

Madrigal analysis of multivariable NIT associations with fibrosis improvement in MAESTRO-NASH

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Disclosure

- Robin Mogg is a Madrigal employee

Overview

Background:

- In MASH trials, fibrosis improvement (FI) is assessed by serial liver biopsy based on a one stage improvement in fibrosis, as assessed by pathologists
- Non-invasive tests (NITs, e.g., VCTE, ELF, others) have been proposed as reasonably likely surrogate endpoints (RLSEs) for MASH trials as measures of liver fibrosis improvement
- Weight loss (WL) appears to modify the change in NIT-fibrosis relationship, with strong univariate associations observed in patients without WL (< 5% WL)

AIM: To explore which NIT changes are independently associated with fibrosis improvement when evaluated together in MAESTRO-NASH patients with < 5% weight loss, and whether these relationships differ by fibrosis stage

Methods:

- Changes in NITs and FI were examined at Week 52 in resmetirom and placebo treated patients with MASH, F2-F3 fibrosis and < 5% WL at Week 52 from the MAESTRO-NASH pivotal trial (~80% of overall population)
- Multivariable logistic regression models were used to explore associations

Resmetirom: Phase 3 Program, Pivotal Trial MAESTRO-NASH

KEY ELIGIBILITY CRITERIA

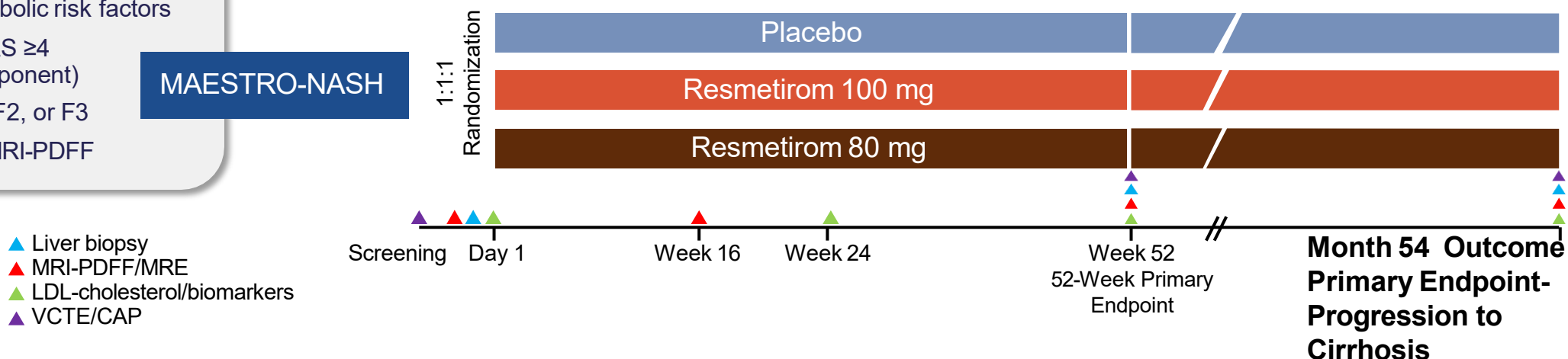
Presence of ≥ 3 metabolic risk factors

NASH on biopsy: NAS ≥ 4
(with ≥ 1 in each component)

Fibrosis stage F1B, F2, or F3

$\geq 8\%$ hepatic fat by MRI-PDFF

MAESTRO-NASH



DUAL PRIMARY ENDPOINT AT WEEK 52

MASH resolution (ballooning score=0, inflammation score=0/1, and ≥ 2 -point reduction in NAS) with no worsening of fibrosis

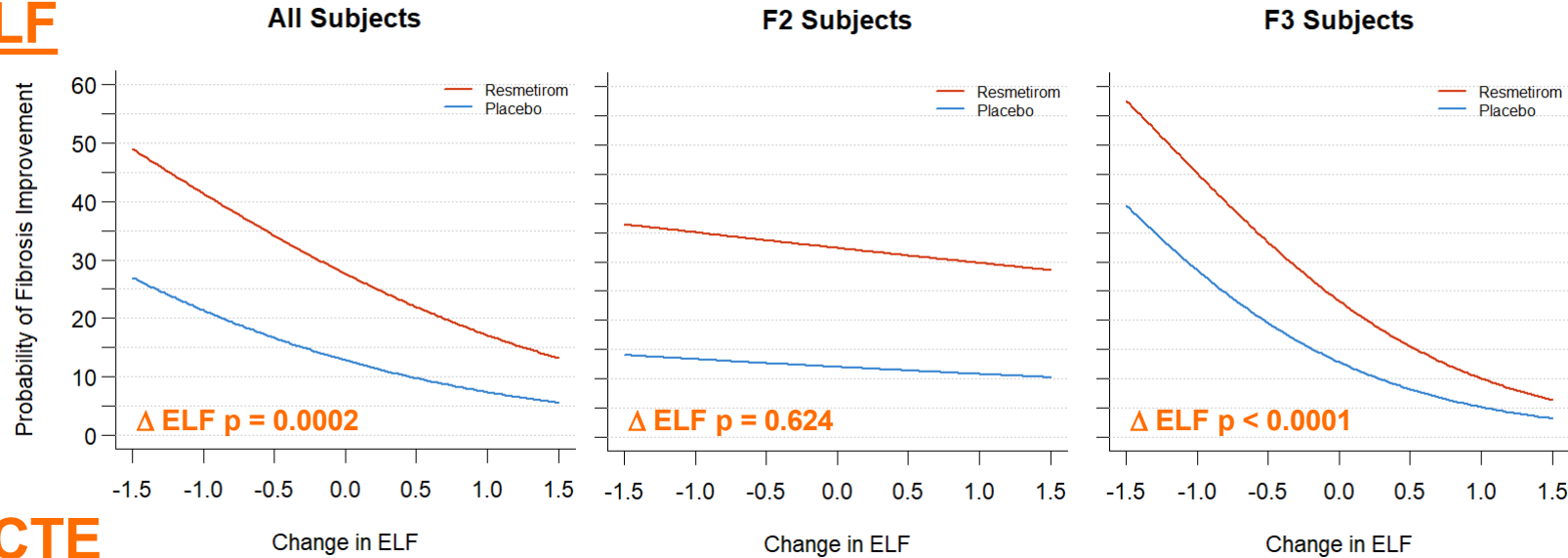
≥ 1 -stage improvement in fibrosis with no worsening of NAS

MRE: magnetic resonance enterography; MRI: magnetic resonance imaging; NAS: NAFLD activity score; PDFF: proton density fat fraction; VCTE/CAP: vibration-controlled transient elastography with controlled attenuation parameter.
Harrison S, et al. *N Engl J Med*. 2024;390:497-509. Reproduced for educational purposes only

**Associations of individual NIT changes with
fibrosis improvement (FI), in the subset of
MAESTRO-NASH patients with < 5% weight loss**

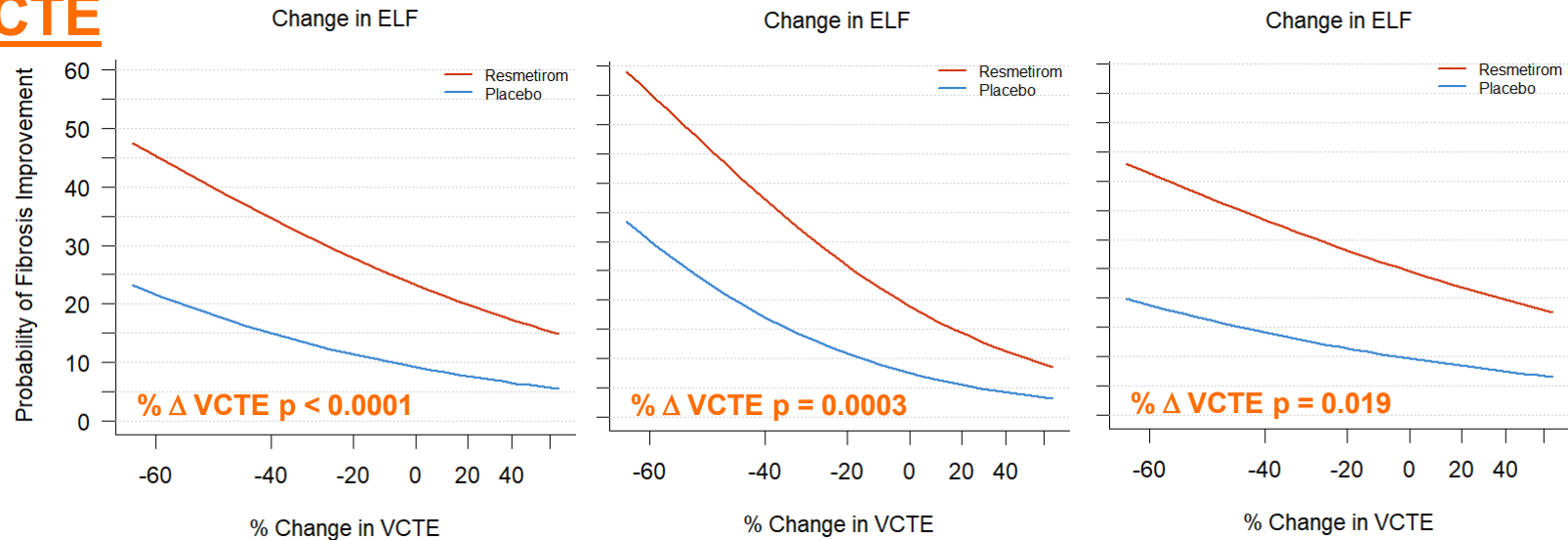
Associations of individual NIT changes with fibrosis improvement (FI) in patients with < 5% weight loss (WL): ELF, VCTE

ELF



Changes in ELF are strongly associated with FI in F3, no apparent association in F2

VCTE

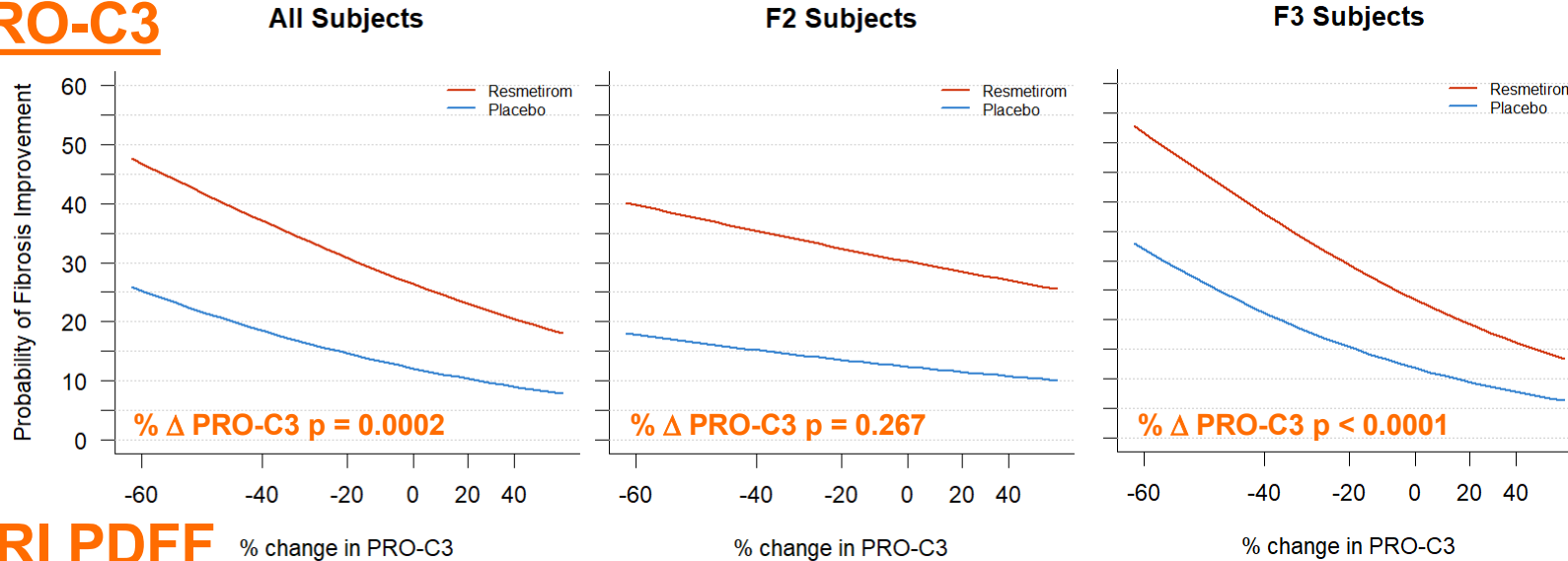


% changes in VCTE are strongly associated with FI in both F2 and F3



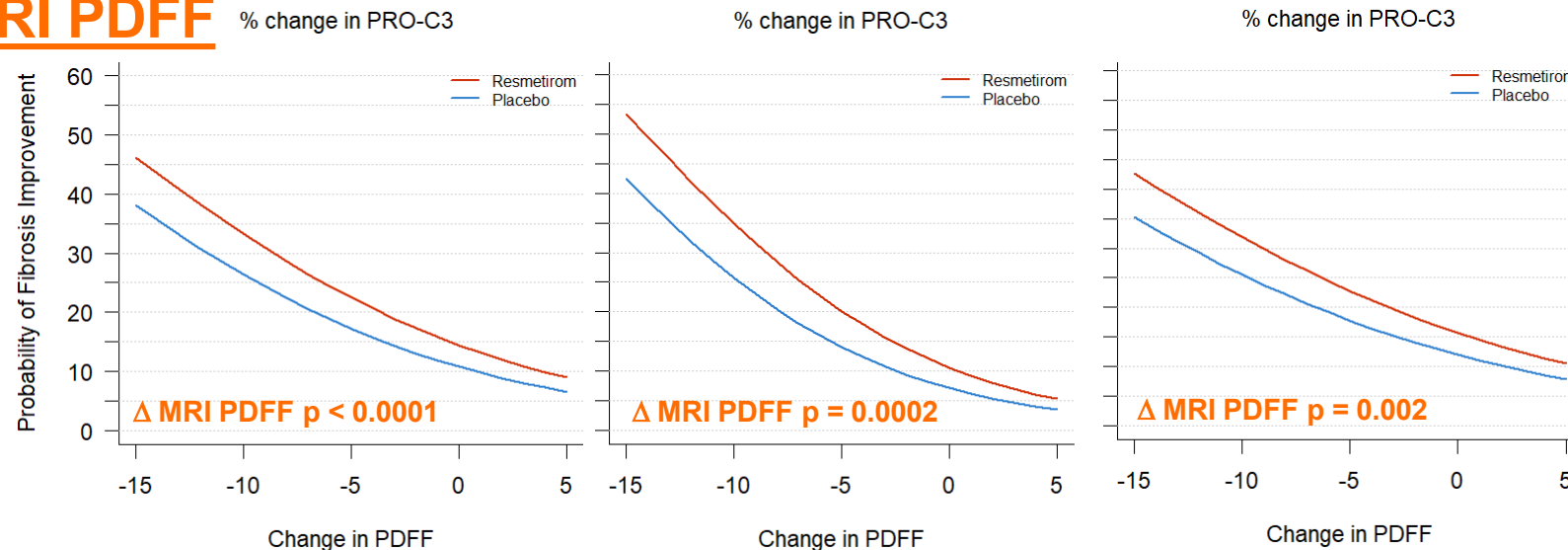
Associations of individual NIT changes with fibrosis improvement (FI) in patients with < 5% weight loss (WL): PRO-C3, MRI PDFF

PRO-C3



% changes in PRO-C3 are strongly associated with FI in F3, no clear association in F2

MRI PDFF

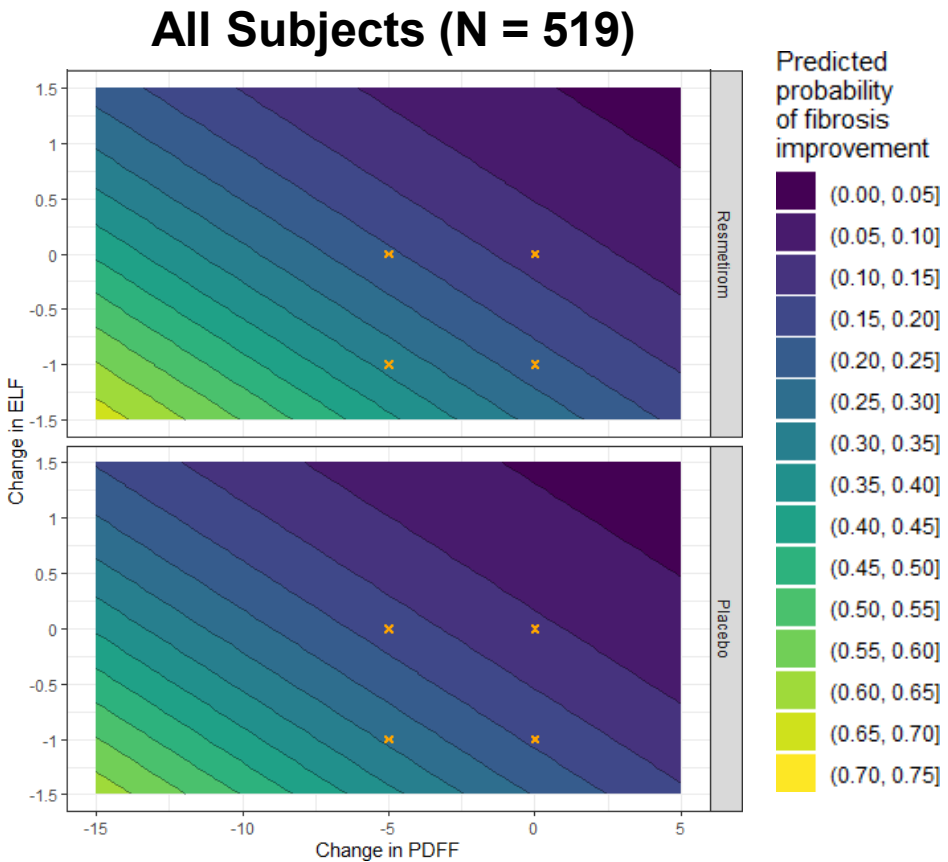


Changes in MRI PDFF are strongly associated with FI in both F2 and F3

**Associations of pairwise NIT changes with
fibrosis improvement (FI), in the subset of
MAESTRO-NASH patients with < 5% weight loss**

Associations of pairwise NIT changes with fibrosis improvement (FI):

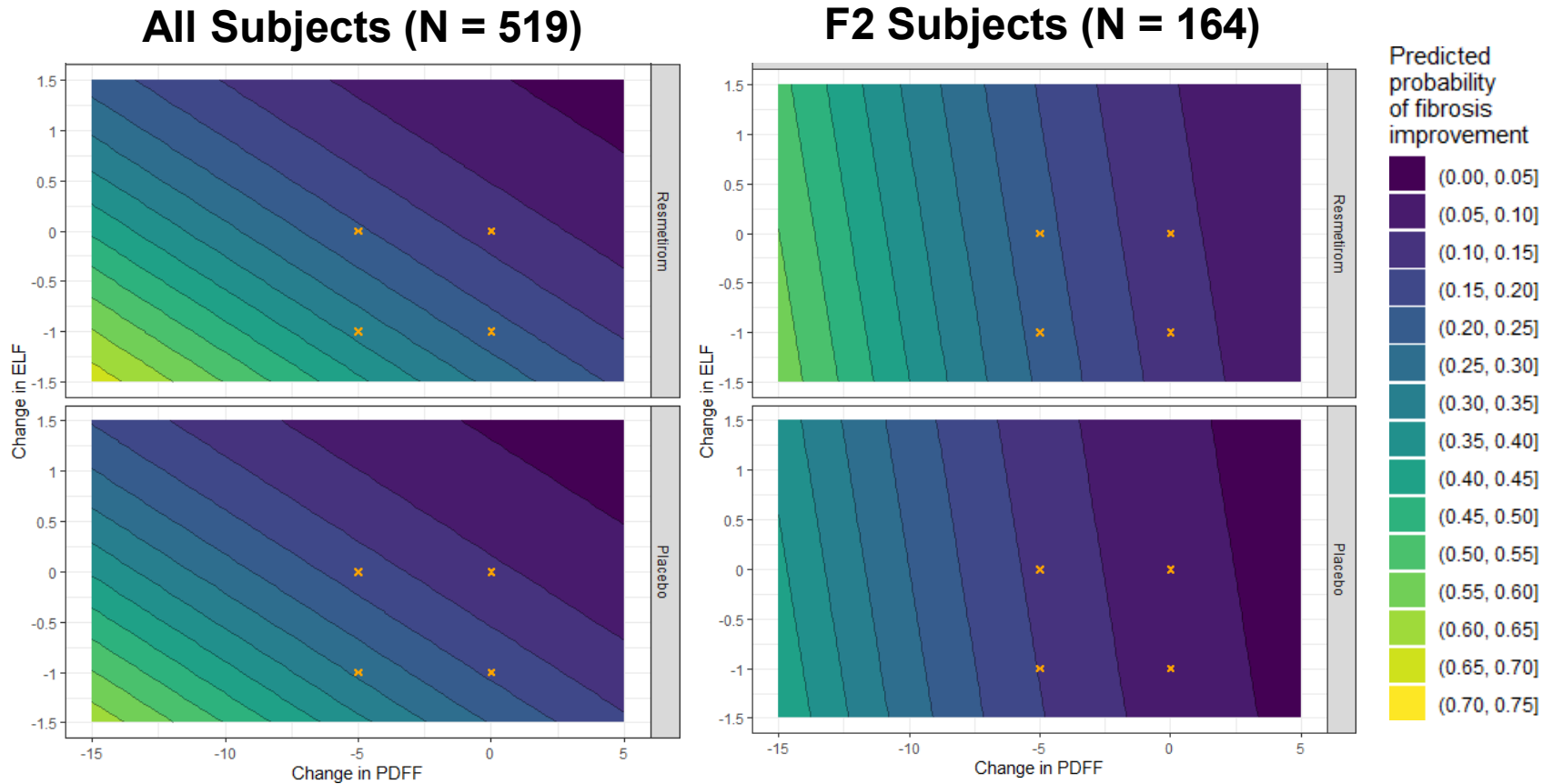
Δ MRI PDFF + Δ ELF (in subset of MAESTRO-NASH patients with < 5% weight loss)



Nominal p-values	Treatment	Δ MRI PDFF	Δ ELF
All Subjects	0.490	< 0.0001	0.001

Associations of pairwise NIT changes with fibrosis improvement (FI):

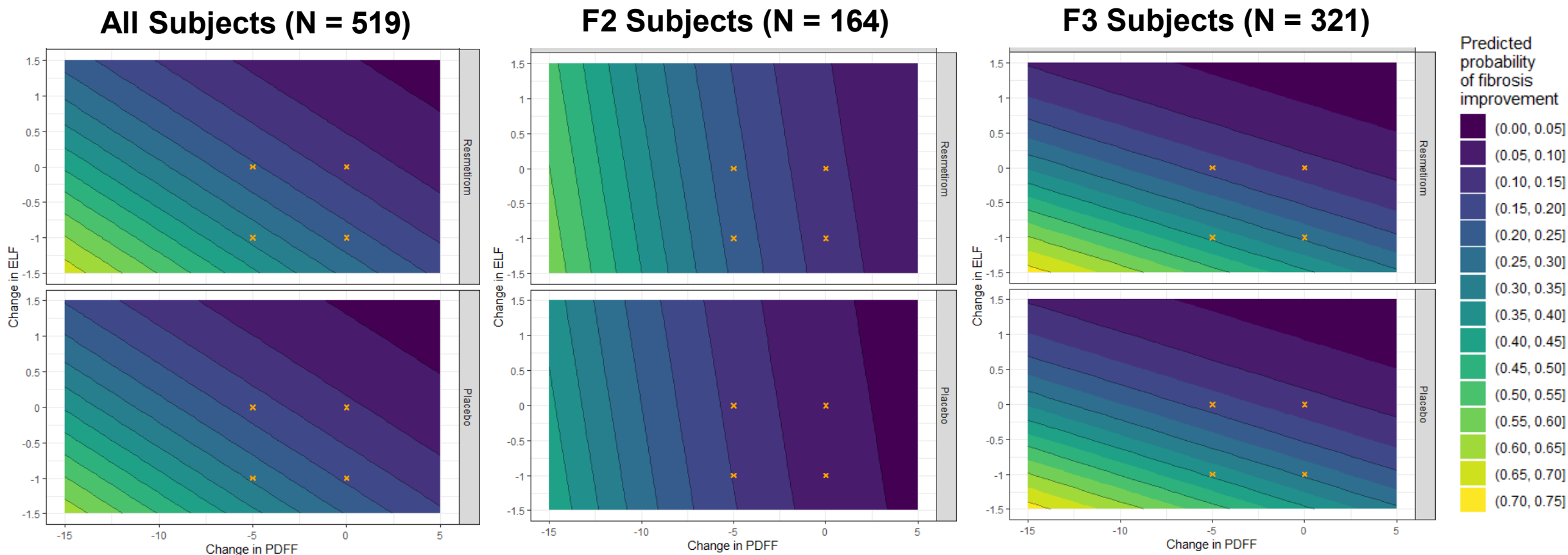
Δ MRI PDFF + Δ ELF (in subset of MAESTRO-NASH patients with < 5% weight loss)



Nominal p-values	Treatment	Δ MRI PDFF	Δ ELF
All Subjects	0.490	< 0.0001	0.001
F2 Subjects	0.314	0.001	0.786

Associations of pairwise NIT changes with fibrosis improvement (FI):

Δ MRI PDFF + Δ ELF (in subset of MAESTRO-NASH patients with < 5% weight loss)

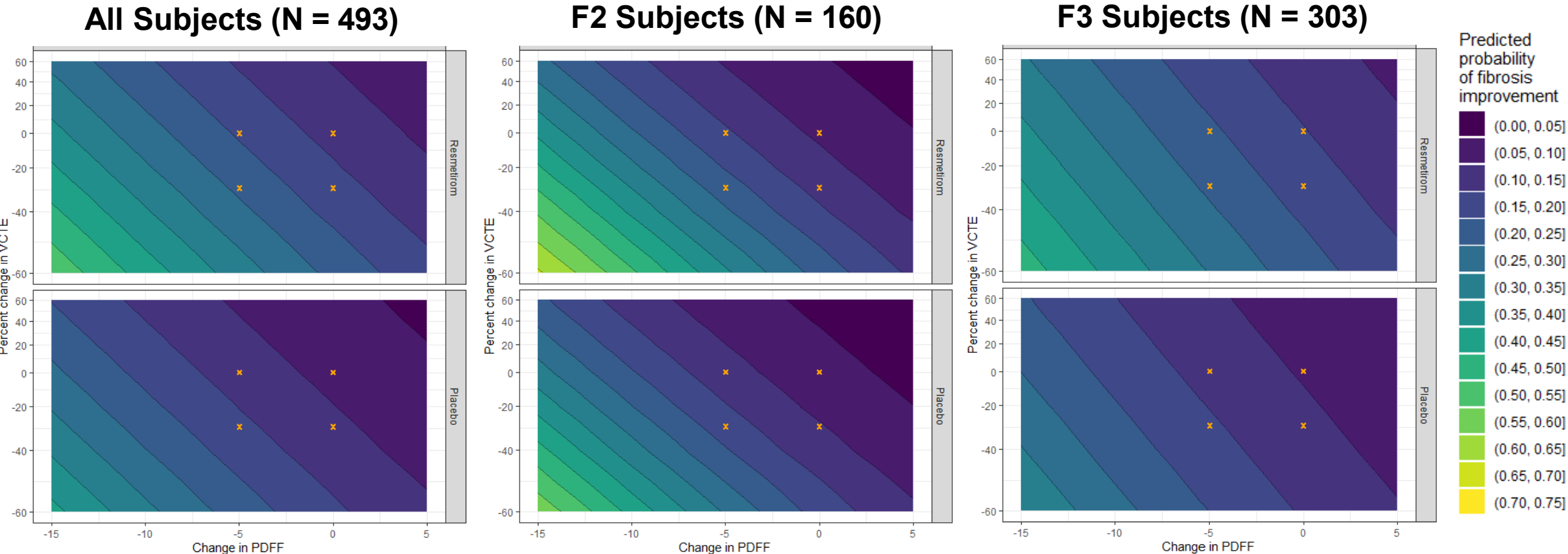


Nominal p-values	Treatment	Δ MRI PDFF	Δ ELF
All Subjects	0.490	< 0.0001	0.001
F2 Subjects	0.314	0.001	0.786
F3 Subjects	0.999	0.005	0.0001

MRI-PDFF remains independently associated with FI in both F2 and F3; ELF provides additional information primarily in F3

Associations of pairwise NIT changes with fibrosis improvement (FI):

Δ MRI PDFF + % Δ VCTE (in subset of MAESTRO-NASH patients with < 5% weight loss)

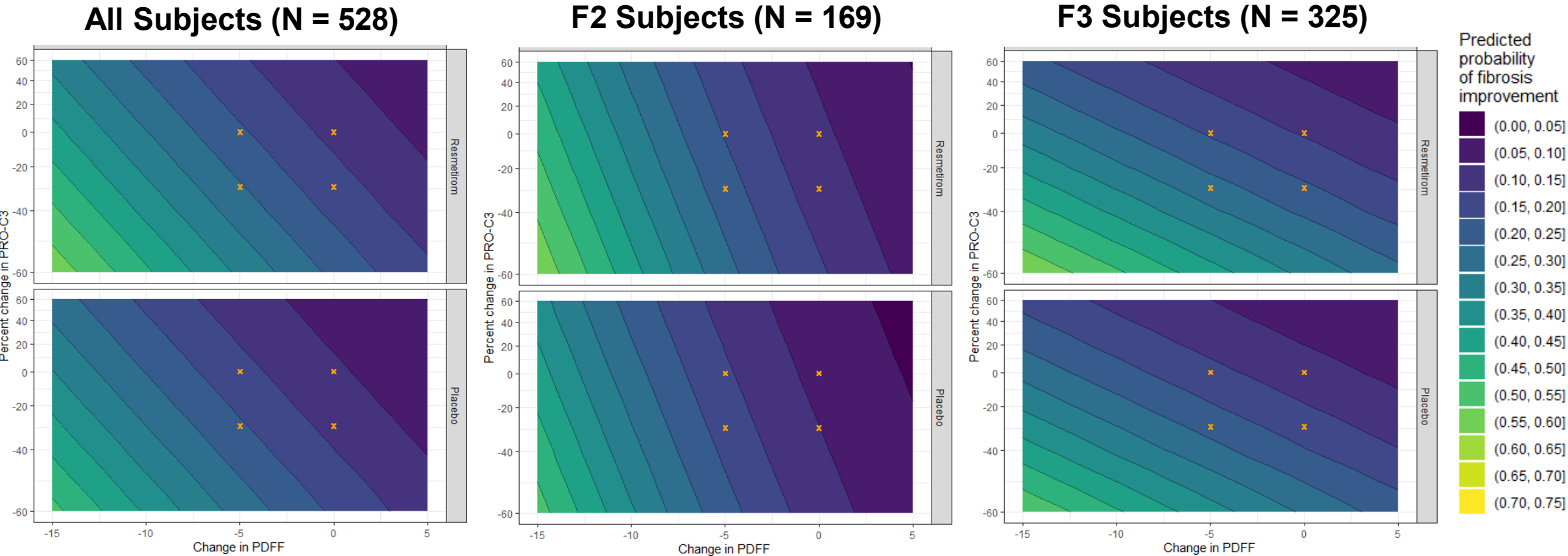


Nominal p-values	Treatment	Δ MRI PDFF	% Δ VCTE (log)
All Subjects	0.113	0.0005	0.012
F2 Subjects	0.593	0.007	0.023
F3 Subjects	0.178	0.015	0.189

MRI-PDFF and VCTE provide independent information overall; VCTE appears more informative in F2

Associations of pairwise NIT changes with fibrosis improvement (FI):

Δ MRI PDFF + % Δ PRO-C3 (in subset of MAESTRO-NASH patients with < 5% weight loss)

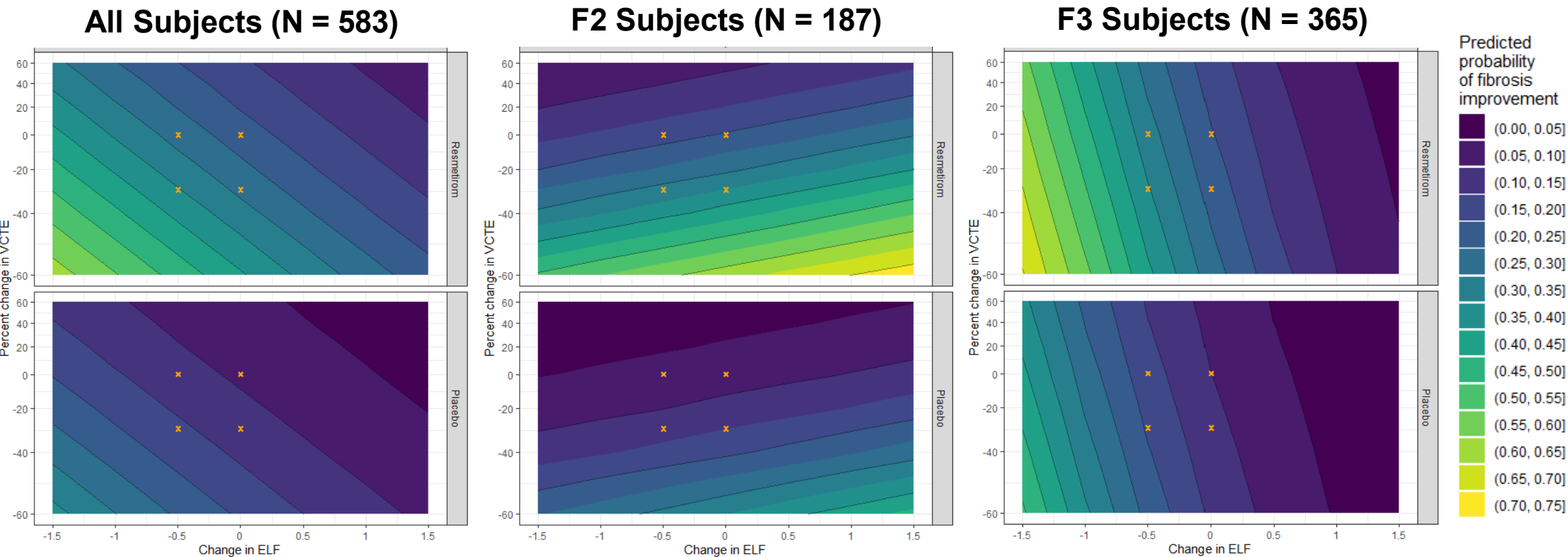


Nominal p-values	Treatment	Δ MRI PDFF	% Δ PRO-C3 (log)
All Subjects	0.342	< 0.0001	0.014
F2 Subjects	0.623	0.002	0.416
F3 Subjects	0.562	0.023	0.004

MRI-PDFF remains independently associated across stages; PRO-C3 provides additional information primarily in F3

Associations of pairwise NIT changes with fibrosis improvement (FI):

$\Delta \text{ ELF} + \% \Delta \text{ VCTE}$ (in subset of MAESTRO-NASH patients with < 5% weight loss)

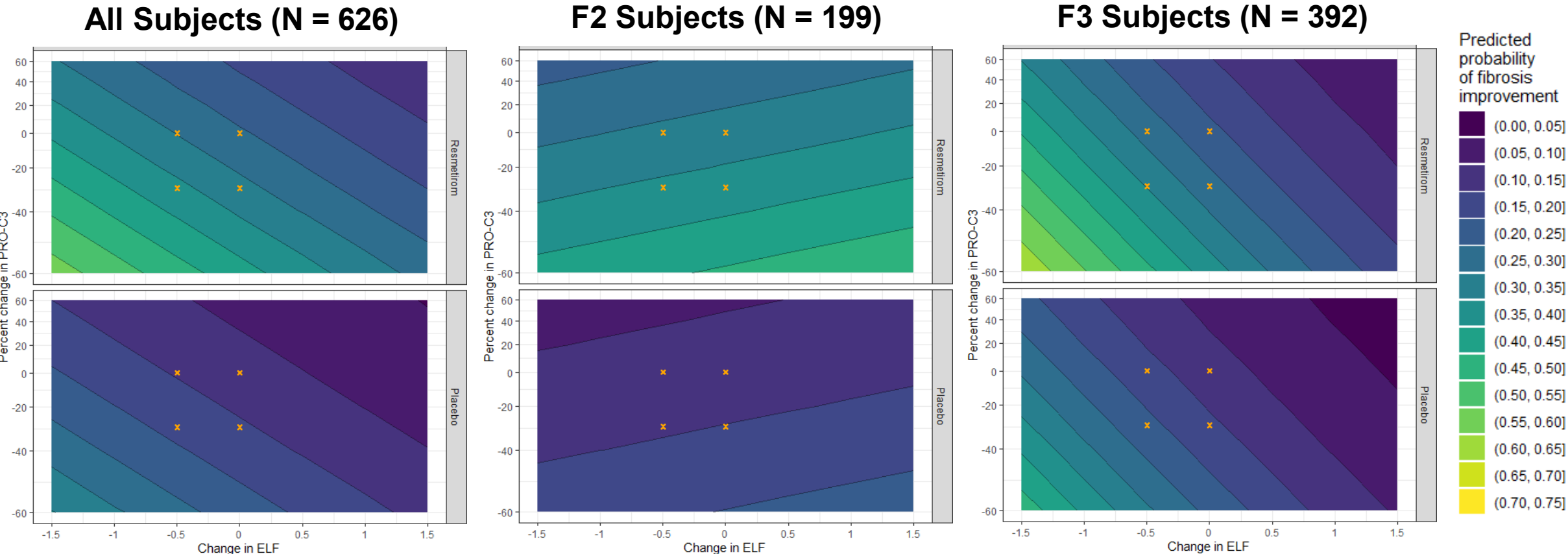


Nominal p-values	Treatment	$\Delta \text{ ELF}$	$\% \Delta \text{ VCTE (log)}$
All Subjects	< 0.0001	0.002	0.001
F2 Subjects	0.009	0.314	0.0002
F3 Subjects	0.013	< 0.0001	0.261

VCTE appears more informative in F2, whereas ELF appears more informative in F3

Associations of pairwise NIT changes with fibrosis improvement (FI):

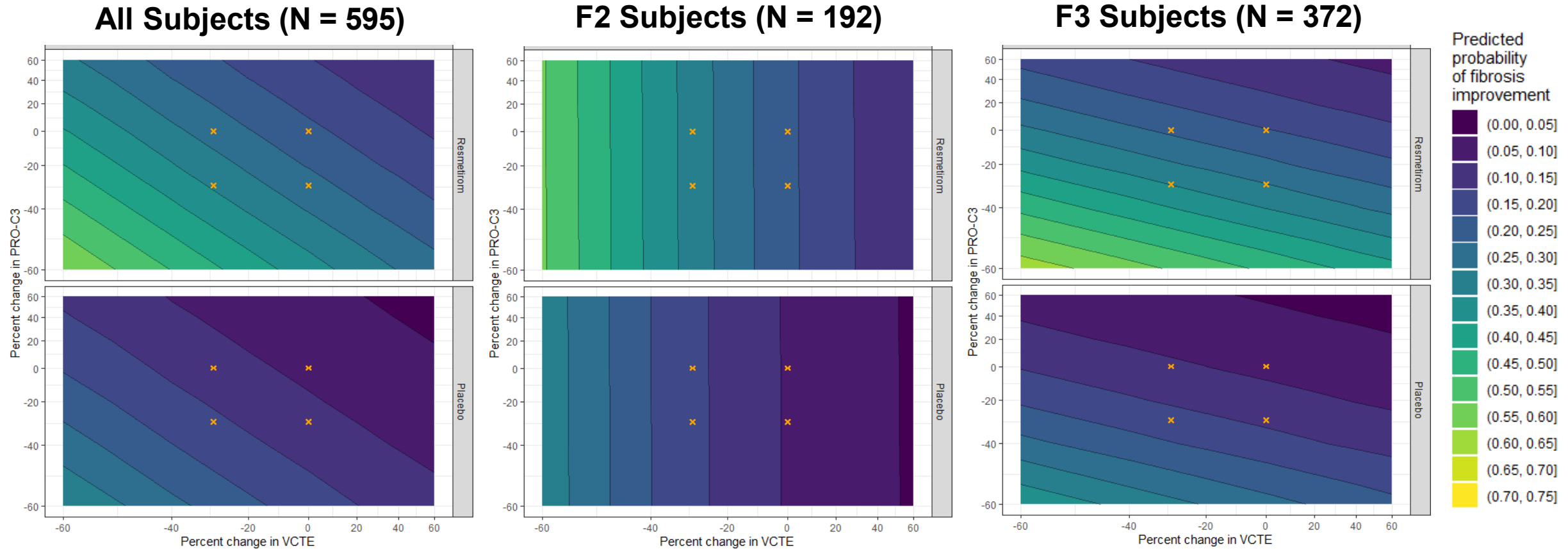
$\Delta \text{ ELF } + \% \Delta \text{ PRO-C3}$ (in subset of MAESTRO-NASH patients with < 5% weight loss)



Nominal p-values	Treatment	$\Delta \text{ ELF}$	$\% \Delta \text{ PRO-C3 (log)}$
All Subjects	0.0001	0.020	0.004
F2 Subjects	0.003	0.719	0.181
F3 Subjects	0.028	0.005	0.021

ELF and PRO-C3 provide independent information overall and in F3, but neither shows an independent association in F2

Associations of pairwise NIT changes with fibrosis improvement (FI): % Δ VCTE + % Δ PRO-C3 (in subset of MAESTRO-NASH patients with < 5% weight loss)



Nominal p-values	Treatment	% Δ VCTE (log)	% Δ PRO-C3 (log)
All Subjects	0.0001	0.0005	0.002
F2 Subjects	0.027	0.001	0.991
F3 Subjects	0.003	0.104	0.0001

**VCTE appears more informative in F2, whereas
PRO-C3 appears more informative in F3**

A qualitative synthesis of the strength of the association of changes in NITs with fibrosis improvement

	Overall	F2	F3
MRI PDFF	✓✓✓	✓✓✓	✓✓✓
VCTE	✓✓✓	✓✓✓	weaker
ELF	✓✓✓	weak	✓✓✓
PRO-C3	✓✓✓	weak	✓✓✓

Wrap-Up

In MAESTRO-NASH:

- Multiple NIT changes are independently associated with fibrosis improvement in patients with < 5% weight loss
- MRI PDFF provides information about FI across both F2 and F3 disease
- VCTE appears particularly informative in F2
- ELF and PRO-C3 provide stronger independent information in F3
- These findings suggest that the NITs providing information about fibrosis improvement may differ by fibrosis stage
- These are secondary, hypothesis-generating analyses from MAESTRO-NASH