GUERIR DE L'HEPATITE B?

YES WE CAN!

Professeur Christian TREPO

Service Hépatologie - Hôpital de la Croix-Rousse - Lyon - France Unite de recherche sur les hépatites - INSERM 1052- Lyon - France

Pr. Christian TREPO, MD, PhD

Liens d'intérêt :

Grants, Boards, Workshops et Invitations à des congrès : Gilead, BMS, MDS, Janssen, AbbVie, ABIVAX,

"Cure" in Hepatitis B –

HBsAg loss +
Anti-HBs seroconversion

The Magic Drug X

EraBicate

HBV Poly. Inhib.

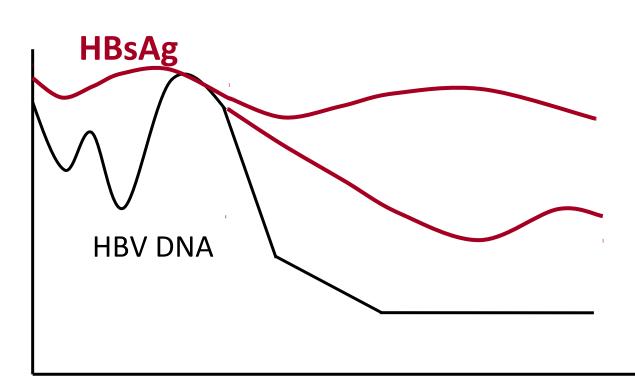
HBV Poly. Inhib.

EraBicate

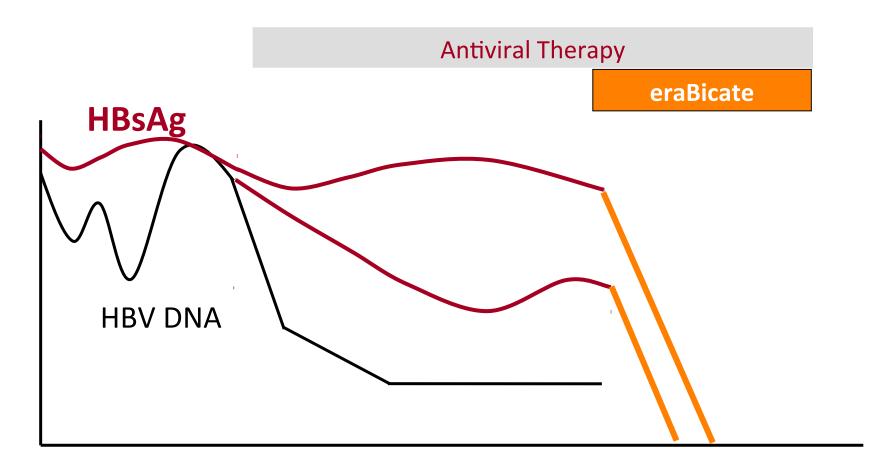
EraBicate

Different Patterns of HBsAg during antiviral therapy

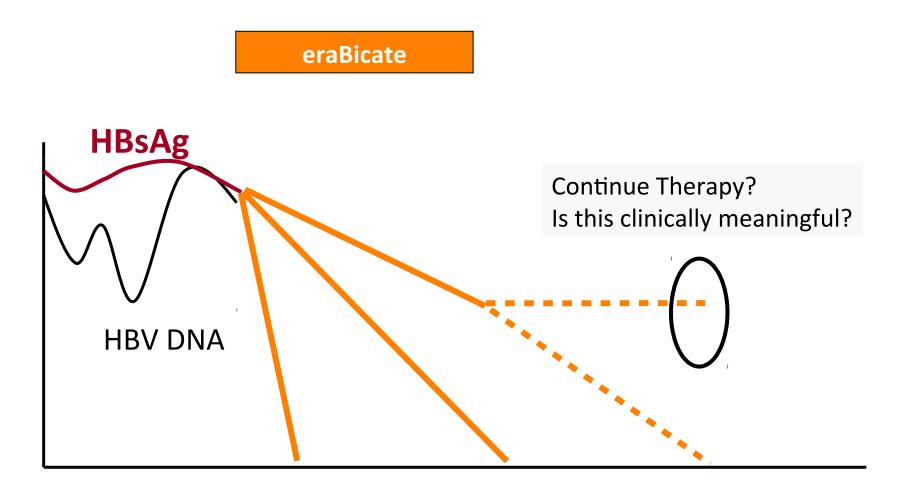
Antiviral Therapy



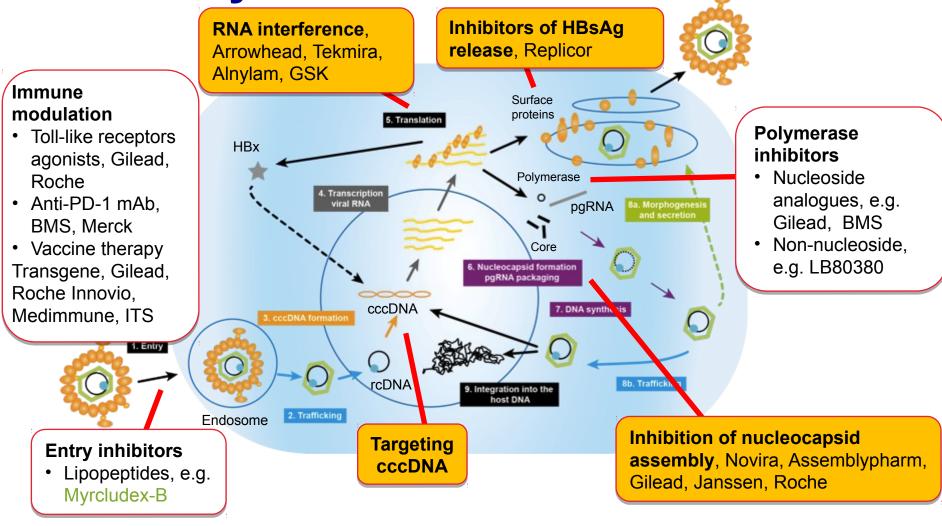
HBsAg kinetics have to be considered in the development of novel curative therapies



Novel curative therapies as first line treatment?



Future directions: target & drug discovery to cure HBV infection



Development stage: preclinical, clinical

Zoulim F, et al. Antiviral Res 2012;96(2):256–9; HBF Drug Watch, Available at: http://www.hepb.org/professionals/hbf drug watch.htm.

The concept of combination therapy

Viral targets

Immune modulation

Entry inhibition

cccDNA

- Formation
- stability / destruction
- epigenetic regulation

Viral core functions

Other viral targets: HBx etc.

Stimulating innate responses Specific ligands

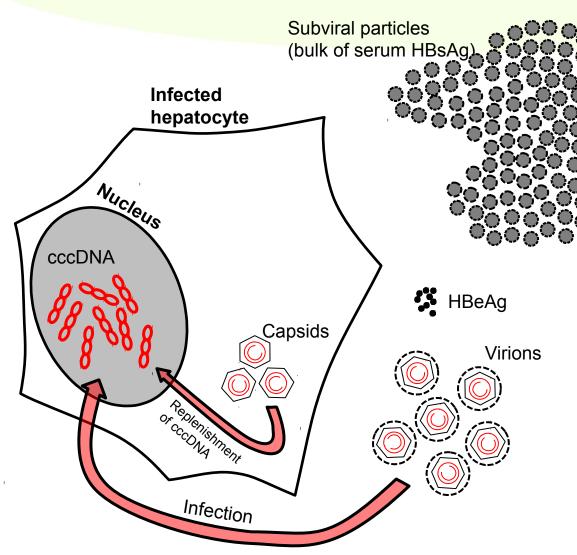
Stimulating adpative responses
Co-inhibitory signals

Co-stimulatory signals

Therapeutic vaccination

Functional cure / control Real cure ? Anti-HBs ?

The immunological disorder in chronic HBV infection is caused by HBsAg



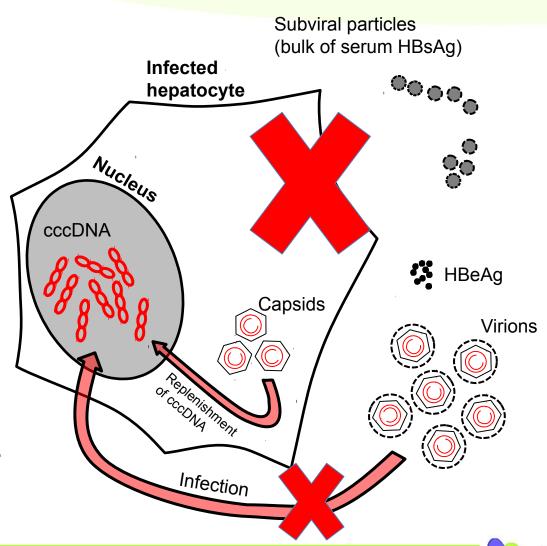
HBsAg is the key:

Sequesters anti-HBs
Suppresses innate immunity
Suppresses T-cell proliferation
Suppresses cytokine signaling
Suppresses immunotherapy

HBsAg removal will be required to achieve high SVR rates



NAPs block the release of subviral particles (replicor)



HBsAg is the key:

Sequesters anti-HBs
Suppresses innate immunity
Suppresses T-cell proliferation
Suppresses cytokine signaling
Suppresses immunotherapy

HBsAg removal will be required to achieve high SVR rates



REP 2139-Ca + short duration immunotherapy in HBV infection: serum HBsAg

REP 102 study: 12 patients treated, 2 non responders, 1 with 1.1 log reduction in HBsAg

9 patients with HBsAg clearance

Immunotherapy added in combination for the last 12-26 weeks of treatment

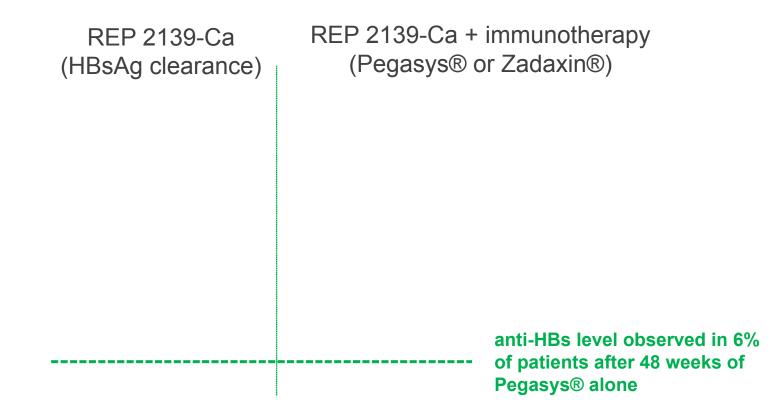
Patient	Serum HBsAg (IU / ml)		Log
	Start	Lowest observed	reduction
1	70050	0.03	6.37
2	13400	0.01	6.13
3	3450	0.03	5.06
4	50994	0.03	6.23
5	87690	0.01	6.94
6	72968	0.02	6.56
7	17988	0.03	5.78
8	125000	0.02	6.80
9	1504	0.02	4.88

Dosing: 500mg once weekly by IV infusion (2 hours, no tolerability issues)



Synergistic activation of immunotherapy in the absence of serum HBsAg

Serum anti-HBs production in an indicator of immune stimulation





CURED!?

YES WE CAN!!!