

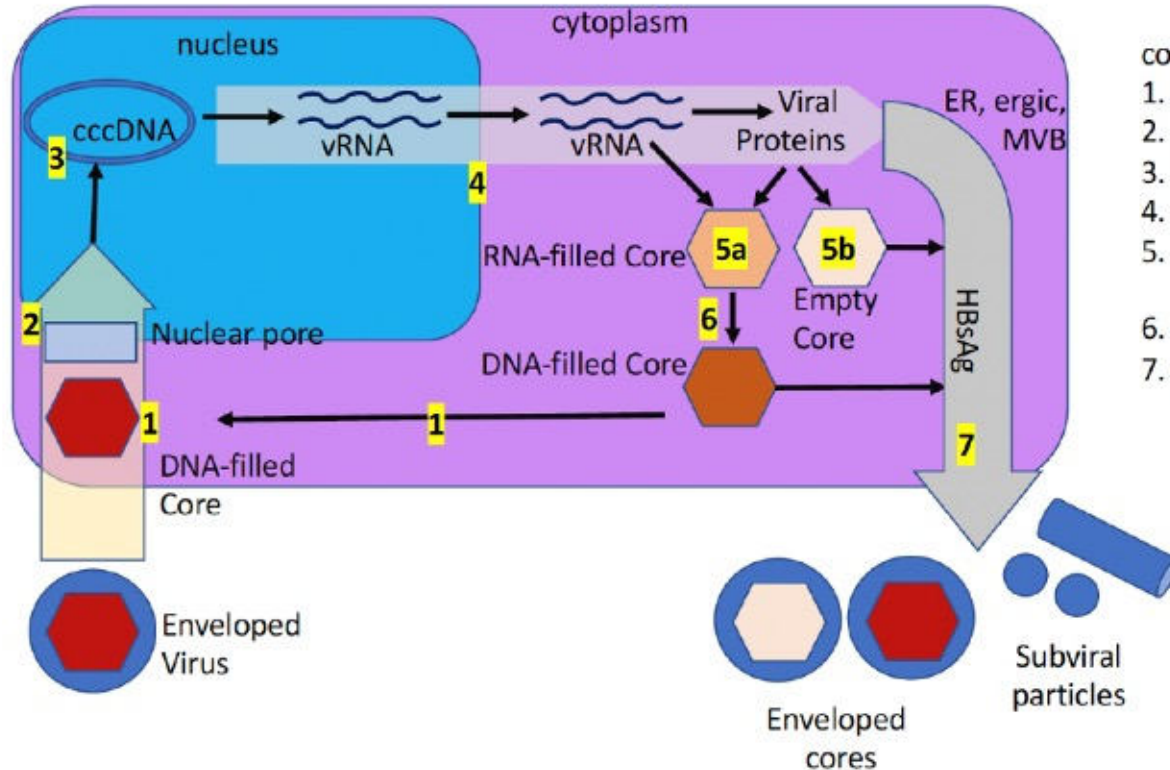
Investigation of viral biomarkers in clinical trials of novel antiviral strategies

Fabien Zoulim

Hepatology Department, Hospices Civils de Lyon
INSERM U1052, Cancer Research Center of Lyon
Lyon University, France



The biology of HBV RNAs and core proteins



core protein and core mediated activity:

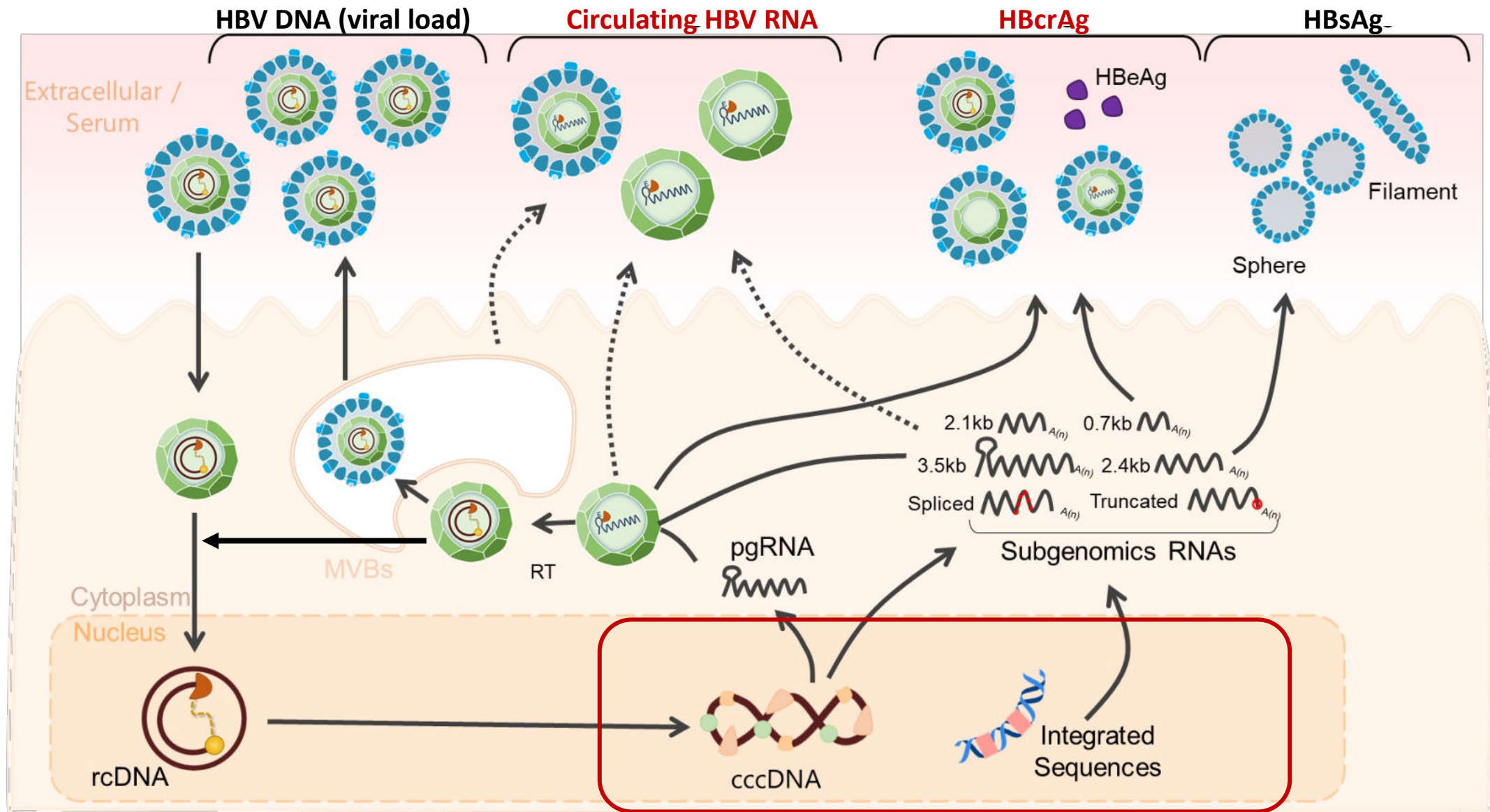
1. Transport to nucleus
2. Core dissociation, uncoating DNA
3. cccDNA
4. RNA export
5. a. nucleation by RNA+polymerase
b. Spontaneous nucleation
6. Reverse transcription
7. Binding surface antigen

Nomenclature of HBV Core Protein Targeting Antivirals

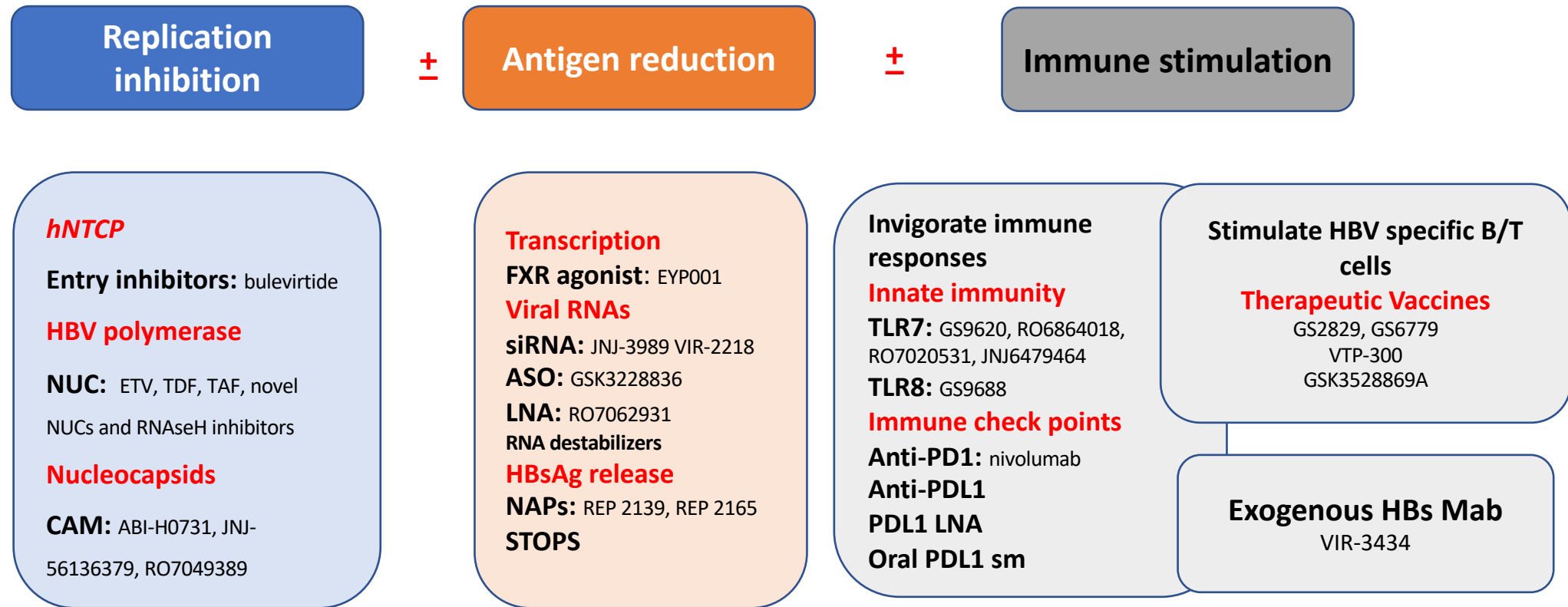
[Fabien Zoulim](#),* [Adam Zlotnick](#),* [Stephanie Buchholz](#), [Eric Donaldson](#), [John Fry](#), [Anuj Gaggar](#), [Jianming Hu](#),
[Michael Kann](#), [Oliver Lenz](#), [Kai Lin](#), [Nagraj Mani](#), [Michael Nassal](#), [William Delaney](#), [Su Wang](#), [Gabriel Westman](#),
[Veronica Miller](#), and [Harry Janssen](#)

nature reviews
gastroenterology & hepatology

Non invasive biomarkers of HBV infection

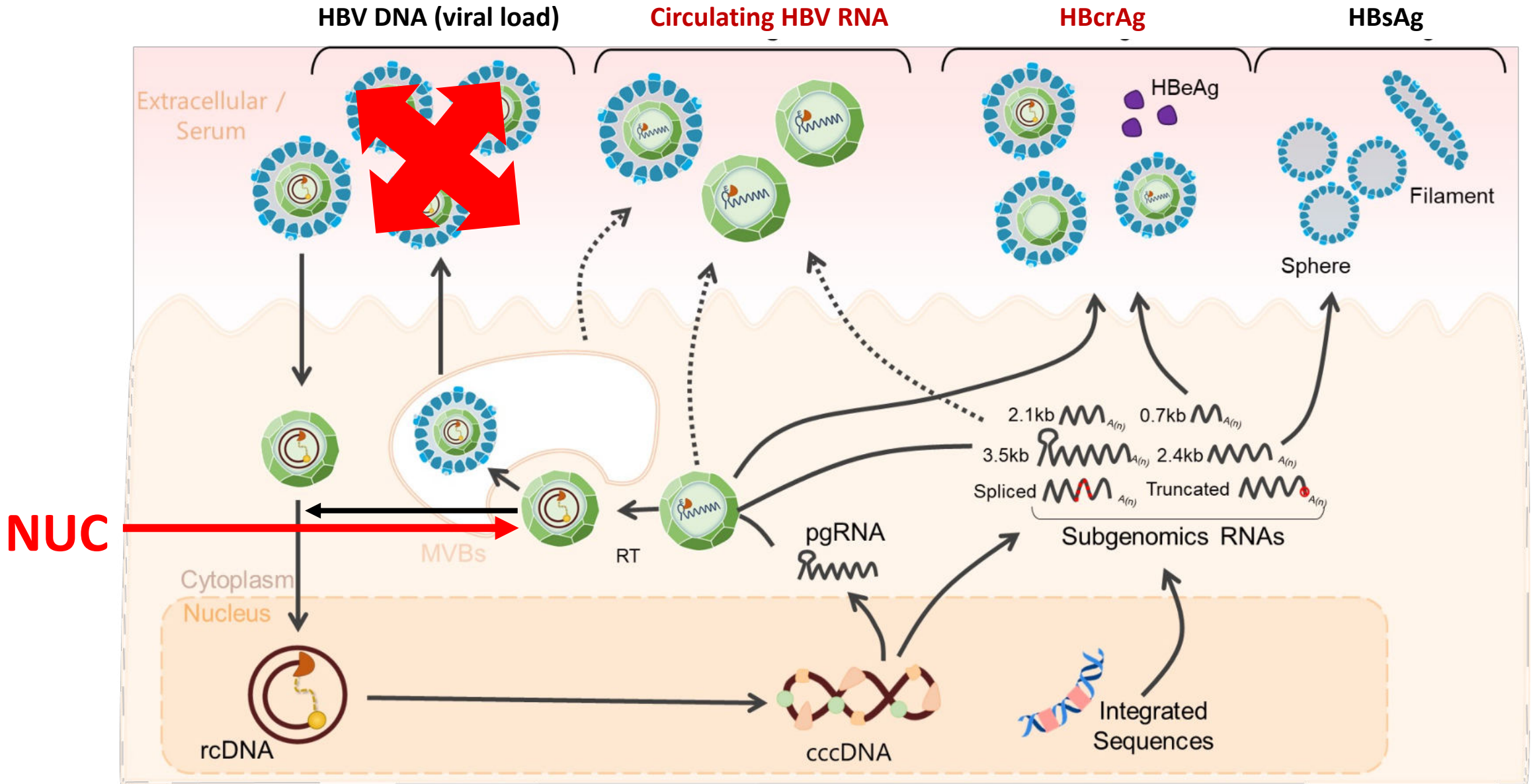


The HBV drug pipeline and the potential for combination therapy to cure HBV

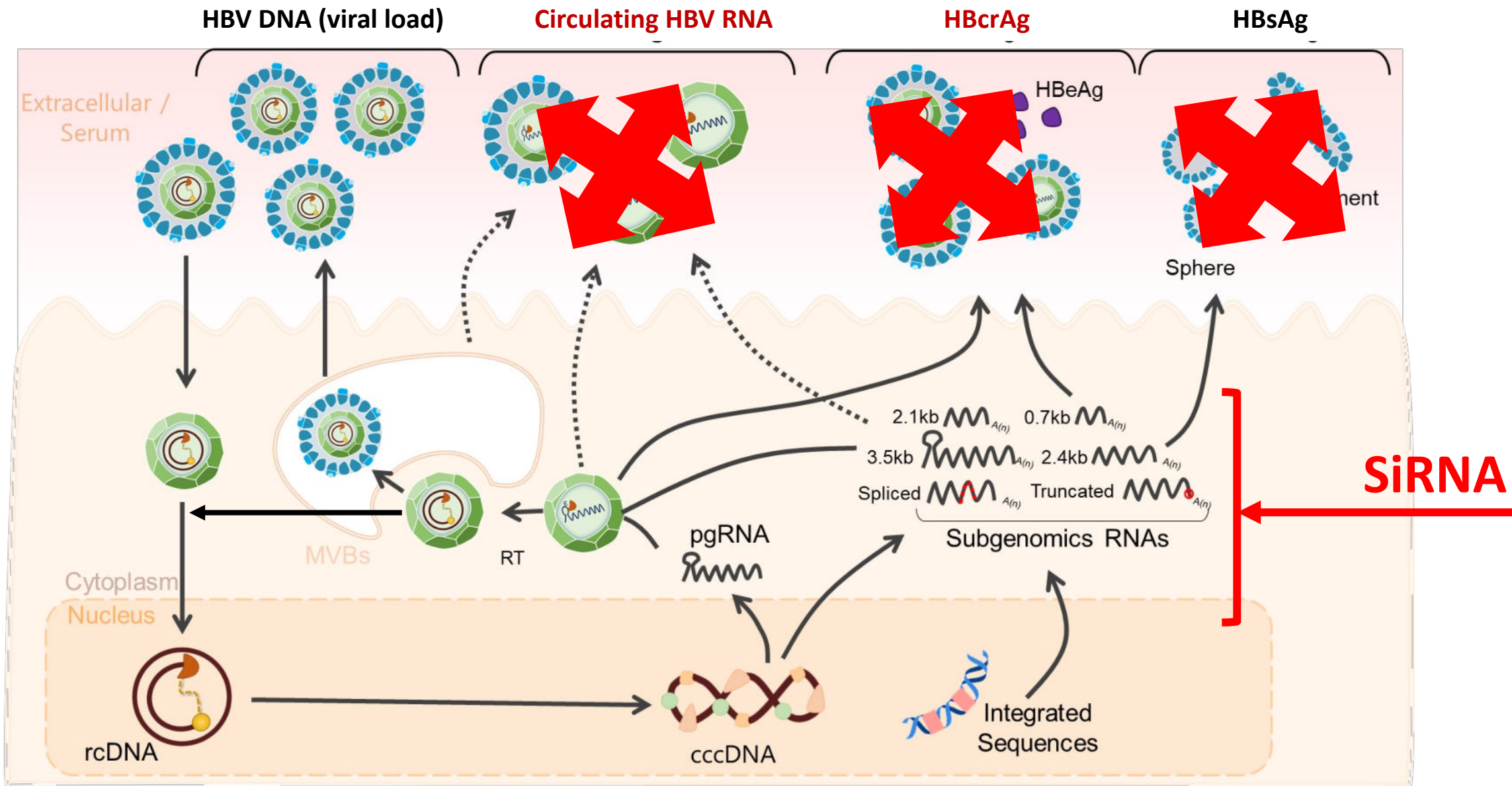


Fanning et al. Nat Rev Drug Discov. 2019; Revill et al, Lancet Gastroenterol Hepatol 2019; Roca Suarez et al, Liver International 2021; Lim et al Nat Rev Gastroenterol Hepatol. 2023

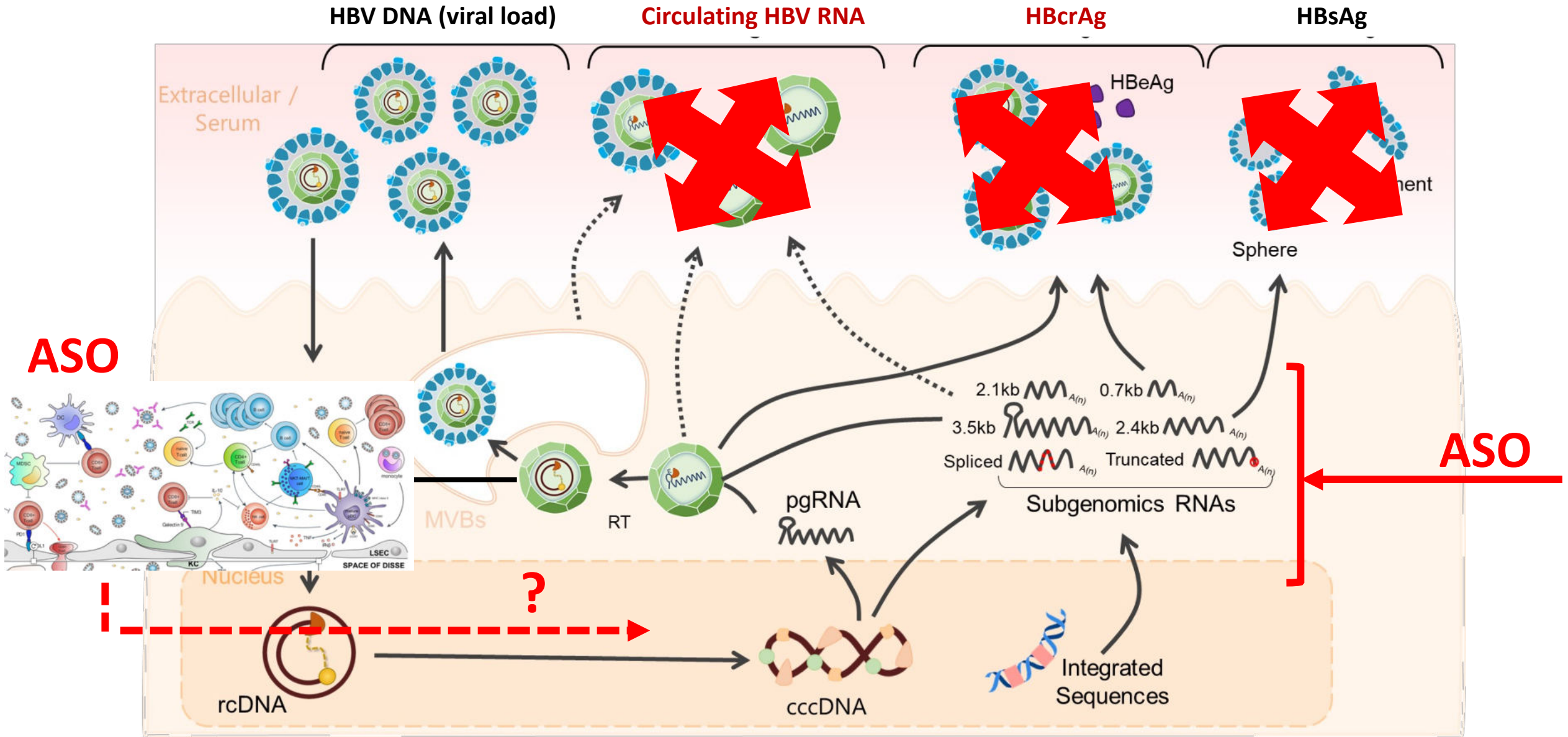
Effects of NUC – Target engagement



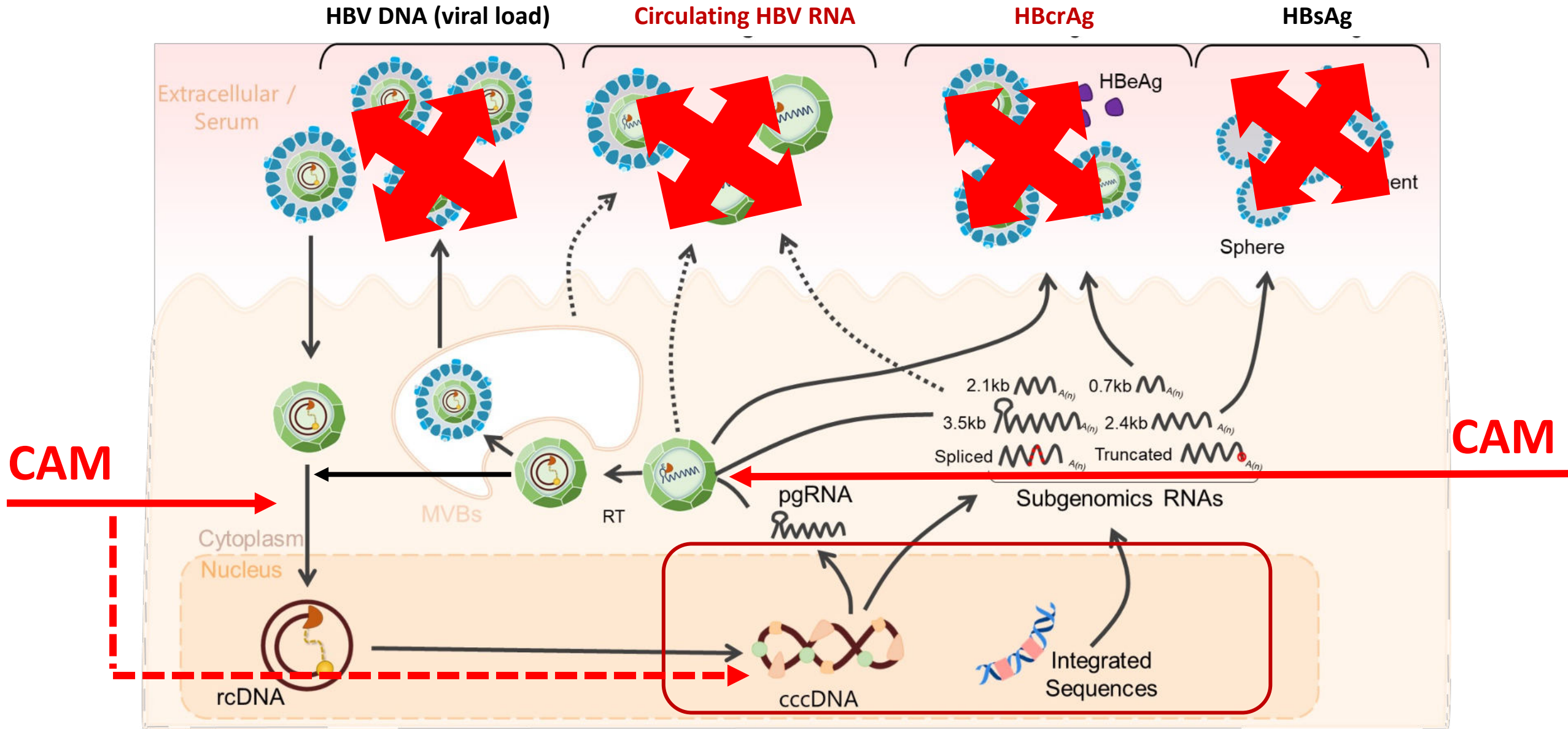
Effects of SiRNA – Target engagement



Effects of ASO – Target engagement



Effects of CAM – Target engagement



Effect of CAMs on viral biomarkers in clinical trials

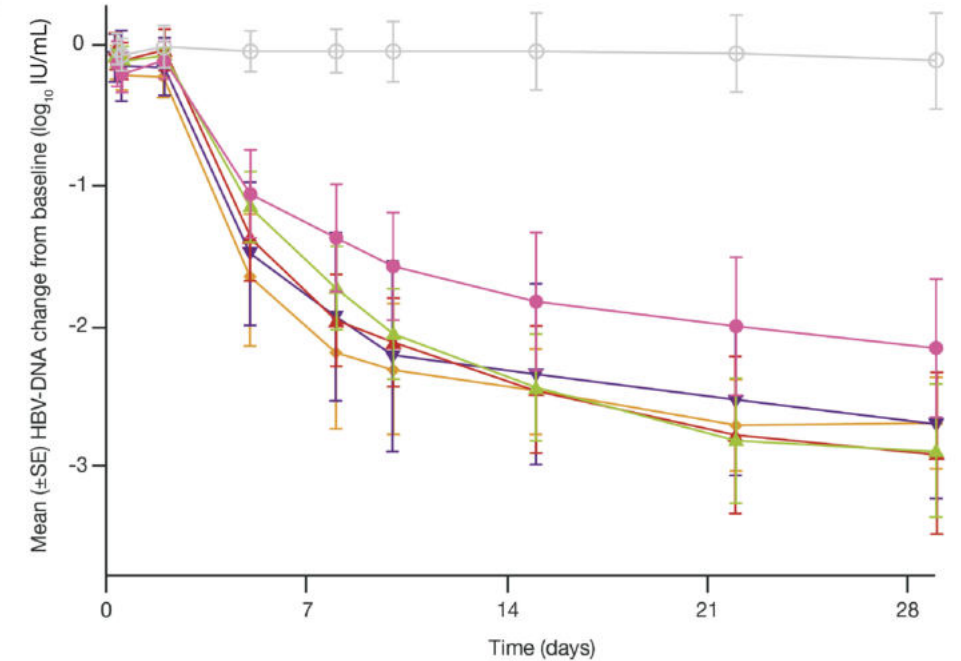








Original Research

Full Report: Clinical—Liver

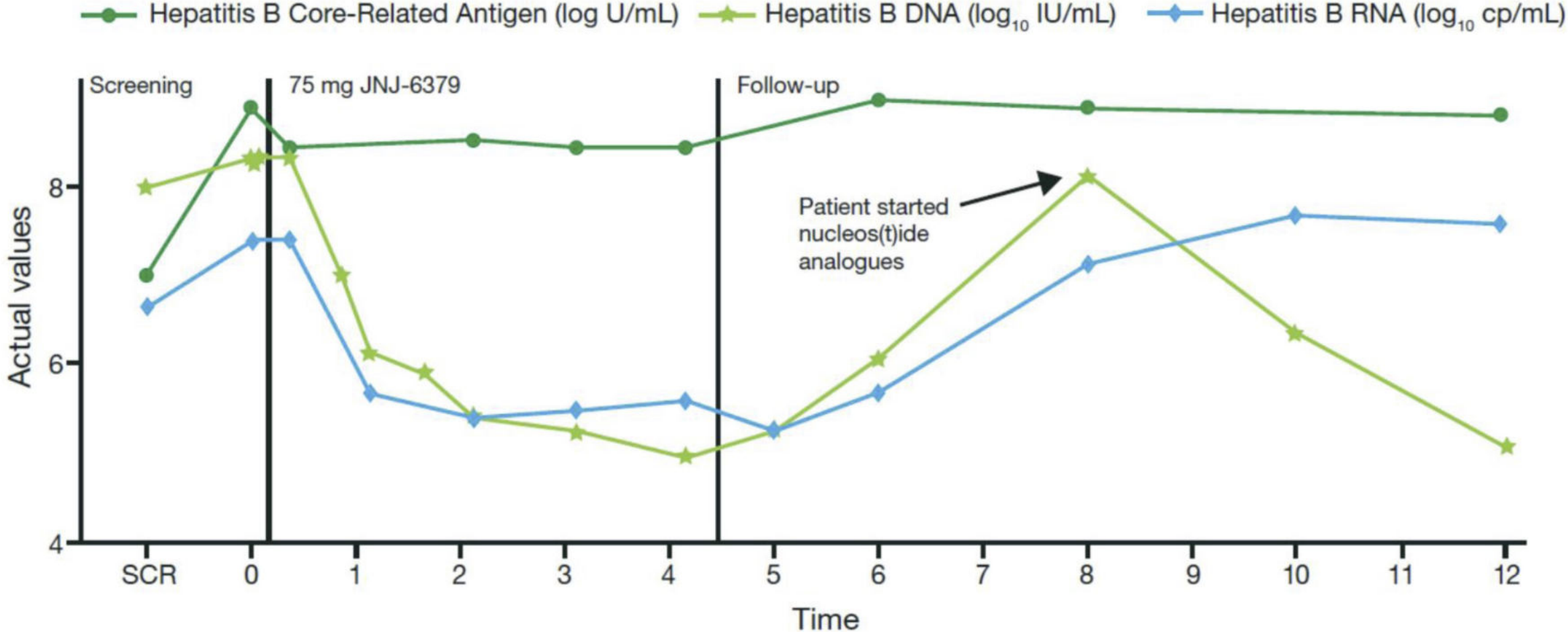
JNJ-56136379, an HBV Capsid Assembly Modulator, Is Well-Tolerated and Has Antiviral Activity in a Phase 1 Study of Patients With Chronic Infection

Fabien Zoulim^{1 2}  , Oliver Lenz³, Joris J. Vandenbossche³, Willem Talloen³, Thierry Verbinnen³, Iurie Moscalu⁴, Adrian Streinu-Cercel⁵, Stefan Bourgeois⁶, Maria Buti⁷, Javier Crespo⁸, Juan Manuel Pascasio⁹, Christoph Sarrazin¹⁰, Thomas Vanwolleghem^{11 12}, Umesh Shukla¹³  , John Fry¹⁴, Jeysen Z. Yogaratnam¹⁴



-  Placebo QD
-  25 mg JNJ-6379 QD
-  75 mg JNJ-6379 QD (Caucasian patients)
-  75 mg JNJ-6379 QD (Asian patients)
-  150 mg JNJ-6379 QD
-  250 mg JNJ-6379 QD

Effect of CAM JNJ-56136379 on viral biomarkers in Phase 1





Article
Text



Article
info



Citation
Tools



Share

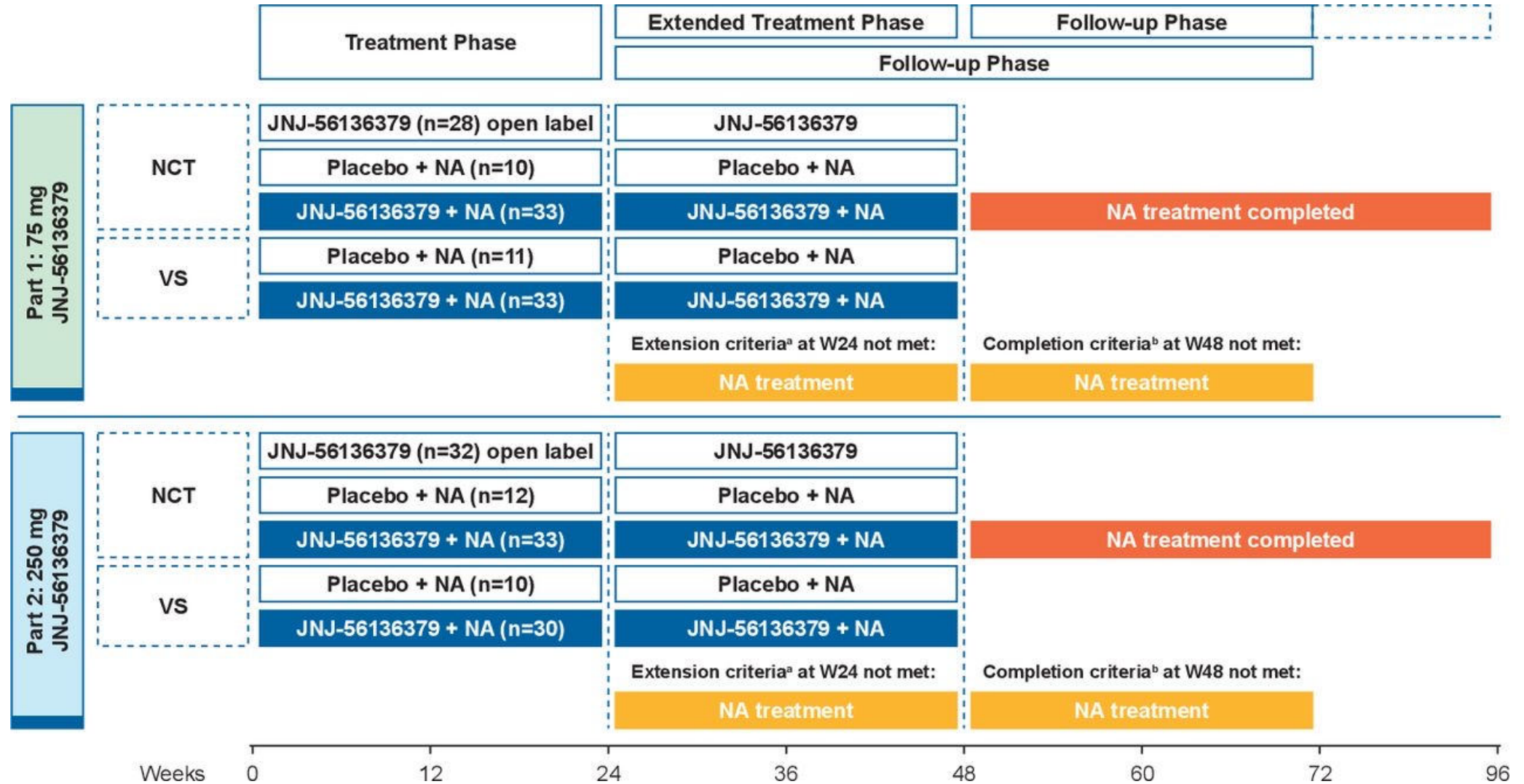
Hepatology

Original research

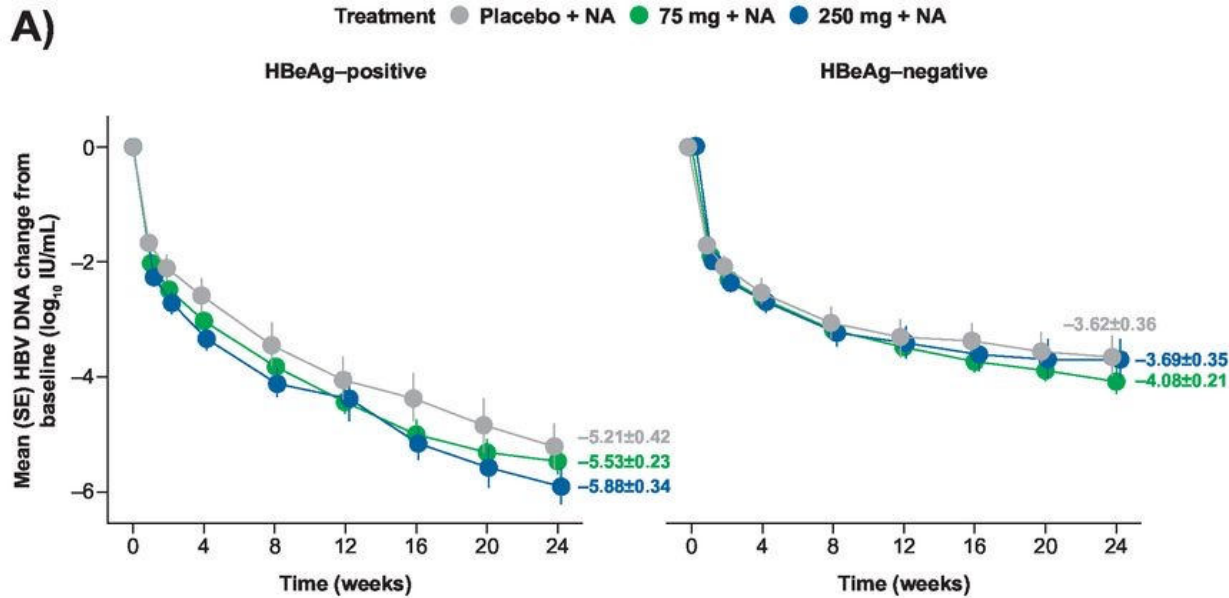
Randomised phase 2 study (JADE) of the HBV capsid assembly modulator JNJ-56136379 with or without a nucleos(t)ide analogue in patients with chronic hepatitis B infection

Harry L A Janssen ^{1, 2},  Jinlin Hou ³,  Tarik Asselah ⁴, Henry L Y Chan ⁵,  Fabien Zoulim ⁶, Yasuhito Tanaka ⁷, Ewa Janczewska ⁸, Ronald G Nahass ⁹, Stefan Bourgeois ¹⁰, Maria Buti ¹¹,  Pietro Lampertico ^{12, 13}, Oliver Lenz ¹⁴, Thierry Verbinnen ¹⁴, Joris Vandenbossche ¹⁴, Willem Talloen ¹⁴, Ronald Kalmeijer ¹⁵, Maria Beumont ¹⁵,  Michael Biermer ¹⁴, Umesh Shukla ¹⁵

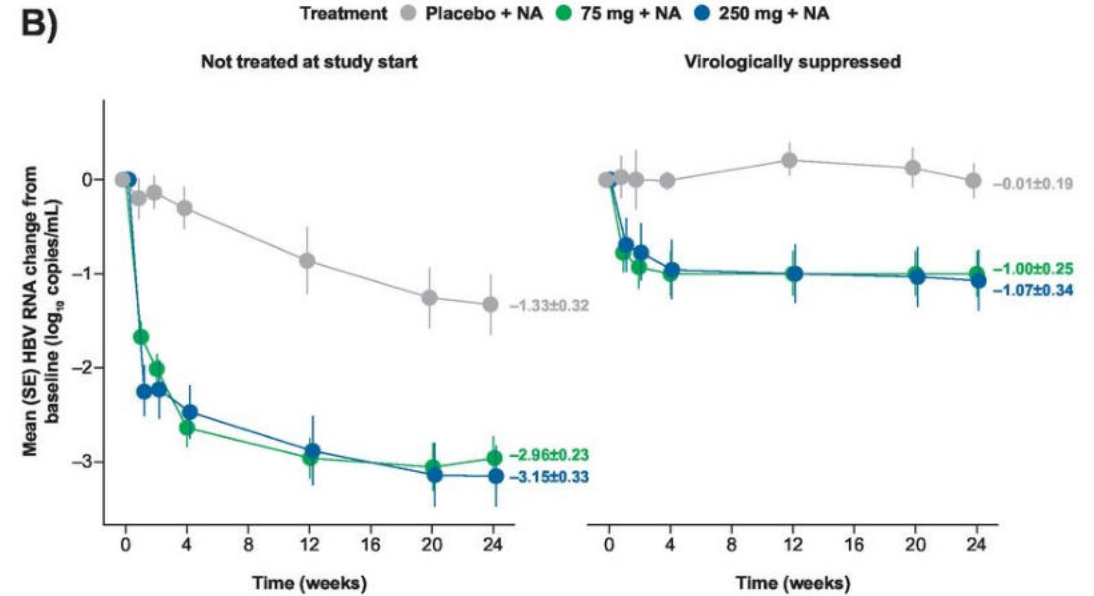
JADE clinical trial design



Mean change from baseline in HBV DNA and HBV RNA over 24 weeks of treatment (pooled placebo/JNJ-56136379+NA treatment arms)

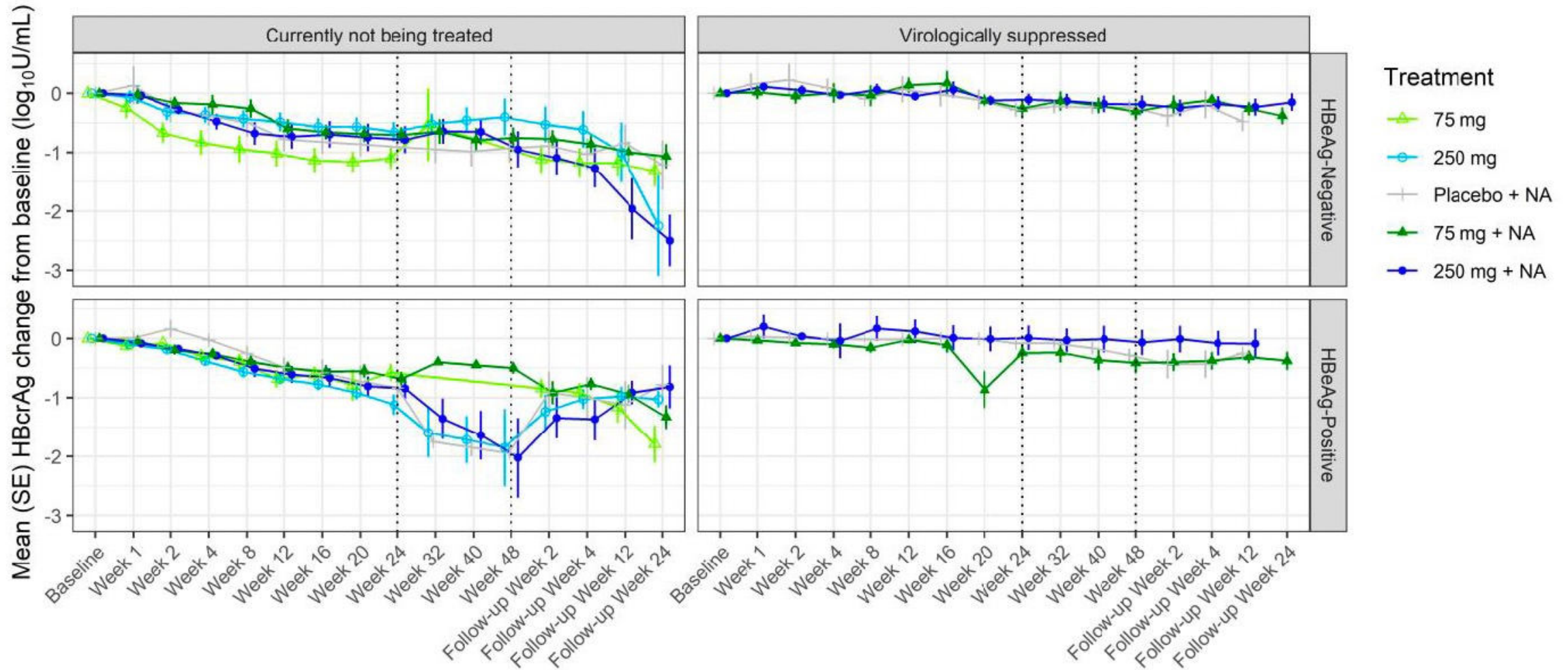


Patients with HBV DNA <LLOQ at Week 24, n (%)	JNJ-56136379 75 mg + NA	JNJ-56136379 250 mg + NA	Placebo + NA
HBeAg-positive	0/12	4/11 (36)	1/8 (13)
HBeAg-negative	14/21 (67)	16/19 (84)	12/13 (92)



Patients with HBV RNA TND at Week 24, n (%)	JNJ-56136379 75 mg + NA		JNJ-56136379 250 mg + NA		Placebo + NA	
	NCT	VS	NCT	VS	NCT	VS
HBeAg-positive	3/12 (25)	9/9 (100)	4/11 (36)	10/10 (100)	0/8	1/5 (20)
HBeAg-negative	16/21 (76)	24/24 (100)	19/19 (100)	18/18 (100)	9/13 (69)	10/15 (67)

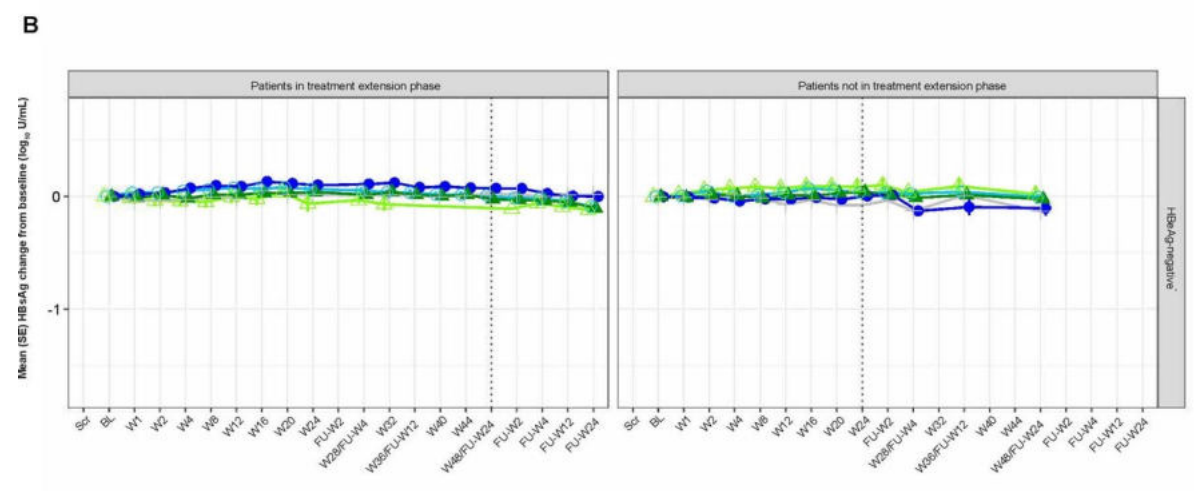
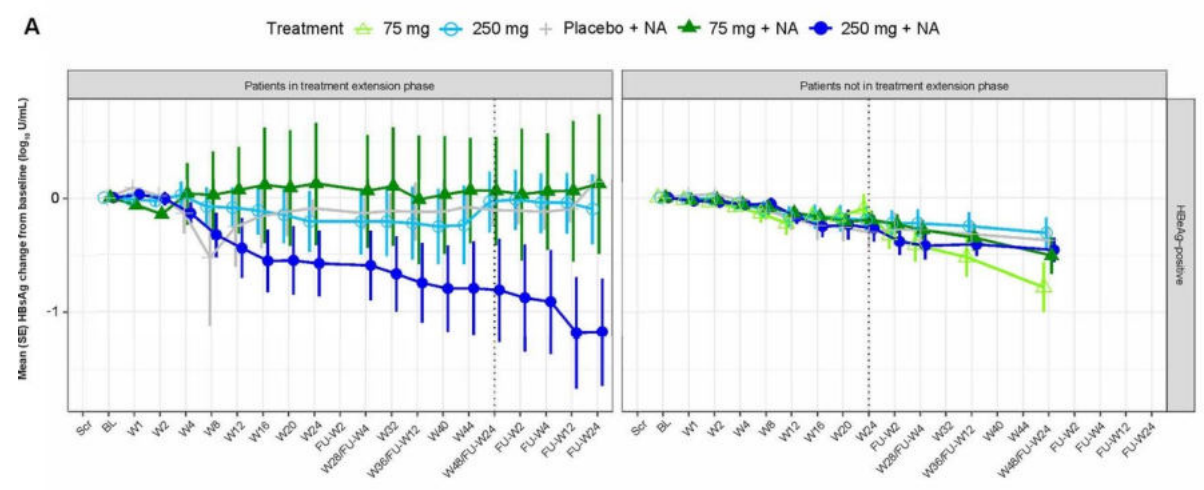
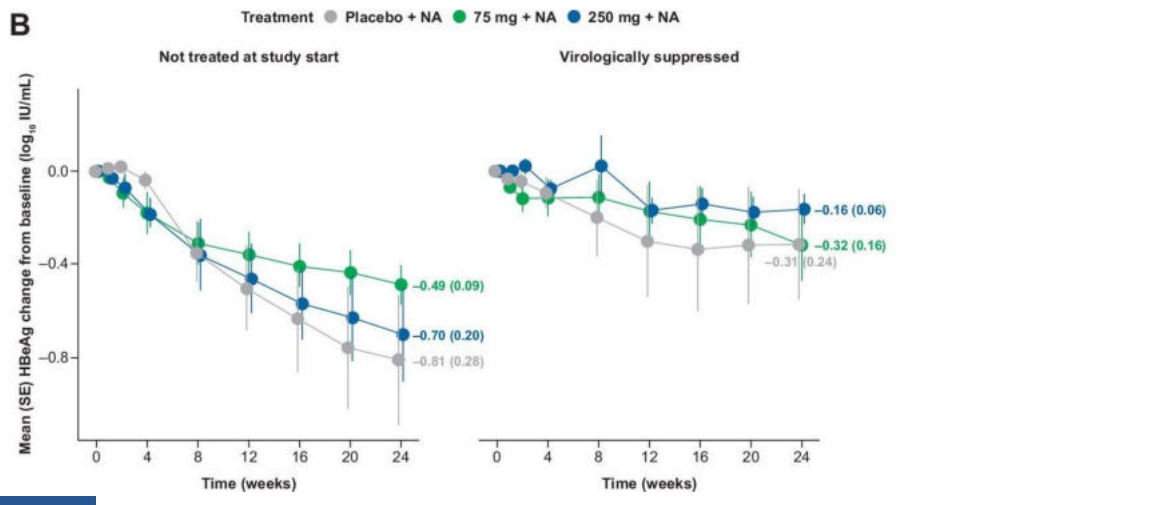
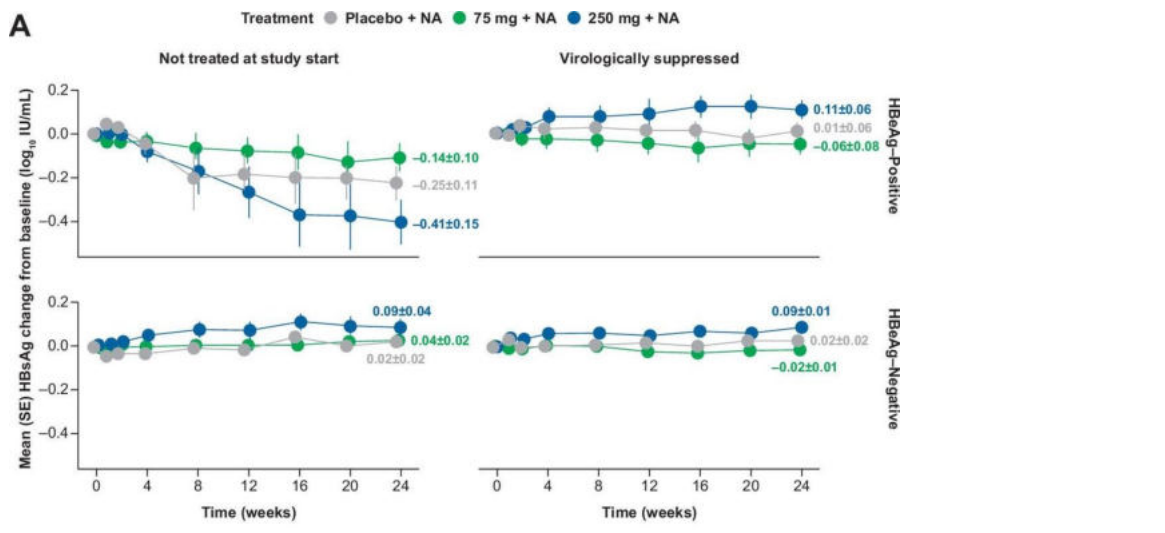
Mean change from baseline in HBcrAg throughout the study by prior treatment and HBeAg status



Mean change from baseline in HBsAg in the JADE trial

Over 24 weeks of treatment

Throughout the study in NCT patients, by HBeAg status.



Target engagement is not equal to reaching endpoint!

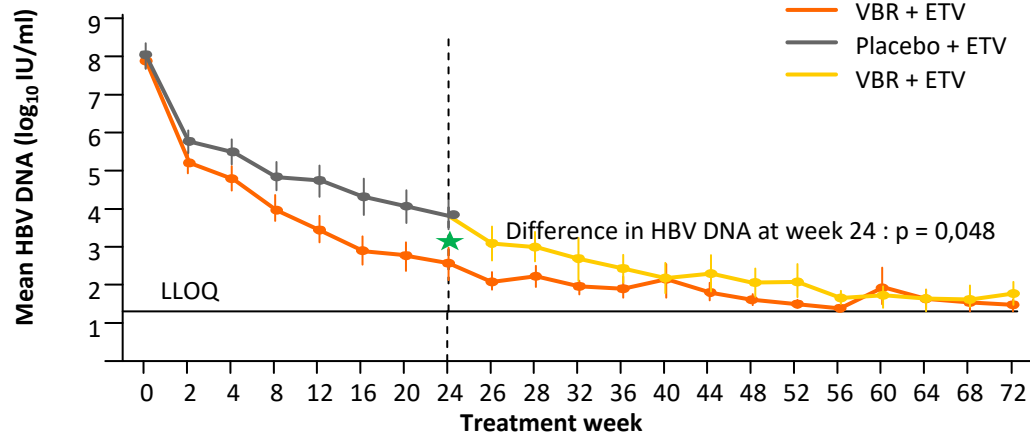


**WARNING!
WEAK GLASS**

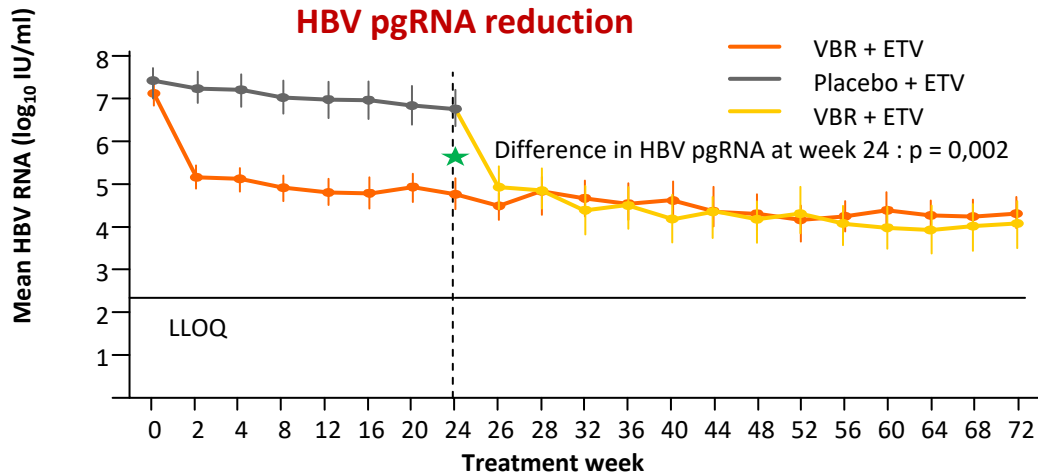
Entecavir + CAM ABI-H0731 (Vebicorvir) Phase 2 long term extension study

During treatment

HBV DNA reduction

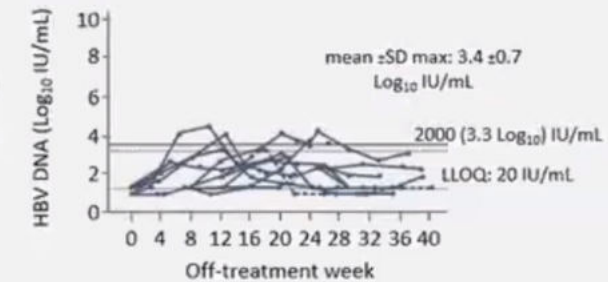


HBV pgRNA reduction

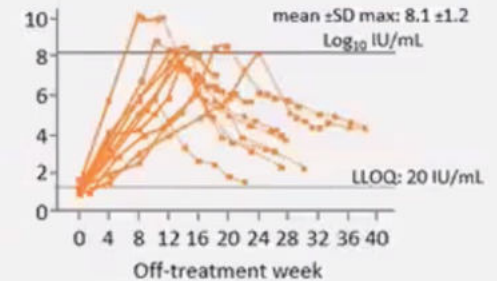
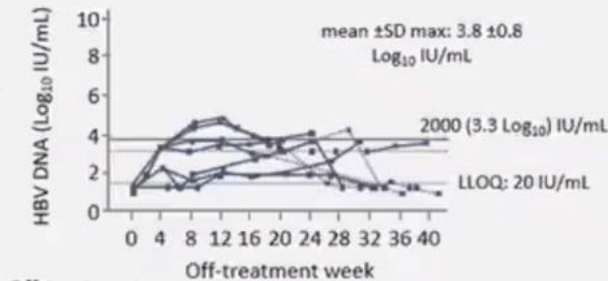
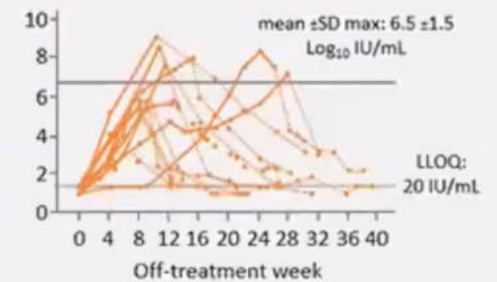


After Stopping VBR + ETV

Off-treatment Lower Viral Load
HBV DNA $<80,000$ ($4.9 \log_{10}$) IU/mL^a



Off-treatment Higher Viral Load
HBV DNA $\geq 80,000$ ($4.9 \log_{10}$) IU/mL^b



Off-treatment
Post-NUC restart

^aFor >8 wks off treatment

^bOr, restarted NUC before 8 wks off treatment

• All patients who restarted NUCs had declines in HBV DNA

Gane E, et al. EASL 2021. #PO-482





Antiviral Research

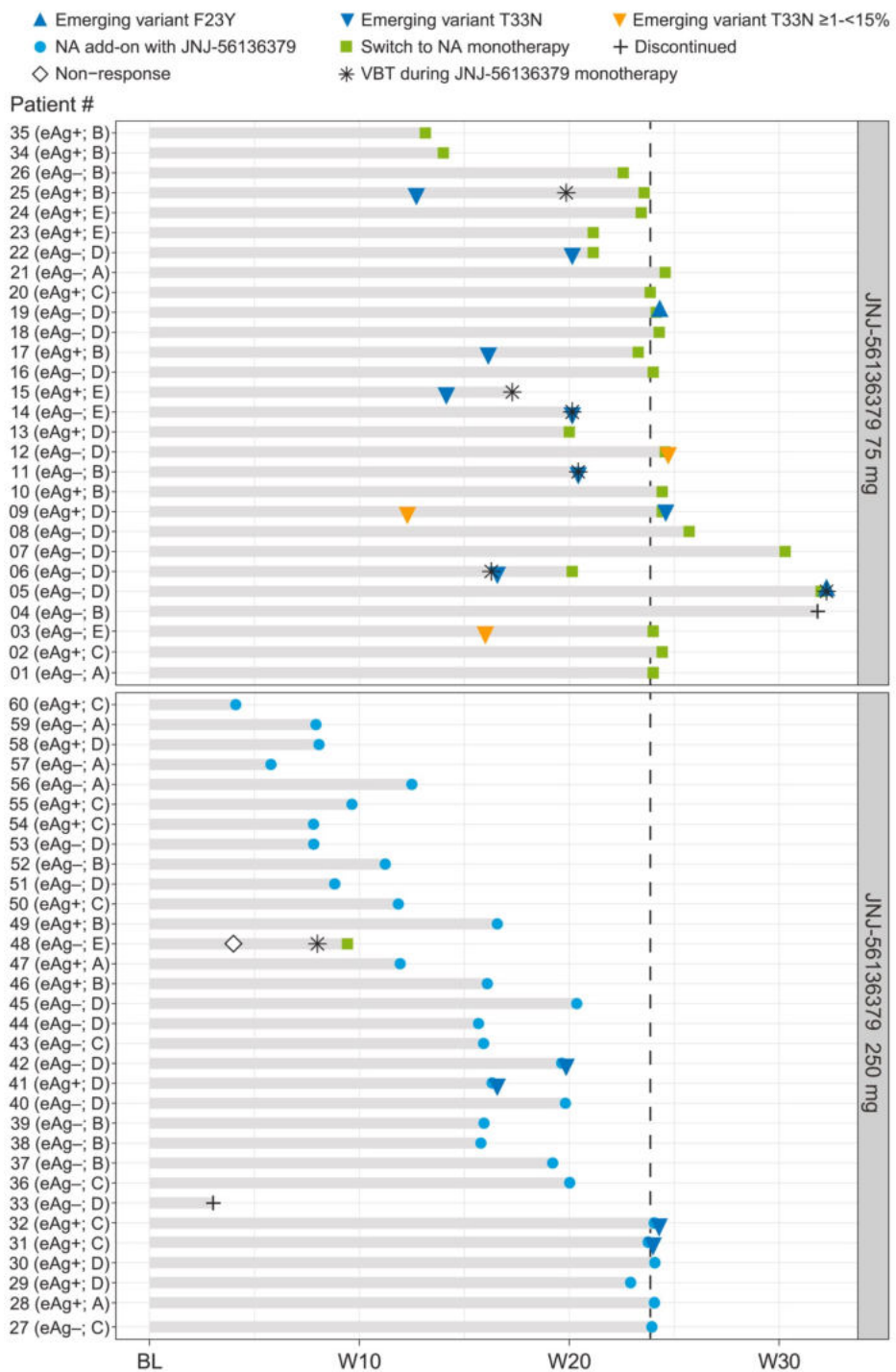
Volume 216, August 2023, 105660



Viral sequence analysis of chronic hepatitis B patients treated with the capsid assembly modulator JNJ-56136379 in the JADE phase 2a study

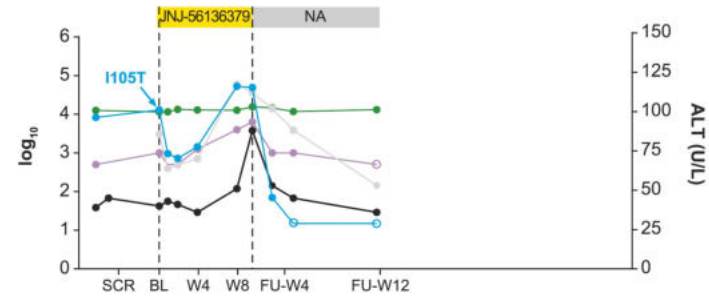
Thierry Verbinnen^a  , Willem Talloen^a, Harry L.A. Janssen^{b c}, Fabien Zoulim^d,
Umesh Shukla^e, Joris J. Vandenbossche^a, Michael Biermer^a, Sandra De Meyer^a,
Oliver Lenz^a

Pattern of antiviral drug resistance with JnJ 56136379

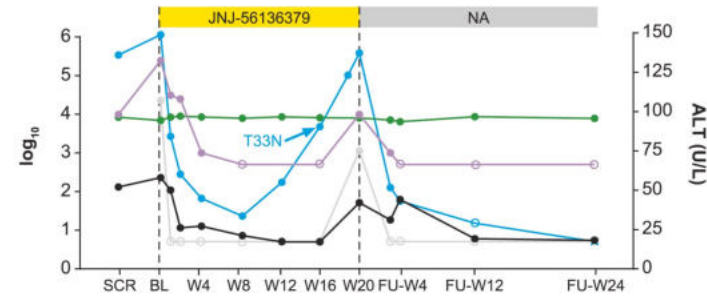


JNJ56136379 resistance: kinetics of viral biomarkers

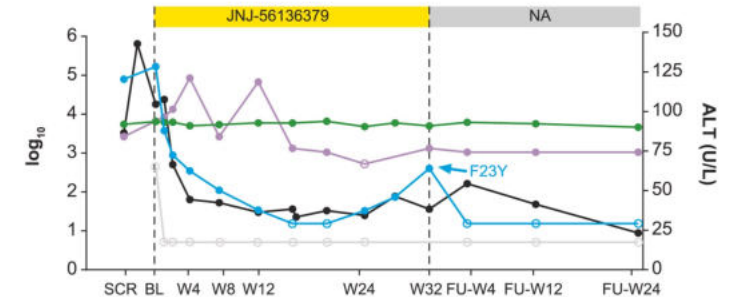
A. Patient #48: 250 mg, HBV genotype-E, HBeAg-negative, VBT at Week 8



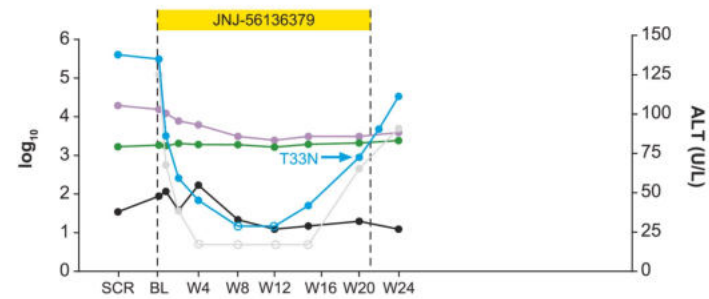
B. Patient #6: 75 mg, HBV genotype-D, HBeAg-negative, VBT at Week 16



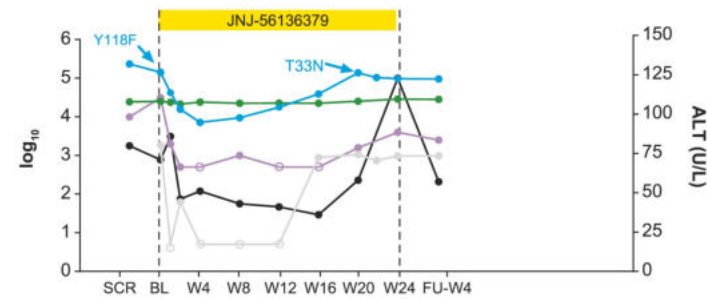
G. Patient #5: 75 mg, HBV genotype-D, HBeAg-negative, VBT at Week 32



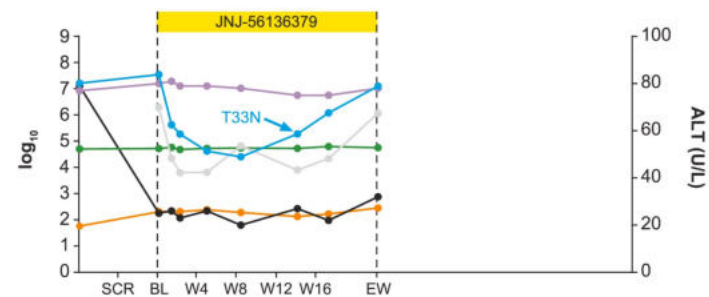
C. Patient #11: 75 mg, HBV genotype-B, HBeAg-negative, VBT at Week 20



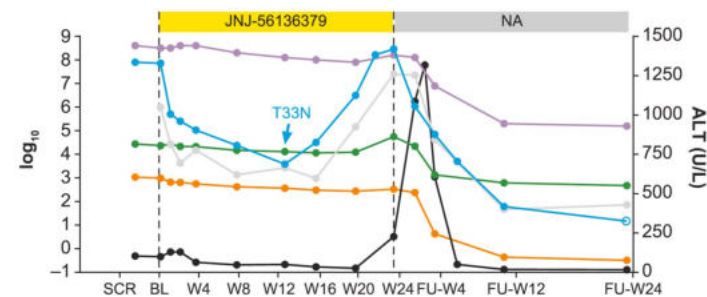
D. Patient #14: 75 mg, HBV genotype-E, HBeAg-negative, VBT at Week 20



E. Patient #15: 75 mg, HBV genotype-E, HBeAg-positive, VBT at Week 16



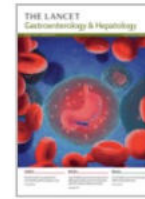
F. Patient #25: 75 mg, HBV genotype-B, HBeAg-positive, VBT at Week 20



Effect of triple combinations of NUC + CAM + SiRNA on HBV biomarkers



WARNING!
WEAK GLASS



Articles

Efficacy and safety of the siRNA JNJ-73763989 and the capsid assembly modulator JNJ-56136379 (bersacapavir) with nucleos(t)ide analogues for the treatment of chronic hepatitis B virus infection (REEF-1): a multicentre, double-blind, active-controlled, randomised, phase 2b trial

Prof Man-Fung Yuen DSc^a  , Prof Tarik Asselah MD^b, Prof Ira M Jacobson MD^c,
Prof Maurizia Rossana Brunetto MD^d, Prof Harry L A Janssen MD^{e f},
Prof Tetsuo Takehara MD^g, Prof Jin Lin Hou MD^h, Thomas N Kakuda PharmDⁱ,
Tom Lambrecht MSc^j, Maria Beumont MD^k, Ronald Kalmeijer MD^k,
Carine Guinard-Azadian MD^j, Cristiana Mayer PhD^k, John Jezowski MS^k,
Thierry Verbinnen PhD^j, Oliver Lenz PhD^j, Umesh Shukla PhD^k, Michael Biermer MD^j
REEF-1 Study Group[†]

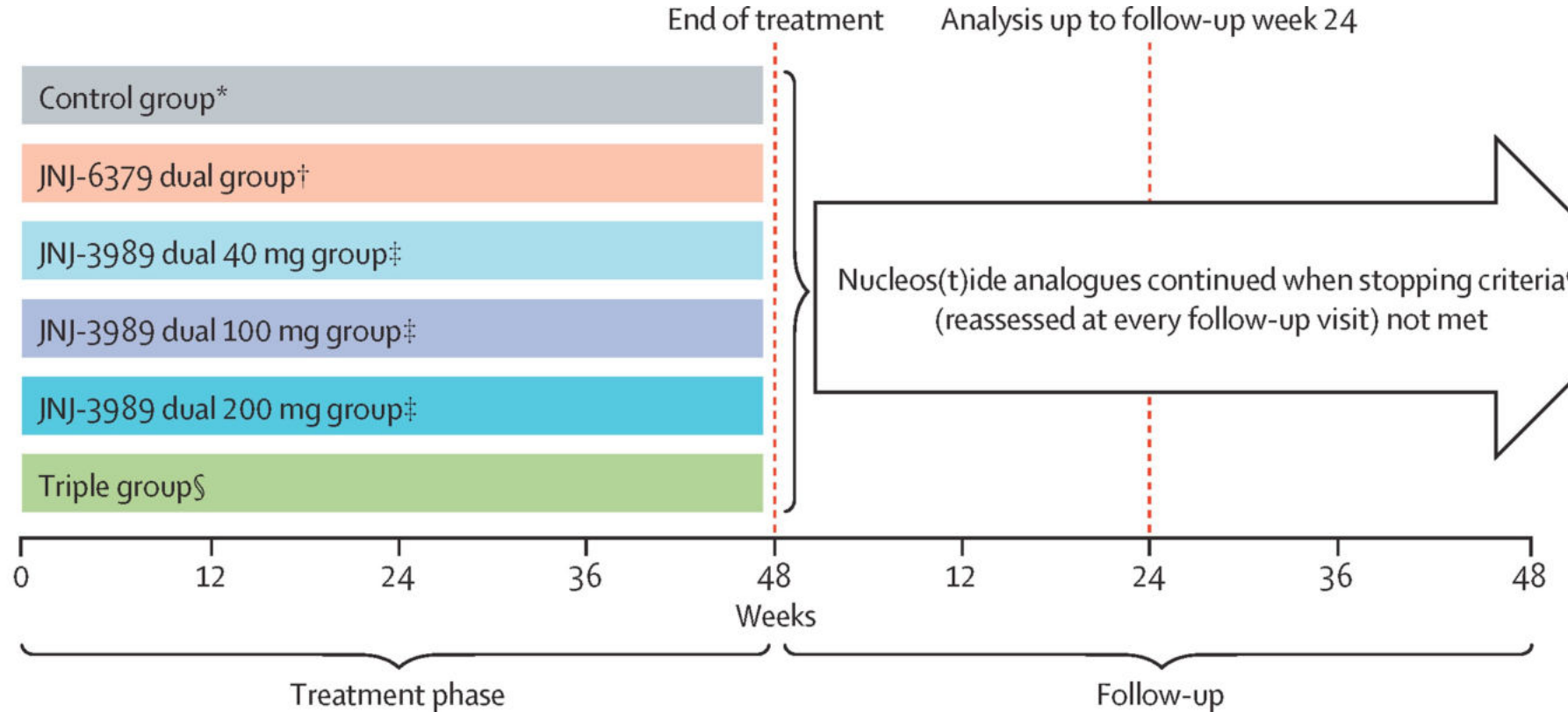
REEF-1 study design

Inclusion criteria:

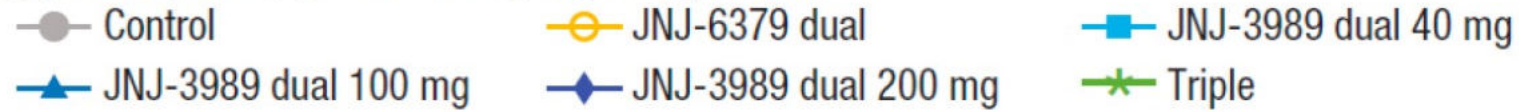
- Active chronic hepatitis B (not currently treated or virologically suppressed)
- HBsAg >100 IU/mL at screening
- Non-cirrhotic (fibrosis stage F0–F2)

Stratification:

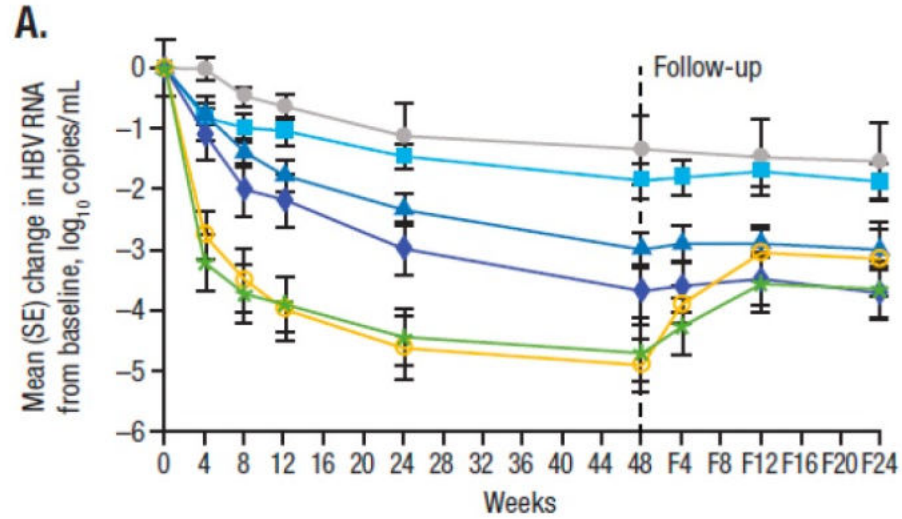
- HBeAg positive vs HBeAg negative
- Treatment history (not currently treated vs virologically suppressed)



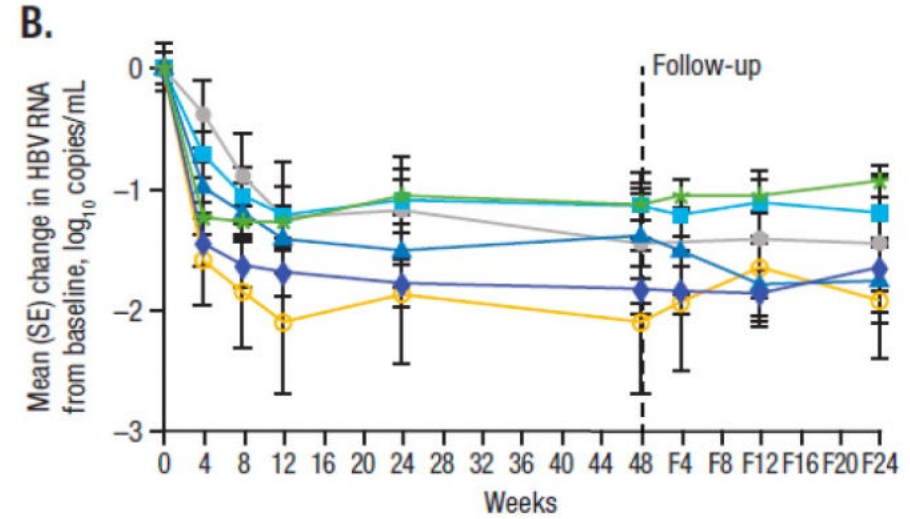
Mean change in HBV RNA in the REEF-1 study



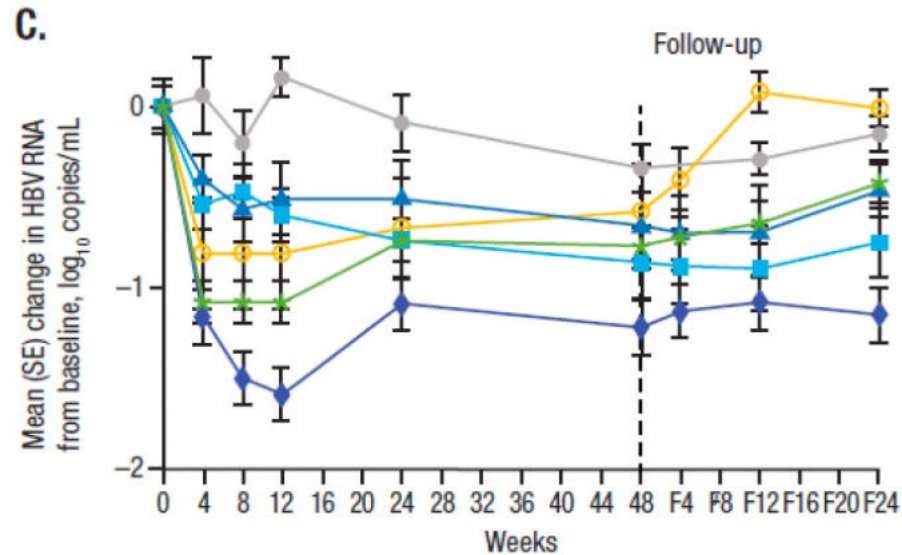
NCT HBeAg+



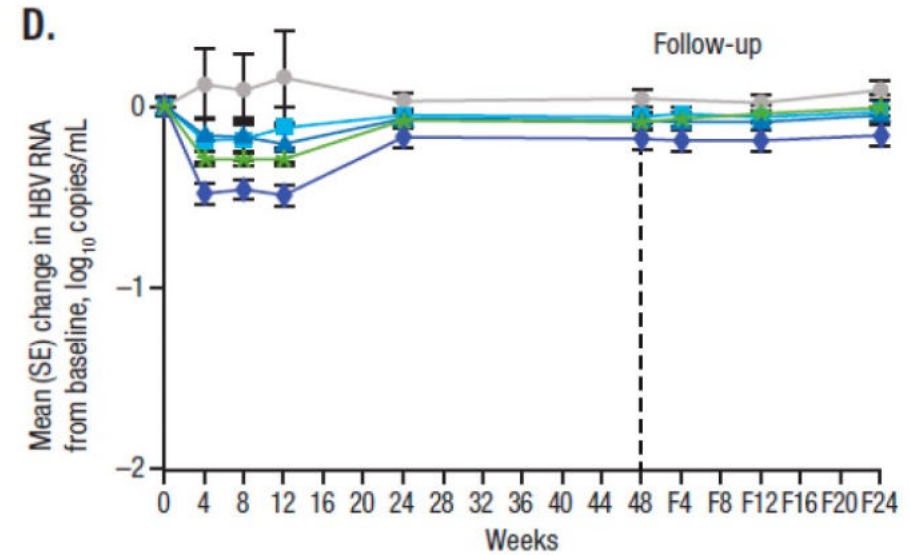
VS HBeAg+



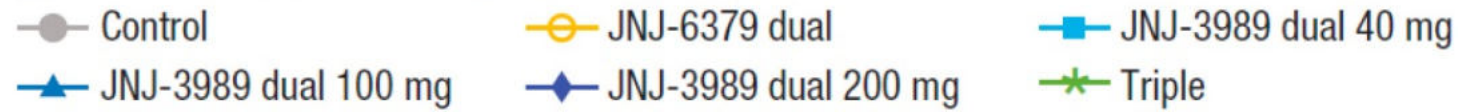
NCT HBeAg-



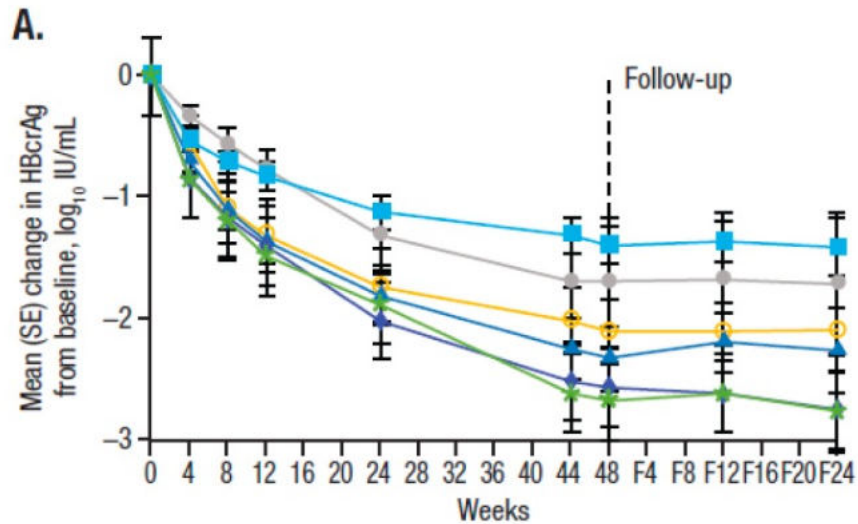
VS HBeAg-



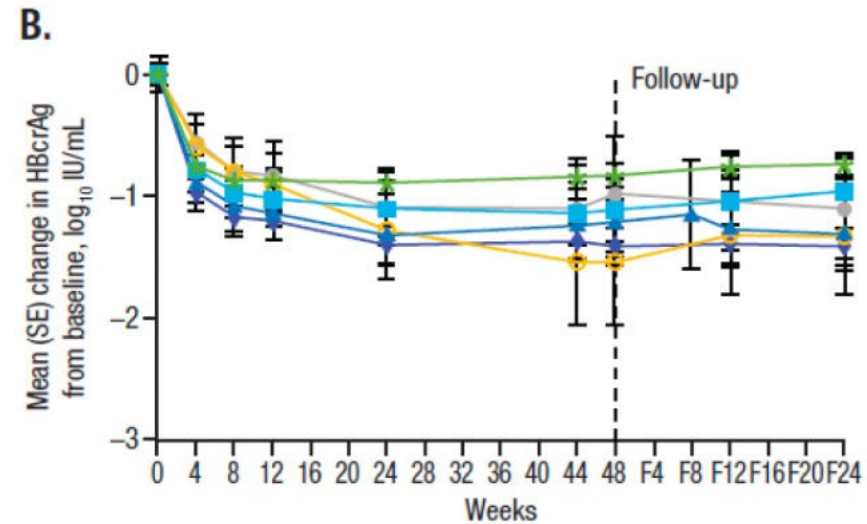
Mean change in HBcrAg in the REEF-1 study



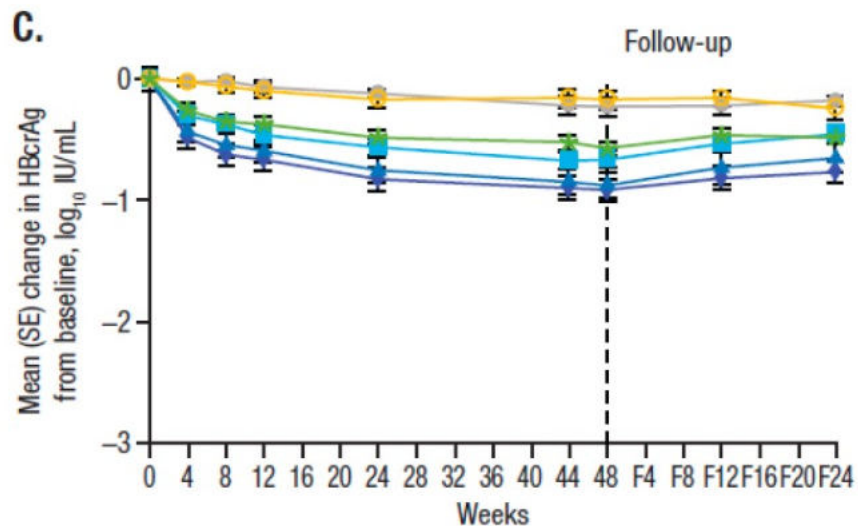
NCT HBeAg+



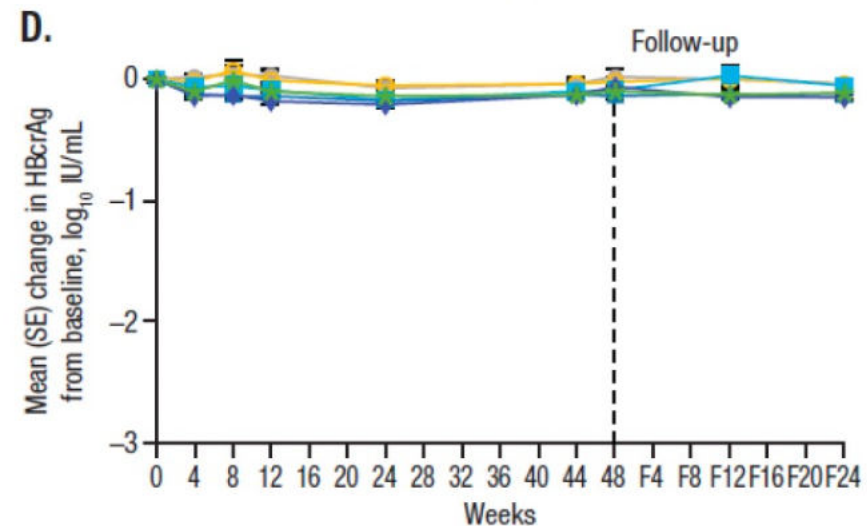
VS HBeAg+



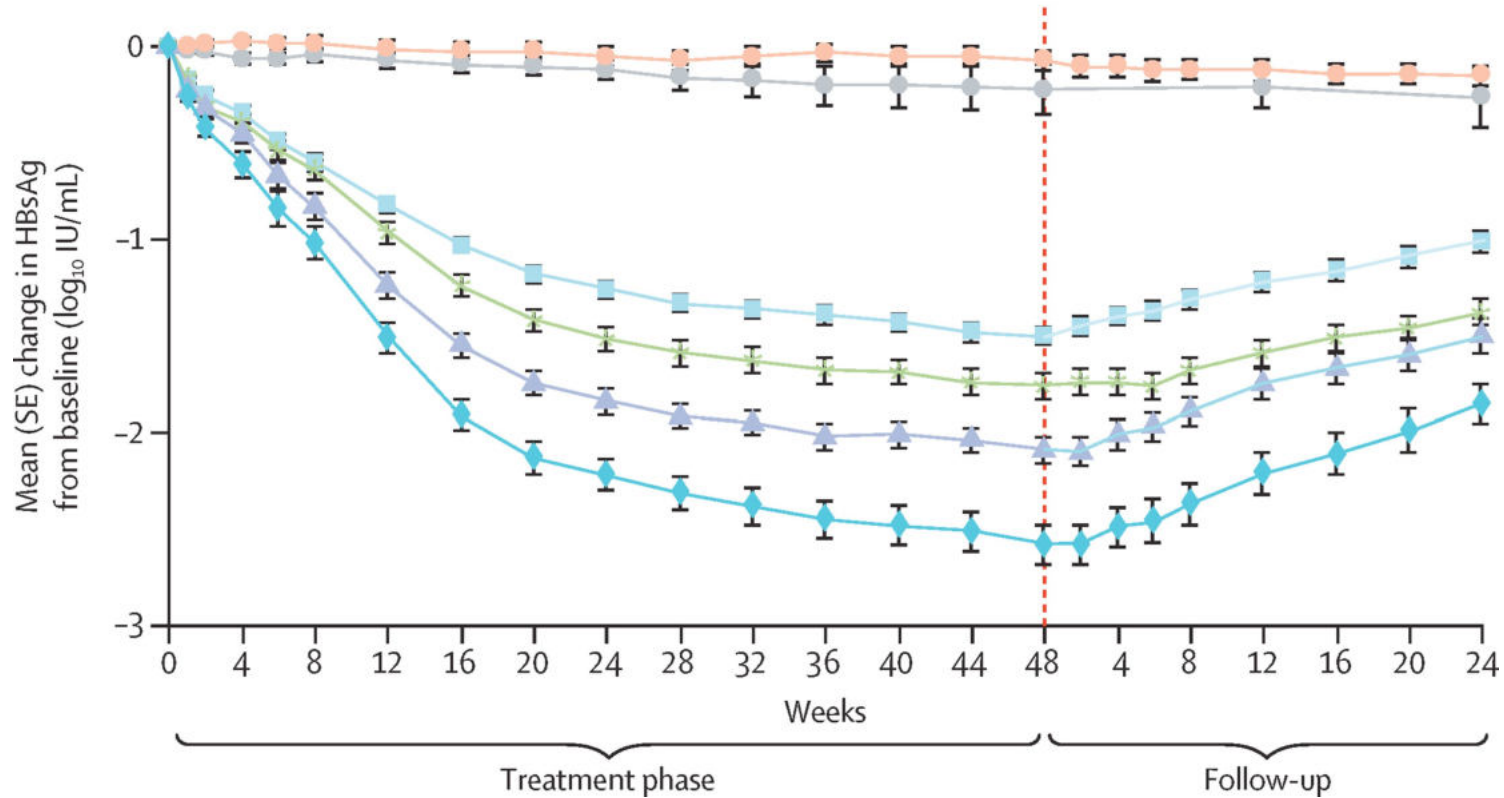
NCT HBeAg-



VS HBeAg-



Mean change in HBsAg in the REEF-1 study



	Mean (SE) change in HBsAg from baseline, log ₁₀ IU/mL	
	Week 48	Follow-up week 24
● Control group	-0.22 (0.13)	-0.26 (0.15)
● JNJ-6379 dual group	-0.07 (0.05)	-0.15 (0.05)
■ JNJ-3989 dual 40 mg group	-1.5 (0.05)	-1.0 (0.05)
▲ JNJ-3989 dual 100 mg group	-2.1 (0.07)	-1.5 (0.09)
◆ JNJ-3989 dual 200 mg group	-2.6 (0.10)	-1.9 (0.10)
* Triple group	-1.8 (0.07)	-1.4 (0.07)

Other emerging treatment regimens



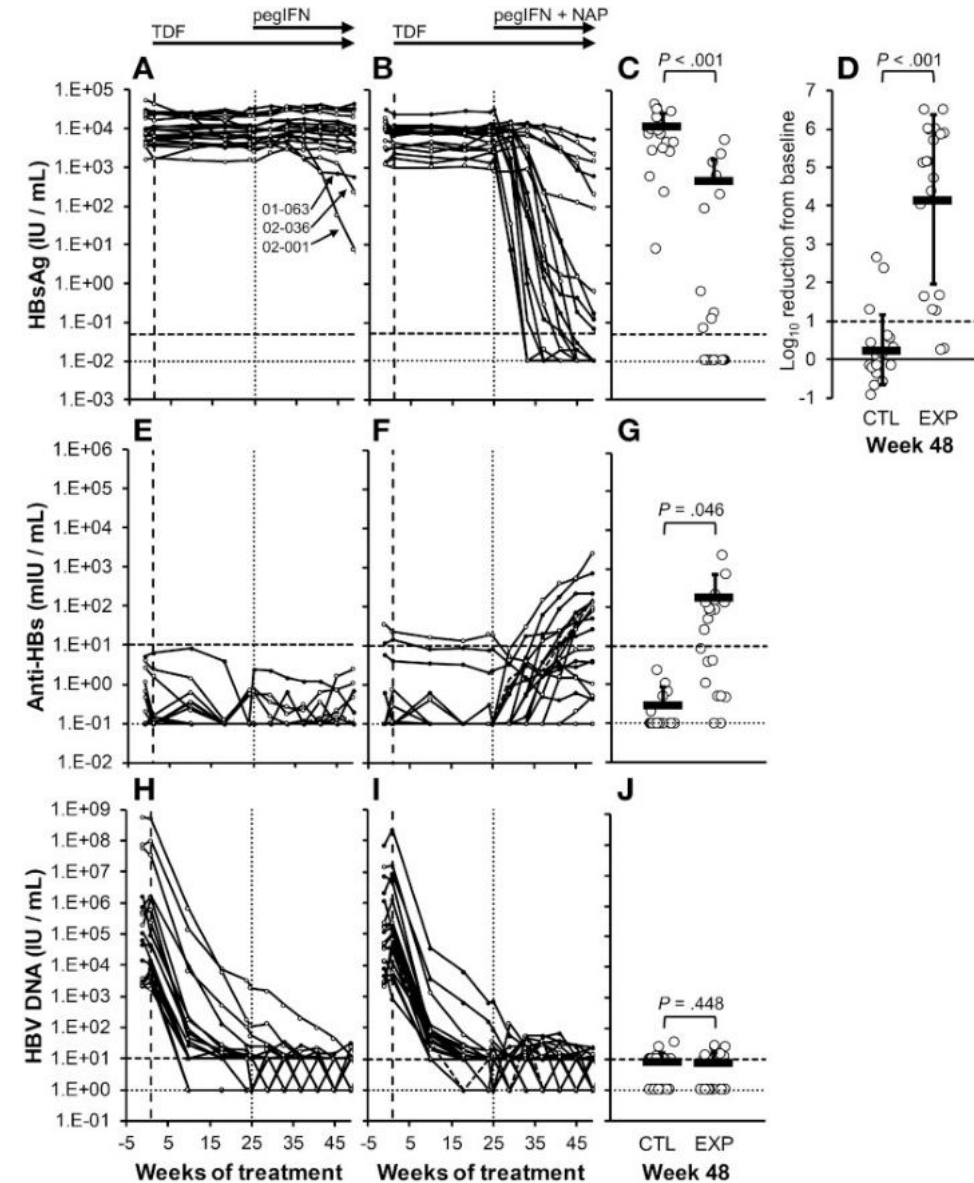
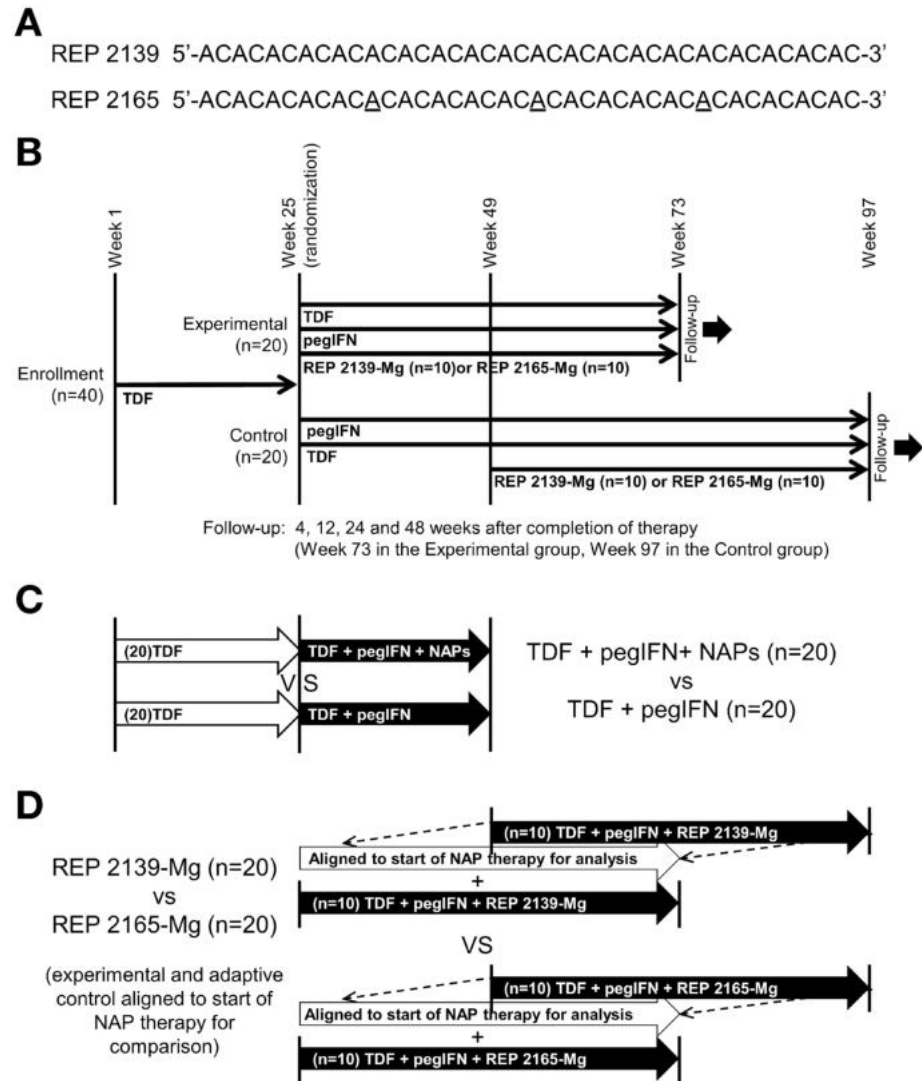
Original Research

Full Report: Clinical—Liver

Safety and Efficacy of 48 Weeks REP 2139 or REP 2165, Tenofovir Disoproxil, and Pegylated Interferon Alfa-2a in Patients With Chronic HBV Infection Naïve to Nucleos(t)ide Therapy

Michel Bazinet¹, Victor Pântea², Gheorghe Placinta², Iurie Moscalu³,
Valentin Ceboatarescu², Lilia Cojuhari², Pavlina Jimbei⁴, Liviu Iarovi²,
Valentina Smesnoi⁴, Tatiana Musteata⁴, Alina Jucov^{2 3}, Ulf Dittmer⁵,
Adalbert Krawczyk^{5 6}, Andrew Vaillant¹  

Kinetics of HBsAg in patients with REP 2139/2165 + TDF + Peg-IFN combination



HBsAg decline in Phase II studies of Bepirovirsen

nature
medicine

ARTICLES

<https://doi.org/10.1038/s41591-021-01513-4>

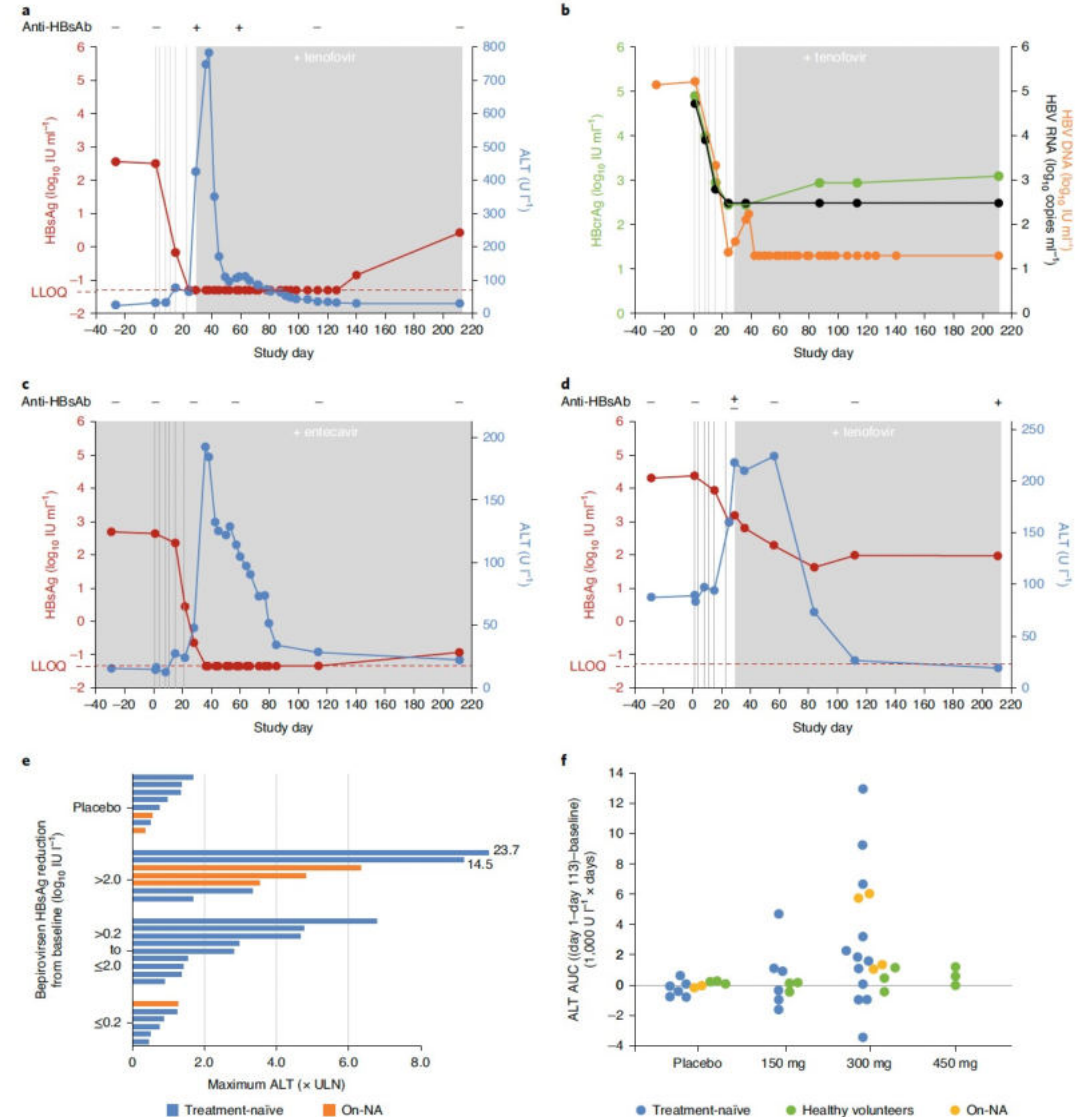
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OPEN

Safety, tolerability and antiviral activity of the antisense oligonucleotide bepirovirsen in patients with chronic hepatitis B: a phase 2 randomized controlled trial

Man-Fung Yuen¹, Jeong Heo², Jeong-Won Jang³, Jung-Hwan Yoon⁴, Young-Oh Kwon⁵, Sung-Jae Park⁶, Yvonne Tami⁷, Shihyun You⁸, Phillip Yates⁹, Yu Tao⁸, Jennifer Cremer¹⁰, Fiona Campbell⁹, Robert Elston⁹, Dickens Theodore¹⁰, Melanie Paff⁸, C. Frank Bennett⁷ and T. Jesse Kwok⁷

Chronic infection with hepatitis B virus (HBV) leads to an increased risk of death from cirrhosis and hepatocellular carcinoma. Functional cure rates are low with current treatment options (nucleos(t)ide analogs (NAs) and pegylated interferons). Bepirovirsen is an antisense oligonucleotide targeting all HBV messenger RNAs; in cell culture and animal models, bepirovirsen leads to reductions in HBV-derived RNAs, HBV DNA and viral proteins. This phase 2 double-blinded, randomized, placebo-controlled trial is the first evaluation of the safety and activity of an antisense oligonucleotide targeting HBV RNA in both treatment-naïve and virally suppressed individuals with chronic HBV infection. The primary objective was to assess the safety and tolerability of bepirovirsen in individuals with chronic hepatitis B (CHB) (NCT02981602). The secondary objective was to assess antiviral activity, including the change from baseline to day 29 in serum hepatitis B surface antigen (HBsAg) concentration. Participants with CHB infection ≥ 6 months and serum HBsAg ≥ 50 IU ml⁻¹ were enrolled from seven centers across Hong Kong and the Republic of Korea and randomized (3:1 within each dose cohort) to receive bepirovirsen or placebo via subcutaneous injection twice weekly during weeks 1 and 2 (days 1, 4, 8 and 11) and once weekly during weeks 3 and 4 (days 15 and 22). Participants were then followed for 26 weeks. Twenty-four participants were treatment-naïve and seven were receiving stable NA therapy. Treatment-emergent adverse events were mostly mild/moderate (most commonly injection site reactions). Eleven (61.1%) and three (50.0%) treatment-naïve participants experienced one or more treatment-emergent adverse event in the bepirovirsen and placebo groups, respectively. In participants receiving NA therapy, the corresponding numbers were three (60.0%) and one (50.0%). Transient, self-resolving alanine aminotransferase flares ($\geq 2 \times$ upper limit of normal) were observed in eight treatment-naïve participants and three participants on stable NA regimens in the bepirovirsen treatment arms. HBsAg reductions were observed and were significant versus placebo for treatment-naïve participants receiving bepirovirsen 300 mg ($P = 0.001$), but not for the bepirovirsen 150 mg group ($P = 0.245$) or participants receiving stable NA therapy ($P = 0.762$). Two participants in each of the 300 mg dose groups achieved HBsAg levels below the lower limit of quantitation by day 29 ($n = 3$) or day 36 ($n = 1$). Bepirovirsen had a favorable safety profile. These preliminary observations warrant further investigation of the safety and activity of bepirovirsen in a larger CHB patient population.



HBsAg decline in Phase II studies of Bepirovirsen

THE NEW ENGLAND JOURNAL OF MEDICINE

RESEARCH SUMMARY

Efficacy and Safety of Bepirovirsen in Chronic Hepatitis B Infection

Yuen M-F et al. DOI: 10.1056/NEJMoa2210027

CLINICAL PROBLEM

Fewer than 5% of patients with chronic hepatitis B virus (HBV) infection have hepatitis B surface antigen (HBsAg) loss after nucleoside or nucleotide analogue (NA) treatment. Bepirovirsen, an antisense oligonucleotide that targets all HBV mRNAs, led to a rapid reduction in HBsAg levels in a phase 2a trial, but its potential to induce HBsAg loss is unclear.

CLINICAL TRIAL

Design: A phase 2b multinational, randomized, investigator-unblinded trial assessed the efficacy and safety of bepirovirsen in adults with chronic HBV infection.

Intervention: 457 participants were assigned (in a 3:3:3:1 ratio) to receive weekly subcutaneous injections of 300 mg of bepirovirsen for 24 weeks (group 1); 300 mg of bepirovirsen for 12 weeks followed by 150 mg for 12 weeks (group 2); 300 mg of bepirovirsen for 12 weeks followed by placebo for 12 weeks (group 3); or placebo for 12 weeks followed by 300 mg of bepirovirsen for 12 weeks (group 4). Half the participants were receiving stable NA therapy. The composite primary efficacy outcome, assessed in groups 1, 2, and 3, was an HBsAg level below the lower limit of detection and an HBV DNA level below the lower limit of quantification, maintained for 24 weeks after the end of treatment without new antiviral medication.

RESULTS

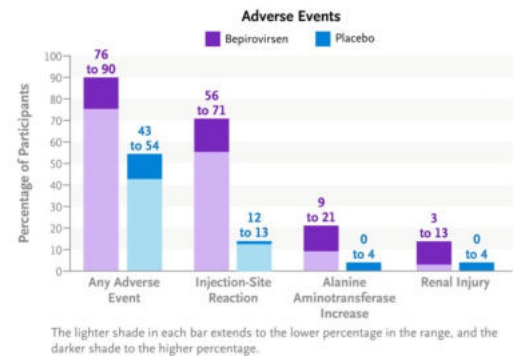
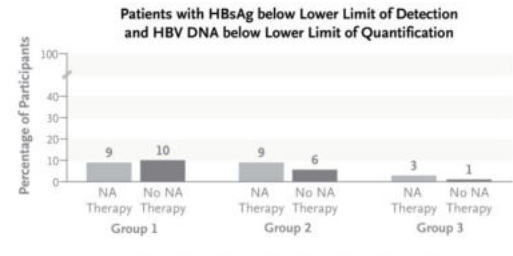
Efficacy: A primary-outcome event occurred in 9 to 10% of participants in group 1, depending on concurrent NA therapy; in 6 to 9% in group 2; and in 1 to 3% in group 3.

Safety: During weeks 1 through 12, adverse events, including injection-site reactions and increased levels of alanine aminotransferase, were more common with bepirovirsen than with placebo.

LIMITATIONS AND REMAINING QUESTIONS

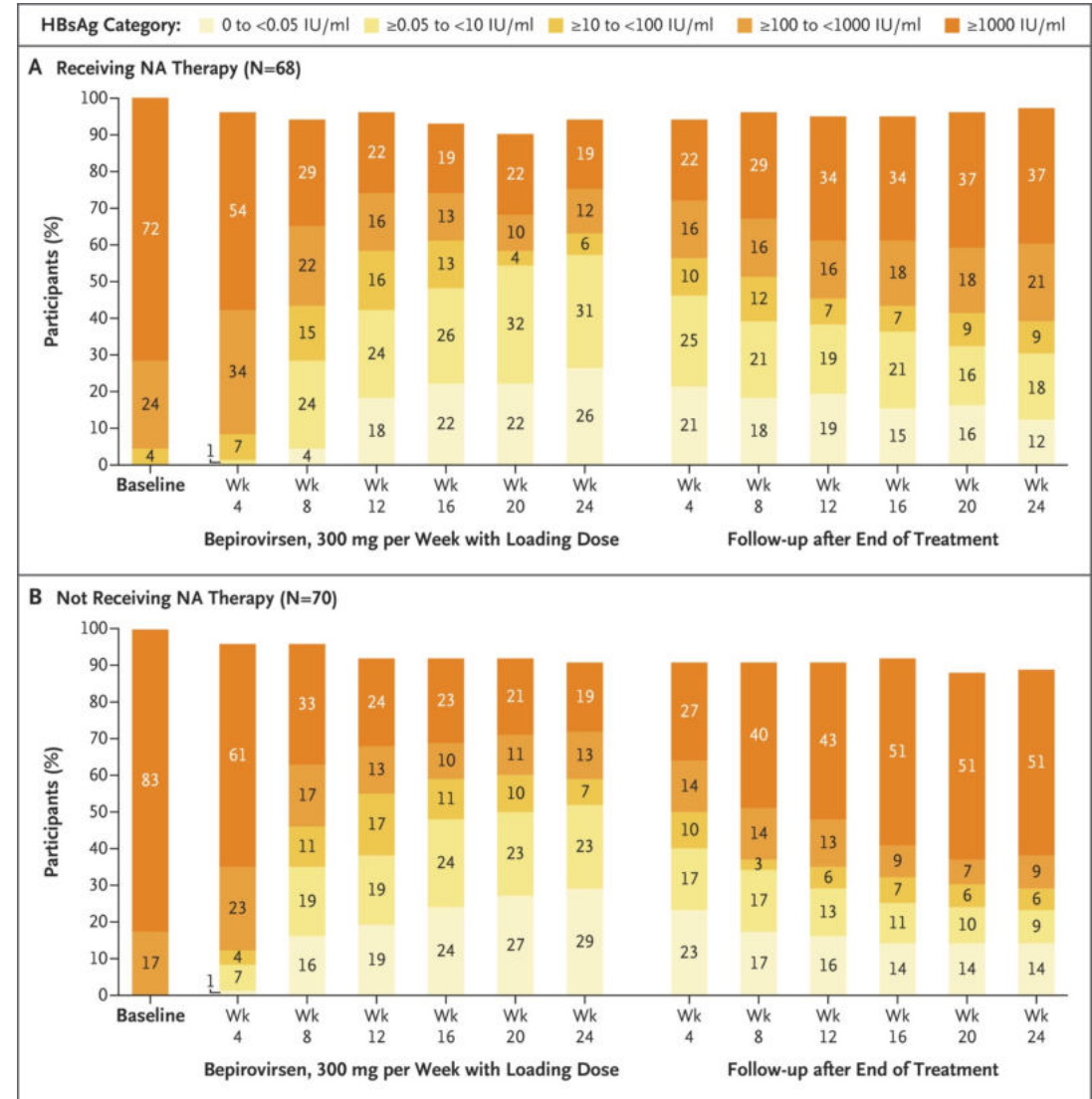
- Larger and longer-term trials are needed to further assess the safety and efficacy of bepirovirsen, as well as the durability of its effect.

Links: Full Article | NEJM Quick Take | Editorial



CONCLUSIONS

In participants with chronic HBV infection, 24 weeks of treatment with 300 mg of bepirovirsen resulted in HBsAg and HBV DNA loss that was maintained for 24 weeks after treatment in 9 to 10% of participants.



Conclusion and open questions

- HBcrAg (HBc) and HBV RNA are important to assess target engagement in early phase clinical studies
- Role of HBc, HBcrAg, and HBV RNA in ASO containing regimens?
- Role of viral biomarkers in immunotherapy?
- Currently considered as exploratory biomarkers / endpoints
- Next questions to address:
 - Patient stratification?
 - Role in response guided therapy?
 - Role in predicting functional cure?
 - Role in predicting viral rebound?
 - Role in the clinical monitoring of patients?

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