



HBV Virology - Novel Targets

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What Would HBV Elimination Look Like?

In the blood: HBV DNA/HBsAg negative
anti-HBs positive

In the liver: no HBV cccDNA
no HBV RC/DSL DNA
HBcAg staining negative
± HBsAg (occasional)*

*[reflecting integrated HBV DNA]

Functional Cure:

HBsAg loss/Seroconversion: Maintenance of undetectable serum HBV DNA off-treatment

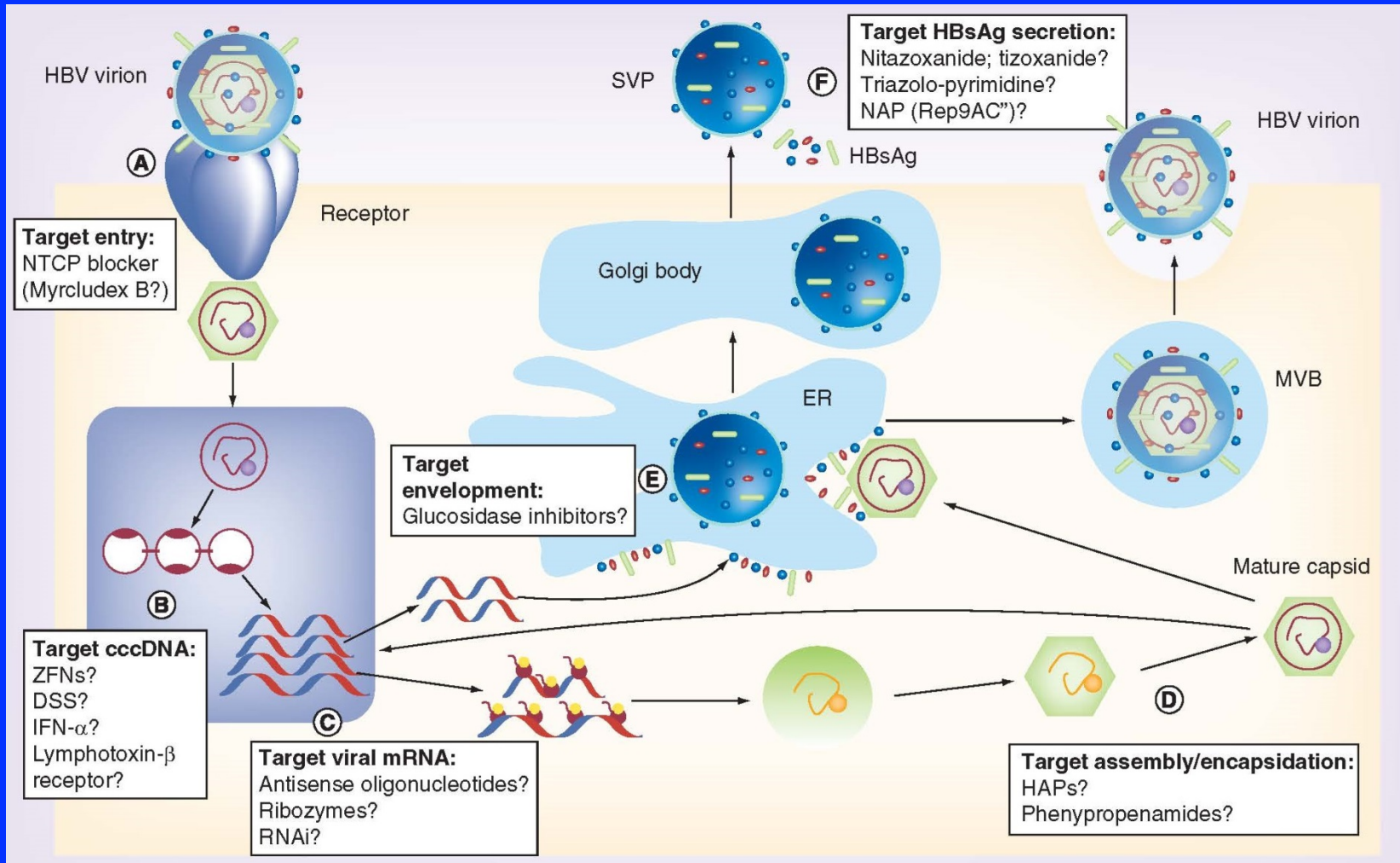
Absolute or Complete Cure:

No cccDNA or HBV DNA anywhere!

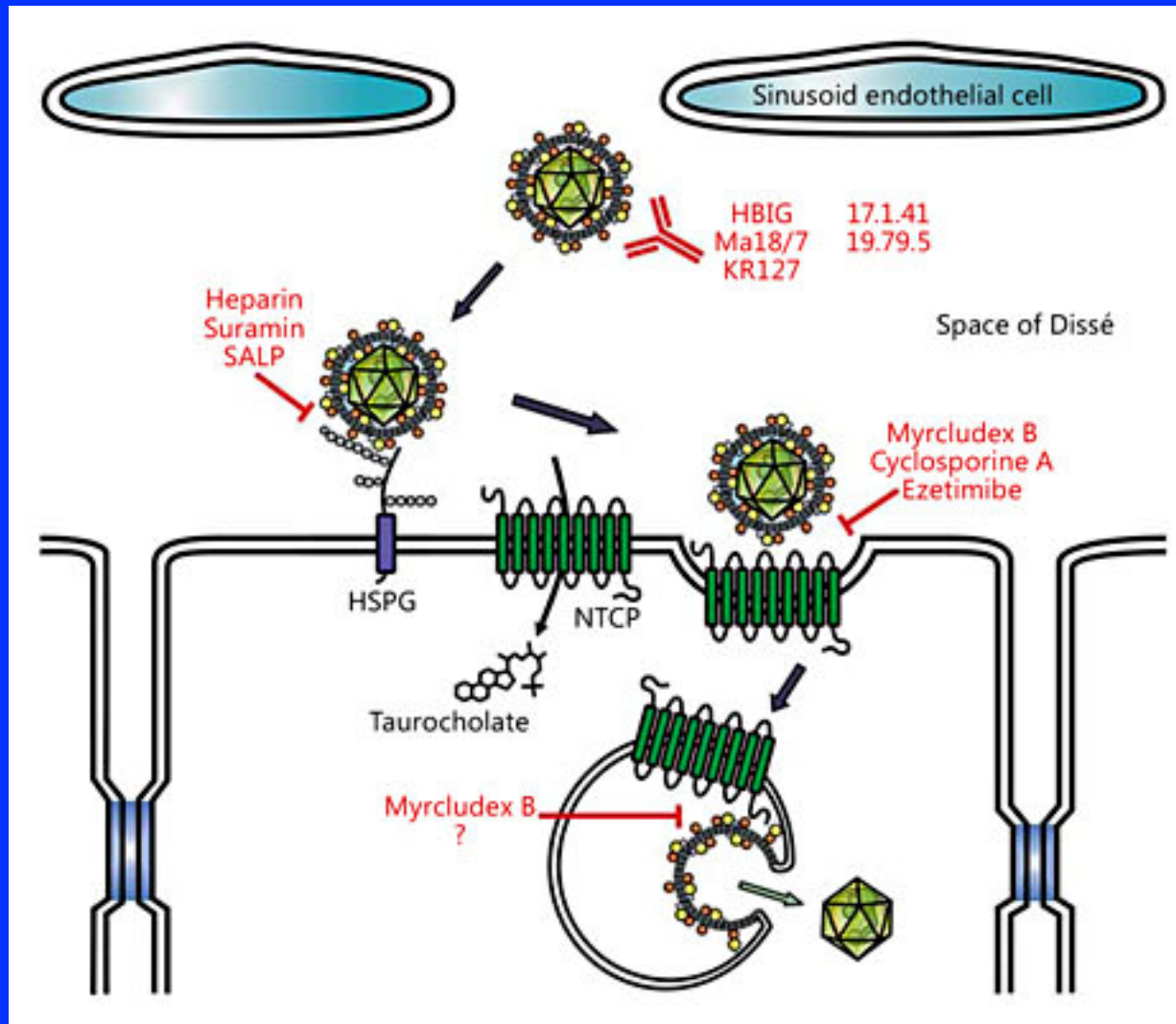
New Viral Targets

- Attachment and Entry
- cccDNA Generation & Processing (HBcAg and HBx)
- Reverse Transcription
- HBV Nucleocapsid Assembly (HBcAg)
- Packaging Inhibitors
- Molecular Based Therapies (RNAi)
- Combination Therapy

HBV Lifecycle Showing Novel Approaches for Viral Targets



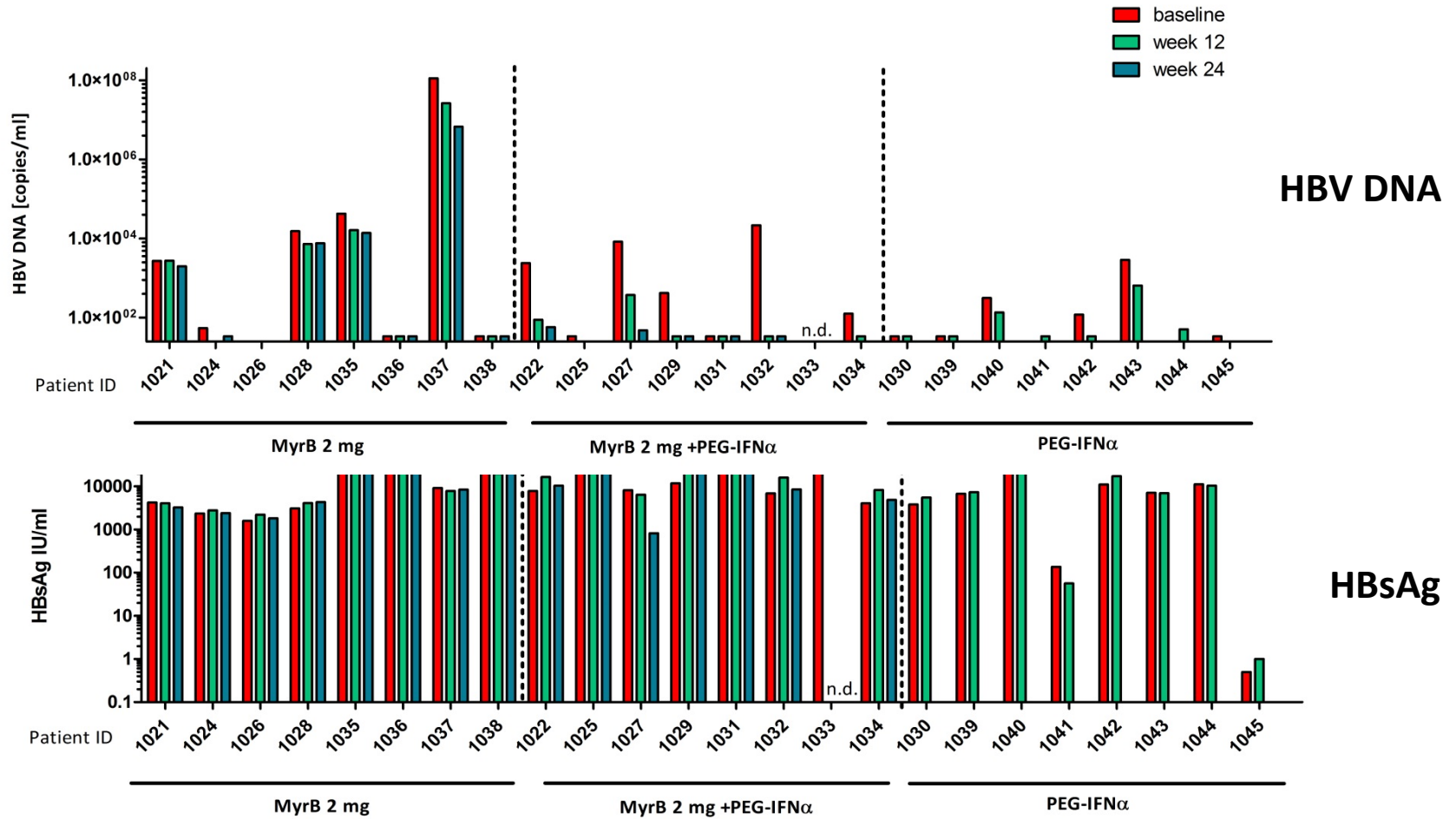
Inhibitors of HBV Attachment and Entry



Sodium taurocholate cotransporting polypeptide (NTCP) identified as HBV and HDV receptor in 2012

Myrcludex in phase 2 trials in chronic HBV and chronic HDV decrease in HBV DNA and HDV RNA

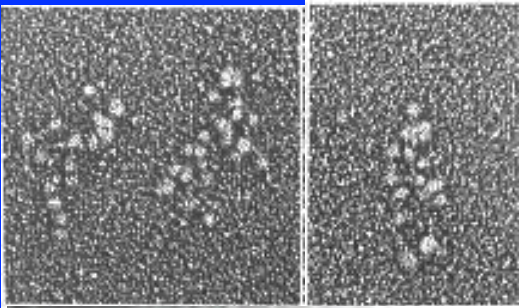
(B) HBV Serum DNA- and HBsAg Levels During Myr B and Myr B/IFN α Treatment



- ⇒ HBV DNA levels decline during Myrcludex B treatment in 4/8 patients (consistent with HBV trial).
- ⇒ More pronounced decline of HBV DNA in the Myrcludex B/PEG-IFN α group (5/8 patients).
- ⇒ No significant changes (except patient 1027) in HBsAg levels.

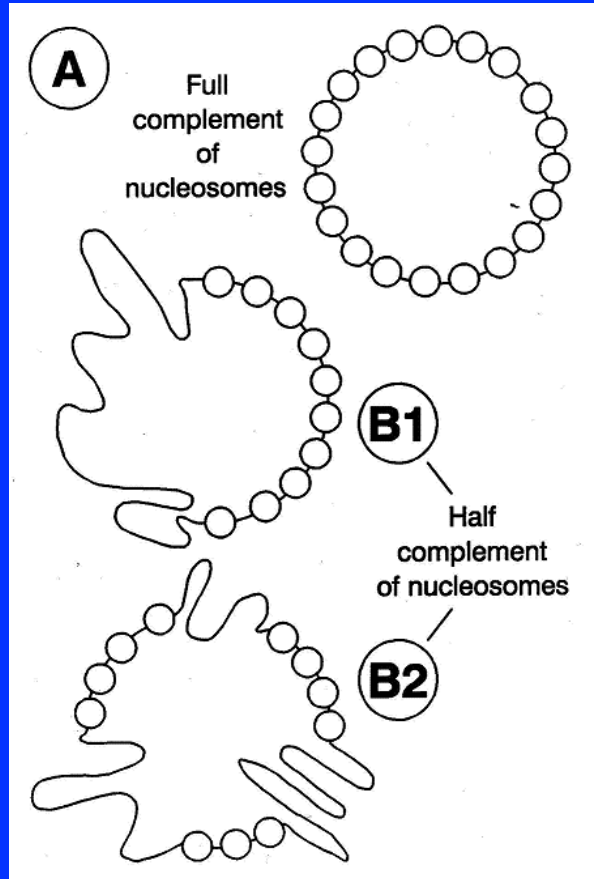
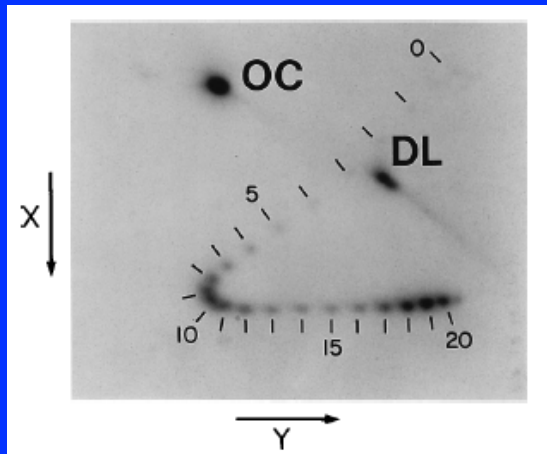


cccDNA Generation and Processing: cccDNA is a Minichromosome



Bock, T. et al 1994. *Virus Genes*;8:215

Bock, T. et al 2001. *JMB*;307:183

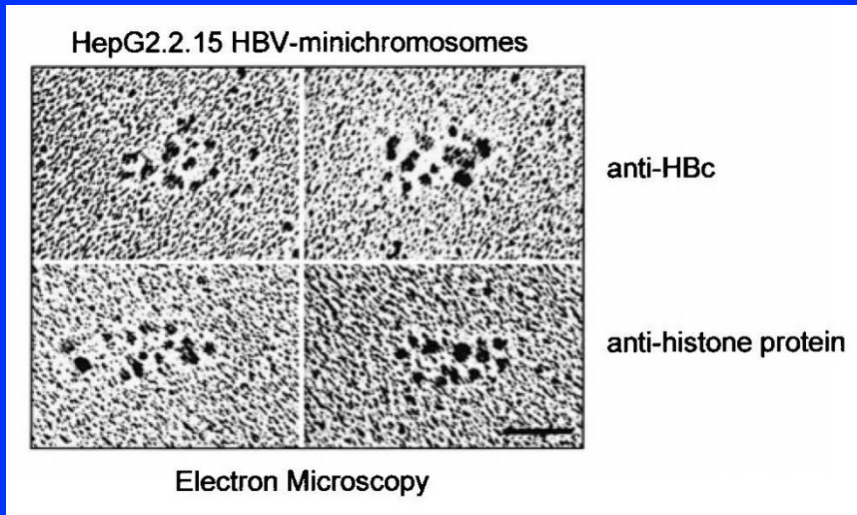


Low Replication Phenotype
Quiescent or active
Medium to Low Viraemia

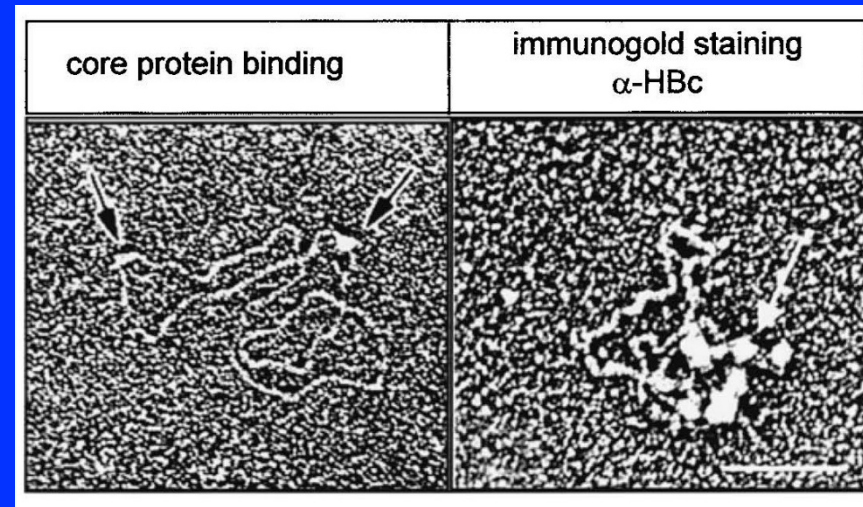
High Replication Phenotype
Transcriptionally Active
High Viraemia

Preferential Binding of HBcAg to HBV Minichromosome

A

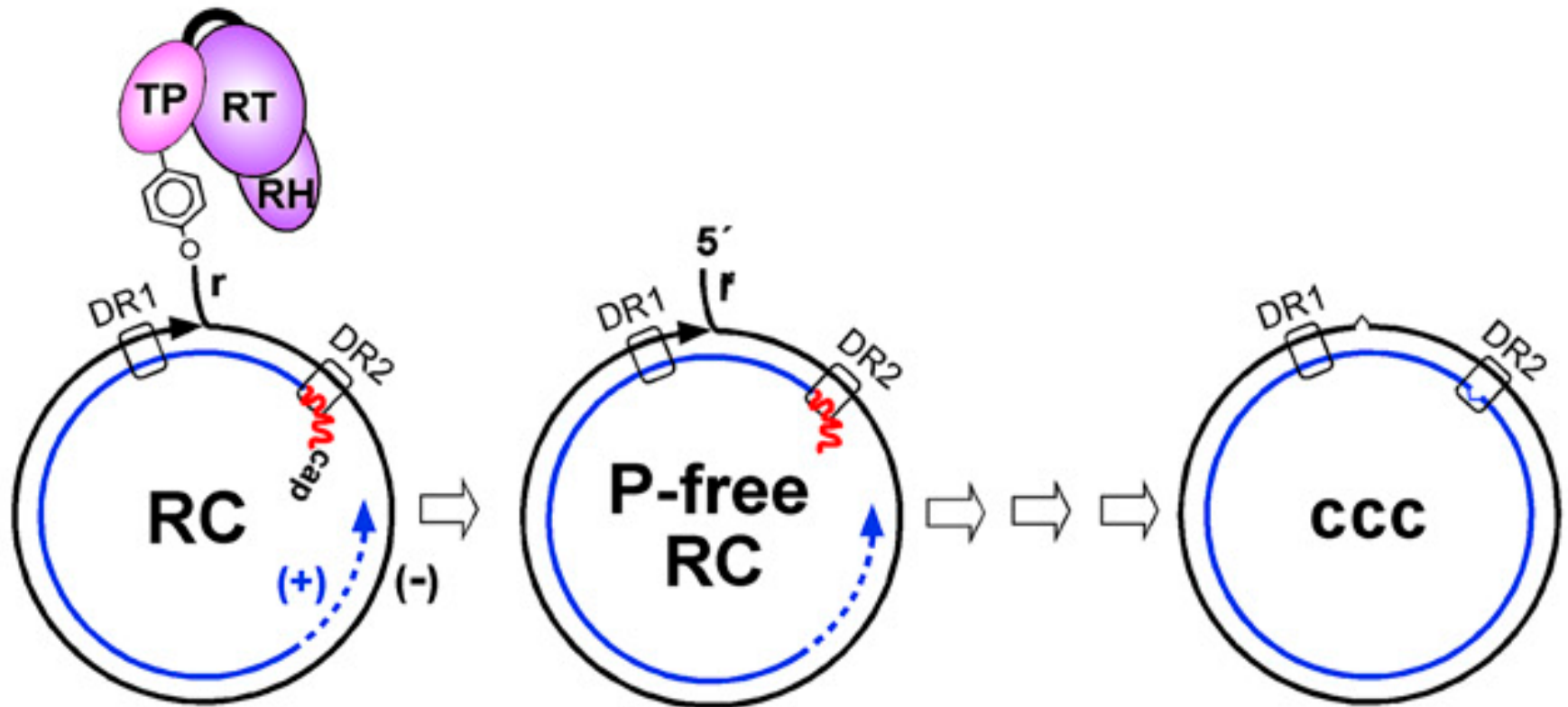


B

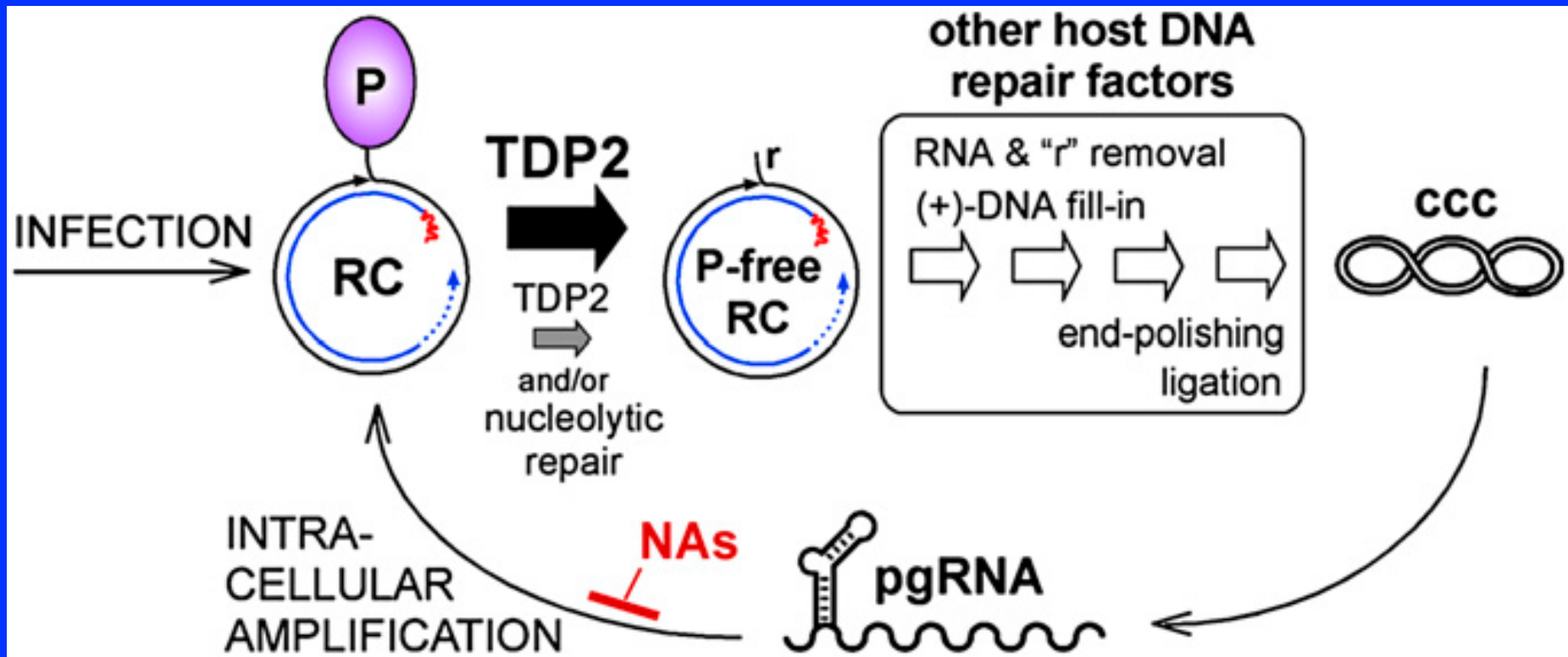


- HBcAg binds to CpG Island II (Guo, YH et al 2011. Epigenetics;6:720)
- in the presence of HBcAg peak number of nucleosomes increased from 15 to 16, resulting in a 20bp decrease in nucleosomal spacing

Conversion of RC DNA to cccDNA

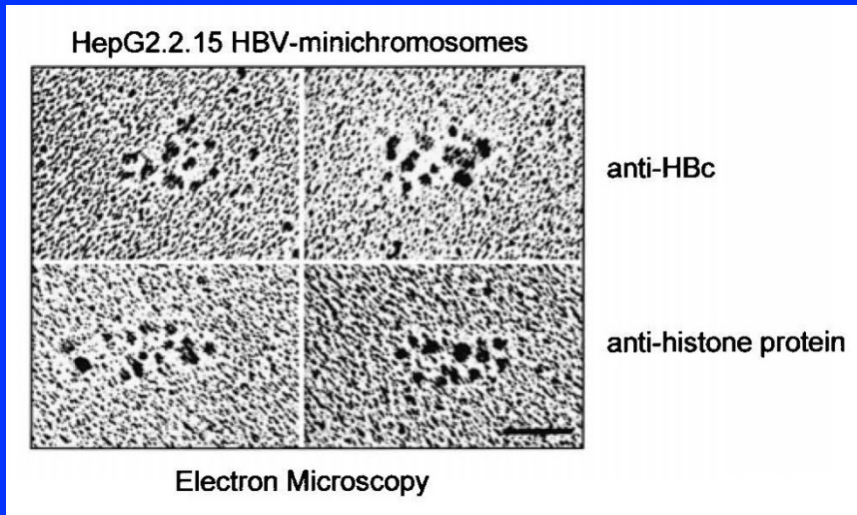


Role of Tyrosyl-DNA-Phosphodiesterases

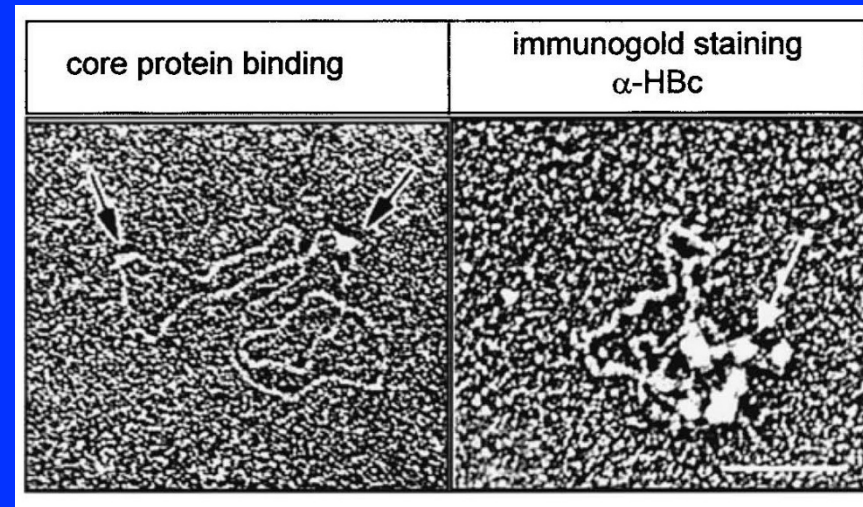


Preferential Binding of HBcAg to HBV Minichromosome

A

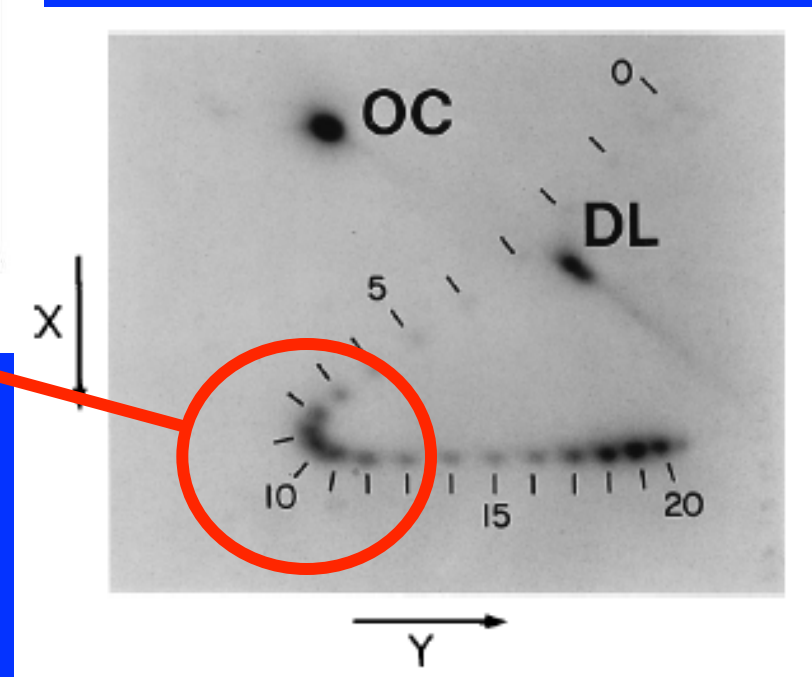
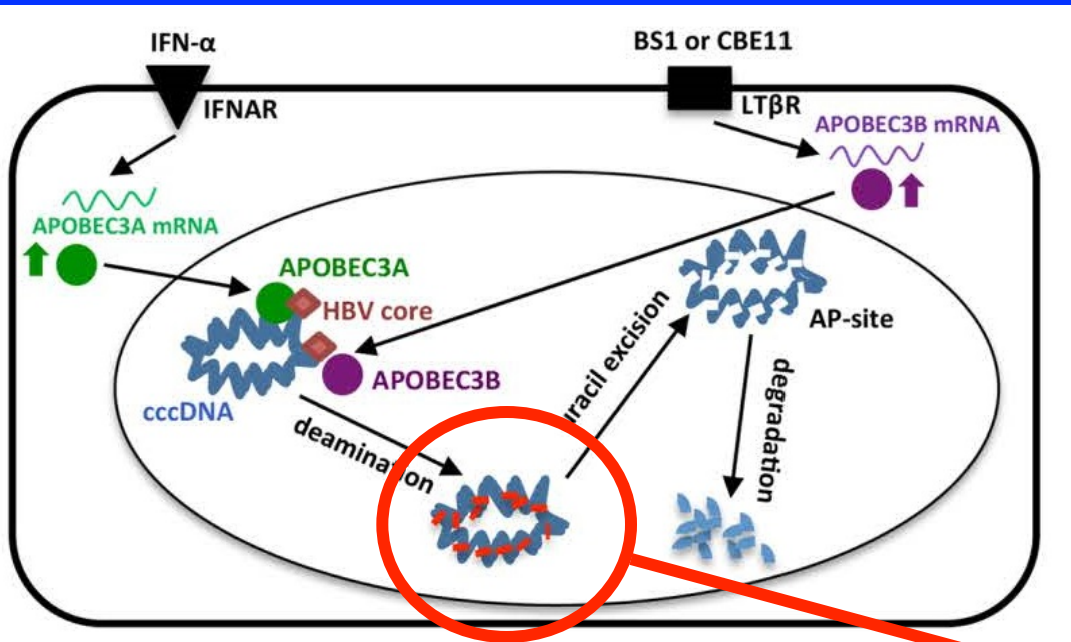


B



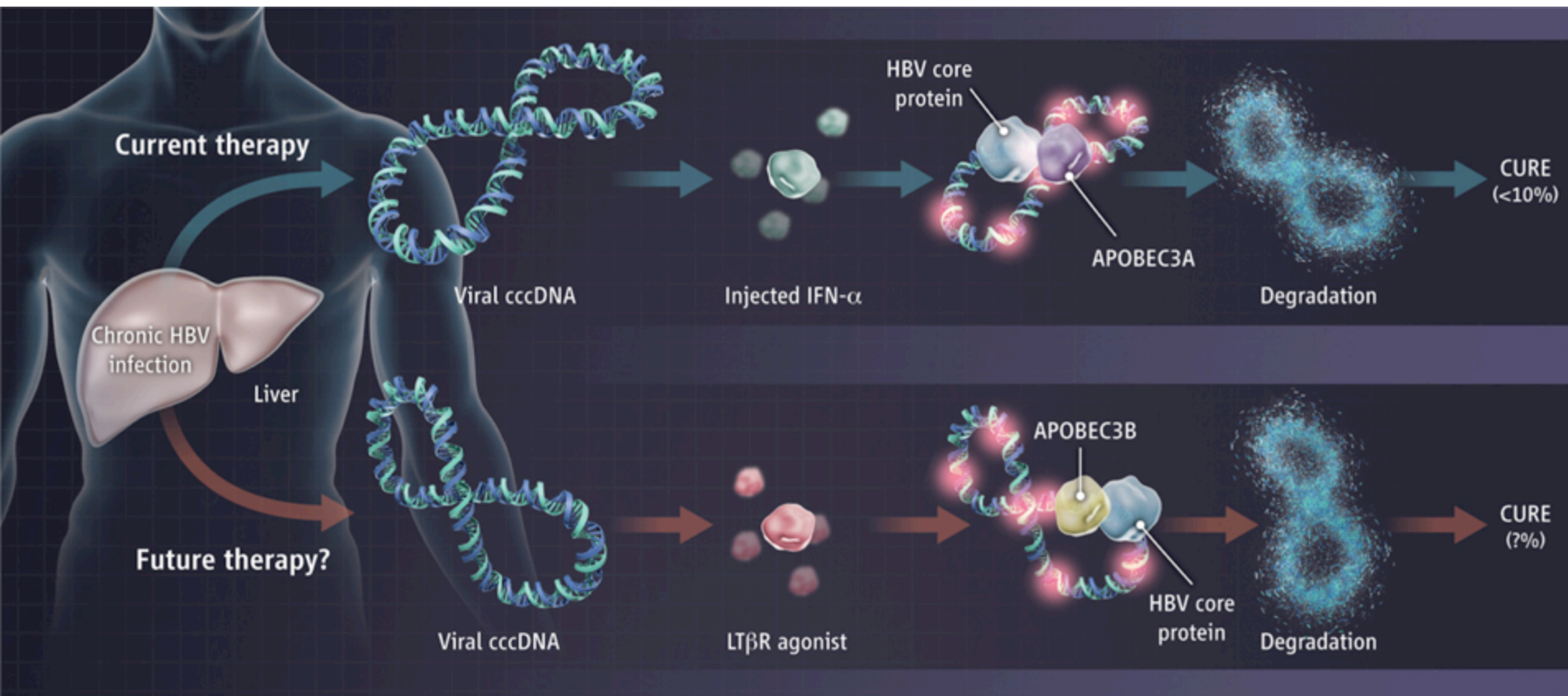
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- in the presence of HBcAg peak number of nucleosomes increased from 15 to 16, resulting in a 20bp decrease in nucleosomal spacing

Interaction of APOBEC 3A/3B, HBV Core Protein (HBc) and cccDNA



Model for cccDNA Degradation

IFNalpha /Lymphotoxin beta can induce **APOBEC3A/B** dependent degradation of HBV cccDNA



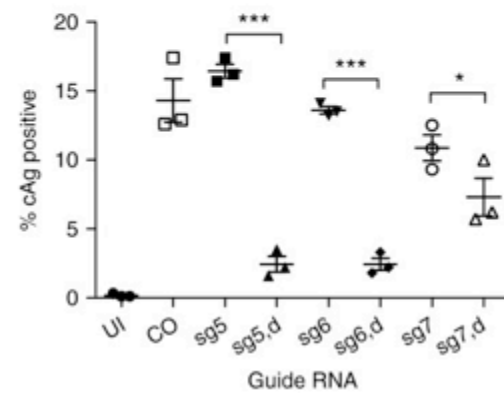
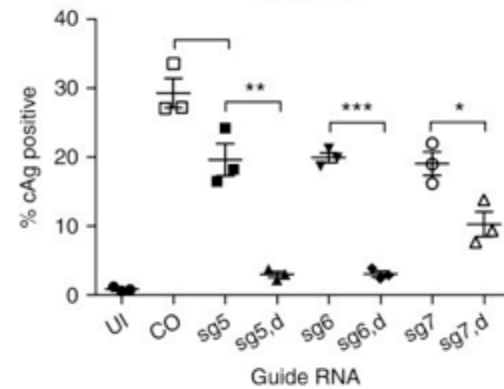
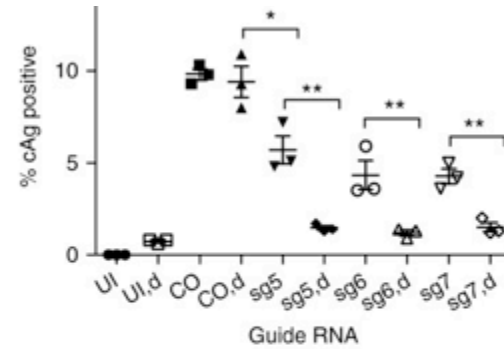
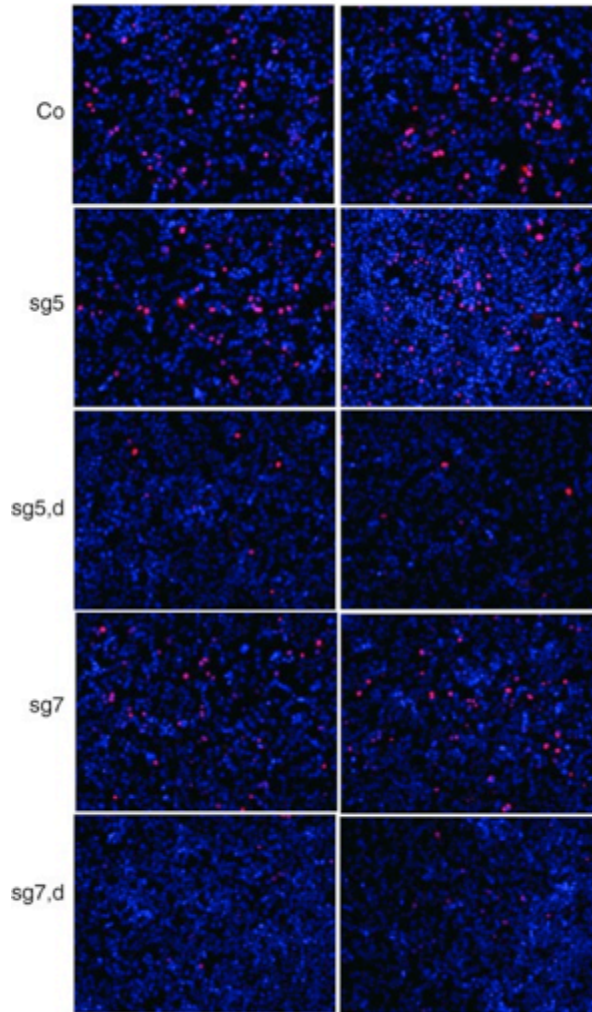
Lucifora et al, Science 2014; Shlomai & Rice, Science 2014

Similar observation with IFN γ and TNF α – Xia et al, Gastroenterology 2015

Targeting Hepatitis B Virus with CRISPR/Cas9

Induction of deletions in cccDNA

Decreased number of cells expressing viral antigens



HBV Minichromosomes and Chromatin Modelling

- Relaxed Chromatin

Activation of Gene Expression : Histone Acetylase (HAT)

- Transcription activation complex containing HATs
- HATs acetylate lysine residues of the histone tails

- Compacted Chromatin

Repression of Gene Expression : Histone Deacetylases (HDAC)

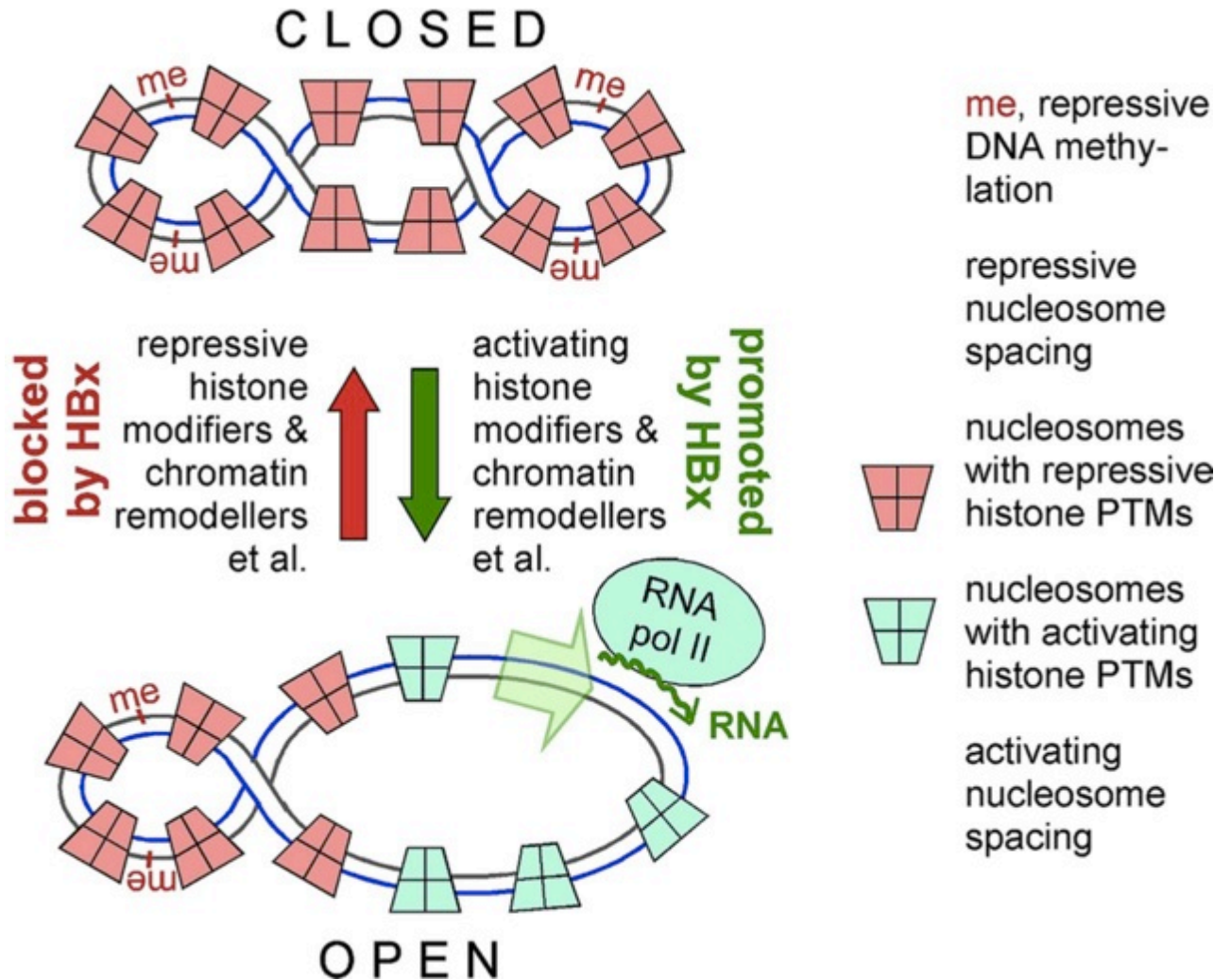
- Transcription repression complex containing HDAC
- HDACs deacetylate histone lysine tails

- Conclusion

- Acetylation status of HBV minichromosome (cccDNA-bound H3 & H4 histones) regulates HBV transcription/replication and is reflected in viral load

Epigenetics of covalently closed circular (ccc)DNA

Regulation by viral proteins (HBc and HBx)



Silencing

Epigenome modifiers
Interferon alpha,
Capsid inhibitors,
Inhibition of HBx function

Pollicino et al. Gastroenterology 2006

Levrero et al. J Hepatol, 2009

Lucifora et al, J Hepatol 2012

Belloni et al, PNAS 2009

Belloni et al, J Clin Invest 2012

Decorsière et al, Nature 2016



BRIEF REPORTS

Reactivation of DNA viruses in association with histone deacetylase inhibitor (HDI) therapy: a case series report

David Ritchie,¹ Richard L. Piekarz,² Piers Blombery,¹ Laszlo J. Karai,³ Stefania Pittaluga,³ Elaine S. Jaffe,³ Mark Raffeld,³ John E. Janik,⁴ H Miles Prince,¹ and Susan E. Bates²

¹Department of Haematology and Medical Oncology, Peter MacCallum Cancer Centre and University of Melbourne, Melbourne, Victoria, AUSTRALIA; ²Medical Oncology Branch, Center for Cancer Research, National Cancer Institute, Bethesda, MD, USA;

³Laboratory of Pathology, Hematopathology Section, Center for Cancer Research, National Cancer Institute, National Institutes of Health, Bethesda, MD, and ⁴Metabolism Branch, Center for Cancer Research, National Cancer Institute, National Institutes of Health, Bethesda, MD, USA

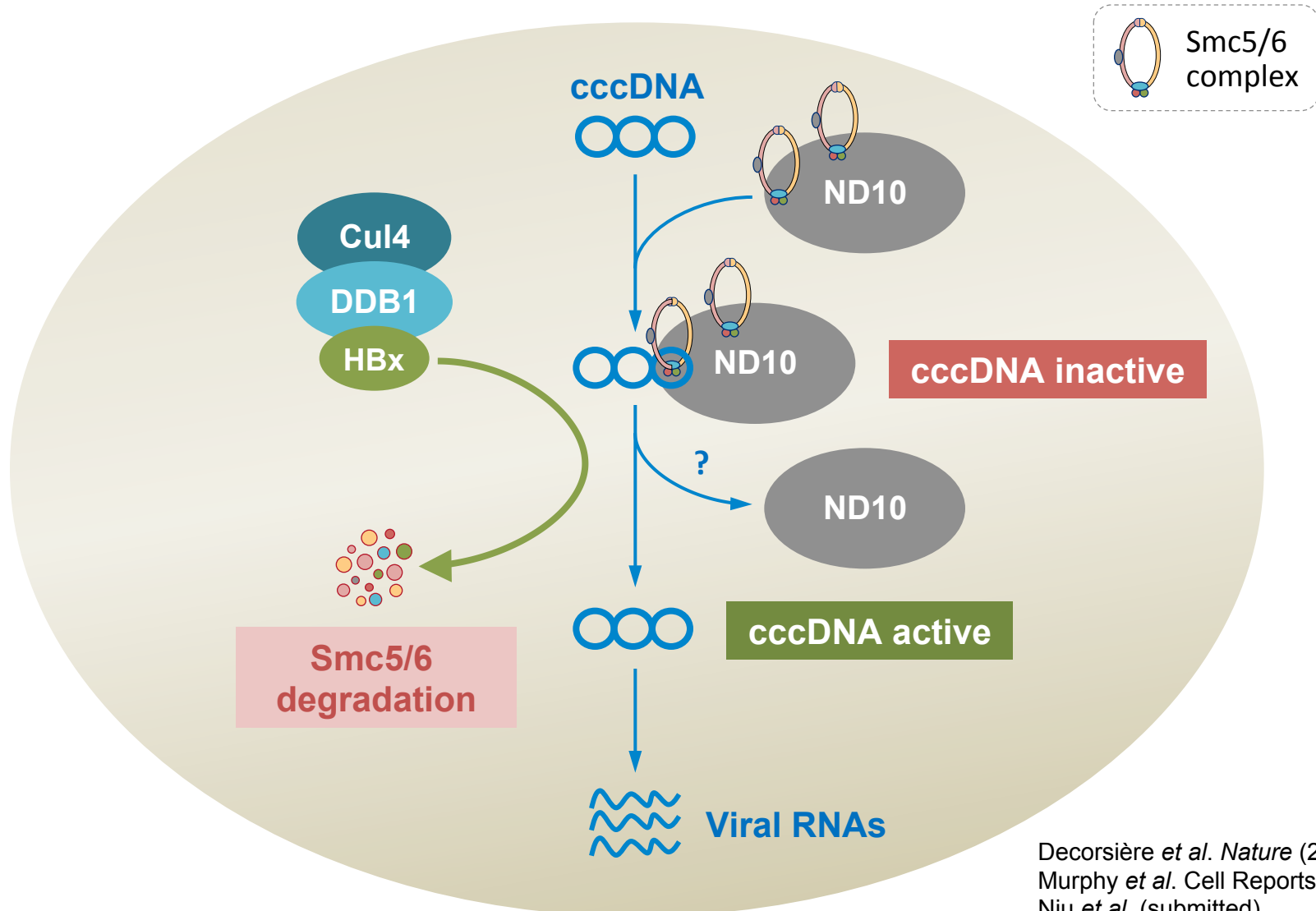
HBx Induces Degradation of the Structural Maintenance of Chromosomes (SMC) Complex

Hepatitis B virus X protein identifies the Smc5/6 complex as a host restriction factor

Adrien Decorsière^{1*}, Henrik Mueller^{1†*}, Pieter C. van Breugel^{1†*}, Fabien Abdul^{1*}, Laetitia Gerossier², Rudolf K. Beran³, Christine M. Livingston³, Congrong Niu³, Simon P. Fletcher³, Olivier Hantz² & Michel Strubin¹

2016. Nature;531:386-389

HBx Promotes the Degradation of the Smc5/6 Complex to Prevent Silencing of cccDNA



Decorsière *et al.* *Nature* (2016)
Murphy *et al.* *Cell Reports* (2016)
Niu *et al.* (submitted)

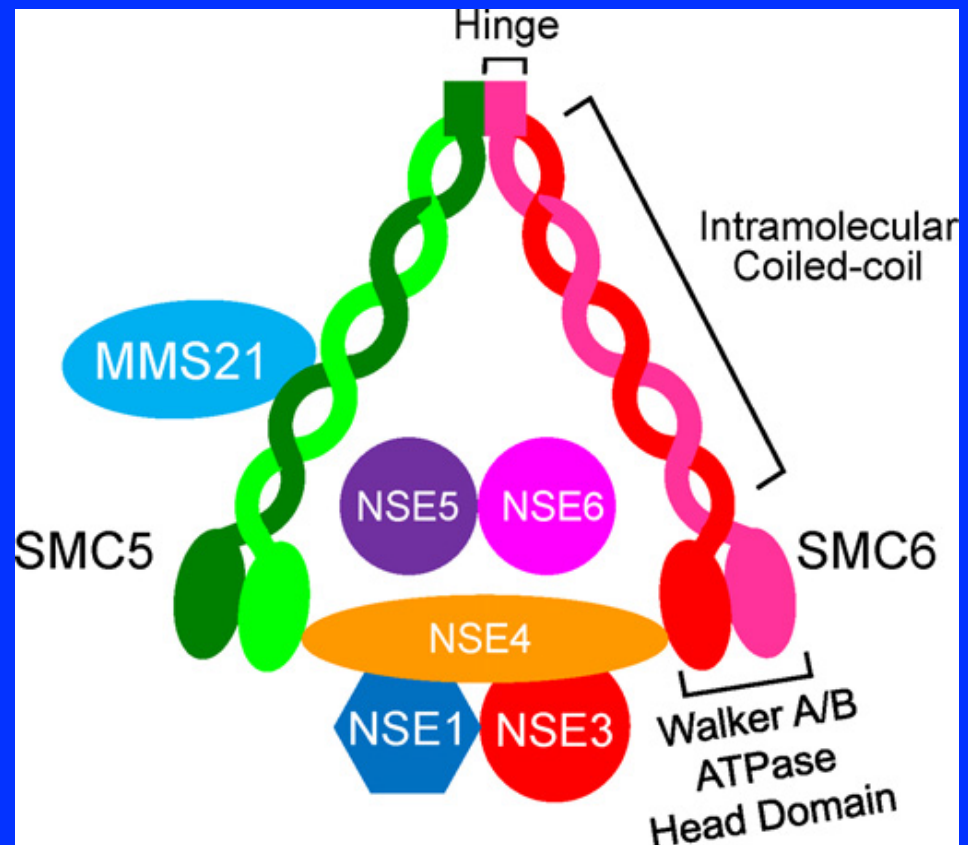
The Smc5/6 Complex

Structural Maintenance of Chromosomes (Smc) Complexes

- Condensin
- Cohesin
- Smc5/6 complex

Smc5/6

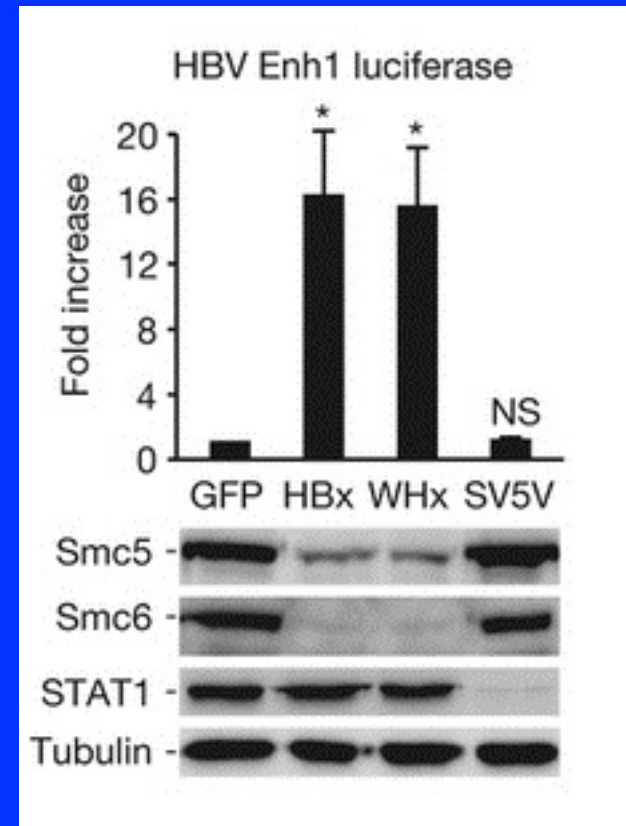
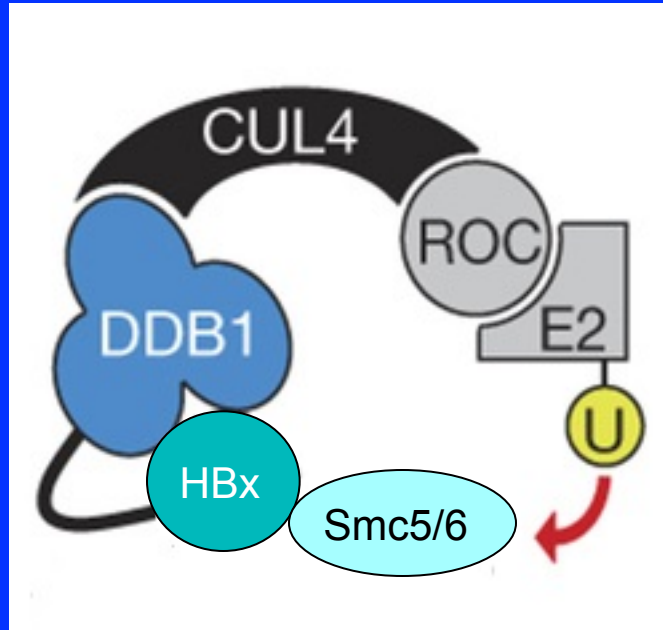
- Nuclear complex
- DNA repair
- Chromosome topology and organization



Potts, PR. 2009. DNA Repair;8:499

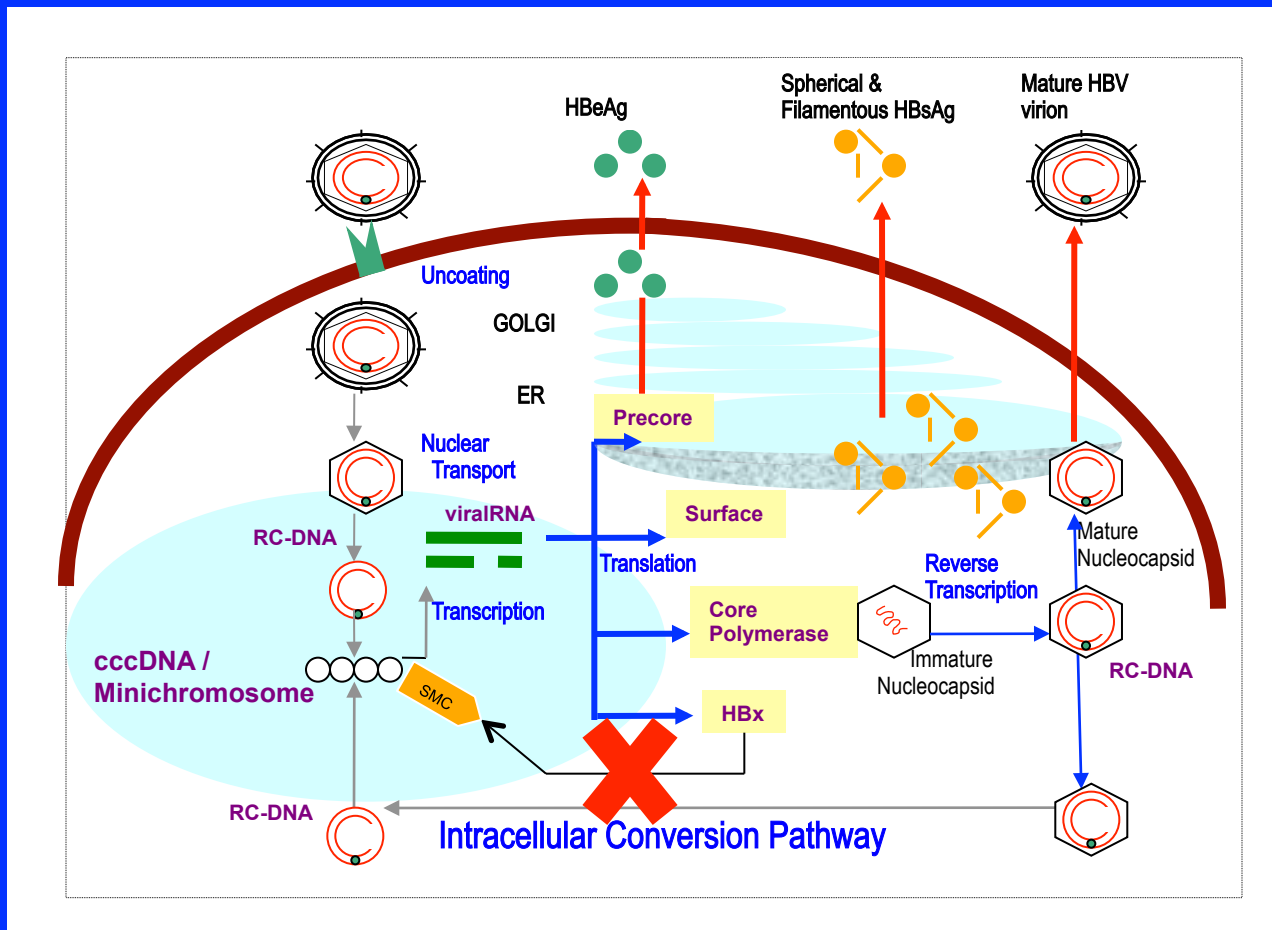
- Depletion of any subunit results in destabilization of the complex
(Taylor, 2008)

HBx Induces Degradation of Smc5/6



- The effect is rapid
- Blocked by proteasome inhibitors
- Blocked by E3 ligase inhibitors
- No changes in Smc5/6 mRNA levels

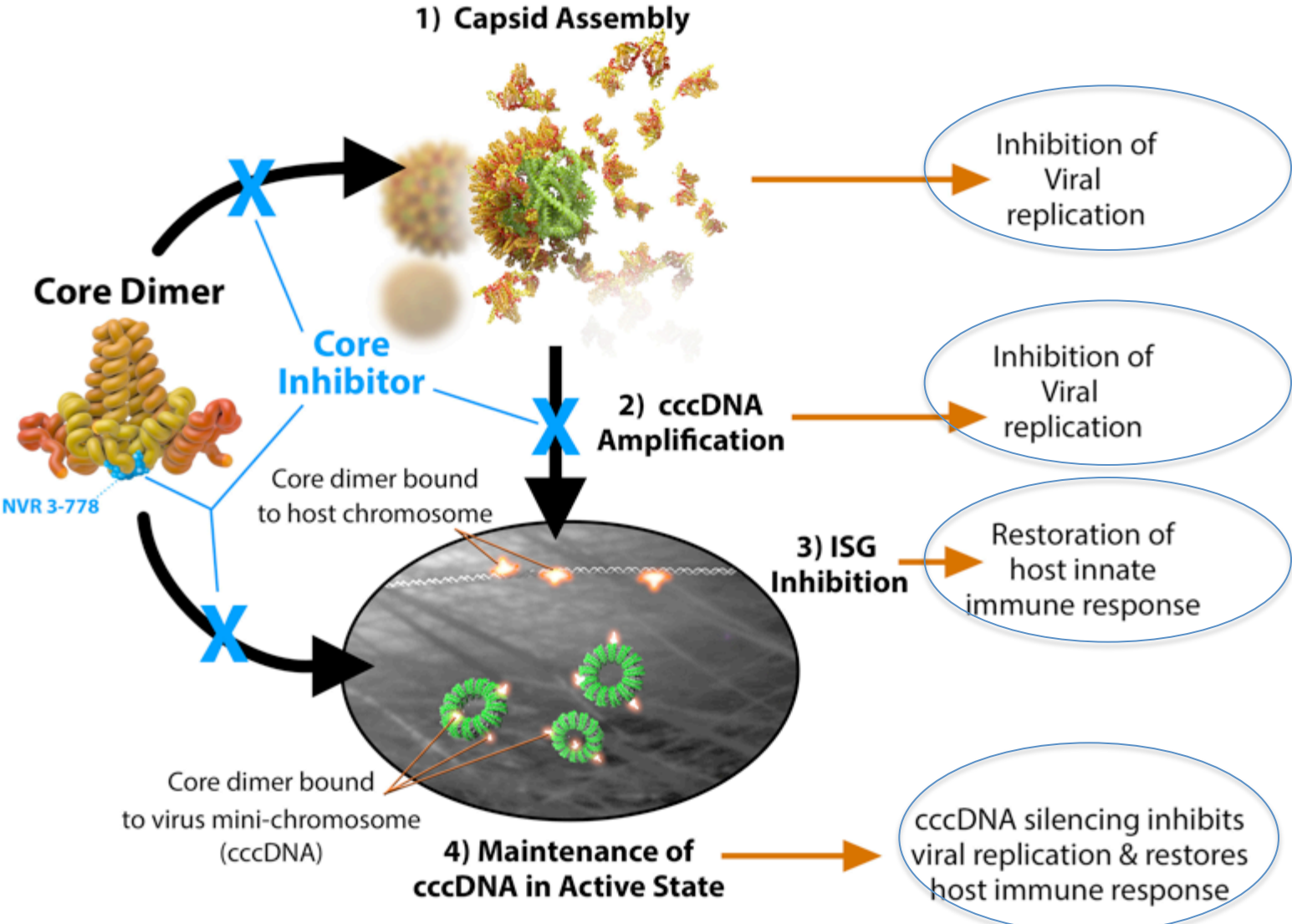
HBV Replication: cccDNA Pathway



1. RC DNA → cccDNA
 - DNA repair
 - TDP-2

2. HBeAg (early protein)
 - synthesised from precore mRNA

Targeting the HBV Nucleocapsid



Targeting HBV Nucleocapsids

Heteroaryldihydropyrimidines

Destabilization of nucleocapsids

Deres et al, Science 2003

Klump et al, PNAS 2015

Phenylpropenamide derivatives

Prevent pgRNA encapsidation

Feld, J et al 2007. AVR; 76:168-177

Antimicrob Agents Chemother. 2002.

Novel classes of capsid inhibitors based on the 3D structure of HBC

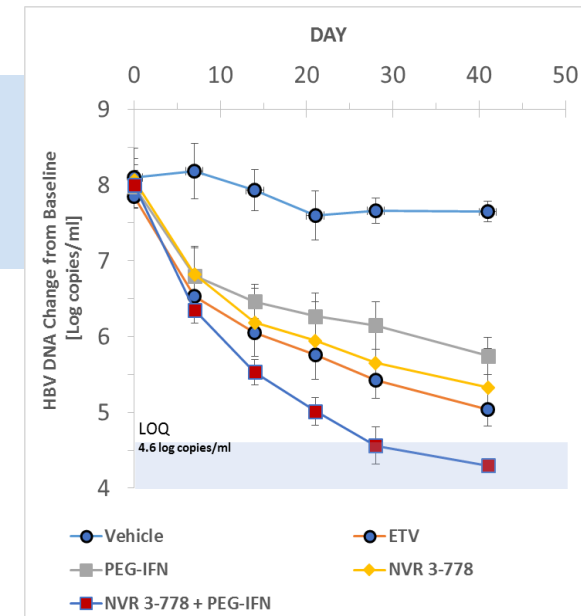
Novira, Assembly Biosciences, Janssen, Roche, and others

Phase 1 studies with Novira completed

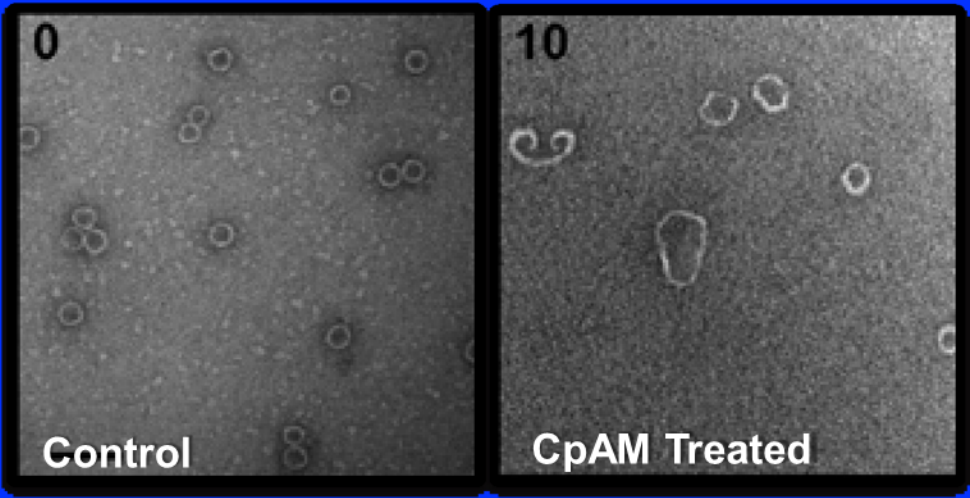
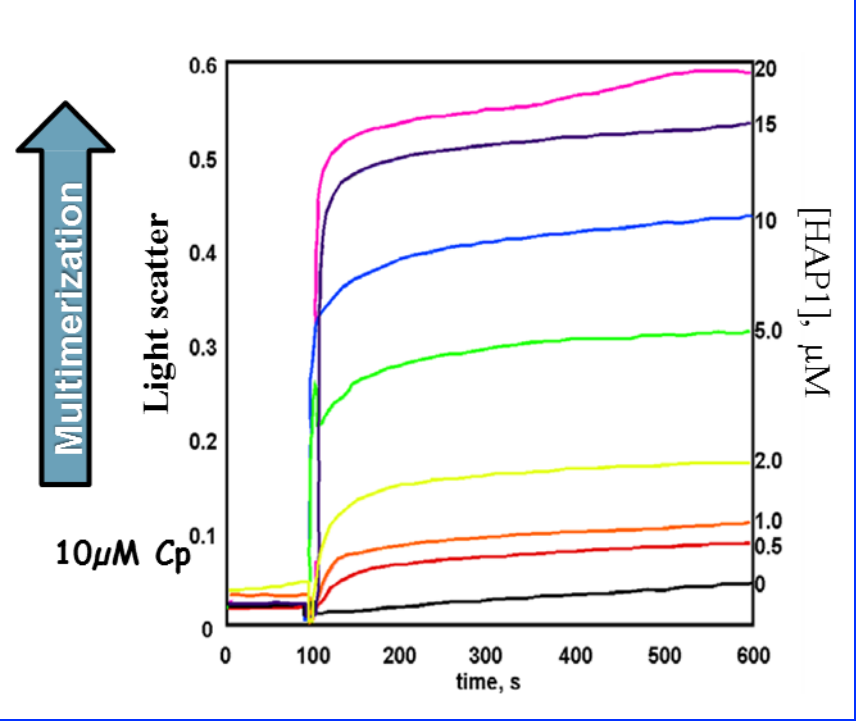
Lam A, et al. AASLD 2015, San Francisco. #33

[sulphonamide/sulfamoyl benzimide derivatives]

CpAM: Core Protein Allosteric Modifier

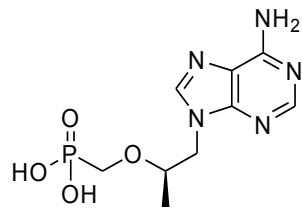


CpAMs Accelerate/Promote Capsid Assembly



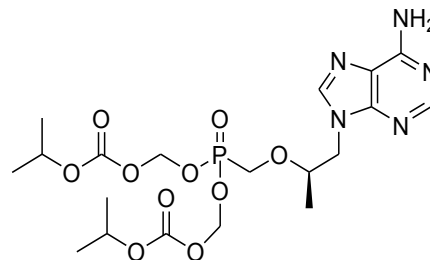
Reverse Transcription: Improved Potency of NA Tenofovir Alafenamide (TAF)

- TAF = orally bioavailable phosphonoamidate prodrug of tenofovir (TDF)
- In comparison with tenofovir, TAF enables enhanced delivery of the parent nucleotide and its active diphosphate metabolite into lymphoid cells and hepatocytes.
- This is attributed to an improved plasma stability and differential intracellular activation mechanism for TAF relative to TDF

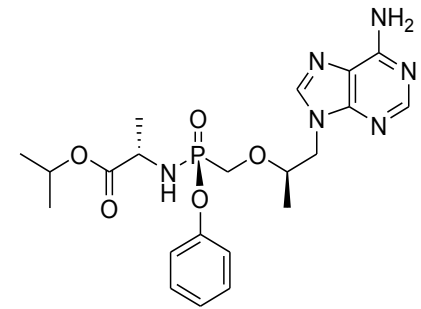


EC₅₀ HIV-1
(PBMCs)

Tenofovir
1.2 μM

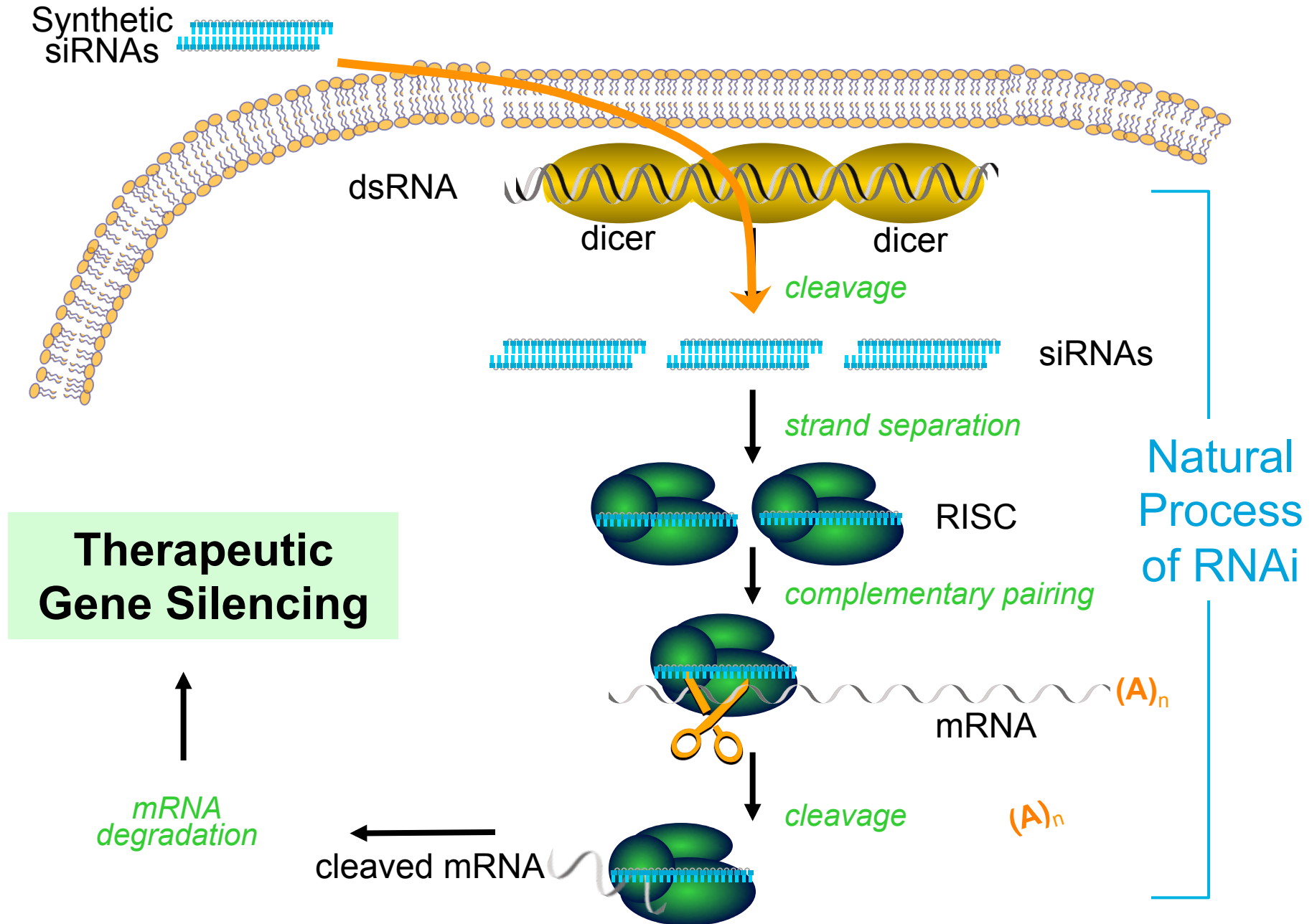


Tenofovir Disoproxil
0.015 μM

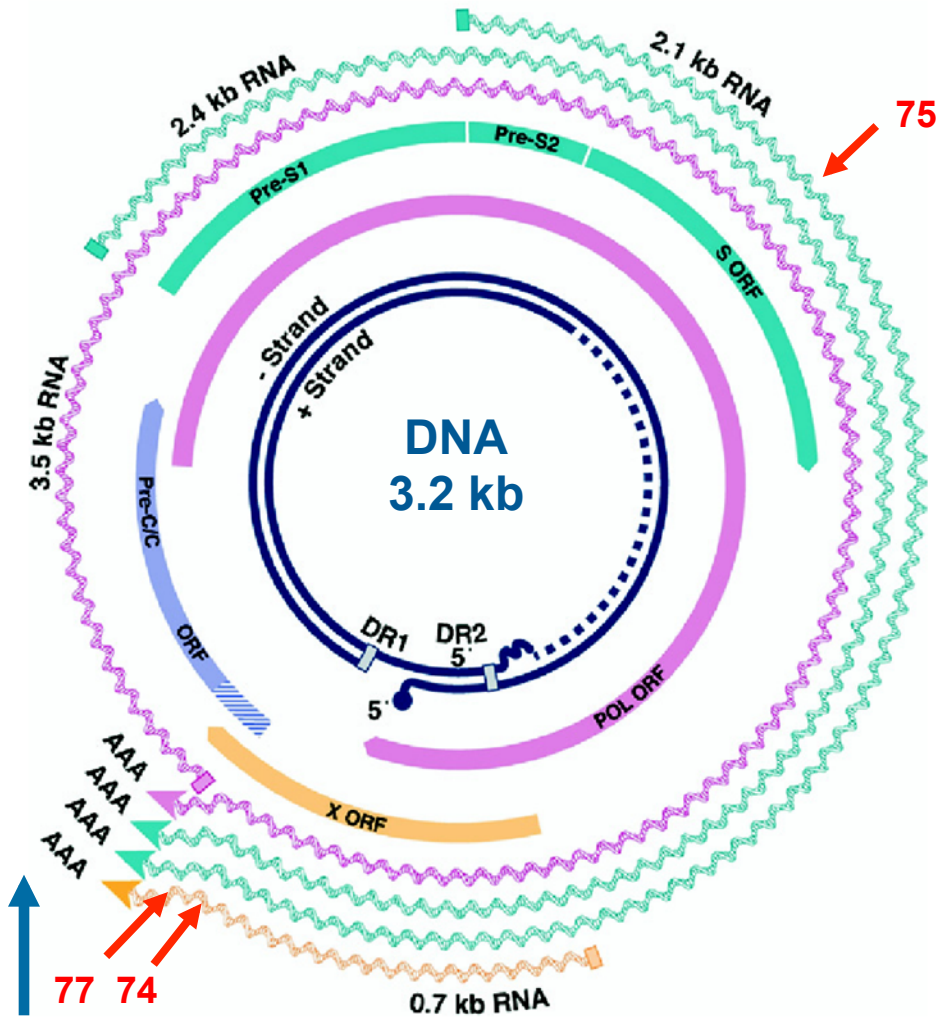


TAF
0.003 μM

Mechanism of RNA Interference (RNAi)



HBV genome and siRNA target sites



Same polyadenylation signal for all mRNAs

•HBV mRNA

- 3.5 kb pre-genomic RNA
- 3.5 kb pre-core mRNA
- 2.4 kb pre-S1 mRNA
- 2.1 kb pre-S2/S mRNA
- 0.7 kb X mRNA

•HBV proteins

- Polymerase (with reverse transcriptase function)
- Core (HBcAg), forms capsid
- E antigen (HBeAg), also called pre-core, a secreted protein
- Large, middle and small surface proteins (HBsAg), form envelope
- X protein (Transactivator)

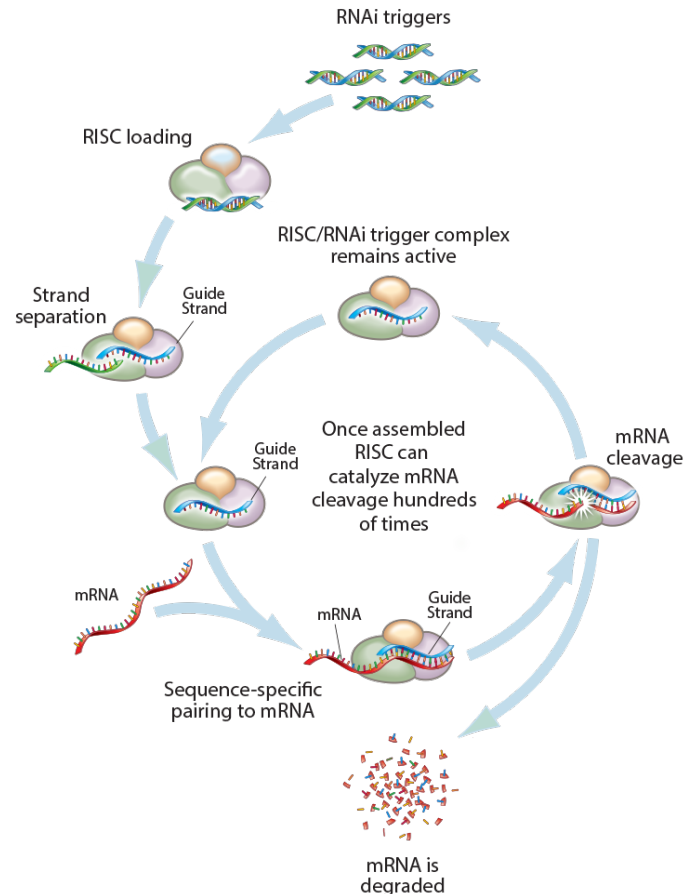
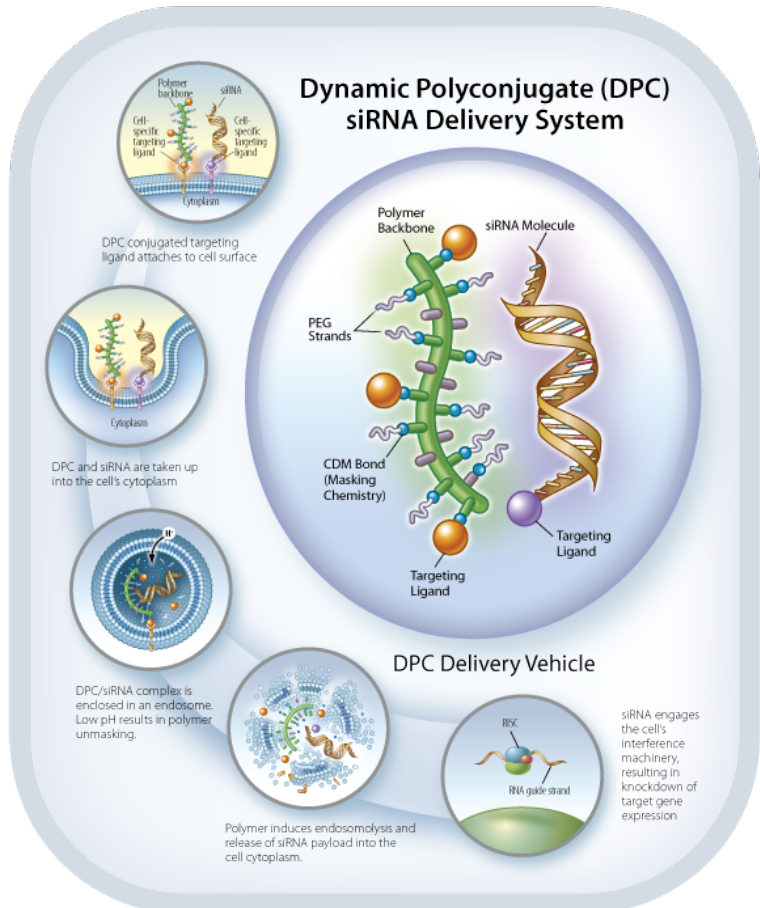
Groups Involved in RNAi Therapy and HBV

- Arrowhead Pharmaceuticals
 - ARC-520 (phase 2)
 - ARC-521 (phase 1/2)
- Arbutus Biopharma
 - ARB-1467 (phase 1/2)
- Alnylam Pharmaceuticals
 - ALN-HBV (phase 1)

ARC-520 RNAi delivery technology

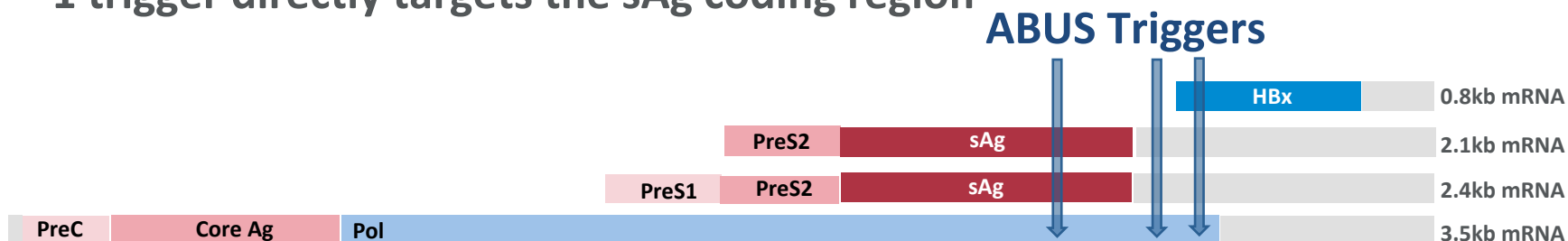
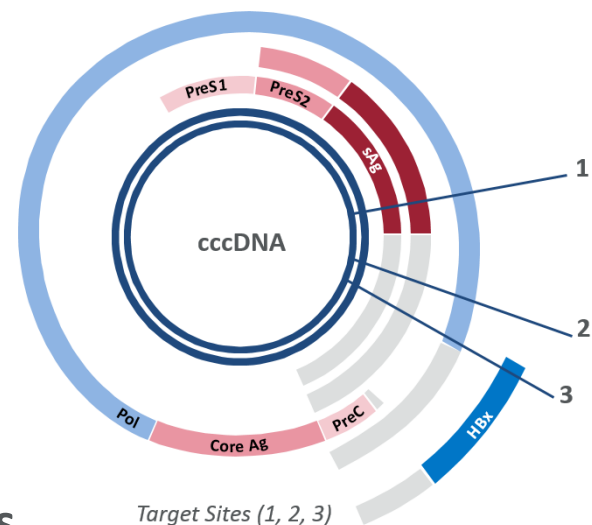
DPC polymer composition: amphipathic peptide with reversibly “masked” amines

- Ligand-driven cellular uptake of (N-acetyl galactosamine for hepatocytes)
- Liver tropic siRNA attachment by lipophilic ligand (e.g. cholesterol)
- ↓ pH in endosomes unmasks peptide to disrupt endosomal membrane
- siRNA released to cytoplasm



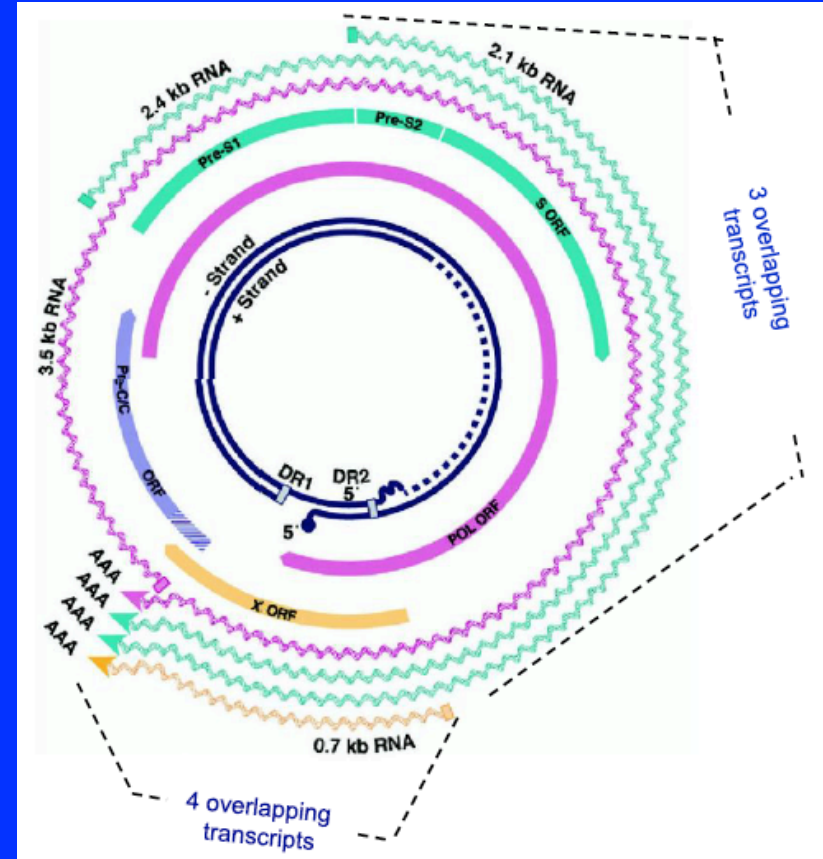
ARB-1467 Targets Multiple HBV Genomic Sites

- Primary viral target is HBsAg
- Target sites are regions of high conservation in HBV viral genomes
- Advantages of the **3-trigger combo**:
 - Increased potency
 - Coverage extension to 99.8% of HBV genotypes
 - Targets all HBV transcripts and prevents production of all antigens
 - 1 trigger directly targets the sAg coding region



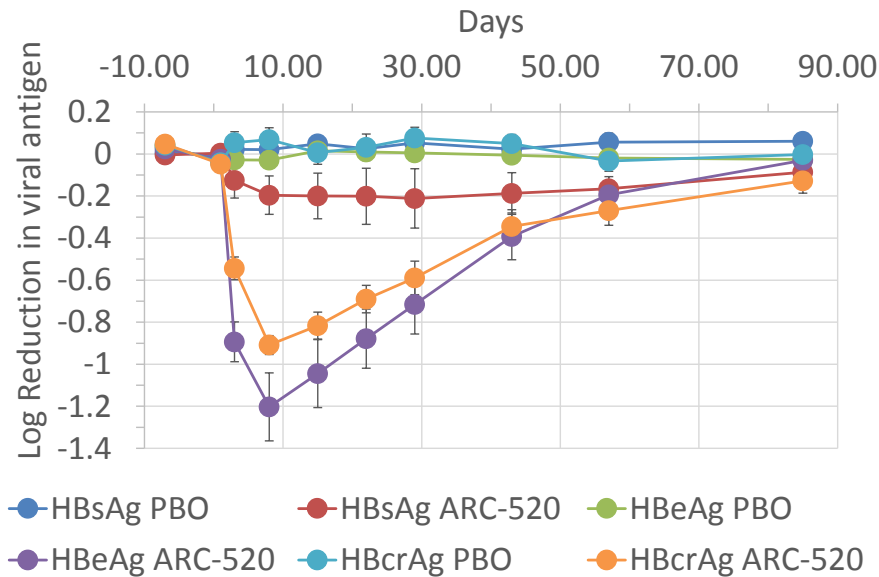
Alnylam RNAi (Preclinical)

- Delivery: **Multi-component lipid nanoparticles** for delivery to the liver via LDL receptor
- Triantennary Gal/Nac conjugated to 3' end of sense strand of siRNA
- Two target regions:
 - 0.7 kb region overlapping across all 4 HBV transcripts.
 - 1.4 kb region overlapping across 3 transcripts
- Inhibits replication, assembly and secretion of virus as well as subviral antigens that overlaps across 3 HBV transcripts



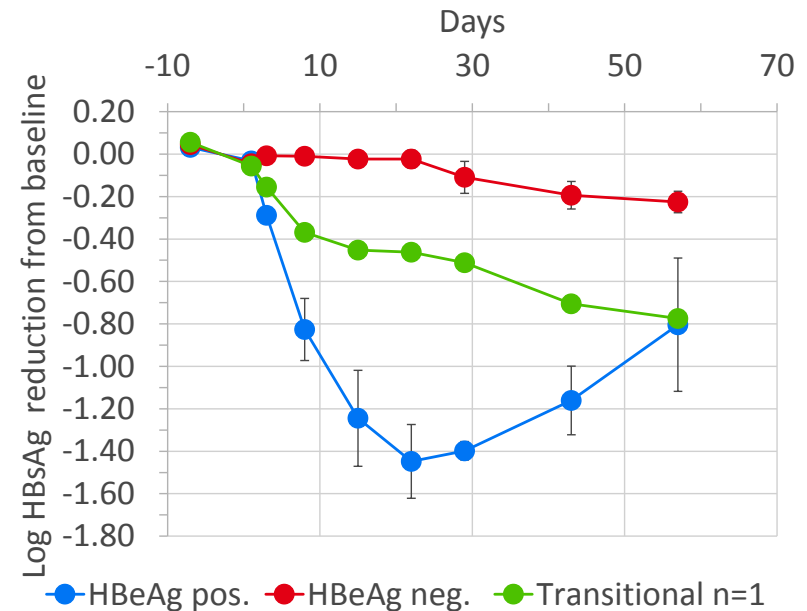
ARC-520 Produces Deep and Durable Knockdown of Viral Antigens and DNA in a Phase II Study in Patients with Chronic Hepatitis B

HBV antigen reduction in ETV experienced HBeAg-positive patients with a single 4 mg dose (cohort 5)



Direct antiviral effect lasted up to 57 days after a single dose of ARC-520, delayed response duration >85 days

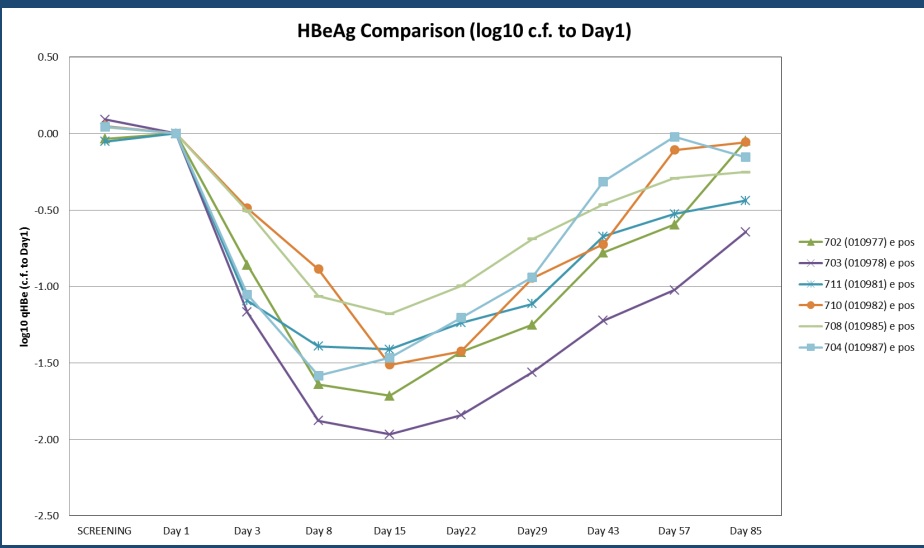
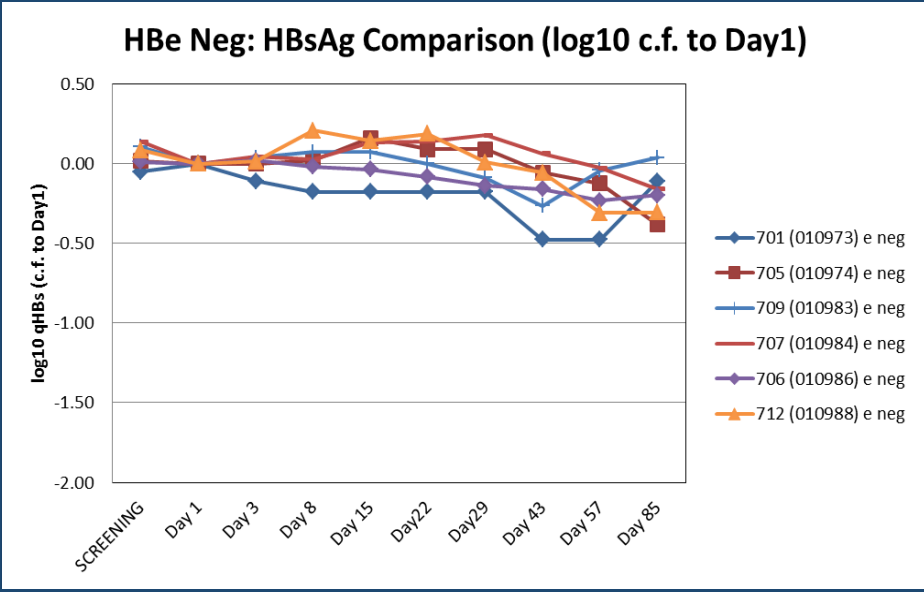
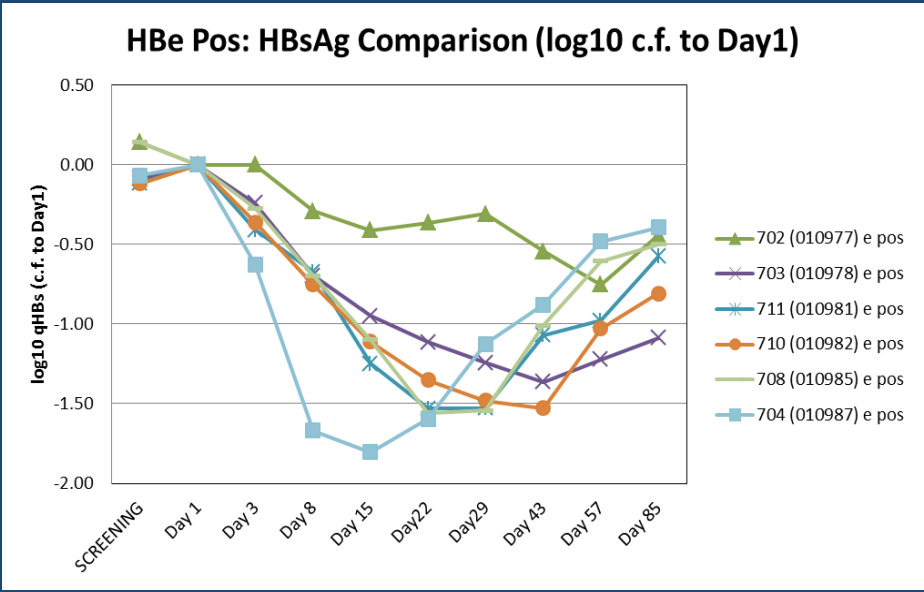
HBsAg reduction in ETV naïve patients with a single 4 mg dose (cohort 7)



- Small dose-related reduction in HBsAg
- Maximum effective dose not reached
- HBV DNA results pending in ETV naïve patients

ARC-520 RNAi: clinical responses

NUC naïve cohort (n=12): 50% HBeAg positive, 1x 4mg dose



HBsAg:

- > 1log drop in HBsAg achieved by all HBe pos subjects (excluding 702; transitional HBe <0.1 PE IU/mL at BL)

HBeAg:

- > 1log decline in HBeAg achieved

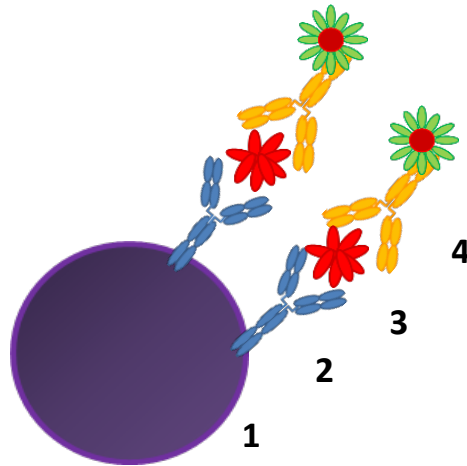
Two Predictive Biomarkers of Functional HBV cure

HBsAg epitope mapping 19plex immunoassay to identify a Clearance Profile (CP) predictive of HBsAg clearance

ASSAY 1

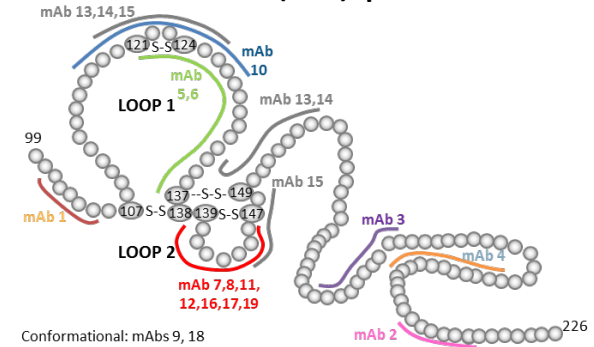
HBsAg
Epitope
Mapping

19 mAbs



Walsh R, et al. AASLD 2015

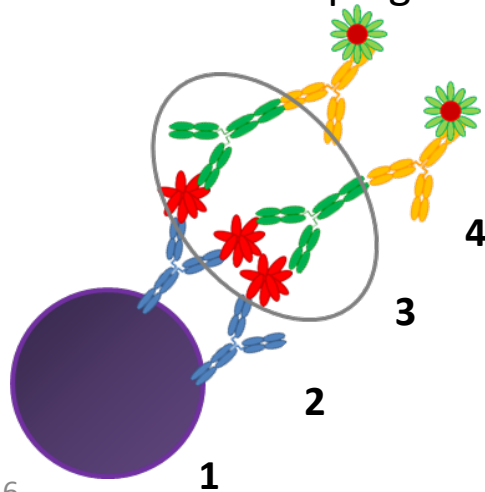
1. Magnetic bead
2. Capture Ab: 19plex mouse anti-HBs mAbs to HBsAg 'a' determinant
3. Patient HBsAg sample
4. Reporter Ab: PE conjugated polyclonal anti-HBs



Immuno-detection of the developing anti-HBs response (complexed to HBsAg)

ASSAY 2

Complexed
Anti-HBs



Walsh R, et al. EASL 2016

1. Magnetic bead
2. Capture Ab: mouse anti-HBs mAbs to control epitopes (C-term, Combo Loop1/2)
3. HBsAg/anti-HBs complexed (*patient sample*)
4. Reporter Ab: HRP conjugated Goat anti-Human IgG Fc

Complexed HBsAg/anti-HBs must be present in the tested sample to get reporter binding (absorbance)

Assays validated against G103 cohort, TDF registration (Marcellin, P. et al. 2008. NEJM 359, 2442)

In a Treatment Naïve Cohort of Genotype A Chronic Hepatitis B (CHB) Patients Receiving Tenofovir Disoproxil Fumarate (TDF) Therapy (TF103 Trial):

HBsAg clearance profile (CP)

HBsAg epitope pressure (reduced recognition) at *both* loop 1 **AND** loop 2 epitopes

- associated with HBsAg response/decline (>1log) and potentially HBsAg loss/seroconversion

HBsAg non-clearance (or escape) profile (NCP)

No change in HBsAg epitope profile, OR reduced epitope binding at *only* one loop

- associated with no HBsAg response/decline (<1log)

Conclusion/Findings

Significant association ($p < 0.02$) between the development of a **HBsAg CP** and **HBsAg Loss/Seroconversion** [PPV 83%] by 48 weeks of treatment

Synopsis: ARC-520 effect on HBsAg CP

Identification of an HBsAg CP during the ARC-520 treatment cohorts trials 1-5:

Cohort	HBeAg	BL (pre-treat)	W1	W2	W3	W4	W6	W8	W12
1 (ARC, n=6)	neg	4	1	1	1	1	2	nt	0
1 (placebo, n=2)	neg	2	0	0	0	0	0	nt	0
2 (ARC, n=6)	neg	3	1	3	3	3	1	0	0
2 (placebo, n=2)	neg	1	0	0	0	0	0	0	0
3 (ARC, n=6)	neg	3	3	5	4	4	4	1	1
3 (placebo, n=2)	neg	2	0	0	0	1	0	0	1
4 (ARC, n=6)	neg	2	4	2	4	4	4	2	2
4 (placebo, n=2)	neg	0	0	0	0	0	0	1	0
5 (ARC, n=6)	pos	1	2	1	4	3	3	2	2
5 (placebo, n=2)	pos	0	0	0	0	1	0	0	0

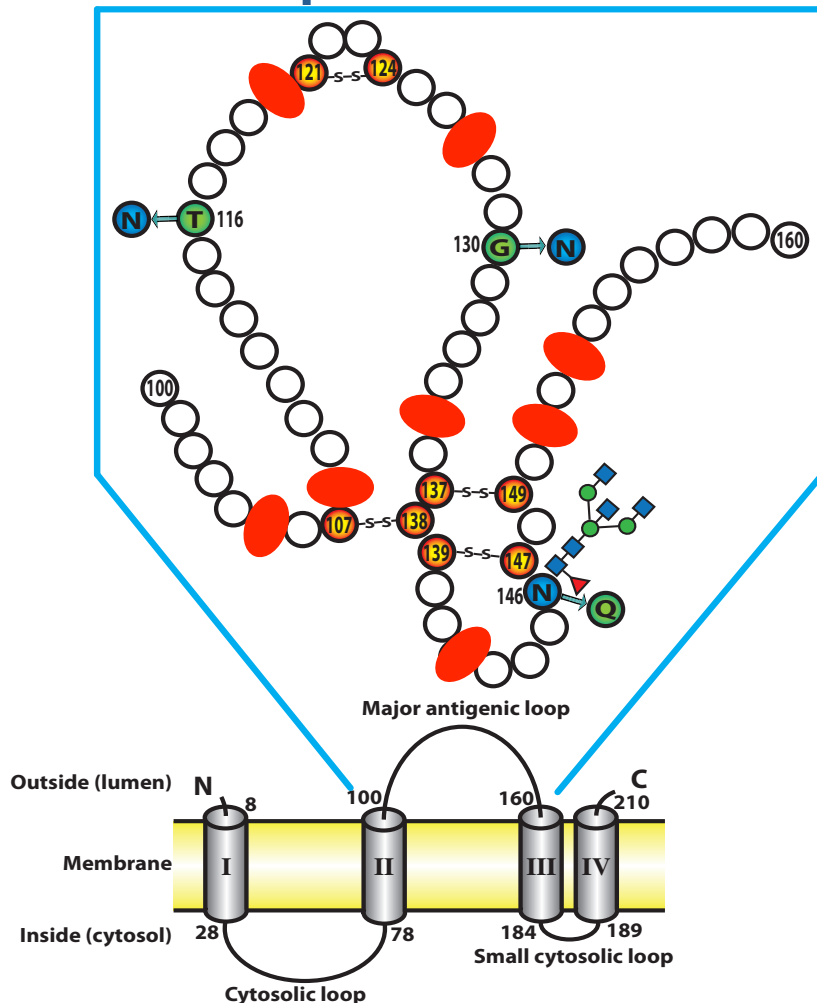
Cohorts 1-5	BL (pre-treat)	W1	W2	W3	W4	W6	W8	W12
ARC (n=30)	13	11	12	16	15	14	5 (of 24)	5
placebo (n=10)	5	0	0	0	2	0	1 (of 8)	1
p-value	0.730	0.038	0.019	0.003	0.145	0.007	1.000	1.000

There is a significant association between development of a HBsAg CP and ARC-520 RNAi treatment at multiple timepoints

Immune Regulation by HBsAg



- HBsAg secreted in vast excess over virions ($>10^3$ fold)
- Circulate in blood 100-400 $\mu\text{g/ml}$ (1% of total serum protein)
- Unique conformational structure (8 cysteines ● and 8 prolines ●)
- Associated with increased risk of HCC (Yuen, MF. et al 2008. *Gastro*;135:1192–1199)
- Plays a key role in HBV persistence
- Suppress both innate (TLR-2, TLR-9 and IFN- α) as well as adaptive (mDC) responses to infection



Wang, S et al 2013. *J Immunol*;190:5142.; Xu, Y et al 2009. *Mol Immunol*;46:2640.; Op den Brouw, ML et al 2009. *Immunol*;126:280.

Importance of HBsAg Clearance/ Seroconversion

- ↓ Hepatic decompensation
- ↓ HCC
- ↑ Survival
- ↓ Levels of cccDNA
- **As close to cure as we can expect to achieve in chronic hepatitis B**

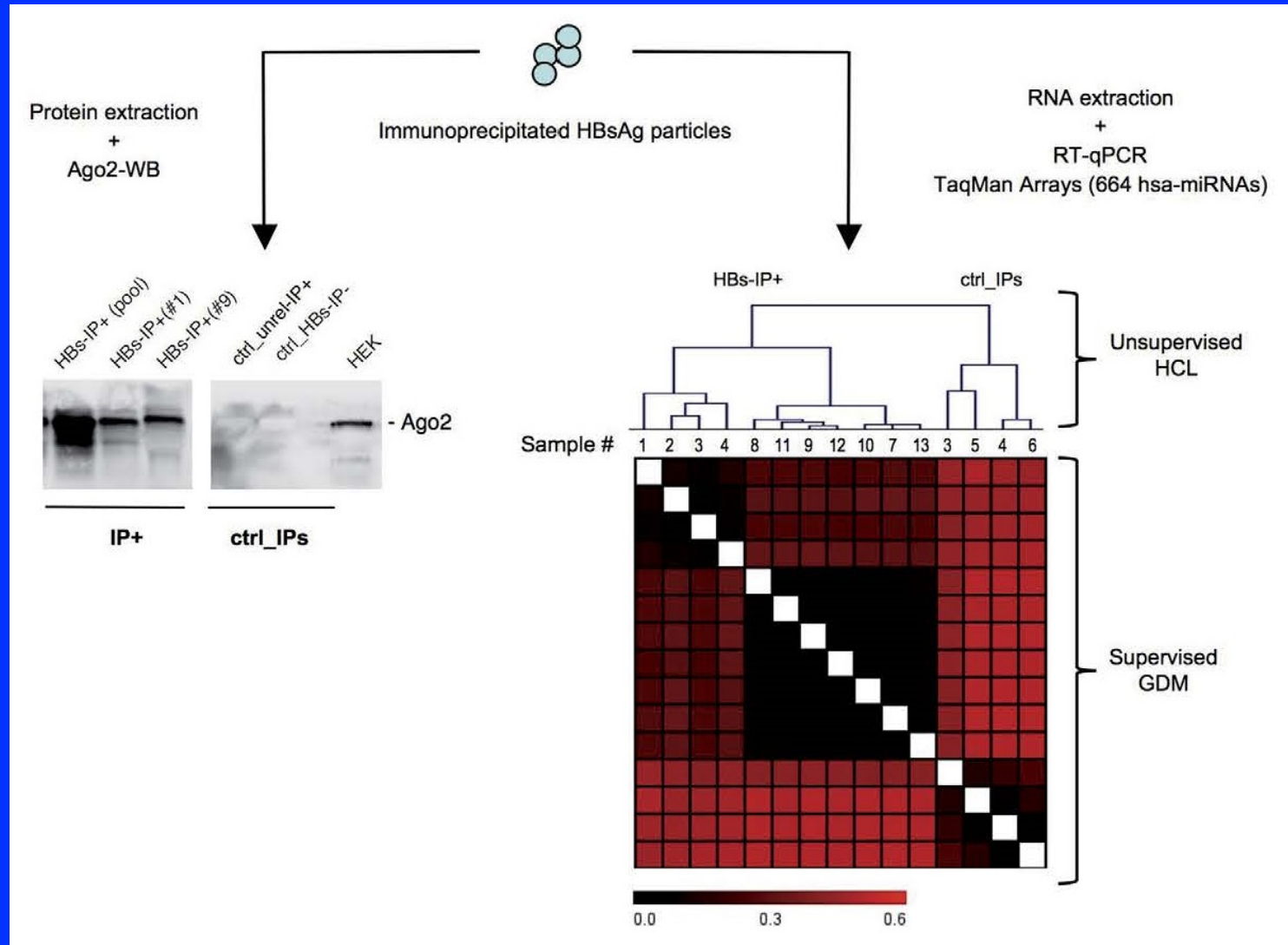
Circulating Hepatitis B Surface Antigen Particles Carry Hepatocellular microRNAs

Luisa Novellino¹, Riccardo L. Rossi², Ferruccio Bonino^{3*}, Daniela Cavallone¹, Sergio Abrignani², Massimiliano Pagani², Maurizia R. Brunetto¹

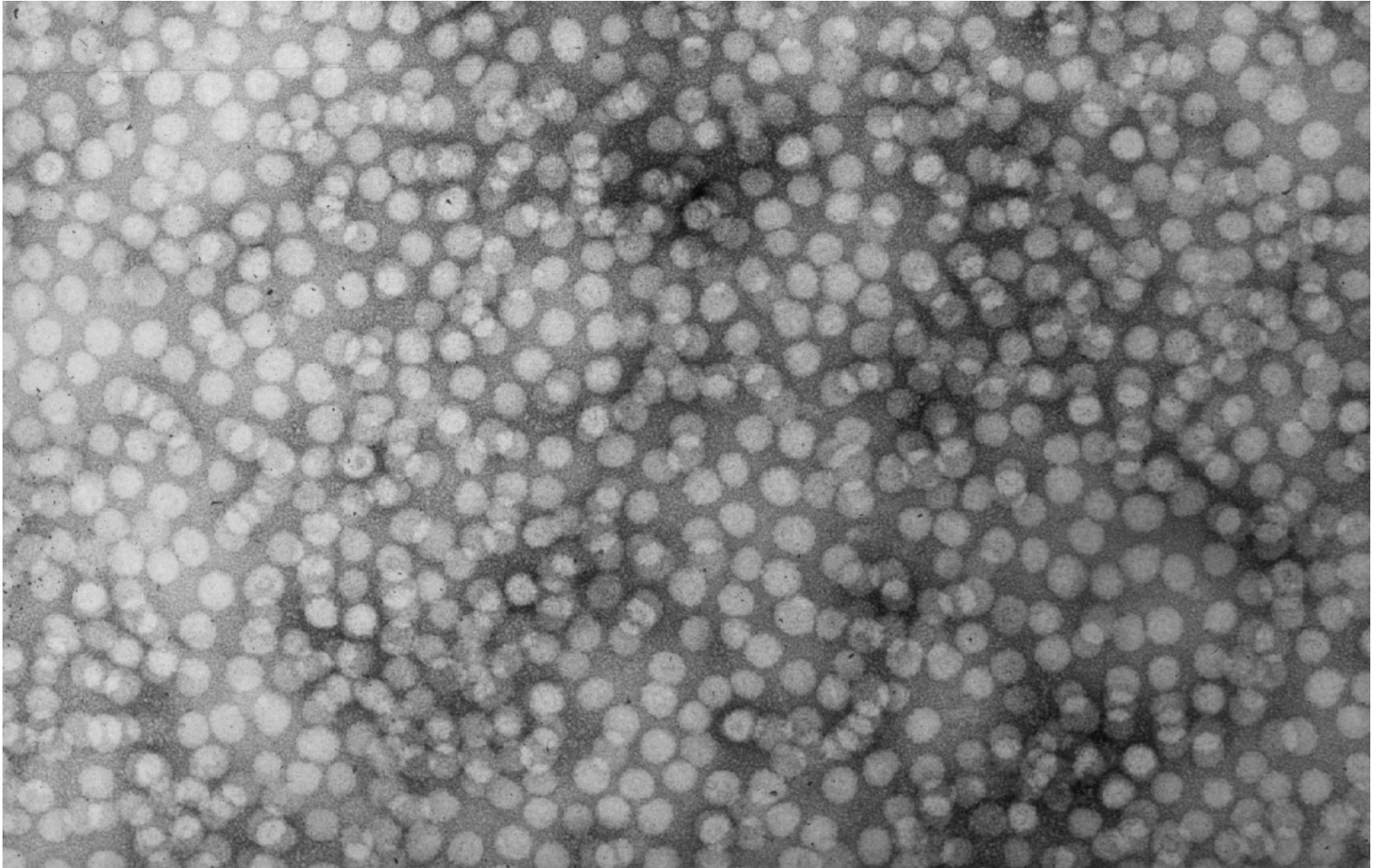
1 Hepatology Unit and Liver Physiopathology Laboratory, University Hospital of Pisa, Pisa, Italy, **2** Department of Integrative Biology, Istituto Nazionale di Genetica Molecolare (INGM), Milan, Italy, **3** General Medicine Unit 2, Department of Internal Medicine, University Hospital of Pisa, Pisa, Italy

March 2012. Volume 7, Issue 3: e31952

Differences in Western Blotting and Human miRNA Analyses Between Immunoprecipitated HBsAg Particles and Control Immunoprecipitations

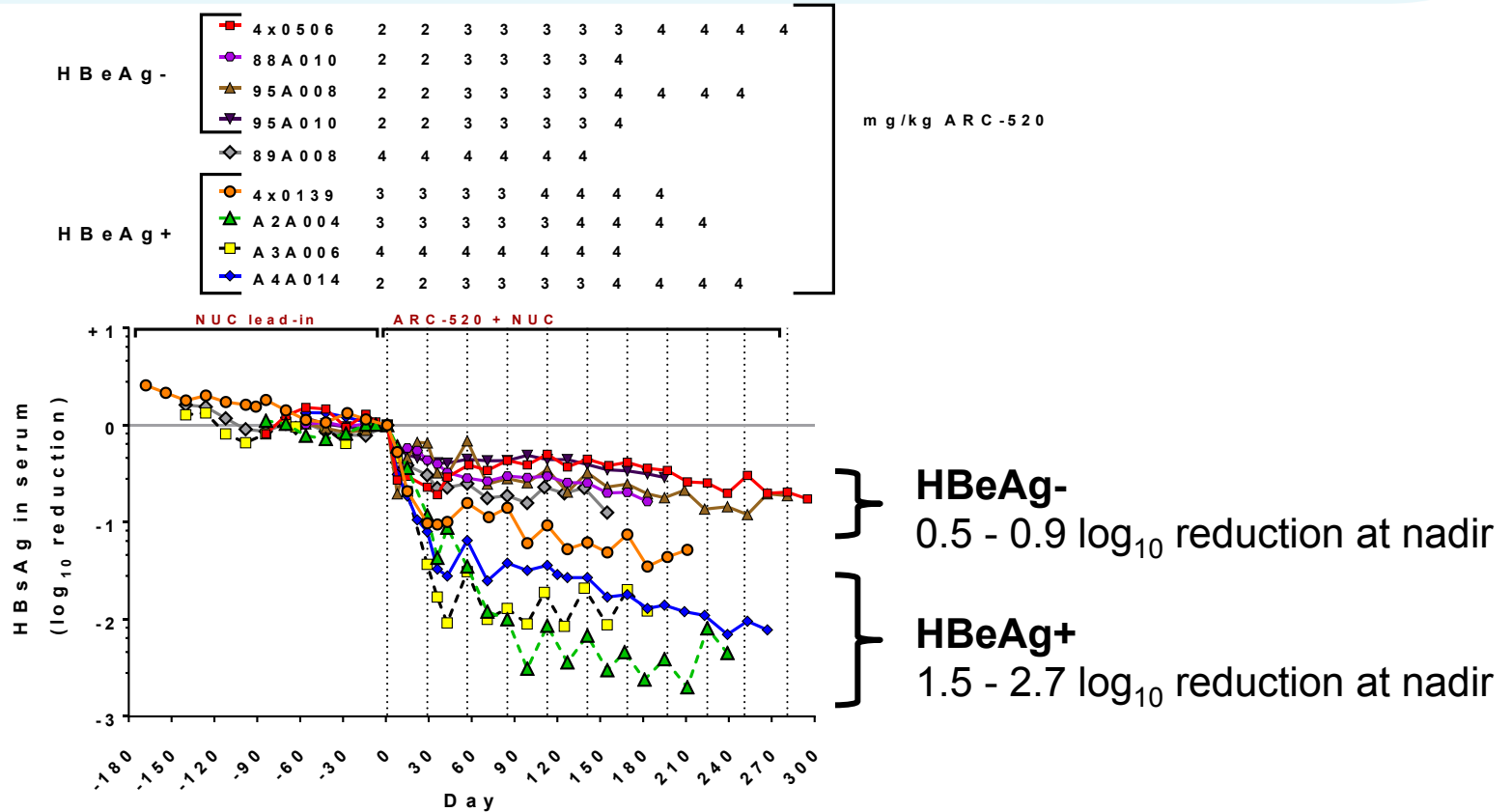


20 nm-Particles associated with Australia-Antigen



W. Gerlich, 1971

HBsAg reduction correlated with HBeAg status



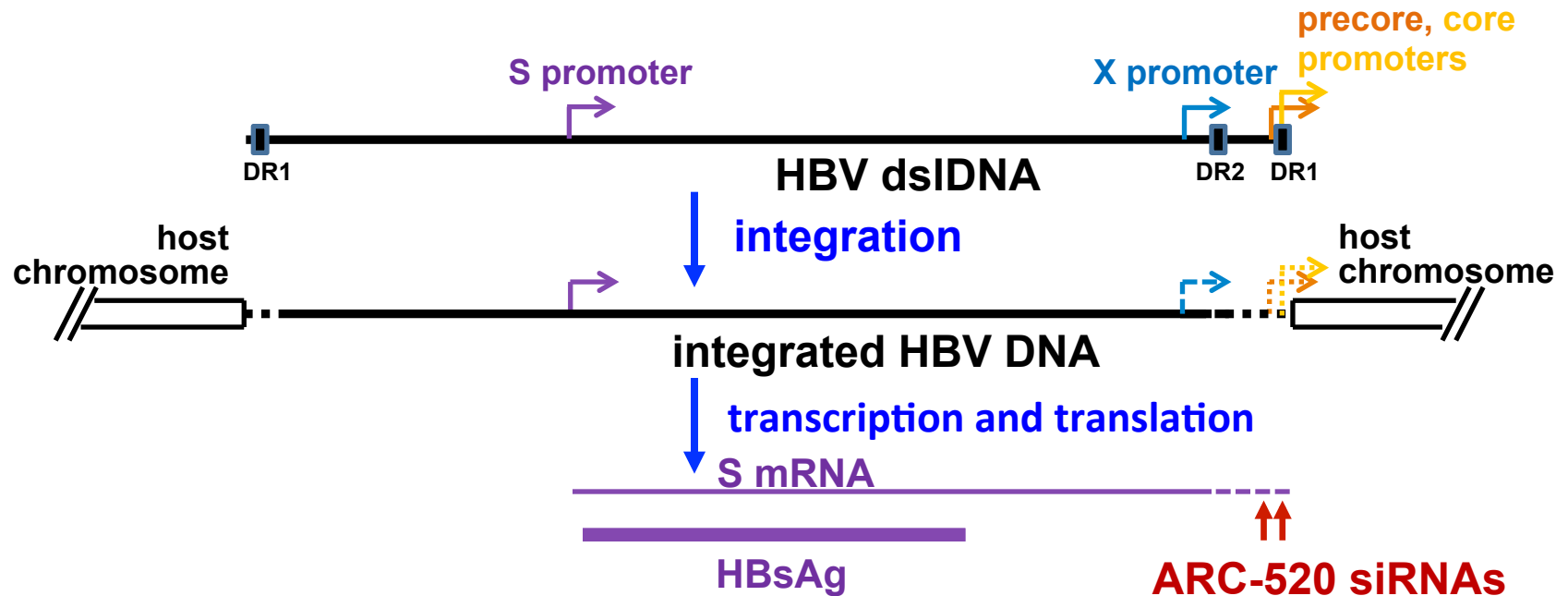
- Similar phenomenon was observed in human HBV patients
- *What accounts for the difference in response between HBeAg positives vs. negatives?*

Novel finding: Predominant liver HBV DNA differs in HBeAg neg and HBeAg pos chimps

Liver biopsy at initiation of ARC-520 treatment revealed:

- Most HBV DNA in liver of HBeAg pos is cccDNA
- 500-fold less cccDNA in HBeAg neg
 - Only 5% of total HBV DNA in liver in HBeAg neg was cccDNA and total HBV DNA levels were not affected by NUCs
- HBV DNA profile in HBeAg neg chimps is consistent with a high proportion of integrated HBV DNA

HBV integration into the host genome



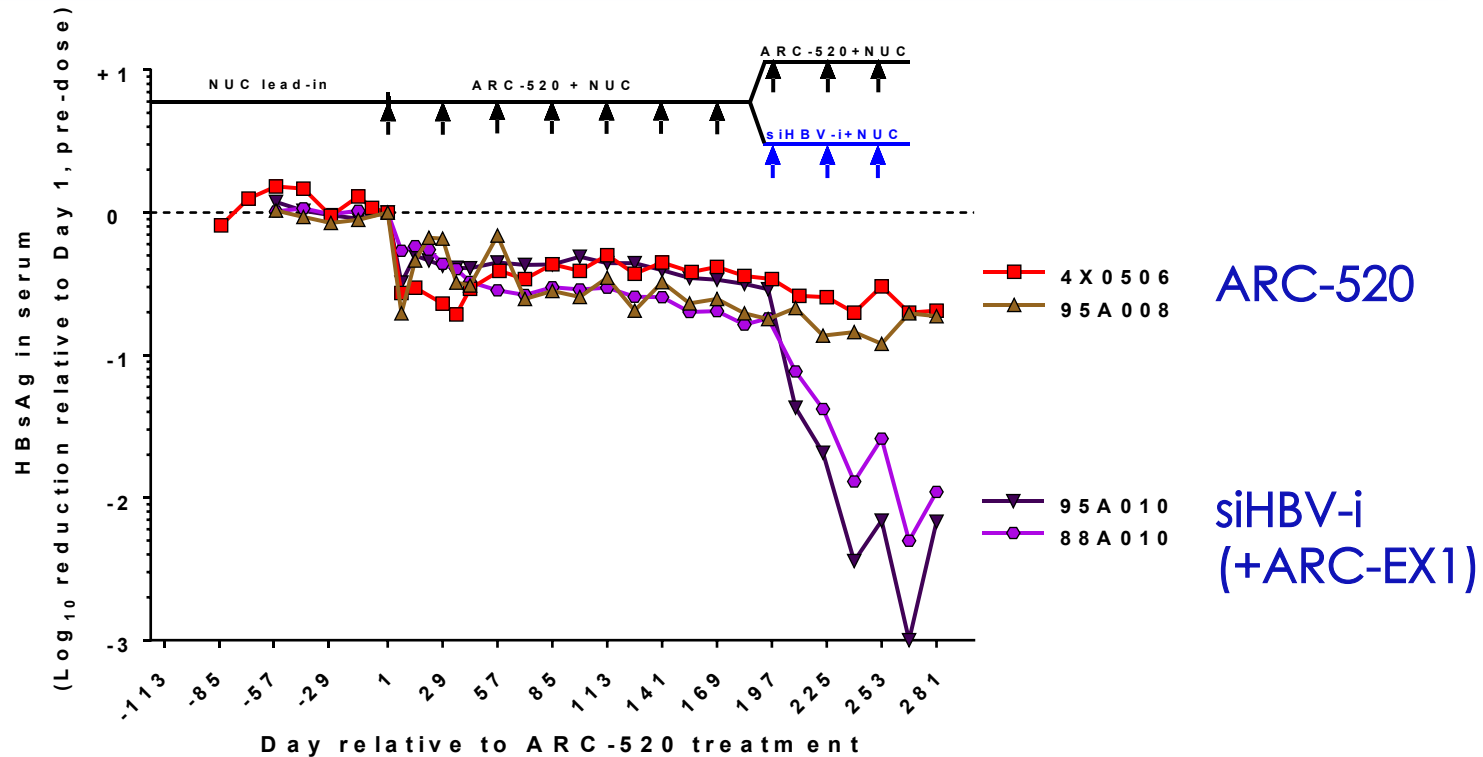
1. HBV DNA integrates into host chromosome, during which regions between DR2 and DR1 can be randomly deleted (not new!)
2. Significant HBsAg mRNA can be produced from integrated HBV DNA
 - These S transcripts contain complete HBsAg CDS
 - Expected loss of ARC-520 target sites in many

HBV transcripts in HBeAg+ vs. HBeAg- chimps prior to ARC-520 treatment

PacBio Single Molecule Real-Time (SMRT) Sequencing



siRNA designed to target RNA derived from HBV integration products in HBeAg- chimps



- siHBV-i targets HBV RNA even if expressed from integrated HBV DNA
- siHBV-i gave deep reductions in HBsAg in HBeAg- chimps, similar to those observed using ARC-520 in HBeAg+ chimps

Summary

Key Virological Findings for ARC-520

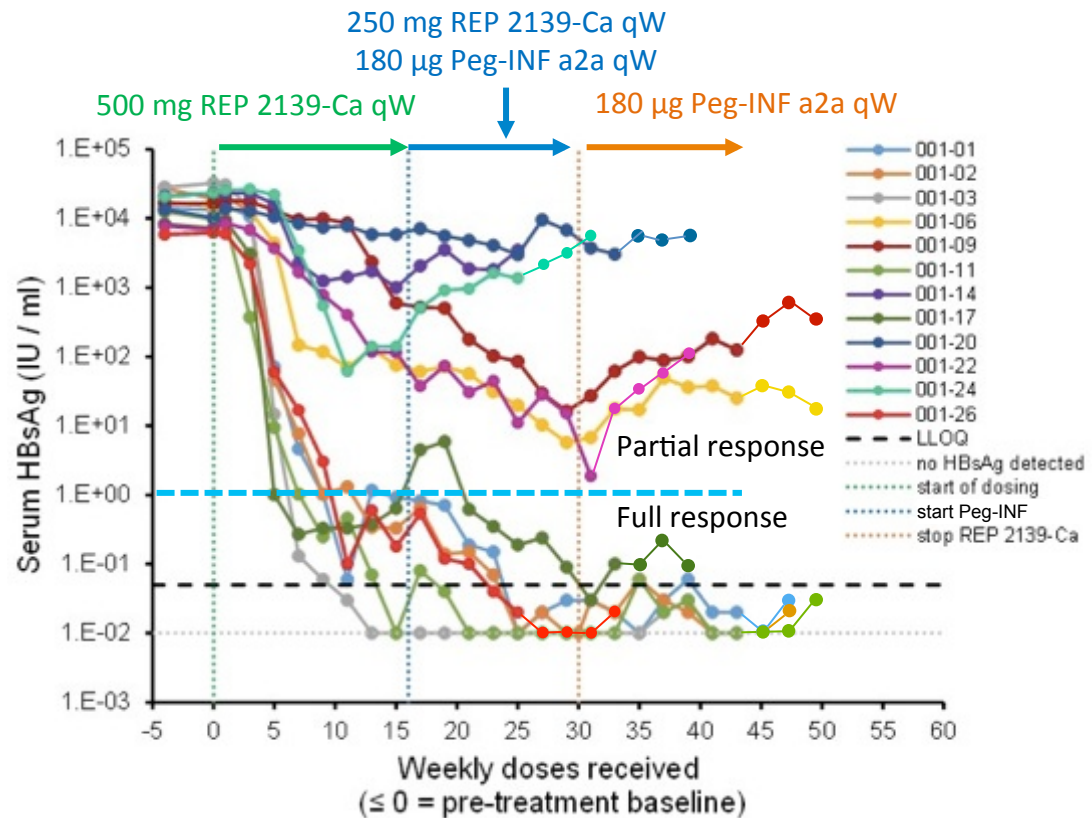
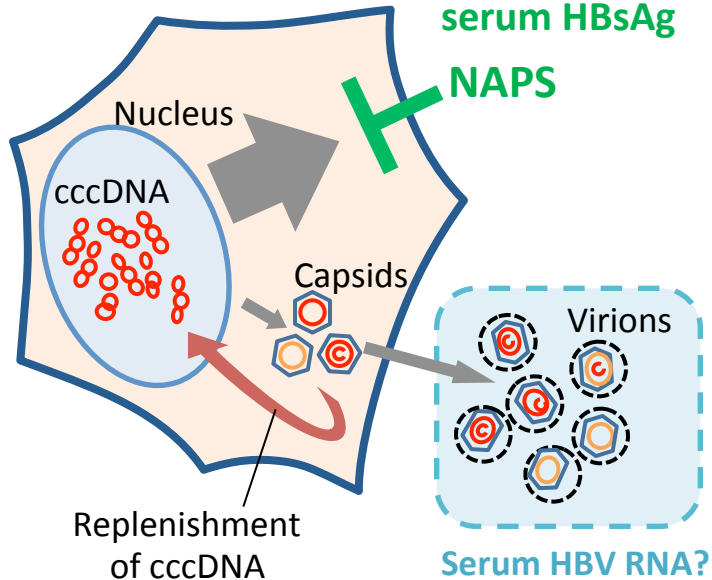
- Direct antiviral effect on serum HBsAg, HBeAg, and HBcrAg levels which are substantial
- HBeAg-Pos CHB and HBeAg-Neg CHB have very different viral patho-physiologies
- This has important therapeutic and prognostic significance

Nucleic Acid Polymers (NAP): Virion Assembly and HBsAg Egress Update on the Safety and Efficacy of REP 2139 Monotherapy and Subsequent Combination Therapy with Pegylated Interferon Alpha-2a in Chronic HBV/HDV Co-Infection in Caucasian Patients

MOA of Nucleic Acid Polymers (NAP)

- NAPs have entry and post-entry antiviral effects in HBV infection *in vitro*¹

Restoration of immune response?^{2,3}



Bazinet M, et al. AASLD 2015, San Francisco. #31.

1. Noordeen, F et al. AAC. 2013; 2. Wu et al. Hepatology. 2009; 3. Boni et al. Gastroenterology. 2012

Stopping Treatment

APASL Recommendation to Stop Antiviral Treatment

(Liaw, Y-F et al 2008. *Hepato Int*;2:263)

In HBeAg-positive patients: when HBeAg seroconversion has developed > 6 months

In HBeAg-negative patients: when HBV DNA remaining undetectable for three separate occasions 6 months apart

- **Outcomes**

- 25-50% develop viral relapse with hepatitis
- up to 40% remain treatment free (SVR)
- half of these lose HBsAg

- **Factors**

- HBV DNA undetectable at stop
- HBsAg < 100 IU/ml [low]
- duration of AV therapy (4-5 years)

Hadziyannis, S et al 2012. Gastro;143:629.

Liang, Y et al 2011. Aliment Pharmacol Ther;34:344.

Patwardham, N et al 2014. Aliment Pharmacol Ther;40:804.

He, D et al 2013. BMC Infec Dis;13:458.

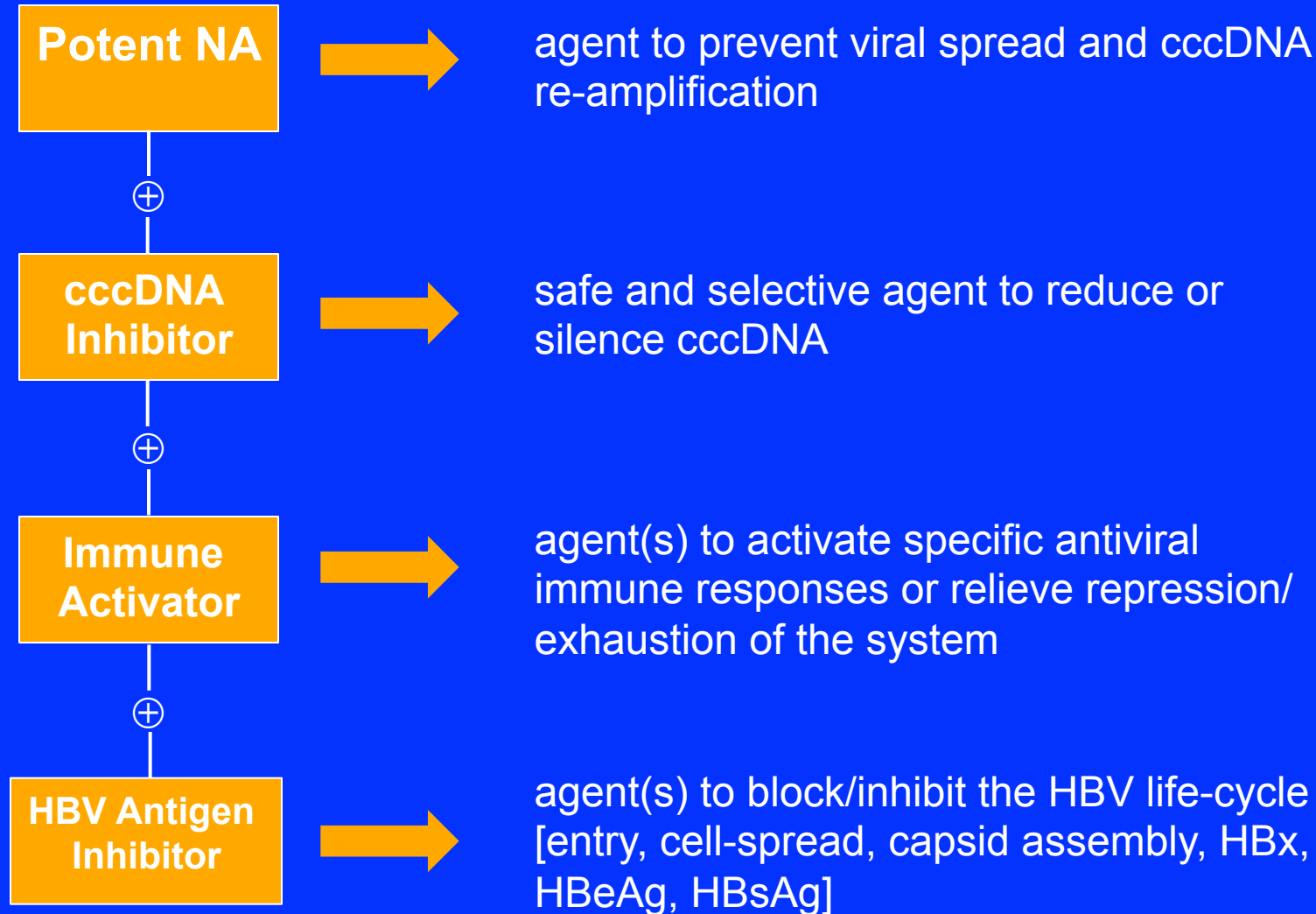
Jeng, W-J et al 2013. Hepato Int;58:1888.

Future Directions and Challenges

- The goalposts are shifting
- The medium-term aim for the field is to achieve functional “cure”
 - HBsAg seroconversion; HBV DNA undetectability
 - An immunomodulator is likely to be required
- New and Novel agents for CHB are starting to emerge
 - Identification of the HBV-R (NTCP) a major breakthrough
 - Improved delivery to the liver for molecular therapeutics
 - Molecular therapies blocking HBV protein/production antigen (HBsAg; HBeAg; HBx)

PALPABLE OPTIMISM

What Might a HBV Curative Regimen Look Like?



The Concept of Combination Therapy

