

CHAIRS: **F. Kirchhoff** (Ulm, Germany, EU) **D. Margolis** (Chapel Hill, North Carolina, USA) ER PORT

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Intrahepatic HDV activity is fueled by integrated HBV DNA-derived HBs independently from cccDNA size

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Background

- HDV exploits **HBV surface glycoproteins** (**HBsAg**) for its morphogenesis and de novo entry into hepatocytes.
- In HBV chronic infection, it is known that HBsAg can derive not only from cccDNA but also from the HBV-DNA integrated into the genome of the hepatocytes.
- The contribution of **HBV integration** (as source of HBsAg) to **HDV persistence** has not been studied in vivo in the setting of **chronic HDV co-infection**.



Aims of the study



Methods



Methods

Highly-sensitive droplet digital PCR (ddPCR) used to quantify intrahepatic levels of:

- Total HBV-DNA
- cccDNA and pgRNA
- HDV-RNA





QX200 Droplet Digital PCR (ddPCR™) System

Two different **ddPCR assays** were set up to distinguish **HBs transcripts** deriving:

- from cccDNA
- from integrated HBV-DNA





cccDNA derived transcripts

RESULTS





Study population

Variables	HDV co-infection N=32	HBV mono-infection N=36	P-value
Age, median (IQR) years	49 (39 – 59)	42 (34 – 60)	0.6
Male, N (%)	21 (65.6%)	32 (88.9%)	0.04
Nationality ^a			
Italian, N (%)	17 (65.4%)	25 (73.5%)	0.6
East-European, N (%)	8 (30.8%)	6 (17.7%)	0.4
African, N (%)	1 (3.8%)	3 (8.8%)	0.6
NUC treatment, N (%)	27 (84.4%)	24 (66.7%)	0.1
NUC duration, median (IQR) years	6 (4 – 12)	6 (4 – 7)	0.5
Serum HBV-DNA, median (IQR) log IU/ml	1.3 (0 – 1.5)	3.6 (2.4 – 4.9)	<0.0001
Serum HBsAg, median (IQR) log IU/ml	4.0 (3.7 – 4.3)	3.8 (3.3 – 4.2)	0.3
Serum HDV-RNA, median (IQR) log IU/ml	6.0 (3.8 – 6.7)	-	-
lshak fibrosis score ≥5, N (%)	16 (53.3%) ^b	7 (19.4%)	0.005
ALT, median (IQR) U/I	68 (45 – 89)	28 (21 – 49)	0.001



^a Datum available for 26 individuals with HDV co-infection and for 34 individuals with HBV mono-infection.

^b Datum available for 30 individuals with HDV co-infection

HDV co-infection was characterized by a **high levels** of **HDV viraemia**, positively correlated with **intrahepatic levels** of HDV-RNA.

Variables	N=32
Serum HDV-RNA, median (IQR) log IU/ml	6.0 (3.8 – 6.7)
Intrahepatic HDV-RNA, median (IQR) copies/1000cells	784 (1 – 4266)





The correlation between intrahepatic and serum HDV-RNA levels was assessed by Spearman correlation Test.

By comparing **intrahepatic HBV markers**, significant differences in **HBV reservoir size** were observed between HDV co-infection and HBV mono-infection.



P<0.01 for all comparisons

The boxplots report the comparisons of the levels of intrahepatic HBV markers in copies/1000cells between HDV co-infection and HBV mono-infection. Mann-Whitney test was used to assess statistically significant differences.



- In the overall population, intrahepatic levels of total HBs transcripts positively correlated with serum HBsAg.
- Notably, by analyzing the source of HBs transcripts, we found that >99% of them derived from integrated HBV-DNA, with a limited contribution of cccDNA transcriptional activity.



The graph reports the correlation between serum HBsAg and intrahepatic levels of total HBs transcripts in the overall population. Spearman test was used to assess statistically significant difference.

The pie-chart reports the percentages of HBsAg transcripts derived from integrated HBV-DNA and of those derived from cccDNA, calculated respect to the total levels of HBs transcripts in the overall population.

- Despite the **limited HBV reservoir**, HDV co-infection was characterized by a production of **total and integrated HBV DNA-derived HBs transcripts comparable** to HBV mono-infection.
- In line with HBV markers, the production of **cccDNA-derived HBs transcripts** tends to be **lower** in the setting of **HDV co-infection**.





The boxplots report the comparisons of the levels of intrahepatic HBs transcripts in copies/1000cells between HDV co-infection and HBV mono-infection.

Mann-Whitney test was used to assess statistically significant differences.



- Intrahepatic HBV markers were different according to the amount of cccDNA.
- Conversely, HDV-RNA levels were comparable independently from cccDNA...

Intrahepatic median (IQR) coj	a markers, pies/1000cells	cccDNA <1 copy/1000cells N=17		cccDNA >1 copy/1000cells N=15	P-value
Total HBV-DNA	Second Second	43 (1 – 128)		269 (174 – 414)	0.001
HBV pgRNA	rown	1.4 (0.4 – 78)	<u> </u>	108 (5 – 411)	0.01
cccDNA	\sim	0.02 (0 - 0.14)	1	17 (6 – 33)	<0.0001
HDV-RNA		782 (1 – 5,559)	<u>4</u>	844 (1 – 6,371)	0.6

Mann-Whitney test was used to assess statistically significant diferences.

...suggesting the existence of pathways underlying HDV activity independent from HBV reservoir.







7 with:

- no cccDNA,
- no cccDNA-derived HBs transcripts
- undetectable HBV viraemia





Focusing on these 7 individuals, we observed **an intensive HDV activity** at both serum and intrahepatic levels, suggesting that HDV persistence can be sustained by **HBsAg derived from integrated HBV-DNA**.

Variables	N=7
Serum HDV-RNA, median (IQR) log IU/ml	6.0 (5.9 – 7.3)
Intrahepatic HDV-RNA, median (IQR) copies/1000cells	1,659 (660 – 12,261)
Integrated HBV DNA-derived HBs transcripts, median (IQR) copies/1000cellls	3 (2 – 690)







Conclusions

- HDV chronic co-infection can be characterized by high levels of intrahepatic HDV replication in spite of the presence of a limited HBV reservoir.
- Pathways sustaining HDV activity are independent from the size of HBV reservoir and are fueled by a considerable production of HBs transcripts, mainly derived from integrated HBV-DNA.
- Overall, these issues are crucial for deciphering mechanisms underlying HDV persistence, that could jeopardise the success of anti-HDV therapies and should be carefully considered for the identification of novel strategies aimed to finally achieve HDV cure.





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Thanks for the attention!

