

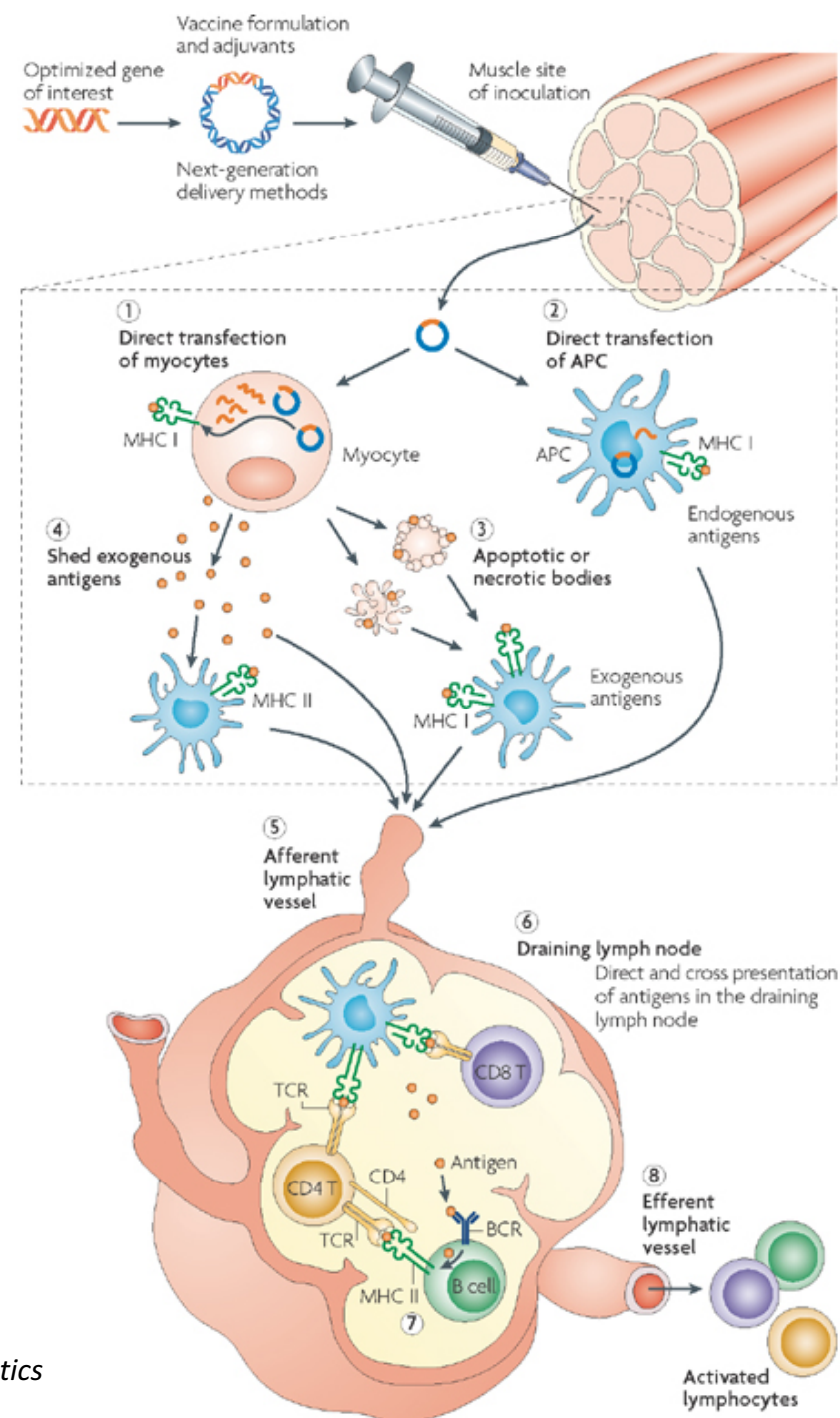


# **LONG TERM FOLLOW-UP FROM THE PEDVAC STUDY: INSIGHTS ON EARLY TREATED CHILDREN**

**PENTA INVESTIGATOR'S MEETING (PIM)  
Venice, 27th - 30th April 2017**

**Emma C Manno, MD**

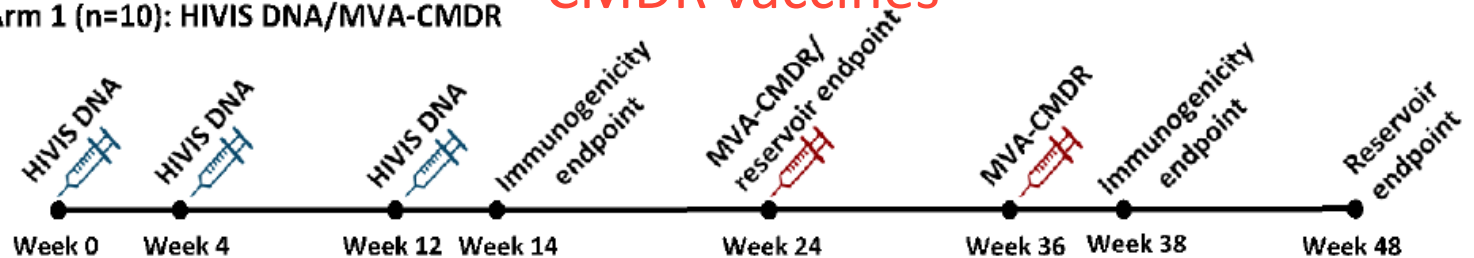
## INDUCTION OF CELLULAR AND HUMORAL IMMUNITY BY DNA VACCINATION



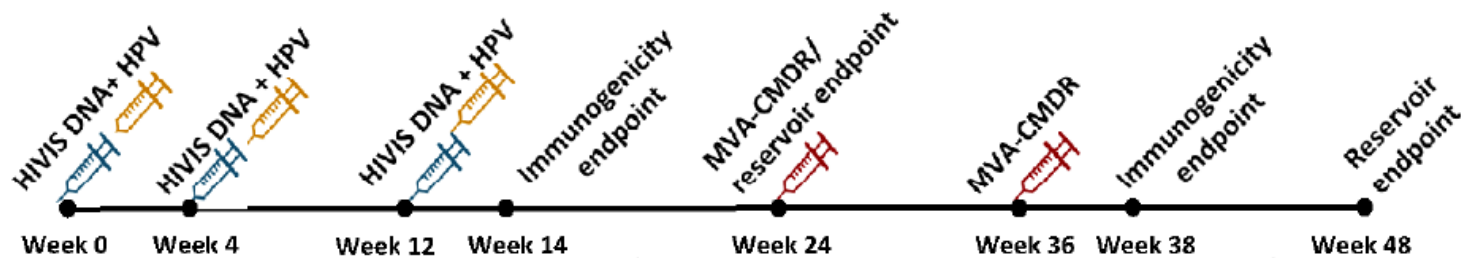
# The U01 grant.

## Targeting HIV reservoirs in children with HIVIS DNA and MVA-CMDR vaccines

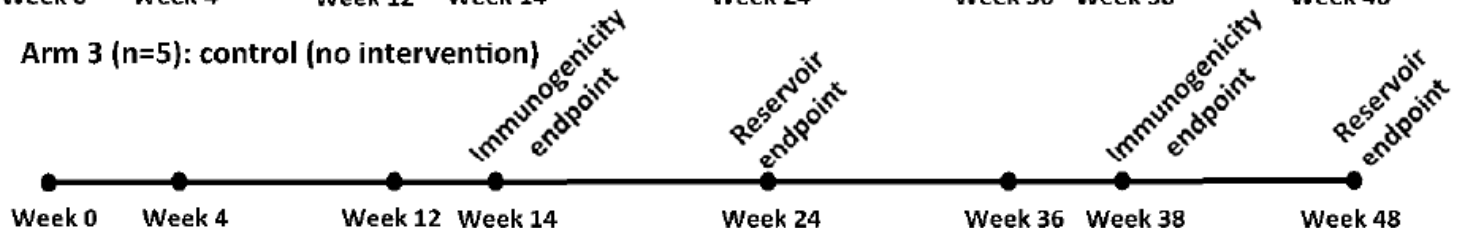
### Arm 1 (n=10): HIVIS DNA/MVA-CMDR



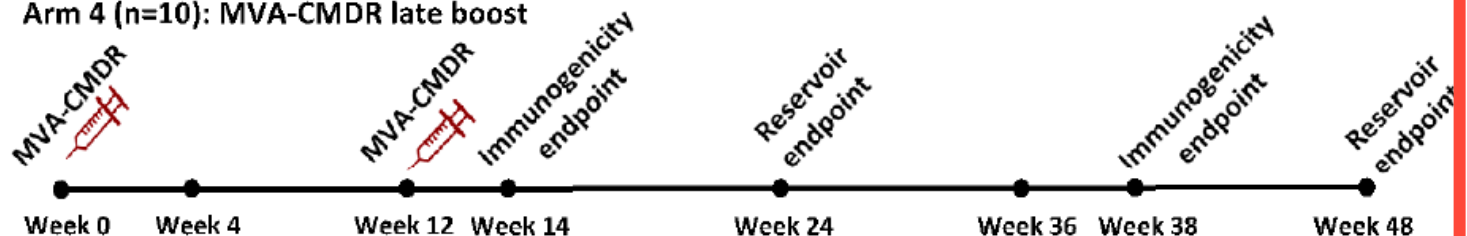
### Arm 2 (n=10): HIVIS DNA/MVA-CMDR and TLR4 agonist adjuvant (HPV)



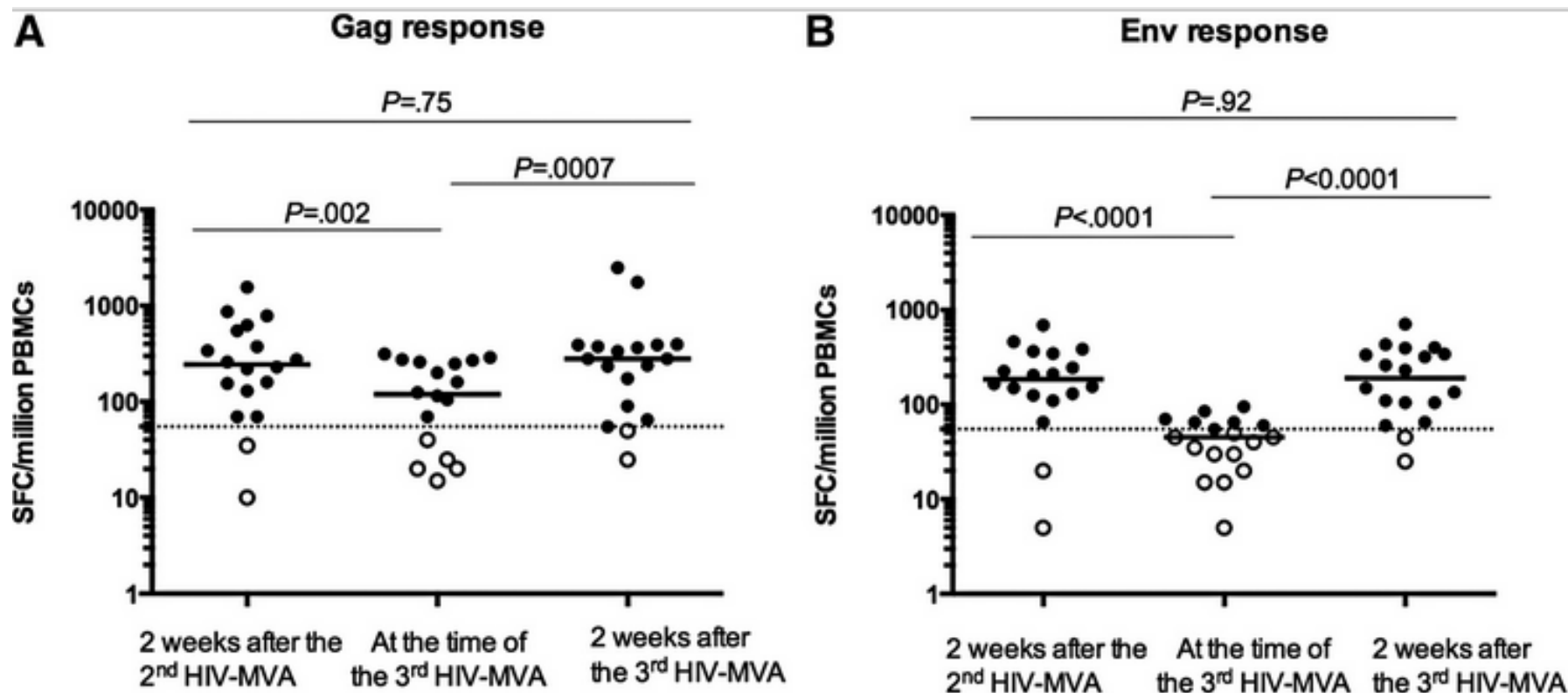
### Arm 3 (n=5): control (no intervention)



### Arm 4 (n=10): MVA-CMDR late boost



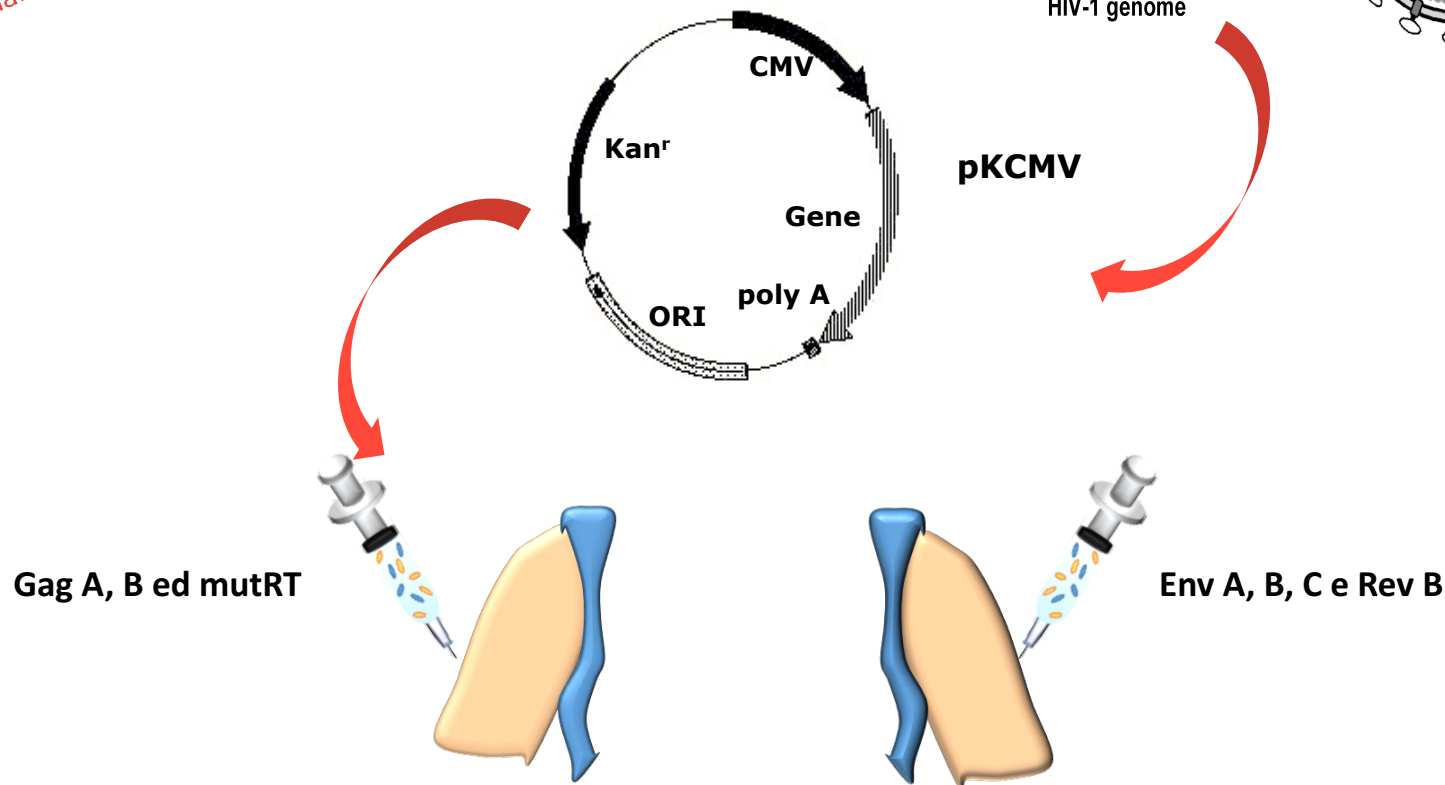
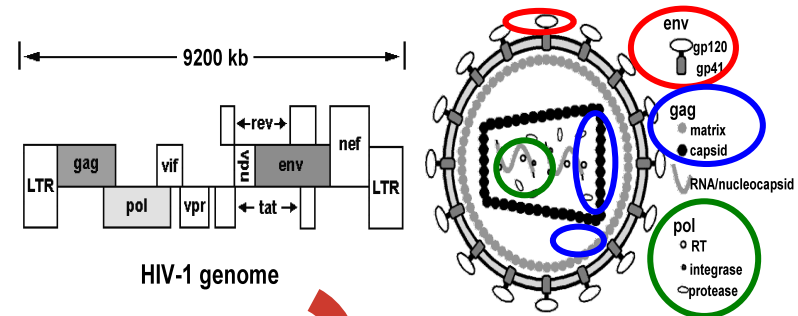
# EVIDENCE FOR LATE MVA BOOSTING IN PREVIOUSLY HIVIS-DNA VACCINE VACCINATED INDIVIDUALS



IFN-γ ELISPOT HIV specific responses.



# ARM 4 → PEDVAC STUDY



W -4	W -2	W 0	W 4	W 12	W 16	W 20	W 36	W 40	W 48	W 60	W 72	W 84	W 96	W 120	W 156
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ART



## PATIENT DATA AT ENROLMENT

	Controls	Vaccinees
Female/Male	6/4	6/4
Age (years) median (range)	12,0 (8,1–16,3)	11,5 (6,3–14,3)
CD4+ percentage median (range)	35,5 (28–47)	34 (28–42)
CD4+ no. of cells/mm <sup>3</sup> , median (range)	748,5 (423–1188)	798 (497–1094)
Median time in months with HIV<50 copies/ml before study entry (range)	101 (13–156)	69 (12–137)
ART: 2 NRTI/PI	5/10	4/10
ART: 2 NRTI/NNRTI	5/10	6/10
Median time in months with the same ART (range)	12 (12–42)	16,5 (9–46)
Early ART treated children within the first year of life	2/10	2/10



# RESULTS FROM PEDVAC STUDY



## Safety

Subjects reporting solicited adverse reactions within 7-days after each vaccination

	1st DNA vaccination	2st DNA vaccination	3st DNA vaccination	4thDNA vaccination
<b>Local</b>	6/10 (60%)	5/10 (50%)	4/10 (40%)	3/10 (30%)
<b>Systemic</b>	6/10 (60%)	2/10 (20%)	5/10 (50%)	4/10 (40%)
<b>Both</b>	3/10 (30%)	1/10 (10%)	3/10 (30%)	1/10 (10%)

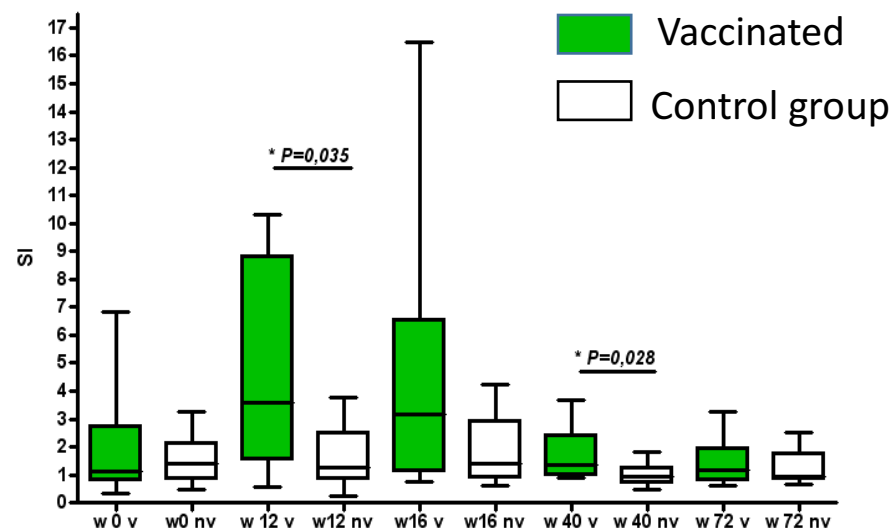
- CD4+ T-cell counts remained stable

- No children experienced virological failure



## Immunogenicity

### Lymphoproliferative response to p24-GAG



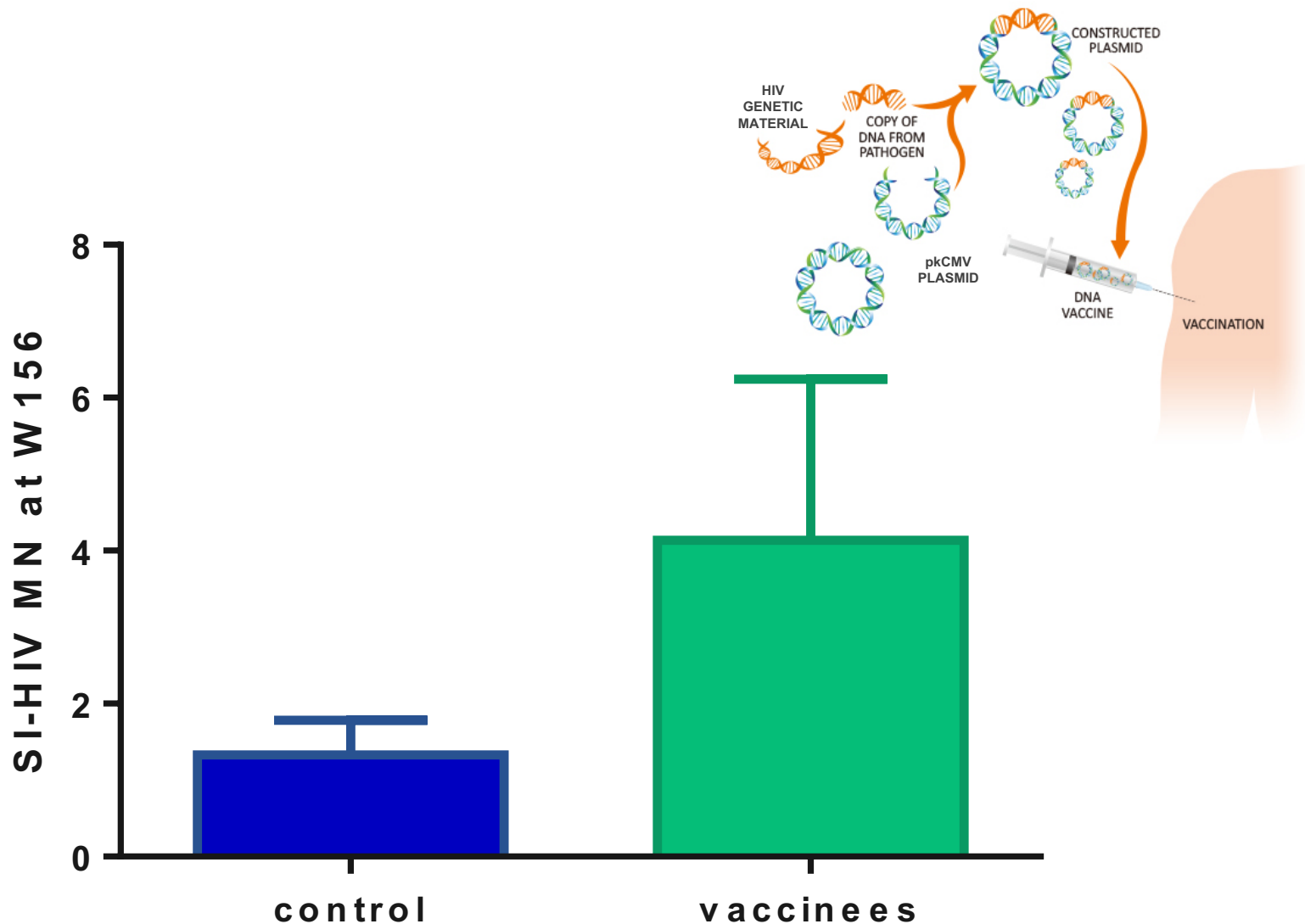
Palma P. et al, *PLoSone* 2014





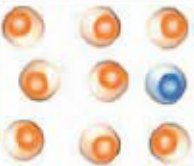



























# PEDVAC STUDY: THE FIRST AND UNIQUE TRIAL WITH HIVIS VACCINE IN HIV INFECTED CHILDREN

	Infant (0–6 months)				Child (6–16 years)
	PACG 230 <sup>72</sup>	PACTG 326 <sup>73</sup>	PedVacc 001 <sup>74</sup>	PedVac 002 <sup>75</sup>	PedVacc <sup>76</sup>
Vaccine type	Prophylactic	Prophylactic	Prophylactic	Prophylactic	Therapeutic
Vaccine compounds	rgp120 (MN) + adjuvant (alum/MF-59)	vCP1452 ± rgp120	MVA.HIVA (HIV-1 clade A gag p24/p17 + CD8 T-cell epitope)	MVA.HIVA (HIV-1 clade A gag p24/p17 + CD8 T-cell epitope)	HIVIS DNA (HIV-1 subtypes A, B, and C, encoded env, rev, gag, and RT)
Number of patients	188	30	48	73	20
Population under study	Exposed infants	Exposed infants	Healthy infants	Exposed infants	Vertically HIV infected children
Study design	Multicentre, phase 1/2, randomised, placebo-controlled study	Multicentre, phase 1/2, randomised, double blinded, placebo-controlled study	Single centre, phase 1, open-label, randomised, no treatment controlled study	Single-site phase 1/2, open-label, randomised-controlled trial	Phase 1/2 open-label controlled, randomised trial
Schedules	Birth and ages 2 or 4, 8, and 20 weeks	Birth and ages 4, 8, and 12 weeks	Aged 20 weeks	Aged 20 weeks	Week 0, 4, 12 with a boosting dose at week 36
Immunogenicity	Induce robust, durable env-specific IgG responses, including anti-V1V2 IgG; higher anti-V1V2 IgG responses in infant recipients of rgp120 (MN)+MF59 than in adult recipients of RV144 <sup>77</sup>	Induce robust, durable env-specific IgG responses, including anti-V1V2 IgG	Did not alone induce sufficient HIV-1-specific responses	Not sufficiently immunogenic to induce HIV-1-specific, interferon-γ-producing T cells	Higher HIV-specific cellular immune responses were noted transiently to gag compared with age-matched control group; lymphoproliferative response to the gag virion antigen (HIV-1 MN) were higher in children than in adults <sup>78</sup>
rgp120=recombinant gp120. vCP1452=HIV-1 canarypox vaccine 1452. MVA=modified vaccinia virus Ankara. HIVIS DNA=multiclade multigene HIV DNA vaccine. RT=reverse transcriptase.					
<b>Table: HIV vaccine studies in paediatric settings</b>					

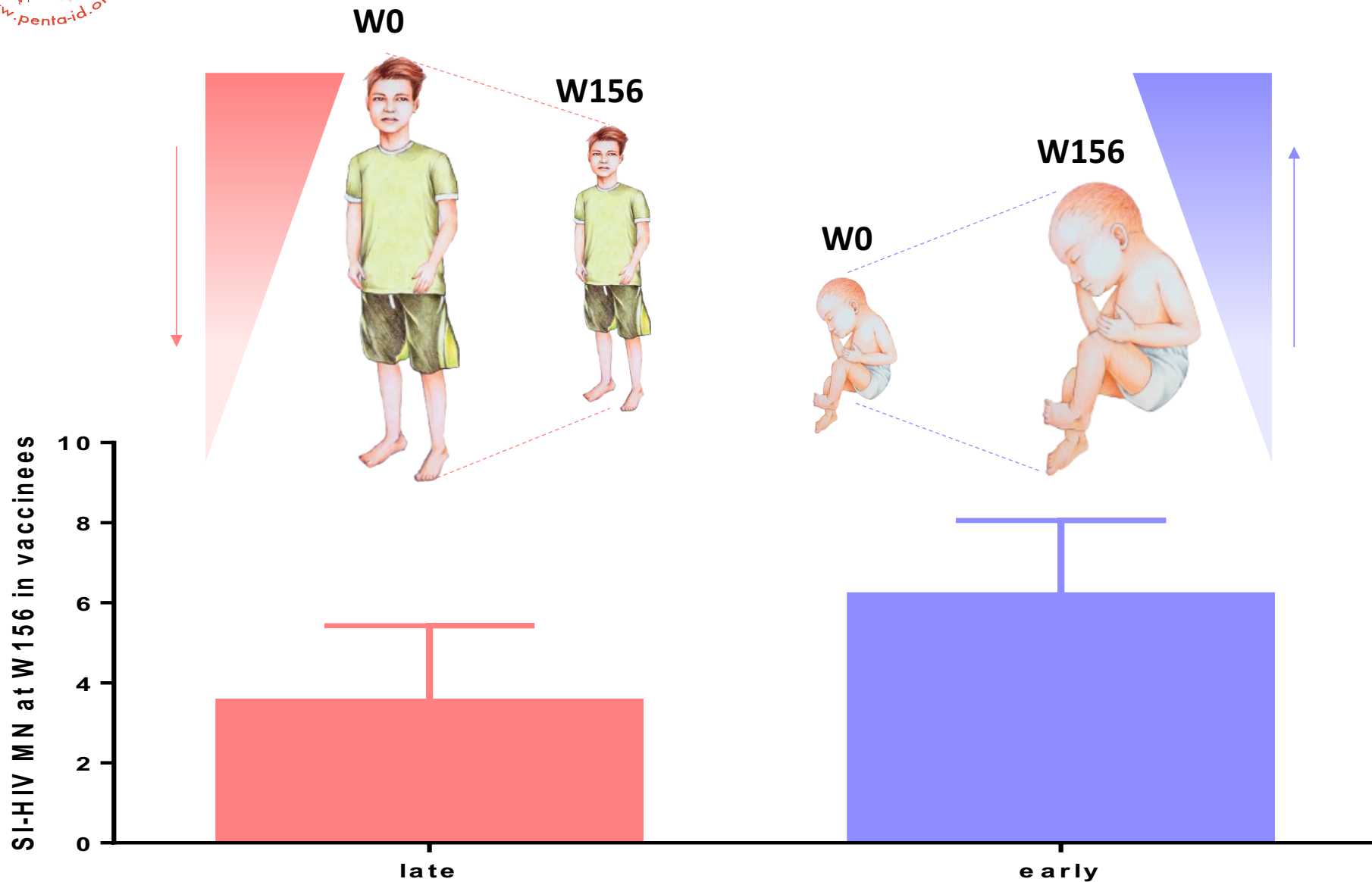
# LONG TERM LYMPHOPROLIFERATIVE RESPONSES (LPR) PERSIST OVERTIME IN VACCINEES GROUP AND ARE DETECTABLE AFTER 156 WEEKS FOLLOW-UP



# THE UNIQUENESS OF THE EARLY TRATED CHILDREN

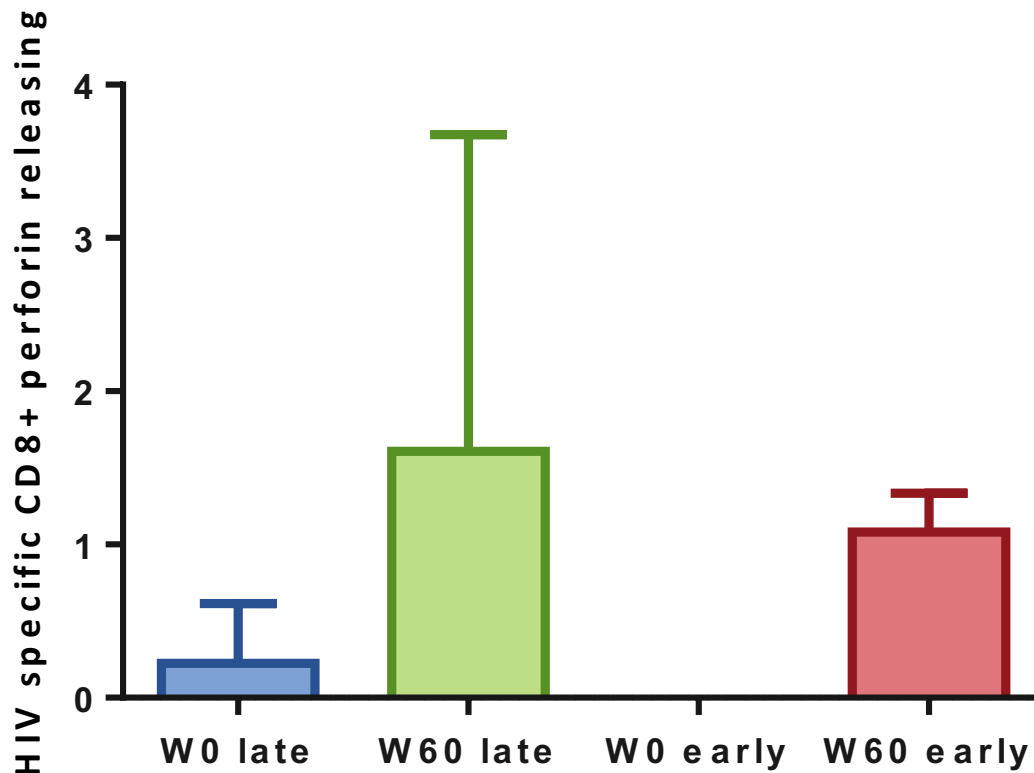
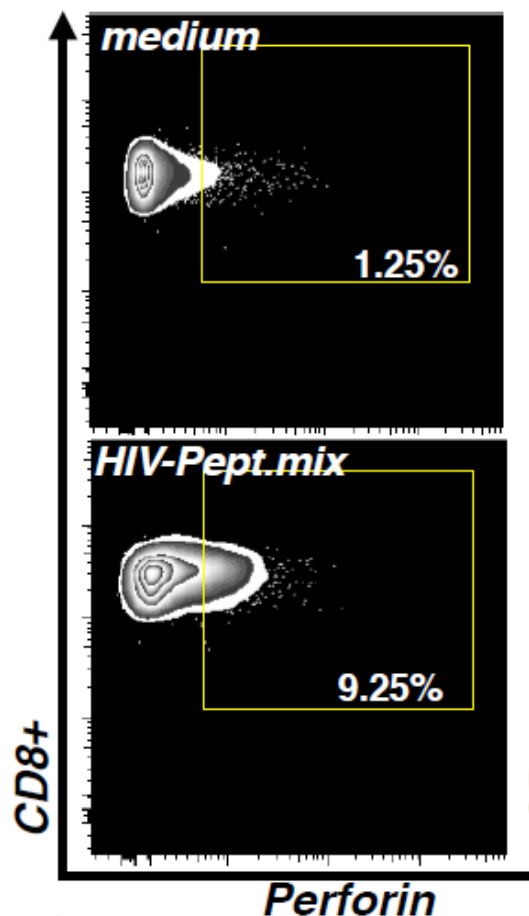
	HIV specific antibody response	Thymic output	T cell compartment	HIV latent reservoir	Viral diversity	Ability to mount and maintain immune response to vaccinations	Informative model for immunotherapeutic studies
Early-treated children							
Visconti cohort						No studies available	
Late-treated children							
Treatment-naïve children							
Treated adults							

# LONG TERM LYMPHOPROLIFERATIVE RESPONSES (LPR) IN VACCINEES IS HIGHER IN EARLY TREATED CHILDREN THAN IN LATE TREATED ONES



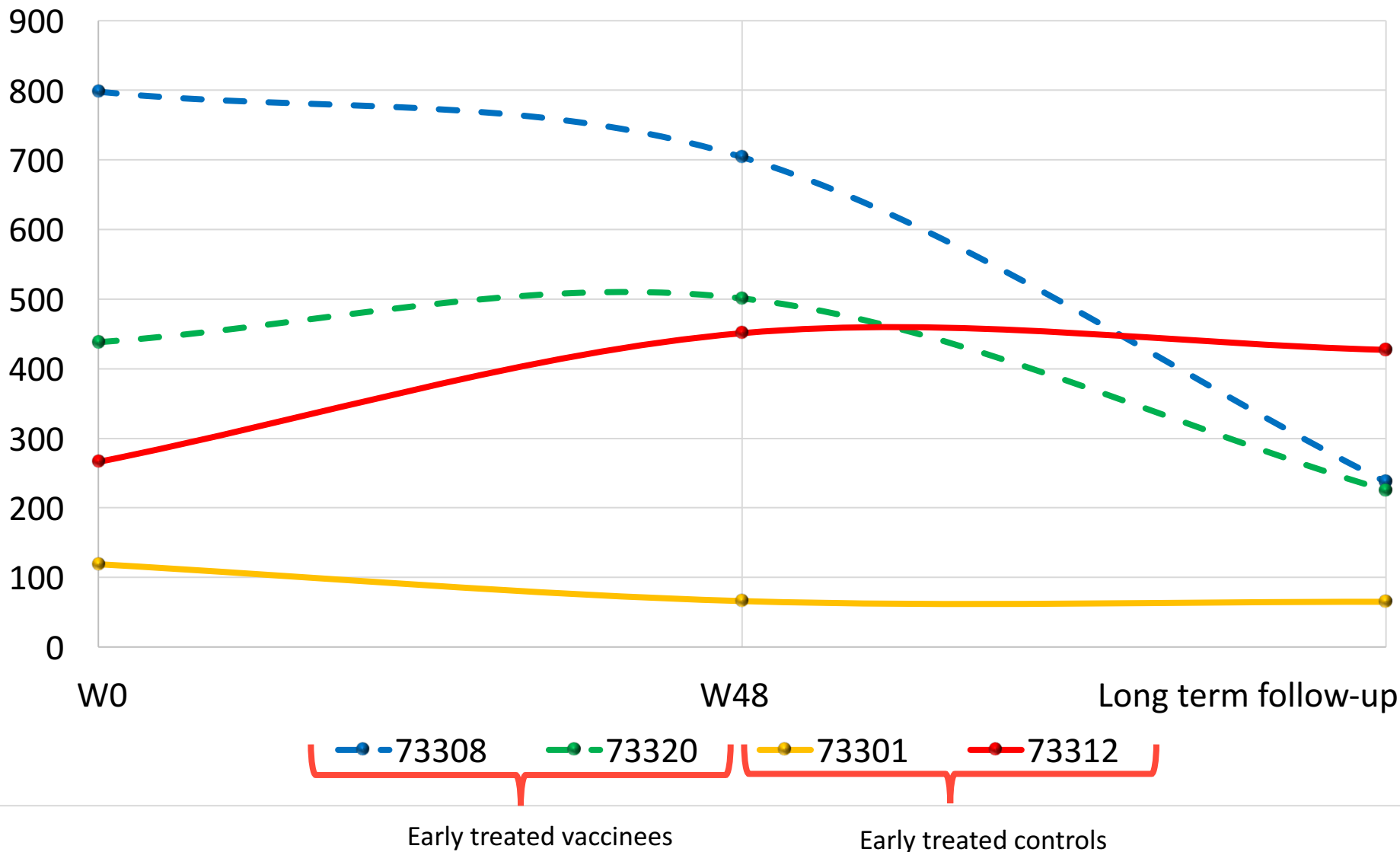


# HIVIS ELICIT HIV-SPECIFIC CD8+ PERFORIN RELASING IN EARLY TREATED CHILDREN





# HIV-DNA DYNAMICS IN EARLY TREATED VACCINEES AND CONTROLS



# Conclusions

Early treated children are an ideal population to investigate therapeutic HIV vaccines

Long term HIV specific lymphoproliferative responses are detectable in vaccinees with higher levels in early treated children

MVA late boosting provides an opportunity to assess immune enhancement in children that received HIVIS vaccine

The HIVIS vaccine in combination with future strategies could decrease HIV viral reservoir

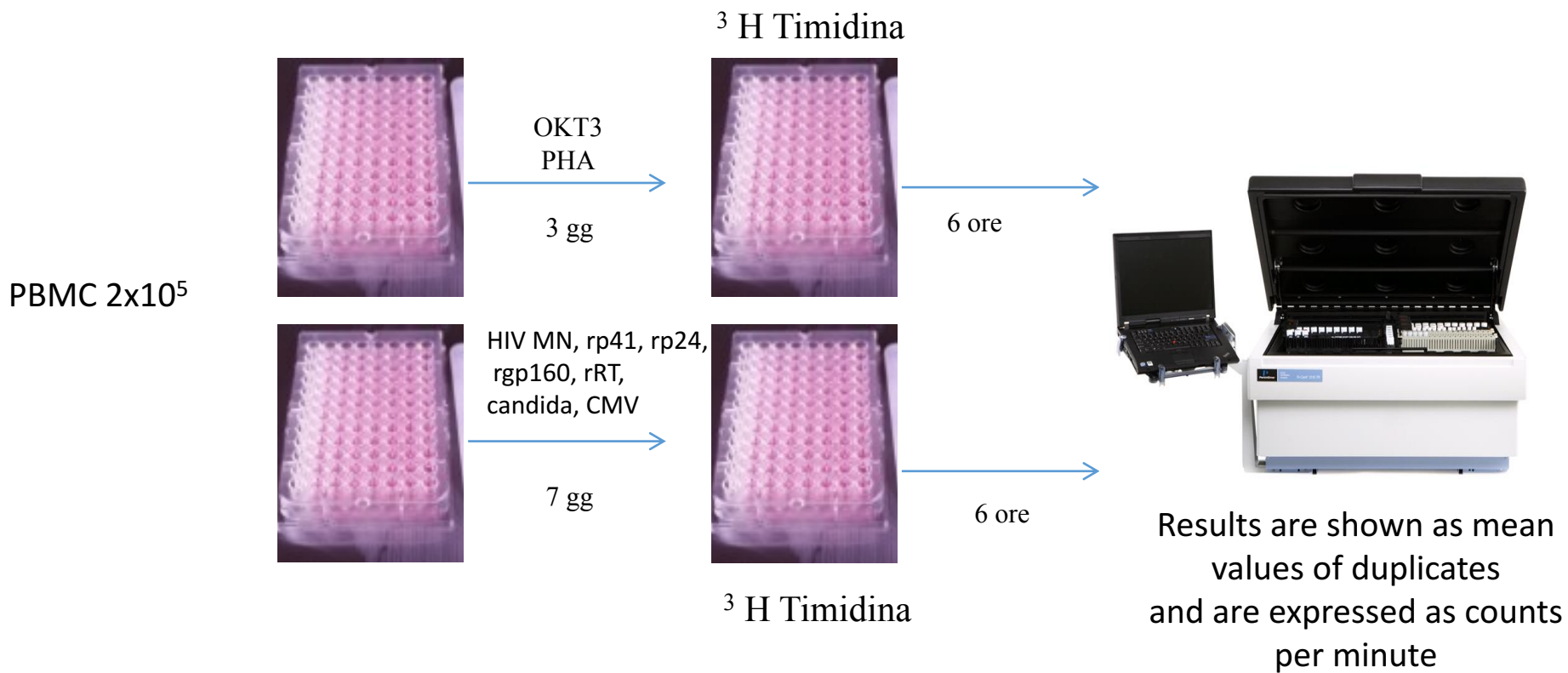
PERSPECTIVES



# THANKS



# Lymphoproliferation assay

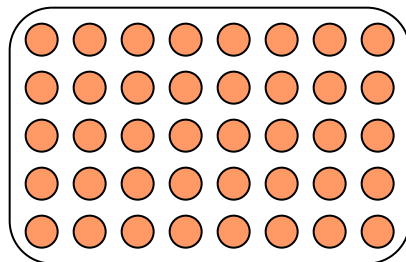


Stimulation index (SI): the ratio between the average counts of PBMC stimulated with antigen and the negative control. SI was considered as positive when  $\geq 3$



# Intracellular Cytokine Staining Assay

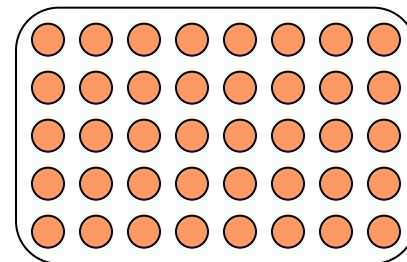
Heparinized fresh whole blood



Anti CD49d e anti CD3+  
Protein Pool RT, p17/24 Clade B,  
P17/24 Clade C, gp140 Clade C,  
gp140 Clade A

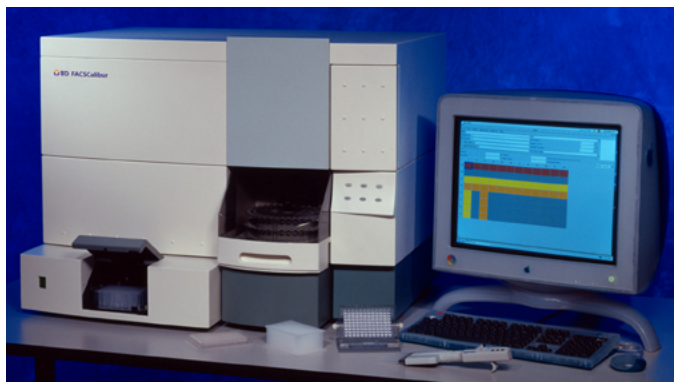
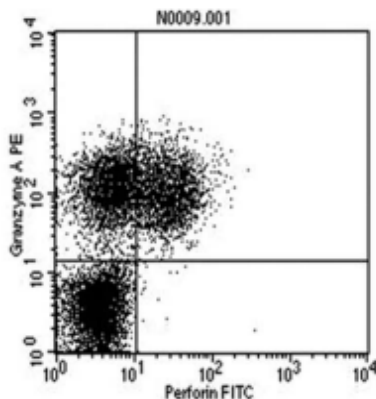
Incubate 16h

Brefeldina A



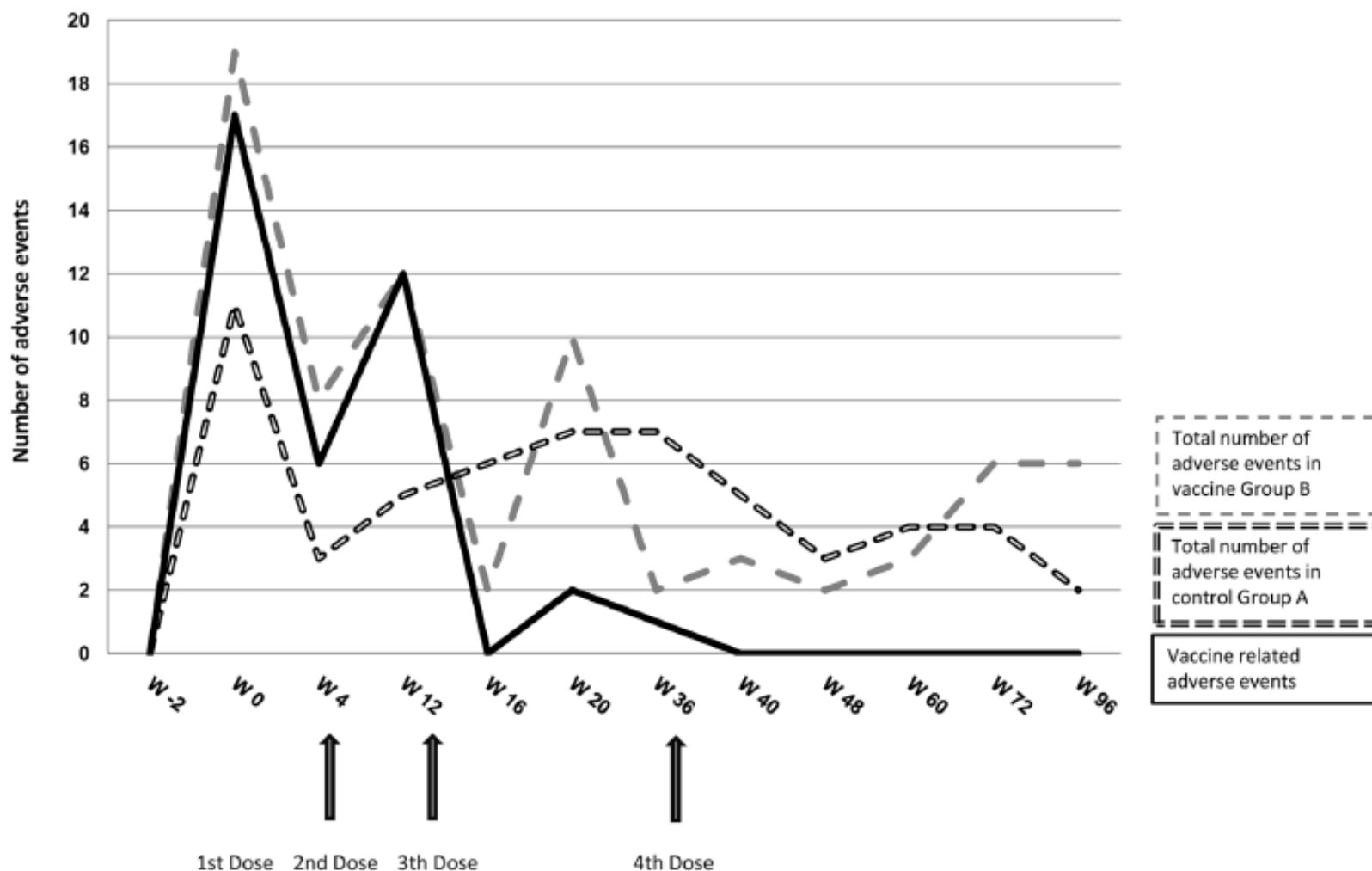
14 h

Anti CD3+,  
anti CD4+,  
anti CD8+



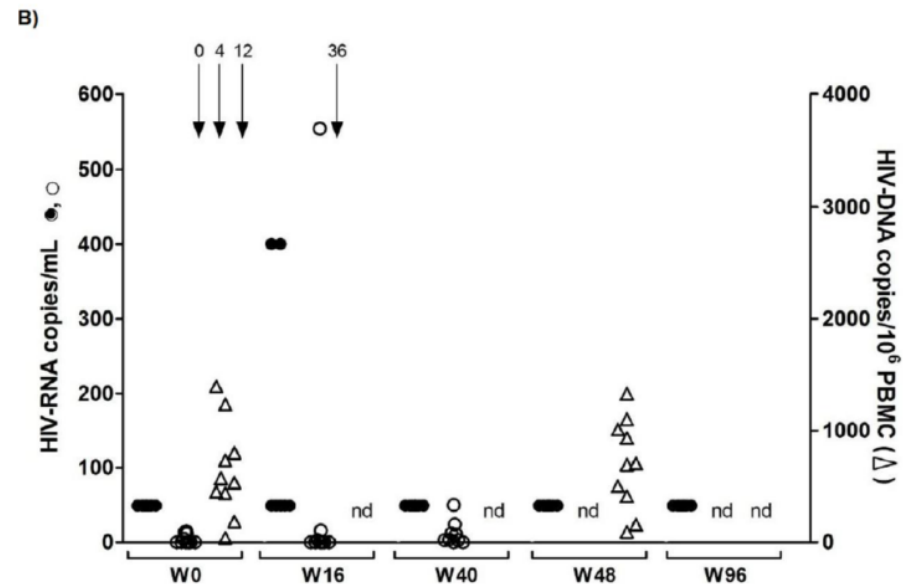
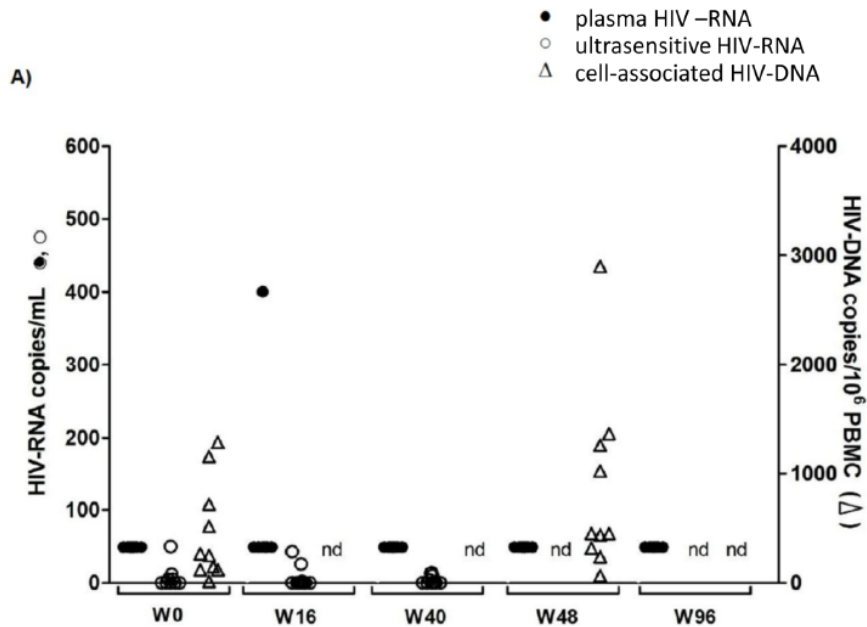
- Formaldeide
- Siero bovino 1%
- IFN $\gamma$

## Distribution of adverse events in the Pedvac study



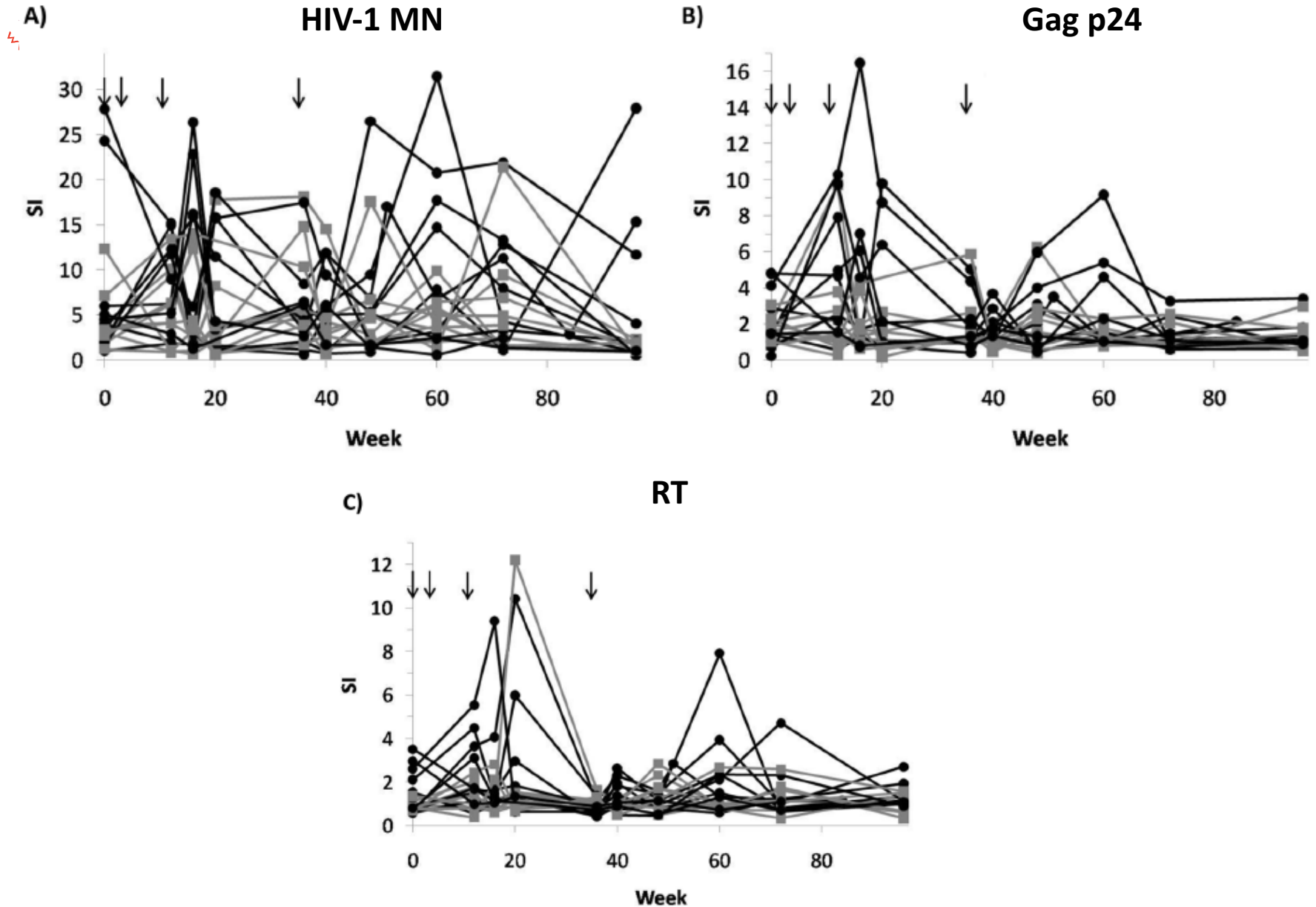


# VIRAL DYNAMIC



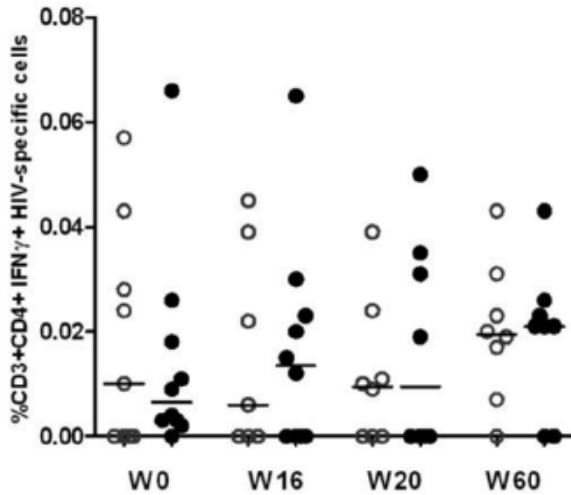


# LYMPHOPROLIFERATIVE RESPONSES

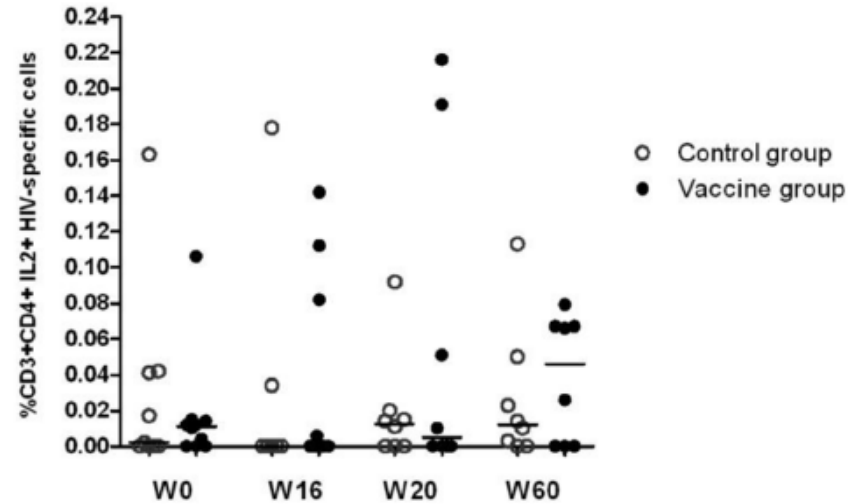


# HIV-SPECIFIC CD4+ AND CD8+ T-CELLS ANALYZED BY ICS

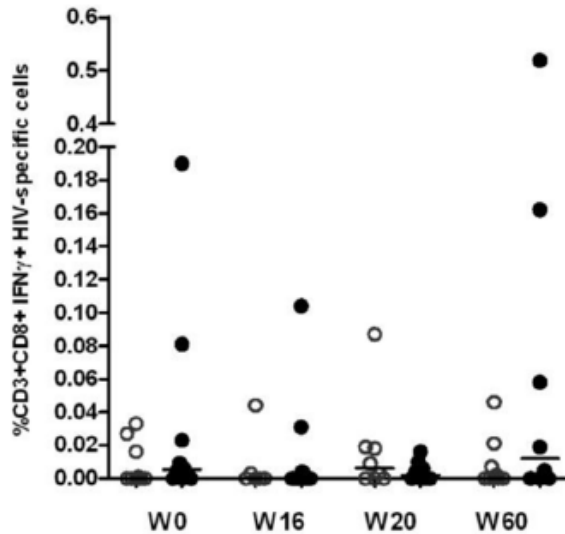
A)



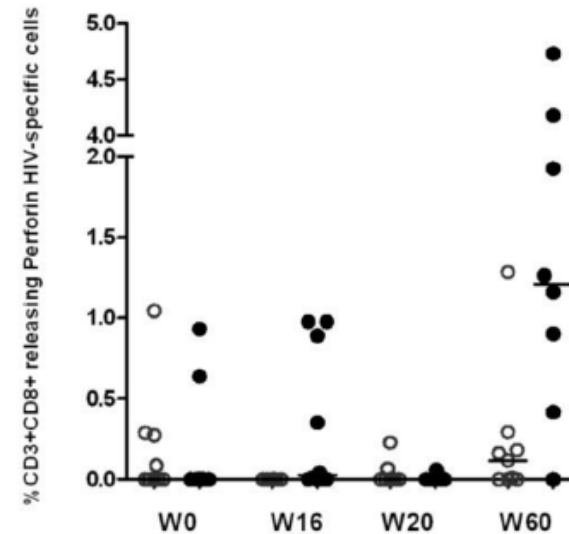
B)



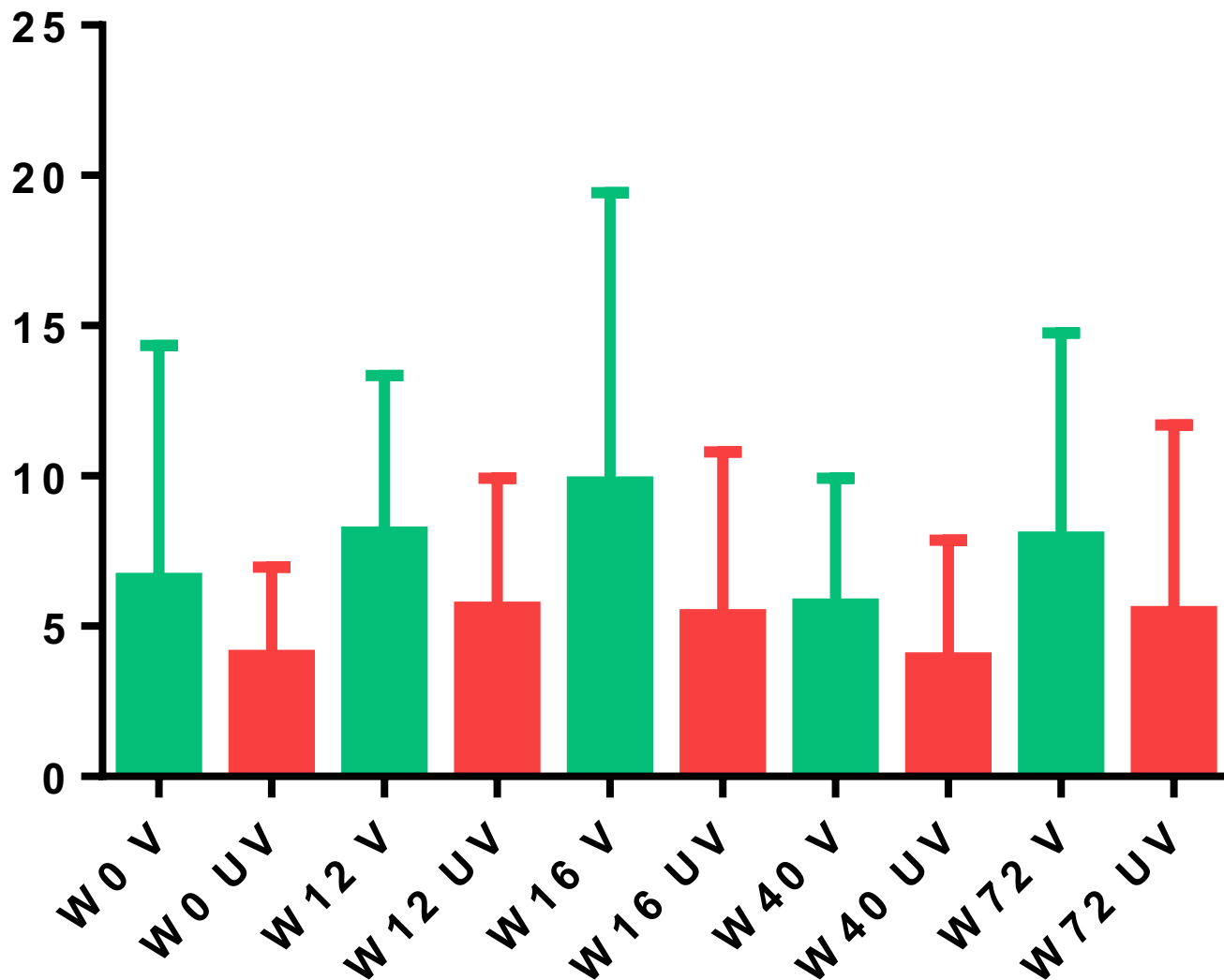
C)



D)

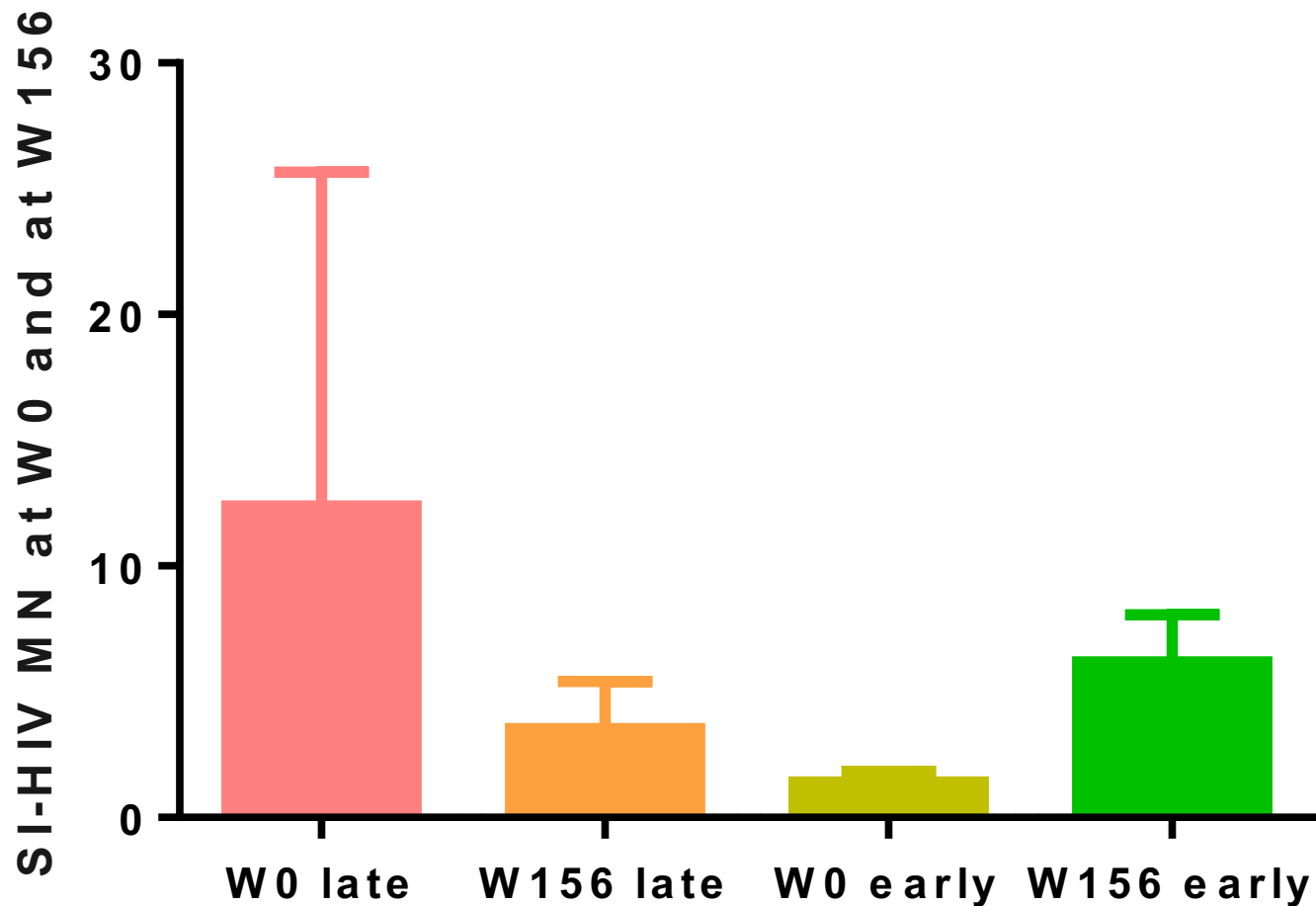


# LYMPHOPROLIFERATIVE RESPONSE TO MN





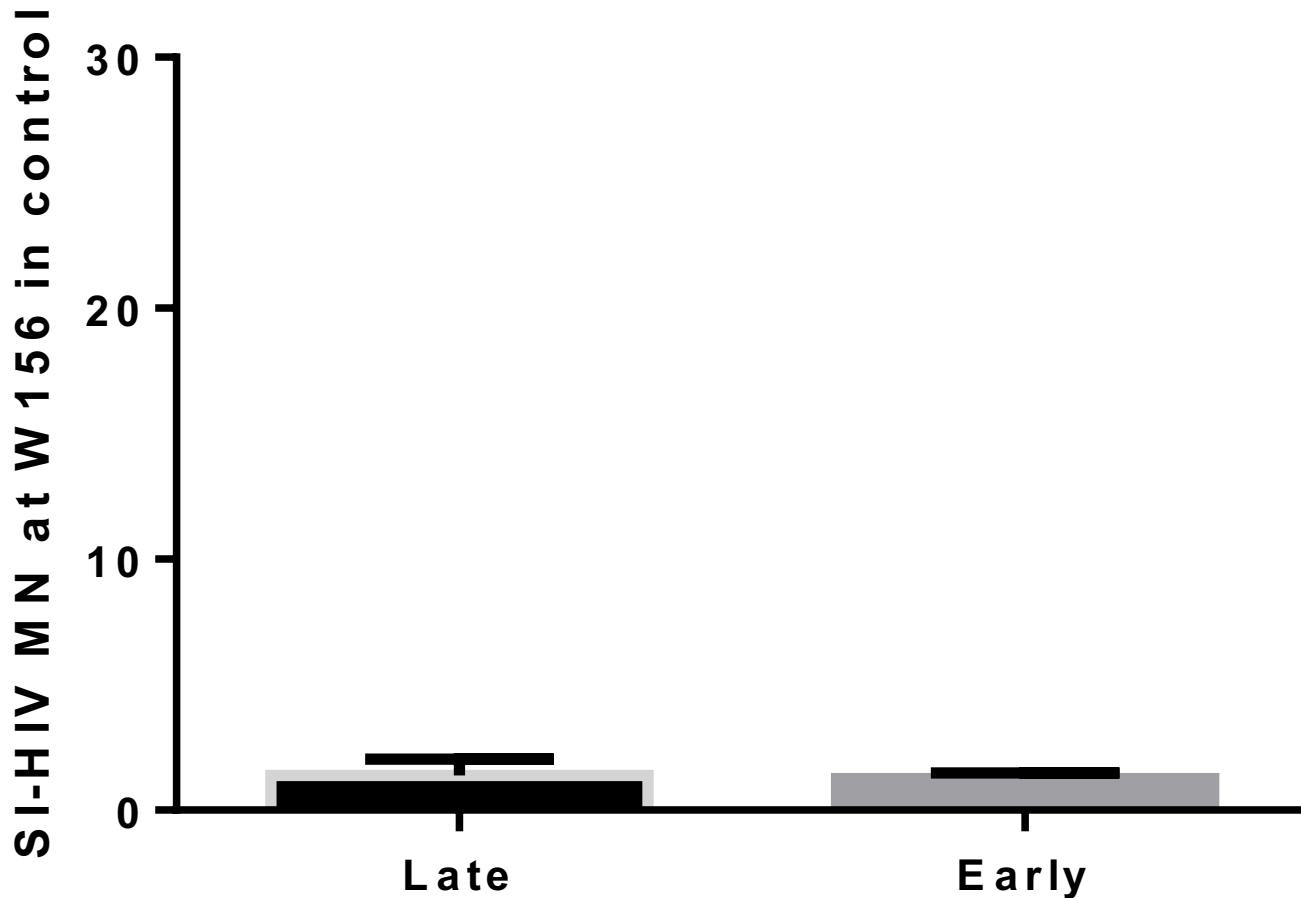
## LONG TERM LYMPHOPROLIFERATIVE RESPONSES (LPR) IN VACCINEES IS HIGHER IN EARLY TREATED CHILDREN THAN IN LATE TREATED ONES





## LONG TERM LYMPHOPROLIFERATIVE RESPONSES (LPR) IN CONTROL: NO DIFFERENCE BETWEEN LATE AND EARLY

**LPR late vs early W 156 in control group**



# THE EFFECT OF HIVIS DNA VACCIN ON TOTAL HIV DNA

