

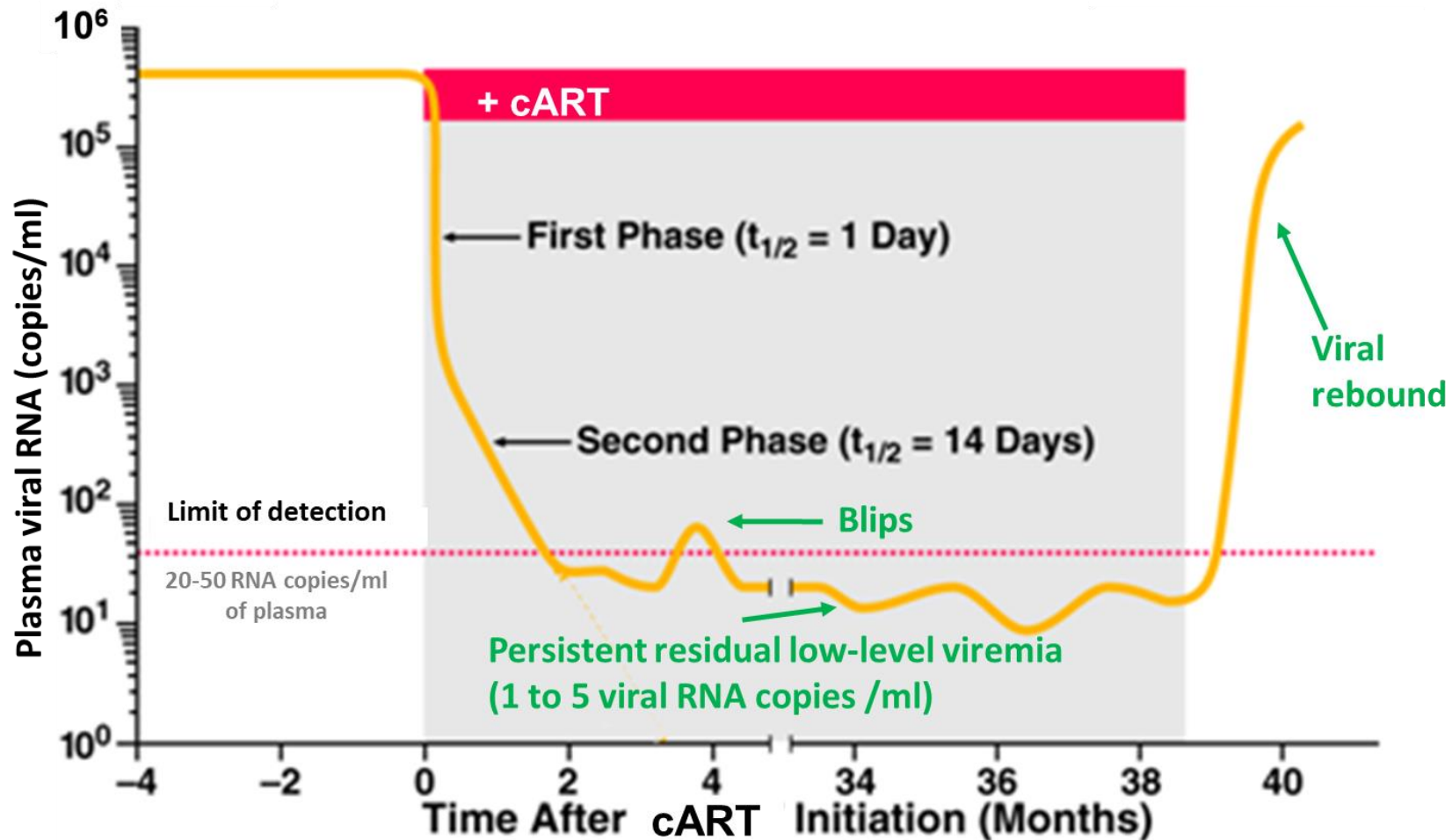
November 8<sup>th</sup>, 2022  
Palau Macaya, Barcelona, Spain

# Transcriptional mechanisms of HIV-1 latency: implications for innovative therapeutic strategies

Prof. Carine Van Lint  
November 8<sup>th</sup>, 2022

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Research Director FRS-FNRS  
Director of the Service of Molecular Virology

# Combination antiretroviral therapy (cART) is potent and life-prolonging but does not eradicate HIV infection



In presence of cART, a low-level viremia persists which can lead, after interruption of treatment, to a rapid viral rebound due notably to reactivation of HIV-1 expression from latently-infected cells. While most of the latently-infected cells contains defective proviruses, the low number of replication-competent proviruses forms a very stable reservoir.

# Heterogeneous composition of the HIV-1 reservoirs

The main reservoir resides in a small and stable population of latently-infected long-lived resting CD4+ memory T cells. However, many cells may contribute to the latent reservoirs including:

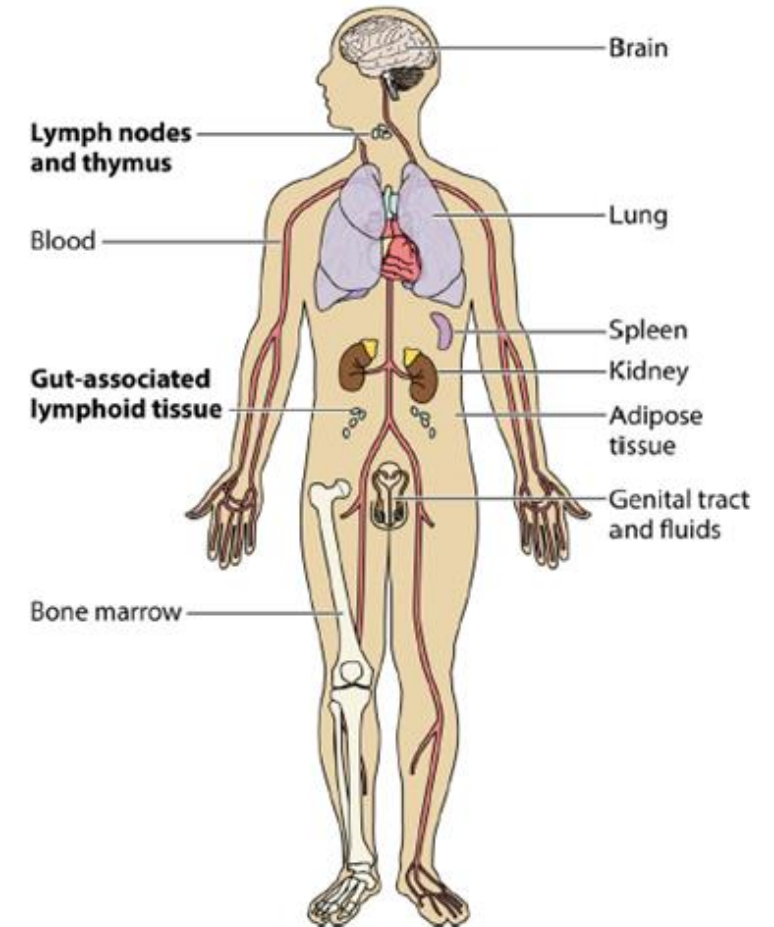
1- Naive CD4+ T cells (Zerbato et al. CID. 2019; Venanzi Rullo E et al. CID 2019)

2- CD4+ “T memory stem cells” (TSCM) (Buzon et al. Nat. Med. 2014; Gattinoni et al., 2011 Nat Med)

3- Distinct lymphocyte populations within tissues, such as T follicular helper (Tfh) cells (Banga et al. 2016 Nat. Med)

4- Active CD4+ T cells as shown by Sarah Palmer (Cell Reports, 2017) and CD32+CD4+ T cells as recently shown by Alexander Pasternak and Ben Berkhout (Darcis et al., Cell Reports 2020 - CD32+ CD4+ T cells are highly enriched for HIV DNA)

5- Non-T cells from the myeloid lineage (Kumar et al., Viruses 2014; Honeycutt J. B. et al., Nat. Med. 2017), including, among others, monocytes, macrophages, dendritic cells (DCs) and tissue macrophages such as microglial cells (Avalos CR et al., Mbio 2017), adipose tissue macrophages (Damouche A. et al., PloS Pathog. 2015) and urethral macrophages (constitute a principal tissue, replication-competent LPS-inducible HIV-1 reservoir (Y. Ganor et al., Nat Microbiol. 2019)).



Avettand V et al. Clin Microbiol Rev. 2016

**Rebounding viruses can originate from all these heterogeneous reservoirs (M.-A. De Scheerder et al., Cell Host Microbe, 2019).**

# Major HIV cure strategies aimed at achieving a remission

## 1) LIMIT THE SIZE OF THE RESERVOIRS

Early treatment (as highlighted by the Visconti study)

## 2) DESTROY/INACTIVATE THE RESERVOIRS

Gene therapy

## 3) SILENCE THE RESERVOIRS

Impede reactivation (the « block-and-lock » strategy) (reinforce latency by suppressing transcription, latency-promoting agents (LPAs))

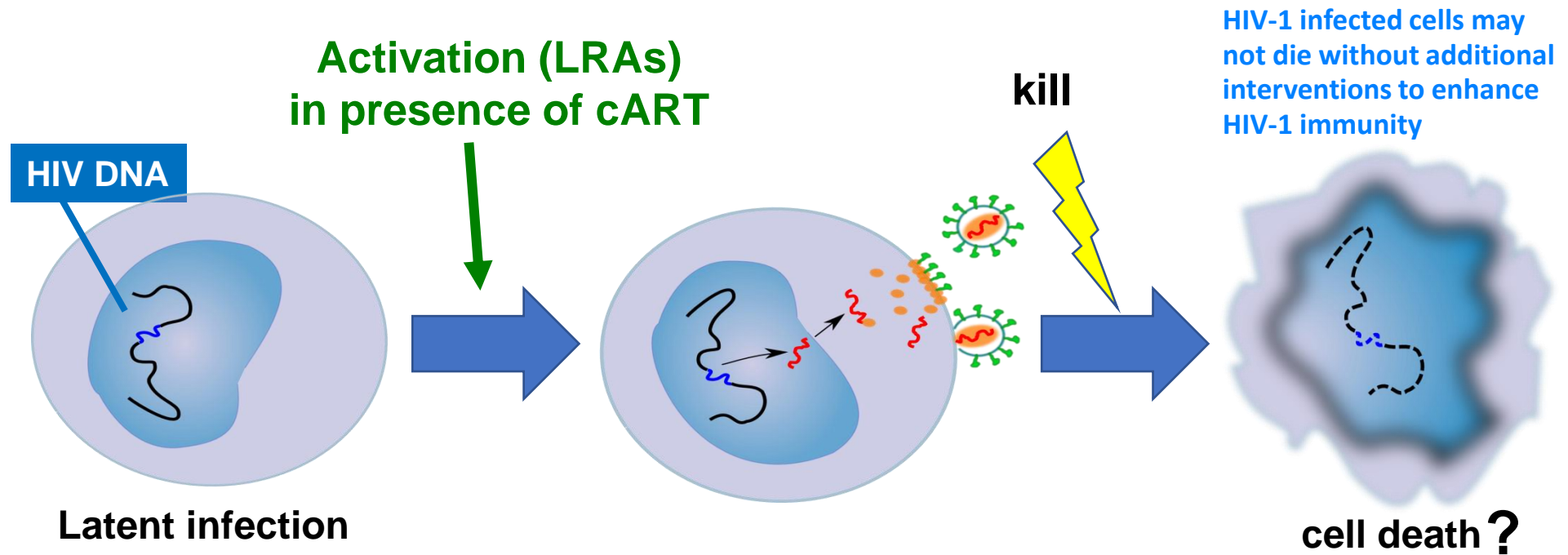
## 4) SHOCK THE RESERVOIRS

« Flush out » or « kick out » the latent proviruses (latency-reversing agents (LRAs))

## 5) CONTROL THE RESERVOIRS

Vaccines/immunotherapies

# The « shock-and-kill » strategy for purging latent viral reservoirs is one of the most explored approaches in reaching a cure for HIV



The “shock and kill” strategy is based on HIV reactivation in latently-infected cells using LRAs (“shock” phase), while maintaining cART in order to prevent spreading of the infection. This kind of strategy would allow the “kill” phase during which latently-infected cells would then die from viral cytopathic effects or host cytolytic effector mechanisms.

# HIV cure strategies

Multiple strategies aimed at achieving a remission are intensively explored.

## 1) LIMIT THE SIZE OF THE RESERVOIRS

Early treatment (as highlighted by the Visconti study)

## 2) DESTROY/INACTIVATE THE RESERVOIRS

Gene therapy

## 3) SILENCE THE RESERVOIRS

Impede reactivation (the « block and lock » strategy) (reinforce latency by suppressing transcription, latency-promoting agents (LPAs))

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## 5) CONTROL THE RESERVOIRS

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# The « block-and-lock » strategy for long-lasting epigenetic silencing of HIV-1 transcription in absence of cART

Repression of HIV transcription using LPAs (“block”) in presence of cART

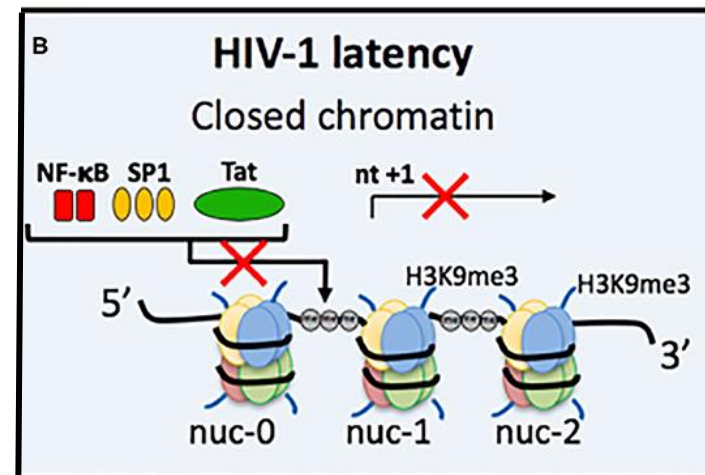
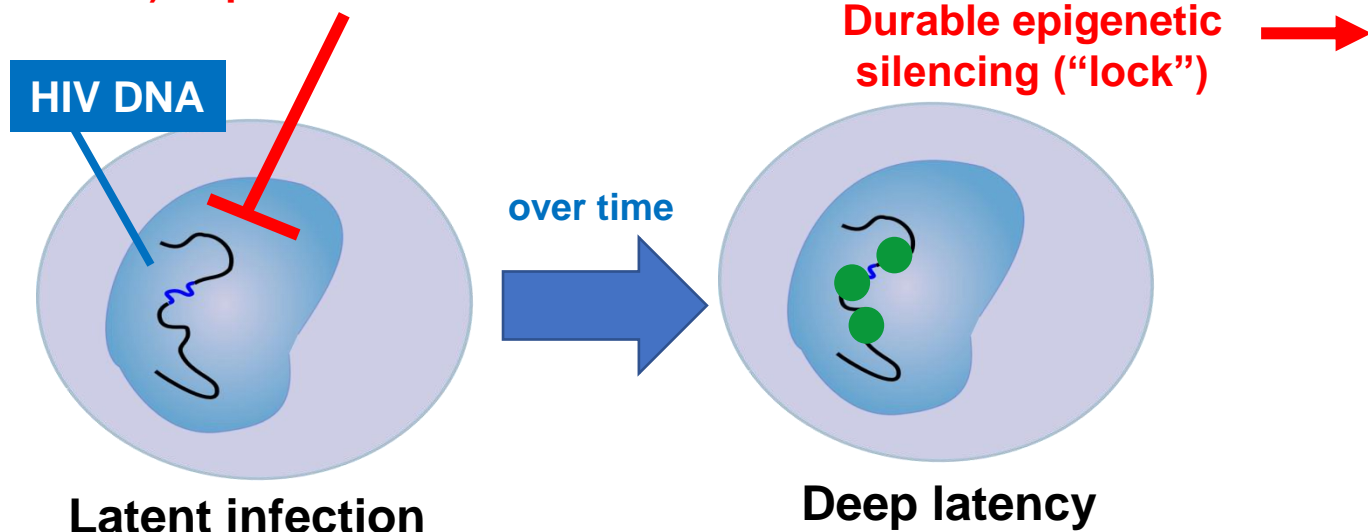
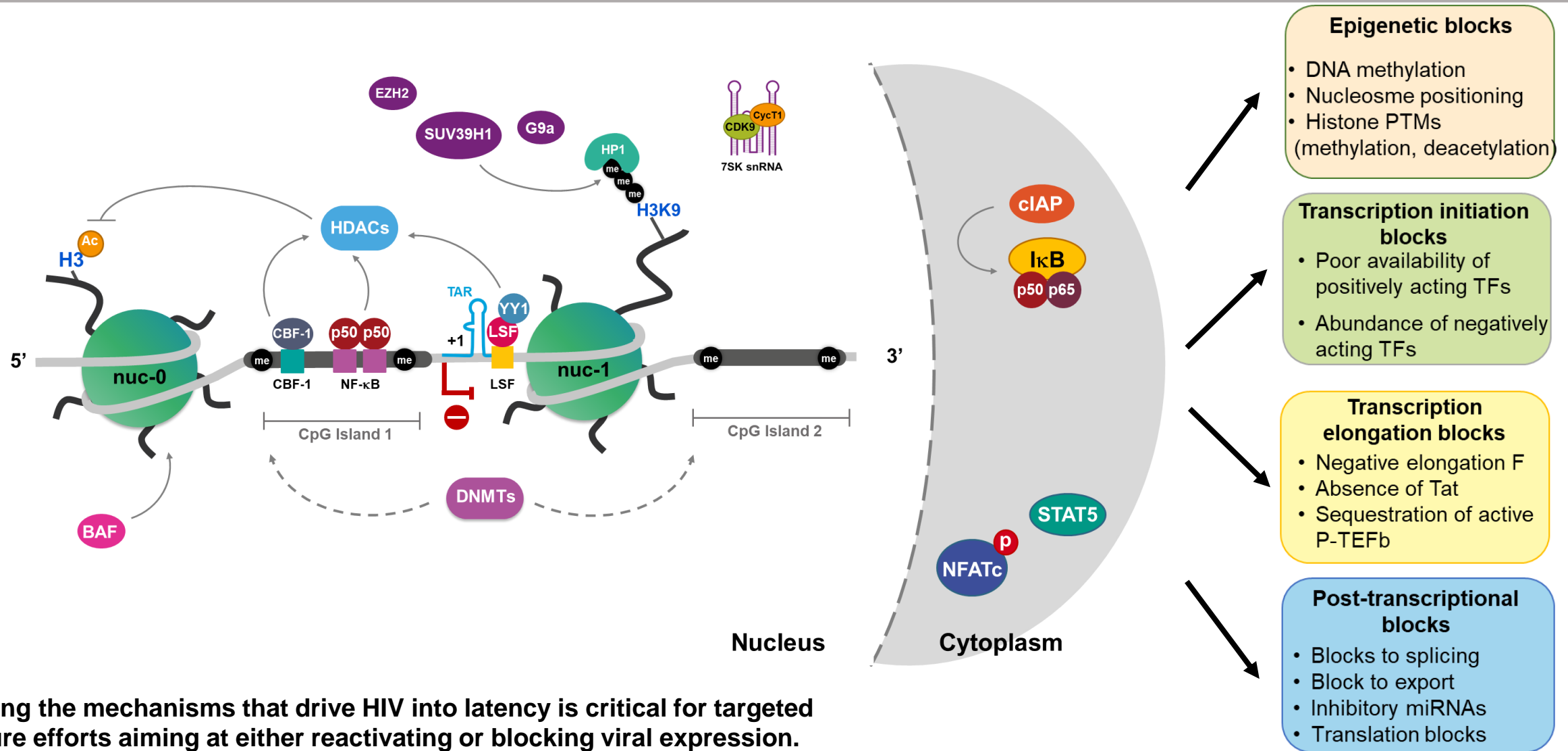


Fig. from C. Ahlenstiel *et al.*, 2020, *Frontiers in Cellular and Infection Microbiology*

The addition of **latency-promoting agents (LPAs)**, such as HIV Tat inhibitors or HIV-specific transcriptional inhibitors, to an ART regimen, suppresses HIV transcription (“**block**”), so that a durable epigenetic silencing (“**lock**”) may be established over time through the accumulation of repressive epigenetic marks at the HIV promoter. This permanent control of the HIV-1 promoter would mean that **cART is no longer required**.

# Heterogeneity and multiplicity of the molecular mechanisms involved in HIV-1 post-integration latency



Studying the mechanisms that drive HIV into latency is critical for targeted HIV cure efforts aiming at either reactivating or blocking viral expression.



# The impact of the chromatin environment on HIV-1 expression, persistence and clonal expansion dynamics

Article

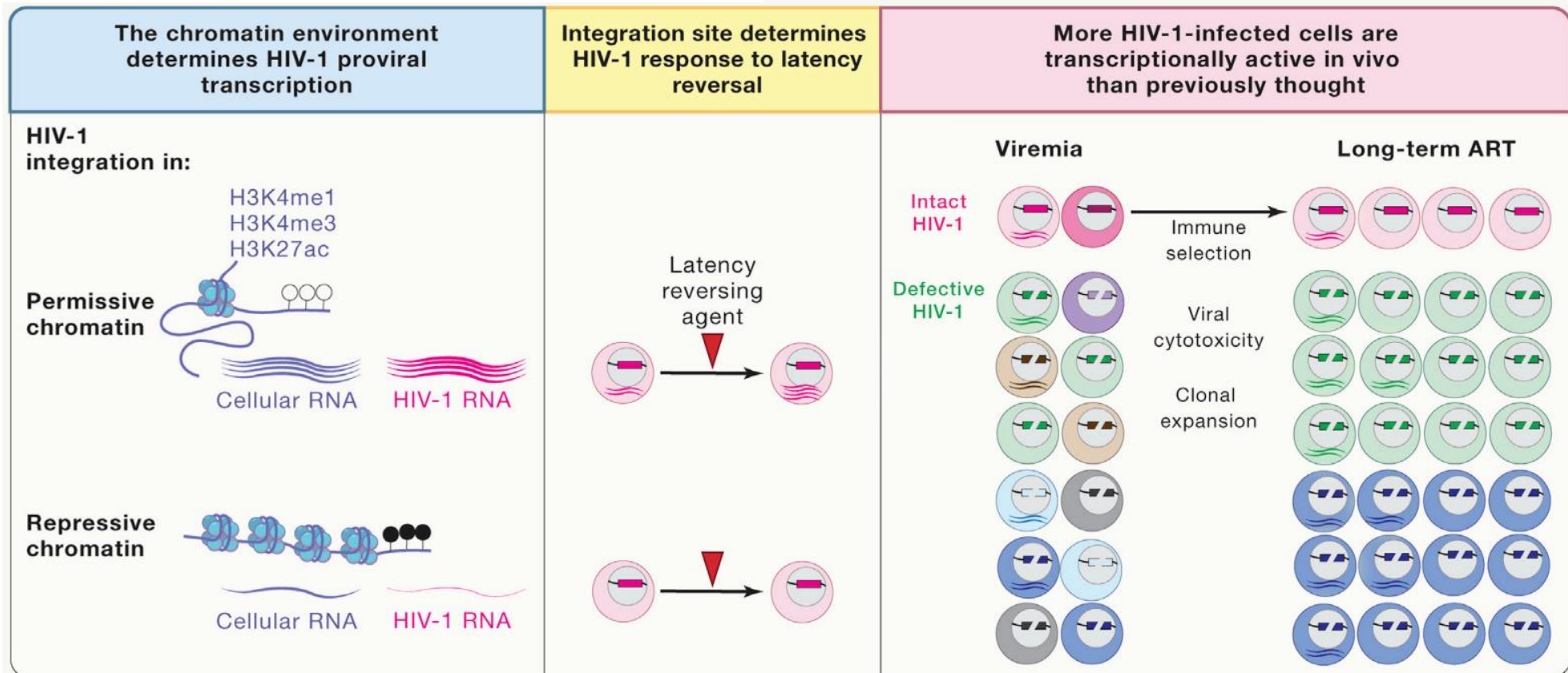
## Parallel analysis of transcription, integration, and sequence of single HIV-1 proviruses

Kevin B. Einkauf,<sup>1,2,6</sup> Matthew R. Osborn,<sup>1,2,6</sup> Ce Gao,<sup>2,6</sup> Weiwei Sun,<sup>2,6</sup> Xiaoming Sun,<sup>2,5</sup> Xiaodong Lian,<sup>1,2</sup> Elizabeth M. Parsons,<sup>1,2</sup> Gregory T. Gladkov,<sup>2</sup> Kyra W. Seiger,<sup>1,2</sup> Jane E. Blackmer,<sup>1,2</sup> Chenyang Jiang,<sup>1,2</sup> Steven A. Yukl,<sup>3</sup> Eric S. Rosenberg,<sup>4</sup> Xu G. Yu,<sup>1,2</sup> and Mathias Lichterfeld<sup>1,2,7,\*</sup>

Previews

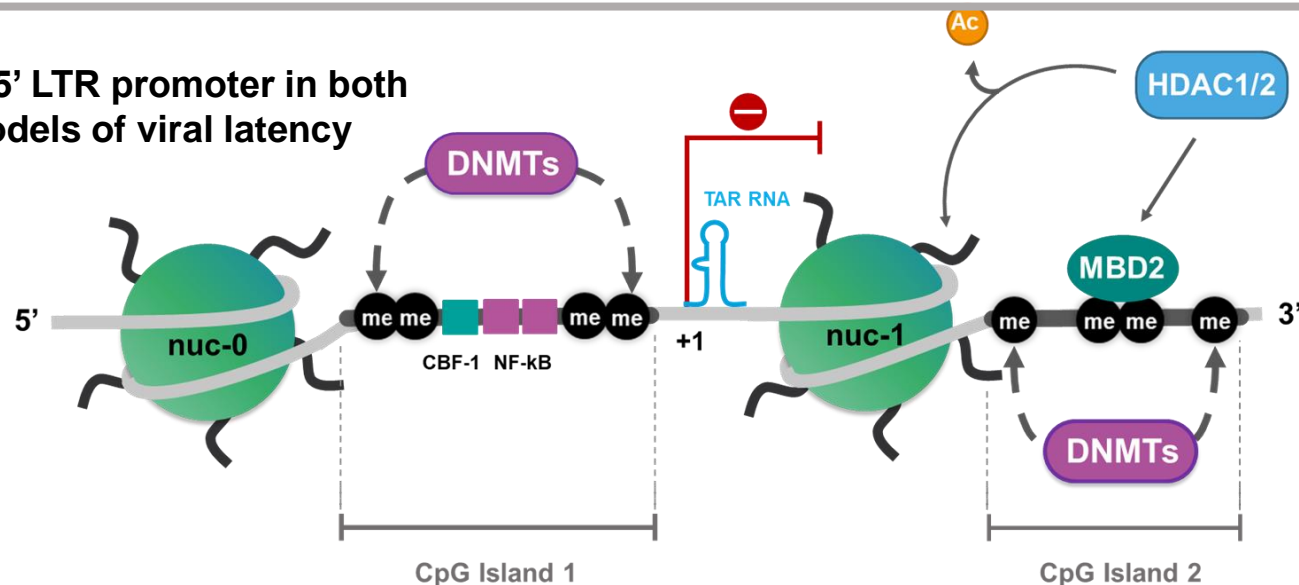
## The loud minority: Transcriptionally active HIV-1-infected cells survive, proliferate, and persist

Jack A. Collora<sup>1</sup> and Ya-Chi Ho<sup>1,\*</sup>



# DNA methylation participates to HIV-1 transcriptional silencing

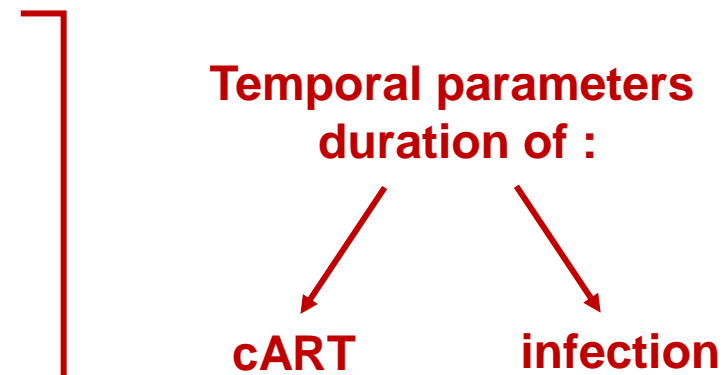
Hypermethylation of the HIV-1 5' LTR promoter in both cell line and primary cell models of viral latency



*Kauder et al., Plos Pathogens 2009*  
*Blaskova et al., Plos Pathogens 2009*  
*Blaskova et al., J. Virol. 2012*  
*Palacios et al., J. Virol. 2012*  
*Ho et al. Cell 2013*  
*Trejbalova et al., Clin Epigenetics 2016*

## Conflicting data in cells from ART-treated aviremic patients

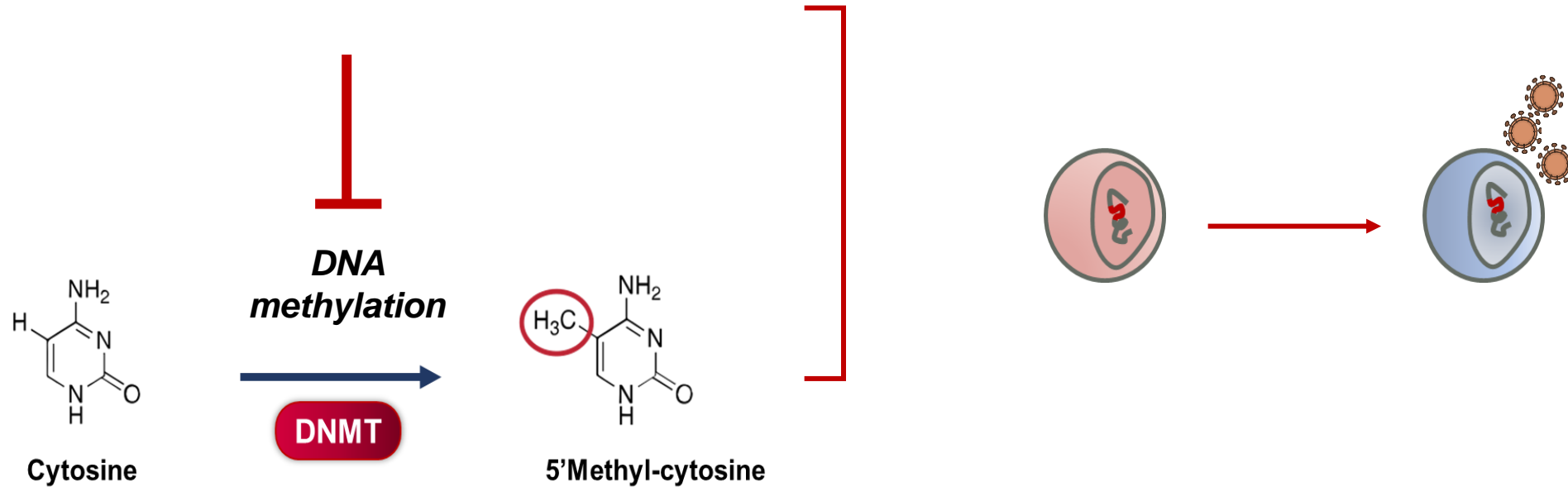
| Presence  | Absence                                    |
|---|--|
| Blaskova <i>et al.</i> , PLoS Path. 2009            | Blaskova <i>et al.</i> , J. Virol. 2012    |
| Palacios <i>et al.</i> , J. Virol. 2012             | Ho <i>et al.</i> , Cell 2013               |
| Trejbalova <i>et al.</i> , Clin Epigenetics 2016.   | Weber <i>et al.</i> , Virology 2014        |
| Cortés-Rubio <i>et al.</i> , Clin. Epigenetics 2019 | Kint <i>et al.</i> , Clin Epigenetics 2020 |
| Nguyen K. <i>et al.</i> , PLoS Pathogens 2021       | Boltz <i>et al.</i> , Viruses 2021         |



Accordingly, M. Lichterfield demonstrated a progressive longitudinal accumulation of proviruses integrated in chromosomal regions with hypermethylated cytosine residues, suggesting a role of DNA methylation in proviral silencing during prolonged ART (Einkauf *et al.*, Cell 2022).

# The DNA methylation inhibitor 5-aza-2'-deoxycytidine (5-Azadc or decitabine) reactivates HIV-1 from latency in cell lines and in patient cells

5-aza-2'-deoxycytidine  
(5-Azadc or decitabine)

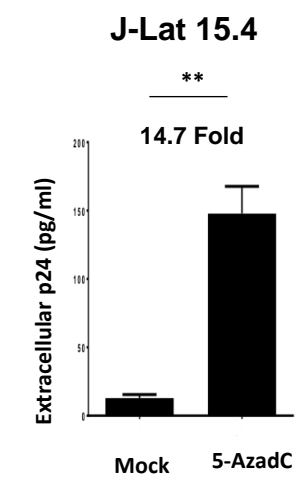
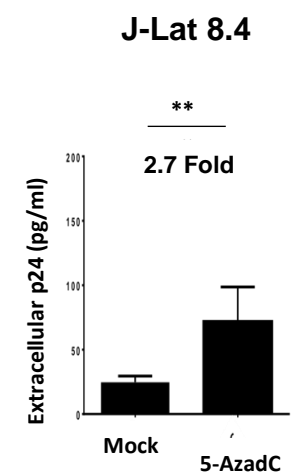
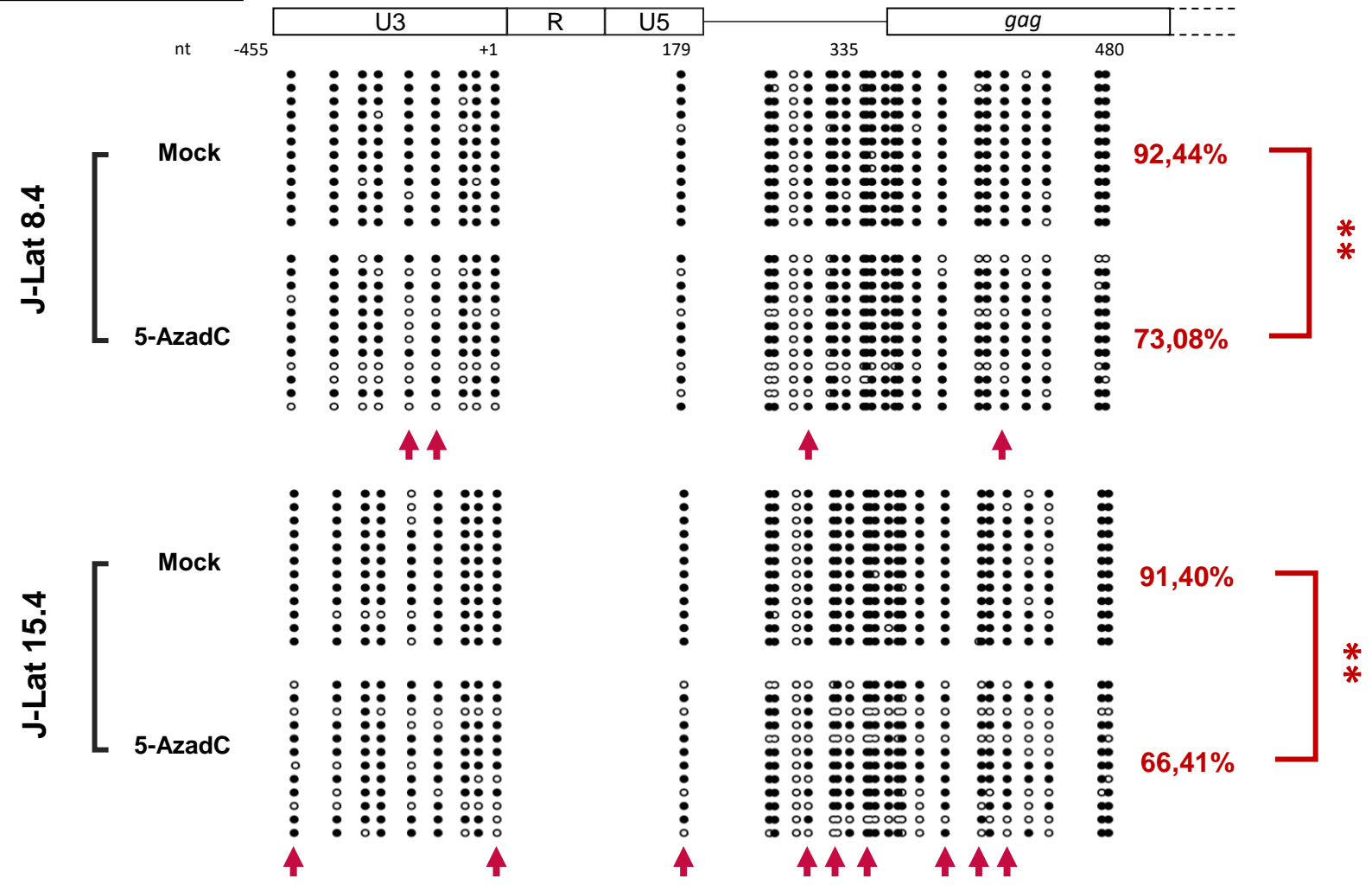


Kauder et al., *Plos Pathogens* 2009  
Blaskova et al., *Plos Pathogens* 2009  
Bouchat et al., *EMBO Mol Med* 2016  
He et al. 2020 *J. Virol.*  
Verdikt et al., *eBioMedicine* 2022

# 5-AzadC induced different extents of 5'LTR DNA demethylation and of HIV-1 reactivation depending on the J-Lat cell line studied

○ Unmethylated cytosine  
● Methylated cytosine

## 5'LTR CpG islands



# A statistical approach enables the identification of significant 5-AzadC-induced differentially demethylated positions (DDMPs)

| Cell line  | CpG position <sup>†</sup> | Probability of 5-AzadC demethylation | p-value <sup>††</sup> | Significance | Location <sup>†††</sup>                           | DDMPs  |
|------------|---------------------------|--------------------------------------|-----------------------|--------------|---|--------|
| J-Lat 8.4  | -[119, 120]               | 0.64                                 | 0.0045                | **           | CRE site  | 5<br>6 |
|            | -[96, 97]                 | 0.33                                 | 0.0466                | *            | NF-κB site  |        |
|            | + [183, 184]              | 0.33                                 | 0.0466                | *            | N/A   | 14     |
|            | + [205, 206]              | 0.33                                 | 0.0466                | *            | Interferon-Stimulated Response Element            |        |
|            | + [231, 232]              | 0.45                                 | 0.0320                | *            | N/A   |        |
|            | + [360, 361]              | 0.33                                 | 0.0466                | *            | Coding sequence of p17 <sup>Gag</sup>             |        |
| J-Lat 15.4 | -[217, 218]               | 0.33                                 | 0.0466                | *            | N/A   | 9      |
|            | -[47, 48]                 | 0.42                                 | 0.0186                | *            | Sp1 site  |        |
|            | + [109, 110]              | 0.33                                 | 0.0466                | *            | U5 interacting with ψ                             |        |
|            | + [205, 206]              | 0.42                                 | 0.0186                | *            | Interferon-Stimulated Response Element            | 14     |
|            | + [231, 232]              | 0.42                                 | 0.0186                | *            | N/A   |        |
|            | + [234, 235]              | 0.33                                 | 0.0466                | *            | Stem loop 1 (SL1) of ψ                            |        |
|            | + [243, 244]              | 0.33                                 | 0.0466                | *            | Zinc Knuckles in p7 <sup>Gag</sup> binding to SL1 |        |
|            | + [295, 296]              | 0.50                                 | 0.0069                | *            | SL2 of ψ  |        |
|            | + [314, 315]              | 0.33                                 | 0.0466                | *            | SL3 of ψ  |        |
|            | + [341, 342]              | 0.42                                 | 0.0186                | *            | SL4 of ψ  |        |
|            | + [347, 348]              | 0.33                                 | 0.0466                | *            | SL4 of ψ  |        |
|            | + [360, 361]              | 0.36                                 | 0.0129                | *            | Coding sequence of p17 <sup>Gag</sup>             |        |

# UHRF1 binds *in vitro* to multiple DDMPs within the HIV-1 promoter through different binding modalities

DNA methylation-dependent binding

DDMP5

DNA methylation-dependent increased binding

DDMP9

UHRF1

DNA methylation-independent binding

DDMP6

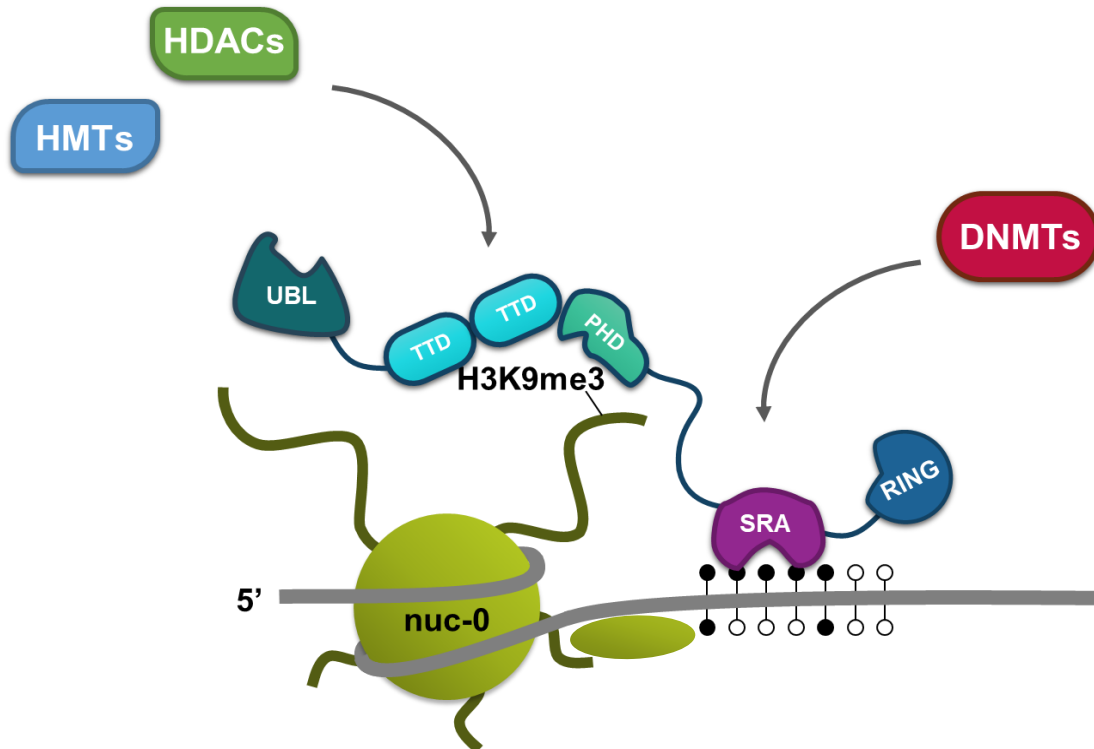
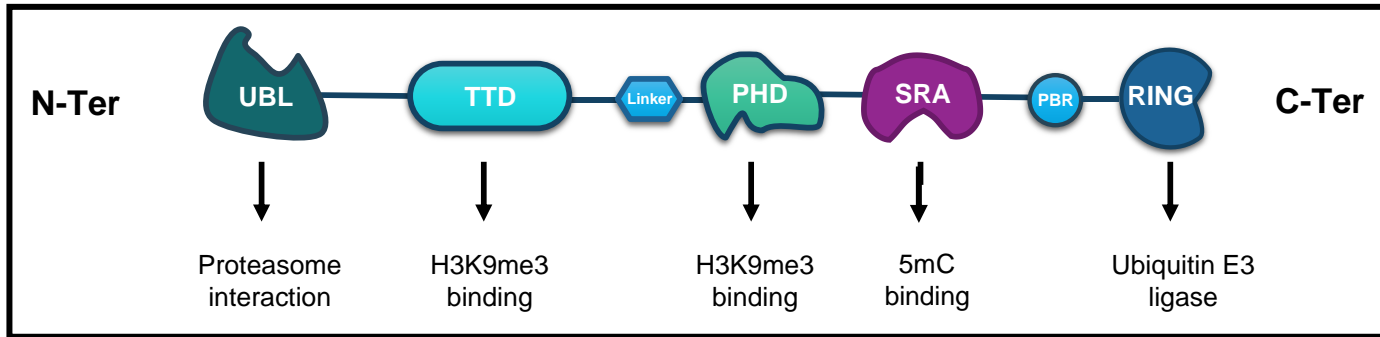
DDMP7

DDMP8

DDMP14



# UHRF1 (Ubiquitin-like containing PHD and RING Finger domains 1) : an important epigenetic integrator

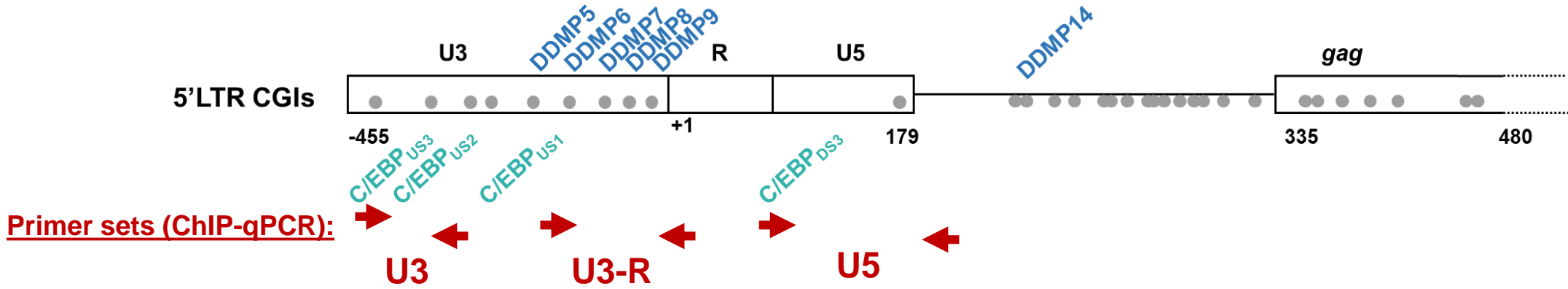


UHRF-1 is a protein known to **regulate and maintain heterochromatic equilibrium through action on both DNA methylation and histone modifications**, notably through recognizing several epigenetic marks and interacting with enzymes catalyzing these marks (DNMT, HMT, HDAC).

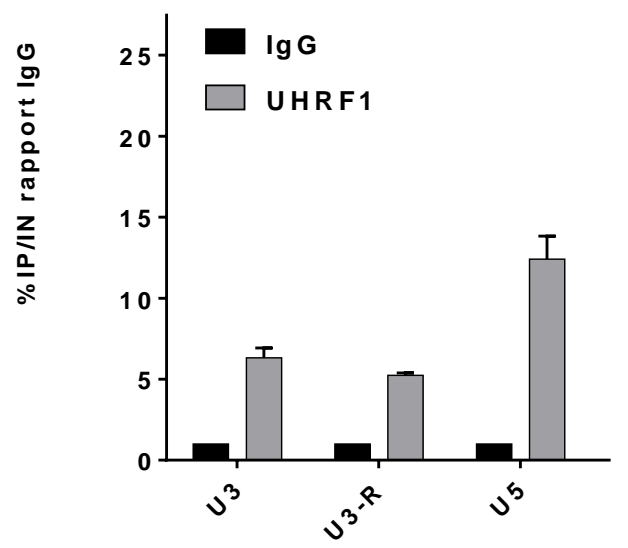
**UHRF1 COULD ACT BY MAINTAINING AN HETEROCHROMATIC ENVIRONMENT AT THE HIV-1 5'LTR**

(Adapted from Xue *et al.*, *Oncotargets and Therapy*, 2019)

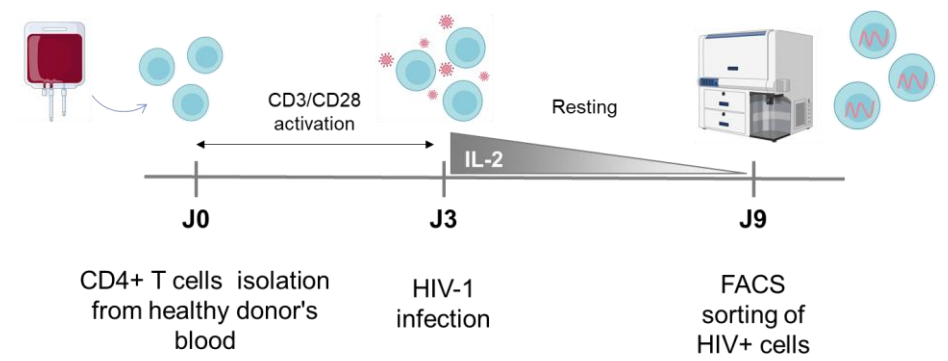
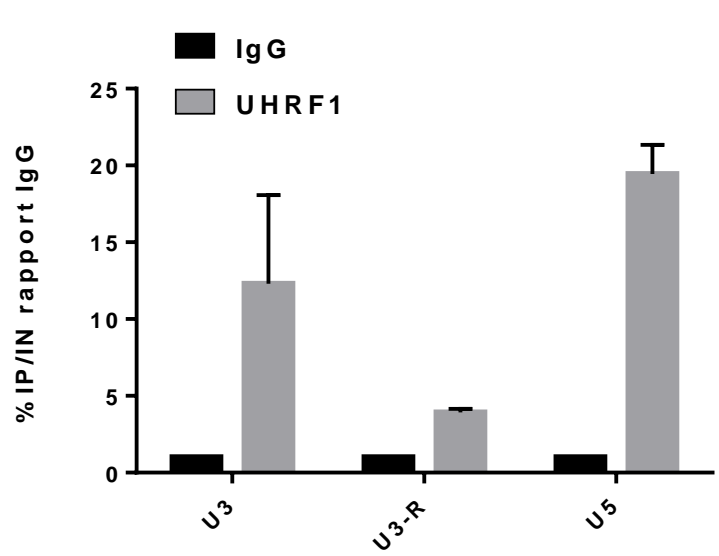
# UHRF1 is recruited *in vivo* to the latent HIV-1 promoter



**J-Lat 8.4 cell line model**

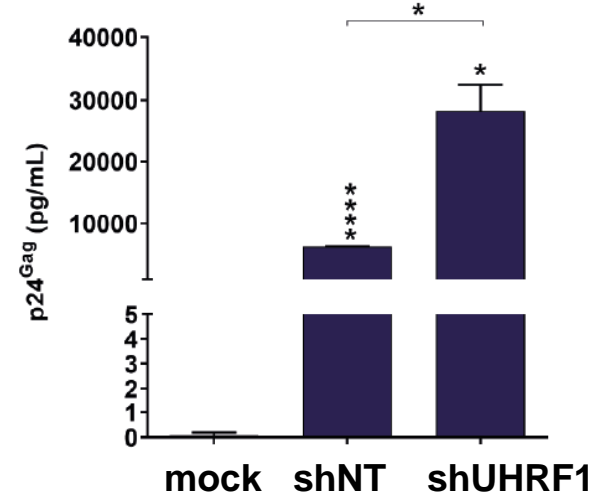
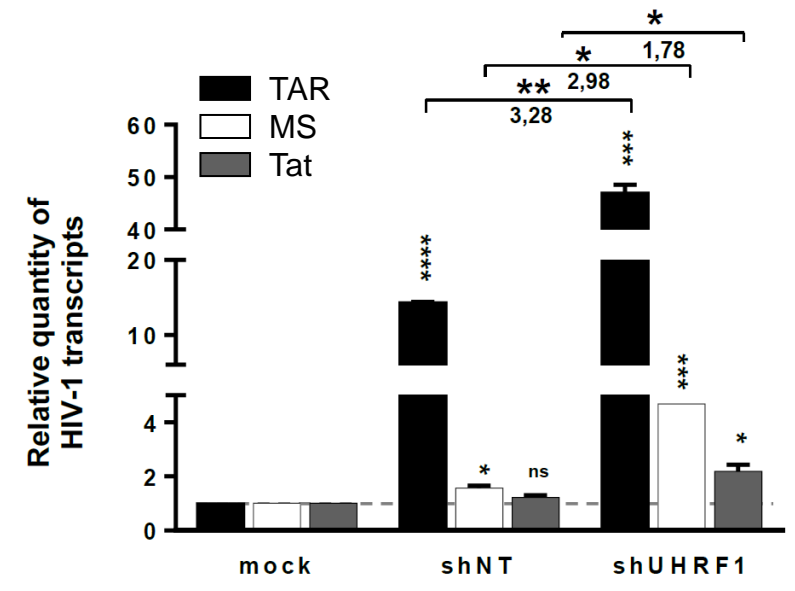
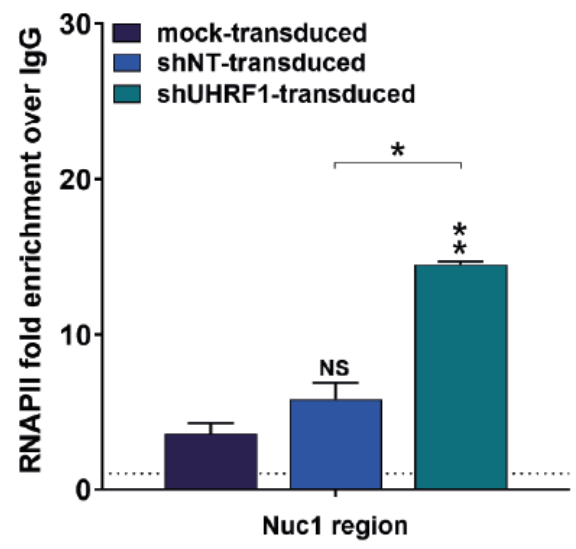
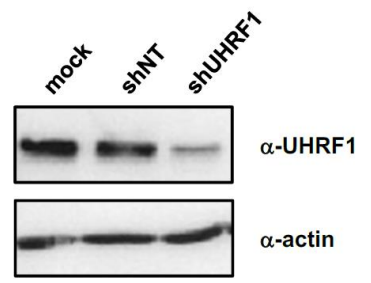


**Primary CD4+ T cell model**

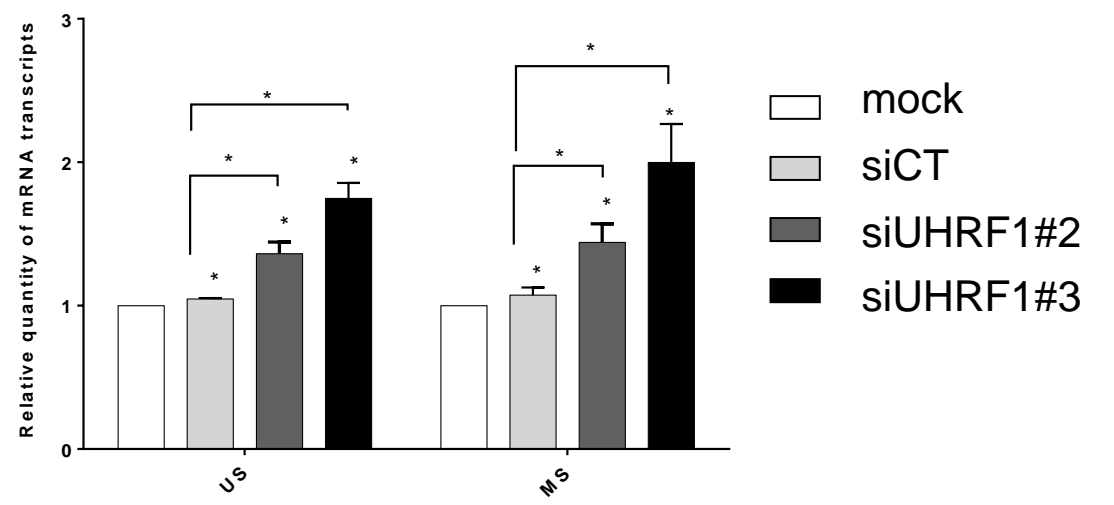
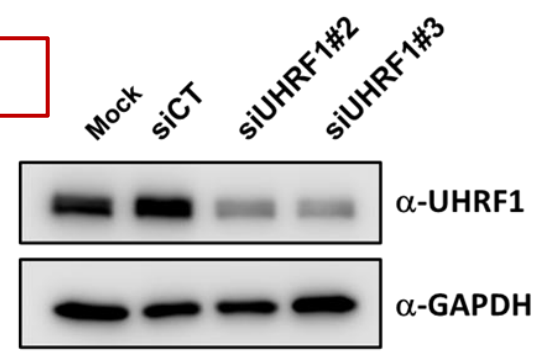


# UHRF1 knockdown induces HIV-1 reactivation from latency

## J-Lat 8.4 model

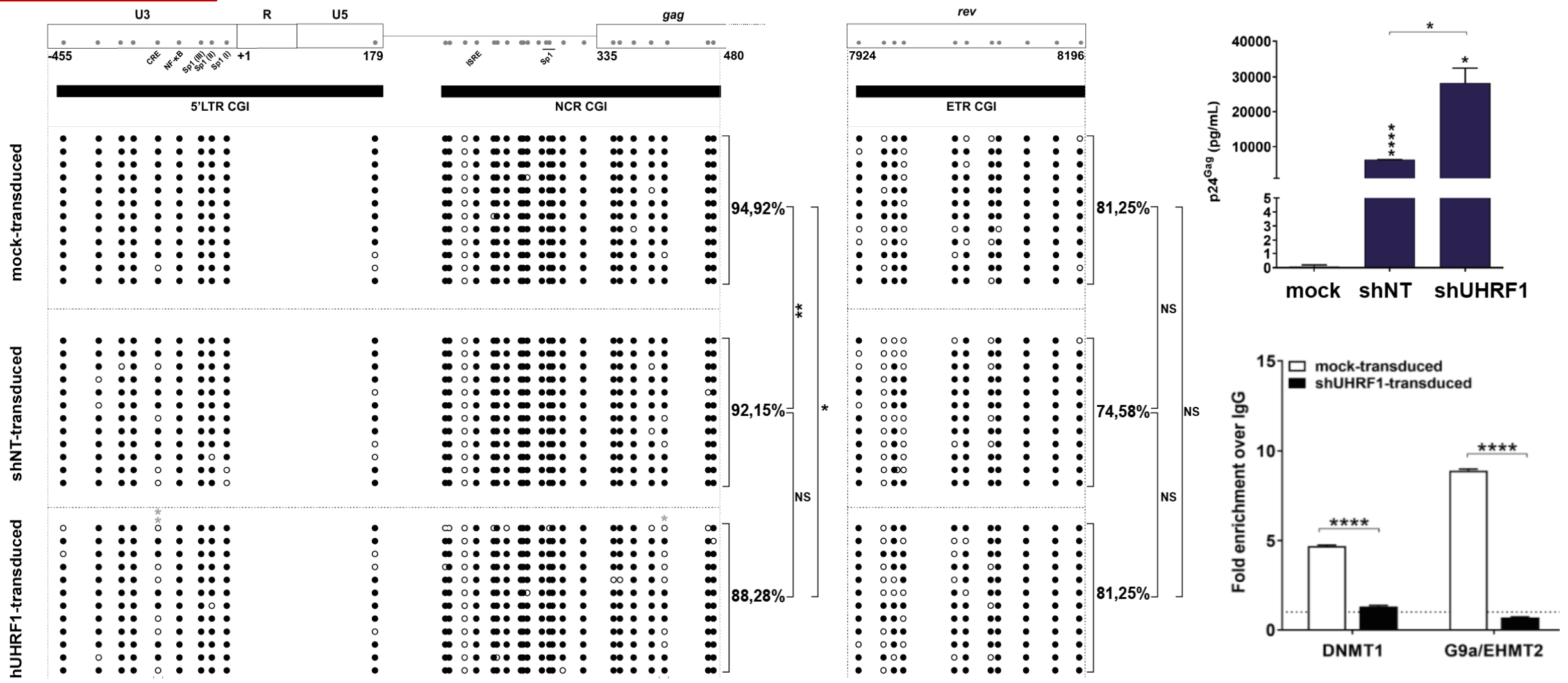


## Primary CD4+ T cell model



# UHRF1 knockdown induces a global 5' LTR demethylation and a decreased *in vivo* recruitment of DNMT1 and G9a to the 5'LTR

**J-Lat 8.4 model**

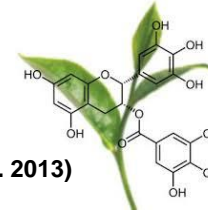


# Pharmacological inhibition of UHRF1 induces HIV-1 reactivation in CD8<sup>+</sup>-depleted PBMCs from cART-treated individuals

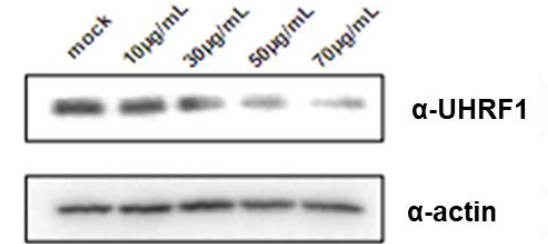


## EpiGalloCatechin-3-Gallate (EGCG)

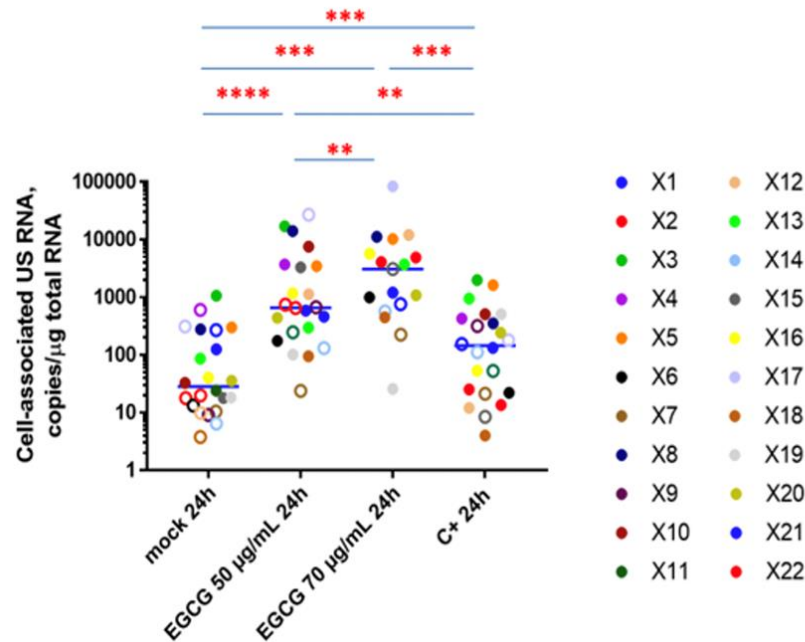
(Achour *et al.*, Biochem. Biophys. Res. Commun. 2013)



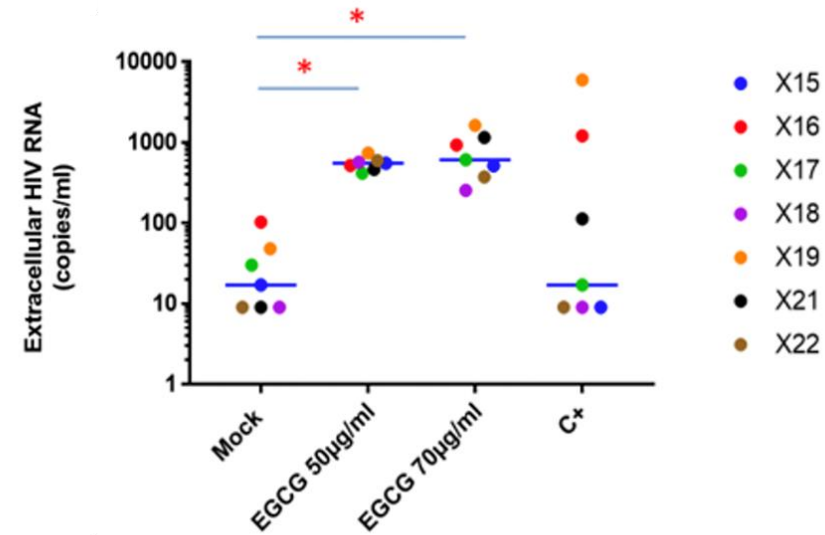
### J-LAT 8.4 CELLS



Median level of HIV-1 intracellular US RNAs



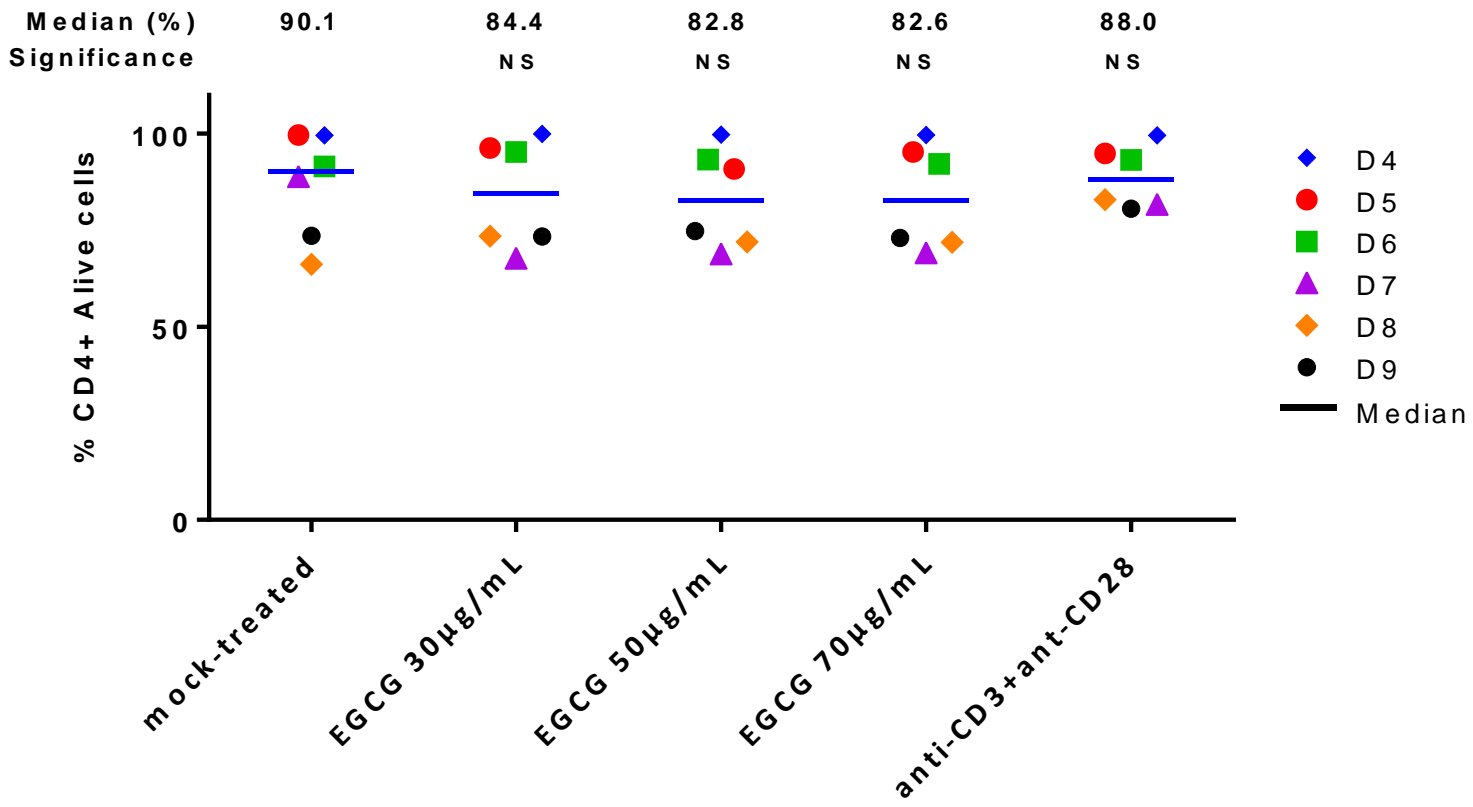
Median level of HIV extracellular US RNAs



# EGCG INDUCES NO EFFECT ON CD4<sup>+</sup> CELLS VIABILITY

## LIVE-DEAD STAINING

24h EGCG treatment of CD8<sup>+</sup>-depleted PBMCs isolated from healthy donors

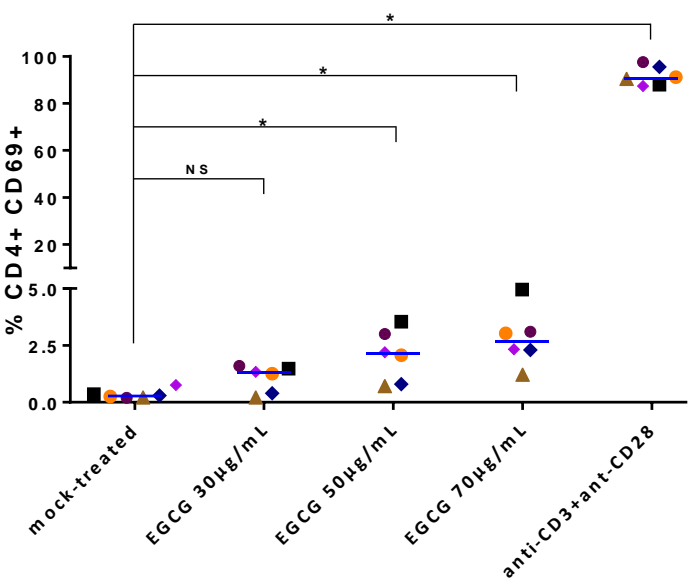




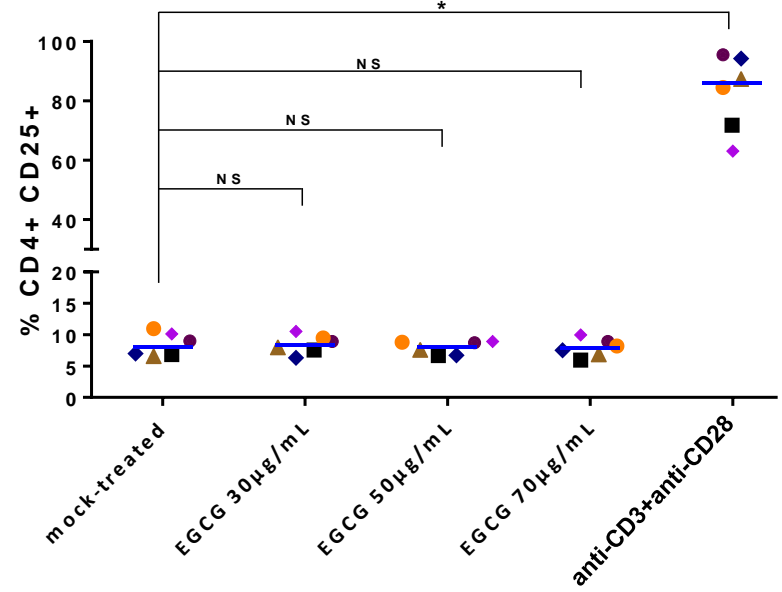
# EFFECT OF EGCG ON T CELL SURFACE ACTIVATION MARKERS

**24H**

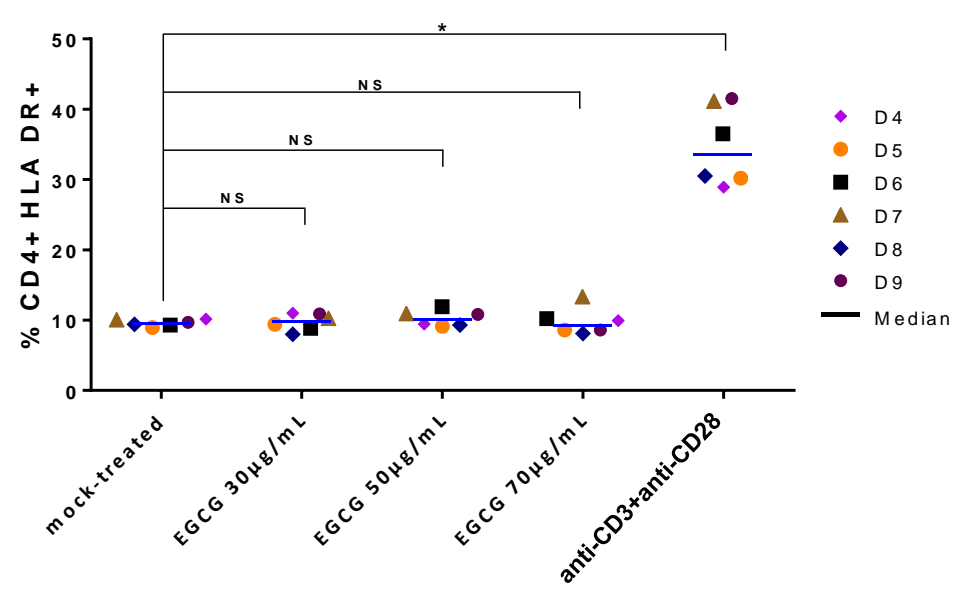
**EARLY (CD69)**



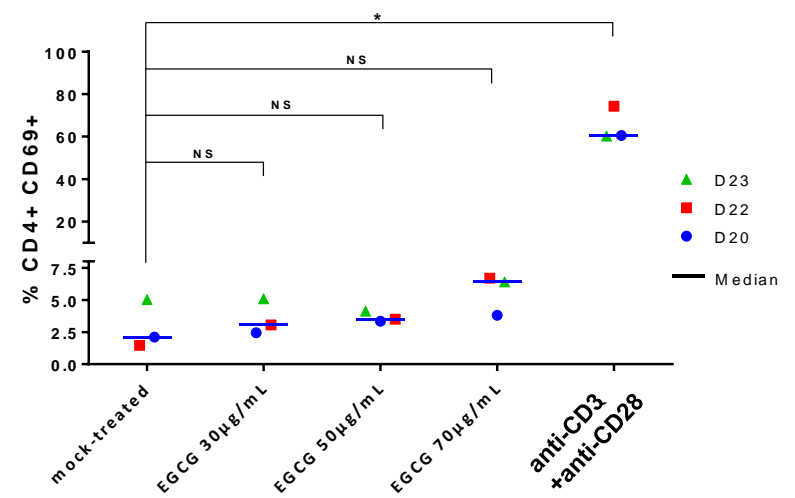
**INTERMEDIATE (CD25)**



**LATE (HLA DR+)**



**6 Days**

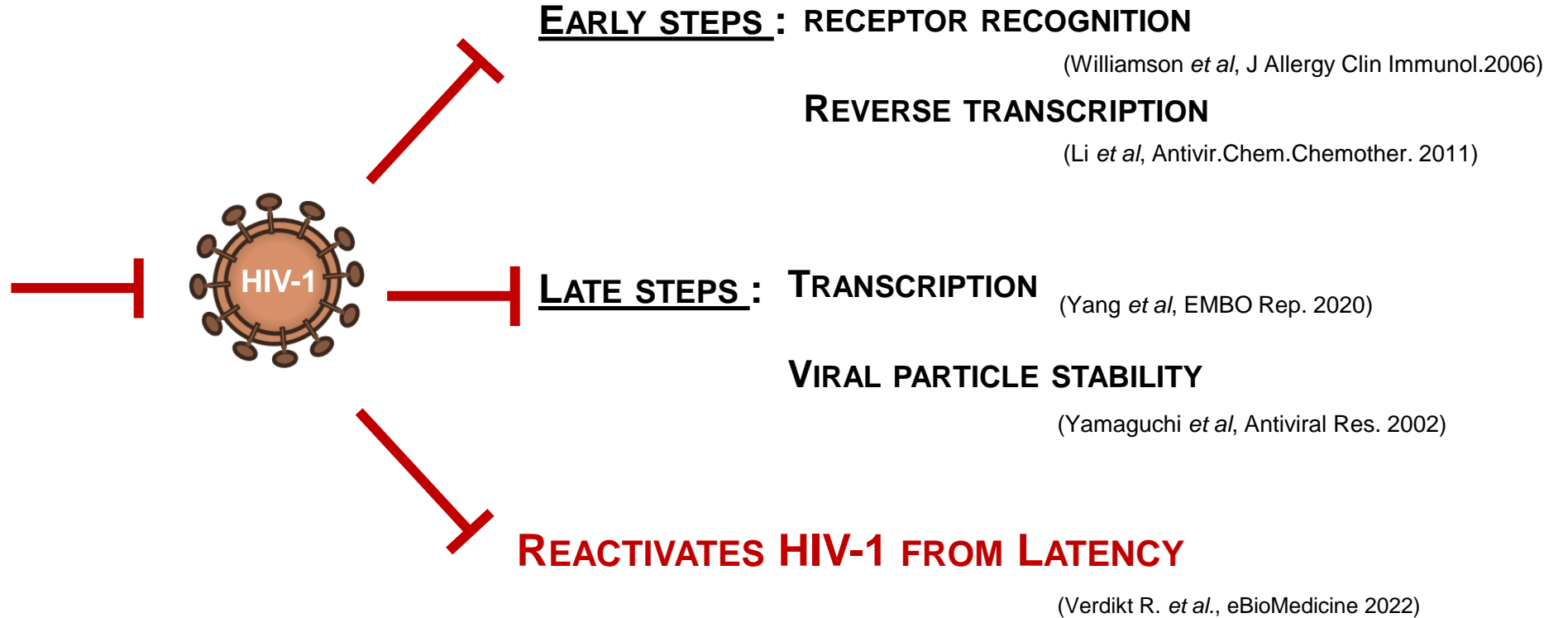


**Ex vivo EGCG treatment reactivates HIV-1 expression without inducing a strong T cell activation.**

# EGCG IS A PROMISING CANDIDATE FOR SHOCK AND KILL STRATEGY



**EGCG**



**THE NATURAL COMPOUND EGCG APPEARS TO BE A PROMISING CANDIDATE FOR A “SHOCK-AND-KILL” STRATEGY, PROVOKING A TRANSCRIPTIONAL AND TRANSLATIONAL WAKE UP OF LATENTLY INFECTED CELLS WHILE MAINTAINING A SUPPRESSION OF VIRUS PRODUCTION AND REPLICATION.**

# CONCLUSIONS UHRF1

- We identified UHRF1 as a novel factor involved in the epigenetic repression of HIV-1 transcription through both DNA methylation-dependent and -independent mechanisms, such as histone methylation.
- Therefore, UHRF1 could constitute a new therapeutic target for anti-HIV cure strategies.
- The pharmacological UHRF1 inhibitor EGCG reactivates HIV-1 gene expression in *ex vivo* CD8<sup>+</sup>-depleted PBMCs cultures from cART-treated aviremic HIV<sup>+</sup> patients :
  - without impacting viability of CD4<sup>+</sup> cells.
  - without inducing a strong T-cell immune activation.



Antiviral properties

**EGCG IS AN  
ATTRACTIVE LRA  
CANDIDATE**

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- Ben Berkhout
- Gilles Darcis
- Alexander Pasternak

**St-Pierre Hospital, Brussels, Belgium**

- Stéphane De Wit
- Nathan Clumeck
- Coca Necsoi

**Emory Primate Research Center, Emory University, Atlanta, USA**

- Deanna Kulpa
- Mirko Paiardini
- Guido Silvestri

# Acknowledgments

## Study Participants

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- Maryam Bendoumou
- Sophie Bouchat
- Antoine Dutilleul
- Mathilde Galais
- Olivier Hernalsteens
- Laure Vreux
- Tristan Marray
- Valérie Martinelli
- Lorena Nestola
- Estelle Plant
- Anthony Rodari
- Marion Santangelo
- Caroline Vanhulle
- Roxane Verdikt

**Ragon Institute of MGH, MIT and Harvard and BWH, Boston, USA**

- Mathias Lichterfeld

**Kremlin-Bicêtre Hospital, Paris, France**

- Olivier Lambotte

**University of Strasbourg, France**

- Olivier Rohr
- Christian Schwartz

**University College Dublin, Ireland**

- Virginie Gautier
- Valentin Le Douce

**Pasteur Institute, Paris, France**

- Asier Saez-Cirion
- Caroline Passaes
- Valérie Monceaux
- Annie David

**Necker Hospital, Paris, France**

- Christine Rouzioux
- Véronique Avettand-Fenoël



National Institutes of Health

Martin Delaney Collaboratories for HIV Cure Research  
NIAID/NHLBI/NIDDK/NINDS/NIDA UM1AI164562

