

# **Applying basic science in Hepatology: Addressing the next challenges of hepatitis C virus infection and liver disease**

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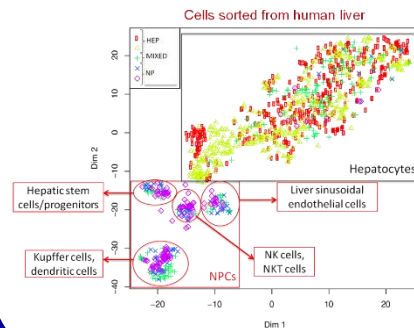
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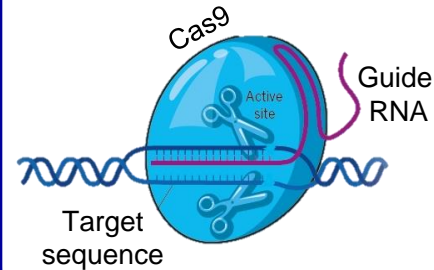
**2ème Jeunes Hépatologues Conférence  
30/06/2107**

# Novel technologies revolutionizing biomedical research

## Single cell RNA-seq analysis

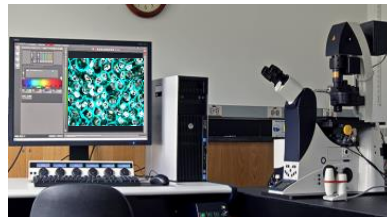


## Functional genomics and gene editing



From: Ledford Nature 2016

## Advanced live cell imaging



## Humanized animal models

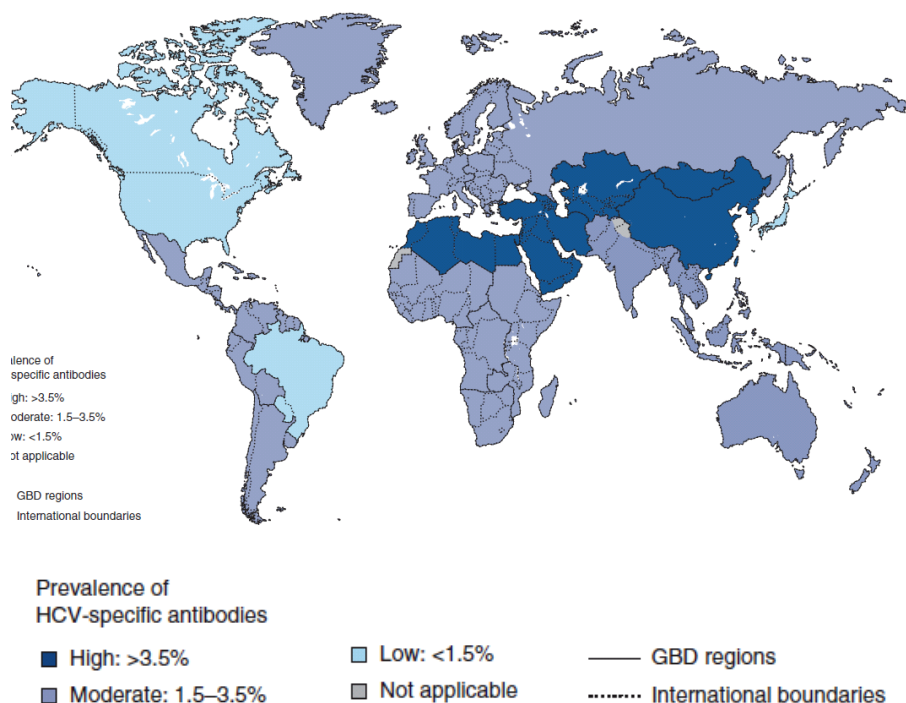


# Example for synergy of basic science, technology and clinical development: Cure of HCV infection by DAAs

Key Milestones and Their Effects on the Development of Curative Antiviral Treatment for Chronic Hepatitis C.*	
Key Milestone	Effects
<b>Scientific</b>	
Expression cloning of HCV	Discovery of viral genome, genomic organization, and viral genotypes; diagnostic assays; safety of blood products
Model systems for viral replication in cell culture (replicons) and ultrastructural characterization of nonstructural proteins	Screening and discovery of direct-acting antiviral agents targeting the HCV NS3/4A protease, NS5B polymerase, and nonstructural protein NS5A
HCV infectious-tissue culture model	Entry and assembly inhibitors; host-targeting agents as adjunctive therapies
<b>Clinical</b>	
Interferon-based treatment	Discovery that HCV infection is curable; starting point for initial add-on combinations with direct-acting antiviral agents
Successful HIV drug development	Combination of potent agents from two or more classes with nonoverlapping resistance profiles produced effective viral suppression without resistance selection
<b>Regulatory</b>	
FDA policy	Enabled rapid clinical development of direct-acting antiviral agents by permitting phase 2 studies of all oral regimens without standard-of-care comparators

\* FDA denotes Food and Drug Administration, HCV hepatitis C virus, and HIV human immunodeficiency virus.

# Hepatitis C – Future challenges

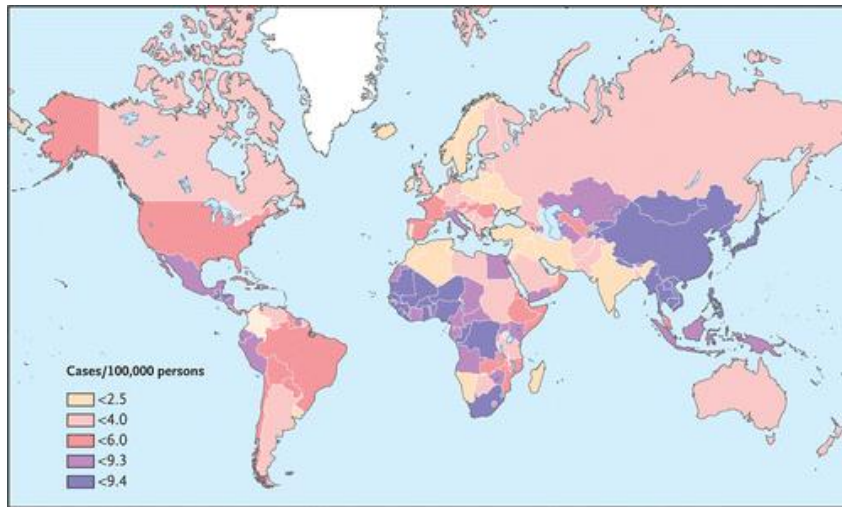


- Absent vaccine
- Limited or absent access to therapy in majority of infected patients
- DAA failure and resistance in a significant subset of patients
- Areas of uncertainty: advanced liver disease, graft infection, renal failure
- HCC risk persists post SVR in patients with advanced liver disease (“point of no return”)
- HCC recurrence and DAAs

*From: Thomas DL Nat Med 2013*

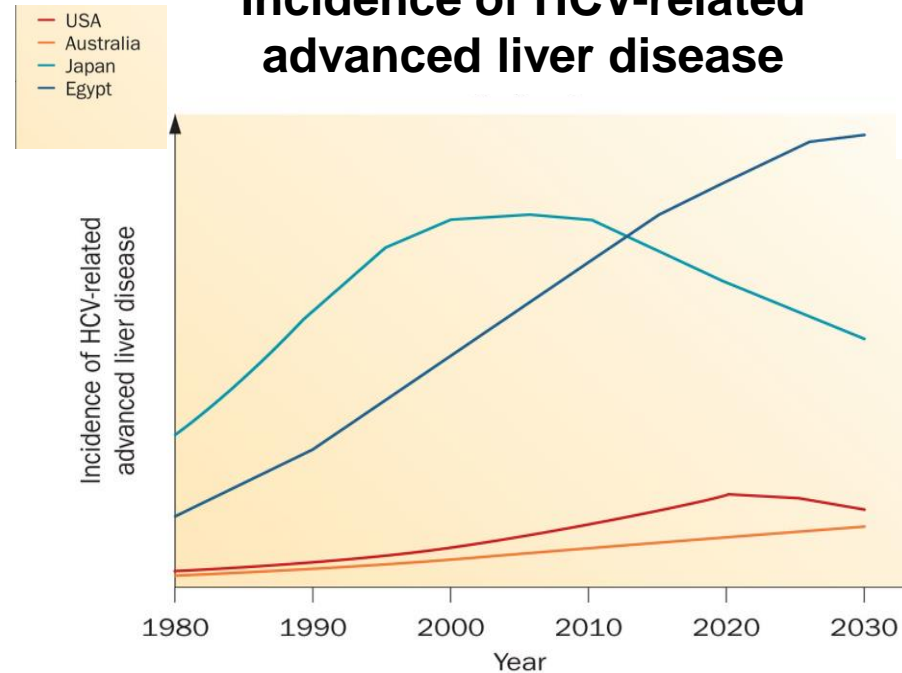
# Limited impact of DAAs on HCC on a global scale

## HCC prevalence



*El-Serag HB, N. Engl. J. Med. 2011*

## Incidence of HCV-related advanced liver disease



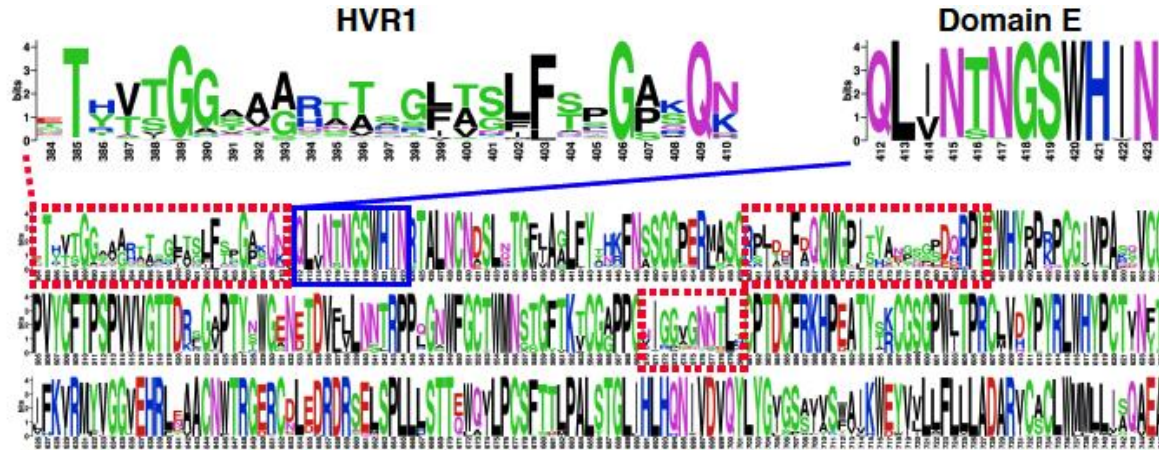
*Hajarizadeh et al.. Nat. Rev. Gastroenterol. Hepatol. 2013*

- Absence of vaccine and limited access to DAAs for the majority of patients
- Absence of screening: detection of chronic HCV infection often late or absent
- HCV-associated disease burden will still remain substantial in the era of oral DAAs including high resource countries such as the US

Morgan et al. Ann. Intern. Med. 2013; Harris et al. J. Hepatol. 2014, Chhatwal et al. Hepatology 2016

# Future challenges: need for a vaccine

## Genetic variability of the HCV envelope proteins



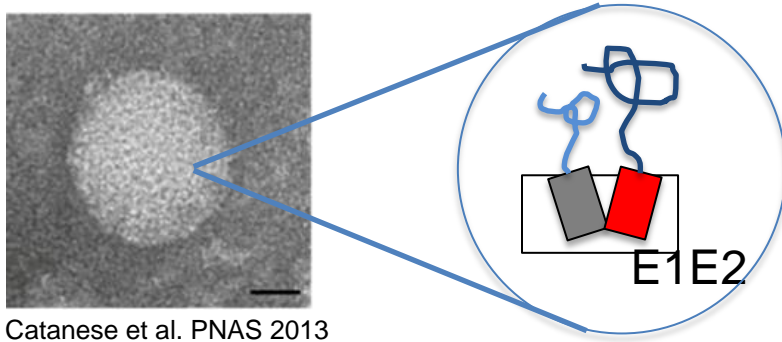
Pierce et al. Curr Opin Virol 2016

- Despite the arrival of DAAs, development of a safe and effective vaccine remains a key goal for global control and eradication of HCV infection
- Viral diversity and immune evasion remain greatest challenges
- A detailed understanding of innate and adaptive immune responses is required for rational vaccine design



# Examples for vaccine candidates in clinical development

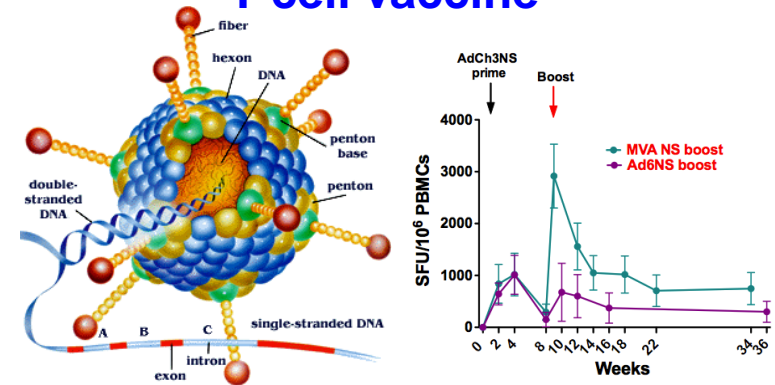
## B cell vaccine



Catanese et al. PNAS 2013

- Immunogen: recombinant gpE1/E2 isolated from mammalian cells
- Reduces chronicity in chimps (Choo et al. PNAS 1991)
- Immunogenic and safe in man (Frey et al. Vaccine 2010, Law et al. PLoS One 2013; Wong et al. J. Virol. 2014)
- Second generation in progress

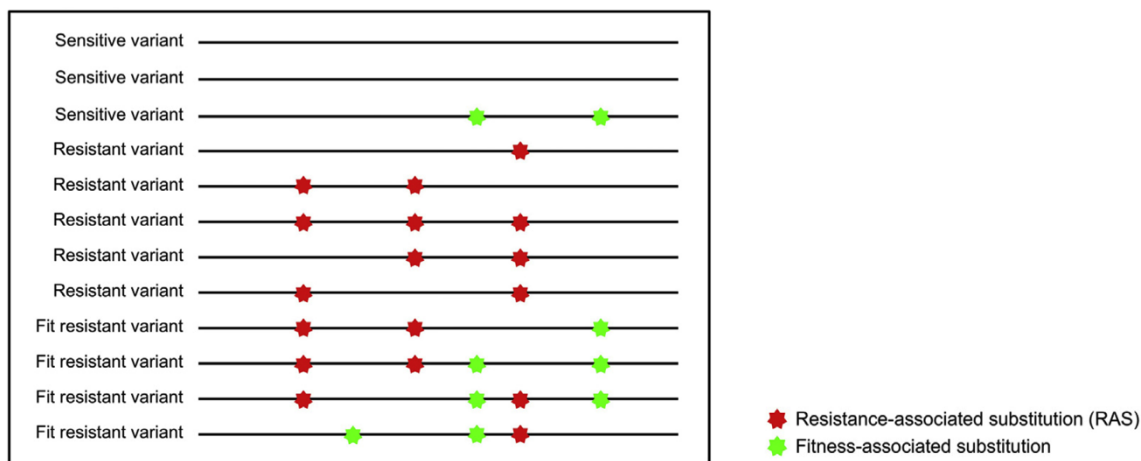
## T cell vaccine



- Immunogen: simian adenoviral vector-boosted with MVA HCV NS proteins
- Protection against chronic infection chimps (Folgori et al. Nat. Med. 2010)
- Immunogenic and safe in man (Colloca et al. Sci. Transl. Med. 2012; Swadling et al. Sci. Transl. Med. 2014)
- Clinical trial in IVDU ongoing

# Future challenges: DAAs and their limitations

## Viral quasispecies and resistance



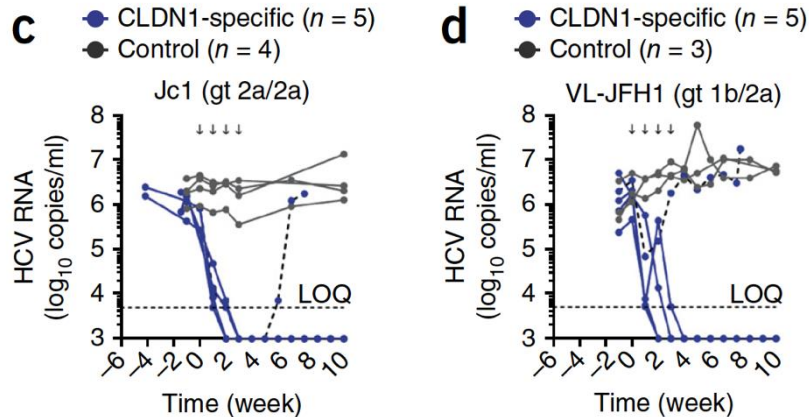
JM Pawlowsky Gastroenterology 2016

- Although most treated patients achieve virological cure, HCV resistance to DAAs has an important role in the failure of interferon-free treatment regimens.
- Genotype 1a or 3, cirrhosis, and/or prior nonresponders to pegylated interferon regimens, transplantation.
- Decompensated liver disease, renal failure areas of uncertainty



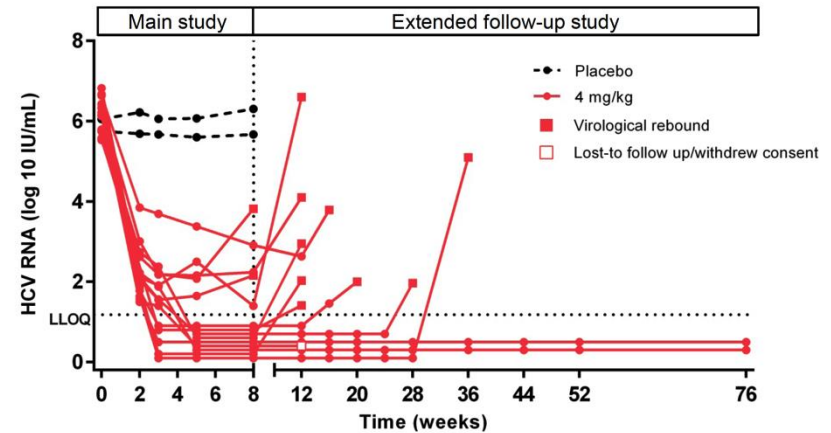
# Host-targeting agents for prevention and treatment

## Claudin-1 specific mAb – chimeric mice



Maily / Baumert Nat. Biotech. 2015

## miR122 inhibitor – phase I RCT



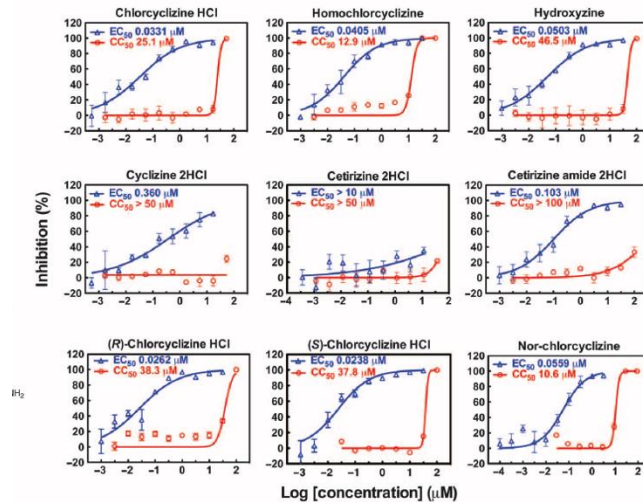
Van de Ree / Reesink Lancet 2017

- Study of virus-host interactions has identified novel targets and compounds for antiviral therapy: host-targeting agents
- Complementary mechanism of action, synergistic with DAA
- Shorting treatment duration
- Prevention and treatment of DAA resistance
- Prevention of HCV infection in HCV+ organ transplatation

Zeisel and Baumert Lancet 2017, Zeisel et al. Viruses 2016, Felmlee et al. Lancet Infect. Dis. 2016, Vercauteren K et al. Gut 2015, Yamashita et al. J. Exp. Pharm. 2015, Xiao et al. Gut 2014

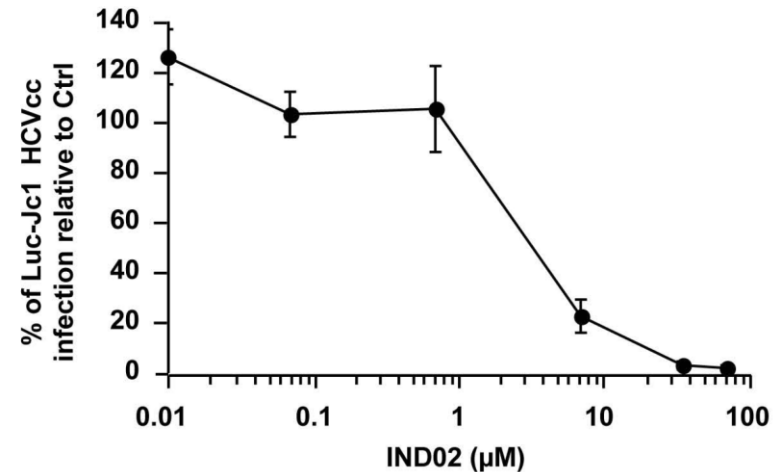
# Improve access to antiviral therapy

## Approved Antihistamines



He et al. Sci. Transl. Med. 2015

## Cinnamon-Derived Compound



Fauvelle et al. 2017, in press

- Repurposing of clinically licensed, FDA-approved drugs
- Natural compounds (e. g. EGCG, silymarin, silibinin, cinnamon)
- Discovery and development of low cost antivirals

Vausselin et al. J. Virol. 2016, Perin PM et al. Hepatology 2015, Lin LT, Chung CY, Hsu WC, et al. J Hepatol 2015, He S, Lin B, Chu V, et al. Sci Transl Med 2015, Ciesek S et al. Hepatology 2011, Calland N et al. Hepatology 2012, Wagoner J et al. Hepatology 2010, Blaising J et al. Cell Microbiol. 2013, Gastaminza P et al. PNAS 2010, Chockalingam K et al. PNAS 2010

## HCV and HCC

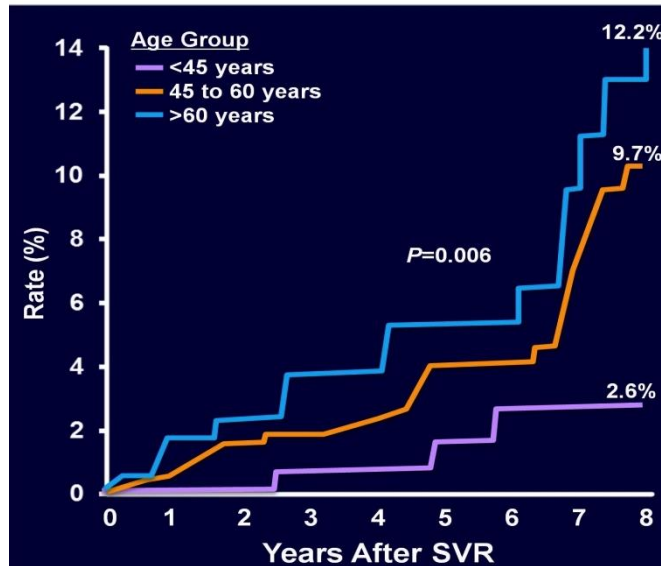
- HCV – major cause of HCC world-wide including Japan, Europe and the US
- Global cancer death rates :  $\searrow$  1.5 percent/year (2003-2012)
- Death rates due to liver cancer :  $\nearrow$  2.3 percent/year
- Hepatocellular carcinoma (HCC) is the second leading and fastest rising cause of cancer death worldwide
- Strategies to prevent HCC in advanced fibrosis are limited
- While early stage HCC can be treated by surgical intervention, curative strategies for advanced HCC are not available
- **Novel strategies to prevent and treat HCC are urgently needed**





# Clinical challenge: risk of HCC persists following HCV cure in patients with advanced fibrosis

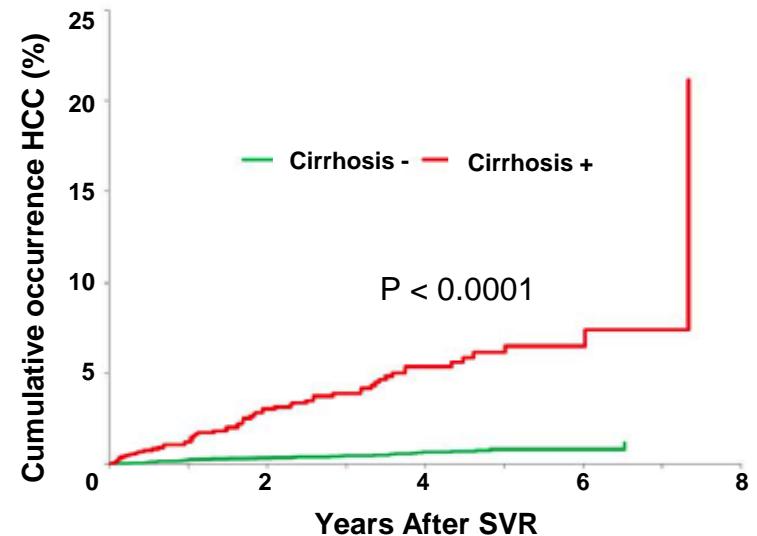
## Meta-analysis



*van der Meer et al. JAMA 2012*

- 10 cohorts, individual patient data
- 5.1 y follow-up
- SVR with IFN-based therapy
- HCC risk decreased but not eliminated
- Risk increased with age, severity of liver disease, and presence of diabetes mellitus

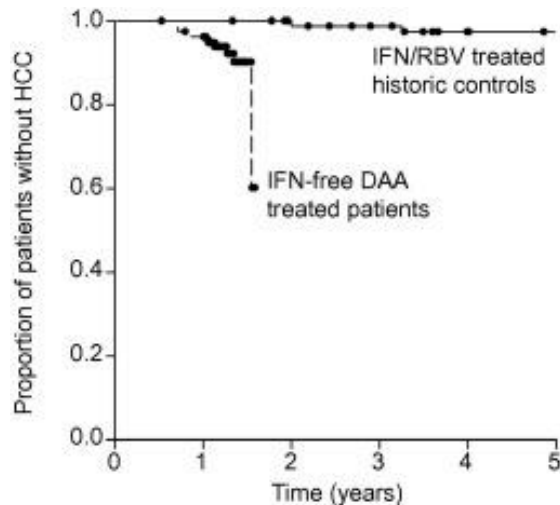
## Retrospective cohort study



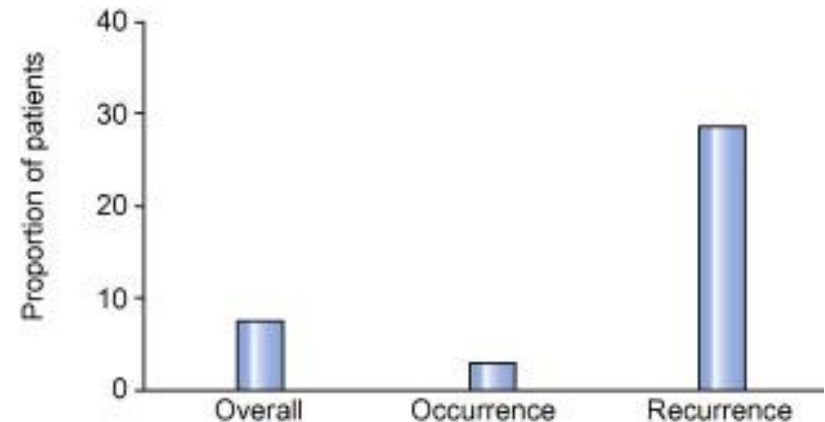
*El Serag et al. Hepatology 2016*

- US Veterans HCV RNA positive (n=33005)
- 10 y follow-up
- SVR with IFN-based therapy
- Risk of HCC postcure, though considerably reduced, remains relatively high
- Cirrhosis, cure after age 64, diabetes, gt 3 infection risk factors for post-SVR HCC

# Recurrence of HCC in DAA-treated patients



*Kozbial et al. J Hepatol 2016*



*Conti et al. J Hepatol 2016*

- **Unexpected high rate and pattern of tumor recurrence in DAA-treated patients in at least three independent cohorts** (Reig et al. J. Hepatol. 2016, Kozbial et al. J. Hepatol. 2016; Conti et al. J. Hepatol. 2016)
- **HCC recurrence not increased in another cohort** (Pol et al. ANRS collaborative study group on HCC J. Hepatol. 2016)
- **Potential differences in HCC incidence in DAA and IFN-based regimens** (Kobayashi et al. J. Med. Virol. 2016, Toyoda H et al. Hepatology 2016)
- **Consideration of a hypothetical “oncogenic” activity of novel HCV drugs** (Llovet JM and Villanueva A Nat. Rev. Gastro Hepatol 2016).



# Modulation of HCC risk by anti-HCV therapies

