

# Anti-HIV-1 bNAb: Potential Clinical Applications

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## Learning Objectives

After attending this presentation, learners will be able to:

- List potential indications of HIV-1 bNAbs
- Describe the engineering process of bNAbs and the delivery system in early clinical trials
- Describe the status of bNAb clinical trials in people with HIV (PWH)

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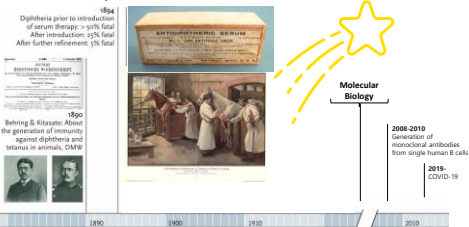
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## Passive immunization is effective against infectious diseases

Antibody-based therapy:  
Polyclonal Serum



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Modified from Kaufmann SHE. mBio 2017.

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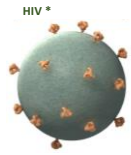
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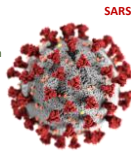
### HIV & SARS-CoV-2: Experience in both fields propel development of immunotherapy



**HIV \***

Discovery: Cloning methods  
 Characterization: activity, specificity  
 Engineering:  
 Fc modifications for half-life and function

← Safety: Diverse populations  
 Efficacy: Prevention & Therapy  
 Implementation: Fast development  
 Possibility of fast deployment



**SARS-CoV2**

\* Key differences in HIV: Extreme viral diversity & latency – natural immunity does not cure infection

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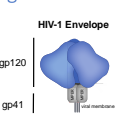
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### Broadly Neutralizing Antibodies Develop during HIV Infection




**HIV-1 Envelope**


gp120  
gp41

↻ Sparse expression  
 ↻ Epitope masking  
 ↻ Highly diverse


Transmission



Acute infection





Chronic infection



10-20% develop bNAb

2-3 yrs





Can neutralizing antibodies have a role in HIV infection?

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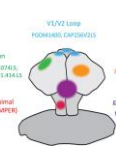
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### Anti-HIV-1 bNAbs Targeting Different Epitopes in Clinical Trials

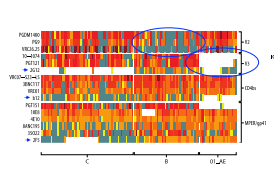
**Neutralization Targets**



Hsu et al, Front Immunol 2021

- ◆ Bi-specific & tri-specific
- ◆ AAV-delivery

**bNAbs with Greater Breadth and Potency**



Karuna et al, Ann Rev Med 2020

> At an individual level, greater env diversity is associated with high neutralization titers and breadth, but also with resistance to certain bNAbs and autologous viruses.

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## Potential Roles of bNAb's in HIV-1 Infection

**Treatment & Prevention:**  
Long-acting alternative to ART

→ Safety: As a class, mAbs are considered **safe**  
**No risk of selecting ARV resistance**

Adherence: mAbs **have long half-lives**, that can be prolonged to 2-3 months

**Treatment-free remission:**  
Immune-mediated control of viral replication

→ mAbs might **"boost"** or **"improve"** existing **immune responses**

mAbs have potential to **directly eliminate infected cells** and therefore interfere with the HIV latent reservoir

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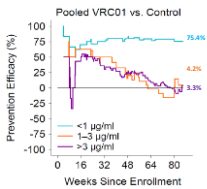
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## HIV-1 bNAb's: Prevention

AMP studies: VRC01 achieved prevention efficacy against neutralization sensitive viruses



- Prevention can be achieved by bNAb administration
  - Regardless of gender and region-specific clade
  - However, it is **dependent on neutralization sensitivity of circulating strains (only 30% VRC01 sensitive) and required higher levels than anticipated**
- In vitro neutralization assays can predict outcome
  - But predictions based on TZM/bl assays against pseudoviruses were about 1 log "off" from required in vivo sensitivity against "real viruses".
- Prevention efficacy biomarker: predicted serum neutralization ID80 titer of 200

Corey et al, NEJM 2011  
Gilbert et al, Nat Med 2012

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## Glass half full or half empty: Next steps after AMP results?

- Will combination of bNAb's provide greater protection?
  - How many bNAb's will be needed?
- What dose level and frequency will be needed to achieve protection titers?
- Is resistance to bNAb's evolving over time on a population level?

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### Delivery Systems: Sustained in vivo secretion of bNAbs AAV Vectors

Yong et al., 2014

Casazza et al., Nat Med 2022

- VRC 603: 8 people received AAV8-VR07 (three doses)
- 2/3 at high dose had sustained production of VR07.
- ADA responses detected

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### HIV-1 bNAbs: Therapy

#### Can bNAbs maintain viral suppression in the absence of ART?

Davey et al. PNAS 1999

3BNC117 + 10-1074 (20 mg/kg)

3BNC117

- Average time to rebound: 8.4 wks
- Rebound was monogenic
- Selection of resistance

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### Repeated doses of two bNAbs can maintain suppression of sensitive viruses in the absence of ART

Gaebler et al., 2022



Sneller et al., 2022

- Participants not screened for sensitivity
- 13/17 (76%) ppts maintained VL < 200 cp/ml through the dosing period of 20 weeks.
- Median time to rebound was 28.5 weeks (7- > 48 wks)
- Participants initiated on ART during acute/early HIV
- Participants not screened for sensitivity
- 5/7 ppts maintained VL < 40 cp/ml for > 28wks
- Median time to rebound was 33 weeks (7-43 wks)

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### Ongoing "Switch" Studies: LS-bNABs + LA-ARV

- Capsid Inhibitor
    - Lenacapavir
  - bNABs
    - 10-1074-LS + 3BNC117-LS
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- NCT04811040
- Integrase Inhibitor
    - Cabotegravir
  - bNABs
    - VRC07-523LS
- 
- A5357 / NCT03739996

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### Anti-HIV-1 bNABs Clinical Studies – Summary I

- Evidence that combination **bNABs can maintain viral suppression**
- However, **viral reservoir diversity is a challenge** to bNAB-based strategies
  - Improved sensitivity testing methods are being developed
- Potential advantages:
  - safety profile
  - no selection of ARV resistance
  - **bi-annual dosing with long-acting bNABs (IV infusions)**
- Future: Combinations of LA-ARV and LA-bNABs
  - Other bNAB combinations, including 3 bNABs
  - Bi- and Tri-specific molecules
  - Newer bNABs with greater breadth and diff. mechanism of resistance

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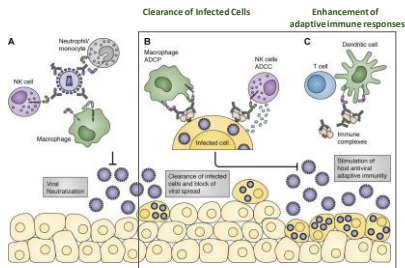
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### Antibodies Differ from ARVs: Fc Effector Functions



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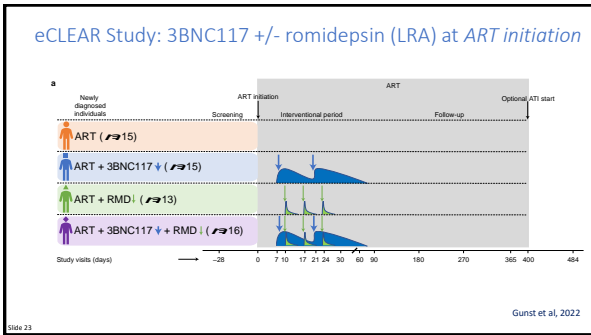
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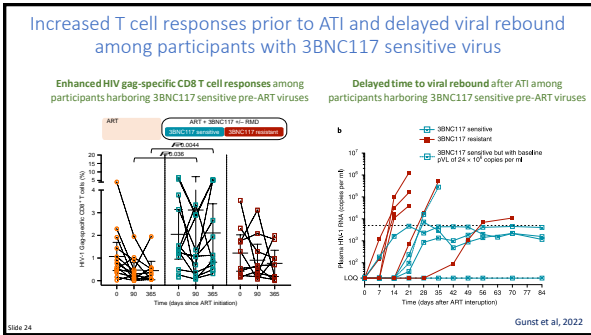
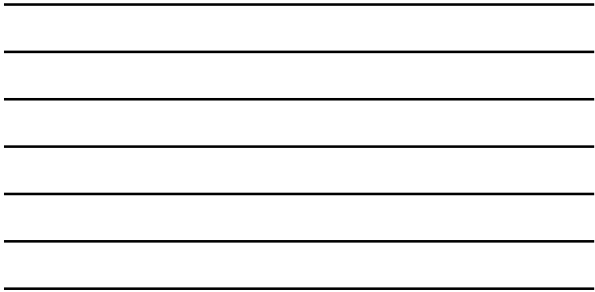
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### Ongoing / Planned bNAb + Combination Immunotherapy Studies

Limit the Establishment		Reduce and Control the Reservoir			
<b>RHIVERA</b> 3B-LS+1074-LS Primary Infection (Saez-Cirion)	<b>RIO</b> 3B-LS+1074-LS ART at Primary Infx bNAb ATI or ART restart (Fidler/Frater)	<b>MCA-1034</b> 3B-LS+1074-LS Chronic on ART (Caskey/Sheller)	<b>BEAT HIV2</b> 3BNC+1074-HFN Chronic during ATI (Tebas/Montaner)	<b>FRESH</b> VRC07523LS+CAP256-LS TLR7 ART at Primary Infx (Gilead / Dong)	
<b>A5388</b> VRC07523LS+PGT121-LS Primary Infection (ACTG - Crowell)	<b>A5389</b> VRC07523LS+PGT121-LS ART at Primary Infx bNAb ATI or ART (ACTG - Malvesutto)	<b>TITAN</b> 3BNC+1074+TLR9 Chronic during ATI (Sogaard)	<b>JAWS</b> DNA/MVA/TLR9 VRC07523LS+1074-LS Chronic/Primary on ART+ATI (Deeks)	<b>A5417</b> 3B-LS+1074-LS ART Nalve - SSAfrica (ACTG - Crowell/Caskey)	
		<b>A5386</b> 3BNC+1074+N803 Chronic on ART (ACTG - Wilkin)	<b>NCT04983030 (BIDMC)</b> Ad26/MVA/VRC07-523LS+PDGM +PGT121 on ART (Judg/Barouch)		
		<b>MCA-1031</b> 3B-LS+1074-LS+N803 Chronic during ATI (Caskey/Tebas/Wilkin)	<b>A5374</b> ChAd/MVA/TLR7 3B-LS+1074-LS ART at Primary Infx (ACTG - Ridler)		

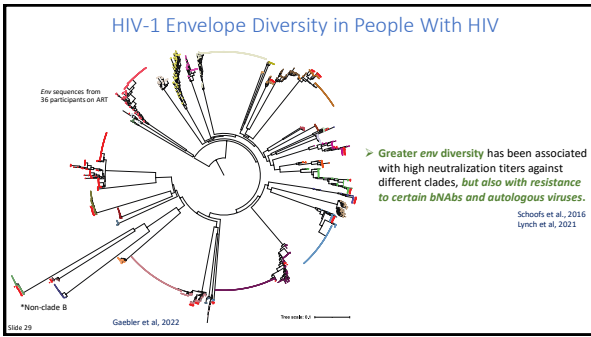
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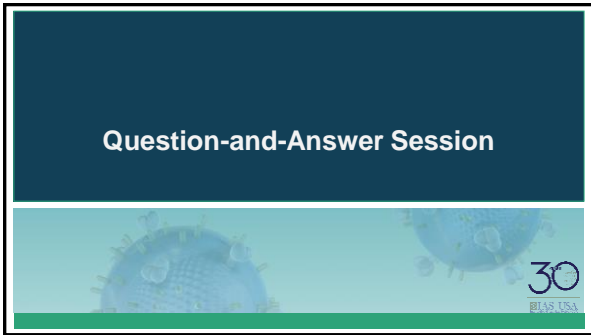
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