It has recently been shown that marmosets, another member of New World monkeys, are susceptible to GBV-B infection and develop relatively lower levels of acute viremia (10^5–10^8 copies/ml) as compared with that in tamarins (10^7–10^{10} copies/ml) (Lanford et al., 2003; Bright et al., 2004; Woollard et al., 2008; Weatherford et al., 2009), although it remains elusive whether the marmosets could permit persistent GBV-B infection. Considering that the viral loads in the acute phase of experimental HCV infection of chimpanzees that consequently develop persistent infection are generally 10^7 copies/ml or less (Fernandez et al., 2004; Bukh et al., 2008), it is possible that the lower viral loads in the acute phase is preferable for the establishment of viral persistency. We thus initiated studies of the dynamics of viral and immunological status following GBV-B infection of tamarins and marmosets in a longitudinal follow-up study. We show here for the first time that GBV-B infection produces a chronic and progressive hepatitis C-like disease in marmosets as demonstrated by fibrosis and a recurrent ALT increase and that one of the marmosets experienced acute exacerbation of chronic hepatitis as indicated by piecemeal necrosis and an ALT flare >4 years after infection.

MATERIALS AND METHODS

ANIMALS

Adult red-handed tamarins (*Saguinus midas*) and common marmosets (*Callithrix jacchus*) were housed in individual cages at the Tsukuba Primate Research Center. All animal studies were conducted in accordance with the protocols of experimental procedures that were approved by the Animal Welfare and Animal Care Committees of the National Institute of Biomedical Innovation and the National Institute of Infectious Diseases.

GBV-B INFECTION IN TAMARINS AND MARMOSETS

GBV-B infectious serum obtained from a tamarin (1.3×10^9 viral RNA copies per inoculum) was injected into each tamarin and marmoset intrahepatically as previously described (Ishii et al., 2007). We confirmed that the inoculum contained no mutations as compared with the original sequence. Of note, an anti-luciferase siRNA in a cationic liposome formulation was administered to one of the marmosets (Cj05-002) 2 days before the infection, which was performed as previously described (Yokota et al., 2007). Blood samples were periodically collected from the femoral vein of each animal under anesthesia and the plasma samples were evaluated for GBV-B genomic RNA, ALT, and antibodies against GBV-B core and NS3 proteins.

QUANTIFICATION OF GBV-B GENOMIC RNA

GBV-B RNA was isolated from the plasma samples by using a QIAamp MinElute Virus Spin kit (QIAGEN) and was quantified by real-time PCR using the 5′-exonuclease PCR (TaqMan) assay system (Ishii et al., 2007). The primers 558F [5′-AACGAGCAAAGCGCAAAGTC] and 626R [5′-CATCATGGATACCAGCAATTTTGT] and the probe 579P [5′-FAM-AGCGCGATGCTCGGCCTCGTA-TAMRA] (Beames et al., 2000) were obtained from Sigma-Aldrich. The cutoff value was 10^3 copies/ml. All the specimens were evaluated in duplicate and the average values were calculated.

DETECTION OF ANTIBODIES AGAINST GBV-B CORE AND NS3 PROTEINS BY ELISA

Tamarin and marmoset plasma samples were evaluated for anti-GBV-B core and NS3 antibodies by ELISA as described previously (Ishii et al., 2007).

HISTOPATHOLOGICAL AND IMMUNOHISTOCHEMICAL ANALYSES

Liver samples obtained by necropsy from the GBV-B-infected marmoset were examined histopathologically as previously described (Ishii et al., 2007). For standard histological examination, the sections were subjected to hematoxylin and eosin (HE) staining. Masson's trichrome staining was also performed to estimate the development of fibrosis according to a standard laboratory protocol. To detect the viral protein in tissues, we employed a mouse anti-core monoclonal antibody, 5A10, that we generated. In brief, Mice were immunized with the GBV-B core protein expressed in *E. coli* (Ishii et al., 2007). Hybridoma cells producing an anti-core mAb were screened by both the core-expressing 293T cells and the liver sections of an acutely GBV-B-infected tamarin. Liver samples were fixed in 10% neutral buffered formalin and embedded in paraffin wax. Sections were deparaffinized by pretreating with 0.5% periodic acid and then subjected to antigen retrieval with citric acid buffer and heating in an autoclave for 10 min at 121°C. The sections were then incubated free floating in primary antibody solution (5A10; 1:50 dilution) overnight at 4°C. Following brief washes with wash buffer, the sections were sequentially incubated with a biotinylated goat anti-mouse IgG (1:400 dilution), followed by addition of a streptavidin–biotin–horseradish peroxidase complex (sABC kit; DAKO, Denmark). Immunoreactive elements in the sections were visualized by treatment with 3,3′-diaminobenzidine tetroxide (Dojin Kagaku, Japan), together with counterstaining with hematoxylin.

DETERMINATION OF THE GBV-B SEQUENCE

Viral RNA was isolated from the plasma of GBV-B-infected marmosets as described above. GBV-B cDNA was synthesized using SuperScript reverse transcriptase III (Invitrogen) with random hexamer primers (Invitrogen). The resulting cDNAs were used to obtain PCR amplification products of lengths of 0.5–1.0 kb, using GBV-B-specific primers and LA-Taq DNA polymerase (TaKaRa). The PCR products were then purified from the gel using a QIA-quick gel extraction kit (QIAGEN), and the purified amplimers were sequenced directly using a CEQ-2000XL analysis system (Beckman) with a DTCS quick start kit and GBV-B-specific primers according to the manufacturer's instructions. Sequence data were analyzed using the Sequencher 4.8 (Gene Codes) and Mac Vector 10.6 (MacVector) software packages. The GenBank accession numbers of the viral genome sequences in each time point are as follows: AB630358, AB630359, and AB630360 for 45, 104, and 135 weeks after infection in Cj05-002; AB630361, AB630362, AB630363, and AB630364 for 33, 88, 141, and 229 weeks after infection in Cj05-004, respectively. Throughout this article, the amino acids are numbered according to the full-length genome sequence of isolate pGBB (GenBank accession number AF179612).

RESULTS

GBV-B INFECTION IN TAMARINS AND MARMOSETS

Four tamarins and four marmosets were intrahepatically inoculated with GBV-B and the growth kinetics and pathogenesis of the virus were compared. In tamarins, the peak viral loads in plasma reached 10^9–10^{10} copies/ml in the acute phase and the viremia was maintained for an average of 3 months in parallel with increases in plasma ALT levels (**Figure 1A**). Antibodies reactive with the viral core and NS3 proteins were developed in all of the tamarins as the plasma viral loads were reduced and the antibody titers reached maximum levels concurrently with the complete loss of detectable viral RNA (**Figure 1A**). In contrast, two of four marmosets infected with GBV-B developed chronic infection while the others exhibited a phenotype similar to that of the tamarins (i.e., subacute clearance of the viremia followed by antibody responses). One exception is that lower plasma viral loads (10^7–10^8 copies/ml) were observed in the marmosets relative to those of the tamarins (**Figure 1B**). The details of the chronically infected marmosets are described below.

Case 1: Cj05-002 (**Figures 1B** and **2**). The viral RNA was undetectable until week 4 post infection (p.i.) and then gradually increased to a peak at week 18 p.i. (3×10^7 copies/ml). Subsequently, this case retained intermittent viremia during the observation period of week 180 p.i., while the intervals between the viremia phases were prolonged. Importantly, the titers of anti-core and anti-NS3 antibodies reached a persistent plateau at 6 months and 1 year p.i., respectively. In addition, ALT levels were recurrently increased without observation of other clinical symptoms.

Case 2: Cj05-004 (**Figures 1B** and **2**). During the acute phase of infection, the level of viremia was relatively low and transient, followed by a 1-year period when the virus was essentially undetectable. Irrespective of the very low viral load, the titer of anti-NS3 but not anti-core antibody steadily increased and reached a plateau at week 42 p.i. Moreover, an occasional but obvious increase in the level of ALT was observed during this period. We thus suspected that antigenic stimulation by a lower level of viral growth in the liver, which remained below detectable levels in blood, might lead to the induction of the anti-NS3 antibody and the recurrent ALT increase. Subsequently, viremia became detectable at week 58 p.i. and 10^4–10^5 copies/ml of the viral RNA persisted until week 108 p.i. Thereafter, an abrupt increase of the anti-core antibody was detected, concomitant with augmentation of the viral load of $10^{5.5}$ copies/ml on average and recurrent increases in the ALT level. Eventually, the individual was euthanized at week 229 p.i. because of poor prognosis since the ALT value drastically increased by 161-fold, which was accompanied by a dramatic decrease of platelet counts and a deteriorating general status. Histopathological analyses of the necropsy samples demonstrated that the liver developed diffuse piecemeal necrosis with infiltration of lymphocytes and

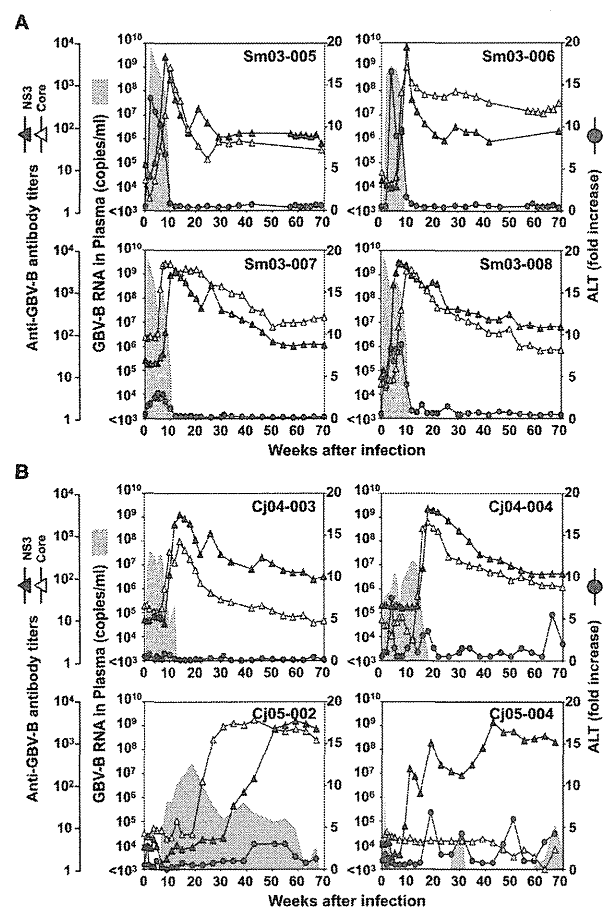

FIGURE 1 | Infection profiles until week 70 p.i. of tamarins (A) and marmosets (B) inoculated intrahepatically with GBV-B infectious serum obtained from a tamarin. Plasma samples periodically obtained from the monkeys were evaluated for the copy numbers of GBV-B genomic RNA (green shaded area), ALT levels (red circles), and the antibody titers against GBV-B core and NS3 (blue and yellow triangles, respectively).

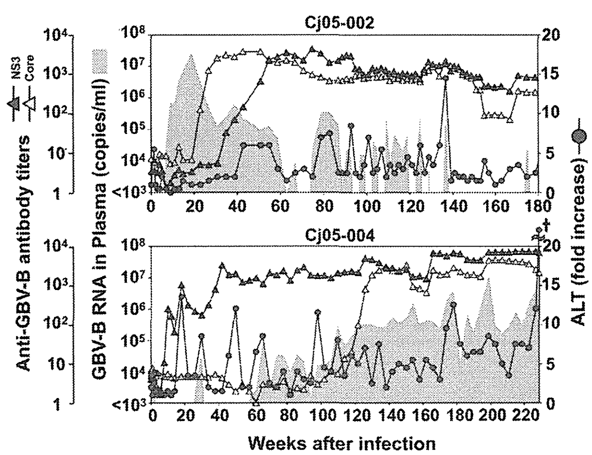

FIGURE 2 | Profiles of the marmosets persistently infected with GBV-B. Plasma samples periodically obtained from the marmosets were evaluated for the copy numbers of GBV-B genomic RNA (green shaded area), ALT levels (red circles), and the antibody titers against GBV-B core and NS3 (blue and yellow triangles, respectively). The cruciate mark in Cj05-004 indicates that the individual was euthanized due to a poor prognosis at week 229 p.i. At that time, the ALT value in plasma had increased by 161-fold.

formation of lymphoid follicles (**Figure 3A**, Appendix). The viral load in the liver was relatively high (3.8×10^4 copies/mg tissue weight), which was similar to the viral load observed for tamarins acutely infected with GBV-B (Ishii et al., 2007). The high viral load in the liver was consistent with a large number of granular positive signals for the core protein, which was in similar manner with the core protein of HCV (Miyanari et al., 2007), as immunostained with an anti-GBV-B core monoclonal antibody (**Figure 3B**). Notably, Masson trichrome staining (**Figures 3C,D**) as well as Elastica van Gieson staining (Appendix) demonstrated that the liver also developed diffuse and abundant fibrosis. The disease of this marmoset was therefore diagnosed as a case of acute exacerbation of progressive chronic hepatitis by GBV-B infection.

ANALYSIS OF MUTATIONS IN GBV-B GENOMES

Next, we determined the dominant sequence of the viral genomes at weeks 45, 104, and 135 p.i. in Cj05-002 and weeks 33, 88, 141, and 229 p.i. in Cj05-004. As seen in **Figure 4A**, it was found that there was no specific region in which extensive nucleotide mutations occurred throughout the study periods and that the nucleotide mutation rates were $1.9–2.9 \times 10^{-3}$ and $1.5–3.6 \times 10^{-3}$ changes per site per year in Cj05-002 and Cj05-004, respectively (**Table 1**). In terms of amino acid substitution, we observed the following: (i) several back or sequential mutations (G250V > A, S731L > S, E2346G > E in Cj05-002; V254A > V, I285V > I, L495S > L, T735A > T, F2135L > F > S in Cj05-004) in both marmosets; (ii) highly selective non-synonymous mutations that were remarkable in E1, but such mutations were rarely observed in core (**Figures 4 and 5**); and (iii) the non-synonymous mutation rates were $1.8–4.0 \times 10^{-3}$ and $2.1–4.6 \times 10^{-3}$ substitutions per site per year in Cj05-002 and Cj05-004, respectively (**Figures 4 and 5; Table 2**). (iv) The non-synonymous changes detected mainly in NS5A and NS5B in both animals were also observed in a number of previous reports (Simons et al., 1995; Bukh et al., 1999; Sbardellati et al., 2001; Martin et al., 2003; Nam et al., 2004; Kyuregyan et al., 2005; Weatherford et al., 2009; Takikawa et al., 2010). It may be reasonable to consider that the molecular clone we employed (Bukh et al., 1999) was derived from a minor clone of mixed populations and emergence of a new mutations easily occurred as a mechanism of GBV-B adaptation to a new host, while it is also possible that "consensus" non-synonymous changes were due to either a result of a selection of the pre-existent minor variants. Taken together, these results suggest that efficient

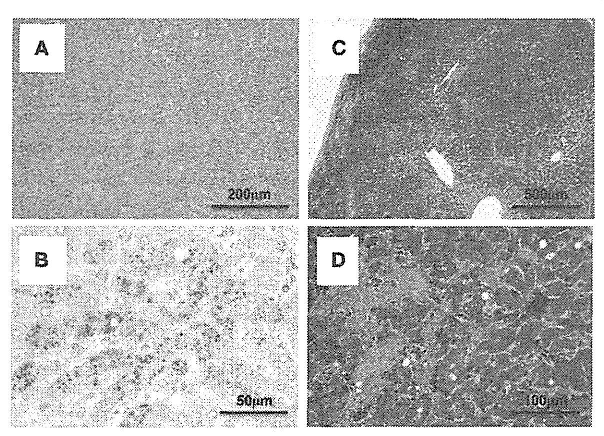

FIGURE 3 | Histopathological and immunohistochemical analyses of *the liver from Cj05-004 at week 229 p.i. HE staining* (A), immunohistochemical staining for the core protein of GBV-B (B), and Masson's trichrome staining (C,D) are shown.

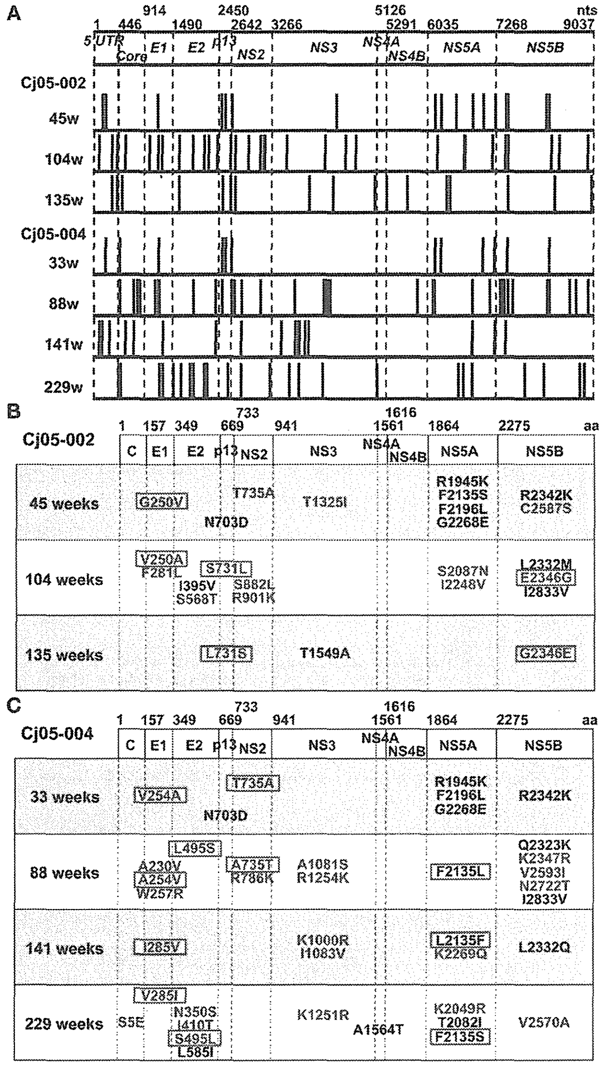

FIGURE 4 | Mutations in the viral genome sequences amplified from plasma of the marmosets persistently infected with GBV-B. (A) Positions of the nucleotide mutations in the viral genome sequences at multiple time points (at weeks 45, 104, and 135 in Cj05-002 and weeks 33, 88, 141, and 229 in Cj05-004) are illustrated as bars. **(B,C)** Positions of the non-synonymous mutations in the viral genome sequences at multiple time points are shown. **(B)** Cj05-002; **(C)** Cj05-004. Positions of the mutations that had been identified in previous reports are indicated as black, while those unidentified previously are shown as blue. Red squares illustrate back or sequential mutations.

Table 1 | Summary of the nucleotide substitutions in GBV-B genome sequences amplified from plasma of the marmosets persistently infected with GBV-B.

Genomic region	nt position	No. (%) of nt differences						
		Cj05-002			Cj05-004			
		45 weeks	104 weeks	135 weeks	33 weeks	88 weeks	141 weeks	229 weeks
5′UTR	1–445	2 (0.45)	3 (0.67)	2 (0.45)	1 (0.22)	0 (0)	3 (0.67)	0 (0)
Core	446–913	0 (0)	1 (0.21)	1 (0.21)	1 (0.21)	4 (0.85)	2 (0.43)	3 (0.64)
E1	914–1489	1 (0.17)	3 (0.52)	0 (0)	1 (0.17)	3 (0.52)	1 (0.17)	2 (0.35)
E2	1490–2449	0 (0)	5 (0.52)	1 (0.10)	0 (0)	2 (0.21)	1 (0.10)	6 (0.63)
p13	2450–2641	2 (1.04)	1 (0.52)	2 (1.04)	2 (1.04)	1 (0.52)	0 (0)	1 (0.52)
NS2	2642–3265	1 (0.16)	5 (0.80)	1 (0.16)	1 (0.16)	4 (0.64)	1 (0.16)	2 (0.32)
NS3	3266–5125	1 (0.05)	4 (0.22)	3 (0.16)	0 (0)	5 (0.27)	6 (0.32)	3 (0.16)
NS4A	5126–5290	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.61)
NS4B	5291–6034	0 (0)	0 (0)	2 (0.27)	0 (0)	1 (0.13)	0 (0)	0 (0)
NS5A	6035–7267	6 (0.49)	4 (0.32)	2 (0.16)	4 (0.32)	4 (0.32)	2 (0.16)	3 (0.24)
NS5B	7268–9037	4 (0.23)	5 (0.28)	3 (0.17)	2 (0.11)	10 (0.56)	1 (0.06)	4 (0.23)
Total	9037	17 (0.19)	31 (0.34)	17 (0.19)	12 (0.13)	34 (0.38)	17 (0.19)	25 (0.28)
Mutation rate/year		2.2×10^{-3}	3.0×10^{-3}	3.2×10^{-3}	2.1×10^{-3}	3.6×10^{-3}	1.8×10^{-3}	1.6×10^{-3}

Table 2 | Summary of the amino acid substitutions in GBV-B genome sequences amplified from plasma of the marmosets persistently infected with GBV-B.

Amino acid region	aa position	No. (%) of aa differences						
		Cj05-002			Cj05-004			
		45 weeks	104 weeks	135 weeks	33 weeks	88 weeks	141 weeks	229 weeks
Core	1–156	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.64)
E1	157–348	1 (0.52)	2 (1.04)	0 (0)	1 (0.52)	3 (1.56)	1 (0.52)	1 (0.52)
E2	349–613	0 (0)	2 (0.63)	0 (0)	0 (0)	1 (0.31)	0 (0)	4 (1.25)
P13	669–732	1 (1.56)	1 (1.56)	1 (1.56)	1 (1.56)	0 (0)	0 (0)	0 (0)
NS2	733–940	1 (0.48)	2 (0.96)	0 (0)	1 (0.48)	2 (0.96)	0 (0)	0 (0)
NS3	941–1560	1 (0.16)	0 (0)	1 (0.16)	0 (0)	2 (0.32)	2 (0.32)	1 (0.16)
NS4A	1561–1615	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1.82)
NS4B	1616–1863	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
NS5A	1864–2274	4 (0.97)	2 (0.49)	0 (0)	3 (0.73)	1 (0.24)	2 (0.49)	3 (0.73)
NS5B	2275–2864	2 (0.34)	3 (0.51)	1 (0.17)	1 (0.17)	5 (0.85)	1 (0.17)	1 (0.17)
Total	2864	10 (0.38)	12 (0.42)	3 (0.10)	7 (0.24)	14 (0.49)	6 (0.21)	12 (0.42)
Mutation rate/year		4.0×10^{-3}	3.7×10^{-3}	1.8×10^{-3}	3.9×10^{-3}	4.6×10^{-3}	2.1×10^{-3}	2.5×10^{-3}

and selective evasion from immune pressure in the two marmosets resulted in long-term persistent GBV-B infection accompanied by subsequent chronic hepatitis.

DISCUSSION

In this study, we show for the first time that GBV-B is capable of eliciting a chronic and progressive hepatitis C-like disease in marmosets. Evidence for this condition is demonstrated by long-term persistent GBV-B infection, recurrent ALT increase, and fibrosis. Moreover, one of the chronically infected marmosets developed acute exacerbation of chronic hepatitis as indicated by diffuse piecemeal liver necrosis and an ALT flare, which is seen in patients with viral hepatitis (Perrillo, 1997). While the usefulness of the monkey model as a surrogate model for HCV infection has been under debate due to the virtual inability of GBV-B to cause chronic hepatitis C-like disease in tamarins, the present data demonstrate that the ability of GBV-B to induce the chronic disease is likely to be inherent depending on the differences between species and individuals.

It has been reported that tamarins generally permit extensive replication of GBV-B in the subacute phase of infection and develop acute hepatitis as shown by significant increases of serum enzymes such as ALT and isocitrate dehydrogenase. The viral load in marmosets seems to be lower than in tamarins (Lanford et al., 2003; Bright et al., 2004; Woollard et al., 2008; Weatherford et al., 2009). A recent report indicated that marmosets exhibit susceptible and partially resistant phenotypes upon infection with GBV-B (Weatherford et al., 2009). Consistent with this finding, the present results also showed that the marmosets appeared to exhibit two phenotypes (**Figure 1B**). Importantly, the long-term persistent GBV-B infection was established in the marmosets with lower viral loads during the initial weeks p.i. (**Figure 1B**; Cj05-002 and Cj05-004). This suggests that the mild viral growth in the marmosets with a "partially resistant" phenotype is critical for the establishment of the chronic infection. Of note, the viral growth was undetectable until week 6 p.i. in Cj05-002, owing to unexpected interferon responses that were induced by administration of an anti-luciferase small interfering RNA in a cationic liposome formulation 2 days before GBV-B infection (Yokota et al., 2007). Irrespective of the partial suppression of the viral growth, humoral immune responses were delayed and consequently the individual developed chronic infection. Taken together, it is reasonable to assume that the viral persistence in marmosets may be closely associated with inefficient antiviral immune responses that are elicited at the periods of the lower viral loads. Previously, we and others employed relatively higher amounts of GBV-B for challenge in tamarins and marmosets. This could result in greater viral loads in the acute phase than those in humans and chimpanzees infected with HCV, followed by induction of efficient protective immunity and acute clearance. To clarify the mechanisms by which chronic GBV-B infection is established, further characterization of the differences in innate and acquired antiviral immunity between individuals with acute clearance and chronic infection will be needed.

Accumulating evidence suggests that escape mutations occurring during the course of chronic HCV infection may lead to evasion of humoral and cellular antiviral immunity (Bowen and Walker, 2005a,b; Burke and Cox, 2010). Consistent with these observations, we found that GBV-B acquired multiple back or sequential non-synonymous mutations (e.g., G250V > A, S731L > S, E2346G > E in Cj05-002; and V254A > V, I285V > I, L495S > L, T735A > T, F2135L > F > S in Cj05-004) in the chronically infected marmosets. Highly selective non-synonymous mutations were identified especially in E1, but such mutations were rarely observed in core (**Figures 4** and **5**). Moreover, the non-synonymous mutations in the E1 and NS3 regions occurred throughout the observation periods in Cj05-004 with chronic GBV-B infection, which had not been identified previously (Simons et al., 1995; Bukh et al., 1999; Sbardellati et al., 2001; Martin et al., 2003; Nam et al., 2004; Kyuregyan et al., 2005; Weatherford et al., 2009; Takikawa et al., 2010). Together with the finding that the rates of both synonymous and non-synonymous mutations were similar to those observed in cases of HCV (Ogata et al., 1991; Fernandez et al., 2004), these results strongly suggest that efficient and selective evasion from immune pressures may result in long-term persistent GBV-B infection and subsequent chronic hepatitis. Further analyses on the functional significance of the non-synonymous mutations will clarify this possibility.

It is surprising that in Cj05-004, the antibody titer to NS3 was observed to steadily increase after week 10 p.i. irrespective of the scarce viral loads over 1 year p.i., including the bipartite periods of weeks 4–26 and 34–58 p.i. when the virus was undetectable (**Figure 1**). Considering that three spikes of ALT levels were observed during these periods, our results suggest that antigenic stimulation by the lower level of viral growth in the liver, which was below detectable levels in blood, may induce the antibody and cytotoxic T-cell responses. In addition, during longitudinal analyses of monkeys experimentally infected with GBV-B, it is important to comprehensively evaluate multiple parameters, including viral loads, serum enzymes, and antibodies against core and NS3 proteins, to define whether virus-infected monkeys that produce no detectable viremia for a period of time have cleared the virus or are experiencing a latent period of chronic infection.

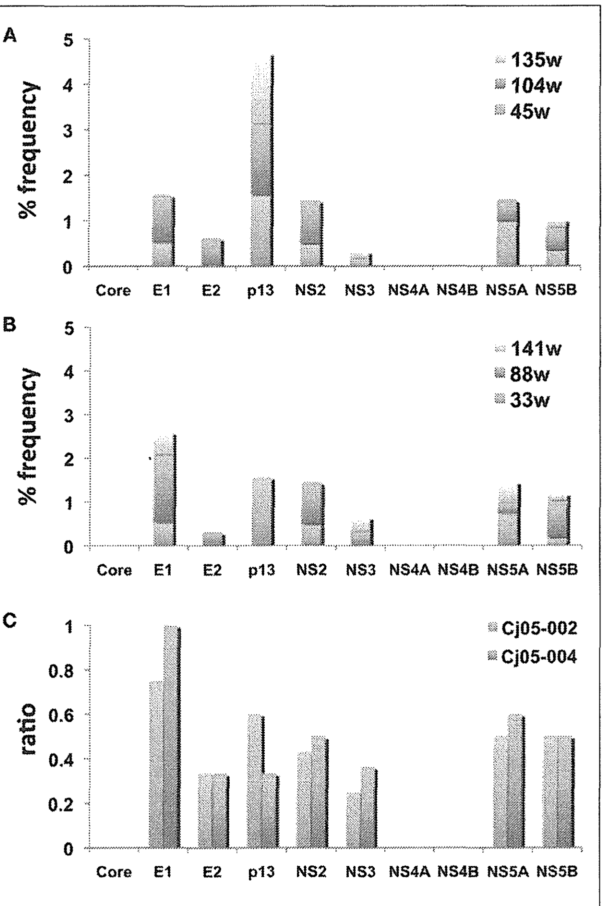

FIGURE 5 | The frequency of the non-synonymous mutations in the viral genome sequences amplified from plasma of the marmosets persistently infected with GBV-B. (A,B) The accumulated frequency of the non-synonymous mutations per total amino acid numbers of each viral protein at multiple time points are illustrated [**(A)** at weeks 45, 104, and 135 in Cj05-002; **(B)** weeks 33, 88, and 141 in Cj05-004]. To compare the frequency between the two marmosets, the data at week 229 p.i. in Cj05-004 are omitted. **(C)** The ratio of the non-synonymous mutations per total numbers of nucleotide mutations identified at weeks 45, 104, and 135 in Cj05-002 and at weeks 33, 88, and 141 in Cj05-004 in each viral gene. To compare the frequency between the two marmosets, the data at week 229 p.i. in Cj05-004 are omitted.

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APPENDIX

MATERIALS AND METHODS

Liver samples obtained by necropsy from the GBV-B-infected marmosets were histopathologically analyzed as described in Section "Materials and Methods." Elastica–van Gieson staining was performed to evaluate fibrosis according to a standard laboratory protocol. To detect CD3 and CD20 antigens, liver samples were fixed in 10% neutral buffered formalin and embedded in paraffin wax. Sections were deparaffinized by pretreatment with 0.5% periodic acid and then subjected to antigen retrieval with citric acid buffer and heating in an autoclave for 10 min at 121°C. Sections were then incubated free floating in the monoclonal antibody solution for CD20 (DAKO) and CD3 (DAKO) overnight at 4°C. Following brief washes with buffer, the sections were sequentially incubated with biotinylated goat anti-mouse IgG (1:400), followed by streptavidin–biotin–horseradish peroxidase complex (sABC kit; DAKO, Denmark). Immunoreactive elements were visualized by treating the sections with 3,3′-diaminobenzidine tetroxide (Dojin Kagaku, Japan). The sections were then counterstained with hematoxylin.

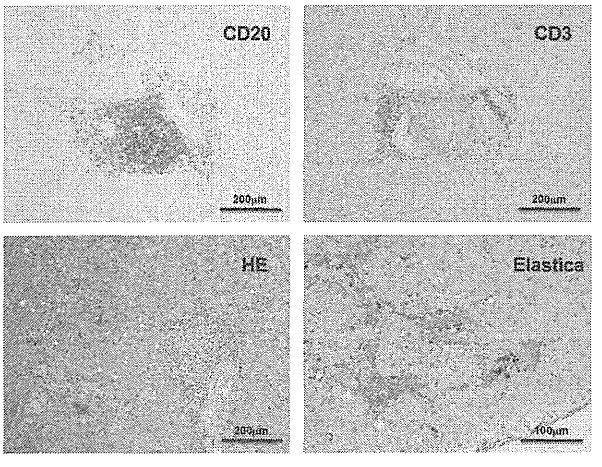

FIGURE A1 | Histopathological and immunohistochemical analyses of the liver from Cj05-004 at week 229 p.i.

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Review Article

Mycobacterium bovis Bacille Calmette-Guérin as a Vaccine Vector for Global Infectious Disease Control

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Mycobacterium bovis bacille Calmette-Guérin (BCG) is the only available vaccine for tuberculosis (TB). Although this vaccine is effective in controlling infantile TB, BCG-induced protective effects against pulmonary diseases in adults have not been clearly demonstrated. Recombinant BCG (rBCG) technology has been extensively applied to obtain more potent immunogenicity of this vaccine, and several candidate TB vaccines have currently reached human clinical trials. On the other hand, recent progress in the improvement of the BCG vector, such as the codon optimization strategy and combination with viral vector boost, allows us to utilize this bacterium in HIV vaccine development. In this paper, we review recent progress in rBCG-based vaccine studies that may have implications in the development of novel vaccines for controlling global infectious diseases in the near future.

1. Introduction

Mycobacterium bovis bacille Calmette-Guérin (BCG) is the only licensed vaccine that has substantially helped controlling tuberculosis (TB) for more than 80 years. This vaccine affords ~80% protection against TB meningitis and miliary TB in infants and young children [1]. However, the BCG-induced protective effects against pulmonary diseases over all ages are variable; the escalation of the worldwide TB epidemic is evidence that the vaccine does not work well to prevent pulmonary TB [2]. Recently, studies on the advanced molecular biology and genomics of mycobacteria have revealed that the BCG genome has various mutations and deletions compared with the original virulent strain of *Mycobacterium tuberculosis* and *M. bovis* [3]. Interestingly, there are substantial differences in the genomic DNA even among BCG substrains [4, 5] that can cause biological differences in the population of BCG vaccines.

Since a host-vector system in mycobacteria was developed in 1987 [6], recombinant BCG (rBCG) technology has been extensively applied in the development of vaccines against a variety of infectious diseases, including bacterial, viral, and parasitic infections in addition to TB [7, 8]. BCG is attractive as a vaccine vector because of its extensive safety record in humans, heat stability, low production cost, induction of long-lasting type 1 helper T cell (Th1) immunity, $CD8^+$ T-cell triggering, adjuvant activity, usability in newborns and its mucosal immune induction by oral administration. Taking the current situation of serious epidemics of emerging and reemerging diseases mainly in developing African and Asian countries into account, a new global vaccine should be affordable in such areas. Therefore, the low price and heat stability of BCG-based vaccines would be desirable. In this paper, we review various efforts to develop novel BCG vector-based vaccines mainly for controlling TB and HIV/AIDS.

2. Immunological Properties of BCG Vector

The immune responses induced by BCG are outlined in Figure 1. The most characteristic response to BCG is the induction of innate (nonspecific) immunity by cell wall components through toll-like receptors (TLRs) 2 and 4 on dendritic cells and macrophages [9]. After phagocytosis,

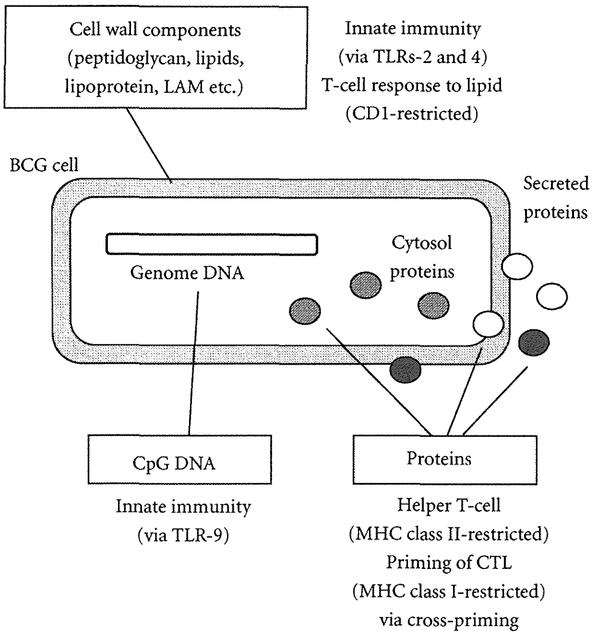

FIGURE 1: Outline of immune responses by BCG. Both innate immunity via TLRs and antigen-specific immunity via MHC- or CD1-restricted antigen presentation to T cells are induced by various BCG cell components.

BCG is degraded by lysosomal enzymes, and the processed antigen can be presented to the host immune system via various pathways. DNA fragments containing the CpG motif may activate innate immunity via the TLR9 route [10]. Lipids such as mycolic acid presented by CD1 stimulate CD1-restricted $CD8^+$ T cells [11]. Protein antigens, such as antigen 85 complex produced by BCG, induce Th1 response through presentation by major histocompatibility complex (MHC) class II. This pathway is the major route of BCG-induced responses and is indispensable for protective immunity against *M. tuberculosis* infection via protective cytokine interferon (IFN)-γ production. On the other hand, the processing and presentation of protein antigens via the MHC class I pathway are also elicited in the BCG-infected antigen presenting cell (APC). As reported by Goonetilleke et al. [12], immunizing BCG-sensitized animals with recombinant vaccinia virus MVA expressing antigen 85A greatly enhances the MHC class I-restricted CTL response against antigen 85A, indicating that BCG priming could be a novel type of prime-boost vaccine. This immunological feature of BCG vector allows its application in vaccines against chronic viral infectious diseases such as HIV/AIDS. In addition, the strong Th1 induction by BCG would be favorable to aid the maturation and maintenance of CTL [13]. Thus, the BCG vector is expected to induce effective cell-mediated immunity against a targeted antigen.

3. TB Vaccine

3.1. Background of the Global TB Epidemic. TB kills 1.7 million people worldwide each year; someone dies from TB every 19 seconds [14]. Although the TB treatment protocol was established a long time ago, the recent increase of multidrug-resistant *M. tuberculosis* infection has generated a serious situation. New vaccines are urgently needed to eliminate TB as a public health threat and should be a major global public health priority. TB is a disease that is spread from person to person through the air. Furthermore, the terrible synergy between TB and HIV makes this disease even more dangerous, especially in sub-Saharan African countries. For instance, according to the World Health Organization's (WHO) Global TB report 2010 [14], South Africa had nearly 400,000 new TB cases in 2009 with an incidence rate of an estimated 806 cases per 100,000; TB is one of the leading causes of death in both adults and children of this country. The case fatality rate has increased from 3% in 1993 to 24.3% in 2007. A major reason for the increased fatality rate is South Africa's concurrent HIV epidemic. The prevalence of HIV infection in South Africa in 2009 was approximately 7%, which has been decreasing as a result of various efforts toward prevention. TB is a common opportunistic infection among people living with HIV, and 60% of new TB cases occurred in persons who were also infected with HIV in 2009 [14]. We can observe similar critical situations in the countries surrounding South Africa. Regarding the vaccination, such situation has raised concerns about the safety of using BCG vaccine in HIV-infected infants because between 10 and 30% of pregnant women are HIV infected in many sub-Saharan African countries.

3.2. Current Efforts toward New TB Vaccine Development. The global plan to stop TB 2011–2015 report [15] offers 7 objectives as follows: (i) to maintain a robust TB vaccine pipeline by supporting research and discovery, (ii) to conduct research to identify correlates of protection and preclinical studies to assess new TB vaccine candidates, (iii) to ensure the availability of vaccine production capacity by expanding manufacturing facilities for TB vaccines, (iv) to build capacity for large-scale clinical trials (phases II and III) of TB vaccine candidates at field sites in TB-endemic countries, (v) to conduct phase I, II, and III clinical trials of TB vaccine candidates, (vi) to develop delivery, regulatory, and access strategies for new TB vaccines, (vii) to build support for TB vaccine development and uptake through advocacy, communications, and resource mobilization. All these objectives are important to realize new TB vaccine development.

The main goal of vaccine development in the Global Plan to Stop TB 2006–2015 is for 2 vaccines to be in proof-of-concept trials by 2010 and that 1 new and safe vaccine is available by 2015. As of 2009, 12 TB vaccine candidates had entered clinical trials. Of these, 9 are still being tested (Table 1) : 5 are in phase I clinical trials, 2 are in phase II trials, and 2 are in phase IIb proof-of-concept trials [15]. One vaccine has produced estimates of safety and effectiveness in a targeted HIV-infected population. At least 6 TB vaccine candidates are in preclinical development, and at least 21 additional next-generation candidates are in the vaccine discovery phase [15]. As mentioned earlier, the current BCG vaccine has limited and variable effectiveness against TB.

Table 1: Summary of candidate TB vaccines in clinical trials 2009. Nine candidate preventive TB vaccines are currently in clinical phases.

Status	Products	Product description	Sponsor
Phase IIb	MVA85A/AERAS-485	Vaccinia virus MVA	OETC/AERAS
Phase IIb	AERAS-402/Crucell Ad35	rBCG/adenovirus 35	Crucell/AERAS
Phase II	Hybrid-I + IC31	Ag85B/ESAT6 + adjuvant	SSI/TBVI
Phase II	M72	Fusion protein + adjuvant	GSK/AERAS
Phase I	AdAg85A	adenovirus 5/Ag85A	McMaster Univ.
Phase I	VPM 1002	rBCG/listeriolysin::ΔureC	Max Planck/TBVI
Phase I	Hyvac 4/AERAS-404	Fusion protein + adjuvant	SSI/Sanofi/AERAS
Phase I	RUTI	Fragmented Mtb cell	Archivel Farma
Phase I	Hybrid-I + CAF01	Ag85B/ESAT6 + adjuvant	SSI

Abbreviations in the sponsors: AERAS, AERAS Global TB Vaccine Foundation; GSK, GlaxoSmithKline; OETC, The Oxford-Emergent Tuberculosis Consortium Ltd.; SSI, Staten Serum Institute; TBVI, Tuberculosis Vaccine Initiative.

Therefore, the first choice of strategy may be improving BCG by using recombinant DNA technology even though it may imply safety issue of vaccination in HIV-infected individuals. Overproduction against a protective antigen of TB in BCG (rBCG30) exhibited enhanced immunogenicity in humans [16]. Moreover, the expression of the listeriolysin gene in BCG (rBCG/hly^+::Δ*ureC*) is proven to be more potent in the induction of TB-specific cellular immune responses [17]. Another strategy for improving BCG vaccines is boosting BCG immunity with protein [18, 19] or viral vector vaccine such as modified vaccinia virus Ankara (MVA) strain [20] and adenovirus type 35 [21]. BCG-prime and recombinant MVA-antigen 85A boost regimen [22] exhibited efficient immune responses in humans and have entered the first phase IIb trial in newborns. Furthermore, a combination of such strategies in which 3 major antigens are overproduced and the perfringolysin gene is incorporated into BCG and boosted with a recombinant adenovirus vaccine has been developed [23]. However, it is unknown whether such strategies are relevant for developing vaccines that are effective against adult pulmonary TB. It is necessary to test whether these candidate vaccines effectively induce mucosal immunity and protect against lung disease.

4. HIV/AIDS Vaccine

4.1. Background of the Global HIV Epidemic. In 2009, there were an estimated 2.6 million people who became newly infected with HIV. This is more than 21% less than the estimated 3.2 million who became infected in 1997, the year in which annual new infections peaked. In 33 countries, the incidence of HIV has decreased by more than 25% between 2001 and 2009; 22 of these countries are in sub-Saharan Africa. This trend reflects a combination of factors including the impact of HIV prevention efforts and the natural course of HIV epidemics [24].

Although highly activated antiretroviral therapy apparently contributes to control HIV replication in infected individuals [25], several problems remain to be resolved. These problems include: (i) the following viral load recovers soon after the interruption of treatment; (ii) chronic toxicities cause abnormalities in lipid metabolism and mitochondria; (iii) drug-resistant viruses increase during long period of treatment; (iv) long-term treatment carries a risk of carcinogenesis [26]; (v) expensive drugs are still difficult to access in developing countries. Even in developed countries, the high cost of antiretroviral drugs produces a sense of impending crisis in public health policy [27]. In such circumstances, although the rate of new infections with HIV-1 is gradually decreasing, an effective preventive vaccine is still urgently needed to stem further spread of the virus [28]. Even though considerable recent progress has been made in the development of an HIV vaccine [29, 30], the immune correlate of viral protection is not fully elucidated due to the complicated interaction of viral, immunological, and genetic factors [31, 32]. Since it is known that some populations of HIV-1-infected people do not present disease progression when HIV-1 replication is regulated by host immunity [33, 34], targeted vaccine immunogens are designed to closely mimic the long-lasting protective immunity induced in the long-term human survivors of natural infection [35, 36]. Due to safety issues, a live-attenuated HIV vaccine is not practical. This inevitably led the trend of HIV vaccine development to component- and vector-based vaccines.

4.2. Current Trends in HIV/AIDS Vaccine Research. The first large-scale efficacy trial of an HIV/AIDS vaccine was conducted by a US company, Vaxgen Co., in which a genetically engineered surface envelope (Env) glycoprotein, gp120, vaccine was tested in humans. Although the vaccine was targeted toward inducing effective virus-neutralizing antibodies, the phase III efficacy trial revealed its ineffectiveness [37, 38]. The failure of the gp120 vaccine changed the trend of HIV/AIDS vaccine research from an antibody-targeted strategy to a cell-mediated immunity-targeted strategy. Because HIV-1 causes chronic infection due to its cell-associated features, cellular immunity especially virus-specific cytotoxic T lymphocyte (CTL) should be a more important arm of the host immune system. Indeed, immune deficiency virus-specific cell-mediated immunity has been suggested to effectively control viral replication during the natural course of viral infections [39–41]. Based on these findings, various vaccine modalities, including live viral vectors and DNA vaccines, have been used to elicit strong CTL and Th1 type responses in nonhuman primate models. Although single-vaccine delivery systems sometimes exhibit insufficient immune responses, boosting with viral vector vaccines such as vaccinia virus [40, 41], adenovirus [42, 43], and Sendai virus [44] in DNA-primed individuals strongly amplified CTL responses and resulted in the effective control of simian immunodeficiency virus (SIV) replication. Among such viral vectors, adenovirus type 5 (Ad5) had the strongest CTL enhancement effect, and the DNA-prime and recombinant Ad5 boost vaccine strategy is recognized as the most promising. However, in 2007, Merck Co. reported that a recombinant Ad5 vaccine expressing HIV-1 Gag, Pol, and Nef antigens did not demonstrate any protective efficacy in a phase IIB clinical trial [45]. Surprisingly, the vaccinated group exhibited a significantly higher HIV-1 infection rate than the placebo group [45], suggesting that the recombinant Ad5 immunization may have some unknown effect in enhancing HIV-1 infection. Thus, we were aware that T-cell vaccine approaches may involve certain risks and limitations; this paradigm appears to have reached an impasse.

In September 2009, there was ground-breaking news that the RV144 large-scale efficacy trial in Thailand demonstrated a partial effect of reducing HIV-1 infection rate in the recipients of ALVAC (canarypox)/gp120 prime-boost vaccine [46]. Although the results demonstrated limited effects, they demonstrated the possibility of preventing HIV infection with the active immunization for the first time. Furthermore, although there was no apparent correlation between protection and virus-specific cellular immune response or neutralizing antibody levels in the vaccinees, more detailed analyses of the total host responses are expected in the future. Taking the vaccine formulation with the gp120 protein boost into account, some antibody-mediated reactions may be involved in this partial protection. On the other hand, a new T-cell-targeted vaccine also demonstrated protective efficacy in a macaque study in the same year. A rhesus cytomegalovirus-vectored vaccine expressing SIV Gag, Rev-Tat-Nef, and Env persistently infected rhesus macaques, primed, and maintained robust SIV-specific $CD4^+$ and $CD8^+$ effector memory T-cell responses in the absence of neutralizing antibodies [47]. The report suggests that T cell vaccines may have greater potential than previously estimated. Although the importance of broadly neutralizing antibody production would not change despite tremendous difficulties, cellular immunity-targeted candidate vaccines should be also clinically tested for proofs of concept.

4.3. BCG-Vectored HIV Vaccine. The most practical advantage of the BCG vector is its high safety. In addition to being effective at inducing protective immunity, an HIV-1 vaccine regimen must be shown to be safe, affordable, and compatible with other vaccines before it can be considered promising [39]. In this respect, vectors that have already been used in humans without serious complications and with low cost should be utilized for HIV vaccines. BCG is a unique live vaccine vector because of its easy antigen delivery to the professional APC to be presented to T cells. Therefore, this bacterium is expected to be an important vector for HIV vaccine development.

At the early stage of rBCG research in the 1990s, Aldovini and Young [48] demonstrated immunogenicity of rBCG against genetically engineered HIV-1 antigens in mice. We independently worked on an rBCG-vectored anti-HIV vaccine simultaneously. First, we demonstrated effective cellular immune induction against SIV Gag antigen by the rBCG vector in rhesus macaques [49, 50]. Furthermore, we cloned an extracellular α antigen (antigen 85B) gene from both BCG [51] and *Mycobacterium kansasii* [52], and established a foreign antigen secretion system in mycobacteria [53]. Based on this system, we extensively evaluated several rBCG constructs for candidate HIV vaccines and reported that an rBCG-HIV vaccine could induce protective humoral immune responses in guinea pigs [54]. These studies suggest that rBCG-based vaccines are feasible as AIDS vaccines. However, the CTL activity did not reach protective levels with a single injection of rBCG-HIV vaccine in the macaque model. To overcome the low immunogenicity of the rBCG vaccine in CTL induction, we utilized various strategies for enhancing the immune potential of the BCG vector.

4.4. Prime-Boost Regimen for Enhancing Immune Responses. The first strategy by which we tried to improve the potential of the rBCG-HIV vaccine was the use of a safe recombinant viral vector for a booster vaccine. With respect to safety, traditional live vaccines, which have been administered safely to both the healthy and the HIV-infected individuals, may be the vectors of choice for HIV-1 vaccines. To fully take advantage of the benefits of such traditional vaccines in the development of anti-HIV vaccines, we studied BCG Tokyo 172 strain and the replication-deficient vaccinia vaccine strain DIs [55, 56] both of which have been shown to be nonpathogenic when inoculated into immune-deficient animals as live recombinant vaccine vehicles [57]. The vaccinia virus DIs have been tested clinically as a smallpox vaccine in Japanese infants and proved to be quite safe. We chose this highly attenuated virus as a booster vaccine vector and constructed recombinant DIs (rDIs) expressing the HIV *gag* [58] or SIV *gag-pol* gene [59]. Both rDIs constructs were found to be effective in eliciting HIV- or SIV-Gag-specific immunity in mice. When they were administered as a booster antigen after priming with an SIV-DNA vaccine, the cellular immunity to SIV Gag was greatly enhanced [59]. In brief, we tested a new combination regimen: priming with rBCG-SIV Gag followed by boosting with rDIs-SIV Gag.

In the macaque study, we found that BCG/DIs vaccination induced a long-lasting and effective cellular immunity that was able to control a highly pathogenic virus SHIV C2/1 [60], after mucosal challenge [61]. A possible mechanism of effective Gag-specific cell-mediated immunity is shown in Figure 2. The strong Th1 response induced by the BCG vector may contribute to eliciting the Gag-specific CTL response. How these immune inductions are correlated with protective efficacy requires further investigation. In this study, the BCG/DIs vaccination developed high levels of cellular immunity in the macaques that were protected against the loss of $CD4^+$ T lymphocytes with reduced viral RNA levels after virus challenge. Furthermore, the BCG/DIs group showed no evidence of clinical diseases or mortality

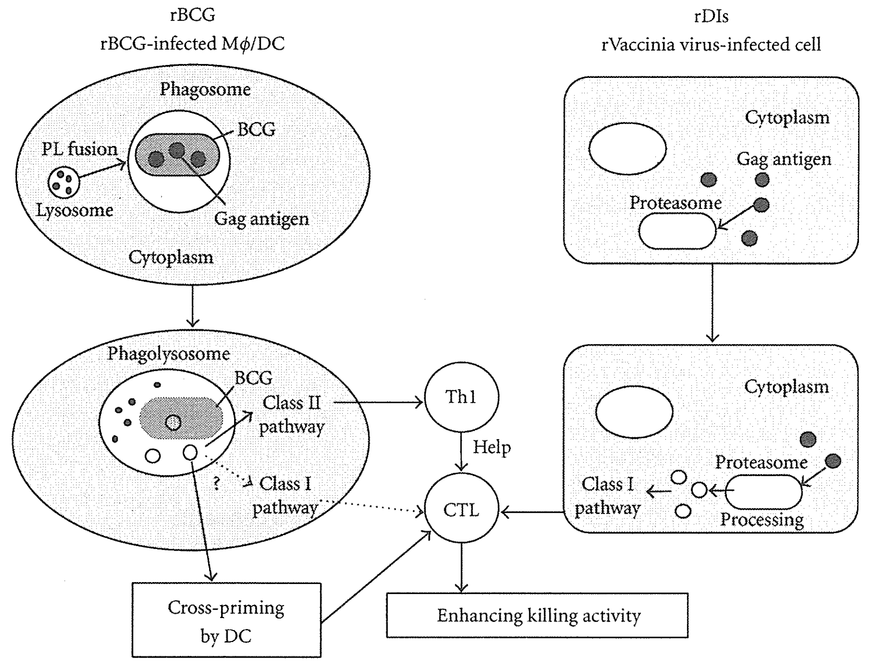

FIGURE 2: A possible mechanism of effective Gag-specific cell-mediated immunity induction with the rBCG/rDIs prime-boost vaccine. Abbreviations: DC, dendritic cell; Mϕ, macrophage; PL, phagosome-lysozome; Th1, type 1 helper T cell; CTL, cytotoxic T lymphocyte.

after viral challenge during the 1-year observation period [61]. These results suggest that the BCG/DIs prime-boost regimen might be a potential candidate for an effective and safe anti-HIV vaccine. Recent studies in macaques subjected to BCG/Ad5 [62] and BCG/MVA [63] regimens strongly support the effectiveness of the BCG vector. In the latter study, a hemolysin-expressing BCG strain, which was devised for more efficient antigen presentation to the CTL precursor, elicited a robust and broad range of HIV-1 specific T-cell responses along with recruitment of multiple T-cell clonotypes into the memory pool.

4.5. Codon Optimization Strategy. The major issue with BCG vehicle vaccines is the low expression level of the foreign antigen gene in BCG cells. In general, sufficient levels of foreign antigen-specific immune responses are obtained with high doses of rBCG between 10- and 100-fold greater than that needed for a practical dose against TB in humans [54]. This is considered the main limitation for the clinical use of rBCG-based vaccines. To address this substantial issue, we applied a codon optimization strategy for foreign genes in the rBCG system to increase its expression level. The aims of the study were to increase the immunogenicity of the foreign antigen, decrease inoculation dosages as small as the conventional BCG vaccine against TB, avoid adverse reactions, prevent possible association with Th2-type immune responses, and ward off the exacerbation of retroviral infections.

First, we determined the in vitro effects of codon optimization of the HIV gene in rBCG. Although the effect of codon optimization in mammalian cells is well documented [64–66], its effect in rBCG vehicle had never been fully elucidated. We targeted the HIV-1 *gag p24* gene as a model antigen to clarify the effect of codon optimization in the rBCG system. A specially designed synthetic p24 gene consisting of mycobacterial-preferred codons resulted in an increase in their GC content from 43.4% to 67.4%. Furthermore, codon-optimized rBCG was generated without any detectable changes in its characters including the growth rate. This rBCG exhibited a dramatic increase in Gag p24 antigen production approximately 40-fold greater than the non-optimized rBCG. Moreover, we successfully obtained data regarding the enhancement of immune responses in codon-optimized rBCG-immunized mice [67]. Inoculation of mice with a single low dose of the codon-optimized bacteria elicited effective cellular immunity. In the ELISPOT assay, the number of Gag-specific IFN-γ spot-forming cells elicited by codon-optimized rBCG was significantly greater than that elicited by non-optimized recombinants [67]. These cellular immune responses would decrease if the $CD8^+$ T cells were depleted. The results also suggest that effective MHC-class I-restricted CTL responses are inducible by vaccination with codon-optimized rBCG. Furthermore, Gag-specific lymphocyte proliferative responses were also detected in the codon-optimized rBCG-immunized mice [67].

We also applied this strategy to an SIV Gag construct and successfully generated an rBCG harboring the codon-optimized SIV *gag* gene with an expression 10-fold greater than that of the native *gag* gene. In the macaque study, compared with a native *gag* gene construct, a low-dose (10^6 bacilli) injection of this construct induced optimal priming of Gag-specific $CD4^+$ and $CD8^+$ T cells and prolonged the maintenance of memory T-cell response after vaccinia DIs boost [68]. These results imply that the quality of the priming vaccine is a critical factor for inducing a desirable immune response against immunodeficiency viruses. Thus, the codon optimization strategy should generally be applied to other foreign genes in rBCG-based vaccine development.

5. Vaccine for Other Infectious Diseases

There were various candidate rBCG vaccines targeting infectious diseases other than TB or HIV. Stover et al. [69] reported that the rBCG system would be useful in Lyme disease vaccine development; the vaccine incorporated with the surface protein of *Borrelia burgdorferi* first reached clinical phase I trials. However, the vaccine was rejected due to its low antibody production response [70]. Two groups [71, 72] applied rBCG in malaria vaccine development and demonstrated efficacy in a mouse model. Malaria is recognized as one of the three major infectious diseases as well as TB and AIDS. Although there is a long history of malaria vaccine development, we have not seen any licensed vaccine. The strategy to induce cellular immunity against conserved antigens using BCG vector could be effective to overcome substantial difficulties in producing vaccine due to antigenic diversity and unique life cycle of this parasite. In addition, BCG vector was tested for vaccine discovery against some viral diseases. A rBCG expressing the measles virus nucleoprotein demonstrated protection against measles virus pneumonia in macaques [73]. Furthermore, we demonstrated that a rBCG with a single hepatitis C virus (HCV) NS5 CTL epitope into antigen 85B induced HCV-specific CTL response in mice [74]. HCV is recognized as one of the major infectious pathogens of which the global infection rate is ~3%. Although the priority for preventive HCV vaccine development has become lower because of the remarkable progress in the treatment, BCG vector of targeting CTL induction may have implication for therapeutic vaccine against this disease. All these candidates at the early stage of rBCG study could not proceed to further development stages at those times. The rBCG-based vaccine development for these diseases should be reconsidered because the advanced technology that enhances the potential of BCG vectors has become currently available.

6. Conclusion and Future Perspective

As described in Section 3, several rBCG-based candidate vaccines are currently being evaluated for the development of TB vaccines. Such human trials would provide a greater insight into the paradigm of immune correlation in *M. tuberculosis* infection. In addition, the application of the codon optimization strategy enables us to utilize this bacterial vector as a primer of a heterologous prime-boost regimen for a preventive HIV vaccine. These results could suggest that the BCG vector is possible divalent vaccine controlling both TB and HIV/AIDS with a single construct; such study may help resolve the serious public health problem in the sub-Saharan African countries in which both diseases are highly prevalent [14].

Another potential outcome is the utility of the BCG vector for infant vaccines. One of the largest advantages of rBCG vaccines is their applicability to newborns. Because BCG as a TB vaccine is integrated into the expanded program on immunization in many countries, we have the earliest chance to immunize newborns with BCG within 3 months of birth before they are exposed to a variety of infectious pathogens. Substituting the current BCG with a novel rBCG vaccine possessing protective antigens against pathogens that cause serious diseases in infants, such as severe diarrhea and respiratory diseases, could be effective in developing countries. Such vaccine concepts should be also tested in appropriate animal models before they are tested in humans. Thus, after much trial and error in the last 2 decades, rBCG-based vaccines may contribute to the control of global infectious diseases in the near future.

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In Vivo Safety and Persistence of Endoribonuclease Gene-Transduced CD4+ T Cells in Cynomolgus Macaques for HIV-1 Gene Therapy Model

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Abstract

Background: MazF is an endoribonuclease encoded by *Escherichia coli* that specifically cleaves the ACA sequence of mRNA. In our previous report, conditional expression of MazF in the HIV-1 LTR rendered CD4+ T lymphocytes resistant to HIV-1 replication. In this study, we examined the *in vivo* safety and persistence of MazF-transduced cynomolgus macaque CD4+ T cells infused into autologous monkeys.

Methodology/Principal Findings: The *in vivo* persistence of the gene-modified CD4+ T cells in the peripheral blood was monitored for more than half a year using quantitative real-time PCR and flow cytometry, followed by experimental autopsy in order to examine the safety and distribution pattern of the infused cells in several organs. Although the levels of the MazF-transduced CD4+ T cells gradually decreased in the peripheral blood, they were clearly detected throughout the experimental period. Moreover, the infused cells were detected in the distal lymphoid tissues, such as several lymph nodes and the spleen. Histopathological analyses of tissues revealed that there were no lesions related to the infused gene modified cells. Antibodies against MazF were not detected. These data suggest the safety and the low immunogenicity of MazF-transduced CD4+ T cells. Finally, gene modified cells harvested from the monkey more than half a year post-infusion suppressed the replication of SHIV 89.6P.

Conclusions/Significance: The long-term persistence, safety and continuous HIV replication resistance of the *mazF* gene-modified CD4+ T cells in the non-human primate model suggests that autologous transplantation of *mazF* gene-modified cells is an attractive strategy for HIV gene therapy.

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Introduction

Highly active anti-retroviral therapy (HAART) is widely used for human immunodeficiency virus (HIV) therapy and involves the combination of several drugs with different functions that are currently being evaluated in clinical trials; some of these drugs are currently available [1]. HAART treatment reduces plasma viral load to undetectable levels and recovers CD4+ T cells to clinically safe levels. Although HAART therapy has revolutionized the treatment of HIV-1 infection, the need for life-long therapy, difficulties with medication adherence and long-term medication toxicities have led to the search for new treatment strategies that will efficiently reduce the viral load and allow for stable immunological homeostasis. The number of patients who are HAART resistant has significantly decreased in the past 2 years due to newly available drugs, but based on previous experience, drug resistance is likely to increase again. Thus, additional approaches for the management of HIV infection, or approaches performed in combination with HAART therapy, are needed. Gene therapy for HIV-1 infection has been proposed as an alternative to antiretroviral drug regimens [2,3]. A number of different genetic vectors with antiviral payloads have been utilized to combat HIV-1, including antisense RNA against the HIV-1 envelope gene, transdominant protein RevM10, ribozymes, RNA decoys, single chain antibodies, and RNA-interference [4,5]. These protocols use T cells or hematopoietic stem cells as a target for gene modification. Autologous T cell transfer in HIV patients began in the mid 1990's, and since that time, no serious adverse events have been reported to be associated with infusions of autologous T cells, and infusions are well tolerated. The majority of these clinical trials used gene transfer by retrovirus or lentiviral vectors for the delivery of the anti-HIV payloads.

In order to develop a new approach for HIV therapy, we previously constructed an HIV-1 Tat-dependent expression retroviral vector in which the *Escherichia coli* (*E. coli*) endoribonuclease gene *mazF* was fused downstream of the trans-activation response element (TAR) so that the gene expression of *mazF* is induced upon HIV-1 replication [6]. When MazF-transduced cells were infected with HIV-1 IIIB, the replication of HIV-1 was efficiently inhibited without affecting CD4+ T cell growth. MazF-transduced primary CD4+ T cells derived from monkeys also suppressed simian/human immunodeficiency virus (SHIV) replication [6]. Thus, autologous transfer of genetically modified CD4+ T cells conditionally expressing the MazF protein will be a promising strategy for HIV gene therapy. Generally, the shift from the chronic phase to the AIDS phase is due to the balance between viral growth and immune suppression, and the remarkable decrease in CD4+ T cells causes the subsequent deficiency of the immune system, the hallmarks of AIDS. The benefit of the MazF-based gene therapy strategy is that gene-modified CD4+ T cells may be protected from HIV-1-associated cell death and are therefore likely to help the immune system maintain a stable condition.

In this preclinical study, we examined the *in vivo* safety and persistence of MazF-transduced autologous CD4+ T cells (named MazF-Tmac cells) using a non-human primate model. Cynomolgus macaque primary CD4+ T cells were retrovirally transduced with the MazF vector, infused into the autologous monkeys, and the persistence and safety of the MazF-Tmac cells was monitored more than half a year. We found that infused MazF-Tmac cells were detected in the peripheral blood throughout the experimental period. Additionally, experimental autopsy revealed the distribution of the infused lymphocyte in total body.

Results

Manufacturing of MazF-transduced CD4+ T cells using *ex vivo*-expanded cynomolgus macaque CD4+ T cells

In order to infuse more than 1×10^9 MazF-transduced autologous cells, isolated primary CD4+ T lymphocytes were *ex vivo* stimulated, transduced with the MT-MFR-PL2 retroviral vector (Figure 1A), and expanded as described in the Materials and Methods. The resultant MazF-Tmac cells were transplanted into autologous monkeys via intravenous infusion (Figure 1B). We initially used concanavalin A (Con A) for the stimulation of CD4+ T cells (CD4T-1), but Con A only induced a 12-fold cell expansion after 7 days. In order to improve the *ex vivo* expansion, we used anti-CD3/anti-CD28 monoclonal antibody-conjugated beads (anti-CD3/CD28 beads), which are known to yield a more efficient cellular expansion [7,8]. As we expected, the fold expansion of CD4+ T cells (CD4T-2 and CD4T-3) stimulated with anti-CD3/CD28 beads was much higher than with Con A stimulation (Table 1). In order to improve the engraftment efficiency of CD4+ T cells, busulfan was orally administered to the macaques prior to the transplantation, and the gene-modified MazF-Tmac cells were infused into each monkey intravenously at $1.6–2.7\times10^9$ cells.

Transduction efficiency and cell surface markers of MazF-Tmac cells

The efficiency of MazF transduction and phenotype of cell surface markers of the MazF-Tmac cells were analyzed using flow cytometry. The MazF vector transduction efficiency of CD4T-2 and CD4T-3 cells was 61.8% and 60.0%, respectively, while only 34.5% for CD4T-1 (Table 1). As shown in Table 2, 99% of the expanded MazF-Tmac cells were CD3 and CD4 double-positive, and in these cells, more than 90% expressed CD95/CD28, which are known central memory phenotype markers [9]. Central memory cells generally have a longer life span compared to effecter memory cells [10]; thus, a higher percentage of central memory cells in MazF-Tmac cells is likely to result in longer persistence after transplantation. Furthermore, to assess the activation status of MazF-Tmac cells, we measured the expression of CD25, which is also known as IL-2 receptor alpha and is an activated T cell marker. CD25 expression of MazF-Tmac cells from CD4T-2 and CD4T-3 was low. In contrast, almost 100% of the CD4+ T cells were found to express CD25 with a higher expression level 2–4 days after stimulation (data not shown). Thus, these data indicate that a large number of MazF-Tmac cells entered into resting or non-activated states during the *ex vivo* culture. CXCR4, a co-receptor for X4 tropic HIV entry, was found to be expressed in expanded CD4T-2 and CD4T-3 MazF-Tmac cells. Furthermore, we observed that there was no significant difference in the measured cell surface markers between Con A- and anti-CD3/CD28 bead-stimulated MazF-Tmac cells (Table 2).

Longitudinal analysis of infused MazF-Tmac cells

To examine the *in vivo* safety and persistence of infused MazF-Tmac cells, peripheral blood from each monkey was collected to monitor the hematological effects and the proviral copy number of the transduced retroviral vector in the genome over six months. There was no significant change in the body weight of the monkeys throughout the experiment (Figure 2A). During the period of 2–4 weeks post-transplantation, severe reduction in the white blood cell (WBC) count, hemoglobin (Hb) concentration, and platelet (PLT) levels were observed in the monkeys CD4T-1 and CD4T-2, while only slight reduction was observed in CD4T-3. These negative effects are considered to be due to the effect of the busulfan treatment, which is known to cause partial bone marrow depletion and functional defects in blood-forming tissues. No other adverse events were observed throughout the experiments. The transient reduction of lymphocytes gradually recovered, and the cell number became stable two months after the transplantation (Figure 2A).

The percentage of persistent MazF-Tmac cells in CD4+ T cells was determined using real-time PCR and flow cytometric analyses. The percentage of MazF-Tmac cells gradually decreased in CD4T-1- and CD4T-2-transplanted monkeys, while in the CD4T-3-transplanted monkey, a drastic reduction of the infused MazF-Tmac cells was observed 3–4 weeks post-transplantation but was not observed at later time points (Figure 2B). Although the levels of MazF-Tmac cells gradually decreased over time, the infused MazF-Tmac cells were detected even after six months post-transplantation. It is reasonable to assume that a population of infused MazF-Tmac cells can persist for a long-term period, likely forming a resting condition.

Detection of anti-MazF antibodies in monkey blood

Although the levels of MazF-transduced CD4+ T cells gradually decreased in the peripheral blood, some were detected throughout the half-year experimental period, suggesting that MazF-Tmac cells showed little or no immunogenicity towards cynomolgus macaques. Because gene therapy for HIV is aimed at reconstituting an HIV-resistant immune system, genetically modified cells must not only inhibit virus replication, but also maintain their expected trafficking behavior and persist *in vivo*. Although the evidence of longitudinal persistence of MazF-Tmac cells supports the low immunogenicity of MazF-Tmac cells, it is important to assess the production of antibodies against MazF. As shown in Figure 3 and Figure S1, we detected no production of anti-MazF antibodies in the CD4T-2 monkey blood after transplantation of the MazF-Tmac cells.

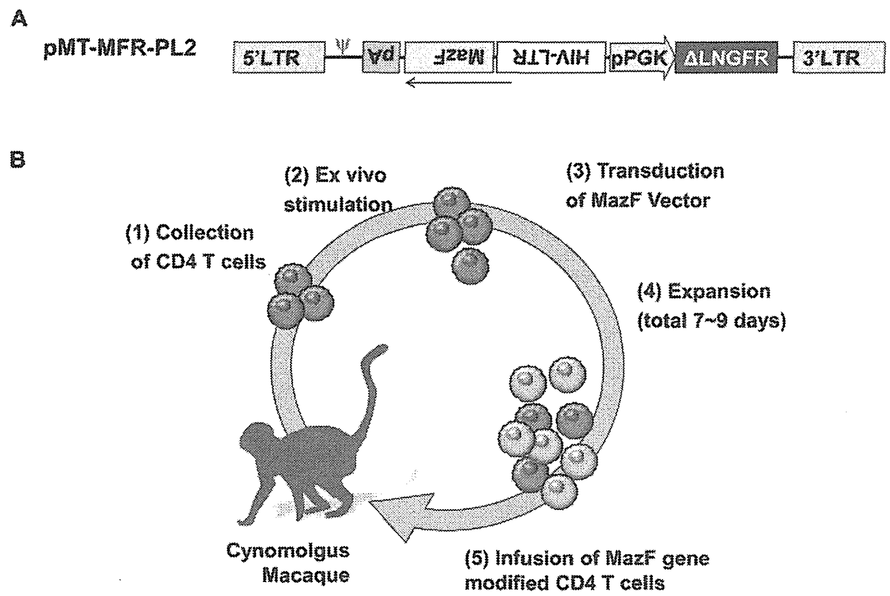

Figure 1. Diagram of autologous CD4+ T cell transplantation using a non-human primate model. (A) Design of gene transfer vector. The MazF gene derived from *E. coli* was inserted directly into the downstream of HIV-LTR sequence. The HIV-LTR-MazF-polyA cassette was introduced in the opposite direction of the MoMLV-LTR. A truncated form of the human ΔLNGFR was also introduced into the retrovirus vector as a surface marker. The ΔLNGFR gene is under the control of the human PGK promoter. (B) Flow diagram of gene-transduced CD4+ T cell manufacture. (1) Peripheral blood was collected by apheresis, (2) CD4+ T cells were selected by positive selection and stimulated *ex vivo* with Con A or anti-CD3/CD28 monoclonal antibody-conjugated beads. (3) The MT-MFR-PL2 vector was transduced twice on days 3 and 4. (4) The transduced cells were expanded for an additional 3–5 days until the total cell number reached more than 10^9. (5) On day 7–9, the expanded cells were collected, washed, and infused to the autologous macaques through venous blood.
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In vivo safety of MazF-Tmac cells

It is a great advantage to use primate models for investigating the safety of gene-modified cells, as they can be used for surgical pathological analysis. Therefore, we performed experimental autopsies six months after transplantation. To examine the safety of MazF-Tmac cells, specimens from several organs were fixed in buffered formaldehyde and embedded in plastic. Serial sections were made using a diamond saw. Slides were then stained with hematoxylin-eosin. Histopathological findings of the specimens were contracted with Bozo Research Center (Tokyo, Japan), and no severe adverse events relating to MazF-Tmac cell infusion was observed (Table 3 and Figure S2).

Table 1. Demographic data and summary of expansion fold and transduction efficiency.

	CD4T-1	CD4T-2	CD4T-3
Body Weight (kg)	5.25	5.18	3.7
Method for stimulation	Con A	Anti-CD3/CD28 Beads	Anti-CD3/CD28 Beads
Number of stimulated CD4+ T cells ($\times10^7$ cells)	13.0	1.0	4.6
Days for expansion (days)	7	7	9
Number of infused MazF-Tmac cells ($\times10^9$ cells)	1.6	1.7	2.7
Expansion Fold	12.3	170	58.7
Gene transfer efficiency (%)	34.5	61.8	60.0

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Examination of the anti-viral efficacy of MazF-Tmac cells harvested from monkey

In order to examine whether the Tat-dependent expression of MazF and anti-viral efficacy was maintained in the MazF-Tmac cells after infusion, CD4+ T lymphoid cells from a CD4T-1-transplanted monkey (214 days post-infusion of MazF-Tmac cells) were selected and expanded *ex vivo* (Figure 4A). After 7 days of expansion, the genetically modified cells expressing a truncated form of the human low affinity nerve growth factor (ΔLNGFR+) were concentrated with an anti-CD271 monoclonal antibody (Figure 4B). CD271-positive cells and CD271-negative cells were expanded for an additional 4 days. Both groups of expanded cells were infected with SHIV 89.6P [11] at the multiplicity of infection (MOI) of 0.01. Culture supernatants and cell pellets were analyzed at 6 days post-infection. As shown in Figure 4C, the replication of SHIV 89.6P was significantly suppressed in CD271-positive cells

Table 2. Cell surface markers of expanded MazF-Tmac cells.

	CD4T-1	CD4T-2	CD4T-3
CD3(+)/CD4(+) (%)	98.2	98.7	99.9
CD95(−)/CD28(+) (Naïve) (%)	0.7	1.2	0.4
CD95(+)/CD28(+) (CM) (%)	93.0	94.7	91.2
CD95(+)/CD28(−) (EM) (%)	6.2	3.9	8.3
CXCR4 (%)	N/A	92.0	79.4
CD25 (%)	N/A	30.4	24.5

CM: Central Memory, EM: Effector Memory.
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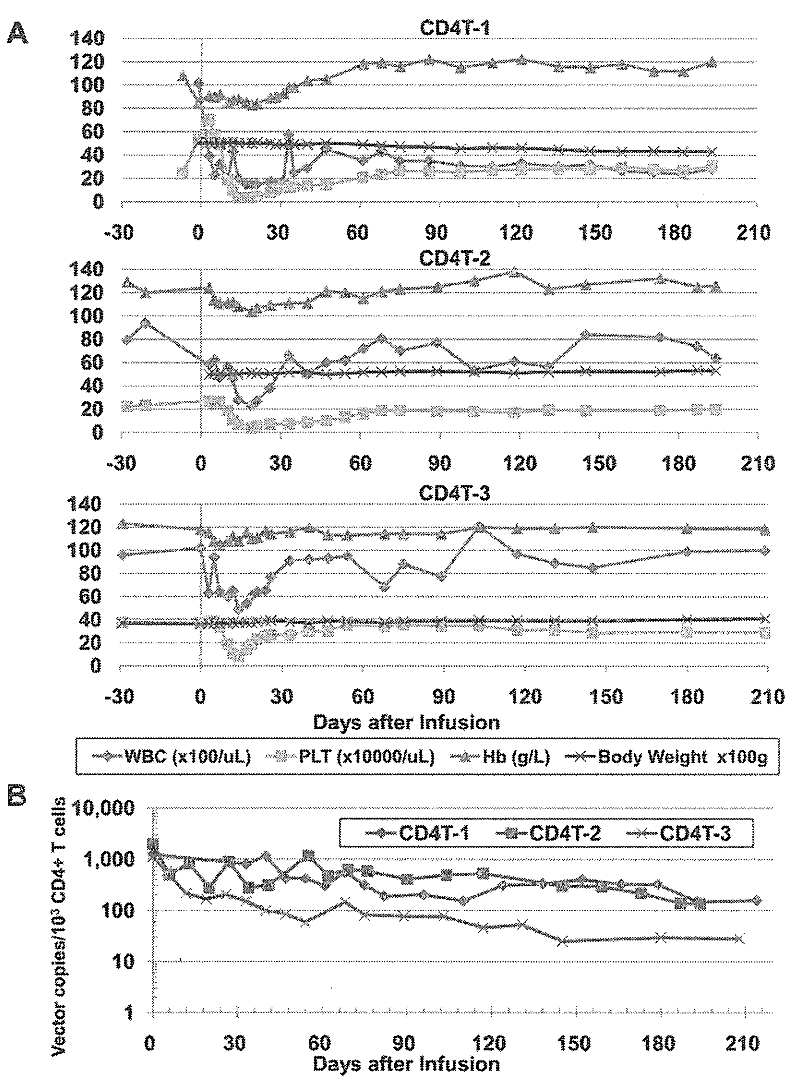

Figure 2. Hematological analysis and engraftment of the MazF-transduced CD4+ T cells. (A) The body weight and several hematological features were measured at the indicated time points, and the number of WBC, Hb, and PLT were represented. Each macaque was monitored throughout the study period. (B) The *in vivo* persistence of retroviral-transduced CD4+ T cells in the peripheral blood. PBMCs were collected at the indicated time points. The percentage of CD4+ T cells was analyzed using flow cytometry, and the proviral MazF vector copy was analyzed using real-time PCR. By compounding these two data, the copy number of the *mazF* gene in CD4+ T cells was calculated.
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in comparison with CD271-negative cells. Although western blot analysis managed to detect the expression of MazF, MazF was below the detection limit (data not shown). However, the expression of MazF was clearly induced when the same CD271-positive cells were transduced with the Tat expression retroviral vector M-LTR-Tat-ZG [6] (Figure 4D). These data suggest that the conditional expression system in MazF-Tmac cells is still active at 6 months post-transplantation.

Distribution of MazF-Tmac cells

To examine the distribution and persistence of the infused MazF-Tmac cells in a monkey, lymphocytes isolated from several organs were analyzed using flow cytometry and real-time PCR. As shown in Figure 5A and 5B, ΔLNGFR+ cells were detected in CD4+ T cells isolated from several lymph nodes (LNs), spleen, and peripheral blood. A similar tendency was obtained using real-time PCR (Figure 5C). In contrast, MazF-Tmac cells were not detected in the bone marrow, liver, thymus, and small intestine (data not shown). These data strongly suggest that infused MazF-Tmac cells mainly circulate in the secondary lymphoid organs.

In vivo distribution of MazF-Tmac cells treated with or without retinoic acid

Based on the findings that MazF-Tmac cells were well distributed among secondary lymphoid organs but not in small intestine, we performed additional experiment using one cynomolgus monkey (CD4T-4). In order to investigate the editing effect of the homing receptor to efficiently recruit the gene-modified cells to intestinal tissues in a non-human primate model, the distribution of retinoic acid-treated MazF-Tmac cells was