

A Novel Class of Orally Available Small Molecules Potently Inhibit Hepatitis B and D Virus Entry

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Background

- Chronic hepatitis B and D virus (HBV and HDV) infection affect an estimated 296 million and 12 million patients worldwide, respectively^{1,2}
- HDV is a satellite virus that requires the hepatitis B surface antigen (HBsAg) to infect hepatocytes^{3,4}
- Patients with HBV and chronic HDV infection have faster disease progression and a greater risk of developing liver-related outcomes compared to patients without HDV⁵⁻⁷
- The daily injectable HBV/HDV entry inhibitor bulevirtide targets the host receptor Na⁺ taurocholate co-transporting polypeptide (NTCP), preventing HBV and HDV from entering hepatocytes^{8,9}
- Bulevirtide has been shown to lower HDV serum RNA levels and normalize alanine aminotransferase (ALT) levels in co-infected individuals when combined with tenofovir as well as to lower HBsAg levels when combined with pegylated interferon-alpha^{10,11}
- There is a need for potent orally-administered entry inhibitors to improve the treatment of patients with chronic HDV

Objective

- To characterize the potencies and properties of structurally-differentiated orally-bioavailable small molecule HBV/HDV entry inhibitors

Methods

HBV and HDV infection:

- Hepatitis B e antigen (HBeAg):**
 - Primary human hepatocytes (PHHs) were infected with HBV at a multiplicity of infection (MOI) of 300 viral genome equivalents (vge)/cell and co-treated with compounds. 24 hours later, cells were washed and fresh media without inhibitors was added. Cell culture media was harvested at 8 days post-infection (dpi) and secreted HBeAg was measured via an enzyme-linked immunosorbent assay (ELISA)
 - HepG2-NTCP cells were infected with HBV (50 vge/cell) and cotreated with inhibitors. At 5 dpi, viral supernatants were harvested and an HBeAg ELISA was performed
- Hepatitis D antigen (HDAg):**
 - PHHs were infected with HDV at an MOI of 20 vge/cell. 24 hours later, cells were washed and fresh media without inhibitors was added. Immunofluorescence analysis was performed on Day 5 for HDAg and analyzed via high-content imaging
 - HepG2-NTCP cells were infected with HDV (20 vge/cell) and co-treated with inhibitors. At 5 dpi, in-cell ELISA was performed for HDAg
- HDAg immunofluorescence analysis (IFA):**
 - PHHs were pretreated with compounds 2 hours prior to infection with HDV at an MOI of 20 vge/cell. The next day, cells were washed and fresh media without inhibitors was added. At 5 dpi, cells were processed for immunofluorescence staining of HDAg using a mouse monoclonal anti-HDAg antibody
- Serum shift assay:**
 - HepG2-NTCP cells were infected with HBV or HDV in the presence of fetal bovine serum (FBS) and physiologically relevant levels of human serum albumin (HSA; 45 mg/mL) and alpha1-acid glycoprotein (AAG; 0.7 mg/mL) and then were compared to a standard infection carried out in media with FBS alone. To compensate for HBV particles that bound to HSA and AAG, the MOI was increased to 500 vge/cell in comparison to the standard infection at 50 vge/cell. Half-maximal effective concentration (EC₅₀) values were generated by quantifying the secretion of HBeAg into culture supernatants by ELISA at 5 dpi

NTCP inhibition:

- HEK293T cells expressing human NTCP were pre-incubated for 30 minutes with entry inhibitors followed by a 2-minute incubation with a fluorescent bile acid salt derivative. Fluorescent bile acid uptake was measured by flow cytometry

PreS1 binding competition:

- HEK293T cells stably expressing human NTCP were co-incubated with myristoylated preS1-Alexa-594 peptide and inhibitors for 10 minutes. Binding of fluorescent peptide was measured by flow cytometry

Metabolic stability:

- Metabolic stability was determined at 1 μM of testing concentration with cynomolgus monkey and human liver microsomes (LMs) using liquid chromatography–tandem mass spectrometry (LC-MS) detection

CYP and hERG inhibition:

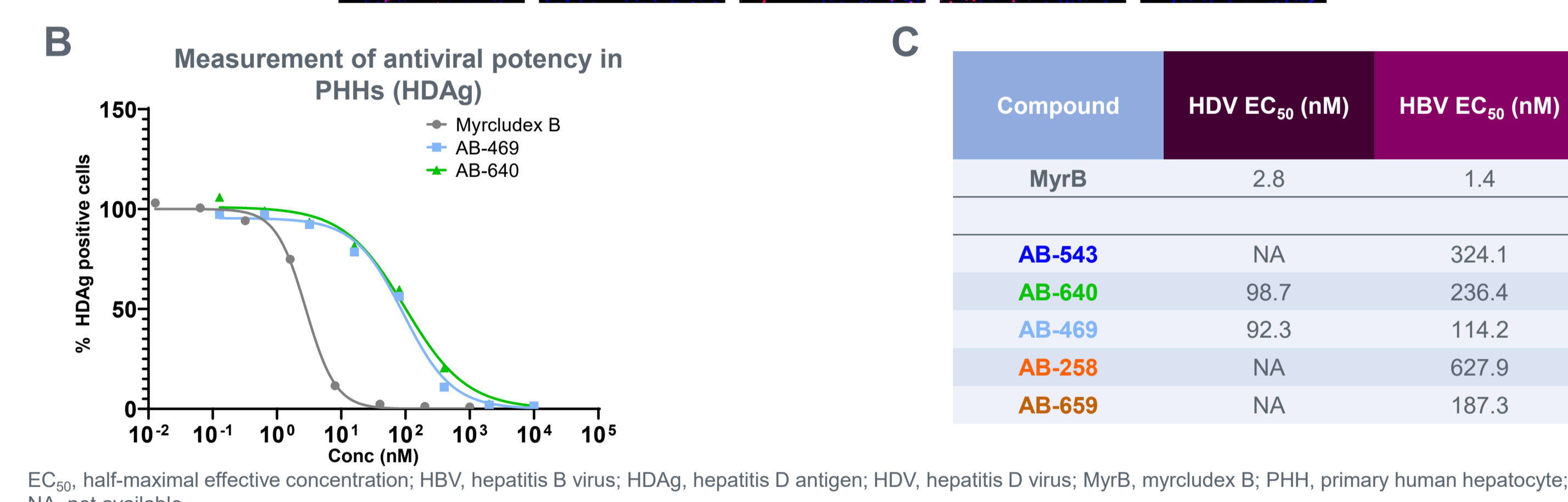
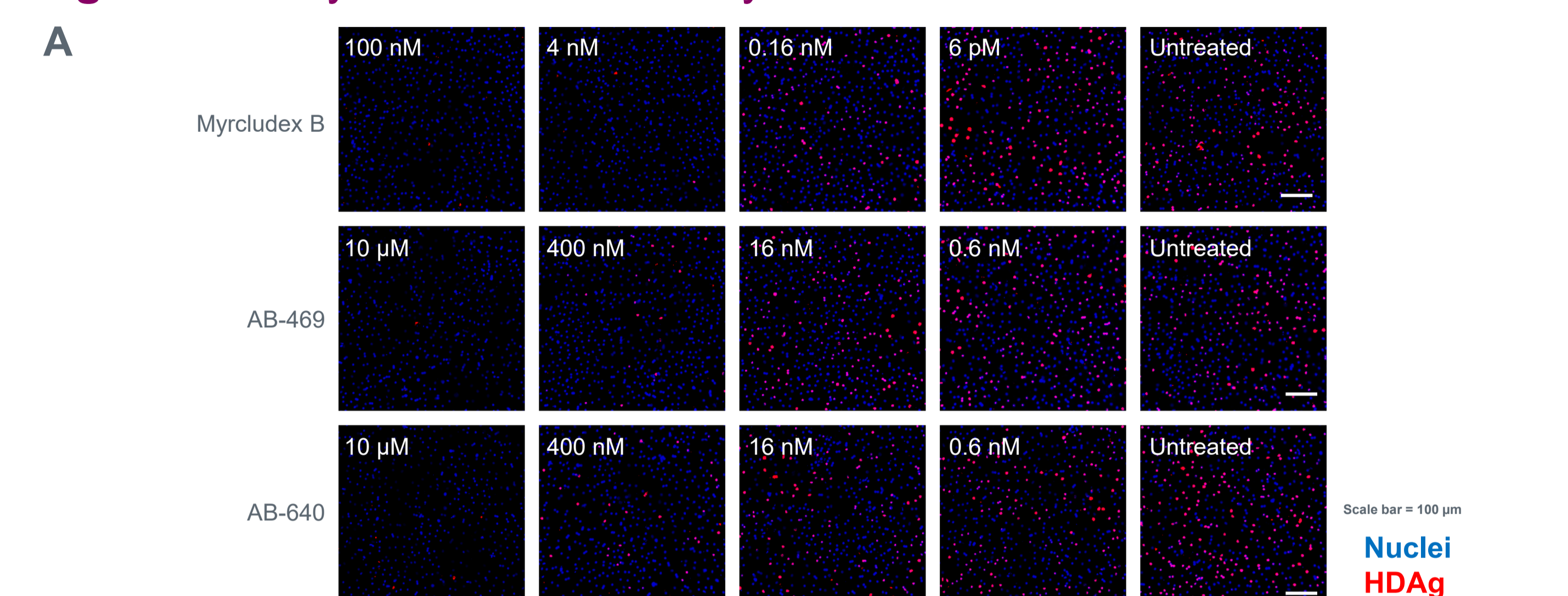
- CYP inhibition was determined at 10 μM of testing concentration with human LMs using diclofenac (2C9), bufuralol (2D6), testosterone (3A4) and midazolam (3A4) as probe substrates and detected with LC-MS. hERG inhibition was determined at 10 μM concentration with Chinese hamster ovary cell lines expressing hERG channels of P29

Pharmacokinetic (PK) studies:

- Selected compounds (1 mg/kg intravenous and 5 mg/kg oral) were analyzed in cynomolgus monkeys

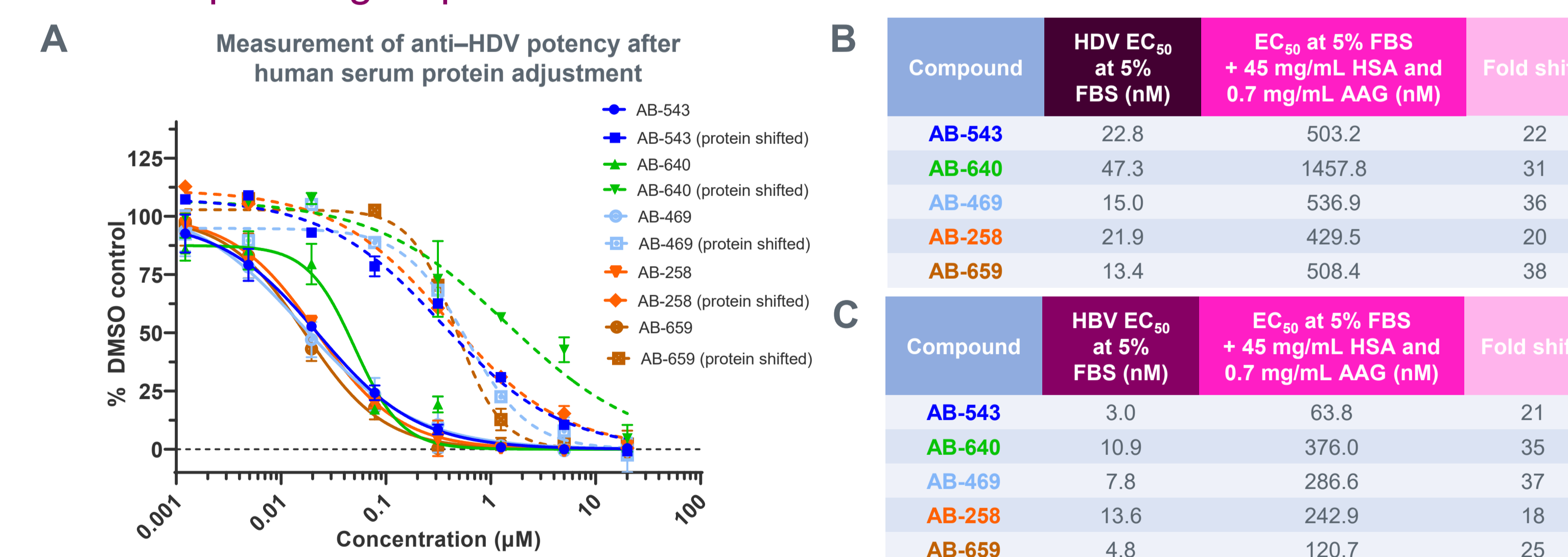
Results

Figure 1. Entry Inhibitors Efficiently Inhibit HDV and HBV Infection in PHHs



- Novel entry inhibitors efficiently inhibited HDV and HBV entry in PHHs (Figure 1)
- Entry inhibitors efficiently inhibited HDV entry in PHHs as demonstrated by IFA (Fig. 1A). Dose-response curves of selected inhibitors quantified by image analysis (Fig. 1B). Summary of HDV and HBV EC₅₀ values (Fig. 1C).

Figure 2. Novel Entry Inhibitors Efficiently Inhibit HBV and HDV Infection in NTCP-Expressing Hepatoma Cells



AAG, alpha1-acid glycoprotein; DMSO, dimethyl sulfoxide; EC₅₀, half-maximal effective concentration; FBS, fetal bovine serum; HBV, hepatitis B virus; HDV, hepatitis D virus; HSA, human serum albumin; NTCP, Na⁺ taurocholate co-transporting polypeptide.

- Novel entry inhibitors efficiently inhibited HBV and HDV entry in HepG2-NTCP cells (Figure 2)
- Dose-response curve analysis with human serum factors affected HDV potencies of entry inhibitors (Fig. 2A). Summary of HDV and HBV EC₅₀ values (Fig. 2B and C). Human serum factors affected HBV and HDV potencies of entry inhibitors by 18- to 37-fold and 20- to 38-fold changes in EC₅₀ values, respectively

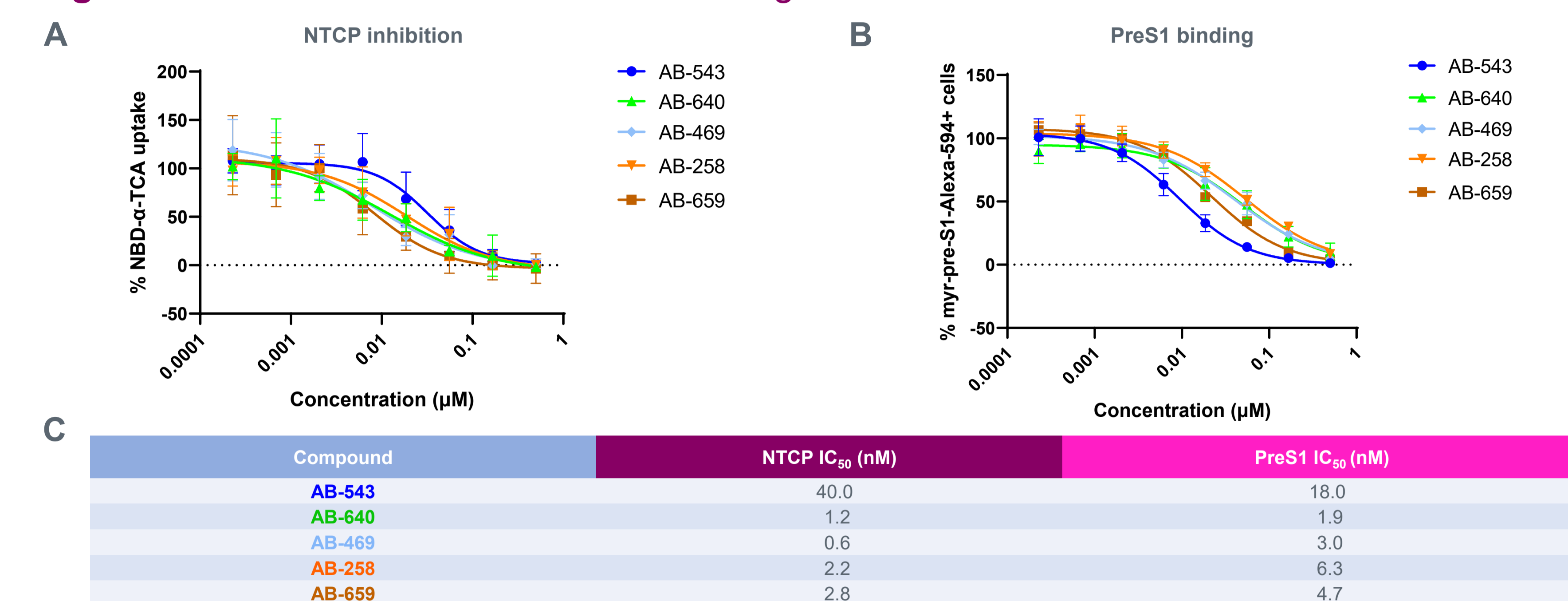
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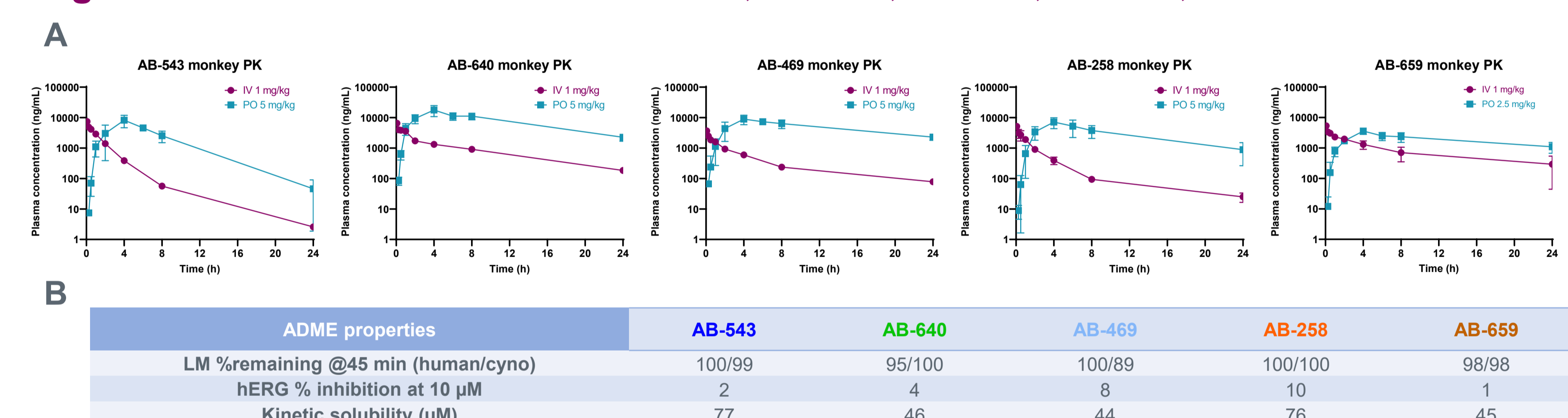
Figure 3. NTCP Inhibition and PreS1 Binding in HEK293 Cells



IC₅₀, half-maximal inhibitory concentration; NTCP, Na⁺ taurocholate co-transporting polypeptide.

- Novel entry inhibitors interfere with NTCP-dependent bile acid uptake and HBV preS1 binding (Figure 3)
- The compounds inhibited NTCP-dependent bile acid uptake (half-maximal inhibitory concentration [IC₅₀]=0.6-40 nM; Fig. 3A) and preS1 binding IC₅₀=1.9-18 nM (Fig. 3B)
- Summary of NTCP- and preS1 binding inhibition IC₅₀ values (Fig. 3C)

Figure 4. PK and ADME Profile of AB-543, AB-640, AB-469, AB-258, and AB-659



N=2 or 3.

ADME, absorption, distribution, metabolism, and excretion; cyno, cynomolgus; IV, intravenous; LM, liver microsome; min, minute; PK, pharmacokinetics; PO, oral.

- Cynomolgus monkey is predicted to be the most relevant species for *in vivo* evaluation and human PK prediction
- The novel potent entry inhibitors AB-543, AB-640, AB-469, AB-258, and AB-659 possess desired PK profiles (Fig. 4A), showing 100% bioavailability in monkey and high oral exposure with terminal half-lives ranging from 3-7 hours
- Compounds AB-543, AB-640, AB-469, AB-258, and AB-659 demonstrated acceptable ADME properties (Fig. 4B):
 - Good metabolic stability with more than 85% remaining after 45-minute incubation in monkey and human, respectively
 - Good apparent permeability in Caco-2 cells with no efflux
 - No major CYP inhibition and hERG liabilities
 - Moderate aqueous kinetic solubility
- AB-659 has the potential to achieve desired minimum concentration coverage with once-daily 100-mg dosing based on human PK projection using allometric scaling

Conclusions

- This study identified a novel class of highly-potent, orally-bioavailable HBV/HDV entry inhibitors with good drug-like properties
- The identified inhibitors interfere with preS1 binding and NTCP-mediated bile acid uptake, supporting that the molecular target is NTCP
- Lead optimization of this series of entry inhibitors is in progress, with nomination of a development candidate anticipated in 2023