CVI Accepted Manuscript Posted Online 11 January 2017 Clin. Vaccine Immunol. doi:10.1128/CVI.00525-16 Copyright © 2017 Rhodes et al. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

- Predicting IFN-γ responses after BCG vaccination in humans from macaques: A proof-of-concept
 study of Immunostimulation/ Immunodynamic modelling methods
- 3
- 4 Running title: Predicting BCG IFN-γ responses in humans from macaques
- 5
- 6 Authors: Sophie J Rhodes*^{a#}, Charlotte Sarfas*^b, Gwenan M Knight^{a,c}, Andrew White^b, Ansar A.
- 7 Pathan^d, Helen McShane^e, Thomas G. Evans^f, Helen Fletcher^g, Sally Sharpe^{**b}, Richard G White^{**a}
- ^a TB Modelling Group, CMMID, TB Centre, London School of Hygiene and Tropical Medicine, UK
- 9 ^b Public Health England, Porton down, UK
- 10 ^c Imperial College, London, UK
- 11 ^d College of Health and Life Sciences, Department of Life Sciences, Brunel University, UK
- 12 ^e The Jenner Institute, University of Oxford, UK
- 13 ^fTomegaVax, Portland Oregon, USA
- 14 ^g Immunology and Infection Department, London School of Hygiene and Tropical Medicine, UK
- 15
- 16 # Address correspondence to Sophie Rhodes, Sophie.rhodes@lshtm.ac.uk
- 17
- 18 *Joint first author
- 19 **Joint senior author

20 Abstract

21	Introduction: Macaques play a central role in human tuberculosis(TB) vaccine development. Immune
22	and challenge responses differ across macaque and human subpopulations. We determined which
23	macaque subpopulations best predicted immune responses in different human subpopulations,
24	using novel immunostimulation/immunodynamic modelling methods in a proof of concept study.
25	Methods: Data on IFN-y secreting CD4+ T cells over time after recent BCG vaccination were available
26	for 55 humans and 81 macaques. Human population covariates were: baseline BCG vaccination
27	status, time since BCG vaccination, gender and monocyte/lymphocyte cell count ratio. The macaque
28	population covariate was colony of origin. A two-compartment mathematical model describing the
29	dynamics of the post-BCG IFN- γ T cell response was calibrated to these data using nonlinear mixed
30	effects methods. The model was calibrated to macaque and human data separately. The association
31	between subpopulations and BCG immune response in each species was assessed. Which macaque
32	subpopulations best predicted immune responses in different human subpopulations was identified
33	using Bayesian Information Criteria.
34	Results: Macaque colony and human baseline-BCG status were significantly (p<0.05) associated with
35	BCG-induced immune response. For baseline-BCG-naïve humans, Indonesian cynomolgus macaques
36	and Indian rhesus macaques best predicted immune response. For baseline-BCG-vaccinated humans,
37	Mauritian cynomolgus macaques best predicted immune response.

Conclusion: The work suggests that the immune responses of different human populations may be
best modelled by different macaque colonies, and demonstrates the potential utility of
immunostimulation/immunodynamic modelling to accelerate TB vaccine development.

Clinical and Vaccine Immunology

Clinical and Vaccine Immunoloav

41 Introduction

42

43 Tuberculosis (TB) disease remains a major global health problem (1) and Bacillus Calmette–Guérin (BCG), the only licensed TB vaccine, exhibits variable efficacy (2, 3). A new, effective vaccine is vital 44 45 to reach WHO TB control goals (4). Animal models are used in almost every aspect of vaccine 46 development including helping to understand the transmission dynamics of the disease to the 47 immunogenicity and efficacy of a vaccine (5). They are therefore a vital and efficient tool in vaccine 48 development (6). In pre-clinical TB vaccine research, non-human primates (NHPs) are a valuable 49 animal model (7, 8), and are genetically and physiologically more similar to humans than small 50 animals with respect to TB disease and immune response (7, 9).

51 Historically, rhesus (Macaca mulatta) (10) and cynomolgus (Macaca fascicularis) (11) macaque 52 species have been used as the primary NHP-model in TB vaccine research (12-14). Both species have 53 been shown to respond to, and be partially protected from, TB by BCG vaccination (15-19); however, 54 it has been shown that the same experimental conditions (infection with Mycobacterium 55 tuberculosis (Mtb) following vaccination or vaccine immune response) may lead to divergent 56 outcomes between the two species (7, 20-22). Furthermore, the colony (country of origin) of 57 macaque, even within the same species, has been shown to affect the level of protection to infection 58 and response after vaccination. For example, differing levels of protection between Chinese and 59 Mauritian cynomolgus macaques have been observed, whereby Mauritian cynomolgus macaques 60 developed end stage progressive TB in 7 weeks, while the Chinese cynomolgus macaques remained 61 well past the end of the study (12 weeks)(23).

These differences suggest that the immune responses of different human populations (e.g. those with previous BCG vaccination or those who are BCG-naïve) may be best modelled by different macaque colonies. In 2014, the Bill and Melinda Gates Foundation adopted a new strategy for the up-selection of new TB vaccine candidates for clinical testing selecting vaccines on immune response

66

67

68

69

70

71

72

vaccine.

73 immunostimulation/immunodynamic (IS/ID) modelling methods in vaccine immune response 74 translation between species. A mechanistic mathematical-based approach is used to quantify the 75 dynamics of the immune response. By building the mathematical models based on the quantitative 76 immunological data, it is possible to describe how these mechanisms may vary within and between species, and draw quantitative comparisons. Such modelling techniques are common in drug 77 78 development (pharmacokinetic/pharmacodynamic modelling) to translate drug responses between 79 species (25-27), but have yet to be used in vaccine development.

and challenge results in NHPs (24). Therefore, it is critical that differences between macaque

populations are identified and understood to increase the likelihood of developing an effective

Here we focus on establishing the most representative NHP-model for modelling the human IFN-y

immune responses in UK adults following recent BCG vaccination, as one example of predicting

To do this, we conduct a proof-of-concept study to evaluate the potential use of novel

vaccine immune response in humans from a macaque animal model.

80 Firstly, we develop a model of post-BCG vaccination, IFN-y producing CD4+ T cell dynamics, and assess the suitability of the model structure to predict responses by calibrating to data (analysis 1). 81 82 We investigate the impact of the human and macaque population covariates to explain the within-83 population variation in responses, which our previous analysis on humans (28) showed can have a substantial impact on the magnitude of response (analysis 2). We then test which calibrated 84 macaque models best predict human IFN-y response (analysis 3). Finally, we use the calibrated 85 86 mathematical models for macaque and human subpopulations to predict the dynamics of the 87 constituent T cell populations over time (analysis 4).

88 Methods

89 <u>Data</u>

90

Data on the number of Purified Protein Derivative (PPD) stimulated CD4+ T-cells secreting IFN-y (in 91 92 spot forming units (SFU)) per 1 million Peripheral Blood Mononuclear Cells (PBMC) measured by an 93 ex vivo IFN-γ Enzyme-Linked ImmunoSpot (ELISPOT) assay were available for 55 humans and 81 94 macaques. BCG vaccination was given on day 0 and ELISPOT measures were performed up to 140 95 days after vaccination. The details of the human dataset and laboratory techniques have been 96 published previously (28). Briefly, healthy UK volunteers aged 18-55, with no history of BCG 97 vaccination or previously immunised with BCG, were given 100 µl of BCG administered intradermally 98 in upper arm. Immune responses to BCG were measured using an IFN-y ELISPOT assay at weeks 1, 4, 99 8 and 24. For demographics and laboratory detail see the supplementary material (Table S1, Figure 100 S1). All macaque studies were conducted in accordance with the Home Office (UK) Code of Practice 101 for the Housing and Care of Animals Used in Scientific Procedures (1989), and the National 102 Committee for Refinement, Reduction and Replacement (NC3Rs), Guidelines on Primate 103 Accommodation, Care and Use, August 2006 (NC3Rs, 2006). All animal procedures were approved by 104 the Public Health England, Porton Down Ethical Review Committee, and authorised under an 105 appropriate UK Home Office project license. Vaccination, sample collection procedures, and 106 immunological methods are described in full in (19, 23, 29, 30). All macaques were demonstrated to 107 be mycobacterially naïve prior to BCG vaccination and between 3 and 14 years old. The human 108 population covariates were: baseline (before vaccination at time 0) BCG vaccination status (either 109 baseline-BCG-vaccinated (BCG:Y) or baseline-BCG-naïve (BCG:N)); years since BCG vaccination 110 (groups were 1 to 9, 10 to 19, 20 to 29 years and "never"); gender; and monocyte to lymphocyte cell 111 count ratio (ML ratio). The macaque population covariate was colony of origin (rhesus: Indian, 112 cynomolgus: Chinese, cynomolgus: Mauritian and cynomolgus: Indonesian, see Table S2, Figure S2). 113 Rhesus macaques and Indonesian and Mauritian genotype cynomolgus macaques were obtained

114 from established UK breeding colonies. Chinese cynomolgus macaques were imported from a Home

115 Office approved breeding colony in China.

116 Mathematical Immunostimulation/Immunodynamic (IS/ID) Model

117

118 An ordinary differential equations model was used to describe the IFN-y response dynamics of two CD4+ T cell populations: transitional effector memory (31) and resting "central" memory, which are 119 120 short and long-lived, respectively (32-34) (Figure 1). Briefly, cells were recruited into the transitional 121 effector memory compartment at rate δ . A proportion, p of transitional effector memory cells 122 apoptosed at rate μ_{TEM} and the remaining proportion (1-p) transitioned to central memory 123 phenotype where they stayed for the duration of the model run (170 days) (Figure 1). Central 124 memory cells are quiescent in the host until stimulated by antigen (35), however we considered 125 them here to contribute to IFN-y production as the ELISPOT assay uses PPD to stimulate all 126 potentially IFN-y secreting CD4+ T-cells. To reflect this, the IFN-y immune response predicted by the 127 mathematical model was the sum of the number of transitional effector memory and central 128 memory cells populations over time. We assumed any non-zero responses at baseline to be an 129 existing memory response that had immediately reverted to transitional effector memory 130 phenotype in the presence of antigen. Therefore, the initial transitional effector memory population 131 (TEM₀) was positive for those subjects. We assumed that the increase in the number of transitional 132 effector memory and central memory cells did not occur immediately after vaccination, but 133 gradually increased over time due to immune processes such as vaccine antigen trafficking and 134 presentation (35, 36). It then subsided as T cell stimulation was assumed not to last indefinitely (35-135 39). The recruitment of transitional effector memory cells over time was controlled in the model 136 using the recruitment rate, δ , which was a peaked curve specified using a gamma probability density 137 function (PDF) distribution with parameters L, k and h (Figure 1).

138 <u>Analyses</u>

139

140 Analysis 1: Model calibration to IFN-y data and exploration of model predictions for macaque and

141 humans, separately

142 In analysis 1, the model was calibrated to the macaque and human data separately to quantify the 143 dynamics of the IFN-y response for each species. To do this, three parameters were estimated (the 144 components of function δ : L, k and h (Figure 1)) and, TEM₀, the initial number of transitional effector 145 memory cells using the established method of nonlinear mixed effects modelling (NLMEM) (40) 146 using the software Monolix v. 4.3.3 (41). Briefly, NLMEM uses maximum likelihood methods to 147 estimate the model parameters that best describe the population mean response and the associated 148 parameter variance which accounts for the within-population variation (for more details see (42)). 149 Evaluation of the model's ability to describe the data was conducted primarily by simulation based, 150 visual predictive check (VPC) plots (see supplementary methods for details); assessment of the 151 precision of the estimated parameters using the relative standard error (RSE) and a goodness of fit 152 measure (Bayesian Information Criteria (BIC)). A difference in BIC of >6 was considered a significant 153 (p-value< 0.05) effect (43) and a parameter RSE< 30% was considered a well estimated parameter. 154 The proportion of transitional effector memory cells that die (p) was assumed to be 0.925, as 155 supported by literature (33) (Figure 1, Table 1) and the parameter governing the mortality rate of 156 transitional effector memory cells, μ_E , was fixed after a scenario analysis was conducted (Table S3). 157 Further tests required to establish the NLMEM framework are outlined in Tables S4-S6.

158 Analysis 2: Population covariate impact on within-population variation in model parameter

159 estimates

In analysis 2, we explored whether population covariates (i.e. subpopulations e.g. such as colony)
 could reduce the within-population variation of the estimated parameters from analysis 1, and thus

established a subpopulation-model for macaques and humans, separately. To do this, covariateparameter relationships were tested and selected based a forward-addition strategy and likelihood ratio test method (see supplementary methods for details). Once the appropriate covariateparameter relationship was found, the subpopulation-model was then calibrated to the data and the subpopulation parameters estimated. We observed the change in the BIC and within-population variation of model parameters from analysis 1 to analysis 2 as a result of accounting for the population covariates.

Analysis 3: Which macaque subpopulations best predicted immune responses in different humansubpopulations?

171

To evaluate which macaque subpopulation best predicted the immune response in different human subpopulations, estimated parameters and parameter variances from the macaque subpopulationmodel (analysis 2) and were fit to the human data (or human subpopulation data (analysis 2)). The subpopulation of macaque which best described the human data was defined as the model with the lowest BIC.

Analysis 4: Predicted number of transitional effector memory (TEM) and resting central memory(CM) cells over time

179 The calibrated mathematical model was then used to predict the number of transitional effector 180 memory(31)(31) and resting central memory cells over time. These dynamics were not measured 181 empirically.

182 Results

183

Analysis 1: Model calibration to IFN-γ data and exploration of model predictions for macaque and
 humans, separately

The estimated parameter values for both species can be found in Table 1. The Visual Predictive Check (VPC) plot in Figure 2 shows the model simulated ranges for macaques and humans cover the empirical data, indicating our model is good representation of the empirical data. Further diagnostic plots and model prediction plots can be found in Figures S3-S7.

190 Analysis 2: Population covariate impact on within-population variation in model parameter191 estimates

192 We found two covariates to be important: stratifying macaques by colony and humans by baseline 193 BCG status reduced the within-population variation in the macaque initial transitional effector 194 memory cell count (TEM₀), the human initial transitional effector memory cell count, and the human gamma PDF multiplier and scale parameters (parameters L and h) (Table 1, S7-S13, Figures S8-S12). 195 196 The VPC and further diagnostic plots for the subpopulation-models show the model describes the 197 data adequately (Figures S13-S18). Accounting for the population covariates reduced the BIC value significantly by 73 in humans compared to analysis 1 (from BIC=2779 in analysis 1 to BIC=2706 in 198 199 analysis 2, Table 1) and was decreased by 2 in macaques (from BIC=7253 in analysis 1 to BIC=7251 in 200 analysis 2, Table 1). The model-predicted total mean number of IFN-y secreting cells (transitional 201 effector memory plus central memory cells) over time is shown in Figure 3 as a visual assessment of the goodness of model fit to the mean empirical data. Also, Figures S19 and S20 show the 10th to 90th 202 203 percentiles of model predictions after accounting for within-population variation.

mmunology

Analysis 3: Which macaque subpopulations best predicted immune responses in different human subpopulations?

206

The calibrated model for the Indonesian cynomolgus macaques from analysis 2, provided the lowest BIC values for the human BCG: N population, the Indian rhesus macaques provided the second lowest value (BIC values 1357 and 1391 respectively, Figures 4, S20-S27). The calibrated model for the Mauritian cynomolgus macaques best represented the BCG: Y humans (BIC value 1608, Figures 4, S21-S28).

Analysis 4: Predicted number of transitional effector memory (TEM) and resting central memory(CM) cells over time.

214 Figure 5 shows the model predicted number of total, transitional effector memory and central

 $\label{eq:215} \mbox{memory cells secreting IFN-} \gamma, \mbox{ over time, for the mean macaque and human subpopulation data.}$

216 These model dynamics present a prediction for the CD4+ T cell phenotypic behaviour, and how they

217 differ between species and subpopulations, which could be validated experimentally.

 \geq

<u>Clinical and Vaccine</u>

218 Discussion

219

In our proof-of-concept study, we applied novel immunostimulation/immunodynamic (IS/ID) modelling to BCG immune response data and found that macaque colony and human baseline-BCG status were significantly (p<0.05) associated with BCG induced IFN-γ immune response. No other population covariates were significantly associated. For baseline-BCG-naïve humans, Indonesian cynomolgus macaques and Indian Rhesus macaques best predicted immune response. For baseline-BCG-BCG-vaccinated humans, Mauritian cynomolgus macaques best predicted immune response.</p>

A key strength of this proof-of-concept study was the application of mathematical modelling techniques to vaccine data that are rarely explored quantitatively. We used established robust quantitative and statistical frameworks (compartmental mathematical models with NLMEM (40)) to explore the complex biological dynamics, giving an early example of the utility of IS/ID modelling. The biological data we used were standardised between species, with respect to time points and laboratory techniques, which allowed a direct comparison of the immune response to BCG vaccination.

Although our model was a highly simplified version of the complexities of the immune system (see 233 234 supplementary discussion for main assumptions and their impact (Table S14)), analysis 1 showed the 235 model described the data well. When applied to the subpopulation data in analysis 2, the IS/ID 236 model was also a good description of the data. However, when calibrated to smaller subpopulation 237 sizes (especially for the Chinese and Indonesian cynomolgus macaques) the estimated model 238 parameters were more uncertain than for the larger populations (see relative standard error values 239 in Table 1). Access to larger data sets on these populations would increase the certainty of the 240 parameter estimates. Additionally, in analysis 2, our aim was to establish how population covariates 241 affect the model parameters using a stepwise addition method. However, as Whittingham et al point 242 out, despite is widespread use, there are inherent drawbacks with such a method (44).

By modelling the recruitment rate of transitional effector memory cells by the function δ , we were able to represent the nonlinear stimulation of the CD4 T cell response following BCG vaccination allowing comparison of the dynamics of the response between subpopulations. However, as the recruitment rate of transitional effector memory cells was not based on biological data and characterised by a theoretical shape, it is difficult to make direct biological interpretations of the parameters. To incorporate a mechanistic stimulation curve in future work, data on the cells involved in the stimulation response would be required.

250 The results in this analysis were consistent with previous work, in which we applied descriptive 251 statistics to the human data (28). In that study, men experienced a higher baseline IFN-y response 252 (p-value<0.1) in comparison with women. A similar pattern can be seen in the current work as the 253 median initial number of transitional effector memory cells (TEM₀) for men being higher than that of 254 women (Figure S8). Additionally, the model in analysis 2 is consistent with (28) for humans, in which immune responses were higher in magnitude and sustained for longer for baseline-BCG-vaccinated 255 256 humans than for baseline-BCG-naive humans. Therefore, our results suggest BCG revaccination 257 provides a higher and more sustained IFN-y response than primary vaccination in humans. Finally, 258 our results suggest that there are differences in BCG response between the colonies of macaques. 259 This is consistent with work by Langermans et al., who show that rhesus macaques experience 260 higher IFN-y response 13 weeks after BCG vaccination than cynomolgus macaques (22), although the 261 potential effect of colony on IFN-y response was not highlighted in that work. Differences in 262 responses across macaque colony are also true in *Mtb* challenge studies: Sharpe et al. showed that IFN- γ secreting CD4 T cells AUC_{12Week} values were significantly higher for Indian rhesus macaques 263 264 than Indonesian cynomolgus (21). Although we don't consider Mtb. challenge in our analysis, these 265 differences may be important to consider when selecting an NHP model for human mycobacterial 266 immune response.

Clinical and Vaccine Immunology

267 Our results imply that responses in Indonesian cynomolgus macaques followed by Indian rhesus 268 macaques most closely resembled the ELISPOT response in primary vaccinated humans. However, 269 we approach this conclusion with caution, as the sample sizes of the macaque colony 270 subpopulations were variable. With these smaller sample sizes model parameterization and 271 validation are less reliable than for the larger groups. More data on the colonies with small sample 272 sizes should be collected and re-modelled to verify our results. Nevertheless, the large sample size 273 obtained for the Indian rhesus macaques was collated over decades of experimentation. 274 Conventional vaccine studies in macaques are often limited to 6-9 per group due to space and cost. 275 These smaller macaque experiments are then used to inform clinical vaccine trials, making our small 276 sample sizes more representative of current vaccine development.

277 It is important to note that, in terms of BCG vaccination history, this human subpopulation is the 278 most comparable to all of the macaque subpopulations. Mauritian cynomolgus macaques made the 279 highest response to a primary BCG vaccination and therefore most closely resemble revaccination in 280 humans. However, it is apparent from Figure 4 that the BCG vaccinated humans experienced a 281 considerably higher magnitude of responses than all of the macaque (baseline-BCG-naïve) 282 subpopulations. This suggests that the immune response to an antigen encountered for the first 283 time is lower and slower than the response induced to the same antigen on subsequent occasions 284 (35). Our results, therefore suggest that a revaccinated macaque animal model for revaccinated 285 humans may be most appropriate. This should be considered in further IS/ID translational analysis 286 between macagues and humans.

In our analyses, we only consider a UK-based human population. In future evaluations, a similar analysis to that presented here could be carried out on populations from varying geographical locations, as BCG responses have been shown to vary by geographic location (45). Other population covariates, such as age may also be important (8). Additionally, whether this analysis will be similar for other candidate vaccines would benefit from further scrutiny.

Figure 5 explored the dynamics of the constituent T cell populations, and provided insights into how and when memory may be developed - an important consideration in vaccine regimen design, i.e. timing of revaccination and if varies between subpopulations. However, we do not currently have data to support these dynamics, so future work could be undertaken using flow cytometry to characterise the relative number of complex phenotypic cell types over time and thus inform models that can provide better understanding of T-cell dynamics.

In this analysis, we used solely IFN- γ as an proxy for BCG vaccine immunogenicity (46) and do not 298 299 consider BCG efficacy measures explicitly. We appreciate that in order to develop a vaccine, both 300 immunogenicity and efficacy are vital considerations. Therefore, in predicting which macaque model 301 best represents the human vaccine response, vaccine efficacy cannot be ignored. However, to 302 incorporate efficacy would require more complex models and data than we present here. As more 303 immunological information or functional parameters becomes available, IS/ID modelling methods 304 allow us to easily integrate new information, e.g. on cytokines, cells or for efficacy measures, 305 bacteria counts. Thus, we would be able to make decisions on the best NHP model to use based on a 306 more complete vaccine performance framework.

307 Conclusion

308 This work suggests that the immune responses of different human subpopulations may be best 309 modelled by different macaque colonies, and demonstrates the potential utility of 310 immunostimulation/immunodynamic modelling to TB accelerate vaccine development.

311 Acknowledgements

- 312 We would like to thank our colleagues at INSERM (J. Guedj and F. Mentre), Paris who provided
- 313 training into the NLMEM methods.

Clinical and Vaccine Immunology

314 Funding

315	SR is supported by a LSHTM studentship funded by Aeras. GK is funded by the National Institute for
316	Health Research Health Protection Research Unit (NIHR HPRU) in Healthcare Associated Infection
317	and Antimicrobial Resistance at Imperial College London in partnership with Public Health England
318	(PHE). The views expressed are those of the author(s) and not necessarily those of the NHS, the
319	NIHR, the Department of Health or Public Health England. RGW is funded the UK Medical Research
320	Council (MRC) and the UK Department for International Development (DFID) under the MRC/DFID
321	Concordat agreement that is also part of the EDCTP2 programme supported by the European Union
322	(MR/P002404/1), the Bill and Melinda Gates Foundation (TB Modelling and Analysis Consortium:
323	OPP1084276/OPP1135288, SA Modelling for Policy: OPP1110334, CORTIS: OPP1137034, Vaccines:
324	OPP1160830) and UNITAID (4214-LSHTM-Sept15; PO 8477-0-600).

325 Competing Financial Interest

326 The author(s) declare no competing financial interests.

327

328	Refere	ences
329		
330	1.	WHO. 2015. Global Tuberculosis Report 2015. World Health Organization, WHO,
331	2.	Mangtani P, Abubakar I, Ariti C, Beynon R, Pimpin L, Fine PE, Rodrigues LC, Smith PG,
332		Lipman M, Whiting PF, Sterne JA. 2014. Protection by BCG vaccine against tuberculosis: a
333		systematic review of randomized controlled trials. Clin Infect Dis 58: 470-480.
334	3.	Dye C. 2013. Making wider use of the world's most widely used vaccine: Bacille Calmette-
335		Guerin revaccination reconsidered. J R Soc Interface 10 :20130365.
336	4.	Dye C, Glaziou P, Floyd K, Raviglione M. 2013. Prospects for tuberculosis elimination. Annu
337	_	Rev Public Health 34: 271-286.
338	5.	Acosta A, Norazmi MN, Hernandez-Pando R, Alvarez N, Borrero R, Infante JF, Sarmiento
339		ME. 2011. The importance of animal models in tuberculosis vaccine development. Malays J
340	~	
341	6.	Tanner K, McShane H. 2016. Replacing, reducing and retining the use of animals in
342	7	tuberculosis vaccine research. ALTEX dol:10.145/3/altex.160/281.
343	7.	Fiynn JL, Gideon HP, Mattila JT, Lin PL. 2015. Immunology studies in non-numan primate
544 245	0	McShane H. Williams A. 2014. A review of preclinical animal models utilised for TP vaccine
345	о.	evaluation in the context of recent human efficacy data. Tuberculoris (Ediph) 94:105-110
340	Q	Carlsson HE Schaniro SL Farah I Hau I 2004 Lise of primates in research: a global
348	5.	overview Am Primatol 63:225-237
340	10	Gormus BI Blanchard II Alvarez XH Didier PI 2004 Evidence for a rhesus monkey model
350	10.	of asymptomatic tuberculosis. I Med Primatol 33 :134-145.
351	11.	Capuano SV. 3rd. Croix DA. Pawar S. Zinovik A. Myers A. Lin PL. Bissel S. Fuhrman C. Klein
352		E, Flynn JL. 2003. Experimental Mycobacterium tuberculosis infection of cynomolgus
353		macaques closely resembles the various manifestations of human M. tuberculosis infection.
354		Infect Immun 71: 5831-5844.
355	12.	Pena JC, Ho WZ. 2015. Monkey models of tuberculosis: lessons learned. Infect Immun
356		83: 852-862.
357	13.	Kaushal D, Mehra S, Didier PJ, Lackner AA. 2012. The non-human primate model of
358		tuberculosis. J Med Primatol 41:191-201.
359	14.	Scanga CA, Flynn JL. 2014. Modeling tuberculosis in nonhuman primates. Cold Spring Harb
360		Perspect Med 4:a018564.
361	15.	Barclay WR, Anacker RL, Brehmer W, Leif W, Ribi E. 1970. Aerosol-Induced Tuberculosis in
362		Subhuman Primates and the Course of the Disease After Intravenous BCG Vaccination. Infect
363		Immun 2: 574-582.
364	16.	Janicki BW, Good RC, Minden P, Affronti LF, Hymes WF. 1973. Immune responses in rhesus
365		monkeys after bacillus Calmette-Guerin vaccination and aerosol challenge with
366		Mycobacterium tuberculosis. Am Rev Respir Dis 107: 359-366.
367	17.	Reed SG, Coler RN, Dalemans W, Tan EV, DeLa Cruz EC, Basaraba RJ, Orme IM, Skeiky YA,
368		Alderson MR, Cowgill KD, Prieels JP, Abalos RM, Dubois MC, Cohen J, Mettens P, Lobet Y.
369		2009. Defined tuberculosis vaccine, Mtb/2E/AS02A, evidence of protection in cynomolgus
370	10	monkeys. Proc Nati Acad Sci U S A 106:2301-2306.
3/1	18.	Kausnai D, Foreman I W, Gautam US, Alvarez X, Adekambi I, Kangel-Moreno J, Golden NA,
3/2 272		Jonnson Aivi, Phillips BL, Ansan Ivin, Kussell-Lodrigue KE, Doyle LA, Koy CJ, Didler PJ, Planchard II. Bangarajan L. Lackner AA, Khadar SA, Makra S, 2015, Musacal Vassinsking
3/3		Dianchard JL, Kengarajan J, Lackner AA, Knader SA, Wienra S. 2015. Mucosal Vaccination

374		with attenuated Mycobacterium tuberculosis induces strong central memory responses and
375		protects against tuberculosis. Nat Commun 6: 8533.
376	19.	White AD, Sarfas C, West K, Sibley LS, Wareham AS, Clark S, Dennis MJ, Williams A, Marsh
377		PD, Sharpe SA. 2015. Evaluation of the Immunogenicity of Mycobacterium bovis BCG
378		Delivered by Aerosol to the Lungs of Macaques. Clin Vaccine Immunol 22:992-1003.
379	20.	Sharpe SA, Eschelbach E, Basaraba RJ, Gleeson F, Hall GA, McIntyre A, Williams A, Kraft SL,
380		Clark S, Gooch K, Hatch G, Orme IM, Marsh PD, Dennis MJ. 2009. Determination of lesion
381		volume by MRI and stereology in a macaque model of tuberculosis. Tuberculosis (Edinb)
382		89: 405-416.
383	21.	Sharpe S, White A, Gleeson F, McIntyre A, Smyth D, Clark S, Sarfas C, Laddy D, Rayner E,
384		Hall G, Williams A, Dennis M. 2016. Ultra low dose aerosol challenge with Mycobacterium
385		tuberculosis leads to divergent outcomes in rhesus and cynomolgus macaques. Tuberculosis
386		(Edinb) 96: 1-12.
387	22.	Langermans JA, Andersen P, van Soolingen D, Vervenne RA, Frost PA, van der Laan T, van
388		Pinxteren LA, van den Hombergh J, Kroon S, Peekel I, Florquin S, Thomas AW. 2001.
389		Divergent effect of bacillus Calmette-Guerin (BCG) vaccination on Mycobacterium
390		tuberculosis infection in highly related macaque species: implications for primate models in
391		tuberculosis vaccine research. Proc Natl Acad Sci U S A 98:11497-11502.
392	23.	Javed S, Marsay L, Wareham A, Lewandowski KS, Williams A, Dennis MJ, Sharpe S, Vipond
393		R, Silman N, Ball G, Kempsell KE. 2016. Temporal Expression of Peripheral Blood Leukocyte
394		Biomarkers in a Macaca fascicularis Infection Model of Tuberculosis; Comparison with
395		Human Datasets and Analysis with Parametric/Non-parametric Tools for Improved
396		Diagnostic Biomarker Identification. PLoS One 11 :e0154320.
397	24.	Hanekom W, Johnston P, Kaplan G, Karp C, Shackelton L, Stuart L, Wilson C. 2014. Revision
398		of the Bill & Melinda Gates Foundation TB vaccine strategy - 2014.
399	25.	Knibbe CA, Zuideveld KP, Aarts LP, Kuks PF, Danhof M. 2005. Allometric relationships
400		between the pharmacokinetics of propofol in rats, children and adults. Br J Clin Pharmacol
401		59: 705-711.
402	26.	Dubois VF, de Witte WE, Visser SA, Danhof M, Della Pasqua O, Cardiovascular Safety
403		Project T, Platform TIPP. 2016. Assessment of Interspecies Differences in Drug-Induced QTc
404		Interval Prolongation in Cynomolgus Monkeys, Dogs and Humans. Pharm Res 33: 40-51.
405	27.	Mould DR, Upton RN. 2012. Basic concepts in population modeling, simulation, and model-
406		based drug development. CPT Pharmacometrics Syst Pharmacol 1:e6.
407	28.	Rhodes SJ, Knight GM, Fielding K, Scriba TJ, Pathan AA, McShane H, Fletcher H, White RG.
408		2016. Individual-level factors associated with variation in mycobacterial-specific immune
409		response: Gender and previous BCG vaccination status. Tuberculosis (Edinb) 96 :37-43.
410	29.	White AD, Sibley L, Dennis MJ, Gooch K, Betts G, Edwards N, Reyes-Sandoval A, Carroll
411		MW, Williams A, Marsh PD, McShane H, Sharpe SA. 2013. Evaluation of the safety and
412		immunogenicity of a candidate tuberculosis vaccine, MVA85A, delivered by aerosol to the
413		lungs of macaques. Clin Vaccine Immunol 20: 663-672.
414	30.	Sharpe SA, McShane H, Dennis MJ, Basaraba RJ, Gleeson F, Hall G, McIntyre A, Gooch K,
415		Clark S, Beveridge NE, Nuth E, White A, Marriott A, Dowall S, Hill AV, Williams A, Marsh
416		PD. 2010. Establishment of an aerosol challenge model of tuberculosis in rhesus macaques
417		and an evaluation of endpoints for vaccine testing. Clin Vaccine Immunol 17:1170-1182.
418	31.	Seder KA, Darrah PA, Roederer M. 2008. T-cell quality in memory and protection:
419	22	Implications for vaccine design. Nat Rev Immunol 8:247-258.
420	32.	Pepper IVI, Jenkins IMK. 2011. Origins of CD4(+) effector and central memory T cells. Nat
421	22	Immunol 12:46/-4/1.
422	33.	Kaech Sivi, wherry EJ, Anmed K. 2002. Effector and memory 1-cell differentiation:

423 implications for vaccine development. Nat Rev Immunol **2**:251-262.

424	34.	McKinstry KK, Strutt TM, Swain SL. 2010. The potential of CD4 T-cell memory. Immunology
425	25	130.1-9. Abbas A Lichtman A Dillai S 2015 Callular and Molecular Immunology & ed Elsevier
420	55.	Saunders
428	36.	Urdahl KB. Shafiani S. Ernst JD. 2011. Initiation and regulation of T-cell responses in
429		tuberculosis. Mucosal Immunol 4: 288-293.
430	37.	Chackerian AA. Alt JM. Perera TV. Dascher CC. Behar SM. 2002. Dissemination of
431		Mycobacterium tuberculosis is influenced by host factors and precedes the initiation of T-
432		cell immunity. Infect Immun 70: 4501-4509.
433	38.	Cooper AM. 2009. Cell-mediated immune responses in tuberculosis. Annu Rev Immunol
434		27: 393-422.
435	39.	De Rosa SC. 2004. Multicolor immunophenotyping: human mature immune system.
436		Methods Cell Biol 75: 577-594.
437	40.	Lavielle M. 2015. Mixed Effects Models for the Population Approach: Models, Tasks,
438		Methods and Tools. Chapman & Hall.
439	41.	Anonymous. 2014. Monolix: Users Guide, v4.3.3. <u>http://www.lixoft.eu/</u> .
440	42.	Lavielle M, Mentre F. 2007. Estimation of population pharmacokinetic parameters of
441		saquinavir in HIV patients with the MONOLIX software. J Pharmacokinet Pharmacodyn
442		34 :229-249.
443	43.	Raftery A. 1995. Bayesian Model Selection in Social Research. Sociological Methodology
444		25: 111-163.
445	44.	Whittingham MJ, Stephens PA, Bradbury RB, Freckleton RP. 2006. Why do we still use
446	45	stepwise modelling in ecology and benaviour? Journal of Animal Ecology 75:1182 - 1189.
447 110	45.	Chaquluka SD, Donowan L, Crampin AC, Eine DE, Dockroll HM, 2006, The influence of
440 110		previous exposure to environmental mycobacteria on the interferon-gamma response to
450		bacille Calmette-Guerin vaccination in southern England and northern Malawi. Clin Exp
450		Immunol 146:390-399
452	46.	Fletcher HA. 2007. Correlates of immune protection from tuberculosis. Curr Mol Med 7 :319-
453		325.
454		
455		
156		
450		
457		
458		
459		
460		
460		
461		
401		
462		
463		
464		

S

Clinical and Vaccine Immunology

Clinical and Vaccine Immunology

465

Figure 1: Schematic of A) the mathematical model representing the immune response dynamics of two CD4+ T cell populations secreting IFN- γ , B) depiction of how the recruitment rate of transitional effector memory cells (δ) changes over time and C) key model parameters. Equations can be found in the supplementary material.

470

471 Figure 2 : Visual Predictive Check (VPC) plot showing number of IFN-v SFU/million PMBC, by time 472 (days) for A) all macaques and B) all humans. The VPC plot assesses the appropriateness of the 473 proposed mathematical model (Figure 1) to describe the empirical data by comparing data 474 simulated using the model and population mean parameters and associated variances (Table 1), to 475 the empirical data distribution (see supplementary methods for more detail). Blue points show 476 empirical data. Pink regions represents the range of the medians of the simulated data for 500 477 simulations. Blue regions represent the ranges of the 90th and 10th percentiles of the simulated 478 population data. The green line links the empirical percentiles (10th, 50th and 90th). Dark red 479 regions represent where the empirical data falls outside the ranges of the simulated percentiles. 480 The lack of dark red regions (aside from where data are variable between time points in macaques) 481 indicates our proposed mathematical model (Figure 1) adequately represents the empirical data.

482

Figure 3: Data (black points) and model predicted (black lines) total number of T cells secreting IFN-γ
(sum of the number of Transitional effector memory cells and resting central memory cells), over
time. Model predictions use the estimated subpopulation-model parameters from Table 1 for the
four macaque colonies and the two human BCG status subpopulations. Points represent the mean of
the data at each time point. (NB note the scale differences for human).

488

489 Figure 4: Data (black Points and red triangles) and model predicted (lines) mean immune responses 490 for the four macaque colonies and human BCG: Y (left) and BCG: N (right) with the human empirical 491 responses and mean empirical responses. The tables show the results of assessing the ability of the 492 calibrated macaque colony mathematical model parameters (analysis 2, Table 1) to describe the human data for BCG: Y and BCG: N subpopulations. *BIC values are in ranked order, lowest to 493 494 highest and all difference in BIC are significant (difference in BIC>6 (43)). Abbreviations: BCG: Y = 495 those human participants who were baseline-BCG-vaccinated, BCG: N = human participants who 496 were baseline-BCG-naïve, cyn. = cynomolgus, BIC = Bayesian Information Criteria.

497

Figure 5: Data (black points), predicted total number of T cells secreting IFN-γ (black line), predicted
number of transitional effector memory (TEM) cells (green line), and predicted number of resting
central memory (CM) cells (orange line), over time. Model predictions use the estimated
subpopulation-model parameters from Table 1 for the four macaque colonies and the two human
BCG status subpopulations (NB note the scale differences for human).

503

Ļ		
gy		
nu		
2		

	Macaque					Human					
	All (analysis 1) Covariate (analysis 2)			ysis 2)	All (anal	ysis 1)	Covariate (analysis 2)				
Parameter (unit)	Value	RSE	Subpop.	Value	RSE (%)	Value	RSE	Subpop.	Value	RSE (%)	
(F=Fixed, E=Estimate)		(%)					(%)				
			Chi	0.29	39*			DCC.V	140	15	
Initial number of TEM cells (TEM ₀) (cells)	20.7	29	Maur	65.1	24	50.0	17	BCG:1	149	15	
(E)			Indo	23.2	41*	59.9	1/	BCG:N	30.6	14	
			R: Ind	15.7	20						
			Chi	617	43*			DCC.V	2240	14	
Commo DDE europe multiplier (L) (cooler)(E)	1 1 7 0	13	Maur	1,460	28	1400	14	BCG:1	5240	14	
Gamma PDF curve multiplier (L) (scalar)(E)	1,170		Indo	1,100	45*	1490	14	BCG:N	747	14	
			R: Ind	1,250	14						
			Chi	4.3	11						
Gamma PDF curve shape parameter (k)	2 21	-	Maur	3.15	10	1 45	0		1.55	10	
(scalar)(E)	5.51	5	Indo	3	20	1.45	9		1.55	10	
			R: Ind	3.53	6						
Gamma PDF curve scale parameter (h)	15	0		12.0	7	10 /	10	BCG:Y	21.7	24	
(scalar)(E)	15	°		15.0	/	10.4	10	BCG:N	15.2	34*	
Initial number of CM cells (CM ₀) (cells) (F)	0	-		0	-	0	-		0	-	
TEM cell terminal mortality rate (μ_{TEM}) (/day) (F)	0.1	-		0.1	-	0.083	-		0.083	-	
Proportion of TEM cells that die (p) (proportion) (F)	0.925	-		0.925	-	0.925	-		0.925	-	
Within-population variation (WPV) (%)	1	1					1				
Initial TEM cell population (TEM ₀)	130	25		41	27	107	15		52	19	
Gamma PDF curve multiplier (L)	96	13		90	13	95	10		61	12	
Gamma PDF curve shape parameter (k)	24	24		23	24	25	28		32	33*	
Gamma PDF curve scale parameter (h)	19	21		21	20	58	25		43	37*	
Goodness of fit statistics											
-2LL	7209			7183		2738			2653		
BIC	7253		7253 7251			2779		2706			

Macaque

Human

methods. Abbreviations: TEM = transitional effector memory, CM = central memory, PDF = Probability Density Function, RSE = relative standard error, subpop. =

subpopulation, Chi = Chinese cynomolgus macaques, Maur = Mauritian cynomolgus macaques, Indo = Indonesian cynomolgus macaques, R: Ind = Indian rhesus macaques,

S

Clinical and Vaccine Immunology BCG: Y = those human participants who were baseline-BCG-vaccinated, BCG: N = human participants who were baseline-BCG-naïve; -2LL = -2*Log Likelihood. BIC = Bayesian

Information Criteria; *: RSE >=30%.

S



Time (days)

Parameter symbol	Parameter description (unit)(fixed (F)/estimated (E))					
μ_{TEM}	TEM cell terminal mortality rate (cells per day) (F)					
р	Proportion of TEM cells that die (proportion) (F)					
Components of function δ , Recruitment rate of TEM cells (cells per day)						
L	Gamma PDF curve multiplier (scalar)(E)					
k	Gamma PDF curve shape parameter (scalar)(E)					
h	Gamma PDF curve scale parameter (scalar)(E)					
Initial Cond	itions					
CM ₀	Initial number CM cells (cells) (F)					
TEM ₀	Initial number TEM cells (cells) (E)					

Clinical and Vaccine Immunology

S



Clinical and Vaccine Immunology



S

Data: Empirical human IFN-y responses

Data: Mean empirical human IFN-y responses Model: Mauritian cyn. predicted response (total cells) Model: Indian rhesus predicted response (total cells) Model: Indonesian cyn. predicted response (total cells)

Model: Chinese cyn. predicted response (total cells) Model: Human predicted response (total cells)







- Data: Mean IFN-y response data Model: Number of total T cells Model: Number of TEM cells
 - Model: Number of CM cells