

# Preclinical Immunogenicity and Efficacy of VRON-0200: A Novel Therapeutic Vaccine for Potential Functional Cure Therapies in Patients with Chronic HBV

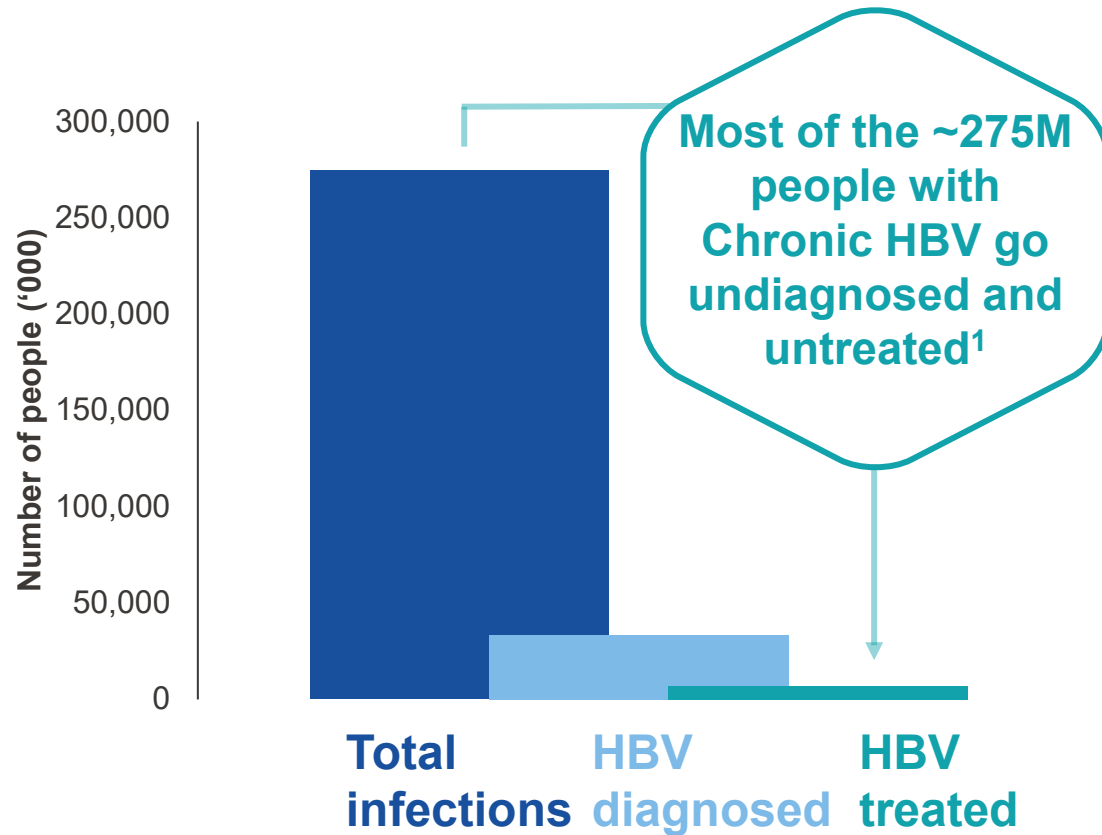
Hasanpourghadi M<sup>1</sup>; Lubber A<sup>2</sup>; Magowan C<sup>2</sup>; Zhou X<sup>1</sup>; Ertl HCJ<sup>1</sup>

<sup>1</sup>The Wistar Institute, Philadelphia, PA; <sup>2</sup>Virion Therapeutics, Newark, DE

# Author Disclosures

- **Co-founder of Virion Therapeutics**
- **Advisor roles with:**
  - Freelance, Inc
  - Takeda
  - Biogen (board)
  - Regenxbio
  - Ring Therapeutics (board)
  - Canine Rabies Treatment Initiative (board)

# Despite HBV Preventative Vaccines, Chronic Infection is a High Unmet Need



Chronic HBV remains a **global public health problem** despite vaccination<sup>2</sup>



**1 in 4 people** with chronic HBV will **die prematurely** from liver cirrhosis, HCC, or liver failure<sup>3</sup>



Antivirals **rarely achieve functional cure** and **require lifelong drug therapy**<sup>4</sup>

HBV, hepatitis B virus; HCC, hepatocellular carcinoma.

1. Razavi-Shearer D, et al. AASLD 2021; 2. Bertolotti A, et al. J Hepatol 2016; 64(1 Suppl):S71–S83; 3. Lok ASF, McMahon BJ. Hepatology 2009;50:661–2;

4. Tsounis EP, et al. World J Gastroenterol 2021;27:2727–57.

# Functional Cure for Chronic HBV Requires a New Therapeutic Approach



**CD8<sup>+</sup> T cells become impaired during chronic HBV infections, resulting in loss of viral control**



**Immune modulators for chronic HBV have shown limited clinical benefits<sup>1-5</sup>**



**Novel treatments needed to stimulate new functional CD8<sup>+</sup> T cells**

- Vaccine approaches that stimulate naïve T cells to de novo epitopes may restore viral control<sup>6</sup>

**VIRION'S APPROACH  
FOR CHRONIC HBV  
FUNCTIONAL CURE**

**ELIMINATE**  
cccDNA-infected hepatocytes

**STIMULATE & EXPAND**  
**NEW** HBV-specific  
CD8<sup>+</sup> T cells to **RESTORE** immune control

1. Boni C, et al. Gastroenterology 2019;157:227–41; 2. Gane E, et al. J Hepatol 2019;71:900–7; 3. Janssen H, et al. AASLD 2020:Abstract 0829; 4. Zoulim F, et al. Hum Vaccin Immunother 2020;16:388–99; 5. Jansen D, et al. Clin Trans Immunology 2021;10:e1232; 6. Hasanpourghadi M, et al. EASL 2021:Abstract OS-2478.

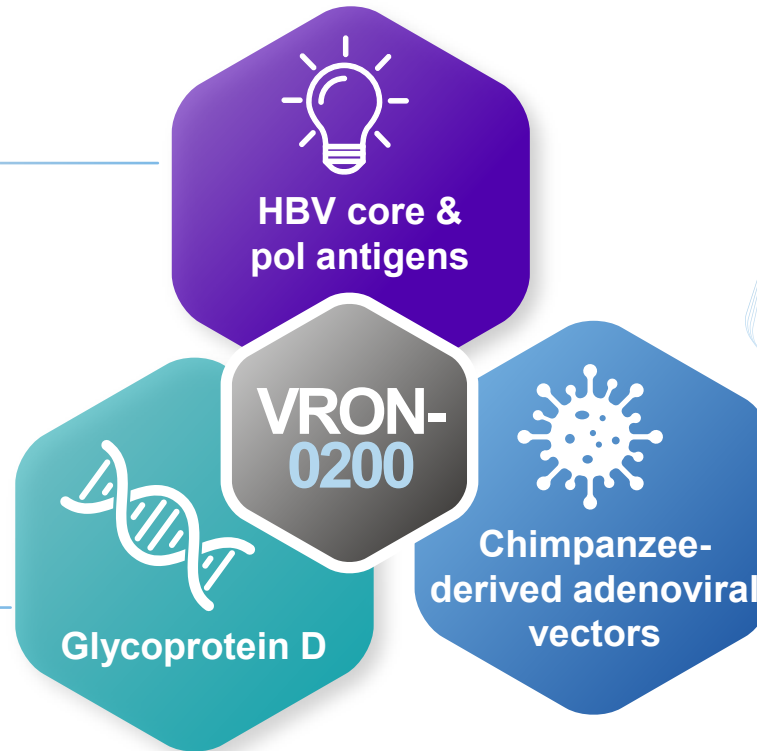
# VRON-0200: A First-in-Class Immunotherapy for Chronic HBV

## Antigen selection

- Immunogenic parts of **HBV core & pol antigens** selected

## Genetically encoded checkpoint modifier

- Checkpoint modification enhances CD8<sup>+</sup> T cells response to the target antigen
- Broadens T cell responses
- Locally acting and cleared within 2-3 weeks, with a lower risk for “off target” toxicity



## Viral vector platform

- Limited pre-existing vector immunity
- Limited cross-vector immunity
- Allows for prime & boost administration

**Challenge model:  
AAV8-1.3HBV**

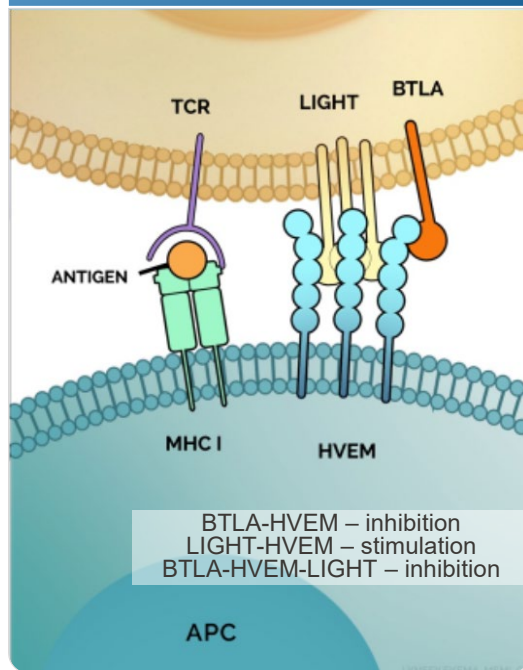
Liver tropic AAV resulting in high loads of HBV in serum



# Herpes Simplex Virus Glycoprotein D

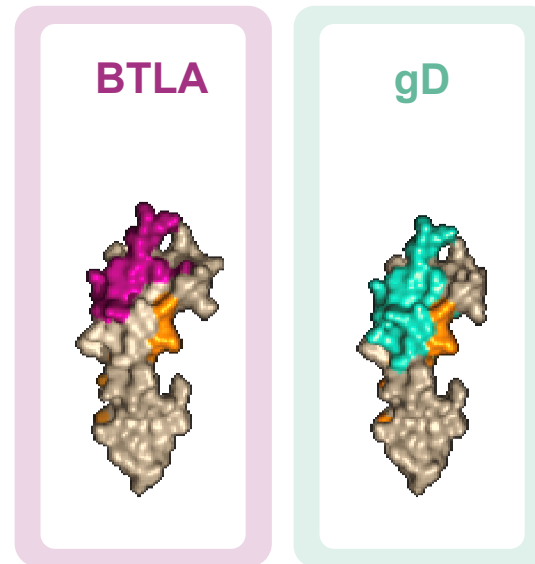
The Genetically Encoded Checkpoint Modifier Adjuvant<sup>1-3</sup>

## HVEM Complex in Regulating T cell Activation

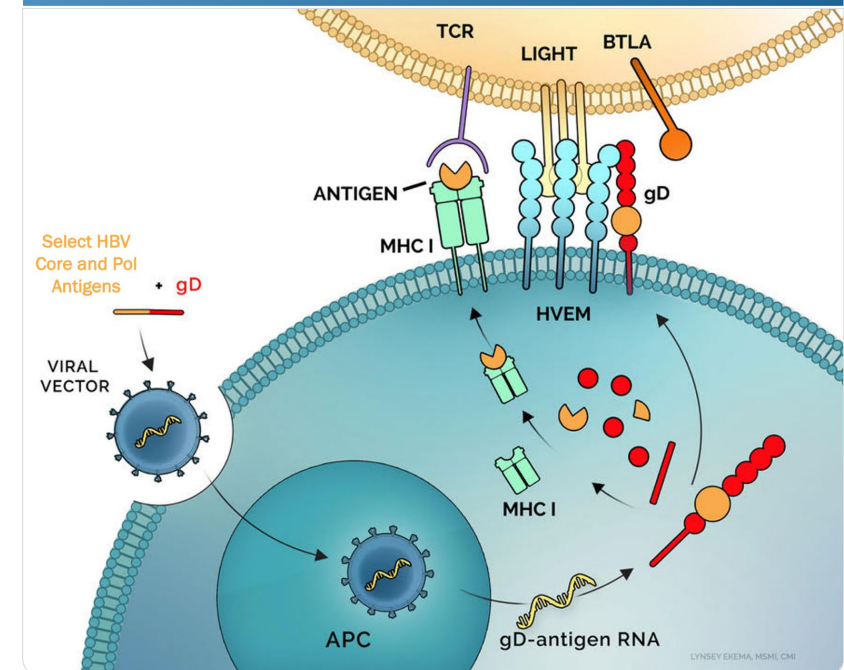


## gD & BTLA Share HVEM Binding Site

### HVEM crystal structure



## gD BTLA-HVEM Blockade Enhances and Broadens T cell Activation



Following IM injection, VRON-infected APCs travel to regional draining lymph nodes



Within APCs, Ad vector produces the fusion protein of gD+ antigen of choice



Degradation of incorrectly produced fusion protein releases peptides from the antigen, which, upon binding to MHC class I, are recognized by CD8+ T cells



The gD fusion protein translocates to the cell surface, where it blocks BTLA-HVEM interaction, thereby increasing TcR signaling and allowing for co-stimulation through LIGHT

APC, antigen presenting cell; BTLA, B-and T-lymphocyte attenuator; gD, glycoprotein D; HVEM, herpes virus entry mediator; IM, intramuscular; LIGHT, lymphotoxin-like, exhibits inducible expression, and competes with herpes simplex virus glycoprotein D for HVEM, a receptor expressed by T lymphocytes; MHC, major histocompatibility complex; pol, polymerase; TCR, T cell receptor; VRON, Virion specific I/O therapy. 1. Xiang ZQ, et al. ASCO-SITC Clinical Immuno-Oncology Symposium 2020; Abstract No. 71; 2. Virion Therapeutics, September 2021. data on file; 3. Stiles KM, et al. J Virol. 2010;84:11646-60.

# Methods

## Combination HBV PoIN, PoIC & Core Studies

### Vectors investigated\*

#### AdC(6/7)-gDPoIN, -gDPoIC, -gDCore

- N- or C-terminal part of polymerase or core within gD

#### AdC(6/7)-gDHBV2 (VRON-0200)

- Polymerase + core within gD

#### AdC(6/7)-HBV2

- Polymerase + core without gD



### Analyses of T cell responses

#### Post-vaccination analyses of T cell responses in blood, spleen, and liver

- Intracellular cytokine staining (ICS) for IFN $\gamma$
- MHC I tetramer staining combined with phenotypic analyses
- Epitope mapping of HBV-specific CD8+ T cells by ICS



### Challenge experiment

#### AAV8-1.3HBV AAV vector model – $1 \times 10^9$ – $1 \times 10^{11}$ vg IV

#### Vaccine vectors – Single IM dose of $1 \times 10^{10}$ vp

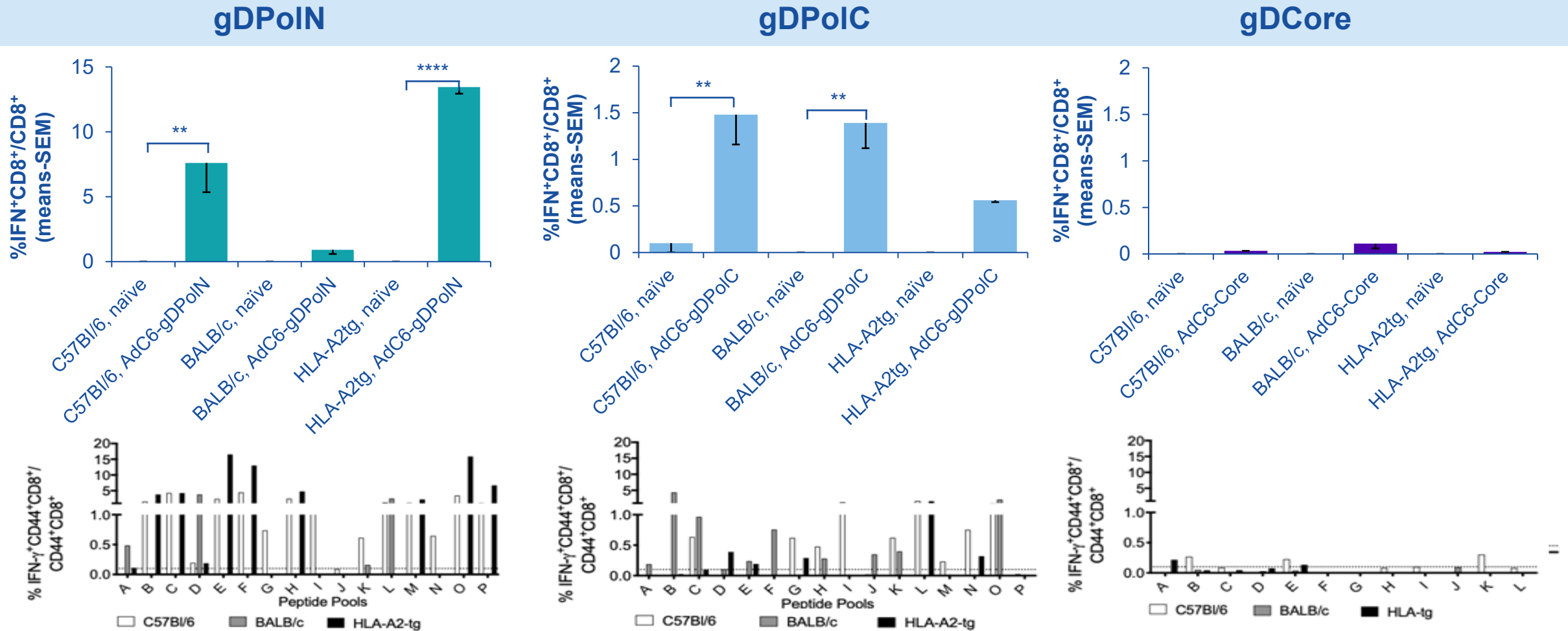
- Administered 4 weeks after AAV8-1.3HBV injection



\*AdC6 and AdC7 are heterologous chimpanzee adenoviral viral vectors of serotype 6 and 7.

ICS, intracellular cytokine staining; IFN, interferon; IV, intravenous; PoIC, C terminus of HBV polymerase; PoIN, N terminus of HBV polymerase; sd, subdominant; vg, viral genome; vp, virus particles.

# Breadth of CD8<sup>+</sup> T Cell Responses Observed in Several Mouse Strains



HLA, human leukocyte antigen.

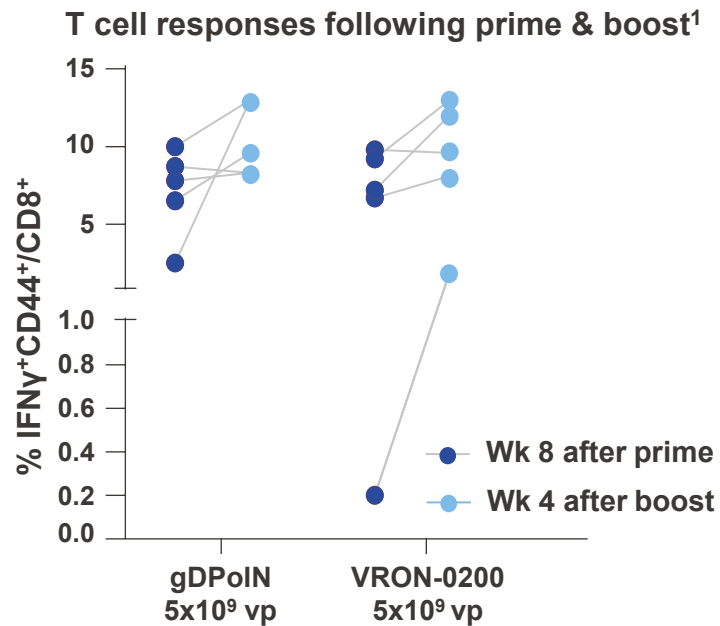
\*\*P-value between 0.001–0.01 ;\*\*\*\*P-value between 0.0001–0.001 via ordinary one-way ANOVA.



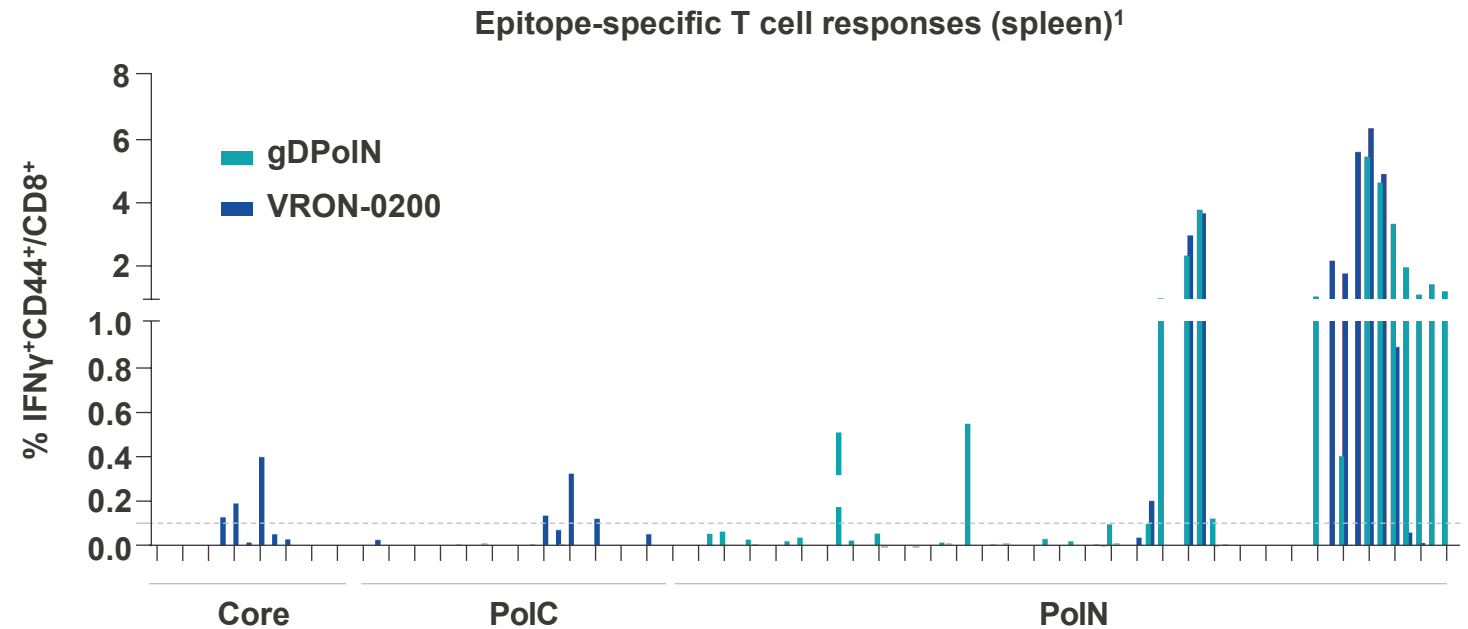
# VRON-0200: Candidate Optimization

- Antigenic regions, with no immunity, within each target, were removed
- Remaining antigenic regions were combined, fused to gD (VRON-0200) and compared to gDPoIN (most immunogenic region)

## Similar Magnitude of Response



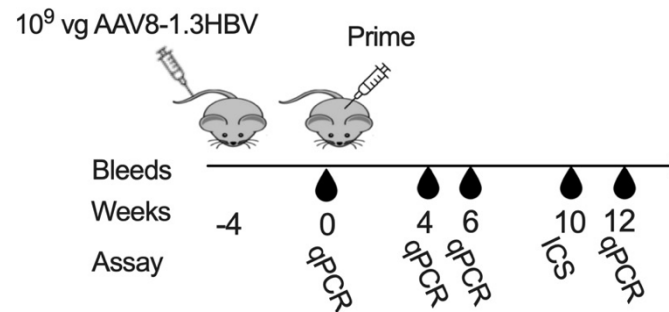
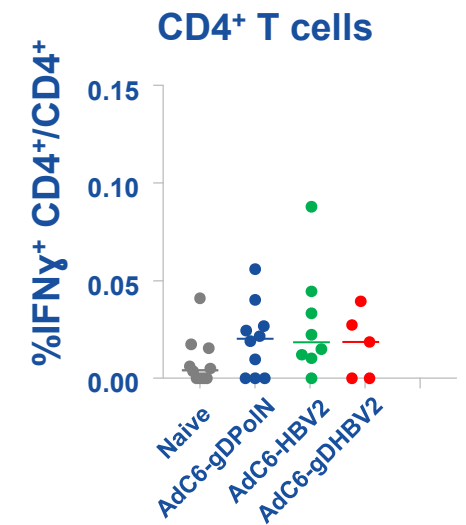
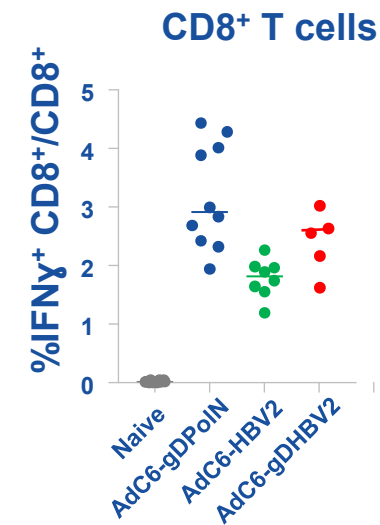
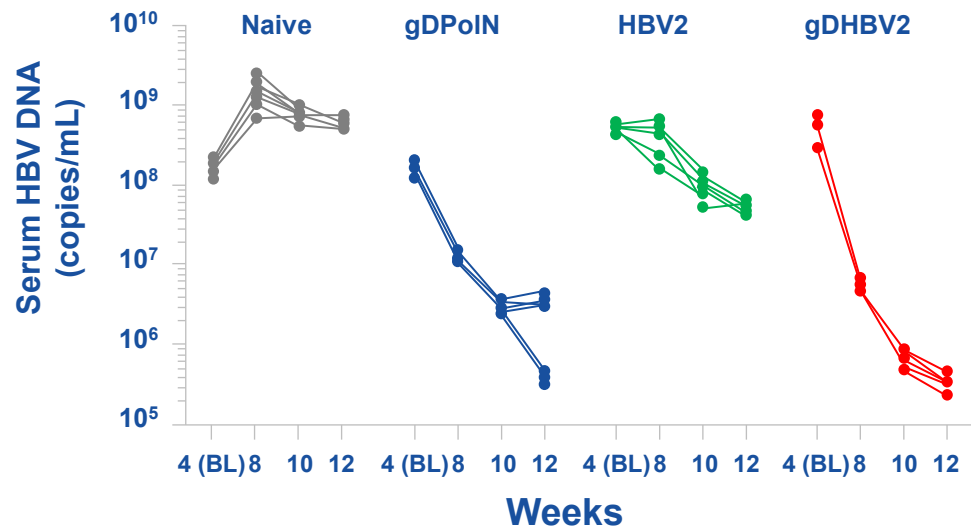
## CD8<sup>+</sup> T Cell Responses to Core & Polymerase



1. Hasanpourghadi M, et al. EASL 2020:Abstract 1303.

# gD Enhances Antiviral Activity, which Correlates with CD8<sup>+</sup> T Cell Responses

1 x 10<sup>9</sup> vg AAV8-1.3HBV



## Correlations

	r-values		
	CD8	CD4	vgc
CD8		-0.020	-0.491
CD4	-0.020		0.157
vgc	-0.491	0.157	

	P-values		
	CD8	CD4	vgc
CD8		0.914	0.004
CD4	0.914		0.389
vgc	0.004	0.389	

Spearman Rank Correlation

\*AAV8-1.3HBV mouse model (C57Bl/6 mice).  
Hasanpourgadi M, et al. EASL 2021. Abstract OS-2478.

# Impact of Increased AAV Doses on Viral Declines AAV8-1.3HBV: $10^{10}$ and $10^{11}$ vgc

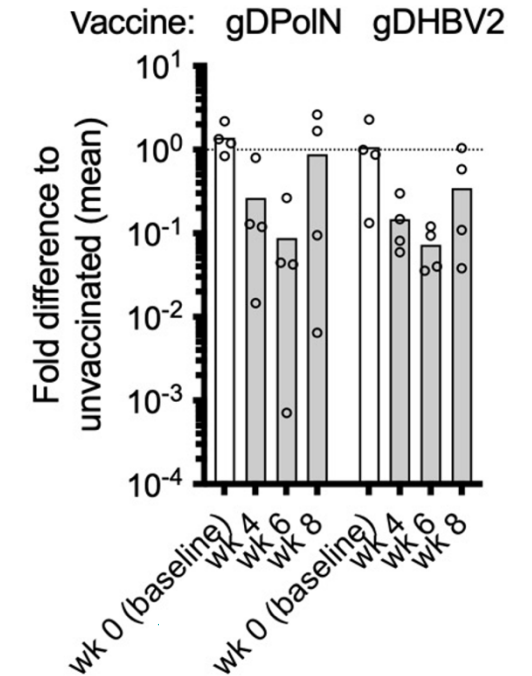
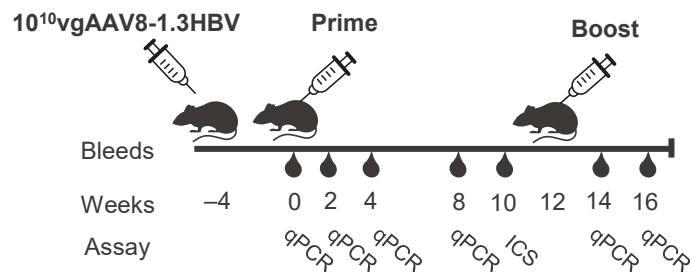
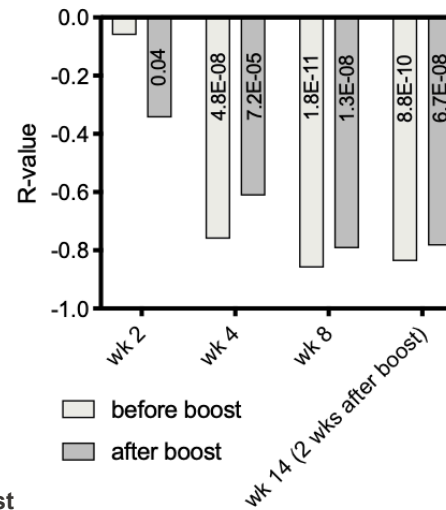
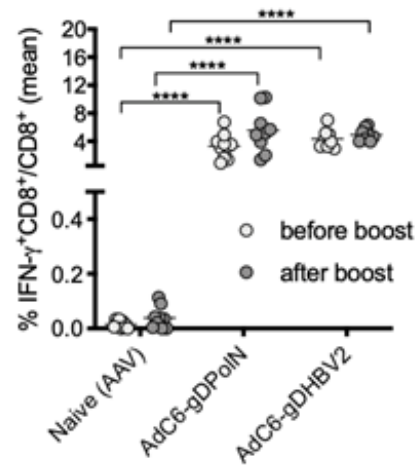
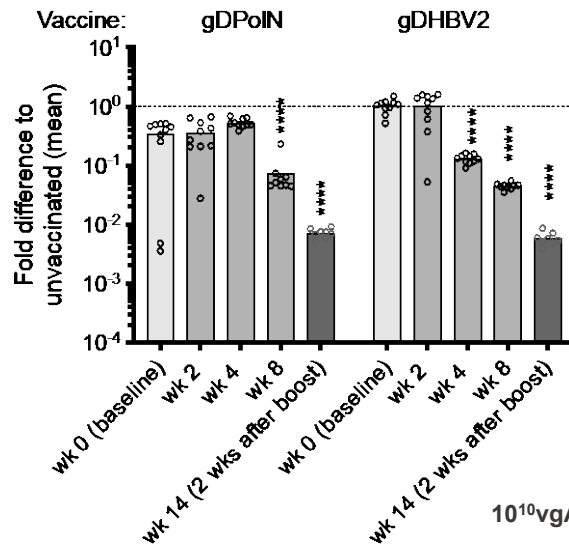
## $1 \times 10^{10}$ vgc AAV8-1.3HBV

HBV DNA Viral Load Reductions    CD8<sup>+</sup> T Cell Responses

Correlations: CD8<sup>+</sup> T Cells & Viral Load<sup>a</sup>

## $1 \times 10^{11}$ vgc AAV8-1.3HBV

HBV DNA Viral Load Reductions



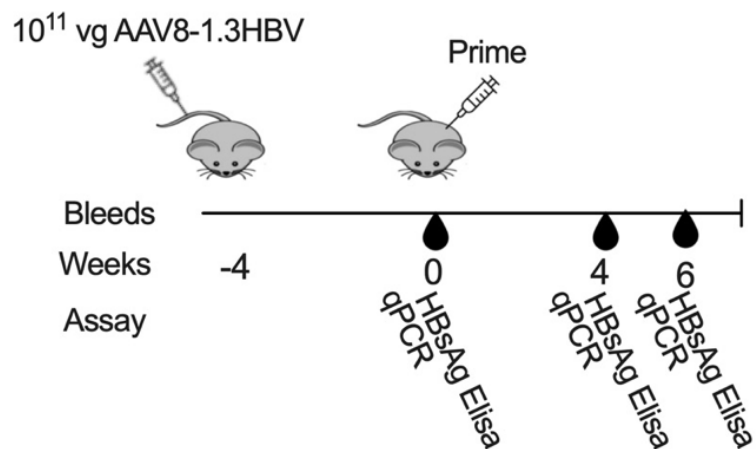
<sup>a</sup>R values for correlation by Spearman for CD8<sup>+</sup> T cells frequencies compared to viral genome copy numbers. Numbers within the bars reflect significant p-values.

\*\*\*\*p<0.0001.

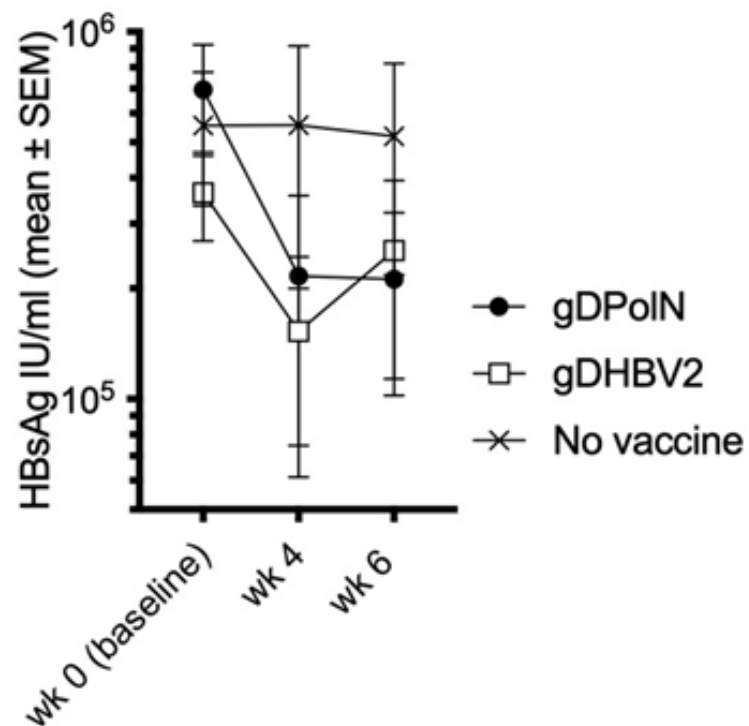
# Vaccination Reduces S-antigen Levels Even at High AAV Doses and Without S in Vaccine

$1 \times 10^{11}$  vgc AAV8-1.3HBV

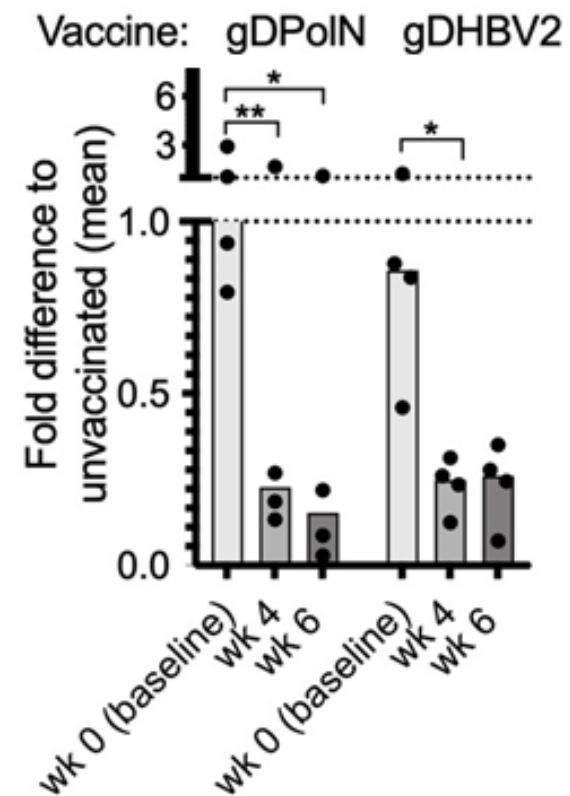
## Experimental Outline



## HBsAg



## HBsAg reduction



\*p-value between 0.01–0.05; \*\*p-value between 0.001–0.01.

# Conclusions

- **VRON-0200 vaccination**

- Vaccination elicits potent and broad CD8<sup>+</sup> T cell responses to HBV core & polymerase
- Vaccine-induced CD8<sup>+</sup> T cells traffic to the liver
- Multi-log HBV DNA viral load declines after a single IM injection
  - gD required for optimal antiviral activity
  - Level of vaccine-induced viral declines depend on AAV challenge dose
  - Vaccine-induced CD8<sup>+</sup>, but not CD4<sup>+</sup> T cell responses correlate with antiviral activity
  - S-antigen declines observed despite lack of S in the vaccine construct

- **A Phase 1b clinical study is planned (Q4 2022)**

- Prime only and prime & boost regimens

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## **FOR MORE INFORMATION**

Contact Dr Hildegund Ertl at: [ertl@wistar.org](mailto:ertl@wistar.org)