




# *HIV Post-Treatment Control: Insights On Remission from a Unique European Cohort*

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This activity is jointly provided by Physicians' Research Network and the Medical Society of the State of New York.

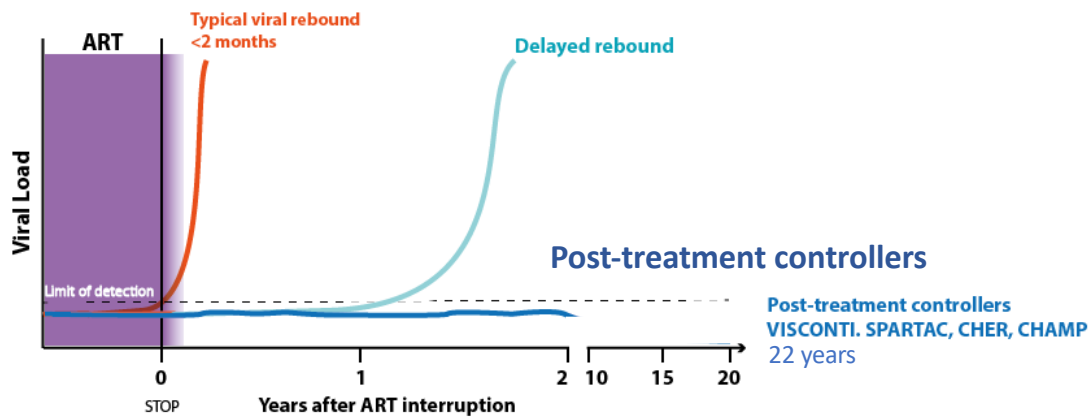
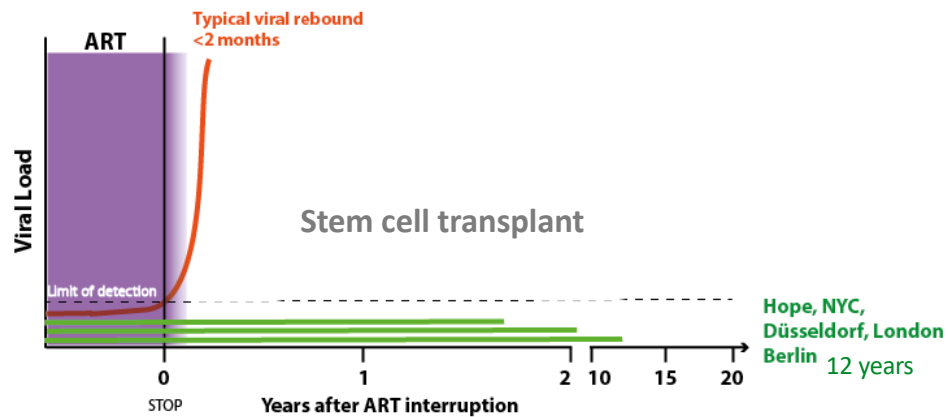
# Disclosures

- Speaker fees from MSD, ViiV Healthcare, Janssen, Gilead
- Research grants from MSD Avenir and ViiV Healthcare to ANRS RHIVIERA consortium

# Learning Objectives

1. Be aware of markers that may help predict who among people on ART may have better chances to control viremia if ART is discontinued for any reason.
2. Understand the viral and host factors that have been associated with post-treatment control, as well as the immune mechanisms mobilized during acute infection vs treatment interruption.
3. Know the difference between HIV remission and HIV cure.
4. Understand how post-treatment controllers are different (or are not) from other cases of durable remission or potential HIV cure.

# Living with HIV but without ART: HIV remission and HIV cure



## HIV Cure

Complete elimination of infected cells

Permanent

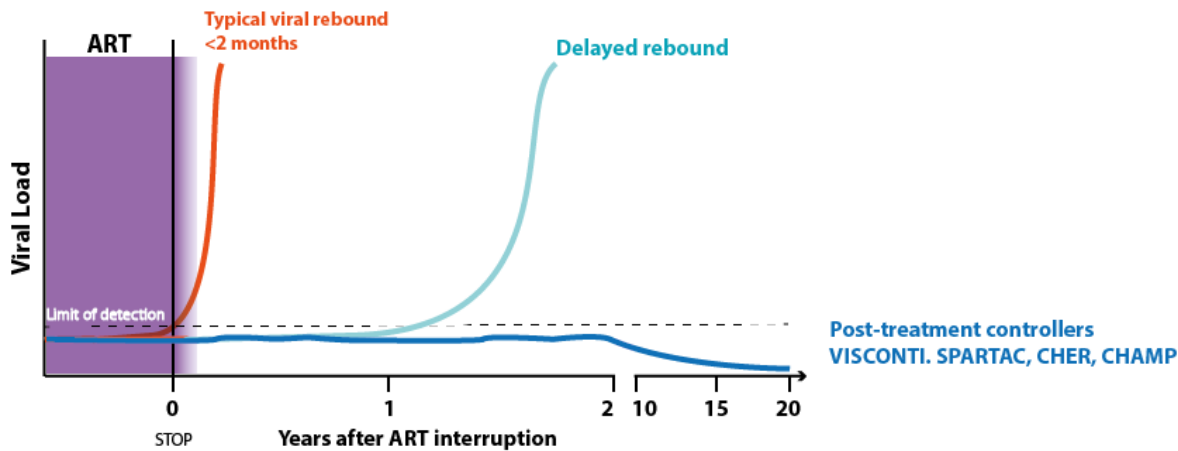


## HIV Remission

The virus may persist at low levels but remains undetectable, controlled by host mechanism

May be transient

# HIV remission: learning from the few exceptions



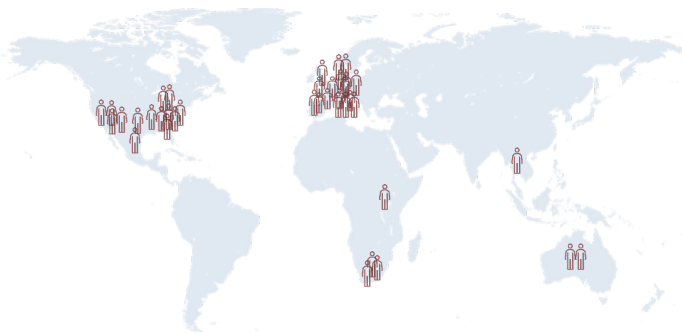
ANRS VISCONTI study

31 PTC (9 women)  
HIV diagnosed (mean) : June 2001

73% symptomatic PHI  
Viremia at ART initiation : **5.1** [4.6-5.8] Log RNA  
Multiple ARV strategies  
Time on ART : **3.8y** [2.3-6.1]  
Age at ART discontinuation: 38y [33-45]

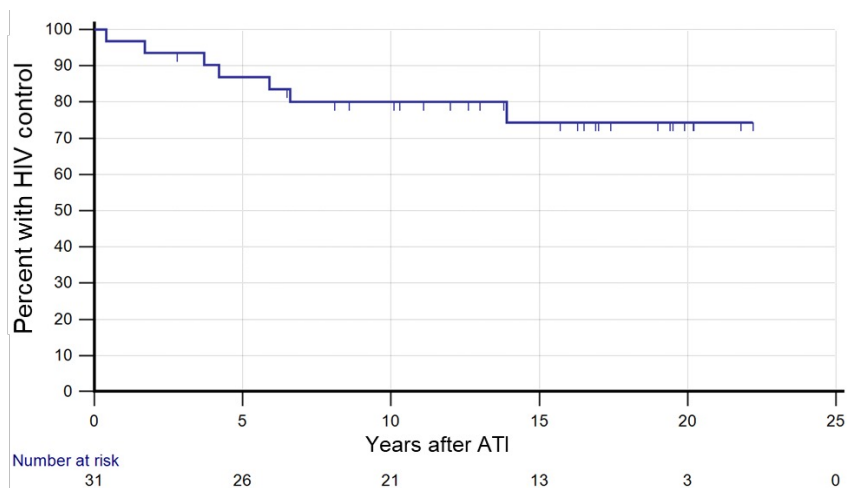
Time off ART : **13.1y** [8.2-16.1] max >23y  
Age at last follow-up : 53 y [42-60] – max. 82y

7 PTC have resumed cART

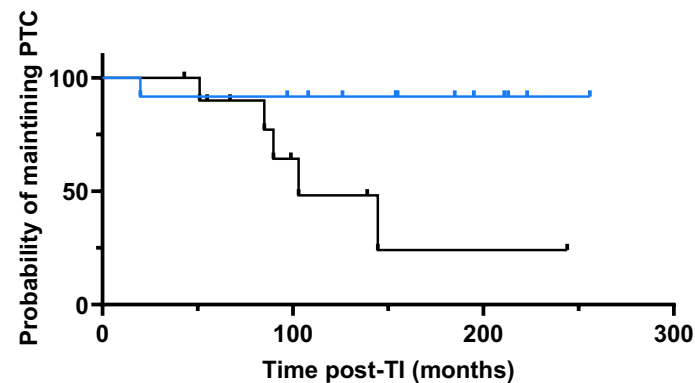
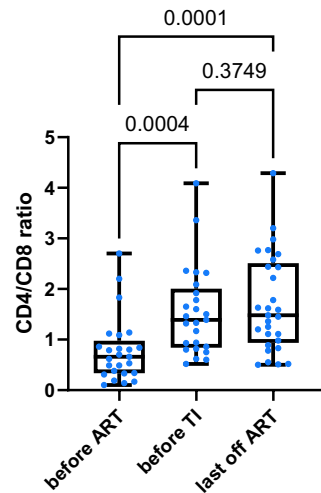


# Post-treatment controllers: a durable phenotype

Over a decade of HIV remission in most PTCs



The importance of immune reconstitution under ART

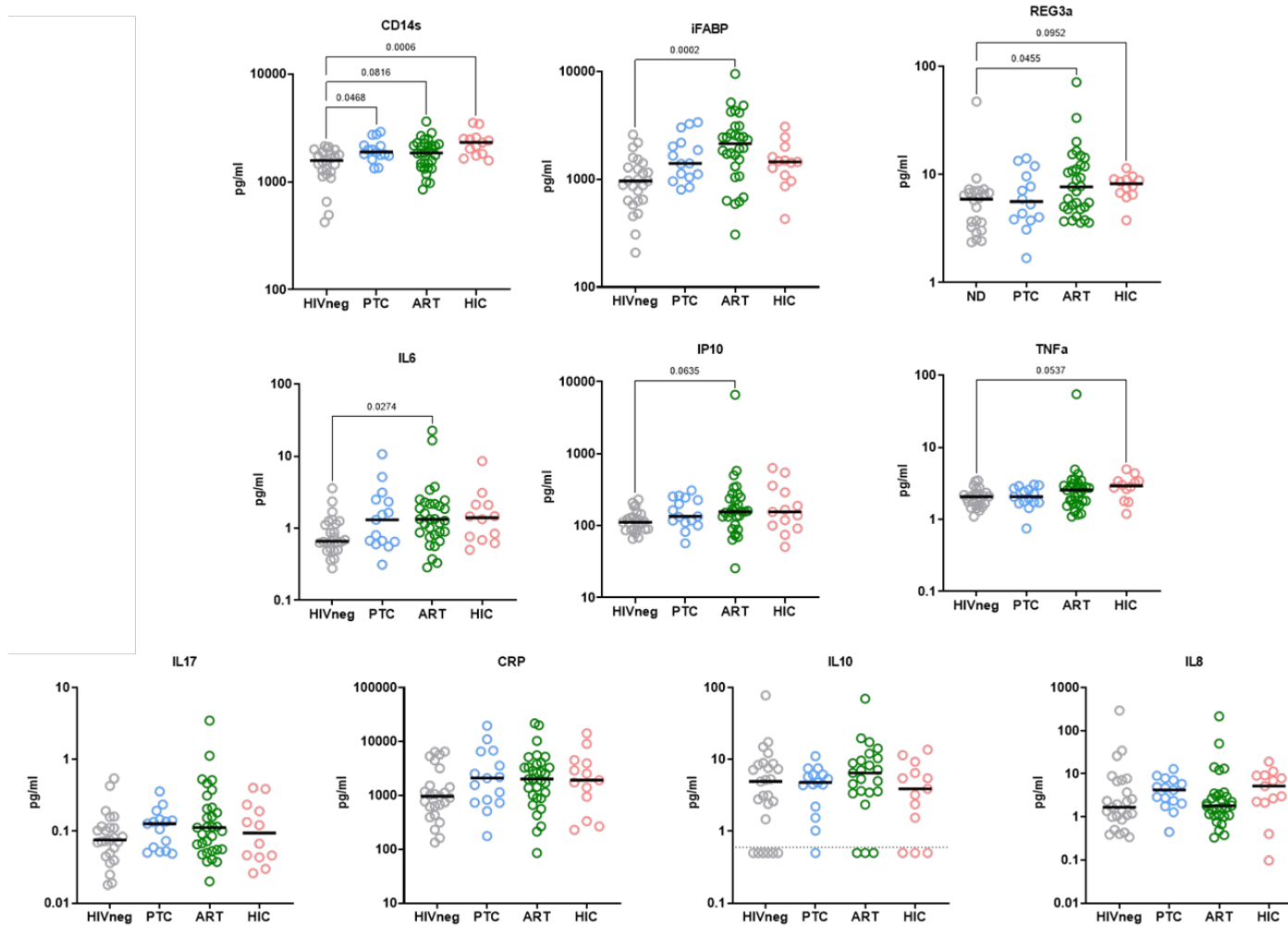


—	4/8 at TI <1.5	Chi square	5.975
—	4/8 at TI >1.5	df	1
		P value	0.0145

VISCONTI study unpublished

See also Martin et al AIDS 2017

# Inflammation markers in PTCs close to levels found in general population



# Early ART as starting point towards post-treatment control?

## Initiation of treatment during primary infection favors control after ART interruption (VISCONTI)

Hocqueloux et al AIDS 2010; Sáez-Cirión PLoS Path 2013; Frange et al Lancet HIV 2016

Advantage of early ART initiation has been proposed in other independent studies:

PRIMO: 8.5% PTC 1y after ART interruption among early treated

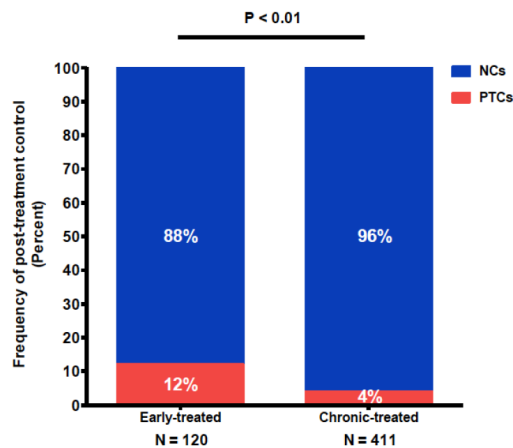
CASCADE: 8.2% PTC 1y after ART interruption among early treated

SPARTAC : 7.6% PTC 1y after ART interruption among early treated

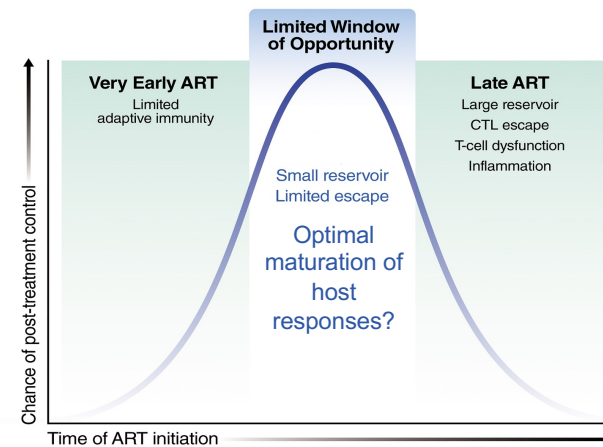
OPTIPRIM: 6.5%PTC 1y after ART interruption among early treated

CHAMP: 13% PTC among early ART versus 4% among ART in chronic infection

Lodi et al Arch Intern Med 2012; Goujard et al Ant Ther 2012; Cheret et al JAC 2015; Namazi et al JID 2018; Gossez et al AIDS 2019



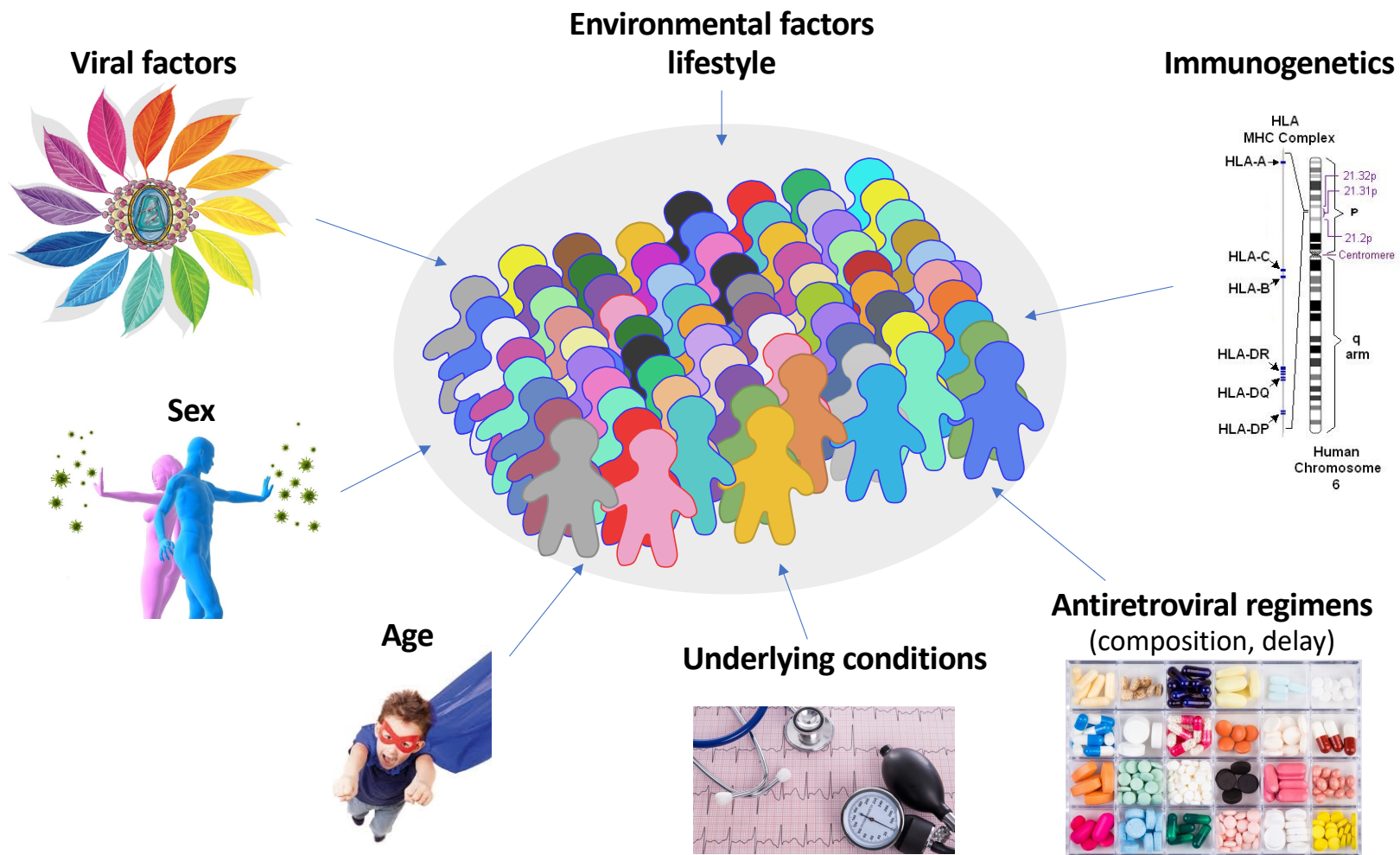
## Is there a window of opportunity for ART initiation?



Adapted from Goulder and Deeks, PLoS Path 2018



# All the same... but all different in response to viral infections

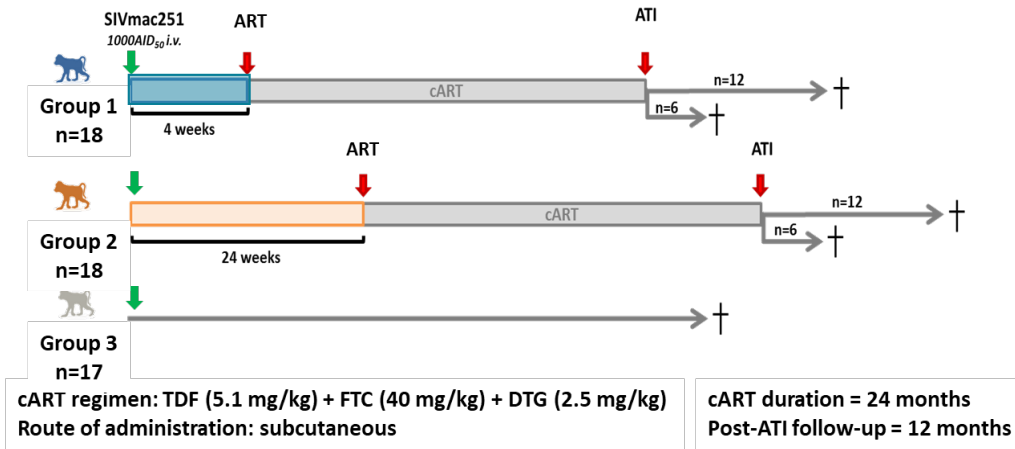


# The pVISCONTI study: Non-human primate (NHP) model of post treatment SIV control:

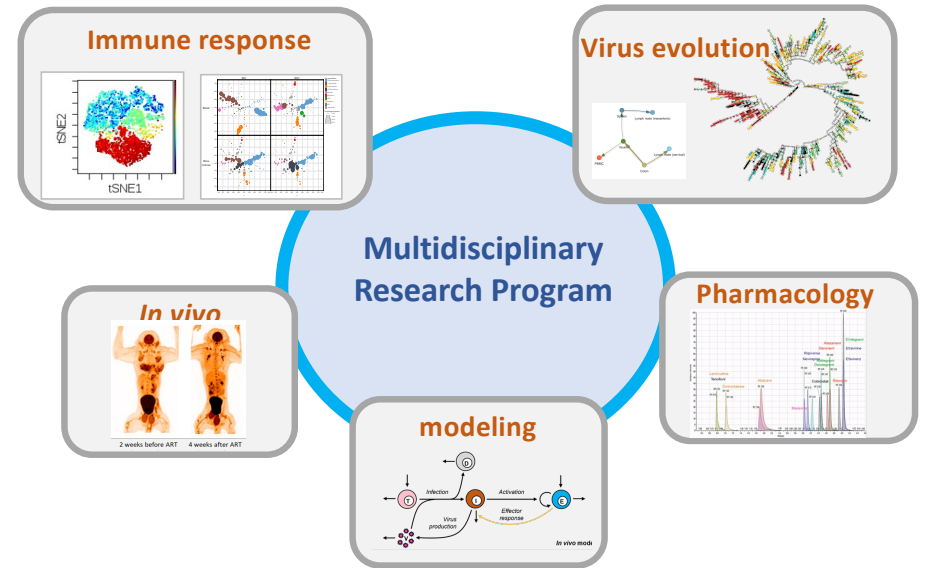
## p(imate)VISCONTI:

Impact of early (d28) vs late (M6) initiation of prolonged ART on the outcome after treatment interruption

Cynomolgus macaques from Mauritius, SIVmac251

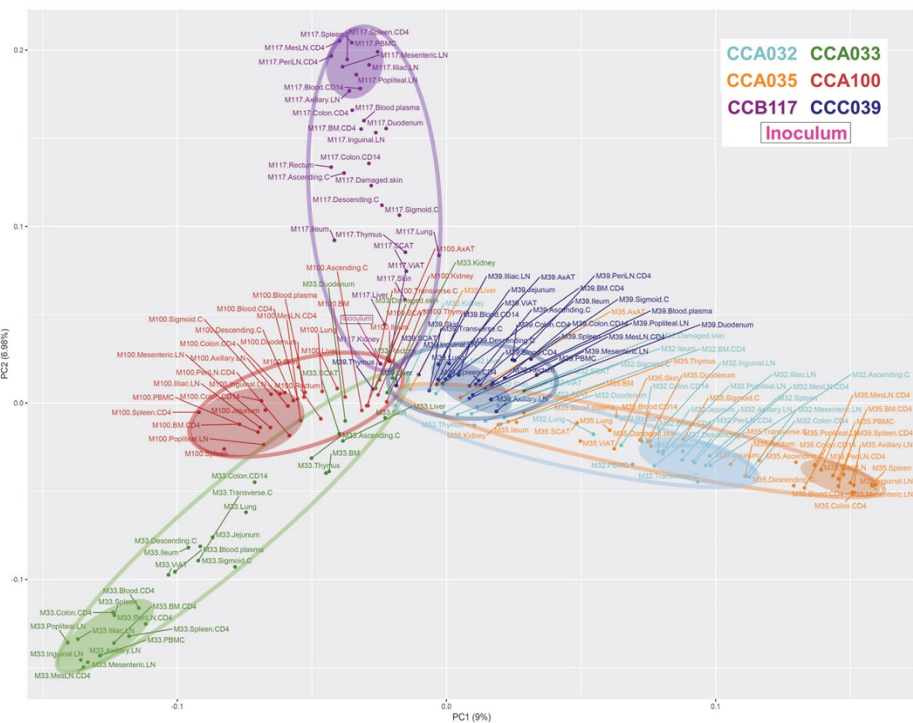


MHC H6 haplotype associated with natural control was excluded



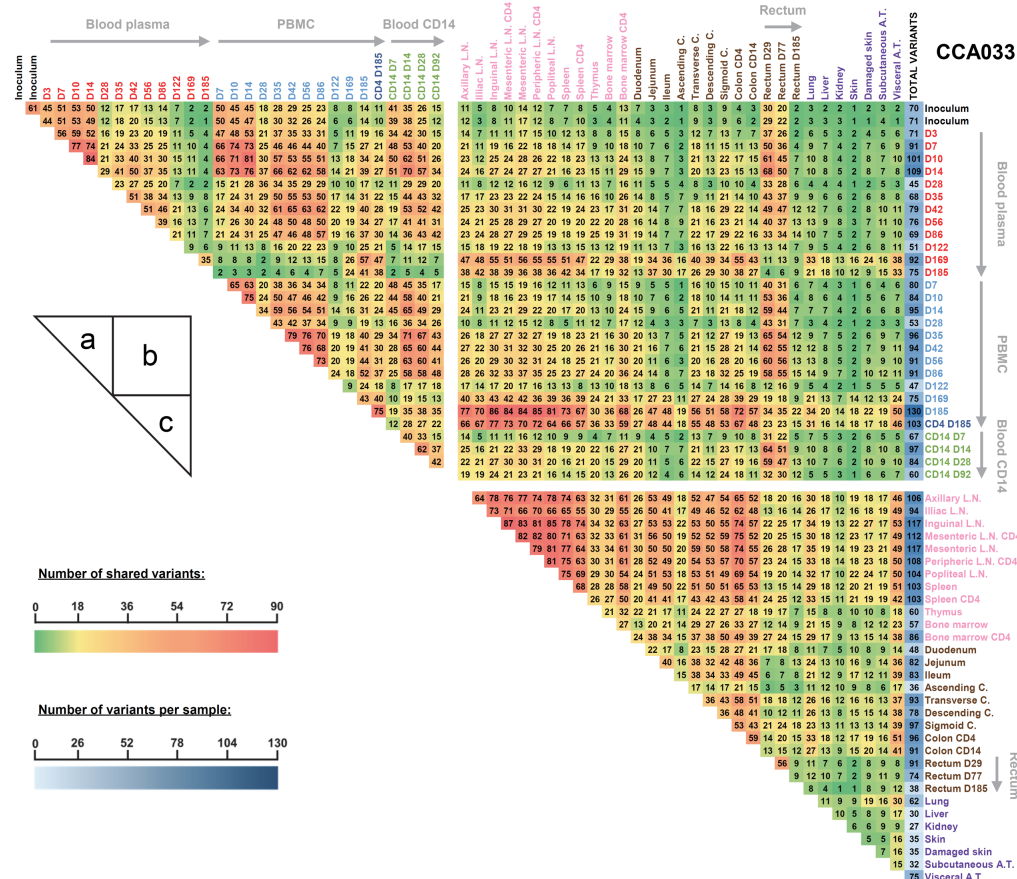
# Drastic evolution of viral diversity 6 months after infection

Viral quasispecies in different tissues from six macaques at 6 months post infection

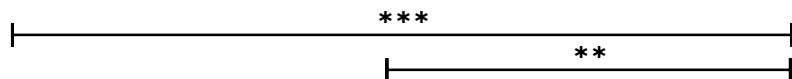
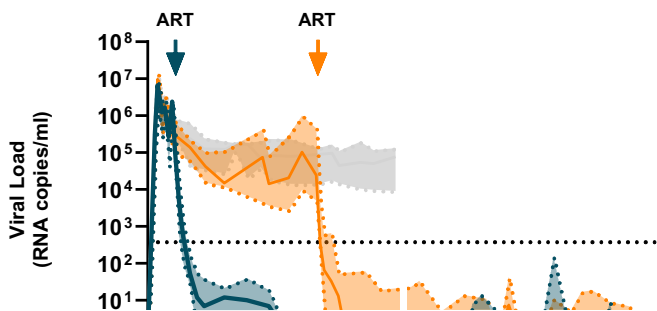


Millet, Avettand-Fenoel. Unpublished

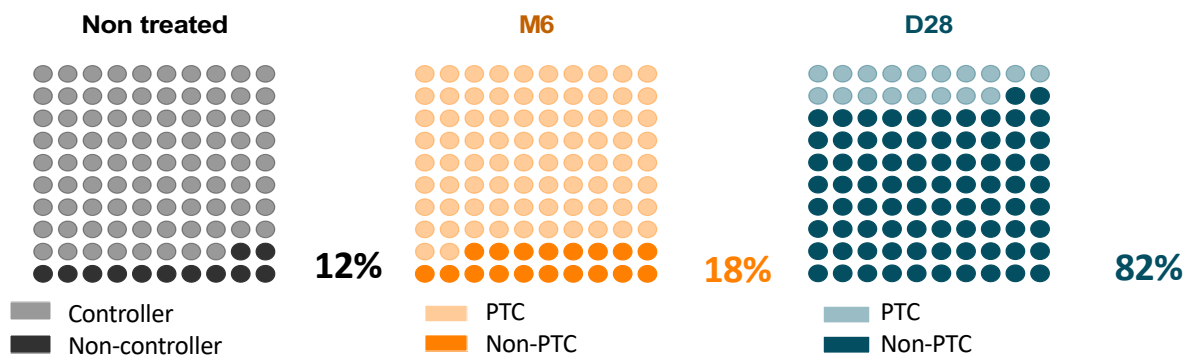
Dynamics of viral evolution in one individual



# Early antiretroviral treatment favored a delayed viral rebound and lower viral setpoint post-ATI



Higher rate of post-treatment controllers (VL<400 copies) among early treated macaques, at the end of the study



# Which are the mechanisms associated with post-treatment control?

Viral rebound



Limited reservoirs?



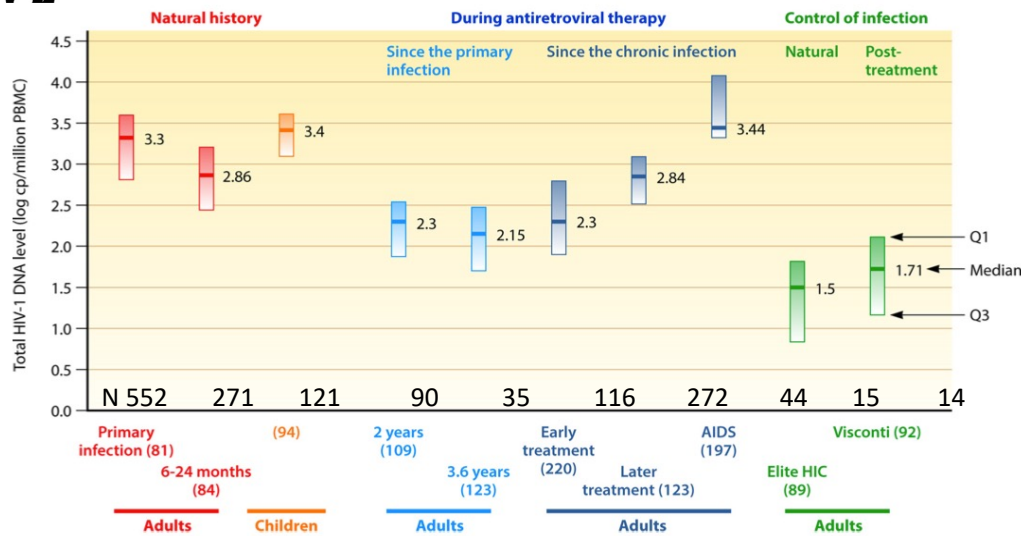
Host barriers?

Post-treatment control

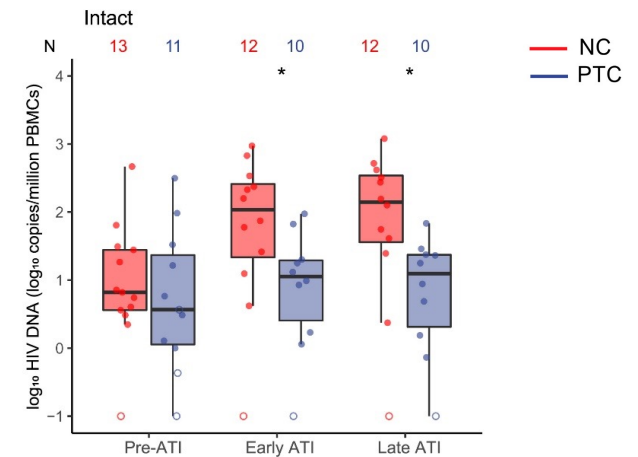


# Low frequency of infected cells... but carrying infectious viruses

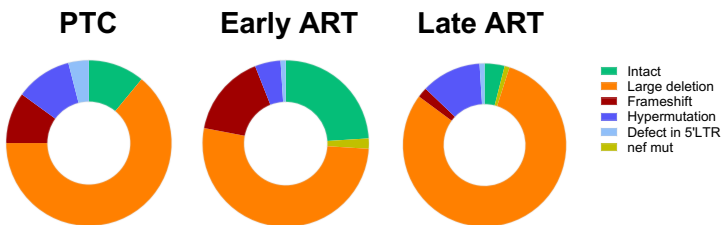
## Low levels of cell-associated HIV DNA



## Number of intact proviruses at ATI does not explain PTC



## Presence of intact and reactivable proviruses at inclusion



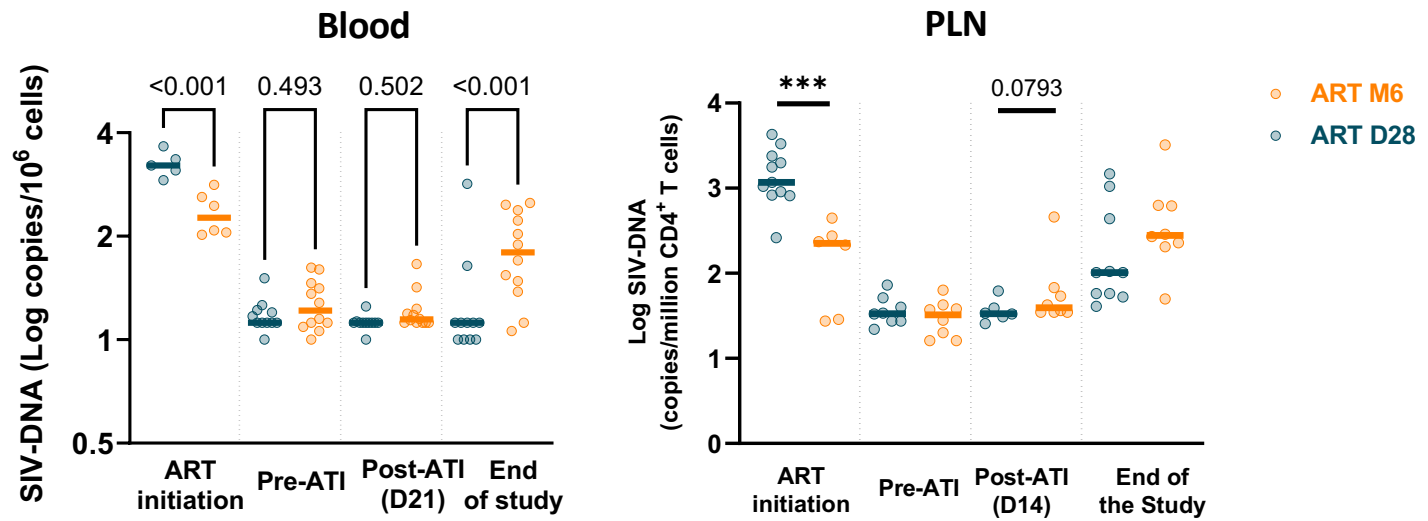
Virus is controlled by host mechanisms!!

Saez-Cirion et al. *PLoS Pathog.* 2013; Avettand-Fènoël et al. *Clin Microbiol Rev.* 2016; Trémeaux et al. *Microbiol Spectr.* 2023; Etemand et al. *PNAS* 2023

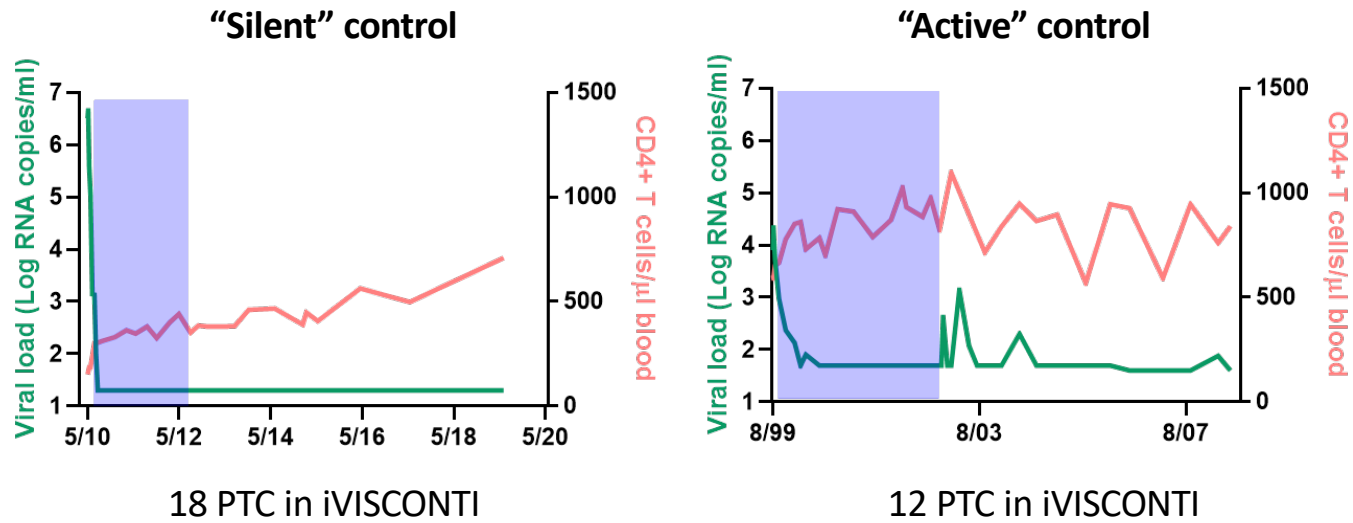
# Similar SIV-DNA levels in PTC and non PTC at ART interruption



## Cell-associated SIV DNA



# Silent vs active post-treatment control

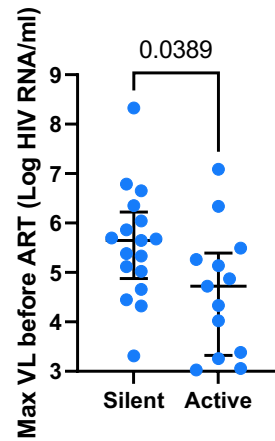




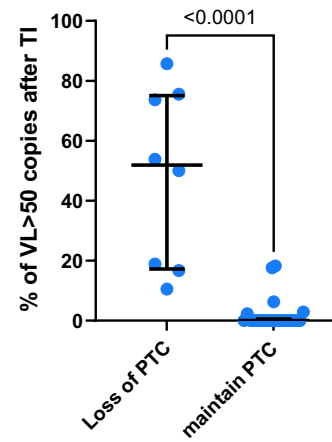


## Clinical observations informing on durable post-treatment control

Reverting an unfavorable situation

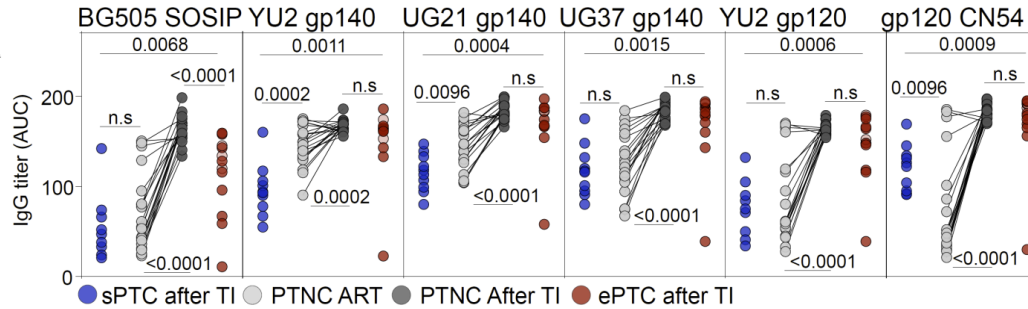


Transient viremia, not generally good for permanent control

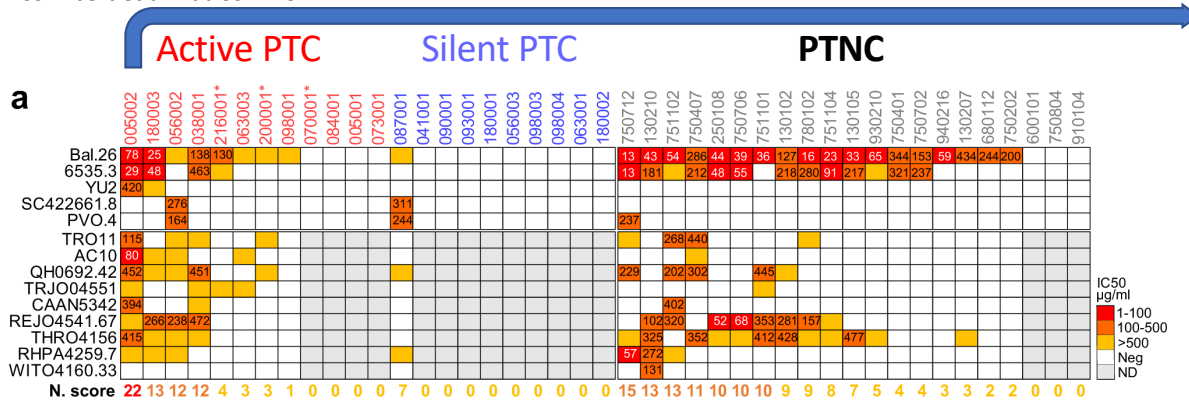


# Antibody titers: retracing the history of antigen exposure in PTC

## Higher antibody responses associated with PTC with episodes of viremia



Molinos-Albert et al Nat Com 2022



## Autologous neutralizing antibodies increase with early ART and shape viral rebound after ATI. *Esmalizadeh et al Science Trans Med 2023*

### Cell Host & Microbe

#### Anti-V1/V3-glycan broadly HIV-1 neutralizing antibodies in a post-treatment controller

**Graphical abstract**

**Authors**  
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**In brief**  
Molinos-Albert et al. identified a B cell lineage of broadly neutralizing antibodies (bNabs) in an HIV-1 post-treatment controller (PTC). Circulating viruses escaped bNAb pressure but remained sensitive to autologous neutralization by other antibody populations. This PTC case highlights the pivotal role of antibodies in long-term HIV-1 control following treatment interruption.

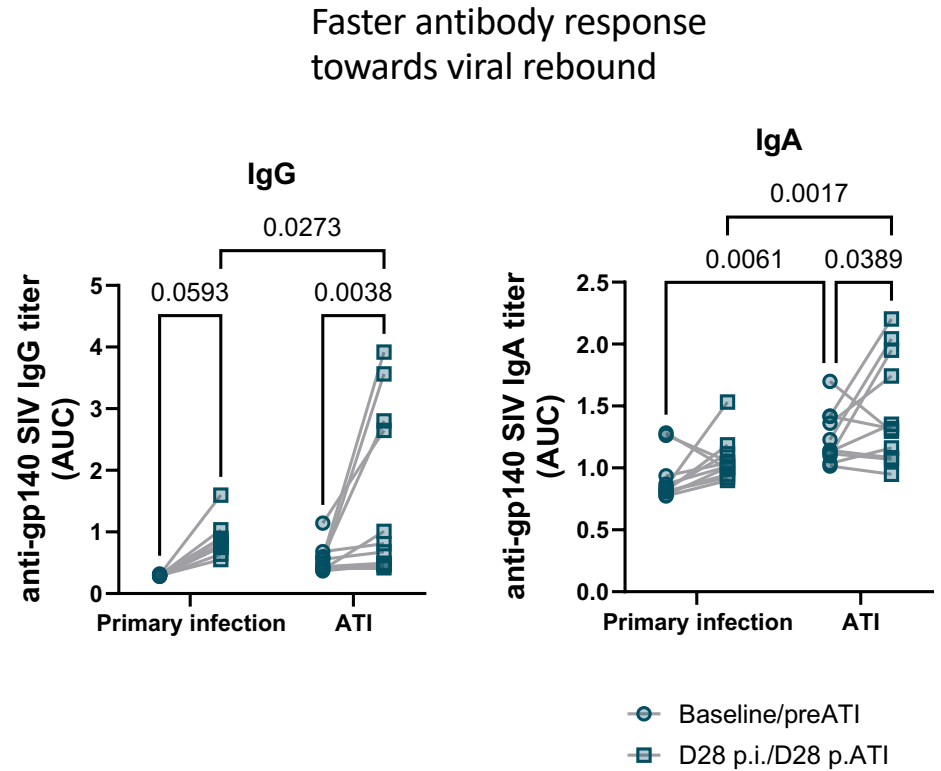
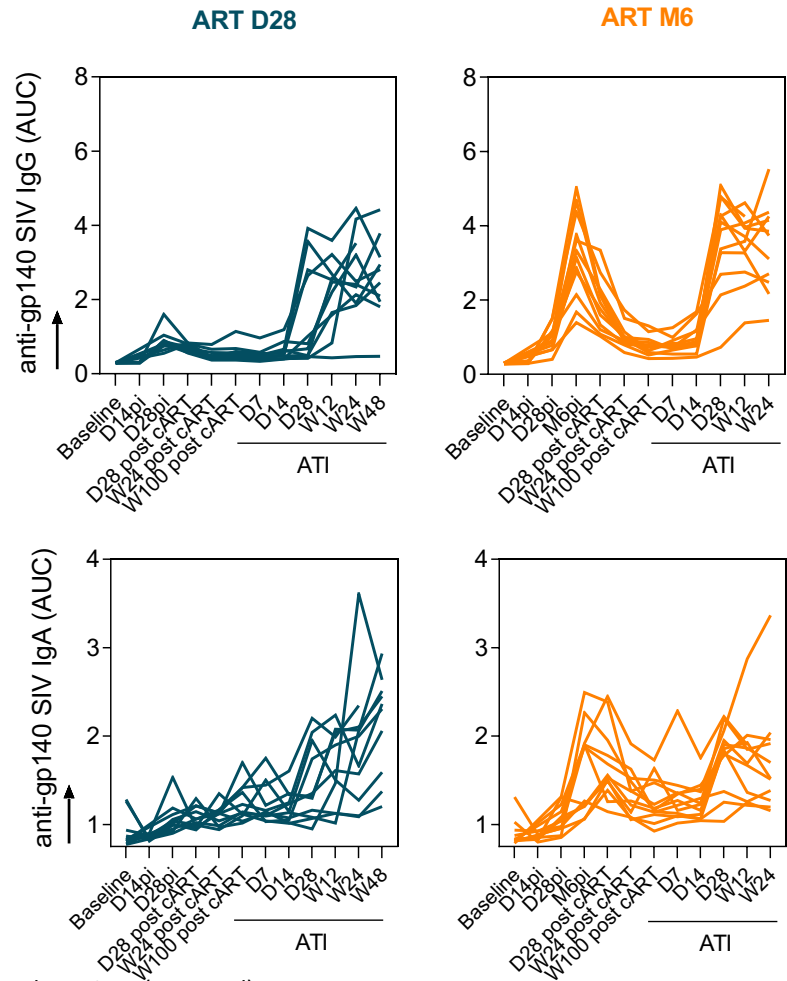
**Highlights**

- HIV-1 bNAb EPTC112 was elicited in a virally exposed post-treatment controller
- EPTC112 targets a quaternary "sweet" epitope made of V1/V3 loops-associated glycans
- EPTC112 harbors avidity effects and potent ADCC capacity
- Autologous plasma antibodies neutralize EPTC112-resistant escape virus

Article

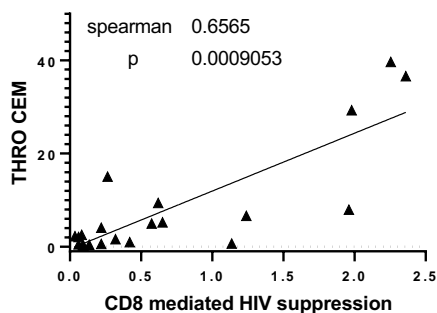
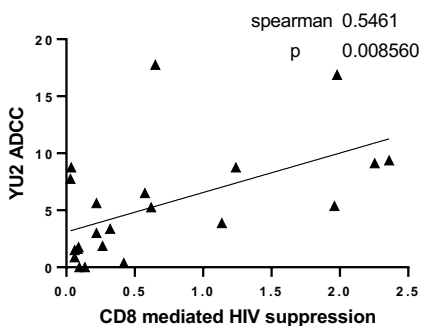


# Early vs delayed treatment: changes in the dynamics of humoral response

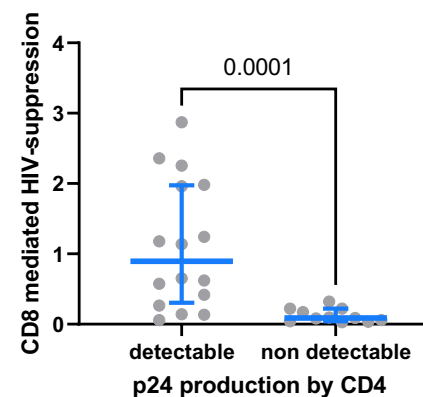
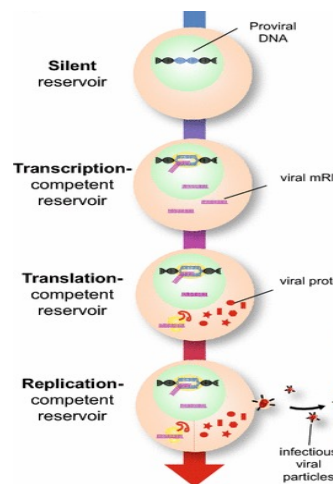


# Transient antigen exposure may drive expansion of efficient immune responses after ART interruption in some PTC

Correlation between antibody activities and CD8+ T cell suppression capacity in PTC



Enhanced antiviral activity of CD8+ T cells in PTCs with detectable antigen production by CD4+ T cells



Virtuous circle driving active control

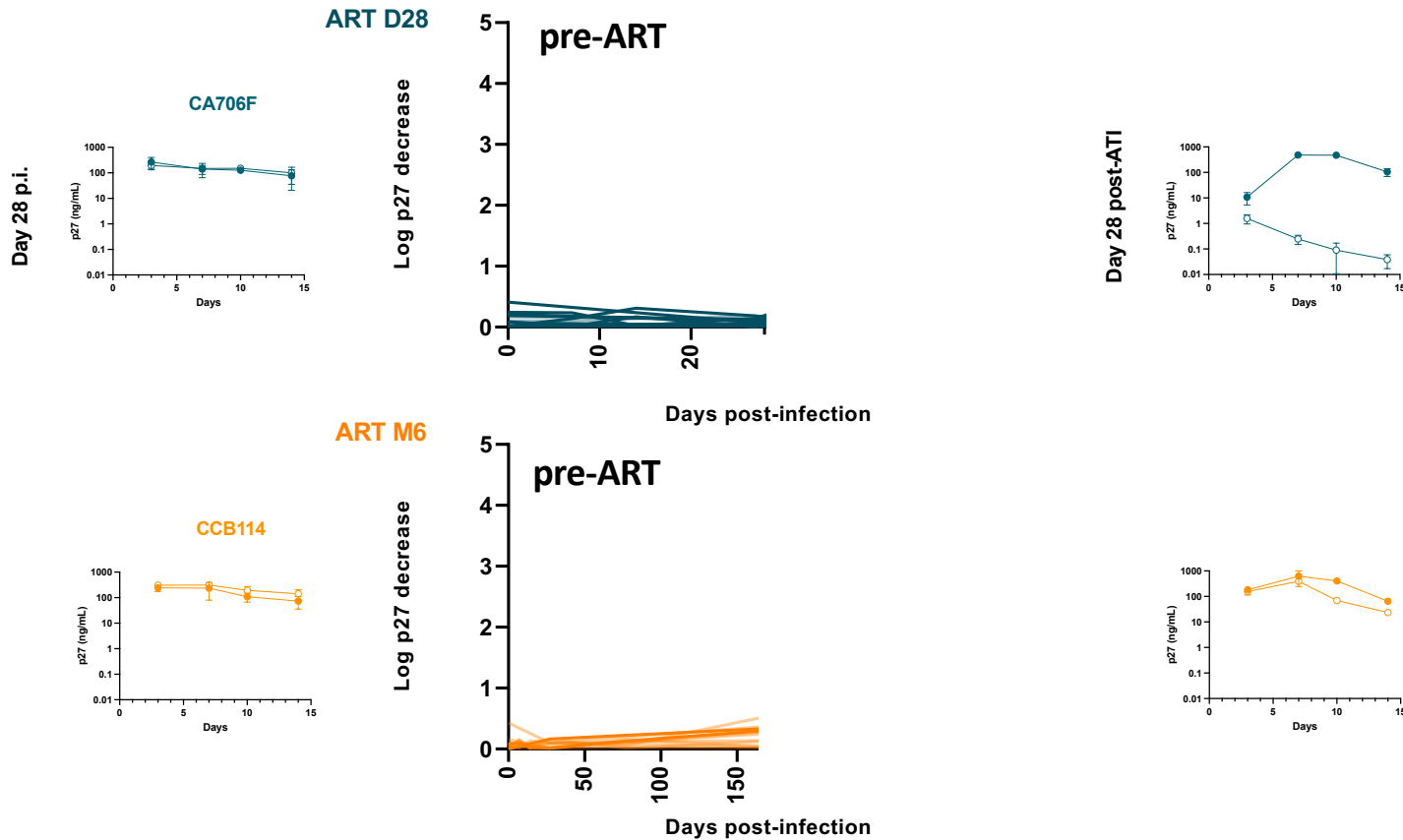
Pool of HIV-specific cells protected/matured thanks to early ART?



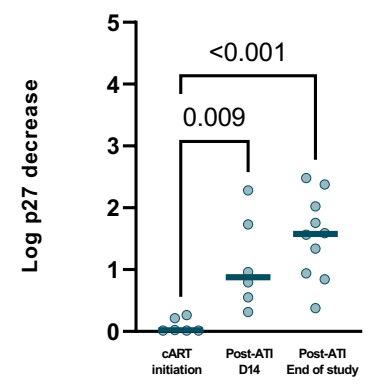


# Early ART initiation promotes a more efficient SIV-specific CD8+ T cell response

Superior SIV-suppressive activity of CD8+ T cells expanded against rebounding virus than against virus in primary infection



## Enhanced antiviral activity of CD8+ T cells in PLN

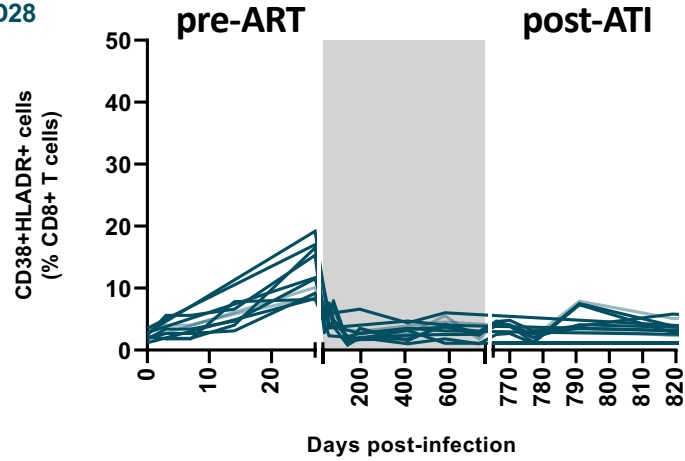


Early ART appears to favor the maturation of CD8+ T cell response

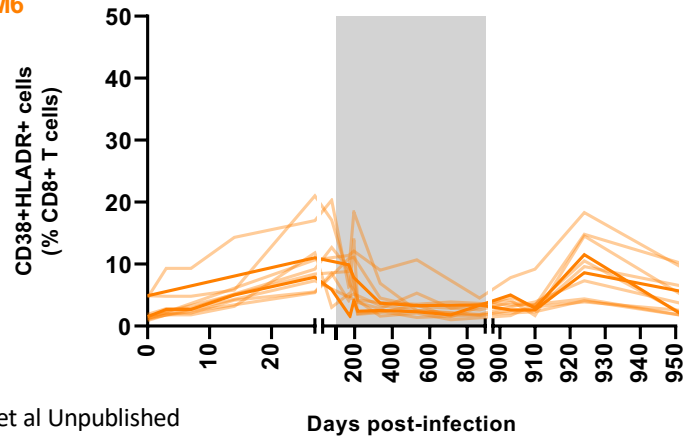


# CD8+ T cell response after early ART: restricted activation

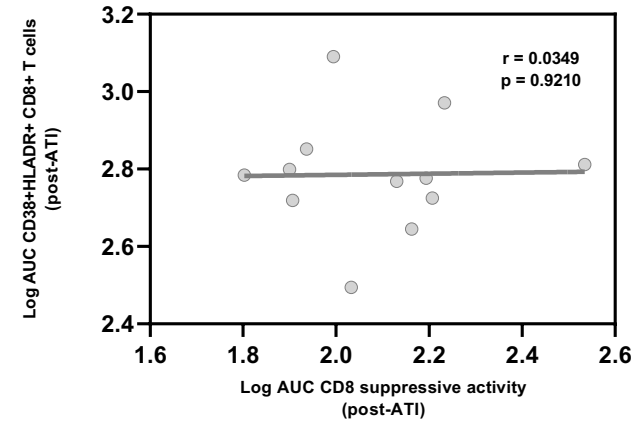
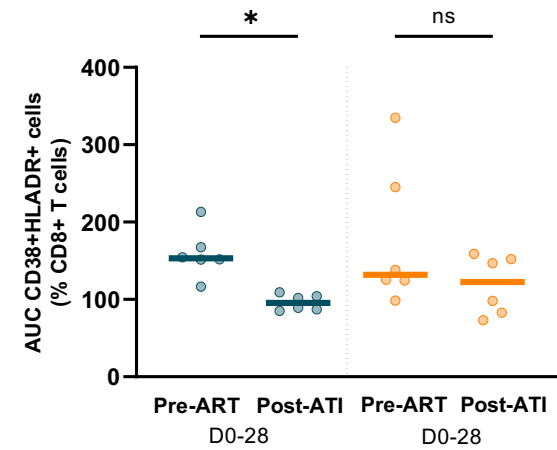
ART D28



ART M6



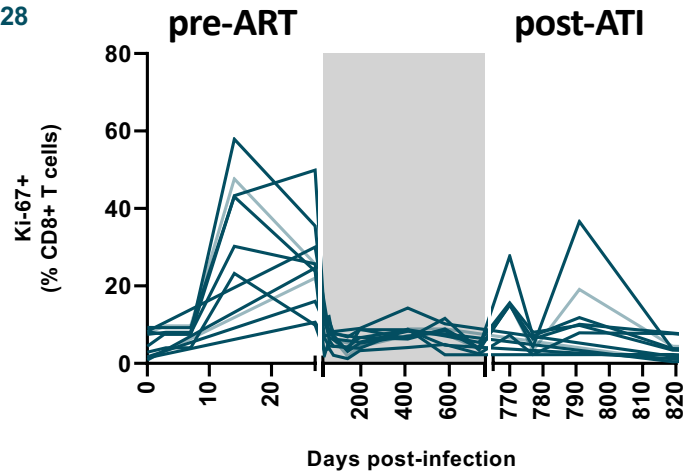
## Lower activation levels on CD8 T cells after ATI in early ART group



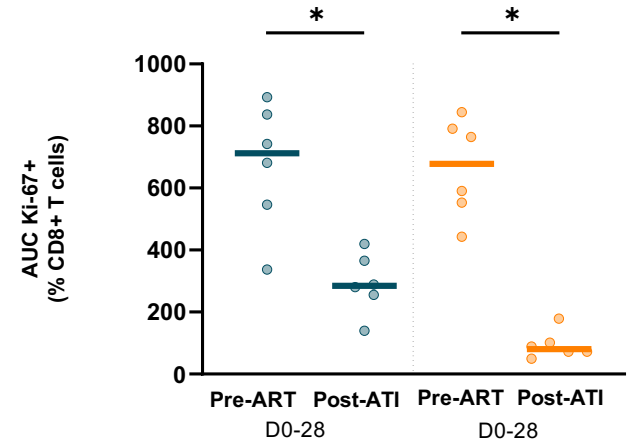
# CD8+ T cell response after early ART: proliferation correlated with SIV suppressive activity



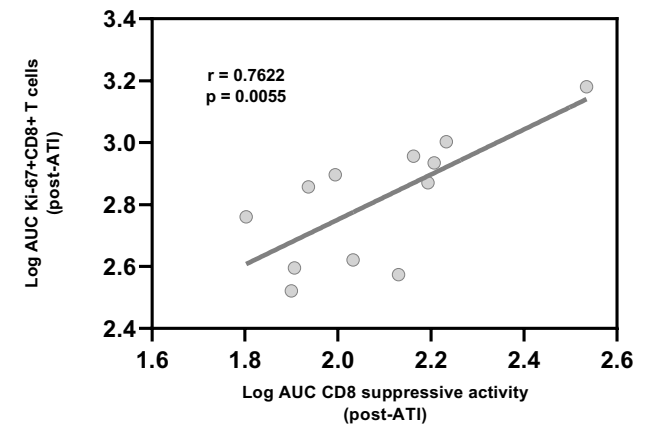
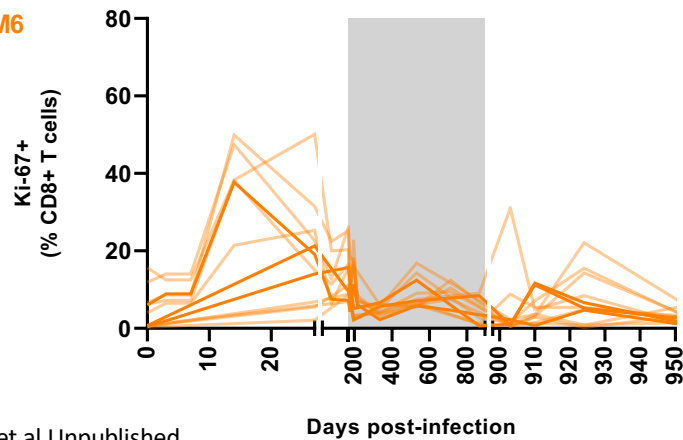
ART D28



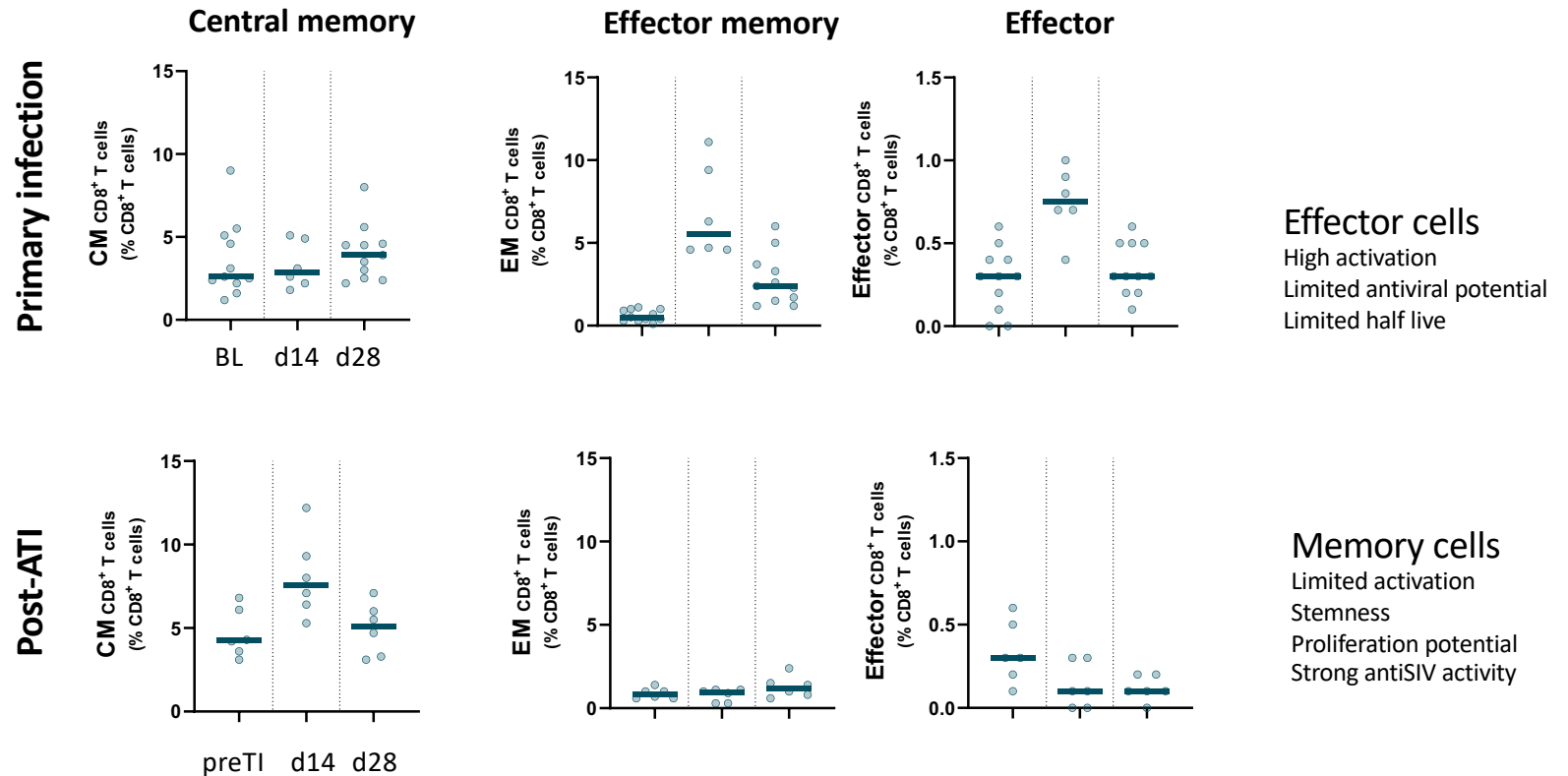
More robust proliferation of CD8 T cells after ATI in early ART group



ART M6



# Different expansion of CD8+ T cell subpopulations during primary infection and after treatment interruption



CD8+ T cell response after ATI seems to be driven by expansion of early memory populations



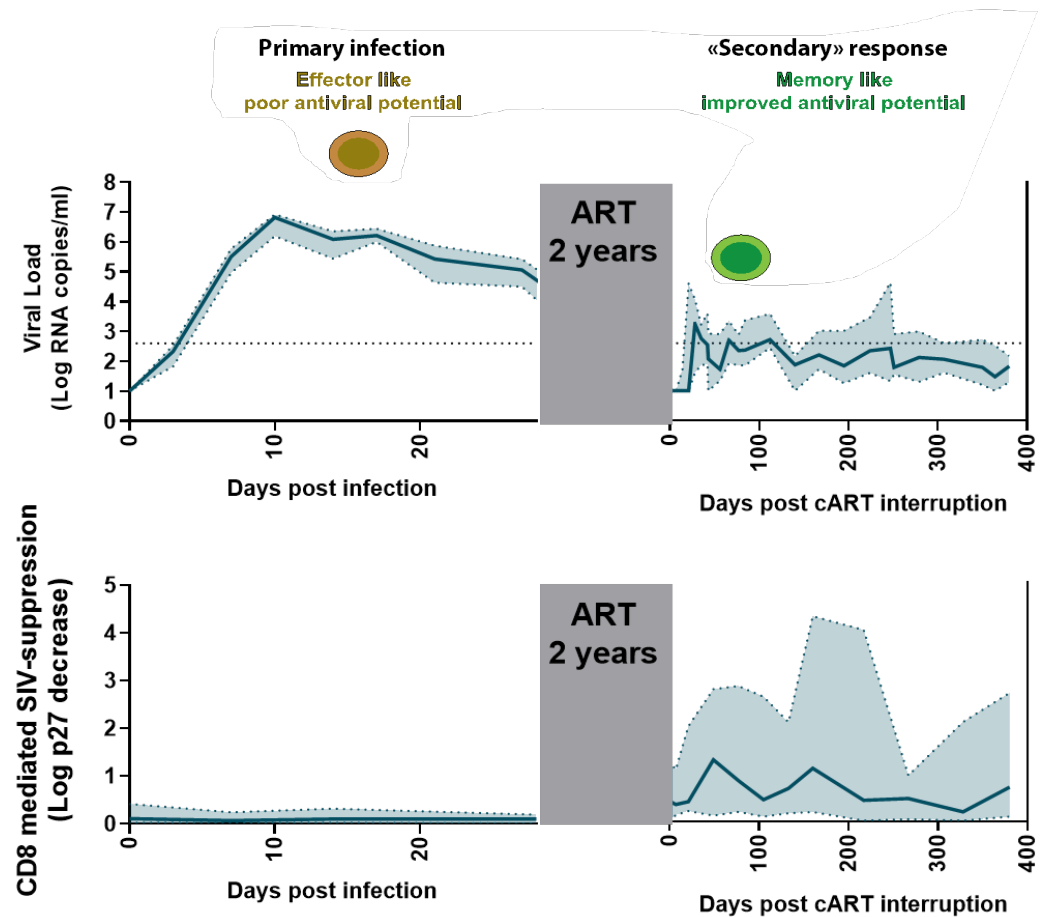
## Summary-I

Early ART initiation (week 4) favored delayed viral rebound and lower viral load set point post-ATI  
A higher frequency of PTC was observed among the early treated animals

Poor antiviral capacity of SIV-specific CD8+ T cells developed during primary infection

CD8+ T cell response after TI is characterized by expansion of early memory populations and limited activation

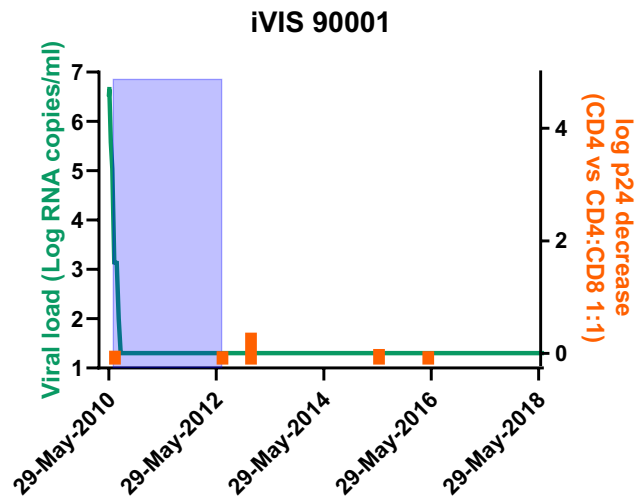
Prolonged early ART favors the development of a robust “secondary” SIV-specific CD8+ T-cell response, in blood and lymphoid tissues, that may contribute to counteract viral rebound after TI



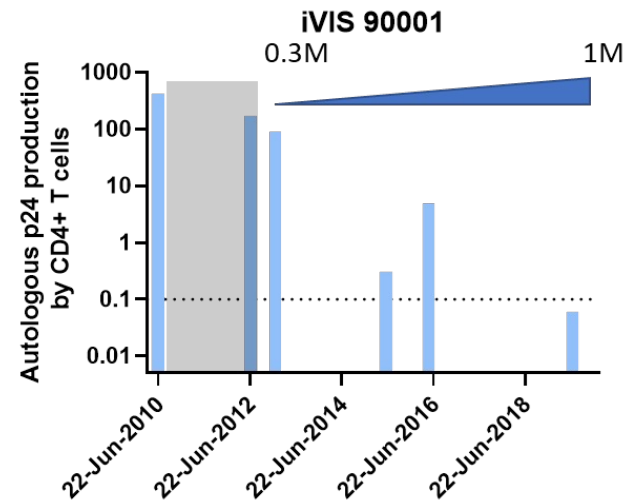
# Shrinking translation competent reservoir despite silent control?



## CD8 T cell antiviral activity

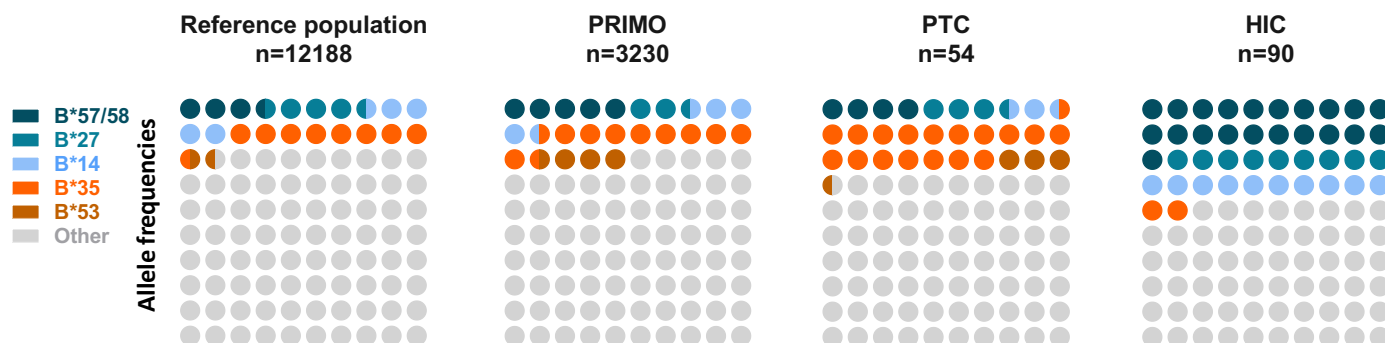


## p24 production by CD4 T cells

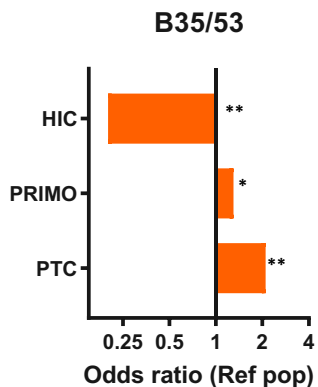




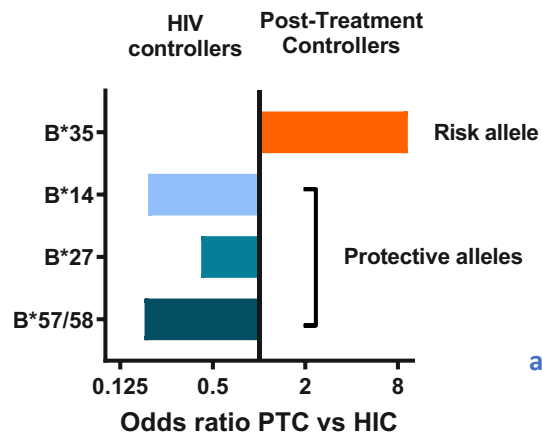
# The HLA-B\*35 paradox: unfavorable HLA alleles highly frequent among PTC



HLA-B\*35 associated with rapid progression to AIDS without ART



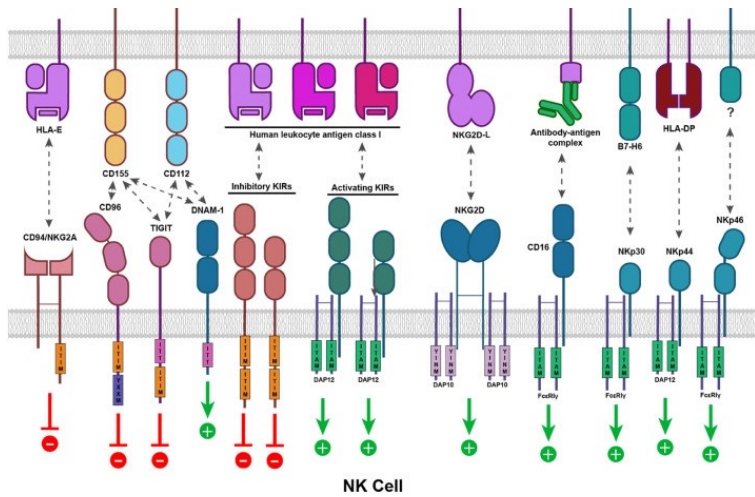
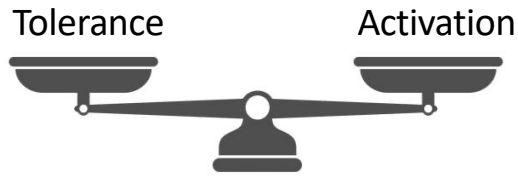
New international PTCs  
 2 PTC: 1 B35  
 1 PTC: 1 B35



Different paths to control:  
 achieving control ≠ maintaining control

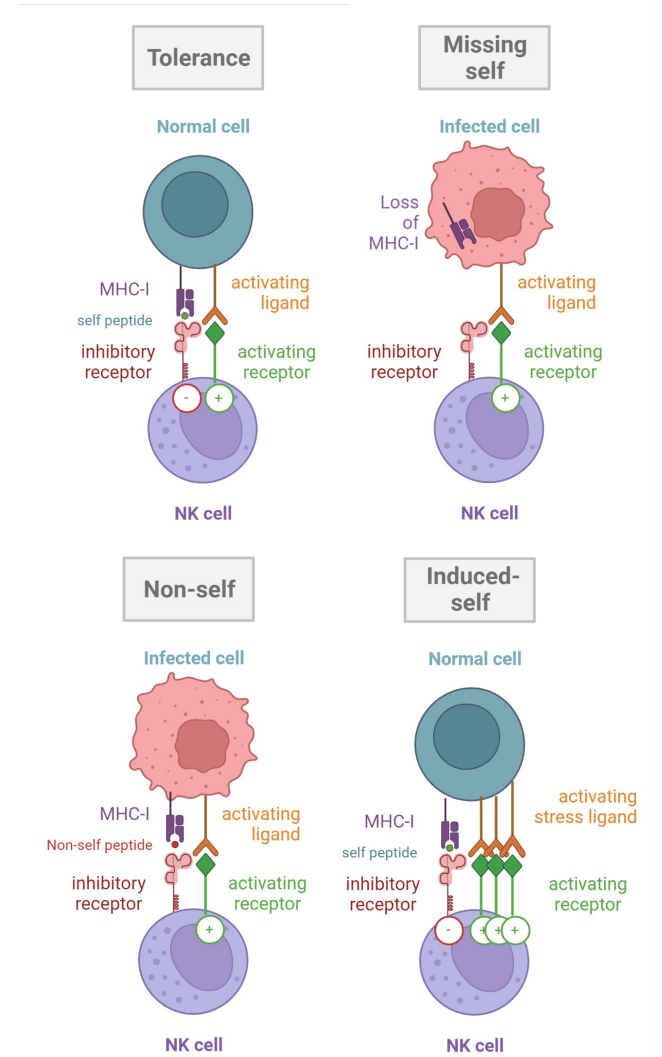
# NK cell function

regulated by a complex combination of activating and inhibitory signals



NK Cell

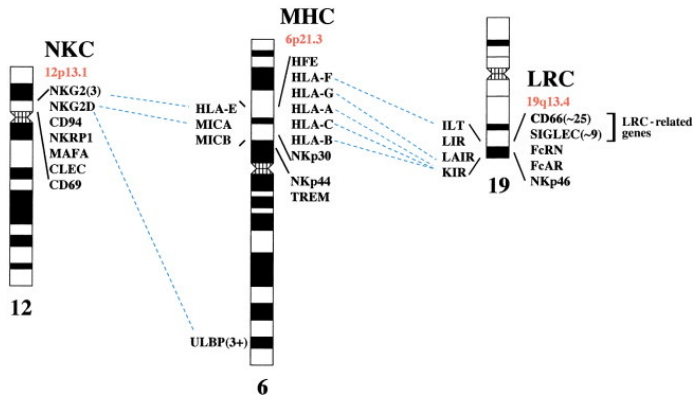
Xie et al eBioMedicine 2020



# Genetic traits in PTCs suggest KIR-educated NK cells associated with post-treatment control

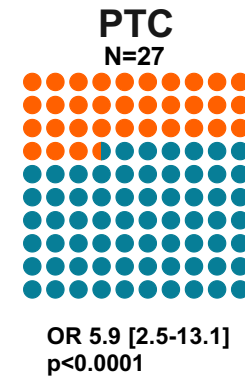
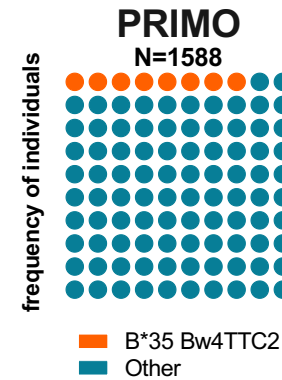
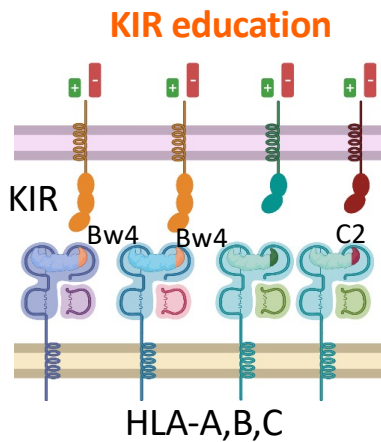
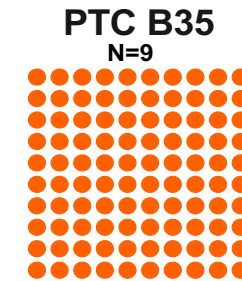
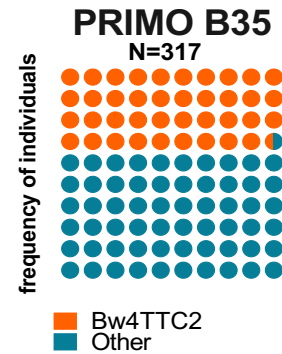


HLA-B\*35+ Bw4TTC2 enriched in PTC from VISCONTI

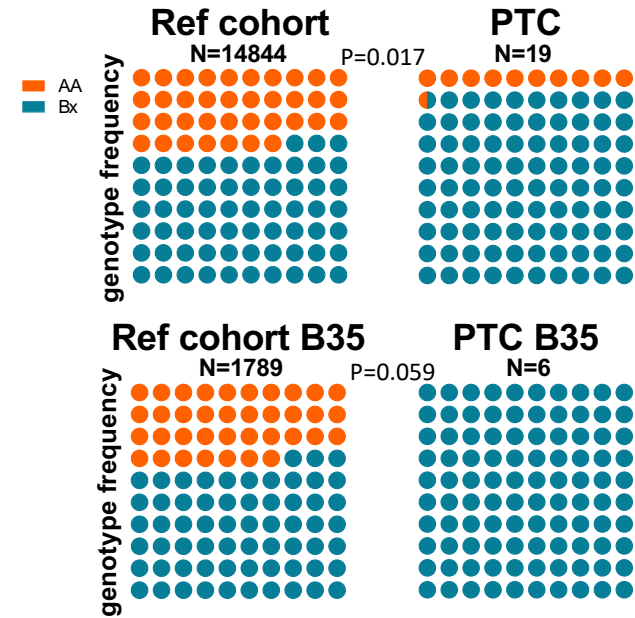
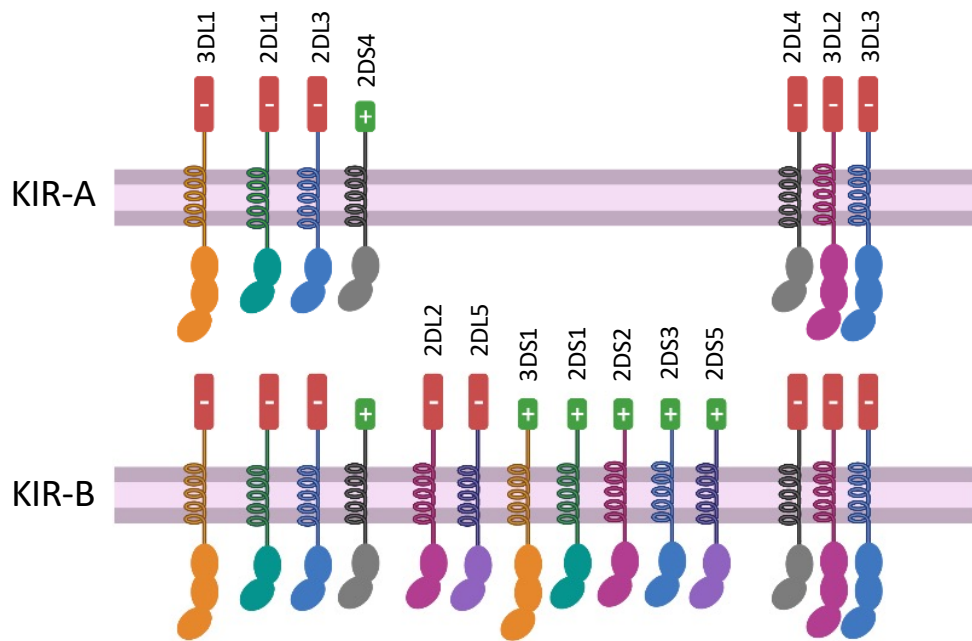


**Bw4TTC2**

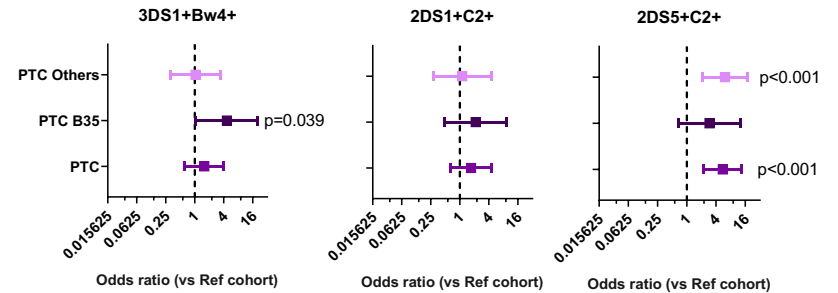
↑Bw4 ↓HLA-E ↑C2



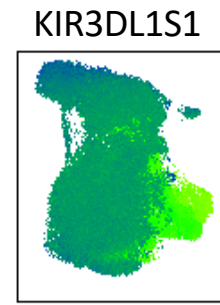
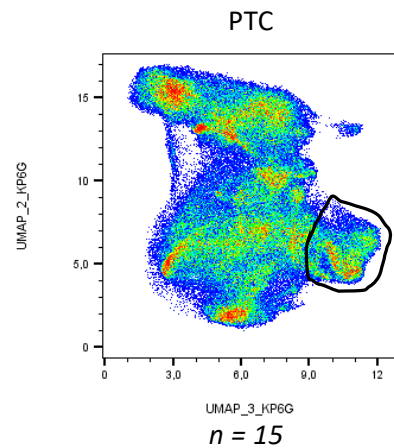
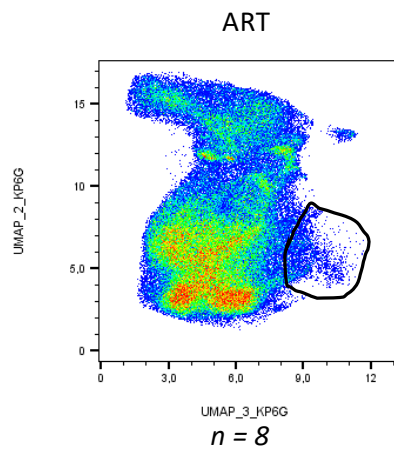
# Genotypes with high KIR B content are frequent among B35 PTCs



**PTCs have complementary KIR repertoires for the cognate HLA-ligands abundantly present in these persons**



# More frequent presence in PTC of NK cells with cytotoxic potential expressing the KIR receptor for Bw4



**Genetic and phenotypic analyses suggest an important role of NK cells in post-treatment control**

Which is the precise function of these cells?

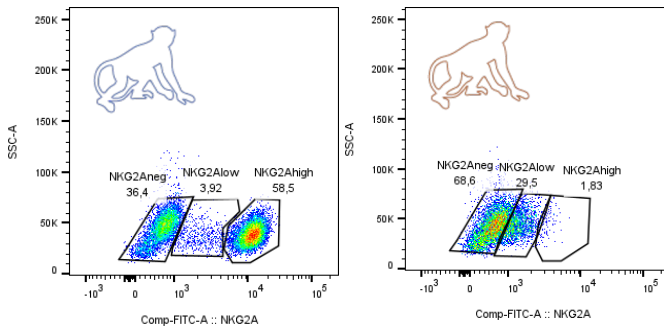
Caveat: analyses performed in a quiescent situation



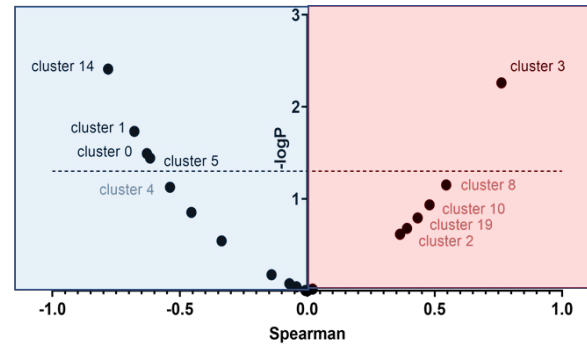
# Constitutive characteristics and delay to treatment impact the capacity of NK cells to control viremia

Chapel, Romero-Martin unpublished

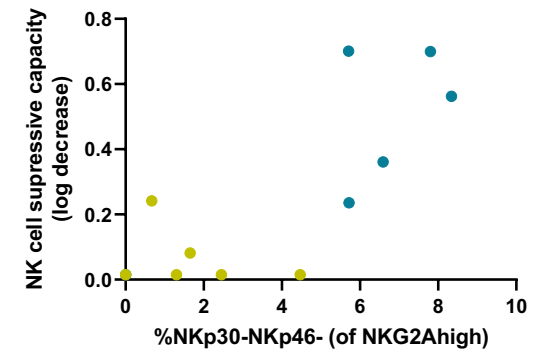
## Distinct NKG2A levels at baseline



## Correlation with viremia after ART interruption

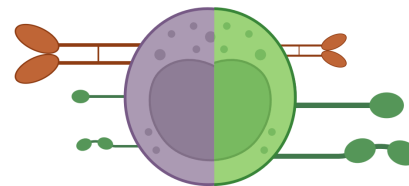


## Correlation with NK cell antiviral activity and PTC



PTC  
No PTC  
Spearman  $\rho$ : 0.7046  
p-value: 0.0140

**Negative correlation with viremia:**  
during primary infection  
during ART interruption  
Enhanced antiviral activity  
Expanded with early treatment



NKG2A<sup>+</sup>NKp30<sup>-</sup>NKp46<sup>-</sup> NKG2A<sup>-</sup>NKp30<sup>+</sup>NKp46<sup>+</sup>

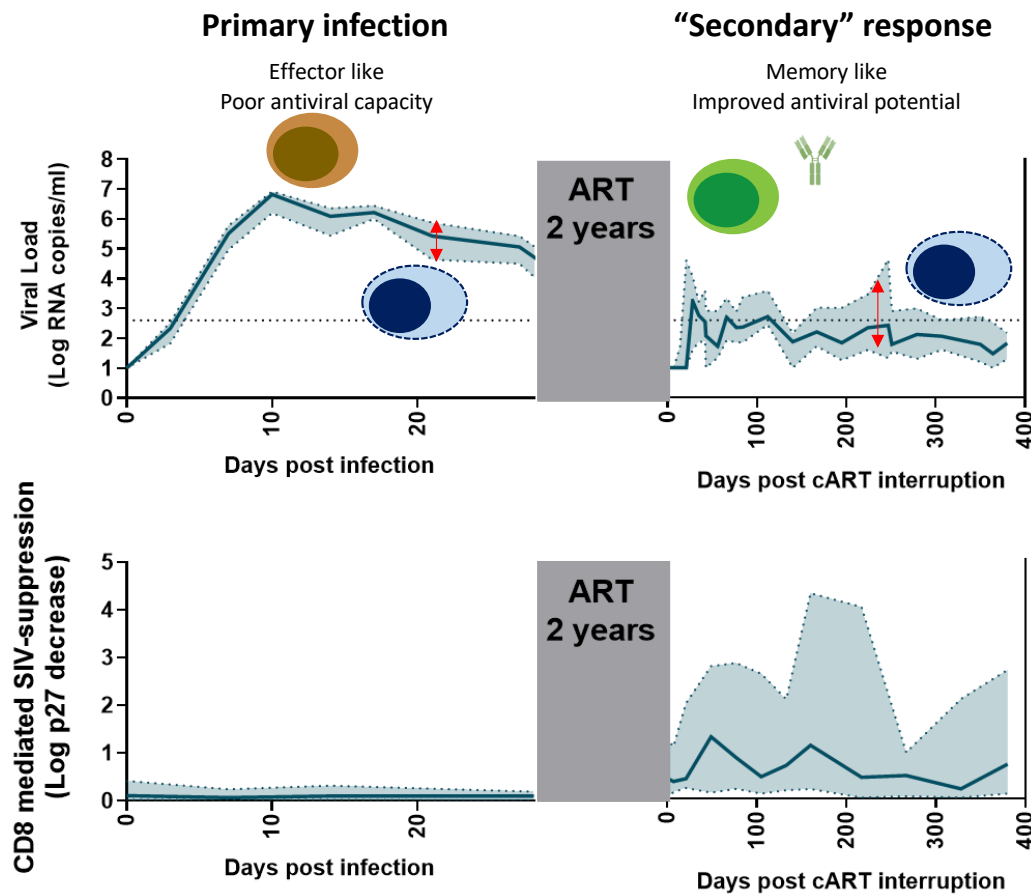
**Positive correlation with viremia:**  
during ART interruption  
Accumulation in tissues before ART initiation  
Limited antiviral capacity



## Summary II

- Viral remission in PTC is often associated with “silent” control after treatment interruption. Limited capacity to maintain durable control if episodes of viremia >400 copies occur.
- Tight post-treatment control is associated with weak adaptive responses.
- Frequency of HIV carrying cells appears to progressively decrease in some PTCs despite presence of intact HIV genomes
- HLA-B35 alleles are enriched among PTC and associated with better control after interruption of early treatment
- Post-treatment HIV control associated with selection of particular HLA genotypes pointing to an important role of KIR-educated NK cells in suppressing viremia

# Early ART favors the development of a robust “secondary” response against the rebounding virus



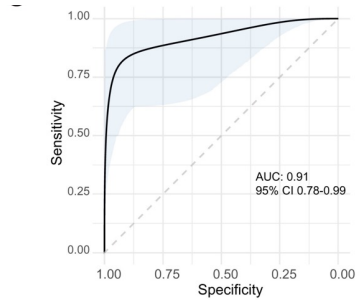
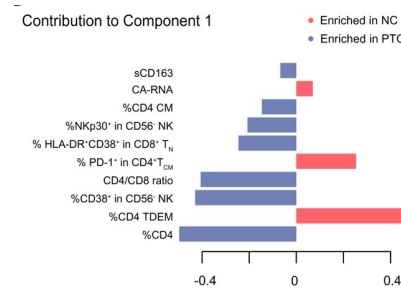
Constitutive characteristics of NK cells (related to immunogenetic factors?) may influence viremia during primary infection and after ART interruption (effect lost if delayed treatment)

# Can we predict post-treatment control of HIV infection?



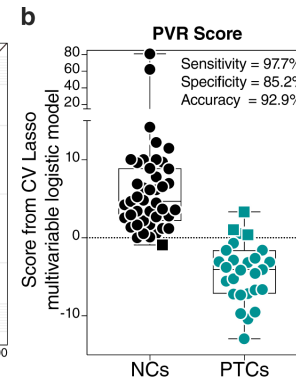
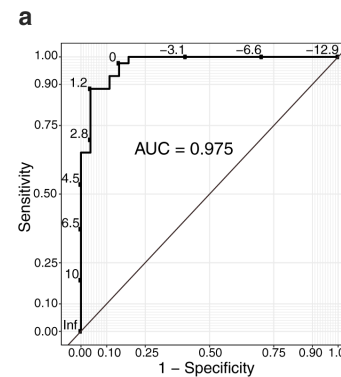
Early ART initiation  
 Low levels of viral DNA  
 High CD4:CD8 ratio

## Viro-immunological markers associated with post-treatment control of HIV



*Etemad et al, PNAS 2023*

## Non-invasive plasma glycomic and metabolic biomarkers of post-treatment control of HIV



*Giron et al, Nat Com 2021*

# What can we learn from VISCONTI and pVISCONTI studies?



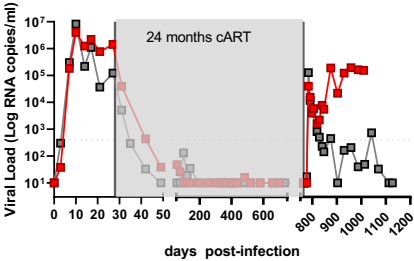
## Post-treatment controllers



NK cells associated with post-treatment control  
Early ART initiation favors post-treatment control



## Post-treatment SIV controllers

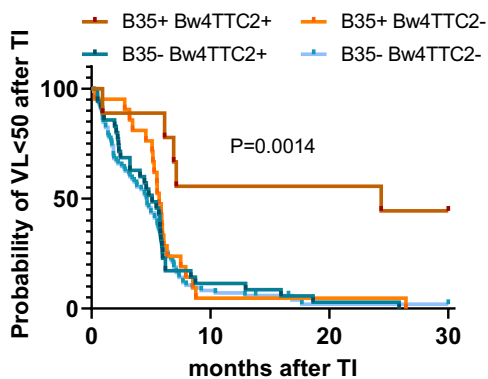


Role of bNAbs on post-treatment control  
Need to boost CD8+ T cell memory



# 175 RHIVIERA 01: Validation of immunogenetic fingerprint associated with durable post-treatment control

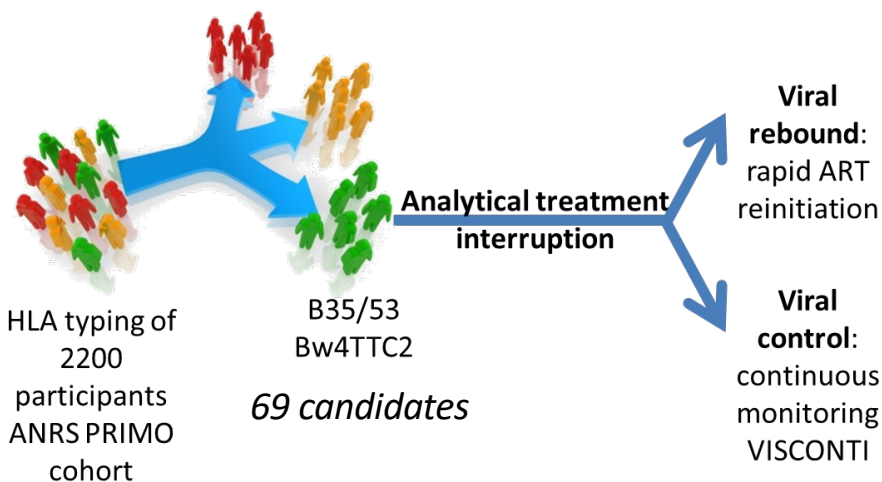
ANRS PRIMO cohort, 150 HLA typed participants all treated at PHI (30-45 days p.i.) who later discontinued ART



Essat et al, submitted

## ANRS 175 RHIVIERA 01: HLA-B\*35/53 and Bw4TTC2 among early treated individuals

Pilot open label phase 2 trial, “proof of concept”, one arm, multicenter



Clinical Protocol



Feasibility enquiry



CPP  
Comité de Protection des Personnes



ANSM  
Agence nationale de sécurité du médicament et des produits de santé




First inclusion

April 2023

# 176 RHIVIERA02: Potential for HIV remission of ART and broadly neutralizing antibodies delivered during primary HIV-1 infection

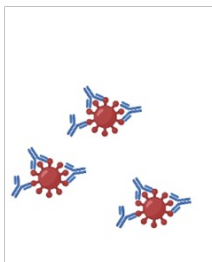
Collab: Michel Nussenzweig, Rockefeller University



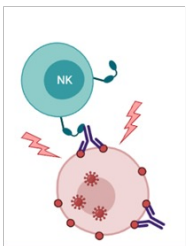
**bNAbs**

Specific activity  
No major secondary effects  
Long-lasting: >6 months  
Antiviral activity clinically proven  
Multiple potential activities

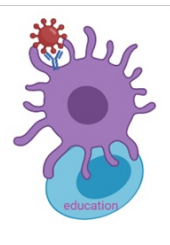
Block the virus



Facilitate the elimination of infected cells



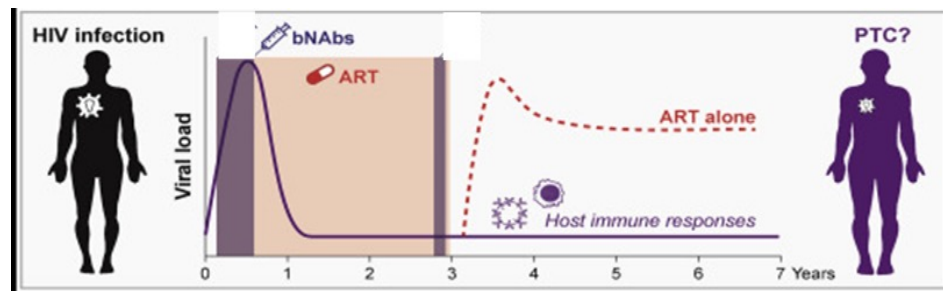
“vaccinal” effect



Combine the effects of ART and bNAbs during primary infection to facilitate the elimination of infected cells and the development of immune responses

## ANRS 176 RHIVIERA 02: primo-bNAbs

Randomized, phase II placebo-controlled  
Impact of ART + dual long-acting HIV-specific bNAbs (3BNC117-LS & 10-1074-LS) on post-treatment HIV control



Implementation stage:



Clinical Protocol



Feasibility enquiry



First inclusion

January 2024

# Our current knowledge and tools do not allow us to measure the reservoir and to prove eradication



Hidden viral reservoirs might be at the origin of viral rebound



# From remission to... cure?

Some people with natural and post-treatment control consistently maintain undetectable viremia for decades

No detectable residual viral replication

No (or very limited) evidence of viral evolution

Extremely low, and defective, viral DNA reservoir

No changes in CD4+ T cell levels

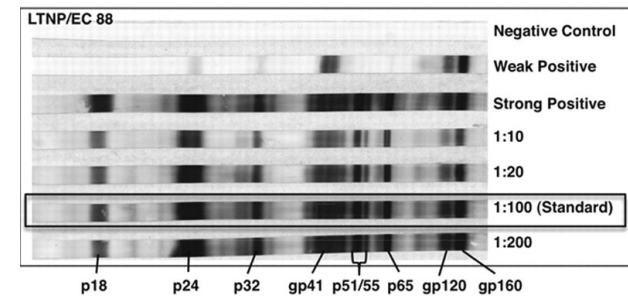
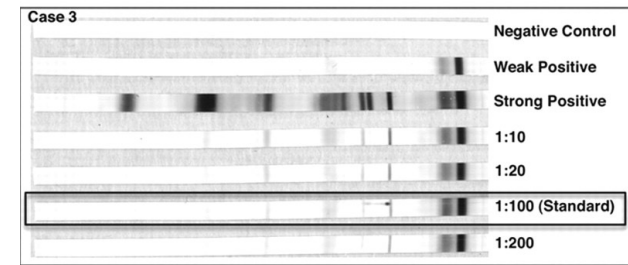
Quiescent immune responses

Weakly reactive immunoblots

*Mendoza et al Blood 2012; Canoui et al Open Forum Inf Dis 2017; Casado et al Sci Rep 2020; Jiang et al Nature 2020; Turk et al Ann Intern Med 2022*

*Sáez-Ciri3n et al unpublished*

*Adapted from Martínez-Picado Towards HIV Cure symposium IAS AIDS2022*



**How far are these persons of being considered cured?**

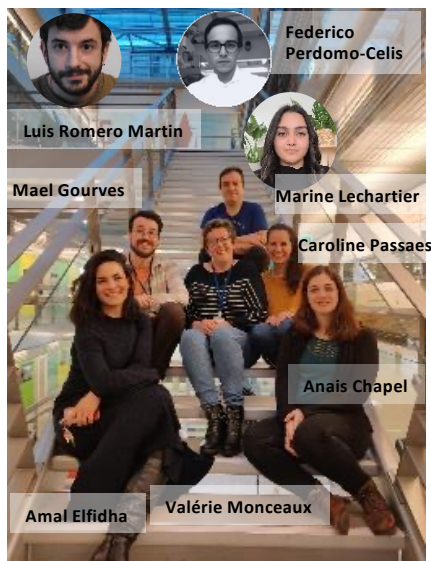


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