# Update on NAPs: Understanding biochemical interactions and pharmacokinetics

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# **Conflict of interest**

Employee / shareholder, Replicor Inc.

# Understanding the NAP – target interface



# Fluorescence polarization identifies biochemical parameters of NAP interactions



## Validation of FP assay for PS-ON / NAP protein interactions with known class interactors

#### **PS-ONs**

Oligonucleotide	Sequence (5'-3')	Length	PS	2'OMe	5-Me
fomiversen <sup>a</sup>	GCGTTTGCTCTTCTTGCG	21	+		1.2
aprinocarsen <sup>a</sup>	GTTCTCGCTGGTGAGTTTCA	20	+		1
GEM 92 <sup>a</sup>	UCGCACCCATCTCTCTCCCUUC	21	+	+	<u> </u>
drisapersena	UCAAGGAAGAUGGCAUUUCU	20	+	+	L.,
REP 2004	NNNNNNNNNNNNNNNNNN	20	+		L
REP 2182	NNNNNNNNNNNNNNNNNN	20	+	+	
REP 2183	ACACACACACACACACACAC	20	-	+	+
REP 2151	ACACACACACACACACAC	20	+		-
REP 2055	AC	40	+	-	-
REP 2184	ACACACACAC	10	+	+	+
REP 2179	ACACACACACACACACACAC	20	+	+	+
REP 2169	ACACACACACACACACACACACACACACACACAC	30	+	+	+
REP 2139	AC	40	+	+	+
REP 2147	AC	40	2	+	+

<sup>a</sup> Clinically evaluated PS-ONs for other indications.

N = random incorporation of A, G, T (or 2'OMeT) and C.

Nucleotide positions with 2'O-methyl modified ribose are underlined.

NAPs outlined in green have clinically validated antiviral activity against HBV infection and or HBV / HDV co-infection.

# Also validated for numerous other NAP targets

Shamur et al., Hepatol. 2017; 66: 504A

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FP-generated PS-ON protein binding isotherms replicate previously described, class conserved phosphorothioate-dependent, sequence-independent interactions for a variety of clinically evaluated PS-ONs and NAPs with the known PS-ON interactors albumin, thrombin and fibrinogen. The clinical NAPs REP 2055 and REP 2139 are provided for reference in green.

### NAP interaction with L-HDAg



### NAP interaction with S-HDAg



Unique FP quenching is observed only with REP 2139 and is more pronounced in the absence of β-MCE

Increased REP 2139 concentration leads to complete FP quenching and blocks the FP supershift

Shamur et al., Hepatol. 2017; 66: 504A

### NAP interaction with HBsAg



Shamur et al., Hepatol. 2017; 66: 504A

## Model for NAP interaction with HDAg

Alpha helices in S-HDAg and L-HDAg drive HDAg oligomerization by perpendicular cooperative interactions



Zuccola et al. Structure. 1998;6:821-830. Cromwell et al. J Virol. 2003;77:10213-10326.

NAPs (pink) anneal to amphipathic alpha helices in oligomerizing HDAg in the nucleus (consistent with FP quenching)

NAP annealing destroys biochemical functionality of HDAg (HDV RNA replication? HDV RNP assembly?)

Shamur et al., Hepatol. 2017; 66: 504A

#### Visualizing the direct acting activity of NAPs against HDV Data courtesy of Dr. Massimo Levrero, Lyon, France

#### Recall: NAPs bind to the small and large isoforms of HDAg suggest inhibition of HDV RNA replication and HDV RNP assembly

A single dose of REP 2139-Mg reduced intracellular HDV viral genome levels by ~1 log10 in HepG2-NTCP and PHH cells at 400nM and 600nM, respectively

A single REP 2139-Mg dose also reduced the intranuclear association of HDV RNA with HDAg by ~60% in HepG2-NTCP and by 80% in PHH, without changing the HDAg protein levels



#### Fonte et al., AASLD 2023

# Understanding how NAPs work in HBV / HDV co-infection



#### **Passage through secretory pathway (transient)**

- Activity occurs at acidic pH (post ER)
- Targets the host HSP40 chaperone DNAJB12
- Blocks inhibition of HBV SVP assembly
- Blocks envelopment of HDV RNP

#### **Accumulation in nucleus**

- Targets S-HDAg and L-HDAg
- Inhibits replication / morphogenesis of HDV upstream of RNP envelopment (mechanism under exploration)
- Nuclear accumulation is more efficient
  - Anti-HDV effects are easier to achieve

# Antisense (and NAP) dosing: a well documented path

# Knowledge base derived from 83 unconjugated (non-GalNAc) phosphorothioate oligonucleotides (PS-ONs) entering clinical development

78 ASOs against numerous liver targets (18-21 mer)
2 vaccine adjuvants (TLR9 agonists: 18 – 21 mer)
3 NAPs (REP 2055, REP 2139 and REP 2165, all 40mer)

#### Common dosing drives pharmacological effects in the liver with all unconjugated PS-ONs (including NAPs)

- Once weekly dosing (IV or SC) IV infusion results in much higher C<sub>max</sub>
- Rapid clearance from the blood (faster with IV infusion)
- Primary accumulation in the liver and kidney with repeated dosing (IV or SC), elimination via urine
- Hepatocyte accumulation in the liver is proportional to blood C<sub>max</sub> following administration (IV or SC)
- 150-250mg required for pharmacologically effective hepatocyte accumulation of antisense in the liver (250-500mg for a 40mer = NAPs)

Roehl et al., Mol Ther Nuc Acids 2017; 8: 1-12 Yu et al., Mol Ther Nuc Acids 2015; 4: e218 Geary et al., Biochem. Pharmacol. 2009; 78: 284-291 Yu et al., Drug Metabol Disposit 2007; 35: 460-468 Geary et al., Drug Metabol Disposit 2003; 31: 1419-1428 Yu et al., J Pharmacol Sci; 2001; 90: 182-193

### Recovery of NAP response with dose alteration (HBV)

#### HBsAg response in REP 101 trial (REP 2055 monotherapy)



Al-Mahtab et al. PLOS ONE. 2016;11:e0156667.

Transition of REP 2055 dose for one week: IV 400mg QW to IV 400mg QD **Improves hepatocyte loading** Achieved rapid additional decline in HBsAg > 2 log<sub>10</sub> IU/mL within three weeks

Slowly returned to original HBsAg response when REP 2055 dosing was retuned to QW

Non-response is a pharmacokinetic issue

#### Current phase II response data with existing NAP drug product (chelate complex)

HBV / HDV (REP 301, 7.4 years post therapy):

Weekly IV infusion 500mg / 250mg (suboptimal therapy)

64% HDV cure 36% HBV functional cure

#### HBV (REP 401, 5.3 years post therapy):

Weekly IV infusion 250mg

78% partial cure (no therapy indicated) 56% functional cure

#### **Ongoing RCAP program**

Demonstrates increasing C<sub>max</sub> improves antiviral response (HDV RNA and HBsAg) seen with weekly SC dosing

- Transition from 250mg SC to 500mg SC QW
- Transition from 250mg SC to 250mg IV or 500mg IV QW

#### A drug product optimized to improve C<sub>max</sub> during administration will increase antiviral responses

# Summary

NAPs are bifunctional agents against HBV and HDV infection via interactions with DNAJB12 and HDAg

Details of the HDV mechanism / antiviral effects are still under investigation

Suboptimal clinical responses are caused by suboptimal hepatocyte loading and can be rescued by increasing  $\rm C_{max}$ 

A novel REP 2139-Mg drug product achieving improved C<sub>max</sub> during administration will be deployed in future phase II studies

Expected to improve rates of HBV functional cure and HDV cure