

The Sick Child (with tuberculosis), 1907 by Edvard Munch

T cell-directed immunotherapy for pulmonary tuberculosis

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World-leading
Vaccine Research and
Development Centers



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IVReD Research Seminar

IVReD
北海道大学ワクチン研究開発拠点



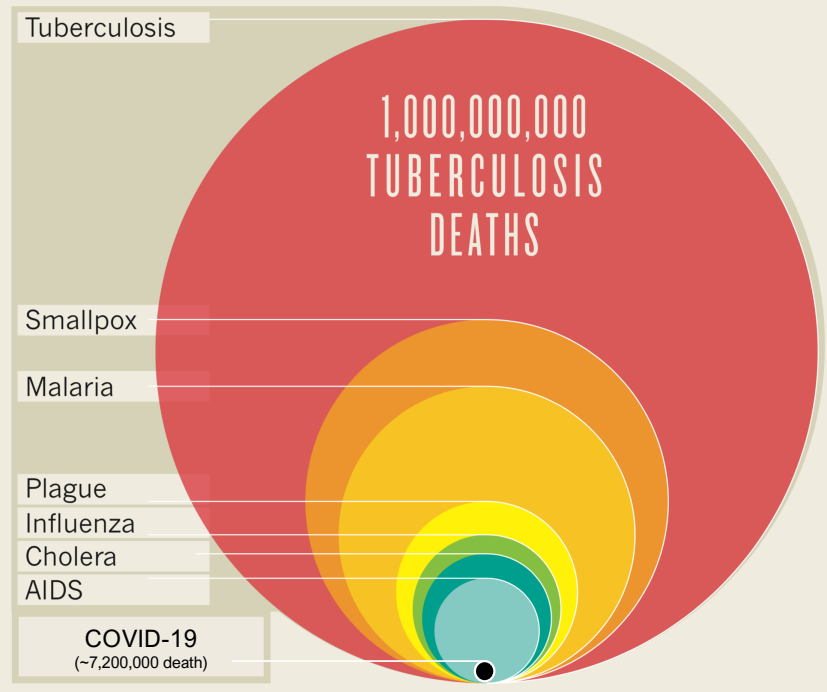
HOKKAIDO
UNIVERSITY



Tuberculosis (TB) remains a leading contributor to global infectious disease morbidity and mortality

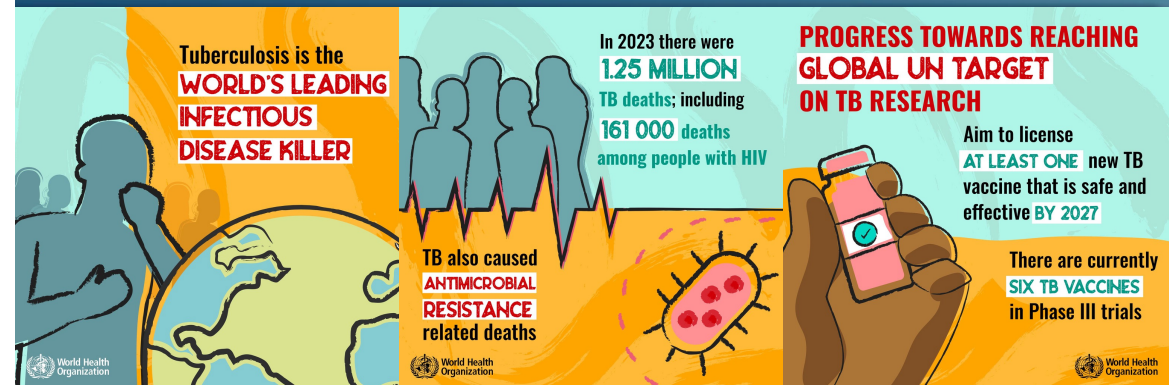
THE BIGGEST KILLER

Tuberculosis has killed more than any other infectious disease in history. Over a billion lives in the past two hundred years.



Adopted from Poulson (2013) *Nature*

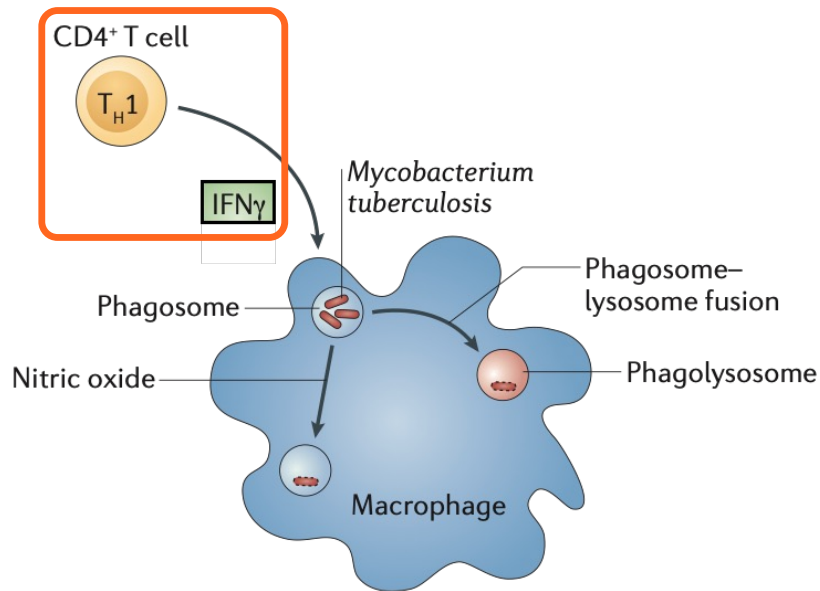
Global tuberculosis report 2024



Novel prophylactics and therapeutics are needed

- **EFFECTIVE VACCINES**
- **ANTIBIOTICS**
- **HOST-DIRECTED THERAPIES**
(targeting host immunity rather than pathogens)

T cell immunity is necessary to control of *M. tuberculosis* but unable to eradicate the chronic infection

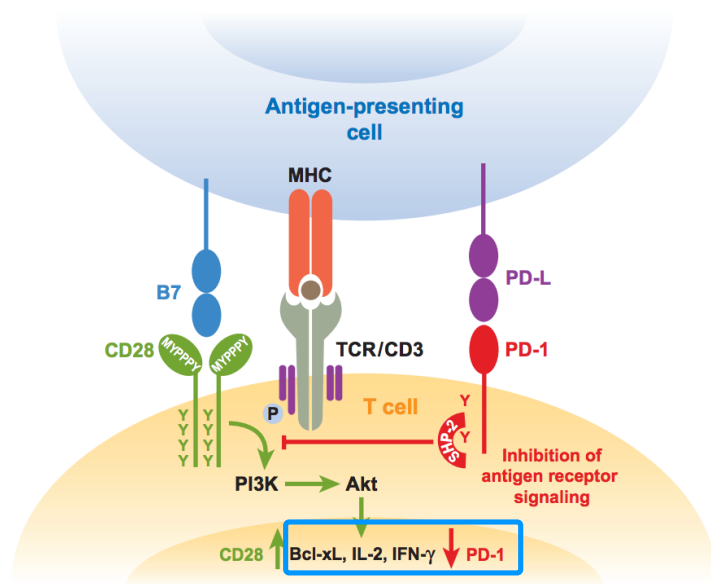


Nunes-Alves et al. (2014) *Nat Rev Micro.*

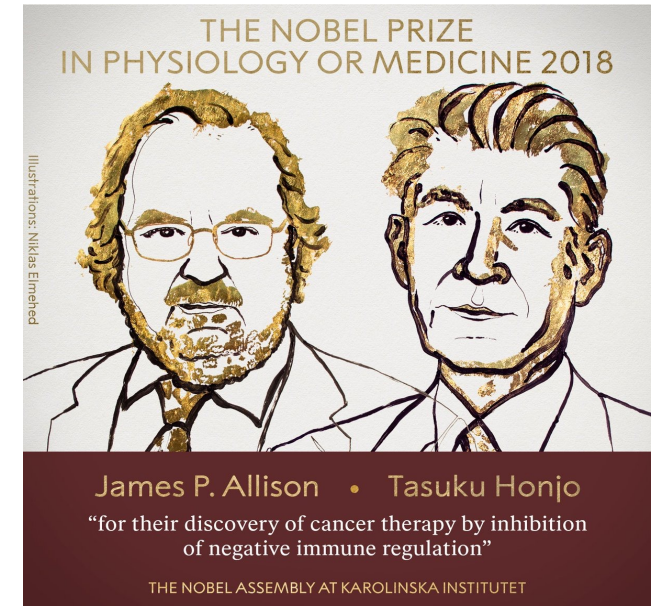
Can we manipulate T cell functions to enhance control of *M. tuberculosis* (*Mtb*) infection?

Blockade of the PD-1 immune checkpoint pathway to enhance T cell immunity to cancer

- discovered in 1992 by Prof. Honjo and colleagues in Kyoto University, Japan.
- inhibits T cell activation by interacting with its ligands (PD-L1 or PD-L2).
- a major role in regulating “**T-cell exhaustion**” in cancer and chronic infection.



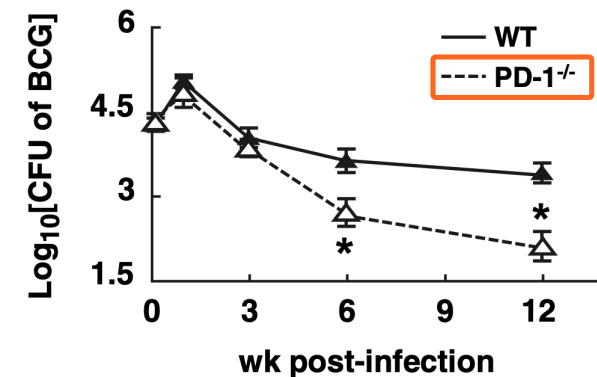
Keir et al. (2014) *Ann Rev Immunol*.



PD-1 deficiency exacerbates tuberculosis in mice

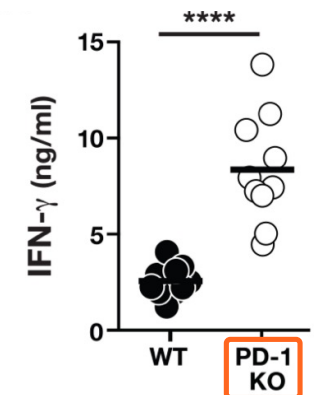
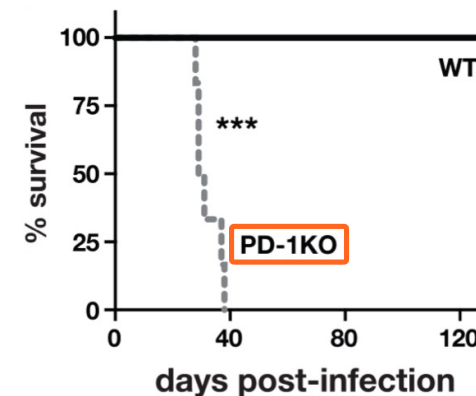
PD-1–PD-L1 pathway impairs T_h1 immune response in the late stage of infection with *Mycobacterium bovis* bacillus Calmette–Guérin

Shunsuke Sakai¹, Ikuo Kawamura¹, Taku Okazaki², Kohsuke Tsuchiya¹, Ryouyusuke Uchiyama³ and Masao Mitsuyama¹
(2010) *immunology*



CD4 T Cell-Derived IFN- γ Plays a Minimal Role in Control of Pulmonary *Mycobacterium tuberculosis* Infection and Must Be Actively Repressed by PD-1 to Prevent Lethal Disease

Shunsuke Sakai¹, Keith D. Kauffman¹, Michelle A. Sallin¹, Arlene H. Sharpe², Howard A. Young³, Vitaly V. Ganusov⁴, Daniel L. Barber^{1*}
(2016) *PLOS* PATHOGENS



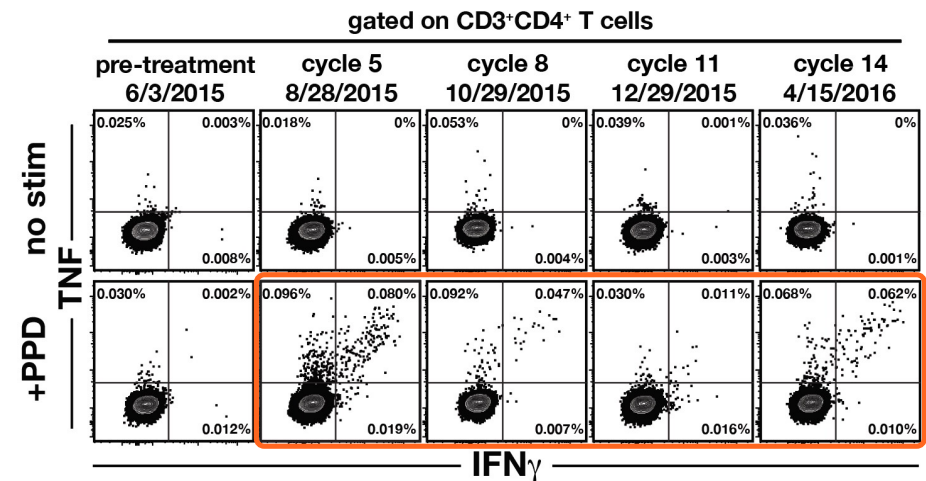
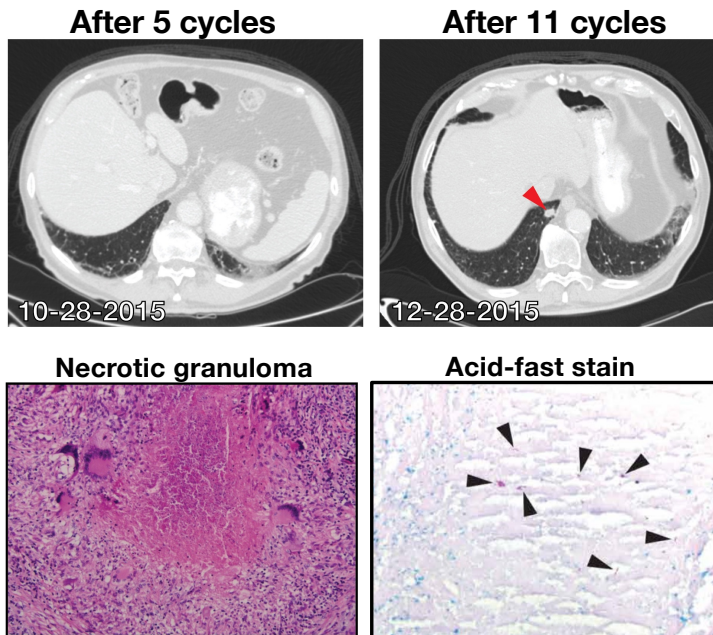
TB after PD-1 blockade for Merkel cell carcinoma

Tuberculosis following PD-1 blockade for cancer immunotherapy

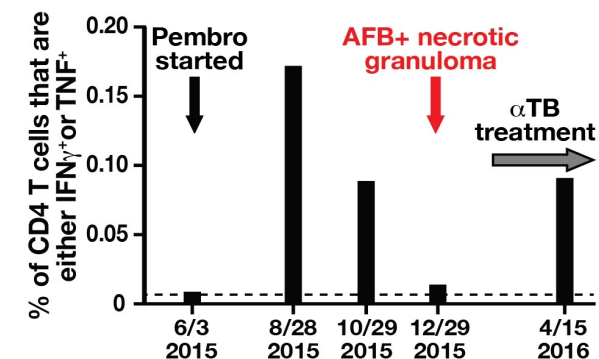
Daniel L. Barber^{1*}, Shunsuke Sakai¹, Ragini R. Kudchadkar², Steven P. Fling^{3,4}, Tracey A. Day⁵, Julie A. Vergara⁵, David Ashkin⁶, Jonathan H. Cheng⁷, Lisa M. Lundgren⁴, Vanessa N. Raabe⁸, Colleen S. Kraft⁹, Jorge J. Nieva⁷, Martin A. Cheever^{3,4}, Paul T. Nghiem¹⁰, Elad Sharon^{11*}

(2019) Science Translational Medicine

A 83-yr old male treated with Pembrolizumab



Increased *Mtb*-specific Th1 response before granuloma formation



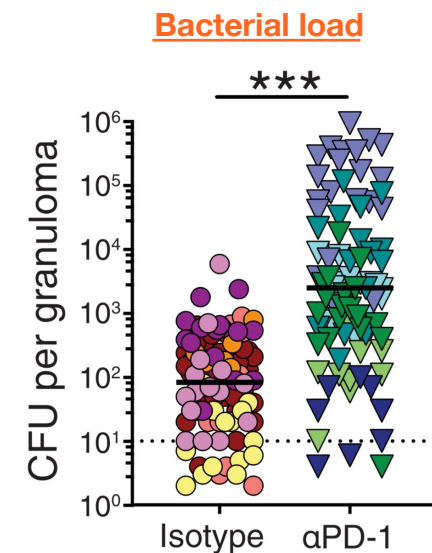
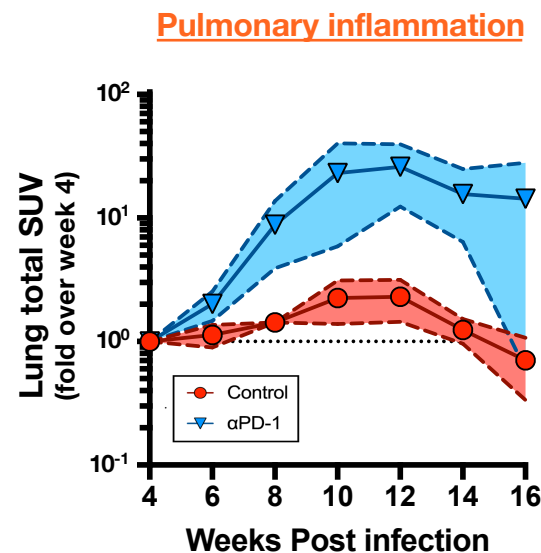
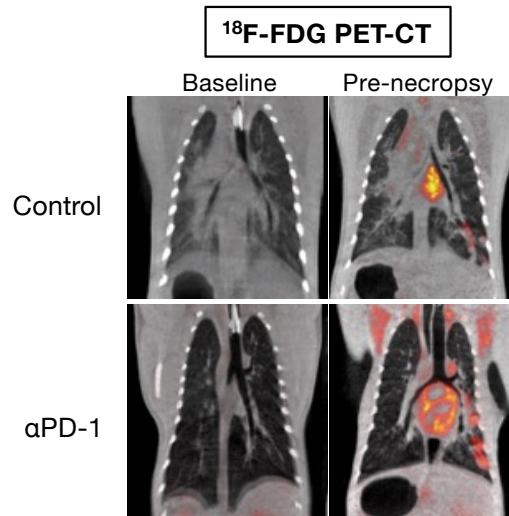
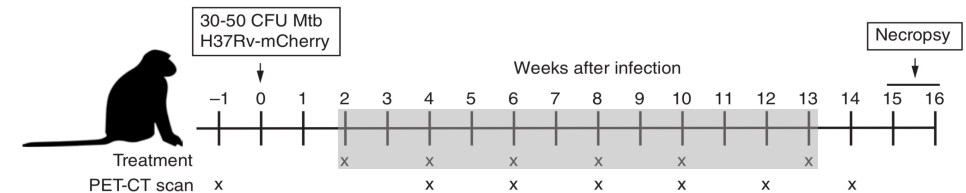
PD-1 blockade increases lung inflammation and bacterial growth in the granulomas of *Mtb*-infected macaques

PD-1 blockade exacerbates *Mycobacterium tuberculosis* infection in rhesus macaques

Keith D. Kauffman¹, Shunsuke Sakai¹, Nickiana E. Lora¹, Sivaranjani Namasivayam², Paul J. Baker³, Olena Kamenyeva⁴, Taylor W. Foreman¹, Christine E. Nelson¹, Deivide Oliveira-de-Souza⁵, Caian L. Vinhaes⁵, Ziv Yaniv⁶, Cecilia S. Lindestam Arleham⁷, Alessandro Sette^{7,8}, Gordon J. Freeman⁹, Rashida Moore¹⁰, NIAID/DIR Tuberculosis Imaging Program*, Alan Sher², Katrin D. Mayer-Barber³, Bruno B. Andrade⁵, Juraj Kabat⁴, Laura E. Via^{11*}, Daniel L. Barber^{1†}

(2021) *Science Immunology*

Group 1: $n = 6$ given 10 mg/kg rhesus macaque isotype control IgG4
Group 2: $n = 6$ given 10 mg/kg primatized α PD-1 IgG4

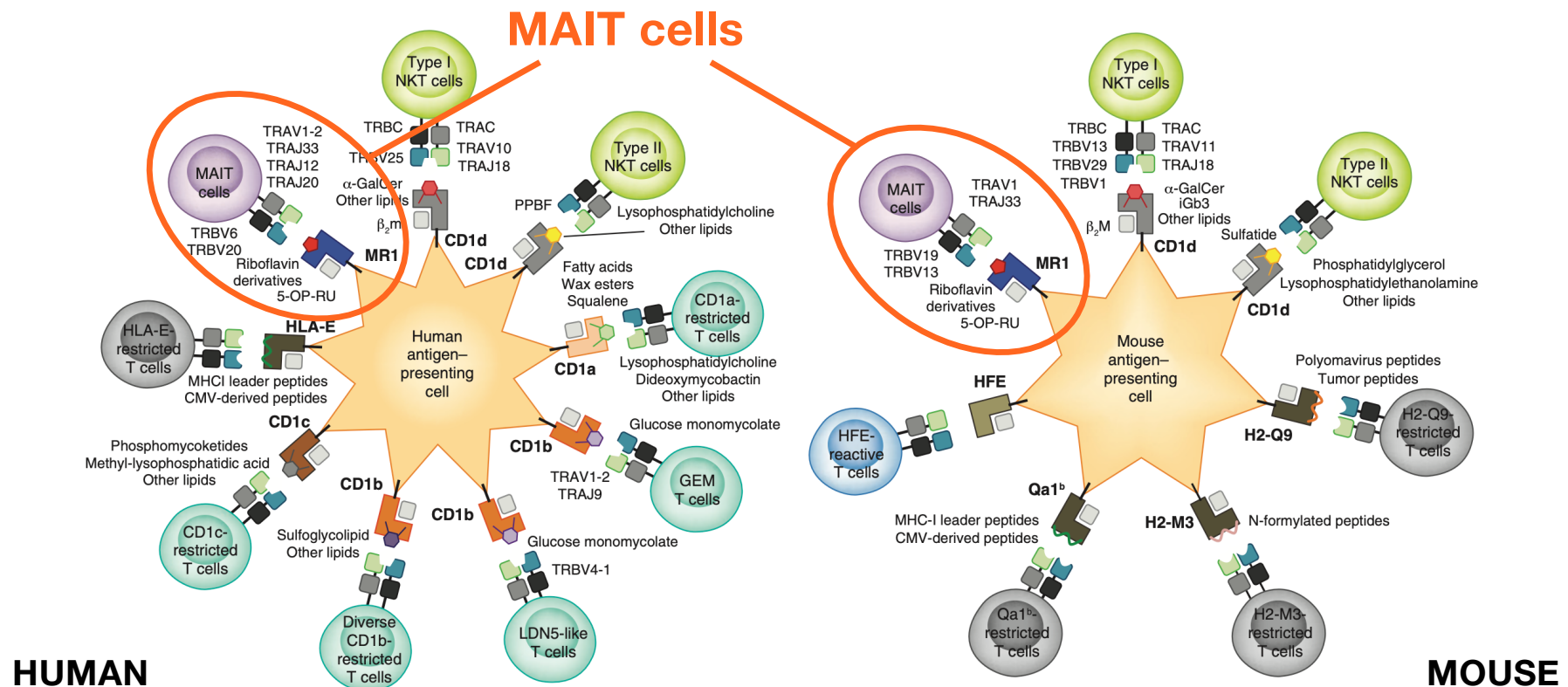


SUMMARY - I

Evidence from mice, humans, and non-human primates indicate that PD-1 blockade exacerbates tuberculosis.

PD-1 is required for preventing T cell-driven immunopathology in *M. tuberculosis* infection.

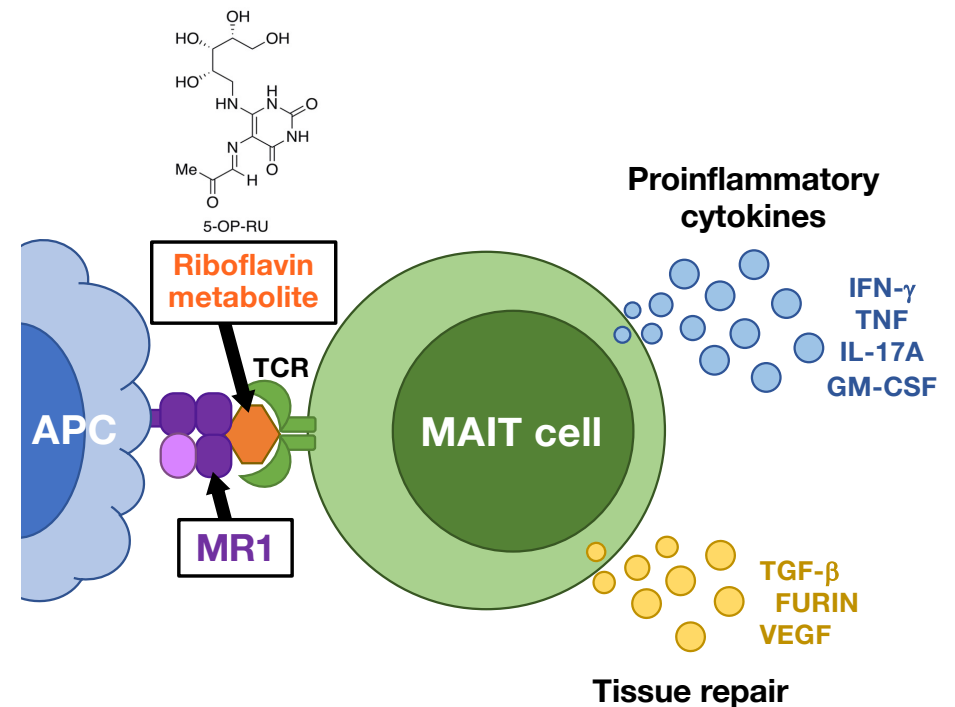
Can we target Donor Unrestricted T cells (DURTs) to treat *M. tuberculosis* infection ?



Godfrey et al. (2015) *Nat Immunol.*

Targeting mucosal-associated invariant T (MAIT) cells as a potential new host-directed therapy for TB

- MAIT cells express semi-invariant TCRs and recognize **microbe-derived riboflavin metabolites** (e.g. 5-OP-RU) presented by MHC class I-like molecule **MR1**.
- Human MAIT cells recognize Mtb-infected cells and produce IFN- γ in vitro.
- MAIT cells in the peripheral blood are reduced in active TB patients compare to healthy controls.

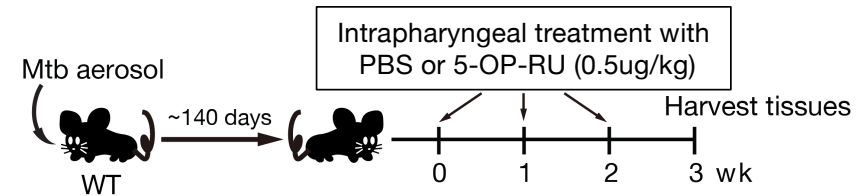
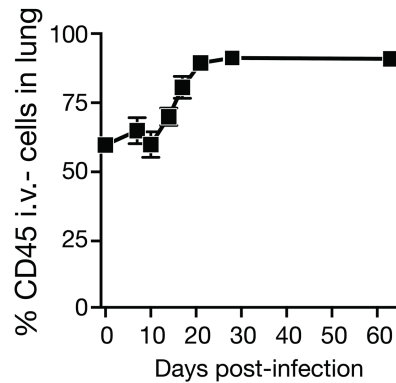
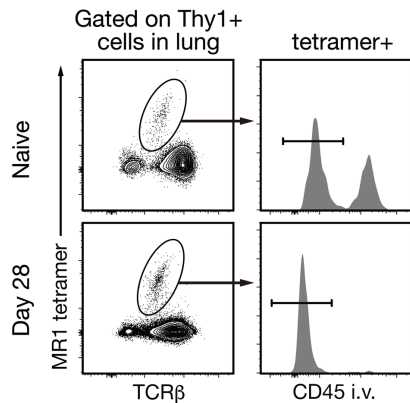
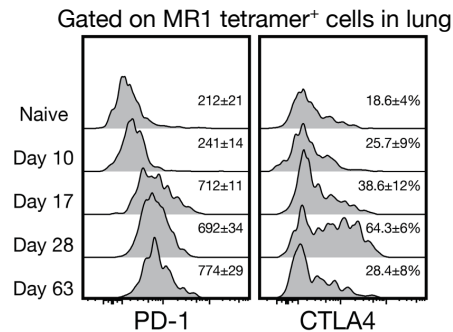


Therapeutic vaccination of MAIT cells with 5-OP-RU enhances control of *Mtb* infection in mice

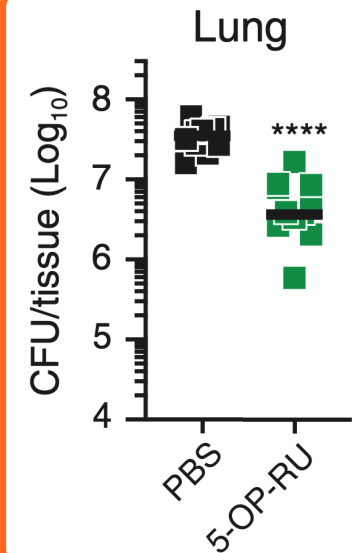
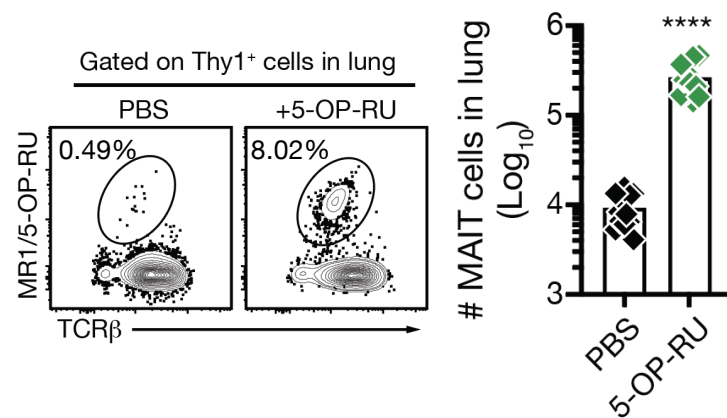
MAIT cell-directed therapy of *Mycobacterium tuberculosis* infection

Shunsuke Sakai¹, Keith D. Kauffman¹, Sangmi Oh², Christine E. Nelson¹, Clifton E. Barry III² and Daniel L. Barber¹ (2020) **MUCOSAL IMMUNOLOGY**

Up-regulation of TCR-stim markers and migration into the pulmonary tissues



Expansion by pulmonary instillation of MAIT cell antigen

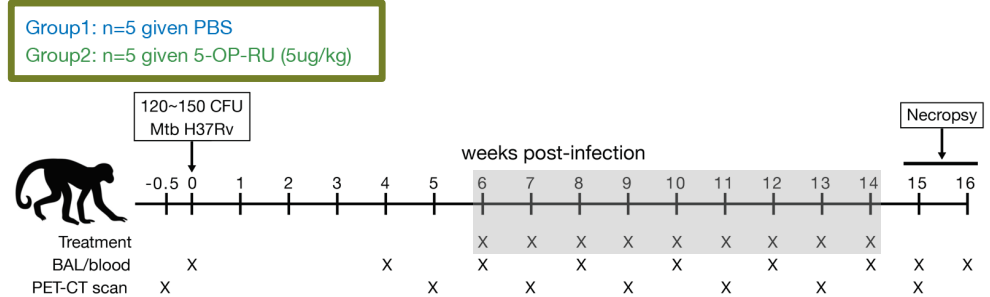


5-OP-RU instillation has little impact on disease severity and control of *Mtb* infection in macaques

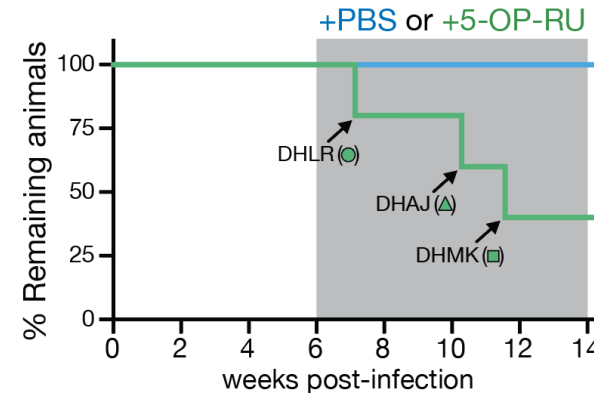
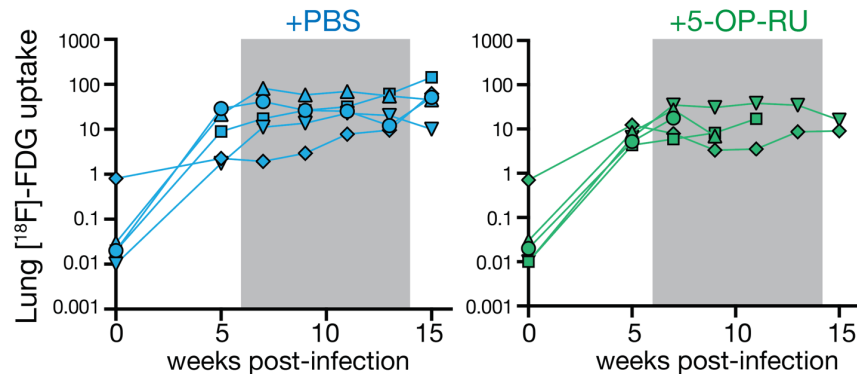
Functional inactivation of pulmonary MAIT cells following 5-OP-RU treatment of non-human primates

Shunsuke Sakai¹, Nickiana E. Lora¹, Keith D. Kauffman¹, Danielle E. Dorosky¹, Sangmi Oh², Sivaranjani Namasivayam³, Felipe Gomez⁴, Joel D. Fleegle⁴, Tuberculosis Imaging Program*, Cecilia S. Lindestam Arlehamn⁶, Alessandro Sette^{6,7}, Alan Sher³, Gordon J. Freeman⁸, Laura E. Via^{2,4,5}, Clifton E. Barry III^{2,5} and Daniel L. Barber^{1,8}

(2021) **MUCOSAL IMMUNOLOGY**

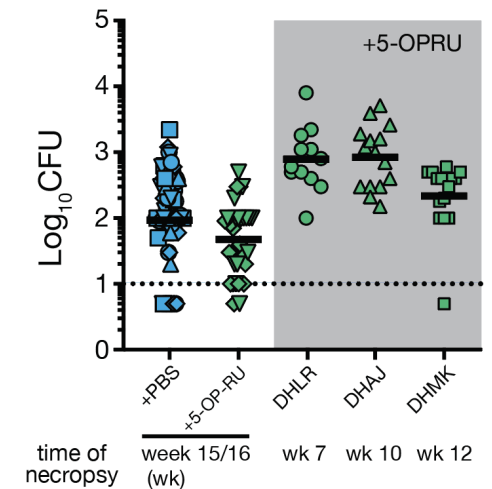


Pulmonary inflammation



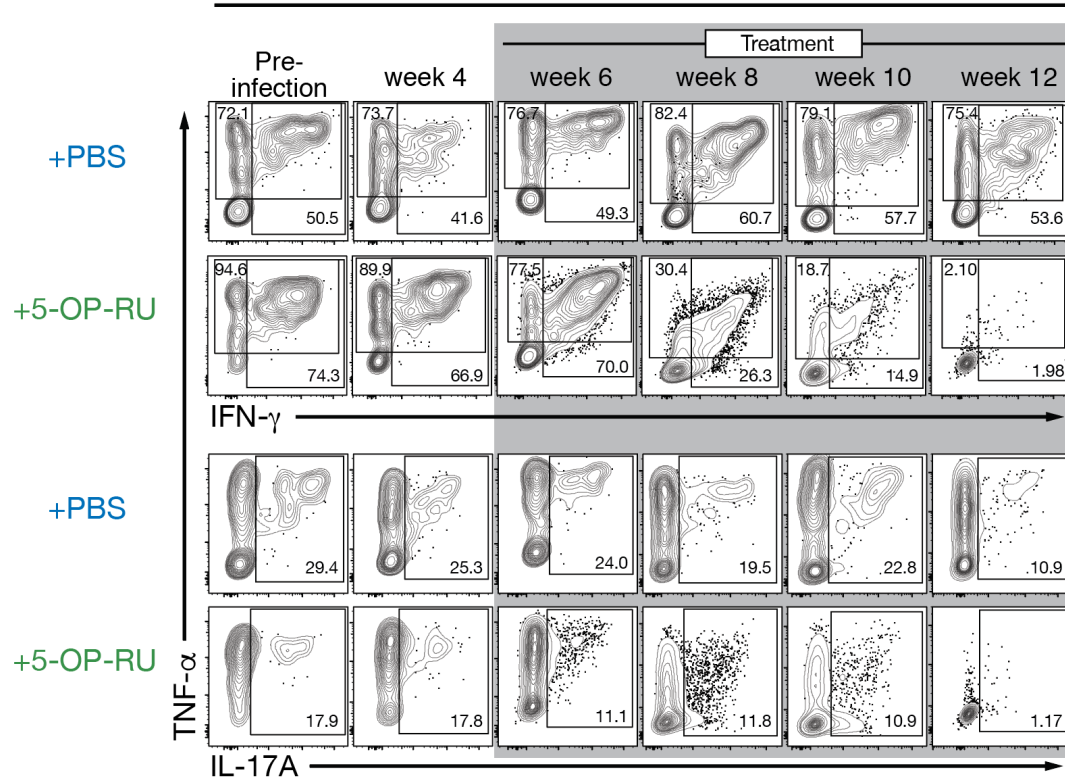
3 out of 5 treated animals needed to be humanely euthanized early.

Mtb growth in granulomas

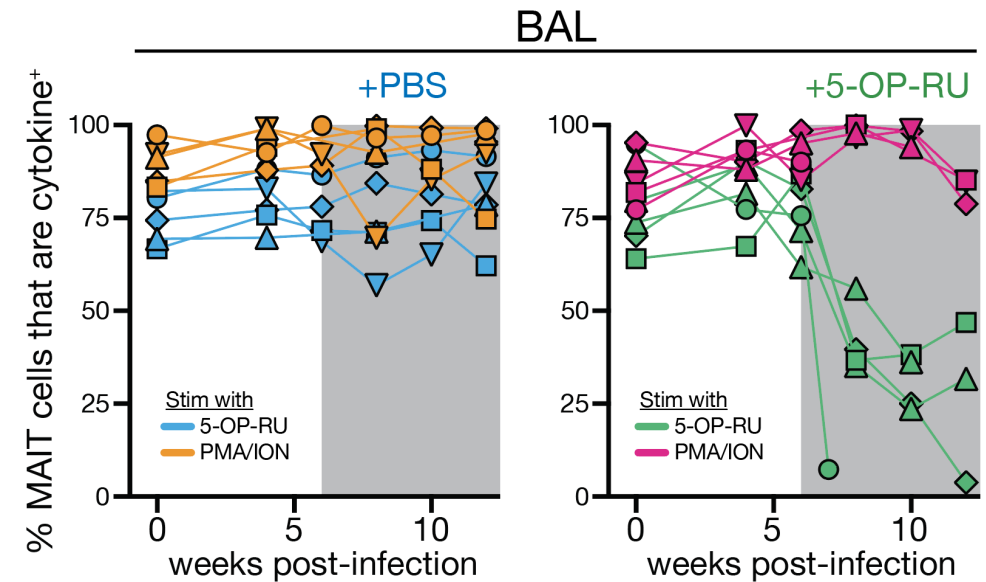


5-OP-RU treatment leads to antigen-specific MAIT cell exhaustion in *Mtb*-infected macaques

Gated on MR1 tetramer⁺ BAL cells
after in vitro stimulation with 5-OP-RU



Gated on TNF- α ⁺, IFN- γ ⁺, IL-17A⁺
or GM-CSF⁺ MAIT cells



MAIT cells highly expressed PD-1
after 5-OP-RU treatment.

SUMMARY - II

Therapeutic (post-exposure) MAIT cell vaccination with 5-OP-RU enhances control of *M. tuberculosis* infection in mice (through IL-17A).

Similar MAIT cell-directed therapy in macaques had no clinical benefit and rather led to MAIT cell exhaustion.

T cell-directed therapy for TB

➤ **Blocking the immune checkpoint PD-1**

- Unlikely to be a feasible approach to treat TB, but might be beneficial with adjunct TB drug treatment or for less virulent mycobacterial infections.

➤ **Stimulating MAIT cells**

- Looks promising in mice, but need to figure out how to expand MAIT cells in primates (*importance of macaque models to evaluate its clinical potential*).