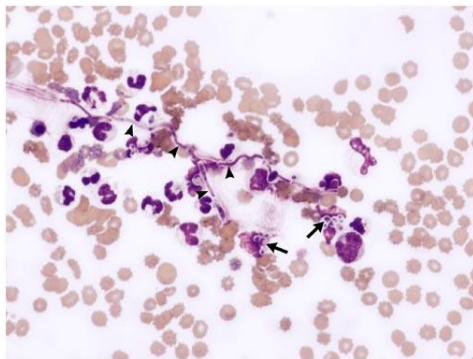
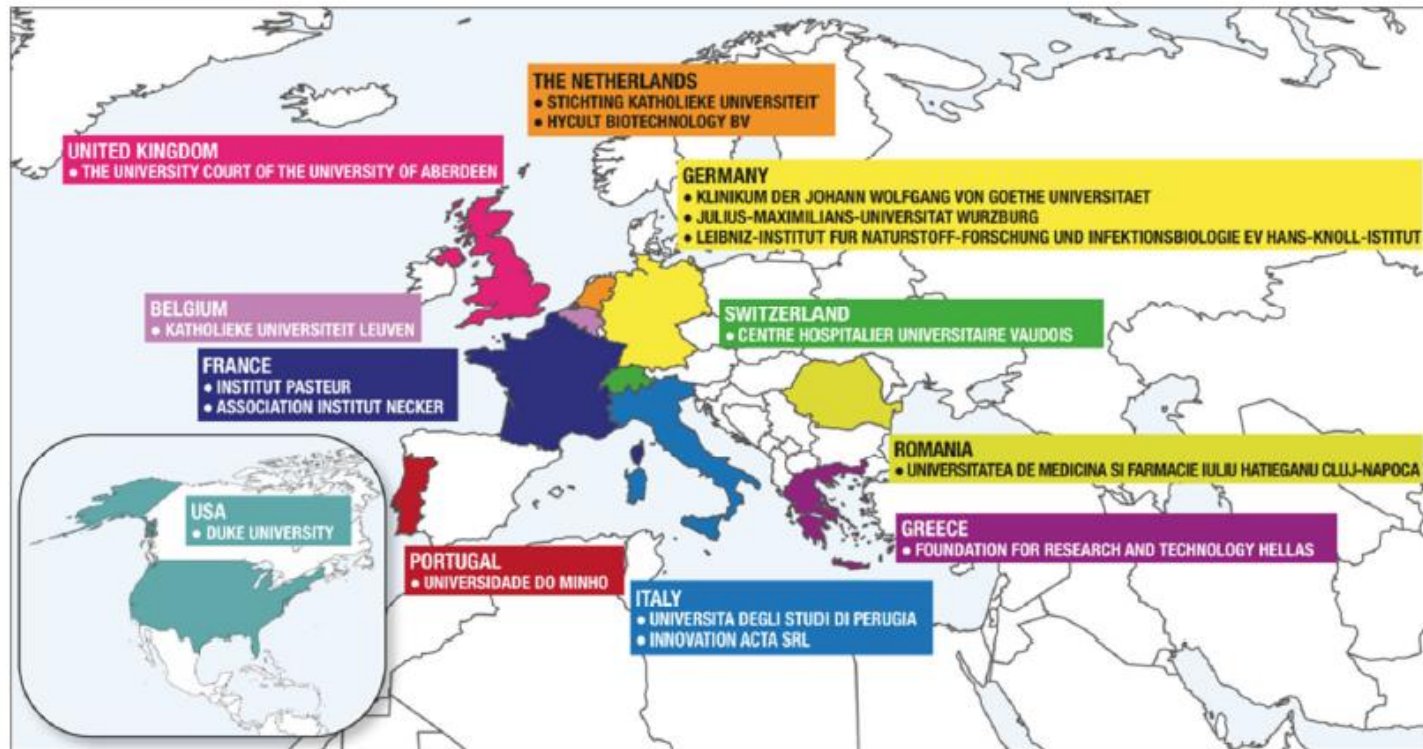


Personalized immunotherapy in fungal infections

Frank van de Veerdonk
Radboudumc

- **HDM-FUN project and trials**
- **Immunotherapy : IFN γ candidemia**
- **Effects of IFN γ on innate immune cells**
- **Anakinra in Influenza-aspergillosis**
- **Future perspectives**

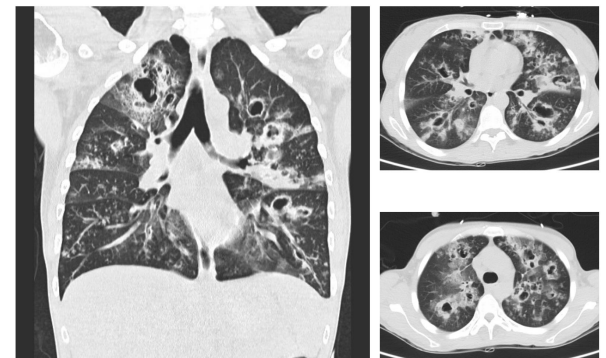
Host-Directed Medicine in FUNgal infection



Candidiasis



16 partners



Aspergillosis (IAPA)



- 1. Identify host pathogen factors (HPFs) that correlate with disease and use them for stratification of treatment**
- 2. Establish two clinical trials (intervention and prevention)**
- 3. Central biobank and standardize procedures and analysis**
- 4. Unique infrastructure and implementation of host-directed medicine in clinical setting and society**

Timeline Immunotherapy Fungal

Discovery biomarkers and disease mechanisms

Exploring HPFs during
intervention trials

Perform HPFs
guided clinical trials

Animal models and pilot trials

Immunotherapy

Immunotherapy

Clinical trials with antifungal
treatment or prophylaxis

Prophylaxis

Prophylaxis



Early '90



2018-2019

Evaluating yearly for HPFs
(This proposal)

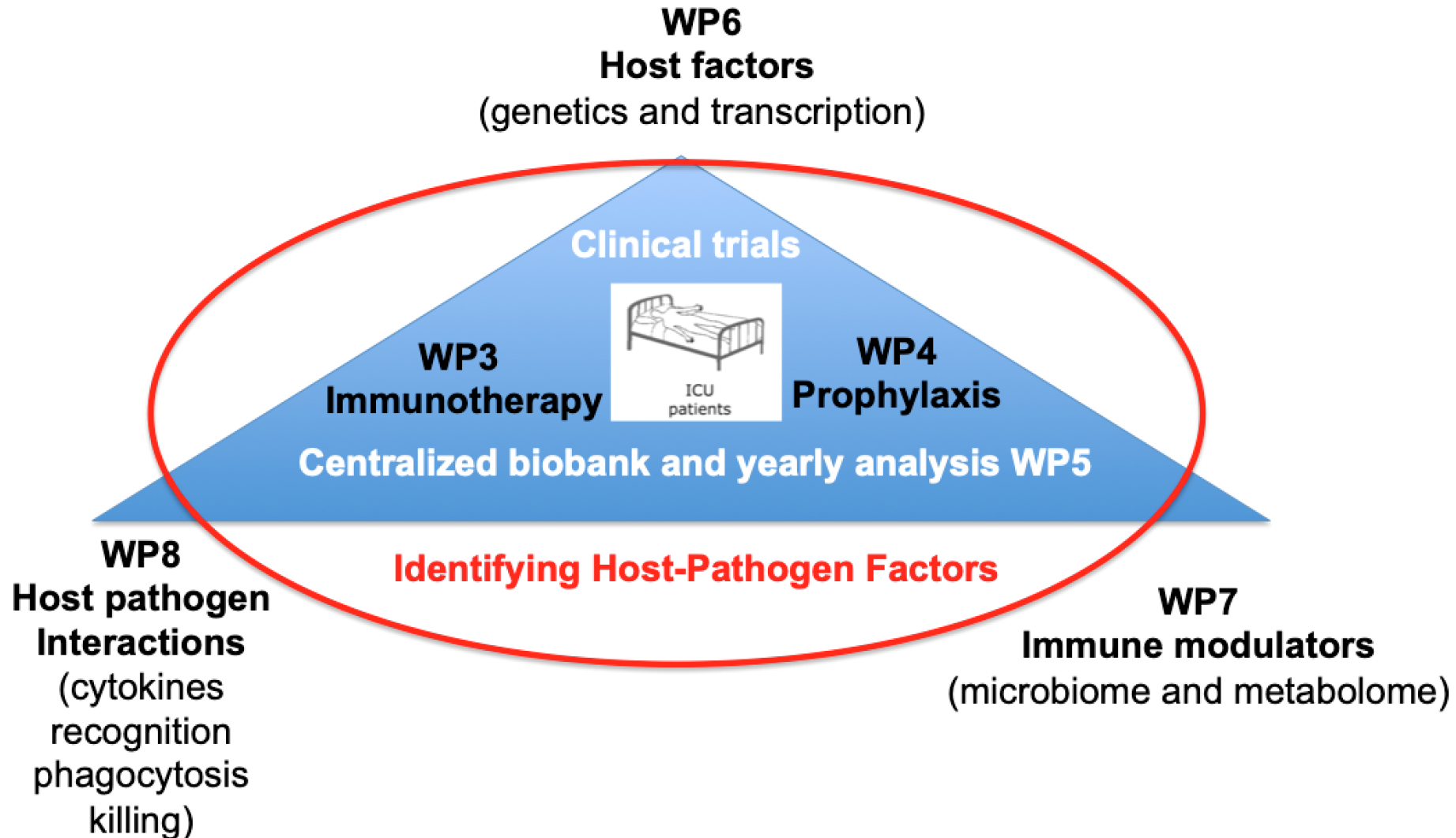


2025

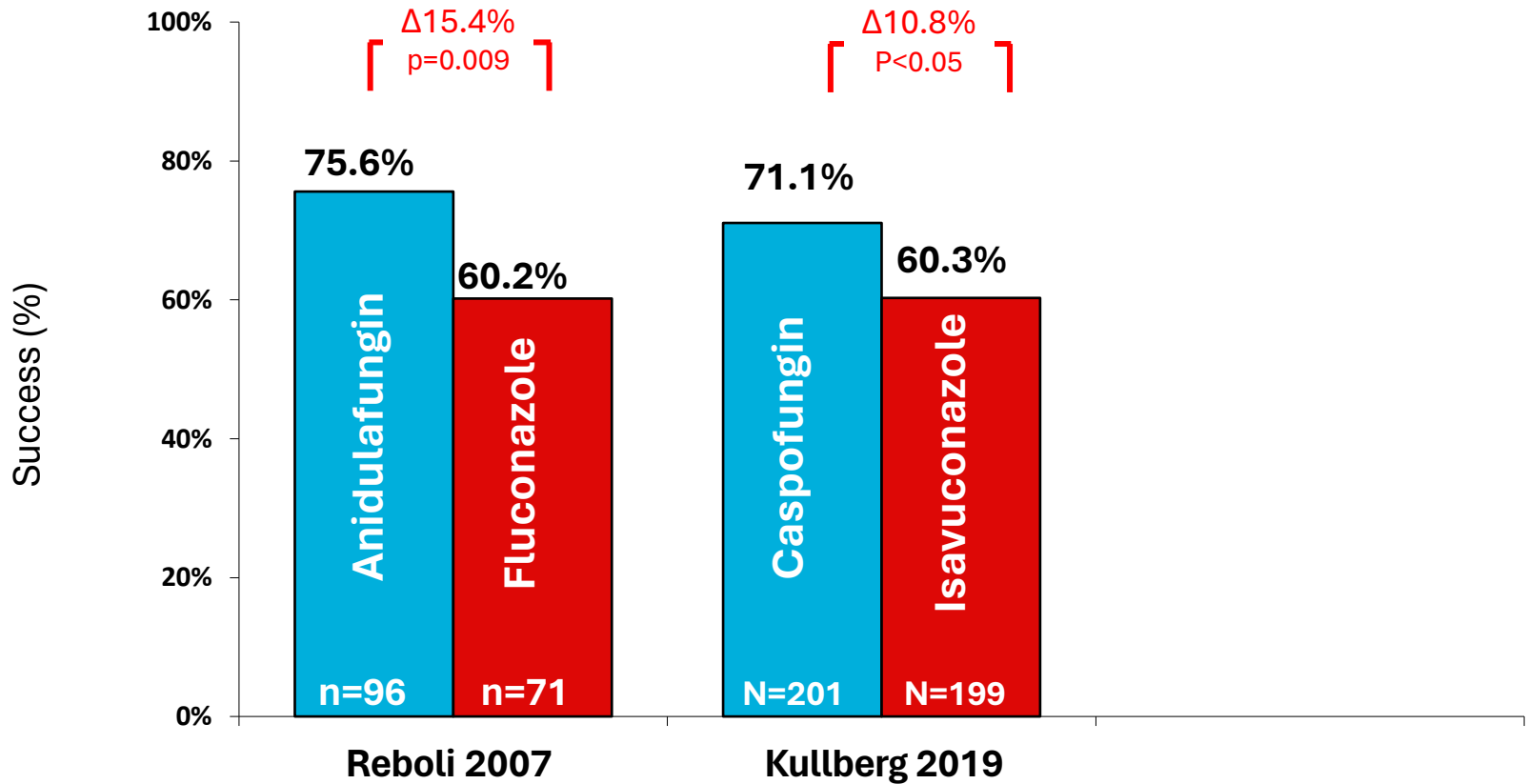
*Near future
Realizing personalized medicine*



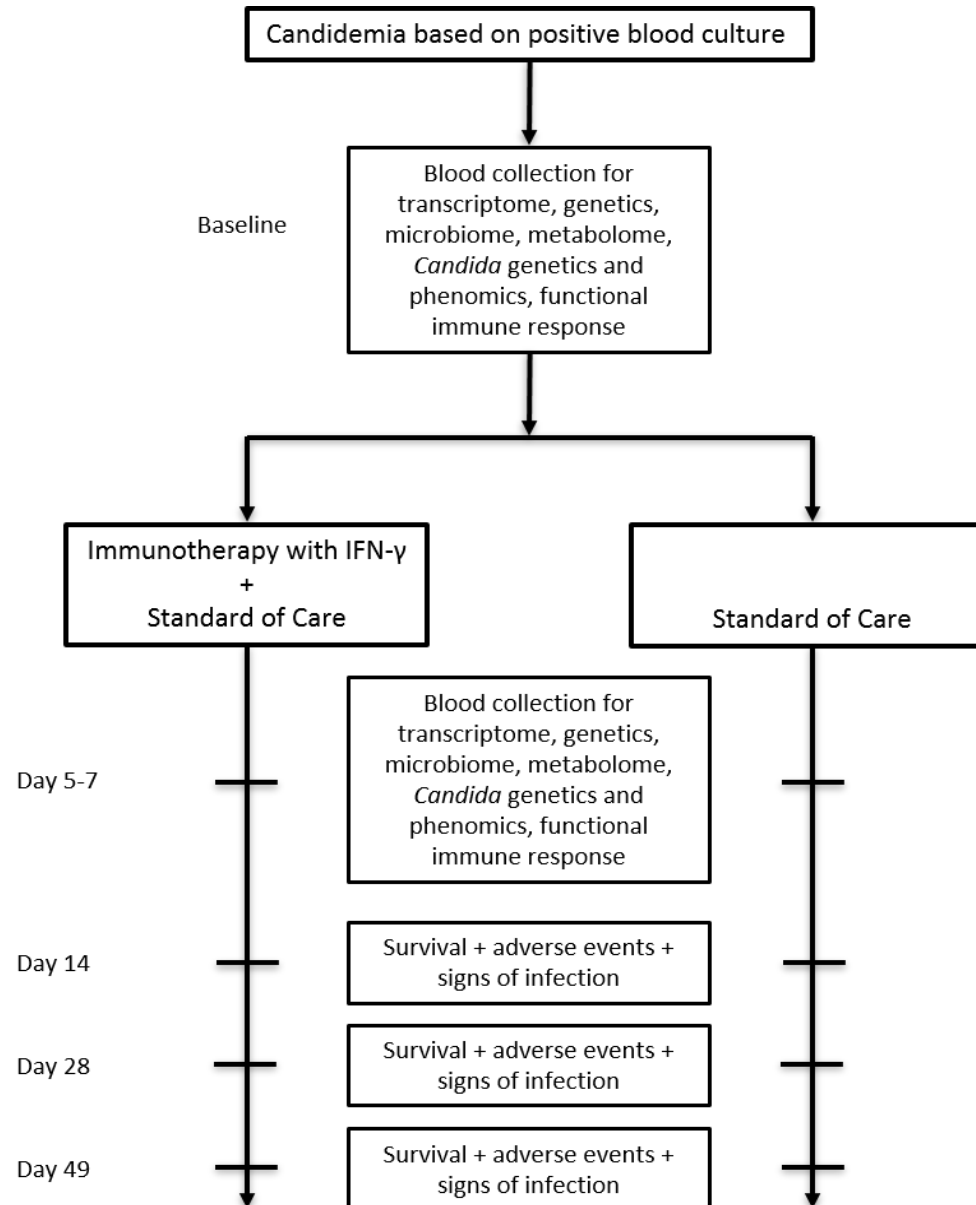
**Who will benefit from
immunotherapy?**



Candidemia 30% mortality



Design candidemia trail



The primary focus is on time to clearance.

A composite endpoint of clearance of candidemia and (in-hospital) mortality within 7 days using an ordinal scale indicating the number of days with negative blood culture and death as the worst outcome (labelled as -1)

Could trigger statistical significance at 75 patients per group (n=150)

Interim analysis from n=40 and every extra 20 patients thereafter

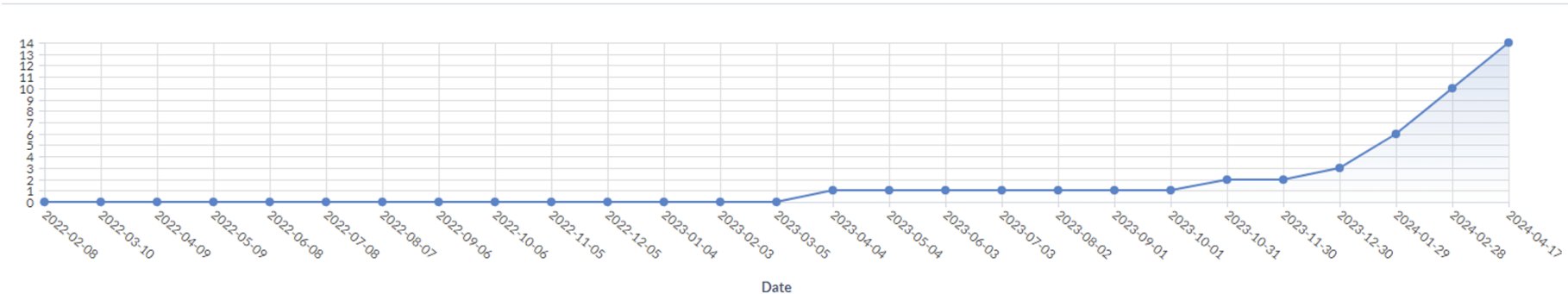
2.3 Clinical Study Recruitment

Recruitment rate/month	3-5 per months, expected to stabilize to at least 5 per month from Q2 2024.
Current total enrollment up to	14 included subjects up to March 2024 (67 candidemia patients screened for inclusion, 53 did not meet inclusion criteria)

2.3.1 Study Enrollment Cumulative Graph (month / number of enrollments):

Participant record creation over time

Unit months



▼ Participant status

Site	Total
Radboudumc	1
Klinikum Der Johann Wolfgang Von Goethe Universitaet	1
Universitatea de Medicina si Farmacie Iuliu Hatieganu Cluj-Napoca	1
"ATTIKON" University General Hospital, 4th Department of Internal Medicine	3
General University Hospital of Patras, Intensive Care Unit	1
General Hospital of Athens "KORGIALENIO-BENAKIO E.E.S", Intensive Care Unit	1
"Sotiria" Athens General Hospital of Thoracic Diseases, New Intensive Care Unit	1
General Oncological Hospital of Kifissia "Oi Agioi Anargyroi" Intensive Care Unit	2
General Hospital "Asklepieio Voulas", Intensive Care Unit	3
Total	14

End date : March 2026

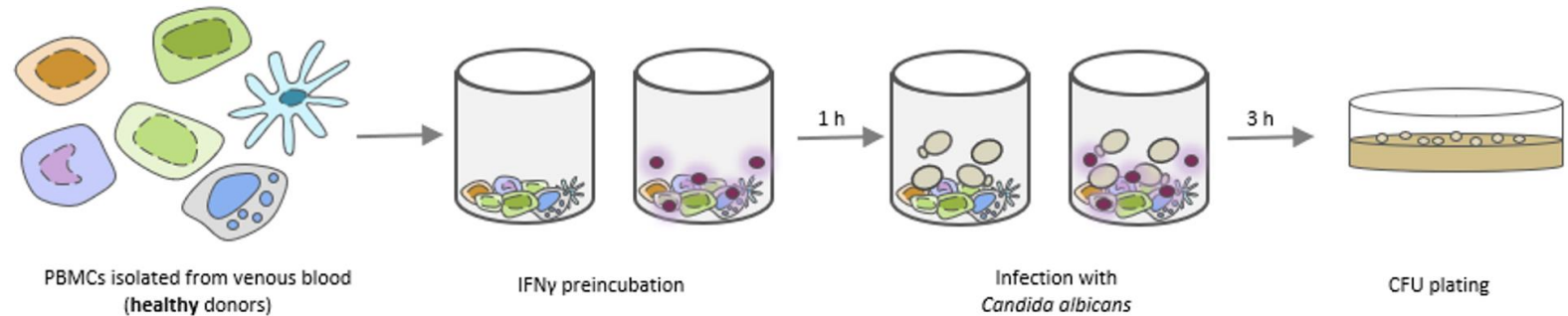
Interferon gamma (IFN γ) and candidiasis

200 FG cohort

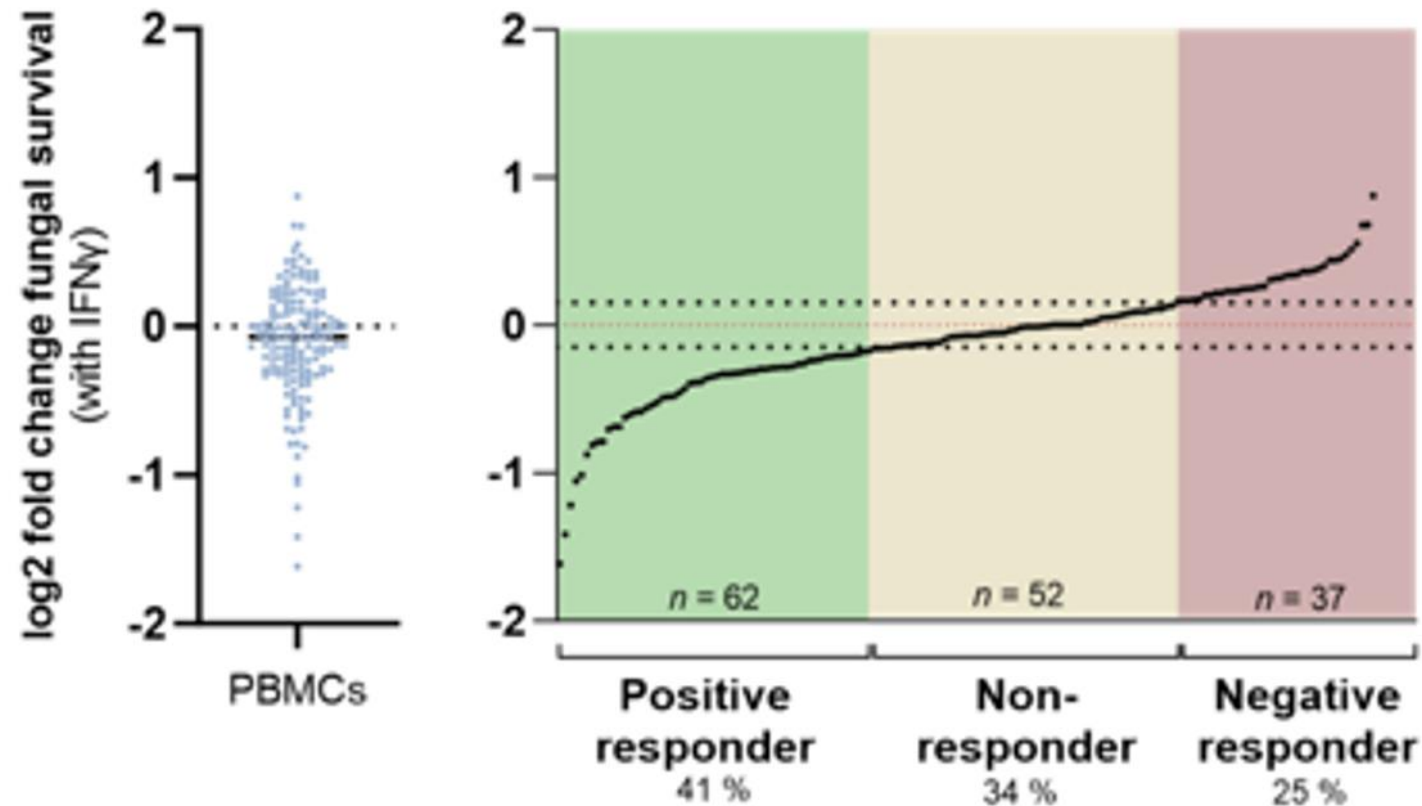
n=155 phagocytosis and killing

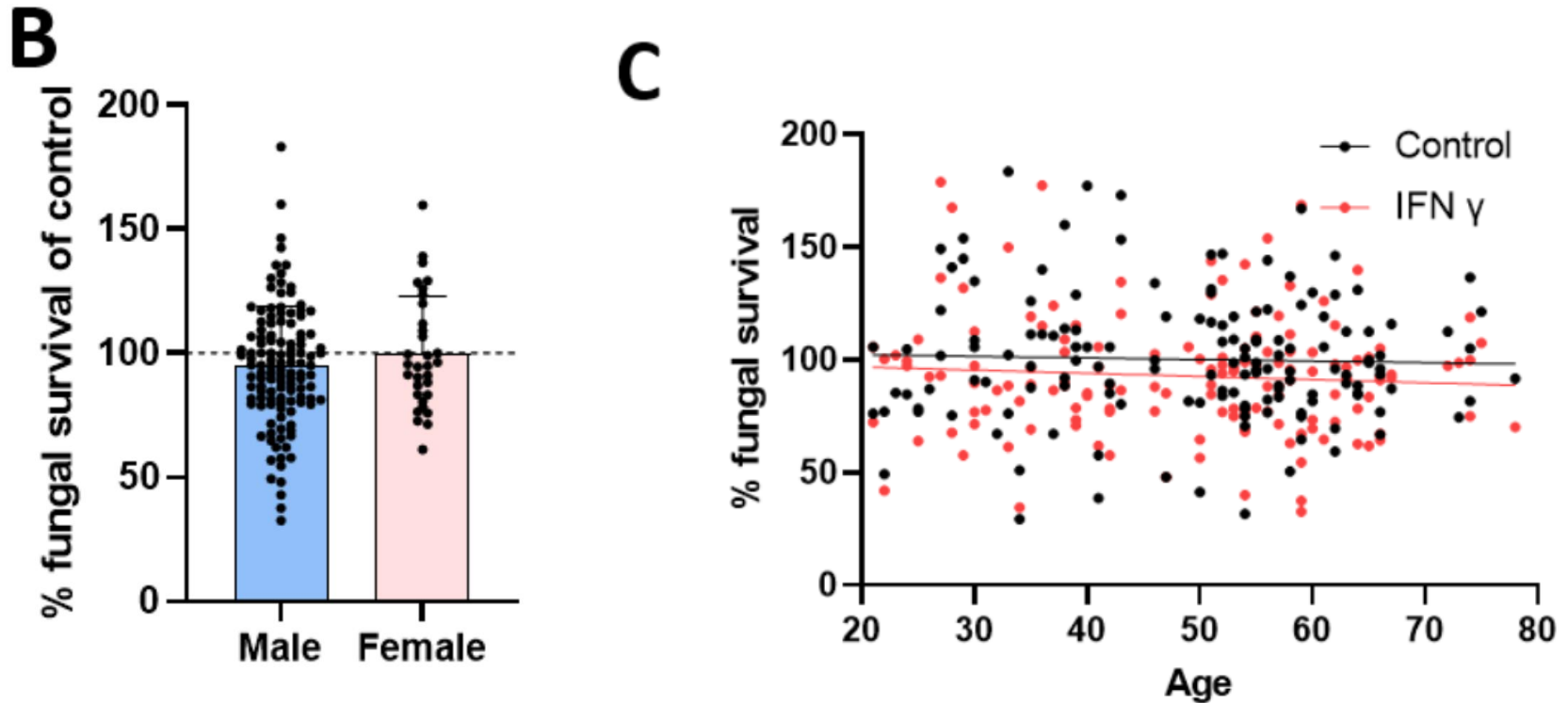
Candida +/- IFN γ

A



B

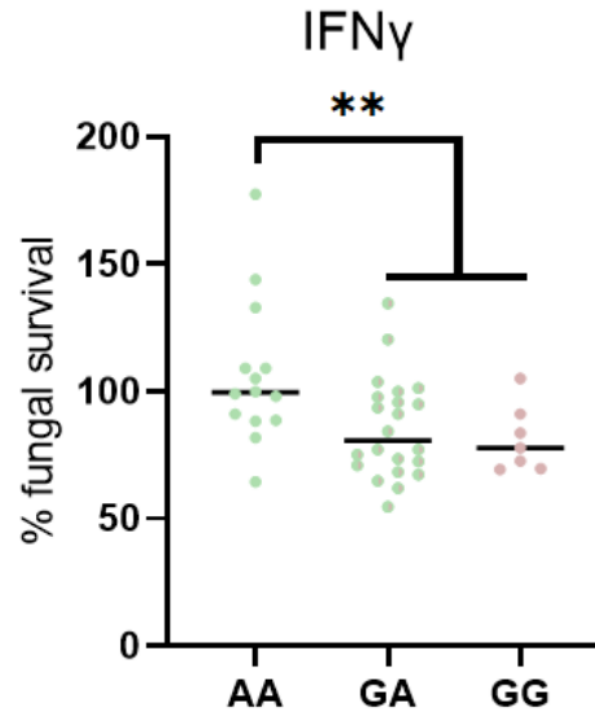
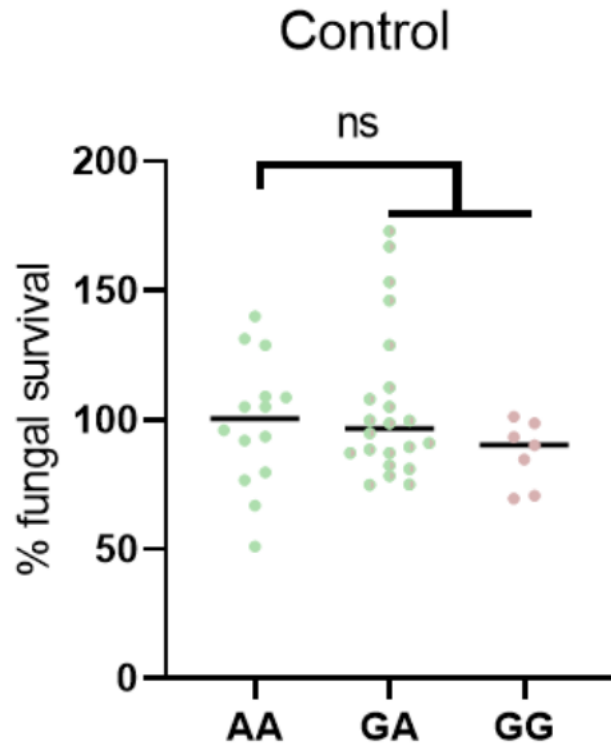




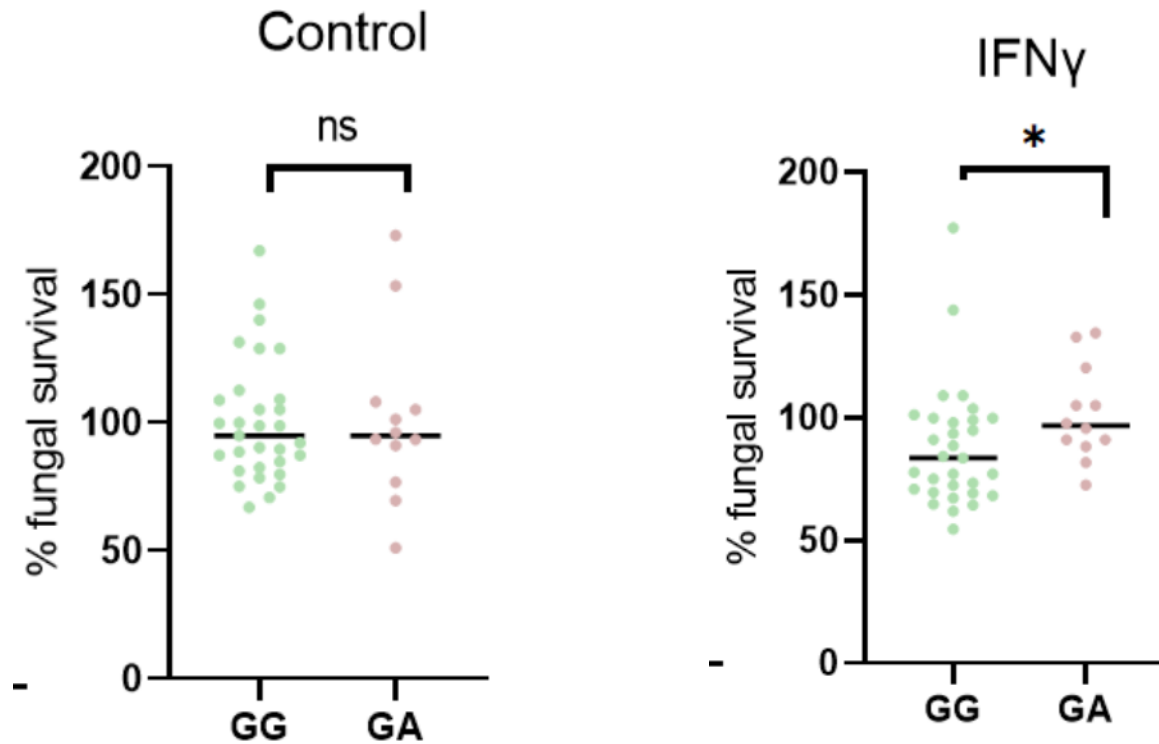
Interferon gamma candidiasis

LY86

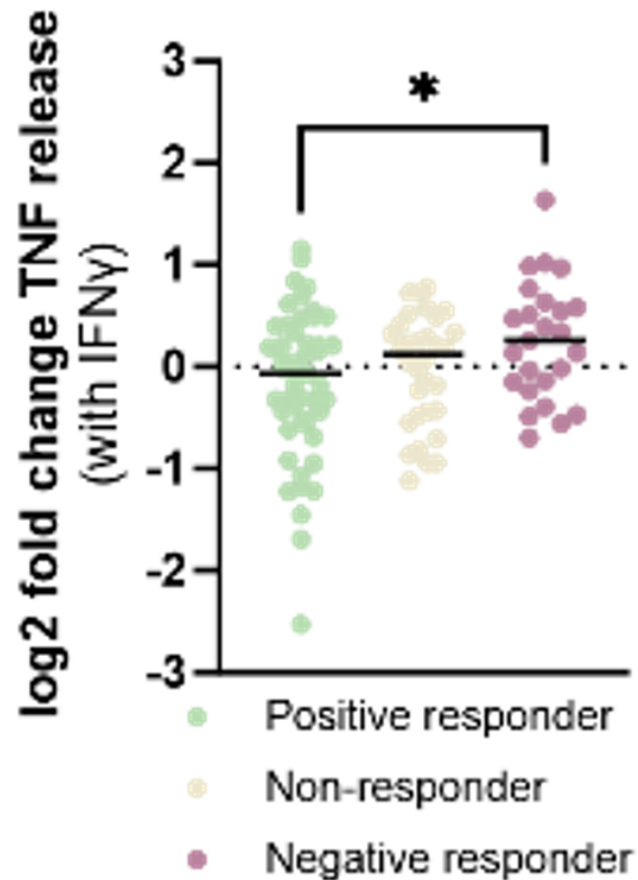
rs9405943



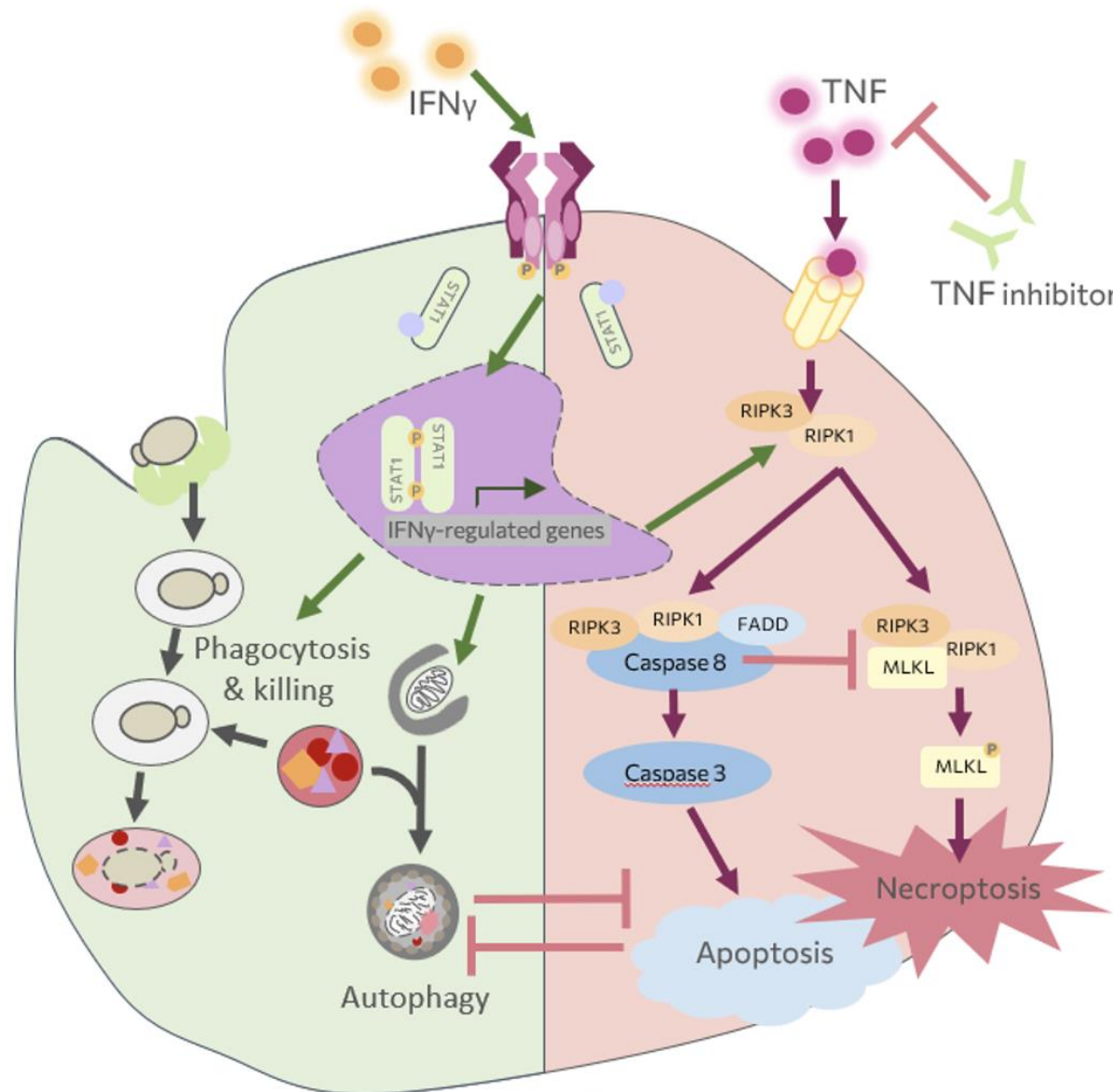
IRGM
rs4958847



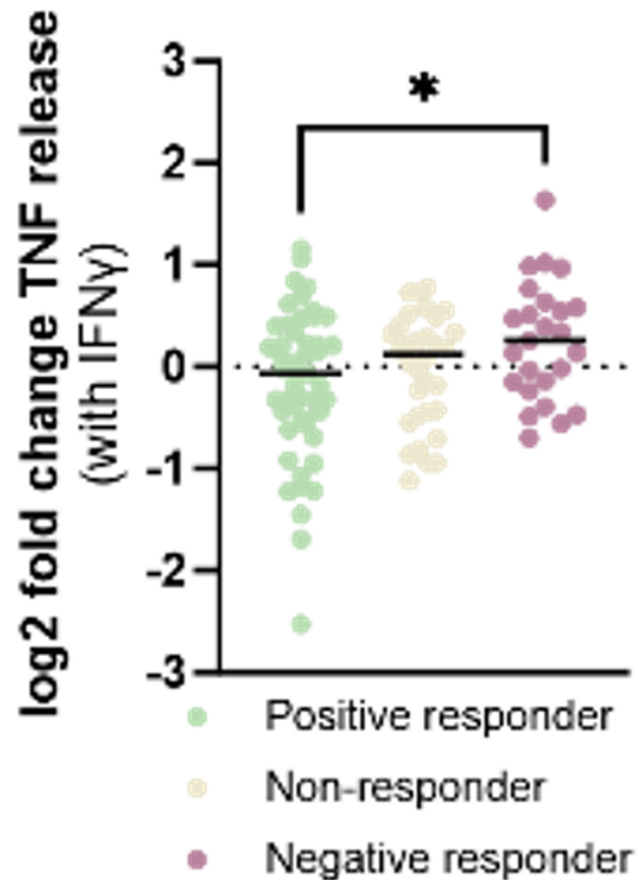
C



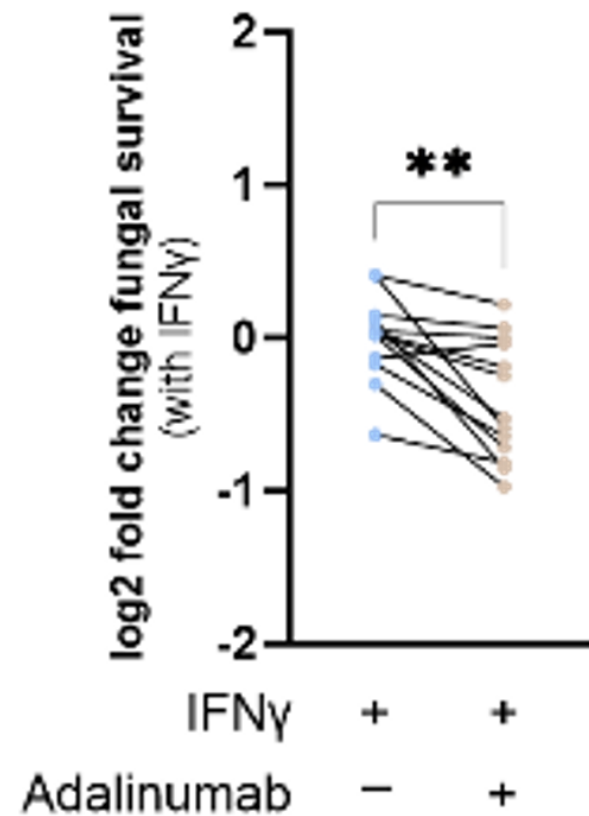
Interferon gamma candidiasis



C



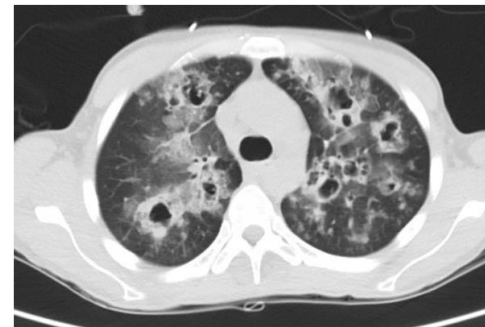
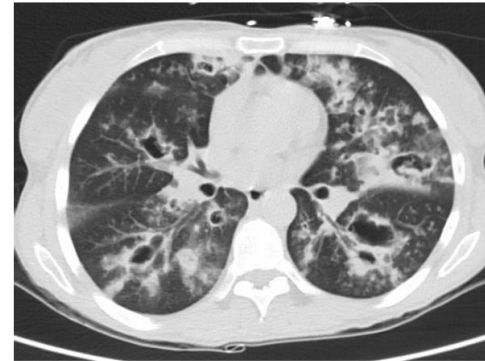
D



- **Individual response to IFN γ on killing**
- **Associated on genetics and cytokine (TNF)**
- **Stratification?**
- **Develop functional assays**

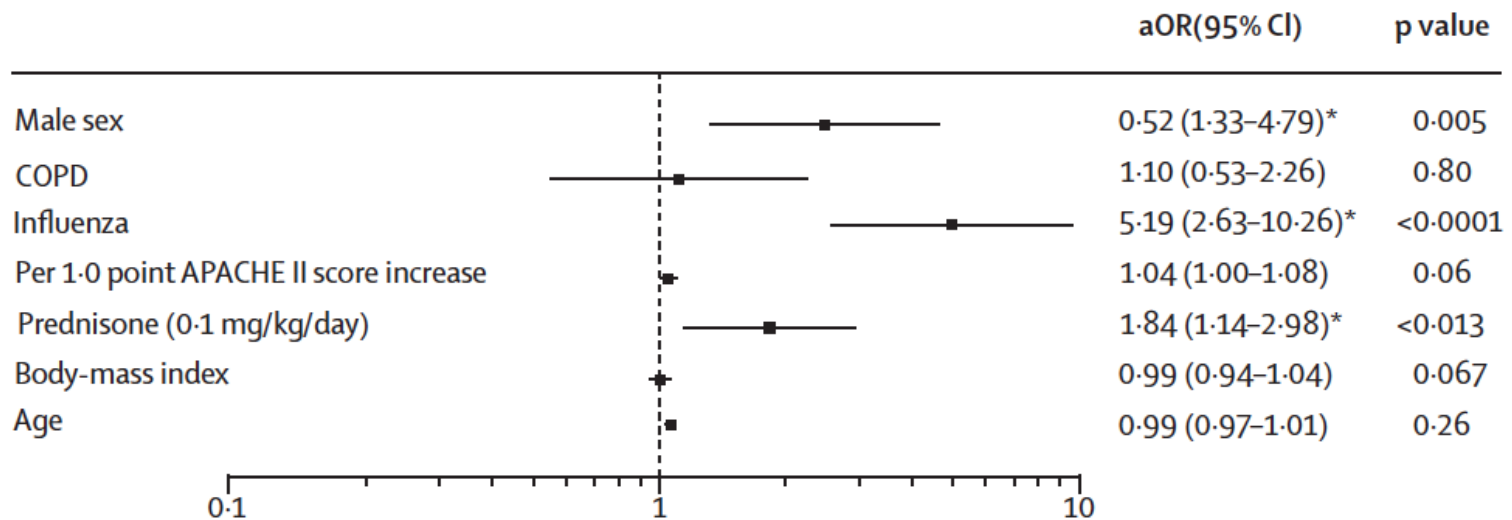
Interferon gamma (IFN γ) effect on innate immune cells

38 yr old women



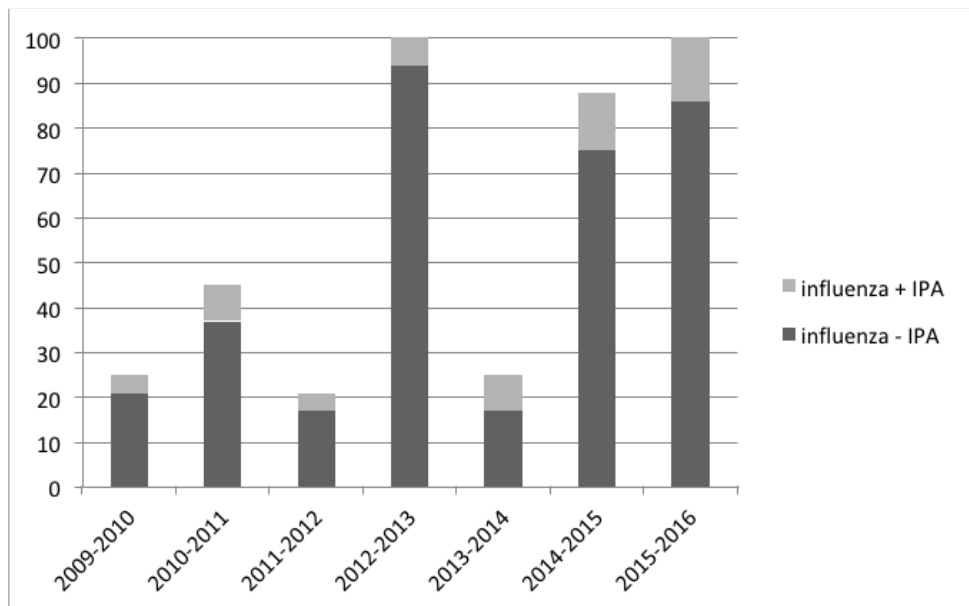
**No medical history
influenza illness
admitted ICU**

Invasive aspergillosis in patients admitted to the intensive care unit with severe influenza: a retrospective cohort study



432 patients with influenza

83 invasive aspergillosis



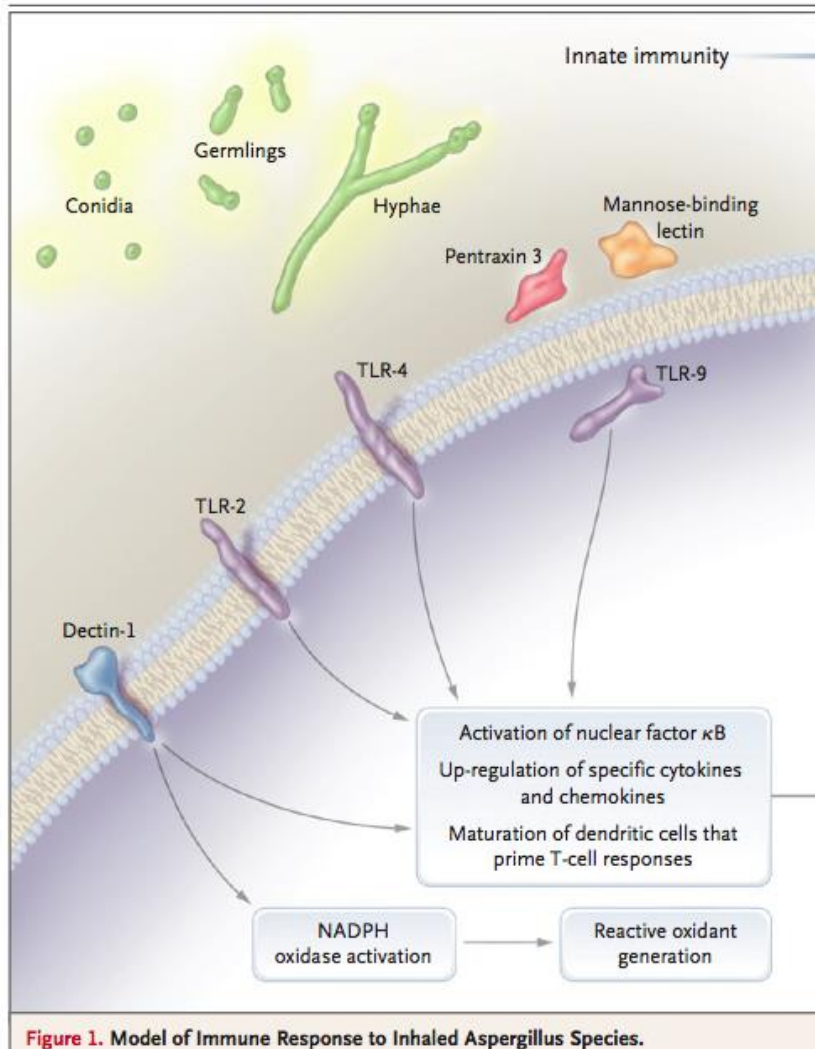


Figure 1. Model of Immune Response to Inhaled *Aspergillus* Species.

Host defense

Neutrophils

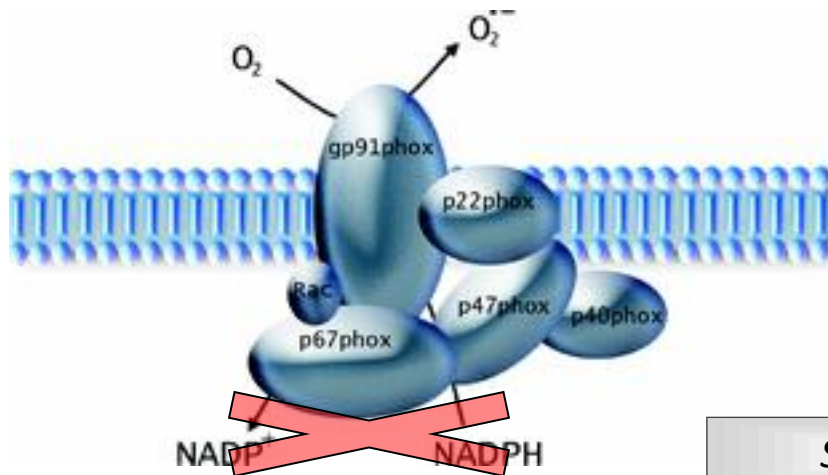
Pattern recognition

Cytokines/chemokines

NADPH-oxidase complex

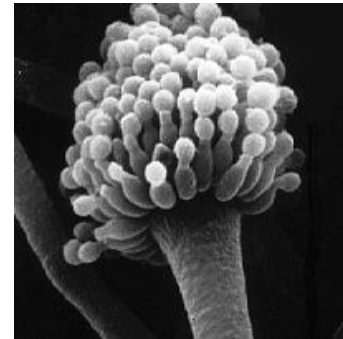
Chronic granulomatous disease (CGD)

Generation of
reactive oxygen species (ROS)

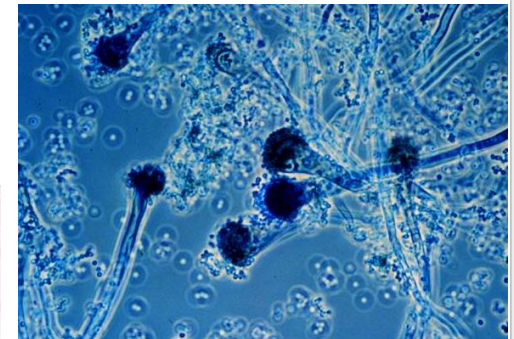


Mutation in NADPH
oxidase

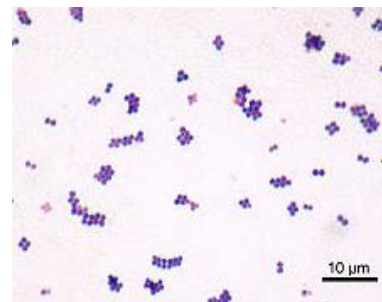
Aspergillus fumigatus



Aspergillus nidulans



S. aureus



NADPH-oxidase in IAPA

J Immunol. 2014 Apr 1;192(7):3301-7. doi: 10.4049/jimmunol.1303049. Epub 2014 Feb 21.

Influenza Infection Suppresses NADPH Oxidase-Dependent Phagocytic Bacterial Clearance and Enhances Susceptibility to Secondary Methicillin-Resistant Staphylococcus aureus Infection.

Sun K¹, Metzger DW.

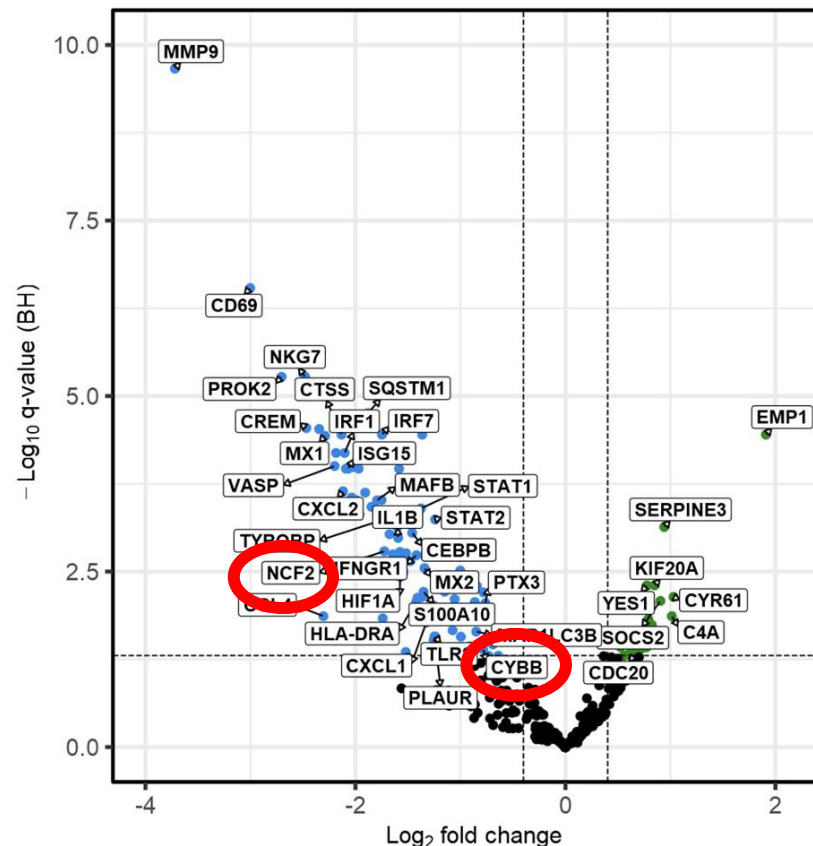
NADPH-oxidase in IAPA

J Immunol. 2014 Apr 1;192(7):3301-7. doi: 10.4049/jimmunol.1303049. Epub 2014 Feb 21.

Influenza Infection Suppresses NADPH Oxidase-Dependent Phagocytic Bacterial Clearance and Enhances Susceptibility to Secondary Methicillin-Resistant *Staphylococcus aureus* Infection.

Sun K¹, Metzger DW.

A IAPA vs. influenza-only



HDM-FUN

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FEBRUARY 21, 1991

Number 8

A CONTROLLED TRIAL OF INTERFERON GAMMA TO PREVENT INFECTION IN CHRONIC GRANULOMATOUS DISEASE

THE INTERNATIONAL CHRONIC GRANULOMATOUS DISEASE COOPERATIVE STUDY GROUP*

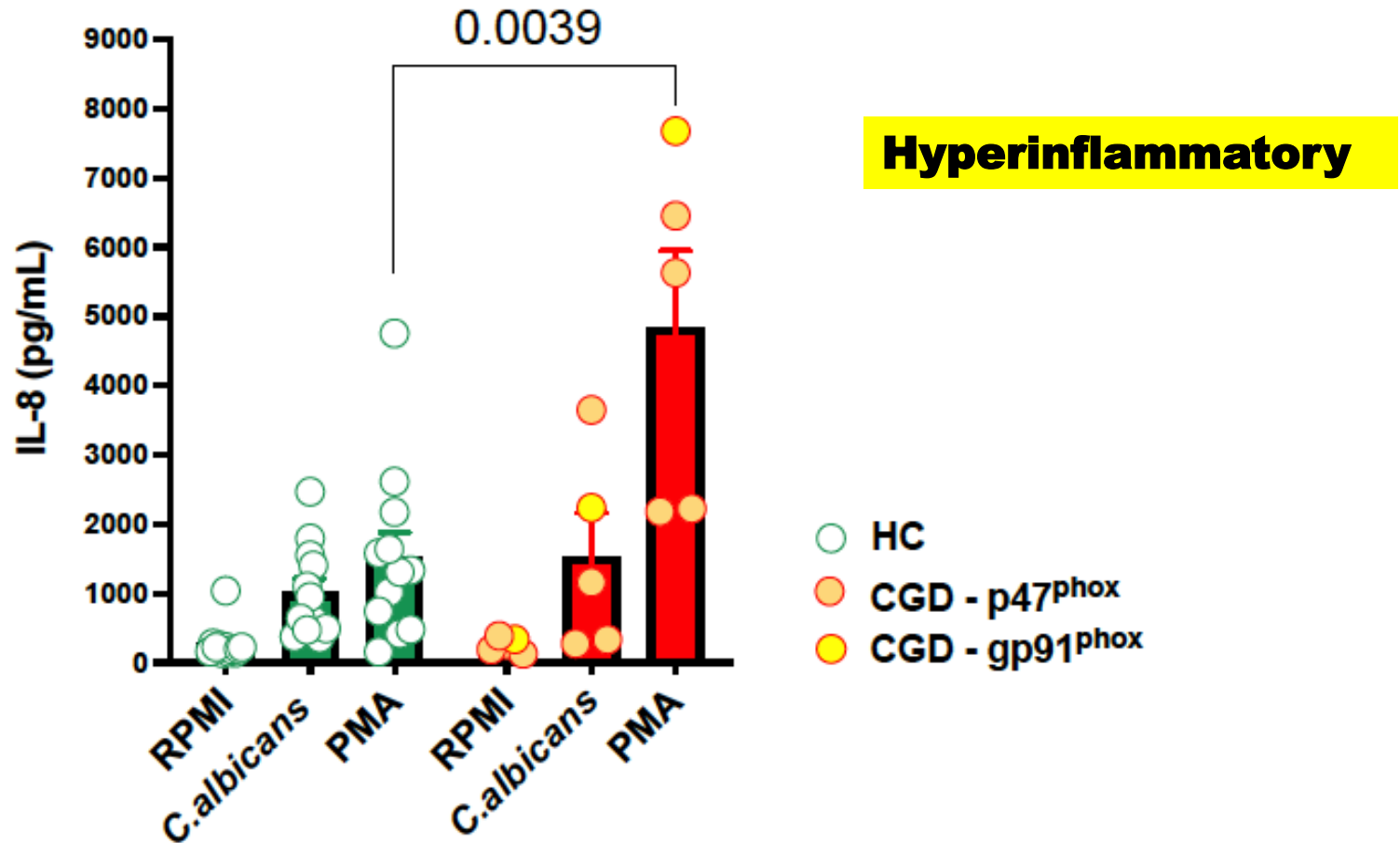
Abstract Background. Chronic granulomatous disease is an uncommon inherited disorder of phagocytes in which defective production of the reactive intermediates of oxygen predisposes patients to recurrent and severe pyogenic infections. Evidence from in vitro and in vivo studies indicates that interferon gamma can partially correct the metabolic defect in phagocytes. We assessed the efficacy of interferon gamma in decreasing the frequency of serious infections in patients with this disease.

Methods. We conducted a randomized, double-blind, placebo-controlled study in 128 patients with chronic granulomatous disease (median age, 15 years). Patients received interferon gamma (50 μ g per square meter of body-surface area) or placebo subcutaneously, three times a week for up to a year. The primary end point of the study was the time to the first serious infection, defined as an event requiring hospitalization and parenteral antibiotics. Measures of phagocyte function were also monitored.

Results. In terms of the time to the first serious infection, there was a clear benefit from interferon as compared with placebo ($P = 0.0006$). Of the 63 patients assigned to interferon, 14 had serious infections, as compared with 30 of the 65 patients assigned to placebo ($P = 0.002$). There was also a reduction in the total number of serious infections — 20 with interferon as compared with 56 with placebo ($P < 0.0001$). Interferon was beneficial regardless of age, the use or nonuse of prophylactic antibiotics, and the mode of inheritance (X-linked or autosomal recessive). However, there were no significant changes in the measures of superoxide production by phagocytes. Interferon therapy was well tolerated, and there was no evidence of serious toxicity.

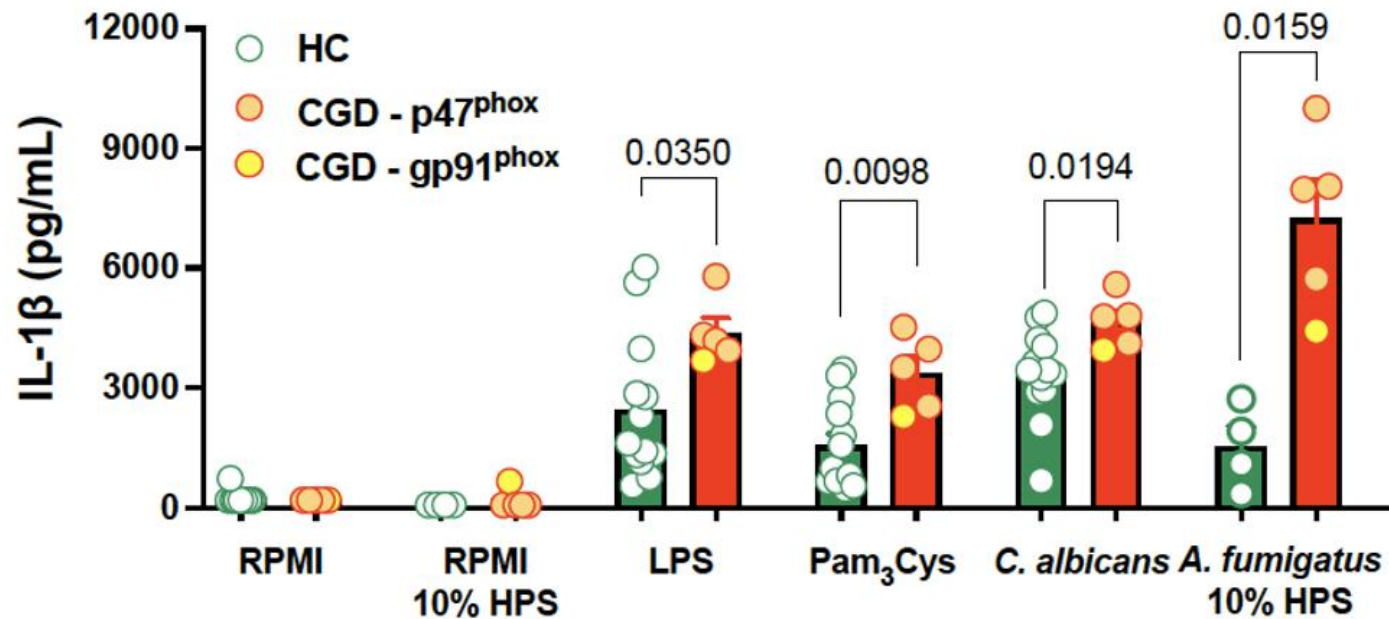
Conclusions. For patients with chronic granulomatous disease, interferon gamma therapy is an effective and well-tolerated treatment that reduces the frequency of serious infections. (N Engl J Med 1991; 324:509-16.)

NADPH-oxidase (neutrophils)

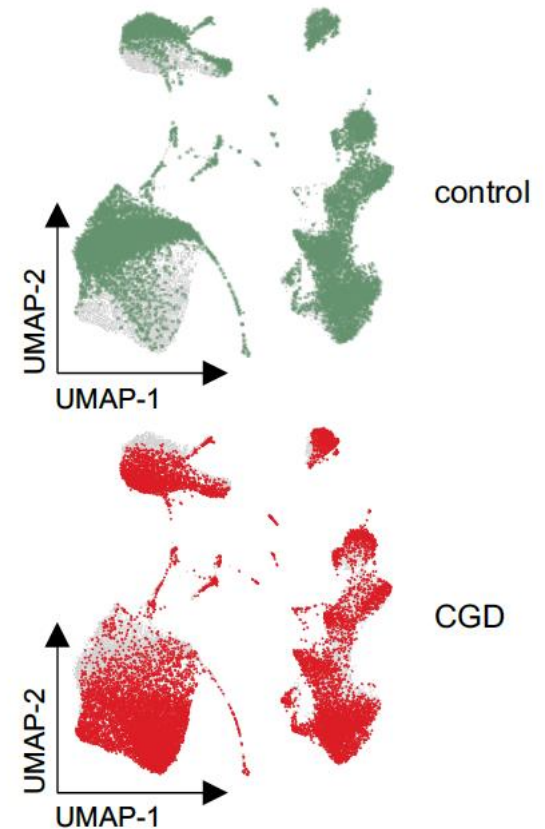
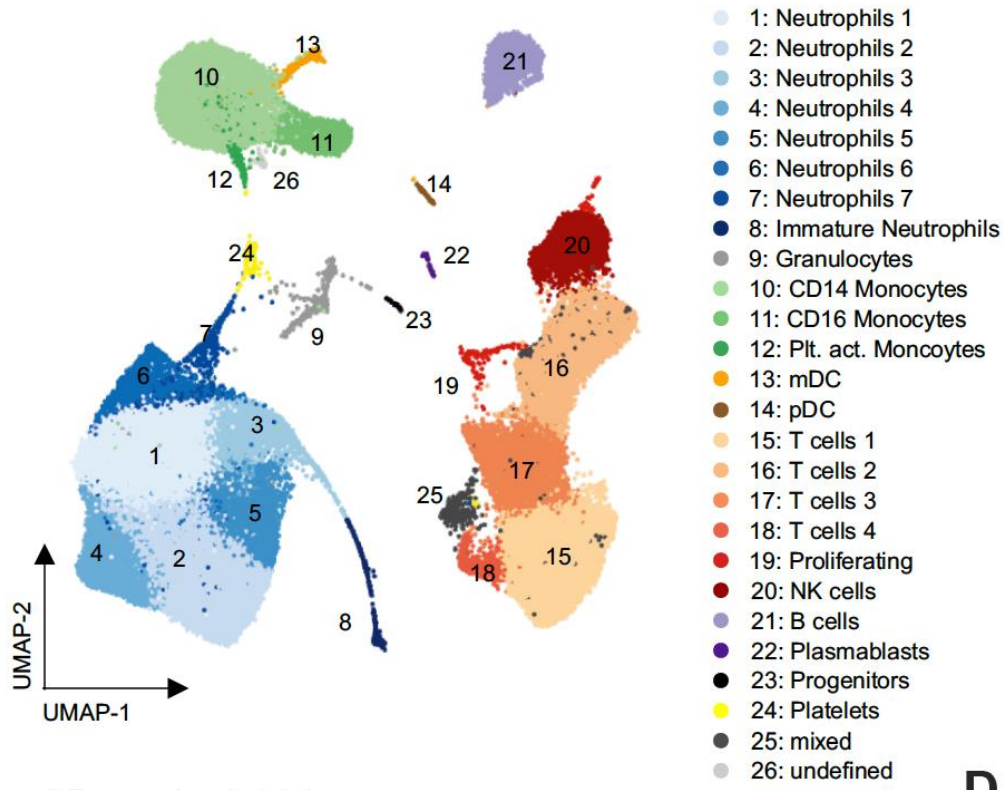


Paradox in CGD (monocytes)

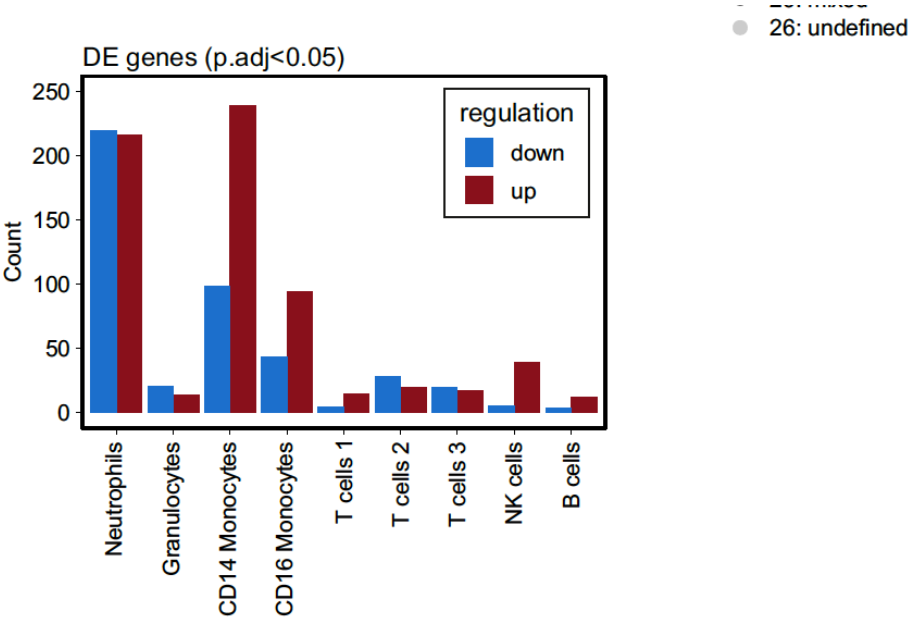
Hyperinflammatory



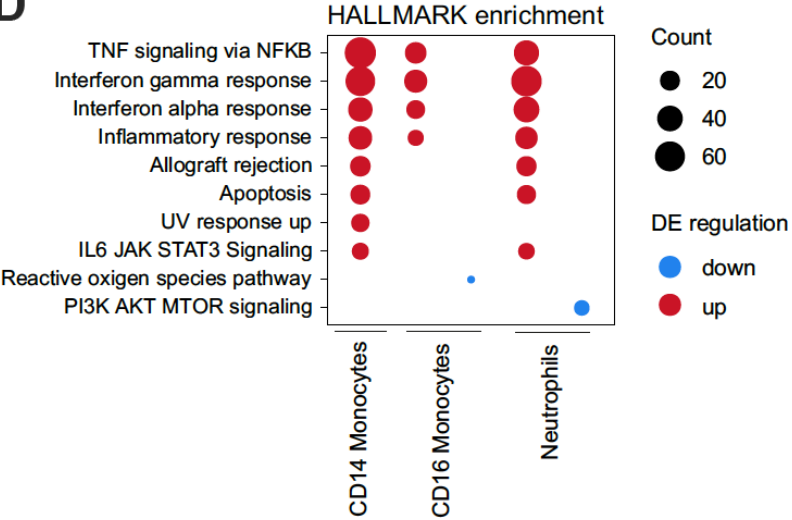
Paradox in CGD



Paradox in CGD

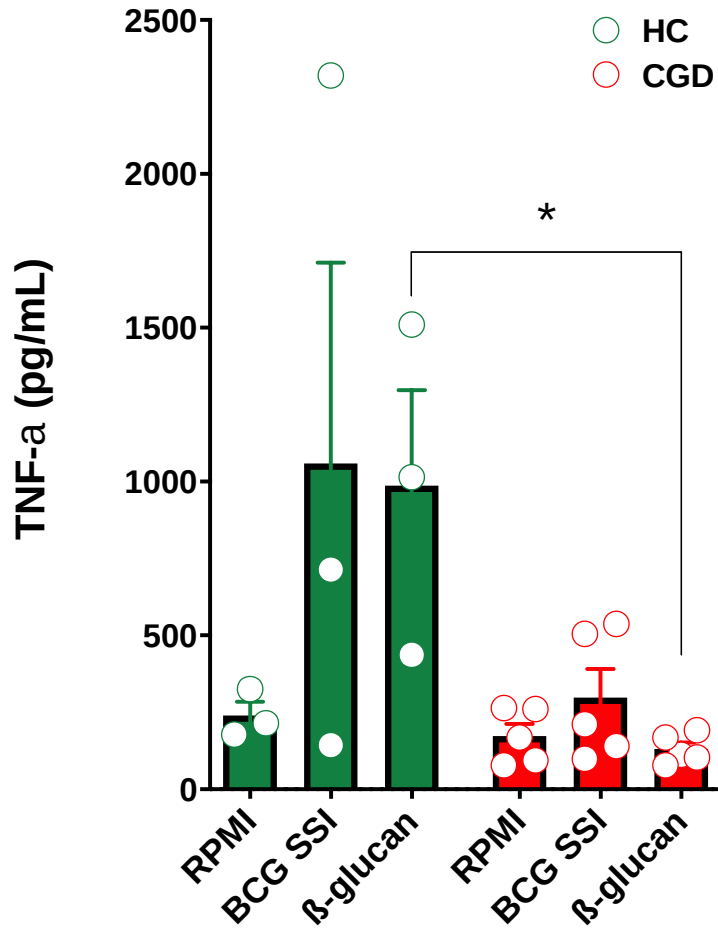


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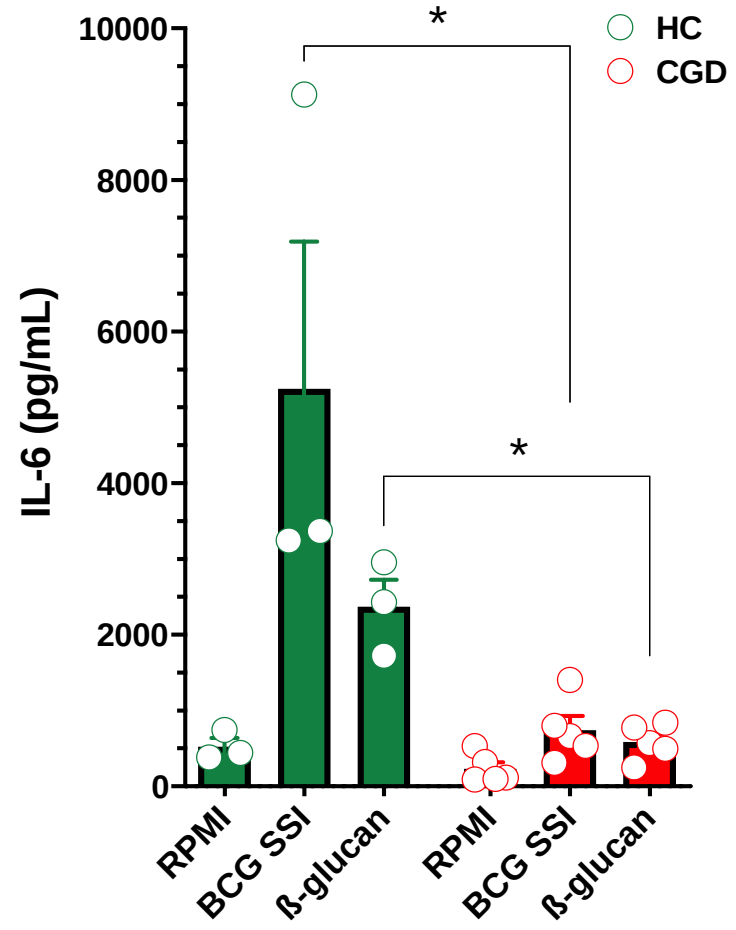


Trained immunity in CGD

In vitro training - LPS restimulation

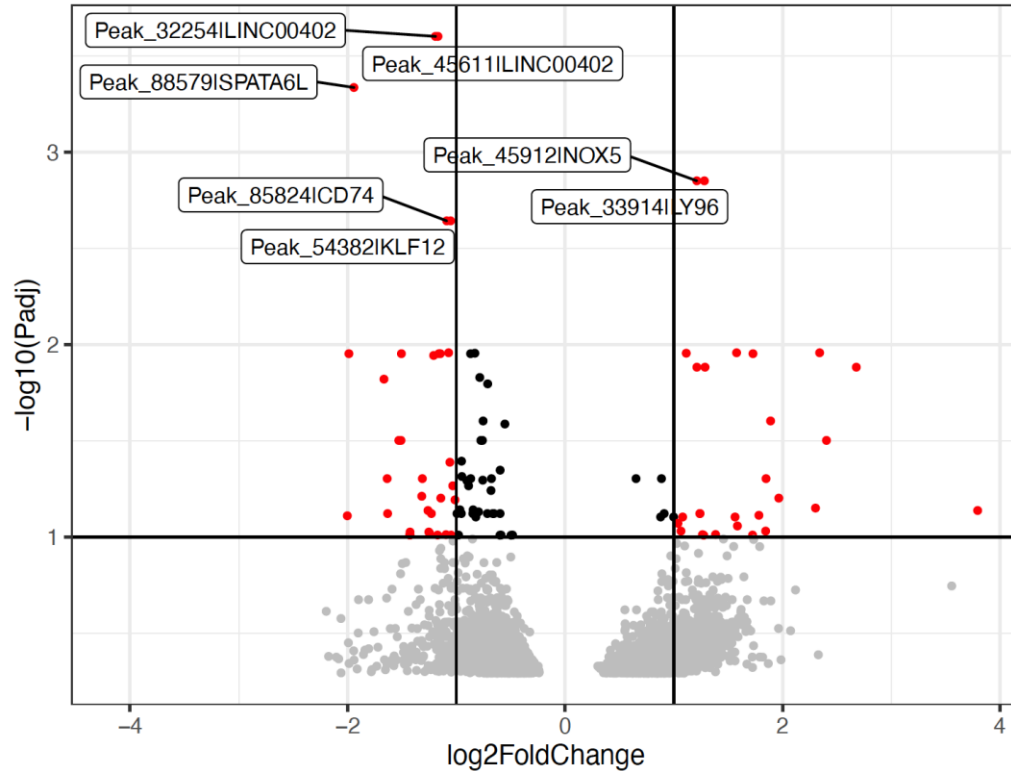


In vitro training - LPS restimulation



Epigenetic dysregulation in CGD

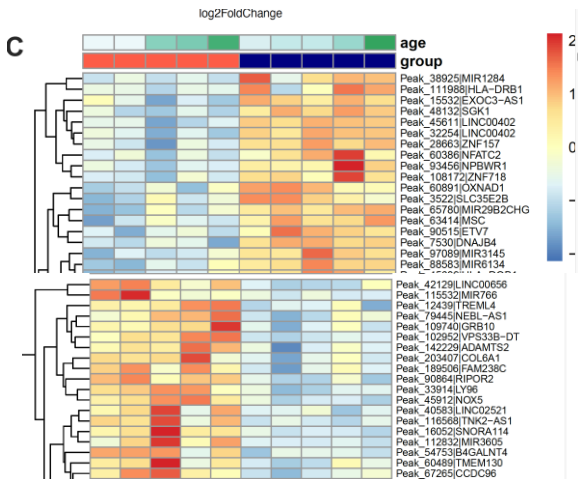
A Volcano Plot of Differential Peaks CGD vs Ctrl



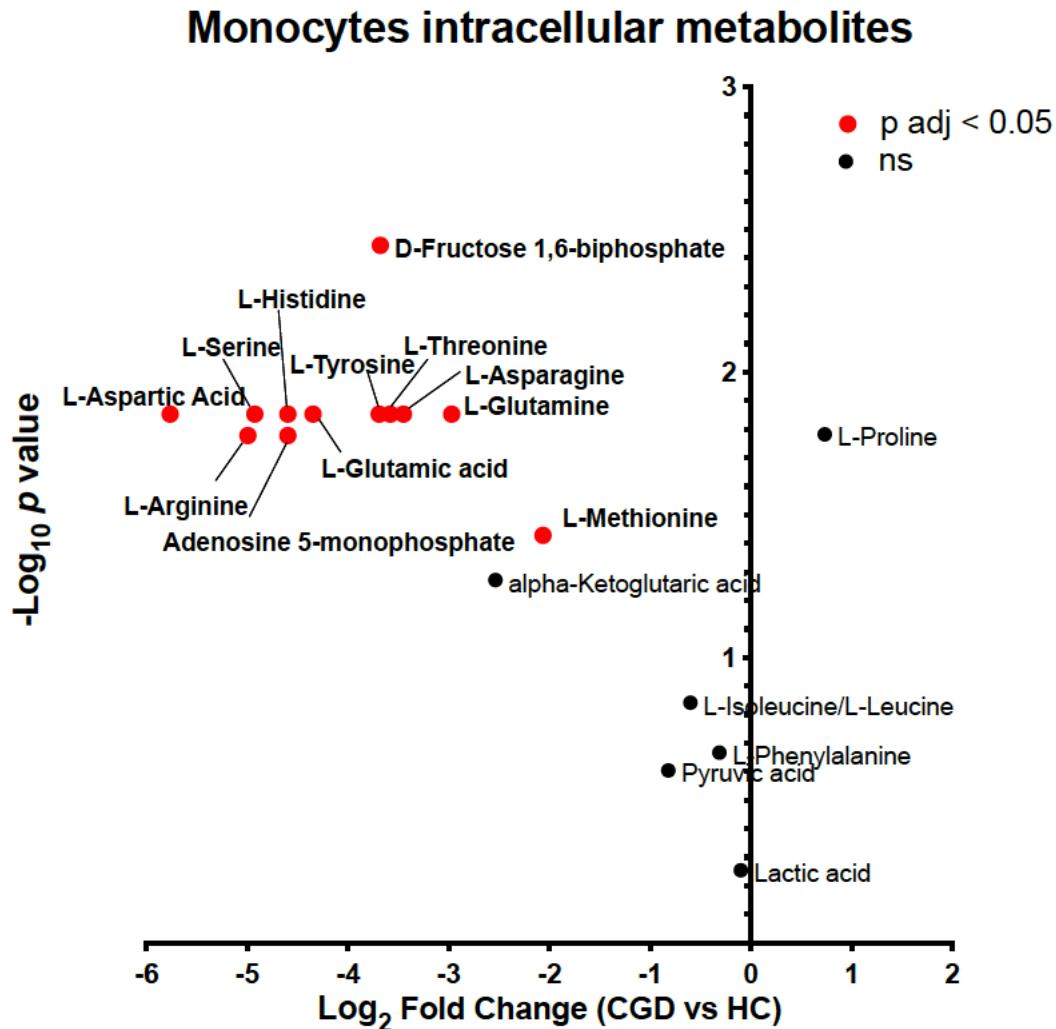
Significance

- $\log\text{FC} > 1$
- sig
- nonsig

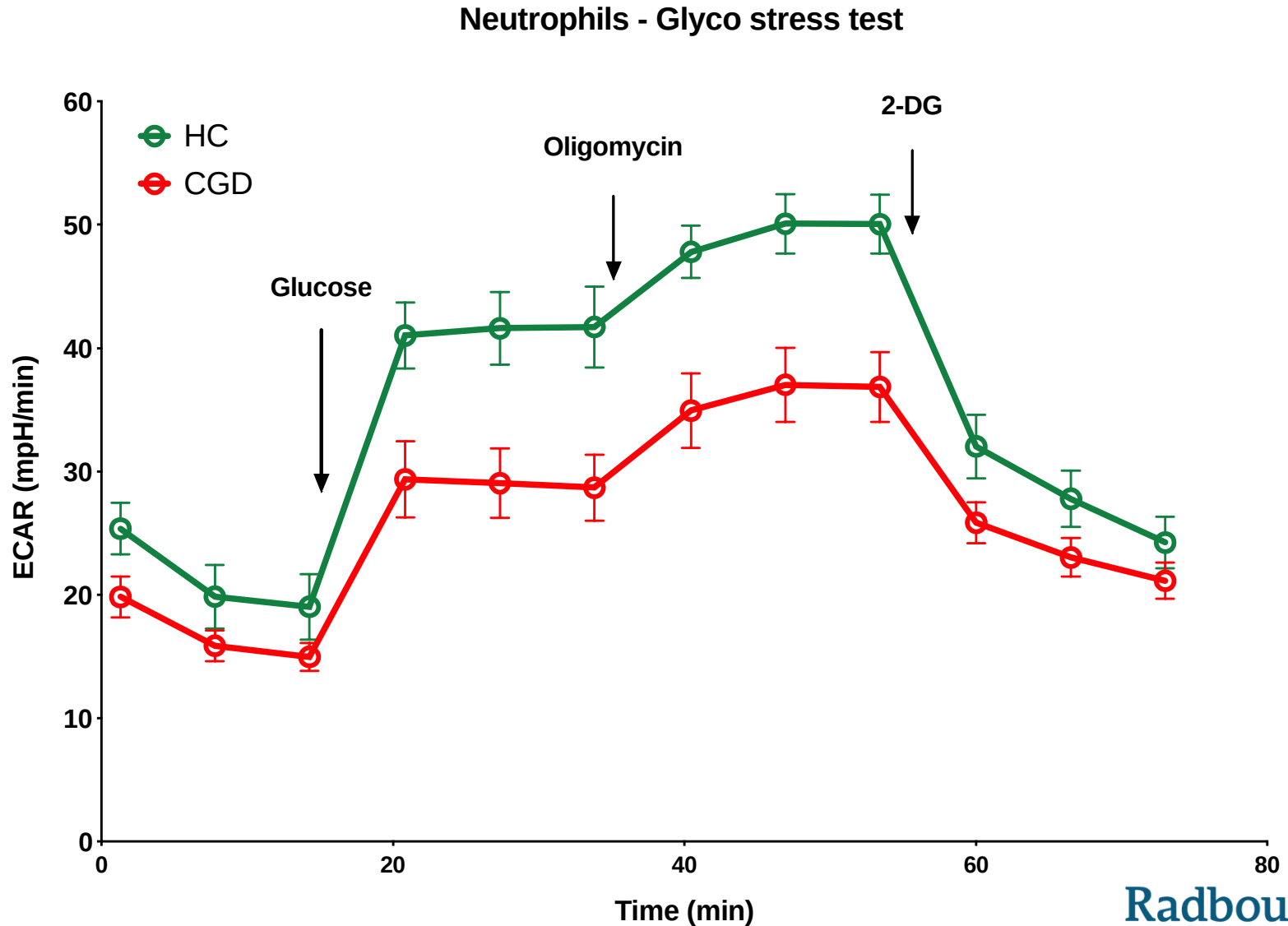
C



Metabolome in CGD

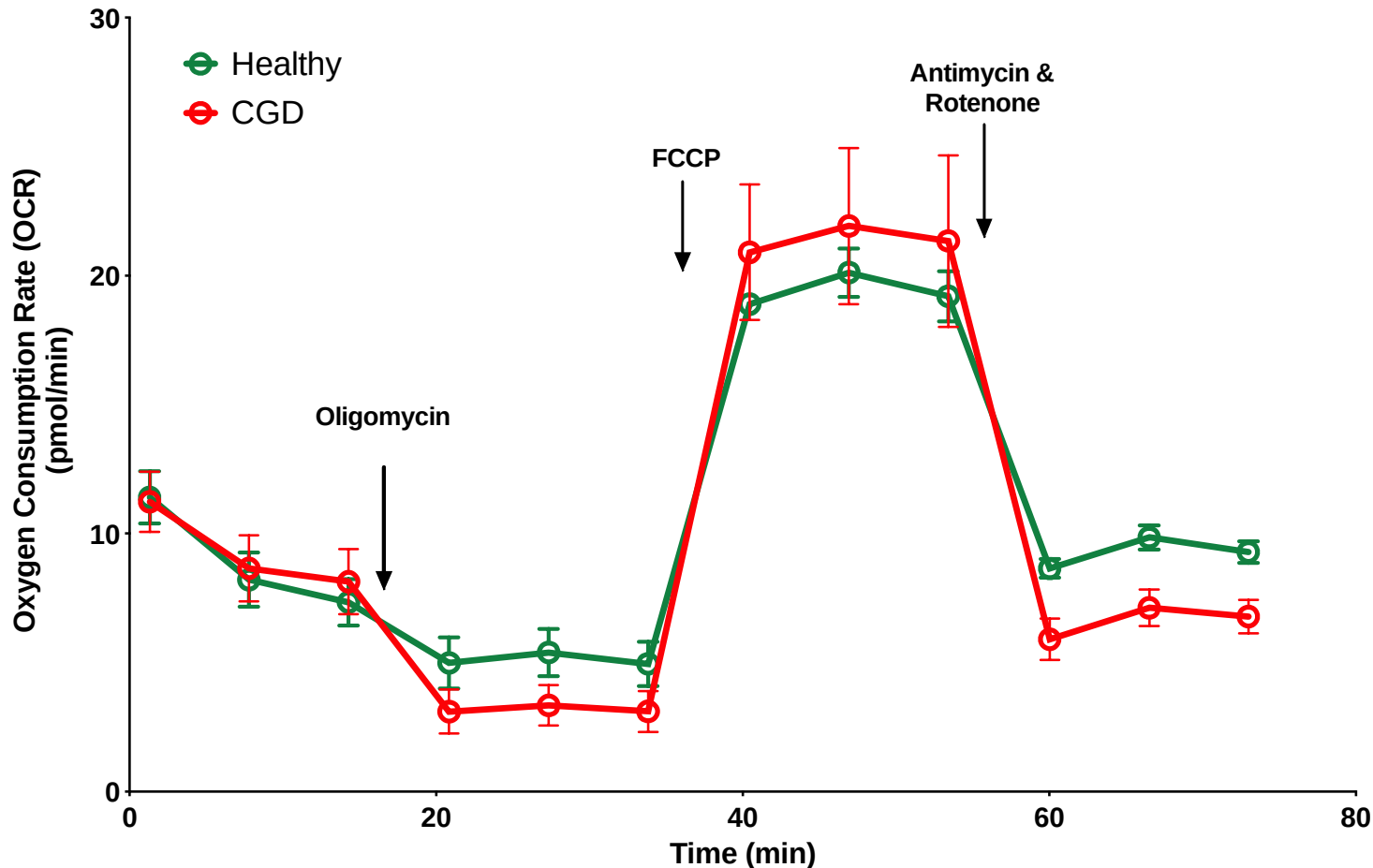


glycolysis in CGD neutrophils

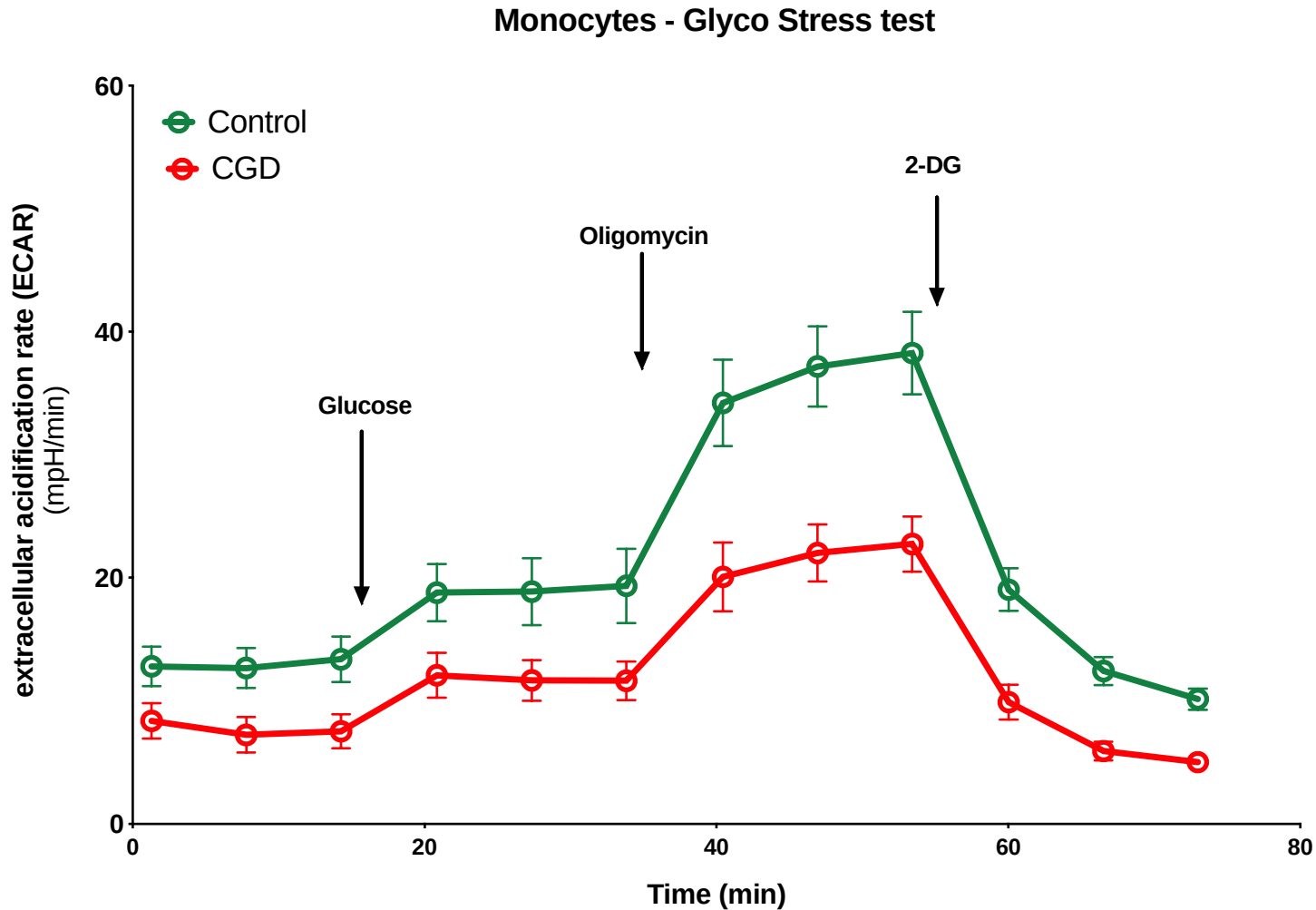


Mitochondrial respiration CGD neutrophils

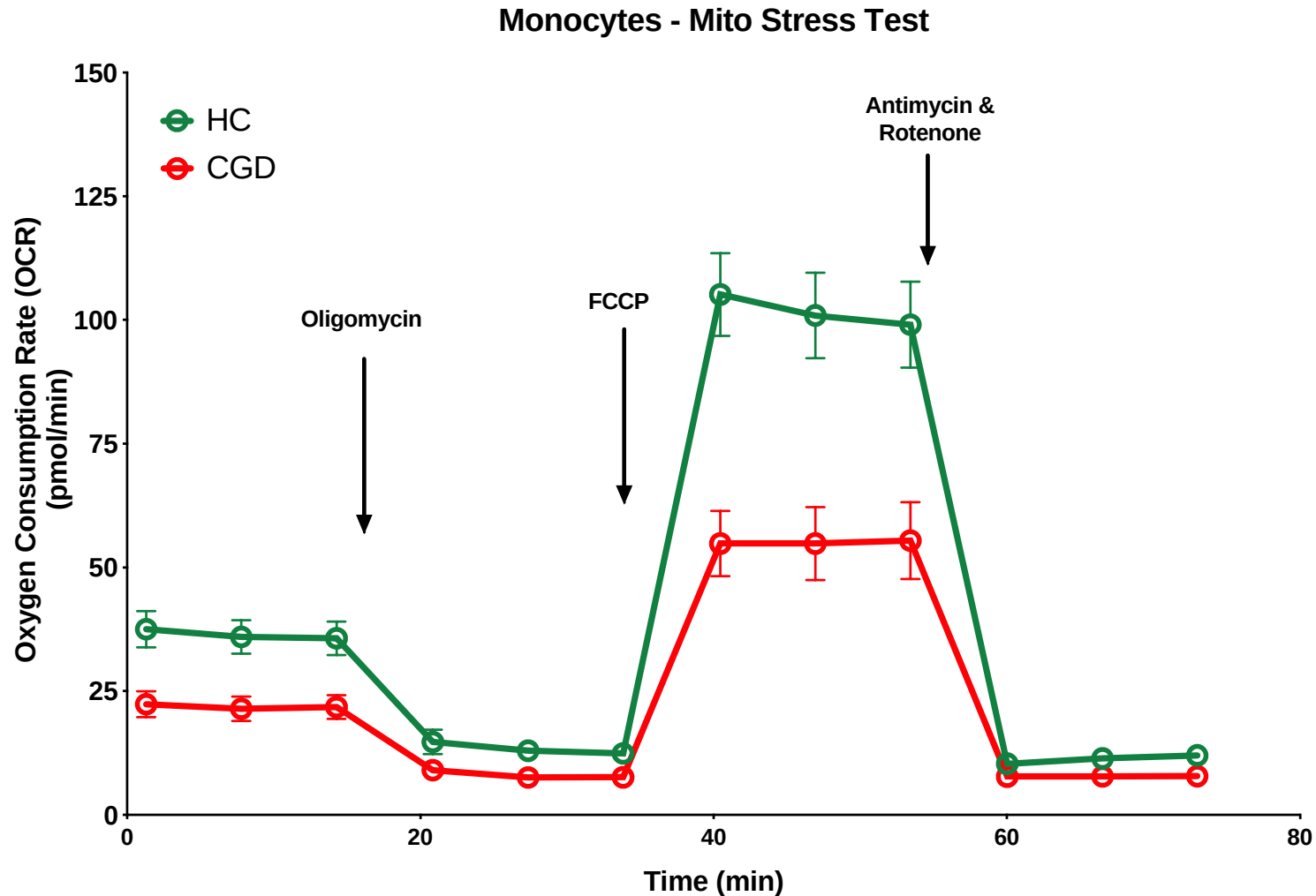
Neutrophils - Mito stress test



Glycolysis in CGD monocytes

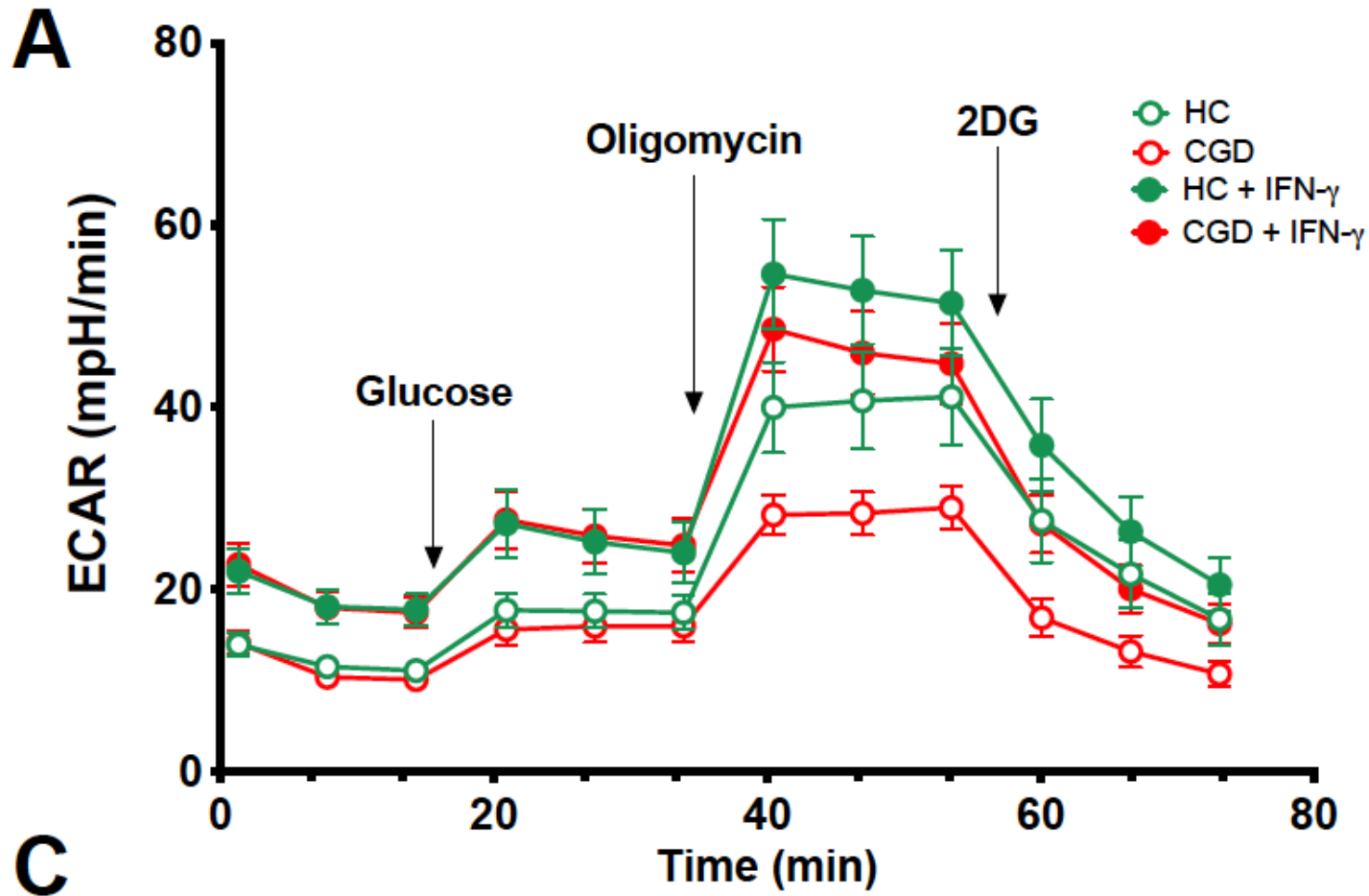


Mitochondrial respiration CGD monocytes

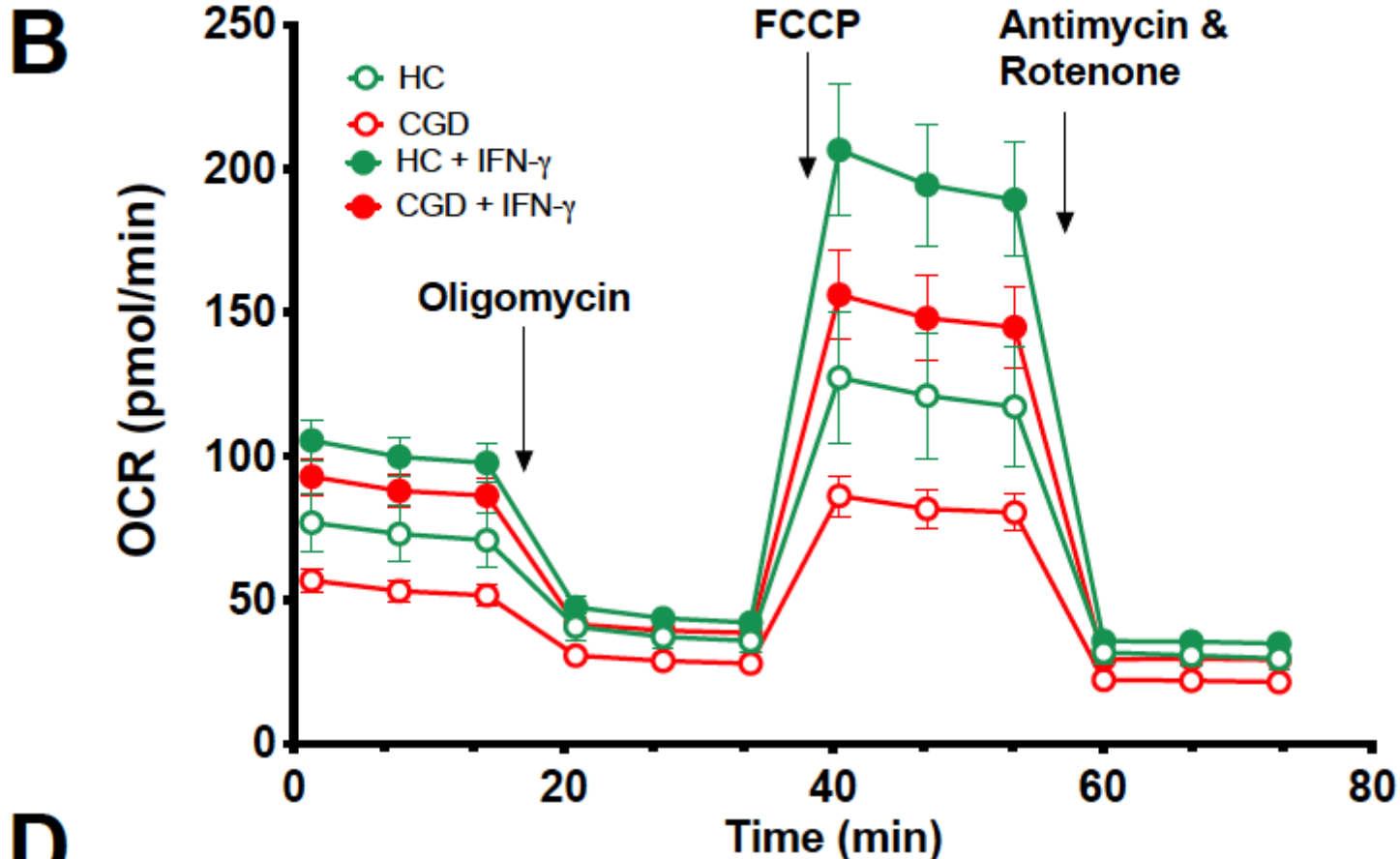


**What is the effect of
Interferon gamma (IFN γ)?**

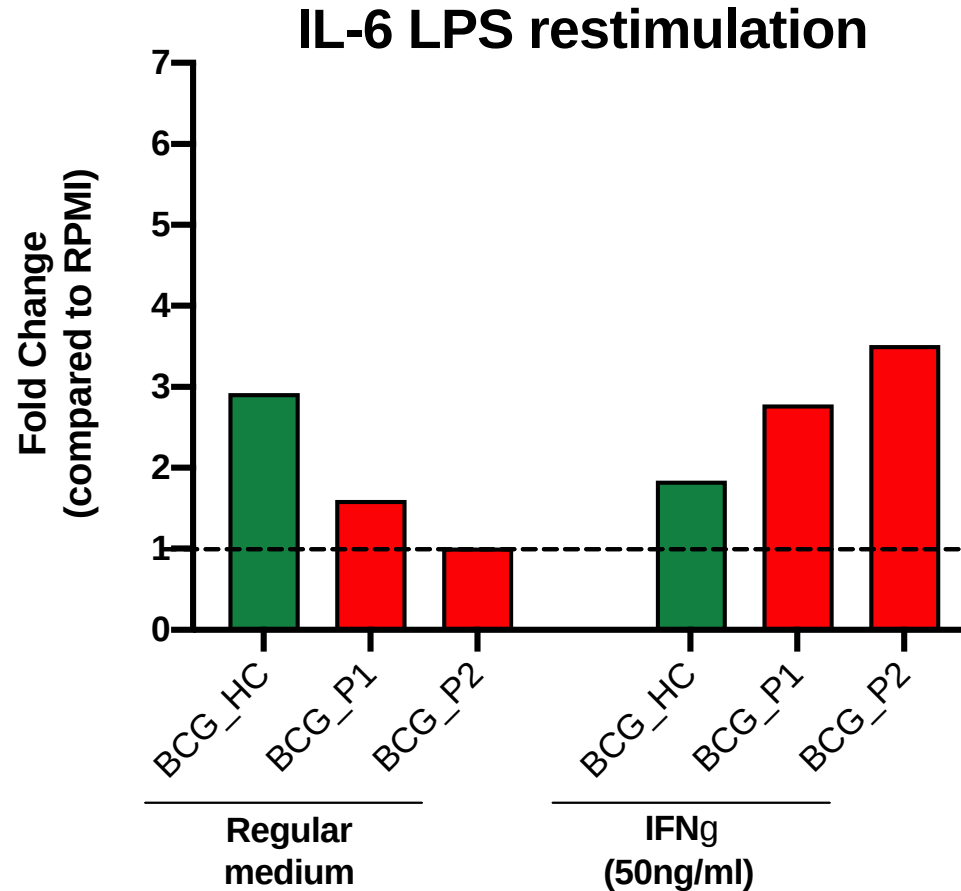
IFN γ restores metabolic function in CGD



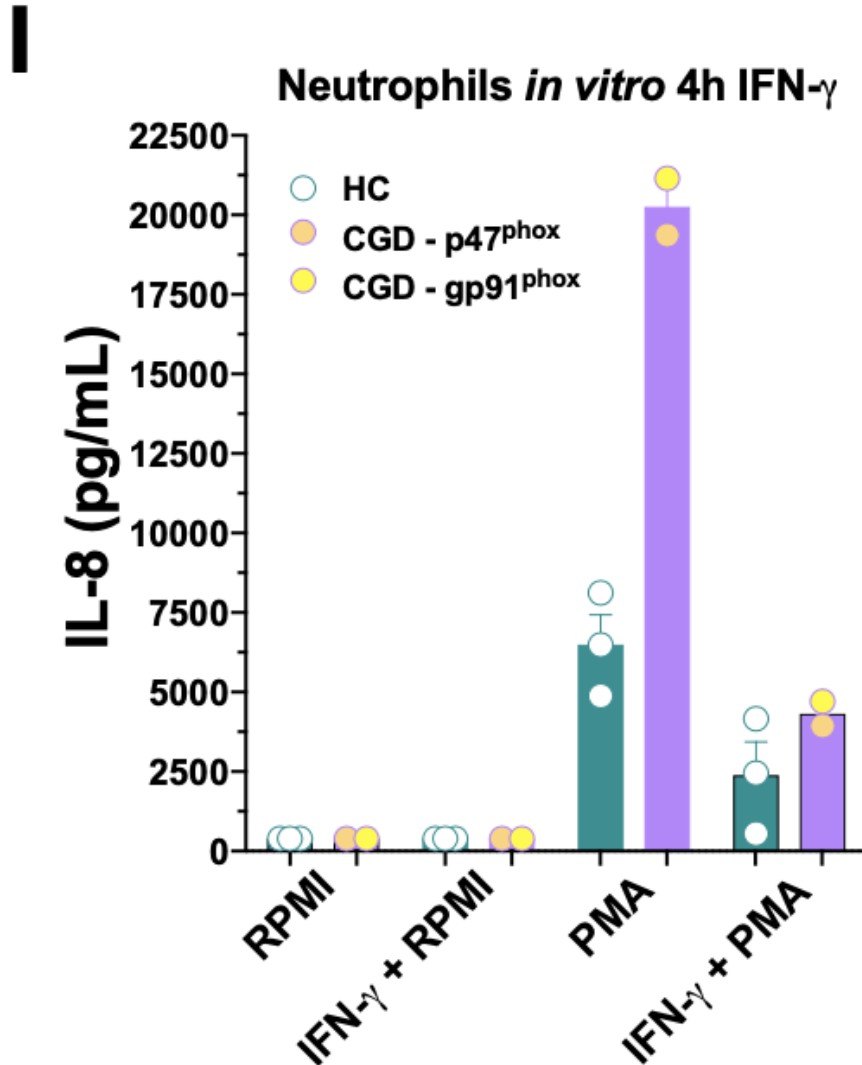
IFN γ restores metabolic function in CGD



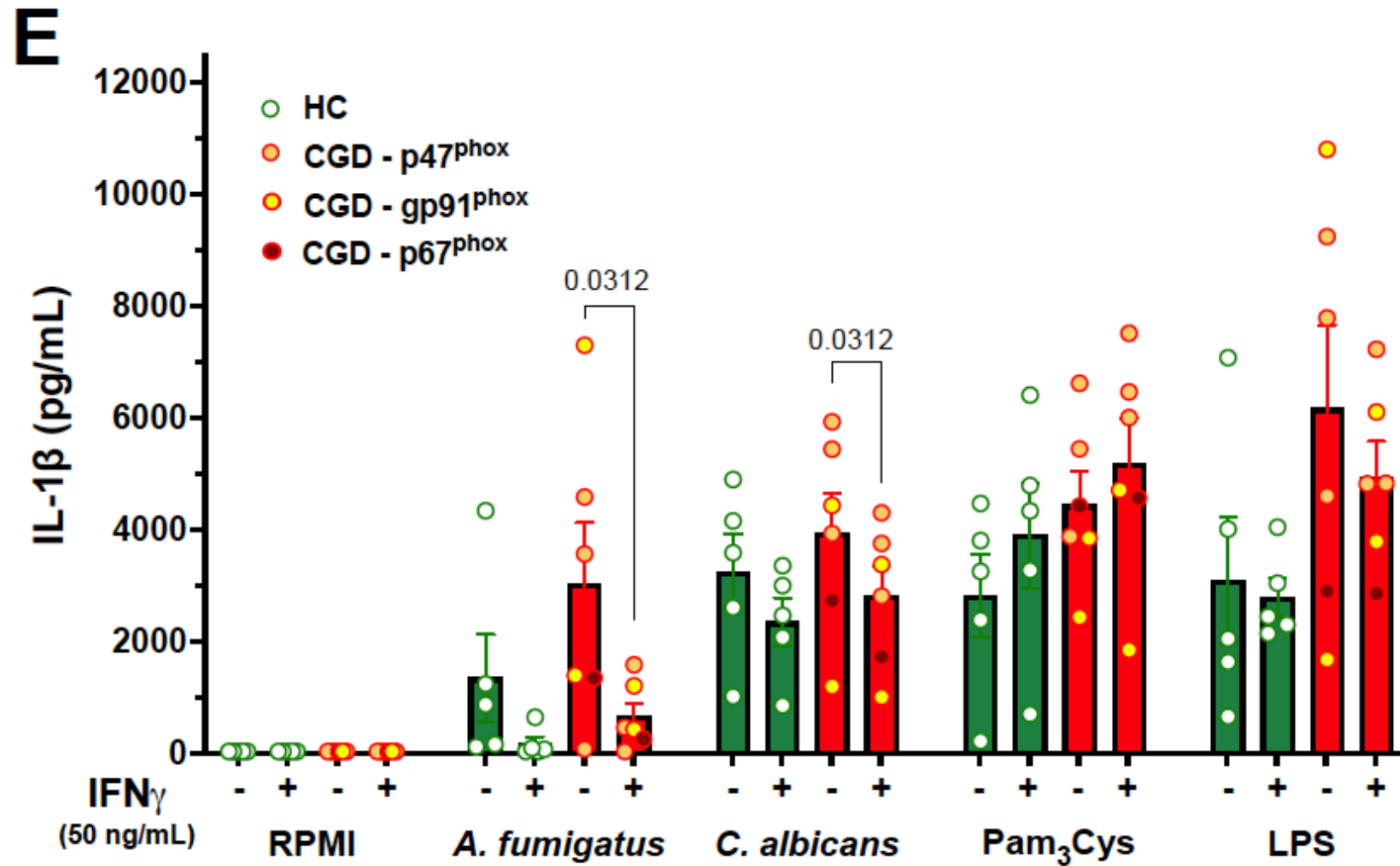
IFN γ restores training in CGD



IFN γ restores in CGD

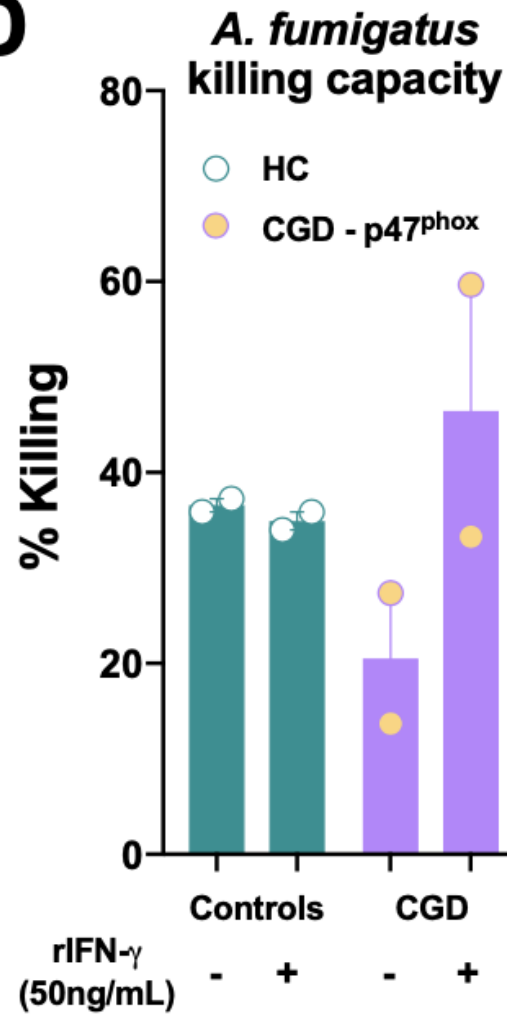


IFN γ restores in CGD

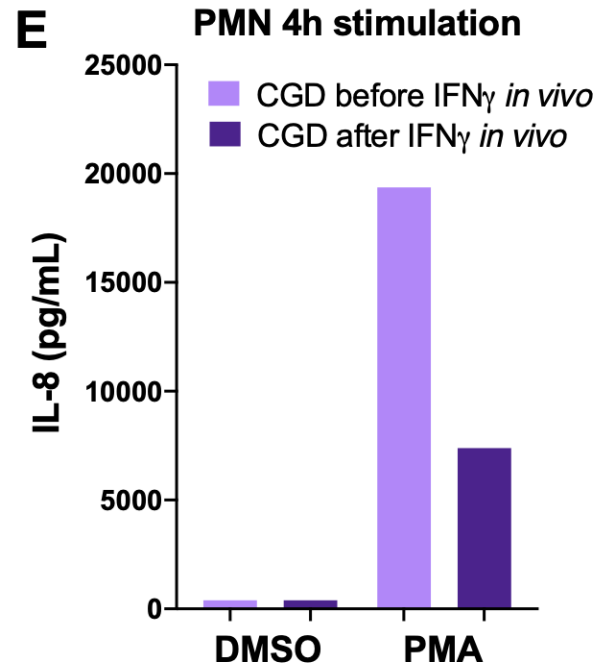


IFN γ restores in CGD

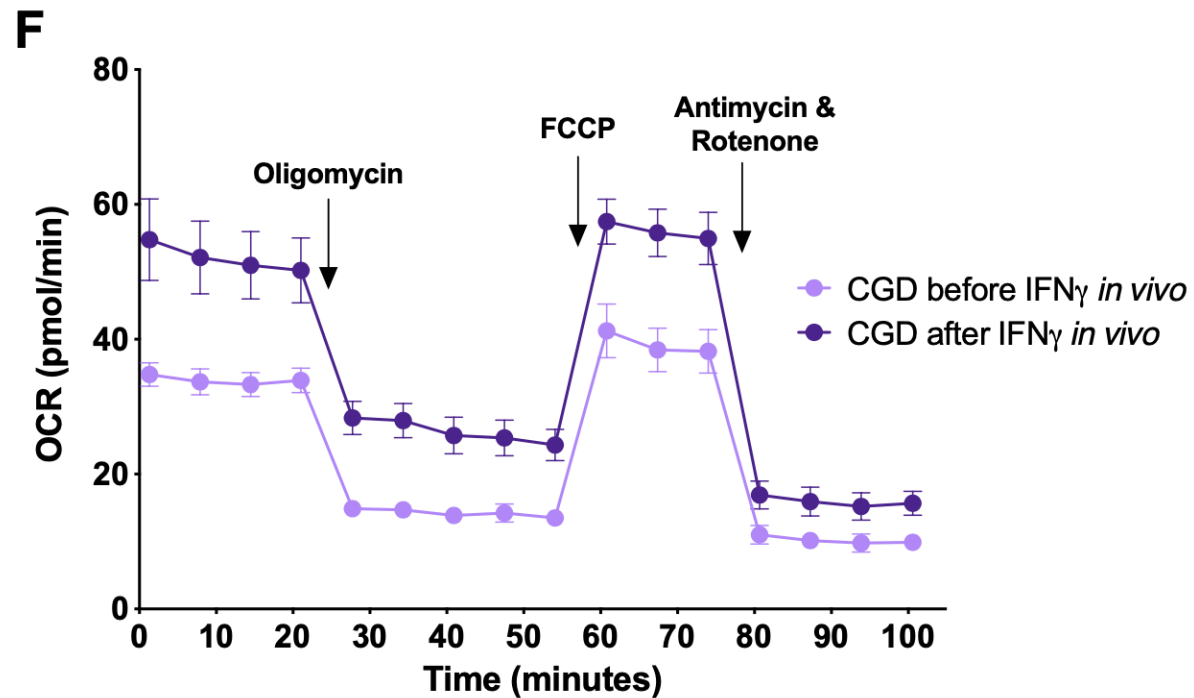
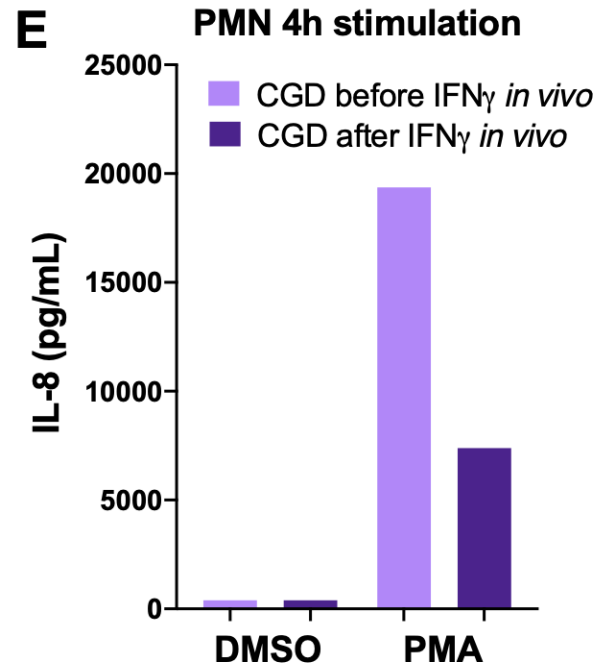
D



IFN γ in vivo CGD



IFN γ in vivo CGD



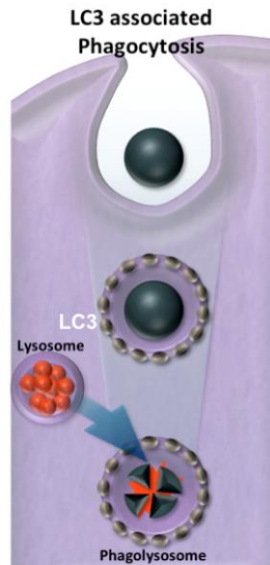
- **IFN γ can restore killing and immunedysregulation**
- **Effects on immunometabolism innate cells**
- **Rapid effect in vivo (but short lasting) on innate**
- **Option for treating IAPA?**

A role for anakinra?

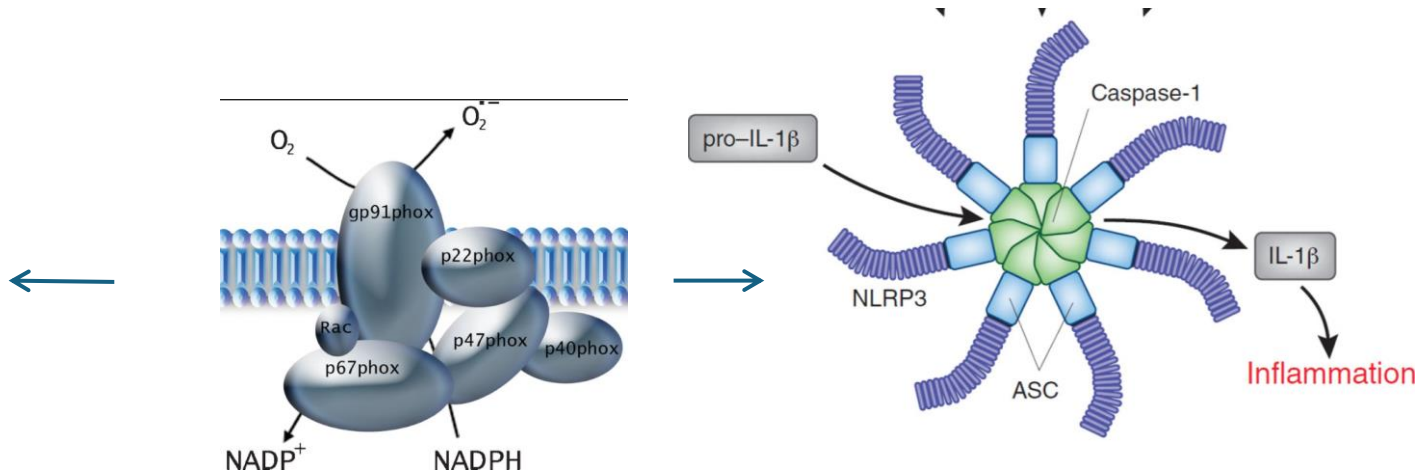
J Immunol. 2014 Apr 1;192(7):3301-7. doi: 10.4049/jimmunol.1303049. Epub 2014 Feb 21.

Influenza Infection Suppresses NADPH Oxidase-Dependent Phagocytic Bacterial Clearance and Enhances Susceptibility to Secondary Methicillin-Resistant Staphylococcus aureus Infection.

Sun K¹, Metzger DW.



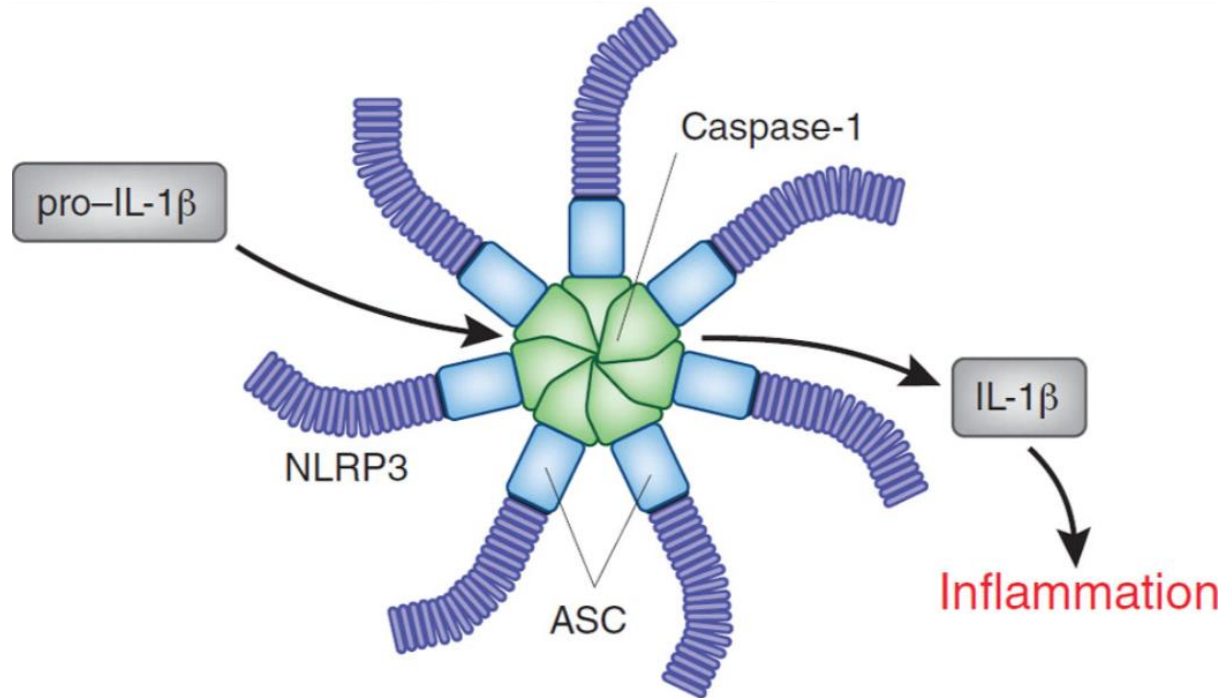
**Increased
susceptibility
aspergillosis**



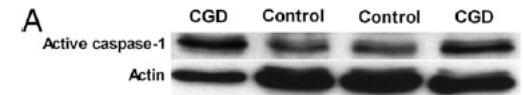
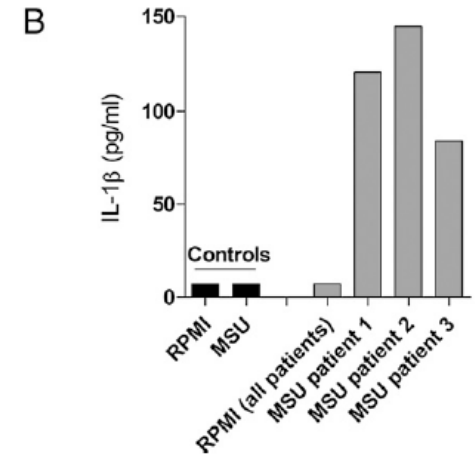
**Hyper activation
inflammasome with high
IL-1
(MAS)**

Inflammasome and IL-1 in CGD

Hyperinflammation

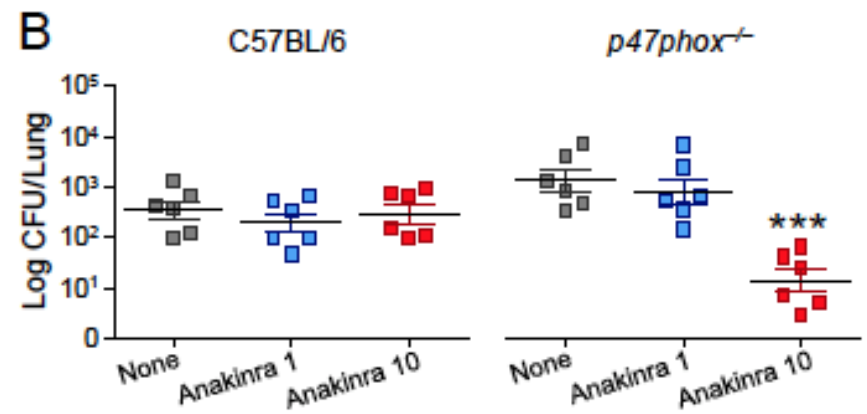
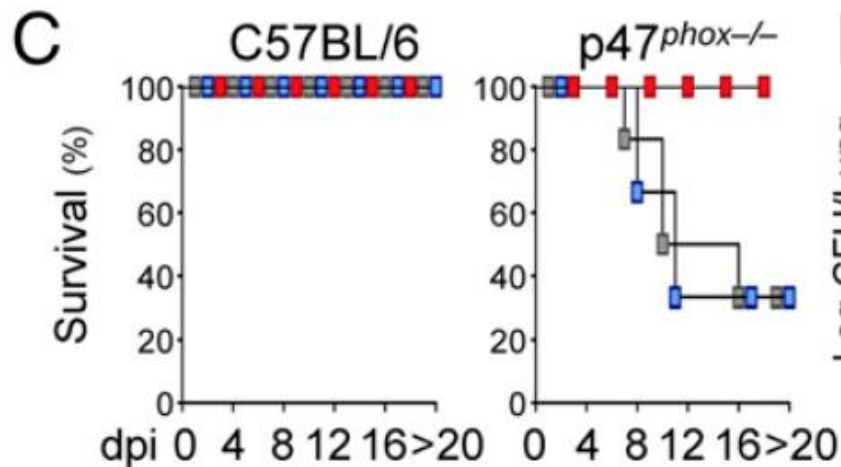


Increased IL-1

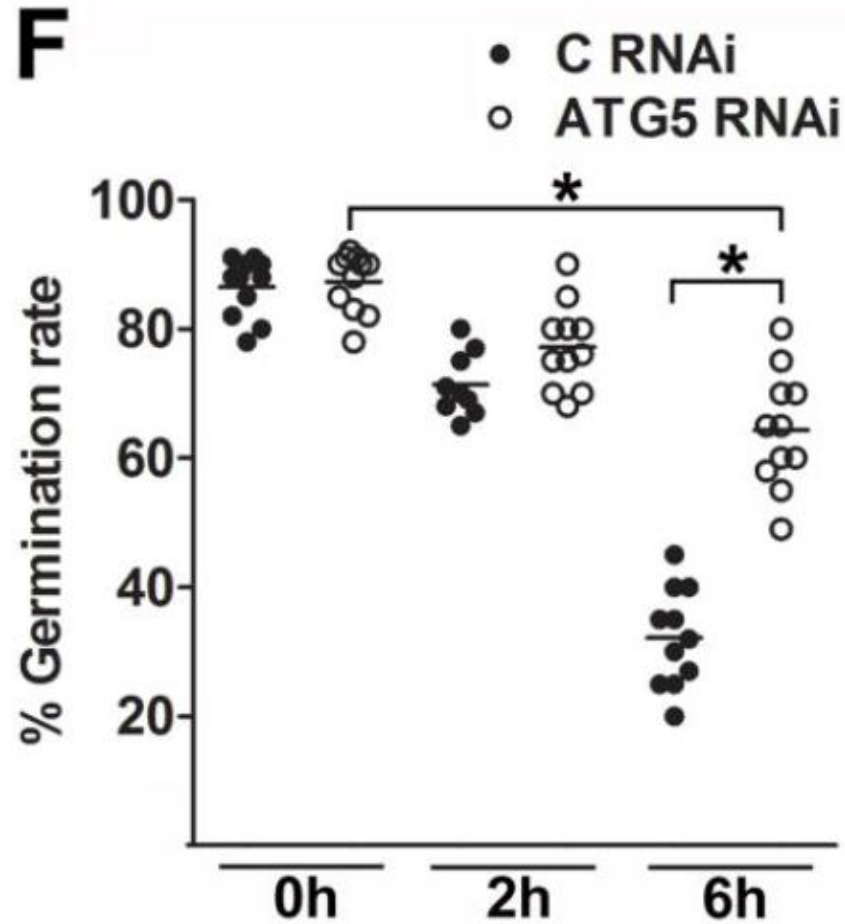
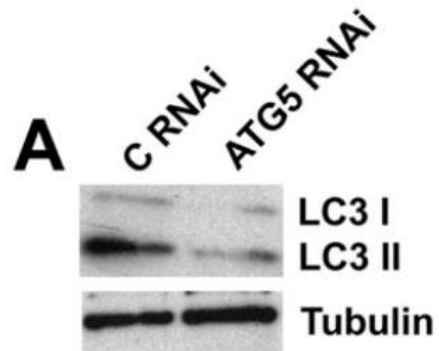


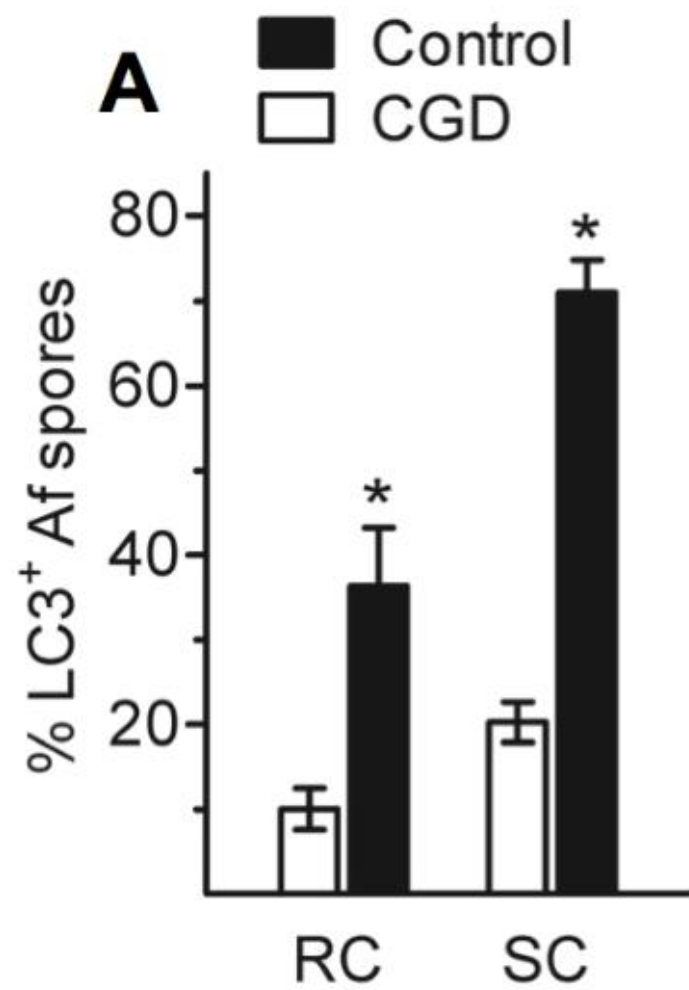
IL-1 receptor blockade restores autophagy and reduces inflammation in chronic granulomatous disease in mice and in humans

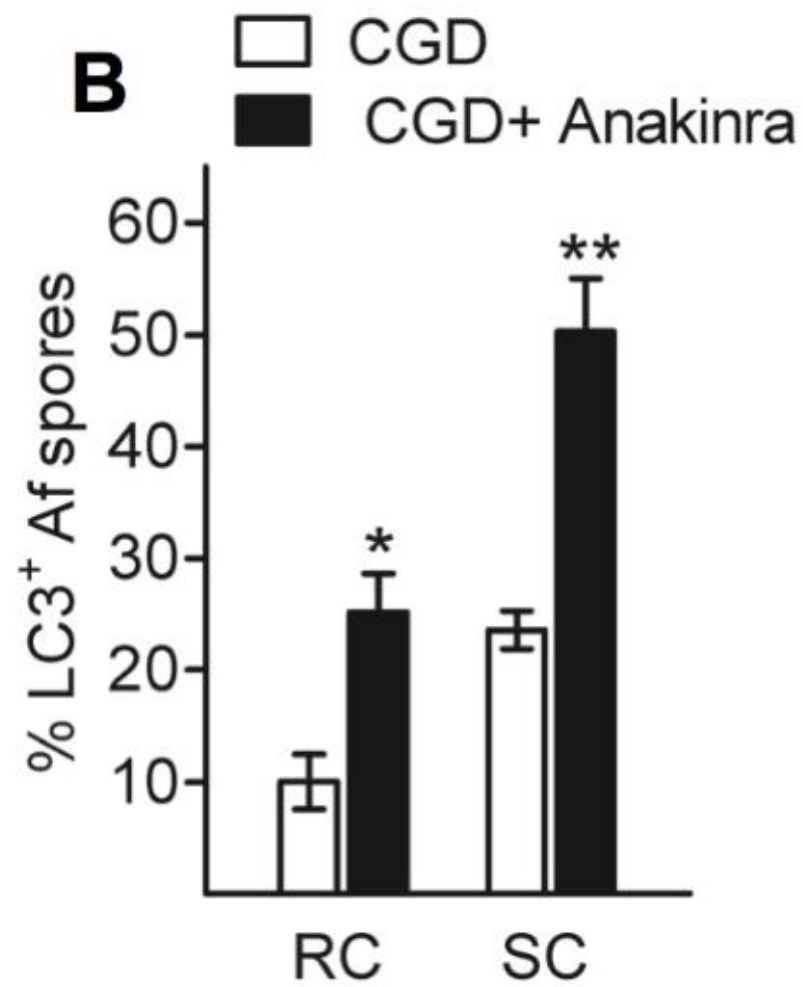
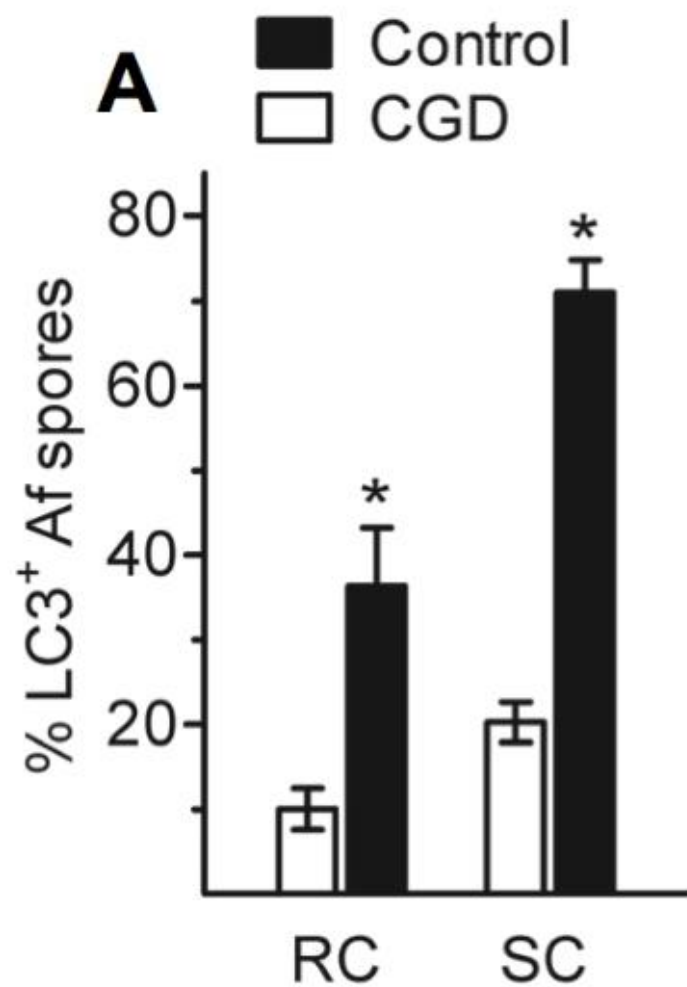
Antonella de Luca^{a,1}, Sanne P. Smeekens^{b,c,1}, Andrea Casagrande^a, Rossana Iannitti^a, Kara L. Conway^d, Mark S. Gresnigt^{b,c}, Jakob Begun^d, Theo S. Plantinga^{b,c}, Leo A. B. Joosten^{b,c}, Jos W. M. van der Meer^{b,c}, Georgios Chamilos^e, Mihai G. Netea^{b,c}, Ramnik J. Xavier^{d,f}, Charles A. Dinarello^{b,c,f,2}, Luigina Romani^{a,3}, and Frank L. van de Veerdonk^{b,c,g,2,3}



Autophagy important for killing aspergillus

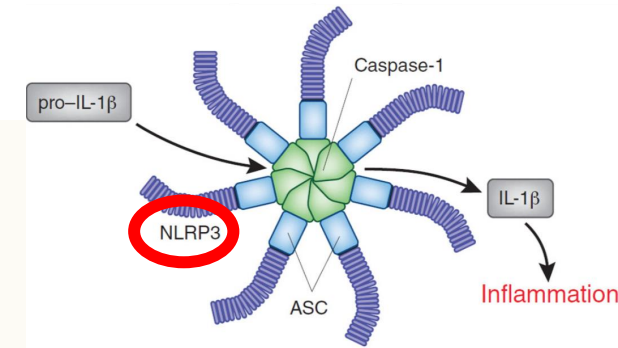
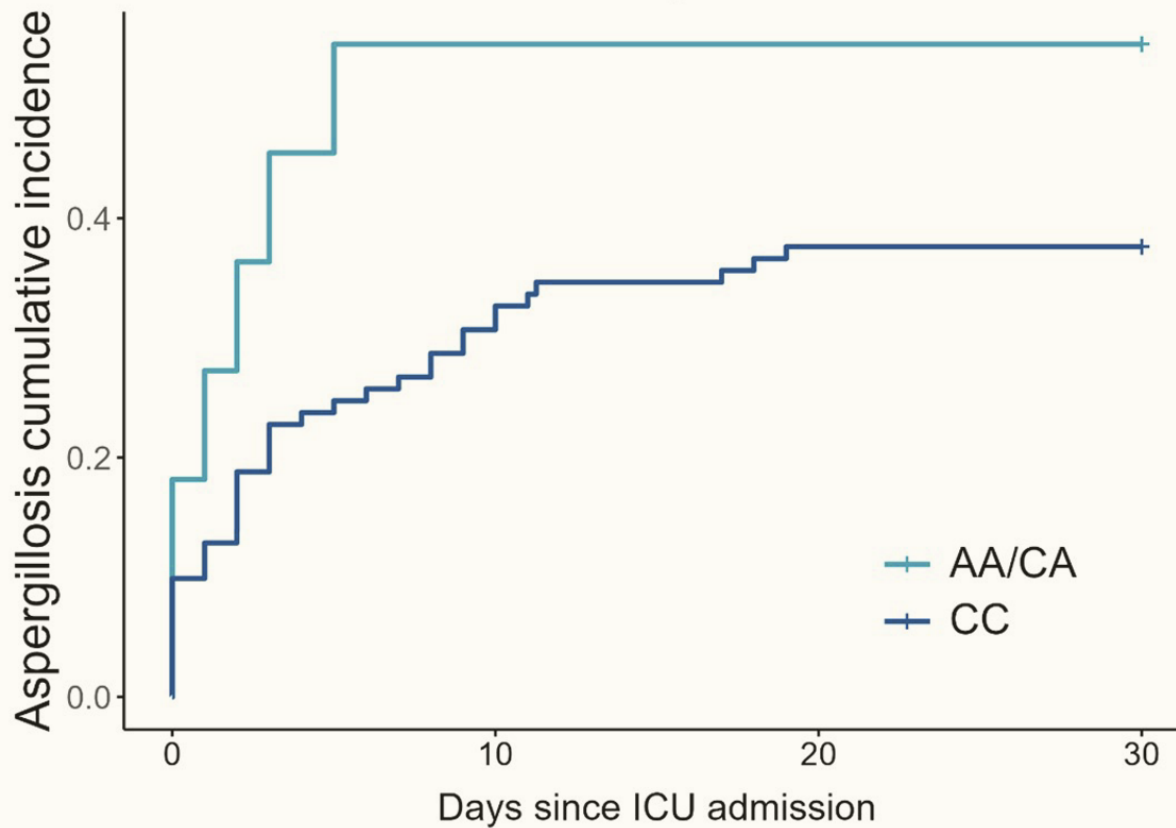






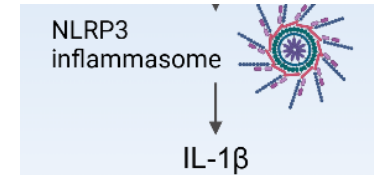
IL-1 - Inflammasome and IAPA

Severe influenza patients, NLRP3

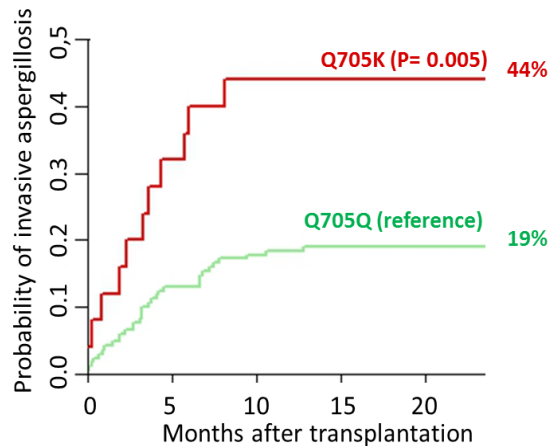


Q705K SNP in NLRP3 predisposes to IPA

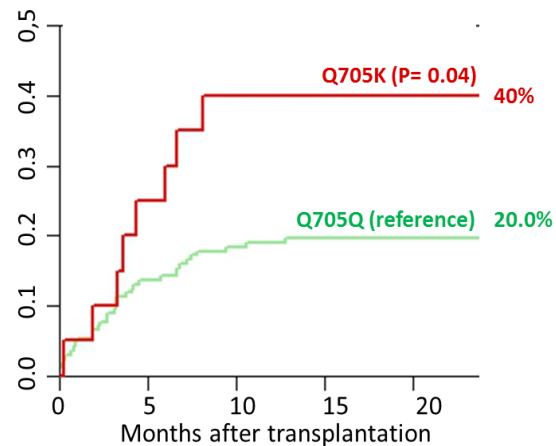
IFIGEN Cohort



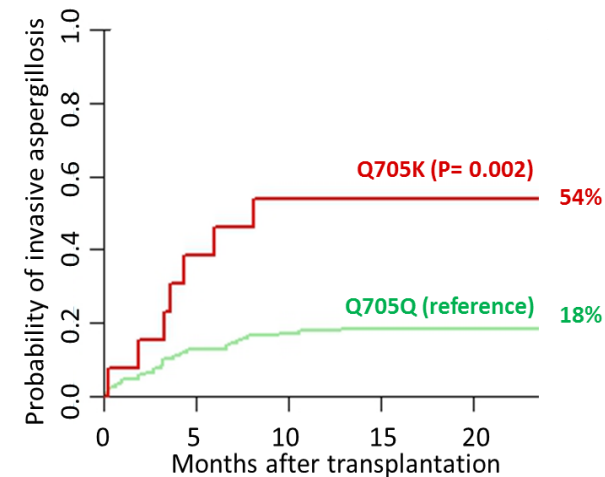
DONOR



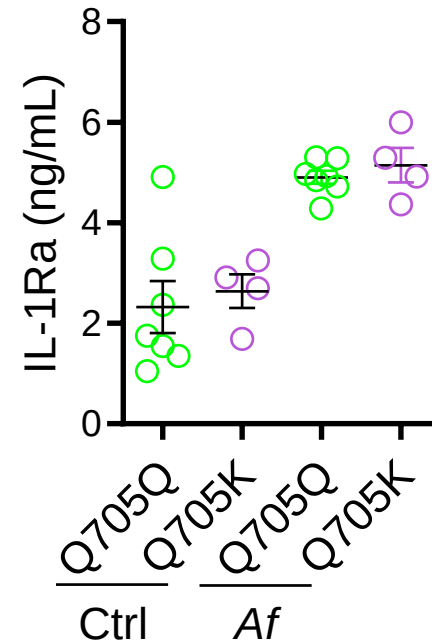
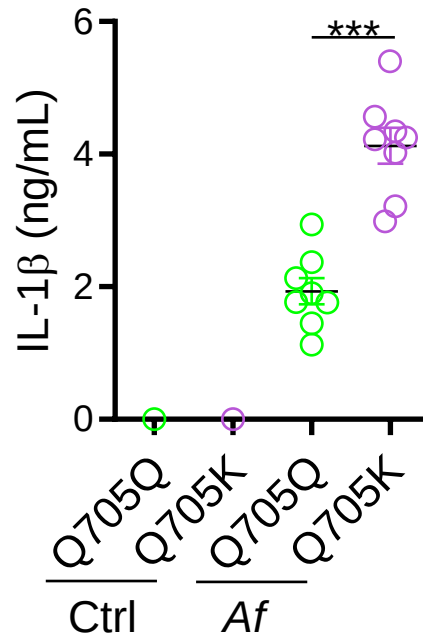
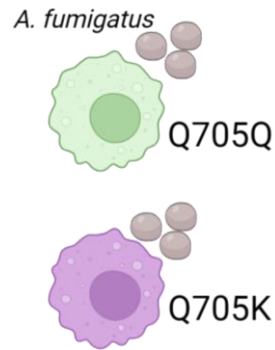
RECIPIENT



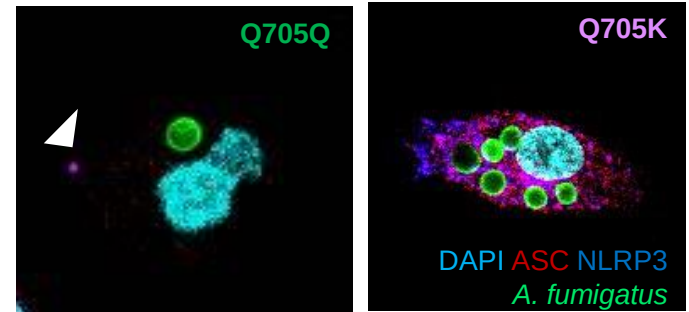
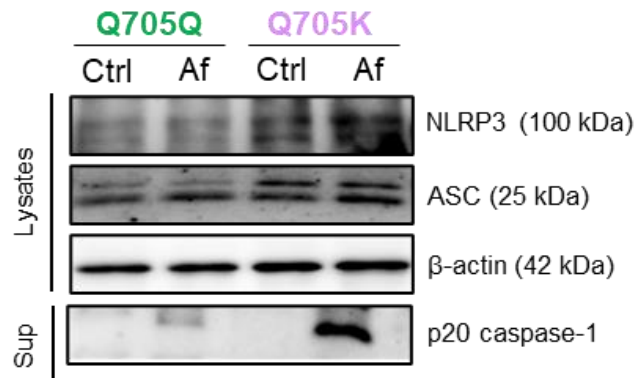
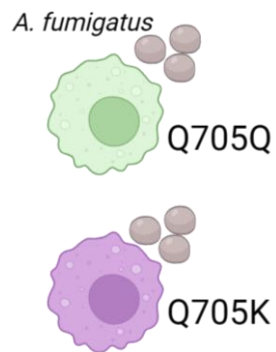
DONOR + RECIPIENT



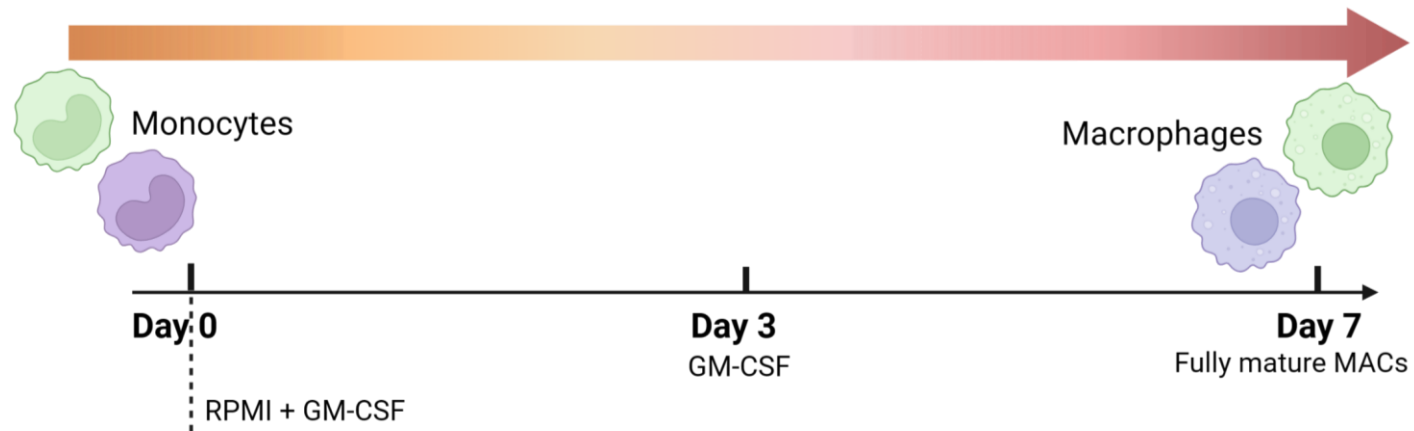
Q705K SNP underlies an hyperactivation of the NLRP3 inflammasome



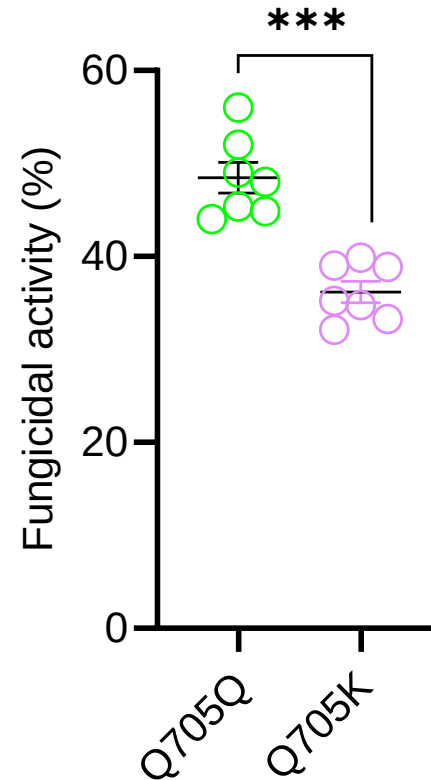
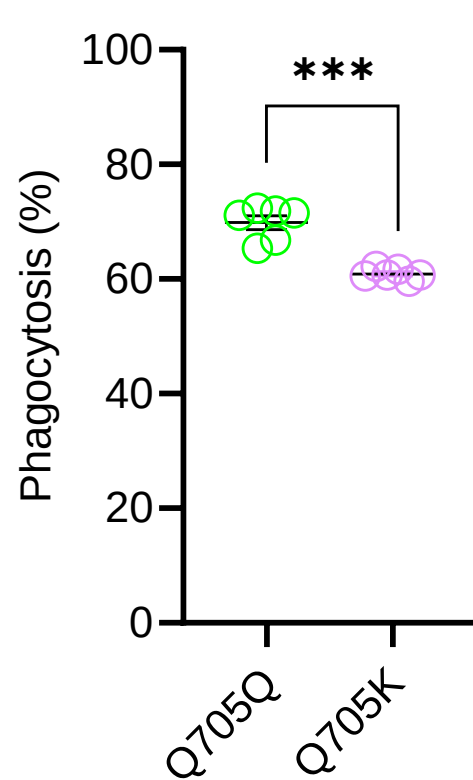
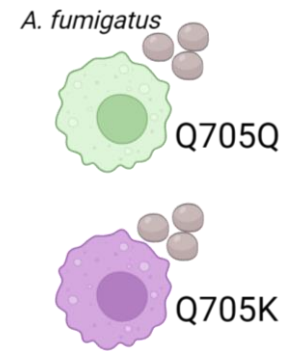
Q705K SNP underlies an hyperactivation of the NLRP3 inflammasome



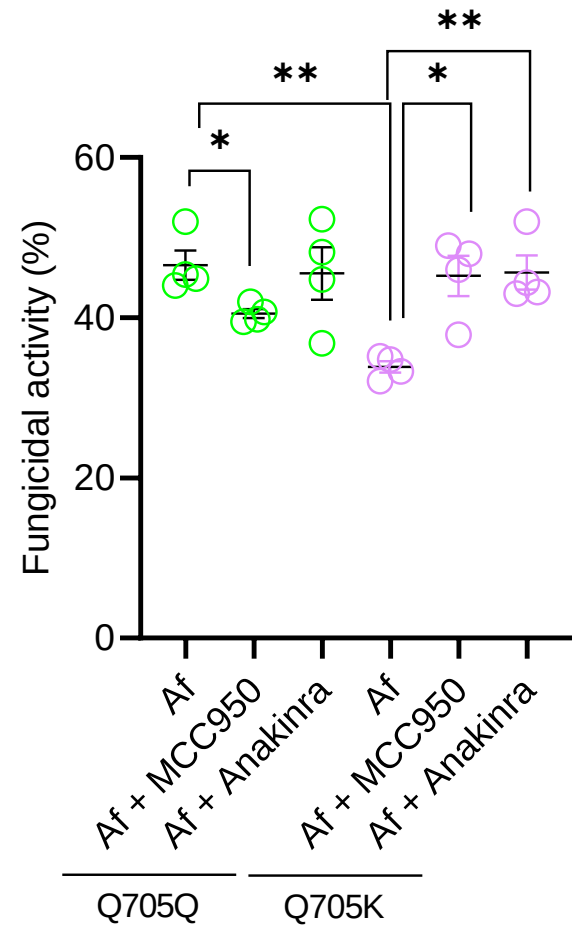
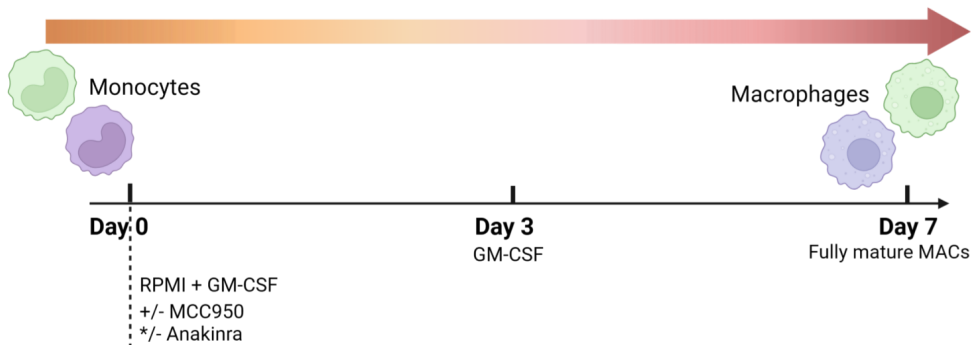
Q705K SNP underlies an hyperactivation of the NLRP3 inflammasome



Q705K-driven hyperactivation of the NLRP3 inflammasome impairs antifungal effector functions

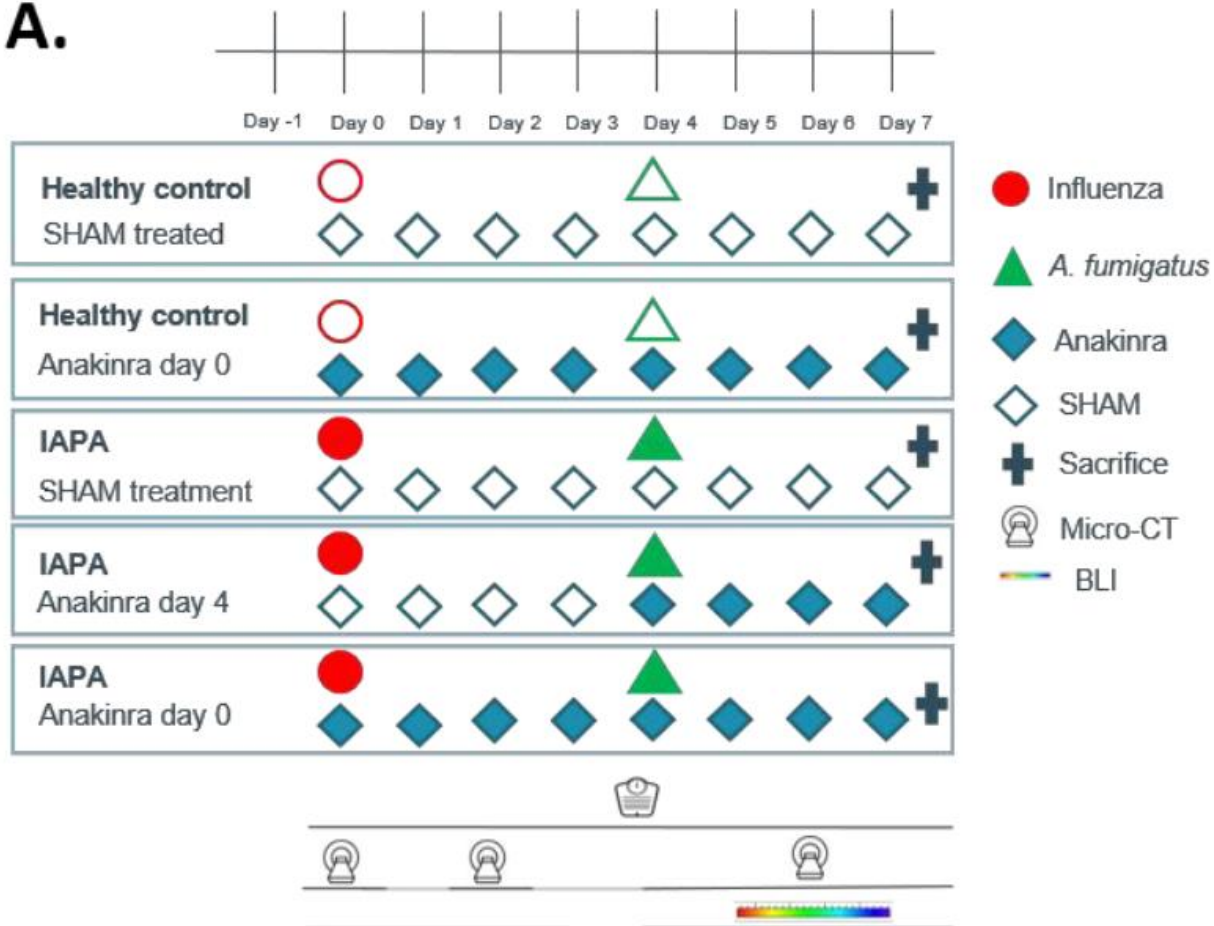


NLRP3/IL-1 β inhibition restores antifungal mechanisms of Q705K macrophages

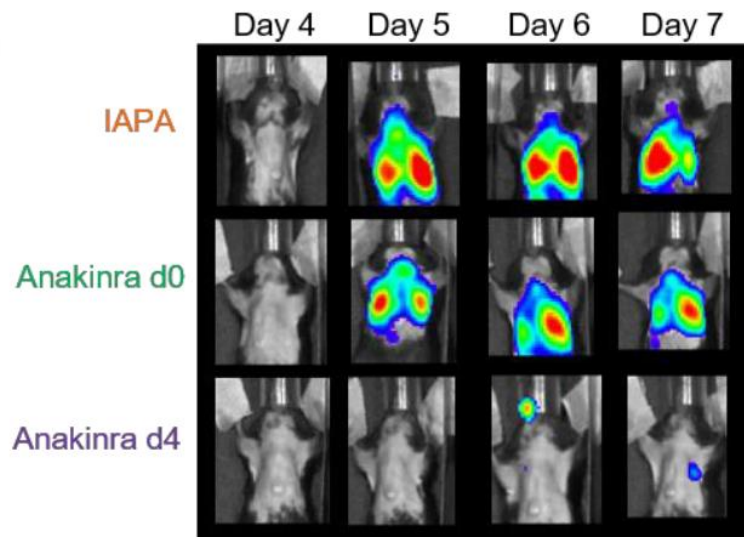


Mouse model IAPA

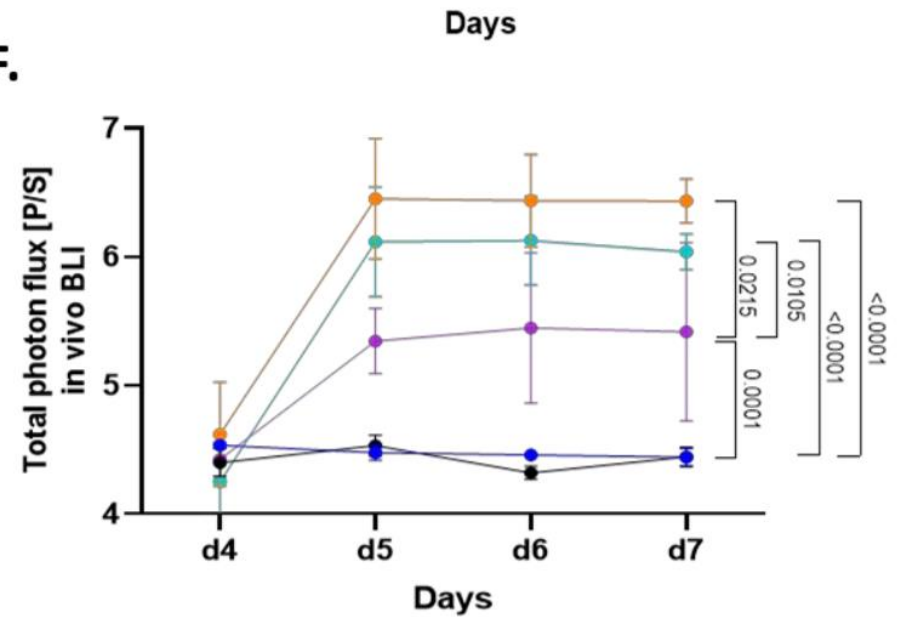
A.



E.

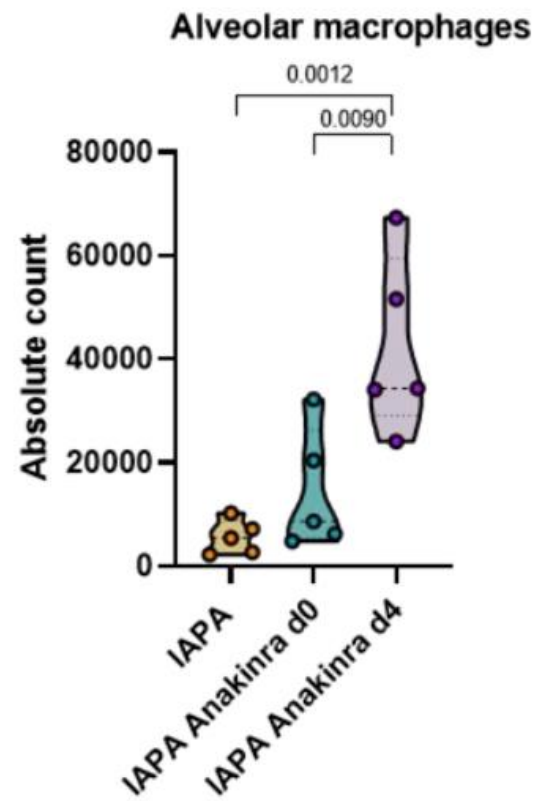
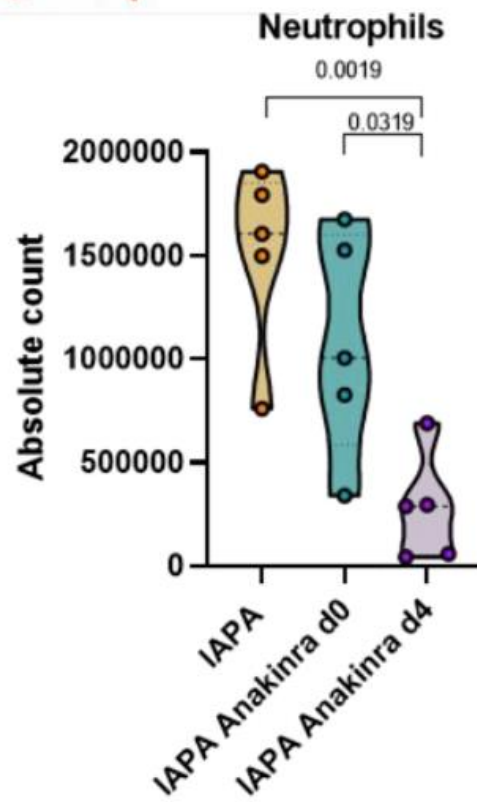
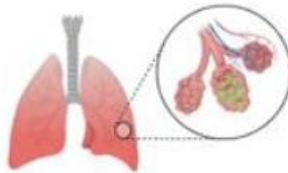


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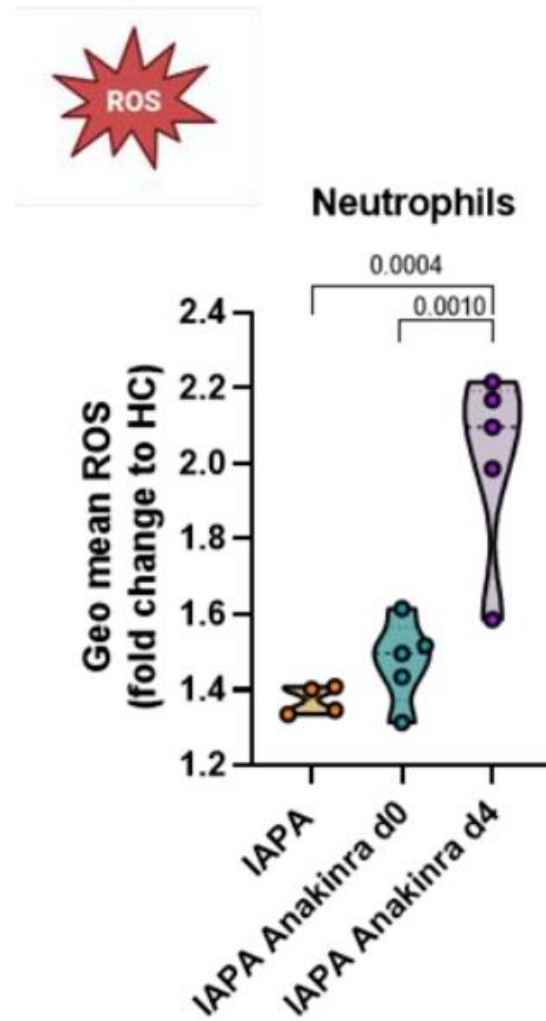


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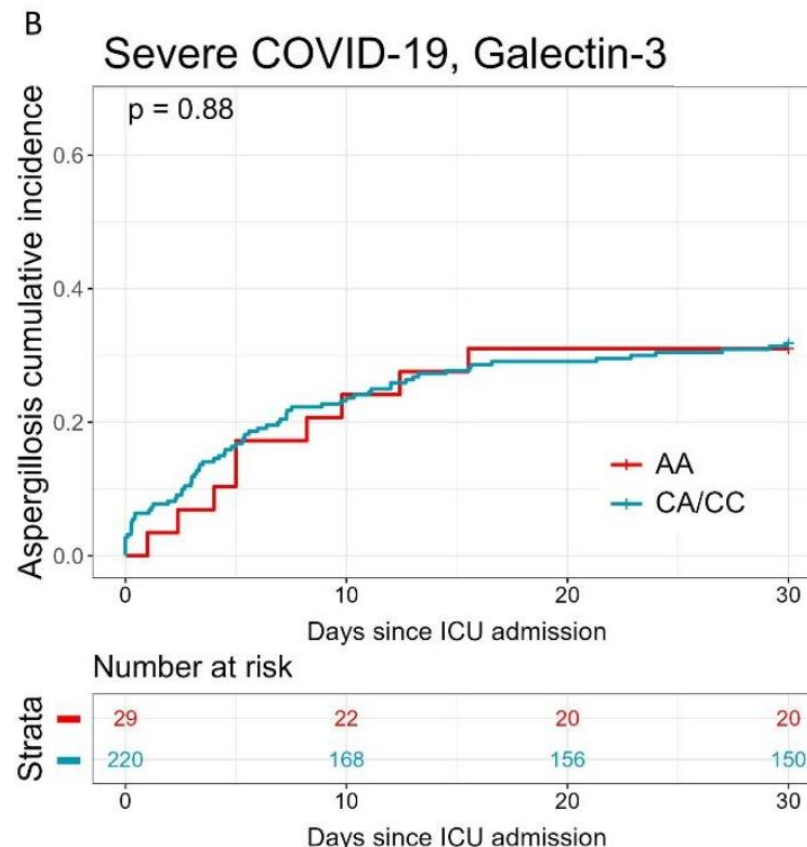
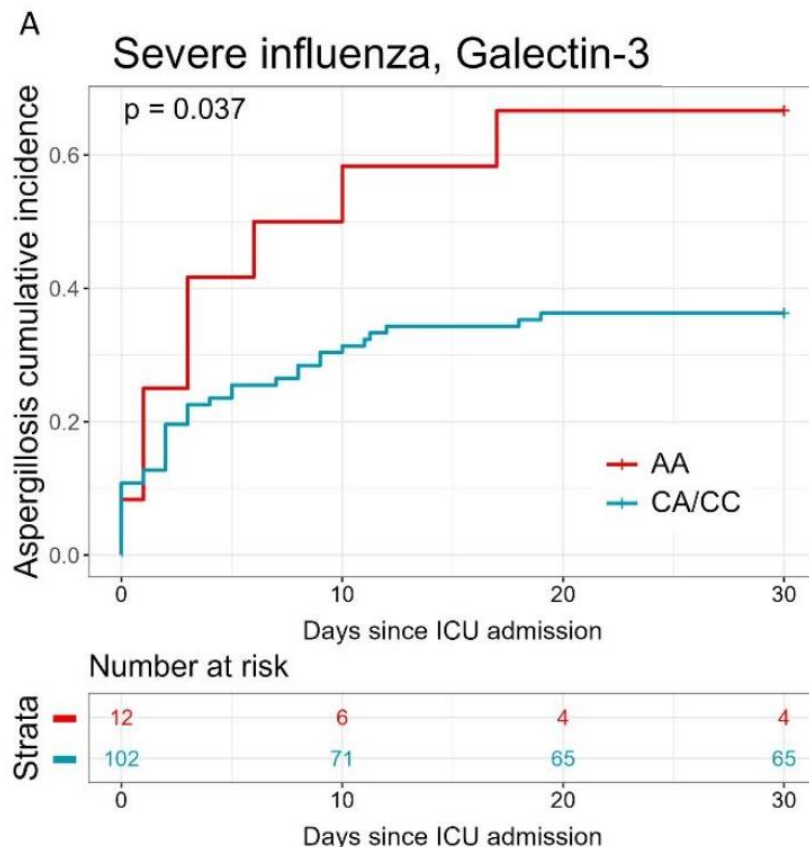
BALF



B.



- **Inflammasome dysregulation a role in IAPA**
- **Seems amendable to anakinra**
- **Timing is important**
- **And probably dependent on host-status**



**2 out of 3 with
galactin-3 SNP
>IAPA**

- **Unique fungal translational clinical trial network**
- **IFN γ and anakinra potent immune modulators**
- **Will have a role in fungal infection**
- **Timing is important**
- **Guiding by functional assays and immune status**

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