

# The Adjuvanted Recombinant Zoster Vaccine (RZV) Confers Long-term Protection Against Herpes Zoster: Interim Results of an Extension Study (ZOSTER-049) of Two Clinical Trials (ZOE-50 and ZOE-70)

Céline Boutry, PhD<sup>1</sup>, Andrew Hastie, MD<sup>2</sup>, Meng Shi, MS<sup>2</sup>, Javier Diez-Domingo, MD<sup>3</sup>, Juan Carlos Tinoco, MD<sup>4</sup>, Chong-Jen Yu, MD, PhD<sup>5</sup>, Paola Pirrotta, PharmD<sup>6</sup>, George Kalema, PhD<sup>7</sup>, Anne Schuind, MD<sup>2\*</sup>, on behalf of the Zoster-049 study group

<sup>1</sup>Aixial, Bruxelles, Belgium, on behalf of GSK; <sup>2</sup>GSK, Rockville, Maryland, United States of America; <sup>3</sup>FISABIO, Valencia, Spain; <sup>4</sup>Hospital General de Durango, Durango, Mexico; <sup>5</sup>National Taiwan University Hospital, Taipei, Taiwan; <sup>6</sup>GSK, Wavre, Belgium; <sup>7</sup>Keyrus Biopharma, Waterloo, Belgium, on behalf of GSK

\*Current affiliation: PATH, Washington DC, USA



## Disclosures

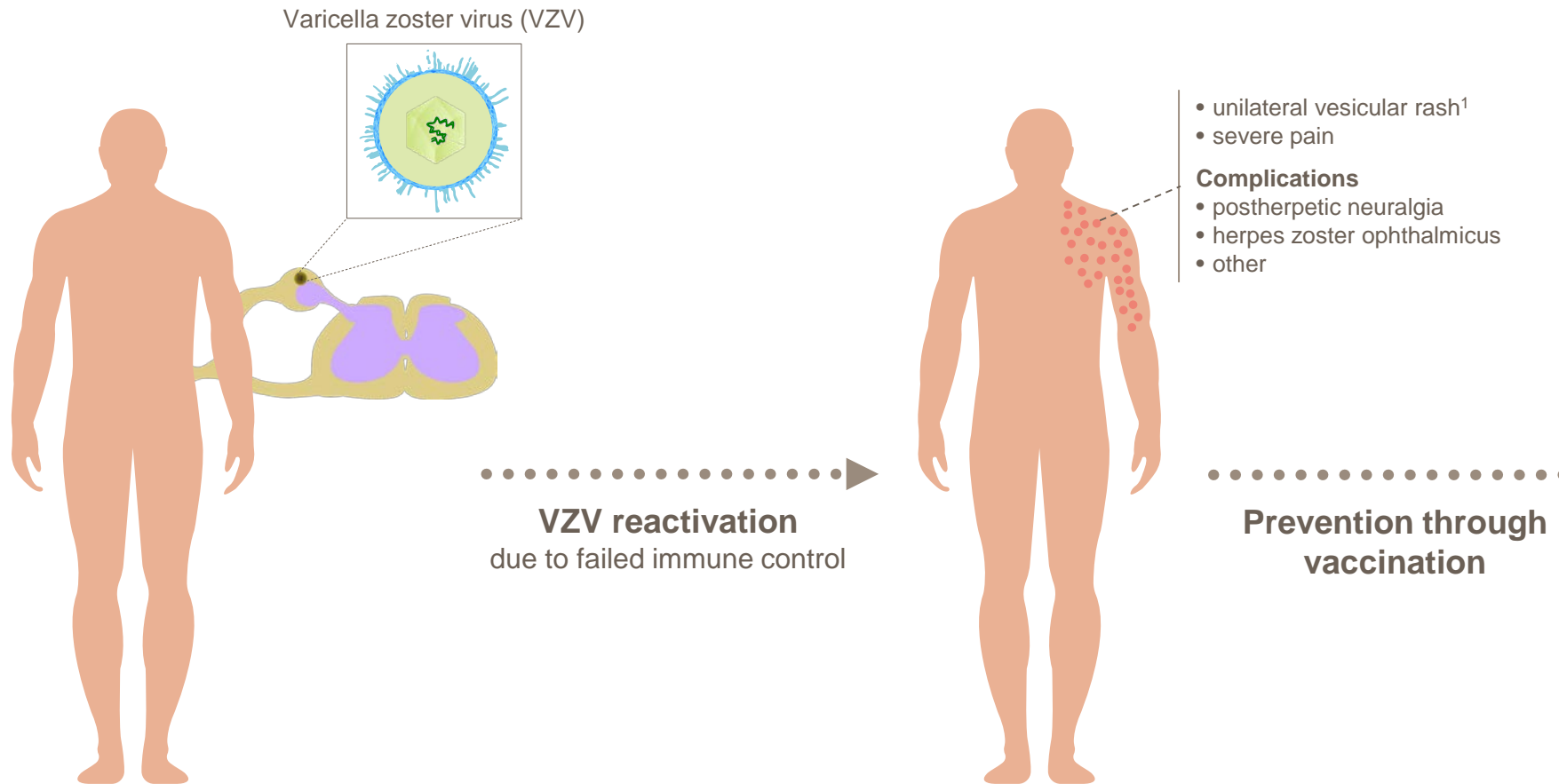
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- AH is employed by the GSK group of companies
- CB is a consultant for Aixial (on behalf of GSK); MS, PP are employees, AS is a former employee of the GSK group of companies and declare financial and non-financial relationships and activities; AS also holds GSK stock options or restricted shares; JD-D is board member, scientific research study investigator, advisor or review panel member for the GSK group of companies and MSD; GK is a consultant for Keyrus (on behalf of GSK); JCT and C-J Yu have no real or apparent conflicts of interest to disclose.
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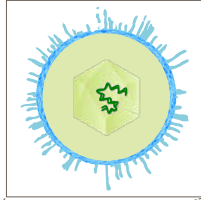
## Acknowledgments

- Zoster-049 study group (full list accessible via QR code at top)
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# Background: herpes zoster (shingles) is caused by varicella zoster virus



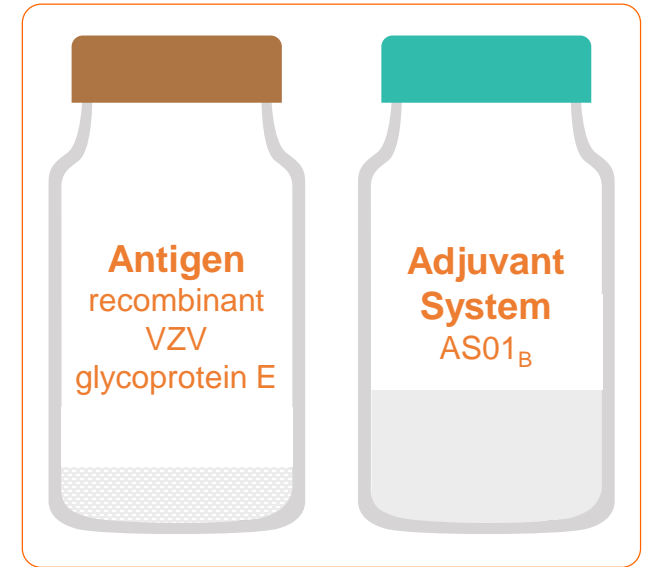
Varicella zoster virus (VZV)



- unilateral vesicular rash<sup>1</sup>
  - severe pain
- Complications**
- postherpetic neuralgia
  - herpes zoster ophthalmicus
  - other

VZV reactivation  
due to failed immune control

Prevention through  
vaccination



VZV latent in  
ganglia

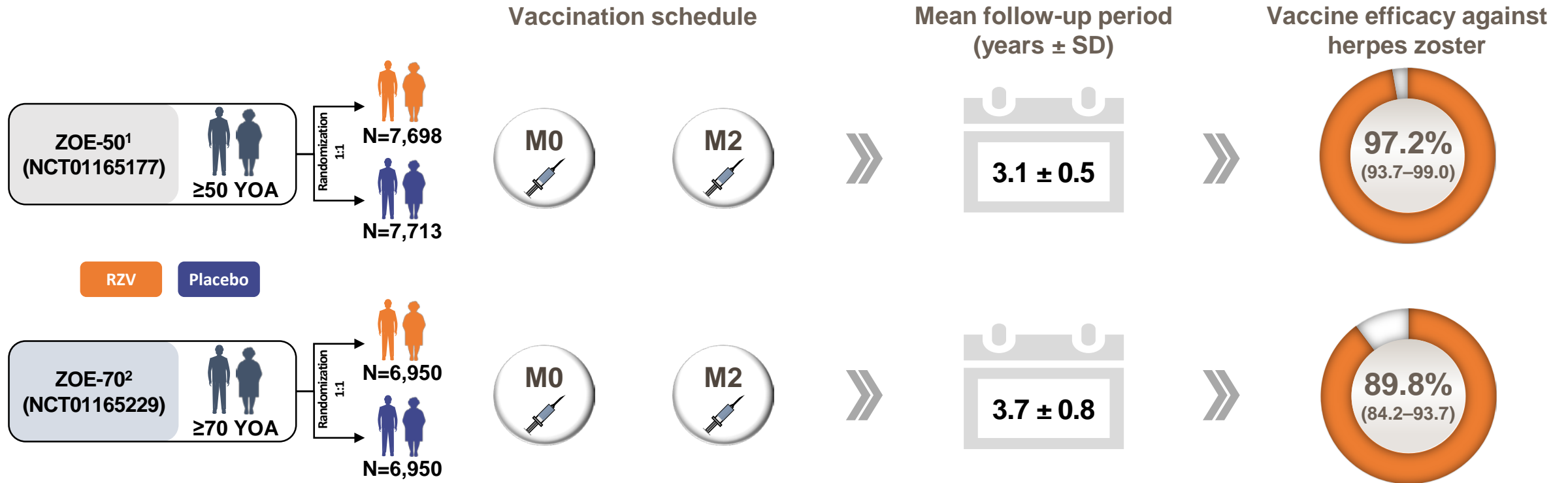
Acute herpes zoster (HZ)

Adjuvanted Recombinant  
Zoster Vaccine (RZV)

AS01<sub>B</sub>, adjuvant system containing 3-O-desacyl-4'-monophosphoryl lipid A (MPL, 50 µg), *Quillaja saponaria* Molina, fraction 21 (QS-21, 50 µg) and liposome.

1. Centers for Disease Control and Prevention. MMWR. 2008 May;57(RR-5):1-30.

# Background: ZOE-50 and ZOE-70 parent studies



**RZV was efficacious, highly immunogenic, and had a clinically acceptable safety profile**

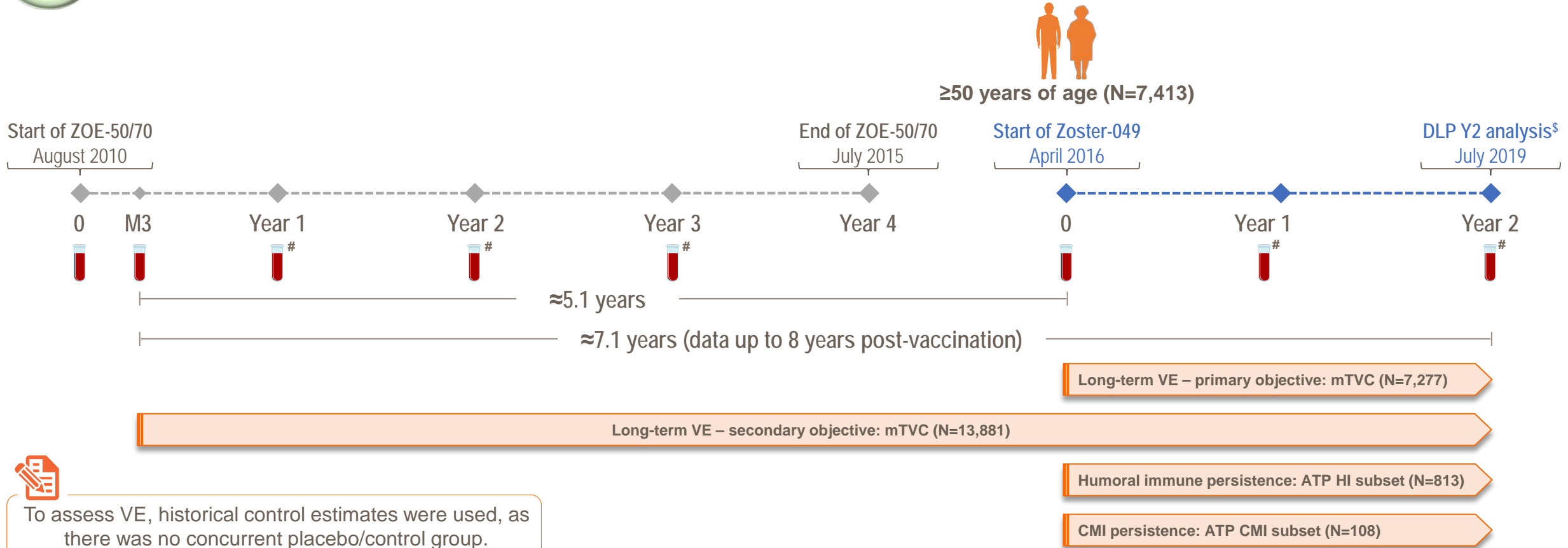
1. Lal H, et al. *N Engl J Med.* 2015;372(22):2087–96. 2. Cunningham AL, et al. *N Engl J Med.* 2016;375(11):1019–32.

📄 vaccination with RZV/placebo; **RZV**, adjuvanted recombinant zoster vaccine; **YOA**, years of age; **SD**, standard deviation; **M**, month; **N**, number of participants. Values in parentheses represent 95% confidence intervals.

# Zoster-049 (NCT02723773): phase IIIb, open-label, multi-center, long-term FU study



We report interim results of the extension study (Zoster-049) after at least 2 years of follow-up (starting and ending  $\approx 5.1$  and 7.1 years, respectively, following initial vaccination)



To assess VE, historical control estimates were used, as there was no concurrent placebo/control group.

**#** blood sampling; **FU**, follow-up; **N**, maximum number of participants; **M3**, one month post-second RZV dose; **Y**, year; **DLP**, data lock point; **VE**, vaccine efficacy against herpes zoster; **mTVC**, modified total vaccinated cohort including participants who received both RZV doses and did not develop a confirmed HZ episode for 1 month after second dose in the ZOE-50/70 studies; **ATP HI subset**, according-to-protocol subset of ZOE-50/70 for humoral immunity persistence; **ATP CMI subset**, according-to-protocol subset of ZOE-50 for cell-mediated immunity persistence. **#**sample collected only from the HI and CMI subsets. **\$**DLP set when the last participant had reached 2 years of follow-up. All data in the database up to that time point was included in the analysis.

# Demographic characteristics: are similar across cohorts



Participants, N



Mean age\*, years  $\pm$  SD

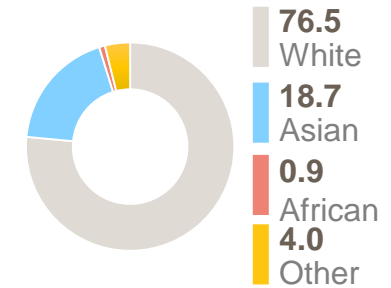
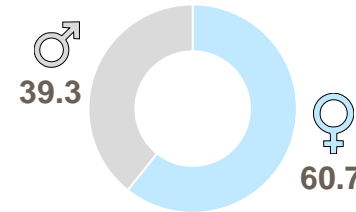
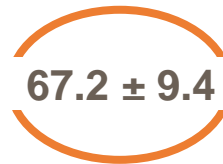


Gender, %

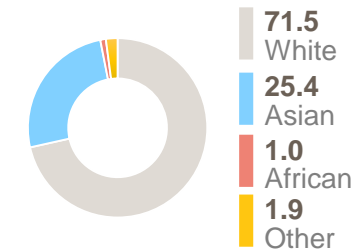
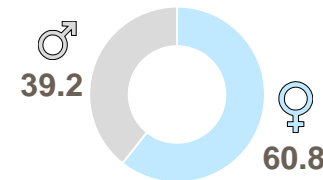
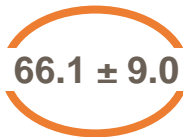


Geographical ancestry, %

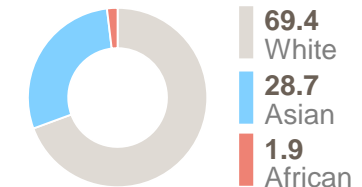
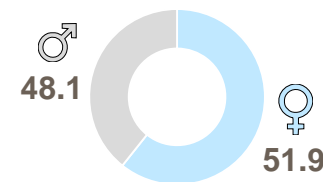
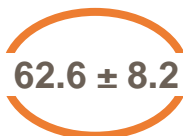
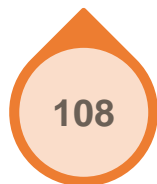
Modified total vaccinated cohort



ATP HI subset

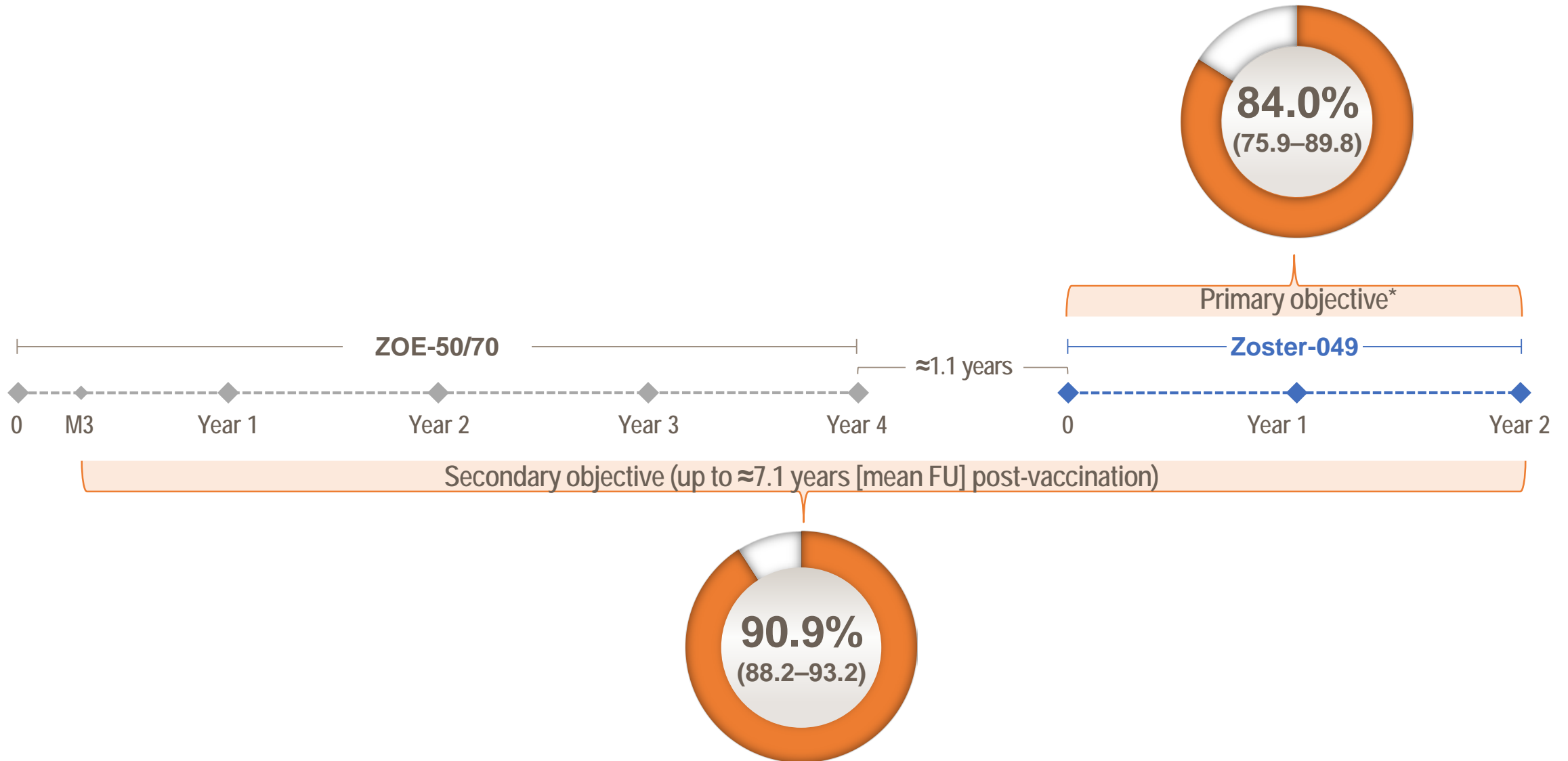


ATP CMI subset



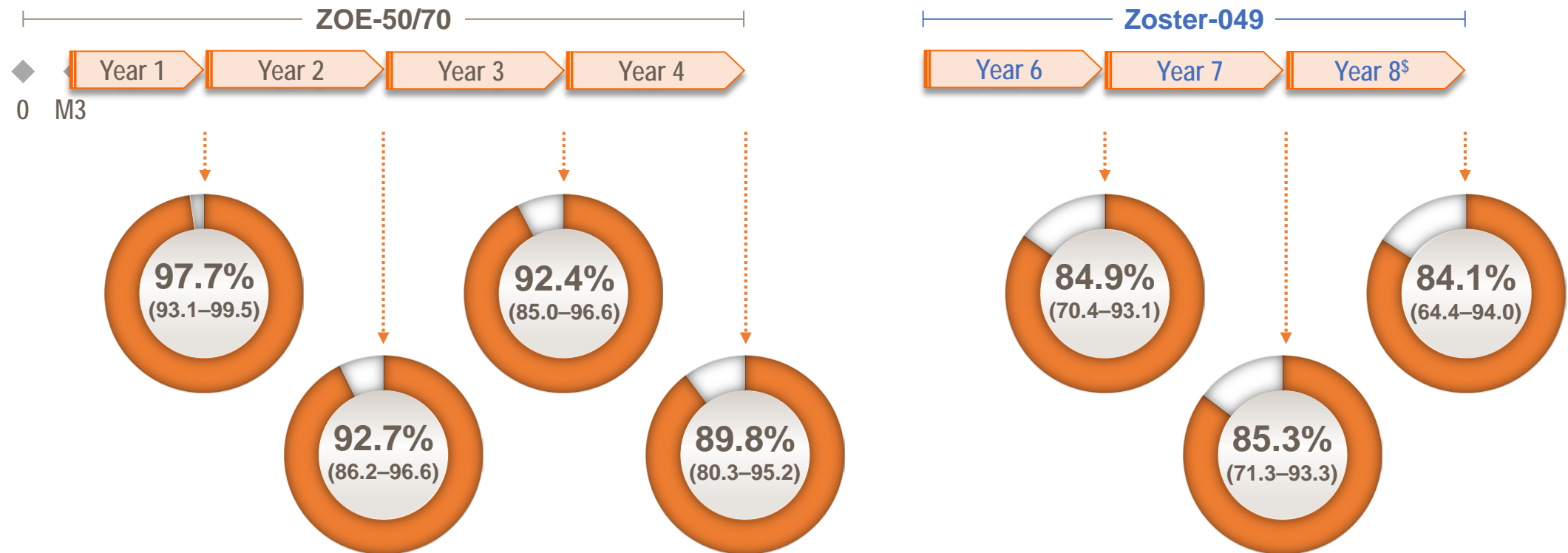
ATP HI subset, according-to-protocol subset of ZOE-50/70 for humoral immunity persistence; ATP CMI subset, according-to-protocol subset of ZOE-50 for cell-mediated immunity persistence; White, Caucasian/ European and Arabic/ North African heritages; Asian, Central, East, South East Asian and Japanese heritages. \*mean age at first vaccination in ZOE-50/70 trials.

# VE against HZ: remained high up to $\approx 7.1$ years (mean) post-vaccination (mTVC)



\*data solely from Zoster-049 study. Values in parentheses depict 95% confidence intervals.

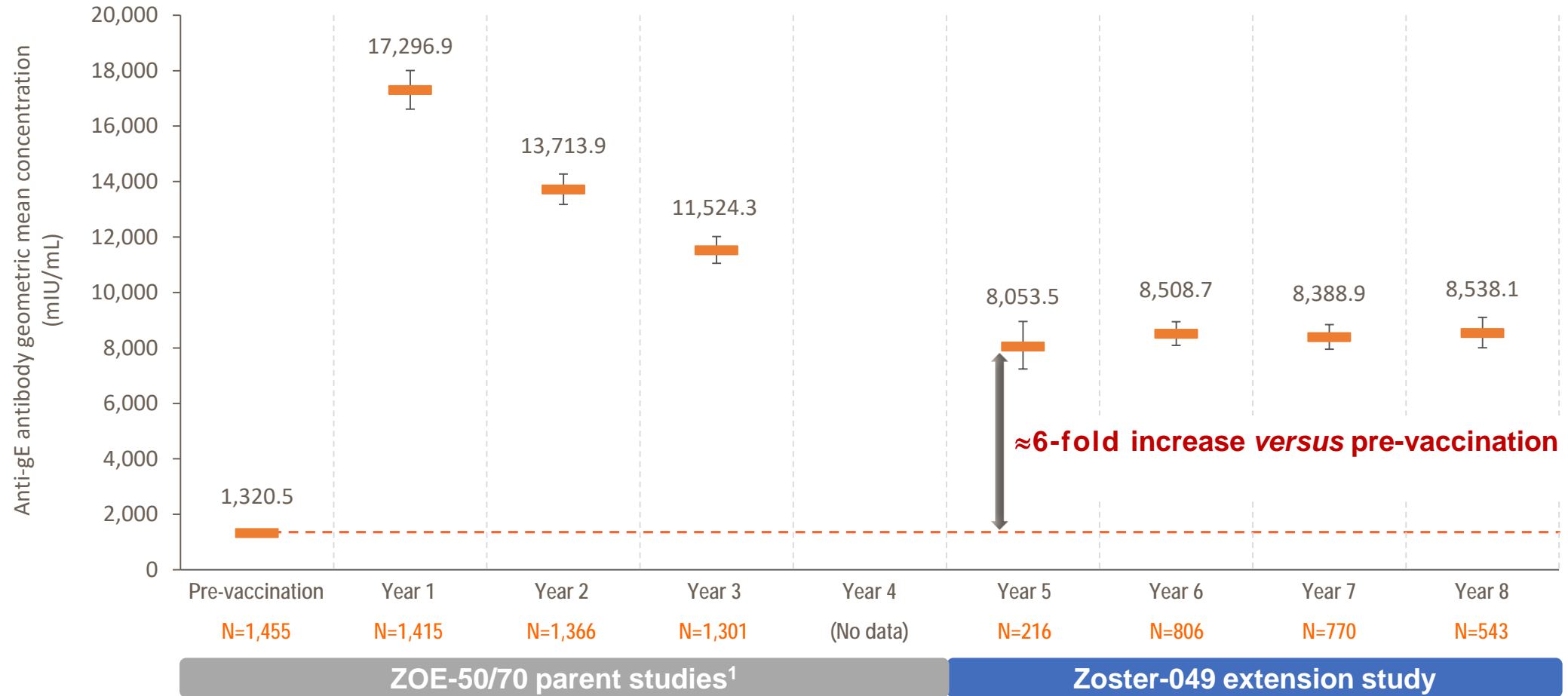
# VE against HZ by year: remains >84% up to 8 years following the initial vaccination



Analysis performed in the pooled ZOE-50/70 and Zoster-049 populations. **M3**, one month post-second RZV dose. <sup>s</sup>only data from those participants who reached Year 8 up to the data lock point of this interim analysis.

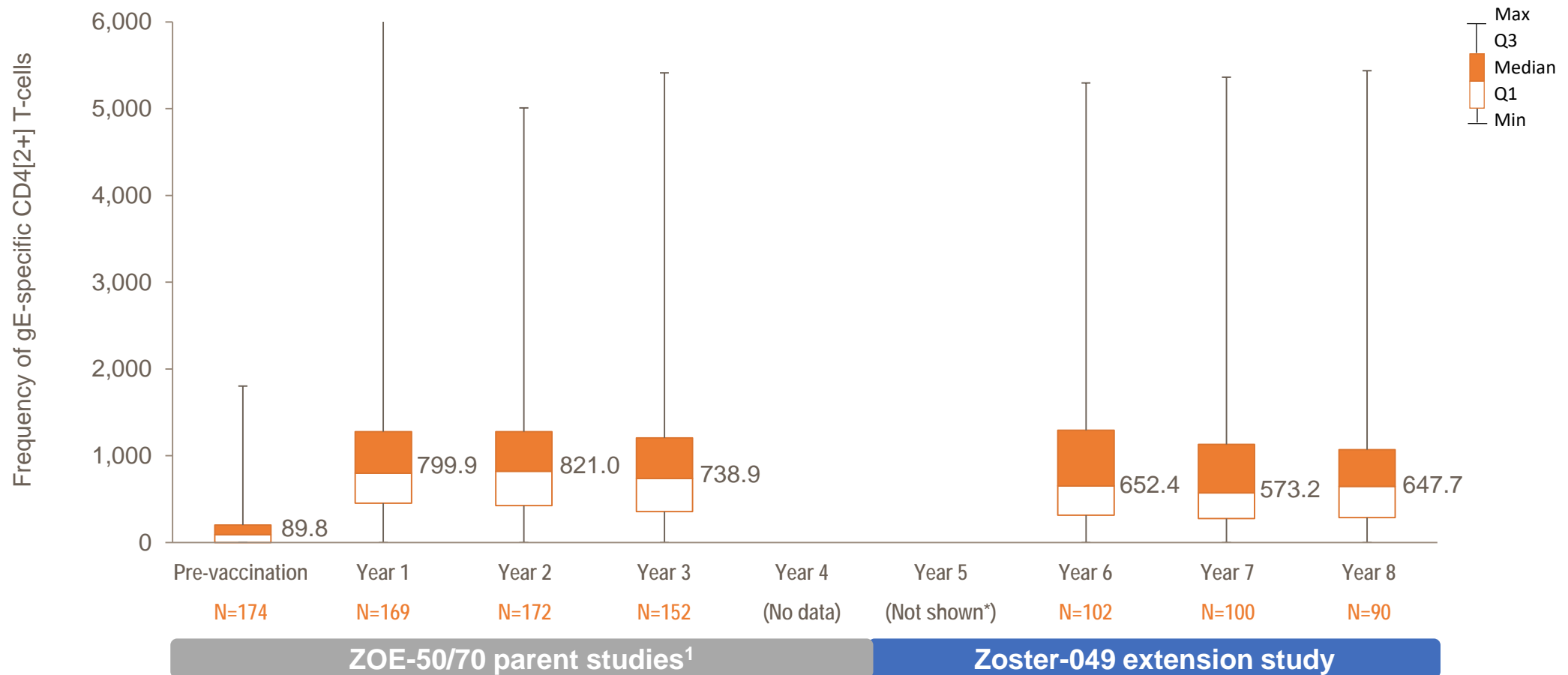


# Humoral immunity: plateau at $\approx 6$ -fold above the pre-vaccination level



1. Cunningham AL, et al. *N Engl J Med.* 2016;375(11):1019–32. **ATP HI subset**, according-to-protocol subset for humoral immunity persistence; **gE**, glycoprotein E; **N**, number of participants with available results; **mIU/mL**, milli international unit/milliliter. Error bars depict 95% confidence interval.

# gE-specific CD4[2+] T-cells: remained above baseline from Y6 to Y8 after vaccination



1. Cunningham AL, et al. *N Engl J Med.* 2016;375(11):1019–32. **ATP CMI subset**, according-to-protocol subset for cell-mediated immunity persistence; **gE**, glycoprotein E; **Min**, minimum; **Q1,Q3**, quartile 1 and 3; **Max**, maximum. Maximum value at Year 1 is 6018.8; **CD4[2+]**, T-cells expressing  $\geq 2$  markers of the 4 assessed (interferon gamma, interleukin-2, tumour necrosis factor alpha, CD40 ligand). The frequency of gE-specific CD4[2+] T-cells was assessed per  $10^6$  total CD4 T-cells. \*Year 5 CMI results not shown because of insufficient samples (i.e. 3) for the analysis.

## **Safety profile:** remains clinically acceptable and no safety signal was identified

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**Serious adverse events (SAEs) were consistent with the aging population of the study**



**No deaths or other SAE were considered as causally-related to vaccination**



**Two participants with a confirmed HZ case reported HZ-related complication**

- 1 participant experienced postherpetic neuralgia
- 1 participant experienced disseminated HZ disease (>1 dermatome affected)

## Conclusions

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- ✔ RZV demonstrated high (84.0%) efficacy against herpes zoster over approximately 2 years of follow-up in Zoster-049 study
- ✔ Vaccine efficacy was 84.1% at Year 8 following initial vaccination (end of observation period for the year 2 interim analysis of Zoster-049 study)
- ✔ Both humoral and cellular immune responses remained high and consistent from Year 5 until Year 8
- ✔ No safety signal was identified from Zoster-049 study start up to data lock point for this interim analysis

## Key messages

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- ✓ RZV remains efficacious against herpes zoster up to 7.1 years (mean) post-initial vaccination in adults  $\geq 50$  years of age



- ✓ Humoral and cell-mediated immune responses persist up to 8 years post-vaccination

- **RZV is able to confer long-lasting protection**

- **This extension study further supports the benefit of RZV vaccination**

**Thank you**