

**Untangling the complex  
association between proliferation,  
activation and persistence**

**Steven G. Deeks**

**Professor of Medicine**

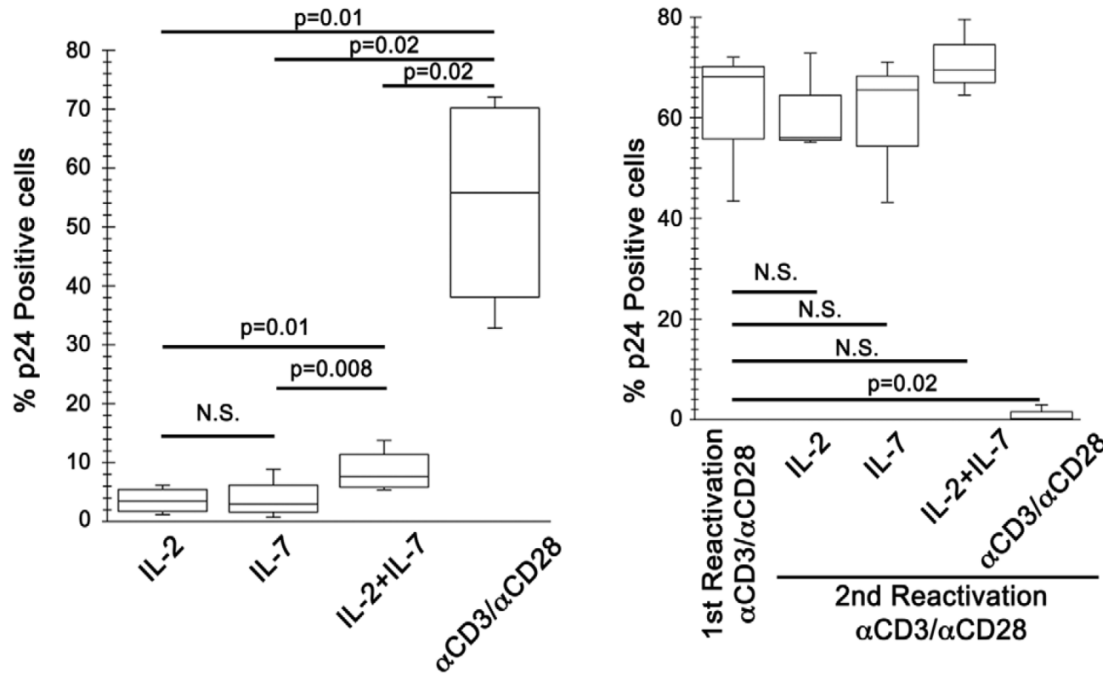
**University of California, San Francisco**

# Host environment and HIV persistence

- Should we stimulate or inhibit T cell activation?
- Should we stimulate or inhibit T cell proliferation/differentiation?

# Homeostatic Proliferation Fails to Efficiently Reactivate HIV-1 Latently Infected Central Memory CD4+ T Cells

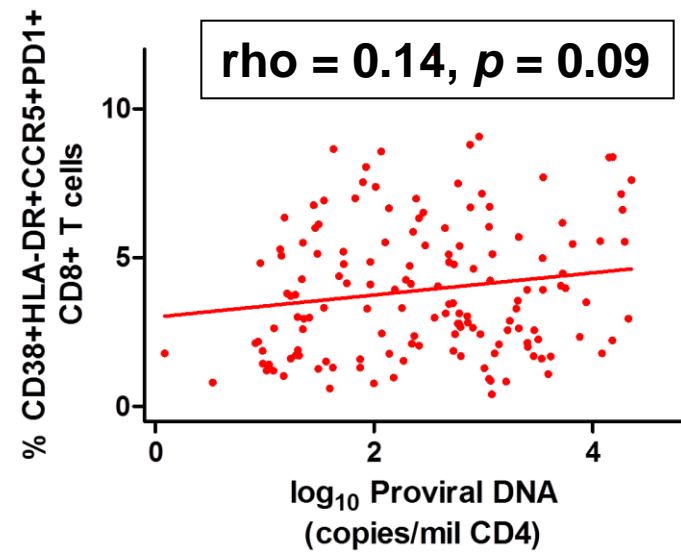
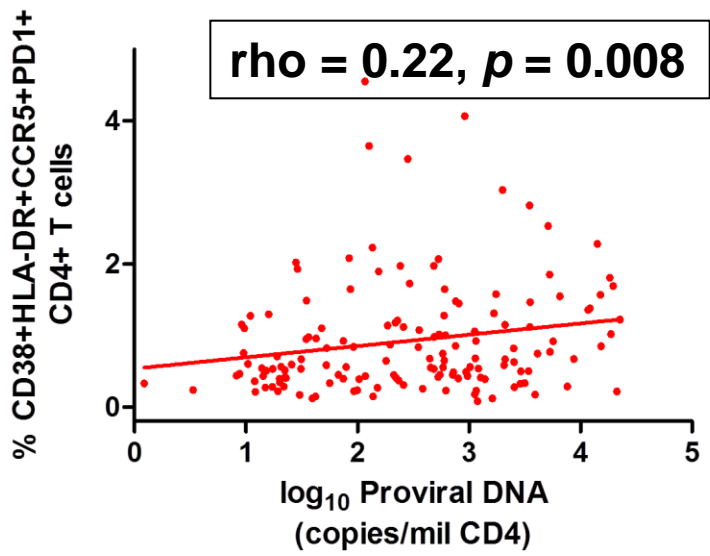
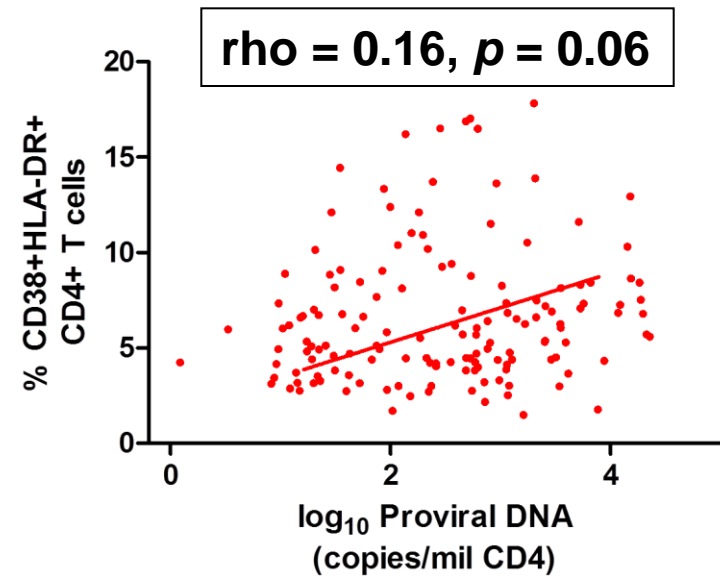
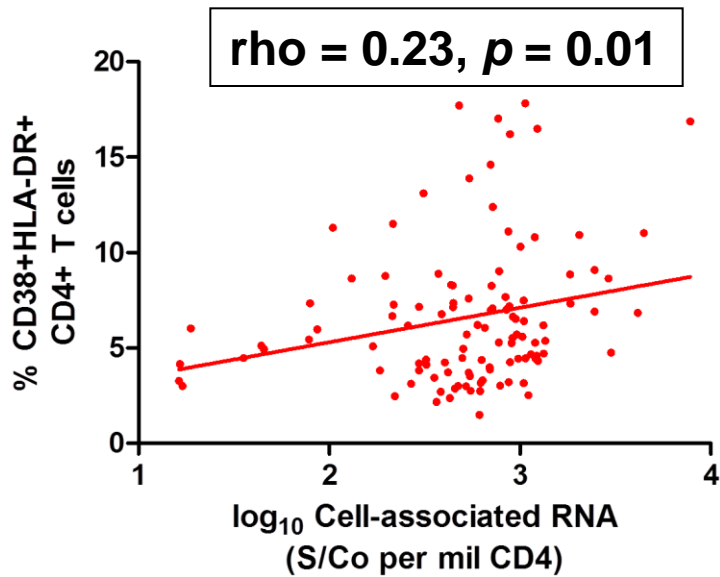
Alberto Bosque<sup>1</sup>, Marylinda Famiglietti<sup>1,2</sup>, Andrew S. Weyrich<sup>3</sup>, Claudia Goulston<sup>4</sup>, Vicente Planelles<sup>1\*</sup>



**One round of broad, potent TCR activation (anti-CD3/CD28) but not IL-2/IL-7 clears HIV from central memory cells**

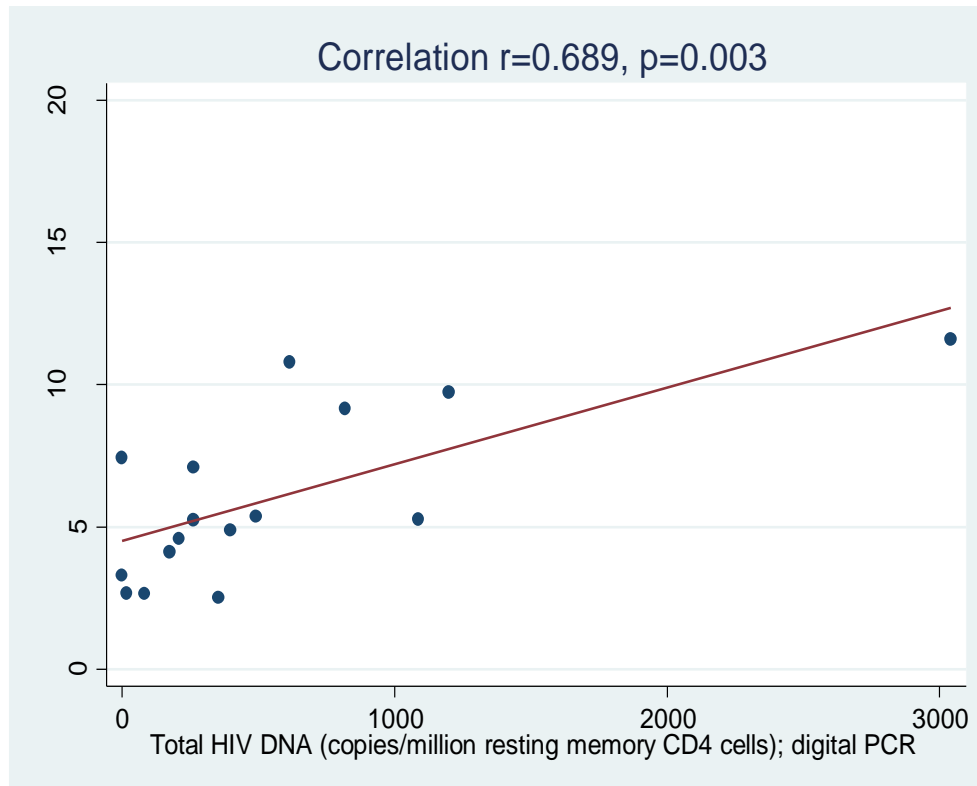
**Does T cell activation  
and/or activation-  
induced cell  
proliferation contribute  
to persistence *in vivo*?**

# Weak association between cell-based measures of viral persistence (per million PBMCs) and T cell activation in blood



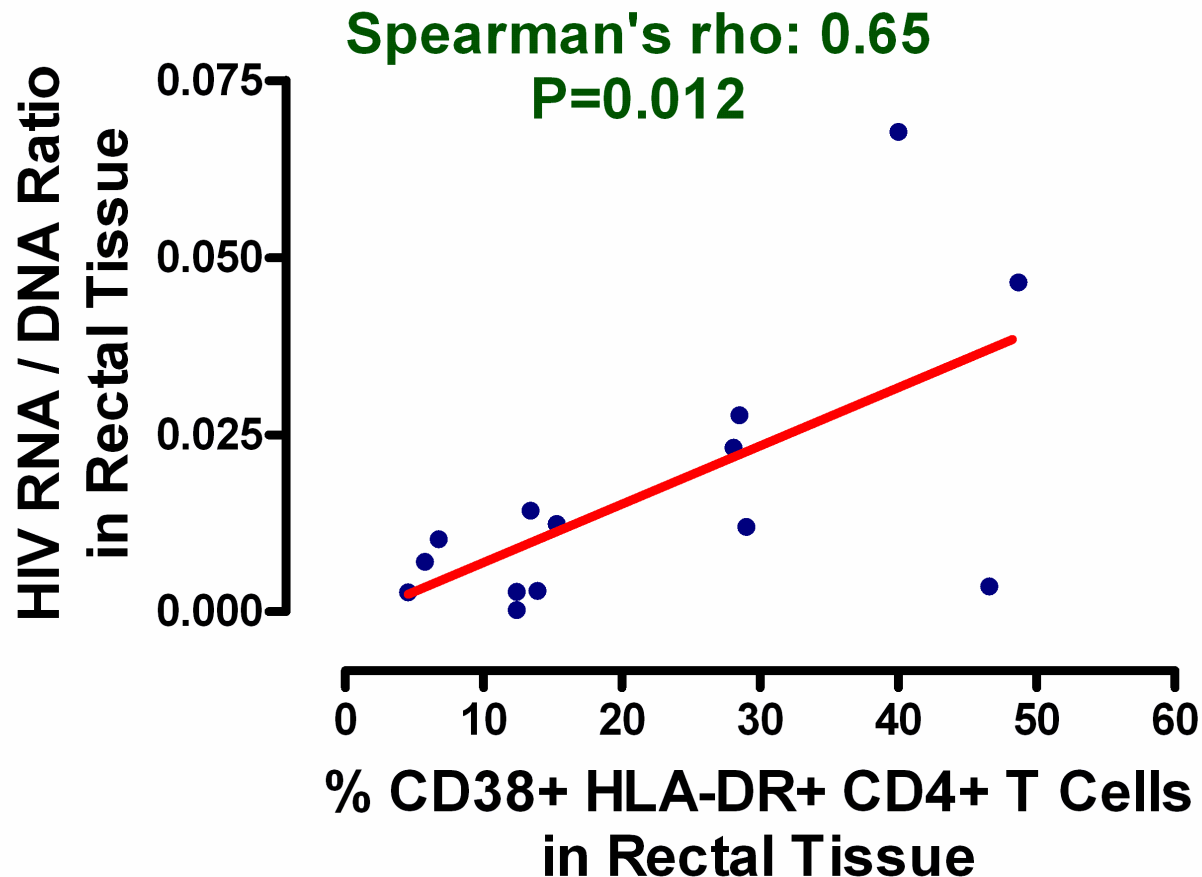
# Comparative Analysis of Measures of Viral Reservoirs in HIV-1 Eradication Studies

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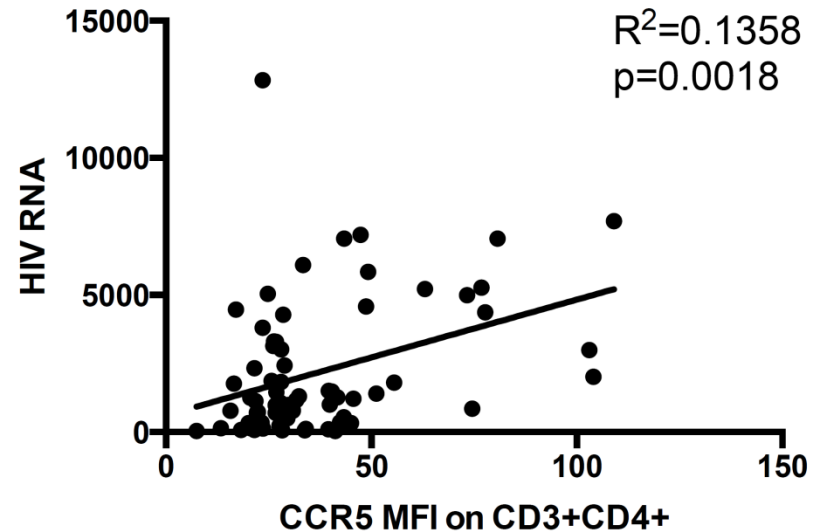
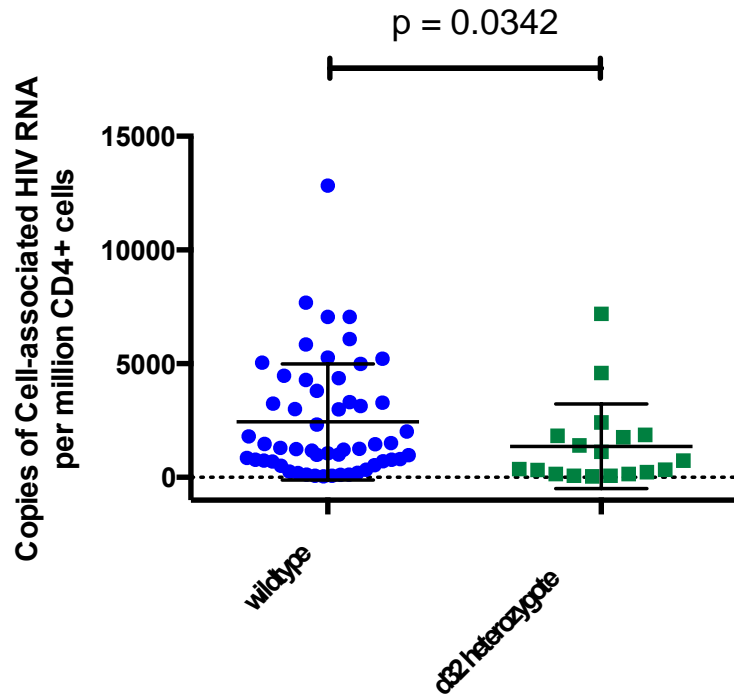


**Frequency of HIV DNA-containing resting memory cells correlates with frequency of activated CD4+ T cells ( $\rho=0.7$ ,  $P=0.003$ )**

# The association between these factors is much stronger in gut mucosa

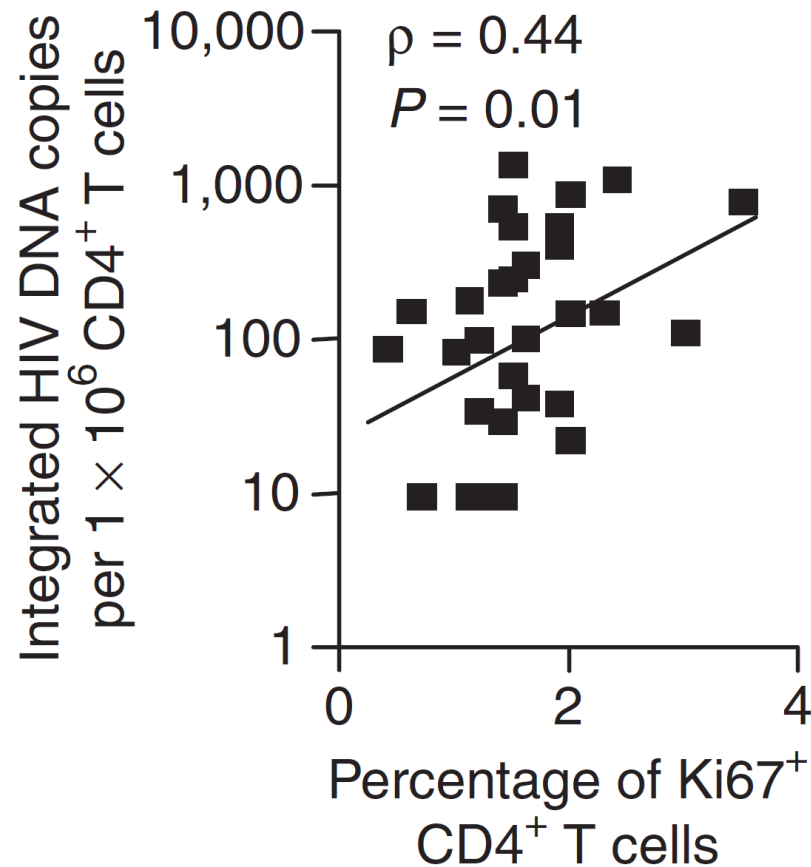


# Cell-associated RNA (but not DNA) is lower in CCR5-delta 32 heterozygotes and positively correlated with frequency of CCR5-expressing cells and CCR5 MFI



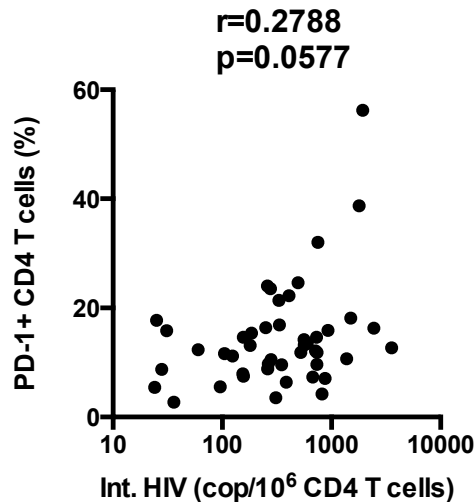


# The frequency of proliferating cells also predicts size of reservoir (integrated DNA)

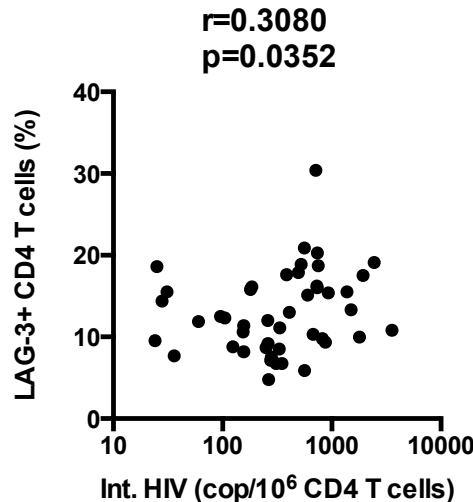


# Immune “checkpoint” expression—which increase with cell proliferation/activation—also correlate with size of reservoir (integrated HIV DNA)

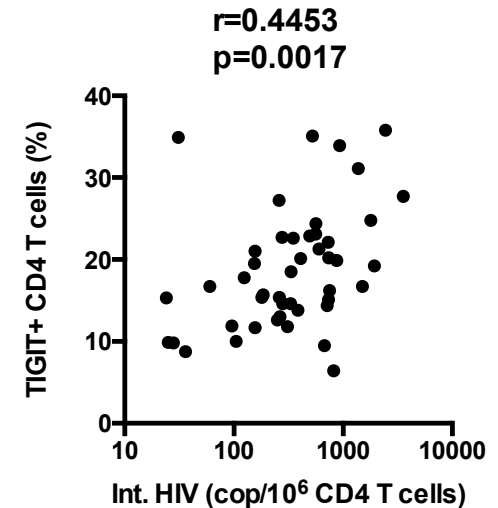
## PD-1



## LAG-3



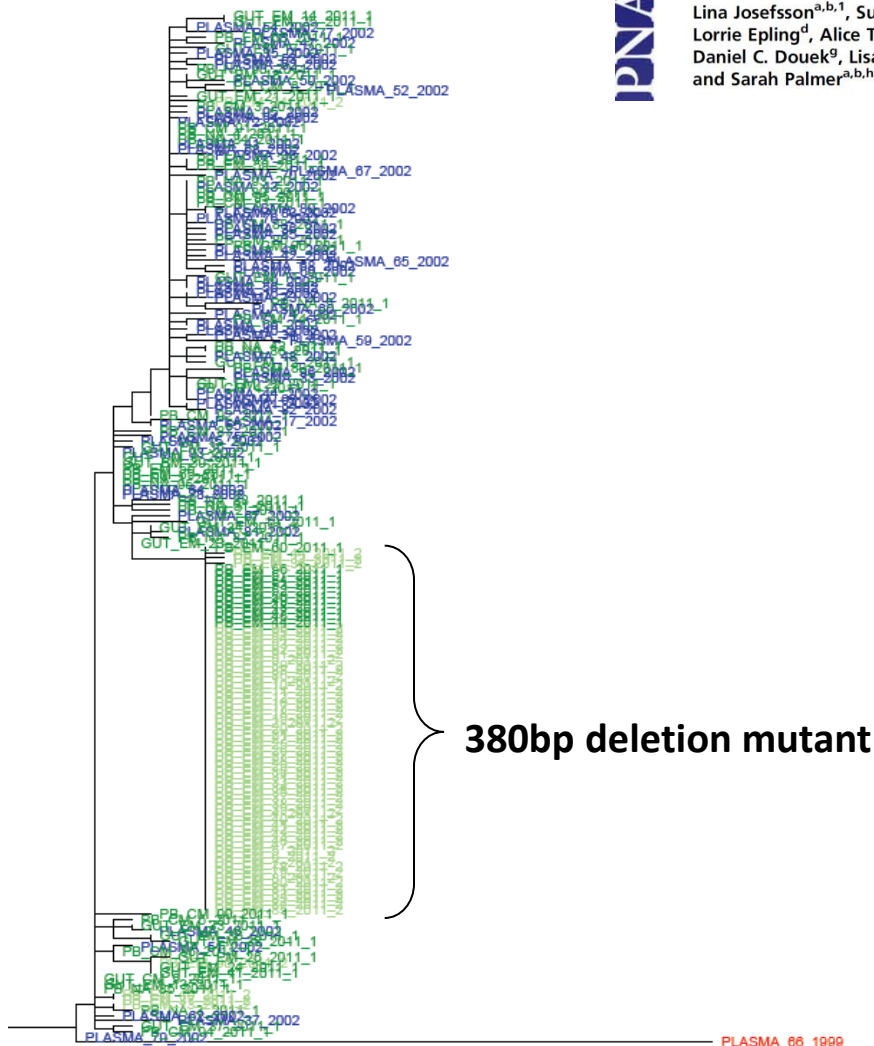
## TIGIT



*Fromentin and Chomont (unpublished)*

# The HIV-1 reservoir in eight patients on long-term suppressive antiretroviral therapy is stable with few genetic changes over time

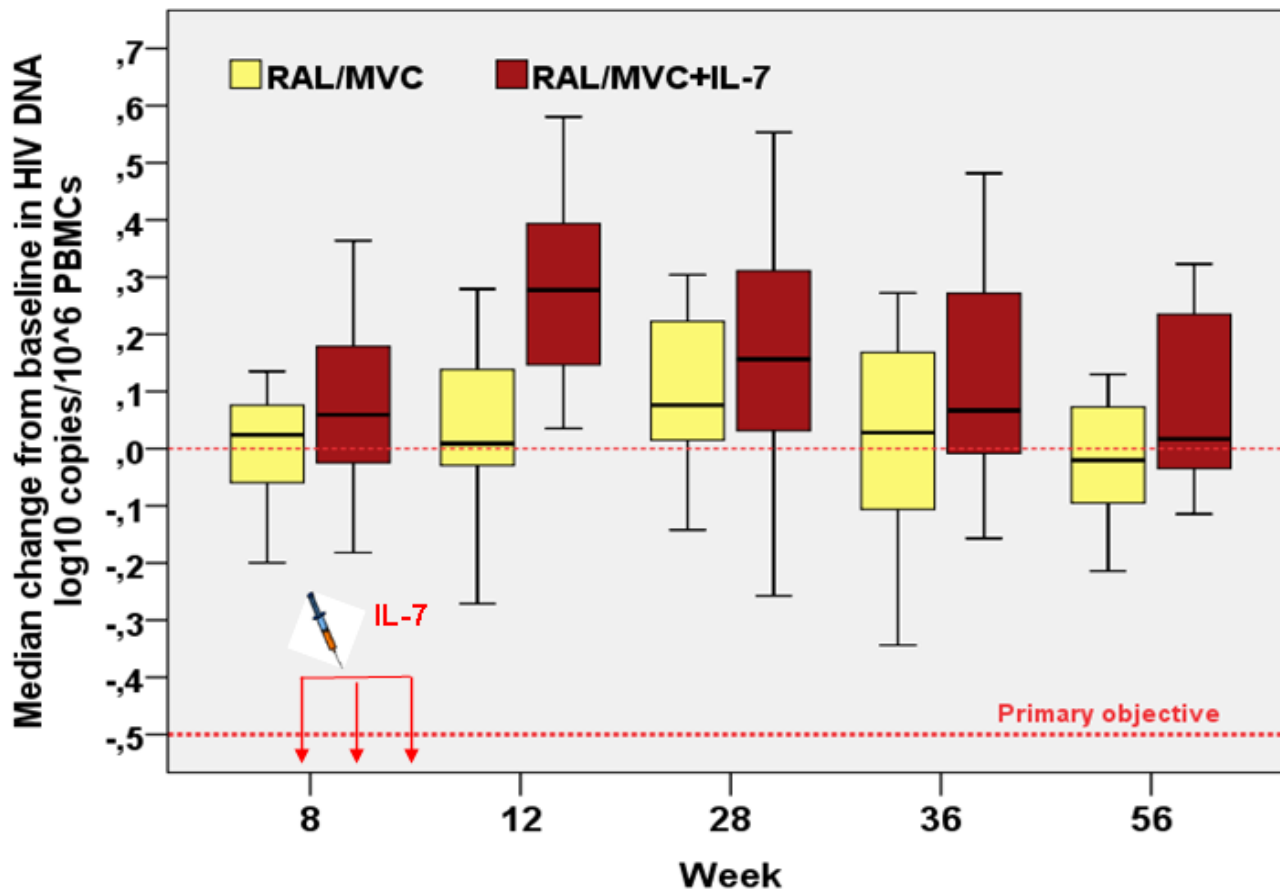
Lina Josefsson<sup>a,b,1</sup>, Susanne von Stockenström<sup>a,b</sup>, Nuno R. Faria<sup>c</sup>, Elizabeth Sinclair<sup>d</sup>, Peter Bacchetti<sup>e</sup>, Maudi Killian<sup>d</sup>, Lorrie Epling<sup>d</sup>, Alice Tan<sup>d</sup>, Terence Ho<sup>d</sup>, Philippe Lemey<sup>c</sup>, Wei Shao<sup>f</sup>, Peter W. Hunt<sup>d</sup>, Ma Somsouk<sup>d</sup>, Will Wylie<sup>g</sup>, Daniel C. Douek<sup>g</sup>, Lisa Loeb<sup>d</sup>, Jeff Custer<sup>d</sup>, Rebecca Hoh<sup>d</sup>, Lauren Poole<sup>d</sup>, Steven G. Deeks<sup>d</sup>, Frederick Hecht<sup>d,2</sup>, and Sarah Palmer<sup>a,b,h,i,2</sup>



**Clonal populations primarily in EM cells, including protease-deficient population**

**>10-fold higher rates of defective viral genomes in EM cells than either CM or TM cells (unpublished)**

**IL-7 causes proliferation of HIV-infected CD4+ T cells without obvious evidence of preferential clearance of these cells, either because virus is not induced or virus-producing cells are not cleared**



**HIV  
Persistence  
and  
Replication**



**T Cell  
Activation and  
Inflammation**

**nature  
medicine**

HIV-1 replication and immune dynamics are affected by raltegravir intensification of HAART-suppressed subjects

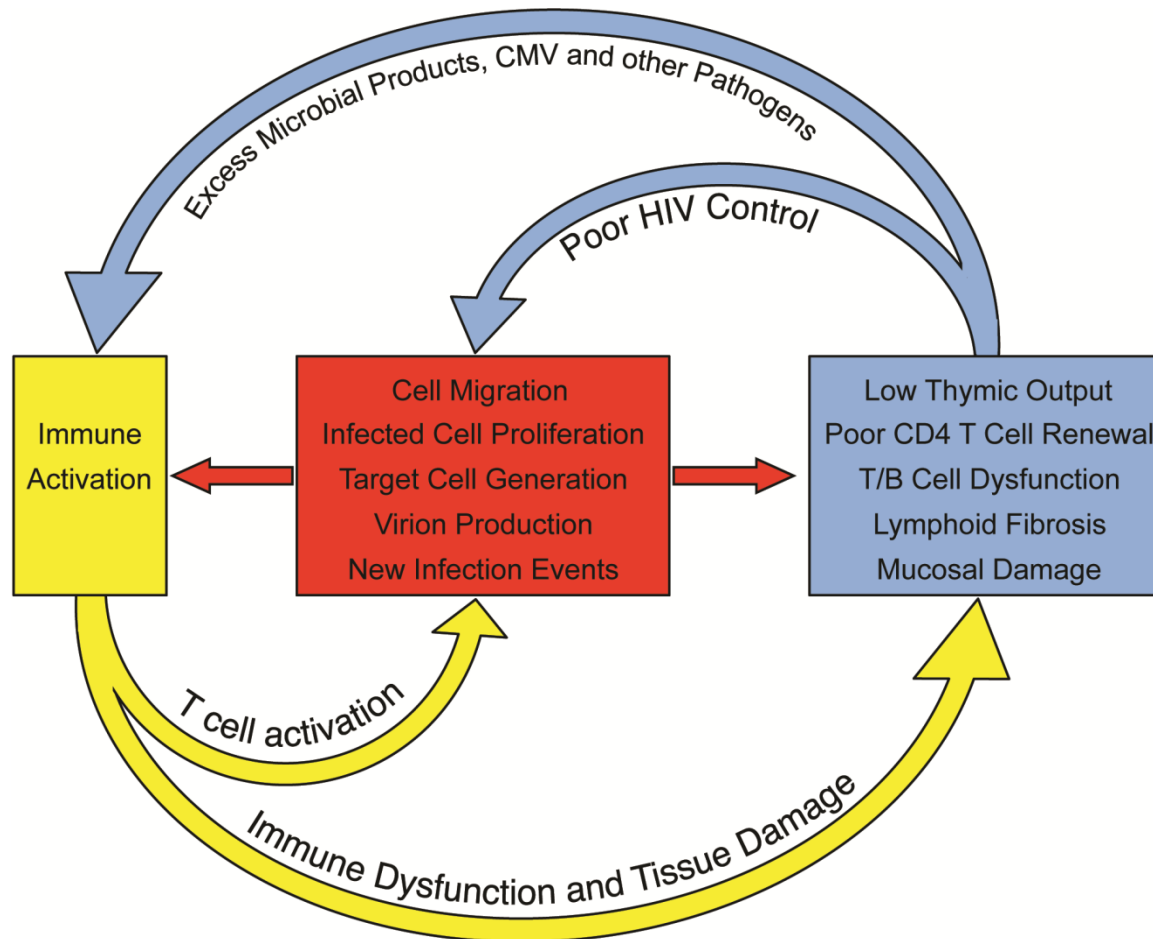
Maria J Buzón<sup>1,9</sup>, Marta Massanella<sup>1,9</sup>, Josep M Llibre<sup>2</sup>, Anna Esteve<sup>3</sup>, Viktor Dahl<sup>4</sup>, Maria C Puertas<sup>1</sup>, Josep M Gatell<sup>5</sup>, Pere Domingo<sup>6</sup>, Roger Paredes<sup>1,2</sup>, Mark Sharkey<sup>7</sup>, Sarah Palmer<sup>4</sup>, Mario Stevenson<sup>7</sup>, Bonaventura Clotet<sup>1,2</sup>, Julià Blanco<sup>1</sup> & Javier Martinez-Picado<sup>1,8</sup>

Increase in 2-Long Terminal Repeat Circles and Decrease in D-dimer After Raltegravir Intensification in Patients With Treated HIV Infection: A Randomized, Placebo-Controlled Trial

**The Journal of  
Infectious  
Diseases**

Hiroyu Hatano,<sup>1</sup> Matthew C. Strain,<sup>4,5</sup> Rebecca Scherzer,<sup>1,3</sup> Peter Bacchetti,<sup>2</sup> Deborah Wentworth,<sup>6</sup> Rebecca Hoh,<sup>1</sup> Jeffrey N. Martin,<sup>2</sup> Joseph M. McCune,<sup>1</sup> James D. Neaton,<sup>6</sup> Russell P. Tracy,<sup>7</sup> Priscilla Y. Hsue,<sup>1</sup> Douglas D. Richman,<sup>4,5</sup> and Steven G. Deeks<sup>1</sup>

# HIV-associated inflammation and immune dysfunction can cause HIV persistence through several potentially modifiable mechanisms



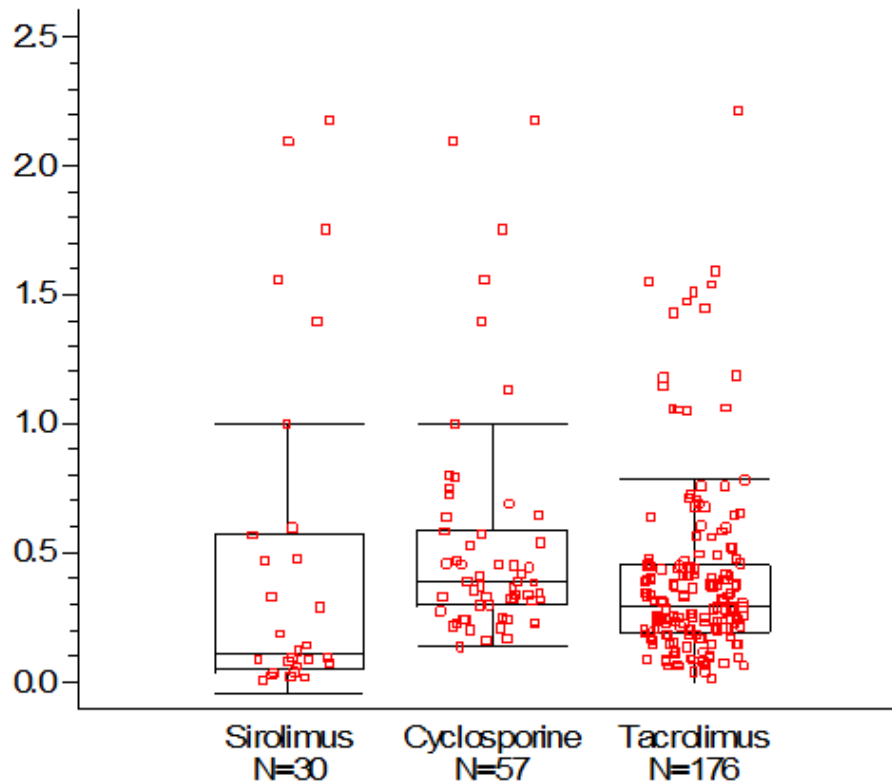
**Will inhibition of T cell  
activation and/or  
proliferation contribute  
to clearance of  
reservoir?**

# **Sirolimus (rapamycin) and mTOR inhibition**

- Sirolimus mimics a starvation signal, leading to mTOR inhibition and:
  - Cell cycle arrest in G1
  - Reduced T cell activation
  - Suppression of cell metabolism
  - Reduction in CCR5 expression



# Sirolimus (rapamycin)—which reduces CCR5 expression, T cell activation and T cell proliferation—is associated with low reservoir size post-renal transplant



In the multivariate model, sirolimus use associated with lower HIV DNA levels (p=0.04)



# **ACTG: Proposed pilot study of sirolimus safety and efficacy for HIV-1 reservoir reduction (Hendrick)**

- Study Design: Randomized open-label pilot study of sirolimus therapy or no sirolimus therapy for 3 months duration (randomized 3:1)
- Subjects: HIV-infected on non-protease inhibitor based regimen (HIV RNA < 40; CD4 > 350) (n=40)
- Primary objectives include: (1) PK, safety and tolerability, 2) replication competent HIV and HIV RNA, and (3) T cell function

# POC IBT human studies in development

- IDO inhibitors (McCune)
- JAK inhibitors (Marconi/ACTG)
- Methotrexate (Hsue/ACTG)
- Mesalamine (Hunt/Somsouk)
- ACE inhibitors/ARBs (Hatano/Schacker/others)
- Anti-interferon-alpha (Hatano)
- Maraviroc (Stock)
- Aurofanofin (Savarino)
- Sirolimus (Henrich/ACTG)
- Anti-PD-1 (Hatano/ACTG)
- Anti-PDL-1 (Eron/ACTG)
- Caspase 1 inhibitors (Greene)

# Conclusions

- The causal pathway for consistent association between HIV persistence and immune activation/proliferation is certainly complex, likely multi-directional, and may differ across patient groups (defined by age, gender, immunologic response)
- Rigorous controlled studies involving more potent antiretroviral strategies and immune-based therapeutics are needed to determine how immune environment contributes to persistence

# Acknowledgements

## SCOPE Cohort / UCSF

Hiroyu Hatano  
Peter Hunt  
Satish Pillai  
Charlene Wang  
Ma Somsouk  
Jeff Martin  
Rebecca Hoh  
Rick Hecht  
Michael Busch  
Peter Stock  
Elizabeth Sinclair  
Steve Yukl  
Joe Wong  
Mike McCune

## Elsewhere

Nicolas Chomont  
Rafick Sekaly  
Remi Fromentin  
Mario Stevenson  
Sarah Palmer  
Daria Hazuda  
Sharon Lewin  
Bob Siliciano  
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Danny Douek  
Michael Lederman  
Barbara Shacklett  
Tim Schacker

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