

The Immune Response in Chagas Disease: Are cytotoxic CD4 T cells friends or foes?

Maria Bellio

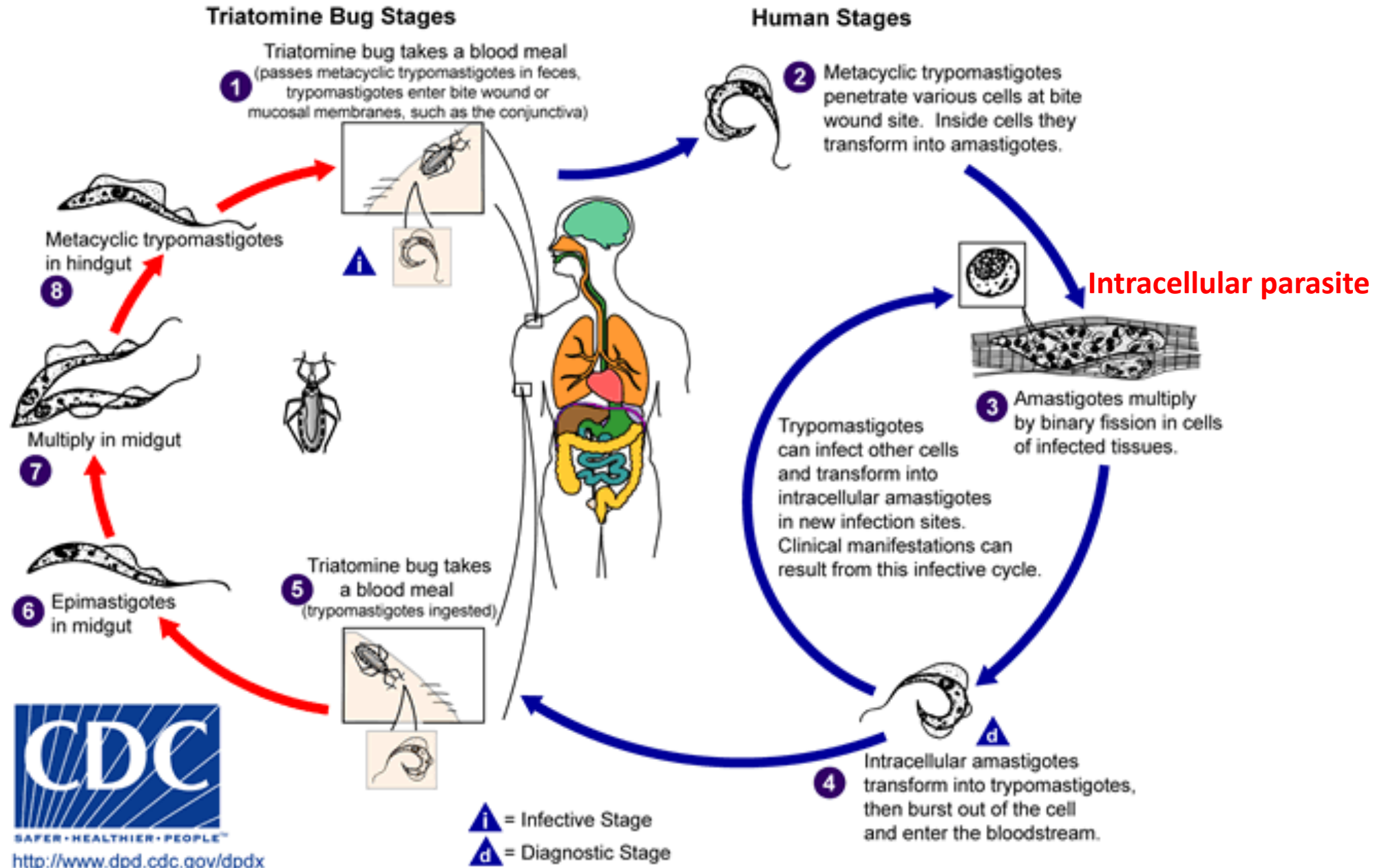
(belliom@micro.ufrj.br)

San Diego, April 14th, 2023

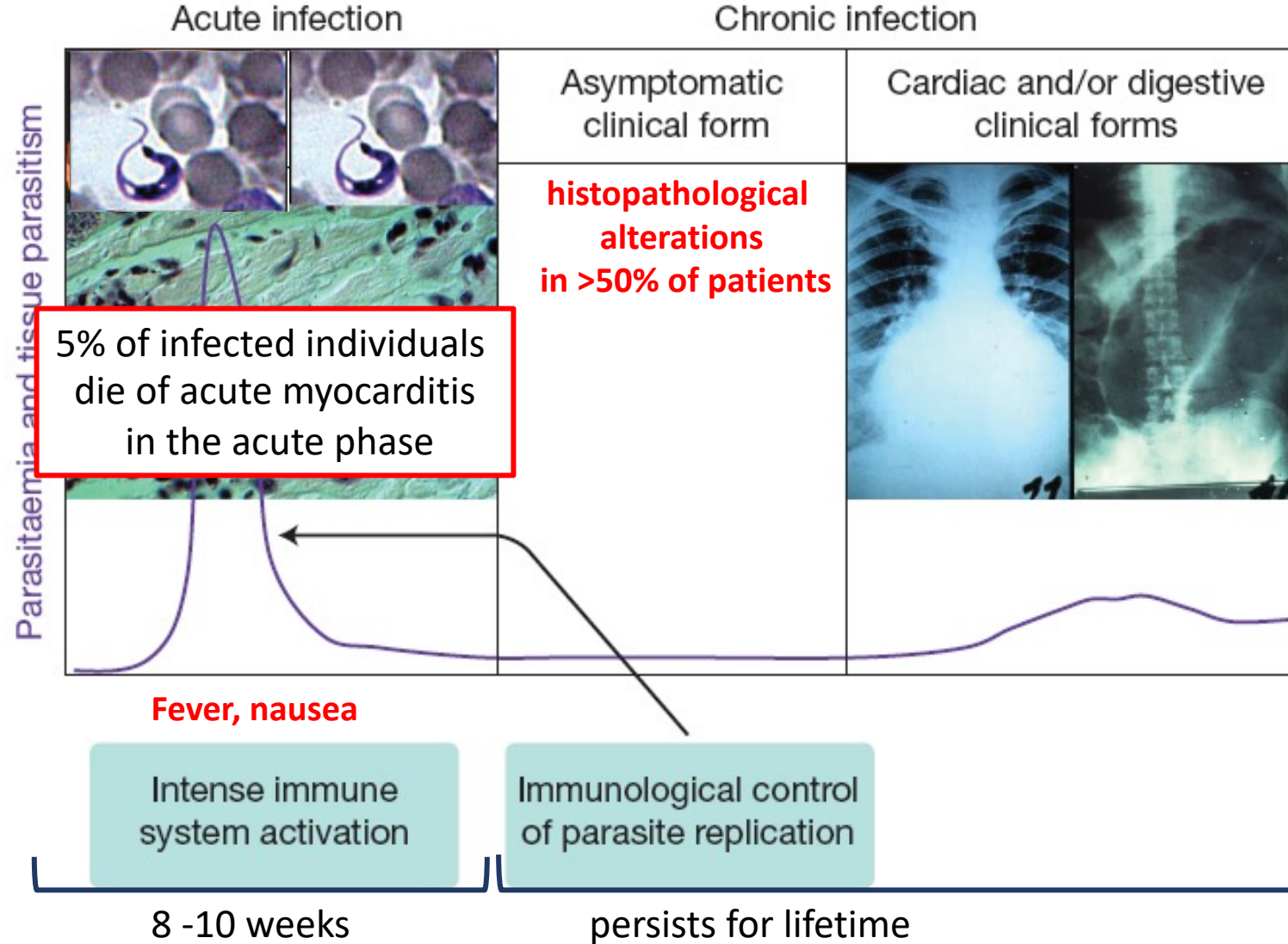
The importance of basic research

- For vaccines
- For novel treatments
- For innovation

The *Trypanosoma cruzi* life cycle



Chagas Disease



≈ 30 % of patients: (CCC)
Chronic Chagas' disease Cardiomyopathy



complex and incompletely understood



No treatment available

Autoimmunity: Molecular Mimicry

Table 1

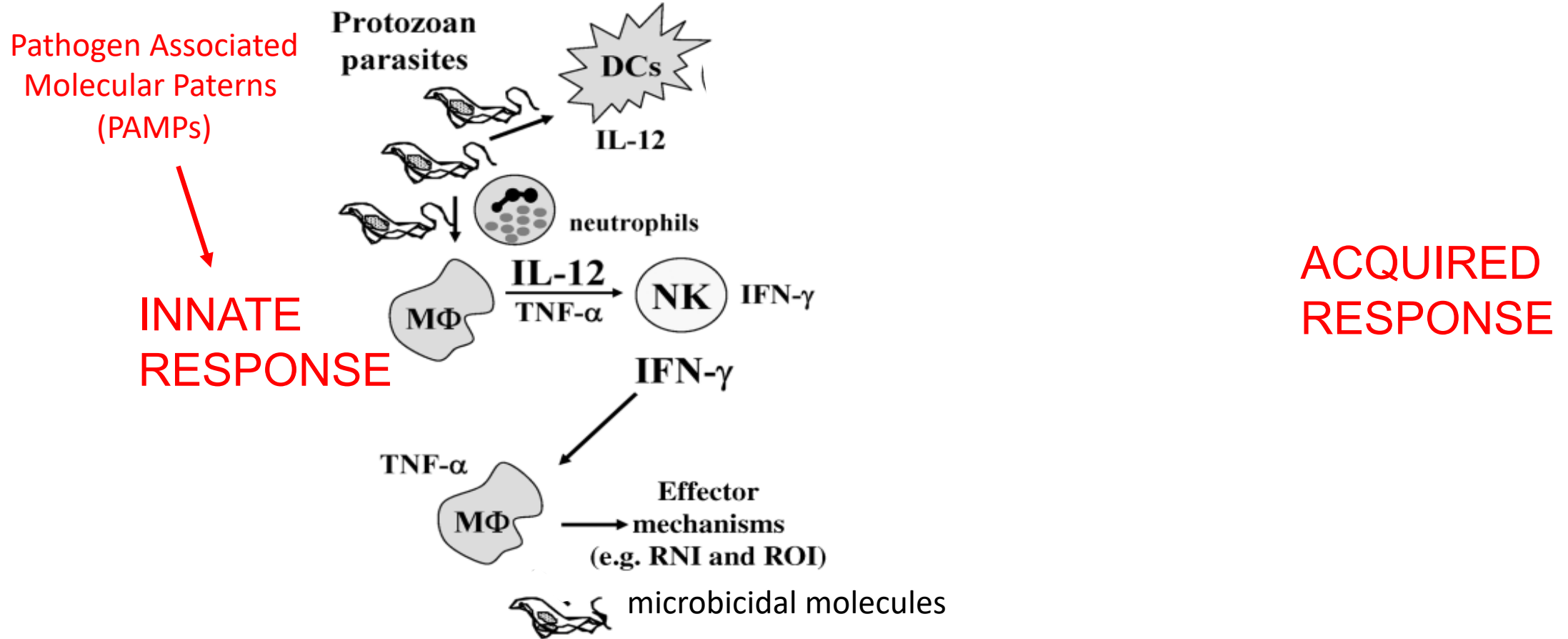
Molecular mimicry after *T. cruzi* infection.

Host component	<i>T. cruzi</i> antigen	Host	Molecular definition
Neurons, liver, Kidney, testis	?	M, R	Mab
Neurons	Sulphated glycolipids	H,R	Mab, sera
47 kDa neuron protein	FL 160	H	rDNA, AS
Heart and skeletal Muscle	Microsomal fraction	H, M	Mab, Serum IgG
Smooth and striated Muscle	150 kDa protein	H, M	Serum IgG
Human cardiac Myosin heavy chain	B13 protein	H	rDNA, Ab, T cell clones
Human cardiac Myosin heavy chain	Cruzipain	M	Ab
95 KDa myosin tail	<i>T. cruzi</i> cytoskeleton	M	Mab
Skeletal muscle Ca++ Dependent SRA	SRA	H, Rb	AS, serum IgG
Glycosphingolipids	glycosphingolipids	H, M	Serum IgG
MAP (brain)	MAP	H, M	rDNA, AS
Myelin basic protein	<i>T. cruzi</i> soluble extract	M	Serum IgG, T cells
28 kDa lymphocyte membrane protein	55 kDa membrane protein	H, M	Mab
23 kDa ribosomal protein	23 kDa ribosomal protein	H	Ab
Ribosomal P protein	Ribosomal P protein	H	rDNA, Ab, SP
38-kDa heart antigen	R13 peptide from ribosomal protein P1, P2	M	IgG1, IgG2
β1 adrenoreceptor M2 muscarinic receptor	Ribosomal P0 and P2 proteins	H	rDNA, Ab, SP
β1-adrenoreceptor M2 cholinergic receptor	150 kDa protein	H, M	Mab
Cardiac muscarinic Acetylcholine receptors (mAChR)	?	H	Ab
Cardiac muscarinic Acetylcholine receptors (mAChR)	cruzipain	M	Immunization with cruzipain
Cha antigen	SAPA, 36KDa TENU2845	M	Ab, T cells

Abbreviations: M, mouse; H, human; Rb, rabbit; R, rat; AS, antiserum; Ab, patient antibody; Mab, monoclonal antibody; rDNA, recombinant DNA; SP, synthetic peptides.

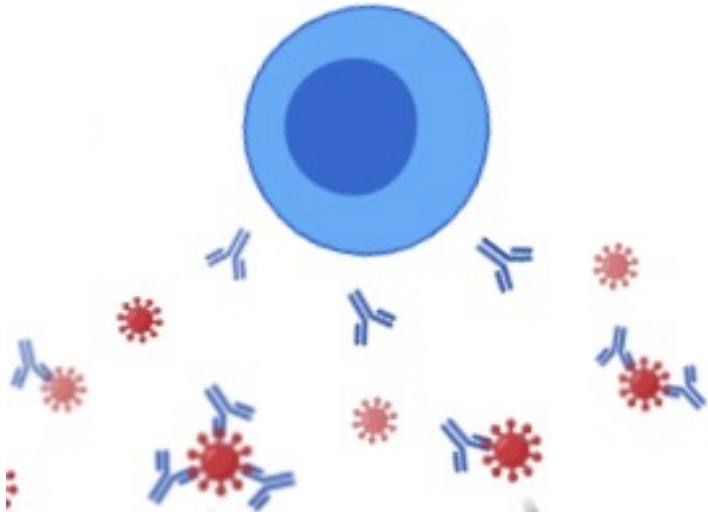
Adapted from Bilate and Cunha-Neto [7].

The immune response against infection with *Trypanosoma cruzi*



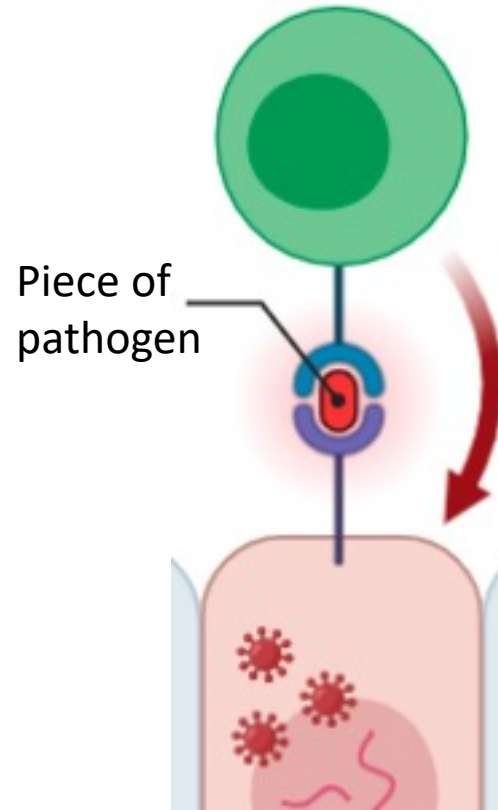
Lymphocytes: cells of the acquired immune response

B cells



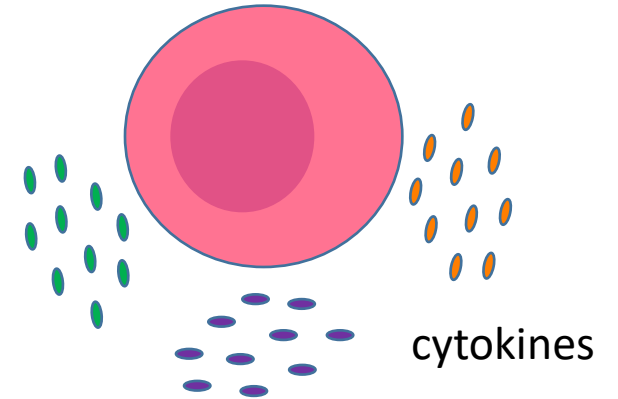
Produce antibodies

CD8 T cells



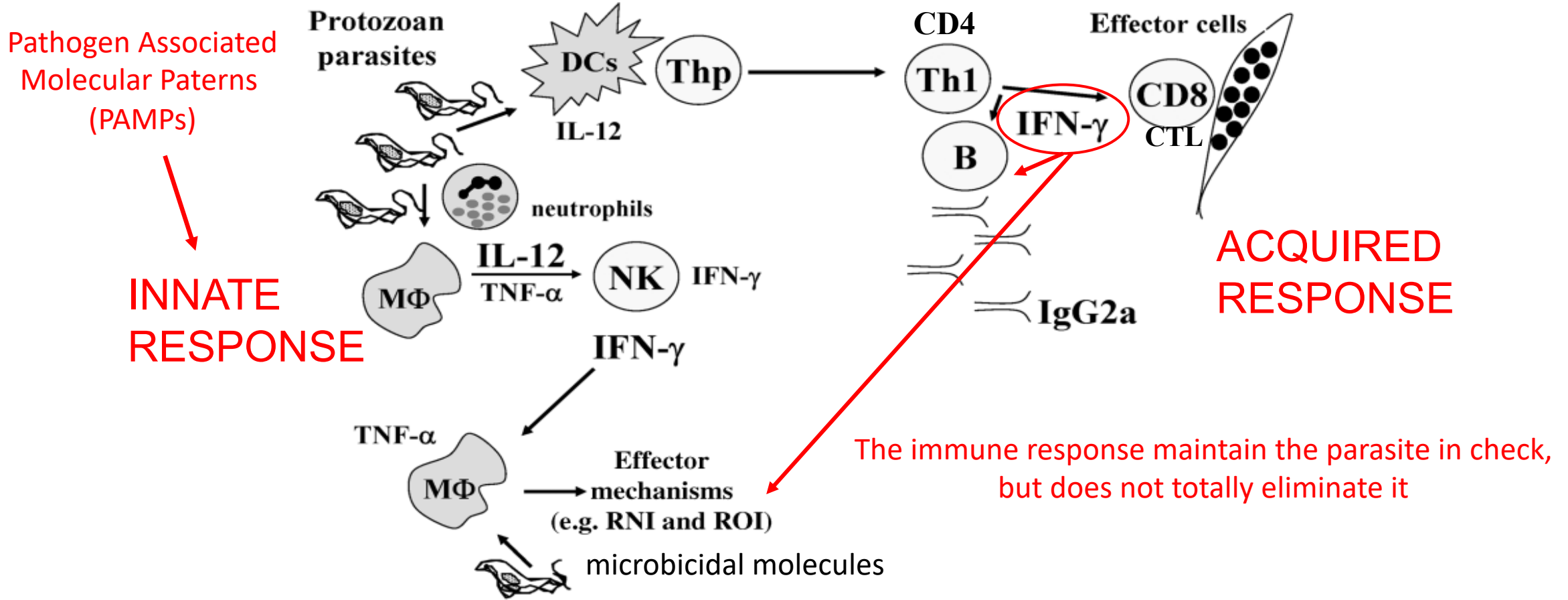
CYTOTOXIC CELLS - CTL
(kill infected cells)

CD4 T cells

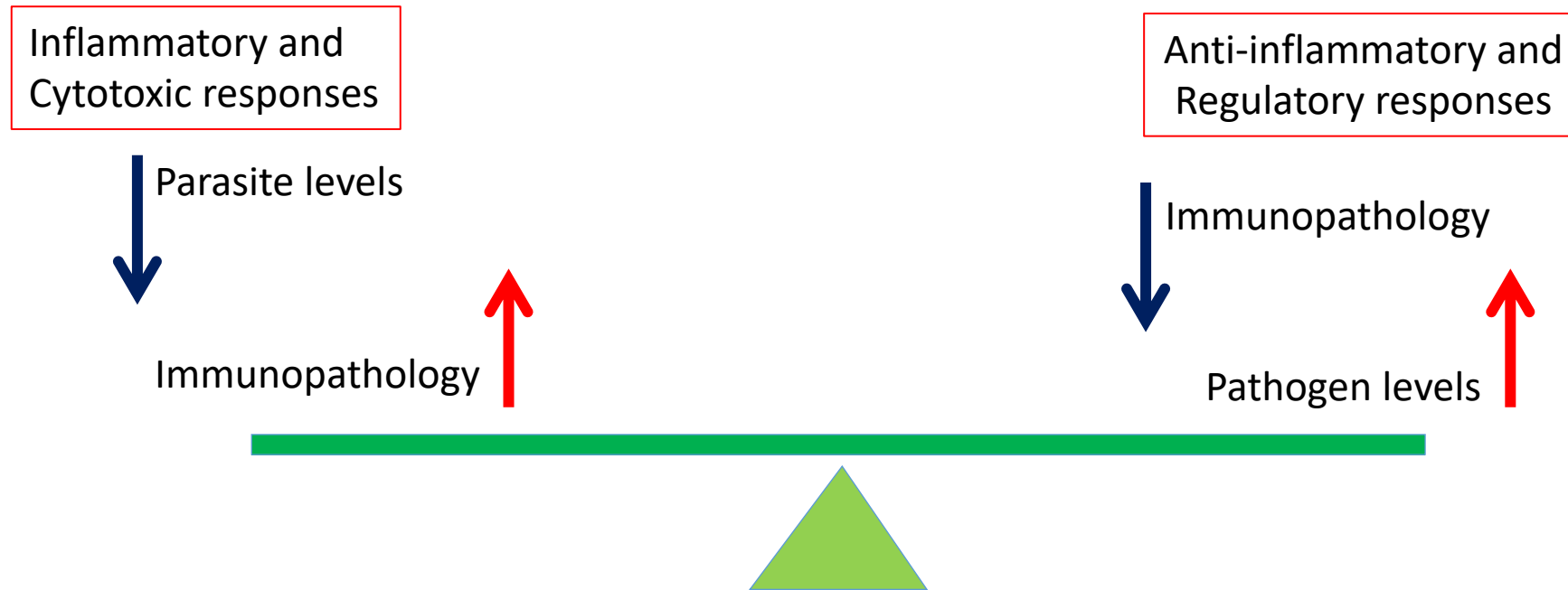


HELPER CELLS (Th)
(Produce soluble factors)

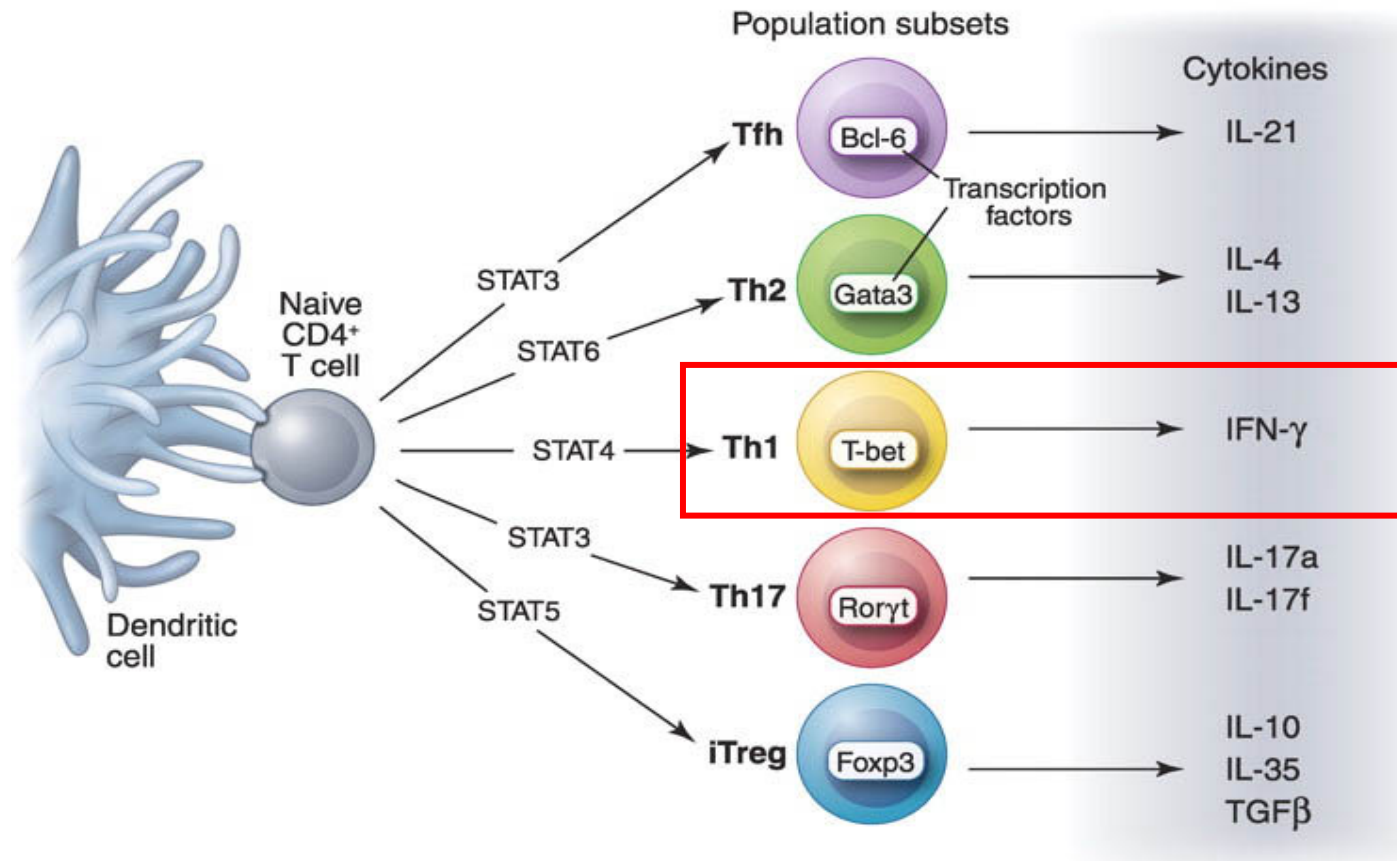
Known mechanisms of host defense against infection with *Trypanosoma cruzi*



Control of pathogen load & minimize tissue damage



Different Th (CD4 T cell) subsets



Can CD4 T cells also become cytotoxic?

The Era of Cytotoxic CD4 T Cells

Mara Cenerenti^{1,2†}, Margaux Saillard^{2,3†}, Pedro Romero^{2,3} and Camilla Jandus^{1,2}*

- Steady-state IEL in the gut
- Infections (viral, intra-cellular bacteria, chronic and acute)
- Autoimmune diseases
- Cancer

Cytotoxic CD4⁺ T cells driven by T-cell intrinsic IL-18R/MyD88 signaling predominantly infiltrate *Trypanosoma cruzi*-infected hearts

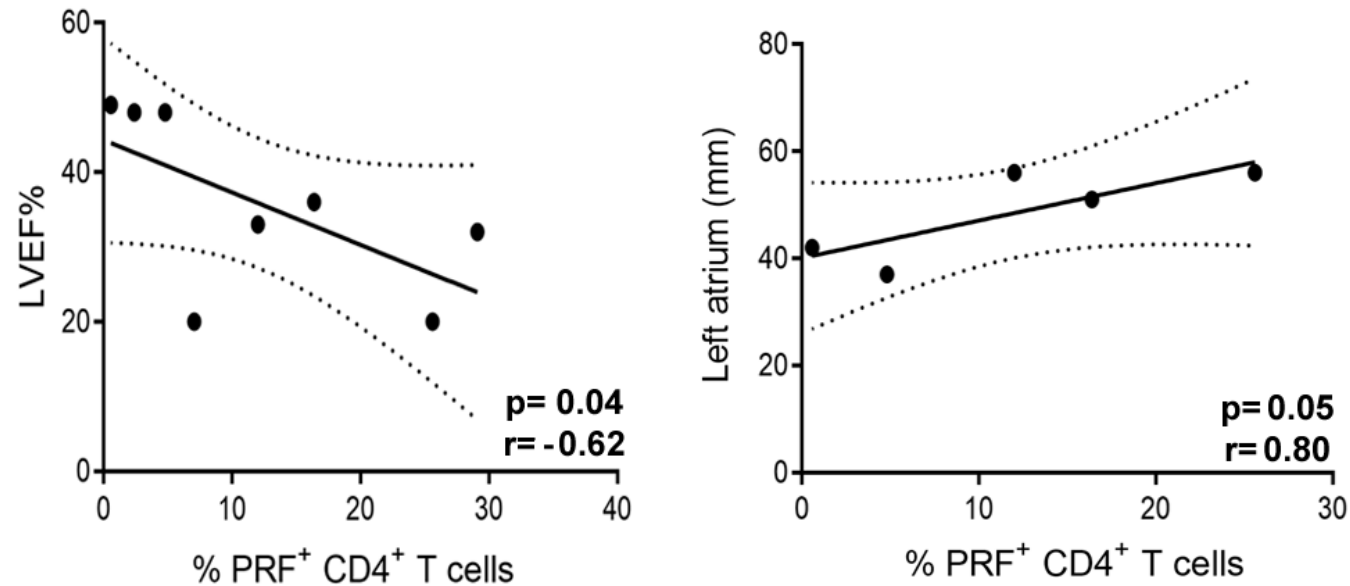
Carlos-Henrique D Barbosa^{1†‡}, Fábio B Canto^{1†§}, Ariel Gomes^{1†#},
Layza M Brandao¹, Jéssica R Lima¹, Guilherme A Melo¹, Alessandra Granato^{1¶},
Eula GA Neves², Walderez O Dutra², Ana-Carolina Oliveira³, Alberto Nóbrega¹,
Maria Bellio^{1*}

➔ CD4CTLs is the predominant subset among CD4⁺ T cells infiltrating the infected heart

➔ The adoptive transfer of CD4⁺GzB⁺ T cells increases survival of susceptible mice to acute infection (anti-inflammatory role?)

➔ The frequency of circulating CD4⁺PRF⁺ T cells is higher in chronic patients with Chagas Disease

The frequency of CD4⁺PRF⁺ T cells correlates with cardiomyopathy



But, a correlation does not imply causation!

RESEARCH

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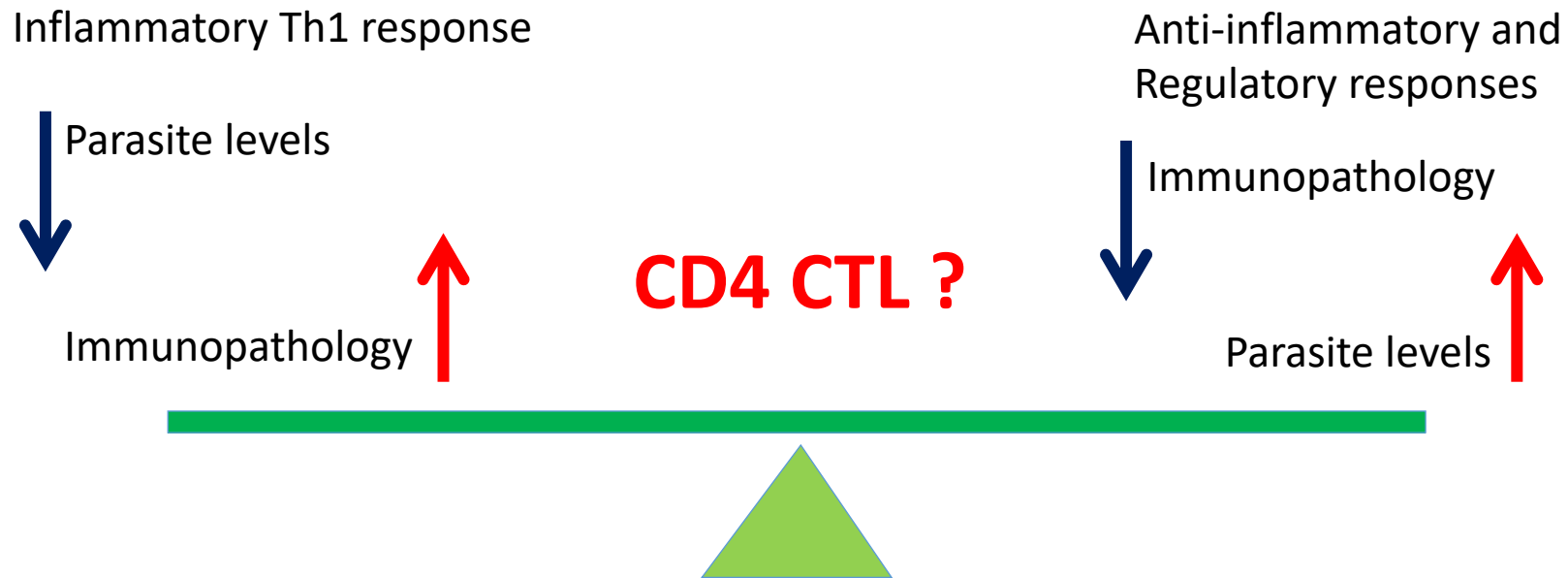
Chagasic cardiomyopathy is marked by a unique signature of activated CD4⁺ T cells



Gregório Guilherme Almeida¹, Inga Rimkute², Isabela Natália Pascoal Campos do Vale¹, Thomas Liechti², Priscilla Miranda Henriques¹, Ester Roffe³, Fernanda Fortes de Araújo⁴, Manoel Otávio da Costa Rocha⁵, Silvana Maria Elói Santos⁶, Olindo Assis Martins-Filho⁴, Dragana Jankovic⁷, Alan Sher⁷, Andrea Teixeira-Carvalho⁴, Mario Roederer² and Lis Ribeiro do Valle Antonelli^{1*} 

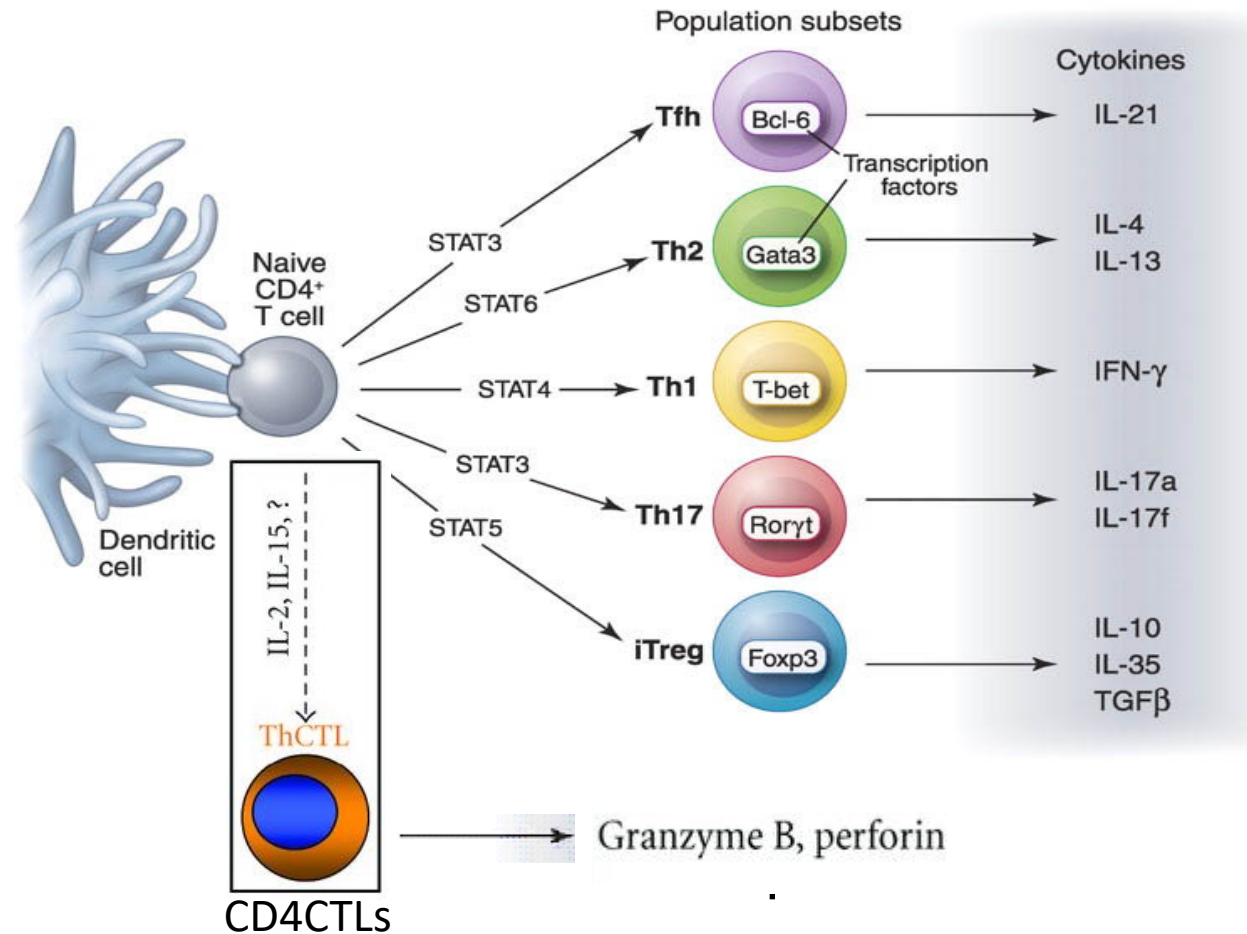
A GrB⁺PFN⁺IFN- γ ⁺CD4⁺ T cell population was expanded in Chagas' patients

Role of CD4CTLs during *T. cruzi* infection?

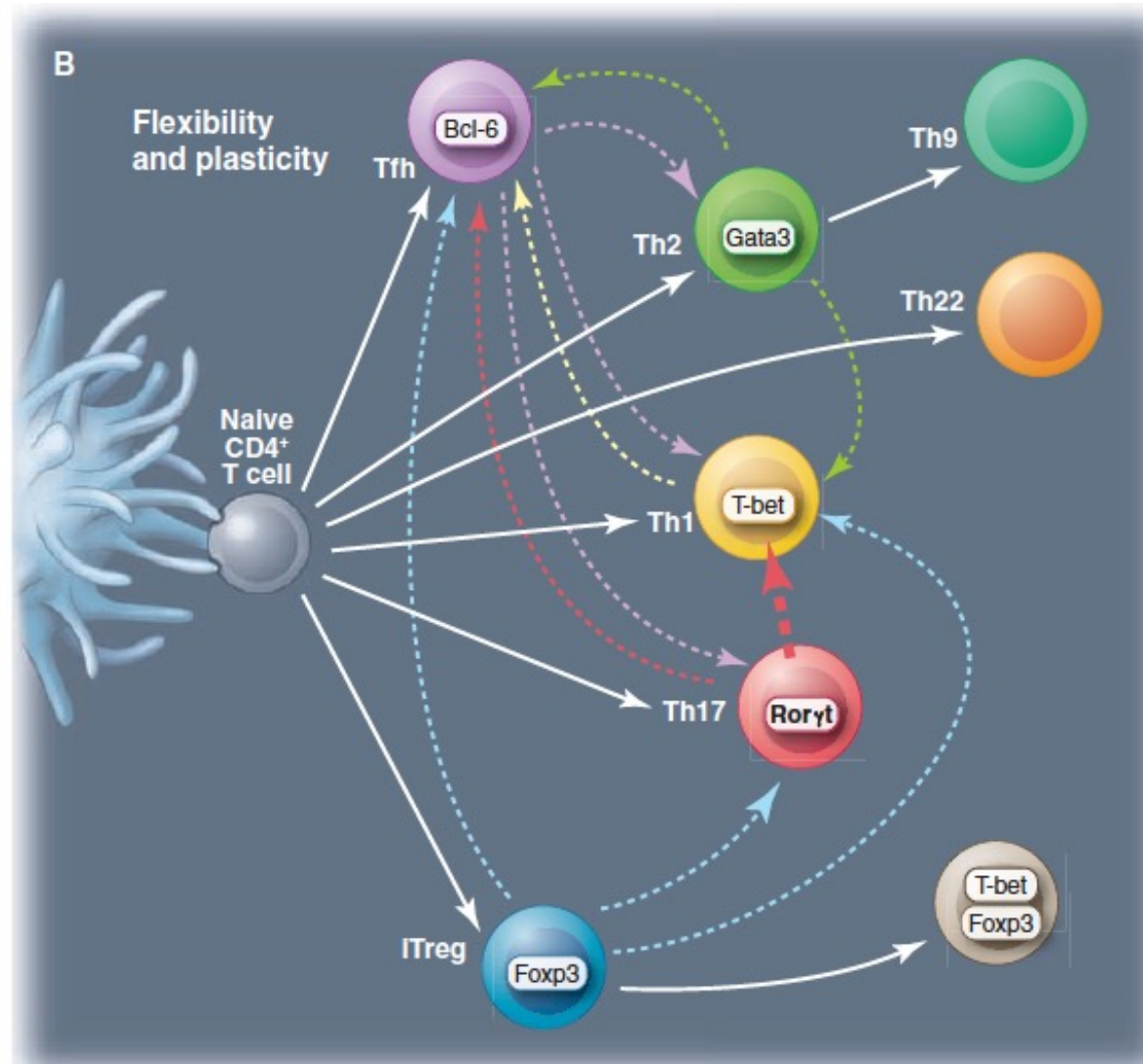


Whether their role is protective or detrimental in promoting cardiomyopathy is still unknown.

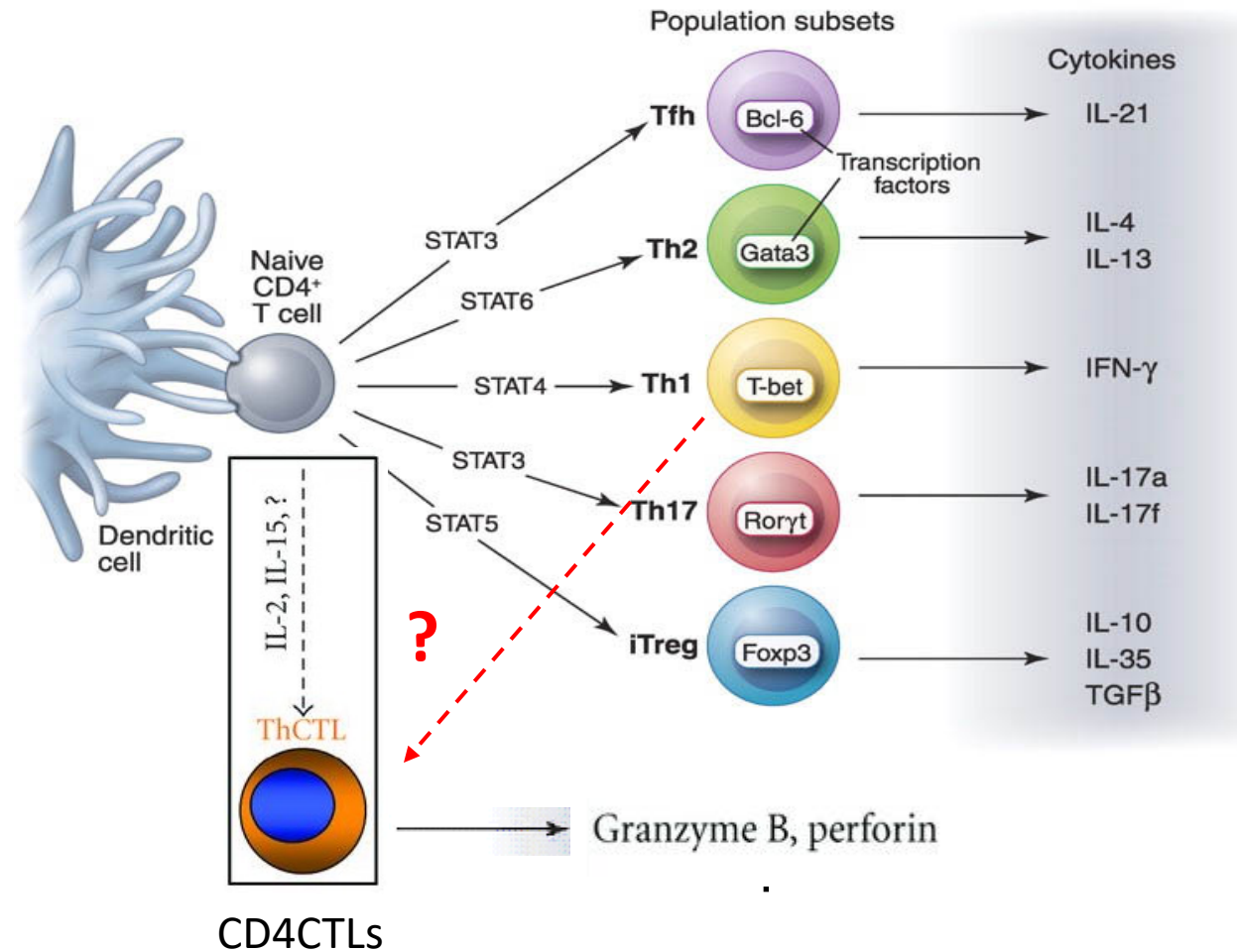
Which is the origin of CD4CTLs observed during infection with *T. cruzi* ?



CD4 T cell subset plasticity



Are CD4CTLs terminally differentiated from Th1 cells?



Unanswered questions about CD4CTLs in *T. cruzi* infection

- Specificity?
- Memory/Tissue-resident Memory T Cells?
- Induction by vaccination?
- Which factors favor their differentiation?
- Do CD4CTLs found in the acute phase share the same transcriptomic profile of CD4CTLs of chronic patients?
- Are CD4CTLs a type of T regulatory (Tr1) cells?
- Can CD4CTL with a stable phenotype be generated *in vitro*?

T-cell Transfer Therapies

- ➔ CAR-T cell therapy in cancer (lymphoma)
- ➔ Treg adoptive cell transfer in organ transplantation and autoimmunity
- ➔ Transfer of Tr1 cells to prevent graft versus host disease (GvHD) in allogeneic hematopoietic stem cell transplantation (allo-HSCT)
- ➔ Future T cell therapy for chronic Chagas Disease?

Bellio's Lab at UFRJ

Carlos Henrique Barbosa

Ariel Gomes

Jessica R. Lima

Layza M. Brandão

Alessandra Granato



UFRJ

Guilherme A. Melo (IMPPG)

Prof. Ana Carolina Oliveira (IBCCF°)

Prof. Alberto Nóbrega (IMPPG)

UFF

Prof. Fabio B. do Canto (IB)

UFMG

Eula Neves (ICB)

Prof. Walderez O. Dutra (ICB)

