Evidence of durable response to bepirovirsen in B-Clear responders: B-Sure first annual report

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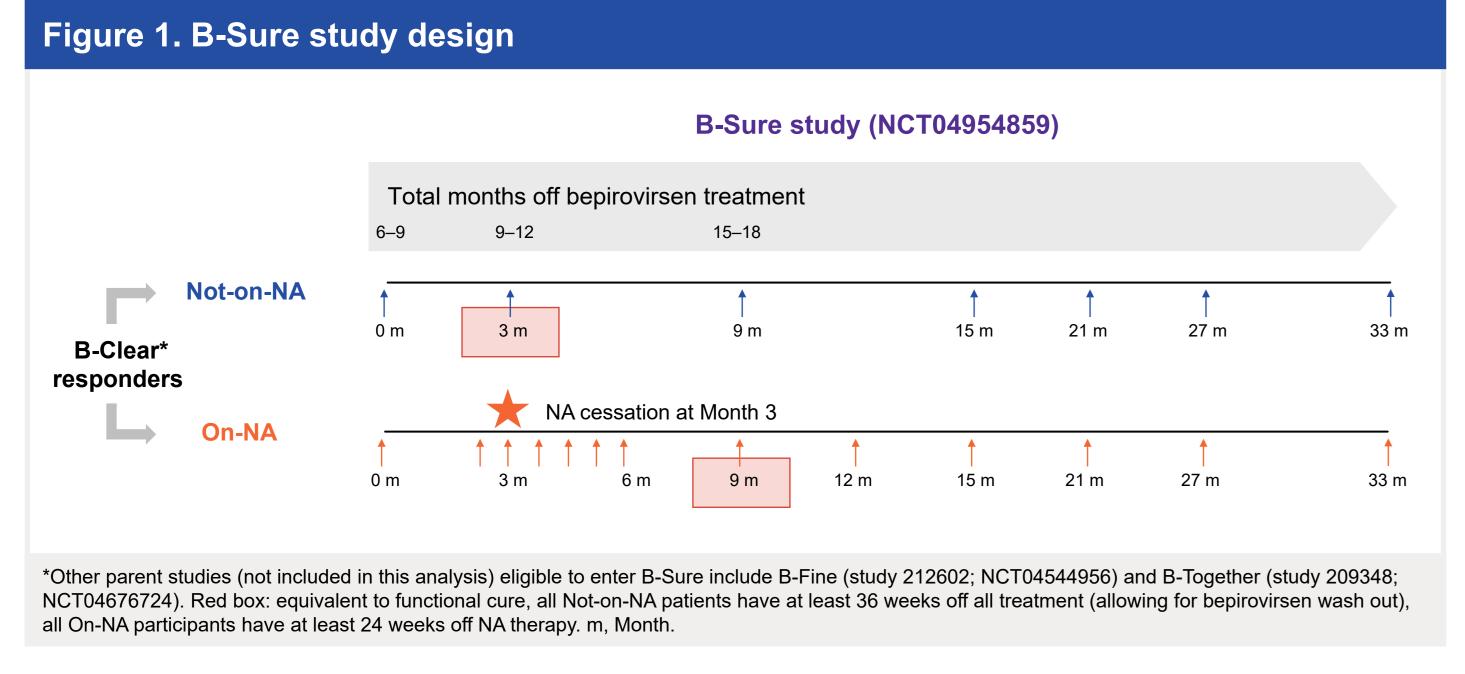
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Background and Aims

- Functional cure, defined as the loss of hepatitis B surface antigen (HBsAg) and hepatitis B virus (HBV) DNA after treatment cessation, 1,2 is rarely (<5%) achieved with current standard of care nucleos(t)ide analogue (NA) therapies.3-6
- Bepirovirsen is a novel unconjugated antisense oligonucleotide that targets all HBV RNAs (including pregenomic RNA) and impacts HBV infection in three distinct ways: reductions in viral proteins, including HBsAg, reductions in HBV DNA and stimulation of the immune system.^{7–12}
- In the Phase 2b, randomised, B-Clear study (NCT04449029), 32 participants on and not on NA therapy (On-NA and Not-on-NA) achieved a complete response (modified primary endpoint: HBsAg <0.05 IU/mL and HBV DNA level <20 IU/mL [<lower limit of quantification; LLOQ]) maintained for 24 weeks after planned end of bepirovirsen treatment, in the absence of newly initiated antiviral treatment [rescue medication]).7 The modified endpoint allowed for 'blips' or single timepoint increases above LLOQ in HBsAg or HBV DNA.7
- B-Sure (NCT04954859) was initiated to generate long-term data on the durability of response in participants with a complete or partial response after bepirovirsen treatment and included an option for NA cessation for On-NA participants.
- Here we present preliminary data from the first annual review to examine the durability of treatment response for B-Clear On-NA and Not-on-NA complete responders who enrolled into B-Sure.

Methods

- The B-Sure study recruited responders from the B-Clear study for long-term follow-up (Figure 1):
- Not-on-NA participants will be followed-up at Month 3, Month 9, and every 6 months thereafter for up to 36 months after B-Clear end of study.
- On-NA participants, if eligible, will cease NA 3 months after entry into B-Sure and be followed more intensively.
- This analysis presents the first annual report from the B-Sure study in B-Clear complete responders (according to the modified primary outcome).



- The durability of the response was assessed as follows: Not-on-NA: Time from achieving complete response to loss of response; On-NA: Time from NA cessation to loss of complete response.
- Adverse events (AEs) were recorded at each visit to assess safety.

Results

- From B-Clear, 13/16 On-NA and 12/16 Not-on-NA complete responders enrolled into B-Sure.
- Most participants were hepatitis B e-antigen (HBeAg) negative and the majority of participants had HBsAg levels ≤1000 IU/mL at baseline (**Table 1**).

Table 1. Baseline demographics and characteristics for On-NA and Not-on-NA populations

Complete responders enrolled into B-Sure	On-NA N=13*	Not-on-NA N=12*
Sex, n (%)		
Male	12 (92)	7 (58)
Age, mean (SD) years	53.20 (10.01)	43.80 (9.96)
B-Clear study treatment arm, n (%)		
Arm 1 (300 mg + LD) x 24W	7 (54)	7 (58)
Arm 2 (300 mg + LD) x 12W + 150 mg x 12W	5 (38)	4 (33)
Arm 3 (300 mg + LD) x 12W + Placebo x 12W	1 (8)	1 (8)
Arm 4 Placebo x 12W + 300 mg x 12W	0	0
HBeAg status at B-Clear study baseline, n (%)		
Negative	10 (77)	12 (100)
Positive	3 (23)	0
HBsAg category at B-Clear study baseline, n (%)		
≤1000 IU/mL	9 (69)	7 (58)
>1000–≤3000 IU/mL	3 (23)	3 (25)
>3000 IU/mL	1 (8)	2 (17)
HBV DNA category at B-Clear study baseline, n (%)	
≤4 log ₁₀ IU/mL	N/A	4 (33)
>4–≤6 log ₁₀ IU/mL	N/A	7 (58)
>6 log ₁₀ IU/mL	N/A	1 (8)

Safety:

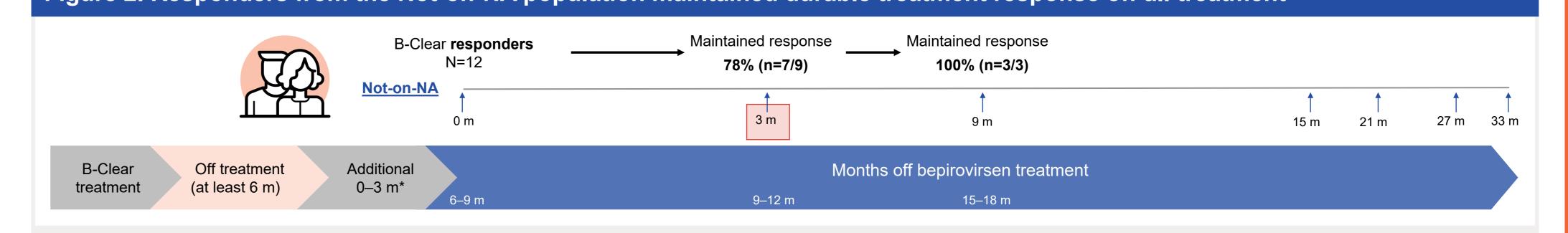
 There were no safety signals that suggested a latent adverse drug effect following use of bepirovirsen (Table 2).

n (%)	On-NA N=13	Not-on-NA N=12
Any AEs	6 (46)	2 (17)
Grade		
Mild	5 (38)	0
Moderate	1 (8)	2 (17)
AEs related to previous treatment in B-Clear	0	0
Any SAEs	0	0

Not-on-NA population:

- Of the 9 participants with ≥3 months of follow-up within B-Sure, 78% (7/9) maintained response (Figure 2). No participant met NA restart criteria.
- Of the 3 participants with ≥9 months of follow-up within B-Sure, 100% (3/3) maintained response (≥15–18 months after end of bepirovirsen).

Figure 2. Responders from the Not-on-NA population maintained durable treatment response off all treatment

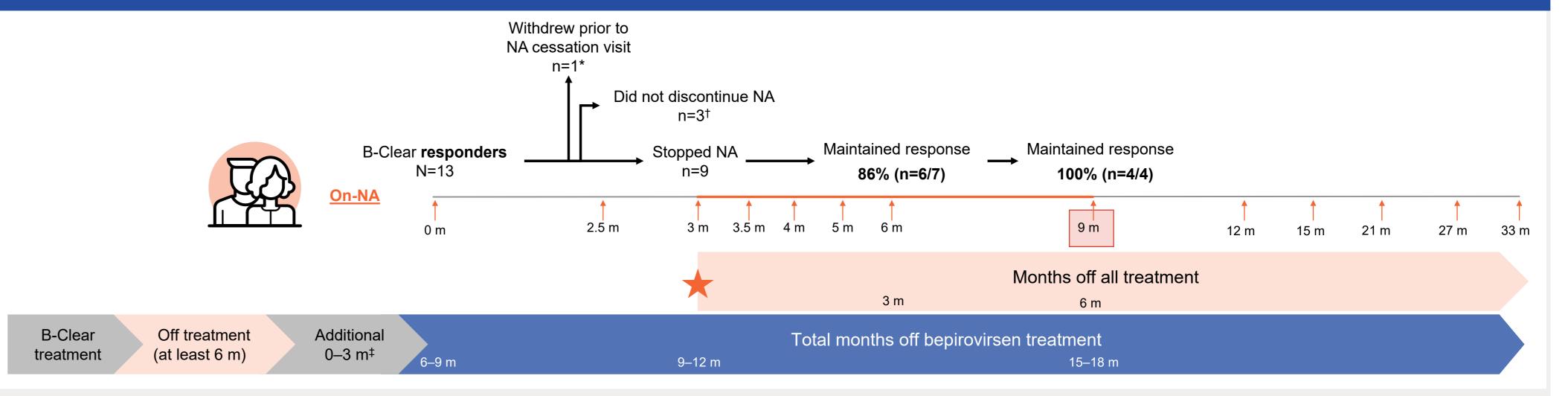


*Mean duration between B-Clear end-of-study and entry into B-Sure: 84 days (range 0-105). Red box: equivalent to functional cure, all Not-on-NA patients have at least 36 weeks off all treatment (allowing for bepirovirsen wash out).

On-NA population:

- 69% (9/13) participants ceased NA as per protocol.
- Of the 7 participants who ceased NA and had ≥6 months of follow-up within B-Sure, 86% (6/7) maintained response 3 months post NA cessation (Figure 3).
- Of the 4 participants who ceased NA and had ≥9 months of follow-up within B-Sure, 100% (4/4) maintained response 6 months post NA cessation; no participants restarted NAs.

Figure 3. Responders from the On-NA population maintained durable treatment response off all treatment



J/mL) – Eligibility to discontinue NA: HBsAg <0.05 IU/mL and HBV DNA <LLOQ and ALT <1.25 ULN and on stable NA, investigator discretion, evidence of prior or current cirrhosis, or participant preference; ‡Mean duration between B-Clear end-of-study and entry into B-Sure: 102 days (range 94–113). Red box: equivalent to functional cure, all On-NA participants have at least 24 weeks off NA therapy ALT, alanine aminotransferase; ULN, upper limit of normal.

Conclusions

- In this global, long-term, follow-up study, 7 participants (n=4 On-NA and n=3 Not-on-NA) demonstrated HBsAg and HBV DNA loss 15–18 months post bepirovirsen cessation.
- The 4 participants from the **On-NA** population had maintained this response 6 months post NA cessation.
- There were no new safety signals to suggest a latent adverse drug effect following use of bepirovirsen.
- These data provide early evidence on the durability of response observed with bepirovirsen, although they should be interpreted with caution due to low participant numbers. The B-Sure study will continue to evaluate the durability of bepirovirsen response up to 33 months and data will be published when available.

References

- Hepatol 2017;67(2):370–398.
- European Association for the Study of the Liver. J
- Terrault NA. *Hepatology* 2018;67(4):1560–1599.
- . Tout I. *J Hepatol* 2020;73(2):409–422. Loglio A. *Hepatol Commun* 2020;4(1):5–7.

6. Song A. *Virol J* 2021;18(1):114.

7. Yuen MF, et al. *N Engl J Med* 2022;387(21):1957–1968.

10. Singh J, et al. AASLD 2021 (Poster No. 851)

11. You S. CHBVDD 2022 (invited presentation)

12. You S, et al. EASL 2022 (Poster No. SAT439)

8. Yuen MF, et al. *Nat Med* 2021;27(10):1725–1734. 9. Agarwal K, et al. *J Hepatol* 2022;77(4):906–908

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