

AIC649

Innate Activation with Inactivated Parapoxviruses for HBV Therapy

Daniela Paulsen

AiCuris Anti-infective Cures GmbH, Wuppertal, Germany
E-mail: daniela.paulsen@aicuris.com

Presentation

International HBV Cure Meeting

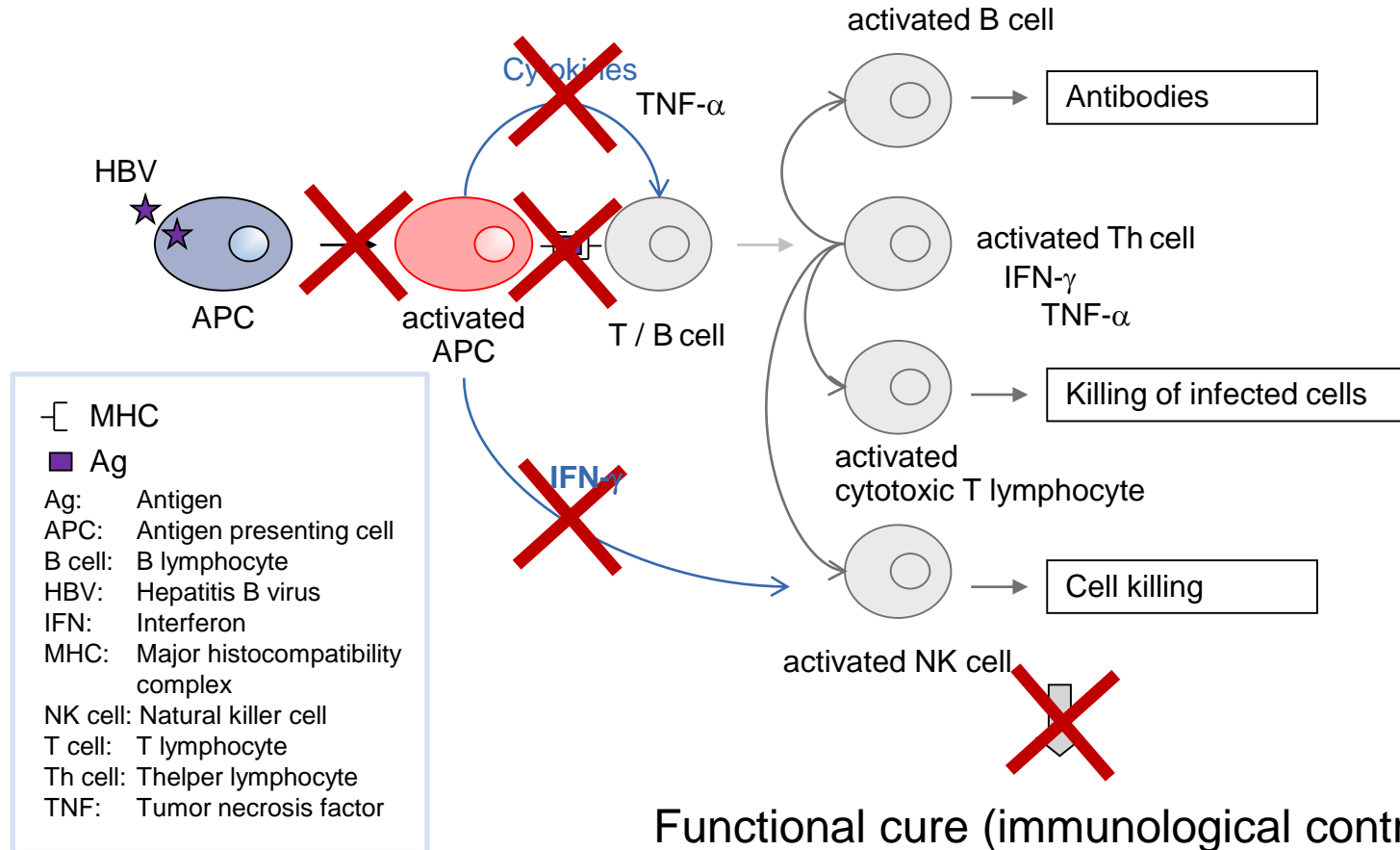
Toronto, 7th November 2018

The Immunological Problem in cHB

Functional paralysis of APCs

Impairment of cytokine release

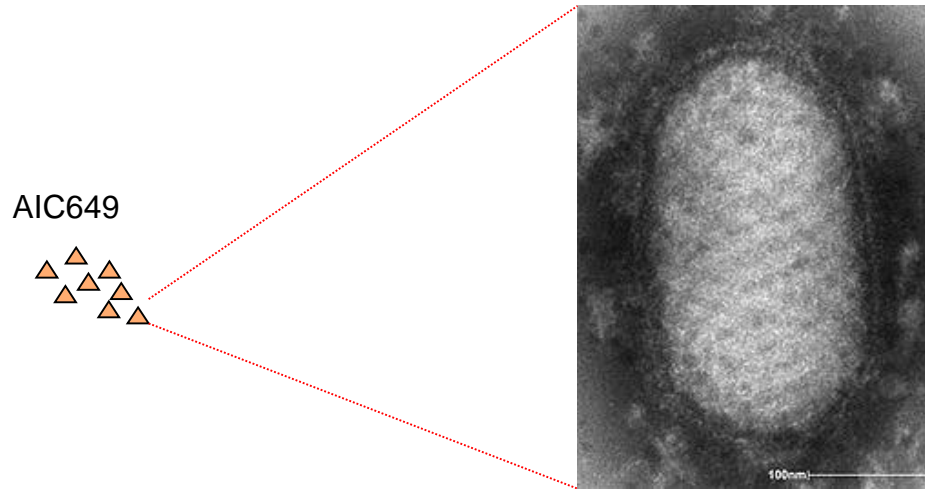
Weak / exhausted T cell responses
Defective NK cell responses



Dysregulated antigen-priming root cause for chronicity

AIC649 - HBV Cure

Introduction



picture accessed Nov, 1st, 2018

<https://de.wikipedia.org/wiki/Parapoxvirus>

- ◆ AIC649 is an inactivated **parapoxvirus particle** (iPPVO)
 - ◆ Whole particle needed to maximally activate immune system

AIC649 under development for cHB by AiCuris

AIC649 - HBV Cure

Mode of Action

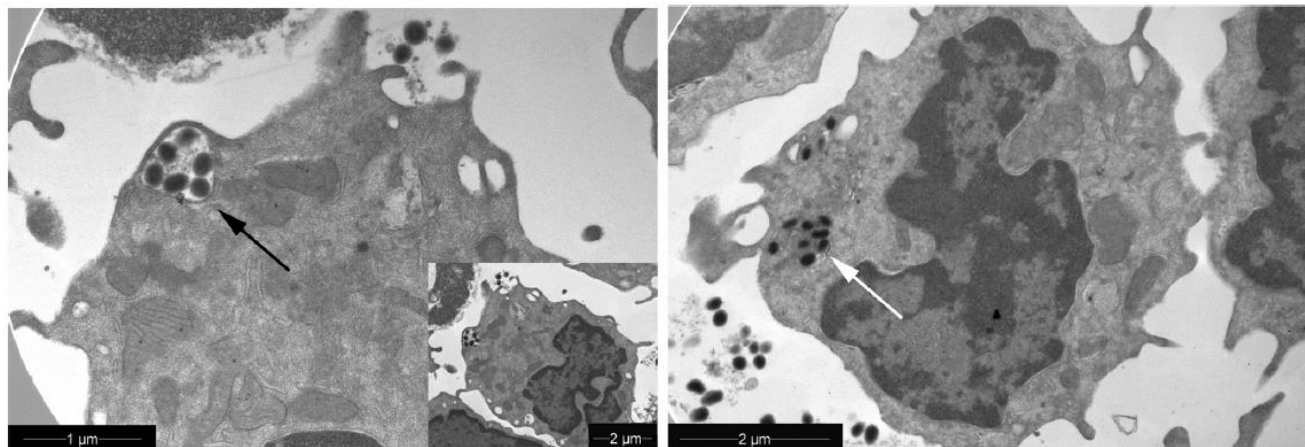
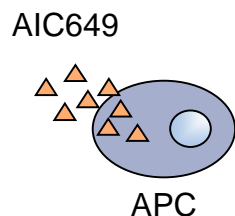


FIG. 4. Electron micrograph of Flt3L-generated BMDC cultured in the presence of iPPVO. Flt3L-generated BMDC cultured for 6 h in the presence of iPPVO (MOI = 5). iPPVO particles were located in the endosomal compartments of the cell (black arrow) and in the cytosol (white arrow).

Siegemund et al.: (2009) JV, 83, 9411

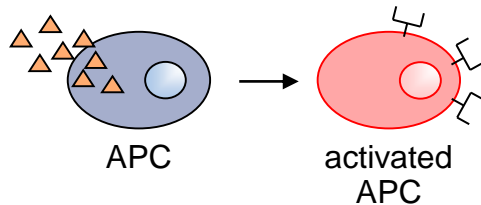
- ◆ Interaction of iPPVO with APCs?
 - ◆ Endosomal localization of iPPVO indicates phagocytosis as one mode of iPPVO uptake (Siegemund et al.: (2009) JV, 83, 9411).
 - ◆ Facilitated by opsonization? → Complement is necessary for IFN- γ induction by iPPVO (Friebe et al.: (2004) JV, 78, 9400).

AIC649 is taken up by antigen presenting cells (APCs)

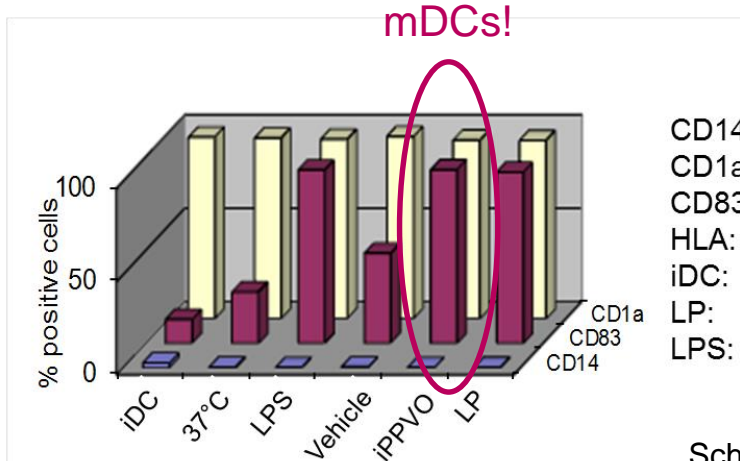
AIC649 - HBV Cure

Mode of Action

AIC649



- ◆ Effect of iPPVO on APCs?



CD14: marker for monocytes
 CD1a: marker for dendritic cells
 CD83: marker for activated DCs
 HLA: human leukocyte antigen
 iDC: immature dendritic cells
 LP: Lipoprotein
 LPS: lipopolysaccharide

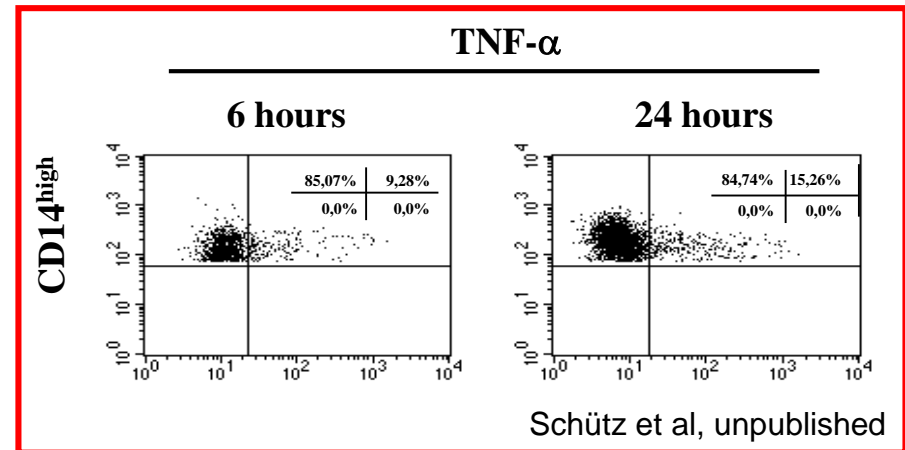
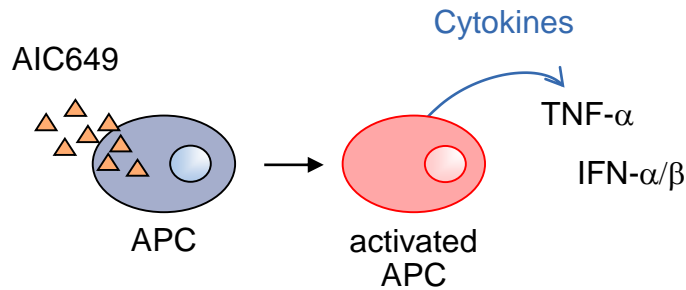
Schütz et al, unpublished

- ◆ Upregulation of activation markers:
 - ◆ (Human) dendritic cells (DCs) → upregulation of CD83, CD80, CD86, HLA-I and HLA-DR (Schütz et al, unpublished)
 - ◆ (Murine) pDCs und cDCs → upregulation of CD80, CD86, MHC-I and MHC-II (Siegemund et al.: (2009) *JV*, 83, 9411; von Buttlar et al.: (2014) *PLoS One*, 9, e106188).
 - ◆ Upregulation of MHC-II on (canine) monocytes (Schütze et al.: (2009) *VetMicrobiol*, 140, 81)
- ◆ Expansion of (murine) innate immune cells (DC and NK cells) in vivo (Rintoul et al.: (2012) *Mol Ther*, 20, 1148), accumulation of (ovine) MHC-II+ dendritic cells in skin lesions (Haig et al.: (1997) *Comp Immun Microbiol InfectDis*, 20, 197)

AIC649 induces activation / maturation of APCs

AIC649 - HBV Cure

Mode of Action

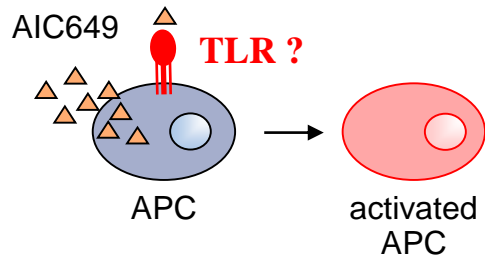


- ◆ Cytokine release by iPPVO activated APCs?
 - ◆ iPPVO induces a TNF- α production in (human) CD14+ monocytes/macrophages and immature DCs (Schütz et al, unpublished).
 - ◆ The CD14 receptor on (human) monocytes is involved in transducing the effects induced by iPPVO. Blocking of the CD14 receptor leads to decreased TNF- α levels after iPPVO stimulation (Friebe et al.: (2004) JV, 78, 9400)
 - ◆ (Murine) pDCs und cDCs secrete IFN α / β , BMDCs TNF- α and IL-12/23p40 in BMDCs in response to iPPVO (Siegemund et al.: (2009) JV, 83, 9411).

Activation of APCs by AIC649 induces cytokine release

AIC649 - HBV Cure

Mode of Action



cell types analyzed	TLR									
	1	2	3	4	5	6	7	8	9	10
murine pDCs										2
murine cDCs										2
mouse BMDCs		1		1						
human HEK transfected w/ TLR-3 or -7			1				1			
human PBMCs				3*						
human immature dendritic cells		4								

* iPPVO does not stimulate TLR-4, but crosses the pathway downstream

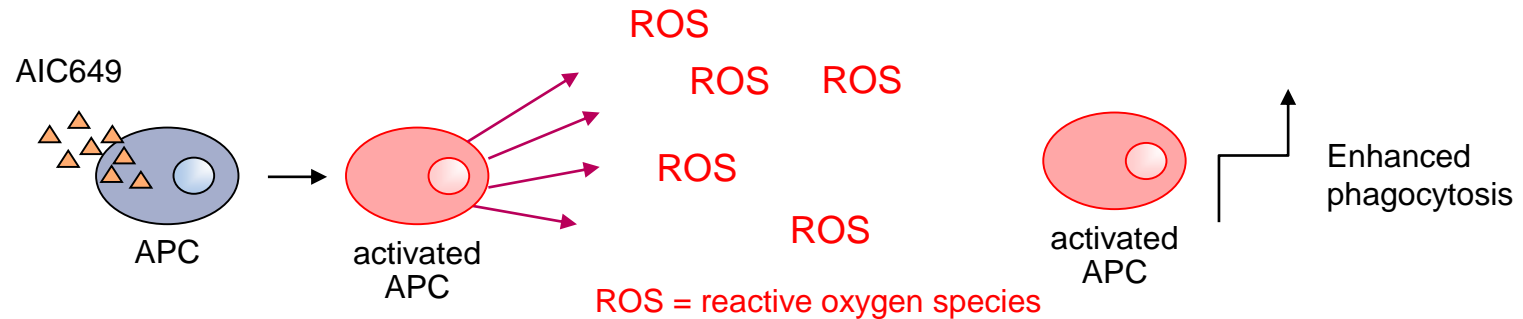
1	Siegemund et al.: (2009) JV, <u>83</u> , 9411
2	von Buttlar et al.: (2014) PLoS One, <u>9</u> , e106188
3	Friebe et al.: (2004) JV, <u>78</u> , 9400
4	Schütz et al, unpublished

- ◆ Is the activation of APCs by iPPVO mediated by TLR?
 - ◆ "...our data identify endosomal TLR9 as the main receptor recognizing iPPVO in (murine) pDC" (von Buttlar et al.: (2014) PLoS One, 9, e106188).
 - ◆ But not in all cells: iPPVO activates (murine) cDCs by TLR-independent pathways (von Buttlar et al.: (2014) PLoS One, 9, e106188).
 - ◆ Experiments w/ human cells suggested no direct involvement of TLR2, -3, -4, and -7 in iPPVO sensing (Siegemund et al.: (2009) JV, 83, 9411; Schütz, unpublished; Friebe et al.: (2004) JV, 78, 9400).
 - ◆ Evidence for superantigen properties of iPPVO (Fachinger (2000) Eur J Immun, 30, 2962).

AIC649 acts via TLR-dependent and TLR-independent pathways

AIC649 - HBV Cure

Mode of Action

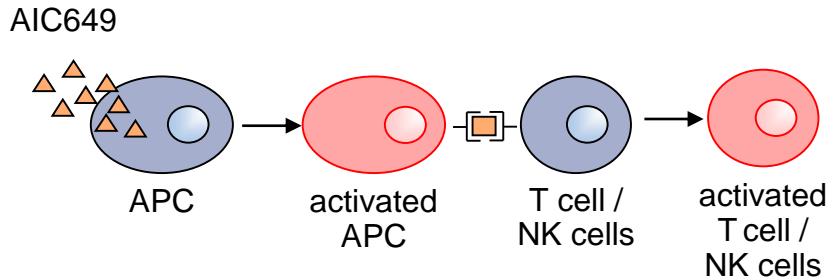


- ◆ Other effects of iPPVO in activated APCs?
 - ◆ iPPVO induces oxidative / respiratory burst and enhanced phagocytosis in (canine) monocytes (Schütze et al: (2009) VetMicrobiol, 140, 81) and (murine) macrophages (Anziliero et al.: (2014) Cellular Immunol, 289, 36).
- ◆ ...and in non-professional APCs:
 - ◆ iPPVO induces oxidative / respiratory burst and enhanced phagocytosis in (canine) polymorphonuclear neutrophils (Schütze et al: (2009) VetMicrobiol, 140, 81) and (human + murine) neutrophils (Förster et al.: (1994) Arch Virol, 136, 219; Anziliero et al.: (2014) Cellular Immunol, 289, 36).

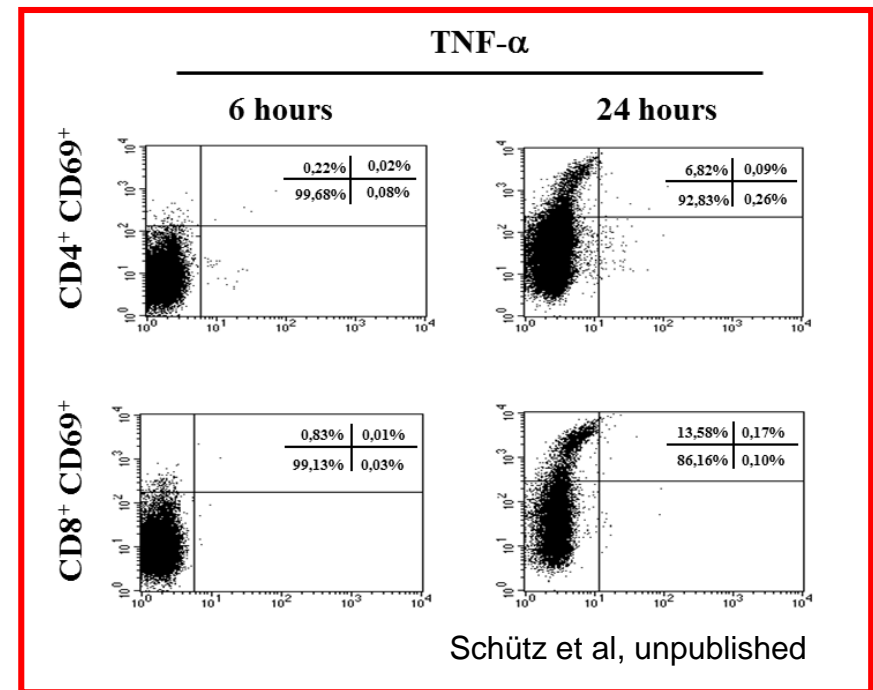
AIC649 induces functional priming of immune cells

AIC649 - HBV Cure

Mode of Action



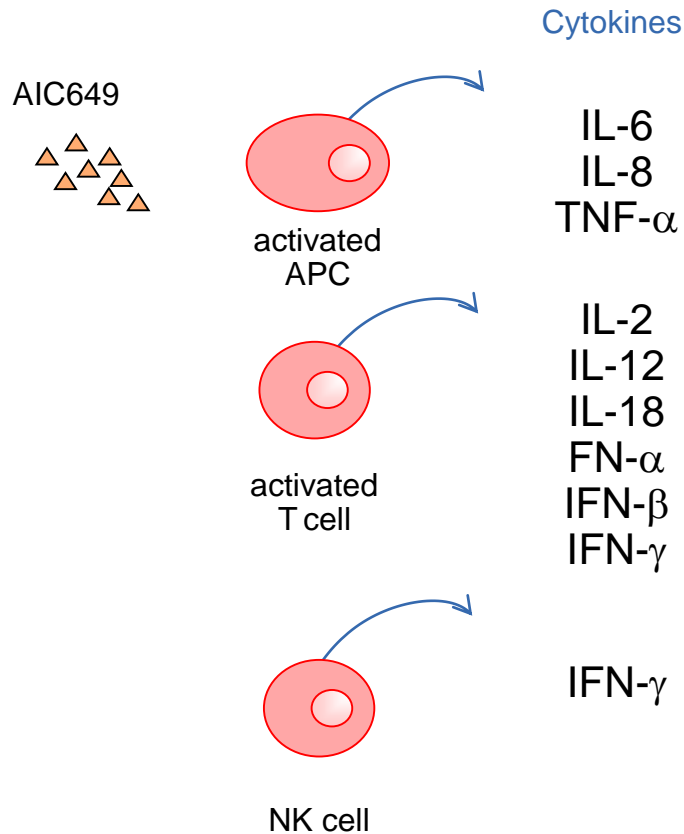
- ◆ Which cells respond to iPPVO activated APCs?
 - ◆ interactions between MHC class II and the CD3/CD4 TCR complex required for efficient stimulation of (procine) T cells by iPPOV (Fachinger (2000) Eur J Immun, 30, 2962).
 - ◆ iPPVO induces upregulation of activation marker CD69 in (human) CD4+ and CD8+ T cells (Schütz et al, unpublished) and (murine) NK cells (Rintoul et al.: (2012) Mol Ther, 20, 1148)



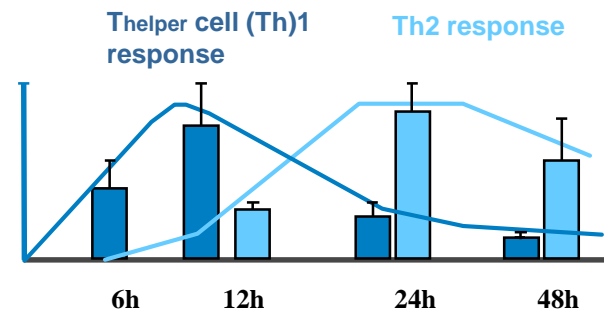
AIC649 induces activation of T cells and NK cells

AIC649 - HBV Cure

Mode of Action



- ◆ After iPPVO stimulation in vitro or in vivo all of these cytokines can be detected
- ◆ Non species specific (human, simian, murine, canine, porcine, ovine, equine...)
- ◆ Timely regulated (physiological response) w/ shift towards Th1



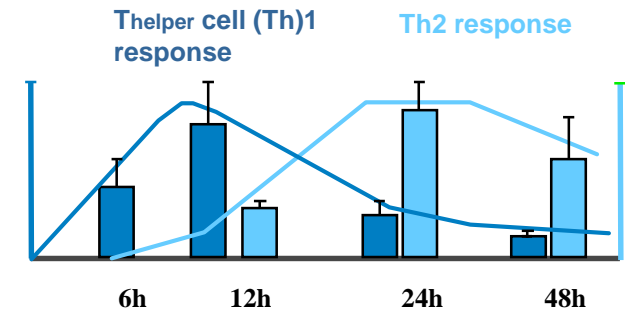
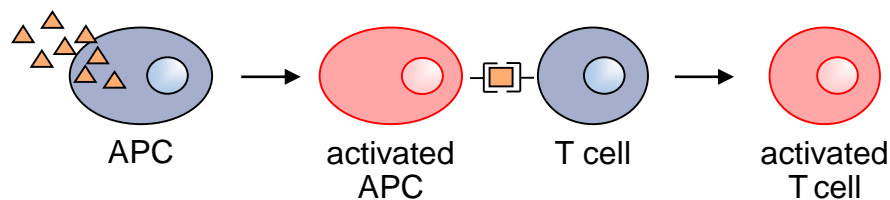
AIC649 induces complete antiviral cytokine response

AIC649 - HBV Cure

The Concept of Immune Reconstitution

- ◆ Goal: A tolerance-breaking therapy against chronic viral infections by activation of cellular AND cytokine responses

AIC649

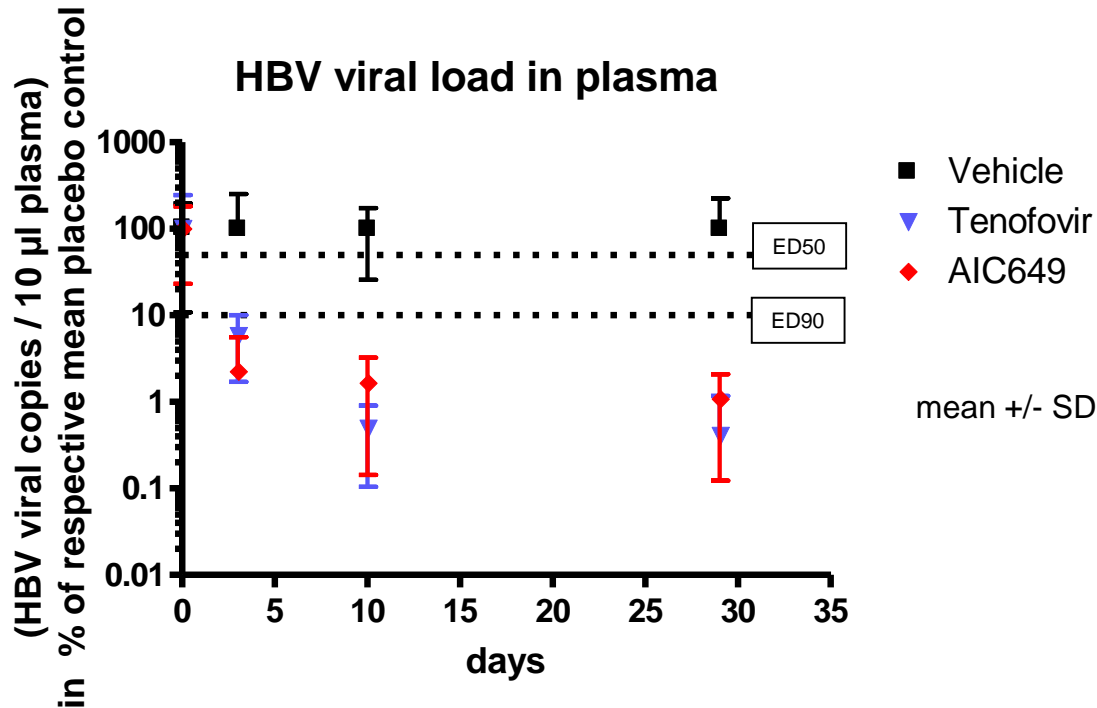


- ◆ AIC649 is an inactivated **parapoxvirus particle**
- ◆ **Activation of the immune system** via toll-like receptor (TLR)-dependent AND TLR-independent pathways
- ◆ Maturation and proliferation of cells: Antigen presenting cells (APCs; innate immunity), T cells (adaptive immunity)
- ◆ Cytokine release: Interleukin (IL)-6, IL-8, IL-12, Interferon (IFN)- γ , IFN- α , IFN- β , TNF- α and others

AIC649 induces a natural, self-limiting antiviral state

AIC649 – Preclinical Data

Antiviral Activity in the HBV tg Mouse Model



AIC649 or vehicle administered i.p. twice a week, 9 times in total

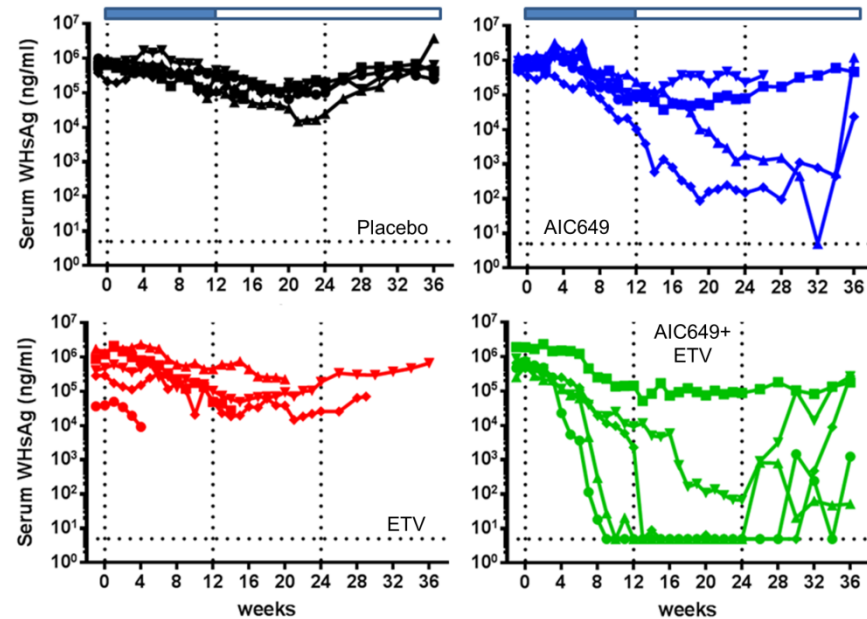
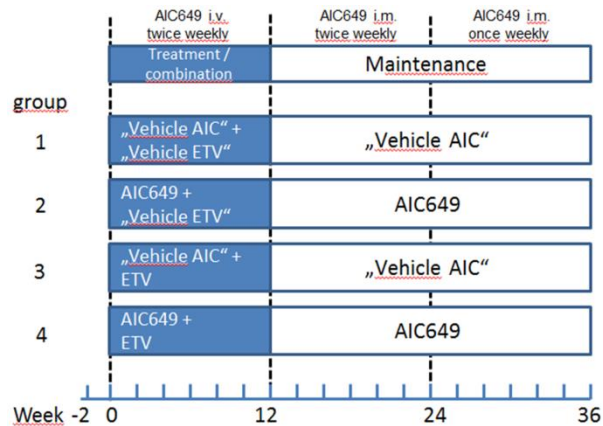
Tenofovir administered orally twice a day at 100 mg/kg for 28 consecutive days

**AIC649 reduces HBV load in the HBV tg mouse
with comparable efficacy to tenofovir**

AIC649 – Preclinical Data

Unique Efficacy in the Woodchuck Hepatitis Model

Paulsen D. et al. Hepatology, 2017
(Poster LB-22 AASLD 2017)



- ◆ AIC649 treatment induced **WHsAg reduction / loss, anti-WHsAg antibodies, cell mediated immune responses (CMI), and normalization of liver enzymes** (already in monotherapy)
- ◆ Unique **bi-phasic** response pattern differing from all other competitors in development
- ◆ **Well tolerated**

AIC649 adds the immunological component to NUC treatment to achieve functional cure

AIC649 – Clinical Development

Phase I (SAD) – Study Design

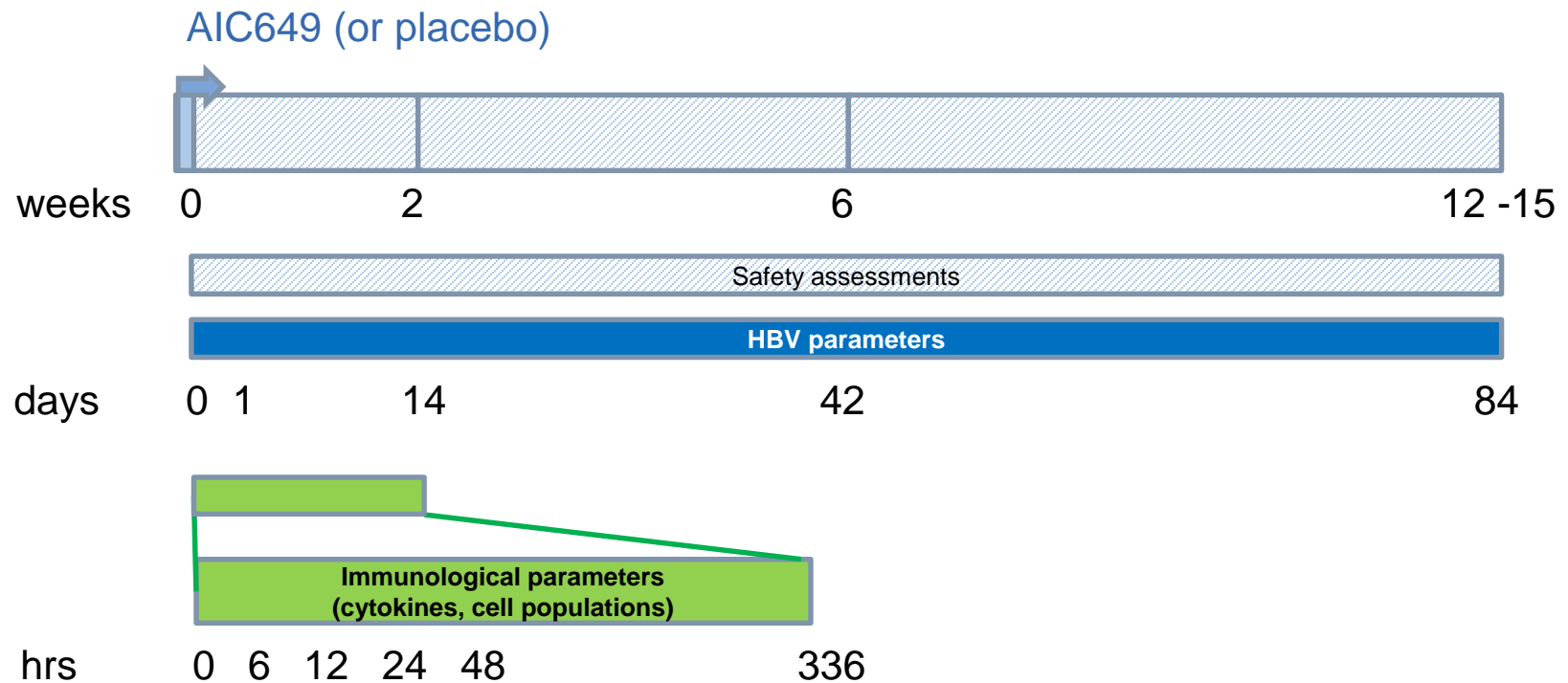
Evaluation of safety, tolerability and pharmacodynamics of different dose levels in a phase 1 clinical trial in HBV-positive volunteers

- ◆ Randomized, multi-center, double-blind, placebo-controlled trial
- ◆ Intravenous single ascending doses; 6+2 per dose
- ◆ 32 treatment-naïve and treatment-experienced patients with CHB
 - ◆ Male and female, 18 to 65-year-old
- ◆ HBeAg+ and HBeAg-, All HBV genotypes
- ◆ Dose group 3 and 4: Long-term follow up of HBV parameters: 2 visits at months 6-9 and 12-15) post treatment

AIC649 – Clinical Development

Phase I (SAD) – Study Design

Evaluation of safety, tolerability and pharmacodynamics of different dose levels in a phase 1 clinical trial in HBV-positive volunteers



AIC649 – Clinical Development

Phase I (SAD) – Safety Results

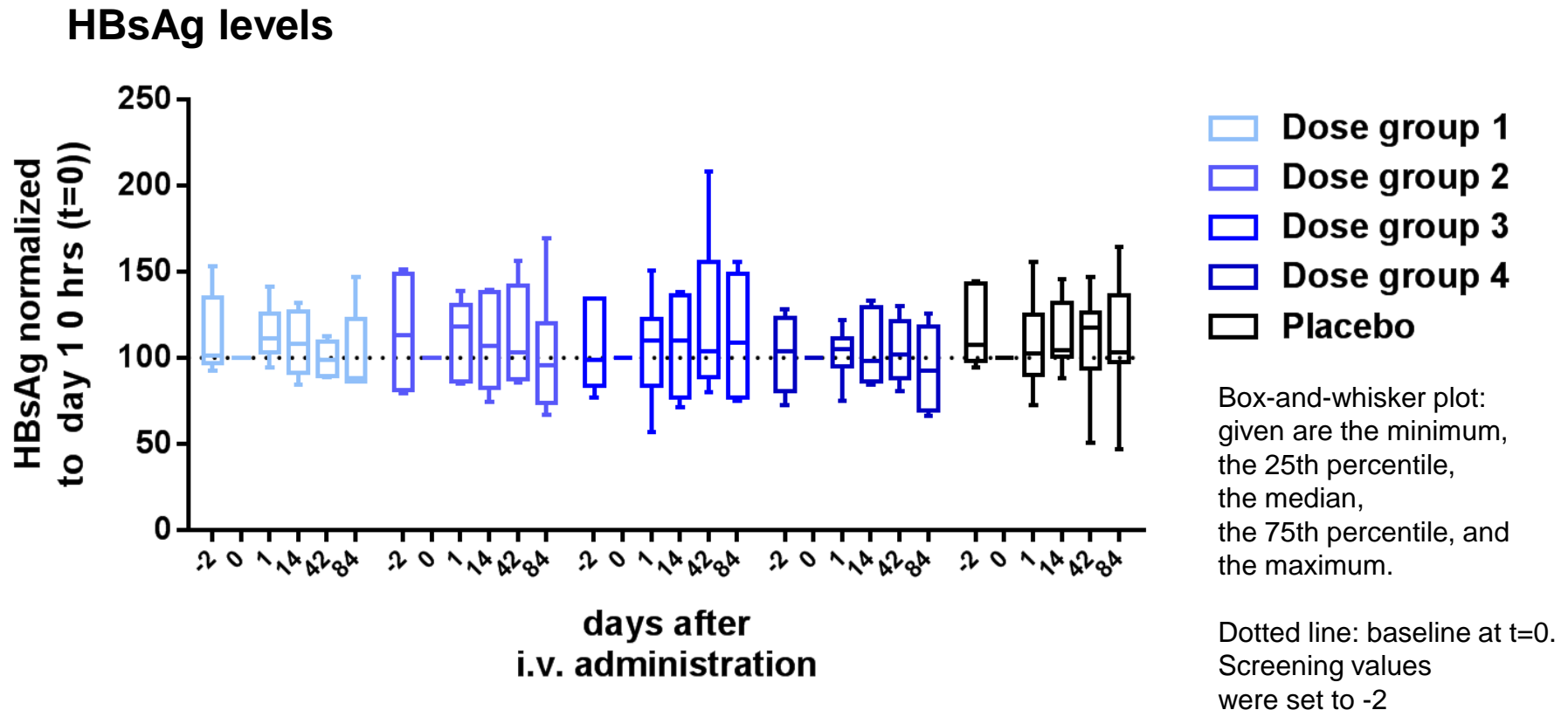
Evaluation of safety, tolerability and pharmacodynamics of different dose levels in a phase 1 clinical trial in HBV-positive volunteers

- ◆ No safety signal in form of adverse events
- ◆ No clinically significant abnormal value in
 - ◆ Hematology/blood chemistry
 - ◆ Vital signs including ECG parameters
 - ◆ No hepatic flares
- ◆ MTD was not reached with the highest dose tested (dose group 4)

A single intravenous dose of AIC649 was safe and well tolerated in all dose groups

AIC649 – Clinical Development

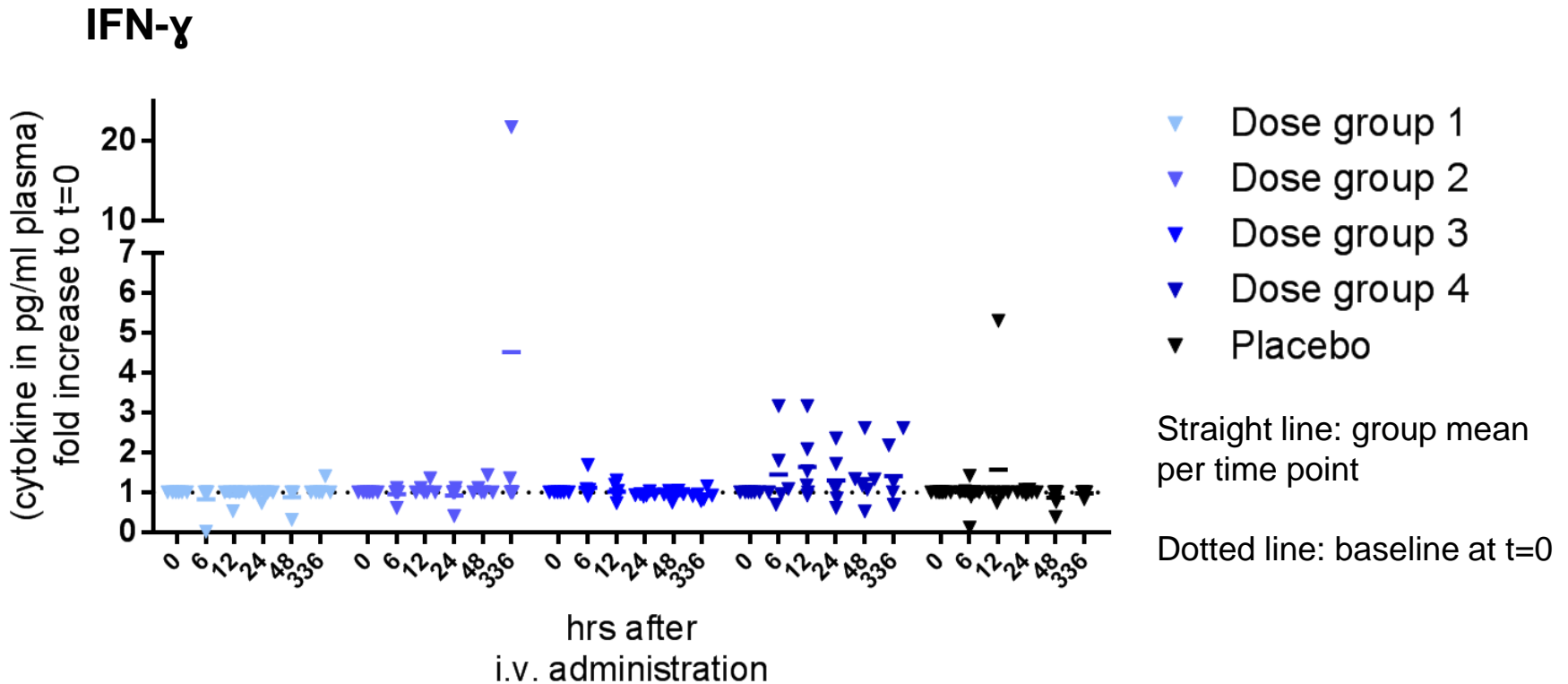
Phase I (SAD) – Virology Results



HBsAg levels did not substantially change in most patients

AIC649 – Clinical Development

Phase I (SAD) – Immunology Results



Consistent increases in IFN- γ could be detected in dose group 4

AIC649 – Clinical Development

Phase I (SAD) – Summary

Evaluation of safety, tolerability and pharmacodynamics of different dose levels in a phase 1 clinical trial in HBV-positive volunteers

- ◆ A single intravenous dose of AIC649 was safe and well tolerated in all dose groups.
- ◆ There was no dose limiting toxicity and the MTD was not reached with highest dose tested.
- ◆ Despite the heterogeneity of the patients in the trial, there was evidence that a single dose of AIC649 stimulates immunity.

AIC649 will be investigated in further clinical trials

AIC649 – Acknowledgements

- ◆ **AiCuris, Wuppertal, Germany**

Ibironke Addy, Dirk Kropweit, Christiane Vank, Alexandra Bigge, Katja Nedoschinsky, Tamara Pfaff, Hans-Peter Stoberneck, Manickam Rangaraju, Andreas Urban, Holger Zimmermann

- ◆ **Preclinical:**

Georgetown University, Washington DC, US

Stephan Menne

University of Saarland, Saarbrücken, Germany

Alexandra Schuetz, Andreas Meyerhans

- ◆ **Clinical:**

CTC North, UKE, and HPI, Hamburg, Germany:

Alen Jambrecina, Silke Kummer, Urte Matschl, Johanna M Eberhard, Marcus Altfeld, Julian Schulze zur Wiesch

Toronto Centre for Liver Disease, Toronto, Canada

Adam Gehring

University Hospital Leipzig, Leipzig, Germany

Thomas Berg, Florian van Bömmel