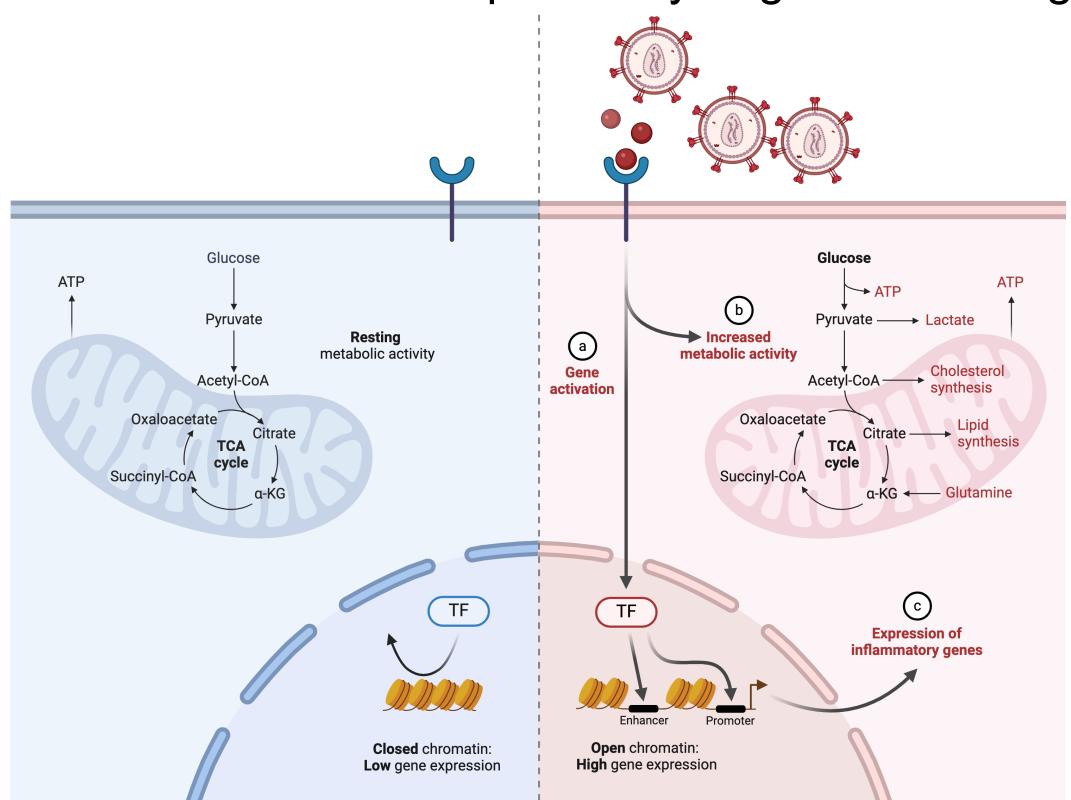
MULTIOMICS OF DETECTABLE VS. UNDETECTABLE MONOCYTE CELL-ASSOCIATED HIV RNA DURING AHI

Michael J. Corley¹, Ivo N Sahbandar¹, Phillip Chan², Alina PS Pang¹, Nittaya Phanuphak³, Carlo Sacdalan³, Sandhya Vasan^{4,5}, Lydie Trautmann^{4,5}, Serena Spudich², Lishomwa C. Ndhlovu¹ and SEARCH010/RV254 study group.

¹Weill Cornell Medicine, Department of Medicine, Division of Infectious Diseases, New York, NY, USA. . ²Yale University, New Haven, CT, USA. ³SEARCH, Institute of HIV Research and Innovation, Bangkok, Thailand. ⁴Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc, Bethesda, MD, USA. ⁵U.S. Military HIV Research Program, CIDR, Walter Reed Army Institute of Research, Silver Spring, MD, USA.

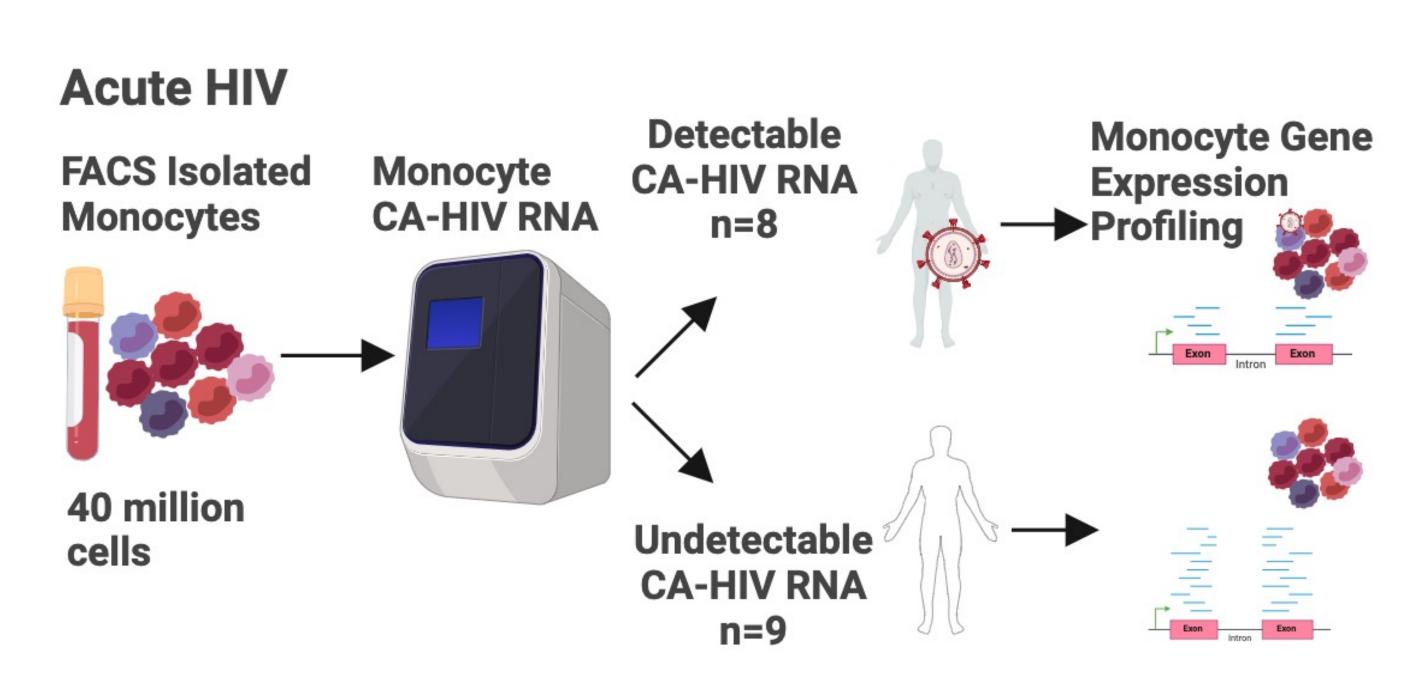
BACKGROUND

- Monocytes play a significant role in the early immune response during acute HIV infection (AHI) and the extent of dysregulation of myeloid cells has implications for long-term central nervous system (CNS) outcomes.
- We hypothesized that monocytes carrying HIV RNA would show increased transcriptional dysregulation during AHI.



METHODS

Ultra-high purity monocyte isolation by fluorescence activated cell sorting

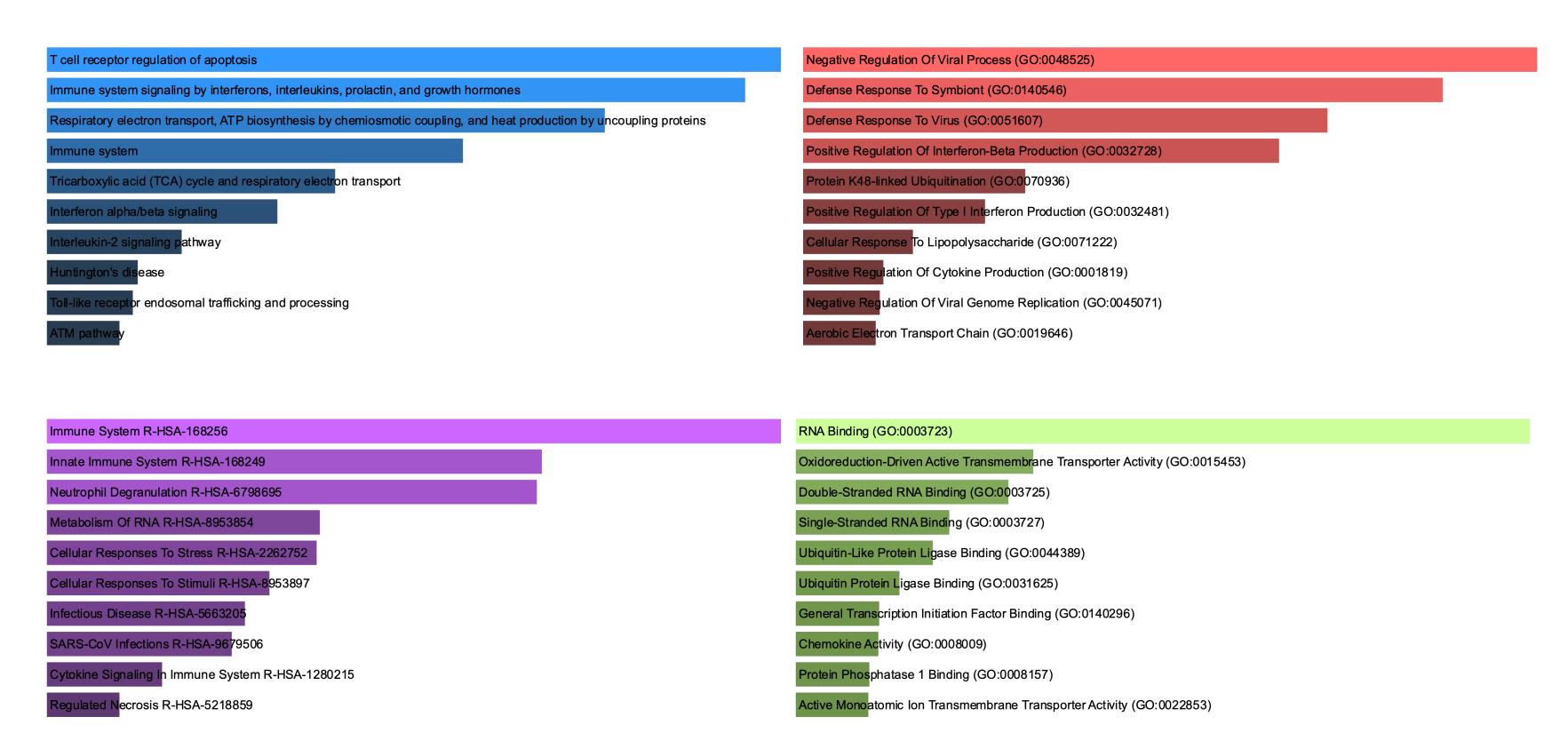


<u>Figure 1</u>. We isolated ultra-high purity monocytes from 25-40 million PBMC aliquots of 17 participants in the Thai RV254/SEARCH010 AHI cohort obtained prior to ART, in AHI (Fiebig I-V) to measure genome-wide transcriptome expression profiles and assess the detection of cell-associated (CA-) HIV RNA. Mann Whitney and T tests examined demographic differences between those with detectable and undetectable monocyte CA-HIV RNA. Differential expression analyses compared participants with detectable versus undetectable HIV RNA using an FDR adjusted P value.

RESULTS

Detectable monocyte HIV RNA during AHI is linked to notable transcriptional dysregulation, potentially impacting long-term myeloid cell programming and CNS outcomes.

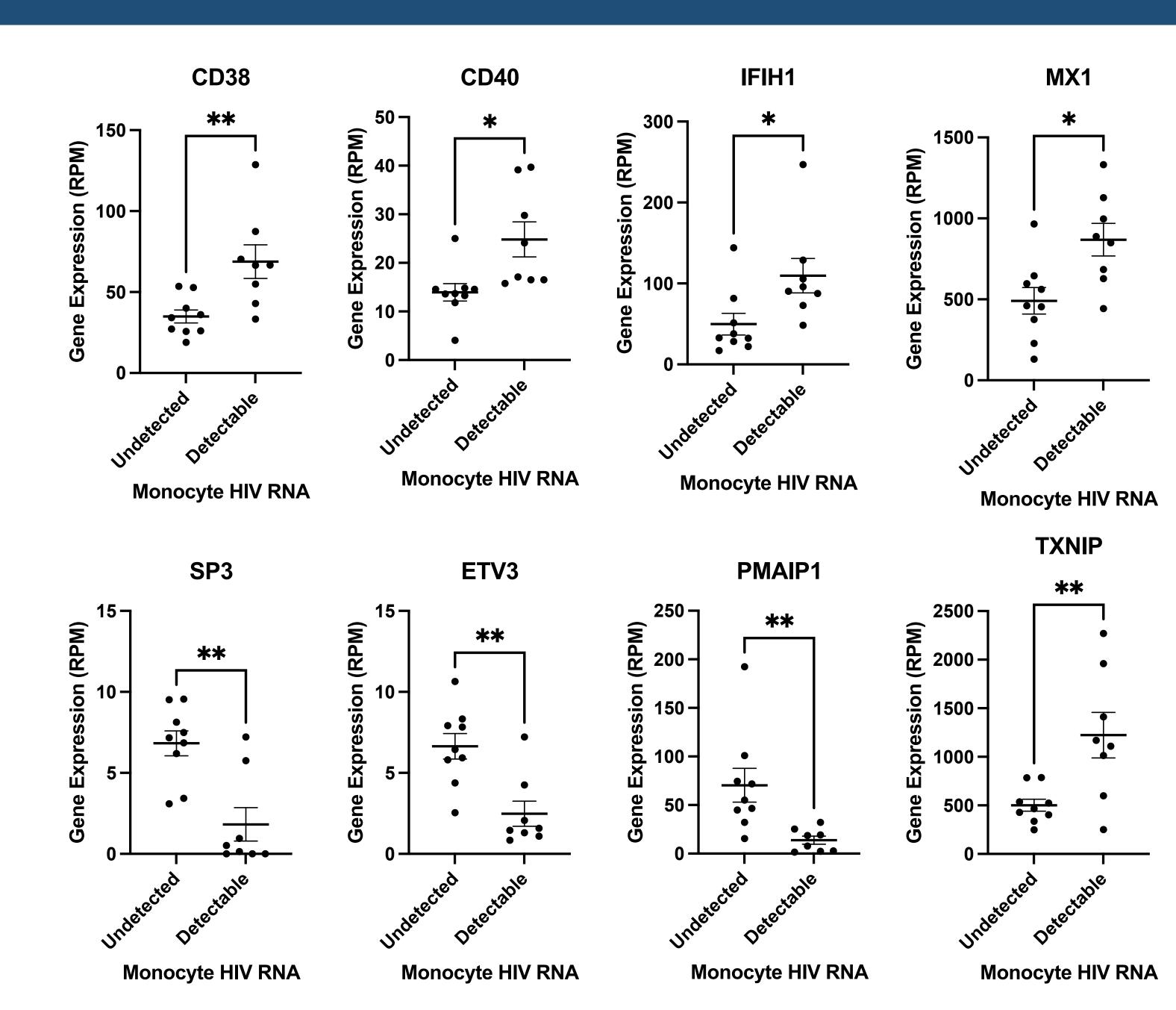
	Detectable (n=8)	Undetectable (n=9)	P-value
Age (years)	23.5 (19-42)	27 (20-44)	0.79
Male (n, %)	8 (100%)	9 (100%)	1.0
Fiebig stage	2 Fiebig I-II 6 Fiebig III-V	5 Fiebig I-II 4 Fiebig III-V	1.0
CRF01_AE	8 (100%)	9 (100%)	1.0
Plasma HIV RNA (log ₁₀ copies/mL)	6.1 (5.0-7.43)	5.2 (3.9-6.86)	0.06
CD4+ T cell count (cells/uL)	431 (165-576)	476 (234-773)	0.25
CD4/CD8 Ratio	0.45 (0.17-1.16)	0.74 (0.36-1.5)	0.06
NPZ-4	-0.07 (-3.09-0.57)	-0.11 (-1.46-0.68)	0.76



<u>Figure 2</u>. Enrichr analyses of differentially expressed genes related to detectable monocyte HIV RNA. Pathways enrichments and GO biological process and molecular function enrichments. Adjusted P value<0.05 and Odds ratio >1.

CONCLUSIONS

- 8/17 participants (47%) enrolled during AHI had detectable monocyte HIV CA-RNA, which may relate to host control of myeloid cell viral transcription dynamics.
- In AHI, detectable monocyte HIV RNA is linked to immunomodulatory transcriptional dysregulation, potentially impacting long-term myeloid cell programming and CNS outcomes.



<u>Figure 3.</u> Host gene expression of immunomodulatory inflammatory gene CD38, cell surface receptor gene CD40, interferon-induced gene MX1, and viral RNA sensor IFIH1 were significantly higher in participants with detectable versus undetectable monocyte cell-associated HIV RNA. Additionally, we identified that expression of pro-apoptotic BCL-2 protein family gene PMAIP1 and transcription factors SP3 and ETV3 were significantly decreased in participants with detectable versus undetectable monocyte CA-HIV RNA.

ACKNOWLEDGEMENTS

We would like to thank the study participants who committed so much of their time for this study. The participants were from the RV254/SEARCH 010, which is supported by cooperative agreements (W81XWH-18-2-0040) between the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., and the U.S. Department of Defense (DOD) and by an intramural grant from the Tha Red Cross AIDS Research Centre and, in part, by the Division of AIDS, National Institute of Allergy and Infectious Diseases, National Institute of Health (DAIDS, NIAID, NIH) (grant AAI21058-001-01000). Antiretroviral therapy for RV254/SEARCH 010 participants was supported by the Tha Government Pharmaceutical Organization, Gilead Sciences, Merck and ViiV Healthcare. This study was supported by NIH grants focused on neurological and cognitive outcomes including R01 MH104141, R01NS084911 and by additional funds contributed by the National Institute of Menta Health







DISCLAIMER: The views expressed are those of the authors and should not be construed to represent the positions of the U.S. Army, the Department of Defense, the National Institutes of Health, the Department of Health and Human Services, or the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc. The investigators have adhered to the policies for protection of human subjects as prescribed in AR-70-25.