

# The use of next generation sequencing technology to detect integrase inhibitor resistance in treatment naïve patients with HIV in Wales.



**D Forde**<sup>1</sup>, J Watkins<sup>1</sup>, S Corden<sup>1</sup>, S Attridge<sup>2</sup>, M Backx<sup>1</sup> & J Underwood<sup>2,3</sup>

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# Background

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- Use of integrase inhibitors (INI) is increasing
- Estimates of INI resistance are incomplete
- In July 2018, Public Health Wales was first UKAS laboratory to switch to Next Generation Sequencing (NGS) for routine detection of HIV resistance

# Methods

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- Retrospective analysis of HIV resistance tests performed by NGS from July 2018 - January 2020
- Only baseline tests on ART naïve patients were included

# Technology

## Next Generation Sequencing

Sample  
Extraction &  
Real-time  
PCR

RT-  
Amplification

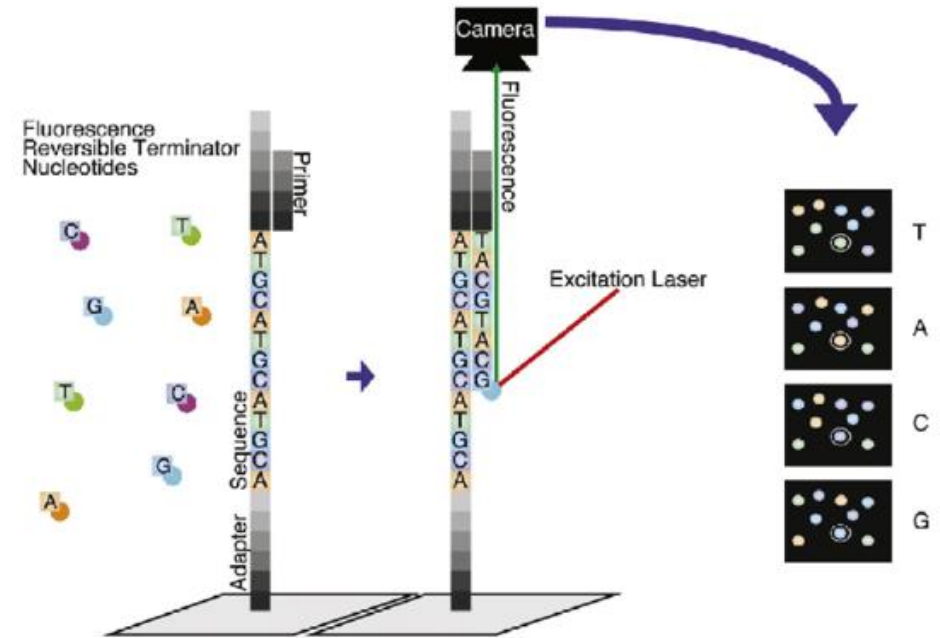
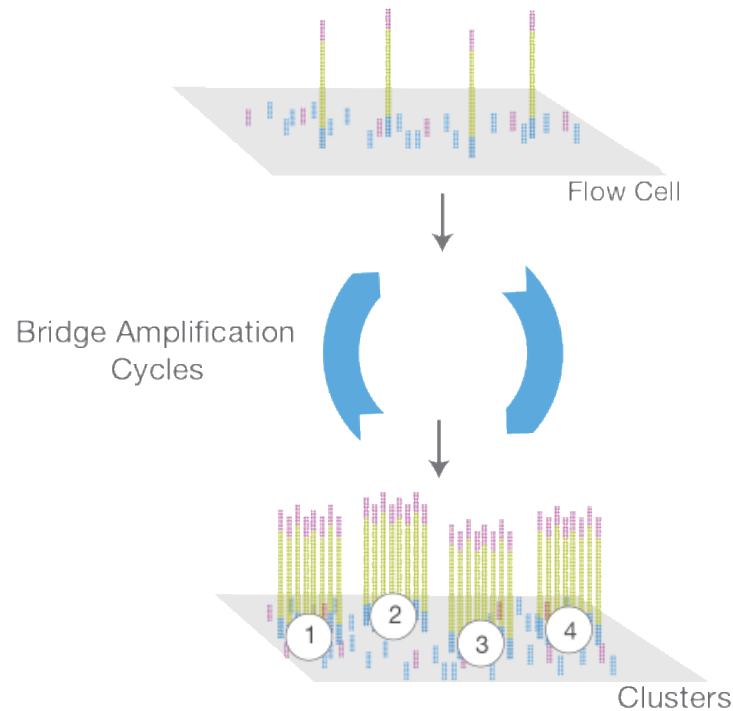
Clean-up and  
Quantification

Library  
Preparation

Quantification  
and Pooling

Cluster  
Generation  
and  
Sequencing

Bioinformatics  
pipeline



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# Technology

## Next Generation Sequencing vs Sanger Sequencing

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- Sanger sequencing's lower limit of detection of amino acid variants (AAV) is circa 20% vs NGS of circa 2%
- The presence of minority resistance variants (MRVs) below this threshold would have previously been undetectable

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# Results

## Turnaround Time (TAT) & Cost

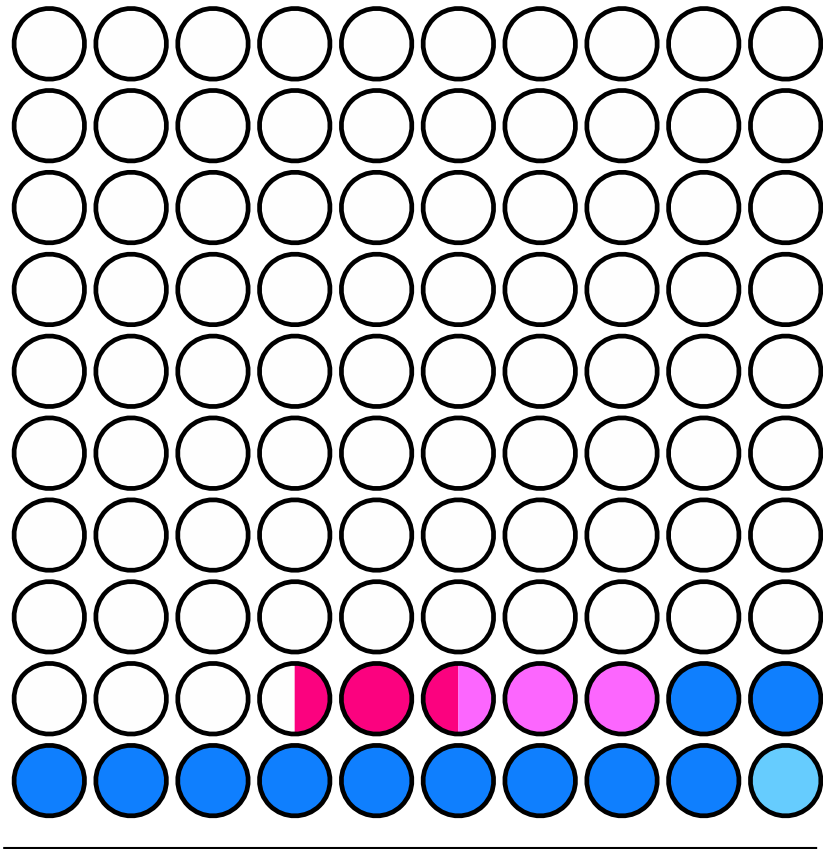
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- Standard TAT pre-NGS is 14 days
- TAT decreased by 43% to 8 days, N=62 range (7.1-8.6)



# Results

## Detection of Major resistance mutations in Rx naïve patients using NGS



□ None: 83.64% (92)

■ PI: 1.82% (2)  
(V82A & I50L)

■ NRTI: 2.73% (3)  
(T215S, K219N & M41L/L210W/T215S)

■ NNRTI: 10.91% (12)  
(E138A x8, K103N, P225H & M230L)

■ Dual (N)NRTI: 0.91% (1)  
(M41L/L210W/T215S w/ E138A)



- Major TDR in 16.36% (18)
- No Major INI detected
- Minor E157Q found in 2.73% (3)

N = (110)

# Results

## E157Q INI mutation

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- Polymorphic mutation present in 2.7% of ART naïve patients
- Though observed in cases of virological failure, phenotypic analysis suggests no decrease in susceptibility to INI, including raltegravir

Saladini, Francesco, et al. "The HIV-1 integrase E157Q polymorphism per se does not alter susceptibility to raltegravir and dolutegravir in vitro." *Aids* 31.16 (2017): 2307-2309.  
Charpentier, Charlotte, and Diane Descamps. "Resistance to HIV integrase inhibitors: about R263K and E157Q mutations." *Viruses* 10.1 (2018): 41.



## Discussion/Future

Today's polymorphism is tomorrow's mutation

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- Prevalence of INI resistance is low
  - Use of INI is increasing
- Introduction of NGS resulted in decreased TAT
  - Clinical service improvement
  - Economic benefits
- Closer to individualized medicine

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