

# Continued Treatment of Early Nonresponders or Partial Virologic Responders With Bulevirtide Monotherapy in Patients With Chronic Hepatitis Delta Through Week 96 Leads to Improvement in Virologic and Biochemical Responses

Pietro Lampertico<sup>1,2</sup>, Heiner Wedemeyer<sup>3</sup>, Maurizia Rossana Brunetto<sup>4</sup>, Pavel Bogomolov<sup>5</sup>, Tatyana Stepanova<sup>6</sup>, Sandra Ciesek<sup>7</sup>, Annemarie Berger<sup>7</sup>, Dmitry Manuilov<sup>8</sup>, Qi An<sup>8</sup>, Audrey H Lau<sup>8</sup>, Ben L Da<sup>8</sup>, John F Flaherty<sup>8</sup>, Renee-Claude Mercier<sup>8</sup>, Stefan Zeuzem<sup>9</sup>, Markus Cornberg<sup>3</sup>, Maria Buti<sup>10</sup>, Soo Aleman<sup>11</sup>

<sup>1</sup>Foundation IRCCS Ca' Granda Ospedale Maggiore Policlinico, Division of Gastroenterology and Hepatology, Milan, Italy; <sup>2</sup>CRC "A. M. and A. Migliavacca" Center for Liver Disease, University of Milan, Department of Pathophysiology and Transplantation, Milan, Italy; <sup>3</sup>Klinik für Gastroenterologie, Hepatologie und Endokrinologie, Medizinische Hochschule Hannover, Hannover, Germany; <sup>4</sup>Hepatology Unit, Reference Center of the Tuscany Region for Chronic Liver Disease and Cancer, University Hospital of Pisa and Department of Clinical and Experimental Medicine, University of Pisa, Italy; <sup>5</sup>State budgetary institution of health care of Moscow region "Moscow regional research clinical institute after M.F. Vladimirsky", Moscow, Russian Federation; <sup>6</sup>Limited liability company "Clinic of Modern Medicine", Moscow, Russian Federation; <sup>7</sup>Institute for Medical Virology, German Centre for Infection Research, External Partner Site Frankfurt, University Hospital, Goethe University Frankfurt am Main, 39120 Frankfurt am Main, Germany; <sup>8</sup>Gilead Sciences, Inc., Foster City, CA, USA; <sup>9</sup>University Hospital Frankfurt, Department of Medicine, Frankfurt am Main, Germany; <sup>10</sup>Hospital Universitario Vall d'Hebron and CIBERED del Instituto Carlos III, Barcelona, Spain; <sup>11</sup>Karolinska University Hospital/Karolinska Institutet, Department of Infectious Diseases, Stockholm, Sweden

## Key Findings

- At W24, suboptimal virologic response (NR or PR) occurred in approximately one-third of patients receiving BLV
- Of those with PR at W24, 82% (18 of 22) progressed to VR, and 77% (17 of 22) of W24 PR had biochemical response at W96 with continued BLV monotherapy
- Of those with NR at W24, 43% (6 of 14) progressed to VR at W96, and 29% (4 of 14) had biochemical response at W96 with continued BLV monotherapy

## Conclusions

In CHD patients showing a suboptimal early response to BLV at W24, the majority showed progressive improvement with treatment through W96, supporting ongoing treatment with BLV

Partial virologic responders at W24 were more likely than nonresponders to achieve virologic response by W96

## Introduction

- Hepatitis delta virus (HDV) represents the most severe form of chronic viral hepatitis and is estimated to affect between 10 and 20 million worldwide<sup>1</sup>
- Bulevirtide (BLV), a novel entry inhibitor of HDV, is conditionally approved in the EU at 2 mg/day for the treatment of chronic hepatitis delta (CHD) with compensated liver disease<sup>2</sup>
- In clinical studies, on-treatment virologic response (VR) to HDV therapy is defined as achieving undetectability or a  $\geq 2 \log_{10}$  IU/mL decline in HDV RNA from baseline (BL)<sup>3</sup>
- The extent of benefit from continued therapy for patients with suboptimal early virologic response requires further investigation

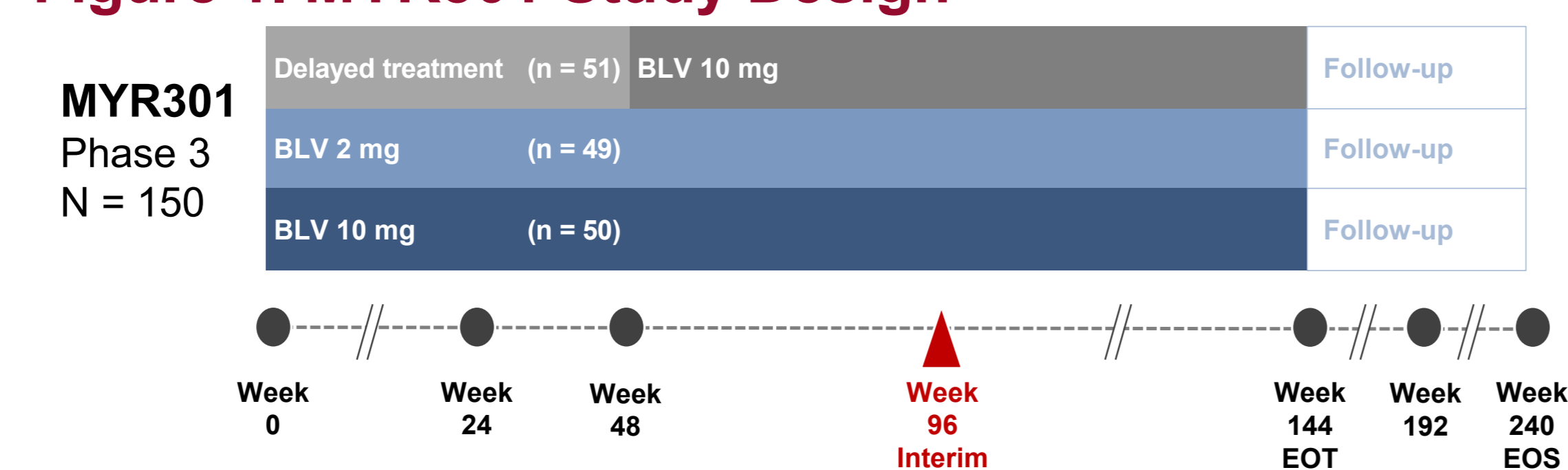
## Objective

- This study aimed to evaluate whether continued therapy up to W96 results in improvement in virologic and biochemical responses among patients not achieving early VR at W24

## Methods

- MYR 301 (NCT03852719) is an ongoing randomized study evaluating 3 cohorts: BLV 2 mg (Arm B) and BLV 10 mg (Arm C) to W144 and a delayed treatment arm receiving no anti-HDV therapy to W48 followed by BLV 10 mg (Arm A)
- Data from patients in Arms B and C who remained on study treatment at W96 are included in the present analysis
- No formal stopping rules were included for early nonresponse

**Figure 1. MYR301 Study Design**



BLV, bulevirtide; EOS, end of study; EOT, end of treatment.

- Virologic response groups were defined as follows:

- Virologic nonresponders (NR) were defined as having an HDV RNA decline of  $< 1 \log_{10}$  IU/mL from BL
- Virologic partial responders (PR) were defined as having an HDV RNA decline of  $\geq 1$  but  $< 2 \log_{10}$  IU/mL from BL
- Suboptimal early virologic response was defined as NR or PR at W24

- Alanine aminotransferase (ALT) upper limit of normal:  $\leq 31$  U/L for females and  $\leq 41$  U/L for males (Russian sites) and  $\leq 34$  U/L for females and  $\leq 49$  U/L for males (all other sites)
- HDV RNA levels determined by RT-qPCR using RoboGene<sup>®</sup> HDV RNA Quantification Kit 2.0 (lower limit of quantification 50 IU/mL, lower limit of detection 6 IU/mL)
- Biochemical response (ALT within normal limits [WNL]) and change in ALT from BL were compared by response group

## Results

- BL demographics and characteristics are shown in **Table 1**
- The virologic response progression for all virologic response groups at W24 (separated by BLV dose) through W48 and W96 is shown in **Table 2**
  - The proportion of PR and NR decreased over time in both BLV dosage groups
  - 38% (36 of 94) of patients included in the analysis were NR or PR at W24
  - At W96, 17% (16 of 94) of patients were NR (N = 6) or PR (N = 10)
- The virologic response progression of NR and PR (separated by BLV dose) at W24 through W48 and W96 is shown in **Figure 2**
- The mean levels and change from BL in HDV RNA and ALT by W96 among NR or PR at W24 are shown in **Table 3**

**Table 1. Demographics and Baseline Characteristics by BLV Dosage**

	BLV 2 mg (N = 47)	BLV 10 mg (N = 47)	Total (N = 94)
Male sex, n (%)	28 (60)	30 (64)	58 (62)
Race, n (%)			
White	39 (83)	41 (87)	80 (85)
Asian	8 (17)	5 (11)	13 (14)
Black or African American	0	1 (2)	1 (1)
Cirrhosis present, n (%)	23 (49)	22 (47)	45 (48)
HBeAg-positive, n (%)	4 (9)	7 (15)	11 (12)
Concomitant NA therapy, n (%)	32 (68)	25 (53)	57 (61)
Prior IFN therapy, n (%)	25 (53)	27 (58)	52 (55)
Genotype HDV-1, n (%)	47 (100)	45 (96)	92 (98)
HDV RNA, $\log_{10}$ IU/mL, mean (SD)	5.1 (1.2)	4.9 (1.5)	5.0 (1.3)
ALT, U/L, mean (SD)	108 (64)	128 (81)	118 (73)

ALT, alanine aminotransferase; BLV, bulevirtide; HBeAg, hepatitis B e antigen; HDV, hepatitis delta virus; IFN, interferon; NA, nucleos(t)ide analogue.

- Demographics and BL characteristics were well matched between the 2 BLV dosage groups

**Table 2. Changes in HDV RNA Response Through W96 by BLV Dose**

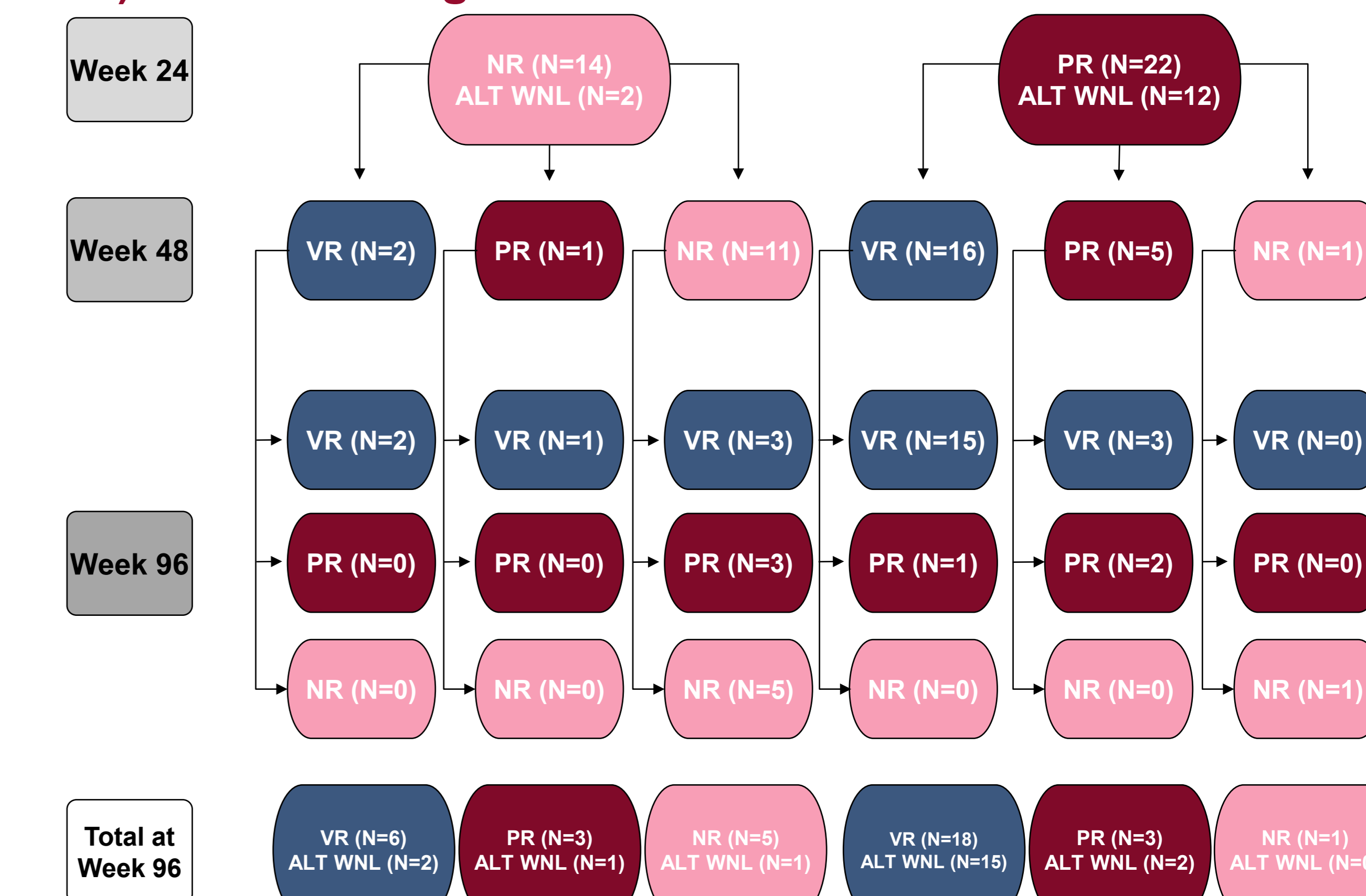
		BLV 2 mg (N = 47)			BLV 10 mg (N = 47)			Total (N = 94)		
		W24			W24			W24		
		NR	PR	VR	NR	PR	VR	NR	PR	VR
		N = 10	N = 12	N = 25	N = 4	N = 10	N = 33	N = 14	N = 22	N = 58
W48	NR	8 (80)	1 (8)	0 (0)	3 (75)	0 (0)	0 (0)	11 (79)	1 (5)	0 (0)
	PR	1 (10)	0 (0)	2 (8)	0 (0)	5 (50)	1 (3)	1 (7)	5 (23)	3 (5)
	VR	1 (10)	11 (92)	23 (92)	1 (25)	5 (50)	32 (97)	2 (14)	16 (73)	55 (95)
W96	NR	4 (40)	1 (8)	0 (0)	1 (25)	0 (0)	0 (0)	5 (36)	1 (5)	0 (0)
	PR	3 (30)	0 (0)	2 (8)	0 (0)	3 (30)	2 (6)	3 (21)	3 (14)	4 (7)
	VR	3 (30)	11 (92)	23 (92)	3 (75)	7 (70)	31 (94)	6 (43)	18 (82)	54 (93)

Values expressed as n (%).

BLV, bulevirtide; HDV, hepatitis delta virus; NR, nonresponder; PR, partial responder; VR, virologic responder; W, week.

- Overall, the proportion of PR and NR decreased over time in both BLV dosage groups

**Figure 2. Progression of Suboptimal Responders (NR and PR) at W24 Through W48 and W96**



ALT, alanine aminotransferase; NR, nonresponder; PR, partial responder; VR, virologic responder; W, week; WNL, within normal limits.

- 43% (6 of 14) of NR at W24 and 82% (18 of 22) of PR at W24 progressed to VR at W96
- 35% (5 of 14) of NR at W24 and 5% (1 of 22) of PR at W24 were NR at W96
- 29% (4 of 14) of NR at W24 and 77% (17 of 22) of PR at W24 achieved ALT WNL at W96

**Table 3. Change in Mean ALT and HDV RNA by W96 Among NR or PR at W24**

	Time Point	Virologic Response Group at W24	
		NR (N = 14)	PR (N = 22)
HDV RNA, $\log_{10}$ IU/mL, mean (SD)	Baseline	4.4 (2.0)	5.3 (1.4)
	W24	3.8 (1.8)	3.7 (1.4)
	W48	3.6 (2.1)	2.6 (1.5)
	W96	2.8 (2.1)	1.9 (1.3)
	Change at W96	-1.6 (1.7)	-3.4 (1.3)
ALT, U/L, mean (SD)	Baseline	112 (59)	98 (64)
	W24	71 (37)	44 (26)
	W48	67 (42)	36 (14)
	W96	89 (123)	35 (24)
	Change at W96	-24 (119)	-64 (61)

ALT, alanine aminotransferase; HDV, hepatitis delta virus; NR, nonresponder; PR, partial responder; VR, virologic responder; W, week.

- HDV RNA and ALT declines were seen by W96 among NR or PR at W24 with numerically higher declines in the PR compared to the NR subgroup
- ALT declined by  $> 50\%$  from BL in 5 of the 6 who remained a NR at W96, 1 ALT WNL (data not shown)

**References:** 1. Stockdale AJ, et al. *J Hepatol* 2020;73:523-532. 2. Hepcludex. European Medicines Agency SmPC. 3. Yurdaydin C, et al. *J Hepatol* 2019;70:1008-1015.

**Acknowledgments:** We extend our thanks to the patients, their families, and all participating investigators and their corresponding site staff. This study was funded by Gilead Sciences, Inc. Writing and editorial support was provided by Danielle Shepherd, PhD, of AlphaScientia, a Red Nucleus company, and was funded by Gilead Sciences, Inc.

**Disclosures:** PL reports speaking and teaching fees from and participation in advisory committees or review panels for AbbVie; Aligos; Alnylam; Antios; Arrowhead; Bristol Myers Squibb; Eisai; Gilead Sciences, Inc.; GSK; Janssen; Merck Sharp & Dohme; MYR GmbH; Roche; and Spring Bank Pharmaceuticals. HW reports honoraria for speaking or consulting from Abbott; AbbVie; Bristol Myers Squibb; Boehringer Ingelheim; Eisai; Gilead Sciences, Inc.; Janssen; Merck Sharp & Dohme; MYR GmbH; Novartis; Novira; Roche; Roche Diagnostics; Siemens; and Transgene; and research support from Abbott; Bristol Myers Squibb; and Gilead Sciences, Inc. MRB declares financial relationships with Gilead Sciences, Inc., and AbbVie for speaking and teaching. PB, TS, SZ, and AB report nothing to disclose. SC reports speaking for Euroimmune, consultant work for Novartis, and research support from Roche and MYR GmbH. DM, QA, AHL, BLD, JF, and RCM are employees of Gilead Sciences, Inc., and may own stock in Gilead Sciences, Inc. MC received honoraria from AbbVie; Falk; Gilead Sciences, Inc.; GSK; Janssen-Cilag; Merck Sharp & Dohme; Novartis; Roche; Spring Bank Pharmaceuticals; and Swedish Orphan Biovitrum. MB received research support, speaker fees, and consulting fees from AbbVie, Gilead Sciences, Inc., and Janssen. SA has received honoraria for lectures and educational events from Gilead Sciences, Inc., AbbVie, Merck Sharp & Dohme, and Biogen and reports grants from Gilead Sciences, Inc. and AbbVie.