

2019台灣胸腔暨重症加護醫學會年會

THE ROLE OF EPIGENETICS IN HUMAN IMMUNE  
RESPONSES AGAINST *MYCOBACTERIUM*  
*TUBERCULOSIS* INFECTION

表觀遺傳變異在人類抵抗結核菌的免疫反應中  
所扮演的角色

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日期：2019年12月07日(星期六)上午09:20~10:00

地點：高雄展覽館 3F 301 B



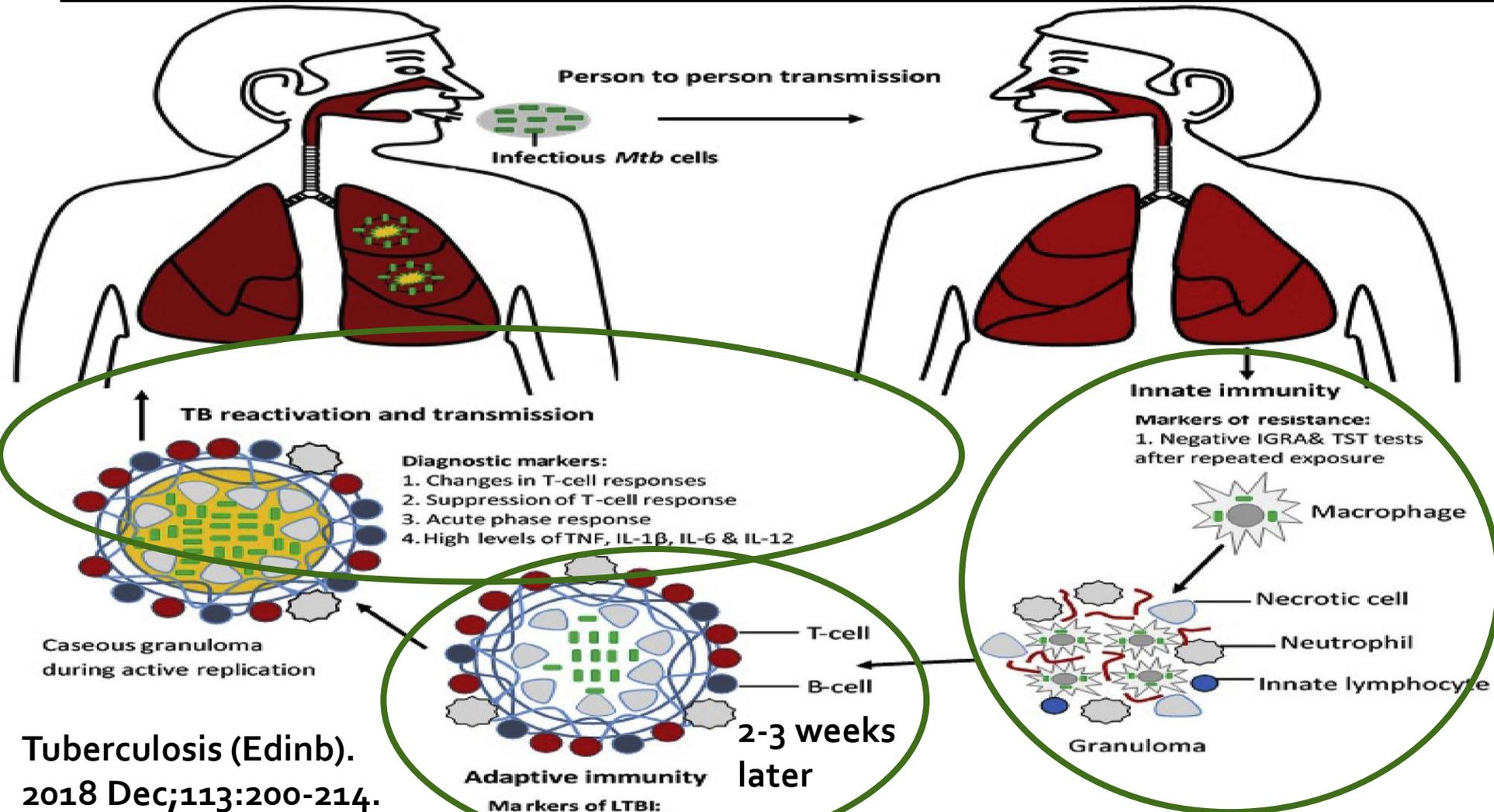


I have No commercial interest.

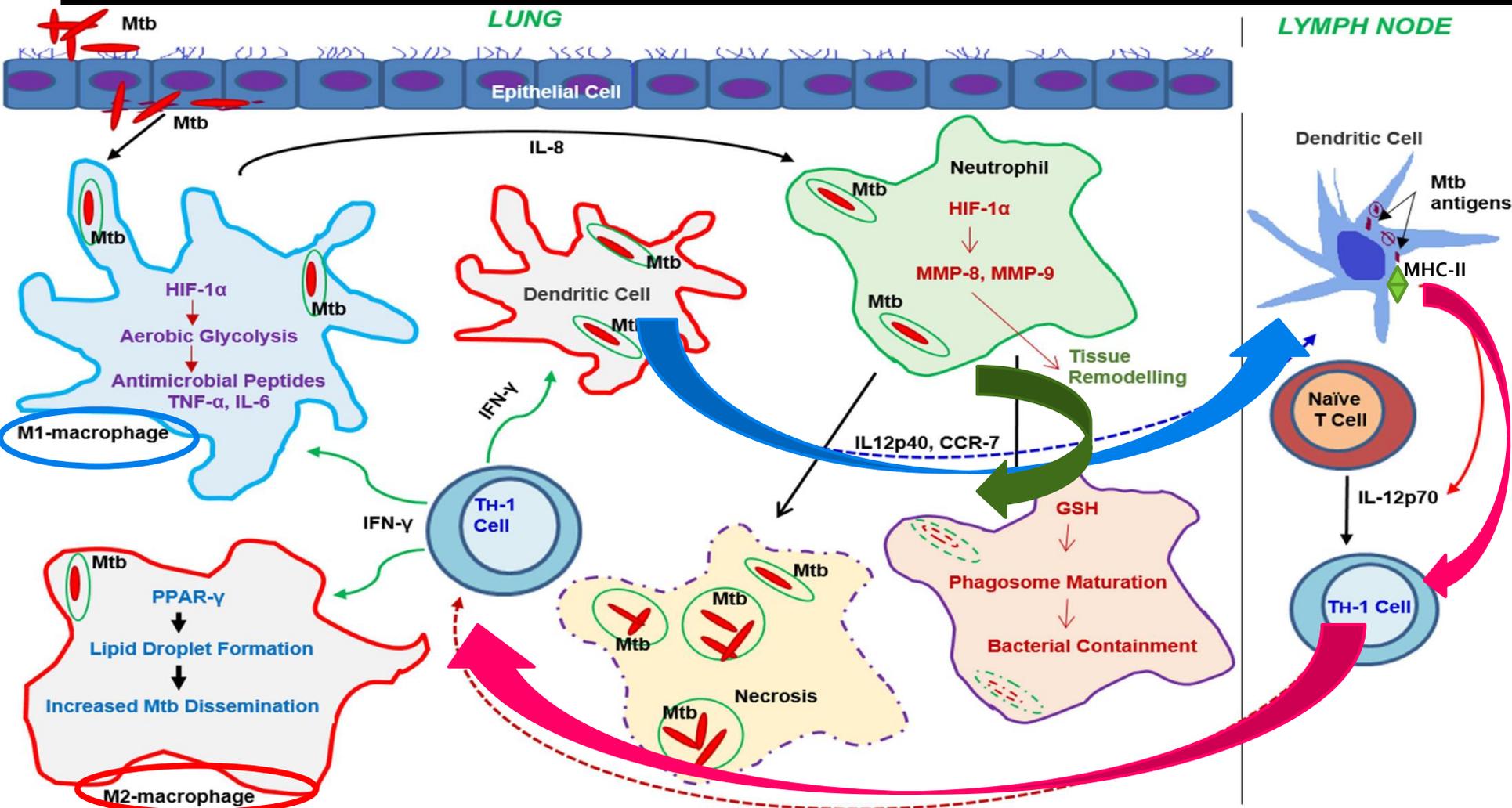
# Contents

- Epigenetics-mediated immune responses in patients with active TB disease and macrophage infected with *M.TB* in vitro
  - Aberrant DNA methylation: global/gene-specific
  - Histone modification patterns and histone modifying enzymes
  - Non-coding RNA: microRNA
- Clinical application
  - Epigenetic predictors for BCG responders
  - Host-directed immunotherapy
  - Future perspectives

Mycobacterium tuberculosis (MTB) elicits the host **innate** immune response by recruiting macrophages/neutrophil, followed by **adaptive** immune response, mainly comprised of T-cells.



**Dendritic cell** (DCs) infected with Mtb migrate to the draining lymph nodes, driving **Th-1** cell differentiation. The activated Th-1 cells migrate back to the lungs, producing **IFN- $\gamma$**  and **TNF- $\alpha$** , which activate macrophages leading to bacterial clearance. *Front. Mol. Biosci.* 2019; 6:105.



# Which factors play a major role in determining TB susceptibility or resistance?

- ***Mycobacterium TB***:
  - **rpf** genes (rpfA-E), cAMP receptor proteins, Clp protease gene regulator (Rv2745c;clgR), DosR regulon,
  - **Drug-Resistant genes**: rpoB, katG, inhA, rrs, tlyA, gyrA or gyrB, atpE gene, Rv3547
- **Comorbidities**: HIV-TB co-infection, Diabetes, Malnutrition, Smoking and alcohol
- **Environmental** factors: drugs, toxin, diet, exercise, emotion, stress
- Host **Genetic** and **Epigenetic** factors: immune competence

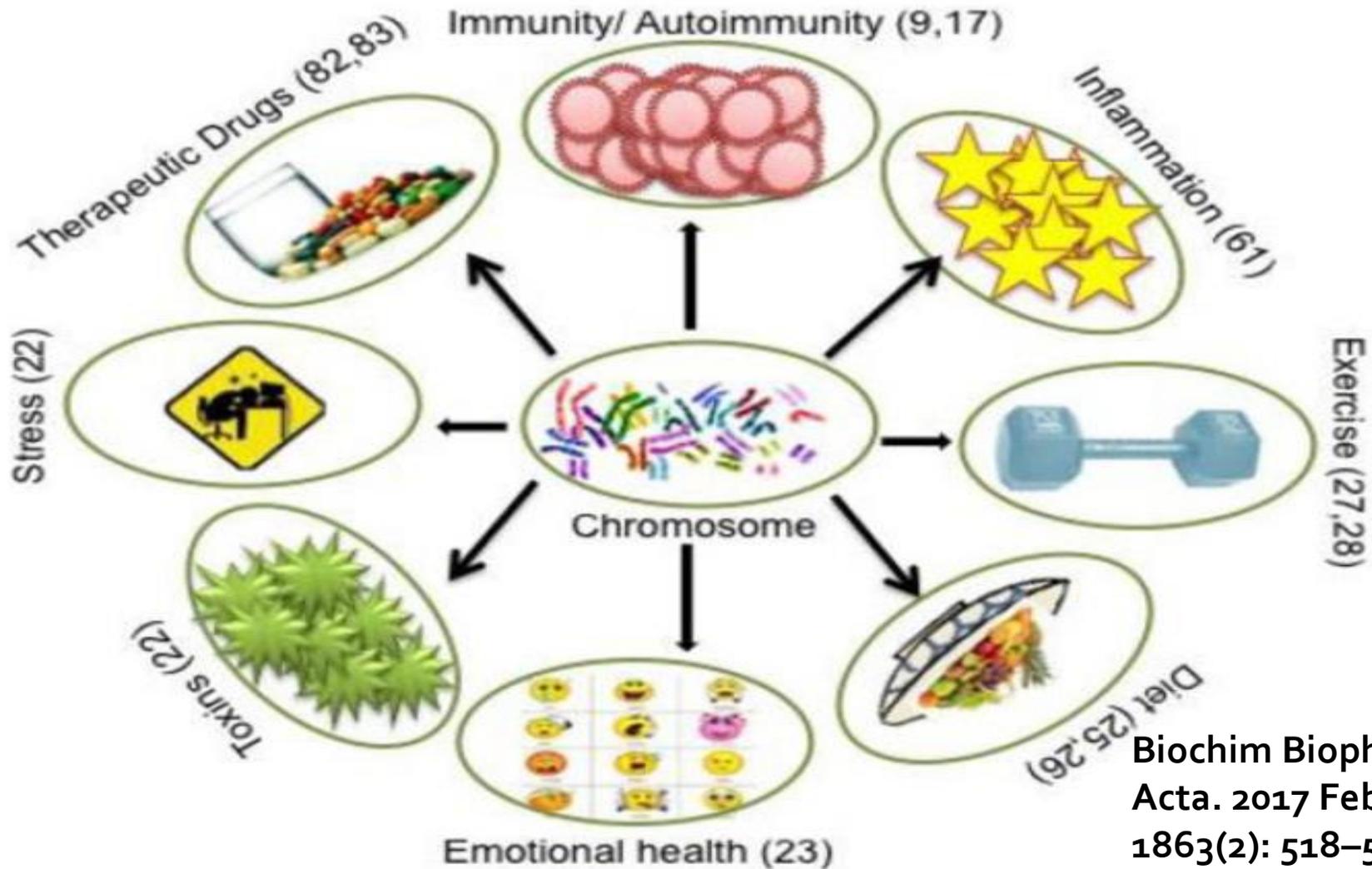
As in several other human diseases, the role of **common genetic variants** in pulmonary TB seems to be scarce. Lancet Infect Dis 2018;18: e64–75

- Most patients with latent TB infections (**90–95%**) never develop clinical disease.
- In household studies, **30–50%** of contacts with **heavy** short term exposure do not become infected.
- **Twins** study under comparable environmental exposure and social conditions
  - Higher concordance of TB in **monozygotic** than in dizygotic
  - Heritability of **TST** response at 71% and **IGRA** response at 39%
- Independent gene association studies: an **absence of consistency and replication**
- **GWAS**: Common variants might have **a little effect** on individual predisposition to adult pulmonary TB, at least when considered as a single homogeneous phenotype.

A real challenge is to associate **candidate genetic variants** with a biologically plausible mechanism that explains the epidemiological data for TB in which only **10%** of the infected individuals will develop active TB.

<b>Meta-Analysis</b>	<b>Odds Ratio</b>	<b>Number of studies</b>	<b>Risk of active TB</b>	<b>Race - dependent</b>
mannose-binding lectin gene (MBL2)	0.42-2.7	22	Decreased or increased	Africans, Americans, Europeans
vitamin D receptor (VDR)	0.87-0.92	54	Decreased	South Asians, Caucasians
Interleukin-10/17/18 (IL-10/17/18)	0.53-1.37/0.64-1.36/1.17-1.43	28/11/8	Decreased or increased	Asians, Caucasians.
Toll-like receptor (TLR) 1/2/6	0.61-5.82	16	Increased or decreased	Asians, Europeans, Africans, American Hispanics.
TNF- $\alpha$		31	Increased	East Asians
IFN- $\gamma$ /IFNGR1	1.51-1.56/1.24	19/6	Increased	Africans
HLA-Class II: DRB1/DOB1/DOA1	0.5-2.27	11	Decreased or increased	Caucasians

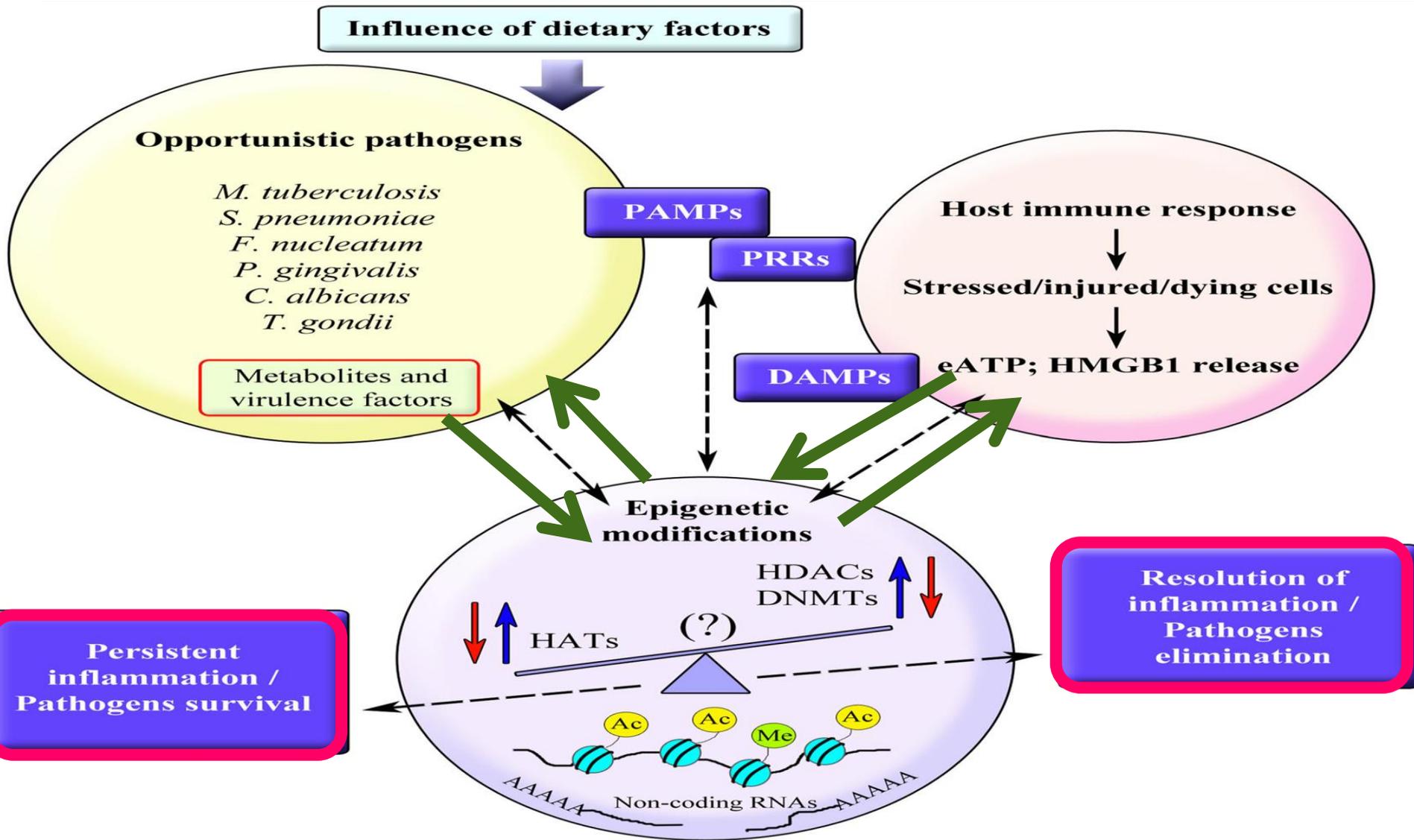
**Environmental** factors and **epigenetic** modulation in humans: Various sources presents in the environment regulates epigenetic parameters on humans.



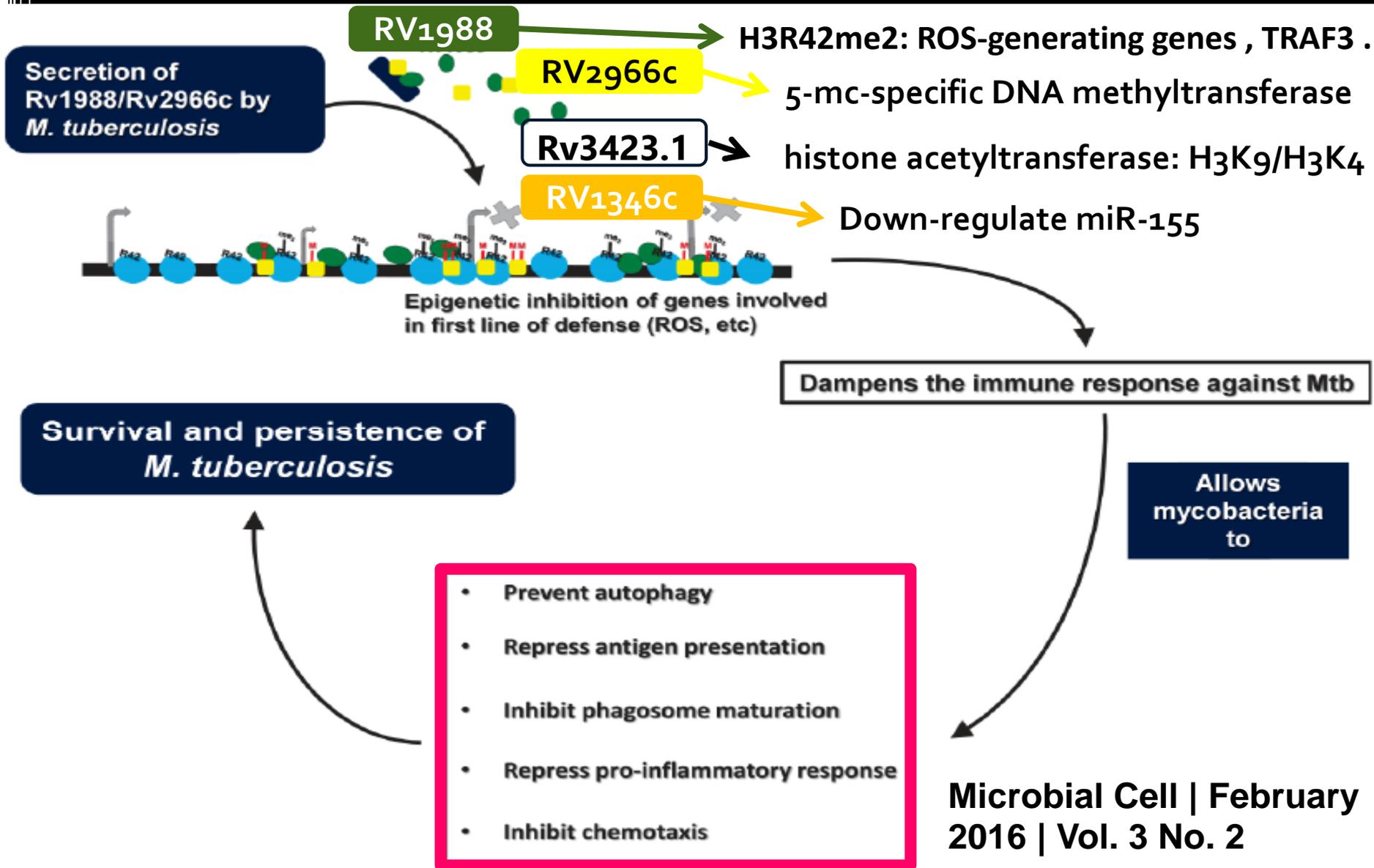
Biochim Biophys Acta. 2017 February ; 1863(2): 518–528.

# Bi-directional relationship between epigenetic modifications induced by colonizing pathogens / the host immune response.

Pathogens and Disease, 74, 2016, ftwo82



# M. TB uses Rv1988/Rv2966c/Rv3423.1/RV1346c to hijack the host transcriptional machinery.



Epigenetics refers to the regulation of gene expression

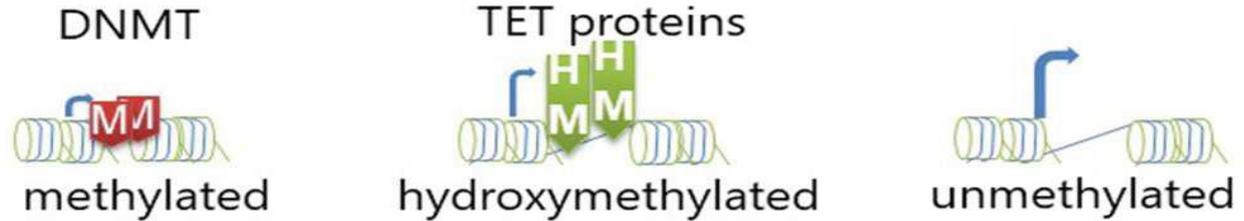
**not** caused by underlying changes in **DNA sequence**.

**Heritable** and **Reversible**.

Frontiers in Immunology July 2019 | Volume 10 | Article

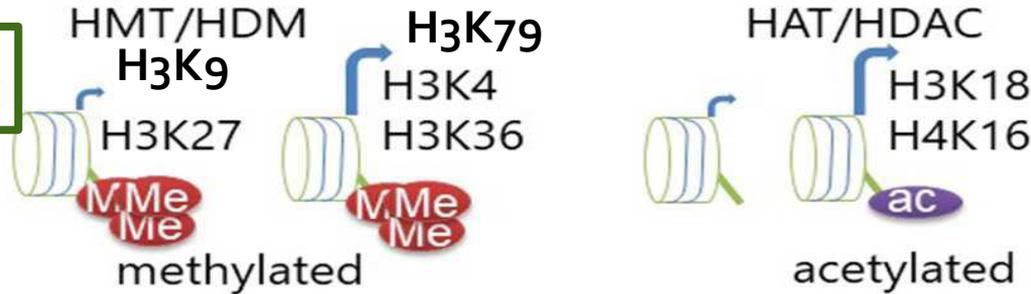
A

CpG DNA methylation



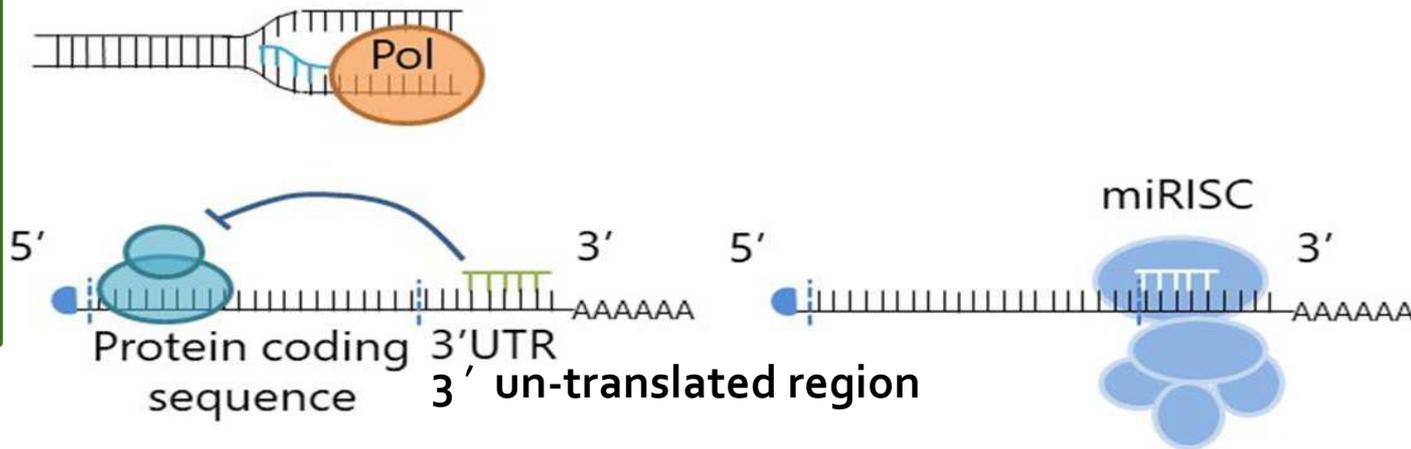
B

Histone modifications



C

ncRNA  
Non-coding RNA  
miRNA (microRNA)

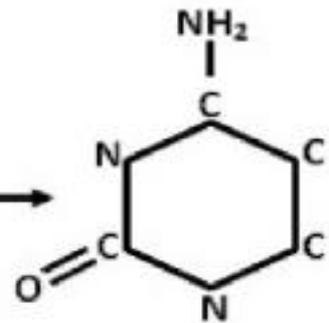




Aberrant DNA methylation  
of  
the immune-related genes  
in active TB disease or  
in response to *M.tb* infection

Methylation of DNA promoter or enhancer regions generally results in transcriptional silencing or repression.

Science. 2018 Sep 28;361(6409):1336-1340



Cytosine

Cytosine-Guanine (CpG)  
CpH: CpA, CpC, CpT

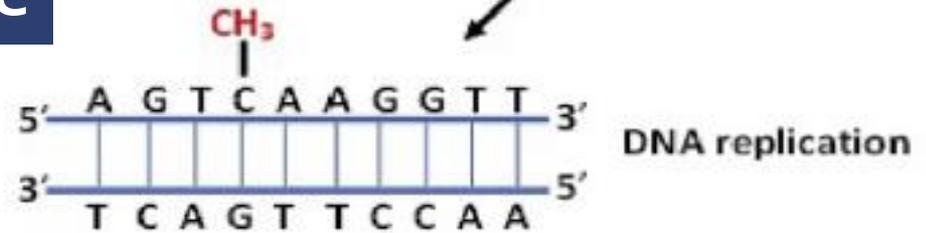
Reduced  
Transcription Factor accessibility  
to promoter or enhancer region

A

DNA methylation

DNA methyltransferase

5mC



Transcription

Messenger RNA

B

The depletion of 5mC at active regulatory is essential for active transcription regulation, while intragenic 5mC performs fine-tuning and supportive roles in transcription regulation.

CpG>65%, >550 bp

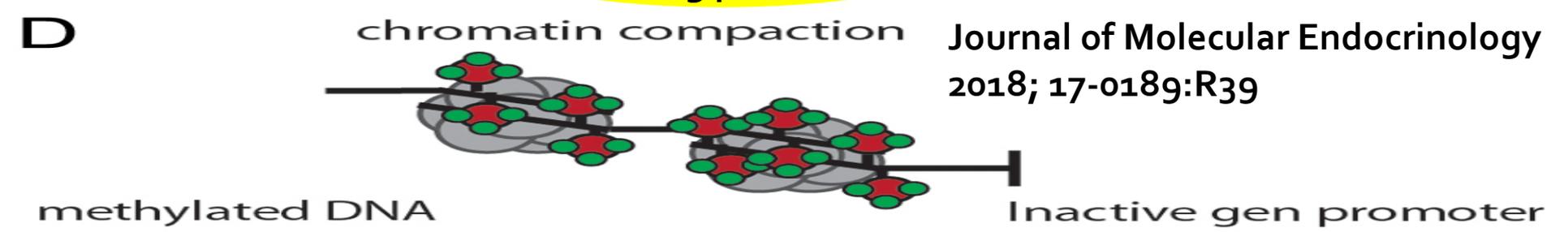
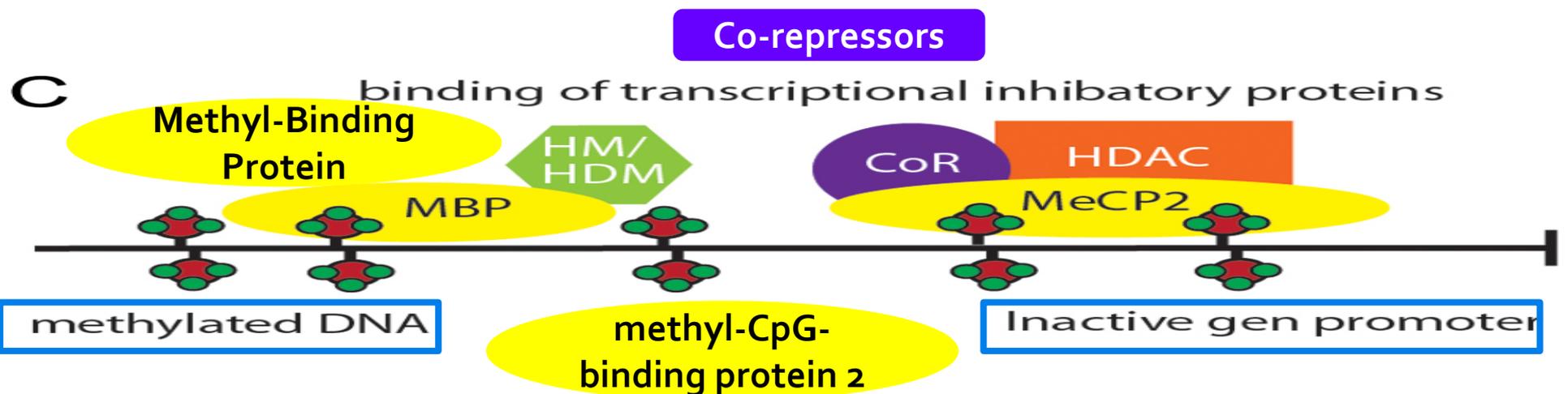
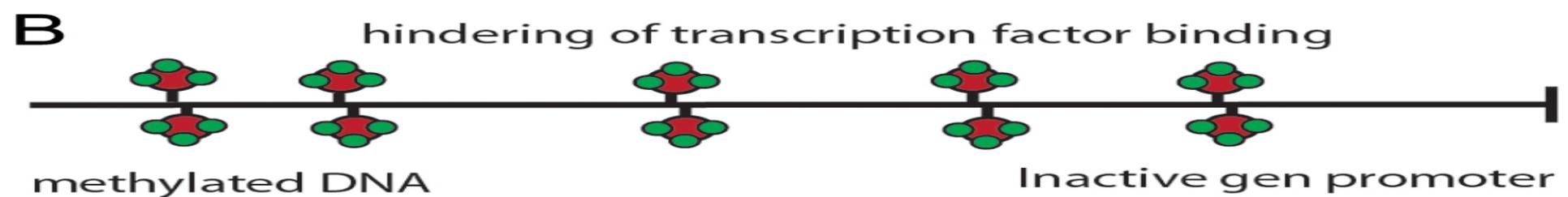
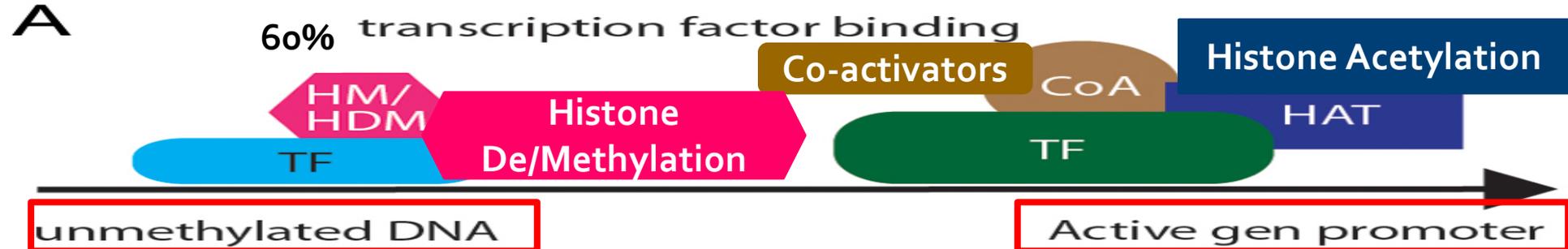


Science. 2018 Sep  
28;361(6409):1336-  
1340

Non-CpG Island Promoter

>80%  
methylation





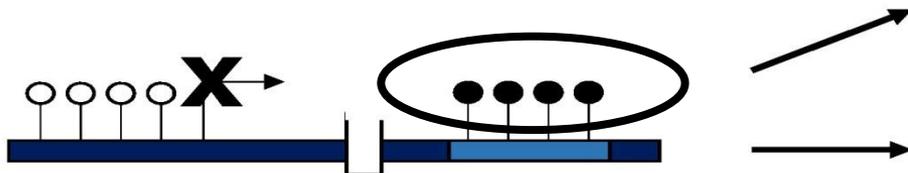
Journal of Molecular Endocrinology  
2018; 17-0189:R39

Dynamically methylated CpGs cluster into over 1 million tissue specific differentially methylated regions (DMRs), which are distal to TSS and overlap with **enhancers**.

**Enhancers** a short (50–1500 bp) region

### Methylated

Enhancers are commonly marked by levels of 5mC ranging from 10% to 50%

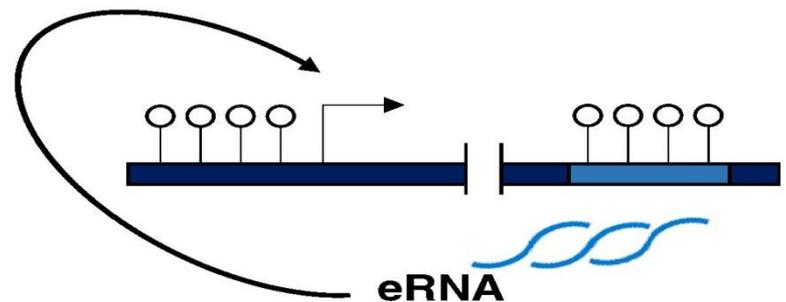
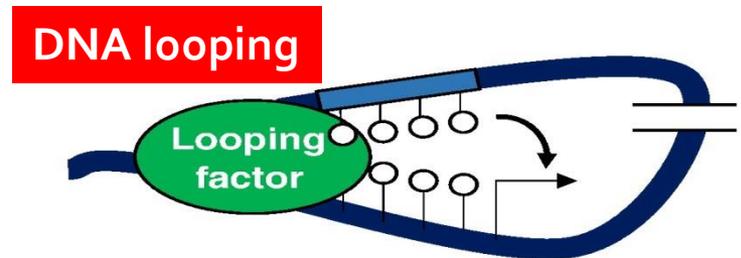
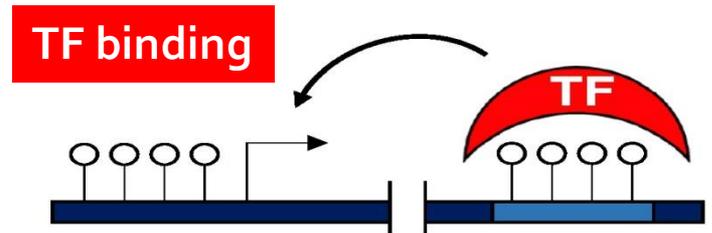


tissue specific

15%-21% of CpGs

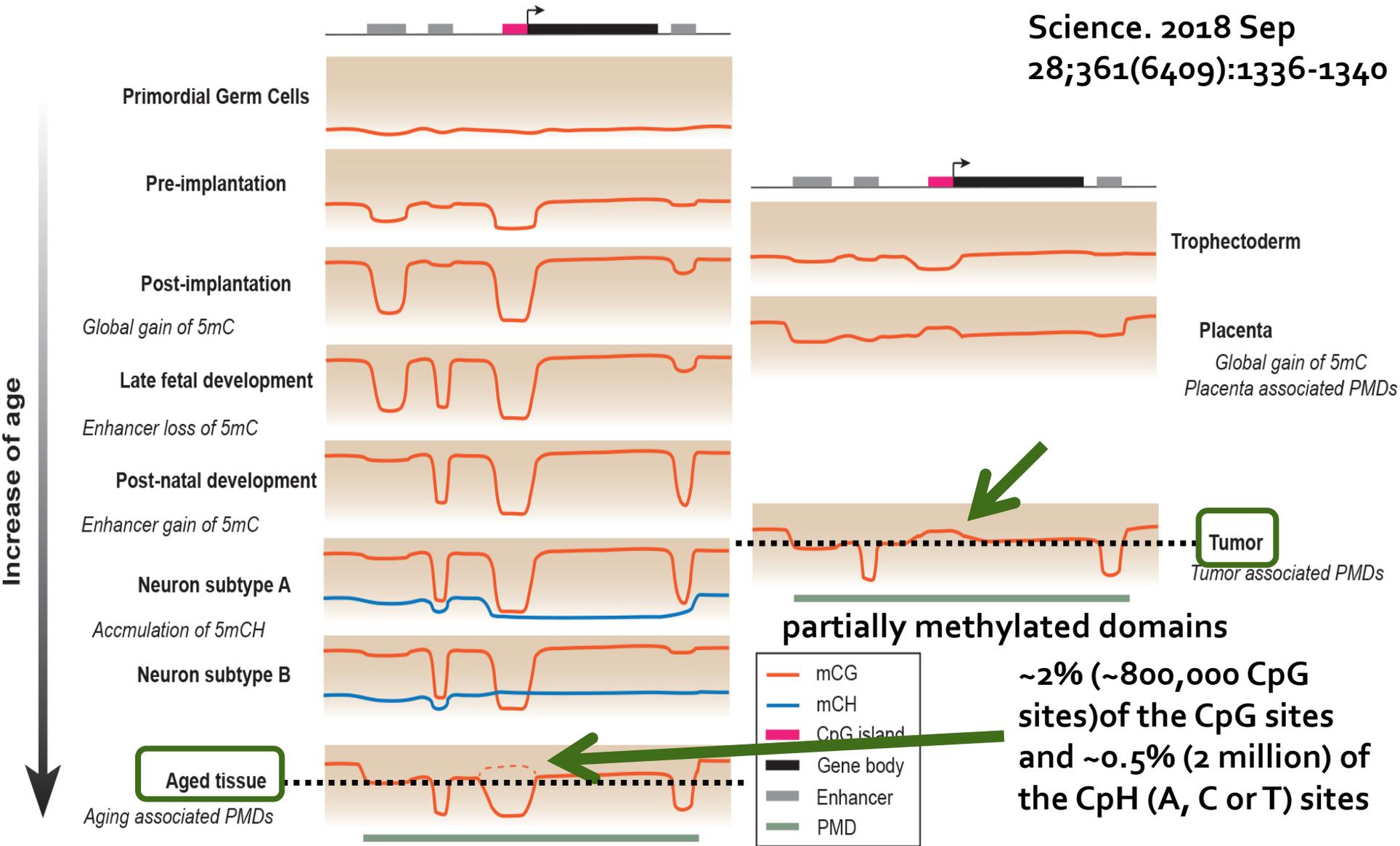
Biochimica et Biophysica Acta 1829  
(2013) 1161–1174

### Unmethylated



Both **Aged** tissues and **Tumor** methylomes have **global hypomethylation** and localized **hypermethylation** over specific **promoter** regions.

Science. 2018 Sep  
28;361(6409):1336-1340



The global reduced methylation content can be caused by down-regulated expression of DNMTs or insufficient supply of folic acid in elderly subjects.

Frontiers in Genetics 2019 | Volume 10 | Article 107

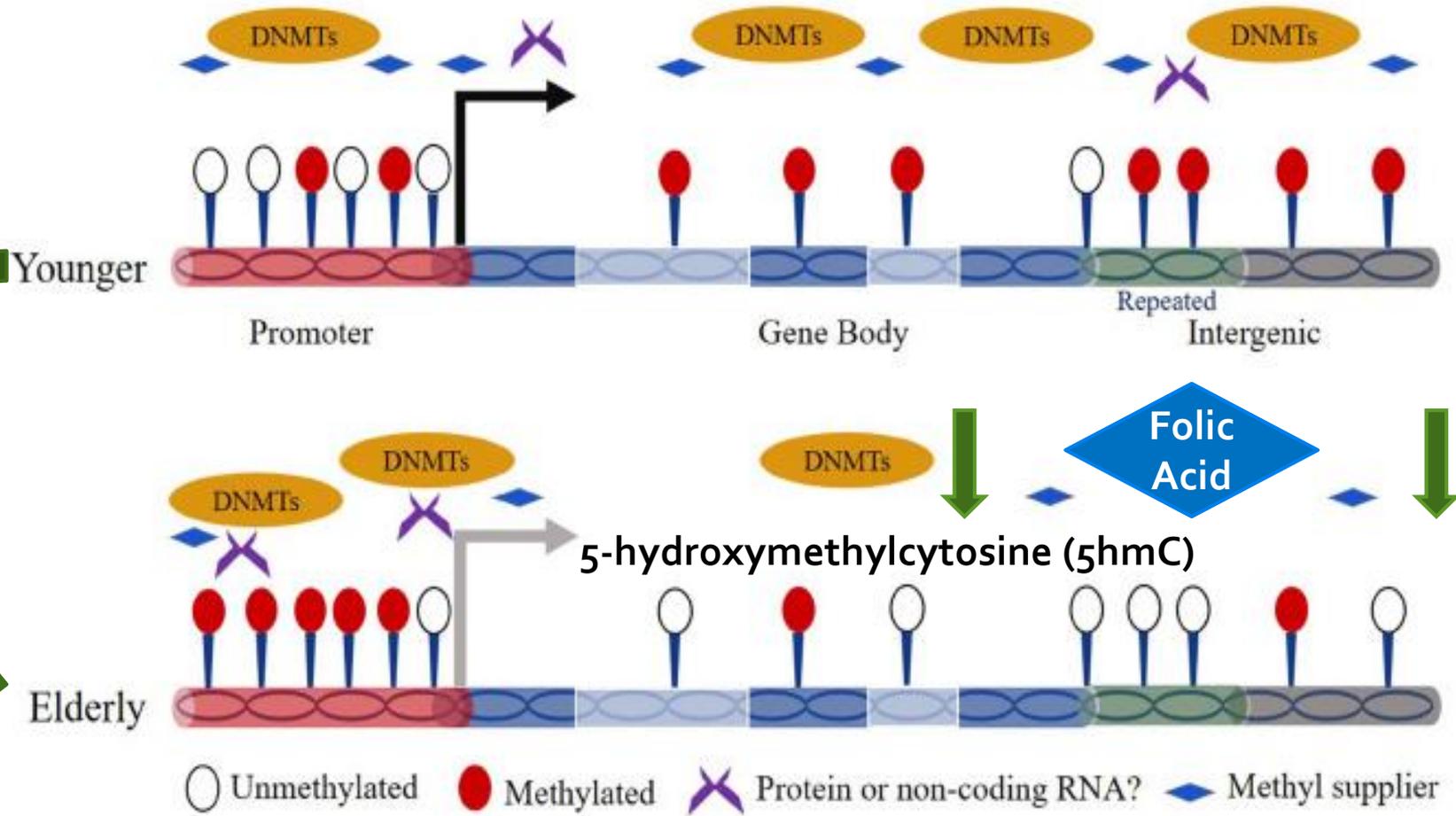
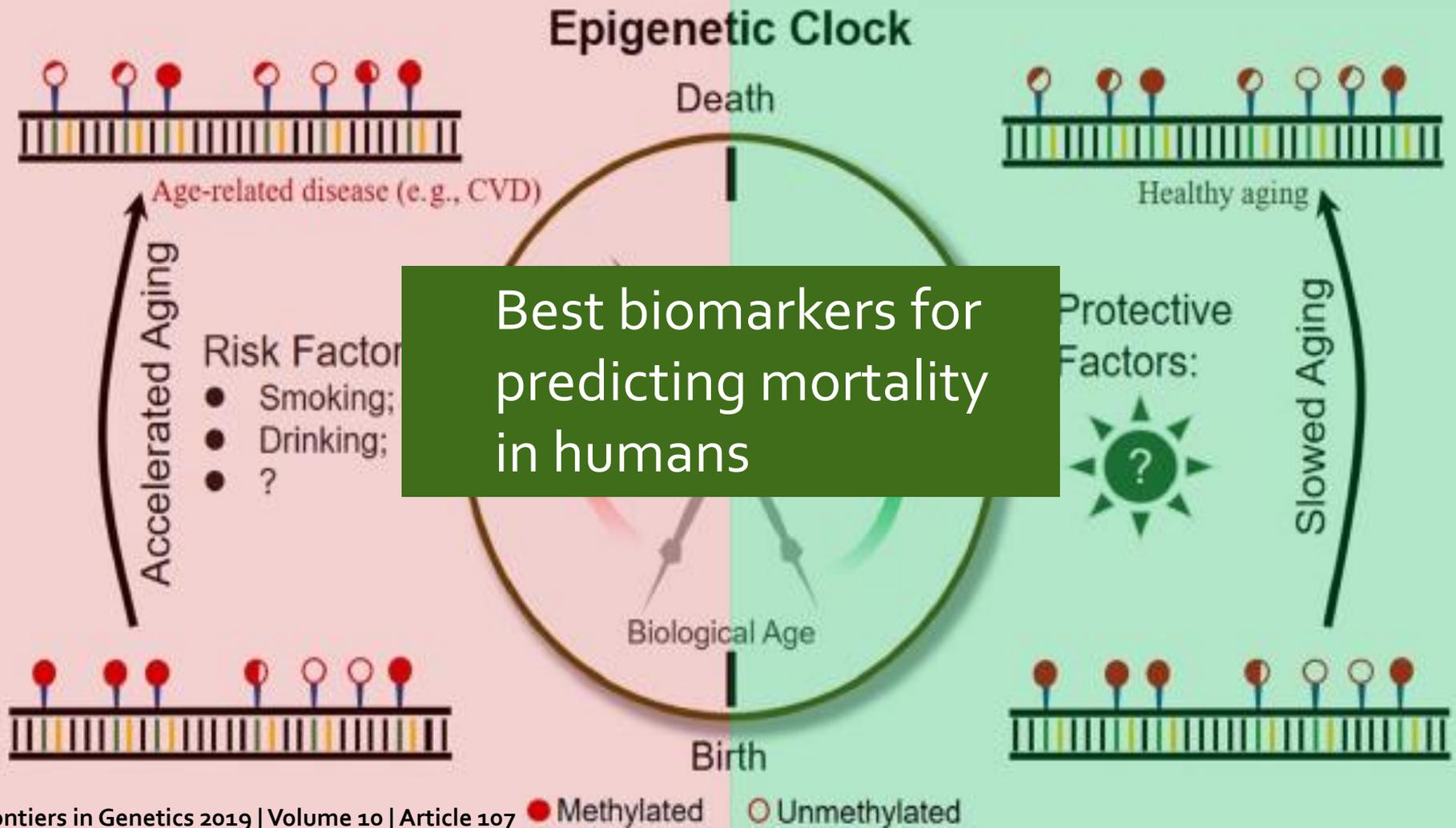


FIGURE 1 | Overview of mechanisms of dynamic DNA methylation during aging.

A linear reverse relationship between **biological age** and DNA methylation (3-513 CpG sites) of blood cells and various human tissues with an average accuracy of 3-5 years



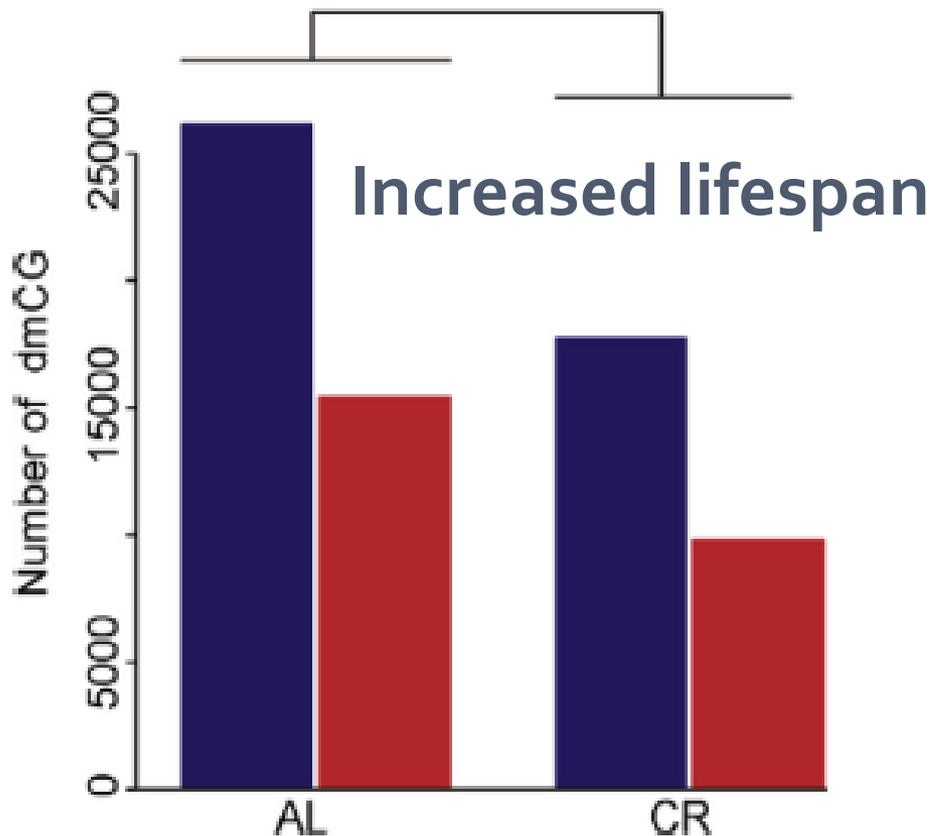
Caloric restriction of 30% extends lifespan of a small primate model by 50% through augmenting DNMT and HDAC1/SIRT1 activity.

DNA Hypermethylation and histone hypoacetylation of p16<sup>INK4a</sup> gene

Pharmacology & Therapeutics 195 (2019) 172–185

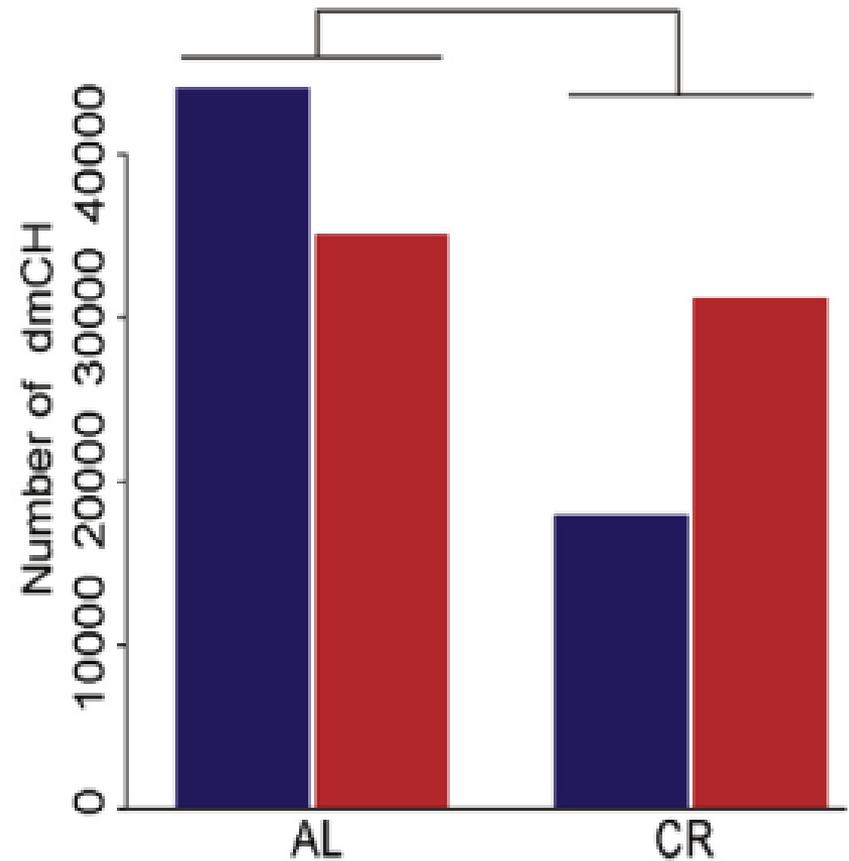
**CpG**

35% Decrease



**CpH**

38% Decrease



# DNA methylation state during innate and adaptive immune cell development, differentiation, and function.

Translational Research 2019; 204:118

Immune cell	DNA methylation-mediated changes
macrophage	myeloid over lymphoid differentiation, monocyte-to-macrophage differentiation, polarization
CD4+ T lymphocytes	differentiation into distinct phenotypes
CD8+ T lymphocytes	cytolytic function , de-differentiates into memory
B cell	Differentiation, activation and plasma cell differentiation.
Regulatory T lymphocytes	Differentiation, suppressive capability, Th2-biased subset

# Association between gene-specific aberrant DNA methylation and **active TB disease**

Gene Name	Region	DNA MET change	Gene or protein change	Model	Clinical Outcome
<b>Vitamin D receptor</b>	Gene body (Exon, 3'UTR)	Hyper-Me (9 CpG sites)	Decreased GE of <b>AKT, GSK3<math>\beta</math>, FOXO1</b>	Active TB patients vs. HS	
<b>Toll-like receptor 2</b>	promoter	Hyper-Me (5 CpG sites)	Depressed <b>TLR2</b>	Active TB patients vs. HS	<b>Drug-resistant TB</b>
<b>IL 18 receptor 1</b>	promoter	Hyper-Me (1 methyl-SNP)	Depressed <b>IL18R1</b>	Active TB patients vs. HS	
<b>CYP27A1</b>	promoter	Hypo-Me	Decreased <b>1,25-dihydroxy vitamin D</b>	Active TB patients vs. HS	

*Hum Immunol.* 2011 ; 72(3): 262

*J Infect.* 2014;69(6):546-57

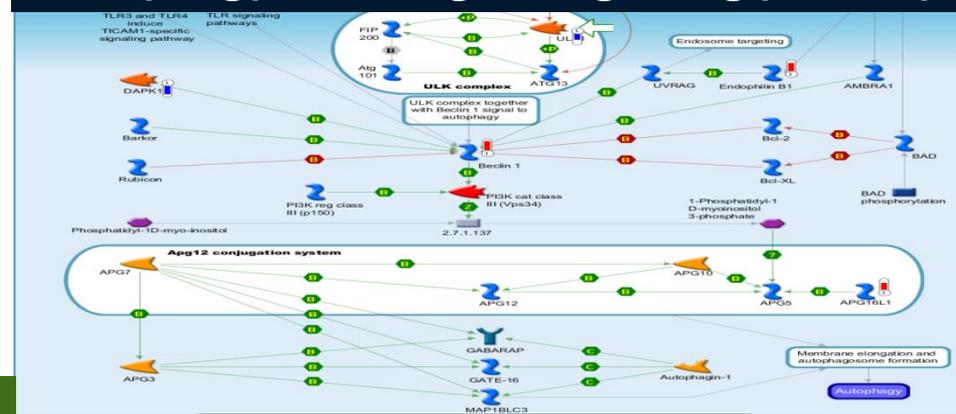
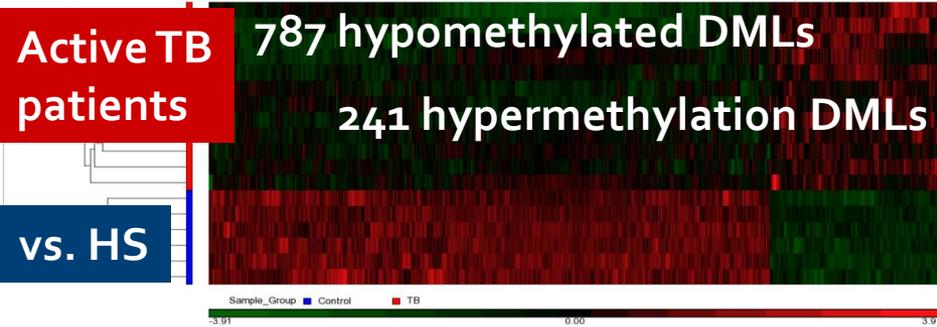
*PLoS One.* 2014 ;9(10):e110734

*Thorac Dis* 2017;9(11):4353-4357

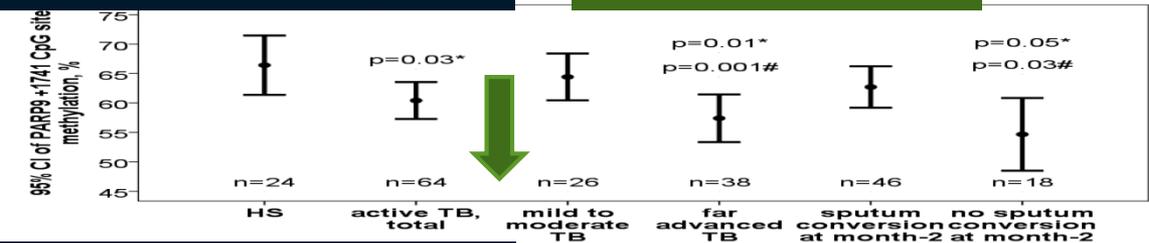
# Whole genome DNA methylation analysis of active pulmonary TB disease identifies novel epigenotypes: *PARP9/miR505/RASGRP4/GNG12* Met and clinical phenotypes (under review at "J. Infection")

EWAS: Infinium Human Methylation 450K

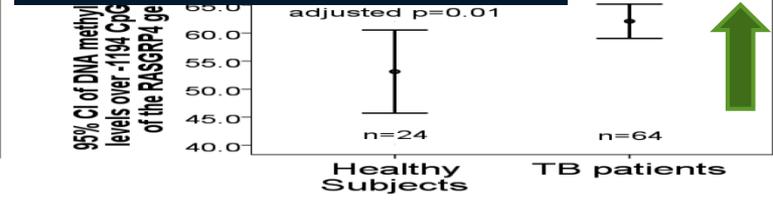
Autophagy-related gene signaling pathway



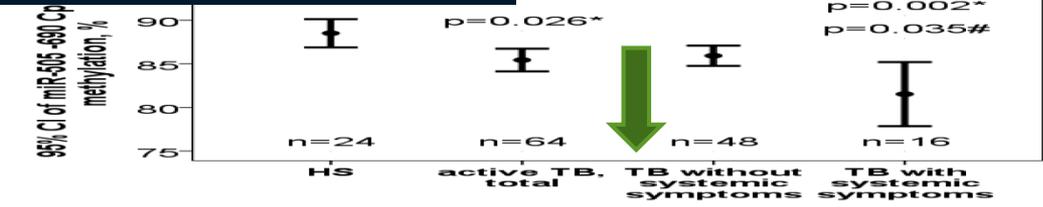
**PARP9 Gene Body Met** Validation Cohort



**RASGRP4 promoter Met**



**miR-505 promoter Met**



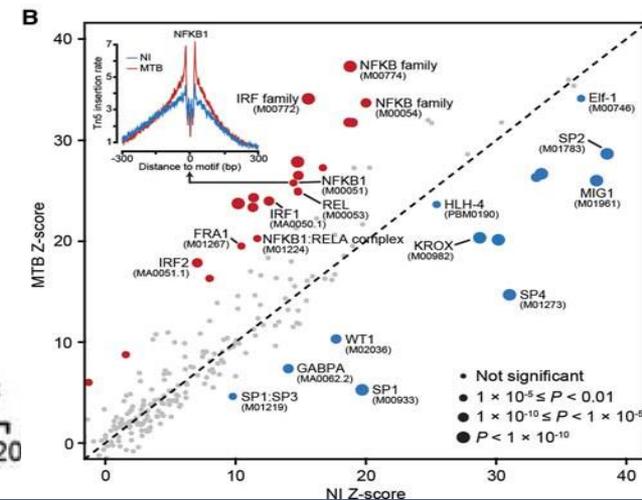
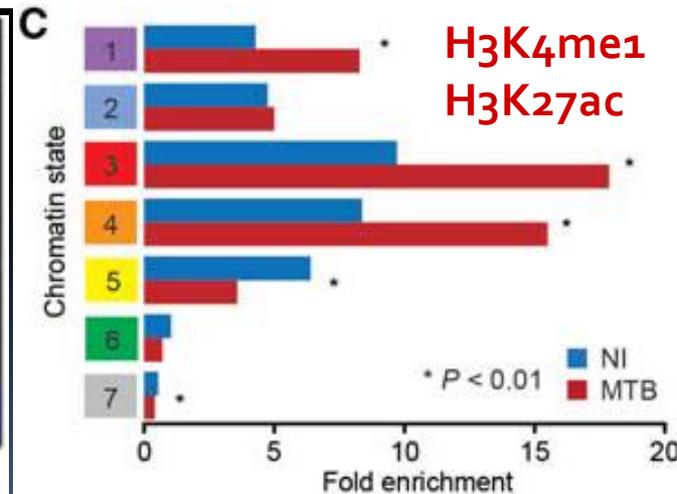
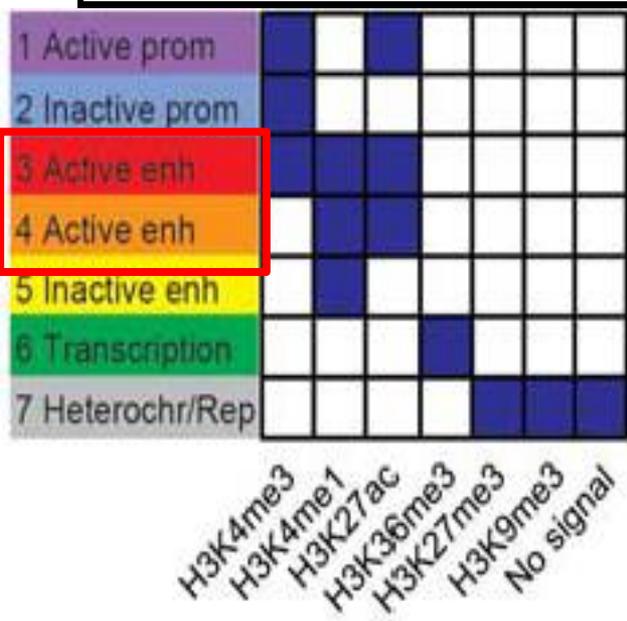
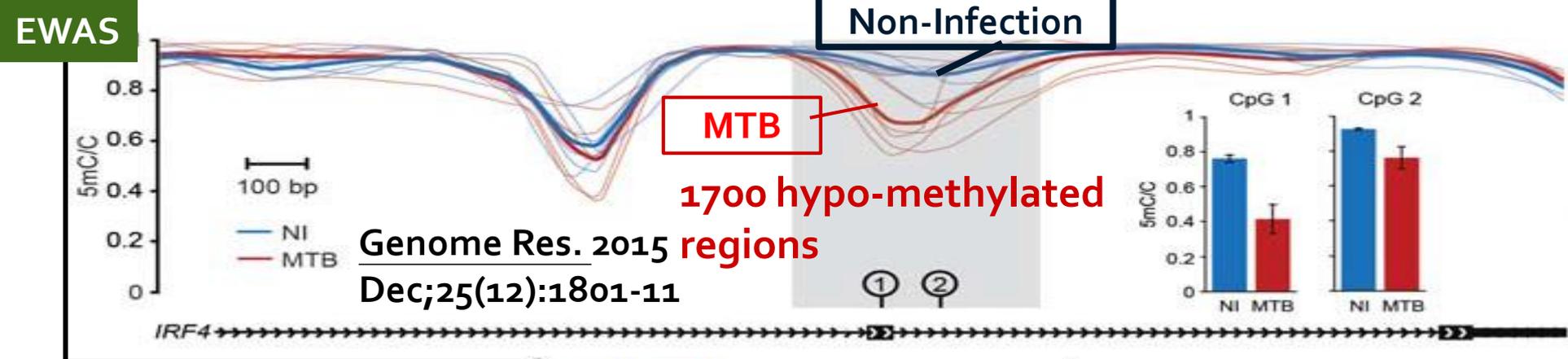
**GNG12 GB Met**



# Gene-specific aberrant DNA methylation in response to *M.TB* infection *in vitro* or *in vivo*

Gene Name	Region	DNA MET	GE	Model	Functional Outcome
<b>IL6R</b>	promoter	Hyper-Me		Beijing/Wild MTB-infected THP-1	
<b>NLRP3</b>	promoter	De-methylation	<b>NLRP3</b> activation	Mtb H37Rv-infected THP-1	Increased <b>inflammatory</b> cytokines
<b>CD82/KAI1</b>	promoter	De-methylation	RUNX1-binding induced <b>CD82</b> activation	MTB-infected THP-1 /BMDMs/Mice	Decreased <b>inflammatory</b> cytokines/ <b>phagosome</b> maturation, enhanced MTB survival

*M. TB* infection of human dendritic cells (DCs) is associated with rapid and **active de-methylation** at thousands of loci, mostly localized to distal **enhancers** (3.5 KB to TSS).



Gain of histone activation marks  
Increased chromatin accessibility

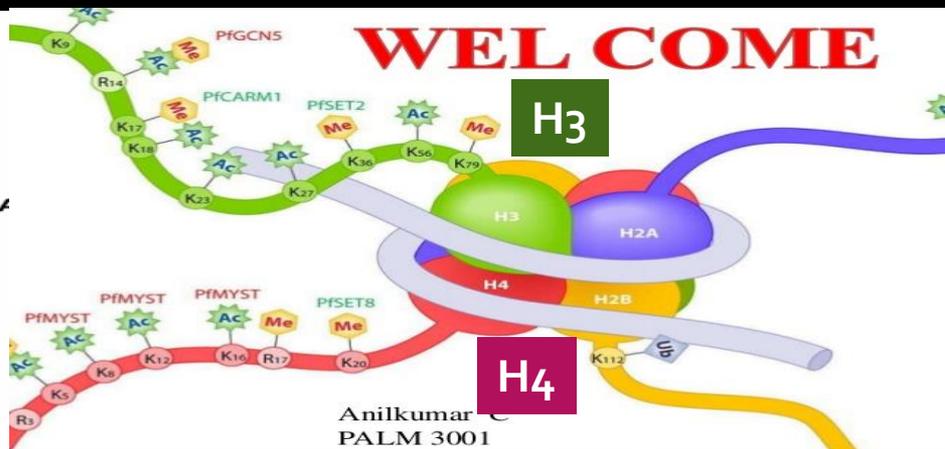
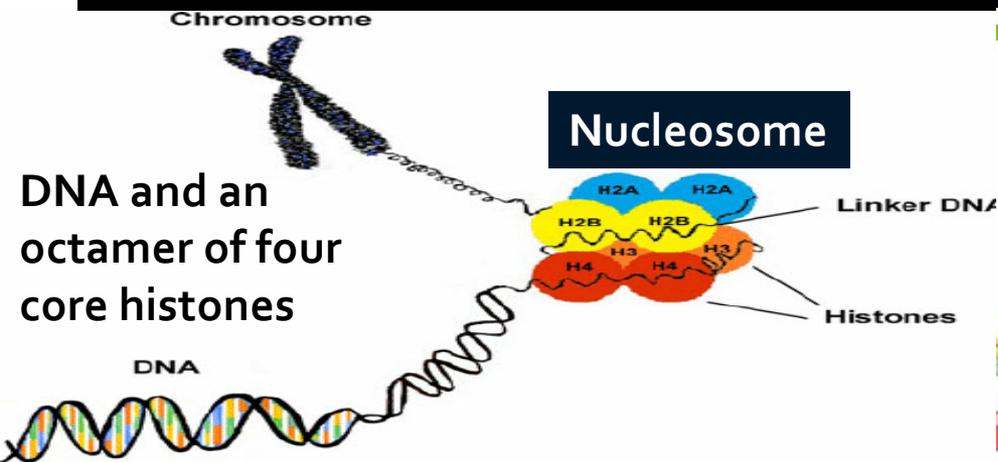
27 TF increased binding:  
**NF- $\kappa$ B/Rel/IRF**





Aberrant **histone modifications** and  
histone modifying enzymes  
in active TB disease or  
in response to *M.TB* infection

Amino-terminal tails of the core histones (H3, H4) can be posttranslational covalent modified by addition of methyl (red), acetyl (blue) or phosphoryl moiety (orange).



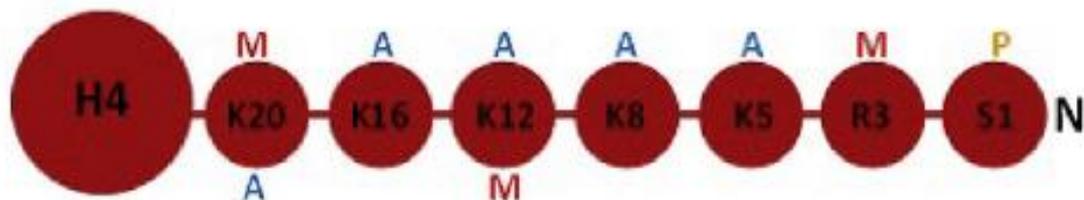
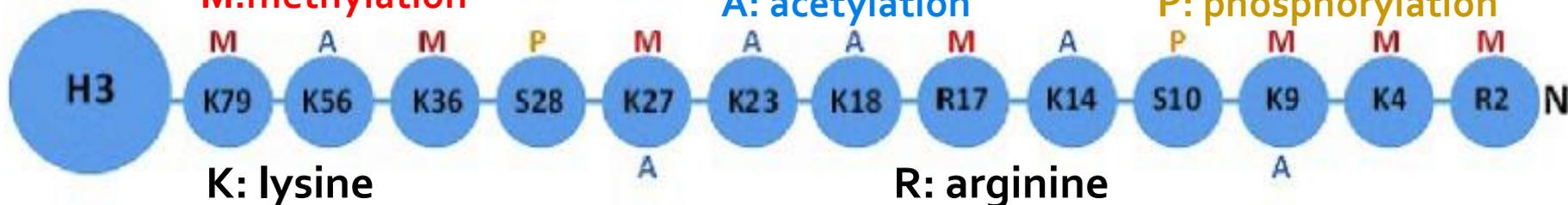
Histone modifications

M: methylation

A: acetylation

MicroRNA

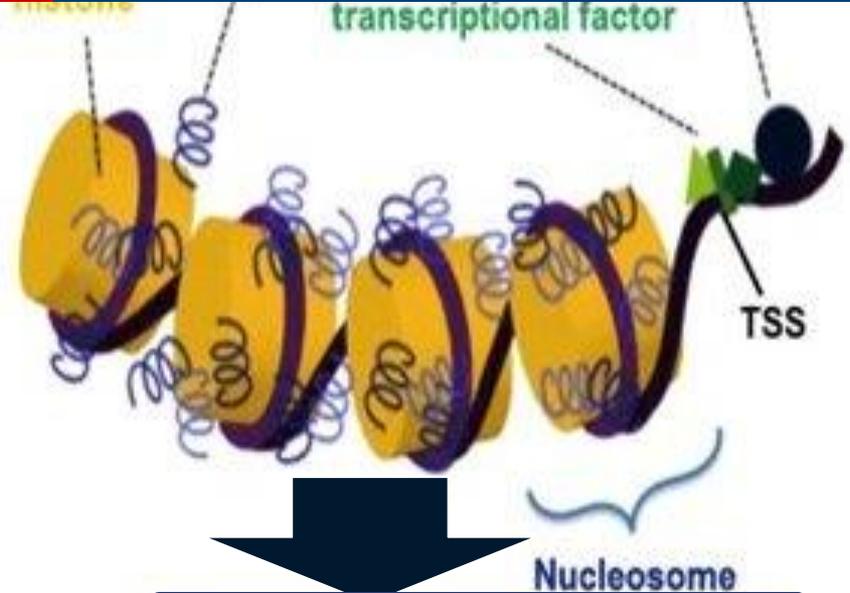
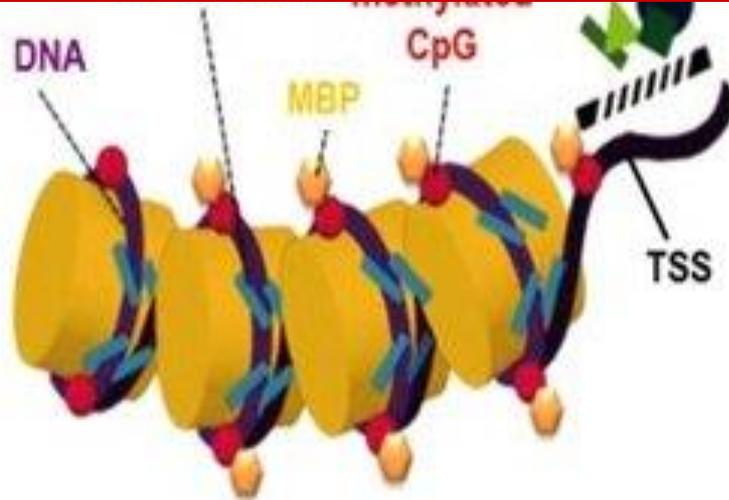
P: phosphorylation



Tuberculosis (Edinb).  
2018 Dec;113:200-214.

Low Histone Acetylation  
High levels of Methylation over  
H<sub>3</sub>K<sub>9</sub>, H<sub>3</sub>K<sub>27</sub>, H<sub>4</sub>K<sub>20</sub>

High Histone Acetylation  
High levels of Methylation  
over H<sub>3</sub>K<sub>4</sub>, H<sub>3</sub>K<sub>36</sub>, H<sub>3</sub>K<sub>79</sub>,

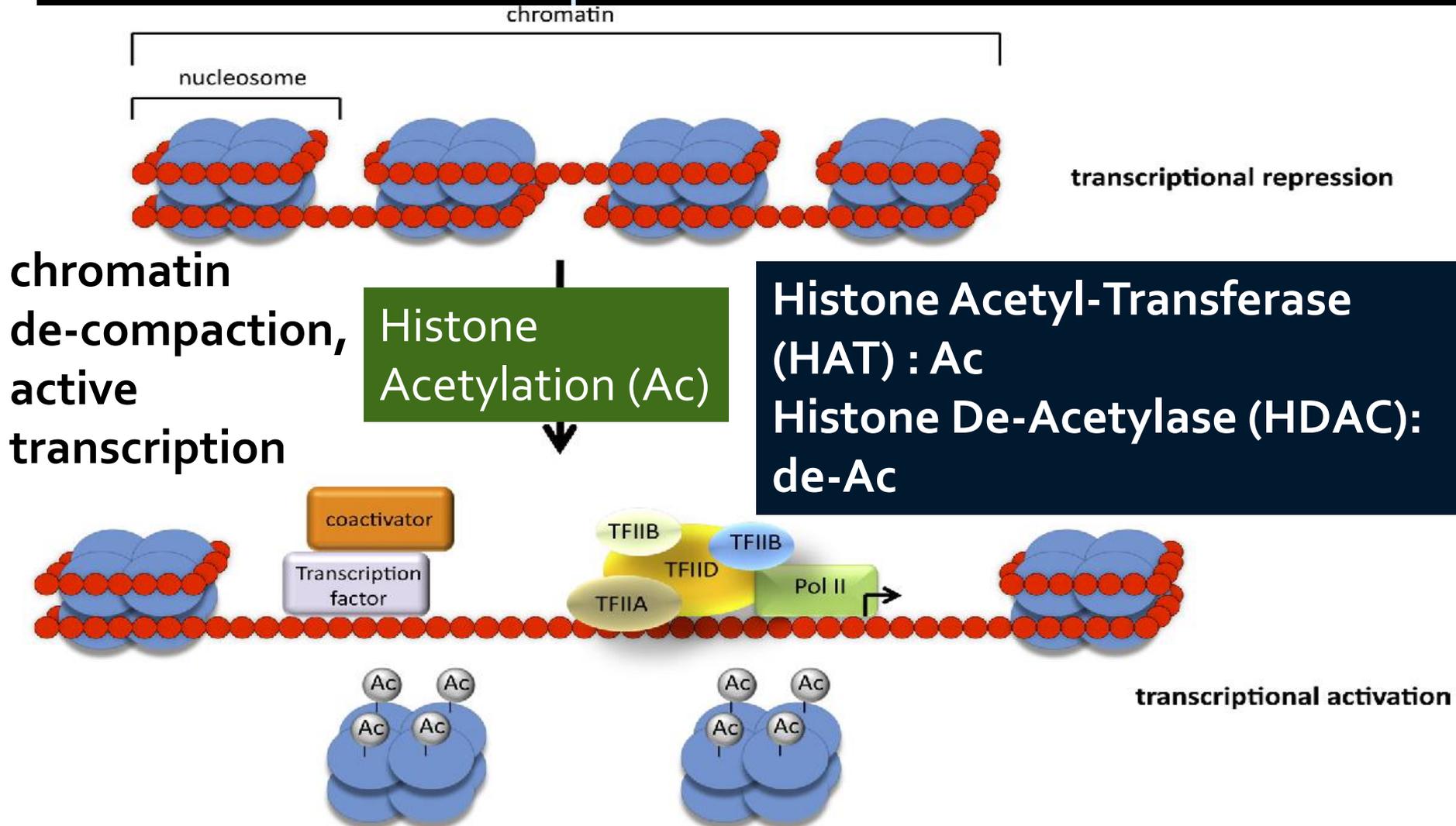


**Heterochromatin**  
closed chromatin  
conformation  
: repression

**Euchromatin**  
open chromatin  
conformation  
: activation

**TRANSCRIPTION**

Histone **acetylation** exposes promoter and coding regions to transcriptional regulators, including **RNA polymerase** (Pol II) and the various isoforms of the basal **transcription factors** (TFIIs), which results in transcriptional activation.



Gene-activating H<sub>3</sub> Lys<sub>4</sub> tri-methyl (H<sub>3</sub>K<sub>4</sub>me<sub>3</sub>)/H<sub>3</sub>K<sub>36</sub>me<sub>3</sub>/H<sub>3</sub>K<sub>79</sub> mark at the promoters of various genes.

Gene-repressive states established by the deposition at the promoters of H<sub>3</sub>K<sub>9</sub>me<sub>3</sub>/H<sub>3</sub>K<sub>27</sub>me<sub>3</sub>.

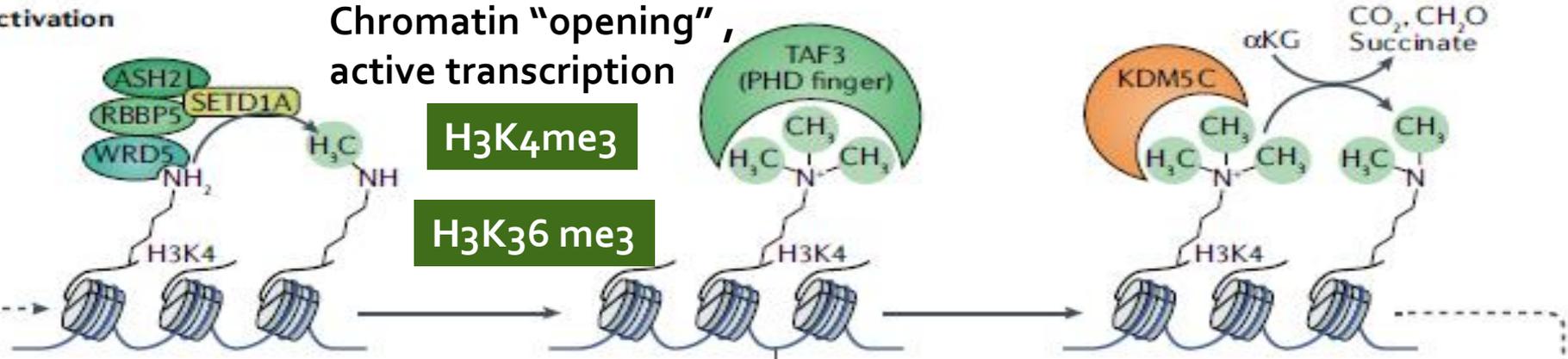
Nature Reviews | Molecular Cell Biology 20 | 2019 | 625

Activation

Chromatin "opening",  
active transcription

H<sub>3</sub>K<sub>4</sub>me<sub>3</sub>

H<sub>3</sub>K<sub>36</sub>me<sub>3</sub>



Histone MethylTransferases (HMT): Met

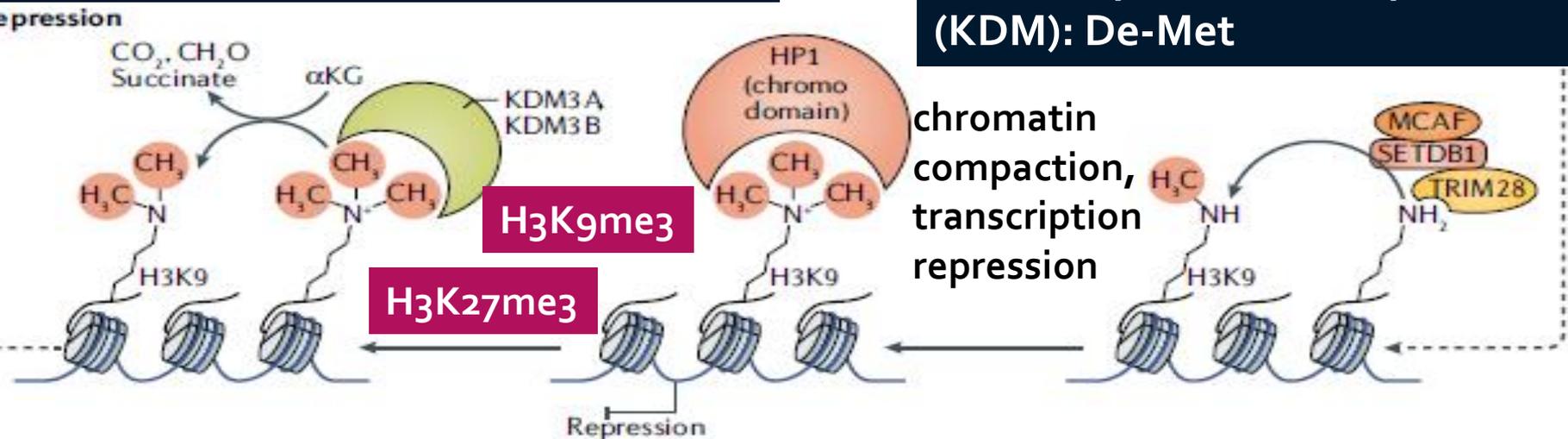
Histone lysine DeMethylases (KDM): De-Met

Repression

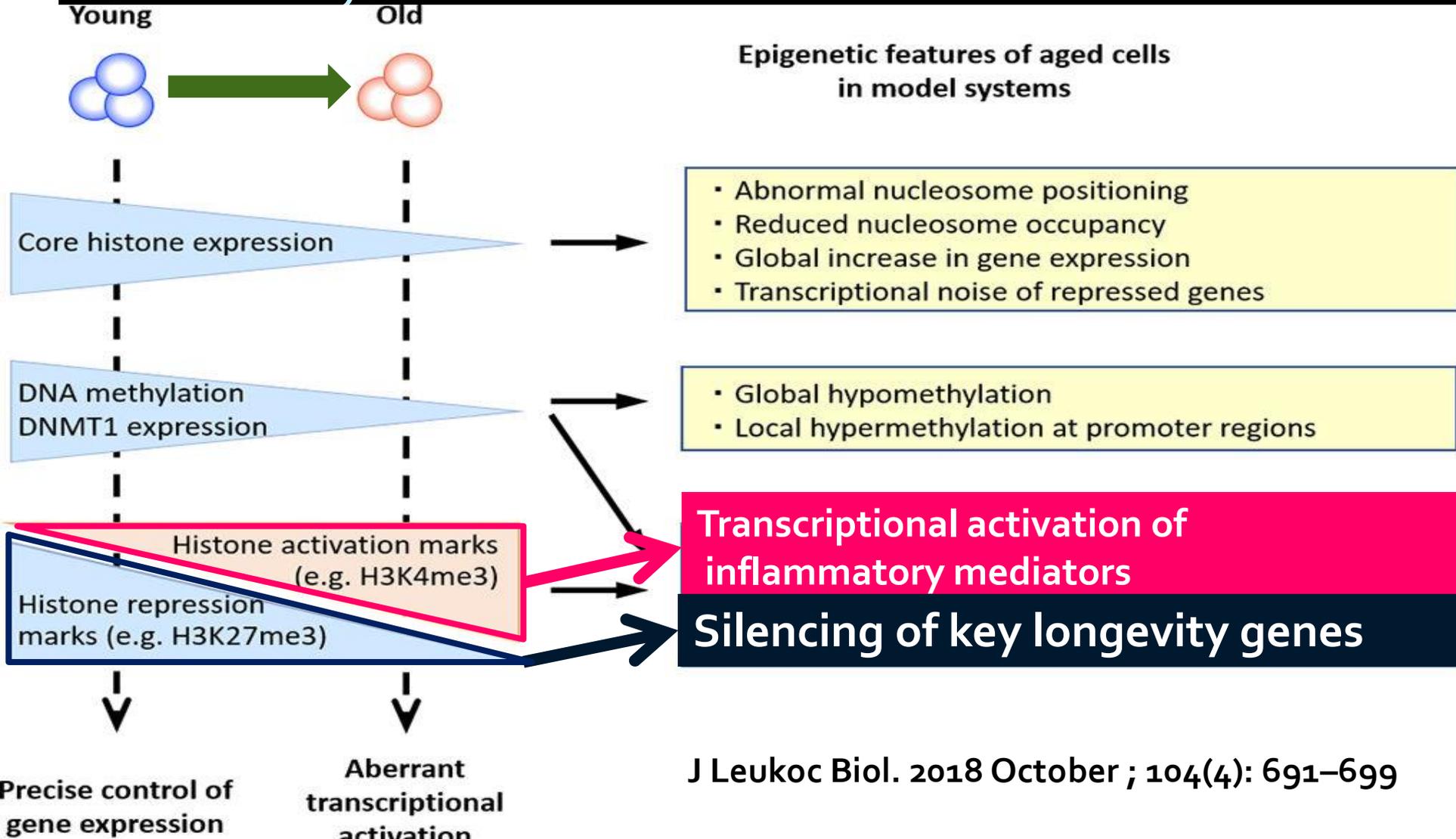
chromatin  
compaction,  
transcription  
repression

H<sub>3</sub>K<sub>9</sub>me<sub>3</sub>

H<sub>3</sub>K<sub>27</sub>me<sub>3</sub>



Changes in chromatin structure due to altered histone expression, histone modifications and DNA methylation occur with aging and contribute to cellular dysfunction.



# Association between histone modification/modifying enzymes and **active TB**

Histone	Attribute	Change	Model	Mechanism	Clinical Outcome
H3K14 Ac	Global	Hypo-acetylation (Ac)	PBMCs from Active TB patients vs. HS	TNF- $\alpha$ /IL12B promoter-specific H3K14 hypo-Ac	lower one-year survival
H3K27 Me	Global	Hyper-methylation (me2/me3)	PBMCs from Active TB patients vs. HS		bacterial burden, symptom
HDAC1	Non-specific de-Ac	Increased	PBMCs from Active TB patients vs. HS		Reversed with anti-TB Treatment
KDM6B	H3K27me3 De-Me	Decreased	PBMCs from Active TB patients vs. HS		Reversed with anti-TB Treatment

# Altered expressions of Histone modifying enzymes in response to *M.tb* infection in vitro

Histone modifying enzymes	Attribute	Regulation	Model	Mechanism	Functional Outcome
<b>HDAC1</b>	Non-specific de-Ac	Up	MTB H37Rv infection	Decreased H3Ac over the <b>IL-12B</b> promoter	Increased <b>survival</b> of intracellular MTB
<b>HDAC 6</b>	Non-specific de-Ac	Up	Mtb H37Ra infection in mice/THP-1 cells	<b>Increased IL-10</b> expression	Increased MTB growth
<b>JMJD3 (KDM6B)</b>	H3K27me3 (repressive) De-Me	Up	MTB H37Rv infected macrophage of mice	Augmenting NOTCH1-PI3K-mTOR-NF-κB signaling	Foamy Macrophage, <b>M2</b> polarization
<b>SET8</b>	H4K20 monomethylase	Up	Mtb-infected macrophages	Induce NQO1-TRXR1	<b>M2</b> polarization

Tuberculosis (Edinb). 2018 Jan;108:118-123. PLoS Pathog. 2016 Aug 17;12(8):e1005814. J Infect Dis. 2017 Aug 15;216(4):477-488.

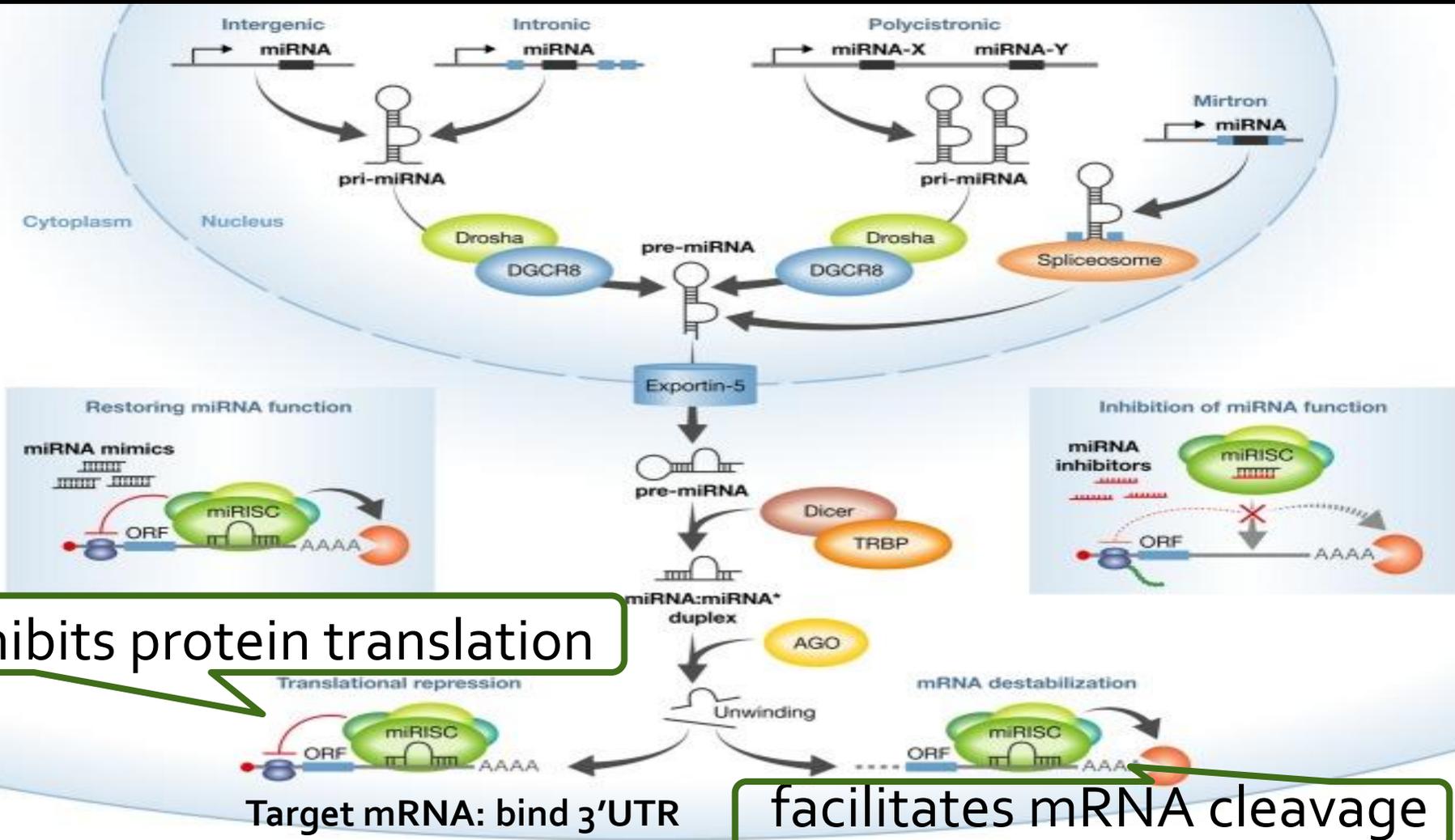
# Altered Histone modification patterns in response to M.tb infection in vitro

Histone modification	Change	Model	Mechanism	Functional Outcome
H3 and H4	Hyper-Ac	Mtb-infected macrophages /epithelial cells	Increased RNA Pol II binding to <b>MMP-1</b> promoter	increased <b>MMP-1</b> secretion
H3K9Me (repressive)	Hyper-Me	Mtb-infected macrophages	down-regulated the expression of <b>CIITA/MHC-II</b>	inhibits <b>antigen presentation</b>
H3K4Me (active mark)	Hypo-Me/Ac	ESAT-6 – stimulated macrophage	Inhibit class II transactivator (CIITA)	Inhibit <b>MHC II</b>
H3R42Me (repressive)	Hyper-Me	H37Rv Mtb-infected THP1	Rv1988 repress <b>NOX1, NOX4, NOS2, TNFAIP2,</b> and lincRNA, <b>ENSG00000250584</b>	Increased <b>MTB survival</b>



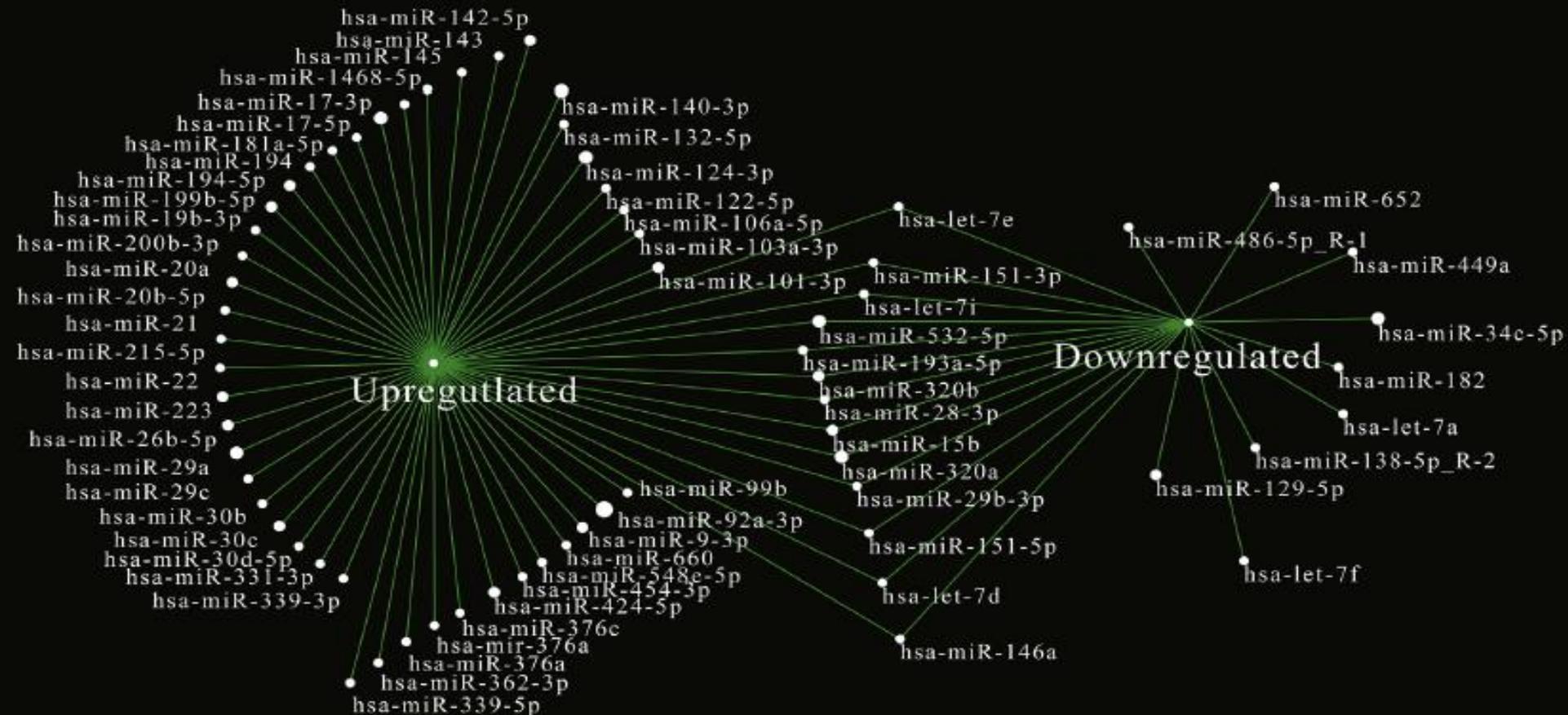
Altered **microRNA** (miR) expressions  
in active TB disease or  
in response to *M.TB* infection

MicroRNAs (**miRNAs**) are small non-coding ssRNAs, **~22 nucleotides** in length, are produced by two RNase III proteins (Drosha/Dicer), regulate up to **60%** of the protein-encoding genome.

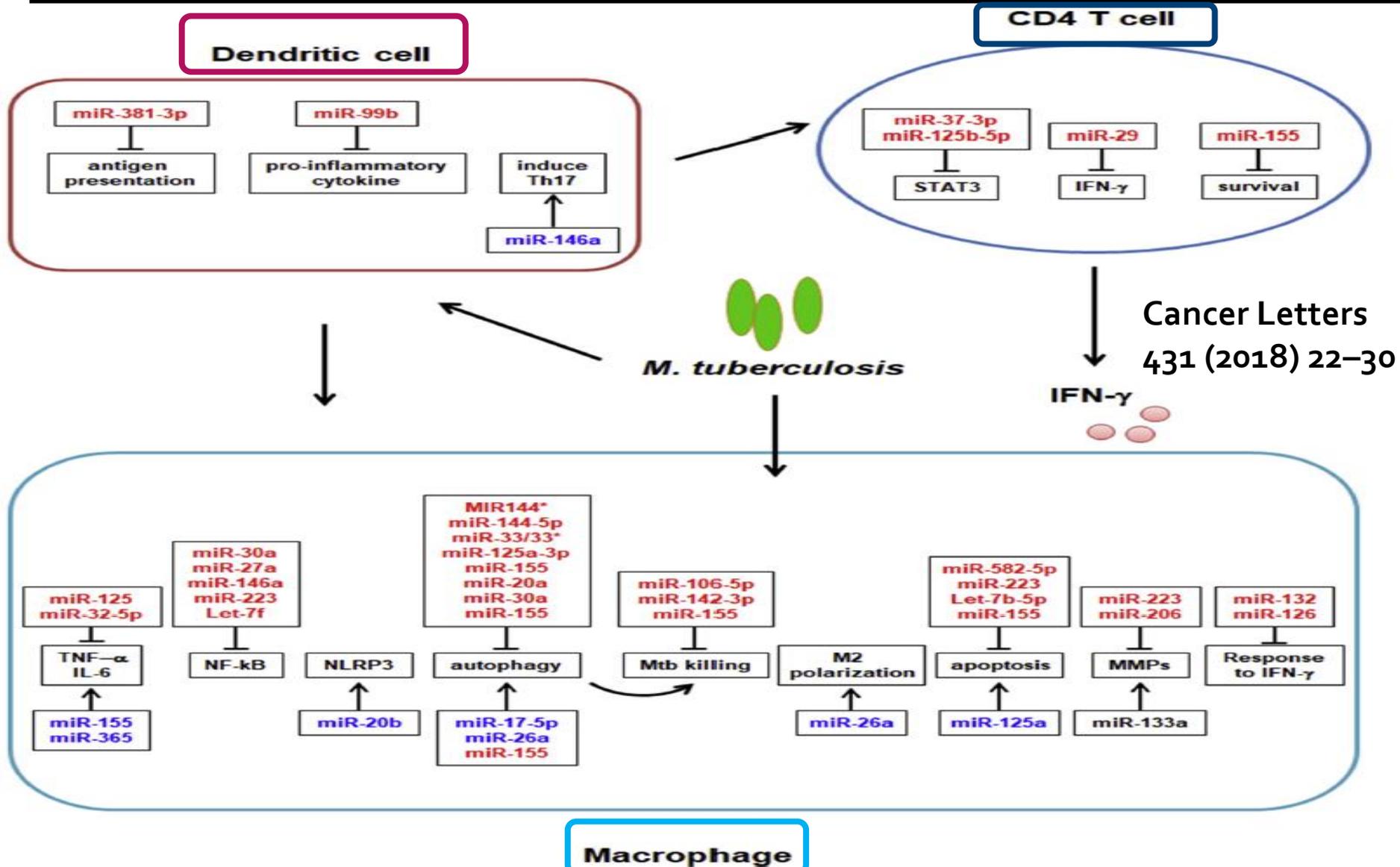


53 miRNA differentially expressed in TB p'ts vs. HS.  
Only miR-21 showed an overlap in up / down regulation.  
Only 8 of these miRNA were identified in 2 or more studies: miR-20b, 21-5p, 22-3p, 26a, 29a-5p, 29c-3p, 378a-3p, 155.

Tuberculosis 118 (2019) 101860



miRNAs either **promotes or inhibits** important pathways and cellular responses in macrophages, dendritic cells and CD4+ T cells against *M.tb*.



# List of immune-suppressive miRNAs in TB

MirRNA	Mechanism of action	Final effect
miR-21	Overexpression of IL-10 mRNA and Down-regulation of IL-12 mRNA	Suppression of immune-response against TB
miR-29	Degradation of IFN- $\gamma$	Intercellular growth of tubercle bacillus within macrophages
miR-99b	Decline expression of TNF- $\alpha$	Suppression of immune-response against TB
miR-125b	Blockade TNF- $\alpha$ mRNA	Suppression of immune-response against TB
miR-27b	Suppression of NF- $\kappa$ B signaling pathway	Suppression of immune-response against TB and intercellular growth of MTB
miR-1178	Attenuation of TLR-4 expression and inhibition of pro-inflammatory cytokines	Suppression of immune-response against TB

# List of immune-effective miRNAs in TB

MirRNA	Mechanism of action	Final effect
miR-155	Stability of TNF- $\alpha$ mRNA and activation of MAPKs signaling pathway	Efficient immune-response against MTB, provoke phagocytosis and elimination of MTB
miR-424	Dysregulation of NFI-A78	Macrophage maturation and differentiation
miR-223	Targeted Mef2c	Granulocytes production and stimulation pro-inflammatory response
miR27a	Blocking IRAK4 signaling pathway	Increase of pro-inflammatory cytokines such as IL- $\beta$ , IL-6 and IFN- $\gamma$
miR-20b	targeting the NLRP3/caspase-1/IL-1 $\beta$ pathways	Induce inflammation process
miR-582-5p	Decline monocytes apoptosis via down-regulating FOXO1	Promotion of anti-tuberculosis immune response



BCG-induced **trained innate** immunity  
through epigenetic mechanisms

How dose the **BCG** vaccine induce specific and non-specific immunity?

What factors influence the immune responses induced by BCG?

Front Immunol. 2019 Jun 11;10:1317

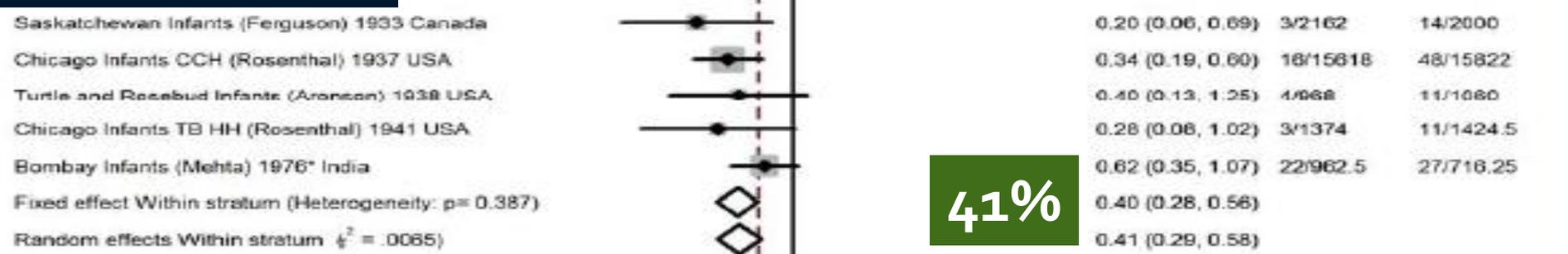
- The BCG vaccine has been used since 1921 to prevent TB and is considered to be the world's **most widely** used vaccine.
- **Specific** effect of BCG : about **60%** efficacy
  - good protection against disseminated and pulmonary TB disease in young children
  - **variable efficacy** against pulmonary TB in **adults** when given later
  - lasting for **up to 15 years** in the United Kingdom, 30–40 years in Norway, and even as long as 50–60 years in Alaska.
- **Non-specific** effects of BCG : about **25%** efficacy
  - beneficial effects on **all-cause mortality** in infants (low birth weight ) in West Africa.
  - There was no difference between outcomes in normal birth weight infants or premature infants in this European setting.

BCG Protection against **active pulmonary TB** appeared greatest in children stringently TB tested, (rate ratio [RR], 0.26; 95% confidence interval [CI], .18-.37), or infants (RR, 0.41; 95% CI, .29-.58).

Clinical infectious diseases 2014, 58 (4). pp. 470-80

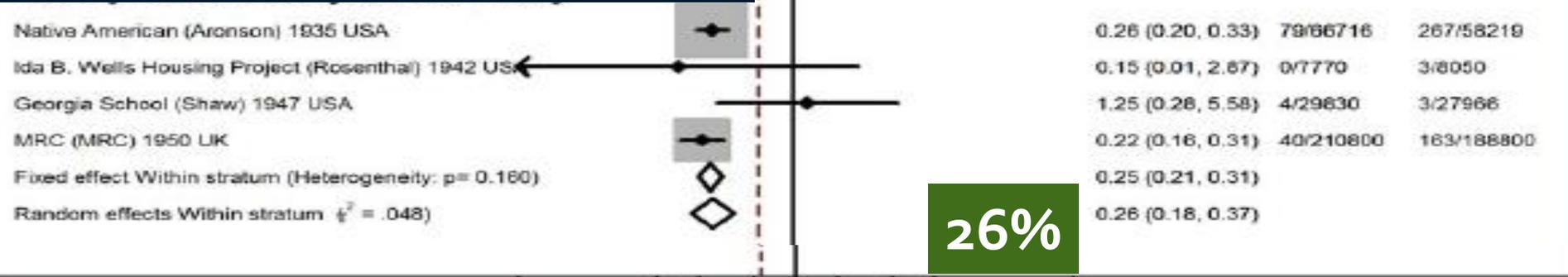
Randomized or Quasi-randomized Trials

Neonatal Vaccination



41%

School age vaccination: re-TST negativity



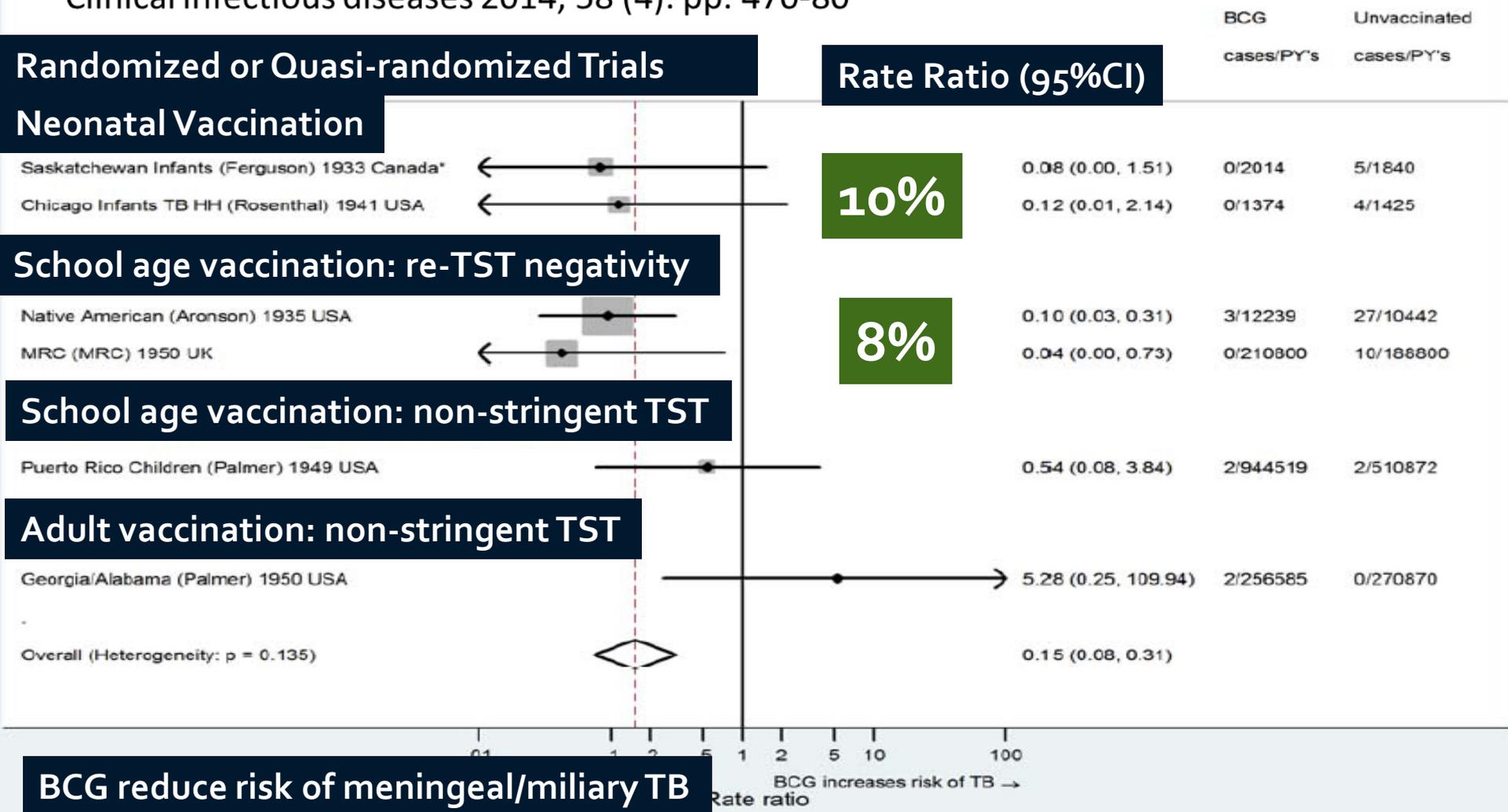
26%

BCG reduce risk of pulmonary TB

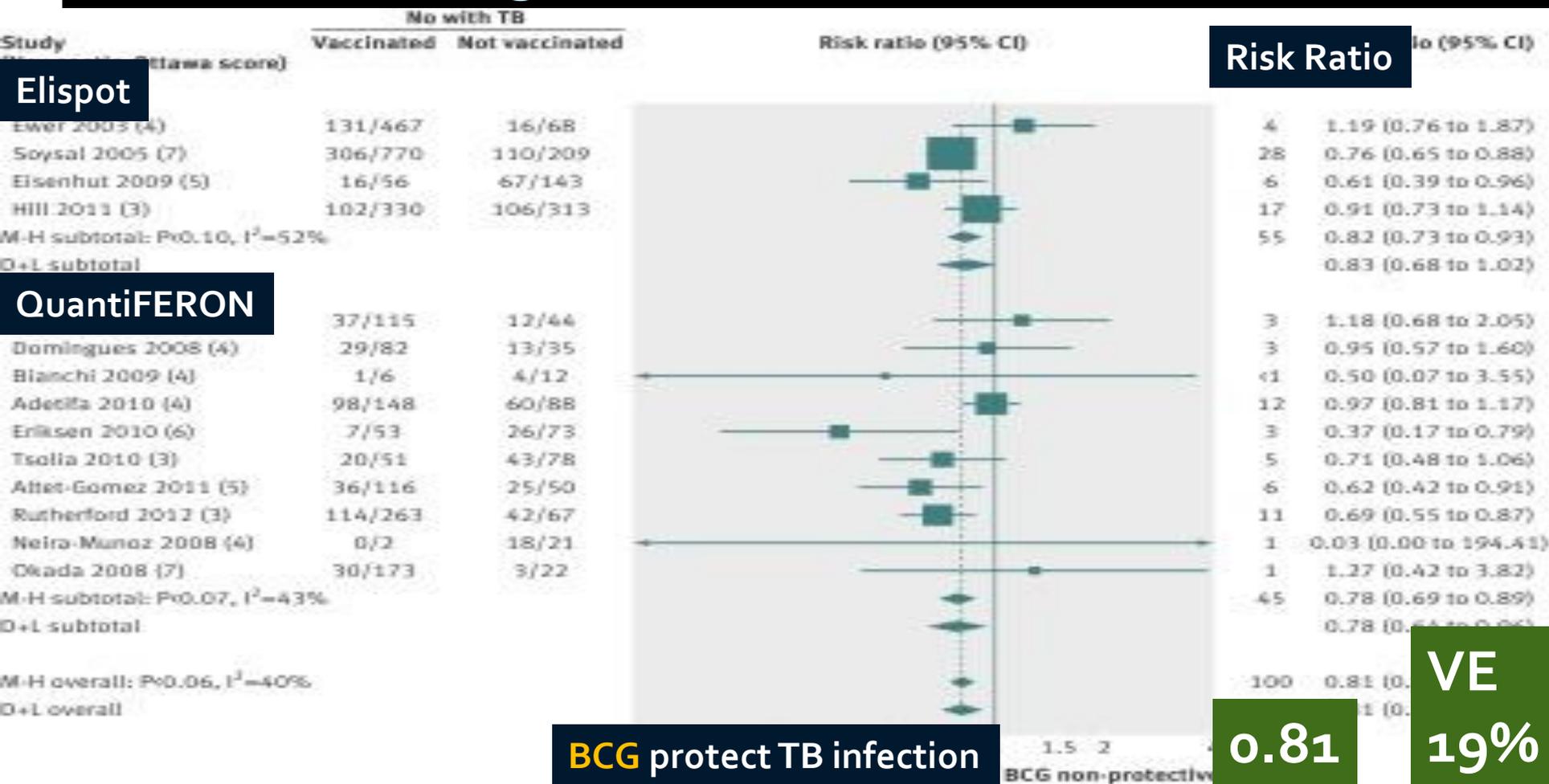
k of TB BCG increases risk of TB  
Rate ratio

BCG Protection against **meningeal** and **miliary TB** was also high in infants (RR, 0.1; 95% CI, .01-.77) and children stringently tuberculin tested (RR, 0.08; 95% CI, .03-.25).

Clinical infectious diseases 2014, 58 (4). pp. 470-80



Primary analysis with 14 studies (n=3855) estimated an overall risk ratio of 0.81 (95% confidence interval 0.71 to 0.92), indicating **BCG 19% protective efficacy against latent TB infection** among vaccinated children. BMJ. 2014;



# Subgroup analysis of six studies (n=1745) that reported the number of people who progressed to active tuberculosis disease during screen.

## Latent TB infection

	No with TB	
	Vaccinated	Not vaccinated
Soysal 2005	306/770	110/209
Domingues 2008	29/82	13/35
Okada 2008	30/173	3/22
Eisenhut 2009	16/56	67/143
Ericksen 2010	7/53	26/73
Tsolia 2010	20/51	43/78
M-H subtotal: P=0.31, I <sup>2</sup> =16%	408/1185	262/560
D+L subtotal		

## Active TB

Domingues 2008	3/770	10/209
Okada 2008	1/82	5/35
Eisenhut 2009	13/173	3/22
Ericksen 2010	3/56	15/143
Tsolia 2010	1/53	7/73
M-H subtotal: P=0.12, I <sup>2</sup> =42%	29/1185	66/560
D+L subtotal		

## Latent Infection to active TB disease

Ericksen 2010	10/110	5/13
Tsolia 2010	5/13	3/3
M-H subtotal: P<0.06, I <sup>2</sup> =53%	15/67	8/6
D+L subtotal		



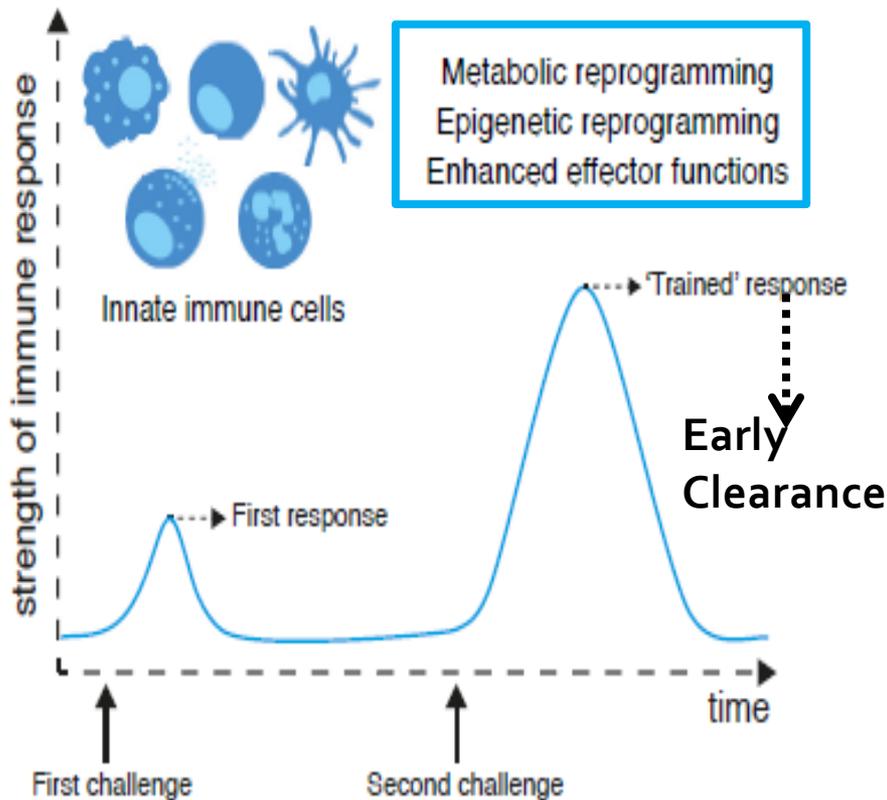
Non-Specific Effect: **SIX RCTs** showed that BCG **reduced mortality** from diseases other than TB by **25%** (95% CI 6% to 41%).

**Table 2** Controlled trials of the effect of BCG on mortality from causes other than tuberculosis among children in the USA and the UK (reported in papers published between 1948 and 1961)

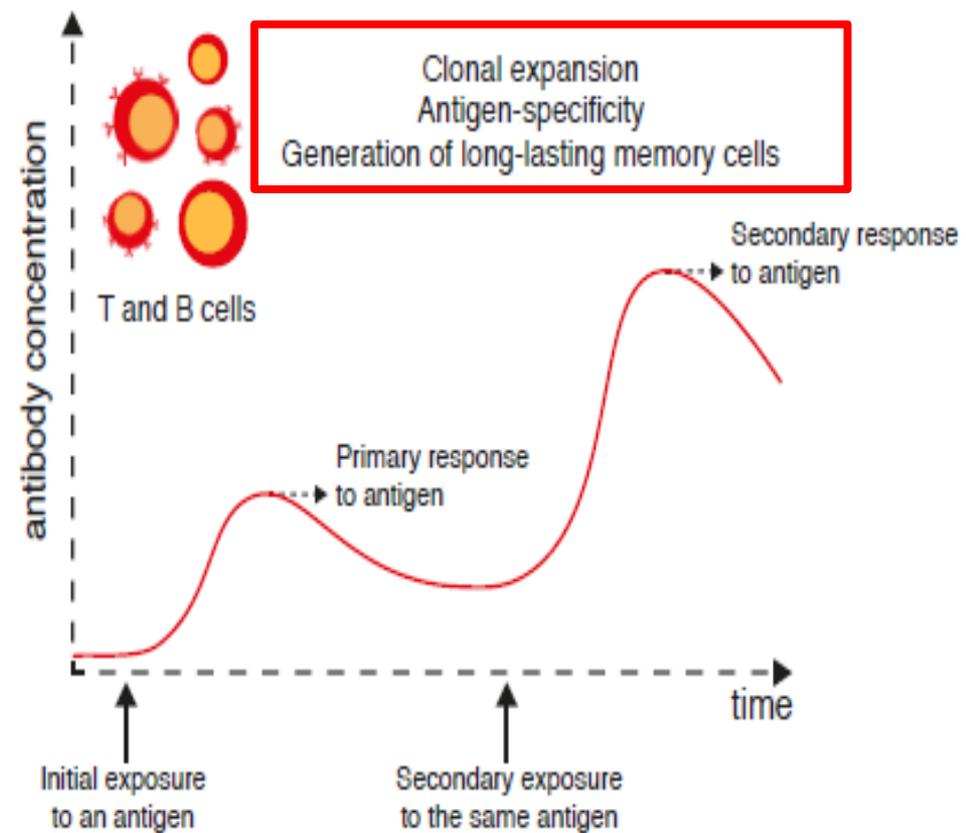
Study	Age followed	Allocation	BCG	No BCG	Reduction in mortality (95% CI)*
USA <sup>45</sup>	0–13 years	Alternate	N=231: 3/1261 (2.4‰)	N=220: 3/1320 (2.3‰)	–4% (–68% to 86%)†
USA <sup>46</sup>	0–15 years	Random	N=306: 49/2013.5 (24.3‰)	N=303: 51/1839.2 (27.7‰)	12% (–33% to 42%)†
USA <sup>47</sup>	0–20 years	Alternate	N=1551: 49/16406 (3.0‰)	N=1457: 56/15207 (3.7‰)	19% (–21% to 46%)
UK <sup>48</sup>	14–21 years	Odd/even	N=6700: 7/6700 (1.0‰)‡ §	N=6500: 10/6500 (1.5‰)‡	32% (–9% to 78%)†
USA <sup>49</sup>	0–16 years	Alternate	N=566: 14/566 (24.7‰)‡	N=528: 25/528 (47.3‰)‡	48% (–4% to 75%)
UK <sup>48</sup>	14–21 years	Odd/even	N=14100: 8/14100 (0.6‰)‡	N=16/13200 (1.2‰)‡	53% (–12% to 83%)†
<b>Total</b>					<b>25% (6% to 41%)¶</b>
Twins <sup>35</sup>	0–17 months	Twins	1/5 (89)=0.20 (0.02–1.68)**	DTP: 22/3 (164)=7.3 (2–38)**	p<0.001

Innate immune cells are able to undergo long-term adaptation and acquire enhanced capability to respond to certain stimuli, termed **innate immune memory** or **trained immunity**.

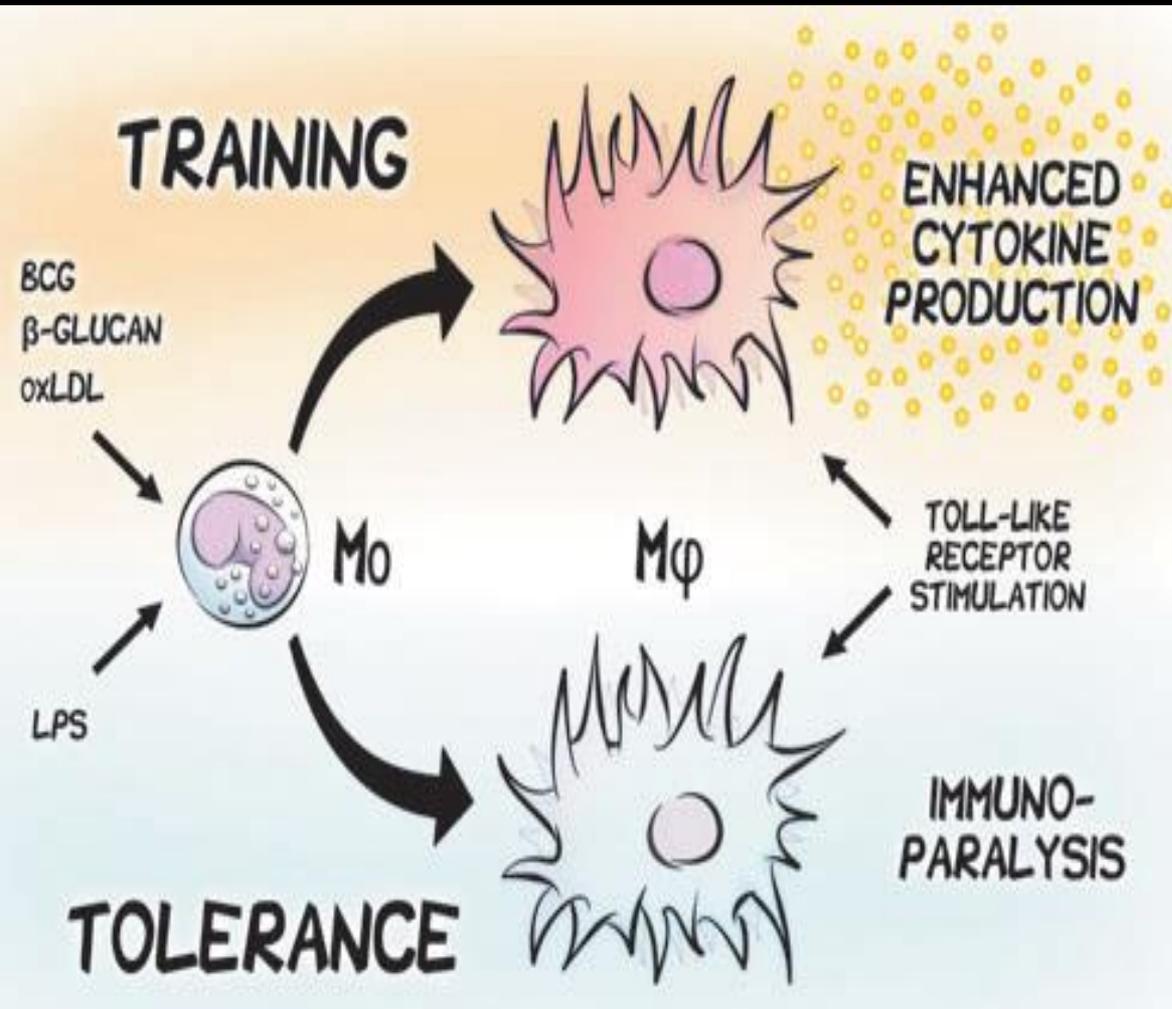
### Innate immune memory



### Adaptive immune memory



**Trained immunity:** Monocyte (Mo) memories of past encounters with microbial/nonmicrobial products can elicit vastly different responses to future exposures on differentiation to macrophages (M $\phi$ ).

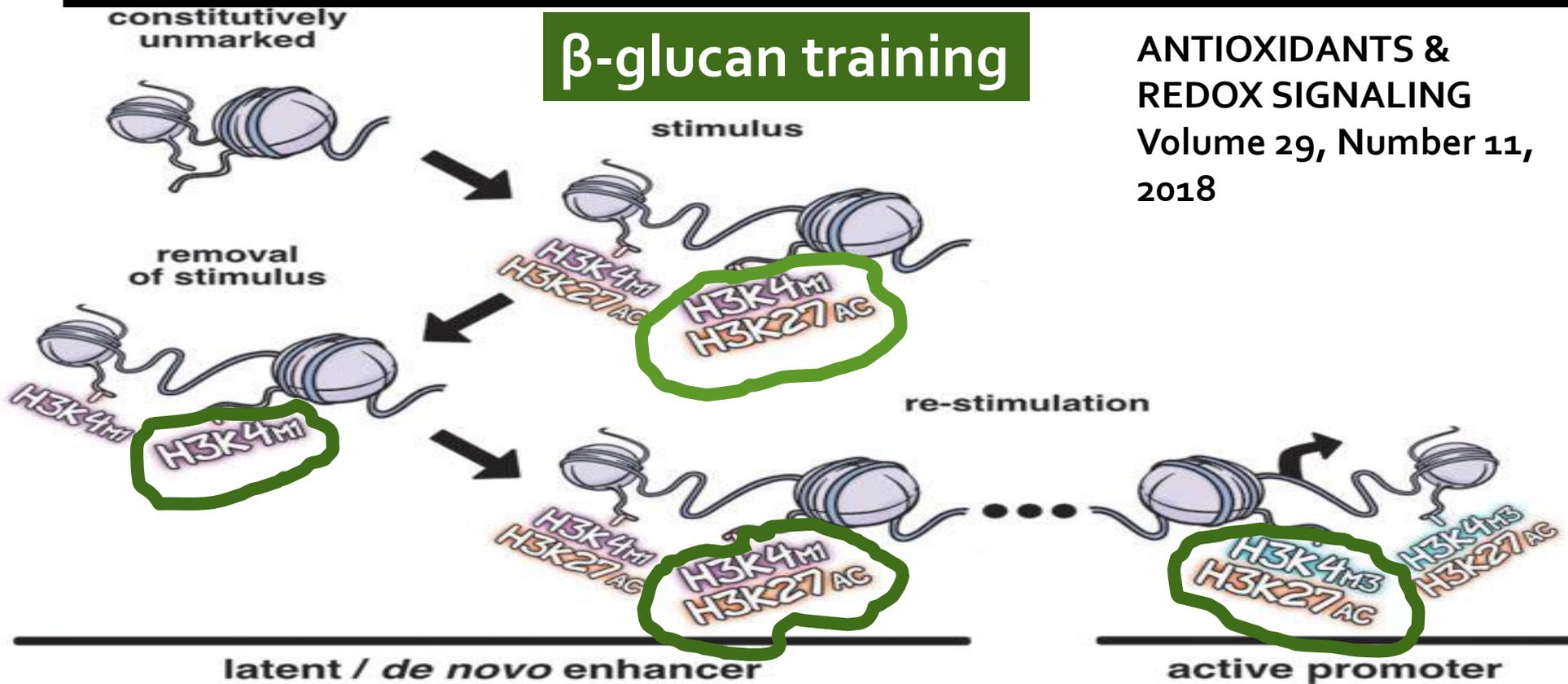


- Trained immunity:
  - induced by **BCG,  $\beta$ -glucan, or oxLDL,**
  - **enhanced nonspecific response to subsequent infections**
  - enhancing the **inflammatory** and **antimicrobial** properties of innate immune cells.
- Immune tolerance:
  - primary stimulation with LPS induces a persistent refractory state,
  - markedly reduced capacity to respond to re-stimulation.

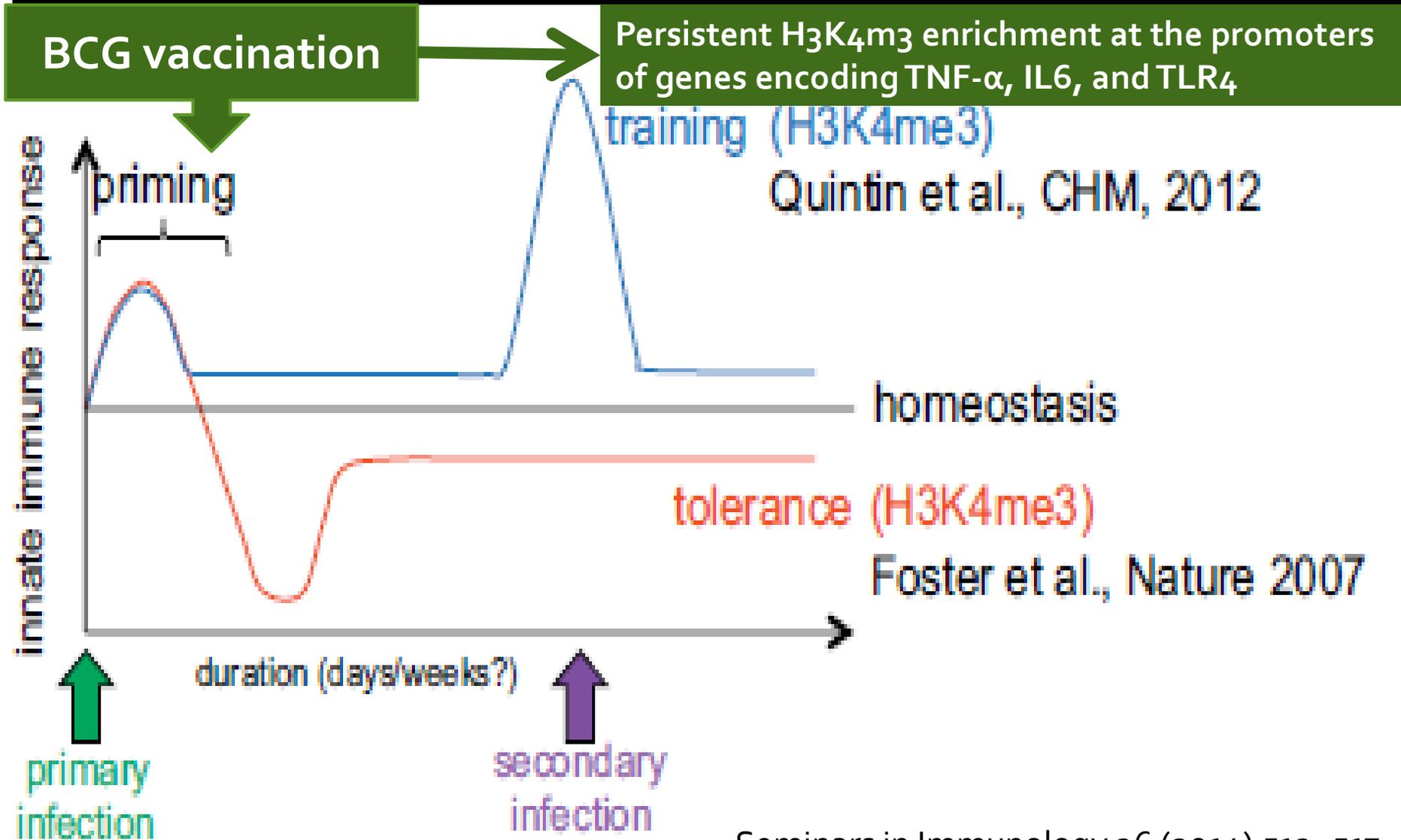
# Latent enhancers prime a transcriptional memory in macrophages via **Epigenetic change**.

Constitutively unmarked distal regulatory elements acquire epigenetic features of **enhancers** (**open chromatin: H3K4m1 and H3K27ac**) in response to specific stimuli.

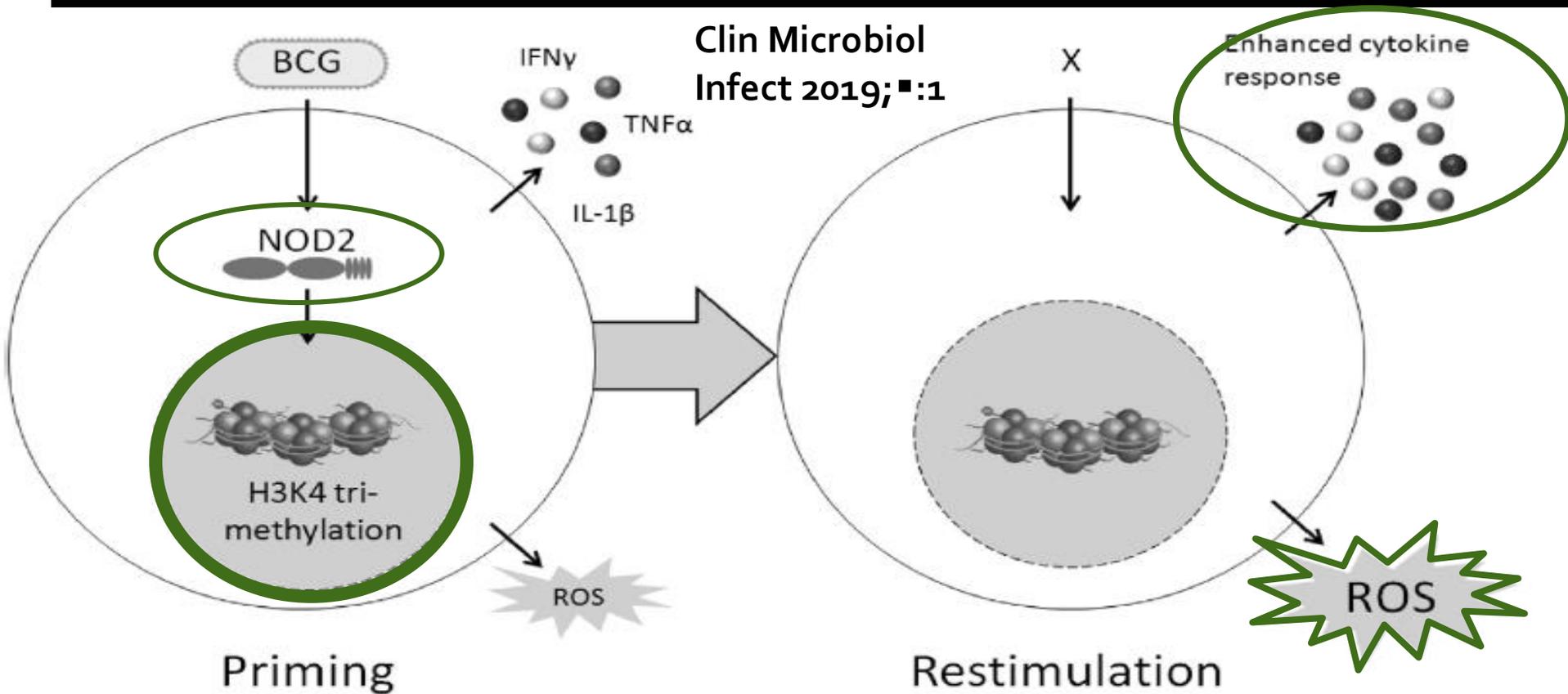
On removal of the activating stimulus, regions **that retain the H3K4m1 enrichment** mediate a **faster and more robust response** to re-stimulation.



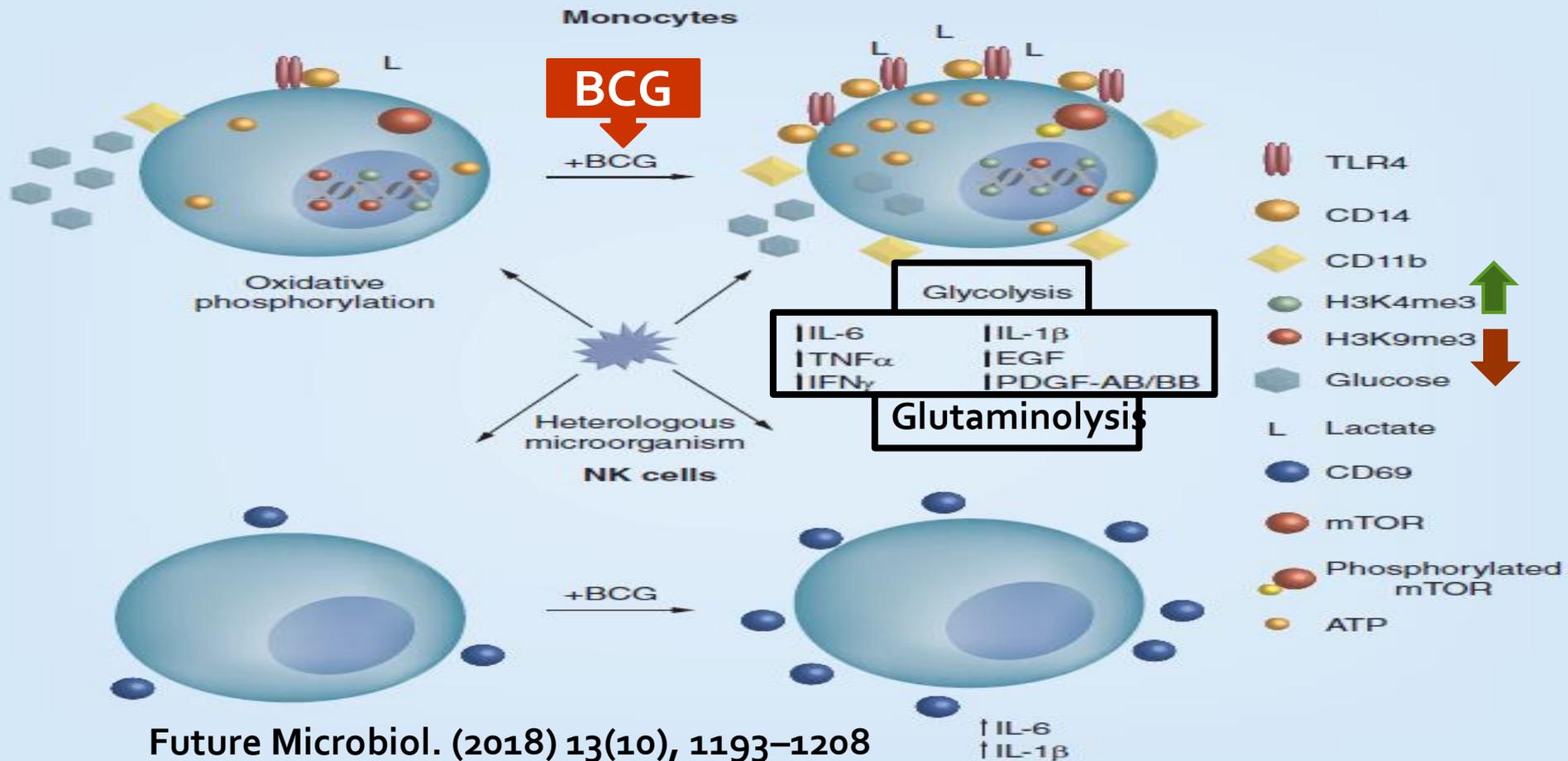
BCG vaccination induces **trained immunity** and this effect is beneficial both for protection **against TB**, as well as **unrelated non-mycobacterial infections**.



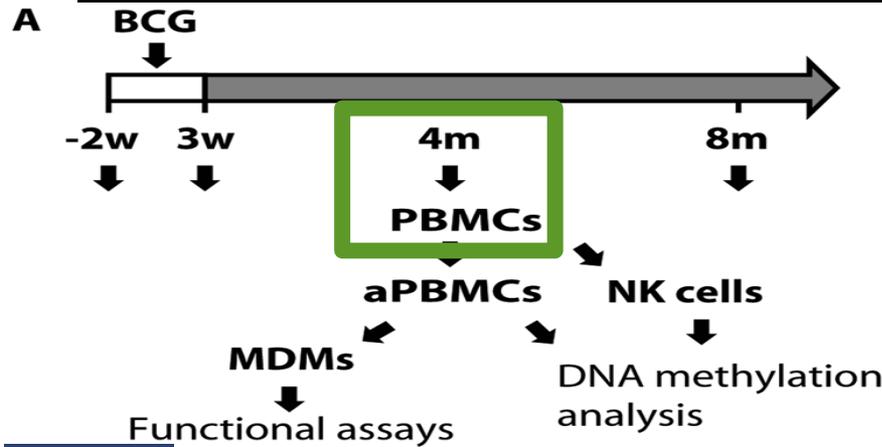
After **BCG** is taken up by the monocyte, it is recognized by the **NOD2** receptor, which upon activation induces epigenetic and metabolic reprogramming of the cell (**H3K4me3**), leading to an enhanced, **non-specific** response to a subsequent infection through an increased production of **cytokines** and **reactive oxygen species**



BCG training-induced **increased** frequency of **permissive H3K4me3** and **reduced** presence of **inhibitory H3K9me3** at the **promoters** of cytokine, receptor and metabolic pathway component encoding genes.

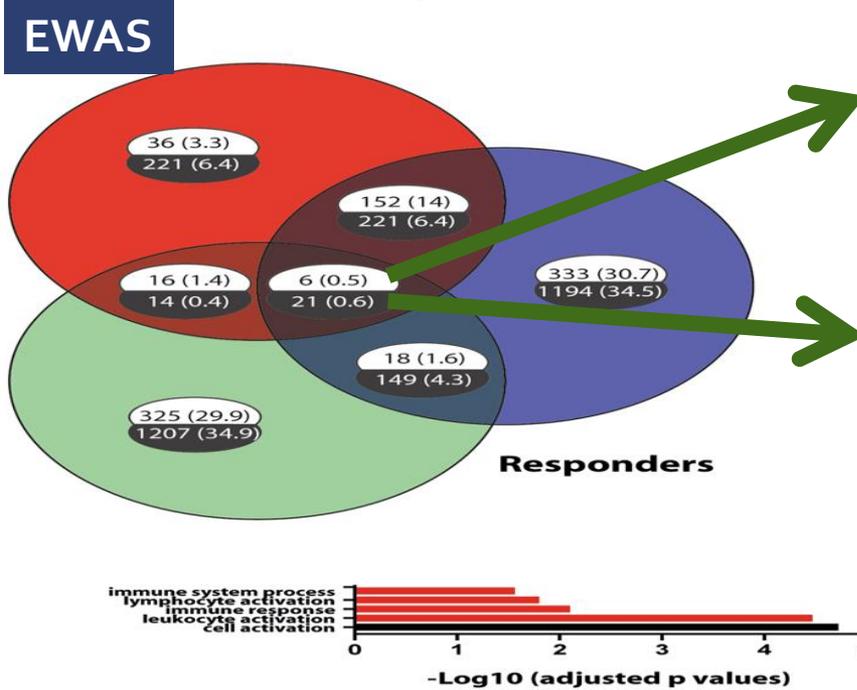


# Anti-mycobacterial activity correlates with altered DNA methylation pattern in immune cells from BCG-vaccinated subjects.



**4 responders vs. 4 non-responders:** enhanced anti-mycobacterial activity in Mtb-infected **macrophages** and increased **IL-1 $\beta$**  production

Ratio 0.25 3w 4m 8m

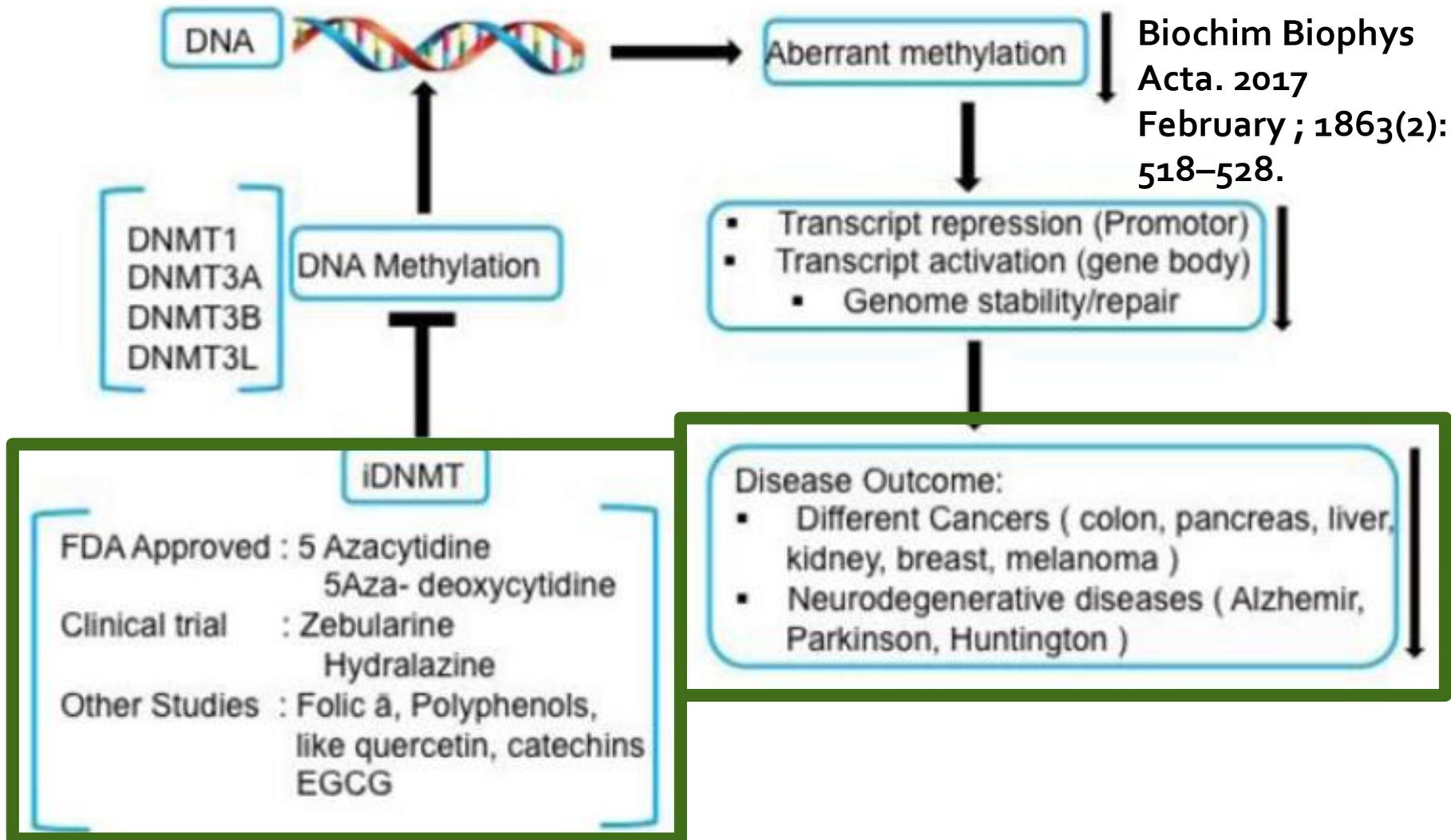




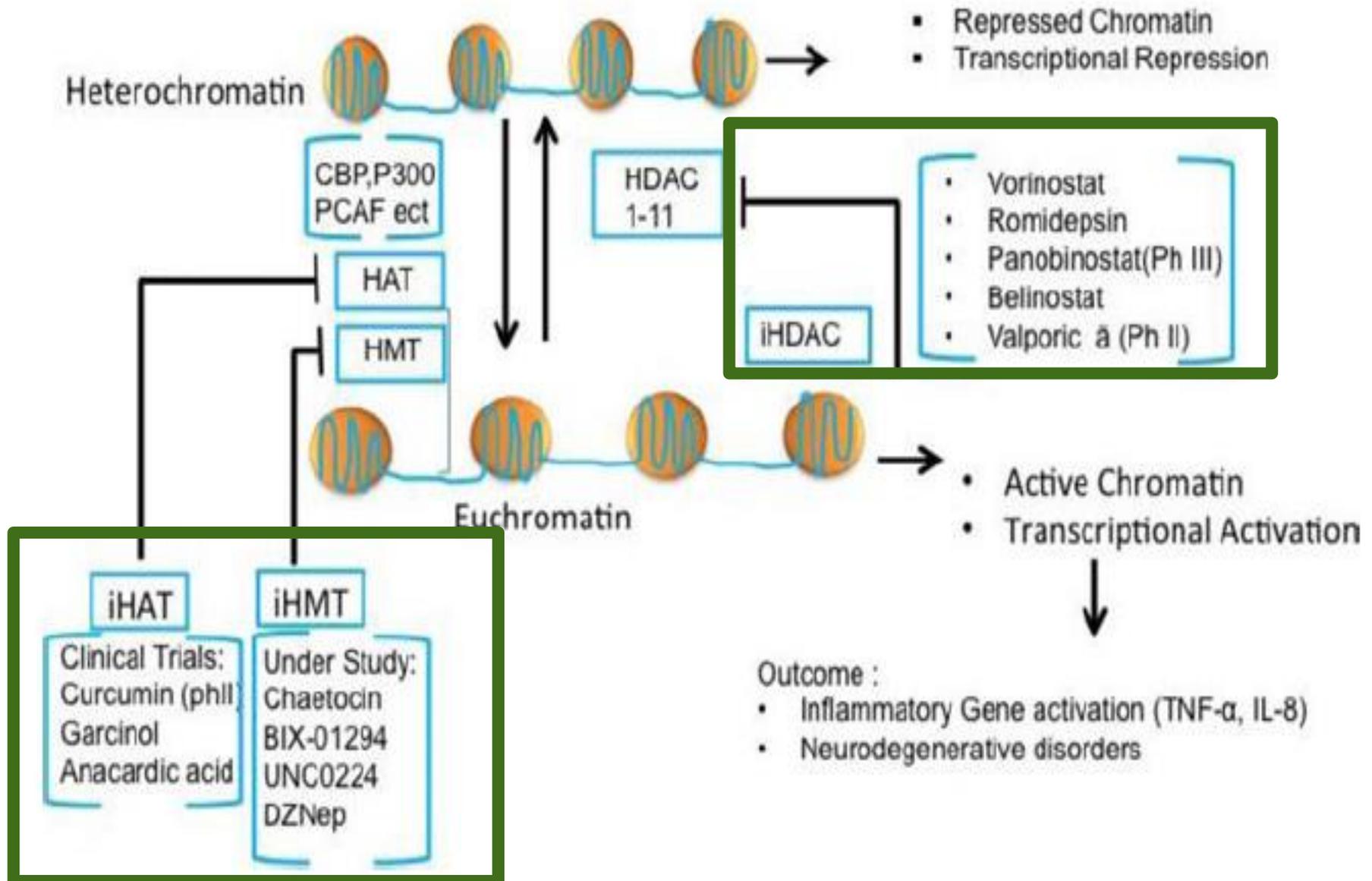


Future perspectives:  
Epigenetic targets  
for  
Host-Directed immunotherapy?

Several molecules have been screened for altering the DNA methylation status associated with the disease outcome and are currently in different phases of **clinical trial**.

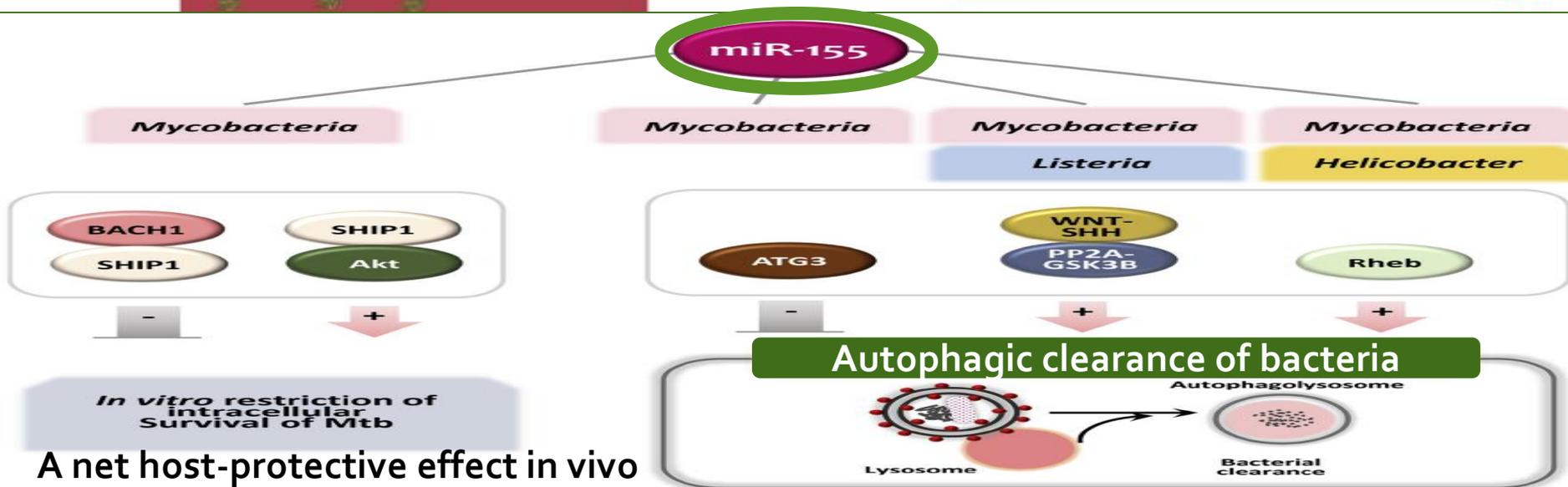
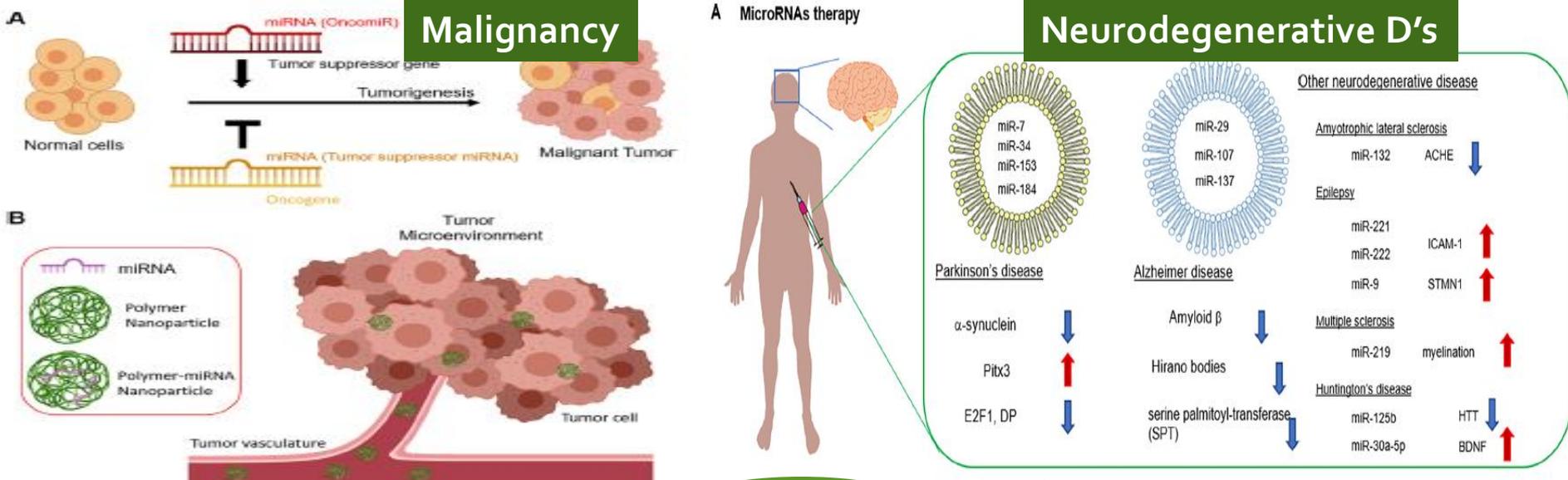


# Clinical trials in aberrant histone modifications associated with disease outcome

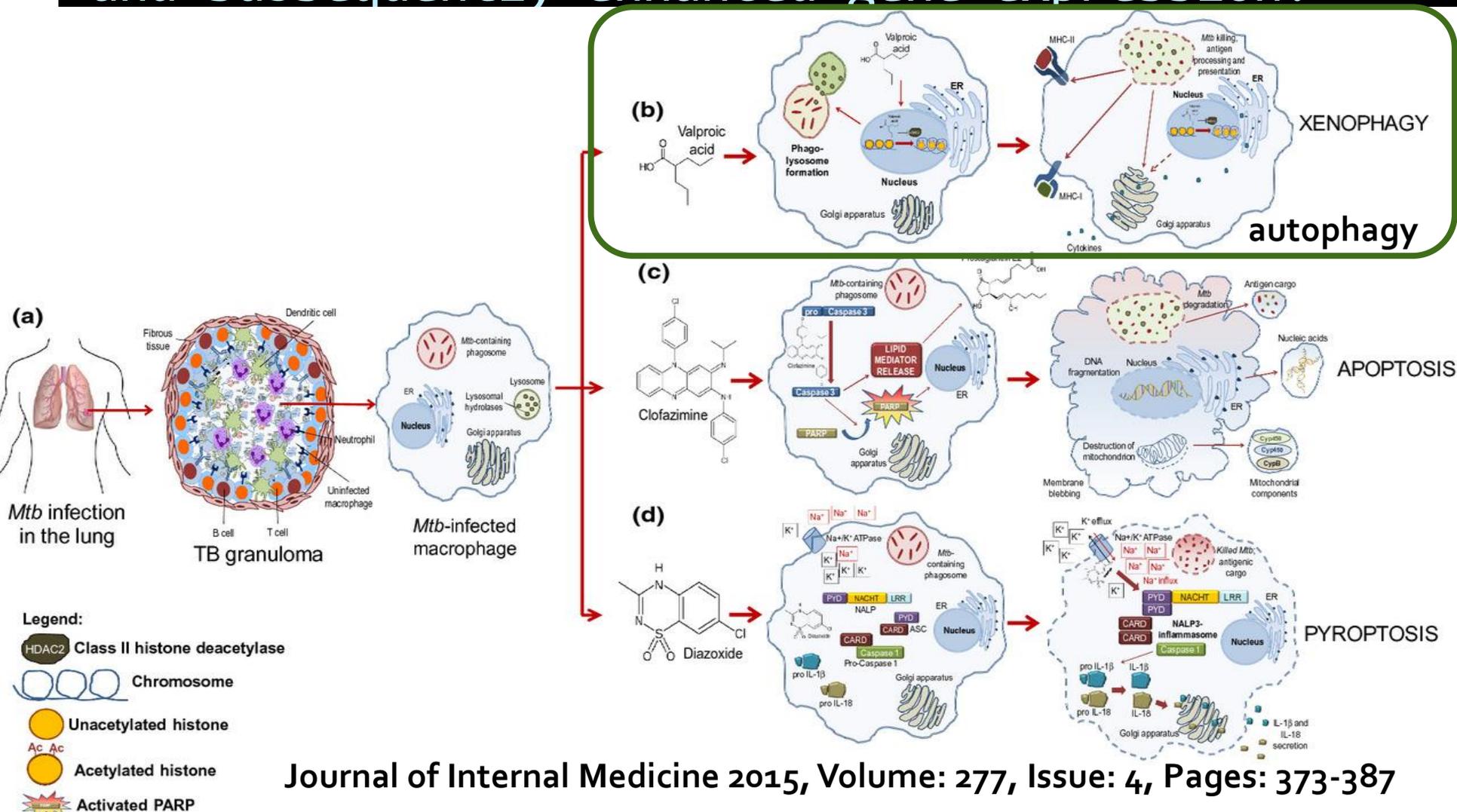


# miRNAs may influence the outcome of bacterial infection by regulating autophagy/xenophagy responses in host cells

Semin Cell Dev Biol. 2019 pii: S1084-9521(18)30239-8



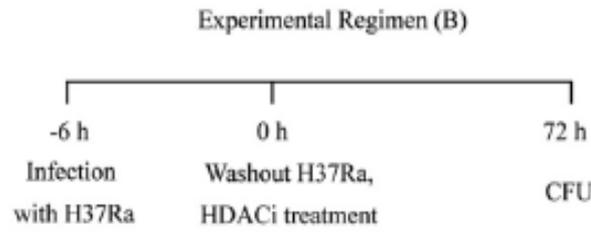
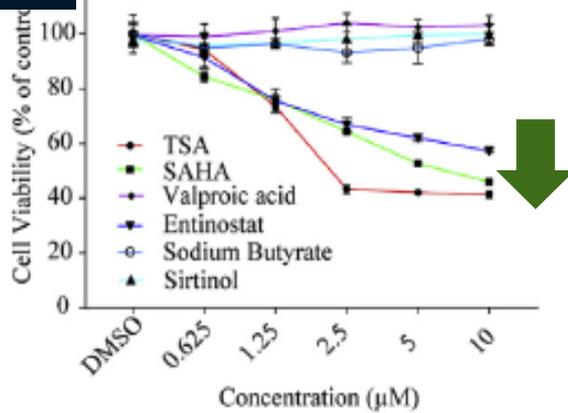
# Host-directed therapies: Xenophagy may be initiated by valproic acid to allow histone acetylation followed by chromosome unwinding and subsequently enhanced gene expression.



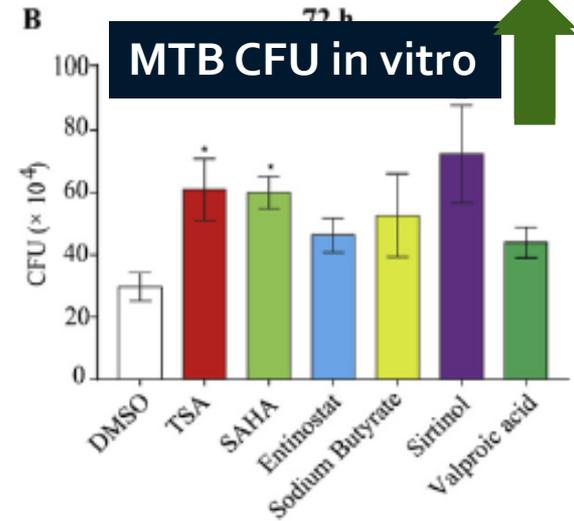
# Non-specific Histone de-acetylase inhibitors **impair** the host immune response (autophagy & ROS) against MTB.

Tuberculosis 118 (2019) 101861

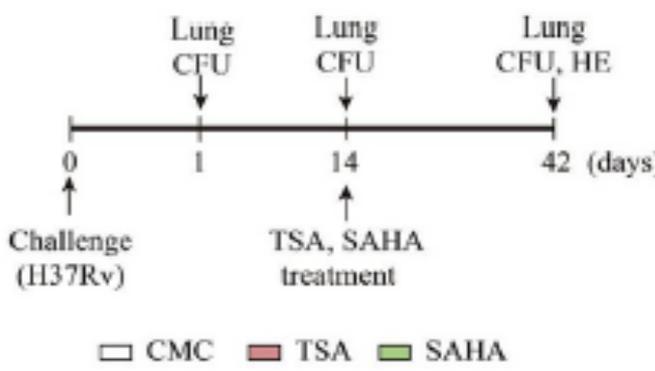
## In Vitro Macrophage viability



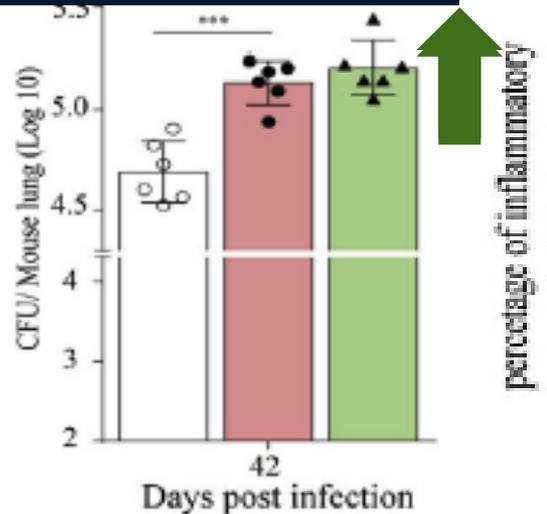
HDAC inhibitors



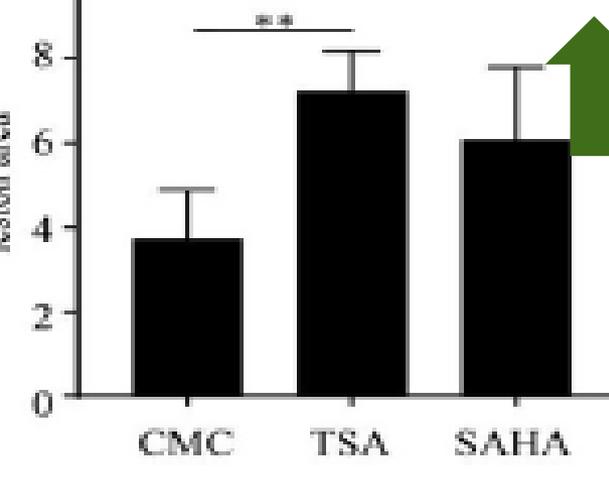
## In vivo



## MTB CFU in mouse lung



## Inflammatory lesions



**Gene-Editing:** clustered regularly interspaced short palindromic repeat (CRISPR)

**Sequence-specific RNAi:** microRNA mimic/siRNA

highly selective targeting

**DNA methylation**  
Therapeutic approaches

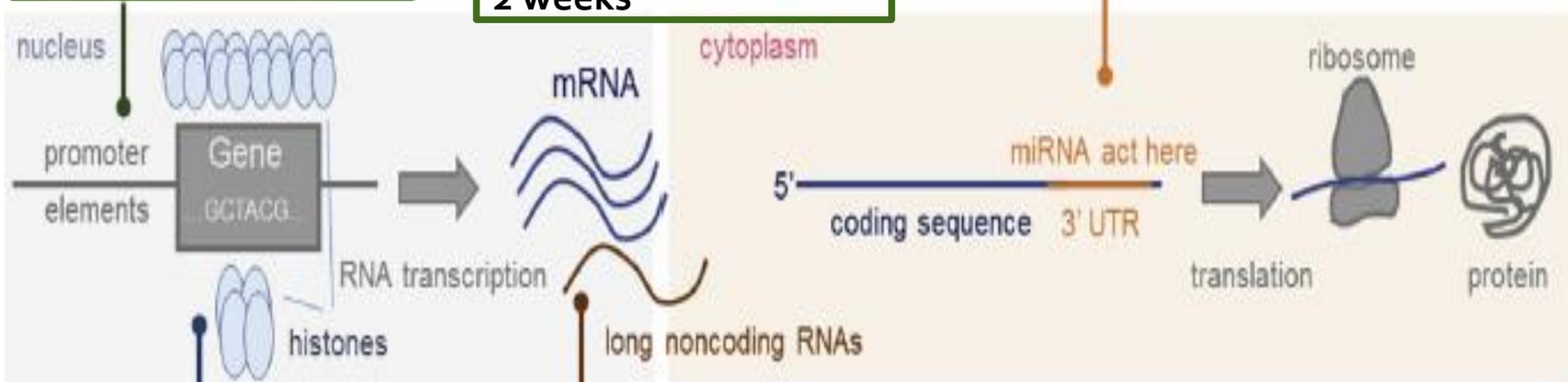
- DNA methylation inhibitors
- Methionine (dietary)
- CRISPR-based editing

deliver a de-methylating enzyme, 5-azacytidine, to a specific promoter for 2 weeks

**Posttranscriptional**  
Therapeutic approaches

- Oligonucleotides (antagomirs)

miR mimic /siRNA



**Posttranslational modifications**  
Therapeutic approaches

- Histone deacetylase inhibitors

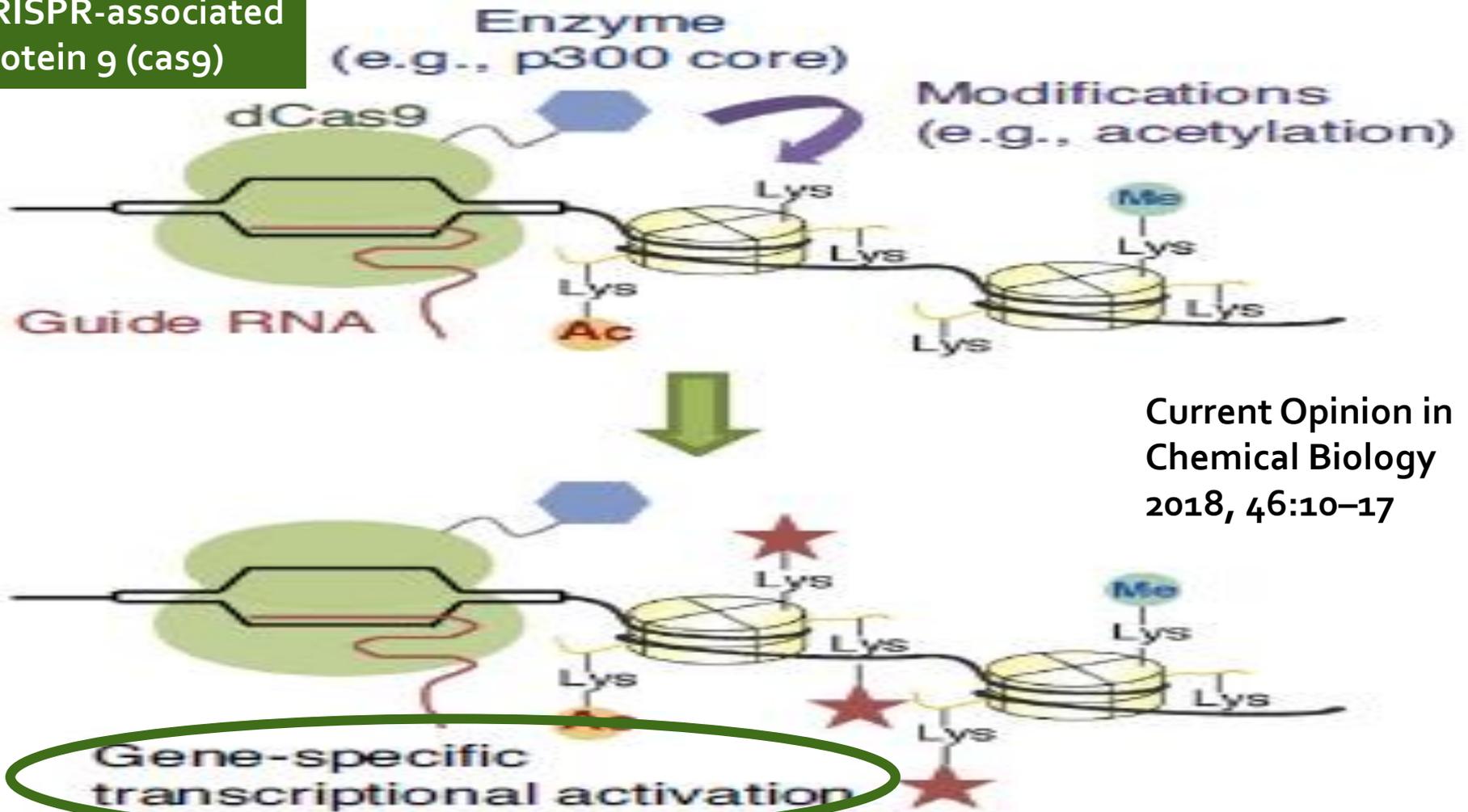
**Natural antisense transcripts**  
Therapeutic approaches

- Oligonucleotides (antiNATs)

European journal of  
pediatric neurology  
2019

The **dCas9-p300 HAT** core fusion protein was expressed in cells, which promoted lysine **acetylation** of histones at a **specific genomic locus** targeted by the guide RNA sequence.

CRISPR-associated protein 9 (cas9)



Current Opinion in  
Chemical Biology  
2018, 46:10-17

## Take Home Message (1)

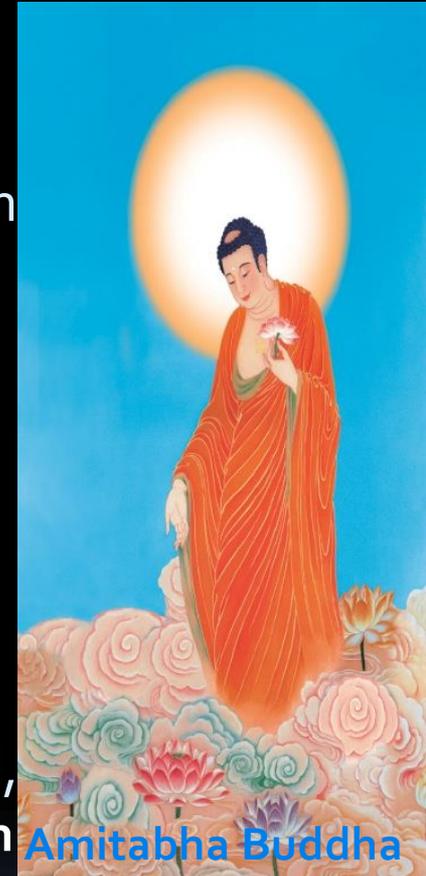
- *M. TB* uses **virulent factors** Rv1988/Rv2966c/Rv3423.1/RV1346c to hijack the host transcriptional machinery through **epigenetic** regulations.
- **Association** of active TB disease with
  - Aberrant DNA Met over VDR, TLR2, IL18R1, CYP27A1 genes
  - H3K14 hypo-Ac (TNF- $\alpha$ /IL12- $\beta$ ), HDAC1, KDM6B
  - At least 53 differentially expressed miRNAs
- ***M. TB* infection in vitro** leads to
  - de-Met of the NLRB3/CD82 gene promoters/1700 CpGs over distal enhancers
  - H3/H4 hyper-Ac, H3K9 hyper-Me, H3R42 hyper-Me, H3K4 hypo-Me/Ac, HDAC1/6, KDM6B, SET8
  - Immune-suppressive miRs: 21, 29, 99b, 125b, 27b, 1178
  - Immune-effective miRs: 155, 424, 223, 27a, 20b, 582

## Take home message (2)

- Specific and Non-specific effects of **BCG vaccine** via **trained innate** immunity (innate immune memory)
  - **H3K4** hyper-Me and **H3K9** hypo-Me at the promoters of cytokine, receptor and metabolic pathway component encoding genes
  - BCG Responder: **IFN- $\gamma$**  promoter **DNA** hypo-Me, **TLR6** promoter DNA hyper-Me
- Future perspectives for research:
  - Epigenetic marks for **Early clearance/Progression** from LTBI to active TB D's; **single cell** methylome
  - **CRISPR-based gene editing** to deliver de-methylation agent/histone modifying enzymes to specific genomic locus
  - Highly selective **antagomiR/miRNA mimic** to enhance or suppress specific sequence of target genes

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  - **Dr. Wen-Feng Fang**
  - **Dr. Yi-Hsi Wang**
  - **Dr. Huang-Chih Chang**
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  - **Professor Chang-Chun Hsiao**
- Internal Medicine Core Facility, KCGMH, Taiwan
  - **Ting-Ya Wang, Master**
  - **Yi-Xin Zheng**
  - **Yong-Yong Lin, Master**
- Rheumatology, Kaohsiung Medical University Hospital,
  - **Professor Chung-Jen Chen**



## Thank You for Your Attention

