

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



GL[®]BAL HEPATITIS SUMMIT 2020/2021 The 17th International Symposium on Viral Hepatitis and Liver Disease (ISVHLD)

Francisco Diaz-Mitoma¹; Joanne M. Langley²; Timo Vesikari³; Adam Finn⁴; Nathan Segall⁵; Brian J Ward⁶; Guillaume Poliquin⁷; Curtis Cooper⁸; Bruce Smith⁹; Pierre van Damme¹⁰; Geert Leroux-Roels¹¹; Isabel Leroux-Roels¹¹; Azhar Toma¹²; Naveen Garg¹³; Gerald Vallieres¹⁴; Ronnie Aronson¹⁵; Dennis Reich¹⁶; Hamilton Sah¹⁷; Samir Arora¹⁸; Peter Ruane¹⁹; Corey Anderson²⁰; Clancy L. Cone²¹; Michael Manns²²; Catherine Cosgrove²³; Saul N. Faust²⁴; Maheshi N. Ramasamy²⁵; Nathalie Machluf¹; Bebi Yassin-Rajkumar¹; David Anderson¹; Johanna N. Spaans¹ and Vlad Popovic¹

¹VBI Vaccines Inc., United States; ²Departments of Pediatrics and Community Health and Epidemiology, Canada; ³Nordic Research Atlanta, USA; ⁶McGill University Health Centre-Vaccine Study Centre, Canada; ⁷Department of Pediatrics and Child Health, University of States; ²Department of Pediatrics and Child Health, University of States; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital for Children, UK; ⁵Clinical Research Network Ltd., Finland; ⁴Bristol Royal Hospital f Manitoba, Canada; ⁸Department of Medicine, University of Ottawa, Canada; ¹⁰University, Canada; ¹⁰University, Belgium; ¹²Manna Research, Canada; ¹³Manna Research, Canada; ¹⁴Manna Research, Canada; ¹⁴Manna Research, Canada; ¹⁵LMC Diabetes and Endocrinology, Canada; ¹⁶Medicor Research Inc., Canada; ¹⁷Care One, USA; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, University Hospital NHS Foundation Trust, UK; ²⁴NIHR Southampton Clinical Research Facility, UNIVERSITY AND CLINICAL RESearch Facilit Hospital Southampton NHS Foundation Trust; and Faculty of Medicine and Institute for Life Sciences, University of Southampton, UK; ²⁵Oxford Vaccine Group, Centre for Clinical Vaccinology and Tropical Medicine, Churchill Hospital and University of Oxford, UK

	Introduction		Study Subject Dispositions							
• More than 2 billion individu	als worldwide have evidence of past or current l	PROTECT			CONSTANT					
estimated 240-350 minion p	Subjects Screened 2,472			4,452						
• Public health initiatives nam	ne immunization as the most effective prevention	- Screen Failure	865 ((35%)	1,614 (36%)					
remain low.			Subjects Randomized	1,607 at 28	study sites	2,838 at 35 study sites				
• The magnitude of the immu durability of which is believ	ne response to HBV vaccines can be measured b red to be dependent upon peak levels induced.	by serum levels of anti-HBs, persistence and	Clinical Study Arms	3A-HBV 10 μg	1A-HBV 20 μg	Lot A 3A-HBV 10 µg	Lot B 3A-HBV 10 µg	Lot C 3A-HBV 10 µg	1A-HBV 20 μg	
• 3A-HBV is a 3-antigen HBY	Subjects Randomized	796	811	711	709	706	712			
adjuvanted with alum, and r	nanufactured in mammalian CHO cells.	Mean Age	56.6	56.6	33.8	32.9	33.9	33.4		
• The pre-S1 antigen induces	key neutralizing antibodies that block virus-rece	ptor binding. T cell response to pre-S1 and pre-	Age Segmentation							
S2 antigens could further bo	oost responses to the S antigens, resulting in a mo	- 18-44 years	145 (18%)	154 (19%)						
	TEOT = 1 OONOTANT COALIDY = 1	- 45-64 years	355 (45%)	361 (45%)	100% age 18-45 years					
• IWO Phase 3 studies – PRO	- 65+ years	296 (37%)	296 (37%)							
TID V Vaccine, were recently	completed in Europe, the U.S., and Canada		Gender							
	- Male	315 (40%)	303 (37%)	303 (43%)	313 (44%)	291 (41%)	291 (41%)			
	Study Designs & Obje		- Female	481 (60%)	508 (63%)	408 (57%)	396 (56%)	415 (59%)	421 (59%)	
	PROTECT	CONSTANT	Mean BMI	29.4	29.1	25.9	25.8	26.0	25.7	
	2-arm safety &	4-arm lot-to-lot	Diabetes Status							
	immunogenicity study	- Diabetics	60 (8%)	65 (8%)	N/A					
	[NCT03393754]	[NCT03408730]	- Non-diabetics	736 (92%)	746 (92%)	r6 (92%)				
N size	1,607	2,838	Smoking Status							
Age Range	18+ years	18-45 years	- Current smoker	104 (13%)	113 (14%)	139 (20%)	143 (20%)	126 (18%)	136 (19%)	
SA-HBV Control Vaccino	$10 \ \mu g$	$\frac{10 \mu g}{20 \mu g}$	- Former smoker	203 (26%)	224 (28%)	137 (19%)	131 (19%)	136 (19%)	141 (20%)	
Random	20 μg IA-IID v 1·1	20 μg IA-IID v 1·1·1·1	- Non-smoker	489 (61%)	474 (58%)	435 (61%)	435 (61%)	443 (63%)	435 (61%)	
Dosing	0, 4, 24 weeks	0. 4. 24 weeks	Country/Region							
Primary Endpoint(s) (at Day 196)	Based on seroprotection rates (SPR):	Consistency of immune response as measured	- United States	338 (43%)	342 (42%)	191 (27%)	187 (26%)	186 (26%)	188 (26%)	
	i. Non-inferiority in adults \geq age 18	by GMC of anti-HBs across three consecutive	- Europe	332 (42%)	336 (41%)	489 (69%)	493 (70%)	490 (70%)	493 (69%)	
	ii. Superiority in adults \geq age 45	lots of 3A-HBV	- Canada	126 (16%)	133 (16%)	31 (4%)	29 (4%)	30 (4%)	31 (4%)	
Secondary&	Safety and tolerability, anti-HBs titers,	Safety and tolerability, SPR, anti-HBs titers,	Withdrew	40 (5.0%)	42 (5.2%)	75 (10.5%)	72 (10.2%)	81 (11.5%)	69 (9.7%)	
Exploratory Endpoint(s)	kinetics of immune response	Completed Study	756	769	636	637	625	643		

Results

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

Population	# of Subjects (N)		S	Seroprotection Rates (SPR) at Day 196 % with anti-HBs titers $\geq 10 \text{ mIU/mL}$		GMC of	GMC of Anti-HBs Titers at Day 196			CONSTANT Phase 3 Study			PROTECT Phase 3 Study		
	3A-HBV	1A-HBV	3A-HBV	1A-HBV	Difference in SPRs :	3A-HBV	1A-HBV	X-Fold	100%	Subjects	Age 18-45		Subjects	Age 18-44	
All Subjects	718	723	91.4%	76.5%	3A-HBV - IA-HBV	1148.2	192.6	Increase 6.0x		99.3%		4.00/	99.2%		
Age		720					17210			90.4%	94	4.8%	97 20/	91.1%	
18-44 years	125	135	99.2%	91.1%		4570.4	720.6	6.3x					8/.2%		
45-64 years	325	322	94.8%	80.1%		1577.3	276.5	5.7x							
> 65 years	268	266	83.6%	64.7%		410.2	63.7	6.4x							
18-39 years	71	72	100.0%	93.1%		5164.2	903 3	5.7x	%06 at						
A0-49 years	158	143	08 7%	80 5%		2869.6	645 7	$\int A\mathbf{v}$							
50.50 years	153	16/	02.8%	78 10/2			0 1 5.7 211.6	т.тл 5 Qv	u u u		51.5%				
50-59 years		220	92.070	70.170		780.5	211.0	5.9X	j 40%						
00-09 years		229 115	09.1%	/2.1%		780.3	122.9	0.4X	30%					38.9%	
\geq /0 years	115	113	/8.3%	30.3%		241.8	34.8	0.9X							
Diabetes	<i>Б А</i>	(0	02.20/	50.20 /			41.2	5 4							
Yes		60	83.3%	58.5%		222.3	41.3	5.4X	× 10%	Day 168 Day 196	Day 168 Da	ıy 196	Day 168 Day 196	Day 168 Day 196	
No	664	663	92.0%	78.1%		1312.2	221.4	5.9x		2 Doses 3 Doses	2 Doses 3 I	Doses	2 Doses 3 Doses	2 Doses 3 Doses	
BMI							110.0		0%						
> 30 kg/m2	269	254	89.2%	68.1%		884.0	110.0	8.0x		3A-HBV 10µg	IA-HBV 2	20µg	3A-HBV 10µg	IA-HBV 20µg	
\leq 30 kg/m2	449	469	92.7%	81.0%		1343.0	260.9	5.1x		N = 1,753	N = 592	2	N = 125	N = 136	
Daily Alcohol Consumpti	.01									(pooled data)					
0-1 Drinks	663	662	91.0%	77.0%		1093.4	202.0	5.4x				I L			
2-3 Drinks	51	57	100%	70.2%		2643.8	110.6	23.9x	Figures 3 :	Kinetics of Mean A	nti-HBs Titer	rs in Subje	ects Age 18-45 Yea	rs in CONSTANT	
Smoking Status												J	8		
Current Smoker	92	95	85.9%	70.5%		449.4	161.9	2.8x	10,000						
Past Smoker	187	198	89.3%	77.3%		1162.9	141.1	8.2x		5 979			5 552		
Non-Smoker	439	430	93.4%	77.4%		1390.1	231.0	6.0x		5,515	4,8	855	3,333		
Gender										2,422		1 794	2.109		
Male	282	269	86.9%	69.5%		761.0	106.6	7.1x				1,751		1,526	
Female	436	454	94.3%	80.6%		1498.2	273.5	5.5x							
Race									ter					473	
White	648	660	92.0%	76.7%		1229.6	187.8	6.5x							
Black/African American	57	51	86.0%	76.5%		535.9	291.4	1.8x		124	113		120		
Other	13	12	84.6%	66 7%		- 1066 4	131.8	8 1 x							
Ethnicity									ant						
Hispanic/LatinX	67	65	89.6%	69.2%		820.9	81.1	10.1x							
Non-Hispanic/LatinX	648	655	91 5%	77 1%		1189.2	206.4	5 8x	10					15	
Region		000	91.070	/ / .1 / 0		1107.2	200.1	5.0A							
US	297	304	85.9%	67.4%		544.0	95 7	5 7x							
Furone	302	299	94 4%	83 3%		1851.2	274 5	4.7x		2	2		2	2	
Canada	119	120	97 5%	82 5%		2204 5	274.3 468 1	6.7x			0 160 10		0 160 106 226		
Callada	117	120	71.370	02.370		2204.3	700.1	0.7A		ay 0 168 196 336		<u>96 336</u> –	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
				-20% -10	% 0% 10% 20% 30% 40%	50%				$3\mathbf{A} - \mathbf{H}\mathbf{B}\mathbf{V} : \mathbf{L}0\mathbf{T}\mathbf{A}$	3A-HBV :	LOTB	3A-HBV:LOTC	IA-HBV	
			-	Favors 1A-Hl	BV – — Favors 3A-HBV —	\rightarrow				N=390	N=39	1	N=39/	N=603	
Conclusions							Acknowledgements								
• 3A-HBV successfully met all primary endpoints across both the PROTECT and CONSTANT studies									ilanta di ta tha						
• In both Dhogo 2 studios data from 2 A UDV arms successed an ability to safely aliait ramid and relevat improves in a 1-14-							The contribution	of scientists and technol	logists at VBI Vs	iduled to the	is greatly appreciated				
compared to 1A-HBV	data mom s	DA-NDV an	ms suggest	ed all admity to s	salery encli rapid and robust i	innune respons	ses in aduits	5,			logists at v DI va		is greatly appreciated.		
• 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							References								
						1. Heermann KH	I et al., J Virol. 1984;52(2):396-402.							
• 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							2. Milich DR <i>et al. Science</i> . 1985;228(4704):1195-1199.								
 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 						Disclosure Contact Information									
• 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							Dr. Francisco Diaz-Mitoma is the Chief								
 No major safety signals 	were obser	ved – adver	rse events v	vere well-balanc	ed and consistent with the kn	nown safety pro	file of each	vaccine		JIICET OF V BI VACCINE		. wiw21111101110		VACCINES	

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



