SUMMARY OF RESULTS

A Phase | Study to determine the Safety and Pharmacokinetics of the Human monoclonal Antibodies, VRC07-523LS and PGT121 administered subcutaneously to HIV negative Adults in South Africa (CAPRISA 012A)

PACTR201808919297244

Baseline Characteristics

A total of 151 participants were screened and 45 were enrolled into the trial. One hundred and four volunteers did not meet eligibility criteria and 2 decided not to enroll. Forty-four of the participants (98%) successfully completed the study, whereas 1 participant in Group 8 was lost to follow up after 58 weeks. Study participants were healthy women with a median age of 24 years.

Participant Flow (PRISMA)



Adverse Events

Product administrations were safe and well tolerated. All reported reactogenicity events were mild and resolved within the 3-day assessment period. There were no moderate or severe reactogenicity events reported. The most common events were injection site tenderness and headaches. A total of 161 AEs were reported. Of these, 9 were deemed related to study product and occurred within 7 days after product administration. These AEs included proteinuria in 7 participants: 4 received 5 mg/kg VRC07-523LS, 1 received 20 mg/ kg VRC07-523LS, 1 received 3 mg/kg PGT121, and 1 received placebo. There were also 2 separate AEs of elevated alanine aminotransferase and aspartate aminotransferase in 2 participants who received 3 mg/kg PGT121. All related AEs were mild in severity and resolved in a median of 7 days (interquartile range, 7–21). There was 1 reported unrelated serious AE of polytrauma due to a motor vehicle accident that occurred 50 days after study product administration.

- Total Adverse Events: 161
- Serious Adverse Events: 1 (polytrauma due to a motor vehicle accident, unrelated to the study product)
- Mild Reactogenicity Events: Injection site tenderness and headaches
- Moderate/Severe Reactogenicity Events: None
- AEs Related to Study Product: 9 (occurred within 7 days after product administration)
- Proteinuria: 7 participants (4 received 5 mg/kg VRC07-523LS, 1 received 20 mg/kg VRC07-523LS, 1 received 3 mg/kg PGT121, 1 received placebo)
- Elevated ALT and AST: 2 participants (both received 3 mg/kg PGT121)
- All related AEs were mild and resolved within a median of 7 days (IQR, 7-21 days)

Outcome Measures

Primary Endpoints

Safety and Tolerability of the Study Products:

- Measurement: Incidence of adverse events (AEs) and reactogenicity events.
- Result:
 - Product administrations were safe and well tolerated.
 - All reported reactogenicity events were mild and resolved within the 3-day assessment period.
 - No moderate or severe reactogenicity events were reported.
 - A total of 161 AEs were reported, with 9 related to the study product, all mild and resolving within a median of 7 days.

Secondary Endpoints

Pharmacokinetics of VRC07-523LS and PGT121:

- Measurement: Serum concentrations, C_{max}, T_{max}, AUC_{0-12WK}, and other pharmacokinetic parameters.
- Result:
 - VRC07-523LS concentrations increased nearly in proportion to dose at late time points.
 - The median observed VRC07-523LS concentrations after 5, 10, and 20 mg/kg doses were 5.83, 10.05, and 15.06 µg/mL at 12 weeks; 2.52, 3.78, and 9.65 µg/mL at 16 weeks; and 0.96, 1.35, and 3.86 µg/mL at 24 weeks.

- $_{\odot}$ The median C_{max} after 5, 10, and 20 mg/kg doses were 42.14, 83.18, and 70.75 $\mu g/$ mL.
- $_{\odot}$ The median T_{max} after 5, 10, and 20 mg/kg doses were 4.8, 2.8, and 2.8 days.
- The AUC for the first 12 weeks after 5, 10, and 20 mg/kg doses were 1474.2, 3194.9, and 2010.9 μg/mL
- Observed median PGT121 concentrations after 3 and 10 mg/ kg doses were 3.90 and 25.35 µg/mL at 4 weeks and below the limit of quantitation for the 3 mg/kg dose beyond 8 weeks.
- The PK modeling of 20 mg/kg VRC07-523LS showed that at 16 weeks the median concentration was 8.1 μ g/mL, and 99.6% of concentrations were greater than 1 μ g/mL, and 78% of concentrations greater than 5 μ g/mL. At 24 weeks, the median concentration was 3.2 μ g/mL, and 87% of concentrations were greater than 1 μ g/mL, and 95% of concentrations were greater than 0.5 μ g/mL.
- The PK modelling of 20 mg/kg PGT121 at 16 weeks showed a median concentration of 1.1 μg/mL and that 52% of concentrations were greater than 1 μg/mL and 66% of concentrations greater than 0.5 μg/mL. At 24 weeks, the median concentration was 0.13 μg/mL with 16% of concentrations greater than 1 μg/ mL and 26% greater than 0.5 μg/mL

Neutralizing Antibody Titers:

- Measurement: ID₅₀ titers of VRC07-523LS and PGT121 against HIV.
- Result:
 - Potent neutralization observed from Day 1, peaking between Day 3 and 7.
 - High-dose groups had higher titers at peak, declining to similar levels as the lower dose groups at week 24.
 - Repeat dosing significantly increased neutralizing antibody titers, which then decreased to undetectable levels at 12 and 24 weeks after the second dose.
 - Serum virus neutralization titers were consistent with serum PK concentrations.

Acceptability of Subcutaneous Administration:

- Measurement: Participant satisfaction with the injection procedure and schedule.
- Result:
 - 100% of participants were satisfied with the explanation of the injection procedure.
 - 86.7% found the injection schedule of 2-3 injections per year acceptable.
 - o 96% would recommend the injection to others if effective.
 - o 91% would disclose receipt of the injection to their partners.

HIV Assay Cross-Reactivity:

- Measurement: Incidence of positive HIV enzyme immunoassay responses and crossreactivity.
- Result:
 - No participant had a positive HIV enzyme immunoassay response.
 - No cases of cross-reactivity were observed with the two HIV rapid antibody testing kits.

Antidrug Antibody (ADA) Analysis:

• Measurement: Presence of antidrug antibodies.

- Result:

 - No ADA detected at any time point.
 Participants showed no evidence of diminished peak or trough concentrations after repeat doses.

Reference

1.

Mahomed S, Garrett N, Capparelli EV, Osman F, Harkoo I, Yende-Zuma N, et al. Safety and Pharmacokinetics of Monoclonal Antibodies VRC07-523LS and PGT121 Administered Subcutaneously for Human Immunodeficiency Virus Prevention. The Journal of Infectious Diseases [Internet]. 2022 Aug 26 [cited 2023 May 22];226(3):510–20. Available from: https://pubmed.ncbi.nlm.nih.gov/35134995/