

Bridging non-clinical models to human efficacy

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EMA: Non-clinical data for regulatory decision-making on the efficacy of medical countermeasures
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Boston University National Emerging Infectious Diseases Laboratories

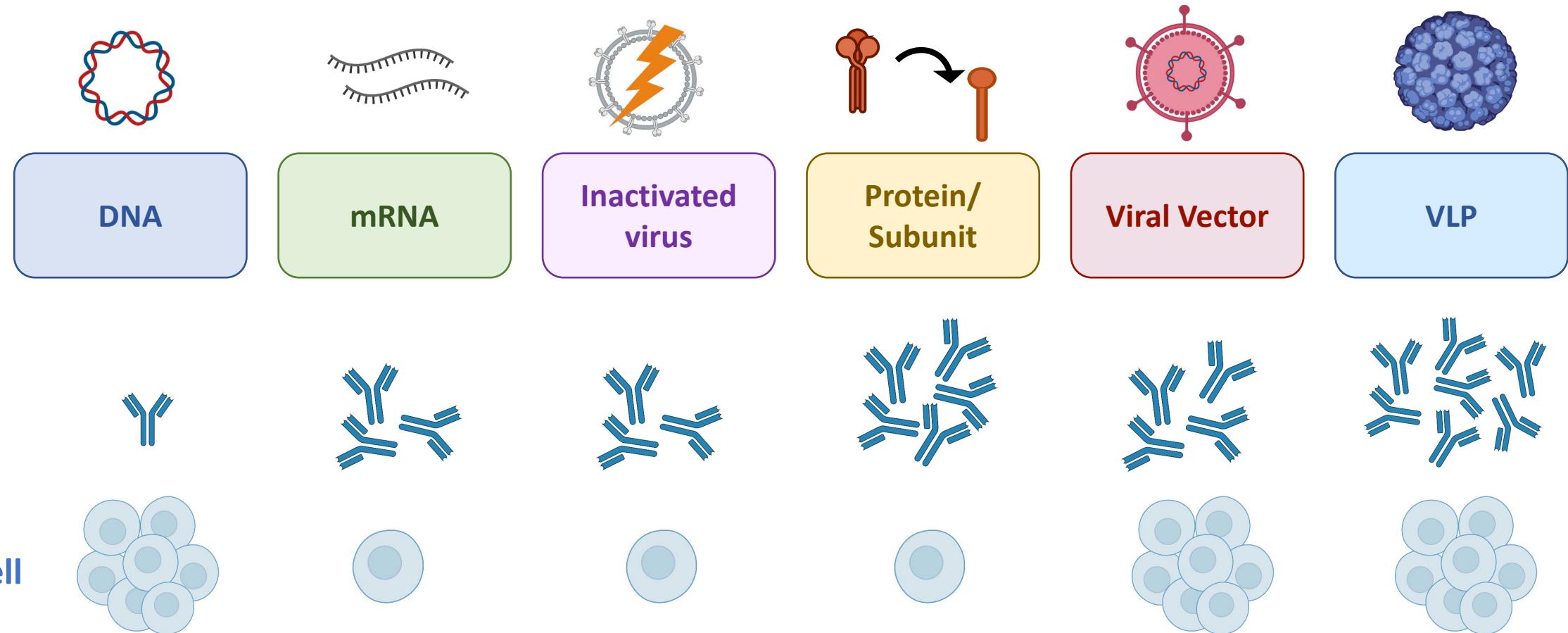
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Considerations for bridging between animal models and humans

- Correlates and mechanisms of immunity may be distinct
- Stability of antibodies allows “surrogate” for complex immune response
- Bridging of immune correlate to humans may be context specific
- “Super-lethal” infectious challenge models are not necessary to bridge predict vaccine benefit in humans

Vaccine-induced host immune responses vary across platforms



Immune Correlate of Protection

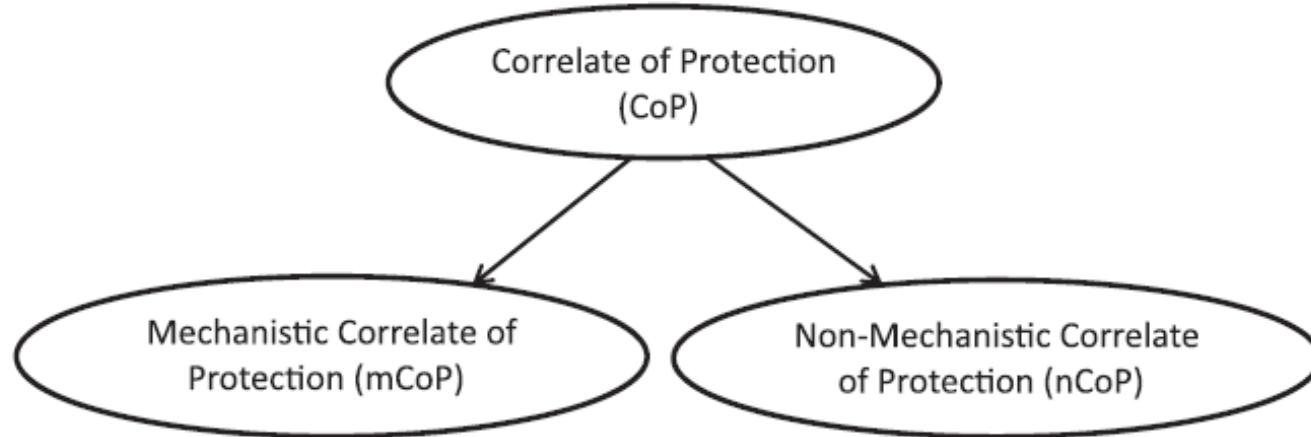
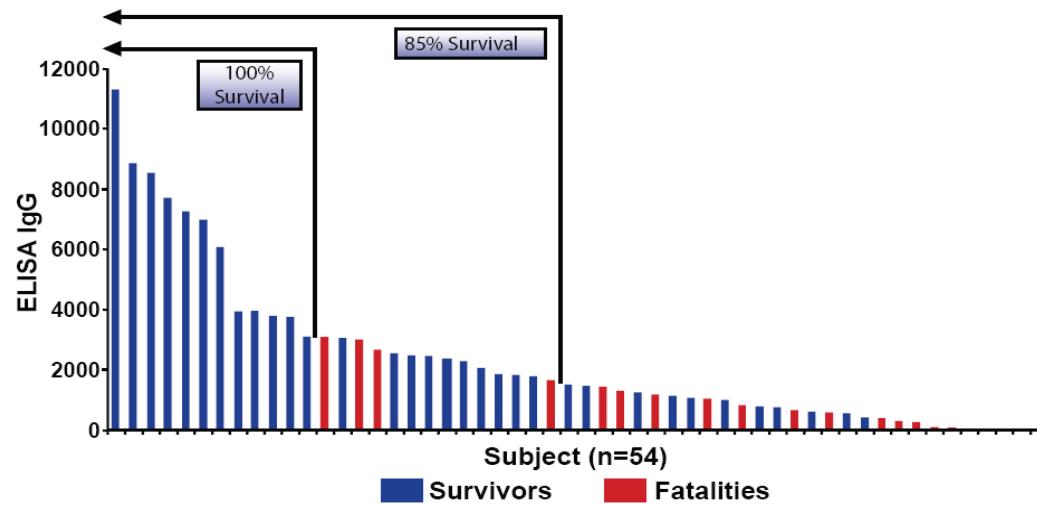


Figure 1. A correlate of protection (CoP) may be either a mechanism of protection, mCoP, or a nonmechanism of protection, termed nCoP, which predicts vaccine efficacy through its (partial) correlation with another immune response(s) that mechanistically protects.

rAd5-vaccine induced anti-GP titers correlate with immune protection (Ab assessed immediately pre-challenge)

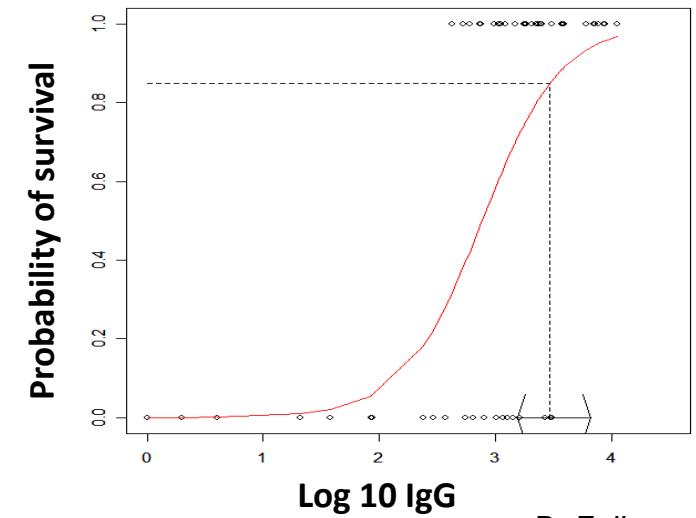
Anti-GP antibody titers (EC90)



Sullivan et al, 2009, *Nat. Rev. Micro.*

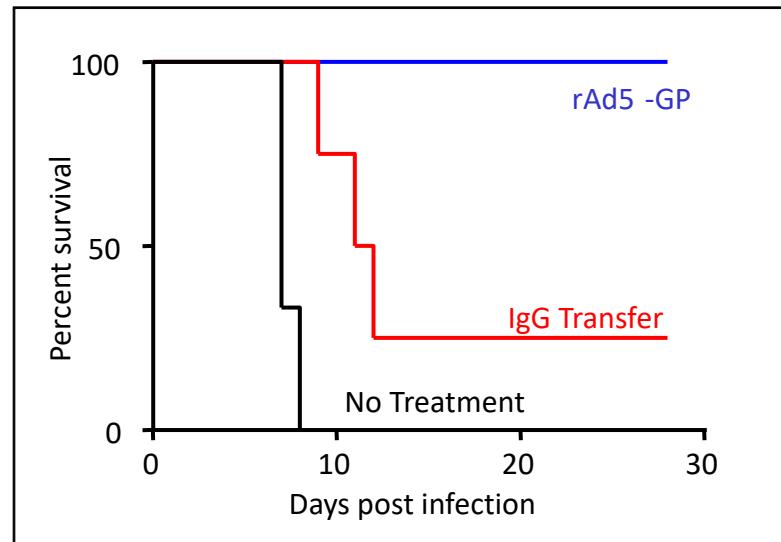
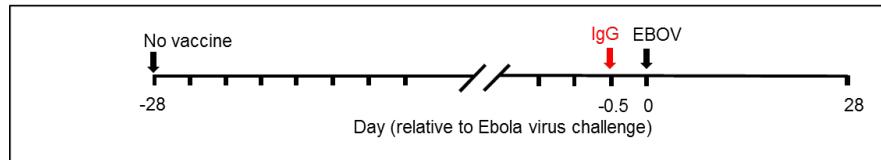
Odds ratio >100
 $p = 0.005$
85% survival titer = 3000

Logistic regression of titers and survival

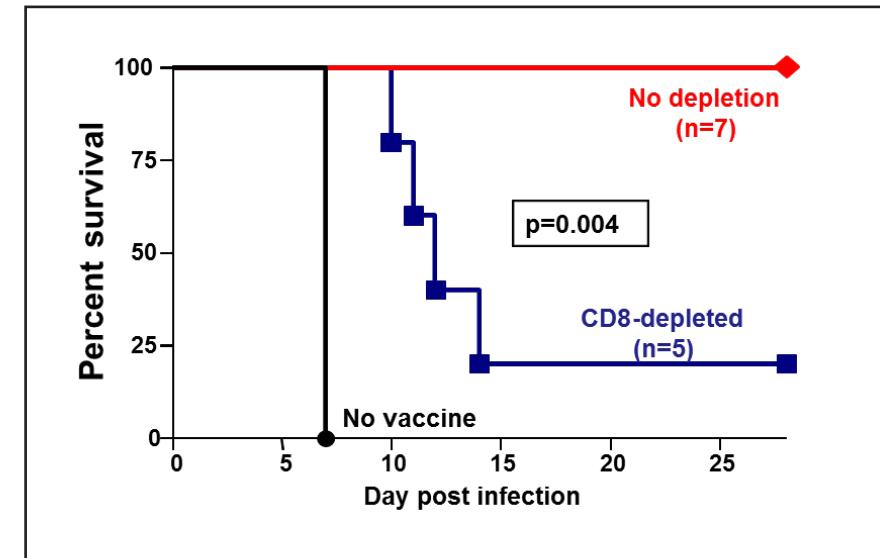
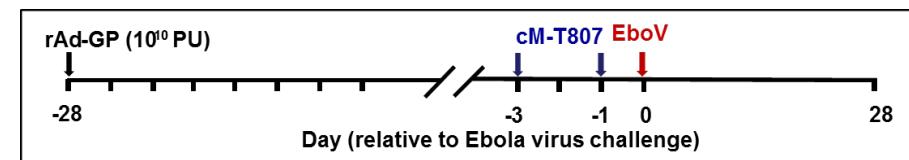


Mechanism of rAd5 vaccine protection

Passive Transfer of Vx serum

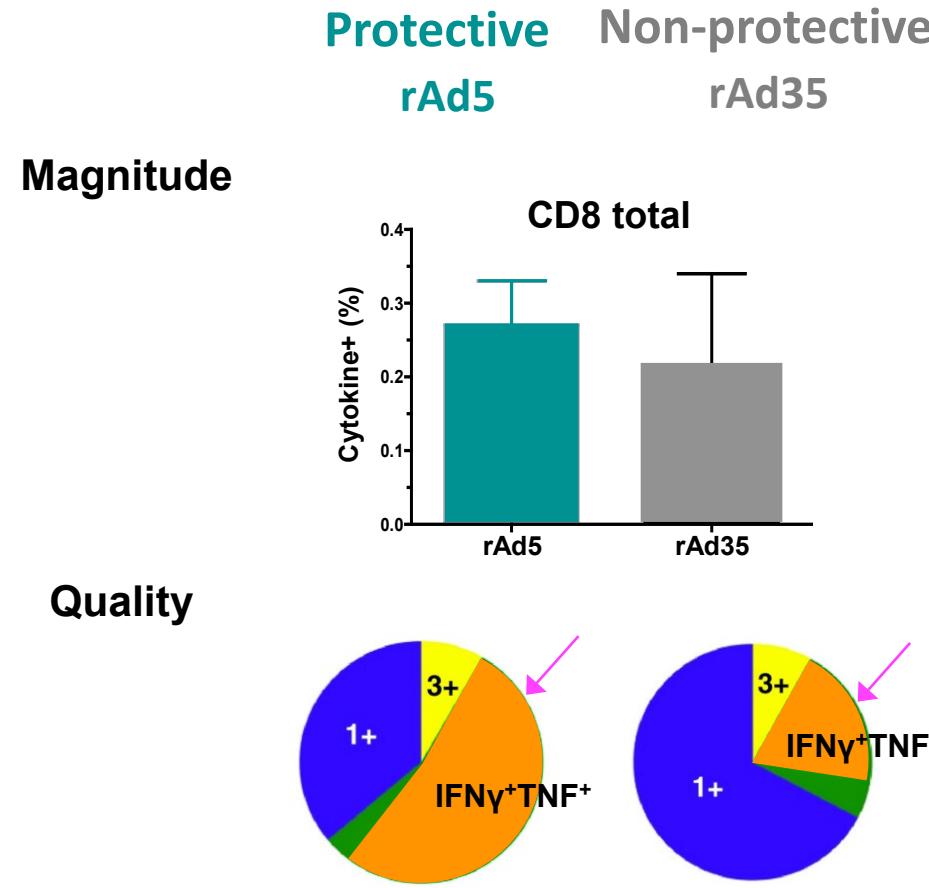


CD8 Depletion of Vx Animals



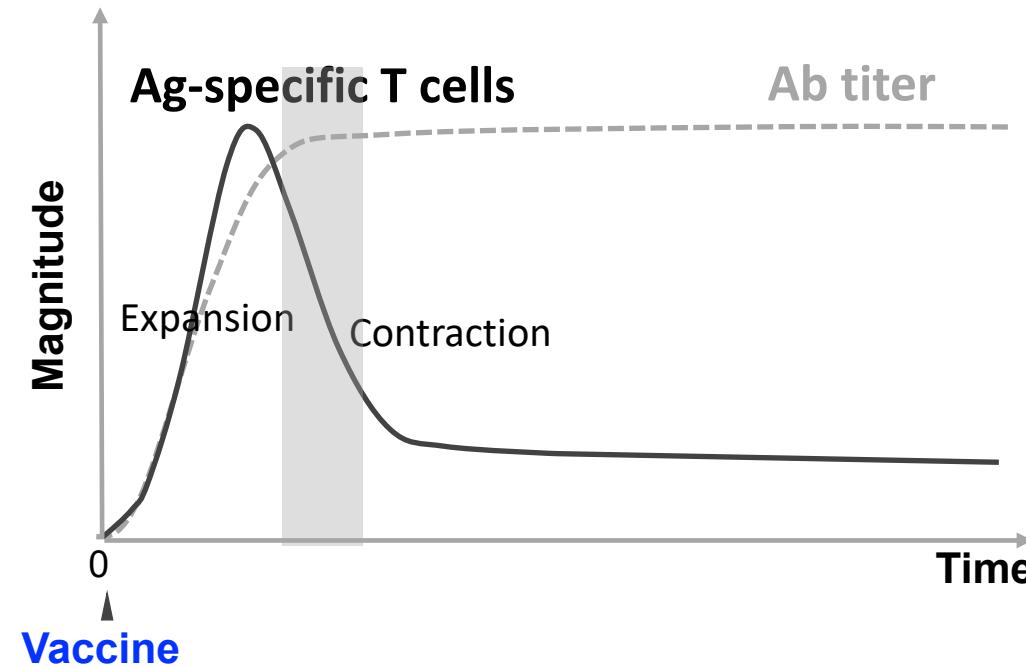
- Antibodies play a role and correlate with, but are not sufficient for, vaccine protection
- CD8 T cells are required for vaccine protection
- ***Antibodies are a quantitative surrogate marker for overall vaccine responses***

T-cell Quality Differs between Protective and Nonprotective Vaccines

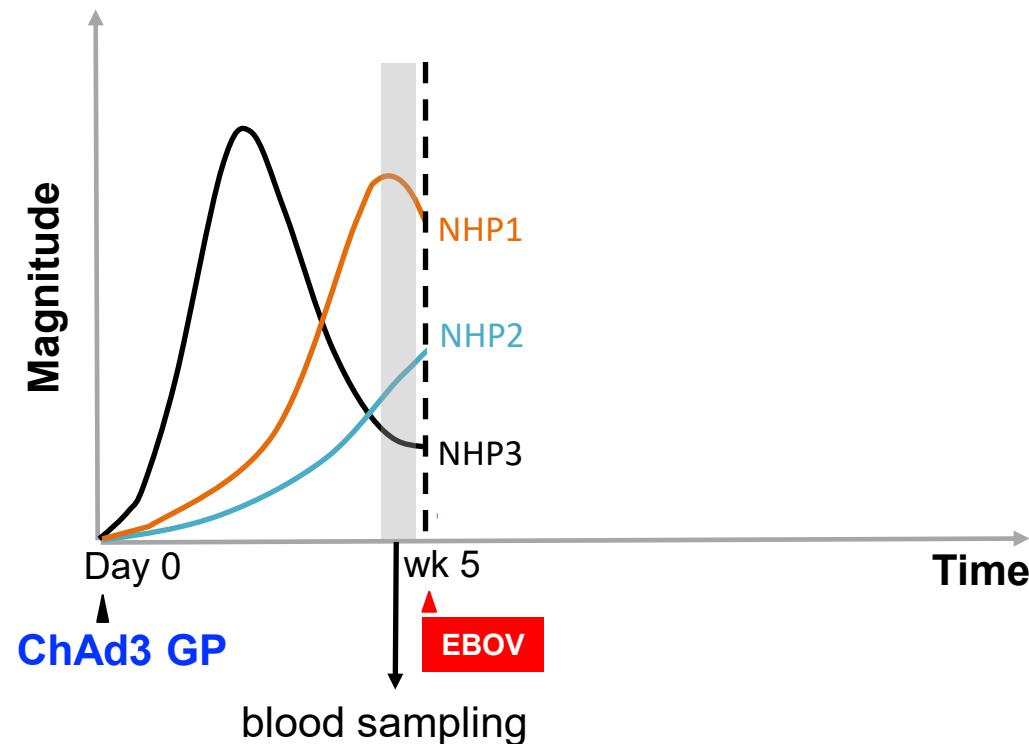


CD8 T-cell quality (IFN γ ⁺TNF⁺) is associated with protective vaccine

Dynamic nature of T-cells vs. stable and quantitative Ab titer



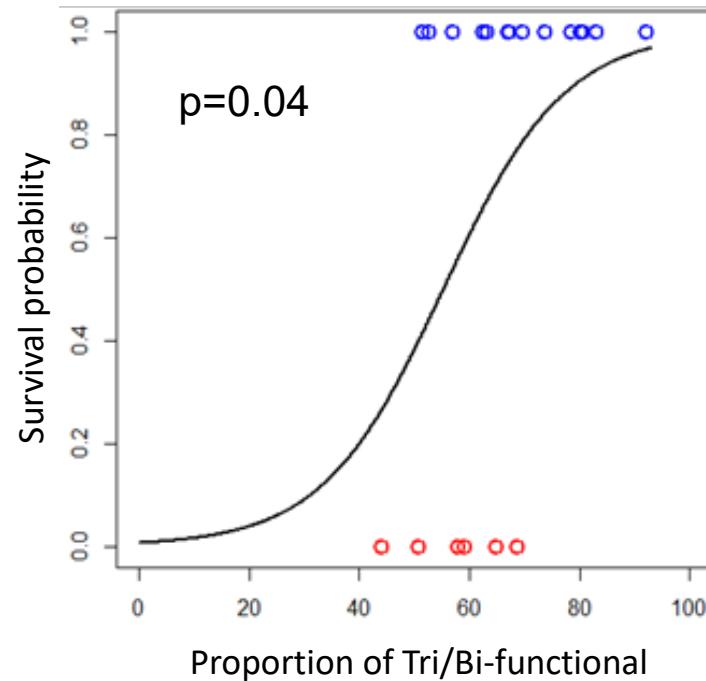
T-cell response dynamics vary across subjects



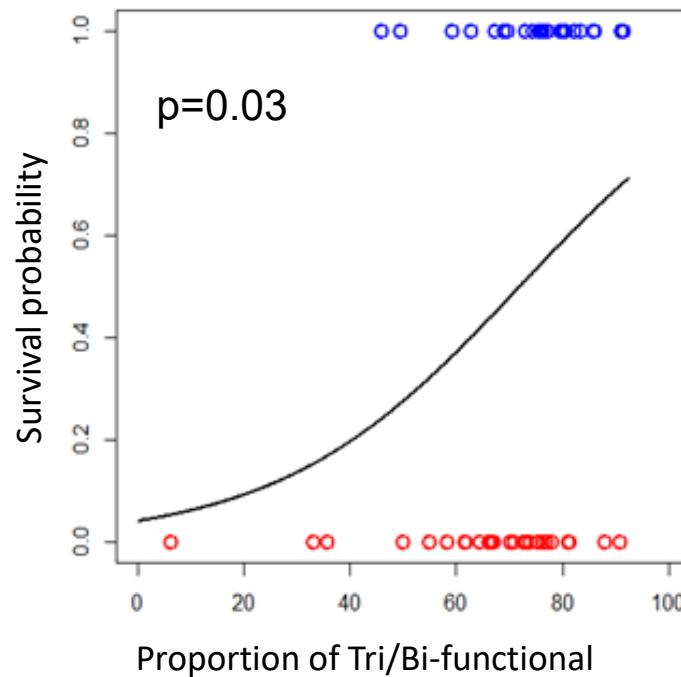
Single blood sampling and variability in T-cell kinetics across individual NHPs represent challenges in identifying T-cell correlates.

CD8+ T-cell correlate of protection for ChAd3 Ebola vaccine does not reach statistical significance

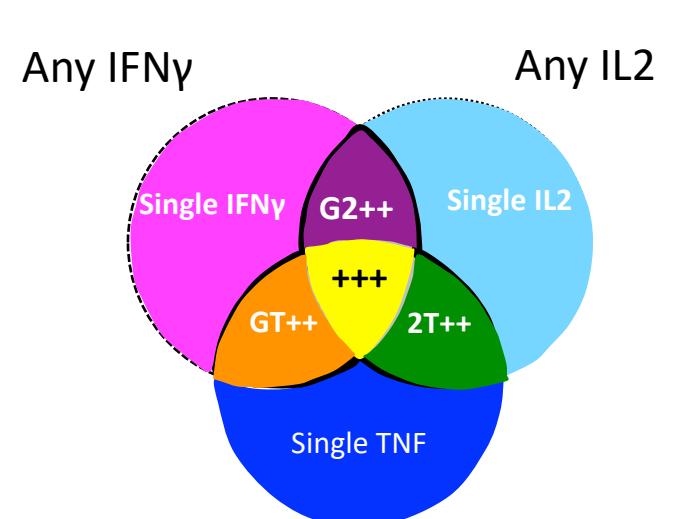
Dataset 1 (n=20)



Dataset 2 (n = 54)

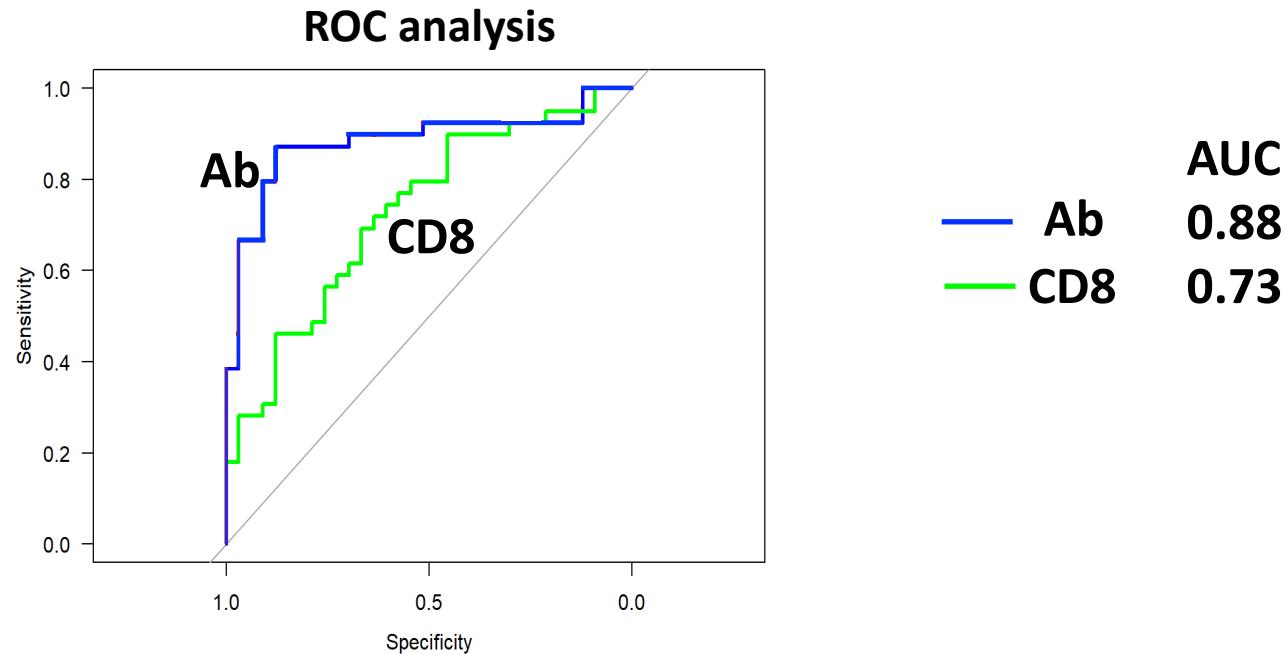


Tri/Bi-functional



Significance threshold (multiple comparisons)
 $p = .014$

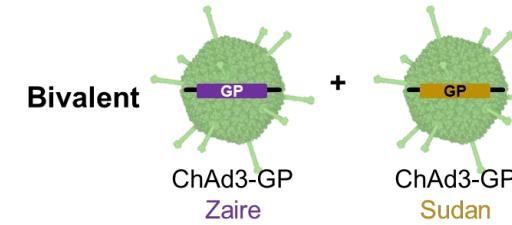
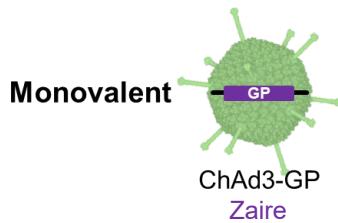
Predictive value of Ab vs CD8 correlates for ChAd vaccine



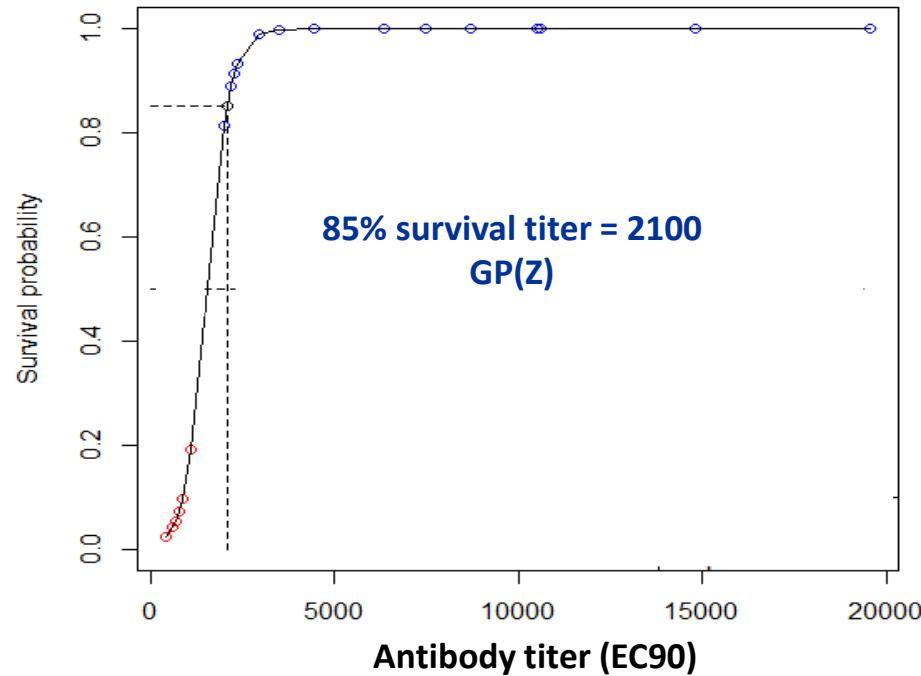
- T-cell correlates do not significantly improve prediction beyond using Ab titer alone

Can we use antibody titer as a
universal predictor of vaccine
protection for a given pathogen?

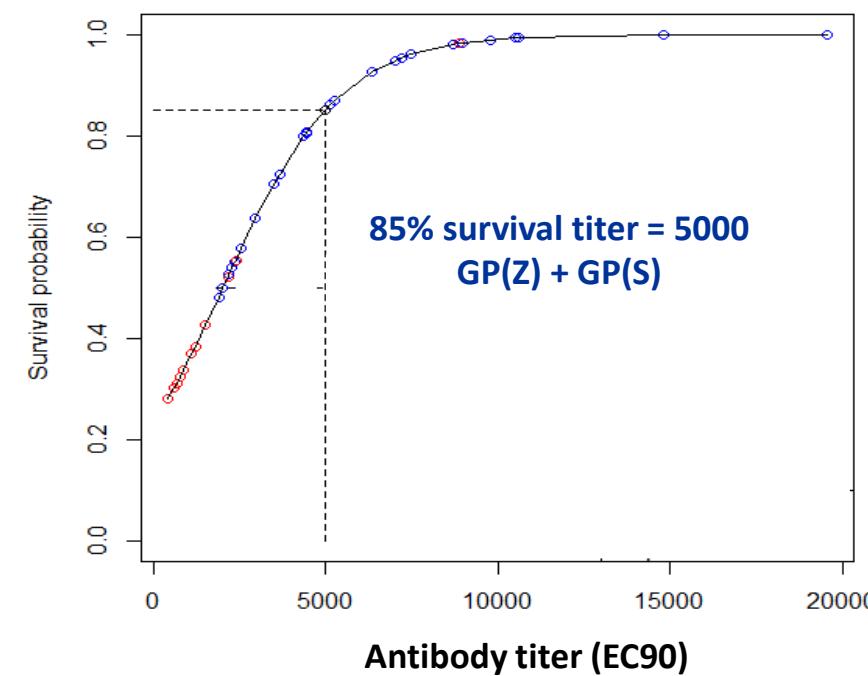
Context-dependence of Ab correlate: Antigen composition impacts on 85% protective titer



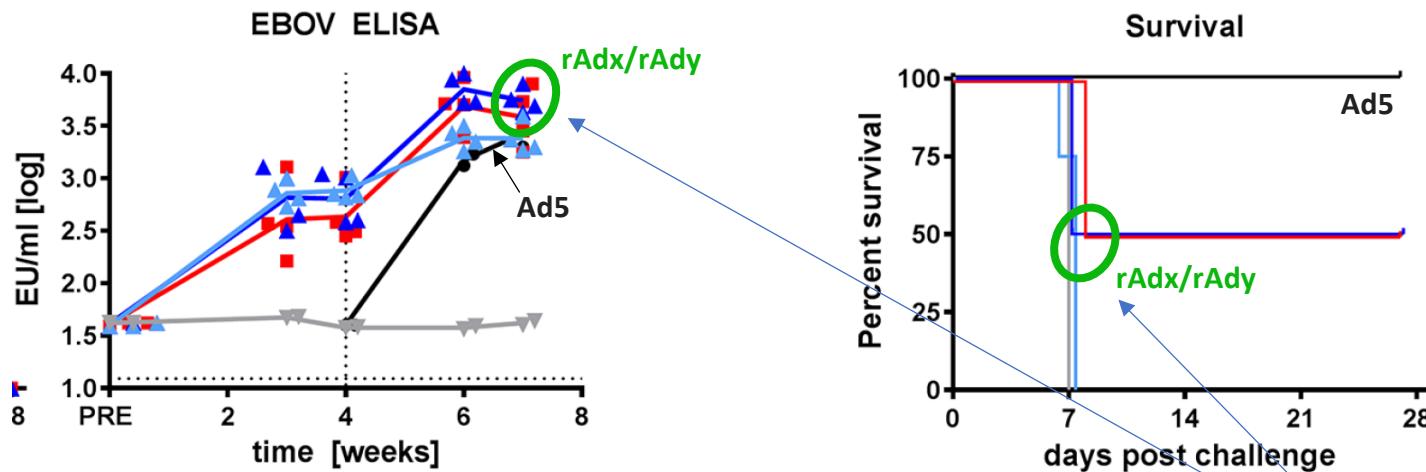
ChAd3 – Monovalent Zaire



ChAd3 – Bivalent Zaire + Sudan



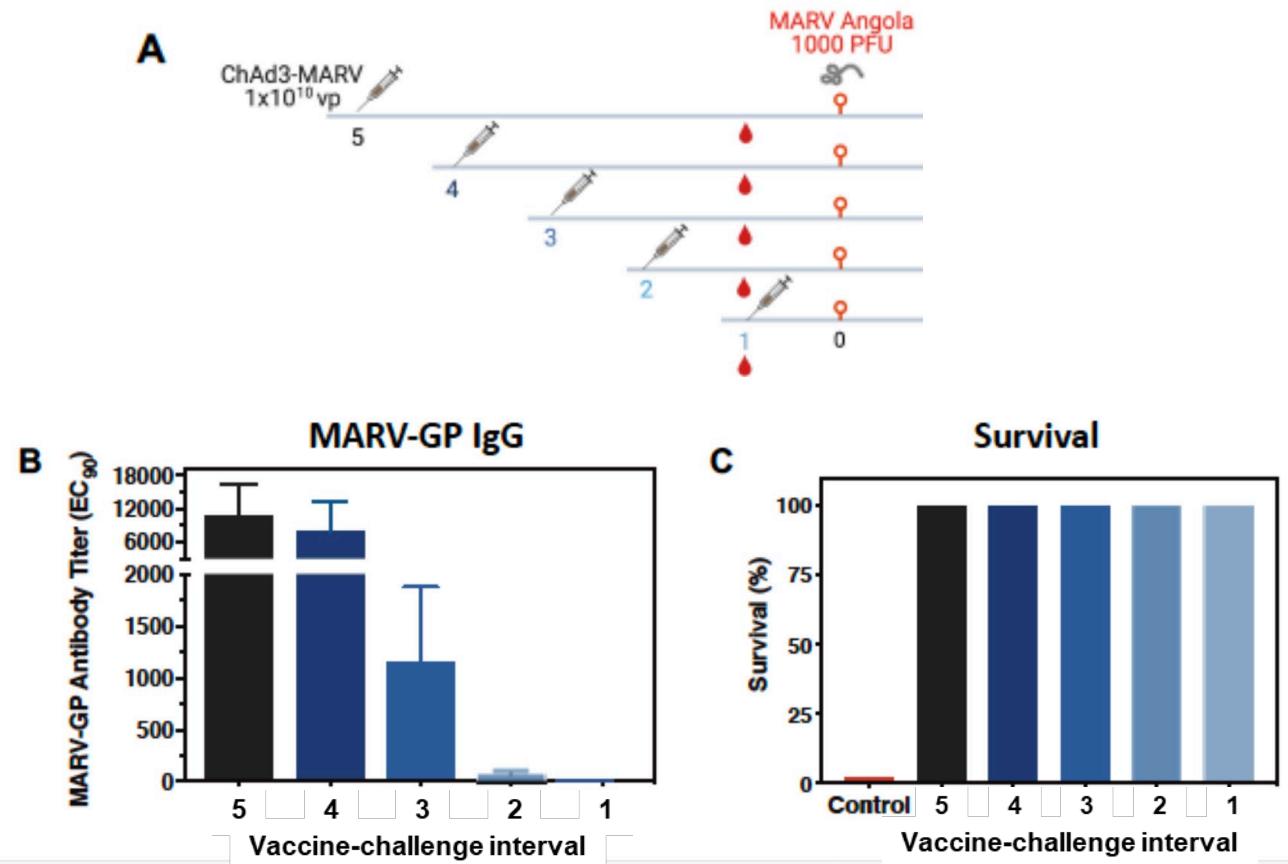
Context-dependence of Ab correlate 85% protective titer is vector-specific



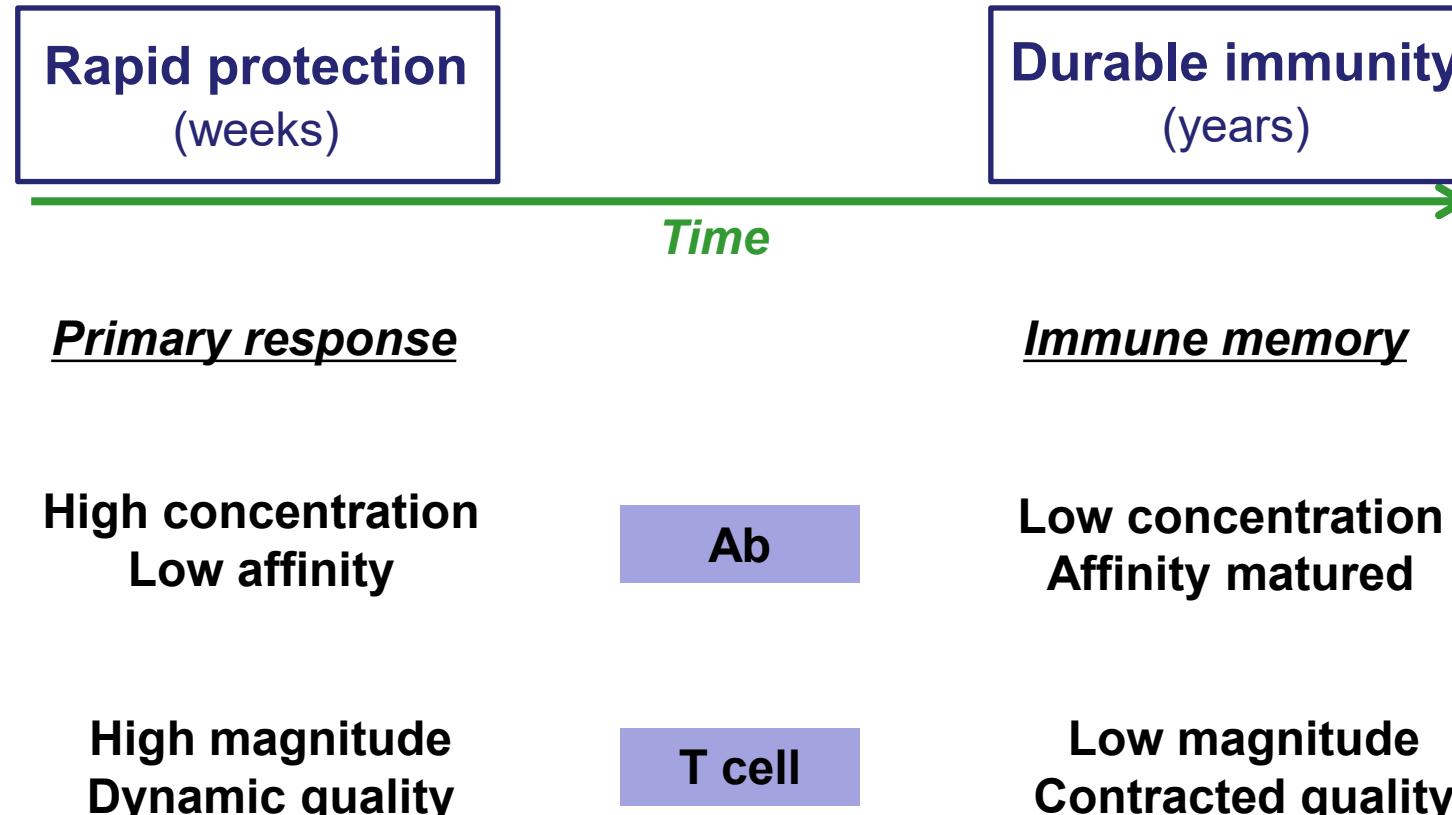
rAd5 Ab protective correlate does not predict protection by rAdx

Context-dependence of Ab correlate Vaccine-challenge interval

EMA: “Dose, admin route and ***timing of administration reflective of intended use in humans***”

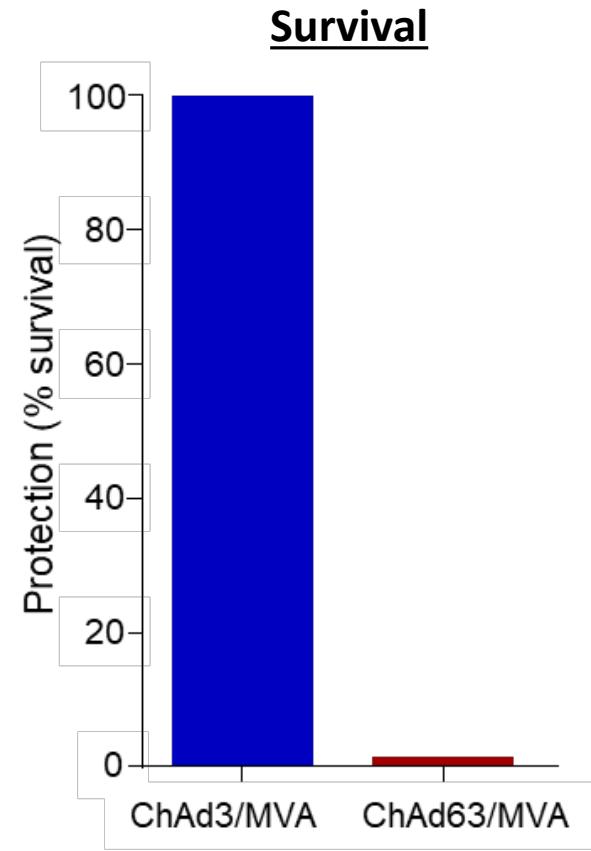
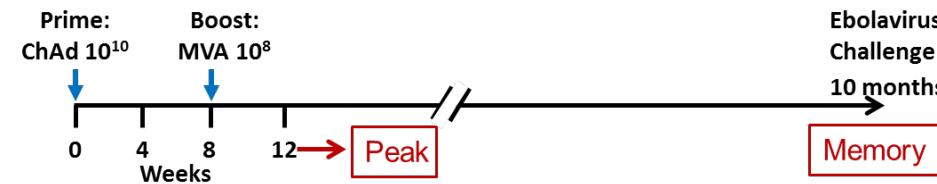


The Paradox of immune response evolution and the desire for both rapid and durable Vaccine Protection



Do correlates defined with short vaccine-challenge intervals predict protection at other intervals?

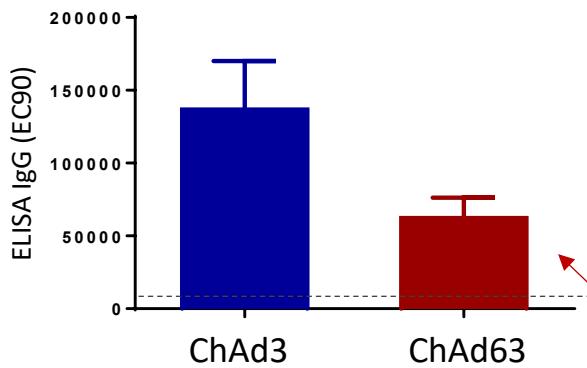
ChAd3 but not ChAd63 primes for long term protection



Context-dependence of Ab correlate

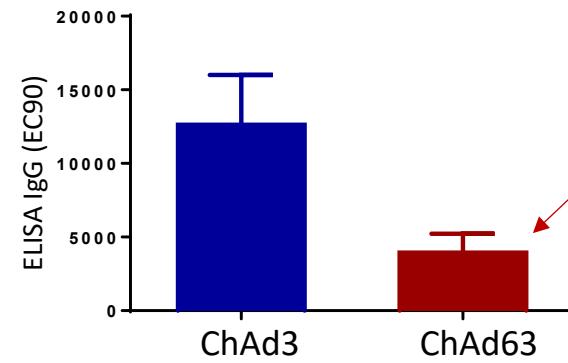
Acute challenge protective titer does not predict long-term protection

MVA boost: Ab 4 weeks post boost



ChAd63 post boost titers
25X acute “protective” titer

10 months post vaccine



ChAd63 titer > Ad5 or ChAd3
4-week “protective” titer

- Correlates determined in “acute” challenge model do not predict durable protection
- Vector-dependence of Ab titer correlate
- Post boost titers do not predict durable protection

Impact of animal model design on immune bridging

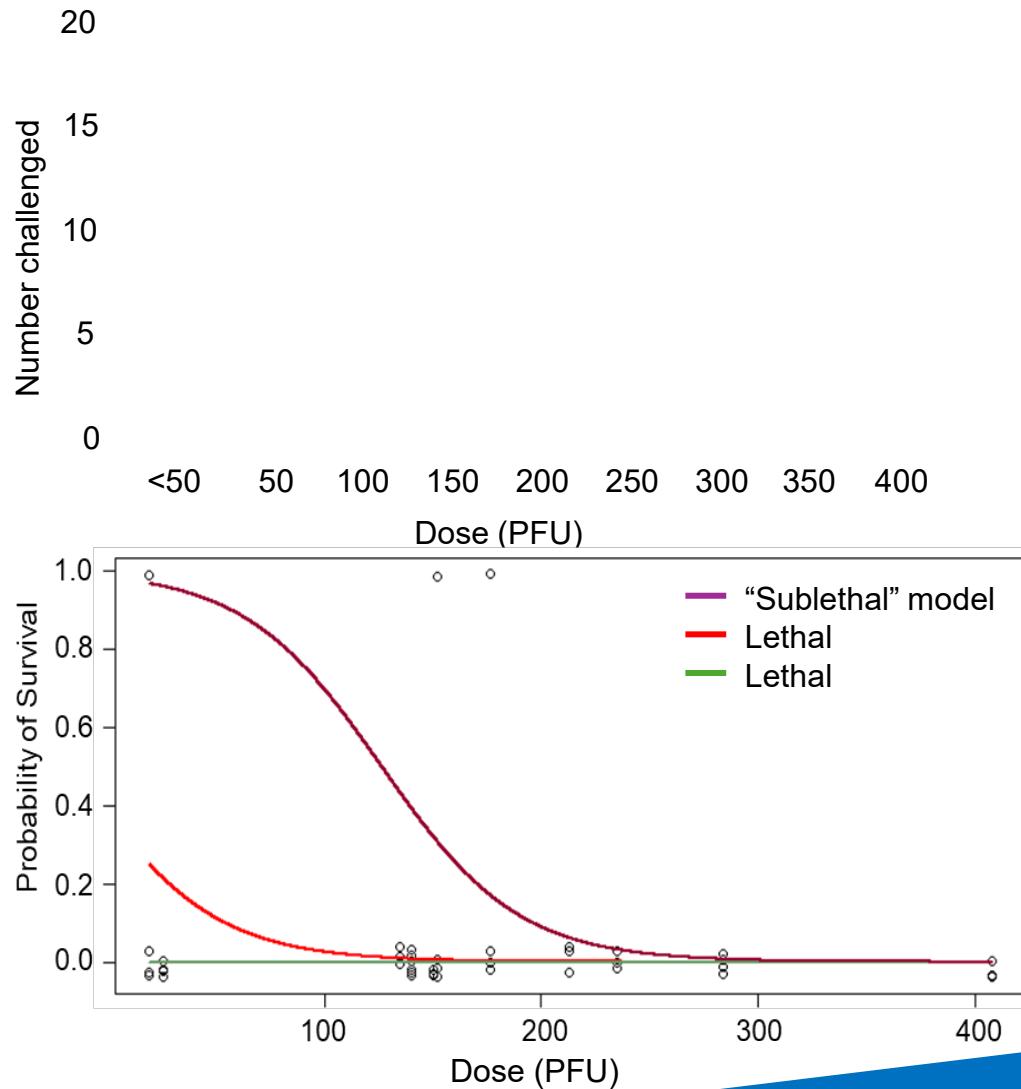
1970's and 80's: model aimed at high lethality

- 500-1000 PFU, TCID₅₀
- Uniform lethality

2000's : Accepted model remains the same but data show:

- <10 PFU uniformly lethal
- Vaccine studies performed at 1000x LD99

Choice of animal challenge model dose will impact on human immune response bridging



Shared opportunistic data

NHP model

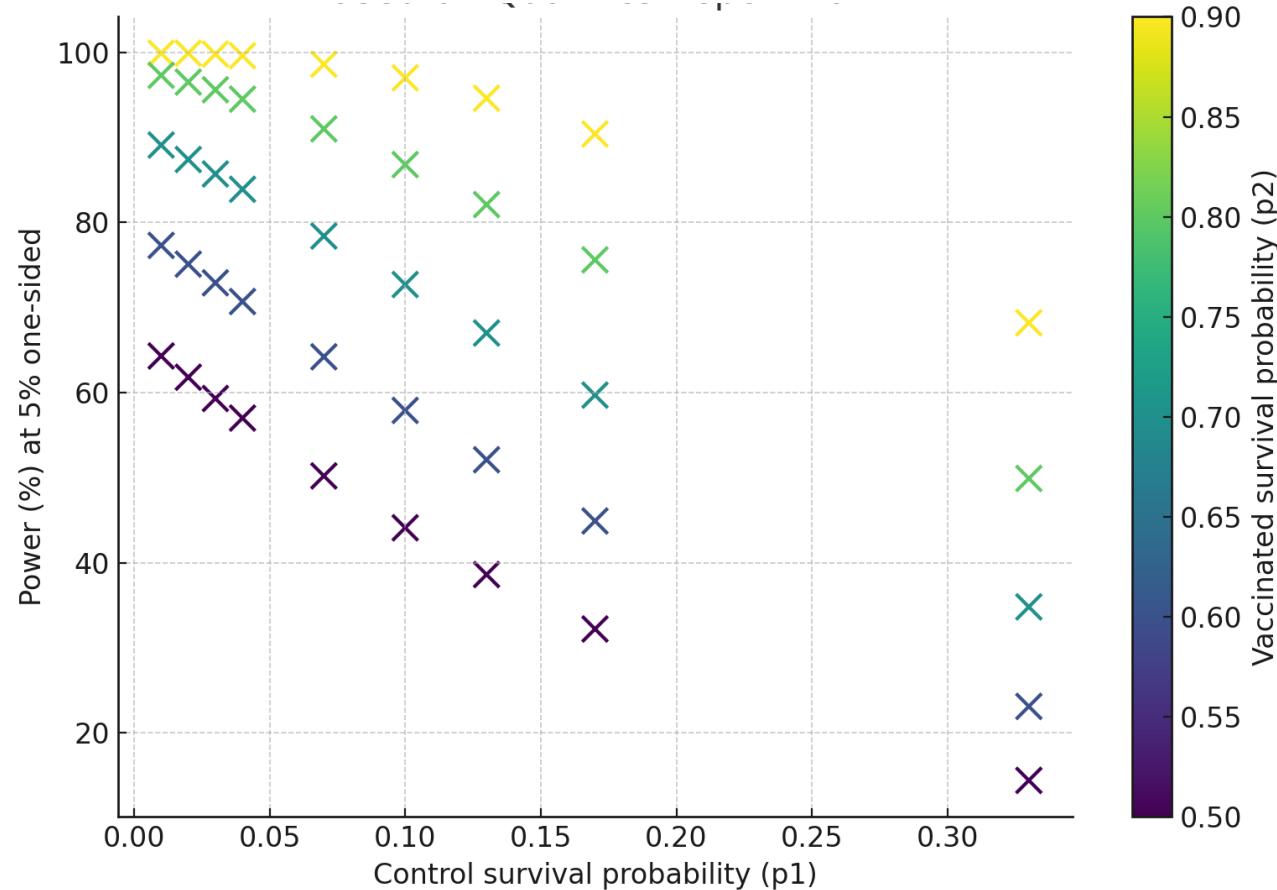
Virus challenge at multiple doses

< 1E-6 % survival probability at any dose.

Immune
response

Data sharing facilitates identification of challenge dose “sweet spot”

Power calculations for varying control and vaccine survival probability

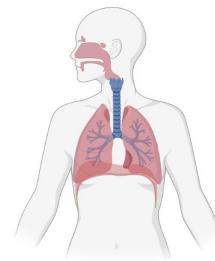


Choice of animal challenge model route may impact on human immune response bridging

Respiratory:

Coronavirus: SARS-CoV-2

Pneumovirus: RSV

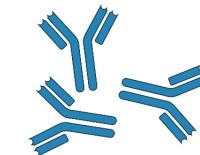
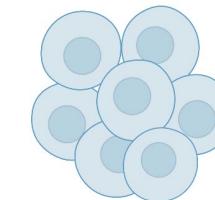


Model

Intranasal

Intratracheal

Bridgeable immune response?



Encephalitis:

Togaviridae (+RNA): V/W/E-EEV

Flaviviridae (+RNA): JEV, WNV

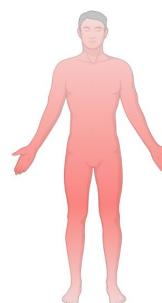


Intraperitoneal

Hemorrhagic fever:

Arenaviridae (ambisense /-RNA): Lassa
virus

Filovirus (-RNA): Ebola, Marburg virus



Intramuscular

MPOX:

Clade 1b

Clade 2b



Intravenous

Considerations for bridging between animal models and humans

1. Bounds of durability can be estimated with NHP challenges but possibly not with antibody titers
2. Durability of protection in NHP may be predictive of durability in humans (the NHP/Human vaccine protection and durability relationship is reasonably predictive for SARS-CoV-2)
3. Antibody correlate of protection is context dependent and empirical
 - Antigen composition (monovalent vs. bivalent vs. multivalent)
 - Vaccine platform and regimen
 - Pre-existing vector immunity
 - Quantitative correlate changes with interval between vaccination and challenge
4. Animal model challenge dose and route should be optimized for bridging to humans – more is not better and may misrepresent normal human exposure immune responses