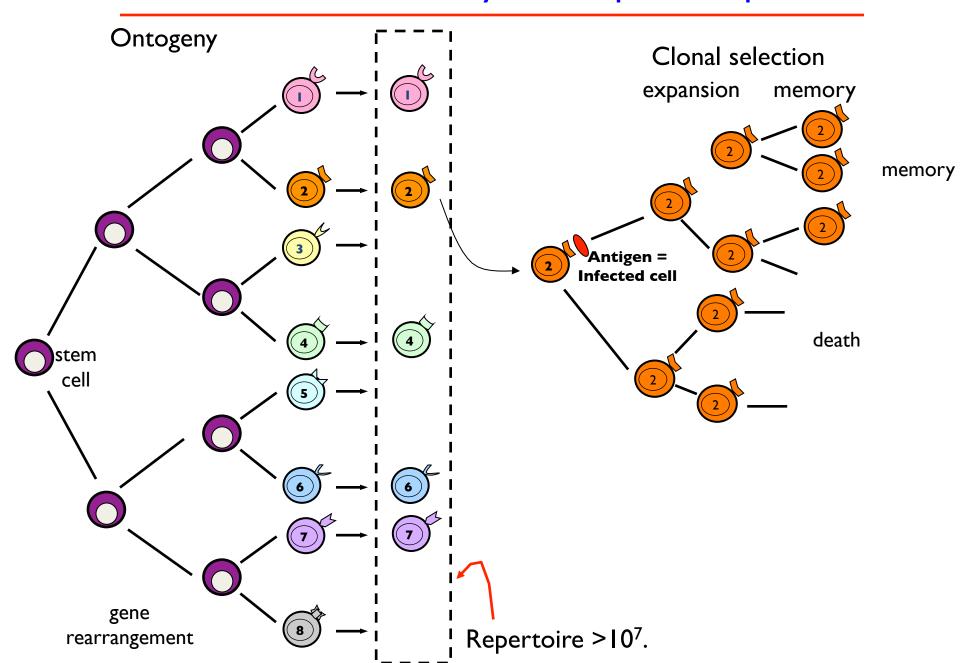
# Maintenance of memory and a diverse repertoire.

Rafi Ahmed Joseph Blattman Jorg Goronzy Philip Johnson Andrew Yates

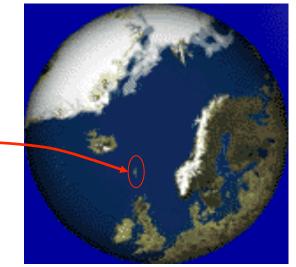
#### Clonal selection theory for adaptive responses



#### A historical introduction

Thucididies (430 BC)
 Those who had successfully recovered from disease were able to take care of the ill during a plague in Athens.

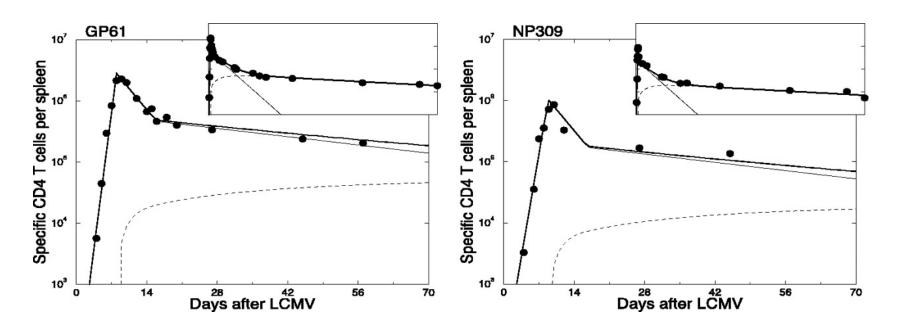
Panum (1847)
 Memory lasted between 1781 & 1846
 measles epidemics in the Faroe islands.



Yellow fever (1931)
 Antibody titers persisted for decades following a 1855 epidemic in Norfolk, VA. Measured by protection of monkeys conferred by transferred immune sera.

# Memory in mice

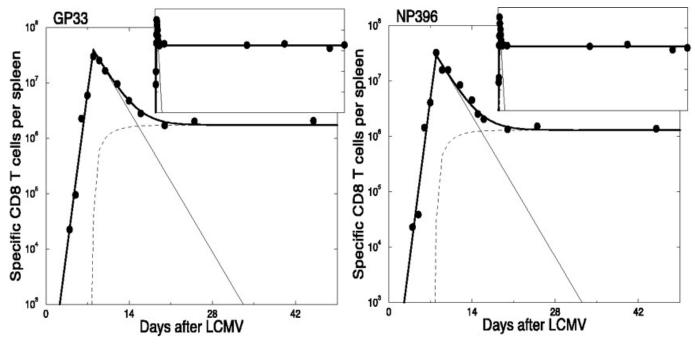
Mice: CD4 T cell responses following LCMV infection ....... De Boer et al JI (2003)



CD4 T cells exhibit biphasic contraction

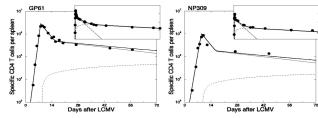
## Memory in mice

Mice: CD8 T cell responses following LCMV infection ...... De Boer et al JI (2003)

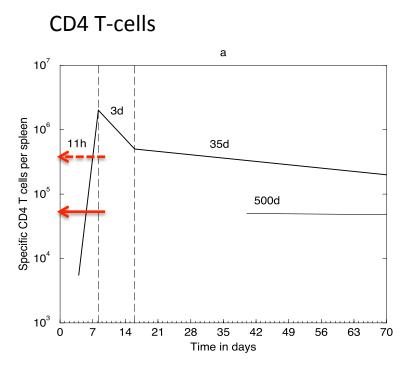


CD8 T cells exhibit no discernable loss of memory

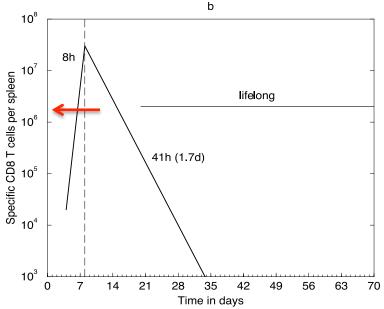
#### Biphasic decay of CD4 memory

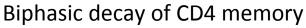


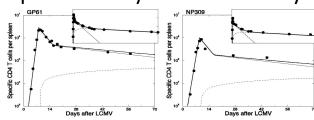
# Memory in mice



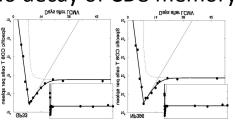
#### CD8 T-cells







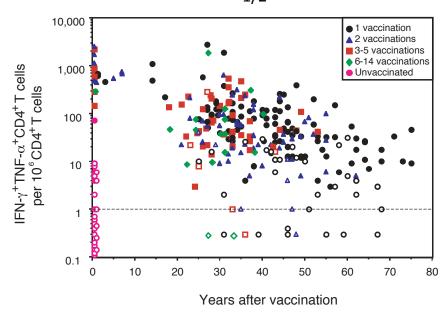


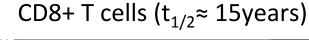


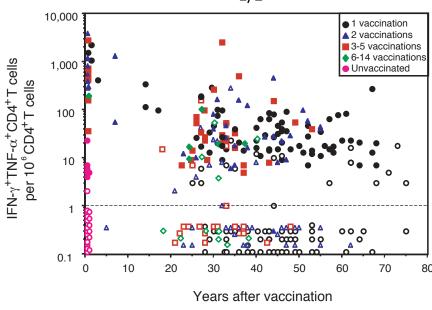
## Memory in mice and men

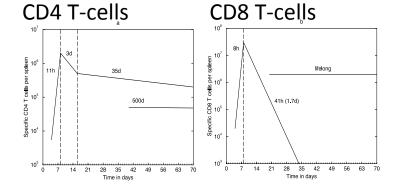
Hammarlund ... and Slifka (2003) Nat. Med

CD4+ T cells ( $t_{1/2} \approx 10$  years)









- 1. Magnitude of response
- 2. Rate of decay

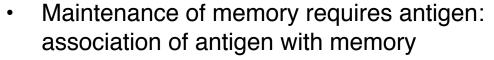
#### Hypothesis for immune memory

Immortal memory cells

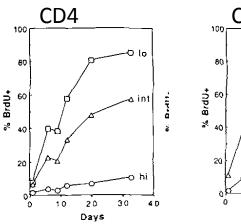
Tough and Sprent rejected this 20 years ago JEM 1994

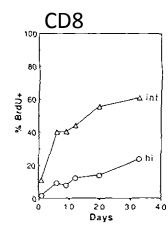
"long-lived memory from short lived cells"

- 1. How?
- 2. Rules for the longevity of memory?



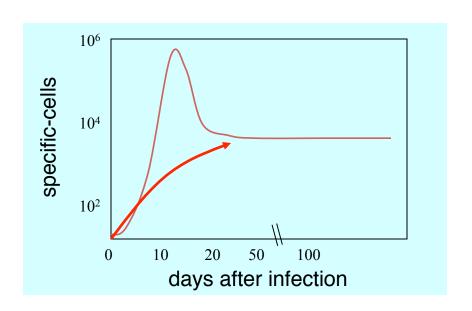
- persistent antigen (as antigen or live pathogen)
- reexposure to antigen (infection)
- anti-idiotypic networks
- Memory does not require antigen: adoptive transfer experiments
  - bystander stimulation
  - homeostasis: (active and passive attrition models)



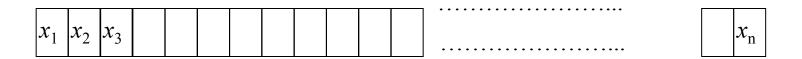


#### Constructing a simple model

- Define memory
   as the number of antigen-specific cells following stimulation
- Memory is a general phenomenon
   (i.e. it is possible to make a general model for memory)
- Include the relevant biology
   Repertoire of lineages with
  - (i) input (from thymus),
  - (ii) specific-stimulation,
  - (iii) cross-reactivity,
  - (iv)homeostasis (total population)
  - (v) turnover/death,
- Memory >> acute infection.
   On the timescale of memory, an acute infection is approximated by a jump in the # of pathogen-specific immune cells.



#### Model-1



"effective repertoire" n very large  $\sim 10^7$ 

 $x_i$  = number of cells in the  $i^{th}$  lineage  $X=\Sigma x_i = total$  number of cells

$$\frac{dx_i}{dt} = a_i^* + mq_i^* + cqx_i + S(X)x_i - dx_i$$
 stochastic terms input stimulation

#### Results - either memory or a diverse repertoire

The decline of memory is exponential at rate

$$R = -\frac{na + nmq}{\tilde{X}}$$

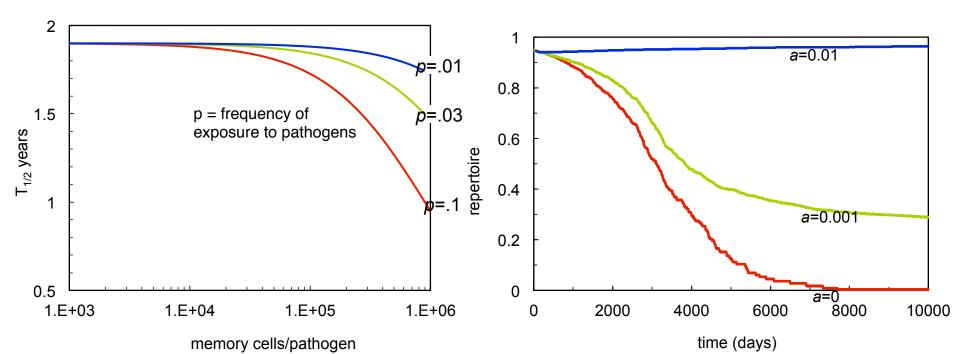
$$= \frac{\text{input + expansion due to other pathogens}}{\text{total population size}}$$

The repertoire is maintained only if the input from the thymus is sufficiently large that

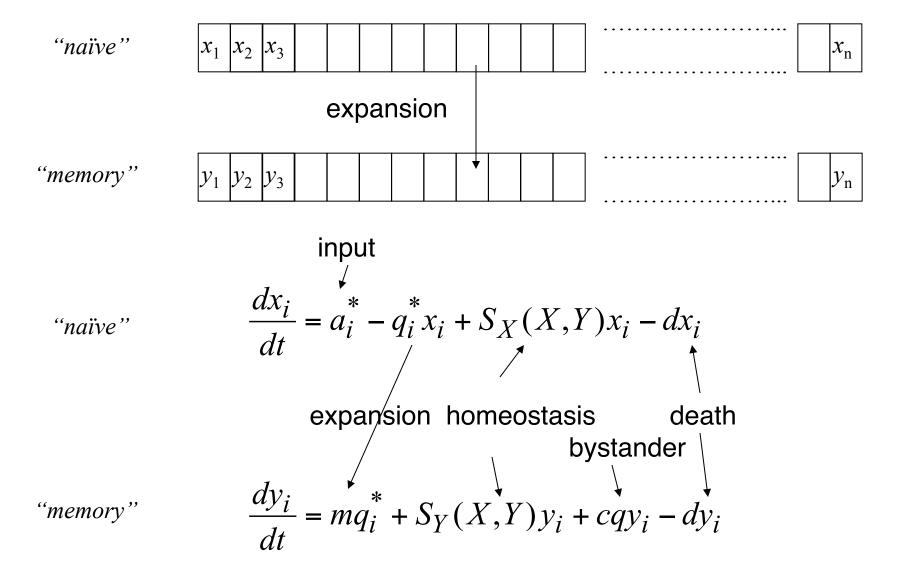
$$\tilde{x} = \tilde{X} \frac{a}{n(a+mq)} > 1$$

The longevity of memory is

- (i) independent of cross-reactivity
- (ii) relatively long if thymic input small



#### Model 2



#### Results - memory

Independent homeostasis of naïve and memory populations results in the maintenance of memory and the naïve repertoire

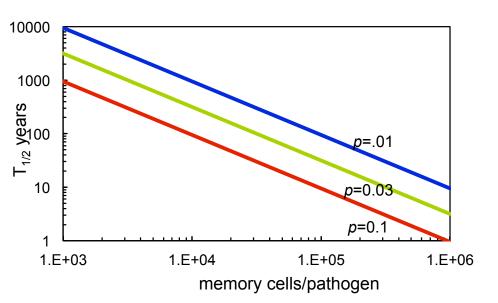
#### Loss of memory at rate

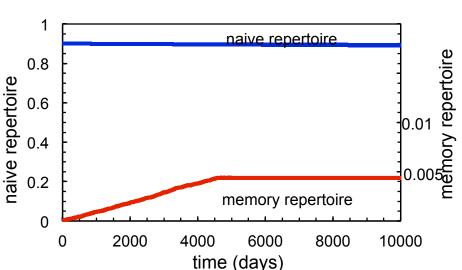
$$R = -\frac{nmq}{Y} = \frac{\text{expansion to other pathogens}}{\text{size of memory compartment}}$$

#### Memory repertoire

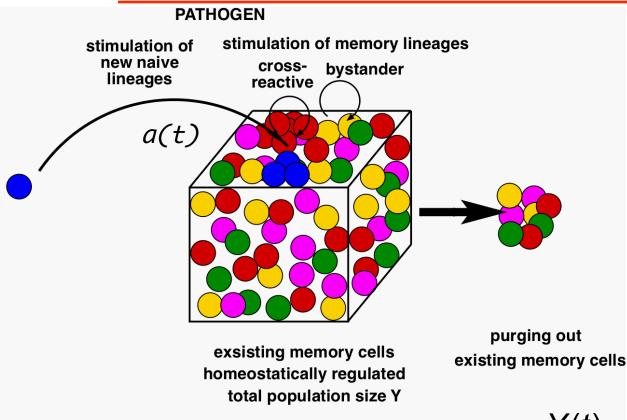
$$r_m = \frac{Y \ln(m)}{m}$$

m = expansion due to new pathogens; p = nq = frequency of exposure to new pathogens





#### A simple model for immune memory



- 1. Incorporation of "new" memory cells
- 2. Change in size of memory compartment

$$y(t)$$
 = number of memory cells of  $y(t) = y(0) \frac{Y(t)}{Y(0)} \exp \left(-\int_{0}^{t} \frac{a(s)}{Y(s)} ds\right)$  a given specificity

a(t) = influx of new memory cells

Y(t) = total population size of all memory cells

Change in size of memory compartment

Purging due to addition of memory cells to new pathogens

# Testing the model

- Assumptions:
  - All "memory cells" equal
  - Turnover/homeostasis is independent of:
    - antigenic specificity
    - previous division history
- Predictions:
  - Loss of preexisting memory on exposure to novel pathogens

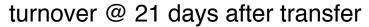
# Are all memory cells "equal"

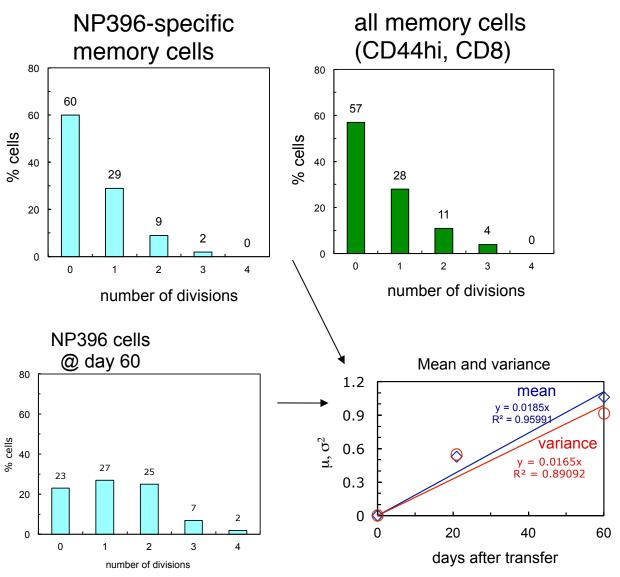
The CFSE dye dilution assay allows us to look at the turnover of memory cells specific for different lineages with unprecedented accuracy.

Using this assay we would like to test the assumptions of the model, namely

- 1. Does the turnover of memory cells depend on their antigenic specificity?
- 2. Does it depend on time since the primary response or the number of divisions a cell has undergone?

# Turnover of memory cells of different specificities

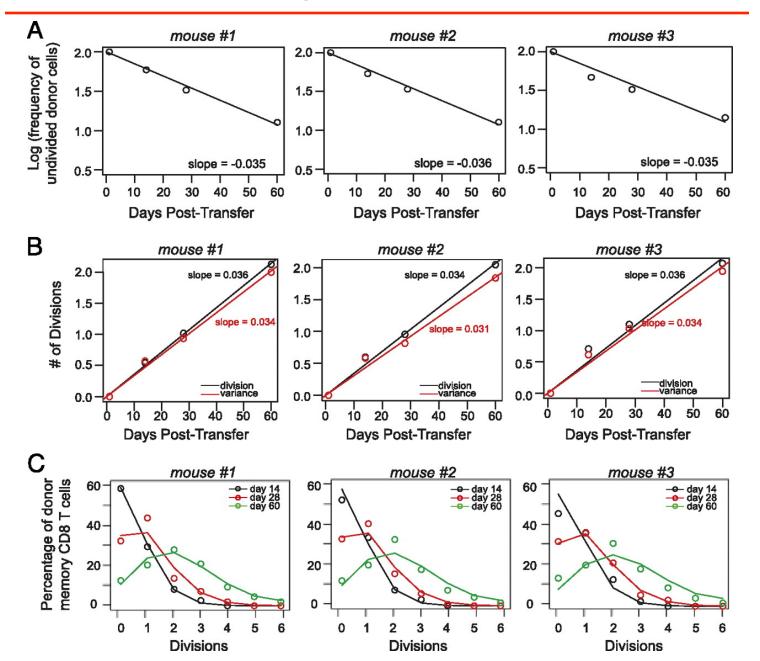




Memory cell turnover is independent of specificity

Poisson distribution?

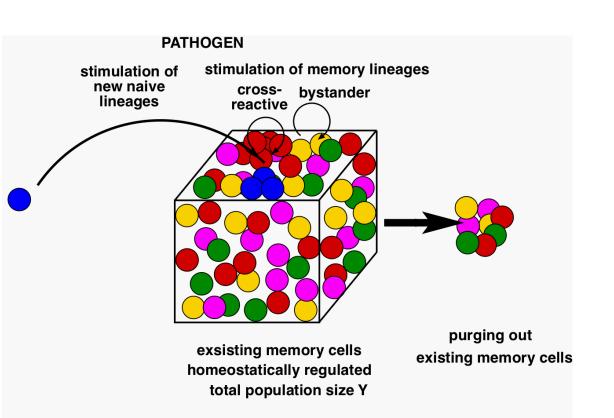
# Turnover of antigen-specific memory cells

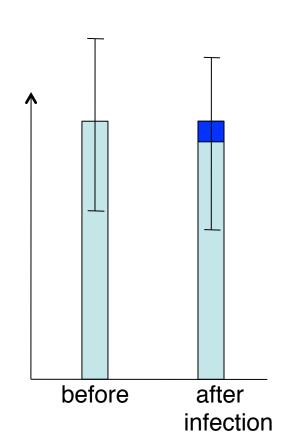


# Prediction – loss of memory following exp. to new pathogens

First suggested by Selin and Welsh. Some potential problems

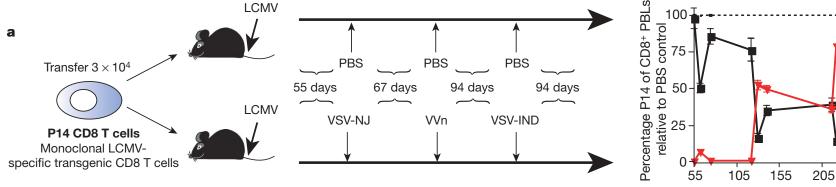
- I. Need to measure total cell numbers (not percentages).
- 2. Inter mouse variation in numbers of cells about 50%.





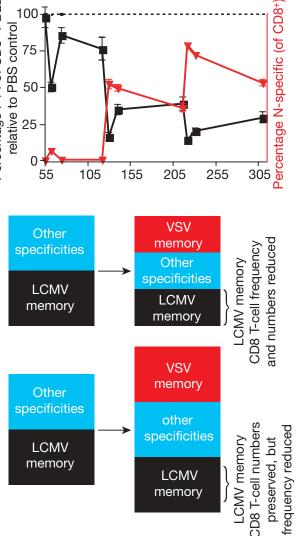
# Experimental design

Immunization regime results in over half the CD8 memory population being specific for new pathogens.



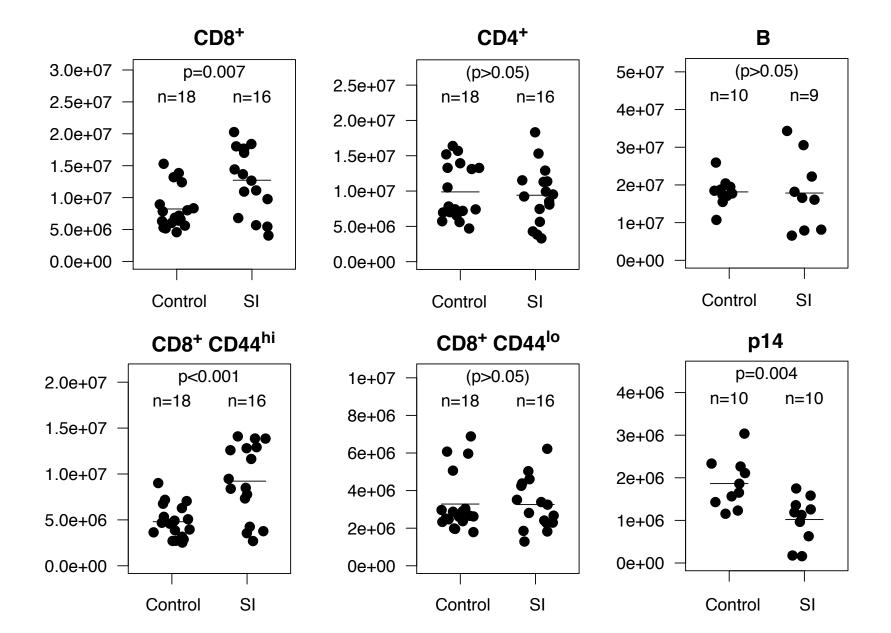
What is the relative contribution of

- attrition in existing memory
- increase in size of memory pool

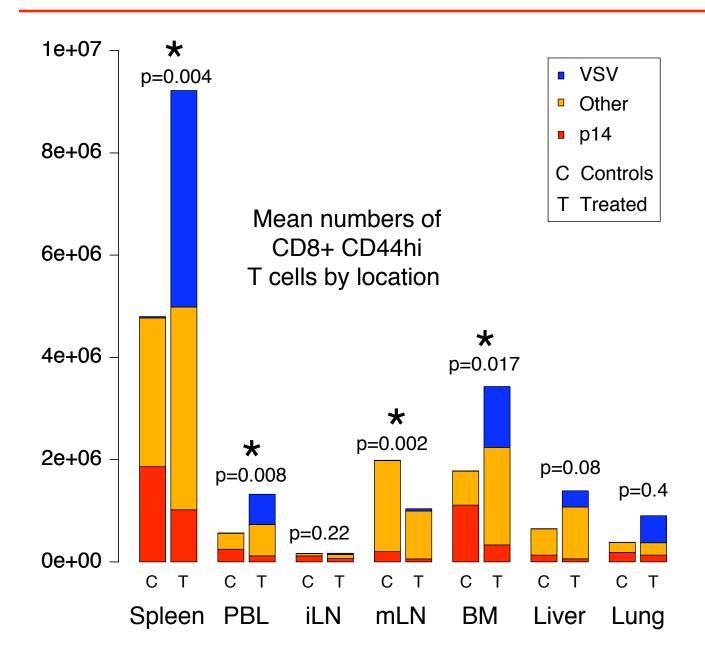


255

#### Change in the numbers of cells in the spleen



# Specificity of memory CD8 cells



#### Open questions

Discrepancy between memory in mice and men (numbers of CD4 and CD8, and rates of decay )

Flexibility in size of the memory compartment (causes, limits and consequences ...)

Potential heterogeneity in memory (Rob's talk)

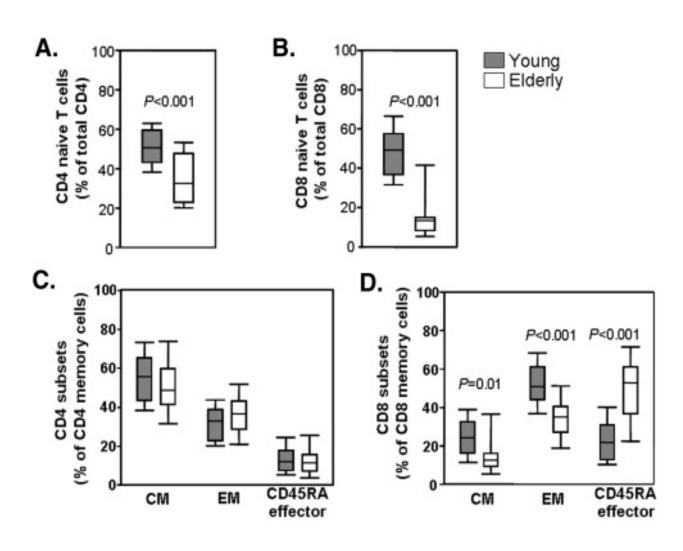
The role of cross-reactivity in the maintenance of memory.

(Matzinger, Selin and Welsh, Ganusov ...)

Heterogeneity in protection by vaccination.

# Repertoire and aging

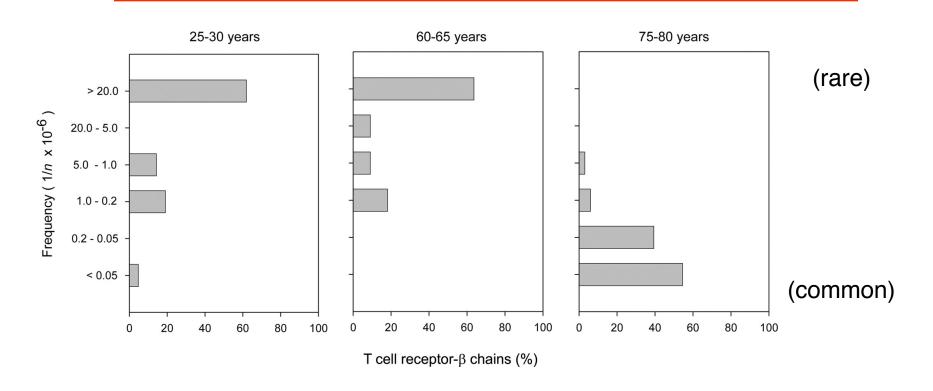
# What happens during aging?



Sampling restricted to blood

Czesnikiewicz-Guzik et al (2008) Clinical Immunology

#### Naïve CD4 T cell repertoire



Relatively severe loss of the naïve CD4 T cell repertoire @ around 70 yrs

(results qualitative ... pairing problem etc.)

Naylor et al (2005) J. Immunology

# Thymic output declines much earlier

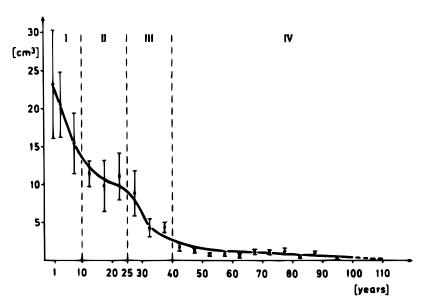
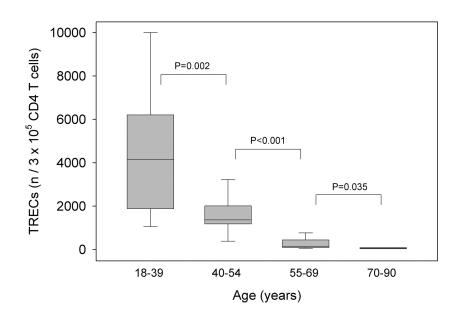


Fig 7 from Steinmann et al. (1985)



Naylor et al (2005) J. Immunology

#### What causes the crash in the repertoire?

Classic population genetics problem?

- 1. Involution of the thymus and decline in production of new naïve cells (loss of immigration)
- 2. Stochastic extinction during homeostatic replication or conversion into memory T cells (genetic drift or emigration)
- 3. Decline in total number of naïve T cells with age (population shrinkage)

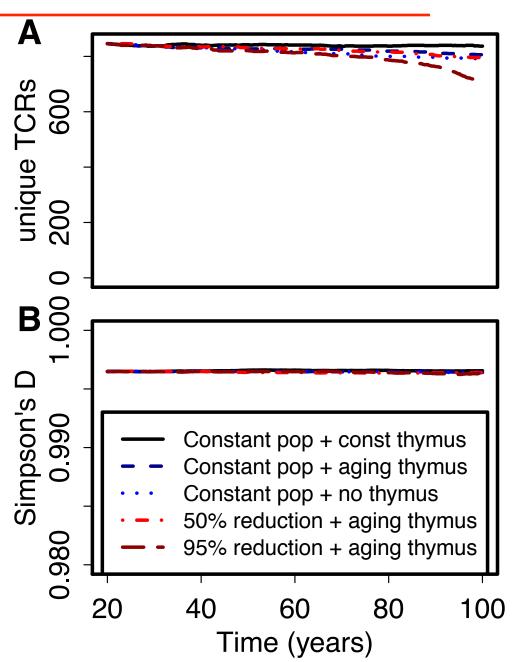
Conventional "neutral" model

#### Testing the conventional "neutral" model

We perform a forward simulation of the naïve T cell population and track the following transitions:

- Emigration from the thymus
  with a TCR chosen at random from the
  potential repertoire. New lineages emigrate
  at time-dependent rate v[t] and start with
  clone size C=500.
- Homeostatic division
   at rate λ(1{N[t]/K[t]), where λ=1, N[t] is the
   total population size and K[t] is the age dependent carrying capacity. Due to
   computational constraints, K[0]=5x10<sup>5</sup>.
- Cell death / conversion to memory at rate  $\delta$ =0.001/day

For parameters in a biologically reasonable regime or how the total naïve population size changes, this neutral model cannot reproduce the abrupt decline of the repertoire

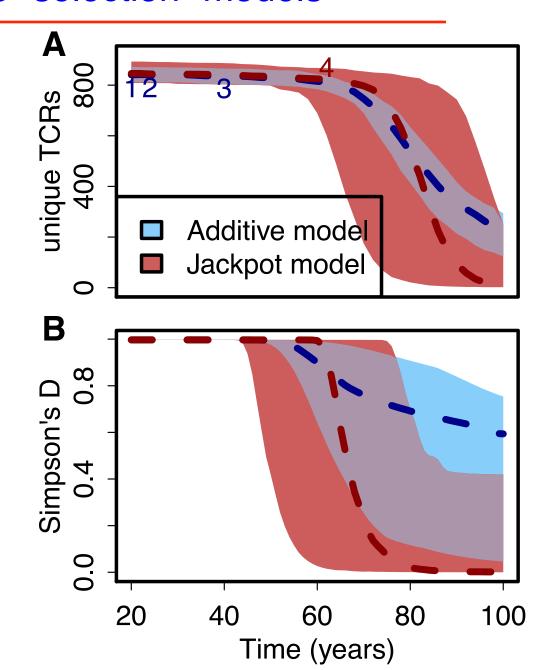


#### Alternative "selection" models

We now modify our neutral model to consider the effect of 'mutations' (either genetic or epigenetic) that might lead to a heritable change in a lineage's homeostatic division rate. We implement this change using two different models:

- "additive" in which each additional mutation, m, increases the division rate by (1+C<sub>1</sub> min[m,3])
- "jackpot" in which multiple mutations must accrue before any benefit arises and increases the division rate by (1+C<sub>2</sub>)

Since mutations arise stochastically, we shade regions where 90% of simulated trajectories fall.



#### Similarities with cancer models

#### Armitage-Doll model

$$E_0 \frac{\lambda_0}{-1} E_1 \frac{\lambda_1}{-1} \dots \frac{\lambda_{n-1}}{-1} E_n$$

$$h(t) \approx \frac{N \lambda_0 \lambda_1 \dots \lambda_{n-1} t^{n-1}}{(n-1)!}$$

#### Lubek-Moolgavkar model

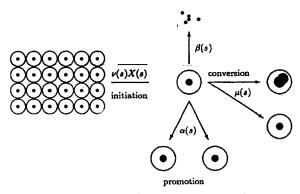
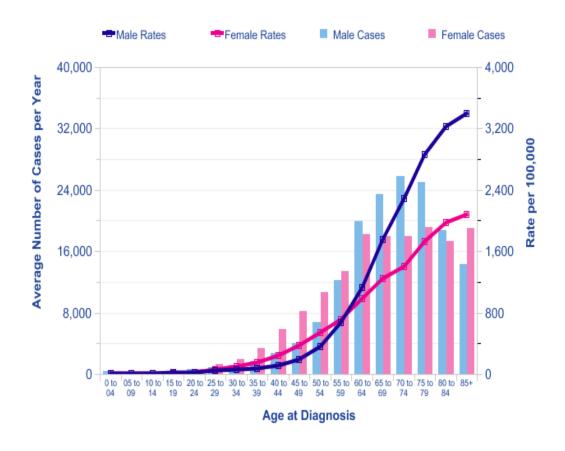


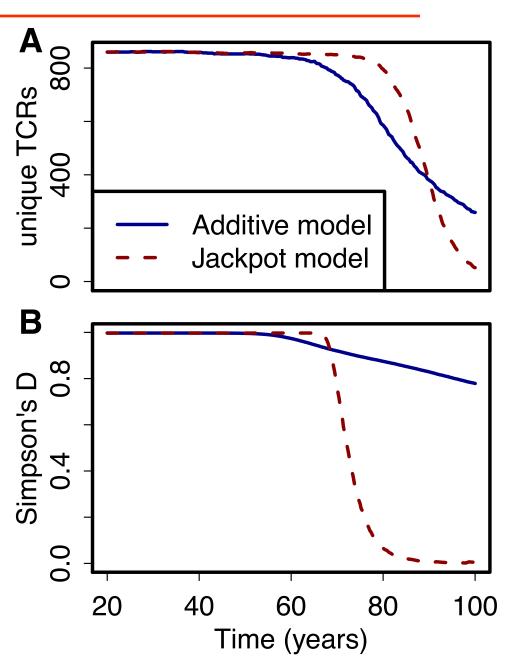
Figure 1. Two-mutation model for carcinogenesis.



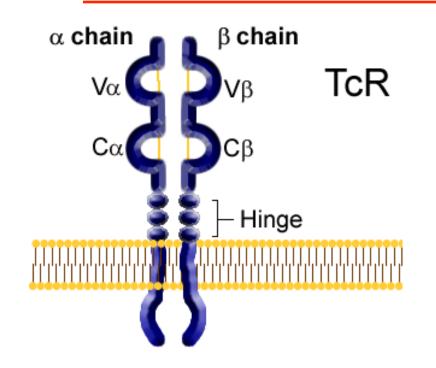
#### Implications and conclusions

While the form of selection has yet to be determined, these alternative "selection" models fit the observed data much better than the conventional model.

Our finding has implications for immunosenescence therapy: thymic rejuvenation will have little effect under a selection model, since new TCR lineages from the thymus will be less fit than the mutated lineage(s) in the population.



#### An open problem: measuring the immunological repertoire



How diverse is the immune system?

We can count the number of distinct  $\alpha$  and  $\beta$  chains

The problem is determining the association between TCR  $\alpha$  and  $\beta$  chains

Limitations of simple diversity measures

Exhaustive T-cell repertoire sequencing of human peripheral blood samples reveals signatures of antigen selection and a directly measured repertoire size of at least 1 million clonotypes

repertoire between 10<sup>6</sup> - 10<sup>12</sup>

René L. Warren, J. Douglas Freeman, Thomas Zeng, et al.

Genome Res. published online February 24, 2011

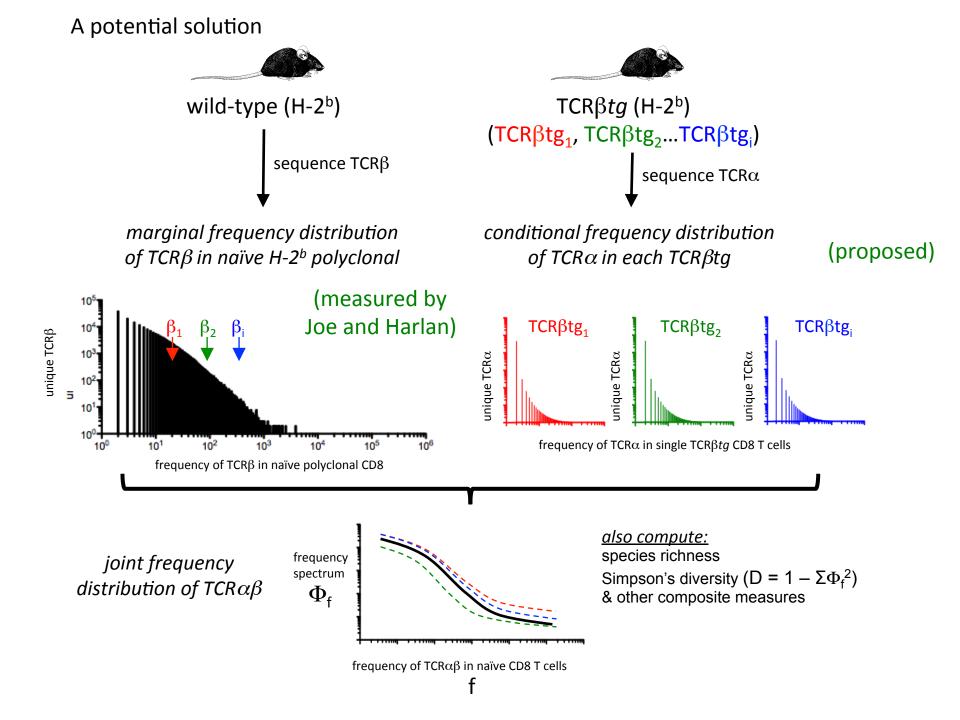
29 OCTOBER 1999 VOL 286 SCIENCE

# A Direct Estimate of the Human $\alpha\beta$ T Cell Receptor Diversity

# of  $\alpha$  chains 106  $\alpha\beta$  diversity > 2.5  $10^7$  ?

comment by Kesmir, Borgans &DeBoer

T. Petteri Arstila,\*† Armanda Casrouge, Véronique Baron, Jos Even, Jean Kanellopoulos, Philippe Kourilsky



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**Jorg Goronzy** 

**Transplantation** 

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Malaria

Jaap de Roode Mary Stevenson

#### SIV/HIV

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Funding: NIH: NIAID, NIGMS (MIDAS)