A single VRON-0200 prime dose, followed by a monthly antiviral combination regimen, resulted in rapid, profound, and durable HBsAg declines in chronically hepatitis B infected patients

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Disclosures of Conflict of Interest

- **Ed Gane** has served as an advisor and/or speaker for AbbVie, Aligos, AusperBio, Gilead Sciences, Glaxo Smith Kline, Tune Therapeutics and Virion Therapeutics
- **Sue Currie** works at Virion Therapeutics and own shares in the company
- **Tien Huey Lim** has nothing to disclose
- **Andrew Luber** works at Virion Therapeutics and own shares in the company
- **Marie Bonhomme** is an employee of PPD®, part of Thermo Fisher Scientific, the laboratory contracted to perform work on the VRON-0200 study
- **Grace Wong** has served as an advisory committee member for AstraZeneca, Gilead Sciences, GlaxoSmithKline, Janssen, and Virion Therapeutics, and as a speaker for Abbott, AbbVie, Ascletis, Bristol-Myers Squibb, Echosens, Ferring, Gilead Sciences, GlaxoSmithKline, Janssen, Otsuka, and Roche, and has received research grants from Gilead Sciences

Background

- HBV Functional Cure (FC) treatments have been limited by off treatment viral rebound and immune modulation is now considered necessary for FC
- VRON-0200 is a novel immune modulator being developed for HBV FC designed to enhance, broaden, and prolong immune responses[1]:
  - Targets HBV core & pol, but not S-antigen
  - Contains a novel checkpoint modifier (HSV glycoprotein D; gD)*
- In chronically HBV-infected patients, VRON-0200 has demonstrated[2-4]:
  - ✓ A favorable safety and tolerability profile
  - ✓ Immunogenicity (IFNγ ELISpot to core & pol)
  - ✓ HBsAg declines were observed up to 360 days and were not associated with dose, boost (Day 91), or IFNγ ELISpot responses

***More information about MOA available at www.VirionTx.com**

1. Ertl H, et al., EASL 2023: TOP107; 2. Wong G, et al., AASLD 2025: Abstract #OP0196; 3. Currie et al, CROI 2026, #587; 4. Gane E, et al. EASL. 2025, #1404.

Purpose

To report long-term safety and efficacy in CHB patients, on NUC therapy, who received VRON-0200 alone, or with an investigational antiviral combination

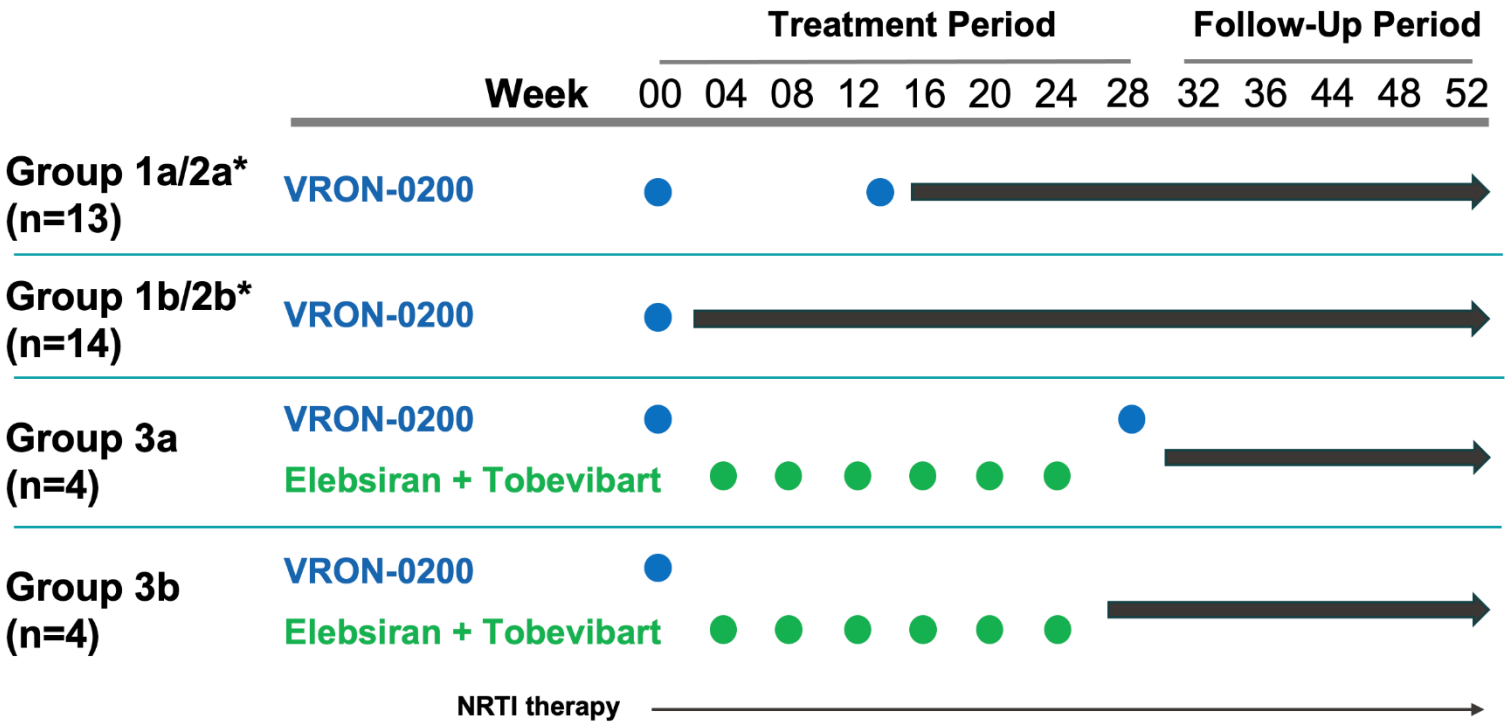
Specifically, we will be reporting:

- Safety data across all Groups
- VRON-0200-alone (Groups 1 & 2)
  - HBsAg at EOS (360 days after VRON-0200 prime dose), and;
  - HBsAg from LTFU (up to 2+ years post-prime dose)
- VRON-0200 plus an investigational antiviral combination (Group 3)
  - HBsAg up to Day 256 (91 days after last combination dose)

VRON-0200 Phase 1b Study Schema
Open Label, Randomized, Multi-Center Study

Key Inclusion Criteria (N=35)

- **Adults ≥ 18 to ≤ 55 years**
- BMI ≥ 18 to ≤ 32 kg/m^2
- Documented chronic HBV
- **HBsAg:**
  - **Groups 1/2 - ≤ 500 IU/mL**
  - **Group 3 - ≤ 1000 IU/mL**
- On stable NUC therapy > 12 mos
- HBV DNA < 40 IU/mL for > 12 mos
- ALT < 2x ULN
- AST < 2x ULN
- No clinical diagnosis of advance liver fibrosis and/or cirrhosis



*Group 1 – VRON-0200 i.m. 1x10^{10} vp; Group 2 – VRON-0200 i.m. 5x10^{10} vp; Boost at Day 91 (Week 13)
Both elebsiran (siRNA) and tobevibart (S-antigen targeted mAb) are part of Vir Biotechnology, Inc.'s, clinical-stage portfolio for Hepatitis

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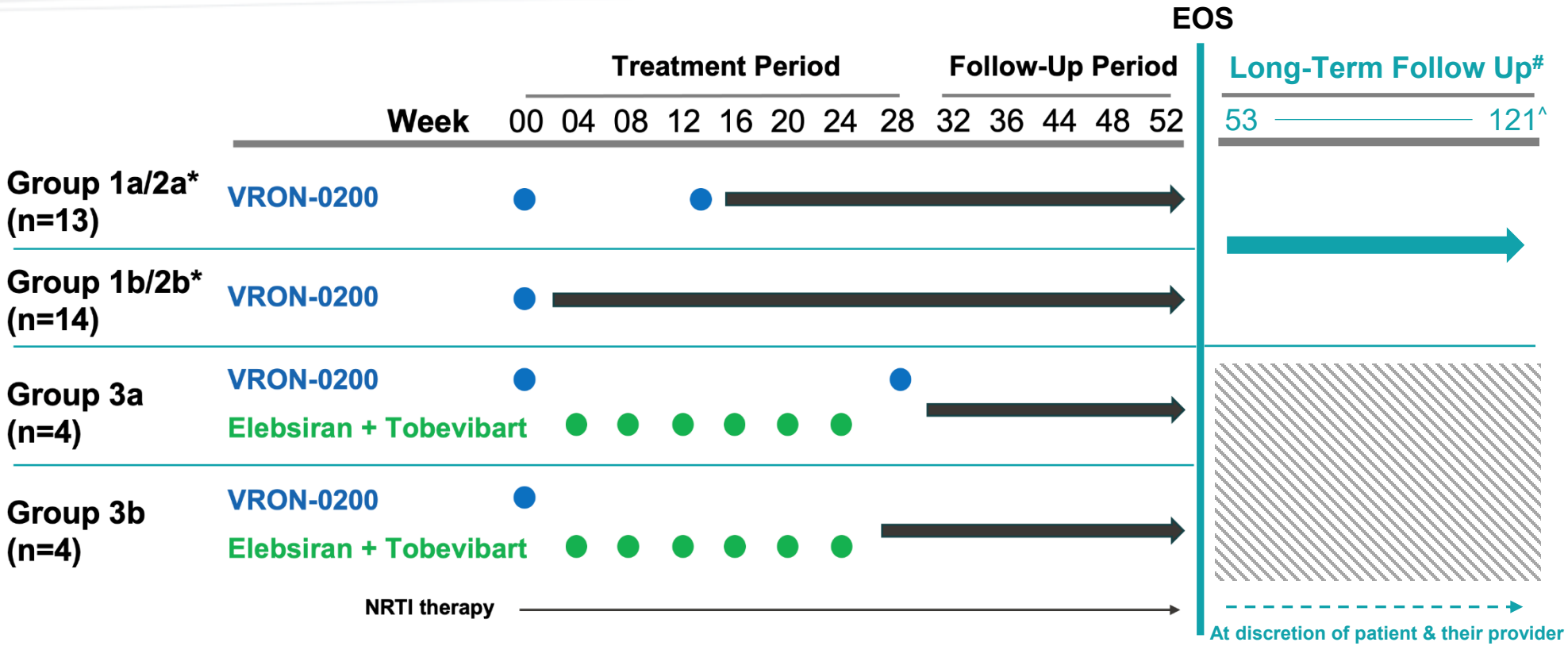

*Group 1 – VRON-0200 i.m. 1x10^{10} vp; Group 2 – VRON-0200 i.m. 5x10^{10} vp; Boost at Day 91 (Week 13)
EOS – End of Study
#Week 52 (Day 360, is EOS, the formal study period for VRON-0200); an elective long-term follow-up was implemented outside the core clinical schema to monitor ongoing anti-HBV activity, including sustained and/or continued HBsAg declines
^As of April 17, 2026; duration of long-term follow up varies by participant
Both elebsiran (siRNA) and tobevibart (S-antigen targeted mAb) are part of Vir Biotechnology, Inc.'s, clinical-stage portfolio for Hepatitis

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Methods: Clinical Assessments
(Data cut-off date April 17, 2026)

All patients were evaluated for safety, immunologic, and virologic measures, at multiple time points, and blood samples were collected at every visit:

Safety

- Adverse events(AEs), SAEs (CTCAE) and labs, including LFTs, vital signs, and physical evaluations

Virologic Assessments

- HBsAg; ELISA HBsAg II Quant; LLOD 0.05 IU/mL

Groups 1 & 2 (VRON-0200 only patients):

Long-term Follow-up (LTFU) HBsAg Assessments

- HBsAg; ELISA HBsAg II Quant; LLOD 0.05 IU/mL

Patient Demographics & Baseline Characteristics (N=35)

	Group 1 (n=13)	Group 2 (n=14)	Group 3# (n=8)
Median age, yrs (range)	45 (37 - 54)	47 (41 - 55)	51 (41 - 55)
Sex, n (%)			
Male	12 (92%)	10 (71%)	6 (75%)
Race, n (%)			
Asian	11 (85%)	13 (93%)	6 (75%)
Other	2 (15%)	1 (7%)	2 (25%)
BMI (kg/m^2), median (range)	27.3 (20.2 - 32)	25.3 (19.7 - 31.6)	25.3 (18.6 - 32)
Baseline HBsAg Levels (IU/mL), median (range)*	222 (16 - 623)	149 (10 - 563)	469 (12 - 1169)
Baseline HBsAg Levels, n (%)			
≥500 IU/mL	1 (8%)	1 (7%)	4 (50%)
200 to <500 IU/mL	6 (46%)	4 (29%)	1 (13%)
100 to <200 IU/mL	2 (15%)	6 (43%)	0 (0%)
<100 IU/mL	4 (31%)	3 (21%)	3 (38%)
Baseline ALT (x ULN), n (%)			
1.5 to ≤2x ULN	1 (8%)	0 (0%)	0 (0%)
1 to <1.5x ULN	0 (0%)	1 (7%)	0 (0%)
<1 x ULN	12 (92%)	13 (93%)	8 (100%)
HBeAg Status at Baseline, n (%)			
Negative	12 (92%)	14 (100%)	8 (100%)

1 pt withdrew consent at D28 (Group 3), and is included in demographics and baseline characteristics, and safety, but excluded from Clinical Data (not evaluable)
*As per protocol, participants had prior HBsAg at screening ≤500 IU/mL in Groups 1 and 2, and ≤1000 IU/mL in Group 3

Safety and Tolerability (N=35)
12,268 Patient Safety Days

	Group 1 (n=13)	Group 2 (n=14)	Group 3 (n=8)
Any AE, n	**16**	**30**	**45**
Grade 1	**13**	**21**	**35**
Grade 2	**3**	**9**	**9**
Grade 3 or 4	**0**	**0**	**1**
SAE, n	**0**	**0**	**1***
TRAEs, n	**5**	**16**	**18**
AEs leading to Study Drug Discontinuation, n	**0**	**0**	**0**
Study Discontinuations, n	**0**	**0**	**1****
ALT elevations, n	**0**	**0**	**1**
Grade 1	**0**	**0**	**0**
Grade 2	**0**	**0**	**1**

No serious TRAEs, treatment-related discontinuations or clinical laboratory abnormalities
91 AEs in 24 patients; 39 TRAEs included 4 - Grade 2: eczema, myalgia, headache, injection site reaction, all others Grade 1

Safety data final through April 17, 2026

* 1 pt in Group 3 had a non-treatment-related significant adverse event that resulted in a 2-dose elebsiran plus tobevibart treatment interruption

** Pt withdrew consent at D28 - included in demographics, baseline characteristics, and safety, but excluded from Clinical Data (not evaluable)

AE – adverse event; SAE – serious adverse event; TRAE – treatment-related adverse event

Groups 1 & 2
Through EOS (Day 360)

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Groups 1 & 2: VRON-0200 Alone Added to SOC Produced Sustained and/or Continued HBsAg Declines

VRON-0200 Does NOT Target HBsAg

Pt #	Pre-Tx	Day 1	Day 14	Day 28	Day 60	Day 91	Day 104	Day 118	Day 154	Day 360
1	493	622.9								
2	496	562.6								
3	380	441.9								
4	NA	389.9								
5	264	322.2								
6	323	319.2								
7	229	273.4								
8	234	271.0								
9	224	265.4								
10	226	226.0								
11	202	225.3								
12	NA	221.8								
13	170	178.9								
14	160	177.1								
15	132	150.2								
16	NA	148.3								
17	NA	124.8								
18	102	112.8								
19	NA	103.1								
20	91	101.3								
21	78	94.2								
22	37	43.2								
23	20	28.6								
24	24.5	25.4								
25	15	17.1								
26	15.5	16.4								
27	8.3	9.7								

- **Stable HBsAg Up to 1 Year Prior to Dosing**

N/A – not available; Pre-Tx – within 1 year of VRON-0200 dosing

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Groups 1 & 2: VRON-0200 Alone Added to SOC Produced Sustained and/or Continued HBsAg Declines

Log_{10} Change from Day 1
≤ –0.06
–0.07 to –0.49
–0.50 to –0.99
≥ –1.00

VRON-0200 Does NOT Target HBsAg

Pt #	Pre-Tx	Day 1	Day 14	Day 28	Day 60	Day 91	Day 104	Day 118	Day 154	Day 360
1	493	622.9					NA			406.9
2	496	562.6								39.8
3	380	441.9								297.7
4	NA	389.9								105.9
5	264	322.2								184.8
6	323	319.2								323.7
7	229	273.4								195.5
8	234	271.0								127.9
9	224	265.4								271.2
10	226	226.0								101.1
11	202	225.3								187.4
12	NA	221.8								197.9
13	170	178.9								141.2
14	160	177.1								155.3
15	132	150.2								67.0
16	NA	148.3					NA			127.0
17	NA	124.8		NA					NA	22.0
18	102	112.8								81.9
19	NA	103.1								47.0
20	91	101.3								77.5
21	78	94.2								56.3
22	37	43.2								20.1
23	20	28.6								22.9
24	24.5	25.4								0.7
25	15	17.1								1.8*
26	15.5	16.4				NA				0.1
27	8.3	9.7								3.8

- **Stable HBsAg Up to 1 Year Prior to Dosing**
- **At Day 360**, **23/27 (85%)** pts with sustained control and/or continued declines
  - HBsAg declines **independent of BL levels**
  - 12/23 **(52%)** had **> 50% declines**
  - **4 pts** with **≥ 1 log_{10} IU/mL** decline*

N/A – not available; BL – baseline; EOT – end of treatment; HBsAg values reported as IU/mL; Pre-Tx – within 1 year of VRON-0200 dosing
*-0.97 log_{10} IU/mL decline

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Groups 1 & 2
Long-Term Follow Up (LTFU)

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HBsAg Declines & Loss Observed Up to 2+ Years Post VRON-0200 Prime Dose (n=12)

Log_{10} Change from Day 1
≤ –0.06
–0.07 to –0.49
–0.50 to –0.99
≥ –1.00

Groups 1 & 2 (VRON-0200 Alone)#

Pt #	Within 1 Yr Prior to Enrollment	Phase 1b Study Through Day 360	
	HBsAg	Day 1 HBsAg	Day 360 HBsAg
1	493	622.9	406.9
2	496	562.6	39.8
4	NA	389.9	105.9
7	229	273.4	195.5
10	226	226	101.1
14	160	177.1	155.3
21	78	94.2	56.3
23	20	28.6	22.9
24	24.5	25.4	0.7
25	15.0	17.1	1.81*
26	15.5	16.4	0.12
27	8.3	9.7	3.77

#HBsAg reported as IU/mL; NA – not available; * -0.97 log_{10} IU/mL

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HBsAg Declines & Loss Observed Up to 2+ Years Post VRON-0200 Prime Dose (n=12)

Log_{10} Change from Day 1
≤ –0.06
–0.07 to –0.49
–0.50 to –0.99
≥ –1.00

Groups 1 & 2 (VRON-0200 Alone)#

Pt #	Within 1 Yr Prior to Enrollment	Phase 1b Study Through Day 360		Long-Term Follow Up^
	HBsAg	Day 1 HBsAg	Day 360 HBsAg	HBsAg
1	493	622.9	406.9	410
2	496	562.6	39.8	9.31
4	NA	389.9	105.9	63.2
7	229	273.4	195.5	138
10	226	226	101.1	8.78
14	160	177.1	155.3	97
21	78	94.2	56.3	46
23	20	28.6	22.9	8.8
24	24.5	25.4	0.7	<0.05 (LLOD)
25	15.0	17.1	1.81*	0.32
26	15.5	16.4	0.12	<0.05 (LLOD)
27	8.3	9.7	3.77	0.24

#HBsAg reported as IU/mL; NA – not available; * -0.97 log_{10} IU/mL

^As of 4/17/2026; LTFU Day Post VRON-0200 Prime Dose (in order from top to bottom participant): 838, 728, 541, 838, 664, 658, 846, 762, 593, 592, 738, 619

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HBsAg Declines & Loss Observed Up to 2+ Years Post VRON-0200 Prime Dose (n=12)

Log_{10} Change from Day 1
≤ –0.06
–0.07 to –0.49
–0.50 to –0.99
≥ –1.00

Groups 1 & 2 (VRON-0200 Alone)#

Pt #	Within 1 Yr Prior to Enrollment	Phase 1b Study Through Day 360		Long-Term Follow Up^	
	HBsAg	Day 1 HBsAg	Day 360 HBsAg	HBsAg	Log_{10} IU/mL Change from Day 1
1	493	622.9	406.9	410	-0.18
2	496	562.6	39.8	9.31	-1.78
4	NA	389.9	105.9	63.2	-0.79
7	229	273.4	195.5	138	-0.30
10	226	226	101.1	8.78	-1.41
14	160	177.1	155.3	97	-0.26
21	78	94.2	56.3	46	-0.31
23	20	28.6	22.9	8.8	-0.51
24	24.5	25.4	0.7	<0.05 (LLOD)	-3.01
25	15.0	17.1	1.81*	0.32	-1.73
26	15.5	16.4	0.12	<0.05 (LLOD)	-2.82
27	8.3	9.7	3.77	0.24	-1.60

#HBsAg reported as IU/mL; NA – not available; * -0.97 log_{10} IU/mL

^As of 4/17/2026; LTFU Day Post VRON-0200 Prime Dose (in order from top to bottom participant): 838, 728, 541, 838, 664, 658, 846, 762, 593, 592, 738, 619

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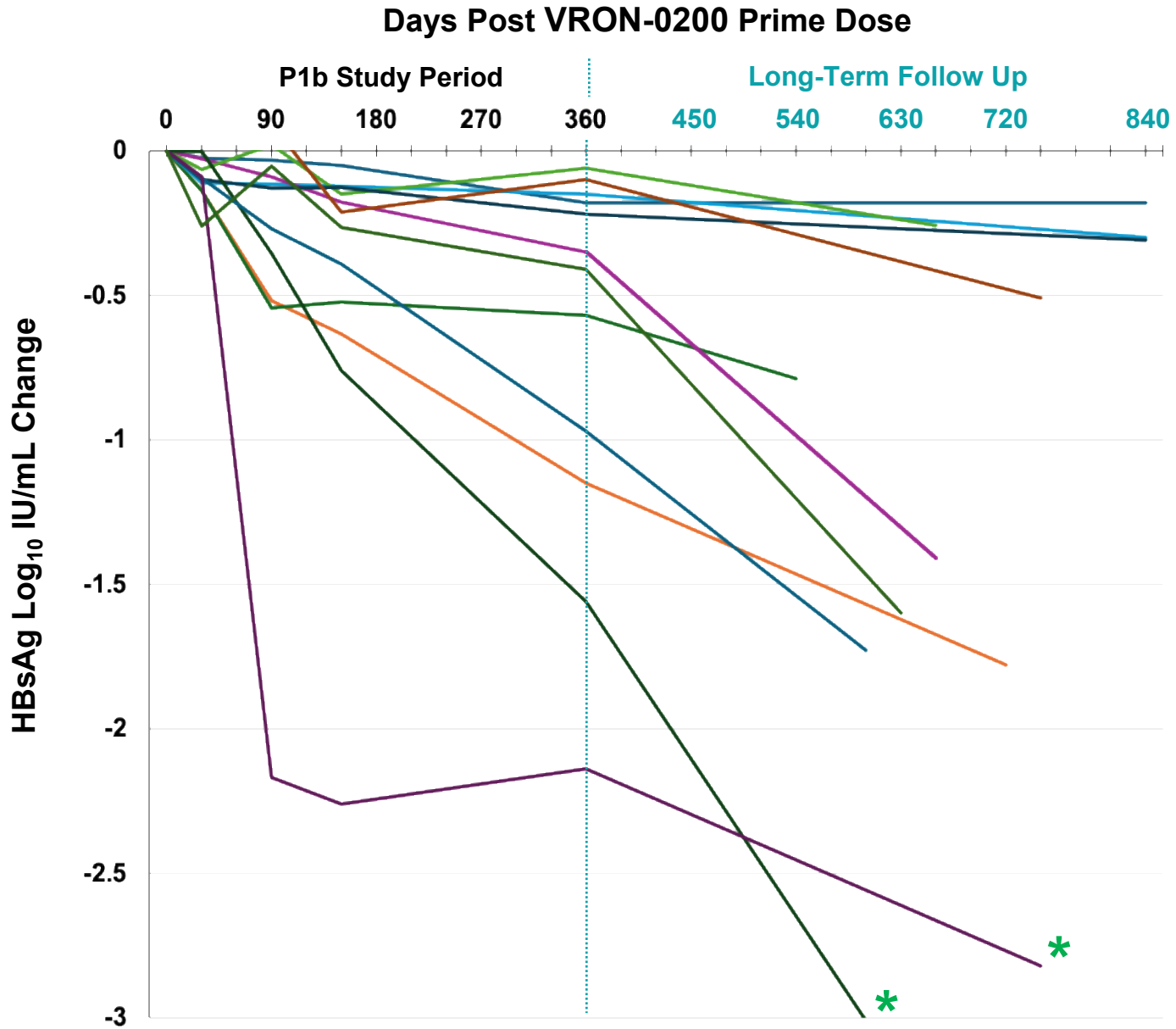
HBsAg Declines & Loss Observed Up to 2+ Years Post VRON-0200 Prime Dose (n=12)



HBsAg at LTFU

Declines independent of BL levels

- **n = 11 with continued declines**
- **n = 10 <100 IU/mL**
- **n = 7 <10 IU/mL**
- **n = 4 <0.5 IU/mL**
- **n = 2 <LLOD**

Log_{10} declines from Day 1:

- **n = 8 >0.5 log_{10} IU/mL**
- **n = 6 >1.4 log_{10} IU/mL**

* **<0.05 IU/mL (LLOD)**

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Group 3
VRON-0200 + Investigational Antiviral Regimen

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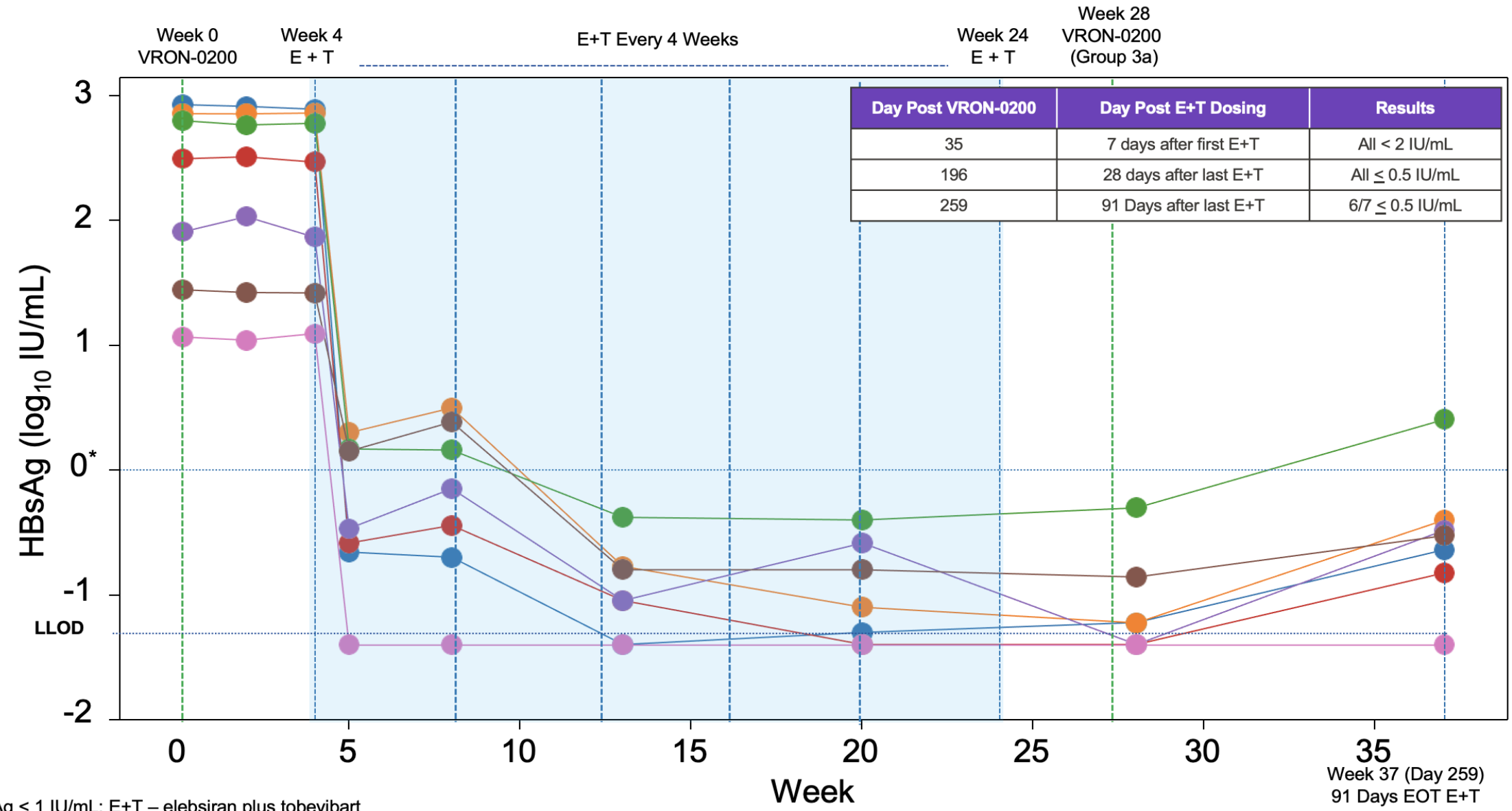
Group 3: VRON-0200 plus Antiviral Combination (n=7)^
Sustained HBsAg Declines 3-Months After End of Treatment



Day Post VRON-0200	Day Post E+T Dosing	Results
35	7 days after first E+T	All < 2 IU/mL
196	28 days after last E+T	All ≤ 0.5 IU/mL
259	91 Days after last E+T	6/7 ≤ 0.5 IU/mL

*HBsAg ≤ 1 IU/mL; E+T – elebsiran plus tobevibart

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^ 1 pt withdrew consent at D28 (Group 3) and is excluded from these Clinical Data

Conclusions

VRON-0200, which does NOT target HBsAg:

- Was safe & well tolerated, when given alone, and in combination with investigational antivirals
- Antiviral effect was observed in the majority of VRON-0200 only treated patients
  - HBsAg declines were sustained and/or continued to decline up to 360 days
  - During LTFU (up to 2+ years), no HBsAg rebounds were observed and HBsAg levels continued to decline in 11/12 (92%) patients
- In combination with investigational antivirals, rapid & profound HBsAg declines were observed in all patients, and were sustained 3 months post antiviral treatment

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Key Take Aways

VRON-0200's durable anti-HBV activity, ease of use, and favorable safety profile may provide new strategies in the current FC treatment paradigm:

- VRON-0200 alone may be sufficient for some patients
- VRON-0200's sustained anti-HBV immune responses (2+ years):
  - May prevent HBsAg rebound upon treatment discontinuation
  - May allow for flexibility (i.e. timing) for adding antivirals and/or gene editing, if needed
- Phase 2B SPARK-B functional cure study, with NUC DC, and including higher BL HBsAg levels, is in development
- Potential benefits VRON-0200 for other CHB populations?
  - Higher HBsAg levels, Not on NUCs, Cirrhosis, Co-infection, MASH

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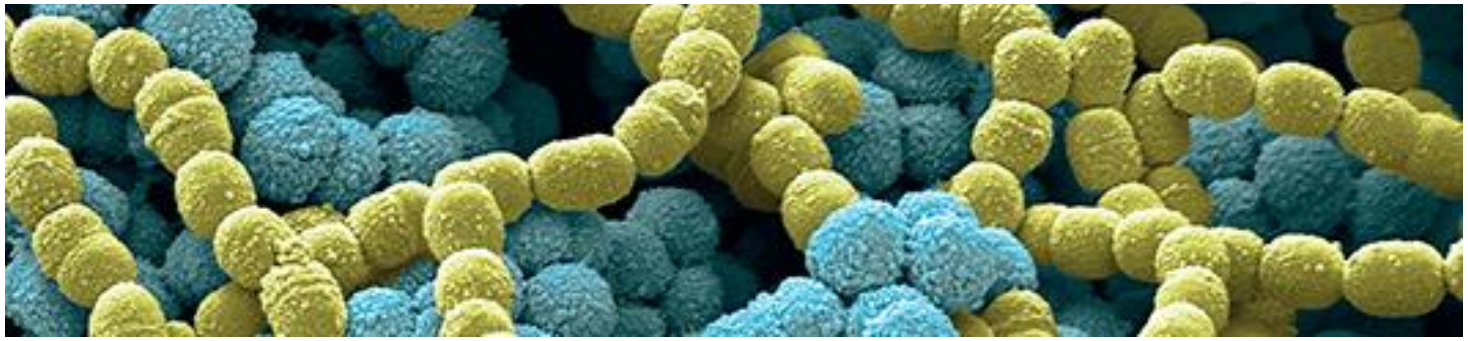
Simultaneously Published / Now Available in The Lancet Microbe

THE LANCET
Microbe

VRON-0200 alone and in combination with investigational antivirals for participants with chronic hepatitis B virus infection receiving stable nucleos(t)ide therapy: a phase 1b, randomised, open-label, multicentre trial

Edward Gane, Grace Lai-Hung Wong*, Sue Currie, Andrew Luber, Paula MacDonald, Marie Bonhomme, Tien huey Lim*



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VRON-0200 Lancet Microbe Pub

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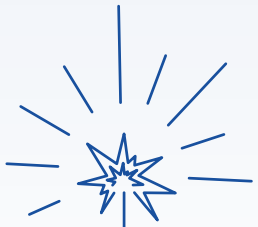
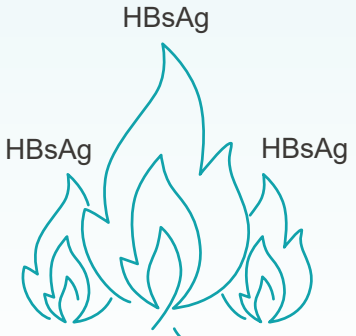
The Role of VRON-0200 as the "Spark": "Spark and Fan" Model for Chronic HBV

VRON-0200 PRIME

VRON-0200 "Sparks" an enhanced, broadened, & sustained anti-HBV immune response



Restored immune response **reacts to antigen** (e.g. HBsAg)

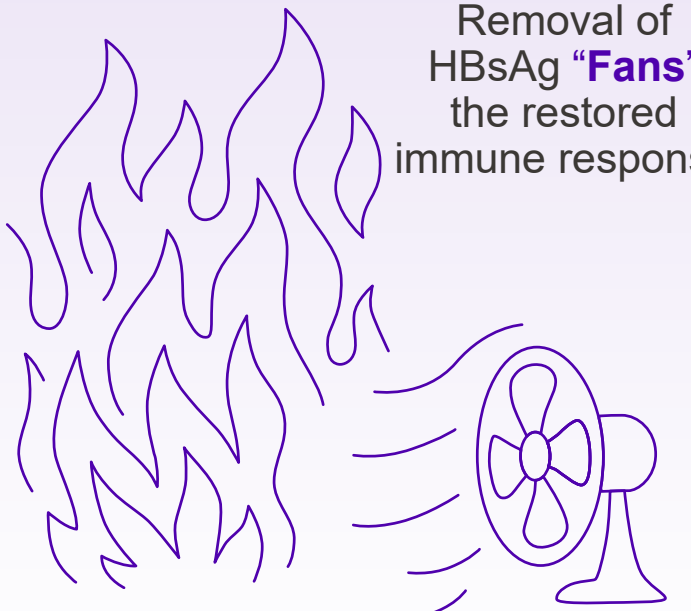


New*

VRON-0200's "Spark" immune responses can be "fanned" by antivirals, if needed, later

BOOST

Removal of HBsAg **"Fans"** the restored immune response



New*

VRON-0200 "Spark" alone may be clinically meaningful for some CHB patients

VRON-0200 could be **the immune-modulator backbone** for many different potential HBV Functional Cure regimens

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