CONFIDENTIAL

CLINICAL REPORT

1. TITLE PAGE

Clinical Report No.:	Final version	**Protocol No.:**	GFT505-210-5
		EudraCT No.:	2010-021986-60
Date of Issue:	September 13rd, 2012		
Study Title:	**A PILOT STUDY TO EVALUATE THE EFFICACY AND SAFETY OF GFT505 (80 MG) ORALLY ADMINISTERED ONCE DAILY FOR 12 WEEKS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS.** **A MULTICENTER, RANDOMISED, DOUBLE BLIND, PLACEBO-CONTROLLED STUDY.**		
Drug Name:	GFT505: 2-[2,6-dimethyl-4-[3-(4-(methylthio)phenyl]-3-oxo-1(E)-propenyl]phenoxy]-2-methylpropionic acid		
Indication / Purpose:	Type 2 diabetes mellitus		
Methodology:	Multicentre, randomized, double blind, placebo-controlled study.		
Drug Development Phase:	IIa - pilot study		
Country:	Romania, Moldova, Macedonia, Serbia, Bosnia & Herzegovina and Latvia		
International Scientific Coordinator & Medical Monitor:	Pr Bertrand Cariou Clinique d'Endocrinologie, Institut du thorax, UMR915 CHU Hôtel Dieu 1, place Alexis Ricordeau 44093 Nantes cedex 1 - France		
First Patient First Visit:	13/12/2010		
Last Patient Last Visit:	03/06/2011		
Sponsor Signatory:	GENFIT Parc Eurasanté 885, rue Eugène Avinée 59120 Loos - France		

SIGNATURE PAGE

By signing below, the undersigned confirms that the contents of this clinical study report are an accurate representation of the conduct and results of the clinical study and is written in compliance with applicable Good Clinical Practices and regulations.

International Scientific Coordinator & Medical Monitor	14/09/12 Date	Bertrand Cariou, MD
On behalf of the Sponsor GENFIT	13/09/2012 Date	Rémy Hanf, PhD Development Director
On behalf of the Study Coordinator NATURALPHA	13/09/2012 Date	Marie-Noëlle Bouverne Clinical Project Coordinator
On behalf of the Contract Research Organization ORGAMETRIE	13/09/12 Date	Pierre Clérson, MD Medical Writer / Statistician

2. SYNOPSIS

Name of Sponsor/Company: **Genfit**	**Individual Study Table**	**(For National Authority Use only)**
Name of Finished Product: **GFT505**		
Name of Active Ingredient: **2-[2,6-dimethyl-4-[3-[4-(methylthio)phenyl]-3-oxo-1(E)-propenyl]phenoxy]-2-methylpropionic acid**		

Title of Study:

A PILOT STUDY TO EVALUATE THE EFFICACY AND SAFETY OF GFT505 (80 MG) ORALLY ADMINISTERED ONCE DAILY FOR 12 WEEKS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS.
A MULTICENTRE, RANDOMISED, DOUBLE BLIND, PLACEBO-CONTROLLED STUDY.

Study Center/Investigator:

25-35 investigational centres were planned in Romania, Moldova, Macedonia, Serbia, Bosnia & Herzegovina and Latvia.

28 sites were activated: 12 in Romania, 3 in Moldova, 3 in Macedonia, 5 in Serbia, 2 in Bosnia & Herzegovina and 3 in Latvia. All of them were active and enrolled at least one patient.

23 out of the 28 participating centres randomized at least one patient :

- 48 patients were randomized in Romania by 11 centres,
- 5 patients were randomized in Moldova by 3 centres,
- 21 patients were randomized in Macedonia by 3 centres,
- 9 patients were randomized in Serbia by 2 centres,
- 8 patients were randomized in Bosnia & Herzegovina by 2 centres,
- 6 patients were randomized in Latvia by 2 centres.

Publication (Reference):

NA.

Study Period:	**Phase of Development:**
First Patient First Visit: 13/12/2010 Last Patient Last Visit: 03/06/2011	Phase IIa - Pilot study

Objectives:

⌦ **Primary objective:**

To evaluate after 12 weeks of oral administered treatment the change from baseline in HbA1c level achieved with GFT505 80 mg versus placebo.

⌦ **Secondary objectives:**

To evaluate the changes in glucose homeostasis.

To evaluate the changes in lipid metabolism.

To evaluate the changes in liver enzyme levels.

To evaluate the changes in inflammatory markers and other parameters.

To evaluate the variation in body weight.

To assess the safety of once-a-day administrations of oral doses of GFT505 80 mg during 12 weeks.

Methodology:

This was a multicenter, randomised, double-blind, placebo-controlled study.

The planned duration of the study was 16-20 weeks maximum (+/- authorized margins) per patient:

- Run-in period: 2 weeks placebo run-in
- Treatment period (double-blind): 12 weeks
- Follow-up period: 2 weeks

For patients under fibrate treatment at screening, a 6-week wash-out period should be observed (4 weeks fibrate wash-out + 2 weeks placebo run-in).

Note that statins (except fluvastatin) and/or ezetimibe were permitted if the dosage was constant and

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stable at least for 3 months prior to screening and remained stable during the study.

At the end of the run-in period, eligible patients were randomized into 2 parallel groups in double-blind conditions: placebo or GFT505 80 mg (ratio 1:1).

6 visits were planned for each patient:

- V1 - Selection visit between D-42 and D-16 prior to treatment period (W-6/W-2)
- V2 - Randomization (W0±2 days) - Start of double-blind treatment period
- V3 - 4 weeks (28 days) after randomization (±4 days)
- V4 - 8 weeks (56 days) after randomization (±4 days)
- V5 - 12 weeks (84 days) after randomization (±4 days) - End of double-blind treatment period
- V6 - 14 weeks after randomization (14±4 days after V5) - End of follow-up

Number of Patients (Planned, Entered, Randomized and Analysed):

Planned: Initially 120 patients (60 per group). This number was reduced to 66 patients (33 patients in the GFT505 arm and 33 patients in the placebo arm) by amendment #1.

Selected: 221 patients.

Randomized and treated: 97 patients (50 patients in the GFT505 arm and 47 patients in the placebo arm).

Safety analysis: 97 patients (50 patients in the GFT505 arm and 47 patients in the placebo arm).

ITT efficacy analysis: 93 patients (48 patients in the GFT505 arm and 45 patients in the placebo arm).

PP analysis: 88 patients (47 patients in the GFT505 arm and 41 patients in the placebo arm).

Diagnosis and Main Criteria for Inclusion:

Men or women, aged from 18 to 75 years, with type 2 diabetes mellitus (non insulin dependent diabetes with HbA1c Ó7.0% and <9.5%) and drug naive (no treatment with insulin or other diabetes medication for the last 3 months prior to screening ; patients treated for less than 4 weeks with insulin may be included in the study). Patients must be non-hypertensive or must take antihypertensive medication at a stable dosage at least for 2 months prior to screening. BMI must be Ó27 and Ò45 kg/m²

Test Product, Dose and Mode of Administration:

- Investigational medicinal product: **GFT505 80 mg**, 4 capsules of 20 mg each per day before breakfast.
- Matching placebo: 4 capsules per day before breakfast (capsules were identical to capsules of investigational product to keep double-blind conditions).

Duration of Treatment:

During the 2-week run-in period, patients received placebo.

During the 12-week double-blind treatment period, patients received either GFT505 80mg/d or placebo.

Criteria for Evaluation:

After 12 weeks of daily administration of GFT505 80 mg, compare changes at endpoint versus baseline with those observed in the placebo group.

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Primary endpoint:

- Changes in HbA1c from baseline (B2) to endpoint.

Secondary endpoints:

- Changes in fasting plasma glucose
- Changes in insulin resistance index (fasting insulin and HOMA-IR)
- Changes in OGTT parameters (glucose, insulin and FFA at each timepoint, oral disposition index, insulin AUC, glucose AUC and FFA AUC)
- Changes in proinsulin and in proinsulin/insulin ratio
- Changes in fructosamine level
- Proportion of patients who reached the target of HbA1c < 6.5 % and HbA1c < 7%
- Changes in lipidic parameters levels (LDL-C, non-HDL-C, TG, HDL-C, total cholesterol, calculated VLDL-C, apolipoproteins, small dense LDL, remnants, FFA, Lp(a))
- Changes in aminotransferases level (ALT and AST) and GGT levels
- Changes in renal function markers (Ŭ1-microglobulin, Ŭ1-microglobulin/creatinine, beta-NAG, beta-NAG/creatinine, N-GAL, N-GAL/creatinine, albumin, albumin/creatinine, urinary creatinine, microscopic analysis, cystatin C, isoprostan, isoprostan/creatinine)
- Changes in inflammatory markers (hsCRP, haptoglobin, fibrinogen, TNFŬ, IL-6, PAI-1, amyloid A serum, ICAM, VCAM) and other parameters (adiponectin, leptin)
- Variations in body weight
- Description of SAE, AE, physical examination, vital signs, medical history, ECG
- Description of haematological parameters, biochemical markers and urinalysis

Statistical Methods:

The statistical analysis was conducted using the 9.1. SAS software (SAS Institute, Cary, NC, USA).

Handling of missing data:

Concerning OGTT, missing data at T30, T60 and T90 were extrapolated as the means of the preceding and the following values. If at least two consecutive timepoints were missing, the missing values were not replaced. T120 was not replaced if missing.

Regarding other parameters, missing values for parameters measured only twice during the study were not replaced. Missing values for parameters measured more than twice during the study were replaced using the LVCF (Last Value Carried Forward) method.

Definitions:

Baseline: value measured at V2 before any study drug intake.

Endpoint: value measured at V5. If no value was available at V5, the endpoint was the last value measured under treatment.

Descriptive statistics:

Continuous variables have been described by the number of documented patients, mean, standard deviation, range, median and number of missing data.

Binary and categorical variables have been described by the frequency and percentage of each modality as well as number of missing data.

Efficacy analysis:

The efficacy analysis was conducted on an intent-to-treat (ITT) basis.

Tests were two-sided and Type 1 error risk was set at 0.05.

Mean absolute and relative changes from baseline to endpoint were calculated for each parameter. Paired t test was used to assess the significance of the within-group evolution. A covariance analysis on mean absolute change from baseline to endpoint was performed using group, country and interaction between group and country as fixed factor and baseline as covariate. If the country factor and the

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interaction between group and country were not significant they were deleted from the final model. p value for the comparison of the two groups was derived from ANCOVA. Least-squares means (Lsmeans) were calculated for each group along with the standard error and the effect size was obtained by substracting the Lsmeans. The 95% two-sided confidence interval was calculated. Same analyses were conducted for relative changes.

The same model was used for the main criterion and the secondary criteria provided the variances were homogeneous between groups (Levene test on relative change B2-endpoint) and the variable was normally distributed or could be normalized using a log transformation (Shapiro-Wilk test along with graphical assessment; ANCOVA was used when the graphical distribution did not clearly depart from normality). All parameters were analysed both on absolute and relative changes.

Mean absolute and relative changes from baseline (B2) to B3 and from baseline (B2) to B4 were analysed as secondary criteria for each parameter using the same statistical methods.

Evolution of parameters during the follow-up period (from B5 to B6) was analyzed the same way, considering B5 value as the baseline value.

Safety analysis:

The safety analysis was conducted in the safety population.

AEs were tabulated by system organ class and preferred term (according to the WHO Drug dictionnary). The descriptive analysis of AEs was broken down between 3 periods : the screening period, the efficacy period and the safety period.

Evolution of weight, waist circumference, SBP, DBP and HR was analysed by ANOVA for repeated measures. Comparisons were conducted between GFT505 and placebo.

Summary - Conclusions:

From 221 selected patients 97 patients were randomly allocated into two treatment groups: GFT505 80 mg/d (N=50) or placebo (N=47). 93 patients were included in the intent-to-treat efficacy analysis, 48 in the GFT505 group and 45 in the placebo group. The two groups were well balanced at entry regarding demographics, biometrics, medical history, lifestyle, glycaemic and lipid parameters, liver and renal function parameters. Patients have been treated for 84 days with the study drugs according to protocol requirements. Compliance was very good in both groups.

Efficacy conclusions:

Evolution of fasting parameters in the GFT505 treated group,

- HBA1c level significantly decreased by -0.31 ±0.82% (p=0.01) from baseline during the 3 month treatment period. However, comparison with the evolution in the placebo group did not reach significance (effect size -0.15% [-0.46% - 0.16%], p=0.33). After 2-month treatment, effect size on HbA1C evolution was not significant.
- FPG decreased significantly from baseline after 2 months of treatment.. This evolution was significantly different from that observed in the placebo group (p=0.04). This decrease in FPG did not reach statistical significance at the end of the treatment period (p=0.08)
- Fasting insulin level significantly decreased (p=0.04) from baseline during the 3-month treatment period. However the effect size failed to reach significance (p=0.17) while it was significant after 2-month of treatment (p=0.002). During the follow-up period there was a trend to an insulin increase after withdrawal of GFT505 treatment.
- HOMA index significantly decreased (p=0.03) from baseline during the 3-month treatment period. However the effect size failed to reach significance (p=0.09) while it was significant after 2-month of treatment (p=0.002).

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- There was neither within-group significant evolution nor significant effect size for
  - Pro-insulin
  - Pro-insulin/insulin ratio
  - Fructosamine
  - Adiponectin
  - Leptin

	GFT 505	**Placebo**	**Effect size**	**p**
Evolution of Glycemic parameters - Fasting conditions				
HbA1c (%)	-0.31±0.82 0.01	-0.17±0.75 0.13	-0.15 [-0.46 ï 0.16]	0.33
FPG (mg/dL)	-7.83±29.81 0.08	-0.62±28.84 0.89	-10.41 [-22.12 ï 1.29]	0.08
Fasting insulin (mUI/L)	-2.02±6.44 0.04	-0.71±8.65 0.59	-1.96 [-4.78 ï 0.85]	0.17
HOMA-IR	-1.10±3.22 0.03	-0.63±3.59 0.25	-0.99 [-2.13 ï 0.15]	0.09
Pro-insulin (pmol/L)	-0.55±4.52 0.41	-0.57±7.93 0.63	-0.37 [-3.03 ï 2.29]	0.78
Fructosamin (µmol/L)	-0.56±24.16 0.87	6.07±31.55 0.20	-6.06 [-17.81 ï 5.69]	0.31
Adiponectin (mg/L)	-0.54±2.56 0.16	0.00±1.70 0.99	-0.10 [-0.77 ï 0.58]	0.78
Leptin (µg/L)	0.17±6.55 0.86	0.67±8.11 0.58	0.12 [-2.79 ï 3.04]	0.93

Evolution of OGTT derived parameters in the GFT505 treated group,

- 2-hour glycemia during OGTT performed after 3 months of treatment significantly decreased from baseline by -44.19±77.85 mg/dL (p=0.0003), effect size vs placebo was significant at T120 (p=0.04).
- Area under the curve (AUC) of glucose level during OGTT significantly decreased by -42.47±83.57 mg/dL*h (p=0.001) but the effect size vs placebo did not reach statistical significance (p=0.14).
- AUC of insulin level during OGTT significantly decreased from baseline in the GFT505 treated group (p=0.009) and remained unchanged in the placebo group (p=0.13). However the effect size was not significant (p=0.58).
- FFA levels at any time point of the OGTT performed after 3-month significantly decreased while they did not change in the placebo group. Consequently, AUC for FFA during OGTT decreased in the GFT505 group (p<0.0001) and the effect size was significant (p=0.007).

The oral disposition index did not vary.

	GFT 505	**Placebo**	**Effect size**	**p**
Evolution of OGTT derived parameters				
Glucose AUC (mg/dL*h)	-42.47±83.57 0.001	-23.45±69.27 0.03	-22.28 [-51.82 ï 7.27]	0.14
Insulin AUC (mUI/L*h)	-10.49±25.26 0.009	-10.68±44.34 0.13	-4.31 [-19.58 ï 10.97]	0.58
FFA AUC (mmol/L*h)	-0.17±0.26 <0.0001	-0.01±0.31 0.85	-0.15 [-0.26 - -0.04]	0.007
Oral disposition index	-0.18±1.38 0.38	-0.32±2.62 0.44	0.12 [-0.81 ï 1.05]	0.80

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Evolution of plasma lipids and apoliproteins in the GFT505 treated group

- All lipid parameters significantly improved from baseline to endpoint, except VLDL.
- Effect size (relative change) was -8.05% for LDL-C (p=0.02), -11.50% for non-HDL-C (p=0.0007), -7.56% for total cholesterol (p=0.007), -34.7% for TG (p<0.0001). LDL-C, non HDL-C, total cholesterol and TG significantly increased during the follow-up period.
- HDL-C mean absolute change was 0.14±0.16 mmol/L (p<0.0001) and 12.66±12.35% (p<0.0001). The effect size did not reach significance (p=0.13) since absolute change was also significant in the placebo group (p=0.002). Interestingly HDL-C remained at a higher level during the follow-up period.

	GFT 505	**Placebo**	**Effect size**	**p**
Evolution of Lipid parameters				
LDL-C (mmol/L)	-0.44±0.61 <0.0001	-0.07±0.64 0.47	-0.37 [-0.61 - -0.14]	0.002
Non HDL-C (mmol/L)	-0.51±0.61 <0.0001	0.01±0.75 0.90	-0.53 [-0.80 - -0.27]	0.0001
HDL-C (mmol/L)	0.14±0.16 <0.0001	0.09±0.75 0.002	0.05 [-0.02 ï 0.12]	0.13
Total cholesterol (mmol/L)	-0.36±0.63 0.0002	0.11±0.84 0.39	-0.47 [-0.75 - -0.19]	0.001
TG (mmol/L)	-0.54±0.70 <0.0001	0.05±0.84 0.71	-0.60 [-0.86 - -0.33]	<0.0001
VLDL-C (mmol/L)	-0.07±.0.31 0.15	0.08±0.30 0.07	-0.16 [-0.26 - -0.06]	0.001

- ApoAI (p=0.03), Apo AII (p=0.0002), significantly increased with GFT505. Apo AII but not Apo AI significantly decreased during the follow-up period
- ApoB, Apo CIII, ApoCIII LpB, ApoE, ApoE LpB significantly decreased with GFT505 (p<0.0001 for all within-group evolutions) and significantly increased during the follow-up period
- ApoCIII non B, ApoE non B and Lp(a) remained unchanged.

	GFT 505	**Placebo**	**Effect size**	**p**
Evolution of Apolipoproteins				
Apo AI (g/L)	0.05±0.16 0.03	0.06±0.17 0.03	0.01 [-0.06 ï 0.08]	0.75
Apo AII (g/L)	0.02±0.04 0.0002	0.00±0.04 0.63	0.03 [0.01 ï 0.04]	0.0004
Apo B (g/L)	-0.17±0.15 <0.0001	-0.03±0.15 0.18	-0.14 [-0.20 - - 0.08]	<0.0001
Apo CIII total (mg/dL)	-2.72±3.10 <0.0001	-0.76±3.62 0.17	-2.20 [-3.26 - -1.14]	0.0001
Apo CIII/B (mg/dL)	-2.50±2.65 <0.0001	-1.00±3.29 0.048	-1.67 [-2.55 - -0.79]	0.0003
Apo CIII/non B (mg/dL)	-0.22±0.75 0.06	0.24±1.13 0.16	-0.53 [-0.88 - -0.18]	0.004
Apo E (mg/dL)	-1.81±2.44 <0.0001	-0.51±2.61 0.20	-1.52 [-2.38 - -0.65]	0.0008
Apo E/B (mg/dL)	-1.72±2.00 <0.0001	-0.45±2.68 0.27	-1.30 [-2.04 - -0.56]	0.0007
Apo E/non B (mg/dL)	-0.07±1.21 0.72	-0.06±1.30 0.74	-0.25 [-0.64 ï 0.14]	0.21
Lp(a) (mg/dL)	-29.32±119.43 0.10	-10.98±203.10 0.72	-52.82 [-109.10 ï 3.46]	0.07

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Evolution of inflammatory markers in the GFT505 treated group:

- HsCRP (p=0.004) and haptoglobin (p<0.0001) significantly decreased at the end of the treatment period. Haptoglobin but not hsCRP significantly increased during the follow-up period
- TNFǗ, IL6, tPAI-1, amyloid A, ICAM and VCAM remained unchanged during the study.

Safety conclusions:

Adverse events

Thirteen patients from the GFT505 group reported at least one adverse event during the 12-week treatment period; 6 AEs were considered as possibly related to the treatment by the investigator and 7 led to treatment discontinuation. Of note 5 out of 6 treatments possibly related AEs and 6 out of 7 AEs having led to treatment discontinuation involved only one patient who experienced cholangio-pancreatitis. This case report was submitted to the Data Monitoring Committee; This committee excluded the role of study drug in the occurrence of these events (patientǀs medical history, occurrence after the first intake).

Some hematological and biochemical parameters varied over the study without reaching statistical significance and/or clinical relevance.

Hematology:

- Hemoglobin

Level of hemoglobin significantly decreased in both treatment groups from B2 to B5. Mean changes were -0.43±0.84 g/dL (p=0.001) and -2.67±6.21% (p=0.006) in the GFT505 group while -0.28±0.66 g/dL (p=0.009) and -1.93±4.40% (p=0.007) in the placebo group. Effect sizes at endpoint were not significant (-0.18 g/dL p=0.25 for absolute change and -0.93% p=0.39 for relative change). Of note neither hematocrit nor reticulocytes varied significantly.

- RBC

RBC count significantly decreased from B2 to B5 by -0.10±0.25 T/L (p=0.01) and -1.78±5.20% (p=0.03) in patients treated with GFT505 and remained unchanged in the placebo group. Effect sizes at endpoint were not significant (-0.06 T/L p=0.22 and -0.99% p=0.29, respectively).

- WBC, neutrophiles and basophiles did not vary during the treatment period. Monocytes, lymphocytes, eosinophils and platelets count slightly decreased.

Clinical biochemistry:

- Creatininemia and creatinine clearance

Level of creatinemia significantly increased in the GFT505 group during the treatment period. Mean changes from B2 to B5 were 3.55±8.78 µmol/L (p=0.008) and 5.20±11.59% (p=0.004). The effect sizes versus placebo of 3.81 µmol/L and 5.14% both reached statistical significance (p=0.02 in both cases). This minimal creatinemia increase was reversible. Indeed, during the follow-up period from B5 to B6, creatininemia decreased by -3.19±8.03 µmol/L (p=0.01) and -3.60±9.52% (p=0.01) in the GFT505 group. Accordingly, Creatinine Clearance decreased significantly in the GFT505 group from B2 to B5 (absolute change: -4.23±10.99 mL/min p=0.01, effect size -4.61 mL/min p=0.04; relative change: -4.30±11.91% p=0.02, effect size -4.92% p=0.045) and increased during the follow-up period.

- Total proteins

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Total proteins significantly decreased in the GFT505 group from B2 to B5: absolute change was -2.04±3.04 g/L (p<0.0001) and relative change was -2.73±4.09% (p<0.0001). The effect size versus placebo of -1.21 g/L and -1.74% was at the limit of statistical significance (p=0.055 and p=0.046 respectively).

- Urea

Urea significantly increased in both groups over the treatment period. Mean changes were 0.91±1.23 mmol/L (p<0.0001) and 19.58±26.56% (p<0.0001) in the GFT505 group while 0.46±1.45 mmol/L (p=0.04) and 12.04±29.34% (p=0.01) in the placebo group. The effect sizes were respectively 0.52 mmol/L (p=0.056) and 9.46% (p=0.08).

- Liver enzymes:

Liver function tests are interesting to consider in the context of type 2 diabetes and metabolic syndrome with significant decreases of GGT and alkaline phosphatase whereas decrease in ALT did not reach statistical significance and AST did not vary.

  - GGT

Level of GGT significantly decreased by -7.34±13.29 U/L (p=0.0004) and -19.46±28.39% (p<0.0001) during treatment with GFT505 with significant effect sizes (-11.56 IU/L p=0.0001 and -28.83% p=0.0001 respectively for absolute and relative changes). The same evolution was found both at B3 (effect size: p=0.0006 and p=0.0002) and B4 (effect size: p<0.0001 and p=0.0004).

During follow-up GGT increased in the GFT505 group: absolute change was 3.21±6.73 U/L (p=0.002) and relative change was 16.37±18.70% (p<0.0001).

  - Alkaline phosphatases

ALP significantly decreased by -15.49±9.98 U/L and -20.72±11.51% during treatment with GFT505 (p<0.0001). Effect sizes were significant (p<0.0001 for absolute and relative changes). Same results were found at B3. During follow-up alkaline phosphatases increased in the GFT505 group: absolute change was 6.30±6.00 U/L (p<0.0001) and relative change was 12.41±11.36% (p<0.0001).

- Other

CPK did not vary over the study. There was no significant effect of GFT505 on ionogram and calcium. There was slight non clinically relevant increase in homocystein proANP and proBNP over the study whereas troponin I did not vary. Fibrinogen significantly decreased in the GFT505 group but the effect size failed to reach significance (p=0.09).