

HIV Management
Hepatitis Management

THE NEW YORK COURSE

HBV Treatment Pipeline: Prospects for a Cure

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UCSF
San Francisco, CA

HBV Control

- ▶ Inflammatory: normalize serum ALT, biopsy
- ▶ Virologic: decrease HBV DNA
- ▶ Immune: seroconversion
 - HBeAg to anti-HBe
 - HBsAg to anti-HBs
- ▶ HBV as of 2017 not “cured” but controlled

Types of HBV Cure

Functional cure—clinical resolution

Sustained, off drug:

- ▶ No inflammation: ALT and liver biopsy
- ▶ HBsAg loss
- ▶ HBsAb gain

Complete cure—virological cure

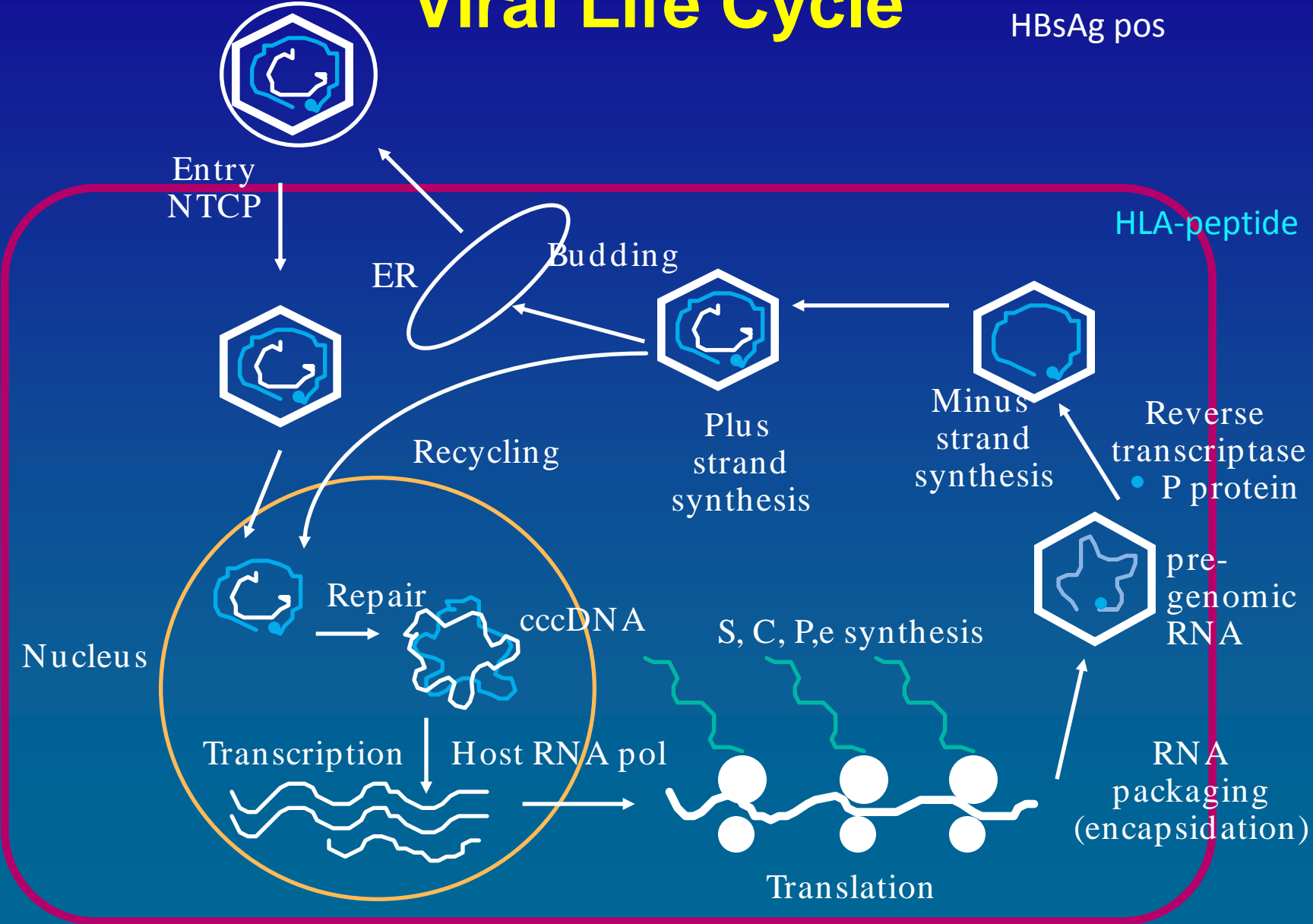
- ▶ All of above plus
- ▶ Loss of cccDNA in liver

Inactive state—an interim goal?

- ▶ No inflammation: ALT and liver biopsy
- ▶ HBV DNA low or u/d
- ▶ HBsAg positive

Viral Life Cycle

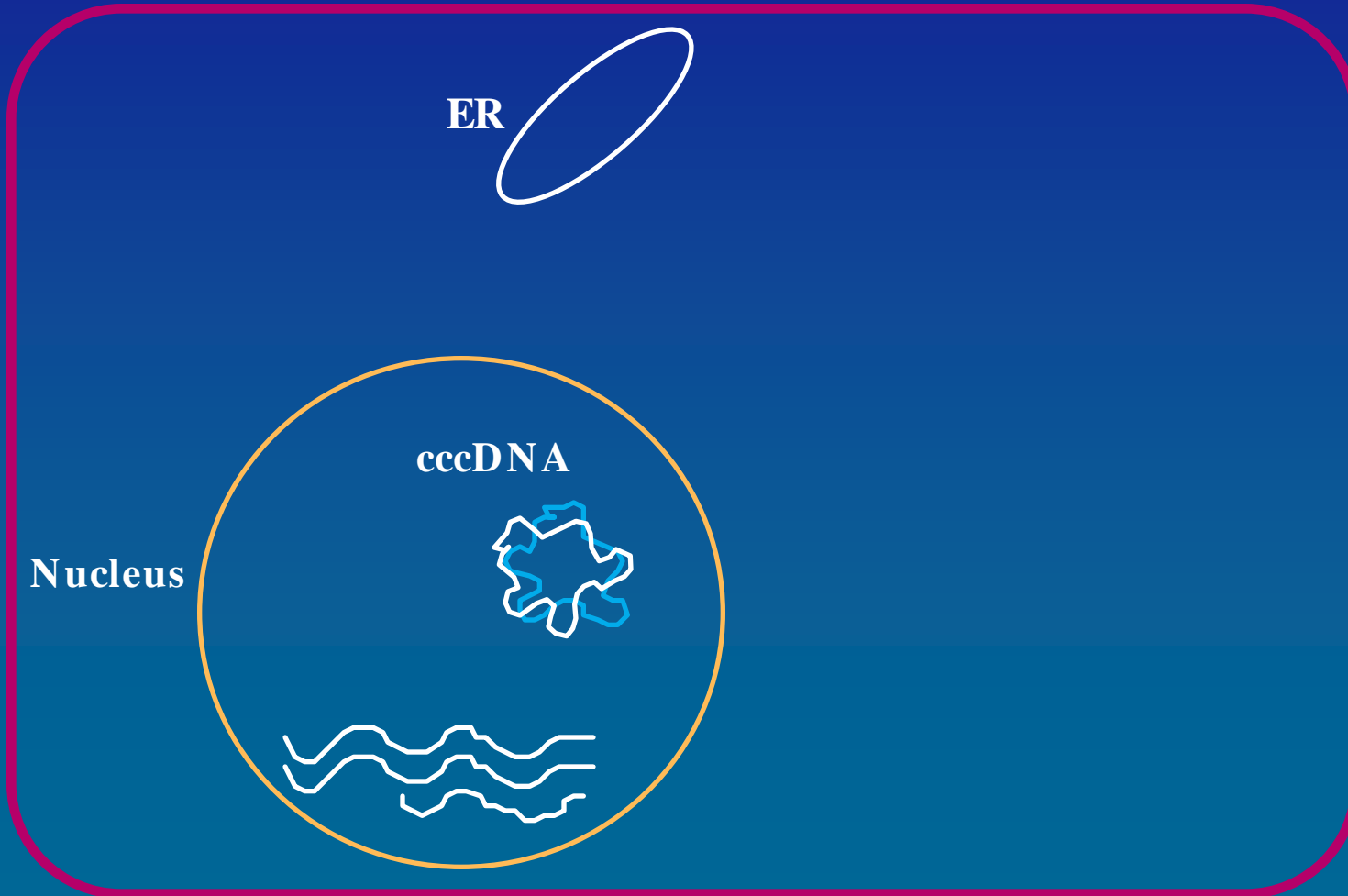
HBsAg pos



Viral Life Cycle- “Latent or Recovered”

HBV: Functional Cure

Immune system considers this “recovered”
BUT cccDNA remains: template for viral replication



HBsAg neg
Anti-HBs
Anti-HBc

Strategies to Eradicate HBV

Virologic approaches

- ▶ Entry inhibitors
- ▶ Block cccDNA
- ▶ Transcription inhibitors
- ▶ RNA interference
- ▶ HBV capsid inhibitor
- ▶ Polymerase inhibitors
- ▶ Secretion inhibitors

Host immune approaches

- ▶ Interferons
- ▶ TLR-7
- ▶ PD-1/ PDL-1
- ▶ IL-7
- ▶ Therapeutic vaccines
 - Immune complex vaccines
 - Nasal HBV (NASVAC) vaccines
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 - Yeast-based vaccines

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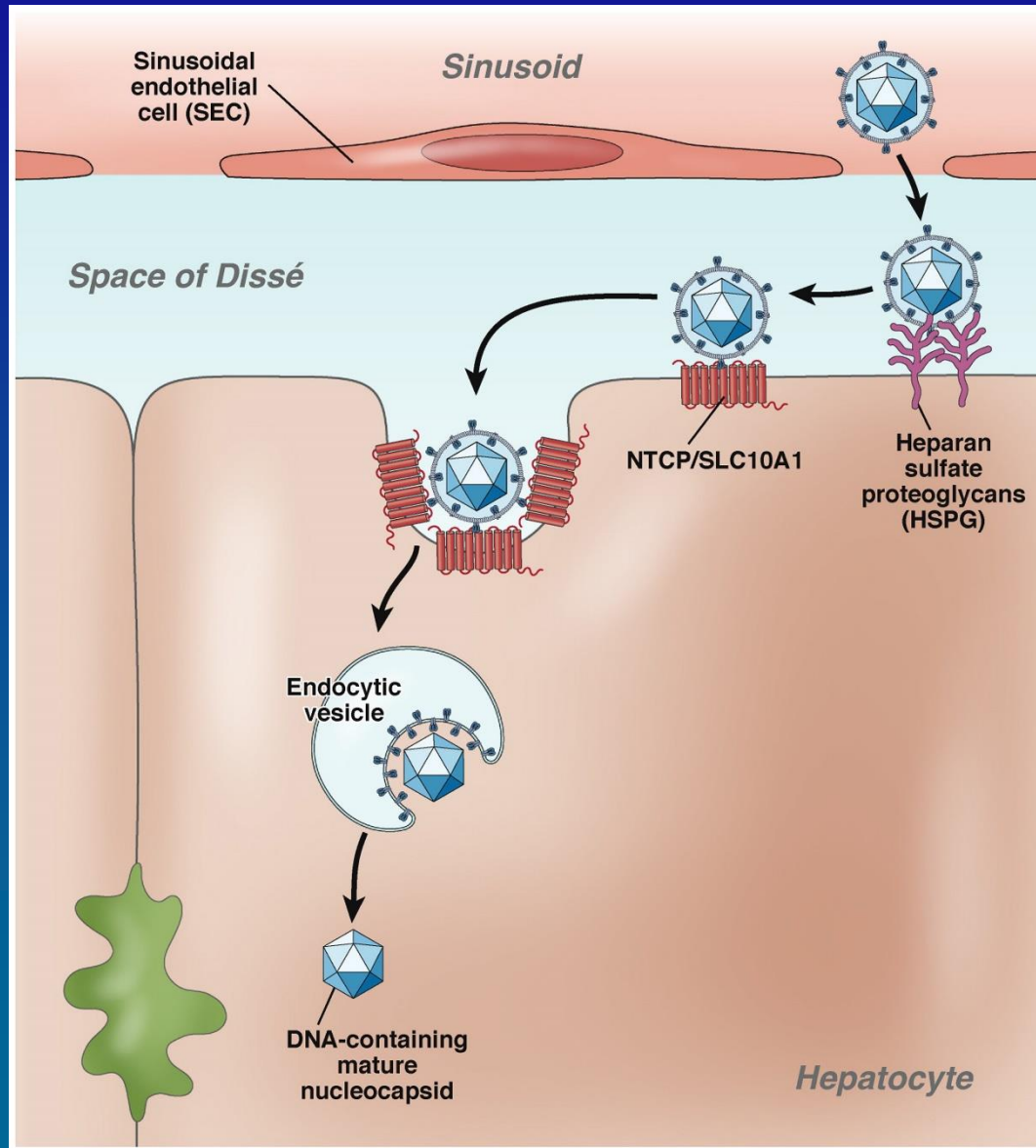
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HBV Entry through NTCP Receptor

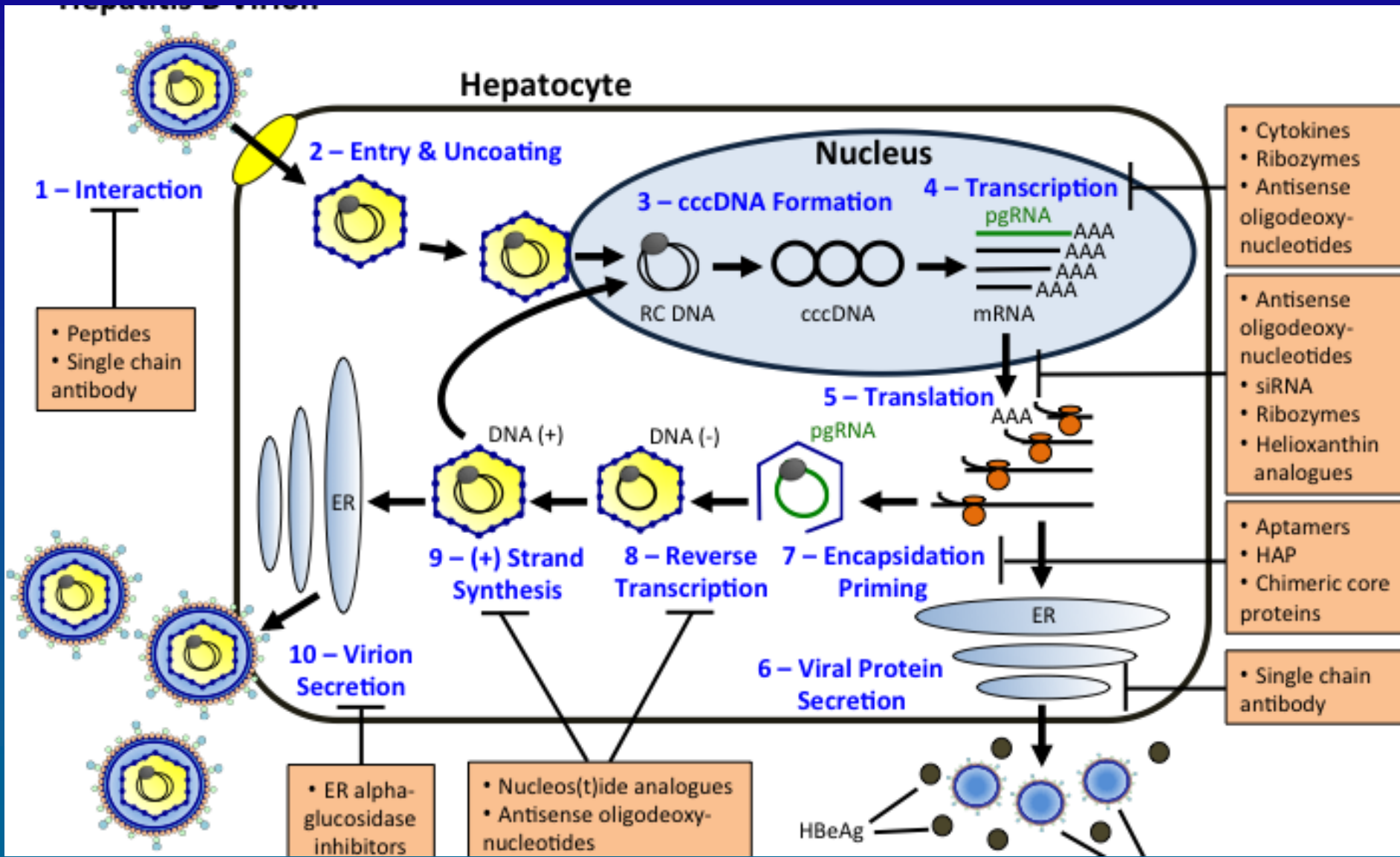


HBV Targeting Cell Entry

Small-molecule compounds binding to sodium taurocholate cotransporting polypeptide (NTCP)

- ▶ HBV pre-S1-derived lipopeptide Myrcludex-B competes with HBV/HDV for binding to NTCP
 - Prevents HBV/HDV entry
- ▶ Phase II in Russia (24 HBeAg-, naïve, ↑ALT, DNA >2k)
 - →nl ALT 6/8; HDV RNA dec 5/7; myr preSAbs 9/14, no change in qHBsAg; reactivation in 2 post-Rx.
 - Blocks entry at pM concentrations increased serum bile acids
 - Stops new infection of hepatocytes

Zeisel Gut 2015



• siRNA

HBsAg

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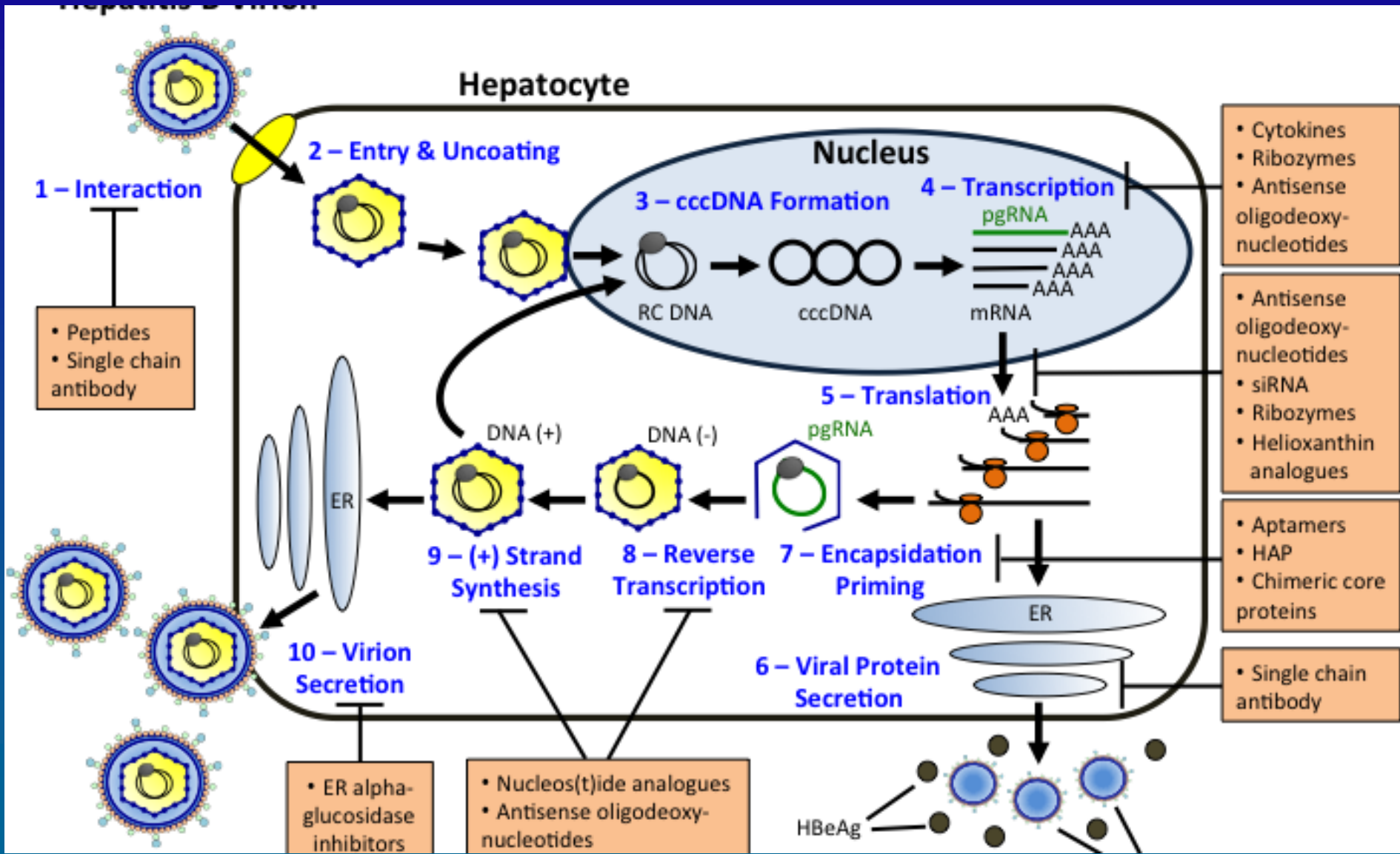
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cccDNA

- ▶ Cannot replicate itself but is replenished from cytoplasmic nucleocapsid rcDNA
- ▶ Complexes with HBc, histones to form a minichromosome
 - Not static; has inactive and active forms
 - Long half-life
 - Stable in quiescent cells
 - Turnover with cell death
 - Diluted by cell proliferation but survives cell division

Potential Mechanisms to Target cccDNA

- ▶ Preventing cccDNA formation
- ▶ Eliminating cccDNA
- ▶ Silencing cccDNA transcription
- ▶ Control of cccDNA
 - Capsid disassembly
 - Inhibition of rcDNA (relaxed circ cccDNA precursor) entry into the nucleus
 - Inhibition of conversion of rcDNA to cccDNA
 - Physical elimination of cccDNA
 - Inhibition of cccDNA transcription (epigenetic control)
 - Inhibition of viral or cellular factors contributing to cccDNA stability/formation.
 - HBx regulates cccDNA (Levrero AASLD 2015)



siRNA

HBsAg

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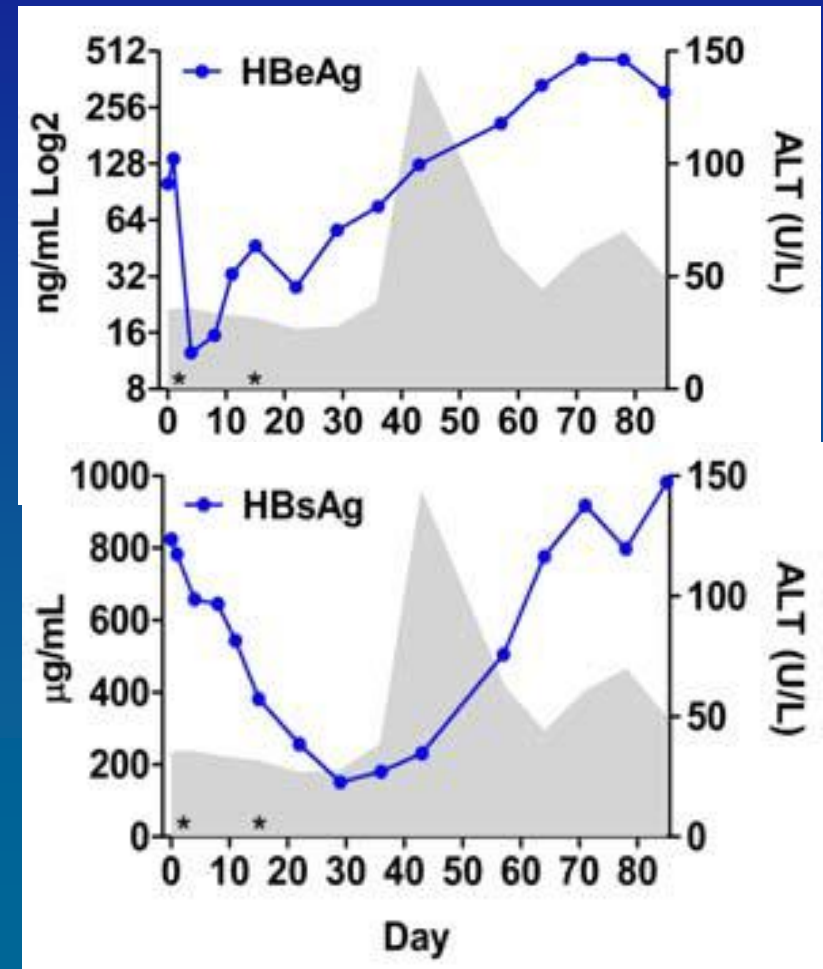
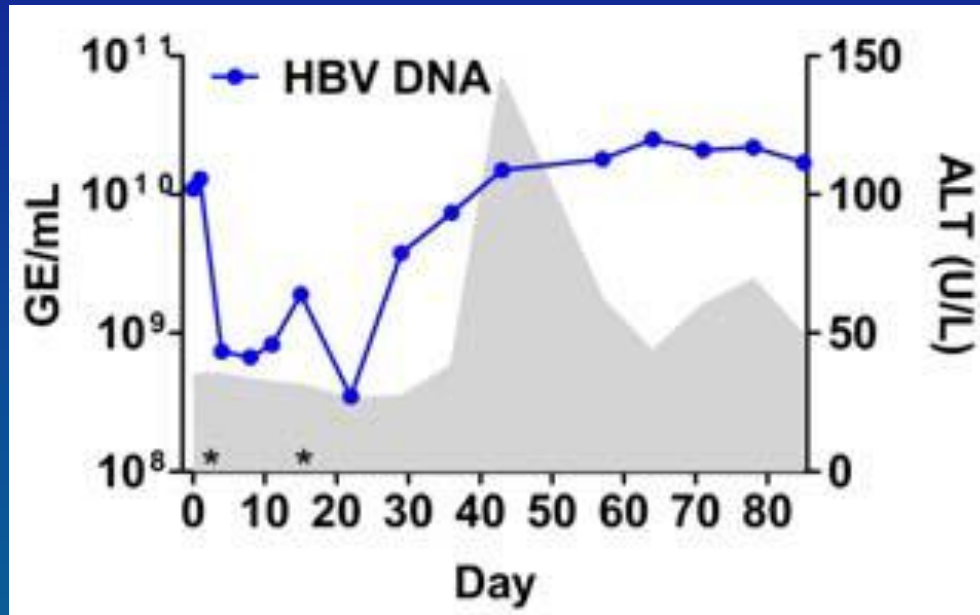
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Silencing HBV Gene Expression Using RNAi-based Therapy

- ▶ ARC-520 is a combination of siRNAs directed against conserved HBV RNA sequences and efficiently knocks down HBV RNA, proteins, and DNA levels.
 - Phase II clinical trial NCT02065336 stopped 11-2016
- ▶ 2 siRNAs (cover 99.6% of known HBV sequences) conjugated to cholesterol and hepatocyte-targeted ligands
- ▶ Taken up by endosomes in hepatocyte then released into cytoplasm after lysis of endosomal membrane
 - Given (Arrowhead Hepdard 2015)
 - Arbutus ARB-1740 decreases HBsAg, HBeAg, HDV RNA (AASLD 2016)

siRNA: ARC520

- ▶ Suppressing both viral load and HBsAg: Data from chimp model



Phase IIb IV q mo in
HBV suppressed (Given-2015)
Program stopped 11-16 for animal tox

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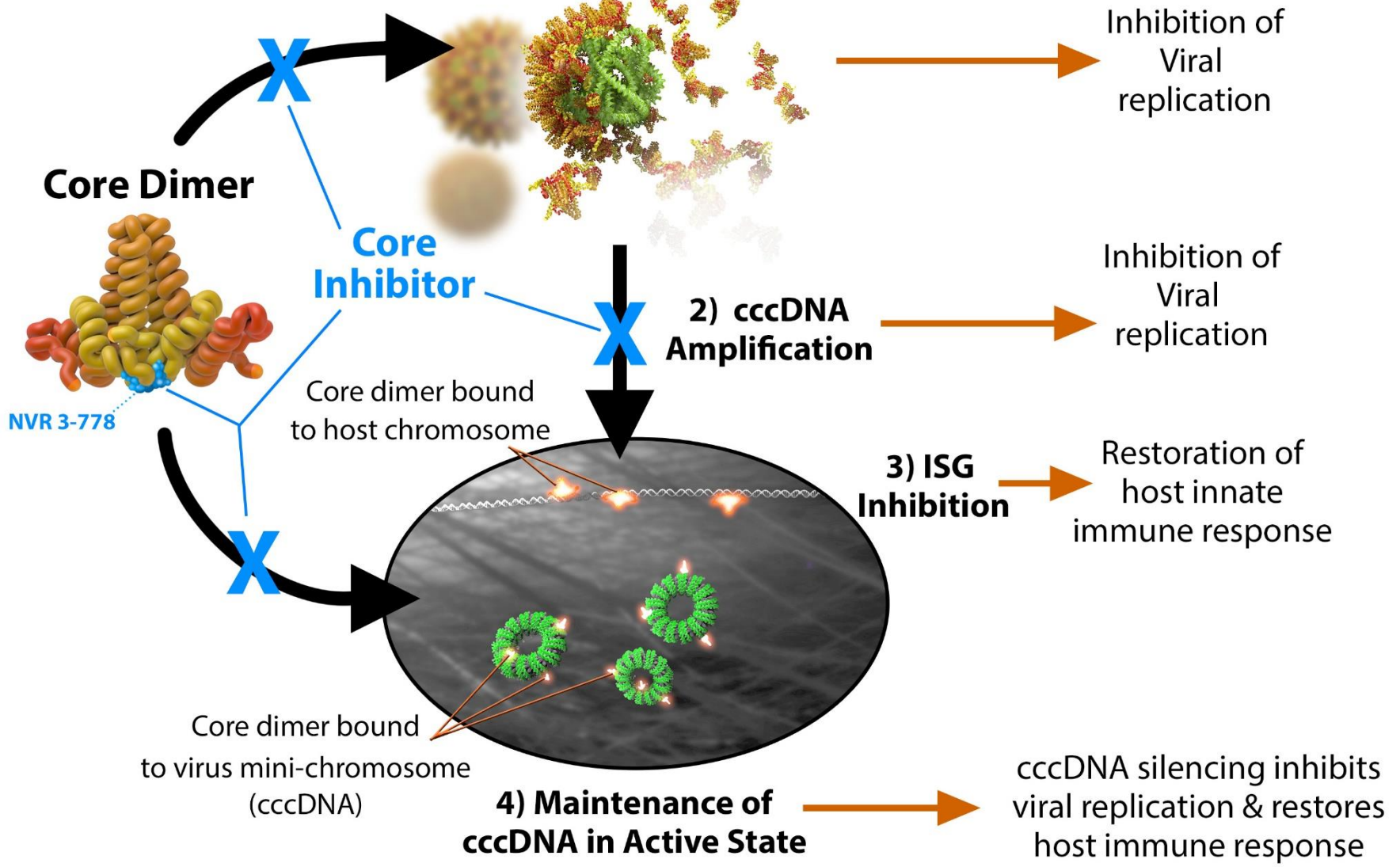
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HBV Capsid

- ▶ It is essential for
 - HBV genome packaging
 - Reverse transcription
 - Intracellular trafficking
 - Maintenance of chronic infection as encapsidated HBV genomes are imported into the nucleus.
- ▶ AL- 3778- capsid inhibitor
 - Small molecule, direct-acting antiviral through aberrant core protein assembly that inhibits capsid assembly and viral replication
 - Phase IIa AL- 3778 po + PEGIFN -73 HBsAg pos, ↑ALT
 - Found decrease in HBV DNA, HBV RNA, no change in qHBsAg (APASL 2017)

1) Capsid Assembly

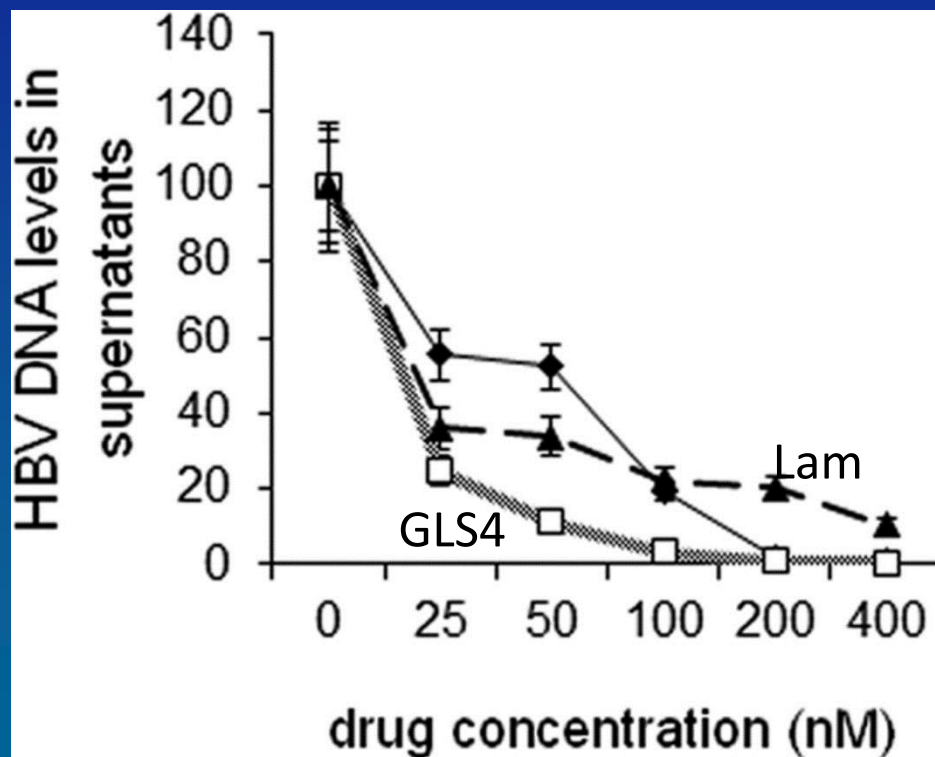


HBV Nucleocapsid Inhibitors

Heteroaryldihydropyrimidines (HAPs)

- Bind to core particles to reduce both HBV DNA and HBcAg levels, the latter via degradation by the proteasome pathway.
 - Enhance viral assembly
 - Favor assembly of aberrant particles, indicating that HAPs interfere with capsid formation/stability in a complex manner
 - Similar to phenylpropenamide derivatives, HAPs are able to efficiently inhibit “nuc” resistant viral variants
- ▶ CpAMs: core protein allosteric modifiers

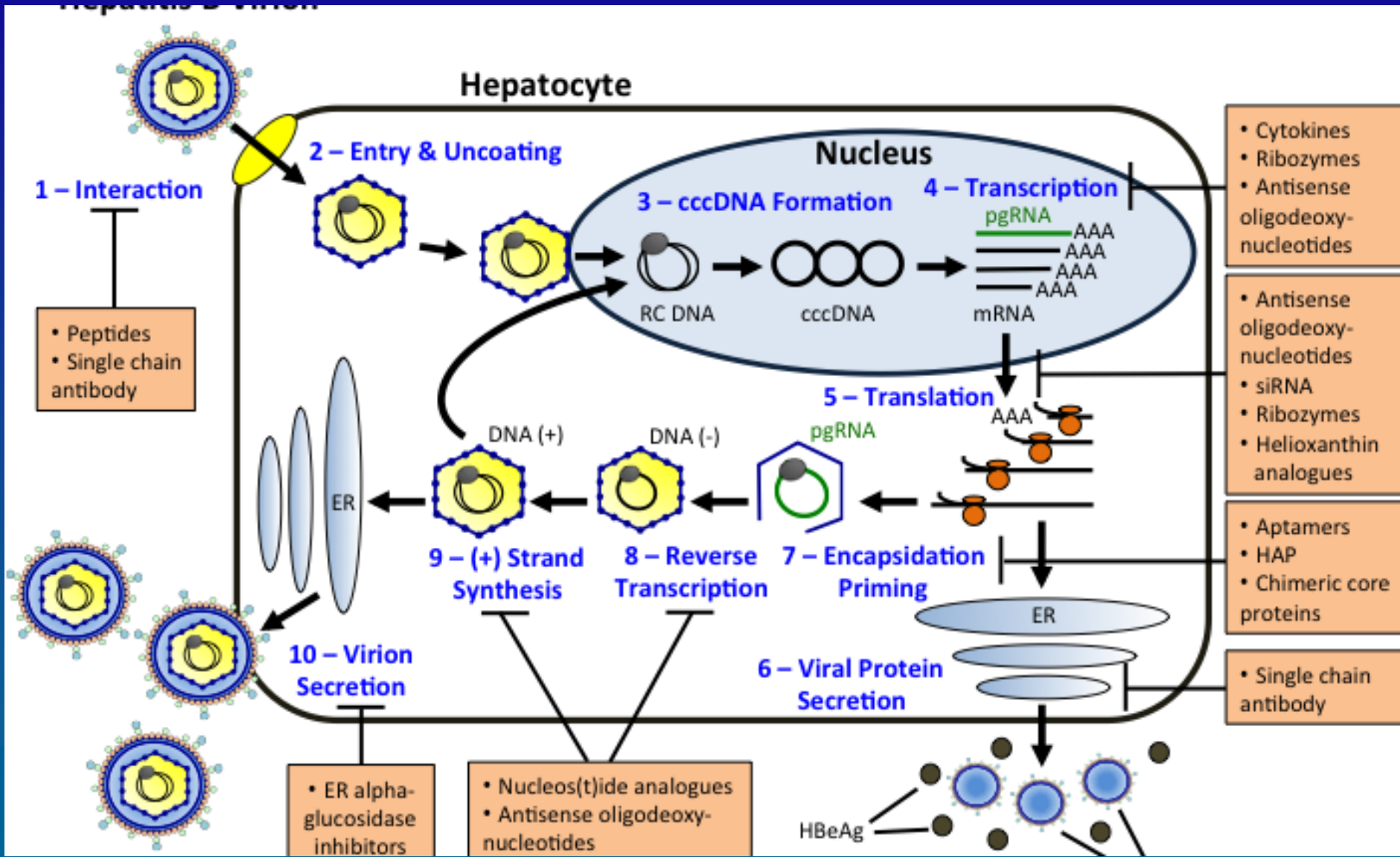
Nucleocapsid Inhibitors: GLS4 First Member of HAP Nucleocapsid Compounds



Morphothiadine mesilate (GLS4)

- Triggers aberrant core particle assembly
- Hep AD38 cells

Phase I/II trials in China



• siRNA

HBsAg

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HBsAg Release Inhibitor- Nucleic Acid Polymer (NAP) REP 2139

- ▶ Taken up by hepatocytes, targets apolipoprotein, block entry and formation of subviral particles (not virion production)
- ▶ Phase Ib: IV q w x15 lead-in then, 15w plus peg IFN, then PEGIFN for 48w in 12 HBV HDV pts
 - ↓HBsAg and HDV RNA.
 - Many patients had u/d serum HBsAg or HDV RNA at 15w
 - 24w f/u HBsAg lo 7/12; ud 5/12; HDVAg <LLQ 7/12; 4 anti-HBs
 - Does not decrease HBV DNA by itself ?need NA or IFN
- ▶ Phase II +/- PEG-IFN
 - Combination of REP 2139 and immune stimulant and oral nucleos(t)ide being tested

HBV Inhibit Secretory Pathway

- ▶ Benzimidazole BM601
 - Selectively inhibit intracellular relocalization of the HBV surface protein to the Golgi apparatus
 - Thus decreases HBsAg and HBV release
 - Without affecting HBeAg secretion
- ▶ Iminosugar derivatives of butyldeoxynojirimycin and related glycolipids
- ▶ α -glucosidase inhibitors
- ▶ Triazol-o-pyrimidine derivatives

- ▶ Will suppression of HBsAg in serum restore T-cell responsiveness?

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Host immune approaches

- ▶ Interferons
- ▶ **TLR-7**
- ▶ PD-1/ PDL-1
- ▶ IL-7
- ▶ Birinapant selectively induces TNF-mediated apoptosis (Pelligrini WEHI)
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GS-1059: TLR-7 Agonist GS-9620 for Pts With Suppressed Chronic HBV Infection

- ▶ Antiviral and proinflammatory- in chimps
- ▶ Randomized, double-blind, placebo-controlled phase II trial analyzing the immunomodulatory effects of GS-9620
 - Pts with chronic HBeAg-negative GTD HBV infection suppressed with nucleos(t)ide analogue for ≥ 3 yrs were randomized to 12 wks GS-9620 1, 2, or 4 mg PO QW (N = 26) or placebo; all pts continued nucleos(t)ide analogue
- ▶ Key results: no antiviral effect
 - At Wk 24, no pts treated with GS-9620 had HBsAg change $> 0.5 \log_{10}$; no pts lost HBsAg
 - Improvements in specific T-cell responses observed with GS-9620 (eg, IFN- γ and IL-2 production)



Slide credit: clinicaloptions.com

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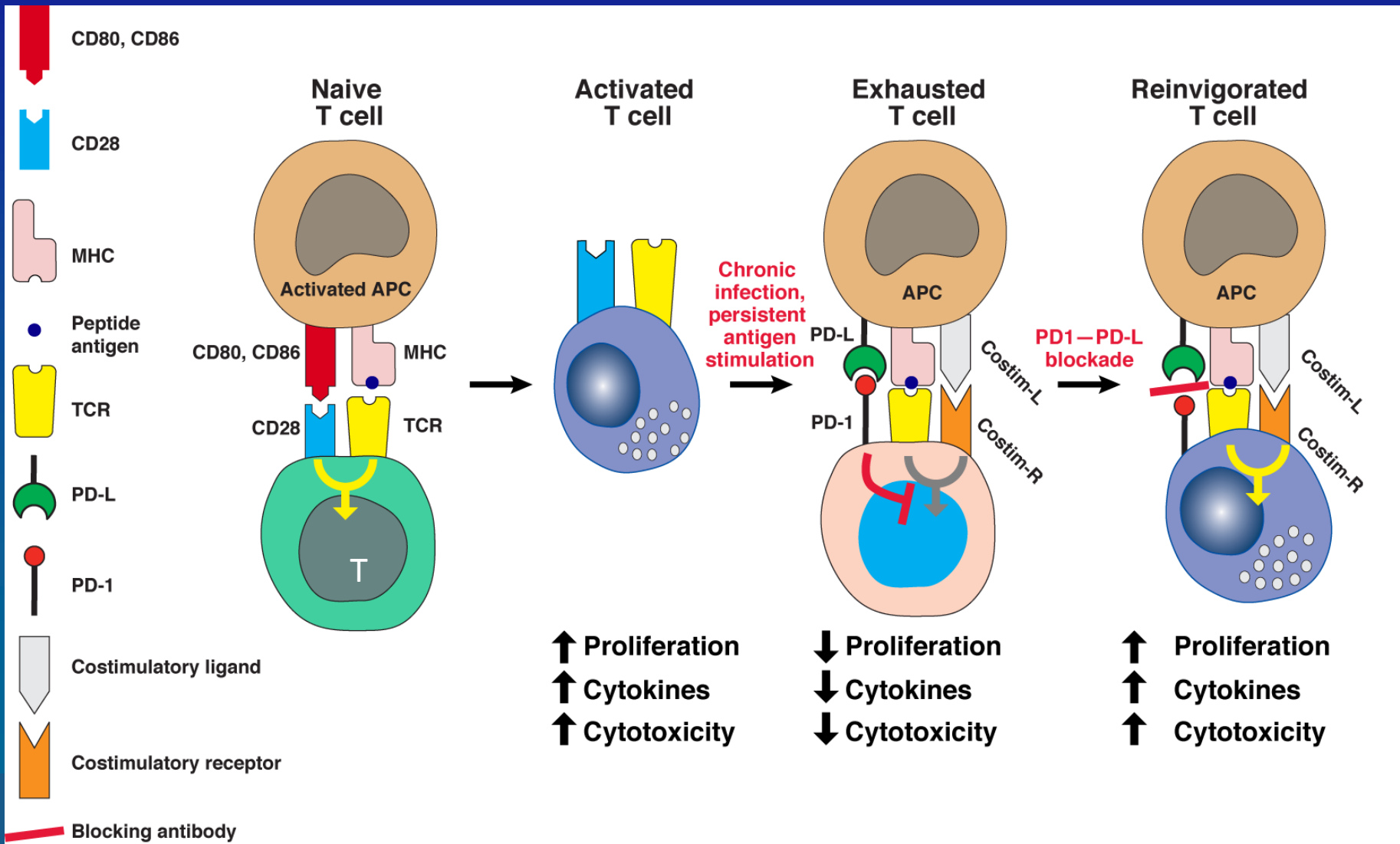
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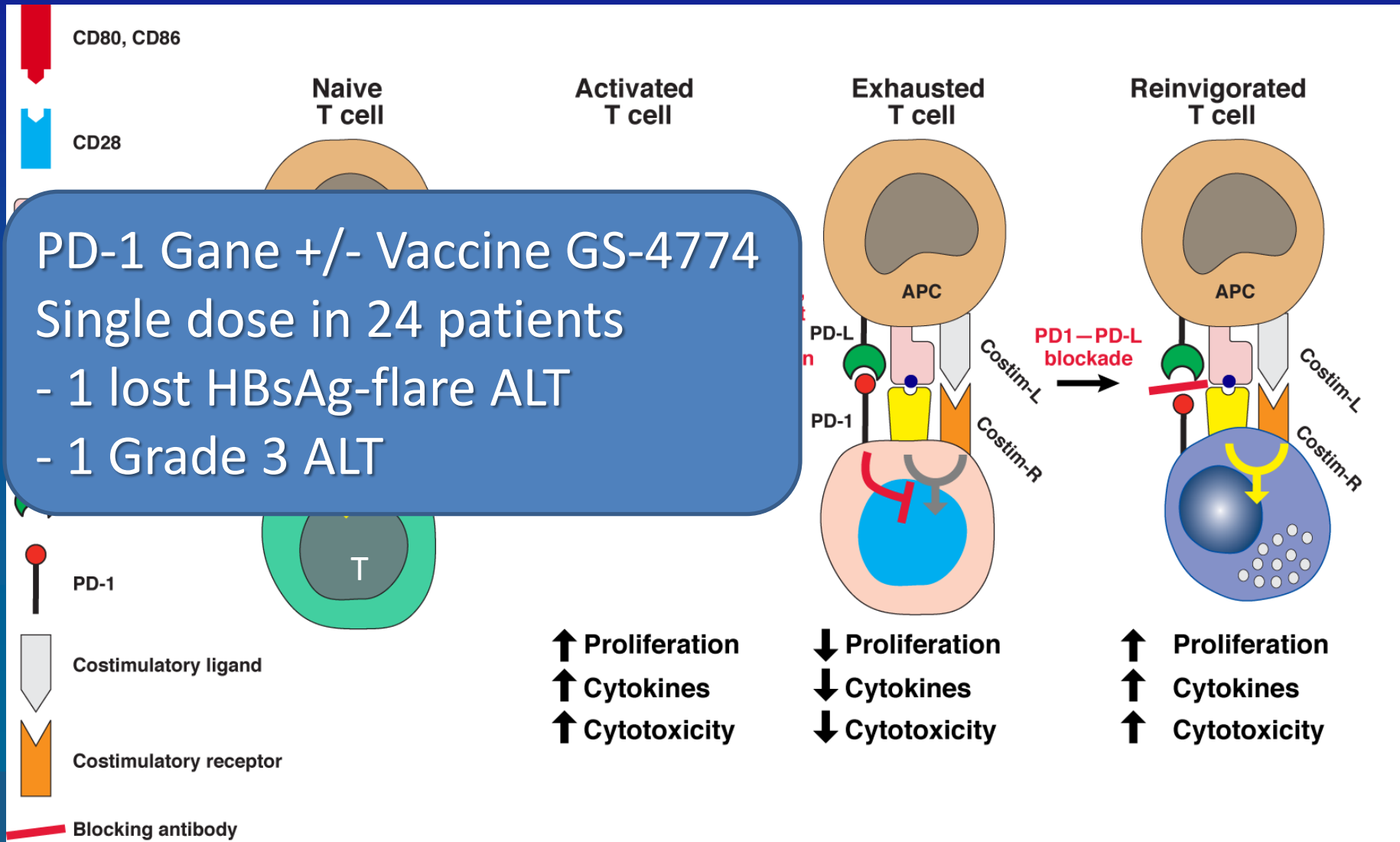
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- ▶ **Check point inhibitor PD-1/ PDL-1**
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Effect of PD-1/L1 on Antiviral Immunity



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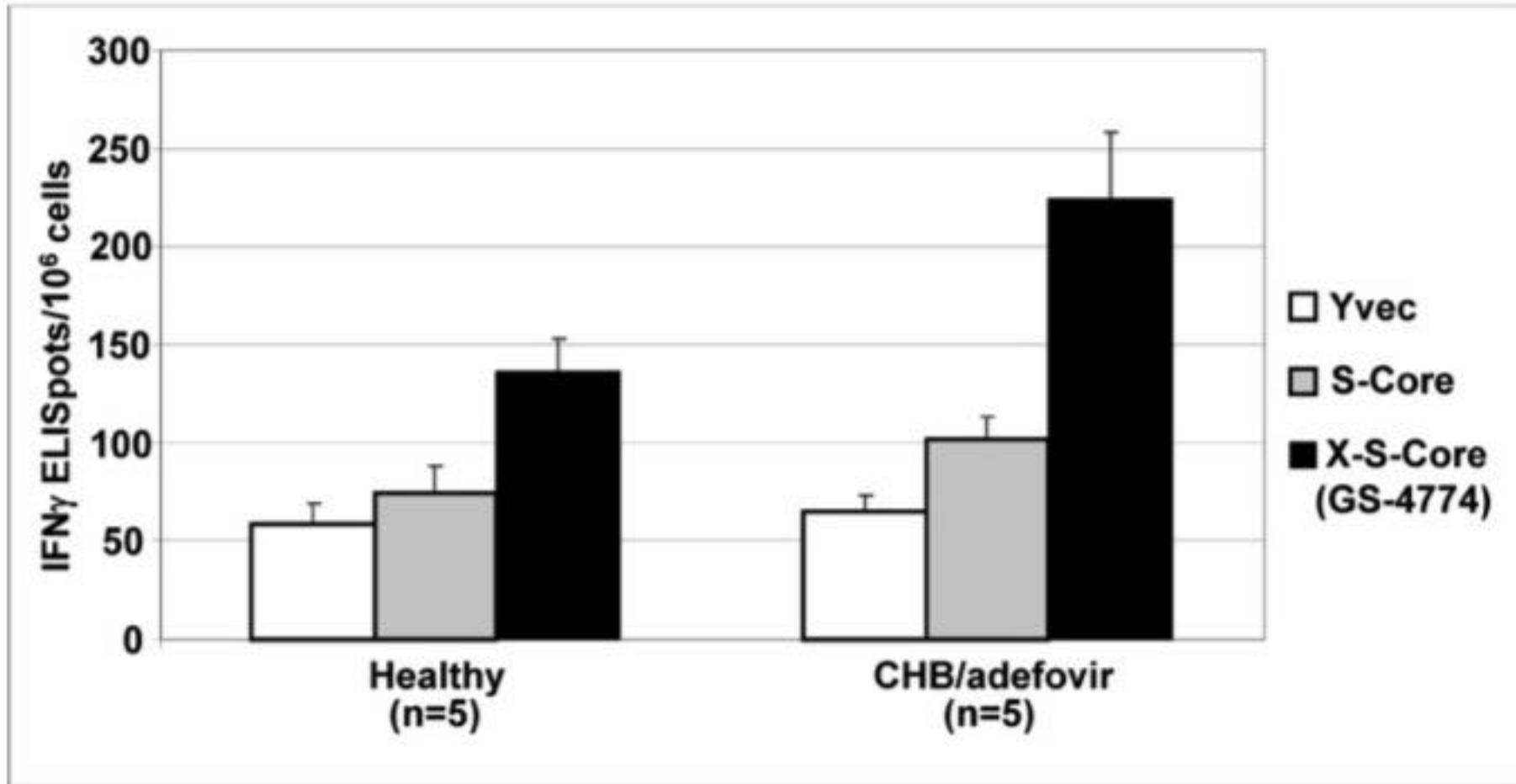
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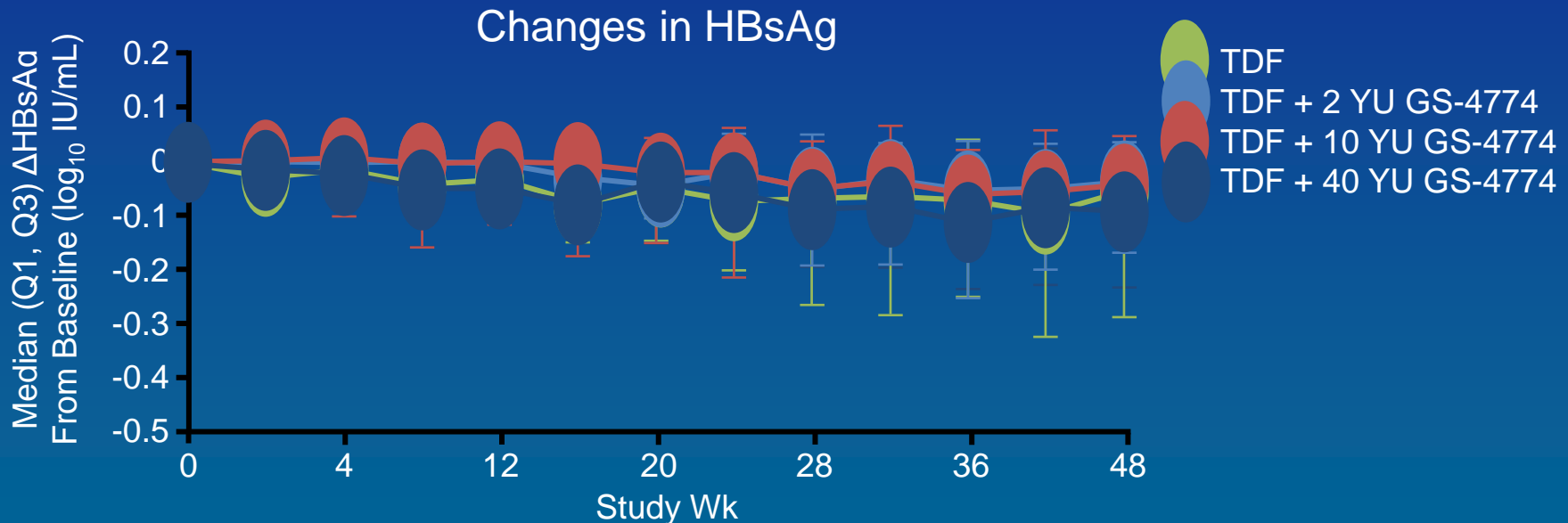
Tarmogens can induce HBV-specific T cell response in vitro

GS-4774 ± TDF Phase 2: ↓ qHBsAg



GS-4774, a Heat-Inactivated, Yeast-Based T-Cell Vaccine for CHB

- ▶ Randomized phase II study assessing the GS-4774 vaccine* + TDF in pts with chronic HBV who were not on antivirals (HBV DNA ≥ 2000 IU/mL) (N = 195)
- ▶ Through Wk 48, HBsAg changes similar between GS-4774 + TDF and TDF alone groups; no pts lost HBsAg



- At Wks 24 and 48, similar rates of pts in GS-4774 + TDF and TDF alone groups with HBV DNA < 20 IU/mL

*Includes HBV core, surface, and X proteins.

Slide credit: clinicaloptions.com

Janssen HL, et al. AASLD 2016.
Abstract 231.

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Emerging DAAs against HBV

Many currently in the pipeline

- ▶ Novel polymerase inhibitors
- ▶ Capsid inhibitors
- ▶ cccDNA inhibition or eradication
- ▶ Packaging inhibitors—not very potent alone
- ▶ Small interfering RNA (siRNA)–based strategies
- ▶ Immune activators

Combination therapy will likely be required for cure

- ▶ Inhibitors of polymerase, entry, core, cccDNA etc
- ▶ PEG-IFN, immune stimulant, TLR 7
- ▶ Checkpoint inhibitors PD-1/L1

BUT

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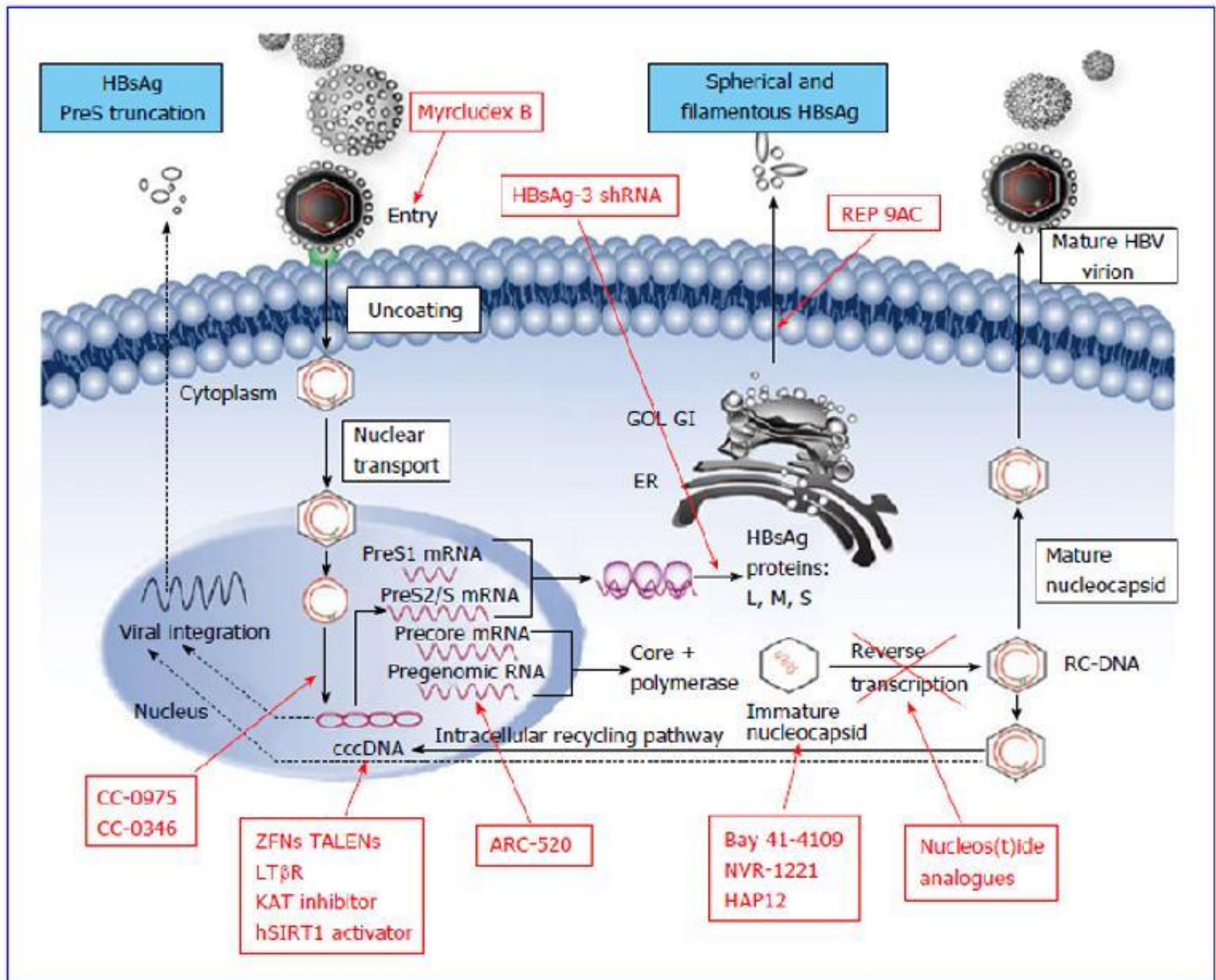
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BUT **Selection of HBV patient will be critical**

Optimization of HBV endpoints needed



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