



Can we use cellular markers to predict immunogenicity?

Elizabeth Jury

Centre for Rheumatology
Division of Medicine
University College London



26-Feb-2014



The research leading to these results has received support from the Innovative Medicines Initiative Joint Undertaking under grant agreement n° [115303], resources of which are composed of financial contribution from the European Union's Seventh Framework Programme (FP7/2007-2013) and EFPIA companies' in kind contribution

WP2: Cellular characterization and mechanisms of the AD immune response



- WP2.1: To understand the cellular mechanisms causing AD responses
- WP2.2: To characterise ADA structurally and functionally
- WP2.3: To identify genetic markers predisposing to BP immunogenicity
- Patient cohorts:
 - RA patients treated with TNF inhibitors (infliximab, adalimumab, etanercept), rituximab
 - IBD patients treated with TNF inhibitors
 - MS patients treated with IFN β and/or natalizumab
 - HA patients treated with FVIII
 - SLE patients treated with rituximab
- Considering including new BPs

UCL WP2 objectives



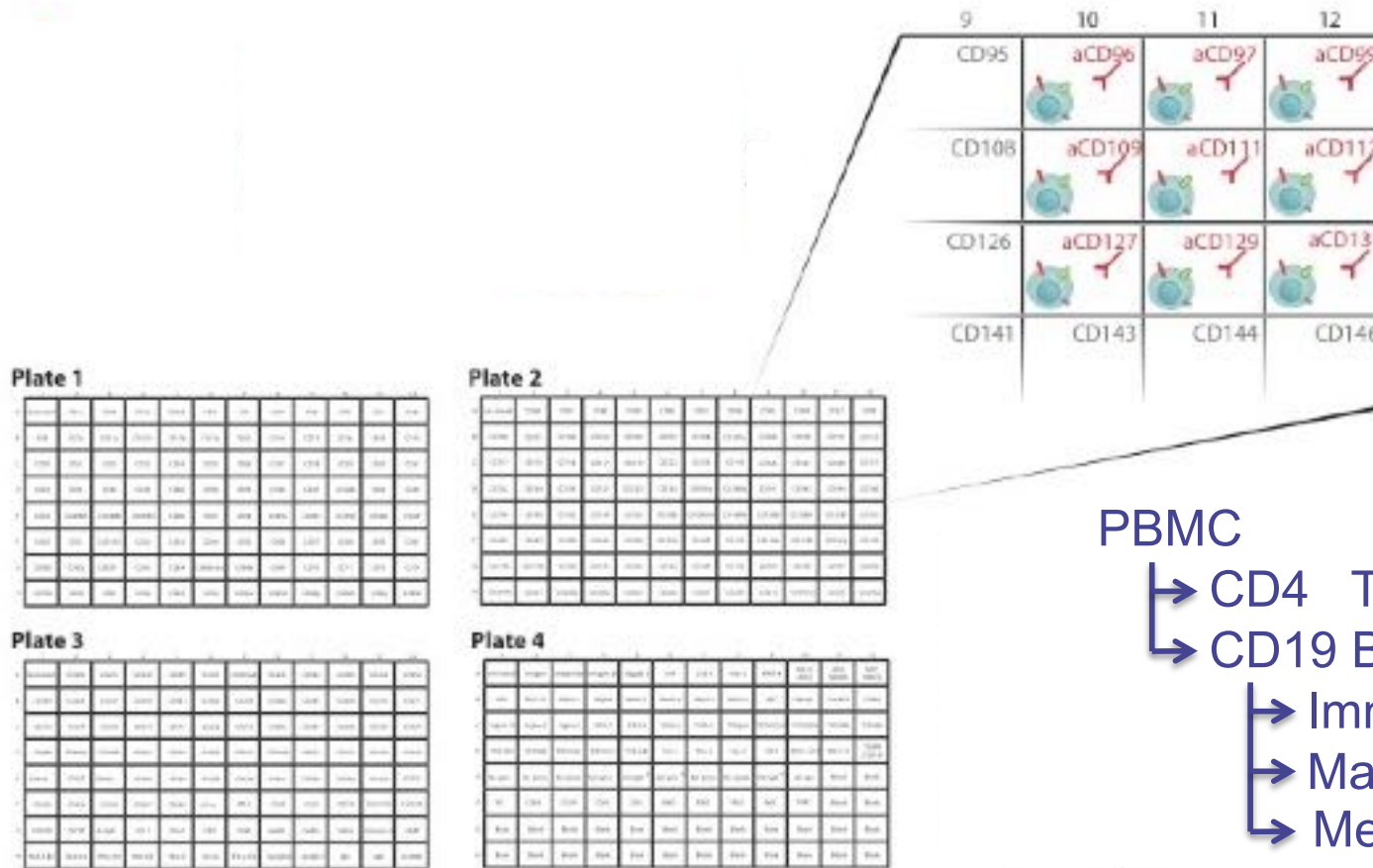
-
- WP2.1.1: Evaluation of early activation biomarkers as potential predictors of immunogenicity
 - Prospective: RA, MS, IBD
 - Cross sectional: RA, MS, SLE, IBD.
 - WP2.1.7 : Evaluation of B cell AD cellular response.
 - Cross-sectional: RA, MS, IBD, HA
 - WP2.1.8 : Numerical and functional analysis of regulatory B cells in ADA+/ADA- patients
 - Cross-sectional: pilot with RA, SLE then MS and HA
-

Global immunophenotyping as a tool to investigate immunogenicity



-
- A new methodology
 - Validation with healthy donors
 - Early Results
 - Studying B cell populations
 - Patients with MS
 - Ongoing plans
-

Novel flow cytometry platform: LEGENDScreen platform



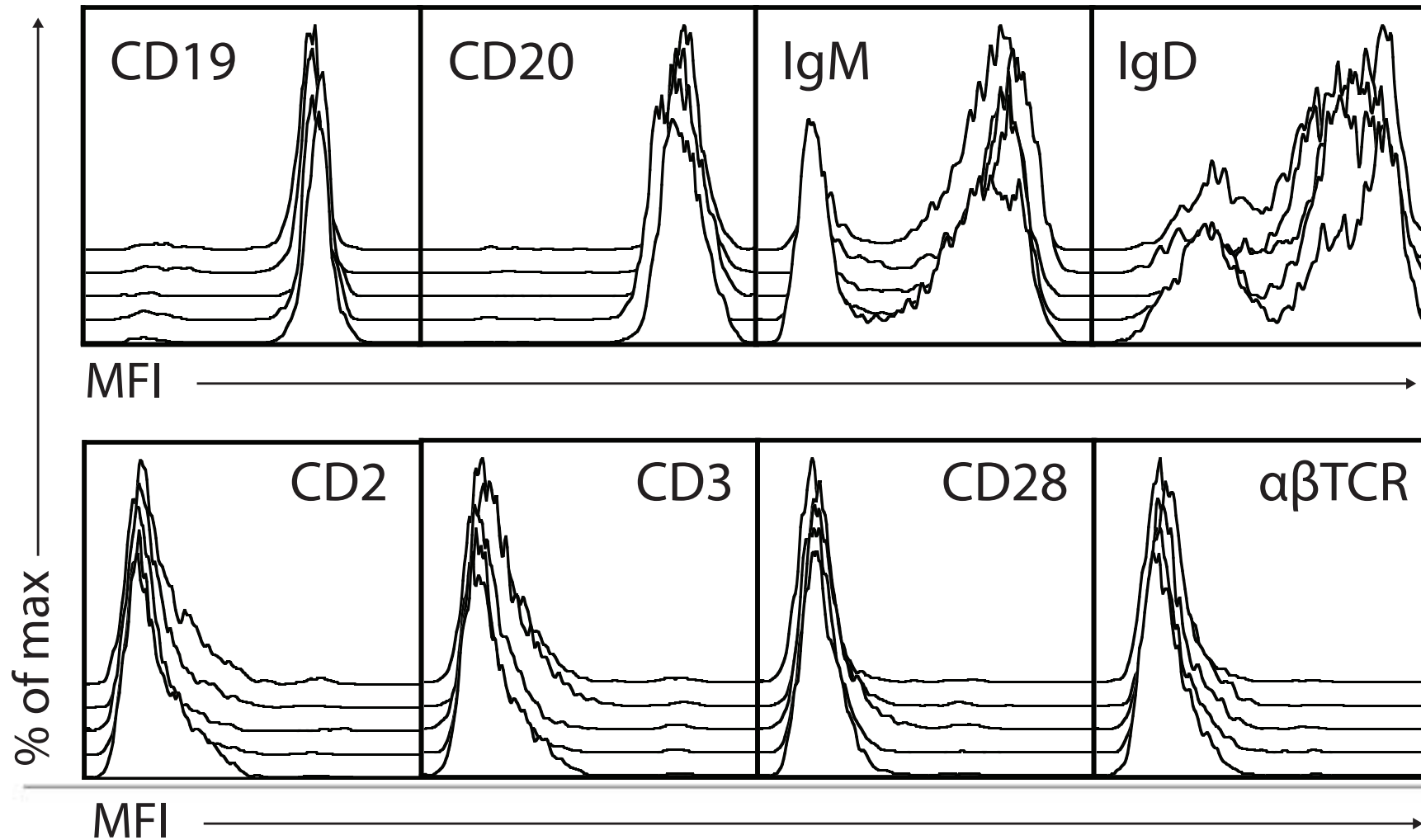
332 CD antigens in parallel

Validation: reproducibility

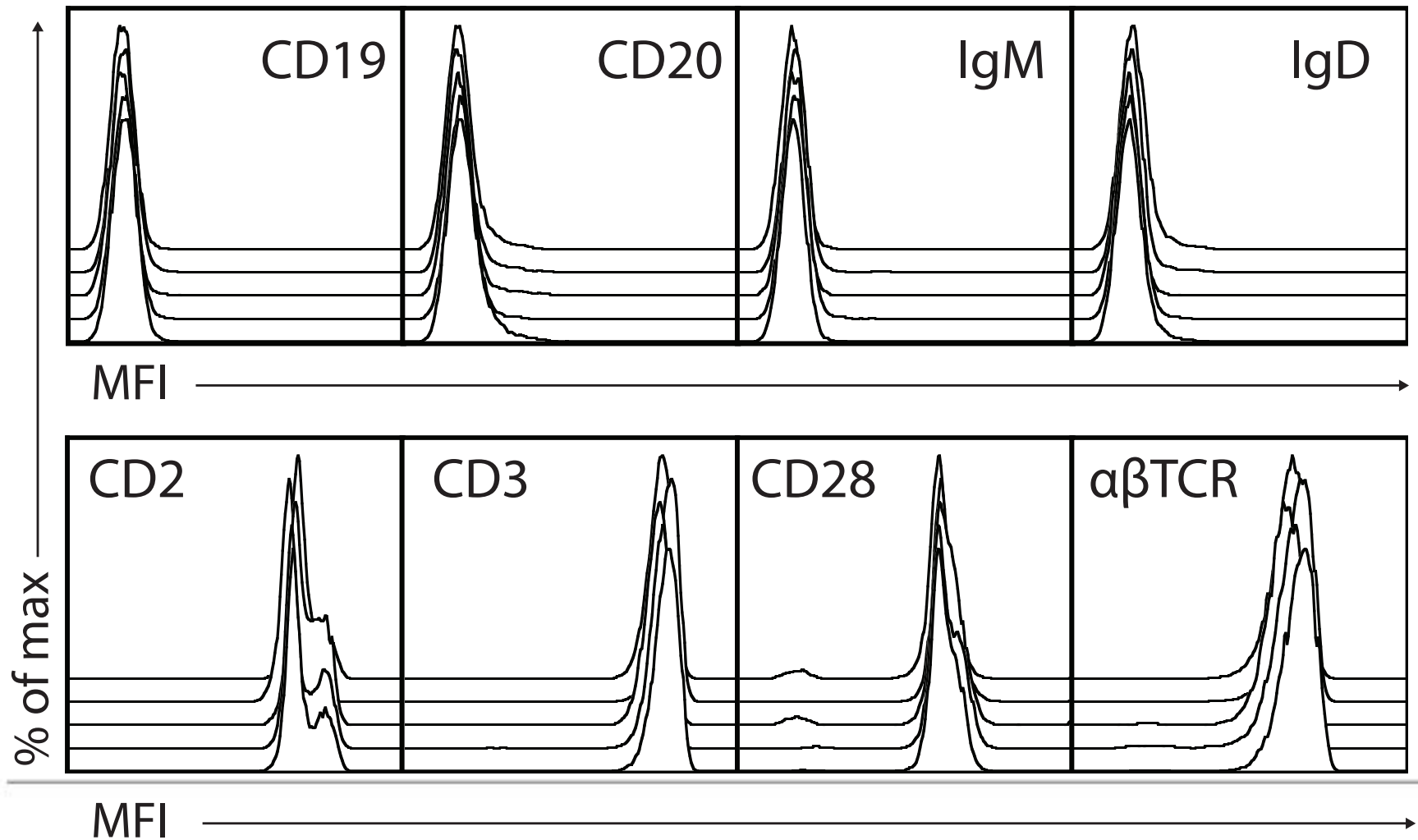


	PBMC	CD19+	CD4+
HC1			
HC2			
HC3			
HC4			
HC5			

Validation: CD19+ gate



Validation: CD4+ gate

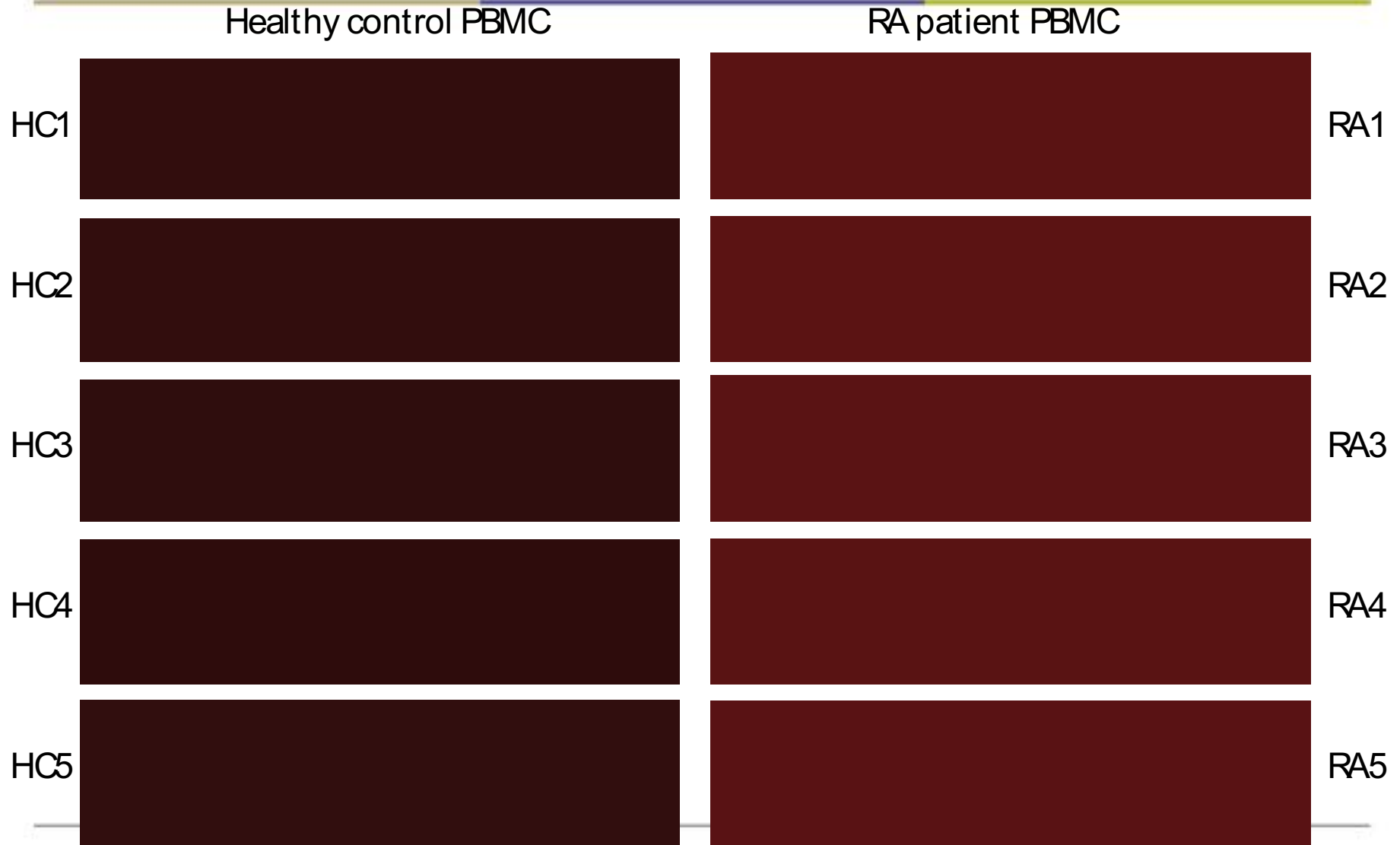


Healthy donors compared to RA patients



Age	Sex	Disease Activity Score	C-reactive Protein	Treatment
49	F	5.4	9.7	MTX HCQ
62	F	5.1	9.1	MTX SPZ
60	F	5.1	9.5	MTX SPZ
45	M	5.3	2.8	SPZ HCQ
61	F	5.6	10.7	SPZ

PBMC cell surface signature: Healthy vs RA

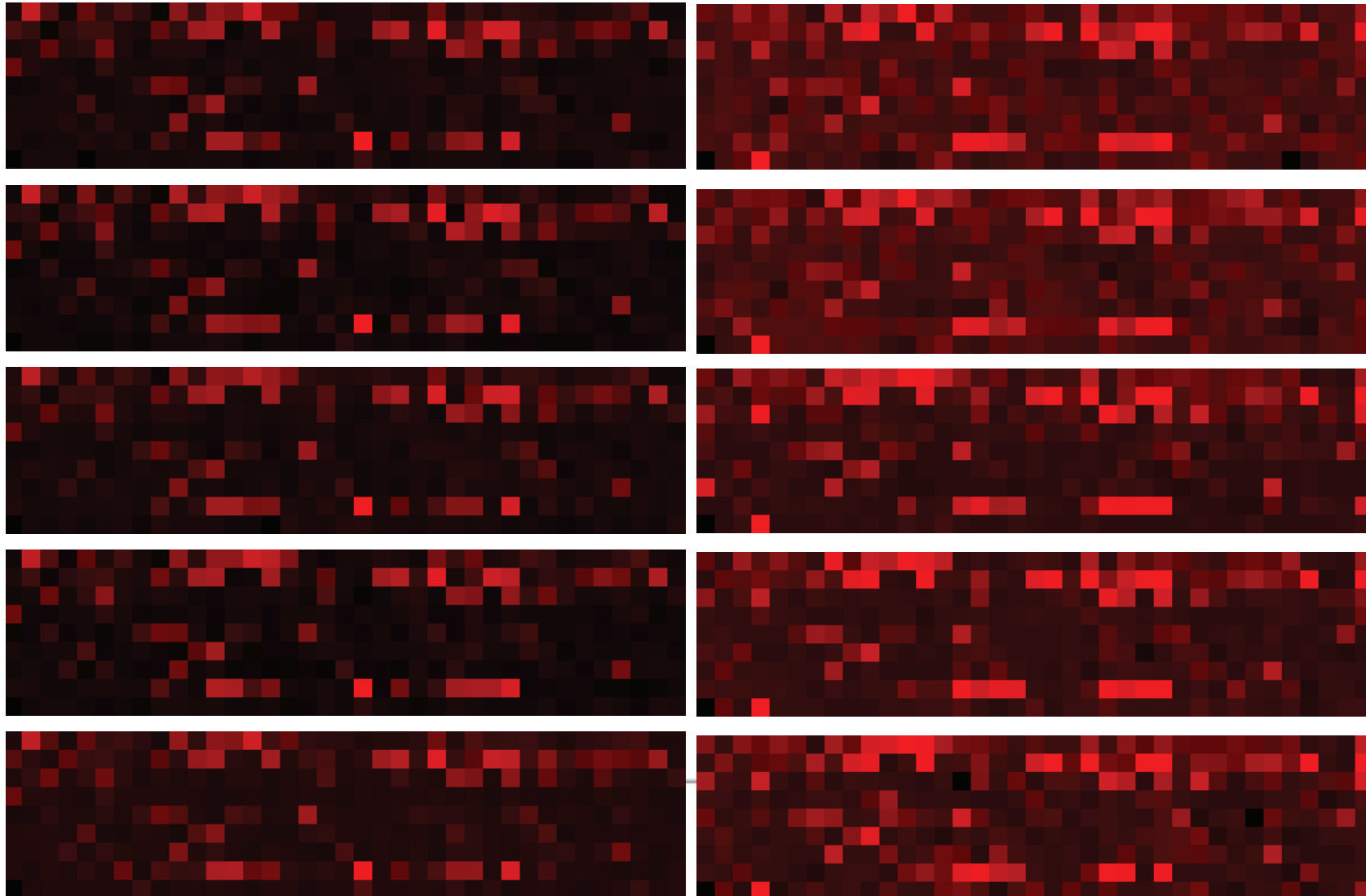


CD19⁺ profiling Healthy versus RA



Healthy

RA



Global immunophenotyping as a tool to investigate immunogenicity

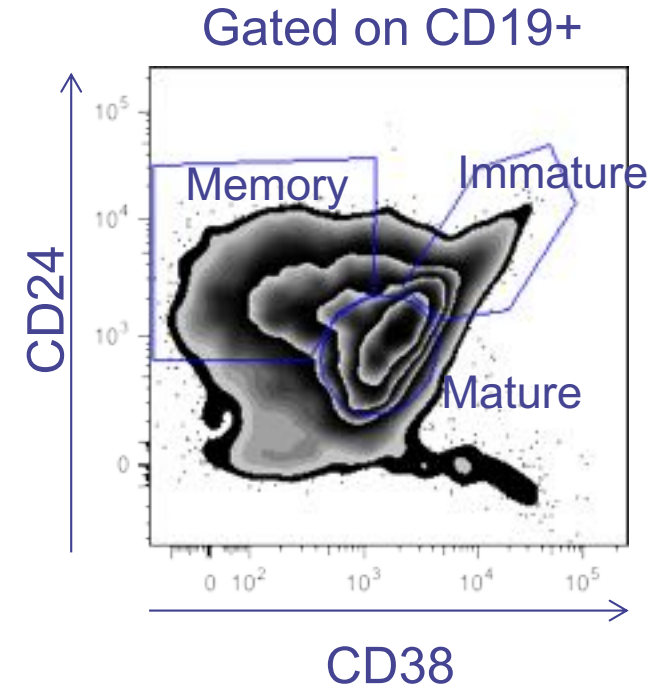
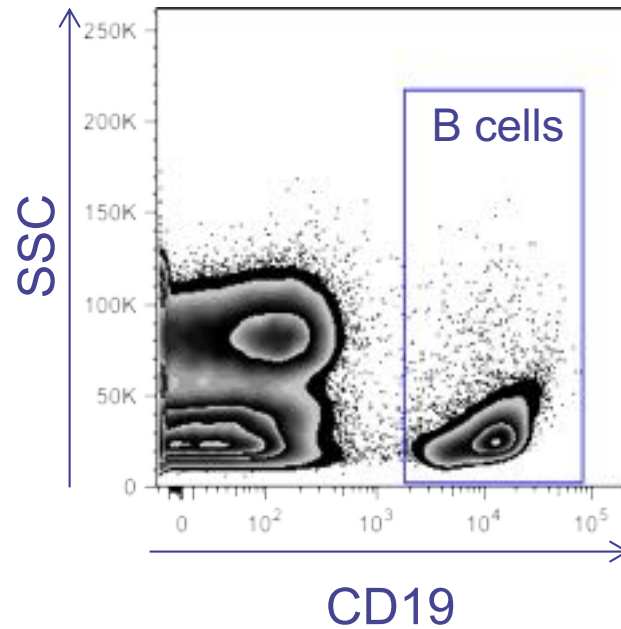
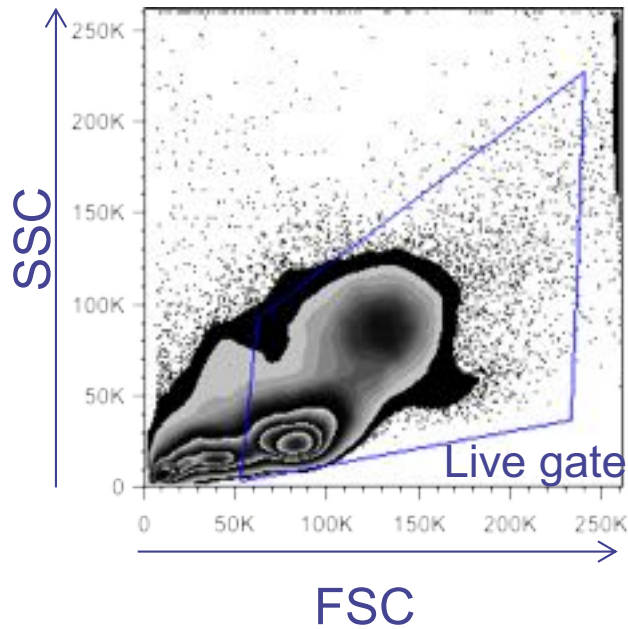


-
- A new methodology
 - Validation with healthy donors
 - **Early Results**
 - Studying B cell populations
 - Patients with RA, SLE and MS
 - Ongoing plans
-

B cell subpopulations in PBMCs

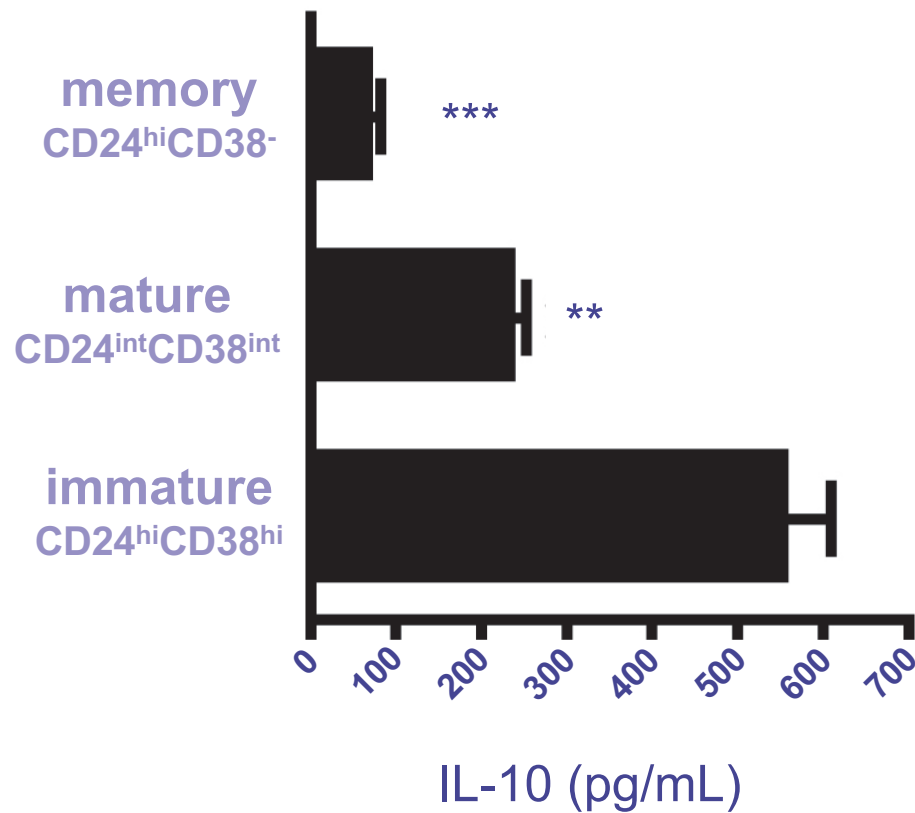


Gating strategy



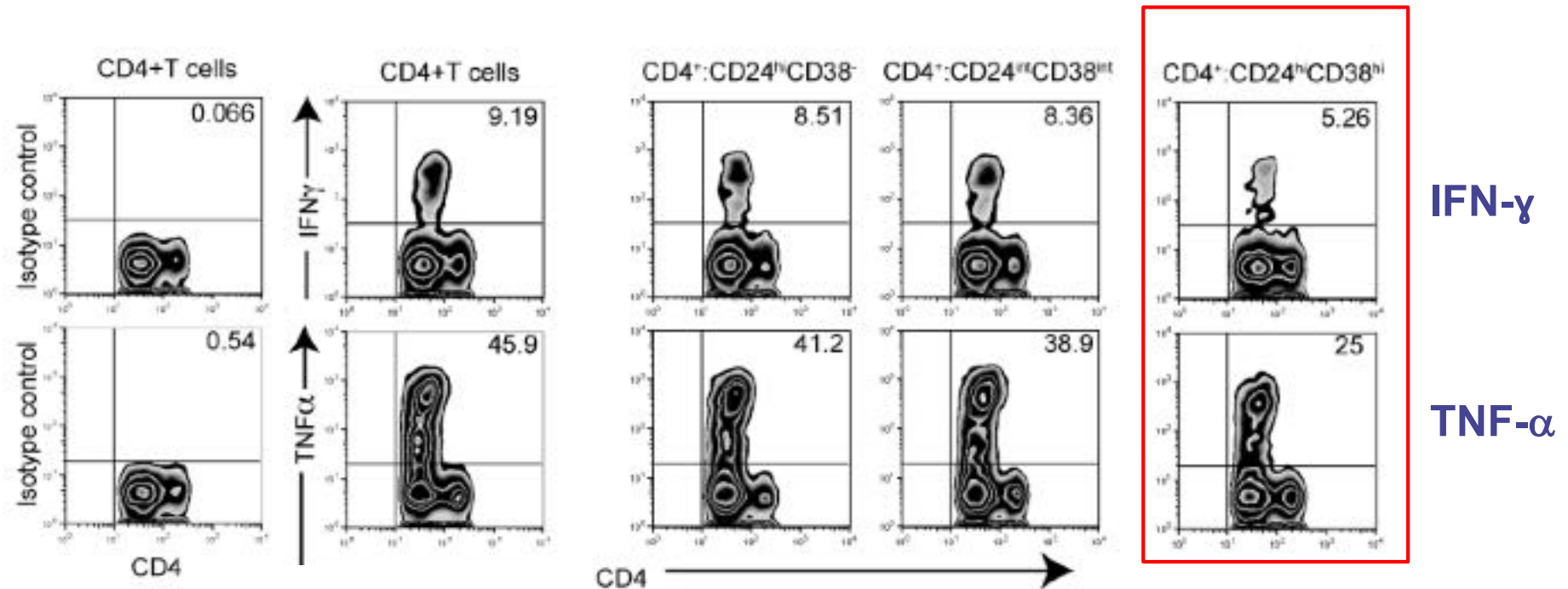
B cell subsets: Imm-Immature, Mat- Mature, Mem- Memory

Immature B cells produce IL-10



IL-10 producing B cells are enriched in the CD24^{hi}CD38^{hi} gate

Immature B cells suppress T cells

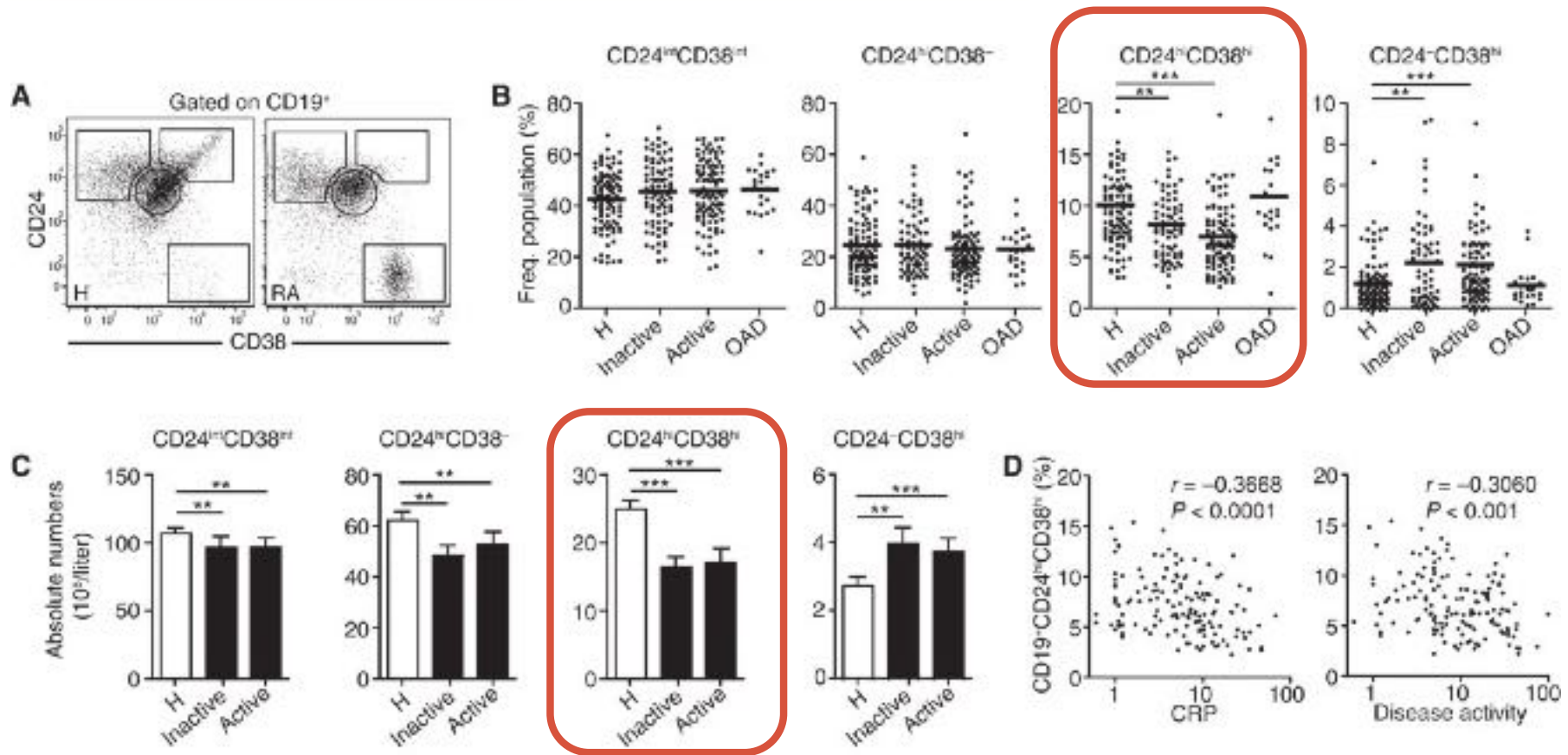


CD24^{hi}CD38^{hi} B cells suppress T helper cell differentiation

Blair et al. *Immunity*; 2010

Flores-Borja et al. *Science Trans Med*; 2013

B cell sub-populations Relevance to Autoimmunity

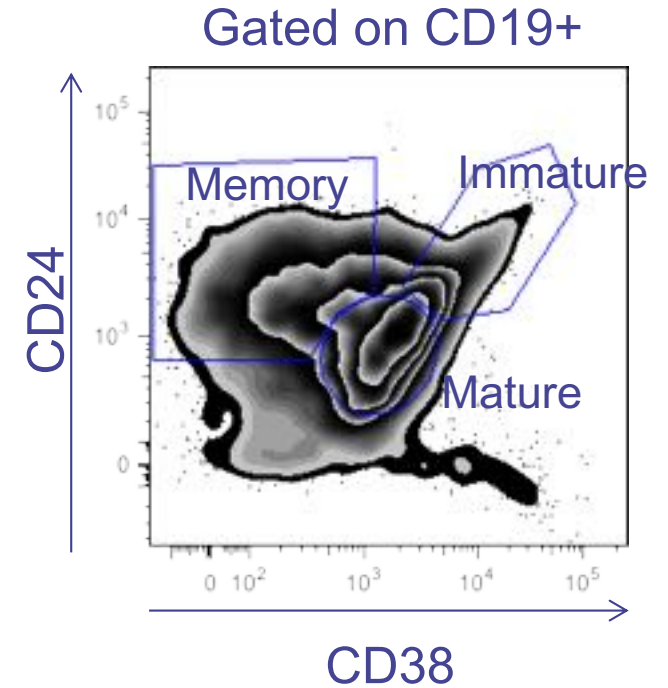
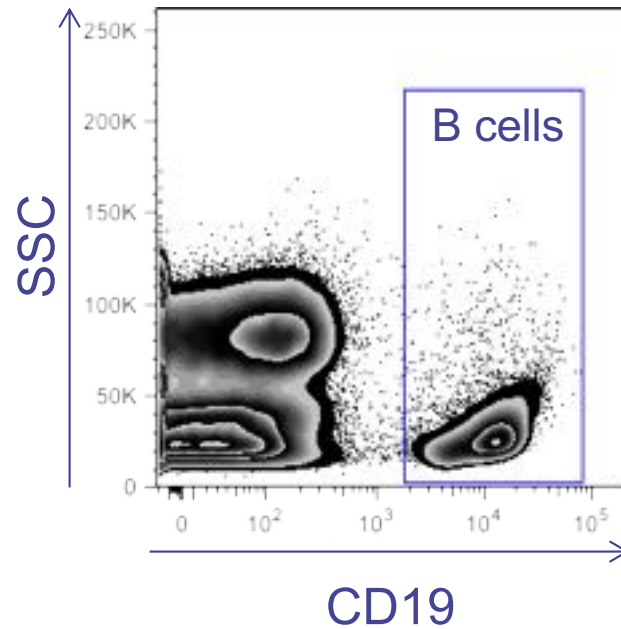
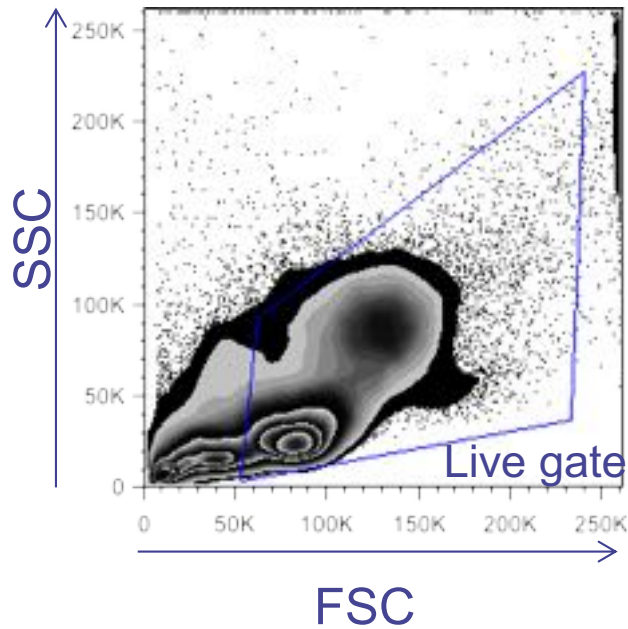


Number and frequency of CD24^{hi}CD38^{hi} B cells
are reduced in patients with active RA

LegendScreen gating strategy



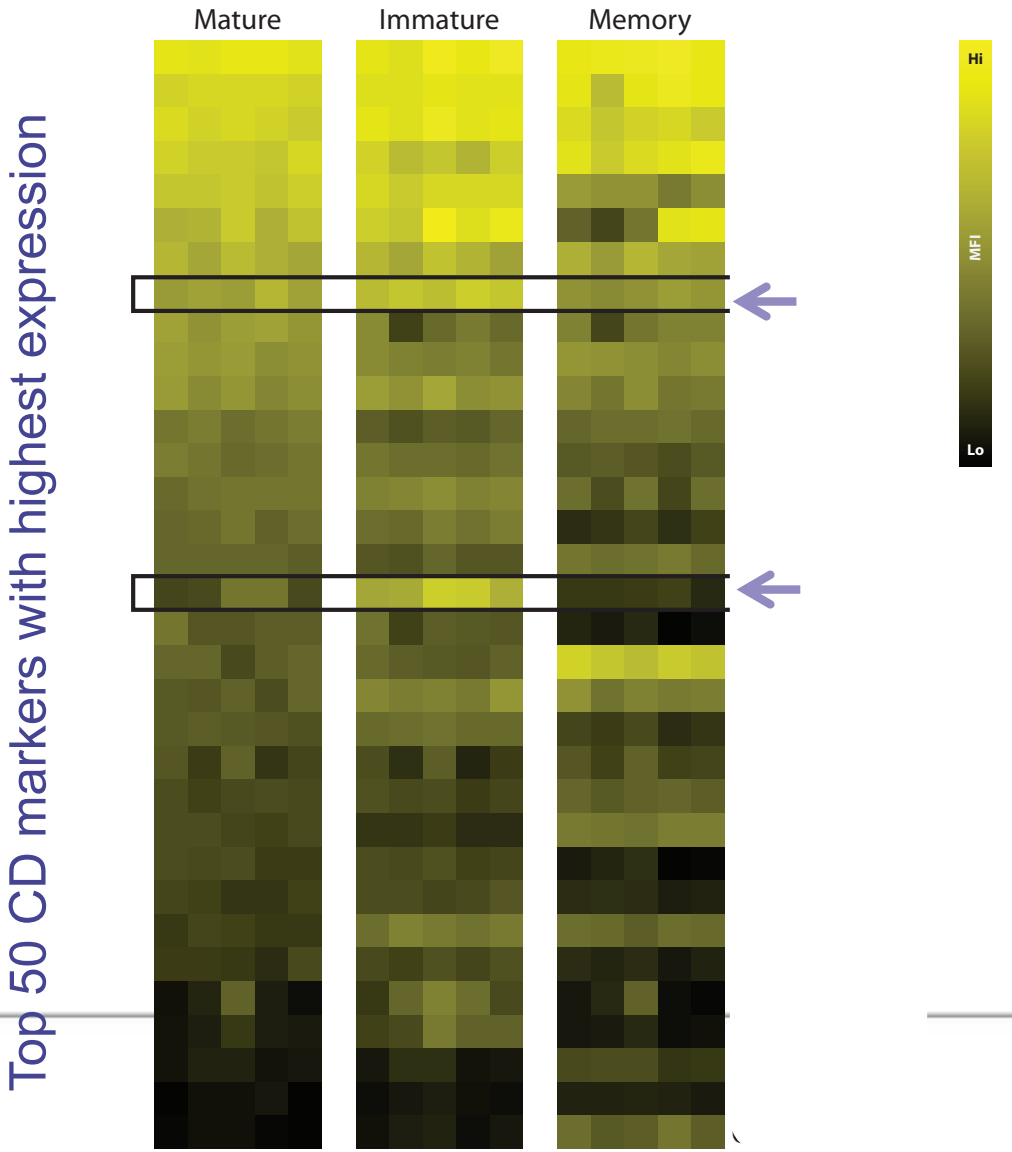
Gating strategy



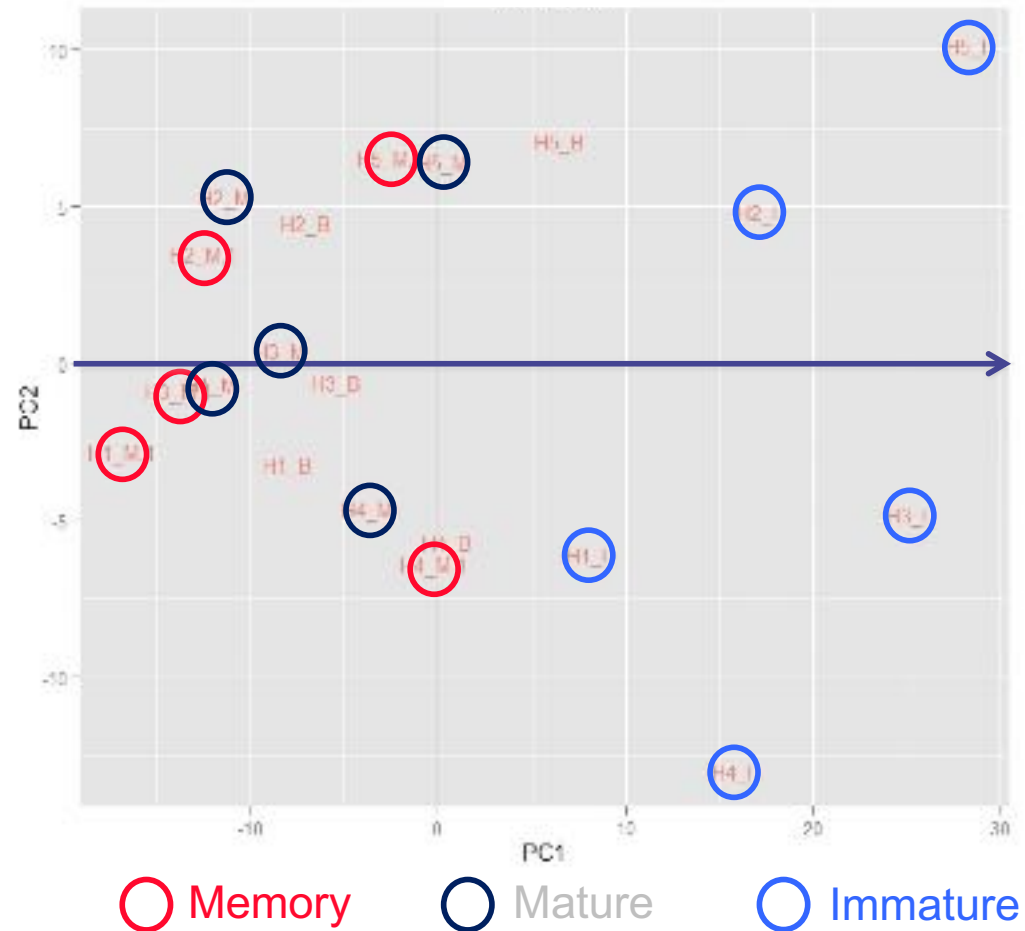
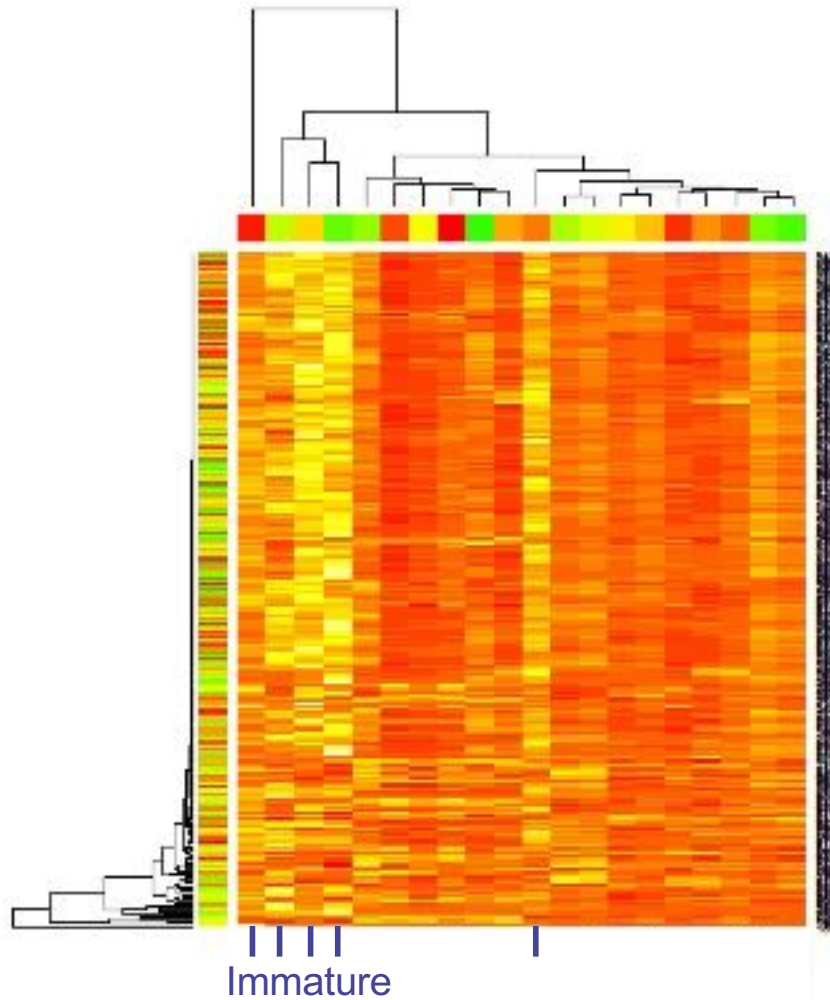
PLUS:
332 cell surface markers

B cell subsets: Imm-Immature, Mat- Mature, Mem- Memory

Results: B cell subsets have distinct expression profiles in healthy donors



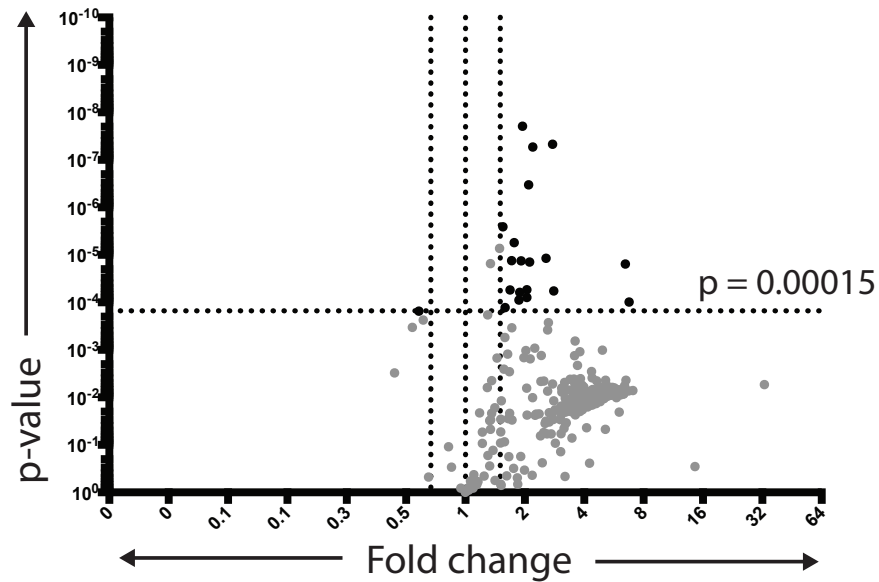
Comparing expression of 332 markers revealed that B cell subsets can be distinguished



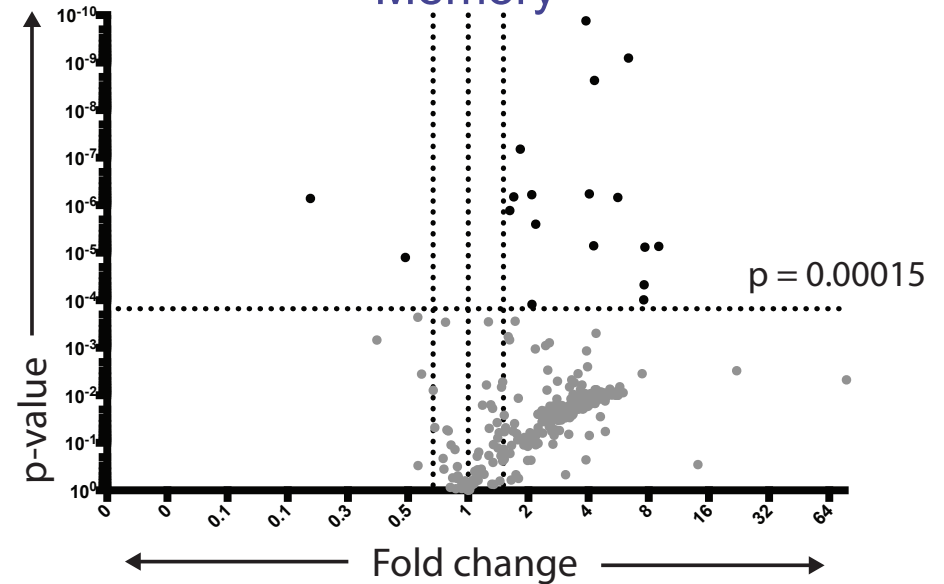
Specific markers show significantly altered expression in B cell subsets



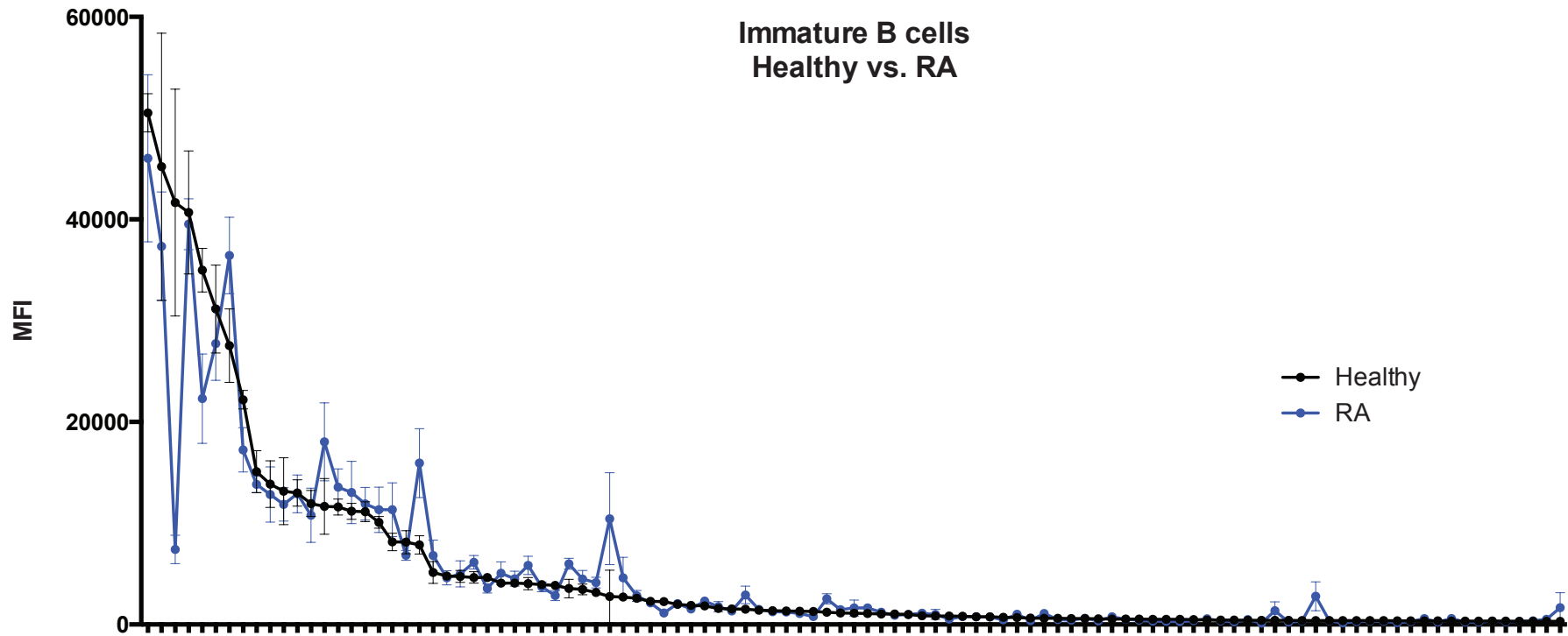
Immature vs. Mature



Immature vs. Memory

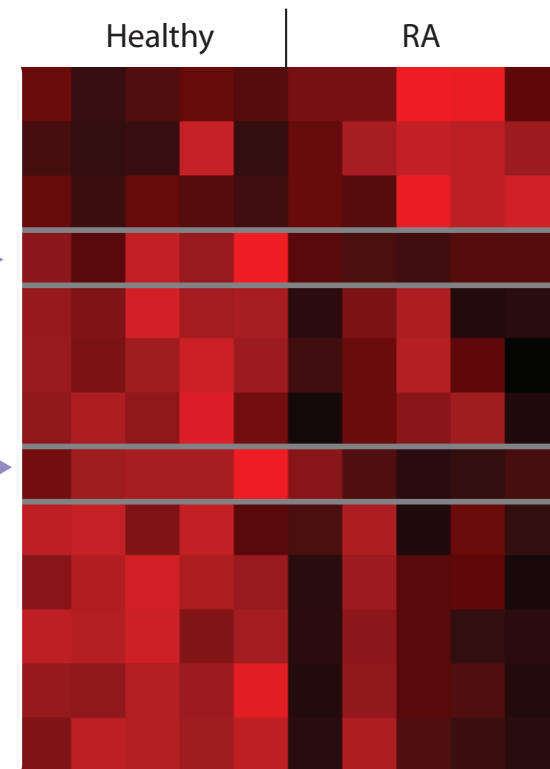
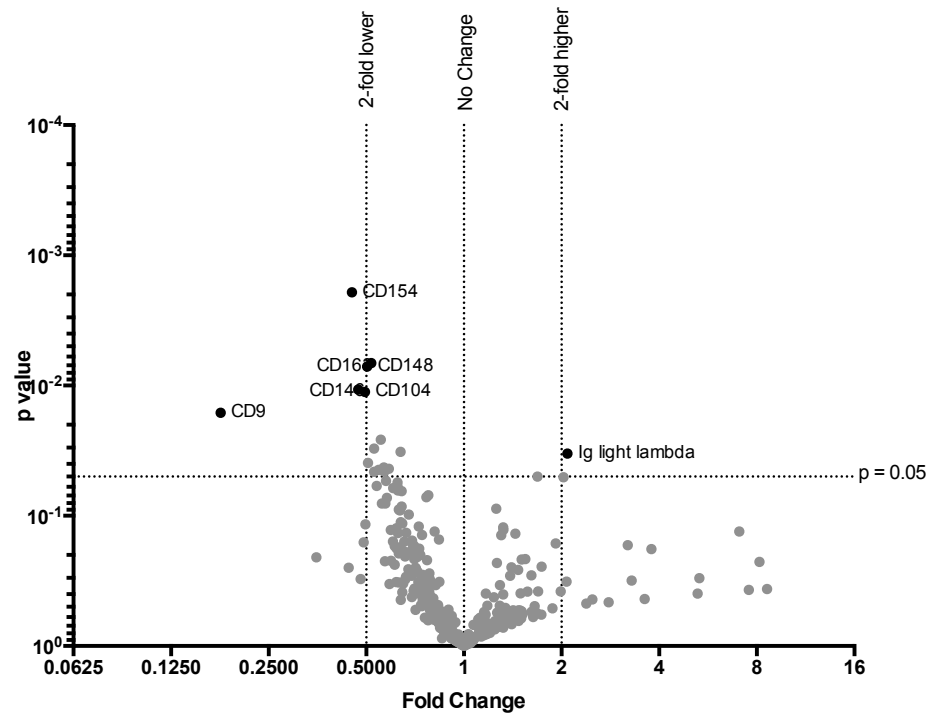


Comparison of Immature B cells from Healthy vs. RA patients revealed differential expression of some markers



Top 100 CD markers with highest expression

Several cell surface molecules have been identified as significantly different in RA compared to healthy immature B cells



Follow-up in ADA+ and ADA- patients

Summary 1



-
- Tool to define immature B cell phenotype
 - Clinical tool to identify differences in B cell phenotype in healthy donors and RA patients
 - Functional relevance of selected markers
-

Global immunophenotyping as a tool to investigate immunogenicity



-
- A new methodology
 - Validation with healthy donors
 - **Early Results**
 - Studying B cell populations
 - **Patients with MS (ADA+ vs ADA-)**
 - Ongoing plans
-

Differential Immunophenotype of ADA+ and ADA- MS patients

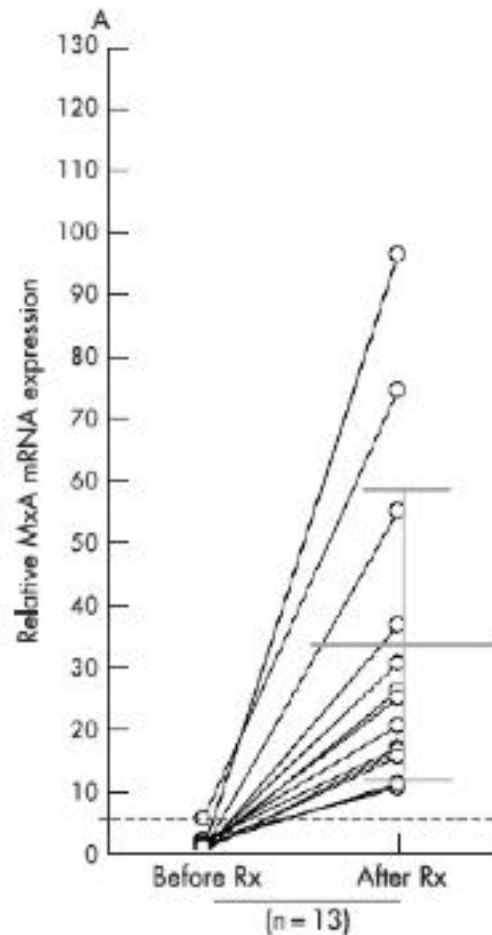


- 32 MS patient's (14 Male & 18 Female)
 - 10 CIS (clinically isolated syndrome)
 - 22 RRMS (remitting relapsing) patients
- EDSS (expanded disability status) between 1 and 4 (mean 2.09)
- Average age: 38.5 ± 9.5 years
- 22 treated with IFN-β 1a (11 Avonex™; 11 Rebif™)
- 10 treated with IFN-β 1b (6 Extavia™; 4 Betaferon™)
- Blood sampled 10-14h after last IFN-β injection
- 18 Assayed for MxA expression (13 high, 2 middle, 3 low)
- Neutralizing Abs determination: 11 positive / 25 assayed (44% of tested)
- Neutralizing Abs titre: unknown

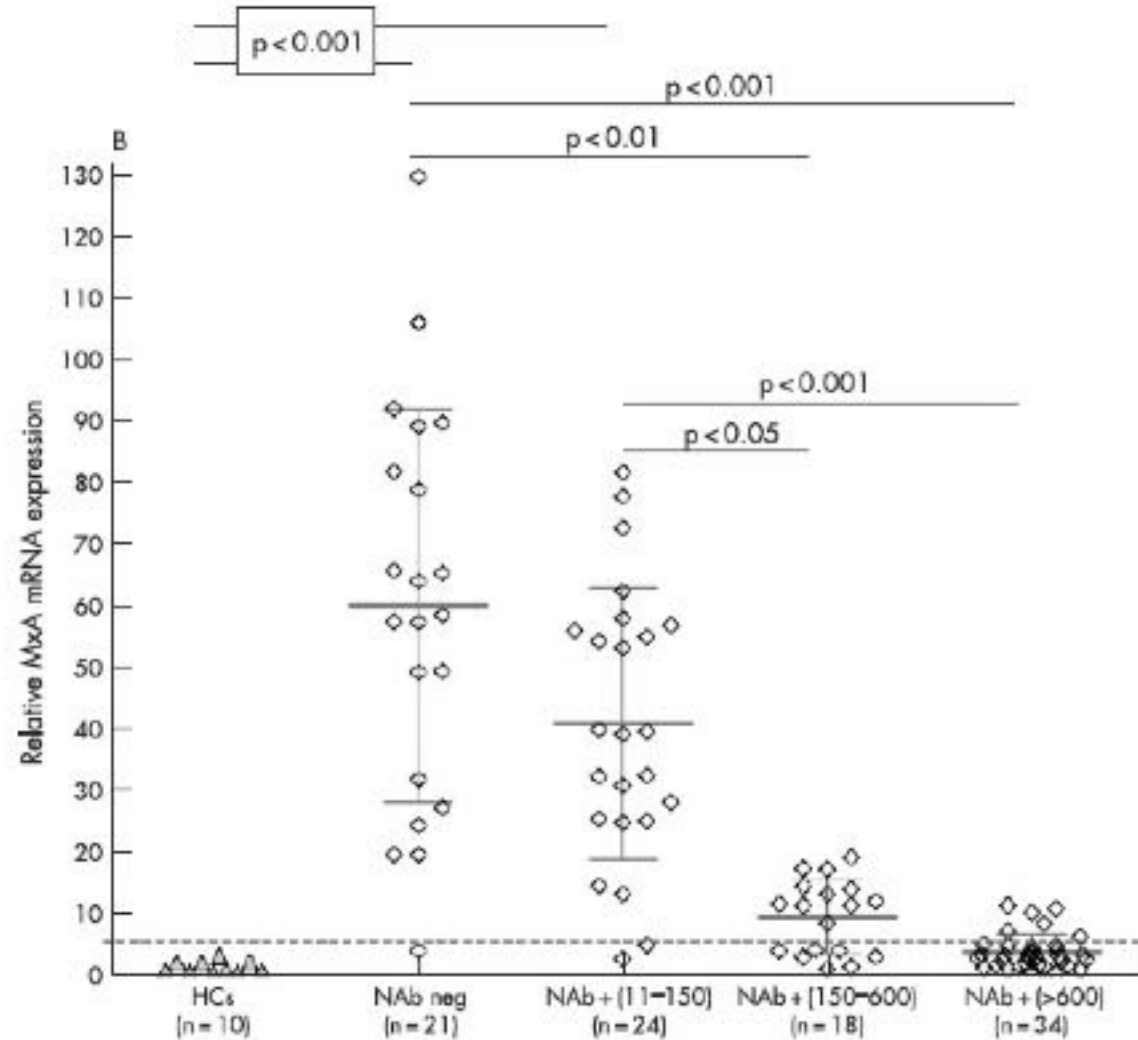
Rational for sample selection



MxA expression in negative controls before and after IFN β treatment



MxA expression in healthy controls and IFN β -treated MS patients with different NAb titres



ABIRISK Number	Gender	Birth Date	Time between last injection and blood sampling (hours)	MS Course	Date of onset	EDSS	Medication	MxA	NABs
Abirisk 008	M	23/12/1960	14	RR MS	15/03/2011	2.5	Avonex	High MxA	ND
Abirisk 009	M	09/12/1969	12	CIS	15/10/2006	4	Extavia	Low MxA	ND
Abirisk 013	F	09/02/1977	12	RR MS	15/06/1998	1.5	Betaferon	Low MxA	ND
Abirisk 023	M	18/11/1967	11	RR MS	15/04/2011	2	Avonex	High MxA	NABs Neg

Cell Populations of Interest



- Peripheral blood Tfh cells
 - Phenotype: CD4+CXCR5+;
 - IgM, IgG and IgA secretion (IL-21 & ICOS dependent);
 - B cell proliferation (IL-21 & ICOS dependent);
 - B cell differentiation in CD38+CD19^{lo} plasmablasts;
- Peripheral blood CD19+ B cells
 - Subpopulations phenotype:
 - CD19+CD24^{hi}CD38^{hi} (Transitional B cells- Bregs)
 - CD19+CD24^{int}CD38^{int} (Mature B cells)
 - CD19+CD24^{hi}CD38⁻ (Memory B cells)
- Myeloid Derived Suppressor Cells (MDSCs)
 - Phenotype: CD14+DR^{-/lo}
 - Reported to both suppress or enhance the autoimmune response in EAE

Plate 1

	1	2	3	4	5	6	7	8	9	10	11	12
A	Blank	CD7a	CD7b	CD7c	CD7d	CD7	CD4	CD5	CD6	CD7	CD8	CD9
B	CD9	CD10	CD11a	CD11b	CD11b (activated)	CD11c	CD12	CD14	CD15	CD16	CD18	CD19
C	CD20	CD21	CD22	CD23	CD24	CD25	CD26	CD27	CD28	CD29	CD30	CD31
D	CD32	CD33	CD34	CD35	CD36	CD38	CD39	CD40	CD41	CD43b	CD45	CD46
E	CD48	CD49A	CD49B	CD49D	CD49	CD47	CD48	CD49	CD50	CD51	CD52	CD54
F	CD58 (ICAM-3)	CD59	CD59a	CD59	CD59	CD59	CD59	CD56 (NCAM)	CD57	CD58	CD59	CD61
G	CD66	CD67	CD68 (P-selectin)	CD68	CD68	CD68a/c/e	CD68b	CD69	CD70	CD71	CD72	CD73
H	CD75	CD80	CD81	CD82	CD83	CD84	CD85a (SLC)	CD85d (SLC)	CD85g (SLC)	CD85h (SLC)	CD85i (SLC)	CD85k (SLC)

Plate 2

	1	2	3	4	5	6	7	8	9	10	11	12
A	Blank	CD66	CD67	CD68	CD68	CD69 (Pty)	CD75	CD84	CD85	CD86	CD87	CD88
B	CD100	CD101 (BB2)	CD102	CD103	CD104	CD105	CD106 (LAMP-1)	CD108	CD110	CD111	CD112 (Mucin-4)	
C	CD114	CD115	CD116	CD117 (c-Kit)	CD119 (P-tyrosine chain)	CD122	CD123	CD124	CD126 (E-cad)	CD127 (E-cad)	CD129 (E-cad)	CD131
D	CD132	CD134	CD135	CD137 (4-1BB)	CD137 (4-1BB-1)	CD138	CD140a	CD140b	CD141	CD143	CD144	CD145
E	CD146	CD147 (SIAMF)	CD151	CD154	CD155 (PAR)	CD156 (CDAM-10)	CD156a/b	CD156c (NKAM-1)	CD158	CD159 (NKG2)	CD160	CD161
F	CD162	CD163	CD164	CD166	CD166	CD167 (CD30)	CD169	CD170 (Siglec-10)	CD171a (CD34)	CD171b (CD34)	CD172 (CD34)	CD173 (CD34)
G	CD179a	CD179b	CD180 (P-180)	CD181 (CD181)	CD182 (CD182)	CD183	CD184 (CD184)	CD185 (CD185)	CD186	CD187 (CD187)	CD188 (CD188)	CD189 (CD189)
H	CD200 (CD200)	CD201 (CD201)	CD202b (CD202b)	CD202c (CD202c)	CD205 (CD205)	CD206 (CD206)	CD207 (CD207)	CD209 (CD209)	CD210 (CD210)	CD211 (CD211)	CD212 (CD212)	CD213 (CD213)

Plate 3

	1	2	3	4	5	6	7	8	9	10	11	12
A	Blank	CD220	CD221 (SLIT1B)	CD225 (SPAM1)	CD229 (Ly-9)	CD231 (TAL1)	CD232a/b	CD242	CD244 (CD44)	CD245 (p29/240)	CD252 (CD40L)	CD253 (CD40)
B	CD264	CD265 (FHL-2)	CD267 (SART1)	CD268 (LIG1)	CD269 (CD40)	CD282 (SRS)	CD283 (SRS)	CD286 (E-cad)	CD287 (SRS)	CD288 (SRS)	CD289 (SRS)	CD291
C	CD292 (SRS)	CD294 (SRS)	CD295 (SRS)	CD296	CD297	CD298 (CD29)	CD299 (CD29)	CD302 (CD30)	CD304 (CD30)	CD306 (CD30)	CD307	CD308
D	CD309	CD309a (SRS-2)	CD309b	CD309	CD309	CD309	CD309	CD309	CD309	CD309	CD309	CD309
E	CD304 (Ludhose)	CD305	CD306 (S-CAM)	CD308 (Siglec-7)	CD309 (S-CAM)	CD315 (NKp46)	CD316 (NKp46)	CD317 (NKp46)	CD318 (NKp46)	CD319 (NKp46)	CD320 (NKp46)	CD321
F	CD322 (NTR-A)	CD324 (NTR-1)	CD326 (SIRPB)	CD327 (SIRPB)	CD328 (SIRPB)	CD329 (SIRPB)	CD330 (SIRPB)	CD331 (SIRPB)	CD332 (SIRPB)	CD333 (SIRPB)	CD334 (SIRPB)	CD335 (SIRPB)
G	CD336	CD337	CD338 (S-Olefin Receptor)	CD339	CD340	CD341 (TRAMP)	CD342	CD343 (SIRPB)	CD344 (SIRPB)	CD345 (SIRPB)	CD346 (SIRPB)	CD347 (SIRPB)
H	HLA A,B,C	HLA D2	HLA DQ	HLA DR	HLA E	HLA G	IRF-1/IRF-3 chain	IRF-4/IRF-5 chain	IRF-6/IRF-7 chain	IRF-8/IRF-9 chain	IRF-10/IRF-11 chain	IRF-12/IRF-13 chain

Plate 4

	1	2	3	4	5	6	7	8	9	10	11	12
A	Blank	Integrin α5β1	Integrin β4	Integrin β7	Jagged 2	LAP	LTβR	Muc 2 (Galactin-2)	MUC1	MUC1/MUC2	MUC1/MUC2	MUC1/MUC2
B	MSC (WPC)	MSC and NPC (WPC)	MSC-1 (MSC)	NP90	Notch 1	Notch 2	Notch 3	Notch 4	NPC (WPC)	Polysialin	Pro-CD3	PSMA
C	Siglec-10	Siglec-6	Siglec-7	SSA-1	SSA-4	SSA-6	SSA-8	SSA-9	TCR β/ε	TCR β/ε-1	TCR β/ε-2	TCR β/ε-3
D	TCR Vα2	TCR Vα5	TCR Vα24-Jα18	TCR Vα2	TCR Vβ	Tim-1	Tim-2	Tim-3	Tim-4	Tim-5	Tim-6	Tim-7
E	Mo IgL1, eITCL	Mo IgG2a, eITCL	Mo IgG2b, eITCL	Mo IgG1, eITCL	Mo IgM, eITCL	Mo IgG1, eITCL	Mo IgG2a, eITCL	Mo IgG2b, eITCL	Mo IgG1, eITCL	Mo IgG2a, eITCL	Mo IgG2b, eITCL	Mo IgG1, eITCL
F	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank
G	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank
H	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank	Blank

Preliminary Data



High MxA Expression

Low MxA Expression

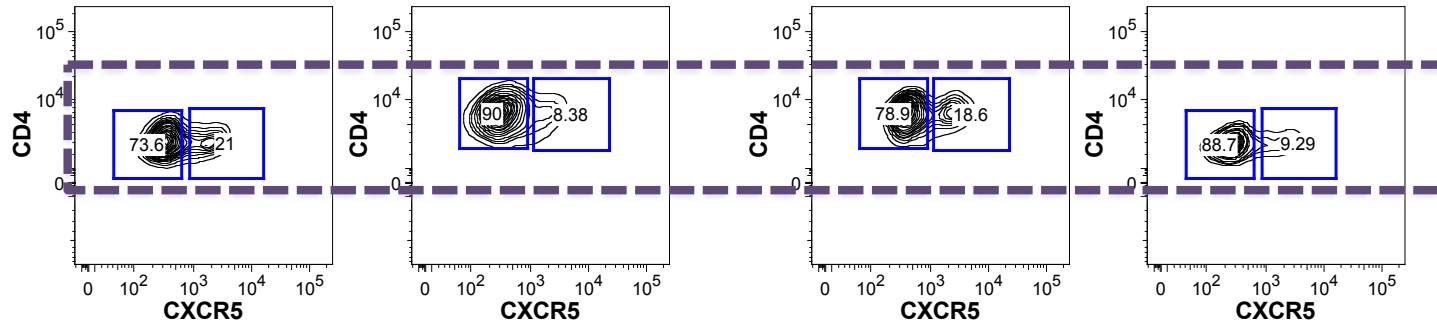
PT8

PT23

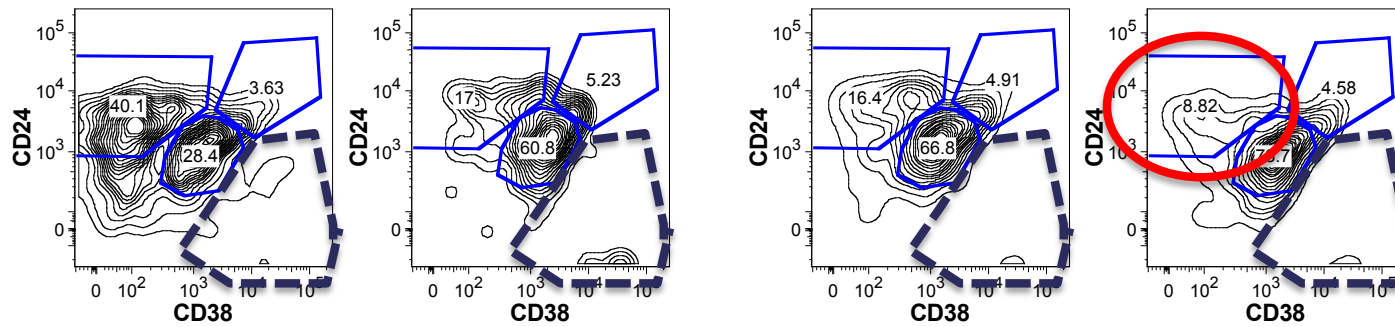
PT9

PT13

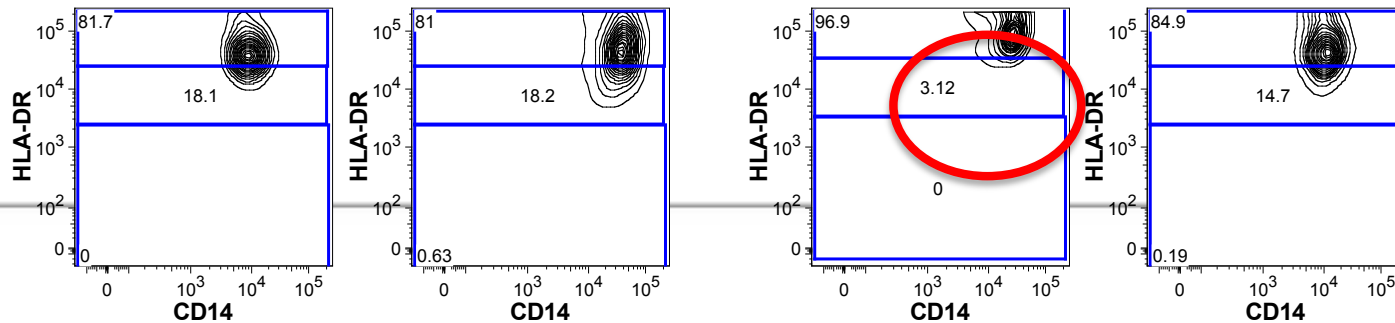
Tfh



B cells



MDSCs



B cells Activation Markers

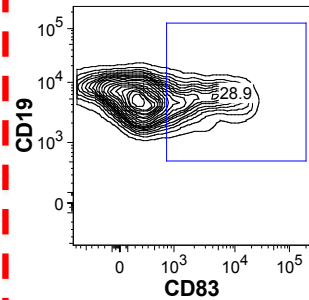


High MxA Expression

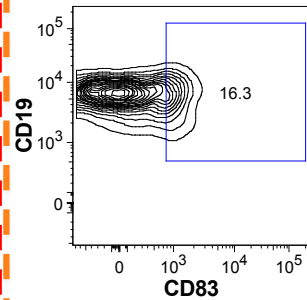
Low MxA Expression

CD19+ Cells

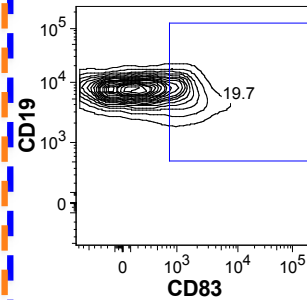
PT8



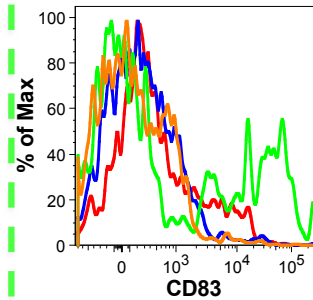
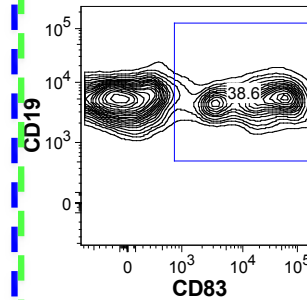
PT23



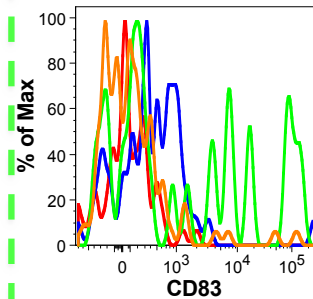
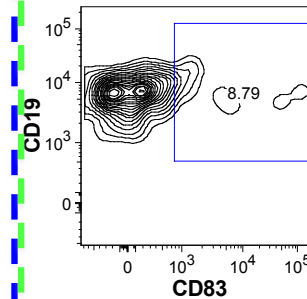
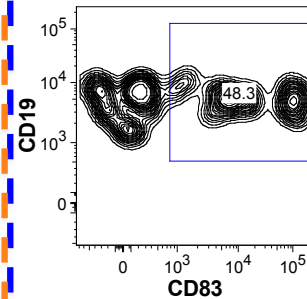
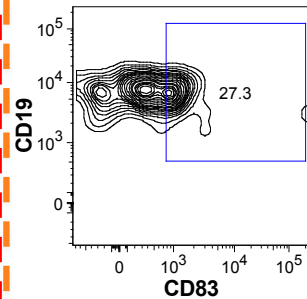
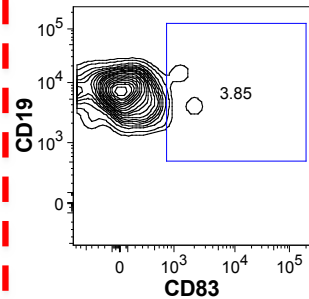
PT9



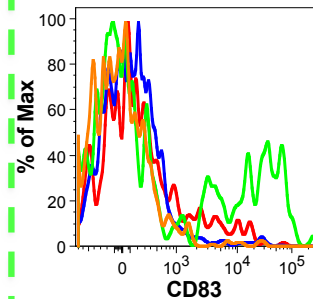
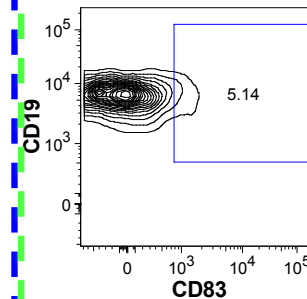
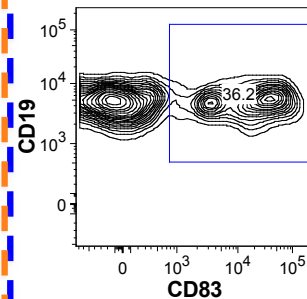
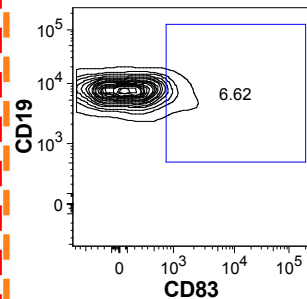
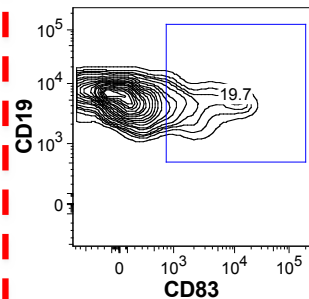
PT13



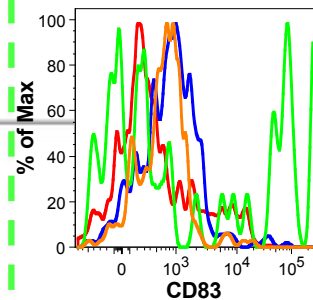
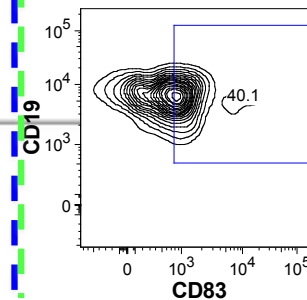
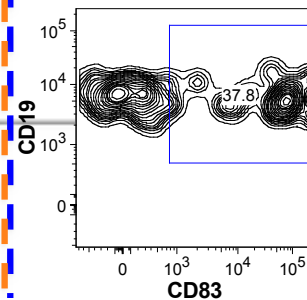
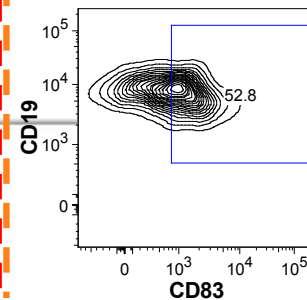
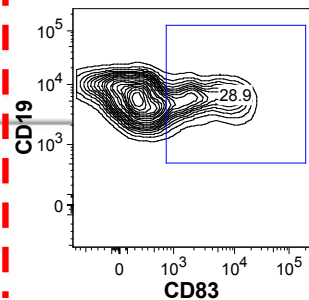
Immature B



Mature B



Memory B



Conclusions

- Performing LegendScreen analysis on ADA+ and ADA- samples from patients with MS, RA and SLE, IBD cohort to follow
- Developing strategies to analyse the data – advanced statistical help
- Develop custom phenotyping panels for screening the prospective cohorts
- Identified markers analysed further for biological significance

Acknowledgements



UCL

Claudia Mauri: WP2 leader

Marsilio Adraini

William Sanderson

Jessica Manson

David Isenberg

Paul Blair

Jamie Evans

ABIRISK Partners:

Pierre Dönnès: WP4

Anna Fogdell-Hahn

Eva Havrdova

Petra Nytrova

Paul Creeke

Enrico Maggi

Vijay Mhaiskar



www.abirisk.eu

