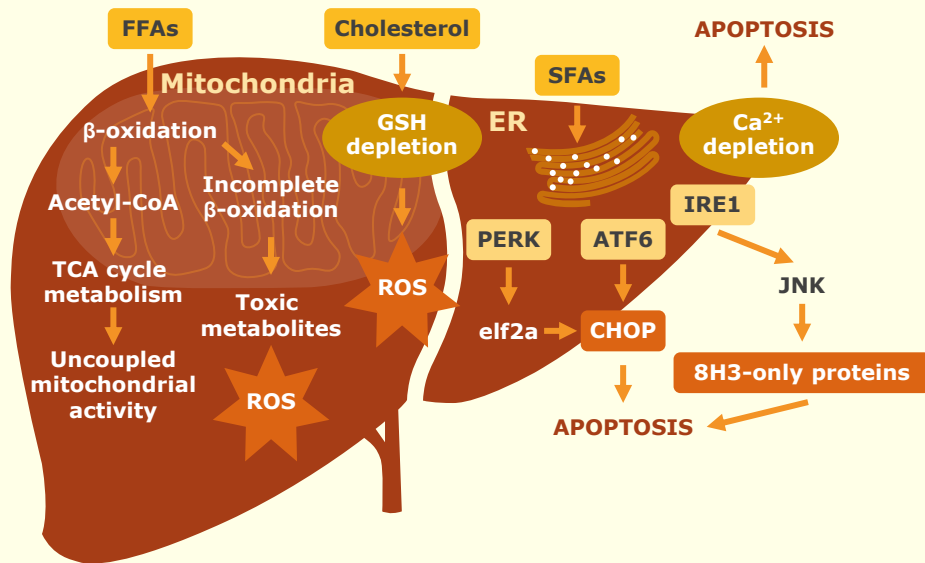
Malondialdehyde (MDA) and 4-Hydroxynonenal (4-HNE)

- **PPC** (600 mg/kg/day orally) **reduced in-vitro MDA level**
- **DLPC significantly reduced 4-HNE production in rats by 36%** ($p < 0.001$)³
- **EPL** (100–300 mg/kg) **reduced lipid peroxidation**⁴



Hydrogen peroxide (H₂O₂) and glutathione

- **EPL** (100–300 mg/kg) **reduced H₂O₂ production** by liver microsomes⁴
- **EPL** (100–300 mg/kg) **increased the concentration of glutathione** that scavenges H₂O₂^{4,5}
- **EPL** (100–300 mg/kg) **reduced lipid peroxidation**⁴



DLPC, dilinoleoylphosphatidylcholine; EPL, essential phospholipid; ER, endoplasmic reticulum; FFA, free fatty acid; GSH, glutathione; PPC, polyenylphosphatidylcholine; MDA, plasma malondialdehyde; NAFLD, non-alcoholic fatty liver disease; ROS, reactive oxygen species; SFA, saturated fatty acid

Image adapted from Svegliati-Baroni et al. Free Radic Biol Med 2019;144:293–309

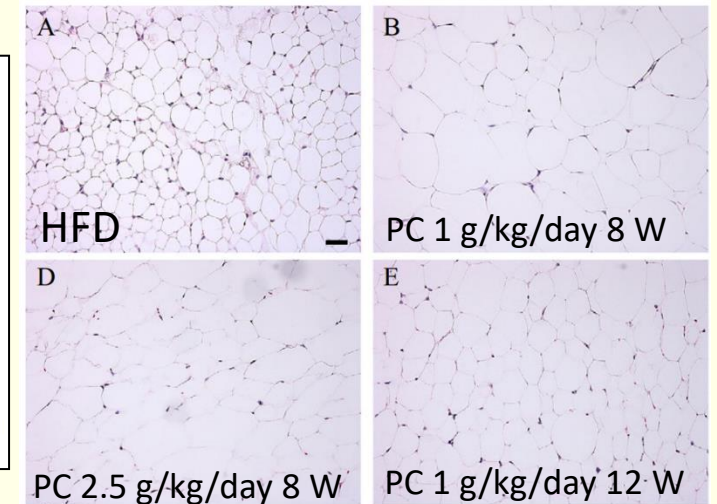
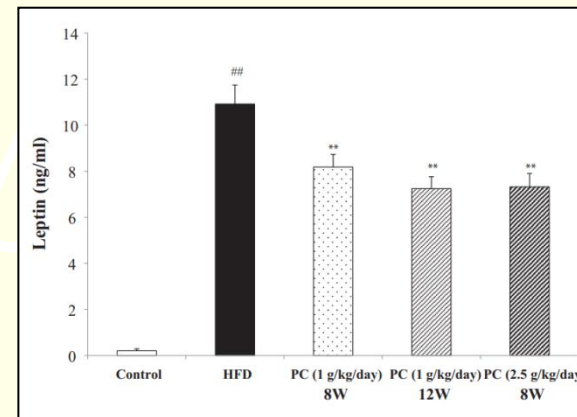
1. Svegliati-Baroni G, et al. Free Radic Biol Med 2019;144:293–309; 2. Martelli A, et al. Med Sci Res 1989;17:995-6; 3. Gheorghe, L. Ro Med J 2020;67(Suppl);

4. Klinger W, et al. Z Gastroenterol 1991;29(Suppl. 2):14–17; 5. Gusdon A, et al. Oxid Med Cell Longev 2014; Article ID 637027

Leptin is also implicated in the pathogenesis of NAFLD

- Leptin has been demonstrated to have antisteatotic effects¹
- Key functions of leptin include limiting triglyceride storage in hepatocytes and preventing increases in lipotoxicity¹
- Serum leptin levels have previously been associated with NAFLD through insulin secretory dysfunction and insulin resistance²

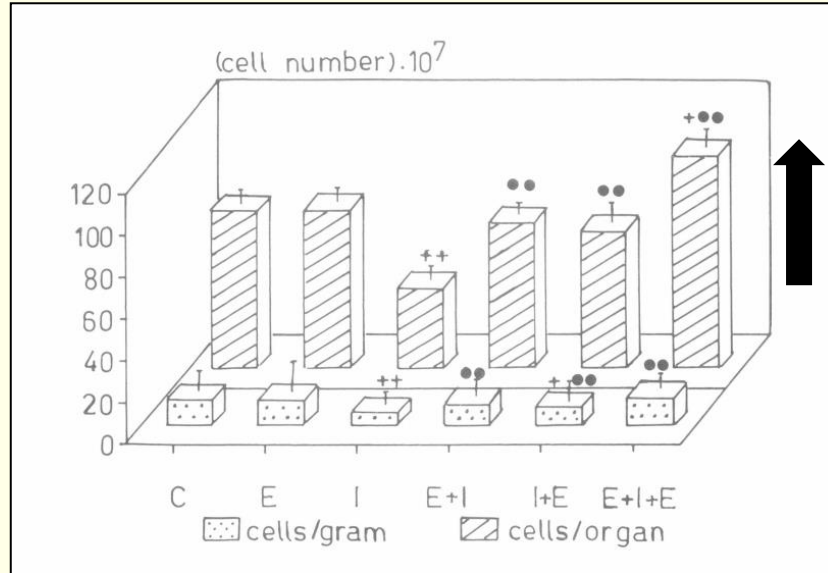
EPL decreases NAFLD-induced leptin secretion and reduces lipid accumulation in the liver³



- Recent studies in mice fed a high-fat diet indicated that treatment with Essentiale[®] (550 mg/kg/day orally) for several weeks **reduced lipid content of liver tissue** in patients with NAFLD

Targeting liver damage with EPL may have therapeutic benefits

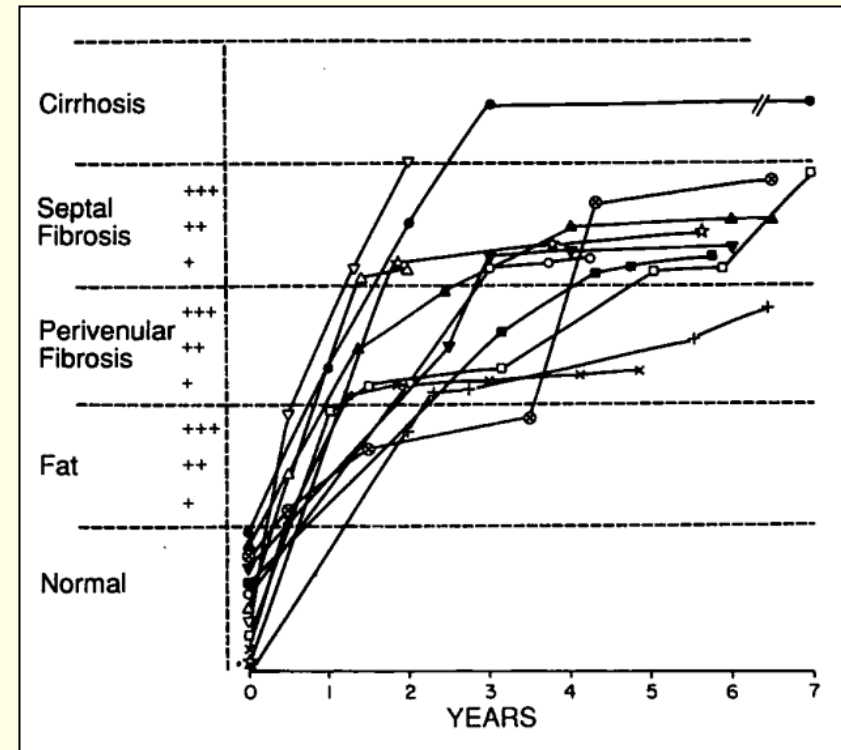
Effect of EPL on liver regeneration



EPLs treatment could enhance hepatocyte cellularity and liver regeneration after partial hepatectomy or body irradiation¹



DLPC treatment demonstrated several anti-fibrotic mechanisms²

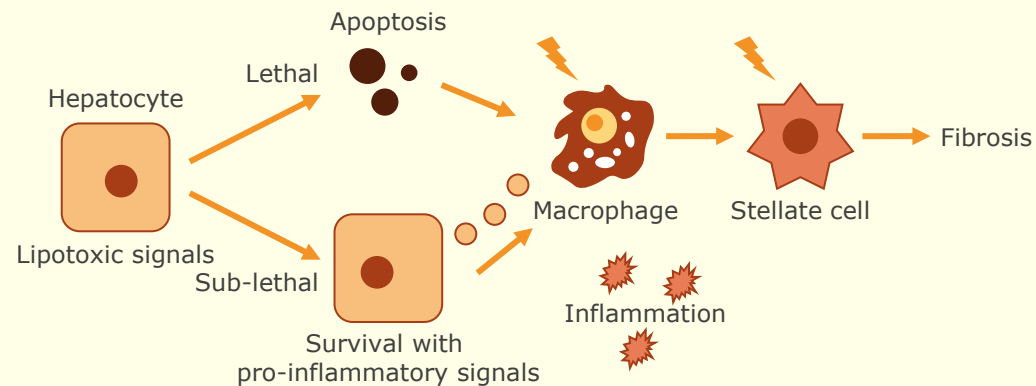


Studies suggest EPL increases liver regeneration and reduces liver fibrosis

Preventing hepatocyte apoptosis may help to maintain healthy hepatic function

Apoptosis in liver cells¹

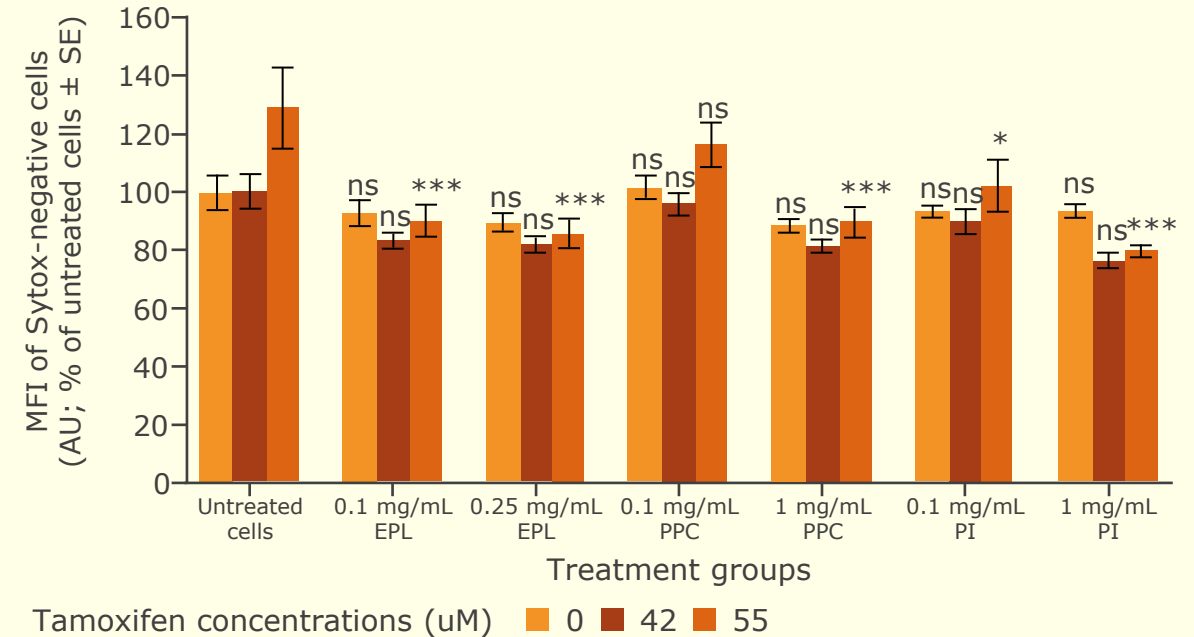
- Programmed cell death (50–70 x 10⁹ cells/day)
- Highly regulated
- Extrinsic and intrinsic pathways



- Lethal lipotoxic signals triggered by free fatty acids lead to hepatocyte apoptosis, which are engulfed by macrophage, initiating inflammatory and fibrotic reactions²

Effect of EPL, PPC and PI on apoptosis in the HepG2 cell line³

Apoptosis in the HepG2 cell line

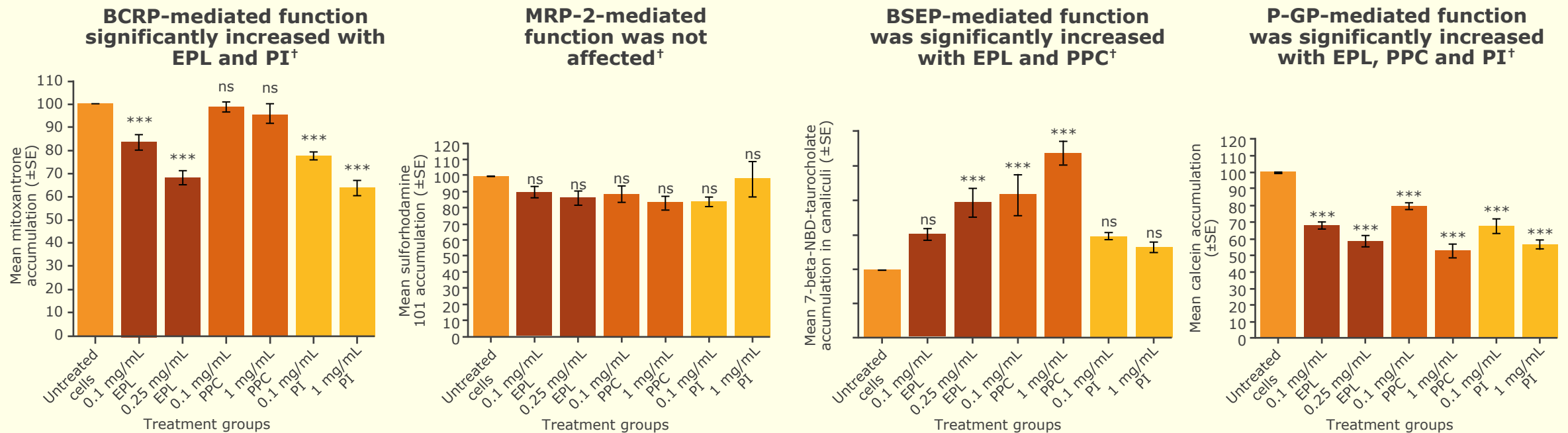


Tamoxifen-induced apoptosis was significantly decreased by both EPL and PI in HepG2 cells

Liver cells also express various transport proteins which rely on membrane integrity to function



Effect of EPL, PPC and PI on hepatocellular transport protein activity in the HepG2 cell line



EPL increased hepatocellular extracellular transport involving the BSEP, BCRP and P-GP transport proteins. More protein transport could indicate healthier cells

Values shown are mean ± SE (cellular substrate accumulation as percentage of untreated cells)

***p<0.001 versus untreated cells; [†]Compared with untreated cells, a significant change in substrate accumulation from untreated cells indicates increased hepatocyte transport function and could indicate healthier cells

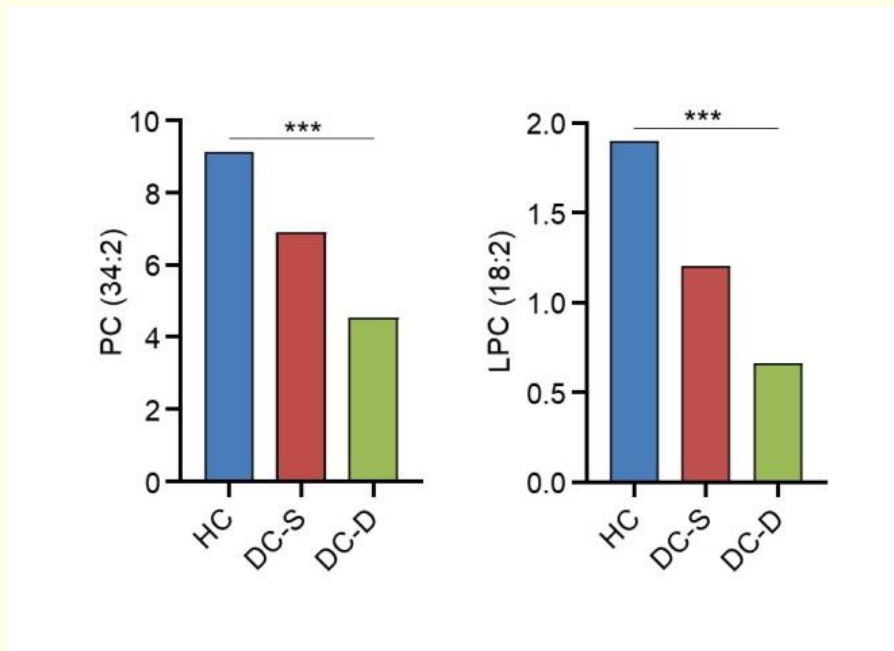
BCRP, breast cancer resistance protein; BSEP, bile salt export protein; EPL, essential phospholipids; MRP-2, multi-drug resistance-associated protein 2; ns, not significant; P-GP, P-glycoprotein; PI, phosphatidylinositol; PPC, polyenylphosphatidylcholine; SE, standard error

Wupperfeld D, et al. Euro Fed Lipid Congress 2021

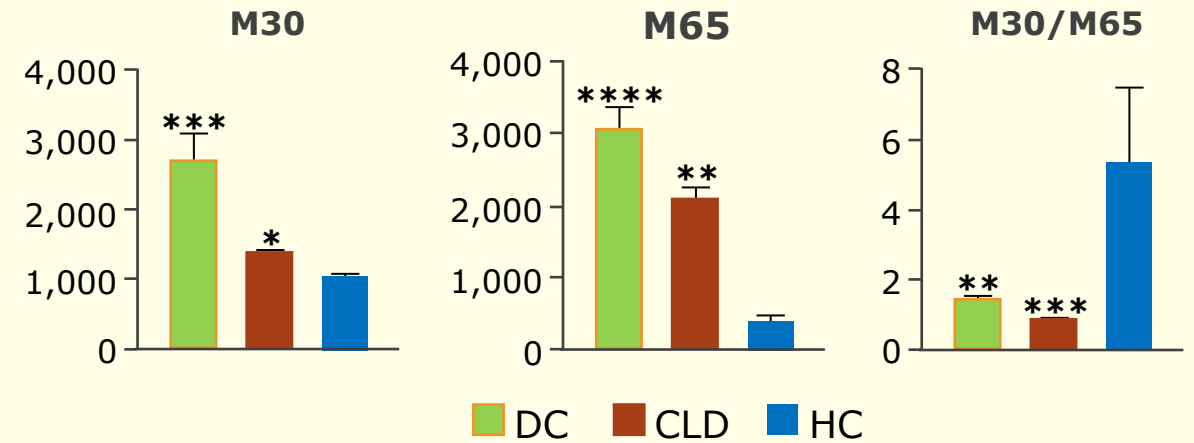
Clinical studies using metabolic profiling have also linked hepatic damage to cell membrane composition



Plasma metabotyping in patients with decompensated cirrhosis¹ (N=248)[†]

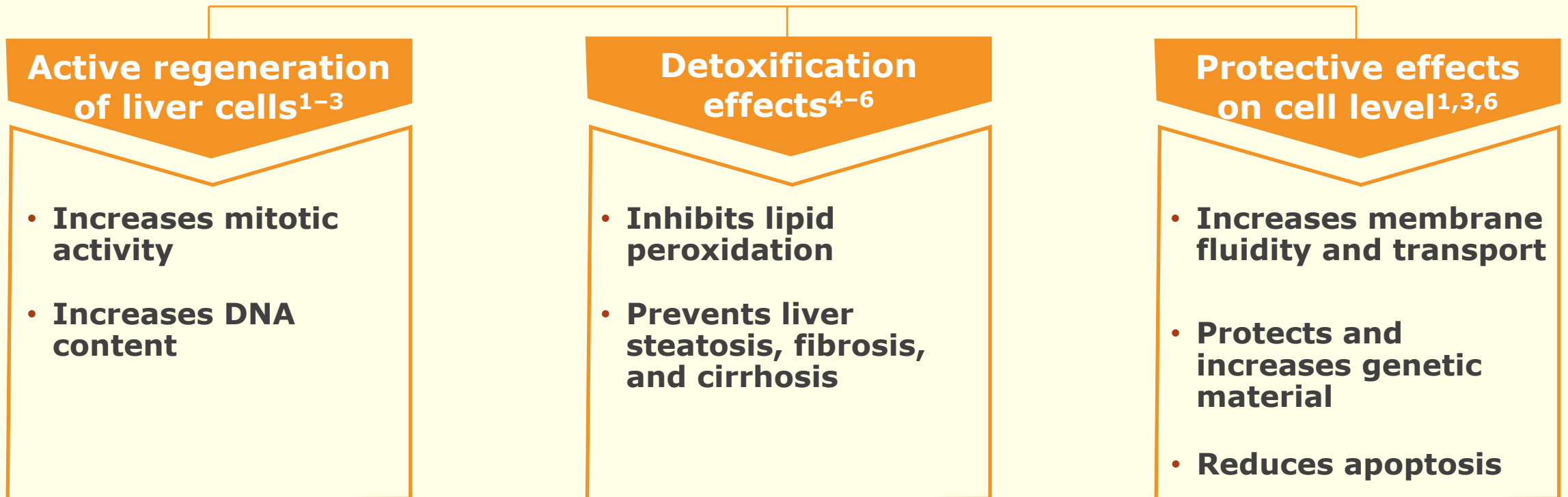


Comparison of markers of cell death in peripheral blood (Day 1)



Treatment with EPL increases the DLPC content of hepatocyte membranes,² and molecular profiling of patients with liver disease may influence future treatments

EPLs exert a triple action in liver diseases

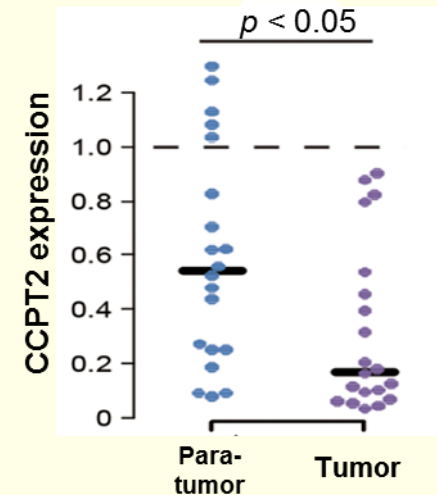
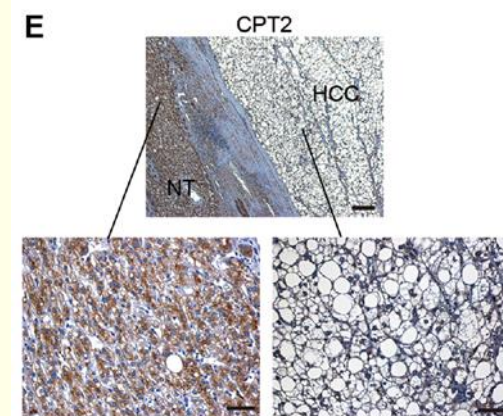
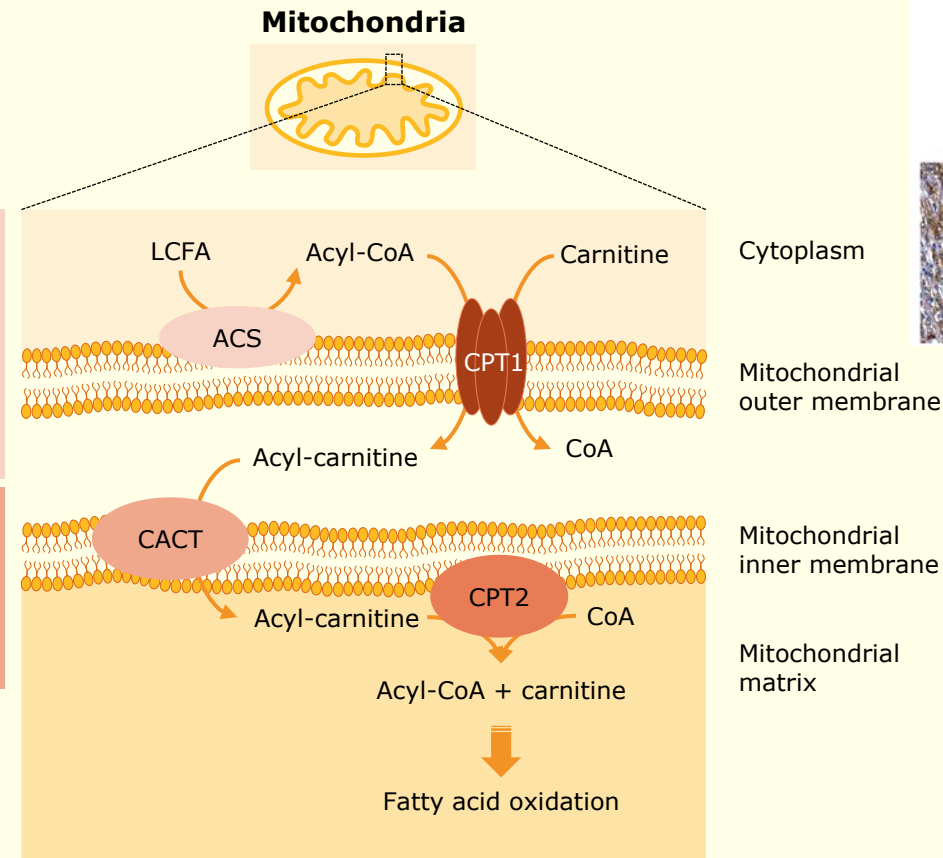


Mitochondria-associated membranes and hepatotoxicity

Mitochondria play a crucial role in regulating cell death and other processes

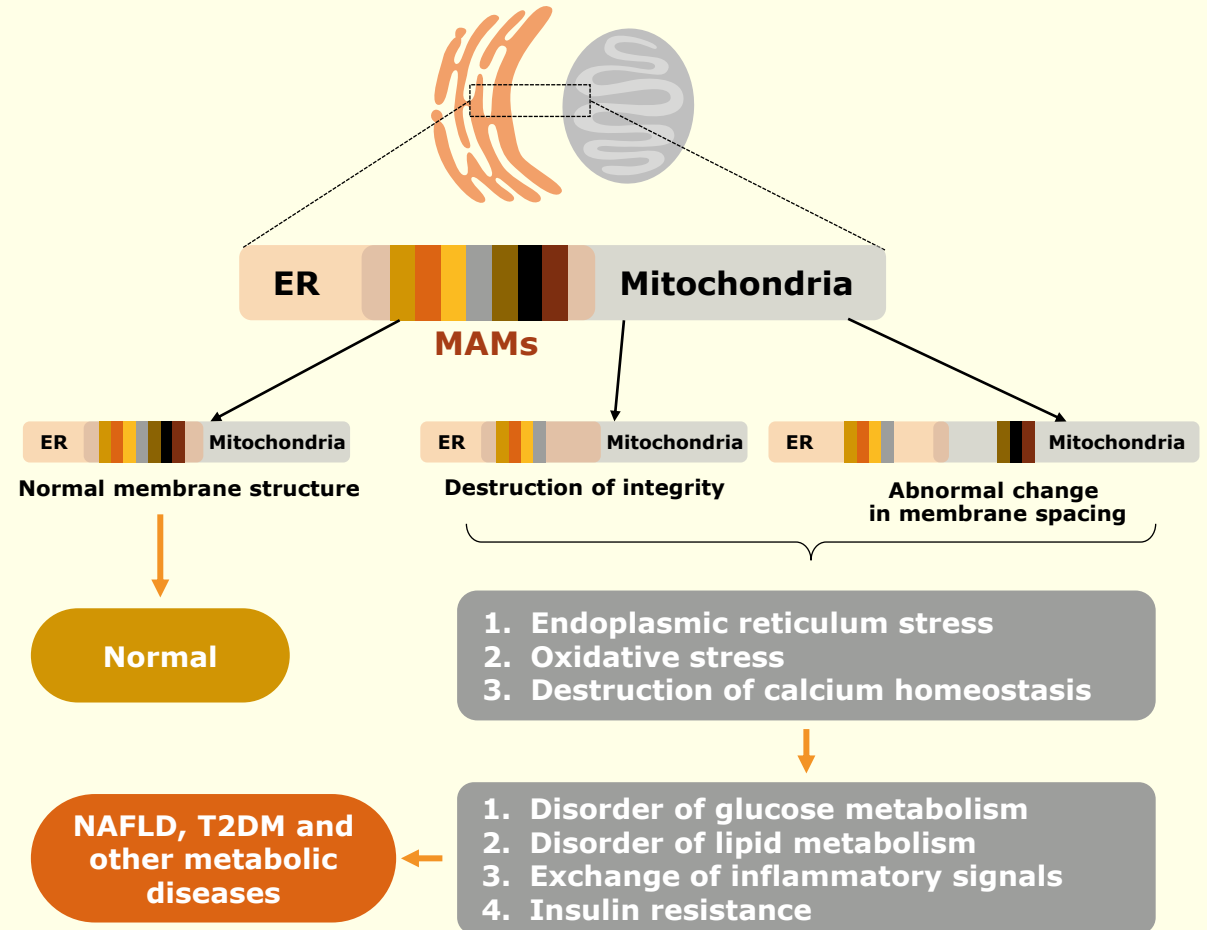
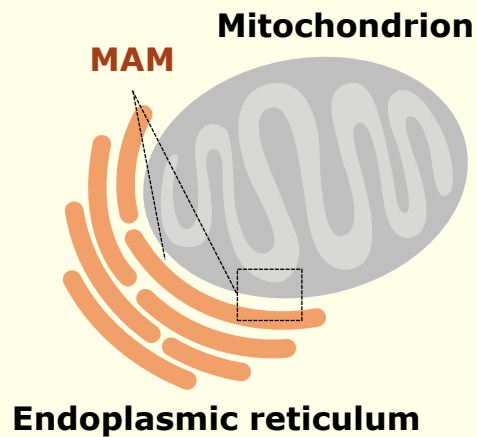
- Mitochondria are associated with NASH/NAFLD due to their effect on **hepatic lipid homeostasis, ROS production and lipid peroxidation, cytokine release and cell death**¹

- Mitochondrial membranes are also composed of phospholipids and house a **variety of proteins for transport and signalling**²



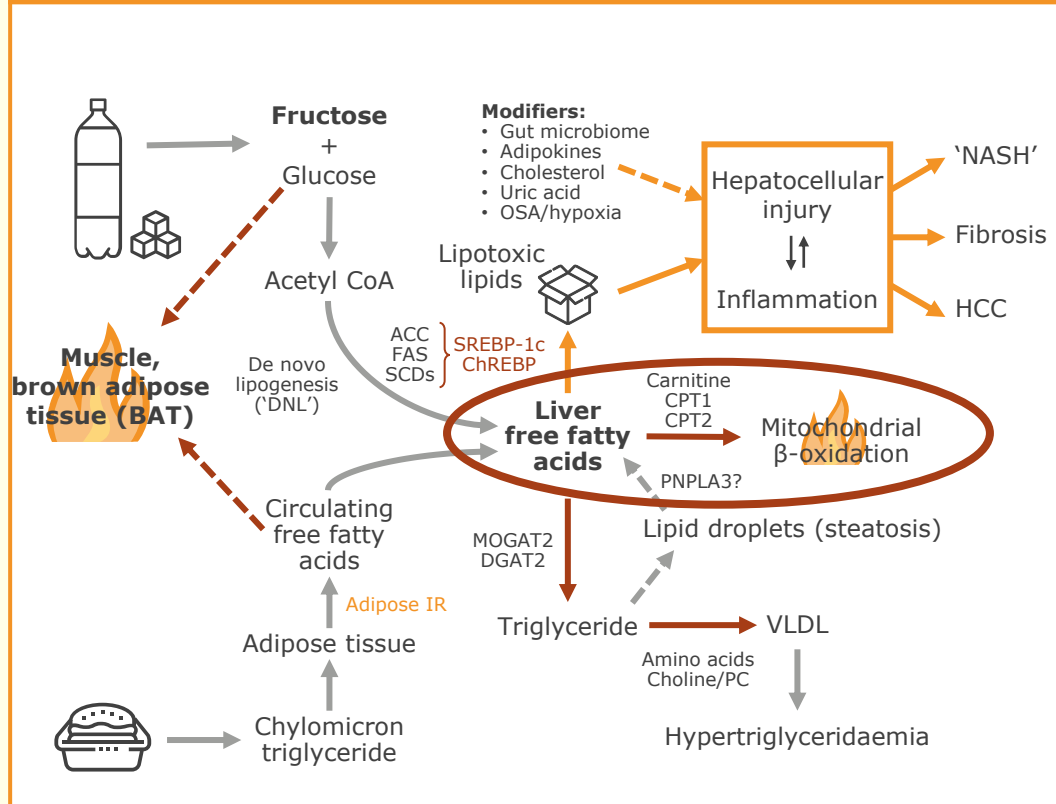
Mitochondria-associated membranes participate in the control of hepatic metabolism

- Disruption of the **structural** and **functional** integrity of MAMs can lead to a variety of **hepatic metabolic diseases**
- The **dysregulation** between **mitochondria** and **the ER** continues to be implicated in metabolic diseases

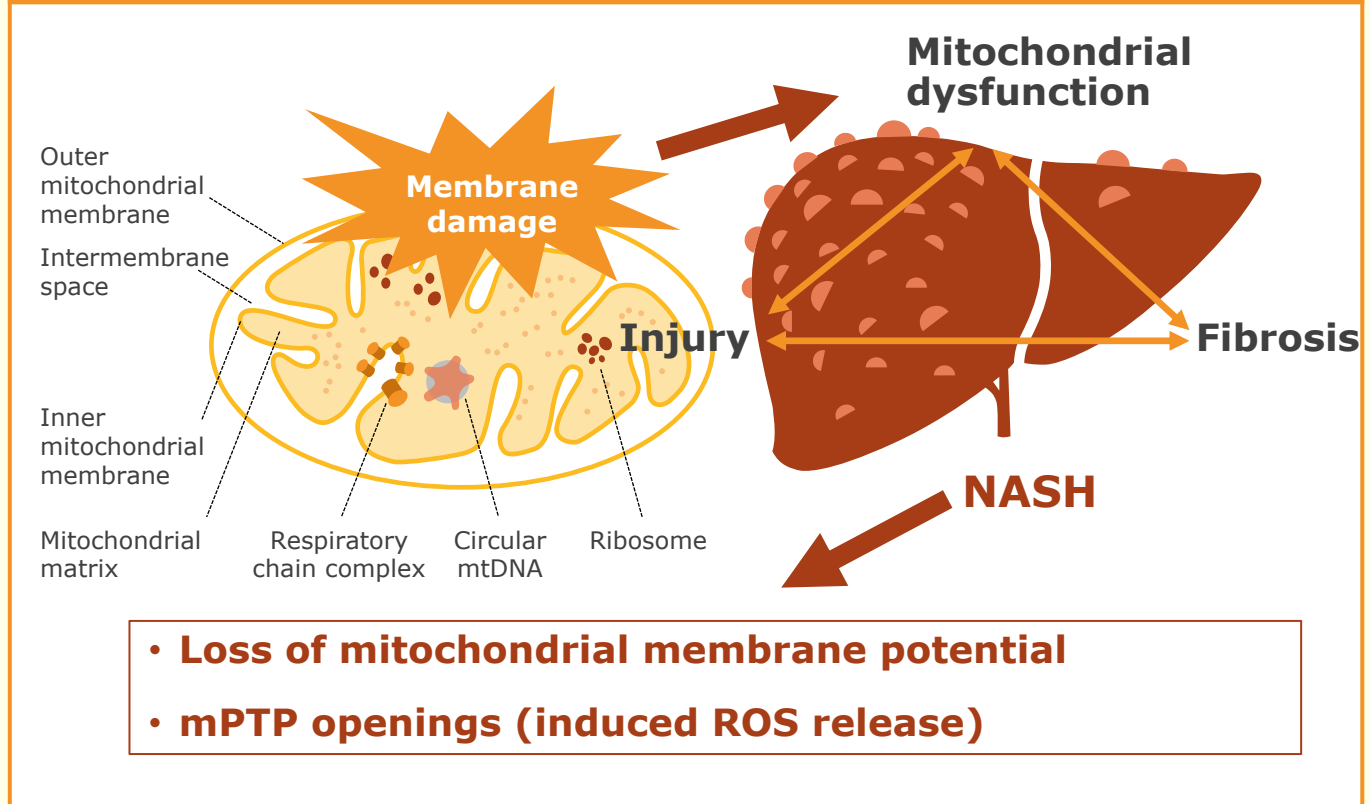


Mitochondria play a pivotal role during the transition from simple steatosis to NAFLD

Mitochondrial fatty acid β -oxidation is a second line of defense against lipotoxicity¹



Loss of mitochondrial membrane integrity and permeability can lead to NAFLD^{1,2}



ACC, acetyl-CoA carboxylase; ChREBP, carbohydrate-response element-binding protein; CoA, coenzyme A; CPT1, carnitine palmitoyltransferase 1; CPT2, carnitine Palmitoyltransferase 2; DGAT, Diacylglycerol acyltransferases; FAS, fatty acid synthase; HCC, hepatocellular carcinoma; IR, insulin resistance; MOGAT, Monoacylglycerol O-Acyltransferase; mPTP, mitochondrial permeability transition pore; mtDNA, mitochondrial deoxyribonucleic acid; NAFLD, non-alcoholic fatty liver disease; NASH, non-alcoholic steatohepatitis; PC, phosphatidylcholine; PNPLA3, patatin-like phospholipase domain-containing protein 3; ROS, reactive oxygen species; SREBP-1c, Sterol regulatory element-binding protein-1c; SCD, Stearoyl-CoA desaturase; SS, simple steatosis; VLDL, very low-density lipoprotein

Figure adapted from Neushwander-Tetri B, et al. BMC Med 2017;15:45

1. Li X, et al. Cell Death Discov 2020;6:80; 2. Lee J, et al. Arch Pharm Res 2019;42:935-46

Summary



1

Disruption to cellular and subcellular membranes, including MAM, have been linked to NAFLD/MAFLD in humans

2

Targeting cellular and molecular mechanisms related to membrane protection against cell damage may benefit treatment outcomes

3

EPL are used as treatment due to their hepatoprotective properties, including against lipotoxicity and protection of genetic material

4

Further insights into the MoA of NAFLD/MAFLD can help to determine future therapies