



INSTITUTE OF HUMAN VIROLOGY



Strategies to Eradicate HBV

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Research Matters
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Efficacy of HBV Agents After One Year of Therapy: HBsAg Loss



Data from 2012 EASL HBV Management Guidelines

Pitfalls of Current Therapy

- **Nucleoside analog therapy has little effect on HBsAg levels, HBsAg loss and depletion of cccDNA**
- **Emergence of resistance is a potential problem with long term nucleoside analog therapy**
- **Long term adverse events may occur with continued use of nucleoside analogs**

Goals for Eradication

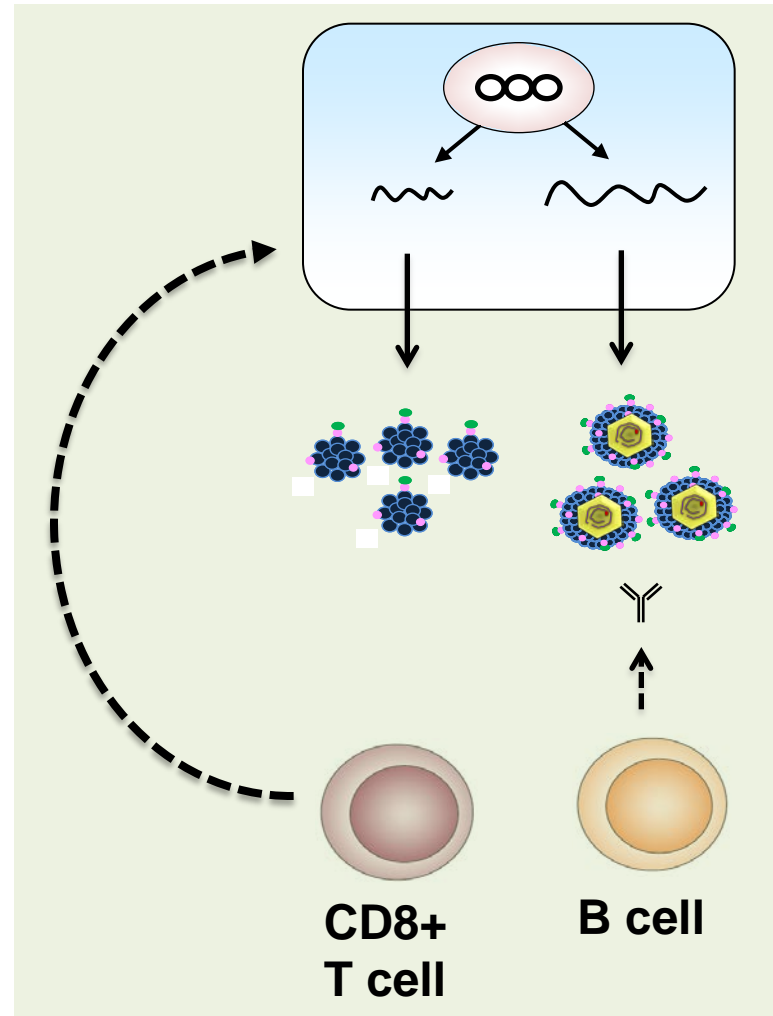
- **Absence of plasma HBV DNA after stopping antiviral therapy**
- **Loss of HBsAg with or without HBsAg seroconversion**

Barriers to Resolution of Chronic HBV Infection

cccDNA
reservoir

Dysfunctional
T-cell response

Insufficient
B-cell response

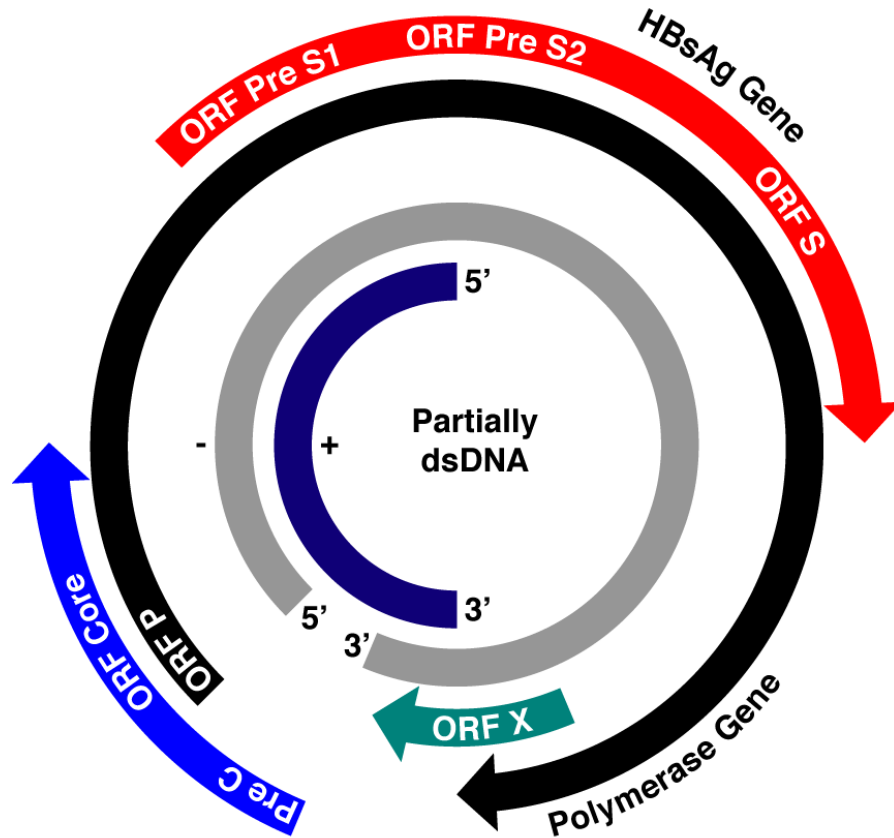


Novel Strategies to Eradicate HBV

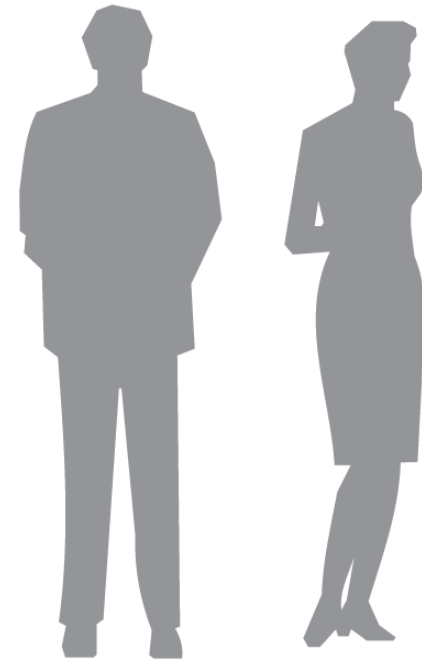
Target the Virus

and/or

Target the Host

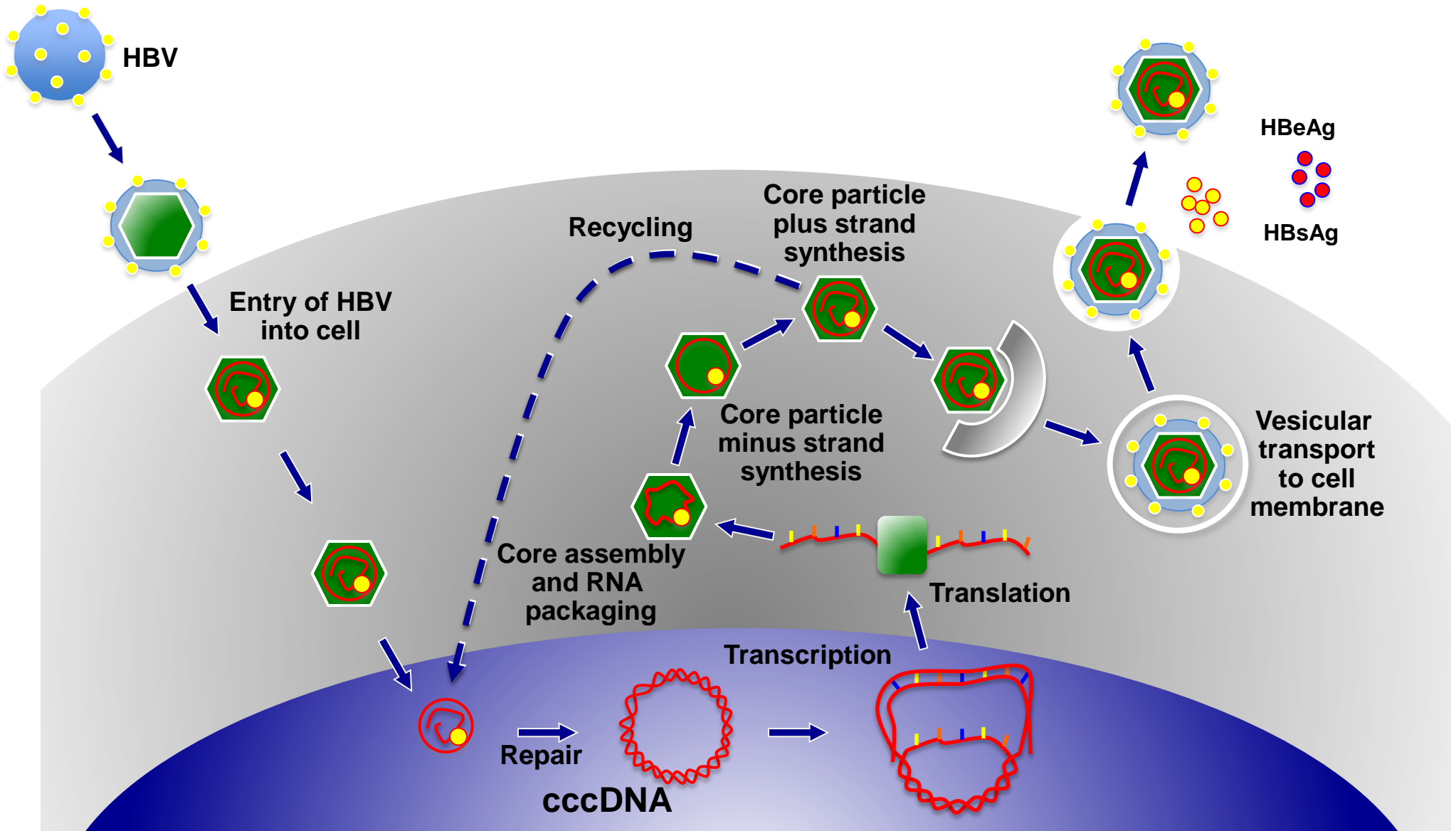


- Viral proteins or nucleic acids

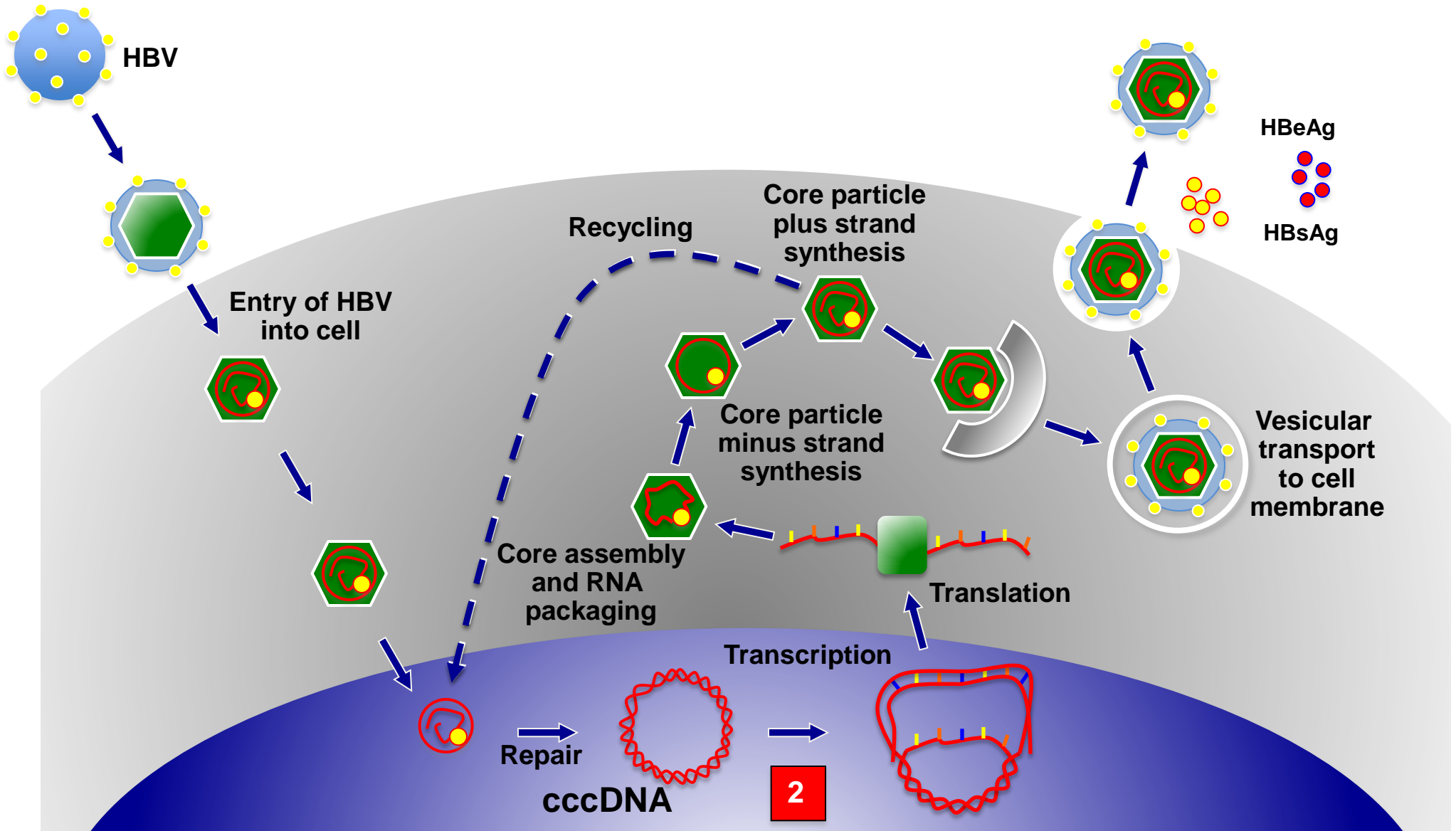


- Host proteins necessary for viral replication
- Innate or adaptive immune system

HBV Life Cycle, Potential Targets



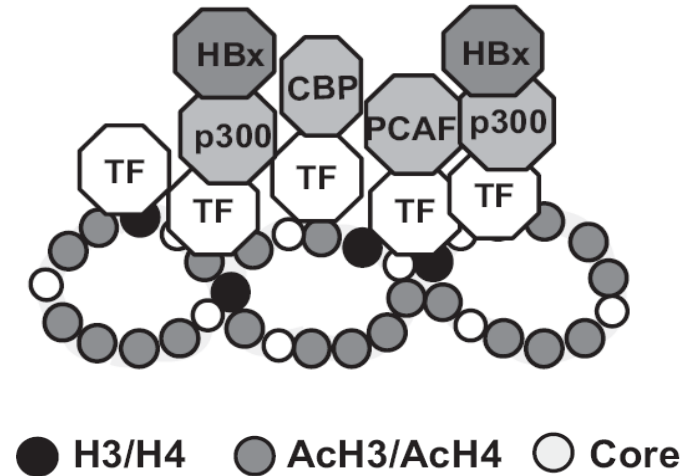
Targeting cccDNA



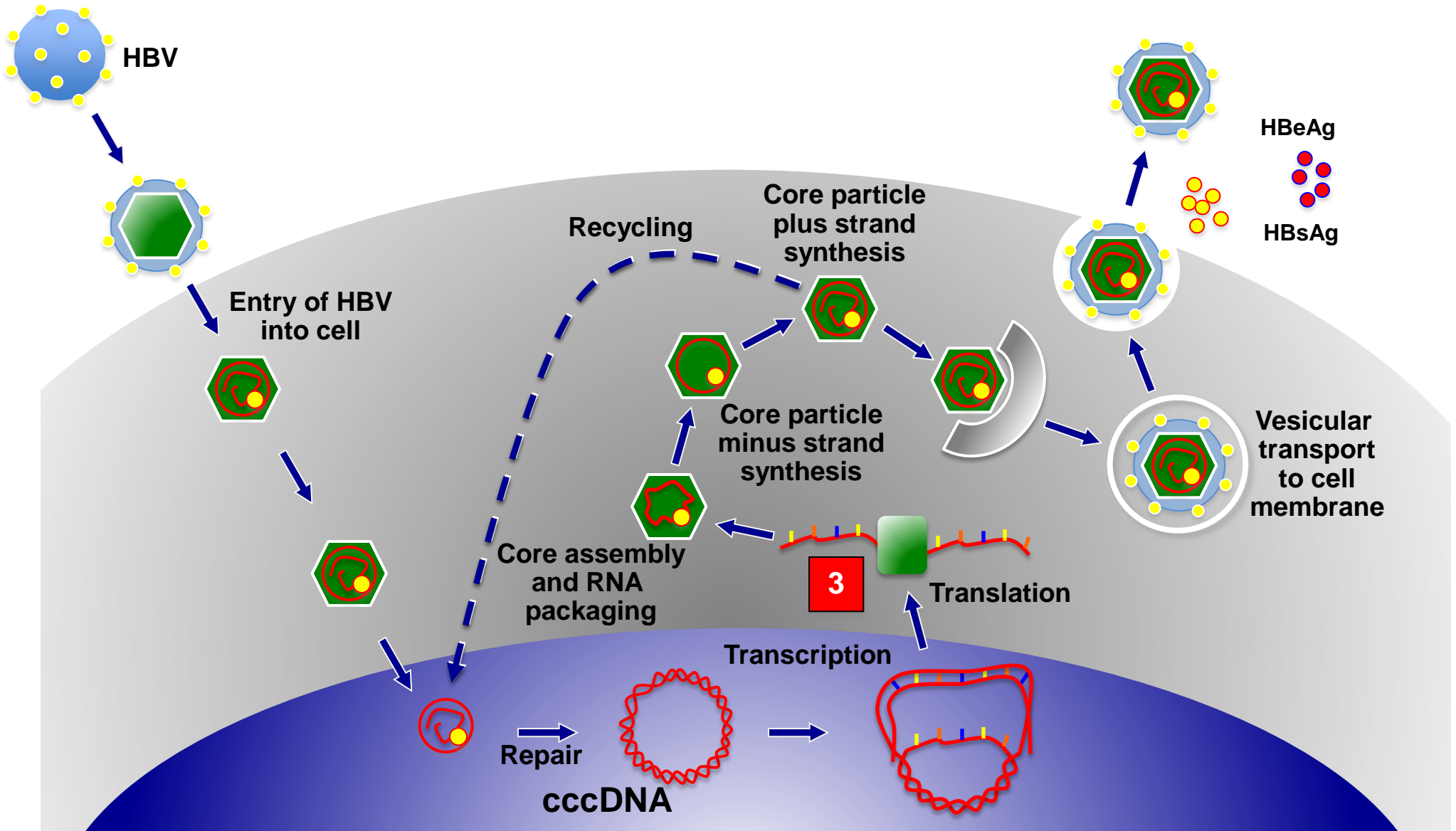
Depleting or Inactivating cccDNA

■ Key issues:

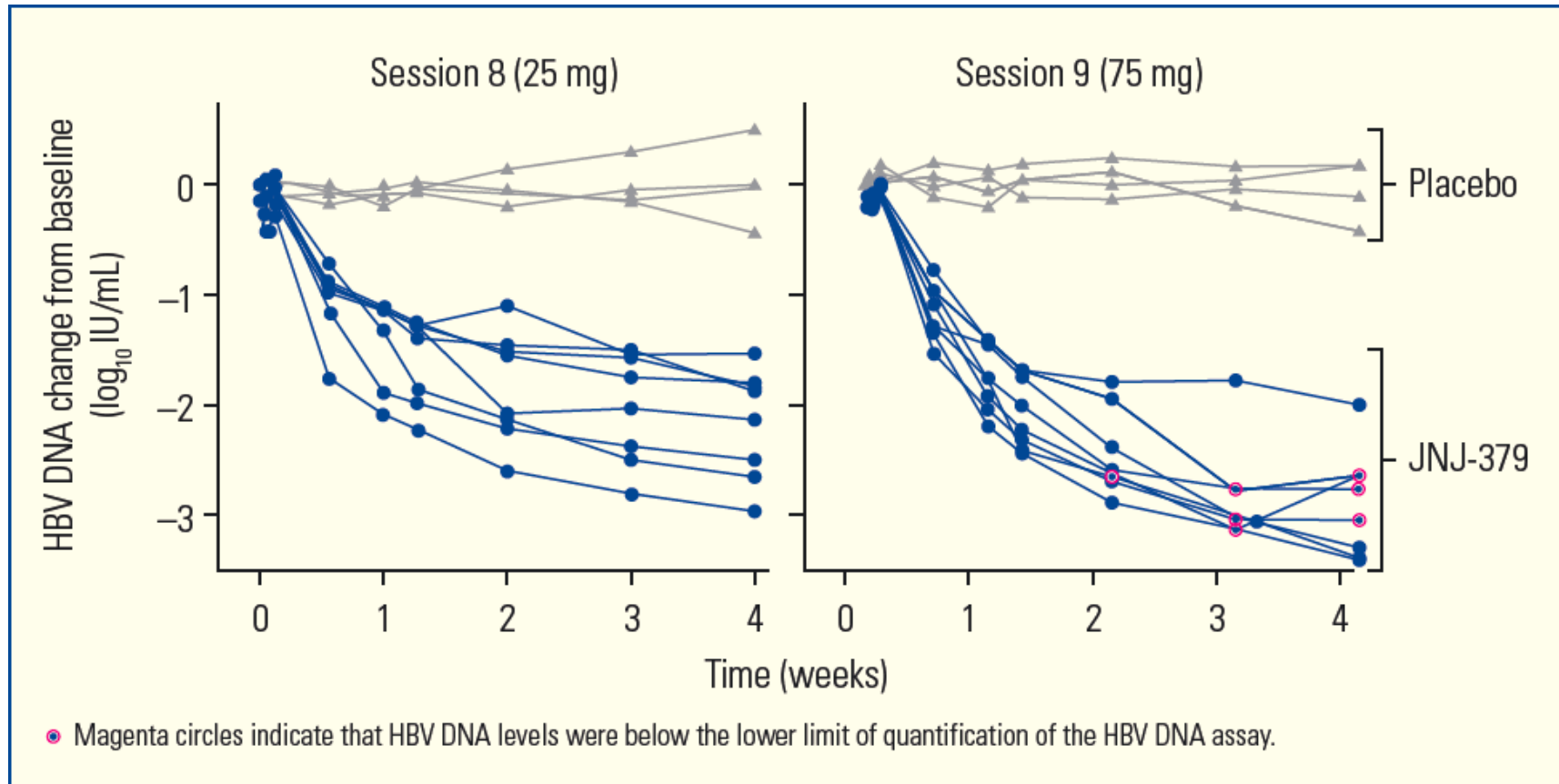
- cccDNA = reservoir of infection
- Formation of *new* cccDNA can be blocked by inhibiting replication
- Existing cccDNA is not affected directly by current therapies and has a long half-life
- Is it possible to silence cccDNA epigenetically?
- Is it possible to destabilize cccDNA?



Targeting Encapsidation



Antiviral Activity of JNJ-56136379, a novel HBV Nucleocapsid Inhibitor



Antiviral Activity of JNJ-56136379, a novel HBV Nucleocapsid Inhibitor

Table 3. Summary Statistics of HBV RNA and DNA at Baseline and Day 29 by Treatment Arm

Treatment Arm	HBV DNA					HBV RNA		
	Baseline		Day 29			Baseline*		Day 29
			Mean (SD) Change from Baseline					
	N	Mean (SD) Log ₁₀ IU/mL	Log ₁₀ IU/mL	<LLOQ	N	Mean (SD) Log ₁₀ cp/mL	Log ₁₀ cp/mL	Not detected
25 mg QD	8	6.90 (1.91)	-2.16 (0.49)	0	8	5.60 (2.37)	-2.30 (0.59)	3
75 mg QD	8	5.26 (1.50)	-2.89 (0.48)	3	8	3.39 (2.21)	-1.85 (1.42)	6
Pooled placebo	8	5.49 (1.77)	-0.01 (0.31)	0	8	4.03 (2.64)	-0.18 (0.72)	2

*Two patients in the 75 mg JNJ-379 group, and one patient in the placebo group had undetectable HBV RNA at baseline.

LLOQ: Lower limit of quantification

Targeting Host immunity

- **Innate immune responses**
- **Immunoregulation/ adaptive immune responses**
- **Therapeutic immunization**

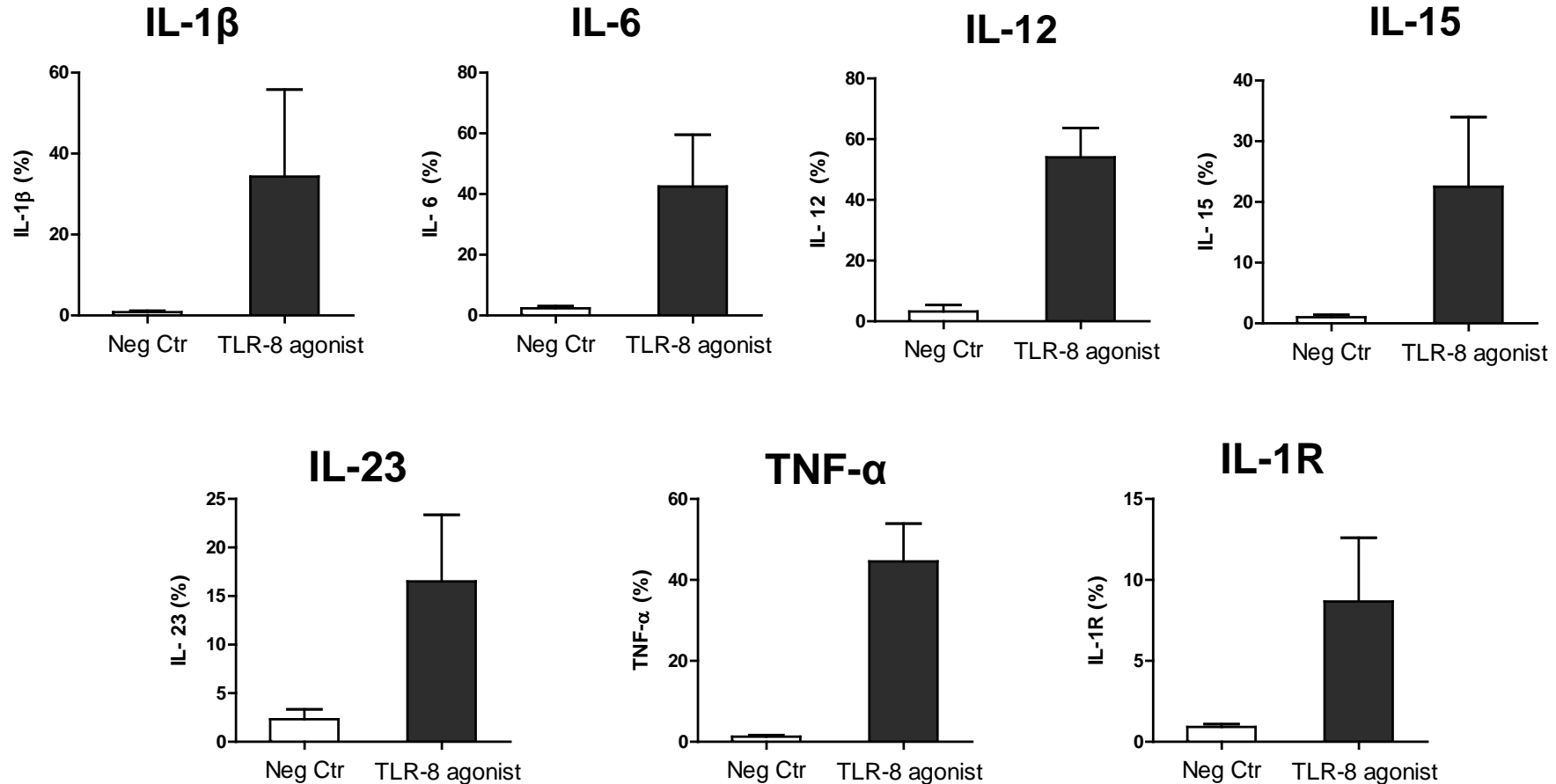
Targeting Host immunity

- **Innate immune responses**

- Immunoregulation/ adaptive immune responses

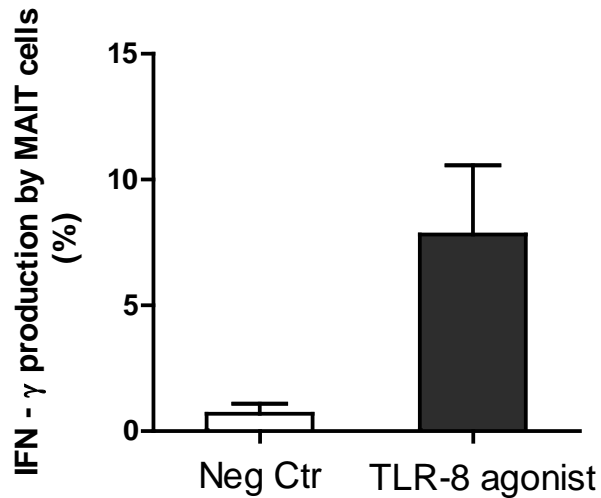
- Therapeutic immunization

Increase in Dendritic Cell-related Cytokine Production Post TLR-8 Agonist (Truculture)

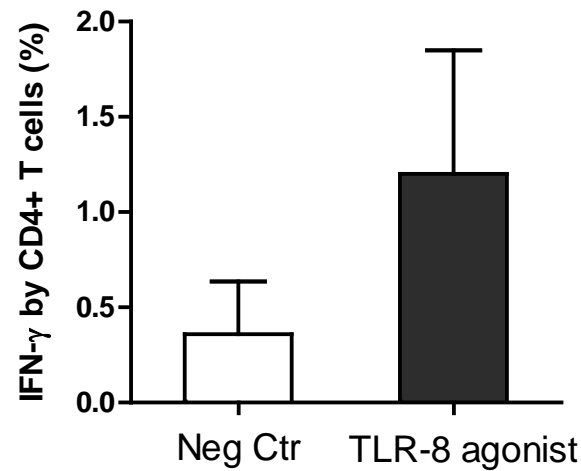


Increase IFN- γ Production Post TLR-8 Agonist Treatment (Truculture)

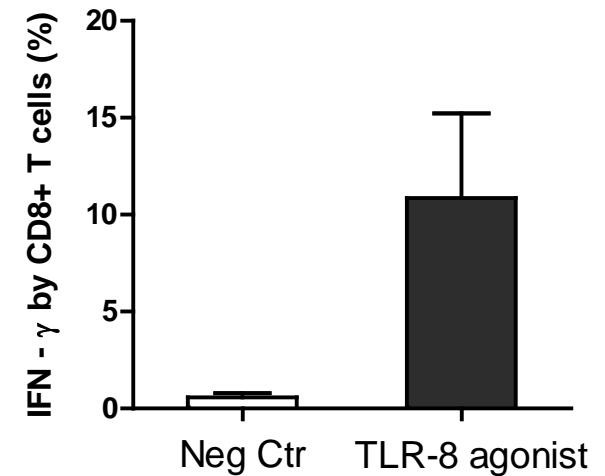
A. MAIT cells



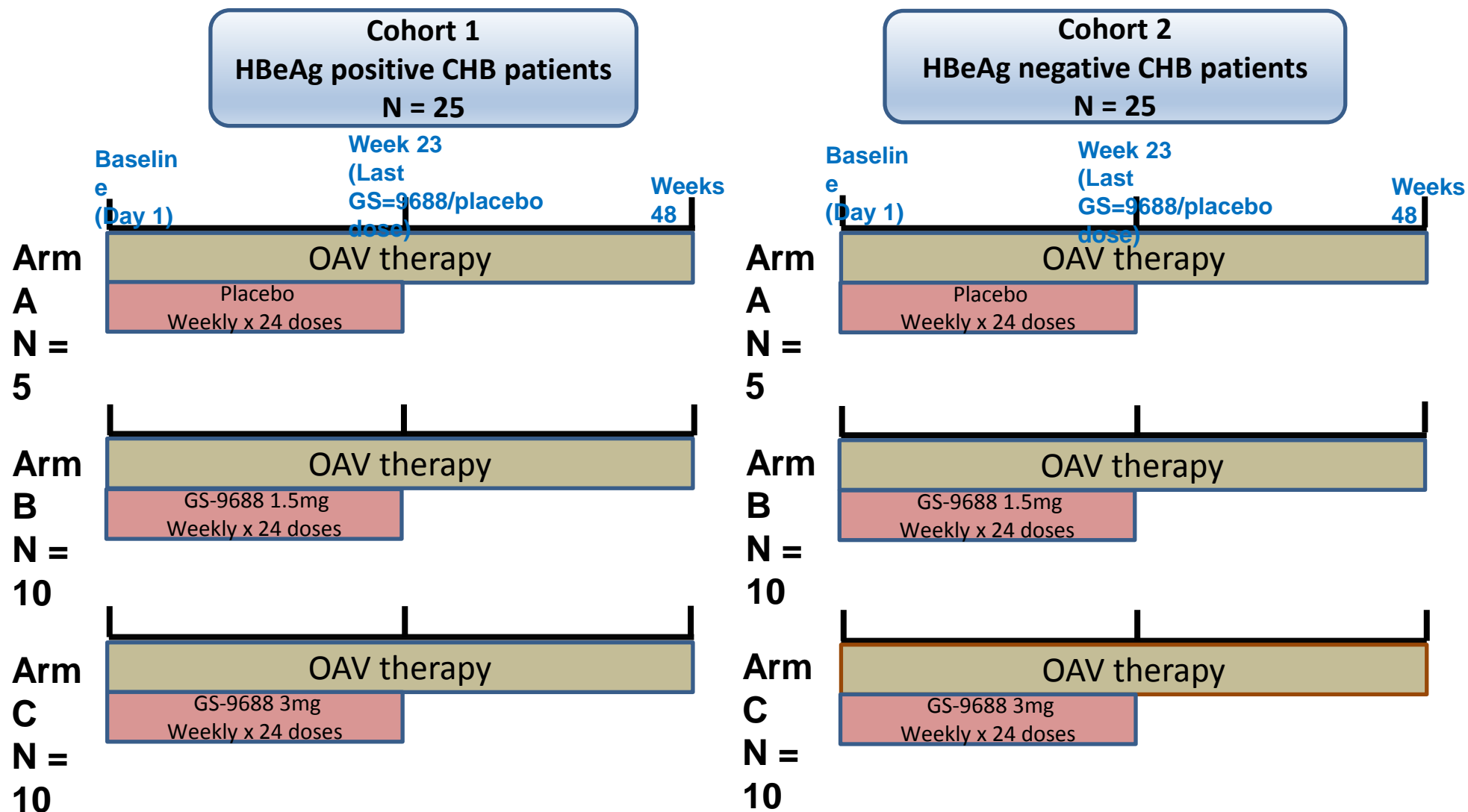
B. CD4+ T cells



C. CD8+ T cells



TLR8 Single Site Study Design



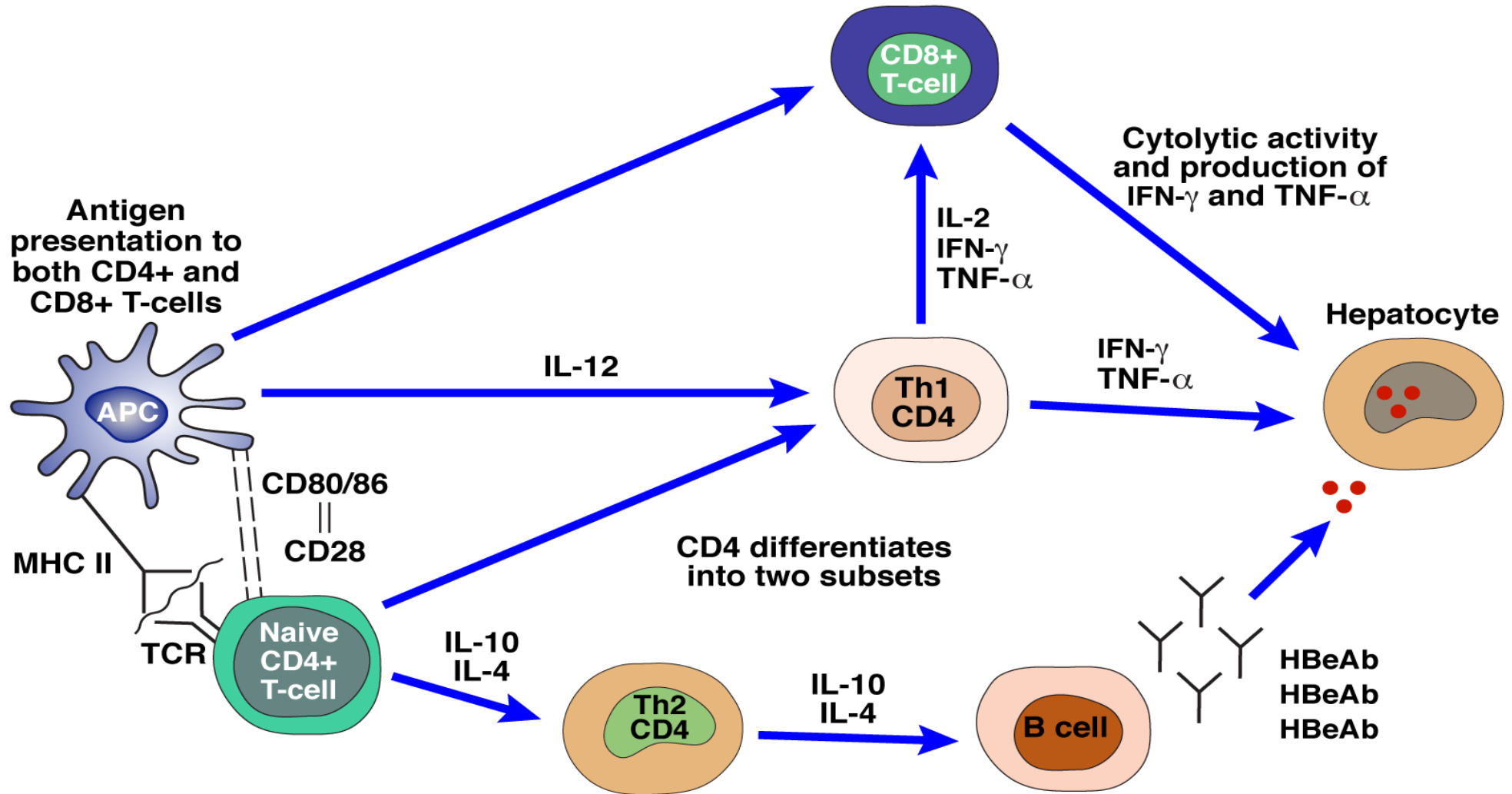
Targeting Host immunity

■ Innate immune responses

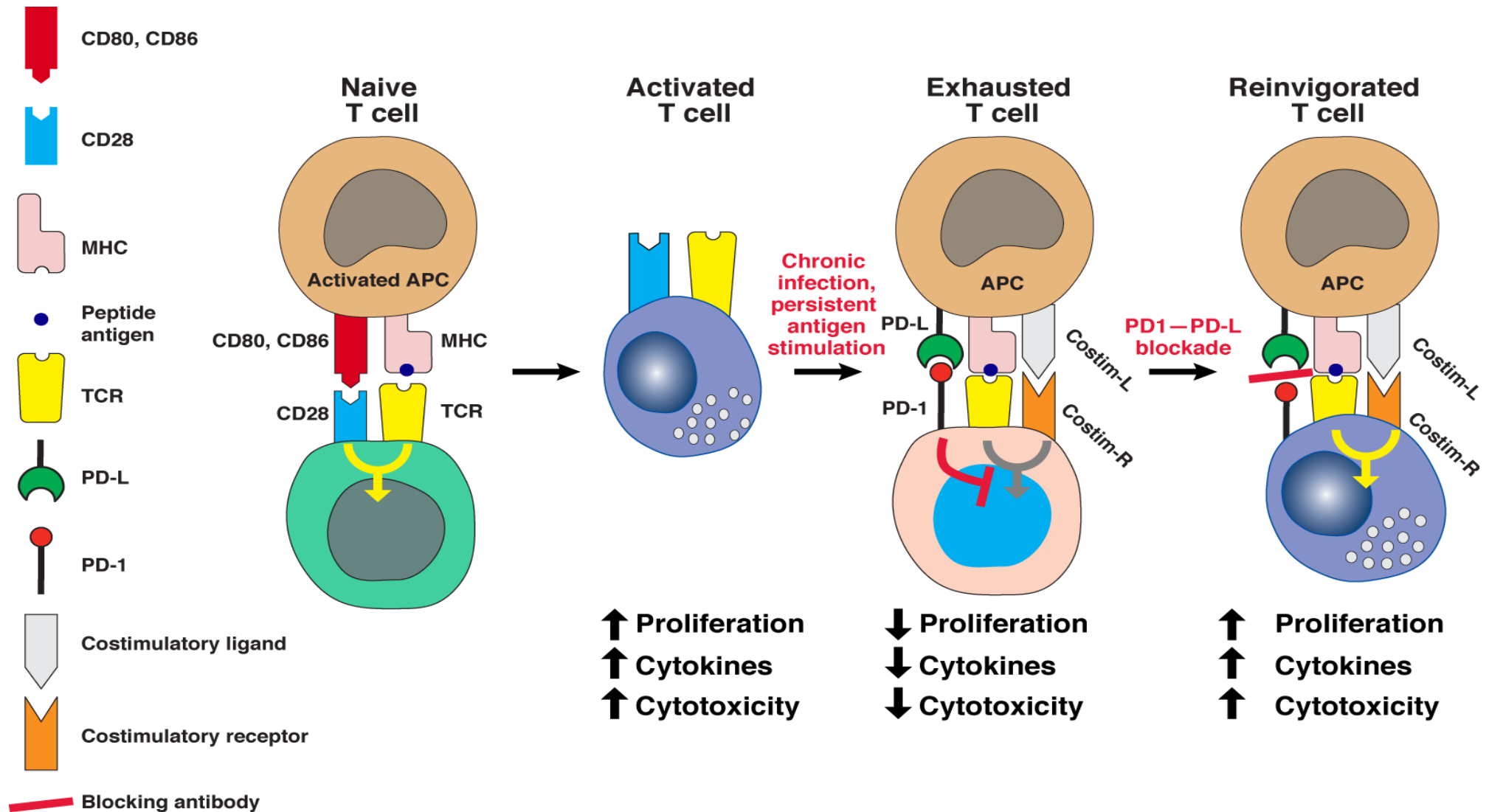
■ **Immunoregulation/ adaptive immune responses**

■ Therapeutic immunization

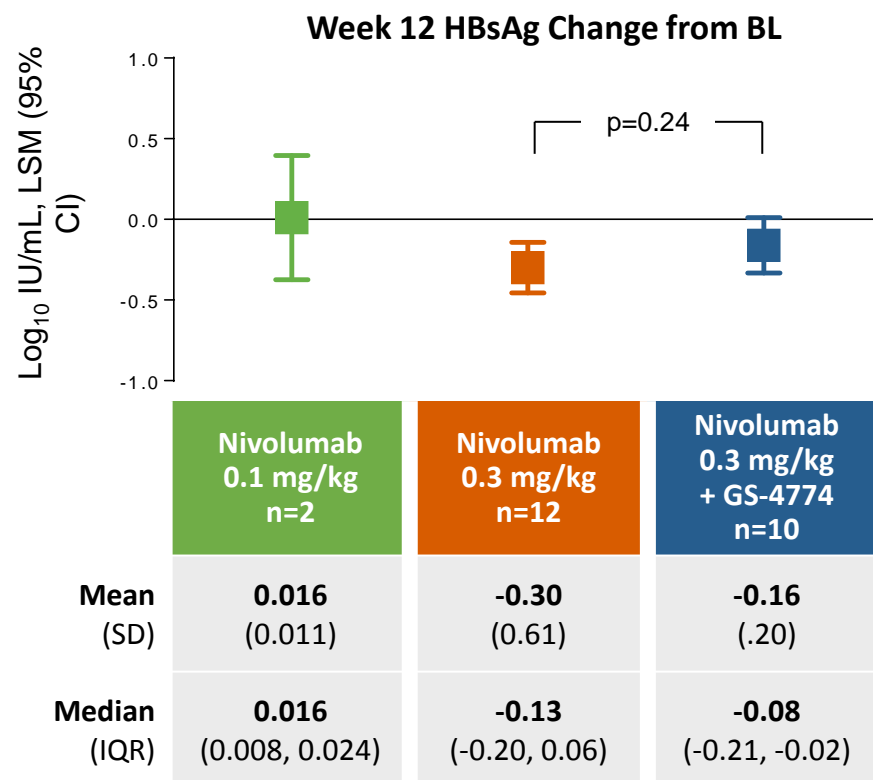
Adaptive Immunity in Chronic Hepatitis B Infection



Effect of PD-1/L1 on Antiviral Immunity

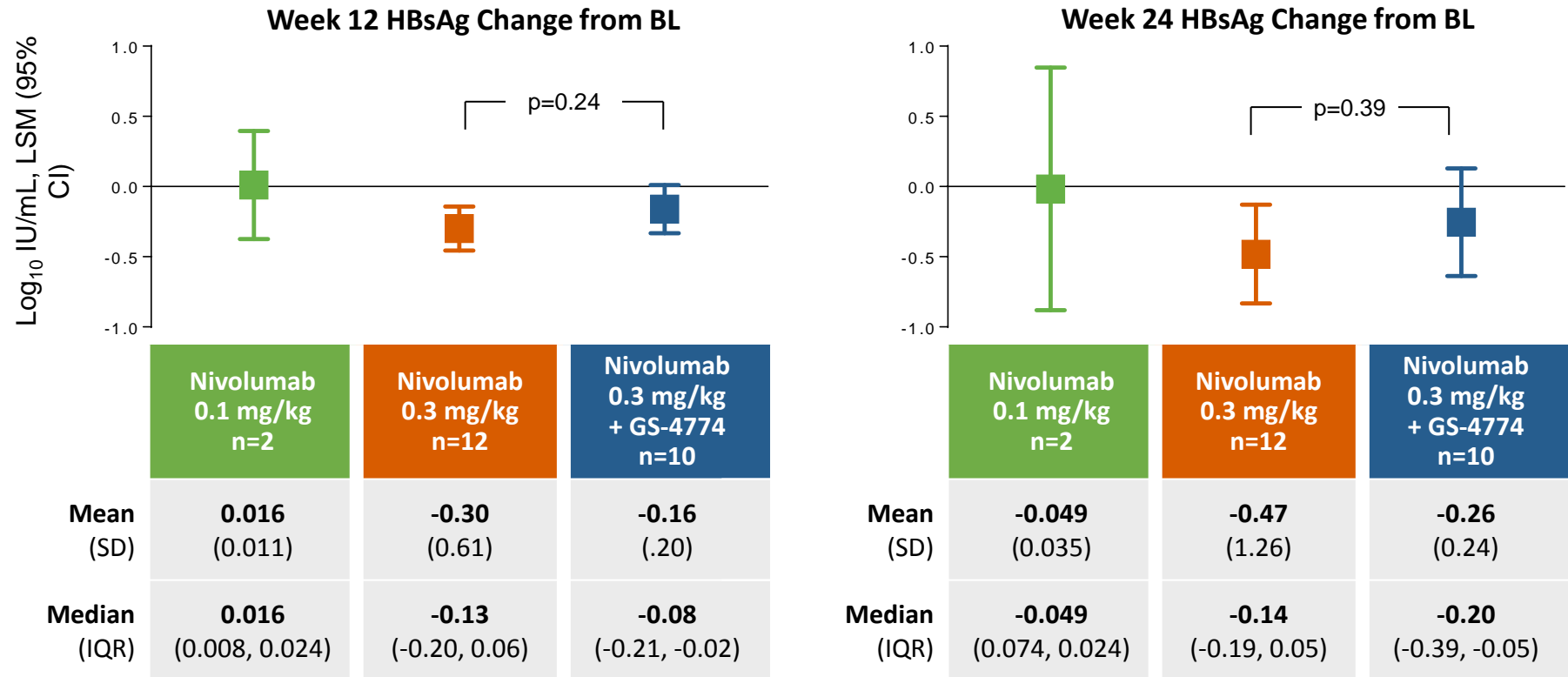


Results: HBsAg Change From Baseline



BL, baseline; IQR, interquartile range; LMS, least-squares mean.

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BL, baseline; IQR, interquartile range; LMS, least-squares mean.

Targeting Host immunity

■ Innate immune responses

■ Immunoregulation/ adaptive immune responses

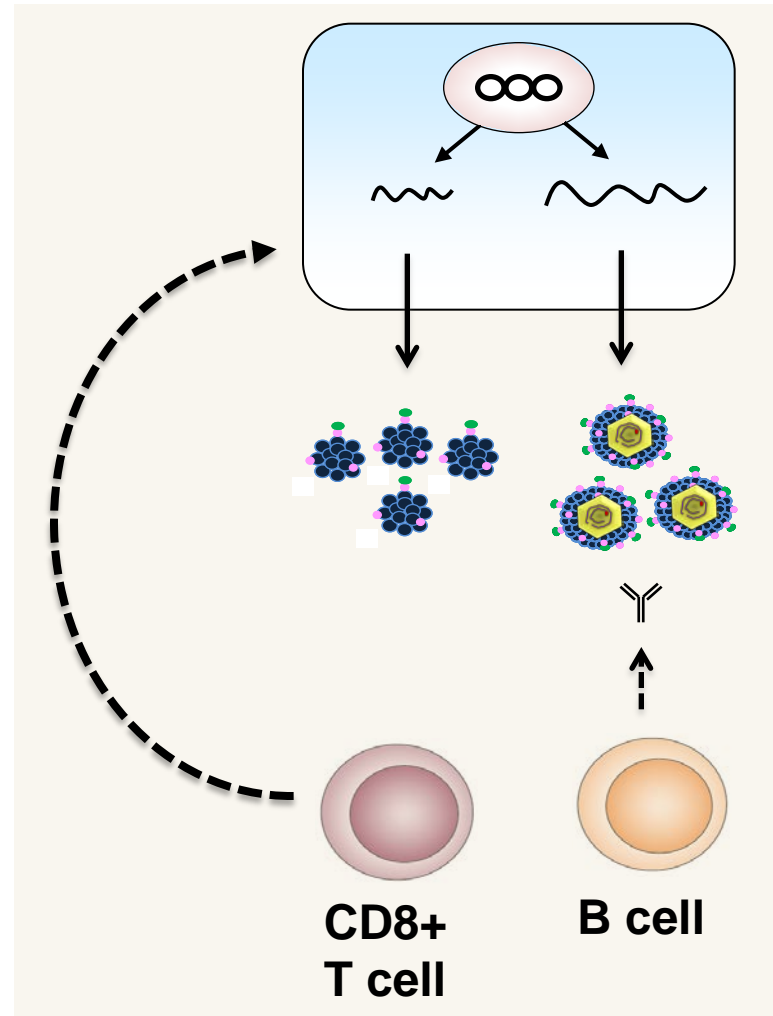
■ **Therapeutic immunization**

Barriers to Resolution of Chronic HBV Infection

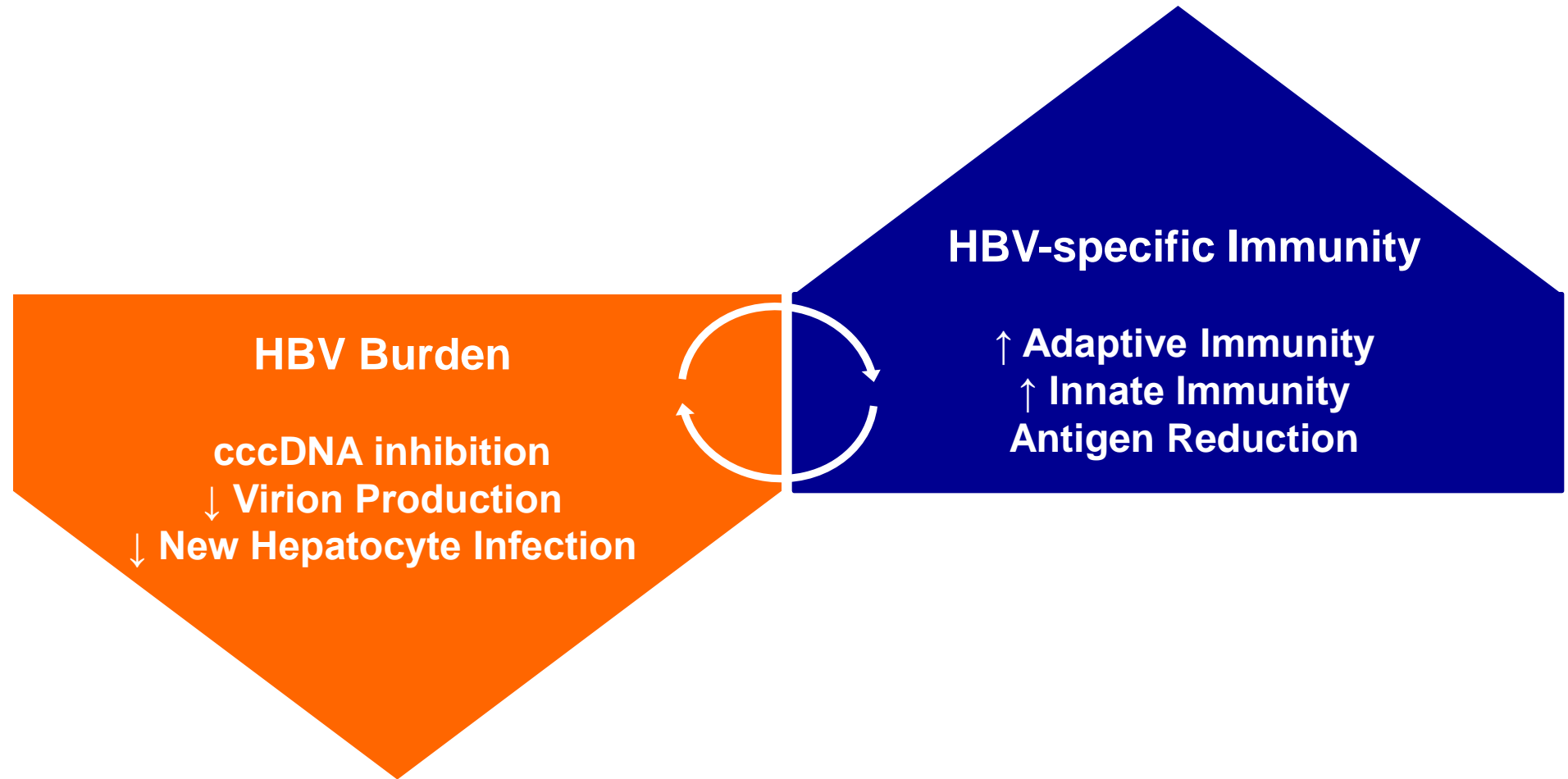
cccDNA
reservoir

Dysfunctional
T-cell response

Insufficient
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Research Approach



Conclusions

- Our goal is to achieve sustained suppression of HBV and HBsAg loss after cessation of therapy
- Approaches to target virus include inhibition of viral entry, HBV antigen production, and elimination or silencing of cccDNA
- Approaches to target host include non specific inhibition of immunoregulatory pathways and boosting of HBV specific immunity
- Realistically, a combination approach may be necessary to achieve sustained virologic remission

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Patients