Lessons Learned from Phase 2 Studies 201 and 211

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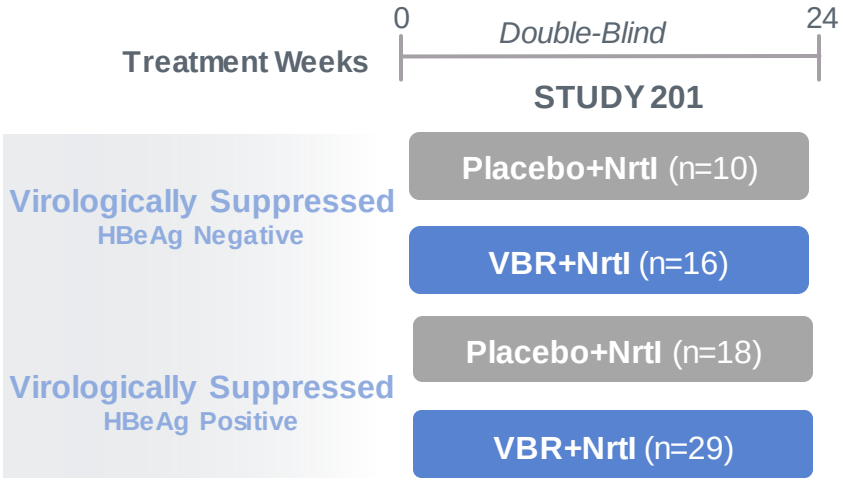
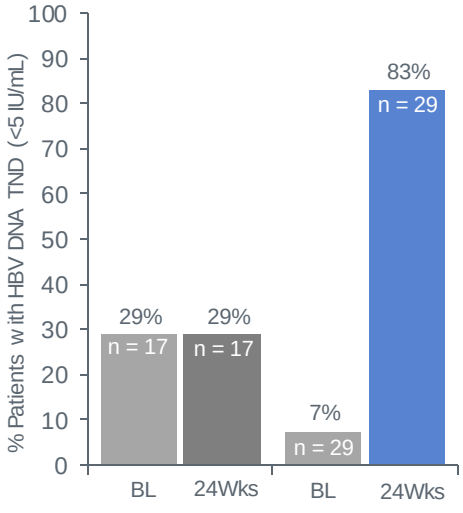
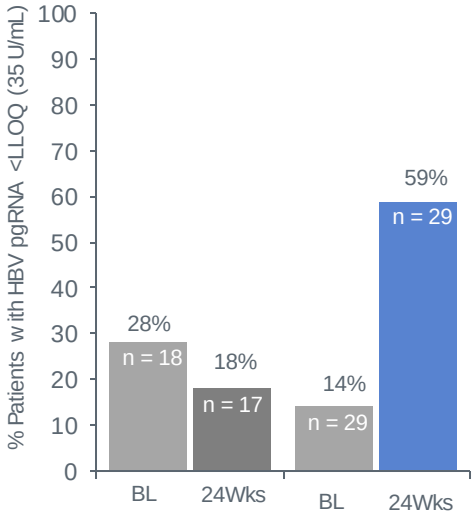
Study 201

Addition of VBR to NrtI Results in Deeper Viral Suppression



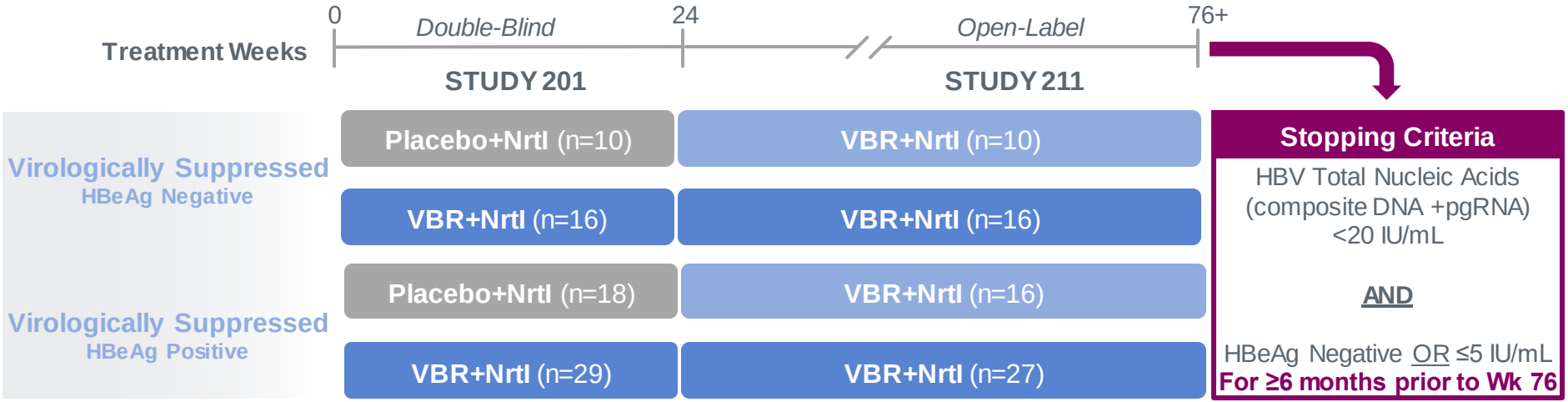




MF Yuen at al, EASL 2020, abstract 4603.

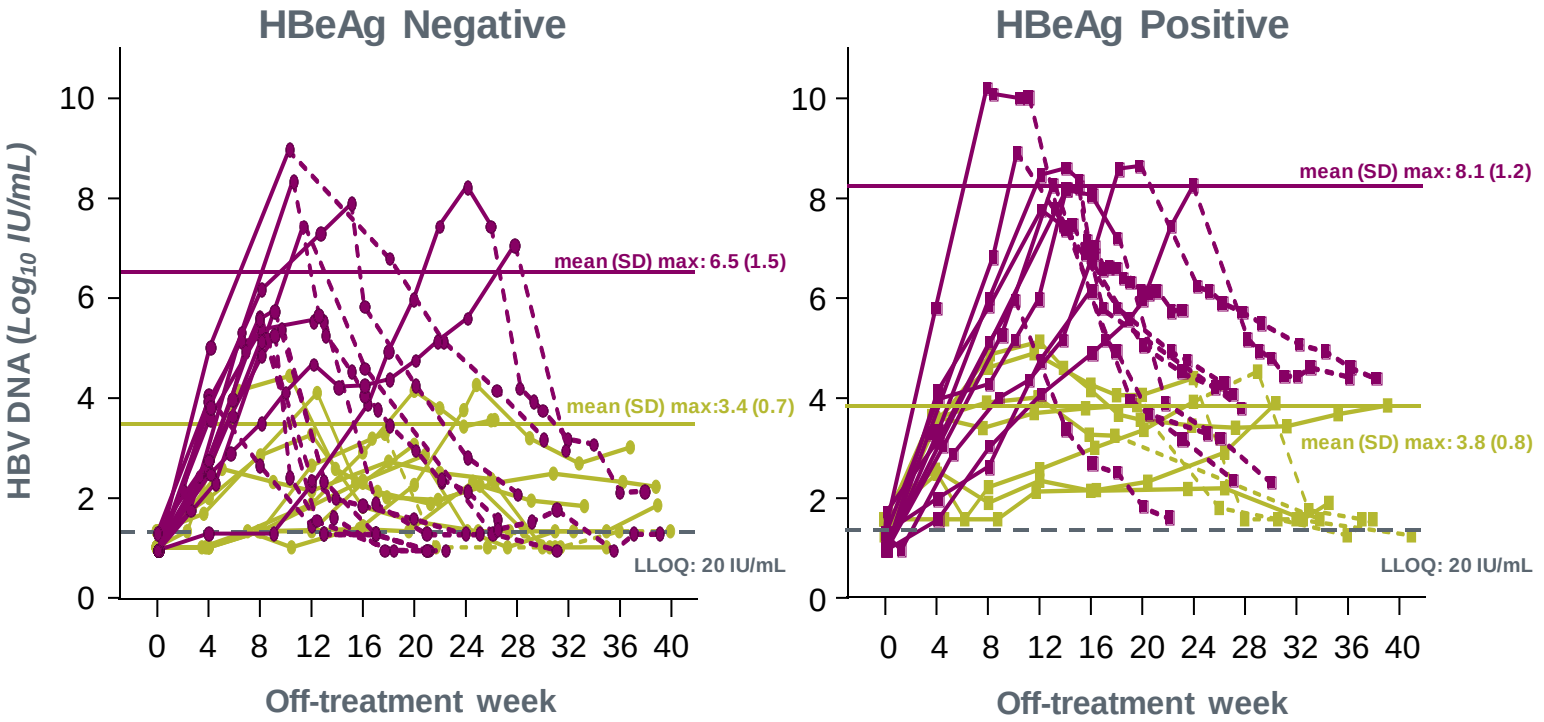
Study 211

Stopping Criteria to Assess for Off-Treatment Virologic Response



MF Yuen et al, EASL 2020, abstract 4603.

Study 211
Off-Treatment HBV DNA



E Gane et al, EASL 2021, PO-482.

[a]For ≥8 weeks off treatment. [b]Or, restarted NrtI before 8 weeks off-treatment

Study 201 and 211
Summary and Lessons Learned

- Addition of vebicorvir, a first-generation core inhibitor, to NrtI led to deeper virologic suppression, but did not lead to sustained virologic response
  - More potent core inhibitors and other mechanisms of action are likely required for a finite and curative treatment regimen
- In a post hoc analysis, patients were categorized as having off-treatment lower viral load, and univariate predictors of off-treatment lower viral load were
  - HBeAg Positive: age <45 years
  - HBeAg Negative: ETV use and EOT HBcrAg <1.5 kU/mL
  - Future stopping criteria will be refined and may include additional antigen components, depending on the mechanisms of action of the investigational agents in the regimen
- Discontinuation of VBR+Nrtl was well tolerated with limited AEs and ALT elevations post-Nrtl restart
  - Stop Nuc studies may be conducted in a way that is safe for patients with no or minimal fibrosis and close monitoring