

HIV DNA Genotyping by UDS compared with cumulative HIV RNA Genotypes in Pretreated Patients

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Background

- The peripheral blood mononuclear cells (PBMC) include archived DRM that reflect previous treatment regimens failure;
- Highly diversified DRM in proviral DNA lead to their an inconsistent detection by Sanger technology;
- Ultra Deep Sequencing (UDS) is more prone technology to detect minor variants;
- Thus, UDS of proviral DNA may be an interesting alternative to detect HIV-1 RAMs in situations where RNA genotyping by Sanger sequencing is not informative.

Objectives

The **aim** of our study was to evaluate the **pertinence of UDS** to explore **archived DRM** in comparison to cumulative HIV RNA genotyping performed by Sanger approach

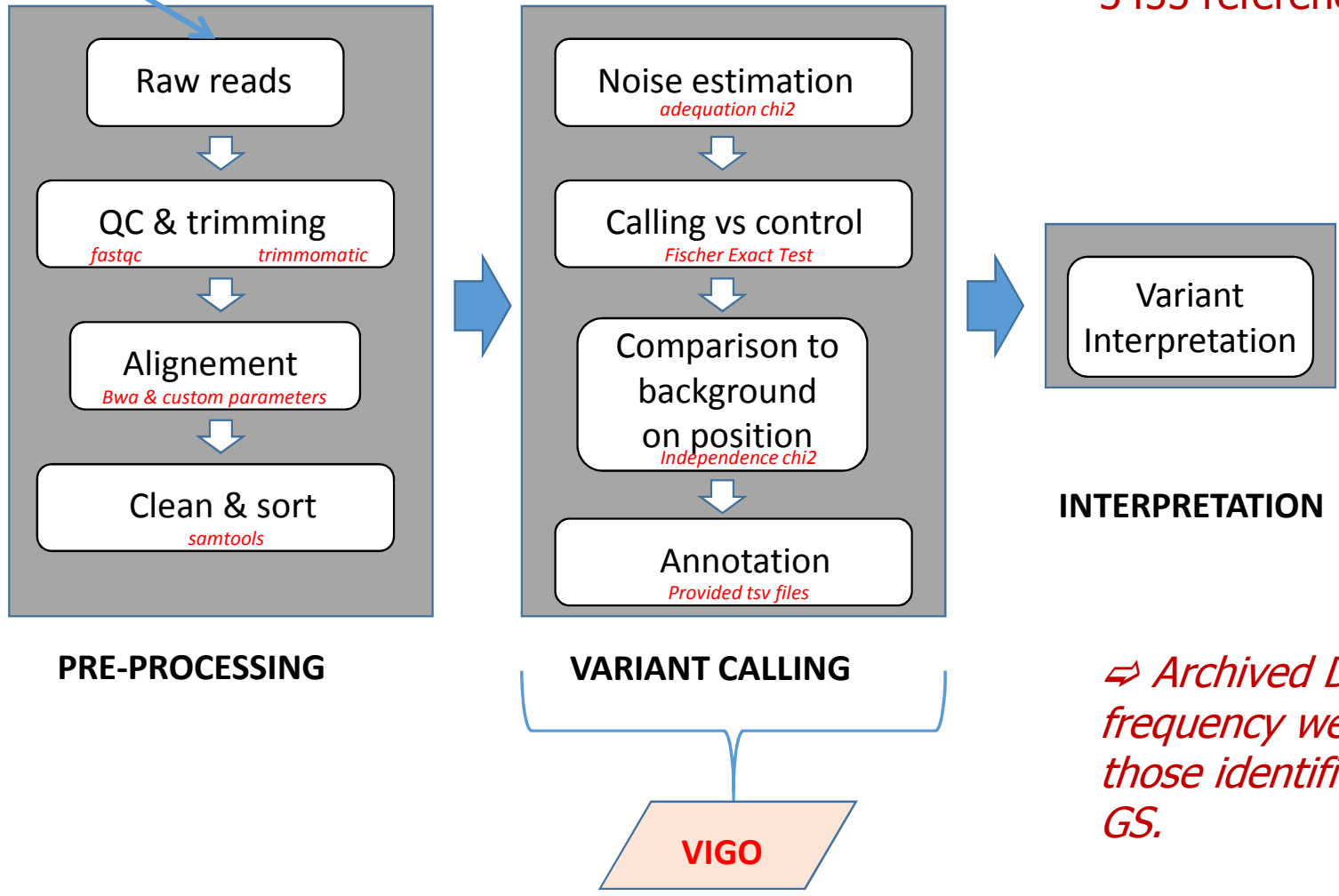
Patients and Methods (I)

- * 29 HIV-infected patients experiencing several lines of antiretroviral therapy were included;
- * For each patient, at least one HIV-1 RNA drug resistance genotyping was available;
- * For UDS of HIV-1 DNA, samples used in this study were emanated from routine HIV-1 DNA genotyping resistance testing.

Patients and Methods (II)

- UDS was performed on HIV-1 PR and RT fragments from PCR products amplified according to ANRS recommended procedures;
- PCR was performed in **triplicate** (in first PCR step) for each DNA sample;
- Paired-end indexed libraries for MiSeq, using the Nextera DNA sample preparation kit (Illumina, San Diego, CA)
- The generated reads were then processed in the bioinformatics pipeline developed in-house (Bioinformatics team; CHU Dijon - FHU TRANSLAD - Team GAD)

Bioinformatics analysis



⇒ Reads (Qscore > 30) were considered and aligned against the HIV HXB2 K0 3455 reference sequence.

⇒ Archived DNA RAMs with a 1% frequency were then compared with those identified with the cumulative RNA GS.

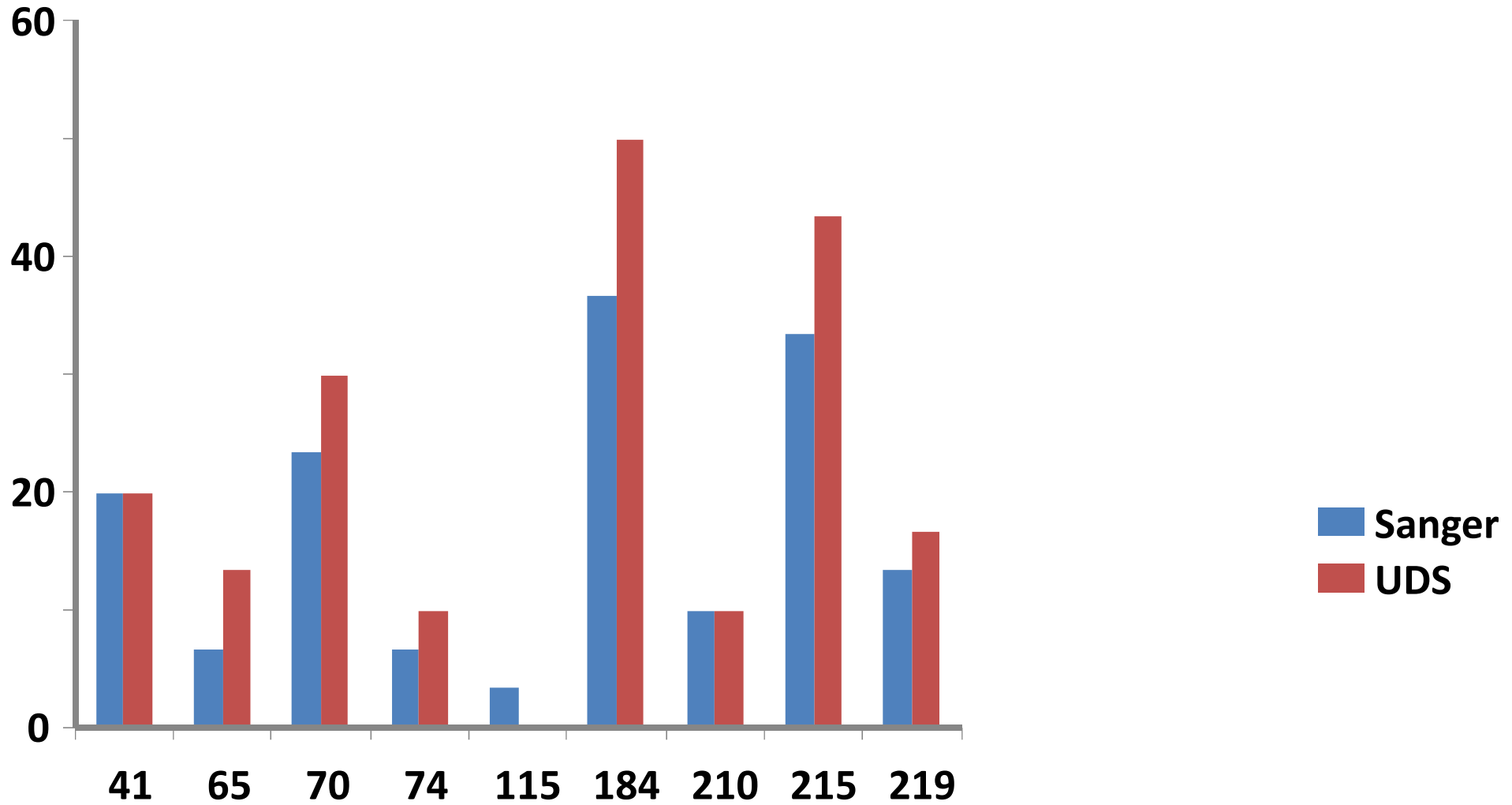
Design

RAMs profile	Previous RNA Sanger genotypes (Years, months) <i>according to time of UDS DNA</i>				Cumulative Sanger RNA Genotype	UDS DNA Genotype	
	14,9	13,2	12,9	3,9		Depth	Frequency
RT-41L	1	0	0	0	1	26954	16,2
RT-67N	1	0	1	0	1	36458	67,6
RT-69N	0	0	1	0	1	38384	5,1
RT-70R	1	0	0	0	1	43046	64,1
RT-101R	0	1	1	1	1	67555	37,3
RT-181C	1	0	0	0	1	65673	7,0
RT-184I	0	0	0	0	0	69210	9,5
RT-184V	0	0	0	1	1	69210	14,7
RT-190A	1	1	1	0	1	59888	11,4
RT-215F	1	0	0	0	1	56712	35,5
RT-215I	0	1	1	0	1	0	0
RT-219Q	1	0	1	0	1	48539	59,2
RT-230I	0	0	0	0	0	41653	8,7
RT-230T	1	0	0	0	1	0	0

Results (I)

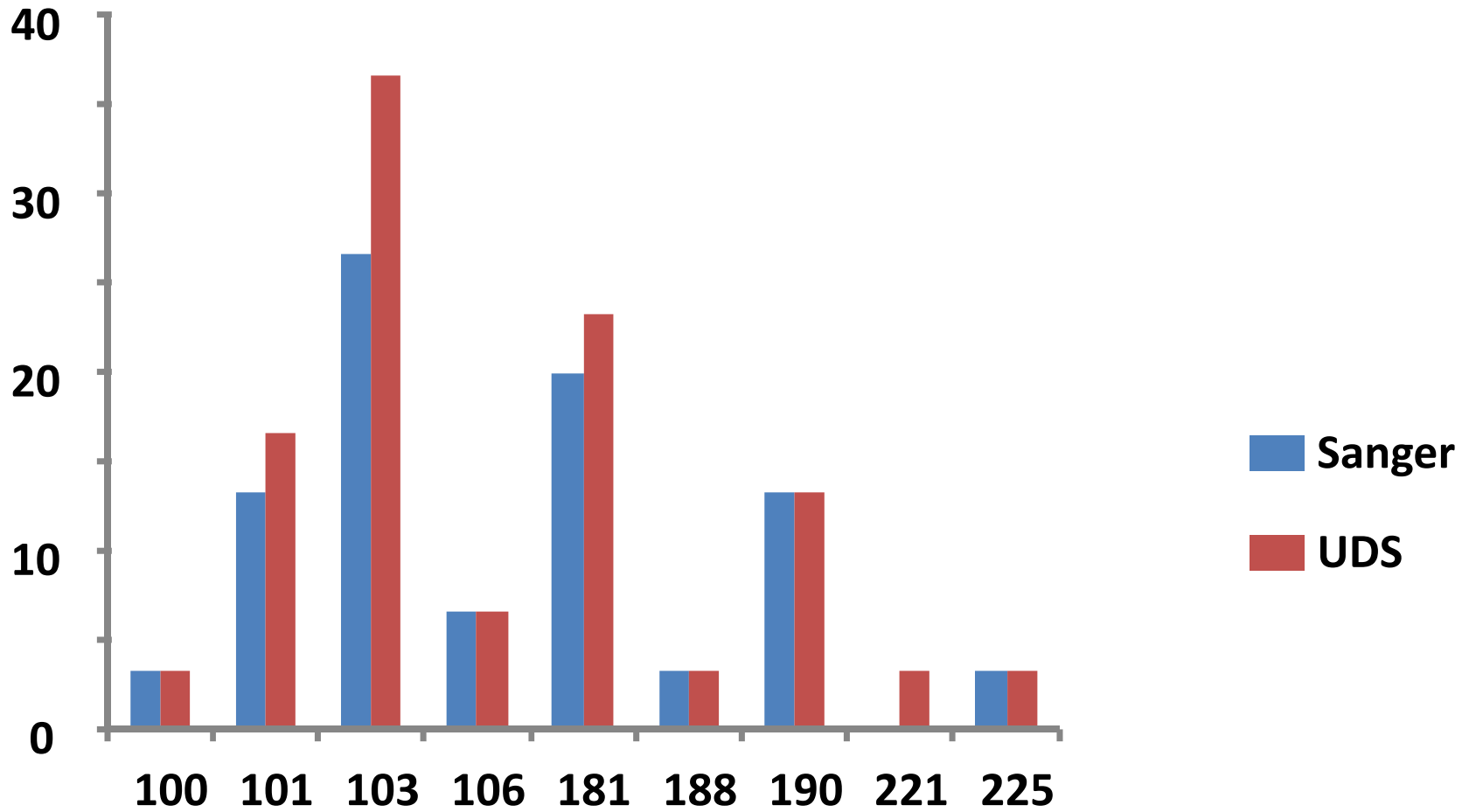
	HIV-1 infected patients n= 29
Demographic characteristics	
Age, median (IQR)	51.2 (45.8-57.5)
Female, number (%)	14 (49)
Immunovirological features	
CD4 count, median (IQR) (cells/mm ³)	517 (209-800)
RNA viral load, median (IQR) (log copies/mL)	2.18
Genotyping by Sanger, number/patient, median (IQR)	2 (1-4)
Genotypic resistance analyses	
Number of RAMs detected by Cumulative RNA-GbS	290
Number of RAMs detected by DNA-UDS	398

Results (II) ~ NRTI

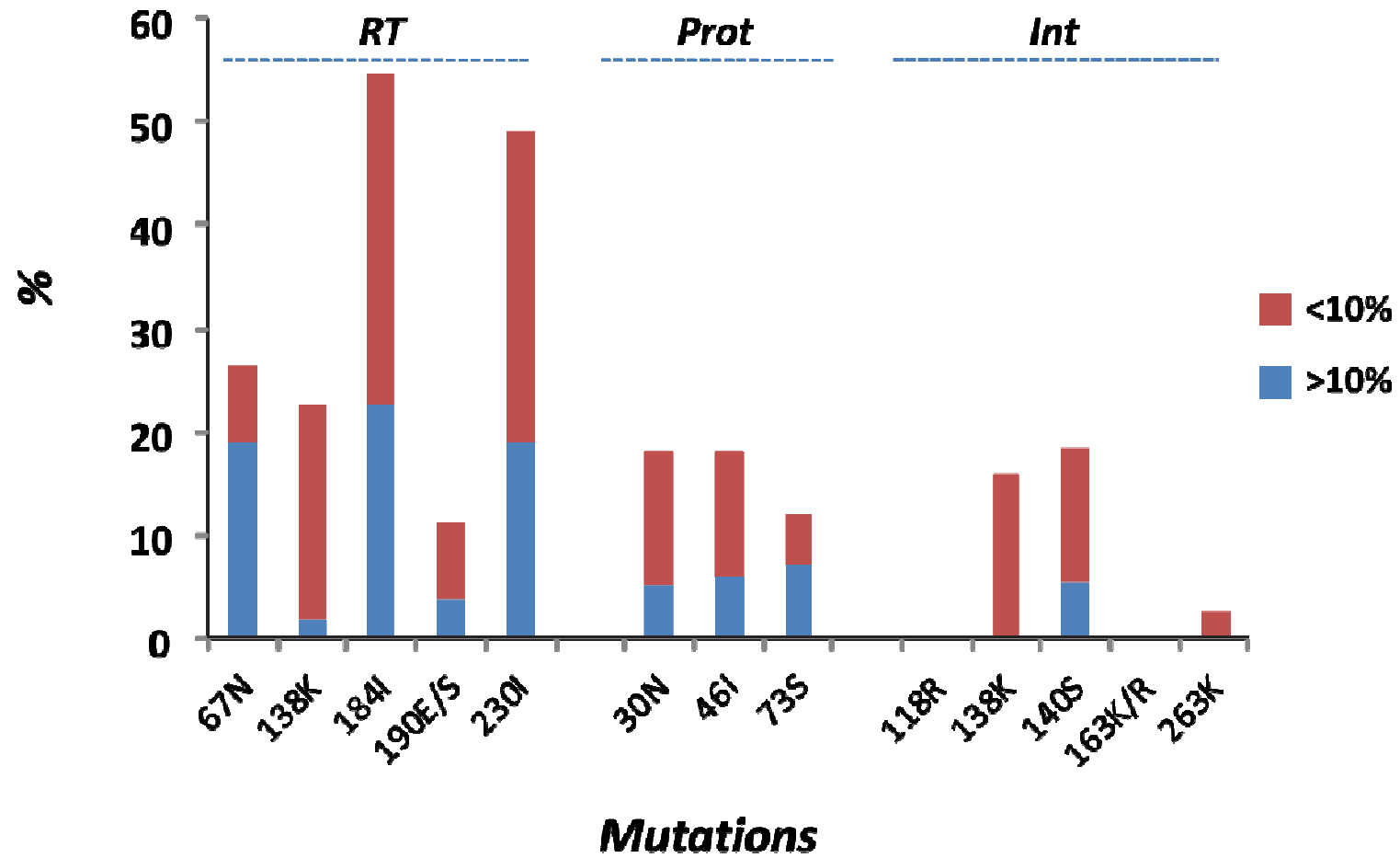


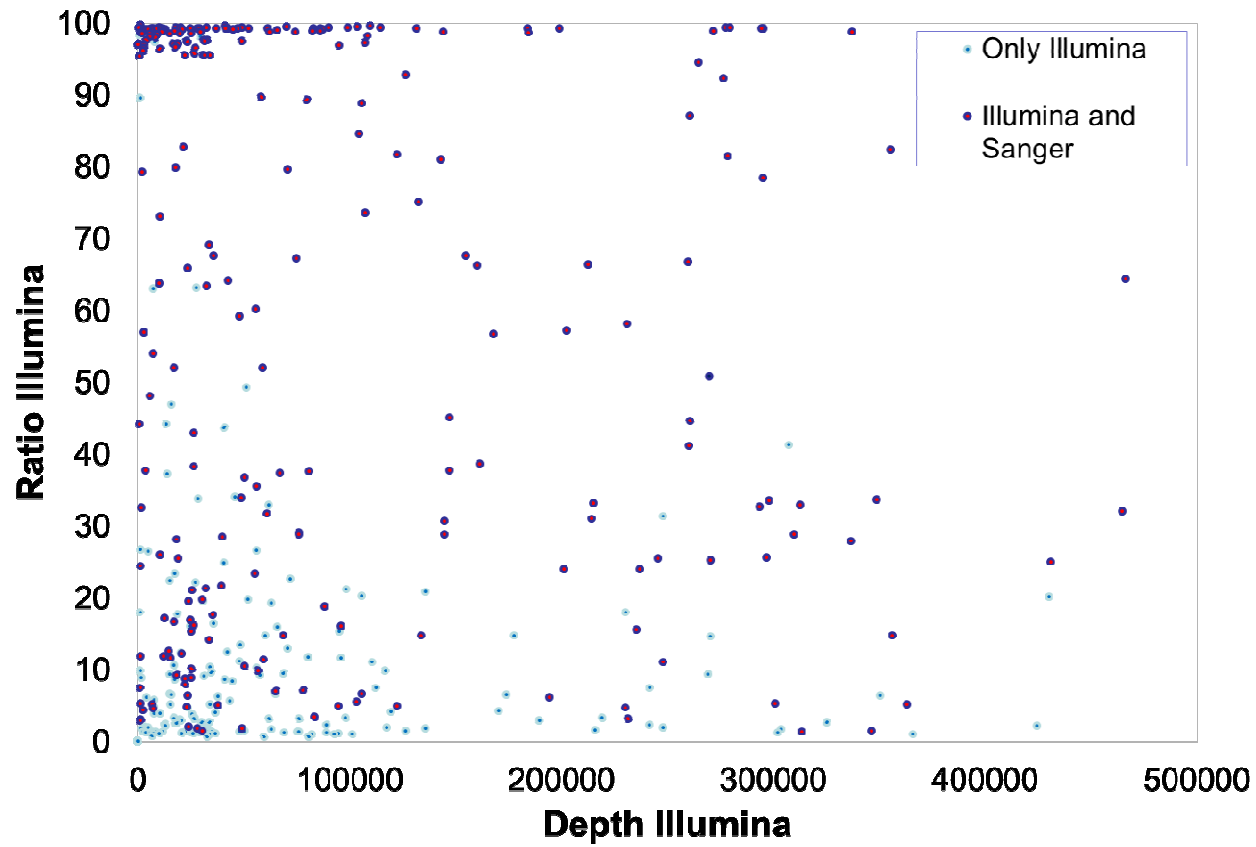
	RAMs profile	Time of RNA genotyping	UDS DNA	
		6,4	Depth	Frequency
RT	RT-70R	0	62252	32,9
	RT-115F	1	0	0
	RT-184V	1	88499	18,8
Protease	PROT-30N	0	23960	4,7
	PROT-36I	1	32705	21,3
	PROT-46I	0	34182	2,7
	PROT-62V	1	24771	99,3
	PROT-64M	0	28133	63,1

Results (III) ~ NNRTI

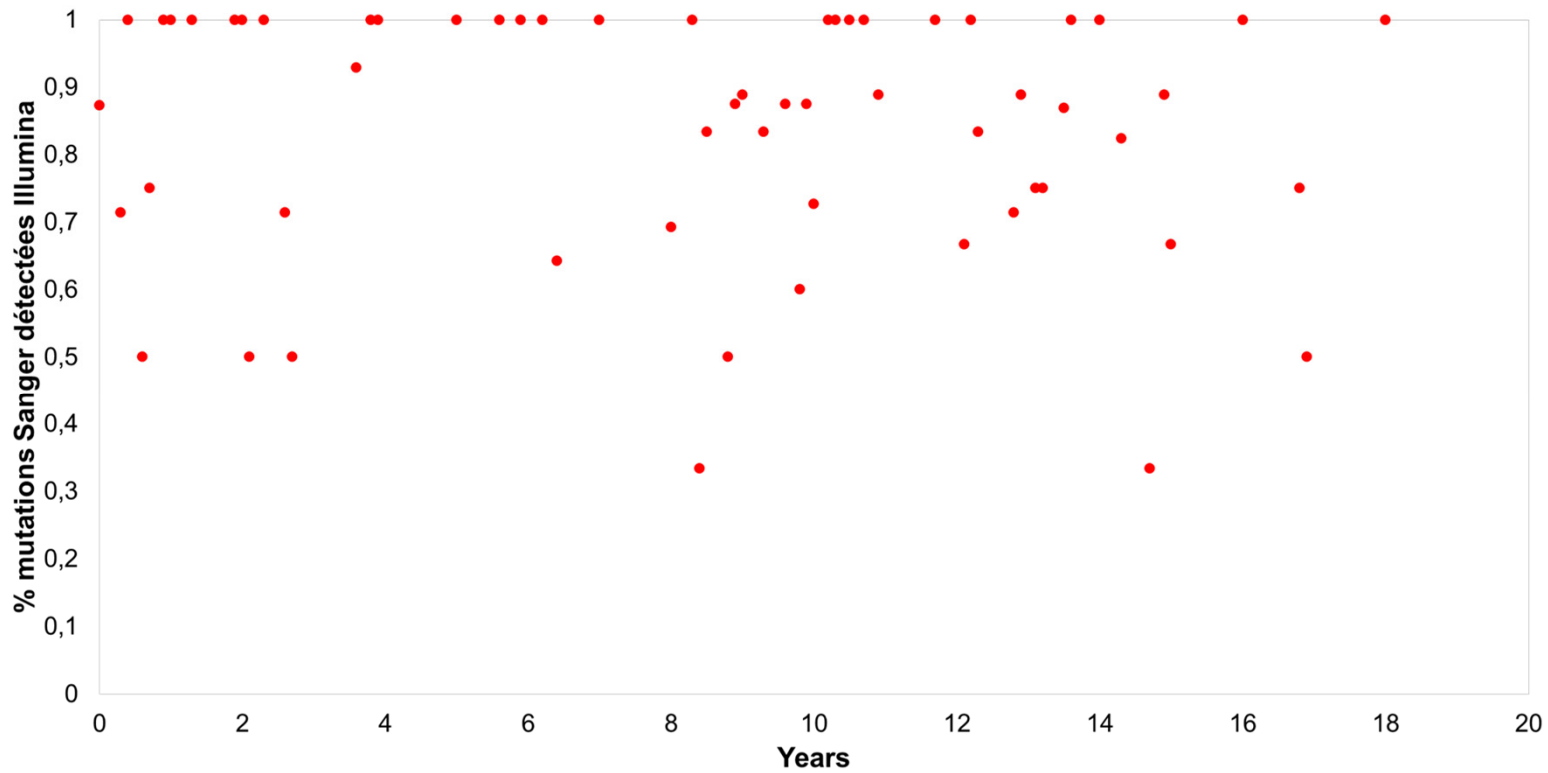


Prevalence of APOBEC HIV-1 Drug Resistance Mutations

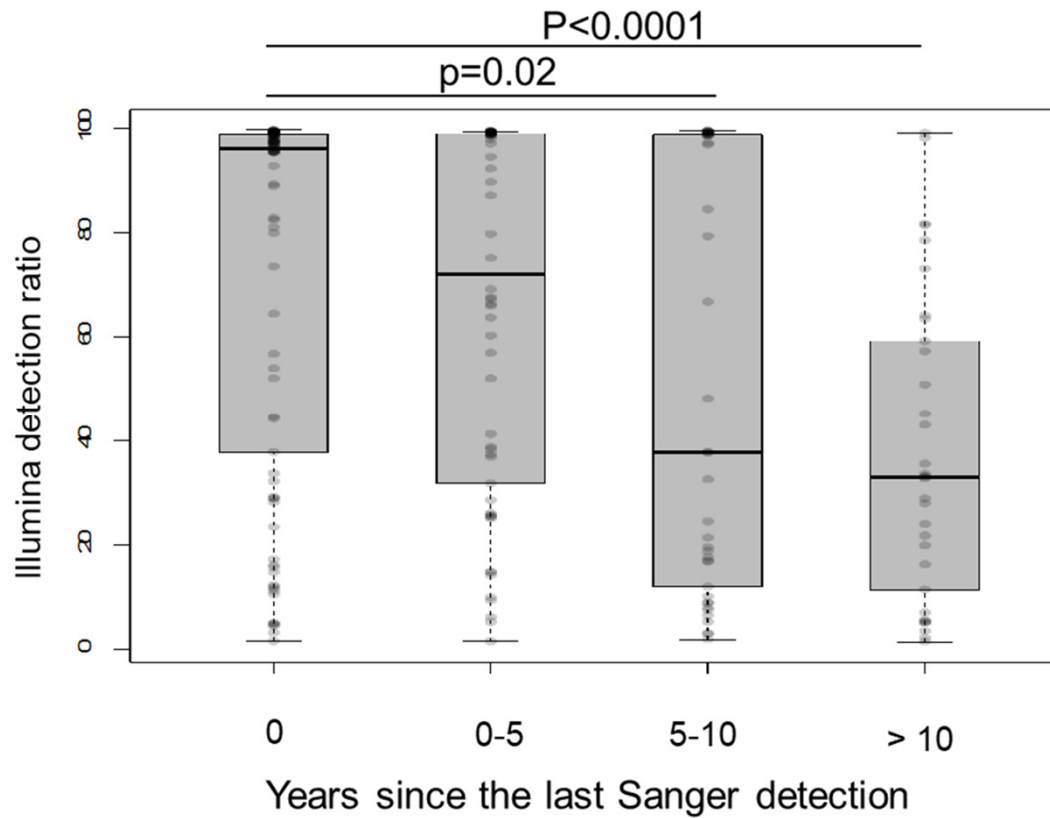




⇒ **Sensitivity of DNA UDS not affected by depth (number of reads)**



⇒ **Sensitivity of DNA UDS ~ # ~ by the age of RAMs detected by Sanger**



➡ **Frequency** of RAMs in UDS-DNA AFFECTED by the **age** of Sanger RNA

Conclusion

- Our strategy based on a **large amount of DNA included in PCR** assays was highly sensitive and may allow us to deal with the fluctuation of archived RAMs in the DNA compartment;
- RAMs detected in DNA by UDS seems to be not influenced by the age of their detection in RNA;
- This approach has to be validated by a prospective study before being used routinely
- Unresolved questions...



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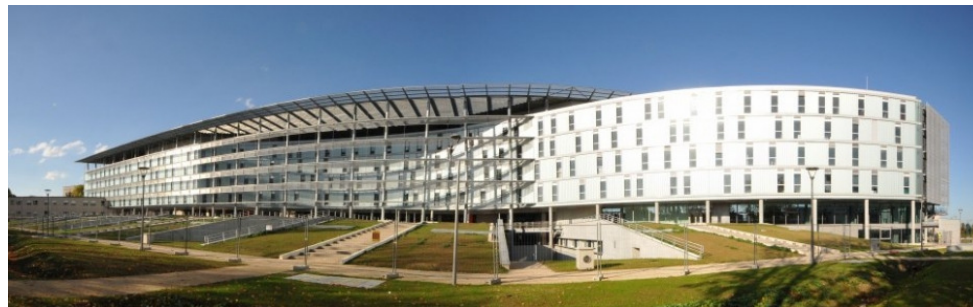
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