

Mucosal Assays in HIV Prevention Trials: Vaginal Microbicide Trials

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Use of Mucosal Assays in Microbicide Trials

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Today's discussion

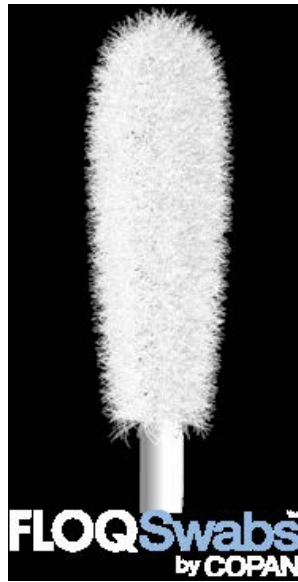
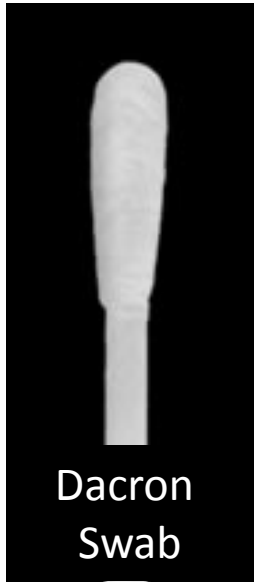
- Mucosal assays that have been used in microbicide trials to collect female genital tract specimen
- Mucosal assays for future trials



Specimen collected

- Dependent on molecule tested
 - e.g. hydrophobic vs. hydrophilic or luminal vs. intracellular
- Mucosal (cervical, vaginal) swabs / sponges, tearflo strips, and cytobrushes
 - Cervicovaginal fluid collected by InStead Cup
- Cervicovaginal lavage (typically 5 or 10 ml)
- Cervical, vaginal tissue
- Blood/PBMCs

Collection devices

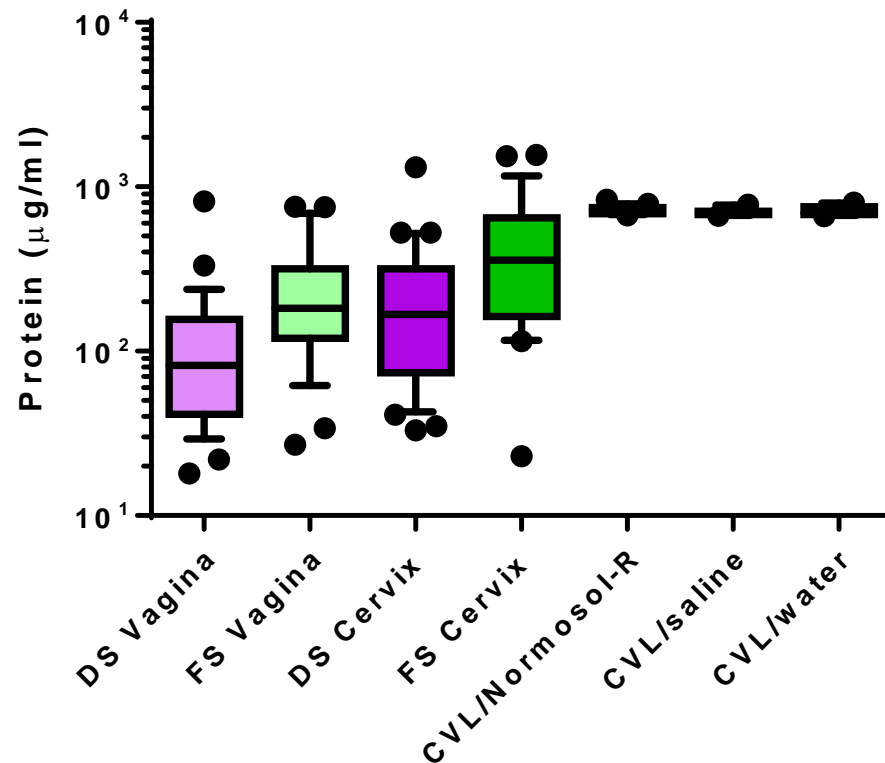


Mucosal fluid processing

- Swabs/sponges
 - Low volume of PBS (or saline) added to swab, soaked for ~10 min,
 - Vortexed
 - Placed in Spin-X insert (without filter), centrifuged
 - Elute collected (can retain pellet)
 - Repeat process if desired
- CVL
 - Centrifuged to remove cellular debris (can retain pellet)
 - Whole CVL has been used for functional assays

Mucosal Fluid collection

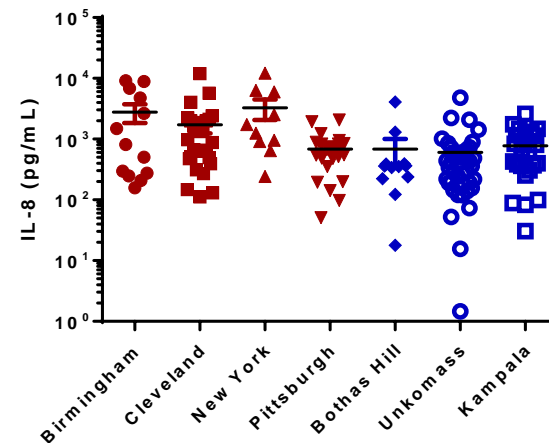
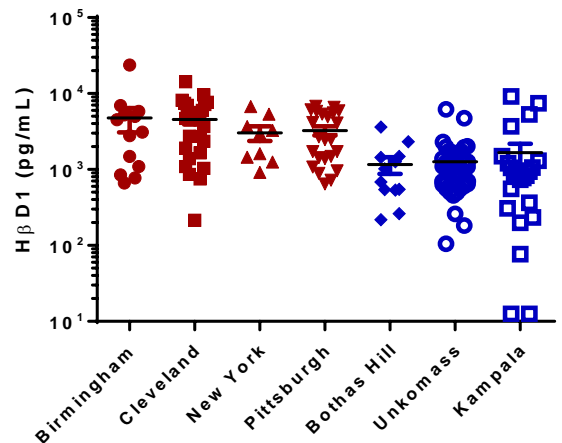
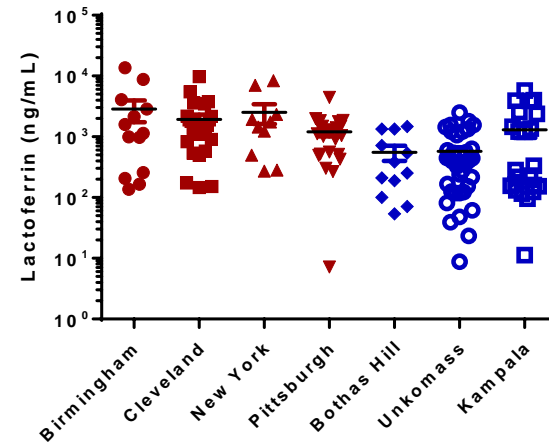
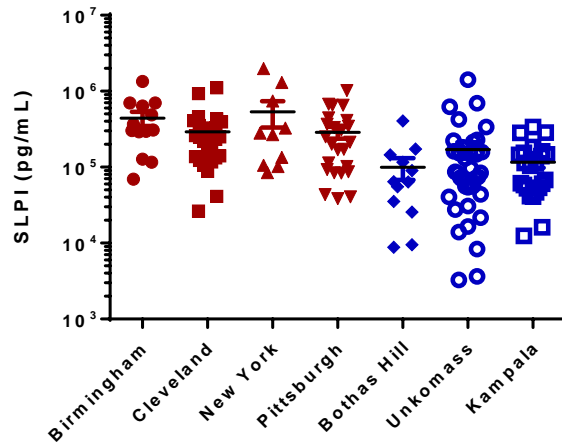
Comparison between cervicovaginal lavage (CVL) and swabs (Dacron or flocked)



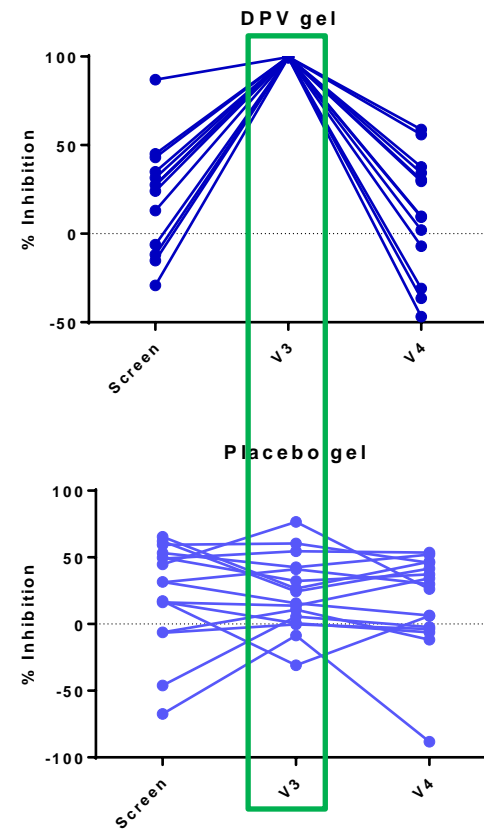
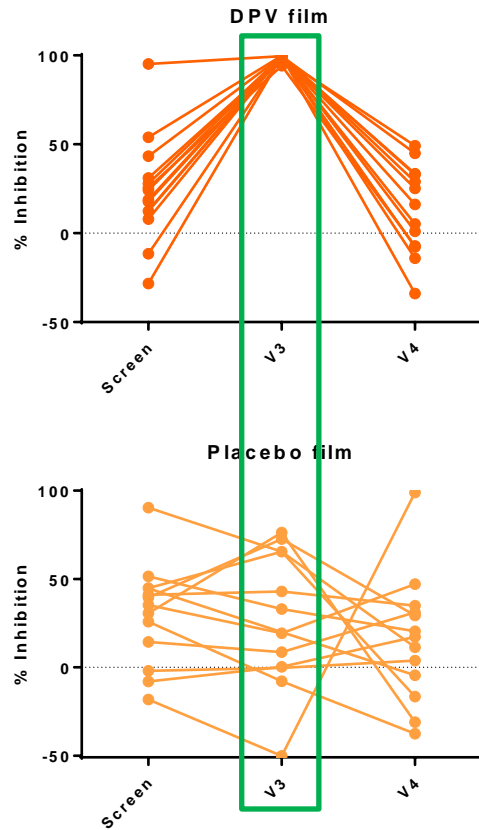
Mucosal fluid assays

- Defining soluble cytokines/chemokines
- Functional assays:
 - Anti-HIV activity
 - Typically assayed using in vitro cell lines (e.g. TZM-bl assay or Jurkat-Tat-CCR5 assay)
 - Anti-HSV activity
 - HSV plaque reduction using Vero cell line
 - Anti-*E. coli* activity
 - Colony forming unit reduction based on plate counts

Soluble cytokines / chemokine / innate factors from baseline CVL



Anti-HIV activity in CVL from FAME-02: comparison between DPV film and gel users

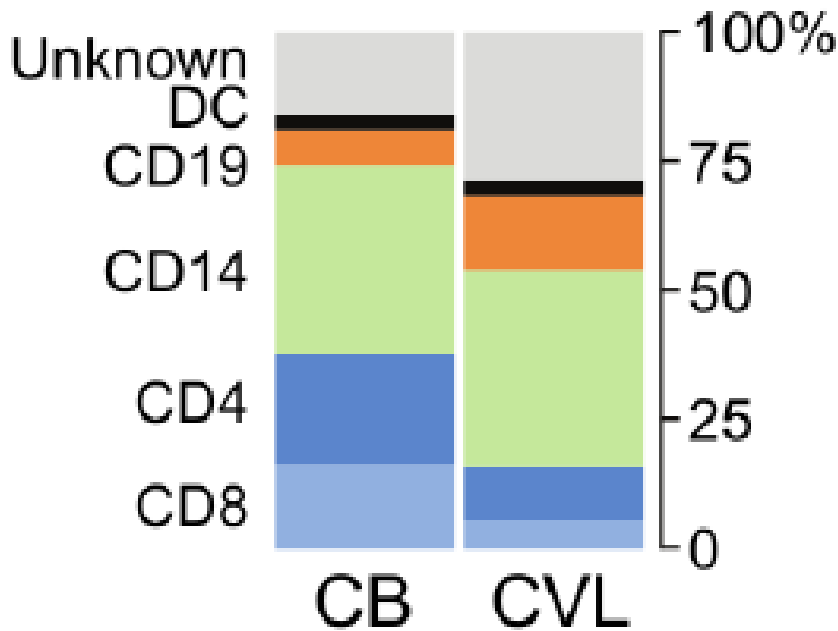


FGT mucosal tissue assays

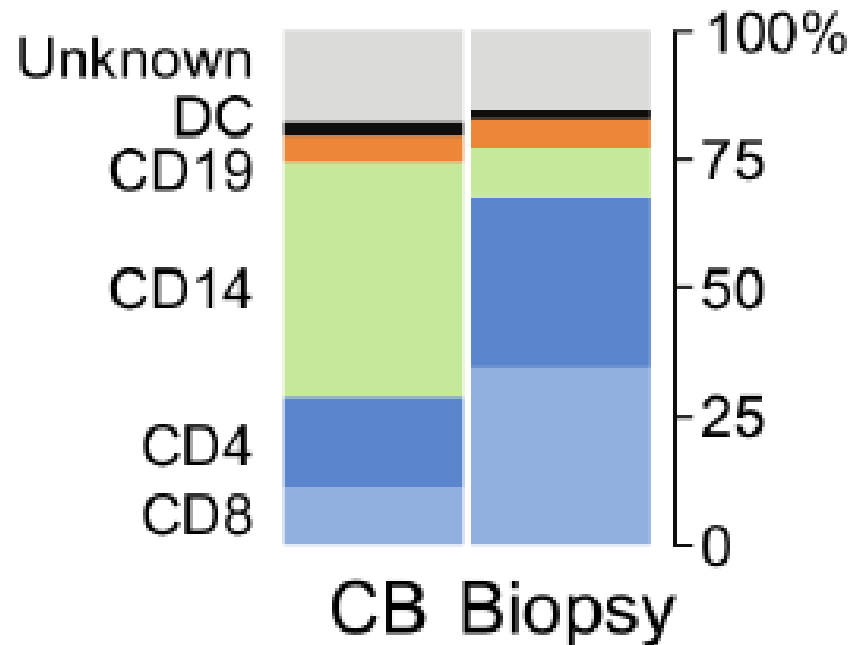
- Define cell populations (cytobrush or biopsy)
- Ex vivo challenge assay
 - Eliminated cleansing and numbing of area prior to biopsy collection
 - Consistency between FGT and GI biopsy collection
 - Limited in the number and frequency of biopsy collection
 - Requirement for fresh tissue

Cell population recovery

Cytobrush vs. CVL

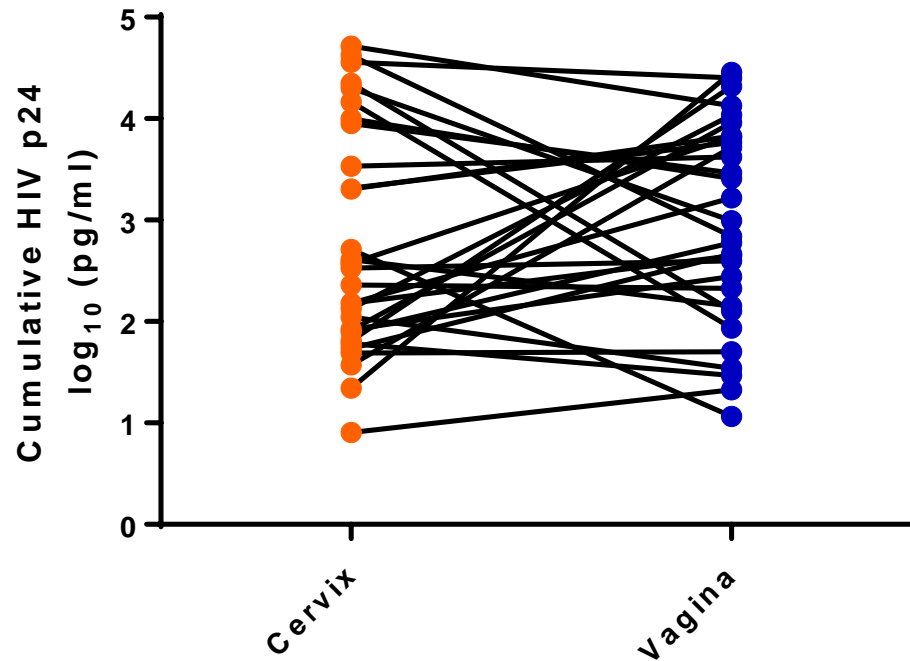


Cytobrush vs. cervical biopsy



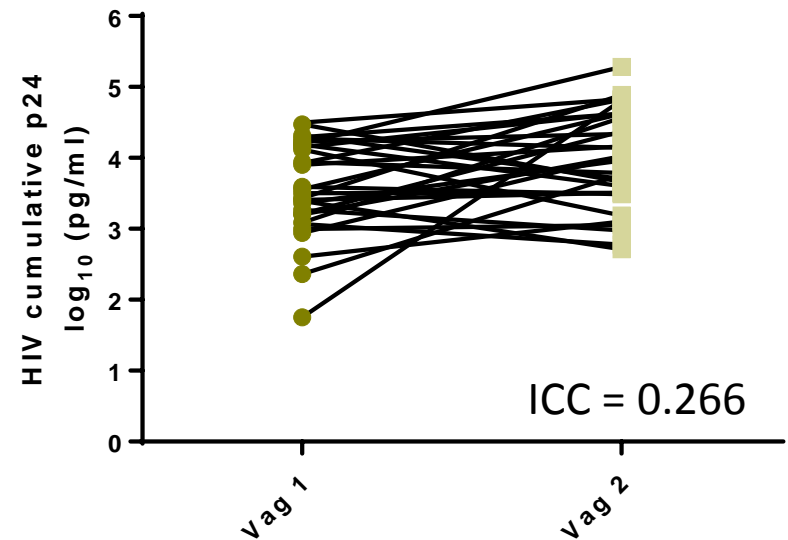
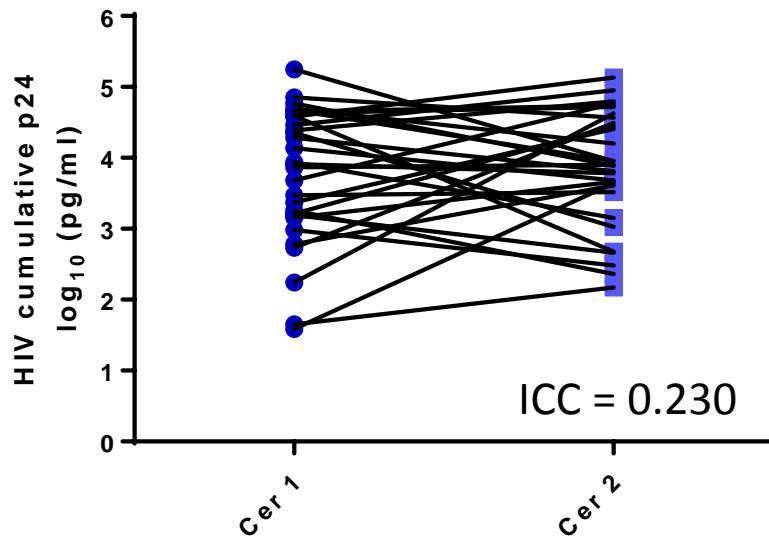
- While possibly representative, tissue cell populations are different from luminal cell populations
- Cells have migrated out of the tissue for a reason, which should be taken into consideration

Ex vivo challenge assay: Inter-person variability in HIV replication



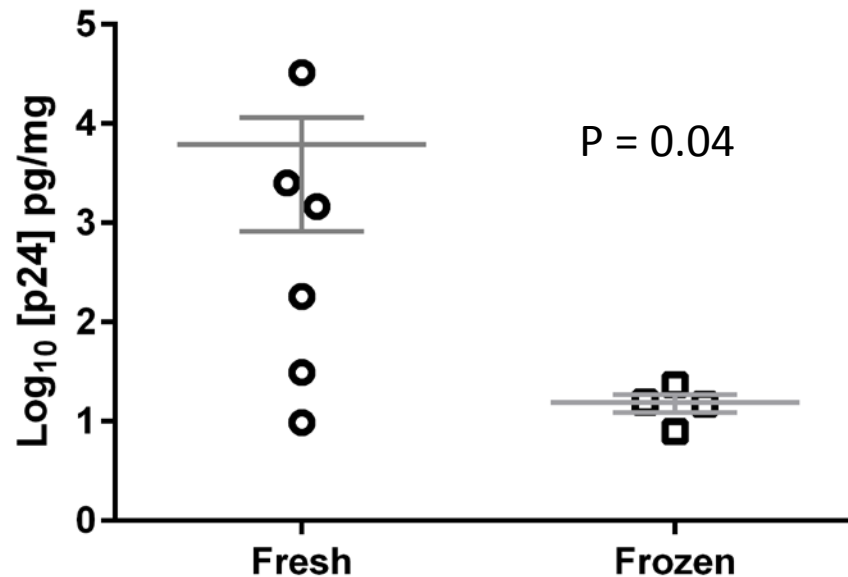
- Placebo users in FAME-02 clinical trial, n = 29
- Paired cervical and vaginal tissue

Ex vivo challenge assay: Intra-person variability in HIV replication



- 31 evaluable women enrolled
- 4 cervical and 4 vaginal biopsies were collected
- 2 of each were challenged with BaL or JR-CSF (data not shown)
- Significant intra-person variability for cervical and vaginal tissue

Lack of HIV replication in cryopreserved cervical tissue



- Placebo users from MTN-013
- Fresh cervical tissue was collected from local clinical site and used immediately
- Frozen cervical tissue was cryopreserved and shipped to the lab at end of study

Future mucosal assays

- Incorporation of omics into trials: collection of additional specimens, addition of preservatives, different processing?
- Upper genital tract sample collection (uterus / fallopian tube)?
- Biomarkers of HIV risk:
 - Inflammation (soluble and cellular)
 - Y chromosome (PSA)
 - HIV nucleic acid (exposed uninfected)
- Biomarkers of product efficacy:
 - Adherence (PK?)
 - Ex vivo challenge assay
 - Pharmacogenomics
- Development of a specimen repository – what specimens to collect?

Key points

- Establishing baseline (normative) values for the population(s) in the trial so product effects can be defined
- Inter-person is similar to intra-person variability for HIV replication in cervical and vaginal tissue; placebo groups equivalent to baseline specimen
- Close relationship between clinic and laboratory for specimen management and testing
- Focused working groups to provide best practices on specimen collection, processing, and assay development

Acknowledgements

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BILL & MELINDA
GATES *foundation*

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