

Entecavir Maintains a High Genetic Barrier to HBV Resistance Through 6 Years in Naïve Patients

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Disclosures

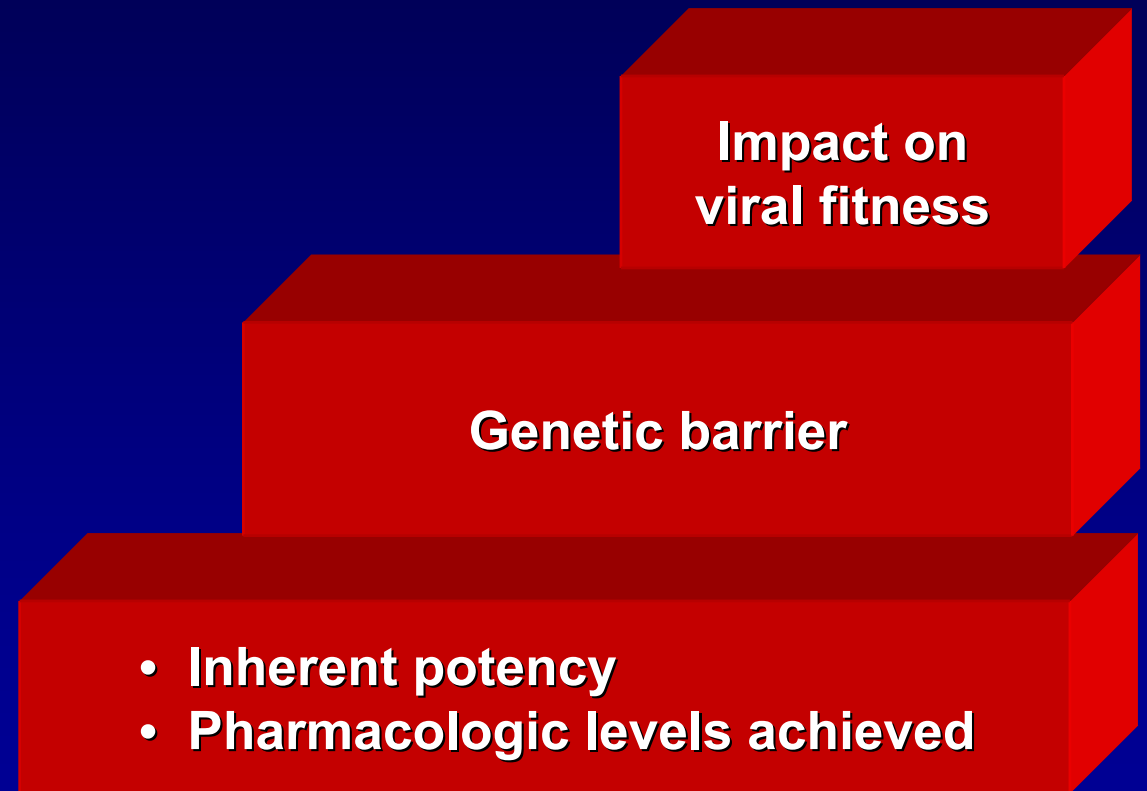
- I am a full-time employee of Bristol-Myers Squibb;
- Data presented are from trials in the entecavir development program

Primary Factors in Antiviral Resistance

Fitness –
replication capacity of
viral variants

Genetic Barrier –
number of substitutions
required for resistance

Clinical Efficacy –
Reflects intrinsic drug
potency and dose
administered



ETV Genotypic Resistance: Population Screening

- 2 cohorts: Naïve and LVD-refractory
 - All patients with continuous ETV >12 wks
- Genotype performed:
 - All baseline specimens
 - If HBV DNA ≥ 300 c/mL (50 IU/mL) at
 - Annual timepoint (Wks 48, 96, 144, 192, 240, 288)
 - End of Dosing
 - If virologic breakthrough while on treatment (confirmed ≥ 1 log increase in HBV DNA from nadir)

* consistent with monitoring recommendations in Pawlotsky et al, Gastroenterology 2008

ETV Genotypic Resistance: Rate Calculation

- Genotypic resistance to ETV requires both:
LVD resistance (M204I/V $\pm$ L180M), and
ETV-specific change (T184, S202 or M250)
- Cumulative probability*

$$P = 1 - (1 - n_1/N_1)(1 - n_2/N_2) \dots (1 - n_x/N_x)$$

* consistent with monitoring recommendations in Pawlotsky et al, Gastroenterology 2008

ETV 6-Year Program: Naïve Patient Flow

Years 1-2
Randomized Studies
0.5 mg

**ETV - 022:
Naïve HBeAg+**

**ETV - 027:
Naïve HBeAg-**

Responders¹

Virologic Responders¹

Non-Responders

Years 2-6
ETV-901 Rollover Study
1.0 mg ETV

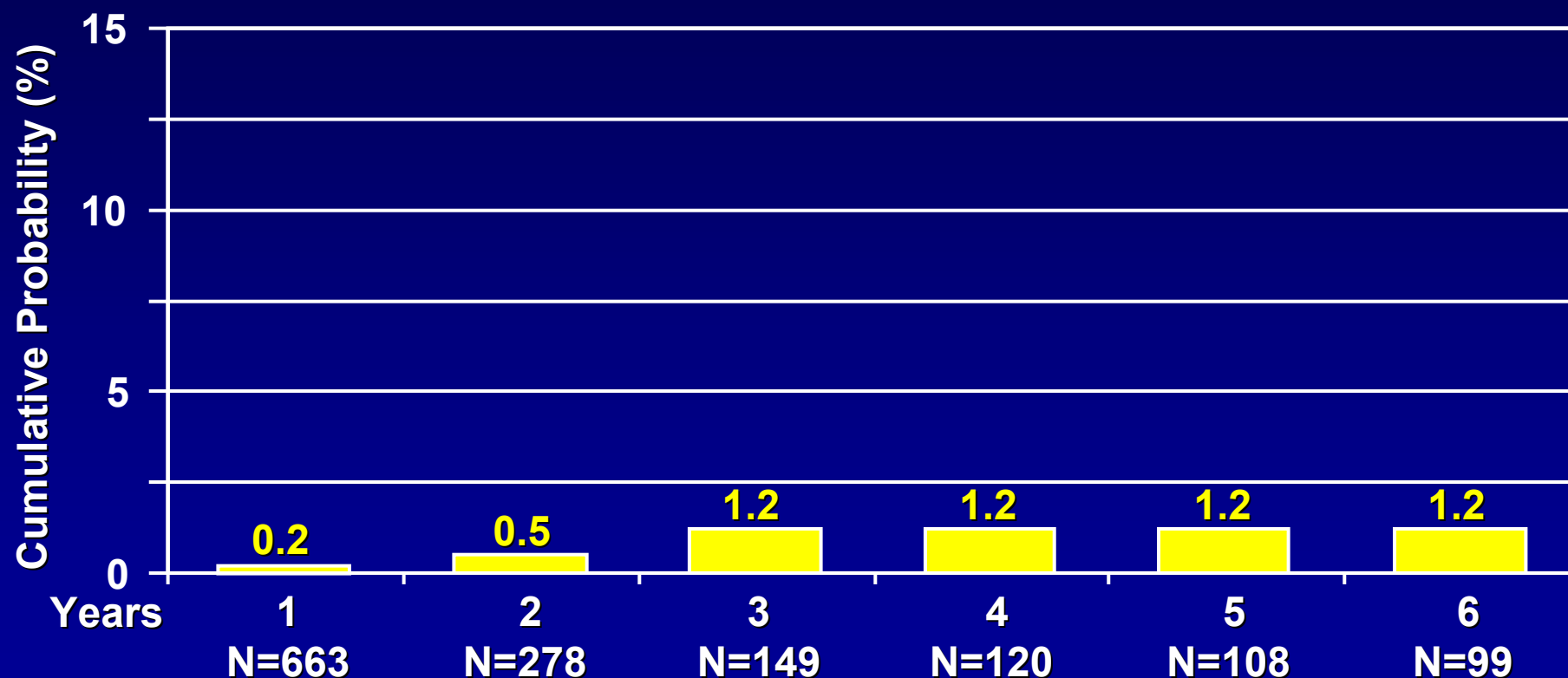
ETV - 901

• Treatment Gap Time
≤35 days for resistance cohort

1. protocol defined response criteria

Nucleoside-Naïve Cohort (HBeAg+ & HBeAg-): Cumulative Probability of ETV Resistance Through 6 Years

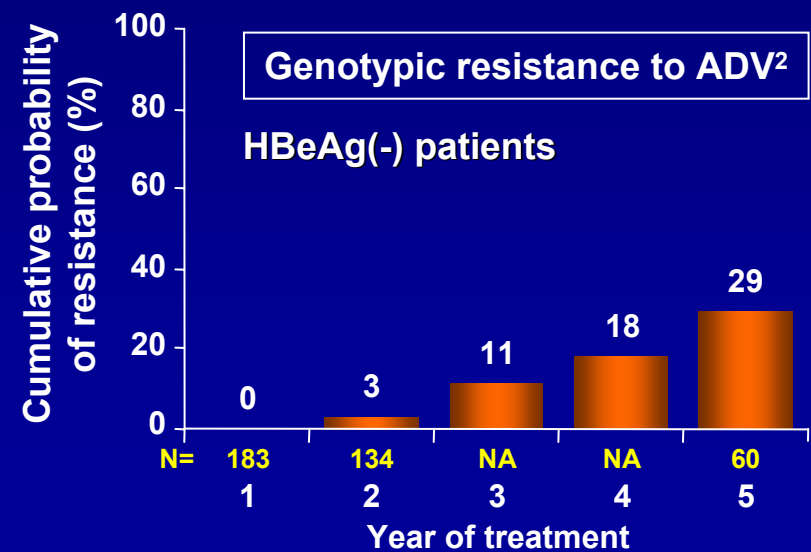
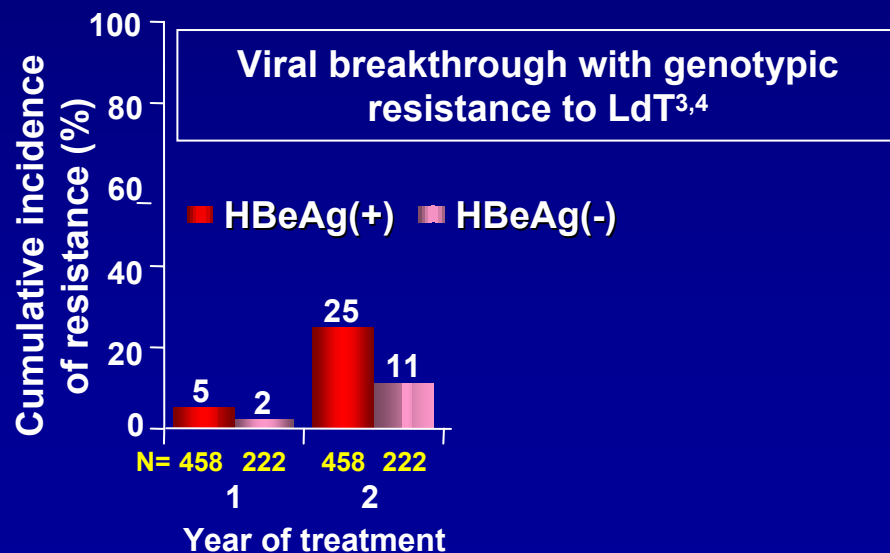
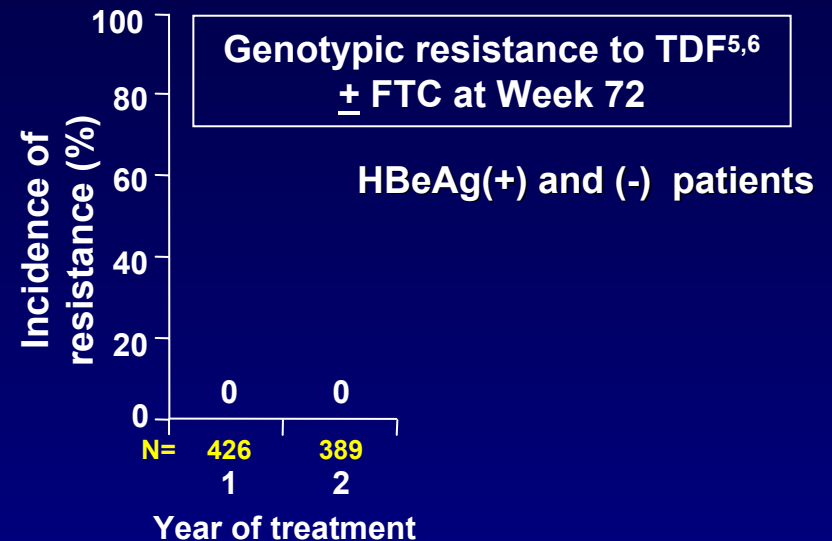
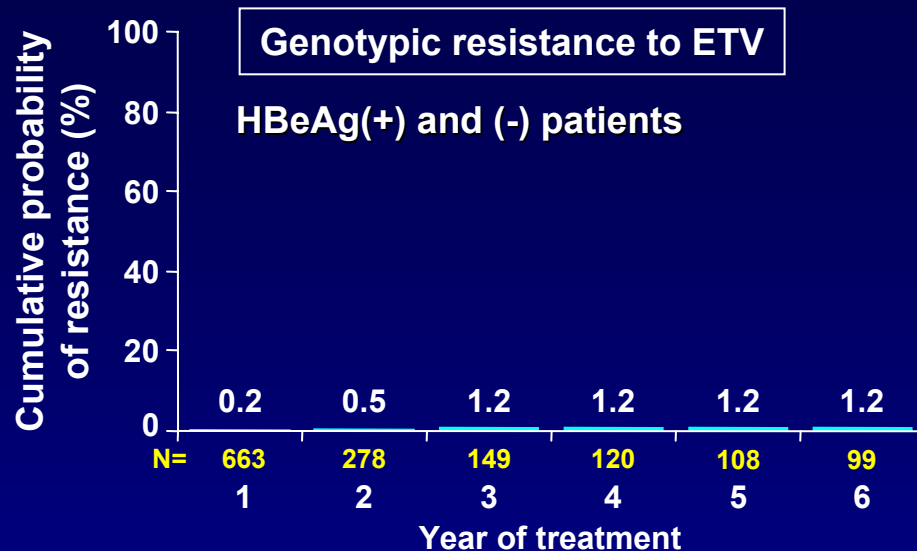
■ ETVr = LVDr (M204V ± L180M) + T184, S202 and/or M250 substitutions



- HBV DNA <300 c/mL in 94% of patients in Year-6 (N = 99)

- HBV DNA <300 c/mL at last on-treatment visit in 89% of those discontinuing

Resistance Rates Across Studies in Nucleoside-Naïve Patients



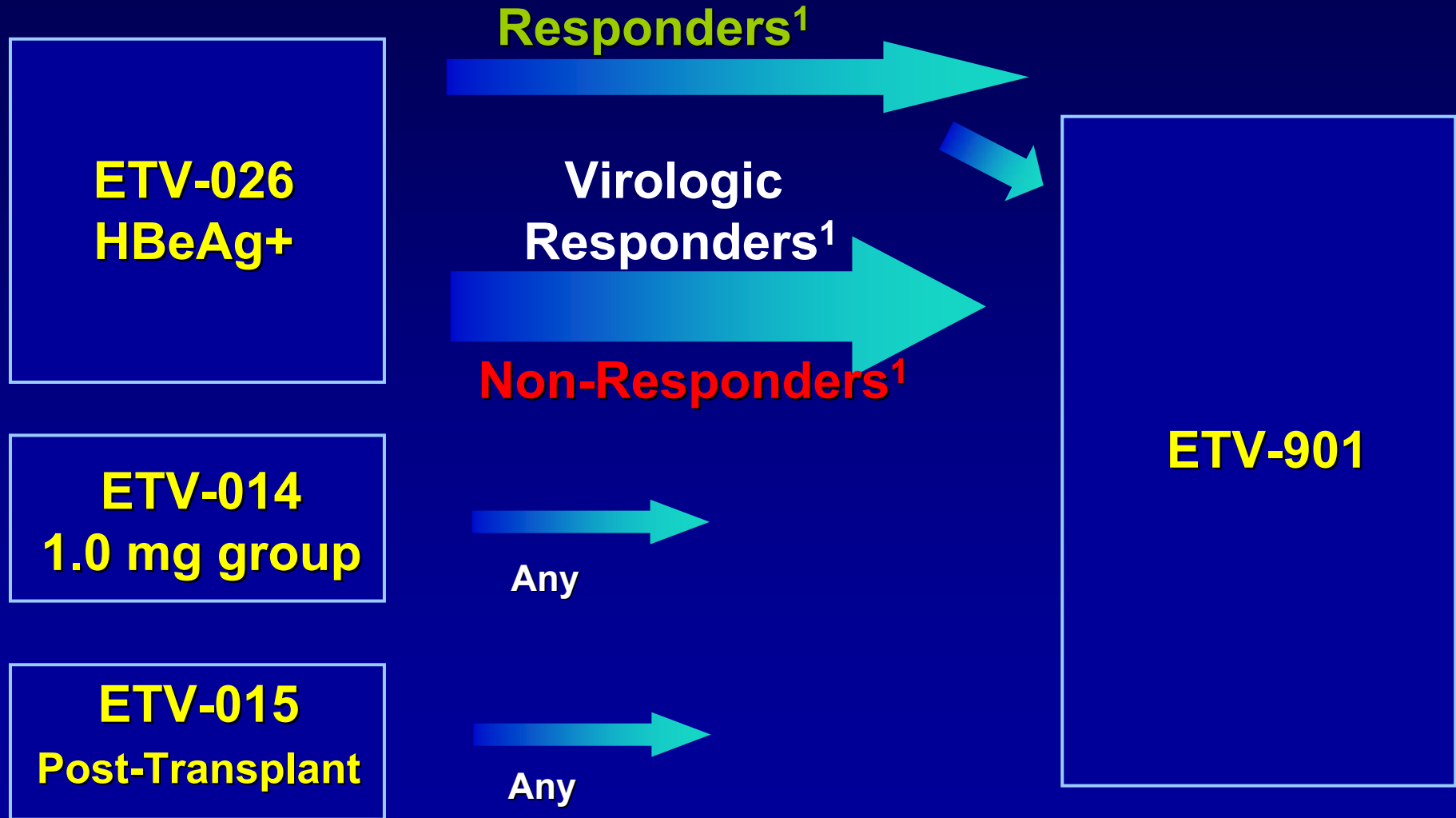
1. Chang TT, et al. *J Gastroenterol Hepatol* 2004;19:1276-1282; 2. Hadziyannis S, et al. *Gastroenterology* 2006;131:1743-1751; 3. Lai CL, et al. *N Engl J Med*, 2007;357:2576-2578; 4. Liaw YF, et al. *Gastroenterology* 2009;136:486-495. 5. Marcellin P, et al. *N Engl J Med* 2008;359:2442-2455; 6. Snow-Lampart A, et al. *Hepatology* 2008;48(suppl.):745A.

Lamivudine-Refractory Patients

Lamivudine Refractory – Patient Flow

Randomized Studies
1.0 mg

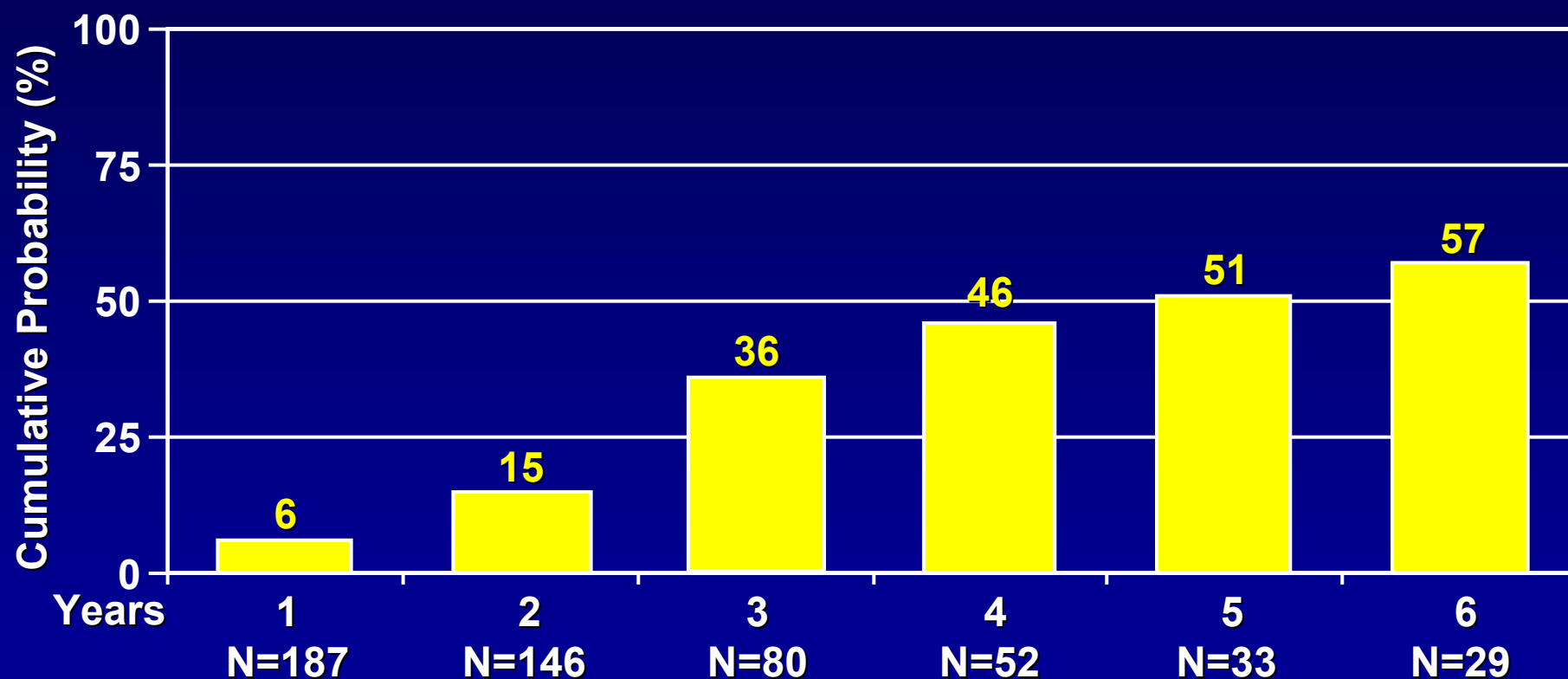
Rollover Study
1.0 mg ETV



1. protocol defined response criteria

Lamivudine-Refractory Cohort (HBeAg+): Cumulative Probability of ETV Resistance Through 6 Years

■ ETVr = LVDr (M204V ± L180M) + T184, S202 and/or M250 substitutions

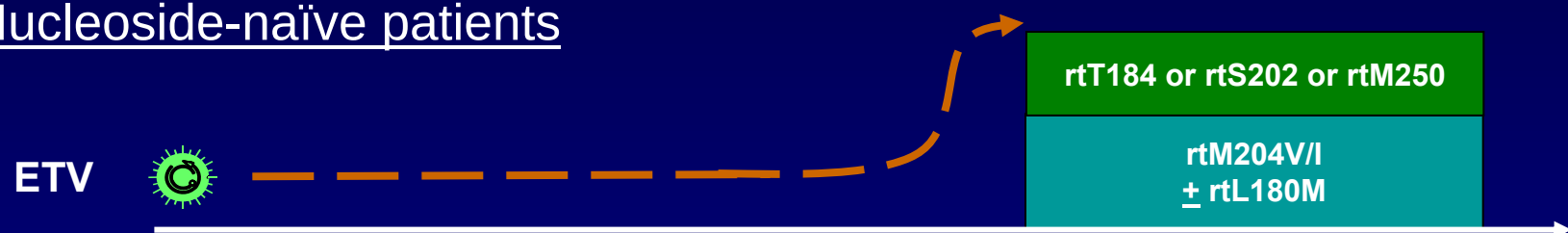


- 74/187 (40%) achieved HBV DNA <300 copies/mL

- 5/74 (7%) with HBV DNA < 300 c/mL had subsequent genotypic ETV resistance

Genetic Barrier to Entecavir Resistance

Nucleoside-naïve patients



Wild-type virus

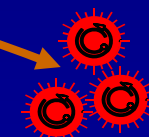
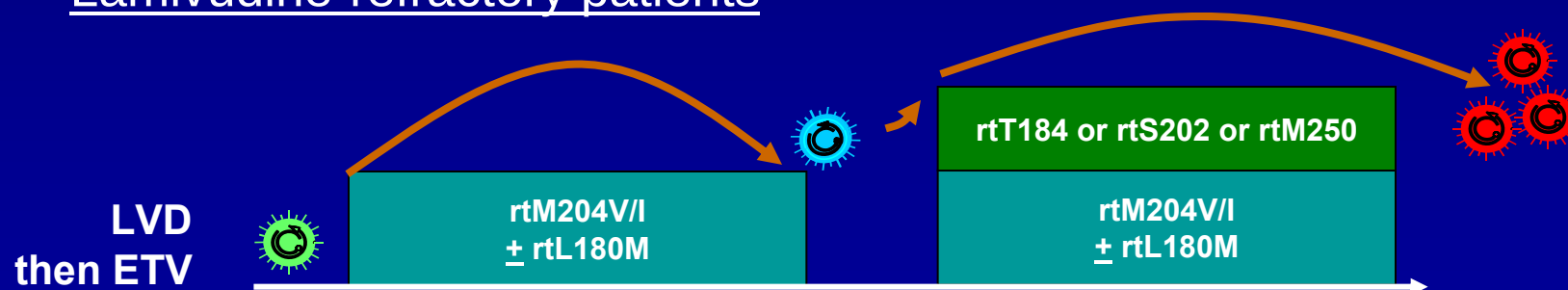


LVD-resistant virus



ETV-resistant virus

Lamivudine-refractory patients



Entecavir Resistance Through 6 Years

Nucleoside-Naïve:

- ETV has high potency and high genetic barrier
- Resistance is rare through 6 years
 - 1.2% genotypic resistance

LVD-refractory:

- ETV potency and genetic barrier are reduced
- Incremental increase in resistance over time
- Favorable prognostic subgroups can be identified by early response to treatment and lower baseline HBV DNA ($< 10^7$ copies/mL)

Acknowledgements

Bristol-Myers Squibb would like to thank all those who made possible the long-term follow-up of the ETV resistance cohort:

- >850 patients and
- >340 investigators from
- 30 countries

Participating in studies:

- ETV-014, ETV-015, ETV-022, ETV-026, ETV-027 and ETV-901