



Host-Directed Therapies and their Impact on DM+TB co-epidemic

Amit Singhal
Singapore Immunology Network (SIgN)
A*STAR, Singapore

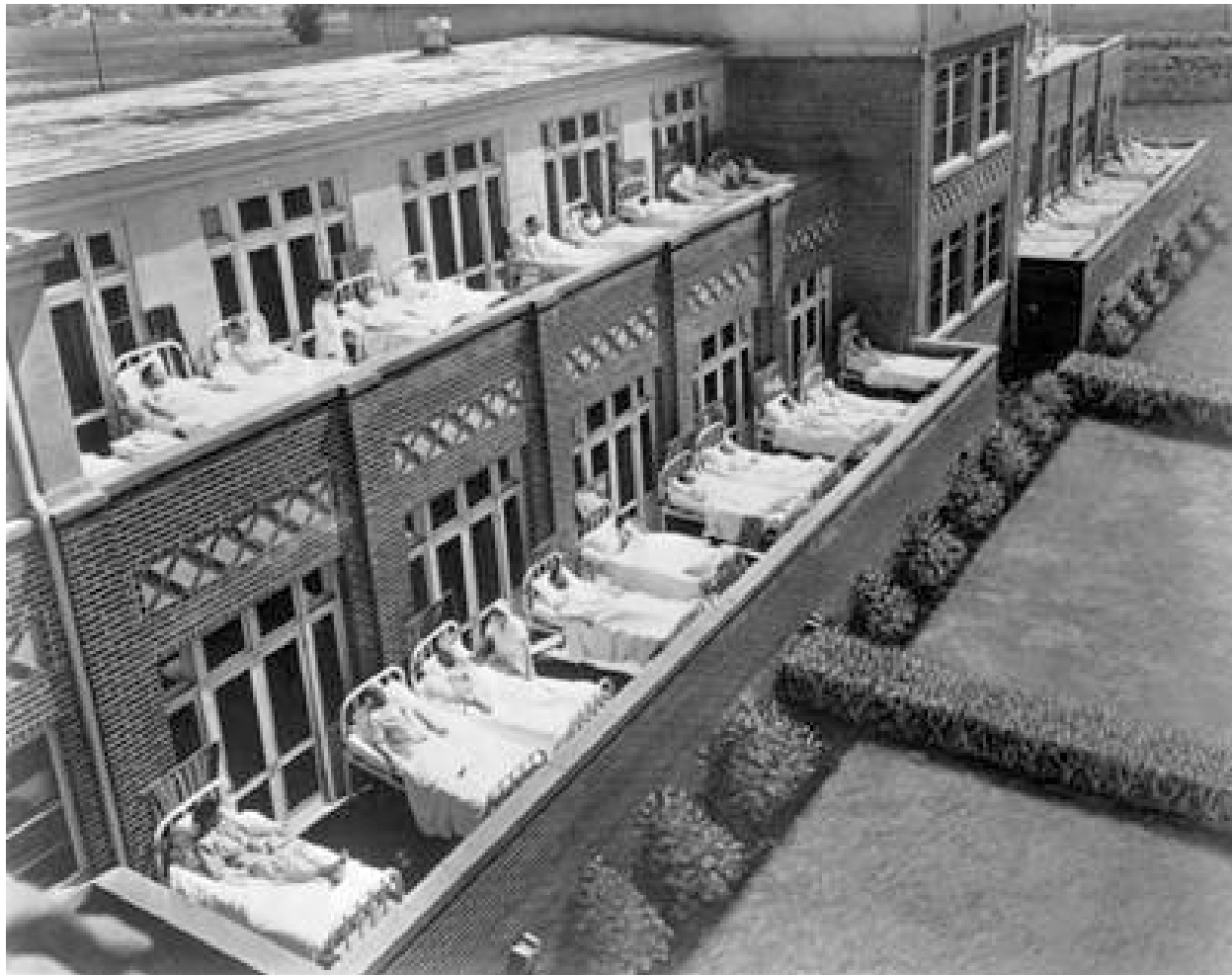
10-11 May 2016, TB+DM Workshop, NIH



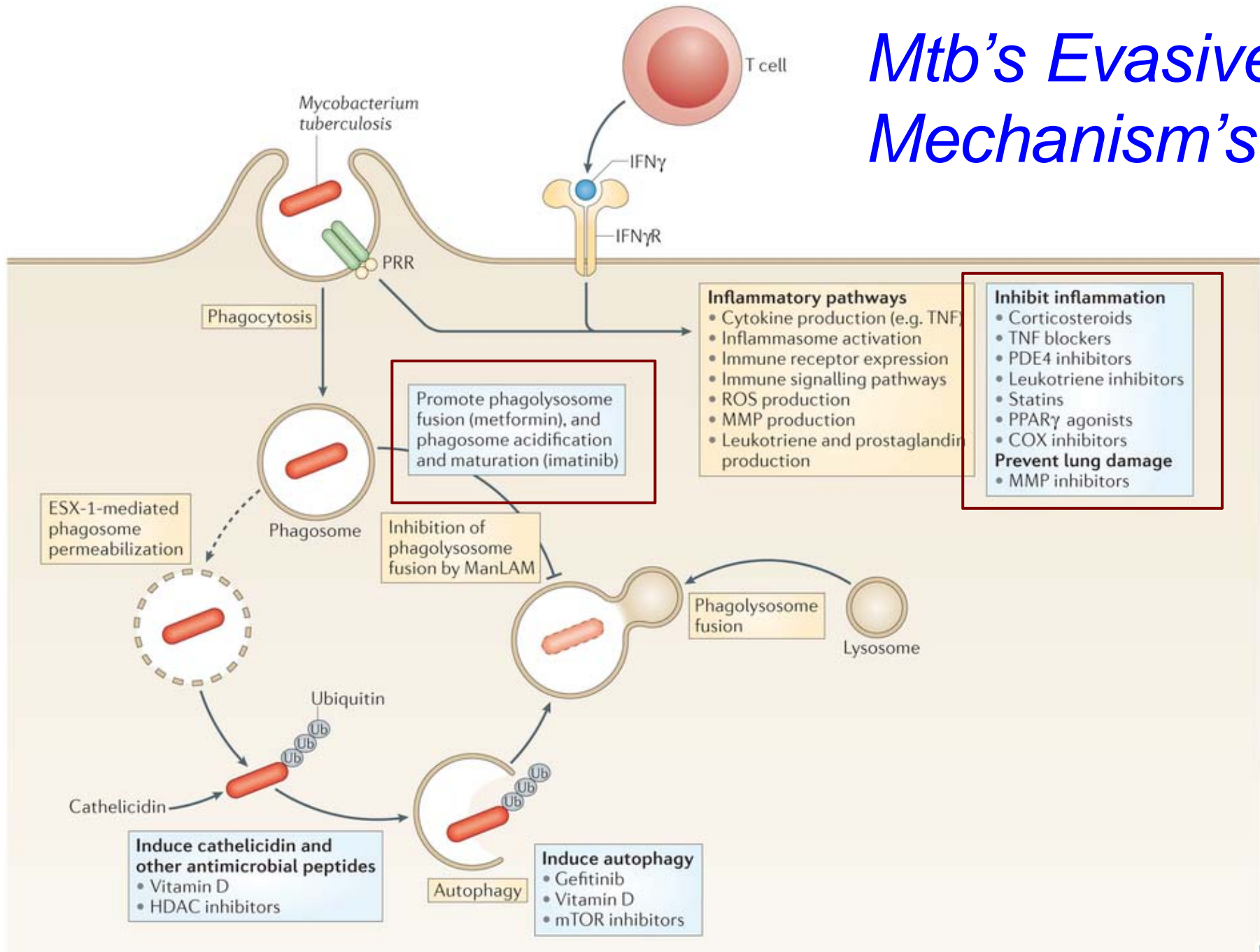
Why HDTs?

- Conventional pathogen directed approach
 - Do not take into account host immune response
 - ✓ TB pathology
 - Suffer from the serious disadvantage of fostering microbial resistance
 - ✓ MDR on rise
- Toxicity associated with current TB regimen and anti-mycobacterial drugs in pipeline

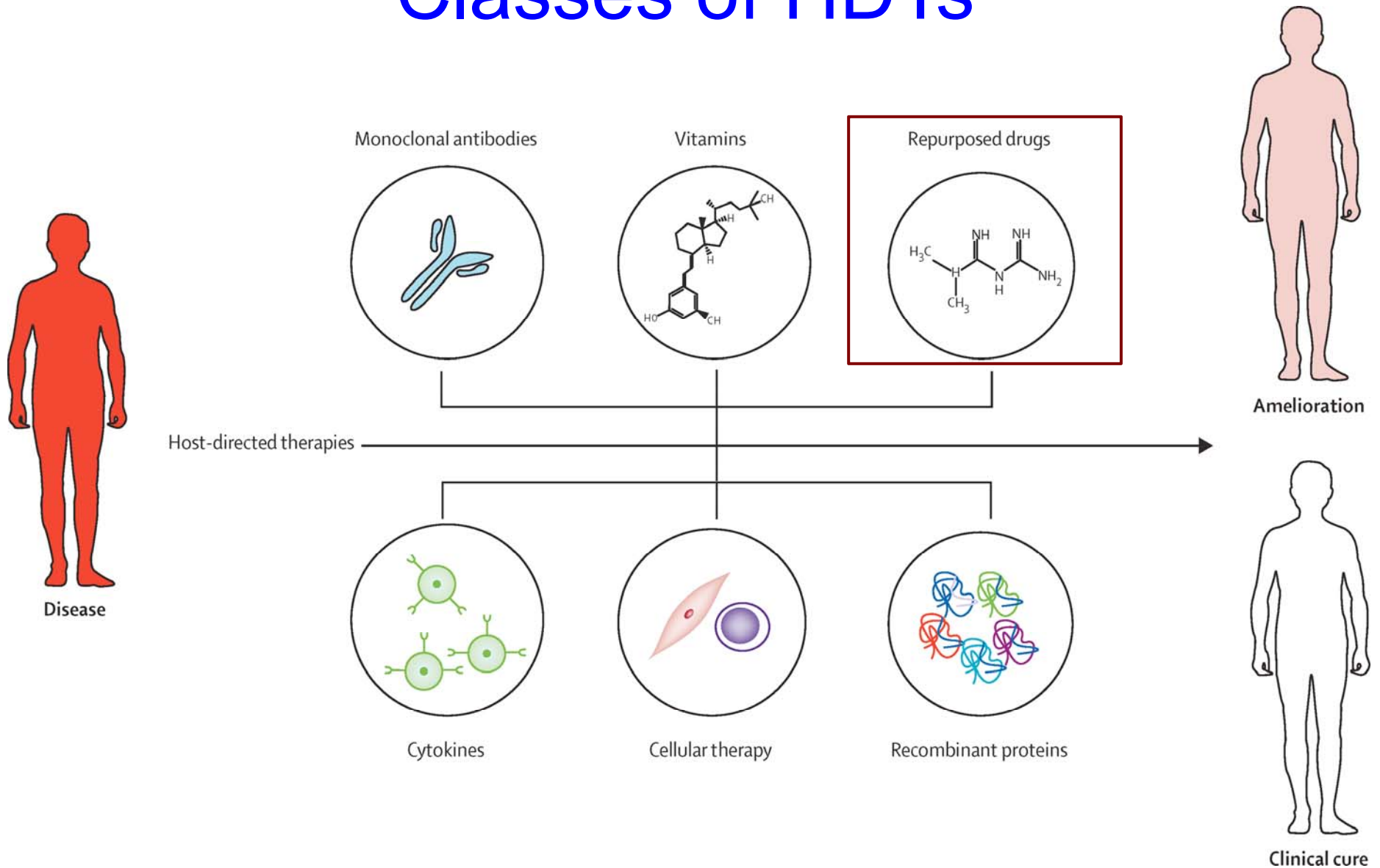
HDT – not a new paradigm *Existed in pre-antibiotic era*



Mtb's Evasive Mechanisms

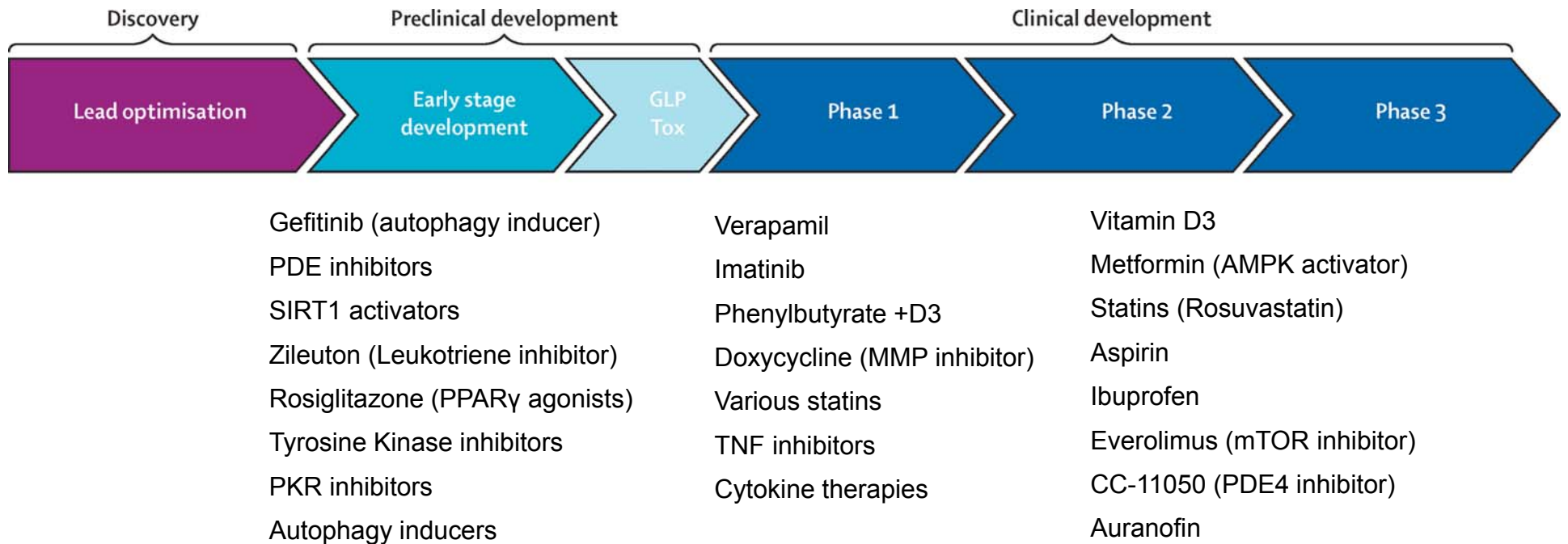


Classes of HDTs



Zumla et al, Lancet Inf Dis, 2016

Current pipeline of repurposed drugs



PDE – Phosphodiesterase

SIRT1 – Sirtuin 1; MMP – Matrix Metaloproteinases

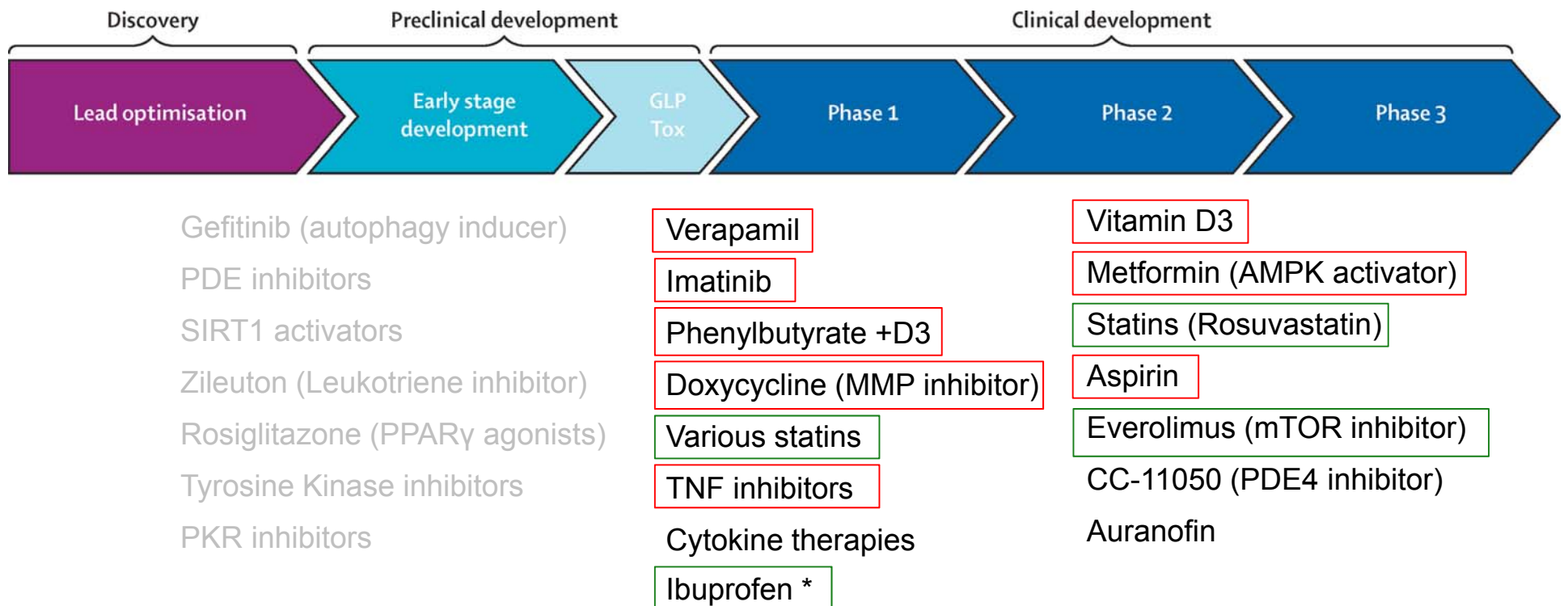
mTOR – mammalian Target of Rapamycin

Possible advantages of Host-Directed Therapy by repurposed drugs

1. Well established safety profiles
2. Shorter therapy duration
3. Lower risk of relapse or re-infection
4. Effective against drug-resistant cases
5. Can be adopted to any chronic infections

Hawn et al., Microbiol Mol Biol Rev, 2013
Maiga et al., JID, 2013
Zumla et al., Nat Rev Drug Discov, 2013
Wilkinson, Lancet Resp Med, 2014
Wallis & Hafner, Nat Rev Immunol, 2015

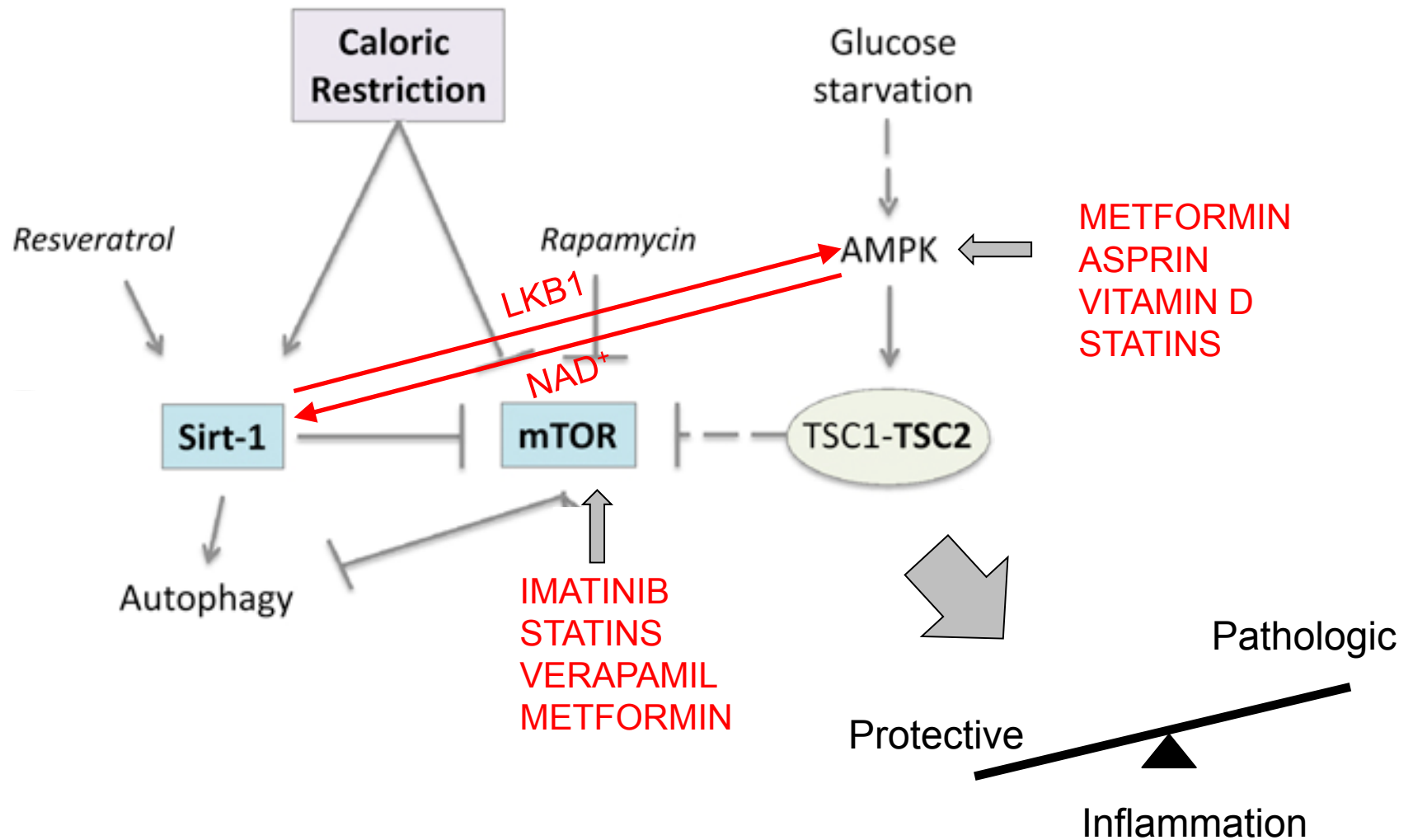
Interactions of TB-HDTs with DM



HDTs – reduce risk of DM; improve insulin sensitivity, reduce risk of hyperglycemia

HDTs – increase risk of DM; * Low risk – 1 in 1000 patient-year (Satter et al., Lancet 2010)

Repurposed drugs target trilogy of energy / metabolic sensors



Functional connections between immunity and metabolic signaling pathways can be harnessed to treat TB / DM+TB co-epidemic

Thanks