

**Of mice and men:
practical approaches to malaria vaccine discovery
and development**

--> The consequences of the **screen** employed to identify a parasite molecule
as a « major vaccine candidate »

*Or the problem of the « **original sin** » in malaria vaccine development
(which is carried over for long, for ages, with an unlimited number of formulations)*

Identification of malaria vaccine candidates

- Little efforts at improving/ validating surrogates of protection
- the existing surrogates markers are not sufficient to demonstrate vaccine efficacy

-> *Clinical efficacy trials remain today the only means to demonstrate the value of a candidate*

However, the path to a vaccine proof of concept combines 3 difficulties :

- The vaccine potential of each candidate is **unknown**
- **the path is long : 6-12 years** (vaccine design, pre-clinical evaluation, cGMP production, Phase I, Ib, phase II (and occasionally Phase III trials)
- It requires a delivery platform able to induce the « **right** » immune response, whereas the characteristics of the latter are **ill-defined...**

Today **105 clinical trials** explore a total of 12 candidates -mainly 3-

The parasite being made of ca 5300 proteins: --> 12 = **0.2% of the total !**

Whereas the combination

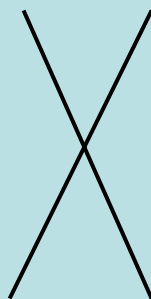
- of all proteins ,
- with diverse delivery platforms,
- diverse Ag combinations

-Would lead to ca 5300x 20 x infinite nb combinations: --> **unmanageable nb of trials to handle**

Malaria Vaccine Development:
*Identification of mechanisms mediating protection
and/ or Ags inducing protection*

« ***Complex...*** »

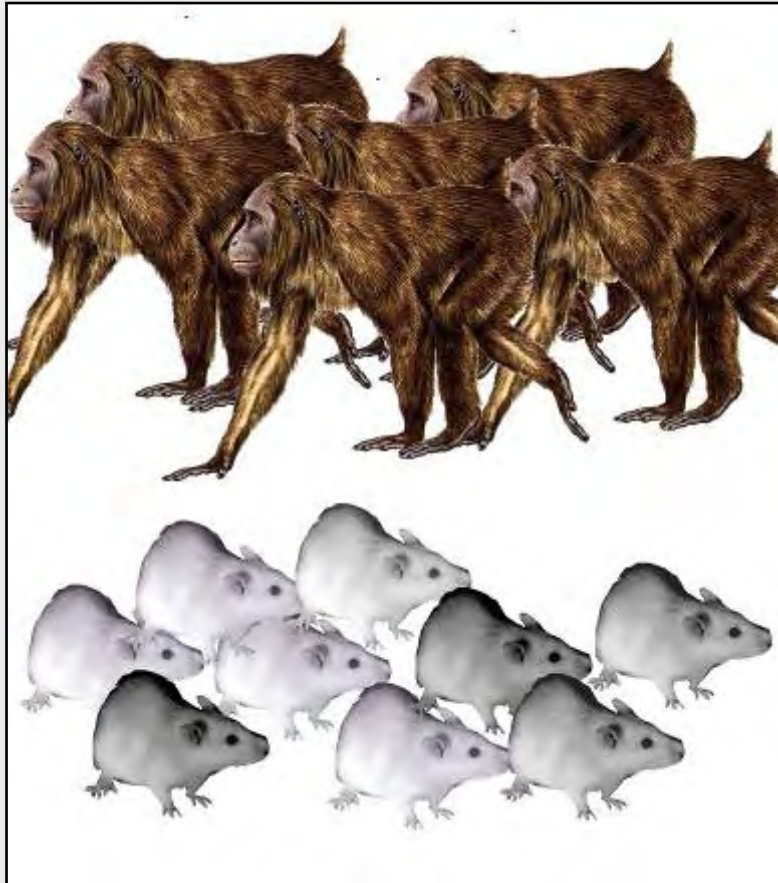
C.a. 5 300 proteins
Each several epitopes
High polymorphism
Human polymorphism



All types of immune effectors
(B,T,CTL...)
Evolving over (long) time
(> 12-20 years)

---> ca 500 fold more difficult than for the most polymorphic viruses, eg flu, HIV

Models



Acute infection
High death rate
Resistance fast acquired

Reality



Chronic infection
1-3% death rate
Immunity slow to acquire

Why vaccines work better in models :

conversely often fail in humans...

Or

« **The consequences of *fine* molecular tuning of parasites with their host** »

1. Plasmodia are strictly **fitted** to mostly ONE given host :

- If introduced in an **abnormal** host, they **die**
- in their **normal host** they are « **adapted** »:
 - do not kill their host (or very rarely)
 - are not **all** killed by their host

--> *Chronic, long lasting, low grade infection is the rule*

2. This equilibrium has obviously *a molecular basis* :

adaptation= co-evolution over billions of years + random mutations

→ *leads to the selection of parasite molecules:*

- That do not induce too much pathology
- that do not trigger too much defences

3. *almost all lab hosts are abnormal host-parasite combinations*

P.y, P.b, P.c, P.v in mice, P.k, P.c, P.f in primates....

4. In an **abnormal** host : this **molecular fitness is lost**

- Infection usually kill all hosts
- Host kill all parasites

*Reflecting the
molecular mismatch
(eg: loss of self-mimicking molecules)*

For vaccine dvlpt , this has important consequences:

→ implies that a larger number of molecules can induce protection

- either more immunogenic than in normal host
- or directed to different epitopes
- or inducing more effective immune responses

- should not be so surprising that the same molecule may fail when vaccinating humans

Minimal number of sporozoites needed to :	Balb/C	C57Bl6	Thamnomys
Infect (susceptibility)	> 10.000	50	5
Immunize (by irr-spz)	(1X) 1.000	3X 30.000	uneffective (> 3X 100.000)

*The more abnormal is the host, the easiest it is to protect....
and vice-versa....*

Immunogenicity also depends on the host

New candidates

and new formulations are always first assessed in **rodents**

which immune response is poorly predictive of that obtained in humans..

May differ qualitatively, or quantitatively

eg in mice : - rubella (human+, mouse -)

- ASO2 (CTL-Vs-Abs)

- Alum (MSP3)

eg. In Aotus: montanide, ASO2, alum / FCA

eg. CS and MSP1 essentially selected by Balb/C immune system

→ there is also a need for new models in which HUMAN lympho responses could be assessed

→ New transgenic mice could be developed (matter of will..)

Some **Clinical situations**
which can be employed for Ag selection

--> 2 « discriminating » groups
- **Both with high immune responses**
- **One clinically protected, the other not**

-**epidemiological studies** -eg formerly : Children : "non-protected"
Vs Adults : "protected"

-more recently "P" Vs "NP" within all age groups

-**IgG transfer** (induced protection)
: close in vivo/ in vitro correlations
eg : MSP3

-**Irr-Spz immunized Volunteers**
(protected Vs non protected) : eg LSA3

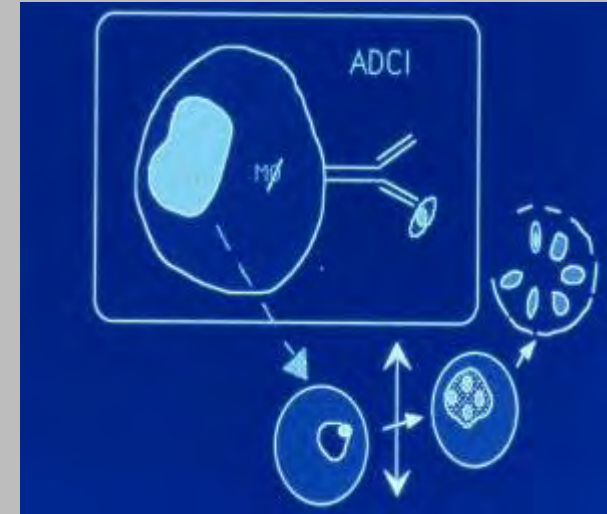
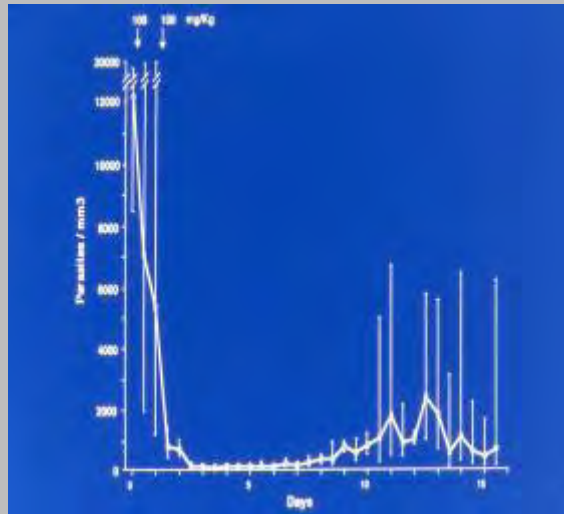
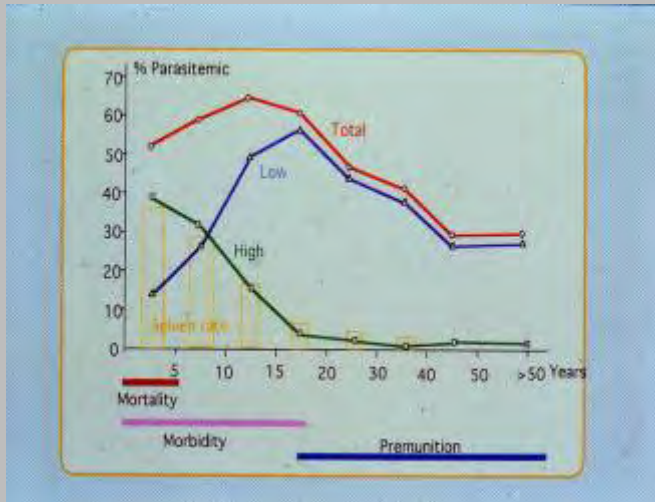
- **Acquired immunity to pre-Erythrocytic stage s** : eg LSA 3
(under field exposure)

- Cerebral Malaria patients (recovering Vs not --> IgG3) MSP3
SR 11.1

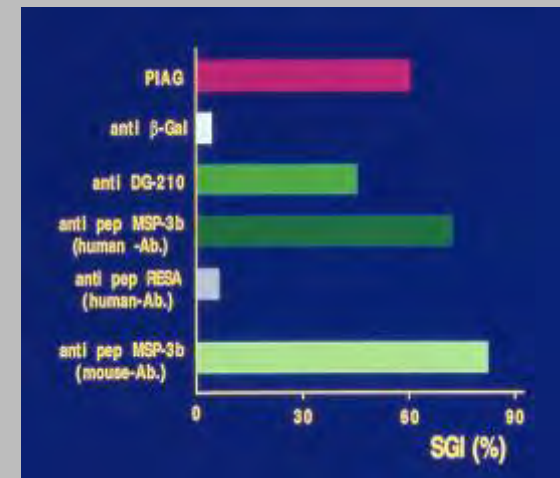
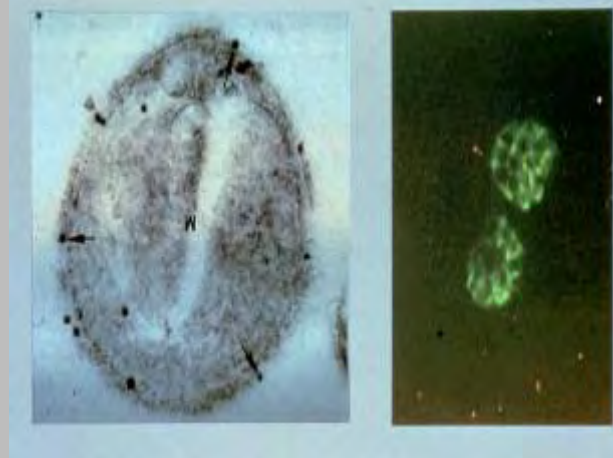
- more to be found

A **clinical** approach to malaria vaccine development

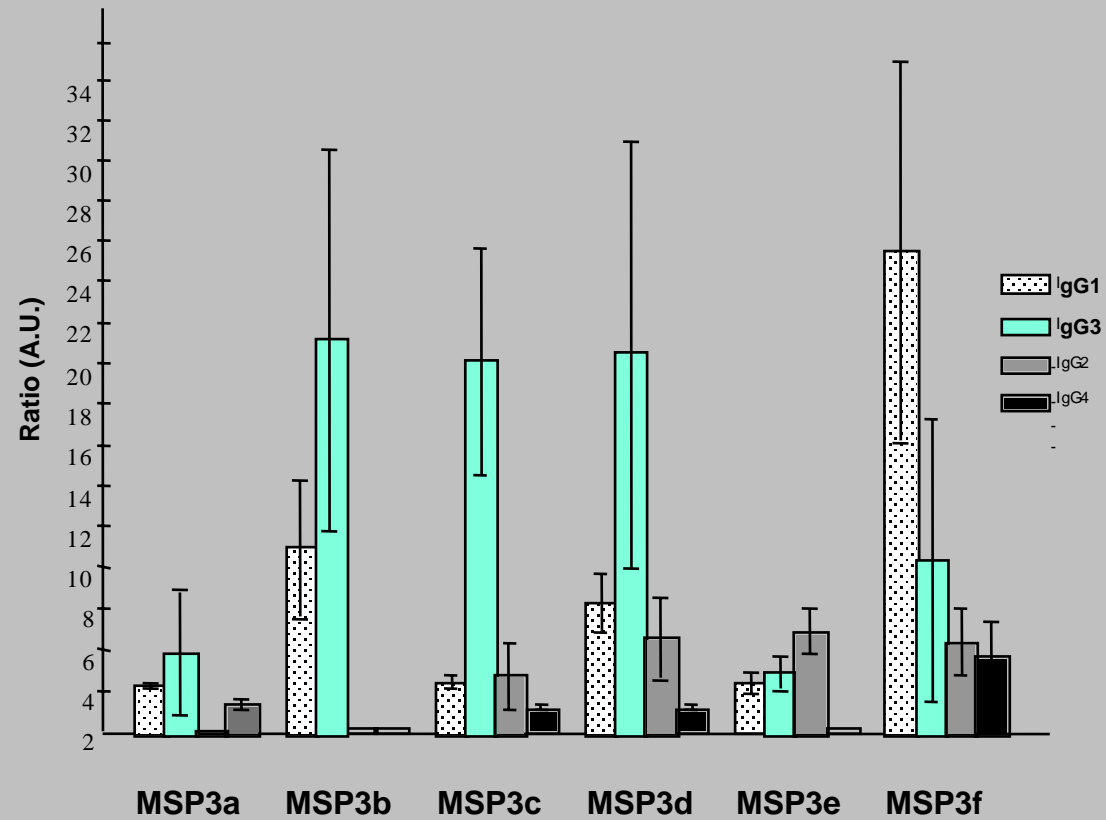
Identification of the ADCI Mechanism (MN-Mediated Ab-Dependant)



Identification of MSP3 by the ADCI Mechanism

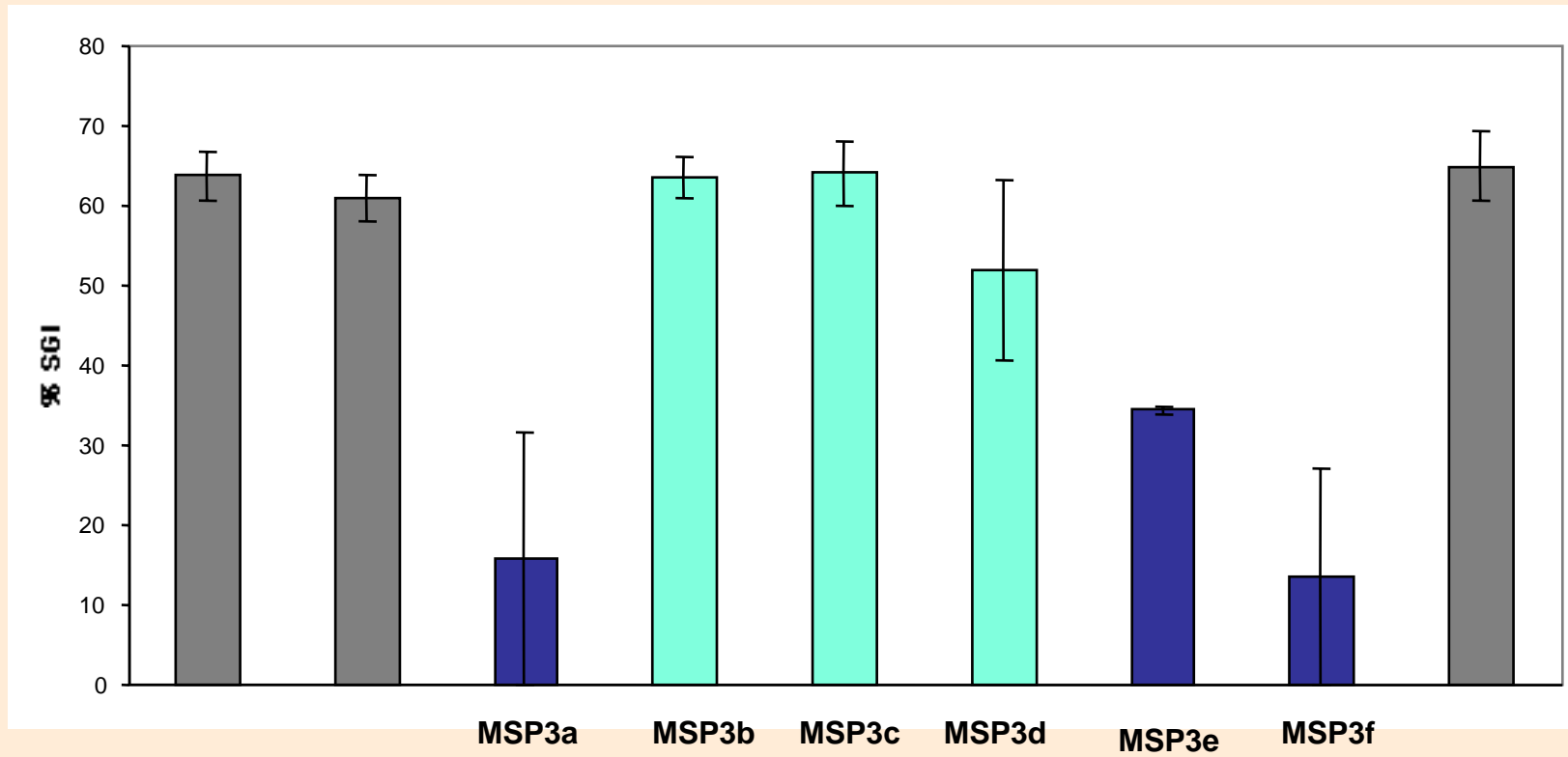
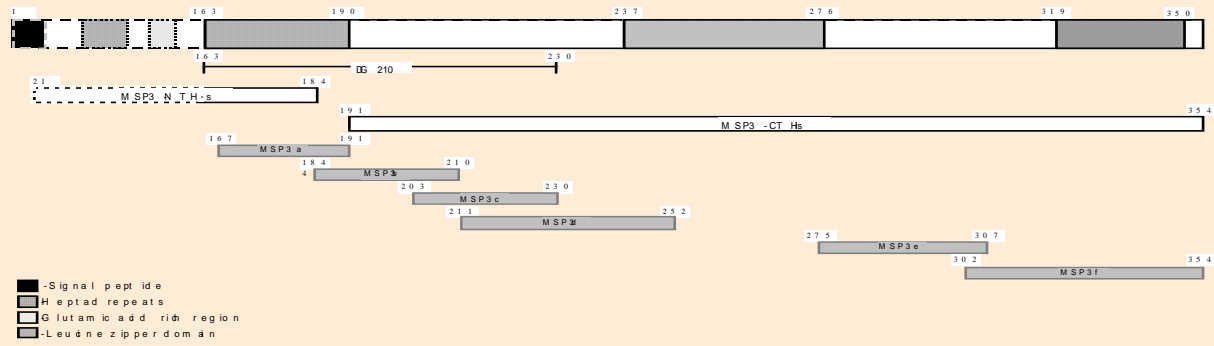


-> neither the mechanism, nor the antigen had been fished out by approaches in models

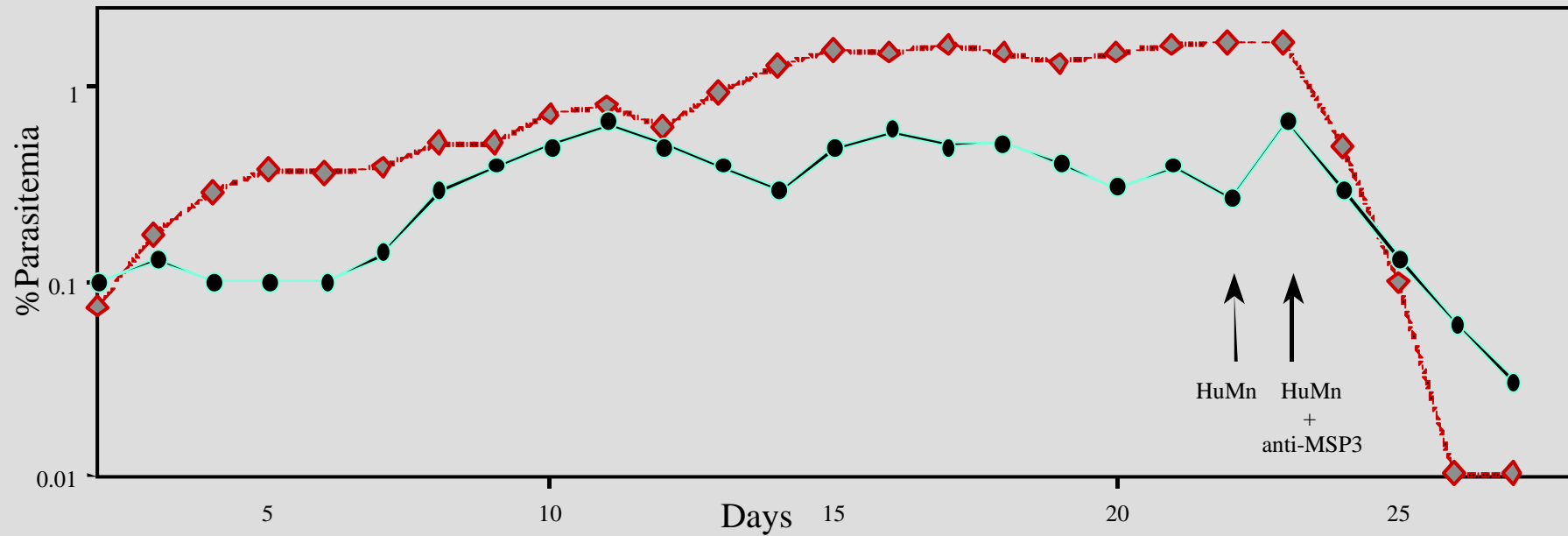


% Prevalence	MSP3a	MSP3b	MSP3c	MSP3d	MSP3e	MSP3f
IgG1	6.25	14.58	22.91	29.16	8.33	60.41
IgG3	4.16	29.16	47.91	35.41	8.33	6.25
IgG2	0	0	8.33	10.41	4.16	2.08
IgG4	6.25	0	10.41	12.5	0	8.33

mapping: different Ig subclass distribution to each epitope



Anti-parasite ADCI activity of Abs directed to each MSP3 epitopic peptide



Passive transfer in *P.falciparum* infected Scid mice of
Anti-MSP3-b and MSP 3-d Abs

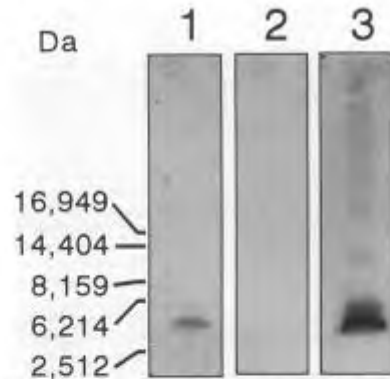


FIG. 3. The titers of IgG specific for MSP-1-EGF1 within two polyclonal antibody preparations were compared by Western blotting. Identical amounts of the 52-residue (6,022 Da) polypeptide representing MSP-1-EGF1, derived from an *E. coli*-expressed fusion protein by site-specific proteolysis, were subjected to Tricine-SDS-PAGE and then transferred to nitrocellulose. Blots were probed with either MAb 111.4 (lane 1), total-IgG (lane 2), or AP-IgG (lane 3). Color development reactions were conducted in parallel and stopped at the same time. Protein molecular mass markers indicated were derived from CNBr-cleaved horse heart myoglobin, at 16,949 Da, 14,404 Da, 8,159 Da, 6,214 Da, and 2,512 Da.

These experiments indicate that compared with the void-IgG sample, a significantly greater proportion (approximately 100-fold by ELISA) of the antibodies within the AP-IgG preparation were directed against determinants present in the first EGF-like module of MSP-1.

Affinity-purified antibodies compete with a protective MAb for antigen binding. The different IgG preparations were assayed for their abilities to block the binding of two inhibitory MAbs to S42ΔA (Fig. 4). The AP-IgG fraction was able to compete with MAb 12.8 at a concentration of $2 \mu\text{g ml}^{-1}$, but none of the other IgG was effective in this range. None of the antibodies inhibited the binding of MAb 12.10 at $10 \mu\text{g ml}^{-1}$ (data not shown).

Parasite in vitro invasion assay. Highly synchronous microcultures of *P. falciparum* containing predominantly schizonts were incubated in the presence of various IgG preparations. After 24 h, encompassing schizont rupture-merozoite release and reinvasion of new erythrocytes, parasitemias were determined. The final parasitemia in cultures supplemented with African IgG preparations did not differ significantly from that of the control (Fig. 5), although EGTA was very effective at blocking invasion. The morphology of the parasites was normal on Giemsa-stained smears for all cultures, incubated with or without antibodies, and no agglutinated clusters of merozoites were observed in any sample.

DISCUSSION

We have investigated whether antibodies to the first EGF-like module of MSP-1 induced by natural infection are inhibitory to parasite growth in vitro. This biological property is manifested by some but not all MAbs specific for the C-

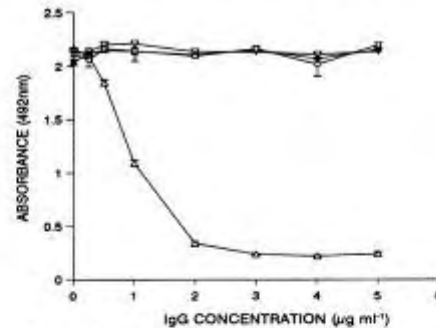


FIG. 4. Affinity-purified antibodies block the binding of an inhibitory MAb. ELISA plates coated in S42ΔA were preincubated with various concentrations of human IgG. Serial dilutions of AP-IgG (Δ), total-IgG (\square), void-IgG (\blacksquare), and control-IgG (∇) were used in triplicate. An optimal concentration of MAb 12.8 was then added, and the amount bound was determined. The ordinate represents A_{492} as a measure of bound MAb, and the abscissa represents the IgG concentration.

terminal cysteine-rich region of MSP-1. Four murine MAbs which are specific for MSP-1 and which inhibit the growth of *P. falciparum* in vitro (2, 15, 42) have been described previously. Two of these antibodies, 12.8 (2) and 5B1 (42), bind to the first of two EGF-like modules in MSP-1 (12); another, 12.10, binds only if the two EGF-like modules are expressed together (9, 12). The present study was aimed at investigating whether or not naturally occurring antibodies with similar specificities

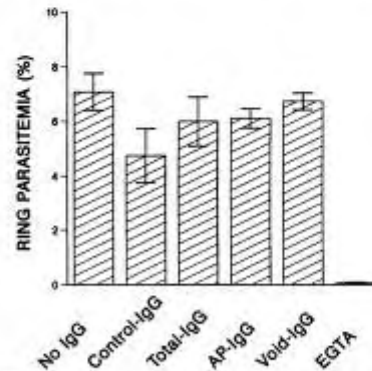
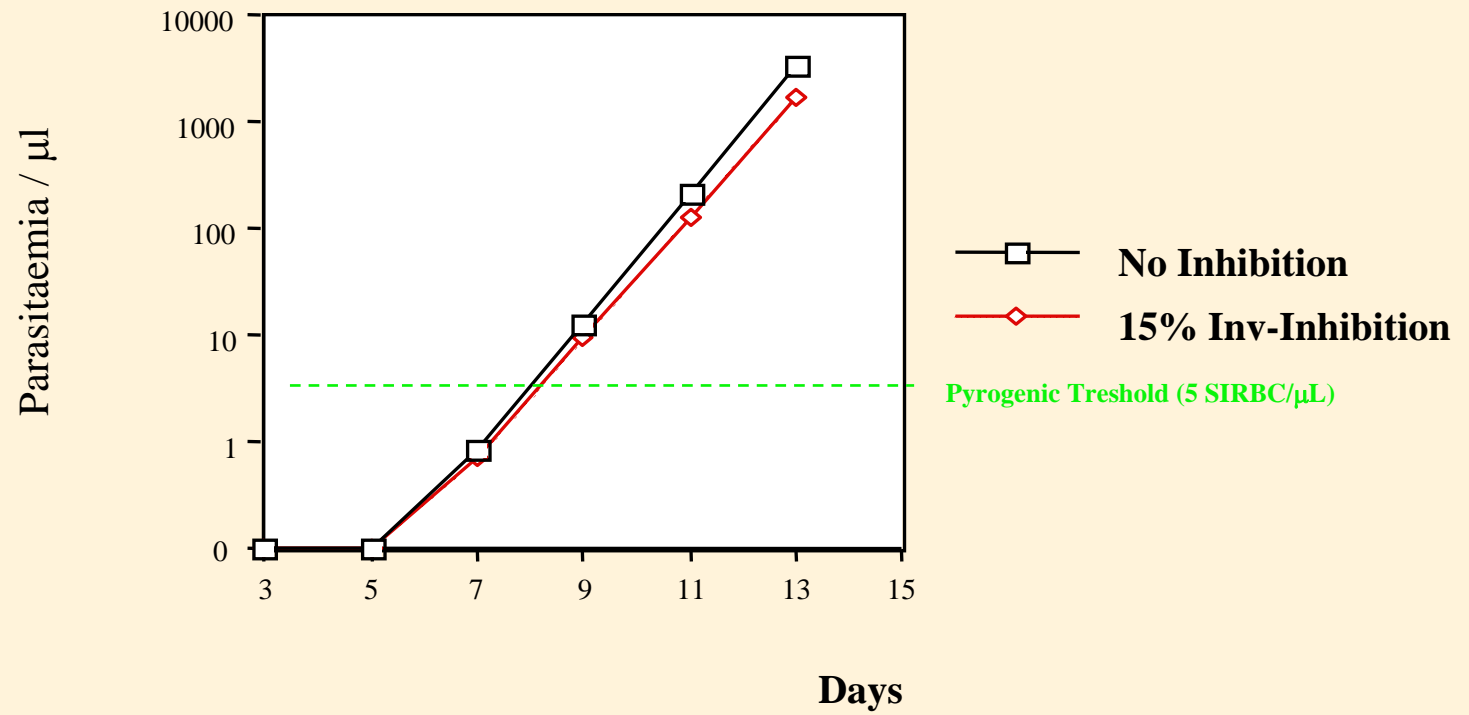


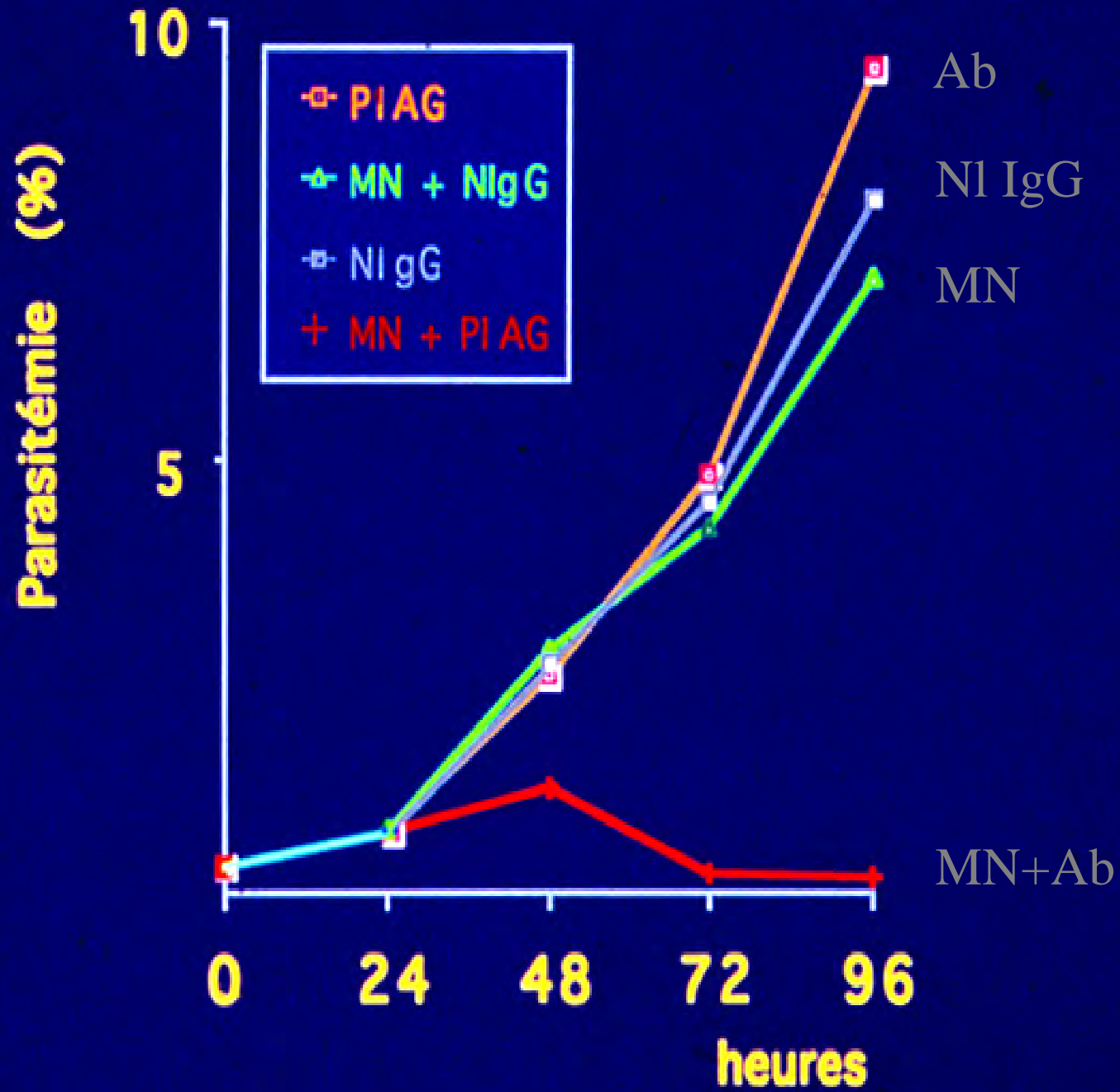
FIG. 5. Invasion inhibition assay. Various IgG preparations were added to individual microcultures of *P. falciparum* to test for their abilities to inhibit parasite invasion of erythrocytes. Growth was also monitored in cultures containing either no added IgG or 5 mM EGTA, previously shown to effectively inhibit merozoite entry into erythrocytes. Bars on the chart represent mean final percentage parasitemias; error bars indicate standard distribution within each sample.

No inhibition by human anti-MSP1 Abs at 1 mg/ml (that target the same epitope as An inhibitory Mab)

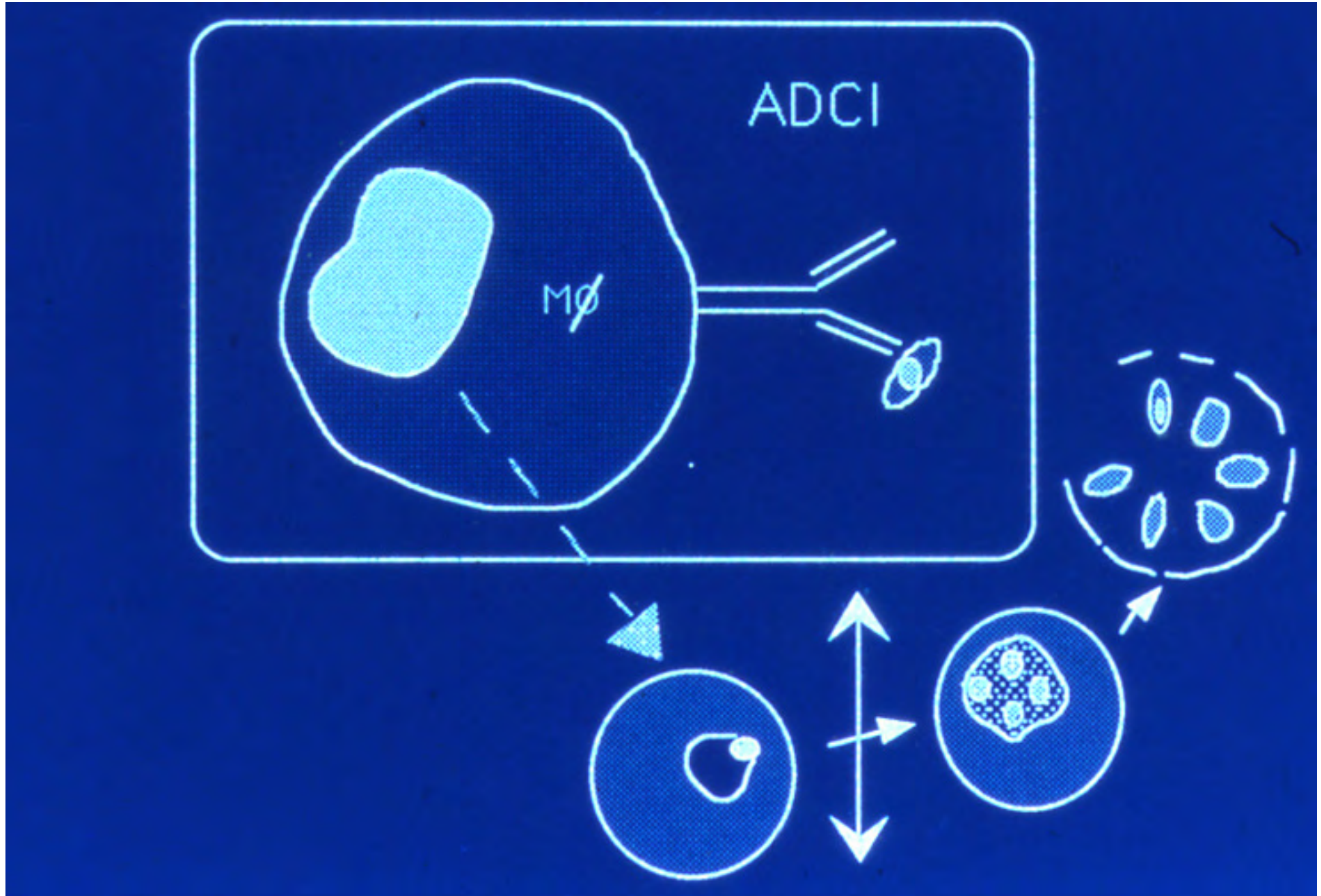
NB: 5 sporozoites, 1/2 entering an hepatocyte, 1/2 liver mero entering a RBC (actual data from chimp challenges)

3	0	0
5	0	0
7	0,8	0,67
9	12	9
11	204	122
13	3276	1648
15		

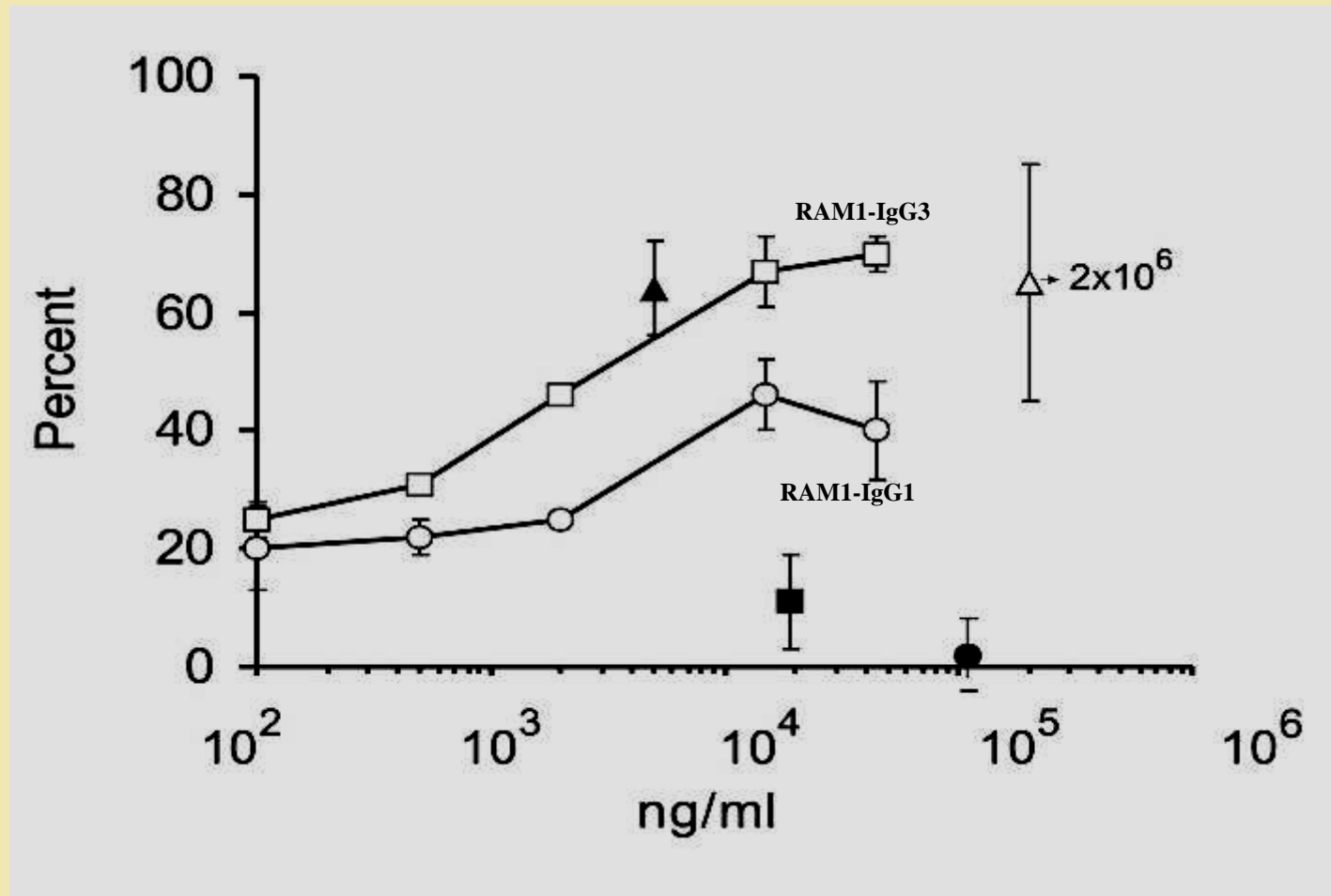




Abs act by an hormonal effect : trigger the release of parasitostatic substances by MN



Dose-dependant effect in ADCI of Human Antibodies



---> *anti-MSP3 Ab are effective at very low concentrations (70 pMoles)*
(ca 1000 fold less than for GIA activity) = similar to that of hormones

Identification of LSA3, by immune responses from irr-spz immunized volunteers

Volontaires sporozoites irradiés

	ELISA ratio 729S			Protection
	NRI	NR11	R	
Groupe I (23.000 Rads)	0,6	0.5	0.1	-
	0.6	0.2	0.9	-
	0.9	0.5	0.6	-
	0.8	0.5	0.2	-
Groupe II (15.000 Rad)	1.1	3.8	1.2	+
	1.6	2.8	0.8	+
	1	4.8	1.4	+
	0.9	3.4	1	+

High B and T-cell Antigenicity Of various regions of LSA3 In humans

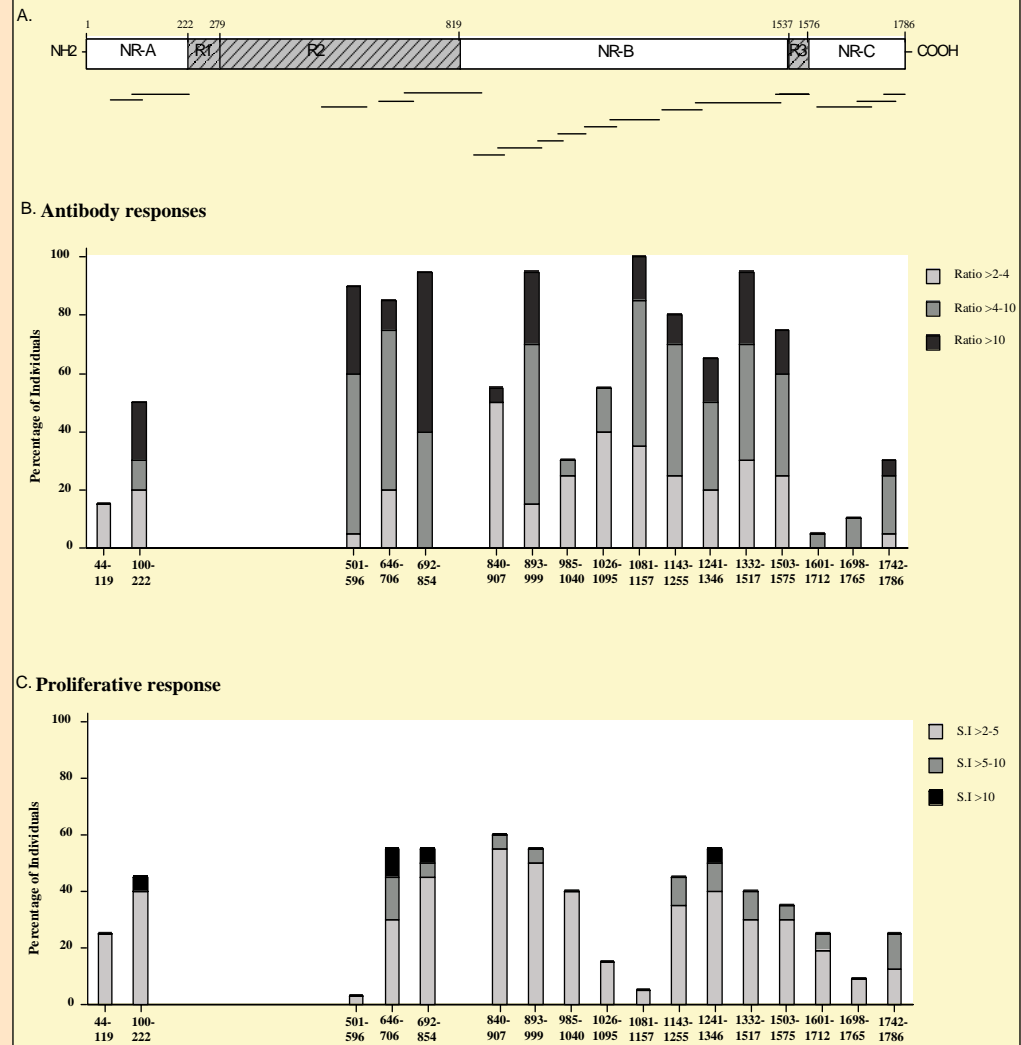
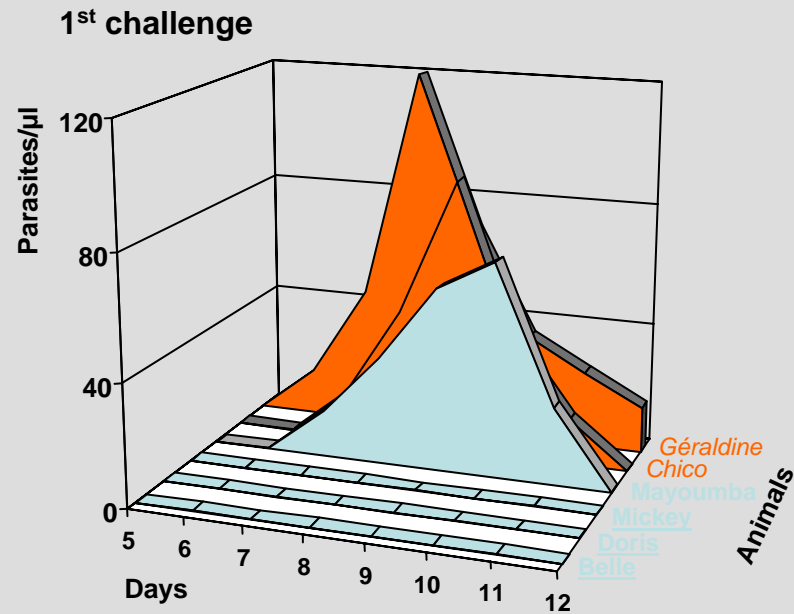
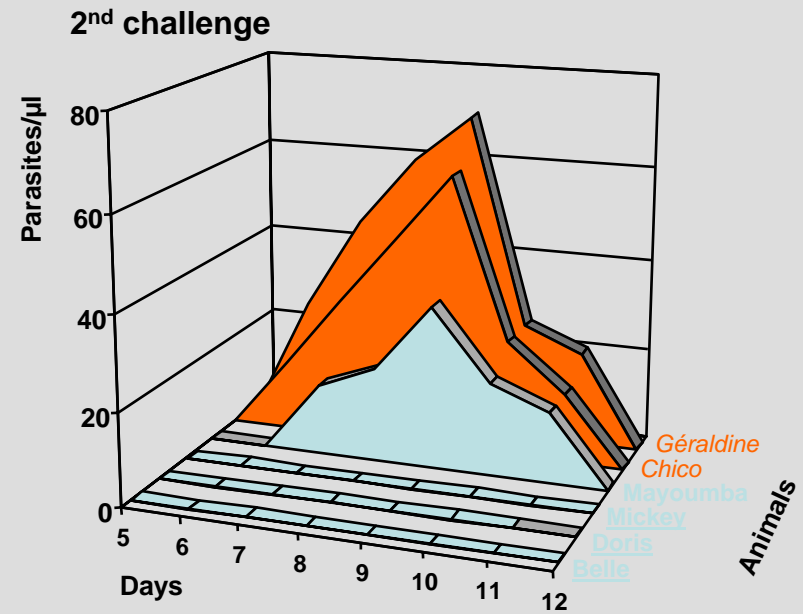


Figure 62:A. Schematic representation of *P. falciparum* LSA3 antigen, clone K1, showing the non-repeat (NR-A, NR-B, and NR-C) and repeat (R1, R2 and R3) fragments and the relative position of the 17 Long Synthetic Peptides (LSP). Prevalence of antibody (B) and proliferative responses (C) to the 17 LSA3-LSP in 20 individuals from Dielmo. As indicated in the legends, the responses were classified in 3 ranges according to the ratio of antibodies or the stimulation Index (S.I) of proliferative response

Protection induced in chimpanzee



98 days post -immunisation



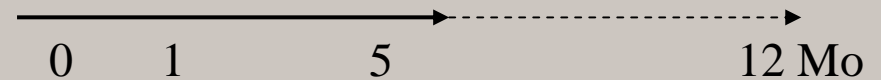
238 days post -immunisation

Heterologous strain Challenge

- Production, Quality Assurance, Quality Controls, Pharmacotoxicity
(Sedac Therapeutics)

- Single-site, open, randomized, dose escalating Phase I study
(Univ Hospital, Lausanne)

- **36 volunteers in 6 groups**



- **2 adjuvants:**

Montanide

10-10-10 --> **10-10-10**
30-30-30 --> **30-30-10**
100-100-100--> **100-10-10**
300-300-300--> **20-20-20**

Alum

30-30-30 --> **30-30-30**
100-100-100--> **100-10-10**

-----> Safety, Tolerance
Immunogenicity
Bio-activity

High Immunogenicity of MSP3 Adjuvated by Alum In human volunteers

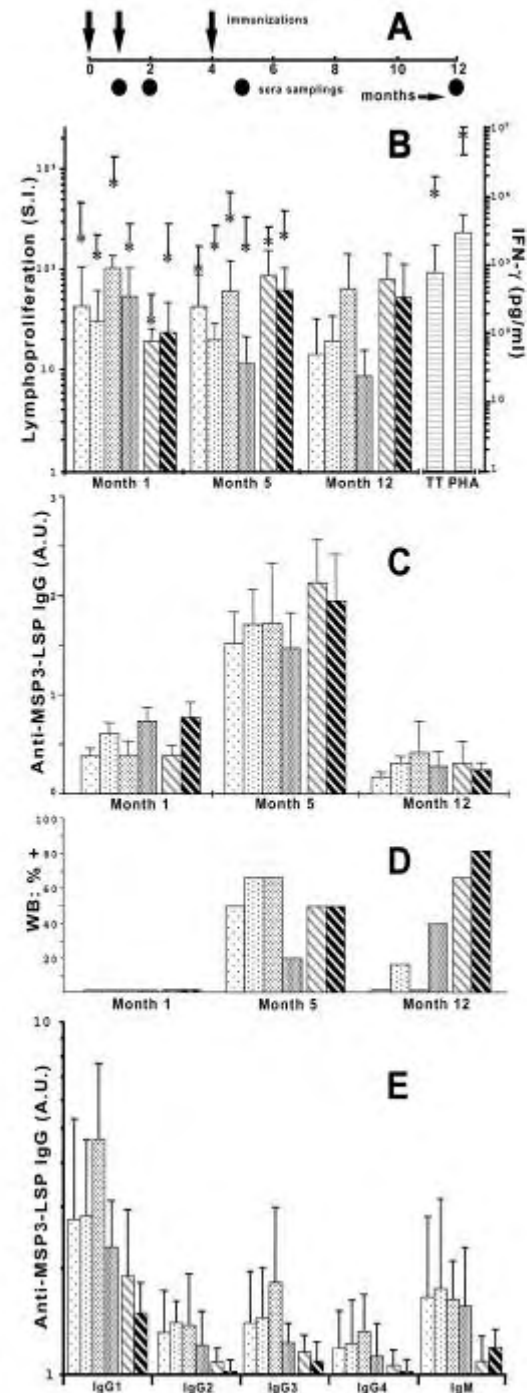
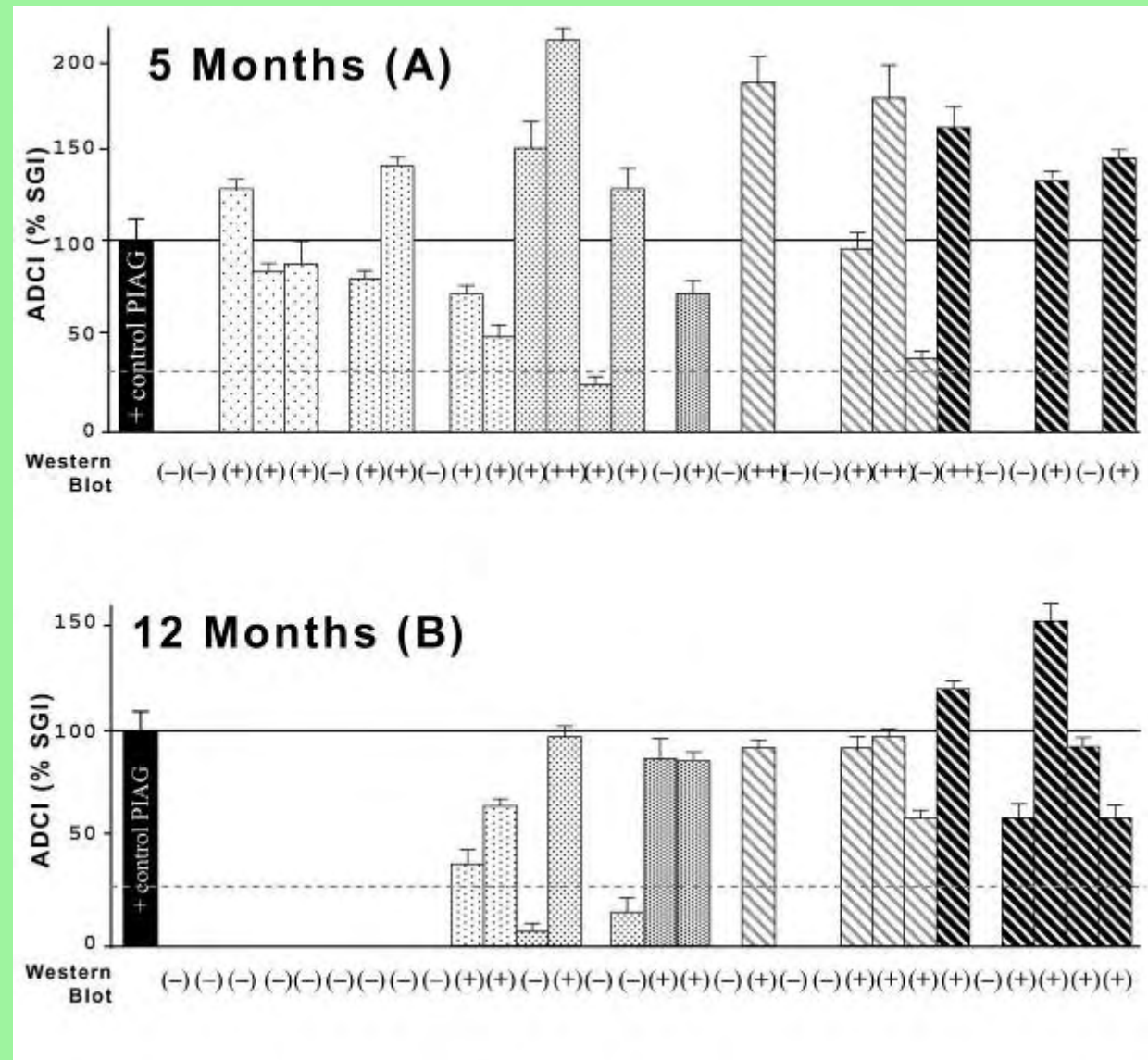


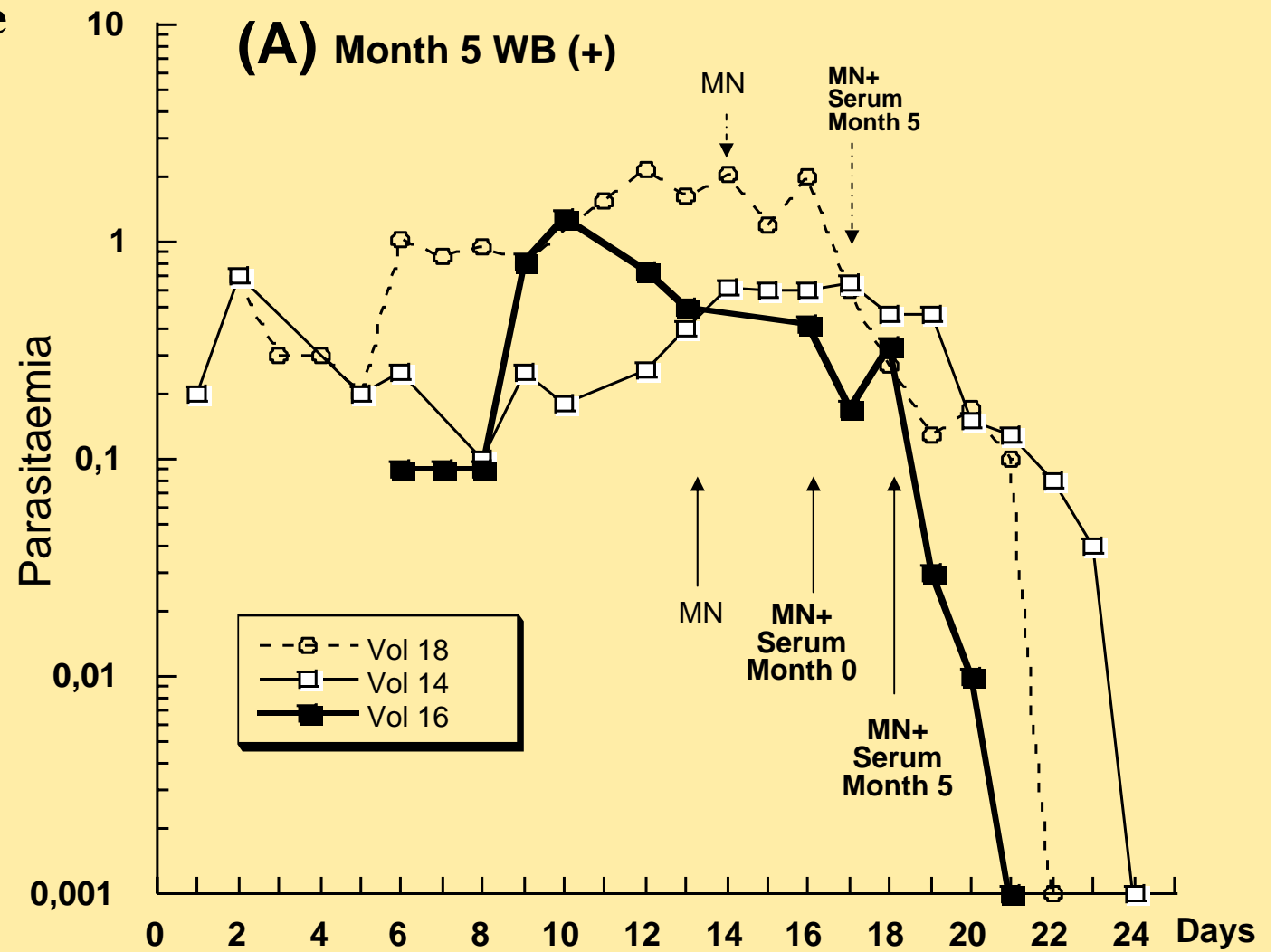
Figure: 1

ADCI activity of vaccine induced Abs

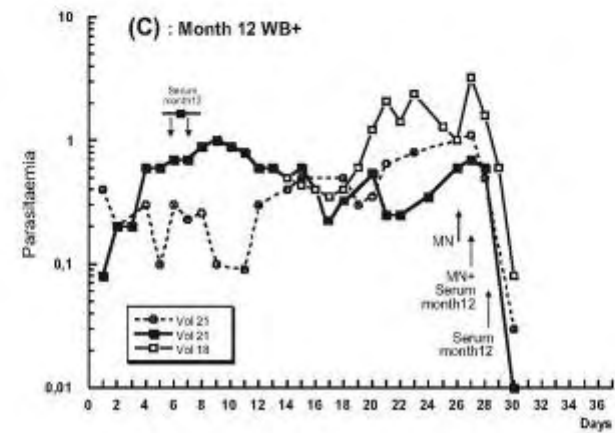
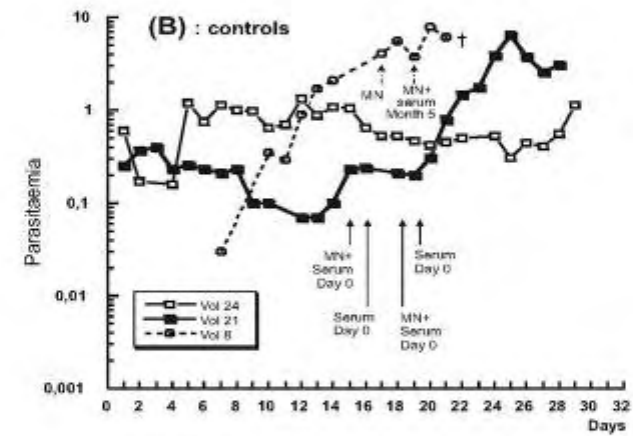
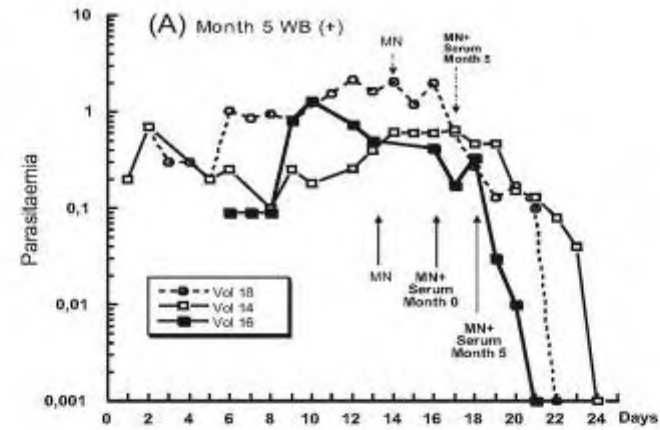
: as high or higher as that of individuals with full acquired protection



**Passive transfer of the
volunteers sera
(diluted 1/40)
clears a *P. falciparum*
parasitaemia**



Passive transfer of the
volunteers sera
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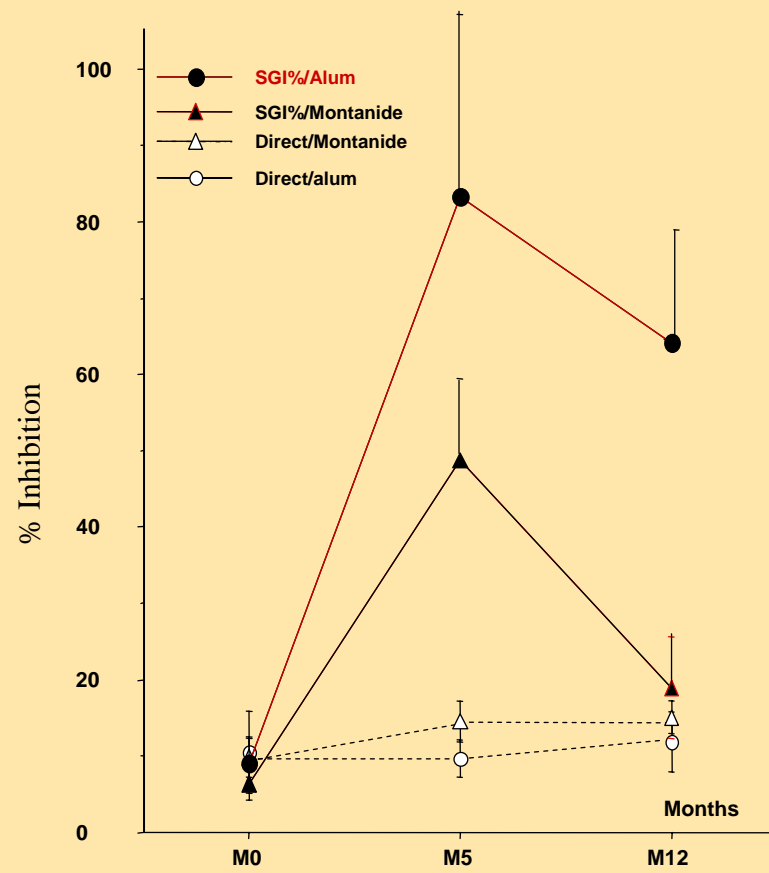


Figure 4

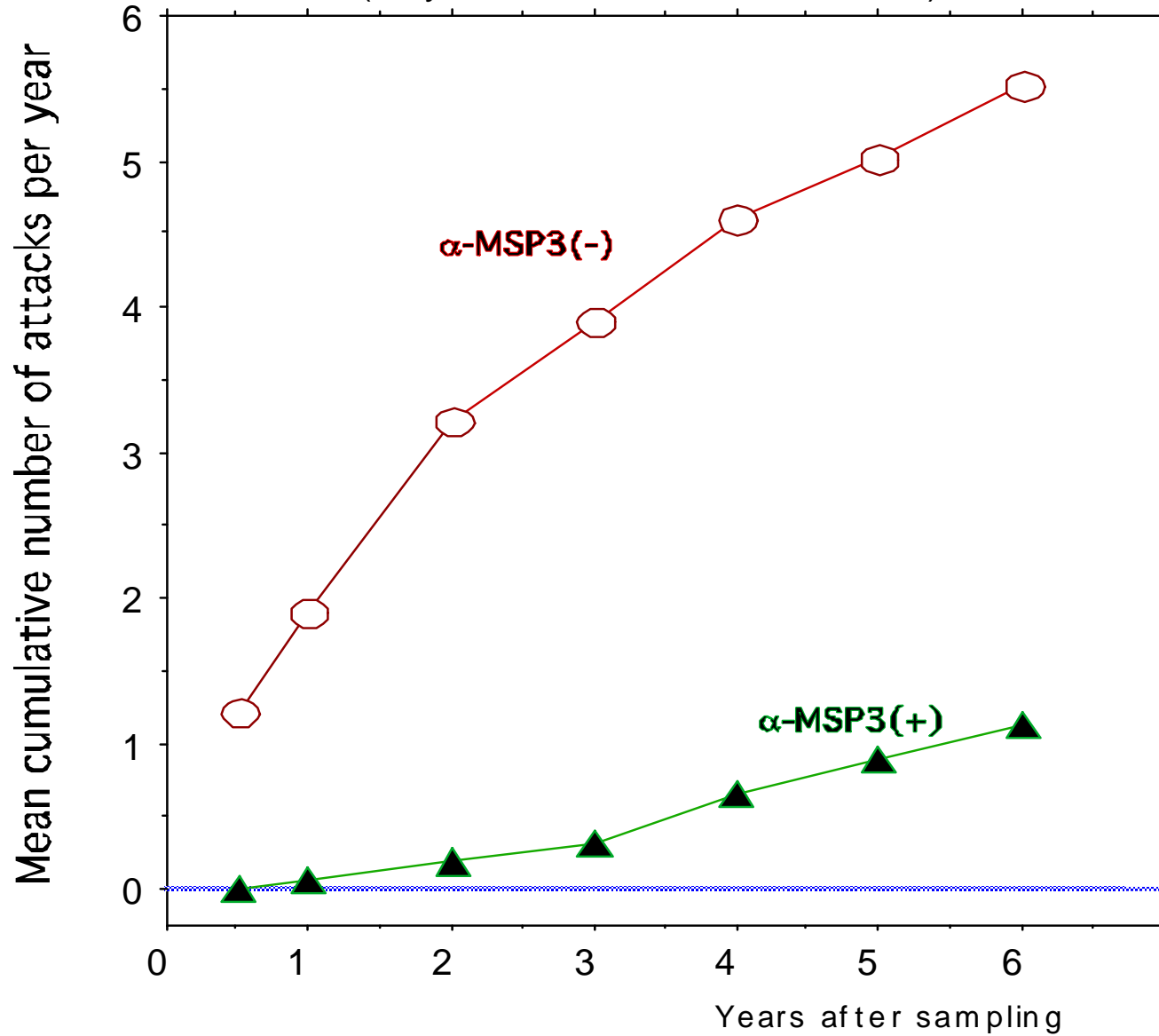
---> **THE MSP3-LSP IS A MALARIA VACCINE THAT IS SAFE
WELL TOLERATED WHEN ADJUVATED BY ALUM
AND ELICITS IN HUMANS Abs ABLE TO KILL P.falciparum**

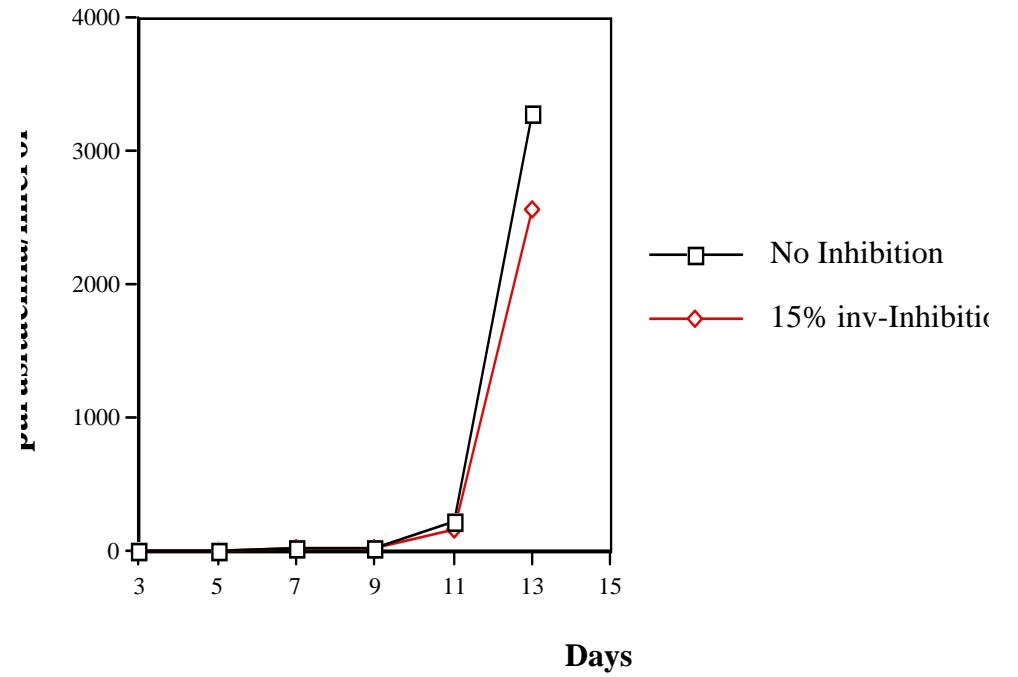
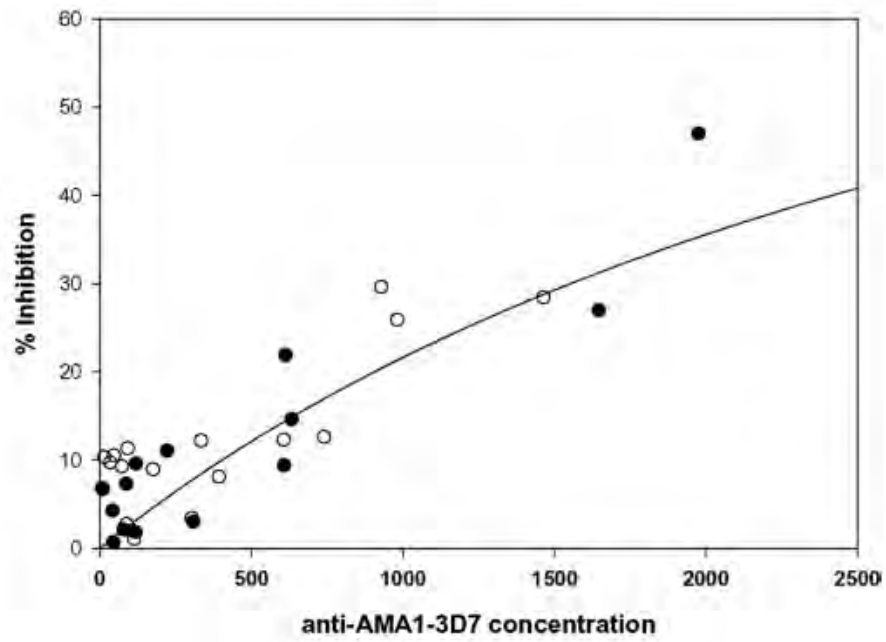
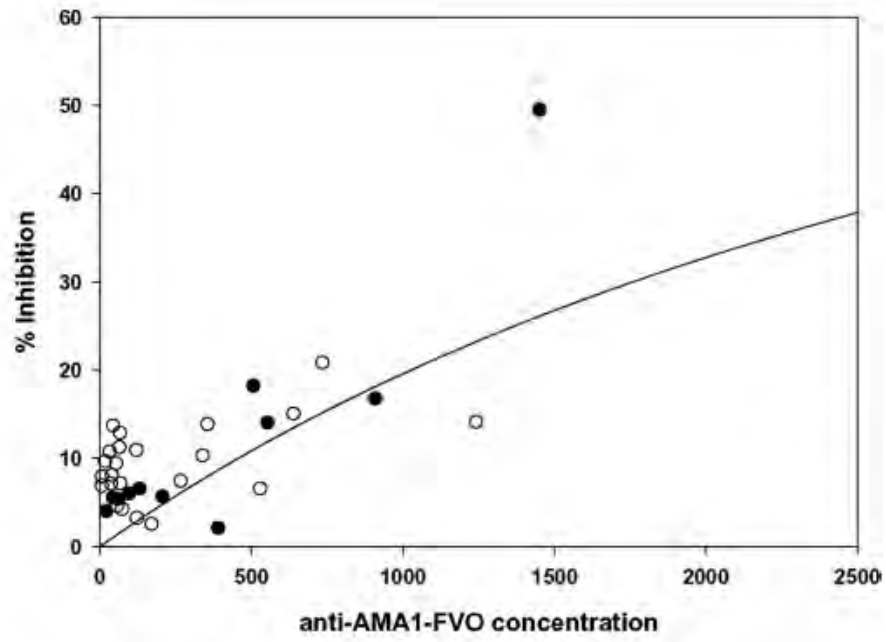
**Even low doses of MSP3,
injected with simple adjuvants,
readily induced Abs of cytophilic classes,
long-lasting,
directed to fully conserved epitopes,
with strong biological effect against P.falciparum**

Cytophilic Abs have been consistently found associated with protection

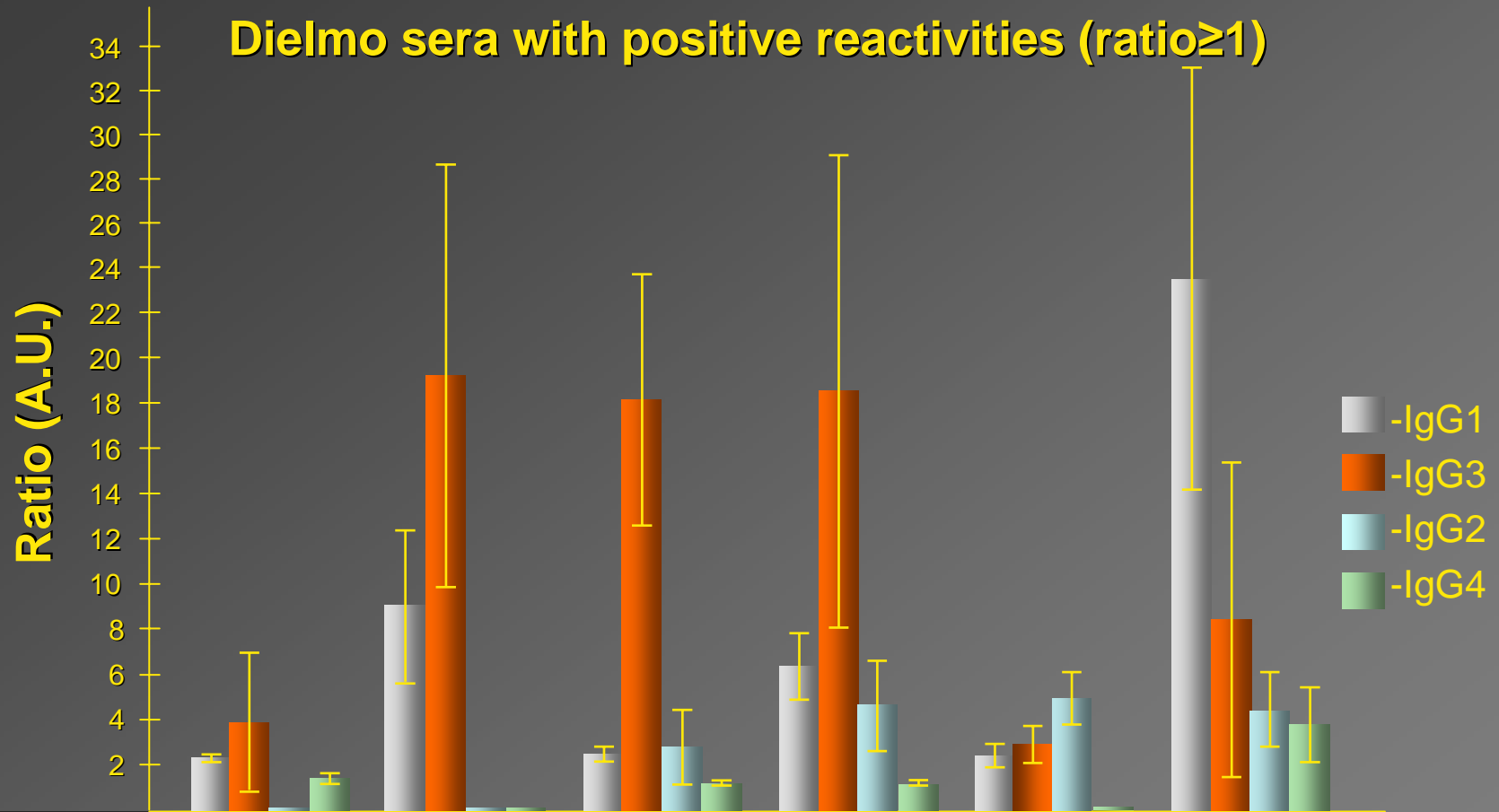
Clinical Prediction resulting from a single Ab determination

(on year 0 in children from Dielmo)

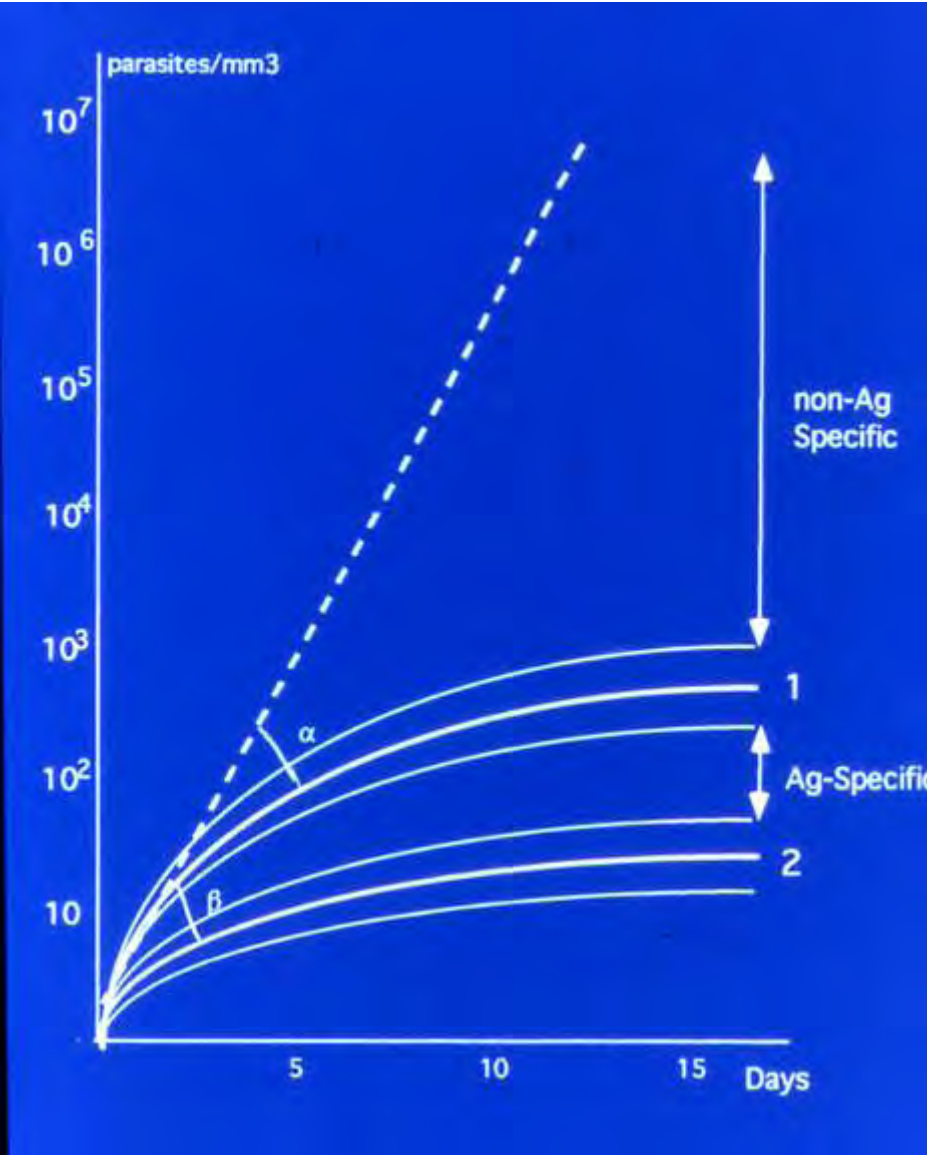




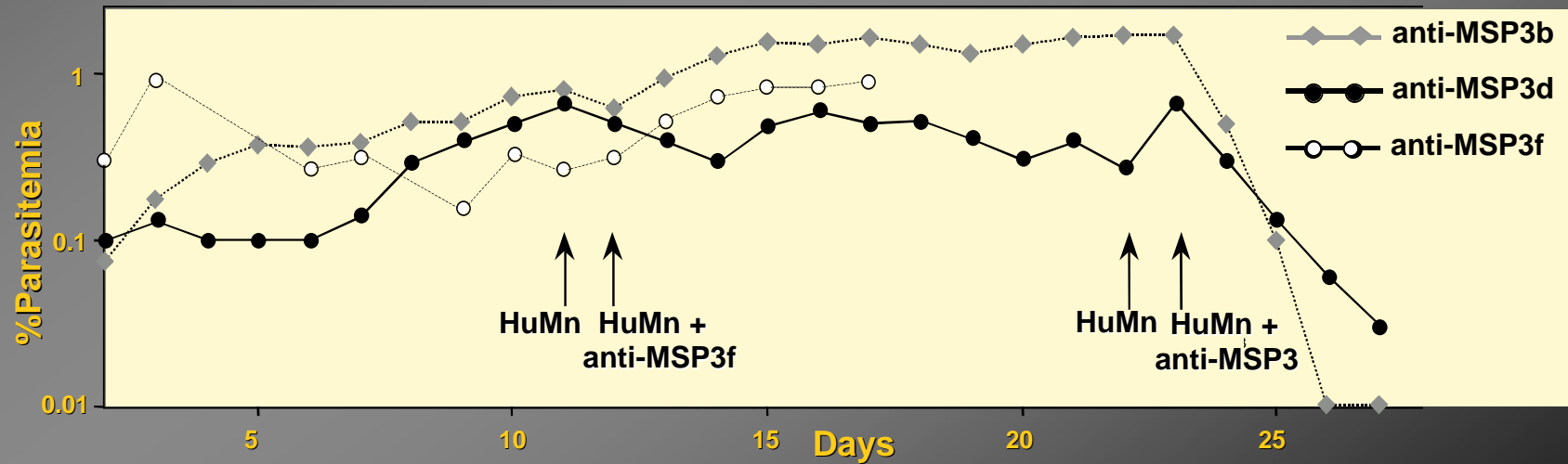
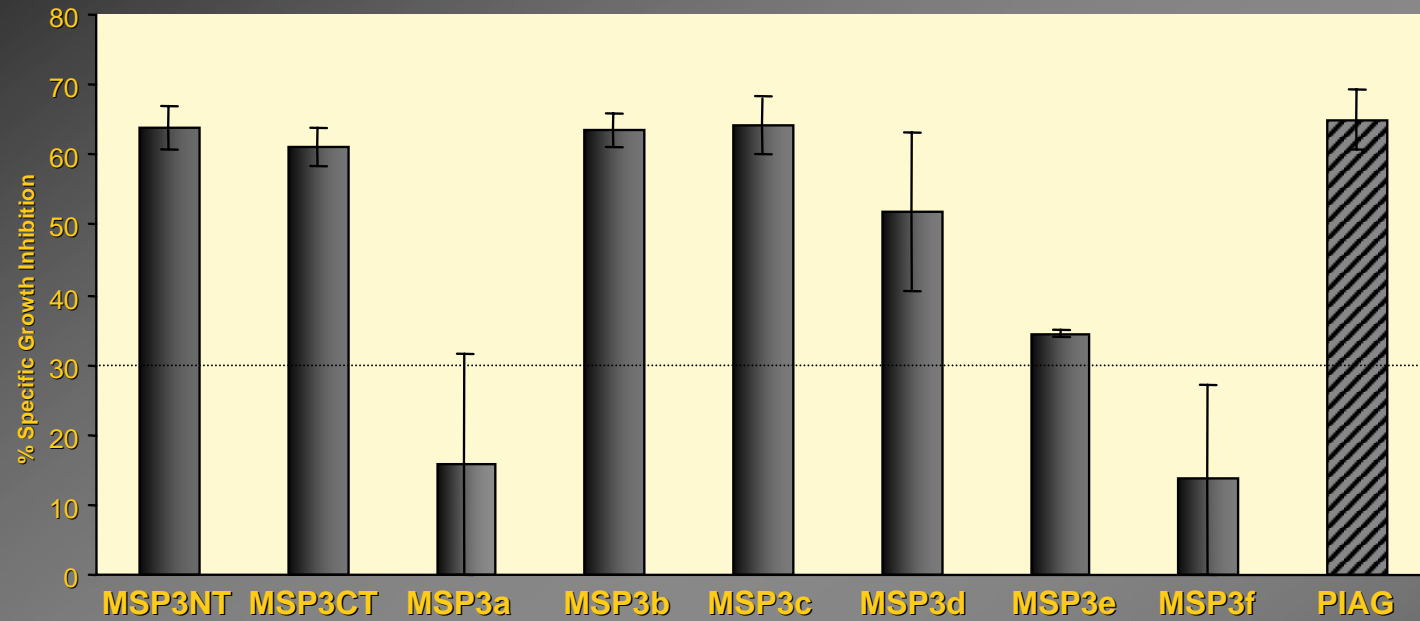
Dielmo sera with positive reactivities (ratio ≥ 1)



% Prevalence	MSP3a	MSP3b	MSP3c	MSP3d	MSP3e	MSP3f
IgG1	6.25	14.58	22.91	29.16	8.33	60.41
IgG3	4.16	29.16	47.91	35.41	8.33	6.25
IgG2	0	0	8.33	10.41	4.16	2.08
IgG4	6.25	0	10.41	12.5	0	8.33



Functional analysis of naturally occurring antibodies



All antibodies were used at equal effective concentration adjusted by IFA against parasite protein

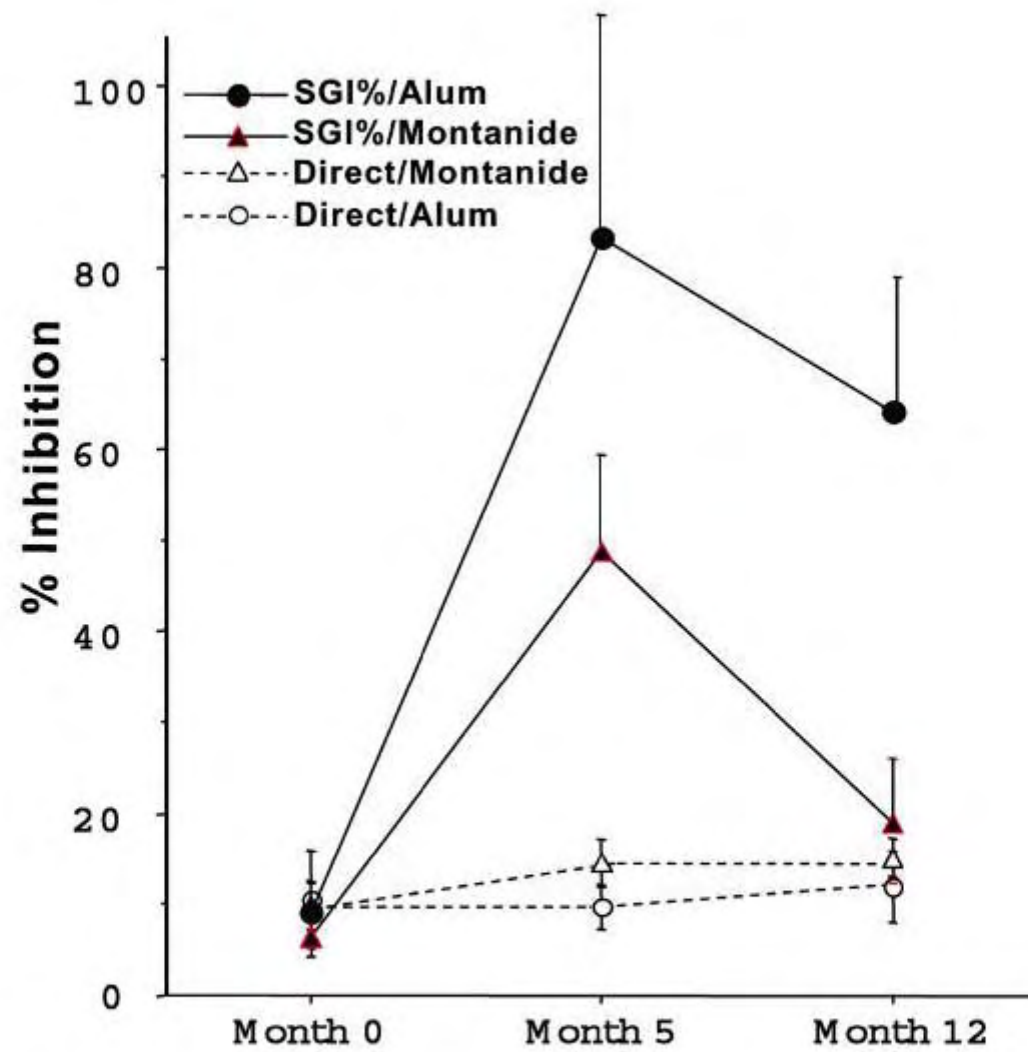


Figure: 4

