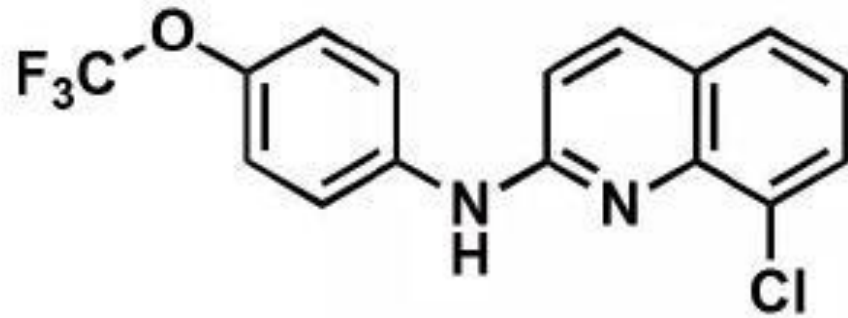


Oral ABX464 has a Dose Dependent Reduction in the HIV-1 DNA Reservoir in CD4+ Peripheral Blood T Cells (Study ABX-005)



Jean-Marc Steens¹, Javier Martinez-Picado^{2,3}, Roger Paredes², Bonaventura Clotet²,
Paul Gineste¹, Hartmut Ehrlich¹, Ian McGowan⁴, Ross D. Cranston⁵

¹ABIVAX, Paris, France; ²IrsiCaixa, Hospital Universitari Germans Trias i Pujol, Badalona, Barcelona, Spain; ³Institució Catalana de Recerca i Estudis Avançats (ICREA), Barcelona, Spain;
⁴University of Pittsburgh, USA, ⁵Fundació Lluita Contra la Sida, Hospital Universitari Germans Trias i Pujol, Badalona, Barcelona, Spain

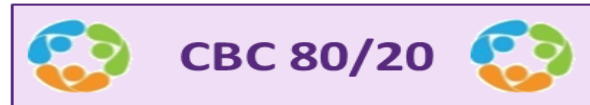
*Corresponding author: jean-marc.steens@abivax.com

Disclosures

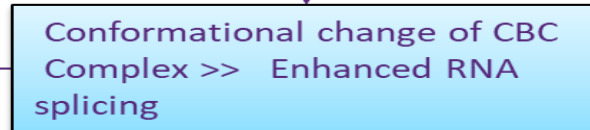
- GSK
- ABIVAX

ABX464 targets the Cap Binding Complex (CBC)

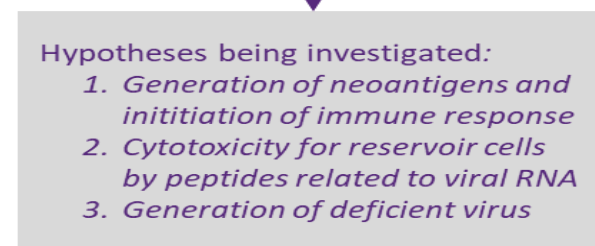
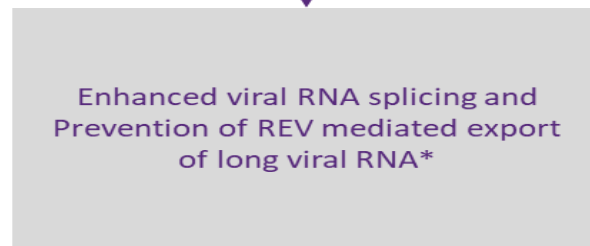
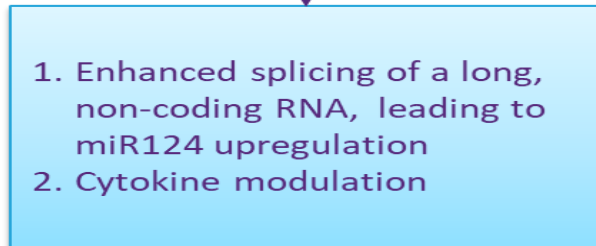
Molecular target:



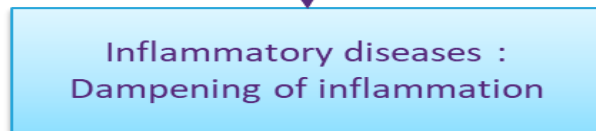
Activity:



Biological effects:



Outcome:



Observed outcome:



Note: *Italic characters = hypotheses*
*Campos N et al. Retrovirology 2015; 12:1-15

ABX464-005 Study

Title: An Open-Label Study of the Safety, Pharmacokinetics, and Pharmacodynamics of ABX464 in HIV-1 Seronegative and Seropositive Adults

Primary objective:

To evaluate the distribution of ABX464 and its main metabolite (N-Glu) in various compartments in HIV-1 Seronegative and Seropositive adult subjects

Secondary objectives:

To evaluate the safety of ABX464 administered once daily at one dose, alone in HIV-uninfected subjects and in combination with ARTs in HIV-1 infected adult subjects;

To evaluate the effect of ABX464 on the HIV reservoir cells in HIV-infected adult subjects;

To evaluate the effect of ABX464 on the control of the viral load and the CD4+/CD8+ in HIV-infected adult subjects

ABX464-005 Study Schema

- HIV infected men on cART
- VL < 50
- Current CD4 \geq 600 cell/mm³
- CD4 nadir \geq 250 cell/mm³

Screening

Day 0

Day 28

Day 56

Day 84

Day 112

Cohort 1
N=12

150 mg daily for 28 days

Rectal tissue sampling



Cohort 3
N=12

50 mg daily for 84 days

Rectal tissue sampling



ABX-005: Sampling

Peripheral blood

- Systemic safety
 - haematology
 - renal
 - hepatic
- PK (up to 8h post dose)
- Peripheral CD4+ T cell purification
 - HIV DNA
 - HIV RNA
- Plasma viremia

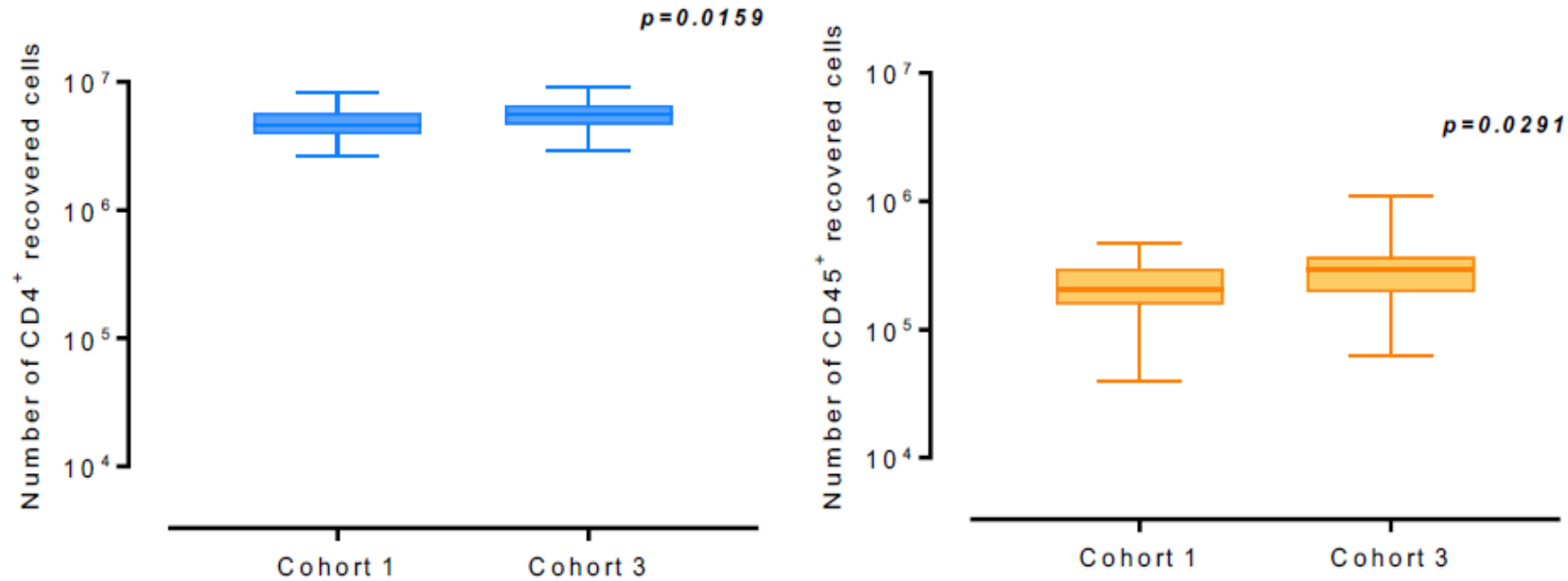
Rectal tissue

- PK
- MMC
 - HIV DNA
 - HIV RNA
- Flow cytometry
- Proteome
- Transcriptome

Rectal secretions

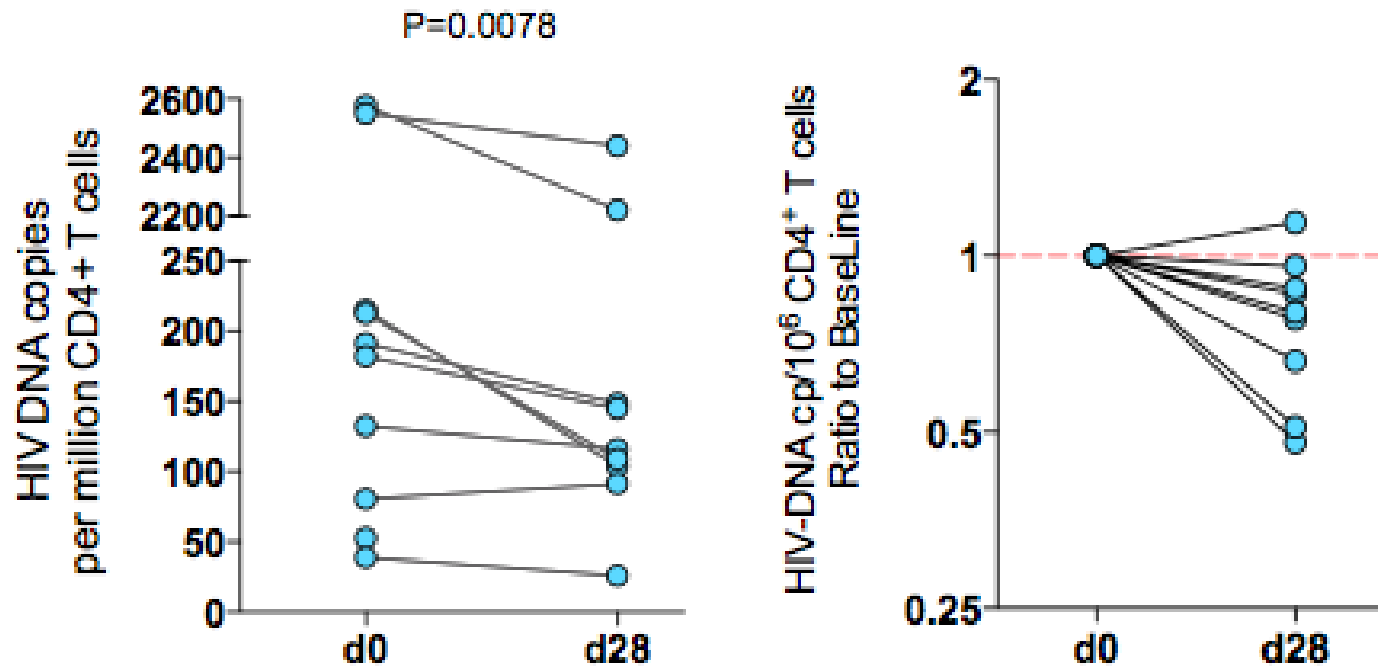
- Microbiome

Cohort 1 vs. 3: Recovered Cells



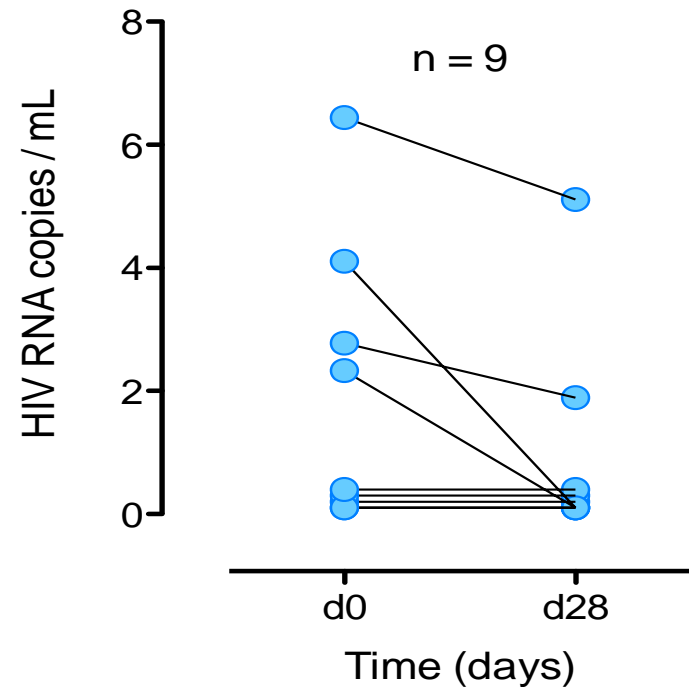
- Number of recovered cells significantly increases between cohort 1 and cohort 3 from peripheral CD4⁺ T cells and CD45⁺ T cells from rectal tissue

ABX464-005: Cohort 1 HIV DNA in Peripheral CD4+ T-cells at Baseline and Day 28



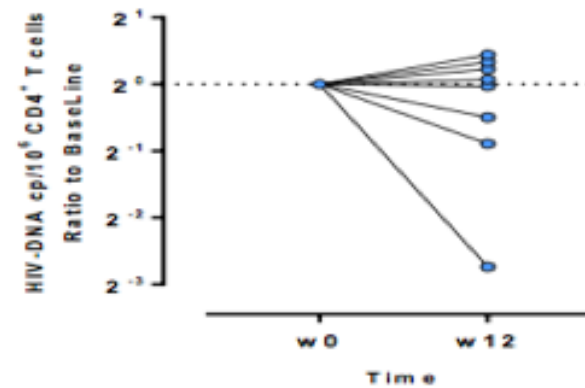
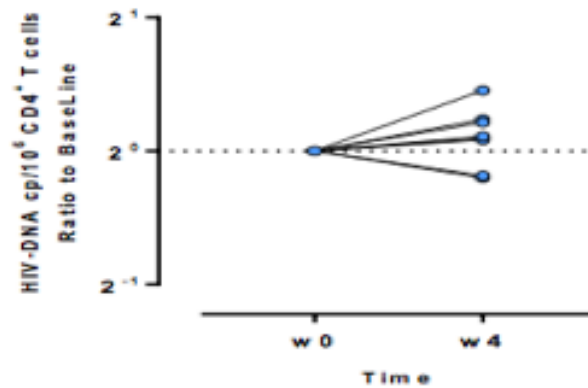
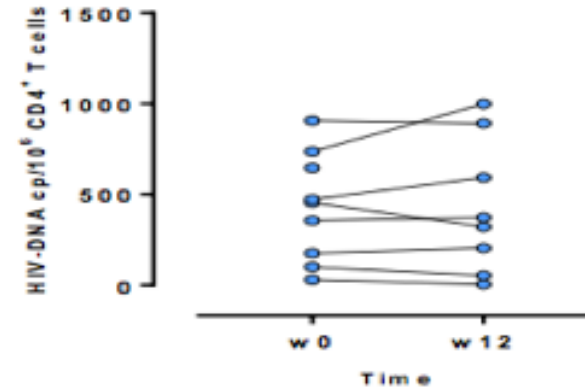
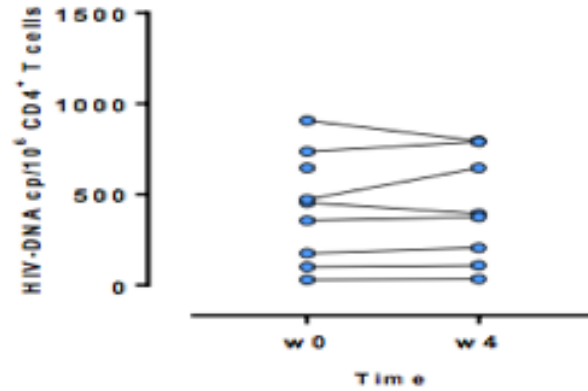
ABX464-005: Cohort 1 Residual Plasma HIV Viremia (SCA)

- All participants had <50 copies of HIV RNA at study enrollment
- LOQ = 0.5 HIV RNA copies/mL
- Residual viremia was detected in 5 participants
- In 4 participants there was a decrease between d0 and d28; one participant did not attend for d28 sampling
- 9/9 patients either decreased (n=4) or maintained their residual pVL suppressed from d0 to d28

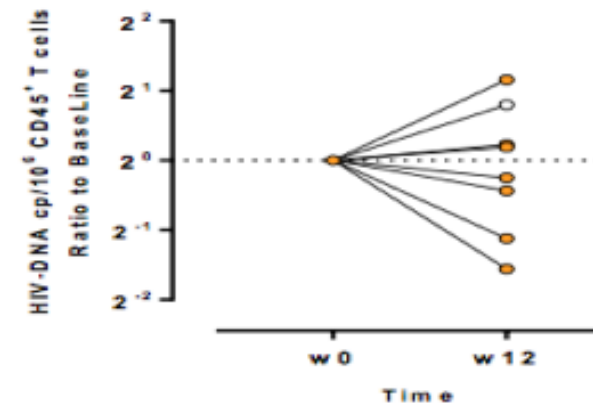
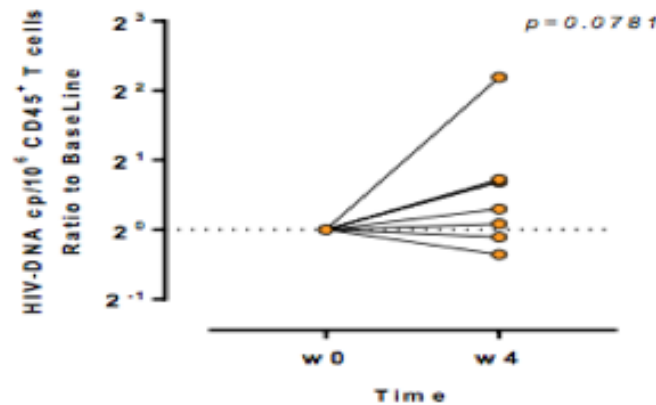
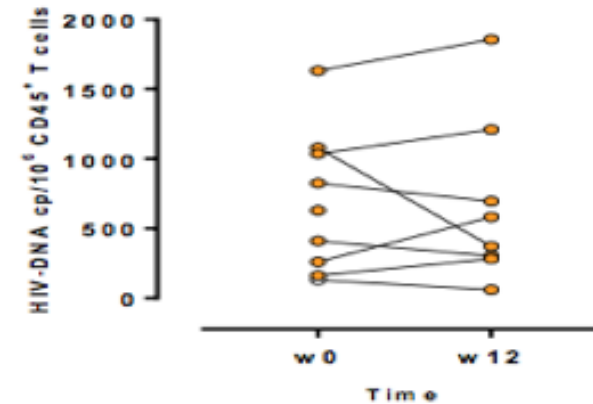
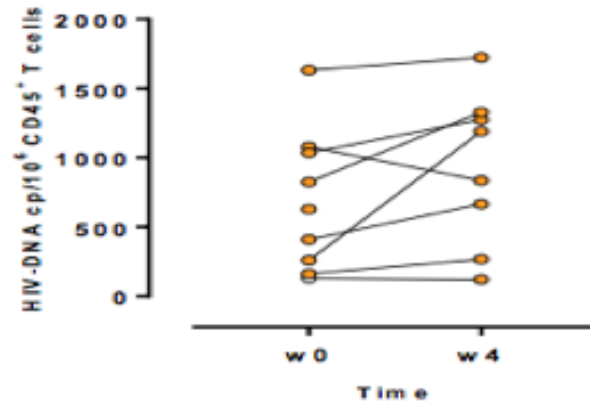


Increase: 0/9
Decrease: 4/9
Stable: 5/9

ABX464-005: Cohort 3 HIV DNA in Peripheral CD4+ T-cells

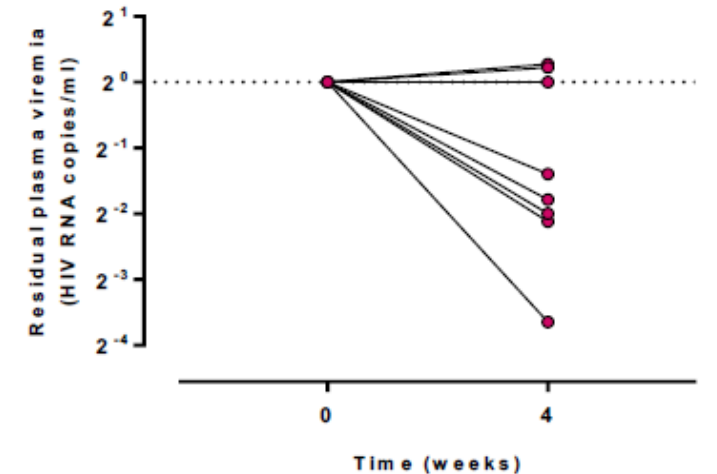


ABX464-005: Cohort 1 HIV DNA in Tissue CD45+ T-cells



ABX464-005: Cohort 3 Residual Plasma HIV Viremia (SCA)

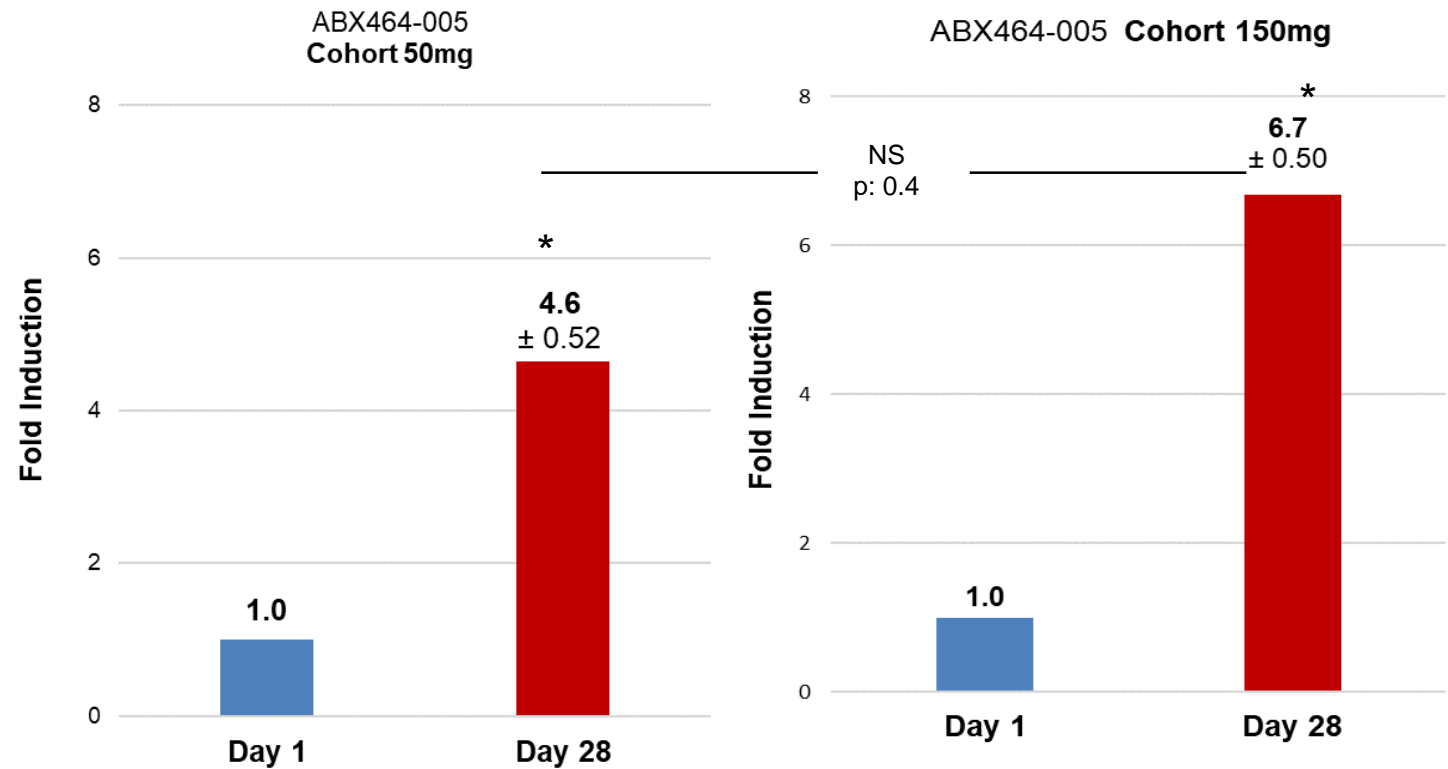
- 23/34 samples were detectable (range: 0.67 – 7.33)
- No statistically significant differences between w0-w4-w12-w16
- 6/8 patients either decreased (n=5) or maintained suppressed (n=1) their residual pVL from w0 to w4
- 5/8 patients decreased their residual pVL from w0 to w12
- 5/8 patients either increased (n=4) or maintained suppressed (n=1) their residual pVL from w12 to w16
- No association between changes in ca-HIV DNA and residual plasma viremia between w0 and w4.



Decrease 5/8 (>2-fold)
Increase 2/8 (<2-fold)
Stable 1/8

ABX464-005: miR124

- 150 mg q.d for 28 days
- 50 mg q.d for 84 days (with a time point at Day 28)



* *p*value < 0.05

Statistically significant increase in miRNA 124 expression shows anti-inflammatory activity

ABX464-005 Safety: Cohort 1 and 3

| Treatment Emergent Adverse Event (TEAE) | Grade 1 | | Grade 2 | |
|--|-------------|------------|-------------|------------|
| | 150 mg n=11 | 50 mg n=13 | 150 mg n=11 | 50 mg n=13 |
| Any TEAE (Related*): Participants experiencing at least one TEAE, n (%) | 7 (63.6) | 5 (38.5) | 2 (18.2) | 1 (7.7) |
| Abdominal pain | 2 (18.2) | 1 (7.7) | - | 1 (7.7) |
| Epigastric pain | 1 (9.1) | 2 (15.4) | - | - |
| Flatulence | - | 1 (7.7) | - | - |
| Nausea | 4 (36.4) | - | - | - |
| Diarrhea | 1 (9.1) | 2 (15.4) | - | - |
| Headache/migraine | 7 (63.6) | 4 (30.7) | 1 (9.1) | - |
| Myalgia/lumbar pain | 6 (54.6) | 1 (7.7) | - | - |
| Cramps | 1 (9.1) | 1 (7.7) | - | - |
| Chest pain | 1 (9.1) | - | - | - |
| Hyperamylasemia | - | - | 1 (9.1) | - |
| Hyperlipasemia | - | - | 1 (9.1) | - |
| Folliculitis | 1 (9.1) | - | - | - |
| Rash erythematous | 1 (9.1) | - | - | - |

*In the opinion of the investigator of record

ABX464-005: Conclusions

- In Cohort 1 ABX464 150 mg po daily for 28 days was associated with:
 - a significant decrease in HIV-1 DNA in CD4+ T cells
 - reduction or maintenance of residual plasma HIV-1 RNA by SCA
 - an increase in tissue anti-inflammatory marker miRNA124
- In Cohort 3 ABX464 50 mg po daily for 84 days was associated with:
 - individual increases and decreases but no overall effect on HIV-1 DNA in CD4+ T cells
 - individual increases and decreases but no overall effect on HIV-1 DNA in CD45+ MMC
 - a lower increase in tissue anti-inflammatory marker miRNA124 than in Cohort 1
- In participants treated with cART, ABX464-005 supports the continued development of ABX464 as a component of cure eradication strategies

Acknowledgements ABX464-005

- Study participants
- Fundació Lluita contra la Sida
 - Ross Cranston
 - Roser Escrig
 - Aroa Nieto
- IrsiCaixa
 - Javier Martinez-Picado
 - Sílvia Bernal
 - M^a Carmen Puertas
 - María Salgado
 - Roger Paredes
 - Eulalia Grau
 - Mariona Parera
 - Bonaventura Clotet
- ABIVAX
 - Hartmut Ehrlich
 - Paul Gineste
 - Josianne Nitcheu
 - Sandrine Crabe
 - Didier Scherrer
- University of Pittsburgh
 - Ian McGowan

