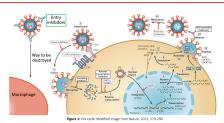
# Challenging HIV with antibodies

# HIV prevention & treatment

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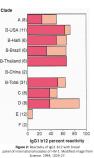
# **Introduction & Objectives**

- · The origin of Human Immunodeficiency Virus (HIV) is unknown, but the most accepted theory is the hunter theory
- · HIV is a Retroviridae Lentivirus virus
- This virus has a complex structure & cycle that allow the virus to evade the immune system
- Good antibodies against HIV are not often produced but some infected-individuals do and neutralize the virus efficiently forbidding the entrance of the virus to the cell

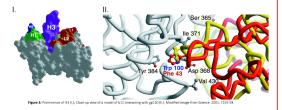


· Analyzing the most potent antibodies such as CD4-binding site, understanding where these antibodies are generated (germinal centers (Fig. 5)) and explaining the progress that it has been achieved on this field, are the objective of this review, thanks to the methodology that is based on the understanding of the studies conducted for over more than 20 years

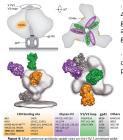
# Beginnings of HIV-1 antibodies



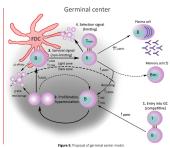
- In the 90s the first group of antibodies against the HIV was found
- b12 was tested against 14 different primary isolated and it showed the capacity of neutralize them at 50% in low titers, in contrast with a pooled human plasma preparation that only neutralized 10 out of these 14
- 69 international isolates from 6 different clades were tested against b12, showing that b12 has the capacity to neutralize most of them (Fig. 2)
- A model of b12 interacting with gp120 was done to see which aminoacids interact, and the model showed that H3 and Trp100 are important for the antibody binding (Fig. 3)



## bNAbs: progress in the field



- · b12 and another antibodies such as 4E10 and 2G12 originate the first generation of broad neutralizing antibodies (bNAbs), but second generation have been generated (Fig. 4)
- bNAbs have some characteristics in common that confer them special properties:
  - High rate mutation
  - "On" rate and "off" rate, define the affinity of the antibody
  - Framework regions mutated
  - CDRH3 offers the capacity to penetrate the glycan shield



- $\cdot$  RV144 was the largest clinical trial on HIV vaccines treating humans due to the amount of individuals studied (approximately 18000)
- $\cdot$  This vaccine is a combination of two viral vectors which contain specific HIV proteins so as to generate antibodies against them and make the patients immunized against HIV
- · The final efficiency of this trial was 31.2%
- · In the Fig. 6, the results which were obtained in a case-control ... such that it is a case-control assay to check a cellular immune responses on antibodies are shown

### Alternative methods to attack HIV

· AAV vector is used to

produce the antibody

· In vivo trials were done

in mice and Rhesus

macaques showing great

should be done to assess

the neutralization

human beings

- Man-escalation trials

against HIV-1

results

#### Gene therapy

#### Gene therapy is used to generate an alternative vaccine due to the fact that conventional vaccines are not working

The antibody consists on a combination of a CD4-Ig and a CCR5mim



- bNAbs were used to originate a molecular
  - composition to attach one of these molecules to a single spike (Fig. 8) · This molecular composition consists on a homodimer

Molecular compositions

(intra-spike crosslinking)

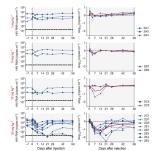
or heterodimer of bNAbs binding regions as b12 or BCN60 which are used in this assay



Experiments in vitro showed great responses but in vitro studies should be made as other combinations composition

# State of art

#### First-in-man dose escalation trial with bNAbs



- 3BNC17 is the antibody chosen to do this assay due to its potency as CD4-binding site
- Infected and uninfected patients where studied and the results proved that 3BNC17 doesn't originate any adverse reaction
- · 30 mg kg -1 was the major dose inoculated and the one which showed a greater descent of HIV The average is 28 days but in some infected
- individuals viral levels didn't reach their baseline after 56 days
- Resistance was shown in some infected patients whereas in others low or no resistance appeared at all
- To sum it up, 3BNC17 could be a good therapy combined with other antibodies or drugs because 3BNC17 is not enough to control viral levels

## Conclusions & future proposals



1. Recent studies have achieved great approximations in the vaccine and cure fields



However, no vaccine or cure has been discovered yet



High rate mutation is the worst problem to resolve so as to forbid HIV evasion



References

Germinal centers are the most accepted places where bNAbs could be generated spontaneously



Gene therapy like eCD4-Ig vaccine must be used consciously because immune system is not working by itself



New therapies should be tested like combinations of drugs and antibodies that induce the activation of the genome of infected cells helping the virus eradication



Customized treatment could be a great approach to treat infected patients because HIV has many different clades and each one evolves differently



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