

## Introduction

Pegylated IFN- $\alpha$ 2a (1) and 2b (2,3) maintain viral suppression during and ART interruption (ATI) in approximately 50% of participants.

A combination of broadly HIV-1 neutralizing monoclonal antibodies (bNabs) 3BNC117 and 10-1074 maintains suppression during and ATI in approximately 80% n chronically infected individuals (4, 5).

In the BEAT-2 study (NCT03588715), we evaluated the effectiveness of peg-IFN- $\alpha$ 2b in combination with 3BNC117 and 10-1074 (Arm 1) or the antibody combination alone (Arm 2) in suppressing HIV replication during and after ATI.

Primary end-points were safety and frequency of viral control at 12 weeks after end of 26 weeks of immunotherapy (combination of bNabs plus peg-IFN- $\alpha$ 2b)

## Methods

**Participants:** 14 individuals assigned to arm 1 of (BEAT-2 study). Arm 2 was discontinued because of COVID

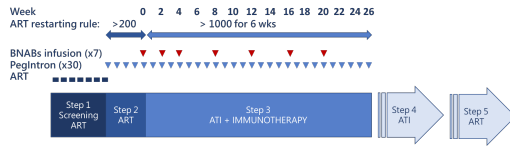
**Participating centers:** University of PA and Jonathan Lax clinic/Philadelphia FIGHT, Philadelphia, PA

**Main entry criteria:**  
 • HIV VL < 50 copies/ml on ART  
 • CD4 count > 450/ $\mu$ l  
 • Sensitivity of HIV reservoir to bNabs using the Monogram DNA assay (IC90 < 2.0  $\mu$ g/mL (3BNC117) and < 1.5  $\mu$ g/mL (10-1074)).

**Treatment (see Study Design):**  
 • Peg-IFN- $\alpha$ 2b: 30 weekly doses (1  $\mu$ g/kg sc, Pegintron, Merck, Inc.) in steps 2 and 3  
 • bNabs 3BNC117: and 10-1074: 7 doses (30 mg/kg IV) in step 3  
 • First 26 weeks of ATI on immunotherapy (step 3; (combination of bNabs plus peg-IFN- $\alpha$ 2b)  
 • Primary end-point: resumption of ART at week 38 of ATI (12 weeks after discontinuation off immunotherapy).  
 • Criteria for resuming ART were: confirmed return of HIV-1 viremia greater than 1,000 copies for 6 consecutive weeks OR a confirmed CD4+ T-cell count <300 cells/ $\mu$ L (or CD4 % decrease greater than 50%).

**Statistical analysis.** Protocol defined viral failure (retreatment criteria) was compared to that observed in non-NNRTI historical controls from prior ACTG studies (n=61) using the Mantel-Cox Log-rank test.

## Study design



- 14 participants enrolled in arm 1 of the BEAT-2 study
- All participants met bNab sensitivity criteria and received pegylated IFN and the combination bNab

## Results

Table 1. Participant characteristics

| Baseline characteristics            |                  |
|-------------------------------------|------------------|
| Total (n)                           | 14               |
| Females (n [%])                     | 2 [14%]          |
| Black/Other (n [%])                 | 11 [79%]         |
| Baseline CD4 count (median [IQR])   | 869 [739 – 1079] |
| Age (mean [range])                  | 50 [31 – 60]     |
| Integrase-based ART regimen (n [%]) | 11 [79%]         |

## Safety

- 3 participants experienced infusion reactions during the administration of 3BNC117 (chills), during step 2 with undetectable HIV-1 RNA (at w5 and w10).
- 2 participants experienced viral rebound during step 3 (at week X and Y)
- No treatment-related grade 3 or higher AEs and no reportable SUSAR events were observed.

## Virological control while on bNabs + IFN (Step3)

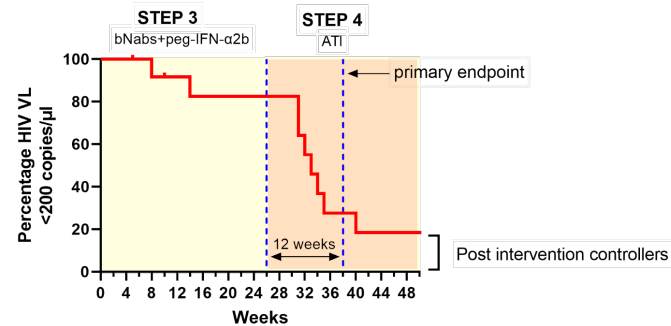
- During Immunotherapy (step 2/3): Proportion with confirmed HIV-1 RNA < 200 copies/ml : 12/14 **86% (95% CI 57-98%)** (See poster 352, CROI '22)

## HIV Reservoirs

- No detectable change from baseline at end of step 3 by IPDA (n=10, data not shown)

## Virological control during ATI (Step 4) (primary endpoint)

- 4/10 did not meet restart criteria **40% (95% CI 9.92-65.11%)**



| Did not meet re-start criteria at week 38 (week 12 of no intervention) | Exact 95% CI                 |
|--|------------------------------|
| All participants*  | 4/12 = 33.33% (9.92 - 65.11) |
| All participants entering Step 4                                       | 4/10 = 40% (12.16, 73.76)    |
| Virological rebound > 200 c/ml   |                              |
| All participants   | 2/12 = 16.67% (2.09, 48.41)  |
| All participants entering Step 4                                       | 2/10 = 20% (2.52, 55.61)     |

## bNab Resistance

- All participants on ART had sensitive HIV reservoir at baseline to both bNabs
- Resistance developed in 8 of 12 persons that rebounded (8 to 10-1074 and 4 to 3BNC117)
- After re-suppression resistance was detected in 5 participants in PBMCs (3 in 10-1074 and 2 to 3BNC117)



## Conclusions

- Passive administration of a combination of bNabs plus peg-IFN- $\alpha$ 2b in subjects with baseline sensitivity is safe and tolerable, and maintains viral suppression for 26 weeks in the absence of traditional ART in 86% participants.
- 4/10 (40%) of the participants did not meet restart criteria during ATI (all treatment discontinued)
- 2/10 (20%) maintained viral suppression after all treatment is discontinued.
- Viral resistance is detected in most of the participants upon rebound.
- The treatment with bNabs plus IFN is not associated with changes in reservoir size.

## References

- Azzoni L, et Al. Pegylated Interferon-alpha2A mono-therapy results in suppression of HIV-1 replication and decreased cell-associated HIV DNA integration. J Infect Dis. 2012. Epub 2012/10/30. PubMed PMID: 23105144.
- Papasavvas E, et Al. NK Response Correlates with HIV Decrease in Pegylated IFN- $\alpha$ 2a-Treated Antiretroviral Therapy-Suppressed Subjects. J Immunol. 2019 Aug 1;203(3):705-717. PMID: 31253727
- Papasavvas et Al. Comparable HIV suppression by pegylated-IFN- $\alpha$ 2a or pegylated-IFN- $\alpha$ 2b during a 4-week analytical treatment interruption. AIDS . 2021 1;35(12):2051-2054 PMID: 34049356
- Mendoza P, et Al. Combination therapy with anti-HIV-1 antibodies maintains viral suppression Nature. 2018;561(7724):479-484. PMID: 30258136
- Cohen Y.Z. et Al. Safety, pharmacokinetics, and immunogenicity of the combination of the broadly neutralizing anti-HIV-1 antibodies 3BNC117 and 10-1074 in healthy adults: A randomized, phase 1 study PLoS One. 2019 8;14(8):e0219142 PMID: 31393868

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