Baseline Characteristics of Hepatitis Delta Patients Enrolled Across Phase 2 and 3 Studies of Bulevirtice

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Key Findings

- Higher baseline ALT levels in patients with CHD are associated with male sex, higher LSM, and HDV RNA levels; no association was found with BMI, concomitant nucleos(t)ide therapy, or presence of cirrhosis
- **Higher baseline levels of HDV RNA are** associated with younger age, HBeAg-positive status, and higher levels of ALT and HBsAg
- The small subset of HBeAg-positive patients with CHD tended to present with elevated HBV DNA, HDV RNA, and HBsAg levels but not higher ALT levels; such patients were more likely to be receiving concomitant nucleos(t)ide therapy

Conclusions



Based on a large cohort of 532 untreated HDV patients, males and those with higher HDV viral load may be at risk of greater biochemical disease activity regardless of BMI, nucleos(t)ide therapy, or the presence of cirrhosis



HBeAg-positive patients with CHD may represent a distinct subset of CHD in which the association between higher HDV viral load and greater biochemical disease activity is less straightforward

2019;7:231-45. **3.** Soo A, et al. EASL 2023 Poster WED-158.

References: 1. Stockdale AJ, et al. *J Hepatol*. 2020;73:523-32. **2.** Da B, et al. *Gastroenterol Rep*. Acknowledgments: We extend our thanks to the patients, their families, and all participating investigators and their corresponding site staff. Writing and editorial support was provided by Danielle Shepherd, PhD, of AlphaScientia, a Red Nucleus company, and was funded by Gilead Sciences, Inc. **Disclosures: FZ** received consulting fees from Aligos; Antios; Assembly Biosciences; Gilead Sciences, Inc.; and GSK; and research funding to INSERM from Assembly Biosciences, Beam, and Janssen. **TA** acted as a speaker and investigator for AbbVie; Eiger Biopharmaceuticals; Gilead Sciences, Inc.; Janssen; Merck; MYR Pharmaceutical; and Roche. PL reports speaking and teaching fees from and participation in advisory committees or review panels for AbbVie; Aligos; Alnylam; Antios; Arrowhead; Bristol Myers Squibb; Eiger Biopharmaceuticals; Gilead Sciences, Inc.; GSK; Janssen; Merck Sharp & Dohme; MYR GmbH; Roche; and Spring Bank Pharmaceuticals. **SA** received honoraria for lectures and educational events from AbbVie; Biogen; Gilead Sciences, Inc.; and Merck Sharp & Dohme; and reports grants from AbbVie and Gilead Sciences, Inc. MB reports being a board member and speaker for AbbVie; Gilead Sciences, Inc.; Intercept; and Roche. PB, VM, TS, and NM report no conflicts of interest. LY, BLD, CF, AO, GC, DM, RCM, and AHL are employees of Gilead Sciences, Inc., and may own stock in Gilead Sciences, Inc. VC reports being a consultant and giving sponsored lectures for AbbVie; AstraZeneca; Bristol Myers Squibb; Gilead Sciences, Inc.; GSK; Hepatera; Merck Sharp & Dohme; Roche; and R-Pharm. AB received research funding from MYR GmbH. SZ reports speaker's bureau and/or consultancy for AbbVie; Allergan; BioMarin; Gilead Sciences, Inc.; Intercept; Janssen; Merck Sharp & Dohme; Novo Nordisk; Swedish Orphan Biovitrum; and Theratechnologies. MC received honoraria from AbbVie; Falk; Gilead Sciences, Inc.; GSK; Janssen-Cilag; Merck Sharp & Dohme; Novartis; Roche; Spring Bank Pharmaceuticals; and Swedish Orphan Biovitrum. **MRB** reports speaker's bureau for AbbVie, EISAI-MSD, and Gilead Sciences, Inc., and advisory/consultancy for AbbVie; Gilead Sciences, Inc.; Janssen; and Roche. HW reports honoraria for speaking or consulting from Abbott; AbbVie; Boehringer Ingelheim; Bristol Myers Squibb; Eiger Biopharmaceuticals; Gilead Sciences, Inc.; Janssen; Merck Sharp & Dohme; MYR GmbH; Novartis; Novira; Roche; Roche Diagnostics; Siemens; and Transgene; and research support from Abbott; Bristol Myers Squibb; Gilead Sciences, Inc.; Novartis; Roche; and Roche Diagnostics.

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Introduction

- Chronic hepatitis delta (CHD) represents the most severe form of chronic viral hepatitis and is estimated to affect between 10 and 20 million worldwide¹
- Patients with CHD often present with elevated alanine aminotransferase (ALT) levels indicative of ongoing intrahepatic necroinflammation, with ranges of ALT that can be quite wide²
- The clinical phenotype of patients with CHD and higher ALT levels compared with the general population of people with CHD is unknown
- Previous analysis of data from 3 trials of bulevirtide (BLV; N = 414) revealed a weak correlation between levels of hepatitis delta virus (HDV) RNA and ALT in untreated CHD patients³

Objective

• This analysis aimed to detail the demographic and clinical characteristics of patients with CHD who participated in 4 BLV clinical trials and identify the phenotype of untreated CHD patients with higher biochemical disease activity

Methods

- Cross-sectional analysis using pooled baseline data from 532 patients with CHD enrolled in 4 BLV trials: the MYR202 (Phase 2; NCT03546621), MYR203 (Phase 2; NCT02888106), MYR204 (Phase 2; NCT03852433), and MYR301 (Phase 3; NCT03852719) studies
- Key inclusion criteria: HDV RNA positive at screening, without cirrhosis or with compensated cirrhosis determined by the investigator, and elevated ALT (\geq upper limit of normal [ULN] to <10 × ULN)
- ALT ULN: $\leq 31 \text{ U/L}$ for females and $\leq 41 \text{ U/L}$ for males (Russian sites); ≤ 34 U/L for females and ≤ 49 U/L for males (all other sites)
- Key exclusion criteria: Child-Pugh-Turcotte score B or C, current or prior hepatic decompensation (history of or within the last 2 years, depending on study), and total bilirubin ≥34.2 µmol/L
- Patients were categorized into groups (terciles) based on ALT and HDV RNA values and by hepatitis B e antigen (HBeAg) status
- Fisher's exact test and ANOVA were used for comparison among groups for categorical variables and continuous variables, respectively
- ALT: <69 U/L; ≥69 to ≤112 U/L; >112 U/L
- HDV RNA: <4.93 \log_{10} IU/mL; ≥4.93 \log_{10} IU/mL to ≤6.04 log₁₀ lU/mL; >6.04 log₁₀ lU/mL

Results

ALT Tercile

| | Total Cohort (N = 532) | ALT <69 U/L (n = 175) | ALT ≥69 to ≤112 U/L (n = 180) | ALT >112 U/L (n = 177) | P value |
|---|---|---|---|---|------------------------|
| Age, years, mean (SD) | 40 (9) | 41 (9) | 39 (9) | 41 (9) | .3246 |
| Male sex, n (%) | 346 (65) | 91 (52) | 123 (68) | 132 (75) | <.0001 |
| Race, n (%) | | | | | .6282 |
| Asian | 58 (11) | 20 (11) | 17 (9) | 21 (12) | |
| Black or African descent | 9 (2) | 1 (1) | 4 (2) | 4 (2) | |
| White | 464 (87) | 153 (87) | 159 (88) | 152 (86) | |
| BMI, kg/m ² , mean (SD) | 25.1 (3.8) | 24.7 (3.8) | 25.1 (3.7) | 25.5 (3.9) | .1455 |
| BMI ≥30 kg/m², n (%) | 52 (10) | 15 (9) | 17 (9) | 20 (11) | .6812 |
| ALT, U/L, median (Q1, Q3) | 87 (60, 131) | 52 (43, 59) | 87 (76, 98) | 165 (131, 231) | <.0001 |
| HDV RNA, log ₁₀ IU/mL, mean (SD) | 5.3 (1.3) | 4.9 (1.5) | 5.4 (1.3) | 5.5 (1.1) | <.0001 |
| HBV DNA, log ₁₀ IU/mL, mean (SD) | 1.3 (1.4) | 1.4 (1.5) | 1.2 (1.3) | 1.2 (1.4) | .3983 |
| HBsAg, log ₁₀ IU/mL, mean (SD) | 3.8 (0.6) | 3.9 (0.6) | 3.9 (0.6) | 3.7 (0.6) | .0008 |
| HBeAg positive, n (%) | 54 (10) | 24 (14) | 15 (8) | 15 (8) | .1797 |
| Nucleos(t)ide therapy, ^a n (%) | 178 (33) | 57 (33) | 58 (32) | 63 (36) | .7626 |
| Prior interferon exposure, n (%) | 244 (46) | 79 (45) | 73 (41) | 92 (52) | .0924 |
| LSM, kPa, mean (SD) | 13.8 (8.1) | 12.4 (6.9) | 13.2 (7.9) | 15.9 (8.8) | .0003 |
| Cirrhosis present, n (%) | 203 (38) | 65 (37) | 66 (37) | 72 (41) | .9599 |
| P values for comparison among ALT terciles was the most common (n = 501, 94%) follo HBV genotype, n (%): genotype A, 36 (7); g ALT, alanine aminotransferase; ANOVA, ar hepatitis B surface antigen; HBV, hepatitis | wed by HDV GT-2 (n genotype C, 1 (0); ge alysis of variance; Bl | = 5, 1%), HDV GT-5 notype D, 296 (56); g MI, body mass index; | 6 (n = 5, 1%), and HDV GT-6 genotype E, 3 (1); genotype I g GT, genotype; HBeAg, hepa | (n = 1, 0%); missing H, 1 (0); missing, 19 atitis B e antigen; HE | g (n = 19). 5 (37). |

Table 2. Demographic and Baseline Disease Characteristics by Baseline **HDV RNA Tercile**

| | Total Cohort (N = 532) | HDV RNA <4.9 log ₁₀ IU/mL (n = 176) | HDV RNA ≥4.93 to ≤6.04 log ₁₀ IU/mL (n = 177) | HDV RNA >6.04 log ₁₀ IU/mL (n = 176) | <i>P</i> value |
|---|--|---|---|--|---------------------------|
| Age, years, mean (SD) | 40 (9) | 42 (9) | 40 (9) | 39 (8) | .0093 |
| Male sex, n (%) | 346 (65) | 109 (62) | 117 (66) | 119 (68) | .5171 |
| Race, n (%) | | | | | .4414 |
| Asian | 58 (11) | 19 (11) | 14 (8) | 24 (14) | |
| Black or African descent | 9 (2) | 4 (2) | 3 (2) | 2 (1) | |
| White | 464 (87) | 152 (86) | 160 (90) | 150 (85) | |
| BMI, kg/m ² , mean (SD) | 25.1 (3.8) | 25.4 (3.8) | 25.2 (3.9) | 24.7 (3.7) | .2678 |
| BMI ≥30 kg/m², n (%) | 52 (10) | 18 (10) | 20 (11) | 14 (8) | .5923 |
| ALT, U/L, median (Q1, Q3) | 87 (60, 131) | 77 (54, 114) | 88 (58, 145) | 93 (70, 143) | .0313 |
| HDV RNA, log ₁₀ IU/mL, mean (SD) | 5.3 (1.3) | 3.8 (1.0) | 5.5 (0.3) | 6.5 (0.4) | <.0001 |
| HBV DNA, log ₁₀ IU/mL, mean (SD) | 1.3 (1.4) | 1.2 (1.5) | 1.1 (1.2) | 1.5 (1.4) | .0228 |
| HBsAg, log ₁₀ IU/mL, mean (SD) | 3.8 (0.6) | 3.5 (0.8) | 3.9 (0.4) | 4.1 (0.4) | <.0001 |
| HBeAg positive, n (%) | 54 (10) | 12 (7) | 13 (7) | 29 (16) | .0052 |
| Nucleos(t)ide therapy, ^a n (%) | 178 (33) | 56 (32) | 64 (36) | 56 (32) | .6076 |
| Prior interferon exposure, n (%) | 244 (46) | 79 (45) | 85 (48) | 77 (44) | .7079 |
| LSM, kPa, mean (SD) | 13.8 (8.1) | 13.4 (8.1) | 13.8 (8.5) | 14.3 (7.6) | .5888 |
| Cirrhosis present, n (%) | 203 (38) | 66 (38) | 66 (37) | 69 (39) | .5731 |
| <i>P</i> values for comparison among HDV RNA GT-1 was the most common (n = 501, 94% HBV genotype, n (%): genotype A, 36 (7); ALT, alanine aminotransferase; ANOVA, ar hepatitis B surface antigen; HBV, hepatitis |) followed by HDV GT- genotype C, 1 (0); gen nalysis of variance; BN | -2 (n = 5, 1%), HDV G notype D, 296 (56); ge MI, body mass index; | T-5 (n = 5, 1%), and HDV G enotype E, 3 (1); genotype GT, genotype; HBeAg, hepa | T-6 (n = 1, 0%); miss H, 1 (0); missing, 19 atitis B e antigen; HE | sing (n = 19). 5 (37). |

Table 1. Demographic and Baseline Disease Characteristics by Baseline

• The CHD population enrolled in the BLV trials was predominantly male and White, with HDV genotype 1

• Patients with CHD and higher baseline ALT levels were more often male and had higher liver stiffness measurements (LSM), higher HDV RNA levels, and lower hepatitis B surface antigen (HBsAg) levels

• Baseline ALT was not associated with body mass index (BMI), concomitant nucleos(t)ide therapy, or the presence of cirrhosis

| | Total Cohort (N = 532) | HBeAg (+) (n = 54) | HBeAg (−) (n = 478) | <i>P</i> value |
|---|---------------------------|-----------------------|------------------------|----------------|
| Age, years, mean (SD) | 40 (9) | 40 (10) | 40 (9) | .6017 |
| Male sex, n (%) | 346 (65) | 39 (72) | 307 (64) | .2926 |
| Race, n (%) | | | | .4812 |
| Asian | 58 (11) | 3 (6) | 55 (12) | |
| Black or African descent | 9 (2) | 1 (2) | 8 (2) | |
| White | 464 (87) | 50 (93) | 414 (87) | |
| BMI, kg/m ² , mean (SD) | 25.1 (3.8) | 25.0 (3.9) | 25.1 (3.8) | .8232 |
| BMI ≥30 kg/m², n (%) | 52 (10) | 6 (11) | 46 (10) | .6356 |
| ALT, U/L, median (Q1, Q3) | 87 (60, 131) | 77 (56, 123) | 90 (61, 134) | .5727 |
| HDV RNA, log ₁₀ IU/mL, mean (SD) | 5.3 (1.3) | 5.8 (1.2) | 5.2 (1.3) | .0021 |
| HBV DNA, log ₁₀ IU/mL, mean (SD) | 1.3 (1.4) | 2.7 (2.6) | 1.1 (1.1) | <.0001 |
| HBsAg, log ₁₀ IU/mL, mean (SD) | 3.8 (0.6) | 4.2 (0.4) | 3.8 (0.6) | <.0001 |
| Nucleos(t)ide therapy, ^a n (%) | 178 (33) | 29 (54) | 149 (31) | .0013 |
| Prior interferon exposure, n (%) | 244 (46) | 23 (43) | 221 (46) | .6668 |
| LSM, kPa, mean (SD) | 13.8 (8.1) | 13.1 (7.0) | 13.9 (8.2) | .4919 |
| Cirrhosis present, n (%) | 203 (38) | 21 (39) | 182 (38) | >.9999 |

• HBeAg-positive patients with CHD were more likely to be receiving concomitant nucleos(t)ide therapy at baseline

• HBeAg-positive patients with CHD did not have higher mean ALT compared to HBeAg-negative patients with CHD despite higher HBV DNA, HDV RNA, and HBsAg levels

Figure 1. Boxplot of ALT Distribution by HDV RNA Category

1250 200

Crosses represent the mean. The horizontal lines in the shaded boxes represent the median. The boxes represent the interguartile range (25%–75%). The top and bottom of the lines represent 1.5 times the interquartile range. Points outside of the lines are outliers. Three patients in the HBeAg-negative group had missing data. ALT, alanine aminotransferase; HBeAg, hepatitis B e antigen; HDV, hepatitis delta virus.

 Baseline ALT levels increased in similar fashion with increasing HDV RNA levels among HBeAg-positive and -negative patients with CHD



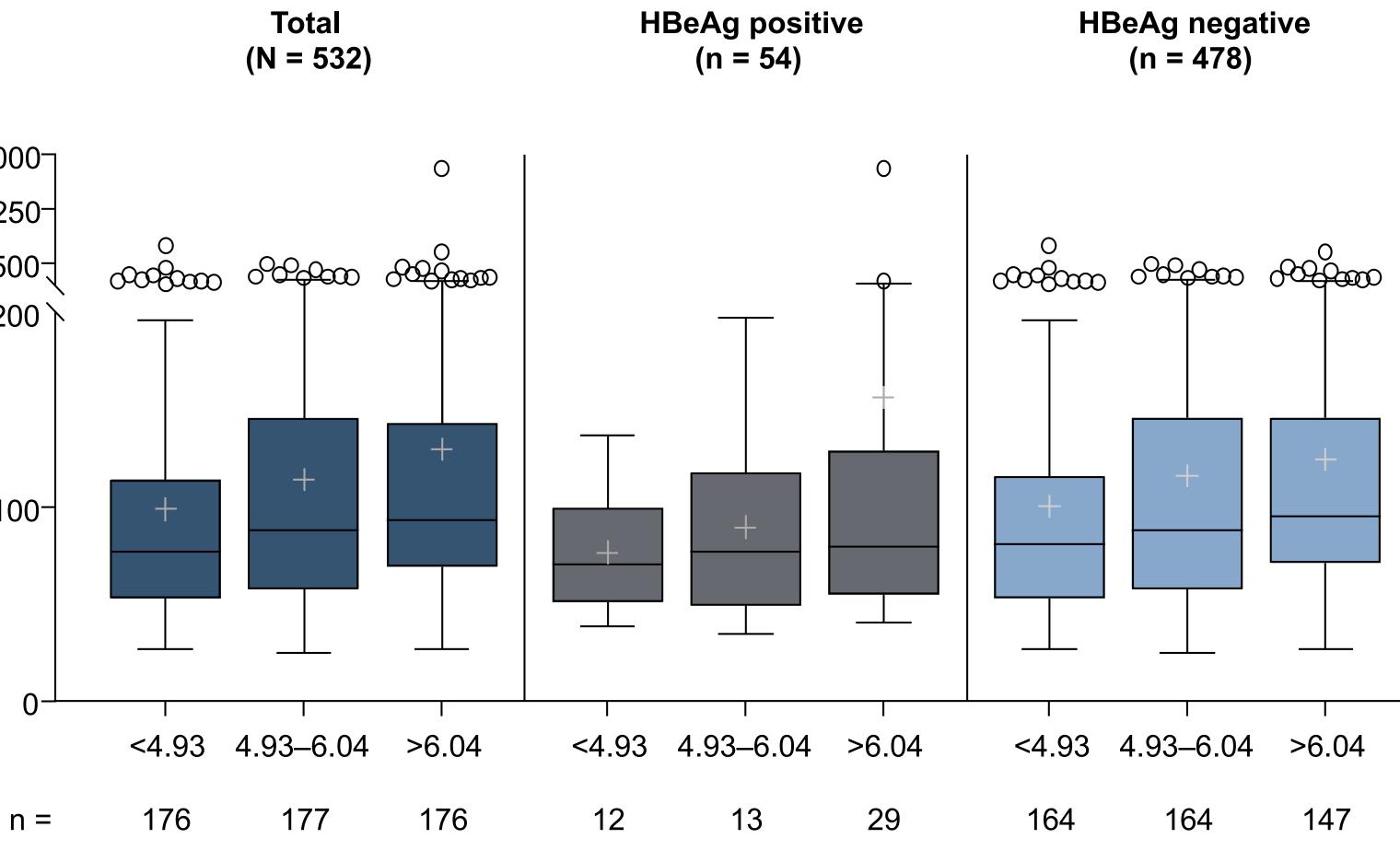
 Patients with CHD and higher HDV RNA tended to be younger, HBeAg positive, and had higher ALT and HBsAg levels

• Of note, hepatitis B virus (HBV) DNA levels were higher with increasing HDV RNA (but mean levels remained low) without a significant difference in concomitant nucleos(t)ide therapy use

• HDV RNA level was not associated with BMI, nucleos(t)ide therapy, or the presence of cirrhosis

Table 3. Demographics and Baseline Characteristics by HBeAg Status

P values for comparison between HBeAg groups used Fisher's exact test or ANOVA. ^aDefined as being on nucleos(t)ide therapy at baseline. HDV GT-1 was the most common (n = 501, 94%) followed by HDV GT-2 (n = 5, 1%), HDV GT-5 (n = 5, 1%), and HDV GT-6 (n = 1, 0%); missing (n = 19). ALT, alanine aminotransferase; ANOVA, analysis of variance; BMI, body mass index; GT, genotype; HBeAg, hepatitis B e antigen; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HDV, hepatitis delta virus; LSM, liver stiffness measurements; Q, quartile.



HDV RNA Category (log₁₀ IU/mL)