

Title	No Viral Evolution in the Lymph Nodes of Simian Immunodeficiency Virus-Infected Rhesus Macaques during Combined Antiretroviral Therapy.
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## Abstract

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24 To elucidate the mode of viral persistence in primate lentivirus-infected individuals during  
25 combination antiretroviral therapy (cART), four simian immunodeficiency virus  
26 (SIV)239-infected monkeys were treated with cART for 1 year. The viral *env* genes prepared  
27 from total RNA extracted from the mesenteric lymph nodes by single genome amplification  
28 were assessed at the completion of therapy. Analyses of nucleotide substitution and  
29 phylogeny revealed no viral evolution during cART.

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31           Combination anti-retroviral therapy (cART) has transformed human  
32 immunodeficiency virus (HIV) infection from incurable to a manageable disease. It  
33 suppresses the viral burden in patients to undetectable levels (14, 16, 27), lowers the chance  
34 of viral transmission (28), increases the number of CD4<sup>+</sup> T lymphocytes (14, 16),  
35 reconstitutes immunity (4, 24, 38), and extends the life expectancy of patients (1). However,  
36 cART does not cure patients due to its inability to eradicate the virus from infected  
37 individuals (7), suggesting the existence of a viral reservoir that is refractory to cART. Its  
38 identification and eradication are, therefore, requisites for a functional cure for acquired  
39 immunodeficiency syndrome (AIDS). To establish a strategy for eradication of the HIV  
40 reservoir, the mechanism of persistence of the virus must be elucidated. Two mechanisms of  
41 viral persistence have been proposed: one is ongoing cycles of viral replication despite the  
42 presence of antivirals (37), and the other is provirus integration into long-lived cells (32).  
43 Whereas preceding studies concerning this issue have been extensively conducted employing  
44 clinical specimens from HIV-1-infected patients, including plasma, peripheral blood  
45 mononuclear cells, and gut-associated lymphatic tissues (2, 11, 23), lymph nodes, which are  
46 epicenters of virus replication in infected individuals not undergoing therapy (10, 25, 26),  
47 have been subjected to scrutiny only rarely. In animal models of cART, in particular the  
48 simian immunodeficiency virus (SIV)/macaque model, which allows for systemic  
49 examination, the identification of the viral reservoir and the mechanism of viral holding have  
50 not been studied in detail.

51           To elucidate how the virus is maintained during cART in an animal model of  
52 anti-HIV chemotherapy, we administered a combination of nucleotide/nucleoside reverse  
53 transcriptase inhibitors (azidothymidine [AZT], lamivudine [3TC], and tenofovir disoproxil

54 fumarate [TDF]) and protease inhibitors (lopinavir [LPV] with ritonavir [RTV]) to four  
55 SIV239-infected rhesus macaques for 1 year (18). Although the plasma viral RNA loads of  
56 the animals were suppressed to below the assay detection limit during the period of  
57 chemotherapy, systemic analysis conducted at the completion of the therapy revealed viral  
58 RNA present in lymphatic tissues, especially in mesenteric and splenic lymph nodes (MLN  
59 and SLN, respectively) at high titers. Reasoning that any possible mode(s) of viral  
60 persistence should be in operation in tissues with high levels of viral RNA expression, we  
61 investigated viral genes in these tissues.

62           It is expected that viral genes accumulate nucleotide substitutions in proportion to  
63 time post-infection in individuals not undergoing therapy due to continuous virus replication  
64 mediated by the error-prone viral reverse transcriptase. Such mutation rates have indeed been  
65 observed in the V3 loop of *env*, p17 of *gag* (20), and C2-C5 region of *env* (30) in HIV-1  
66 infected patients as well as in the *env* gene from monkeys experimentally infected with SIV  
67 (5, 19). We hypothesized that viral genes would accumulate mutations if the virus was  
68 continuously replicating in the reservoir despite the presence of antivirals.

69           First, to ascertain whether such accumulation of mutations took place to a  
70 detectable magnitude in our experimental system, SIV239, a molecularly cloned virus, was  
71 used to infect macaques for 1 year, and we periodically sampled viral genes from the  
72 untreated control animal (MM521). To reveal ongoing expression of viral genes at sampling,  
73 total RNA was extracted from plasma samples collected at 8, 18, 42, and 68 weeks  
74 post-infection (wpi) and examined. Single genome amplification (SGA) (29) was used to  
75 amplify present viral genes and to avoid selective amplification of a particular genotype or  
76 recombination between genotypes during polymerase chain reaction (PCR). Using nested

77 PCR, we amplified the entire *env* gene, which accumulates nucleotide substitutions in the  
78 greatest numbers, following reverse transcription of cDNA from the extracted RNA. The  
79 initial cycles of PCR were carried out utilizing the following primers: forward, SIV20F  
80 (5'-ctc cag gac tag cat aaa tgg-3'); reverse, SHenv9R (5'-ggg tat cta aca tat gcc tc-3').  
81 Successive PCR cycles were run with the following primers: forward, SIV21F (5'-ctc tct cag  
82 cta tac cgc cc-3'); reverse, SHenv8R (5'-gcc ttc ttc ctt ttc taa g-3'). The PCR products from  
83 an average of 12 independent reactions per time point were directly subjected to sequencing.

84 We computed the number of mutations in each SGA clone obtained from plasma  
85 samples of an untreated monkey (MM521) through a comparison with that of the inoculum  
86 virus (Fig. 1). A linear relationship with a coefficient of  $1.25 \times 10^{-4}$  ( $r^2 = 0.8503$ ,  $p < 0.0001$ ;  
87 GraphPad Prism, La Jolla, CA, USA) was revealed between the number of mutations in the  
88 SGA clones and the time post-infection. Using the coefficient, the cumulative mutations per  
89 annum was determined to be  $6.5 \times 10^{-3}$  substitutions/site/year, a comparable figure to those of  
90 SIV and HIV reported previously ( $9 \times 10^{-3}$  (5, 19) and  $6.0 \times 10^{-3}$  (29) substitutions/site/year,  
91 respectively). The accuracy of the “molecular clock” in our experimental setting prompted us  
92 to examine viral RNA extracted from the lymph nodes of animals that underwent cART for 1  
93 year.

94 Total RNA was extracted from the MLN of four treated animals and one untreated  
95 animal as well as the SLN of one of the treated animals (MM530) at the completion of the  
96 observation period and used as template for PCR; the products were subjected to sequence  
97 analysis as described above. On average, 10 sequences were obtained from each sample (Fig.  
98 2A and Table). The number of mutations observed in the *env* gene from MM521 (untreated)  
99 was, on average, 25 of 2700 bases. In contrast, the number in treated animals was on average

100 1.5 of 2700 bases (Table). The difference in the number of mutations in *env* between the  
101 plasma and MLN samples at 68 wpi (at necropsy) in the untreated animal, MM521, was  
102 statistically insignificant ( $p > 0.05$ ; Fig. 2A), justifying our comparison of these two distinct  
103 anatomical compartments. Thus, we proceeded to compare the substitution numbers in the  
104 plasma at 8 wpi, immediately before the onset of cART, with those from the lymph nodes of  
105 animals treated with cART at necropsy (61-65 wpi). Nucleotide substitutions in the *env* gene  
106 in both plasma and the MLN of the untreated animal (MM521) at 68 wpi increased compared  
107 to that in plasma at 8 wpi ( $p < 0.0001$ ). In contrast, those in the MLN of treated animals at the  
108 completion of cART were unchanged (MM528 and SLN of MM530) or decreased  
109 significantly (MM491, MM499, and MLN of MM530) (Fig. 2A). The results indicated that  
110 virus did not accumulate further mutations beyond those obtained by 8 wpi.

111 As the samples were collected from animals at various time points post-infection,  
112 the numbers depicted in Fig. 2A were converted to substitutions/site/year (Fig. 2B) for  
113 further analysis. Comparison of the number of viral mutations in plasma at 8 wpi (median,  
114  $5.9 \times 10^{-3}$  substitutions/site/year) with that in the MLN (median,  $7.2 \times 10^{-3}$   
115 substitutions/site/year) in the untreated animal, MM521, indicated no statistical difference ( $p$   
116 = 0.6265), as predicted by the analysis in Fig. 2A. Next, we compared the numbers in  
117 animals that underwent chemotherapy. At 8 wpi, the treated animals were equivalent to  
118 MM521 (an untreated animal) in terms of therapeutic status, since cART was started after  
119 sample collection at 8 wpi. Not unexpectedly, there was no statistically significant difference  
120 in plasma number between the untreated and treated animals (MM491,  $8.5 \times 10^{-3}$ ; MM499,  
121  $9.8 \times 10^{-3}$ ; MM528,  $1.6 \times 10^{-2}$ ; MM530,  $8.5 \times 10^{-3}$ ; and MM521,  $5.9 \times 10^{-3}$  substitutions/site/year),  
122 except for MM528 ( $p = 0.0048$  compared to those from untreated animal). In contrast, the

123 mutations per annum in the lymph nodes of treated animals collected at necropsy (median,  
124  $3.4 \times 10^{-4}$  substitutions/site/year) were significantly lower than those in the plasma of the  
125 animals at 8 wpi (median,  $9.8 \times 10^{-3}$  substitutions/site/year) ( $p < 0.0001$ ). The number of  
126 mutations per year in lymph nodes between untreated and treated macaques was also  
127 significantly different ( $p < 0.0001$ ). This supports the hypothesis that ongoing viral  
128 replication contributed little, if anything, to viral persistence during cART.

129           Examination of the nucleotide substitution numbers did not indicate discernible *de*  
130 *novo* virus replication during cART. Therefore, we next investigated continuous viral  
131 replication during cART through phylogenetic analysis of viral *env* clones. Clones were  
132 obtained from the untreated animal (derived from plasma at 8, 18, 42, and 68 wpi and from  
133 MLN) and from one of the treated animals (derived from plasma at 8 wpi and MLN at  
134 necropsy) (Figs. 3 and S). To illustrate the accumulation and specific sites of mutations,  
135 Highlighter plot analysis (<[www.hiv.lanl.gov](http://www.hiv.lanl.gov)>) was also performed. Phylogenetic analysis of the  
136 viral genes from the untreated animal revealed that i) *env* clones from plasma exhibited  
137 increasing genetic distance from the inoculum virus with time, ii) clones obtained at a given  
138 time point branched out of the one immediately before, a clear demonstration of viral  
139 evolution, and iii) clones from the lymph node formed a cluster with those from plasma  
140 collected at the same time. In contrast, clones from treated animals, regardless of the tissue  
141 origin or time point, formed a cluster with clones derived from plasma of the untreated  
142 animal at 8 wpi and the inoculum virus (Figs. 3 and S). The results of the Highlighter plot  
143 analysis were consistent with those of the phylogenetic analysis. These results clearly  
144 demonstrated that viral evolution did not take place in SIV239-infected rhesus macaques  
145 during cART. Analysis of the *env* genes in the peripheral blood mononuclear cells and



146 gut-associated lymphatic tissues obtained from HIV-1 patients in cART also found no  
147 evidence of *de novo* viral replication (11).

148 In contrast, other studies have reported continuous virus replication during  
149 combined chemotherapy (2, 37). One possible explanation of this discrepancy is the thorough  
150 suppression of the plasma viral burden, < 20 copies/mL at necropsy that was achieved in this  
151 study (18). *De novo* virus replication was detected in HIV-1 patients whose plasma viral  
152 RNA burdens ranged from 20 to 400 copies/mL, but not in those with less than 20 copies/mL  
153 (15). Our findings also indicate that the cART regimen we employed (18) was robust enough  
154 to halt viral evolution nearly completely in animals.

155 Our sample size, an average of 10 sequences from each specimen, conceivably  
156 limited our ability to detect minor populations with signs of ongoing replication. An analysis  
157 of four animals, however, did not reveal the genotypes detailed in the current study.  
158 Therefore, while our results cannot rule out possible *de novo* viral replication during cART,  
159 the data indicate that it is not a major mode of viral persistence in individuals whose virus  
160 replication levels are thoroughly suppressed by cART.

161 The locations of other potential viral reservoirs, in addition to resting CD4<sup>+</sup> T  
162 lymphocytes, an already established HIV/SIV reservoir found to be present in blood (6, 8, 9,  
163 13), lymph nodes (6), and the spleen (31), remains elusive. While the cART regimen we  
164 developed suppressed viral RNA levels nearly completely in the circulation and fairly well in  
165 effector sites, such as the gastrointestinal tract and lung, viral RNA expression levels in  
166 lymph nodes were not contained effectively (18), suggesting that the viral reservoir consists  
167 of cells present in lymph nodes. We also detected CD3-positive cells, most likely CD4<sup>+</sup> T  
168 lymphocytes, expressing Nef protein in the follicles of the MLN of an SIV-infected animal

169 that exhibited viral rebound upon cessation of cART (18). Based on their location, these  
170 might be Tfh cells, which are of the memory phenotype (21, 22, 36). The results of the  
171 current study have further narrowed the location of the viral reservoir from our previous  
172 study (18) to cells with longer half-lives, which retain provirus for at least 1 year. Since  
173 resting CD4<sup>+</sup> T cells possess long half-lives (33), these cells satisfy this criterion for a viral  
174 reservoir during cART. It is conceivable that resting CD4<sup>+</sup> T cells functioned as the  
175 predominant viral reservoir in the SIV239/rhesus macaque model for patients on cART  
176 employed in our study, as in preceding studies concerning the issue in the context of HIV and  
177 SIV infections.

178           Lymph nodes serve as a major HIV reservoir throughout the course of infection  
179 without intervention by cART (10, 25, 26). During clinical latency, the virus persists as an  
180 intact provirus, which can produce infectious viral particles upon cell activation, in a  
181 miniscule fraction of the resting CD4<sup>+</sup> T lymphocytes in lymph nodes (6). An extensive  
182 examination of lymph node specimens from HIV patients on cART revealed an infinitesimal  
183 amount of viral RNA-positive cells by *in situ* hybridization (17). Hockett *et al.* (17) revealed  
184 that cART lowers the number of viral RNA-positive cells in lymph nodes but that the number  
185 of viral copies in each infected cell is constant, regardless of the viral burden in the  
186 circulation, suggesting the existence of virus-infected cells actively transcribing viral genes  
187 under cART, as we found previously in the lymph nodes of SIV239-infected animals on  
188 cART (18). Taking our current observations together with those of Hockett *et al.* (17), the  
189 viral RNA-positive cells present in lymph nodes during cART may represent cells infected  
190 with virus prior to the initiation of cART and transcribing viral RNA from integrated provirus  
191 during therapy.

192           Current cART is unable to eradicate the viral reservoir; or more precisely, provirus  
193 integrated in the reservoir. Based on our results, it is important to establish strategies to target  
194 specifically long-lived cells that harbor intact provirus while unlocking the dormant state of  
195 the provirus, perhaps using histone deacetylase (3), to achieve a functional cure for AIDS.  
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## References

1. 2008. Life expectancy of individuals on combination antiretroviral therapy in high-income countries: a collaborative analysis of 14 cohort studies. *Lancet* **372**:293-299.
2. **Anderson, J. A., N. M. Archin, W. Ince, D. Parker, A. Wiegand, J. M. Coffin, J. Kuruc, J. Eron, R. Swanstrom, and D. M. Margolis.** 2011. Clonal sequences recovered from plasma from patients with residual HIV-1 viremia and on intensified antiretroviral therapy are identical to replicating viral RNAs recovered from circulating resting CD4+ T cells. *Journal of virology* **85**:5220-5223.
3. **Archin, N. M., A. L. Liberty, A. D. Kashuba, S. K. Choudhary, J. D. Kuruc, A. M. Crooks, D. C. Parker, E. M. Anderson, M. F. Kearney, M. C. Strain, D. D. Richman, M. G. Hudgens, R. J. Bosch, J. M. Coffin, J. J. Eron, D. J. Hazuda, and D. M. Margolis.** 2012. Administration of vorinostat disrupts HIV-1 latency in patients on antiretroviral therapy. *Nature* **487**:482-485.
4. **Autran, B., G. Carcelain, T. S. Li, C. Blanc, D. Mathez, R. Tubiana, C. Katlama, P. Debre, and J. Leibowitch.** 1997. Positive effects of combined antiretroviral therapy on CD4+ T cell homeostasis and function in advanced HIV disease. *Science* **277**:112-116.
5. **Burns, D. P., and R. C. Desrosiers.** 1991. Selection of genetic variants of simian immunodeficiency virus in persistently infected rhesus monkeys. *Journal of virology* **65**:1843-1854.
6. **Chun, T. W., L. Carruth, D. Finzi, X. Shen, J. A. DiGiuseppe, H. Taylor, M. Hermankova, K. Chadwick, J. Margolick, T. C. Quinn, Y. H. Kuo, R. Brookmeyer, M. A. Zeiger, P. Barditch-Crovo, and R. F. Siliciano.** 1997. Quantification of latent tissue reservoirs and total body viral load in HIV-1 infection. *Nature* **387**:183-188.
7. **Chun, T. W., R. T. Davey, Jr., D. Engel, H. C. Lane, and A. S. Fauci.** 1999. Re-emergence of HIV after stopping therapy. *Nature* **401**:874-875.
8. **Chun, T. W., D. Finzi, J. Margolick, K. Chadwick, D. Schwartz, and R. F. Siliciano.** 1995. In vivo fate of HIV-1-infected T cells: quantitative analysis of the transition to stable latency. *Nature medicine* **1**:1284-1290.
9. **Chun, T. W., L. Stuyver, S. B. Mizell, L. A. Ehler, J. A. Mican, M. Baseler, A. L. Lloyd, M. A. Nowak, and A. S. Fauci.** 1997. Presence of an inducible HIV-1 latent reservoir during highly active antiretroviral therapy. *Proceedings of the National*

- 243 Academy of Sciences of the United States of America **94**:13193-13197.
- 244 10. **Embretson, J., M. Zupancic, J. L. Ribas, A. Burke, P. Racz, K. Tenner-Racz,**  
245 **and A. T. Haase.** 1993. Massive covert infection of helper T lymphocytes and  
246 macrophages by HIV during the incubation period of AIDS. *Nature* **362**:359-362.
- 247 11. **Evering, T. H., S. Mehandru, P. Racz, K. Tenner-Racz, M. A. Poles, A. Figueroa,**  
248 **H. Mohri, and M. Markowitz.** 2012. Absence of HIV-1 evolution in the  
249 gut-associated lymphoid tissue from patients on combination antiviral therapy  
250 initiated during primary infection. *PLoS pathogens* **8**:e1002506.
- 251 12. **Felsenstein, J.** 1981. Evolutionary trees from DNA sequences: a maximum  
252 likelihood approach. *Journal of molecular evolution* **17**:368-376.
- 253 13. **Finzi, D., M. Hermankova, T. Pierson, L. M. Carruth, C. Buck, R. E. Chaisson,**  
254 **T. C. Quinn, K. Chadwick, J. Margolick, R. Brookmeyer, J. Gallant, M.**  
255 **Markowitz, D. D. Ho, D. D. Richman, and R. F. Siliciano.** 1997. Identification of a  
256 reservoir for HIV-1 in patients on highly active antiretroviral therapy. *Science*  
257 **278**:1295-1300.
- 258 14. **Gulick, R. M., J. W. Mellors, D. Havlir, J. J. Eron, C. Gonzalez, D. McMahon, D.**  
259 **D. Richman, F. T. Valentine, L. Jonas, A. Meibohm, E. A. Emini, and J. A.**  
260 **Chodakewitz.** 1997. Treatment with indinavir, zidovudine, and lamivudine in adults  
261 with human immunodeficiency virus infection and prior antiretroviral therapy. *The*  
262 *New England journal of medicine* **337**:734-739.
- 263 15. **Gunthard, H. F., J. K. Wong, C. C. Ignacio, J. C. Guatelli, N. L. Riggs, D. V.**  
264 **Havlir, and D. D. Richman.** 1998. Human immunodeficiency virus replication and  
265 genotypic resistance in blood and lymph nodes after a year of potent antiretroviral  
266 therapy. *Journal of virology* **72**:2422-2428.
- 267 16. **Hammer, S. M., K. E. Squires, M. D. Hughes, J. M. Grimes, L. M. Demeter, J. S.**  
268 **Currier, J. J. Eron, Jr., J. E. Feinberg, H. H. Balfour, Jr., L. R. Deyton, J. A.**  
269 **Chodakewitz, and M. A. Fischl.** 1997. A controlled trial of two nucleoside  
270 analogues plus indinavir in persons with human immunodeficiency virus infection  
271 and CD4 cell counts of 200 per cubic millimeter or less. AIDS Clinical Trials Group  
272 320 Study Team. *The New England journal of medicine* **337**:725-733.
- 273 17. **Hockett, R. D., J. M. Kilby, C. A. Derdeyn, M. S. Saag, M. Sillers, K. Squires, S.**  
274 **Chiz, M. A. Nowak, G. M. Shaw, and R. P. Bucy.** 1999. Constant mean viral copy  
275 number per infected cell in tissues regardless of high, low, or undetectable plasma  
276 HIV RNA. *The Journal of experimental medicine* **189**:1545-1554.
- 277 18. **Horiike, M., S. Iwami, M. Kodama, A. Sato, Y. Watanabe, M. Yasui, Y. Ishida, T.**

- 278 **Kobayashi, T. Miura, and T. Igarashi.** 2012. Lymph nodes harbor viral reservoirs  
279 that cause rebound of plasma viremia in SIV-infected macaques upon cessation of  
280 combined antiretroviral therapy. *Virology* **423**:107-118.
- 281 19. **Johnson, P. R., T. E. Hamm, S. Goldstein, S. Kitov, and V. M. Hirsch.** 1991. The  
282 genetic fate of molecularly cloned simian immunodeficiency virus in experimentally  
283 infected macaques. *Virology* **185**:217-228.
- 284 20. **Leitner, T., and J. Albert.** 1999. The molecular clock of HIV-1 unveiled through  
285 analysis of a known transmission history. *Proceedings of the National Academy of*  
286 *Sciences of the United States of America* **96**:10752-10757.
- 287 21. **Lindqvist, M., J. van Lunzen, D. Z. Soghoian, B. D. Kuhl, S. Ranasinghe, G.**  
288 **Kranias, M. D. Flanders, S. Cutler, N. Yudanin, M. I. Muller, I. Davis, D. Farber,**  
289 **P. Hartjen, F. Haag, G. Alter, J. Schulze zur Wiesch, and H. Streeck.** 2012.  
290 Expansion of HIV-specific T follicular helper cells in chronic HIV infection. *The*  
291 *Journal of clinical investigation* **122**:3271-3280.
- 292 22. **Luthje, K., A. Kallies, Y. Shimohakamada, T. B. GT, A. Light, D. M. Tarlinton,**  
293 **and S. L. Nutt.** 2012. The development and fate of follicular helper T cells defined  
294 by an IL-21 reporter mouse. *Nature immunology* **13**:491-498.
- 295 23. **Martinez, M. A., M. Cabana, A. Ibanez, B. Clotet, A. Arno, and L. Ruiz.** 1999.  
296 Human immunodeficiency virus type 1 genetic evolution in patients with prolonged  
297 suppression of plasma viremia. *Virology* **256**:180-187.
- 298 24. **Pakker, N. G., D. W. Notermans, R. J. de Boer, M. T. Roos, F. de Wolf, A. Hill, J.**  
299 **M. Leonard, S. A. Danner, F. Miedema, and P. T. Schellekens.** 1998. Biphasic  
300 kinetics of peripheral blood T cells after triple combination therapy in HIV-1  
301 infection: a composite of redistribution and proliferation. *Nature medicine* **4**:208-214.
- 302 25. **Pantaleo, G., C. Graziosi, L. Butini, P. A. Pizzo, S. M. Schnittman, D. P. Kotler,**  
303 **and A. S. Fauci.** 1991. Lymphoid organs function as major reservoirs for human  
304 immunodeficiency virus. *Proceedings of the National Academy of Sciences of the*  
305 *United States of America* **88**:9838-9842.
- 306 26. **Pantaleo, G., C. Graziosi, J. F. Demarest, L. Butini, M. Montroni, C. H. Fox, J.**  
307 **M. Orenstein, D. P. Kotler, and A. S. Fauci.** 1993. HIV infection is active and  
308 progressive in lymphoid tissue during the clinically latent stage of disease. *Nature*  
309 **362**:355-358.
- 310 27. **Perelson, A. S., P. Essunger, Y. Cao, M. Vesanen, A. Hurley, K. Saksela, M.**  
311 **Markowitz, and D. D. Ho.** 1997. Decay characteristics of HIV-1-infected  
312 compartments during combination therapy. *Nature* **387**:188-191.

- 313 28. **Quinn, T. C., M. J. Wawer, N. Sewankambo, D. Serwadda, C. Li, F.**  
314 **Wabwire-Mangen, M. O. Meehan, T. Lutalo, and R. H. Gray.** 2000. Viral load  
315 and heterosexual transmission of human immunodeficiency virus type 1. Rakai  
316 Project Study Group. *The New England journal of medicine* **342**:921-929.
- 317 29. **Salazar-Gonzalez, J. F., E. Bailes, K. T. Pham, M. G. Salazar, M. B. Guffey, B. F.**  
318 **Keele, C. A. Derdeyn, P. Farmer, E. Hunter, S. Allen, O. Manigart, J. Mulenga,**  
319 **J. A. Anderson, R. Swanstrom, B. F. Haynes, G. S. Athreya, B. T. Korber, P. M.**  
320 **Sharp, G. M. Shaw, and B. H. Hahn.** 2008. Deciphering human immunodeficiency  
321 virus type 1 transmission and early envelope diversification by single-genome  
322 amplification and sequencing. *Journal of virology* **82**:3952-3970.
- 323 30. **Shankarappa, R., J. B. Margolick, S. J. Gange, A. G. Rodrigo, D. Upchurch, H.**  
324 **Farzadegan, P. Gupta, C. R. Rinaldo, G. H. Learn, X. He, X. L. Huang, and J. I.**  
325 **Mullins.** 1999. Consistent viral evolutionary changes associated with the progression  
326 of human immunodeficiency virus type 1 infection. *Journal of virology*  
327 **73**:10489-10502.
- 328 31. **Shen, A., M. C. Zink, J. L. Mankowski, K. Chadwick, J. B. Margolick, L. M.**  
329 **Carruth, M. Li, J. E. Clements, and R. F. Siliciano.** 2003. Resting CD4+ T  
330 lymphocytes but not thymocytes provide a latent viral reservoir in a simian  
331 immunodeficiency virus-Macaca nemestrina model of human immunodeficiency  
332 virus type 1-infected patients on highly active antiretroviral therapy. *Journal of*  
333 *virology* **77**:4938-4949.
- 334 32. **Shen, L., and R. F. Siliciano.** 2008. Viral reservoirs, residual viremia, and the  
335 potential of highly active antiretroviral therapy to eradicate HIV infection. *The*  
336 *Journal of allergy and clinical immunology* **122**:22-28.
- 337 33. **Siliciano, J. D., J. Kajdas, D. Finzi, T. C. Quinn, K. Chadwick, J. B. Margolick,**  
338 **C. Kovacs, S. J. Gange, and R. F. Siliciano.** 2003. Long-term follow-up studies  
339 confirm the stability of the latent reservoir for HIV-1 in resting CD4+ T cells. *Nature*  
340 *medicine* **9**:727-728.
- 341 34. **Tamura, K., and M. Nei.** 1993. Estimation of the number of nucleotide substitutions  
342 in the control region of mitochondrial DNA in humans and chimpanzees. *Molecular*  
343 *biology and evolution* **10**:512-526.
- 344 35. **Tamura, K., D. Peterson, N. Peterson, G. Stecher, M. Nei, and S. Kumar.** 2011.  
345 MEGA5: molecular evolutionary genetics analysis using maximum likelihood,  
346 evolutionary distance, and maximum parsimony methods. *Molecular biology and*  
347 *evolution* **28**:2731-2739.



- 348 36. **Weber, J. P., F. Fuhrmann, and A. Hutloff.** 2012. T-follicular helper cells survive  
349 as long-term memory cells. *European journal of immunology* **42**:1981-1988.
- 350 37. **Wong, J. K., M. Hezareh, H. F. Gunthard, D. V. Havlir, C. C. Ignacio, C. A.**  
351 **Spina, and D. D. Richman.** 1997. Recovery of replication-competent HIV despite  
352 prolonged suppression of plasma viremia. *Science* **278**:1291-1295.
- 353 38. **Zhang, Z. Q., D. W. Notermans, G. Sedgewick, W. Cavert, S. Wietgreffe, M.**  
354 **Zupancic, K. Gebhard, K. Henry, L. Boies, Z. Chen, M. Jenkins, R. Mills, H.**  
355 **McDade, C. Goodwin, C. M. Schuwirth, S. A. Danner, and A. T. Haase.** 1998.  
356 Kinetics of CD4+ T cell repopulation of lymphoid tissues after treatment of HIV-1  
357 infection. *Proceedings of the National Academy of Sciences of the United States of*  
358 *America* **95**:1154-1159.
- 359  
360

Table. Origins and numbers of *env* clones.

ANIMAL ID	cART*	SPECIMEN	SAMPLE COLLECTION (WPI)	No. SGA** CLONES	No. NUCLEOTIDE SUBSTITUTIONS	
					MINIMUM/MAXIMUM	MEAN ± SD
MM521	UNTREATED	PLASMA	8	10	1 / 8	3.3 ± 2.2
		PLASMA	68	10	20 / 29	24.9 ± 3.2
		MLN <sup>#</sup>	68	12	20 / 33	25.0 ± 3.4
MM491	TREATED	PLASMA	8	10	1 / 7	3.5 ± 1.8
		MLN <sup>#</sup>	63	10	0 / 2	0.6 ± 0.8
MM499	TREATED	PLASMA	8	11	2 / 7	4.2 ± 1.7
		MLN <sup>#</sup>	64	10	0 / 4	0.7 ± 1.3
MM528	TREATED	PLASMA	8	10	4 / 11	6.6 ± 2.4
		MLN <sup>#</sup>	61	11	0 / 3 (12 <sup>†</sup> )	1.7 ± 1.1 <sup>††</sup>
MM530	TREATED	PLASMA	8	10	2 / 8	4.0 ± 1.7
		MLN <sup>#</sup>	65	10	0 / 4	2.1 ± 1.2
		SLN <sup>##</sup>	65	10	0 / 6	2.4 ± 1.9

\*Combination anti-retroviral therapy; \*\*single genome amplification; # mesenteric lymph node; ## splenic lymph node; † interpreted as a hypermutant driven by APOBEC3G/F (Hypermur 2.0, <www.hiv.lanl>); †† computed excluding the clone with hypermutation.

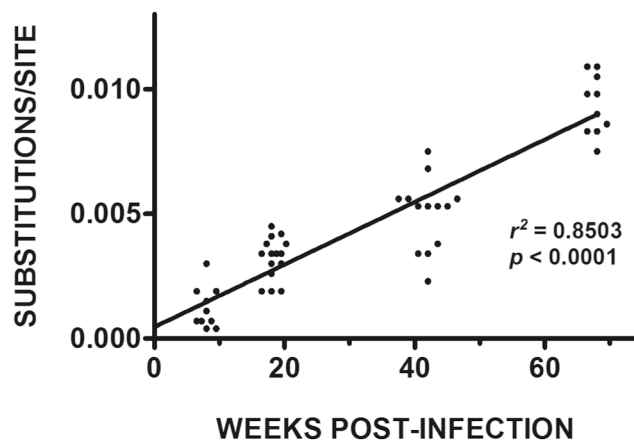


Fig. 1.

Time-dependent accumulation of nucleotide substitutions in SIV genomes circulating in an infected and untreated rhesus macaque. The sequences of viral *env* genes in circulation collected at 8, 18, 42, and 68 wpi from SIV239-infected animals and an untreated animal (MM521) were determined. Tamura-Nei distances (34) of the sequences were computed with the MEGA5 software (35), and the number of nucleotide substitutions per site were plotted against the number of wpi. Each symbol represents a single genomic amplicon derived from plasma samples collected at the time points designated above.

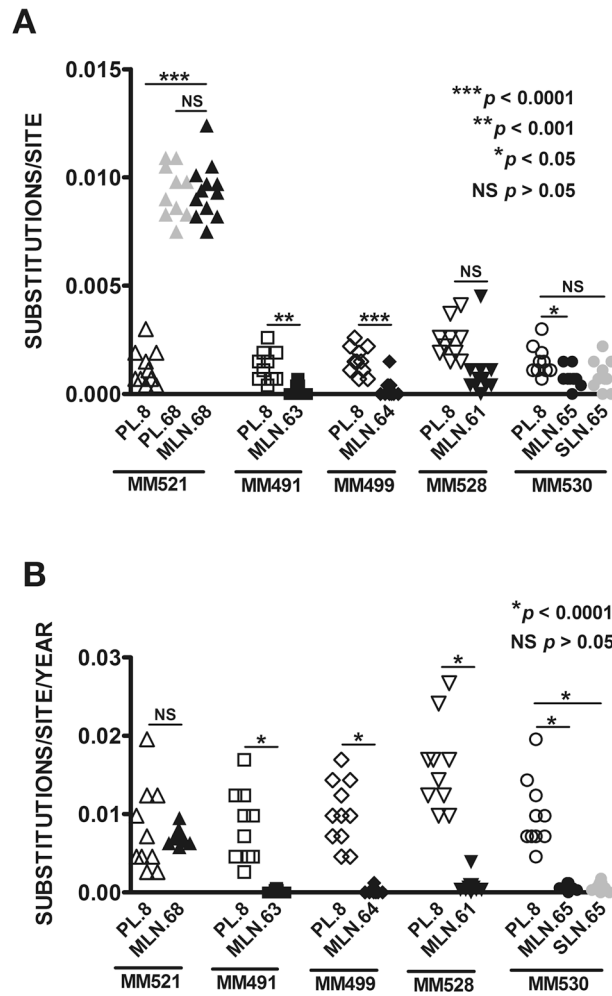


Fig. 2.

Nucleotide substitutions in *env* genes from SIV239-infected animals. The number of mutations in *env* from the plasma (PL, at 8 and 68 wpi) and mesenteric lymph node (MLN, at 68 wpi) of an SIV-infected but untreated animal (MM521) and from the plasma (at 8 wpi) and MLN (at necropsy, 61, 63, 64, or 65 wpi) plus splenic lymph node (SLN, at necropsy, 65 wpi) from SIV-infected and treated monkeys (MM491, MM499, MM528, and MM530) were assessed as described in the legend to Fig. 1. (A) Nucleotide substitutions per site are shown. The statistical significance of differences between substitution numbers was evaluated by Student's *t*-test using GraphPad Prism. \* $p < 0.05$ ; \*\* $p < 0.001$ ; \*\*\* $p < 0.0001$ ; NS,  $p > 0.05$ . (B) Nucleotide substitutions per annum are shown. \* $p < 0.001$ ; \*\* $p > 0.05$ .

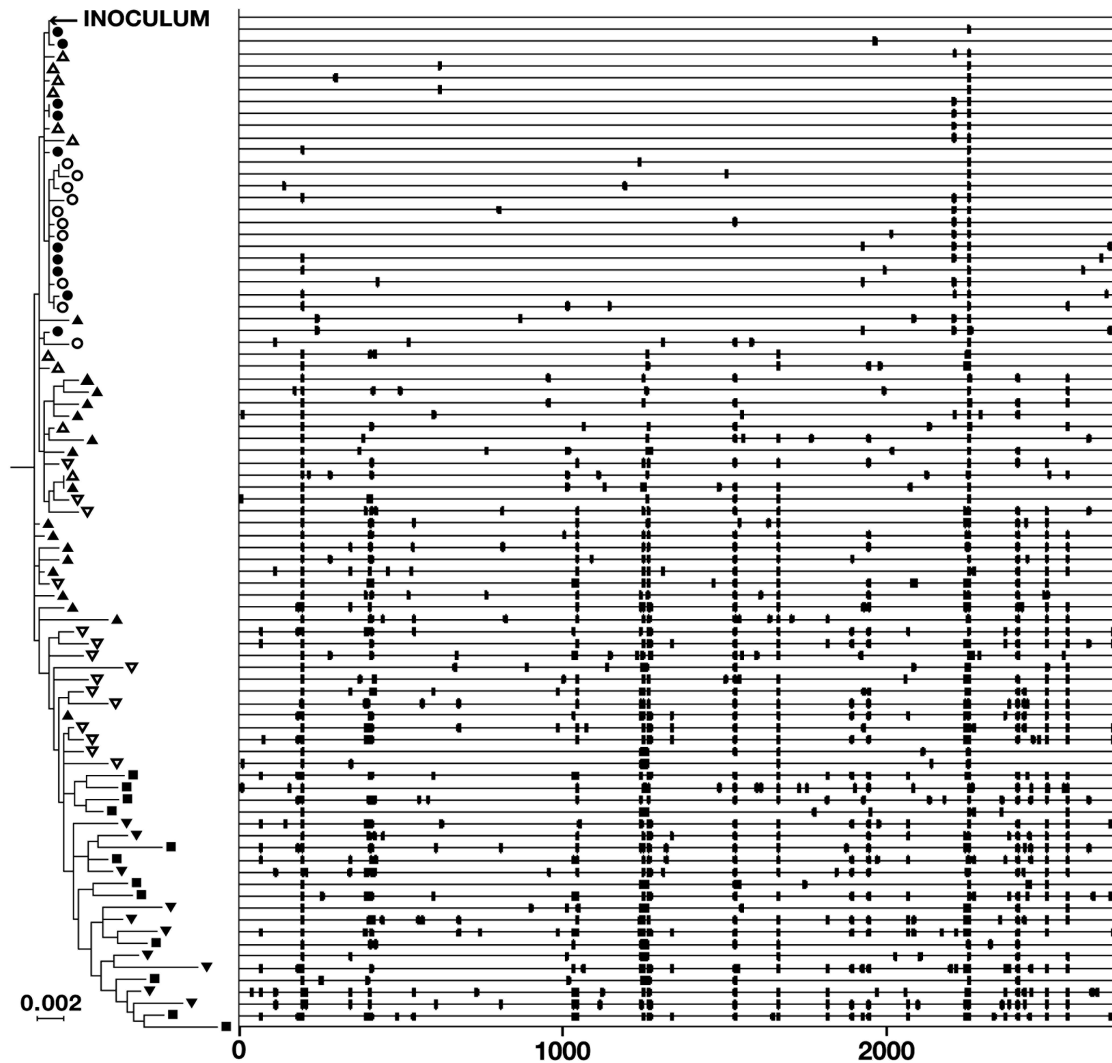
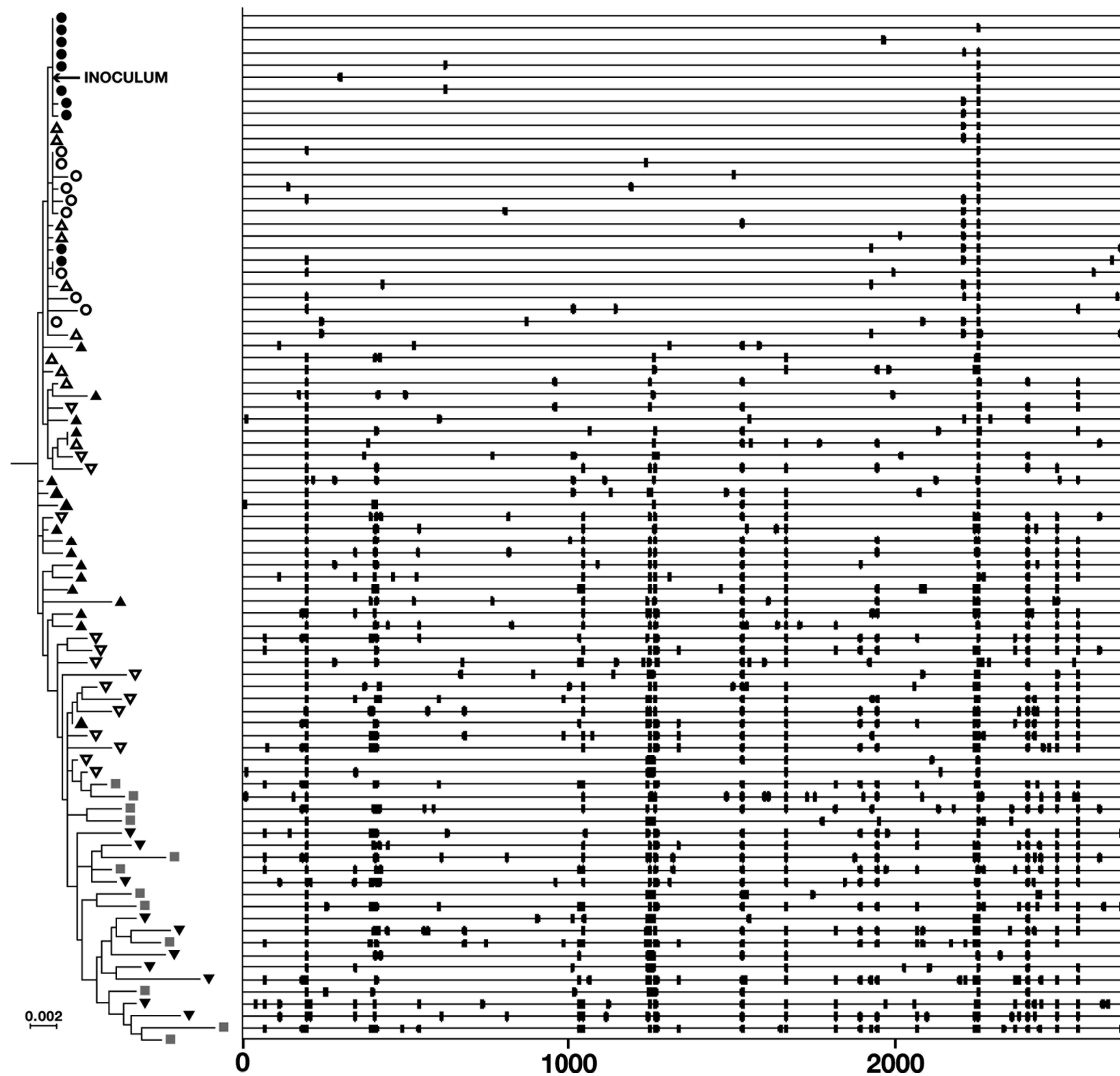


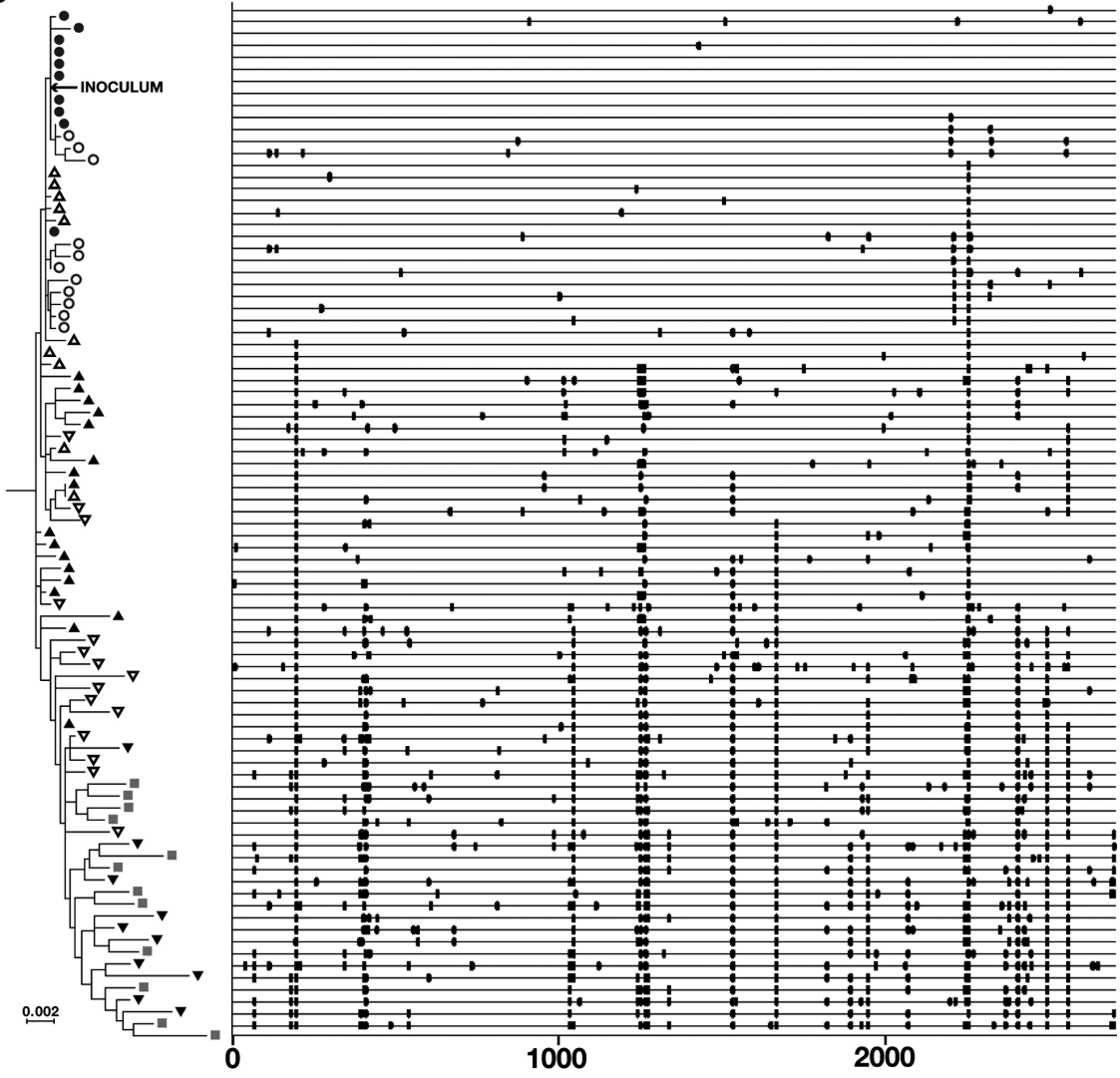
Fig. 3.

Phylogenetic relationship of *env* sequences from treated (MM530) and untreated (MM521) SIV-infected animals. Sequences of the entire *env* gene from both animals were subjected to phylogenetic analysis. Phylogenetic trees were constructed using the Maximum Likelihood method (12). Open circles, sequences in the plasma of MM530 at 8 wpi; closed circles, those from the MLN of MM530 at 65 wpi; open triangles, those from plasma of MM521 at 8 wpi; closed triangles, those from plasma of MM521 at 18 wpi; open inverse triangles, those from plasma of MM521 at 42 wpi; closed inverse triangles, those from plasma of MM521 at 68 wpi; closed rectangles, those from MLN of MM521 at 68 wpi. The scale represents a genetic distance equivalent to 0.002 substitutions per site. The corresponding sequence of SIVmac251 32H (GenBank accession no. D01065) was applied as an outgroup.

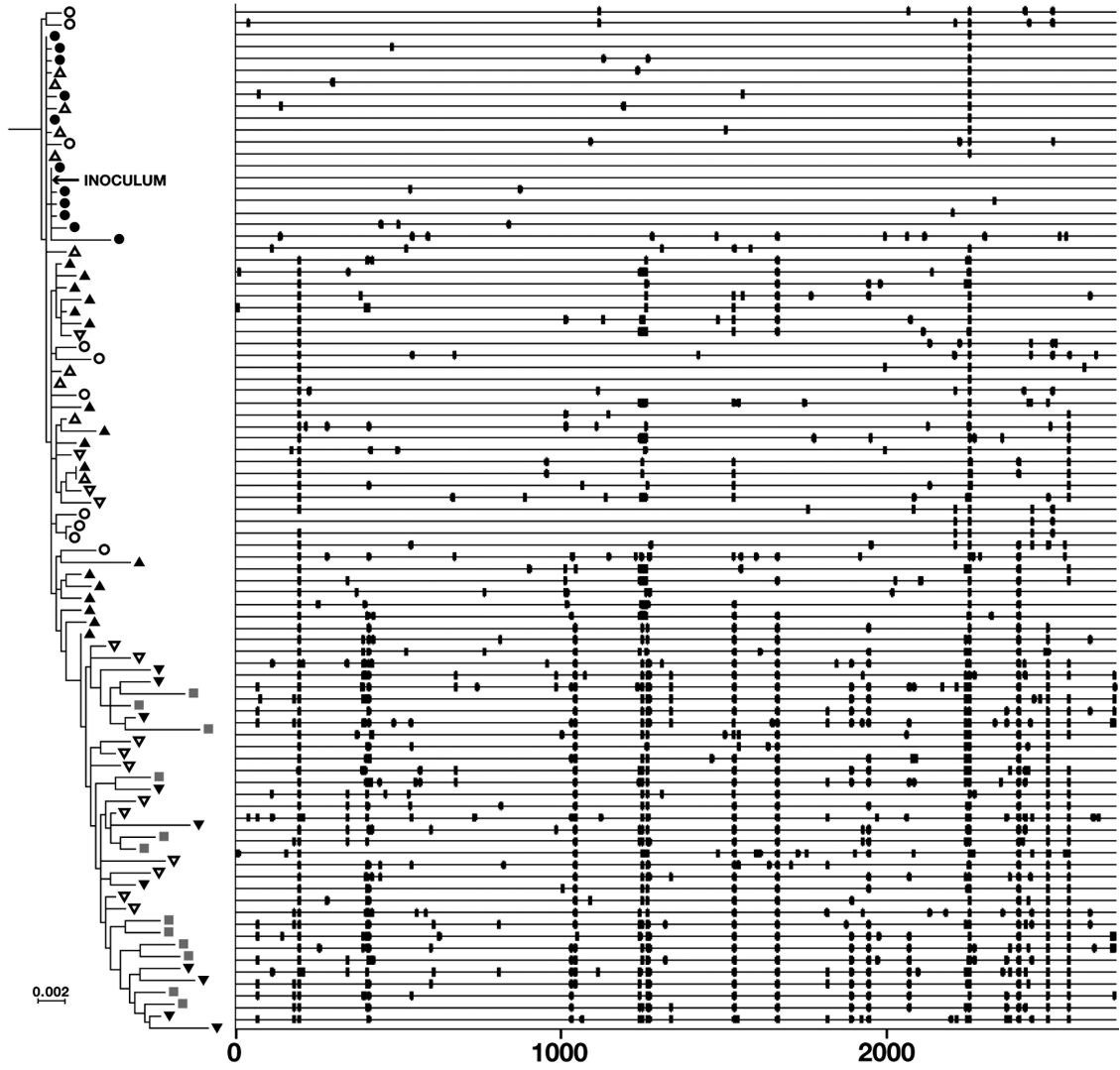
A



**B**



C





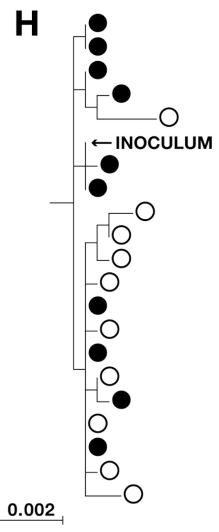
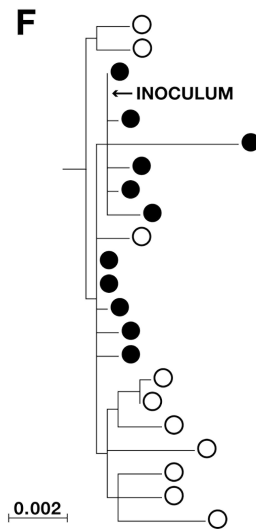
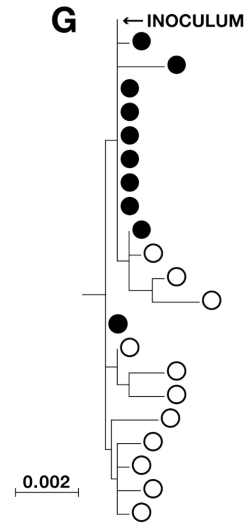
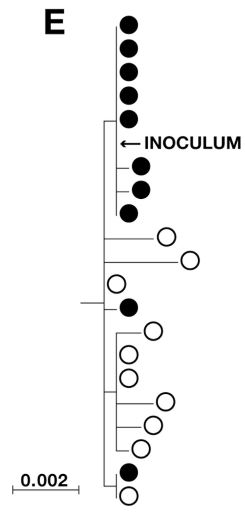
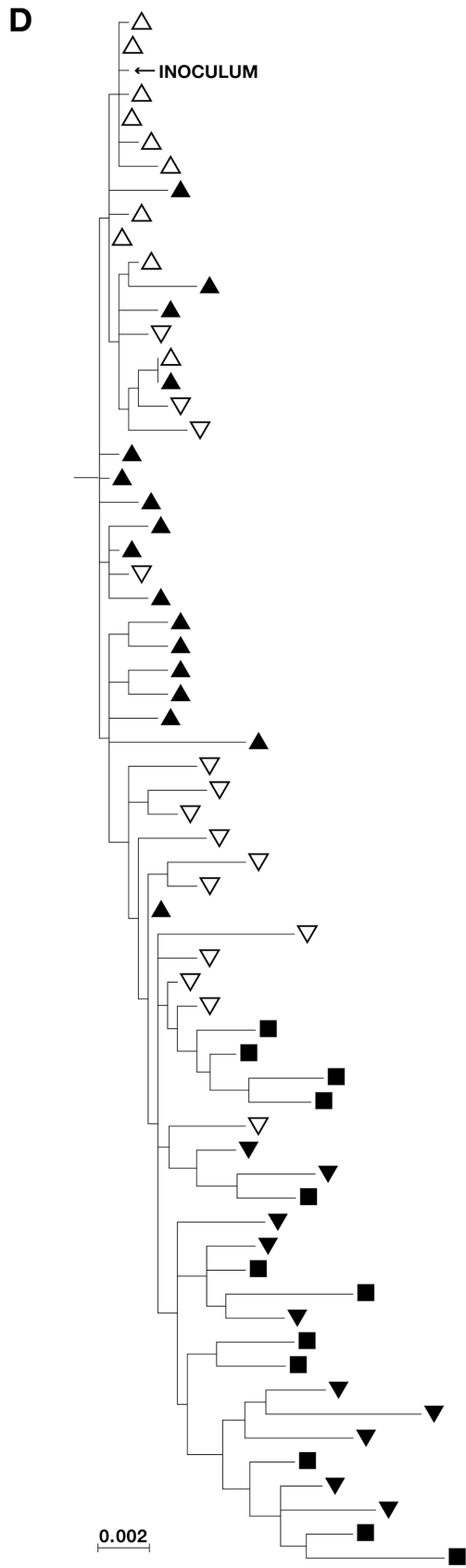


Fig. S.

Phylogenetic relationships of *env* sequences from treated and untreated animals. Sequences were subjected to phylogenetic analysis as described in the legend to Fig. 3. Sequences from MM521 (untreated) and (A) MM491 (treated), (B) MM499 (treated), and (C) MM528 (treated) are shown. Phylogenetic trees generated using the sequences from an individual animal are also shown (D, MM521; E, MM491; F, MM499; G, MM528; and H, MM530). Open circles, sequences in the plasma of treated animals at 8 wpi; closed circles, those from MLN of treated animals at the completion of cART; open triangles, those from plasma of MM521 at 8 wpi; closed triangles, those from plasma of MM521 at 18 wpi; open inverse triangles, those from plasma of MM521 at 42 wpi; closed inverse triangles, those from plasma of MM521 at 68 wpi; closed rectangles, those from MLN of MM521 at 68 wpi. The scale represents a genetic distance equivalent to 0.002 substitutions per site. The corresponding sequence of SIVmac251 32H (GenBank accession no. D01065) was employed as an outgroup.