



## *Eiger's Approach for an HDV Cure*

Hepatitis B Research and Development:  
Understanding the FDA Guidance and Novel Treatments for HBV Cure



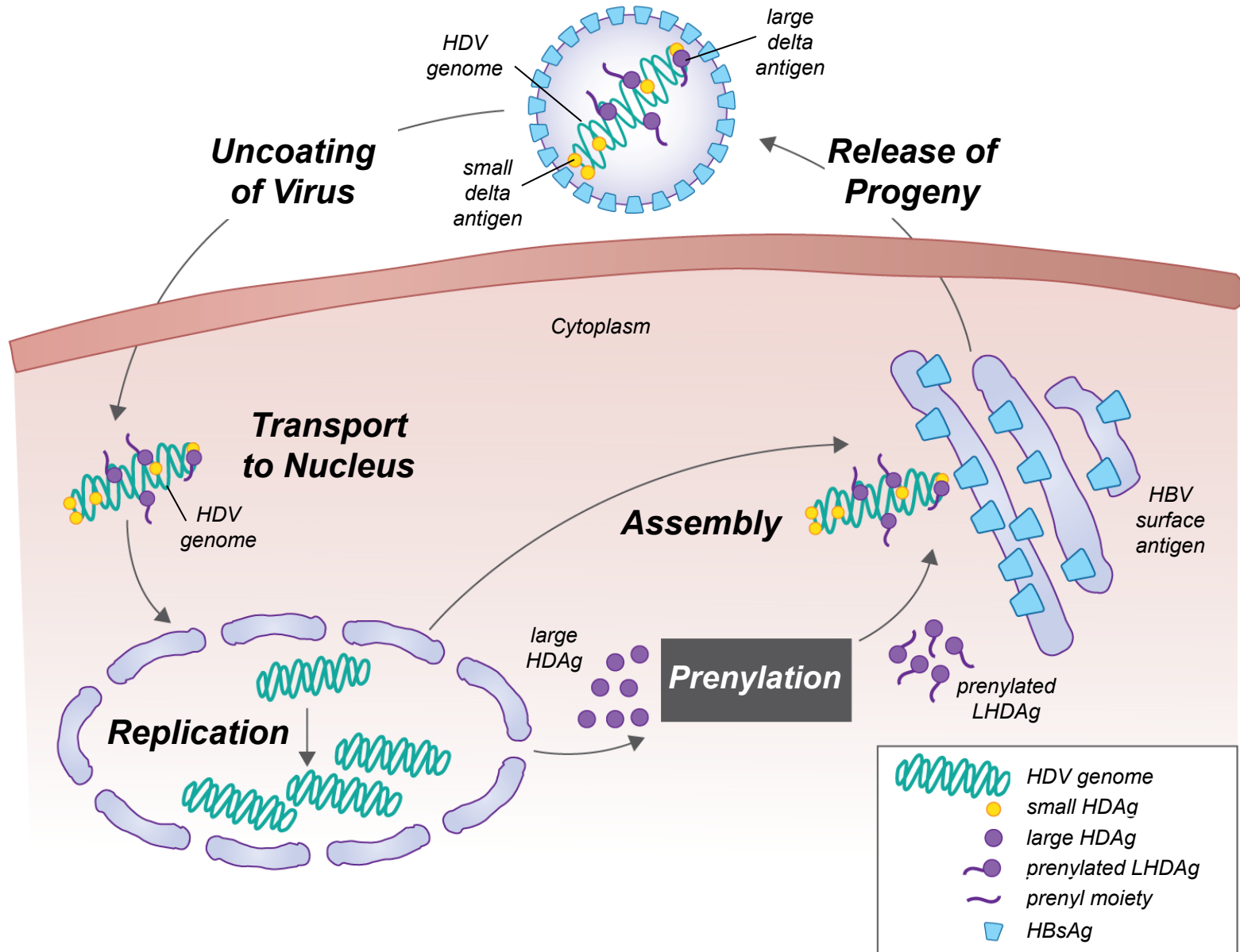
*Eduardo B. Martins, MD, DPhil*  
*SVP, Liver and Infectious Diseases Drug Development*  
*Boston, November 11, 2016*

# Overview

- *Lonafarnib*
  - *Prenylation inhibition for HDV*
  - *Clinical trials*
  - *Milestones*
- *Pegylated interferon lambda*
  - *Scientific rationale*
  - *Clinical trials*
  - *Milestones*
- *Perspective on HDV cure*

Lonafarnib

# The HDV Life Cycle



# ***Prenylation Inhibitors as Antivirals***

## ***HDV is a Genetically Validated Target***

### **Identification of a Prenylation Site in Delta Virus Large Antigen**

**Jeffrey S. Glenn,\* John A. Watson, Christopher M. Havel,  
Judith M. White**

SCIENCE • VOL. 256 • 29 MAY 1992



*Proof of Concept*

### **Use of a Prenylation Inhibitor as a Novel Antiviral Agent**

JEFFREY S. GLENN,<sup>1\*</sup> JAMES C. MARSTERS, JR.,<sup>2</sup> AND HARRY B. GREENBERG<sup>1,3</sup>

*Division of Gastroenterology,<sup>1</sup> and Department of Microbiology and Immunology,<sup>3</sup> Stanford University  
School of Medicine and Veterans Administration Medical Center, Palo Alto, California 94305-5487,  
and Bioorganic Chemistry, Genentech Inc., South San Francisco, California 94080<sup>2</sup>*

JOURNAL OF VIROLOGY, Nov. 1998, p. 9303–9306



*Virus Like Particle (VLP)*

### **A Prenylation Inhibitor Prevents Production of Infectious Hepatitis Delta Virus Particles**

Bruno B. Bordier,<sup>1,2</sup> Patricia L. Marion,<sup>1</sup> Kazuo Ohashi,<sup>3</sup> Mark A. Kay,<sup>3</sup> Harry B. Greenberg,<sup>1,2,4,†</sup>  
John L. Casey,<sup>5</sup> and Jeffrey S. Glenn<sup>1,2\*</sup>

*Division of Gastroenterology and Hepatology,<sup>1</sup> Department of Microbiology and Immunology,<sup>4</sup> and Program in Human  
Gene Therapy, Departments of Pediatrics and Genetics,<sup>3</sup> Stanford University School of Medicine, and Veterans  
Administration Medical Center,<sup>2</sup> Palo Alto, California, and Division of Molecular Virology  
and Immunology, Georgetown University Medical Center, Rockville, Maryland<sup>5</sup>*



*Infectious Virus*

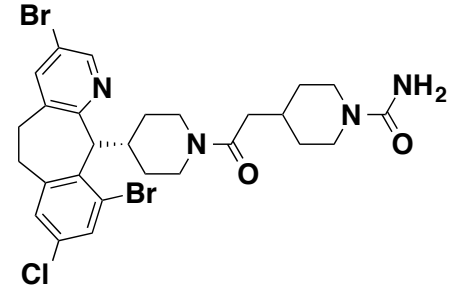
### **In vivo antiviral efficacy of prenylation inhibitors against hepatitis delta virus**



*In Vivo Animal Model*



# Lonafarnib for HDV




- *Small molecule, oral, prenylation inhibitor*
- *Well-characterized through Phase 3*
  - *>2,000 patients dosed in oncology program by Merck (Schering)*
  - *Dose limiting toxicity is GI (class effect)*
- *Prenylation is a host target; confers high barrier to resistance*
- *Over 100 HDV patients dosed across international sites*
- *Orphan Designation, Fast Track Granted*








# Sarasar<sup>®</sup> (lonafarnib) Phase 2 HDV Program



## 111 HDV Infected Patients Dosed

- Proof of Concept**
  - *Monotherapy* N = 14  


- LOWR HDV – 1**
  - *Combinations +/- PEG IFN  $\alpha$*  N = 15  


- LOWR HDV – 2**
  - *Dose Finding +/- PEG IFN  $\alpha$*  N = 46  

*Dosing*
- LOWR HDV – 3**
  - *QD* N = 21  

*Last Patient Dosed*
- LOWR HDV – 4**
  - *Dose-Escalation* N = 15  

*Last Patient Dosed*

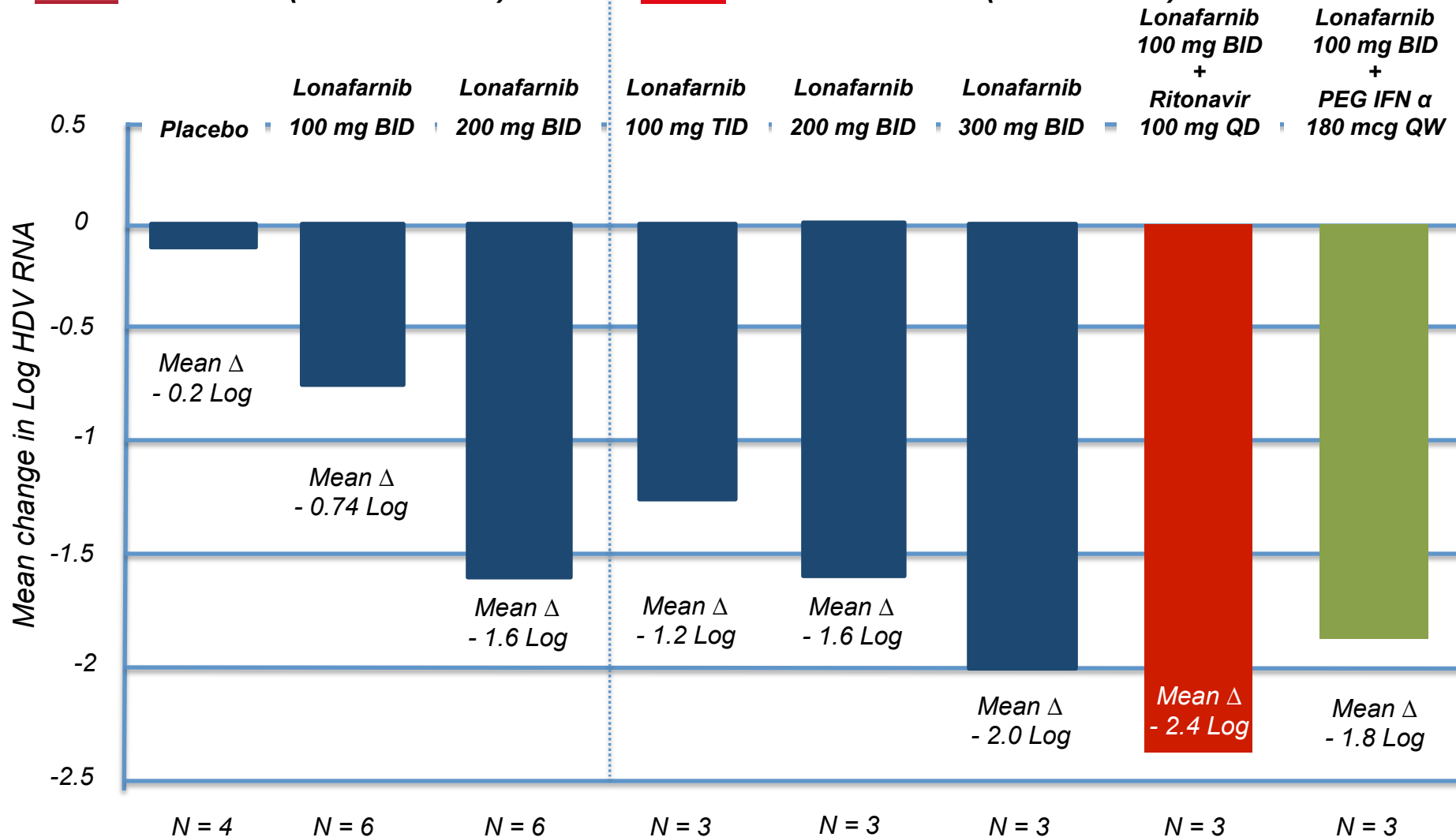
# HDV RNA Decline with 4 Weeks of Lonafarnib



**National Institutes of Health  
NIH POC (AASLD 2014)**



**Ankara University  
LOWR HDV -1 (EASL 2015)**



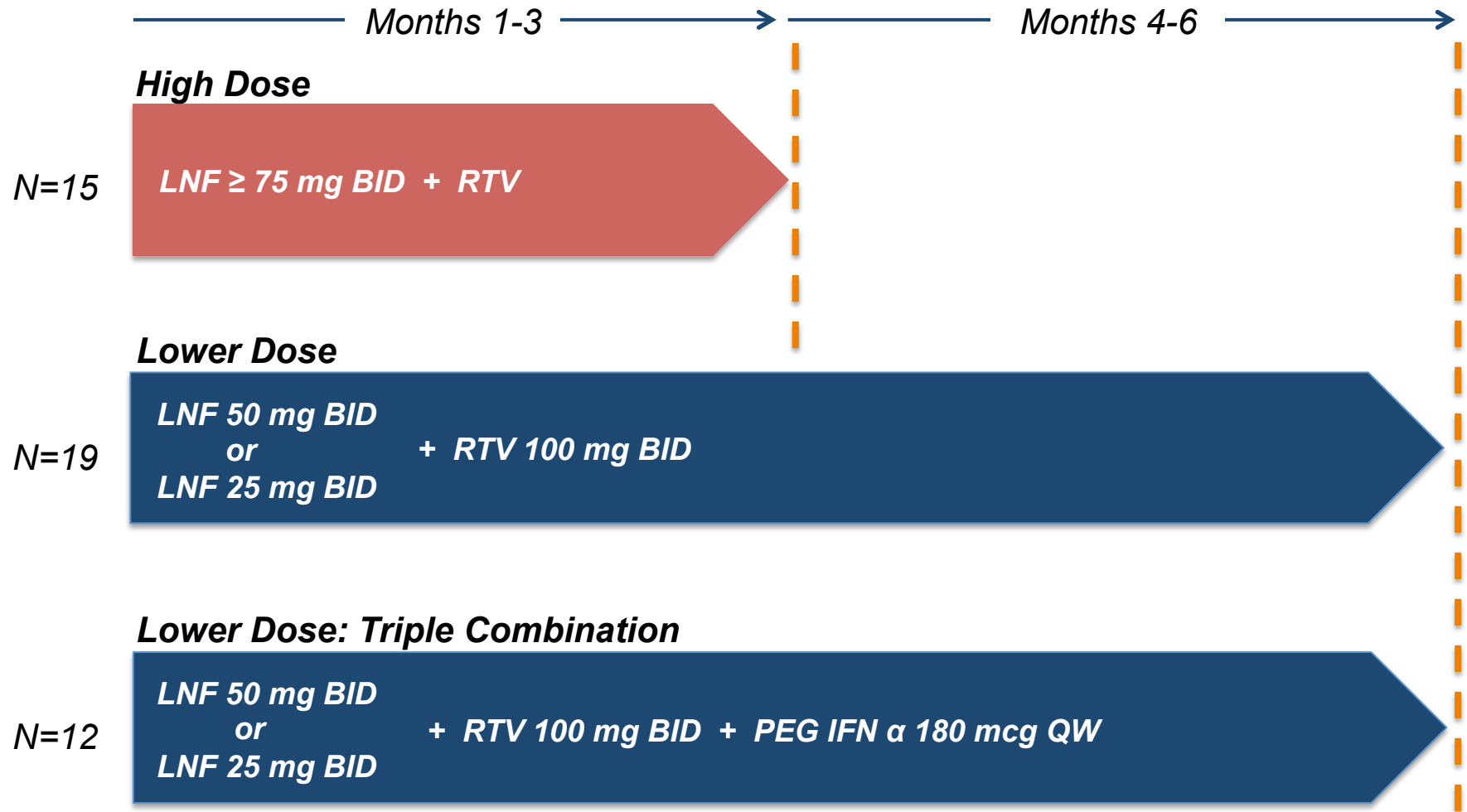




# LOWR HDV – 2: “Dose Finding” Study



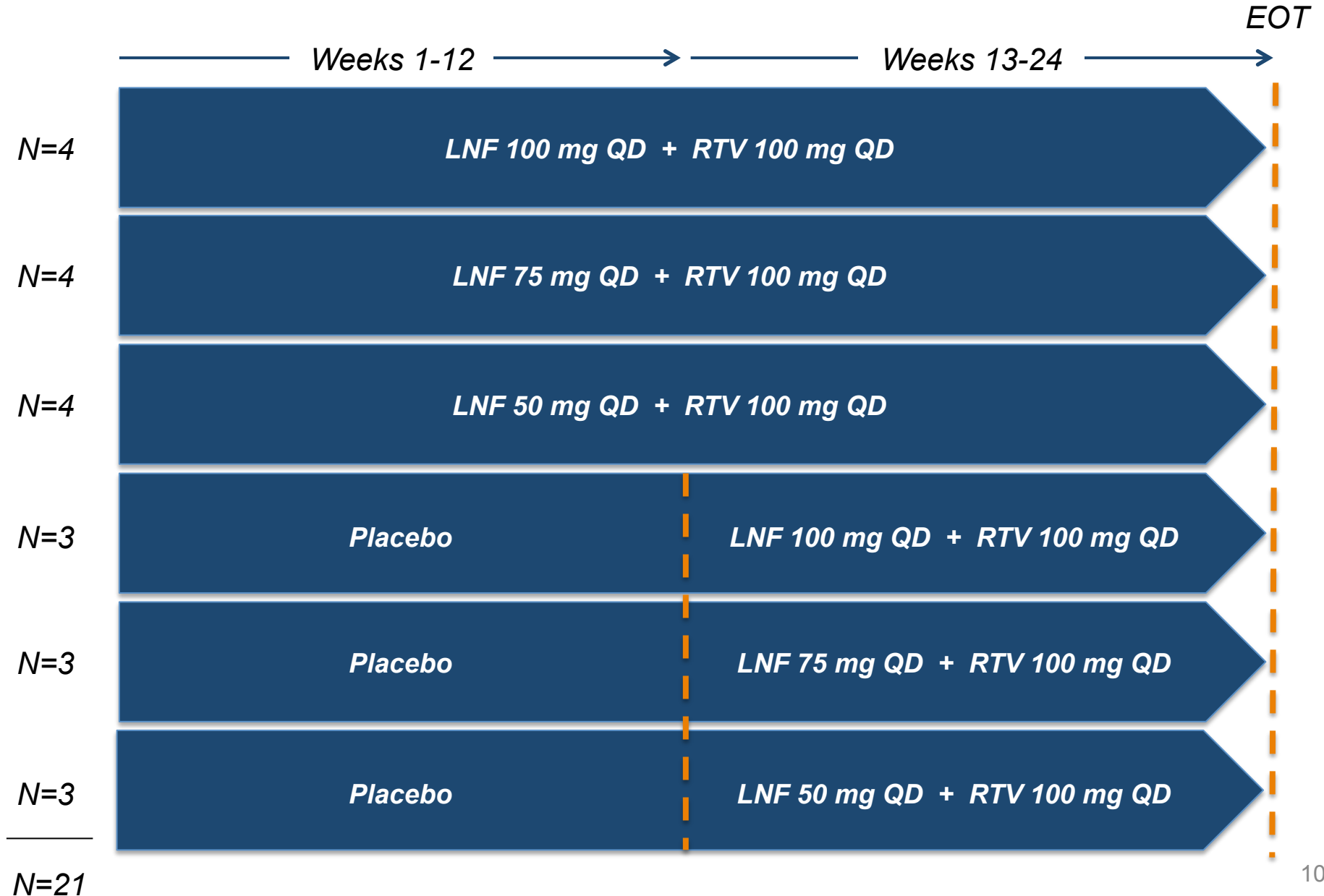
Tolerability, Longer Dosing, and Triple Combination



N=46

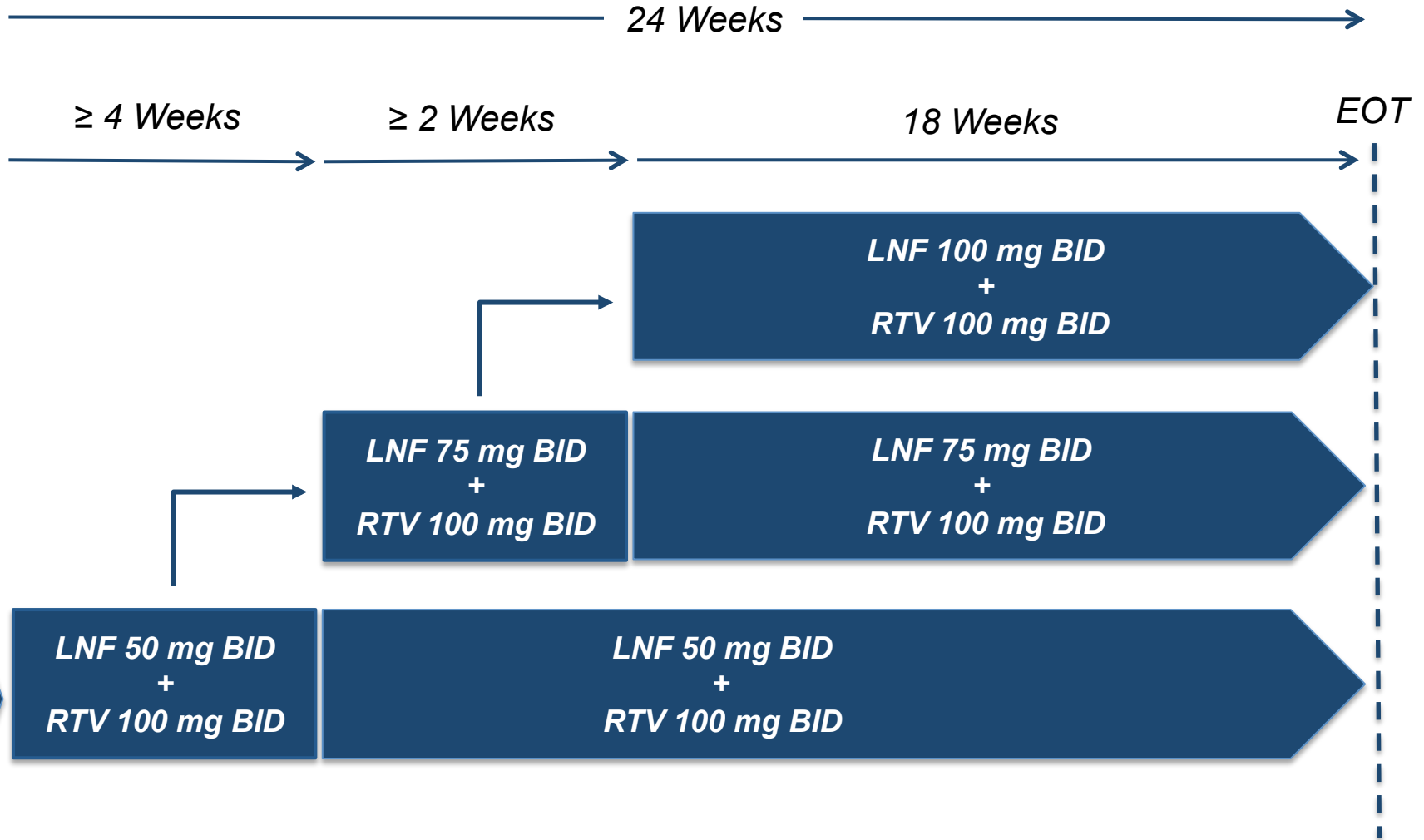
# LOWR HDV – 3: “QD” Study

Dosing Completed



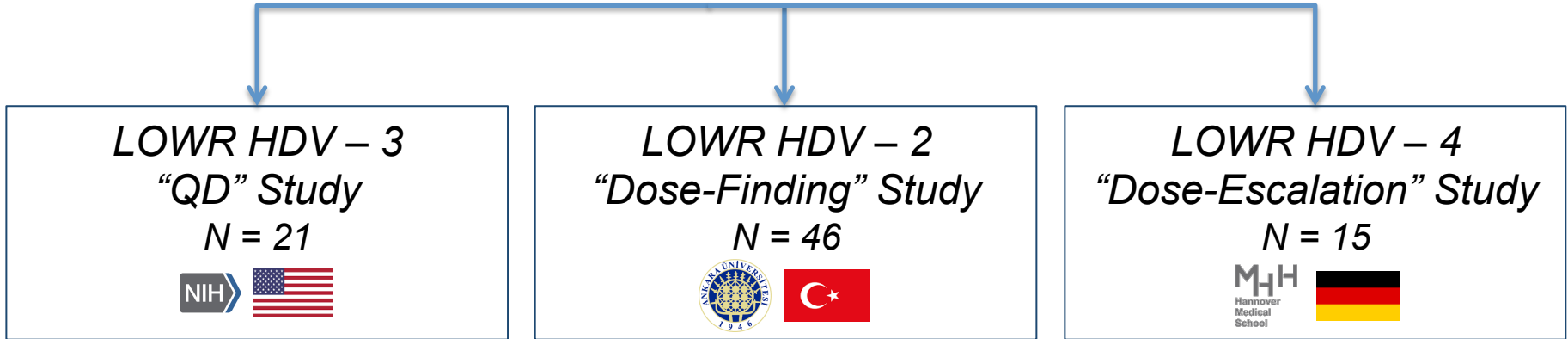
# LOWR HDV – 4: “Dose-Escalation” Study

Dosing Completed



# LOWR HDV Program

Identifying Dose and Regimen for Registration Program



## LOWR HDV – 2\*

- *Dose optimization study to identify optimal LNF-RTV combinations +/- PEG IFN*

## LOWR HDV – 3\*\*

- *Is once-daily dosing sufficient?*

## LOWR HDV – 4\*\*\*

- *Is rapid dose-escalation possible?*

\* Yurdaydin, C. et al, AASLD Abstract #1845; \*\* Koh, C. et al, 12<sup>th</sup> HDIN Meeting; \*\*\* Wedemeyer, C. et al, AASLD Abstract #230.

# LOWR HDV Program Data Presentations

2015

2016

2017



Phase 2 LOWR HDV – 2

N = 46



Interim Data



THE INTERNATIONAL LIVER CONGRESS™ 2016  
APRIL 13-17, BARCELONA, SPAIN



Data



2016



Post TRx Data



2017



Phase 2 LOWR HDV – 3

N = 21



Data



2016



Post TRx Data



2017



Phase 2 LOWR HDV – 4

N = 15



Data



2016



Post TRx Data

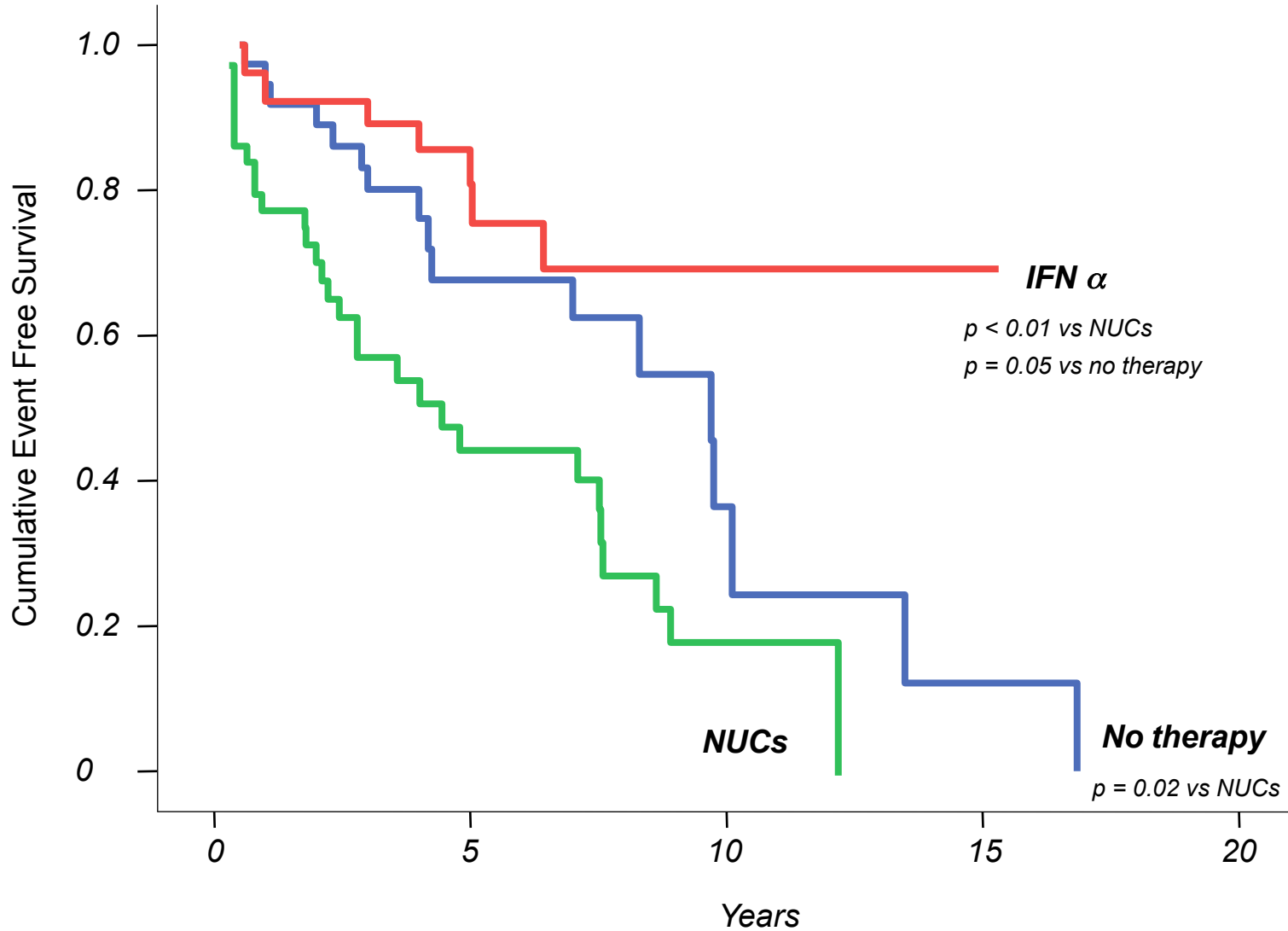


2017

Pegylated Interferon Lambda 1-a

# Fewer Clinical Events with IFN Alfa

## Decompensation, HCC, Transplant, Death



# ***PEG IFN Lambda***

## ***A targeted interferon for HDV***

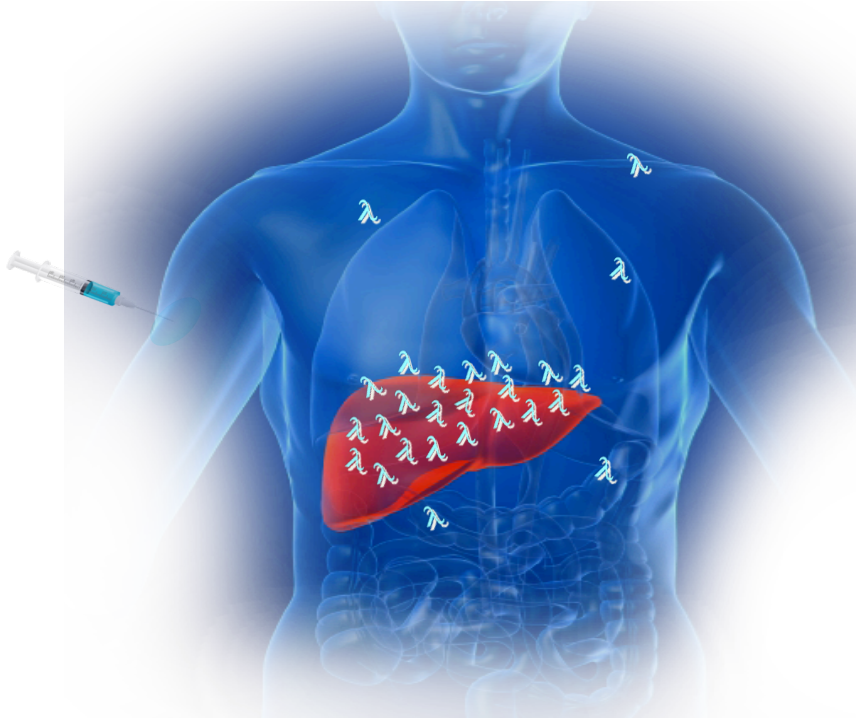
- *A novel, first in class Type III interferon*
  - *Lambda secreted in response to viral infections*
- *Binds to a unique receptor versus Type I interferons*
  - *Highly expressed on hepatocytes*
  - *Limited expression on hematopoietic cells and CNS cells*
- *Similar downstream signaling pathway as Type I interferons*
- *Greater than 3,000 patients in 17 clinical trials*
- *HCV antiviral activity with less of the typical IFN alfa related side effects*
- *Anti-HDV activity in humanized liver mouse model*



# PEG IFN Lambda Safety vs PEG IFN Alfa

Results in HCV-Infected Patients: EMERGE 2b Study

*Lambda associated with fewer systemic adverse events, such as myalgia, arthralgias, pyrexia and chills, as compared with alfa*



AEs, % (≥ 20% in any arm)	Lambda 180 µg (N = 102)	Alfa 180 µg (N = 103)
Fatigue	46.1	42.7
Headache	27.5	41.7
<b>Myalgia</b>	<b>5.9</b>	<b>33.0</b>
<b>Pyrexia</b>	<b>7.8</b>	<b>33.0</b>
Nausea	21.6	30.1
Pruritus	17.6	29.1
Insomnia	17.6	25.2
Rash	14.7	24.3
<b>Chills</b>	<b>3.9</b>	<b>21.4</b>
<b>Arthralgia</b>	<b>5.9</b>	<b>20.4</b>

\* GT2,3 patients on 24 week treatment showed similar safety profile  
Zeuzem S, et al. 47<sup>th</sup> EASL; Apr 18-22, 2012; Barcelona, Spain. Oral 1435.  
Muir AJ, et al. 63<sup>rd</sup> AASLD; Nov 9-13, 2012; Boston, MA, USA. Oral 214.

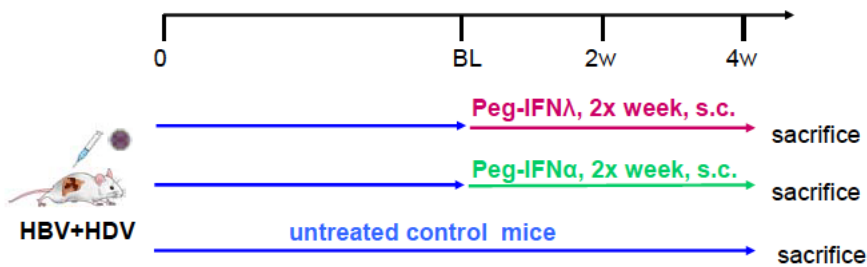
GT1,4 through 48 week treatment\*



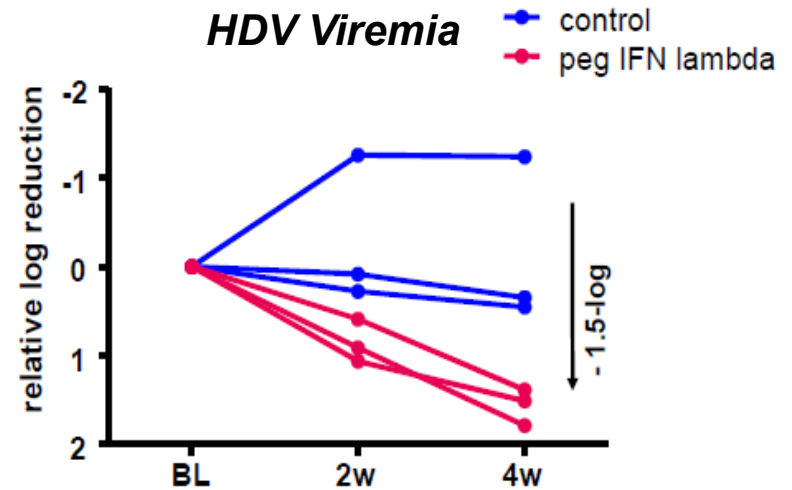
# PEG IFN Lambda Suppression of HDV RNA

Induction of Innate Immune Response in Human Hepatocytes

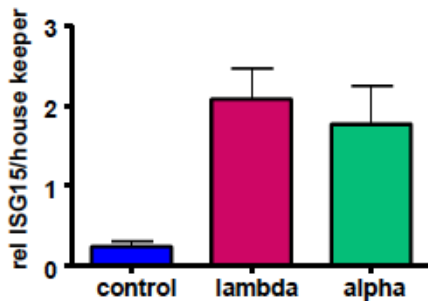
## Experimental Design



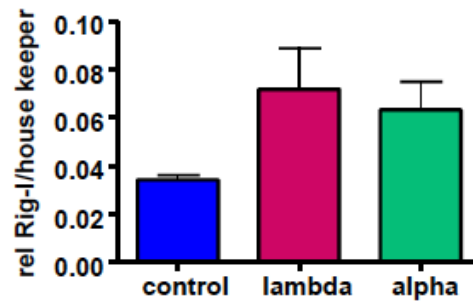
## HDV Viremia



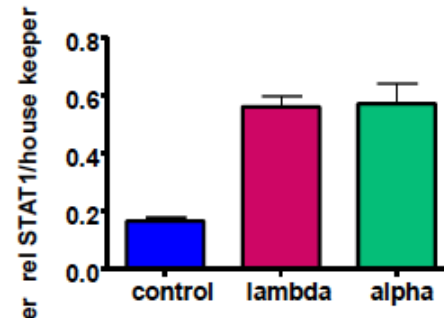
ISG15 = 6.2 Fold



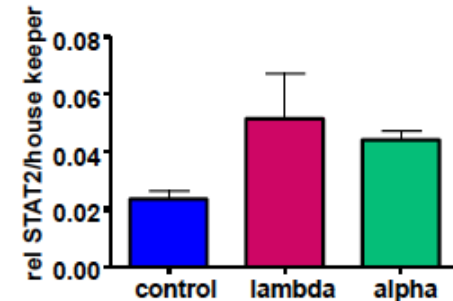
Rig-I = 1.9 Fold



STAT1 = 6.2 Fold



STAT2 = 11.2 Fold





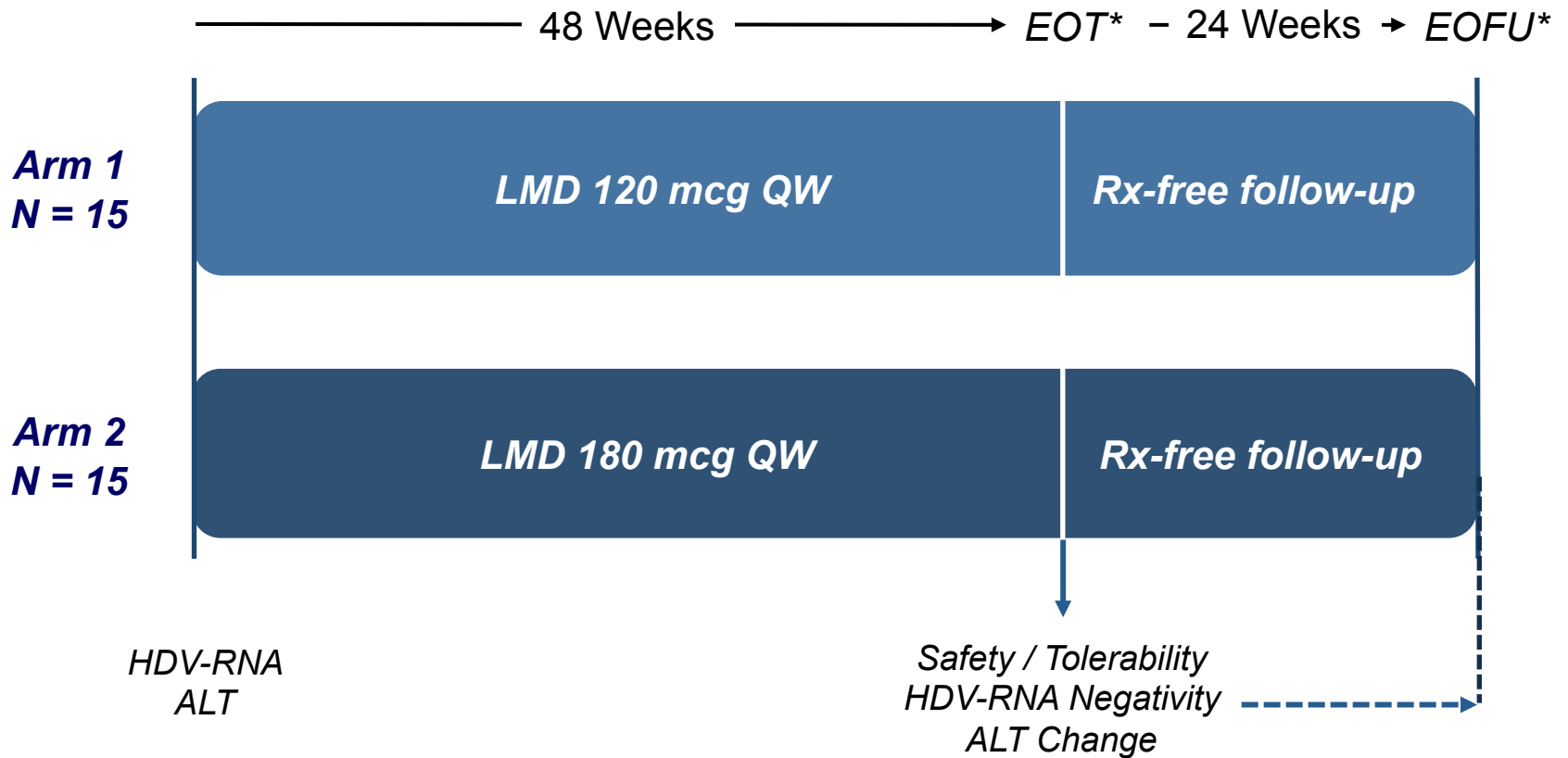
# LIMIT HDV Phase 2 Study

## Lambda Interferon MonoTherapy Study in HDV



**Lambda Proof of Concept in HDV**

**Enrolling**

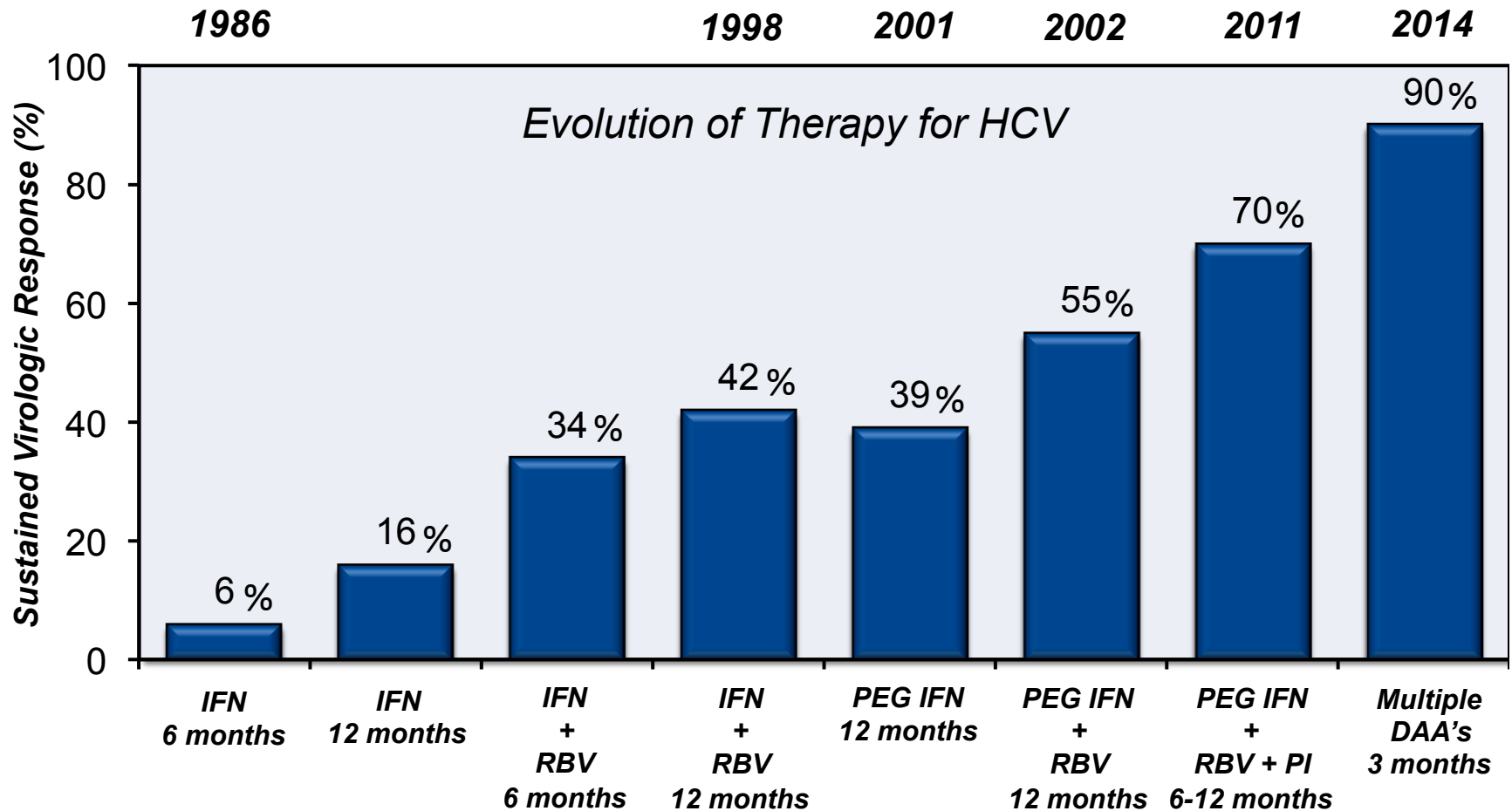


\* HDV-RNA negative at EOT and 3-6 months post cessation of therapy

HDV Cure

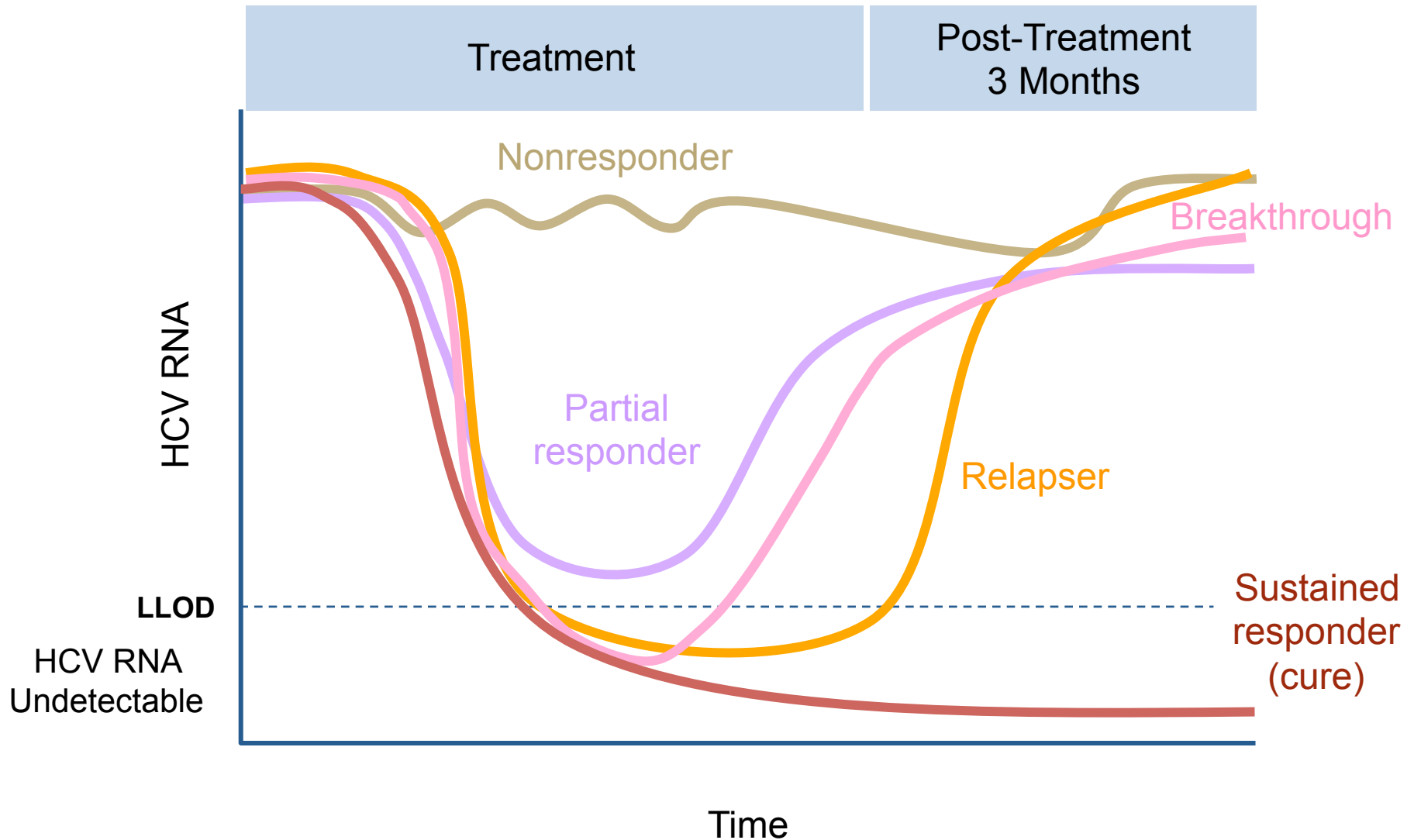
# Over 25 Years to Optimally Cure HCV

Response Rates Increased Over Time



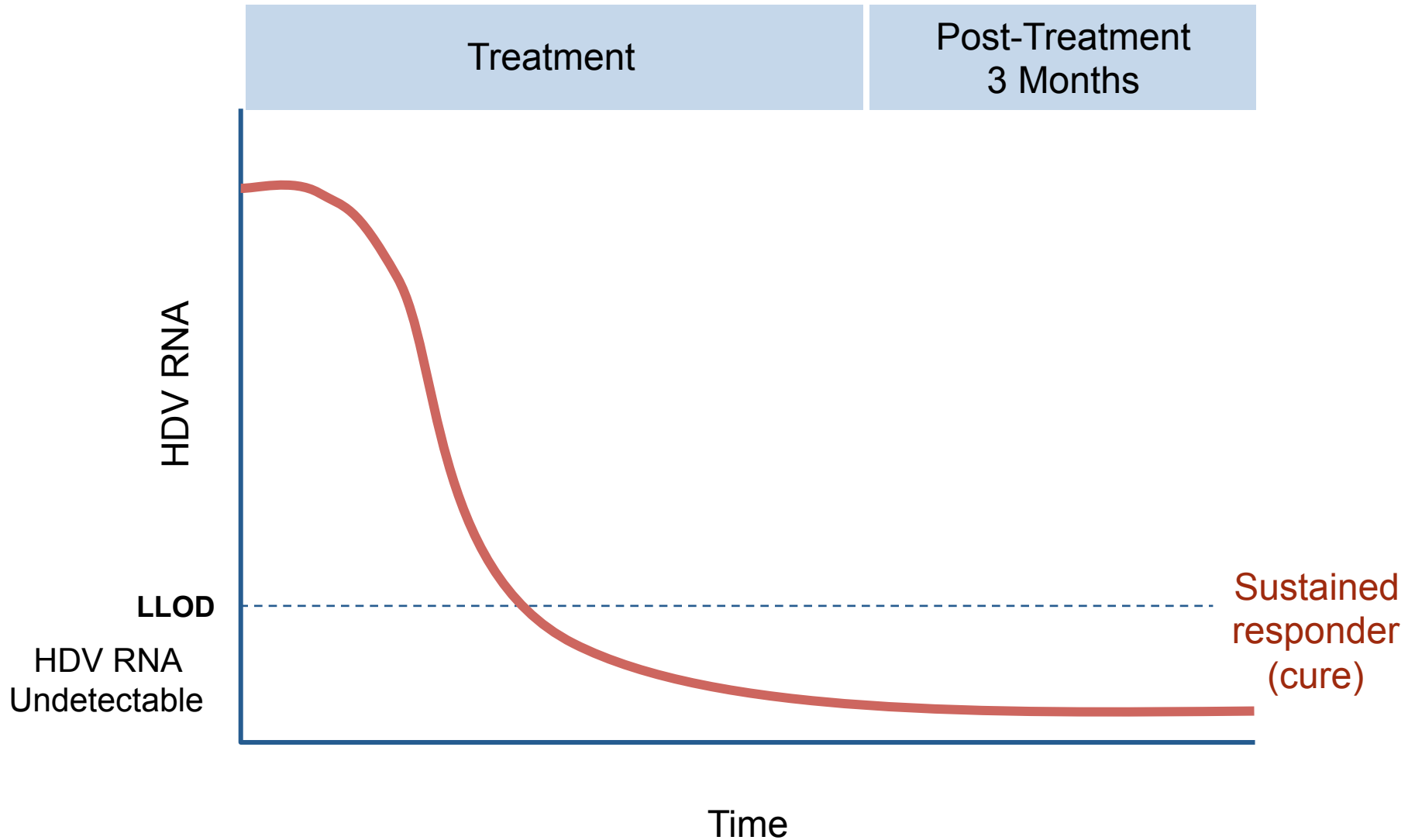
# Patterns of HCV Response

Lessons for HDV Cure



# ***HDV Cure***

*Lessons from HCV*



# ***Eiger's Approach For HDV Cure***

## ***Summary***

- ***Lonafarnib***

- *POC data published The Lancet ID 2015*
- *LOWR HDV – 2, – 3, – 4 EOT data at AASLD 2016*
- *LOWR HDV – 2, – 3, – 4 EOFU data at EASL 2017*

- ***Pegylated Interferon Lambda***

- *SVR induction in HCV equivalent to pegylated interferon alfa*
- *Better tolerability profile*
- *Supportive in vivo data*
- *Phase 2 study enrolling*

- ***HDV Cure***

- *SVR 12: HDV-RNA undetectable 12 weeks EOT*





*Eiger's Approach for an HDV Cure*

*Thank You!*

*Boston, November 11, 2016*