



Robust Immunogenicity and Rapid Onset of High Rates of Seroprotection and Anti-HBs Titers, Elicited with 3-Antigen Hepatitis B Vaccine in Adults

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Introduction
• More than 2 billion individuals worldwide have evidence of past or current hepatitis B virus (HBV) infection, with an estimated 240-350 million people currently chronically infected.
• Public health initiatives name immunization as the most effective prevention strategy, however, vaccination rates in adults remain low.
• 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.
• 3A-HBV 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.
• Two Phase 3 studies – PROTECT and CONSTANT - of 3A-HBV compared to Engerix-B® (1A-HBV), a single-antigen HBV vaccine, were recently completed in Europe, the U.S., and Canada

Study Designs & Objectives
PROTECT 2-arm safety & immunogenicity study [NCT03393754]
CONSTANT 4-arm lot-to-lot consistency study [NCT03408730]
Table with columns for N size, Age Range, 3A-HBV, Control Vaccine, Random, Dosing, Primary Endpoint(s), and Secondary/Exploratory Endpoint(s) for both studies.

Study Subject Dispositions
Table comparing PROTECT and CONSTANT study arms across various metrics:
Subjects Screened, Subjects Randomized, Clinical Study Arms, Subjects Randomized, Mean Age, Age Segmentation, Gender, Mean BMI, Diabetes Status, Smoking Status, Country/Region, Withdrew, and Completed Study.

Results

Figure 1 : Higher Seroprotection Rates (SPR) and Anti-HBs Titers Across Subgroups in PROTECT at Day 196

Table with columns for Population, # of Subjects (N), Seroprotection Rates (SPR) at Day 196, and GMC of Anti-HBs Titers at Day 196. Subgroups include Age, Diabetes, BMI, Daily Alcohol Consumption, Smoking Status, Gender, Race, Ethnicity, and Region.

Figure 2 : Higher SPR after Both 2 (Day 168) and 3 Doses (Day 196) in Adults Age 18-45

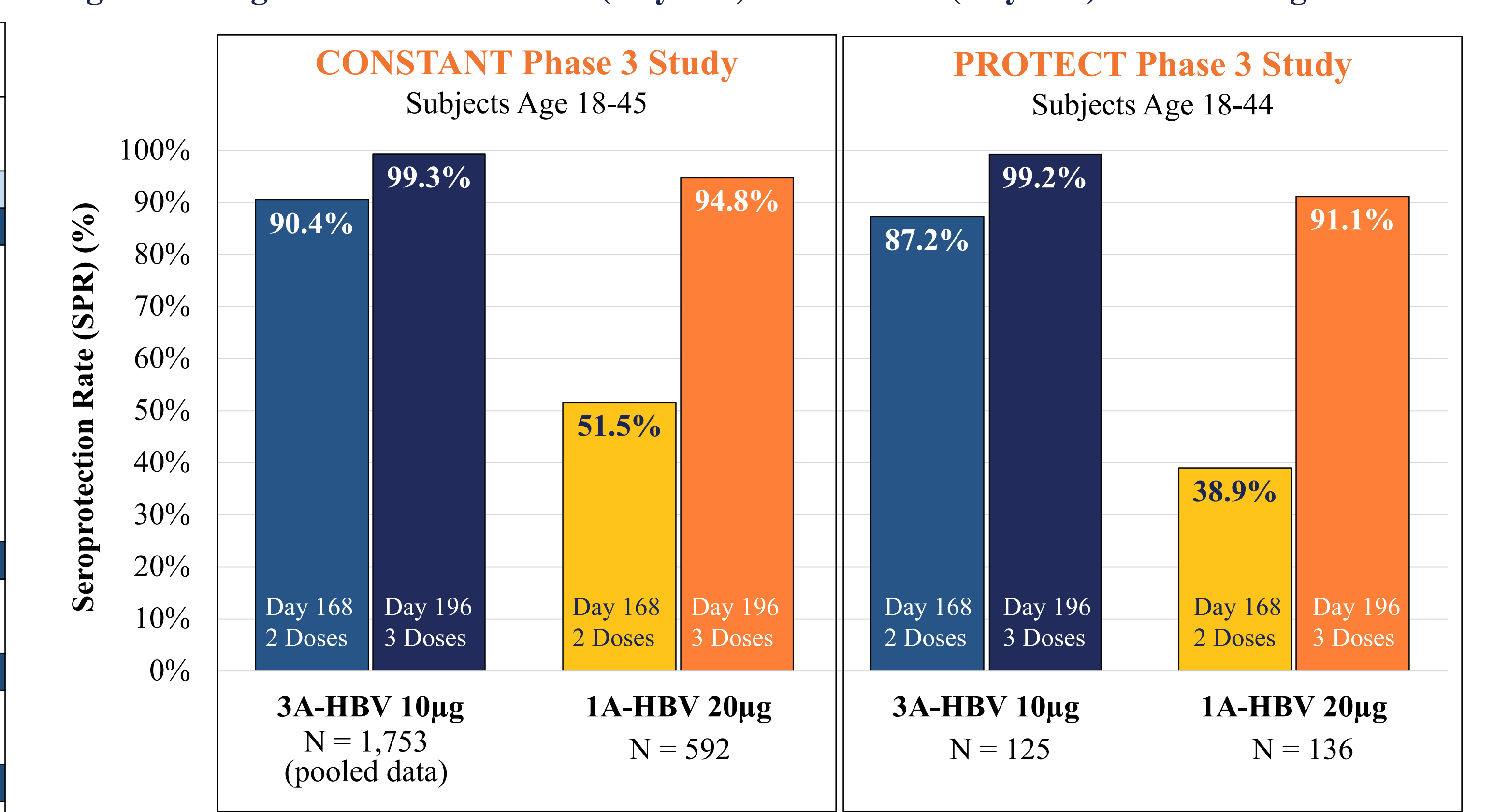
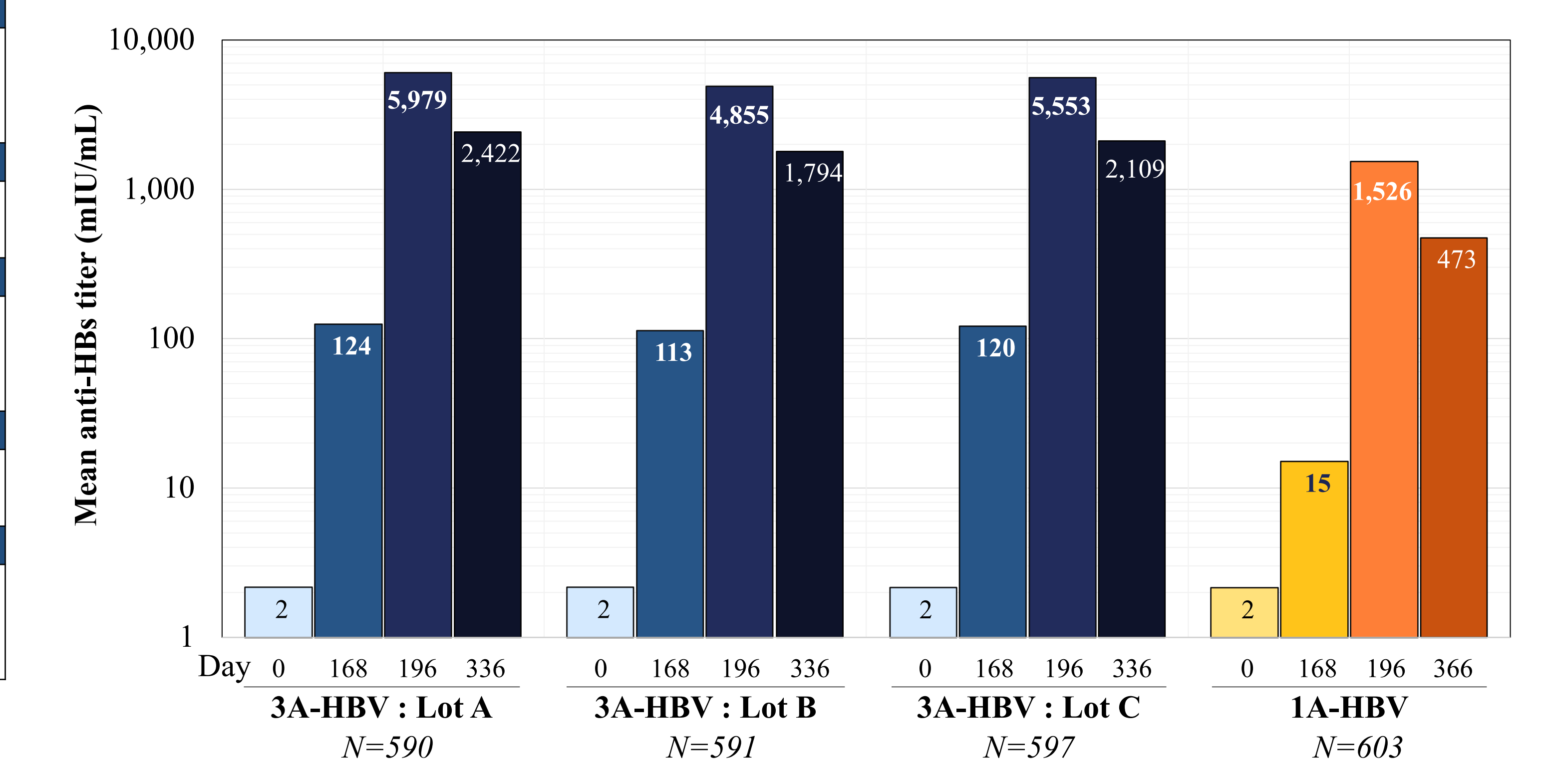


Figure 3 : Kinetics of Mean Anti-HBs Titers in Subjects Age 18-45 Years in CONSTANT



Conclusions

- 3A-HBV successfully met all primary endpoints across both the PROTECT and CONSTANT studies
• In both Phase 3 studies, data from 3A-HBV arms suggested an ability to safely elicit rapid and robust immune responses in adults, compared to 1A-HBV
• In PROTECT, 6x higher anti-HBs GMC were achieved in subjects who received 3A-HBV compared to 1A-HBV, with higher anti-HBs titers regardless of age, gender, BMI, or diabetic status
• In CONSTANT, anti-HBs GMCs for 3A-HBV were consistent across lots (A, B, and C) and were > 7.5x higher after 2 vaccinations (Day 168) and > 3x higher after 3 vaccinations (Day 196) compared to 1A-HBV
• Across both studies, ~90% of adults age 18-45 were protected after 2 doses of 3A-HBV (at Day 168) compared to ~40-50% with 1A-HBV
• Subjects who received 3A-HBV reported higher rates of mild or moderate pain (75.6% vs. 53.9%) and tenderness (75.1% vs. 54.9%) at injection site and myalgia (44.4% vs. 32.4%) compared to 1A-HBV, which generally 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 each vaccine

Acknowledgements

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References

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Disclosure

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