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## How to lose resistance to *Aspergillus* infections

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# SPOTLIGHT

Tentative title:

## ***How to Lose Resistance to Aspergillus Infections***

Alternative titles (at your convenience):

- *How to Lose Resistance to Aspergillus Infections if your Neutrophils are Intact*
- *Unravelling the Mechanism of Aspergillosis in non-Neutropenic ICU Patients*

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### **Abstract**

**The distinct risk factors to deadly infections by *Aspergillus fumigatus* in ICU patients are well known, however, the mechanistic link between these predisposing conditions was unknown so far. Sarden et al. recently unraveled a shared B1a lymphocytes-natural antibodies-neutrophils defense pathway to *A. fumigatus*, opening new perspectives in diagnostics and therapeutics.**

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48 Fungal infections represent a global burden worldwide. While superficial fungal infections  
49 account for a large proportion of the overall worldwide prevalence of mycoses and fortunately are  
50 rarely fatal, invasive fungal infections are characterized by dramatic high morbidity, mortality, and  
51 economic burden. Invasive fungal infections are killing approximately 1.5 million people annually  
52 [1]. To tackle the steady increase of invasive fungal infections, the WHO provided recently a first  
53 global response to identify and prioritize fungal pathogens according to their impact on global public  
54 health for considering the unmet research and development needs [2].

55 Among the list of four fungal species of critical importance topping the WHO Fungal Priority  
56 Pathogens List stands *Aspergillus fumigatus* (*Af*), one of the most ubiquitous of the airborne  
57 saprophytic fungi [3]. By filtering more than 10,000 liters of unsterile air daily, our lungs inhale  
58 thousands of *Af* spores. Although mucociliary clearance ensures an efficient mechanical expulsion of  
59 a significant amount of these particles, the small spores of *Af* can easily get stuck in alveoli gaps.  
60 Yet it is intriguing that most humans do not develop any illness attributable to *Af* and do not display  
61 any evidence of antibody- or cell-mediated acquired immunity to this microorganism in case of  
62 asymptomatic carriage. This teaches us that, for most healthy individuals, the local and innate  
63 immune response is sufficient to clear the organism without requiring intervention of an acquired  
64 immunity [4].

65 Risk factors predisposing to *Af* infections are now well-recognized, in particular defective or  
66 deficient neutrophils, underlying the central role of these white cells as first line defense for naturally  
67 combating *Af*. However, the fact that non-neutropenic intensive care unit (ICU) patients receiving  
68 long-term systemic corticosteroid therapy and even immunocompetent people once affected by  
69 acute respiratory failure driven by influenza A virus (IAV) and acute respiratory syndrome  
70 coronavirus 2 (SARS-CoV-2) can also develop life-threatening *Af* infections suggest that other  
71 contributors than neutrophils may act to maintaining essential pulmonary host resistance to this  
72 mold [5-8]. While the diverse risk factors to losing defenses to *Af* and the essential role of neutrophils  
73 in killing this fungal pathogen are well ingrained in the literature, the mechanistic relationship that  
74 could link and explain the diverse predisposing conditions to losing resistance to deadly *Af* infections  
75 remains unknown. In such perspective, unprecedented insights into a shared host resistance  
76 pathway disrupted during viral and steroid-associated aspergillosis were gained recently through a  
77 remarkable report by the research group of Bryan G. Yipp published in *Science Translational Medicine*  
78 [9].

79  
80 In a first series of investigations, Sarden and colleagues demonstrated that sera from  
81 individuals with either severe IAV or SARS-CoV-2 infection had decreased concentrations of specific  
82 anti-*A. fumigatus* IgG (anti-*Af* IgG). By developing an IAV/*Af* coinfection mouse model, the  
83 pathophysiological relevance was further underscored by revealing that these viral infections trigger  
84 a decrease in circulating anti-*Af* IgG and impair resistance to *Af in vivo*. In addition, by taking  
85 advantage of an *Af* fluorescent reporter strain, Sarden et al. provided evidence that lung neutrophils  
86 are hampered in their capacity to capture fungal spores while neutrophil recruitment was found  
87 unchanged in the context of a IAV/*Af* co-infection.

88 Because healthy people display innate resistance to *Af* in the absence of prior infection or  
89 immunization, the research group of Bryan G. Yipp then postulated that natural antibodies produced  
90 by B1 innate lymphocytes may regulate neutrophil-mediated phagocytosis *in vivo*. In this respect,  
91 by combining different models of infection in various mice genetic backgrounds, serum transfer

92 experiments, monoclonal antibody administration, and transcriptional profiling of donor samples,  
93 investigators elegantly validated this hypothesis. It is noteworthy that decrease in anti-*Af*IgG stands  
94 out as a common and conserved mechanism of acquired host susceptibility to invasive aspergillosis  
95 since steroid treatment also diminished these specific antibodies in mice. Importantly, further  
96 experiments revealed that this decreased serum concentration in anti-*Af*IgG during viral infection  
97 (IAV or SARS-CoV-2) or following corticosteroid treatment commonly derived from the depletion of  
98 circulating B1 lymphocytes in patients.

99 In a last series of experimentations, Sarden and colleagues aimed at identifying the essential  
100 host resistance pathway that is impaired during SARS-CoV-2 for explaining the high prevalence of  
101 COVID-19-associated pulmonary aspergillosis (CAPA) [6,7]. Following the observation that SARS-  
102 CoV-2 spike (S) protein triggers B1a apoptosis *in vivo*, investigators engineered a Vesicular stomatitis  
103 virus expressing the SARS-CoV-2 S protein (VSV-GS pseudovirus) for developing a mouse model  
104 mimicking CAPA. Co-infection of wild-type mice by VSV-GS pseudovirus and *Af* resulted in high  
105 mortality associated to a marked decrease in serum anti-*Af*IgG levels, similarly to that observed in  
106 the IAV-aspergillosis model. This added string evidence that the break in *Af*resistance during CAPA  
107 is conditioned by a loss in B1a cells and natural antibodies.

108 Overall, all the data compiled in this enlightening article converge toward the unifying  
109 evidence that during infection with IAV or SARS-CoV-2 or following corticosteroid treatment, *Af*  
110 innate immunity is disrupted and results from the death of B1a lymphocytes leading in turn to  
111 depletion of anti-*Af* IgG thereby allowing the fungus to remain concealed from recruited lung  
112 neutrophils, leaving the door open for fungal germination and tissue invasion (**Figure 1**).

113  
114 To summarize, Sarden and colleagues findings highlight a new B1a lymphocytes - natural  
115 anti-*Af* IgG - neutrophils axis governing the innate resistance to one of the most critical fungal  
116 pathogens (**Figure 1**) [9]. Above all, it is important to applaud the Bryan G. Yipp research group  
117 for having focused their investigations toward a putative role of B-cells in the defense toward *Af*  
118 infection. This approach contrasted most of the existing literature on antifungal immunity, focusing  
119 primarily on T-cells [10]. The identification of B1a cells and anti-*Af* IgG as essential components of  
120 the host innate immunity to *Af* that are lost during IAV and SARS-CoV-2 but also after corticosteroid  
121 treatment nicely complement the established knowledge on neutrophils as a key cell population for  
122 host defense against *Af* (**Figure 1**). In fact, the relevance of neutrophils for protection against fatal  
123 aspergillosis was inferred in early descriptions of invasive pulmonary aspergillosis because of its  
124 prevalence in individuals with impaired neutrophil numbers or functions such as neutropenic  
125 patients, those with inherited immune deficiency or chronic granulomatous disease, and those  
126 receiving allogeneic stem cell transplants (**Figure 1**). The seminal study by Sarden et al. provides  
127 original mechanistic explanation for resistance breakdown to aspergillosis in at least three distinct  
128 clinical contexts. The identification of new actors adding to neutrophils and the discovery of an  
129 essential cooperative pathways involved in natural defense against *Af* now unveils the functional  
130 relationship that could link and explain a multitude of diverse risk factors predisposing to this life-  
131 threatening fungal infection. Finally, this groundbreaking work not only opens exciting perspectives  
132 for diagnostics considering the possibility to stratify the risk of fatal aspergillosis by determining the  
133 concentration of anti-*Af*IgG in the serum of patients but also propels future hope in therapeutics by  
134 using pooled sera from healthy donors or biotechnologically-produced anti-*Af*IgG.

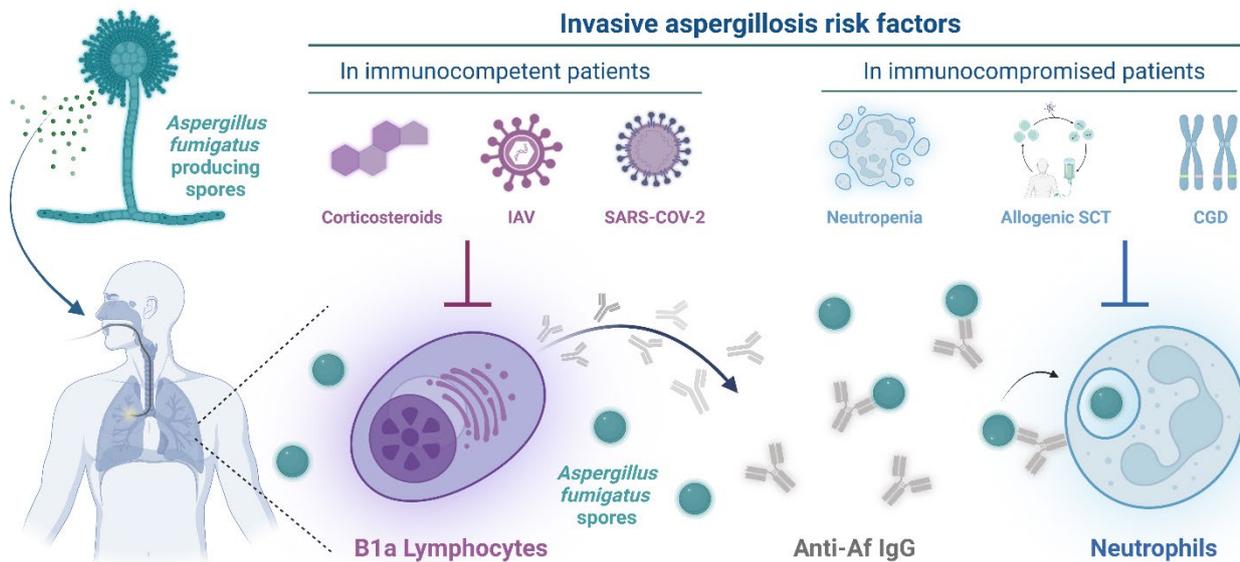
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137 **References**

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139 1. Bongomin F. et al. (2017) Global and Multi-National Prevalence of Fungal Diseases-Estimate Precision. *J. Fungi* 3, 57  
140 2. WHO. (2022) WHO fungal priority pathogens list to guide research, development and public health action.  
141 <https://www.who.int/publications/i/item/9789240060241>.  
142 3. Wassano, N.S., Goldman, G.H., Damasio, A. (2020) *Aspergillus fumigatus*. *Trends Microbiol.* 28, 594-595  
143 4. Latgé J.P., Chamilos G. (2019) *Aspergillus fumigatus* and Aspergillosis in 2019. *Clin. Microbiol. Rev.* 33, e00140-18.  
144 5. Feys S. et al., (2022) Lung epithelial and myeloid innate immunity in influenza-associated or COVID-19-associated pulmonary  
145 aspergillosis: an observational study. *Lancet Respir. Med.* 10, 1147-1159  
146 6. Gagneux J.P. et al., (2022) Fungal infections in mechanically ventilated patients with COVID-19 during the first wave: the French  
147 multicentre MYCOVID study. *Lancet Respir. Med.* 10, 180-190.  
148 7. Hoenigl M., et al., (2022) COVID-19-associated fungal infections. *Nat. Microbiol.* 7: 1127-1140  
149 8. Salazar F., et al., (2022) Pathogenesis of Respiratory Viral and Fungal Coinfections. *Clin. Microbiol. Rev.* 35, e0009421.  
150 9. Sarden N. et al., (2022) A B1a-natural IgG-neutrophil axis is impaired in viral- and steroid-associated aspergillosis. *Sci. Transl. Med.*  
151 14, eabq6682  
152 10. Lionakis M.S., Drummond R.A., Hohl T.M. (2023) Immune responses to human fungal pathogens and therapeutic prospects. *Nat.*  
153 *Rev. Immunol.* doi: 10.1038/s41577-022-00826-w.

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156

157 **Figure 1. A new core resistance pathway to *Aspergillus fumigatus* (*Af*) infections.** Lungs inhale thousands of *Af*  
158 spores daily. However, healthy humans do not develop any illness attributable to *Af*. Risk factors predisposing to *Af*  
159 infections are now well-categorized and include primarily immunosuppressed patients such as those for instance with  
160 neutropenia, undergoing allogeneic stem cell transplantation (SCT), or with chronic granulomatous disease (CGD) (right  
161 upper panel). T-cell suppression may also play a role in other patient groups (not shown). Immunocompetent patients  
162 receiving long-term systemic corticosteroid therapy or affected by pneumonia driven by SARS- IAV and CoV-2 (left upper  
163 panel) can also develop life-threatening *Af* infections. In their new report, Sarden and colleagues detailed the mechanistic  
164 relationship that explain the diverse predisposing conditions to losing resistance to deadly *Af* infections by highlighting a  
165 B1a lymphocytes - natural anti-*Af* IgG - neutrophils axis (lower panel) governing the innate resistance to this prominent  
166 fungal pathogen.