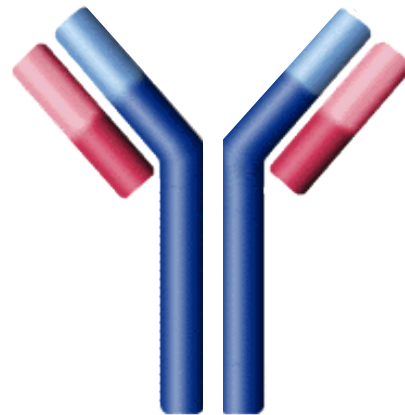
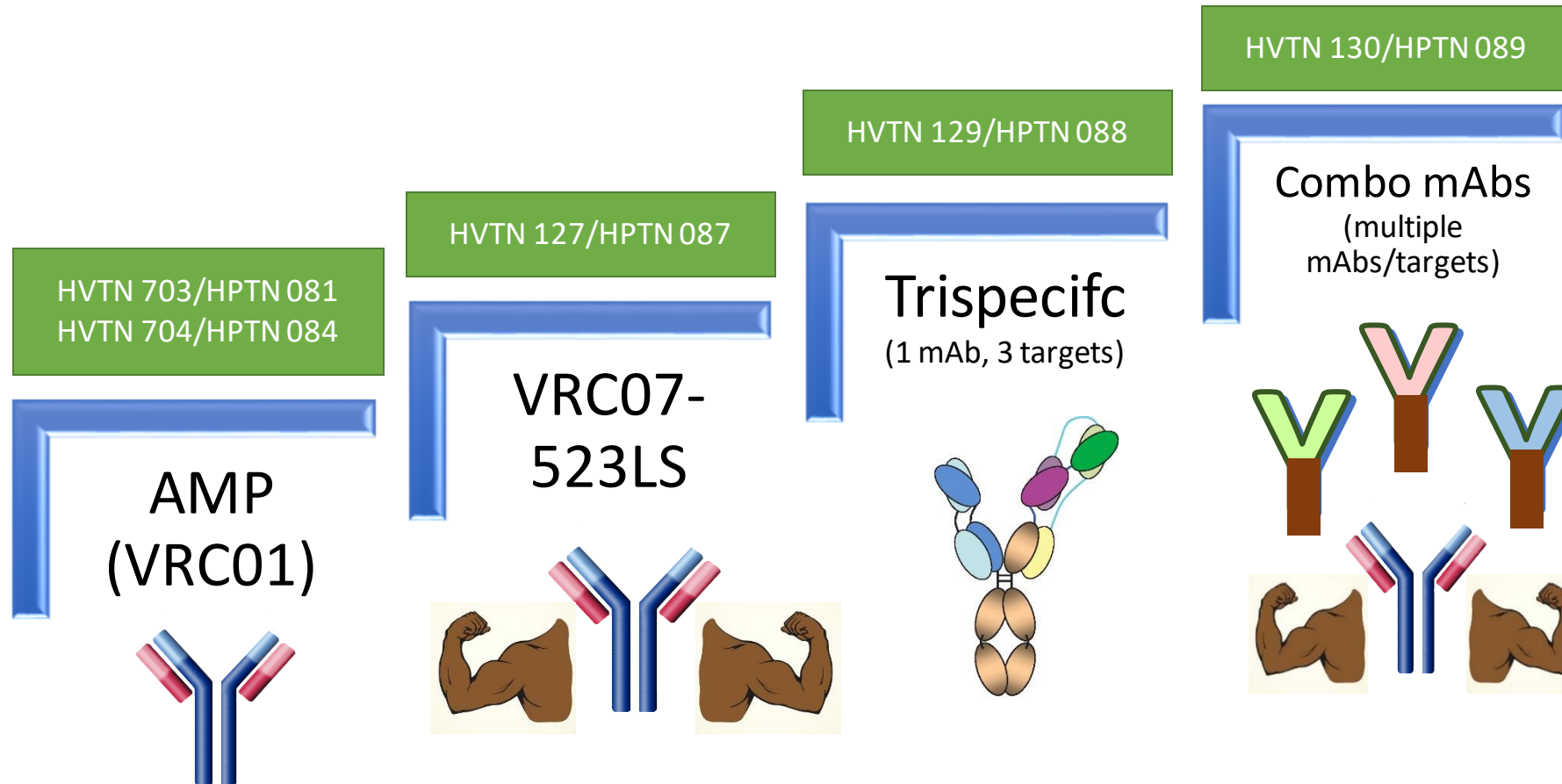


Overview of the Joint HVTN/HPTN Research Portfolio



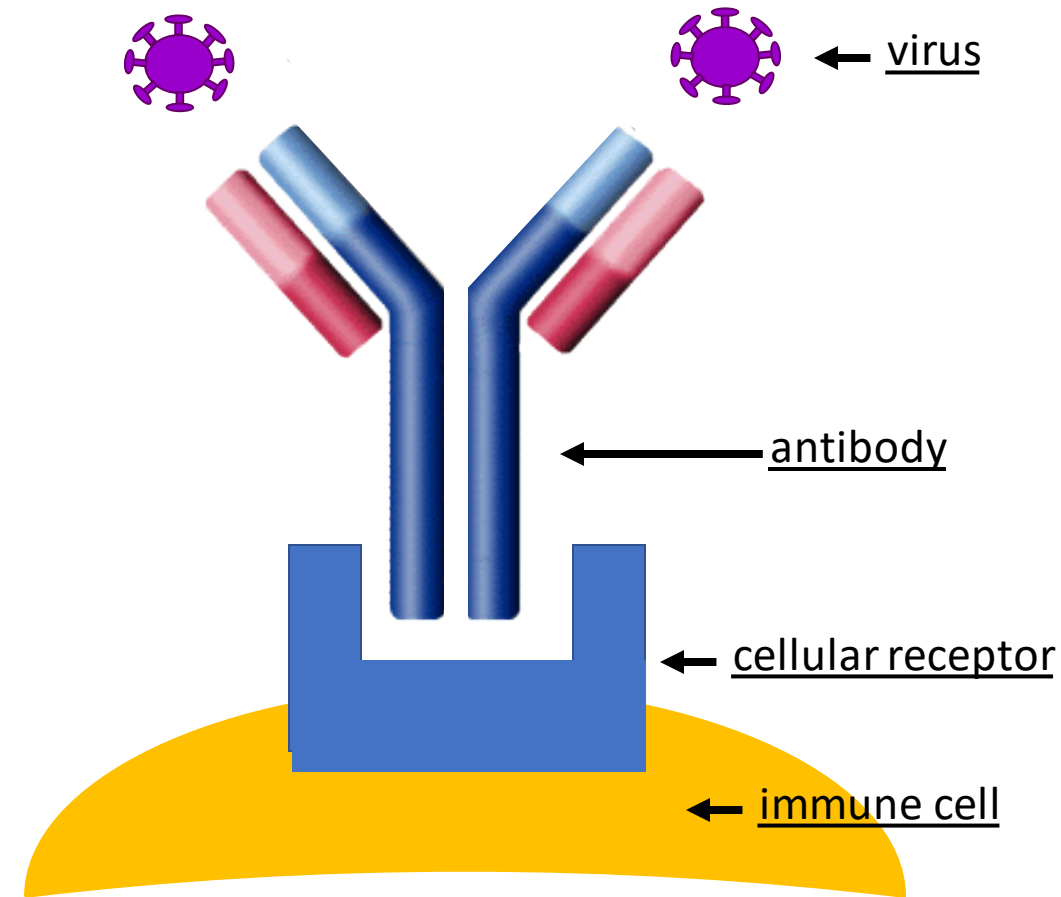
Theresa Gamble, PhD
HPTN LOC
May 15, 2018

Joint HVTN/HPTN mAb Portfolio



What is an antibody?

- A complex protein molecule made by the immune system
- Found free-floating in the bloodstream and lymphatic system or bound to B-cells
- “Sticky” on both ends – binding to foreign targets (like viruses) on one end and cellular receptors on the other



What do antibodies do?

- Normally humans make their own antibodies to ward off disease
- It is also possible to give someone antibodies to prevent or treat disease

<u>VIRUS</u>	<u>PRODUCT DESCRIPTION</u>	<u>INDICATION</u>
Measles	Concentrated human gamma globulin	Prevention
Polio	Concentrated human gamma globulin	Prevention
CMV	Cytomegalovirus Immune Globulin	Prevention
Hepatitis A	Immune serum globulin (ISG)	Prevention (travel)
Hepatitis B	Hepatitis B Immune Globulin	Post Exposure
Rabies	Rabies Immune Globulin	Post Exposure
RSV	mAb (palivizumab) for prophylaxis of high risk infants	Prevention in High Risk Infants
VZ	Varicella Zoster Immune Globulin	Post Exposure

The Great Race of Mercy

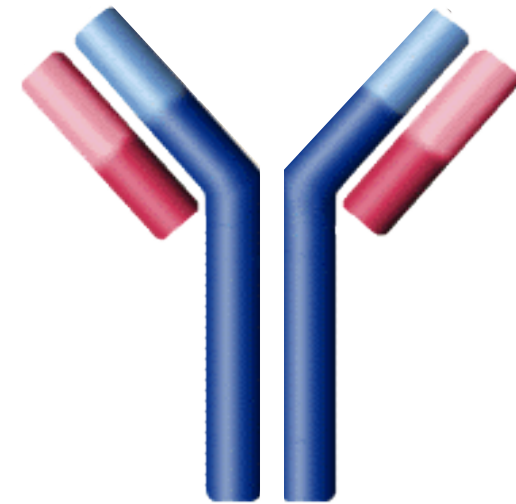
- In 1925, 20 mushers and 150 sled dogs raced 674 miles in 5.5 days to bring **frozen antibodies** to Nome, Alaska, saving the town from a diphtheria epidemic.



← That's Togo, the lead sled dog, good boy!

Antibodies and HIV

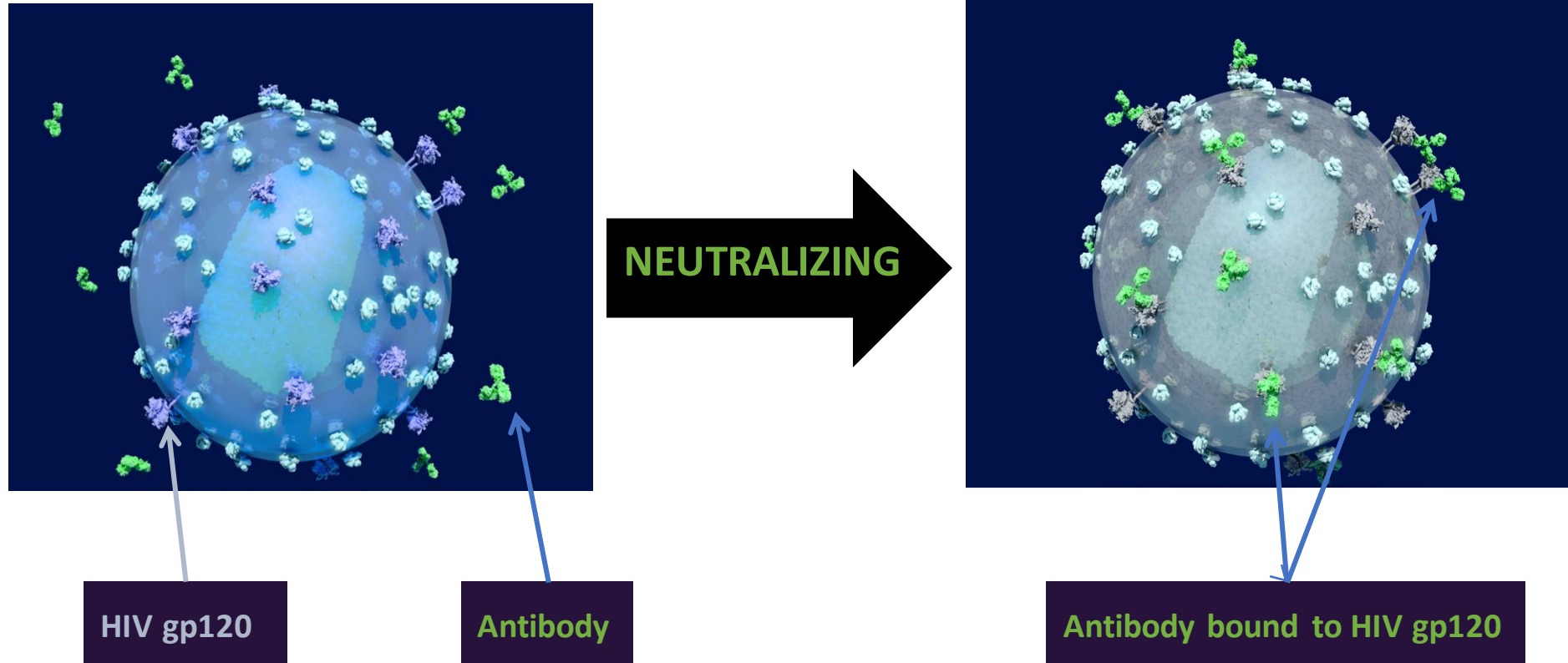
- Antibody Mediated Prevention
- This is the idea of using an **antibody** made in the lab and giving it to people directly, i.e. using an intravenous (IV) infusion, to **prevent** HIV infections



How could antibodies work against HIV?

NEUTRALIZATION

Antibodies bind to HIV & blocks its attachment to host cells



Thanks to Lisa Donohue for these images.

How could antibodies work against HIV?

OPSONIZATION ("buttering the toast")

Antibodies bind to HIV, then binds to macrophages;
the macrophages then eats the HIV

macrophage

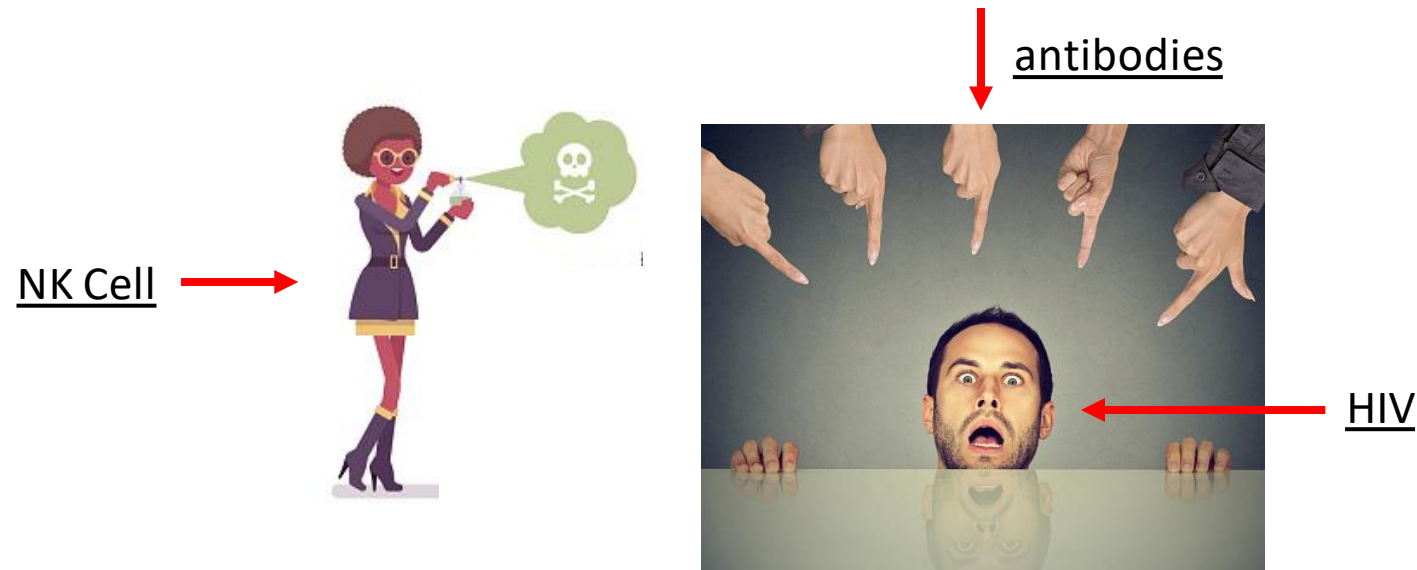


antibody bound to HIV

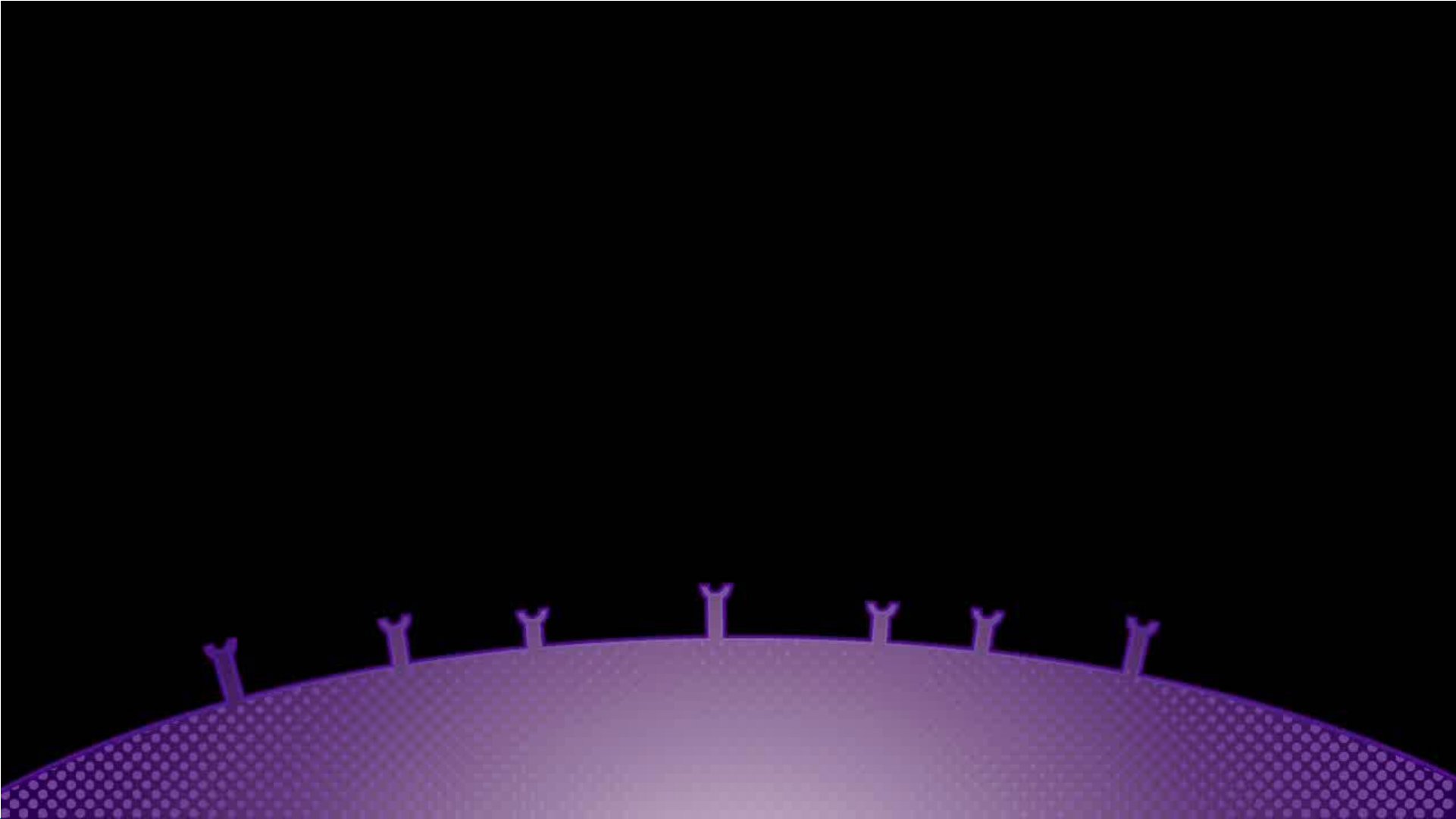
How could antibodies work against HIV?

SENSITIZATION ("the lookout for the hitman")

Antibodies bind to HIV, then bind to natural killer (NK) cells; the NK cells then spill their "poison" to kill HIV

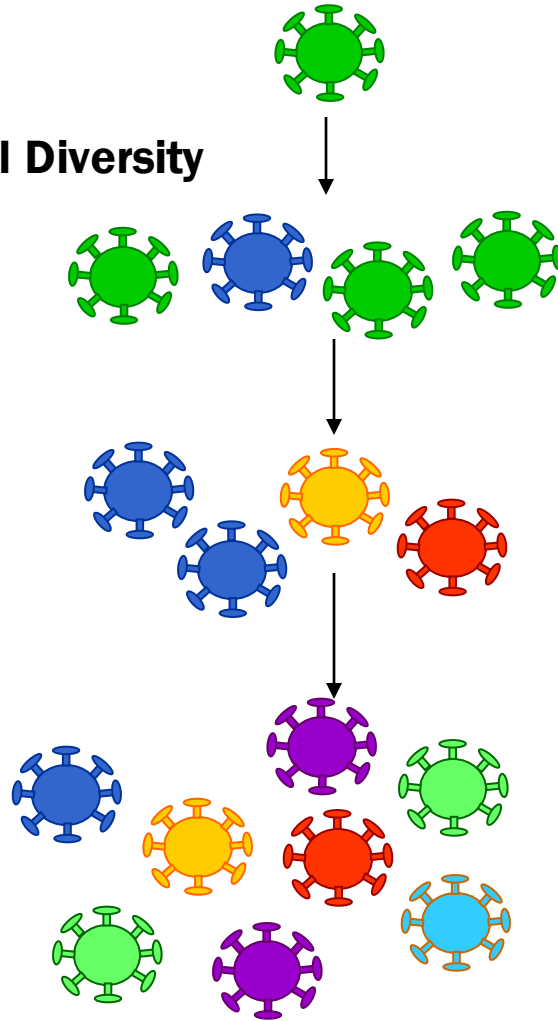


Antibody neutralization against HIV



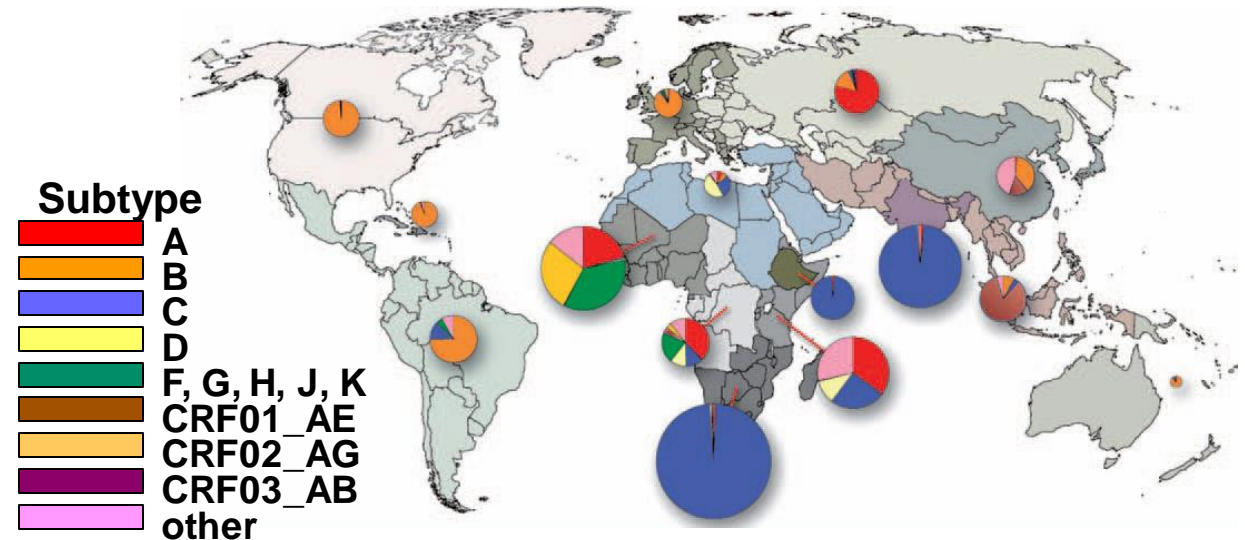
What is a **broadly** neutralizing antibody (bnAb)?

Individual Diversity



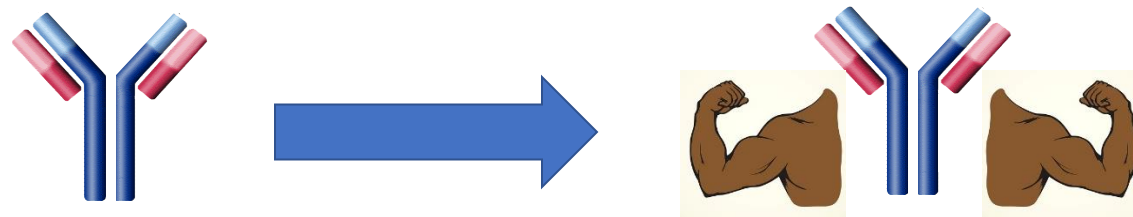
An antibody that neutralizes a lot of different types or strains of HIV.

Global Diversity



Where do bnAbs come from?

- Some individuals eventually make bnAbs against HIV, but it is too late to prevent infection.
- These human-generated bnAbs can be used as they are or can be modified to improve their breadth and potency (better binding to a larger number of viral variants)



What is a **monoclonal** antibody (mAb)?

- A single type (“clone”) of antibodies often found in the blood of long-term non-progressors, then made in a lab
- Bind to different parts of the HIV gp120 envelope protein

N332 Glycan Supersite:
PGT121, PGT128, 10-1074

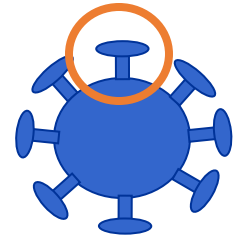
V1V2 Glycan:
PG6, PG16, CH01-04, PGT141-45, PGDM1400, CAP256-VRC26

CD4 Binding Site:
VRC01, PG04, CH31, VRC07-523LS,
3BNC117, 12A12, CH103

Trimer (gp120/41)
8ANC195, PGT151, 35022

gp41 MPER:
2F5, 4E10, 10e8

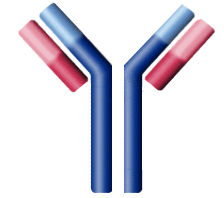
HIV gp160
envelope
protein



Thanks to the Subramaniam, Kwong, and Wilson groups.

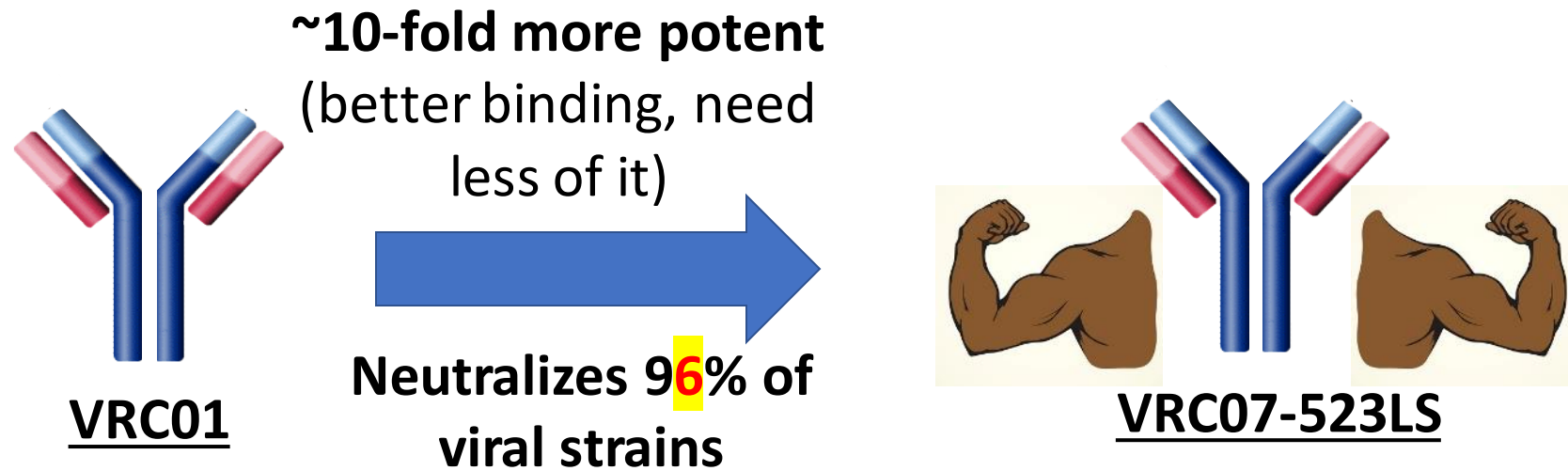
The AMP Studies: VRC01

In the lab, VRC01 has been able to block HIV in about 90% of the different types by binding to the CD4 binding site.



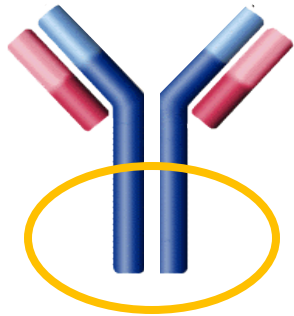
Key Elements	Key Information
Purpose	<ul style="list-style-type: none">• Safety and tolerability• Efficacy
What's Special	<ul style="list-style-type: none">• First efficacy study using mAbs for HIV prevention
Study Design	<ul style="list-style-type: none">• Randomized, controlled, double-blind, 10 doses (1 every 8 weeks) via IV (10-30 mg/kg)
Participants	<ul style="list-style-type: none">• 1900 women or 2700 MSM or transgender (at risk for HIV)
Sites	<ul style="list-style-type: none">• 46 globally
Study Duration: 60 months (includes enrollment and follow-up)	

HVTN 127/HPTN 087: VRC07-523LS



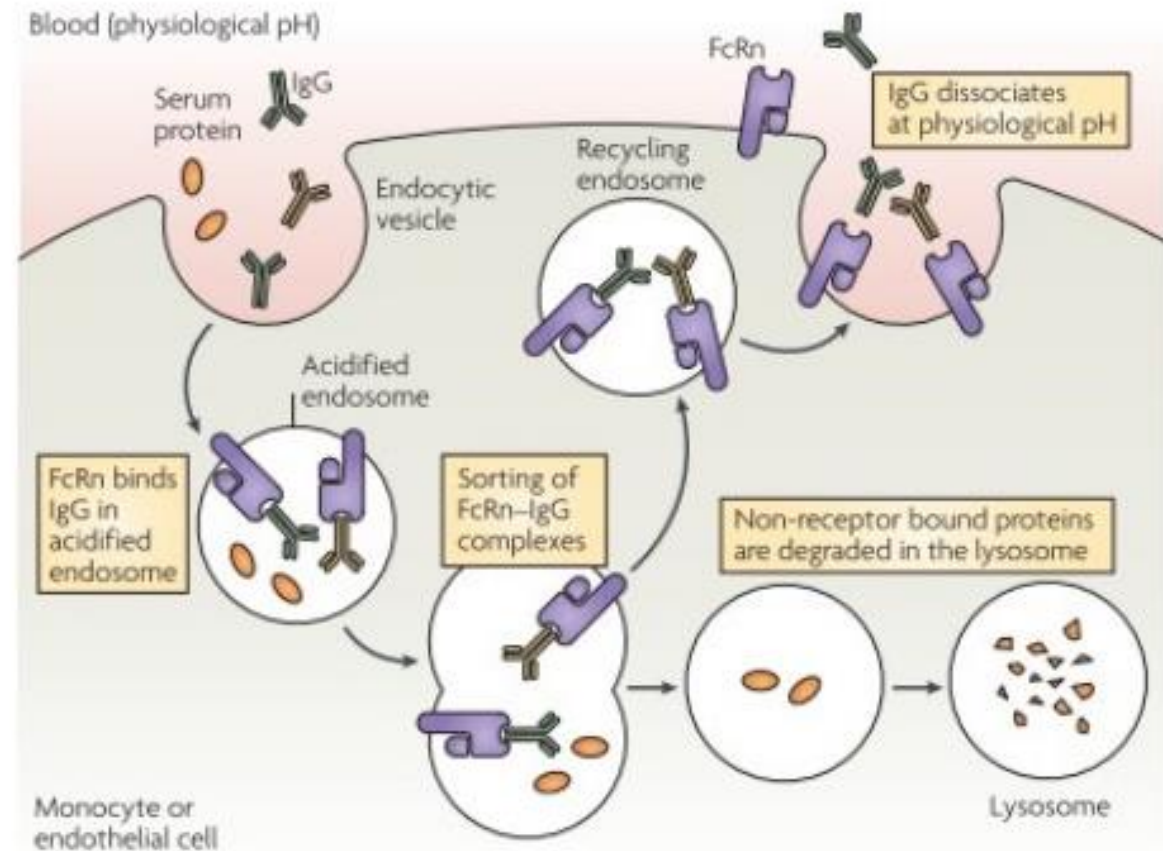
Extended half-life (LS mutation) – so it lasts longer in the bloodstream

HVTN 127/HPTN 087: VRC07-523LS

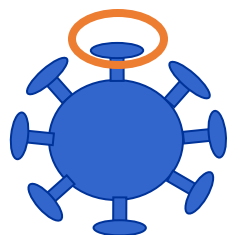
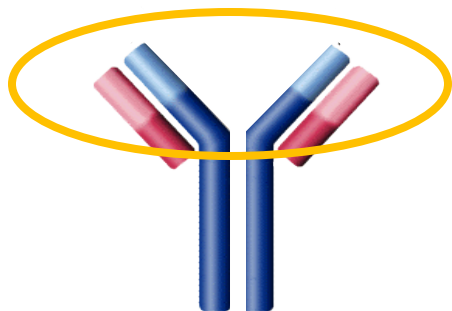


The LS mutation takes place here

Now the mAb can bind to the neonatal Fc receptor (FcRn), which recycles the mAb back to the bloodstream.

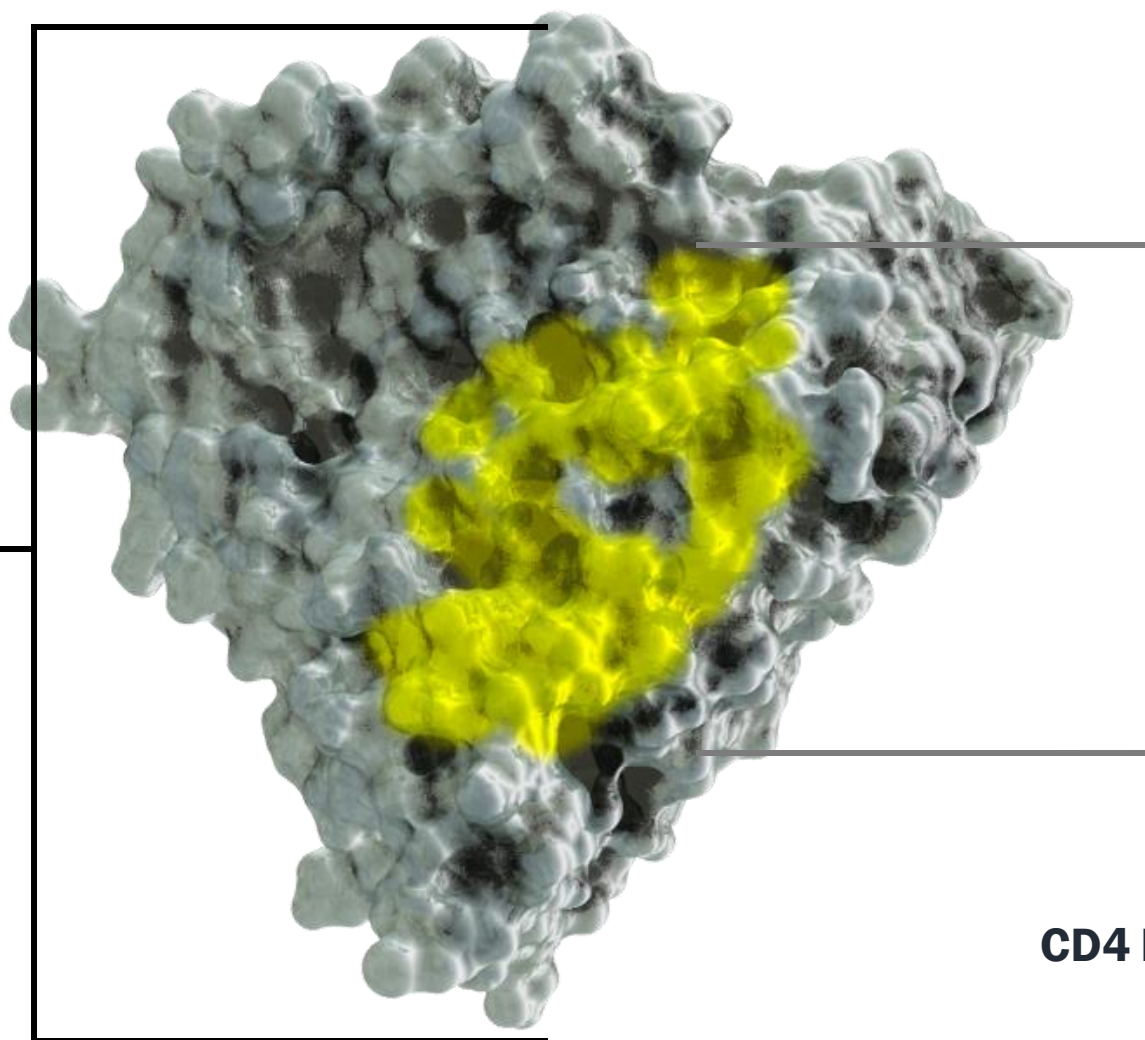


Binding mutations takes place
here



gp120

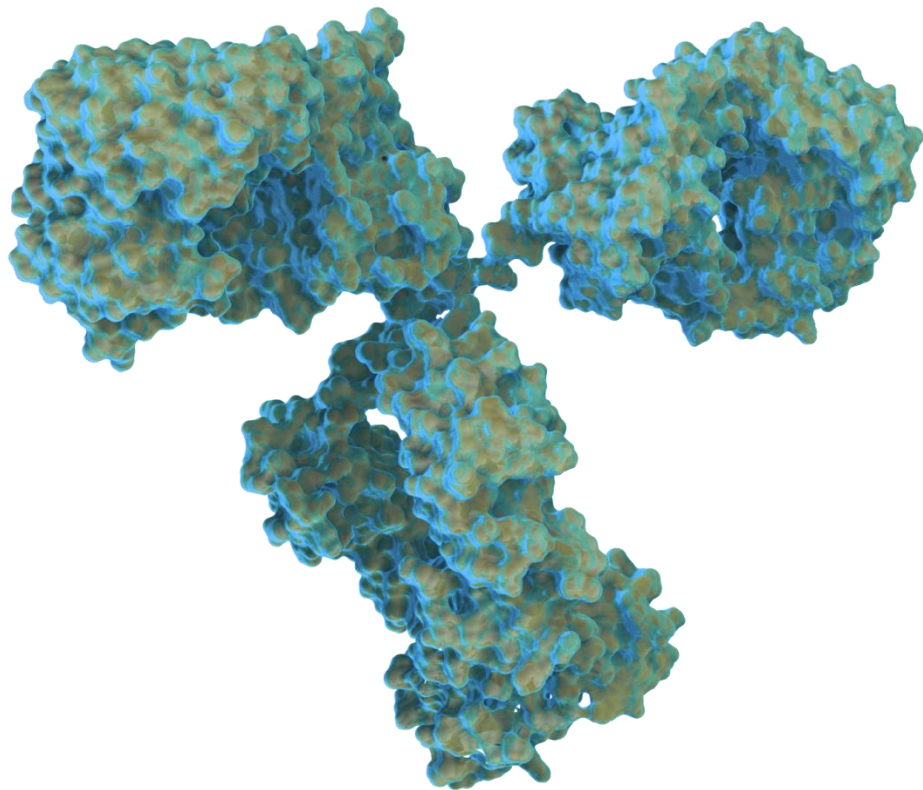
gp120 CD4 Binding Site



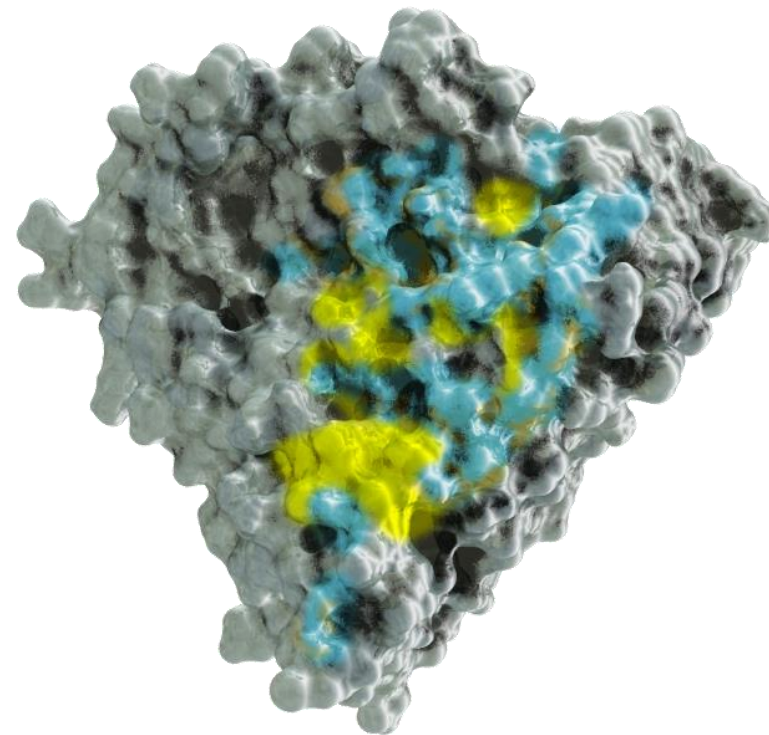
CD4 Binding Site

VRC01 Footprint

VRC01 mAb

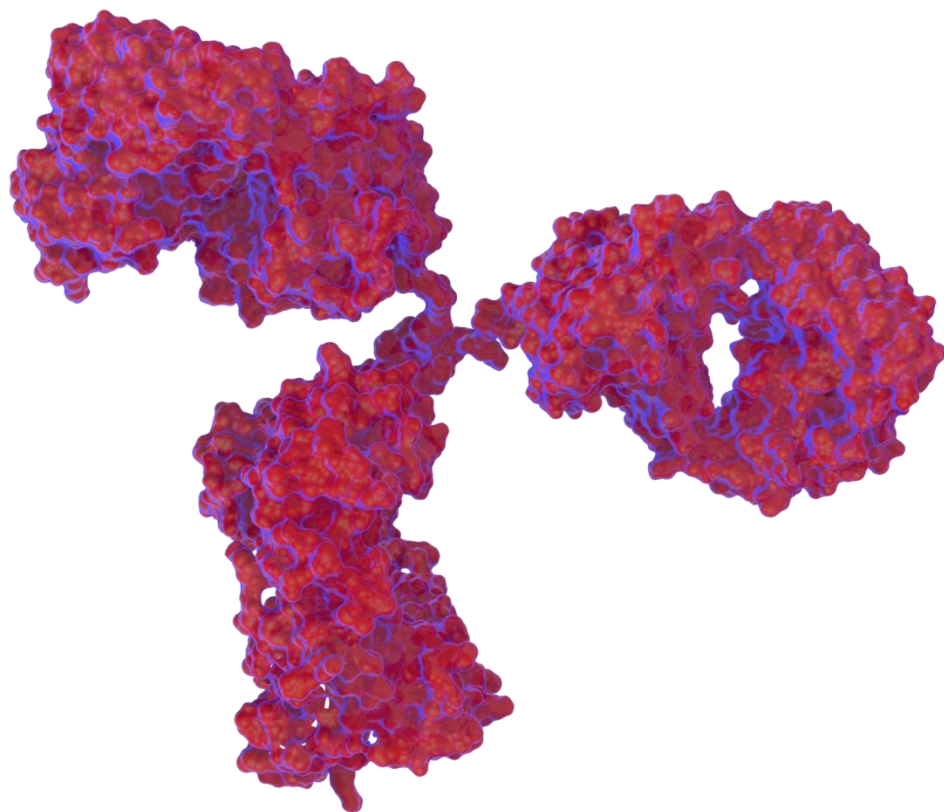


gp120

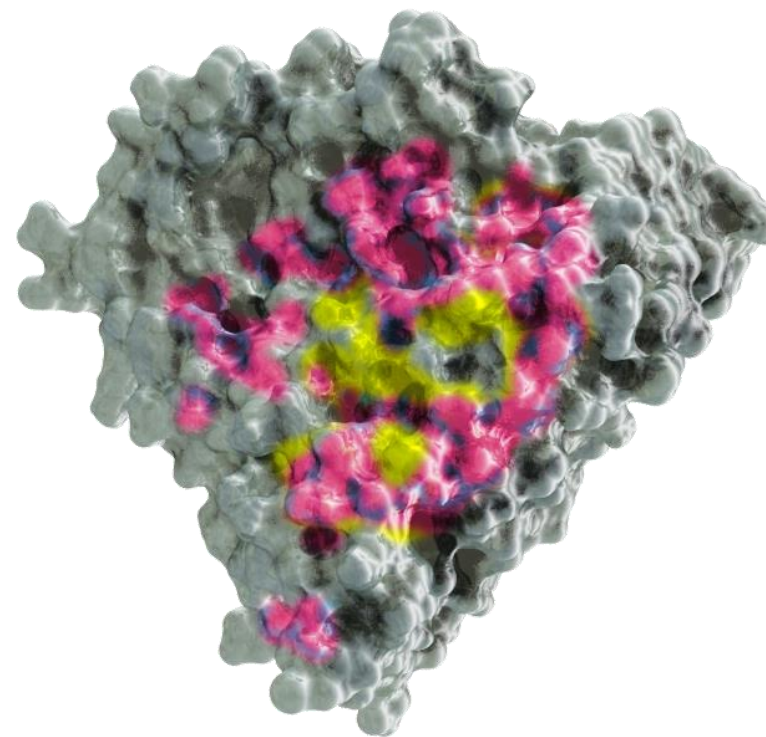


VRC07-523LS Footprint

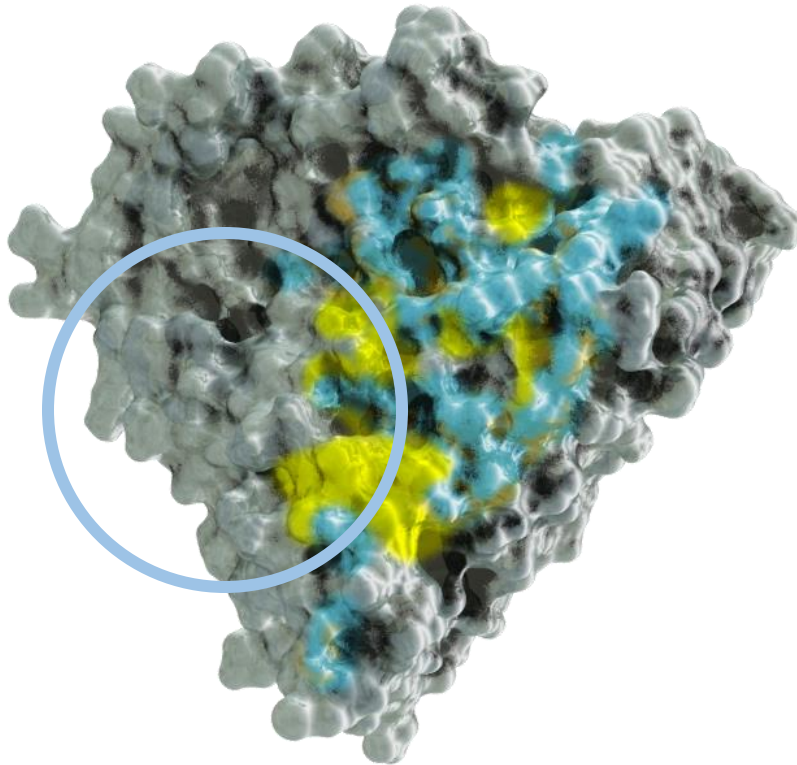
VRC07-523LS
mAb



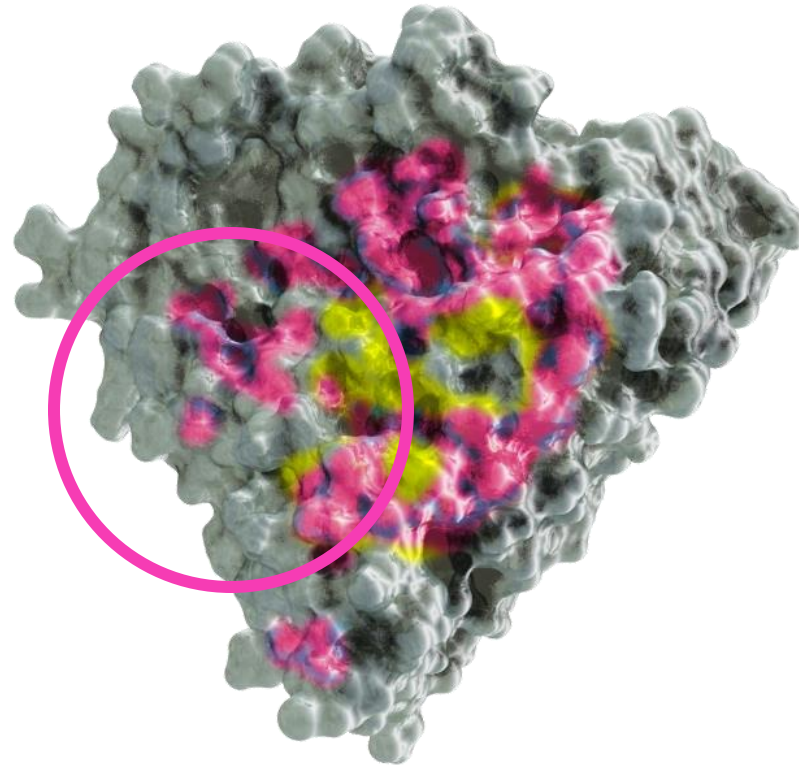
gp120



VRC01 vs VRC07-523LS Coverage



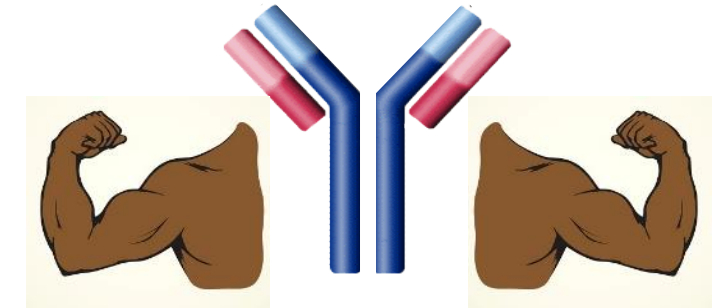
VRC01 mAb



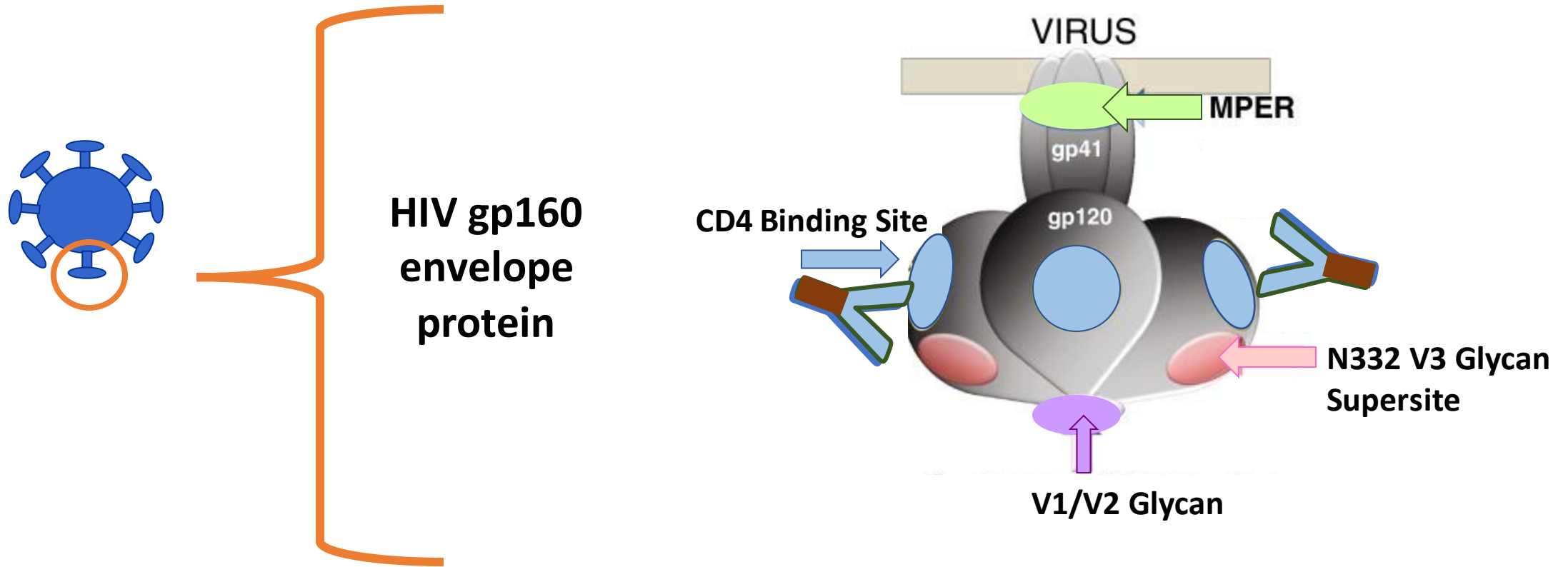
VRC07-523LS mAb

HVTN 127/HPTN 087: VRC07-523LS

Key Elements	Key Information
Purpose	<ul style="list-style-type: none">• Safety and tolerability• Serum concentrations (pK, binding, neutralizing activity) and development of anti-drug antibodies (ADA)
What's Special	<ul style="list-style-type: none">• Broader (neutralizes more HIV-1 isolates), more potent and longer half-life than VRC01
Study Design	<ul style="list-style-type: none">• Randomized, multi-dose (5 doses 16 weeks apart), dose ranging via IV (2.5 – 20 mg/kg), SC (2.5 – 5.0 mg/kg) and IM (2.5 mg/kg)
Participants	<ul style="list-style-type: none">• 124 healthy adults at low risk for HIV
Sites	<ul style="list-style-type: none">• 7 sites (Switzerland, Atlanta, Birmingham, Boston (2), Chapel Hill and New York)
Study Duration: 32 months (includes enrollment and follow-up)	

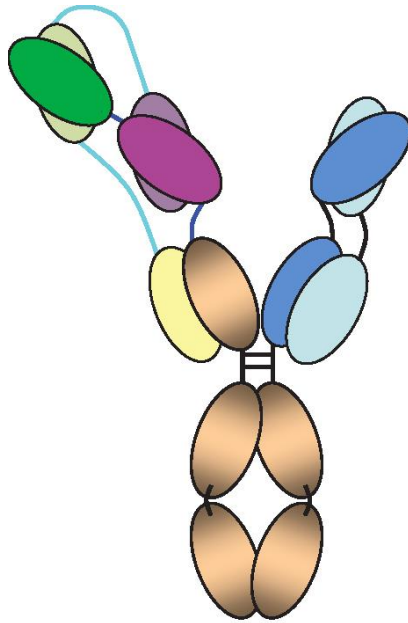


VRC01 and VRC07-523LS bind to the CD4 binding site



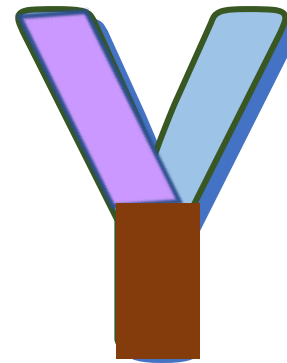
SAR441236 (trisppecific mAb)

- Made up of pieces from three different mAbs
- Binds to HIV in three unique locations



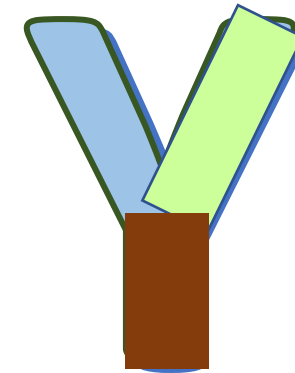
V1/V2 glycan

CD4



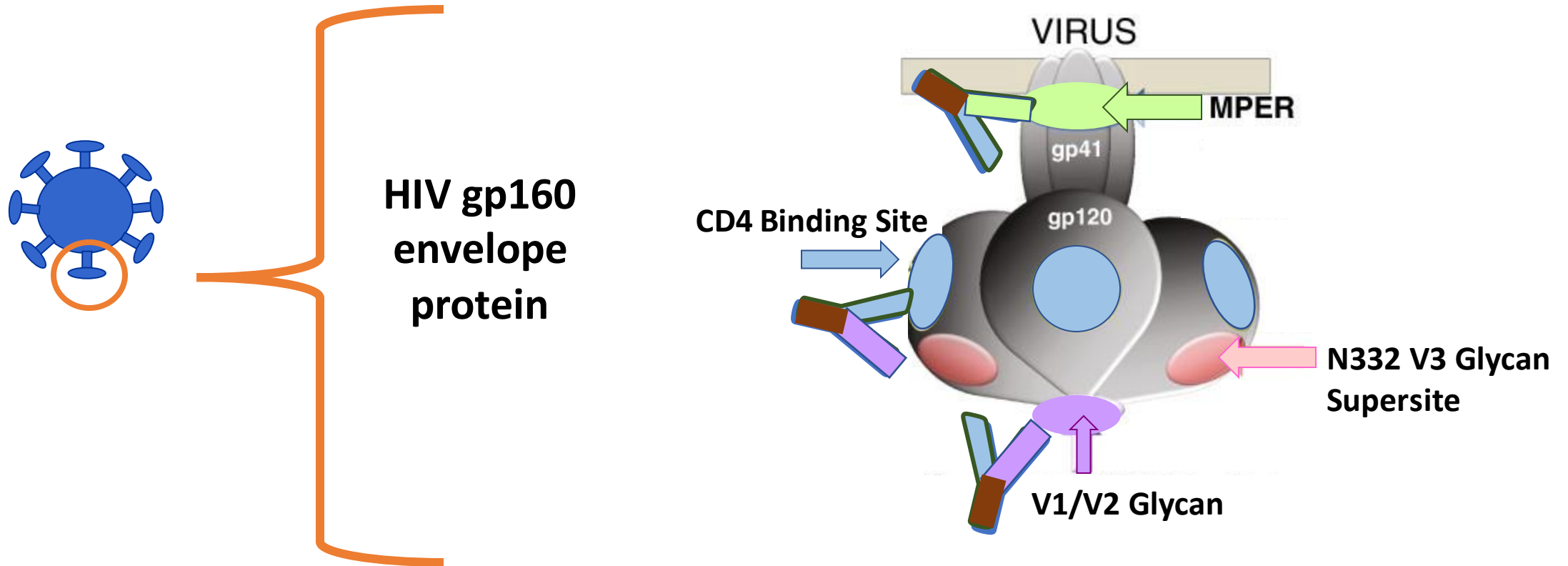
Front

MPER



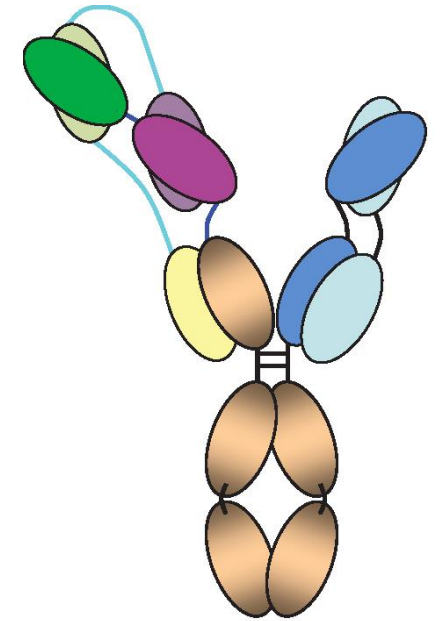
Back

SAR441236 (trispecific mAb) binds in 3 unique locations

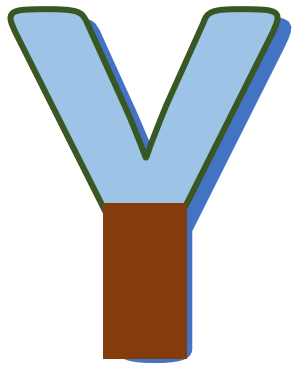


HVTN 129/HPTN 088: Trispecific mAb

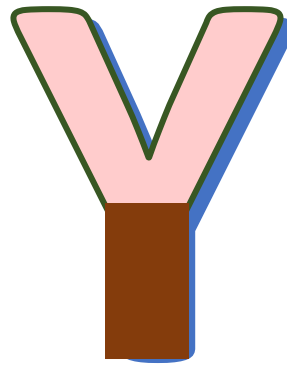
Key Elements	Key Information
Purpose	<ul style="list-style-type: none">• Safety and tolerability (first in human)• Serum concentrations (pK, binding) and development of anti-drug antibodies (ADA)
What's Special	<ul style="list-style-type: none">• Single mAb engineered to bind HIV in three locations (CD4 binding site, MPER epitope and V1/V2 epitope)
Study Design	<ul style="list-style-type: none">• Part A: Randomized, single dose escalation (1-30 mg/kg IV and 3 mg/kg SC), no placebo (30 participants)• Part B: Randomized, three doses (12 weeks apart) of 3 and 30 mg/kg (IV), includes placebo (48 participants)
Participants	<ul style="list-style-type: none">• 78 healthy adults at low risk for HIV
Sites	<ul style="list-style-type: none">• 6 US sites (Los Angeles, Atlanta, Newark, Philadelphia, San Francisco and Rochester)
Study Duration: Part A: 12 M follow-up, Part B: 18 M follow-up	



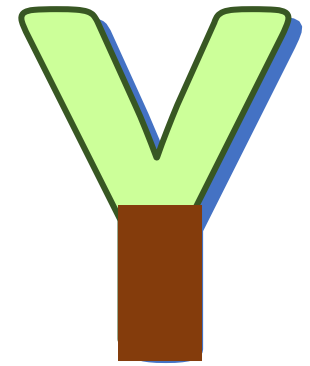
Another way to bind more HIV sites is to use more mAbs



CD4

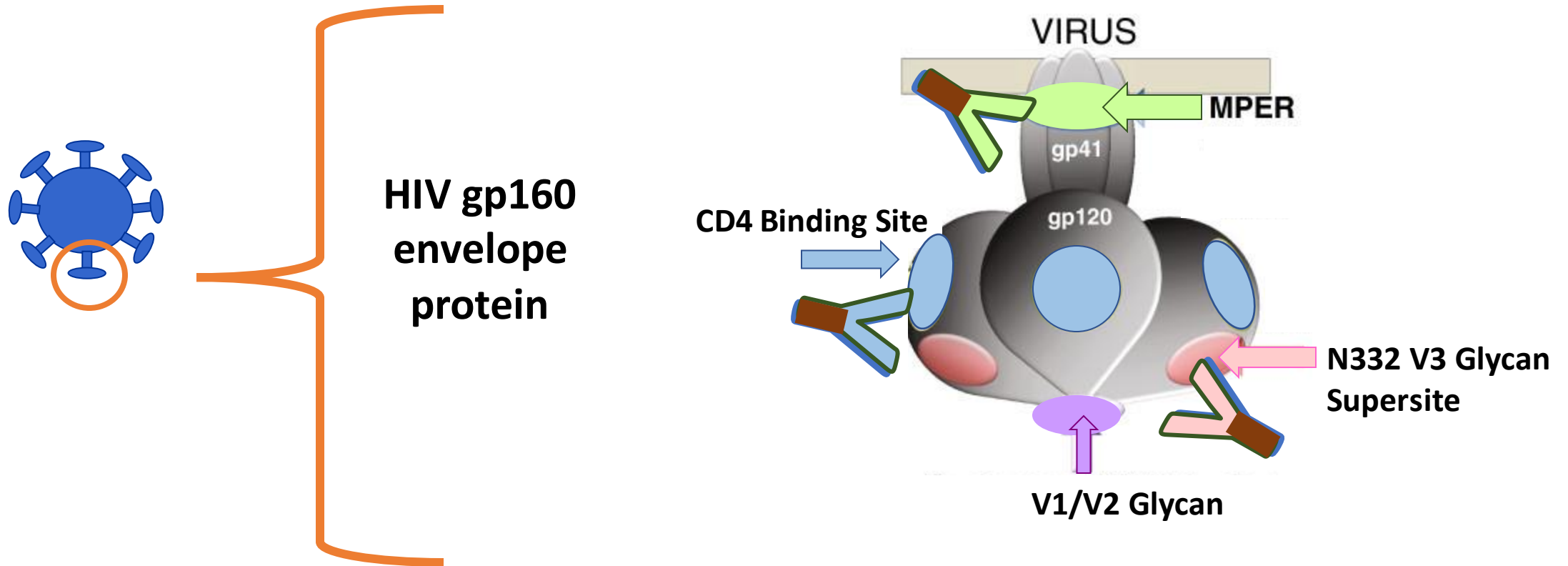


**N332 glycan
supersite
(V3)**



MPER

Multiple mAbs binding in multiple locations

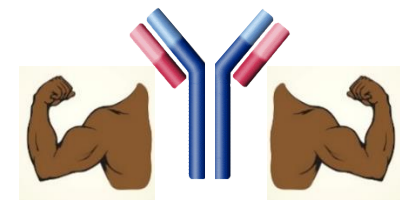
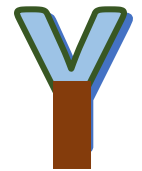
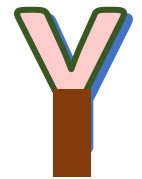
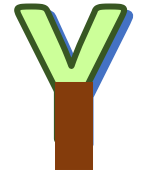


Potential advantages of the trispecific and combination mAb approach

- mAbs or mAb fragments can be chosen so that HIV strains resistant to one are sensitive to the others
- Increase breadth - theoretically, these could be effective against 99% of HIV strains
- May prevent viral escape (the virus mutates and the mAbs no longer work)

HVTN 130/HPTN 089: Triple Combo

Key Elements	Key Information
Purpose	<ul style="list-style-type: none"> • Safety and tolerability of dual (VRC07 -523LS with PGT121, PGDM1400 or 10-1074) or triple (first in human for all combinations) • Serum concentrations (pK, binding and neutralizing activity) of dual and triple combinations via IV and SC
What's Special	<ul style="list-style-type: none"> • Many HIV strains that are resistant to one are sensitive to the other(s) • Theoretically, could be effective against 99% of HIV-1 strains
Study Design	<ul style="list-style-type: none"> • Part A: Double-blind, randomized, single dose of dual combinations (20 + 20 mg/kg), IV only (18 participants) • Part B: Open label, triple combinations, two doses (4 months apart) (10+10+10 [IV], 20+20+20 [IV] or 5+3+3 [SC]) (36 participants)
Participants	<ul style="list-style-type: none"> • 54 healthy adults at low risk for HIV
Sites	<ul style="list-style-type: none"> • 4 US sites (New York (x2), Nashville and Boston)
Study Duration: Part A: 12 M follow-up, Part B: 16 M follow-up	



Questions and Discussion