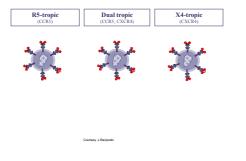
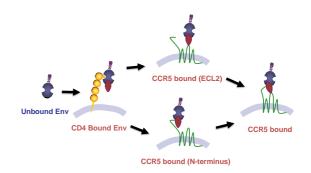


### **HIV Tropism**

HIV uses CD4 and a co-receptor to enter cells
HIV is grouped depending the the co-receptor usage



### HIV and CCR5



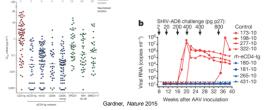
### Inhibition of R5 HIV

- Individuals homozygous for  $\Delta 32$  CCR5 do not express CCR5
- Resistant to HIV infection
- Otherwise mostly healthy
- 'Berlin patient' stem cell transplant from a  $\Delta 32$  CCR5 homozygous donor
- Natural ligands of CCR5 MIP-1, MIP-1, and RANTES block HIV infection
- RANTES derivatives (AOP, PSC and 5P12-RANTES) with greater potency explored for use as topical microbicides
- Gene editing of CCR5 with Zinc Finger nucleases can protect CD4+ T cells from infection

### eCD4-lg, a one-two punch

Env

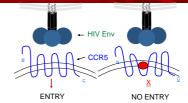
- Combination of CD4 domain and CCR5 N-terminus mimetic
  - Greater breadth and potency then bNAB Protective in rhesus macaques against
- SHIV challenge



### CCR5 antagonists

- Small molecule inhibitors of CCR5
- Block binding of CCR5 ligands and HIV Env
- . Maraviroc (MVC) - approved for use
- Cenicriviroc (CVC) phase 2b complete .
- Vicriviroc (VCV) terminated
- Aplaviroc (APL) terminated
- TAK-779, TAK-220, AD101 preclinical .
- As these compounds only block R5 HIV, a tropism test is required prior to initiation of therapy with CCR5 antagonists

#### How Maraviroc Works

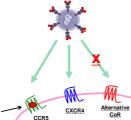




### confirmation not recognised by HIV

### HIV becomes resistant to Maraviroc

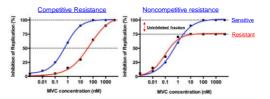
- In vitro continued use of CCR5 In vivo - Either through switching to CXCR4 usage or continual use of
- CCR5 Continued use of CCR5 - mutations in Env allows the resistant virus to bind to the antagonist modified form
- of CCR5 X4 is unlikely to be true 'switch' rather emergence of minority CXCR4 using



CCR5

### Resistance manifests in a unique way

- Represented by changes in the maximal percent inhibition (MPI) . rather then changes in  $IC_{50}$  MPI is a marker for resistance
- Non-competitive mechanism of resistance
- . Resistant strains can use MVC-occupied and free CCR5



#### Questions to answer

MVC

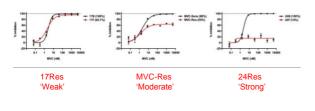
- What determines the MPI?
- How do MVC-resistant viruses recognise and bind to the MVCoccupied receptor?
  - What are the consequences of MVC-resistance? Specifically: Are MVC-resistant viruses cross resistant to other entry
    - inhibitors?
    - Do MVC-resistant viruses have changes in their tropism for CD4+ cells?
- · Can we predict resistance did MVC-resistant viruses have some intrinsic resistance prior to therapy?
- Can we inhibit MVC-resistant viruses?

### Clones used in this study

Env	MVC resistance	Description			
MVC-Sens	-	Generated from CC1/85 isolate in an in			
MVC-Res	+	vitro cell culture passaging experiment			
17Sens	-	Pre-treatment and post failure samples			
17Res	+	from two patients enrolled in MVC			
24Sens	-				
24Res	+				

### MVC Sensitivity varies amongst resistant strains

- Reductions in MPI for resistant Envs
- MPIs vary amongst strains



Roche, Retrovirology 2013

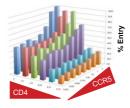
#### V3 loop changes confer resistance but are not common

- Mutagenesis studies have mapped the resistance mutations to the variable loop 3 (V3) of gp120
- Resistance mutations are not common amongst resistant Envs and are context dependent

	V3 Sequence							
	10 20 30							
MVC-Sens	CTRPNNNTRKSIHIG PGRAFYATGDIIGDIRQAHC							
MVC-Res	TV							
17Sens	CTRPGNNTRKSIHMG PGSSIYATGAIIGDIRQAHC							
17Res	F DV							
24Sens	CTRPNNNTRKSIPIG-PGRAFYATGDIIGDIRQAHC							
24Res	S A							

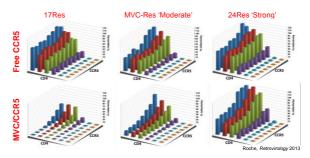
### What determines the MPI?

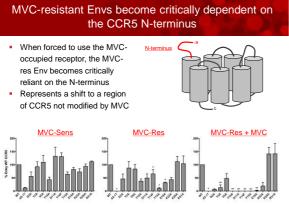
- . Changes in receptor affinity investigated using 293-Affinofile affinity profiling system CD4 and CCR5 expression is controlled by separate inducible
- promoters 48 cell populations with varying CD4/CCR5 levels are created



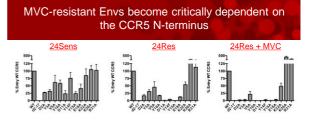
### Affinity for the MVC-CCR5 complex determines the MPI

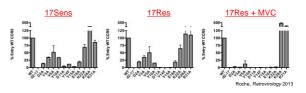
Only strongly resistant 24Res is unaffected by changes in CCR5 expression in the presence of MVC





Roche, J Virol 2011

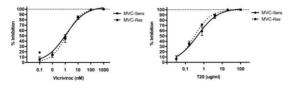




# Does MVC resistance lead to cross resistance?

- For moderately resistant MVC-Res

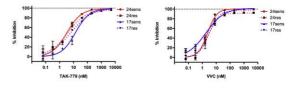
   No reduction in MPI to VCV
  - No increase in T-20  $\mathrm{IC}_{\mathrm{50}}$



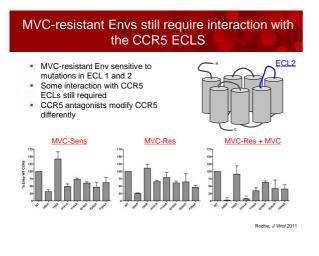
Roche, J Virol 2011

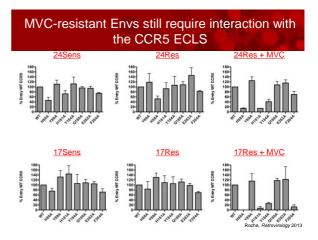
# Does MVC resistance lead to cross resistance?

- Both weakly and strongly MVC resistant Envs retain sensitivity to TAK-779
  - Strongly MVC resistant Env displays weak cross-resistance to VCV
- Cross resistance does not appear to occur with MVC resistance

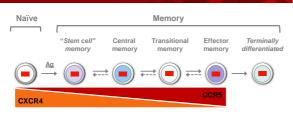


Roche, Retrovirology 2013





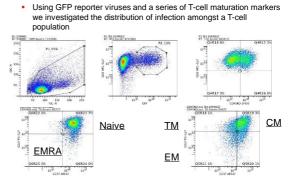
### Do changes in the engagement and affinity for CCR5 alter tropism?



- Coreceptor expression varies amongst CD4+ T cell subsets
- Do changes in CCR5 affinity change infection of different subsets?

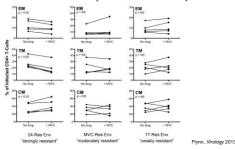
Bleul et al. PNAS 1997, Lee et al. PNAS 1999, Gorry et al. Curr HIV/AIDS rep 2011

### Do MVC-resistant Envs have altered Tcell tropism?



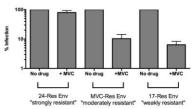
### MVC resistant Envs have alterations in T-cell tropism

 In the presence of MVC, strongly resistant 24-Res Env has a shift in Tcell tropism towards increased infection of central memory cells and reduced infection of effector memory and transitional memory cells



### MVC-resistant Envs have attenuated M-tropism

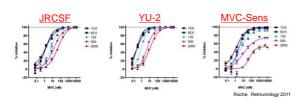
- Matched MVC-sensitive and MVC-resistant Envs display similar levels of Macrophage entry
- The presence of MVC attenuates or abolishes entry by moderately or weakly MVC-resistant Envs
- An altered interaction with CCR5 appears important for Macrophage tropism



Flynn, Virology 2013

## Are some viruses pre-triggered to escape MVC?

- The CC1/85 isolate is unique in its ability to evolve CCR5 antagonist resistance in vitro relatively easily
- The MVC-sens Env is sensitive to MVC in most assays
- When the CCR5 levels are increased a partial level of resistance is observed
- Perhaps this explains why this isolate can evolve resistance
   Can this be used to prescreen patients before commencement of MVC therapy?



### Baseline MVC-resistance in a therapy naïve subtype C cohort

- MVC sensitivity assessed in a panel of Envs from a subtype C cohort of individuals with progressive disease
- Residual viral entry in the presence of MVC in 16/244 Envs (8 patients)
- No genetic correlates

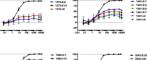
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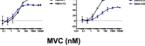
### Baseline MVC-resistance in a therapy naïve clade C cohort

73-84-23--25-

- Varying MPIs observed for selected clade C Envs when infecting CCR5<sup>high</sup> cells
- Are these Envs more likely to evolve genuine resistance to MVC?
- Implications for MVC as a microbicide or PrEP

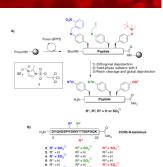






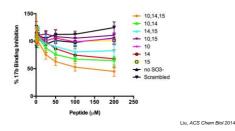
### Inhibiting the MVC-resistant viruses

- Increased dependence on CCR5 N-terminus appears to be a hallmark of MVCresistant strains
- Can we inhibit this interaction?
- Peptide representing aa 2-22
- of the CCR5 N-terminus
  Chemical sulfation of tyrosine
- residues at position 10, 14 and 15



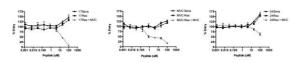
### Sulfation at three residues critical for peptide binding to gp120

- Single sulfated variants display little binding to souble gp120
- Sulfation required at tyrosine 10, 14 and 15 for maximal peptide binding to gp120



#### Sulfated mimetic of CCR5 N-terminus inhibits MVC-resistant strains

- Sulfated CCR5 N-terminus mimetic displays minimal activity in . the absence of MVC
- . In the presence of MVC, peptide is capable of inhibiting entry of all MVC-resistant strains tested



### Conclusions

- MVC-resistant strains escape MVC by binding to CCR5 N-terminus - common to all resistant Envs studied to date
- · A sulfated peptide mimic of the CCR5 N-terminus can block this interaction
- MVC-resistant Envs display little or no cross-resistance to other CCR5 antagonists
- · Efficient MVC/CCR5 use by resistant strains can lead to increased infection in CD4+ central memory T cells
- · Weak MVC/CCR5 use by resistant strains can lead to attenuation of macrophage infectivity
- Baseline resistance to MVC can be detected when using CCR5<sup>high</sup> cells - can we predict the capacity of virus to evolve resistance?

### Acknowledgments

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University of Sydney Richard Payne Johnny Lui

al Health and Research Council Medical R



**Burnet Institute** 

