



# NKT CELLS -DOUBLE EDGED SWORD

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# NKT CELLS

- ◎ Innate immune cells having features of both T cells and natural killer cells
- ◎ CD1d-restricted T cells
- ◎ Co expressing semi-invariant T cell receptor and NK cell markers

# NKT CELL

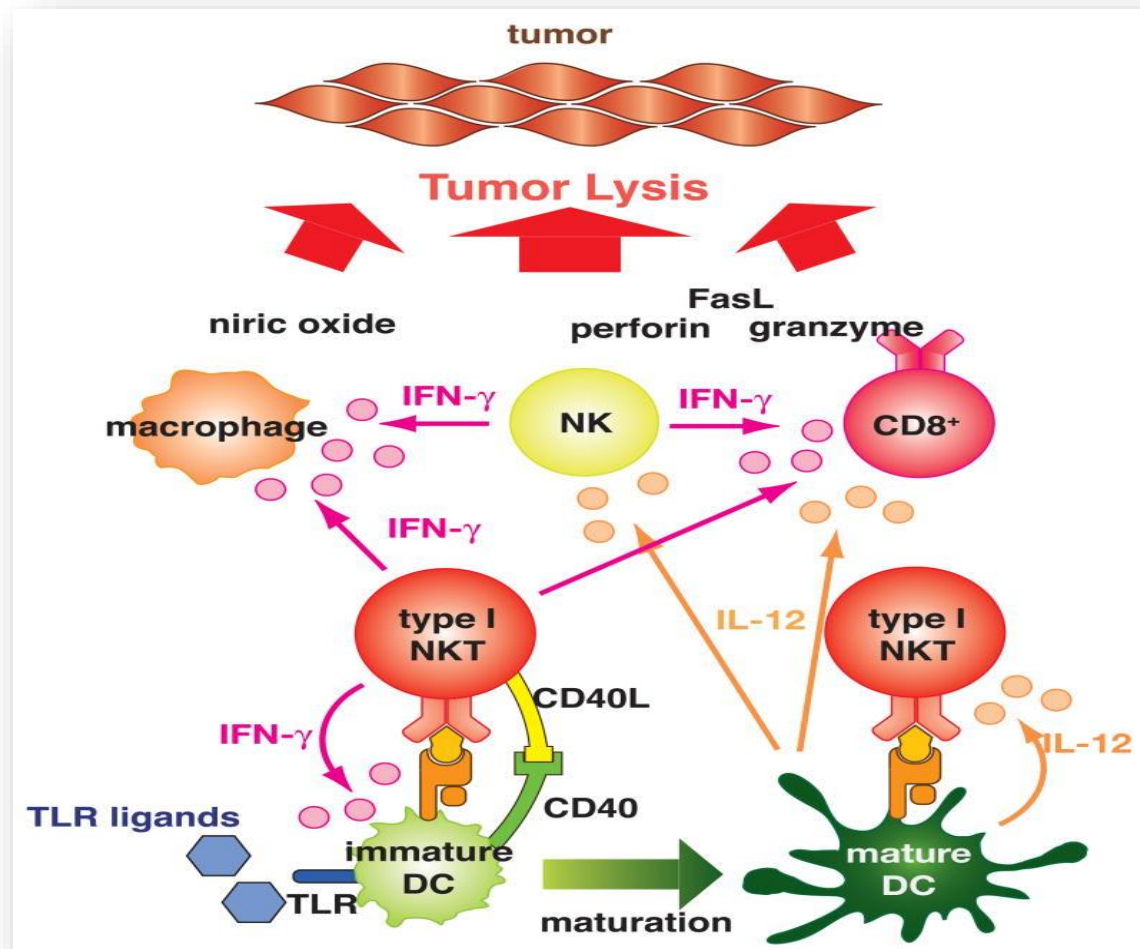
- Ability to rapidly secrete large amounts of **cytokines upon activation**
  - Allows them to **bridge** the innate and adaptive immune responses
  - NKT cell activation leads to activation of dendritic cells, NK cells,  $CD4^+$  and  $CD8^+$  T cells
- NKT cells develop in **cortical thymus** and undergo selection by **CD1d molecules** on cortical thymocytes

# CHARACTERISTICS OF TYPES OF NKT CELLS

|                                | Type 1 NKT                                                                                                 | Type 2 NKT                          | NKT-like                                                                    |
|--------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|
| Other names                    | classical NKT<br>invariant NKT<br>(iNKT)<br>V $\alpha$ 14i NKT<br>(mouse)<br>V $\alpha$ 24i NKT<br>(human) | non-classical<br>NKT<br>diverse NKT | NK1.1 <sup>+</sup> T cells<br>CD3 <sup>+</sup> CD56 <sup>+</sup> T<br>cells |
| Restriction                    | CD1d                                                                                                       | CD1d                                | MHC, other?                                                                 |
| $\alpha$ -GalCer<br>reactivity | +                                                                                                          | -                                   | -                                                                           |
| TCR repertoire                 | V $\alpha$ 14-J $\alpha$ 18:<br>VB8.2, 7, 2<br>(mouse)<br>V $\alpha$ 24-J $\alpha$ 18:<br>VB11 (human)     | diverse                             | diverse                                                                     |

- ⊙ Playing a role in microbial immunity, autoimmunity, tumor immunity & a variety of inflammatory condition
- ⊙ Potent immuno regulatory function
  - can **promote cell mediated immunity to tumors and infectious organisms**
  - **Suppress** cell-mediated immunity associated with **autoimmune disease and allograft rejection**
- ⊙ NKT cells -development of vaccine , adjuvants &immunotherapies

- NKT cells - tumor surveillance
  - ability to activate NK cells upon binding with lipid based tumor antigens



# EXOGENOUS LIGANDS OF NKT CELLS

- $\alpha$  linked glycosphingolipids from *Sphingomonas*  
(Kinjo et al.2005)
- galactosyl diacylglycerols from *Borrelia burgdorferi*
- lipophosphoglycan(LGP) on *Leishmania donovani*  
( Amprey et al.2004)
- phosphatidylinositol tetramannoside (PIM4) from *Mycobacterium leprae*  
( Fischer et al.2004)

# NKT CELLS IN MALARIA



# ROLE OF NKT CELLS IN PROTECTIVE IMMUNITY AGAINST MALARIA

- ⊙ NKT cells do not have a clear physiological role against pre-erythrocytic stages of malaria

*(Molano et. al ,2000)*

- ⊙ NKT cells activated by artificial ligand  $\alpha$ -Gal Cer, shown to display an **inhibitory effect** against the development of **liver stages of malaria** in vivo by IFN - $\gamma$

*(Romero et. al ,2001)*

- ⊙ C-glycoside analogue of  $\alpha$ -Gal Cer, called  $\alpha$ -C-Gal Cer, was shown to display superior anti-plasmodial activity against the liver stages than the parental

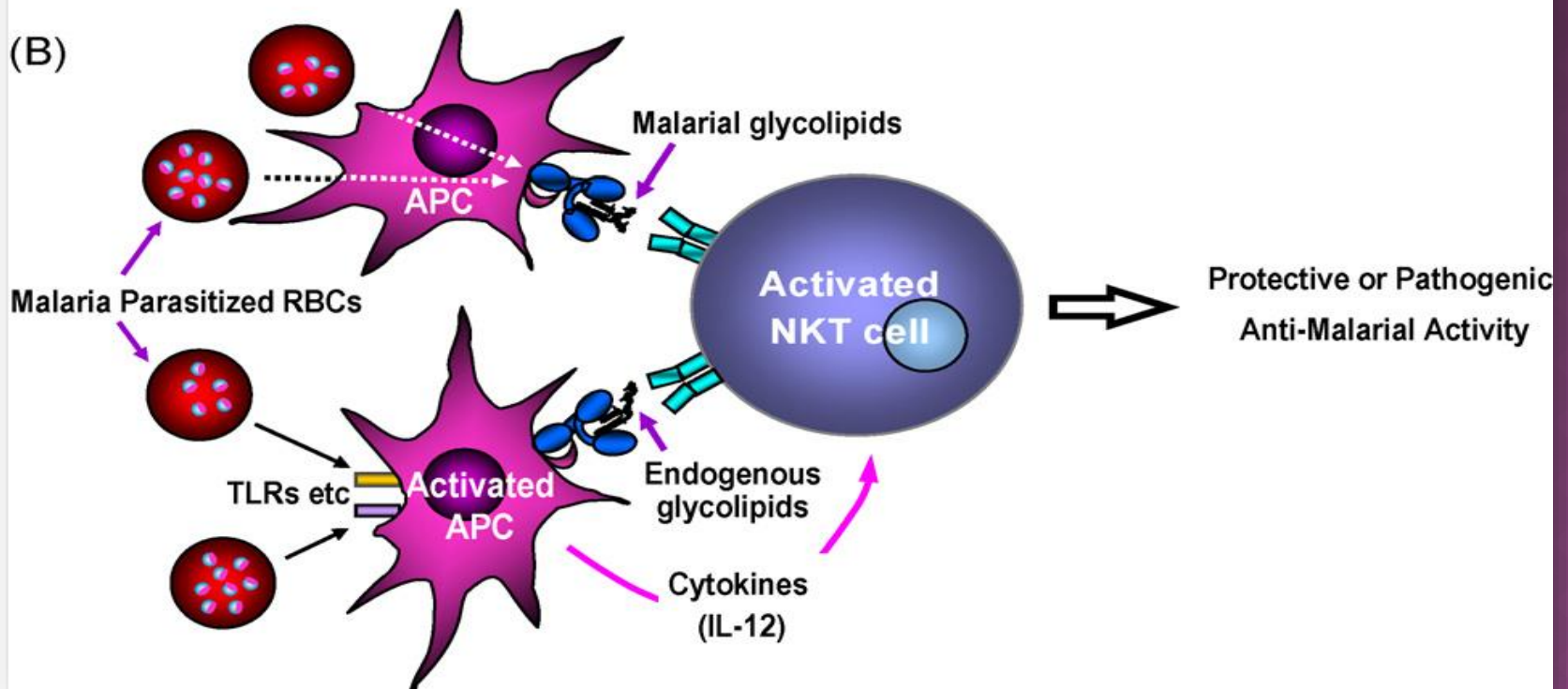
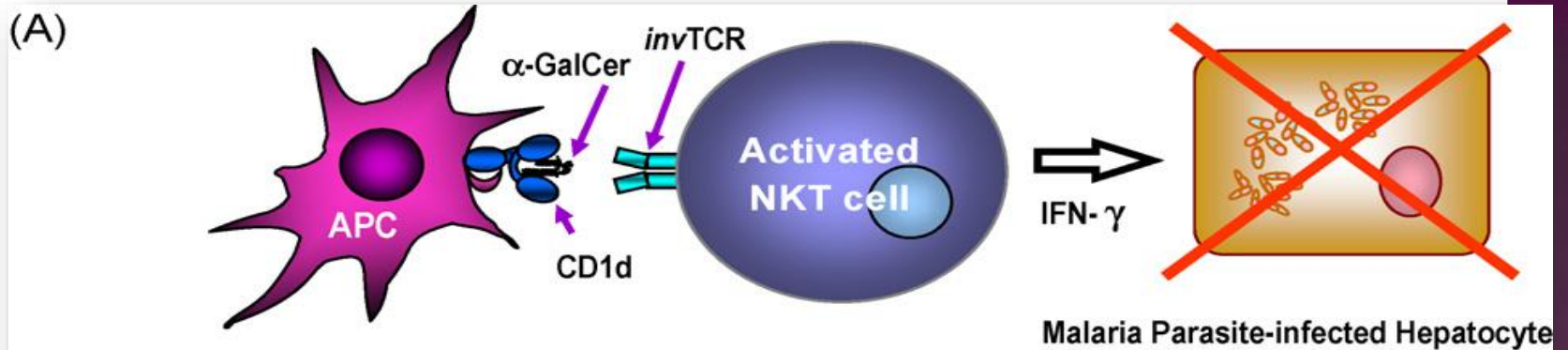
*(Schmieg et .al ,2003)*

- ⊙ NKT cells has role as helperT cells to assist **anti malarial antibody production by B cells**

*(Hansen et.al,2003)*

## $\alpha$ Gal Cer and its analogue –not adequate to use as therapy

- ❖ Malaria parasite resides within hepatocytes for **only a brief period of time**
- ❖ On  $\alpha$ -Gal Cer activation NKT cells rapidly become into an **anergic state that lasts a 4–6 weeks**  
*(Parekh et al, 2005)*
- ❖  $\alpha$  Gal Cer had to be administered **2 days before sporozoite-induced infection**



# PATHOGENIC ROLE OF NKT CELLS AGAINST MALARIA

- ⊙ Infection by blood stages of *P.berghei* induces liver injury in mice
- ⊙ DX5<sup>+</sup> NKT cells from the liver of CD1d-deficient mice infected with *P.berghei* blood stages cause liver injury by killing normal hepatocytes

( Adachi et al,2004)

- ⊙ Hepatotoxicity of these hepatic DX5<sup>+</sup> NKT cells
  - MHC-unrestricted fashion
  - does not require TCR engagement

- ◎ **CD1d-deficient mice** -considerably **reduced splenomegaly**
  - ◎ **CD1d-dependent NKT cells** -development of **splenomegaly** induced by *P .berghei* blood stage infection
- (Hansen et al,2003)*
- ◎ **NKT cells** influence the overall production of **IFN- $\gamma$**  and **TNF- $\alpha$**  in vivo during malaria infection

# *P. berghei* ANKA INFECTION

- ⊙ CD1d restricted NKT cells in **BALB/c** mice -**resistance** to cerebral malaria - **Th2** response
- ⊙ NKT cells induce **early IFN-  $\gamma$  production** and promote **pathology** in **C57BL/6** mice
- ⊙ Differential expression of molecules encoded by the natural **killer complex (NKC)** located on **chromosome 6**  
(Hansen et al,2003)
- ⊙ Partial protection or susceptibility depending on **its genotype**

- ⊙ *P. berghei* K173 **does not** result in Cerebral malaria
- ⊙ *P. berghei* K173 infection - **increased plasma gamma interferon (IFN-  $\gamma$ )** in spleen and liver at 24 h p.i.

# *P. berghei* ANKA INFECTION

- ⊙ *Plasmodium berghei* ANKA –Cerebral malaria on day 6 p.i
- ⊙ An absence of cytokine production at 24 h p.i.
- ⊙ A surge of IFN- $\gamma$  production at 3 to 4 days p.i.

(Mitchell et al,2005)

Mice were co infected with both ANKA and K173

- ⊙ An early cytokine response, including a burst of IFN-  $\gamma$  at 24 h p.i., similar to animals infected with *P. berghei* K173 alone
- ⊙ Absence of cerebral malaria

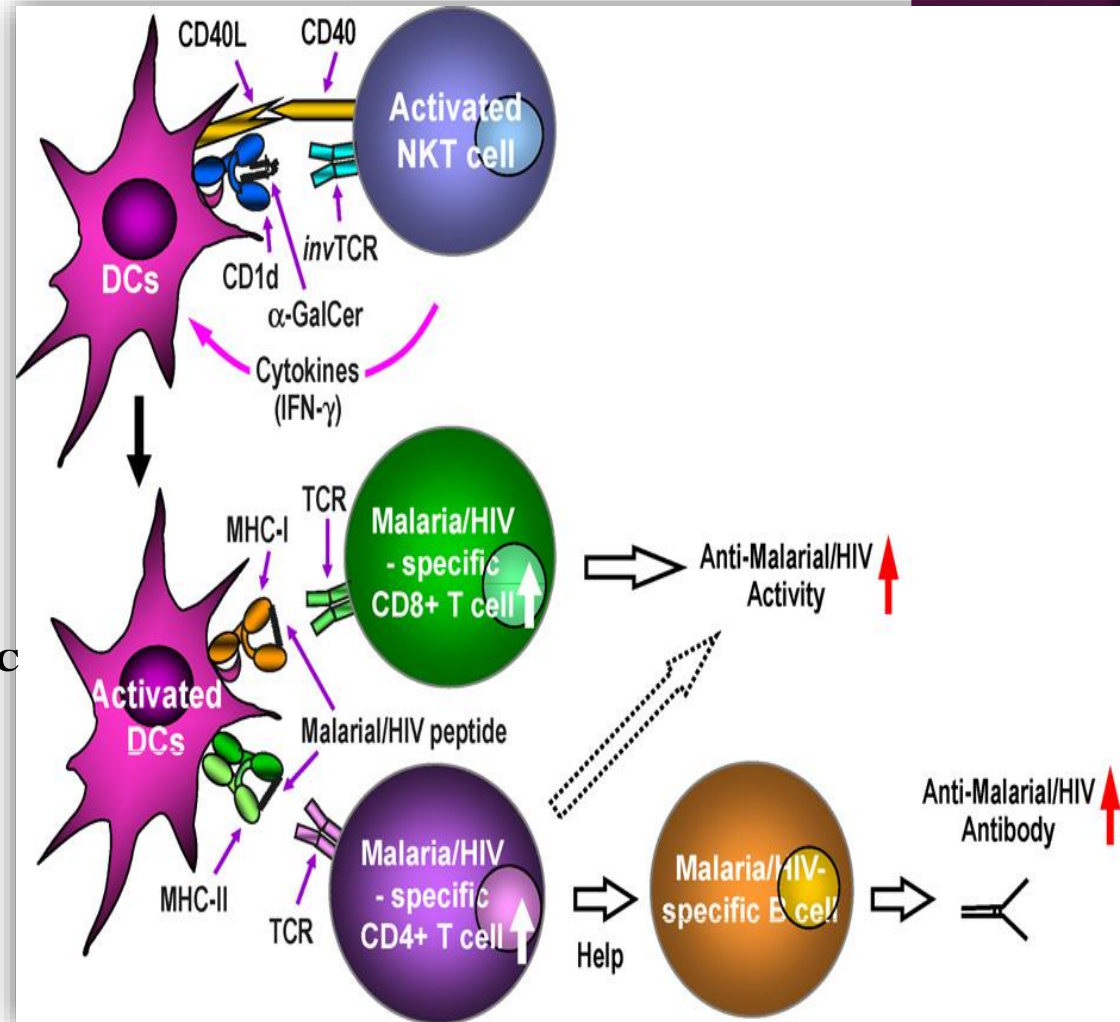
(Mitchell et al,2005)



Absence of a regulatory pathway  
involving IFN- $\gamma$  and CD8<sup>+</sup> T cells in  
*P. berghei ANKA* infection allows the  
development of cerebral  
immunopathology

# ROLE OF NKT CELLS IN ELICITING ACQUIRED IMMUNITY AGAINST MALARIA AND HIV

- Adjuvant effect of  $\alpha$  - GalCer was dependent on **CD1d/NKT pathway**
- **IFN- $\gamma$**  - the key mediator for the adjuvant effect
- CD40-CD40 ligand interaction is also dispensable for  $\alpha$  -GalCer to induce activation of dendritic cells



# NKT cells in HIV

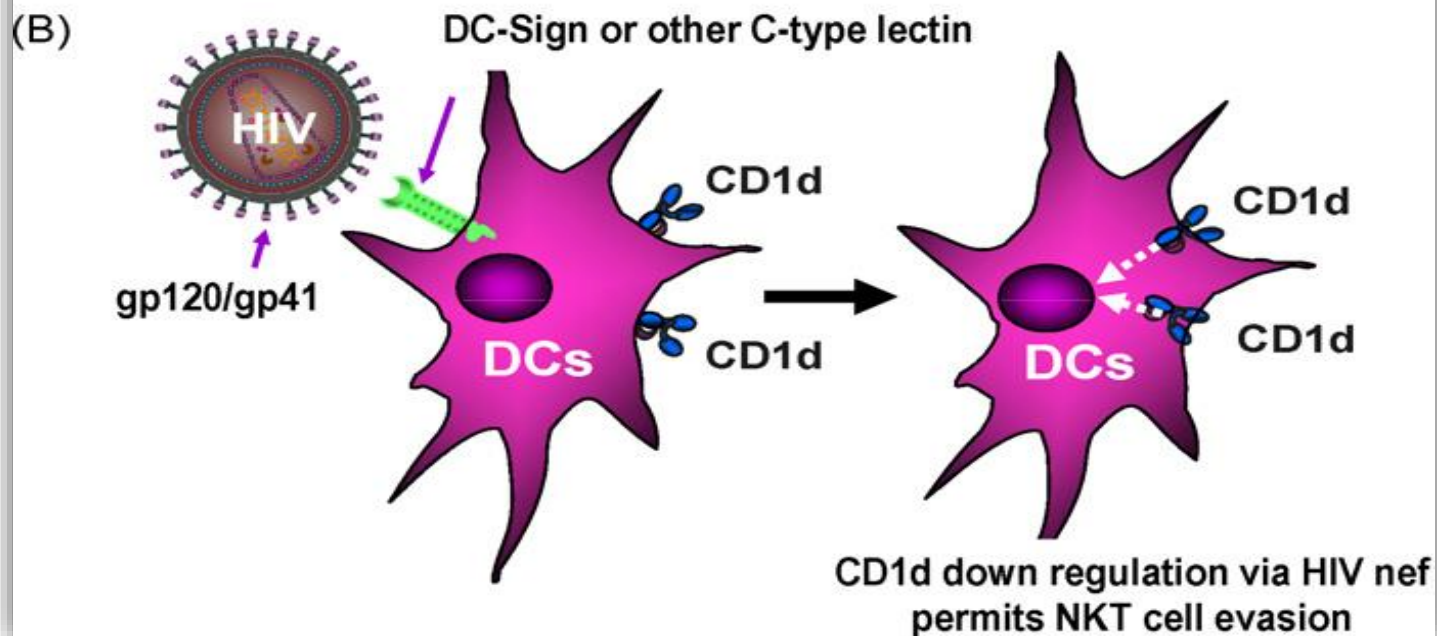
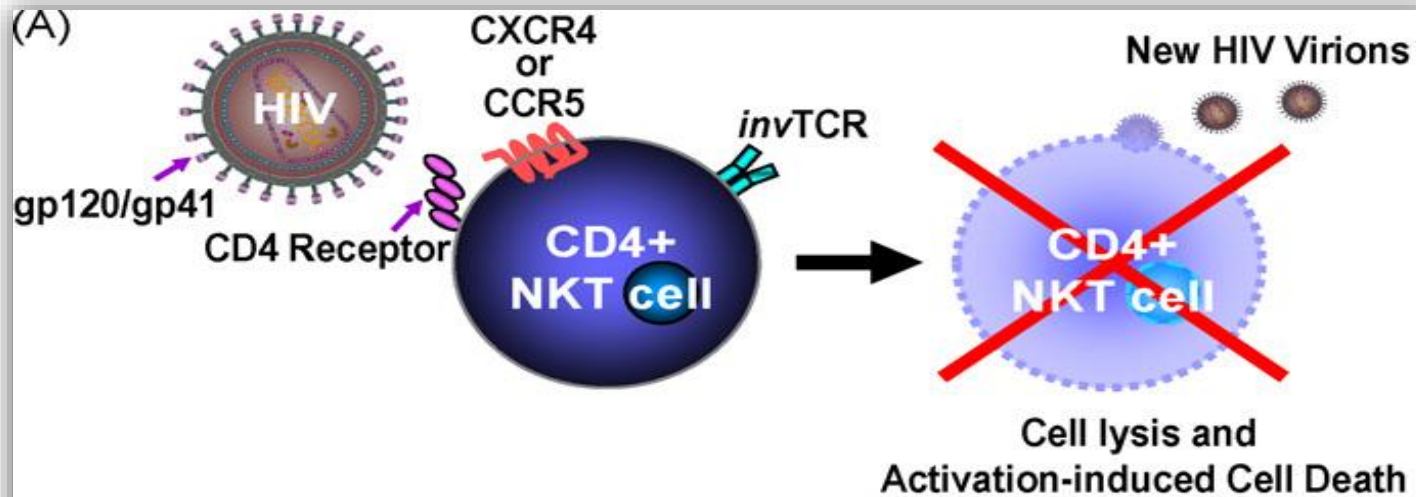


# Depletion of NKT cells in early HIV infection

- ⊙ HIV causes AIDS primarily via infection of CD4<sup>+</sup> T cells, and the CCR5 or CXCR4 co-receptor
- ⊙ Immune dysfunction and CD4<sup>+</sup> T cell depletion
- ⊙ A subset of NKT cells express the CD4 receptor on their cell surface-vulnerable to direct infection by HIV
- ⊙ NKT cell depletion in HIV-infected cases was limited to the CD4<sup>+</sup> NKT cells

- ⊙ Only a small percentage of NKT cells expressed the CD4<sup>+</sup> receptor and the CCR5 co-receptor
- ⊙ Majority expressed the fas molecules
- ⊙ Depletion was largely due to a continuous process of **fas-mediated activation**-induced cell death, rather than direct infection by HIV

*(van der Vliet et al, 2002)*



- ⊙ **Depletion of NKT cells** by direct infection and cytolysis
- ⊙ HIV also evades detection of NKT cells by direct **downregulating CD1d** cell surface expression on antigen presenting cells
- ⊙ **nef gene** of HIV induces downregulation of the MHC-I expression- reducing presentation of HIV antigens to circulating T cells

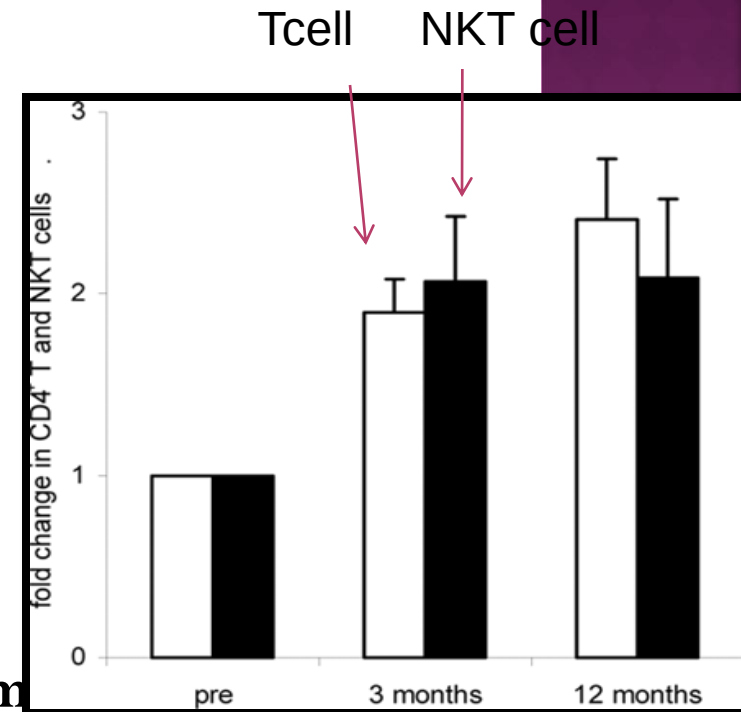
# DIRECT INFECTION OF CD4+ NKT CELLS BY HIV

- ⊙ **CXCR4-tropic HIV NL4-3 and CCR5-tropic HIV BAL** able to infect **NKT cell lines**, in both **resting and active states**
- ⊙ NKT cell lines were more susceptible to the **CCR5-tropic** strain-**higher levels** of CCR5 expression relative to CXCR4 expression  
*(Motsinger et al, 2002)*
- ⊙ **α-GalCer-activated NKT cells** were more susceptible to HIV infection than resting NKT cells, possibly due to **upregulation of CCR5 expression** after activation  
*(Motsinger et al, 2003)*
- ⊙ Accounts for the rapid depletion of NKT cells observed early in the course of HIV infection



# Partial reconstitution of NKT cell levels with HAART

- Circulating NKT cell % in the peripheral blood increased significantly within 3 months of initiation of HAART, similar pattern of CD4<sup>+</sup> T cells
- Early rise of circulating NKT cells in HIV+ patients predominantly **CD4<sup>+</sup> NKT** cells  
(*Van der Vliet et.al, 2006*)
- These cells were merely **redistributed from** NKT cells sequestered in the periphery  
(*Pakker et.al, 1998*)
- HAART stabilizes the rate of NKT cell depletion  
(*Vasan et.al, 2007*)



*Journal of Immunology ,  
2006*

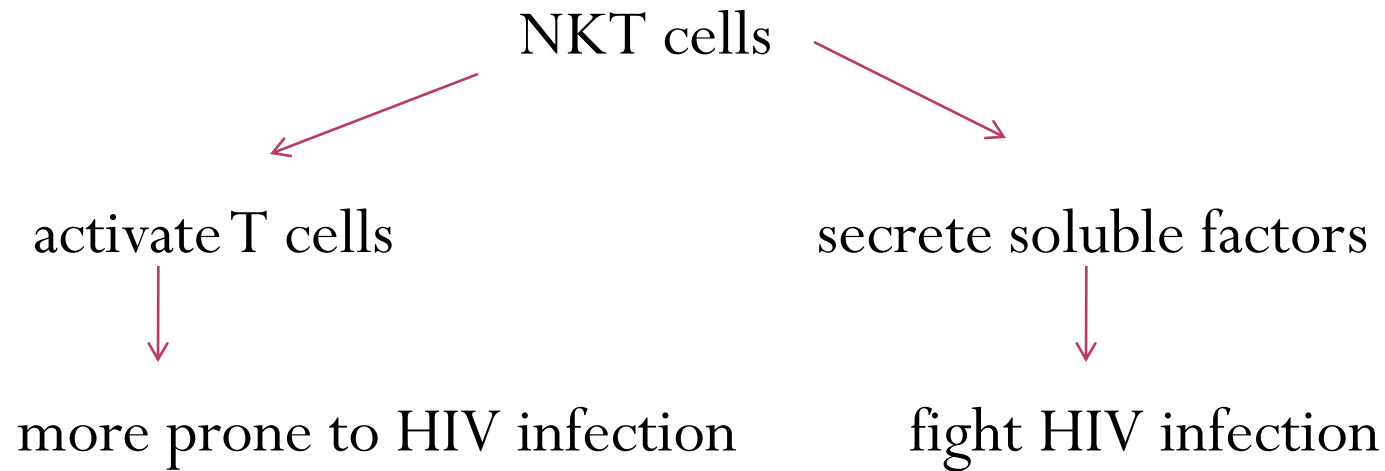
- ⊙ Administration of IL-2 with HAART
- ⊙ Expansion of both the  $CD4^{+}$  and  $CD4^{-}$ NKT cell compartments ( *Moll et.al,2006* )
- ⊙ Again paralleling the  $CD4^{+}$  T cell reconstitution of both naïve and memory cells

# Restoration of NKT cell function by HAART during acute HIV infection

- ⊙ NKT cell function - impaired during early HIV infection
- ⊙ Significantly improved by effective treatment with HAART
- ⊙ Preservation of NKT cell function may be important in HIV-infected individuals
- ⊙ NKT cells display an **anti-HIV** activity in vitro, mediated by IFN- $\gamma$  secretion
- ⊙ Chronic cases of HIV - NKT cells were unable to proliferate or produce IFN- $\gamma$  in response to stimulation with  $\alpha$ -Gal Cer

*(Moll et.al,2009)*

# NKT CELL INTERACTION WITH HIV



- ⊙ Effector mechanism for this anti-HIV suppression may be multifactorial
- ⊙ Anti-HIV effect displayed by NKT cells is mediated by IFN-  $\gamma$   
(*Vasan et al.2007*)
- ⊙ Anti-HIV effect of NKT cells- IFN- $\gamma$ - invitro
- ⊙ Combination of cytokine secretion, direct cytolysis, and secondary activation of other immune cells - **invivo**

# CONSEQUENCES OF NKT CELL DEPLETION AND CD1D DOWN REGULATION DURING HIV

- ⊙ Opportunistic infections
- ⊙ NKT cells play protective role in host defense in a variety of bacterial, viral, and fungal pathogens -common in AIDS patients
- ⊙ *Mycobacterium tuberculosis*, a bacterial pathogen causing - chronic respiratory and extra pulmonary disease  
(Snyder et.al,2007)
- ⊙ *Cryptococcus neoformans* - fatal meningoencephalitis in end-stage AIDS patients  
(Kawakami et.al,2001)

- ⊙ *Streptococcus pneumoniae* - cause recurrent, invasive, pneumonia

(*Kawakami et.al,2003*)

- ⊙ Cytomegalovirus(CMV) - cause chorioretinitis, enterocolitis , pneumonitis, and radiculopathy

(*Wesley et.al,2002*)

- ⊙ NKT cell depletion caused by HIV
  - general state of **immunocompromise**
  - eventual susceptibility **to opportunistic infections in AIDS**

# NKT CELLS IN VACCINE DEVELOPMENT

- ⊙ Vaccine against malaria and HIV - Difficult
- ⊙ Co administration of  $\alpha$  Gal Cer with vaccine enhance antigen specific  $CD8^+$  T cell response and also improves protective immunity
- ⊙ Glycolipids have the potential to boost T cell response and antibody response to vaccine antigen



# CONCLUSION

- Role in preventing parasitic infection, protection from neoplasia, and fighting other viral, fungal infections
- Anti-HIV effect of NKT cells – non specific, the rapidity and magnitude of the cytokine response ensures that NKT cells are key players in the initial host immune response
- Important to preserve NKT cell number and function during HIV and other infections for improved long-term prognosis
- Glyco lipids that activate NKT cells have therapeutic potential in the treatment of infectious diseases, as well as adjuvants for vaccines against these pathogens

A photograph of a beach with waves crashing onto the shore. The words "THANK YOU" are written in the sand in the foreground.

THANK YOU