EDITION ^EHIV PERSISTENCE DURING THERAPY[™] Reservoirs & Eradication Strategies Workshop



DECEMBER 13-16, 2022 www.hiv-persistence.com



Sequencing HIV: Significance and Impact

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Barton et al. Trends in Microbiology, 2016

Where does HIV Persist <u>During Therapy?</u>

What cell types and cellular mechanisms contribute to persistent HIV during effective therapy?

Which cells contain genetically intact "replication-competent" HIV?

To help answer these questions full-length HIV DNA sequencing methods have been developed.

High number of genetically-intact proviruses identified during pretherapy



Thai Red Cross AIDS Research Center

Untreated HIV-infected Participants full-length HIV DNA sequencing of CD4 T cells from peripheral blood (AE subtype):

60 to 3,000 genetically-intact proviruses per 10⁶ CD4 T cells

Participants on ART: 0 to 26 genetically-intact proviruses per 10⁶ CD4 T cells

Majority of proviruses are genetically defective during ART



Ho et al. Cell 2013; Bruner et al. Nat Med 2016

Hiener et al. Cell Reports 2017; Lee et al. JCI 2017

Genetically-intact proviruses are unequally distributed in CD4⁺ T cell subsets



Hiener et al. Cell Reports 2017; Rullo et al. JCI Insight 2020; Neidleman et al. elife 2020; Horsburgh et al. JID 2021; Duette/Hiener et al. JCI 2022; Weymar et al. Cell Reports 2022

Parallel analysis of transcription, integration, and sequence of single HIV-1 proviruses





Transcriptionally active proviruses were actively selected against during prolonged ART

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Transcriptionally active proviral clones can persist long-term during ART due to elevated cell turnover rates

Einkauf et al. Cell 2022

Proviral landscape in T cell subsets

We analysed 2730 near-full-length HIV-1 proviral sequences from:

- 24 ART supressed participants
 - On ART 2-22 years
- T_N , T_{CM} , T_{TM} and T_{EM} CD4+ T-cells
- Compared the genetic landscape of persistent HIV-1 between these cell subsets





Duette/Hiener et al. JCI 2022

The proviral landscape is different between subsets



Nef may protect cells from clearance



Dirk et al. Scientific reports 2016; Blagoveshchenskaya et al. Cell 2002; Duette/Hiener et al. JCI 2022



How do Plasma Virions Contribute to Persistent HIV?

- 1) How does pre-therapy plasma-derived virions contribute to the HIV reservoir in cells?
 - What does rebound virus look like and which cells contribute to this rebound virus?

PRLS (plasma-derived HIV-1 RNA using long-range sequencing) Assay



Defective genomes are found in plasma of untreated participants

- PRLS analysis of 8 participants during untreated infection, revealed 65% (range 49-74%) of plasma-derived genomes were genetically-intact.
- Frameshifts were the most common type of defect, followed by deletions of >100bp.



Viral rebound during multiple analytical treatment interruptions

Non-controllers



Pulse Study Participants (Bloch et al. 2006) Treated during acute/early infection

Initiated ART for 1 year, then interrupted and re-initiated ART three times

Therapy was restarted when viral load ≥5,000 copies/ ml

Transient controllers





Tree topology and compartmentalization analyses (Treebased: Bayesian model and Distance-based: Wrights: F_{ST})

- No obvious separation of sequences from individual timepoints
- Some small groups of pre-ART and R3 sequences clustering separately (p=0.002)
- R1 and R2 sequences intermingled with other sequences (p>0.1 for all)
- Overall low evidence for compartmentalization by timepoint



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What host and virological factors are contributing to the lower viral load and delayed viral rebound?

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Conclusions

- 1) There is a difference in the proviral genetic landscape between cell subsets of memory CD4+ T cells.
- 2) Genetically-intact proviruses appear to be concentrated in specific memory T cell subsets.
- 3) Cellular proliferation contributes to HIV persistence during therapy; cells which are more proliferative contain more genetically-intact HIV.
- 4) Many proviruses are transcriptionally active; which allows the immune system to target these proviruses; however rapid cellular turn over rates counteract this host immune pressure.
- 5) Not all virions in the plasma are infectious; in fact up to 45% are defective.
- 6) Investigating the interplay between the virus and the host immune cell response will provide insights as to how some HIV-infected individuals control HIV during an analytical treatment interruption.
- 7) Understanding the viro-immunological mechanisms contributing to viral control will identify new therapeutic strategies to enhance the clearance of HIV-infected cells.



COMMUNITY SUMMARY

EDITION

- What does near full-length sequencing of HIV DNA and RNA tell us about HIV persistence?
- proviruses are defective. However, specific cellular Most mechanisms such as a short half-life and greater proliferative potential contribute to the maintenance of genetically-intact and potentially replication-competent HIV. In addition, expression of some viral proteins support genetically-intact provirus.
- Conduct viro-immunological studies to further understand the mechanims contributing to post-treatment control of viremia.

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CONFLICTS OF INTEREST

No Conflicts of Interest

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HIV persistence due to cellular proliferation





CD4+ T cell subsets exhibit unique qualities that influence the proviral landscape



Half-life Capacity for self renewal Resistance to clearance by CTL Differentiation Proliferative HIV-1 expression

Sequencing HIV RNA during an analytical treatment Interruption



Proportion of 100% identical sequences was higher in the ATI plasma sequences (median 30.8%) compared to the pre-ART plasma sequences (median 13.3%).

For 3 participants undergoing an ATI, phylogenetic analyses revealed an ATI plasma-derived sequence was 100% identical to a cluster of pre-ART plasma-derived sequences and PBMC-derived sequences.