Switching from tenofovir disoproxil fumarate and/or other oral antivirals to tenofovir alafenamide in virally suppressed CHB patients with moderate or severe renal impairment or ESRD on HD: final week 96 efficacy and safety results from a phase 2 study

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**Background and aims:** We have previously shown in renally impaired (RI) chronic hepatitis B (CHB) patients, including those with end-stage renal disease (ESRD) on hemodialysis (HD), that switching to tenofovir alafenamide (TAF) from tenofovir disoproxil fumarate (TDF) and/or other oral antivirals (OAs) maintains high rates of viral suppression with stable bone and renal safety parameters at Week 48. Here we present the final Week 96 results.

**Method:** In this Phase 2 study (NCT03180619), virally suppressed CHB patients (HBV DNA <LLOQ × 6 months and <20 IU/ml at screening) with moderate or severe RI or with ESRD on HD at screening while receiving TDF and/or other OAs for ≥6 months were enrolled and switched to TAF 25 mg QD for 96 weeks. Safety assessments including adverse events (AEs) and changes in bone (hip and spine BMD) and renal (creatinine clearance) parameters at Week 48. Here we present the final Week 96 results.

**Results:** Of 31 patients enrolled, mean age was 55 y (29% >60 y), 68% male, 81% Asian, and 90% HBeAg-negative; median (Q1, Q3) CTP and MELD scores were 6 (5, 8) and 10 (7.5, 14.2), respectively, median eGFRcG 98.5 ml/min; 19% had osteoporosis on spine DXA. Twenty-five (81%) patients completed 96 weeks of TAF treatment (6 discontinued early: 2-withdrawd consent, 1-investigator decision, and 2-death). The Table. Viral suppression (HBV DNA <20 IU/ml) was maintained in all patients remaining on treatment (i.e. missing equals excluded); a high proportion having normal ALT levels. Bone and renal parameters remained stable. TAF was well tolerated with no patients having a Grade 3 or 4 AE or a serious AE related to treatment.

**Conclusion:** At 2 years, CHB patients with hepatic impairment who were switched to TAF maintained high rates of viral suppression and normal ALT values while bone and renal parameters remained stable.

**PO-2395**

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**Conclusion:** No dose dependent changes in HBV DNA or HBsAg were observed with IRIG ≤400 mg+NUC. IRIG was generally safe and well tolerated at doses ≤400 mg for 12WK. IRIG development has been discontinued due to IRIG-related hepatotoxicity.

**Table:** (abstract: PO-2422):

<table>
<thead>
<tr>
<th>HBV DNA, mean log10 IU/ml (range)</th>
<th>TAF (N = 12)</th>
<th>IRIG 50 mg (N = 30)</th>
<th>IRIG 200 mg (N = 30)</th>
<th>IRIG 400 mg (N = 30)</th>
<th>IRIG 100 mg VS Patients (N = 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg, mean log10 IU/ml (range)</td>
<td>4.1 (2.8–4.8)</td>
<td>3.9 (2.2–5.1)</td>
<td>3.4 (1.9–4.9)</td>
<td>3.5 (1.5–5.1)</td>
<td>3.2 (2.1–4.2)</td>
</tr>
<tr>
<td>ALT, mean U/l (range)</td>
<td>163 (48–630)</td>
<td>104 (21–419)</td>
<td>74 (25–154)</td>
<td>73 (26–461)</td>
<td>23 (8–52)</td>
</tr>
<tr>
<td>Mean WK12 Change (range)</td>
<td>−2.4 (−6.4, −2.6)</td>
<td>−2.4 (−6.4, −2.3)</td>
<td>−4.0 (−5.5, −1.7)</td>
<td>−3.9 (−6.3, −2.4)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Conclusion:** Safety and efficacy of oral TLR8 agonist, selgantolimod, in viremic adult patients with chronic hepatitis B

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**Background and aims:** Selgantolimod (GS-9688, SLGN) is an oral, Toll-like receptor 8 agonist in clinical development for the treatment of chronic hepatitis B (CHB). Here we present the results through week 48 on the safety and efficacy of 24 weeks of SLGN treatment in viremic CHB patients.

**Method:** In this multicenter, double-blind, phase 2 study, viremic CHB patients were randomized (2:2:1) to SLGN 3 mg, 1.5 mg, and placebo (PBO) once a week for 24 weeks in combination with tenofovir alafenamide. Safety assessments included monitoring of treatment emergent adverse events (TEAE) and laboratory abnormalities. The primary efficacy end point was the proportion of patients with ≥1 log10IU/ml decline in HBsAg levels from baseline at week 24. Exploratory end points include changes in pharmacodynamic (PD) markers (e.g. IL-12/40 and IL-1RA) and changes in peripheral T- cell, myeloid and NK-cell subsets.

**Results:** 67 patients (39 HBeAg-positive) were randomized. Baseline characteristics were similar across groups: majority were Asian (98.5%), male (58%) with a median (IQR) age of 47 (35–54) years, HBV DNA level of 4.1 (3.5–4.7) log10IU/ml, and HBV DNA level of 7.5 (5.4–8.3) log10IU/ml. No patients achieved the primary end point of ≥1 log10IU/ml decline in HBsAg levels at week 24; however, 3 (6%) patients in the SLGN-treated achieved HBsAg decline ≥0.5 log10IU/ml compared to none in the placebo group. At week 48, 4 (7.4%) patients...