

Herpes simplex virus type 2 (HSV-2) is the main cause of genital herpes worldwide. However, HSV-1, usually associated with oral disease, has become a predominant cause of genital infections in some developed countries^[1]. We are currently investigating the safety and efficacy of GEN-003, an investigational HSV-2 therapeutic vaccine in Phase 2 clinical trials. In addition to efficacy, we are examining immune responses induced by the vaccine, to determine if immune correlates of protection can be identified.

Recently, the HerpeVac prophylactic HSV-2 vaccine failed to meet clinical endpoints in a large Phase 3 trial. Rather than protection against HSV-2 acquisition, the sponsors reported protection against acquisition of HSV-1^[2], which was attributed to the induction of higher neutralizing titers to HSV-1 than HSV-2 in response to vaccination^[2]. As a result of this observation, we examined if there were differences in the induction of neutralizing antibody titers against HSV-1 and HSV-2 in response to GEN-003.

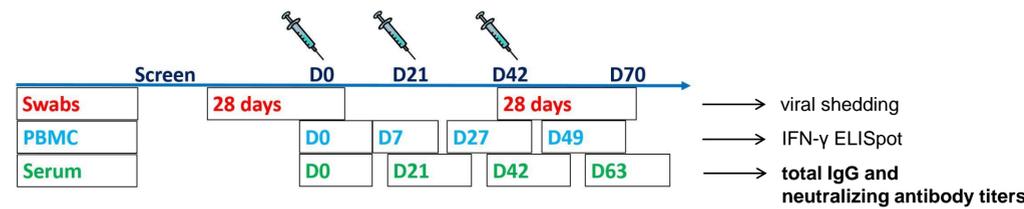
GEN-003-001

GEN-003 is comprised of HSV-2 glycoprotein D (gD2ΔTMR₃₄₀₋₃₆₃) and a truncated form of infected cell polypeptide 4 (ICP4₃₈₃₋₇₆₆), formulated with Matrix-M2 (MM-2) adjuvant. gD2 shares 82% amino acid identity with gD from HSV-1. GEN-003-001 was a placebo controlled, dose escalating Phase 1/2a study in which 143 subjects with documented recurrent HSV-2 genital infection were enrolled. HSV-1 serostatus was not an exclusion criteria, but both HSV-1 and -2 serostatus were determined by HerpeSelect ELISA. Trial participants were vaccinated with either placebo or 10, 30, or 100µg of each antigen alone or in combination with 50µg MM-2. For every ten subjects enrolled, six received **GEN-003** (Antigens/Diluent/MM-2), two received **GEN-003NA** (Antigens/Diluent), and two received **Placebo** (Diluent only).

GEN-003-001 trial results summary

- The vaccine was safe and immunogenic, potentiated by adjuvant
- After the third immunization, the 30µg GEN-003 vaccine dose resulted in a 52% reduction of the mean viral shedding frequency from baseline which persisted at least six months (40% reduction). Participants also experienced up to a 65% reduction in lesion rates.
- The 100µg GEN-003 dose also demonstrated a durable reduction in viral shedding and lesion rates, at a lower magnitude
- The 10µg dose was immunogenic but not protective

As a result of the efficacy observed in the cohort of subjects receiving 30µg GEN-003, sera from this cohort were selected for the analyses described here.



Colorimetric Neutralization Assays

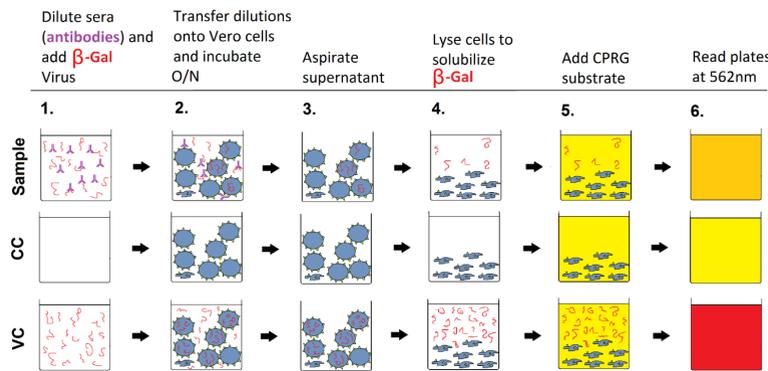


Fig. 1: Colorimetric neutralization assay. For the HSV-1 strain (KOS TK-12), the LacZ gene is under control of the ICP4 promoter^[3]; for the HSV-2 strain (333), it is under control of the promoter between UL3 and UL4^[4]. Neutralizing antibody titers are determined as the reciprocal of the serum dilution that produced a 50% reduction in the OD₅₆₂ of the virus control. Negative control wells contain virus without immune serum (virus control) and cells without virus (cell control); positive control wells contain dilutions of serum with known neutralizing activity.

Neutralizing antibody titers measured by the colorimetric neutralization assay correlate well with titers achieved in plaque reduction assays.

Serum Sample	HSV-1/HSV-2 serostatus	HSV-1 Neut Titers		HSV-2 Neut Titers	
		PR	β-Gal	PR	β-Gal
PC	NT	60	NT	120	76
1	+/+	320	430	640	542
2	+/+	160	162	240	334
3	+/+	1920	2069	2560	2158
4	-/-	<20	<20	<20	<30
5	-/+	80	106	120	243
6	-/+	60	90	160	226
7	-/+	160	157	240	325

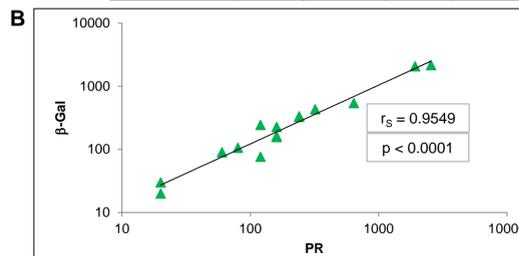


Fig. 2: Comparison of the colorimetric neutralization assay with the plaque reduction assay. Human sera were serially diluted and neutralization antibody titers were measured using both the colorimetric assay (β-gal) and the established plaque reduction assay (PR). Human AB serum from Valley Biomedical (VA, Lot# MI12678) was used as a positive control (PC). For each assay, 50% neutralization antibody titers were calculated and are listed in (A) together with the serostatus of the donors. Titers below 30 were considered negative, NT denotes not tested. (B) Spearman's Rank Correlation analysis demonstrates strong concordance between the two methods.

Neutralizing antibody titers against both viruses were increased after immunization with GEN-003; HSV-1 seronegative subjects had higher neutralizing antibody responses to HSV-2 than HSV-1.

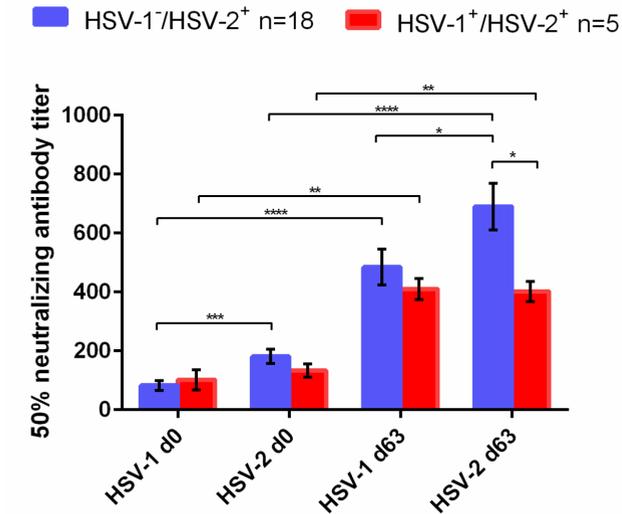


Fig. 3: HSV-1 and HSV-2 neutralization antibody titers in HSV-2 single-positive and HSV-1/2 double-positive subjects receiving 30µg of GEN-003. Titers are shown as mean ± SEM by subject HSV-1 serostatus (HSV-1- blue; HSV-1+ red), and were compared using Mann-Whitney tests (**** p < 0.0001, ** p < 0.01, * p < 0.05).

GEN-003 immunization resulted in greater neutralizing antibody titers against HSV-1 than HSV-2; adjuvant potentiated the responses.

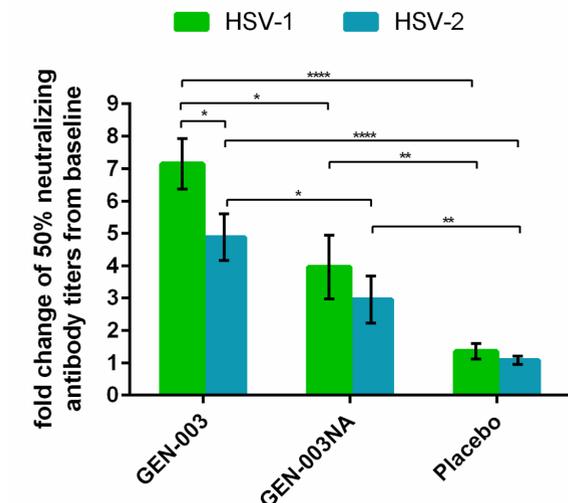


Fig. 4: Fold changes over baseline of HSV-1 and HSV-2 neutralizing antibody titers on day 63 post-vaccination with 30µg GEN-003 or GEN-003NA. Analysis was performed independently of HSV-1 serostatus. Data are represented as the mean fold change ± SEM, and groups were compared using Mann-Whitney tests (**** p < 0.0001, ** p < 0.01, * p < 0.05).

In subjects immunized with GEN-003 and GEN-003NA, neutralizing antibody responses to HSV-1 and HSV-2 strongly correlate with each other and with gD2-specific IgG, suggesting that the proportion of IgG antibodies capable of neutralizing virus is similar for both HSV-1 and HSV-2.

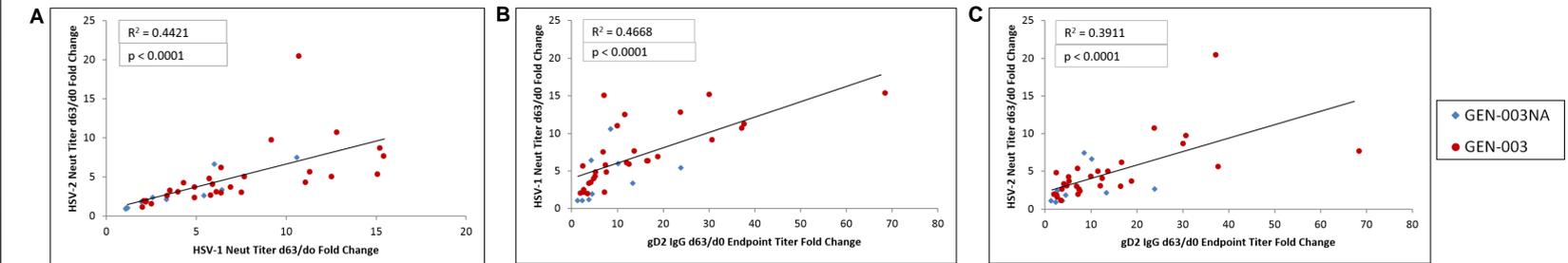


Fig. 5: Correlation of fold changes of HSV-1 and HSV-2 neutralization antibody titers and total IgG responses after vaccination with 30µg GEN-003 or GEN-003NA. Fold changes in titer on day 63 relative to baseline were calculated and plotted. Correlations were analyzed using a linear regression model and regression statistics are shown. (A) Correlation plot of HSV-1 vs. -2 neutralizing antibody titer fold changes. (B) Correlation plot of fold changes in HSV-1 neutralizing antibody and gD2 IgG endpoint titers. (C) Correlation plot of fold changes in HSV-2 neutralizing antibody titers compared with gD2 IgG endpoint titers.

Conclusions and Next Steps

- Neutralizing antibody titers against both HSV-1 and HSV-2 were boosted in HSV-2 genitally infected subjects following vaccination with GEN-003 and GEN-003NA; increases in titer were greater in the presence of adjuvant.
- The neutralizing titers against HSV-2 in response to GEN-003 vaccination were higher in HSV-1 seronegative than seropositive subjects.
- These results suggest that the gD2 antigen included in our GEN-003 vaccine is capable of eliciting HSV-1 and HSV-2 cross-reactive neutralizing antibodies.
- Future studies will explore the therapeutic benefit of GEN-003 against HSV-1.

References

- Roberts CM, et al. Increasing Proportion of Herpes Simplex Virus Type 1 as a Cause of Genital Herpes Infection in College Students. *Sexually Transmitted Diseases*, 30, 797–800, 2003.
- Belshe RB, et al. Efficacy results of a trial of a herpes simplex vaccine. *New England Journal of Medicine*, 366, 34–43, 2012.
- Nagel CH, et al. Nuclear Egress and Envelopment of Herpes Simplex Virus Capsids Analyzed with Dual-Color Fluorescence HSV1(17+). *Journal of Virology*, 82, 3109–3124, 2007.
- Skoberne M, et al. An Adjuvanted Herpes Simplex Virus 2 Subunit Vaccine Elicits a T Cell Response in Mice and Is an Effective Therapeutic Vaccine in Guinea Pigs. *Journal of Virology*, 87, 3930–3942, 2013.