

## **Different expression of Blimp-1 during HIV infection may be used to monitor disease progression and provide a clue to reduce immune activation and purge viral reservoirs**

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Blimp-1 is an important factor involved in the generation of terminally differentiated B and T lymphocytes [1]. Recent studies have demonstrated that this molecule is differently expressed during the course of viral infections, including HIV, and proper levels of Blimp-1 are necessary for viral control and to avoid T cell exhaustion [2-4]. This suggests that Blimp-1 expression may be modulated and/or used to monitor disease progression as well as response to therapy.

In particular, in this issue of AIDS, Beisel et al. report an inverse correlation between Blimp-1 expression in activated memory B cells and viral load in HIV-infected individuals suggesting that low levels of Blimp-1 in this particular B cell subset are associated with disease progression. Interestingly, in a previous issue, de Masson et al. showed lower Blimp-1 expression in central memory CD4<sup>+</sup> T cells of subjects with high cellular HIV DNA levels suggesting that induction of Blimp-1 may reduce the size of HIV reservoirs [5]. Noteworthy, other studies have shown that Blimp-1 contrasts the development of central memory and follicular memory CD4<sup>+</sup> T cells [1], two sanctuaries of HIV latency. Thus, high levels of Blimp-1 seem to be associated, in both CD4<sup>+</sup> and B lymphocytes, with slower or no progression to AIDS. In contrast to these findings, a previous study performed by Seddiki et al. on the whole CD4<sup>+</sup> T cell subset reported higher

Blimp-1 levels in progressors compared to long-term non-progressors or healthy controls [6]. These conflicting results may be due both to the cellular subset analyzed and cohort of analysis. Indeed, de Masson et al. compared two groups of long-term non-progressors while Seddiki et al. compared viremic progressors with long-term non-progressors. Moreover, Seddiki et al. analyzed Blimp-1 expression in total CD4<sup>+</sup> T cells, which include, especially during progression to AIDS, a large proportion of activated CD4<sup>+</sup> T cells. This suggests that Blimp-1 is differently expressed along the course of HIV infection according to the activation status of the cells and the progression stage of HIV-infected individuals. At present, it is not possible to exclude that this different expression may result in a dual role of Blimp-1 in HIV disease progression. A dual role of Blimp-1 has also been observed in CD8<sup>+</sup> T cells: in chronic infections high Blimp-1 expression promotes the up-regulation of PD-1 resulting in exhausted CD8<sup>+</sup> T cells [2], in contrast to acute infections where Blimp-1 represses the expression of PD-1 [4].

The molecular mechanisms involved in the modulation of Blimp-1 during HIV infection remain to be elucidated and may depend on the cell type as well as the activation status of cells. HIV infection may affect Blimp-1 levels by modulating those factors involved in the physiological control of Blimp-1 expression such as miR-9, IL2 or IL21 [1, 6, 7], which are dysregulated in HIV-infected individuals. Alternatively, HIV-derived products may directly act on the signaling pathways involved in Blimp-1 expression. To this regard, it has been demonstrated that Blimp-1 is induced in CD4<sup>+</sup> T cells activated by HIV-exposed dendritic cells [2]. Furthermore, we have recently demonstrated that the HIV-1 Tat protein induces an over-expression of Blimp-1 in activated, but not in resting, CD8<sup>+</sup> T cells [8]. Moreover, Tat also affects Blimp-1 expression in CD4<sup>+</sup> T cells (Gavioli et al., unpublished results). Of note, we and others have demonstrated that Tat up-regulates, in both activated CD4<sup>+</sup> and CD8<sup>+</sup> T cells, the release of IL2 [8], which is an

inducer of Blimp-1 [1]. In addition, Tat is known to up-regulate proteasomal activity [9] as well as the expression of CD80 [10], a ligand of CTLA-4 which, through the Hippo pathway, favors the proteasomal degradation of Yap, a suppressor of Blimp-1 expression [3]. This latter mechanism requires CD8<sup>+</sup> T cells in an activation status. Of note, Tat favors, *in vitro* and *in vivo*, the activation of CD8<sup>+</sup> T cells and the development of effector memory CD8<sup>+</sup> T lymphocytes [8, 11-13], which are two hallmarks of immune activation and both require Blimp-1 expression [1]. Consistently, induction of anti-Tat immune responses by a Tat-based vaccine reduces immune activation and restores the levels of central memory T cells in HIV-infected individuals [14]. It would be interesting to assess whether vaccination with Tat affects Blimp-1 levels in B and T lymphocytes.

Thus, taking into consideration the pattern of expression of Blimp-1 in T cells during the different phases of HIV infection, we hypothesize that, during the acute phase and active progression, high levels of Blimp-1 favor immune activation, exhaustion of T cells and activation of CD4<sup>+</sup> T lymphocytes thus promoting viral spread. Molecular mechanisms behind these phenomena include Blimp-1 induction by Tat, miR-9, IL2, IL21 and cell-to-cell contact among activated T cells. Conversely, during latent chronic infection, we can speculate that high Blimp-1 levels may promote the reduction of CD4<sup>+</sup> T cells harboring the integrated provirus by both contrasting the development of CD4<sup>+</sup> T cell reservoirs and favoring the re-activation and, thus, elimination of HIV from latently infected cells.

Blimp-1 is crucial for plasma cell differentiation, memory B cell development and antibody production. However, as highlighted by Beisel and colleagues, studies assessing the role of Blimp-1 in B cell dysregulation, hypergammaglobulinemia and HIV-specific humoral responses are largely missing, although important to our understanding of B cell dysfunctions during HIV infection. Tat has been proposed to be implicated in B cell alterations and activation induced by

CD40 [11, 15], a molecule involved in Blimp-1 up-regulation. However, the role of Tat on B cells dysfunctions and Blimp-1 expression needs further elucidations.

In conclusion, Blimp-1 expression may be a marker to monitor the course of HIV infection as well as response to therapy. It is tempting to speculate that Blimp-1 expression may be modulated by immunotherapeutic strategies, although this approach needs strong caution due to its dual effect according to the diseases phase. Indeed, as already proposed [3], Blimp-1 expression may be reduced during active progression to decrease immune activation, viral spread and reservoir establishment. On the contrary, Blimp-1 induction in chronically HIV-infected HAART-treated individuals may favor reservoir purging.

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