# SELF-AMPLIFYING mRNA SARS-COV-2 VACCINES ELICIT ROBUST, CROSS-REACTIVE AND DURABLE NEUTRALIZING BOOSTER RESPONSES IN PREVIOUSLY mRNA VACCINATED ADULTS

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#### BACKGROUND

- Approved mRNA COVID-19 vaccines demonstrate lower immunogenicity against emergent SARS-CoV-2 variants and relatively rapid waning of antibodies.<sup>1,2</sup>
- We evaluated the immunogenicity and safety of three self-amplifying RNA (sa-mRNA) COVID-19 vaccines developed by Arcturus Therapeutics Inc (NCT05012943).
  The three vaccines are formulated with a proprietary lipid nanoparticle (LNP) technology (LUNAR<sup>®</sup>) and sa-mRNA encoding for replicase protein and a transgene region that encodes for the SARS-CoV-2 full length S glycoprotein.
  ARCT-021, ARCT-154, and ARCT-165 vaccines encode the SARS-CoV-2 full-length S glycoprotein of, respectively, the ancestral strain in native conformation, prefusion-stabilized B.1 variant including the D614G mutation, and prefusion-stabilized Beta variant.

TABLE 1. Demographics.								
	ARCT-165 (N=12)	ARCT-154 (N=12)	ARCT-021 (N=12)	Total (N=36)				
Age Years								
n	12	12	12	12				
Mean (SD)	50 (13)	44 (13)	44 (16)	46 (14)				
Median (Range)	54 (25-64)	45 (22-60)	43 (24-65)	46 (22-65)				
Gender								
Male	6 (50%)	5 (42%)	3 (25%)	14 (39%)				
Female	6 (50%)	7 (58%)	9 (25%)	22 (61%)				
Ethnicity								
Hispanic or Latino	0	0	2 (17%)	2 (6%)				
Not Hispanic or Latino	12 (100%)	12 (100%)	10 (83%)	30 (94%)				
Race								
Asian	2 (17%)	2 (17%)	2 (17%)	6 (17%)				
Black or African American	2 (17%)	0	1 (8%)	3 (8%)				
White	8 (67%)	10 (83%)	9 (75%)	27 (75%)				
Other	0	0	0	0				
BMI (kg/m <sup>2</sup> )								
n	12	12	12	12				
Mean (SD)	27 (4)	27 (4)	26 (4)	27 (4)				
Median (Range)	28 (20-34)	27 (23-35)	27 (19-33)	27 (19-35)				

RESULTS

### **STUDY OBJECTIVES**

- To describe the safety and reactogenicity of three investigational SARS-CoV-2 sa-mRNA vaccines.
- To describe the immunogenicity of three investigational SARS-CoV-2 sa-mRNA vaccines through neutralizing antibodies against the ancestral strain with D614G mutation and other SARS-CoV-2 variants including Beta (B.1.351), Delta (B.1.617.2), and Omicron (BA.1, BA.2, and BA.4/5).

 All three vaccines were well tolerated. Most solicited AEs were mild or moderate and resolved within 72 hours, and rates of related or severe AEs were low. Figure 2, Table 2. One unrelated SAE was reported in the group receiving ARCT-021.



**FIGURE 2.** Percentage of participants reporting solicited adverse events up to 7 days following

TABLE 2. Summary of Unsolicited Adverse Events.							
	ARCT-165 (N=12)	ARCT-154 (N=12)	ARCT-021 (N=12)	Total (N=36)			
Participants (%) reporting at least one:							
AE	9 (75%)	10 (83%)	9 (75%)	28 (78%)			
Mild	9 (75%)	5 (42%)	5 (42%)	19 (53%)			
Moderate	0	4 (33%)	2 (17%)	6 (17%)			
Severe	0	1 (8%)	2 (17%)	3 (8%)			
Related	2 (17%)	2 (17%)	3 (25%)	7 (19%)			
Not Related	7 (58%)	8 (67%)	6 (50%)	21 (58%)			
MAAE	1 (8.3%)	0	2 (17%)	3 (8%)			
SAE	0	0	1 (8.3%)	1 (2.8%)			
Related	0	0	0	0			
Not Related	0	0	1 (8.3%)	1 (2.8%)			
AE = Adverse Event; MAAE =	= Medically Attend	led Adverse Event;	SAE = Serious Ad	lverse Event			

# METHODS

- In this phase 1/2 randomized, observer-blind study in the US and Singapore, we recruited 36 adults previously immunized with approved COVID-19 mRNA vaccines as a primary series at least 5 months prior to enrollment.
- Participants were healthy adults, ≥21 to ≤65 years of age, without known history of SARS-CoV-2 infection.
- Participants were randomized 1:1:1 to receive one booster dose on Day 1 of either ARCT-021, ARCT-154, or ARCT-165 vaccine. Figure 1.



• All three vaccines induced robust neutralizing immune response against ancestral strain with D614G mutation at Day 29 with geometric mean fold rises (GMFR) from pre-booster levels of 20.0, 36.7 and 23.5 after ARCT-021, ARCT-154, and ARCT-165, respectively. Figure 3.

FIGURE 3. Geometric mean fold rise of neutralizing antibodies against SARS-CoV-2 variants (versus pre-booster levels) after ARCT-165, ARCT-154, and ARCT-021 booster vaccination at Day 29 measured by pseudoviral microneutralization assay (N=12). Error bars represent the 95% CI. GMFR values are included in black.



 ARCT-154, a leading candidate, induced a broad, cross-neutralizing immune response, which persisted up to 1-year post-booster in absence of other COVID-19 vaccination and diagnosed SARS-CoV-2 infection. Figure 4.

FIGURE 4. Geometric mean fold rise of neutralizing antibodies against SARS-CoV-2 variants (versus pre-booster levels) after ARCT-154 booster vaccination measured by pseudoviral microneutralization assay (N=12). Error bars represent the 95% CI. GMFR values are included in black. Dark bars represent validated microneutralization assays. Light bars represent exploratory microneutralization assays performed at NCID.

- Immunogenicity was assessed as neutralizing antibody titers against SARS-CoV-2 D614G strain and a panel of SARS-CoV-2 variants measured by pseudoviral microneutralization assay on Days 1, 15, 29, 91, 181, 271, and 366.
- Participants who received any other COVID-19 vaccines or had laboratory-confirmed SARS-CoV-2 infection during the follow-up period were excluded from immunogenicity analysis at subsequent timepoints.
- Solicited adverse events (AE) were assessed up to 7 days, unsolicited AEs up to 28 days, and serious AEs up to 366 days after vaccination.



- Similar trends were observed for other SARS-CoV-2 variants including Beta, Delta, Omicron BA.1, Omicron BA.2, and Omicron BA.4/5.
- Additional testing confirmed cross-neutralization against emergent BQ.1.1 and XBB.1.5 Omicron sub-lineages with GMFRs of 12.8 and 3.4, respectively, at Day 29 post-booster.

## CONCLUSIONS

- This study provides evidence that a booster dose of sa-mRNA vaccine induces a robust, broadly cross-reactive, and durable neutralizing immune response, that persists through 12 months post-vaccination.
- Favorable safety and reactogenicity was observed for all three sa-mRNA vaccines.

#### REFERENCES

1. Jalkanen P, et al. *Microbiol Spectr*. 2022;10(2):e0225221.

2. Barda M, et al. *Euro Surveill*. 2022;27(39):pii=2200701.