# **SUPPLEMENTARY INFORMATION**

# **Therapeutic FGF19 promotes HDL biogenesis and transhepatic cholesterol efflux to prevent atherosclerosis**

Mei Zhou, R. Marc Learned, Stephen J. Rossi, Hui Tian, Alex M. DePaoli and Lei Ling\*

NGM Biopharmaceuticals, Inc.

333 Oyster Point Blvd. South San Francisco, CA 94080

\*Corresponding author: Lei Ling, NGM Biopharmaceuticals, Inc., 333 Oyster Point Blvd. South San Francisco, CA 94080, Tel: 650-243-5546, Email: lling@ngmbio.com

# **SUPPLEMENTARY INFORMATION**



# **Supplemental Figures**

#### **Atherosclerosis signaling**



#### LXR/RXR activation



#### FXR/RXR activation



Pattern recognition receptors in recognition of bacteria and viruses



.

#### Th1 and Th2 activation pathway



#### Dendritic cell maturation



#### Supplementary Figure S1. Genes in canonical pathways that are regulated by FGF19 in  $db/db$  mice

RNA was extracted from livers of *db/db* mice 2 weeks after intravenous injection of AAV-FGF19, or a control virus carrying green fluorescent protein. Genes differentially regulated by FGF19 from transcriptome profiling were examined by Ingenuity pathway analysis. Green arrows indicate downregulation (FGF19 vs. control), red arrows indicate upregulation (FGF19 vs. control).



#### **Supplementary Figure S2. Levels of intrahepatic cholesterol and hydroxycholesterol in** *db/db* **mice treated with FGF19 and NGM282.**

**A.** Hepatic total cholesterol content. Lipids were extracted from livers of *db/db* mice 2 weeks after intravenous injection of AAV-FGF19, AAV-NGM282 or a control (C) virus carrying green fluorescent protein. Concentrations of intrahepatic total cholesterol were measured using Infinity Liquid Stable Reagents (Thermo Fisher). *n*=5 mice per group. **B.** Intrahepatic free cholesterol content. *n*=5 mice per group. **C.** Intrahepatic hydroxycholesterol content. Intrahepatic free cholesterol and hydroxycholesterol were analyzed on a Michrom Paradigm HPLC equipped with a C18AQ analytical column (2.0×150 mm, 4 μm), auto sampler, helium degassing system and a column oven. Column eluent was introduced to a LTQ-Orbitrap Velos mass spectrometer (Thermo Fisher) with a heated electrospray ionization source. *n*=5 mice per group. Data are mean±s.e.m., numbers on the graphs are P values vs the control group by one-way ANOVA with Dunnett's post test.



**Supplementary Figure S3. Lack of activation of LXR target genes in the ileum by FGF19 and NGM282.**  Ileum was harvested from *db/db* mice 2 weeks after intravenous injection of AAV-FGF19 (19), AAV-NGM282 (282), or a control virus (C). *n*=10 biologically independent samples per group. RNA was extracted from ileum for qPCR analysis of LXR target genes (*Abcg5, Srebf1, Fasn, and Srebf2*). Data are mean±s.e.m., numbers on the graphs are P values vs the control group by one-way ANOVA with Dunnett's post test.



### **Supplementary Figure S4. The anti-steatotic effect of NGM282 occurs independent of hepatocellular ABCA1 and ABCG1.**

**A.** Hepatic triglyceride content by Folch method. Concentrations of intrahepatic triglycerides were measured using Infinity Liquid Stable Reagents (Thermo Fisher). Values were expressed as milligrams of triglycerides per gram wet weight of liver. Wild type (WT) mice treated with control (C) virus,  $n=5$  mice; WT mice treated with NGM282,  $n=4$ mice; *Abca1g1Hep* mice treated with control virus, *n*=5 mice; *Abca1g1Hep* mice treated with NGM282, *n*=5 mice. **B.** Serum concentrations of triglycerides. Serum samples were collected 4 weeks after intravenous injection of AAV-NGM282, or a control (C) virus. Wild type (WT) mice treated with control virus, *n*=5 mice; WT mice treated with NGM282,  $n=4$  mice; *Abca1g1<sup>AHep</sup>* mice treated with control virus,  $n=5$  mice; *Abca1g1<sup>AHep</sup>* mice treated with NGM282,  $n=5$  mice. Data are mean±s.e.m., numbers on the graphs are P values vs the control group by unpaired, two-tailed, *t*-test.



#### **Supplementary Figure S5. FGFR4-deficient mice are resistant to FGF19-induced hepatocarcinogenesis.**

*Fgfr4*<sup>+/+</sup> or *Fgfr4*<sup>-/-</sup> mice were intravenously injected with AAV-FGF19 or a control (C) virus. Mice were sacrificed 12 months later for analysis of serum cholesterol, body weight, liver weight and liver tumors. *Fgfr4*+/+ mice injected with control virus,  $n=18$  mice; *Fgfr4*<sup>+/+</sup> mice injected with AAV-FGF19,  $n=9$  mice; *Fgfr4<sup>-/-</sup>* mice injected with control virus,  $n=17$  mice; *Fgfr4<sup>-/-</sup>* mice injected with AAV-FGF19,  $n=9$  mice. Data presented are from one of three independent experiments with similar results. **A.** FGFR4 deficiency abolishes FGF19-associated increases in liver weight and ratios of liver-to-body weight. **B**. Representative images of macroscopic view, and liver sections stained with H&E or anti-glutamine synthetase (GS). Vector Red substrates (red color) were used for immunohistochemistry. Scale bars, 5 mm. **C**. Quantification of glutamine synthetase-positive tumor area as a percentage of total liver area. Images for the entire liver section was acquired using Surveyor program. For morphometric analysis of tumor area, glutamine synthetase-positive tumor areas were quantified using Measure/Count/Area tool from ImagePro software. Data are mean±s.e.m., numbers on the graphs are *P* values *vs* the control group by unpaired, two-tailed, *t*-test. *n.s.,* not significant.



#### **Supplementary Figure S6. FGF19-associated cholesterol changes can be inhibited by rosuvastatin or a neutralizing antibody against PCSK9.**

**A**. Study design. *db/db* mice were administered with AAV-FGF19 via tail vein. Three weeks later, mice were treated with rosuvastatin (0.005% in diet, *n*=5 mice), ezetimibe (0.01% in diet, *n*=4 mice), or anti-PCSK9 neutralizing antibody (10 mg kg-1, *i.p., q.w*., *n*=5 mice) for an additional 4 weeks. *db/db* mice administered with AAV-FGF19 (*n*=5 mice) or a control virus (*n*=5 mice) on regular chow diet were also included. **B**. Serum levels of total cholesterol, HDL-C and LDL-C. Data are mean±s.e.m., numbers on the graphs are *P* values *vs* the control group by one-way ANOVA with Dunnett's post test.



#### **Supplementary Figure S7. LDL receptor is dispensable for NGM282-associated cholesterol change.**

**A**. qPCR analysis of mRNA levels of LDLR. Livers were harvested from *db/db* mice 2 weeks after intravenous injection of AAV-FGF19, AAV-NGM282, or a control (C) virus. *n*=10 biologically independent samples per group. **B**. Study design in *Ldlr*-/- mice. *Ldlr*-/- mice were administered with AAV-NGM282 or a control virus via tail vein and analyzed 4 weeks later. **C**. Serum levels of total cholesterol, HDL-C and LDL-C 4 weeks after administration of AAV-NGM282 or a control virus in  $Ldr^{-1}$  mice ( $n=5$  mice per group). Data are mean $\pm$ s.e.m., numbers on the graphs are *P* values *vs* the control group by one-way ANOVA with Dunnett's post test for multi-group comparison or unpaired, two-tailed, *t*-test.



#### **Supplementary Figure S8. FGF19 analogue NGM282 protects against atherosclerosis in** *Apoe-/-* **mice fed a Western diet without affecting circulating cholesterol levels.**

**A**. Representative images of atherosclerotic plaque in cross sections of the aortic root area. Sections were stained with anti-CD68 (for macrophage), anti-smooth muscle actin (for smooth muscle cells), or von Kossa (for calcium) as indicated. Visualization with DAB substrate is shown as brown color. Scale bars, 100 µm. *Apoe*<sup>-/-</sup> mice received intravenous injection of AAV-NGM282 or a control virus, and were fed a high-fat (21% *w/w* fat), high-cholesterol (0.15% *w/w* cholesterol) Western diet for 18 weeks. *Apoe*-/- mice injected with control virus, *n*=8 mice; *Apoe*-/- mice injected with AAV- NGM282,  $n=10$  mice. **B**. Serum total cholesterol levels of *Apoe*<sup>-/-</sup> mice treated with NGM282 or a control virus. *Apoe*-/- mice injected with control virus, *n*=8 mice; *Apoe*-/- mice injected with AAV- NGM282, *n*=10 mice. Data are mean±s.e.m., numbers on the graphs are *P* values *vs* the control group by unpaired, two-tailed, *t*-test. **C**. Fractionation of circulating lipids by fast protein liquid chromatography (FPLC). Pooled mouse serum samples were injected on two Superose 6 HR 10/30 columns connected in series on AKTA Explorer FPLC system. Lipoproteins were eluted at a constant  $0.3 \text{ ml min}^{-1}$  flow rate with phosphate-buffered saline (pH 7.4) containing 0.02% EDTA. Individual fractions were collected for total cholesterol measurements. *Apoe*<sup>-/-</sup> mice injected with control virus, pooled serum from *n*=8 mice; *Apoe*<sup>-/-</sup> mice injected with AAV-NGM282, pooled serum from *n*=10 mice. VLDL, very low-density lipoprotein.

# **Supplemental Tables**

#### **Supplementary Table S1. Top canonical pathways affected by FGF19 treatment in** *db/db* **mice**



Ingenuity pathway analysis of genes differentially regulated in the livers from *db/db* mice treated with AAV-FGF19 or a control virus. Enriched canonical pathways are ranked by –Log (P value). Z-score > 0 indicates upregulated pathway; Z-score < 0 indicates downregulated pathways; Z-score #, no activity pattern available.



### **Supplementary Table S2. Regulation of genes in LXR/RXR signaling by FGF19 in** *db/db* **mice**

Ingenuity pathway analysis of genes in LXR/RXR signaling that are differentially regulated in the livers from *db/db* mice treated with AAV-FGF19 or a control virus. Negative Log2 ratios indicate downregulation by FGF19 treatment. Positive Log2 ratios indicate upregulation by FGF19 treatment.



# **Supplementary Table S3. GTEx datasets used in the current study**



**Supplementary Table S4. Datasets on patients with cardiovascular disease used in the current study** 

Cardiovascular disease-related datasets used in the current study were extracted from OmicSoft DiseaseLand database, which contains datasets retrieved from a variety of public projects including GEO (Gene Expression Omnibus), SRA (Sequence Read Archive), ArrayExpress, and dbGAP (The Database of Genotypes and Phenotypes).



### **Supplementary Table S5. Downregulation of FGF19 in patients with cardiovascular disease**

FGF19 RNA levels in patients with cardiovascular disease (a list of datasets is provided in Supplementary Table S4) were examined and compared using ArrayStudio software version 10.0 from OmicSoft. Negative Log2 fold change values indicate downregulation of FGF19 in subjects with disease relative to normal control subjects. Positive Log2 fold change values indicate upregulation of FGF19. Only comparisons with significant difference (P<0.05) are shown.

**Supplementary Table S6. Baseline participants' characteristics in a double-blind, placebo-controlled trial of NGM282 in healthy human subjects** 



Shown are mean (SD) or n (%). BMI, body mass index; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; SD, standard deviation.



### **Supplementary Table S7. Change from baseline to day 7 in serum lipids in participants treated with NGM282**

CI, confidence interval; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; LS, least-squares; SE, standard error.

SAS (version 9.4) was used for all analyses. The difference between NGM282 and placebo groups was analyzed using analysis of covariance (ANCOVA) model with treatment group as the factor and baseline values of the outcome as cofactor. All statistical analyses were carried out using two-sided tests at the 5% level of significance. Least-squares means, difference in least-squares means, 95% confidence intervals (CI) for the difference and corresponding P-values were presented.

**Supplementary Table S8. Percent change from baseline to day 7 in serum lipids in participants treated with NGM282** 



CI, confidence interval; HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; LS, least-squares; SE, standard error.

SAS (version 9.4) was used for all analyses. The difference between NGM282 and placebo groups was analyzed using analysis of covariance (ANCOVA) model with treatment group as the factor and baseline values of the outcome as cofactor. All statistical analyses were carried out using two-sided tests at the 5% level of significance. Least-squares means, difference in least-squares means, 95% confidence intervals (CI) for the difference and corresponding P-values were presented.

### **Supplementary Table S9. Clinical chemistry reagents used in the study**



Reagents used to measure levels of total cholesterol, HDL-C, LDL-C, and aspartate aminotransferase in mouse serum samples on COBAS INTEGRA 400-Plus Clinical Analyzer (Roche Diagnostics).



### **Supplementary Table S10. Primers for quantitative real-time PCR analysis**

Taqman Gene Expression assays used for quantitative reverse transcription PCR on RNA extracted from mouse livers and ileums.