

A platform study to evaluate investigational therapies in chronic hepatitis B infection

Submission date 25/09/2022	Recruitment status Stopped	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 28/09/2022	Overall study status Stopped	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 27/03/2024	Condition category Infections and Infestations	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

The purpose of this research study is to test different experimental study drug(s) in people with chronic hepatitis B virus (HBV) infection. The main goals of the research study are to study if the experimental drugs are safe, how the study drugs interact with the patient's body, do the study drugs cause any side effects, can the study drugs reduce levels of HBV particles in the body, and measure how much study drugs are found in the blood over time.

Who can participate?

Adults with chronic HBV infection

What does the study involve?

The research study duration for each sub-protocol will have a screening period that could be up to 8 weeks, an on-treatment period that will have a minimum of 8 weeks, and a follow-up period that will have a minimum of 24 weeks. The sub-protocols will include different groups (or cohorts) and each group may evaluate different doses, different dosing schedules, and different combinations of the study drugs. Assignment to a cohort within a sub-protocol will be done in order based on available open cohorts. Study procedures include but are not limited to routine blood and urine tests, HBV blood tests, and physical examinations.

What are the possible benefits and risks of participating?

A possible benefit is that the study drugs may reduce viral particles in the participant's blood or help activate the immune system to fight HBV. Potential risks in participating are outlined in the participant's informed consent forms.

Where is the study run from?

Vir Biotechnology Inc (USA)

When is the study starting and how long is it expected to run for?

January 2022 to March 2027

Who is funding the study?

Vir Biotechnology Inc (USA)

Who is the main contact?
Briana (Project Manager) (New Zealand)
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Contact information

Type(s)

Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)
2022-002014-16

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
VIR-MHB1-200

Study information

Scientific Title

A platform study evaluating the efficacy and safety of investigational therapies in participants with chronic hepatitis B infection (PREVAIL)

Acronym
PREVAIL

Study objectives

Phase Ib sub-protocols will be exploratory, and no formal hypothesis testing will be conducted. In phase II sub-protocols, the null hypothesis is that the response rate is the same as in NRTI-suppressed patients. It is assumed that $\leq 2\%$ of NRTI-suppressed patients will achieve a response rate. The alternative hypothesis will be described in the sub-protocol.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 02/09/2022, (Central) Health & Disability Ethics Committee (Ministry of Health, 133 Molesworth Street, PO Box 5013, Wellington, 6011, New Zealand; +64 (0)800 4 38442; hdec@health.govt.nz), ref: 2022 FULL 12906.

Study design
Multicentre parallel-assignment open-label Phase Ib/II platform study

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Chronic hepatitis B infection

Interventions

Sub-Protocol A (STRIVE): Participants will receive combination therapy with VIR-3434, VIR-2218, PEG-IFN α , and/or TD/TDF up to 48 weeks total

Assigned interventions:

Drug: VIR-3434

VIR-3434 given by subcutaneous injection

Drug: VIR-2218

VIR-2218 given by subcutaneous injection

Drug: TD/TDF

TD/TDF given orally

Drug: PEG-IFN α

PEG-IFN α given by subcutaneous injection

Sub-Protocol B (THRIVE):

Participants will receive combination therapy with VIR-3434, VIR-2218, and/or TD/TDF up to 44 weeks total

Assigned interventions:

Drug: VIR-3434

VIR-3434 given by subcutaneous injection

Drug: VIR-2218

VIR-2218 given by subcutaneous injection

Drug: TD/TDF

TD/TDF given orally

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

VIR-2218, VIR-3434, pegylated interferon alfa-2a (PEG-IFN α or Pegasys®), tenofovir disoproxil /tenofovir disoproxil fumarate (TD/TDF; Viread®)

Primary outcome(s)

1. Proportion of participants achieving sustained suppression of HBV DNA (< lower limit of quantification [LLOQ]) at 24 weeks after discontinuation of all treatment
2. Proportion of participants achieving sustained suppression of HBV DNA (< LLOQ) with HBsAg loss (< 0.05 IU/mL) at 24 weeks after discontinuation of all treatment
3. Proportion of participants with Hepatitis B surface antigen (HBsAg) loss (<0.05 IU/ml) at the end of treatment
4. Proportion of participants with HBsAg loss (<0.05 IU/ml) at 24 weeks post-end of treatment
5. Mean change in serum HBsAg from baseline across time points in the study

STRIVE:

6. Proportion of participants with HBsAg loss (< 0.05 IU/ml) at the end of treatment

THRIVE:

7. Proportion of participants with HBsAg loss (<0.05 IU/ml) at the end of treatment

All outcomes measured using drawn blood

Key secondary outcome(s)

1. Proportion of participants with treatment-emergent adverse events (TEAEs) and serious adverse events (SAEs) during the study
2. Proportion of participants with serum HBsAg ≤ 10 IU/ml at end of treatment
3. Proportion of participants with serum HBsAg ≤ 10 IU/ml at 24 weeks post-end of treatment
4. Serum HBsAg levels and change from baseline across time points in the study
5. Serum HBsAg level at nadir during the study
6. Time to achieve nadir of serum HBsAg during the study
7. Time to achieve serum HBsAg loss (< 0.05 IU/ml)
8. Proportion of participants with HBsAg loss with anti-HBs seroconversion at end of treatment and at 24 weeks post-end of treatment

STRIVE:

9. Proportion of participants with HBsAg loss (< 0.05 IU/mL) at 24 weeks post-end of treatment
10. Proportion of participants achieving sustained suppression of HBV DNA ($< \text{LLOQ}$) after discontinuation of all treatment:
 - 10.1. At 24 weeks
 - 10.2. At the F48 Follow-Up visit
11. Proportion of participants achieving sustained suppression of HBV DNA ($< \text{LLOQ}$) with HBsAg loss (< 0.05 IU/ml) after discontinuation of all treatment:
 - 11.1. At 24 weeks
 - 11.2. At the F48 Follow-Up visit
12. For HBeAg-positive participants: proportion of participants with HBeAg loss (undetectable HBeAg) and/or anti-HBe seroconversion
13. Incidence and titers of anti-drug antibodies (ADA; if applicable) to VIR-3434
14. Mean change in serum HBsAg level from baseline across time points in the study
15. Proportion of participants achieving HBV DNA ($< \text{LLOQ}$) across time points in the study
16. Proportion of participants achieving ALT $\leq \text{ULN}$ across time points in the study

THRIVE:

9. Proportion of participants with HBsAg loss (< 0.05 IU/mL) at 24 weeks post-end of treatment
 10. Proportion of participants achieving sustained suppression of HBV DNA ($< \text{LLOQ}$) after discontinuation of all treatment:
 - 10.1. At 24 weeks
 - 10.2. At 48 weeks
 11. Proportion of participants achieving sustained suppression of HBV DNA ($< \text{LLOQ}$) with HBsAg loss (< 0.05 IU/mL) after discontinuation of all treatment:
 - 11.1. At 24 weeks
 - 11.2. At 48 weeks
 12. Incidence and titers of anti-drug antibodies (ADA; if applicable) to VIR-3434
 13. Mean change in serum HBsAg level from baseline across time points in the study
 14. Proportion of participants achieving HBV DNA ($< \text{LLOQ}$)
- All outcomes measured using drawn blood

Completion date

05/04/2023

Reason abandoned (if study stopped)

Participant recruitment issue

Eligibility

Key inclusion criteria

1. Male or female aged 18 years old and over
2. Chronic HBV infection for \geq 6 months
3. A Body Mass Index (BMI) less than 18 kg/m² or greater than 35 kg/m²

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. History or current suspicion of malignancy diagnosed or treated within 5 years
2. Any clinically significant medical or psychiatric condition that may interfere with study intervention, assessment, or compliance with the protocol or otherwise makes the participant unsuitable for participation in the study
3. History or evidence of drug or alcohol abuse
4. History of hepatic decompensation

Date of first enrolment

18/10/2022

Date of final enrolment

30/04/2025

Locations**Countries of recruitment**

New Zealand

Study participating centre

Auckland City Hospital

2 Park Road, Grafton

Auckland

New Zealand

1010

Study participating centre**Middlemore Clinical Trials**

Esme, Green Building 100 Hospital Road, Middlemore Hospital
Auckland
New Zealand
2025

Study participating centre**P3 Research Ltd. (Tauranga)**

Suite 11, Promed House, 71 Tenth Avenue
Tauranga
New Zealand
3110

Study participating centre**Waikato Hospital**

183 Pembroke Street
Hamilton
New Zealand
3204

Sponsor information

Organisation

VIR Biotechnology (United States)

ROR

<https://ror.org/030pjfg04>

Organisation

Novotech (New Zealand) Limited c/o Novotech (Australia) Pty Ltd

Funder(s)

Funder type

Industry

Funder Name

Vir Biotechnology

Alternative Name(s)

Vir Biotechnology Inc, Vir Biotechnology, Inc., Vir

Funding Body Type

Government organisation

Funding Body Subtype

For-profit companies (industry)

Location

United States of America

Results and Publications

Individual participant data (IPD) sharing plan

The data-sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes