Parameters to Guide Detection & Timing of Immunotherapy

The Case for Immunological Parameters

Kramvis, A. *et al.* A roadmap for serum biomarkers for hepatitis B virus: current status and future outlook.

Nat Rev Gastroentero 1–19 (2022) doi:10.1038/s41575-022-00649-z.

Regulation vs. Prediction of Immunity

- Wealth of data on mechanisms that regulate immune response in chronic HBV (CHB) patients
- > Can we turn that knowledge into a biomarker that can select patients for immunotherapy?



Gehring & Protzer, Gastroenterology, 2019, PMID 30367834

Best Association with Viral Control is the T cell Response

- Can existing T cells predict viral control? Maybe
 - Patients with more core and polymerase specific T cells did not have flare after stopping Nuc therapy



Best Association with Viral Control is the T cell Response

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- Ex vivo data minimizes handling
- ELISpot/Fluorospot minimizes user-dependent analysis



Chua et. al....Gehring, submitted

Should we use Pre-existing T cell Immunity to Stratify

Therapeutic vaccines

Patient selection parameters: none

- Highly specific
- Little chance of off-target toxicity

Timing:

- Monotherapy: no time consideration
- Combination therapy (siRNA/ASO): ~3 6 months before end of antiviral therapy
 - HBsAg reaches nadir ~6 m
 - Expected peak in T & B cell frequency at therapy termination
- Combination anti-PD-1
 - final vaccine boost

anti-PD-1/PD-L1

Patient Selection

- Relevant because of immune-related adverse events (irAEs)
- Exclude patient susceptible to autoimmunity: autoantibody screens
- Include patients likely respond to PD-1 blockade

Timing

- Monotherapy no time consideration
- Combination with ASO/siRNA
 - End of dosing coincide with viral rebound

sction for PD-1/PD-L1 Therapy



Non-HBV-specific Responses to Predict Outcome



IFN response capacity predicts overall survival in melanoma patients

Work for HBV?

Boukhaled, G. M. et al. Nat Immunol 23, 1273–1283 (2022).