

# Higher hepatitis B antibody titers induced in all adults vaccinated with a 3-antigen hepatitis B (HBV) vaccine, compared to a single-antigen HBV vaccine:

Results from two pivotal phase 3 double-blind, randomized studies (PROTECT and CONSTANT)



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#### Introduction

- More than 2 billion individuals worldwide have evidence of past or current hepatitis B virus (HBV) infection.
- With no available cure for such an infectious disease, vaccination remains the most important intervention in the prevention of HBV infection and associated diseases and complications.
- The magnitude of the immune response to HBV vaccines can be measured by serum levels of anti-HBs, persistence and durability of which is believed to be dependent upon peak levels induced.
- Sci-B-Vac<sup>®</sup> is a 3-antigen HBV vaccine that contains all three HBV surface antigens (HBsAg) – S, pre-S1, and pre-S2 – is adjuvanted with alum, and manufactured in mammalian CHO cells.
- The pre-S1 antigen induces key neutralizing antibodies that block virus-receptor binding. T cell response to pre-S1 and pre-S2 antigens could further boost responses to the S antigens, resulting in a more immunogenic vaccine.<sup>1,2</sup>
- Two Sci-B-Vac® phase 3 studies PROTECT and CONSTANT – were recently completed in the U.S., Europe, and Canada.

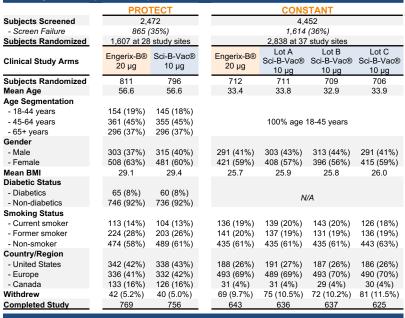
## Study Design & Objectives

Endpoint(s) of immune response

	PROTECT	CONSTANT 4-arm lot-to-lot consistency study				
	2-arm safety and immunogenicity study					
	[NCT03393754]	[NCT03408730]				
N size	1,607	2,838				
Age Range	18+ years	18-45 years				
Sci-B-Vac	10 µg	10 µg				
Control Vaccine	20 μg Engerix-B <sup>®</sup> (GSK)	20 μg Engerix-B <sup>®</sup> (GSK)				
Random.	1:1	1:1:1:1				
Dosing	0, 4, 24 weeks	0, 4, 24 weeks				
Primary Endpoint(s) (at Day 196)	Based on seroprotection rates (SPR):  i. Non-inferiority in adults ≥ age 18  ii. Superiority in adults ≥ age 45	Consistency of immune response as measured by GMC of anti-HBs across three consecutive lots of Sci-B-Vac				
-	Safety and tolerability,	Safety and tolerability, SPR, anti-HBs titers,				

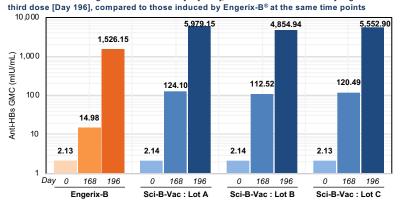
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## **Study Participant Disposition**



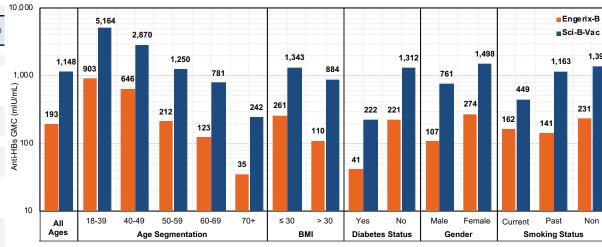
### **Results: CONSTANT**

FIGURE 1: Geometric Mean Concentrations (GMC) of anti-HBs induced across the 3 lots of Sci-B-Vac® were > 7.5x higher after two doses [Day 168], and remained substantially higher after the third dose [Day 196], compared to those induced by Engerix-B® at the same time points



#### **Results: PROTECT**

FIGURE 2: GMC of anti-HBs for Sci-B-Vac® were 6x higher in all participants age ≥ 18 years and 4-8x higher in key subgroups, regardless of age BMI, gender, or diabetic status, at Day 196 compared to Engerix-B®



Sci-B-Vac® fold-increase compared to Engerix-B®:

6.0x	5.7x	4.4x	5.9x	6.4x	6.9x	5.1x	8.0x	5.4x	5.9x	7.1x	5.5x	2.8x	8.2x	6.0x
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### Conclusions

- Sci-B-Vac® continued to demonstrate its ability to safely and rapidly elicit robust immune responses in adults, as illustrated in the results of these two pivotal Phase 3 studies
- In PROTECT, 4-8x higher anti-HBs GMC was maintained for patients who received Sci-B-Vac® compared to Engerix-B®, regardless of age, BMI, or diabetic status
- In healthy 18-45 year-olds in CONSTANT, after two doses, at day 168, Sci-B-Vac<sup>®</sup> elicited a mean anti-HBs GMC, across the pooled lots, of 119 mIU/mL, > 7.5x higher anti-HBs titers compared to Engerix-B<sup>®</sup>
- Higher injection site-related reactogenicities were noted with Sci-B-Vac<sup>®</sup> compared to Engerix-B<sup>®</sup> in PROTECT and CONSTANT, mostly of mild or moderate severity, which resolved without intervention in 2-3 days
- No major safety signals were observed adverse events were well-balanced and consistent with the known safety profile of Sci-B-Vac<sup>®</sup>

# Acknowledgements

We thank all clinicians, nurses, and volunteers who contributed to these studies

The contribution of scientists and technologists at VBI Vaccines Inc. is greatly appreciated.

## References

- Heermann KH et al., J Virol. 1984;52(2):396-402
- Milich DR et al. Scienc 1985;228(4704):1195-1199.

#### Disclosure

Dr. Langley was the Principa Investigator of this study and her institution received financial support for the services performed for conducting the studies.

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