

Vaccines for Prevention & Vaccines for Treatment

Hot Topics in HIV

Vaccines, immune recovery and eradication

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Conflicts of interest

BM is co-inventor of the HTI T-cell immunogen (PCT/EP2013/051596) on clinical development

BM has received consulting fees from AELIX Therapeutics SL & AbbVie, and for scientific communications from Gilead, Janssen & ViiV Healthcare



Preventive & Therapeutic Vaccines

Studies/Clinical Trials in PWH
can inform Preventive Vaccines



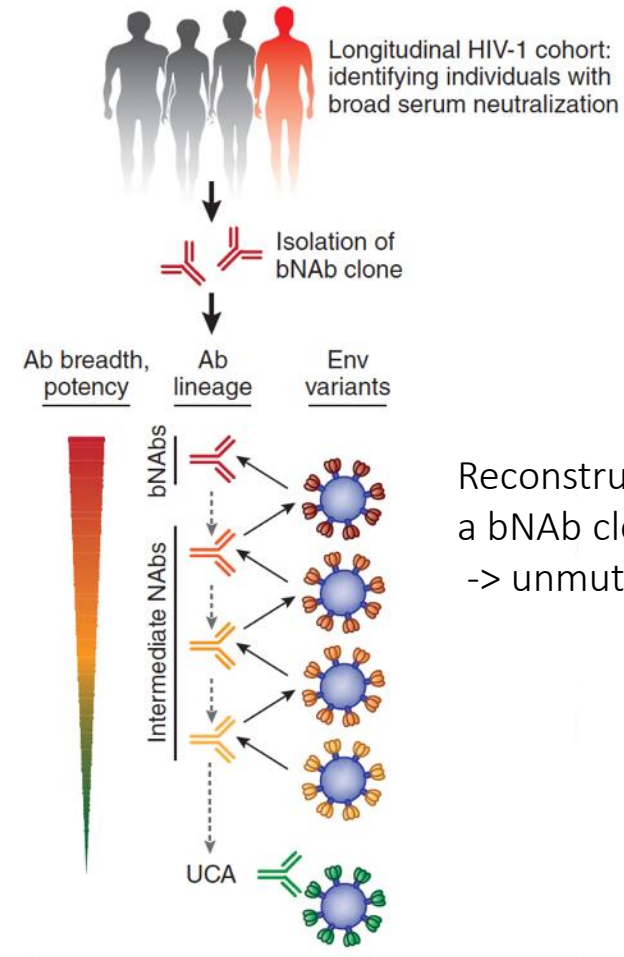
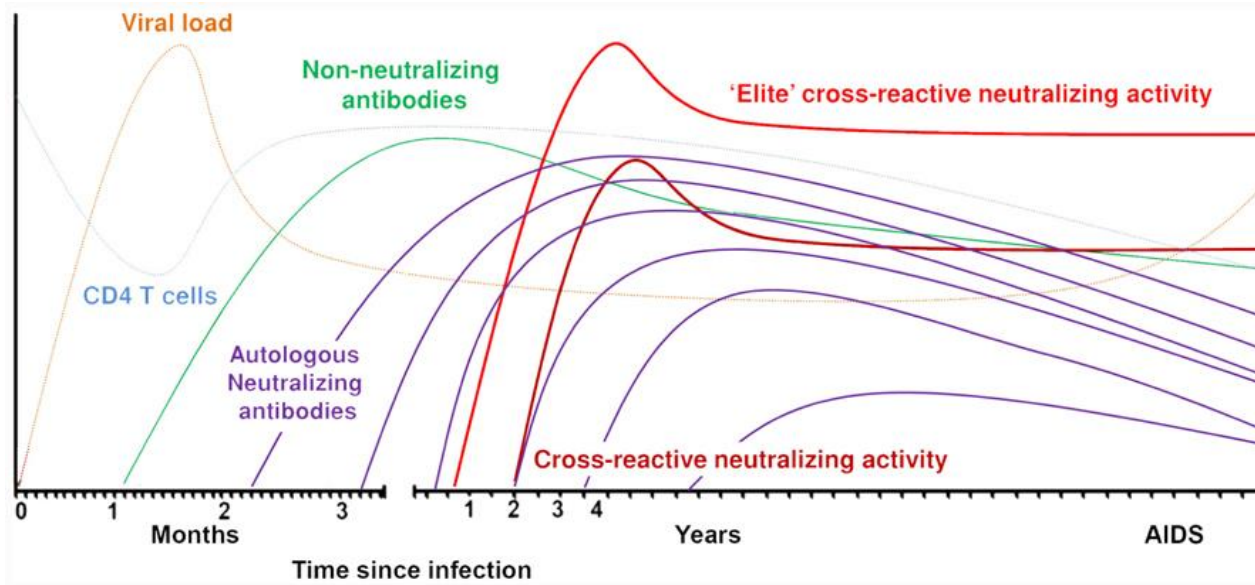
Advances in Prevention inform
Therapeutic Vaccines

Vaccines inducing both B & T cells
will be needed for both
Prevention & Cure Strategies



Vaccines for Prevention

- Current bNAb vaccine development is driven by immunobiology of PWH who make bNAbs.



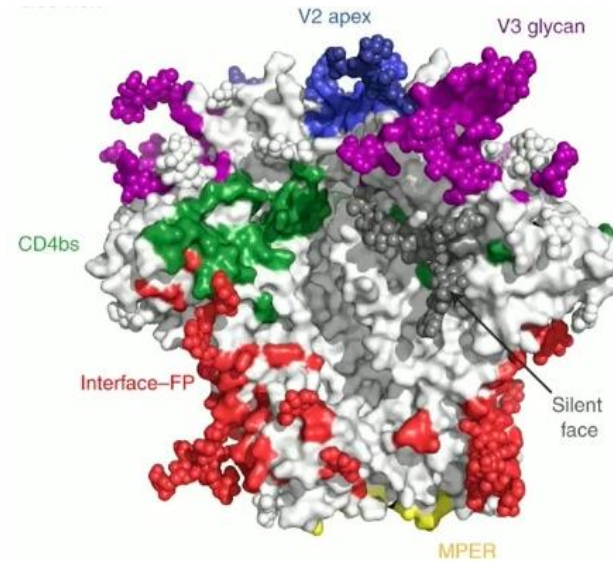
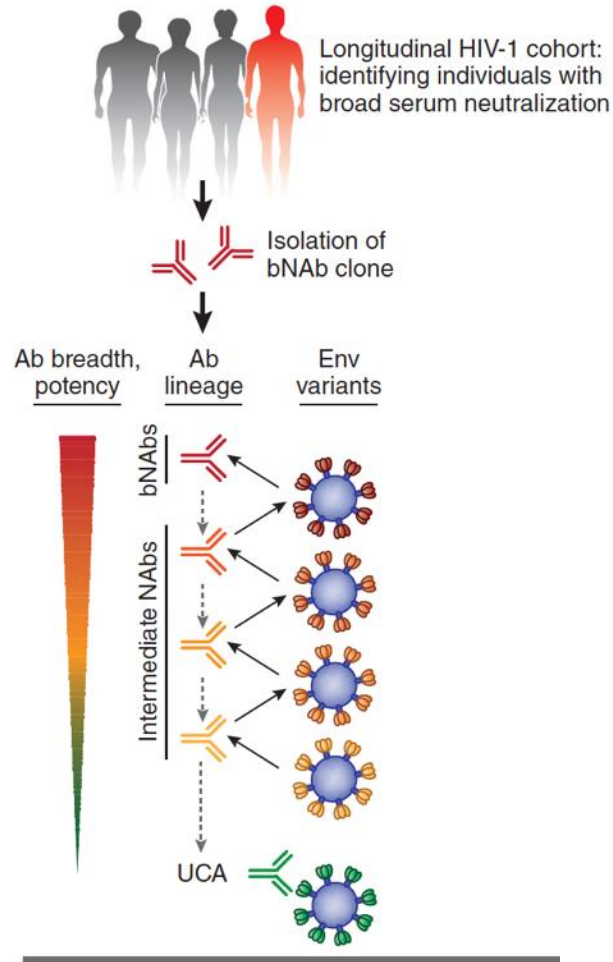
■ BEDSIDE TO BENCH

Tracking the development of broadly neutralizing antibodies

Henning Gruell & Florian Klein

Vaccines for Prevention

- Current bNAb vaccine development is driven by immunobiology of PWH who make bNAbs.

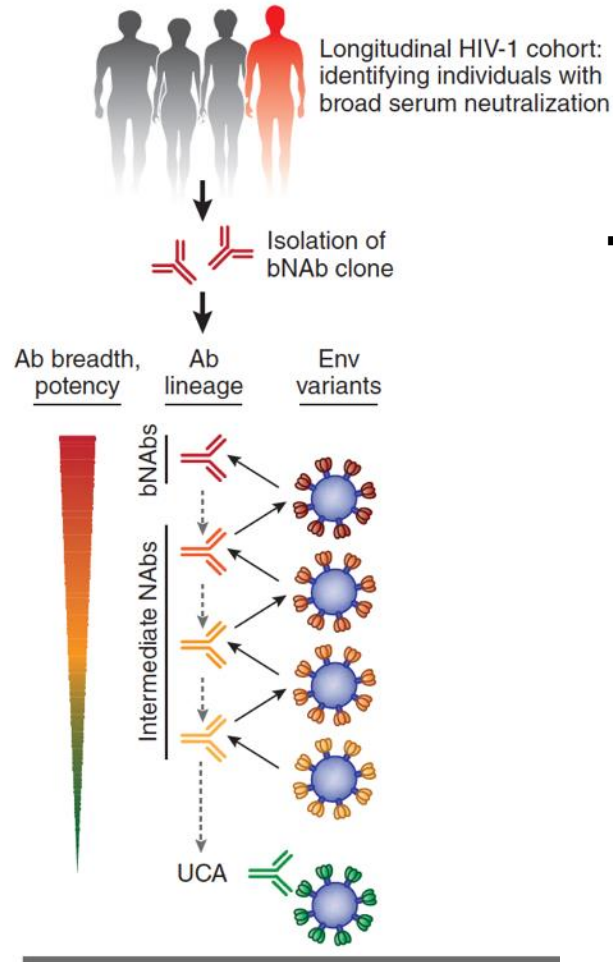


Unique properties across 6 classes of bNAbs:

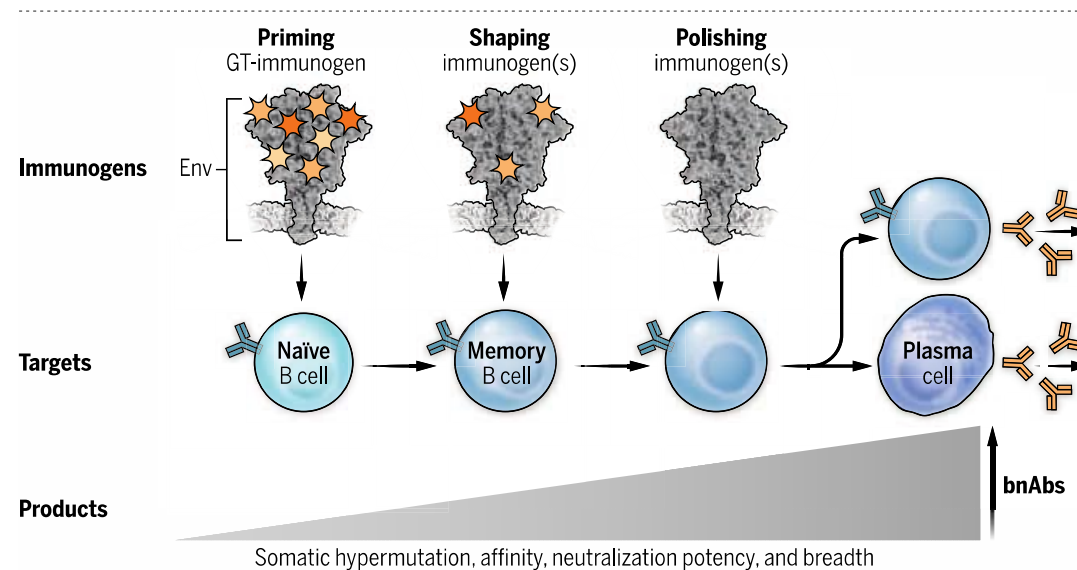
- Rare germ-line precursors
- Extensive somatic hypermutation & CDR length
- Can take years to develop, few bNAbs described weeks after acute/early HIV

Vaccines for Prevention

- Current bNAb vaccine development is driven by immunobiology of PWH who make bNAbs.



→ Reverse vaccinology : ‘Germ-line’ targeting immunogens to engage the UCA, initiate B cell maturation towards bNAb development

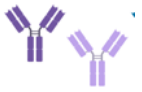




Vaccines for Prevention

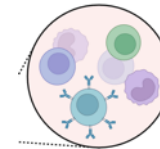
Tackling the viral diversity will need to go along with an HIV-specific 'ready-to-go' immune response able to eliminate virus harboring cells and abort infection or induce viral control in those breakthrough infections

bNAbs



- Passive infusion to 2-3 different epitopes : **AMP trials**
- bNAb inducing vaccines : Germ-line targeting approaches

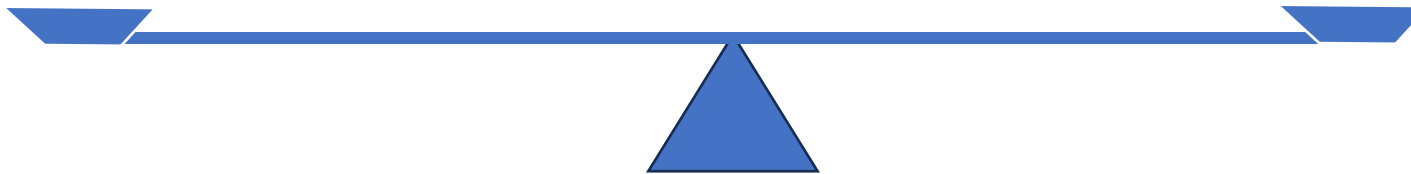
T-cells



Immune Response

- Cover diversity
- Cytotoxicity / functionality
- Location : at site of infection
- NK function / CD4 T help
- MHC-E restricted?

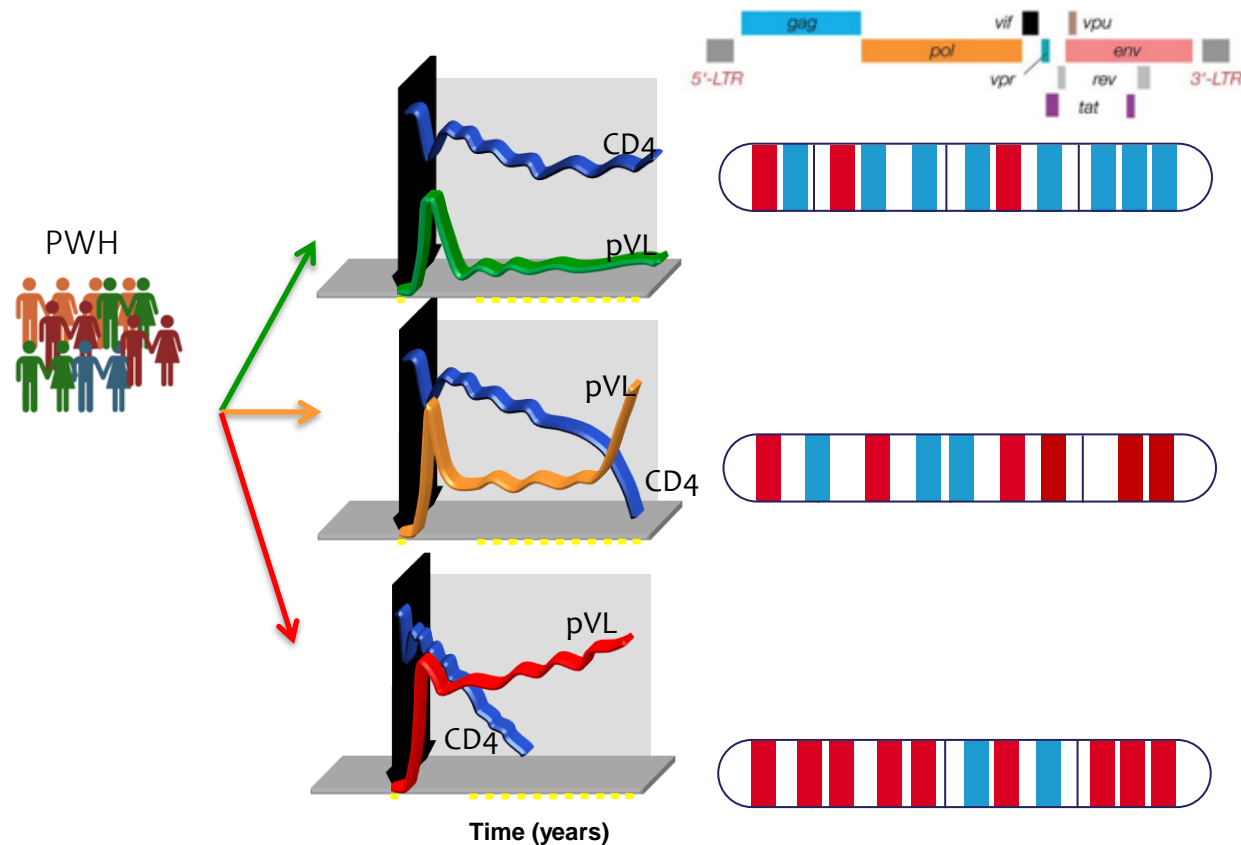
Viral Diversity





Vaccines for Treatment (HTI)

- The HIVACAT T-cell immunogen (HTI) driven by human immune data : designed to redirect T-cell immune responses to HIV beneficial regions of HIV identified by high resolution screening in > 1,000 untreated PWH with variable viral loads.

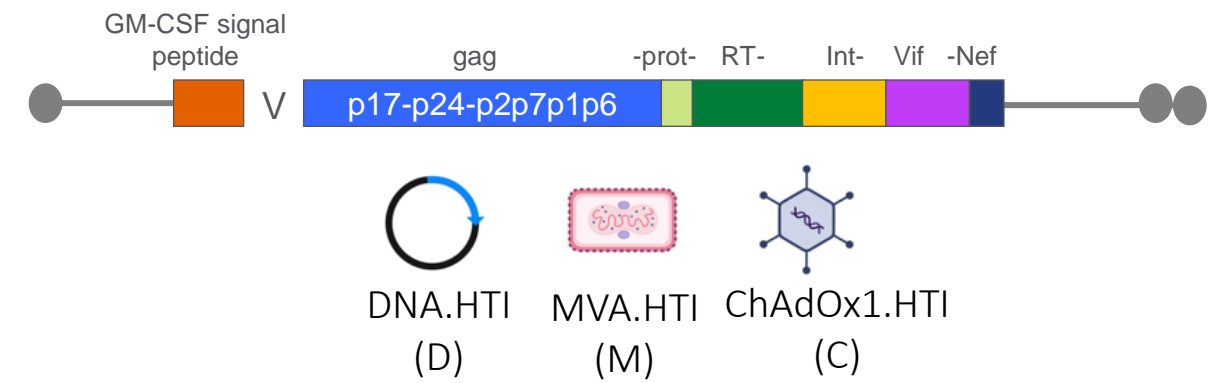
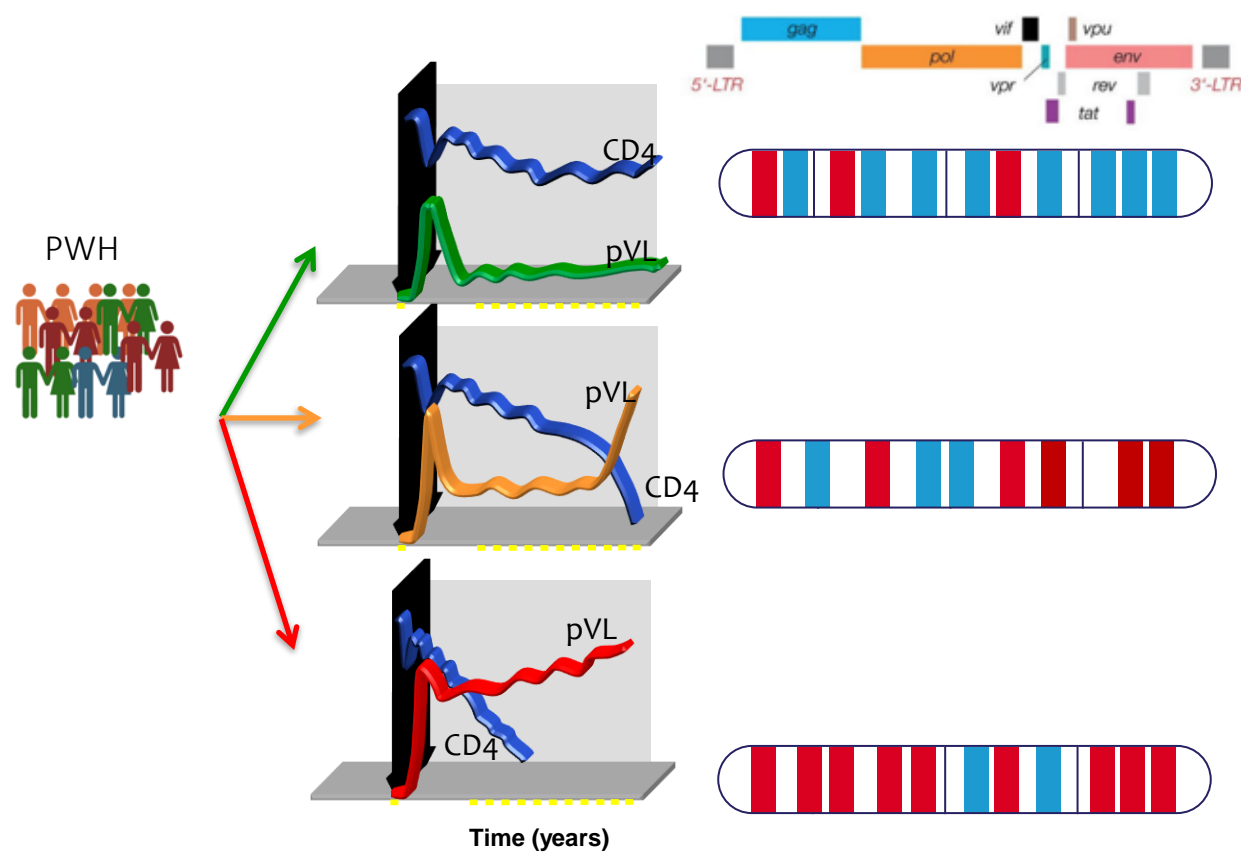


- Functional avidity
- Suppressive Capacity
- HLA coverage
- Conservation
- Subtypes



Vaccines for Treatment (HTI)

- The HIVACAT T-cell immunogen (HTI) driven by human immune data : designed to redirect T-cell immune responses to HIV beneficial regions of HIV identified by high resolution screening in > 1,000 untreated PWH with variable viral loads.





HTI vaccines

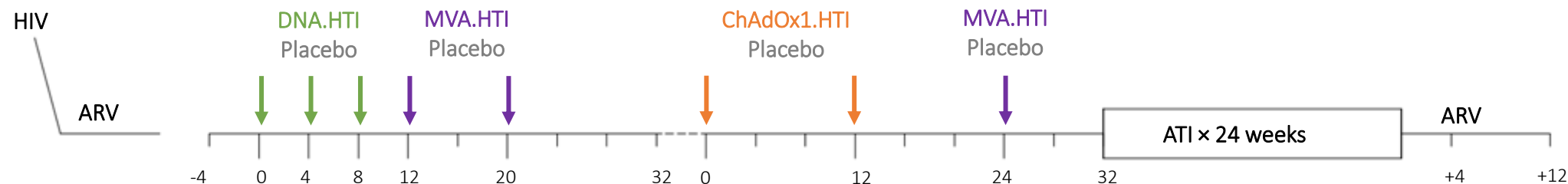
AELIX-002
NCT03204617

RCT, placebo
controlled

DDMM – CCM

N = 45, 2:1
randomization

Completed



nature medicine

Article

<https://doi.org/10.1038/s41591-022-02060-2>

Safety, immunogenicity and effect on viral rebound of HTI vaccines in early treated HIV-1 infection: a randomized, placebo-controlled phase 1 trial

- HTI vaccines safe & highly immunogenic in early –ART
- Both CD4 and CD8 T cells induced
- Polyfunctional T cells
- Good coverage of pre-ART (reservoir) viruses
- Ex-vivo viral inhibition to autologous virus

✓ Frequencies of HTI-specific T cells associated with improved viral control (longer time off ART and lower pVL)

✗ No differences reduction in total or intact proviral DNA



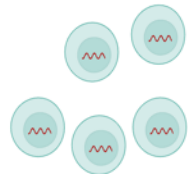
Functional Cure (ART-free remission)

Tackling the viral reservoir will need to go along with a boosted immune response able to eliminate virus harboring cells and contain virus rebound

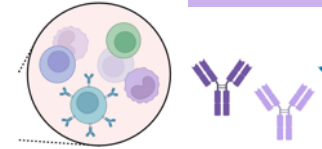
APPROACHES

- Early ART (limit size & diversity)
- Reverse Latency (Ag expression)
- Block & Lock (induce stemness)

Viral Reservoir



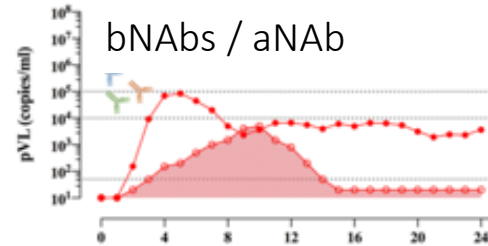
Immune Response



APPROACHES

- Increase breadth / Depth
- Escape coverage
- Specificity / Dominance patterns
- Increase cytotoxicity / functionality
- Reverse exhaustion
- Migration (B cell follicle)
- Enhance NK function / CD4 T help

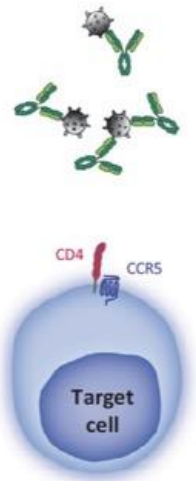
→ T cell vaccine backbone



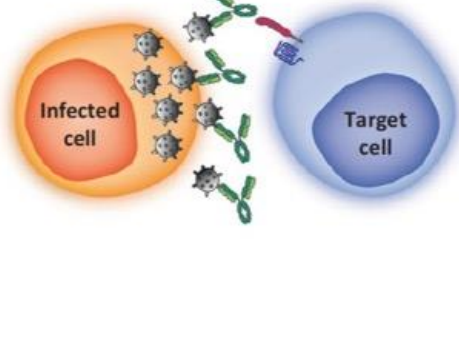
Capture released viruses and slow down viral recrudescence to 'facilitate' CTL to work (in addition to potential vaccinal effect)

bNAbs (not only bN) – vaccinal effect

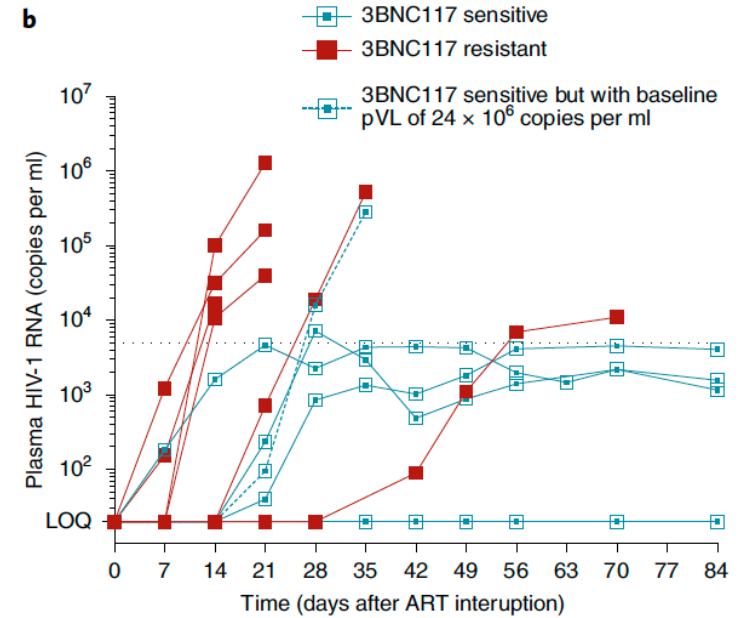
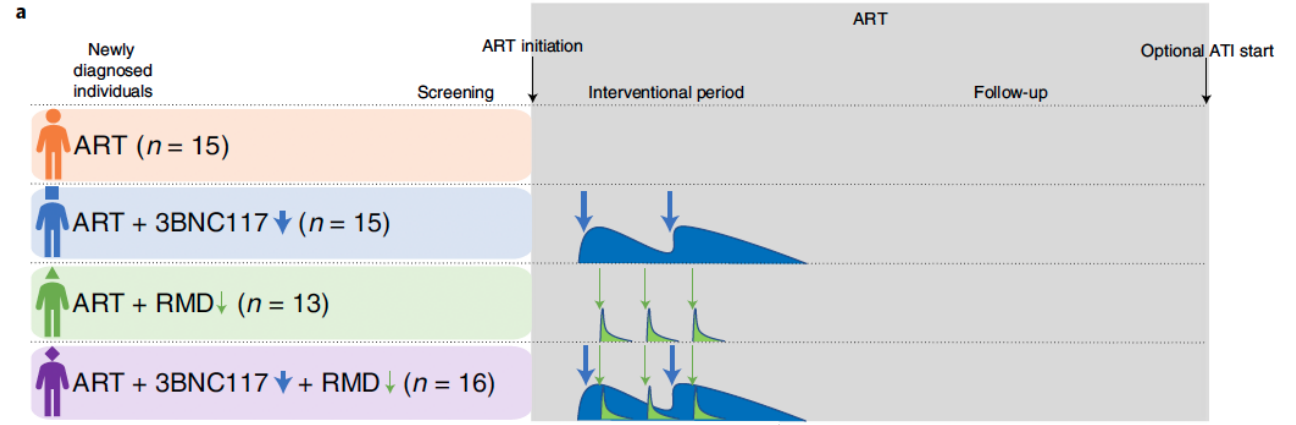
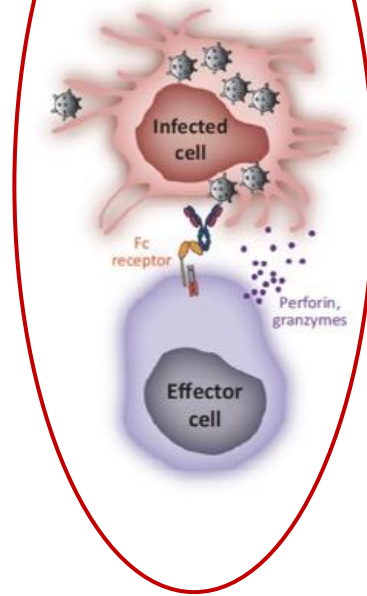
Cell-free viral neutralization



Inhibition of cell-to-cell viral spread



Fc-dependent antiviral activity





Role of Ab in AELIX-002?

KINATI: humoral responses triggered during the ATI?

Same as pre-ART?

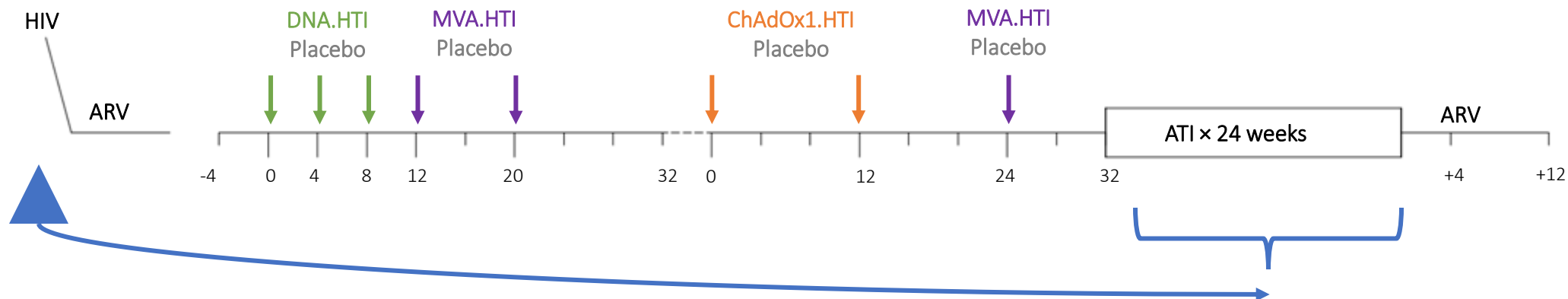
AELIX-002
NCT03204617

RCT, placebo
controlled

DDMM – CCM

N = 45, 2:1
randomization

Completed





KINATI substudy

What humoral responses were triggered during the ATI?
Same as pre-ART?

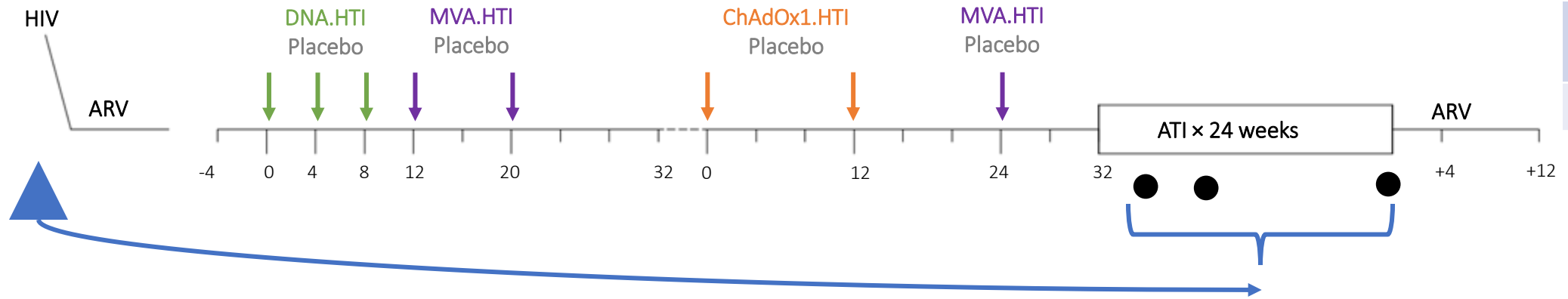
AELIX-002
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RCT, placebo
controlled

DDMM – CCM

N = 45, 2:1
randomization

Completed



Pre-ART : closest time to ART initiation
during acute/early HIV

ATI-Rc : closest time to viral recrudescence ($pVL >50$ & <500)
ATI-Peak : closest time to peak viremia
ATI-End : last timepoint of ATI at ART resumption



KINATI substudy

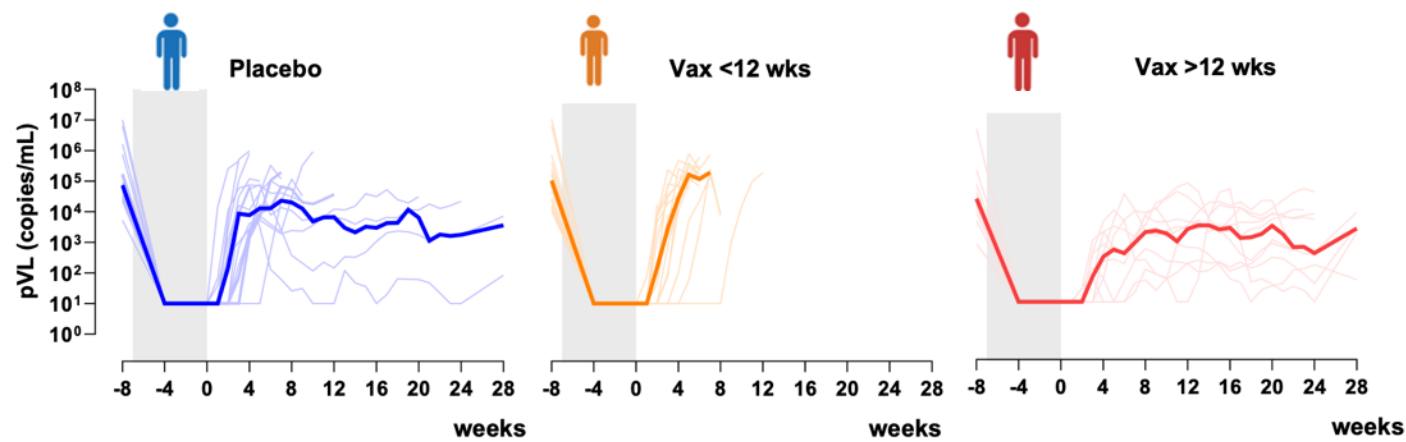
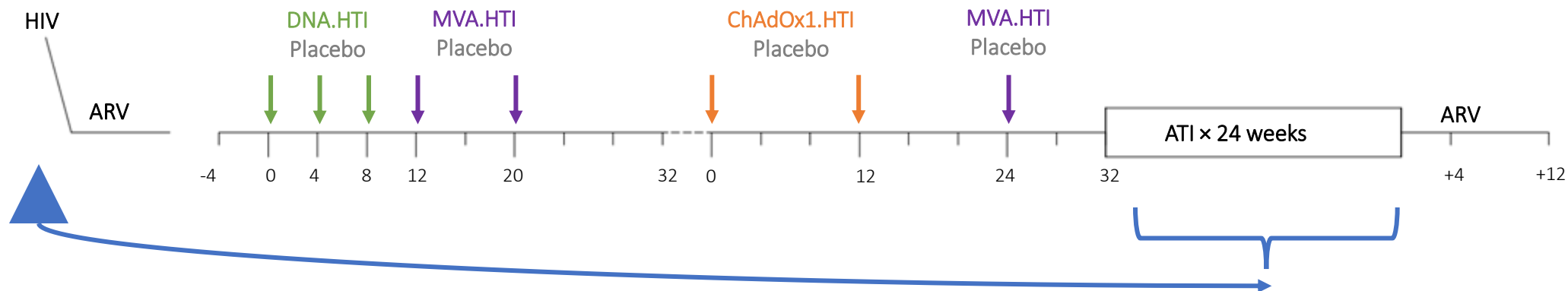
AELIX-002
NCT03204617

RCT, placebo
controlled

DDMM – CCM

N = 45, 2:1
randomization

Completed





KINATI – B cells

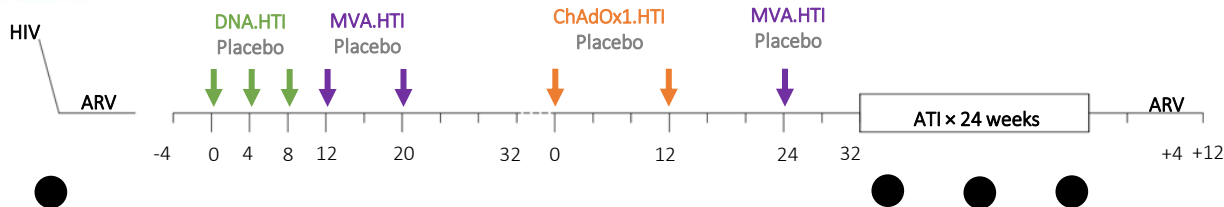
AELIX-002
NCT03204617

RCT, placebo controlled

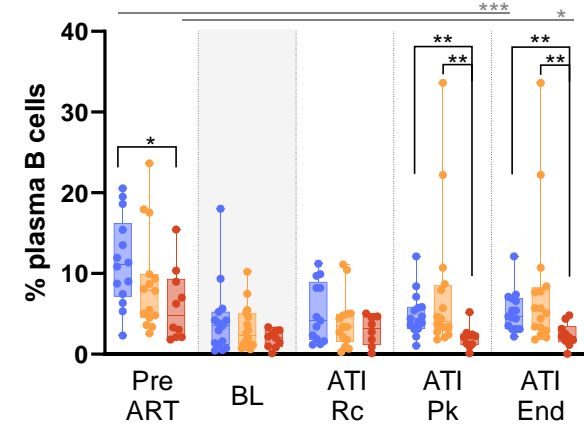
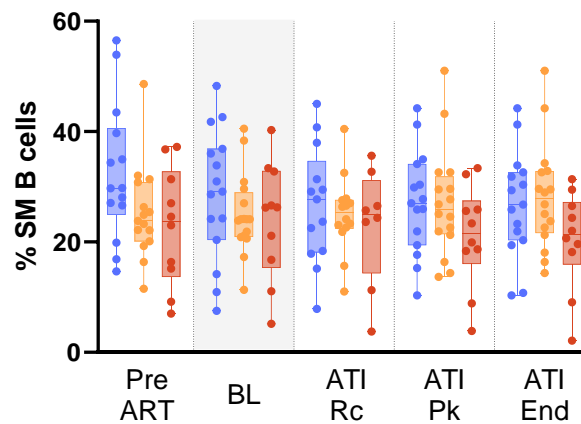
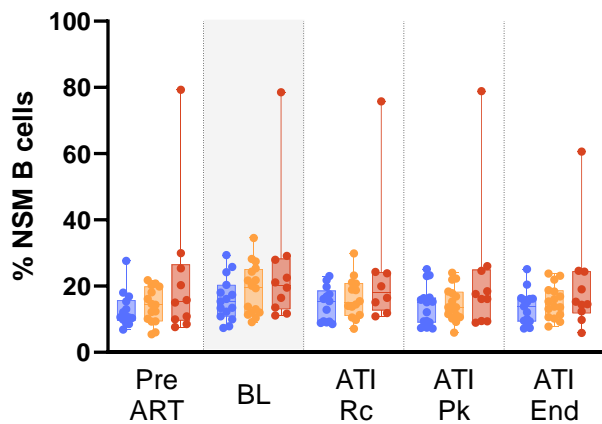
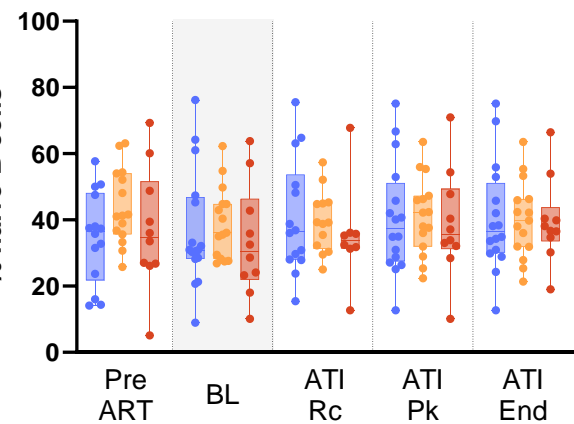
DDMM – CCM

N = 45, 2:1 randomization

Completed



Legend: █ Placebo █ Early resumer (<12w off ART) █ Late resumer (>12w off ART)



- Plasma B cells are reduced upon ART suppression, that increase after ATI but to a lesser extent than preART
- Lower frequencies of plasma B cells at the end of ATI in those that remain off ART >12 weeks



KINATI – B cells

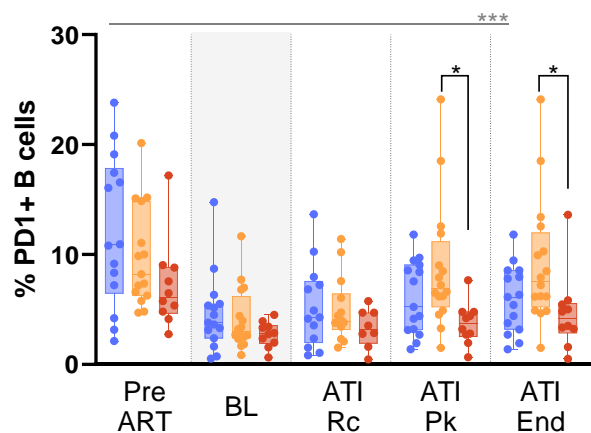
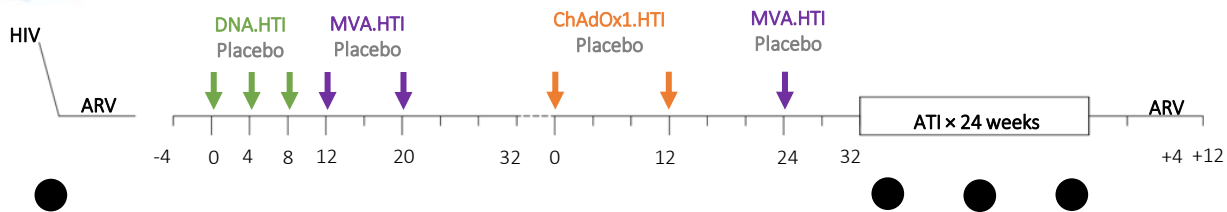
AELIX-002
NCT03204617

RCT, placebo
controlled

DDMM – CCM

N = 45, 2:1
randomization

Completed



- Lower frequencies of activated B cells at the end of ATI (vs pre-ART), specially in those that remain off ART >12 weeks
- Levels of activation at the End of ATI highly correlated with pre-ART levels

KINATI - aNAbs

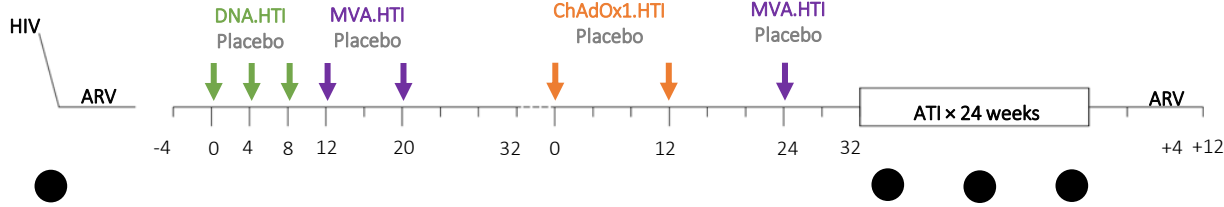
AELIX-002
NCT03204617

RCT, placebo controlled

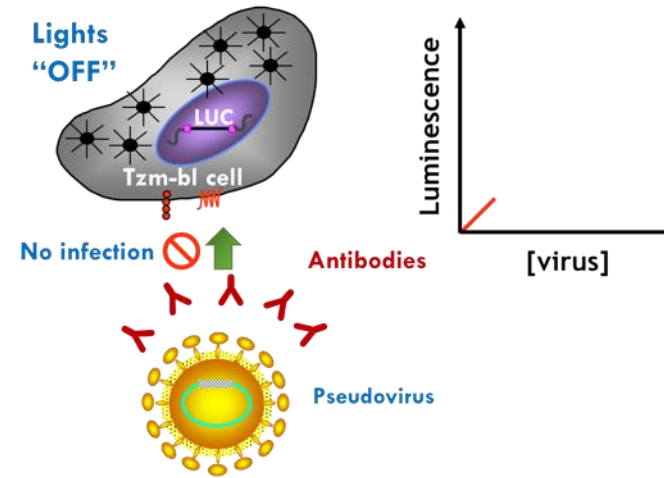
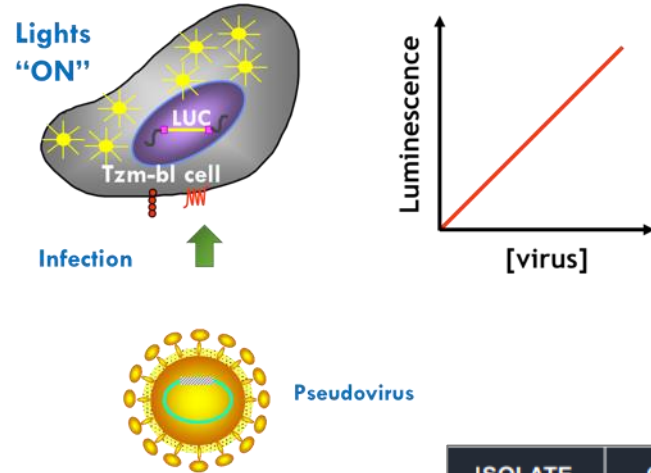
DDMM – CCM

N = 45, 2:1 randomization

Completed



Days since HIV acquisition
63 (6, 140)



ISOLATE	CLADE	TIER
NL4.3	B	1
TRO.11	B	2
CE1176	C	2
25710	C	2
398F1	A	2
CNE8	CRF01	2

+ Autologous pre-ART HIV
(n=39 participants)



KINATI - aNAbs

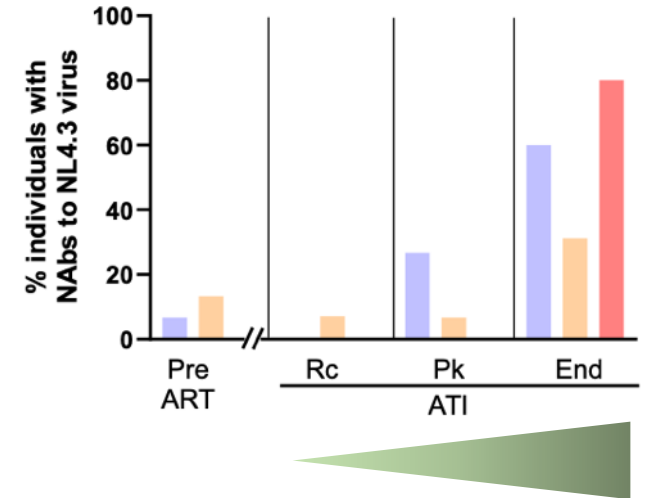
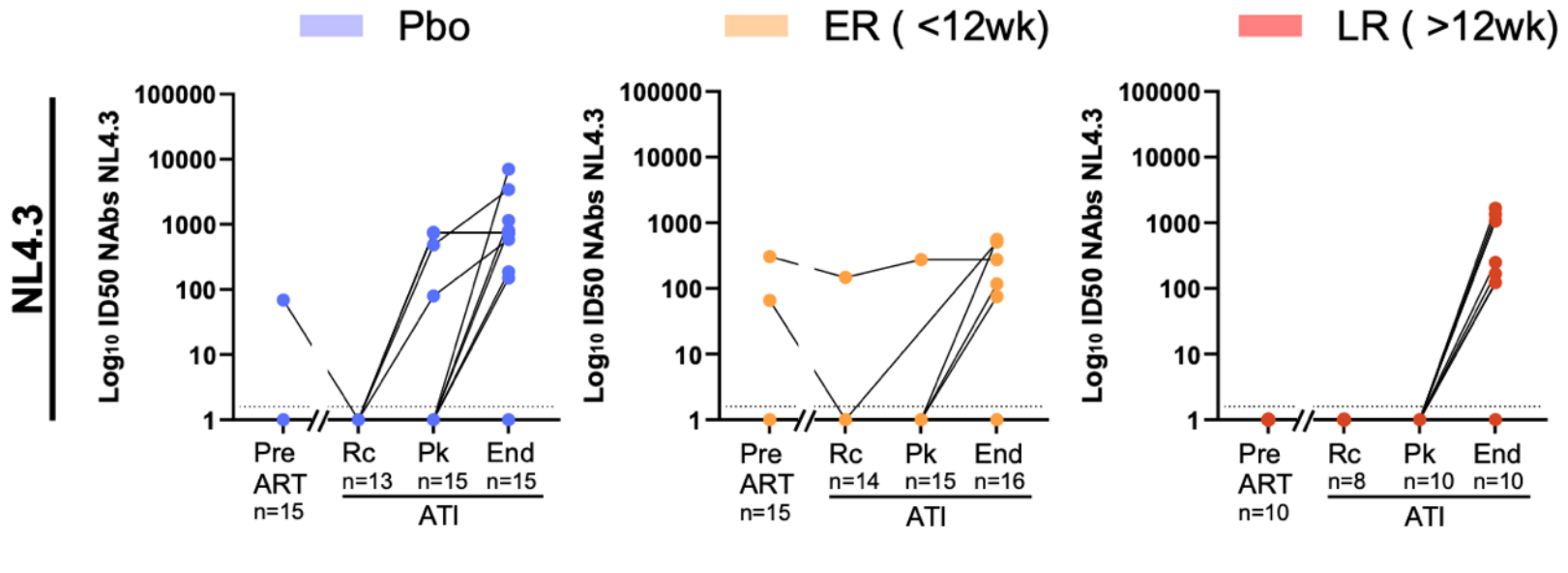
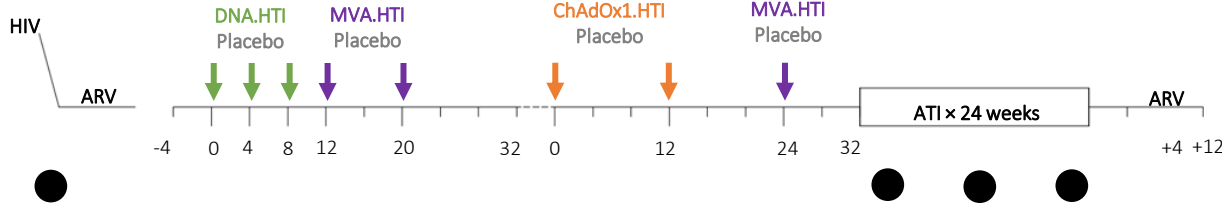
AELIX-002
NCT03204617

RCT, placebo controlled

DDMM – CCM

N = 45, 2:1 randomization

Completed



- Few neutralization detected in early-ART PWH
- Progressive neutralization during the ATI, but NOT at moment of viral recrudescence/peak viremia



KINATI - aNAbs

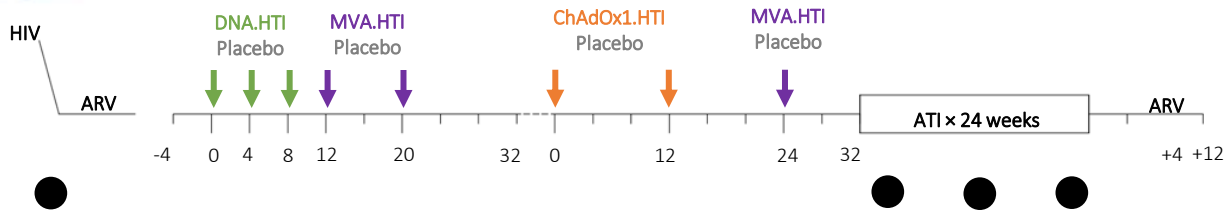
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NCT03204617

RCT, placebo
controlled

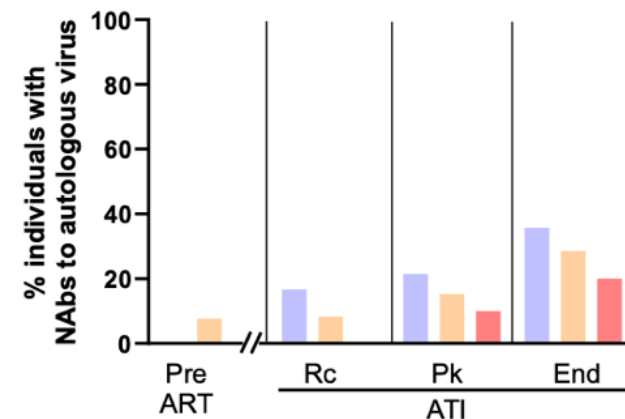
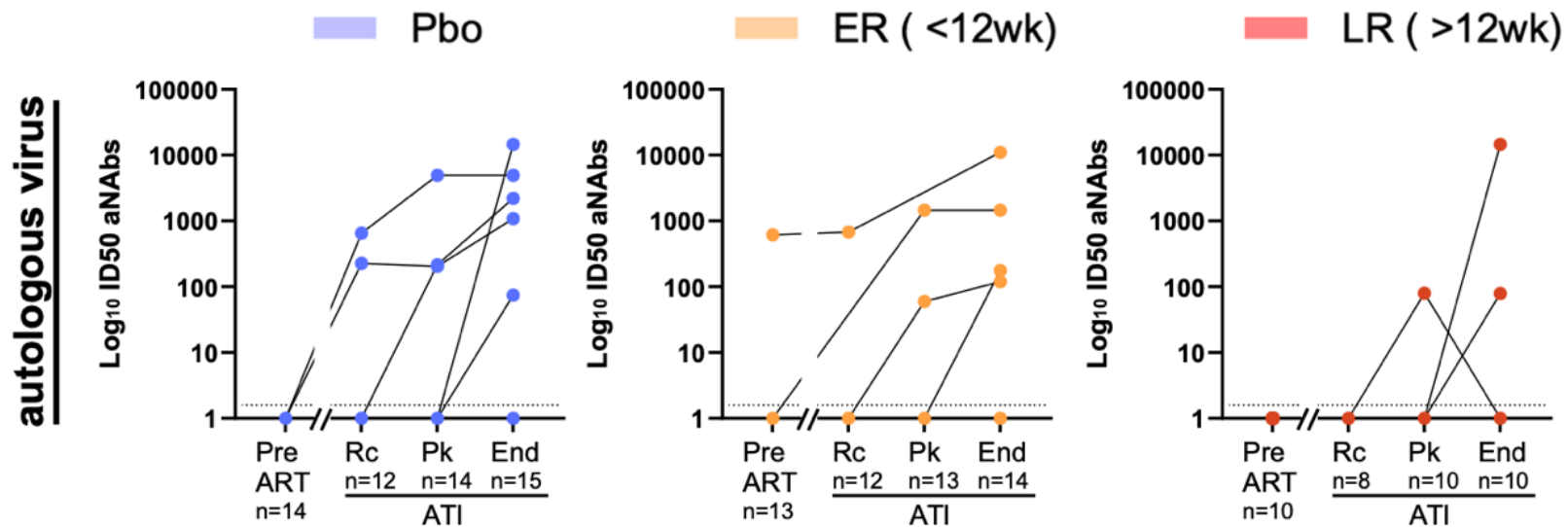
DDMM – CCM

N = 45, 2:1
randomization

Completed



Days since HIV acquisition
63 (6, 140)



- Even less neutralization to autologous virus, NOT present at recrudescence (After 3-4 years on ART)
- 20-40% participants developed aNAb during the ATI, regardless of Vax-Placebo.



KINATI - aNAbs

Pre-ART

NL4.3

Tier 2

14580	587
14580	249
11077	509
4941	754
2199	3442
1464	<60
1088	<60
178	<60
120	557
79	<60
75	1150
<60	118
<60	<60
<60	76
<60	<60
<60	188
<60	<60
<60	<60
<60	<60
<60	<60
<60	7074
<60	274
<60	<60
<60	803
<60	<60
<60	123
<60	150
<60	1068
<60	<60
<60	1665
<60	167
<60	121
<60	739
<60	<60
<60	<60
<60	<60
<60	1343
<60	1075

AELIX-002
NCT03204617

RCT, placebo
controlled

DDMM – CCM

N = 45, 2:1
randomization

Completed

➤ No neutralization to any of the Tier 2 viruses tested



Lessons from T cell vaccine trials & ATI

- HTI vaccines safe & highly immunogenic in early –ART
- Both CD4 and CD8 T cells induced
- Polyfunctional T cells
- Good coverage of pre-ART (reservoir) viruses
- Ex-vivo viral inhibition to autologous virus
- No reduction of the viral reservoir
- Association between HTI vaccine responses and ATI outcomes

- **Not clear role of aNAb responses in AELIX-002 outcomes or vaccinal effect → need of combination T & B vaccines?**



Could we increase humoral responses by combining T & B immunogens?

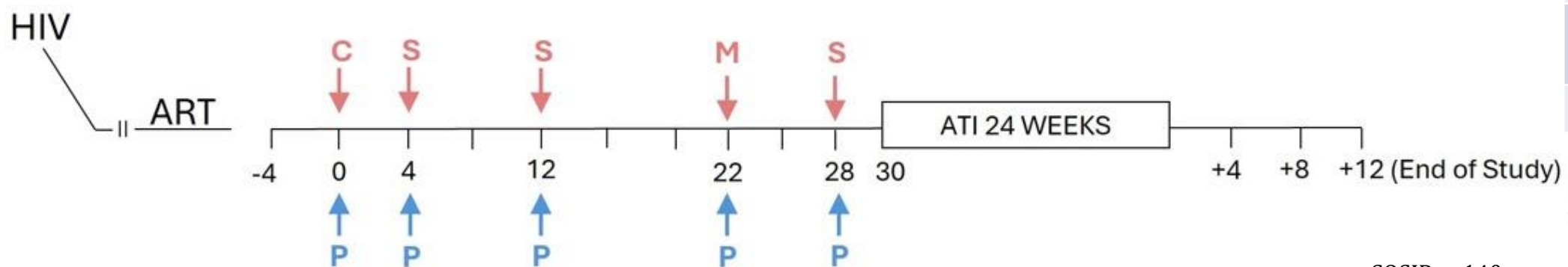
BCN03
NCT05208125

RCT, placebo
controlled

CM + SOSIP.v7
gp140
adjuvanted MPLA

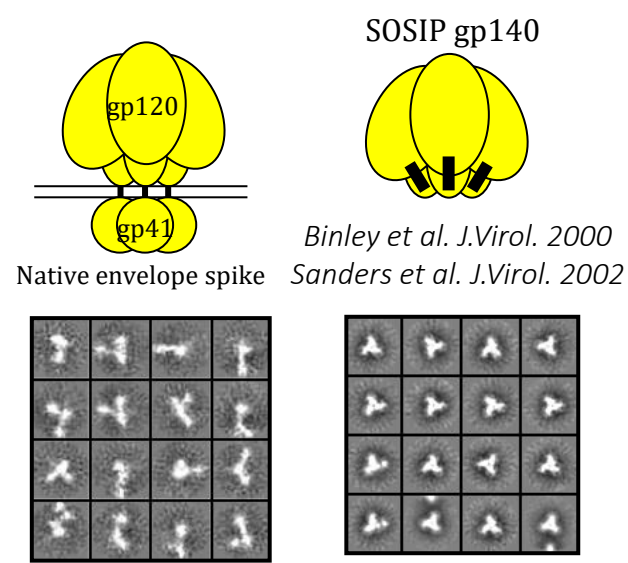
N = 30, 2:1
Chronic ART

Completed



C = ChAdOx1.HTI
M = MVA.HTI } T cell component

S = ConM SOSIP.v7 gp140
S = ConM SOSIP.v7 gp140
S = ConM SOSIP.v7 gp140 } B cell component





Could we increase humoral responses by combining T & ~~B~~ immunogens-bNAbs?

Ad26/MVA Mosaic Vaccines (Env & Gag/Pol)

+ bNAbs x3 at ATI

- PGT121 (V3g – N332)
- PGDM1400 (V2g – N160)
- VRC07-523LS (CD4bs)

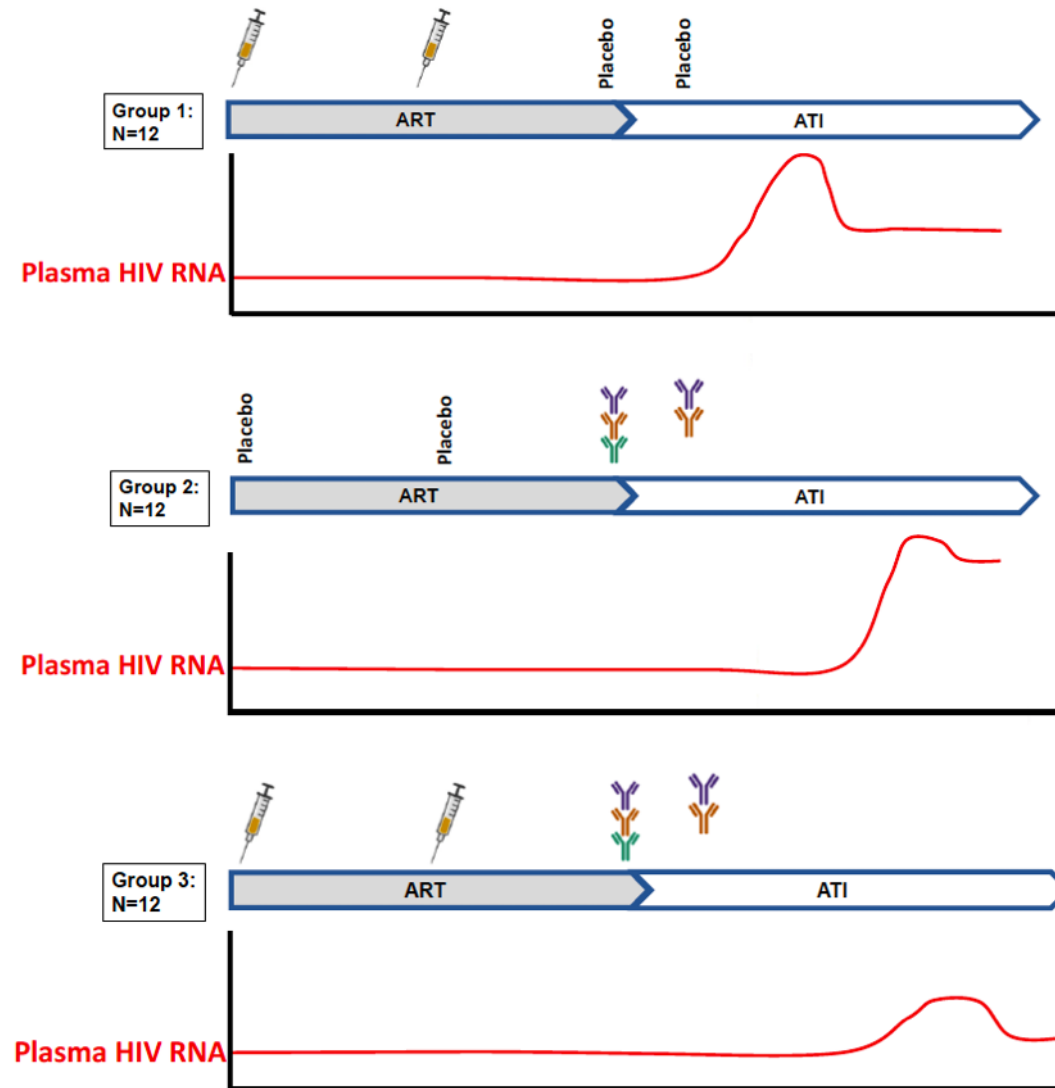
n=36 ART-suppressed (Chronic)

1:1:1

IPCAVD014/HTX1004

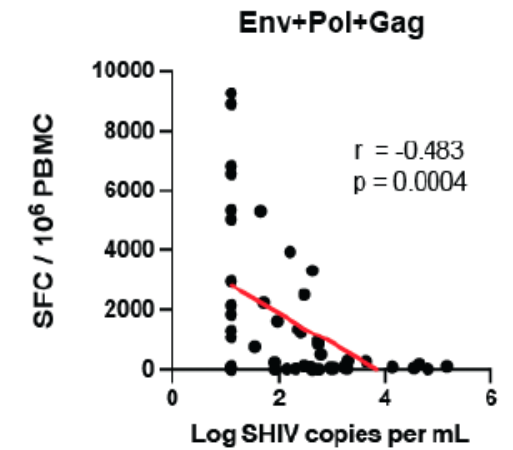
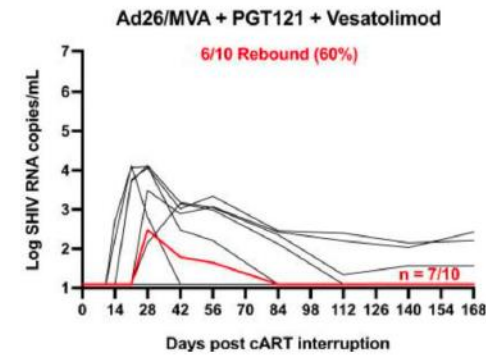
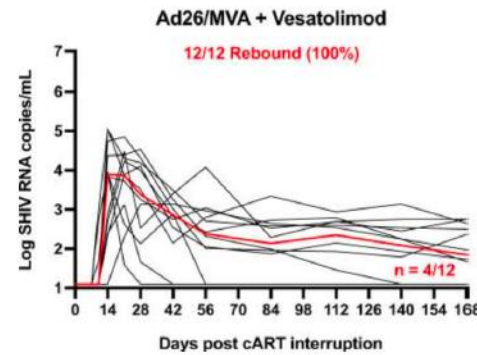
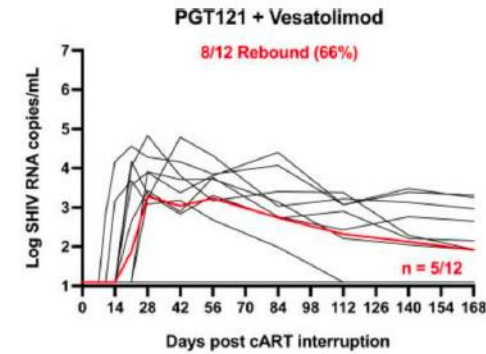
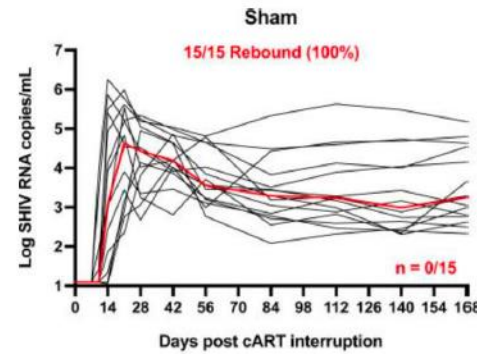
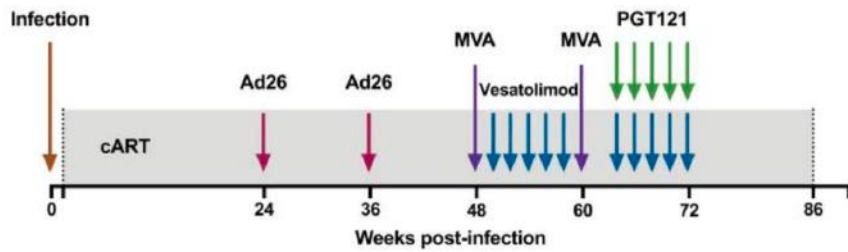
NCT04983030

Not-yet recruiting





Triple combination in NHP





Translation into human trial?

ChAd/MVA expressing tHIVconsv

+ VES (6 → 8mg)

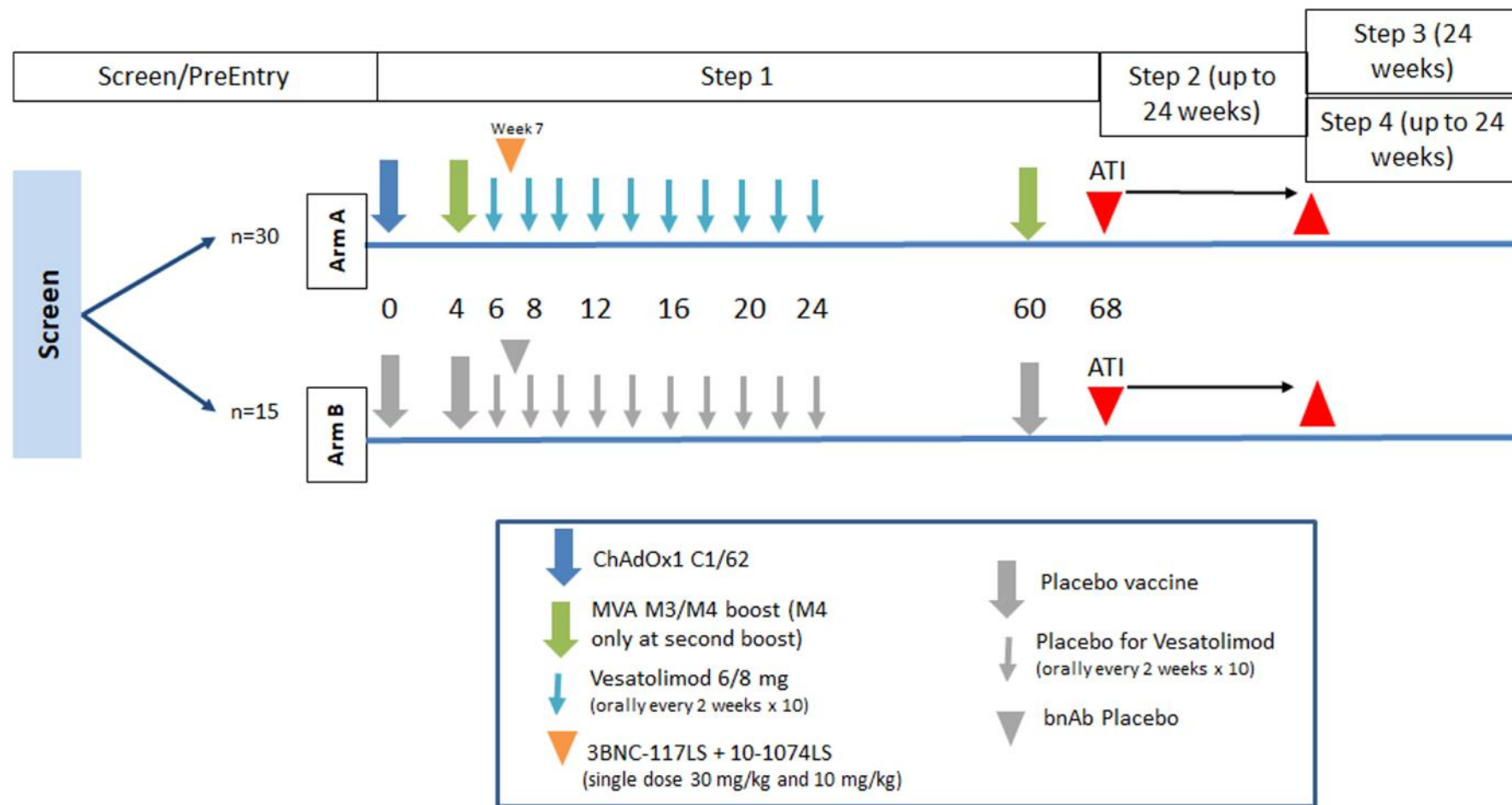
+ bNABs during ART

- 3BNC117-LS (CD4bs)
- 10-1074LS (V3 loop base)

n=45 acute/early-treated (2:1)

ATI after clearance of bNABs

ACTG A5374, NCT06071767
ongoing





Lessons from T cell vaccine trials & ATI

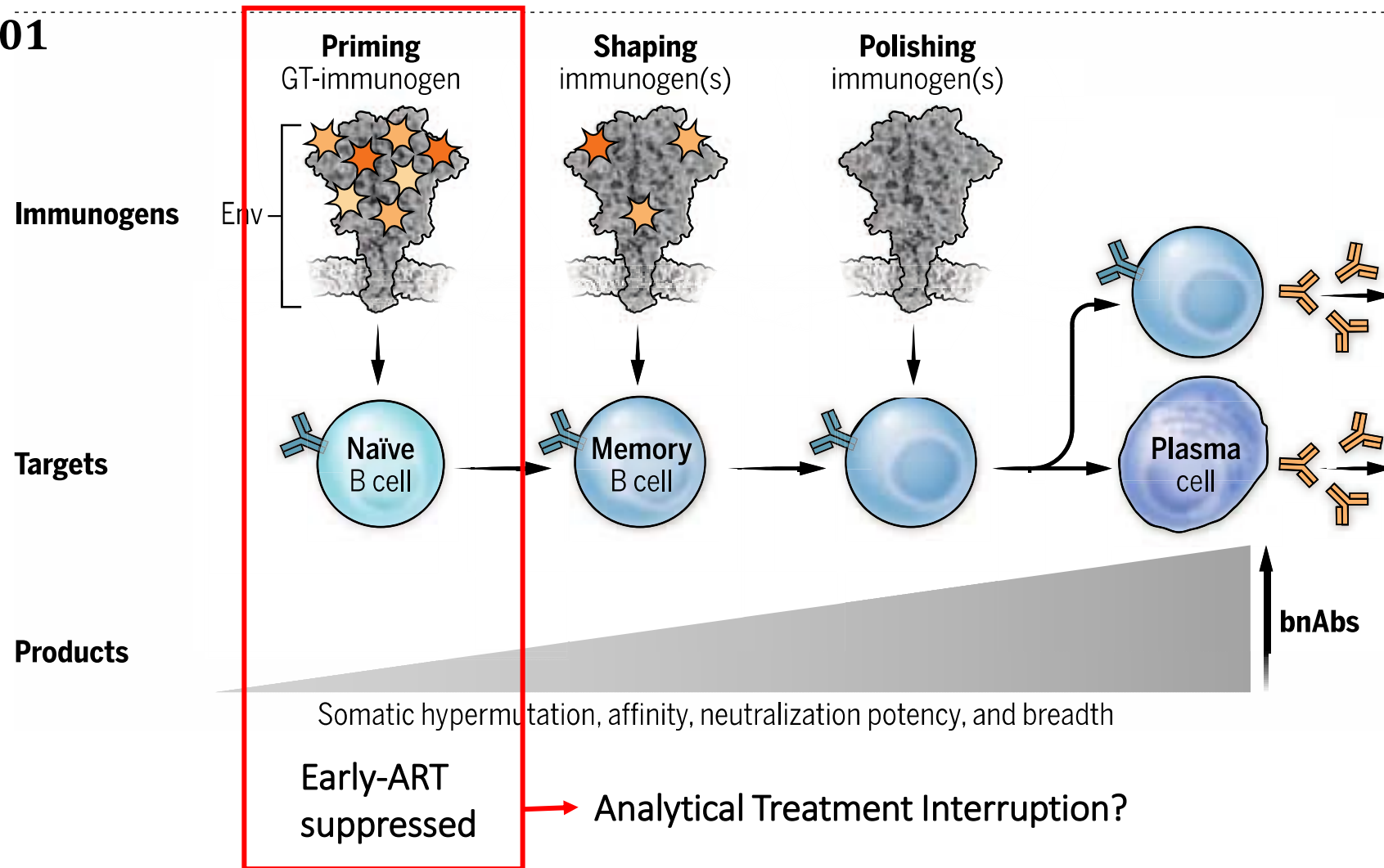
- HTI vaccines safe & highly immunogenic in early –ART
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- No reduction of the viral reservoir
- Association between HTI vaccine responses and ATI outcomes

- Not clear role of aNAb responses in AELIX-002 outcomes or vaccinal effect → need of combination T & B vaccines?

- Viral recrudescence during ATI increased neutralization to NL43 and to autologous pre-ART viruses

Sequential vaccination to promote bNAb development

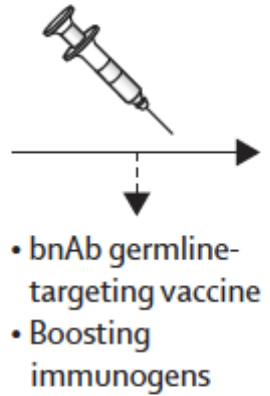
GT1.1 / IAVI C101



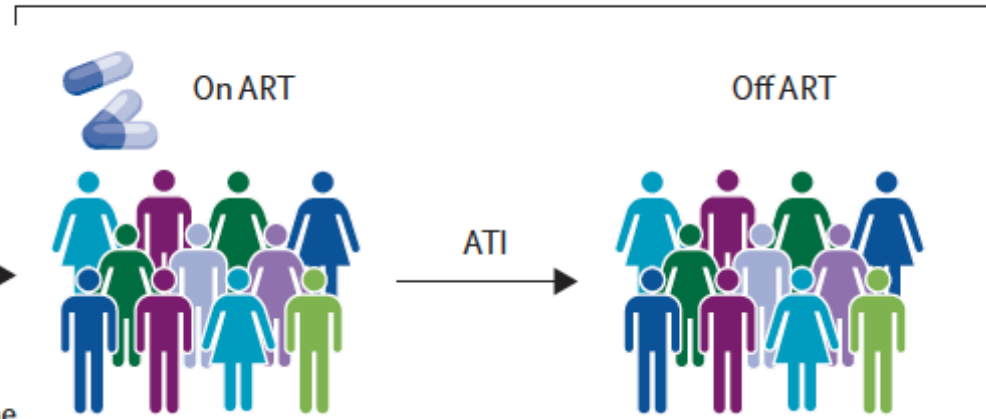


RENEW vaccination

People living with HIV



RENEW vaccination



Characteristics

- Host genetics
- Ethnicity and gender
- Virus priming
 - Different subtypes
 - Priming length (onset ART)
- Extent of HIV-specific antibody and T-cell response



Conclusions

- Current bNAb vaccine development is informed by immunity in PWH
 - Germ-line targeting approaches & multiple sequential vaccination approaches can be tested in PWH with ATI to inform preventive vaccine development.
- Advance in testing bNAbs in combination cure strategies to limit viral recrudescence and for their potential vaccinal effect
- Several T cell vaccine concepts are informed by immunity in PWH with improved virological control
 - Insights from therapeutic vaccine trials can inform preventive vaccine development.



Acknowledgments

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Jose Luis Cabero

M. Pierre Malice (ext)

Lucía Bailón
Susana Benet
Sofía Sabato
Miriam Lopez
Paco Perez
Aroa Nieto
Patricia Cobarsí
Jordi Puig
Cristina Martinez

Natalia Corbeto
Jessica Toro
Roser Escrig
Helena Pera

Yovaninna Alarcón

Jose Moltó



Samandhy Cedeño
Tuixent Escribà
Anuska Llano
Miriam Rosàs-Umbert
Bruna Oriol
Luis Romero
Cristina Peligero
Igor Moraes-Cardoso
Thuong Nguyen
Alex Olvera

Francesc Cunyat
Anna Pons-Grifols
Edwards Pradenas
Julià Blanco
Marisa Rodriguez
Jorge Carrillo

Bonaventura Clotet

Christian Brander



All participants and their families



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