

IncRNAs and latent HIV - search for novel targets for latency reversal <u>Wim Trypsteen¹</u>, CH White², A Mukim³, CA Spina^{3,4}, W De Spiegelaere⁵, S Lefever⁶, CH Woelk², A Bosque⁷,

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Healthy individual HIV infection HIV therapy (ART) Image: CD4 T cells Image: CD4 T cells Image: CD4 T cells

Introduction

Problem

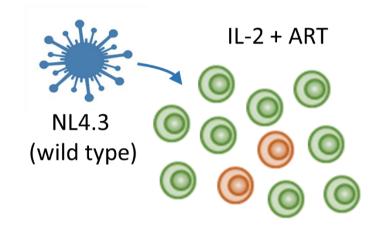
- Worldwide **35 million** people are **HIV-infected**
- HIV infection evolved from a deadly to a chronic disease
- Current treatment can suppress HIV but not offer a cure
- Condemned to lifelong treatment due to a latent reservoir

Goal

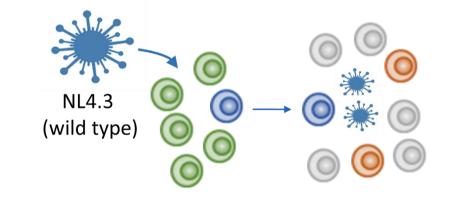
- Study HIV latency & explore new treatment strategies
- Primary cell models for main reservoir of HIV: CD4 T cells
- Focus on IncRNAs in HIV latency and cure research

Cultured T_{CM} latency model

Bystander latency model



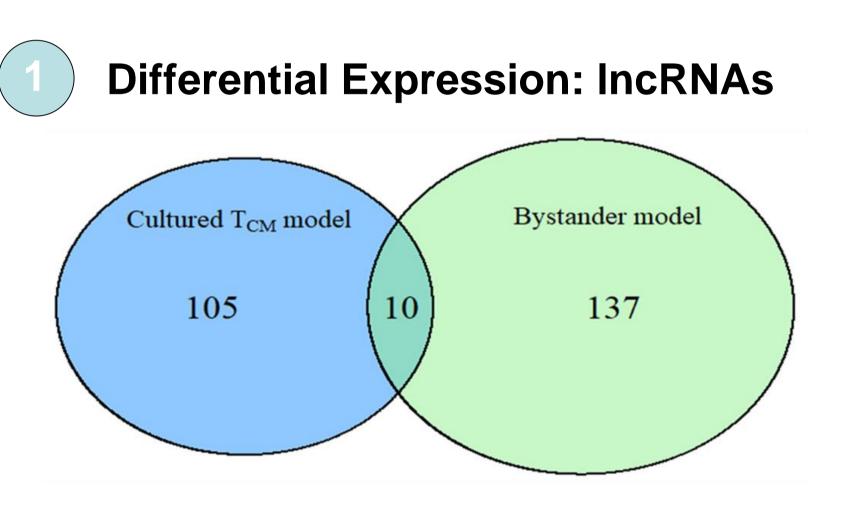
- Direct infection of activated cells
- Differentiated CD4 T memory cells
- Return to resting state (latent)
- Latent cell fraction: 5-10%



- Two step infection: cell spreading
- Primary CD4 T cell pool
- Resting cells
- Latent cell fraction: 5-10%
- IncRNA discovery via total RNAseq, ribodepleted (4 biological replicates per model, Illumina Hiseq 2500, 30-50M reads per sample)

Methods

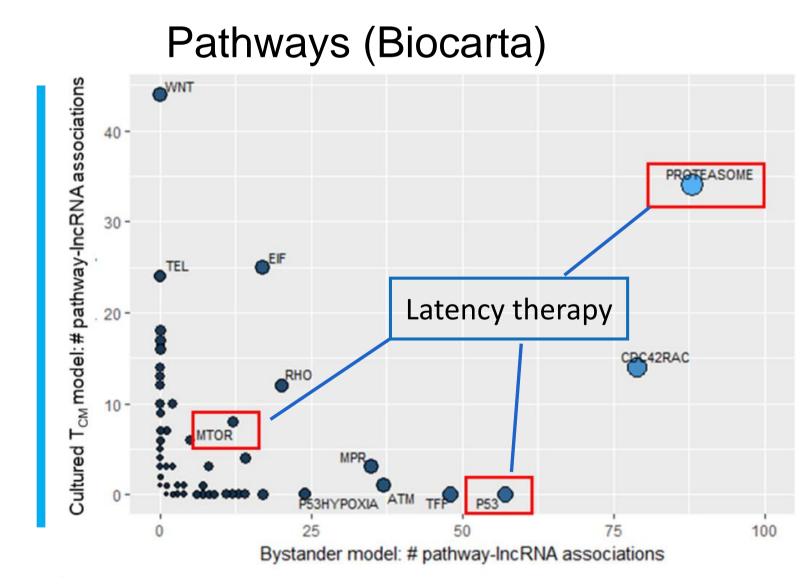
• Downstream analysis: Differential expression, ddPCR validation, pathway analysis and T cell subset analysis



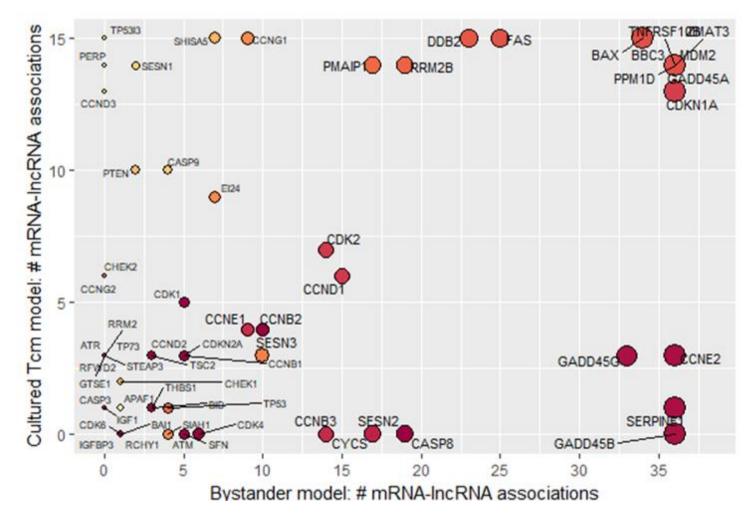
Digital PCR validated IncRNAs RP11-347C18.3, RP11-539L10.2, PVT1

Results

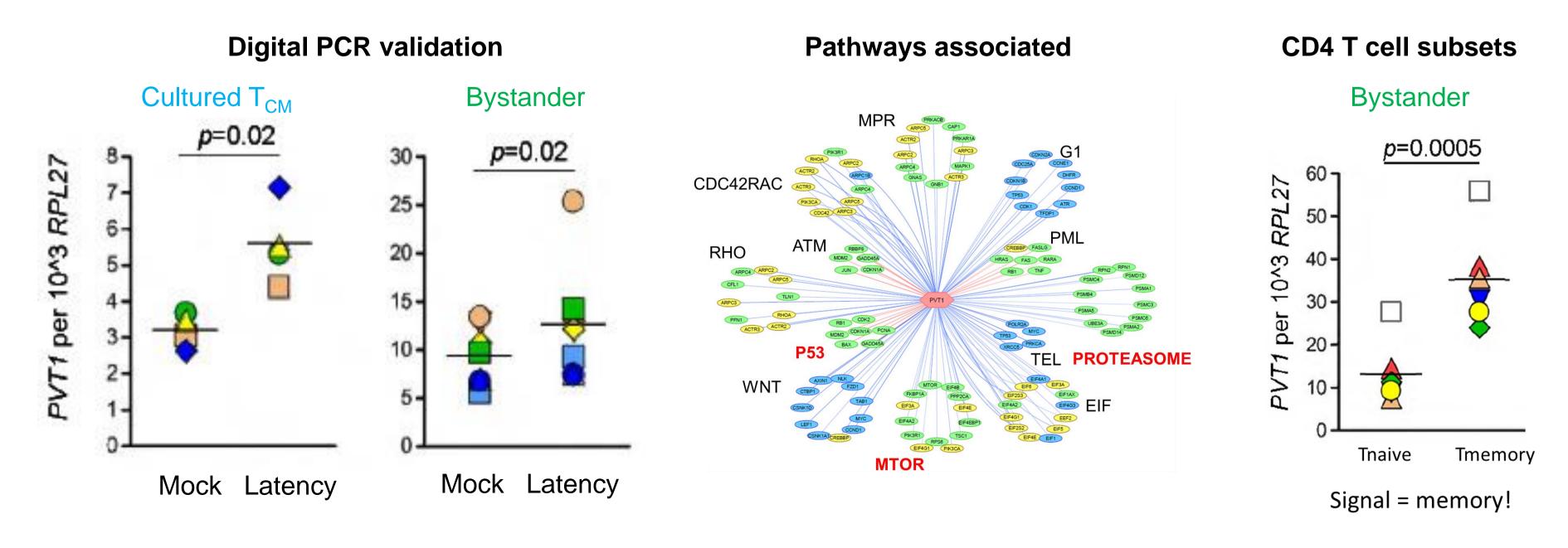
Pathway analysis: Guilt-by-association



P53 Detailed View







Conclusion

- IncRNA contribute to HIV latency
- IncRNA linked to pathways for possible therapy
- **PVT1** is **prioritized candidate** for further research
- Functional validation with targeted knockdown studies are required

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