



Suzhou City, China

# 4th Annual RePORT International Meeting



**MTBVAC** 



Universidad Zaragoza

## MTBVAC vaccine as newborns BCG replacement and as boosting BCG in adolescents / adults





BIOFABRI

13th September 2018

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## **CONSTRUCTION OF MTBVAC: GENEVA CONSENSUS CRITERIA**

TWO STABLE INDEPENDENT MUTATIONS NO ANTIBIOTIC RESISTANCE MARKERS



### LIVE ATTENUATED FROM a *M. tuberculos*is Clinical Isolate LINEAGE 4



PRECLINICAL & PROOF-OF-CONCEPT STUDIES (2001-2012)

### **GMP DEVELOPMENT OF FREEZE-DRIED MTBVAC (2008-2011)**









## **MTBVAC**, 519 MORE EPITOPES THAN BCG WHICH REPRESENTS AN INCREASE OF 48%



Marinova et al Expert Rev Vaccines 2017 Gonzalo-Asensio et al Frontiers Immunology 2017

## Improved protection of MTBVAC as compared to BCG is associated with T-cell mediated response to CFP10/ESAT6



**MHC Haplotype:** H-2b H-2d H-2k C57BL/6 C3H/HeNRj Balb/C BCG 20 FNY (ng/ml) MTBVAC FNY (ng/ml) 100 15 (Im/gn) 20-FΝ 10-CEPNO CEPNO ESAT0 CEPTO SATO 090 A9858

Protection in lungs (very low-dose H37Rv challenge: ≈ 20 CFU)



Zaragoza

Aguilo et al 2017 Nature Communications

## MTBVAC NON CLINICAL STUDIES SUPORTING TO MOVE TO EFFICACY TRIALS IN HUMANS

**Newborn mice vaccination:** MTBVAC is safe and efficacious conferring greater immunogenicity and protective efficacy than BCG

(Aguilo et al Tuberculosis 2016)



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Guinea Pigs revaccination with MTBVAC improves BCG's protection

(Clark et al J Infect Dis. 2017)

### NON HUMAN PRIMATES:

Adult Study: MTBVAC given as a single vaccination to adult macaques resulted in a significant reduction in the level of pathology, compared to unvaccinated or vaccinated with BCG at birth

**Neonatal BCG Vaccination:** MTBVAC delivered as a **booster vaccination, 4 years later,** to macaques primed in infancy with BCG resulted in a significant reduction in TB-induced pathology when vaccinated with MTBVAC

Nublic Health

Efficacy studies of MTBVAC in Non Human Primates at PHE (Study 5449, sponsored AERAS) England Sally Sharp et al personal communication Preliminary unpublished results

## TB DISEASE BURDEN IN AGE GROUPS



## VACCINE TARGET:

- 1. NEWBORNS (BCG replacement): ideal for efficacy studies since are not pre-exposed, not TB infected, (avoiding potential masking and blocking effect)
- 2. ADULTS/ADOLESCENTS (previous BCG vaccination): More complex efficacy trial, infected with TB or
- other mycobacteria, potential masking and blocking effect

## **R&D MTBVAC VACCINE** :

## **MTBVAC as a vaccine for newborns as BCG replacement** (Vaccine Effectiveness)

## MTBVAC as vaccine in adolescents and adults who have previously receive BCG vaccination, with and without LTBI (Vaccine Impact)







## MTBVAC CLINICAL DEVELOPMENT







CDT: Clinical Development Team TBVI

Universidad Zaragoza

### Phase 1a

### SAFETY AND IMMUNOGENICITY IN ADULTS

Phase1a (first in man) randomized, double-blind, safety, immunogenicity, and dose-escalation study in healthy individuals in a BIOFABRI





### Prof. F. Spertini



BILL& MELINDA GATES foundation 36 clinically healthy, HIV-negative, QuantiFERON (QFT)-negative, non BCG vaccinated, 18-45 yrs. old volunteers

Randomized 3:1 to receive:

MTBVAC (2.5x 10<sup>3</sup> CFU) or BCG SSI (2.5x10<sup>5</sup> CFU) (9+3) MTBVAC (2.5x10<sup>4</sup> CFU) or BCG SSI (2.5x10<sup>5</sup> CFU) (9+3) MTBVAC (2.5x10<sup>5</sup> CFU) or BCG SSI (2.5x10<sup>5</sup> CFU) (9+3)

### **Objectives**

- To evaluate safety and reactogenicity of MTBVAC at escalating dose levels compared to BCG
- To evaluate the immunogenicity of MTBVAC at escalating dose levels (as compared to BCG)

**RESULTS PUBLISHED Lancet Respiratory Medicine** Spertini et al Dec 2015

## POLYFUNCTIONAL CD4+ T CELL WBA 3 CYTOKINES (IFNY, IL2, TNFα)





Higher number of responders peak at D28 in MTBVAC 5x10<sup>5</sup> group **WBA stimulation** with MTBVAC

MTBVAC 5x10<sup>5</sup> group greater induction of 3 cytokines+ compared to BCG and higher number of responders were observed after MTBVAC vaccination with a peak at D28 Spertini *et al* 2015 Lancet Respiratory Medicine ELISPOT ASSAY ESAT-6/CFP-10 Negative 7 months after\_MTBVAC immunization

MTBVAC induces a CFP10-specific immune response in humans



Aguilo et al July 2017 Nat Comm

### SAFETY AND IMMUNOGENICITY IN NEWBORNS

Dose-escalation Safety and Immunogenicity Study to Compare MTBVAC to BCG in Newborns With a Safety Arm in Adults





Mark Hatherill



Tom Scriba



**Helen Mearns** 





**Michele Tameris** 

ClinicalTrials.gov NCT02729571





Phase 1b randomized, double-blind, safety, immunogenicity and doseescalation study in NEWBORNS living in a TB ENDEMIC REGION

SOUTH AFRICAN TUBERCULOSIS VACCINE INITIATIVE BIOFABRI

ClinicalTrials.gov

NCT02729571

#### SAFETY ARM IN ADULTS WITH HIGHEST DOSE MTBVAC PREVIOUSLY VACCINATED WITH BCG



Sept 2015

#### 18 healthy adults

- randomized 1:1 to receive:
  - MTBVAC (5 x 10<sup>5</sup> CFU) or BCG SSI (5 x 10<sup>5</sup> CFU) (9+9)
- HIV negative, QuantiFERON (QFT) negative, previously BCG-vaccinated

#### Infant stage - Global injection schedule and safety follow up



### 36 healthy, HIV-unexposed, BCG-naïve, newborns

randomized 3:1 to receive:

- MTBVAC (2.5x 10<sup>3</sup> CFU) or BCG SSI (2.5x10<sup>5</sup> CFU) (9+3)
- MTBVAC (2.5x10<sup>4</sup> CFU) or BCG SSI (2.5x10<sup>5</sup> CFU) (9+3)
- MTBVAC (2.5x10<sup>5</sup> CFU) or BCG SSI (2.5x10<sup>5</sup> CFU) (10+2)

#### Within 96 hrs of birth

### **Objectives**

Newborn vaccination phase Feb - Sep 2016



### To evaluate safety and reactogenicity of MTBVAC at escalating dose levels compared to BCG

 To evaluate the immunogenicity of MTBVAC at escalating dose levels (as compared to BCG)

## PHASE 1B STUDY IN NEWBORNS

- MTBVAC is as safe as BCG
- MTBVAC is less reactogenic as compared to same dose of BCG
- MTBVAC induces a dose dependent, and stronger Th1 response as compared to BCG at peak response
- QFT conversion was observed close to 80% in infants at M6 with MTBVAC highest dose reverting to less than 50% in M12 (QFT lower than 4IU/ml !)

• FURTHER TRIALS IN THESE POPULATIONS ARE WARRANTED

(Michele Tameris personal communication preliminary unpublished data)

## **ACTIVE CLINICAL DEVELOPMENT MTBVAC**



## Phase 2a DOSE FINDING SAFETY AND IMMUNOGENICITY IN NEWBORNS 2018

Phase2a randomized, double-blind, safety, immunogenicity, and dosefinding study in newborns living in a tuberculosis endemic region



99 HIV-unexposed, BCG-naïve, healthy newborns Intradermally within 96hrs of birth

- randomized 3:1 to receive:
  - MTBVAC (2.5x10<sup>4</sup> CFU) or BCG (2.5x10<sup>5</sup> CFU) (25+8)
  - MTBVAC (2.5x10<sup>5</sup> CFU) or BCG (2.5x10<sup>5</sup> CFU) (25+8)
  - MTBVAC (2.5x10<sup>6</sup> CFU) or BCG (2.5x10<sup>5</sup> CFU) (25+8)

#### *ClinicalTrials.gov* NCT03536117

BIOFABRI



Site PI Michele Tameris

- To evaluate safety and reactogenicity of MTBVAC at escalating dose levels compared to BCG vaccine in healthy, BCG naïve, HIV unexposed, South African newborns
- To evaluate the immunogenicity of MTBVAC at escalating dose levels compared to BCG vaccine in healthy, BCG naïve, HIV unexposed, South African newborns

SECONDARY OBJECTIVES

**PRIMARY OBJECTIVES** 

To evaluate QFT conversion rates in neonates receiving escalating dose levels of MTBVAC



EDCTP

RIA2016V-1637

Center de Recherche Biomedical e Espoir Pour La Santé (BRC-EPLS)/ Senegal Institut Pasteur de Madagascar (IPM)/ Madagascar



## Phase 1b/2a DOSE FINDING SAFETY AND IMMUNOGENICITY IN ADULTS 2018 Re-VACCINATION IN ADOLESCENTS / ADULTS Randomized, Double-blind, Active-controlled, Safety, Immunogenicity, and Dose-escalation Study in Adults with and without LTBI in South Africa.



## ▲ | A E R A S

### Trial Population – 144 (96 +48 )

### **QFT** negative individuals:

- Cohort 1:  $n = 12 \text{ MTBVAC} (2.5 \times 10^3 \text{ CFU}) \text{ and } n=6 \text{ BCG}$
- Cohort 2:  $n= 12 \text{ MTBVAC} (2.5 \times 10^4 \text{ CFU})$  and n=6 BCG
- Cohort 3:  $n= 12 \text{ MTBVAC} (2.5 \times 10^5 \text{ CFU})$  and n=6 BCG
- Cohort 4: n= 12 MTBVAC (2.5 x 10<sup>6</sup> CFU) and n=6 BCG

### **QFT** positive individuals:

- Cohort 5:  $n = 12 \text{ MTBVAC} (2.5 \times 10^3 \text{ CFU}) \text{ and } n=6 \text{ BCG}$
- Cohort 6:  $n= 12 \text{ MTBVAC} (2.5 \times 10^4 \text{ CFU})$  and n=6 BCG
- Cohort 7: n= 12 MTBVAC (2.5 x 10<sup>5</sup> CFU) and n=6 BCG
- Cohort 8: n= 12 MTBVAC (2.5 x 10<sup>6</sup> CFU) and n=6 BCG



ClinicalTrials.gov NCT02933281

### Site PI Angelique Luabeya













Phase 1b/2a, double-blind, randomized, BCG-controlled, dose-escalation safety and immunogenicity study in healthy adults with and without LTBI

**Primary** : Adverse events, injection site reactions

Secondary :

**Immunogenicity** of MTBVAC at escalating dose levels measured by 12 hour whole blood (WB) intracellular cytokine staining (ICS) assay 180 D

<u>QuantiFERON® TB (QFT) conversion rates in QFT-negative adults</u>, receiving escalating dose levels of MTBVAC measured with QFT Gold Plus assay.

QFT-negative adults, receiving escalating dose levels of MTBVAC in comparison to BCG measured by QFT Gold Plus assay



## LOOKING FOR CLINICAL EFFICACY TRIALS IN ENDEMIC AREAS

• EFFICACY STUDIES FOR BCG REPLACEMENT

## MTBVAC ID Vaccination at birth

## WILL BE DESIGNED TO DEMONSTRATE SUPERIOR PROTECTION AGAINST DISEASE COMPARED TO BCG

(Tameris *et al* The Lancet 2013)

## • EFFICACY STUDIES IN ADULT / ADOLESCENTS ??

MTBVAC ID Vaccination in adults/adolescents previously BCG vaccinated WILL BE DESIGNED TO DEMONSTRATE SUPERIOR AGAINST DISEASE COMPARED TO PLACEBO

POI: (Differential QFT test need to be studied at present Phase1b/2a)



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Participants, their parents and the community









Centre hospitalier universitaire vaudois





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