

# HIV infection of the CNS: Implications for cure

Lachlan Gray

Senior Research Officer  
Churchill Lab  
HIV Neuropathogenesis, Centre for Biomedical Research, Burnet Institute  
Department of Infectious Diseases, Monash University



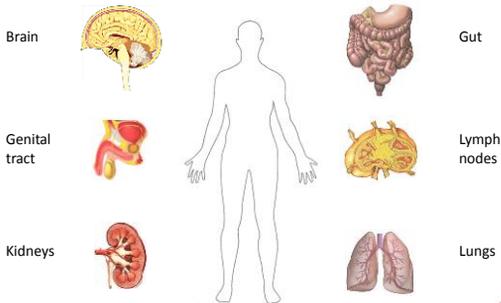
## HIV-1 cure

- Impact of combination antiretroviral therapy (cART)
  - Reduced morbidity and mortality, restored life expectancy
  - Treatment remains life-long, Expensive, Side-effects, Access
- Major barrier to cure is persistent viral reservoirs
  - Integrated, replication competent, long-lived, latent
  - cART has no/minimal long-term effect on viral reservoirs
- "Shock and kill" cure strategy aims to eliminate latency by reactivating virus using latency-reversing agents (LRA)
- The CNS remains an important, yet understudied, potential viral reservoir

**Determining whether the CNS is a viral reservoir will be an important consideration for any HIV cure or eradication strategies**



## HIV viral reservoirs



## Is the CNS a viral reservoir?

## Indirect evidence of a viral reservoir in the CNS

- Ongoing immune activation
  - Levels of Neopterin remain elevated following suppressive therapy Hagberg et al., AIDS Res and therapy 2010; Eden et al., JID 2007; Yilmaz et al., JAIDS 2008
- Evidence of axonal injury (NFL levels) in patients on suppressive cART Krut et al., 2014 PLoS One
- Symptomatic and asymptomatic CSF 'escape'
  - Dahl et al., JID 2014
  - Letendre et al., CROI 2009
  - Eden et al., JID 2010
  - Peluso et al., AIDS 2012
  - Canestri et al., Clin Infect Diseases 2010



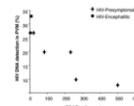
## Direct evidence of a viral reservoir in the CNS

Pre-symptomatic

Asymptomatic

Thompson et al., Am J Path 2011  
Archival brain tissue from pre-symptomatic patients, isolated p24-ve perivascular macrophages by LCM, PCR of pAB  
→ Detected HIV-1 DNA in PVM, microglia and astrocytes

Churchill et al., Annals of Neural 2009  
Archival brain tissue from asymptomatic patients, isolated macrophages and astrocytes using LCM  
→ 1-3 % astrocytes +ve for HIV-1 Env DNA



Does HIV persist in CNS cells from virally suppressed patients?

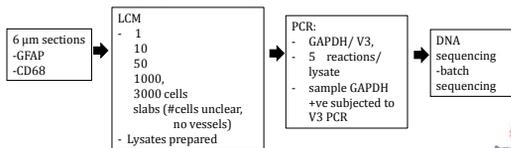
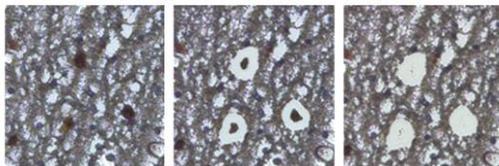
Virally suppressed patient cohort for determining HIV persistence in the CNS

Subject code	Age	Sex	cART	CD4	Neurocog Impair.	Viral Load			Tissues			
						CSF	Plasma	Brain	CSF	Plasma	PBMC	Spleen
N89	53	M	EFV, AZT, ZDV	70	Mild	<50	<50	Yes	Yes	Yes	Yes	Yes
N69	60	M	3TC, DDI, IDV	38	Mild	<50	<50	Yes	Yes	Yes	Yes	Yes
T82	66	M	ABC, EFV, KTA	464	None	<50	<50	Yes	Yes	Yes	Yes	Yes
C47	55	M	3TC, ATV, TPV	182	None	<50	<50	Yes	Yes	Yes	Yes	Yes
C06	39	M	ABC, RTV, ZDV	75	None	<50	<50	Yes	Yes	Yes	Yes	Yes
CS8	41	F	Yes/?	5	None	8000	75300	Yes	Yes	Yes	Yes	Yes
T71	40	F	ATV, CBV, KTA	5	Mild	408	157009	Yes	Yes	Yes	Yes	Yes

Laser capture micro-dissection (LCM) approach

- 5 patients that fulfilled the criteria of suppressed patients (N89, N69, T82, C47, C06) were selected.
- IHC (GFAP (astrocytes)/CD68 (macros)) → 4 patients were considered 'usable'
- LCM was performed on all viable tissue samples. For each patient macrophages were isolated and triple nested PCR performed for GAPDH and HIV-1 Env V3

IHC, LCM & PCR workflow



No HIV DNA detected in the CNS of 4/5 virally suppressed patients

Patient ID	Sample type /cell #	# +ve PCR reactions		Sequence determined	# Unique sequences
		GAPDH	V3		
C47	1	0/5	0/5	N	-
	10	3/5	0/3	N	-
	50	4/5	0/4	N	-
	1000	4/5	0/4	N	-
	>3000	5/5	0/5	N	-
	Slabs	5/5	0/5	N	-

HIV DNA detected in CNS and PBMC of 1/5 virally suppressed patients

Patient ID	Sample type /cell #	# +ve PCR reactions		Sequence determined	# Unique sequences
		GAPDH	V3		
T82	1	0/5	0/5	N	-
	10	4/5	0/4	N	-
	50	4/5	0/4	N	-
	1000	5/5	0/5	N	-
	>3000	5/5	2/5	Y	1
	Slabs	5/5	3/5	Y	3
T82	PBMC	-	-	Y	1

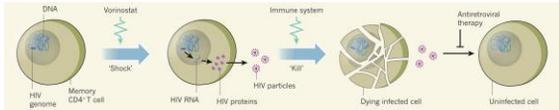
```

Con 8  RS  CTRPNNTTRK SIHI - GPGR AFYTTGELIG DIRQAHC 35
H982  X4  ..... R . R . QR ..... V . L . K . . . . . NM ..... 36
A26   RS  ..... . . . . . N . . . . . D . . . . . . . . . . . 35
YU2   RS  ..... S . . . . . N . . . . . L . . . . . . . . . . . 35
JRCSF RS  ..... . . . . . R . . . . . R . . . . . . . . . . . 34
T8253 X4  ..... R . . . . . . . . . . . D . . . . . . . . . . . 34
T8253 X4  ..... R . . . . . . . . . . . R . . . . . . . . . . . 34
T82M1 RS  ..... . . . . . P . . . . . R . . . . . . . . . . . 35
T82P3 RS  ..... . . . . . P . . . . . R . . . . . . . . . . . 35
  
```

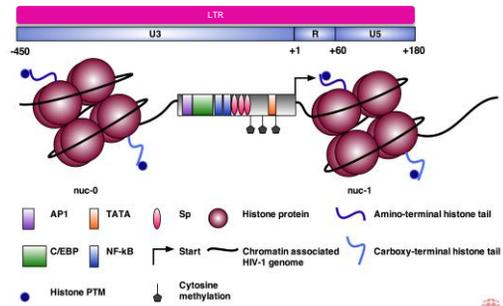
Summary of DNA findings in virally suppressed patients

- DNA can be detected in CNS macrophages (and possibly astrocytes) isolated from virally suppressed patients
- Does not indicate:
  - Frequency of HIV-1 in CNS cells (size of reservoir)
  - Number of patients with a CNS reservoir
  - Whether a replication competent provirus is present

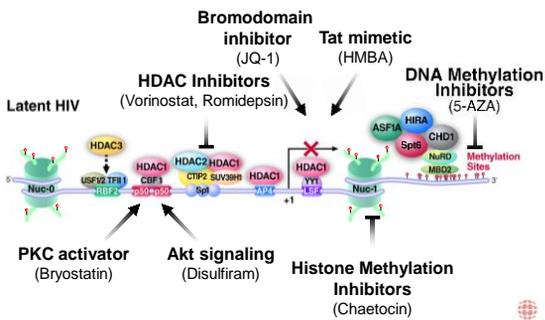
## Current cure strategies relevant to CNS "Shock and Kill"



## Nucleosome organisation



## Mode of action of Latency-reversing agents



## LRA class, CNS penetration and potency

Name	Type	CNS penetration	Potency (ACH2)
Panobinostat	HDACi (Pan)	?	52x
Romidepsin	HDACi (Class I)	-/+	9x
Vorinostat	HDACi (Pan)	+++	7x
Entinostat	HDACi (Class I)	-/+	53x
HMBA	Tat mimetic	++	25x
Disulfiram	Akt signaling	+++	4x
JQ-1	BRDi	++	7x
Chaetocin	HMTi	?	25x
Bryostatins	PKC activator	++	13x

Churchill et al., 2015, J Neuroviral



*Do unique regulatory mechanisms exist within the CNS which facilitate 'latent' HIV infection and affect responsiveness to LRA*



## Patient Cohort

Patient	Risk factor	Last CD4 count (cells/ $\mu$ l)	Antiretroviral(s)	HIV-1 encephalitis	Isolates available
CB1	MH	10	ddl (prior AZT)	Severe	CSF, BR, PBMC
CB3	MH	5	ddl (prior AZT and ddC)	Severe	CSF, SC, PBMC
MACS1	MH	2	None	Severe	BR, SPLN
MACS2	MH	52	AZT	Moderate	BR, LN
MACS3	MH	95	None	Moderate	BR, LN

>BR - Brain, SPLN - Spleen, LN - Lymph node, CSF - Cerebral spinal fluid, >PBMC - Peripheral blood mononuclear cells, SC - Spinal cord

Previously characterized virus isolates from HIV-1 demented patients (Gorry et al., 2001)

Strategy:

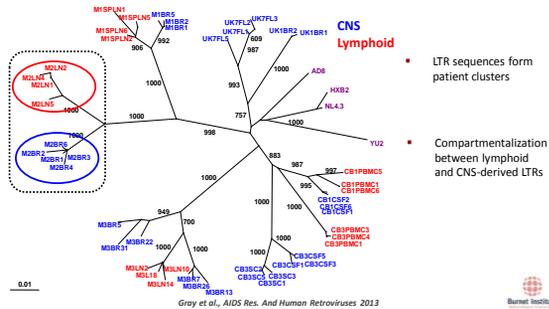
PCR, cloned and sequenced LTR

Analyzed:

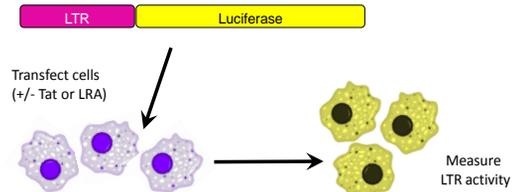
- compartmentalization
- transcriptional activity
- transcriptional factor motif analyses



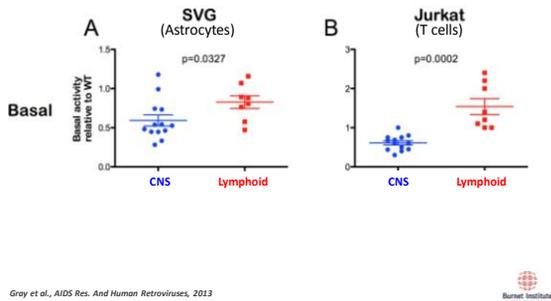
## CNS-derived LTRs are genetically distinct



## Designing a system to test LTR activity

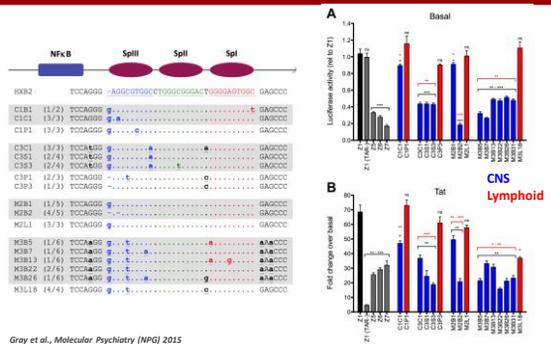


## CNS-derived LTRs have lower basal activity

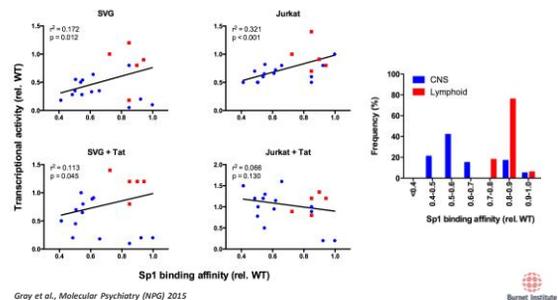


HBX2	modulatory												enhancer				basal/core	
	Sp	GATA	GATA	GATA	GATA	GATA	GATA											
OB-084	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-081	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-082	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-083	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-084	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-085	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-086	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-087	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-088	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-089	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-090	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-091	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-092	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-093	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-094	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-095	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-096	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-097	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-098	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-099	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OB-100	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

## CNS-derived LTRs have mutated Sp motif

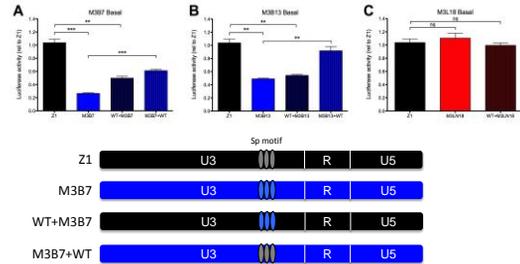


## Decreased Sp1 binding to the Sp motif significantly correlated with reduced LTR activity



What contribution does the Sp motif have to overall LTR activity?

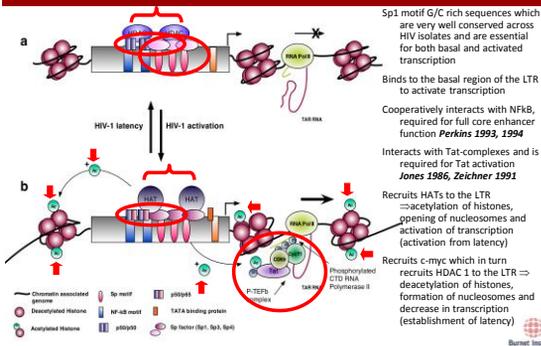
The Sp motif plays a significant role in both basal and Tat-mediated LTR activity



Gray et al., Molecular Psychiatry (NPG) 2015



Sp1 and HIV-1 transcription

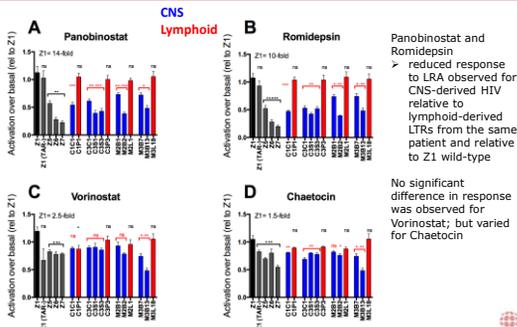


Do the unique LTRs found in the CNS respond differently to LRA?

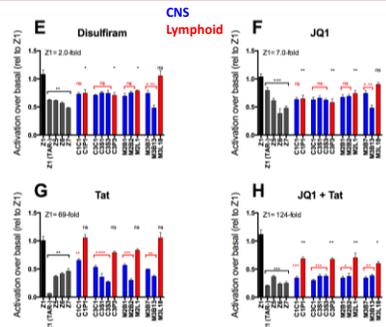


CNS-derived LTRs have reduced responsiveness to Panobinostat/Romidepsin (HDACi)

CNS-derived LTRs have reduced responsiveness to Tat and JQ1+Tat



Gray et al., Molecular Psychiatry (NPG) 2015



Gray et al., Molecular Psychiatry (NPG) 2015



## Summary

- HIV DNA detected in a virally suppressed patient
- CNS-derived HIV had significantly lower responsiveness to select LRA
- These data suggest different treatment outcomes in different compartments/reservoirs
- Implications:
  - Positives - may allow for select targeting of specific reservoirs
  - Negatives - need to determine LRA activity in all reservoirs
- LTR sequences isolated from the CNS are distinct
  - Mutated Sp motif, lower Sp1 binding, lower transcriptional activity
- Unique regulatory mechanisms exist within the CNS that effect the efficiency of LRA to reactivate latent virus
- These data may have implications when selecting LRA for eradication strategies



## Acknowledgements

### Burnet Institute

#### HIV Neuropathogenesis Lab

Melissa Churchill  
Wan-Jung Cheng  
Emma Roberts  
Jacquie Raison  
Daniel Cowley  
Hung On  
Anne Gibbs

#### SAHMRI

Steve Wesselingh

#### RMIT University

Paul Gorry

### Doherty Institute

Sharon Lewin  
Hao Lu  
Michael Moso  
Fiona Wightman  
Michael Roche

Damian Purcell  
Jonathan Jacobson

#### Johns Hopkins

Justin McArthur  
Carlos Pardo-Villamizar

#### St Vincents Hospital Sydney

Bruce Brew  
Gilles Guillemin



MONASH University  
Medicine, Nursing and Health Sciences

Burnet Institute  
Medical Research, Practical Action



R21 MH100954-02 NIMH  
NIHU19A1096109  
Supplement



APP1051093  
APP1009533

