



National Institute of  
Diabetes and Digestive  
and Kidney Diseases

# **Prenylation Inhibition with Lonafarnib Decreases Hepatitis D Levels in Humans**

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# Introduction

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- 15-20 million people are infected worldwide with HDV
- Up to 80% of patients with HDV may develop cirrhosis within 5-10 years
- Higher risk for hepatic decompensation leading to death & development of HCC compared to mono-infected patients

# The Quest For Better Therapies

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- Interferon therapy is unsatisfactory
  - <30% achieve HBsAg loss and become HDV RNA negative
  - Extended duration of therapy does not help
- Nucleos/tide analogues are ineffective
- Investigational Therapies
  - HBV/HDV NTCP receptor entry inhibitor
  - HDV prenylation inhibitor

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Lau DT, et al. Gastroenterol 1999;117

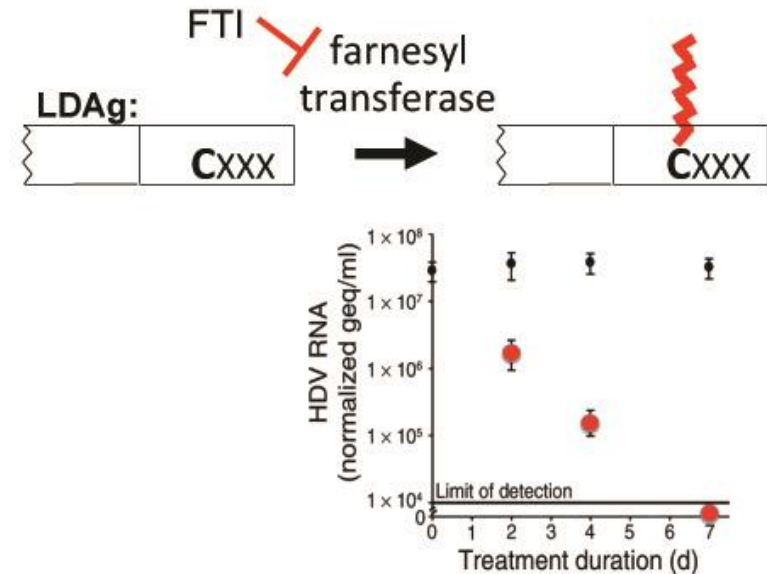
Wedemeyer H, et al. N Eng J Med 2011;27

Wedemeyer H, et al. Hepatology 2013;58

Heller T, et al. Aliment Pharmacol Ther 2014;40

# Prenylation Inhibition in HDV

- Prenylation inhibitors have demonstrated effectiveness against HDV in *in vitro* and *in vivo* models



# NIH HDV Lonafarnib Study

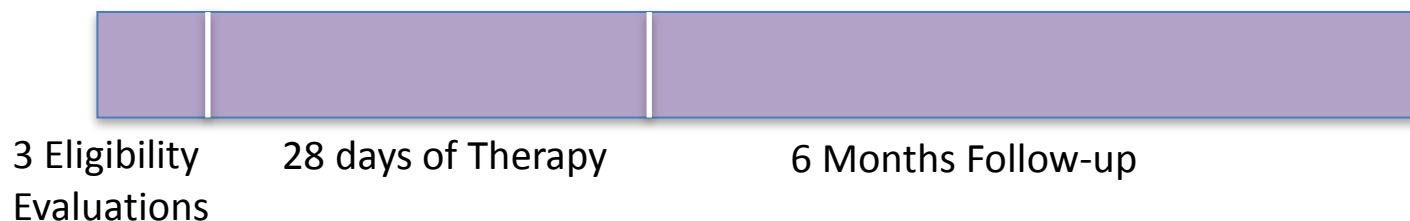
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- Phase 2A, Double Blinded, Randomized, Placebo Controlled Study
- Endpoints:
  - Therapeutic: Improvement in quantitative HDV RNA levels after 28 days of lonafarnib therapy
  - Safety: Ability to tolerate lonafarnib at the prescribed dose for 28 days.

# NIH HDV Lonafarnib Study Design

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Group 1: Lonafarnib 100 mg BID, 6 Treatment : 2 Placebo



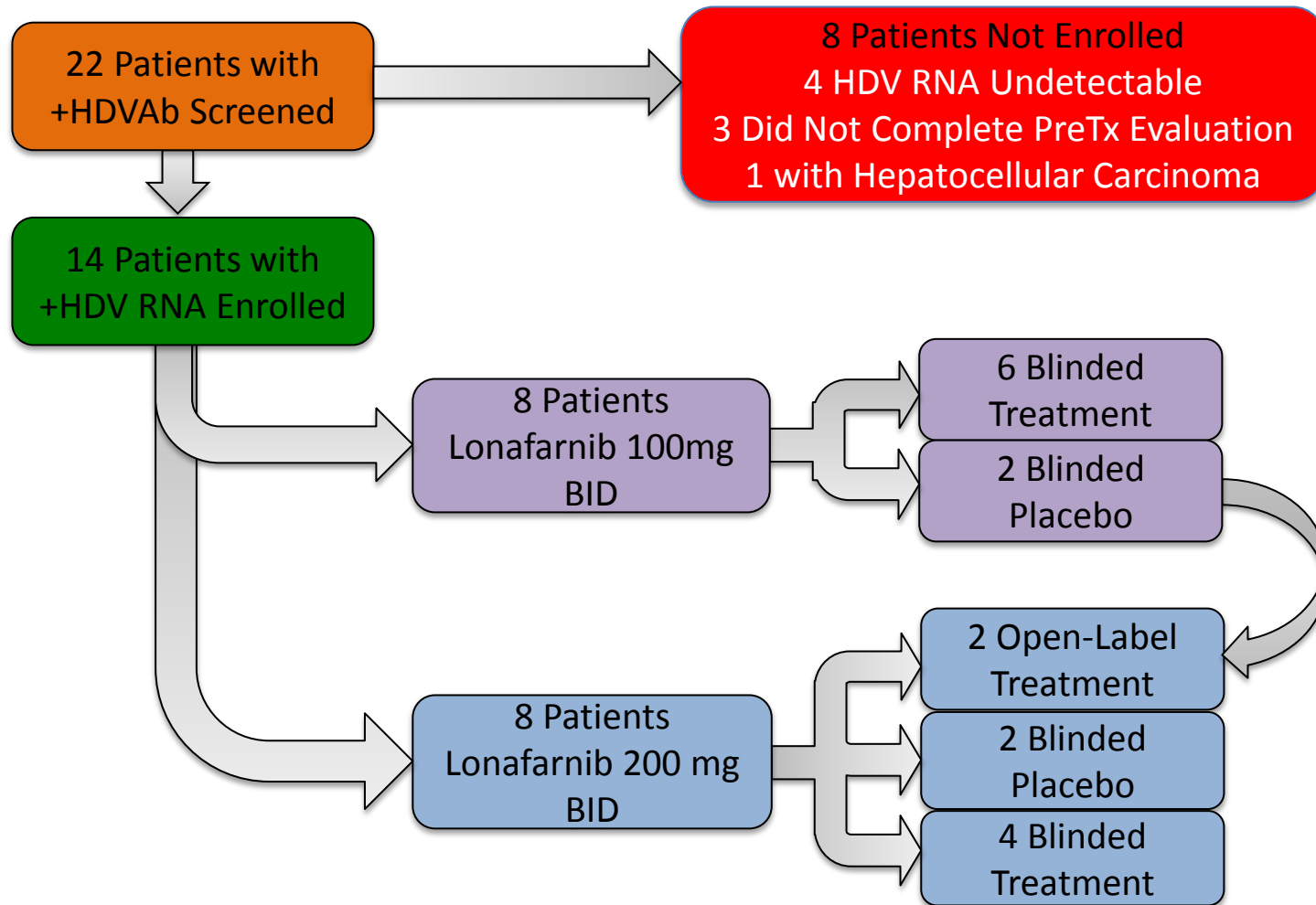
Group 2: Lonafarnib 200 mg BID, 6 Treatment : 2 Placebo



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\*Group 1 Placebo patients offered open-label Lonafarnib 200 mg

# HDV Lonafarnib Study Flow



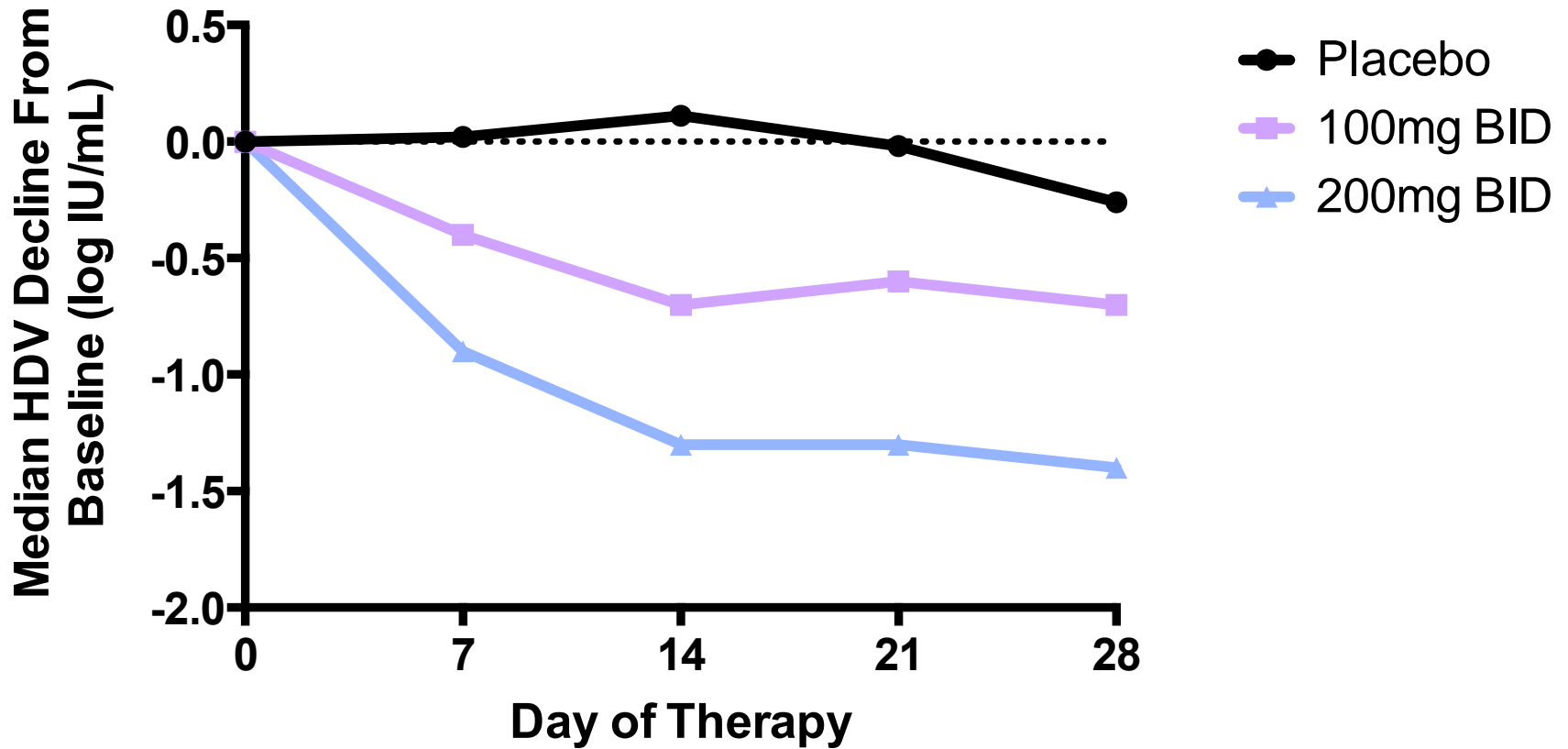
# Patient Characteristics

Feature	Result
Males	71%
Median Age (range)	38 (29-61)
Nucleoside Analogues	31%
<b>Race</b>	
Caucasian	43%
Asian	50%
African	7%
<b>Median Laboratory Results (IU/mL)</b>	
ALT	89
AST	61
HDV RNA	1.01E+06
HBV DNA	<21
<b>Median Histology</b>	
Ishak Fibrosis	3

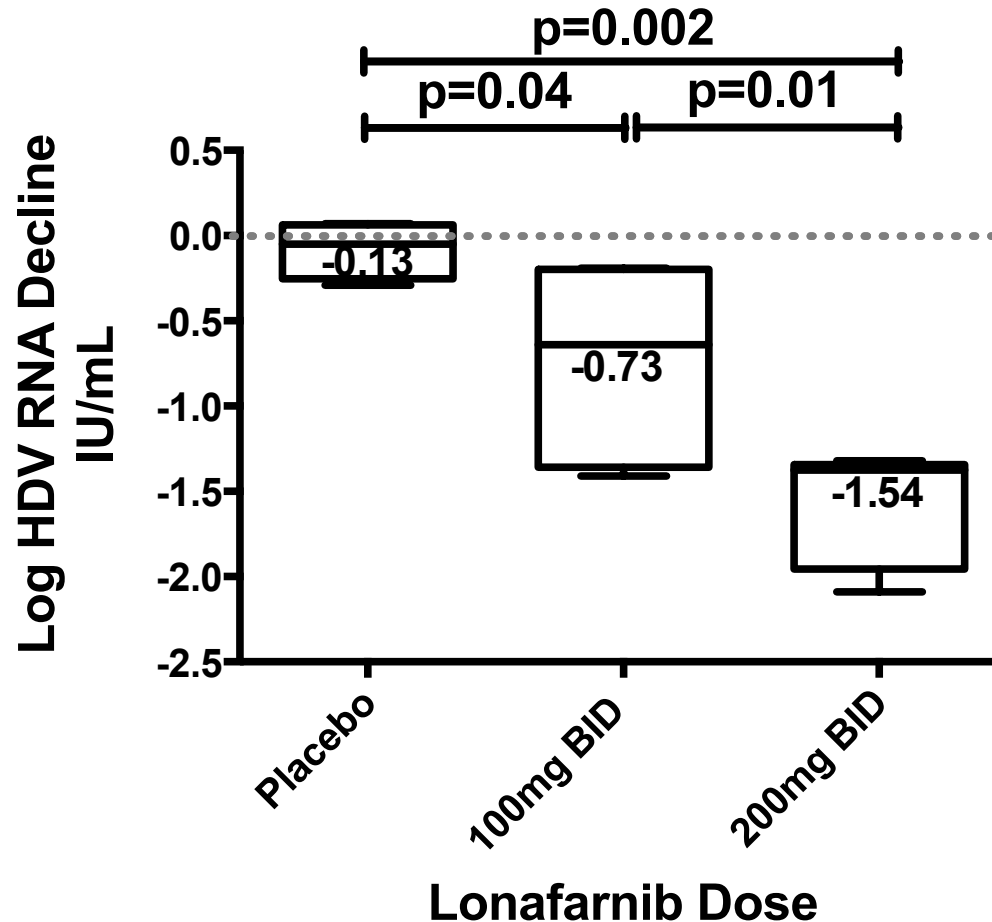
\*No difference in baseline parameters between placebo and treatment groups



# HDV Decline During Therapy

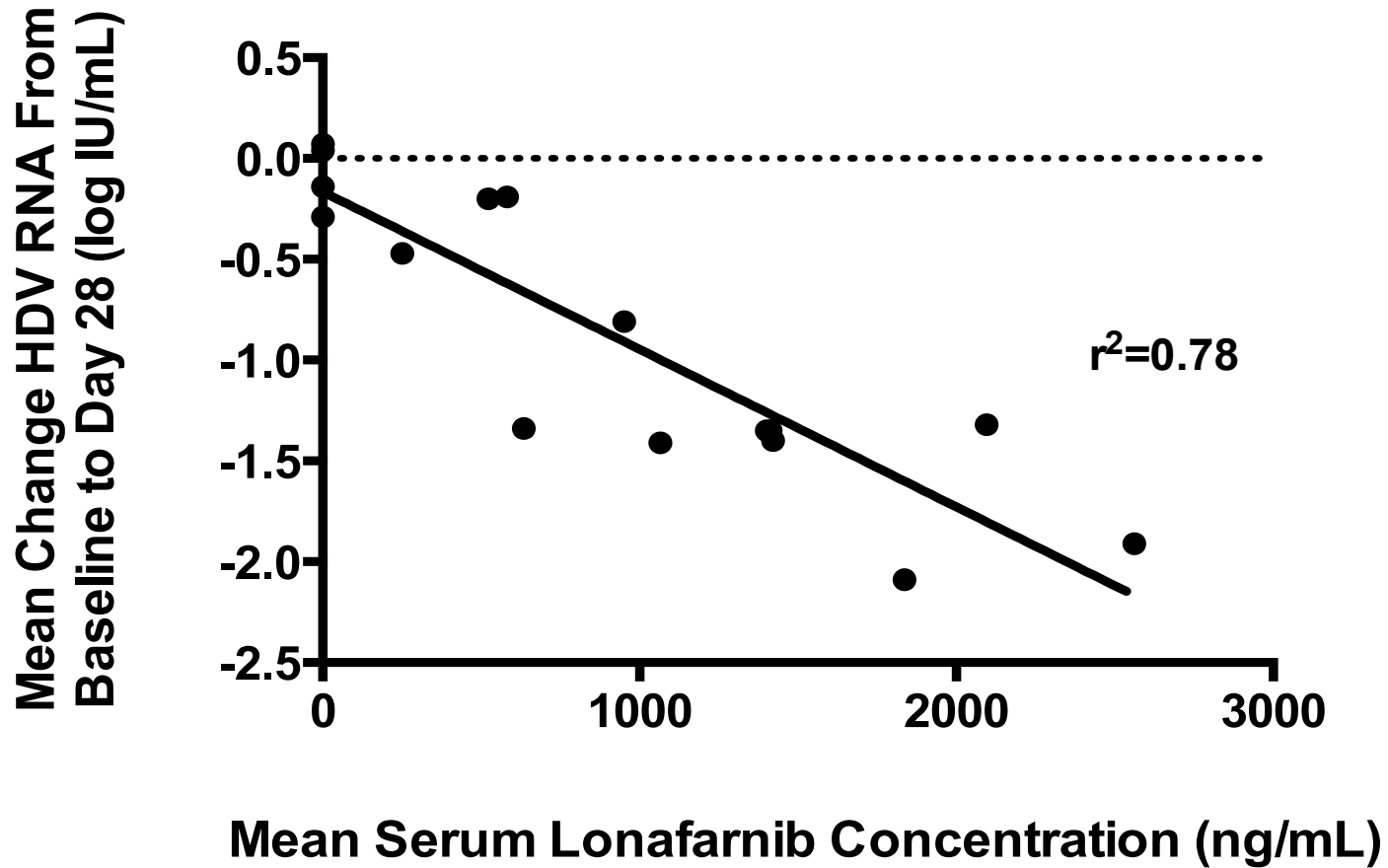


# HDV RNA Decline After 28 Days of Therapy



# Correlation of Serum Drug Concentration and Change in HDV RNA

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# HDV Resistance Testing

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- Population-Based Sequencing of LDAg (codons 115-215) from Serum
  - Baseline
  - End of Therapy (Day 28)
  - End of Study (24 weeks post-therapy)
- Lonafarnib 100 mg BID
  - Completed
- Lonafarnib 200 mg BID
  - Baseline and End of Therapy (Day 28): Completed
  - End of Study (24 weeks post-therapy): Pending

**→ NO RESISTANCE SEEN**

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# Symptoms & Side Effects

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## Lonafarnib 100 mg BID

Symptom	Patients
Nausea	2
Loose Stools	3
Decreased Appetite	1
Abdominal Bloating	1

## Lonafarnib 200 mg BID

Symptom	Patients
Nausea	6
Diarrhea	6
Anorexia	5
Dyspepsia	6
Vomiting	3
Weight Loss (mean)	6 (4 kg)

**No Subject Experienced a Grade 3 or 4 Adverse Event**  
**No Subject Experienced a Serious Adverse Event**

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# Summary

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- After 28 days of therapy with lonafarnib, serum HDV RNA was significantly lower in both treatment groups compared to placebo
- A dose dependent reduction in serum HDV RNA was seen with lonafarnib therapy
- Serum lonafarnib concentrations correlate with HDV RNA decline

# Summary

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- No HDV resistance was identified during population-based sequencing of LDAg
- Lonafarnib was generally well tolerated at the prescribed doses for 28 days

# Conclusion

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- This is the first demonstration that treatment of chronic HDV with the prenylation inhibitor lonafarnib significantly reduces virus levels in patients
- The decline in virus levels significantly correlated with serum drug levels, providing further evidence for the efficacy of prenylation inhibition in chronic HDV



# Future Directions

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- Single and Multi-National confirmation studies evaluating
  - Dosing
  - Duration
  - Efficacy

# Acknowledgements

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