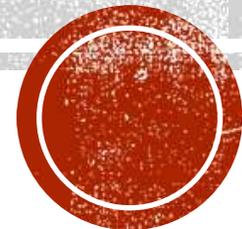


# **OLFACTORY MUCOSA**

## **THE RESERVE OF HIV RESERVOIRS?**

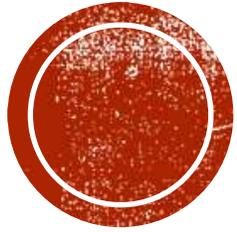
Mattia Trunfio, MD  
Department of Medical Sciences,  
University of Torino

  
16<sup>th</sup> Residential Course  
on Clinical Pharmacology  
of Antiretrovirals

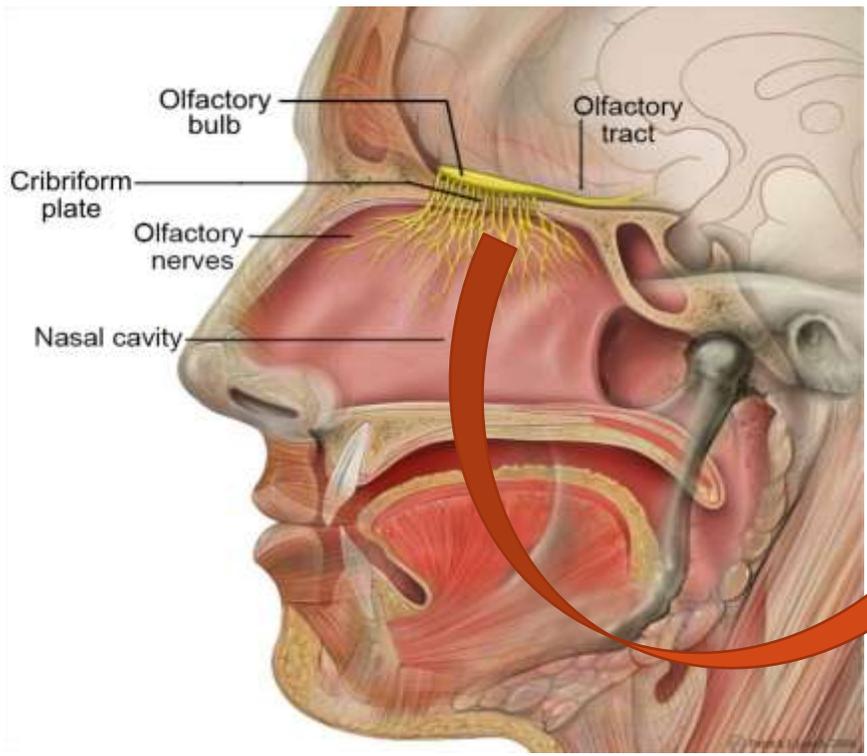


# OUTLINE

1. Is OM an HIV reservoir and could it be a surrogate for CNS reservoir?
2. Do we need new reservoirs?
3. If yes, is OM a valuable candidate?

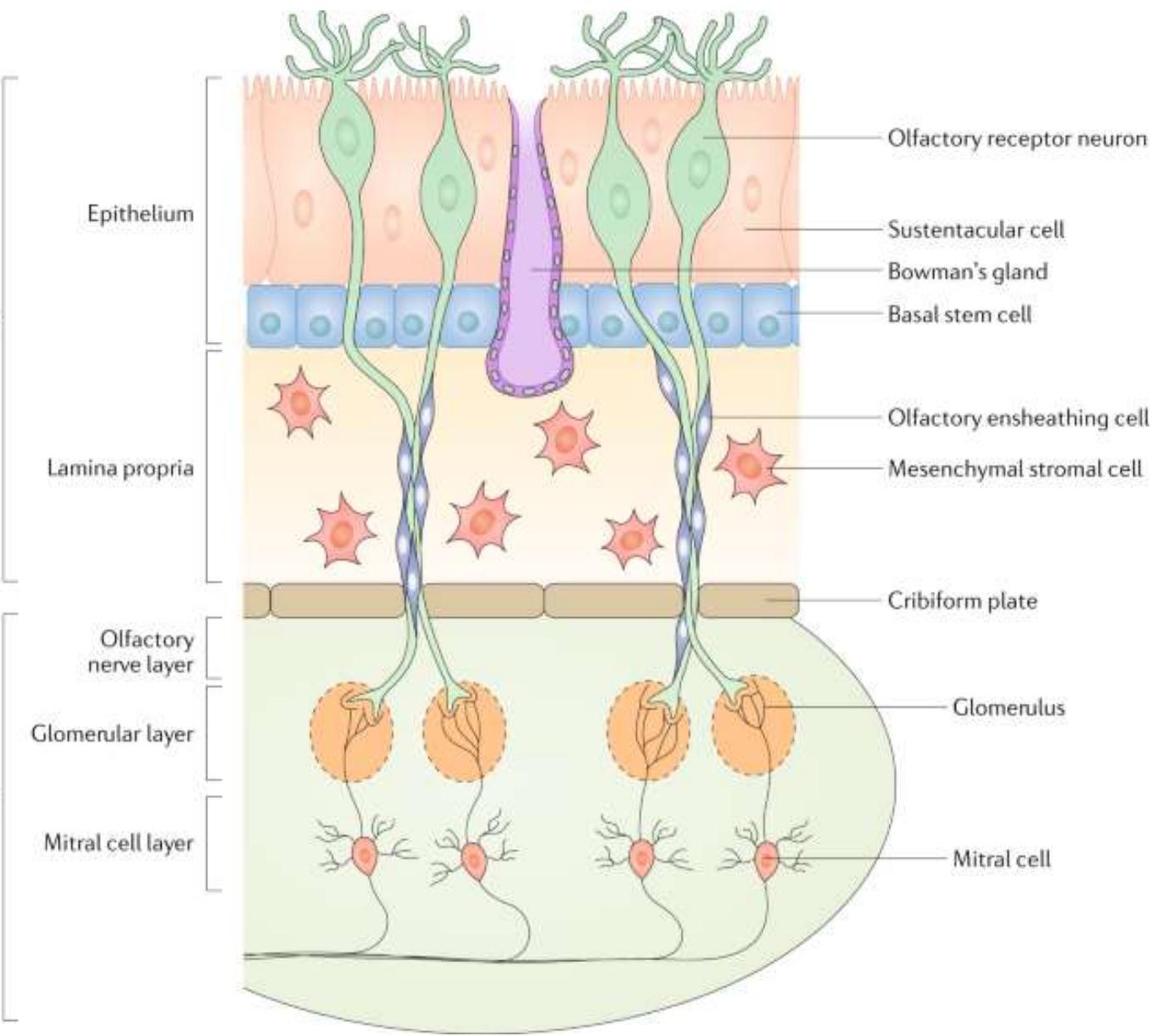


# Olfactory Mucosa

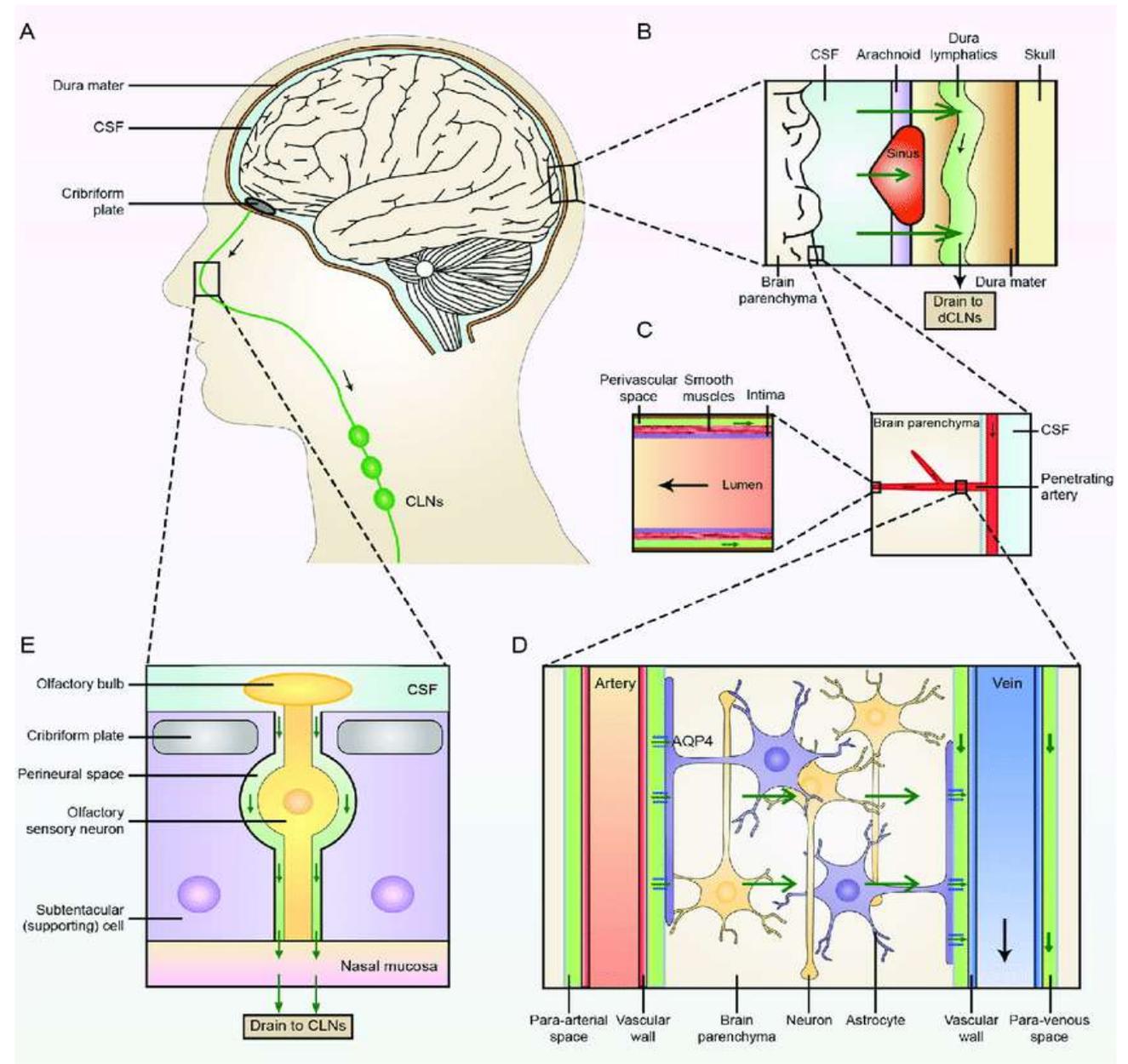
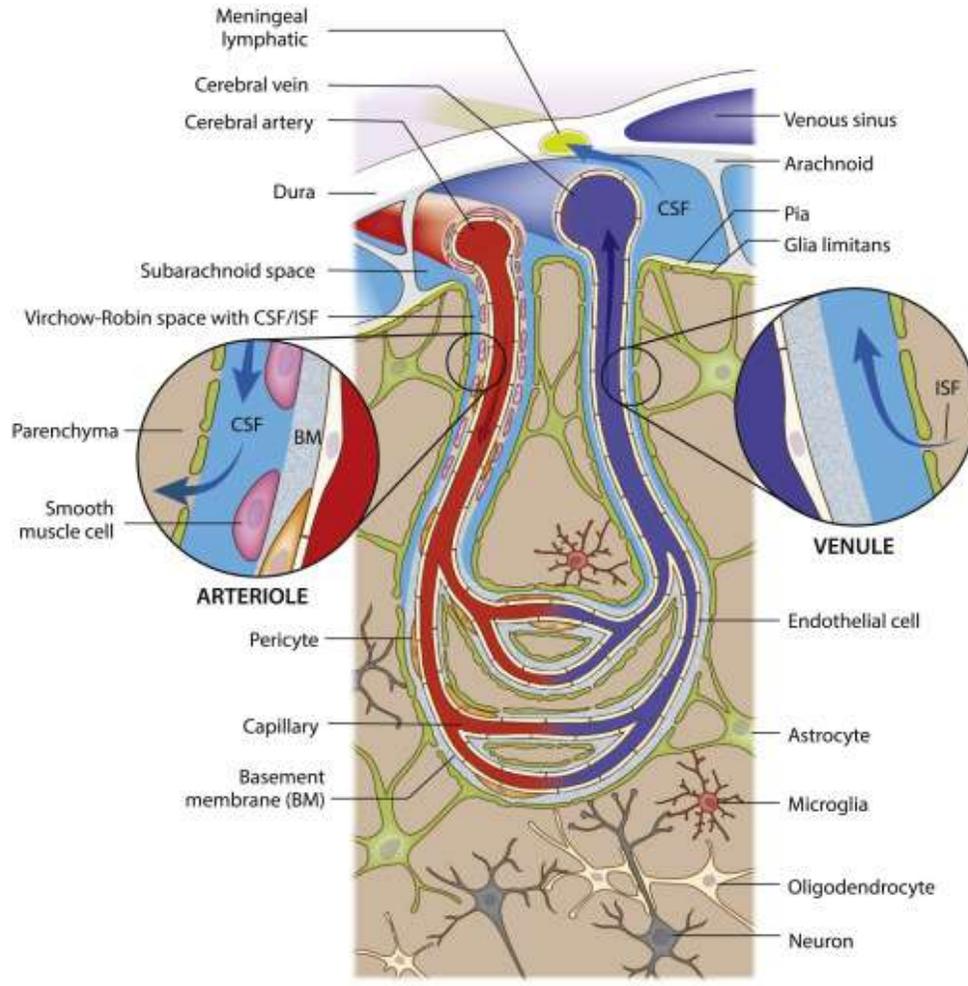


Olfactory mucosa

Olfactory bulb

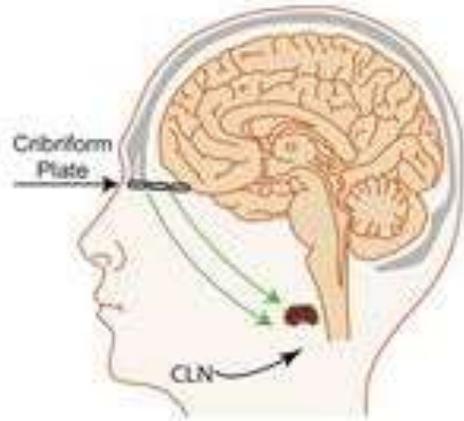


# Glymphatic and Meningeal Lymphatic System

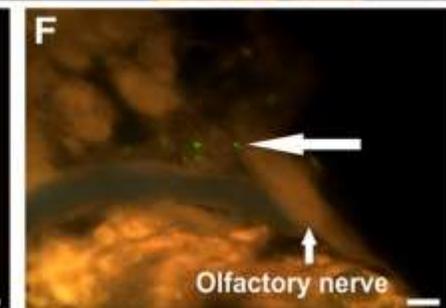
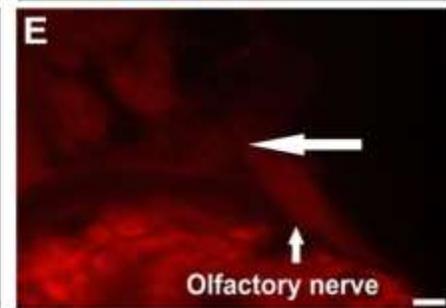
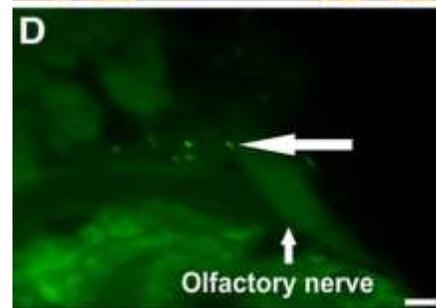
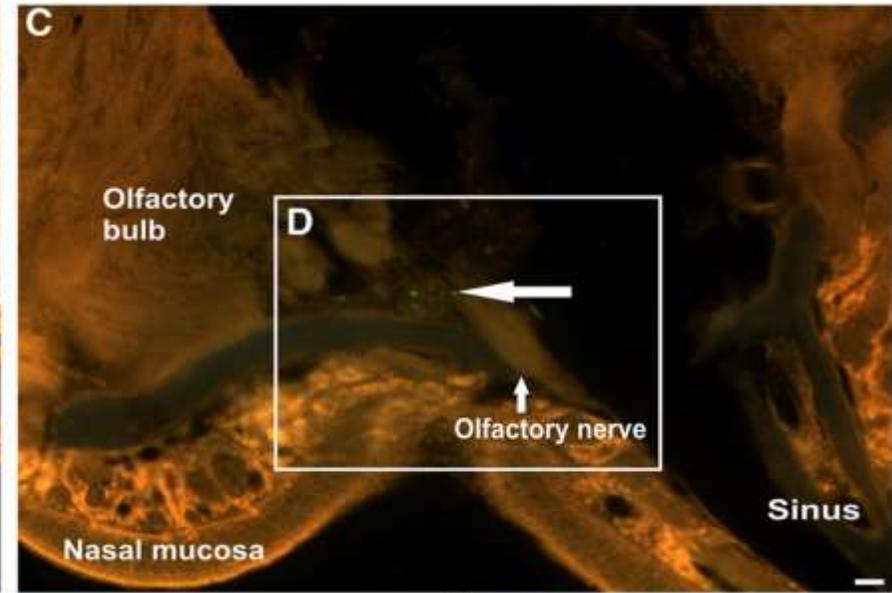
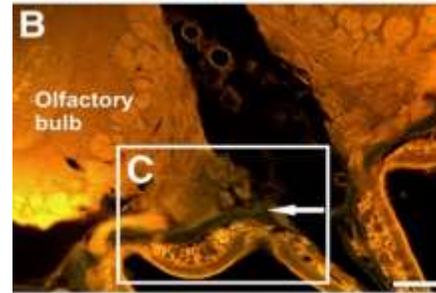
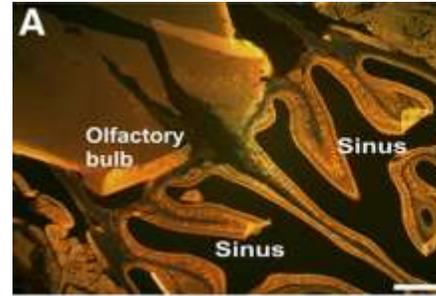
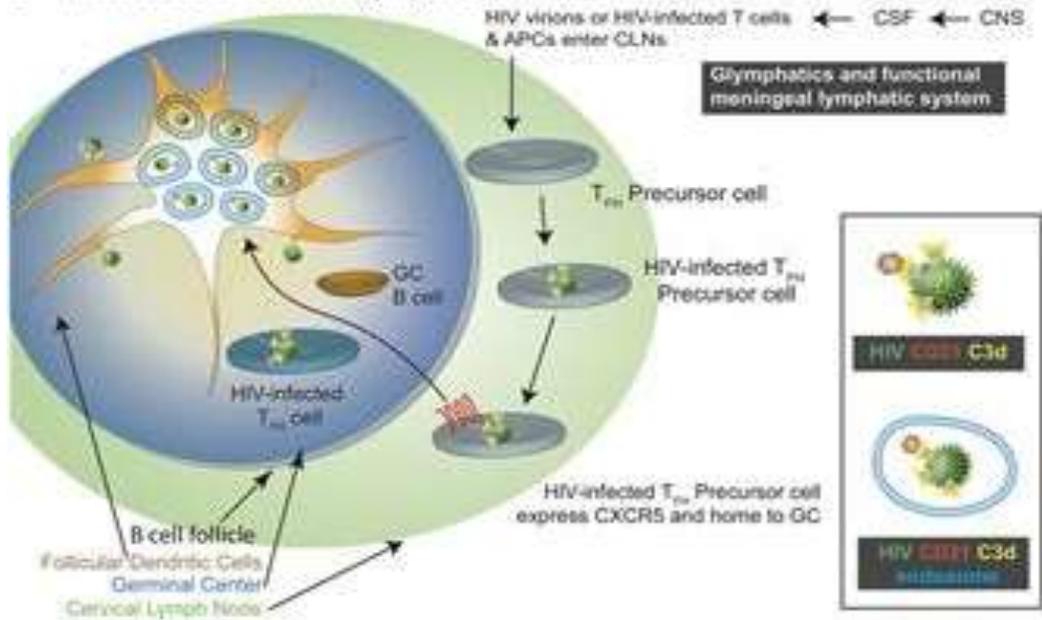


# OM as bridge between CNS and Deep Cervical Lymph node

**A** Route of CSF drainage to cervical lymph node

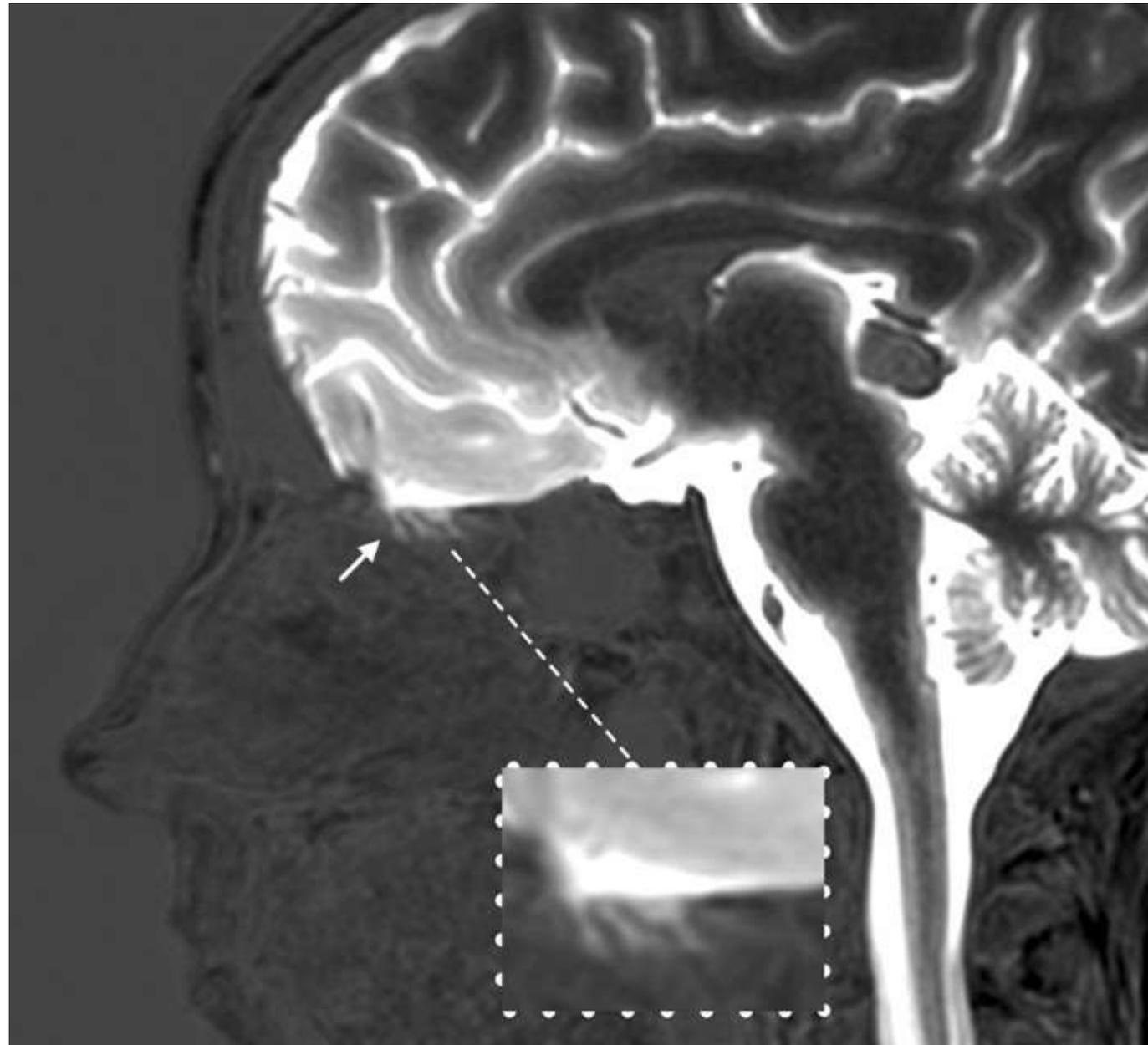


**C** HIV reservoir in Cervical Lymph Node

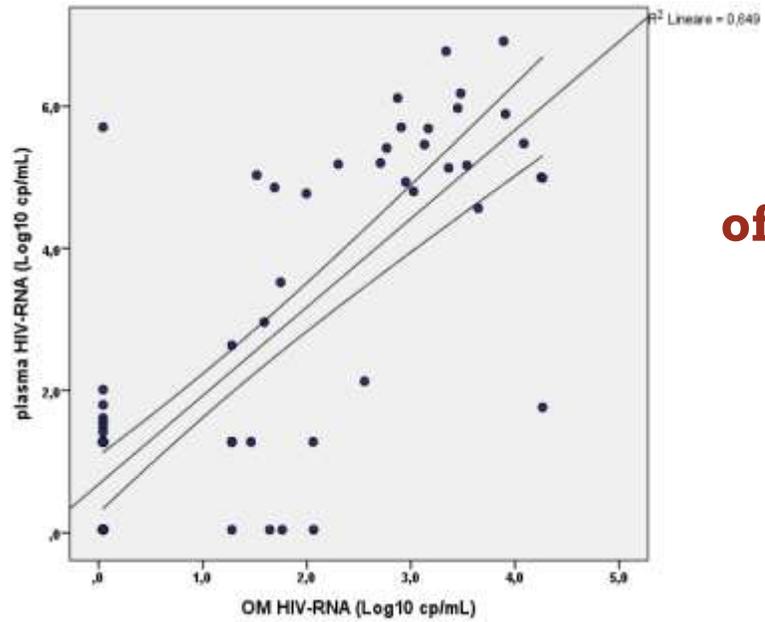


# **In vivo assessment of cerebrospinal fluid efflux to nasal mucosa in humans**

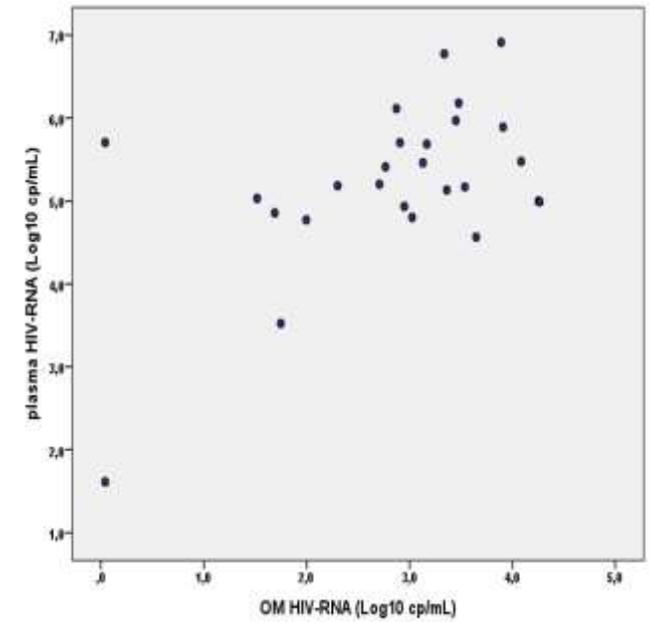
- Animal studies consistently suggest that the cribriform plate and nasal lymphatic vessels are crucial for molecular clearance from CSF
- Consecutive magnetic resonance imaging during 48 h after intrathecal administration of a tracer was performed in 24 patients
- Despite a strong enrichment of tracer in CSF spaces nearby the cribriform plate, there was no significant enrichment of CSF tracer in nasal mucosa



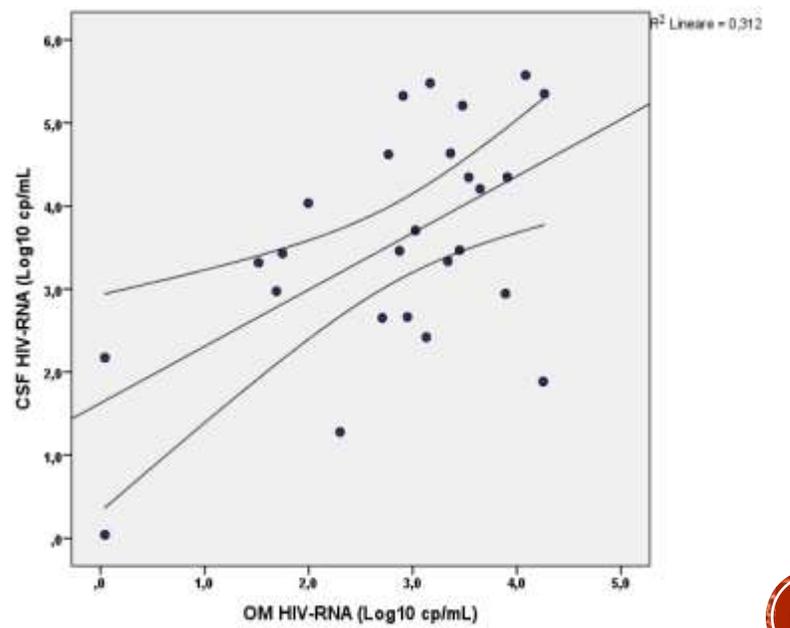
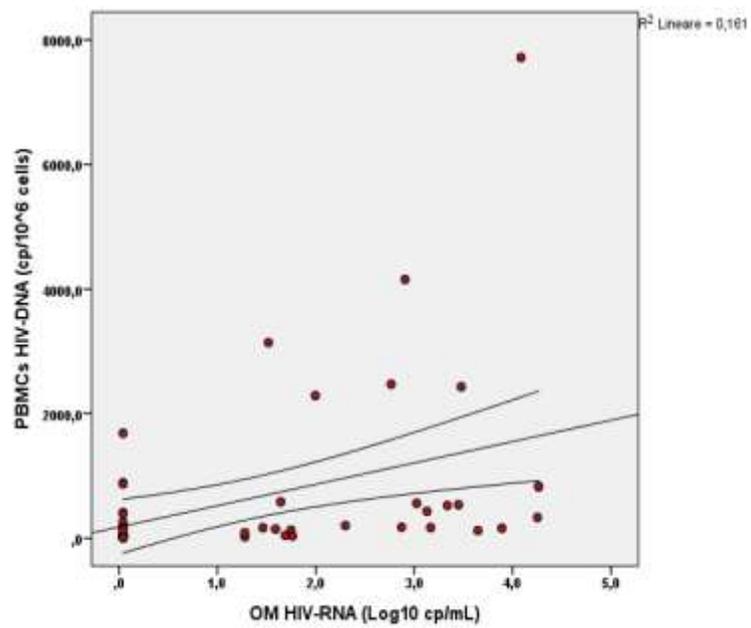
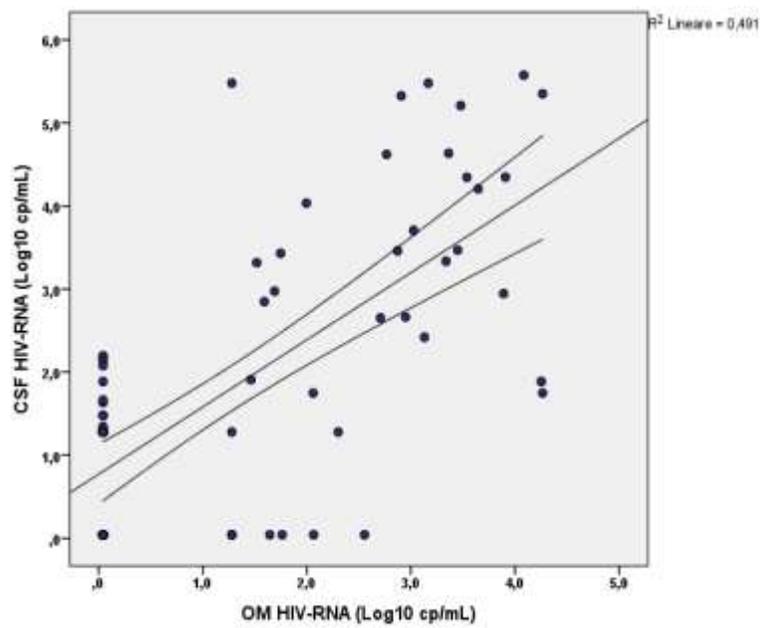
Study population (79)



Naive only (27)

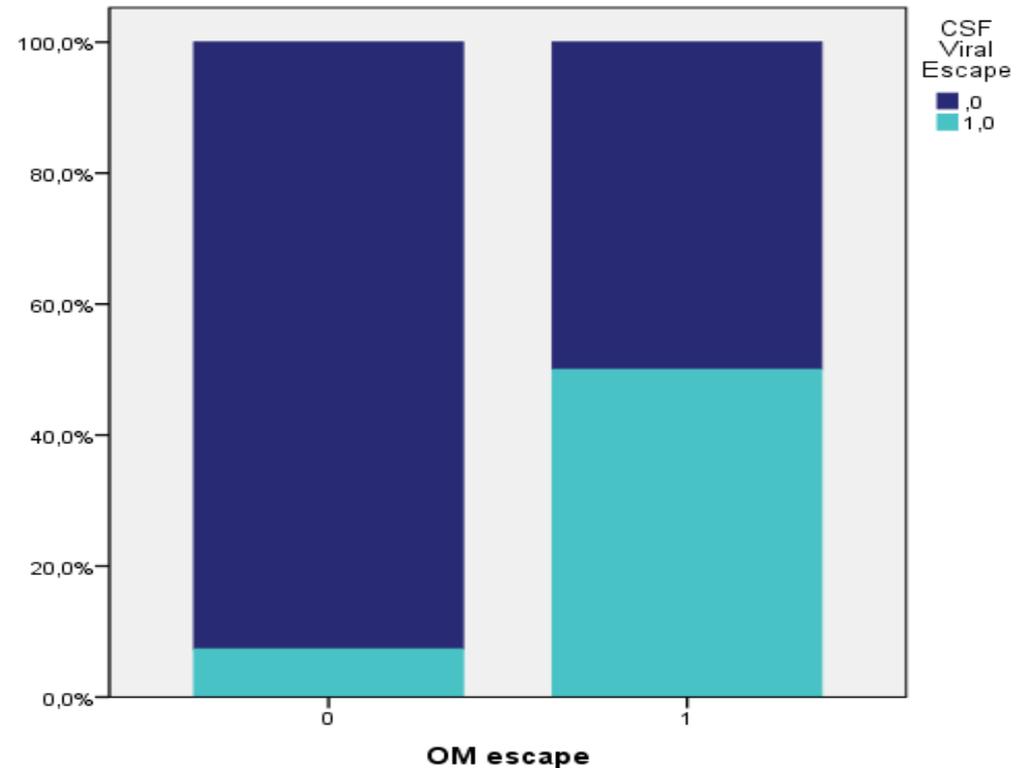
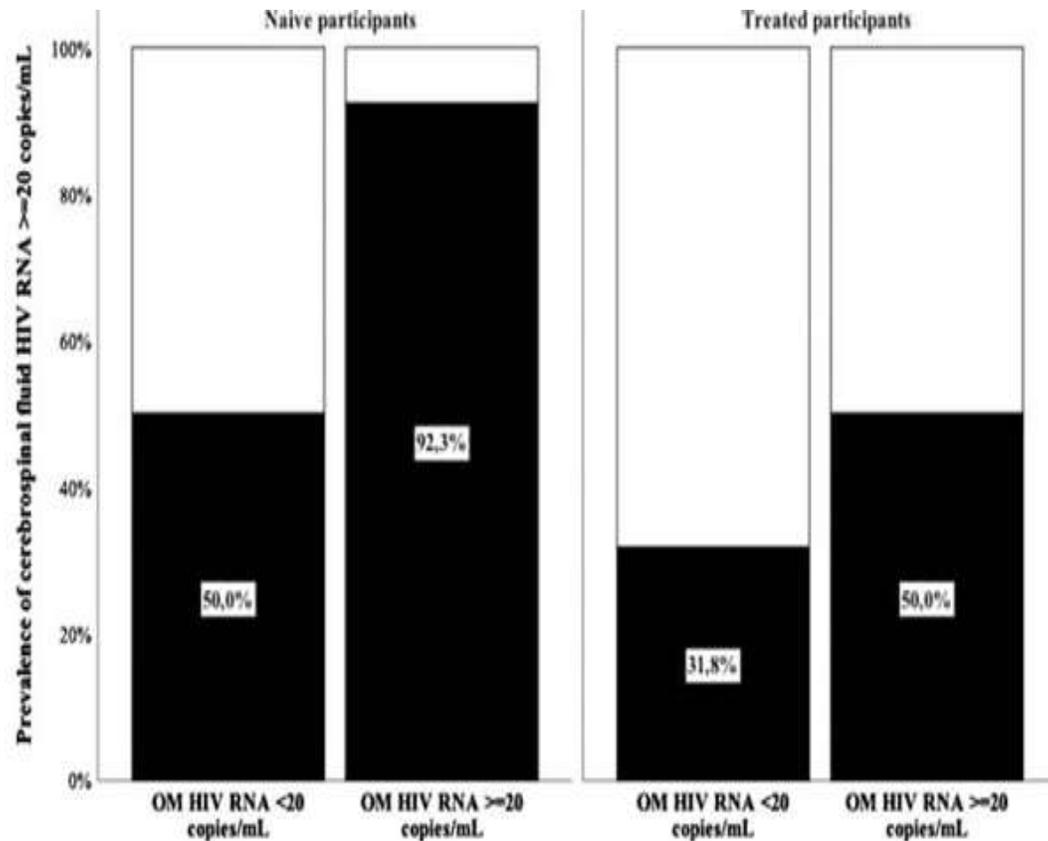


### HIV-1 detection in the OM of HIV-1-infected participants

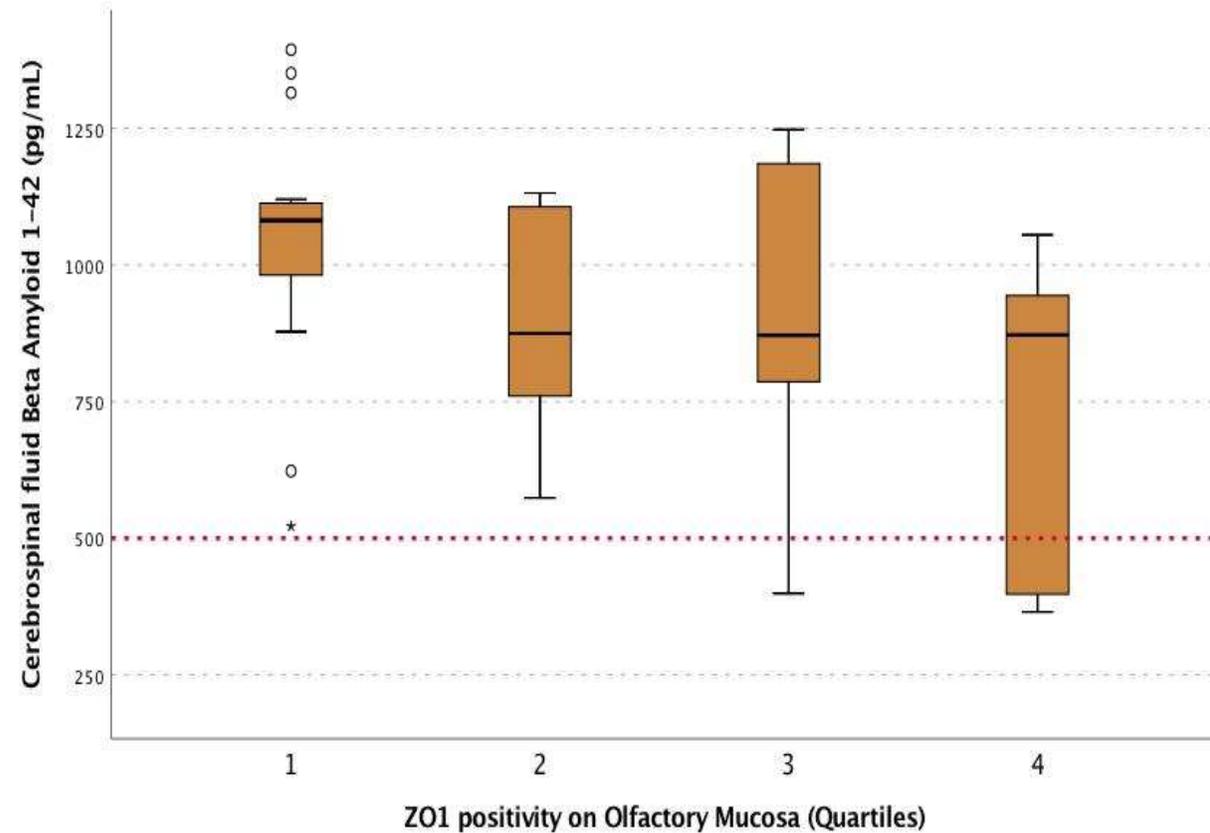
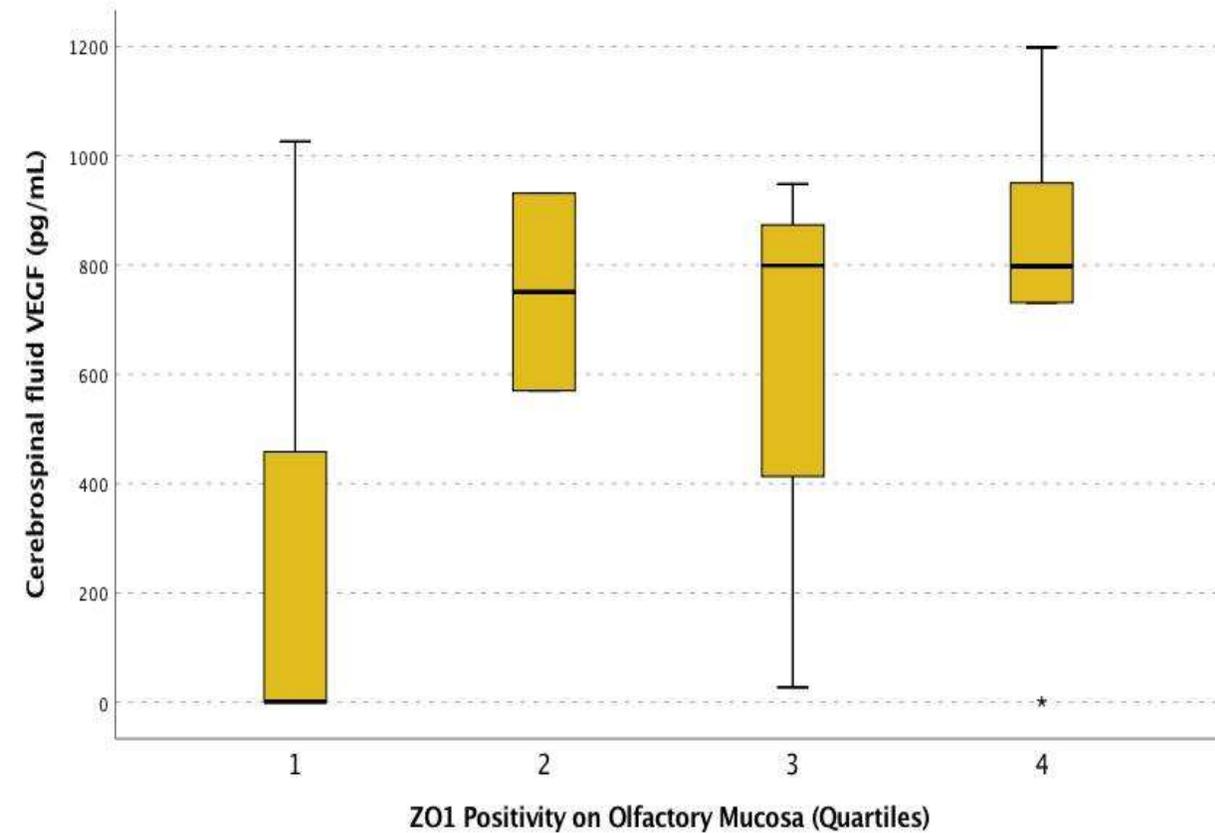


## HIV-1 detection in the OM of HIV-1-infected participants

- **Olfactory mucosa HIV-DNA was detectable** in 3/5 samples in naïve and in 1/10 sample in treated patients
- Viral escape was observed in 5 patients in the CSF (10.6%) and in 4 in the OM (8.5%)
- CSF escape was more common in patients with OM escape: 50 vs. 7.9%, OR 12.7,  $p=0.01$



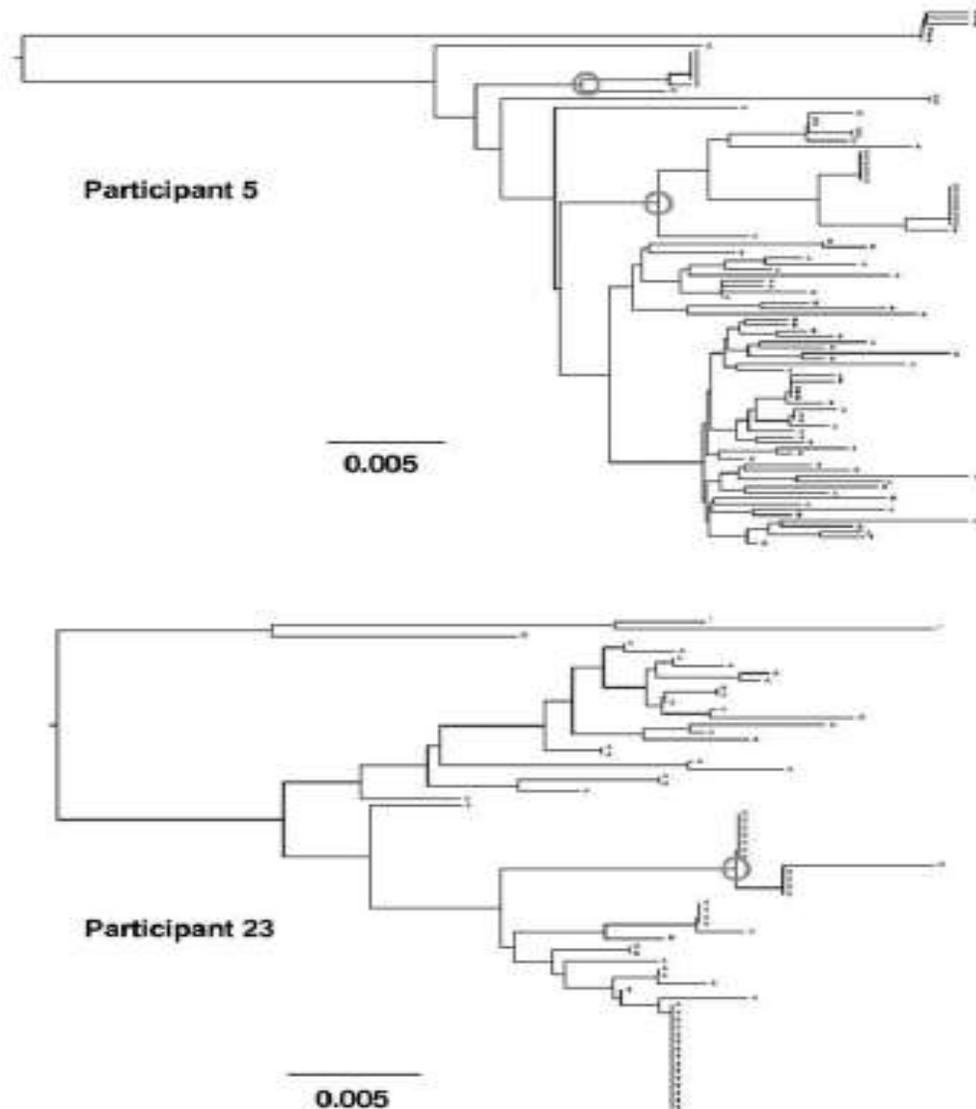
# Blood Brain Integrity Biomarkers in Cerebrospinal Fluid and Olfactory Mucosa



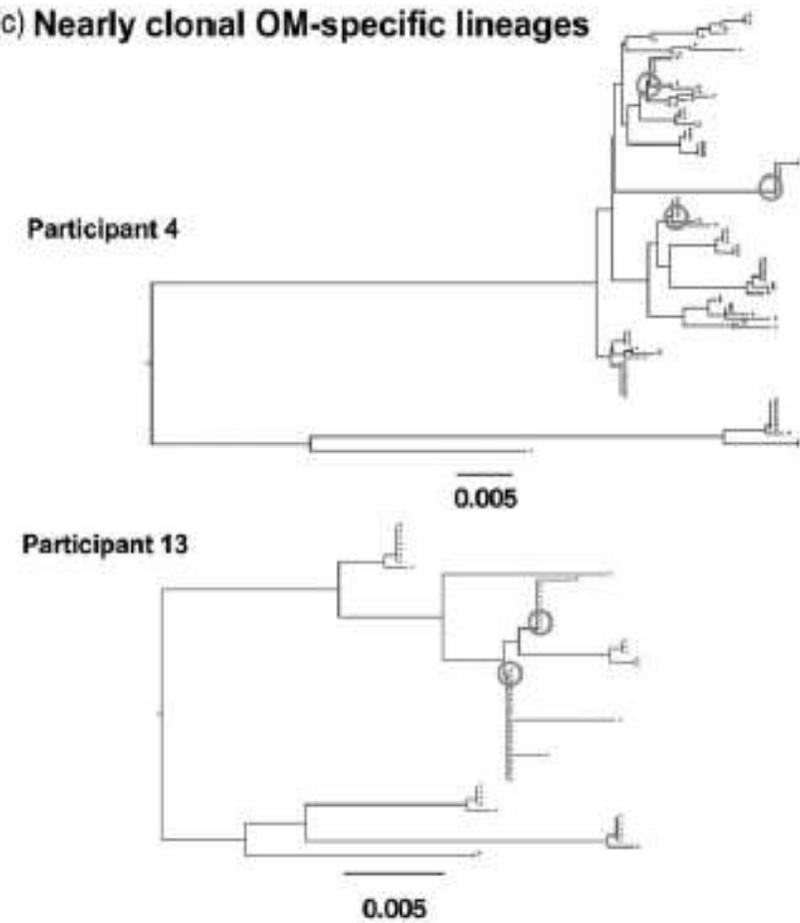
- An OM Zo-1 positivity above 20% was associated with lower CSF 1-42 Beta amyloid ( $p=0.025$ ), higher CSF VEGF ( $p=0.020$ ) and Zo-1 ( $p=0.038$ ) and CSF cells ( $p=0.010$ )

# HIV-1 env deep sequencing in OM vs CSF and Plasma

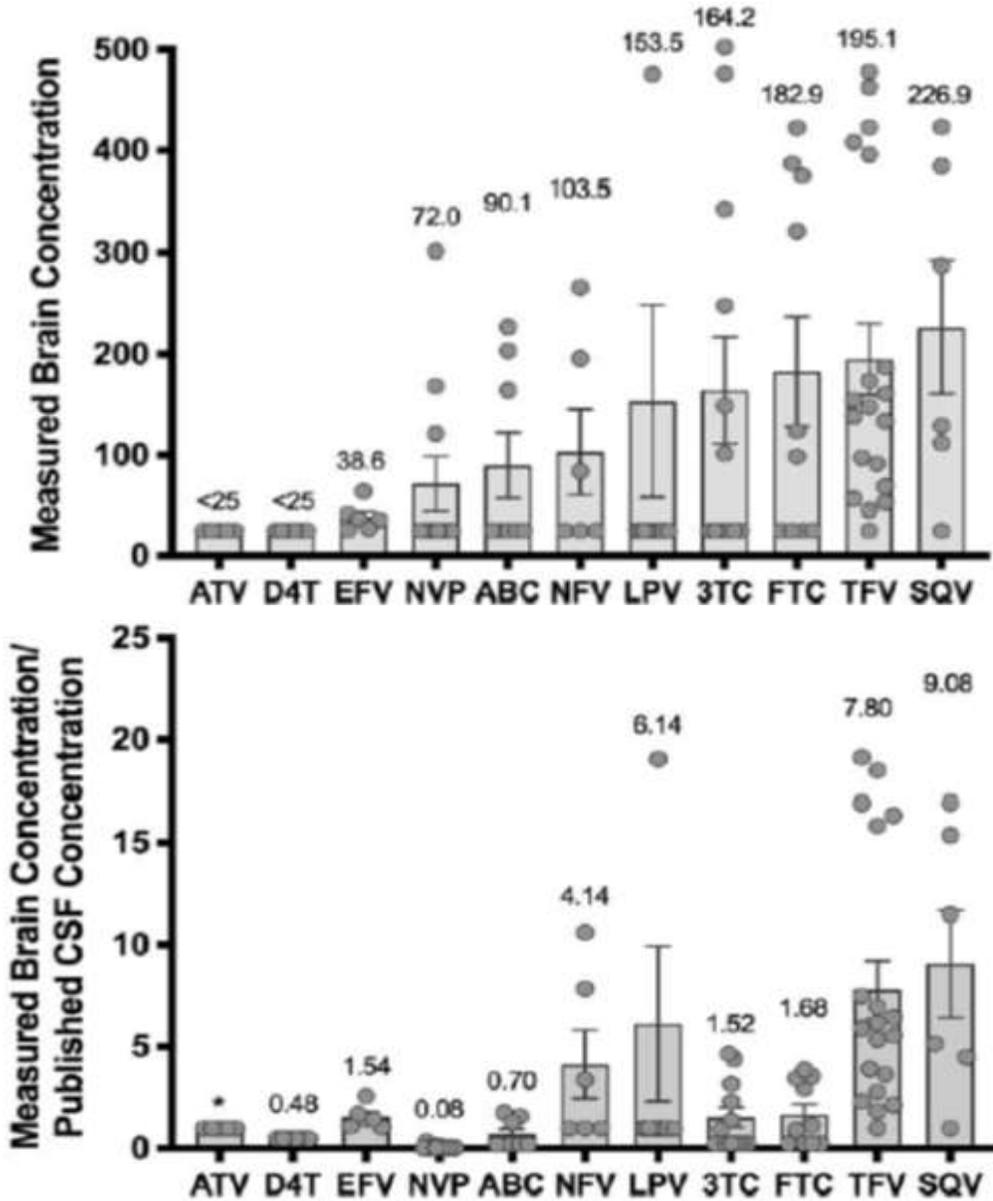
(b) Diverse OM-specific lineages  
(OM compartmentalization)



(c) Nearly clonal OM-specific lineages



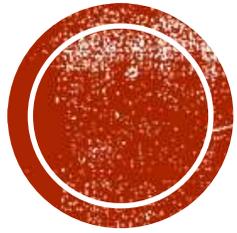
# Antiretrovirals concentrations in Brain and Olfactory Mucosa



	Samples	OM concentrations (pg/mg)	OM to plasma ratio (‰)	OM to CSF ratio (‰)
Lamivudine	7	15 (10-38)	10 (7-51)	175 (62-550)
Emtricitabine	14	4 (1-12)	10.4 (0-20)	42 (0-54)
Abacavir	6	1 (0-9.7)	0 (0-72)	0 (0-14)
Tenofovir (TDF)	10	0	0	0
Tenofovir (TAF)	2	0	0	0
Nevirapine	2	10-12.5	2.3-2.6	5.7-33.2
Rilpivirine	4	5.5 (1.7-15.2)	76 (25-76)	6*
Etravirine	3	9 (5-9)	34 (6-34)	1000 (136-1000)
Atazanavir	1	160	356	26666
Darunavir	11	106 (22-286)	58 (17-83)	11047 (2650-16426)
Ritonavir	4	133 (45-360)	1190 (458-1190)	0*
Cobicistat	11	288 (119-662)	1052 (731-7721)	0*
Raltegravir	6	12 (4.5-45.7)	18 (6-93)	70 (38-220)
Elvitegravir	3	3 (0-3)	4.4*	0*
Dolutegravir	9	8 (4.5-16)	7 (2-20)	1636 (775-2602)
Maraviroc	4	57 (34-73)	193 (47-193)	5333*



1. Is OM an HIV reservoir and could it be a surrogate for CNS reservoir?

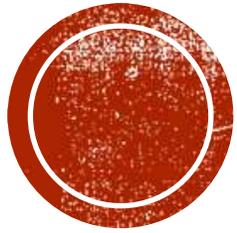


2. Do we need new reservoirs?

3. If yes, is OM a valuable candidate?

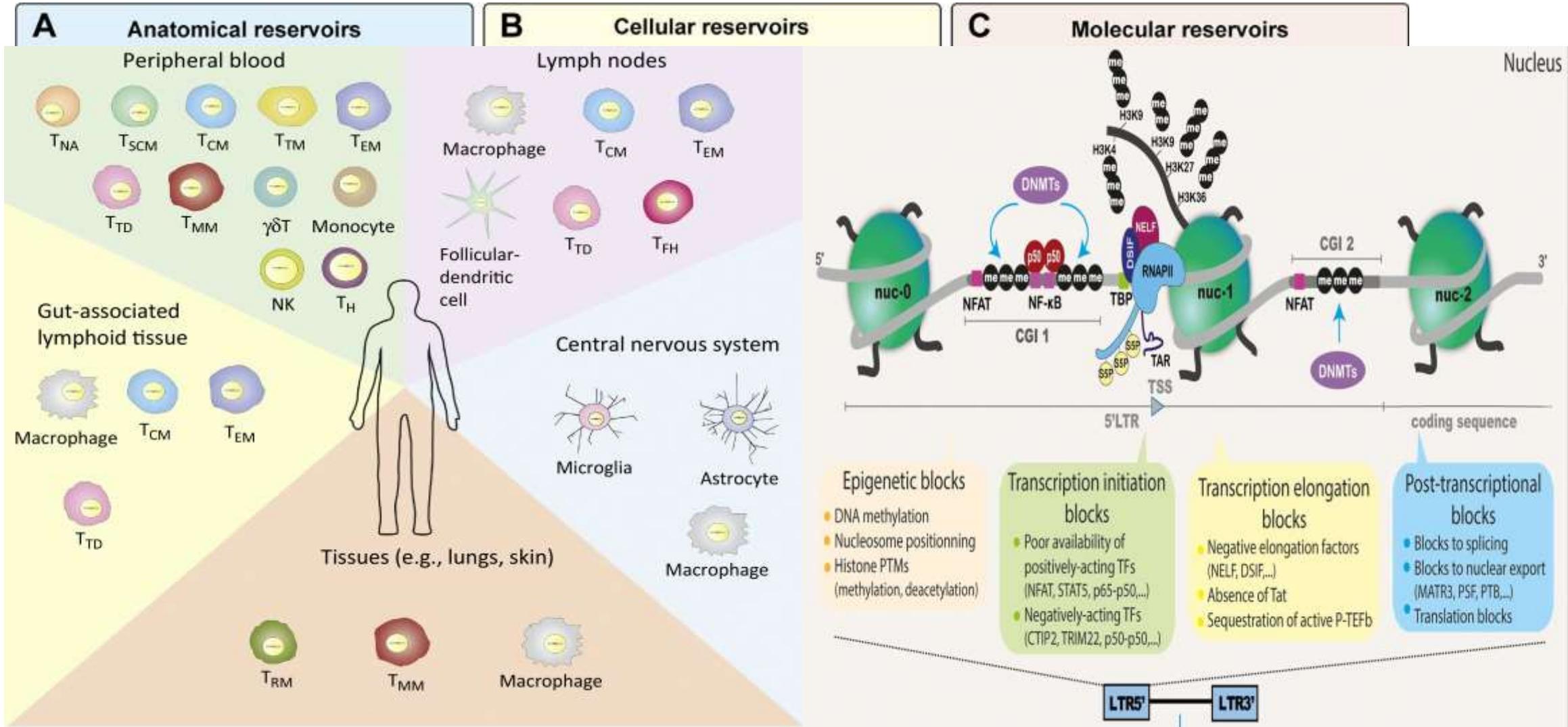
**We are working on it....**

1. Is OM an HIV reservoir and could it be a surrogate for CNS reservoir?



2. Do we need new reservoirs?

3. If yes, is OM a valuable candidate?



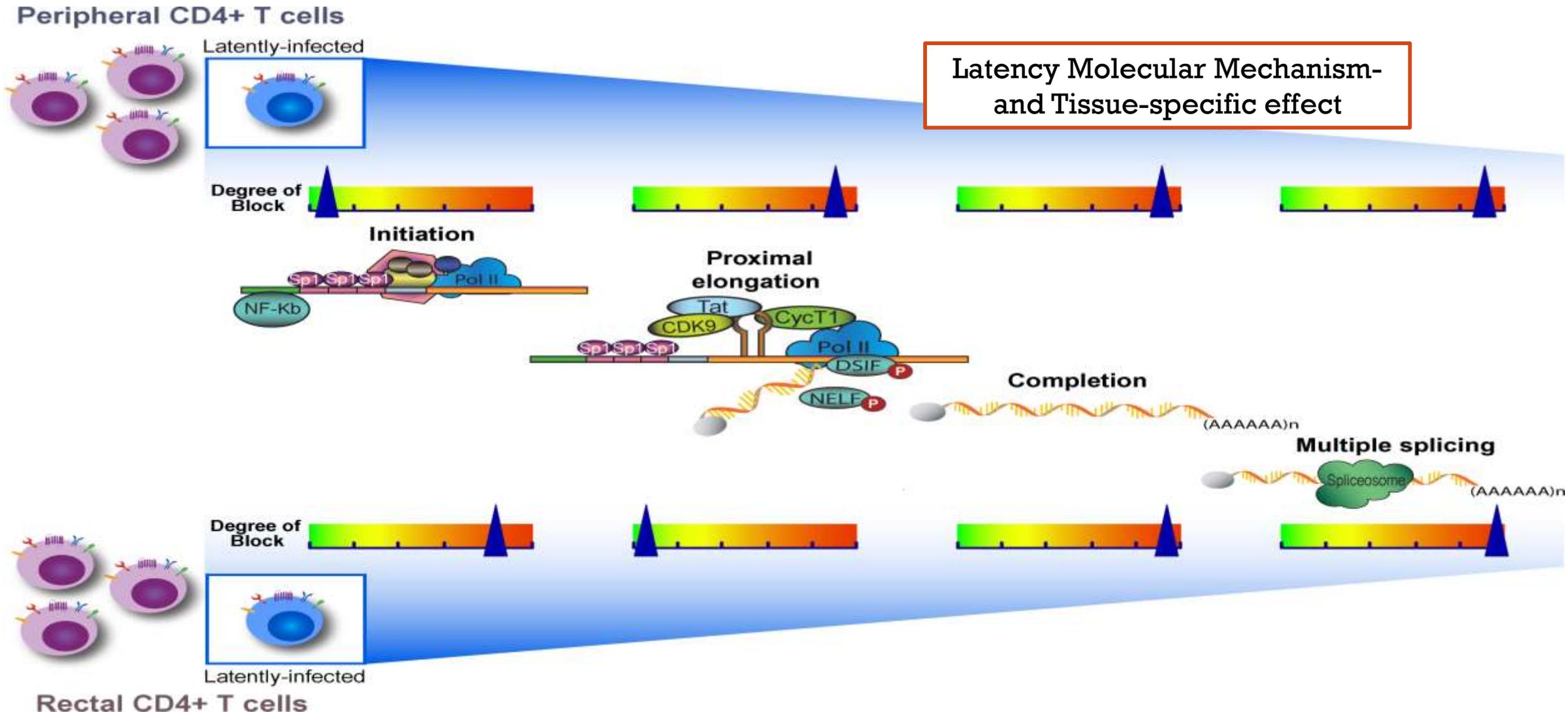
Trends in Microbiology

Henderson L J et al, *J Virol* 2020  
 Barton K et al, *Trends Microbiol* 2016  
 Ait-Ammar A et al, *Front Microbiol* 2020

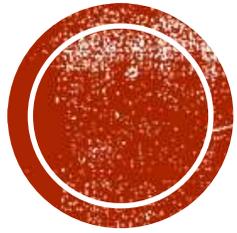




# LRAs vs Heterogeneity of HIV-1 Cellular and Tissue Reservoirs



1. Is OM an HIV reservoir and could it be a surrogate for CNS reservoir?

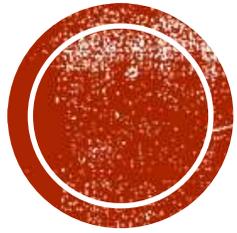


2. Do we need new reservoirs?

3. If yes, is OM a valuable candidate?

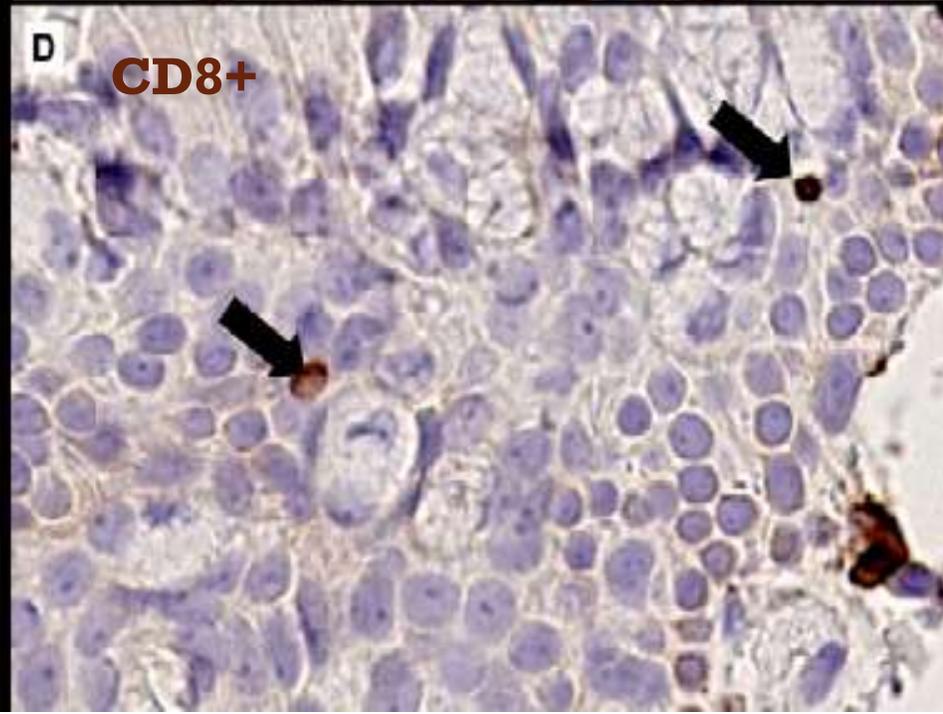
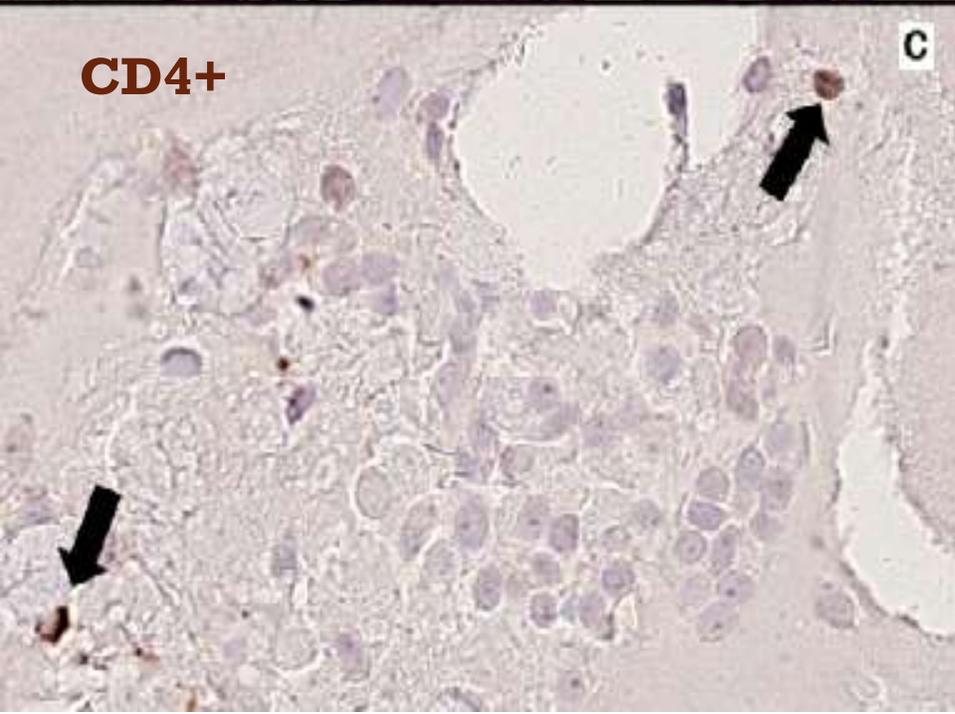
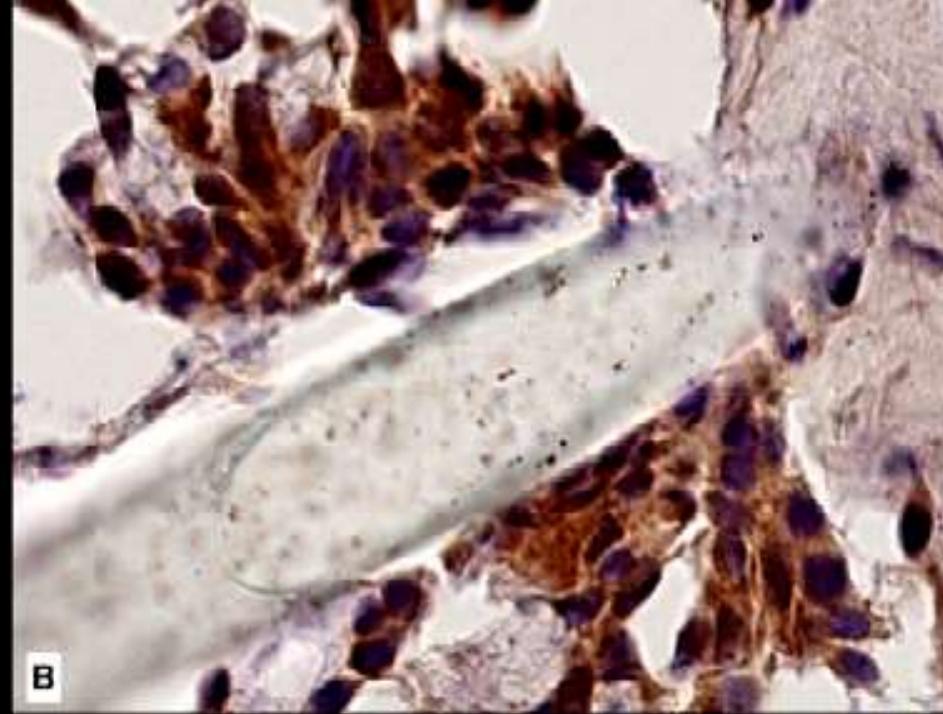
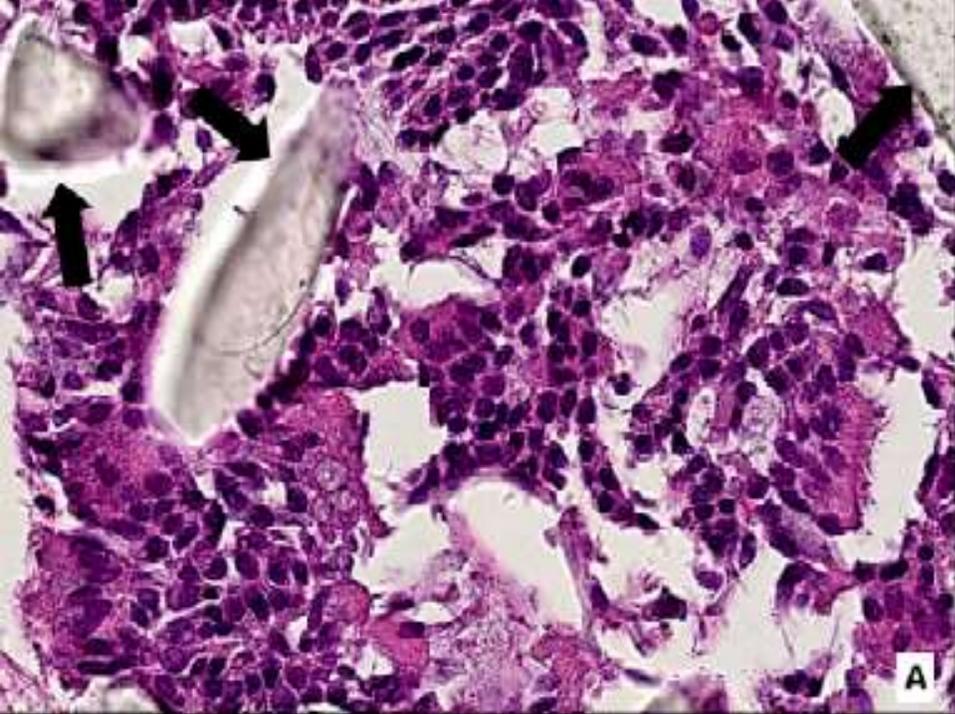
**An effective “Shock and Kill” strategy must take into account all these determinants but, due to the lack of knowledge of all the cellular factors and pathways impacting HIV gene expression and leading to productive viral replication, it is not possible at the moment**

1. Is OM an HIV reservoir and could it be a surrogate for CNS reservoir?



2. Do we need new reservoirs?

3. If yes, is OM a valuable candidate?

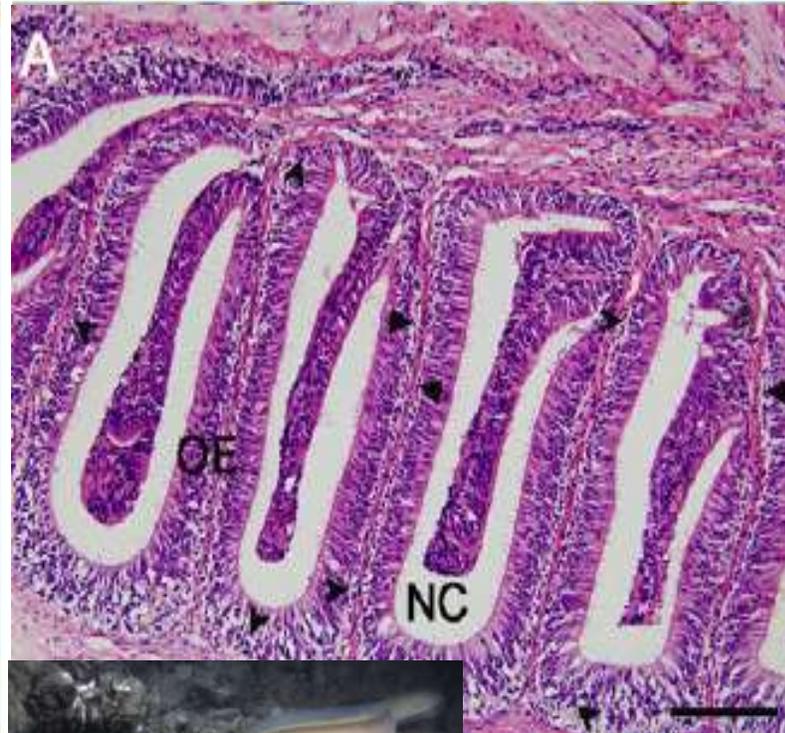
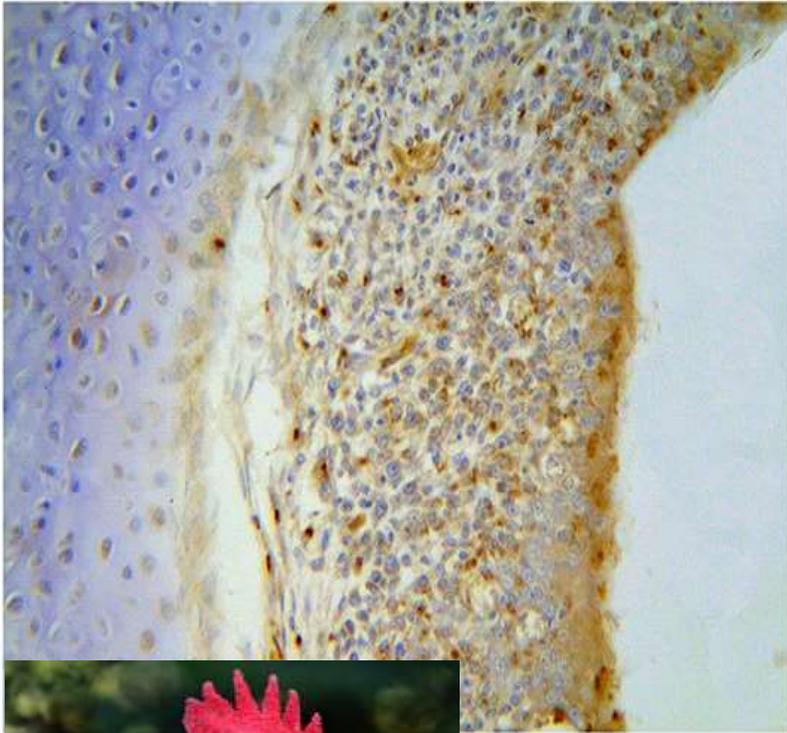


## Nasal Brushing of Olfactory Epithelium

Anti-OMP IHC showing a strong and diffuse staining



# Diffuse Nasal Associated Lymphoid tissue (NALT)



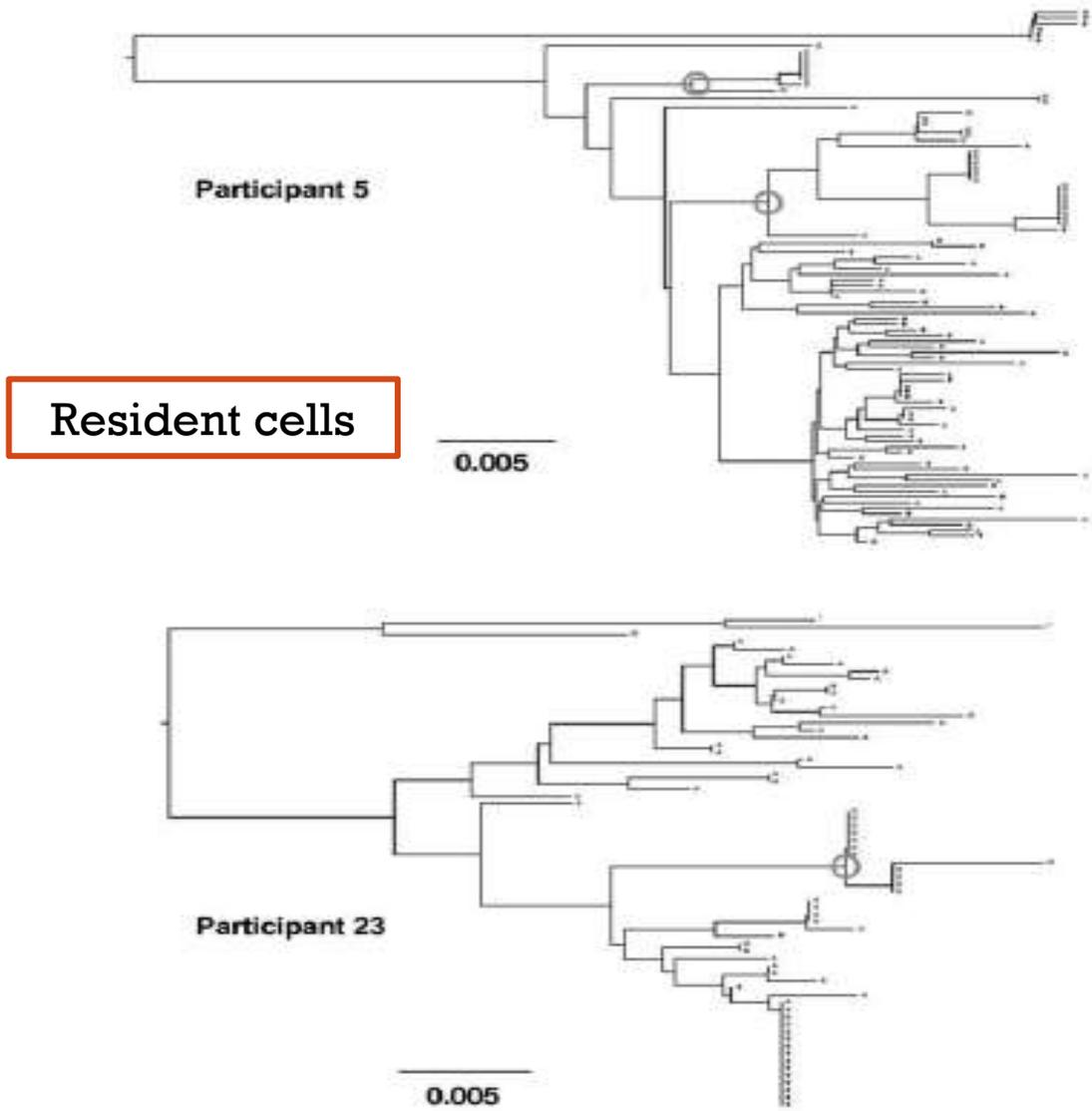
	O-NALT	D-NALT
Number of lymphocytes	+	++
T/B cells ratio	0.76–1.2	0.33–1.0
Percentage of B cells <sup>a</sup>	47–79%	55–74%
Plasma cells	+	++
IgM+ B cells	47 or 85%	0.5–9%
IgA+ B cells	1–1.6%	7.7–10.8%
B220 <sup>hi</sup> B cells	Present	Present
B220 <sup>hi</sup> B220 <sup>low</sup> B cells	Absent	Present
IgM/IgG/IgA secreting cells ratio (Uninfected)	10/3/3	10/3/3
IgM/IgG/IgA secreting cells ratio (infected with influenza) <sup>b</sup>	4/50/40	1/25/10
IgM/IgG/IgA secreting cells ratio (immunized with Cry1Ac protoxin) <sup>c</sup>	1/80/125	1/125/350
IgM/IgG/IgA secreting cells ratio (immunized with cholera toxin)	1/30/65	1/90/160
IgA isotype class switching	Present	Absent
Class switch recombination-associated molecules	Present	Absent
Long-lasting, specific effector antibody response <sup>e</sup>	Absent	Present
Frequency of AFCs <sup>e</sup>	+	++
Generation of virus-specific antibody forming cells (AFCs) <sup>e</sup>	+	+
Infected/uninfected IFN- $\gamma$ production ratio <sup>d</sup>	~1000	~700
Infected/uninfected IL4 production ratio	1	2
CD3 <sup>+</sup> T cells	30–40%	13–20%
CD4 <sup>+</sup> /CD8 <sup>+</sup> T cells ratio	3–4.4	1.5–6.4
$\alpha\beta$ / $\gamma\delta$ of CD3 <sup>+</sup> T cells ratio	49–100	2.5–3
$\alpha\beta$ / $\gamma\delta$ of CD4 <sup>+</sup> CD8 <sup>-</sup> T cells ratio	49–100	49–100
$\alpha\beta$ / $\gamma\delta$ of CD4 <sup>-</sup> CD8 <sup>+</sup> T cells ratio	49–100	9–19
$\alpha\beta$ / $\gamma\delta$ of CD4 <sup>-</sup> CD8 <sup>-</sup> T cells ratio	0–1	0–1
Type of CD4 <sup>+</sup> T cells	Th <sub>0</sub>	Th <sub>2</sub>

Scattered number of CD4<sup>+</sup> and CD8<sup>+</sup> T cells and three different types of Ig-containing cells in the lamina propria and occasionally in the epithelium

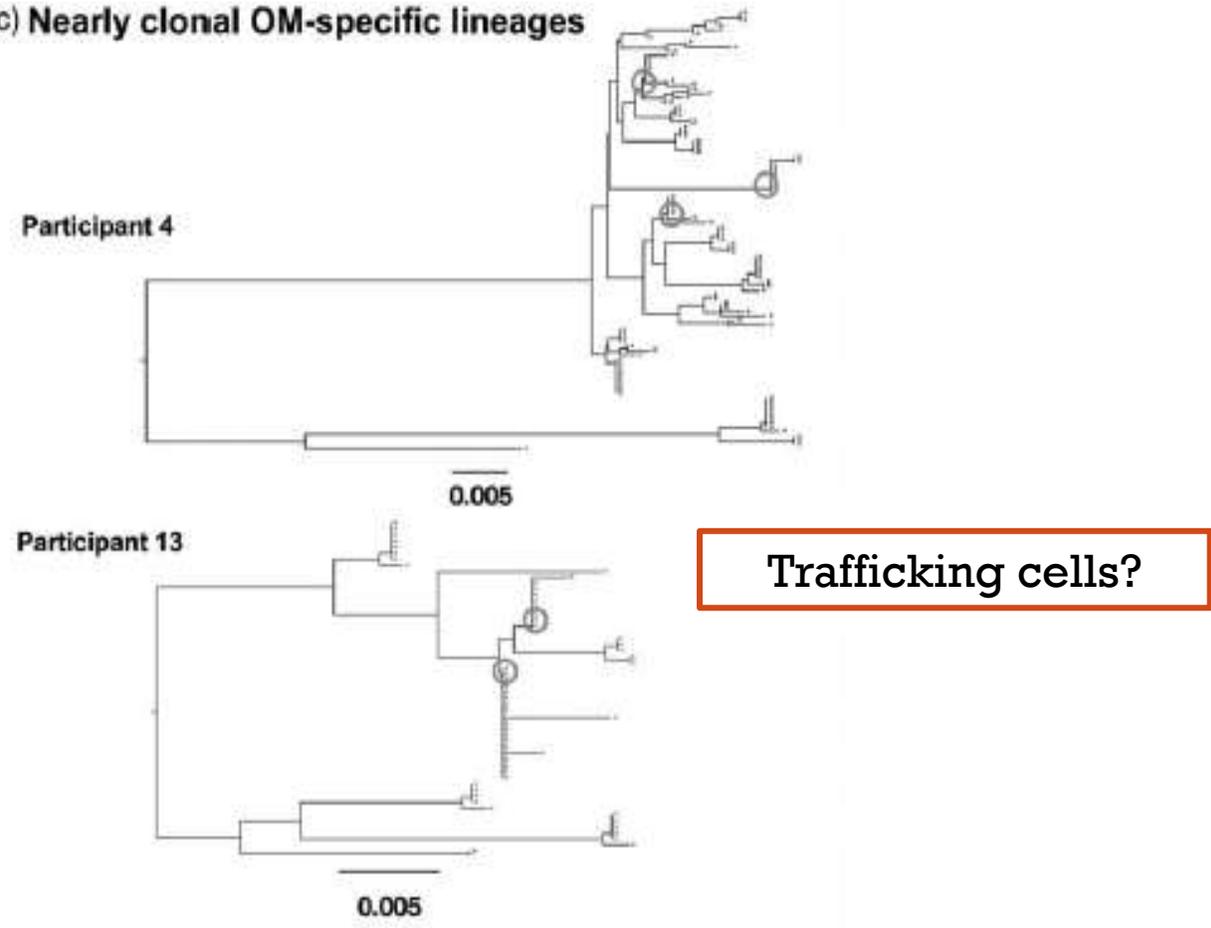


# HIV-1 env deep sequencing in OM vs CSF and Plasma

(b) Diverse OM-specific lineages  
(OM compartmentalization)

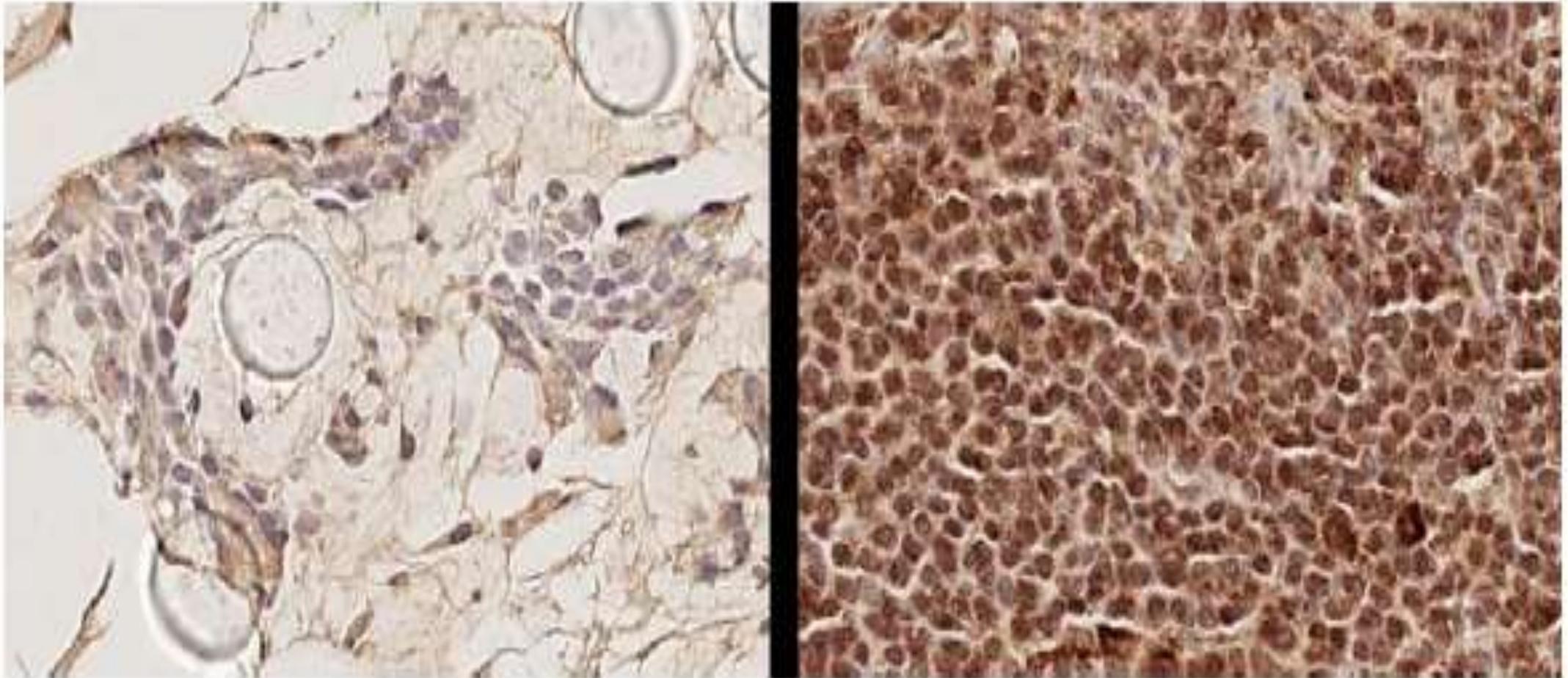


(c) Nearly clonal OM-specific lineages

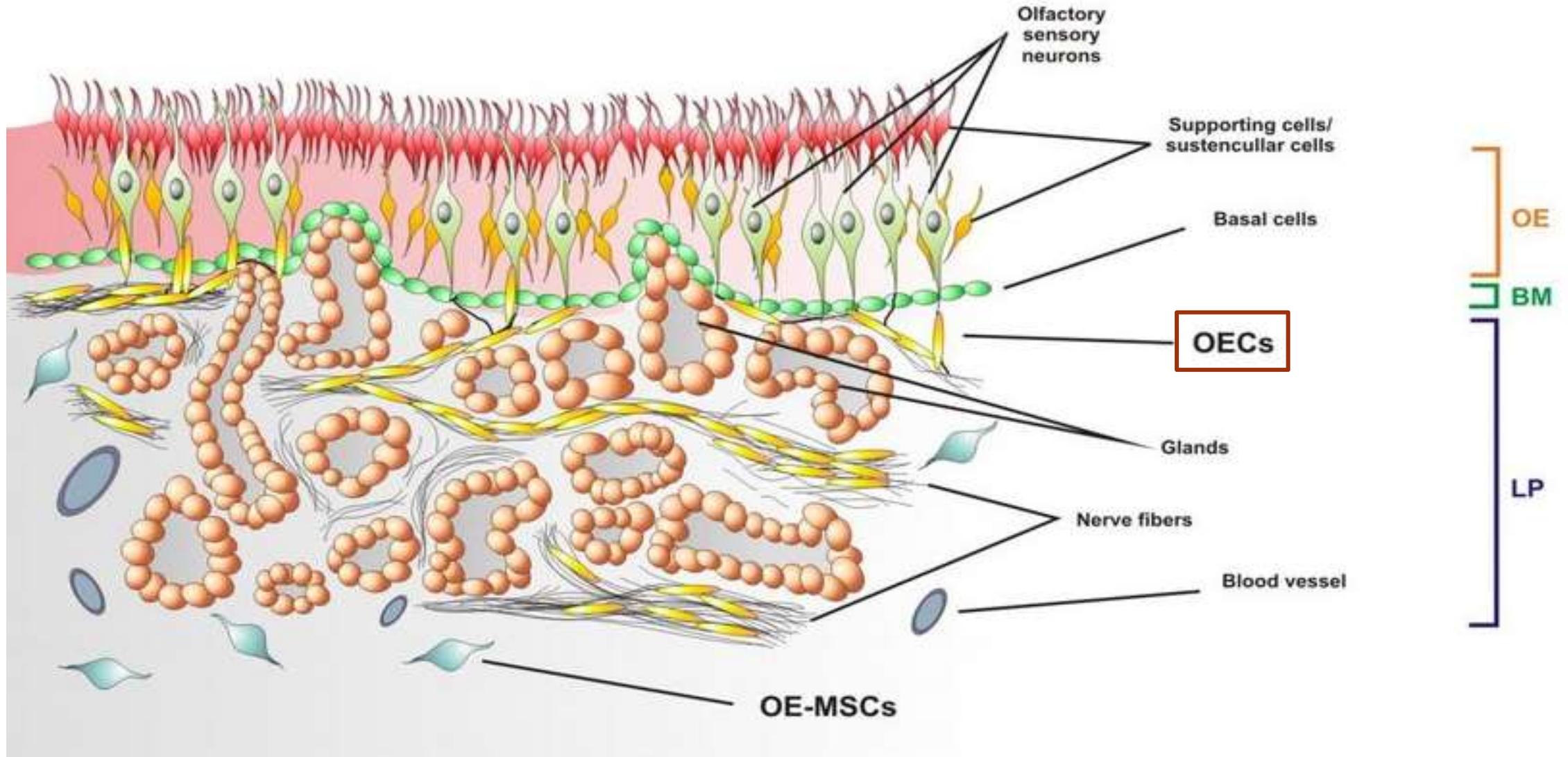


## Anti-HIV-1 TAT staining of OE

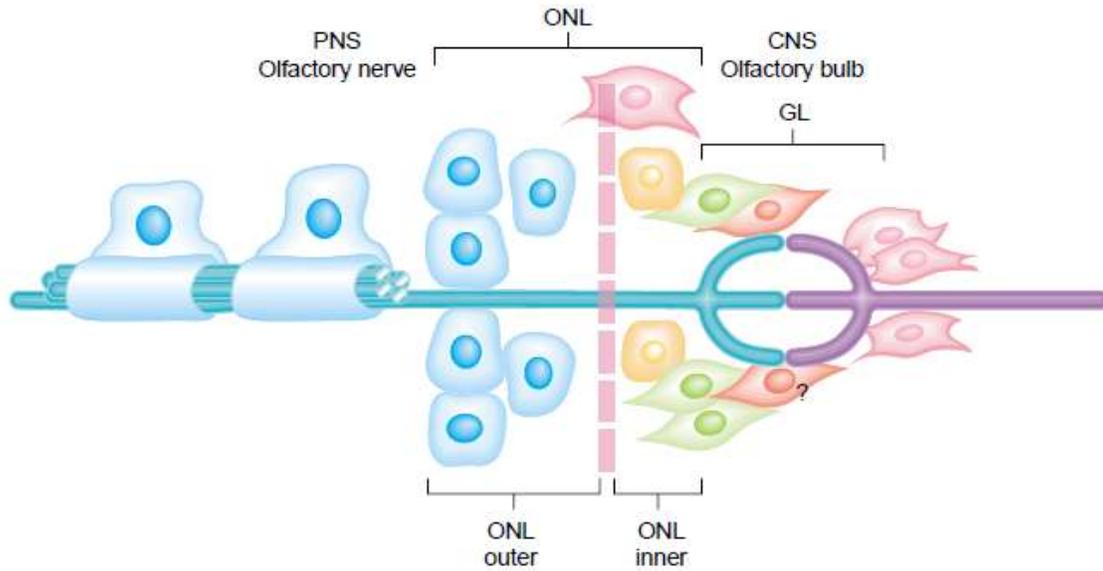
Cells isolated from the OM were negative for HIV Tat (left); lymph node with HIV lymphadenopathy (positive control, right)



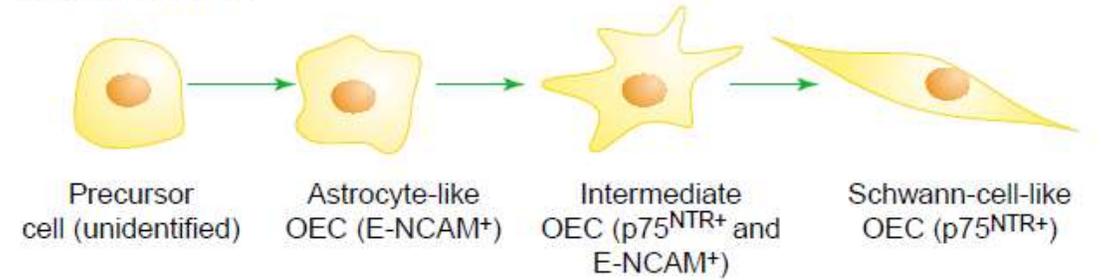
# Alternative Candidates



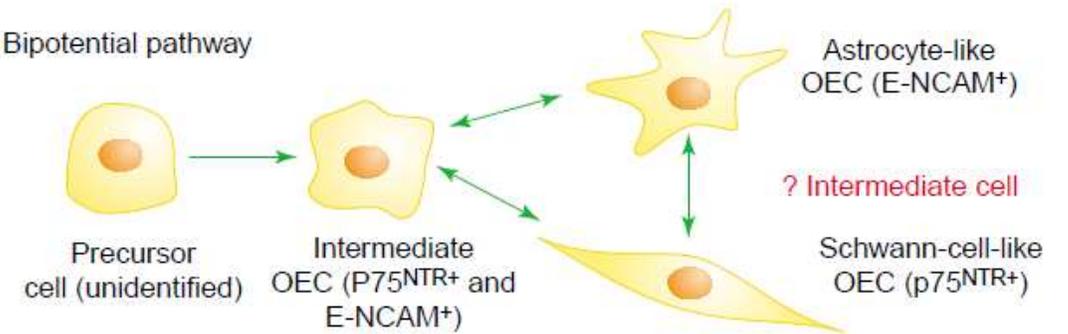
# Olfactory Ensheathing Cells: the primary innate immunocytes



(a) Sequential pathway



(b) Bipotential pathway

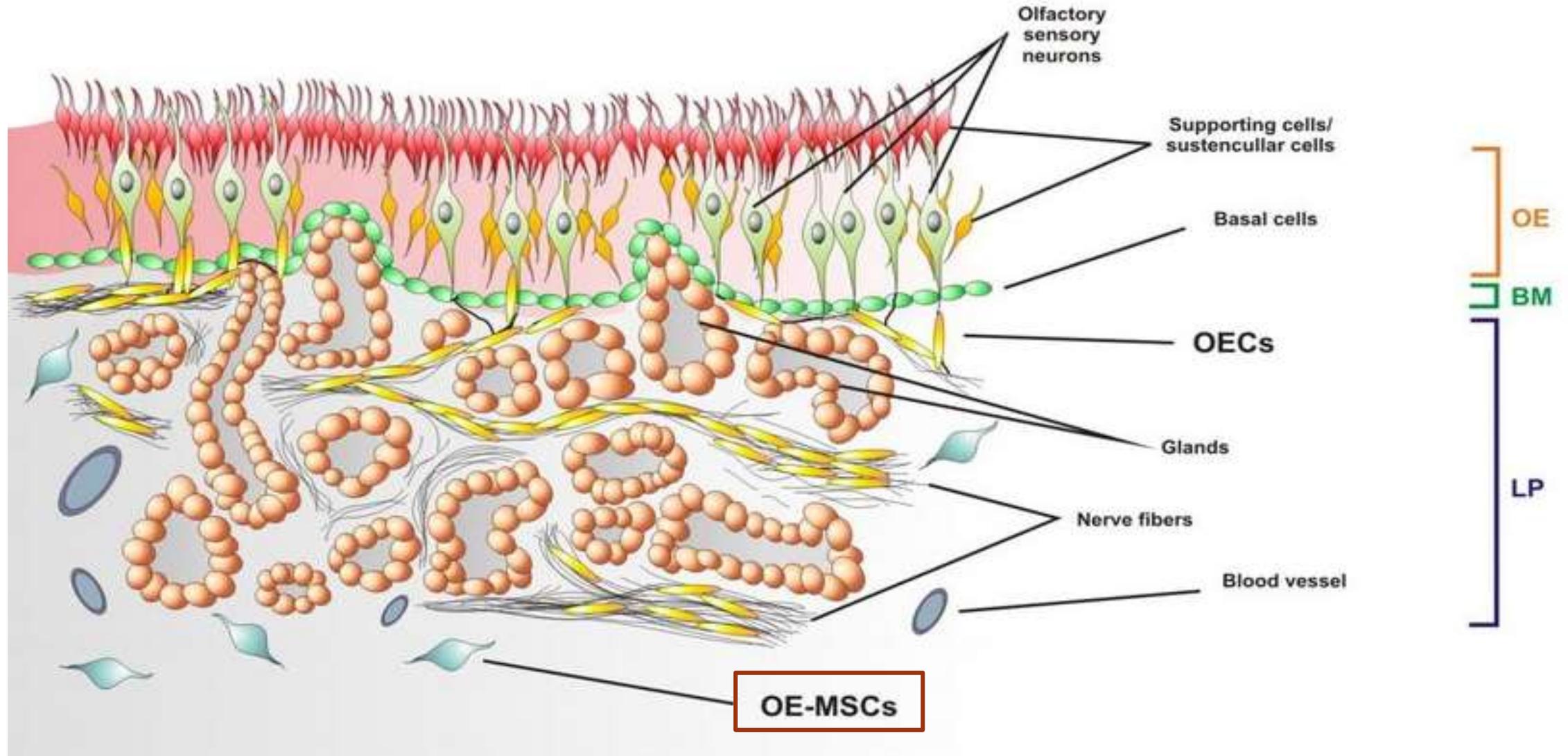


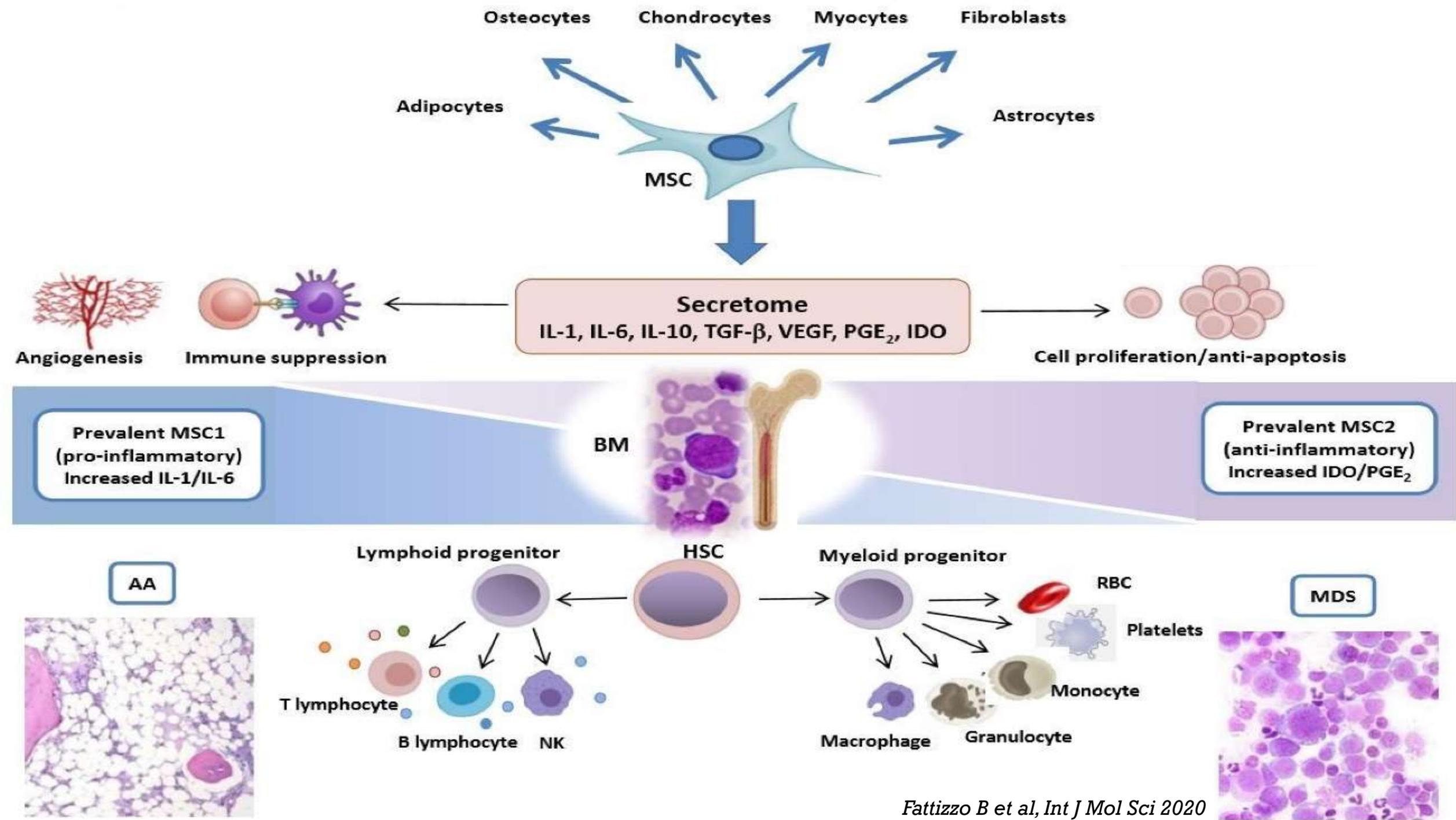
Sample	HIV status	Age	Sex	ART	CD4 counts (cells/mm)	Plasma Viral Load (copies/ml)	CSF Viral Load (copies/ml)	LCM of GFAP+ cells for Alu-Nef HIV DNA/10 <sup>6</sup>	% of GFAP+ cells for HIV gag mRNA	% of GFAP+ cells for HIV p24
1	-	69	M	N.A.	N.A.	N.A.	N.A.	-	U.D.	U.D.
2	-	38	M	N.A.	N.A.	N.A.	N.A.	-	U.D.	U.D.
3	-	51	F	N.A.	N.A.	N.A.	N.A.	-	U.D.	U.D.
4	-	54	M	N.A.	N.A.	N.A.	N.A.	-	U.D.	U.D.
5	+	56	M	ATV, EFV, RTV, TFV	421	U.D.	U.D.	1.6x10 <sup>4</sup>	2.36±1.89	2.99±1.54
6	+	52	M	N.R.	630	40	<20	3.75x10 <sup>3</sup>	3.69±3.05	4.56±2.68
7	+	42	M	3TC, D4T, FTV, SQV	389	U.D.	<20	5.25x10 <sup>4</sup>	6.91±2.68	4.25±1.25
8	+	44	M	D4T, DDI, NFV	436	U.D.	U.D.	2.22x10 <sup>4</sup>	2.89±1.66	1.22±0.99

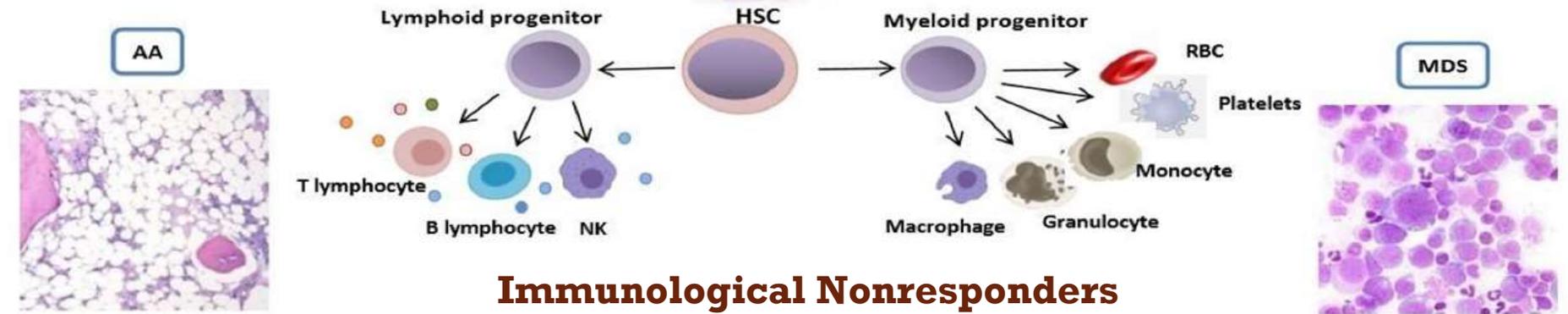
Barnett SC et al, *TRENDS Neurosci* 2004  
Lutgen V et al, *PLoS Pathog* 2020



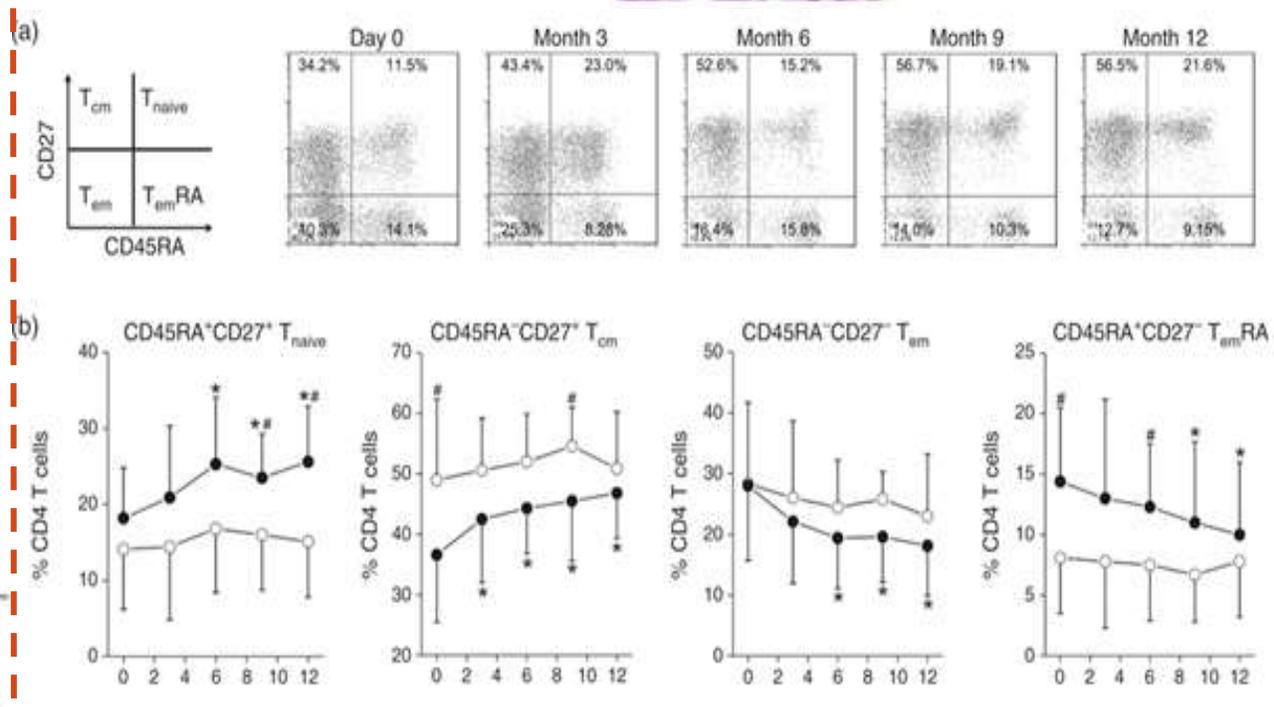
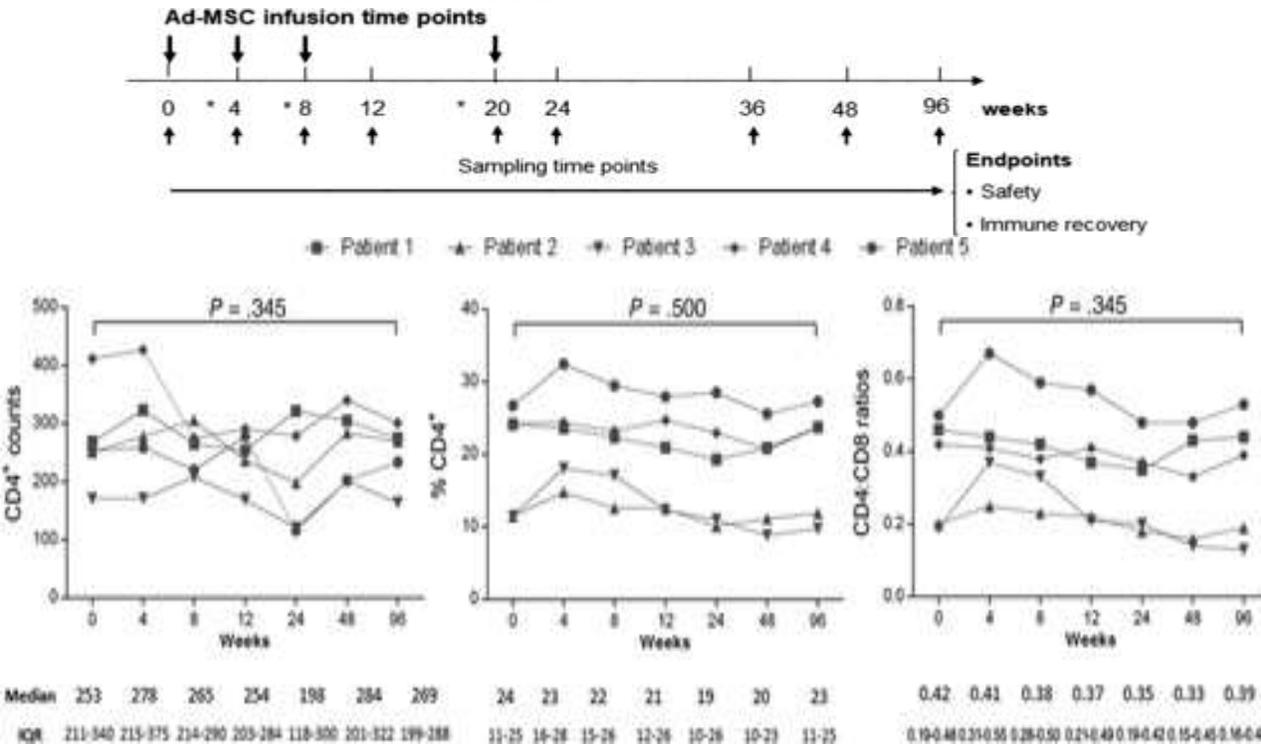
# Alternative Targets



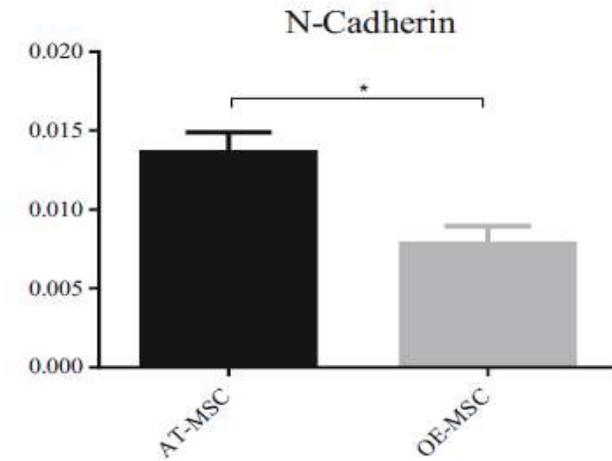
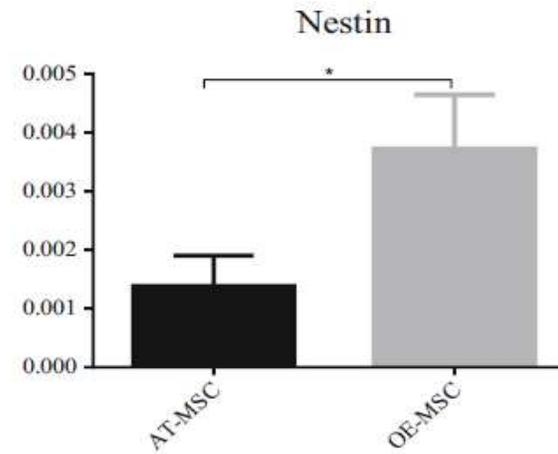
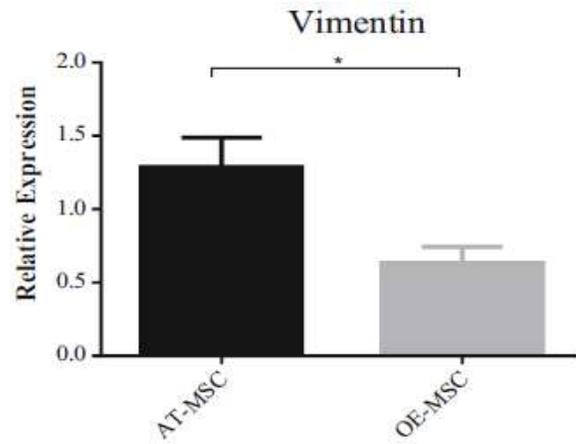
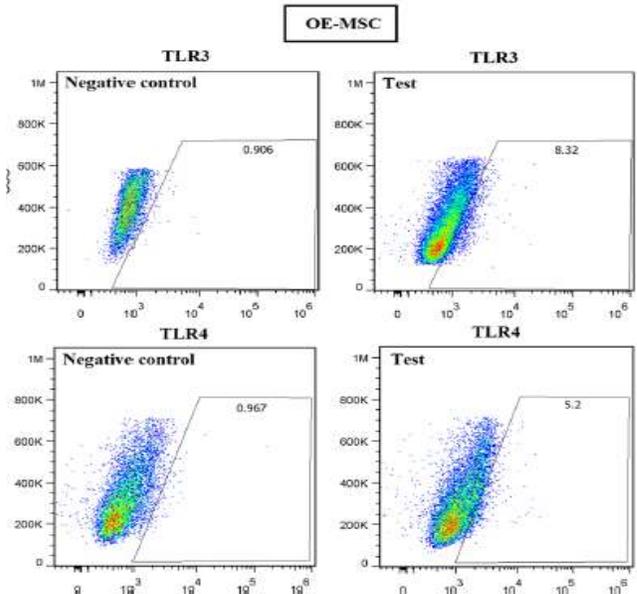
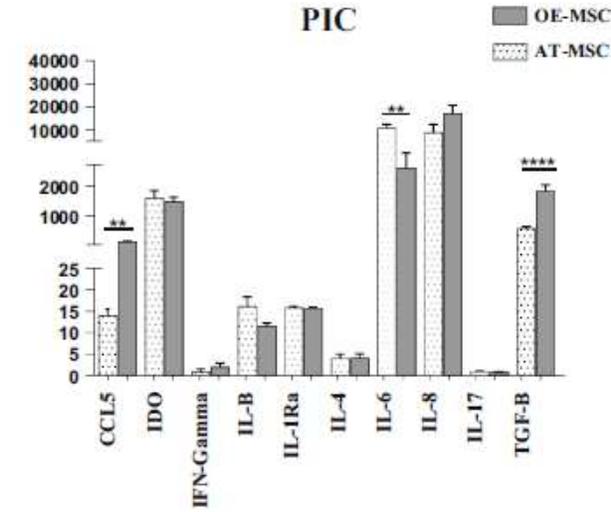
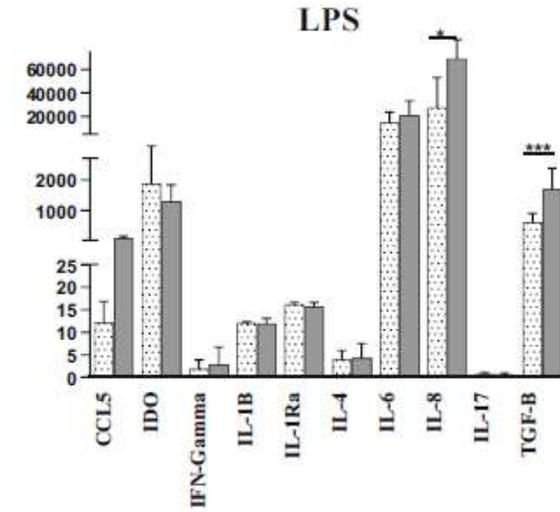
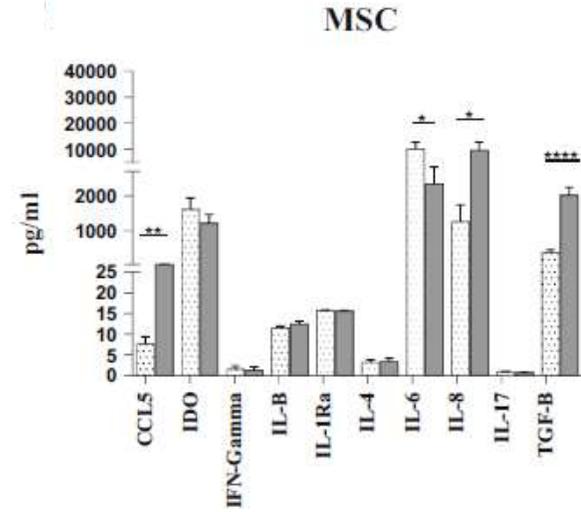
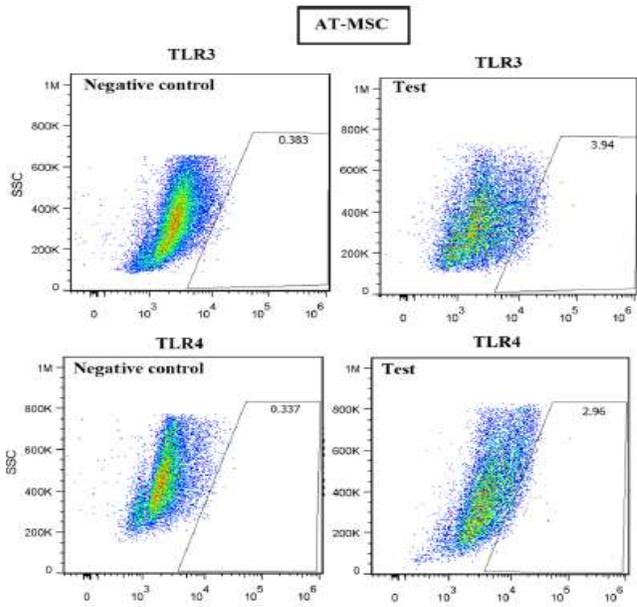




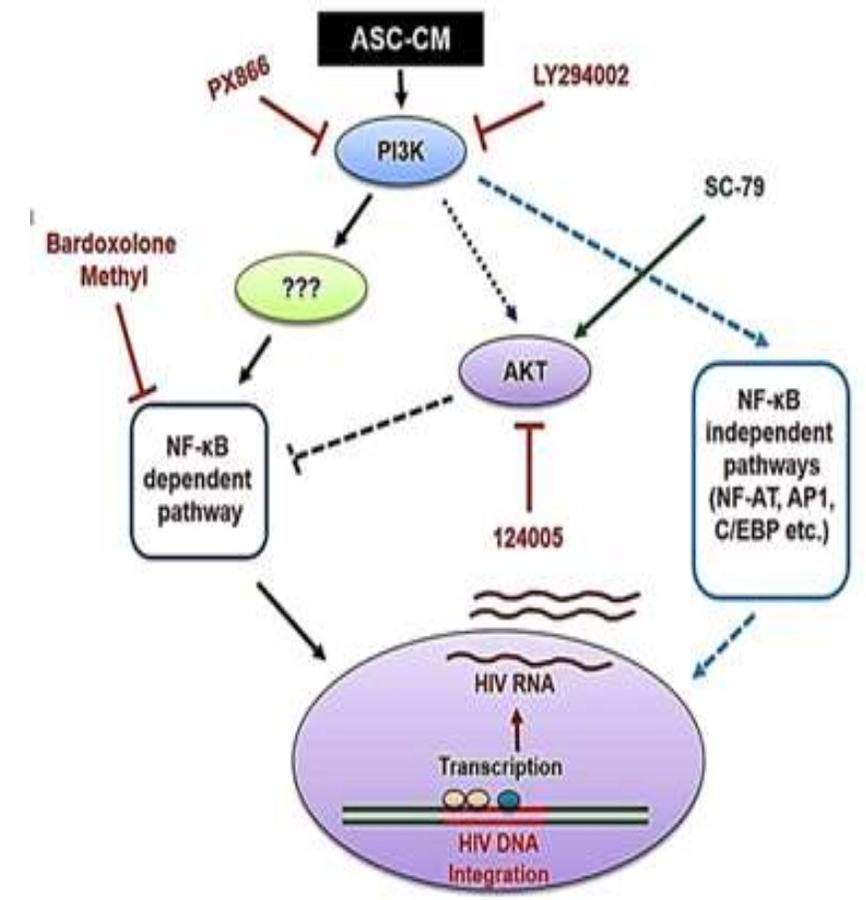
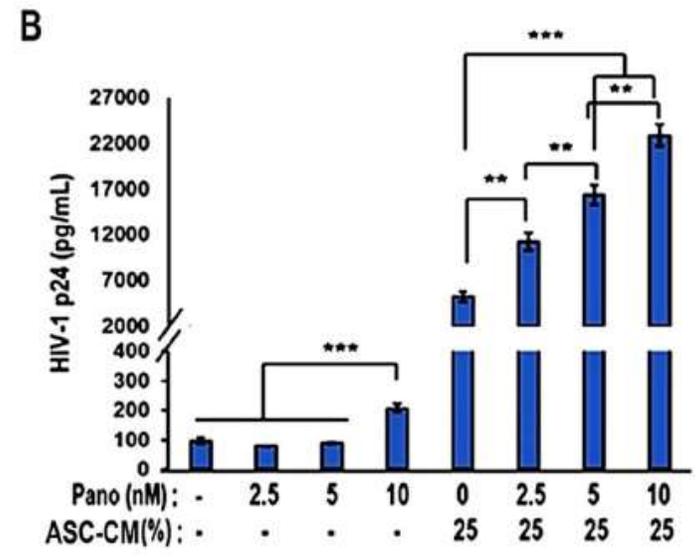
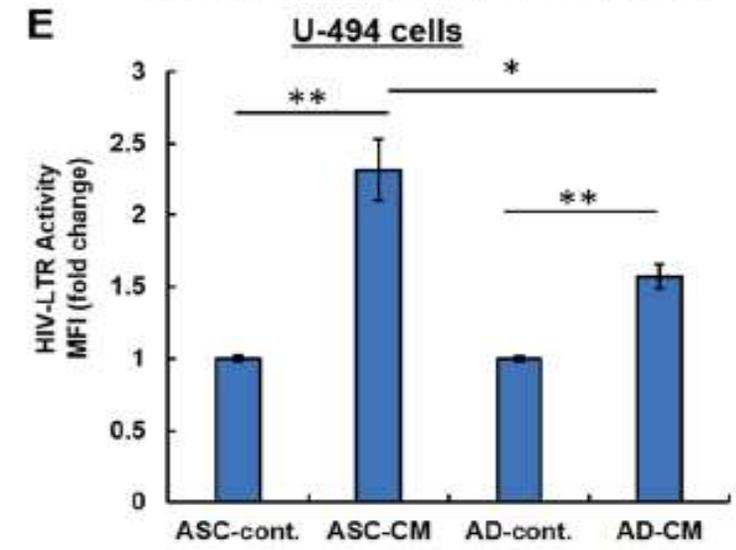
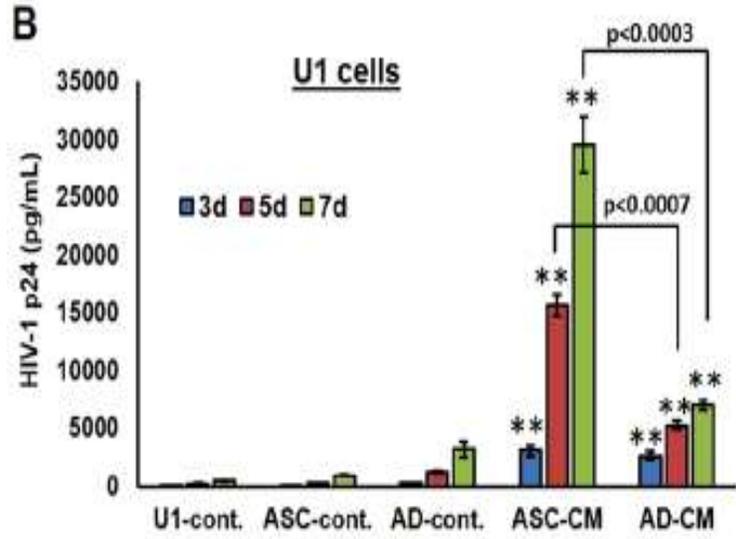
### Immunological Nonresponders



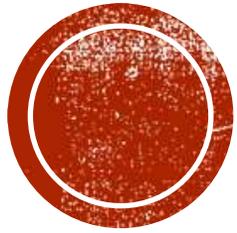
# Olfactory Ecto-Mesenchymal Stem cells differ from other tissue Stem cells



# Mesenchymal stem cells are attracted to latent HIV-1-infected cells and enable virus reactivation via a non-canonical PI3K-NFκB signaling pathway



1. Is OM an HIV reservoir and could it be a surrogate for CNS reservoir?



2. Do we need new reservoirs?

3. If yes, is OM a valuable candidate?

**OM possess several cell types that may serve as HIV reservoir as well as specific cell lines that could affect tissue-specific responses to LRAs**

# ACKNOWLEDGMENTS



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