

# Combination therapy boosts antiviral response to chronic infection

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A Yale-led team has identified a promising new combination immunotherapy to enhance the body's ability to fight chronic viral infections and possibly cancer.

Their study was published March 23 in *Nature Medicine*.

Viruses that cause chronic infection, such as HIV and Hepatitis B and C, are able to persist in the body despite attack from T cells, the body's main line of defense against pathogens. They persist because, over time, our T cells weaken to the point of "T-cell exhaustion." To circumvent this process, the research team—led by Susan Kaech, associate professor of immunobiology at Yale School of Medicine—investigated two pathways that cause T cell suppression.

The first pathway is triggered by prostaglandin E2 (PGE2), a lipid known to suppress the immune system's response to tumors. To explore the relationship between PGE2 and T cells, the research team studied mice with [viral infections](#) and observed that PGE2 levels increased, particularly during chronic infection. The enhanced PGE2 reduced both the number of T cells that attack the [infected cells](#) and their anti-viral functions.

As Kaech explained, T cells have receptors keeping them in balance by telling them to either stop or go. "What we have discovered is that PGE2 is another type of receptor giving a stop signal," said Kaech, who is also a member of Yale Cancer Center. In fact, when the team studied mice

lacking PGE2 receptors, or the ability to synthesize normal amounts of PGE2, T cells thrived.

The researchers next tested the combined effect of systemically reducing PGE2 while simultaneously blocking another pathway known as PD-1. In previous studies, PD-1 had also been shown to inhibit T cells. The researchers treated virus-infected mice lacking normal PGE2 production with anti-PD-1 antibodies, and observed that the combined blockade of PGE2 and PD-1 resulted in even greater increased T-cell function and enhanced viral control.

"Blocking both pathways leads to an augmentation of the antiviral response that is bigger than either treatment alone," Kaech explained.

In a final step, the researchers found they could achieve the same boost to T [cells](#) by administering celecoxib (Celebrex), a non-steroidal anti-inflammatory drug (NSAID) commonly used to manage pain. "Since these inhibitors are already in common use, we wondered if using them to decrease PGE2 signaling would also improve T-cell responses," said Jonathan Chen, first author on the study and a resident in pathology at Massachusetts General Hospital.

One important implication of the study is the potential use of NSAIDs as adjunct therapy to treat patients with [chronic infections](#) and cancer. "By administering a medicine many of us take routinely, we could potentially augment the effects of PD-1 blockade, which is showing remarkable outcomes in cancer trials," said Kaech.

**More information:** Prostaglandin E2 and programmed cell death 1 signaling coordinately impair CTL function and survival during chronic viral infection, *Nature Medicine*, [dx.doi.org/10.1038/nm.3831](https://doi.org/10.1038/nm.3831)

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