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Impairment of HIV proviral reactivation by interfering with essential metabolic pathways in effector memory CD4+ T cells

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CONFLICTS OF INTEREST

I have no conflicts of interest to disclose

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Potential ways to interfere with HIV reservoir



Tyrosine kinase inhibitors (TKIs) as adjuvants of ART

	Individuals HIV+ with CML on ART+dasatinib
Individuals, n	3
Male/female, n	3/0
Median age at HIV diagnosis (years)	33.0
	(IQR 25.0 to 37.0)
Median age at CML diagnosis (years)	42.0
	(IQR 37.0 to 58.0)
Median CD4/CD8 ratio	0.3
	(IQR 0.11 to 1.6)
Median CD4 count (cells/milliliter)	786.0
	(IQR 178 to 1014)
	2 NRTI, 1 INI (2)
AKI (n)	1 INI, 1 PI/c (1)
Time of treatment with dasatinib	2.3
(years)	(IQR 2.3 to 5.3)

Estimated incidence of HIV-1 infection and CML 1:65,000



Dasatinib (BMS)

	Dasatinib
IC50	16.3 nM (8.26 ng/ml)
Cmax	41.52 ng/ml (50 mg once in healthy adults)
IC50/Cmax	0.2
Selectivity index	> 612

Bermejo et al., Biochemical Pharmacology 156 (2018) 248–264

Dasatinib reduces T cell proliferation mediated by IL-7



HIV reservoir of individuals on ART and dasatinib show impaired proviral reactivation



Vigón et al., Biochemical Pharmacology 192 (2021) 114666

Vigón et al., Biochemical Pharmacology 192 (2021) 114666

HIV-1 selectively infects CD4+ T cells with enhanced glycolysis and OXPHOS

- The susceptibility of CD4+ T cell subsets to HIV-1 matches their metabolic activity
- Inhibition of glycolysis impairs HIV-1 replication



Sáez-Cirión & Sereti. Nat Rev Immunol 21, 5–19 (2021).

CD4 TEM and TEMRA show the highest metabolic activity

- CD4 TEM and TEMRA are responsible for the reservoir replenishment and have the highest metabolic activity in comparison with naïve and TCM
- ART does not reverse metabolic reprogramming
- Metabolic reprogramming is the main driver of initial immune activation that ends up leading to exhaustion of the immune system
- Metabolic reprogramming is a new target for drug development against HIV



Chronic inflammation Comorbidities

OBJECTIVES

To determine the effect of dasatinib on the metabolic activity of PBMCs

To evaluate if dasatinib may induce metabolic reprogramming of CD4 TEM and TEMRA cells, reducing their glycolytic activity to interfere with the replenishment of HIV reservoir



Dasatinib interferes with the metabolic activity of PBMCs

PBMCs from healthy donors



Dasatinib interferes with the expression of the glucose transporter GLUT-1 in CD4 TEM and TEMRA cells



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PBMCs from healthy donors

Dasatinib interferes with the glucose uptake in CD4 TEM and TEMRA cells

PBMCs from healthy donors



CD4+ TEM cells





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Dasatinib does not modify GLUT-1 expression in CD8 but it reduces the glucose uptake

PBMCs from healthy donors



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Dasatinib does not modify GLUT-1 expression in NKs but it reduces the glucose uptake

PBMCs from healthy donors



CONCLUSIONS

- Treatment with dasatinib and ART is safe for individuals with HIV and CML
- Individuals HIV+ on ART and dasatinib show low levels of IL-7 in plasma and low reservoir size that is resistant to reactivation
- Dasatinib interferes with several metabolic pathways induced by activating stimuli in PBMCs, including glycolysis
- Dasatinib relegates viable CD4 cells to a resting state in which glucose uptake was impaired in both TEM and TEMRA subpopulations, acting as a metabolic immunomodulator
- Although glucose metabolism was partially affected in CD8 and NK, PLWH on treatment with ART and dasatinib do not present higher susceptibility to opportunistic infections or proviral reactivation
- Dasatinib may be used as a latency-promoting agent by metabolic reprogramming of CD4 and used along with ART may contribute to silence the viral reservoir as part of block & lock strategy





COMMUNITY SUMMARY

Key questions

May dasatinib act as a latency-promoting agent (LPA) and contribute to promote control of the viral reservoir in PIWH?

LPAs should act mainly on CD4 effector cells that may reactivate the latent provirus without affecting the antiviral activity of cytotoxic cells.

Key findings

Treatment with dasatinib induces metabolic reprogramming of CD4 TEM and TEMRA, interfering with essential metabolic pathways such as glycolysis. Both CD4 subpopulations are reduced in peripheral blood of PLWH on treatment with ART and dasatinib.

Next steps

The potential of dasatinib to induce metabolic reprogramming of CD4 effector cells will be analyzed in PBMCs from PLWH, as well as the effect on cytotoxic cells with capacity to control and eliminate the reservoir.

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