

# Early Learnings from NUC Stop Studies

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**HBV Forum 5** 

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## Objectives for this session

- Consider what implications arise for upcoming finite therapy trials arising from recent Stop Nuc studies
  - What safety considerations may arise?
  - Are there likely to be predictors of response?
  - In arms with background Nucs, are they continued or stopped?
  - Is CHB without hepatitis off therapy considered a positive outcome?



# Patient characteristics (generally)

- Long-term NUC treated patients
  - Most studies in HBeAg negative patients after long-term therapy
  - DNA <LLOQ or target not detected (TND)</li>
  - No cirrhosis known or suspected
  - ALT usually 'normal'\*
- Stop the NUC and follow

\* Considerable variability in normal ranges or degree of allowed elevation



#### **Basically 4 possible outcomes**

- Outcome 1 (CHB, no hepatitis):
  - DNA remains <2000 IU</li>
  - If ALT changes not perceived as flare
- Outcome 2 ("Functional cure")
  - Viral parameters +/- show increases, DNA often remains suppressed
  - Often mild host response or can flare
  - DNA <LLOQ and HBsAg clearance</li>

- Outcome 3 (CHB, no hepatitis)
  - Viral parameters show increases
  - Host response/Flare
  - DNA <2000 IU, ALT 'normal'</li>
- Outcome 4 (CHB, hepatitis)
  - Viral parameters show increases, often with flare, HBeAg seroreversion possible
  - High DNA and/or severity of flare requires NUC re-start



#### Some factors of interest

- Any baseline predictors?
  - DNA <LLOQ vs TND?</p>
    - Time in that DNA status?
  - HBV RNA or HBcrAg levels?
  - HBsAg levels?
  - Genotype?
  - Age, race, gender, etc?
- Clearance rates increase with time



# Efforts to manage risk

- Close follow-up
- Baseline factors to avoid
  - Cirrhosis
  - Others?
- Clear re-treatment rules
- Other measures to take?



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