UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER PURSUANT TO RULE 13a-16 OR 15d-16 UNDER THE SECURITIES EXCHANGE ACT OF 1934

For the month of January 2026.

Commission File Number: 001-40530

GH Research PLC

(Exact name of registrant as specified in its charter)

Joshua Dawson House
Dawson Street
Dublin 2
D02 RY95
Ireland
(Address of principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F:

Form 20-F ☒ Form 40-F ☐

GH Research PLC (the "Company") will participate in the Promising Targets Oral Session at the 64th American College of Neuropsychopharmacology (ACNP) annual meeting (the "Congress") where it will present results related to its GH001-TRD-201 clinical trial. The Congress is scheduled to take place from January 12-15, 2026, in Nassau, Bahamas.

A copy of the presentation to be presented by Prof Michael E. Thase during the Congress is attached hereto as Exhibit 99.1.

The fact that this presentation is being made available should not be deemed an admission as to the materiality of any information contained in the material. The information contained in the presentation is being provided as of January 13, 2026, and the Company does not undertake any obligation to update the presentation in the future or to update forward-looking statements to reflect subsequent actual results.

EXHIBIT INDEX

99.1	Presentation to be presented by Prof Michael E. Thase with Title: GH001 Improves Illness Severity, Anxiety Symptoms, and Quality of Life in Patients with Treatment-Resistant Depression

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Date: January 13, 2026

GH Research PLC

By: /s/ Julie Ryan
Name: Julie Ryan
Title: Vice President, Finance

GH001 Improves Illness Severity, Anxiety Symptoms, and Quality of Life in Patients with Treatment-Resistant Depression

Michael E. Thase, MD
Department of Psychiatry, University of Pennsylvania and Corporal Michael J. Crescenz Veterans Affairs Medical Center, Philadelphia, PA, USA

Co-authors: Bernhard T. Baune, Narcís Cardoner, Kelly Doolin, Rosa Maria Dueñas Herrero, Luboš Janů, John R. Kelly, Rachael MacIsaac, Shane J. McInerney, Alexander Nawka, Tomáš Páleníček, Víctor Pérez Sola, Andreas Reif, Claire Sweeney, Madhukar H. Trivedi, Velichka Valcheva, Eduard Vieta, Wiesław J. Cubała

Disclosures (1 of 2)

Author	Disclosures
Michael E. Thase	Consultant – Axsome, Clexio Biosciences, Gerson Lehrman Group, GH Research, Janssen, Johnson & Johnson, Lundbeck, Luye Pharma, Merck, Otsuka, Pfizer, Sage, Seelos Therapeutics, Sunovion, and Takeda. Grant Support – Acadia, Alkermes, Axsome, Intra-Cellular Therapies, Janssen, Myriad, National Institute of Mental Health, Otsuka, Patient-Centered Outcomes Research Institute (PCORI), and Takeda. Royalties – American Psychiatric Press, Inc., Guilford Publications, Herald House, Wolters Kluwer, and W. W. Norton & Company. Spouse's Employment – Dr. Diane Sloan is a Senior Vice President of OPEN Health, which does business with many companies
Bernhard T. Baune	Consultant – National Health and Medical Research Council (Australia). Honoraria – Angelini, AstraZeneca, Biogen, BMS, Boehringer Ingelheim, Johnson & Johnson, LivaNova, Lundbeck, Medscape, Otsuka, Pfizer, Roche, Servier, Sumitomo Pharma, Sunovion, Teva, and Wyeth. Advisory Boards – Biogen, Boehringer Ingelheim, Janssen-Cilag, LivaNova, Lundbeck, Medscape, Novartis, Otsuka, and Teva. Research Grants from Private Industries or Nonprofit Funds – AstraZeneca, BMBF (Germany), BMG (Germany), DFG (Germany), ERA PerMed, Fay Fuller Foundation, Horizon Europe (European Union), James & Diana Ramsay Foundation (Adelaide), Johnson & Johnson, Lundbeck, La Marató de TV3, National Health and Medical Research Council (Australia), Sanofi-Synthélabo, and Wellcome Trust (UK)
Narcís Cardoner	Grants – Spanish Ministry of Health, Spanish Ministry of Science and Innovation (CIBERSAM), Strategic Plan for Health Research and Innovation (PERIS) 2016–2020, RecerCaixa, and La Marató de TV3. Honoraria – Adamed, Elsevier, Exeltis, Janssen, Lundbeck, Pfizer, and Servier. Advisory Boards – Angelini, Esteve, Janssen, Lundbeck, Novartis, Pfizer, and Viatris. Lectures/Meetings – Janssen, Lundbeck, and Pfizer
Kelly Doolin	Employee and Shareholder – GH Research
Rosa Maria Dueñas Herrero	Principal Investigator – Beckley Psytech and GH Research. Subinvestigator – Compass
Luboš Janů	Principal Investigator – GH Research
John R. Kelly	Principal Investigator – Compass, GH Research, and Transcend Therapeutics. Consultant – Clerkenwell Health. Grant Funding – Health Research Board (ILP-POR-2022-030, DIFA-2023-005, KTA-2024-002)
Rachael MacIsaac	Employee and Shareholder – GH Research
Alexander Nawka	Principal Investigator – GH Research

Disclosures (2 of 2)

Author	Disclosures
Tomáš Páleníček	Principal Investigator – Compass, GH Research, MAPS, and Ketabon. Shares – Psychedelická klinika s.r.o., Společnost pro podporu neurovědního výzkumu s.r.o., and AVI-X Aviation Experts s.r.o. Founder – PSYRES (Psychedelic Research Foundation). Consultant – CB21 Pharma and GH Research
Víctor Pérez Sola	Consultant, Honoraria, or Grants – AB-Biotics, AstraZeneca, Bristol Myers Squibb, CIBERSAM, FIS-ISCiii, Janssen Cilag, Lundbeck, Medtronic, Otsuka, and Servier
Andreas Reif	Honoraria for Lectures and/or Advisory Boards – AbbVie, Boehringer Ingelheim, Cyclerion, Compass, GH Research, Janssen, LivaNova, Medice, MSD, Newron, Sage/Biogen, and Shire/Takeda. Research Grants – Medice and Janssen
Claire Sweeney	Employee and Shareholder – GH Research
Madhukar H. Trivedi	Consultant – Acadia, Alkermes, Alto Neuroscience, Axsome, BasePoint Health Management, Biogen, Cerebral, Circular Genomics, Compass, Daiichi Sankyo, GH Research, GreenLight VitalSign6, Heading Health, Janssen, Legion Health, Merck, Mind Medicine, Myriad Neuroscience, Naki Health, Neurocrine Biosciences, Noema Pharma, Orexo, Otsuka America, Otsuka Europe, Otsuka Pharmaceutical Development & Commercialization, Praxis Precision Medicines, PureTech LYT, Relmada Therapeutics, Sage, Seaport Therapeutics, Signant Health, Sparian Biosciences, Titan Pharmaceuticals, Takeda, and WebMD. Grant/Research Funding – American Foundation for Suicide Prevention, NCATS, NIDA, NIMH, Patient-Centered Outcomes Research Institute (PCORI), Blue Cross Blue Shield of Texas, SAMHSA, and the DoD. Editorial Compensation – Elsevier and Oxford University Press
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Eduard Vieta	Grants – AB-Biotics, AbbVie, Almirall, AstraZeneca, Boehringer Ingelheim, Bristol Myers Squibb, Celon, Cephalon, Dainippon Sumitomo Pharma, Elan, Ferrer, GH Research, GlaxoSmithKline, Janssen, Lilly, Lundbeck, Orion, Otsuka, Pfizer, Sanofi Aventis, Servier, Sunovion, and Takeda. Honoraria – Abbott, AbbVie, Angelini, AstraZeneca, Bristol Myers Squibb, Cambridge University Press, Elsevier, Farmindustria, Ferrer, Galenica, GlaxoSmithKline, Janssen, Johnson & Johnson, Lilly, Lundbeck, Oxford University Press, Otsuka, Pfizer, Sanofi Aventis, and Viatris. Advisory Boards – AbbVie, Angelini, AstraZeneca, Biogen, Biohaven, Bristol Myers Squibb, Celon, Compass, Ferrer, GH Research, Gedeon Richter, HMNC, Idorsia, Janssen, Johnson & Johnson, Jazz, Lilly, Lundbeck, Merck Sharp & Dohme, Novartis, Organon, Otsuka, Pfizer, Roche, Sage, Sanofi Aventis, Servier, Shire, Sunovion, Takeda, and Teva
Wiesław J. Cubała	Grants – Acadia, Angelini, Beckley Psytech, GH Research, HMNC Brain Health, Intra-Cellular Therapies, Janssen, MSD, Neumora, Novartis, Otsuka, Recognify Life Sciences. Honoraria – Angelini, GH Research, Janssen, and Novartis. Advisory Boards – Douglas Pharmaceuticals, GH Research, Janssen, MSD, and Novartis (relationships reported within the last three years)

Background

- Patients with TRD, representing ~30% of patients treated for MDD,[1] frequently report **anxiety symptoms** and greater **impairment in HRQoL** versus patients with treatment-responsive MDD[2-4]

- **Current therapies for TRD are limited**,[4] and there is a large unmet need for treatments that are well tolerated and offer rapid therapeutic benefit and long-term remission

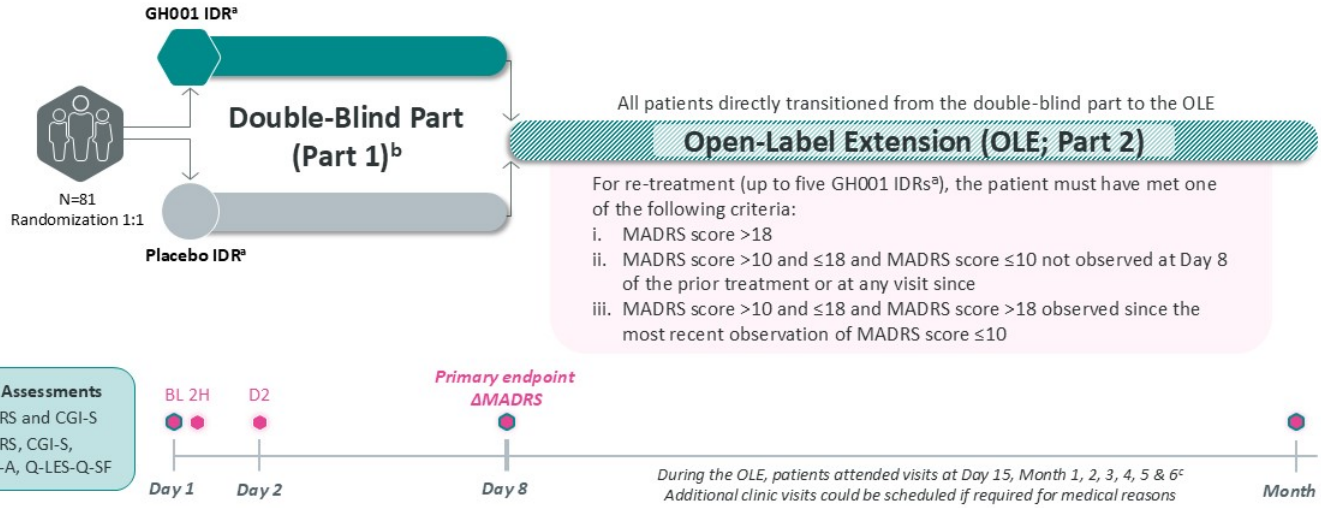
- GH001, a synthetic form of mebufotenin (5-MeO-DMT) for pulmonary inhalation, has been **well tolerated in early-stage trials**[5,6] and shows potential to **induce rapid remission of depressive symptoms** in patients with TRD[6]

We examined the effects of GH001 on depressive symptoms and secondary efficacy endpoints (CGI-S, HAM-A, and Q-LES-Q-SF) from the Phase 2b trial, for up to 6 months, in patients with TRD

Abbreviations: 5-MeO-DMT = 5-methoxy-N,N-dimethyltryptamine; CGI-S = Clinical Global Impression – Severity; HAM-A = Hamiliton Rating Scale for Anxiety; HRQoL = Health-related quality of life; MDD = Major depressive disorder; Q-LES-Q-SF = Quality of Life, Enjoyment, and Satisfaction Questionnaire-Short Form; TRD = Treatment-resistant depression.

1. Kubitz N, et al. *PLoS One*. 2013;8(10):e76882. 2. Johnston KM, et al. *J Affect Disord*. 2019;242:195-210. 3. Rathod S, et al. *J Affect Disord*. 2022;300:551-562. 4. McIntyre RS, et al. *World Psychiatry*. 2023;22:394-412. 5. Reckweg J, et al. *Front Pharmacol*. 2021;12:760671. 6. Reckweg JT, et al. *Front Psychiatry*. 2023;14:1133414.

Trial Schematic



This trial was conducted under the supervision of qualified healthcare professionals, providing psychological support per standard of care, but without any planned psychotherapeutic intervention before, during, or after dosing

[a]A second or third dose was administered if the previous dose was well tolerated according to the trial physician's judgement (based on vital signs and adverse events) and if the patient did not achieve an intense psychoactive effect (peak experience; defined as a mean score of ≥75 on the Peak Experience Scale) following the previous dose. [b]Efficacy assessments were carried out by independent blinded raters in the double-blind part. [c]Patients also attended assessment visits on Day 2 (telephone call) and Day 8 (in-person) after each re-treatment.
Abbreviations: BL = Baseline; CGI-S = Clinical Global Impression – Severity; D = Day; HAM-A = Hamilton Rating Scale for Anxiety; H = Hour; IDR = Individualized dosing regimen; MADRS = Montgomery–Åsberg Depression Rating Scale; Q-LES-Q-SF = Quality of Life, Enjoyment, and Satisfaction Questionnaire-Short Form.
ClinicalTrials.gov. https://clinicaltrials.gov/study/NCT05800860, Accessed November 13, 2025.

Eligibility Criteria

Patients were required to meet the trial criteria for TRD as assessed by a trial psychiatrist:

- Recurrent or single MDD episode (per DSM-5 criteria) without psychotic features, with current episode of ≤2 years[a]
- Current MDE validated per the MGH-SAFER
- HAM-D-17 total score ≥20
- Nonresponse to ≥2 and ≤5 oral antidepressant treatments (assessed using the MGH-ATRQ)

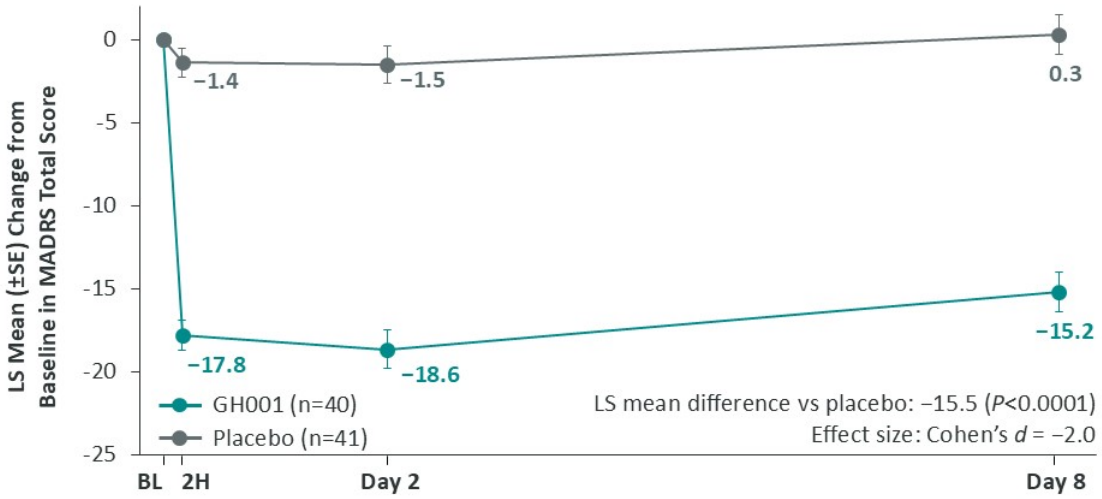
[a]Current MDE confirmed by the Mini-International Neuropsychiatric Interview.
Abbreviations: DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; HAM-D-17 = 17-Item Hamilton Depression Rating Scale; MDD = Major depressive disorder; MDE = Major depressive episode; MGH-ATRQ = Massachusetts General Hospital – Antidepressant Treatment Response Questionnaire; MGH-SAFER = Massachusetts General Hospital – Structured Assessment for Evaluation of Risk; TRD = Treatment-resistant depression.

Baseline Characteristics

	GH001 (n=40)	Placebo (n=41)	Overall (N=81)
Baseline Demographics			
Age, years, mean (SD)	41.6 (11.4)	43.9 (10.9)	42.8 (11.2)
Sex, female, n (%)	24 (60.0)	22 (53.7)	46 (56.8)
Race, White, n (%)	40 (100)	41 (100)	81 (100)
BMI, kg/m^2, mean (SD)	24.8 (4.3)	27.5 (6.3)	26.2 (5.5)
Previously used any psychedelic (lifetime), n (%)	4 (10.0)	5 (12.2)	9 (11.1)
Baseline Disease Characteristics			
HAM-D-17 total score, mean (SD)	24.9 (2.6)	24.6 (2.3)	24.8 (2.5)
MADRS total score, mean (SD)	29.0 (5.4)	28.2 (4.6)	28.6 (5.0)
CGI-S score, mean (SD)	4.8 (0.7)	5.0 (0.6)	4.9 (0.7)
HAM-A total score, mean (SD)	21.1 (6.5)	21.2 (6.1)	21.1 (6.2)
Q-LES-Q-SF total score, mean (SD)	27.9 (9.0)	25.3 (8.1)	26.6 (8.6)

Abbreviations: BMI = Body mass index; CGI-S = Clinical Global Impression – Severity; HAM-A = Hamilton Rating Scale for Anxiety; HAM-D-17 = 17-Item Hamilton Depression Rating Scale; MADRS = Montgomery–Åsberg Depression Rating Scale; Q-LES-Q-SF = Quality of Life, Enjoyment, and Satisfaction Questionnaire-Short Form; SD = Standard deviation.

Primary Endpoint: GH001 Led to −15.5 Mean MADRS Reduction from Baseline on Day 8[a] Compared with Placebo in the Double-Blind Part



The **remission rate** (MADRS total score ≤10) was **57.5%** on Day 8 in patients who received a single dose of GH001 in the double-blind part and **73.0%** in OLE completers at Month 6 after a mean of four treatments

[a]FDA Guidance notes that efficacy with rapid-acting antidepressants generally should be demonstrated within 1 week, supporting a primary efficacy endpoint within this timeframe.
Abbreviations: BL = Baseline; FDA = Food and Drug Administration; H = Hour; LS = Least squares; MADRS = Montgomery–Åsberg Depression Rating Scale; OLE = Open-label extension; SE = Standard error.

Global Illness Severity Assessment

CGI-S Scale[1]

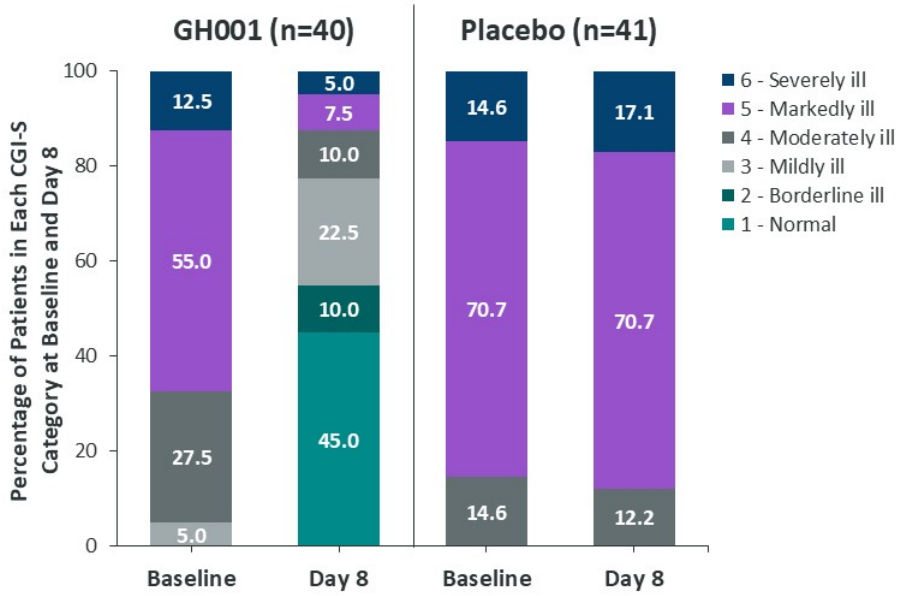
- CGI-S is a clinician-rated assessment of **illness severity**
- Assessed by a blinded independent rater
- Total score range, 1–7 (higher scores indicate more severe illness)

Abbreviations: CGI-S = Clinical Global Impression – Severity.

1. Guy W. *US Department of Health, Education, and Welfare*. 1976:217-222.

More Patients Had Improvement in Global Illness Severity from Baseline at Day 8 with GH001 vs Placebo in the Double-Blind Part

LS Mean (SE) Change in CGI-S Score from Baseline at Day 8	
GH001 (n=40)	Placebo (n=41)
−2.4 (0.2)	0.1 (0.2)
LS mean difference vs placebo: −2.5 (*P*<0.0001)	

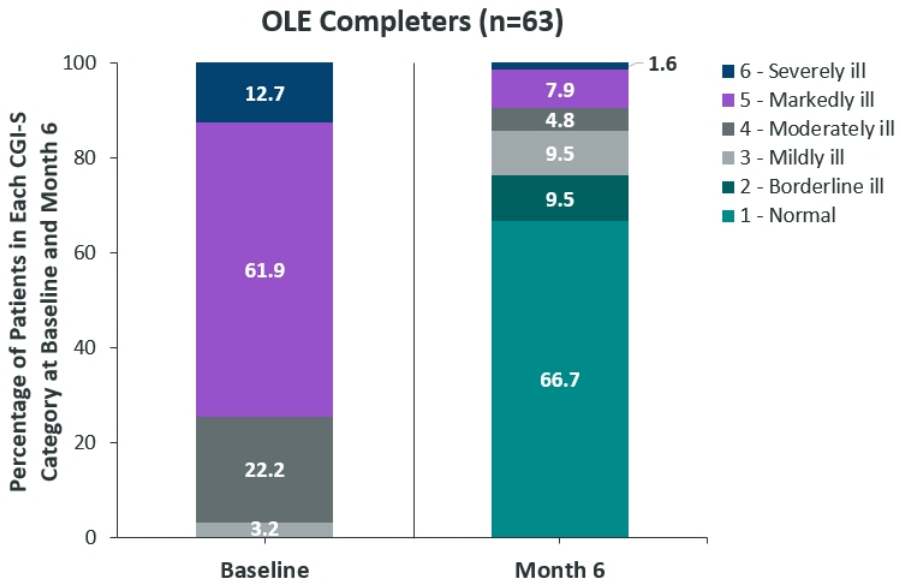


Percentages are for each baseline category within treatment.
Abbreviations: CGI-S = Clinical Global Impression – Severity; LS = Least squares; SE = Standard error.

OLE Completers Reported Improved Global Illness Severity at Month 6

Change from Baseline in CGI-S Score at Month 6 (n=63 OLE completers)

Total mean (SD) change from baseline −3.0 (1.4) *P*<0.0001



Abbreviations: CGI-S = Clinical Global Impression – Severity; OLE = Open-label extension; SD = Standard deviation.

Anxiety Assessment

HAM-A Scale[1,2]

- HAM-A is a clinician-rated assessment of **anxiety symptoms**
- Assessed by a blinded independent rater
- Total score range, 0–56 (higher scores indicate worse anxiety)
- The 14 items of the HAM-A scale were analyzed within psychic and somatic domains (score ranges, 0–28):

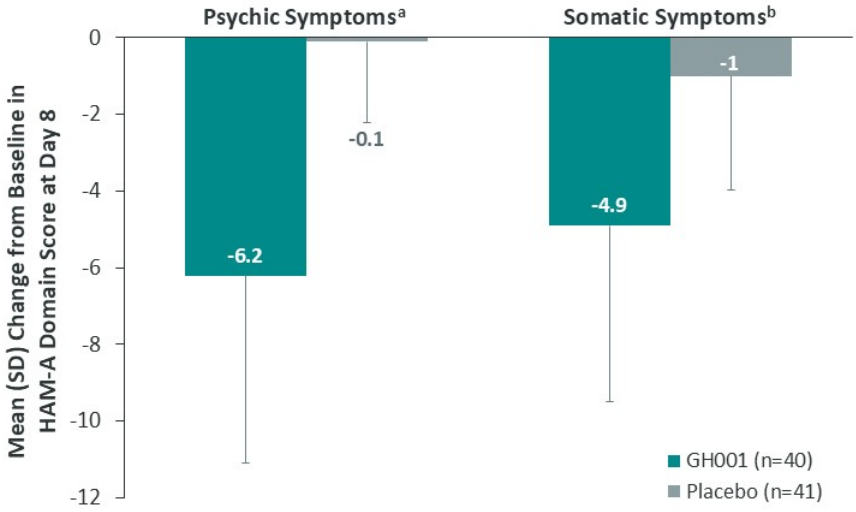
Psychic symptoms			Somatic symptoms		
Anxious mood	Insomnia	Behavior at interview	Somatic (muscular)	Respiratory	Autonomic
Tension	Intellectual (cognitive)		Somatic (sensory)	Gastrointestinal	
Fears	Depressed mood		Cardiovascular	Genitourinary	

Abbreviations: HAM-A = Hamiliton Rating Scale for Anxiety.

1. Hamilton M. *Br J Med Psychol*. 1959;32:50-55. 2. Marks RM, et al. *Exp Clin Psychopharmacol*. 2022;30(6):841-852.

GH001 Improved Psychic and Somatic Anxiety Symptoms vs Placebo Based on HAM-A Scores at Day 8 in the Double-Blind Part

LS Mean (SE) Change in HAM-A Total Score from Baseline at Day 8	
GH001 (n=40)	Placebo (n=41)
−11.1 (1.0)	−1.0 (1.0)
LS mean difference vs placebo: −10.0 (*P*<0.0001)	

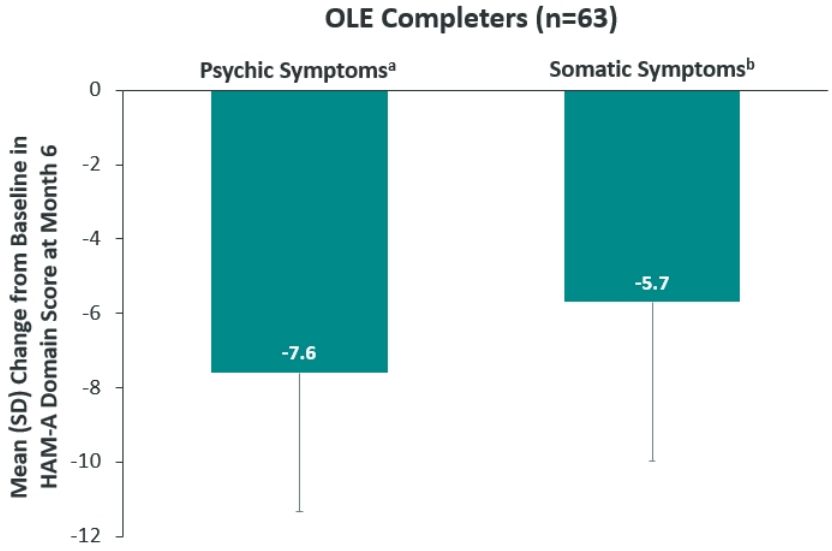


[a]Includes anxious mood, tension, fears, insomnia, intellectual (cognitive), depressed mood, and behavior at interview items. [b]Includes somatic (muscular), somatic (sensory), cardiovascular symptoms, respiratory symptoms, gastrointestinal symptoms, genitourinary symptoms, and autonomic symptoms items.
Abbreviations: HAM-A = Hamiliton Rating Scale for Anxiety; LS = Least squares; SD = Standard deviation; SE = Standard error.

OLE Completers Reported Improved Psychic and Somatic Anxiety Symptoms at Month 6

Change from Baseline in HAM-A Total Score at Month 6 (n=63 OLE completers)

Total mean (SD) change from baseline −13.3 (7.2) *P*<0.0001



[a]Includes anxious mood, tension, fears, insomnia, intellectual (cognitive), depressed mood, and behavior at interview items. [b]Includes somatic (muscular), somatic (sensory), cardiovascular symptoms, respiratory symptoms, gastrointestinal symptoms, genitourinary symptoms, and autonomic symptoms items.
Abbreviations: HAM-A = Hamiliton Rating Scale for Anxiety; OLE = Open-label extension; SD = Standard deviation.

Quality of Life Assessment

Q-LES-Q-SF Scale[1,2]

- Q-LES-Q-SF is a patient-reported scale that measures the degree of **enjoyment and satisfaction** experienced by patients in various areas of daily life
- The 16 items of the Q-LES-Q-SF score are rated on a 1 to 5 scale, with higher scores being indicative of greater enjoyment or satisfaction[a]
- Total score range, 14–70[a]
- Q-LES-Q-SF scale items were analyzed within four domains (score ranges, 20–100)[b,c]

Mood and psychological well-being[d]	Social and relationship life[e]	Physical health and ability[f]	Work, housing, leisure, and daily functioning[g]

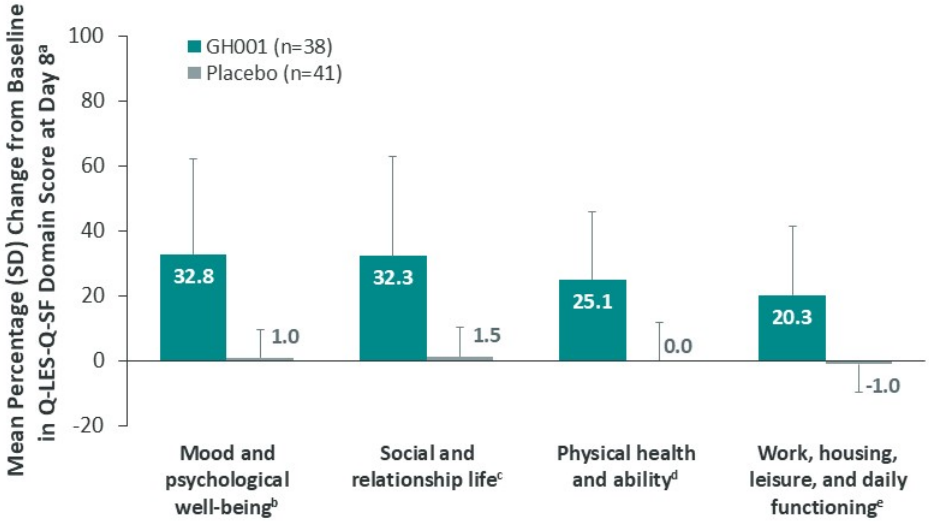
[a]The total score reported for the double-blind part and the open-label extension is based on the abbreviated version of the Q-LES-Q-SF (which omits two questions about medication and overall life satisfaction); however, the by-domain presentation includes all 16 items. [b]The domains were developed as part of an ad hoc analysis; the Q-LES-Q-SF does not have an official subscale scoring system. [c]The percentages for each domain are normalized to reflect the relative proportionality of responses, accounting for the differing number of items per domain. [d]Includes mood, overall sense of well-being, and overall life satisfaction items. [e]Includes family relationships, social relationships, and sex drive/interest/performance items. [f]Includes physical health, ability to function in daily life, ability to get around physically items. [g]Includes work, ability to do work/hobbies, household activities, leisure time activities, living/housing situationship, economic status, and medication items.

Abbreviations: Q-LES-Q-SF = Quality of Life, Enjoyment, and Satisfaction Questionnaire-Short Form.

1. Endicott J, et al. *Psychopharmacol Bull*. 1993;29:321-326. 2. Riendeau RP, et al. *Qual Life Res*. 2018;27:2953-2964.

GH001 Led to Improvements in Quality of Life Across Multiple Domains vs Placebo at Day 8 in the Double-Blind Part

LS Mean (SE) Change in Q-LES-Q-SF Total Score from Baseline at Day 8	
GH001 (n=37)	Placebo (n=40)
20.6 (1.8)	–0.8 (1.7)
LS mean difference vs placebo: 21.4 (*P*<0.0001)	

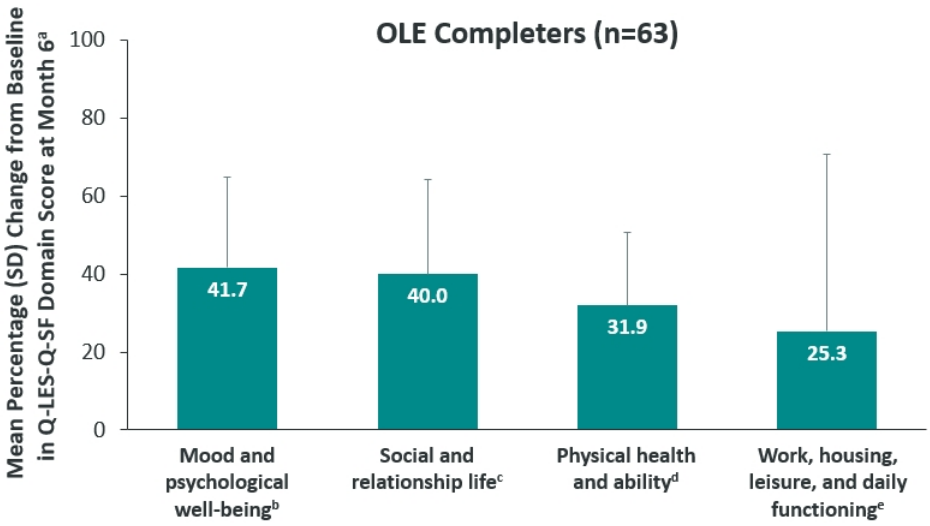


The Q-LES-Q-SF domains were developed as part of an ad hoc analysis; the Q-LES-Q-SF does not have an official subscale scoring system. [a]The percentages for each domain are normalized to reflect the relative proportionality of responses, accounting for the differing number of items per domain. [b]Includes mood, overall sense of well-being, and overall life satisfaction items. [c]Includes family relationships, social relationships, and sex drive/interest/performance items. [d]Includes physical health, ability to function in daily life, ability to get around physically items. [e]Includes work, ability to do work/hobbies, household activities, leisure time activities, living/housing situationship, economic status, and medication items.
Abbreviations: LS = Least squares; SD = Standard deviation; SE = Standard error; Q-LES-Q-SF = Quality of Life, Enjoyment, and Satisfaction Questionnaire-Short Form.

OLE Completers Reported Improved Quality of Life at Month 6

Change from Baseline in Q-LES-Q-SF Total Score at Month 6 (n=63 OLE completers)

Total mean (SD) change from baseline 24.8 (14.1), *P*<0.0001



The Q-LES-Q-SF domains were developed as part of an ad hoc analysis; the Q-LES-Q-SF does not have an official subscale scoring system. [a]The percentages for each domain are normalized to reflect the relative proportionality of responses, accounting for the differing number of items per domain. [b]Includes mood, overall sense of well-being, and overall life satisfaction items. [c]Includes family relationships, social relationships, and sex drive/interest/performance items. [d]Includes physical health, ability to function in daily life, ability to get around physically items. [e]Includes work, ability to do work/hobbies, household activities, leisure time activities, living/housing situationship, economic status, and medication items.
Abbreviations: OLE = Open-label extension; Q-LES-Q-SF = Quality of Life, Enjoyment, and Satisfaction Questionnaire-Short Form; SD = Standard deviation.

GH001 Administration Was Well Tolerated in Patients with TRD up to 6 Months

- TEAEs were observed in 72/81 (88.9%) patients and were **mostly mild or moderate**[a]; **one non–treatment-related serious TEAE** was reported

- **No TEAEs of flashbacks, suicidal intent, or suicidal behavior occurred**

- The median **duration of psychoactive effects** after GH001 administration was **11 minutes**

- Patients were deemed **discharge-ready by 1 hour** post-dose at **99% of visits**

[a]Two severe treatment-related TEAEs were reported in the OLE; affect lability occurred shortly after administration of GH001 and resolved within 4 minutes and one event of migraine, considered a serious TEAE not related to treatment, started 73 days after the patient's most recent (fourth) administration of GH001.
Abbreviations: OLE = Open-label extension; TEAE = Treatment-emergent adverse event; TRD = Treatment-resistant depression.

Conclusions

- In patients with TRD, GH001 led to significant reductions in global illness severity from baseline to Day 8 versus placebo; these improvements with GH001 were maintained at Month 6 in those who completed the OLE
- Significant improvements in anxiety symptoms across psychic and somatic domains were also observed with GH001 treatment at Day 8 that were maintained at Month 6
- GH001 also led to significantly improved quality of life across multiple domains from baseline to Day 8 and at Month 6
- In patients with TRD, GH001 was generally well tolerated, with no re-administration challenges

Abbreviation: OLE = Open-label extension; TRD = Treatment-resistant depression.

Acknowledgments

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- The sponsor would like to thank the participants in the trial
- The sponsor would also like to thank the investigators who conducted this trial
- Under the guidance of the authors, medical writing and editorial support were provided by Brian Brennan, PhD, of GH Research, and Gina Daniel, PhD, of OPEN Health