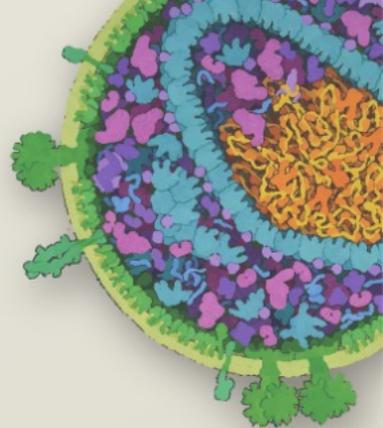


— 30th —

CROI 2023

Conference on Retroviruses
and Opportunistic Infections



IAS-USA
International Antiviral Society-USA

Vacunas

Beatriz Mothe, MD, PhD

*Servicio Enfermedades Infecciosas
Instituto Investigación del sida IrsiCaixa
Hospital Universitari Germans Trias i Pujol (HUGTIP), Badalona
bmothe@irsicaixa.es
@BeaMothe*

02 Marzo 2023





General

Sunday February 19th

Workshop 04 – CT desing & Analysis

9 – ADAPTIVE PLATFORM TRIALS

Michael D. Hughes

Wednesday February 22nd

Symposium 09 – Science Communication in the age of misinformation

46 – COUNTERING VACCINE AND
HEALTH MIS & DISINFORMATION: AN
EVIDENCE-BASED APPROACH

Scott C. Ratzan

HIV prevention

Tuesday February 21st

SPECIAL SESSION

MOSAICO

Susan Buchbinder

HIV VACCINE DEVELOPMENT POST
MOSAICO

Lawrence Corey

HIV therap

Tuesday February 21st

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136 The impact of 3BNC117, 10-1074
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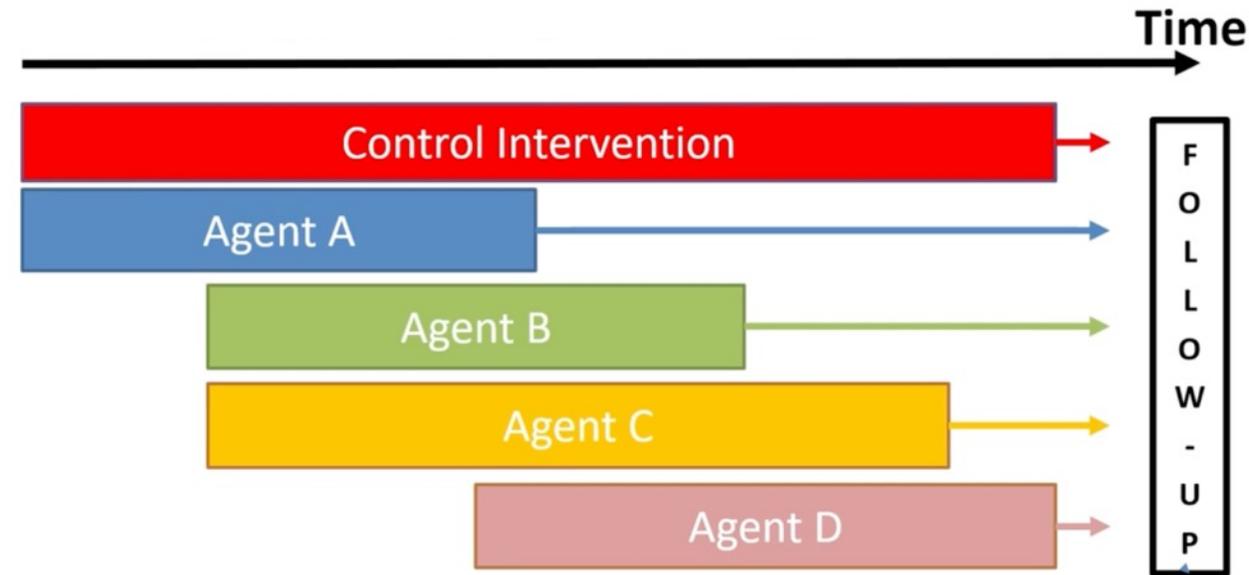
Traditional RCTs: ‘one population-one drug-one disease’ strategy → improve efficiency?

Platform trial: multiple therapies for a single disease in a perpetual manner, with therapies entering or leaving the platform on the basis of a decision algorithm

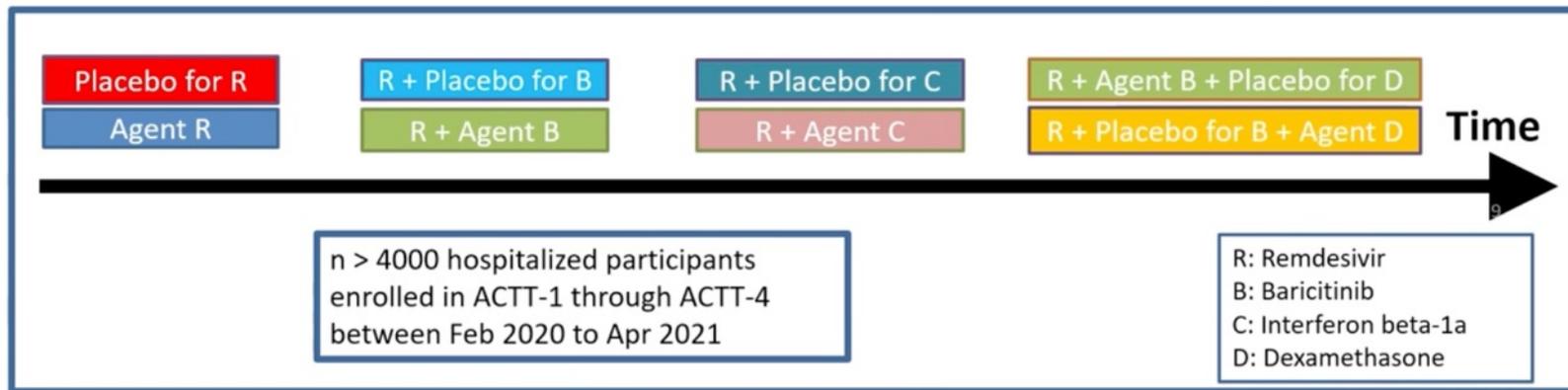
- adaptive platform trial
- extension of multi-arm multi-stage (MAMS) trials

Efficiency gains through:

- re-use of trial infrastructure
- a highly standarized protocol for the multiple therapies
- a possible reduction in overall sample size



Adaptive COVID-19 Treatment Trial (ACTT): Schematic of Enrollment Periods (Feb 2020 to Apr 2021)



- Series of phase 3 randomized, double-blind, placebo-controlled 2-arm trials
 - Built on existing infrastructure so very rapidly implemented in multiple countries
 - Highly efficient as re-using the same trial infrastructure
 - No sample size reduction (vs. separately conducted RCTs)

The screenshot shows the RECOVERY website header with the logo "RECOVERY" and the subtitle "Randomised Evaluation of COVID-19 Therapy". Below the header, a text box states: "This international clinical trial is identifying treatments that may be beneficial for people hospitalised with suspected or confirmed COVID-19". Underneath, a section titled "GLOBAL CUMULATIVE TOTALS" displays "48401 Participants" and "198 Active sites". At the bottom, a list of bullet points states: "Results for 11 treatments available on RECOVERY web site" and "Further treatments in evaluation".

Wednesday February 22nd
**Symposium 09 – Science
 Communication in the age of
 misinformation**

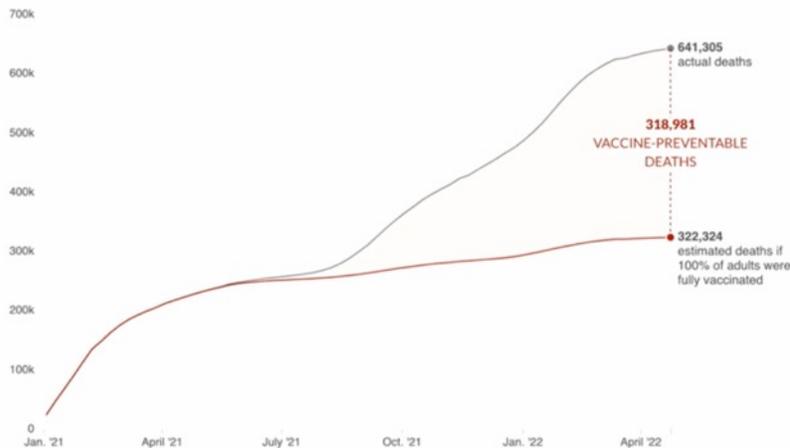
46 – COUNTERING VACCINE AND
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Scott C. Ratzan

Misinformation in Ancient Greece



Misinformation is a **public health threat**

Cumulative COVID-19 deaths among US adults, Jan 01 '21 to Apr 30 '22¹



Since the widespread availability of the COVID-19 vaccine in the US, **almost half of COVID-19 deaths were preventable.**

Why not vaccinate?

Top 5 reasons given by unvaccinated US adults:

- 49% are worried about side effects
- 42% don't trust COVID-19 vaccines
- 35% don't trust the government
- 32% don't believe they need it
- 28% plan to wait and see if it is safe

Health is communicated ubiquitously, but communicated via *many* intermediaries



1. SouZhong M, Kshirsagar M, Johnston R, et al. Estimating Vaccine-Preventable COVID-19 Deaths Under Counterfactual Vaccination Scenarios in the United States. *MedRxiv*. Preprint published online May 21, 2022. doi:10.1101/2022.05.19.22275310 Also see Bollyky TJ, Kickbusch I, Petersen MB. *The Trust Gap: How to Fight Pandemics in a Divided Country*. FOREIGN AFFAIRS, January 30, 2023.
 2. U.S. Census Bureau, Household Pulse Survey. 2021. <https://www.census.gov/library/stories/2021/12/who-are-the-adults-not-vaccinated-against-covid.html>

Health communication is a core public health function*



Health communication is the **science and art** of using communication to advance the health and well-being of people and populations.¹

MS Program in Health
Communication for Social Change

CUNY
SPH GRADUATE SCHOOL OF
PUBLIC HEALTH & HEALTH POLICY

1. <https://www.societyforhealthcommunication.org/health-communication>
*And so is addressing misinformation ; See Combating Misinformation as a Core Function of Public Health. January 18, 2023 NEJM Catalyst Innovations in Care Delivery

Innovative framing to address Vaccination: Vaccine Literacy

Vaccine literacy definition

‘Vaccine literacy’ occurs when the skills and abilities of people align with the content, processes and systems needed to access and get vaccinated.

It is knowing how and why vaccines work, the diseases they prevent, and their value to yourself and to society.

Vaccine Literacy, a Crucial Healthcare Innovation

S. Ratzan *Harvard Business Review* (February 28, 2011)

Vaccine Literacy—Helping Everyone Decide to Accept

Vaccination, Ratzan. S. and R Parker. *Journal of Health Communication*, 25:10, 2020.

A Select Bibliography of Actions to Promote Vaccine

Literacy Rauh L., Lathan H., Zorn M., Masiello M., Ratzan S., Parker R., *Journal of Health Communication*, 2021

Vaccine literacy is facilitated by eight principles

1. Individual knowledge informed by clear, trustworthy, up-to-date evidence
2. Ability to discern fact from fiction
3. Listening, encouraging questions, and dialogue
4. Providing understandable, trustworthy, up-to-date answers to questions
5. Understanding risks and benefits of vaccination for self and society
6. Successful education, access, and systems for vaccination
7. Prudent policies that incentivize vaccination and equity
8. Transparency, clarity, and confidence in vaccine quality, safety, and efficacy

Tuesday February 21st

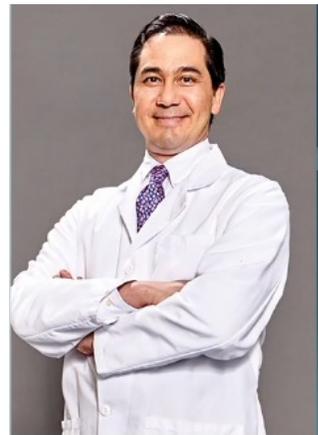
SPECIAL SESSION

MOSAICO

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Tuesday February 21st
SPECIAL SESSION

MOSAICO
Susan Buchbinder

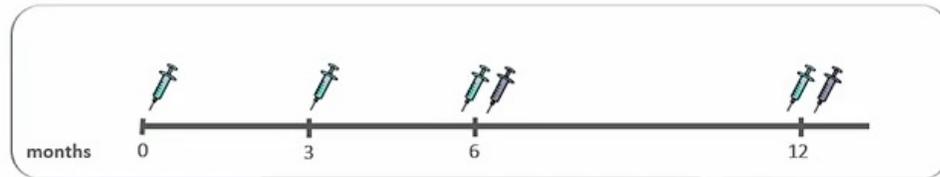
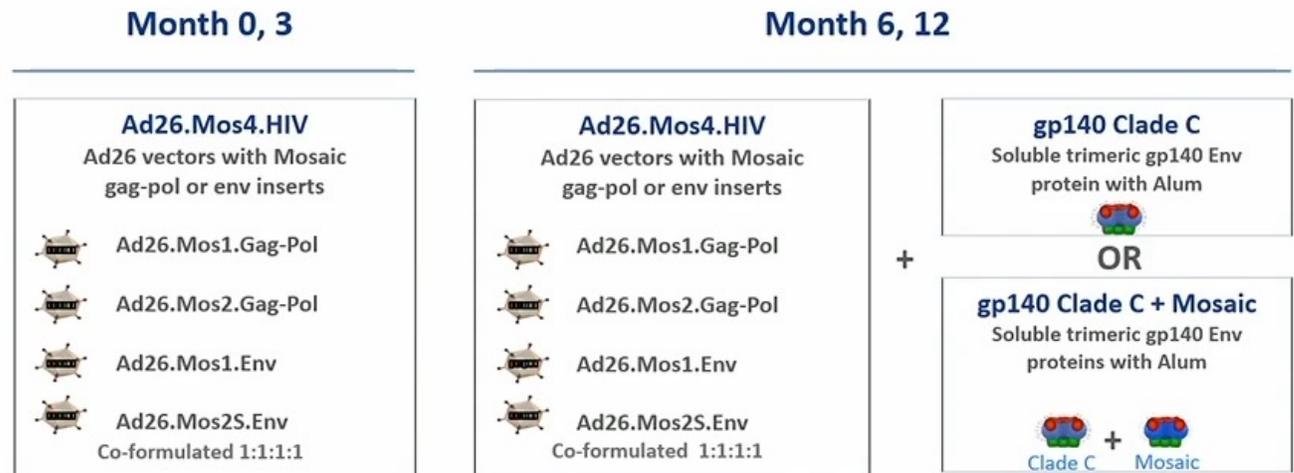


Bernard Fields Lecture

VACCINE STRATEGIES FOR HIV-1 AND COVID-19

DAN H. BAROUCH
*Beth Israel Deaconess Medical Center
 Boston, MA, USA*

CROI2022



→ **Two Complementary Phase 2b/3 Efficacy Studies**

IMBOKODO

Phase: 2b

Enrollment: 2,637

Participants: Young Women (aged 18-35)

Location: 5 Southern African Countries

Timeline: Began Nov 2017, Vaccinations completed in July 2020



MOSAICO

Phase: 3

Target Enrollment: 3,800

Participants: MSM and TGI (aged 18-60)

Location: 8 Countries in the Americas and Europe

Timeline: Began end 2019, enrollment ongoing

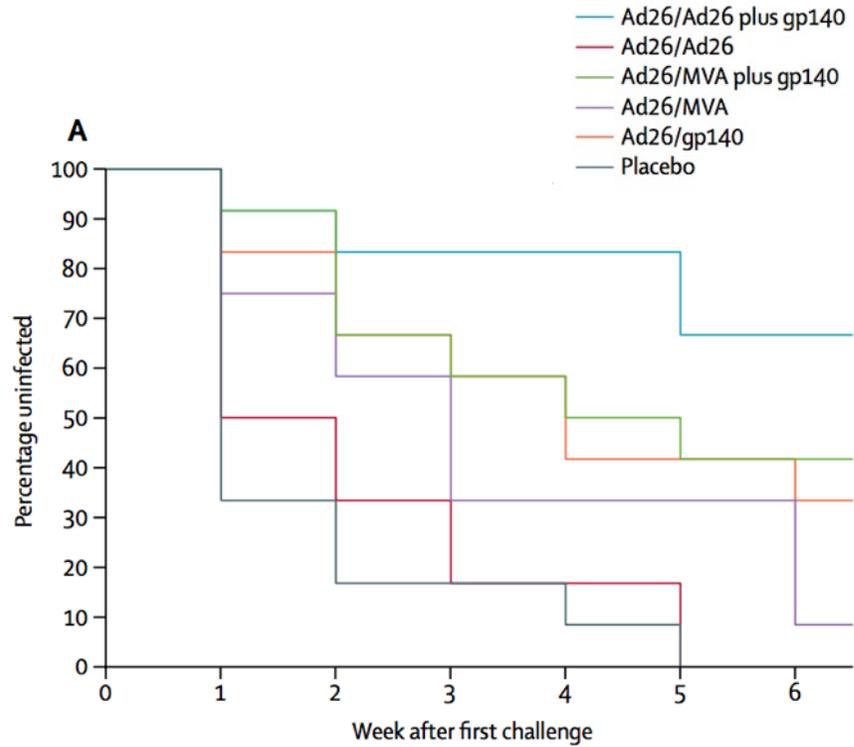


MSM & TGW
 PrEP implementation

Fisher W, et al. Nat Med 2007
Barouch Nat Med 2010
Barouch, Cell 2013

Differences: HIV-1 clade, gender, route, protein boost

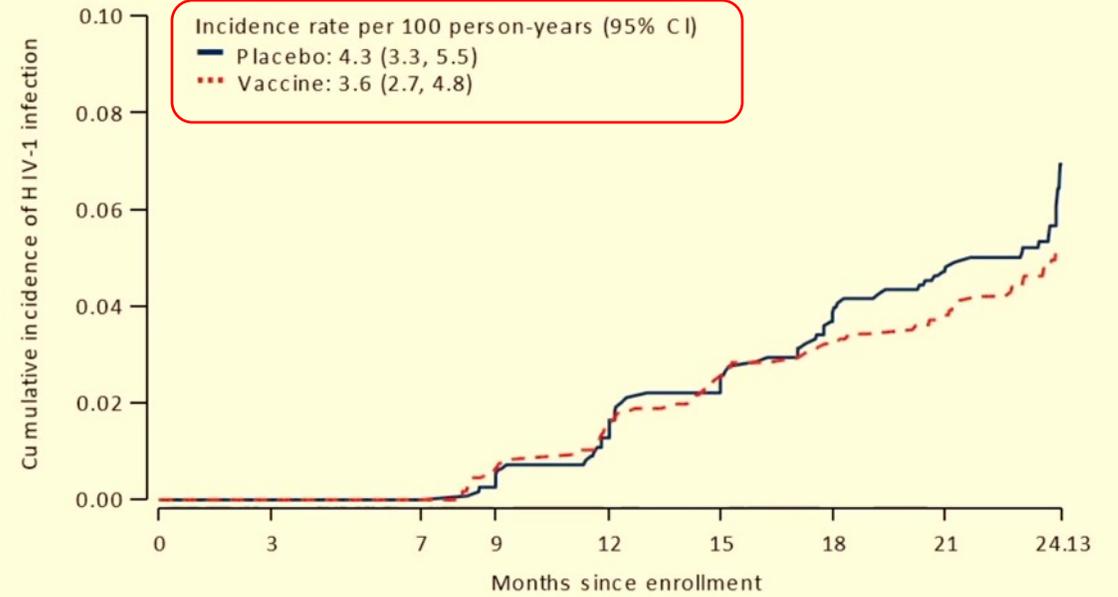
NHP



Barouch, Lancet 2018

Human CT : IMBOKODO, CROI 2022

Cumulative incidence of HIV-1 infection over Months 7-24 in the PP cohort



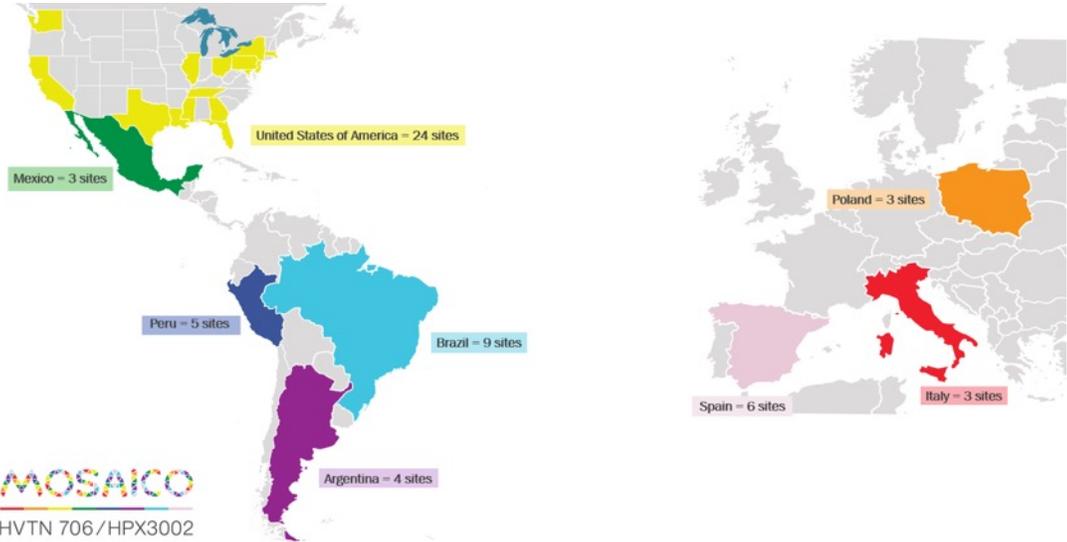
No. at risk		0	3	7	9	12	15	18	21	24.13
Placebo	1109	1109	1100	1092	1068	1049	1031	1007	1007	161
Vaccine	1079	1079	1065	1054	1036	1014	993	977	977	156
Cumulative HIV-1 infections										
Placebo	0	0	0	3	18	28	42	51	51	63
Vaccine	0	0	0	6	17	27	34	40	40	51

VE(7-24) was 25.2% (95% CI: -10.5 to 49.4); $P = 0.14^a$

Human CT : MOSAICO, CROI 2023

n=3,800 (1,900 per arm)
 PrEP implementation program : Aprox 10% PrEP uptake
 >93% retention despite COVID19 pandemic
 No safety issues

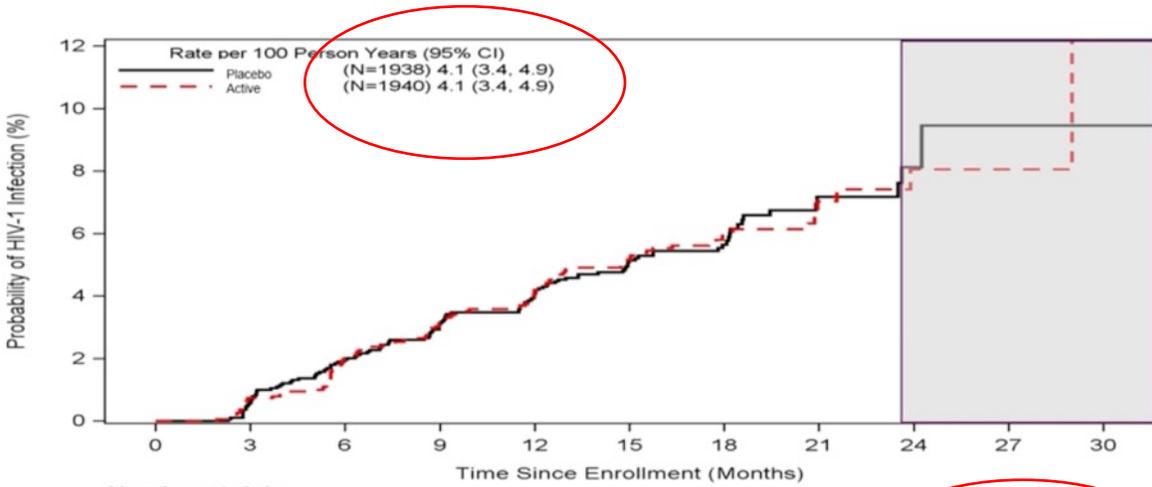
	Total Enrolled N=3887
<i>Sex at birth</i>	
Male	3870 (99.6%)
<i>Gender at screening</i>	
Male	3556 (91.5%)
Transgender Female (Male to Female)	194 (5.0%)
Transgender Male (Female to Male)	16 (0.4%)
Gender Queer	19 (0.5%)
Gender Variant/Non-conforming	36 (0.9%)
Female	48 (1.2%)
Other	15 (0.4%)
<i>Age</i>	
Median (min, max)	28.0 (18, 60)



Country	N Enrolled (%)
Argentina	402 (10.3%)
Brazil	852 (21.9%)
Italy	91 (2.3%)
Mexico	347 (8.9%)
Peru	1615 (41.5%)
Poland	116 (3.0%)
Puerto Rico	10 (0.3%)
Spain	262 (6.7%)
USA	192 (4.9%)

Human CT : MOSAICO, CROI 2023

Cumulative HIV Infections (mITT)



	0	3	6	9	12	15	18	21	24	27	30
Number at risk											
Placebo	1938	1893	1836	1774	1729	1385	801	338	96	17	10
Active	1940	1895	1844	1771	1727	1379	798	323	89	11	9
Cumulative number of HIV-1 infections											
Placebo	0	11	37	58	76	94	100	110	112	113	113
Active	0	14	38	60	78	95	105	110	112	112	113

	0	3	6	9	12	15	18	21	24	27	30
Number at risk											
Placebo	1494	1494	1492	1469	1444	1161	677	299	82	8	2
Active	1524	1524	1524	1484	1456	1154	682	285	77	5	3
Cumulative number of HIV-1 infections											
Placebo	0	0	0	7	21	35	39	47	48	49	49
Active	0	0	0	9	23	39	48	52	54	54	55

For VE% calculation the data was cut-off at month 23.7. Thereafter, the estimate is considered unstable due to too few subjects at risk

mITT criteria

- Randomized
- At least one vax
- HIV negative at first vax

Per protocol criteria:

- First 3 vax in window
- HIV neg test 4 weeks or later after 3rd vax
- No major PDs linked to incorrect product administration

	Placebo			
	# evaluated	# infected	# person-years	Incidence per 100 py
All pts	1938	113	2757	4.1
Ages (yrs)				
18-20	213	15	295	5.1
21-34	1246	77	1758	4.4
35-44	325	15	471	3.2
45-60	154	6	233	2.6
Region				
Europe	235	5	355	1.4
Latin Am	1604	106	2252	4.7
US	99	2	150	1.3

	Vaccine			
	# evaluated	# infected	# person-years	Incidence per 100 py
All pts	1940	113	2755	4.1
Ages (yrs)				
18-20	198	17	286	5.9
21-34	1271	74	1784	4.1
35-44	342	17	491	3.5
45-60	129	5	194	2.6
Region				
Europe	233	5	351	1.4
Latin Am	1614	108	2265	4.8
US	93	0	139	0

HIV vaccine development: 'Post-MOSAICO'



HIV VACCINE
TRIALS NETWORK

HIV Vaccines 1984-2014

1984-2000

Optimism that recombinant monomeric envelope protein vaccines might work

2000-2010

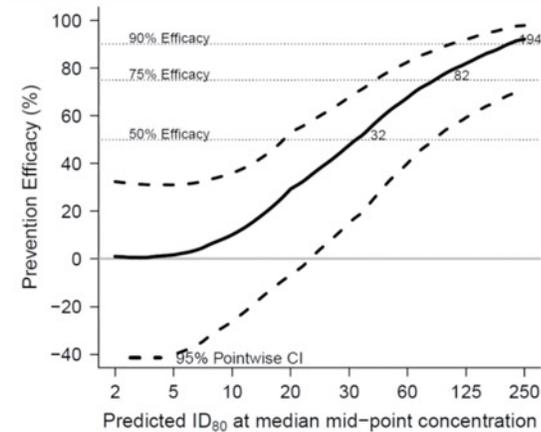
T-cell based vaccines/recombinant proteins: STEP, Phambili HVTN 505; RV144, partial success: correlated to non neutralizing antibodies to V1V2 loop

2010-2015

HIV bNAbs isolated and shown to protect in NHP; Ad26 Mosaic vaccine similar protection in NHP



Prevention Efficacy Smoothly Increased with PT_{80} in AMP



- The plot repeats the PE-by- IC_{80} results (Corey et al., 2021), scaling IC_{80} by the median mid-infusion visit concentration of VRC01 in AMP

Suggests

- $PT_{80} > 82 \rightarrow \sim 75\%$ PE ;
- $PT_{80} > 194 \rightarrow \sim 90\%$ PE

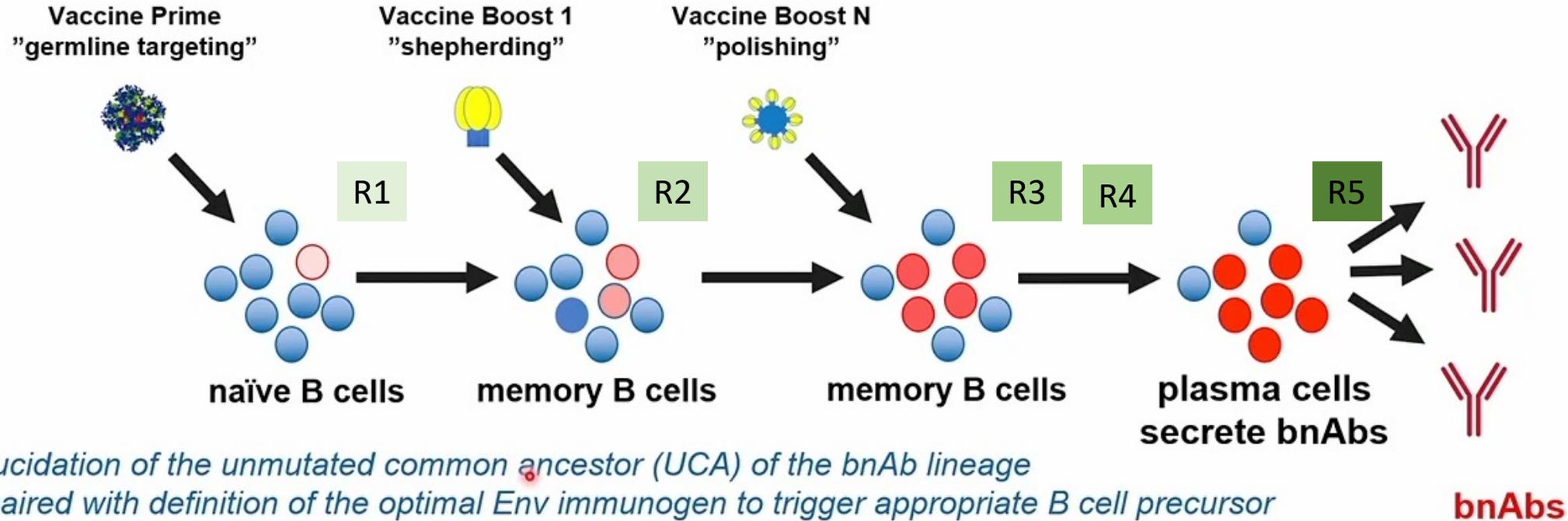
Neutralizing Vaccine Program



HIV VACCINE
TRIALS NETWORK

Strategy to induce bnAbs: Germline targeting approach

Germline targeting is an approach where the immune system is manipulated to elicit a very specific antibody response by finding the shortest pathway from germline to affinity mature antibodies with strategically designed priming and boosting immunogens.*



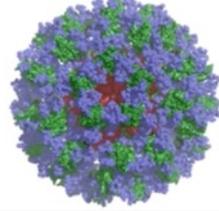
**Elucidation of the unmutated common ancestor (UCA) of the bnAb lineage is paired with definition of the optimal Env immunogen to trigger appropriate B cell precursor*

Somatic hypermutation

Neutralizing Vaccine Program



HIV VACCINE
TRIALS NETWORK

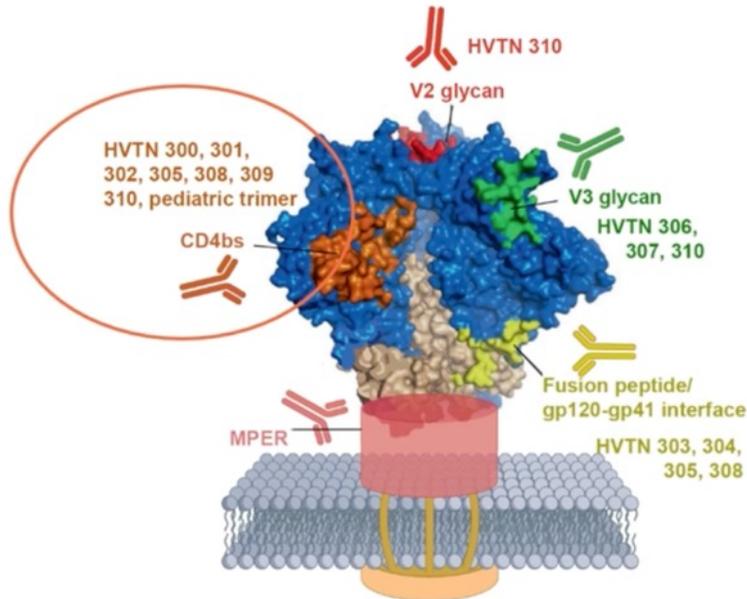


VRC01-class bnAbs

- Engage the gp120 CD4bs
 - Require VH1-2 and 5AA L-CDR3 to engage CD4bs
 - Have diverse H-CDR3s and light chains
- Need priming immunogen with appreciable affinity and avidity for diverse VRC01-class human naïve precursors

Germline-Targeting Immunogen

- eOD-GT8 60mer
 - Self-assembling nanoparticle presenting 60 copies of an engineered gp120 outer domain
- ✓ Has appreciable affinity and avidity for diverse VRC01-class human naïve precursors
- ✓ Primes VRC01-class responses in stringent mouse models
- ✓ Induces VRC01-class memory responses that can be boosted toward bnAb development in mouse models



CD4bs	Antigen	
300	CH505 TF 3M-052-AF/Alum	Protein
301	426c Core NP	Protein
302	BG505 trimers	mRNA
305	eOD-GT8	DNA
308	Deglycosylated NFL timer	Protein
309	CH505M5 trimer NP + CH505 TF	Protein
310	Deglycosylated 426 trimer	mRNA

FP/interface	Antigen	
303	FP NP + VRC 4571 trimer	Protein
304	BG505	DNA
305	eOD-GT8	DNA
308	Deglycosylated NFL trimer	Protein

V3 glycan	Antigen	
306	N332 GT5 + SMNP	mRNA
307	V3G CH848 trimer NP + M-052-AF + mRNA trimer	Protein + mRNA
310	426c + BG505	VLP

Post COVID-19 Vaccine Platforms



HIV VACCINE
TRIALS NETWORK

- mRNA
 - Peptide – Adjuvant Vaccines
 - Protein Nanoparticles
 - Ferritin nanoparticles
 - Self assembling (eOD-GT8) nanoparticles
 - VLPs
 - Viral Vector for clearance of infected cells
 - CMV
-
- HIV Vaccine infrastructure + ‘NASA’ of COVID-19 vaccine development
 - Objective: making bNAbs to different targets : epitope-specific vaccines
 - Target titer is serum neutralization of >1:200 in TZMBl assay
 - mRNA platform should allow for a faster iteration of candidate vaccines

HIV therap

Tuesday February 21st

Oral Abstract Session 5 – HIV Reservoirs & Cure strategies

136 The impact of 3BNC117, 10-1074 and Lefitolimod: TITAN

Ole S. Sogaard

143 Anti-IL10/PD1 immune mediated control of viral rebound in SIV infected macaques.

Susan Pereira Ribeiro

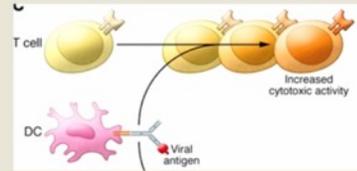
Wednesday February 22nd

Oral Abstract Session 10 – Immunopathogenesis & Vaccines

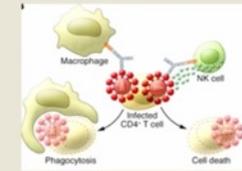
181 Anti-PD1 – rapid innate IFN response drive HIV reservoir decay

Ashish Arunkumar Sharma

- **TLR9 agonist** prime innate and adaptive immune cells prior to antigen exposure
 - Increase antigen pDC cross-presentation to CD8+ T cells
 - -> boost HIV-specific CTL-mediated immunity
 - Enhance antibody-dependent effector functions
- **bNAbs** mediate slow/controlled release of antigen (HIV) to allow for development of potent adaptive immune responses

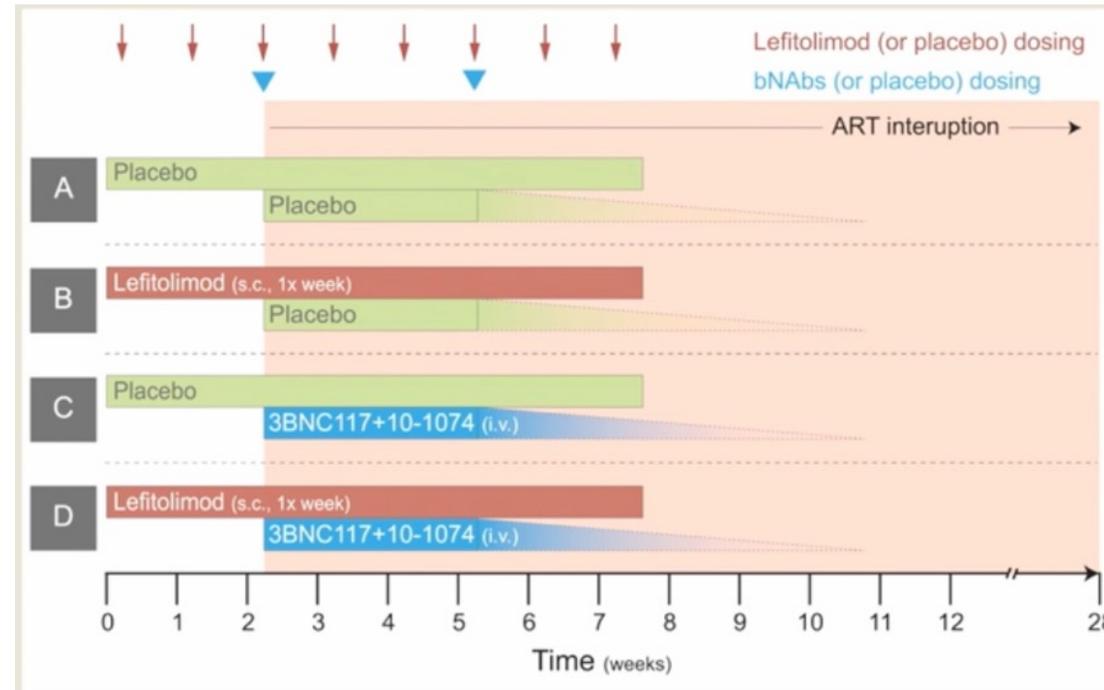


Lefitolimod (TLR9a)

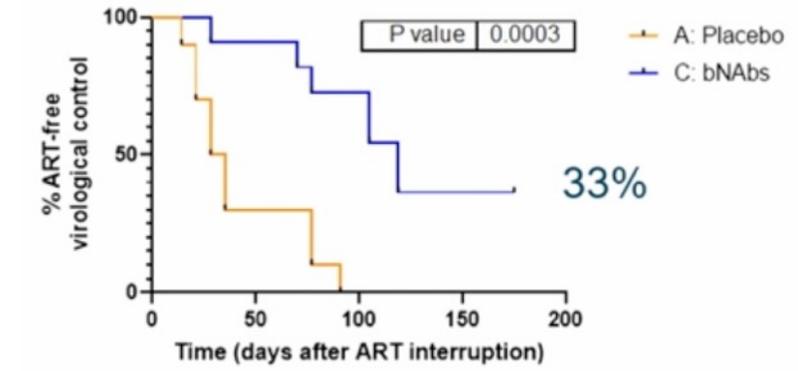
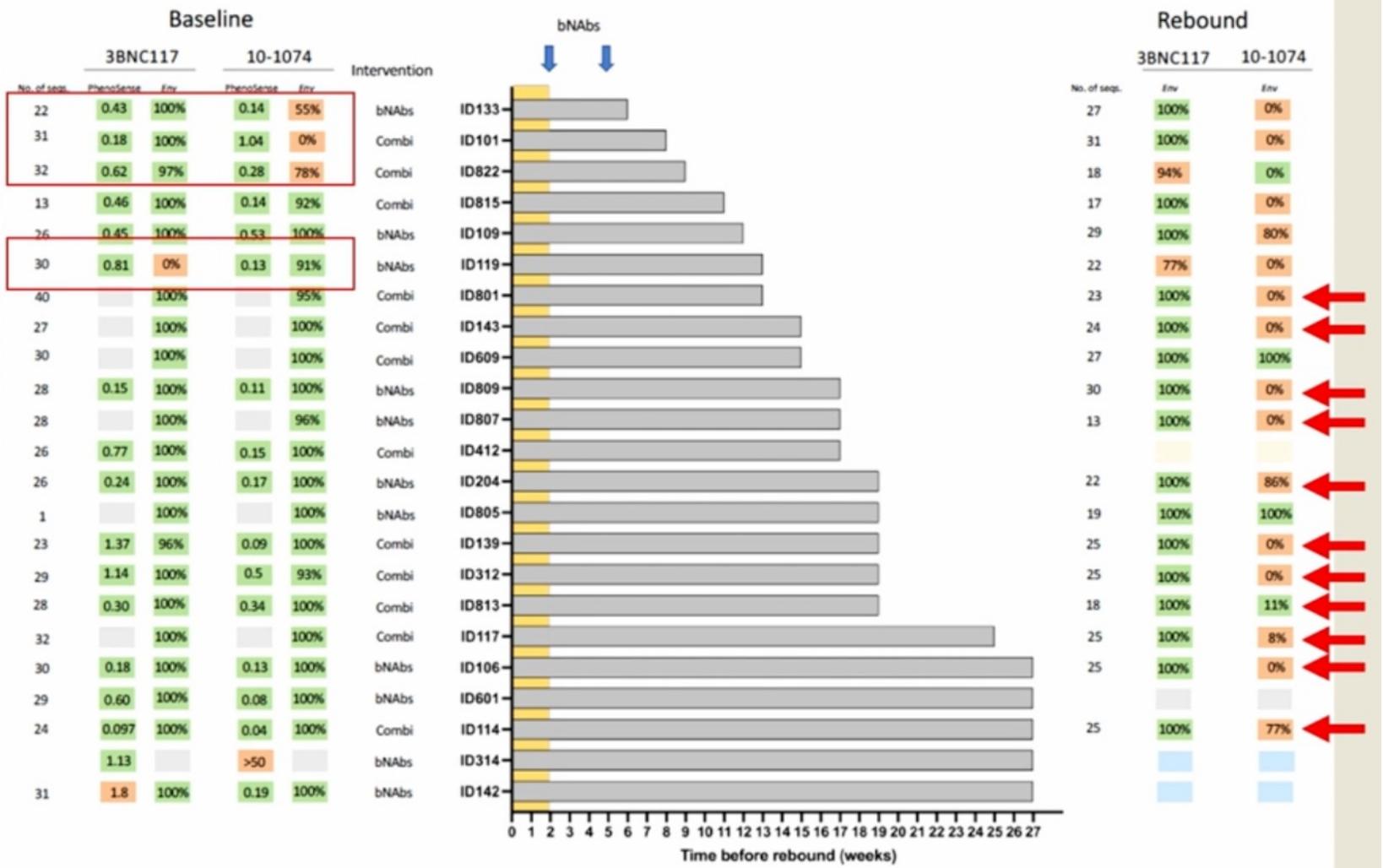
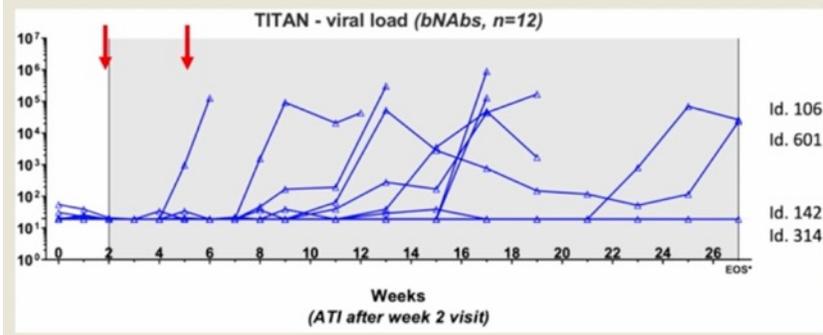
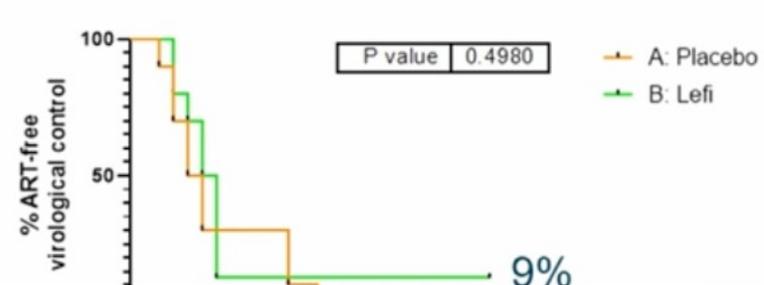
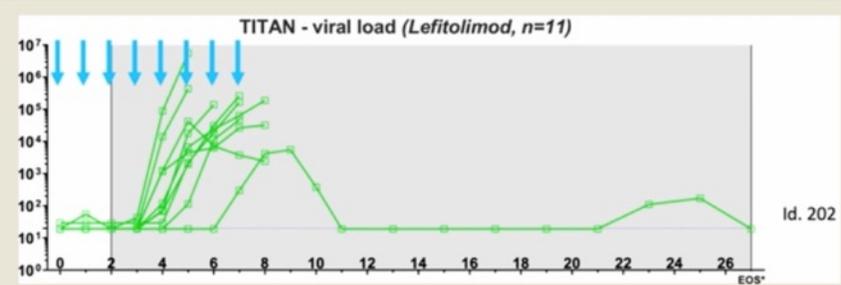
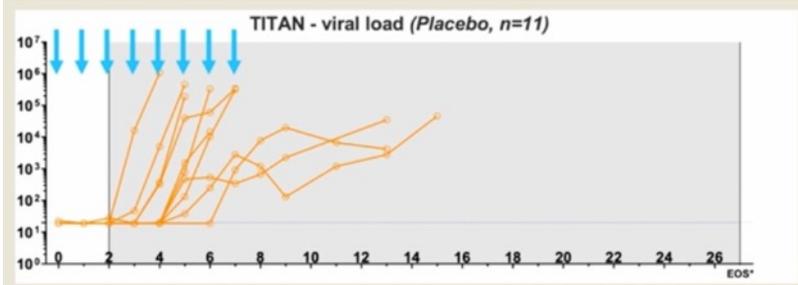


3BNC117 and 10-1074 (bNAbs)

Vibholm et al. CID 2017, Vibholm et al. AIDS 2019, Halper-Stromberg and Nussenzweig JCI 2016; Nishimura et al Nature 2017



• **Primary endpoint:** Time to viral rebound (>1,000 c/mL for 4 weeks or x2 >100,000)



HIV therap

Tuesday February 21st

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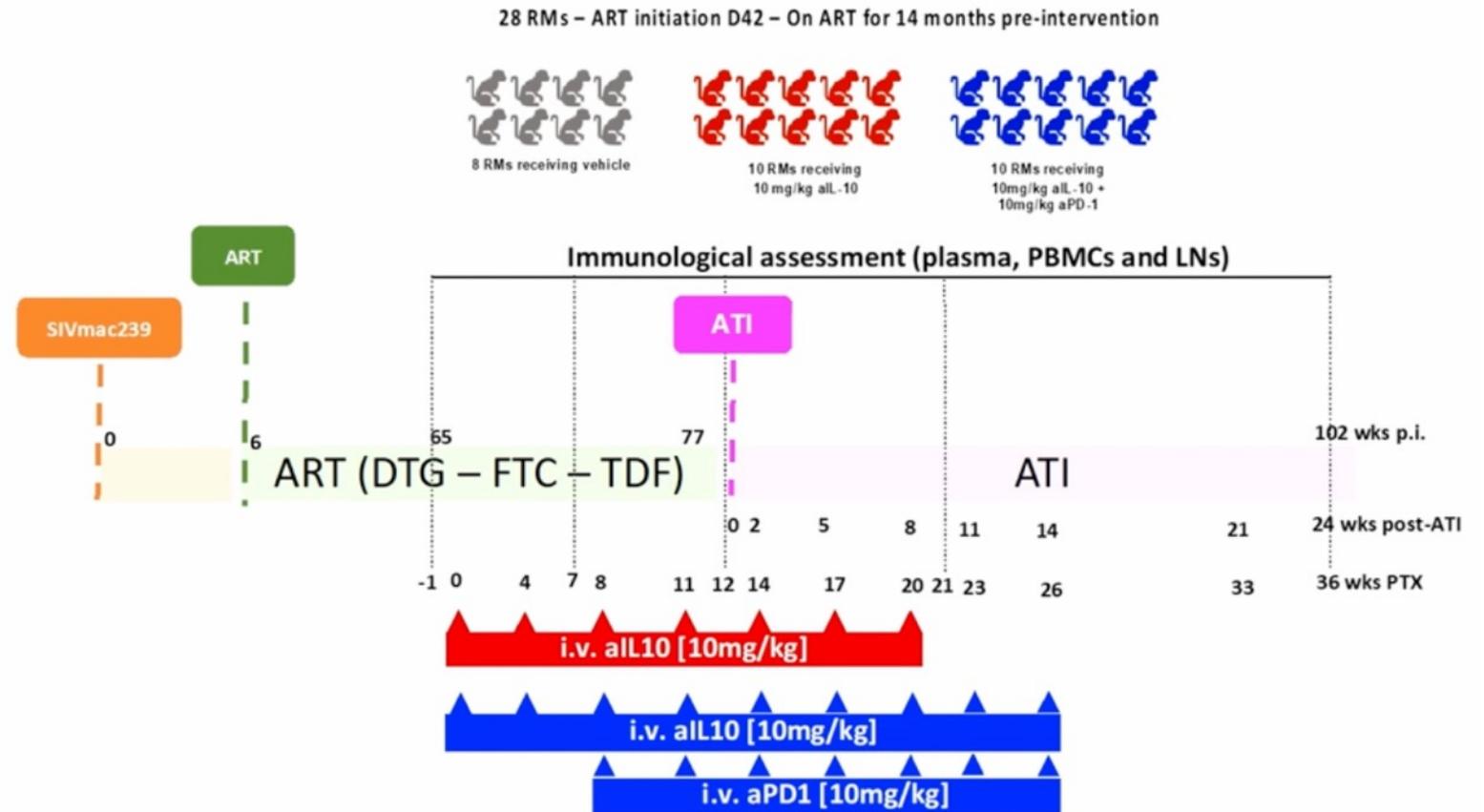
181 Anti-PD1 – rapid innate IFN response drive HIV reservoir decay
Ashish Arunkumar Sharma

a-IL10:

- Decrease survival of infected CD4
- Promote differentiation of quiescent TCM towards TEM
- Restore viral replication from latent cells

a-PD1:

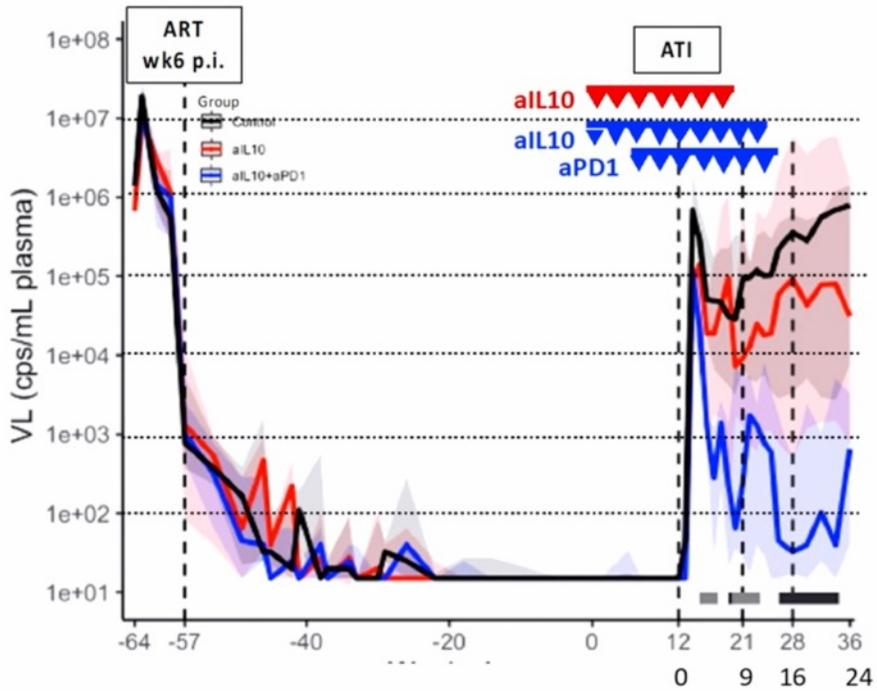
- Synergize to restore viral replication
- Promote effector T cell differentiation with restored function



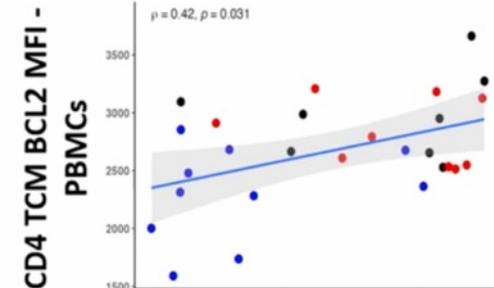
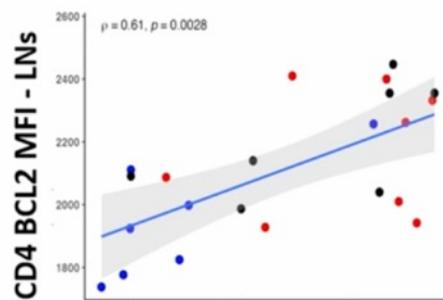
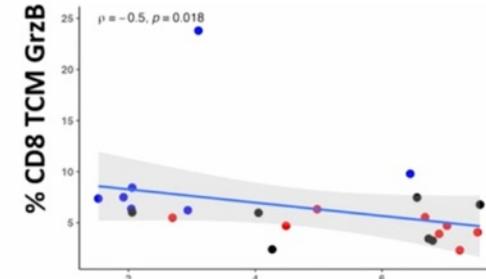
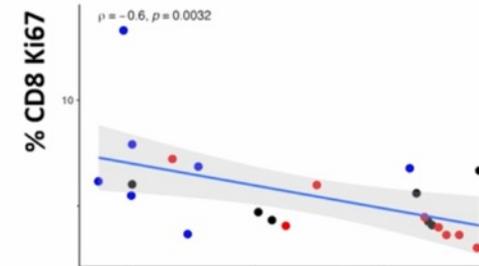
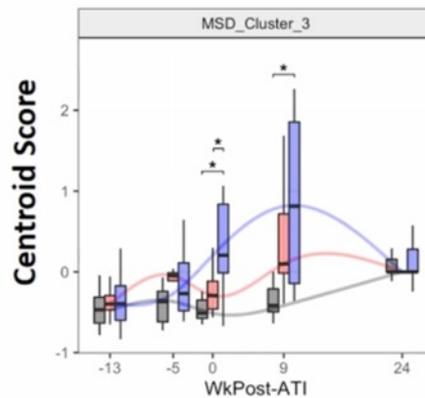
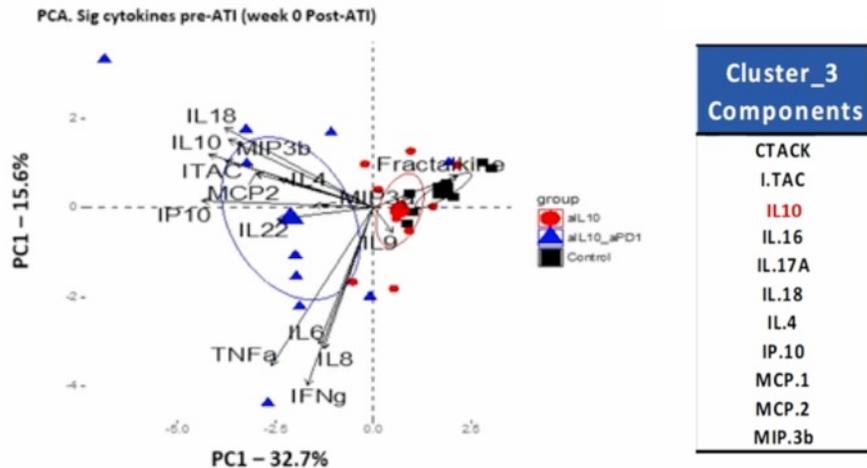
Durable viral load control post-ATI (less than a 1000 cps/mL in 90% of the animals up to 6 months) in the combo treated RMs was associated with a biphasic immune response:

I) Pre-ATI poised immune response

II) Post-ATI (6 months) strong expansion of effector SIV specific T cells that control VL and become long-lived SIV specific memory T cells once virus is cleared



Elevated pro-inflammatory environment
IL1b, IL18, IP10, MIP3b and MCPs



CA-vRNA 24 wks post-ATI

CA-vRNA 24 wks post-ATI

HIV therap

Tuesday February 21st

Oral Abstract Session 5 – HIV Reservoirs & Cure strategies

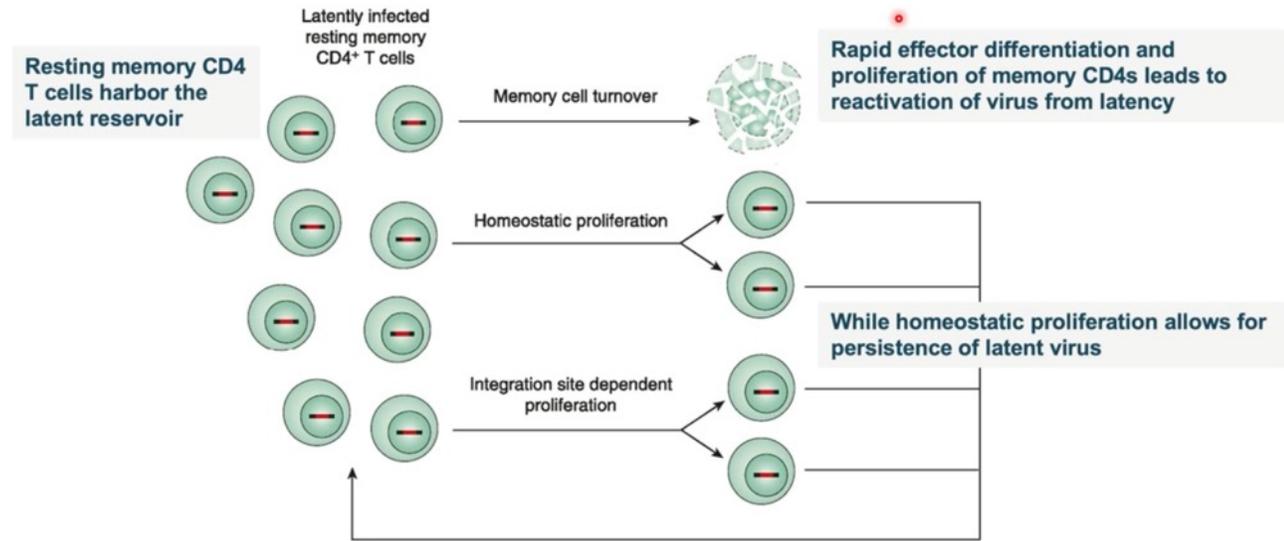
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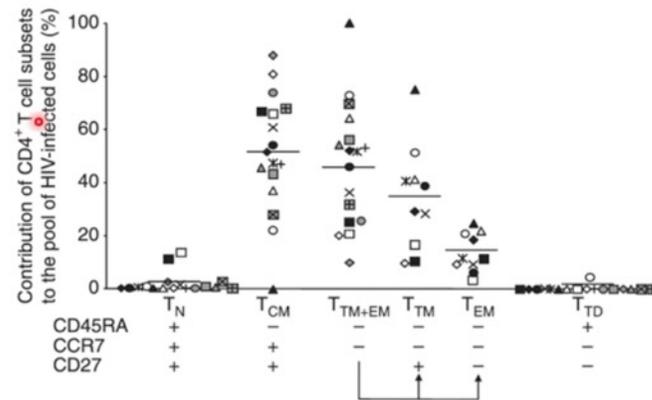


Dysfunctional PD-1+ CD4 T cells harbor the HIV reservoir

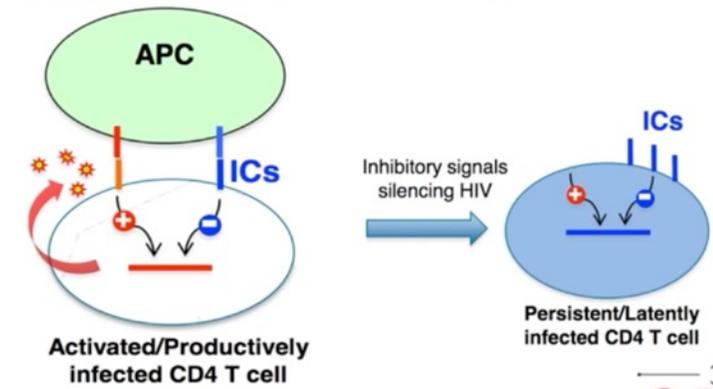
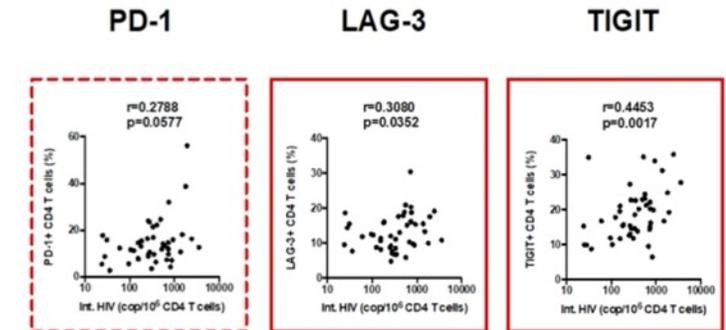
nature medicine

HIV reservoir size and persistence are driven by T cell survival and homeostatic proliferation

Nicolas Chomont¹⁻³, Mohamed El-Far¹⁻³, Petronela Ancuta³, Lydie Trautmann¹⁻³, Francesco A Procopio¹⁻³, Bader Yassine-Diab¹⁻³, Geneviève Boucher¹, Mohamed-Rachid Boulassel⁴, Georges Ghattas⁵, Jason M Brechley⁶, Timothy W Schacker⁷, Brenna J Hill⁸, Daniel C Douek⁸, Jean-Pierre Routy^{4,9}, Elias K Haddad^{1-3,9} & Rafick-Pierre Sékaly^{1-3,9-11}

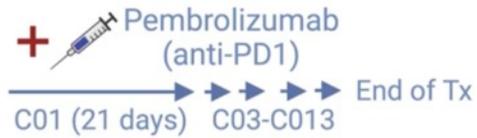


HIV persists in CD4 T cells that are of the CM (quiescent) phenotype and express higher levels of markers associated with immune dysfunction (i.e., PD1, LAG3 and TIGIT)

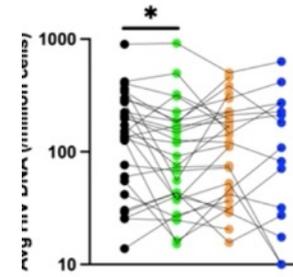
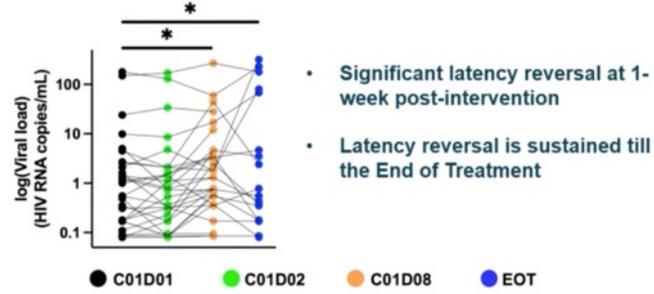


CITN-12: Anti-PD-1 Clinical Trial in PLWH and Advanced Cancer

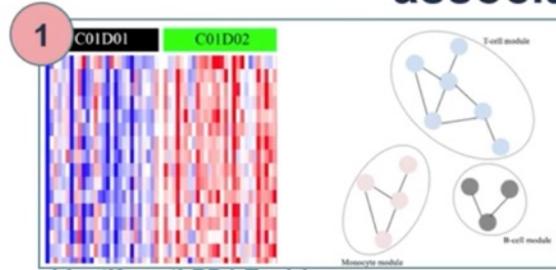
- 30 PLWH 
- 11  AIDS and Non-AIDS Cancers
1 CR, 4 PR 
- 3  CD4 T cell count based cohorts
<200, 200-350, >350



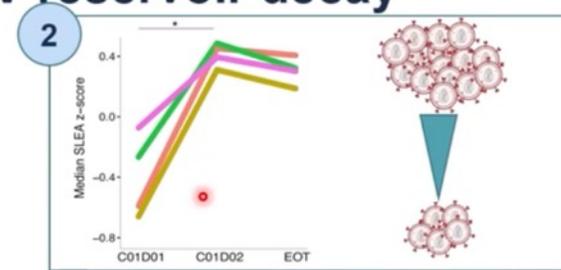
- PBMC and plasma collection
- D01 (pre-intervention)
 - D02 (24 hours)
 - D08 (1 week)
 - End of Tx



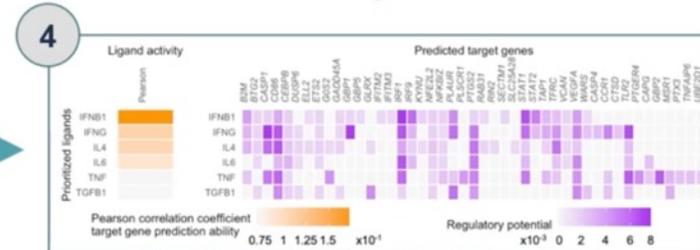
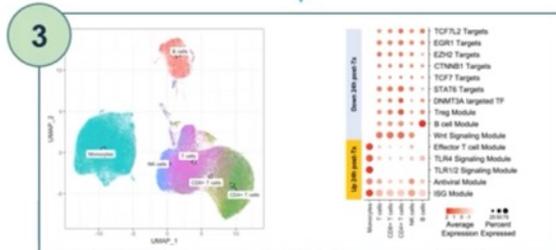
Multimodal Analytics to identify anti-PD1 Tx driven mechanisms associated with HIV reservoir decay



- Identify anti-PD1 Tx driven
1. PBMC transcriptomic modules
 2. Plasma cytokines
- Generate Integrated -omics model



- Assess whether integrated -omic model
1. Persists till the End of therapy
 2. Associated with Lower Latency

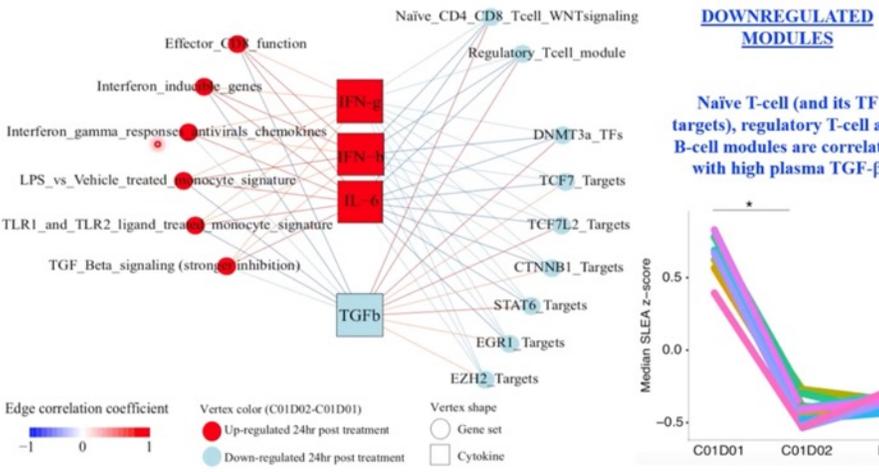
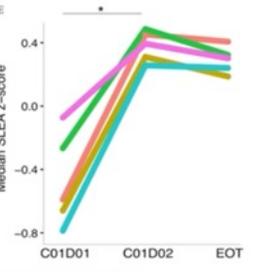


- Identify single-cell profiles that promote reservoir decay after anti-PD-1 therapy

1 Multi-omic response signature induced 24h post-treatment and persists till the end of therapy

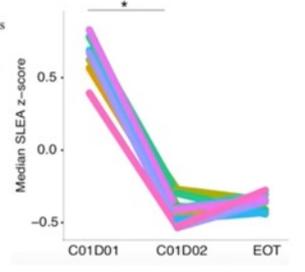
UPREGULATED MODULES

Effector CD8 function, IFN responses and monocyte signatures are correlated with plasma IFN- γ , IFN- β and IL-6 and low TGF- β

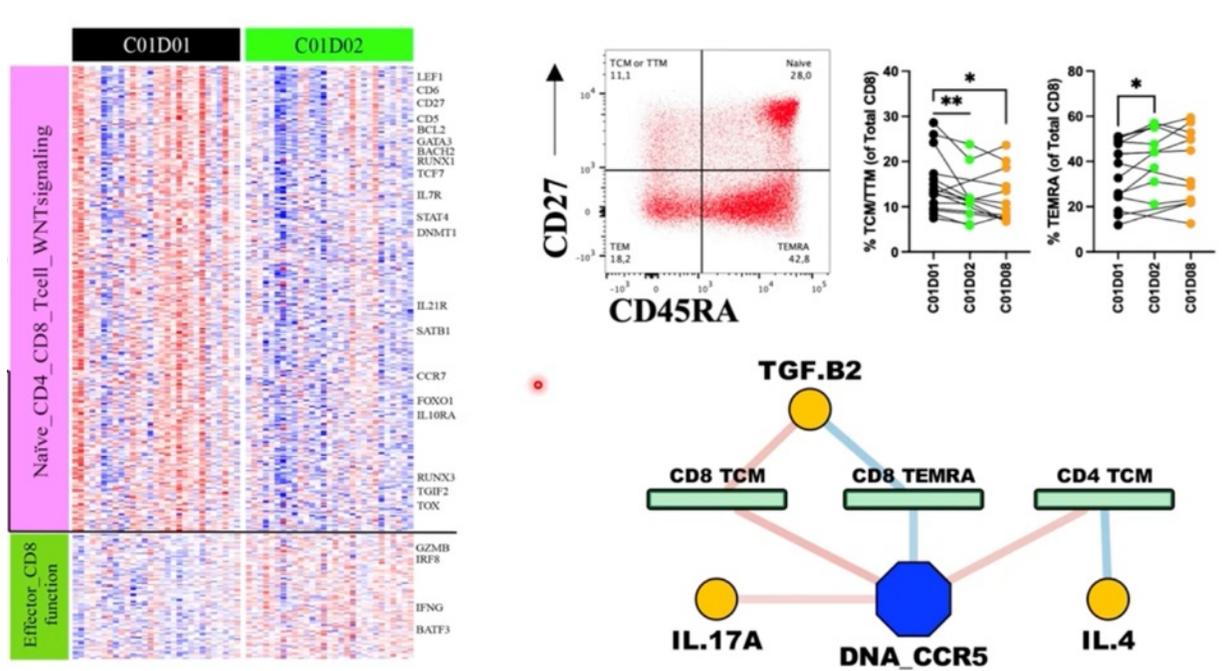


DOWNREGULATED MODULES

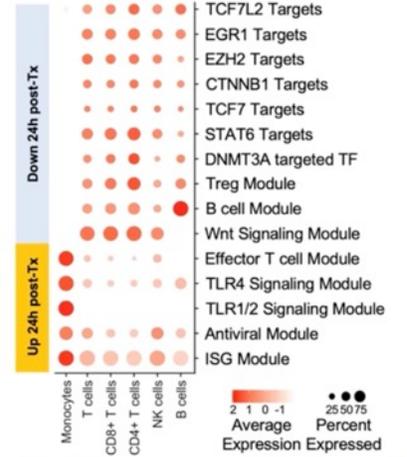
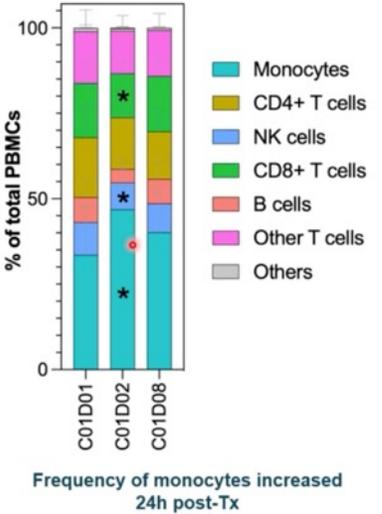
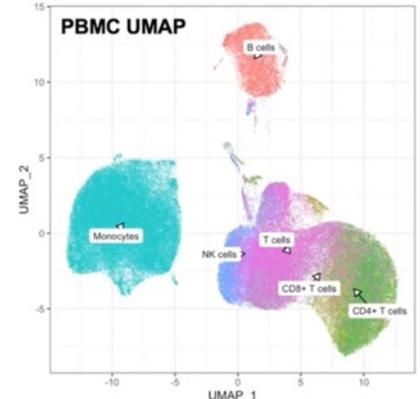
Naïve T-cell (and its TF targets), regulatory T-cell and B-cell modules are correlated with high plasma TGF- β



Analyses using MixOmics package in R
DEGs and pathway analyses using EdgeR, GSEA pipelines



3 Innate (TLR) and ISG modules highly expressed in Monocytes



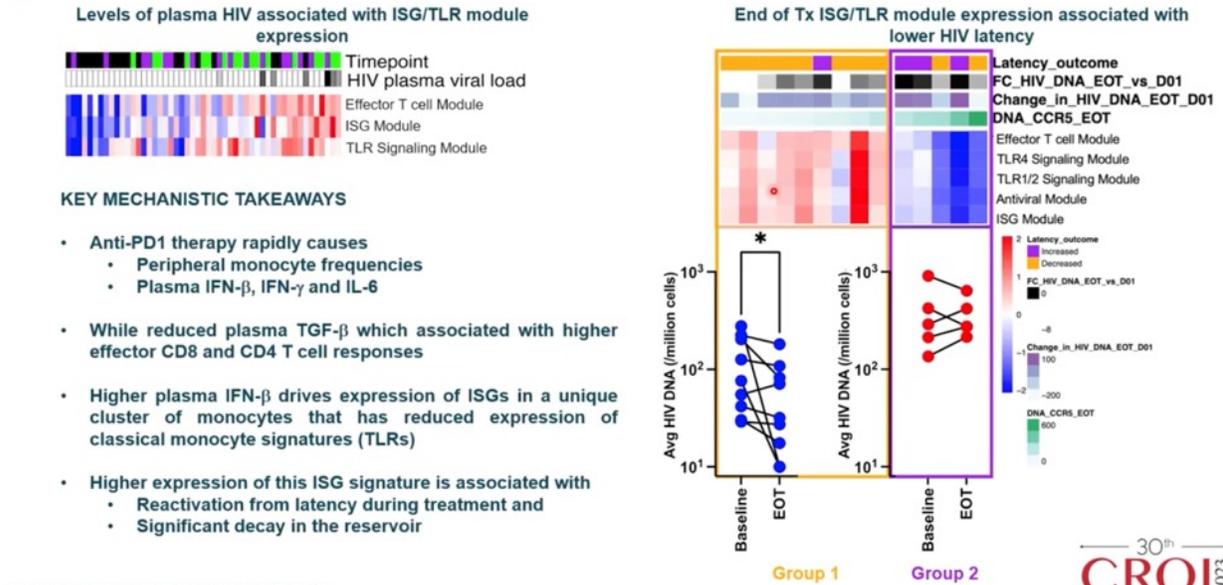
Frequency of monocytes increased 24h post-Tx

Bulk-RNA modules upregulated 24h post-Tx are highly expressed in Monocytes

Analyses: Cell Annotation using SingleR package in R
Analyses: Wilcoxon-ranked sum analyses (paired)
Analyses: Module scores per subset using Seurat package in R



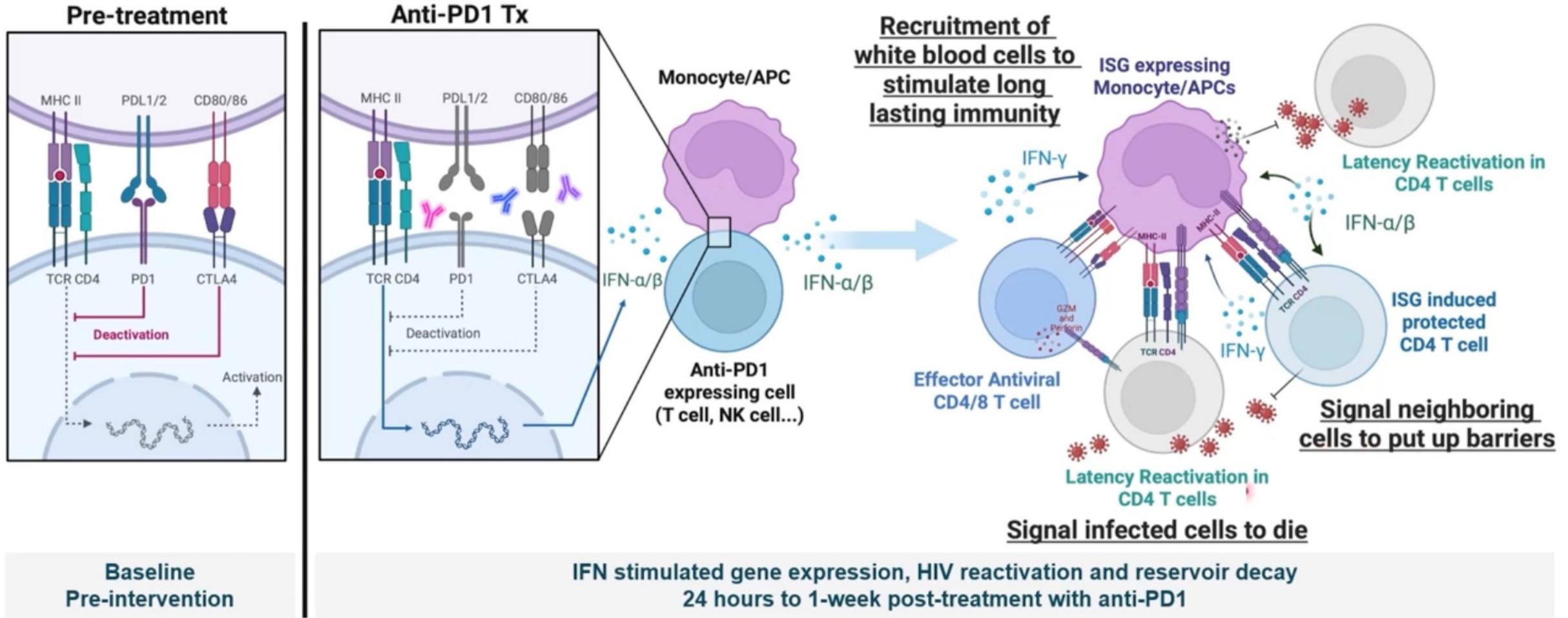
2 Participants with lower latent reservoir have persistent expression of monocyte specific innate and ISG gene-sets



Analyses: Wilcoxon-Ranked Sum (Paired)



Anti-PD-1 therapy induced rapid innate interferon responses drive HIV reservoir decay



Monday February 20th

D1 bNAbs

308 Assessing immunogenicity
barriers of the HIV-1 Env trimer
Nikolas Friedrich

I2 Resistance to bNAbs

580 – 581 - 582

Tuesday February 21st

D3 Immune modulation & Vaccines

316 DNA launched bNkillers
SusKanya Ghosh

324 CD40.HIVRI.Env Vaccine –
ANRSVRI06 trial
Jean-Daniel Lelievre (Yves Levy)

328 Germline-targeting Env trimer
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E6 Interventions to target the viral reservoir & delay viral rebound

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Kara W. Chew

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A Placebo-Controlled Randomized Trial of the HTI Immunogen Vaccine and Vesatolimod

Beatriz Mothe,^{1*} Adrià Curran,² Juan Carlos López Bernardo de Quirós,³ Julen Cadiñanos,⁴ Ignacio de los Santos,⁵ Juan Ambrosioni,⁶ Arkaitz Imaz,⁷ Santiago Moreno,⁸ Pere Domingo,⁹ Yanhui Cai,¹⁰ Romas Gelezianas,¹⁰ Devi SenGupta,¹⁰ Ian McGowan,¹¹ Christian Brander,^{11,12} Jose Ramon Arribas,⁴ for the AELIX-003 Research Group
¹Infectious Diseases Department, IISCaixa AIDS Research Institute, HUGTIP, CIBERINFEC, Barcelona, Spain; ²Hospital Universitari Vall d'Hebron, Vall d'Hebron Institut de Recerca, Barcelona; ³Hospital General Universitario Gregorio Marañón, Madrid, Spain; ⁴Hospital Universitario La Paz, CIBERINFEC, Madrid; ⁵Hospital Universitario de La Princesa, CIBERINFEC, Madrid; ⁶Hospital Clínic de Barcelona; ⁷Institut d'Investigació Biomèdica de Bellvitge (IDIBELL), Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Barcelona; ⁸Hospital Ramón y Cajal, Madrid; ⁹Hospital de Sant Pau, Barcelona; ¹⁰Gilead Sciences, Inc, Foster City, CA; ¹¹AELIX Therapeutics SL, Barcelona; ¹²ICREA, Barcelona

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Methods

Figure 1. AELIX-003 Study Design

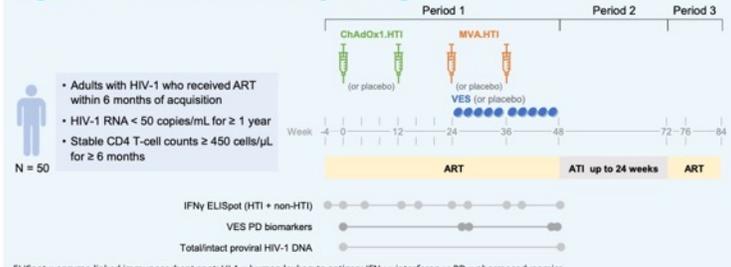


Figure 2. HTI Immunogenicity Profile in Placebo and CCMM + VES Recipients

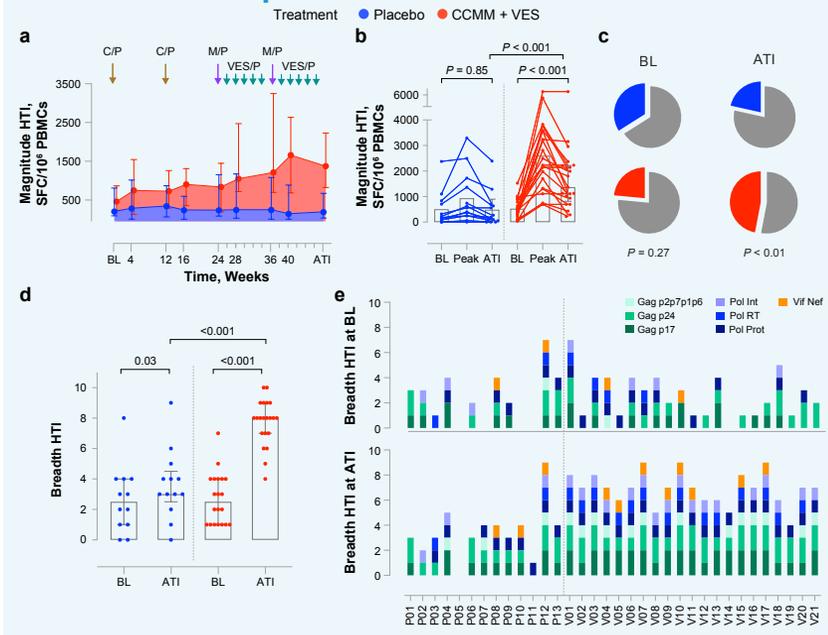


Figure 3. PD of VES in Placebo and CCMM + VES Recipients

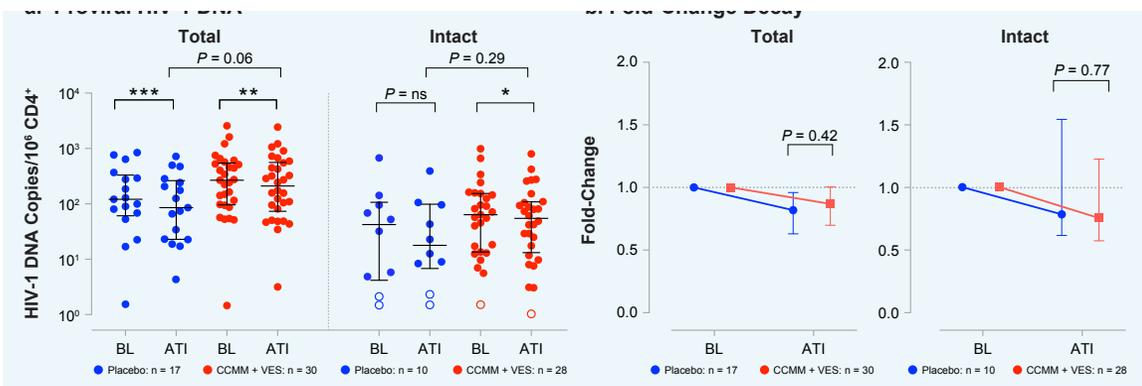
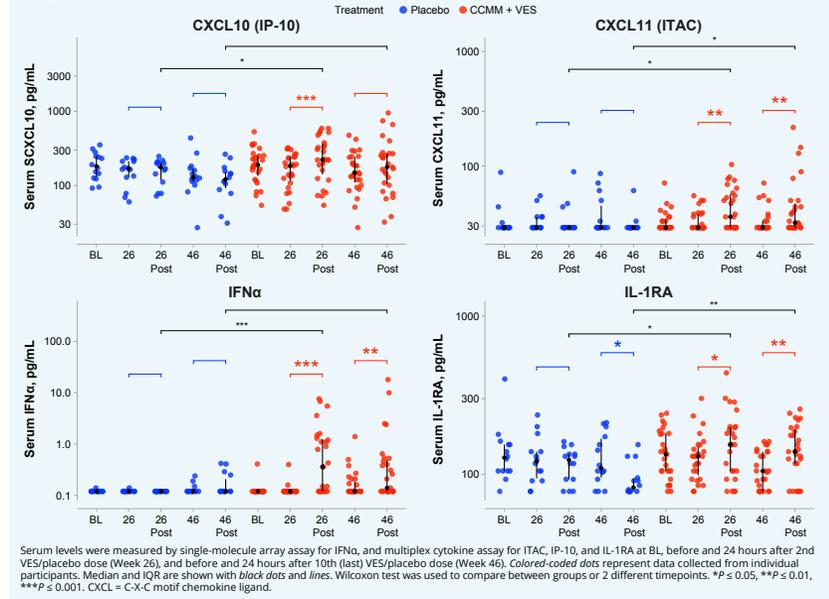
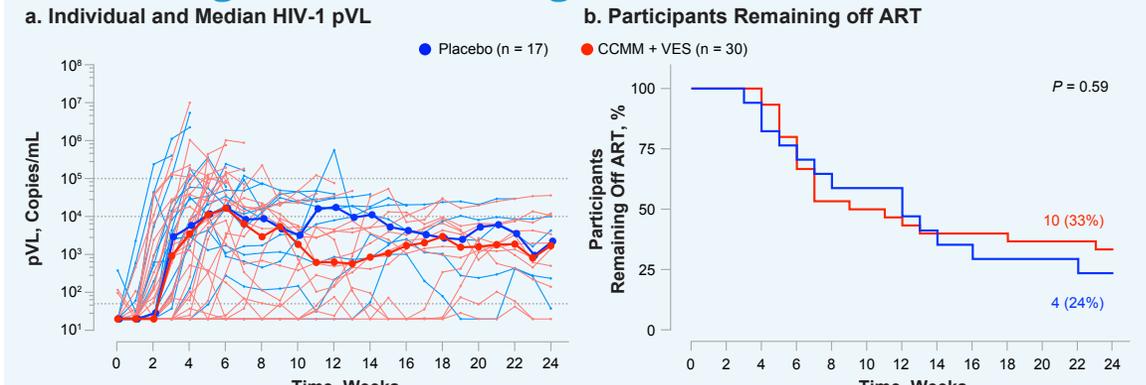


Figure 5. HIV-1 pVL and Percentage of Participants Remaining ART-Free During 24-Week ATI



Linos Vandekerckhove¹, Julie Fox², Borja Mora-Peris³, Jordi Navarro⁴, Sabine Allard⁵, Alison Uriel⁶, Santiago Moreno⁷, Marta Boffito⁸, Frank Post⁹, Vicente Estrada¹⁰, Beatriz Mothe¹¹, Yuan Yuan¹², Adel Benlahrech¹³, Lucy Dorrell¹³, Sarah Fidler³

¹HIV Cure Research Center, Ghent University & Ghent University Hospital, Belgium; ²King's College London, UK; ³Imperial College London, UK; ⁴Imperial College London, UK; ⁵Imperial College London, UK; ⁶Imperial College London, UK; ⁷Imperial College London, UK; ⁸Imperial College London, UK; ⁹Imperial College London, UK; ¹⁰Imperial College London, UK; ¹¹Imperial College London, UK; ¹²Imperial College London, UK; ¹³Imperial College London, UK

IMC-M113V is a soluble TCR bispecific protein targeting HIV Gag

Results

Figure 1a. ImmTAV structure

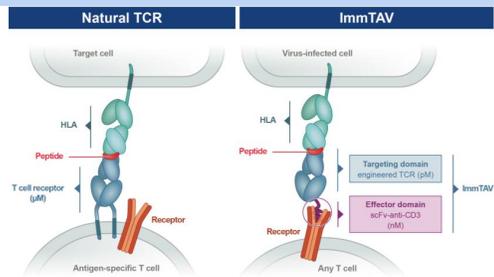


Figure 1b. Mechanism of action of IMC-M113V (Gag x CD3)

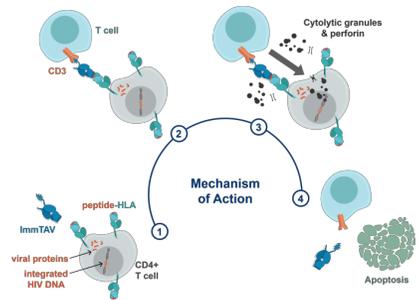
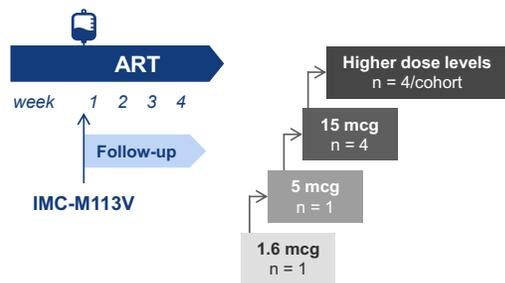


Figure 3. Single ascending dose study schema



Key eligibility criteria

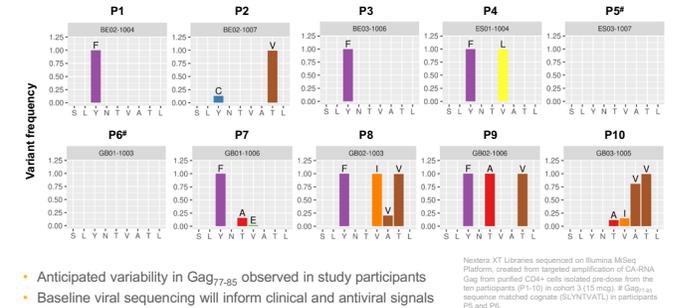
- HLA-A*02:01+ PLWH
- Age 18-65
- On ART 1-7 years
- Viral load < 50 c/ml
- CD4 count > 500 cells/ μ l
- CD4 nadir > 200 cells/ μ l

Participants were allocated sequentially to ascending dose cohorts; starting dose was based on the minimum anticipated biological effect level; dose increments were \leq 3-fold. Minimum number of subjects per cohort is indicated. Study design allowed for enrolment of higher dose cohorts (up to 7 in total). IMC-M113V was given as a single IV infusion of IMC-M113V on Day 1. Subjects were followed weekly to Day 29.

Results 1. IMC-M113V was well tolerated and not associated with cytokine release syndrome at doses \leq 15 mcg

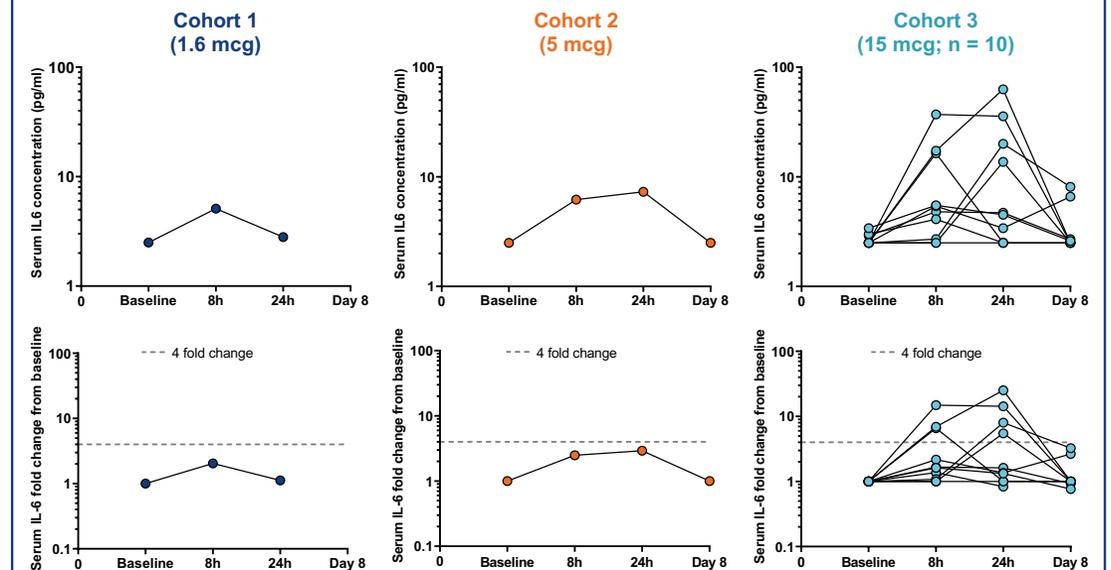
- 92 pre-screened for HLA
 - 35 HLA-A*02:01+
 - 16 completed screening for Part 1
 - 3 SAD cohorts completed (n = 6)
 - Cohort 3 (15 mcg) expanded from 4 to 10 participants
 - 12/12 completed follow-up
- Subjects enrolled at sites in UK, Belgium and Spain
 - Doses were well tolerated; no dose-limiting toxicities
 - No cytokine release syndrome of any grade
 - No neurotoxicity
 - No SAEs
 - No Grade \geq 3 hematology, chemistry or liver function test abnormalities
 - HIV viral load remained < 50 c/ml through dosing and follow-up
 - CD4 cell counts remained within normal range

Results 2. Gag₇₇₋₈₅ sequences obtained from cell-associated RNA pre-dose indicate the presence of druggable, transcriptionally active proviruses



- Anticipated variability in Gag₇₇₋₈₅ observed in study participants
- Baseline viral sequencing will inform clinical and antiviral signals

Results 3. Tolerable and biologically active dose identified in SAD study



- 15 mcg dose fulfilled criteria to stop escalation in SAD and open MAD study

References



¡MUCHAS GRACIAS!

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