

HIV cure: latest scientific updates

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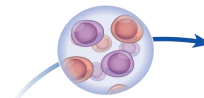
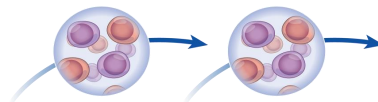
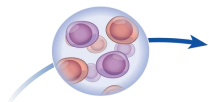
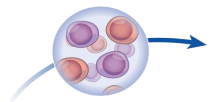
Melbourne Laureate Professor, University of Melbourne

Consultant physician, Alfred Hospital and Royal Melbourne Hospital, Melbourne, Australia

IAS Educational Fund in partnership with Sociedad Chilena de Infectología (SOCHINF)

Santiago, Chile, October 27th, 2022

HIV cure is extremely rare but possible

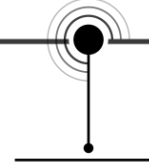
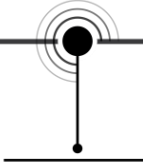


Timothy Brown
Berlin
2009

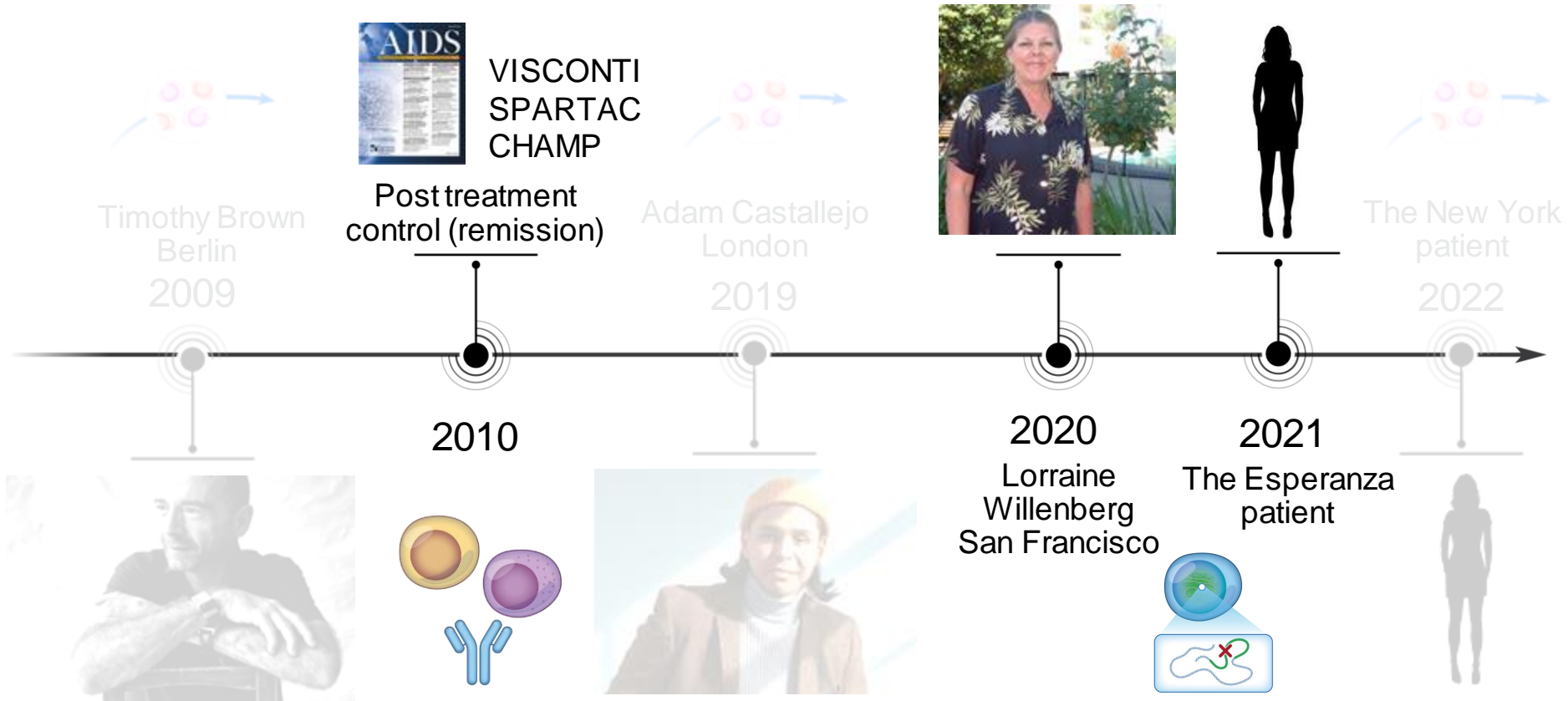
Adam Castallejo
London
2019

The New York
patient
2022

The City of Hope
patient
2022



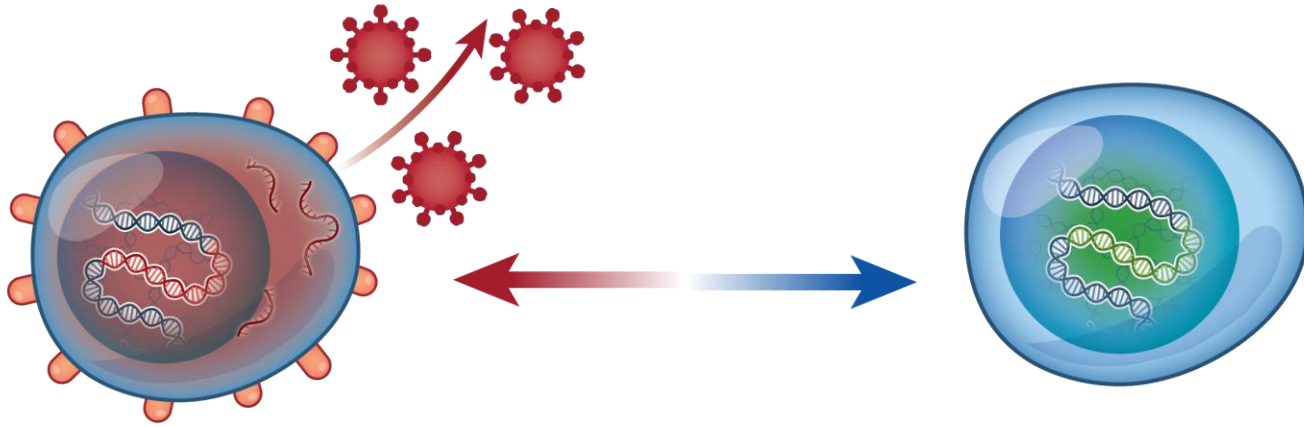
HIV cure is extremely rare but possible



Outline

- New concepts in understanding HIV latency
 - Clonal proliferation
 - Integration site
- Clinical strategies for an HIV cure and new studies
 - Latency reversal
 - Combination immunotherapy
 - Gene therapy

Two major forms of HIV infected cells



Productive infection

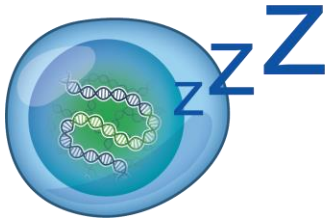
DNA positive
RNA positive
HIV protein positive
DEATH

Latent infection

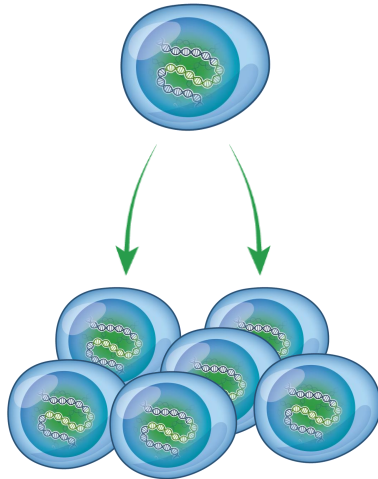
DNA positive
RNA negative
HIV protein negative
SURVIVAL

New concepts in HIV persistence and latency

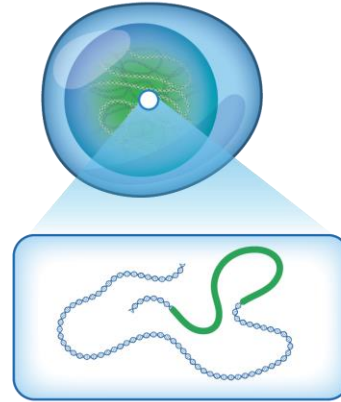
1.
Reservoir 'activity'



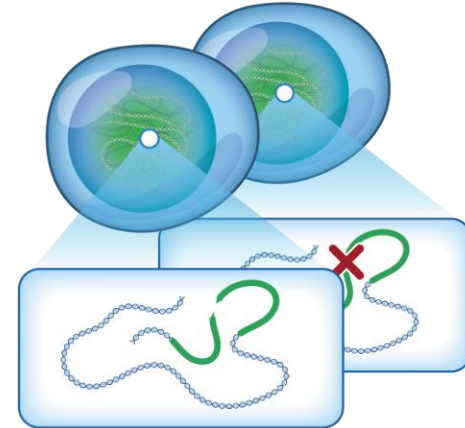
2.
Proliferation



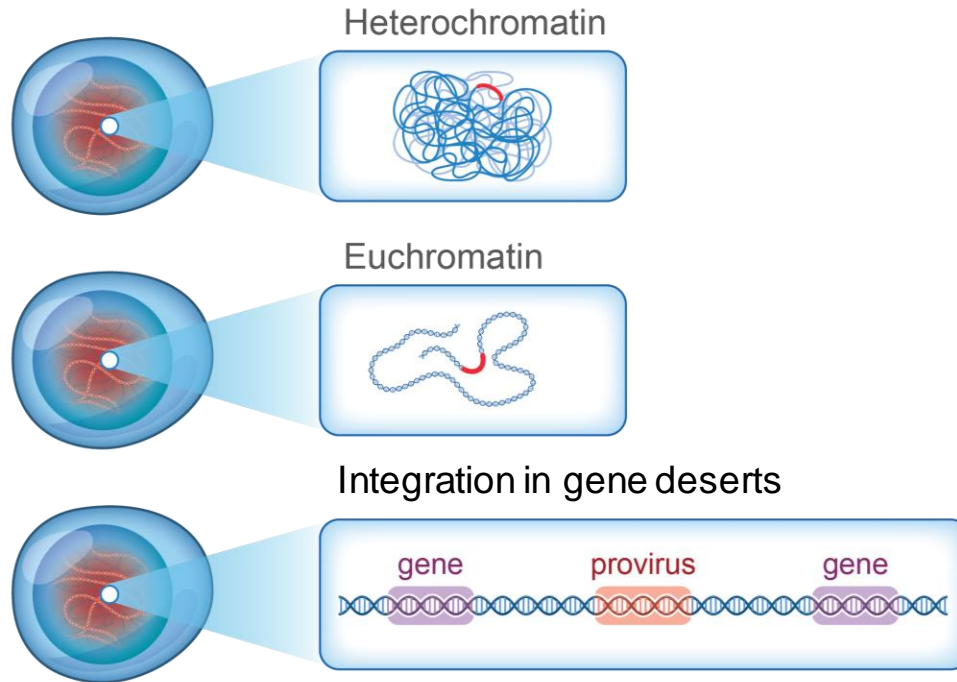
3.
Position matters



4.
Defective and intact virus

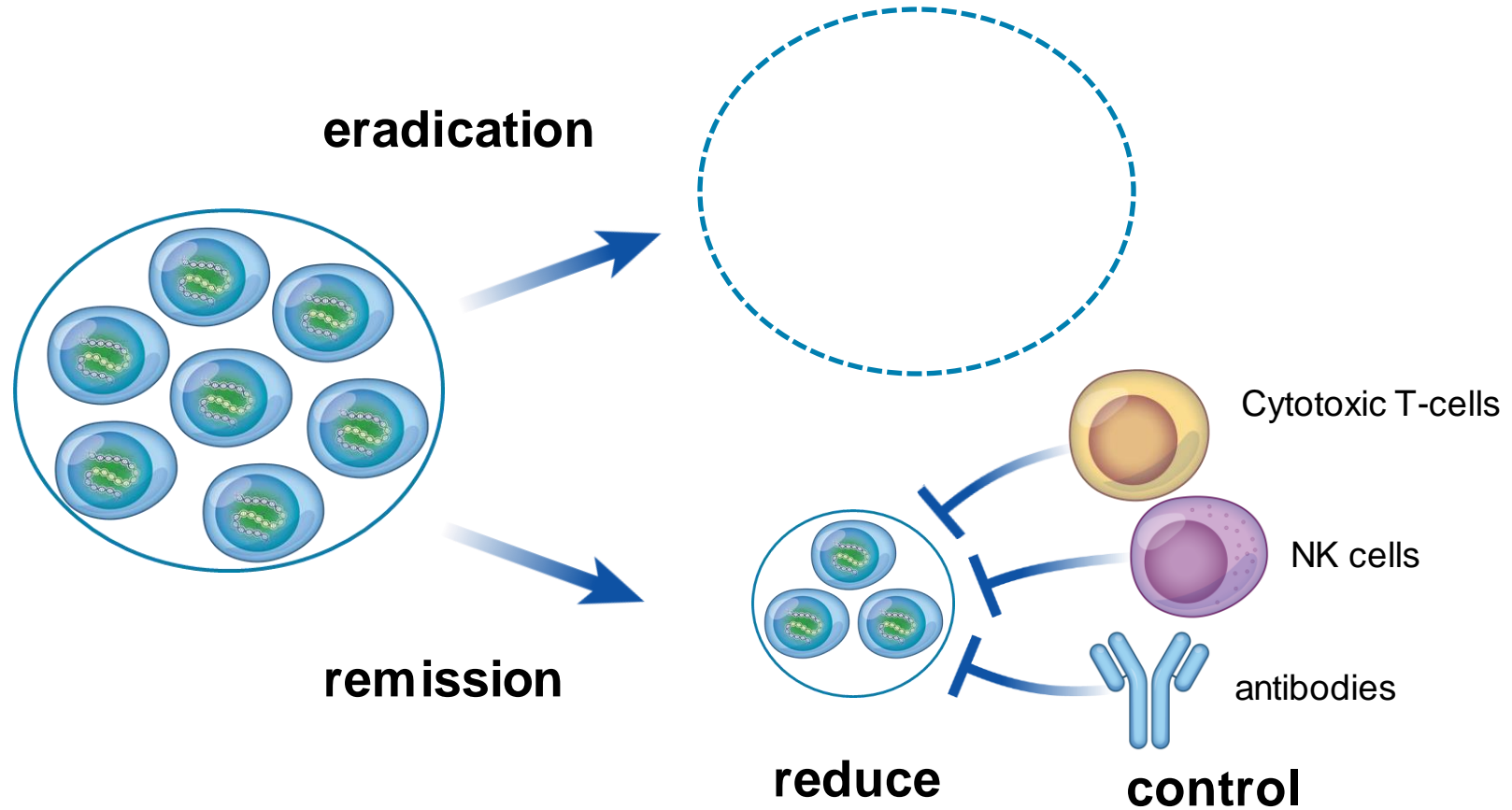


Position matters: HIV integration is important for virus transcription.....allowing it to stay silent or activate

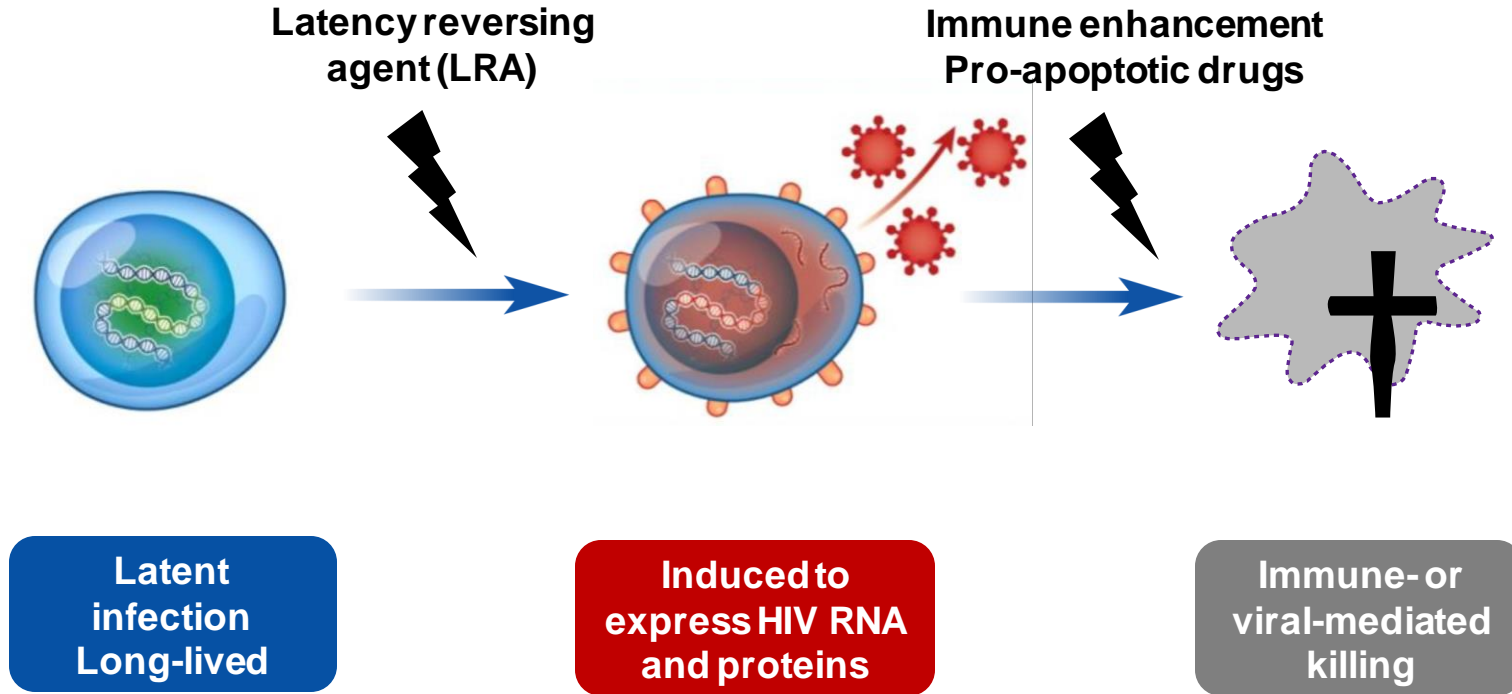


- Integration sites determine the likelihood of a virus being active or silent^{1,2}
- In elite controllers, intact virus more commonly found in gene deserts ie limited or no transcription^{3,4}
- Over prolonged ART, there is loss of transcriptionally active cells, leaving more deeply latent cells – some optimism!⁵

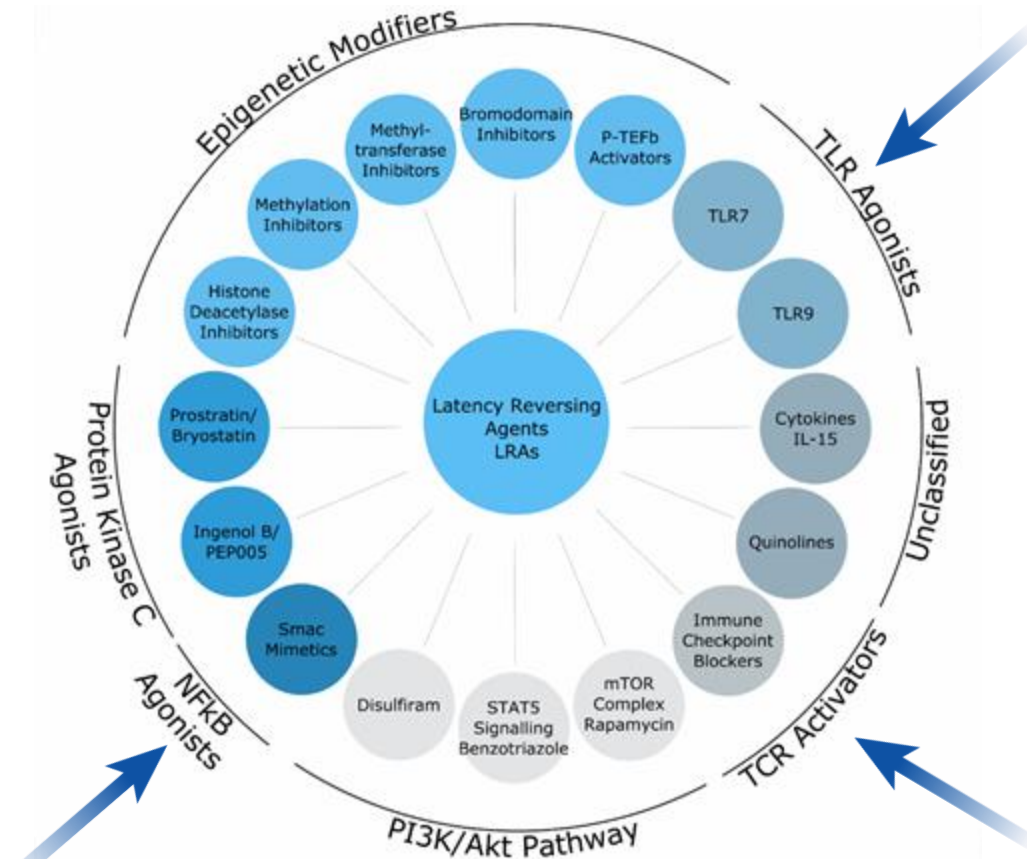
Overarching goals of cure strategies



HIV latency reversal: shock and kill



Latency reversing agents (LRA): can 'shock' but not 'kill'



- In vivo, **LRAs increase transcription** but no decline in the number of infected cells
- Need to get the 'kill' into shock and kill: **pro-apoptotic drugs**¹
- Immune modulating latency reversing agents such as **toll like receptor (TLR) agonists** or **anti-PD1** may have dual activity²

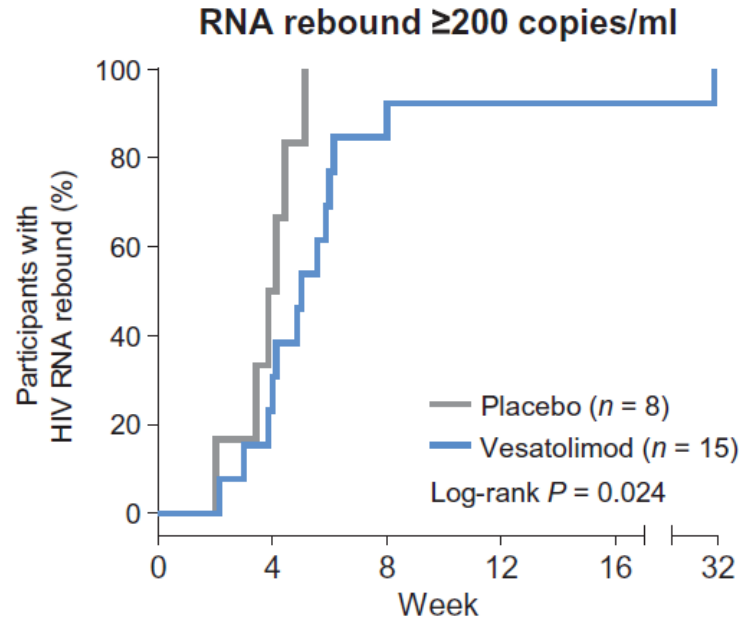
Immunomodulation: vesatolimod (TLR7 agonist)

Vesatolimod is a TLR7 agonist with important **immunomodulating activities** and can **reverse HIV latency** – in vitro and in (some) non human primates

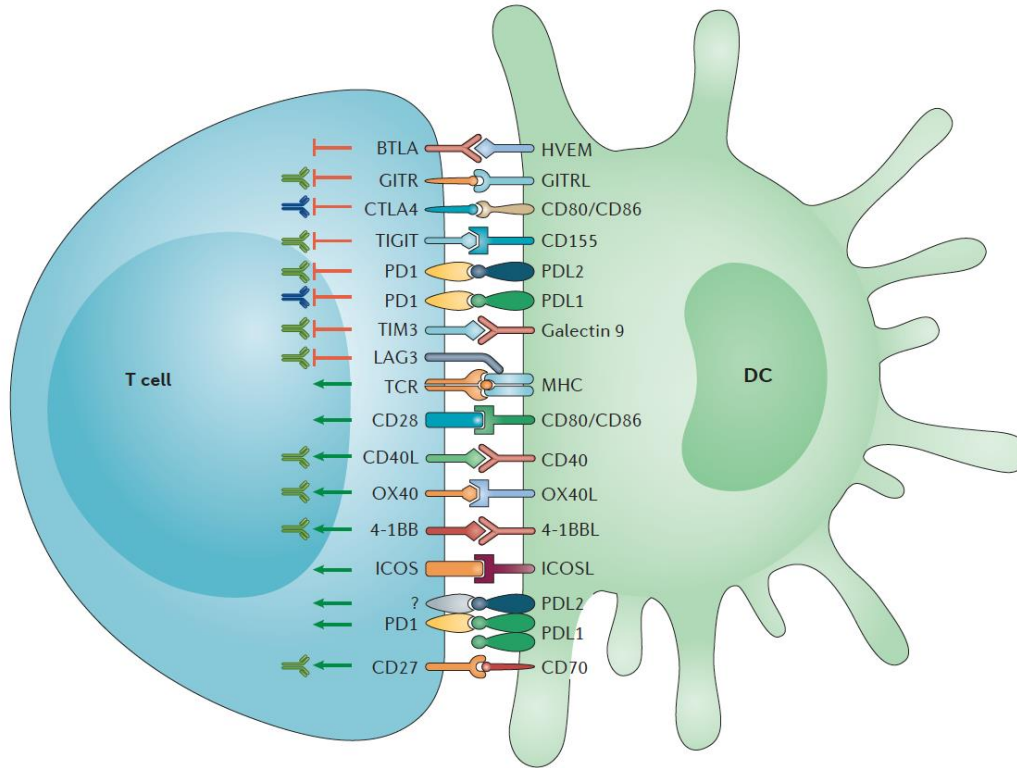
In one monkey study, **TLR7 agonist plus antibodies** led to cure in 50% of animals

In PLWH on ART (n=48) **vesatolimod** (1-12mg) was safe with evidence of activation of innate immunity but no latency reversal

In viremic controllers (n=25) randomised to vesatolimod or placebo, vesatolimod induced a **delayed time to viral rebound** off ART

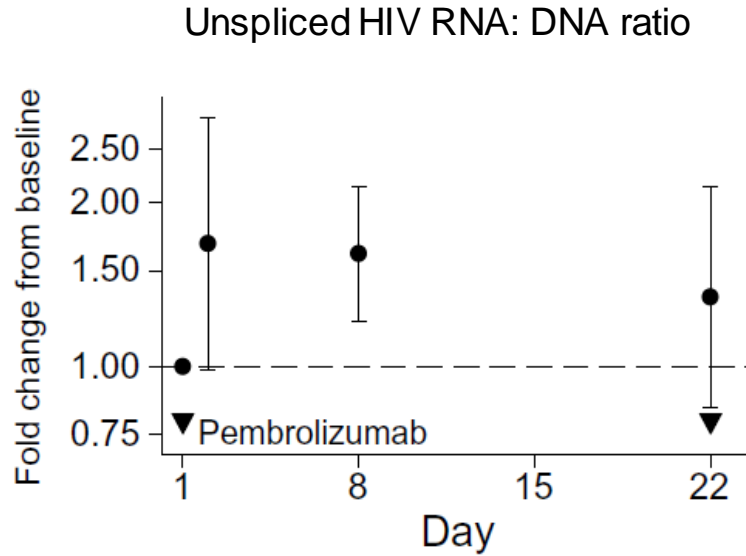
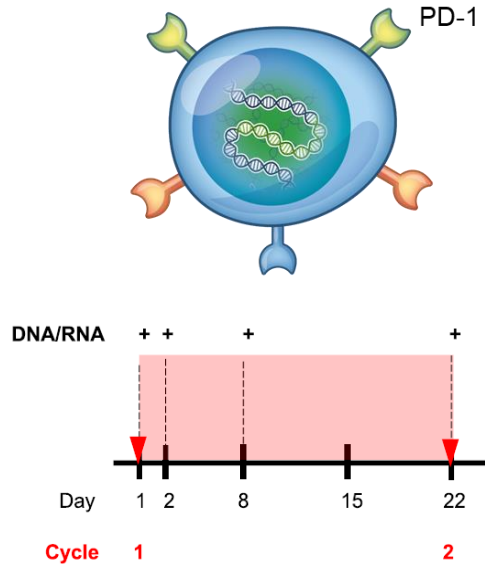


Immune checkpoints and HIV latency



- PD-1 and CTLA-4, dampen the immune response and are expressed on exhausted T cells in treated and untreated HIV^{1,2,3}
- Latent HIV is enriched in PD-1⁺ cells in blood and lymph nodes from people on ART and in both PD-1⁺ and CTLA4⁺ cells in non human primates on ART⁴⁻⁷
- Case reports of anti-PD1 in HIV-infected individuals on ART with cancer show a decline in infected cells^{7,8,9}

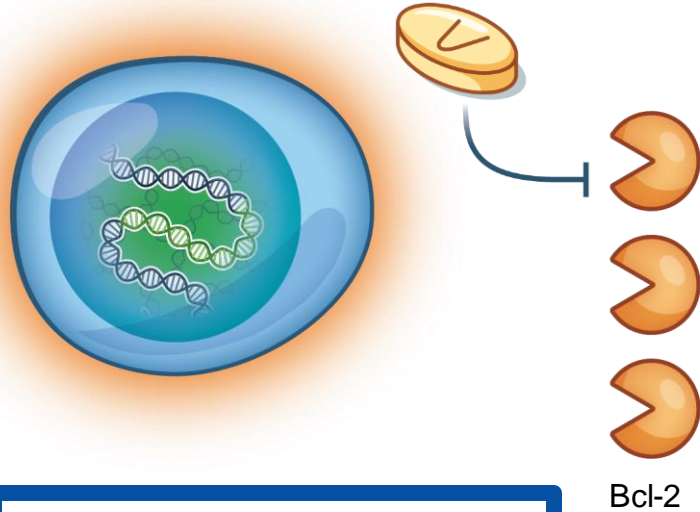
Anti-PD1 reverses HIV latency in vivo in PLWH on ART



Dashed line indicates no change from baseline; and exclusion of dashed line from confidence interval indicates $P < 0.05$ by Wald test of regression coefficient

CITN12: n=35 PLWH with malignancy received pembrolizumab 200mg IV; 3 cohorts with low, intermediate and high CD4 counts. Toxicity profile similar to observations in HIV negative cohorts

Pro-apoptotic drugs: BCL-2 antagonists

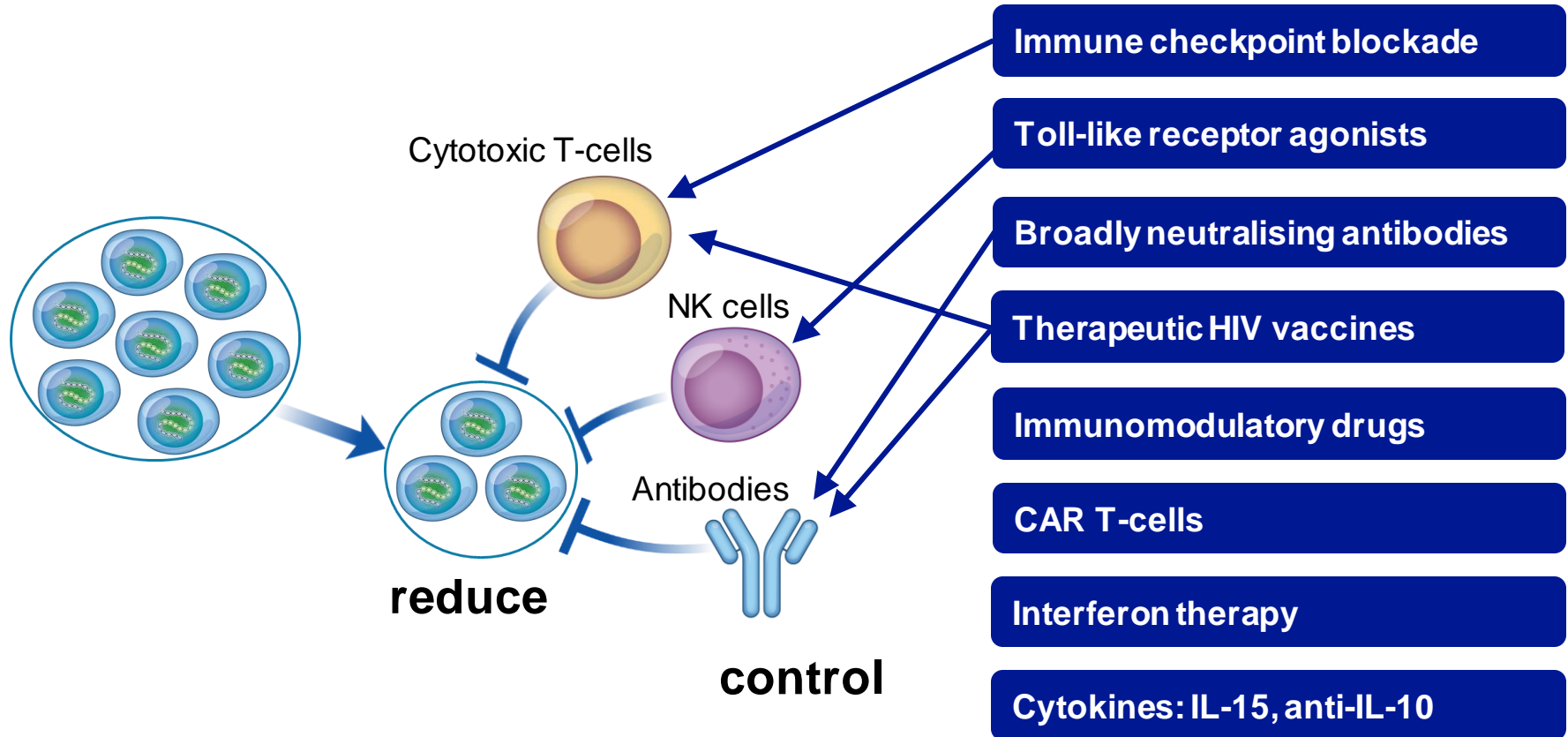


Latent infection

DNA positive
RNA negative
HIV protein negative
SURVIVAL

- Venetoclax is a **BCL-2 antagonist** and a licensed treatment for chronic lymphocytic leukemia¹
- Ex vivo, venetoclax leads to the **enhanced selective death** of latently infected cells²
- Effect **enhanced** in the presence of
 - CD8+ T-cells³
 - Latency reversing agents⁴

Immunotherapies under investigation for HIV cure

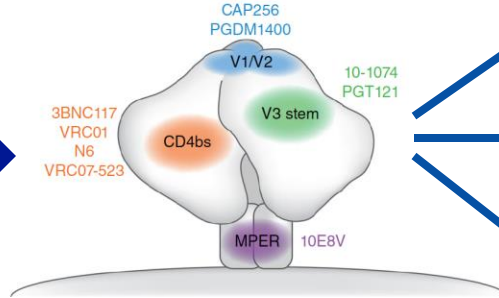


Broadly neutralising antibodies (bNAbs) against HIV



Technological advances in B-cell cloning → bNAb production

Isolation of bNAbs in a minority of HIV-infected individuals



Caskey, Nature Medicine 2019

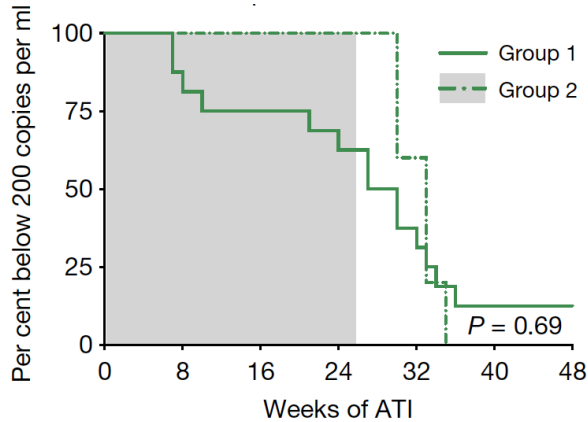
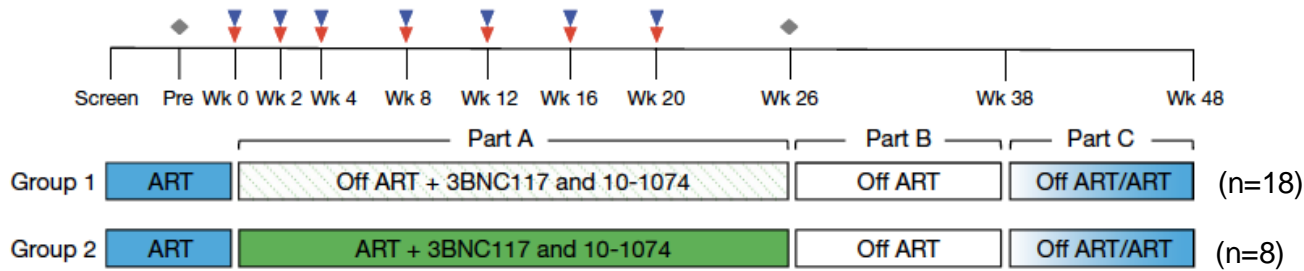
Many bNAbs identified and produced for clinical applications

HIV prevention

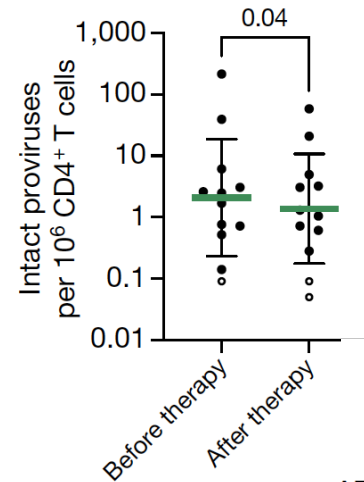
HIV treatment

HIV cure

bNAbs provide long term viral suppression and can modestly reduce the reservoir



- Group 1: Median time to rebound 28.5 weeks
- No difference between group 1 and 2
- 2 participants remained aviremic at end of study



Combination immunotherapy: larger and/or randomised clinical trials currently underway

name	Reduce and control		Reservoir	ATI
RIVER ¹	vorinostat	Vaccine (ChAd)	No change	no
ROADMAP ²	romidepsin	bNAb (3BNC)	No change	No change
TITAN	TLR9 agonist	bNAb (3BNC+10-1074)	Fully enrolled	yes

eCLEAR: 3BNC117 (bNAb) + romidepsin (LRA) at ART initiation

People newly diagnosed with HIV



N=15

ART

ART (INSTI-based)
3BNC117 (day7 and 21)
Romidepsin (day10, 17, 24)

N=15

3BNC

53% sensitive to 3BNC117 pre-intervention

N=15

RMD

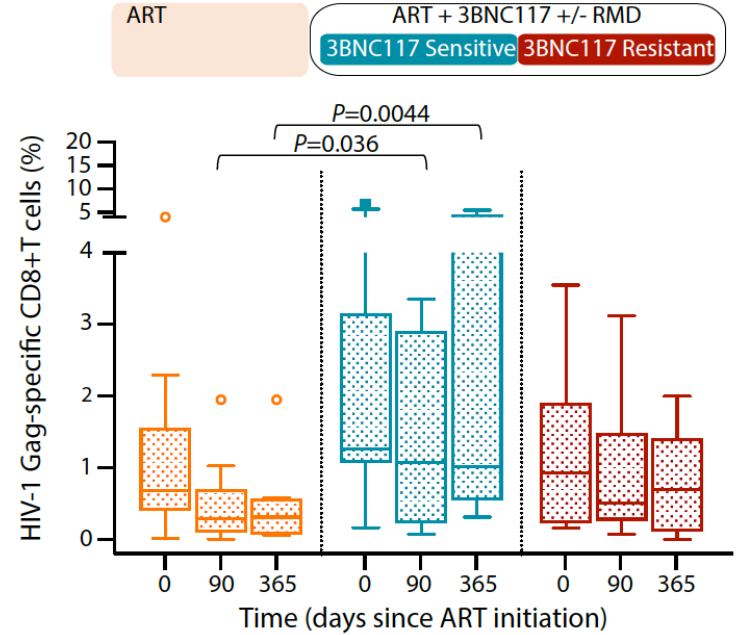
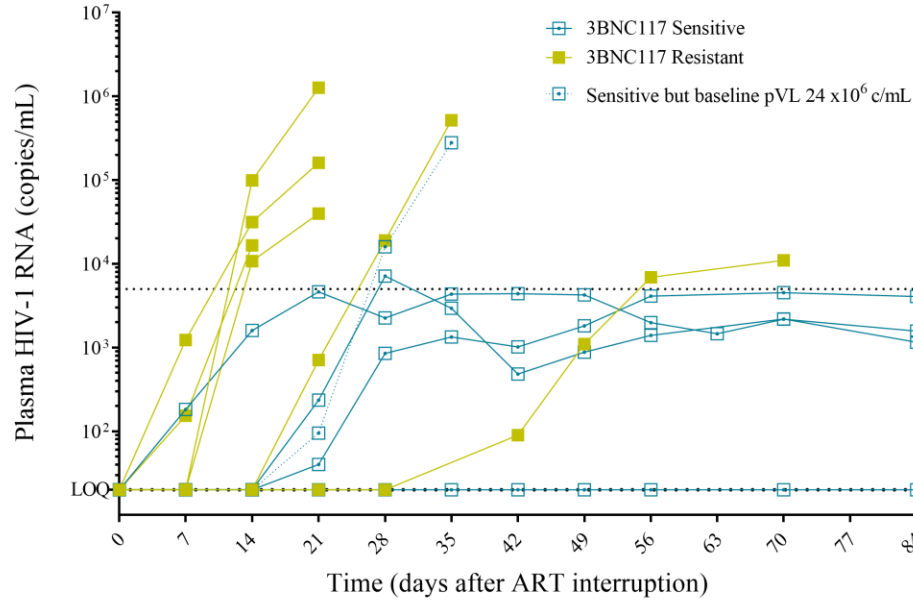
N=15

COMBI

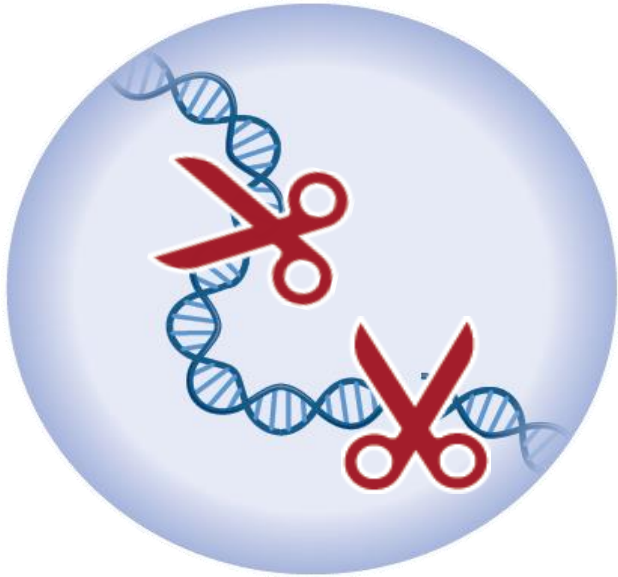
63% sensitive to 3BNC117 pre-intervention



3BNC117 (bNab) enhances viral suppression off ART and boosts HIV-specific immunity



Gene therapy: targets and strategies



Attack: enhance anti-HIV immune responses

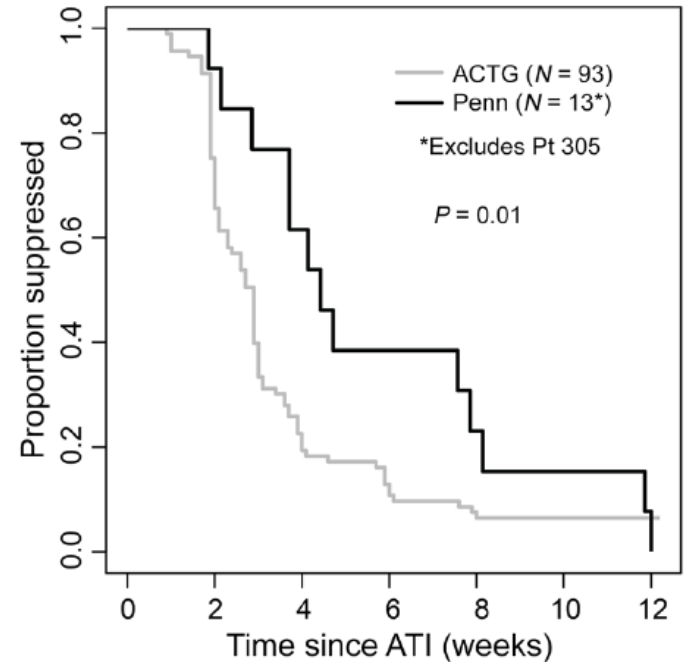
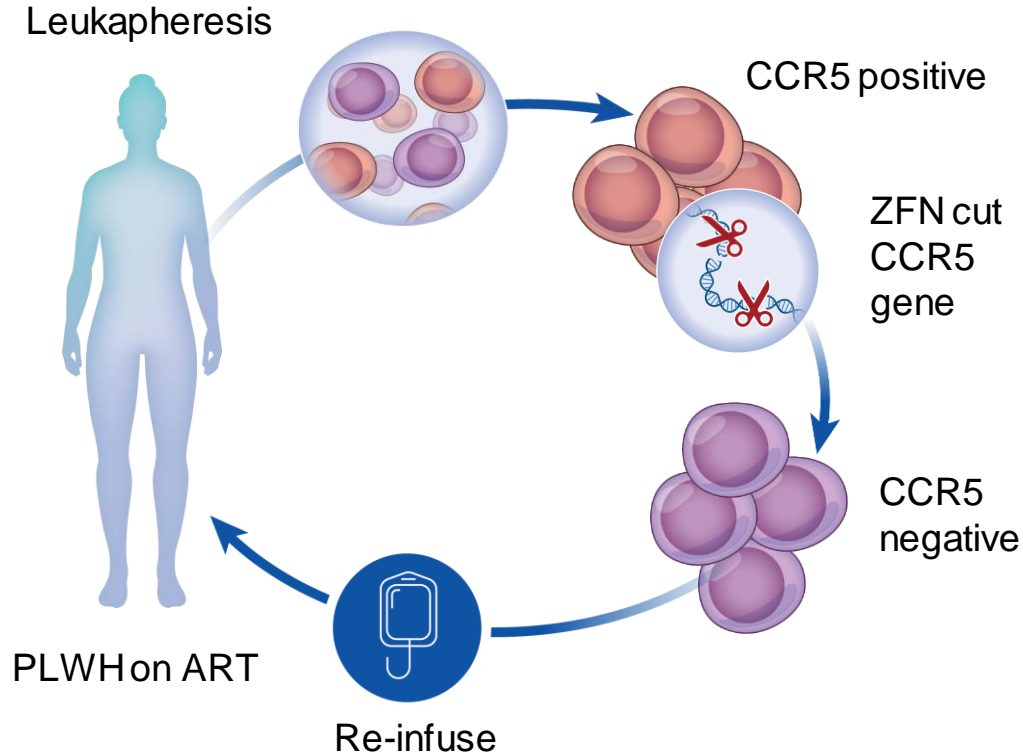
Protect: engineer uninfected cells to be resistant to HIV

Purge: directly eliminate the virus itself

Delivery of gene therapy a major challenge :
ex vivo (gene editing of cells outside the body) or **in vivo** (gene editing in the body)

Gene therapy: ex vivo gene modification

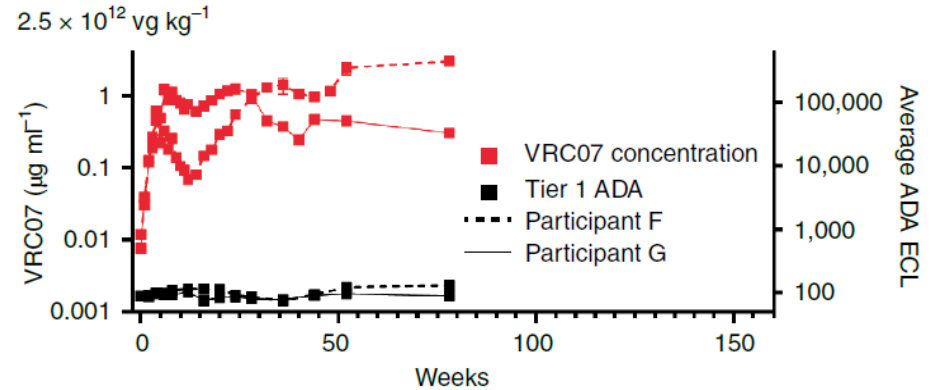
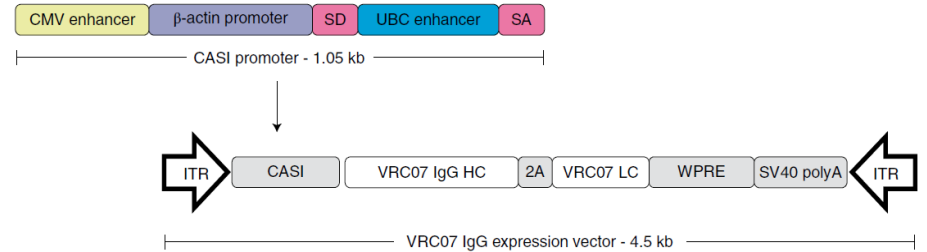
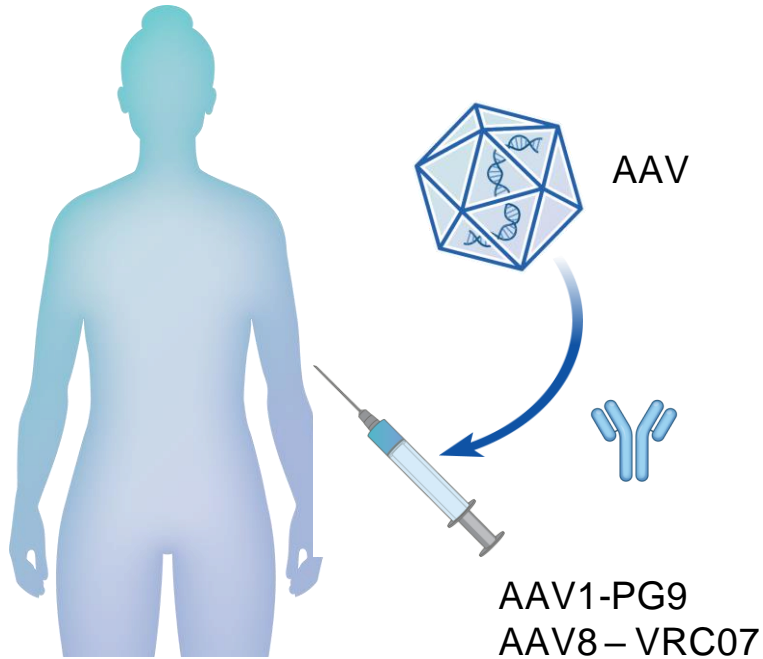
Ex vivo gene therapy



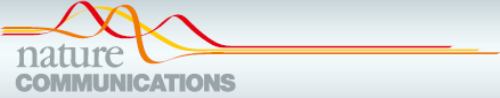
Participants were PLWH on ART who received ex vivo CCR5-modified cells (SB-728mRT) ± cyclophosphamide had delayed time to viral load rebound after interruption of ART

Gene therapy: in vivo modification

In vivo gene therapy



In vivo gene therapy for SIV/HIV with CRISPR-Cas9

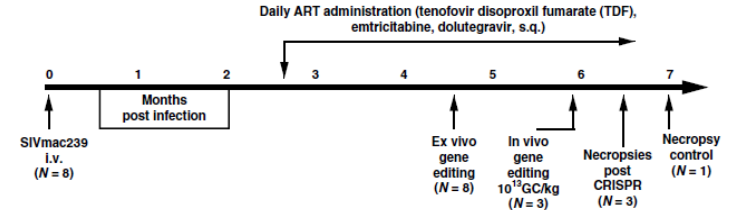


ARTICLE

<https://doi.org/10.1038/s41467-020-19821-7> OPEN

CRISPR based editing of SIV proviral DNA in ART treated non-human primates

Pietro Mancuso¹, Chen Chen¹, Rafal Kaminski¹, Jennifer Gordon¹, Shuren Liao¹, Mandy D. Smith¹, Hong Liu¹, Ilker K. Sariyer¹, Rahsan Sariyer¹, Tiffany A. Peterson², Jaclyn B. Williams², Summer Siddiqui², Bruce A. Bunnell^{2,3,4,5}, Binhua Ling^{2,6,7}, Andrew G. MacLean^{2,3,6}, Tricia H. Burdo¹ & Kamel Khalili¹



NEWS

FDA approves first trial investigating CRISPR gene editing as HIV cure

By Kasia Parkins | 16 Sep 2021

A new paradigm for HIV treatment is on the horizon as FDA gives nod for startup to begin trials of CRISPR-based gene therapy.

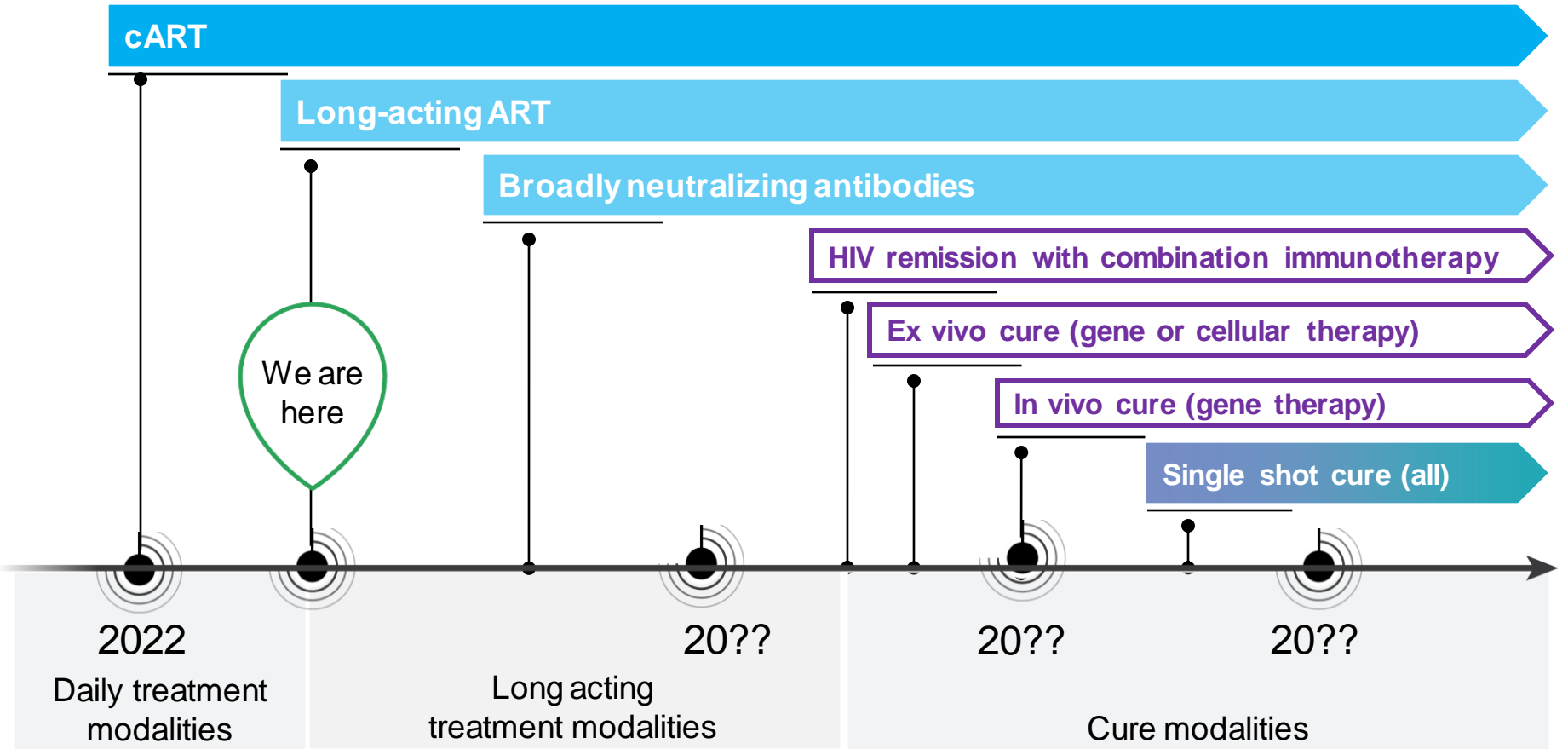


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Excision Biotherapeutics: first-in-human Phase I/II trial to evaluate the safety, tolerability and efficacy of EBT-101 in healthy individuals living with HIV. EBT-101 uses Adeno Associated virus (AAV), CRISPR-Cas9 plus 2 x gRNAs

First patient enrolled in September 2022

Current and future landscape for HIV treatment



Summary and implications for future directions

- The **HIV reservoir is dynamic** and is made up of truly latent and transcriptionally active cells which can also undergo clonal expansion.
- **Latency reversal agents alone** don't reduce the reservoir and therefore need to be combined with other agents that directly kill the infected cell. Some of the newer latency reversing agents also have immunomodulatory activities such as TLR agonists and immune checkpoint blockers
- New strategies for delivery of **gene therapy** in vivo using Adeno Associated Virus or Lipid Nanoparticles (LNP) are a major advance for implementation and are of high interest
- We remain far from a cure for HIV but ongoing discussions about a **target product profile** for a cure is needed now to ensure that any advance will be delivered quickly to those at highest need and acceptable to the community



nature
medicine

REVIEW ARTICLE

<https://doi.org/10.1038/s41591-021-01590-5>



Research priorities for an HIV cure: International AIDS Society Global Scientific Strategy 2021

Steven G. Deeks¹✉, Nancie Archin², Paula Cannon³, Simon Collins⁴, R. Brad Jones⁵,
Marein A. W. P. de Jong⁶, Olivier Lambotte⁷, Rosanne Lamplough⁸, Thumbi Ndung'u^{9,10,11},
Jeremy Sugarman¹², Caroline T. Tiemessen¹³, Linos Vandekerckhove¹⁴, Sharon R. Lewin^{15,16,17} ✉
and The International AIDS Society (IAS) Global Scientific Strategy working group*

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Oregon Health Sciences University

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Lydie Trauttmann



Australian Government
**National Health and
Medical Research Council**

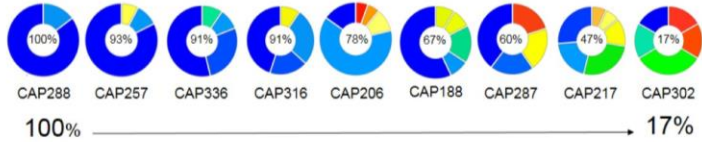


amfAR
MAKING AIDS HISTORY



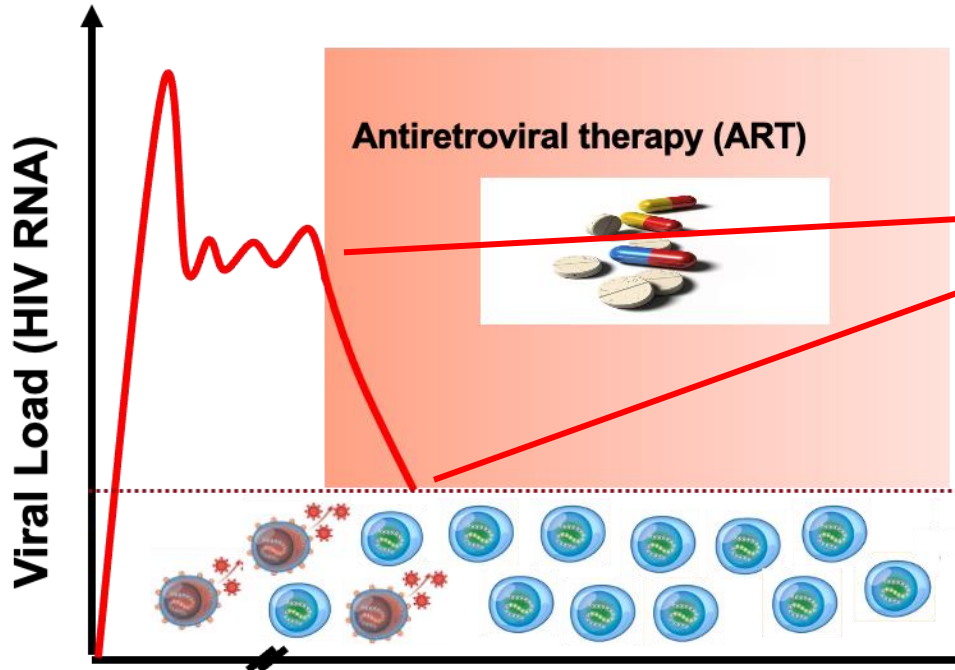
Australian Centre for
HIV and Hepatitis Virology Research

Are we targeting the reservoir at the right time?



- The size and composition of the latent HIV reservoir is seeded at the time of ART initiation

Abrahams, Science Transl Med 2019



Immunotherapies relying on antigen expression may have greater efficacy if delivered during viremia?

Most cure studies to date have tested interventions in the setting of long-term viral suppression by ART