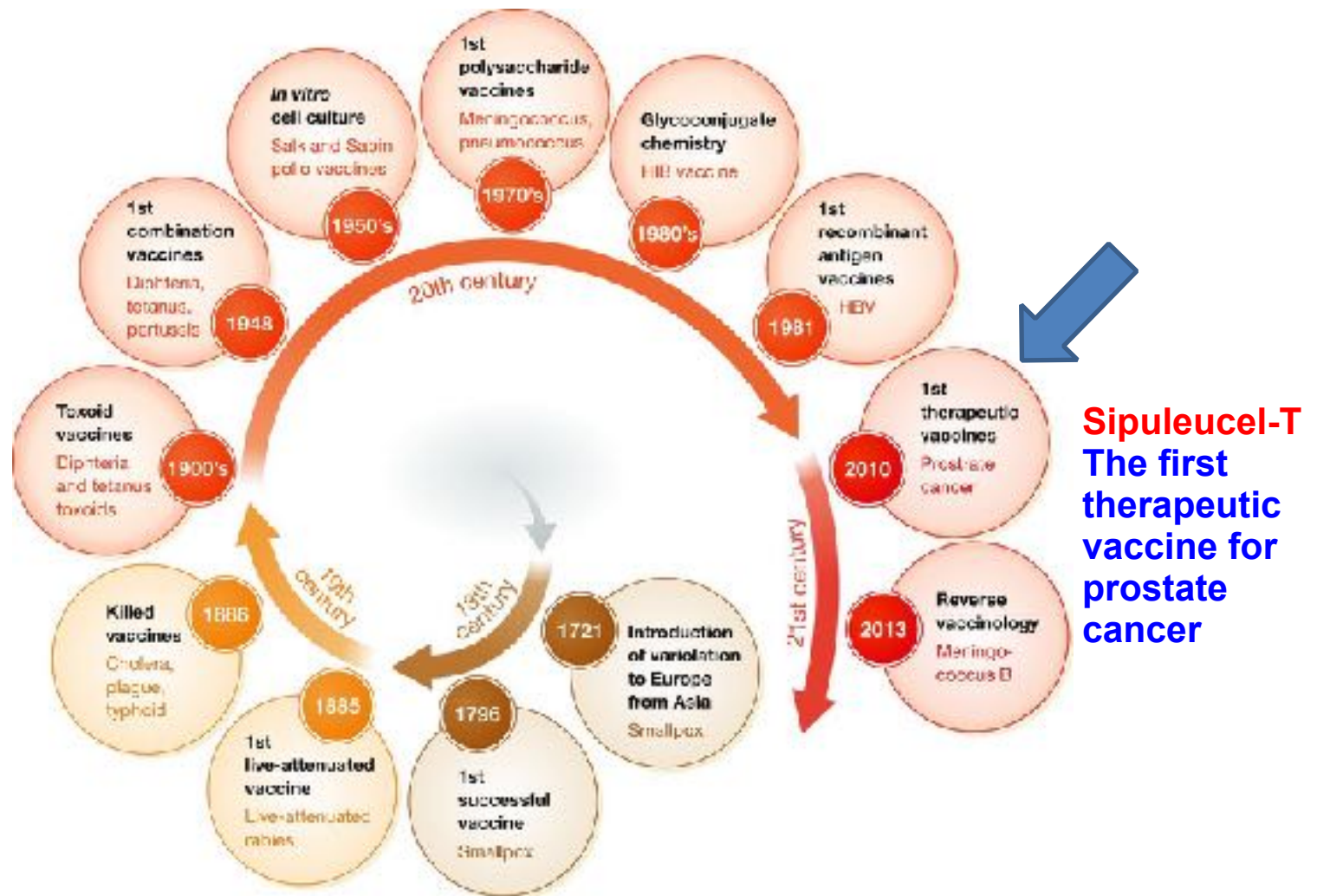


**Adjuvants: 21st century toolkit for vaccines and immunotherapeutics, with a special emphasis on mucosal routes**

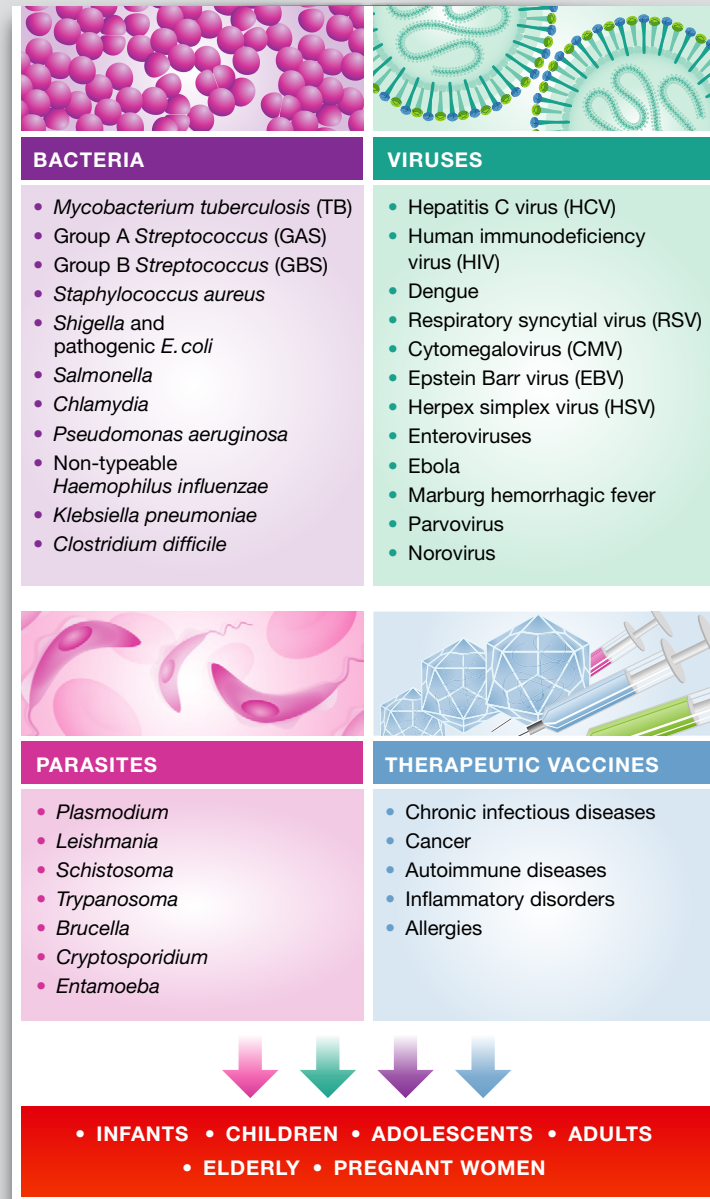
**Joon Haeng Rhee, MD, PhD**

**Clinical Vaccine R&D Center  
Dept. of Microbiology & Research Institute for Vibrio Infections  
Chonnam National University Medical School, ROK**

# Major milestones in vaccinology



# Target disease and population for 21st century vaccines



# The 21st century vaccinologists toolbox

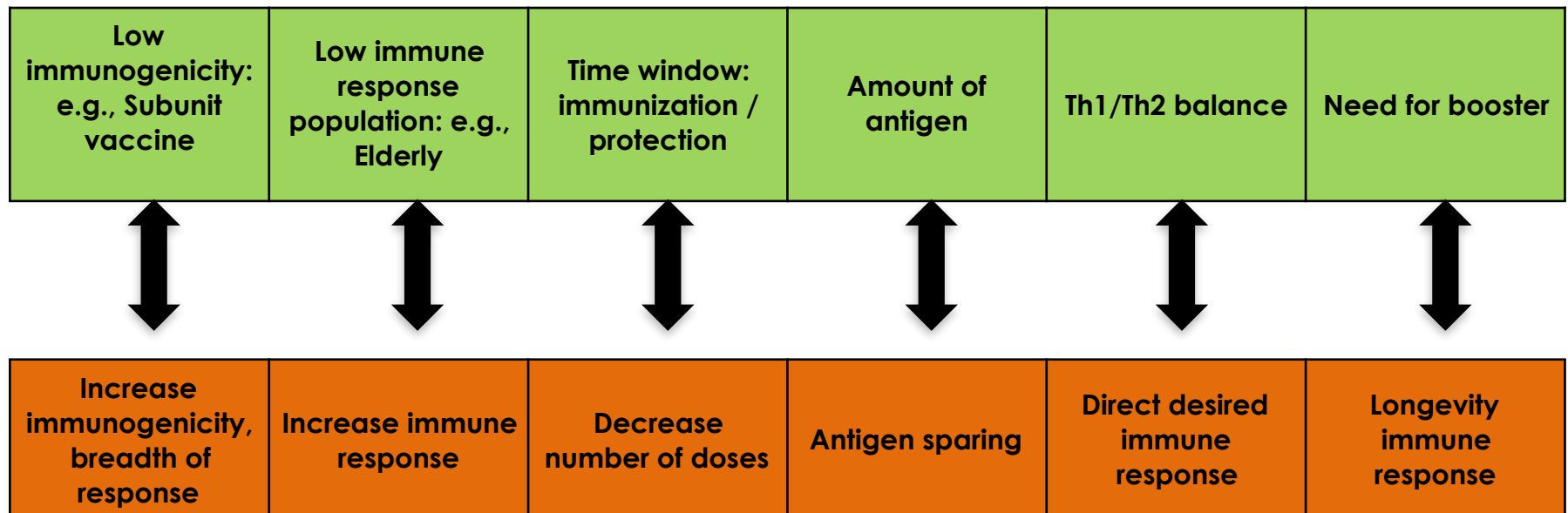


# 21st century vaccine: **Adjuvant**

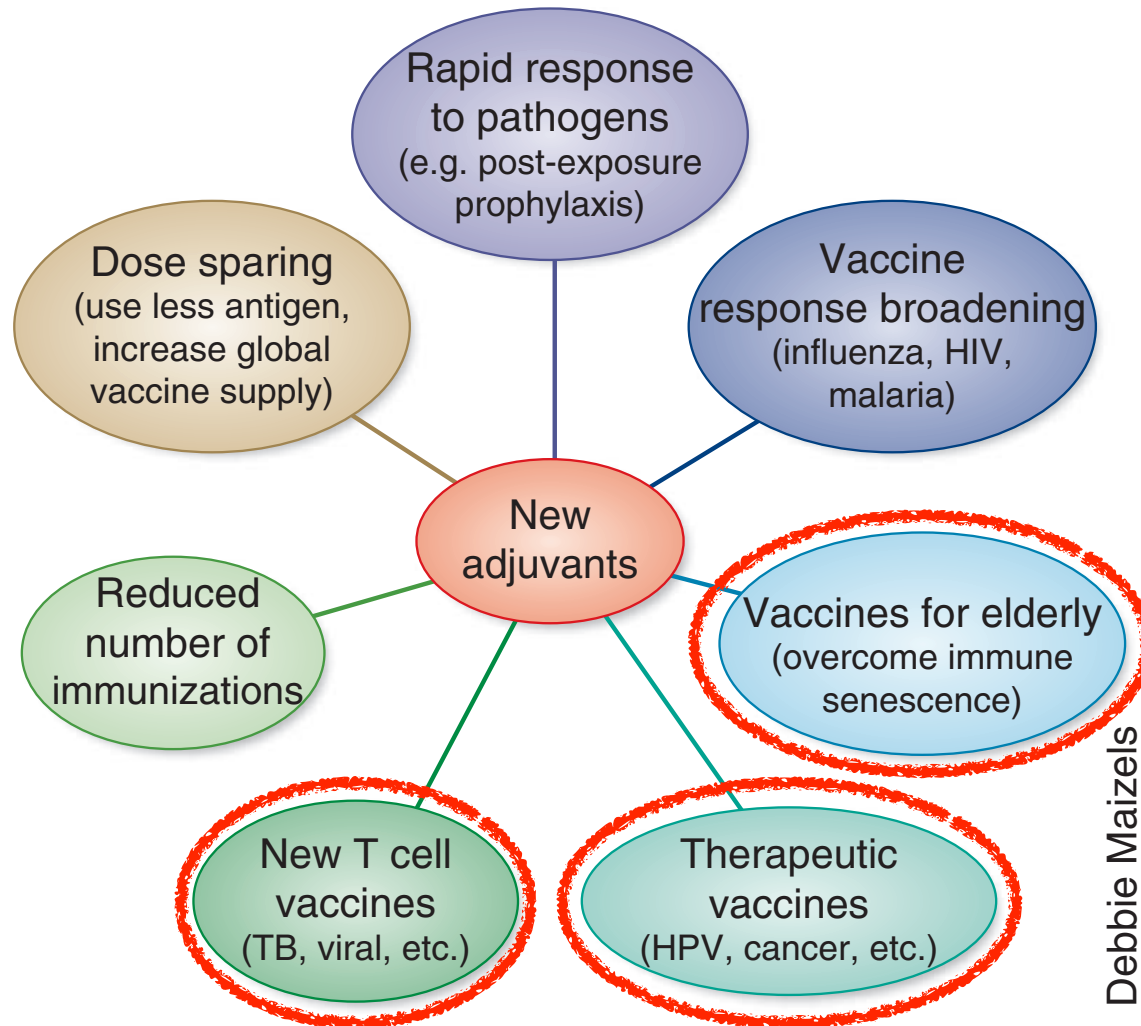
- A component that **potentiates** the immune responses to an antigen and/or **modulates** it towards the desired immune responses {Adjuvare (in Latin) = help or add}



## Rationale for Including Adjuvants in Vaccines




# Potential benefits of adjuvants



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# Considerations for ideal adjuvants

Category	Subcategory	Considerations
Biological activity	Safety	Formulation must be safe and effective in all age groups; metabolizable components preferred; adjuvant activity should be localized and transient; adjuvant should not have direct effect on lymphocytes: no nonspecific B or T cell responses
	 Antibody responses Cell-mediated immunity Immune response quality Improve responses in weak immune systems	Each immunization route may have different formulation requirements
		Adjuvant should enable reduction in required antigen dose or number of immunizations
		Adjuvant should broaden protective responses against heterologous pathogen strains
		Neutralizing antibody responses should be enhanced or prolonged by adjuvant
		Adjuvant should induce and/or prolong pathogen-specific CD4 <sup>+</sup> and/or CD8 <sup>+</sup> T cell responses
Adjuvant should enable shaping of immune response (for example T <sub>H</sub> 1 versus T <sub>H</sub> 2 balance)		
Immune responses should be enhanced in very young, elderly or immunocompromised populations		
Physicochemical aspects	Raw materials	Synthetic adjuvants are preferable for purity, sustainability and safety; plant-based adjuvants may be acceptable if synthetic ones are too costly or have low yield; animal sources should be avoided for sustainability and disease concerns; multiple sources should be available at low cost; metabolizable or excretable components preferred
	Manufacturability	Equipment and process should be scalable, transferable and able to produce consistent batches
	Particle morphology	<200 nm particles can be terminally filtered, avoiding requirement for aseptic manufacturing, and may enter lymph node more easily than large particles; orientation and shape of nonspherical particles affects cell uptake; charge and chemical structure of surface groups are crucial factors in resulting bioactivity; targeting molecules such as mannose may enhance delivery to APCs; some concern regarding potential toxicity of cationic particles
	Antigen compatibility, association	Effects of adjuvant formulation on antigen structure should be characterized; generally it is thought that some level of association of the antigen to the formulation is preferred, although direct association is not required for biological activity
	Stability	Excipients and active pharmaceutical ingredients (APIs) should maintain chemical structure and particle size, shape, polydispersity and visual appearance, and API localization should be constant for several years; packaging under inert gas guards against oxidative degradation

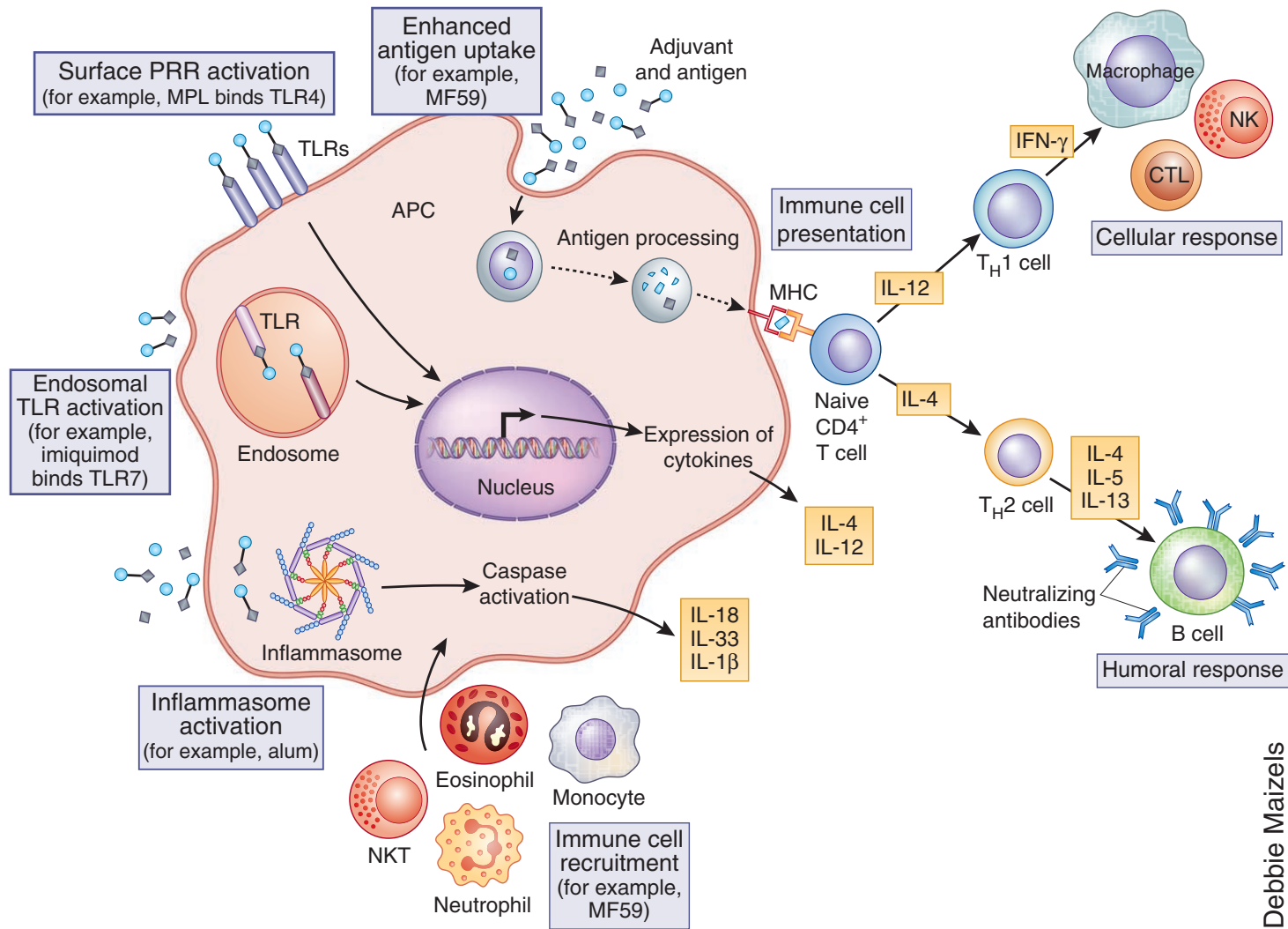
# Vaccine adjuvants

Adjuvant name	Class	Mechanism or receptor	Type of immune response	Clinical phase or licensed product name
dsRNA analogues (for example, poly(I:C))	IM	TLR3	Ab, T <sub>H</sub> 1, CD8 <sup>+</sup> T cells	Phase 1
Lipid A analogues (for example, MPL, RC529, GLA, E6020)	IM	TLR4	Ab, T <sub>H</sub> 1	Cervarix, Supravax, Pollinex Quattro, Melacine
Flagellin	IM	TLR5	Ab, T <sub>H</sub> 1, T <sub>H</sub> 2	Phase 1
Imidazoquinolines (for example, Imiquimod, R848)	IM	TLR7 and TLR8	Ab, T <sub>H</sub> 1	Aldara
CpG ODN	IM	TLR9	Ab, T <sub>H</sub> 1, CD8 <sup>+</sup> T cells	Phase 3
Saponins (for example, QS21)	IM	Unknown	Ab, T <sub>H</sub> 1, T <sub>H</sub> 2, CD8 <sup>+</sup> T cells	Phase 3
C-type lectin ligands (for example, TDB )	IM	Mincle, Nalp3	Ab, T <sub>H</sub> 1, T <sub>H</sub> 17	Phase 1
CD1d ligands (for example, $\alpha$ - galactosylceramide)	IM	CD1d	Ab, T <sub>H</sub> 1, T <sub>H</sub> 2, CD8 <sup>+</sup> NKT cells	Phase 1
<del>Aluminum salts (for example, aluminum oxyhydroxide, aluminum phosphate)</del>	PF	Nalp3, ITAM, Ag delivery	Ab, T <sub>H</sub> 2	Numerous licensed products
Emulsions (for example, MF59, AS03, AF03, SE)	PF	Immune cell recruitment, ASC, Ag uptake	Ab, T <sub>H</sub> 1, T <sub>H</sub> 2	Fluad, Pandemrix
Virosomes	PF	Ag delivery	Ab, T <sub>H</sub> 1, T <sub>H</sub> 2	Epaxal, Inflexal V
AS01 (MPL, QS21, liposomes)	C	TLR4	Ab, T <sub>H</sub> 1, CD8 <sup>+</sup> T cells	Phase 3
AS02 (MPL, QS21, emulsion)	C	TLR4	Ab, T <sub>H</sub> 1	Phase 3
AS04 (MPL, aluminum salt)	C	TLR4	Ab, T <sub>H</sub> 1	Cervarix
AS15 (MPL, QS21, CpG, liposomes)	C	TLR4 and TLR9	Ab, T <sub>H</sub> 1, CD8 <sup>+</sup> T cells	Phase 3
GLA-SE (GLA, emulsion)	C	TLR4	Ab, T <sub>H</sub> 1	Phase 1
IC31 (CpG, cationic peptide)	C	TLR9	Ab, T <sub>H</sub> 1, T <sub>H</sub> 2, CD8 <sup>+</sup> T cells	Phase 1
CAFO1 (TDB, cationic liposomes)	C	Mincle, Ag delivery	Ab, T <sub>H</sub> 1, CD8 <sup>+</sup> T cells	Phase 1
ISCOMs (saponin, phospholipid)	C	Unknown	Ab, T <sub>H</sub> 1, T <sub>H</sub> 2, CD8 <sup>+</sup> T cells	Phase 2

Ab, antibody; Ag, antigen; ASC, apoptosis-associated speck-like protein containing caspase recruitment domain; C, combination of immunomodulatory molecule and particulate formulation; dsRNA, double-stranded RNA; IM, immunomodulatory molecule; ITAM, immunoreceptor tyrosine-based activation motif; PF, particulate formulation; TDB, trehalose dibehenate. Some particulate formulations (such as aluminum salts and emulsions) also generate immunomodulatory activity.

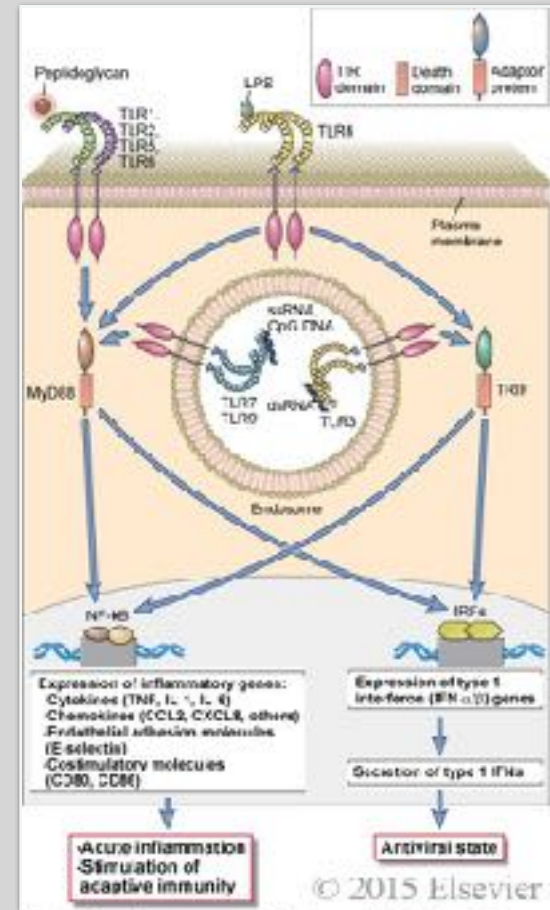
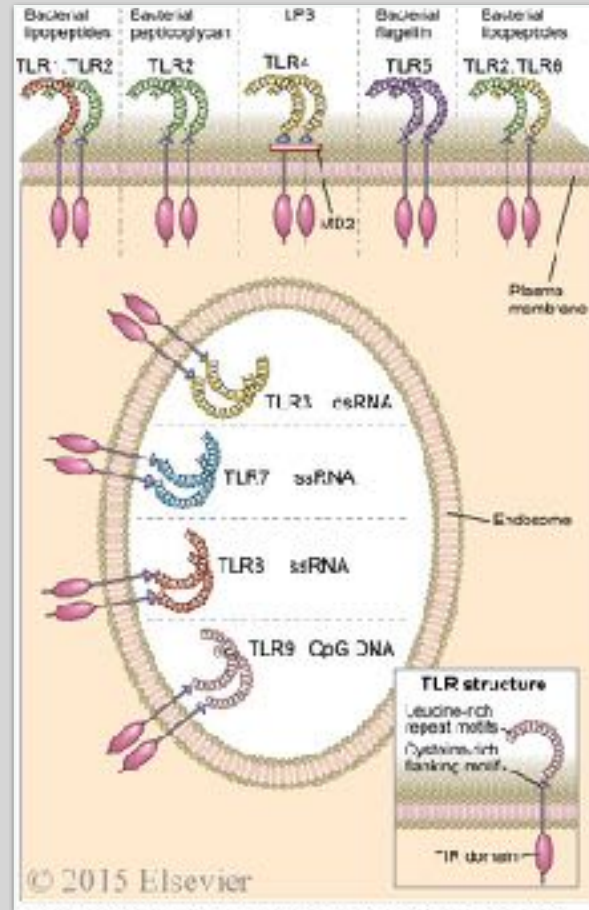
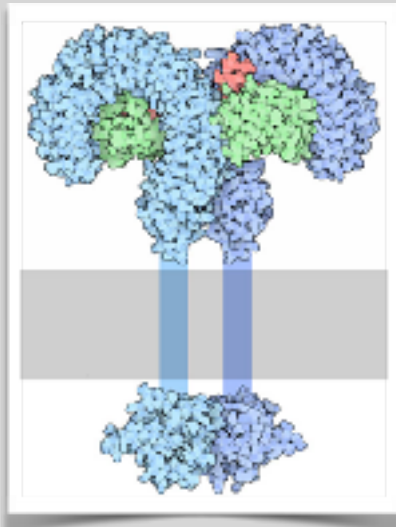


# Vaccine adjuvant: putative mechanism of action



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# TLR signaling serves linker between innate and adaptive immunity



TLR ligands are considered as an attractive adjuvant candidate in vaccine development.

# TLR Adjuvant Preference

**TLR4** (LPS, MPL) > **TLR9** (CpG ODN) > **TLR3** (poly I:C) > **TLR5** (flagellin)

**TLR2** (LTA, lipoproteins)

**Flagellin:**  
TLR5-targeting  
Versatile Adjuvant

# Flagellin

## The innate immune response to bacterial flagellin is mediated by Toll-like receptor 5

Fumitaka Hayashi<sup>†</sup>, Kelly D. Smith<sup>†‡</sup>, Adrian Ozinsky<sup>†</sup>,  
 Thomas R. Hawn<sup>†§</sup>, Eugene C. Yi<sup>†</sup>, David R. Goodlett<sup>†</sup>, Jimmy K. Eng<sup>†</sup>,  
 Shizuo Akira<sup>†</sup>, David M. Underhill<sup>†</sup> & Alan Aderem<sup>†</sup>

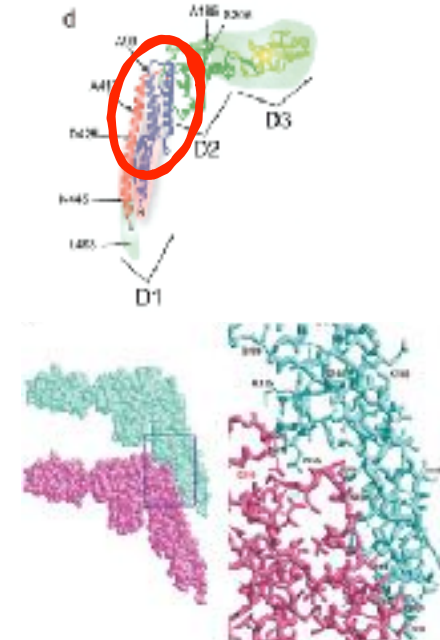
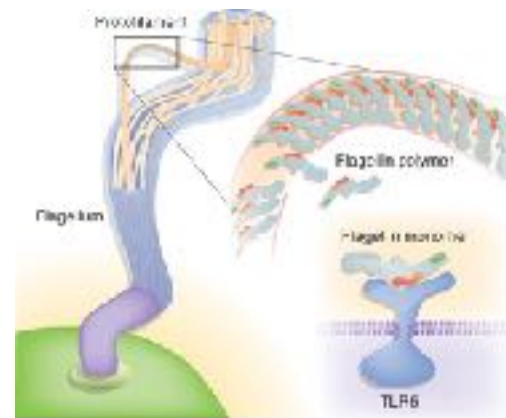
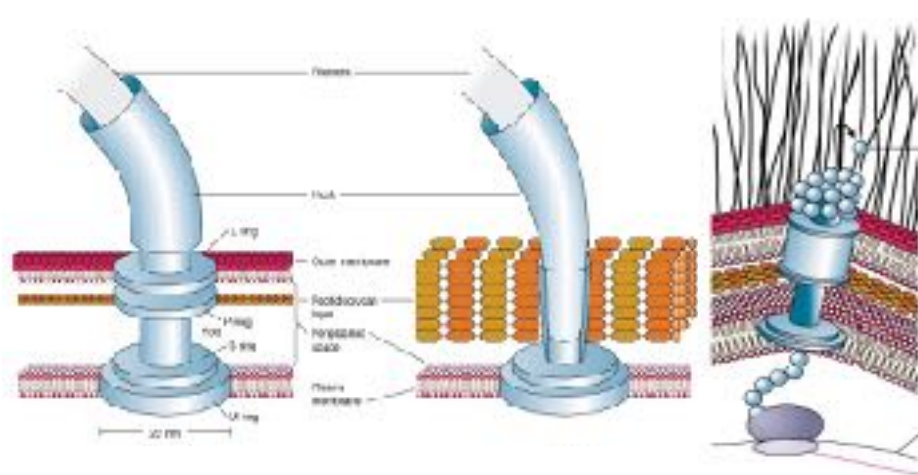
Nature. 2001 Apr 26;410(6832):1099-103.

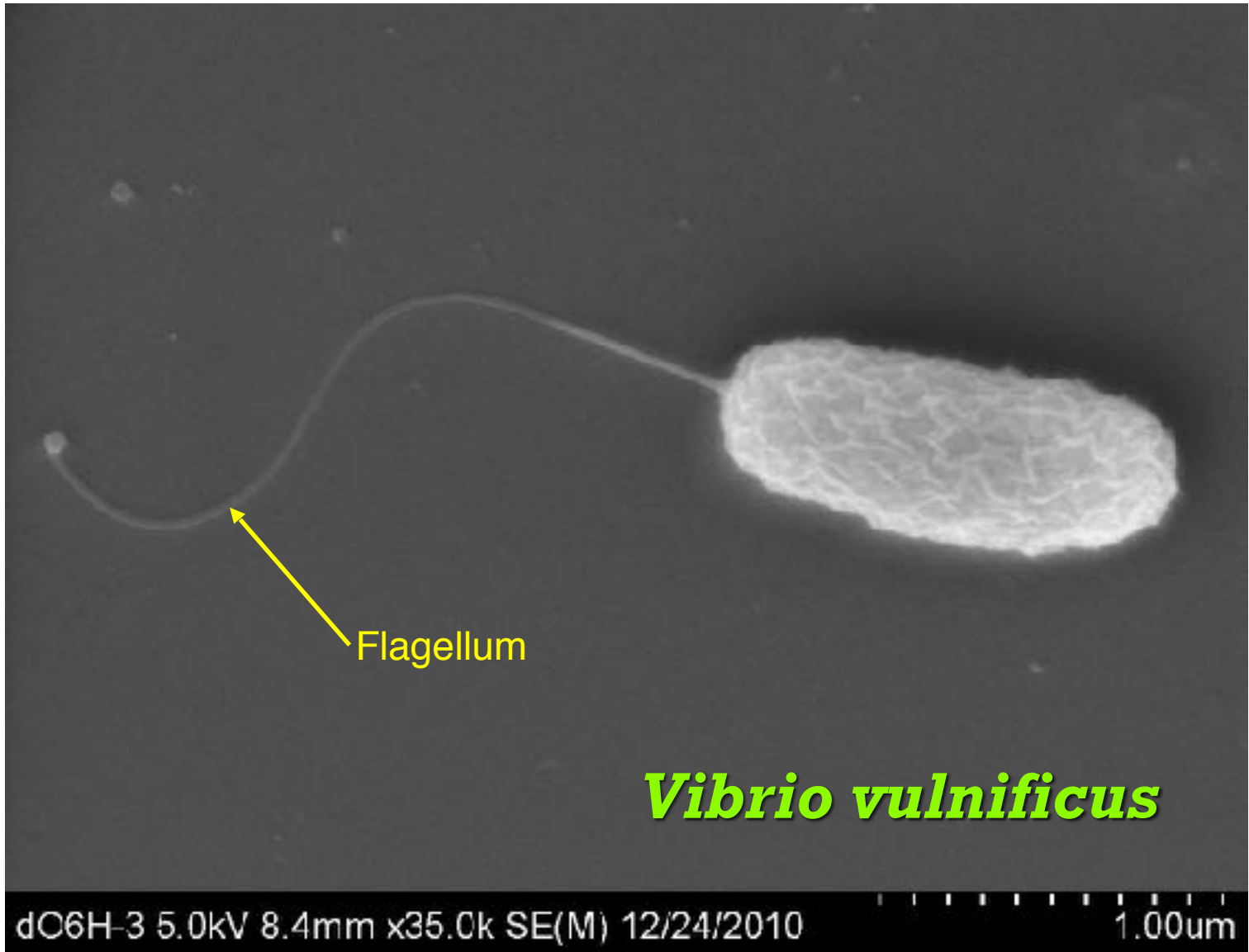
## Structure of the bacterial flagellar protofilament and implications for a switch for supercoiling

Fabrizio A. Gonzalez<sup>†</sup>, Kazumi Inada<sup>†</sup>, Shigehiko Negoshima<sup>†</sup>, Ferenc Vondracek<sup>†</sup>, Takashi Kamoshira<sup>†</sup>, Masaki Yamamoto<sup>†</sup> & Kojiro Namba<sup>†§</sup>

<sup>†</sup> Institute for Materials and Chemical Process, AIST, 1-1-1 Higashi, Tsukuba, Ibaraki 305-8565, Japan  
<sup>‡</sup> Department of Physics, University of Virginia, Charlottesville, VA 22904-4131, USA  
<sup>§</sup> Frontier Research Institute, 1-2-1 Honcho, Mitaka, Tokyo 187-8586, Japan  
<sup>¶</sup> National Institute of Advanced Industrial Science and Technology, 1-1-1 Higashi, Tsukuba, Ibaraki 305-8565, Japan

Nature. 2001 Mar 15;410(6826) 331-7.





Flagellum

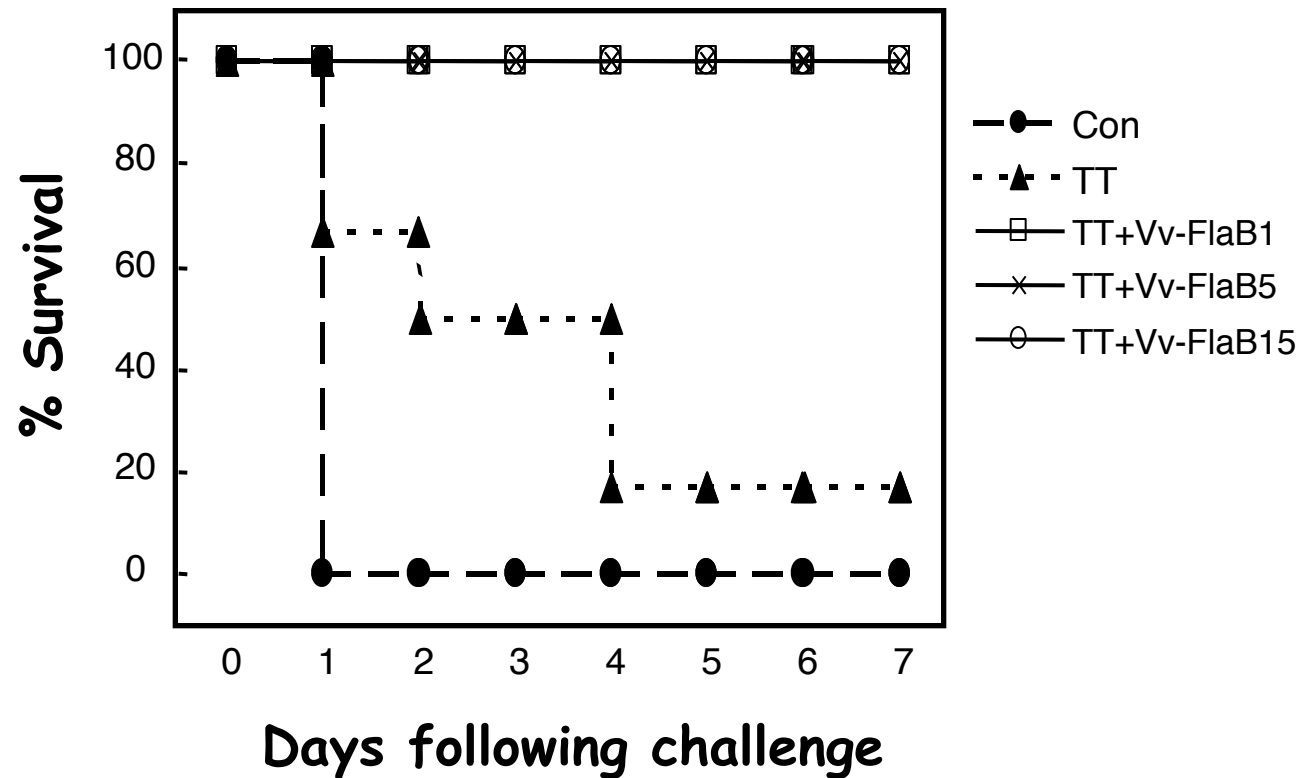
***Vibrio vulnificus***

dO6H-3 5.0kV 8.4mm x35.0k SE(M) 12/24/2010

1.00um

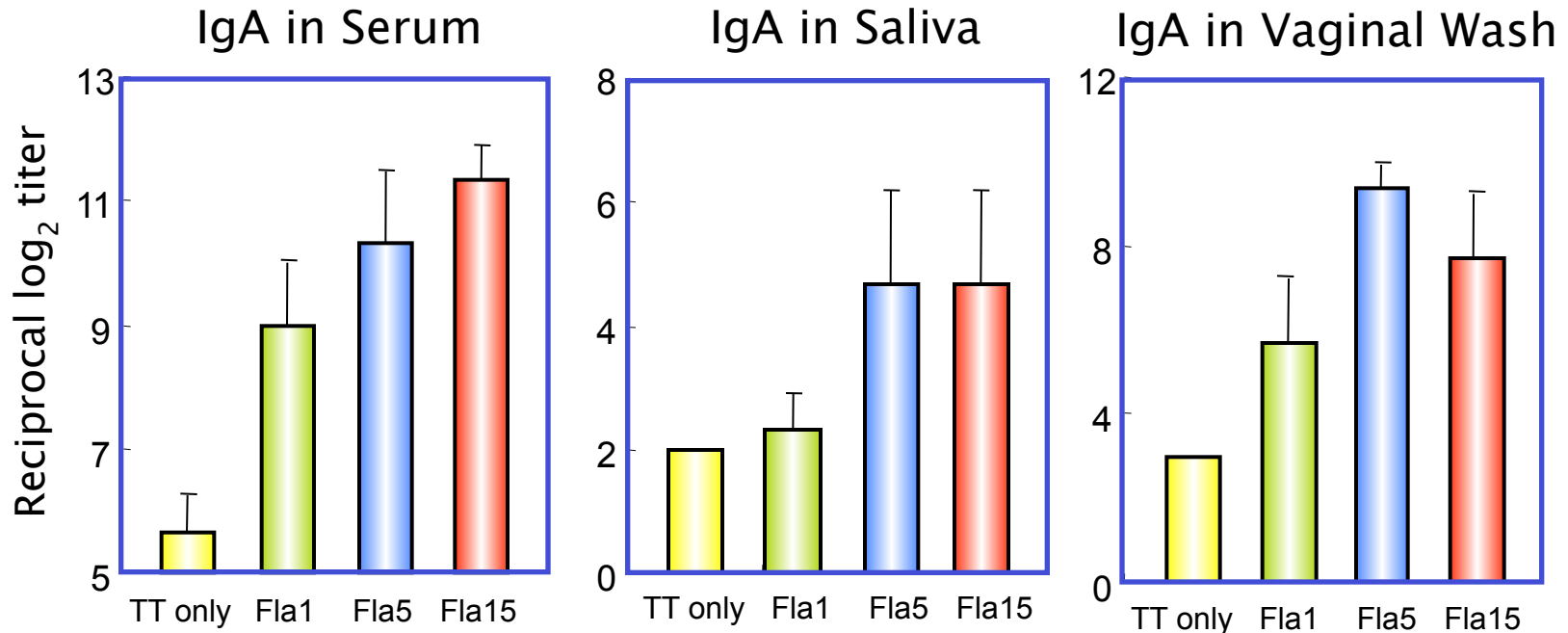
# Nasal Vv-FlaB potentiates protective immune response

SDS-PAGE



Nasal immunization with tetanus toxoid -> Tetanus toxin challenge

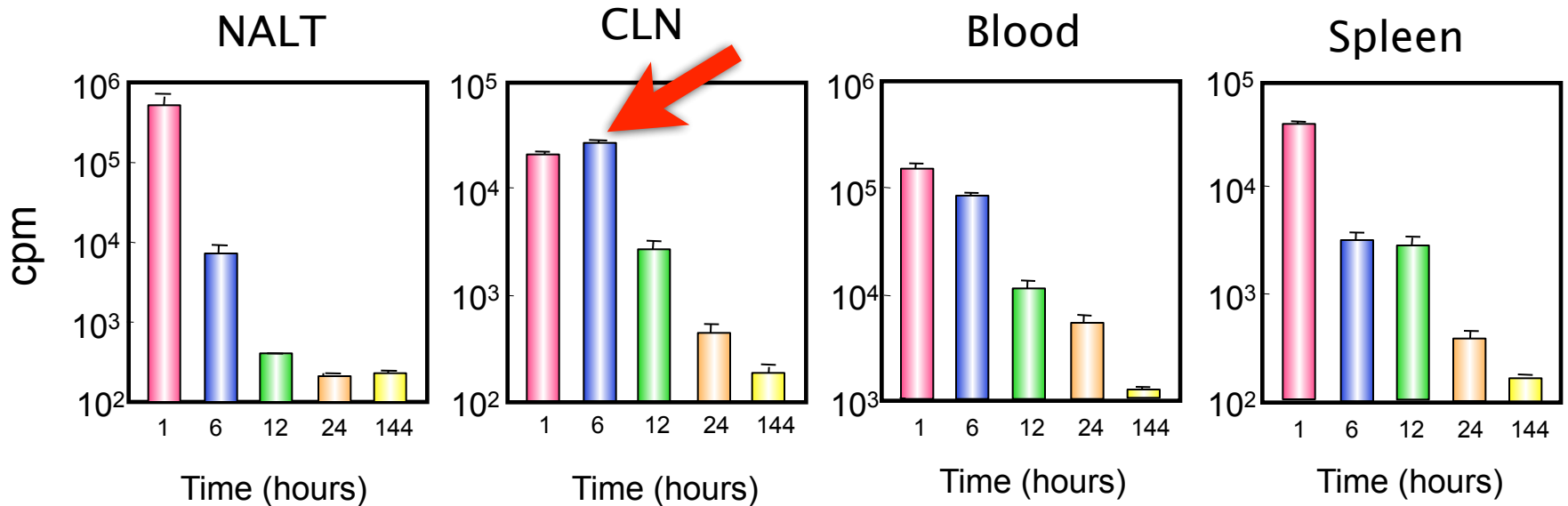
# Antigen specific antibody production



**Intranasally administered Vv-FlaB enhanced antigen-specific systemic & mucosal IgA**

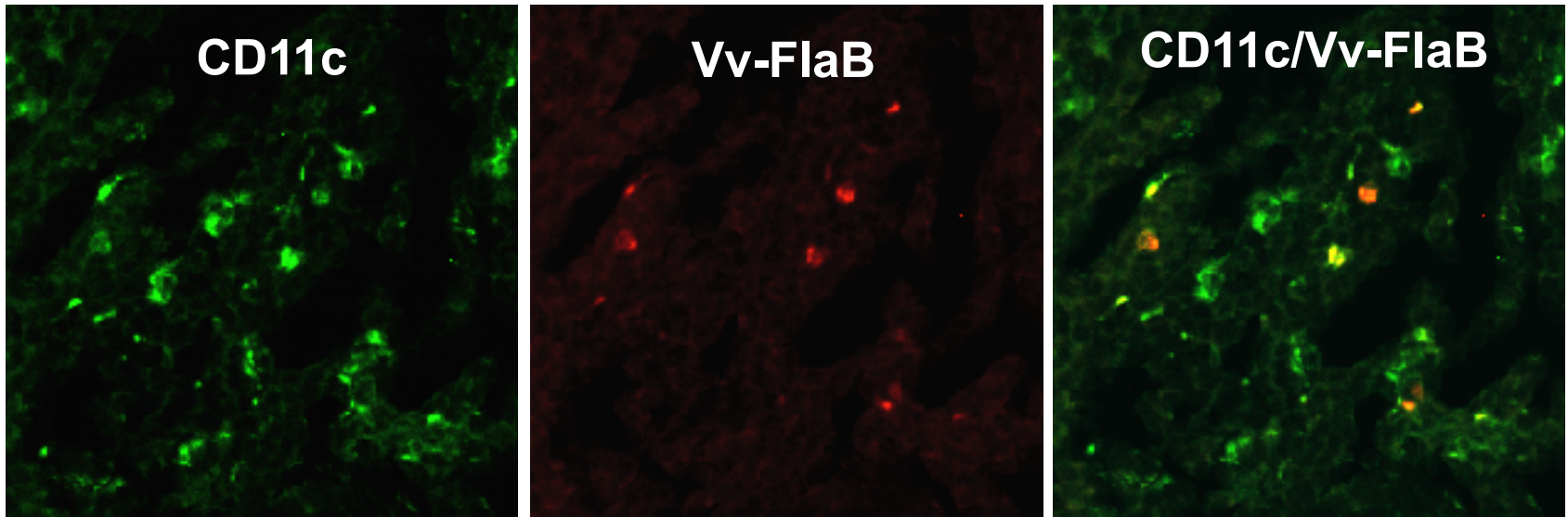


# Trafficking of $^{131}\text{I}$ -Vv-FlaB



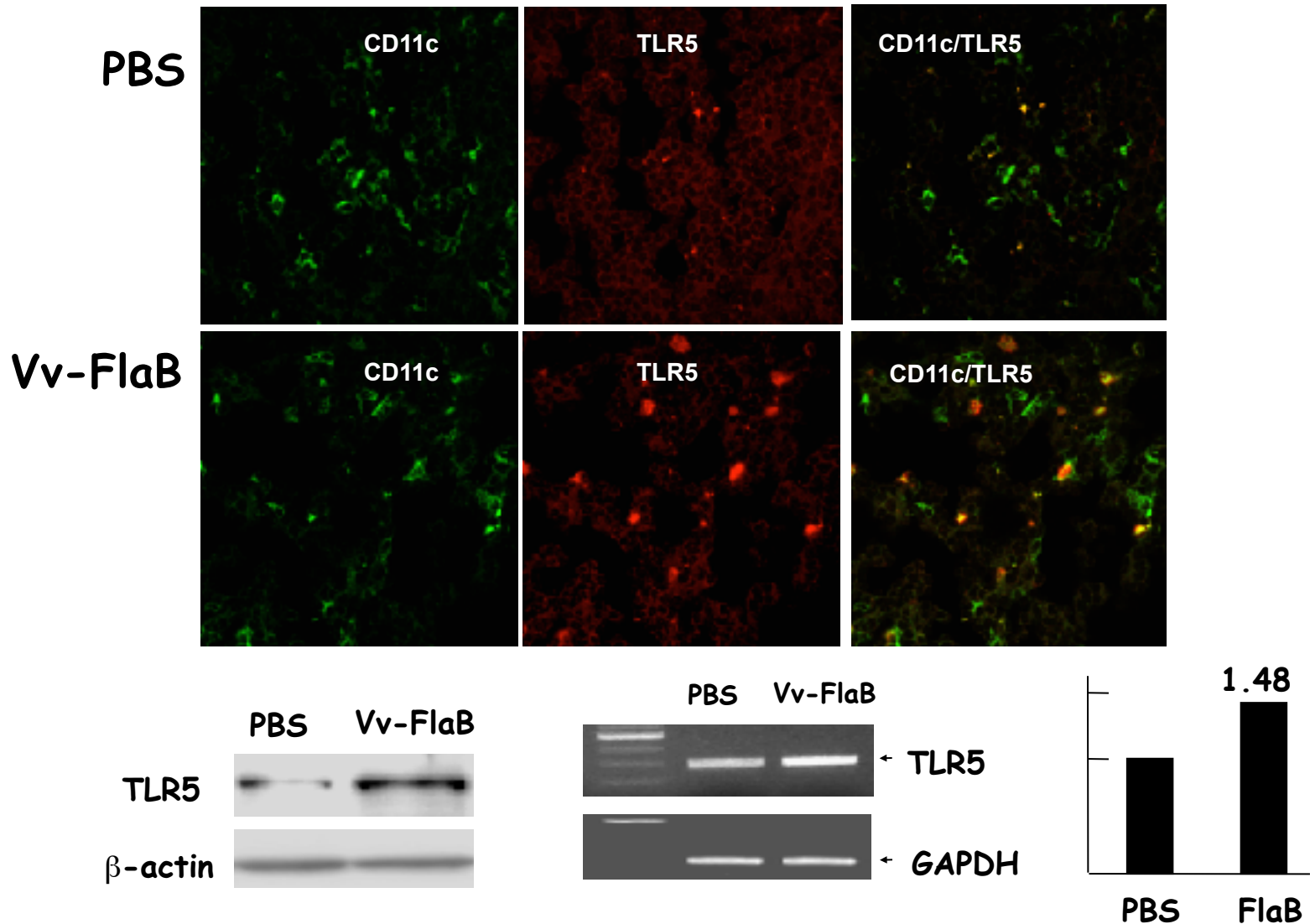
**Intranasally administered  $^{131}\text{I}$ -Vv-FlaB readily reached systemic circulation while the regional draining cervical lymph nodes retained the adjuvant protein relatively longer than spleen.**

# In vivo colocalization of Vv-FlaB with DCs in cervical lymph node



**Intranasally administered Vv-FlaB colocalized with CD11c in the draining cervical lymph nodes.**

# Vv-FlaB treatment stimulates TLR5 expression in vivo



# Flagellin as an effective adjuvant for elderly vaccines.

## Biochemical evidence

Jae Sung Lim, Shee Eun Lee, and Kyoung A Cho

# How to overcome ineffectiveness of elderly vaccines?

Many countries vaccinate elderly by NIP, but...

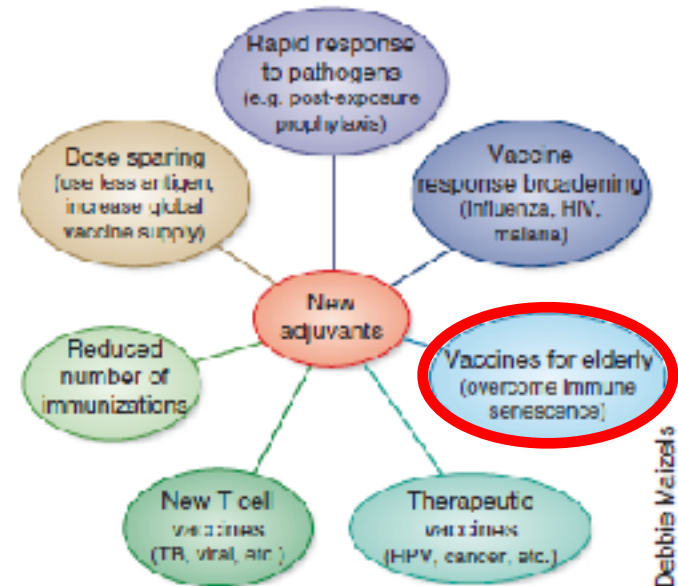
- **Immunosenescence** - both innate and adaptive immunity
- Increase dosage? - Side effects inevitable...
- Need for effective adjuvant - **Then what adjuvant?**

## Seniors (over age 65)



You may need one or more vaccines, even if you received vaccines as a child or as a younger adult. Ask your doctor which ones are right for you. Vaccines recommended for older adults can prevent:

- Influenza (Flu)
- Shingles (Herpes Zoster)
- Diphtheria/Tetanus
- Pertussis (Whooping Cough)
- Pneumococcal (Pneumonia)

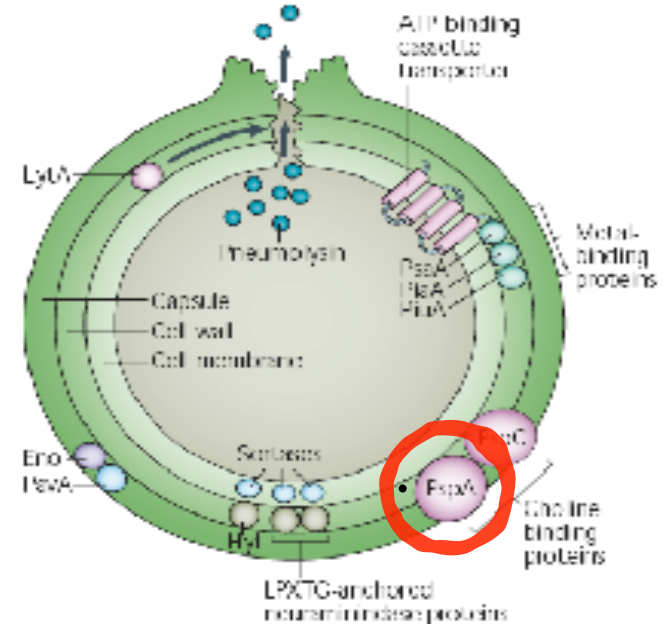


Debbie Waizel's

# PspA

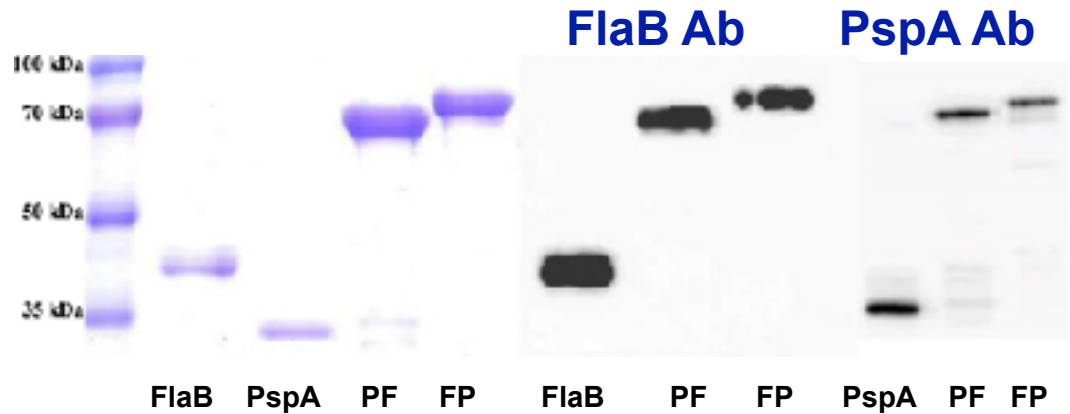
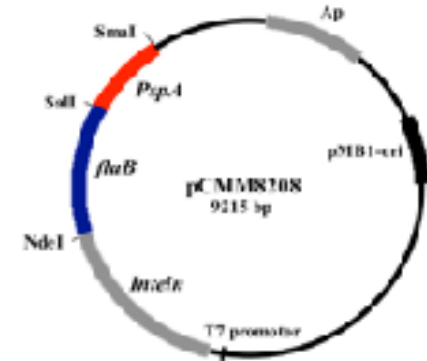
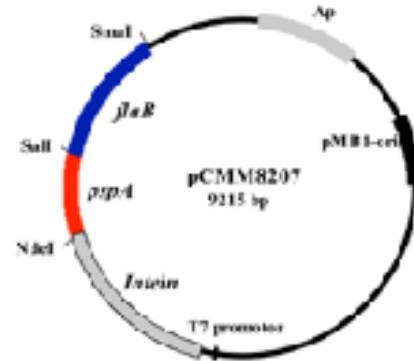
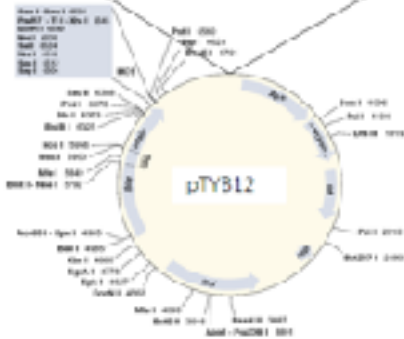
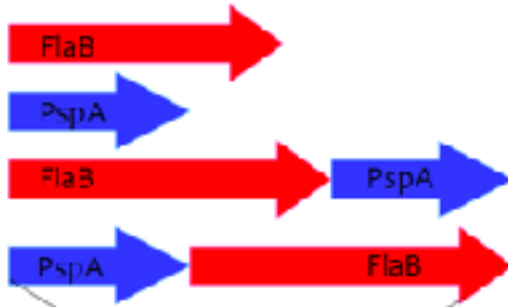
(pneumococcal surface protein A)

- Present on all strains of *S. pneumoniae*
  - expressed during invasion
  - expressed during colonization
- Virulence factor for
  - invasion
  - colonization
- Elicits protection against
  - bacteremia, sepsis, and pneumonia
  - colonization
- Inhibits
  - C3 activation
  - killing of pneumococci by cationic peptides
- Serologically diverse (2-3 PspAs are needed for a vaccine).

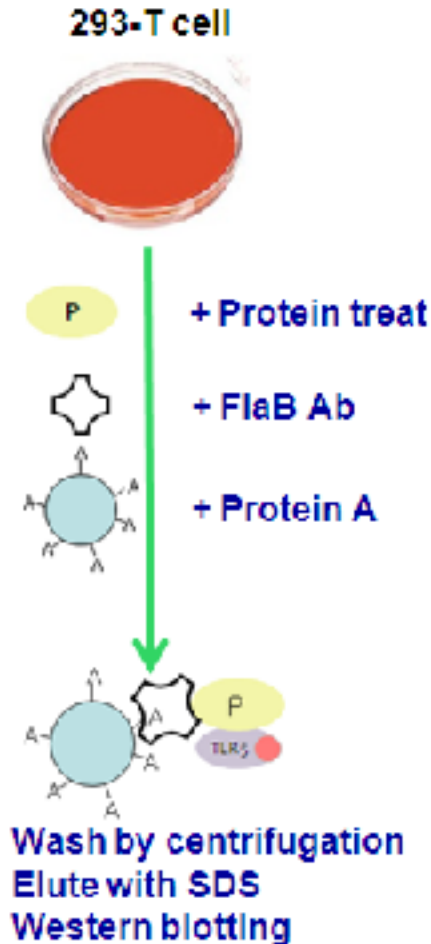


• Aras Kadioglu, *et al.* Nat Rev Micro 6(4): 288-301

# Recombinant fusion proteins



# Direct association of recombinant fusion protein with TLR5



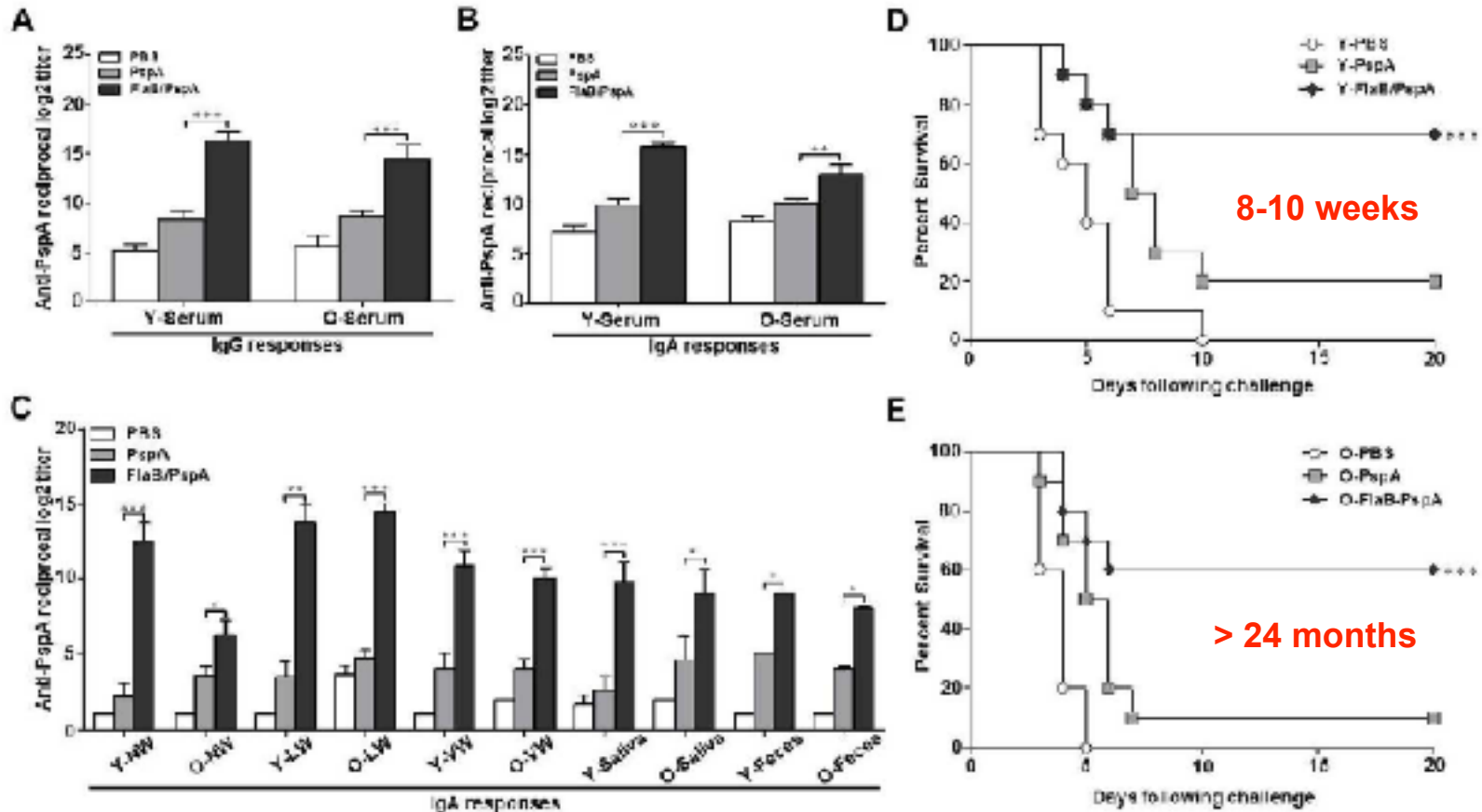
3xFlag-hTLR5 vector transfection	-	-	-	+	-	+	+	+	+
Protein treatment	-	FlaB	FlaB	FlaB	FlaB	-	FlaB	PF	FP
Cell lysate; WB: Anti Flag	[Western blot bands]								
IP with anti-FlaB Antibody; WB: Anti Flag					[Western blot bands]				

Recombinant fusion proteins directly interacted with TLR5 expressed in epithelial cells





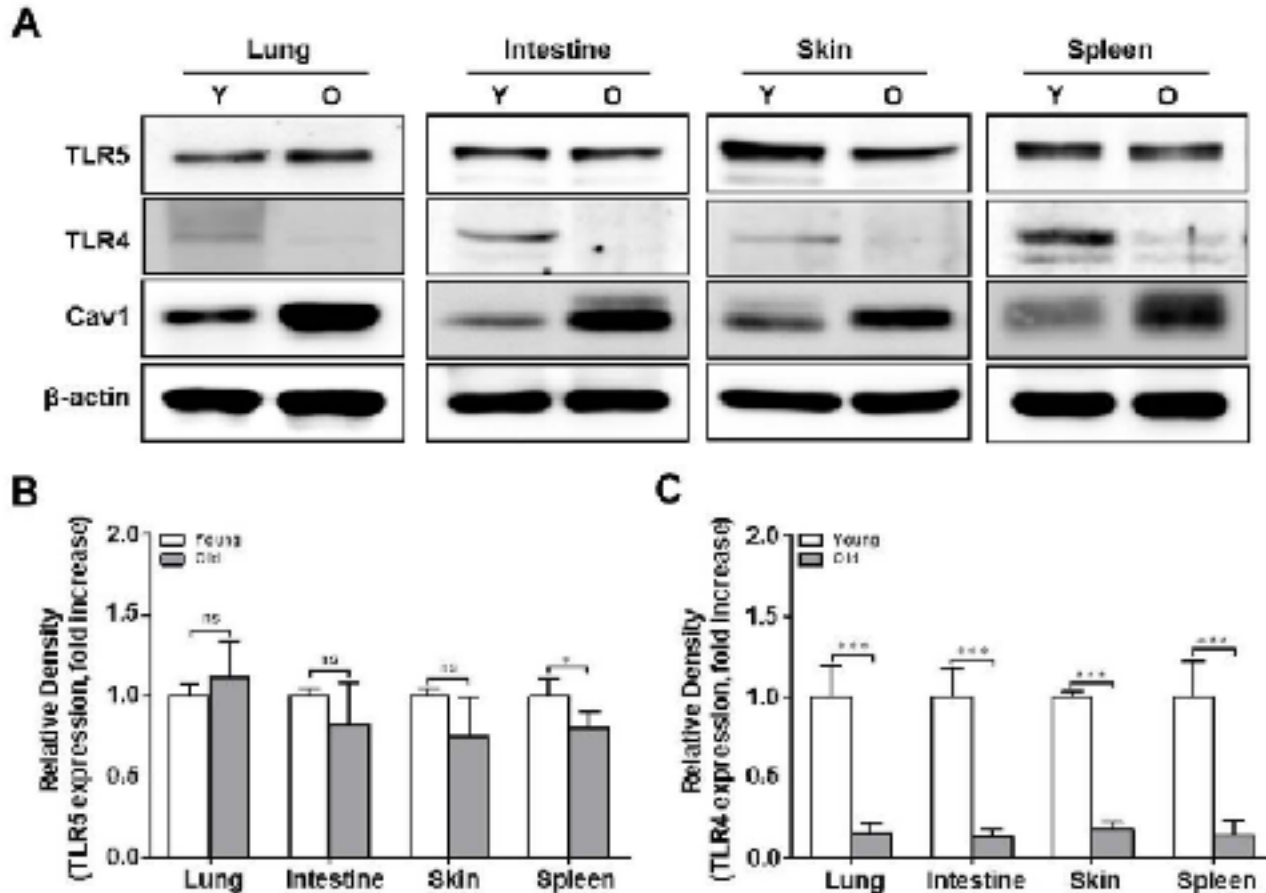
# Flagellin-dependent TLR5/caveolin-1 as a promising immune activator in immunosenescence



FlaB-PspA is a promising candidate as the pneumococcal vaccine for elderly



# Flagellin-dependent TLR5/caveolin-1 as a promising immune activator in immunosenescence

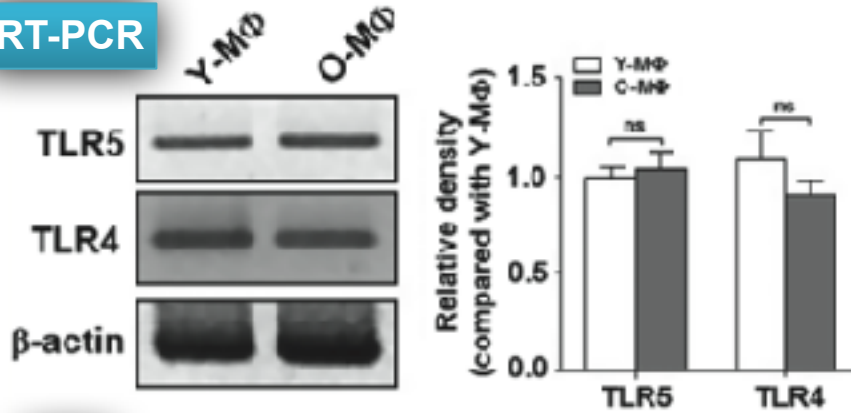


Expression levels of TLRs in various tissues from young and old mice

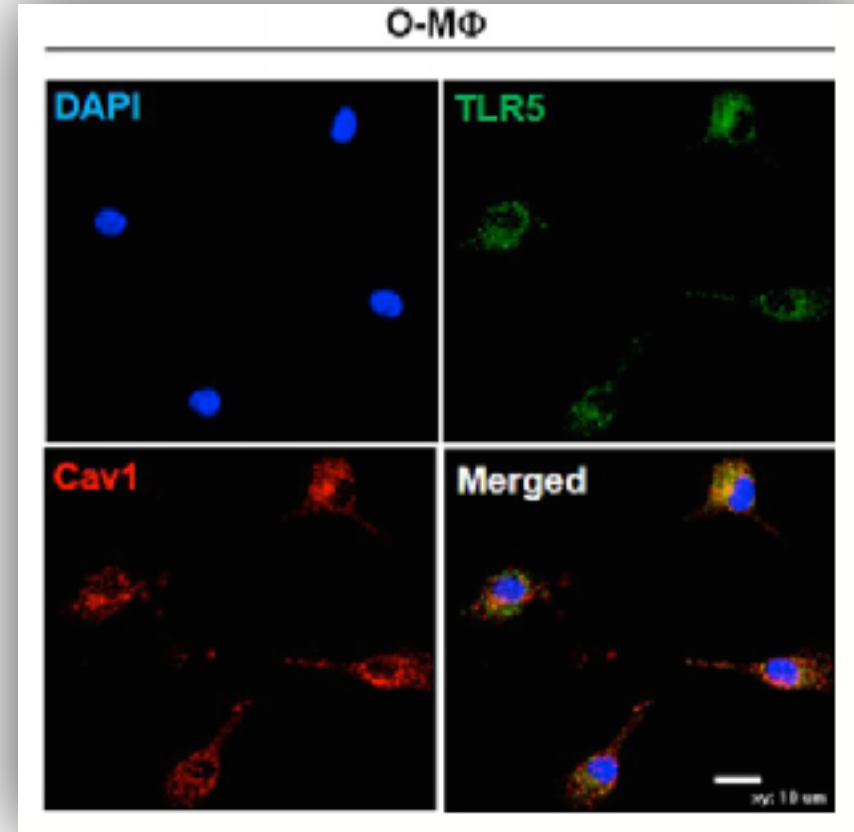
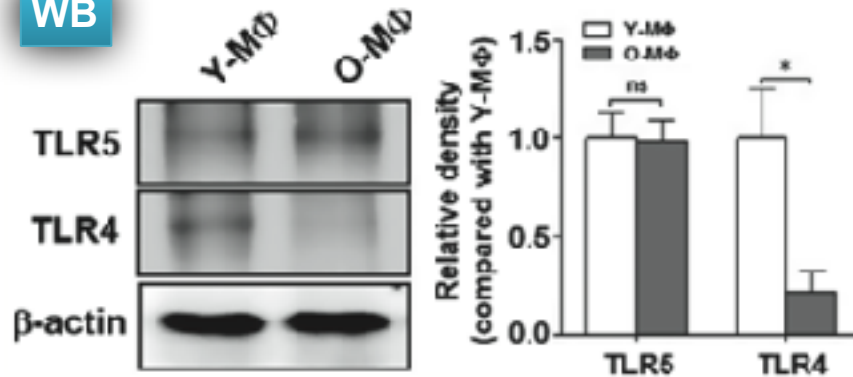


# Flagellin-dependent TLR5/caveolin-1 as a promising immune activator in immunosenescence

RT-PCR



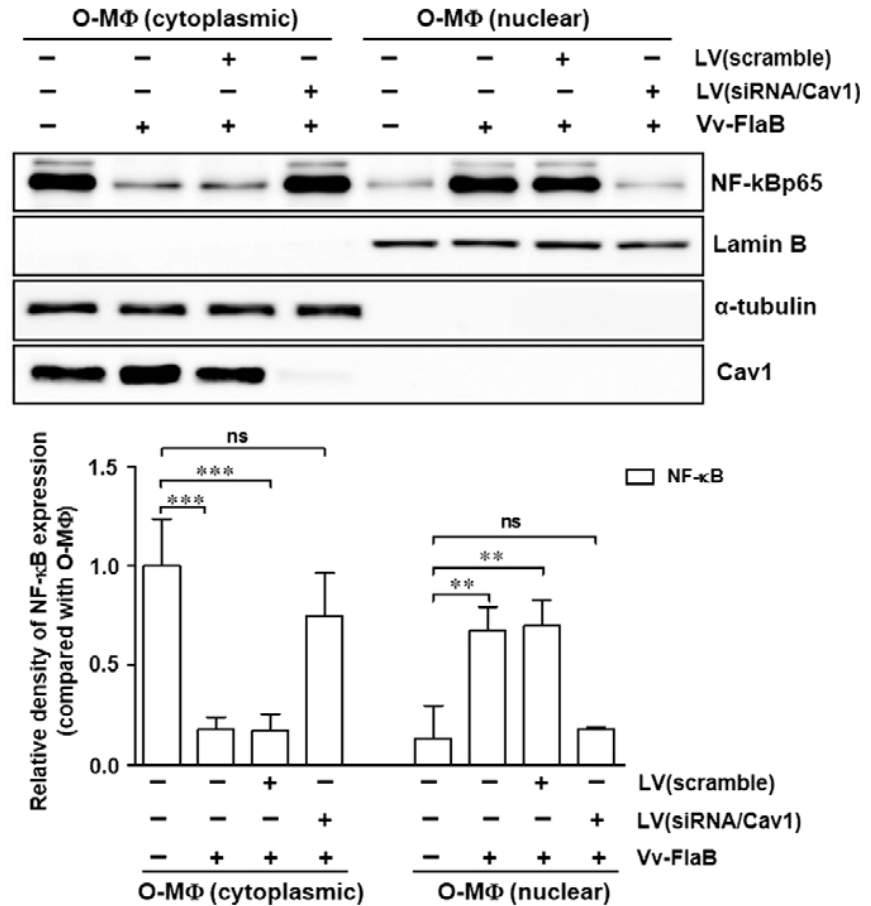
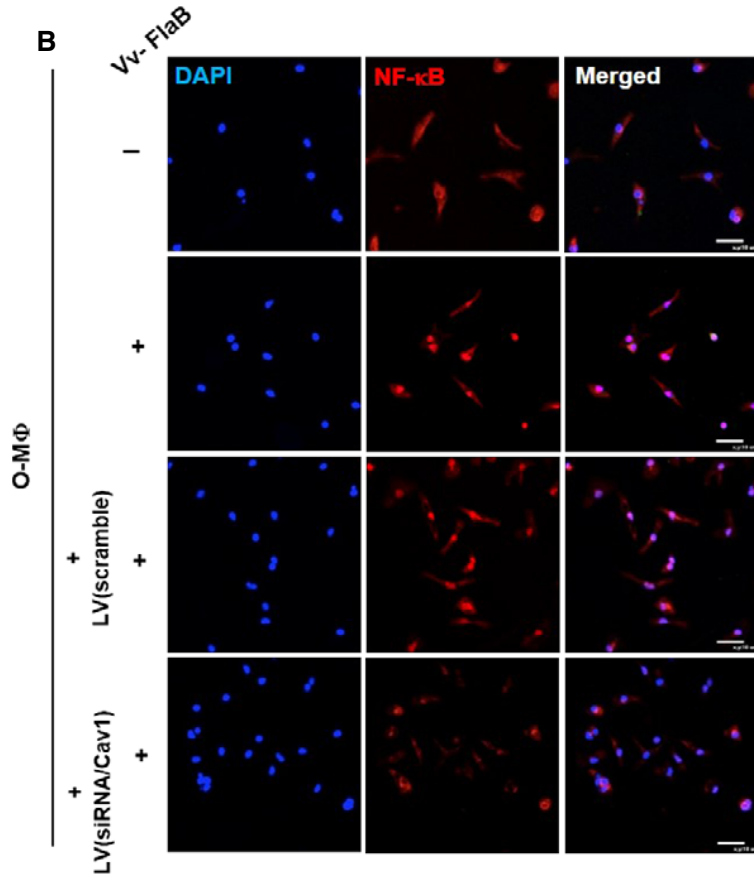
WB



Expression of TLR5 was maintained in old M $\phi$ s in relation to Cav1



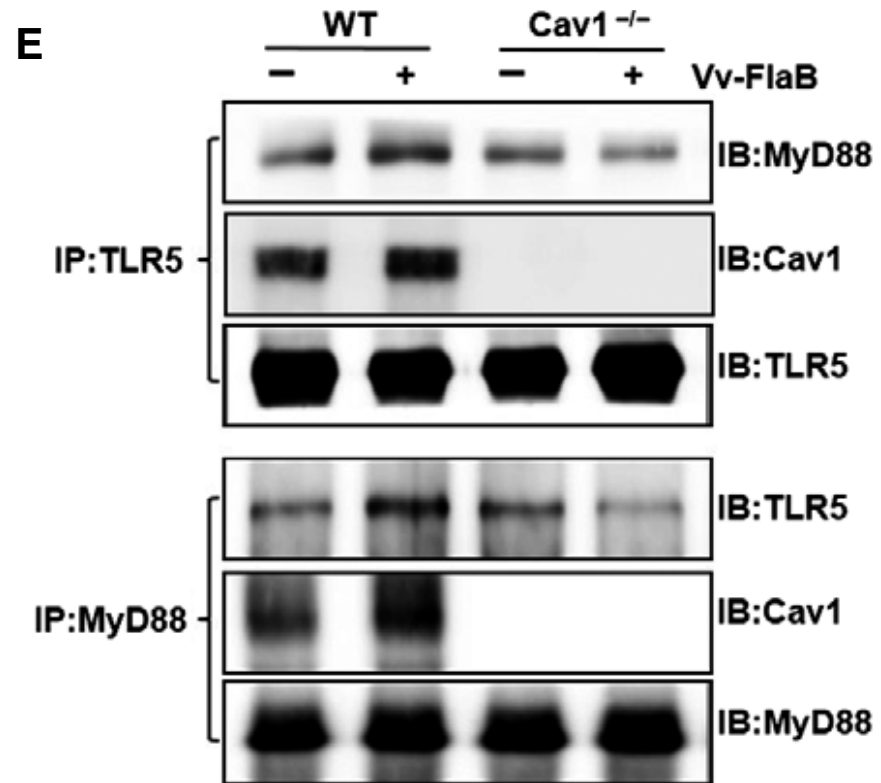
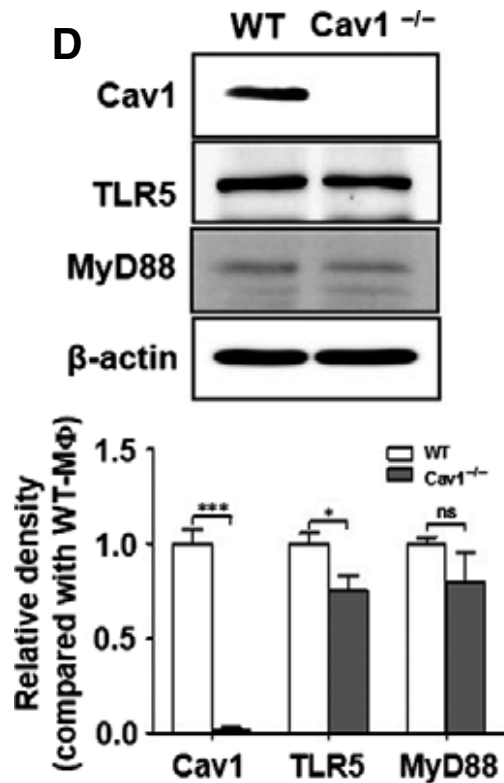
# Flagellin-dependent TLR5/caveolin-1 as a promising immune activator in immunosenescence



**Cav1 KD resulted in abrogation of TLR5-mediated NF-κB activation**



# Flagellin-dependent TLR5/caveolin-1 as a promising immune activator in immunosenescence

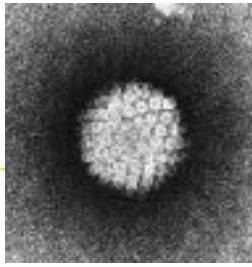


**TLR5/MyD88/Cav1 interact physically in the cell membrane**

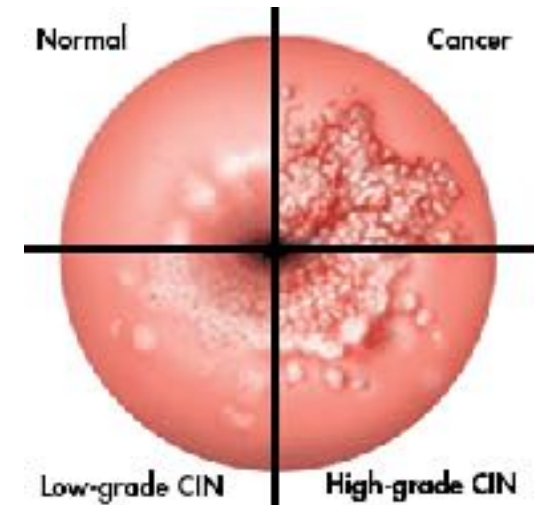
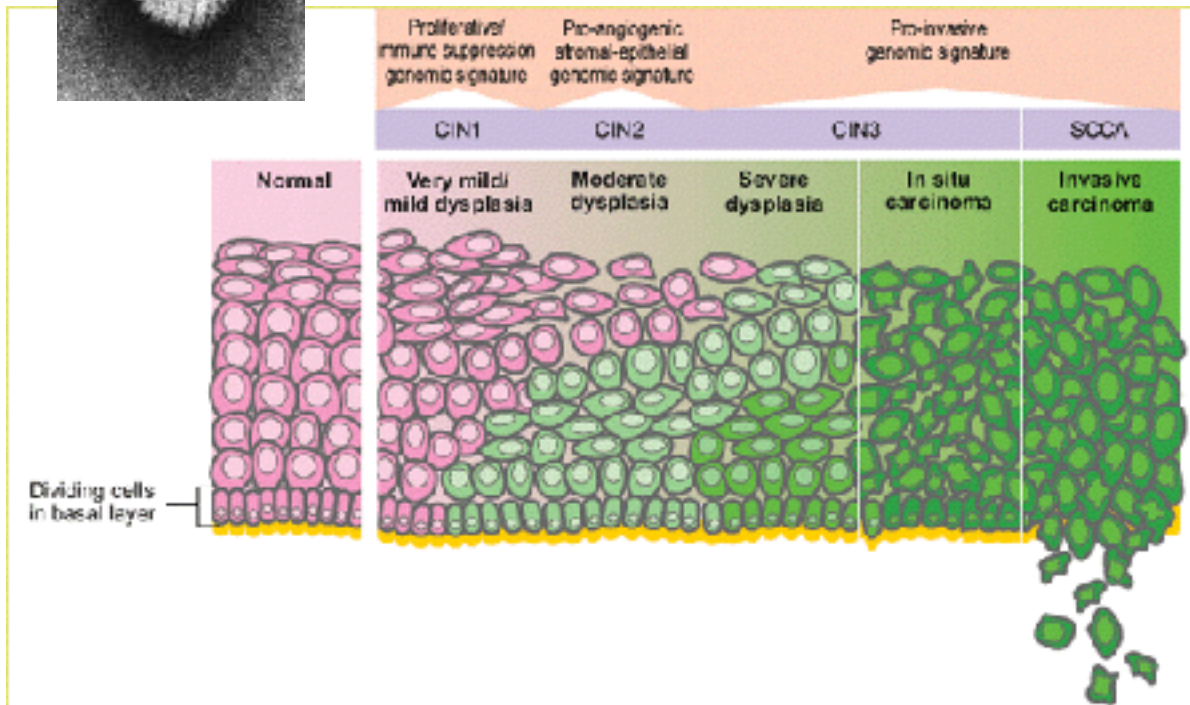
# Then, can **flagellin** be used for a **topical immunotherapy** of **mucosal cancers**?

Mucosa is a frequent site of carcinogenesis, and most cancers are the illness of aged...

Shee Eun Lee, Sul Hee Hong, Vivek Verma



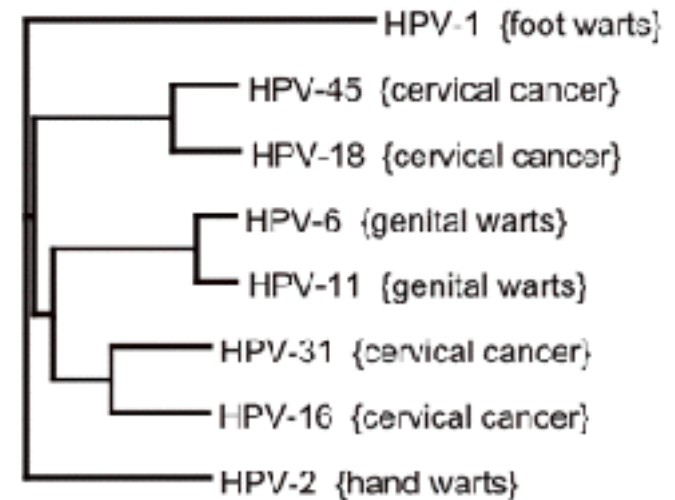
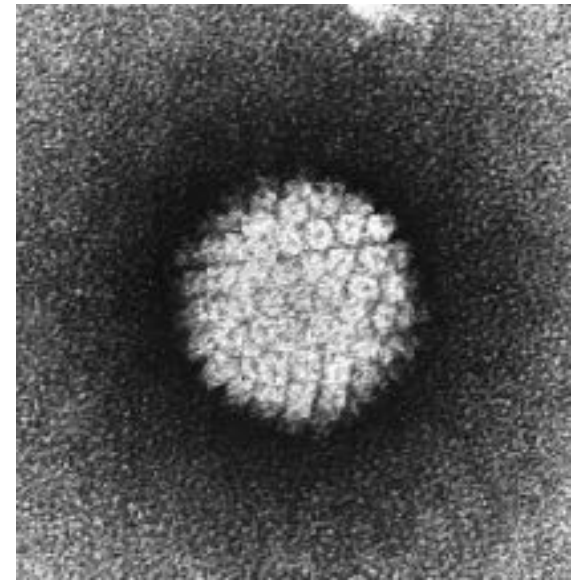
# HPV, CIN and cervical cancer



- HPV associated cervical cancer **develop in mucosal organ**
- The type 16 oncogenic proteins **E6 and E7** are **consistently expressed in most cervical cancer**
- E6 and E7 peptides: **promising target** for development of anticancer vaccine in cervical cancer.

# HPV

Disease	HPV type
<i>Common warts</i>	2, 7
<i>Plantar warts</i>	1, 2, 4, 63
<i>Flat warts</i>	3, 10, 8
<i>Anogenital warts</i>	6, 11, 42, 44 and others
<i>Anal lesions</i>	6, 16, 18, 31, 53, 58
<b>Genital cancers</b>	<ul style="list-style-type: none"> <li>•Highest risk: 16, 18, 31, 45</li> <li>•Other high-risk: 33, 35, 39, 51, 52, 56, 58, 59</li> <li>•Probably high-risk: 26, 53, 66, 68, 73, 82</li> </ul>
<i>Epidermodysplasia verruciformis</i>	more than 15 types
<i>Focal epithelial hyperplasia (oral)</i>	13, 32
<i>Oral papillomas</i>	6, 7, 11, 16, 32
<i>Oropharyngeal cancer</i>	16
<i>Verucous cyst</i>	60
<i>Laryngeal papillomatosis</i>	6, 11

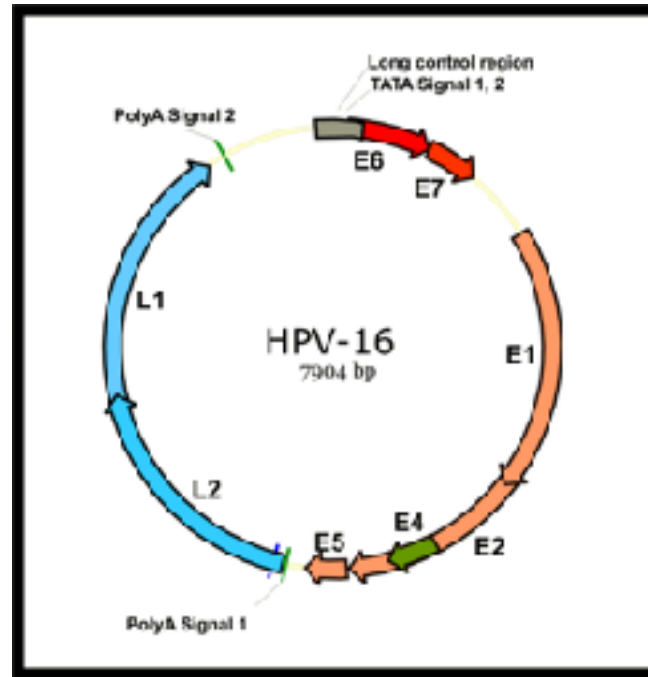


0.05

- Over 120 HPV types
- Types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, 73, and 82 are carcinogenic
- Cervical Intraepithelial Neoplasia (CIN), Vulvar Intraepithelial Neoplasia (VIN), Penile Intraepithelial Neoplasia (PIN), and/or Anal Intraepithelial Neoplasia (AIN).



# Genome organization of human papillomavirus type 16



- HPV type 16: one of the subtypes known to cause cervical cancer
- Early genes: E1-E7
- Late genes: L1-L2 (capsid)
- E6/E7 proteins inactivate tumor suppressor proteins  
E6 - p53 / E7 - pRb

# HPV Vaccines: prophylactic



## •Merk/Sanofi-Aventis

- HPV Types 6, 11, 16, and 18
- Alum adjuvant
- Recombinant VLPs: assembled from the L1 proteins (capsid) of HPV types 6, 11, 16 and 18.
- *Saccharomyces cerevisiae* system
- No DNA: cannot induce cancer.

## •GSK

- HPV Types 16, and 18
- AS04 (MPL + alum) adjuvant
- Recombinant VLPs: assembled from the L1 proteins (capsid) of HPV types 16 and 18.
- Baculovirus system
- No DNA: cannot induce cancer

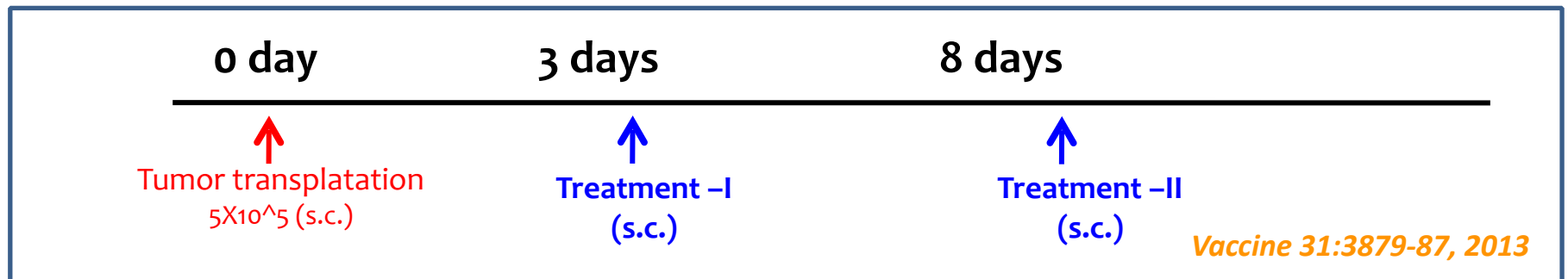
# Flagellin & Cancer Immunotherapy: MODEL SYSTEM

- **Cancer type**
  - **Cervical cancer model**
    - Well established model
    - TA: E6/E7
- **Cancer immunotherapy (Cancer Vaccine)**
  - DNA vaccine
  - Protein vaccine
  - **Peptide vaccine**
  - Cell-based vaccine: ex> DC
  - Other new-generation vaccines

# Therapeutic cancer vaccine

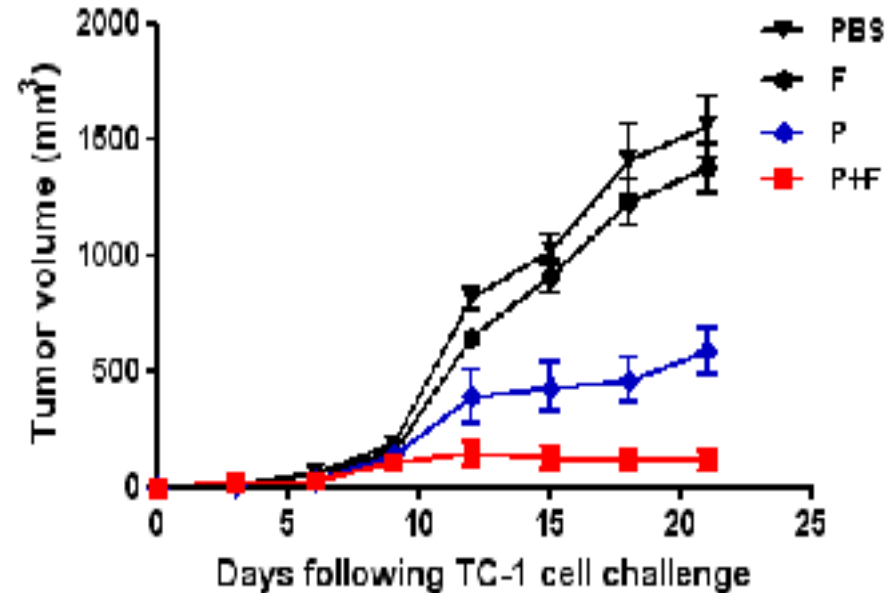
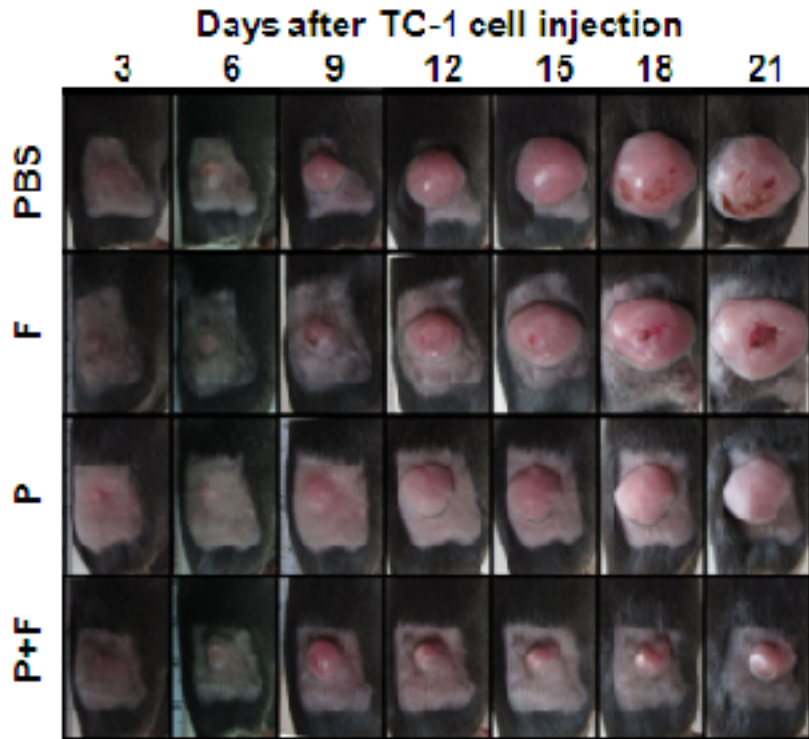
## • Animal model: peptide vaccine model

- C57BL/6 female
- TC-1 cell line
- Tumor transplantation:  $5 \times 10^5$  cells/200 $\mu$ l/mouse (s.c.)
- **E6: YDFAFRDL (8mer)**
- **E7: RAHYNIVTF (9mer)**
- Treatment: peritumoral s.c.
  - **PBS:** PBS only
  - **F:** FlaB 4  $\mu$ g/mouse
  - **P:** E6/E7 peptide 100 $\mu$ g each/mouse
  - **P F:** E6/E7 peptide 100 $\mu$ g each + FlaB 4  $\mu$ g/mouse



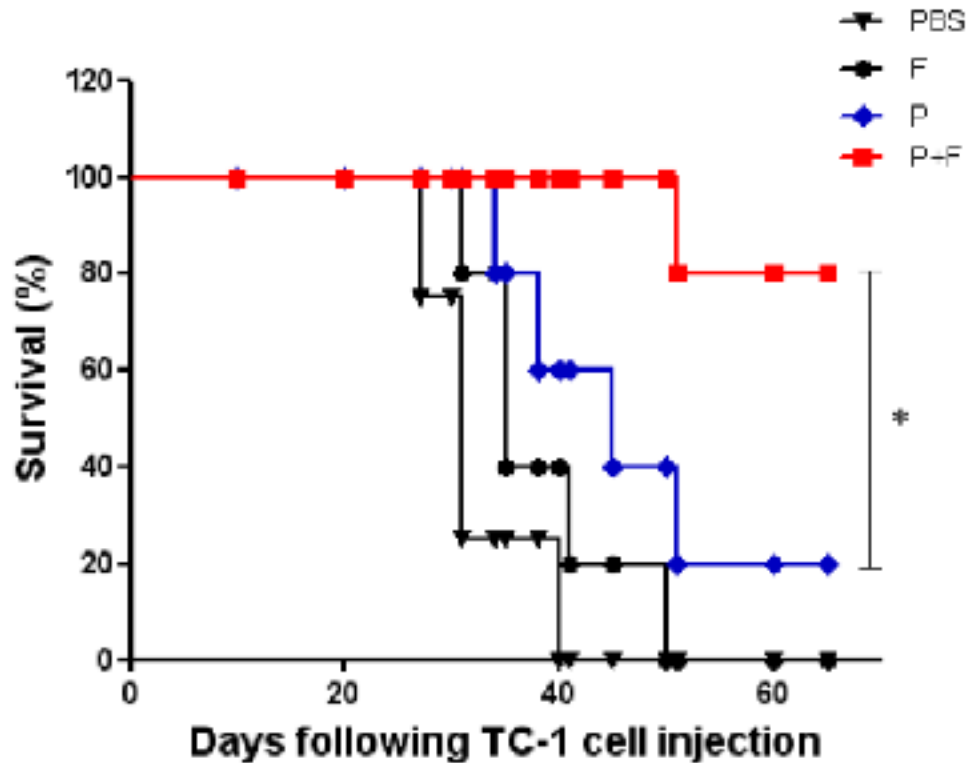
# Therapeutic Cancer Vaccine

## -TC-1 cell model: tumor growth-



**E6/E7 + Flagellin => Ag-specific immune response ↑**  
**=> tumor suppression**

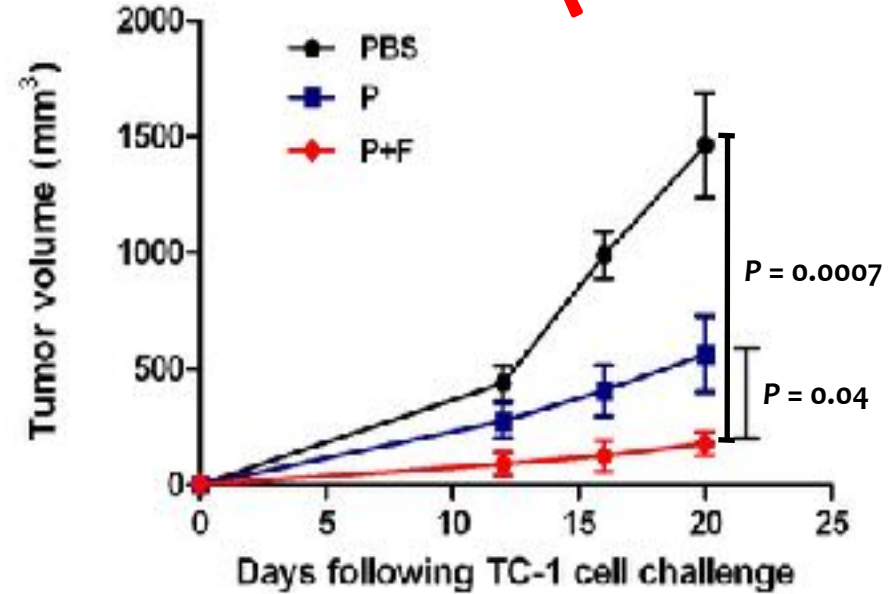
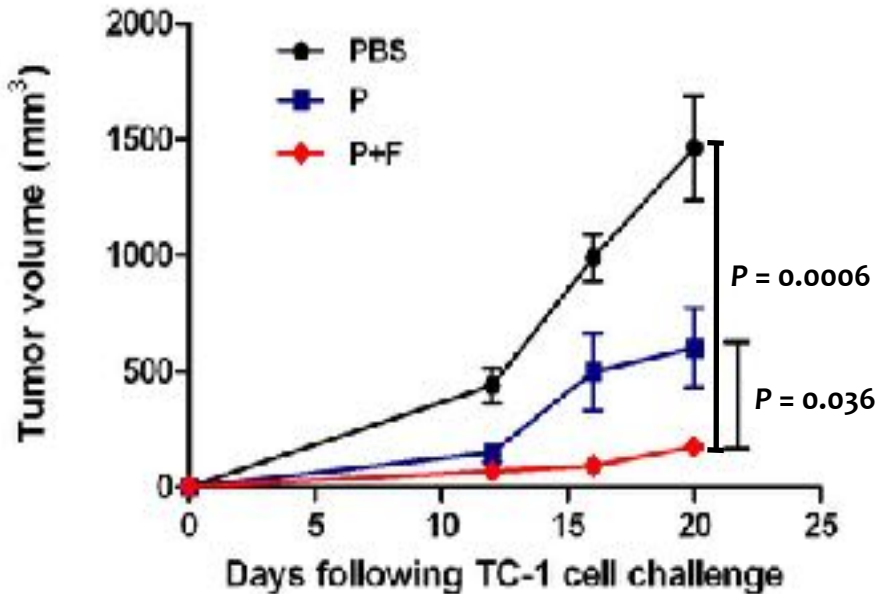
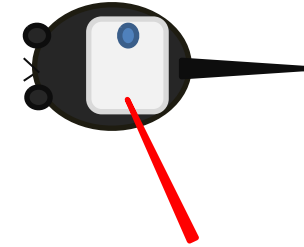
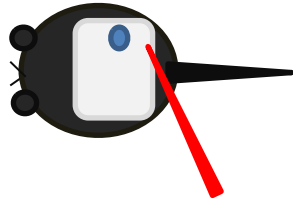
# Therapeutic Cancer Vaccine: -Survival-



**E6/E7 + Flagellin => Ag-specific immune response ↑  
=> tumor suppression => survival ↑**

# Therapeutic Cancer Vaccine

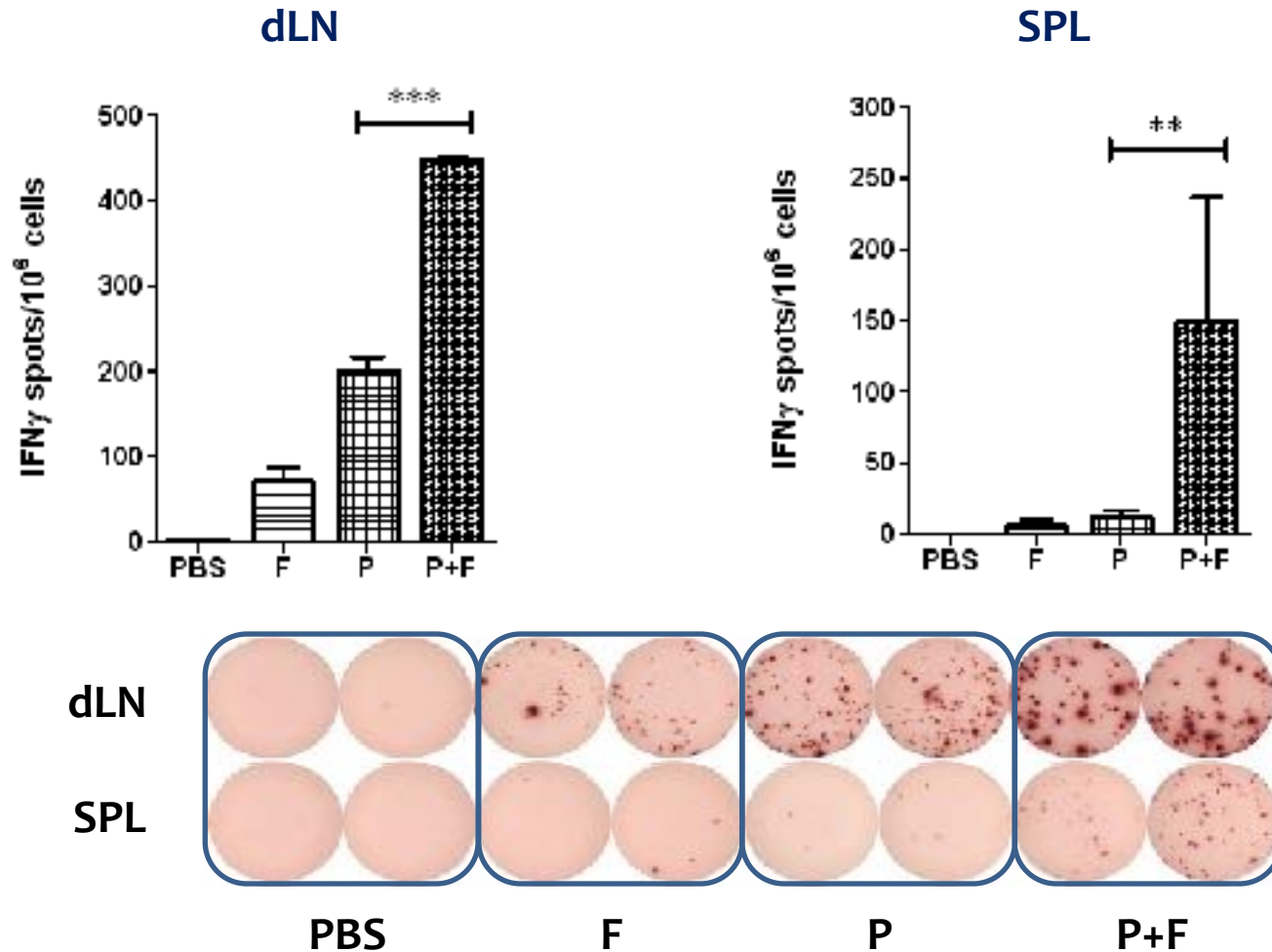
## -Contralateral Vaccination Model-



**Flagellin enters circulation and acts as systemic immune modulator**

# Therapeutic Cancer Vaccine

-ELISPOT: E6, E7 peptide re-stimulation-

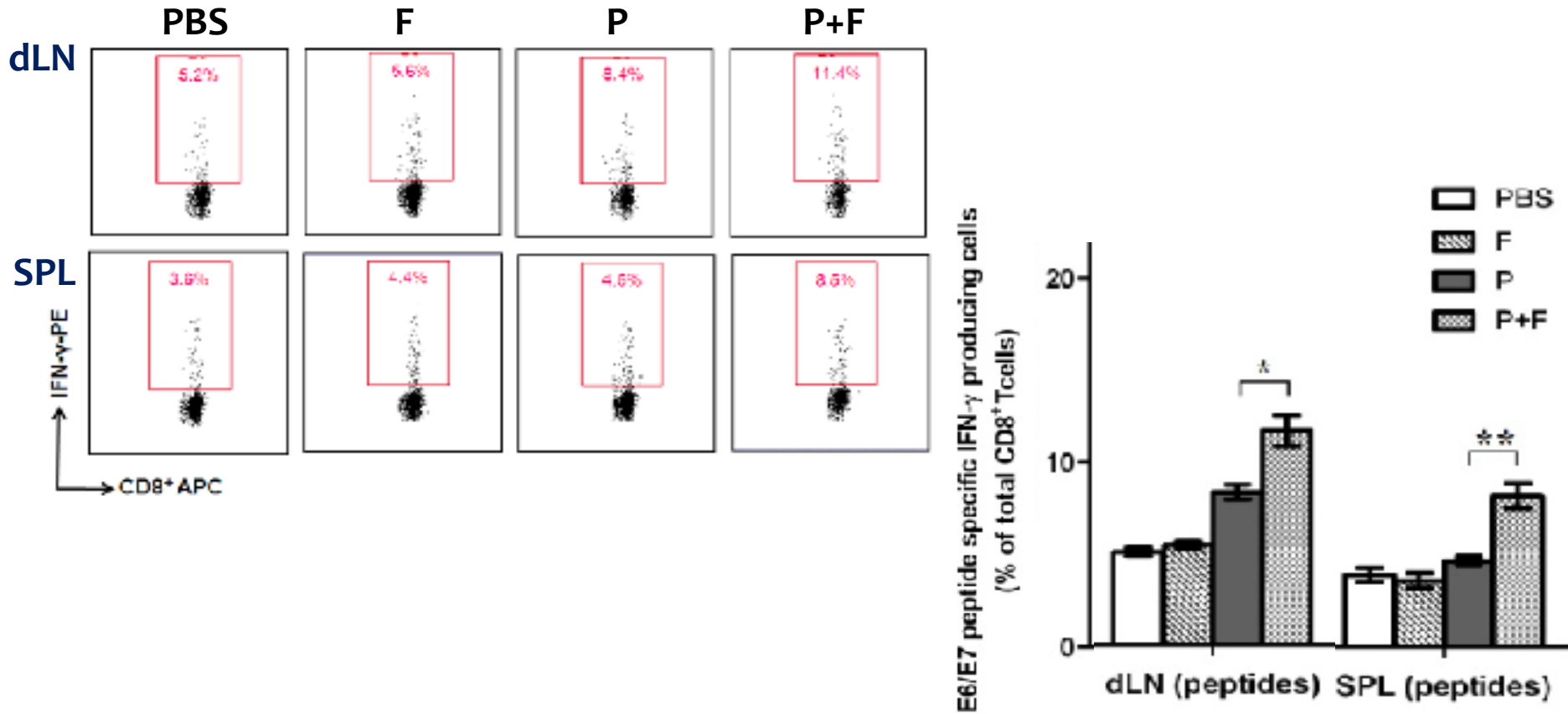


**FlaB enhance peptide-specific IFN- $\gamma$  producing cells**



# Therapeutic Cancer Vaccine

## -ICC Staining and Flow Cytometry-

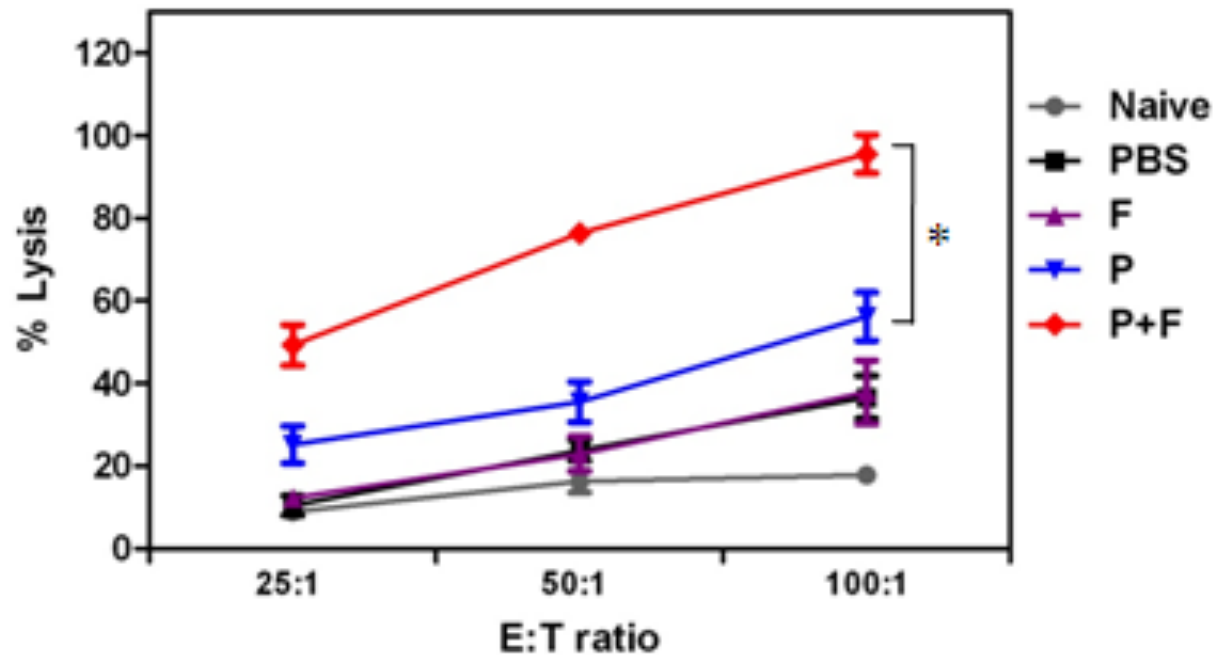


**FlaB enhance peptide-specific IFN- $\gamma$  production in CD8<sup>+</sup>Tcells**

# Therapeutic Cancer Vaccine

## -Peptide-specific CTL activity-

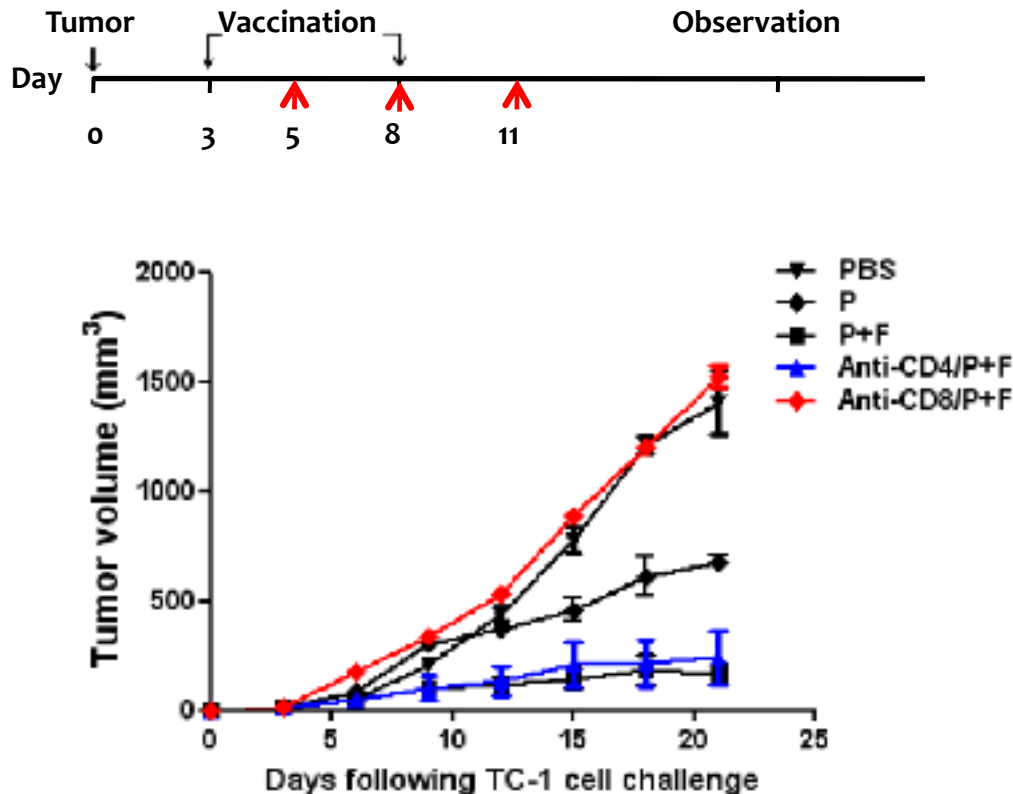
- Effector cell : SPL from vaccinated mice
- Target cell : Cisplatin-treated TC-1
- Cytotoxicity : LDH assay



**FlaB enhanced TC-1 cell-specific CTL activity**

# Therapeutic Cancer Vaccine

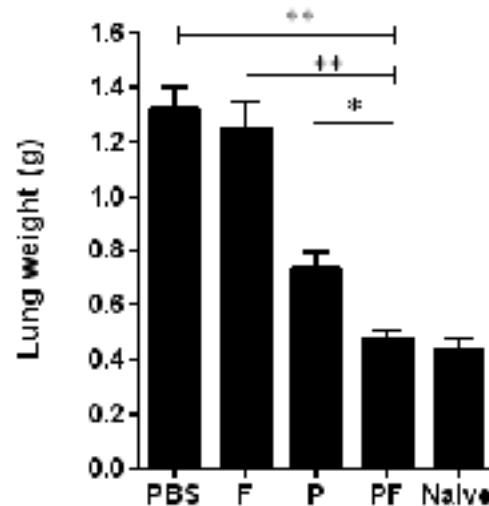
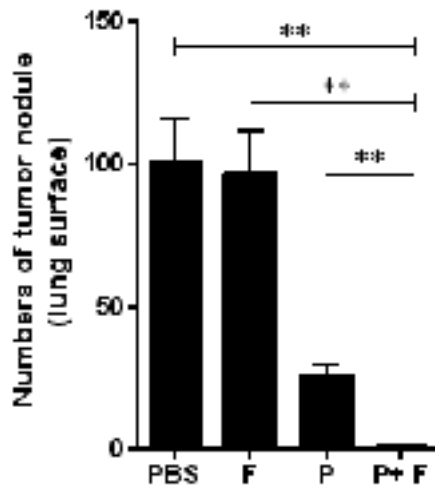
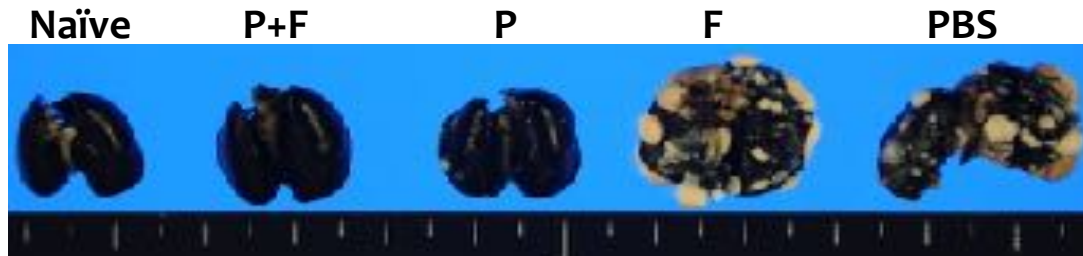
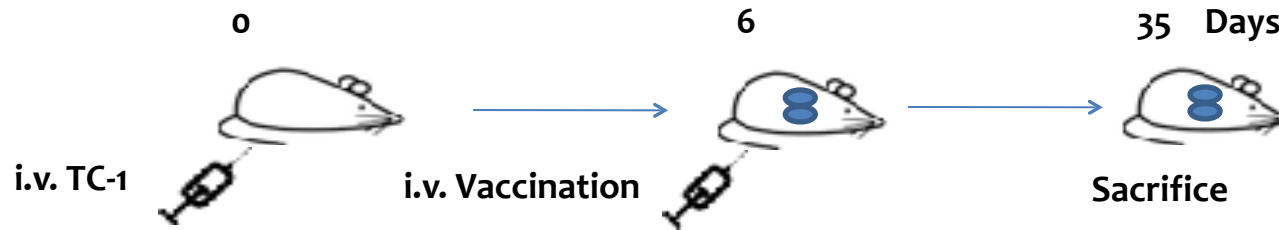
## -CD4<sup>+</sup>/CD8<sup>+</sup> T cell depletion assay-



**CD8<sup>+</sup> CTL response is responsible for the antitumor immunity in this model.**

# Therapeutic Cancer Vaccine

## -Metastasis?-



**Flagellin could be applicable to various phases of cancer immunotherapy.**

# FlaB: Adjuvant for peptide-based therapeutic cancer vaccine

- FlaB potentiates E6/E7 peptide-mediated anti-tumor efficacy.
- FlaB enhances E6/E7-specific **CTL responses** and **IFN $\gamma$**  production.
- In vivo adjuvant activity of FlaB is mediated by **CD8<sup>+</sup>** cells.
- The adjuvant activity of FlaB was **abolished in TLR5 KO** mice.
- FlaB significantly suppresses tumor development in the TC-1 lung metastasis model.

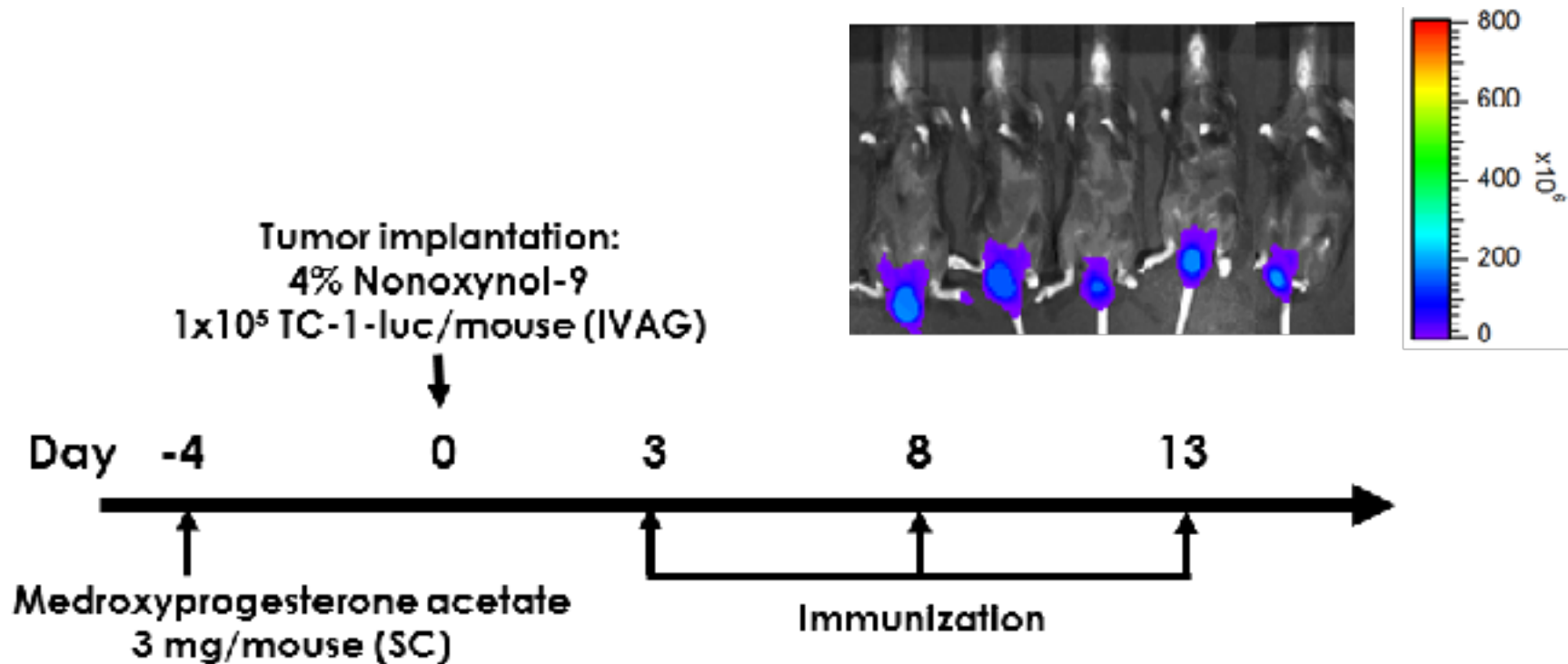
# Orthotopic genital cancer model

- Genital organ: portal entry site for HPV
- Therapeutic topical vaccine for cervical cancer?
  
- **Considerations...**
  - Compartmentalized genital organ
  - Unique immune system in genital organ
  - Inductive site-specific anti-tumor immune response?

# Orthotopic therapeutic cancer vaccine

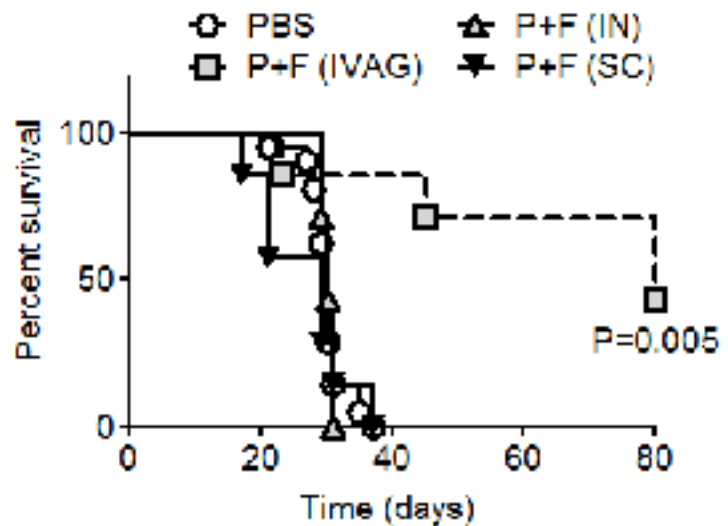
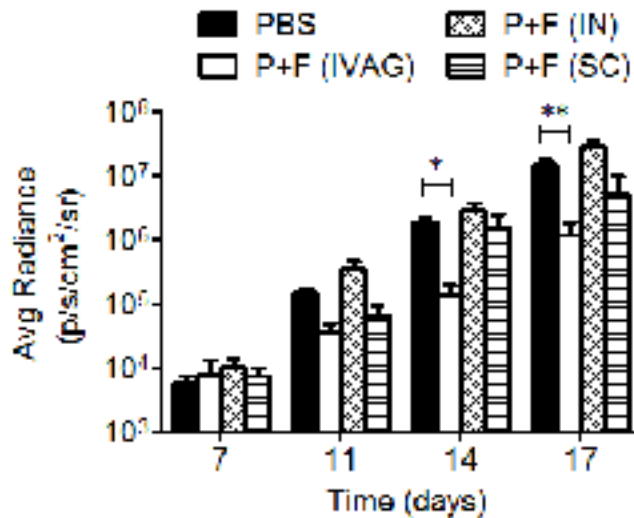
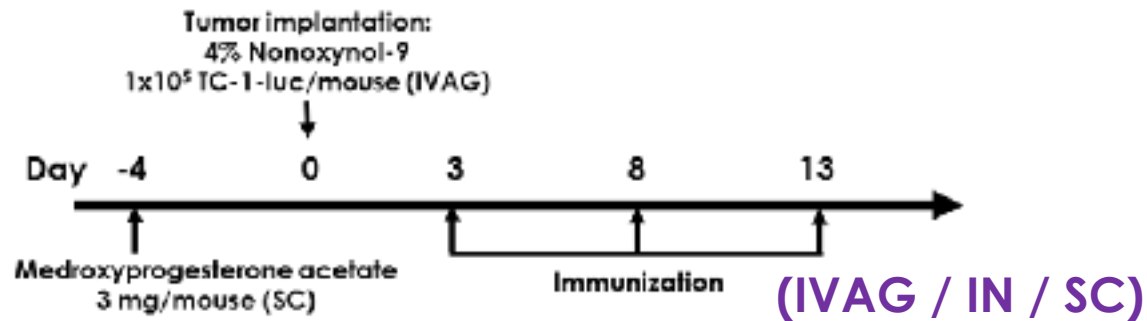
- **TC-1-luc cell line**

- Monitoring tumor growth by luciferase



# Orthotopic therapeutic cancer vaccine

## - Immunization route -

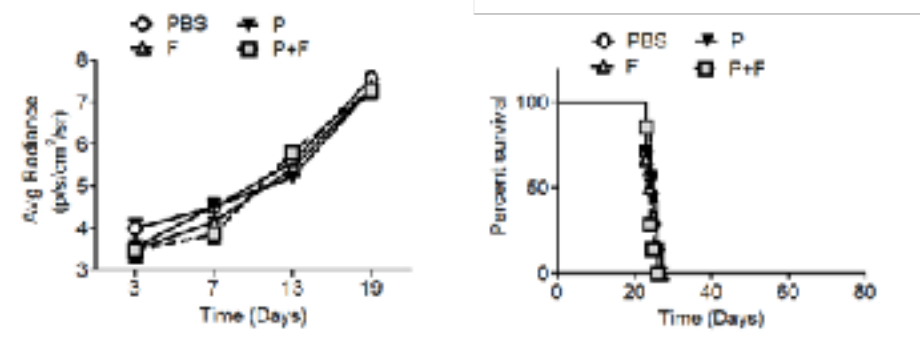
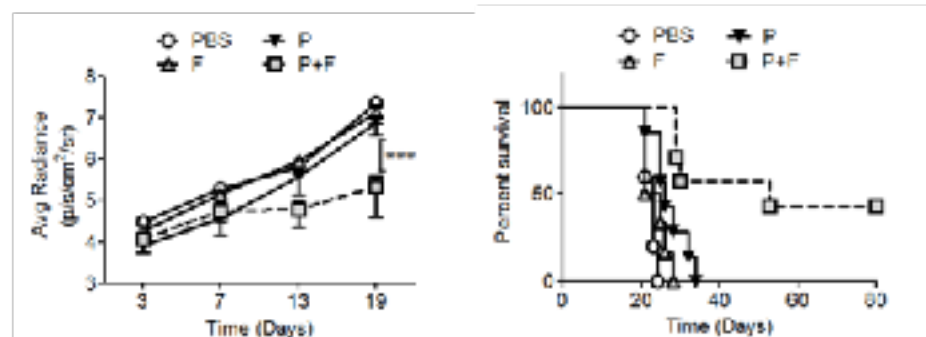
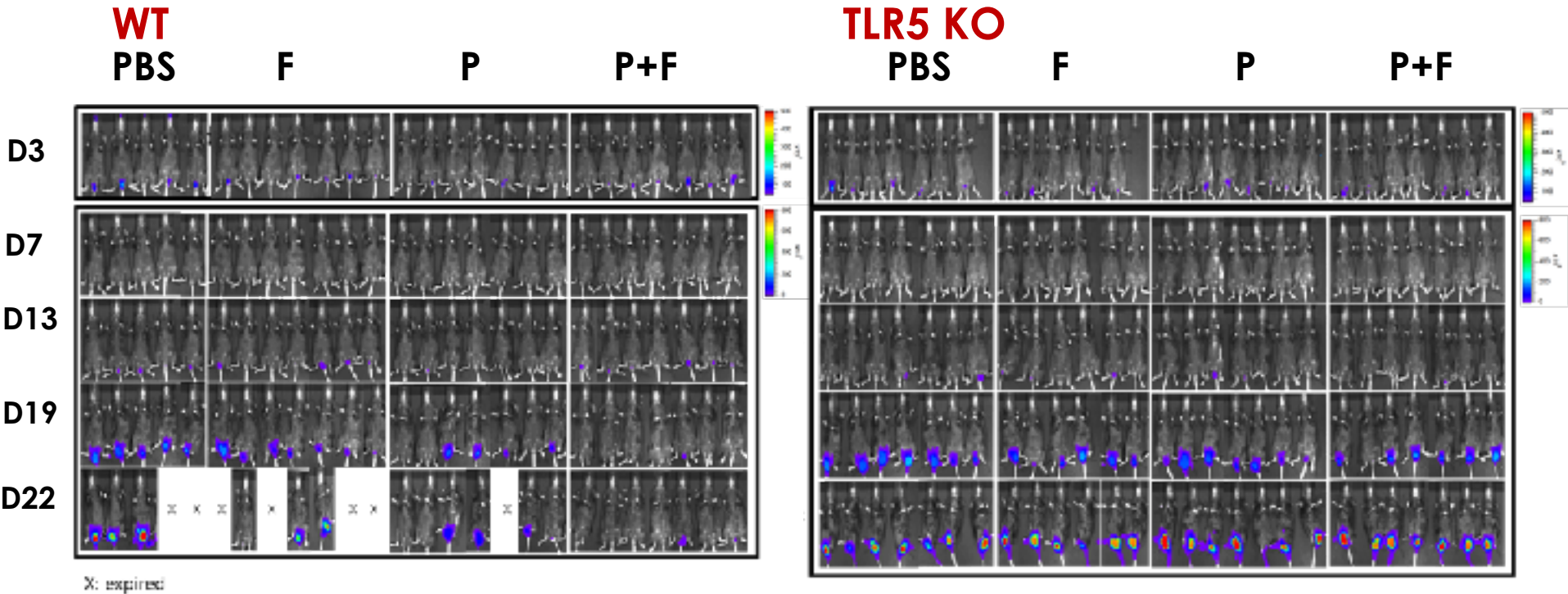


**IVAG only!!!**



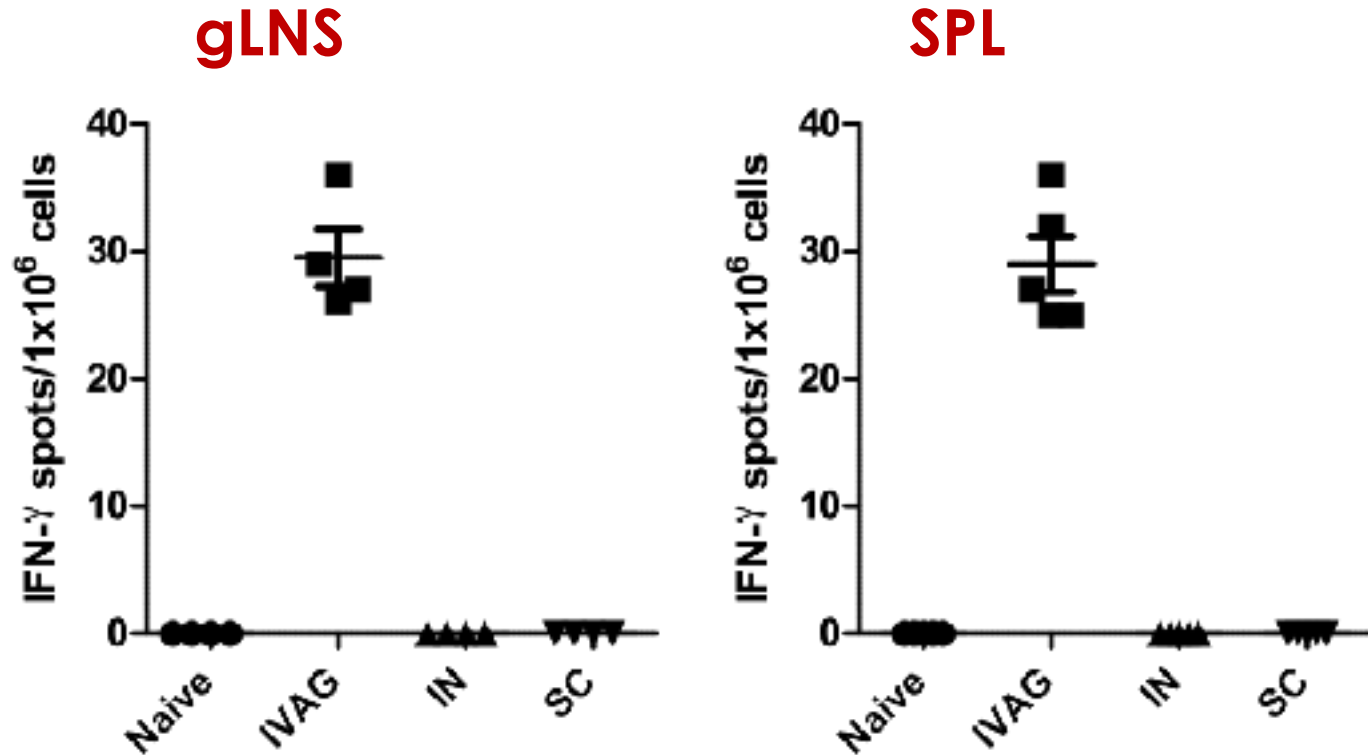
# Orthotopic therapeutic cancer vaccine

## - TC-1-Luc -



# Orthotopic therapeutic cancer vaccine

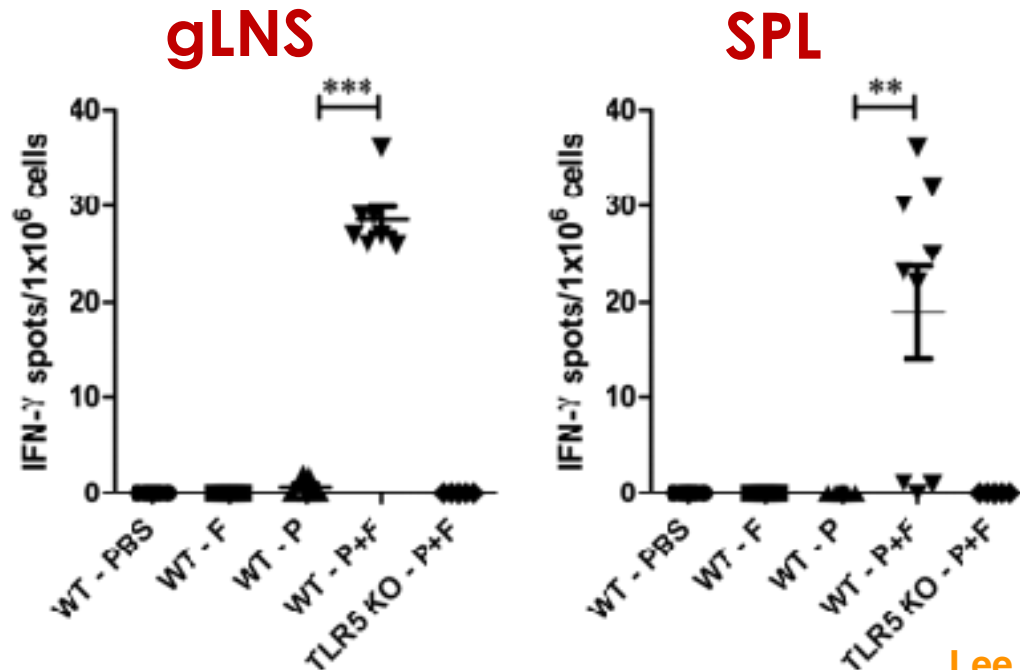
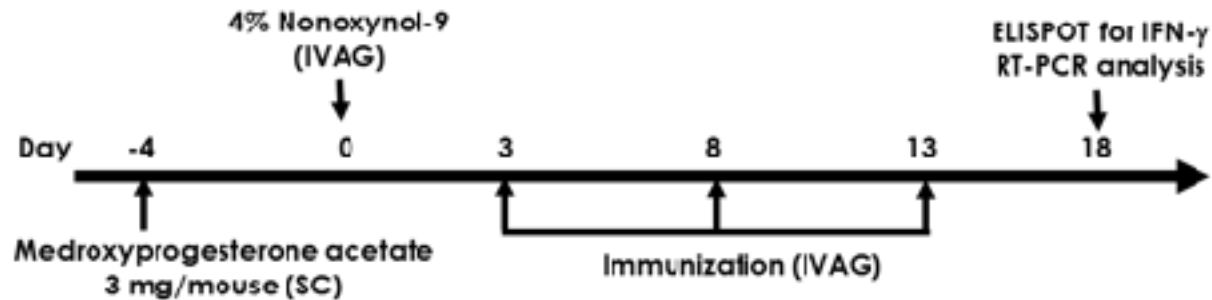
- Immunization route -



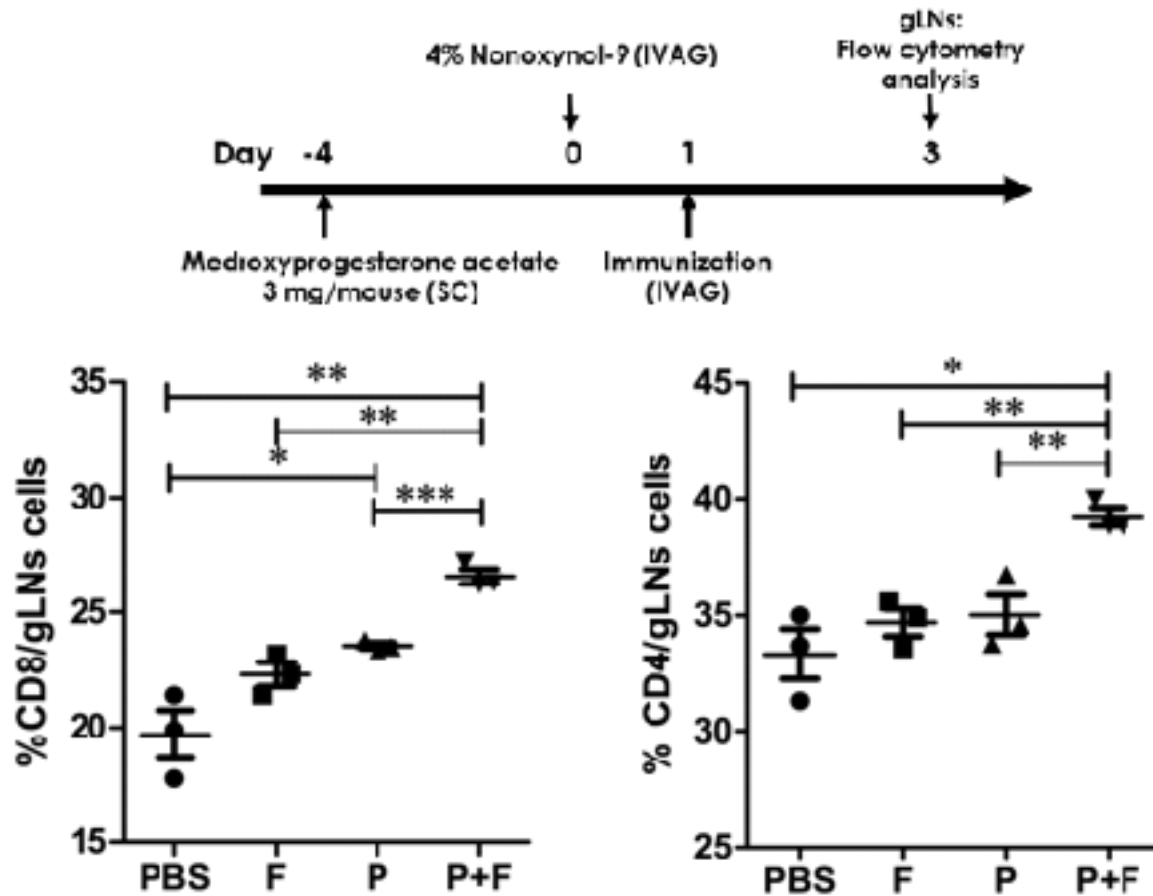
**IFN $\gamma$  production gLNs & SPL - only IVAG**

# Orthotopic therapeutic cancer vaccine

## - Immune responses? -



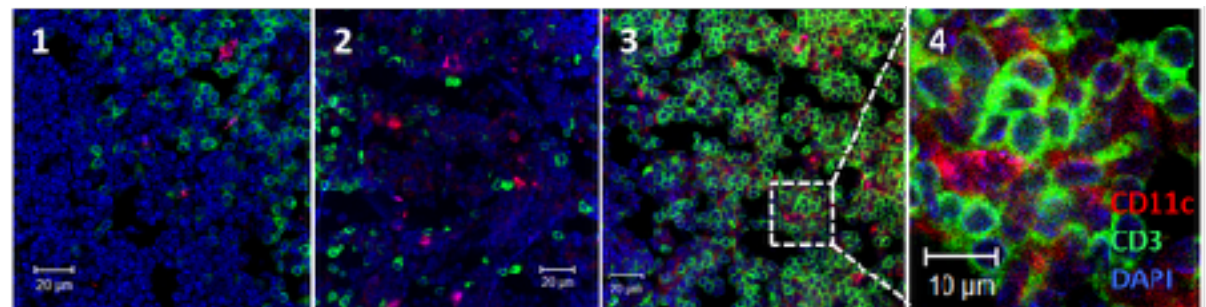
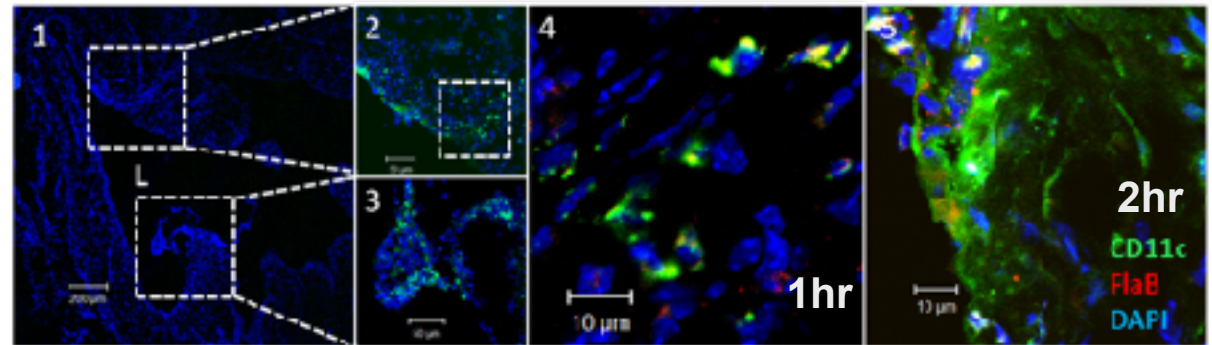
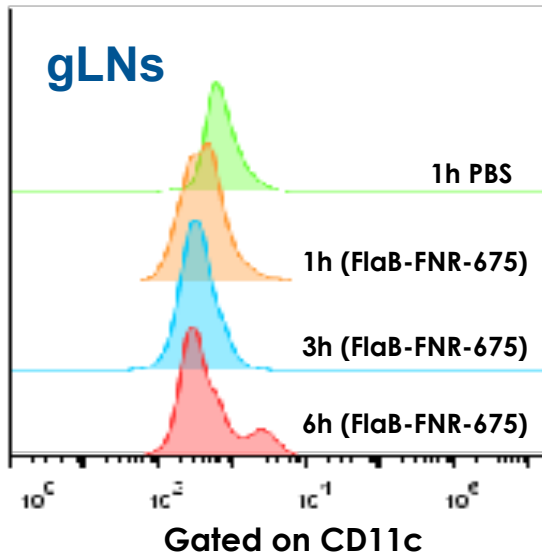
# Orthotopic therapeutic cancer vaccine - Immune responses? -



Cell components

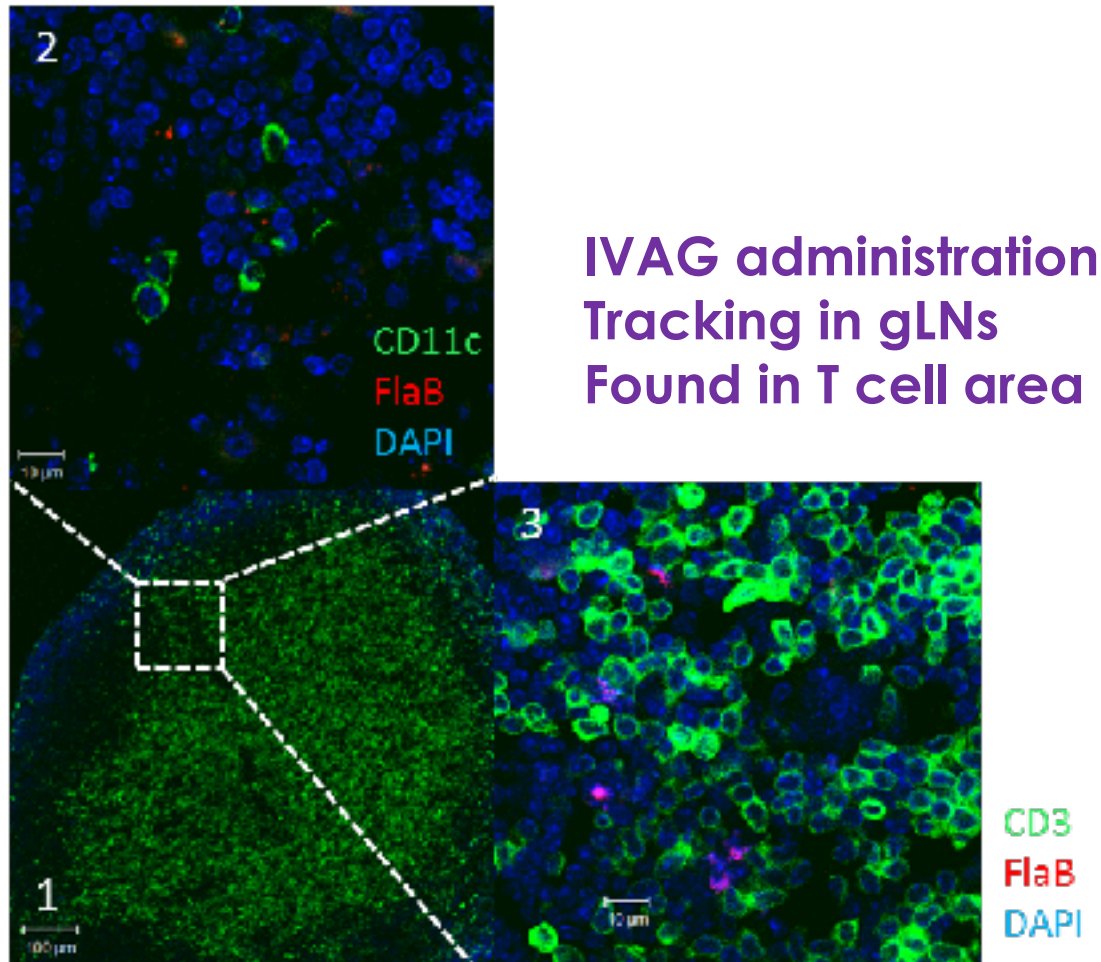
# Orthotopic therapeutic cancer vaccine - IVAG Flagellin: tracking -

Vagina

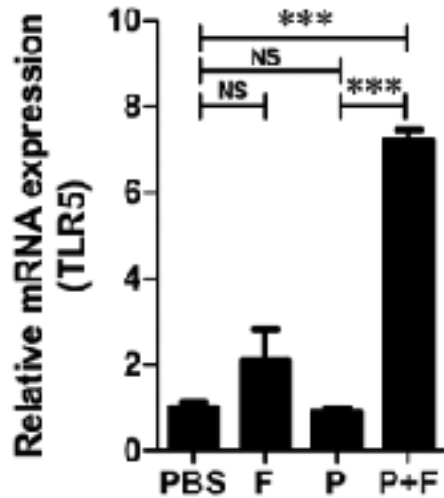
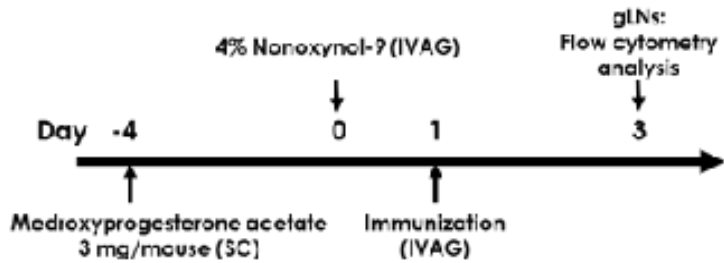


Recruitment of DCs in the vaginal wall  
Trafficking of IVAG-administered FlaB to gLN

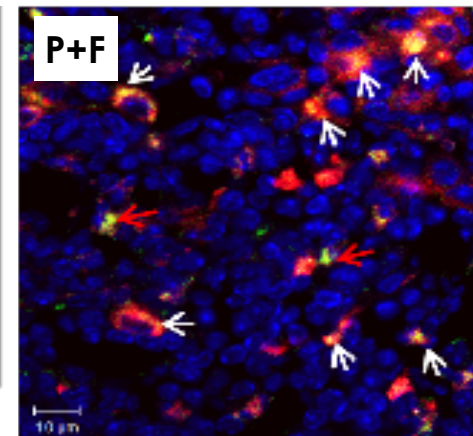
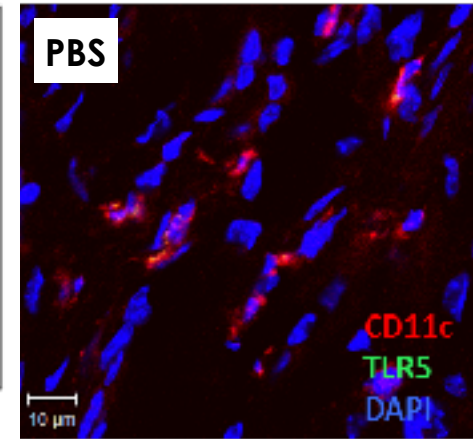
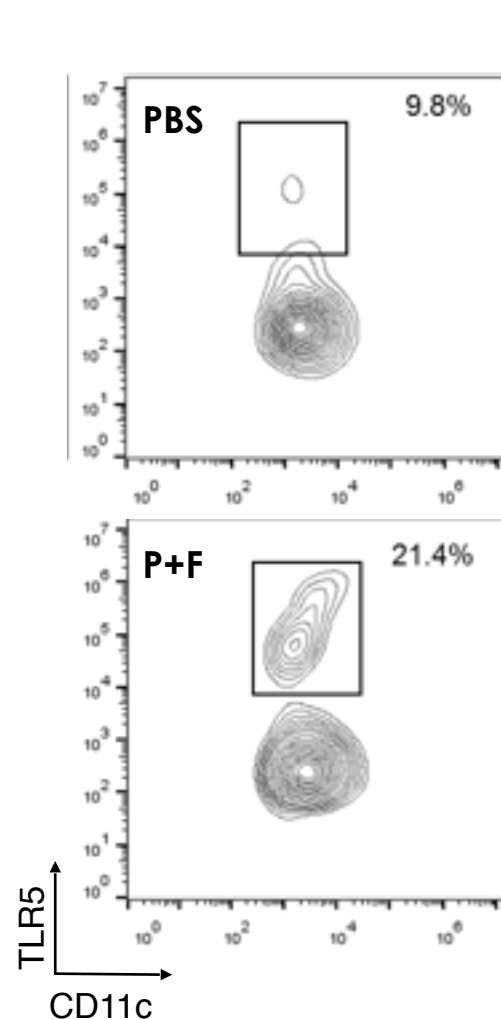
# Orthotopic therapeutic cancer vaccine - IVAG Flagellin: tracking -



# Orthotopic therapeutic cancer vaccine - Immune responses? -



TLR5 expression ↑  
CD11c+ cells in gLNs



# Conclusions

- ✓ **IVAG flagellin exerted excellent adjuvant activity in combination with peptide antigens in an orthotopic cervical cancer model.**
- ✓ **IVAG flagellin induced tumor-specific cell mediated immunity in both local and systemic compartments.**
- ✓ **IVAG flagellin induced TLR5 pathways.**



Final conclusion

Flagellin serves  
a potent adjuvant for

**CANCER**

vaccines/immunotherapy.

# Thank you for your attention !

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6<sup>th</sup> Vaccine and ISV Congress  
(Shanghai Oct 14-16, 2012)

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