

Gp120 substitutions at "hot" positions associated with resistance to fostemsavir in naïve HIV-1 positive individuals

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BACKGROUND & AIM • Fostemsavir (FTR), prodrug of Temsavir, is a novel attachment inhibitor under investigation, targeting the HIV-1 gp 120. It is active regardless of viral tropism and subtype, except for the CRF01_AE, group O and HIV-2. Up to now, there is no evidence of *in vitro* cross-resistance with other classes of antiretroviral drugs, therefore FTR has the potential to be used in highly-treatment experienced population with unmet medical needs.

"So far, some substitutions of the highly variable HIV-1 gp120 were found to be associated with an altered susceptibility to FTR.

"The aim of our study is to investigate the presence of envelope (env) substitutions at "hot" positions associated with resistance to FTR in patients newly diagnosed with HIV-1 infection and to eventually correlate env substitutions according to HIV subtype and tropism (CRT).

PATIENTS & METHODS

In this single-center study (2008-2017), gp120 sequences from 409 patients (pts) with newly diagnosed HIV-1 infection were retrospectively analyzed. Clinical isolates were classified as either B and non-B subtypes (REGA-3 system). CRT was inferred with the g2p algorithm (FPR 10%) and duration of HIV infection estimated based on the proportion of ambiguous nucleotides in RT/PR (e.g. \$0.2%: recent infection).

Waria bility at each amino acid position of gp120 in C1-C4 subdomains of subtype B viruses was also evaluated using Shannon entropy. Entropy of R5 viruses



Gp120 substitutions that may prejudice susceptibility to FTR were detected in different subtypes and in both R5 and non-R5 variants.

Despite the great variability of gp120, the overall frequency of known mutations for FTR resistance was low.

In B subtype, the predominant mutation was S375T, whose role in reducing FTR efficacy is much less substantial than L116P, S375H and M426L, which, conversely, were detected in a smaller proportion of subjects.

We believe that FTR might be considered a promising therapeutic option for a large target of patients. It would be worth while to investigate additional mutations potentially reducing FTR efficacy in a larger scale.

References: •Kozal M, Aberg J, Pialoux G, et al. PS 85 - P hase 3Study of Fostemsavirin Heavily Treatment Experience dH IV-1 Infected Subjects: D ay 8 and Week 24 Primary Efficacy and Safety Results (BR IGH TE Study, Formerly A438-047). [A bstract Number: PS 85]. f6th European AIDS Conference, October 25277217. Milan, Italy *Zhou N, NovikaSaras B, McKadliffe B, et al. Genotypic condiales of susceptibility to HIV-1 attachment inhibitor BMS-626529, the active agent of the prodrug BMS-663068. Journal of Antimicrobial Chemotherapy, 2013, 68(3), 573-581 •Monno L, Brindicci G, Lai A, et al. An outbreak of HIV-1 BC recombinants in Southern Italy. Journal of Clinical Virology, 2012, 55(4), 370-373