

HIV-Persistence During Therapy
Miami - December 14th, 2022

The EZH2 Inhibitor Tazemetostat Increases MHC I Antigen Presentation In Vitro And In Vivo, Enhancing Antiviral Activities Of HIV-specific CTLs



Brad Jones' Laboratory

Andrea Gramatica, PhD - Assistant Professor of Immunology Research

Background

HIV-specific CD8⁺ cytotoxic T lymphocytes (CTLs) responses partially control viral replication during untreated infection

In rare individuals, CTL responses are implicated in 'Elite control' of HIV

Combination of LRAs and autologous CTLs can reduce cell-associated HIV DNA, but fail to deplete cells with replication-competent virus

Despite their known role in controlling HIV replication, CTLs are not able to clear all infected cells from an individual

Objectives:

- Enhance CTL-mediated control of viral replication in absence of ARVs
- Enable CTLs to eliminate reservoirs of infected cells

Hypothesis:


Modulation of host factors in infected cells may increase their susceptibilities to elimination by CTL



**Can We Target These Intrinsic Resistance Mechanisms
To Enhance Infected Cell Elimination By CTL?**

Inhibition Of Anti-apoptotic Proteins In HIV-infected Cells Improves Their Elimination By CTLs

Some similarities with the cancer field:



ARTICLE Check for updates

<https://doi.org/10.1038/s41467-022-29205-8> OPEN

CRISPR activation screen identifies BCL-2 proteins and B3GNT2 as drivers of cancer resistance to T cell-mediated cytotoxicity

Julia Joung^{1,2,3,4,5,8}, Paul C. Kirchgatterer^{1,2,3,4,5}, Ankita Singh^{1,2,3,4,5}, Jang H. Cho^{1,2,3,4,5}, Suchita P. Nety^{1,2,3,4,5}, Rebecca C. Larson^{6,7}, Rhiannon K. Macrae^{1,2,3,4,5}, Rebecca Deasy², Yuen-Yi Tseng², Marcela V. Maus^{6,7} & Feng Zhang^{1,2,3,4,5,8}

Approach: **Inhibition of BCL-2 in HIV infected cells increases their elimination by CTL**

> J Clin Invest. 2020 May 1;130(5):2542-2559. doi: 10.1172/JCI132374.

BCL-2 antagonism sensitizes cytotoxic T cell-resistant HIV reservoirs to elimination ex vivo

Yanqin Ren¹, Szu Han Huang¹, Shabnum Patel^{2 3}, Winiffer D Conce Alberto¹, Dean Magat¹, Dughan Ahimovic¹, Amanda B Macedo³, Ryan Durga³, Dora Chan³, Elizabeth Zale¹, Talia M Mota¹, Ronald Truong³, Thomas Rohwetter³, Chase D McCann¹, Colin M Kovacs⁴, Erika Benko⁴, Avery Wimpelberg⁵, Christopher Cannon⁵, W David Hardy^{5 6}, Alberto Bosque³, Catherine M Bollard^{2 3}, R Brad Jones^{1 3}

Do HIV-infected Cells Have A CTL-resistance Signature?

Research work led by **Louise Leyre**

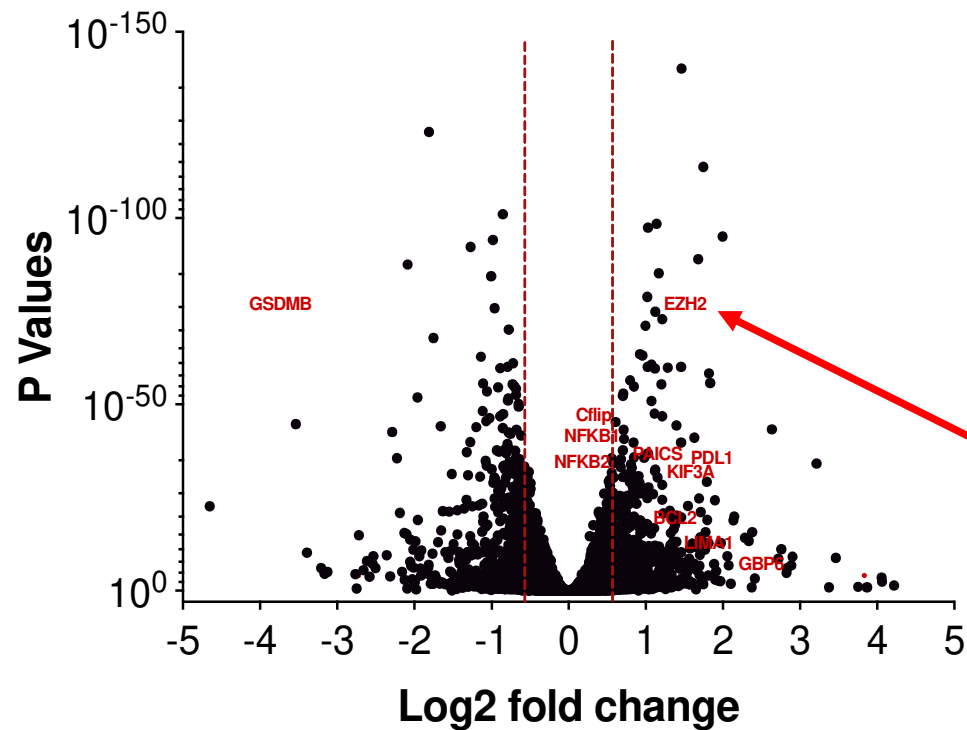
Poster: PP 4.15 #00181

Infected **CD4⁺ T cells** + Autologous HIV-specific **CTLs**

Infected survivors

RNA sequencing

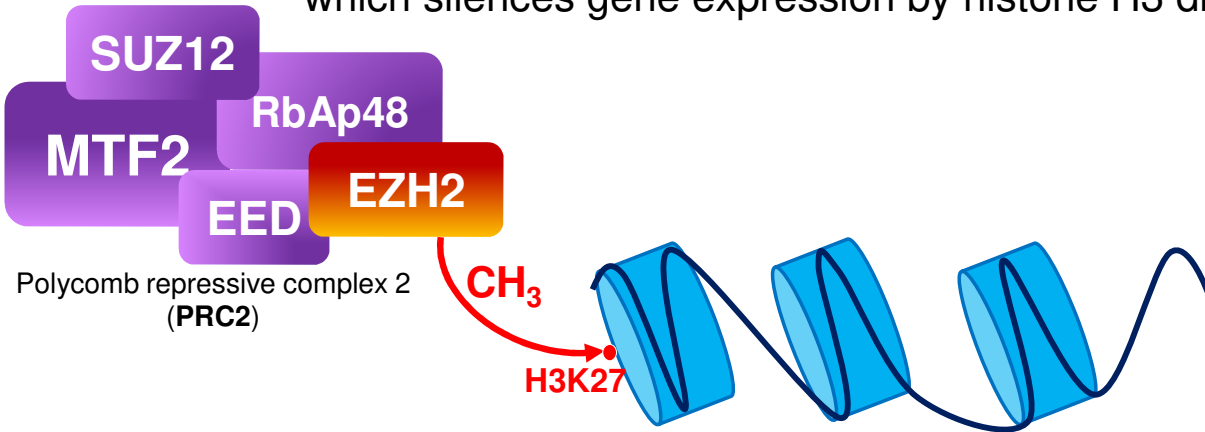
Differentially expressed genes



Among the strongest hits of our RNA-seq analysis:
'Enhancer of Zeste Homolog 2' (EZH2)

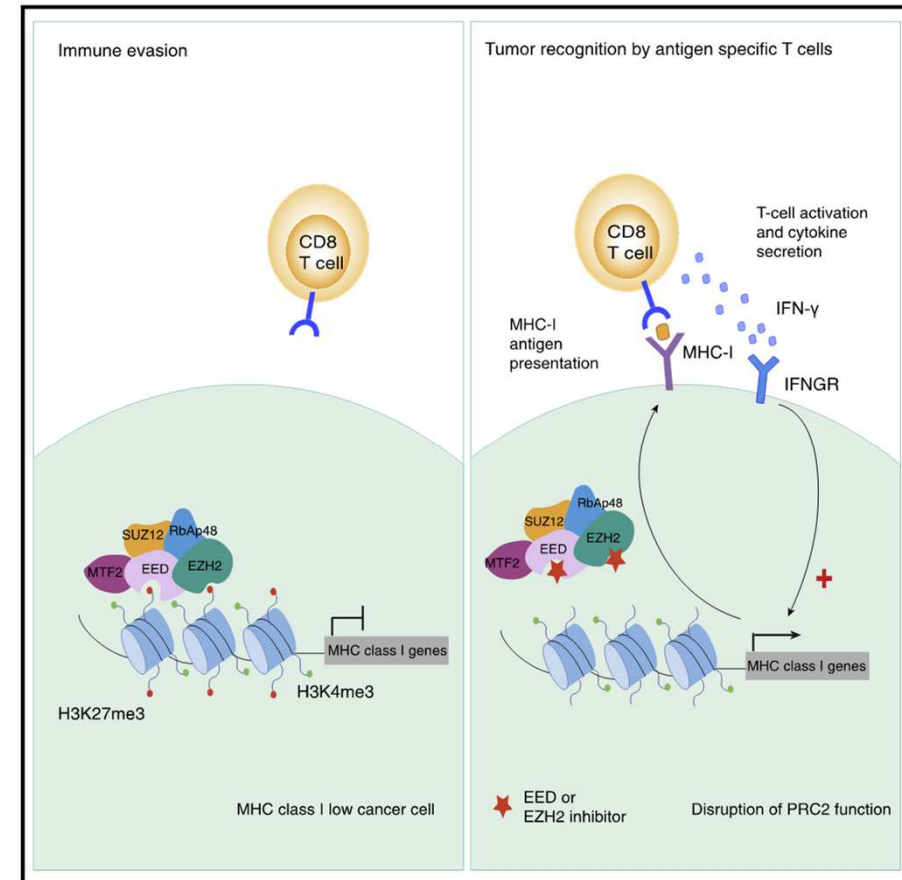
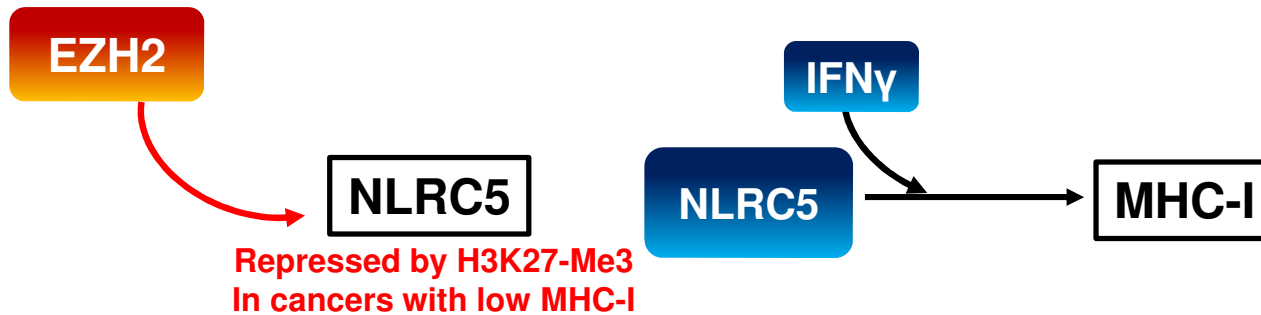
EZH2: Background Information

EZH2 is a **histone-methyltransferase**, part of the polycomb repressive complex 2, which silences gene expression by histone H3 di/tri-methylation at lysine 27 (**H3K27**)



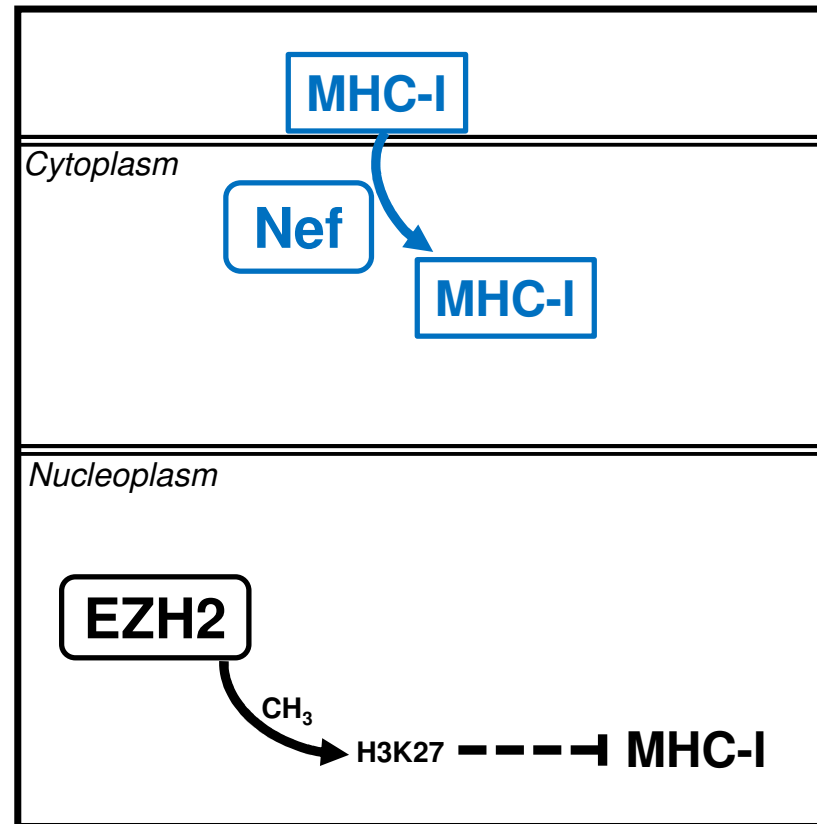
EZH2 overexpression in cancer => cancer cell survival

Mutation or over-expression of EZH2 has been linked to many forms of cancer



From: Burr ML, et al. Cancer Cell. 2019

EZH2 and HIV-Nef: A “Collaboration” To Evade CTL-recognition?

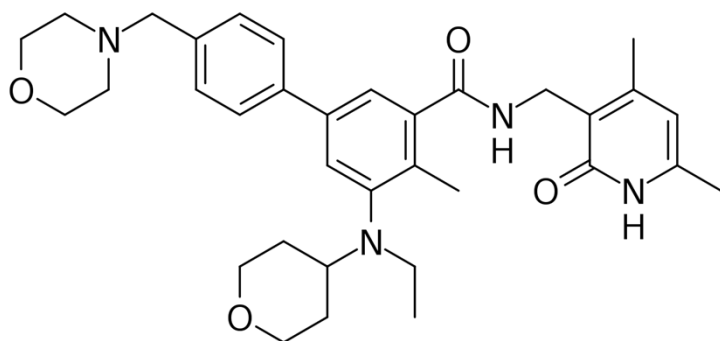


**If EZH2 overexpression is part of the
“resistance signature” that protects a subset of infected cells from
CTL-mediated killing,**



Can we use EZH2 inhibitors to reverse this resistance effect?

EZH2 Inhibitor Selected: Tazemetostat (EPZ-6438), an FDA-approved compound



- Orally available
- Typically used to treat **B-cell lymphoma**, epithelioid sarcoma, mesothelioma
- Typical dosage:
 - Humans: 800mg twice daily
 - Mice: 500-600mg/kg twice daily

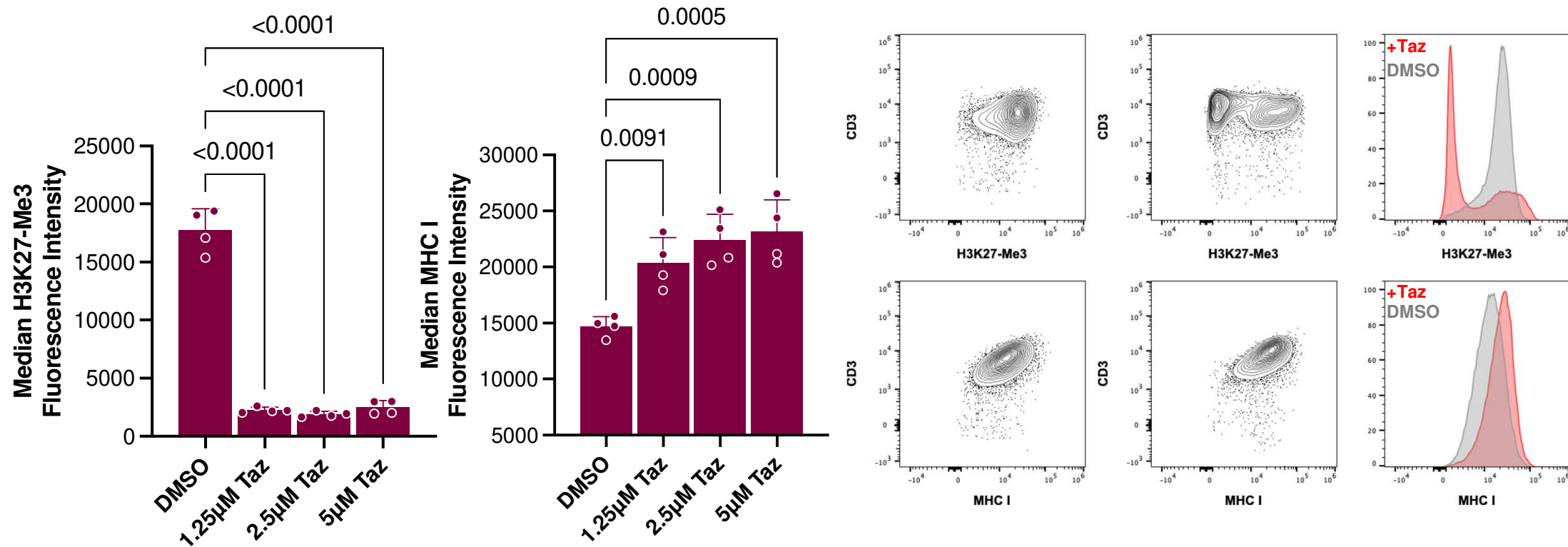
Completed clinical trials testing Tazemetostat for treatment of cancer (partial list)

| Selected (0) | | Download | Manage Columns | | | | |
|--------------------------|--|-------------|----------------|--|--|-----------------|----------------|
| | Study Title | NCT Number | Status | Conditions | Interventions | Sponsor | Study Type |
| <input type="checkbox"/> | Study of the EZH2 Inhibitor Tazemetostat in Malignant Mesothelioma | NCT02860286 | Completed | <ul style="list-style-type: none"> Mesothelioma BAP1 Loss of Function | <ul style="list-style-type: none"> Drug: Tazemetostat | Epizyme, Inc. | Interventional |
| <input type="checkbox"/> | A Study of Tazemetostat in Participants With Relapsed or Refractory B-cell Non-Hodgkin's Lymphoma | NCT03009344 | Completed | <ul style="list-style-type: none"> Relapsed or Refractory B-cell Non-Hodgkin's Lymphoma | <ul style="list-style-type: none"> Drug: Tazemetostat | Eisai Co., Ltd. | Interventional |
| <input type="checkbox"/> | Open-Label, Multi-Center, Two-Part, Phase 1 Study to Characterize the PKs of an Intravenous Micro-Dose of [14C]-Tazemetostat (EPZ-6438) and the ADMET of an Oral [14C]-Labeled Dose of Tazemetostat in Subjects With B-Cell Lymphomas or Adv Solid Tumors | NCT03010982 | Completed | <ul style="list-style-type: none"> Diffuse Large B Cell Lymphoma Primary Medastinal Lymphoma Mantle-Cell Lymphoma 3 more | <ul style="list-style-type: none"> Drug: Tazemetostat and [14C] Tazemetostat | Epizyme, Inc. | Interventional |
| <input type="checkbox"/> | Open-Label, Multicenter, Phase 1/2 Study of Tazemetostat (EZH2 Histone Methyl Transferase [HMT] Inhibitor) as a Single Agent in Subjects With Adv. Solid Tumors or With B-cell Lymphomas and Tazemetostat in Combination With Prednisolone in Subjects With DLBCL | NCT01897571 | Completed | <ul style="list-style-type: none"> B-cell Lymphomas (Phase 1) Advanced Solid Tumors (Phase 1) Diffuse Large B-cell Lymphoma (Phase 2) 3 more | <ul style="list-style-type: none"> Drug: Tazemetostat | Epizyme, Inc. | Interventional |
| <input type="checkbox"/> | A Phase 1 Study of the EZH2 Inhibitor Tazemetostat in Pediatric Subjects With Relapsed or Refractory IN11-Negative Tumors or Synovial Sarcoma | NCT02601937 | Completed | <ul style="list-style-type: none"> Rhabdoid Tumors IN11-negative Tumors Synovial Sarcoma 1 more | <ul style="list-style-type: none"> Drug: Tazemetostat | Epizyme, Inc. | Interventional |
| <input type="checkbox"/> | Study of Tazemetostat in Participants With Relapsed or Refractory B-cell Non-Hodgkin's Lymphoma With EZH2 Gene Mutation | NCT03456726 | Completed | <ul style="list-style-type: none"> Relapsed or Refractory B-cell Non-Hodgkin's Lymphoma | <ul style="list-style-type: none"> Drug: Tazemetostat | Eisai Co., Ltd. | Interventional |
| <input type="checkbox"/> | Open-Label, Multicenter, Two-Part, Phase 1 Study to Characterize Effects of a Moderate CYP3A Inhibitor on PK of Tazemetostat, Effects of Tazemetostat on PK of CYP2C8 and CYP2C19 Substrates, and Effect of Increased Gastric pH on PK of Tazemetostat in B-cell Lymphoma or Advanced Solid Tumor Patients | NCT03028103 | Completed | <ul style="list-style-type: none"> Diffuse Large B Cell Lymphoma Primary Medastinal Lymphoma Mantle Cell Lymphoma 2 more | <ul style="list-style-type: none"> Drug: Tazemetostat Drug: Fluconazole Drug: Omeprazole | Epizyme, Inc. | Interventional |

Is Tazemetostat Biologically Active In CD4⁺ T Cells?

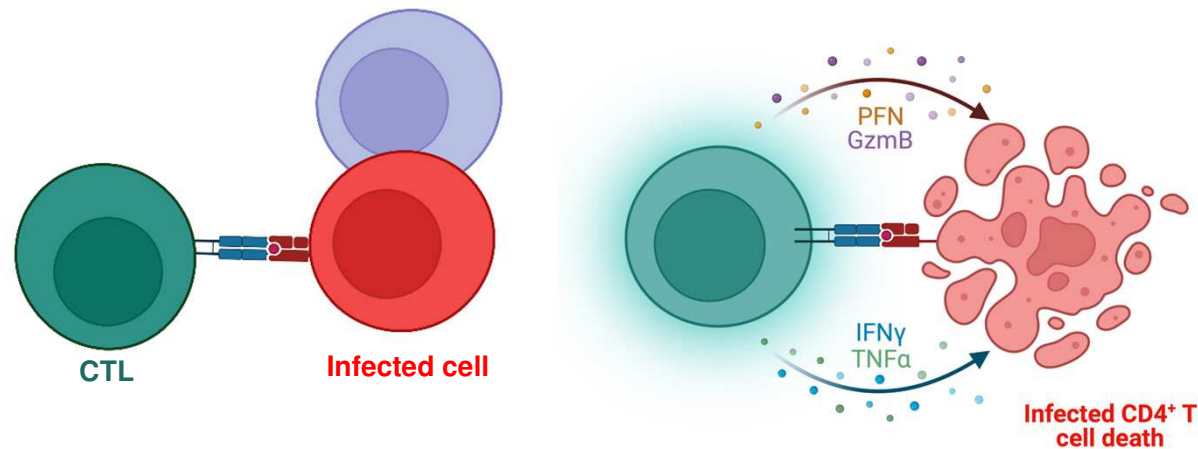
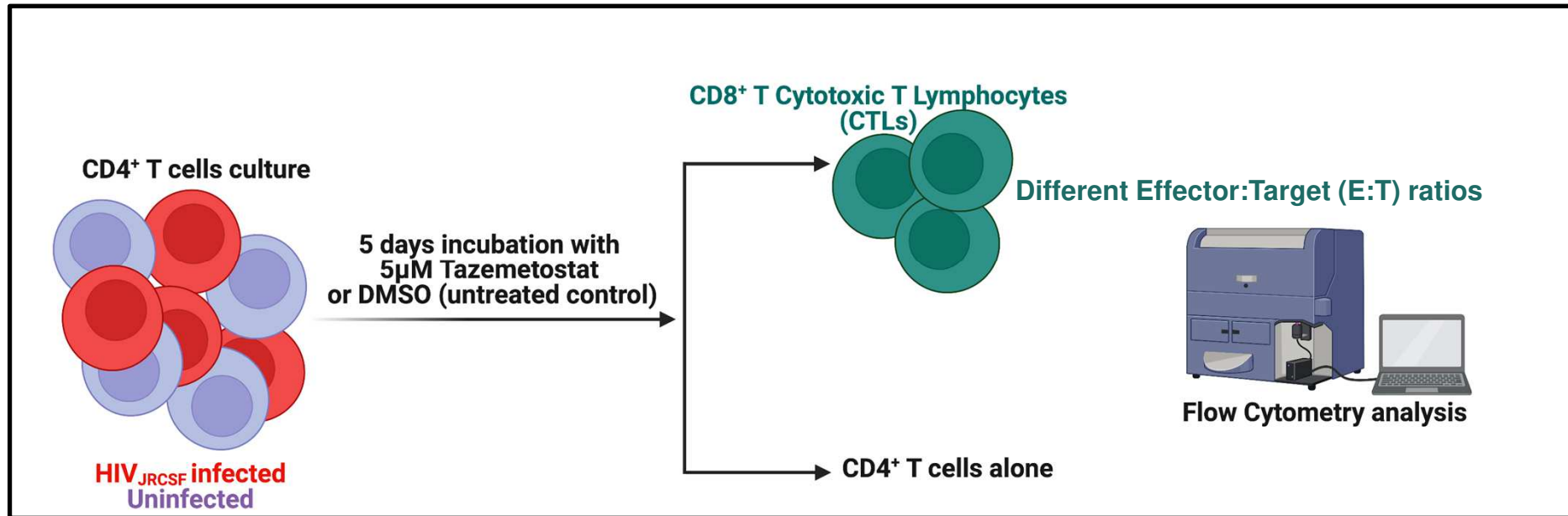
Tazemetostat Decreases H3K27 Tri-Methylation And Increases Surface MHC-I Expression on CD4⁺ T Cells

CD4⁺ T cells isolated from 4 independent donors were treated for 5 days with increasing concentrations of Tazemetostat

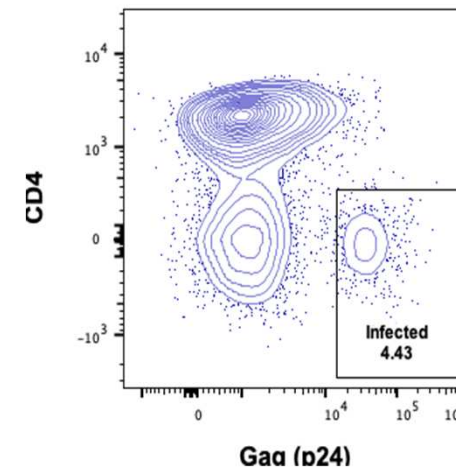


Samples from n=4 independent donors. Statistical significance determined by 1-way ANOVA. Error bars represent SD.

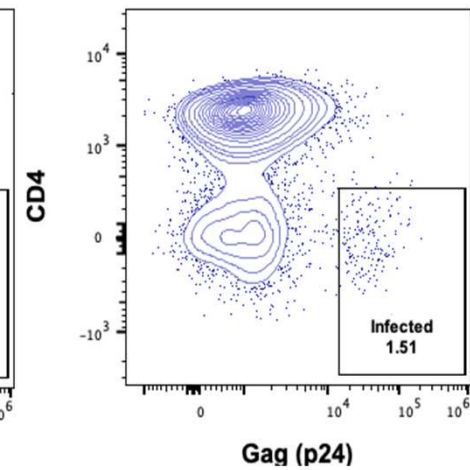
In Vitro Infected-cell CTL Killing Assay



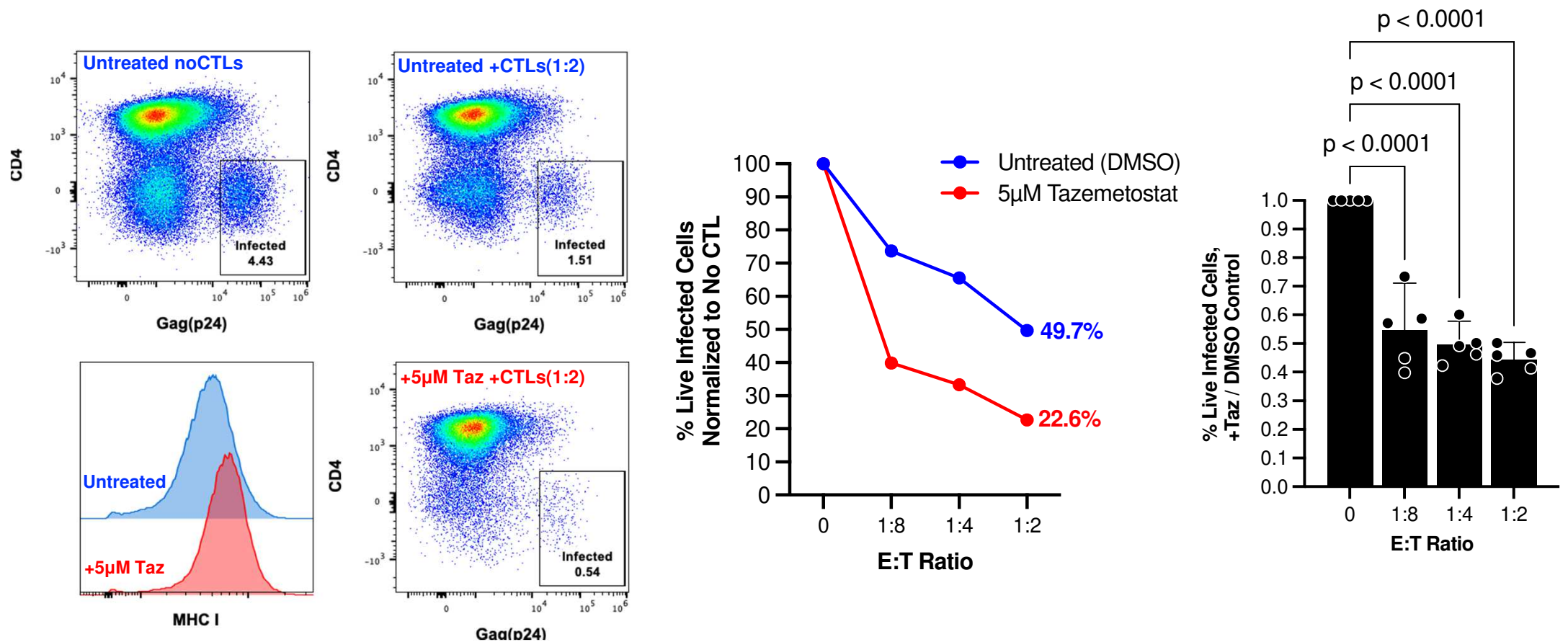
CD4⁺ T cells alone



+HIV-specific CTLs



Tazemetostat Enhances Killing of Infected CD4⁺ T Cells In Vitro



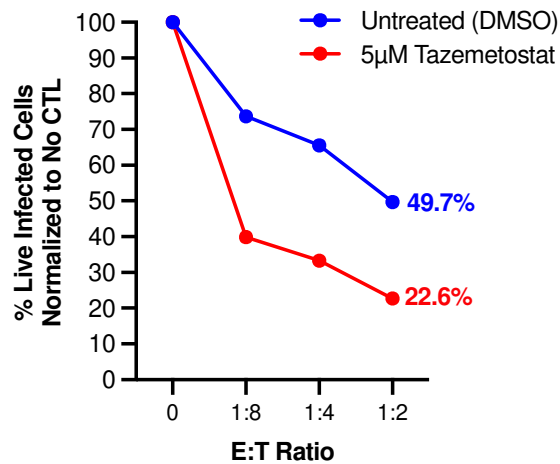
n=5 independent experiments. Statistical significance determined by 1-way ANOVA. Error bars represent 95% C.I.

**Tazemetostat Enhances CTL-mediated Killing Of Infected Cells
Through Increased MHC-I Surface Expression**

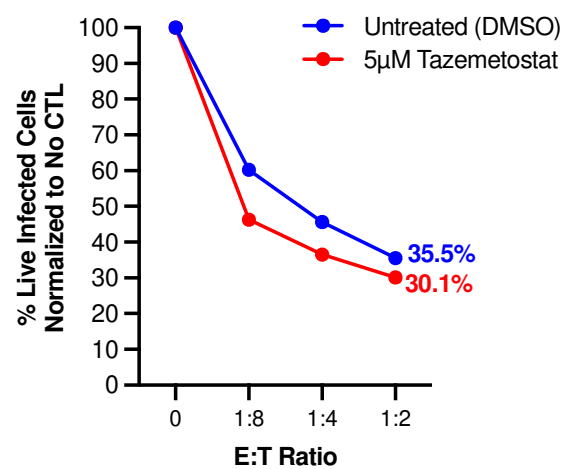
**Does Tazemetostat Have The Same Sensitization Effect On Cells
Infected With A Nef-deficient Virus?**

Inhibition Of EZH2 In Cells Infected With A Nef-deficient (Δ Nef) Virus Does Not Result In The Same Sensitization Effect

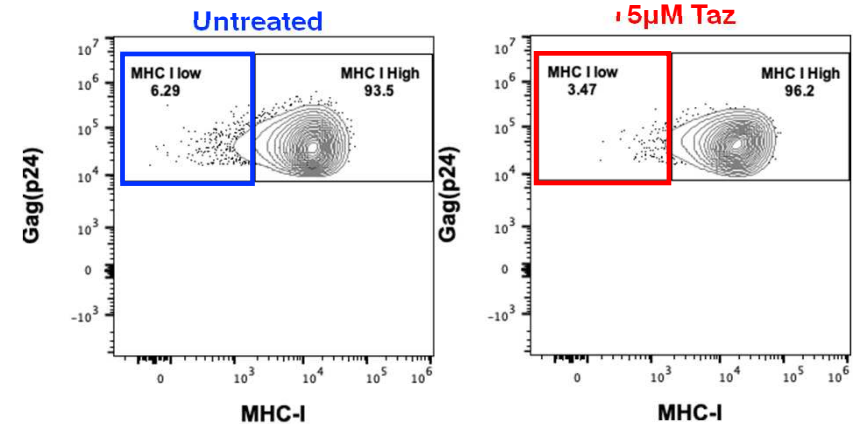
Infection with WT-JRCSF



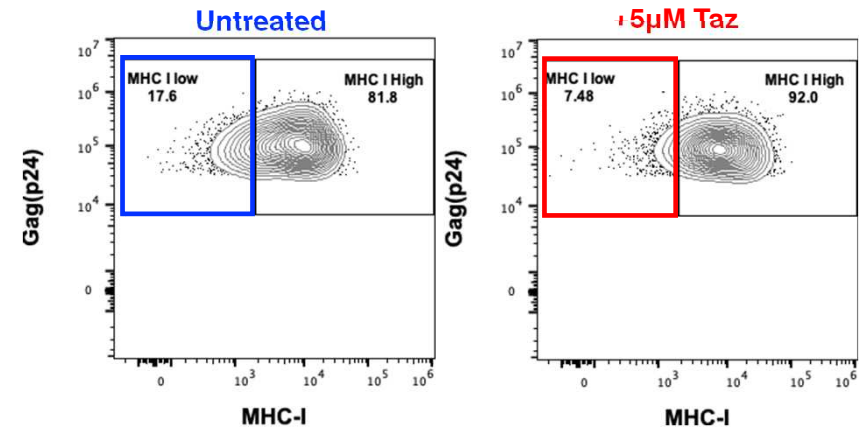
Infection with Δ Nef-JRCSF



JRCSF- Δ Nef

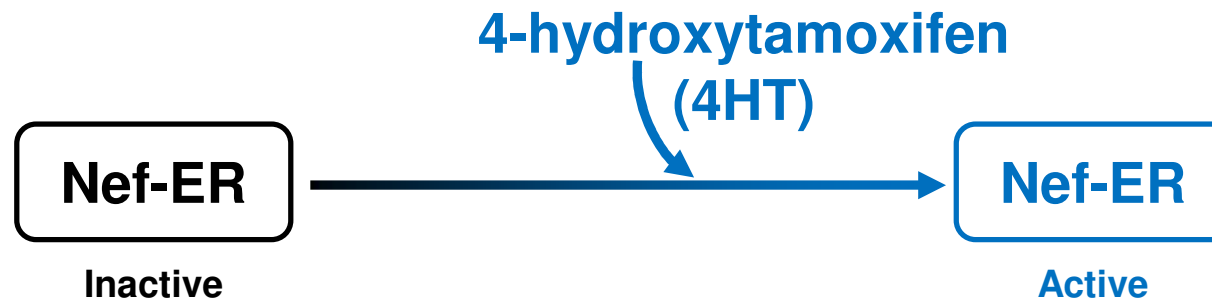


JRCSF-WT



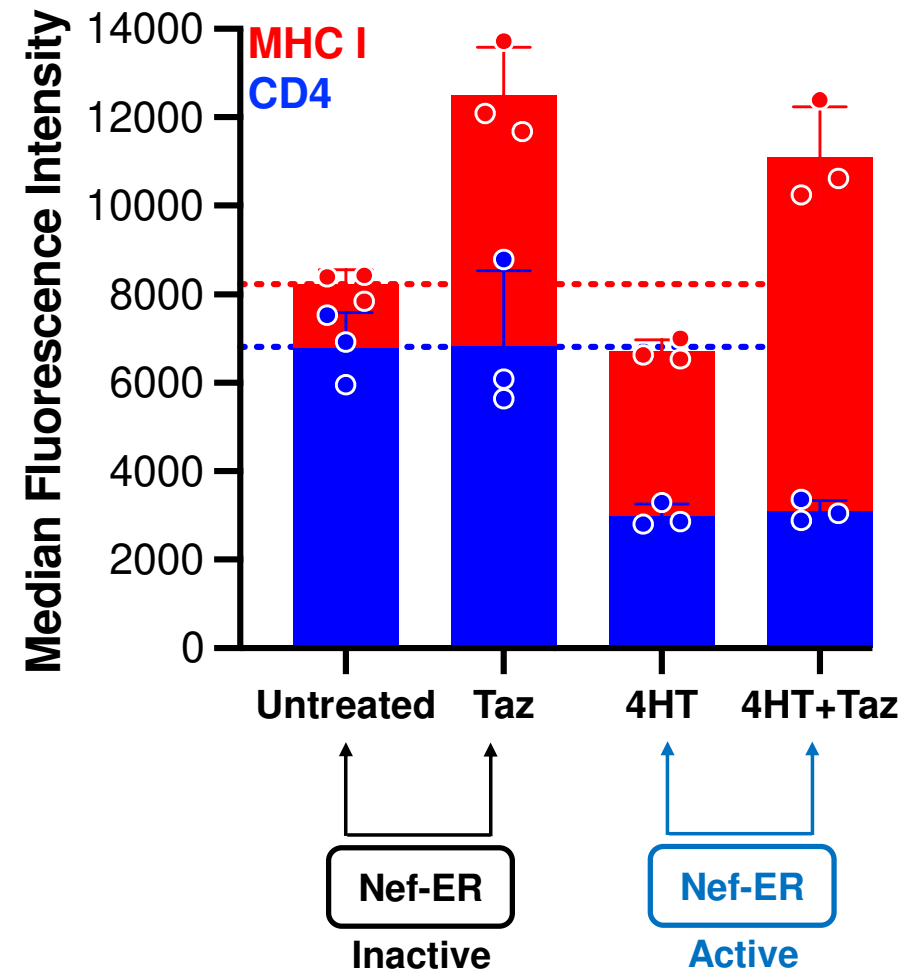
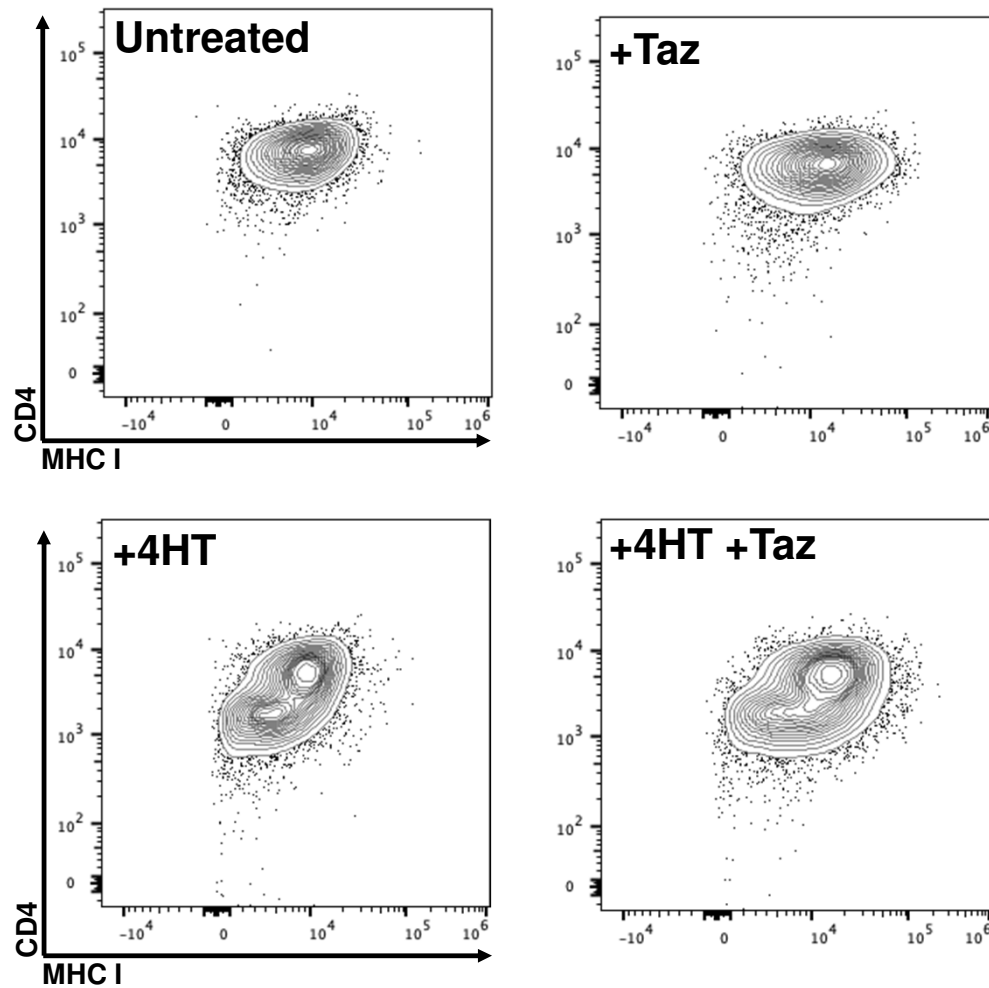
A Sup-T1 T-cell Line Expressing Chimeric Nef-estrogen Receptor

(AIDS Reagent Program: Nef-ER Expressing Sup-T1 Cells (Clone 31), ARP-6453, contributed by Drs. **Scott Walk**, **Kodi Ravichandran** and **David Rekosh**)

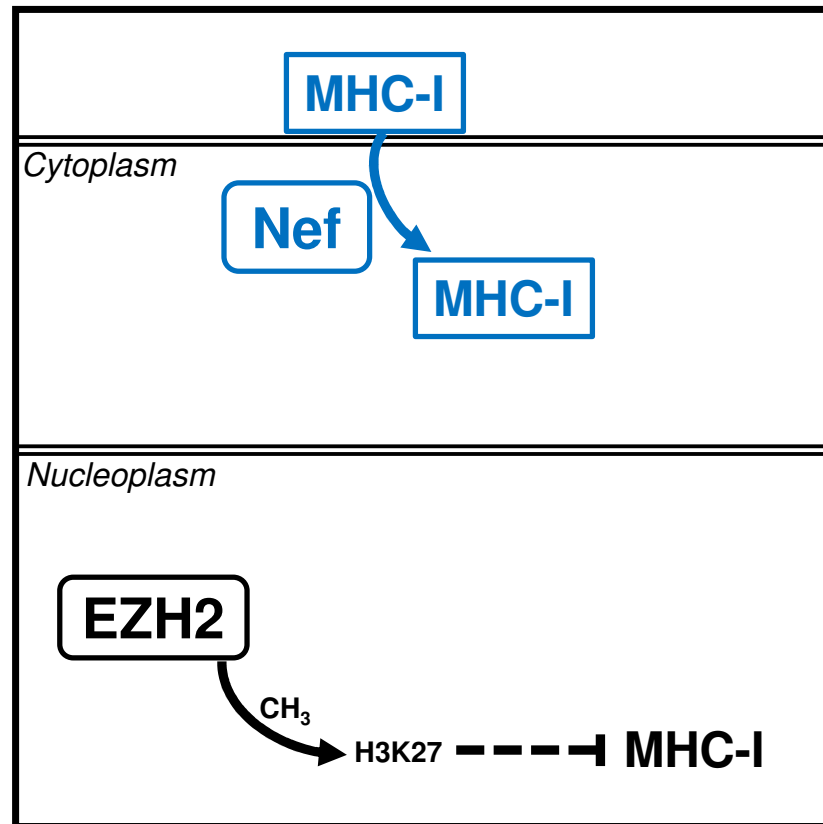


- This cell line expresses a fusion between full-length Nef and the estrogen receptor (ER) hormone-binding domain (Nef-ER)
- Nef-ER is kept in an inactive state due to steric hindrance
- Addition of the membrane-permeable drug 4-hydroxytamoxifen (4HT), which binds to the ER domain, leads to inducible activation of Nef-ER within cells

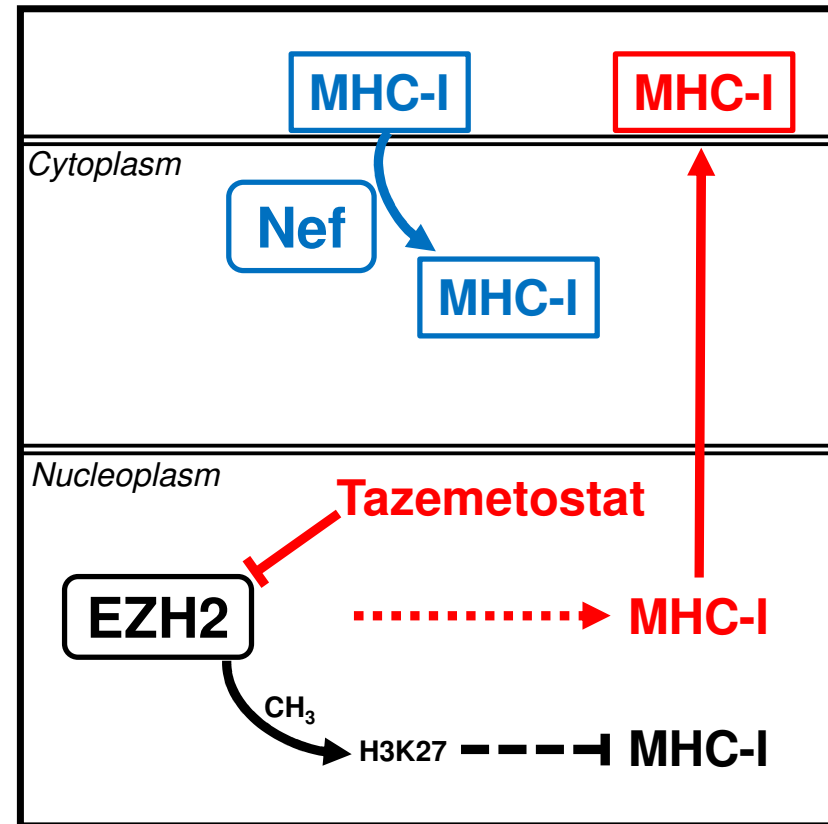
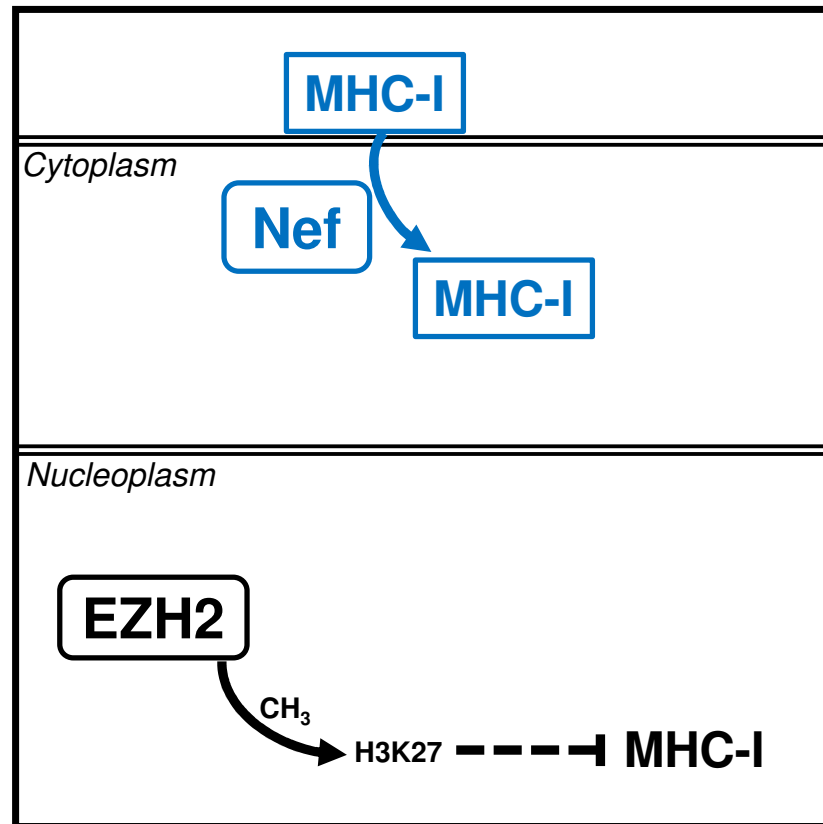
Tazemetostat Increases Surface MHC-I In The Presence Of 4HT



Tazemetostat Counteracts Nef-mediated Downregulation Of MHC-I By Increasing MHC-I Basal Transcription



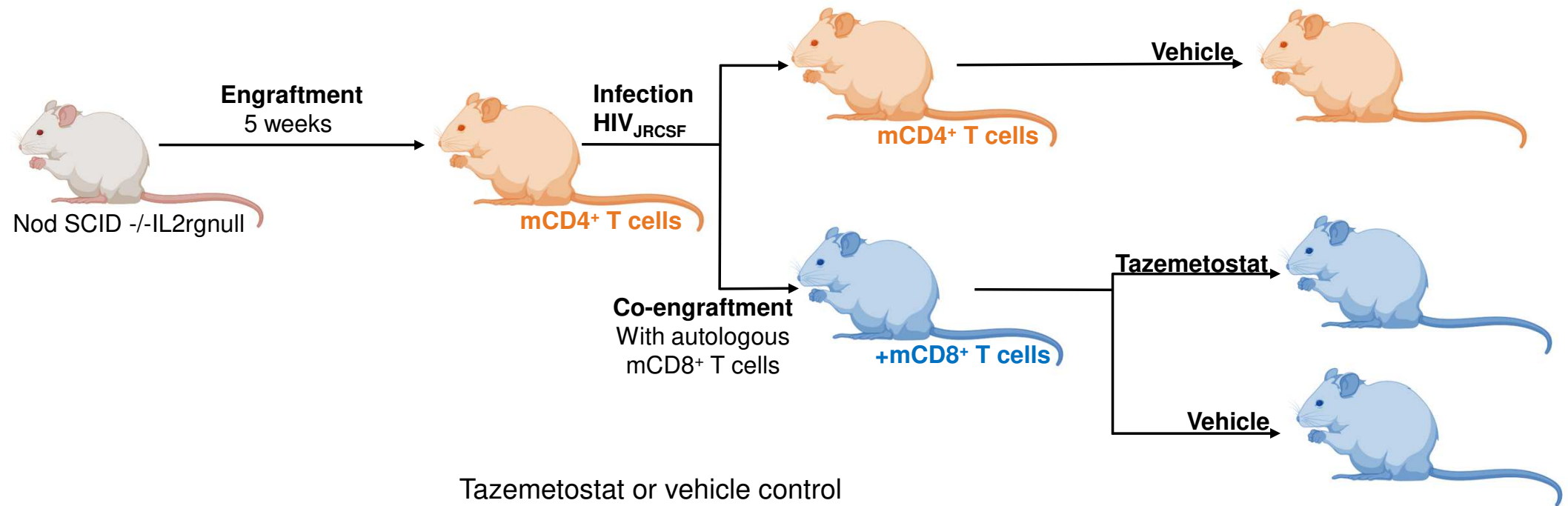
Tazemetostat Counteracts Nef-mediated Downregulation Of MHC-I By Increasing MHC-I Basal Transcription



**Can Tazemetostat Increase MHC-I And
Reduce Viral Loads In Vivo?**

In vivo Treatment With Tazemetostat

Humanized HIV-infected mouse model from: CD. McCann, RB Jones et al. J Exp Med (2021)



Tazemetostat or vehicle control
were administered orally, through oral gavage

125mg/kg
(Week 1)



250mg/kg
(Week 2)

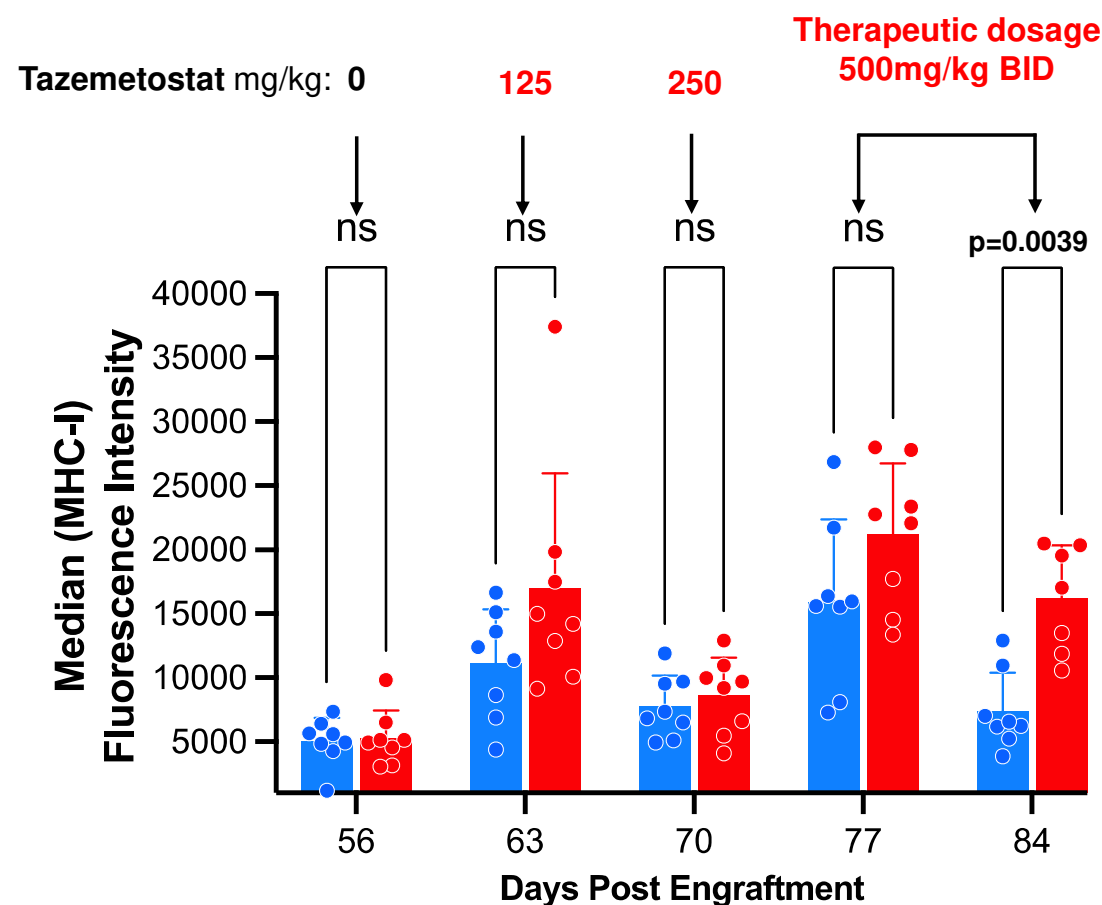


500mg/kg (twice/day)
(Week 3, 4)

Therapeutic dosage

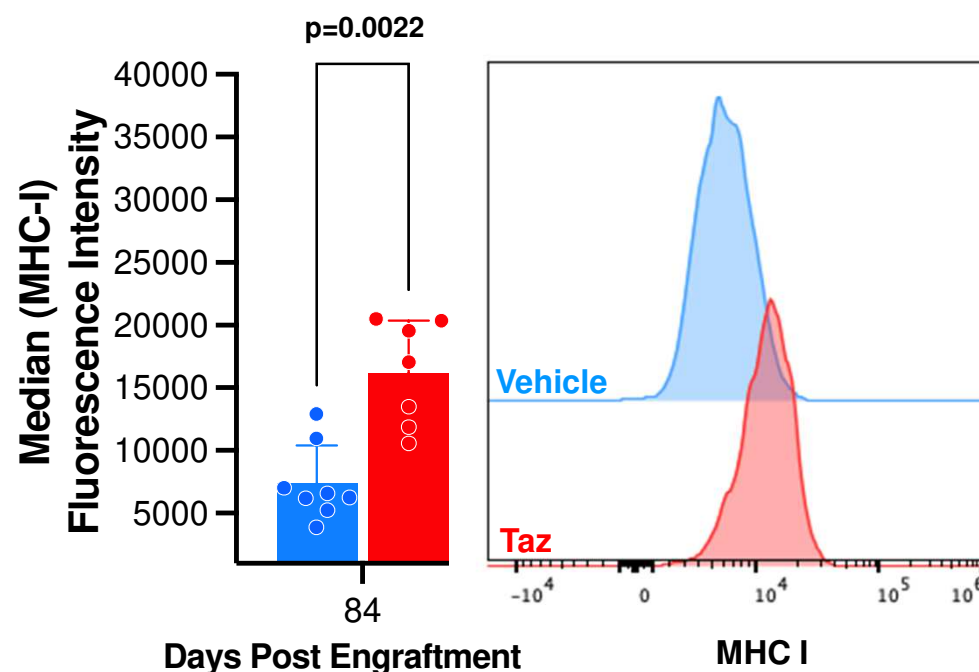
(As reported in previous mouse study in cancer)

Tazemetostat Induces A Significant Increase In Surface MHC-I On Infected Cells In Vivo



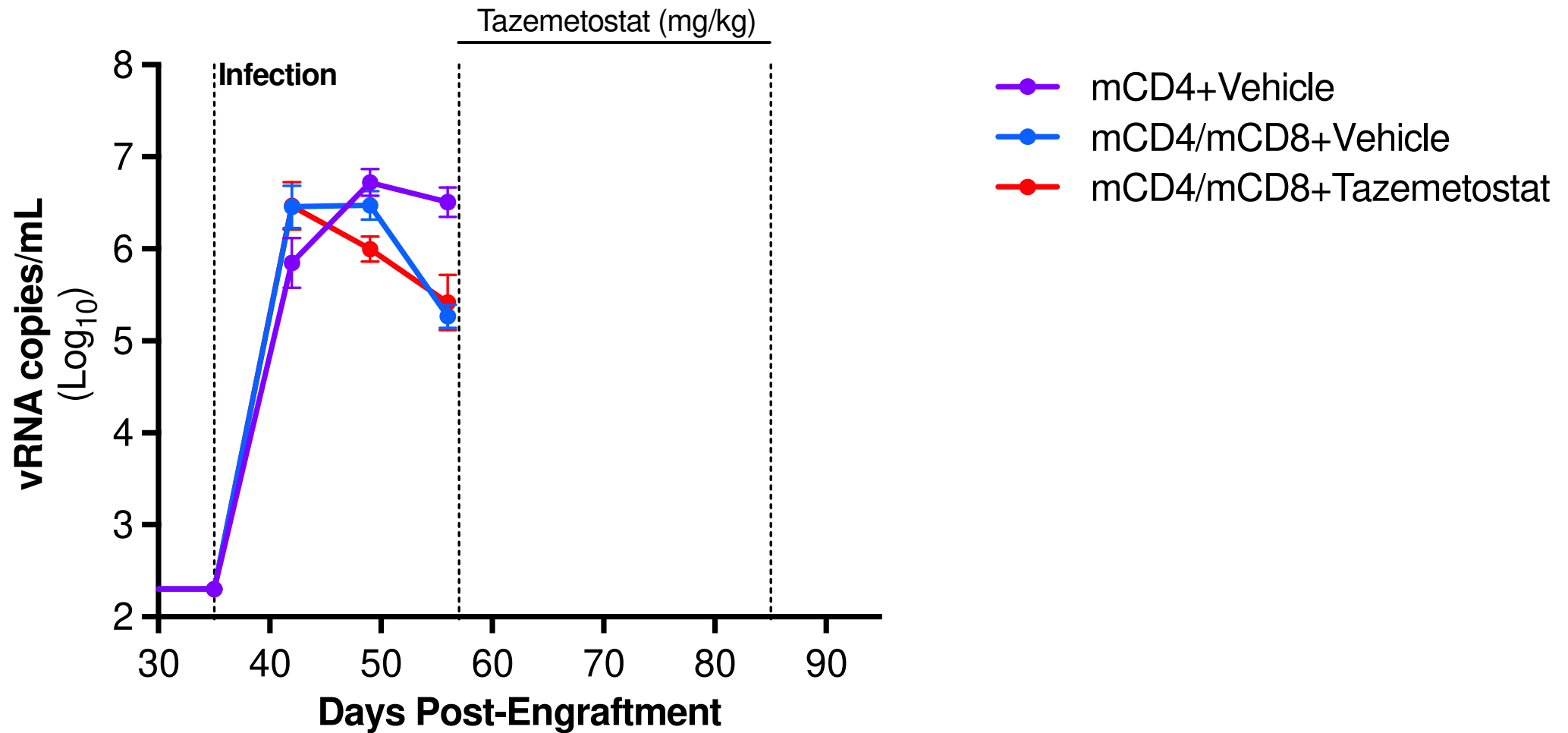
Total (CD8-) Cells

- mCD4/mCD8+Vehicle
- mCD4/mCD8+Tazemetostat

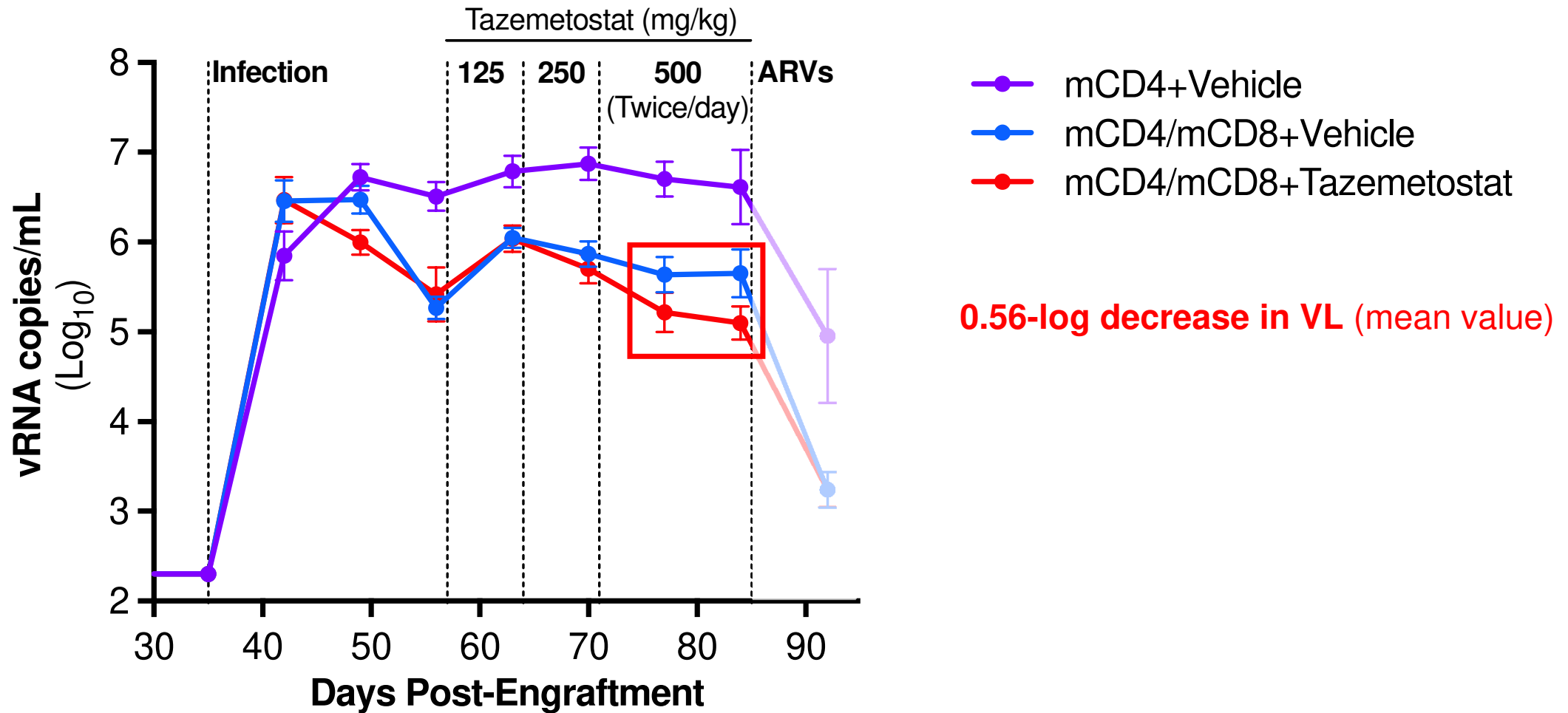


CD8- CD4- Cells

Viral Load Is Significantly Reduced In +CD8 Versus CD4only Mice



Treatment With Tazemetostat Results In Decrease Of Viral Load, Relative To Vehicle Control



Summary and Conclusions

Key question being asked:

Can we target intrinsic resistance mechanisms in infected cells to enhance their elimination by CTLs?

Key findings:

1. The FDA-approved drug Tazemetostat increases basal MHC-I expression on CD4⁺ T cells
2. Increased MHC-I expression counterbalances HIV-Nef-mediated immunoevasion, resulting in enhanced infected-cell elimination *in vitro* and decreased viral loads *in vivo*

What are the next steps?

1. Repeat/confirm *in vivo* results with therapeutic dosage of Tazemetostat
2. Study whether treatment of viremic mice with Taz, prior to ART initiation, will induce CTL-mediated reduction of the pool of infected cells and will delay rebound of viral load when ART is interrupted

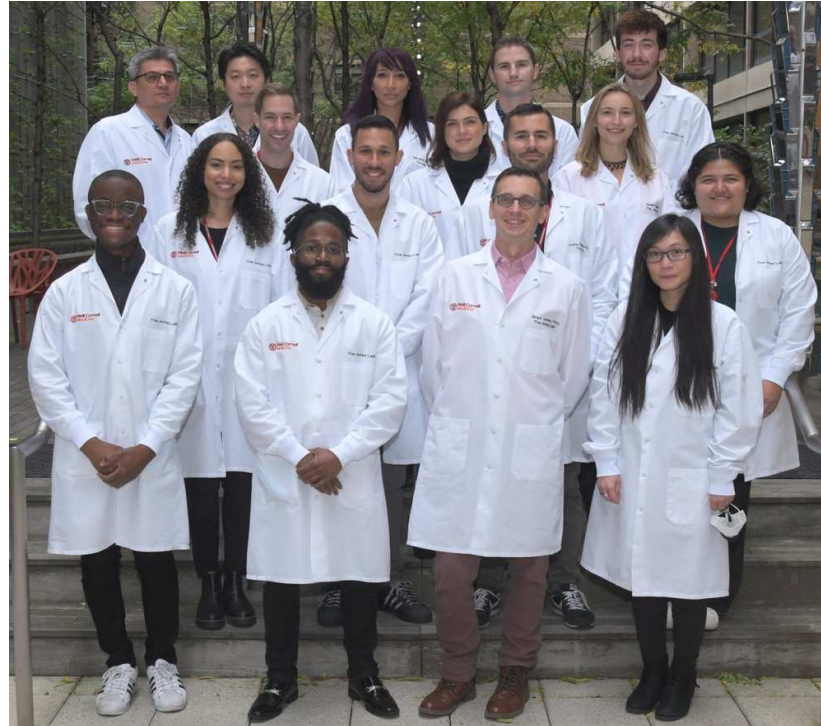
Acknowledgements



**Weill Cornell
Medicine**

The Jones Lab

- Brad Jones
- Farzana Khan
- Ali Danesh
- Jared Weiler
- Itzyana Miller
- Dennis Copertino
- Adam Ward
- Uche Chukwukere
- Louise Leyre
- Talia Mota
- Sandra Terry



Martin Delaney Collaboratories for HIV Cure Research

REACH
For the Cure



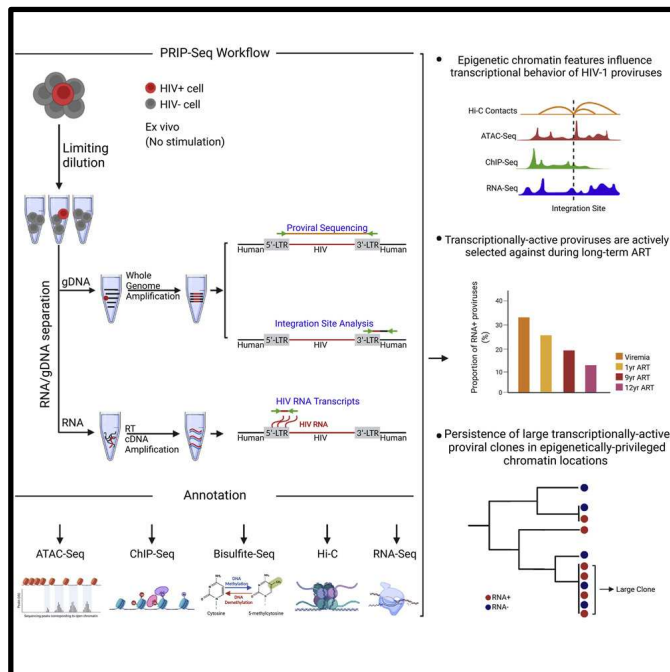
Research Enterprise to Advance a Cure for HIV

Evolution Of The HIV Reservoir In ART-treated People Supports The Hypothesis Of Resistance To CTL-mediated Elimination

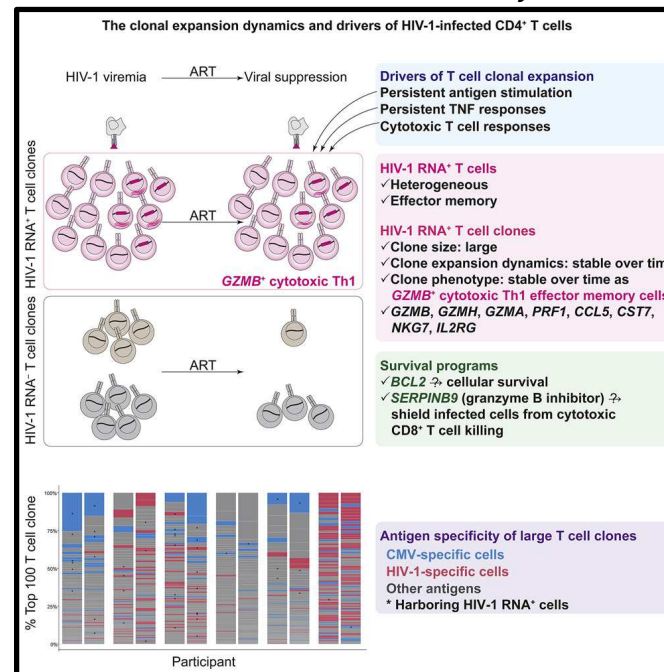
Some infected cell clones are highly transcriptionally active and display a “survival program”

Evidence for on going CTL selection over years on ART

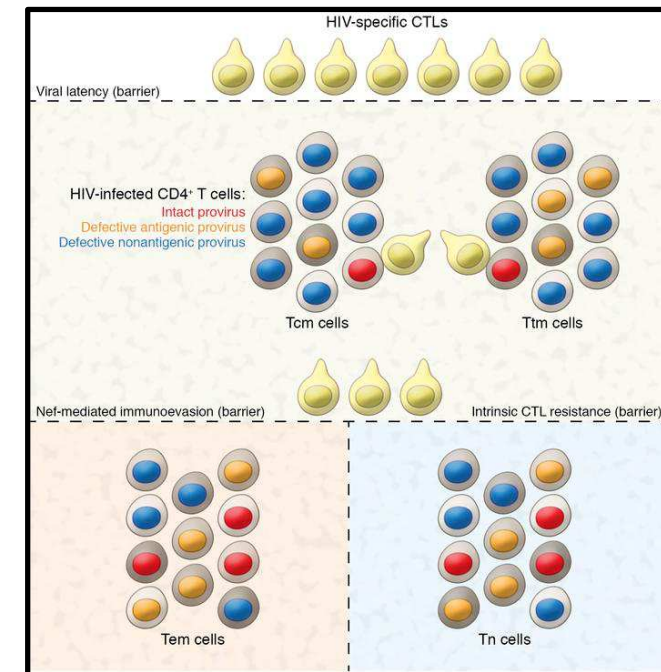
Einkauf KB, Lichterfeld M et al. Cell 2022



Collara J A, Ho Y et al., Immunity 2022



Duette G, Palmer S et al., JCI. 2022



EZH2 Inhibitors In HIV and Cancer Research

CLINICAL CANCER RESEARCH | TRANSLATIONAL CANCER MECHANISMS AND THERAPY

Targeting EZH2 Enhances Antigen Presentation, Antitumor Immunity, and Circumvents Anti-PD-1 Resistance in Head and Neck Cancer



Liye Zhou¹, Tenny Mudianto¹, Xiaojing Ma^{1,2}, Rachel Riley¹, and Ravindra Uppaluri^{1,3}

LETTER

doi:10.1038/nature11606

EZH2 inhibition as a therapeutic strategy for lymphoma with EZH2-activating mutations

Michael T. McCabe¹, Heidi M. Ott¹, Gopinath Ganji¹, Susan Korenchuk¹, Christine Thompson¹, Glenn S. Van Aller¹, Yan Liu¹, Alan P. Graves², Anthony Della Pietra III¹, Elsie Diaz², Louis V. LaFrance¹, Mark Mellinger¹, Celine Duquenne¹, Xinrong Tian¹, Ryan G. Kruger¹, Charles F. McHugh¹, Martin Brandt², William H. Miller¹, Dashyant Dhanak¹, Sharad K. Verma¹, Peter J. Tummino¹ & Caretha L. Creasy¹



cancers



Dramatic In Vivo Efficacy of the EZH2-Inhibitor Tazemetostat in *PBRM1*-Mutated Human Chordoma Xenograft

Thibault Passeri^{1,2,3}, Ahmed Dahmani¹, Julien Masliah-Planchon², Adnan Naguez¹, Marine Michou¹, Rania El Botty¹, Sophie Vacher², Rachida Bouarich⁴, André Nicolas⁵, Marc Polivka⁶, Coralie Franck², Anne Schnitzler², Fariba Némati¹, Sergio Roman-Roman⁷, Franck Bourdeaut⁴, Homa Adle-Biassette⁶, Hamid Mammari⁸, Sébastien Froelich³, Ivan Bièche² and Didier Decaudin^{1,9,*}

Cell Host & Microbe

Article

SMYD2-Mediated Histone Methylation Contributes to HIV-1 Latency

Daniela Boehm^{1,2}, Mark Jeng^{1,2}, Gregory Camus^{1,2}, Andrea Gramatica^{1,2,3}, Roland Schwarzer^{1,2,3}, Jeffrey R. Johnson¹, Philip A. Hull^{1,2}, Mauricio Montano^{1,2,3}, Naoki Sakane^{1,5}, Sara Pagans^{1,2}, Robert Godin⁶, Steven G. Deeks², Nevan J. Krogan^{1,4}, Warner C. Greene^{1,2,3} and Melanie Ott^{1,2,7,*}



H3K27 Demethylation at the Proviral Promoter Sensitizes Latent HIV to the Effects of Vorinostat in *Ex Vivo* Cultures of Resting CD4⁺ T Cells

Manoj K. Tripathy,^a Mary E. M. McManamy,^a Brandon D. Burch,^a Nancie M. Archin,^a David M. Margolis^{a,b,c}

Departments of Medicine,^a Microbiology and Immunology,^b and Epidemiology,^c University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

JOURNAL OF VIROLOGY, Sept. 2011, p. 9078–9089
0022-538X/11/\$12.00 doi:10.1128/JVI.00836-11

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Vol. 85, No. 17

Epigenetic Silencing of HIV-1 by the Histone H3 Lysine 27 Methyltransferase Enhancer of Zeste 2[∇]

Julia Friedman,¹ Won-Kyung Cho,¹ Chung K. Chu,² Kara S. Keedy,³ Nancie M. Archin,³ David M. Margolis,³ and Jonathan Karn^{1,*}

Department of Molecular Biology and Microbiology, Case Western Reserve University, Cleveland, Ohio 44106¹; College of Pharmacy, The University of Georgia, Athens, Georgia 30602²; and Departments of Microbiology and Immunology, Medicine, and Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina 27599³

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