

The effects of *Mycobacterium tuberculosis* on T cell responsiveness in granulomas

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GOALS OF THE STUDY

- Use a computational model to predict how Mtb interferes with both T cells at the molecular level (via antigen presentation) and the cellular/tissue level (via T cell, macrophage movement, interaction)
- Combine molecular and cellular/tissue level models to explore the emergent dynamics and predict where and how inhibition occurs

TCELLS IN MTB

- Tuberculosis (TB): Infectious disease caused by *Mycobacterium tuberculosis* (Mtb). One-third of the world's population is infected with Mtb, 2 million deaths/year¹
- Host immune cells (macrophages and T cells) form granulomas to contain the infection in lungs
- Only ~8% T cells derived from tuberculosis granulomas respond to Mtb²
- It's unknown why T cell response at site of infection is low

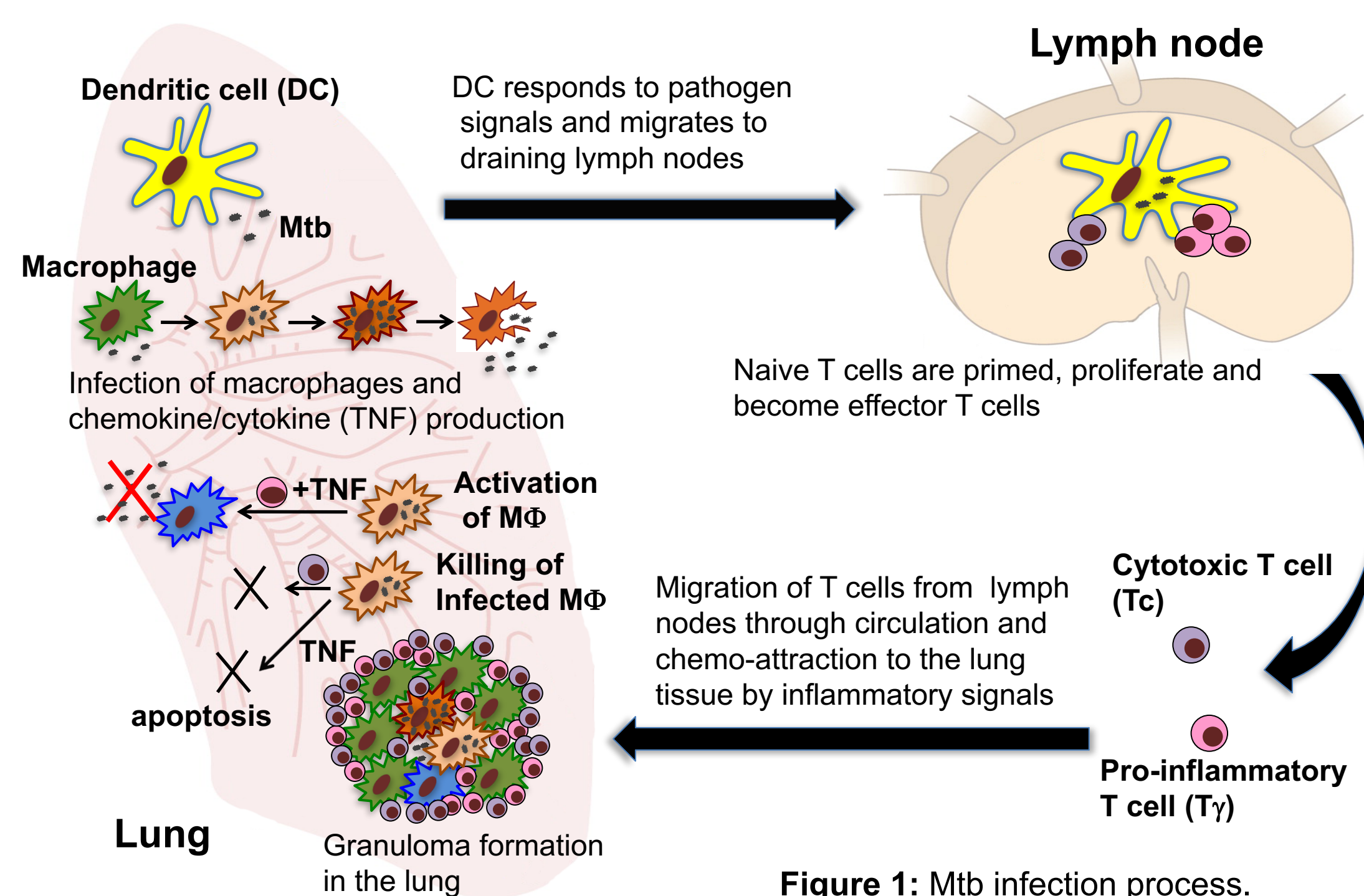


Figure 1: Mtb infection process.

MULTI-SCALE MODELING

Tissue/Cellular Model

- GranSim^{3,4} captures discrete cellular dynamics between immune cells and Mtb leading to tissue scale outcomes
- Comprised of decision-making heuristics via a set of well-described interactions, calibrated using experimental data, and implemented in C++ code with Boost and FFTw libraries.

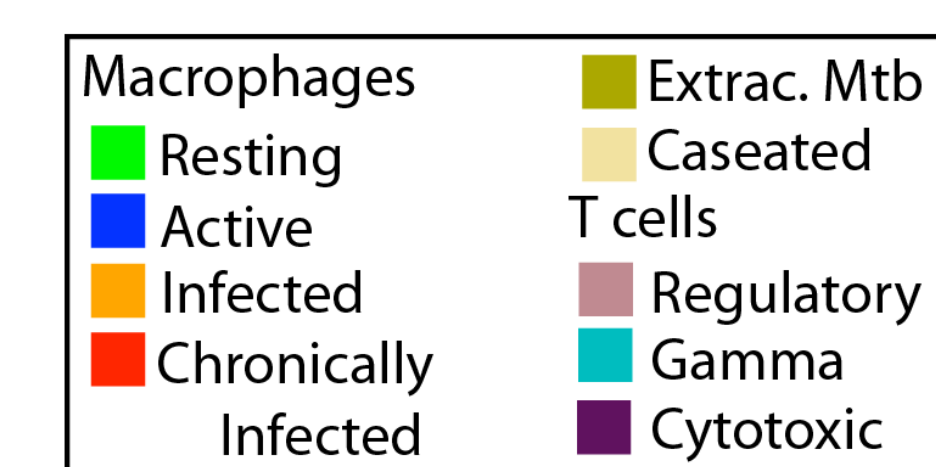
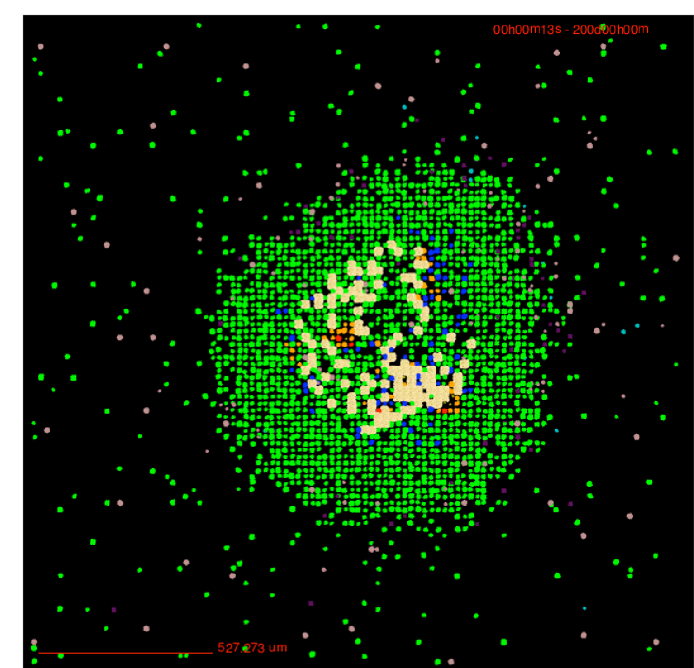


Figure 2: Example time point in GranSim and different types of agents on the grid.

Intracellular Model

- Chang *et al* 2005⁵ ODE model captures Mtb-mediated down-regulation of MHC II presentation of peptides in macrophages
- Comprised 16 non-linear ODEs, solved in MatLab

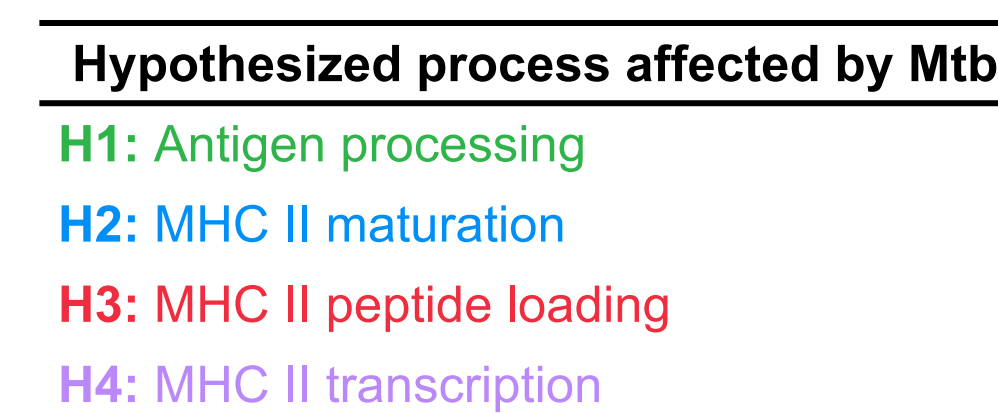
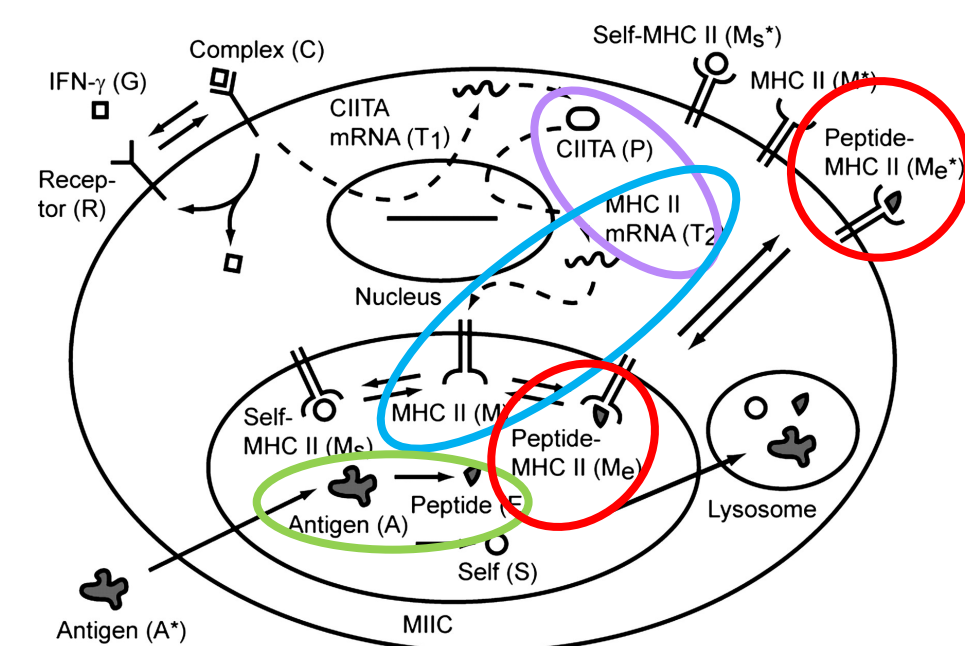


Figure 3: ODE model schematic representing MHC II antigen presentation. Colored circles represent different processes hypothesized to effect antigen presentation by Mtb.

MULTI-SCALE MODELING

Integrated Multi-Scale Model

- GranSim has the ability to insert ODEs into individual agents
- Allows for observation of the interaction between tissue, cellular, and molecular scales
- Emergence of behaviors that arise from interactions between agents that would otherwise be impossible to know a priori^{6,7}

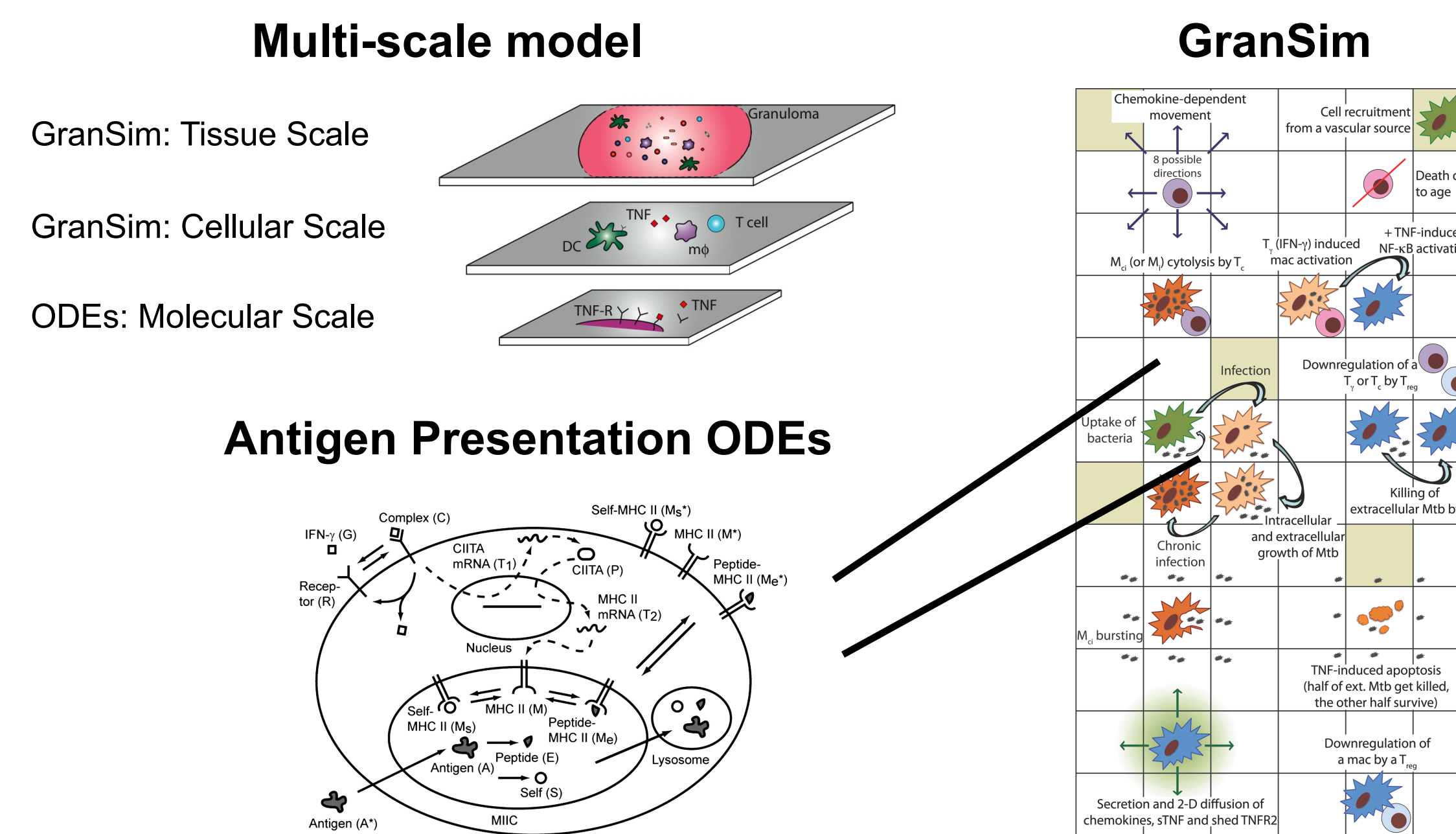


Figure 4: Model schematics of GranSim and ODEs and how they relate to each other as a multi-scale model.

RESULTS

1. Delayed T cell response leads to more coordinated attack on Mtb later in infection

- Delayed T cell response (delayed time after which T cell recruitment is enabled) leads to higher initial Mtb, followed by increases in T cells in the granuloma and MHC II presentation
- Increasing the probability of macrophage recruitment leads to less T cells that can reach the granuloma

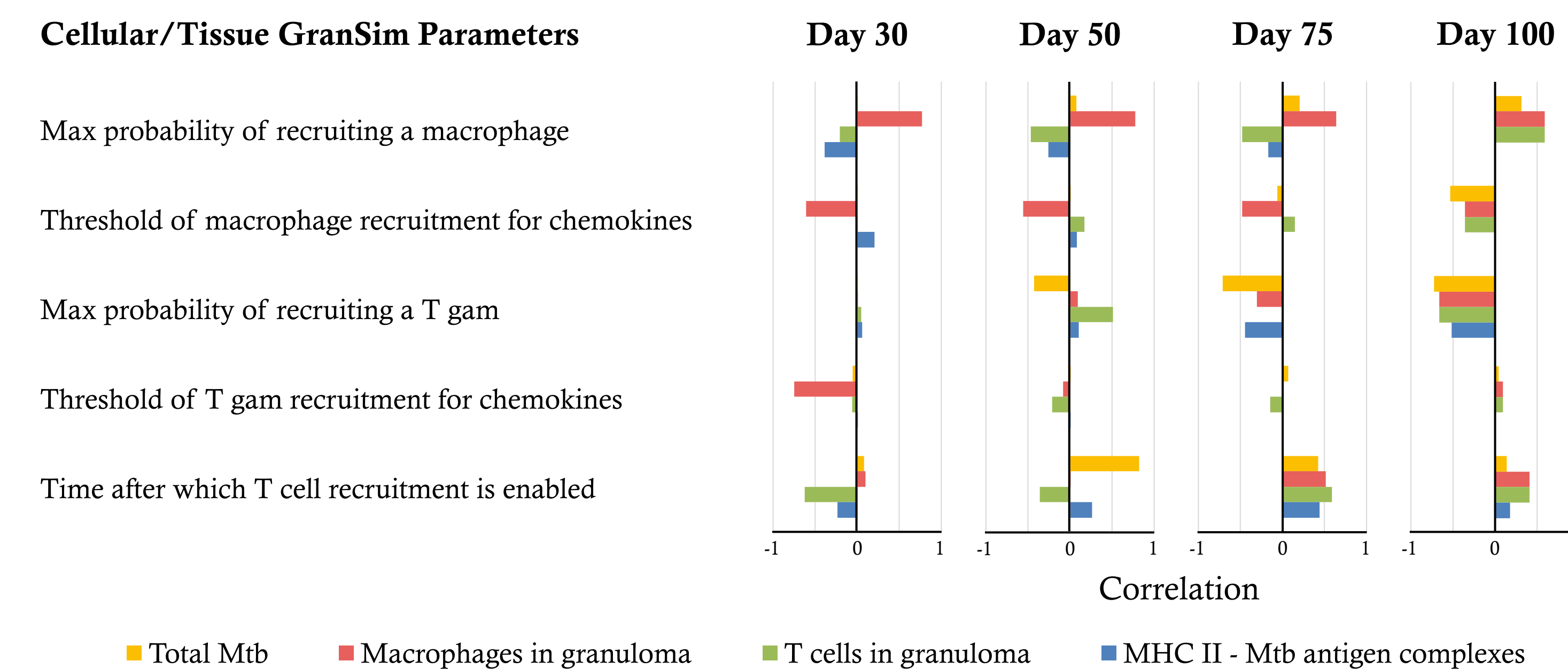


Figure 5: Partial rank correlation coefficient sensitivity analysis of GranSim model parameters on recruitment variables.

2. MHC II presentation of Mtb antigens influenced most by antigen uptake, processing, and degradation

- Increasing Mtb antigen processing increases MHC II presentation, but wanes by 100 days
- Increasing Mtb antigen degradation or decreasing MHC II-Mtb antigen association decreases MHC II presentation throughout infection

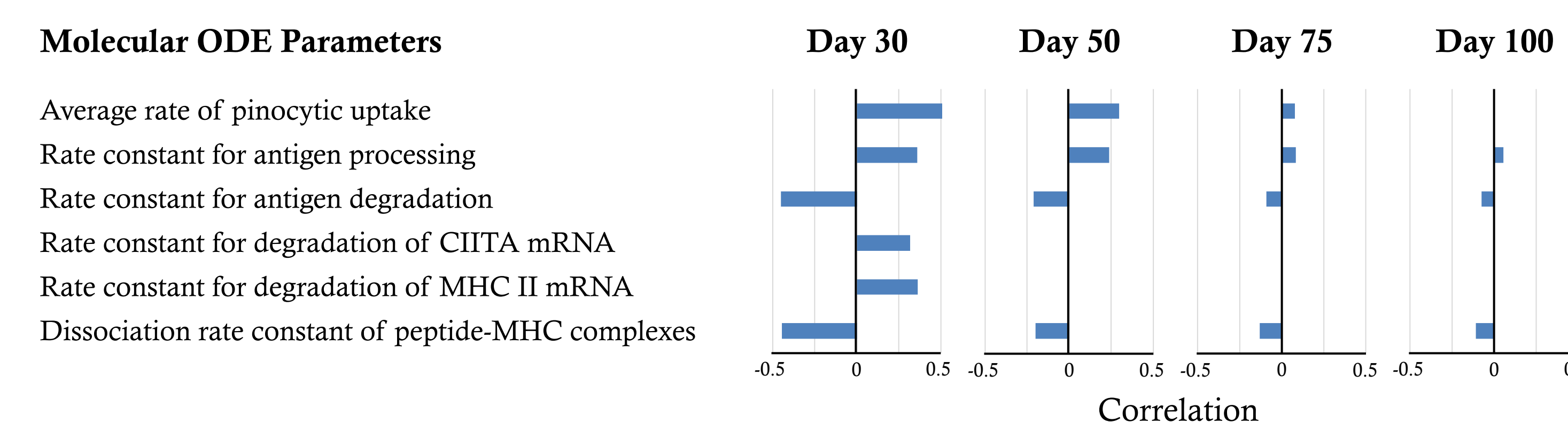


Figure 6: Partial rank correlation coefficient sensitivity analysis of ODE model parameters on Mtb peptide-MHC II complexes.

RESULTS

3. A majority of T cells don't reach macrophages within the granuloma

- During peak T cell activation (~40 days post infection), only ~30% of T cells travel far enough within the granuloma to be in the maximum radius of macrophages
- These levels drop to half by 75 days post infection

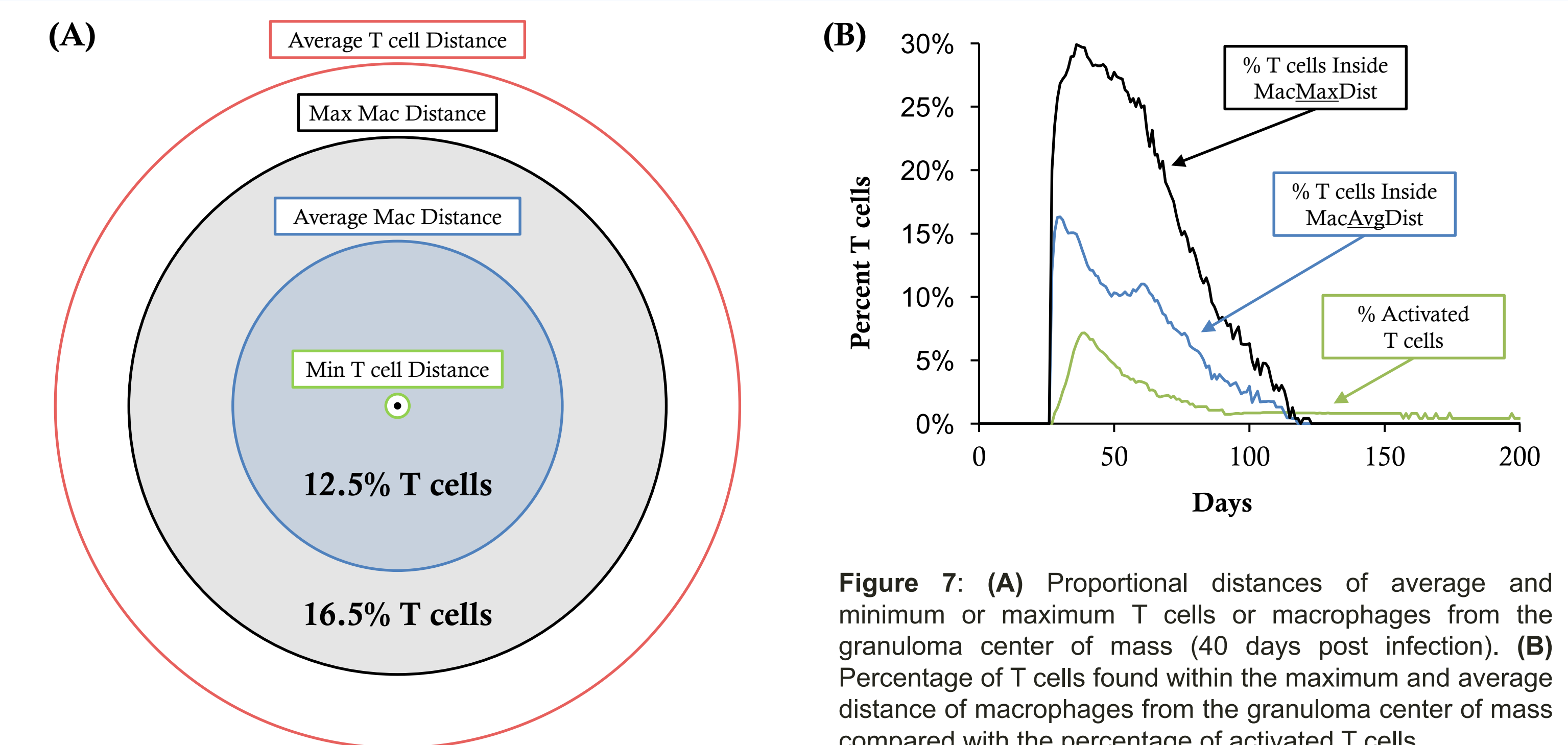


Figure 7: (A) Proportional distances of average and minimum or maximum T cells or macrophages from the granuloma center of mass (40 days post infection). (B) Percentage of T cells found within the maximum and average distance of macrophages from the granuloma center of mass compared with the percentage of activated T cells.

4. The ability of T cells to reach macrophages in the center of the granuloma is a good predictor of T cell activation

- ~73% of the variance in the amount of T cells that travel far enough within the granuloma to be in the maximum radius of macrophages can be predicted from the amount of activated T cells observed

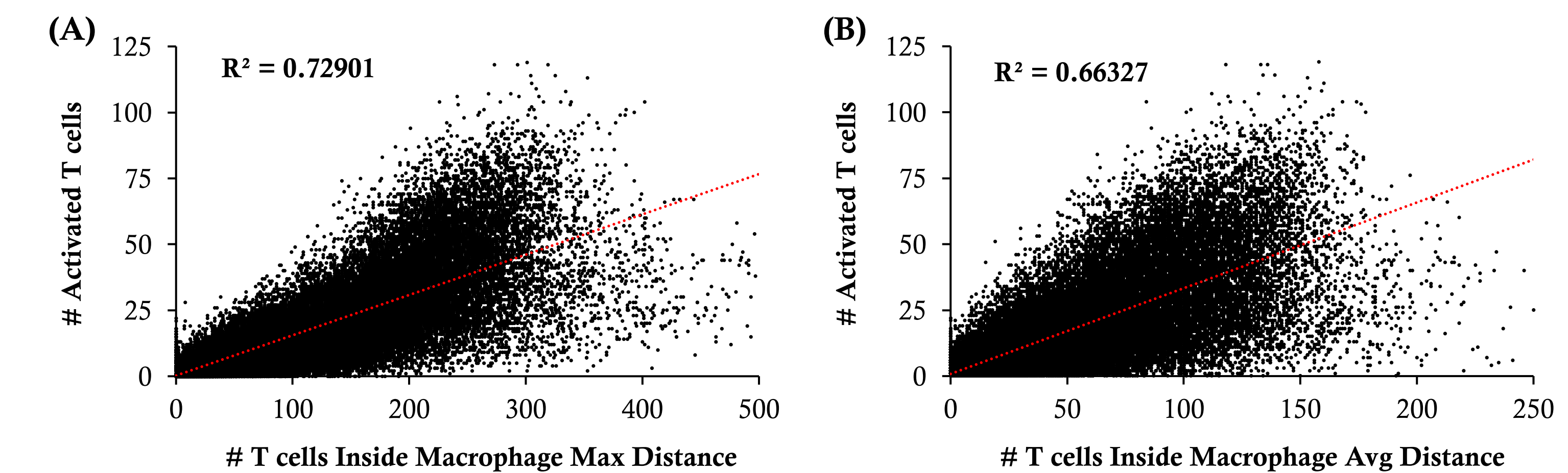


Figure 8: Relation of the number of activated T cells with the number of T cells found within the (A) maximum or (B) average distance of macrophages from the granuloma center of mass.

DISCUSSION / CONCLUSIONS

- The fact that only 8% of T cells respond from granulomas likely has more to do with the spatial layout of the granuloma, that consists of outer layers of T cells
- To increase T cell activation, intervention could possibly consist of creating a way T cells could better migrate inside the granuloma to get to infected macrophages

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ACKNOWLEDGEMENTS

This research was supported by the following NIH grants: R01 AI123093-01, and U01HL131072. This research used also resources of the National Energy Research Scientific Computing Center, which is supported by the Office of Science of the U.S. Department of Energy under Contract No. DE-AC02-05CH11231 and the Extreme Science and Engineering Discovery Environment (XSEDE), which is supported by National Science Foundation grant number MCB140228. JM was supported by a National Science Foundation GRFP (DGE-1638278), the Rackham Merit Fellowship through University of Michigan, and the ASM Research Capstone Fellowship. We thank Paul Wolberg for computational assistance.