

New Targets for HBV Therapy

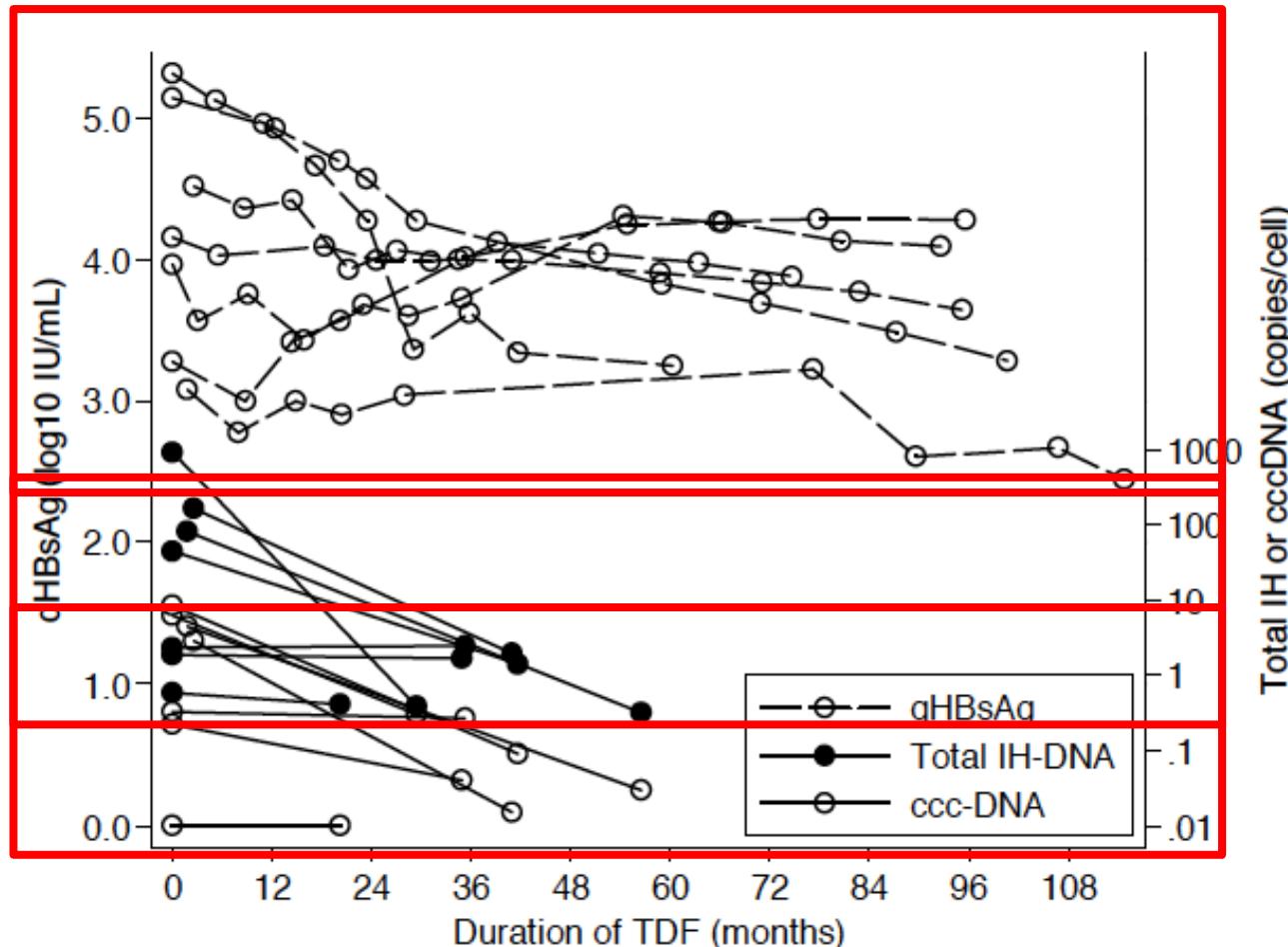
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Virus suppression but persistence of intrahepatic viral DNA synthesis during



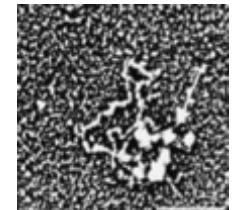
New round of infection and/or replenishment of the cccDNA pool occur
despite « viral suppression »

Boyd et al, J Hepatol 2016

Major virologic discoveries for HBV cure research programs

- Better knowledge of the viral life cycle

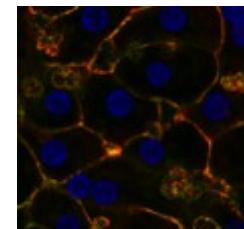
Receptor – cccDNA - HBx



- Improvement of cell culture for target identification and drug screening

Hepatoma cell lines – receptor and cccDNA formation

Primary Human Hepatocytes and other culture systems



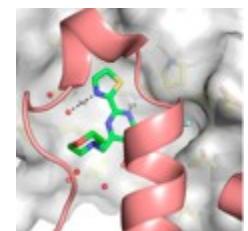
- Improvement of animal models for target identification and drug screening

Liver humanized mouse models

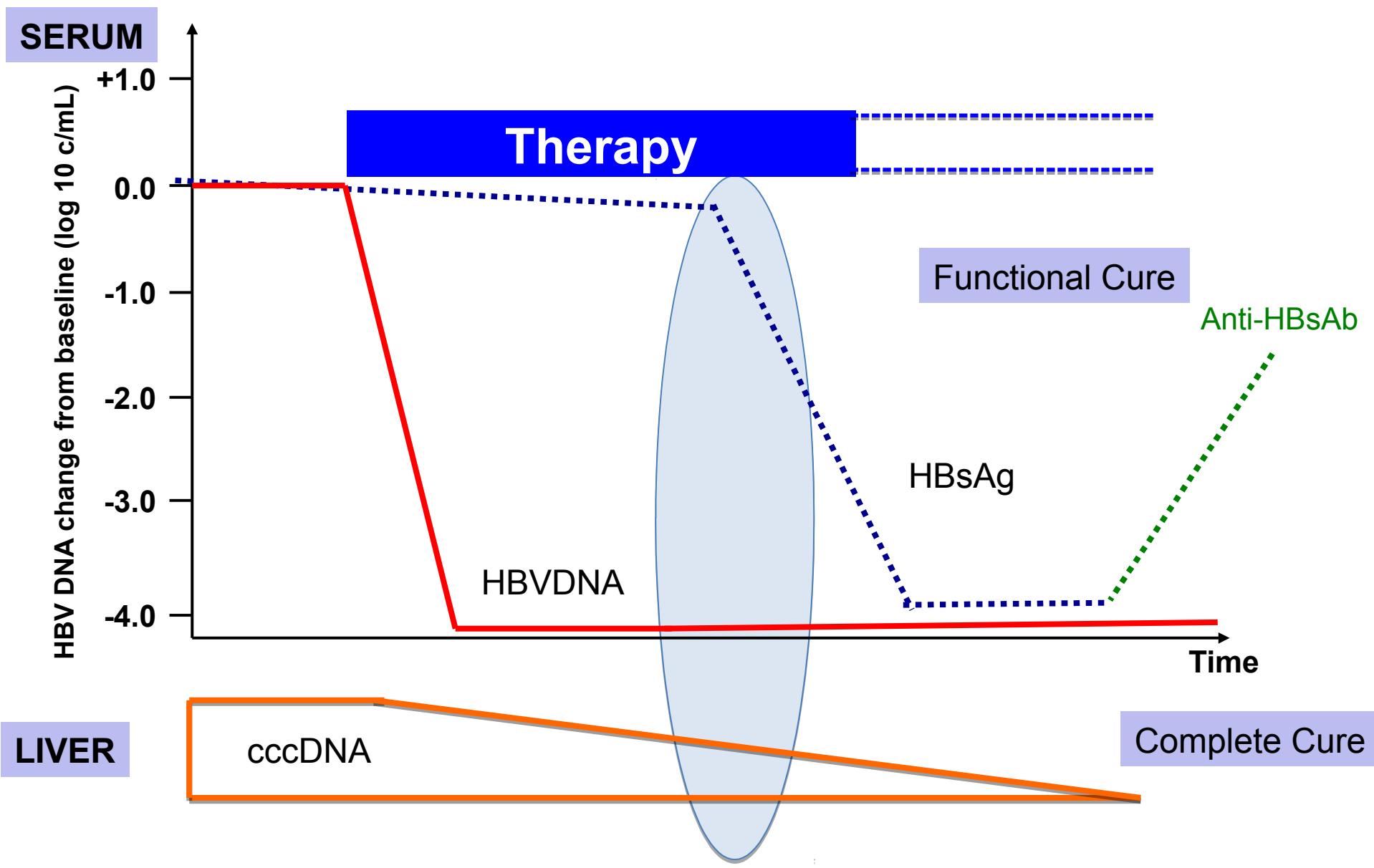


- Identification & characterization of novel targets

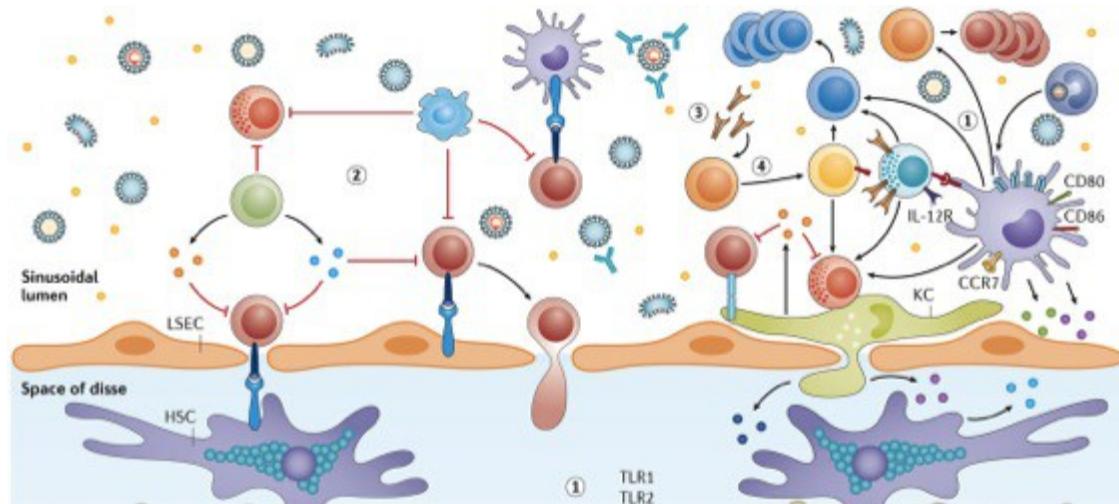
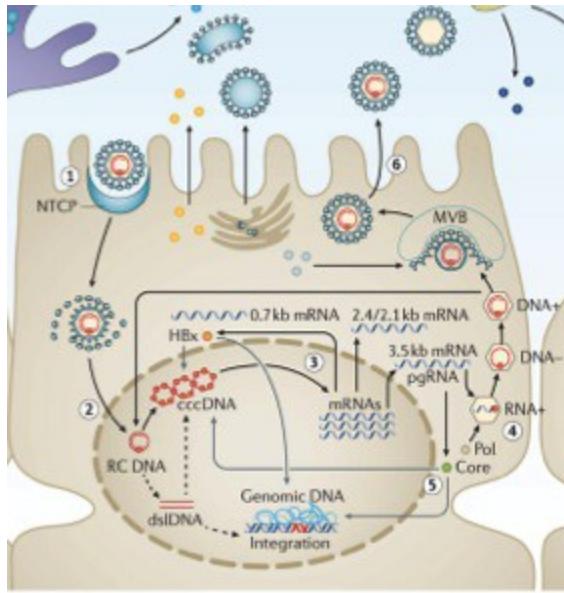
Zeisel et al, Gut 2015; Li et al, elife 2012; Königer et al, PNAS 2014; Shlomai et al, PNAS 2014;
March et al, Nat Protoc 2015; Dandri et al J Hepatol 2016; Decorsière et al Nature 2016



New treatment concepts for HBV cure



Mechanisms of viral persistence



cccDNA reservoir

Antigenic load

Liver tolerance

Defective CD8+ response

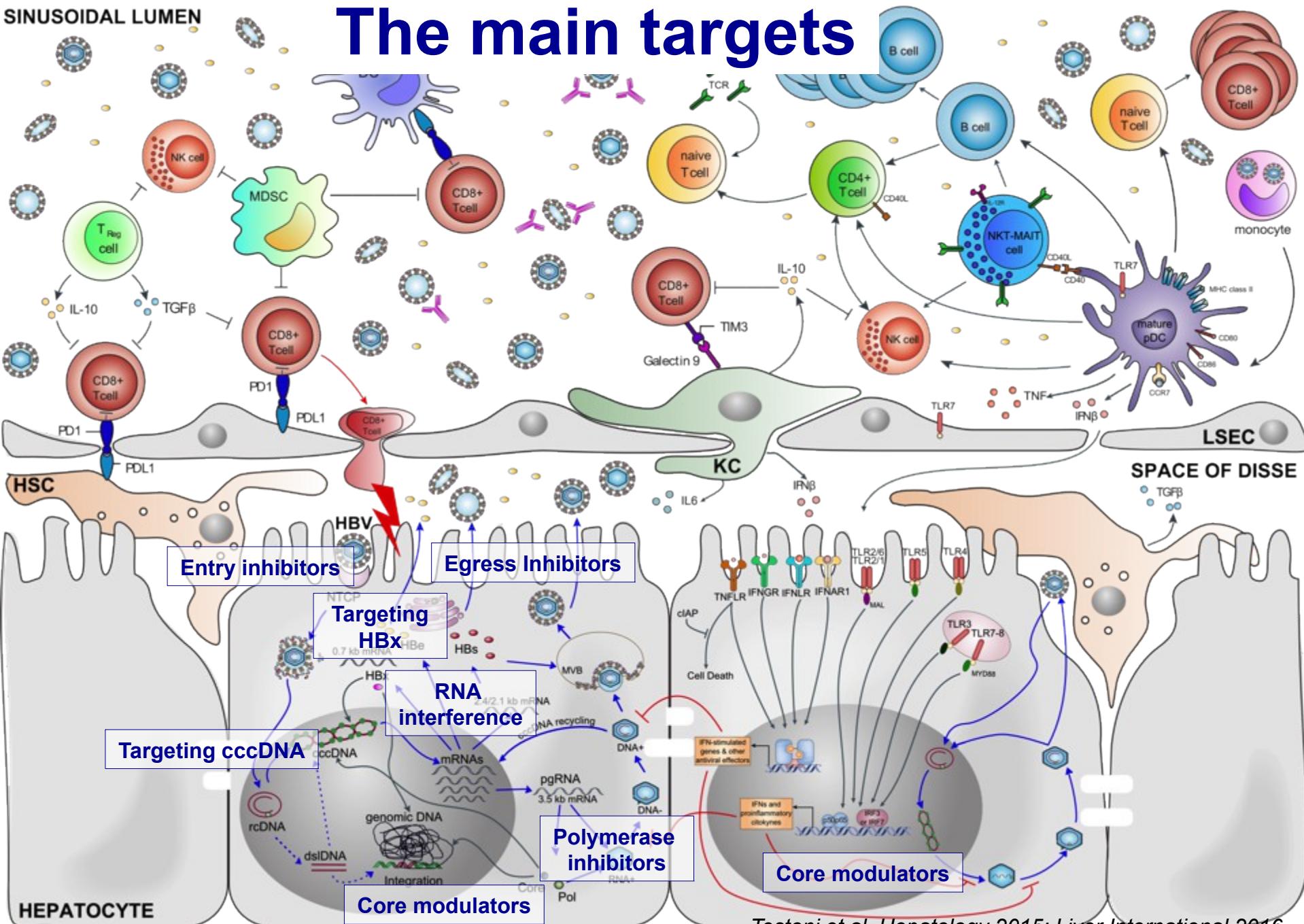
Defective B cell response

Inefficient innate response

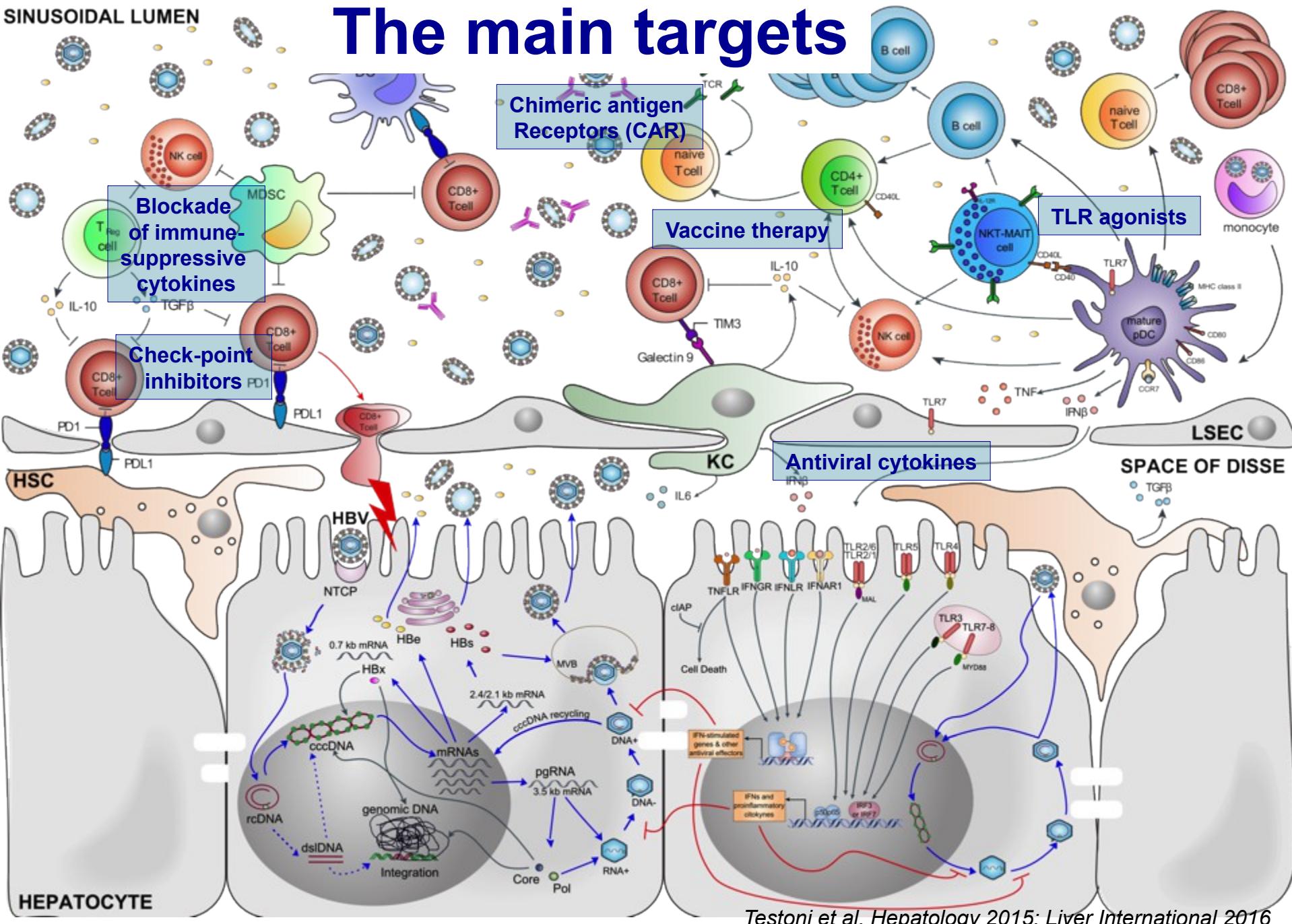
HBV persistence

Defective immune responses

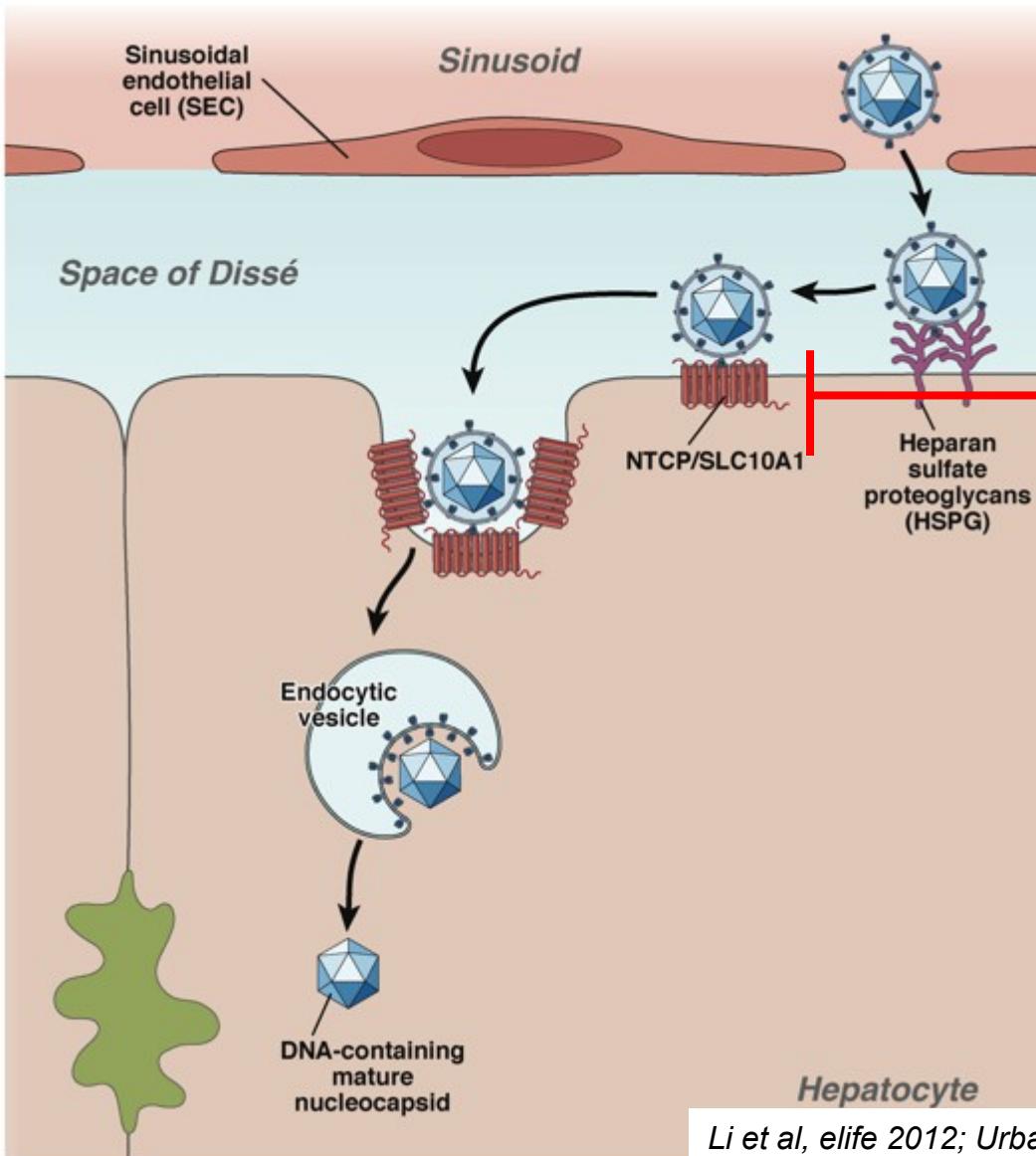
The main targets



The main targets



Model for HBV entry in hepatocytes and development of entry inhibitors



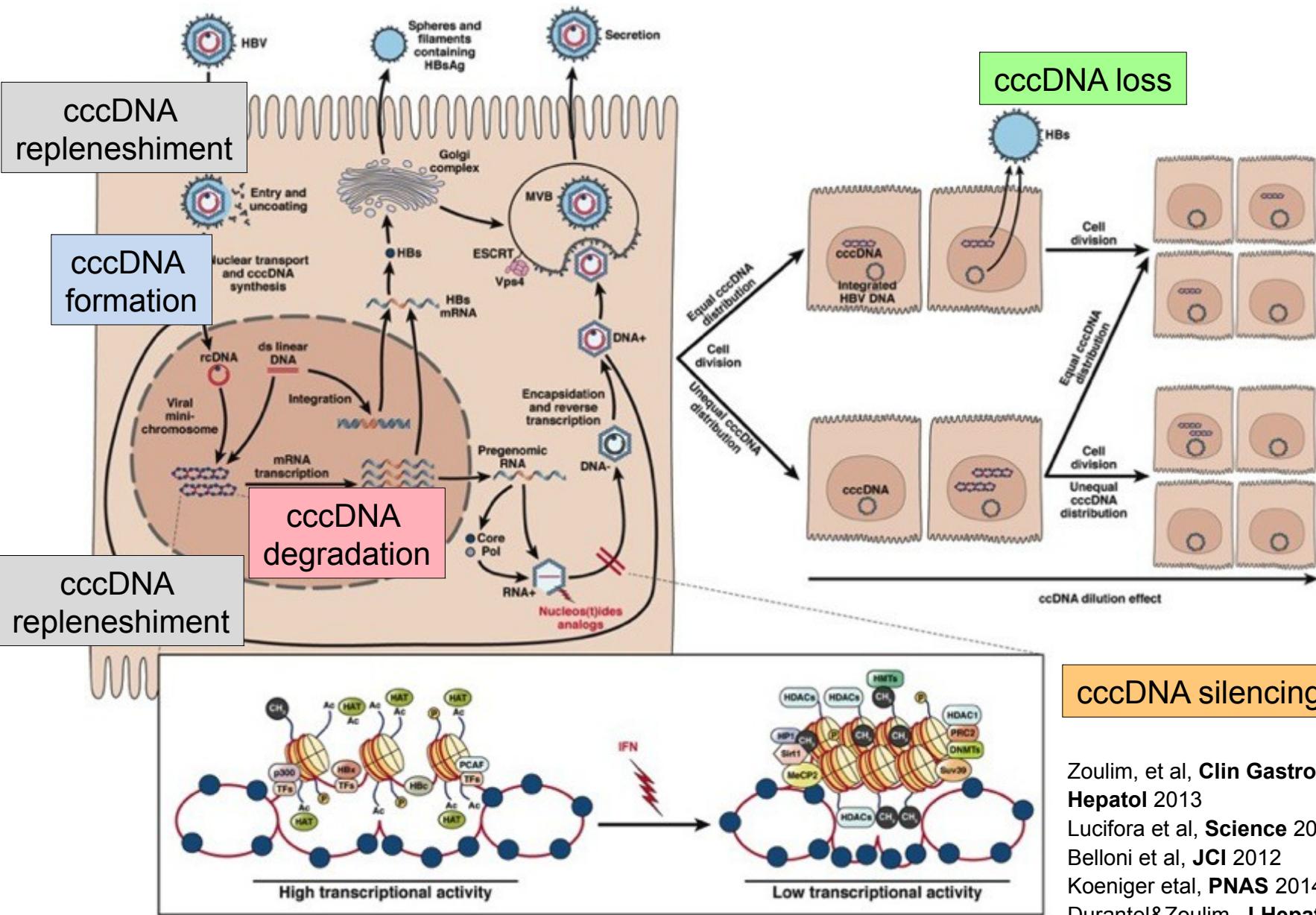
Entry inhibitors

Myrcludex
(pre-S1 peptide)

Blank et al, J Hepatol 2016
Bogomolov et al, J Hepatol 2016

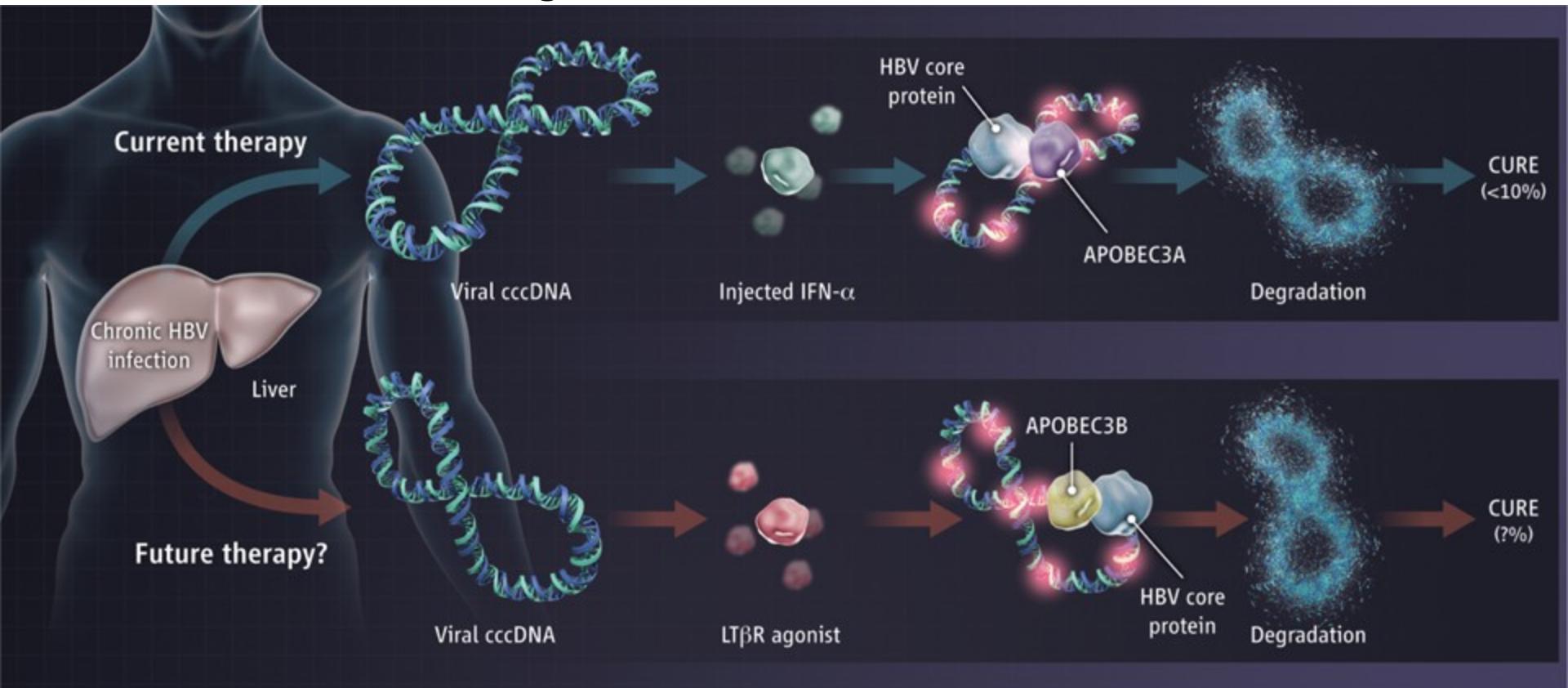
Ezetimib
Cyclosporin

Targeting cccDNA, the viral minichromosome



Model for cccDNA degradation

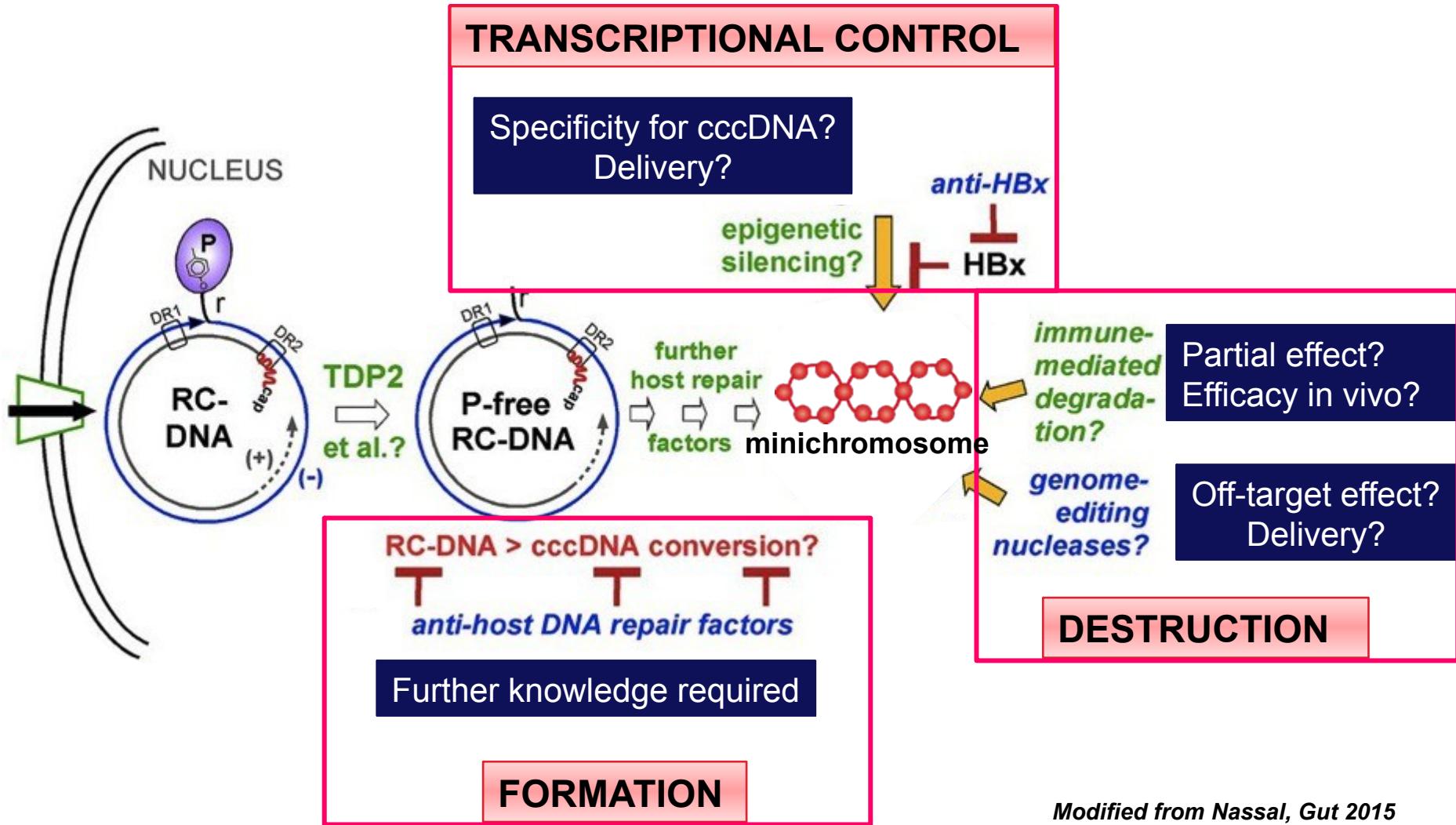
IFNalpha /Lymphotoxin beta can induce APOBEC3A/B dependent degradation of HBV cccDNA



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

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

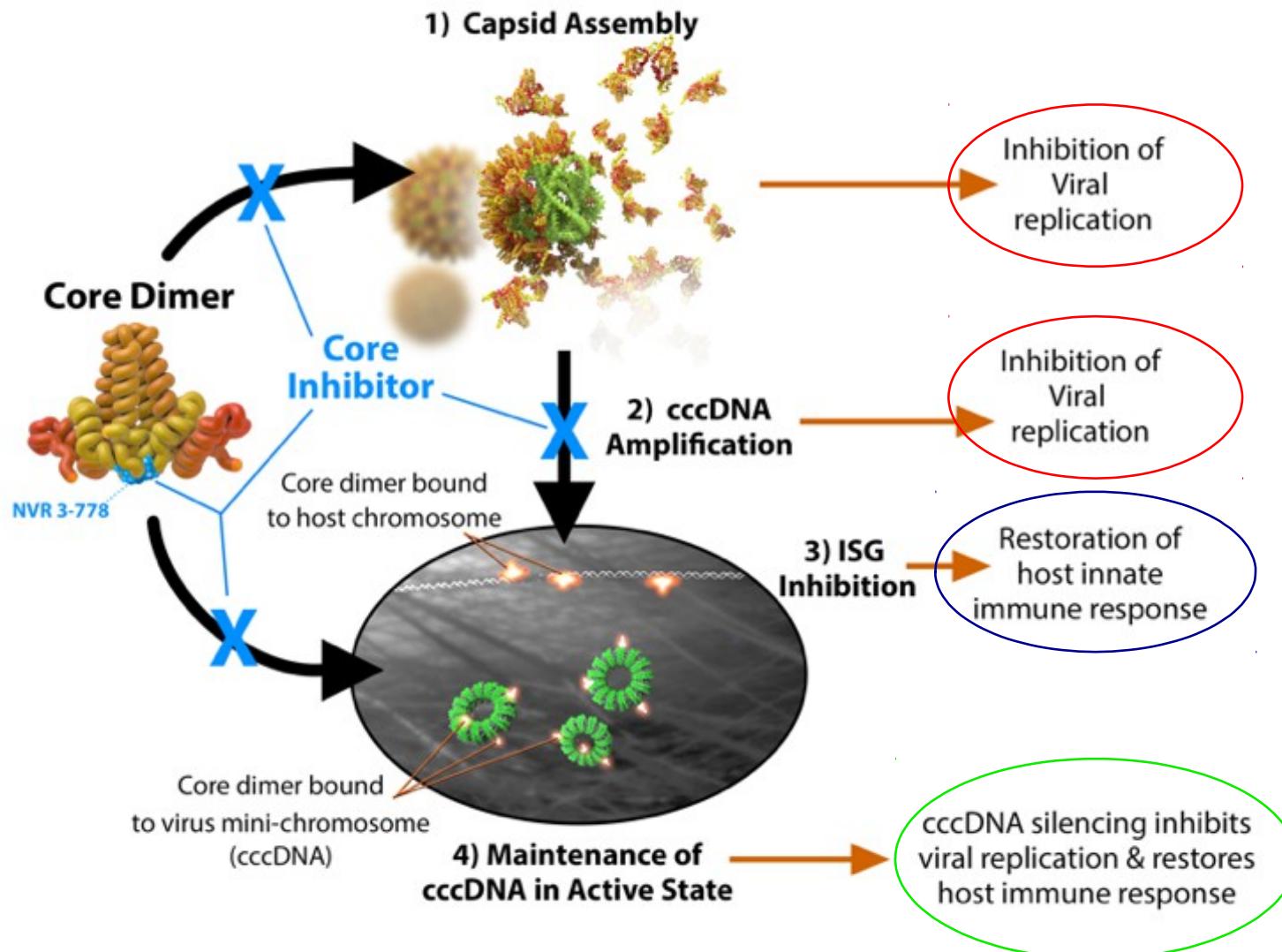
Challenges in targeting cccDNA

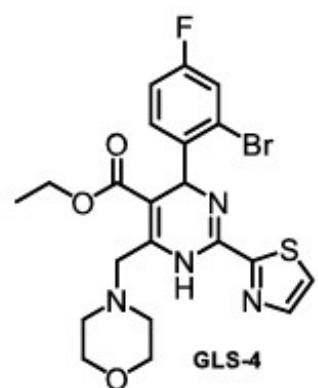
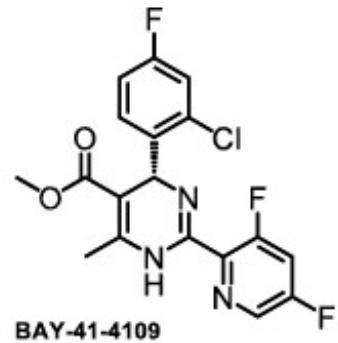


Modified from Nassal, Gut 2015

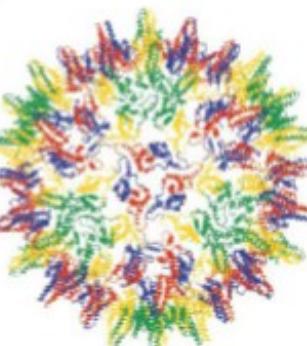
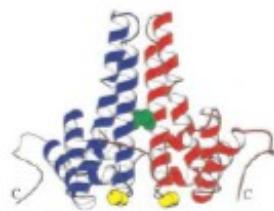
Lucifora et al, Science 2014; Shlomai & Rice, Science 2014; Xia et al, Gastroenterology 2015;
Seeger et al, Mol Ther Nucleic Acids. 2014&2016; Tropberger et al, PNAS 2015; Decorsiere et al, Nature 2016

Targeting the HBV capsid with capsid assembly modulators





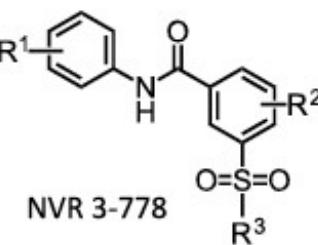
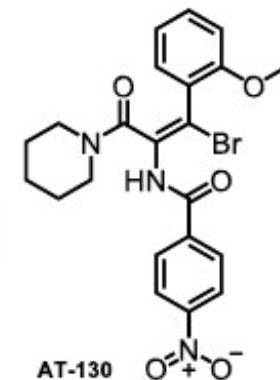
Core + pgRNA



Winne et al, Mol.Cell 1999

Retrotranscription
+ DNA replication

rcDNA-containing
nucleocapsid



(cf. Campagna et al J.Viro. 2013)

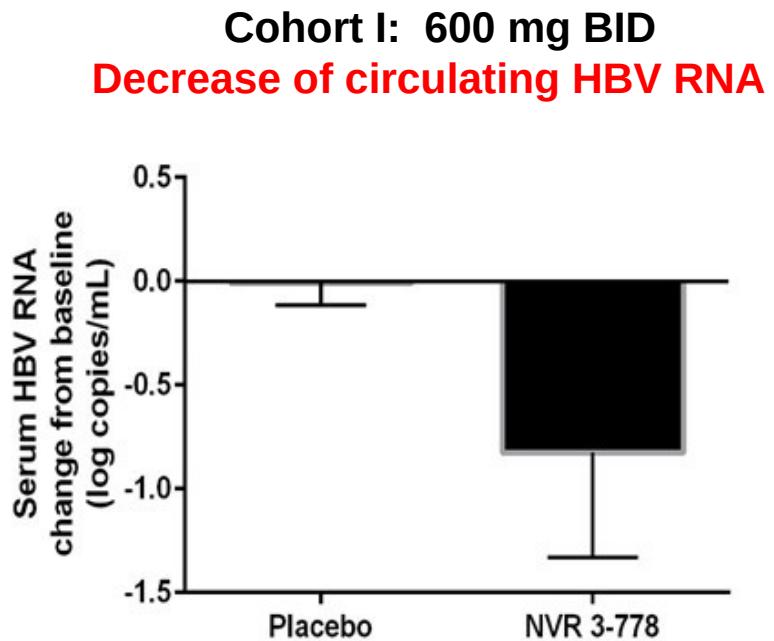
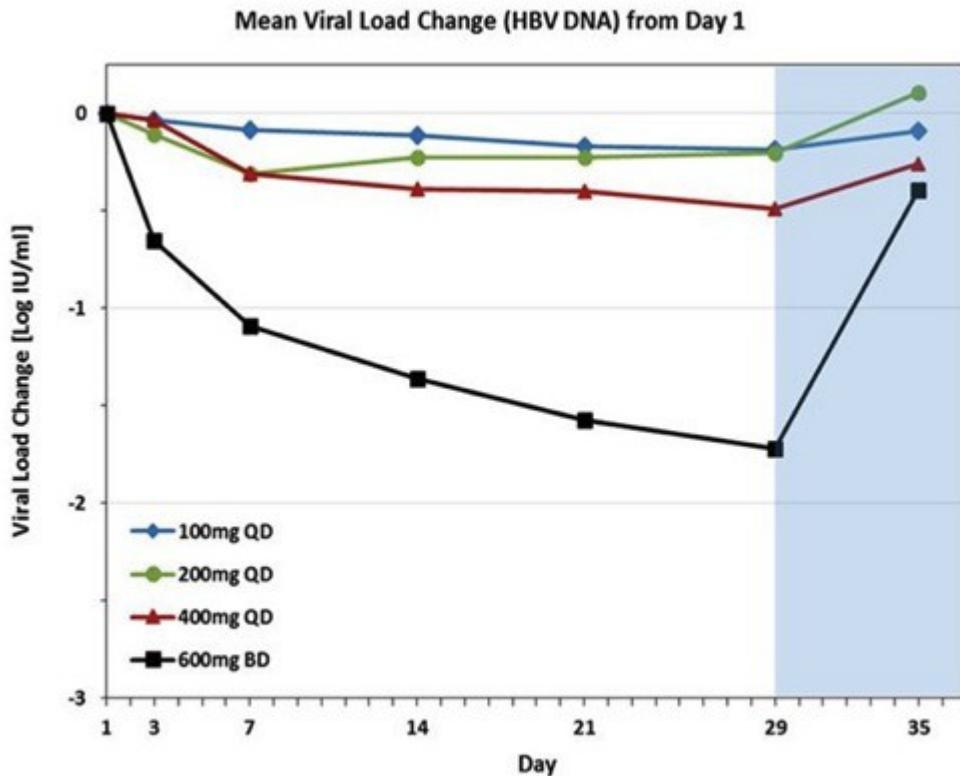
Hu et al., Ann. Rep. in Med. Chem. 2013

Phase 1b clinical trial: CpAM NVR 3-778 reduces serum HBV DNA and RNA

Pre-clinical evaluation in hepatocyte culture and chimeric mouse models

Serum HBV DNA: mean 1.7 log reduction (600 mg BID)

Serum HBV RNA: mean 0.86 log reduction (600 mg BID)

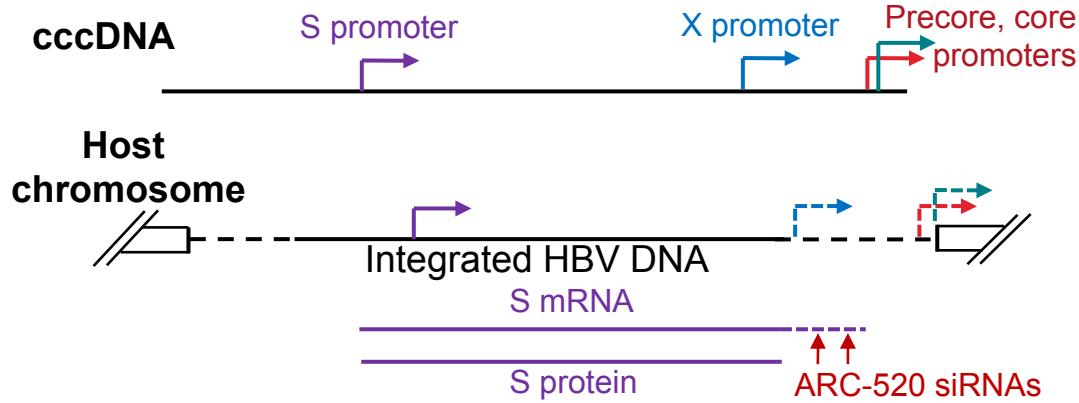


HBsAg targeting strategies

- HBsAg clearance an **endpoint of therapy**
- Decline in HBsAg levels may **restore the antiviral activity of exhausted T cells**
- **Several strategies** in evaluation
 - RNA interference (SiRNA): « gene silencing »
 - Nucleic acid polymers (NAPs): HBsAg release
 - HBs antibodies

SiRNA ARC-520 produces deep and durable knockdown of viral antigens and DNA in a phase II study

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

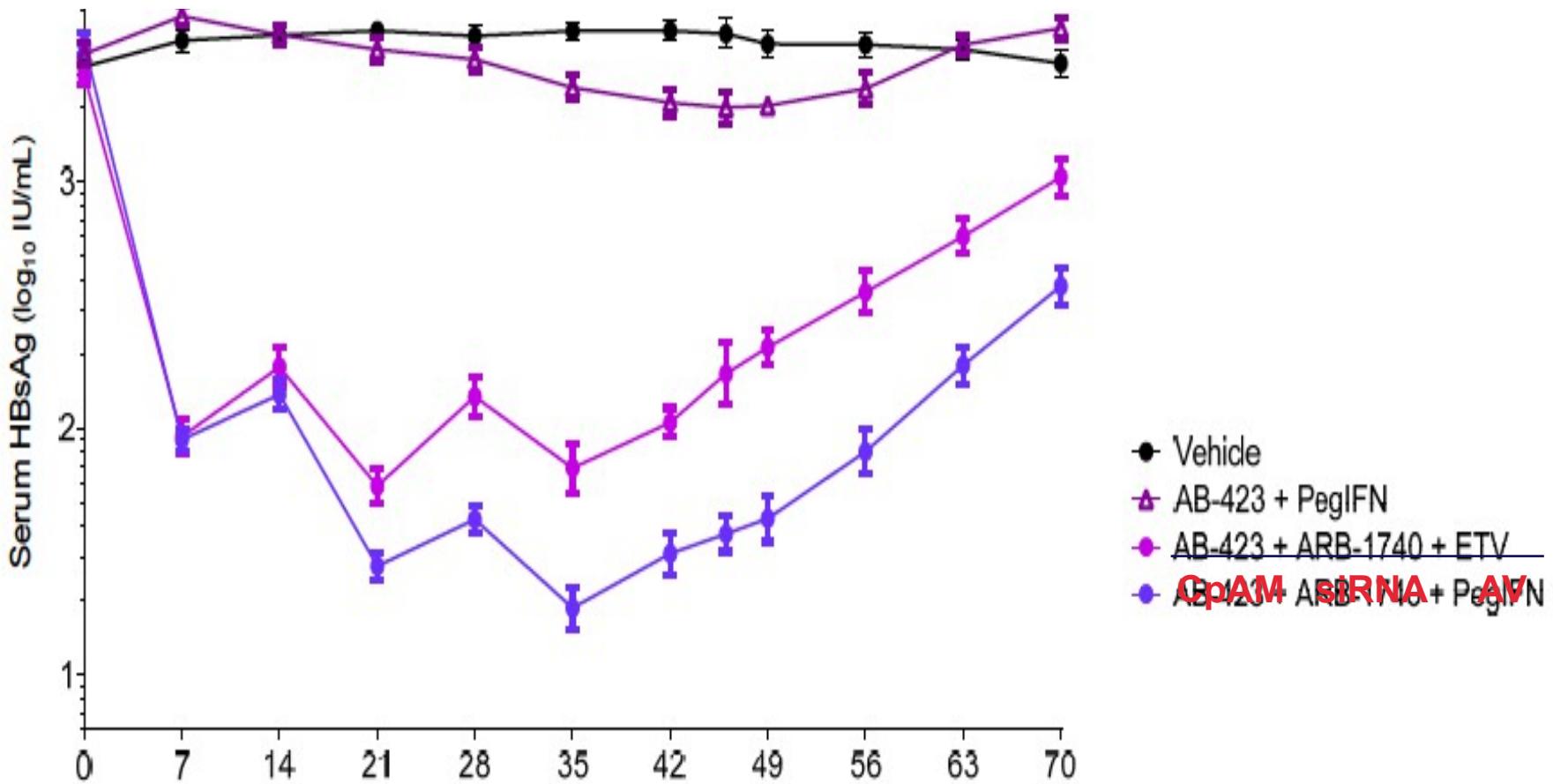


Impact of integrated sequences on siRNA efficacy

Will this result in restoration of immune responses ?

Towards combination therapy

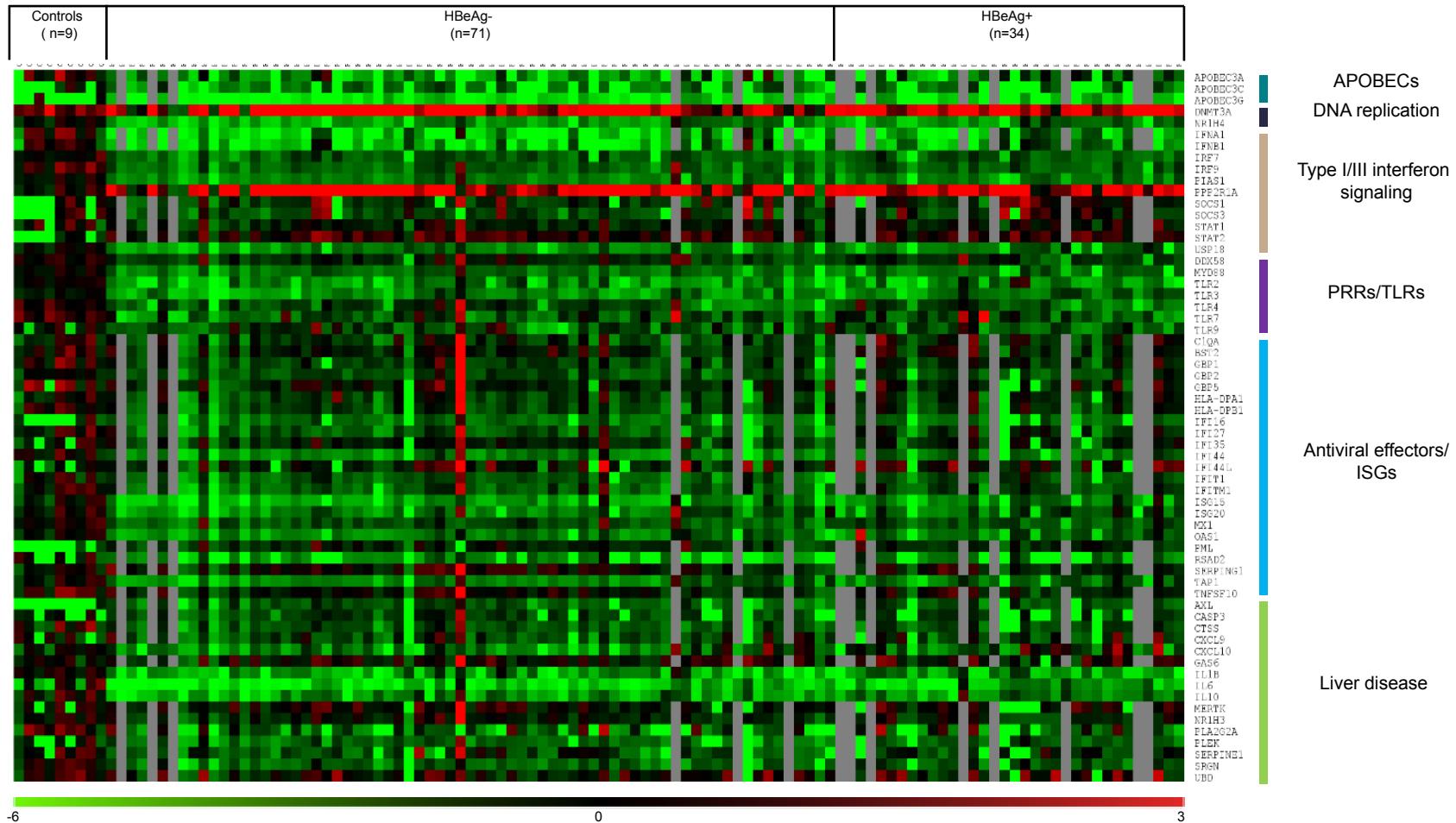
Effect of a triple combination therapy on viral antigen load in a humanized mouse model



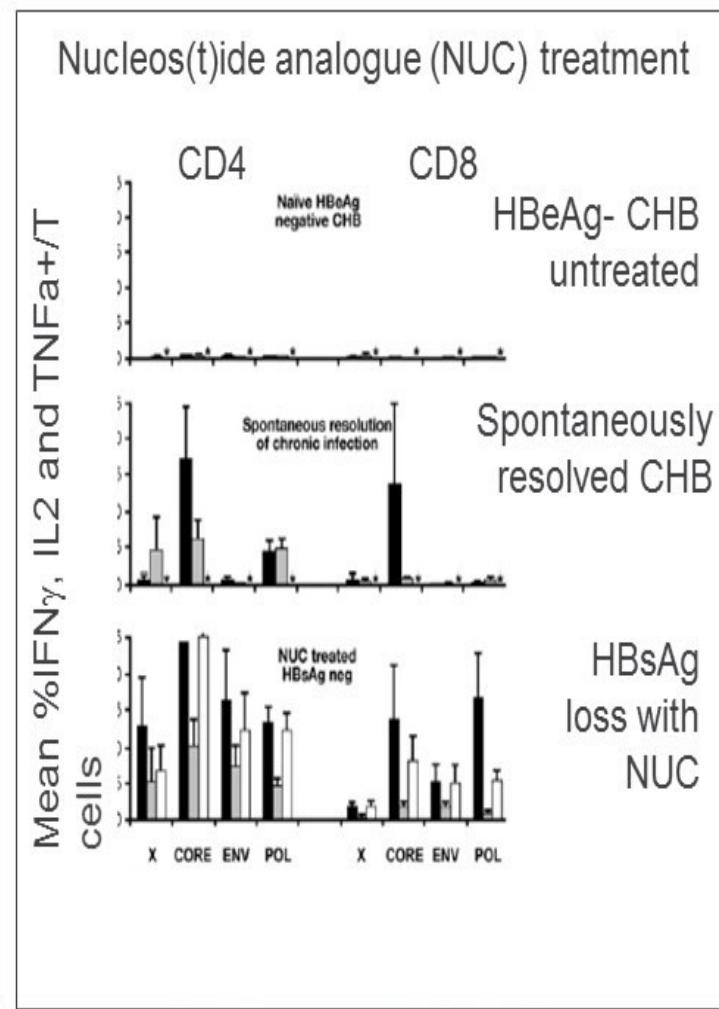
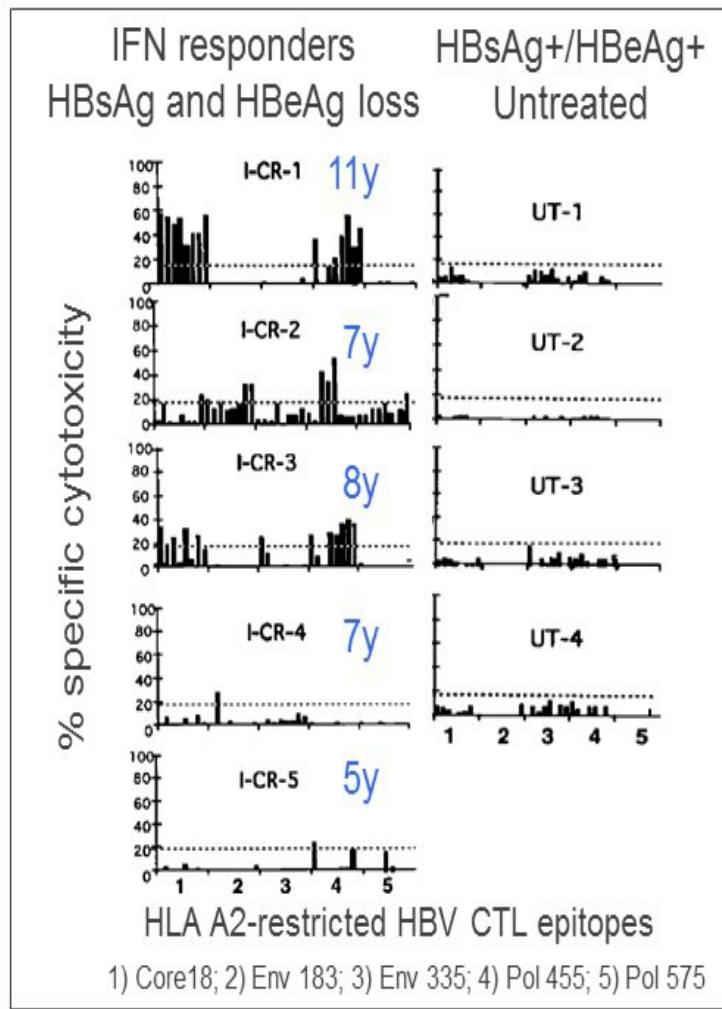
Restoration of antiviral immunity

Boosting adaptive immunity	<p>Blocking inhibitory signals (ie. anti-PD-1)</p> <p>The diagram illustrates a CD8 T cell (red) that has become exhausted, indicated by a yellow-to-red gradient. It is shown interacting with a hepatic APC (grey oval). Several inhibitory pathways are depicted: PD-L1 (purple) binds to PD-1 (orange) on the T cell; B7-1 (blue) and B7-2 (yellow) bind to CD28 (purple) and CTLA-4 (orange) respectively. Other inhibitory receptors like Gal9 and Tim-3 are also shown. A vaccine therapy section shows a syringe injecting a virus-like particle into T cells, which then spread to hepatocytes. An engineering section shows a green T cell being modified with a TCR (green Y-shape) to target a hepatocyte.</p>
Boosting innate immunity	<p>Intrahepatic Cytokine Delivery</p> <p>This panel shows TCR-like antibodies (brown Y-shape) and IFN-alpha (blue ribbon) being delivered to a row of hepatocytes (yellow ovals). The hepatocytes are infected with viruses, indicated by red stars. The antibodies and cytokines are shown binding to the cells to restore immunity.</p> <p>TLR-agonist</p> <p>This panel shows a TLR-agonist (red lightning bolt) activating both T cells (green and orange circles) and intrahepatic immune cells (pink and purple circles) within a row of infected hepatocytes.</p> <p>Intrahepatic Cytokine Production</p> <p>This panel shows T cells and intrahepatic immune cells (pink and purple circles) producing cytokines (dotted lines) within a row of infected hepatocytes.</p>

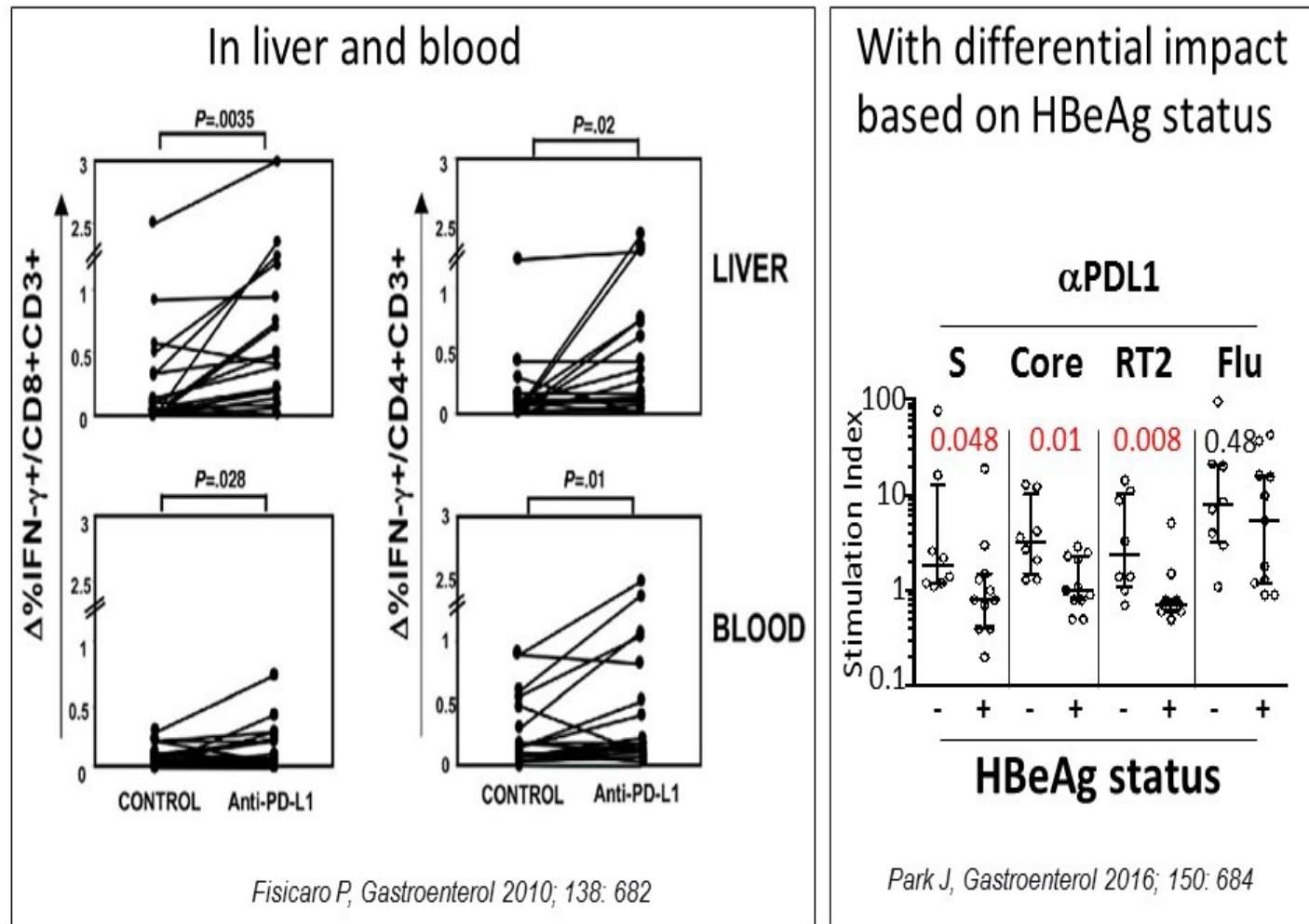
Repression of intrahepatic expression of innate immunity genes in CHB patients



Recovery of T cell response is possible after resolution of chronic HBV



PD-1 blockade enhances HBV-specific T cell function



Clinical Evaluation of Immunotherapeutics

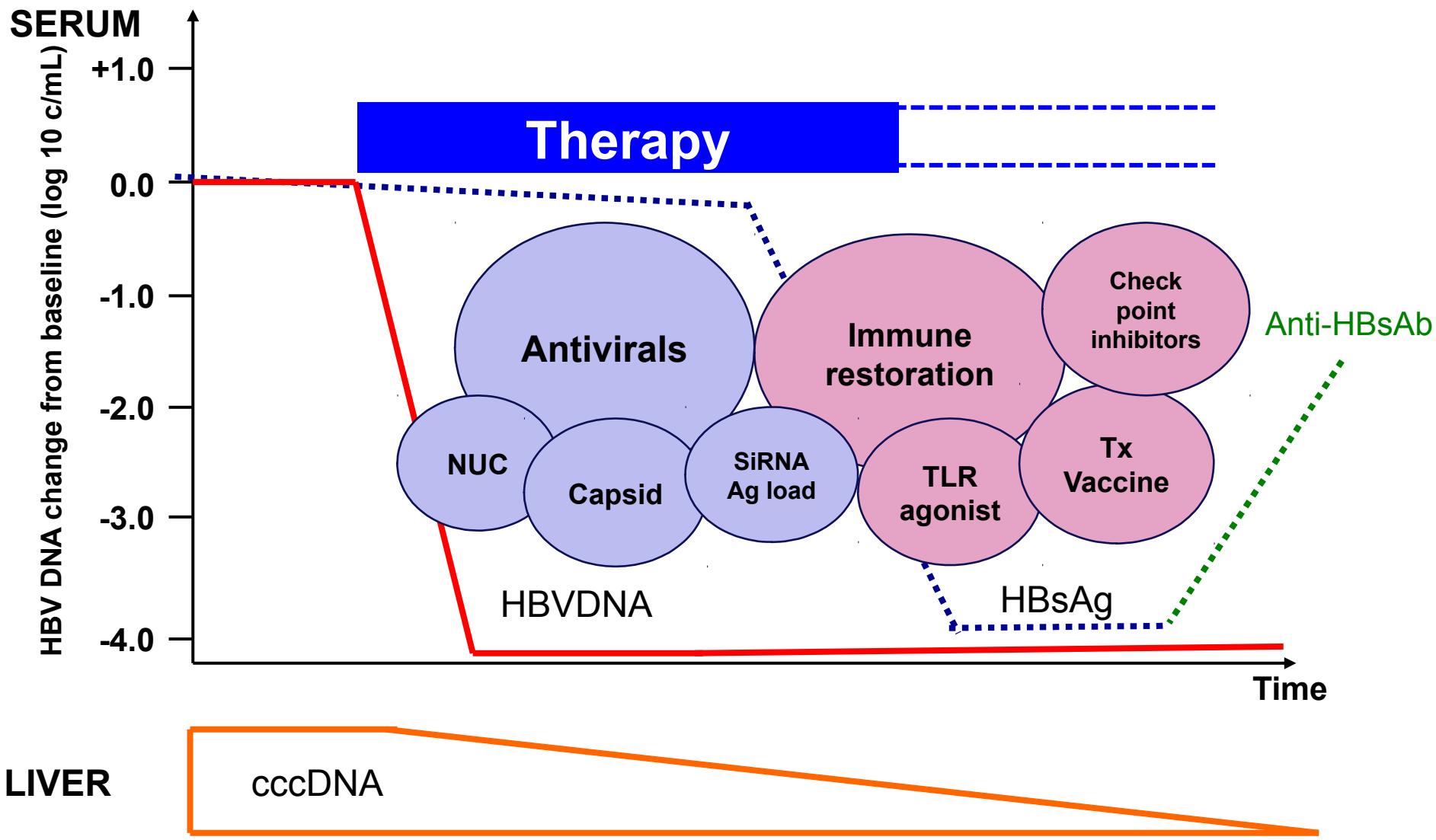
- **Innate Immunity**

- TLR-7 agonists (other TLR agonists ?): inducing endogenous type I IFN responses
- Targeting RIG-I: Restoration of endogenous IFN production & interference on Polymerase/pgRNA interaction
- Restoring innate responses: blocking virus specific functions

- **Adaptive immunity**

- Therapeutic vaccines: stimulating HBV specific CD4 and CD8 T cells
- Check-point inhibitors: restoration of specific CD4 and CD8 T cells
- T Cell engineering: redirecting T cells to infected hepatocytes

HBV cure - New treatment concepts – Will we need combination of DAA and immune therapy ?



HBV cure - Where are we going ?



- Towards improved therapies & cure within the next decade !

Acknowledgements

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Collaborations



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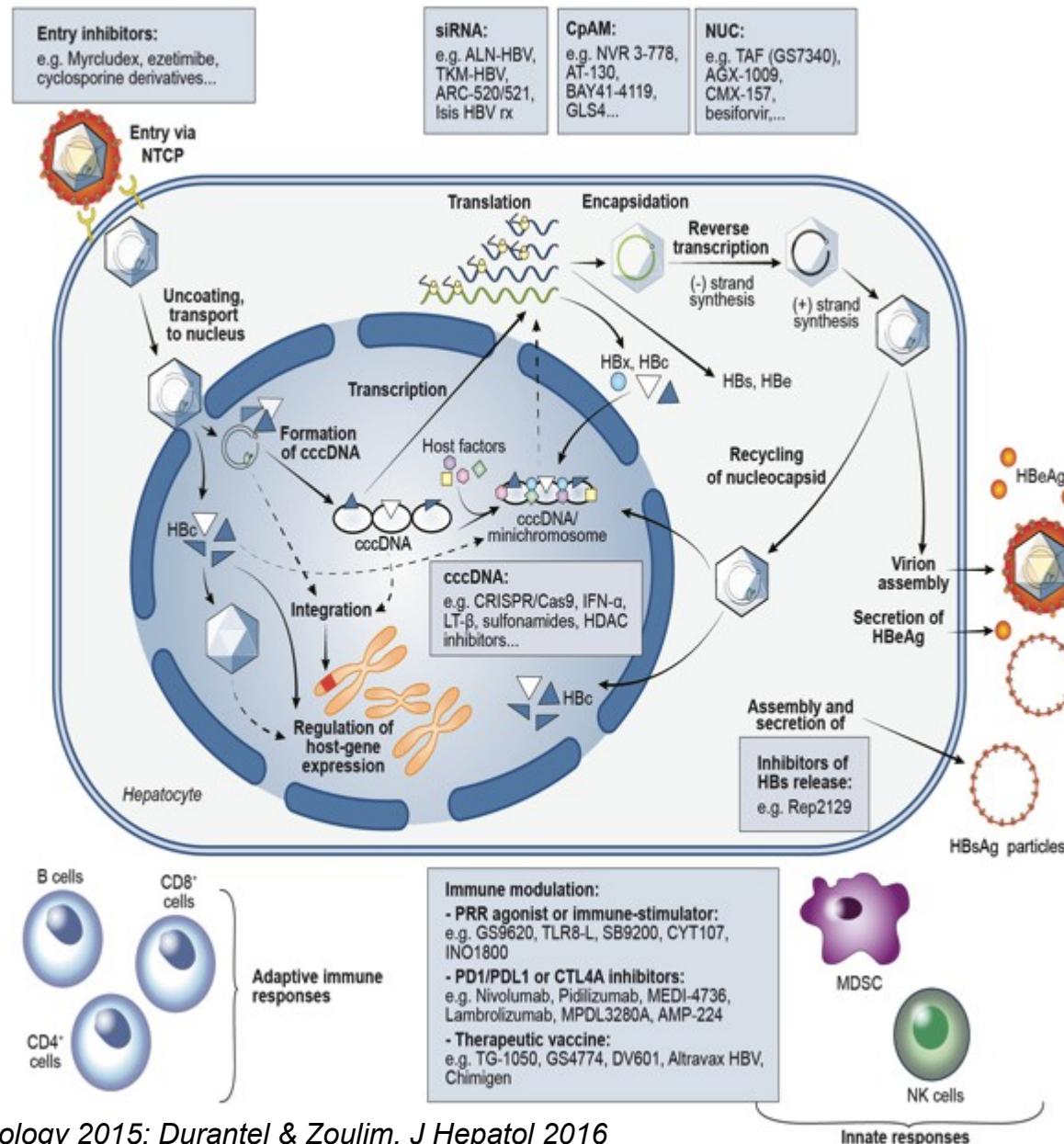
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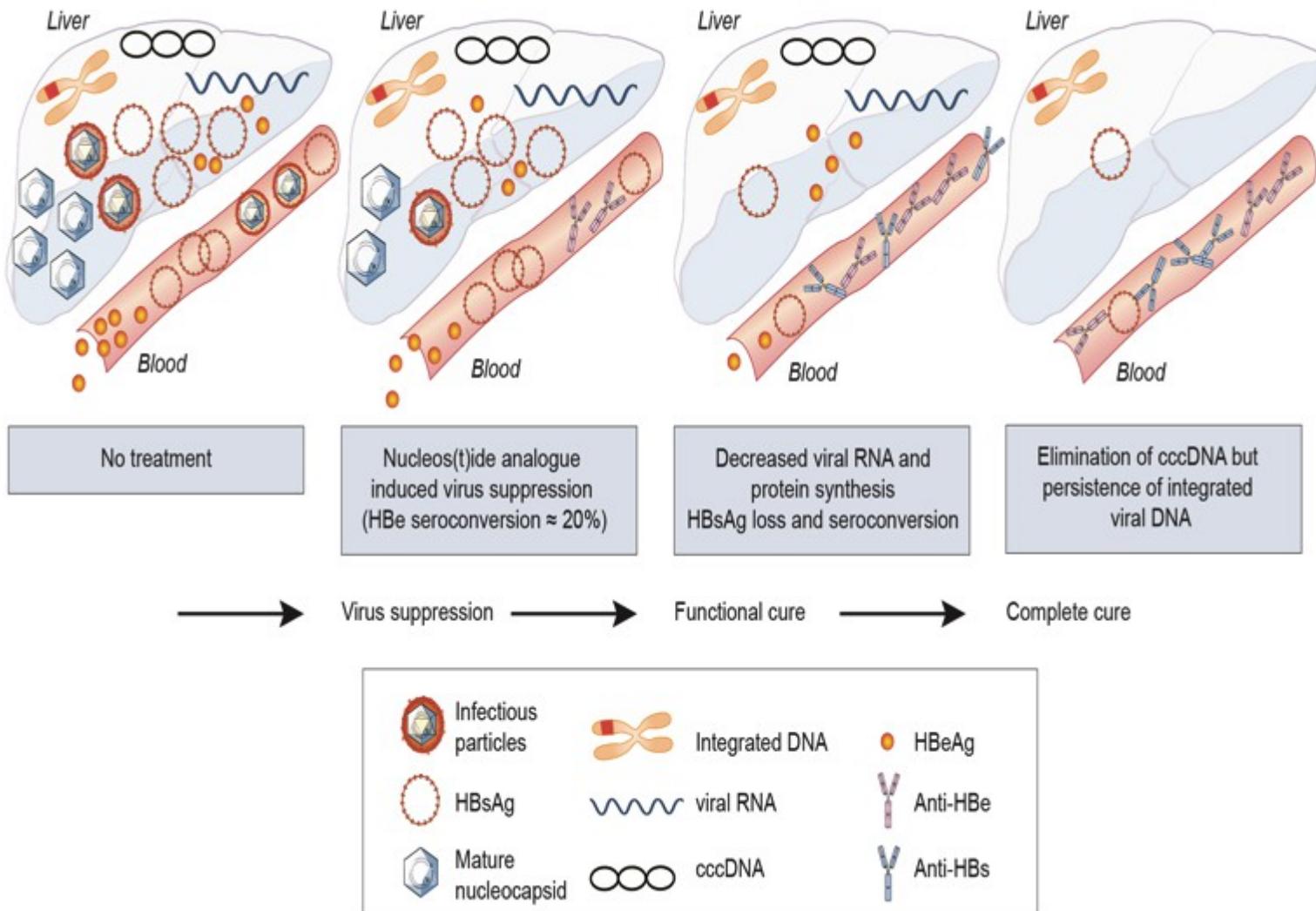
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U Protzer, Munich
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S Locarnini, Melbourne
P Revill, Melbourne



HBV cure - A highly dynamic drug discovery effort



Definition of Cure



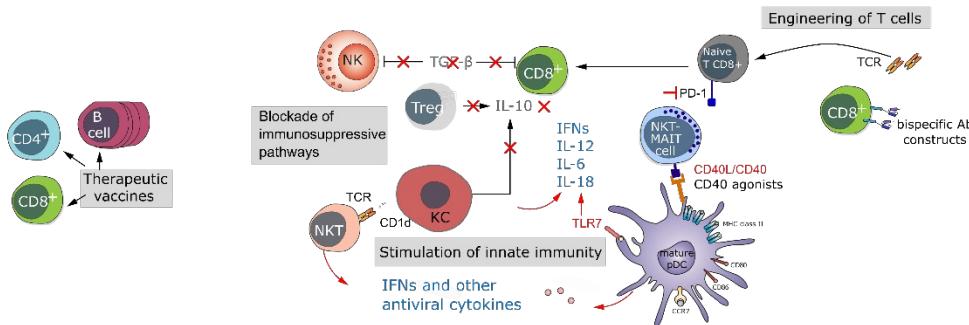
Durantel & Zoulim, J Hepatol 2016;
Zeisel, Lucifora et al, Gut 2015; Revill et al, Nature Reviews Gastroenterol Hepatol 2016

Realistic definition of HBV cure

	Complete cure	Idealistic functional cure	Realistic functional cure	Partial “cure”
Clinical scenario	Never infected	Recovery after acute HBV	Chronic HBV with HBsAg loss	Inactive carrier off treatment
HBsAg	Negative	Negative	Negative	Positive
Anti-HBs	Positive/negative	Positive	Positive/negative	Negative
Serum HBV DNA	Not detected	Not detected	Not detected	Low level or not detected
Hepatic cccDNA, transcription	Not detected Not active	Detected Not active	Detected Not active	Detected Low level
Integrated HBV DNA	Not detected	Detected?	Detected	Detected
Liver disease	None	None	Inactive, fibrosis regression over time	Inactive
Risk of HCC	Not increased	Not increased	Declines with time	Risk lower vs. immune active phases

The main targets

Immune system



Viral lifecycle

