



7TH
GLOBAL FORUM
ON TB VACCINES

8-10 October 2024
Rio de Janeiro, Brazil

Driving innovation from discovery to access

Investigating Correlates of Protection after IV BCG Immunization

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Potential Uses for a TB Vaccine

Prevent:

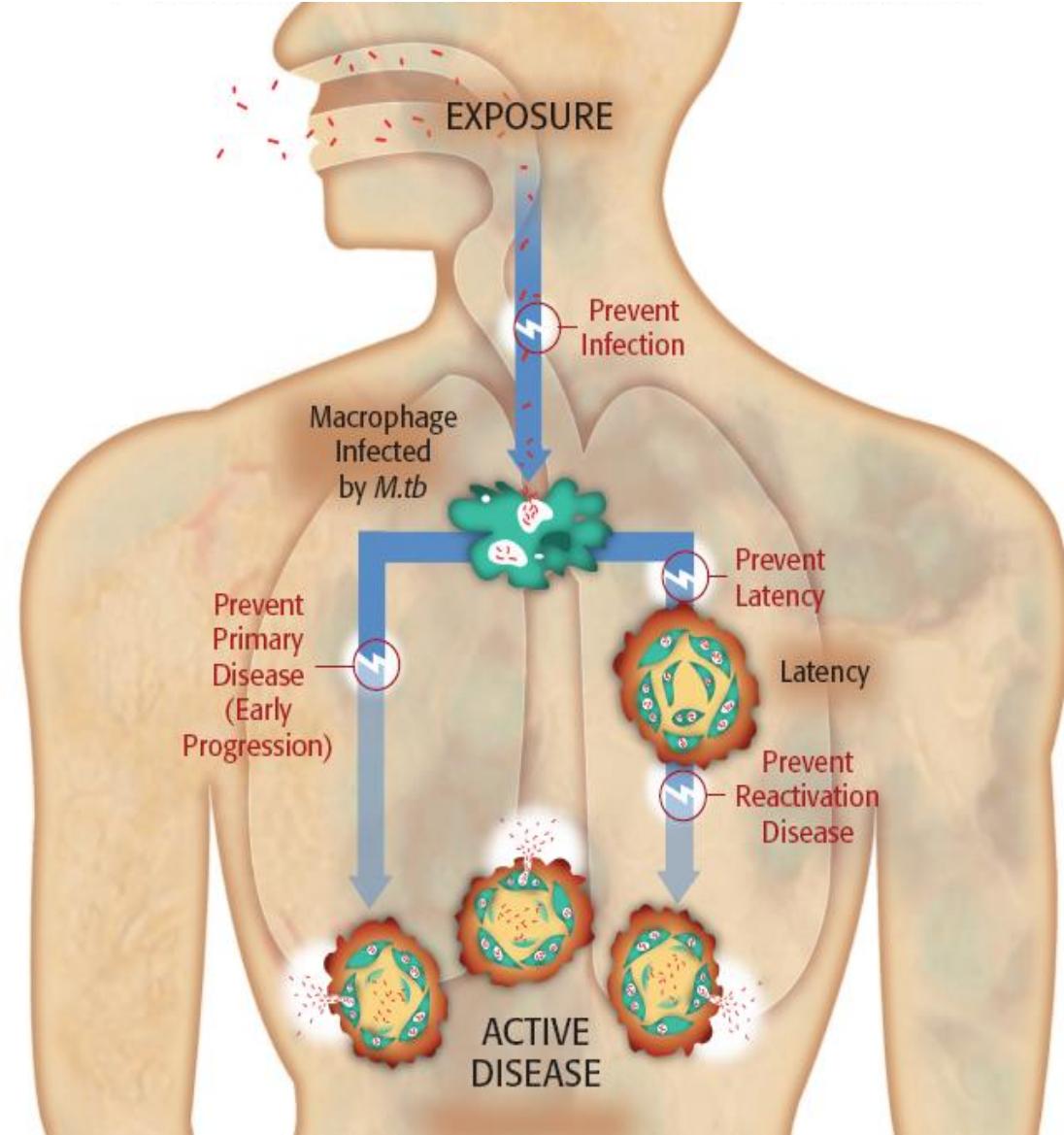
- Infection (Primary)
- Disease in LTBI
- Recurrence after antibiotics
- Re-infection

Which we are modeling by studying TB vaccines in rhesus macaques:

- Naïve (no BCG priming, IGRA-)
- Highly susceptible (no latency/Erdman)
- Prevent active disease from primary infection

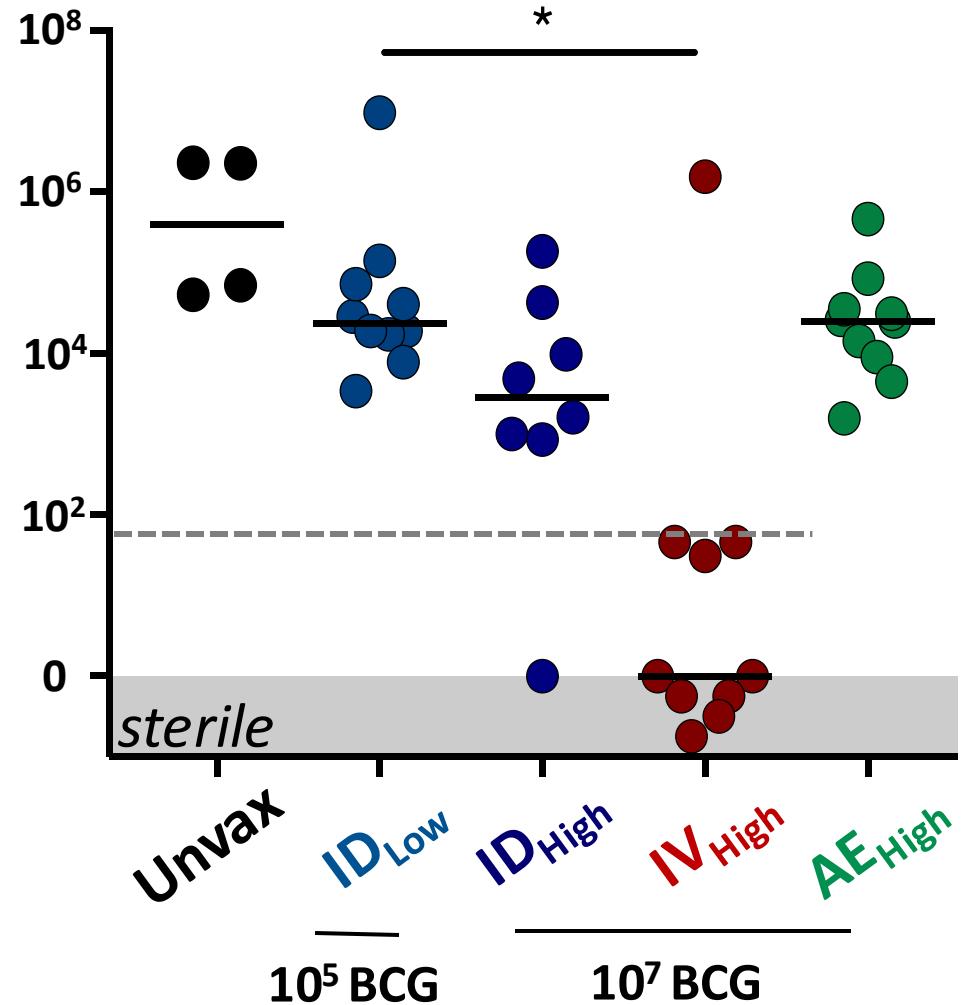
Target population:

- IGRA neg adolescents
- Likely BCG-vaccinated at birth



Protection against TB after IV BCG in Rhesus

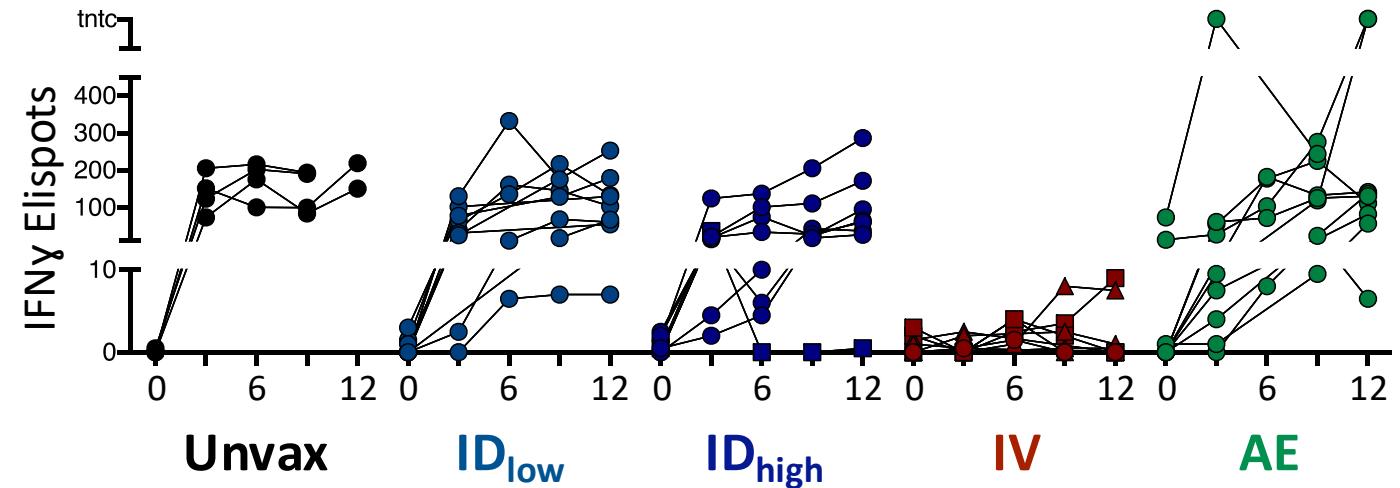
Lung CFU (Mtb)



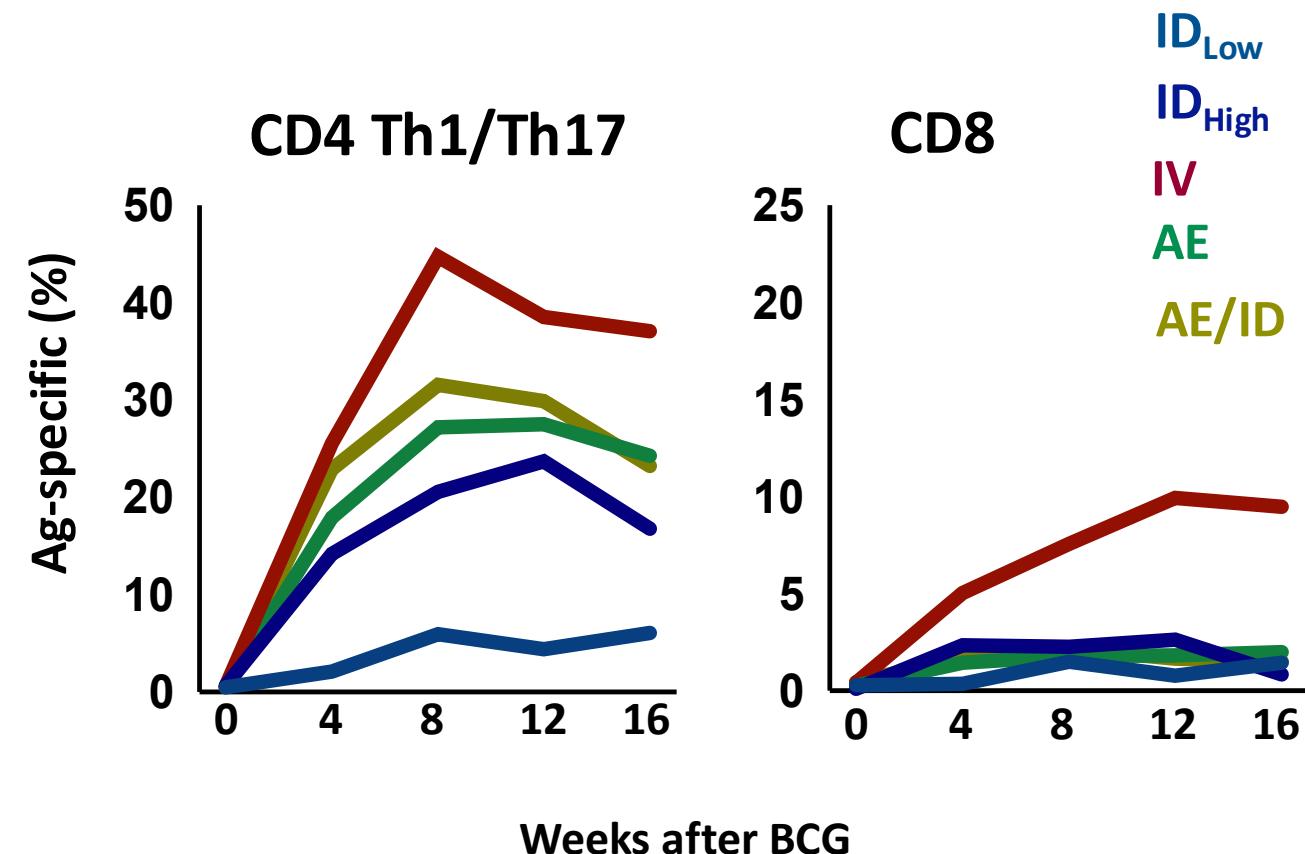
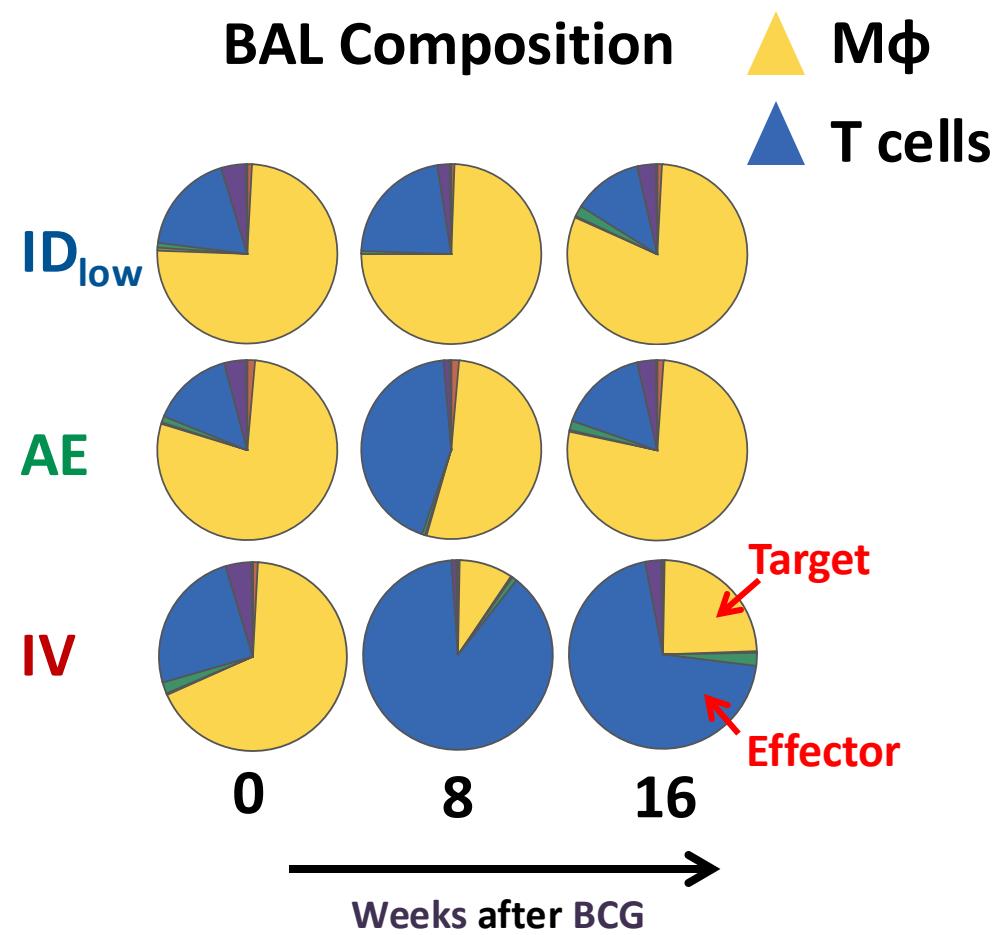
Summary of protection after IV BCG:

- 9/10 protected (<100 CFU)
- 6/10 sterile (0 CFU)

"IGRA" Conversion after Mtb (ESAT6/CFP10 response)



IV BCG Vaccination Increases T Cells in the Airway



Summary of BCG Route Study in NHP

- IV BCG conferred the highest level of protection in rhesus macaques
- Protection was associated with TB-specific CD4 and CD8 Trm in airway & lung
- IV BCG provides a benchmark to study immune correlates and mechanisms of protection in a pre-clinical NHP model
 - Dose ranging study
 - Depletion studies

IV BCG Dose Ranging Study for Correlates Discovery

Goal:

- Force a 50% protection outcome by varying IV BCG dose

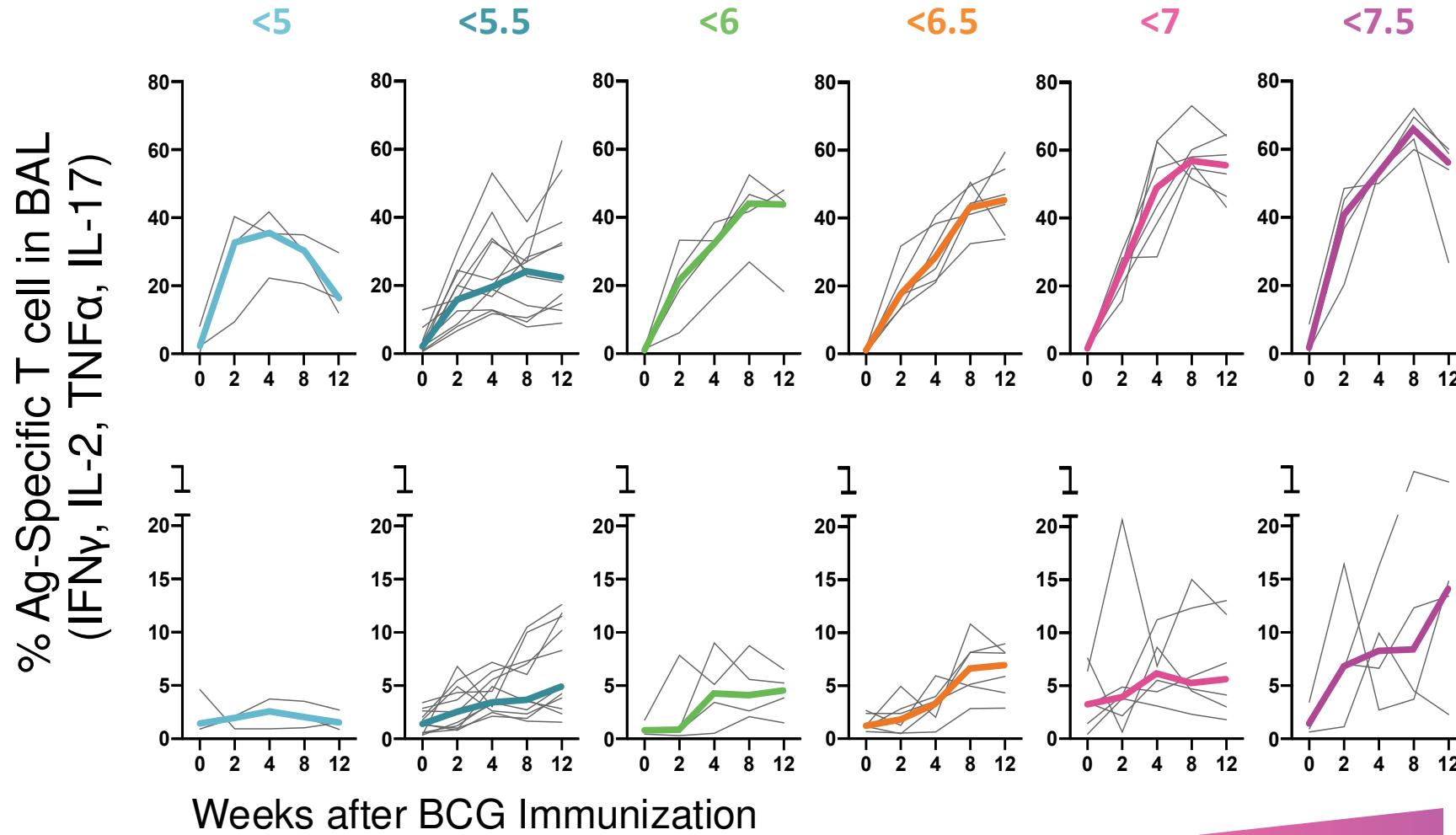
| IV BCG dose (\log_{10}) | <5 | <5.5 | <6 | <6.5 | <7 | <7.5 | 7.6 |
|-----------------------------|----|------|----|------|----|------|-----|
| NHP cohort (n=34) | 3 | 11 | 4 | 6 | 6 | 4 | |
| Historical (n=10) | | | | | | | 10 |

Challenge with Mtb Erdman (low dose) 6m later
Measure bacterial burden 12w post-challenge

IV BCG dose
Immune responses
Protection against *Mtb* challenge

Cytokine Responses in the BAL and Blood Increase with Vaccine Dose

Cytokine Frequency in BAL



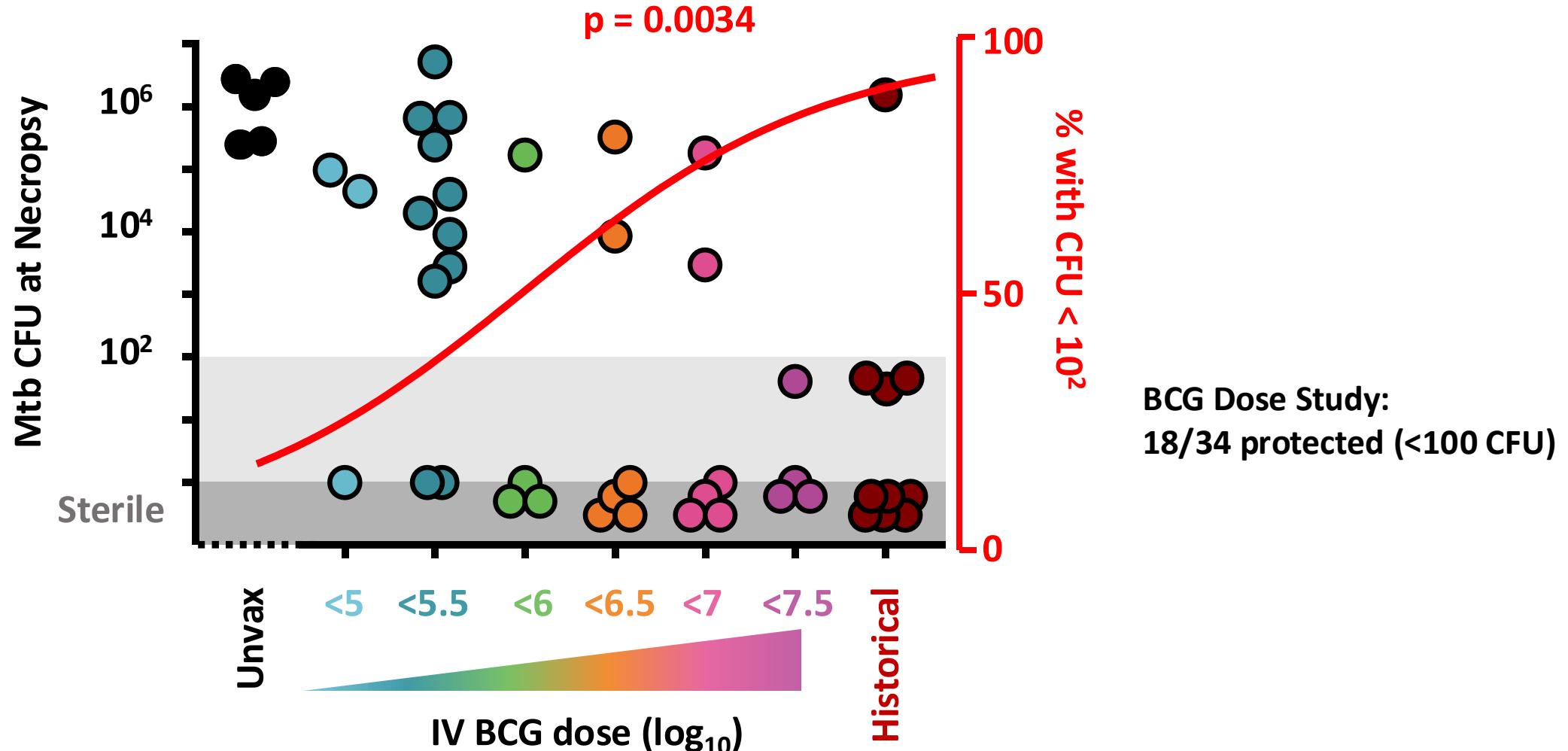
CD4

CD8

BCG CFU (\log_{10})

- PBMC responses
- Antibody titers

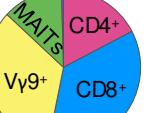
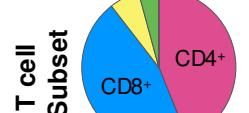
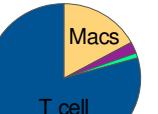
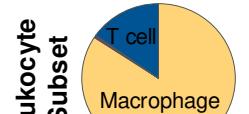
IV BCG Protects Across a Range of Doses



BAL and Blood Immune Parameters Fed into Systems Analysis

Cellular Composition (BAL & Blood)

Cell types/phenotypes

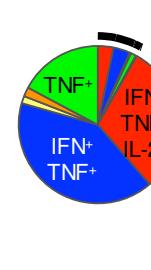
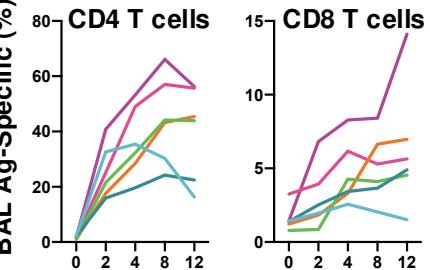


<5

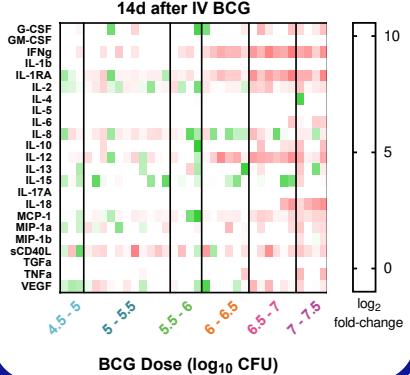
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Ag-Specific T cell Responses (BAL & Blood)

CD4, CD8 Phenotype, function

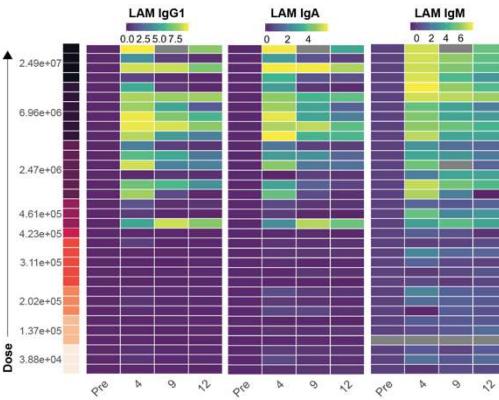


Plasma Cytokines 23-plex luminex

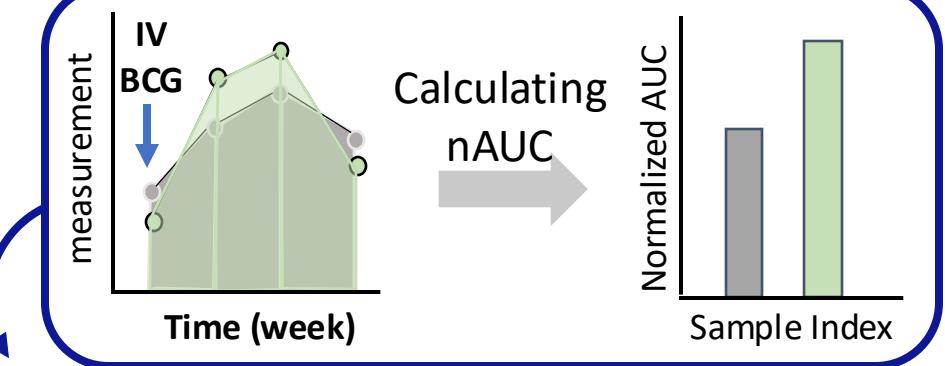


Ag-Specific Antibody Responses (BAL & Blood)

Isotypes (IgG, IgA, IgM)



~900 features



68 BAL and 83 blood immune features → protection

Multivariate systems analysis

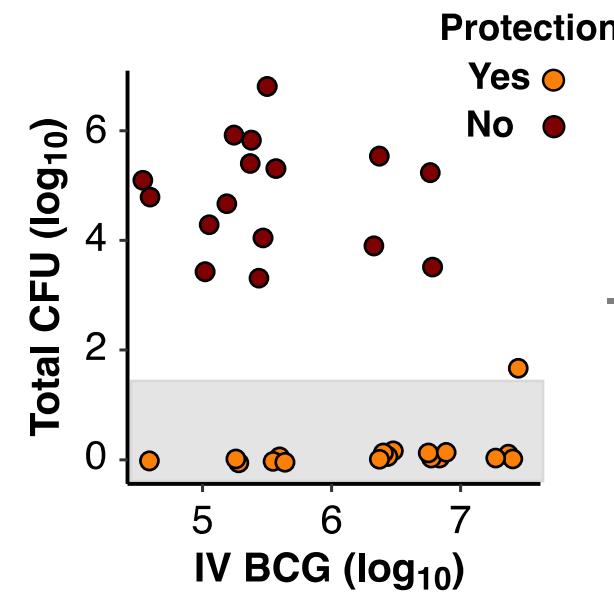
Systems Serology
Eddie Irvine
Galit Alter (Ragon)

Chuangqi Wang

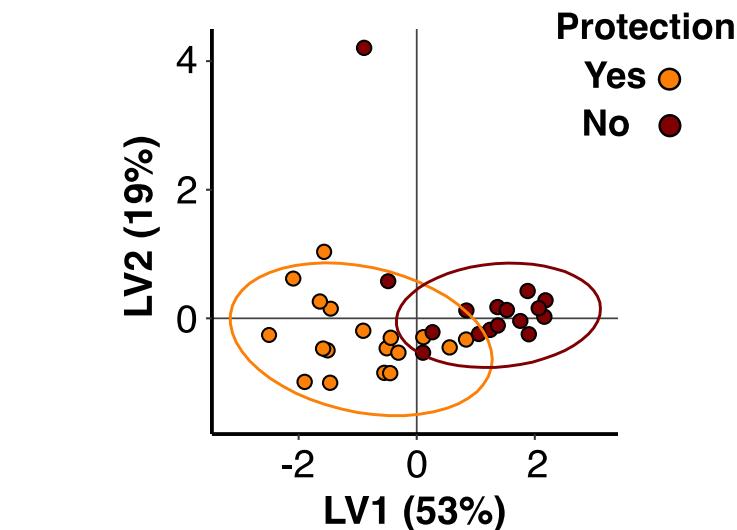
Doug Lauffenburger (MIT)

Multivariate Analysis to Distinguish Protection

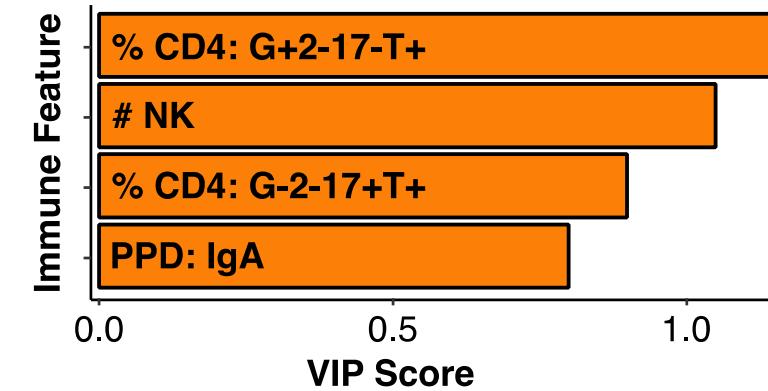
Define Protection



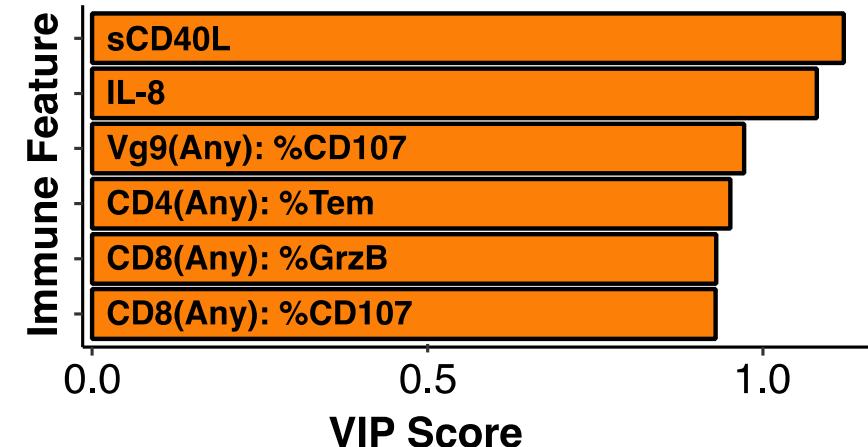
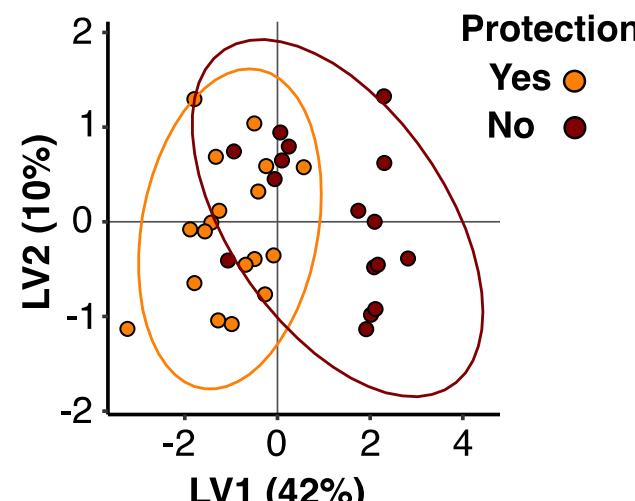
LASSO / PLS-DA



LASSO-selected features

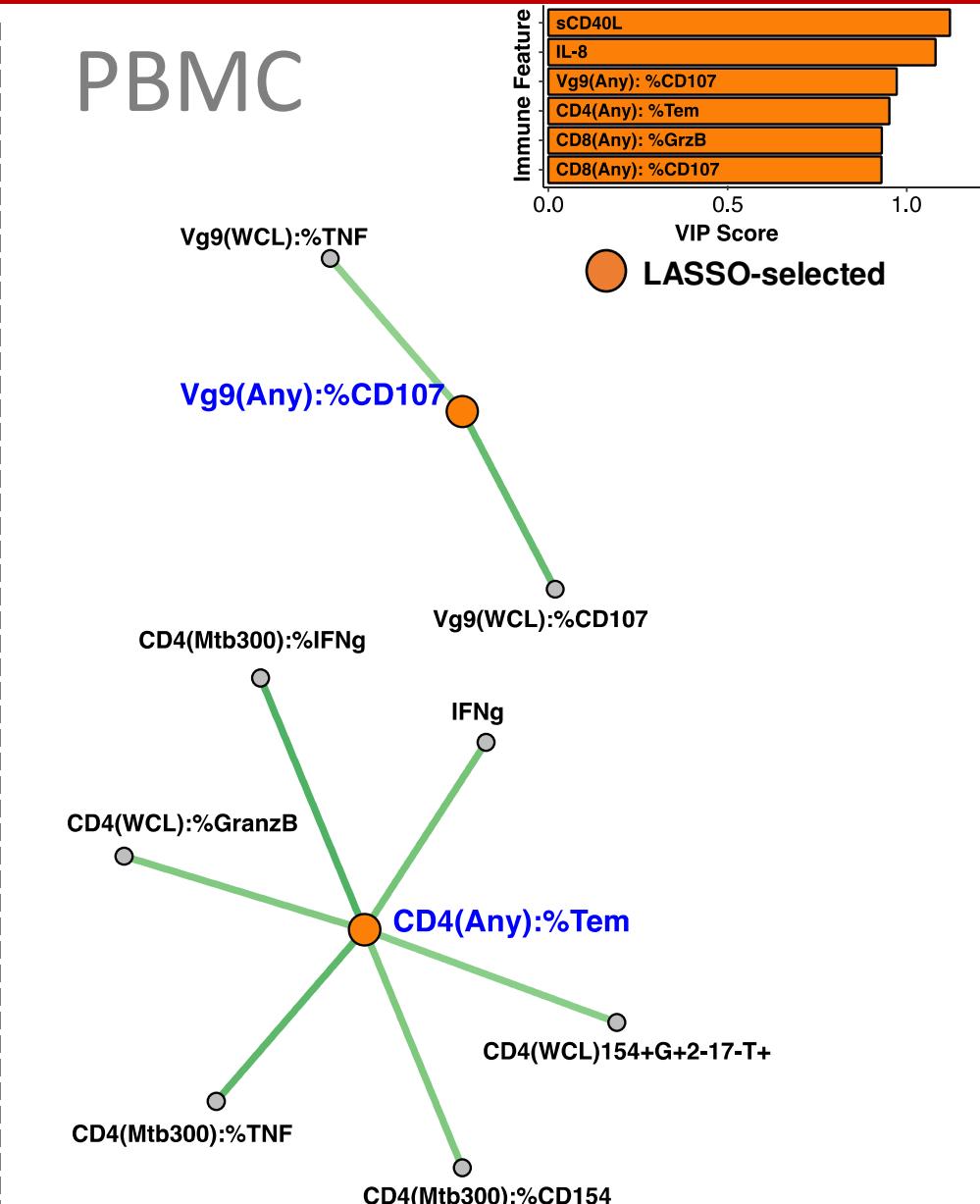
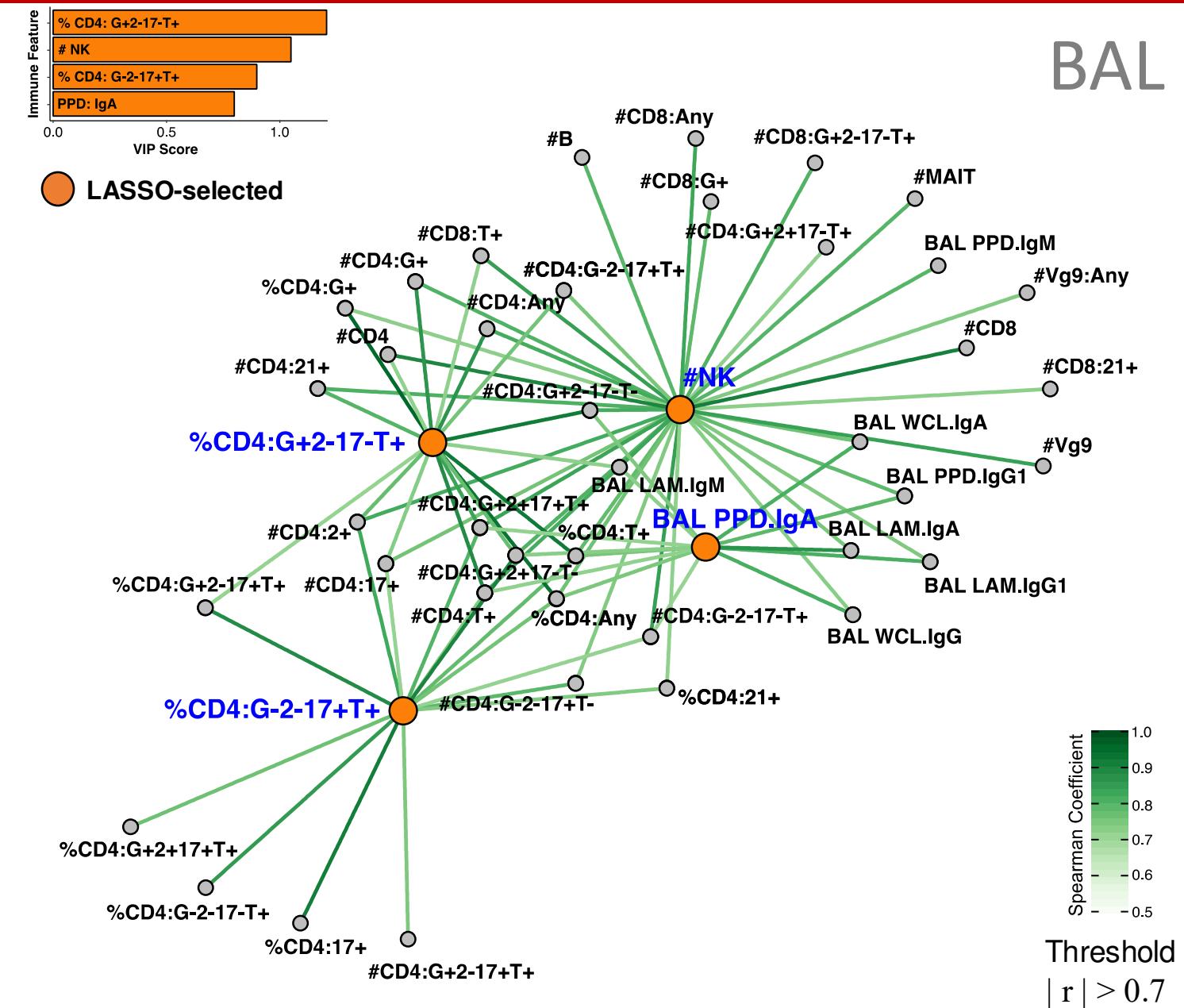


BAL



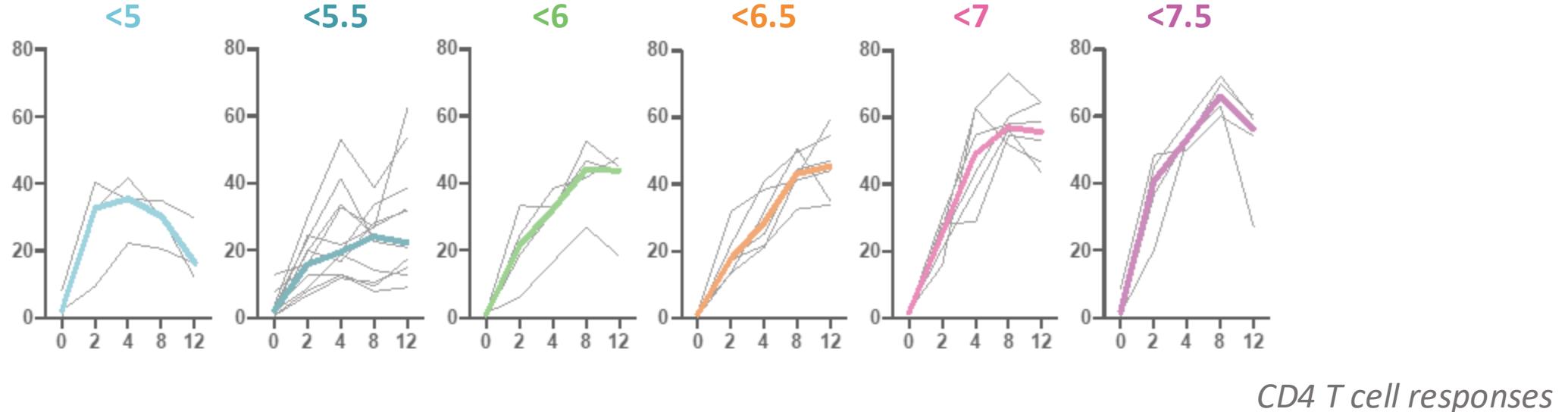
PBMC

Network Analysis: Co-Correlated Immune Features



Identifying Dose-Independent Correlates

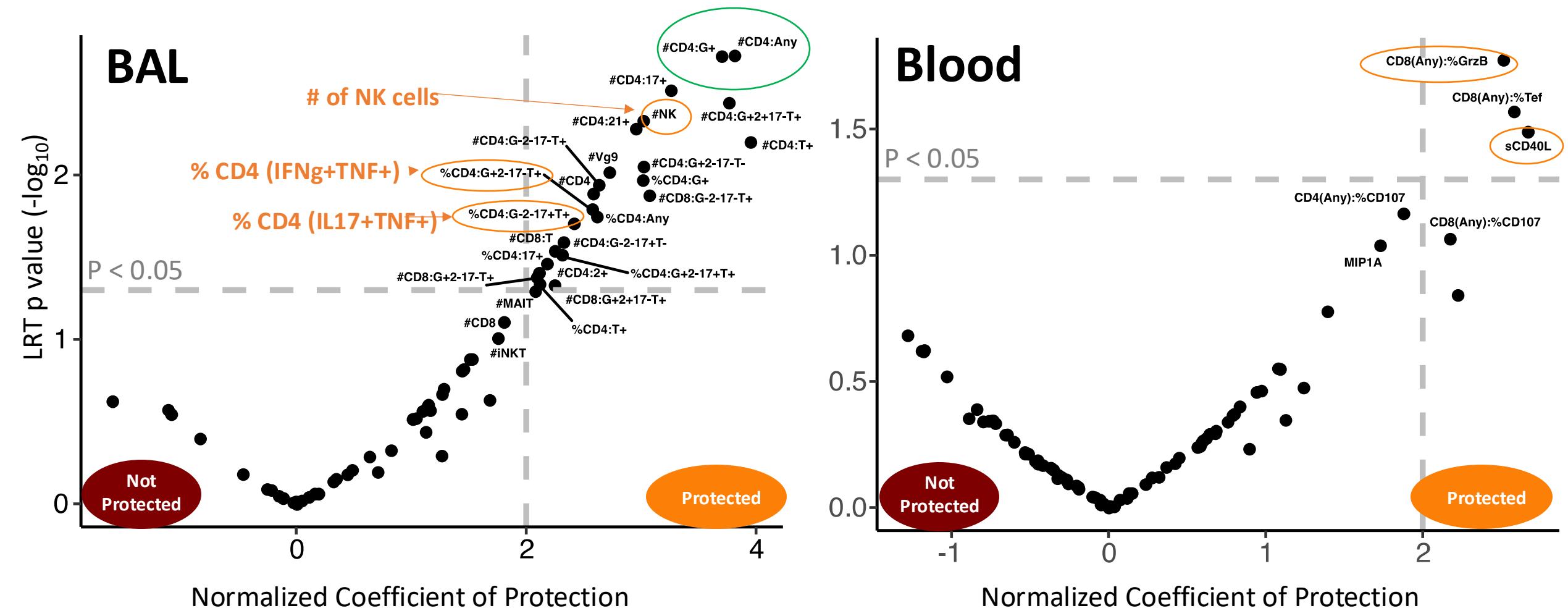
- Many immune features in BAL and blood correlate with IV BCG dose
 - *T cell responses, antibodies, plasma cytokines*



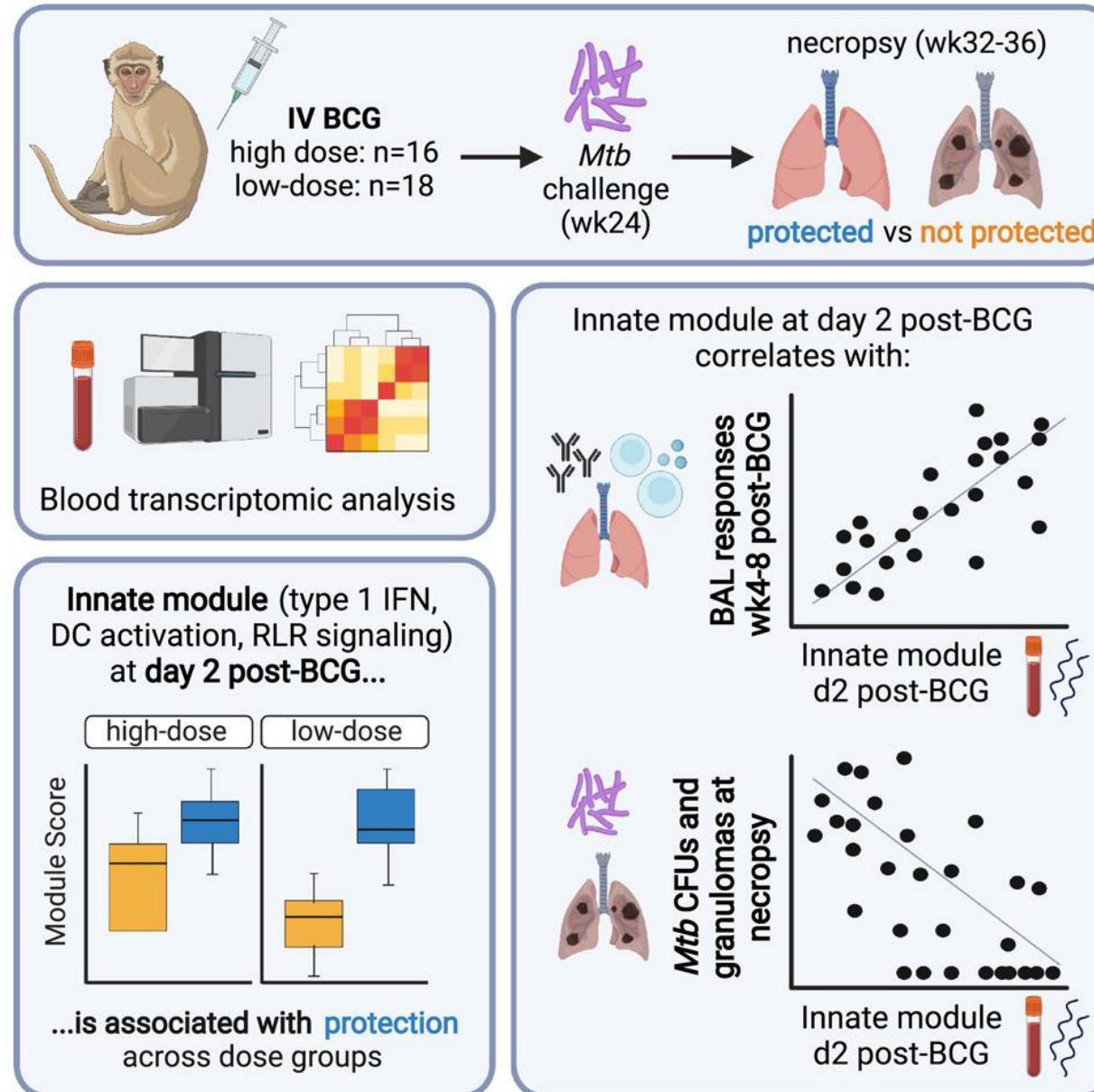
- Can we identify dose-independent correlates?

Nested Mixed Linear Model

- ❖ Corrects for IV BCG vaccine dose and animal cohort batch effects



Blood transcriptional correlates of BCG-induced protection



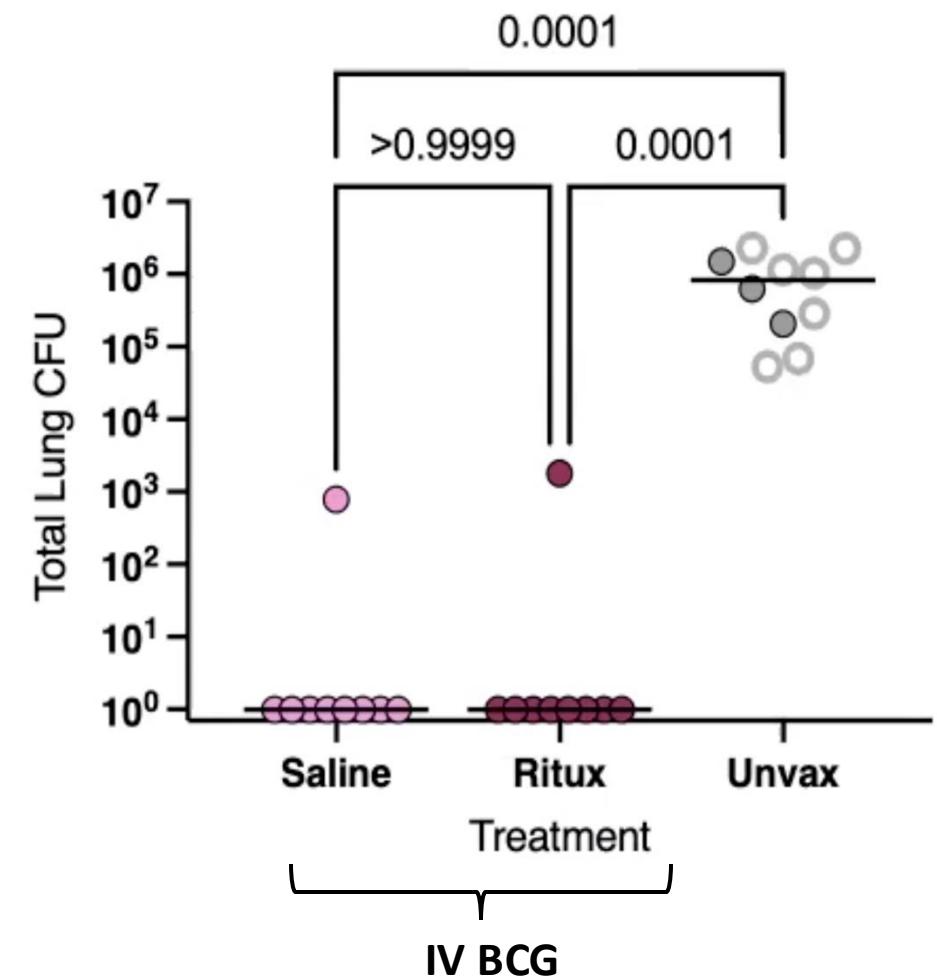
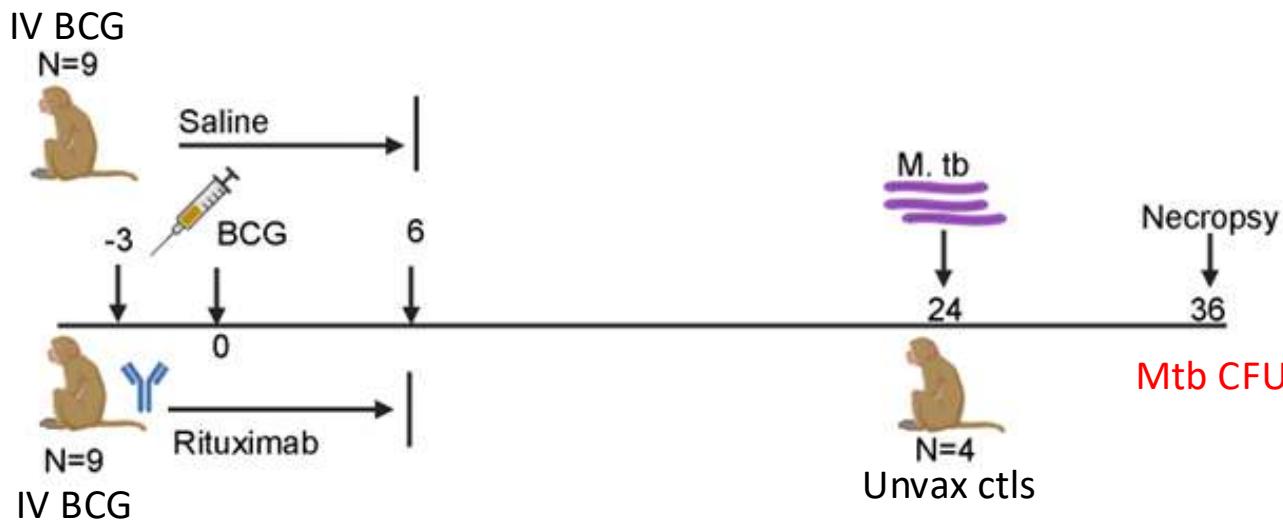
YE Liu... P. Khatri.
Cell Reports Med. 2023. 4(7):101096

Correlates are not *necessarily* mechanisms

- ❖ Are antibodies a mechanistic correlate of IV BCG-mediated protection?
Rituximab study
- ❖ Are T cells a mechanistic correlate of IV BCG-mediated protection?
T cell depletion study

B Cell Depletion in Rhesus: Experimental Design

Depleting B cells using Rituximab (anti-CD20) during IV BCG immunization-- limits antibody response

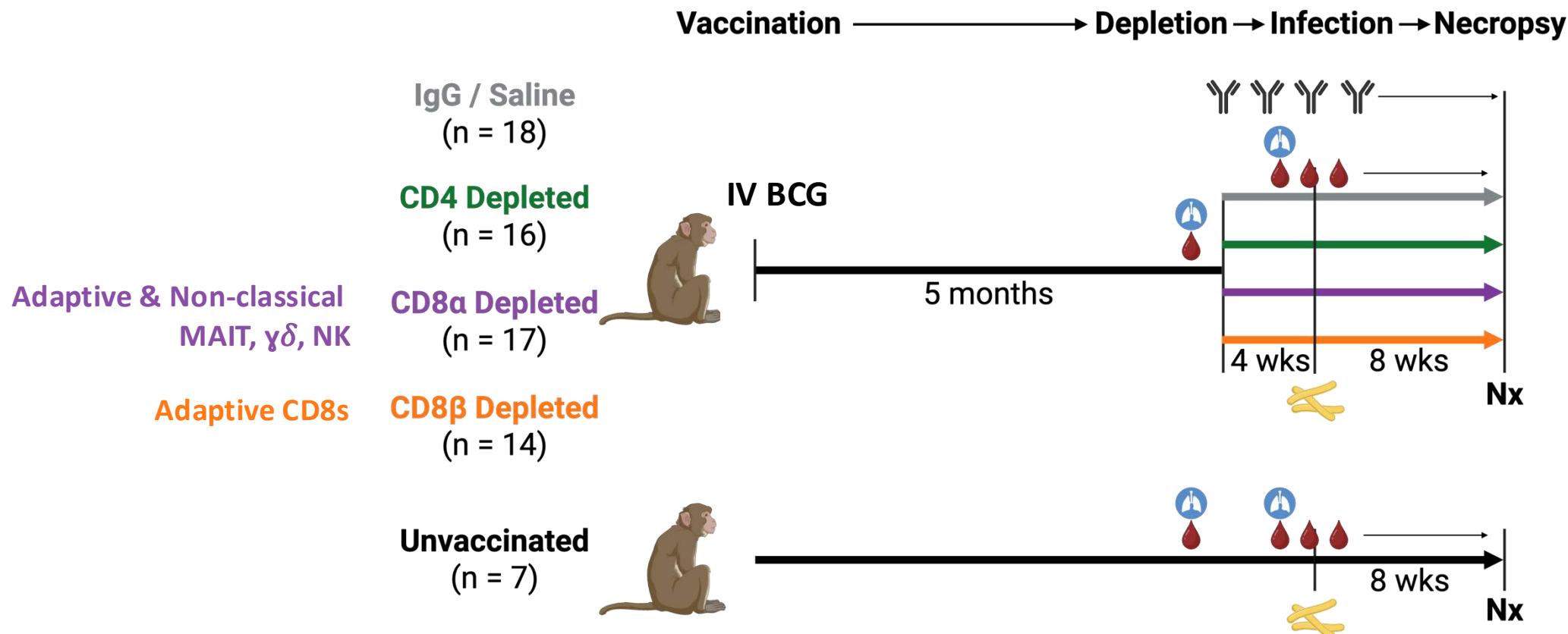


Flynn Lab (Pitt) & Lauffenburger Lab (MIT)
Wang, Myers, Irvine, et al. BioRxiv. 4/16/2024

❖ B cell depletion did not impair protection conferred by BCG IV

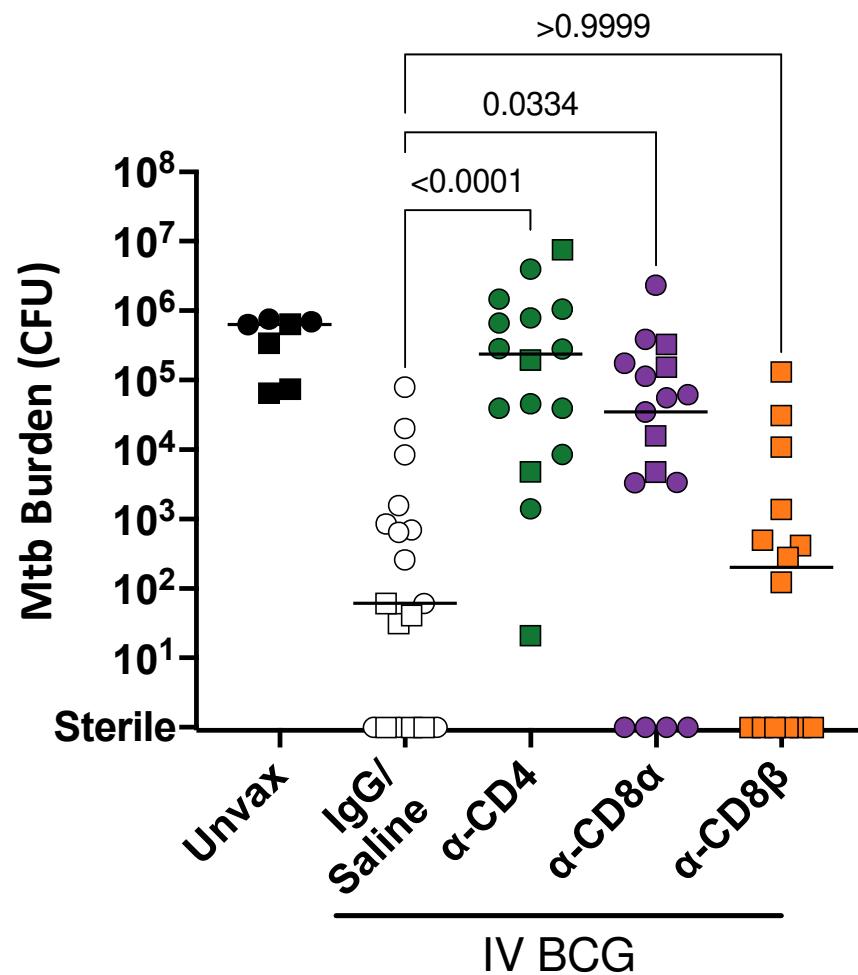
T cell Depletion in Rhesus: Experimental Design

Depleting T cells AFTER IV BCG immunization but BEFORE Mtb challenge;
Limits T cell response, preserves Ab response

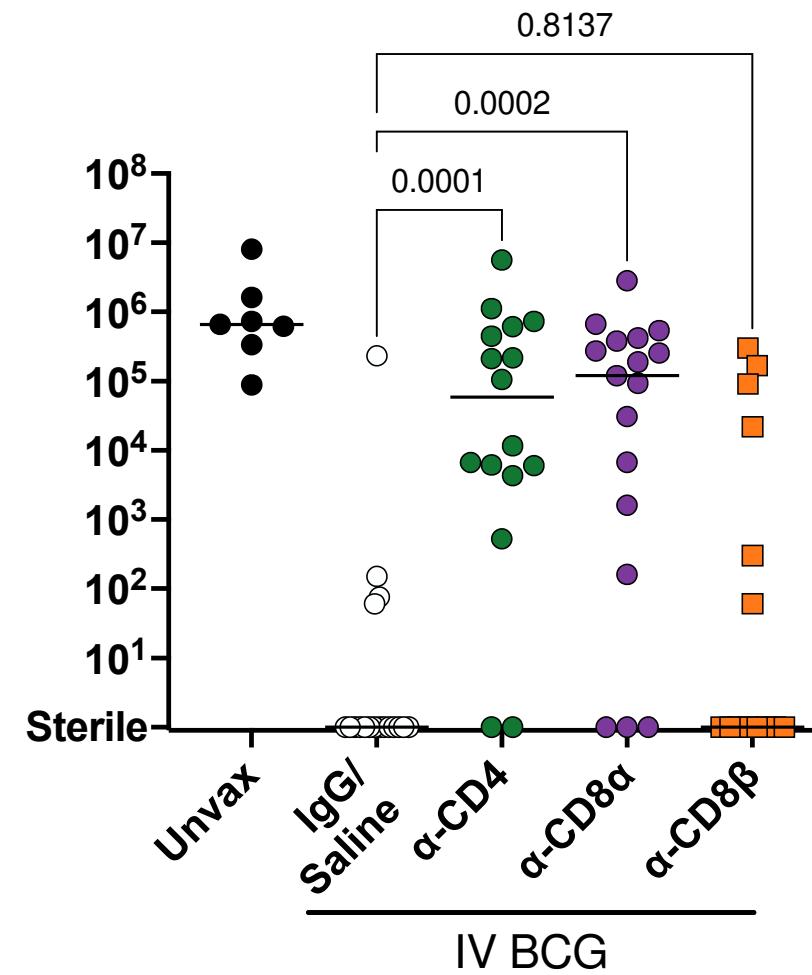


T cell depletion: Mtb Burdens

Lung

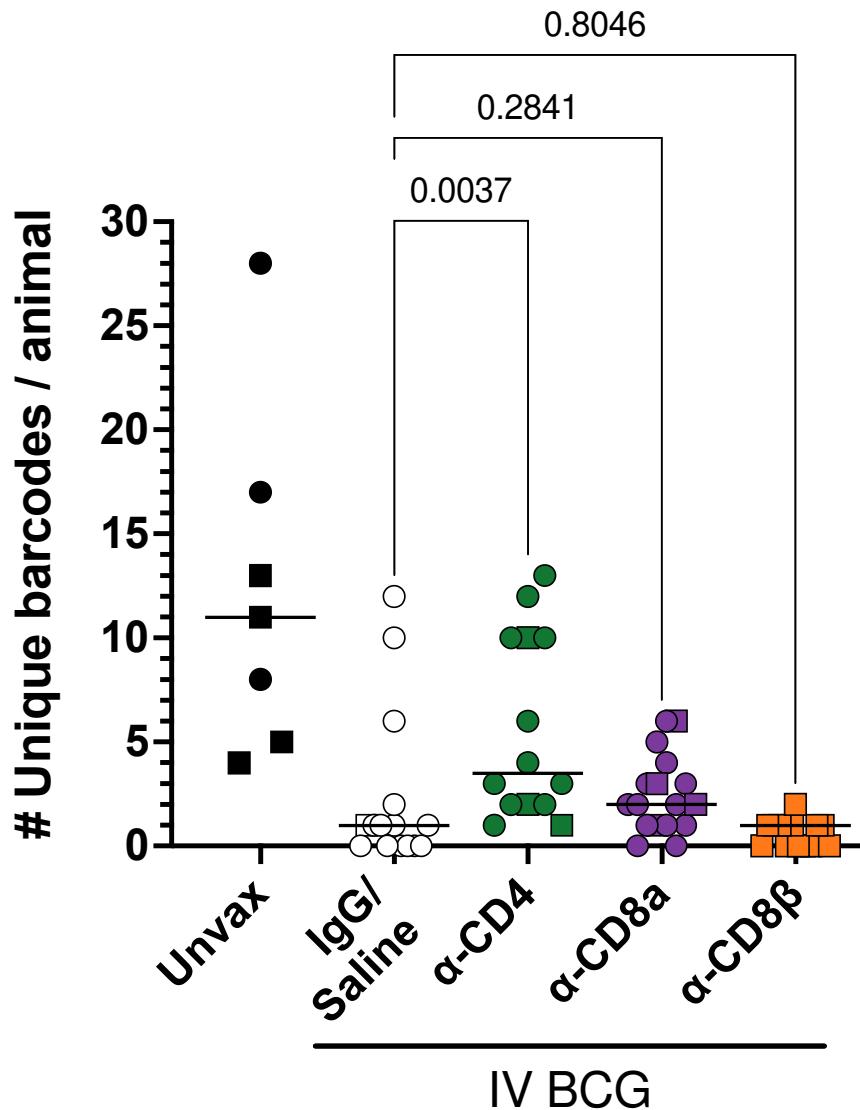


Thoracic Lymph Node



❖ CD4 or CD8a depletion after IV BCG abrogates protection

T cell depletion: Mtb Barcode Data

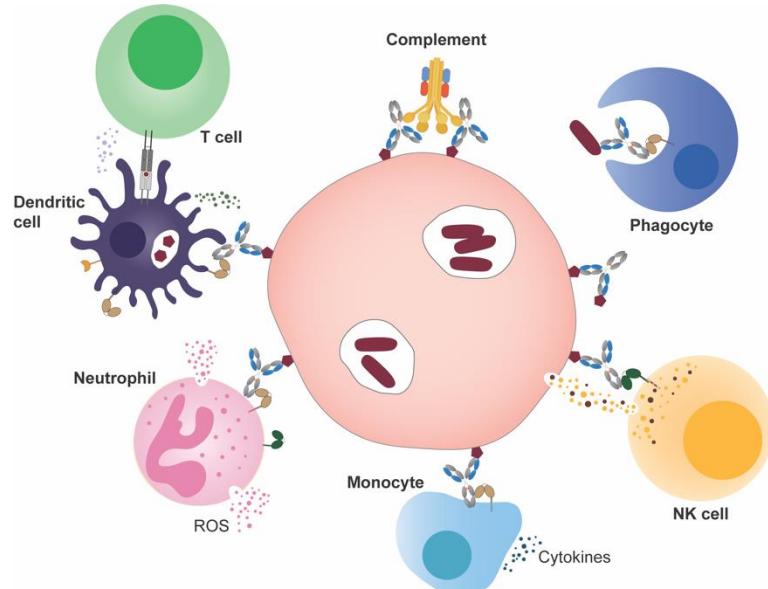


Michael Chao
Sarah Fortune
(Harvard)

❖ **Restriction of Mtb establishment is maintained in absence of T cells**

Mechanisms of IV BCG-Mediated Protection

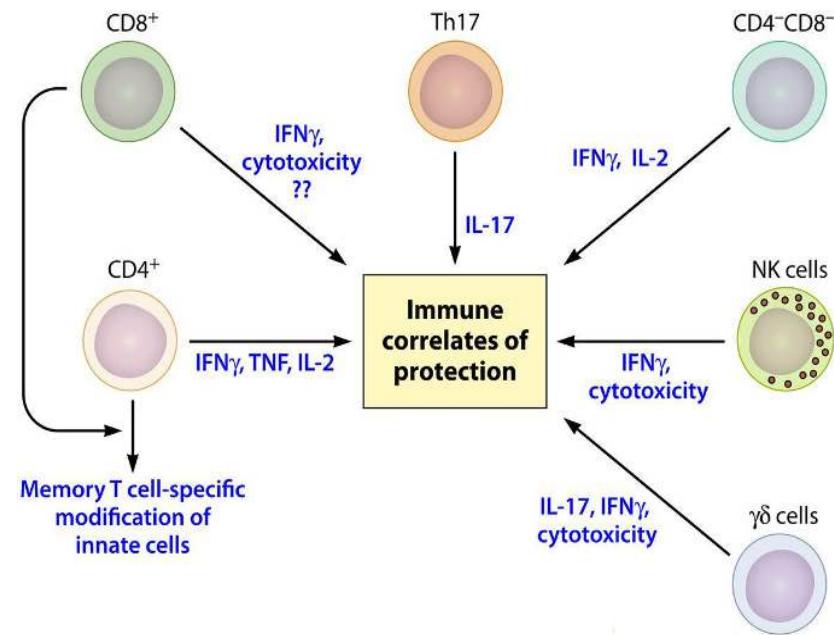
Antibodies



B cell depletion
No effect on IV BCG protection

Wang, Myers, Irvine, et al. BioRxiv. 4/16/2024

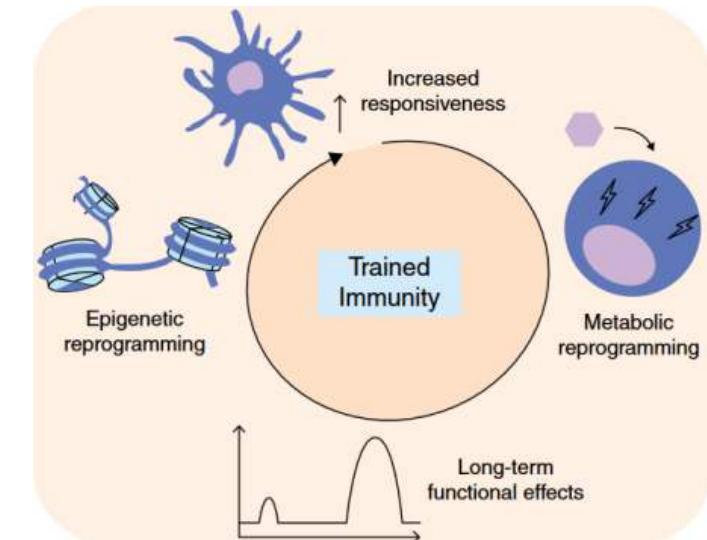
T Cells



CD4 depletion = no protection
CD8a depletion = less protection

Simonson, Zeppa, Bucsan, et al. BioRxiv, 5/17/2024

Trained Immunity



Mechanism (?)
Evidence in mouse model
Signatures in rhesus

Vierboom, et al. Cell Rep Med. 2021

Does IV BCG Inform Future Vaccine Strategies?

IV BCG

- Systemic immunity
- Self adjuvanted (innate immunity)
- Diverse immune responses (cellular, humoral, trained)
- Broad antigen repertoire (~4000 proteins + lipids)
- Durability: persistence maintains memory

How can studying IV BCG inform future vaccine design?

- Delivery: achieve robust lung immunity with better AE delivery
- Safety: use more attenuated strains of BCG (rBCG, auxo, irradiated, kill-switch)
- Antigens: map responses from IV BCG animals to discover new T cell antigens
- Mimic training signals to combine with subunit vaccines (mRNA, viral vectors)

Acknowledgments

Vaccine Research Center

Bob Seder
Mario Roederer
Allison Bucsan
Chelsea Lehman
Paul Maurizio
Molly Robertson
James Dahlvang
Matt Sutton



University of Pittsburgh

JoAnne Flynn
Chuck Scanga
Andrew Simonson
Alex Smith
Philana Ling Lin
Pauline Maiello
Joe Zeppa
Jake Borish
Mark Rodgers

VRC TRP

JP Todd
Ruth Woodward

VRC Flow Core

David Ambrozak

VRC Seq Core

Amy Ransier
Farida Laboune

Harvard/MIT

Doug Lauffenburger
Chuangqi Wang

Sarah Fortune
Michael Chao

Galit Alter
Edward Irvine

Stanford Bio-X **Purvesh Khatri** Yiran Liu

BMGF

Alison Kraigsley
Ann Ginsberg
Karen Makar