



Enrolling Research Studies

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IBD Studies

- Abbvie CD/UC -Upadacitinib (oral medication)
- Genentech CD/UC -Etrolizumab
- Abbvie CD/UC -Rizankizumab
- Eli Lilly UC -Mirikizumab
- BMS UC -BMS-986165 (TYK2 inhibitor)
- SERES mild UC -Microbiome study
- Gilead CD- Filgotinib (oral medication)
- Abbvie CD- Rizankizumab vs Stelara (no placebo)
- AMT pouchitis/UC- AMT-101 (oral medication)

NASH Studies

- NGM NASH Cirrhosis- Aldafermin
- Poxel NASH F1-F3- PXL065 (deuterium-stablized R-pioglitazone)
- Madrigal F1-F3 -MGL-3196
- NorthSea F1-F3 -NST-4016
- Madrigal 14 NAFLD- MGL-3196 (no biopsy required)

Coming Soon:

- PBC- Evaluation of seladelpar in subjects with PBC

Galectin NASH Cirrhosis

- Stage 4 fibrosis required
- No esophageal varices or evidence of other decompensation
- Evidence of portal hypertension
- No prior TIPS
- Requires weekly IV infusions

Poxel NASH

- PXL065 is a modified version of pioglitazone
- F1-F3 fibrosis
- Historical liver biopsy within 6 months accepted
- Bariatric surgery excluded
- Call Rachel @2107

NGM NASH Cirrhosis

- F4 disease required
- PLT count > 140,000
- Will allow historical biopsy if completed within 6 months of screening.
- SubQ FGF19 recombinant
- History of hepatic decompensation excluded (variceal bleeding, ascites or hepatic encephalopathy)

- Call Alisha @2116

MADRIGAL NASH

- F1-F3
- AST >20
- kPa >8.5 and CAP >300
- Oral THR- β agonist

- Call Stephanie @2137

Madrigal NAFLD

- No biopsy required
- Fibroscan with kPa > 5.5, CAP >280
- Have at least 3 metabolic risk factors: BMI > 30, dyslipidemia, hypertension, Type 2 DM
- Call Heather @2116

ABBVIE Crohn's and UC

- Moderate-Severe disease needed, oral JAK 1 inhibitor
- Cohorts for biologic naïve patients and biologic failure
- Call Alisha @ 2116

GENENTECH Crohn's Disease

- Anti-TNF Failures
- Or
- Corticosteroid/immunosuppressive failures
- Very promising alpha 4-beta 7 and alpha E-beta 7 integrin (Etrolizumab)

- Call Heather @ 2114

ABBVIE Crohn's Disease or Ulcerative Colitis

- Intolerance or inadequate response to one or more: ASAs, steroids, immunomodulators or biologics.
- Rizankizumab (IL23) IV induction with Sub Q dosing
- Call Alisha @ 2116

BMS UC

- Moderate to severe activity
- Documented inadequate response or intolerance to 1 or more standard of care treatment.
- TYK2 inhibitor
- Call Amanda @2107

SERES UC

- Mild to moderated disease activity
- Microbiome study utilizing bacterial spores enriched from fecal donations of healthy donors.
- Call Keosha @2141

Abbvie CD

- Moderate to Severe CD
- Steroid/immunomodulator failure/intolerance or biologic failure
- Stelara vs rizankizumab (no placebo!)
- Abscess, stricture, multiple prior resections, ostomy or ileoanal pouch excluded
- Call Rachel @2107

AMT Pouchitis

- IPAA for UC completed at least 1 year prior to screening
- Chronic or recurrent pouchitis
- Antibiotic resistant- active disease despite 2 weeks of abx therapy

AMT UC

- Diagnosis of UC for at least 3 months prior to screening
- Moderate to severe UC
- Can Not have failed both previous biologic and tofacitinib