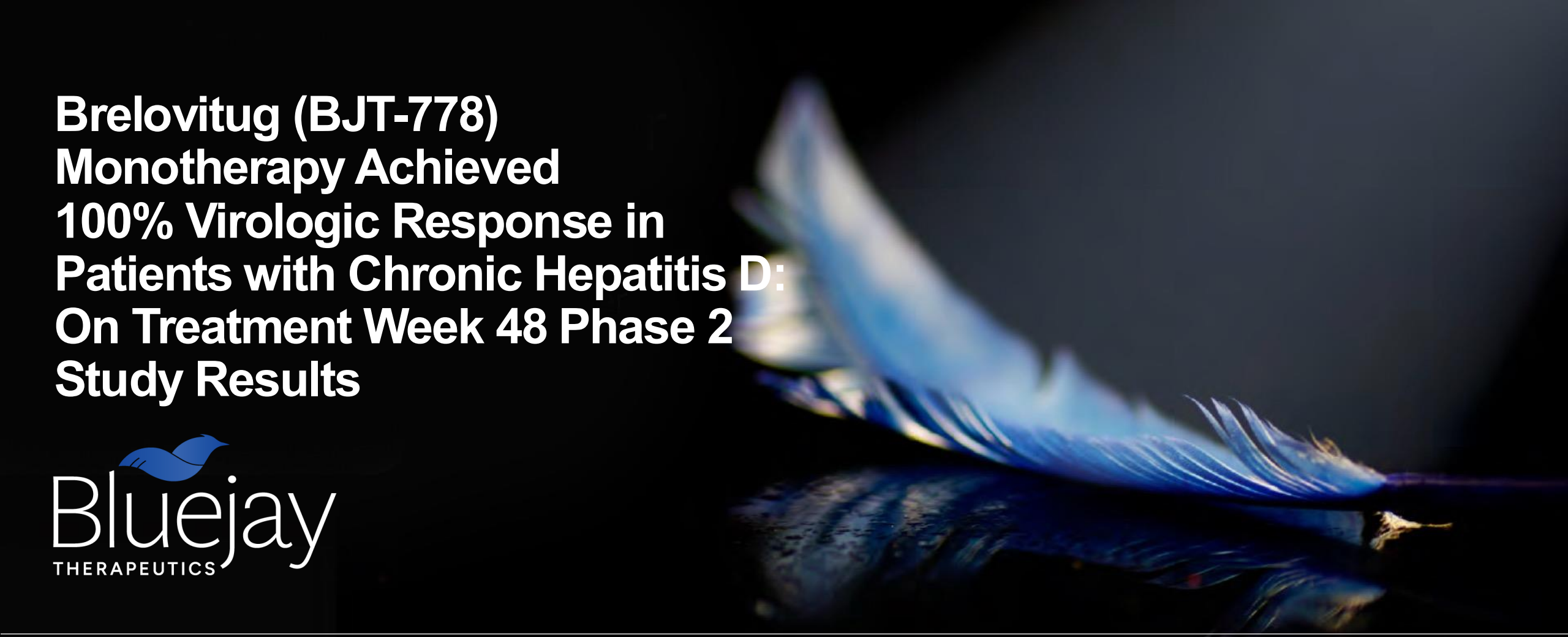
Brelovitug (BJT-778) Monotherapy Achieved 100% Virologic Response in Patients with Chronic Hepatitis D: On Treatment Week 48 Phase 2 Study Results

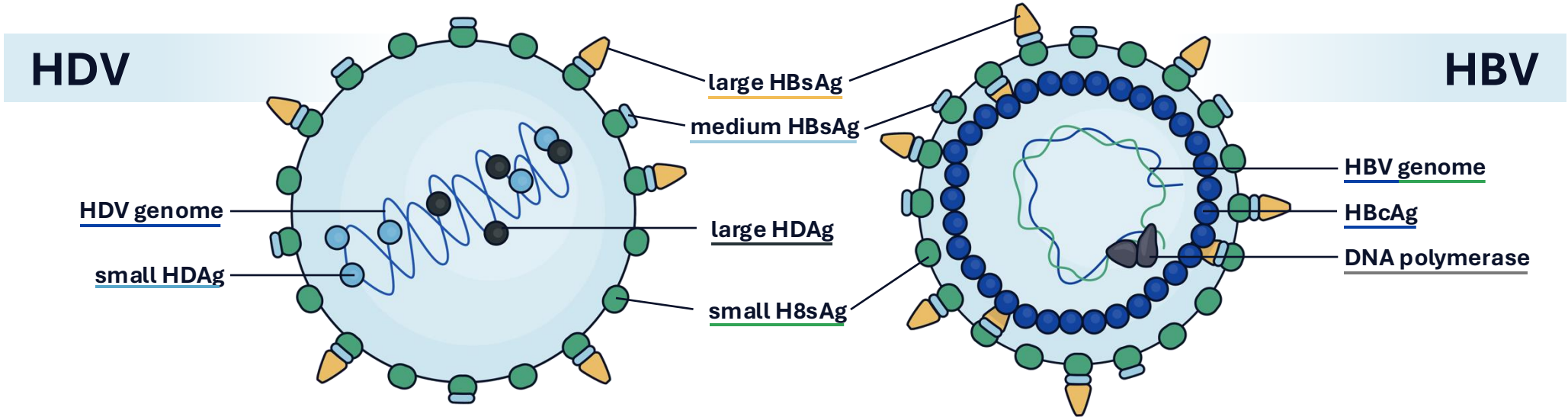


Kosh Agarwal, Alina Jucov, Marta Dobryanska, Patrick Kennedy, Edward J. Gane, Man-Fung Yuen, Grace Lai-Hung Wong, Simone Strasser, Jacinta Holmes, Stuart Roberts, Hassan Javanbakht, Nancy Shulman, Susanna K. Tan

The Liver Meeting® 2025
Presentation #0009

Chronic Hepatitis Delta (CHD) is a Significant Global Health Challenge

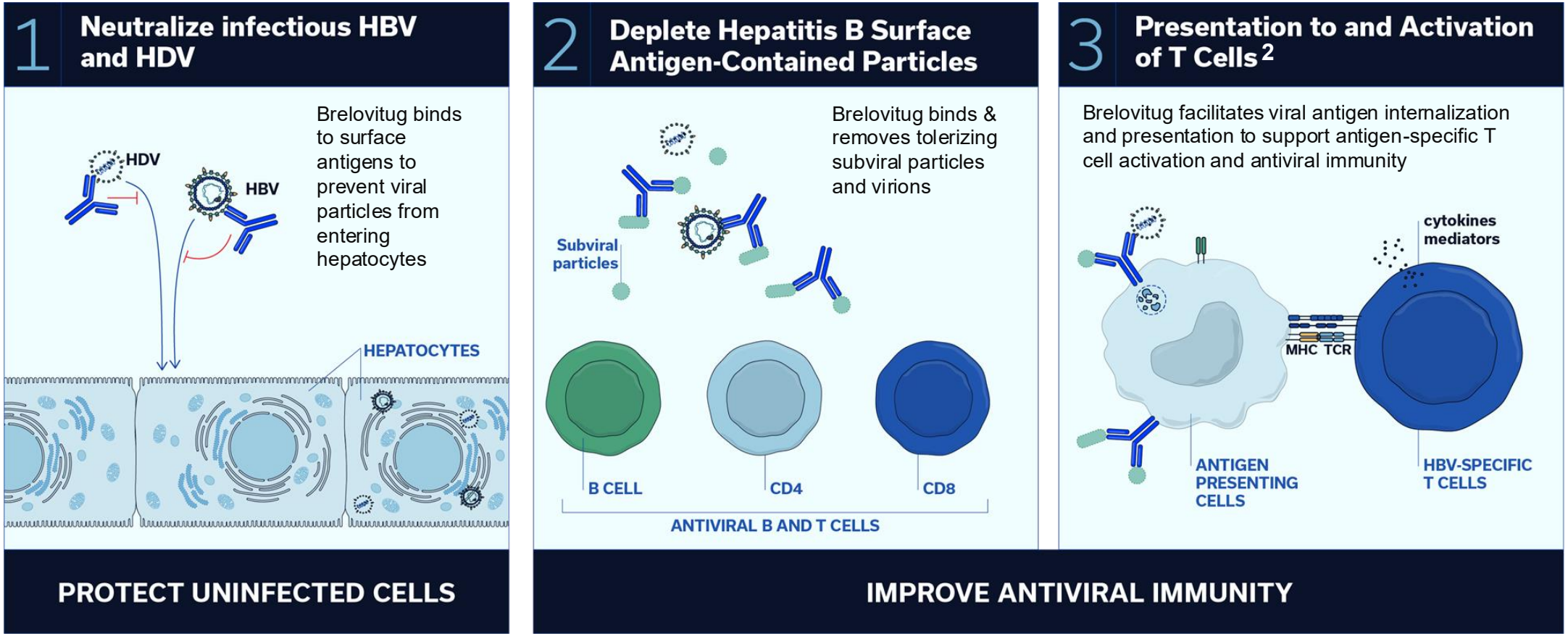
- CHD is the most severe form of viral hepatitis affecting >12 million people worldwide[1]
- Chronic Hepatitis B (CHB) patients coinfected with CHD have a greatly increased risk of cirrhosis, liver cancer and death compared to those with CHB alone[2]
- New therapies are needed to prevent disease progression in these individuals
- HDV is a defective virus that requires HBV to replicate and spread by using HBsAg as its envelope protein



[1]Stockdale 2020 J Hepatol; [2]Romeo 2009 Gastroenterology

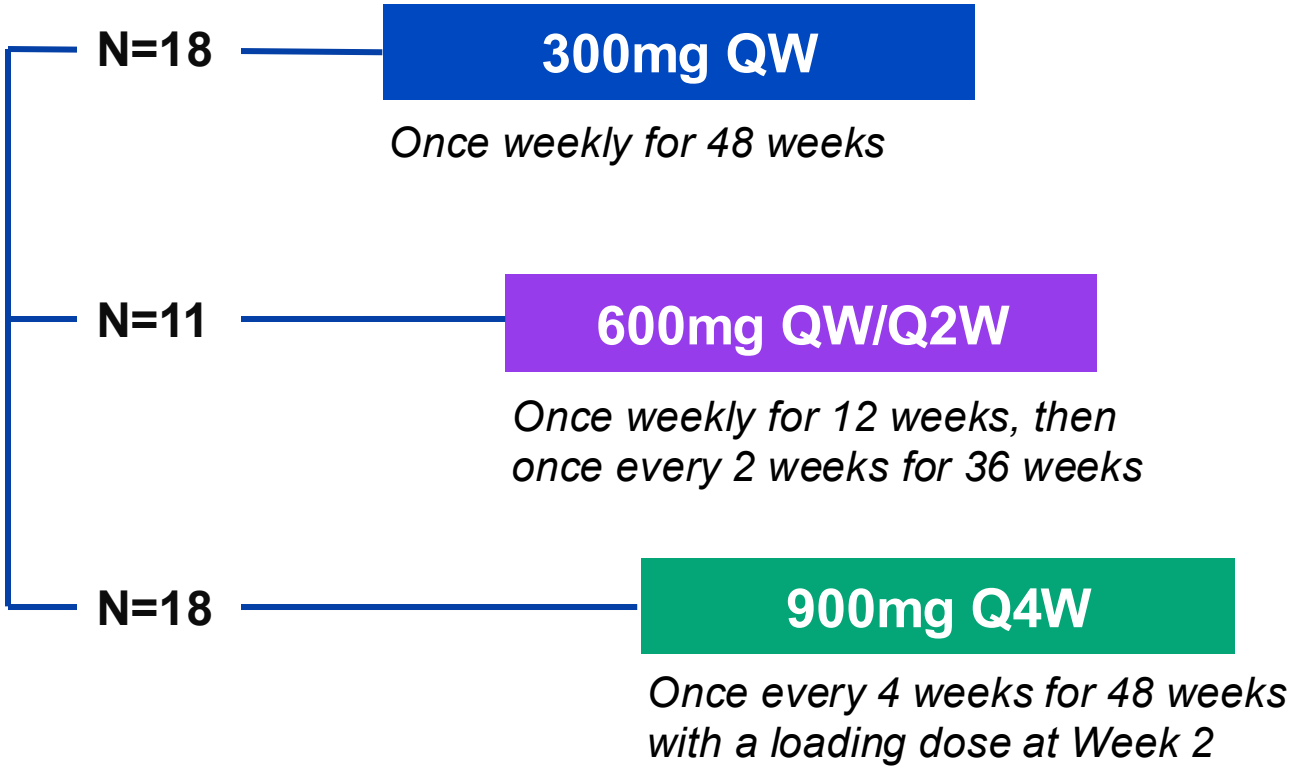
Rationale for Brelovitug (BJT-778) Treatment for CHD

- Fully human high-affinity (pM) anti-HBsAg monoclonal antibody with pan-genotypic activity
- Targets the antigenic loop of the Hepatitis B surface antigen (HBsAg)[1]
- Removes HDV from blood and prevents HDV from infecting new hepatocytes by binding HBsAg



1. Pace, Poster #1207, AASLD 2025. 2. Gehring, Poster #1312, AASLD 2025.

BJT-778-001 Phase 2 in CHD: Study Design



HDV RNA Quantification performed at VIDRL*, Melbourne, AUS
- LLOQ 10 IU/mL
- LOD 5 IU/mL

Key Entry Criteria

- Adults with chronic HDV
- Quantifiable HDV RNA
- HBV DNA <100 IU/mL on NUCs
- Compensated liver disease
- PLT >100 K/mm^3
- ALT ≤ 10x ULN
- Well-controlled HIV allowed

Key Endpoints

- **Safety** and tolerability
- **Virologic response:** ≥2 log10 HDV RNA IU/ml reduction from baseline or HDV RNA TND
- **ALT normalization** in subjects with abnormal at baseline
- **Combined response:** virologic + ALT normalization

* WHO Regional Reference Laboratory for Hepatitis B and D for the Western Pacific Region located at the Victorian Infectious Diseases Reference Laboratory

Demographics and Baseline Characteristics

	300 mg QW N=18	600 mg QW/Q2W N=11	900 mg Q4W N=18
Age, years, median (range)	44 (31 – 62)	42 (20 – 53)	49 (36 – 68)
Men, n (%)	12 (67%)	6 (55%)	8 (44%)
White, n (%)	18 (100%)	9 (82%)	17 (94%)
Cirrhosis, n (%)	4 (22%)	1 (9%)	8 (44%)
Liver stiffness, kPa, median (range)	9.9 (5.4 – 25.1)	7.4 (5.9 – 13.8)	10.3 (4.5 – 46.4)
ALT, U/L, mean (range)	68 (19 – 203)	36 (19 - 55)	63 (15 – 242)
Baseline abnormal ALT*, n (%)	17 (94%)	4 (36%)*	17 (94%)
HBsAg, log10 IU/ml, median (range)	4.1 (3.6– 4.9)	4.4 (3.5 – 5.1)	4.0 (1.7 – 4.6)
HBeAg+, n (%)	1 (6%)	1 (9%)	3 (17%)
HIV-coinfection	0	0	1 (6%)
HDV RNA, median, log10 IU/ml (range)	5.4 (2.9 – 7.1)	4.8 (3.3 – 7.1)	5.4 (1.3 – 7.4)
HDV genotype 1, n (%)	18 (100%)	10 (91%)	18 (100%)
HDV genotype 5, n (%)	0	1 (9%)	0

*entry criteria initially did not require abnormal ALT

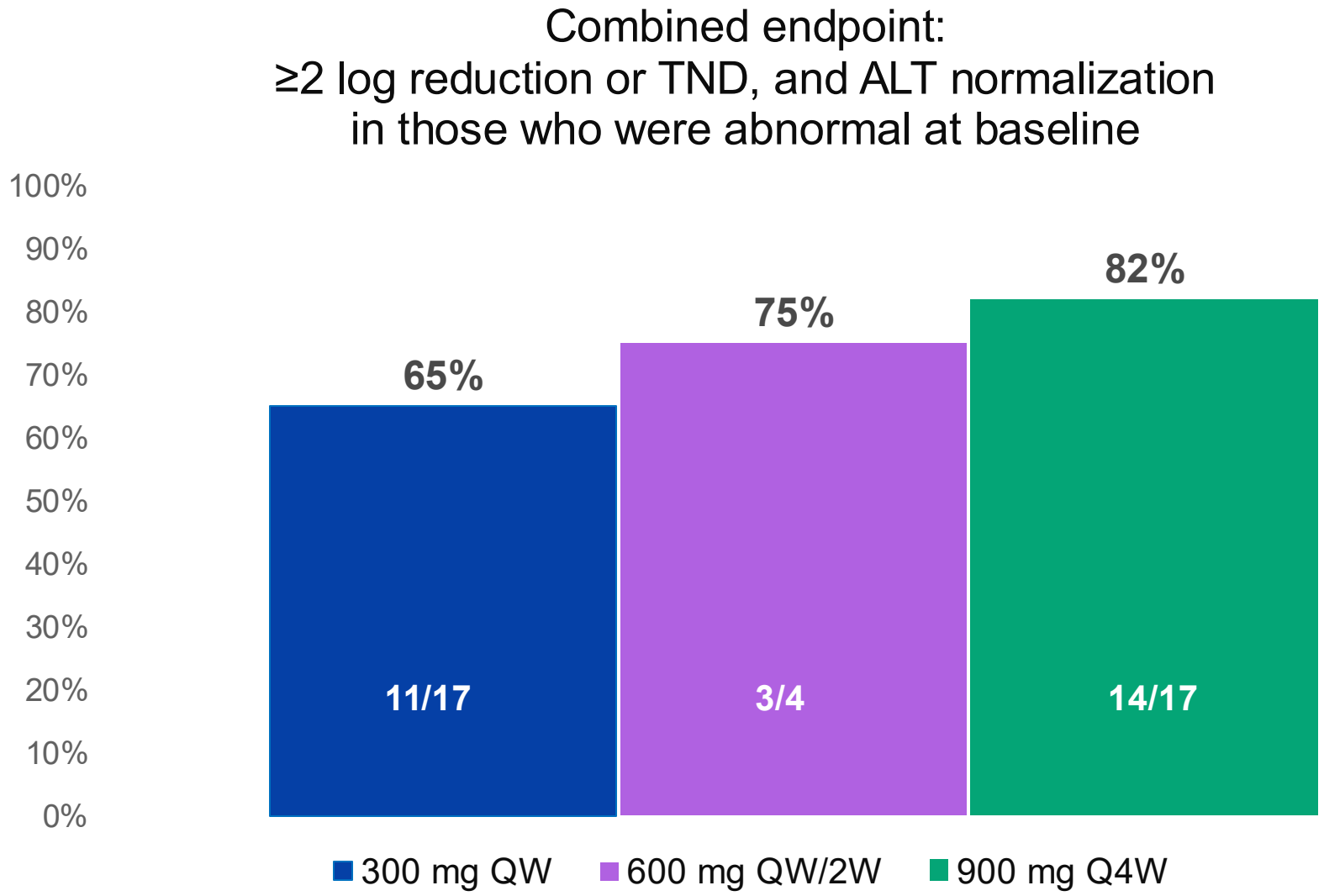
Brelovitug is Well Tolerated; No ≥ Grade 3 AEs, SAEs or Discontinuations Due to AEs

	300 mg (n=18)	600 mg (n=11)**	900 mg (n=18)
Subjects with any TEAE, n (%)	11 (61%)	11 (100%)	11 (61%)
Subjects with related* TEAE, n (%)	6 (33%)	8 (73%)	7 (39%)
Grade 3, 4, or 5 TEAEs	0	0	0
Serious TEAEs	0	0	0
Study drug discontinuations or interruptions due to TEAEs	0	0	0
Subjects with Related TEAEs (n >1), n (%)			
Injection site erythema	2 (11%)	5 (45%)	2 (11%)
Injection site pruritus	0	1 (9%)	1 (6%)
Injection site swelling	0	1 (9%)	1 (6%)
Flu-like Illness	0	1 (9%)	1 (6%)
Pyrexia	1 (6%)	1 (9%)	1 (6%)
Chills	1 (6%)	1 (9%)	1 (6%)
Headache	1 (6%)	1 (9%)	2 (11%)

*At least possibly related to treatment

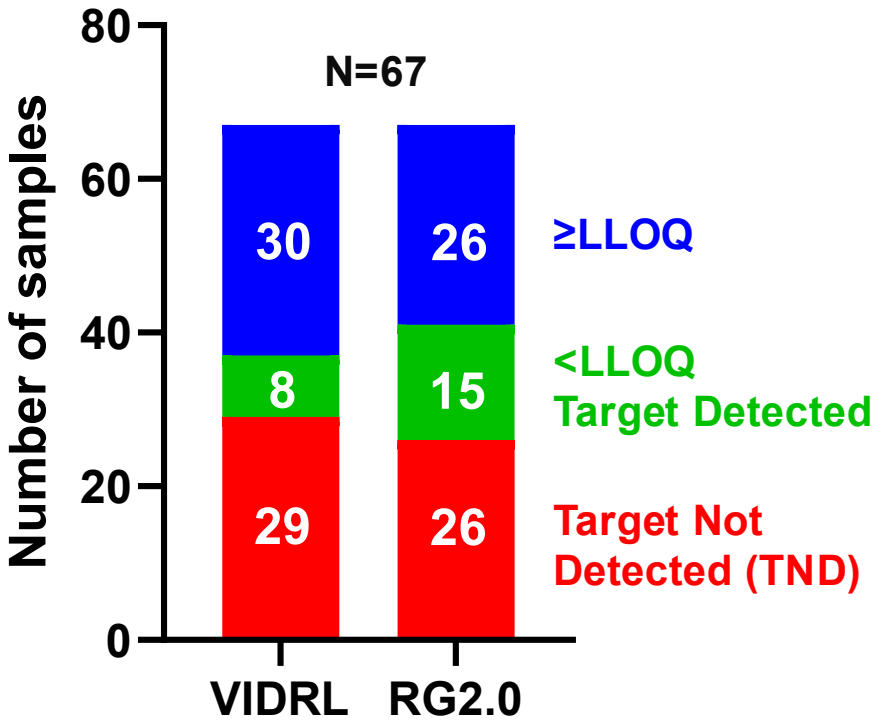
**1 subject discontinued the study due to a move out of the country just after Week 8 of treatment

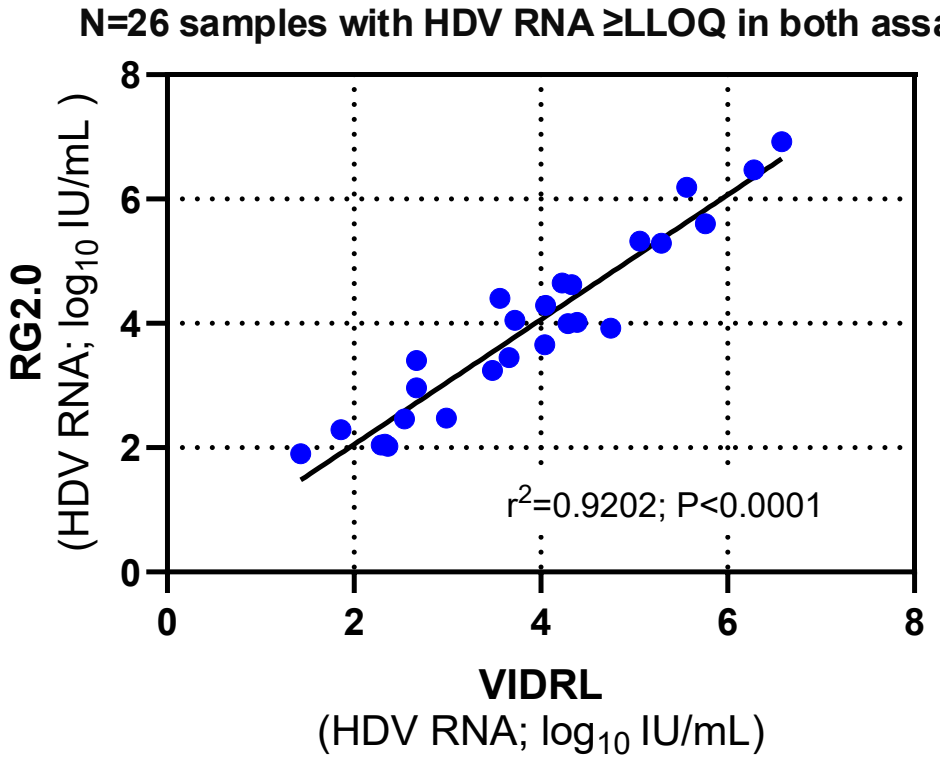
Combined Endpoint Rates of up to 82% at Week 48



HDV RNA Quantification Assays VIDRL* and RoboGene 2.0 Were Highly Concordant

67 samples from this study tested with both VIDRL assay and RoboGene 2.0 (Cerba Research)





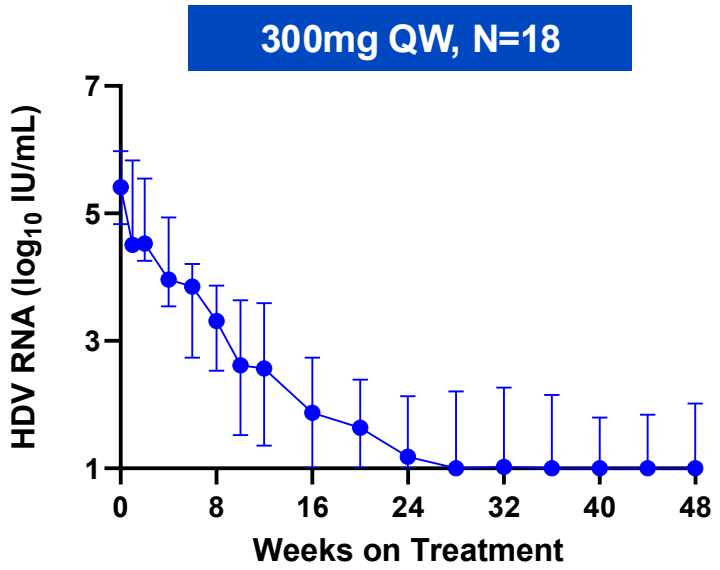
- 94% concordant for ≥LLOQ (Cohen's κ = 0.878 ± 0.059)
- 93% concordant for TND (Cohen's κ = 0.846 ± 0.066)

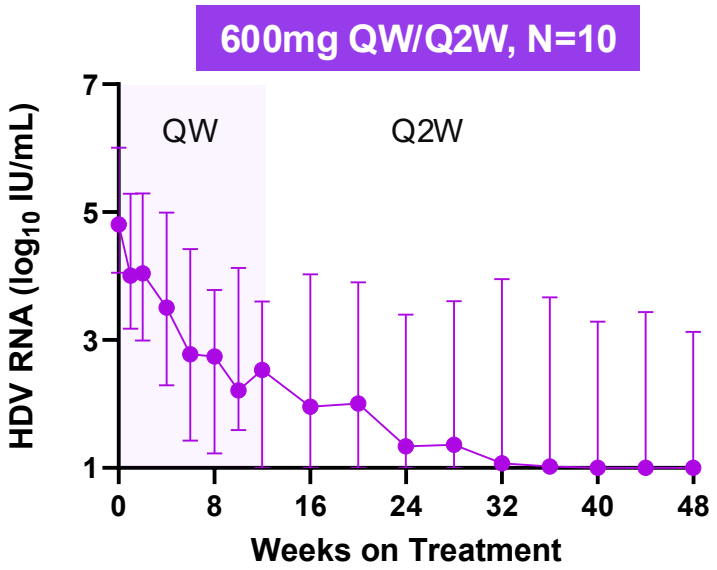
VIDRL: LLOQ = 10 IU/mL; LOD = 5 IU/mL;
RG2.0 at Cerba: LLOQ = 63 IU/mL; LOD = 14 IU/mL

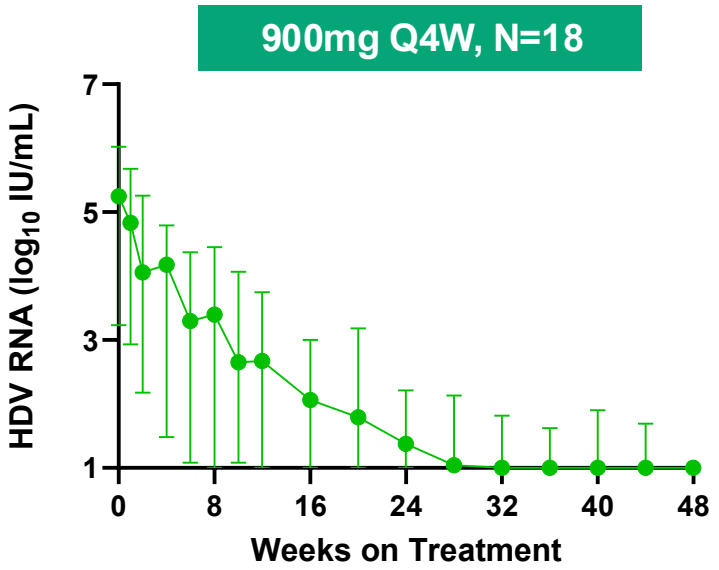
* WHO Regional Reference Laboratory for Hepatitis B and D for the Western Pacific Region located at the Victorian Infectious Diseases Reference Laboratory

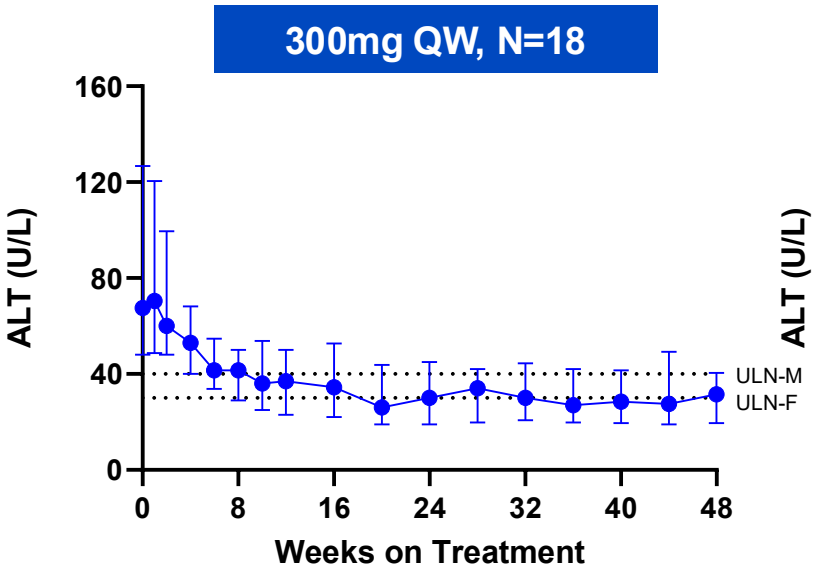
Parallel Reductions in HDV RNA and ALT Observed Over Time with All Regimens

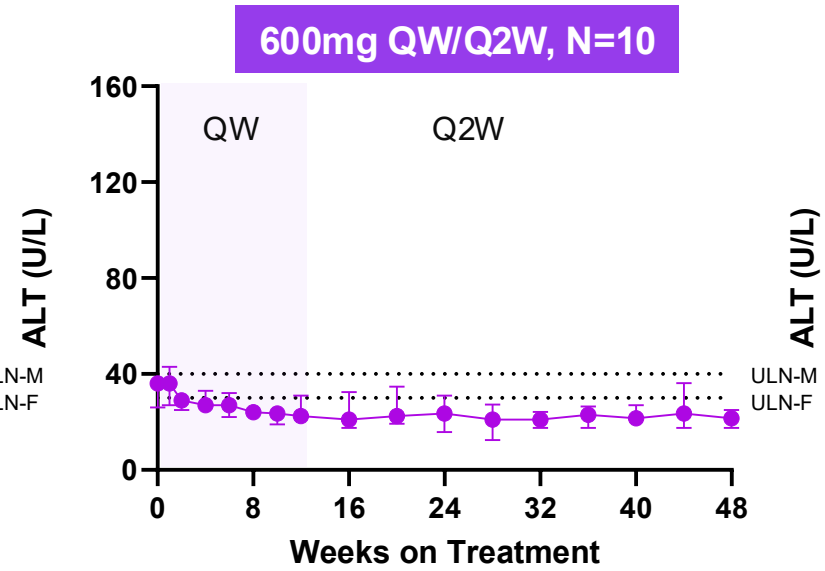
Median ± IQR

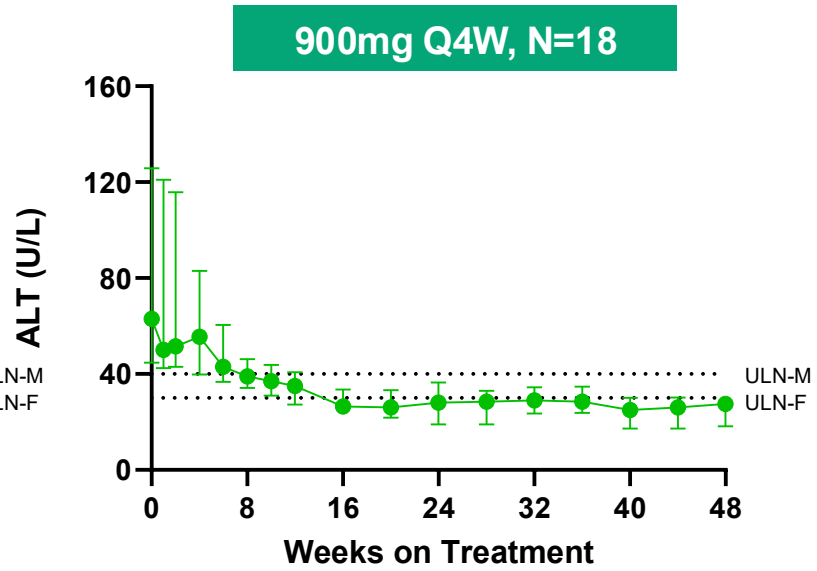






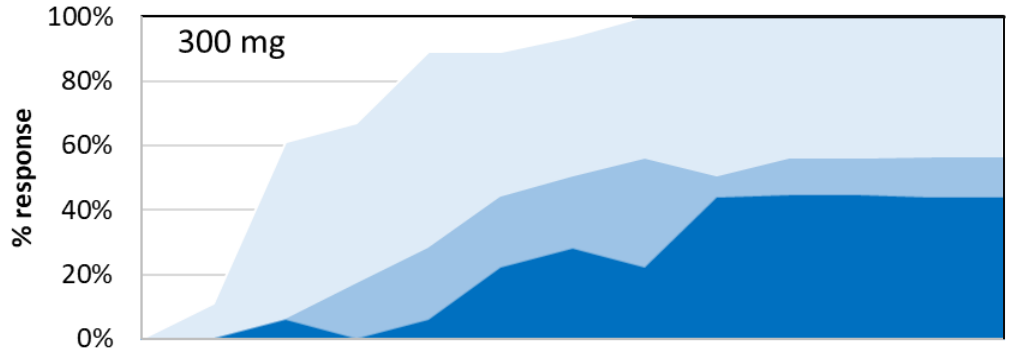






100% Virologic Response Across All Dose Arms: Deepening Viral Suppression Over Time

300mg QW, N=18

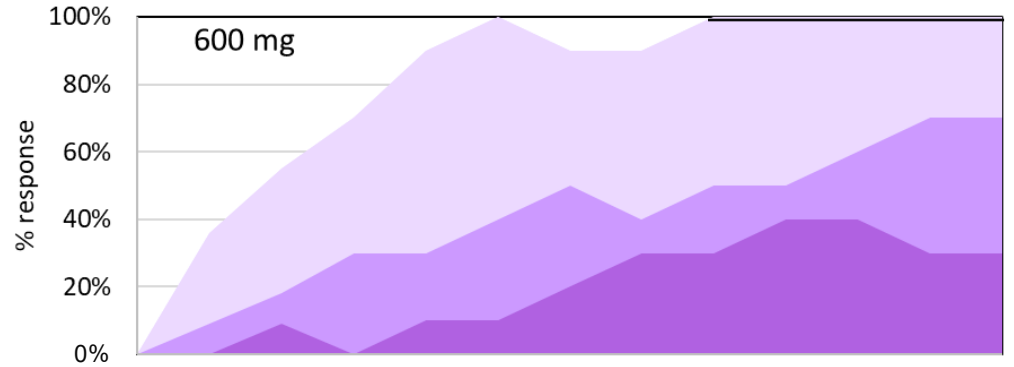


100% Virologic Response

56% <LLOQ (<10 IU/mL)

44% TND

600mg QW/Q2W, N=10

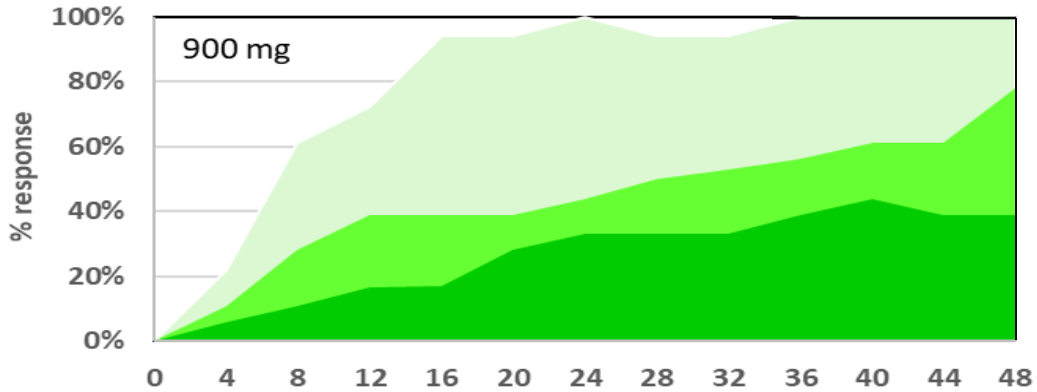


100% Virologic Response

70% <LLOQ (<10 IU/mL)

30% TND

900mg Q4W, N=18



100% Virologic Response

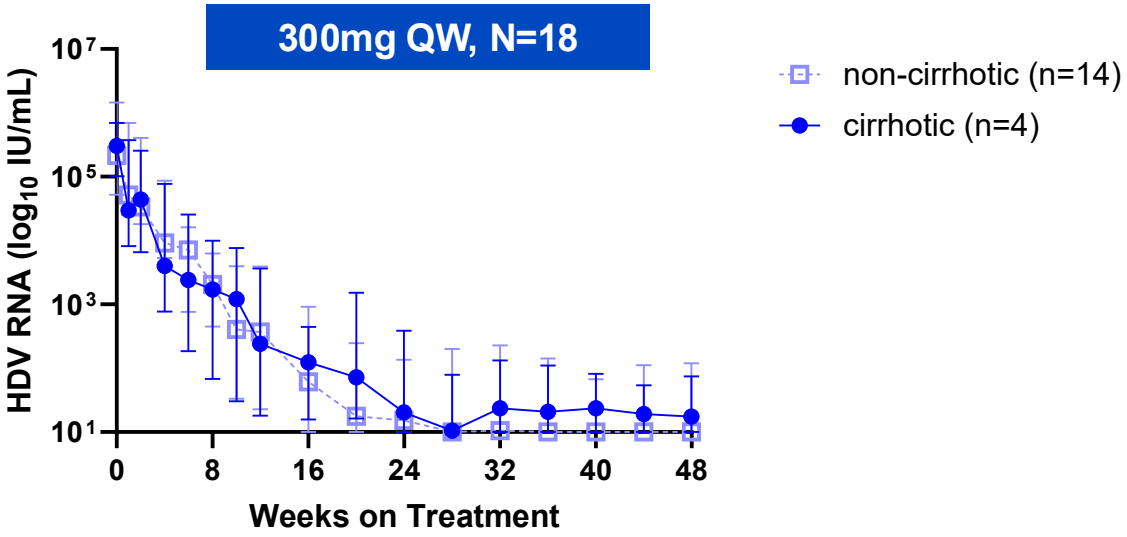
78% <LLOQ (<10 IU/mL)

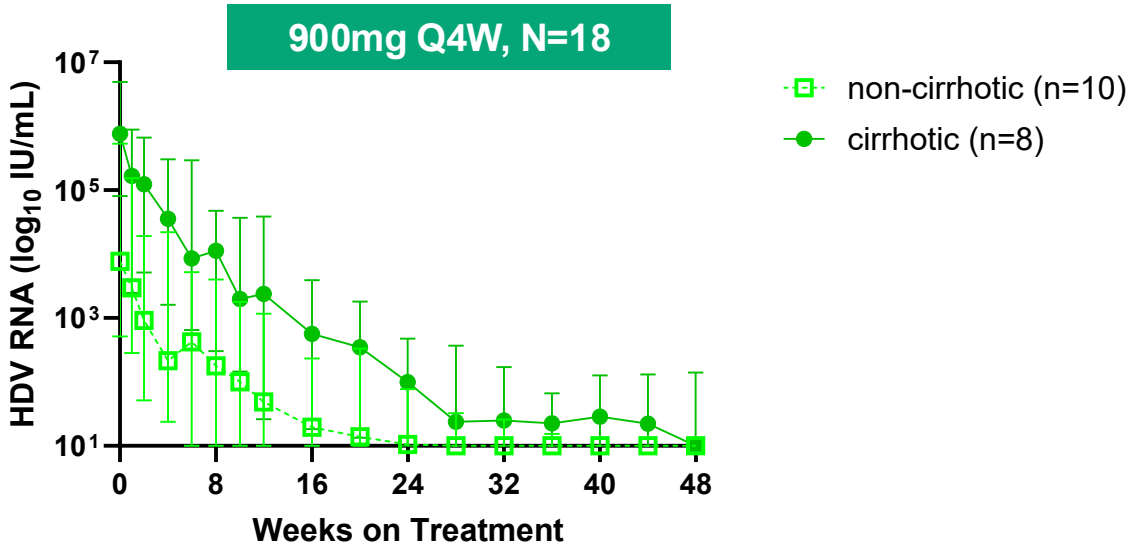
39% TND

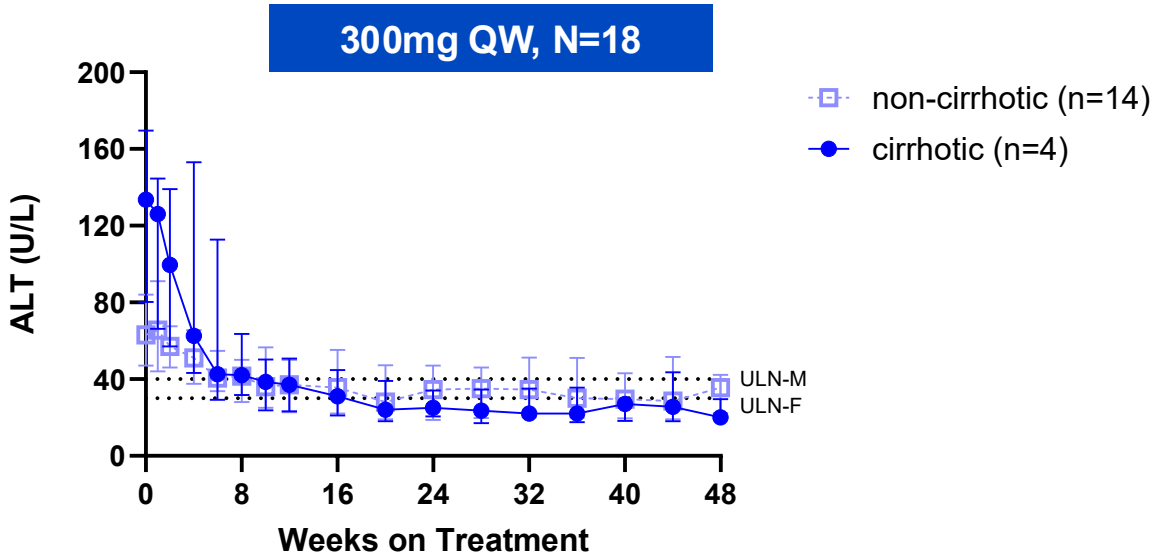
Virologic Response: ≥2 log10 HDV RNA IU/ml reduction from baseline or HDV RNA TND

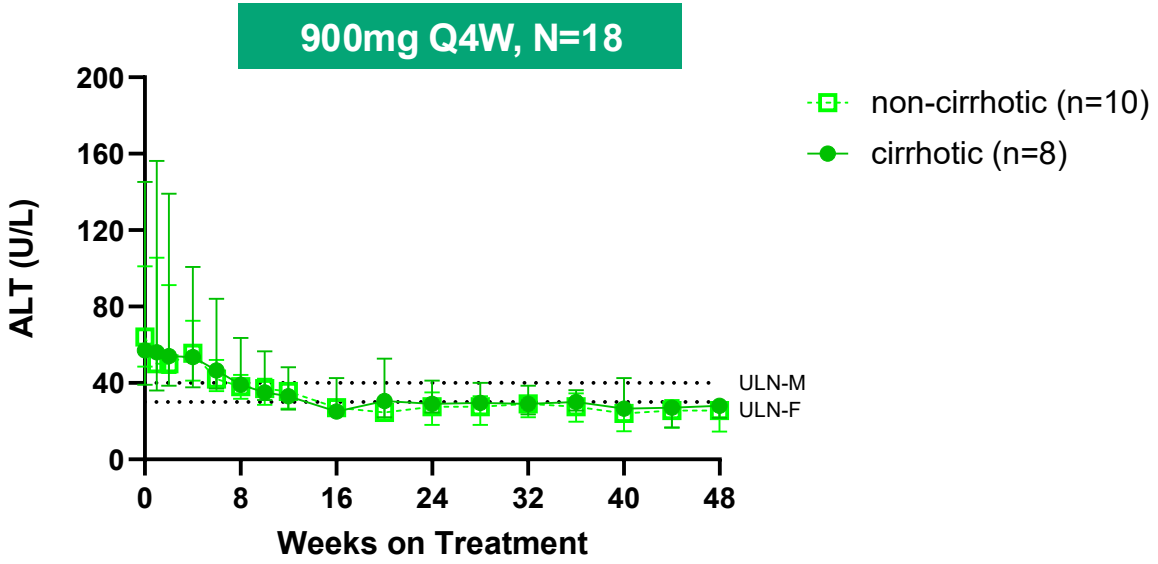
Participants With and Without Cirrhosis Responded Similarly

Median ± IQR



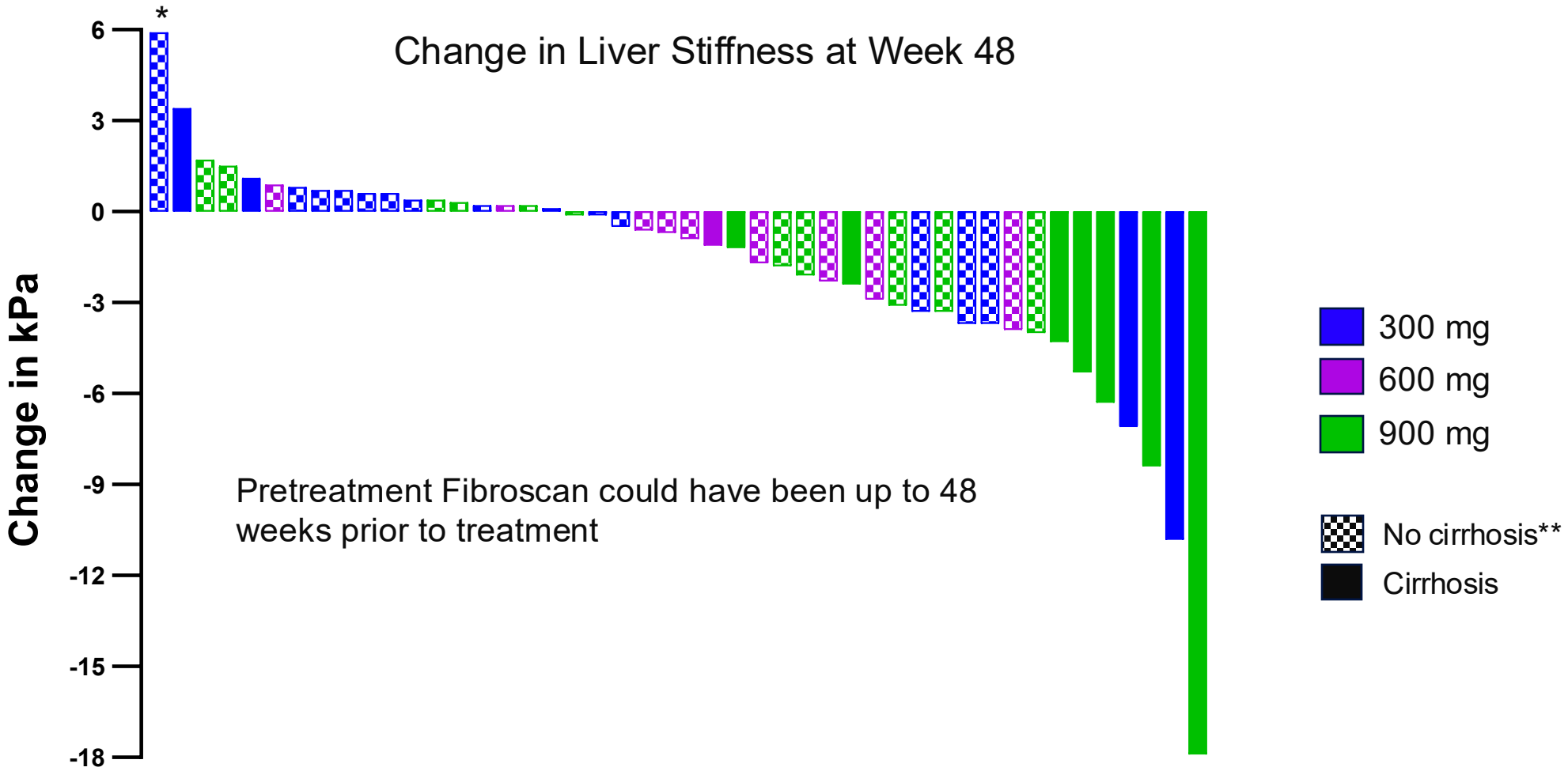






600 mg arm had only 1 subject with cirrhosis; Cirrhosis defined as ≥12 kPa

Liver Stiffness Improved in Most Participants, Particularly Those with ≥12 kPa ('Cirrhotic')



* 30 weeks prior to enrollment in F1 (300 mg QW) - 9.5 kPa. At Week 52 (follow up Week 4) - 15.4 kPa. Follow up Week 40 - 8.8kPa
** Cirrhosis defined as ≥12 kPa

Summary

- Brelovitug has been safe and well tolerated at all dosing regimens explored with no ≥ Grade 3 AEs, SAEs or discontinuations due to AEs
- Combined virologic response + ALT normalization rates of 65-82% were achieved with brelovitug monotherapy dosed every 1 to 4 weeks
- 100% of participants had ≥2 log reduction of HDV RNA or achieved TND at Week 48, with up to 44% achieving undetectable HDV RNA (TND)
- A deepening of virologic response was observed through Week 48
- Declines in HBsAg were observed in all patients with a mean of 1.2-1.3 $\log_{10}$ IU/mL
- Improvements of liver stiffness were observed in most participants
- AZURE registrational program is ongoing -- assessing both the 300 mg q weekly and 900 mg q 4-weekly regimens

Acknowledgements

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