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HIV-1 Transmitted Drug Resistance (TDR) in Paired Plasma and Seminal Fluid:

Persistence in Semen and Little Evidence of Differential Evolution

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Background

•In HIV-1 infection, transmitted drug resistance (TDR) is associated with decreased susceptibility to antiretroviral therapy (ART)

With acquired ART resistance, resistant HIV-1 virus is replaced with wild-type in the absence of ART¹

 In TDR the mutations usually persist but may slowly revert to wild-type²

Background

- Evolution of TDR may not be the same in the blood and the male genital tract
- The importance of TDR minority species (<1%) in each compartment in this context is unclear- is there a threshold that matters?
- To date only one study³ comparing plasma and seminal fluid HIV TDR:
 - -Small numbers (*n*=5)
 - -Didn't observe the effect of initiating ART
 - No minority species data

Objectives

 To compare the TDR profile in the plasma & genital secretions of HIV-1 infected men

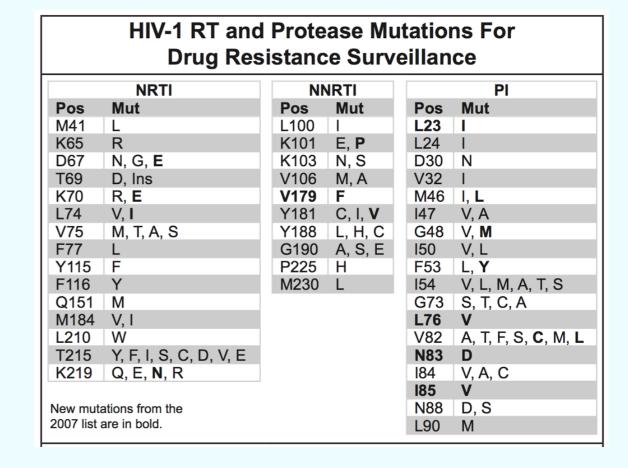
 To investigate the effect of initiating ART on plasma and genital HIV-1 TDR mutations

Inclusion criteria

HIV-1 infected males

 TDR mutation on baseline resistance test (RT)

No exposure to ART



Shafer list (2007)

Informed consent

Methods

 Paired semen and blood samples were collected at each study visit:

Stable naïve subjects were sampled at 8 monthly intervals

 Patients initiating ART were sampled at baseline then 4 weekly intervals until undetectable

Methods

- Analyses performed at HPA Colindale:
 - Population-based sequencing ('standard' RT)⁴
 - Allele-specific PCR sequencing (103, 181, 184)⁵
 - Incidence testing (Anti-HIV Incidence Qn)

- Urine NAAT sampling to exclude STIs
 - N. gonorrhoea and C. trachomatis

Sample size	15						
Route of acquisition	MSM						
Median age (range)	37 years						
	(27-51 years)						
Median baseline HIV-1 VL	13 756						
(IQR) (copies/mL)	(7 477-71 960)						
Single paired samples	8						
Multiple paired samples	7						
Positive CT or GC NAAT	0						

Figure 1: TDR mutations in single paired semen and plasma samples while ART naive

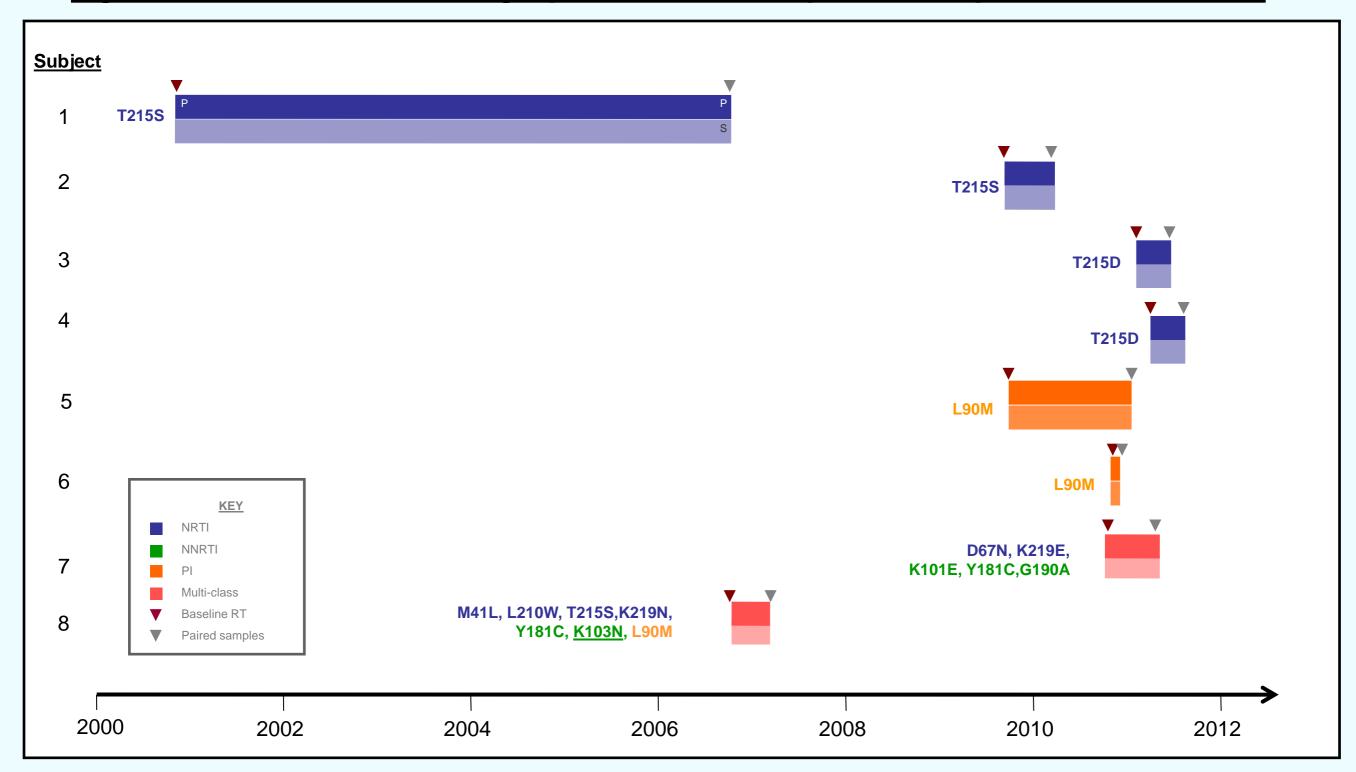


Figure 2: TDR mutations in multiple paired semen and blood samples while ART naive

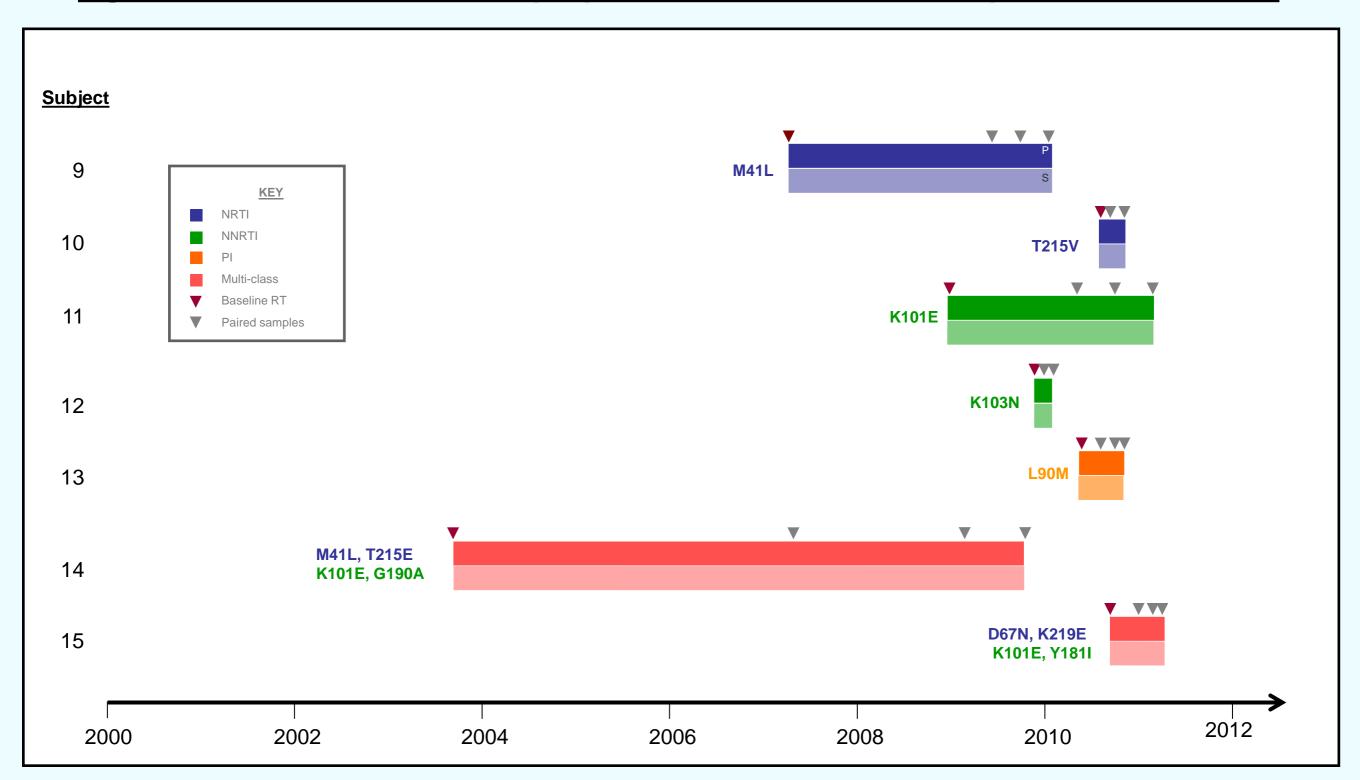


Figure 3: TDR mutations in multiple paired semen and plasma samples while starting ART



Figure 3: TDR mutations in multiple paired semen and blood samples while starting ART

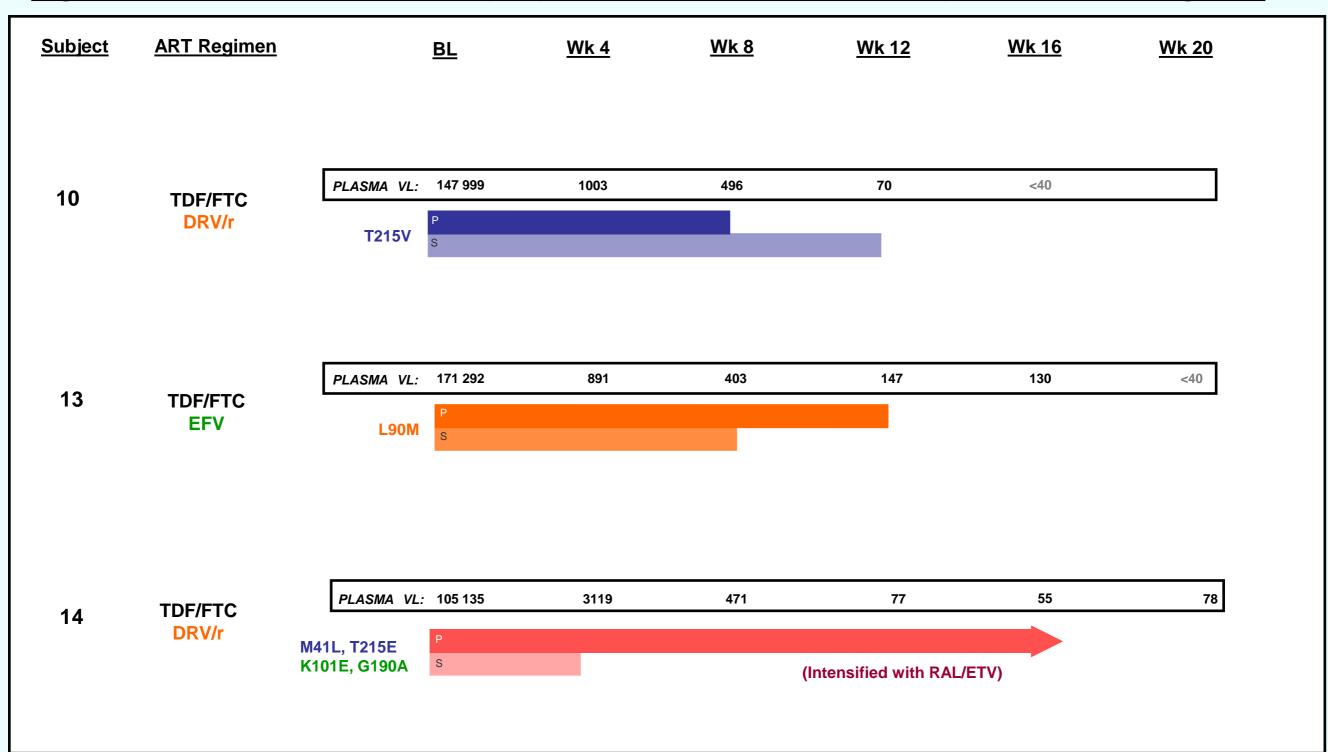


Figure 4: TDR minority species in multiple paired semen and blood samples

<u>Subject</u>	Population sequencing mutations	Allele-specific mutations						
		<u>F</u>	lasn	<u>na</u>		<u>Semen</u>		
		K 1 0 3	Y 1 8 1	M 1 8 4		K 1 0 3	Y 1 8 1	M 1 8 4
1	T215S	-	-	-		_	-	-
2	T215S	•						
3	T215D							
4	T215D							
5	L90M	•						
6	D67N, K219E, K101E, Y181C, G190A							
7	M41L, L210W, T215S, K219N, Y181C, K103N, L90M	-	-	-		-	-	-
8	L90M							
9	M41L							
10	T215V			•				
11	K101E			•				
12	K103N							
13	L90M	•						
14	M41L, T215E, K101E, G190A	•						
15	D67N, K219E, K101E, Y181I	-	-	-		-	-	-

9 patients had minority species TDR in plasma

3 of these also had minority species TDR in paired semen samples

3 have not been analysed

Limitations

 Underestimates length of TDR persistence (most were non-incident at baseline)

Seminal fluid HIV-1 VL not possible

 Minority species data not available for a subset of subjects

Integrase mutations not characterised

Discussion

- TDR mutation patterns in the plasma and seminal fluids is very similar with little evidence of differential evolution
- TDR mutations in both compartments persisted for long time periods (in two cases for over six years)
- 4/15 had multi-class TDR and these mutations persisted for long time periods

Discussion

 On starting ART, TDR persisted in both compartments while HIV-1 remained detectable

- Supports the potential for onward transmission of TDR (including multi-drug TDR) from drug-naïve/ undiagnosed individuals
- Analysis of blood samples alone may be sufficient to describe resistance in patients with TDR

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Questions?