

# Why are NK cells important for defense against *Aspergillus*?

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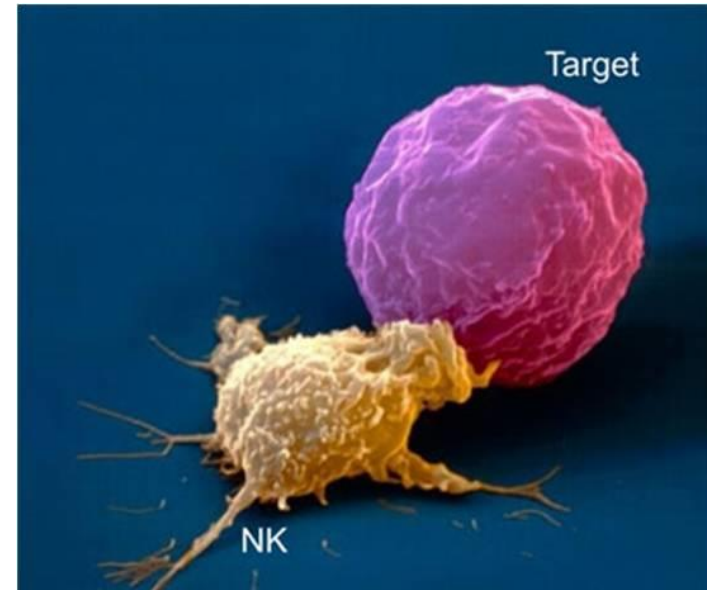
# Conflict of Interest

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Speakers bureau:	Astellas, Gilead Sciences, Merck/MSD, Pfizer
Advisory board:	Astellas, Basilea, Gilead Sciences, Merck/MSD
Research grant:	Gilead Sciences

# NK cells

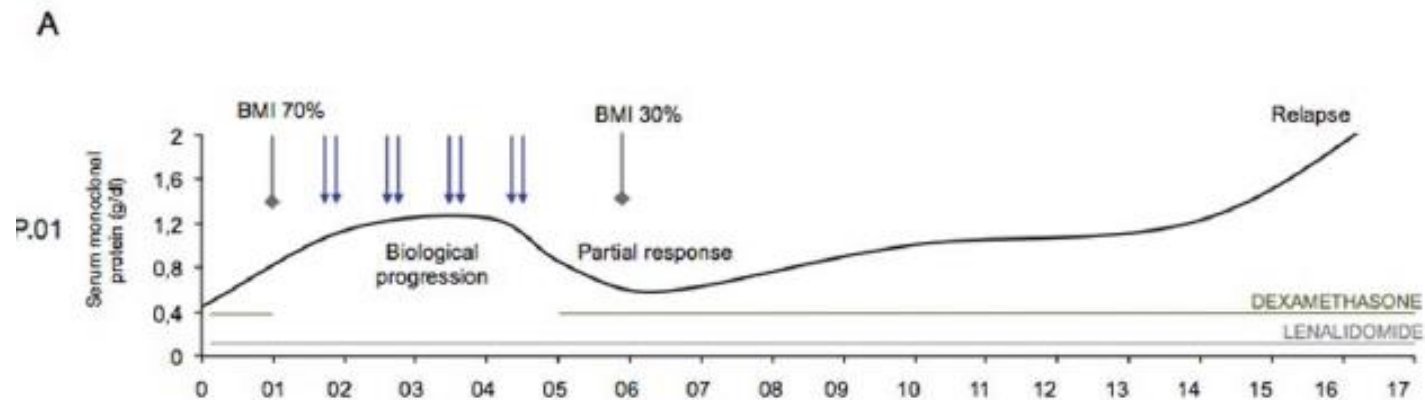
- 5-10% of leukocytes in the peripheral blood are Natural Killer cells
- NK cells are characterized by CD56 and by the absence of the T cell marker CD3
- Two main subpopulations: the cytotoxic CD56<sup>dim</sup>CD16<sup>bright</sup> and the immune regulatory CD56<sup>bright</sup>CD16<sup>dim</sup>
- Name originates from ability to kill tumor cells *in vitro* and *in vivo* without previous stimulation (e.g., ALL, AML, neuroblastoma, multiple myeloma)
- Effects:
  - Cytolytic effect by soluble factors such as perforin, granzyme
  - Immunomodulation by secretion of chemokines and cytokines



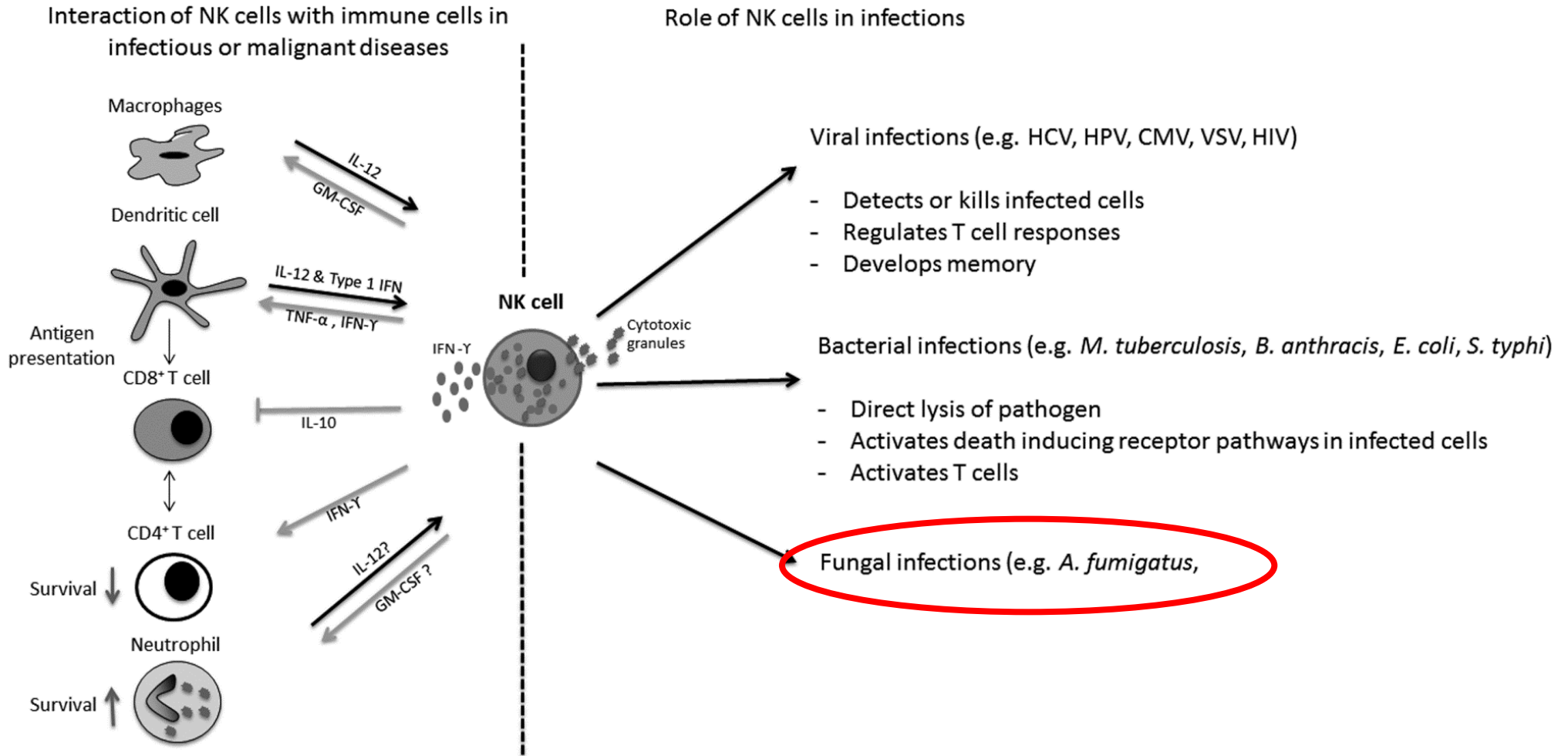
# NK cells in antitumor immunotherapy

Based on the observation that NK cells kill malignant cells, multiple studies evaluate NK cells as antitumor immunotherapy

- Phase I study evaluating autologous activated and expanded NK cells in patients with multiple myeloma
- Five patients with relapsed or refractory MM who had received 2-7 prior lines of therapy
- Four cycles with two infusions of  $7.5 \times 10^6/\text{kg}$  NK cells
- Safety excellent (no grade III/IV toxicities)
- Efficacy: 2 patients with partial response (50% reduction of bone marrow infiltration), 3 patients with stable disease



# NK cells and pathogens



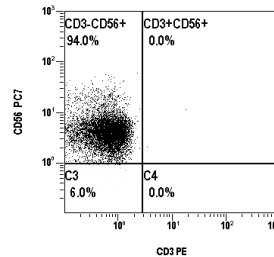
NK cells and *Aspergillus*:  
*in vitro* data

# NK-cells and *Aspergillus fumigatus*

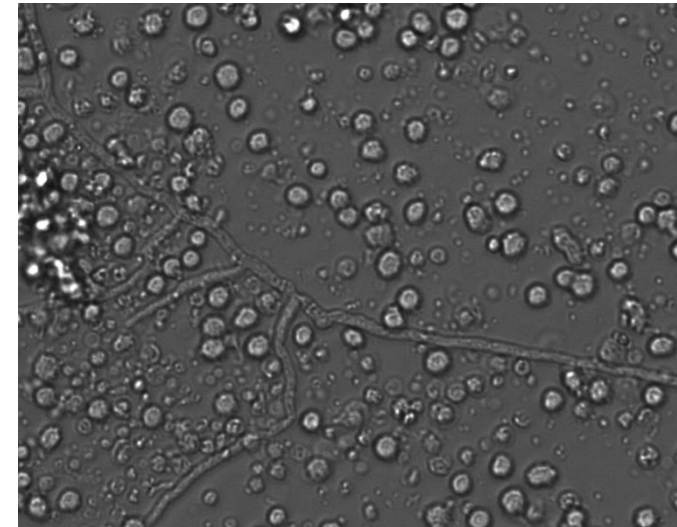
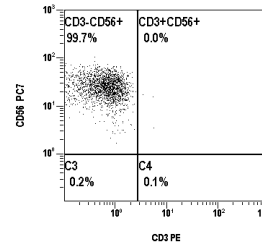
Purified human CD56<sup>+</sup>CD3<sup>-</sup> NK cells

*Aspergillus fumigatus* (hyphae, conidia)

- unstimulated



- stimulated for  
7-10 days with IL-2  
(1000 U/ml)

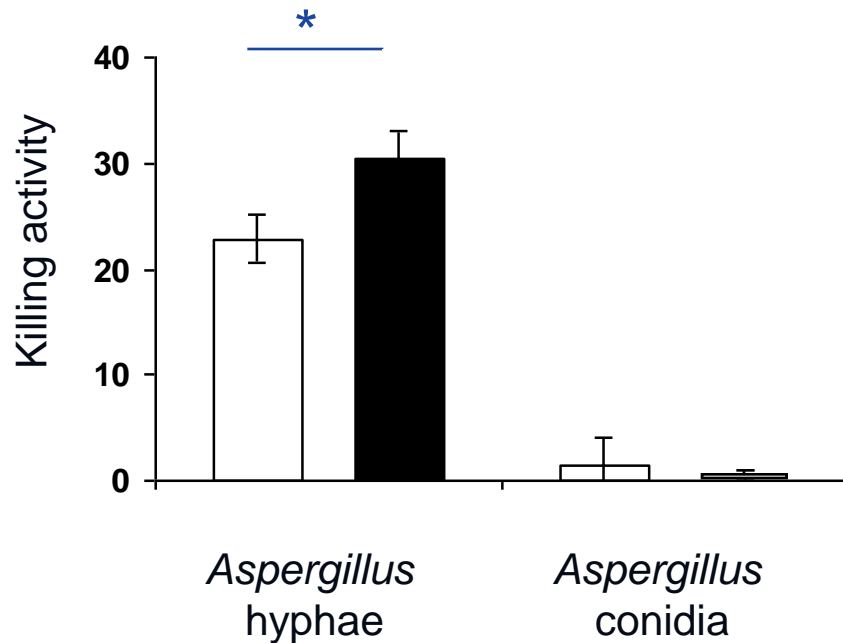


→ anti-*Aspergillus* activity [hyphal damage (microscopy, XTT)]  
[anticonidial activity (CFU)]

→ Assessment of

surface/activation markers on NK cells  
soluble factors in supernatant  
effect of perforin

# NK cells kill *A. fumigatus* hyphae, but not conidia

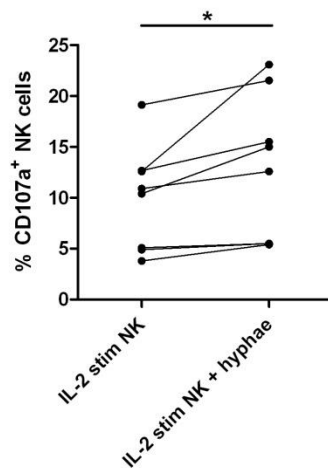
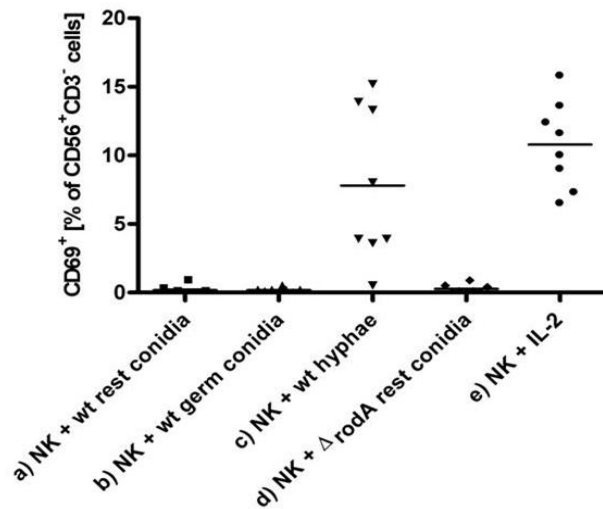


- Unstimulated and IL-2 stimulated human NK cells kill *A. fumigatus* hyphae, but do not affect resting *A. fumigatus* conidia
- Antifungal activity of IL-2 prestimulated NK cells significantly higher than of unstimulated NK cells



# *A. fumigatus* hyphae, but not conidia activate NK cells

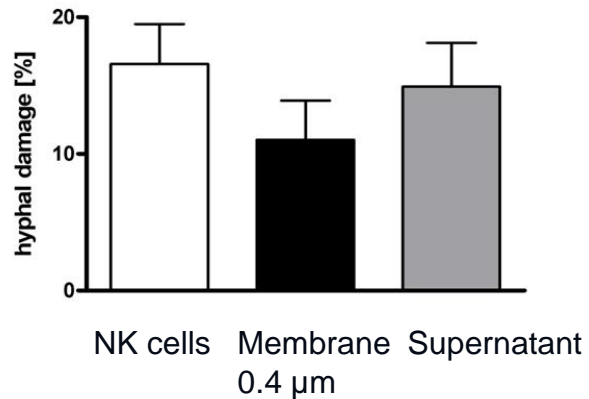
Fig 1B



- *A. fumigatus* hyphae (c), but not resting (a) and germinating *A. fumigatus* conidia (b) up-regulate CD69 expression on unstimulated human NK cells
  - Percentage of activated NK cells (bar: median)
- *A. fumigatus* hyphae, but not resting *A. fumigatus* conidia up-regulate CD107a expression on stimulated human NK cells

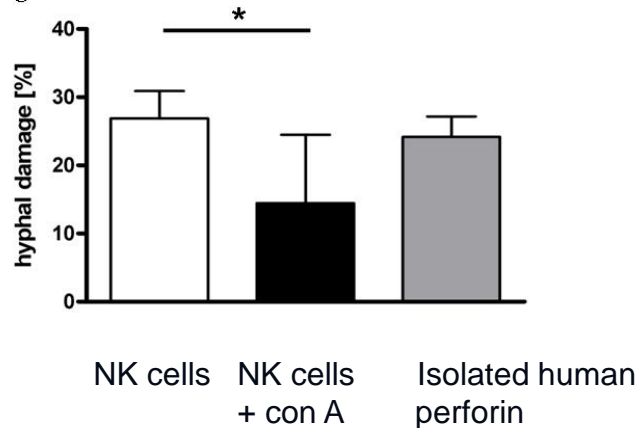
# Perforin plays an important role in hyphal killing

Fig 3A



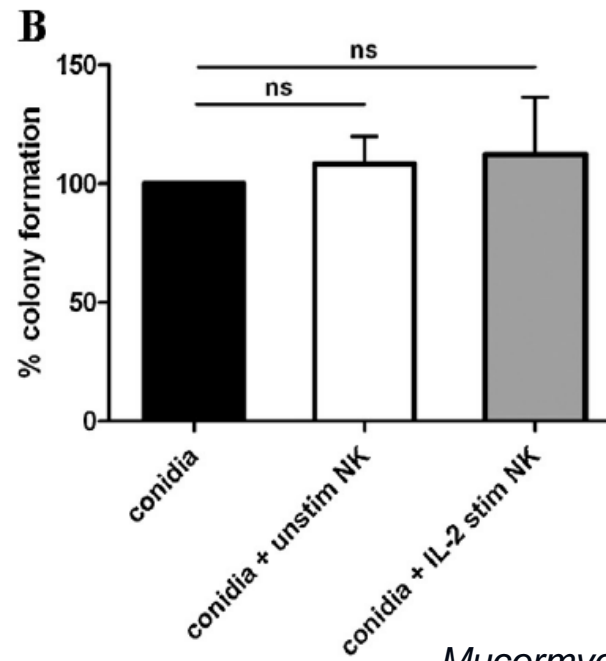
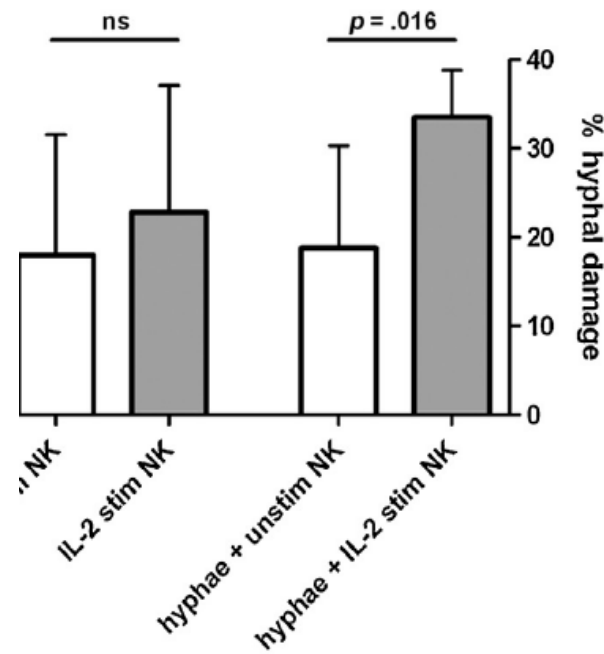
- Hyphal killing by NK cells induced by soluble factors

Fig 3B



- Killing activity of IL-2 stimulated NK-cells significantly reduced by concanamycin A
- Killing of *Aspergillus* hyphae also induced by purified human perforin

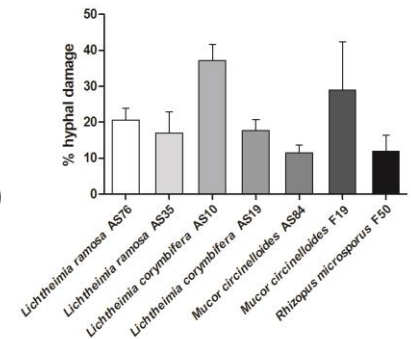
# NK cells are able kill various mucormycetes and *Candida*



*R. oryzae*

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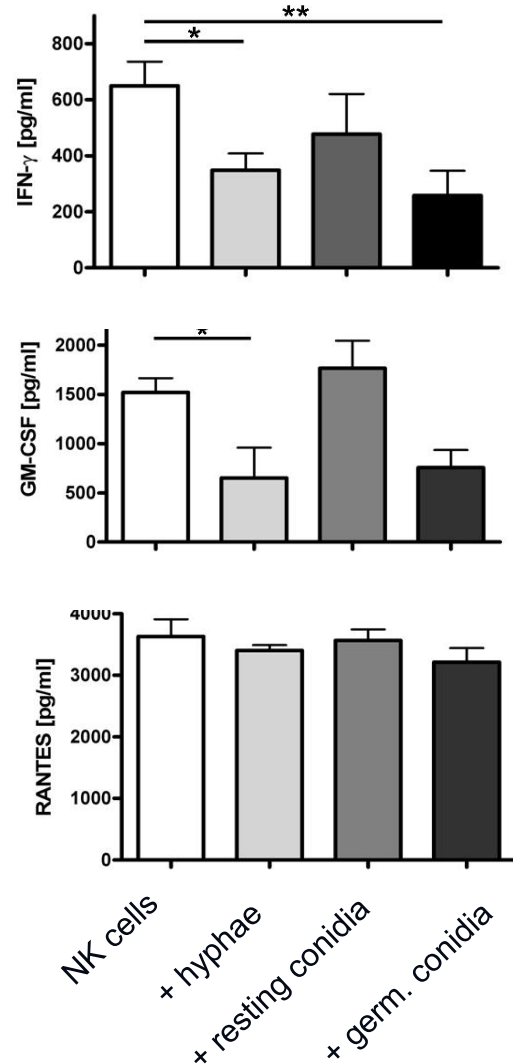
Mucormycetes  
(*Lichtheimia*,  
*Mucor*, *Rhizopus*)



Similar data for NK cells and *C. albicans* → NK cells with broad antifungal activity

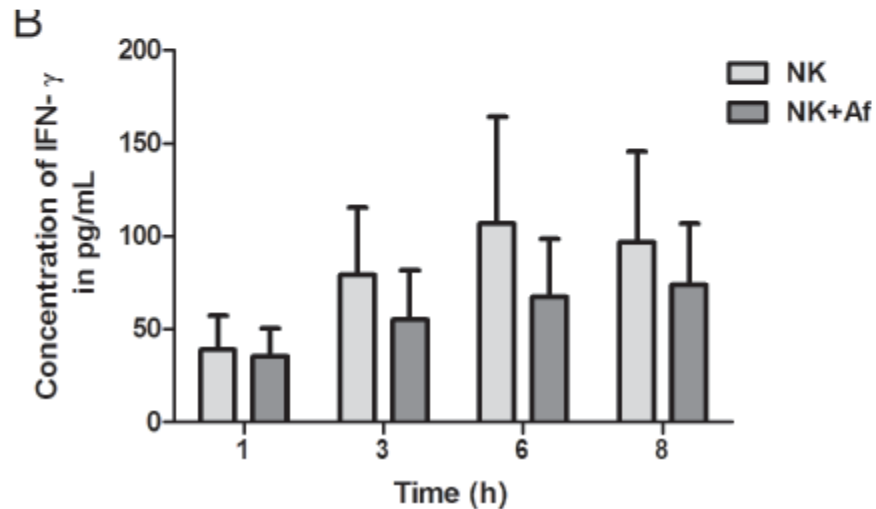
# Immunosuppressive effect of *Aspergillus*

Fig 4A



- Coincubation with *Aspergillus* hyphae and germinating conidia, but not with resting conidia leads to a
    - significant decrease of IFN- $\gamma$  and GM-CSF in the supernatant
    - RANTES secretion not affected
    - Note: viability of NK cells unaffected
- immunosuppressive effect of the fungus (mycotoxins?)

# Effect of *Aspergillus* on NK cell derived IFN- $\gamma$



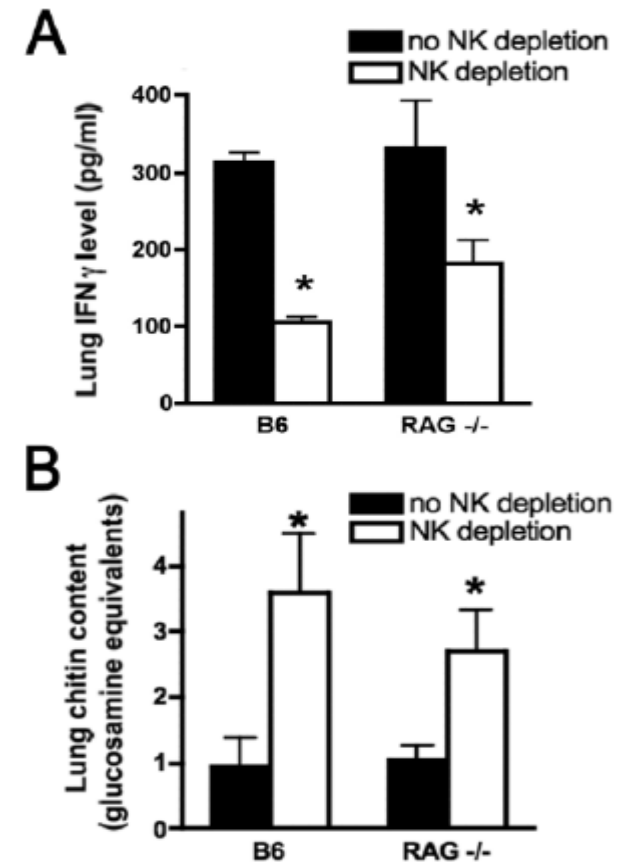
# Evaluating NK cells *in vivo*: animal models

# NK cells in the antifungal host defense: animal model

NK cells are main source of IFN- $\gamma$  in neutropenic mice suffering from aspergillosis

→ depletion of NK cells results in diminished IFN- $\gamma$  levels in the lungs

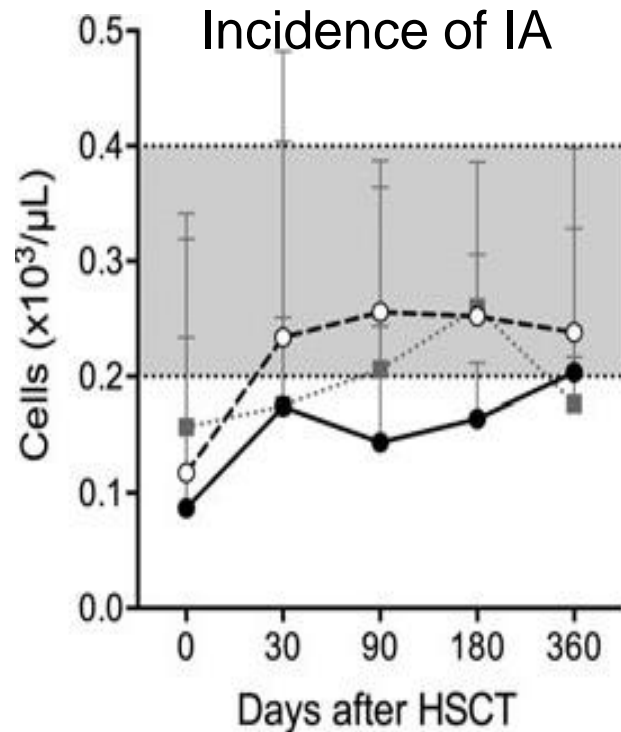
→ followed by increased fungal load



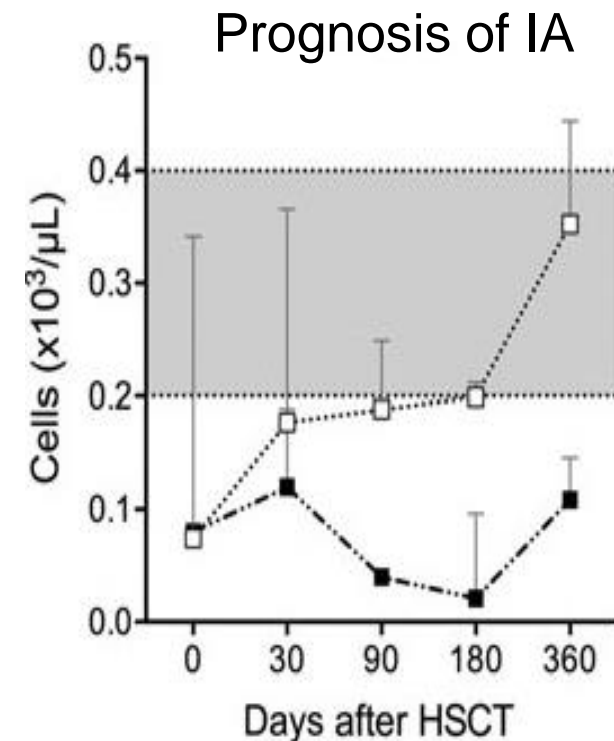
# Clinical Data



# NK cells influence risk and outcome of IA after HSCT



○- - no IA    □- · possible IA    ●- - probable/proven IA

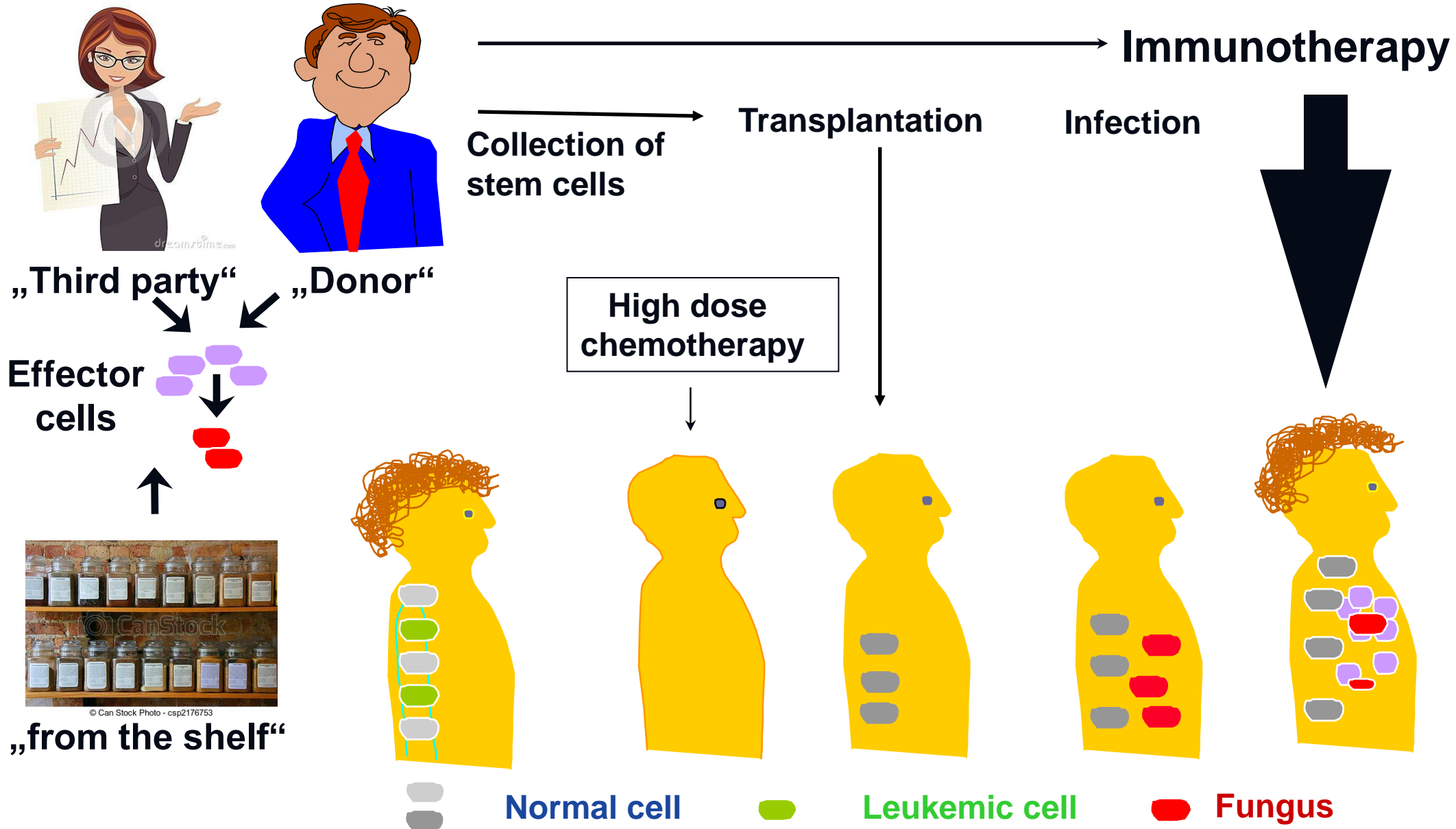


□- · well-controlled IA    ■- - poor outcome

→ Rationale for immunotherapy with NK cells („adoptive immunotherapy“)

# Adoptive immunotherapy

# Principle of adoptive immunotherapy after SCT



# Adoptive Immunotherapy in aspergillosis

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Granulocyte transfusions: conflicting results regarding efficacy

Safety concerns in patients with pulmonary aspergillosis

Transfusion of anti-*Aspergillus* T cells

„proof-of-principle“ study in 10 patients after haploidentical SCT

GMP conform generation possible – donor needed

epitopes?

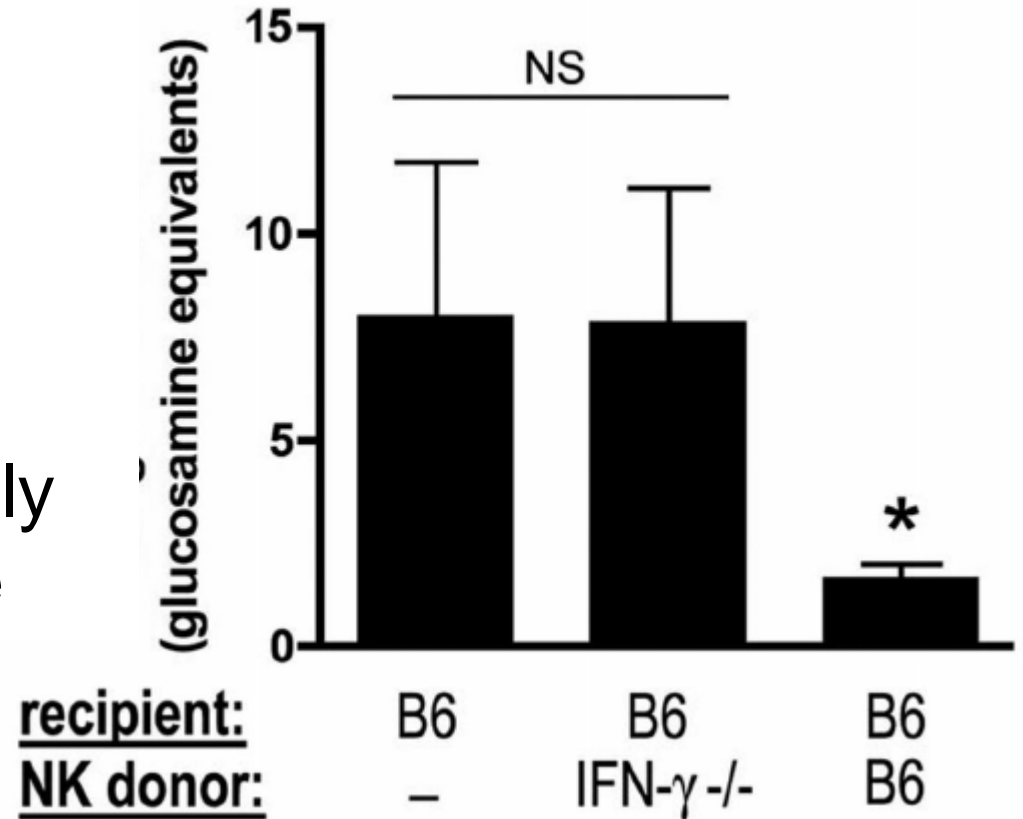
Concerns regarding safety, such as graft-versus-host disease

→ Natural Killer cells ?

Transfer of activated NK cells  
to neutropenic mice

- wild-type mice
- IFN- $\gamma$  deficient mice

Better clearance of *A. fumigatus* from the lungs only  
by transfer of wild type mice



# Summary – NK cells

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- Both unstimulated and IL-2 stimulated NK cells exhibit killing activity against a variety of fungi (e.g. *A. fumigatus*, mucormycetes)
- Direct killing activity mediated – at least in part – by perforin
- Immunosuppressive effect of *A. fumigatus* by decreasing IFN- $\gamma$  release
- Animal models support the important role of NK cells in the antifungal host response – more details by re-population studies needed
- NK cells as adoptive immunotherapy in patients with IFD?
  - autologous / allogeneic NK cells?
  - NK cell lines? Genetically modified NK cells?

Thank you for your  
attention!