

The effect of interferon-alpha subtypes on HIV-1 associated CD8⁺ T cell hyperactivation and dysfunction

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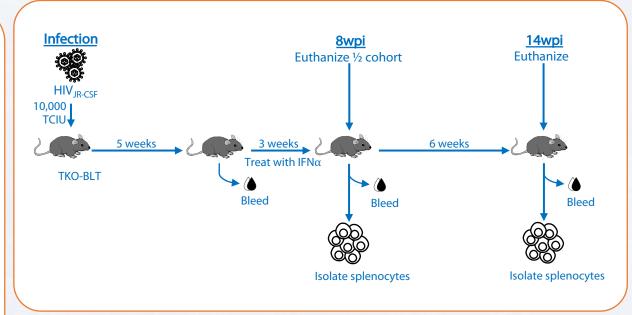
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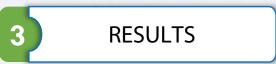
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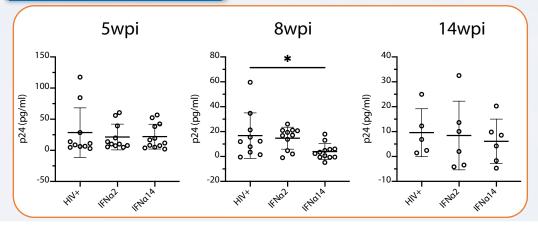


- HIV-1 infection is typically characterized by progressive loss of CD4⁺ cells and aberrant T-cell activation.
- Interferon-alpha (IFN α), mainly IFN α 2, has been associated with exacerbation of HIV-1 disease progression, immune activation and related CD8⁺ T-cell dysfunction.
- Dysfunctional CD8⁺ T cells are characterized by hyperactivation, exhaustion, loss of effector function, including cytotoxic capacity, and production of proinflammatory mediators.
- During HIV-1 infection not all IFN α subtypes are produced in equal amounts.
- Also, some subtypes that have been shown to have beneficial effects that are produced at a later stage of HIV-1 infection and at a lower level than IFN $\alpha 2^{5,6}$.
- Our previous study showed that IFN α 14 was able to supress HIV-1 replication both *in vitro* and in humanized mice.
- The goal of this study is to determine if long-term IFN α 14 therapy can alleviate CD8⁺ T-cell related activation and dysfunction.



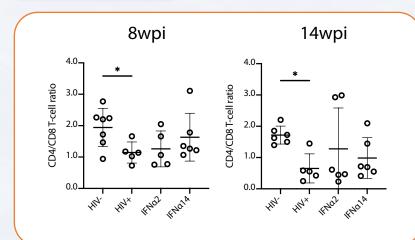


A Plasma viral load

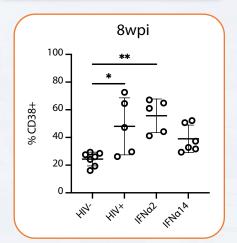


RESULTS

B T-cell ratio

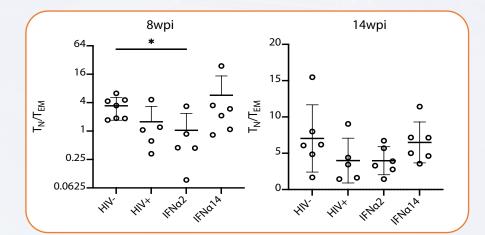


CD4⁺ T-cell activation

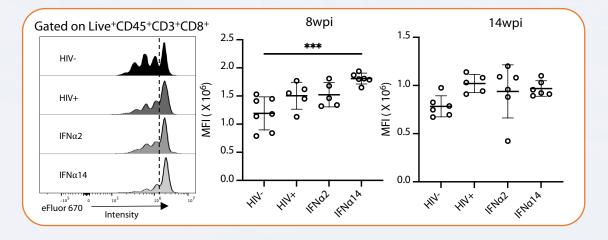


- A. At 8wpi, viral load in the IFN α 14 treated group was lower than untreated controls but the viral load normalized at 14wpi in all the groups.
- B. At both timepoints, the CD4/CD8 T-cell ratio was significantly lower in untreated mice. IFN α treated mice had lower CD4/CD8 T-cell ratios but there was no statistical significance.
- C. IFN α 14 reduced CD4⁺ T-cell activation at 8wpi compared to untreated and IFN α 2 treated
- D. At 8wpi, IFN α 2 treatment resulted in a lower T_N/T_{EM} ratio whereas IFN α 14 treatment resulting in a T_N/T_{EM} ratio comparable to uninfected.
- E. Proliferative capacity of CD8⁺ T cells was suppressed at 8wpi, but it reverted to normal after IFN α 14 treatment was withdrawn.

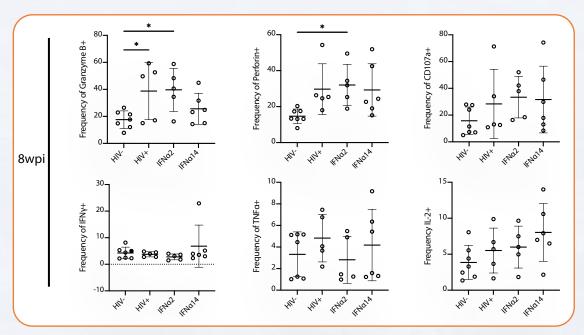
D CD8⁺ T-cell memory subsets

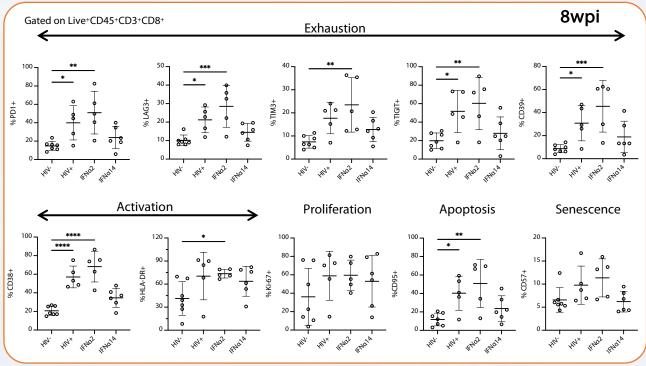


ED CD8⁺ T-cell proliferation



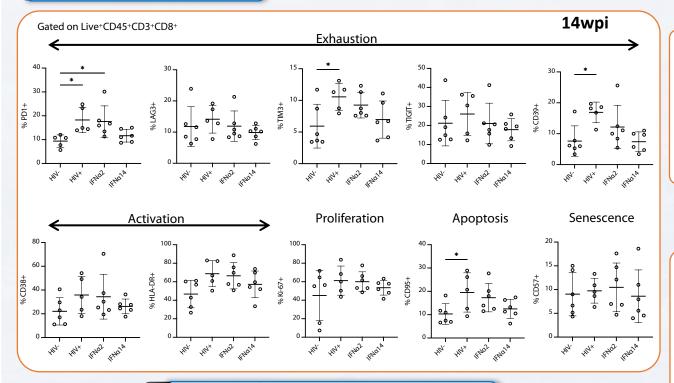






- G. Immediately post-treatment (8wpi), untreated and IFN α 2 treated mice had an increased frequency of cytolytic markers but at both 8 and 14wpi IFN α treatment did not affect CD8⁺ T-cell secretion of functional mediators.
- H. IFN α 14 treatment resulted in exhaustion, activation and apoptosis marker frequency comparable to uninfected controls at 8wpi. In contrast, untreated and IFN α 2 treated mice had significantly increased frequencies of exhaustion, activation and apoptosis markers compared to uninfected controls. There was was no significant difference in senescence or proliferation markers but there was a trend toward increased frequency of CD57⁺ CD8⁺ T cells in both HIV-1⁺ and IFN α 2 treated mice immediately post-treatment (8wpi).
- I. Six weeks after treatment cessation (14wpi), frequencies of CD8⁺ T cells expressing some markers (TIM3, CD39, CD95) remained significantly higher in untreated controls but not in the IFN α 14 treated group. Additionally, PD-1 remained significantly higher in untreated and IFN α 2 treated groups at 14wpi despite similar viral loads between groups (Fig A).

Phenotypic markers





CONCLUSIONS

- IFNα14 treatment reduced the frequency of CD8⁺ T cells expressing markers of dysfunction to uninfected levels that persisted for six weeks post-treatment withdrawal
- Differentiation of the total CD8⁺ T cell compartment to the T_{EM} phenotype was reduced by IFN α 14 suggesting it may assist in preventing bystander T-cell activation.
- Although IFN α 14 did suppress CD8⁺ T-cell proliferation initially, it did not impact the production of functional mediators.



SIGNIFICANCE

IFN α 14 treatment did not exacerbate disease progression and may have therapeutic potential to alleviate CD8+ T-cell hyperactivation and exhaustion during HIV-1 infection.



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