

A Closer Look at HIV-Specific T-cells in Mucosal Tissues



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Outline

Why does the cellular immune response fail to clear mucosal HIV infection?

- 1) Might earlier/stronger mucosal CD8+ T-cell responses be beneficial (or harmful)?*
- 2) What is the "balance" between cytotoxic capacity and cytokine polyfunctionality?*
- 3) Does immune exhaustion play a role in the failure to clear HIV from mucosal tissues?*

Mucosal CD8⁺ T-cells: Too Little, Too Late?

JOURNAL OF VIROLOGY, July 2005, p. 9228–9235
 0022-538X/05/\$08.00+0 doi:10.1128/JVI.79.14.9228-9235.2005
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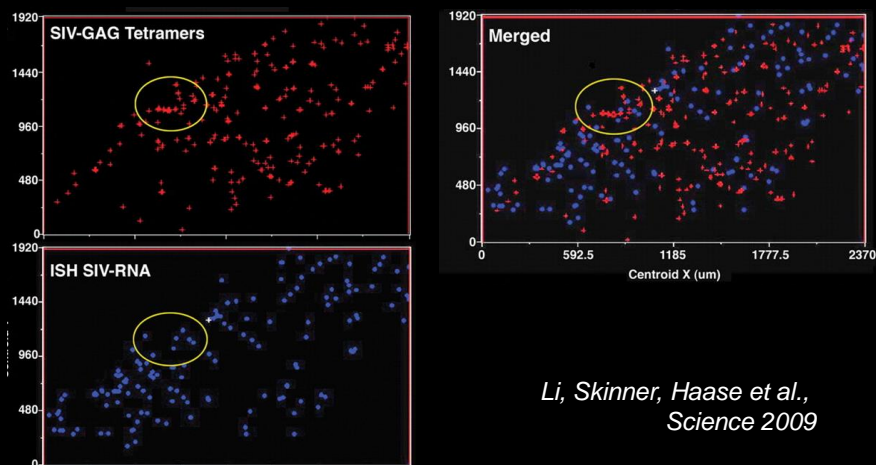
Vol. 79, No. 14

CD8⁺ T-Lymphocyte Response to Major Immunodominant Epitopes after Vaginal Exposure to Simian Immunodeficiency Virus: Too Late and Too Little

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 Zhong-Min Ma,^{4,5,6} Lara Compton,^{4,5,6} Gnankang Napo,¹ Nancy Wilson,¹
 Christopher J. Miller,^{4,5,6} Ashley Haase,^{7*}
 and David I. Watkins^{1,2*}

- SIVmac model: Responses in mucosal tissues lagged behind the development of viremia following vaginal challenge
- Notably, SIV-specific CD8⁺ T-cell responses in gut were significantly delayed, likely contributing to the massive CD4⁺ T-cell depletion observed in the gut
- *“Too Little, Too Late” implies that “more, sooner” would be better (→ mucosal vaccination)*

“The Battlefield”: Host-vs-Virus conflict

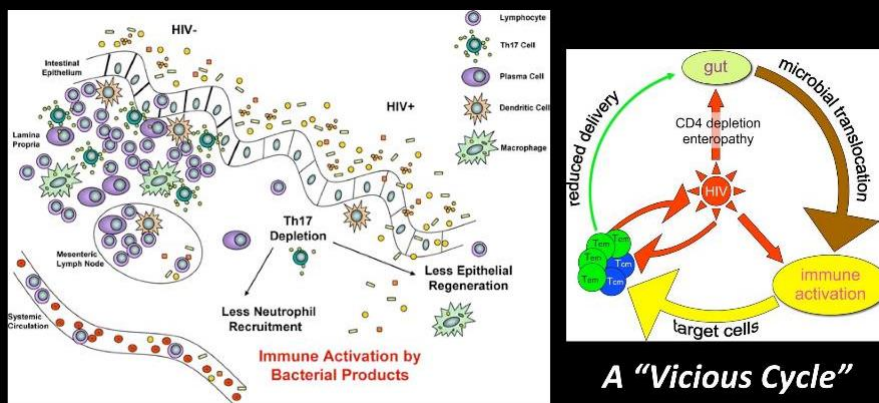


*Li, Skinner, Haase et al.,
 Science 2009*

In vivo effector:target ratio determines outcome

However, other work suggests a potential role for CD8+ T-cells in mucosal barrier compromise

Early Events in the GI Tract



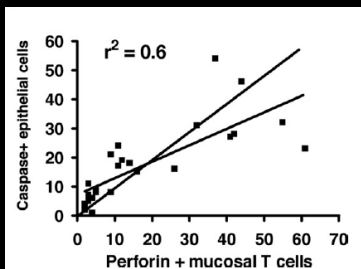
Hofer and Speck, 2009; Douek et al., 2009

Early Events in the GI Tract

- Depletion of CD4+ T-cells, particularly Th17
 - Leads to intestinal barrier compromise
 - (Brenchley, Douek)
 - Increased microbial translocation
 - Generalized immune activation
- *Infiltration and/or expansion of CD8+ T-cells, inversion of CD4:CD8 ratio in gut*
 - *Could this conceivably contribute to barrier compromise?*

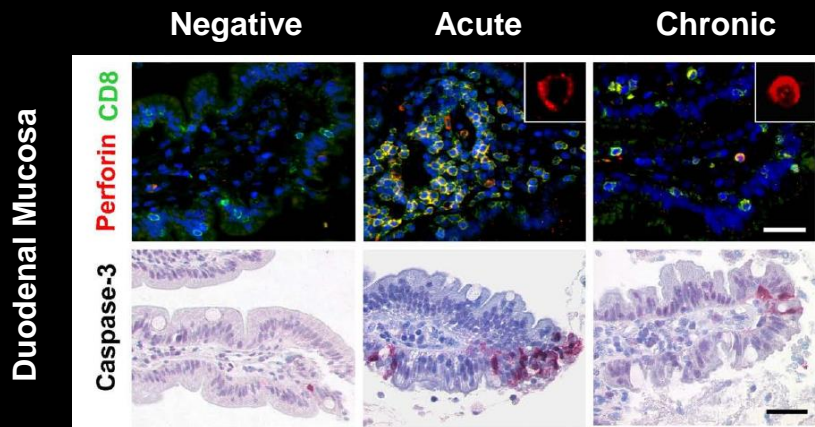
A Role for CD8+ T-cells in Barrier Compromise During Acute Infection?

- *“Before depleting CD4+ T-cells, acute HIV infection induces infiltration of the mucosa with activated effector CD8+ T-cells. The HIV-induced barrier defect...might arise from increased epithelial apoptosis, induced by perforin-positive mucosal cytotoxic T cells.”*



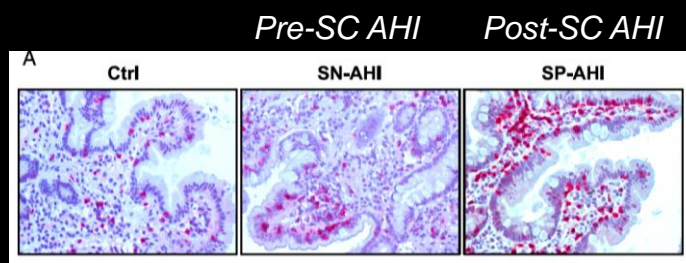
*Epple et al.,
Gastroenterology 2010*

A Role for CD8+ T-cells in Acute Stage Gut Epithelial Barrier Damage?

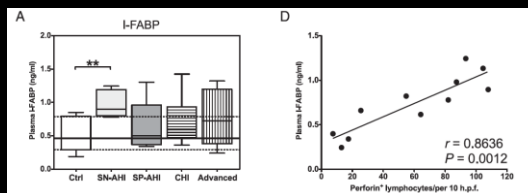


Eple et al., Gastroenterology 2010

Perforin⁺ CD8⁺ T-cells Are Recruited From Periphery During Acute Infection

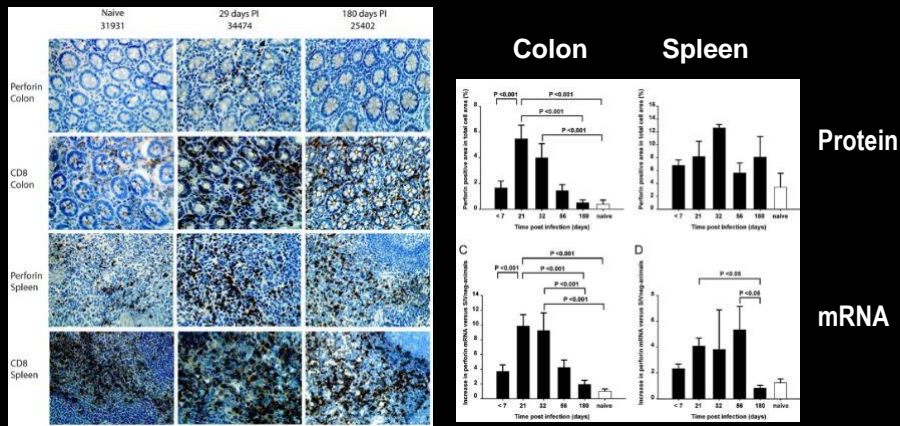


- Perforin correlates with plasma I-FABP, a marker of immune activation



Allers et al., JI 2017

In SIVmac, perforin expression in colorectal CD8+ T-cells is limited to acute infection



- Gut perforin may be tightly regulated to preserve barrier integrity and limit ‘collateral damage’

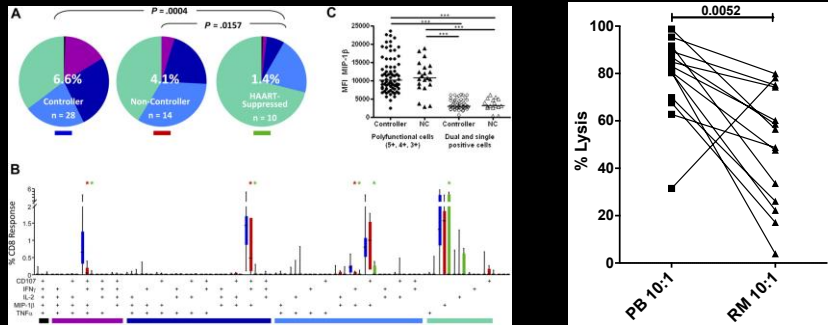
Quigley et al., J. Virol. 2006

2) What is the “balance” between cytotoxic capacity and cytokine polyfunctionality?

- Cytotoxicity vs cytokine polyfunctionality?
- Strong polyfunctional responses are detected in HIV Controllers
- BUT low perforin expression and weak cytotoxicity are observed in all groups

What is the balance between cytotoxic capacity and cytokine polyfunctionality?

- *Strong polyfunctional responses in Controllers; low perforin expression and weak cytotoxicity in all groups*



Ferre et al., Blood 2009

Kiniry et al., Mucosal Immunology 2017

What are the mucosal expression patterns of other cytotoxic effector proteins?

GRANZYMES: Serine proteases found in cytotoxic granules

GrzA: caspase-independent cell death

GrzB: caspase-dependent cell death (cleaves caspase-3)

Both have a possible role in degrading extracellular matrix

“Orphan” Granzymes:

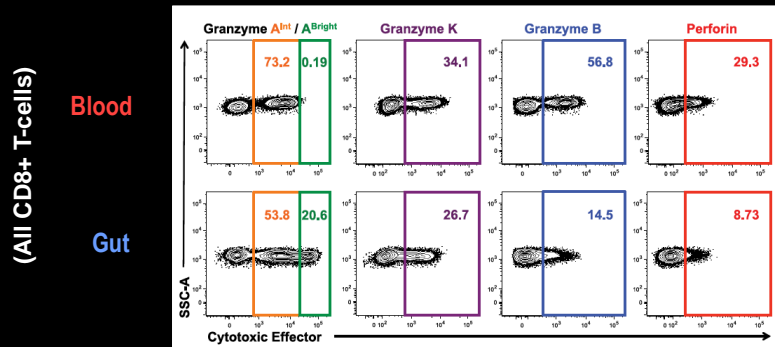
GrzK: gene duplication of GrzA; proinflammatory (monocyte activation)

GrzM: present in NK and $\gamma\delta$ T cells

GrzH: possible caspase-independent cell death

Granulysin: Killing of intracellular bacteria (Lieberman 2014)

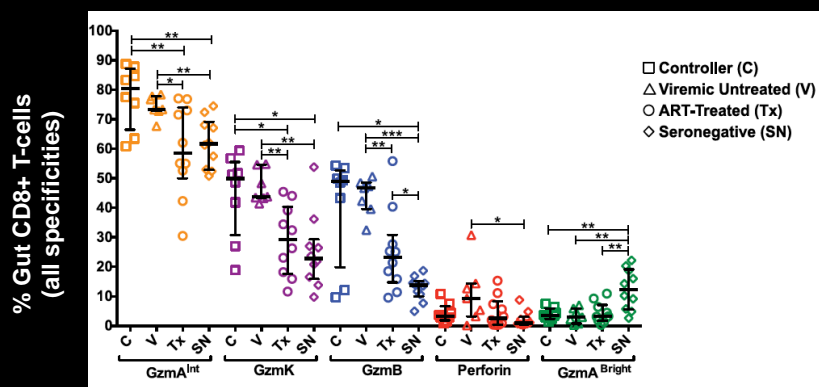
Granzyme/Perforin expression varies between tissues...



- Higher expression of granzymes and perforin in blood vs gut
- Also true at mRNA level (not shown)
- Novel Granzyme A^{high} subset present only in gut

Kiniry et al., J Immunol 2018

...and also varies between participant groups

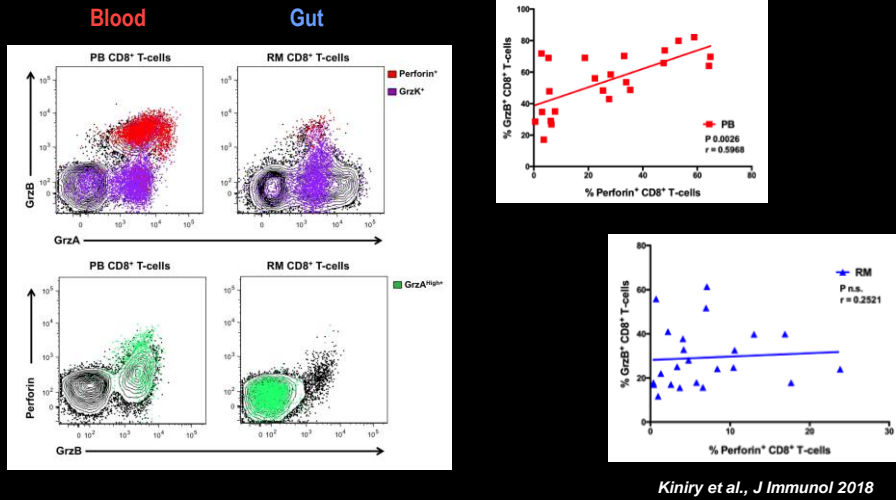


- Note relatively low perforin, high GzmaA/B in Controllers and Viremic untreated participants;
- High Gzma^{bright} in Seronegatives

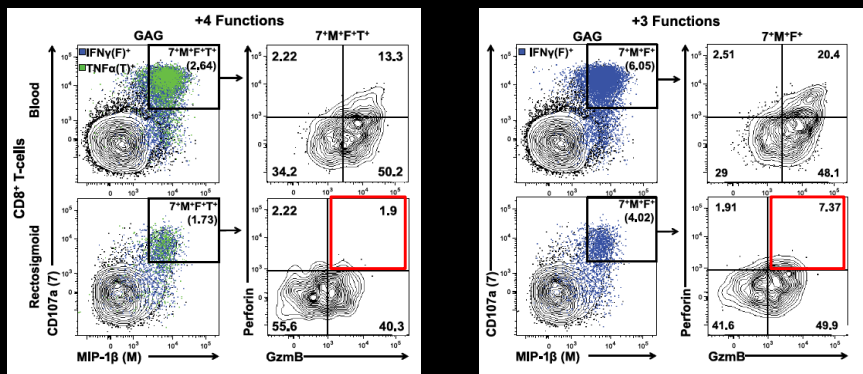
Kiniry et al., J Immunol 2018

Co-expression of cytotoxic proteins differs between blood and gut:

Perforin and GrzB expression are strongly correlated in blood, but not in gut



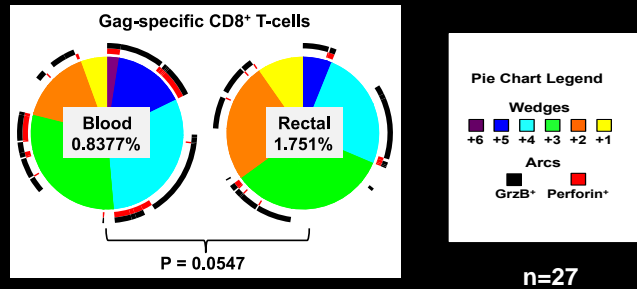
In Gut, Cytokine Polyfunctionality Does Not Imply Cytotoxic Capacity



- In Gut (but not blood), few HIV-specific “polyfunctional” cells express perforin

Kiniry et al., J Immunol 2018

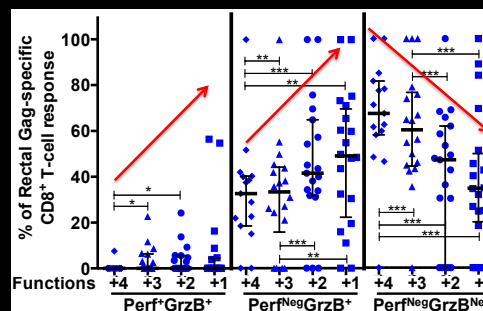
In gut: apparent dissociation between cytokine polyfunctionality and perforin expression



*Functions tested here: TNF α , IFN γ , MIP-1 β , CD107a

Kiniry et al., J Immunol 2018

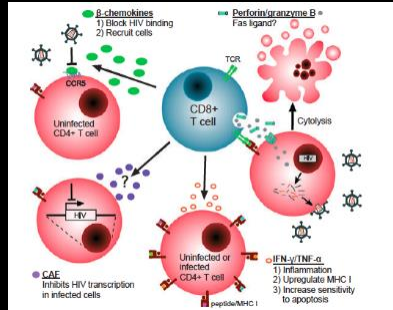
In gut: apparent dissociation between cytokine polyfunctionality and perforin expression



Functions tested here: TNF α , IFN γ , MIP-1 β , CD107a

Kiniry et al., J Immunol 2018

Are mucosal CD8+ T-cells primarily *non-cytolytic* effectors?



Or, are there multiple subsets with different functions?

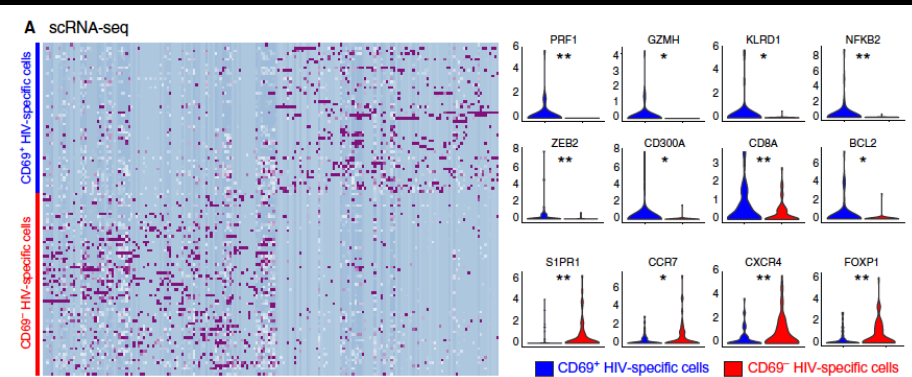
SCIENCE IMMUNOLOGY | RESEARCH RESOURCE

HIV

Identification and characterization of HIV-specific resident memory CD8⁺ T cells in human lymphoid tissue

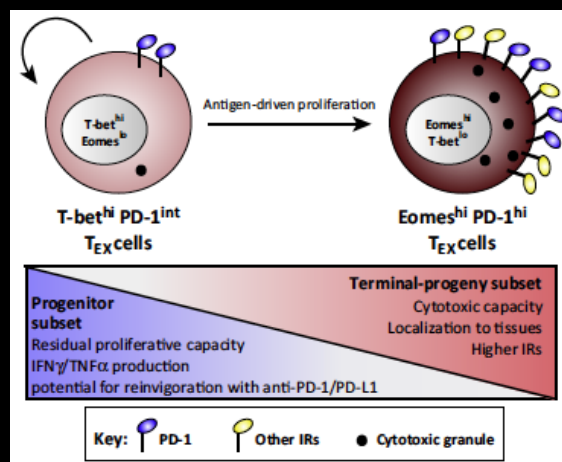
Buggert et al., *Sci. Immunol.* 3, eaar4526 (2018) 1 June 2018

Within the HIV-specific CD8+ T-cell population, CD69+ and CD69- differ in transcriptional signatures



(3) Does immune exhaustion play a role in the failure to clear HIV from mucosal tissues?

Persistent antigen and chronic inflammation lead to “exhausted” Eomes^{High}/PD1^{High} cells

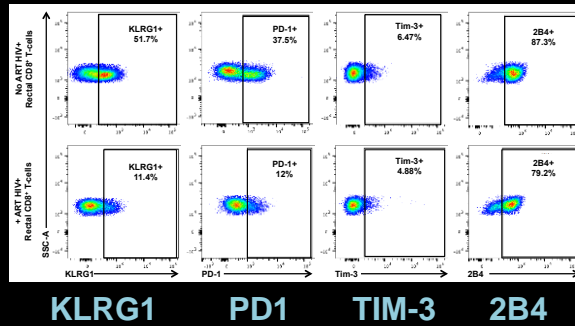


Pauken, K.E. & Wherry, E.J. Trends Immunol. 2015. doi: 10.1016/j.it.2015.02.008

Do some HIV-specific mucosal CD8+ T-cells exhibit characteristics of 'exhaustion'?

NO ART

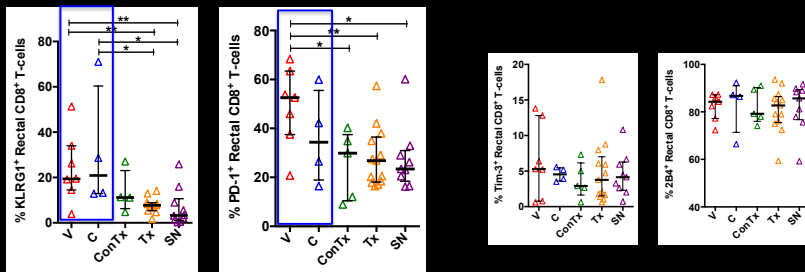
ART



Expression of *KLRG1* and *PD1* is elevated on rectal CD8+ T-cells in viremic and controller groups compared to ART-Tx and seronegative groups.

B. Kiniry, in preparation

Do some HIV-specific rectal CD8+ T-cells exhibit characteristics of 'exhaustion'?

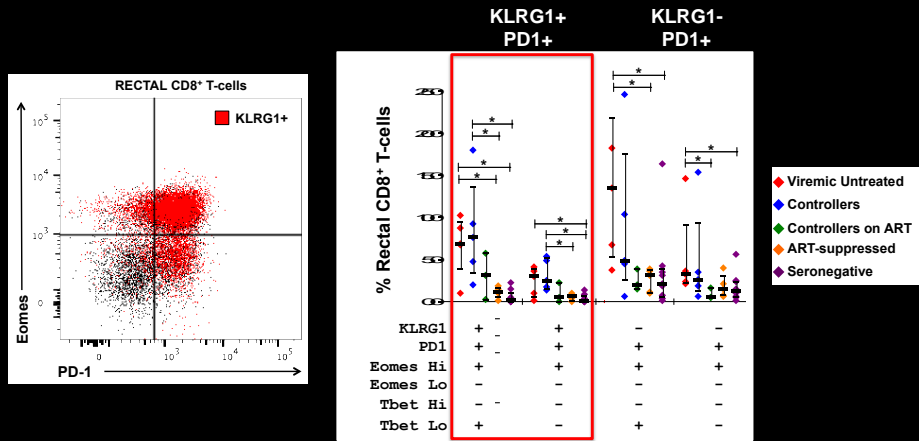


Expression of *KLRG1* and *PD1*, but not *Tim3* or *2B4*, is elevated on rectal CD8+ T-cells in viremic and controller groups compared to ART-Tx and seronegatives

- ◆ Viremic Untreated
- ◆ Controllers
- ◆ Controllers on ART
- ◆ ART-suppressed
- ◆ Seronegative

B. Kiniry, in preparation

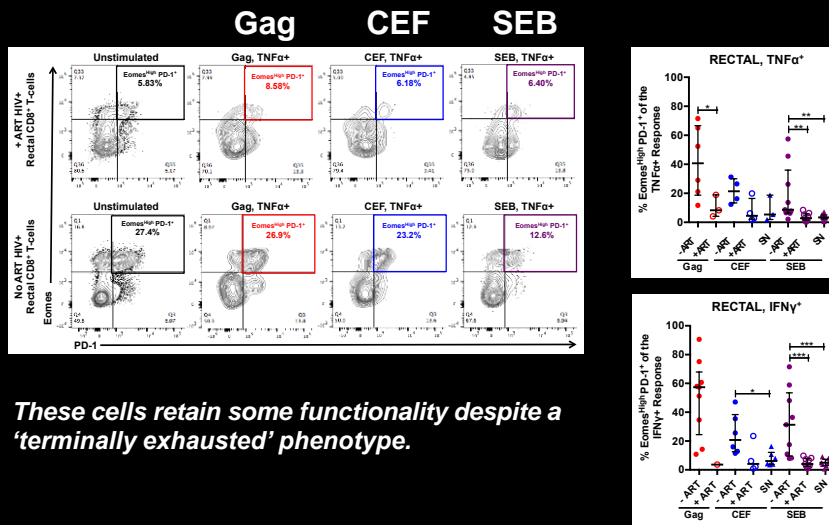
KLRG1+/PD1+ mucosal CD8+ T-cells are Eomes^{High}, suggestive of exhaustion



Co-expression of these molecules is high in participants not on ART compared to treated and seronegative subjects

B. Kiniry, in preparation

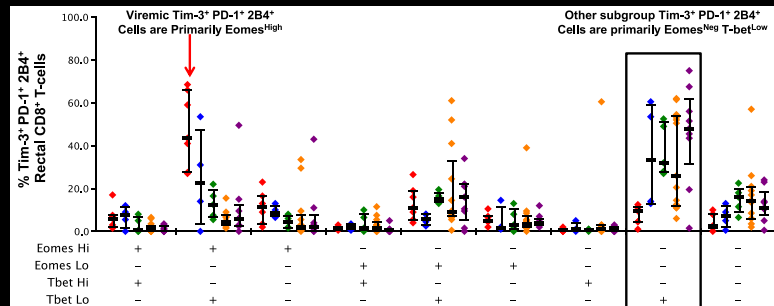
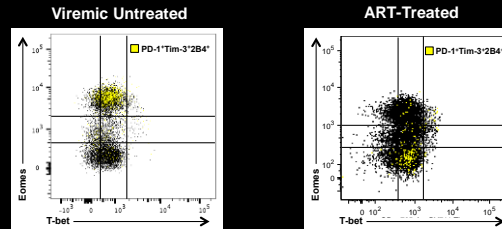
Antigen-specific gut CD8+ T-cells in untreated HIV infection are skewed towards an Eomes^{High} PD1+ phenotype



These cells retain some functionality despite a 'terminally exhausted' phenotype.

B. Kiniry, in preparation

Tim3+PD1+2B4+/Eomes^{high} cells are primarily found in viremic individuals not on ART



B. Kiniry, in preparation

Summary

- Gut CD8⁺ T-cells express significantly less perforin and reduced cytotoxic capacity compared to their blood counterparts; however, there is an influx of perforin-expressing CD8⁺ T-cells during acute infection. Data from one group suggest these cells may contribute to epithelial damage and immune activation.
- Only a small percentage of gut CD8⁺ T-cells appear to have cytotoxic capacity; however, cytokine polyfunctionality is common particularly in HIV Controllers. Transcriptomics studies may elucidate distinct functional subsets.
- Immune exhaustion appears to be a characteristic of gut CD8⁺ T-cells in chronic HIV infection; nevertheless, these cells retain some ability to secrete cytokines and degranulate in response to stimulation.

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