# **Replication-Competent HIV-1 Harboring Resistance-Associated Mutations is Present in the Viral Reservoir**

Michelle L D'Antoni, Silvia Chang, Laurie A VanderVeen, Christian Callebaut

Gilead Sciences, Inc., Foster City, CA, USA

P119



Conclusions

•

- This study demonstrates that RAMs reported by proviral DNA genotyping may also be found on replication-competent virus, indicating that potentially infectious, antiretroviral-resistant viruses can persist in the latent reservoir
  - Of the 70 RAMs reported by proviral DNA genotyping, 47 (67%) were also found on replication-competent virus
  - As replication-competent virus may not always be induced following stimulation in the QVOA, the actual number of RAMs on replication-competent virus may be higher<sup>1</sup>
- When reporting from proviral DNA genotyping was more reproducible, there was a greater chance that detected RAMs were present on replication-competent virus
  - When RAMs were detected in 100% of replicates by proviral DNA genotyping (n = 55), 42 (76%) of them were on replication-competent virus
  - When RAMs were reported 33-67% of the time by proviral DNA genotyping (n = 15), 5 (33%) of them were on replication-competent virus
- Additional RAMs (n = 17; 20%) were on replication-competent virus but were not detected by proviral DNA genotyping
  - These data reinforce guidelines that proviral DNA genotyping results should be interpreted with caution, as not all mutations may be reported

## Plain Language Summary

- Genetic changes occur by chance in the human immunodeficiency virus (HIV). Some of these changes stop HIV medicines from working; these changes are called resistance mutations
- When cells are infected with HIV, the genetic code of the virus becomes part of the cell's DNA
- HIV medication prevents the cells from making virus, but if the medicine is stopped, the cells can restart making more infectious virus, helping it to spread to more cells
- It is not clear how often cells with HIV resistance mutations in their DNA can also make viruses with these mutations that are infectious and can spread to other cells
- To understand this, researchers looked at HIV resistance mutations in DNA from blood cells (called HIV DNA genotype) and whether the cells also made infectious viruses with these mutations
- Twelve blood samples from people with HIV were tested •
- Most of the time, resistance mutations found in the DNA were also found on infectious viruses
- Testing for resistance mutations in DNA from blood samples can help to find mutations in the virus, and can be used by healthcare providers to choose medicines that work against viruses with these mutations

#### Introduction

- HIV-1 variants, including those with resistance-associated mutations (RAMs), develop during periods of viremia and are archived as proviral DNA in the latent reservoir
- Even during effective antiretroviral therapy (ART), when viral load is undetectable, these archived viral variants persist and may become activated if ART is interrupted2,3 Genotyping to detect RAMs in proviral HIV-1 DNA can be useful for regimen selection, but results should be interpreted with caution, as not all
- mutations may be reported4,5
- This method is insensitive due to sampling limited numbers of latently infected peripheral CD4+ T cells
- Interpretation of proviral DNA genotyping results in terms of clinical relevance of archived resistance is also confounded by not knowing whether identified RAMs are in intact, replication ompetent virus Most (> 97%) of the proviral DNA is defective
- 5-16% of detected sequences from PCR assays amplifying regions of polymerase are intact viruses6

### Objective

To examine whether RAMs identified by proviral DNA genotyping were also present on replication-competent virus

### Methods



#### Results

#### RAMs Detected by GenoSure Archive and/or QVOA



From 12 peripheral blood mononuclear cell samples, 87 primary or secondary RAMs were identified by GenoSure Archive and/or QVOA sequencing

RAMs were detected in the following number of samples: NRTI-R (including TAMs): 10; TAMs: 9; NNRTI-R: 4; 1° INSTI-R: 4; 2° INSTI-R: 8; PI-R: 5

tregrase strand transfer inhibitor; NNRTI, non-nucleoside reverse transcriptase inhibitor; NRTI, nucleoside/nucleotide reverse transcriptase inhibitor; PI, protease inhibitor; QVOA, quantitative viral the say; R, resistance; RAM, resistance-associated mutation; TAM, thymidine analog mutation.

#### Concordance Between GenoSure Archive and QVOA



<sup>a</sup>Average reporting calculated from the % reporting for each RAM detected by QVOA only. QVOA, quantitative viral outgrowth assay; RAM, resistance-associated mutation.

Of the 70 RAMs reported by proviral DNA genotyping (GenoSure Archive), 47 (67%) were also found on replication-competent virus

RAMs detected by QVOA only (n = 17) Low reproducibility

(average reporting: 21%)

- When RAMs were detected in all GenoSure Archive replicates (n = 55), concordant detection by QVOA increased to 76% (n = 42)
- When RAMs were reported 33-67% of the time in GenoSure Archive (n = 15), concordant detection by QVOA decreased to



100% 50%

**QVOA** detection

INSTI, integrase strand transfer inhibitor; NNRTI, non-nucleoside reverse transcriptase inhibitor; NRTI, nucleoside/nucleotide reverse transcriptase inhibitor; PI, protease inhibitor; QVOA, quantitative viral outgrowth assay; RAM, resistance-associated mutation; SEC, secondary; TAM, thymidine analog mutation.

Higher reproducibility of RAM reporting from GenoSure Archive testing is linked to higher reproducibility of RAM reporting by QVOA and overall ter concordanc

#### M184V (NRTI-R) and INSTI-R Reporting Frequency



mples were selected from the Gliead internal biobank based on availability of suitable cell numbers to carry out both ass e participant provided samples at two different timepoints (4.8 years apart). https://doi.org/10.1016/j.com/10016/j.com/10.1016/j.com/10.1016/j.co

ra to 3%. ceptor type 5; CD, cluster of differentiation; IN, integrase; mAb, monoclonal antibody; PBMC, peripheral blood mononuclear cell; PR, protease; QVOA, quantitative viral outgro ed mutation; RT, reverse transcriptase.

#### **RAMs Analyzed**

Primary HIV-1 Drug Resistance Substitutions (Based on IAS-USA List) <sup>7</sup>	
NRTI-R	K65R/E/N, T69 insertions, K70E, L74V/I, Y115F, Q151M, M184V/I, TAMs (M41L, D67N, K70R, L210W, T215F/Y, K219E/N/Q/R)
NNRTI-R	L100I, K101E/P, K103N/S, V106A/M, V108I, E138A/G/K/Q/R, V179L, Y181C/I/V, Y188C/H/L, G190A/E/Q/S, H221Y, P225H, F227C, M230I/L
PI-R	D30N, V32I, M46I/L, I47A/V, G48V, I50L/V, I54M/L, Q58E, T74P, L76V, V82A/F/L/S/T, N83D, I84V, N88S, L90M
INSTI-R	T66I/A/K, E92Q/G, F121Y, Y143R/H/C, S147G, Q148H/K/R, N155H/S, R263K
Secondary HIV-1 Drug Resistance Substitutions	
INSTI-R	M50I, H51Y, L68V/I, V72A/N/T, L74M, Q95K/R, T97A, G118R, S119P/R/T, F121C, A128T, E138K/A, G140A/C/S, P145S, Q146R/I/K/L/P, V151L/A, S153A/F/Y, E157K/Q, G163K/R, E170A

S-USA, International Antiviral Society-USA; INSTI, integrase strand transfer inhibitor; NNRTI, non-nucleoside r protease inhibitor; R, resistance; TAM, thymidine analog mutation.

The frequency of RAM reporting for proviral genotyping and quantitative viral outgrowth assay (QVOA) was compared:

Reporting (%) = No. of times mutation was detected No. of assays run (GenoSure Archive) or reactivated wells (QVOA)

M184V (NRTI-R) and INSTI-R G

M184V (NRTI-R) and INSTI-R QVOA



- For M184V (n = 8), when detection by GenoSure Archive was reproducible (100%) versus variable (33-67%) detection by QVOA was 3/4 versus 0/3; n = 1 was detected by QVOA only
- CODE

Sample ID

Of the four primary INSTI RAMs detected, only one was detected by GenoSure Archive but not by QVOA

ces: 1, Brooks K, et al. PLOS Pathod. 2020;3:16:e1008378. 2, Cohn LB, et al. Cell Host Microbe. 2020;27:519-30. 3, McMvn NF, et al. J Clin Invest. 2023;133:e171554. EACS. https://www.eacsociety.org/media/guidelines-12.0.pdf (accessed Aug. 2, 2024).
DHHS, https://clinicalinfo.hiv.gov/sites/default/files/guidadlescent-arv.pdf (accessed Aug. 2, 2024).
Bruner KM, et al. Nature. 2019;566:120-5.
Wensing AM, et al. Top Antiv Med. 2022;30:559-74.

Acknowledgments: We thank all study participants, investigators, and staff. We also thank Bally Randhawa, Jasmine Kaur, Jeff Murry, Alivelu Irrinki, Bhawna Sharma, and Maria Gamez (Gliead Sciences, Inc., USA) for contributions to the study. This study was sponsored by Gliead Sciences, Inc. Medical writing support was provided by Lindsay Favcett, MSc (Aspire Scientific Ltd, UK), and was funded by Gliead Sciences, Inc.

Disclosures: MLD'A, SC, LAV, and CC are employees of, and own stocks/shares in. Gilead Sciences, Inc.

ce: Michelle L D'Antoni, michelle.dantonibrogan@gil