# ONCE DAILY DUAL-NUCLEOTIDE COMBINATION OF PSI-938 AND PSI-7977 PROVIDES 94% HCV RNA < LOD AT DAY 14: FIRST PURINE/PYRIMIDINE CLINICAL COMBINATION DATA (THE NUCLEAR STUDY)

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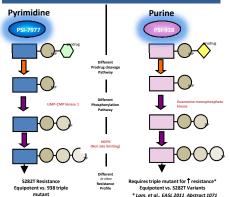
## **Background**

**Abstract** 

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The purine PSI-352938 (PSI-938) was created to be an optimal partner DAA for the pyrimidine PSI-7977. The nucleotides employ different prodrug cleavage pathways, largely independent phosphorylation pathways, competition with separate endogenous nucleotide pools (purine/pyrimidine) and complementary resistance profiles (Sofia J Med Chem 2010, Lam AAC 2010, Reddy Bio Med Chem Ltr 2010). This study is the first proof of concept for the combination of 2 nucleotides for the treatment of HCV infection.

### Figure 1. PSI-7977 and PSI-938 are Complementary Nucleotides for Combination Therapy



# **Objectives**

To determine the safety, pharmacokinetic interaction and impact on antiviral activity of PSI-938 and PSI-7977 administered as monotherapy or in combination for 7-14 days. Design



- Forty HCV GT1, treatment-naïve subjects
- 8 active and 2 placebo per cohort

ribavirin (RBV) on study day 15

- Sequential enrollment into Cohort 1, Cohorts 2/3 and Cohort 4
- HCV RNA >50,000 IU/mL, no evidence of cirrhosis
- PSI-938 300 mg QD and PSI-7977 400 mg QD
- Safety, PK, viral kinetics, and resistance monitored throughout All subjects offered full course of peg-interferon (Peg-IFN) and

#### Table 1. Subject Demographics and Baseline Characteristics Caucasian (n' Median age (y) 43 39 Mean BMI (kg/m<sup>2</sup> 29 Median (Q1.Q3) 59 (6.2.7.5) (5.8.6.7) (5.9.6.6) (5.7.6.8) (5.2.6.6 HCV RNA (log<sub>10</sub> IU/mL) HCV 1a/1b (n) 7/1

Results

- No discontinuations or serious adverse events
- 28 AEs reported in 16/32 subjects receiving active treatment

SAFETY

- Five AEs considered possibly related to active study drug
- Headache [2], fatigue, non cardiac chest pain, dizziness
- AFs were mild in intensity
- Two AEs considered possibly related to placebo
- Increased pruritus and headache
- No dose- or duration-related toxicities were identified
- No clinically significant treatment-emergent changes in laboratory parameters, vital signs or ECGs
- No treatment-emergent grade 4 laboratory abnormalities
- 47% had abnormal ALT at baseline, all normalized during study

#### Table 2. Summary of Individual HCV RNA Data and Follow-on Therapy Across All Cohorts

	Subject	Daseille				,	2	*	2
Cohort 1	201	7.43	4.75	3.23	3.14	2.84	2.16	1.41	1.62
	202	5.16	2.77	< LOD	< LOD	< LOD	< LOD	< LOD	
	203	6.60	3.90	2.55	2.34	2.19	1.30	< LOD	< LOE
	205	5.81	3.54	2.45	2.03	< LOD	< LOD	< LOD	< LOD
	206	6.93	4.78	3.06	2.73	2.25	1.57	< LOD	
	207	6.97	4.99	3.45	3.05	2.85	2.27	1.97	
	209	7.48	4.87	4.00	3.54	3.12	2.97	2.71	
	210	7.49	4.84	3.47	3.07	2.80	2.20	1.72	
Cohort 2	221	6.96	4.39	2.87	2.56	2.13	1.51	< LOD	
	224	5.45	2.77	< LOD	< LOD	< LOD	< LOD	< LOD	< LOD
	229	6.29	4.16	2.40	1.70	1.30	< LOD	< LOD	
	230	6.13	3.77	1.75	< LOD	< LOD	< LOD	< LOD	
	231	5.44	n.d.	2.75	2.39	2.23	1.48	< LOD	
	233	6.88	4.78	3.45	2.86	2.63	2.24	< LOD	
	238	6.54	4.05	2.66	2.41	1.36	1.57	< LOD	
	239	6.36	4.38	3.15	2.69	2.35	1.51	< LOD	
Cohort 3	222	4.98	3.03	< LOD	< LOD	< LOD	< LOD	< LOD	
	223	6.98	4.59	3.14	2.74	2.31	1.93	1.62	
	225	5.89	3.71	2.32	1.81	< LOD	< LOD	< LOD	
	228	5.80	3.78	1.53	1.67	< LOD	< LOD	< LOD	
	232	7.51	5.78	4.26	3.44	2.67	1.46	< LOD	
	234	6.51	4.59	3.87	3.44	2.53	< LOD	< LOD	
	235	6.55	4.41	2.05	1.63	1.26	< LOD	< LOD	
	240	5.54	n.d.	2.06	1.46	< LOD	< LOD	< LOD	
Cohort 4	261	6.37	3.71	2.71	2.43	2.16	2.09	1.59	< LOE
	262	6.26	3.31	2.37	2.11	1.56	< LOD	< LOD	< LOE
	264	5.54	3.05	1.92	1.75	1.51	< LOD	< LOD	< LOE
	265	5.71	3.18	2.53	1.78	1.30	1.18	< LOD	< LOE
	266	6.09	3.34	1.65	1.30	< LOD	< LOD	< LOD	
	268	6.83	3.89	3.18	2.90	2.37	1.89	< LOD	
	269	7.48	4.28	2.91	2.67	2.33	2.26	1.48	
	270	6.27	3.78	2.77	2.59	2.35	2.12	1.20	< LOE
PSI-938	I	PSI-7977		PSI-938/	PSI-7977		Washout		P-IFN/RB

HCV RNA declined rapidly in a biphasic manner in all subjects Individual subjects reached the assay limit of detection (LOD, <15 IU/mL) in as few as 3 days. This correlated with baseline

HCV RNA and did not differ by treatment

## Table 3. Summary of Antiviral Response by Cohort Median (Q1,Q3) HCV RNA Change from Baseline and Number of Subjects with HCV RNA <15 IU/mL (LOD) by Cohort (-4.3.-4.7) (-4.8,-5.8) (-4.8,-5.5) 7/8 (88%

(-4.6.-5.4)

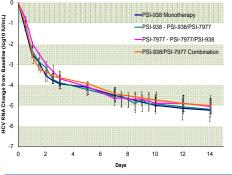
Results

Cumulative total of individuals whose HCV RNA reached < LOD as a result of the study treatment lockuder 2 additional subjects whose HCV RNA reached < LOD on Day 16

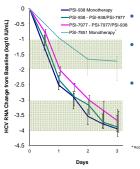
(-4.3.-4.8)

(-4.2,-4.8)

### Figure 2. Median [Q1,Q3] HCV RNA Change from Baseline



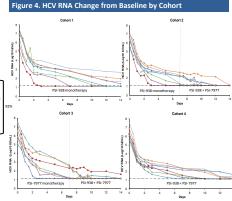
### Figure 3. Comparison of Monotherapy Antiviral Responses with PSI-7851, PSI-7977 and PSI-938 (Median, [Q1,Q3])

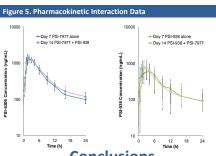


- PSI-7977 is a single isomer found in PSI-7851, a mixture of 2 isomers PSI-7977 monotherapy resulted in greater viral suppression at Day 3 than
- PSI-7851 at Day 3 Monotherapy with either PSI-938 at 300 mg QD or PSI-7977 at 400 mg QD resulted in 3.7 to 3.9 log<sub>10</sub> IU/mL declines in HCV RNA after 3 days

Rodriguez-Torres, et al. Abst. LB17, AASLD, Nov. 2009

### Results





### **Conclusions**

- PSI-938 and PSI-7977 as monotherapy and in combination were generally safe and well tolerated over 7-14 days
- Significant antiviral activity was observed with rapid  $\alpha$ -phase reductions followed by continued β-phase reductions until the end of treatment or assay LOD was reached
- Of note, PSI-7977 monotherapy produced HCV RNA
- reductions over 7 days which were similar to PSI-938 No viral breakthrough was observed during therapy
- No significant PK interaction between PSI-938 and PSI-7977 was observed
- Data support progression to a Phase 2 combination study including PSI-938 and PSI-7977

## **Disclosures**

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