

# VH3810109 (N6LS) Reduces Viremia Across a Range of Doses in ART-Naive Adults Living With HIV: Proof of Concept Achieved in the Phase Ila BANNER (207959, NCT04871113) Study

<u>Peter Leone</u>,<sup>1</sup> Alejandro Ferro,<sup>2</sup> Charlotte-Paige Rolle,<sup>3</sup> Sergio Lupo,<sup>4</sup> Joseph McGowan,<sup>5</sup> Marina Klein,<sup>6</sup> Pedro Cahn,<sup>7</sup> Paul Benson,<sup>8</sup> Marisa Sanchez,<sup>9</sup> Christopher Bettacchi,<sup>10</sup> Stefan Schneider,<sup>11</sup> Paul Wannamaker,<sup>1</sup> Beta Win,<sup>12</sup> Judah Abberbock,<sup>13</sup> Mark Baker,<sup>12</sup> Viviana Wilches,<sup>13</sup> Darren Bentley,<sup>14</sup> Margaret Gartland,<sup>1</sup> Max Lataillade,<sup>15</sup> Jan Losos<sup>1</sup>

<sup>1</sup>ViiV Healthcare, Durham, NC, USA; <sup>2</sup>Centro de Investigaciones Medicas, Mar del Plata, Argentina; <sup>3</sup>Orlando Immunology Center, Orlando, FL, USA; <sup>4</sup>CAICI, Rosario, Argentina; <sup>5</sup>Northwell Health, New York, NY, USA; <sup>6</sup>McGill University Health Centre, Montreal, Quebec, Canada; <sup>7</sup>Fundacion Huesped, Buenos Aires, Argentina; <sup>8</sup>Be Well Medical Center, Berkley, MI, USA; <sup>9</sup>Hospital Italiano de Buenos Aires, Buenos Aires, Argentina; <sup>10</sup>North Texas Infectious Disease Consultants, Dallas, TX, USA; <sup>11</sup>Long Beach Education and Research Consultants, Long Beach, CA, USA; <sup>12</sup>GSK, Brentford, UK; <sup>13</sup>GSK, Upper Providence, PA, USA; <sup>14</sup>Certara UK Ltd, Sheffield, UK; <sup>15</sup>ViiV Healthcare, Branford, CT, USA



#### **Disclosures**

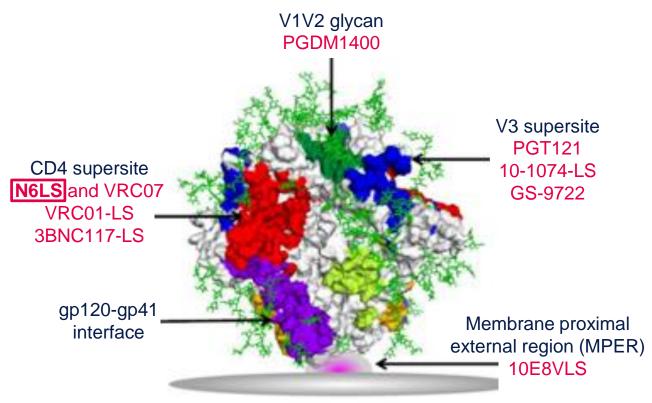
• Peter Leone is an employee of ViiV Healthcare and a shareholder of GSK



#### Introduction

- Broadly neutralizing antibodies (bNAbs) are under development for both the treatment and prevention of HIV-1
- VH3810109 (N6LS) is a novel bNAb with broad and potent neutralization activity in vitro targeting the CD4 binding site of the HIV-1 envelope protein
- Here we report first-time antiviral activity during monotherapy and cumulative ongoing safety of VH3810109 in treatment-naive people with HIV-1

#### bNAbs target 5 conserved regions on the envelope<sup>1-8</sup>

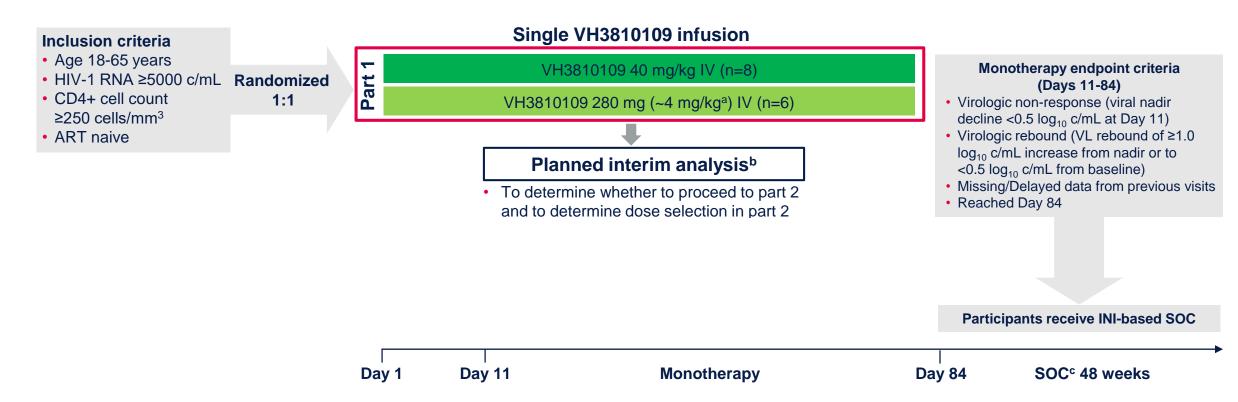


LS-containing bNAbs have been engineered to have long half-lives<sup>9</sup>

<sup>1.</sup> Bar et al. N Engl J Med. 2016;375:2037-2050. 2. Kwon et al. Retrovirology. 2012;9(suppl 2):O34. 3. Scheid et al. Science. 2011;333:1633-1637. 4. Mouquet et al. Proc Natl Acad Sci U S A. 2012;109:E3268-E3277. 5. Walker et al. Nature. 2011;477:466-470. 6. Caskey. Curr Opin HIV AIDS. 2020;15:49-55. 7. Doria-Rose et al. J Virol. 2015;90:76-91. 8. Kwon et al. J Virol. 2016;90:5899-5914. 9. Huang et al. Immunity. 2016;45:1108-1121.



# BANNER Study Design: Randomized, Open-label, 2-Part, Multicenter, Single-Dose, Adaptive Study in ART-Naive Adults



- Primary endpoints were plasma HIV-1 RNA maximum change from baseline during monotherapy and safety parameters
- Secondary endpoints included VH3810109 PK parameters and incidence and titer of anti-VH3810109 antibodies
  - Antibody susceptibility was determined retrospectively using the PhenoSense monoclonal antibody assay

<sup>a</sup>For a 70-kg individual. <sup>b</sup>A planned interim analysis was performed to evaluate virologic response, safety, and PK from the monotherapy and ongoing SOC periods in part 1. <sup>c</sup>An SOC integrase inhibitor–based regimen (DTG/3TC) was provided at the end of the monotherapy periods in parts 1 and 2.



#### **Demographics and Baseline Characteristics**

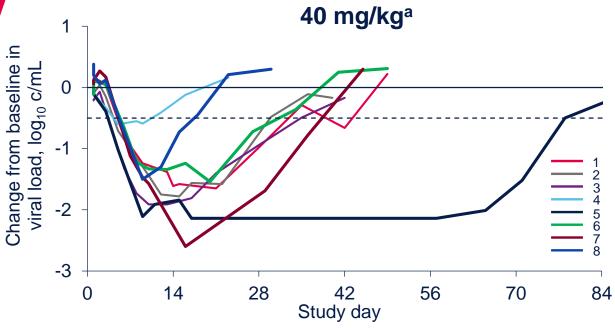
Parameter	VH3810109 40 mg/kg IV (n=8)	VH3810109 280 mg IV (~4 mg/kgª) (n=6)
Age, median (range), years <sup>b</sup>	30.5 (24-51)	28.0 (18-54)
Sex, n		
Female	0	1
Male	8	5
Race, n		
Black/African American	2	1
White/Caucasian/European heritage	6	5
Ethnicity, n		
Latinx	6	4
Not Latinx	2	2
HIV-1 RNA, median (range), c/mL	12,259 (1351-173,710)	30,833 (5938-104,585)
HIV-1 RNA, median (range), log <sub>10</sub> c/mL	4.1 (3.1-5.2)	4.5 (3.8-5.0)
CD4+ cell count, median (range), cells/mm <sup>3</sup>	313.0 (190-700)	374.5 (265-601)
Body mass index, mean (SD), kg/m <sup>2</sup>	27.0 (5.7)	27.5 (4.3)

Participants were from the United States (n=6), Canada (n=1), and Argentina (n=7)

<sup>&</sup>lt;sup>a</sup>For a 70-kg individual. <sup>b</sup>Age was imputed when full date of birth was not provided.



## VH3810109 Led to Virologic Response in 13/14 Participants

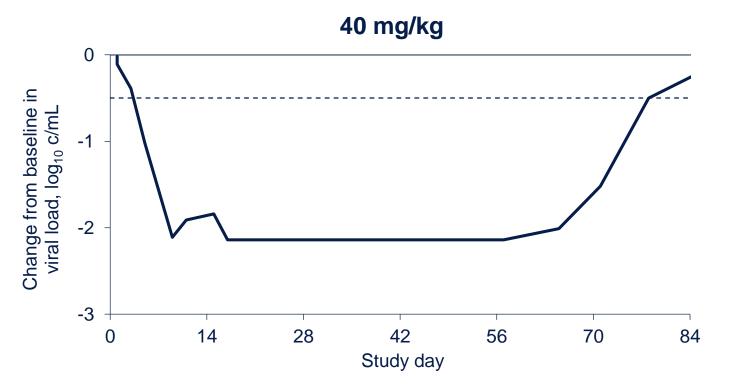


Viral dynamic measures	VH3810109 40 mg/kg IV (n=8)
Median (range) viral nadir from baseline, log <sub>10</sub> c/mL	-1.72 (-0.60, -2.60)
Median (range) time to viral nadir, days	16 (5-21)
Maximum viral nadir from baseline, log <sub>10</sub> c/mL	-2.60
Median (range) time to viral rebound among responders, days	35 (12-78) [n=8]

Solid line represents no change from baseline and dashed line represents virologic non-response (viral nadir decline <0.5 log<sub>10</sub> c/mL at Day 11). <sup>a</sup>Each line represents an individual participant. <sup>b</sup>For a 70-kg individual. <sup>c</sup>Participant 14 is the only female participant in the study.



# VH3810109 Virologic Response in Participant #5: Longest Suppression

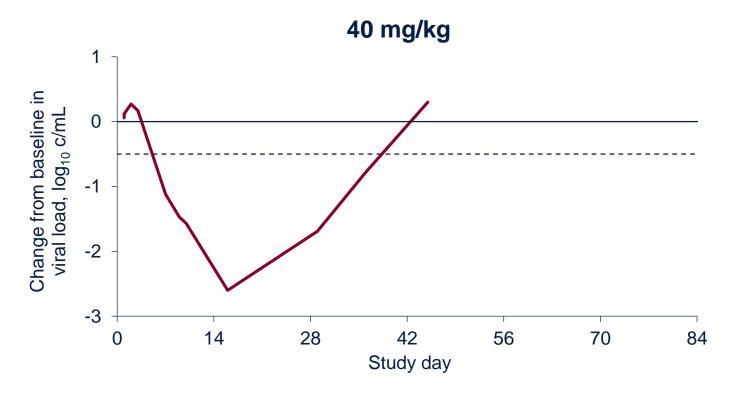


Viral dynamic measures	Participant #5	
Baseline viral load, c/mL	5309	
Baseline CD4+ cell count, cells/mm <sup>3</sup>	700	
Time to rebound, days <sup>a</sup>	78	
Maximum viral load decline, log <sub>10</sub> c/mL	-2.14	
Time to maximum viral load decline, days	17	
Baseline IC <sub>80</sub> , μg/mL	0.09	

Solid line represents no change from baseline and dashed line represents virologic non-response (viral nadir decline <0.5 log<sub>10</sub> c/mL at Day 11). aTime to rebound is defined by time of VL ≥1.0 log<sub>10</sub> c/mL increase from nadir or <0.5 log<sub>10</sub> c/mL decrease from baseline.



# VH3810109 Virologic Response in Participant #7: Largest Viral Decline



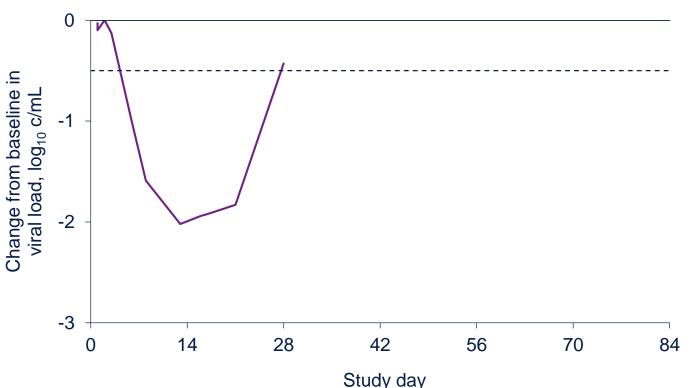
Viral dynamic measures	Participant #7
Baseline viral load, c/mL	30,930
Baseline CD4+ cell count, cells/mm <sup>3</sup>	482
Time to rebound, days <sup>a</sup>	36
Maximum viral load decline, log <sub>10</sub> c/mL	-2.60
Time to maximum viral load decline, days	16
Baseline IC <sub>80</sub> , μg/mL	0.52

Solid line represents no change from baseline and dashed line represents virologic non-response (viral nadir decline <0.5 log<sub>10</sub> c/mL at Day 11). <sup>a</sup>Time to rebound is defined by time of VL ≥1.0 log<sub>10</sub> c/mL increase from nadir or <0.5 log<sub>10</sub> c/mL decrease from baseline.



# VH3810109 Virologic Response in Participant #11: High Baseline VL With High VL Decline





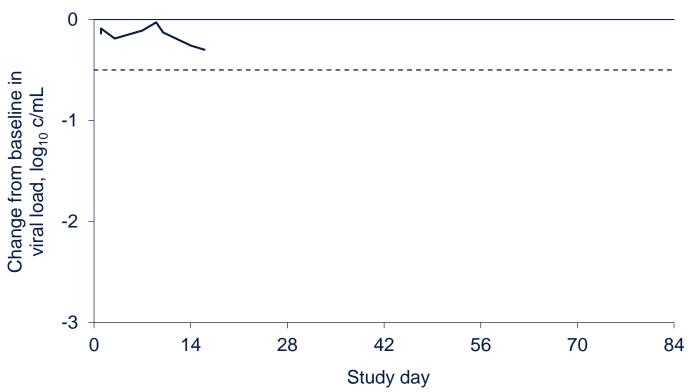
Viral dynamic measures	Participant #11
Baseline viral load, c/mL	104,585
Baseline CD4+ cell count, cells/mm <sup>3</sup>	509
Time to rebound, days <sup>b</sup>	28
Maximum viral load decline, log <sub>10</sub> c/mL	-2.02
Time to maximum viral load decline, days	13
Baseline IC <sub>80</sub> , μg/mL	0.64

Solid line represents no change from baseline and dashed line represents virologic non-response (viral nadir decline <0.5 log<sub>10</sub> c/mL at Day 11). <sup>a</sup>For a 70-kg individual. <sup>b</sup>Time to rebound is defined by time of VL ≥1.0 log<sub>10</sub> c/mL increase from nadir or <0.5 log<sub>10</sub> c/mL decrease from baseline.



## VH3810109 Virologic Response in Participant #10: Non-Responder





Viral dynamic measures	Participant #10
Baseline viral load, c/mL	100,299
Baseline CD4+ cell count, cells/mm <sup>3</sup>	374
Time of observed non-response, days <sup>b</sup>	10
Maximum viral load decline, log <sub>10</sub> c/mL	-0.30
Time to maximum viral load decline, days	16
Baseline IC <sub>80</sub> , μg/mL	>50

Solid line represents no change from baseline and dashed line represents virologic non-response (viral nadir decline <0.5 log<sub>10</sub> c/mL at Day 11). <sup>a</sup>For a 70-kg individual. <sup>b</sup>For non-responders, time to rebound is imputed with Day 11 visit.



## **Safety and Tolerability**

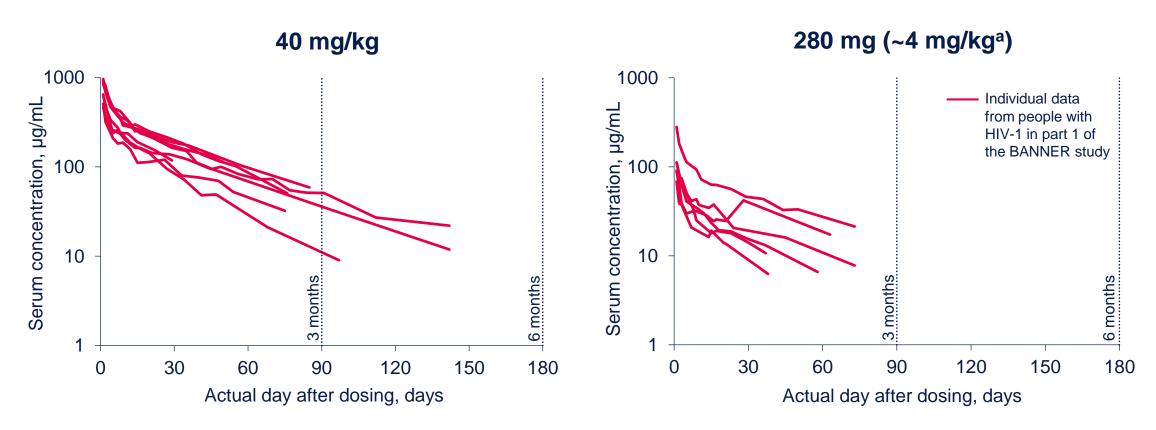
Preferred term, n	VH3810109 40 mg/kg IV (n=8)	VH3810109 280 mg IV (~4 mg/kg²) (n=6)
Any AE	6	3
Grade 1	3	3
Grade 2	3	0
Grade ≥3	0	0
Any drug-related AE	1	2
Abdominal pain	1	1
Gastrointestinal pain	1	0
Pruritis	1	0
Asthenia	0	1
Myalgia	0	1
Any ISR	2	0
Infusion site erythema	1	0
Infusion site pain	1	0

- Overall, 35 AEs were reported by 9 of 14 participants (n=6 in the 40-mg/kg group and n=3 in the 280-mg group), with no grade ≥3 AEs or serious AEs reported
- All drug-related AEs and ISRs were grade 1

<sup>a</sup>For a 70-kg individual.



#### VH3810109 PK Results in People With HIV-1



PK is consistent with other bNAbs and supports potential use as part of a long-acting regimen

<sup>a</sup>For a 70-kg individual.



#### **Conclusions**

- A single IV infusion of VH3810109 (N6LS) was well tolerated, with few drug-related AEs, no SAEs, and robust antiviral efficacy observed at both high and low doses
- When administered at 40 mg/kg, VH3810109 led to a median decline in viremia of 1.72 log<sub>10</sub> c/mL and a maximum viral nadir from baseline of −2.60 log<sub>10</sub> c/mL
- The 280-mg (~4 mg/kg) dose, which resulted in a median viral load decline of 1.18 log<sub>10</sub> c/mL and a maximum viral nadir from baseline of −2.18 log<sub>10</sub> c/mL, exceeded efficacy and duration of response reported for other bNAbs at similarly low doses¹
- These data warrant further development, including exploring alternate dosing options and modalities, of VH3810109

<sup>1.</sup> Caskey et al. Nature. 2015;522:487-491.



#### **Acknowledgments**

- We thank the study participants, their families and caregivers, investigators and site staff who participated in the study, and the ViiV Healthcare and GSK study team members
- Editorial assistance and graphic design support for this presentation were provided under the direction of the authors by MedThink SciCom and funded by ViiV Healthcare



#### **Disclaimer**

This content was acquired following an unsolicited medical information enquiry by a healthcare professional. Always consult the product information for your country, before prescribing a ViiV medicine. ViiV does not recommend the use of our medicines outside the terms of their licence. In some cases, the scientific Information requested and downloaded may relate to the use of our medicine(s) outside of their license.