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Hepatitis Delta treatment: 2024 update

Pietro Lampertico, MD, PhD

Gastroenterology and Hepatology Division
Fondazione IRCCS Cà Granda - Ospedale Maggiore Policlinico
University of Milan - Italy

Disclosures

Advisory Board/Speaker Bureau for:

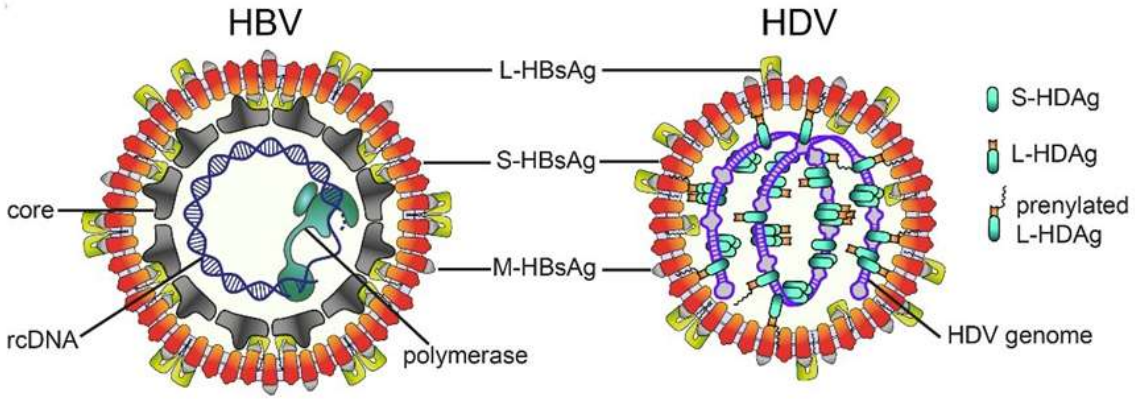
- ROCHE PHARMA/DIAGNOSTICS, GILEAD SCIENCES, GSK, ABBVIE, JANSSEN, MYR, EIGER, ANTIOS, ALIGOS, VIR, GRIFOLS, ALTONA, ROBOSCREEN

Hepatitis D (delta) Virus infection

- The «Delta agent» was discovered in 1977 by Mario Rizzetto
- Small RNA defective virus that needs HBsAg for its propagation (HBV/HDV coinfection)
- Of the ~300 million HBsAg carriers, 10-20 million are also anti-HDV positive (rare disease)
- Diagnostics: screening by anti-HDV (reflex test ?), diagnosis by HDV RNA (assay?)
- Causes the most severe form of chronic viral hepatitis

  More rapid progression to liver cirrhosis and liver cancer; 5-7x more likely to develop cirrhosis and HCC vs HBV

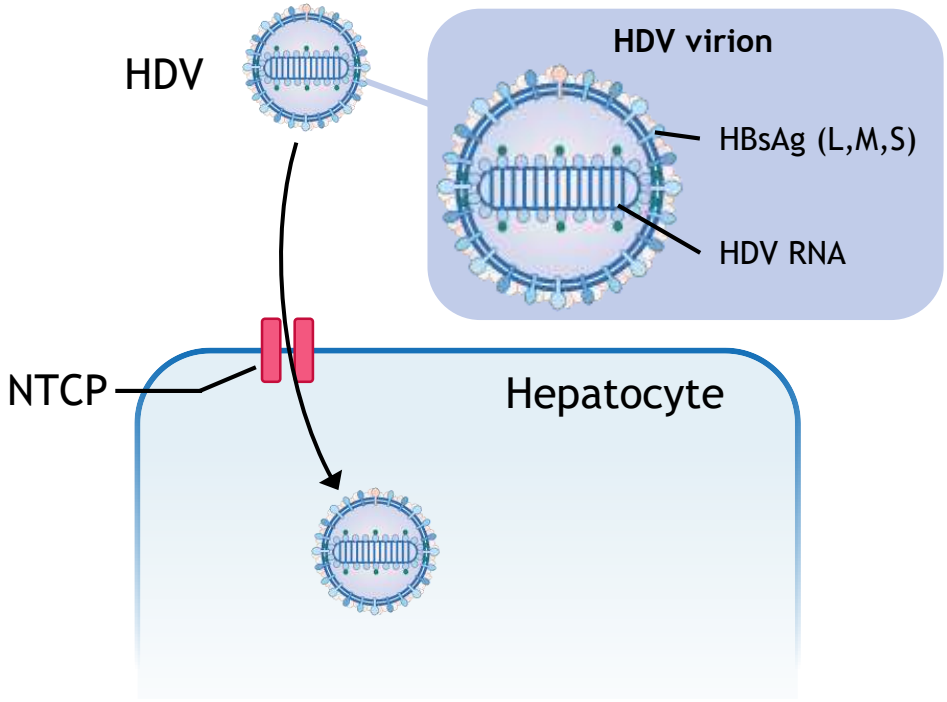
- Anti-HDV therapies: NUC not effective, PegIFNα effective in only 15-20% of the patients (not EMA or FDA approved)
- New therapies are needed



Modified from Urban S, Neumann-Haefelin C, Lampertico P. GUT 2021

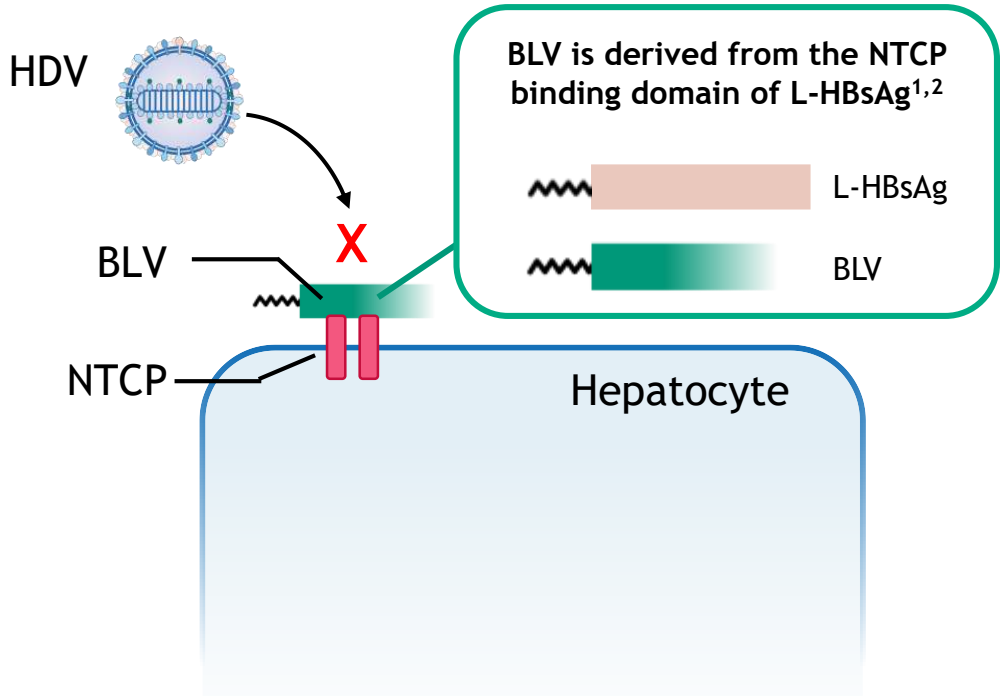
Bulevirtide (BLV) is an HDV entry inhibitor (2 mg/day sc injection) (EMA approved in 2020-2023)

HDV infects hepatocytes via the NTCP bile acid transporter[1]



Adapted from Zhang Z, Urban S. J Hepatol 2021;74:686-99

BLV binds to NTCP preventing entry of HDV into hepatocytes[2,3]



Adapted from Zhang Z, Urban S. J Hepatol 2021;74:686-99

BLV is a specific inhibitor of the NTCP bile acid transporter, the entry receptor for HDV[2]

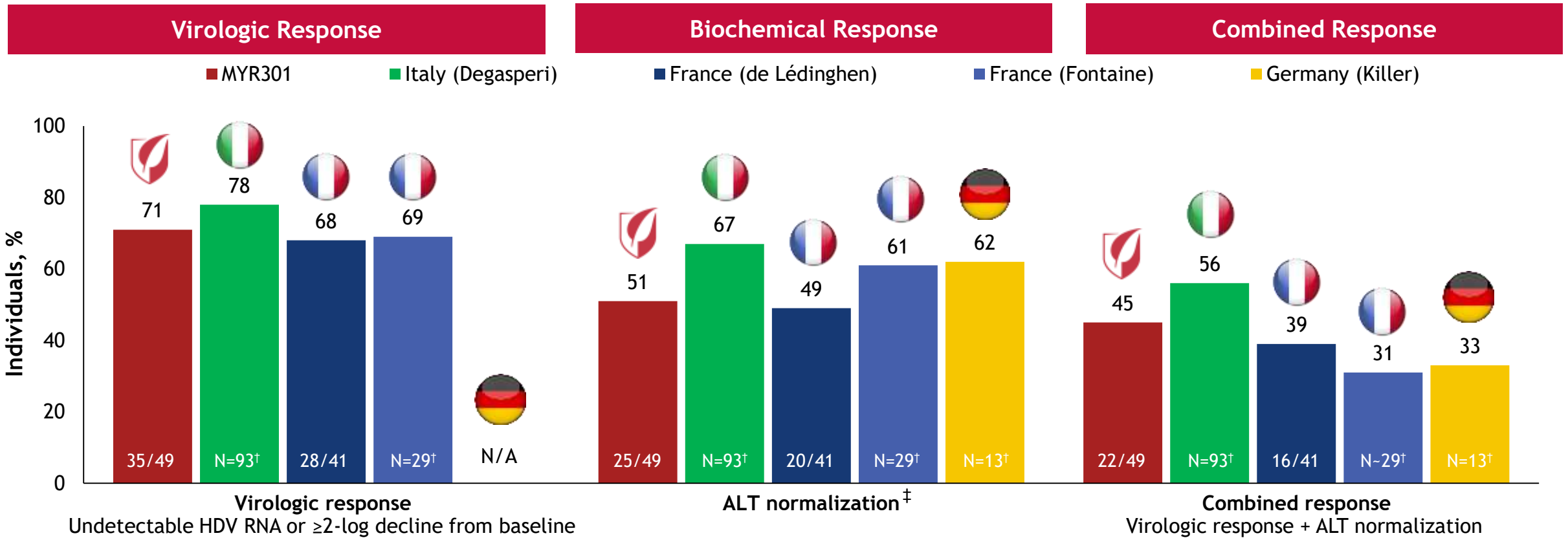
1. Zhang Z, Urban S. J Hepatol 2021;74:686-99; 2. Kang C, Syed YY. Drugs 2020;80:1601–5; 3. EMC. HEPCLUDEX ▼ (bulevirtide) Additional monitoring SmPC. Available at: https://www.medicines.org.uk/emc/product/13482 (accessed July 2023).

BLV does not directly inhibit HDV replication in infected cells!

Efficacy of BLV monotherapy

MYR301 and RWD studies
BLV 2 mg monotherapy in CHD: efficacy at week 48

*NOT HEAD-TO-HEAD COMPARISONS



CONS: no HBsAg decline, no HBsAg loss and only 10-20% undetetectable HDV RNA

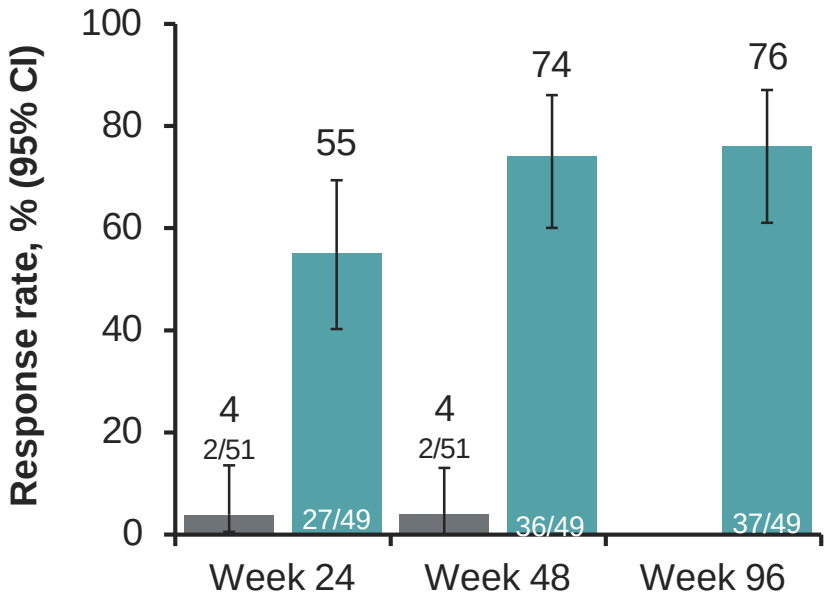
*NOT HEAD-TO-HEAD COMPARISONS. This graphic serves to illustrate outcomes obtained from different studies, which are therefore not directly comparable as study populations are NOT matched

1. Wedemeyer H, et al. NEJM 2023; 2. Degasperi A, et al. AASLD 2022. Oral #5013; 3. de Lédinghen V, et al. AASLD 2021. Oral #21; 4. Fontaine H, et al. EASL 2022. Oral #OS093; 5. Killer A, et al. EASL 2022. Poster #SAT345

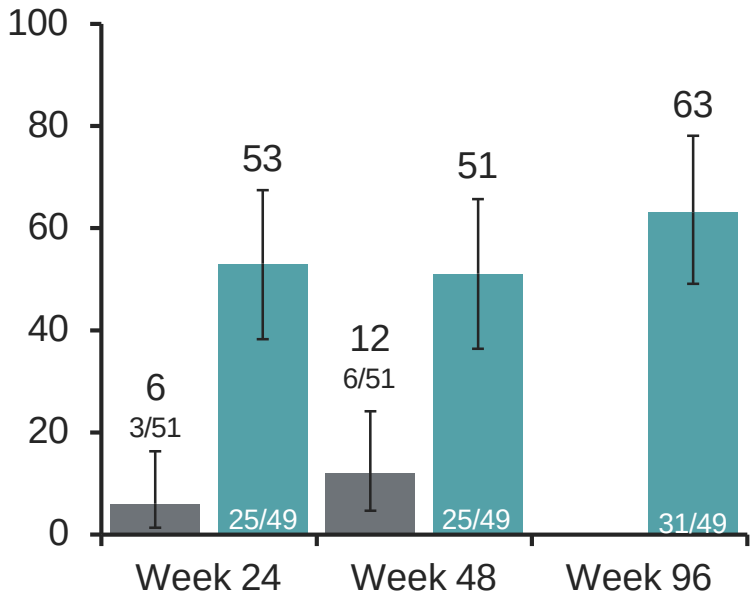
MYR301 study
BLV 2 mg monotherapy for CHD: efficacy at week 96

Virological response

Undetectable HDV RNA or
≥2 $\log_{10}$ IU/mL decline from BL

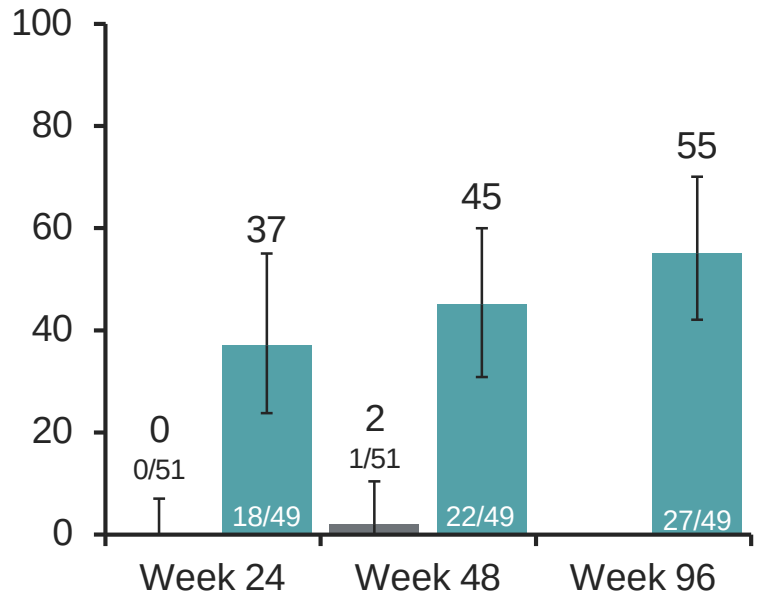


ALT normalisation



Combined response

Undetectable HDV RNA or ≥2 $\log_{10}$ IU/mL
decline from baseline and ALT normalisation



Undetectable, %	6	12	20

No treatment BLV 2 mg

BLV 2 mg led to continued virological and biochemical responses over 96 weeks

Wedemeyer H, et al. EASL ILC 2021. Oral #LBP-2730
Wedemeyer H, et al. EASL ILC 2022. Oral #GS005;
Wedemeyer H, et al. N Engl J Med 2023;389:22–32;
Wedemeyer H, et al. EASL 2023. Oral #OS-068.

Not all stu… t detected).
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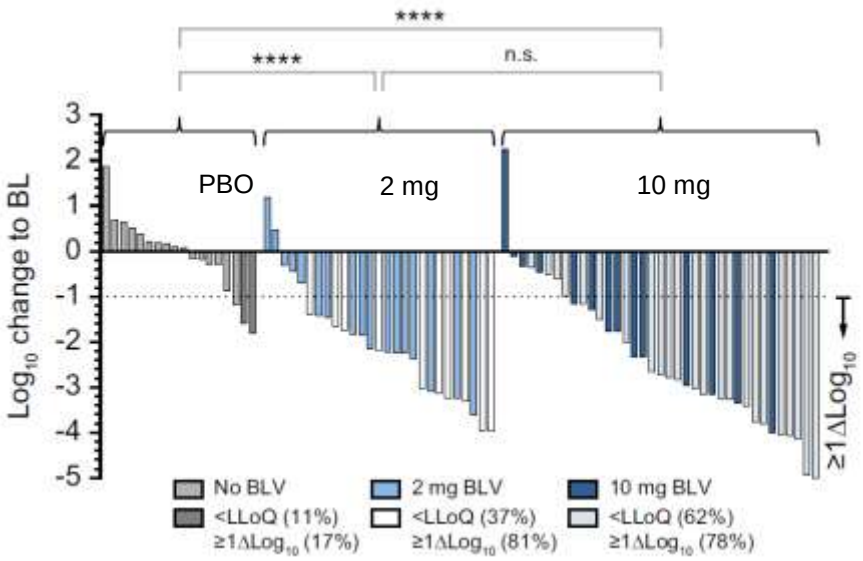
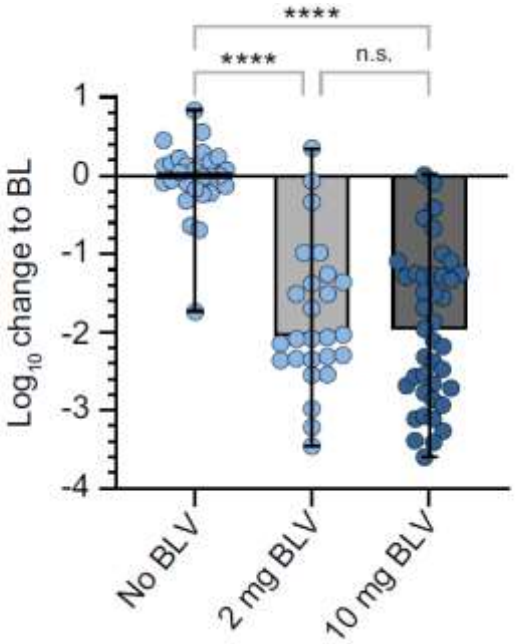
Week 144 efficacy and safety data at EASL 2024

MYR203 and 301 studies
Intrahepatic responses after 48 weeks of BLV monotherapy

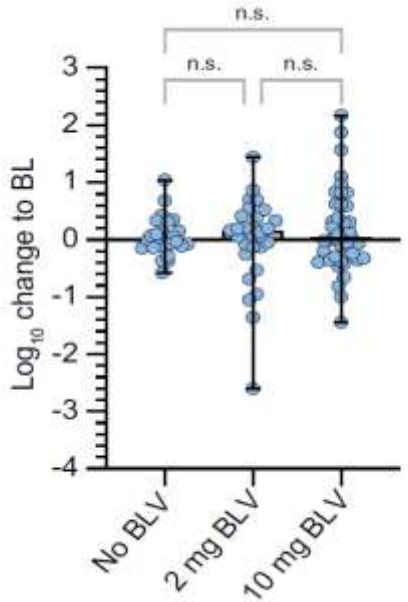
Intrahepatic HDV RNA levels



Intrahepatic HDAg levels



Intrahepatic HBsAg levels



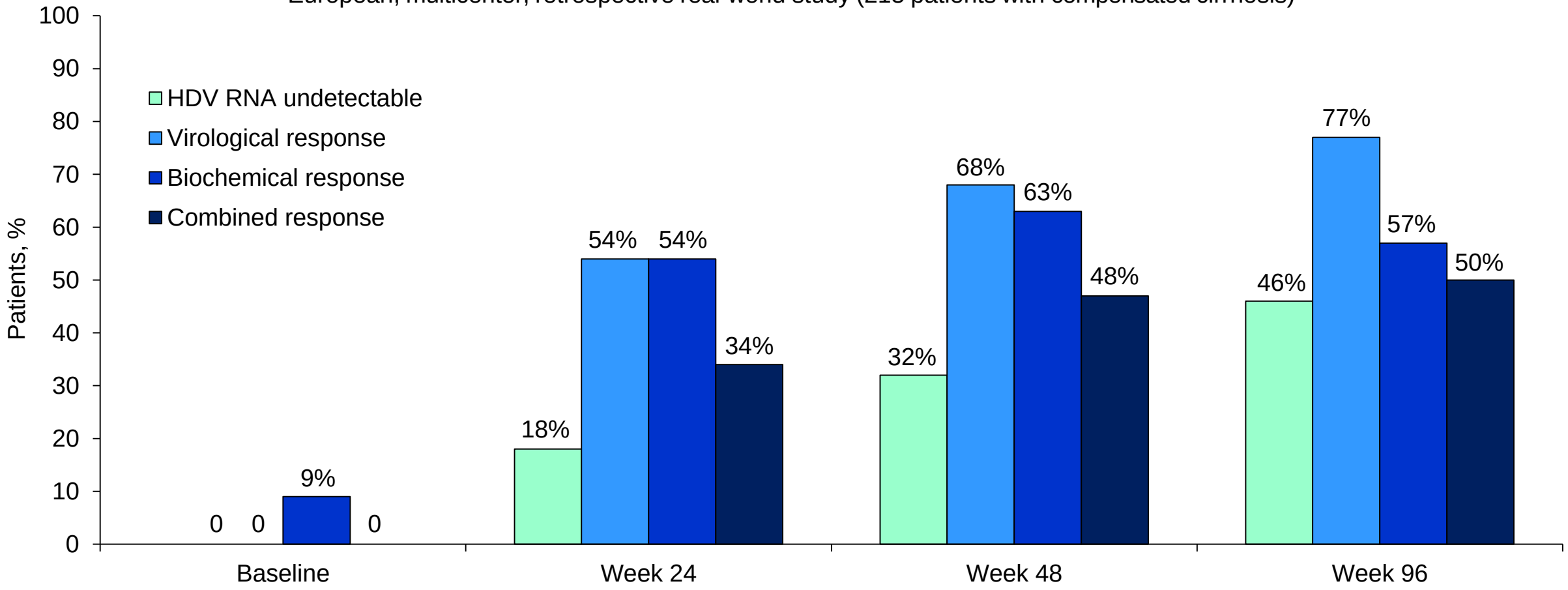
- **Serum and liver HDV RNA** levels strongly correlated (Spearman r: 0,62, p <−0.0001)
- **Liver HDV RNA negative (<LLOQ)**: 37% and 62% in 2 and 10 mg arms, respectively
- **Liver HDAg negative staining**: 50% and 54% in 2 and 10 mg arms, respectively

Blocking viral entry diminishes signs of liver inflammation and promotes a strong reduction of HDV infection within the liver, thus suggesting that some patients may achieve HDV cure with long-term treatment

Allweiss L. et al, J Hepatol 2024

SAVE-D study
Virological and biochemical responses during BLV monotherapy

European, multicenter, retrospective real-world study (215 patients with compensated cirrhosis)



Virological response: ≥2 log decline from baseline or HDV RNA TND/<LOD; **Biochemical response**: ALT <40 U/L; **Combined response**: virological and biochemical response
HDV RNA undetectable: TND or <LOD or <LLOQ

BLV monotherapy is effective also in compensated cirrhotics ± CSPH

Anolli MP et al, AISF meeting March 2024

SAVE-D study
Biochemical and virological variables during BLV monotherapy

Variables	Baseline	Week 24	Week 48	Week 72	Week 96	p value (A)	p value (B)
Bilirubin, mg/dl	0.9 (0.2-4.4)	0.8 (0.3-9.6)	0.9 (0.3-4.6)	0.8 (0.2-3.6)	0.9 (0.3-3.6)	0.76	0.09
AST, U/L	79 (7-873)	43 (11-219)	39 (15-136)	35 (18-155)	36 (19-172)	**<0.001**	**<0.001**
ALT, U/L	78 (23-1,074)	39 (12-375)	34 (13-253)	36 (6-225)	36 (10-271)	**<0.001**	**<0.001**
GGT, U/L	68 (12-583)	41 (6-293)	36 (6-769)	37 (7-236)	29 (6-110)	**<0.001**	**<0.001**
Albumin, g/dL	3.9 (2.8-6.4)	4.1 (2.2-5.3)	4.1 (2.7-5.0)	4.2 (3.2-5.3)	4.1 (3.3-5.1)	**0.01**	**0.04**
PLT, $10^3/mm^3$	91 (17-454)	100 (20-451)	94 (24-392)	89 (30-271)	98 (30-250)	**0.01**	0.39
Creatinine, mg/dL	0.8 (0.4-1.2)	0.8 (0.4-1.3)	0.8 (0.5-1.3)	0.8 (0.5-1.4)	0.9 (0.6-1.1)	0.14	0.26
AFP, µg/L	7 (1-596)	5 (1-35)	4 (1-22)	3 (1-40)	3 (1-7)	0.39	**<0.001**
IgG, mg/dL	2,121 (1,047-4,059)	1,721 (922-3,033)	1,705 (817-3,636)	1,613 (444-3,364)	1,598 (890-2,700)	**<0.001**	**<0.001**
HBsAg, Log IU/mL	3.7 (0.8-4.7)	3.8 (0.5-4.9)	3.6 (0.5-4.8)	3.7 (1.3-4.7)	3.6 (1.3-4.8)	0.56	0.53
LSM	18.3 (6.4-75)	15.3 (5.0-60)	14.5 (4.8-54.3)	16.5 (6.2-62.1)	14.3 (5.3-43.4)	**<0.001**	0.07
APRI	2.28 (0.2-27.7)	1.32 (0.22-7.97)	1.15 (0.30-7.77)	1.35 (0.30-6.23)	1.06 (0.33-14.9)	**<0.001**	**<0.001**
FIB-4	4.73 (0.40-27.88)	3.61 (0.56-20.75)	3.22 (0.77-14.12)	3.92 (0.74-18.27)	3.41 (0.84-25)	**<0.001**	**0.003**

(A) Subanalysis of 137 patients with complete paired data (BSL-week 48)
(B) Subanalysis of 58 patients with complete paired data (BSL-week 96)

BLV 2 mg monotherapy significantly improves liver tests and NITs

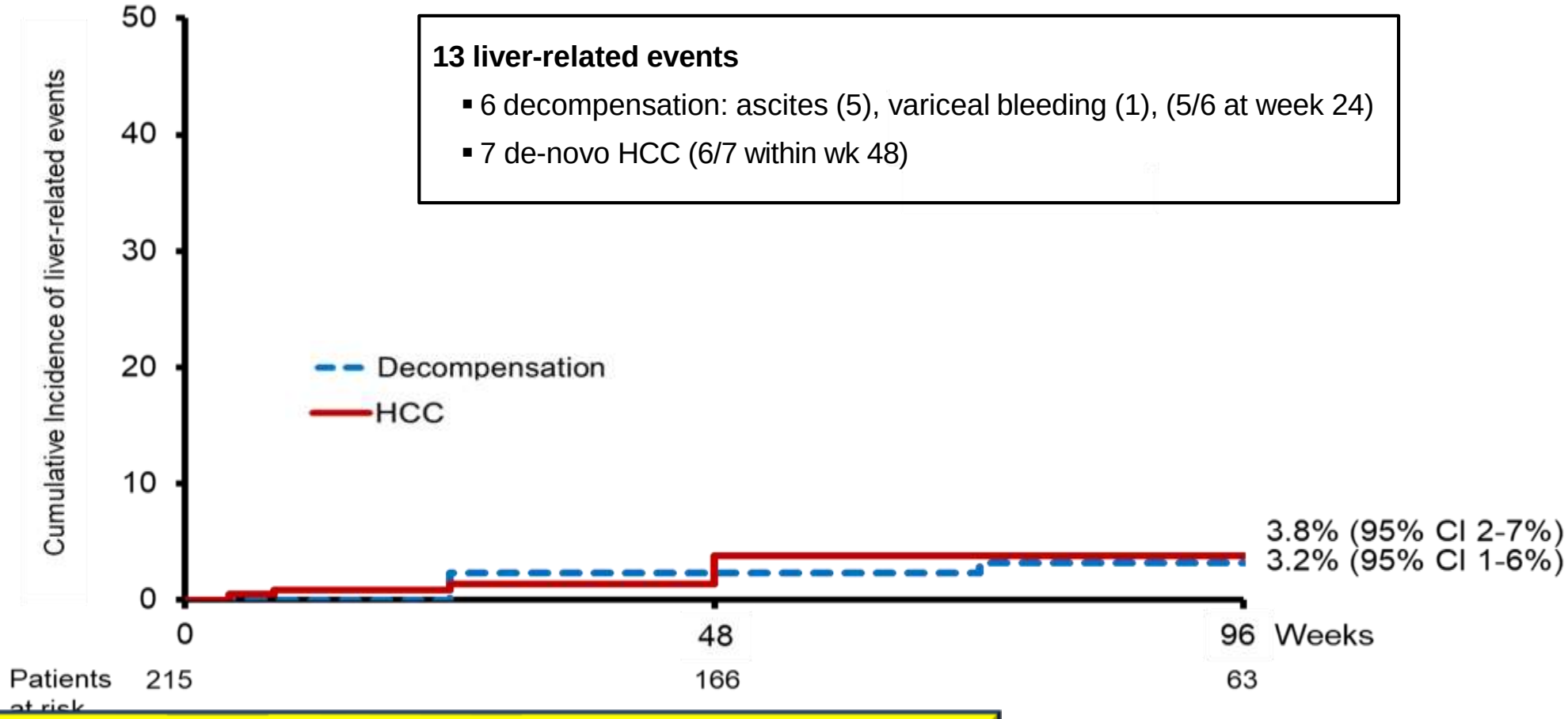
Anolli MP et al, AISF meeting March 2024

SAVE-D study
Liver-related events during long-term BLV monotherapy

European, multicenter, retrospective real-world study (215 patients with compensated cirrhosis)

13 liver-related events

- 6 decompensation: ascites (5), variceal bleeding (1), (5/6 at week 24)
- 7 de-novo HCC (6/7 within wk 48)



Long-term BLV monotherapy may reduce liver-related complications in compensated cirrhotics

Anolli MP et al, AISF meeting March 2024

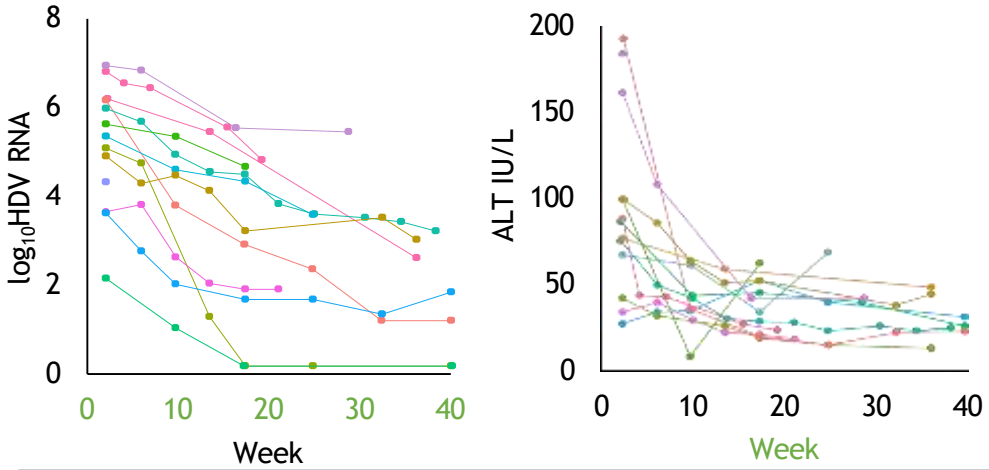
BLV monotherapy in patients with HDV-related decompensated cirrhosis (Child-B) – off-label use

Retrospective, multicenter,* real-world analysis of BLV in 15 patients with an average follow up of 23 weeks

Baseline Characteristic	Cohort (n=15)
Child-Pugh Stage, n	
A	1†
B	14
Ascites, n	10
Variceal bleeding history, n	2
Esophageal varices present, n	13
Bilirubin, µmol/L (mean ± SD)	36.1 ± 24.6
Hyperbilirubinemia (>34.2 µmol/L), n	6
Albumin, g/dL (mean ± SD)	33.0 ± 4.6
Hypoalbuminemia (<35 g/dL), n	9

Efficacy Responses

Dots and lines represent individual patients (n=13)



67% 10 of 15 patients had virologic response**

47% 7 of 15 patients had ALT normalization

27% 4 of 15 patients improved from Child-Pugh B to A

27% 4 of 15 patients had improvement of ascites

Safety profile:

- 1 patient experienced worsening of liver function after add-on pegylated IFN (not related to BLV)
- 1 patient experienced further decomposition after TIPS insertion and incarceration of hernia (not related to BLV)
- 3 patients terminated BLV therapy at liver transplantation

BLV therapy in decompensated patients led to robust virologic response, ALT normalization, and improvements in liver function

*Centers in Austria, Italy, and Germany; **HDV RNA decline of ≥2 log; †Had a history of large volume paracentesis due to ascites but resolution of ascites under ongoing diuretics at treatment initiation. Given the uncontrolled CHD, the patient was considered as decompensated following the Baveno VII recommendations. ALT, alanine aminotransferase; BLV, bulevirtide; IFN, interferon; TIPS, transjugular intrahepatic

Deterding K, et al. Hepatology 2024

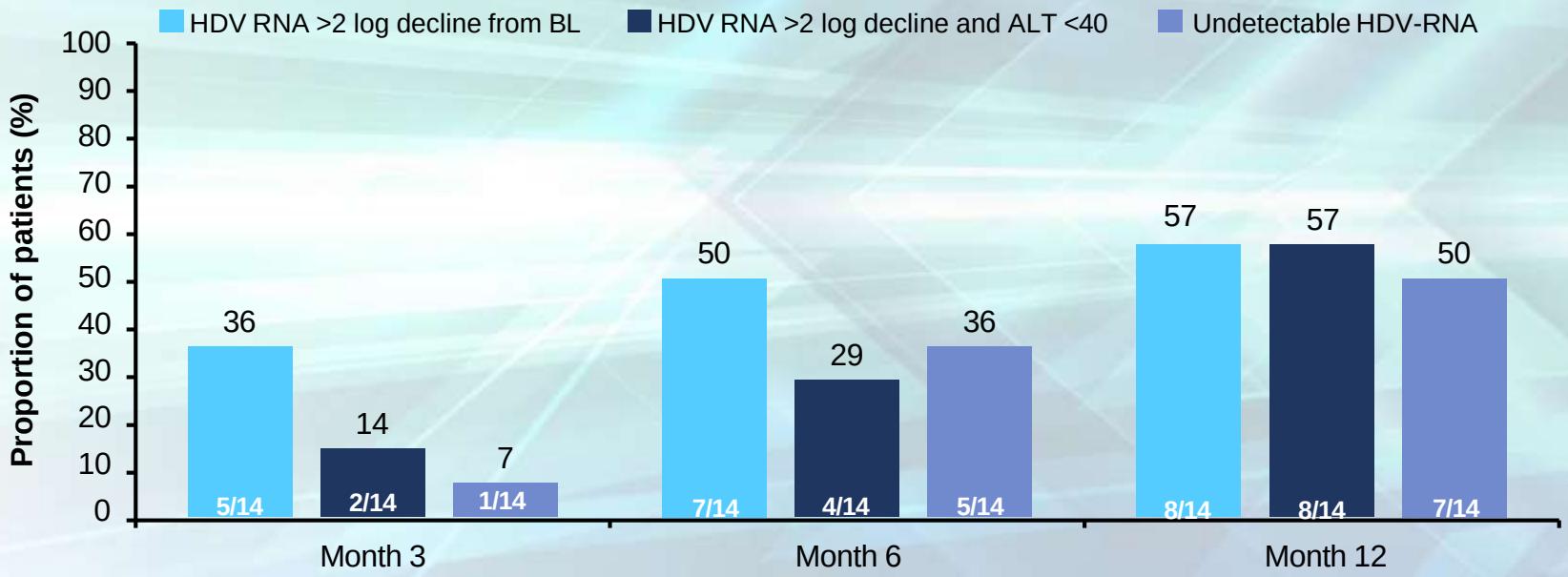
BLV 2 mg monotherapy is effective and well tolerated in people with HIV/HBV/HDV coinfection

cATU: First real-world cohort of HIV/HBV/HDV-coinfected patients treated with BLV 2 mg ± PEG-IFN

Baseline characteristics	Total n=21
Age, mean years	48
Male, %	71
HIV, %	100
Cirrhosis, %	52
HDV RNA, median log_{10} IU/mL	6.09
HIV RNA, median cp/mL*	0
CD4, median /mm3	558

Safety profile	Total n=21
AE related to BLV, n	0
HIV drug modifications, n	0
CD4, median / mm3 @ M12	540
Stopped treatment by M12, n (%)†	8 (38)

Virological and biochemical response: BLV 2 mg monotherapy (n=14, ITT analysis)

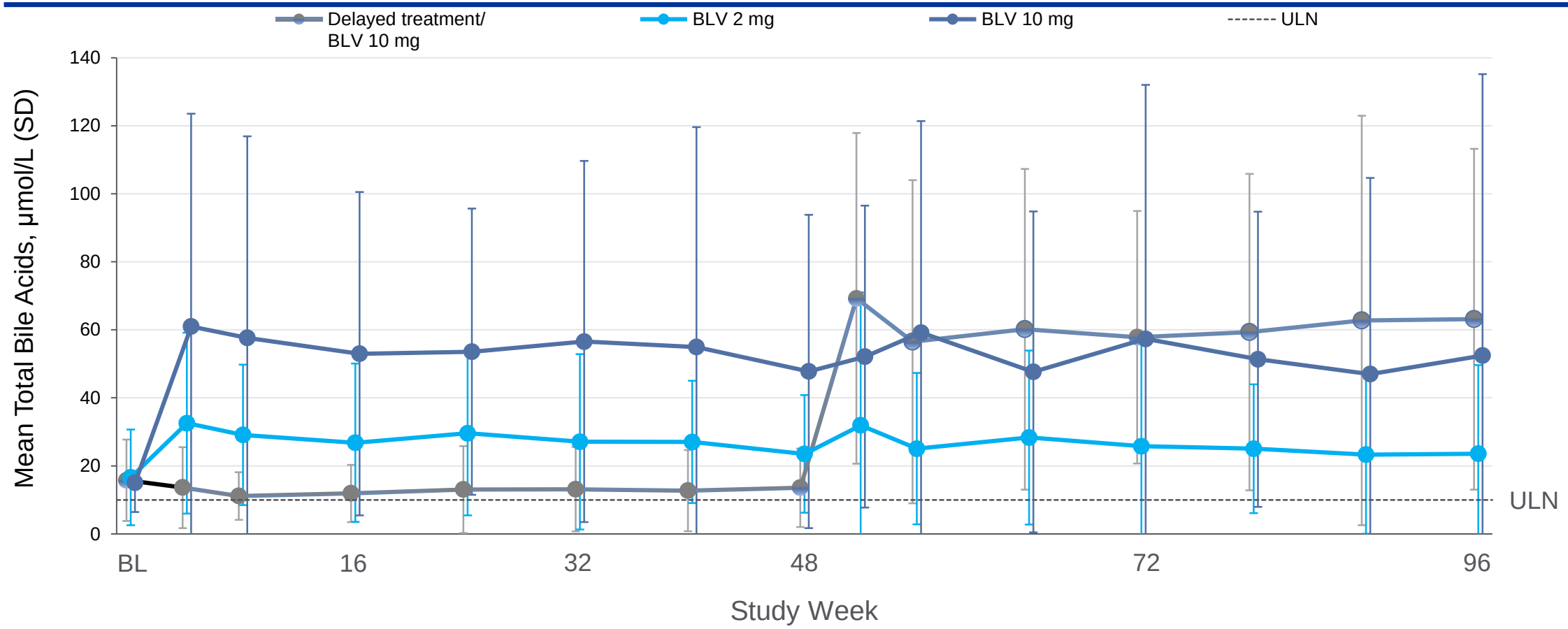


BLV 2 mg for up to 12 months was effective and well tolerated with no impact on CD4, HIV viral suppression or HIV treatment regimen

Visco Comandini U et al, HIV Med 2023: 5 HIV/HDV patients with comp cirrhosis and CSPH treated with BLV monotherapy……progressive increase of CD4/CD8 cells…no safety signals…

de Lédinghen V, et al. CROI 2023. Poster #589.

MYR301 study
Safety profile of 96 weeks BLV monotherapy for CHD



Dose-dependent asymptomatic elevations in total bile acids were observed with BLV treatment which were less pronounced in the 2 mg dose group

Safety analysis set. BLV, bulevirtide; ULN, upper limit of normal.

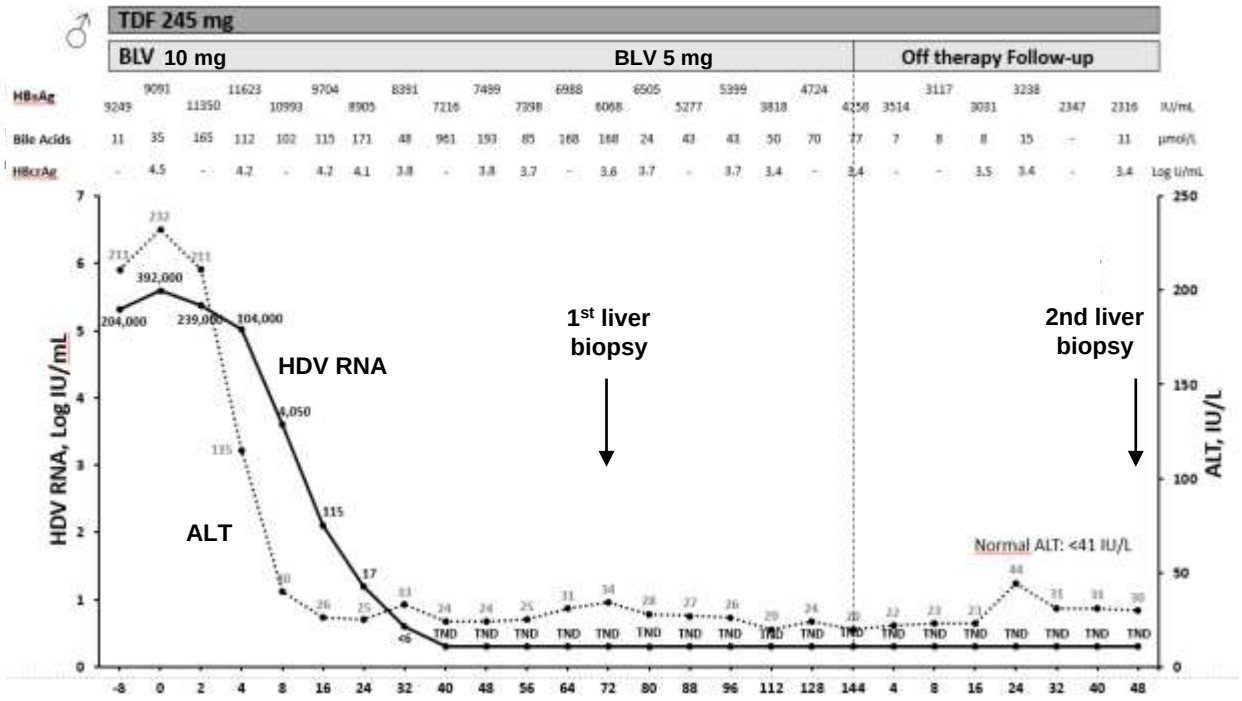
Wedemeyer H, et al. EASL 2023. Oral #OS-068

Can we cure HDV with BLV monotherapy ?

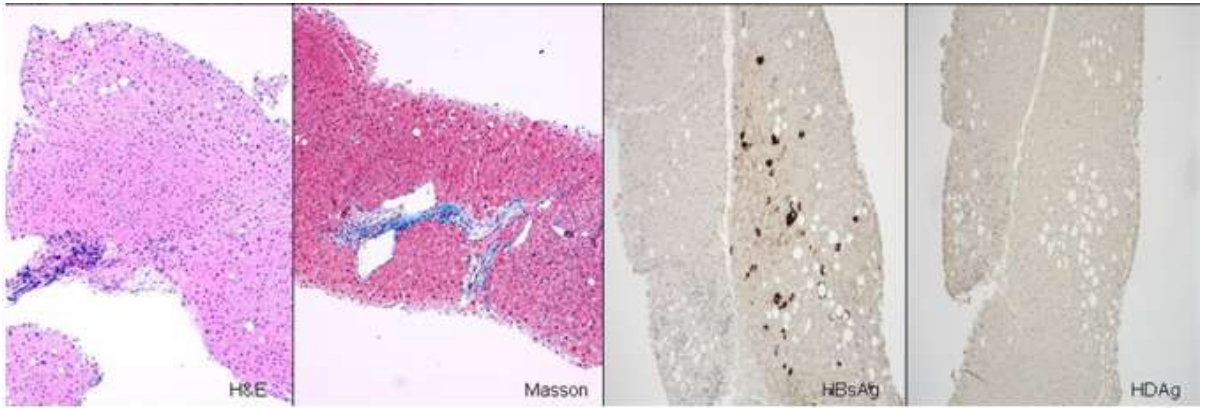
A 3-year course of BLV monotherapy may cure HDV without HBsAg loss
The "Milan patient"

A 55 year-old patient with HDV-related compensated cirrhosis with F1 esophageal varices and contraindications to pegIFNα

Virological and biochemical response during and off BLV therapy



2nd liver biopsy performed at week 48 off-therapy



H&E staining | **Masson staining** | **HBsAg staining** | **HDAg staining**

- Minimal features of inflammation, improvement of fibrosis (Ishak G1 S4) and resolution of autoimmunity features compared to baseline biopsy (Ishak G9 S6)
- HBsAg staining positive (<1%), HBcAg negative.
- **HDAg, HDV RNA and cccDNA undetectable (Dandri's lab)**
- **HDAg and intrahepatic HDV RNA were already undetectable** in the liver biopsy performed on-therapy at week 72 (Dandri's lab)

Clinical outcomes

- HDV suppression/cure resulted in a significant improvement in biochemistry, liver function parameters, AFP, LSM, and in regression of esophageal varices.
- No specific safety issues, BA normalized after BLV discontinuation

Conclusions

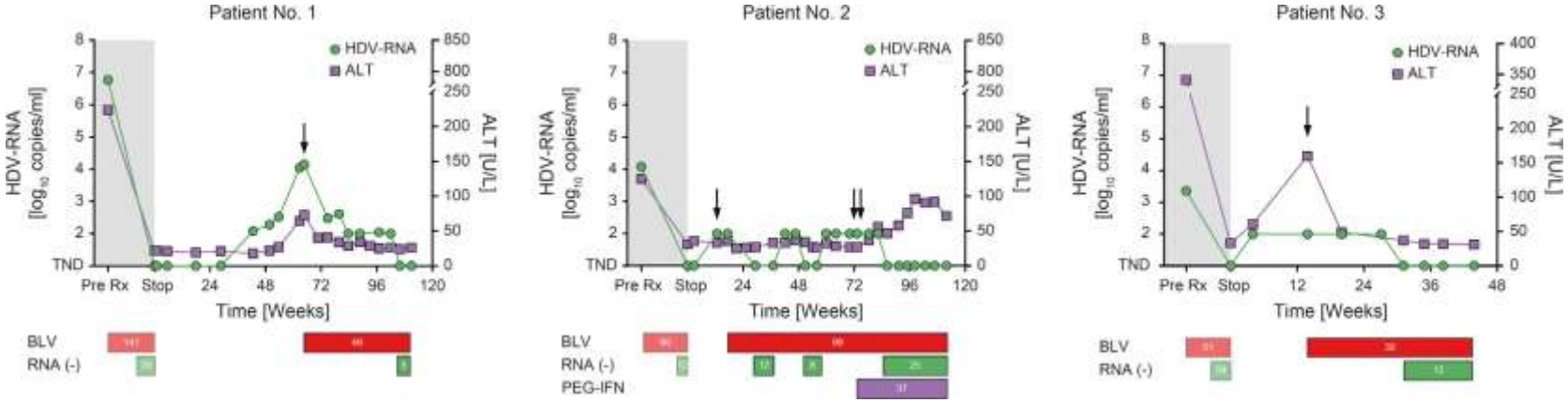
- **A 3-year course of BLV monotherapy may cure HDV infection even in difficult-to-treat patients with advanced compensated cirrhosis**
- **HDV eradication occurred without HBsAg loss**

Can we stop BLV monotherapy after 2 years of full viral suppression (=TND)?

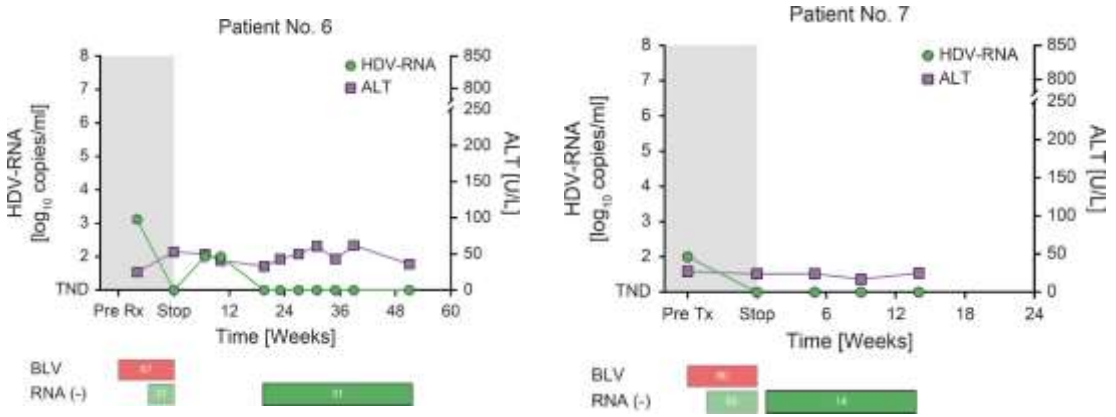
Anolli MP et al, J Hepatol 2023

The Austrian study
Discontinuation of BLV monotherapy in 5 patients with CHD

HDV Relapse after BLV STOP



HDV RNA Undetectability 24 weeks after BLV STOP



Overall 3/5 (60%) HDV relapses

n=3 HDV relapses

- #1 (F4); 39 (out of 141) weeks HDV RNA suppression
- #2 (F4); 12 (out of 60) weeks HDV RNA suppression
- #3 (F1); 24 (out of 51) weeks HDV RNA suppression

n=2 Sustained (off-tx week 24) HDV undetectability

- #6 (F4); 31 (out of 67) weeks HDV RNA suppression
- **#7 (F4); 60 (out of 80) weeks HDV RNA suppression**

No issues following BLV re-start

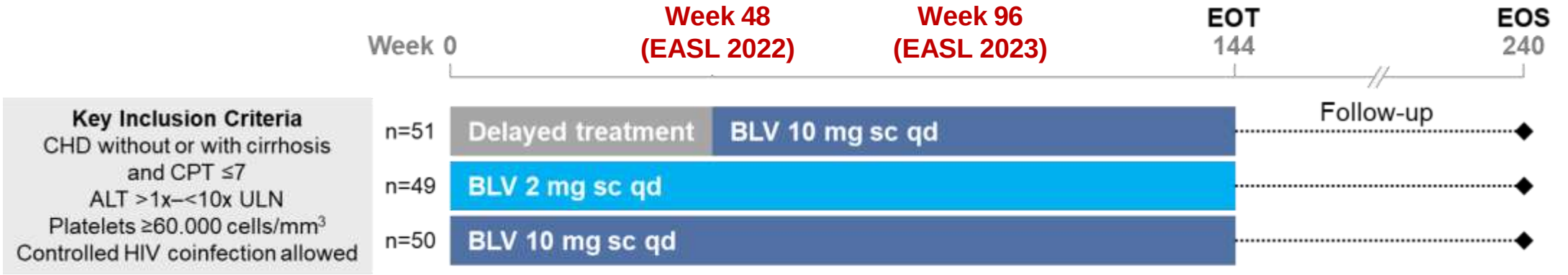
Can we stop BLV monotherapy after 60 weeks of full viral suppression?

Jachs M et al, JHEP Reports 2023;5:100751

La riproduzione, la copia e divulgazione sono rigorosamente vietate. LIV 23047

MYR301 study
Phase 3 Trial of Bulevirtide Monotherapy in Patients with CHD

Multicenter, open-label, randomized, Phase 3 study, conducted in 4 countries (Germany, Italy, Russia, Sweden)



Primary Study Endpoint (Week 48):

Proportion of patients achieving the **Combined response**

- HDV RNA undetectable or decrease of ≥2 Log_{10} IU/mL from baseline and ALT normalization

BLV 10 mg, dosing not authorised for clinical use

Off-therapy results in 2025 ?

Week 96 Analysis Endpoints:

Proportion of patients with:

- HDV RNA decrease of ≥2 Log_{10} IU/mL from baseline or undetectable HDV RNA
- Undetectable HDV RNA
- ALT normalization
- Change in liver stiffness
- Adverse Events

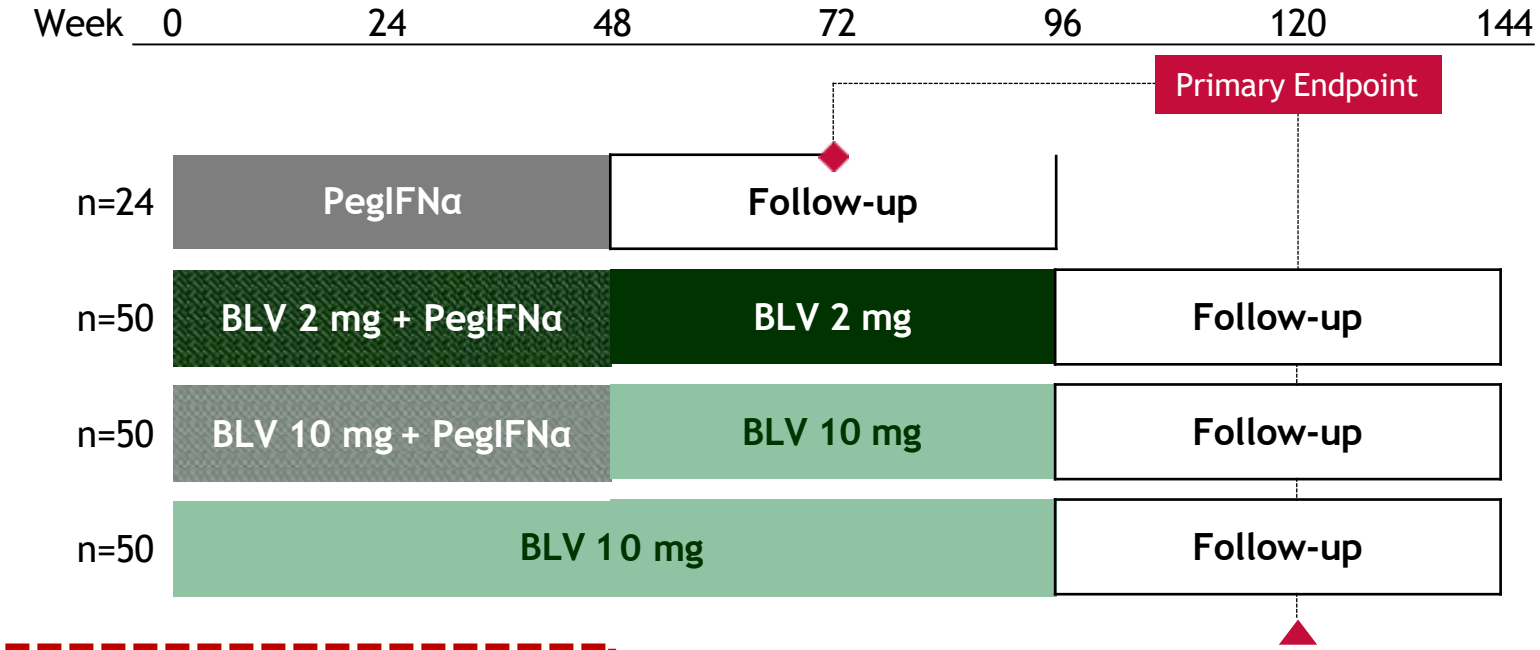
Materiale reso disponibile da **Gilead Sciences Srl**, relativo ai lavori del Convegno **"PIONEERS In viral research Hepatitis & Covid-19"** del **31 ottobre 2023 - Milano**.
Il materiale è esclusivamente riservato agli operatori sanitari partecipanti al convegno. Non è consentito l'utilizzo per finalità diverse dalla consultazione dei testi.
La riproduzione, la copia e divulgazione sono rigorosamente vietate. LIV 23047

Wedemeyer H et al, NEJM 2023;389:22-32; Wedemeyer H et al, EASL 2023, Oral #068

Efficacy of BLV + pegIFNα combination?

MYR204 Study Design

Multicenter, open-label, randomized Phase 2b study



Key Inclusion Criteria

- Adults with chronic hepatitis delta
- With or without cirrhosis; Child-Turcotte-Pugh (CTP) ≤6
- ALT >1× to <10× ULN, and positive serum HDV RNA
- No IFN within 6 months before BL

Primary endpoint (off-therapy):

- Undetectable HDV RNA* at Week 24 after EOT

Secondary endpoints:

- Undetectable HDV RNA* at EOT
- Change from BL in Liver Stiffness (at Week 24 after EOT)
- Composite Response (Undetectable HDV RNA* and ALT normalization**)
- ALT normalization**

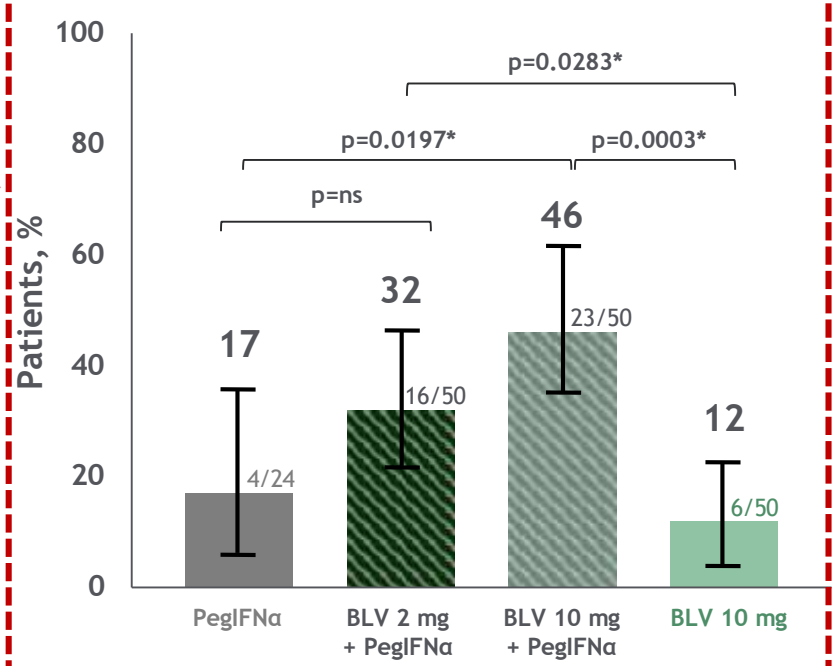
*Undetectable HDV RNA defined as <LLOQ, target not detected. LLOQ <50 IU/mL; limit of detection: 6 IU/mL; **ALT normalization defined as: ≤31 U/L for females and ≤41 U/L for males (Russian sites), ≤34 U/L for females and ≤49 U/L for males (all other sites). ALT, alanine aminotransferase; BL, baseline; BLV, bulevirtide; EOT, end of treatment; IFN, interferon; LLOQ, lower limit of quantification; PegIFNα, pegylated interferon alpha; ULN, upper limit of normal.
Asselah T, et al. AASLD 2023. Oral #5009

External Use and Distribution

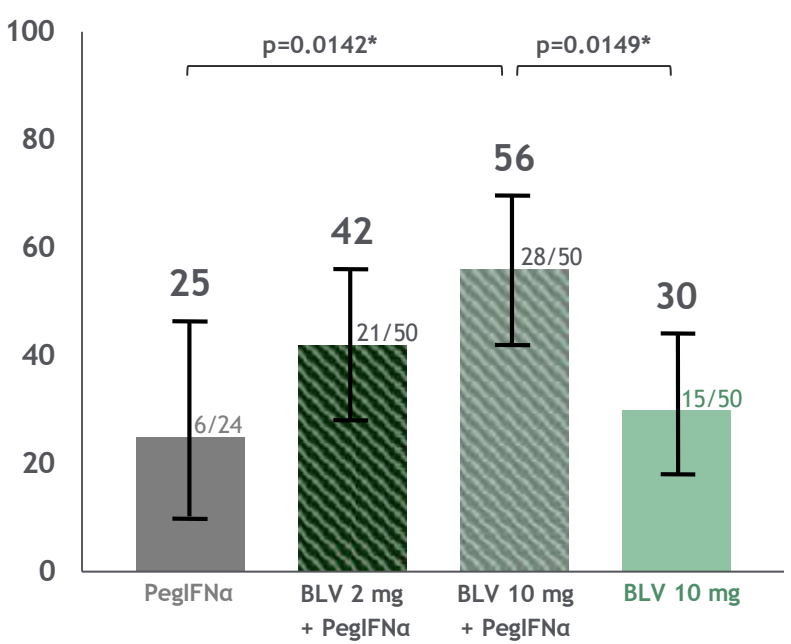
Efficacy Analysis 24 Weeks After EOT

Undetectable HDV RNA

target not detected
(LOD <6 IU/mL, <LLOQ 50 IU/mL)

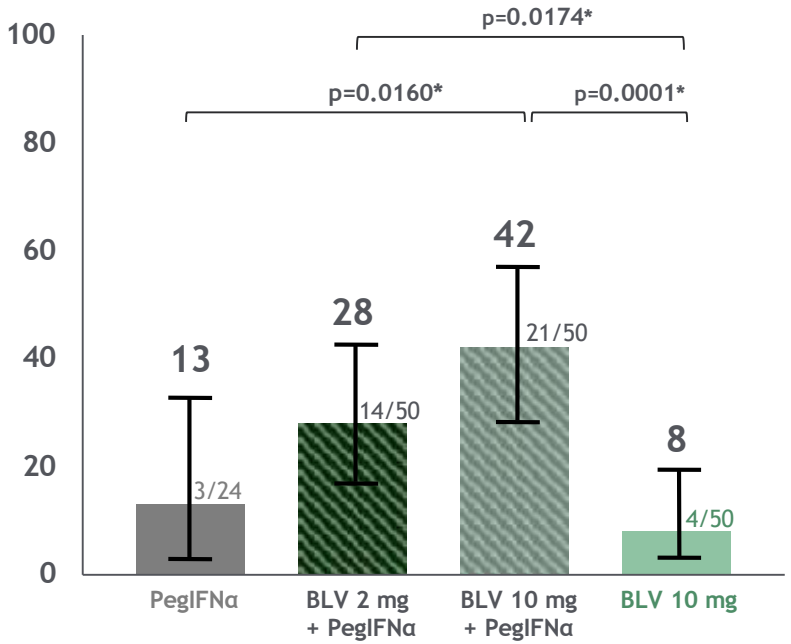


ALT Normalization**



Composite Response

Undetectable HDV RNA and ALT Normalization **



BLV + PegIFNα resulted in higher rates of undetectable HDV RNA and ALT normalization

*Only significant comparison by Fisher's Exact Test, p value <0.05 are shown on graph; Full Analysis Set, Missing=Failure; **ALT normalization defined as: ≤31 U/L for females and ≤41 U/L for males (Russian sites), ≤34 U/L for females and ≤49 U/L for males (all other sites). ALT, alanine aminotransferase; BLV, bulevirtide; EOT, end of treatment; LLOQ, lower limit of quantification; PegIFNα, pegylated interferon alpha.

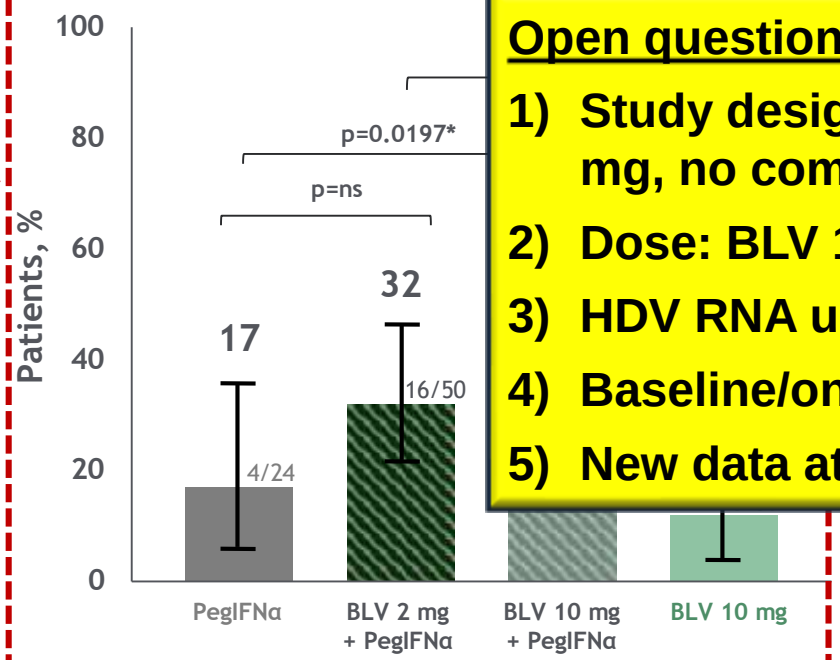
Asselah T, et al. AASLD 2023. Oral #5009

External Use and Distribution

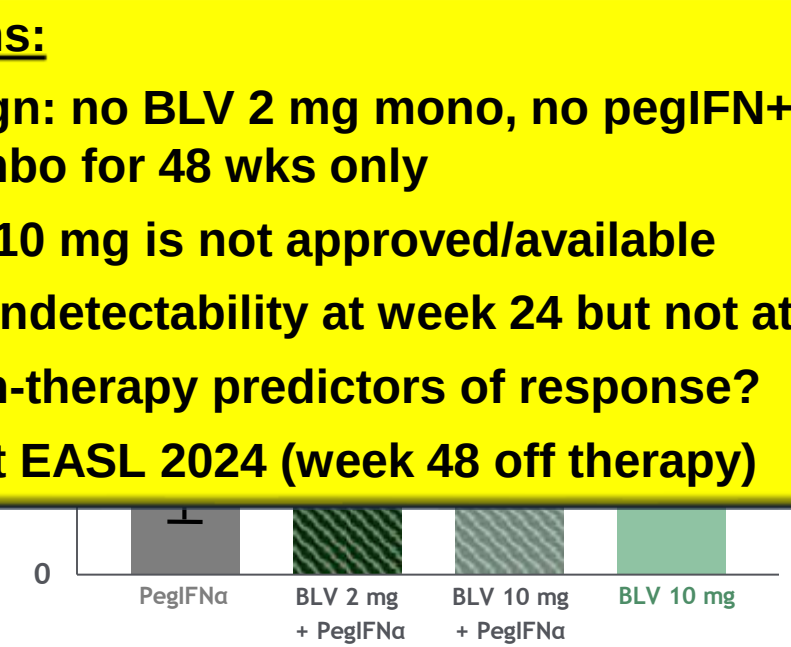
Efficacy Analysis 24 Weeks After EOT

Undetectable HDV RNA

target not detected
(LOD <6 IU/mL, <LLOQ 50 IU/mL)

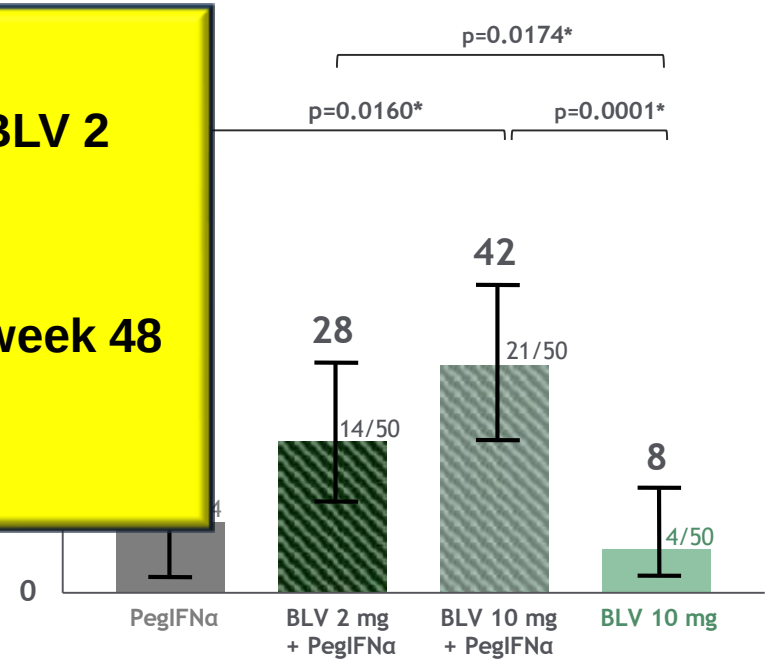


ALT Normalization**



Composite Response

Undetectable HDV RNA and ALT Normalization **



Open questions:

1) **Study design: no BLV 2 mg mono, no pegIFN+ BLV 2 mg, no combo for 48 wks only**
2) **Dose: BLV 10 mg is not approved/available**
3) **HDV RNA undetectability at week 24 but not at week 48**
4) **Baseline/on-therapy predictors of response?**
5) **New data at EASL 2024 (week 48 off therapy)**

BLV + PegIFNα resulted in higher rates of undetectable HDV RNA and ALT normalization

*Only significant comparison by Fisher's Exact Test, p value <0.05 are shown on graph; Full Analysis Set, Missing=Failure; **ALT normalization defined as: ≤31 U/L for females and ≤41 U/L for males (Russian sites), ≤34 U/L for females and ≤49 U/L for males (all other sites). ALT, alanine aminotransferase; BLV, bulevirtide; EOT, end of treatment; LLOQ, lower limit of quantification; PegIFNα, pegylated interferon alpha.
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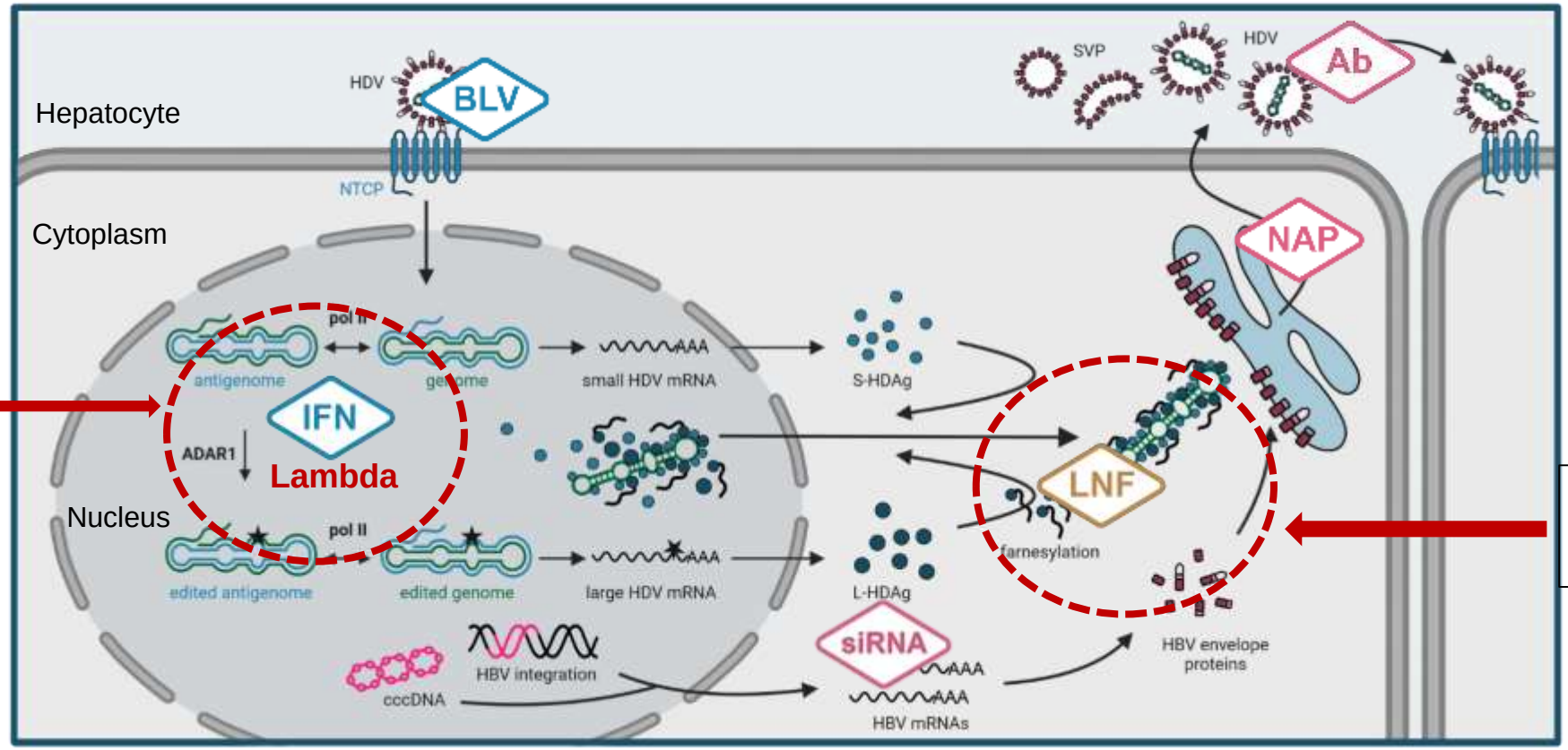
External Use and Distribution

Therapeutic targets for HDV infection

September 2023
Study discontinued due to liver toxicity

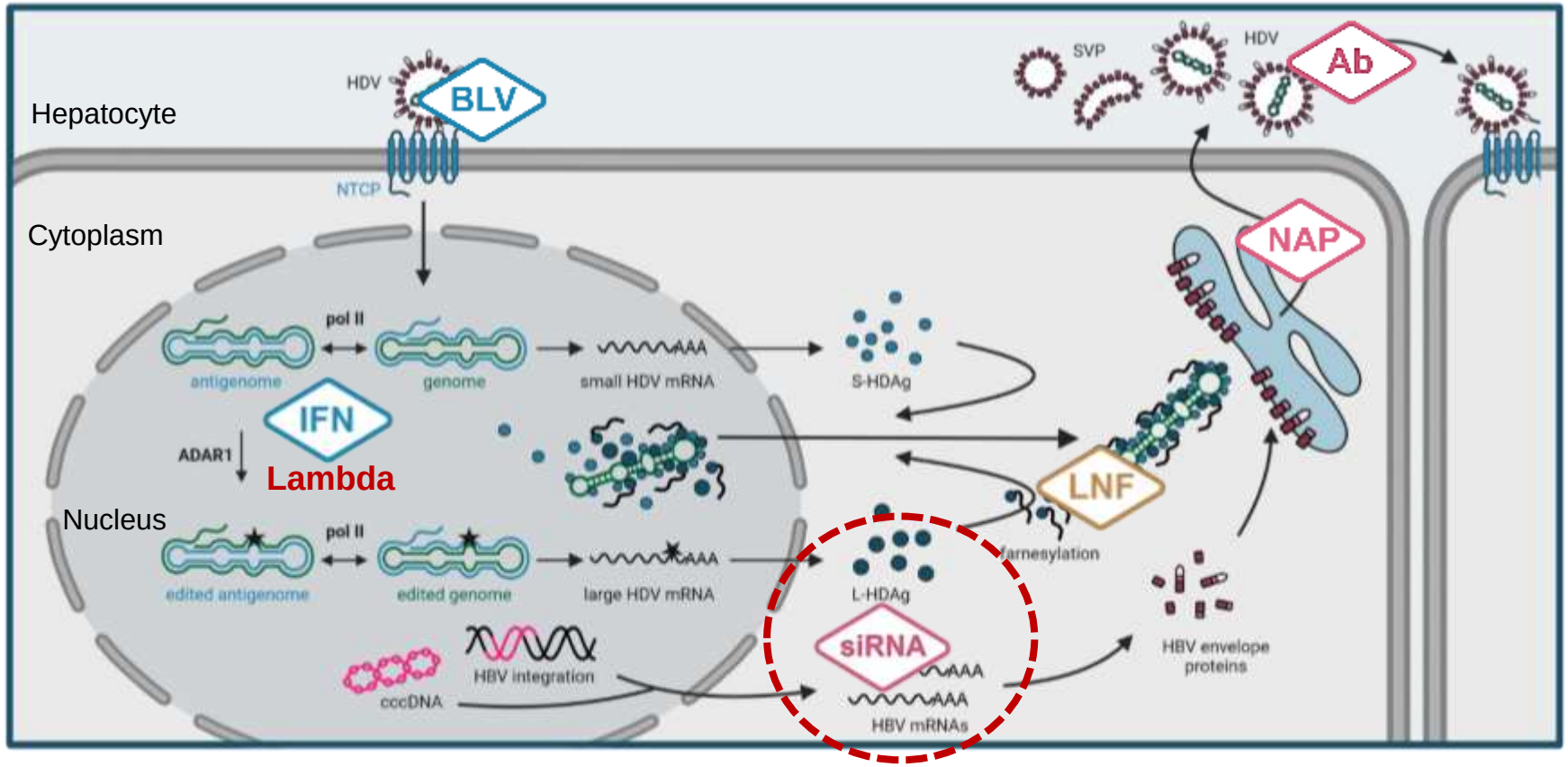


April 2024
Eiger BioPharmaceuticals filed for bankruptcy

NUC therapy for HBV does not directly interfere with HDV replication

Courtesy of L. Allweiss/A. Volmari, adapted from Dandri et al J. Hepatol 2022

Therapeutic targets for HDV infection



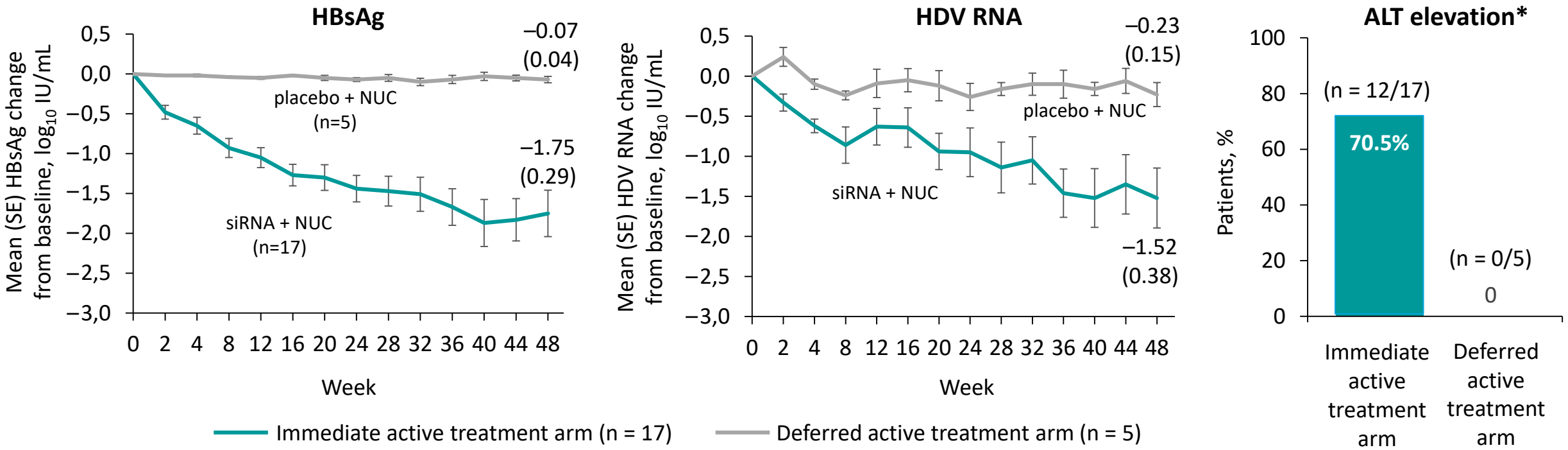
NUC therapy for HBV does not directly interfere with HDV replication

Courtesy of L. Allweiss/A. Volmari, adapted from Dandri et al J. Hepatol 2022

REEF-D study (part 1)
siRNA JNJ-73763989 plus NUC in CHD - HBsAg, HDV RNA, ALT levels

- Treatment with JNJ-3989 led to robust reductions in HBsAg and HDV RNA
- 12/17 patients in the immediate active treatment arm experienced ALT elevations* with 8 leading to treatment discontinuation prior to Week 48

Primary endpoint: HDV RNA ≥2 log_{10} IU/mL decline from baseline or HDV RNA TND with normal ALT at Week 48



- 4/5 (80%) patients in active treatment arm without ALT elevation* achieved primary endpoint (2 patients HDV RNA <LLOQ)

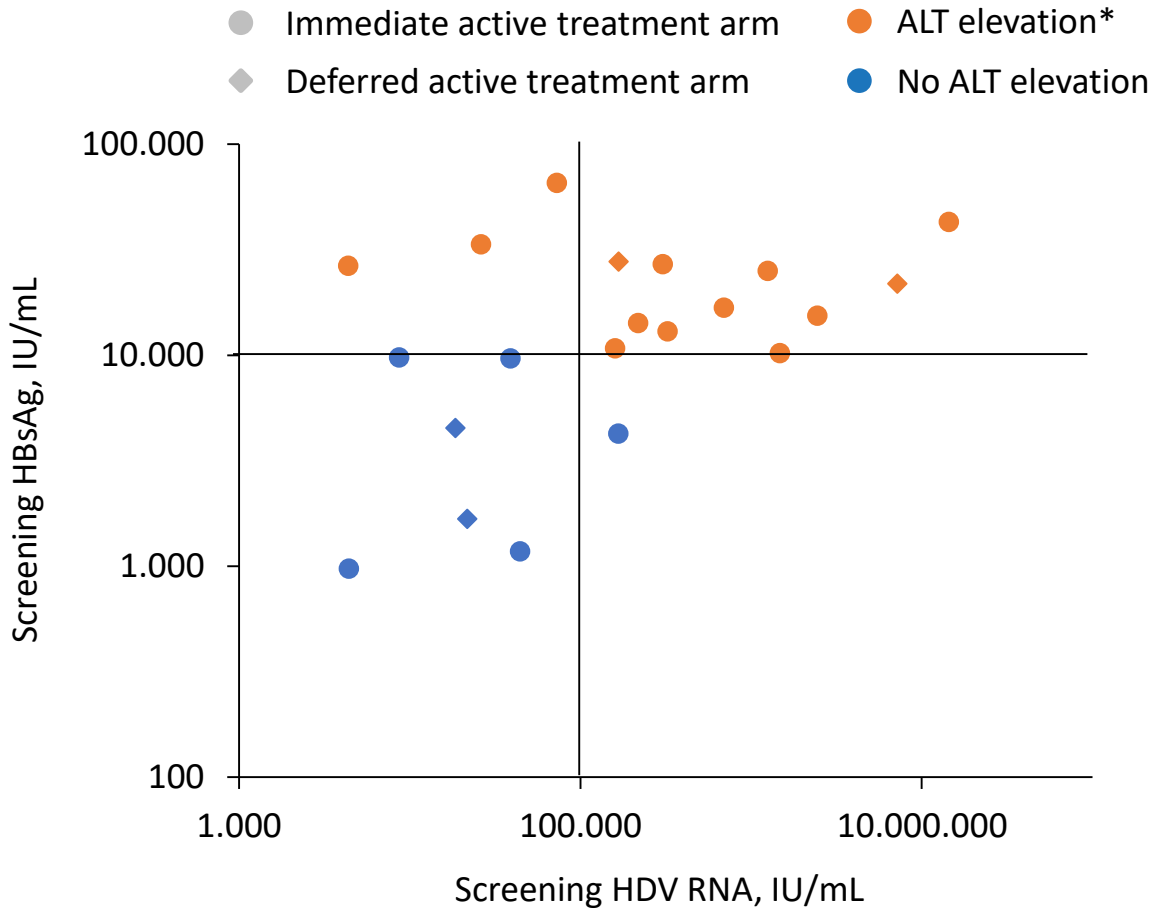
SE, standard error.
*confirmed ALT ≥3x ULN and ≥2x nadir

H. Wedemeyer et al. EASL 2023 OS-030

Janssen Infectious Diseases & Vaccines
Pharmaceutical companies of Johnson & Johnson

REEF-D study (part 1)
Baseline Factors Associated With ALT Elevations*

Baseline variables	ALT elevation*	No ALT elevation
HDV RNA <100,000 IU/mL	3	6
HDV RNA ≥100,000 IU/mL	11	1
HBsAg <10,000 IU/mL	0	7
HBsAg ≥10,000 IU/mL	14	0
Compensated cirrhosis, yes	4	1
Compensated cirrhosis, no	10	6
NA: TDF/TAF	12	6
NA: ETV	2	1



- ALT elevations* were more frequent in patients with high screening HBsAg and HDV RNA levels

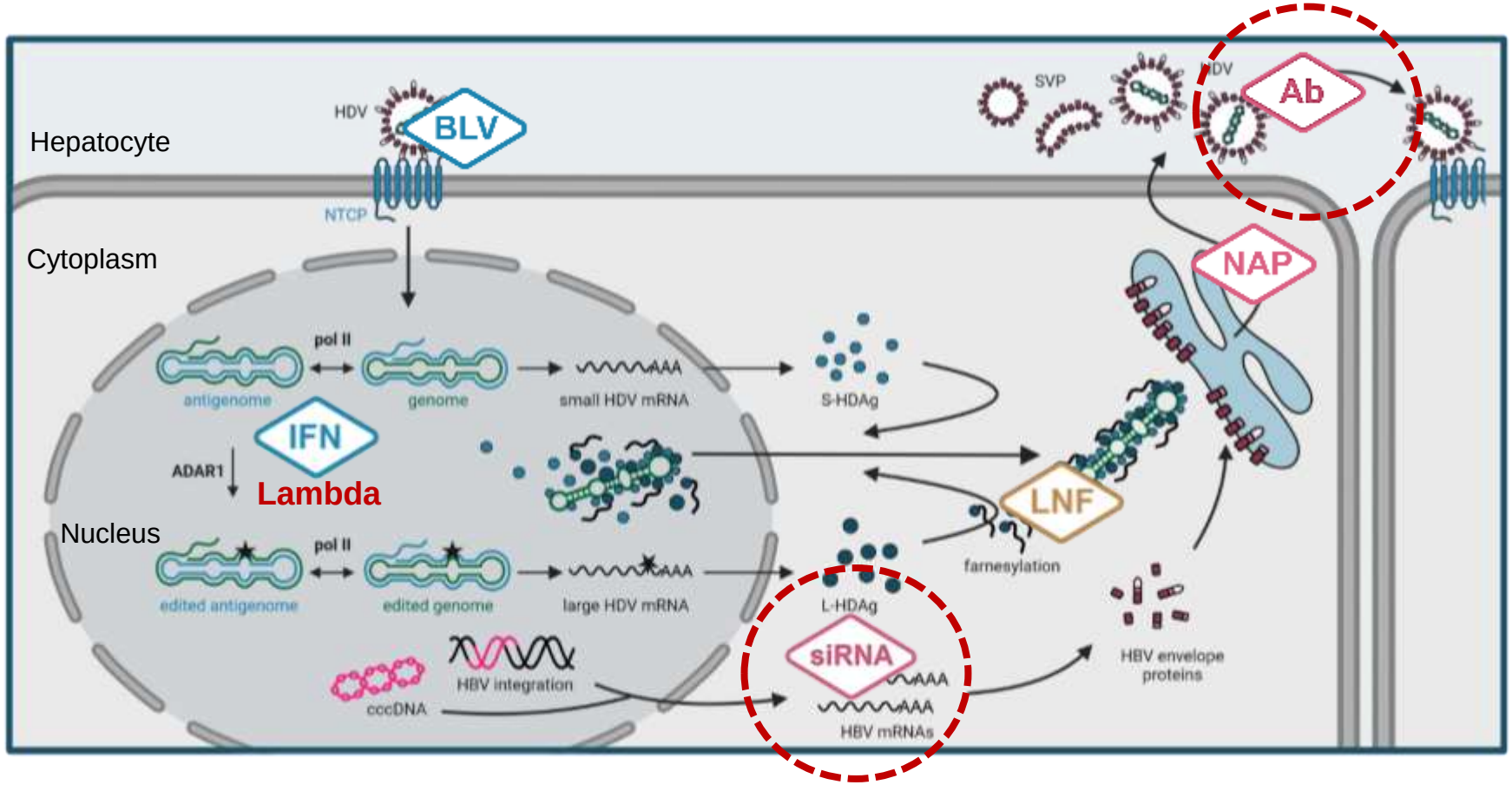
21 patients receiving JNJ-3989 were included in this analysis (1 deferred active treatment arm patient with cirrhosi

*Confirmed (2 consecutive visits) ALT ≥3 × ULN and ≥2 × nadir.

H. Wedemeyer et al. EASL 2023 OS-030

Update of the REEF-D study at EASL 2024

Therapeutic targets for HDV infection



NUC therapy for HBV does not directly interfere with HDV replication

Courtesy of L. Allweiss/A. Volmari, adapted from Dandri et al J. Hepatol 2022

SOLSTICE study
VIR 2218 (siRNA) and VIR 3434 (moAb) for CHD - Week 12 preliminary data

	VIR-2218 Q4W (Cohort 1A) N = 5	VIR-3434 Q4W (Cohort 1B) N = 6	VIR-2218+3434 Q4W (Cohort 2C) N = 6[a]
HDV Virologic Response[b], n (%)	1 (20)	3 (50)	5 (100)
Reduction from Baseline in HDV RNA (log_{10} IU/mL), Median (IQR)	-1.39 (-1.51, -1.04)	-1.98 (-2.82, -0.94)	-4.29 (-5.47, -3.93)
HDV RNA < LLOQ[c], n (%)	1 (20)	2 (33)	5 (100)
HDV RNA < LOD[d], n (%)	1 (20)	1 (17)	4 (80)
Reduction from Baseline in HBsAg (log_{10} IU/mL), Median (IQR)	-1.35 (-1.52, -1.27)	-0.18 (-0.35, -0.09)	-3.88 (-4.03, -3.88)
ALT normalization[e], n (%)	2 (40)	2 (33)	1 (20)
ALT (U/L), Mean (SD)	118.8 (145.5)	44.0 (19.5)	42.6 (7.5)
Combined Endpoint[f], n (%)	0	1 (17%)	1 (20)

[a] Cohort 2C has 6 total participants enrolled with 5 participants reaching at least 12 weeks.
[b] Undetectable or ≥ 2 log_{10} decrease in HDV RNA.
[c] LLOQ <63 IU/mL, supplied by Robogene® 2.0 Assay was used to assess HDV RNA, supplied and analyzed by Viroclinics-DDL™.
[d] LOD <14 IU/mL, supplied by Robogene® 2.0 Assay was used to assess HDV RNA, supplied and analyzed by Viroclinics-DDL™.
[e] ALT ≤ ULN: Female = 33 U/L; Male ULN = 40 U/L.
[f] Combined Endpoint = undetectable *or* ≥ 2 log_{10} decrease in HDV RNA + ALT normalization.

Add-on rescue therapy in suboptimal responders at week 12 (from week 12 to 24)

Update of the SOLSTICE study at EASL 2024

ALT, a… …er limit of quantification; LOD, limit of detection; Q4W, once every 4 weeks; RNA, ribonucleic acid; SD, standard deviat…

T. Asselah et al. AASLD 2023

New anti-HDV therapeutics - Summary

- From 1977 to 2020, no EMA or FDA approved therapy for HDV has been available
- In 2020, EMA approved BLV 2 mg for compensated CHD (available in EU)
- BLV monotherapy is safe and effective up to 96 weeks even in compensated cirrhotics with CSPH and in Child-B patients (few data).
- Long-term BLV monotherapy for most patients…but HDV cure for some….
- Other antiviral strategies under development (LNF±pegIFN, siRNA, moAb, REP….)
- New data at EASL 2024

In conclusion, BLV 2 mg monotherapy is the SOC treatment for CHD in 2024

Chairs:
Pietro Lampertico and Heiner Wedemeyer

DeltaCure

3rd International **Meeting**

OCTOBER
11-12, 2024
MILAN, ITALY
Fondazione Cariplo - Conference Center

abstract deadline
July 29, 2024

www.deltacure2024.com

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Thank You for Your Attention!