



POSTER PRESENTATION

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# Two independent functions of $V\gamma 2V\delta 2$ T cells discriminated by CD16 during HIV-1 infection

X He\*, H Liang, Y Zhao, H Peng, D Liu, Y Shao

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## Background

$V\gamma 2V\delta 2$  ( $V\delta 2$ ) T cells play a vital role in the control of HIV infection.  $V\delta 2$  T cells recognize phosphoantigens such as IPP, and they mediate ADCC through  $Fc\gamma RIIIa$  (CD16). Our goal is to understand how the heterogeneous repertoires of  $V\delta 2$  T cells are involved in both phosphoantigen-induced response and ADCC in HIV infection, especially in the early stage of HIV infection.

## Methods

PBMCs were obtained from a total of 81 subjects, including 18 early, 42 chronic HIV-1 infected subjects (all treatment-naïve) and 21 healthy subjects. Cellular immune functions of  $V\delta 2$  T cells were analyzed by flow cytometry.

## Results

Circulating  $V\delta 2$  T cells comprised two functionally diverse subsets which were discriminated by the CD16 expression. Most cytotoxic molecules and  $IFN-\gamma$  were released by  $CD16^-$  subset (98% in average) after IPP stimulation, while the  $CD16^+$  subset was in charge of triggering ADCC via CD16 that was closely related to HIV-associated changes in  $V\delta 2$  T cell-mediated ADCC ( $p < 0.001$ ). In early HIV infection, the  $CD16^-$   $V\delta 2$  T cells dramatically decreased in comparison with healthy controls ( $p = 0.02$ ), accompanied by the decline of IPP-responsive  $V\delta 2$  T cells ( $p = 0.01$ ). Interestingly, a dramatic functional switch of  $V\delta 2$  T cell-mediated ADCC with almost reverse profile of the CD107a and  $IFN-\gamma$  expression compared to uninfected group was observed since early HIV infection. Frequency of  $CD107a^+$   $V\delta 2$  T cells from early-infected group was significantly higher than that from healthy controls ( $p < 0.05$ ). Although the IPP-activated  $V\delta 2$  T cells declined notably in chronic-infected individuals with  $CD4 > 500$  (cells/ $\mu$ l), the percentage of antibody-dependent cytotoxic

$V\delta 2$  T cells was over threefold as high in  $CD4 > 500$  individuals as in healthy controls ( $p < 0.05$  for both).

## Conclusion

These data revealed the involvement of two  $V\delta 2$  T subsets with different functions during HIV infection and highlighted the plasticity of  $V\delta 2$  T cell-mediated ADCC in controlling HIV infection.

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