Virion Therapeutics HBV Forum 2026 Industry Update

By Dr. Sue Currie, COO
Date: Tuesday, May 26, 2026
Location: Barcelona, Spain
Venue: Grand Hyatt Barcelona

Virion Therapeutics Company Update
HBV Forum 2026

Key Clinical Data / Milestones Since AASLD Forum:

- Last Patient Last Visit (March 2026): All patients have completed EOS (Day 360, which is almost 1 yr post-prime dose)
- LTFU of VRON-0200 Only Pts: Continuing to assess HBsAg responses, post-EOS (over 2+ years for some pts)
- CROI LBA presentation: March 2026
- APASL presentation: April 2026
- ASGCT neutralizing antibody study presentation: May 2026

VRON-0200 Highlights from the Above:

- Data demonstrated favorable safety profile with durable, and in many cases, improving anti-HBV immune responses, over time, following a single dose

Virion Therapeutics Company Update
HBV Forum 2026

Coming Soon: EASL 2026 and Beyond:

- **EASL presentation by Professor Dr Ed Gane (#OS-073; May 29, 2026, 5PM GMT),** includes LTFU data (up to 2+ years following a single VRON-0200 “Spark” dose)
- Manuscript accepted and in press

SPARK-B P2B Planning Underway:

- A randomized placebo-controlled Functional Cure study (NUC D/C, higher BL HBsAg)

VRON-0200 Exploratory Combinations and Expanded Patient Populations:

- Exploring VRON-0200 in combination with different investigational FC agents
- Discussing VRON-0200 for other CHB populations
  - Higher HBsAg levels, Not on NUCs, Cirrhosis, Co-infection, MASH

HDV Sequencing
Genotype Inclusivity and LOD

Jerry Wallweber, Ph.D.
Labcorp – Monogram Biosciences
South San Francisco, CA

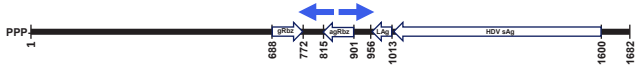
Tuesday, May 26, 2026

labcorp

HDV Genotype Inclusivity

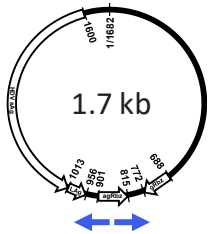
22 full-length *in vitro* transcription plasmids representing all 8 HDV genotypes.

1. HDV *in vitro* transcripts



Divergent primers do not amplify linear transcripts.

2. Circularize and RT-PCR



1.7 kb amplicon
from circular transcripts.

3. Illumina MiSeq

IVA and Geneious consensus sequence

K-mer-based genotyping

No.	*in vitro* transcript		% Identity	k-mer
	HDV Genotype	Acc. No.	Consensus vs Acc. No.	HDV Genotype
1	1	NC001653	99.94%	1
2	1a	JX888100	99.88%	1
3	1a	KY463677	99.80%	1
4	1b	JX888098	99.88%	1
5	1b	KJ744242	99.94%	1
6	1b	KJ744255	99.94%	1
7	2a	X60193	99.94%	2
8	2b	AJ309879	99.88%	2
9	3a	LT604954	99.88%	3
10	3b	AB037947	99.88%	3
11	3c	KC590319	99.88%	3
12	4a	AF018077	99.94%	4
13	4b	AB118818	99.94%	4
14	5a	JX888103	99.59%	5
15	5b	AM183331	99.29%	5
16	6a	AJ584847	99.64%	6
17	6b	JX888102	99.82%	6
18	6c	AM183332	99.76%	6
19	7a	AJ584844	99.70%	7
20	7b	AM183333	98.98%	7
21	8a	AJ584849	99.58%	8
22	8b	LT594488	99.70%	8

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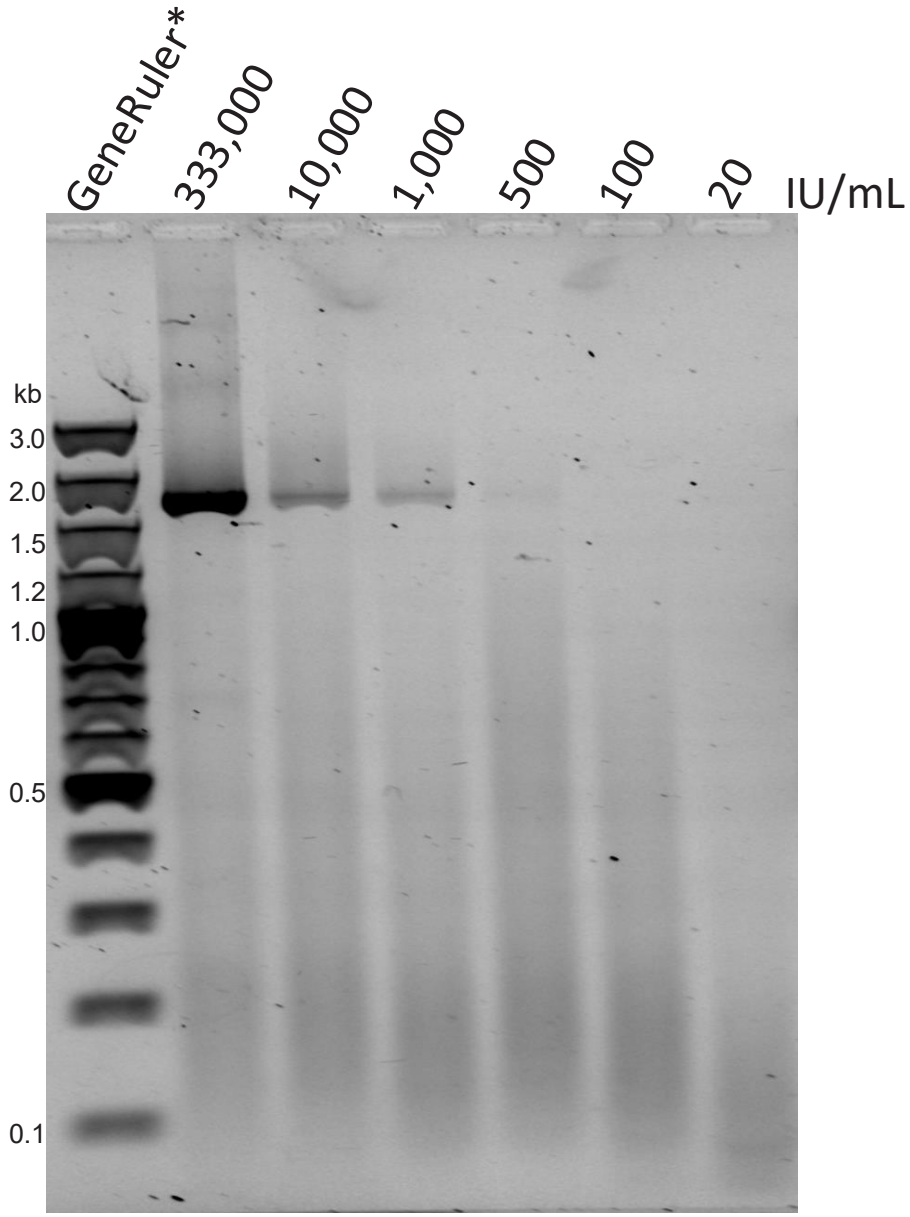
HDV Sequencing LOD

Titration of HDV RNA-positive clinical specimens.

- **Current LOD:**
  1,000 IU/mL
  85 – 90% of HDV RNA-positive clinical specimens

  Intermittent at 100 – 500 IU/mL

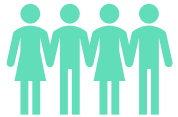
- **Goal:**
  10 - 20 IU/mL (LOD and LLoQ of HDV RNA assay)
  >98% of HDV RNA-positive clinical specimens



*GeneRuler at 28 ng/marker

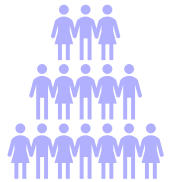
Thank you

CRMA-1001-101: A Phase 1/2, Open-Label, SAD/MAD Study of CRMA-1001 in Adults With Chronic Hepatitis B



SINGLE ASCENDING DOSE

MULTIPLE ASCENDING DOSE



EXPANSION

Key Eligibility Criteria

Inclusion Criteria:

- Adults with chronic hepatitis B
- On oral antiviral therapy
- ALT and AST ≤ 1.5 x ULN
- Total bilirubin ≤ ULN

Exclusion Criteria:

- Significant hepatic fibrosis or cirrhosis
- Current or prior liver disease other than HBV

Select Endpoints

Primary

- Safety and tolerability of single and multiple doses of CRMA-1001

Secondary

- Pharmacokinetics of CRMA-1001
- Immunogenicity of CRMA-1001
- Change in HBV Biomarkers

The study is actively enrolling and dosing participants with active sites in Hong Kong, New Zealand, United Kingdom and France.

ClinicalTrials.gov ID: NCT07200193 EUCT number: 2025-523619-12-00

Vir Biotechnology™ | POWERING THE IMMUNE SYSTEM TO TRANSFORM LIVES

Vir Biotechnology
HDV Development Program

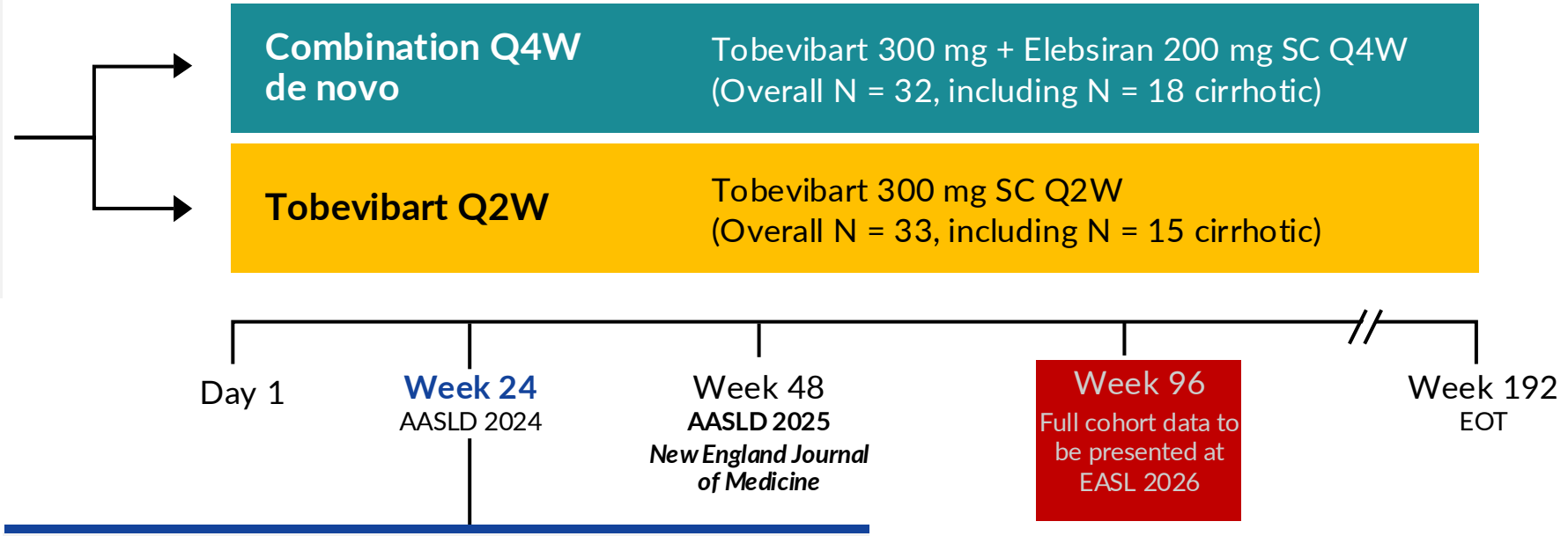
Todd Correll, PharmD
Vice President, Clinical Research

May 26, 2026

Phase 2 SOLSTICE Study Design: Tobevibart + Elebsiran Q4W and Tobevibart Q2W

Inclusion criteria:

- HDV RNA ≥500 IU/mL
- ALT >ULN; ALT <5 × ULN
- **Non-cirrhotic[a] or cirrhotic (CTP-A)[b]**
- **N = 65, randomized 1:1**



Primary Endpoints:

- Proportion of participants with HDV RNA <LOD or ≥2 $\log_{10}$ IU/mL reduction (virologic response) **and** ALT <ULN (ALT response) at Week 24
- TEAEs and serious TEAEs

[a] Non-cirrhotic: liver biopsy with METAVIR F0 to F3 or liver stiffness <12 kPa within 12 months of screening and platelet count >150 × 103/µL
[b] Compensated cirrhotic participants: liver biopsy with METAVIR F4 or liver stiffness ≥12 kPa within 12 months of screening, a platelet count >90 × 103/µL, and a CTP score of 5 or 6, inclusive at screening and at the start of the study
ALT: alanine aminotransferase; CHD: chronic hepatitis delta; CTP: Child-Turcotte-Pugh; EOT: end of treatment; HDV: hepatitis D virus; LOD: limit of detection; Q2W: once every 2 weeks; Q4W: once every 4 weeks; SC: subcutaneous; TEAE: treatment-emergent adverse event; ULN: upper limit of normal
SOLSTICE ClinicalTrials.gov Identifier: NCT05461170

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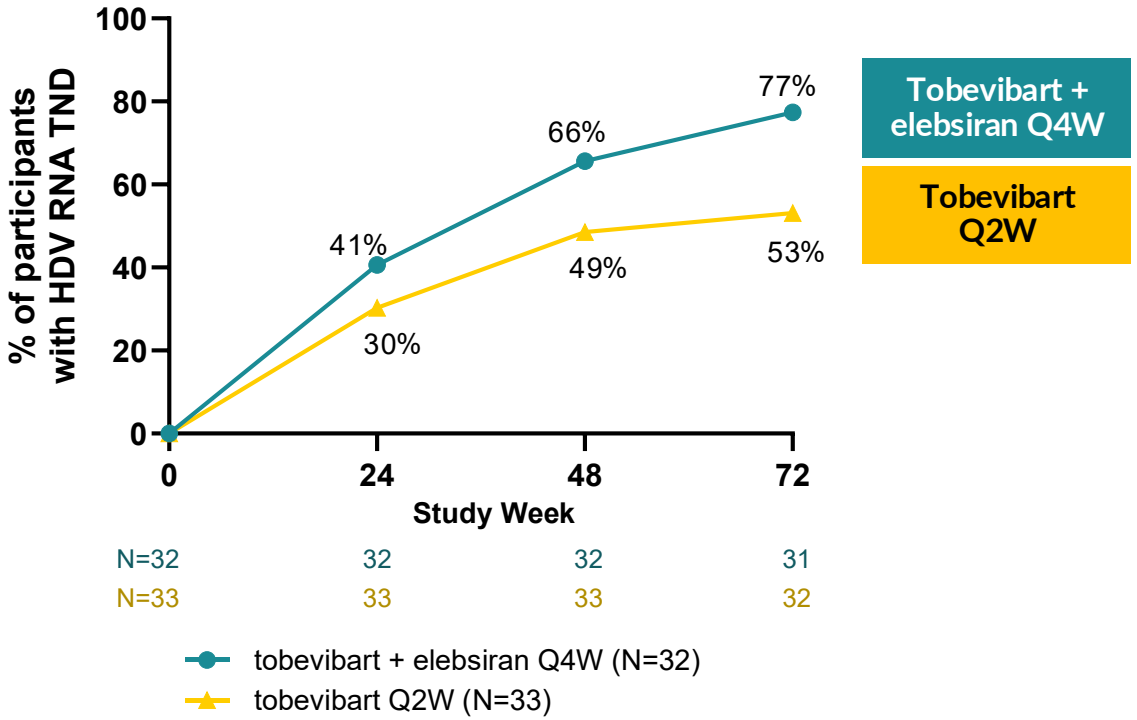
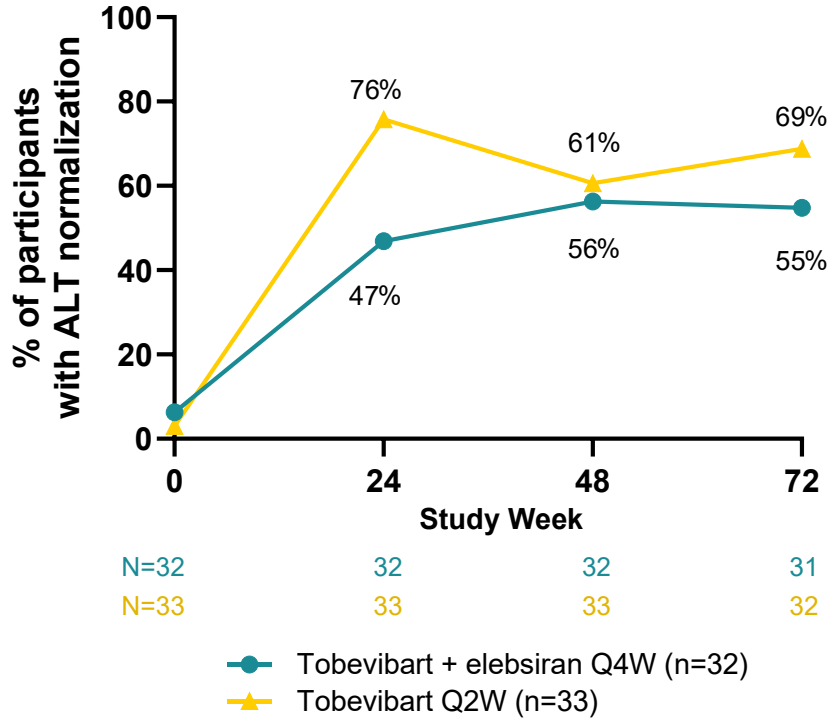
Tobevibart + Elebsiran Achieved Higher Rates of HDV RNA TND, With Comparable Normalization of Biochemical Markers (M=F Analysis)



Tobevibart + elebsiran Q4W

Tobevibart Q2W



ALT: alanine aminotransferase; CHD: chronic hepatitis delta; HDV, hepatitis D virus; HDV RNA TND = undetectable HDV RNA; mAb: monoclonal antibodies; M=F: missing = failure; Q2W: once every 2 weeks; Q4W: once every 4 weeks; siRNA: small interfering RNA; TND: target not detected; ULN: upper limit of normal ALT ULN (male) = 40 IU/mL; ALT ULN (female) = 33 IU/mL.

Data are reported for participants who completed the visit with non-missing HDV RNA and ALT or discontinued treatment before the visit

By week 72, N=2 participants discontinued tobevibart+elebsiran Q4W and N=6 participants discontinued in tobevibart Q2W and are counted as failures in analysis; 1 participant receiving tobevibart Q2W is censored after week 52 due to a site protocol deviation. Data as of 11/19/25

1. Vir Biotechnology. Corporate Overview. May 2026. Available at: https://s203.q4cdn.com/628578897/files/doc_financials/2026/q1/Vir-Bio-Corporate-Overview-May-2026.pdf

Combination therapy generally well-tolerated. Majority of adverse events were grade 1 or 2 and transient through Week 72 with no drug-related SAEs[1]

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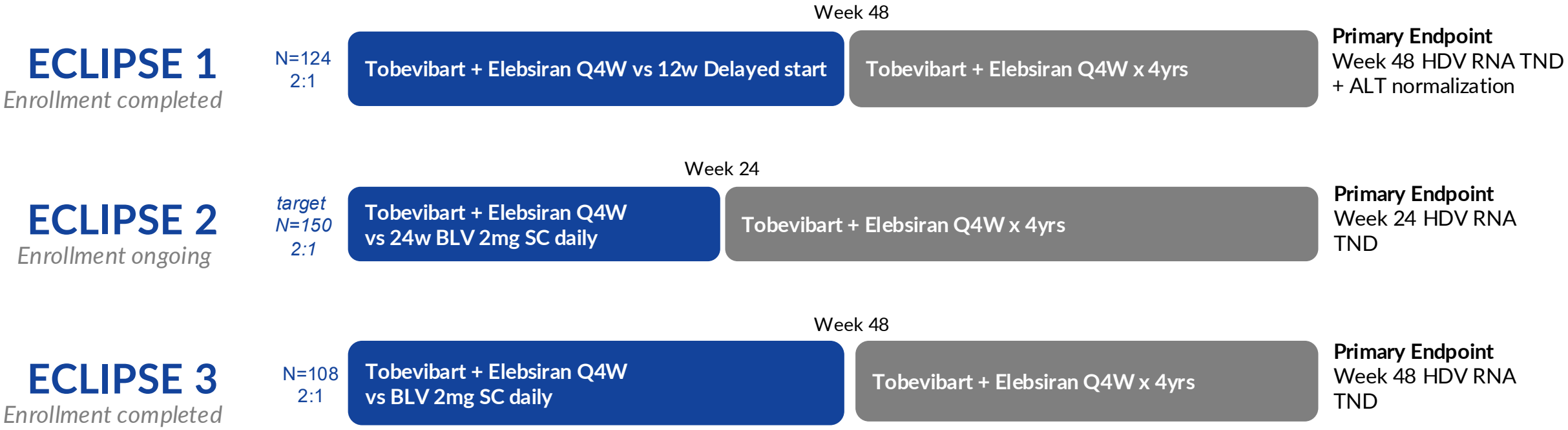
ECLIPSE Program Updates



Brelovitug (BJT-778) Update

Forum, May 26, 2026

Nancy Shulman, MD

Viral Hepatitis Presentations at EASL

Late Breaking Poster Presentation, Friday, 29 May 2026, Poster Area – Hall 7

LBP-021: 24-week Safety And Efficacy Of Brelovitug Monotherapy For The Treatment Of Chronic Hepatitis D: Data From Phase 2b Of AZURE-1 - Tatyana Kushner,[1] David Yardeni,[2] Marta Dobrayanska,[3] Alina Jucov,[4] Douglas Dieterich,[5] Jordan Feld,[6] Maia Butsashvili,[7] Ekaterine Dolmazashvili,[8] Dragomir Gerov,[9] Tamar Khuchua,[10] Tarek Saadi,[11] David E. Kaplan,[12] James Park,[13] Dimitar Pavlov,[14] Mariana Penkova Radicheva,[9] Carla S. Coffin,[15] Ed Gane,[16] Sebastien Poulin,[17] Ira Jacobson,[18] Miriam Levy,[19] Mark Sulkowski,[20] Norah Terrault,[21] Karen Doucette,[22] Nancy Reau,[23] Simone Strasser,[24] Tomohiro Tanaka,[25] Ashley Duzik,[26] Susanna Tan,[27] Sue Naim,[27] Will Garner,[27] Craig Pace,[27] Hassan Javanbakht,[27] Nancy Shulman,[27] Saeed Hamid,[28] Cihan Yurdaydin[29]

Poster Presentations, Wednesday, 27 May 2026, Poster Area – Hall 7

Wed-597: Safety, Pharmacokinetics, Pharmacodynamics, And Antiviral Activity Of Cavrotolimod, Alone And In Combination With Low-dose Nivolumab, For The Treatment Of Chronic Hepatitis B - Grace Lai-Hung Wong,[1] Alina Jucov,[2] Marta Dobryanska,[3] Edward J. Gane,[4] Stuart Roberts,[5] Simone Strasser,[6] Eternity Labio,[7] Jacinta Holmes,[8] Bobby Asem,[9*] Jerome Deval,[9*] Susanna K. Tan,[9*] Paul B. Eckburg,[9*] Hassan Javanbakht,[9*] Leesun Kim,[9*] Loghman Salimzadeh,[10] Adam Gehring,[10] Nancy Shulman,[9*] Man-Fung Yuen[11]

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cobas® HDV

Attribute	Description
Unmet Need	The purpose of creating the **cobas®** HDV assay is to launch the first high-throughput HDV RNA assay to the market as the first wave of HDV drugs are introduced. HDV RNA is used as a biomarker both to confirm HDV diagnosis as well as to monitor treatment progress
Format	192T
Software	**cobas®** 6800/8800 SW1.4: **cobas®** HDV ASAP **cobas®** 5800/6800/8800 SW2.0: **cobas®** x800 HDV ASAP **cobas®** 5800: **cobas®** 5800 HDV ASAP
Regulatory Label	CE-IVD
Sample Types	EDTA plasma and serum
Sample Processing Volume	200µL (plus 150µL dead volume)
Analytical Sensitivity (GT1)	3.34 IU/mL (EDTA Plasma) 9.91 IU/mL (Serum)
Linear Range	25.0 IU/mL - 1.0E+09 IU/mL
Specificity	100% (one-sided 95% confidence interval: 97.05%)
Genotypes Detected	HDV Gentype 1-8

cobas® HDV

Intended Use

cobas® HDV for use on the **cobas**® 5800/6800/8800 systems (**cobas**® HDV) is an in vitro nucleic acid amplification test for both the detection and quantitation of hepatitis D virus (HDV) RNA in human EDTA plasma or serum of HDV antibody-positive or HDV-infected individuals.

cobas® HDV is intended for use as an **aid in the diagnosis** of HDV infection in individuals suspected to be actively infected with **HDV antibody evidence**. Detection of HDV RNA indicates that the virus is replicating and therefore is evidence of active infection.

cobas® HDV is intended for use as an **aid in the management** of patients with chronic HDV infection **undergoing anti-viral therapy**. The test can be used to measure HDV RNA levels at baseline and during treatment to aid in assessing response to treatment. The results from **cobas**® HDV must be interpreted within the context of all relevant clinical and laboratory findings.

cobas® HDV is intended for use by qualified clinical laboratory personnel specifically instructed and trained in the techniques of real-time PCR and on the use of the cobas® 5800/6800/8800 systems.

cobas® HDV

Key Dates

CE-IVD approval April 20, 2026

Batch release testing for Class D devices by an EU reference laboratory (PEI) ongoing

Projected launch late Q2/early C3 2026 (affiliate dependent)

Clinical performance of the Cobas HDV assay for hepatitis D virus RNA detection and quantification for the diagnosis and treatment monitoring of patients with chronic hepatitis D.
Poster no.: **SAT-607**