

The background is a complex, semi-transparent collage. It features a pair of hands in white lab coats, one holding a red tablet and the other pointing at a document. Overlaid on this are various scientific and medical motifs: a cluster of white pills, a hexagonal grid of icons (including a microscope, ECG, pills, and a first aid kit), a brain diagram with neural connections, and various molecular and geometric patterns like circles, lines, and plus signs. The overall color palette is dominated by soft reds, whites, and greys.

HBV-TAG

2021 CONFERENCE

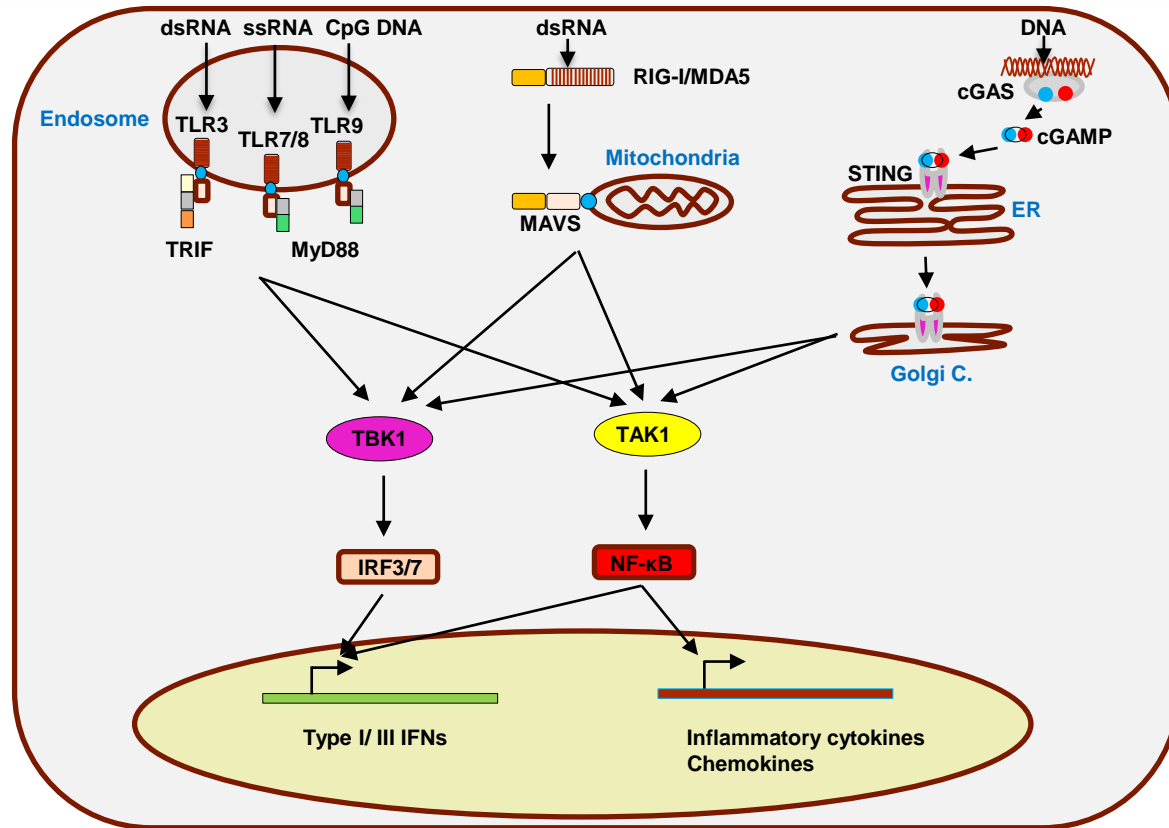


Innate Immunity: TLR, RLR and STING

Ju-Tao Guo, M.D.

Baruch S. Blumberg Institute
Doylestown, Pennsylvania

Pattern recognition receptors (PRRs)-mediated innate immune responses play important roles in viral infections



Multiple PRRs are expressed in human liver cells

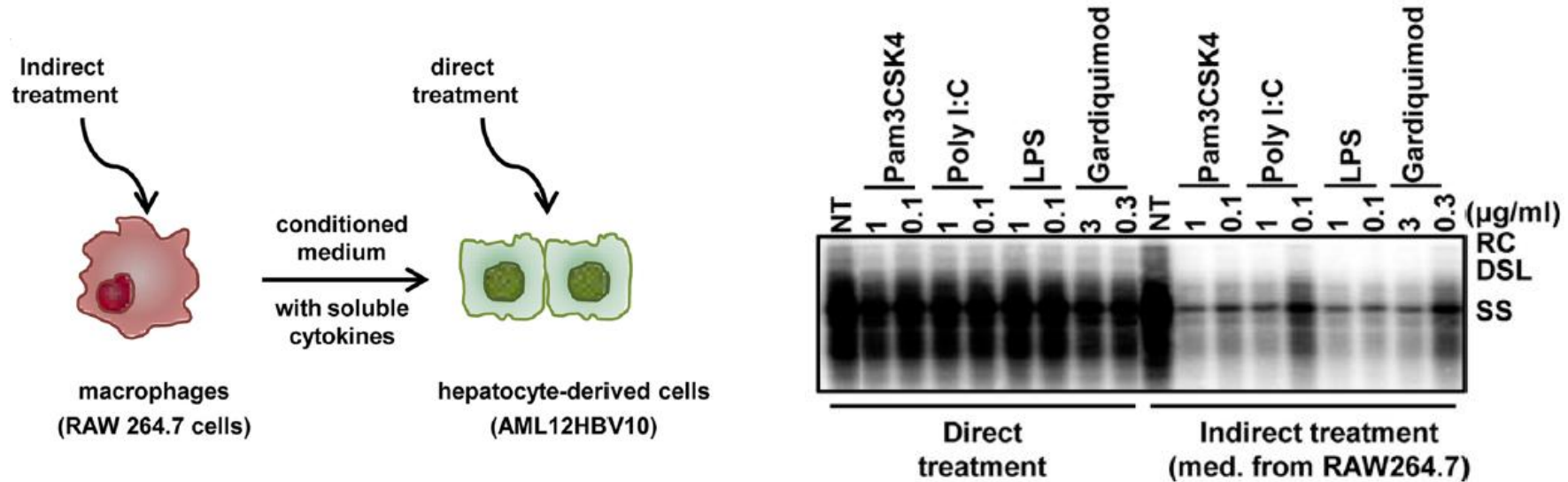
PRRs	Hepatocytes	KC	LSEC	HSC	LMNC
TLR3	+	-	+	-	+
TLR7	-	-	-	-	-
TLR8	-	-	+	+	+
TLR9	-	-	+	-	-
RIG-I	+	+	+	+	+
MDA5	+	+	+	-	+
cGAS	-/+	+	-	-	-
STING	-/+	-	-	+	+

KC, Kupfer cells; **LSEC**, liver sinusoidal endothelial cell; **HSC**, Hepatic stellate cells;
LMNC, total nonparenchymal liver mononuclear cells.

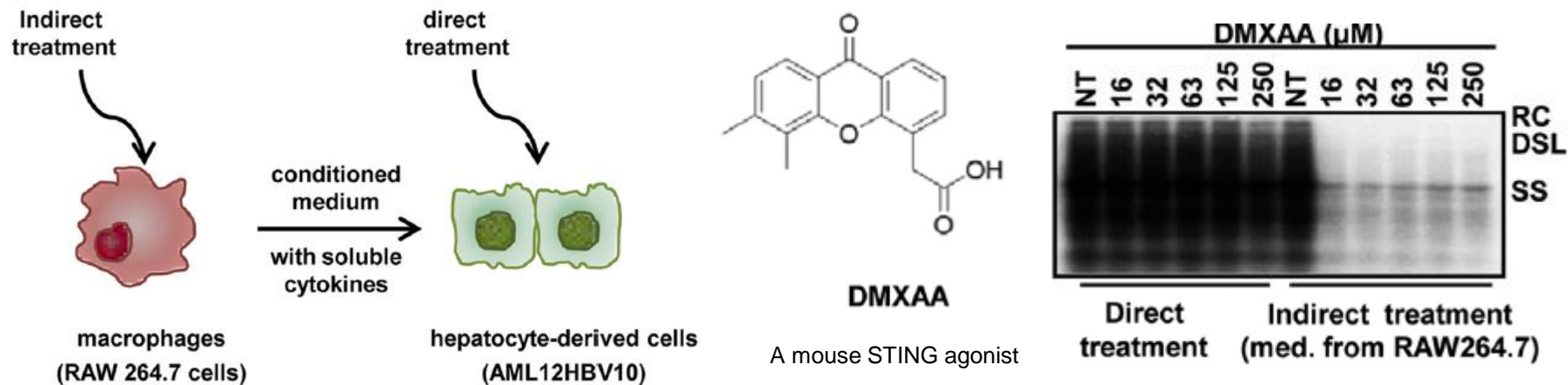
Therapeutic activation of PRRs in hepatocytes potently suppresses HBV replication via multiple mechanisms

- While it remains controversial on whether HBV infection activates pattern recognition receptors in hepatocytes, ectopic activation of RIG-I/MDA5 as well as STING potently inhibits HBV replication.
 - Guo, H., et al. [Activation of pattern recognition receptor-mediated innate immunity inhibits the replication of hepatitis B virus in human hepatocyte-derived cells](#). Journal of Virology. 2009, 83(2):847-58.
 - Guo, F., et al. [Activation of Stimulator of Interferon Genes in Hepatocytes Suppresses the Replication of Hepatitis B Virus](#). Antimicrob Agents Chemother. 2017. 22;61(10):e00771-17.
- Treatment of hepatocytes with RIG-I agonists inhibited HBV cccDNA synthesis and induced the decay of established cccDNA.
 - Lee S., et al. [Suppression of hepatitis B virus through therapeutic activation of RIG-I and IRF-3 signaling in hepatocytes](#). iScience. 2021. 24(1):101969.

Activation of PRRs in liver non-parenchyma cells/or immune cells induces antiviral cytokine responses



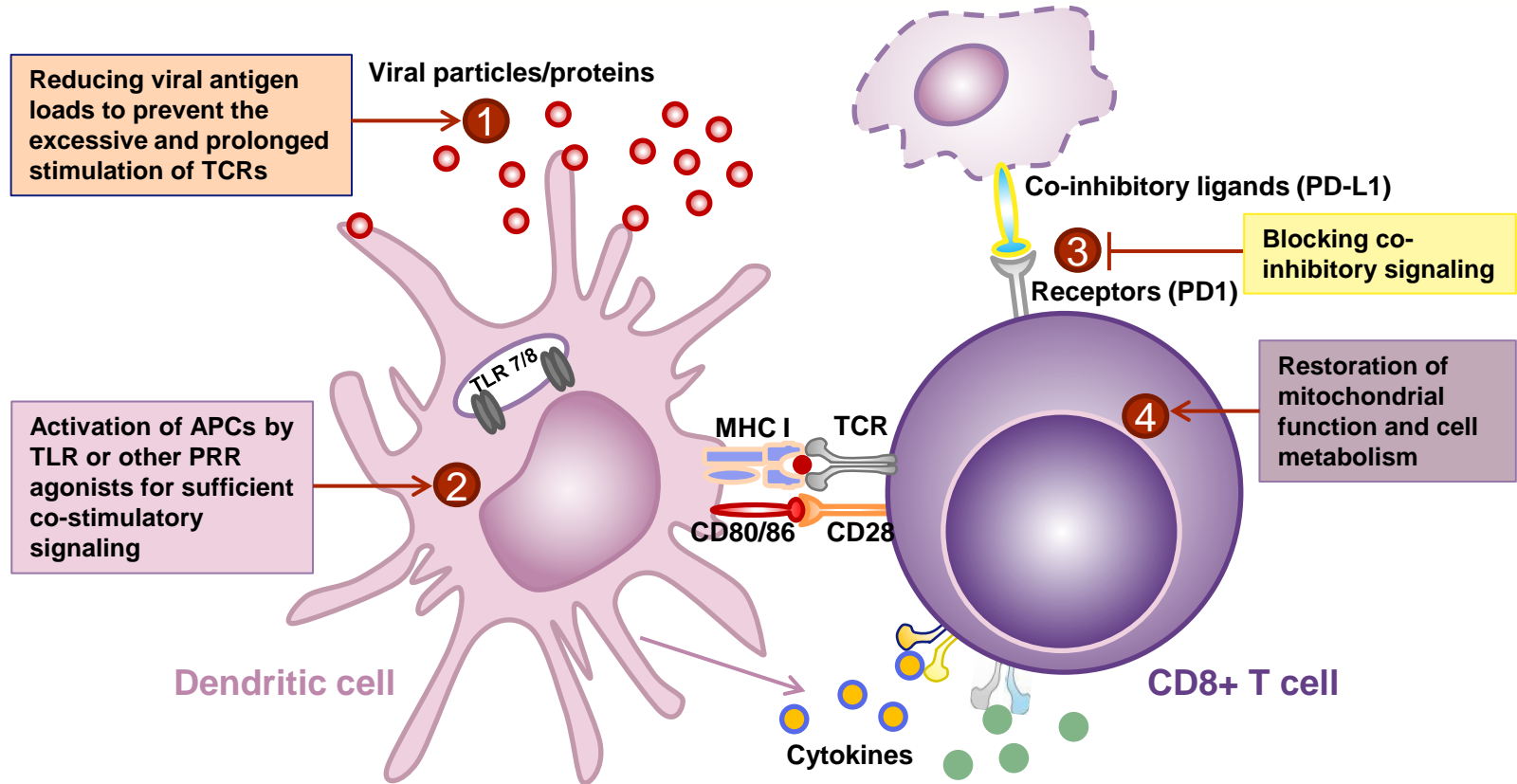
Activation of PRRs in liver non-parenchyma cells induces antiviral cytokine responses



GS-9620 activates an cytokine response in PBMCs that induces prolonged suppression of HBV replication in hepatocytes

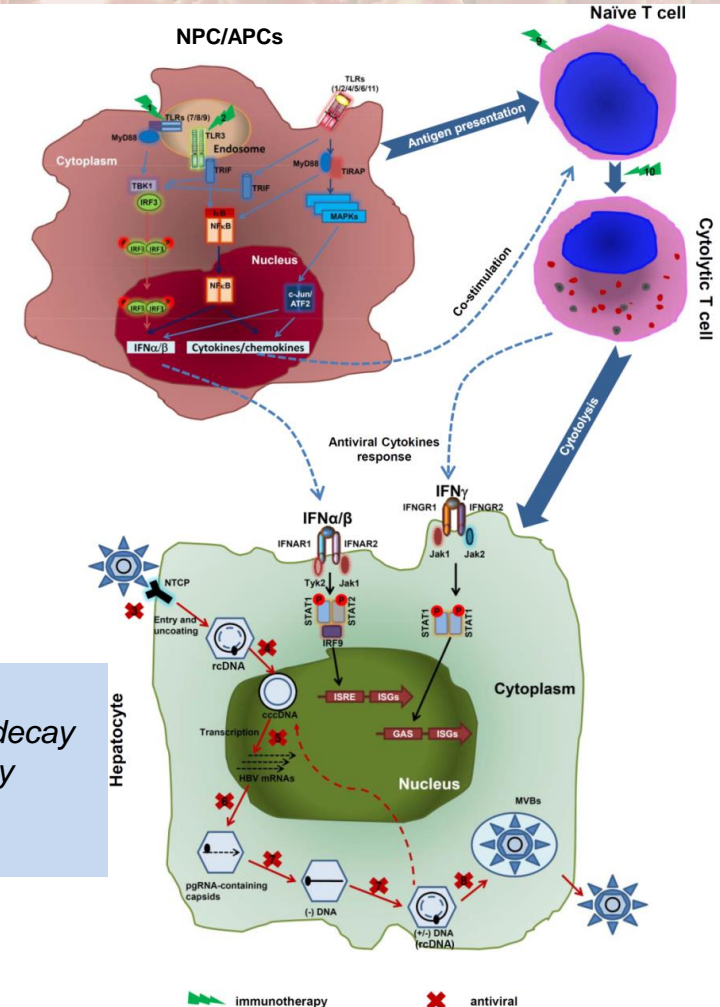
- GS-9620 had no antiviral activity in HBV-infected PHHs.
- Conditioned media from human peripheral blood mononuclear cells (PBMCs) treated with GS-9620 (GS-9620-CM) induced prolonged (35 days after cessation of treatment) reduction of HBV DNA, RNA, and antigen levels in PHHs.
- GS-9620-CM inhibited HBV replication in PHHs via type I IFN-dependent mechanism.
- Type I IFN induced by GS-9620 durably suppressed HBV in human hepatocytes without reducing cccDNA levels. In contrast to IFN- α , TNF- α did not induce prolonged suppression of viral RNA in HBV-infected PHH once treatment was stopped.
- GS-9620-CM also induced expression of immunoproteasome subunits and enhanced presentation of an immunodominant viral peptide in HBV-infected PHHs.

Activation of PRRs in antigen presentation cells promotes the activation of adaptive immune response against HBV



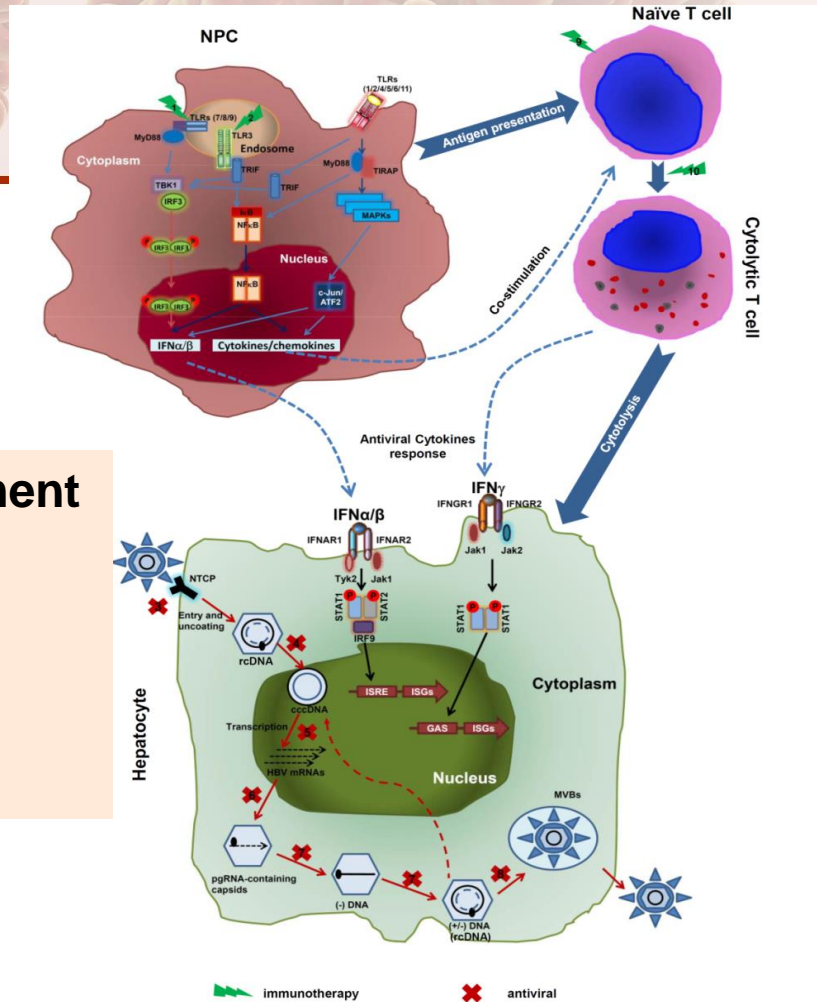
PRR agonists usually target many distinct cell types

1. Induction of antiviral cytokines, particularly type I/III IFNs
2. Promotion of DC maturation and antigen presentation
3. Modulation of T and B cell activation/differentiation
4. TLR-7/8 is expressed by B lymphocytes and its activation results in polyclonal expansion and differentiation towards immunoglobulin-producing plasma cells



1. Inhibition of cccDNA synthesis/promotion of cccDNA decay.
2. Suppression of cccDNA transcription and promotion of viral RNA decay
3. Inhibition of pgRNA packaging and acceleration of nucleocapsid assembly
4. Inhibition of virion secretion
5. Increasing hepatocyte presentation of viral antigens

PRR agonists usually target many distinct cell types



Applications of PRR agonists in CHB treatment

1. *Therapeutics to restore antiviral innate and adaptive antiviral immune responses*
2. *Adjuvants to therapeutic vaccinations*

PRR agonists currently under development for treatment of chronic hepatitis B

Drug	Target	Company	Development Stage
GS-9620 (Vesatolimod)	TLR7	Gilead Sciences	Terminated
AL-034	TLR7	J&J/Allos	Phase 1
RG-7854	TLR7	Roche	Phase 1
RG7020531	TLR7	Roche	Phase 1
GS-9688 (Selgantolimod)	TLR8	Gilead Sciences	Phase 2
Inarigivir	RIG-I (?)	Spring Bank	Terminated
Formula 7 (F7)	RIG-I/IRF3	??	Preclinical
BNBC (B6)	STING	RimmSTING	Preclinical

TLR agonists induced antiviral immune responses and sustained suppression of viral replication in preclinical animal models

Mice models	Woodchucks	Chimpanzees
Hydrodynamic (HD) mice model	WHV Chronically infected Woodchucks	HBV chronically infected chimpanzees
AAV-HBV mice		
Transgenic mice		

Comments

<p>Mouse STING agonist DMXAA had been demonstrated to induce ISGs in the liver and significantly reduced viral load in HD and HBV-AAV mice models (1).</p>	<ul style="list-style-type: none"> • GS-9620 induced a sustained antiviral efficacy and seroconversion (2); • Liver-targeted TLR-7 agonist (APR002) combined with Entecavir promotes a functional Cure (3); • GS-9688 induces sustained antiviral efficacy (4) in WHV chronically infected woodchucks. 	<ul style="list-style-type: none"> • GS-9620 Induces prolonged suppression of HBV in CHB chimpanzees (5). • The antiviral response to GS-9620 in CHB chimpanzees was associated with an intrahepatic IFN response and formation of lymphoid aggregates in the liver (6).
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(1) Guo, F., et al. Antimicrob Agents Chemother. 2015 Feb;59(2):1273-81. doi: 10.1128/AAC.04321-14.

(2) Menne, S., et al. J Hepatol . 2015 Jun;62(6):1237-45. doi: 10.1016/j.jhep.2014.12.026.

(3) Korolowicz, K.E., et al. Hepatol Commun. 2019 Jul 8;3(10):1296-1310. doi: 10.1002/hep4.1397.

(4) Darffs, S., et al. Hepatology. 2021 Jan;73(1):53-67. doi: 10.1002/hep.31255.

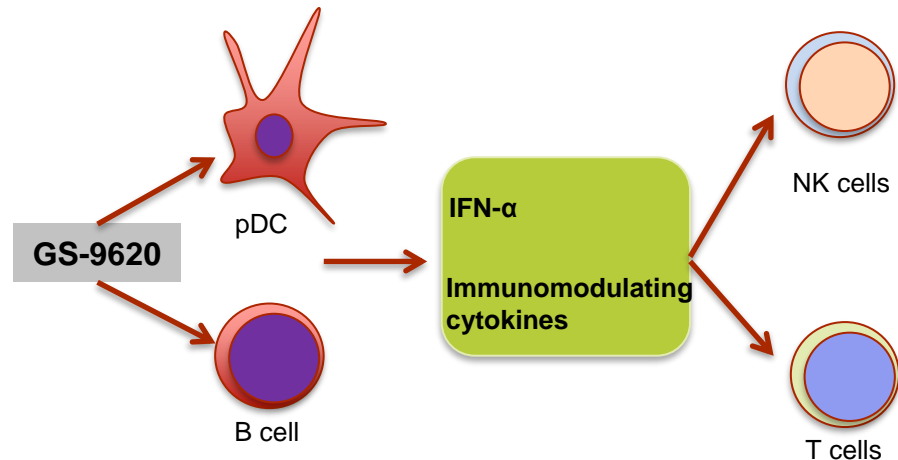
(5) Lanford, R.E., et al., Gastroenterology. 2013 June ; 144(7): 1508–1517.e10. doi:10.1053/j.gastro.2013.02.003.

(6) Li, L., et al. J Hepatol. 2018 May;68(5):912-921. doi: 10.1016/j.jhep.2017.12.008.

GS-9620 increases responses of HBV-specific T cell and NK cells in CHB patients treated with NUCs

Patients: 28 HBeAg negative, HBV DNA negative, genotype D infected patients with CHB treated with NUC for at least 3 years. NUC-treatment naïve patients as well as subjects who resolved acute HBV infection served as controls.

Treatment Schedule: weekly dosing for 12 weeks and follow-up for 12 weeks.



- GS-9620 treatment significantly enhanced the frequency of total and CD56 bright NK cells as well as of NKT cells.
- TRAIL, HLA-DR, Ki67 and CD38 expression on CD56 bright and dim NK cells was progressively increased upon GS-9620 treatment.
- GS-9620 treatment increased expression of the activating Nkp46, NKG2D and NKp30 and reduced inhibitory NKG2A receptors,

- Increased expansion, IL12/TNF- α /IFN- γ production in response HBV peptide stimulation
- HBV-specific CD8 responses were improved more efficiently than CD4 responses

Although twelve weeks administration of GS-9620 increased T-cell and NK cell responses and reduce the ability of NK to suppress T cells, the treatment had no significant effect on serum HBsAg levels.

GS-9688 modulates immune cell phenotypes and functions

- GS-9688 activated dendritic cells and mononuclear phagocytes to produce IL-12 and other immunomodulatory mediators.
- GS-9688 increased the frequency of activated NK cells, CD4+ T_{FH} and IFN- γ + HBV-specific CD8+ T cells.
- GS-9688 induced NK cell expression of IFN γ and TNF α and promoted hepatocyte lysis.
- GS-9688 reduced the frequency of CD4+ regulatory T-cells and monocytic myeloid-derived suppressor cells (MDSC).

Safety and pharmacodynamics of the oral TLR8 agonist selgantolimod in chronic hepatitis B (*Phase 1b study*)

Treatment schedule: 28 virally suppressed patients received once weekly 1.5 mg for two weeks or 3 mg for two or four weeks).
10 viremic patients received once weekly 3 mg for two weeks

- 20/38 patients (53%) experienced an AE (mild or moderate in severity).
- 32/38 patients (84%) had laboratory abnormalities.
- The most common AEs were headache (32%), nausea (24%) and dizziness (13%).
- Selgantolimod induced transient dose-dependent increases in serum cytokines, including IL-12p40 and IL-1RA.

Efficacy of 24 weeks treatment with oral selgantolimod: A phase 2 clinical trial

Patients and Treatment schedule: 48 patients (24 HBeAg-positive and 24 -negative) were randomized to to SLGN 3 mg, 1.5 mg, and PBO (2:2:1) once a week for 24 weeks while maintaining OAV.

Virological response at week 48 (at the end of 24 week follow-up)

HBV markers	SLGN 3mg	SLGN 1.5 mg
HBsAg loss	1/19 (5%)	1/20 (5%)
HBeAg loss	2/9 (22%)	1/10 (10%)
HBsAg decline > 0.1 log ₁₀	4/19 (21%)	6/20 (30%)



Summary

- Unlike DAAs, PRR agonists target multiple cell types to induce antiviral cytokines and modulate the function of immune cells to indirectly control viral replication in hepatocytes.
- TLR7 and TLR8 agonists can induce sustained control of viral infection or functional cure of chronic WHV infection in subsets of animals.
- TLR7 agonists elicited cytokine responses and improvement of HBV-specific T cell functions consistent with target engagement under tolerable doses in CHB patients. However, the activated immune responses failed to significantly reduce HBsAg antigenemia in the treated subjects.
- A modest antiviral efficacy in a subset of treated patients was demonstrated for TLR8 agonist (GS-9688) in a phase 2 clinical trial.