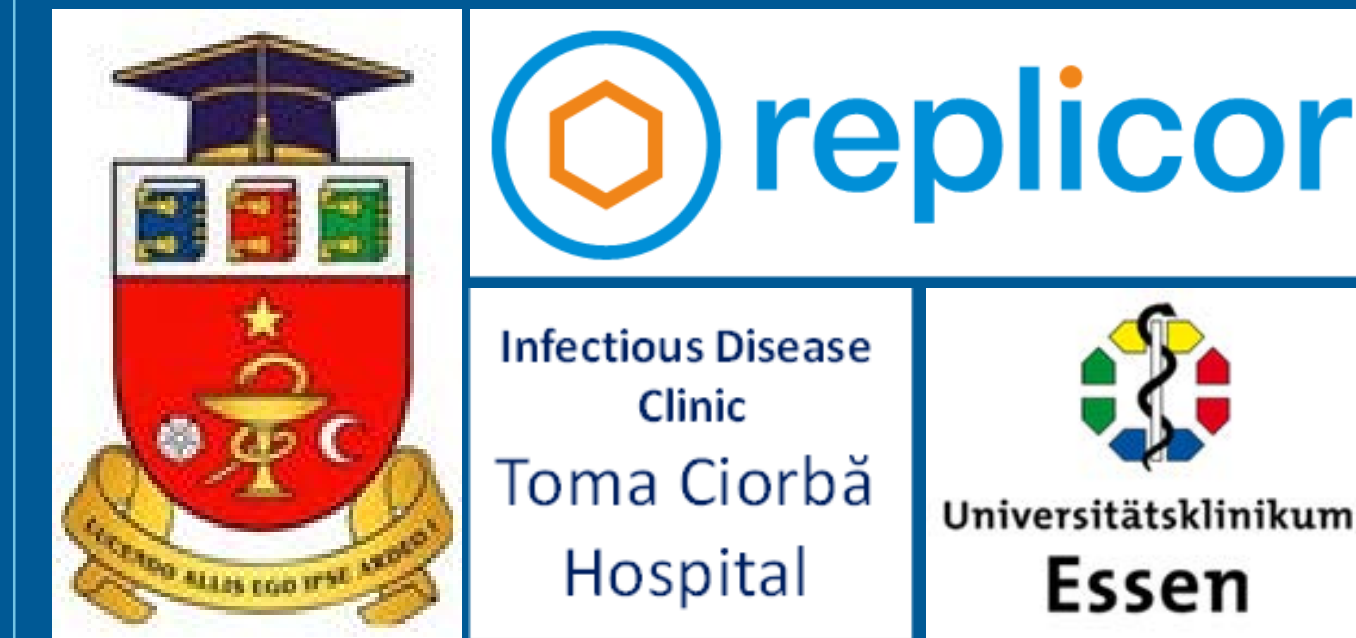


Updated follow-up analysis in the REP 401 protocol: Treatment of HBeAg negative chronic HBV Infection with REP 2139-Mg or REP 2165-Mg, tenofovir disoproxil fumarate and pegylated interferon alfa-2a

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INTRODUCTION

HBV subviral particles (SVPs) constitute more than 99.99% of circulating HBsAg and act to block immune control of HBV infection. The nucleic acid polymer (NAP) REP 2139 blocks the assembly and release of SVP derived from cccDNA and integrated HBV DNA¹, allowing the efficient clearance of serum HBsAg. This clearance facilitates the restoration of functional control of HBV infection by immunotherapy in HBV and HBV / HDV-co-infection^{1,2}. The REP 401 protocol (NCT02565719) is a randomized, controlled trial assessing the safety and efficacy of the lead NAP compound (REP 2139) and a derivative with enhanced tissue clearance (REP 2165) in combination with tenofovir disoproxil fumarate (TDF) and pegylated interferon alfa-2a (peg-IFN) in patients with chronic HBeAg negative HBV infection.

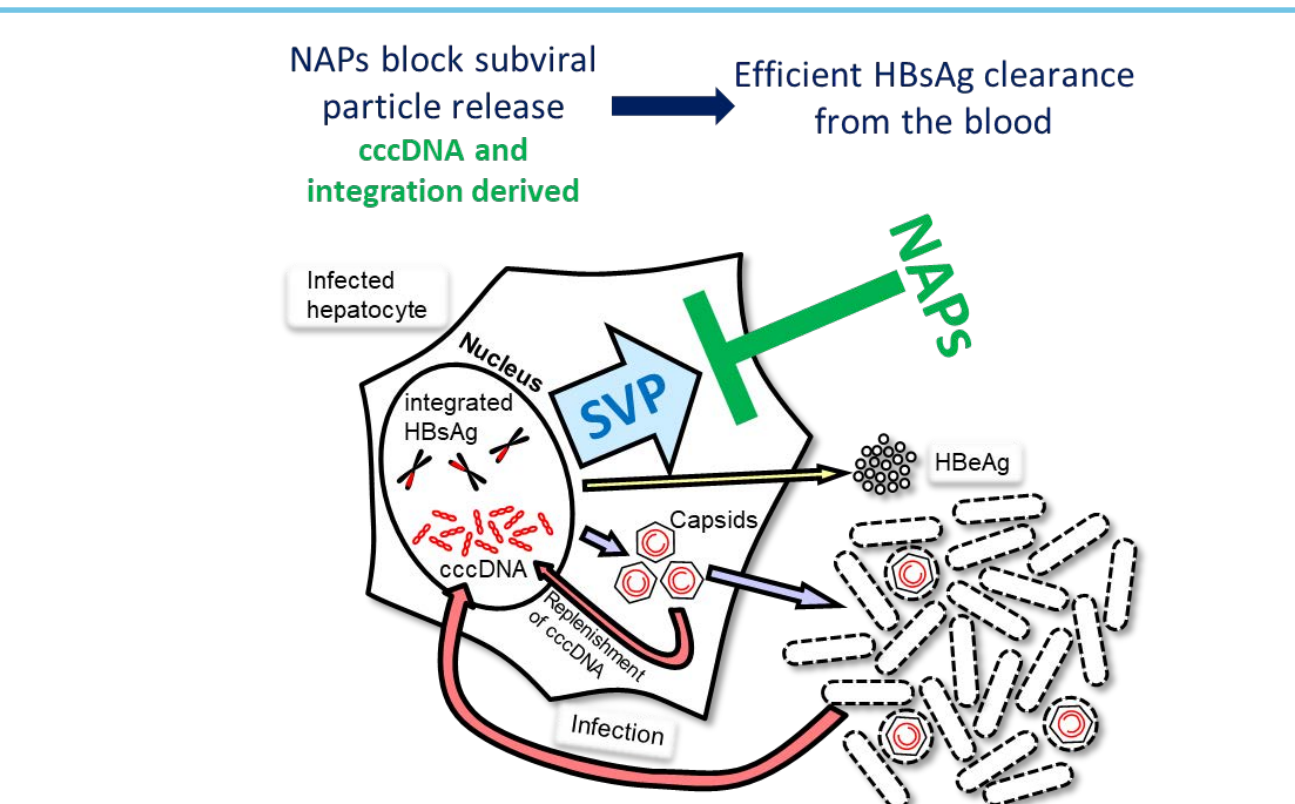


Figure 1. Antiviral mechanism of REP 2139 in HBV infection.

AIMS

- To evaluate the long term safety of combination therapy with REP 2139-Mg or REP 2165-Mg, TDF and pegIFN.
- To evaluate the durability of the functional remission of HBV infection achieved in the REP 401 study.

METHODS

Twenty four weeks of lead-in TDF (300mg PO qD) was followed by randomization (1:1) into experimental and control groups (Table 1). The experimental group received 48 weeks of TDF (300mg PO qD), peg-IFN (180ug SC qW) and REP 2139-Mg or REP 2165-Mg (1:1, 250 mg IV infusion qW) (Table 2). The control group was to receive 48 weeks of TDF + peg-IFN but all patients have crossed over to 48 weeks of experimental therapy in the absence of a 3 log drop in HBsAg after 24 weeks of peg-IFN (see figure below). Viremia is monitored on the Abbott Architect and Realtime platforms.

Table 1. Pre-treatment demographics in the REP 401 study

Parameter	Adaptive comparator control (TDF + peg-IFN)	Experimental (TDF + peg-IFN + NAPs)
Age (average / median)	36.9 / 36	38.6 / 39.5
Sex	27M / 3F	26M / 4F
HBV genotype		
A	1	2
D	19	18
F0-F1	12	10
Metavir score (based on Fibroscan)		
F2	3	6
F2-F3	0	3
F3-F4	3	1
Virologic baseline (average / median)		
HBV DNA (IU/mL)	3.6x10 ⁷ / 8.7x10 ⁴	4.8x10 ⁶ / 4.8x10 ⁴
HBsAg (IU/mL)	14775.7 / 9302.5	9018.1 / 8743
Anti-HBs (mIU/mL)	0.78 / 0.1	2.778 / 0.1
ALT (U/L, average / median)	71.65 / 49	91.95 / 56.5

RESULTS

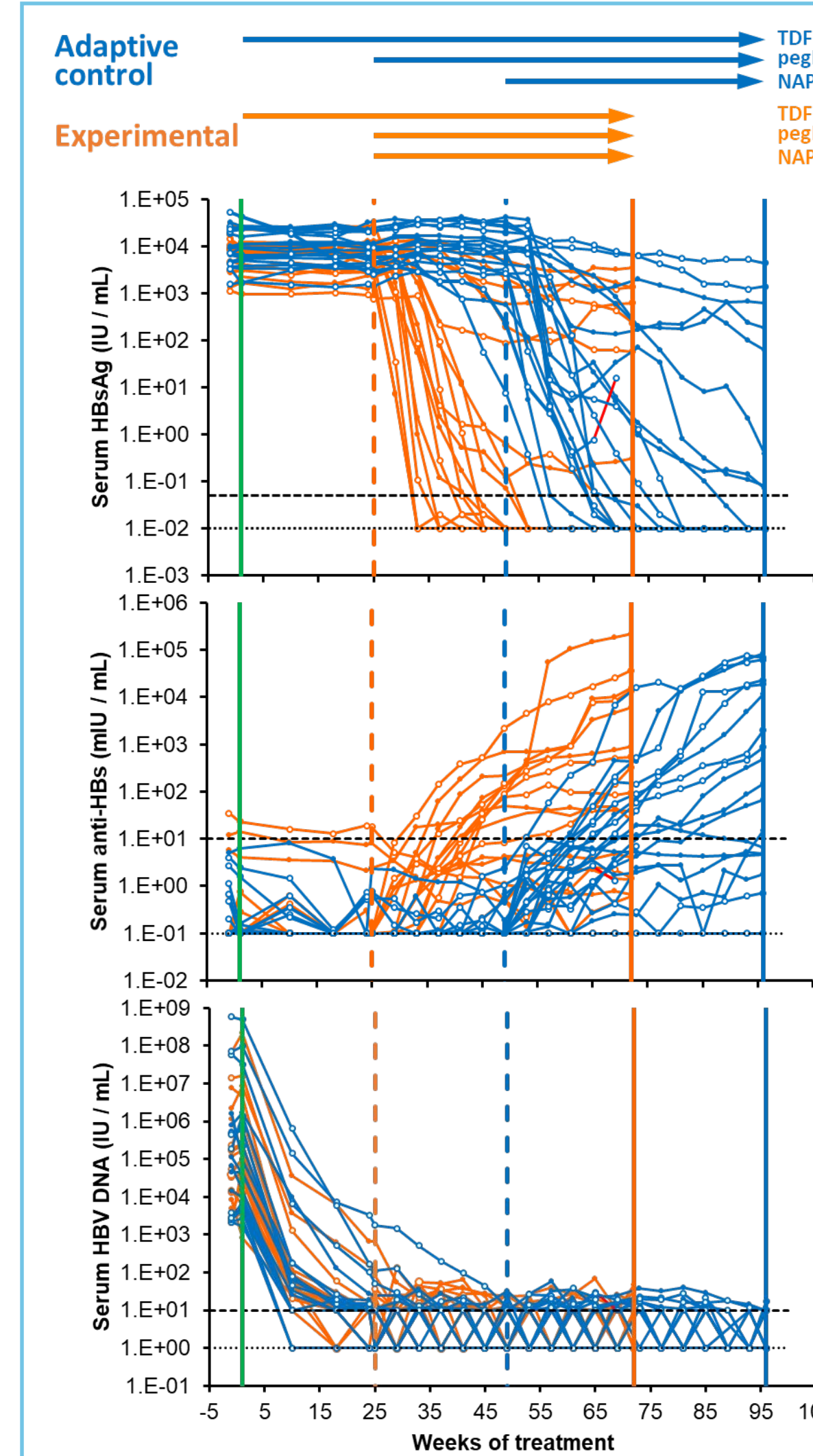


Figure 2. Global antiviral response during treatment in the REP 401 study. Individual analyses of HBsAg, anti-HBs and HBV DNA during treatment in the adaptive control (blue) and experimental (orange) groups are provided for patients receiving REP 2139 (solid markers) and REP 2165 (hollow markers). Bold dashed horizontal lines indicate the lower limit of quantification (0.05 IU/mL for HBsAg, 10 IU/mL for HBV DNA or 10 mIU/mL for anti-HBs). Fine dashed horizontal lines indicate target not detected (HBsAg and HBV DNA) or no significant anti-HBs present (< 0.1 mIU/mL). The red segment indicates off-treatment rebound in a single REP 2165 adaptive control patient who withdrew from the trial for pegIFN related depression.

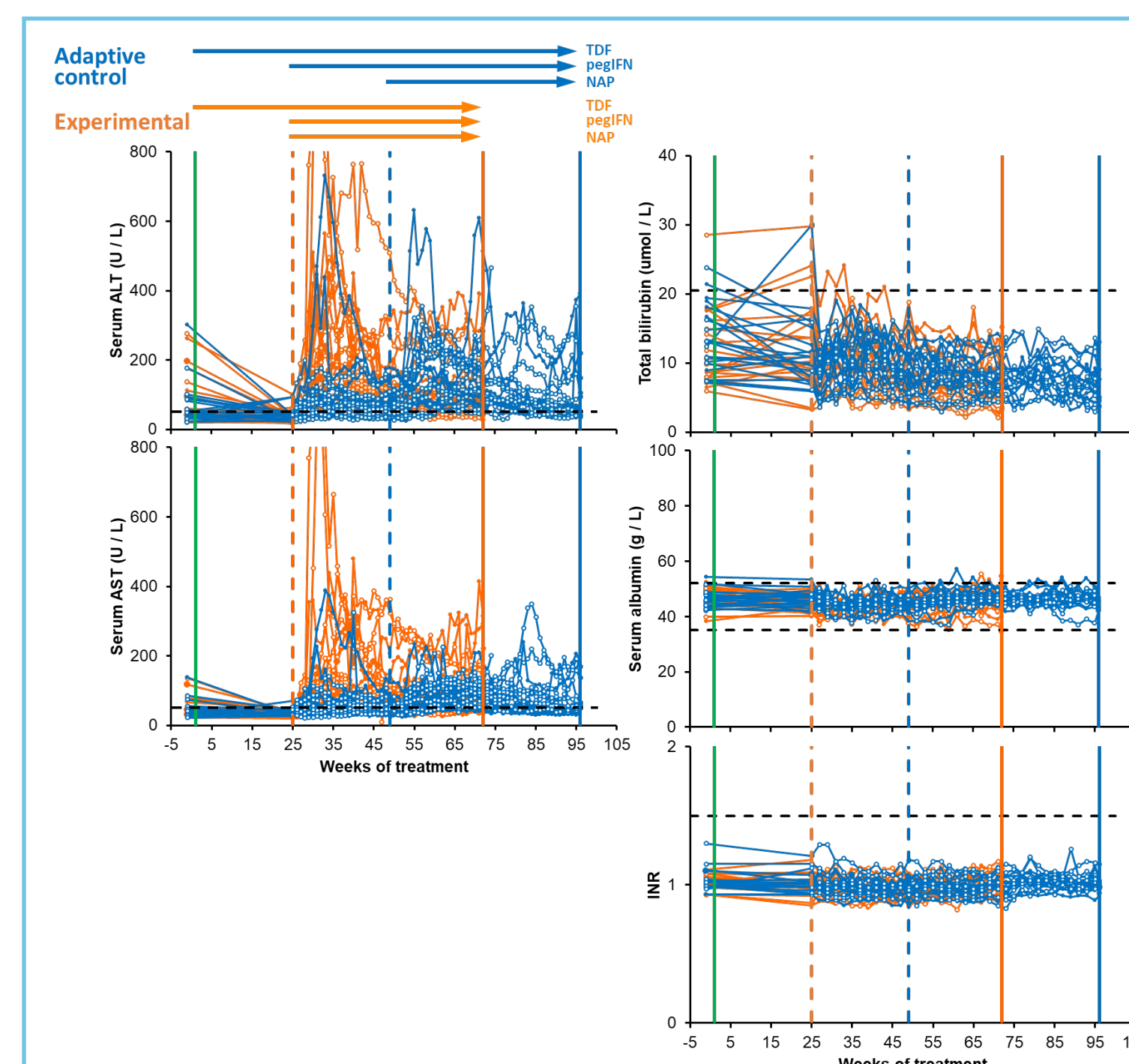


Figure 3. Global liver function during treatment in the REP 401 study. Individual analyses of ALT/AST (left column) and bilirubin, albumin and INR (right column) during treatment in the adaptive control (blue) and experimental (orange) groups are provided for patients receiving REP 2139 (solid markers) and REP 2165 (hollow markers). Transaminase elevations are restricted to exposure to pegIFN and are substantially more pronounced during NAP-mediated HBsAg clearance. Liver synthetic and secretory function remains normal throughout therapy (right column). Dashed lines indicate upper limit of normal or normal ranges.

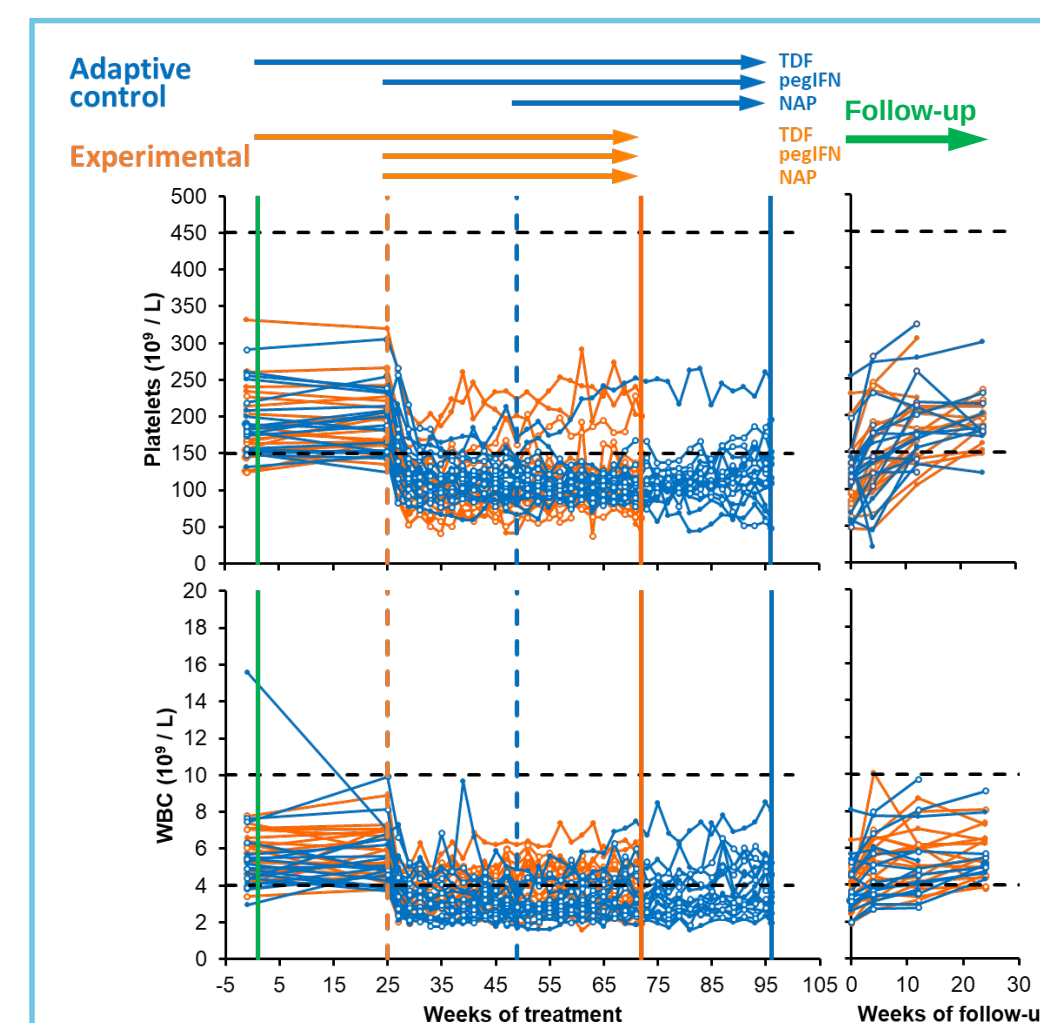


Figure 4. Global recovery of platelet and WBC counts during follow-up in the REP 401 study. Deflections in platelet counts (top) and WBC counts (bottom) during treatment in the adaptive control (blue) and experimental (orange) groups are provided for patients receiving REP 2139 (solid markers) and REP 2165 (hollow markers). Deflections are correlated with the introduction of pegIFN and are recovering to pre-treatment levels in all patients during follow-up.

REP 2139-Mg Experimental Group										
Patient	GT	Parameter	Baseline	EOT	FW4	FW12	FW24	FW48		
01-003	D1	HBsAg (IU/mL)	809	TND	TND	TND	TND	0.05		
		anti-HBs (mIU/mL)	<0.1	6147	6287	2631	520	164		
		HBV DNA (IU/mL)	16900	40	10	TND	TND	TND		
		ALT (U/L)	32	115	47	33	26	28		
02-005	D1	HBsAg (IU/mL)	31184	TND	TND	TND	TND	3.04		
		anti-HBs (mIU/mL)	<0.1	500	2549	2551	580	8.41		
		HBV DNA (IU/mL)	2941	30	<LLOQ	<LLOQ	<LLOQ	<LLOQ		
		ALT (U/L)	39	304	247	80	45	60		

REP 2165-Mg Experimental Group										
Patient	GT	Parameter	Baseline	EOT	FW4	FW12	FW24	FW48		
01-004	D3	HBsAg (IU/mL)	8002	238	240	266				
		anti-HBs (mIU/mL)	<0.1	<0.1	<0.1	<0.1				
		HBV DNA (IU/mL)	3080	TND	TND	TND	10	26300		
		ALT (U/L)	59	227	138	41				
01-007	D1	HBsAg (IU/mL)	9418	TND	TND	TND	<LLOQ	1.10		
		anti-HBs (mIU/mL)	<0.1	331	345	176	44	9.09		
		HBV DNA (IU/mL)	13300	TND	<LLOQ	<LLOQ	TND	TND		
		ALT (U/L)	41	82	38	22	17	15		

REP 2139-Mg Comparator Control Group										
Patient	GT	Parameter	Baseline	EOT	FW4	FW12	FW24	FW48		
01-015	D1	HBsAg (IU/mL)	5648	TND	TND	TND	TND	0.07		
		anti-HBs (mIU/mL)	<0.1	148	257	191	73			
		HBV DNA (IU/mL)	64000	TND	TND	TND	TND	10		
		ALT (U/L)	81	55	41	30	25			
01-017	D1	HBsAg (IU/mL)	6567	0.39	0.71	3.06	45.9			
		anti-HBs (mIU/mL)	<0.1	15	10	2.46	0.21			
		HBV DNA (IU/mL)	2048	TND	TND	TND	TND	10		
		ALT (U/L)	49	66	41	26	23			

REP 2165-Mg Comparator Control Group										
Patient	GT	Parameter	Baseline	EOT	FW4	FW12	FW24	FW48		
02-001	D1	HBsAg (IU/mL)	3375	TND	TND	TND	TND			
		anti-HBs (mIU/mL)	0.68	62384	97729	94362	83258			
		HBV DNA (IU/mL)	50680	TND	TND	TND	TND	10		
		ALT (U/L)	177	106	38	18	18			
02-003	D1	HBsAg (IU/mL)	26824	4476	4491	40528	3681			
		anti-HBs (mIU/mL)	0.47	1.31	<0.1	0.32	<0.1			
		HBV DNA (IU/mL)	5830000	TND	2376	7950000	30140			
		ALT (U/L)	87	36	17	185	50			

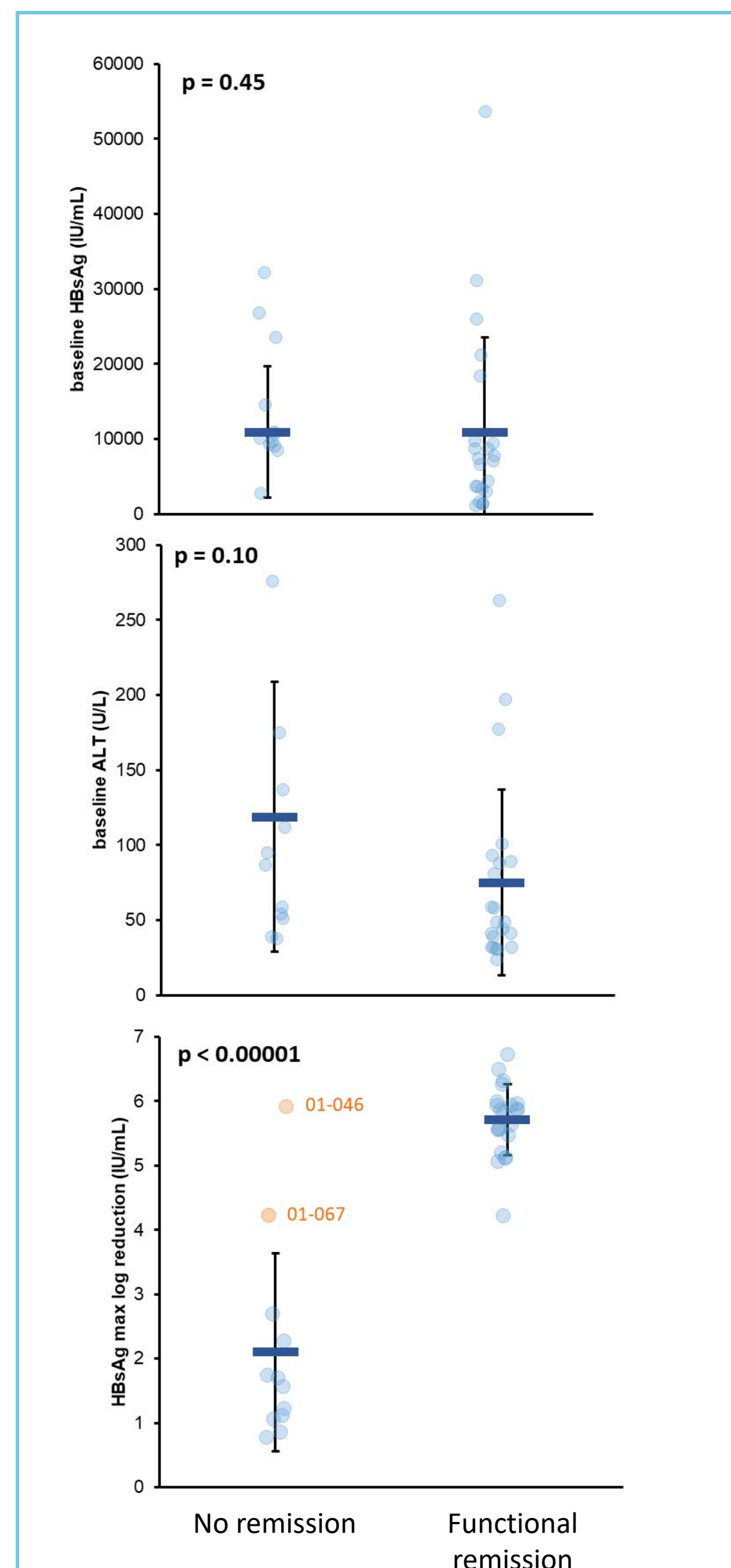


Figure 6. Predicting functional remission of HBV infection in the REP 401 study. Global analysis of all patients completing therapy and 12 weeks of follow-up are presented. Establishment of functional remission (HBV DNA < LLOQ with ≥ 12 weeks of follow-up) was not predicted by pre-treatment HBsAg (top) or ALT (middle) baselines. Establishment of functional remission was highly correlated to those patients achieving HBsAg reduction ≥ 4 logs from baseline during therapy (bottom). Outlier HBsAg response patients are indicated in orange.

On-treatment: Functional control achieved on treatment (HBsAg < 1IU/mL, HBV DNA < LLOQ)	
On-treatment: HBsAg reduction > 1 log from baseline but > 1 IU/mL	
On-treatment: HBsAg reduction < 1 log from baseline	
Follow-up: Functional repression of HBV infection (HBV DNA < 1000 IU/mL)	
Follow-up: Clinical benefit (normal liver enzymes)	

Follow-up numbers in bold indicate HBV DNA and HBsAg status during functional remission of HBV (HBV DNA < LLOQ)

CONCLUSIONS

- 48 weeks of REP 2139-Mg and REP 2165-Mg used in combination with TDF and pegIFN is safe and well tolerated in patients with HBeAg negative chronic HBV infection and uniquely achieve reduction or loss of HBsAg and HBsAg seroconversion in a high proportion of patients.
- In patients receiving the lead clinical therapy (upfront combination with REP 2139-Mg, pegIFN and TDF, response rates for achieving functional remission (HBV DNA < LLOQ) and functional repression (HBV DNA < 1000 IU/mL) were 60% and 80% respectively
- Despite the use of suboptimal regimens where NAPs were added following 24 weeks pf TDF + pegIFN or using the more labile REP 2165-Mg, rates of functional remission and functional repression were still 65% and 75% respectively (in patients completing treatment and 12 weeks of follow-up).
- Functional remission is highly correlated with HBsAg reduction ≥ 4 log from baseline during therapy
- In seven patients, control of HBV DNA (< LLOQ) is currently maintained in the absence of antiviral therapy when anti-HBsAg is < 10 mIU/mL, suggesting the establishment of control of cccDNA in these patients.
- Introduction of other immunotherapies in place of pegIFN (thymosin alpha 1, TLR agonists or therapeutic vaccines) may further improve response rates.

REFERENCES

1. Bazinet et al., Lancet Gastroenterol & Hepatol. 2017; 2:877-889.
2. Al-Mahtab et al, PloS One 2016; 11: e0156667.

DISCLOSURES

MB and AV are employees and shareholders in Replicor Inc.

CONTACT INFORMATION

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