

### THRIVE-1: A multi-center, cross-sectional, observational study to assess the prevalence of choline deficiency in patients dependent on parenteral support



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- Choline is a quaternary amine that is an essential dietary nutrient in humans<sup>1,2</sup>
- Choline deficiency can lead to hepatic injury, neuropsychological impairment, muscle damage, and thrombotic abnormalities<sup>3-6</sup>
- Choline is essential for patients with intestinal failure (IF) who are dependent on Parenteral Support (PS)
- Current PS formulations lack choline, affecting an estimated 40,000 long-term PS patients who are or may become deficient<sup>7</sup>
- Currently, there are no approved intravenous choline products for PS patients globally

- THRIVE-1 was a prospective, multi-center, cross-sectional, observational study
- This study assessed the prevalence of choline deficiency and liver injury in male and female adolescents (≥ 12 years of age) and adult patients (≥ 18 years of age) with IF who are dependent on PS
  - PS dependence defined as at least 4 days/week on PS for 10 to 24 weeks (capped at 25%) and 24 weeks or longer
- Data collection occurred during a single clinic visit

#### **Results**

- 78 patients enrolled; 75 completed and 3 withdrew the study
- Demographics:
  - 55% male, 92% White, 96% Not Hispanic or Latino
  - Mean age: 52 years (SD: 16.6)
  - Mean height: 167.59 cm (SD: 10.2)
  - Mean weight: 64.73 kg (SD: 13.5)
  - Mean BMI: 22.95 kg/m² (SD: 3.8)
- Parenteral Support (PS):
  - Mean duration: ~9 years (Range: 10 weeks to 2319 weeks)
  - Mean PS frequency: 6.6 days/week (SD: 0.95)
  - Received mixed lipids: 40% (31/78)
    - Fish oil based lipid: Omegaven
    - Plant based (soybean oil lipid, olive oil lipid): Clinolipid; Intralipid
    - Nutrilipid Mixed oil lipids (fish oil and plant based): **SMOF**
  - Received plant-based lipids: 49% (38/78)

- Patients had at least one of the following underlying conditions based on ESPEN Pathophysiological IF Classification:
  - Short Bowel Syndrome: 59% (46/78)
  - Mucosal Diseases: 46% (36/78)
  - Chronic Intestinal Dysmotility Disorders: 33% (26/78)
  - Mechanical Obstruction: 8% (6/78)
  - Intestinal Fistulae: 6% (5/78)
- 78% (61/78) were choline deficient
  - Choline deficiency was defined as plasma free choline concentration < 9.5 nmol/mL
  - Mean plasma free choline concentration: 7.5 nmol/mL (SD: 3.9)
- 63% (38/60) of choline deficient participants had liver injury
  - Liver injury was defined as elevated liver tests [> 1.5\*ULN; ALP, AST, ALT, GGT, direct bilirubin, total bilirubin] or steatosis [MRI-PDFF ≥ 8%])

Table 1. Overview of Demographics, Baseline Characteristics		
Characteristics	Enrolled Set (N = 78)	
Age (years)		
Mean (SD)	51.9 (16.6)	
Age group, n (%)		
12-<18	2 (2.6)	
18-65	61 (78.2)	
>65	15 (19.2)	
Sex, n (%)		
Male	43 (55.1)	
Female	35 (44.9)	
Race, n (%)		
Asian	2 (2.6)	
Black or African American	3 (3.8)	
White	72 (92.3)	
Other	1 (1.3)	
Ethnicity, n (%)		
Hispanic	3 (3.8)	
Non-Hispanic	75 (96.2)	
Height (cm)		
Mean (SD)	167.59 (10.2)	
Weight (kg)		
Mean (SD)	64.73 (13.5)	
BMI (kg/m²)		
Mean (SD)	22.95 (3.8)	

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Table 2. Overview of Parenteral Nu	trition History
Characteristics	Enrolled Set
Total Infusion Volume (mL) of PN/day or night	(N = 78)
Mean (SD)	2614.9 (1151.77)
Infusion Duration (minutes/days)	2014.3 (1131.77)
Mean (SD)	708.5 (124.13) or ~12 hours
Number of Weeks from Start of PN to Screening –	700.5 (124.15) 01 12 110013
All Patients	
Mean (SD)	482.3 (484.27) or ~9 years
PN Frequency (days per week)	10210 (10112), 01 5 years
Mean (SD)	6.6 (0.95)
Amino Acids (grams per day per week)	
Mean (SD)	60.74 (33.47)
Amino Acids (grams per kg day per week)	,
Mean (SD)	0.98 (0.54)
Dextrose (kcal per day per week)	
Mean (SD)	997.50 (595.31)
Dextrose (kcal per kg day per week)	
Mean (SD)	16.38 (11.42)
Lipid Frequency (days per week)	
Mean (SD)	3.0 (2.42)
Lipid Types, n (%)	
No Lipids	8/78 (10.3%)
Fish Oil Based	1/78 (1.3%)
Plant Based	38/78 (48.7%)
Mixed Oil	31/78 (39.7%)
Lipids (grams per day per week)	
Mean (SD)	18.72 (18.16)
Lipids (grams per kg day per week)	
Mean (SD)	0.31 (0.32)
Vitamin B12 added each night, n (%)	70/70/4000
Yes	78/78 (100.0)
Folic Acid added each night, n (%)	70/70/1000
Yes	78/78 (100.0)

Table 3. Overview of Choline Deficiency and Liver Injury		
Characteristics	Enrolled Set (N = 78)	
Number of Patients with Choline Deficiency	78.2% (61/78)	
Number of Patients with Liver Injury		
All Patients Choline Deficient Patients	60.5% (46/76) 63.3% (38/60)	

Note: Choline Deficiency was defined as plasma free choline concentration < 9.5 nmol/mL. Note: Liver injury was defined as elevated liver tests [> 1.5\*ULN; ALP, AST, ALT, GGT, direct bilirubin, total bilirubin] or steatosis [MRI-PDFF ≥ 8%]).

Note: Percentages are based on number of patients in the Enrolled Set with observed data.

# **Summary/Highlights**

- The high prevalence of choline deficiency among patients with IF who are dependent on PS emphasizes the need for choline supplementation
- This patient population has an unmet need for IV choline that should be addressed
- Significant heterogeneity of liver injury was observed and warrants further investigation
- Protara is developing Choline Chloride for Injection, a phospholipid substrate replacement therapy, as a source of choline to potentially enhance health outcomes for long-term PS-dependent patients
- Protara intends to initiate a Phase 2b/3 safety and efficacy study of IV Choline Chloride in the first quarter of 2025



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