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Frequent Transmission of Cytotoxic-T-Lymphocyte Escape Mutants of Human Immunodeficiency Virus Type 1 in the Highly HLA-A24-Positive Japanese Population

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Although Japan is classified as a country with a low prevalence of human immunodeficiency virus type 1 (HIV-1), domestic sexual transmission has been increasing steadily. Because 70% of the Japanese population expresses HLA-A24 (genotype HLA-A*2402), we wished to assess the effect of the dominant HLA type on the evolution and transmission of HIV-1 among the Japanese population. Twenty-three out of 25 A24-positive Japanese patients had a Y-to-F substitution at the second position [Nef138-10(2F)] in an immunodominant A24-restricted CTL epitope in their HIV-1 *nef* gene (Nef138-10). None of 12 A24-negative Japanese hemophiliacs but 9 out of 16 patients infected through unprotected sexual intercourse had Nef138-10(2F) ($P < 0.01$). Two of two A24-positive but none of six A24-negative Australians had Nef138-10(2F). Nef138-10(2F) peptides bound well to the HLA-A*2402 heavy chain; however, Nef138-10(2F) was expressed poorly on the cell surface from the native protein. Thus, HIV-1 with Nef138-10(2F) appears to be a cytotoxic-T-lymphocyte escape mutant and has been transmitted frequently by sexual contact among the highly A24-positive Japanese population.

While cytotoxic T lymphocytes (CTLs) exert immune pressure on human immunodeficiency virus type 1 (HIV-1) throughout the course of primary and chronic infection (4, 24, 30), HIV-1 escapes through a variety of immune evading mechanisms such as downregulation of HLA class I molecules by Nef (7, 32, 33, 36) and defects in differentiation and maturation of CTLs (2, 6, 27, 35). Viral mutation also plays a crucial role in immune escape, and CTL escape mutant viruses may appear early or late in the clinical course of infection (5, 14, 31). Mutations leading to CTL escape may occur at amino acid residues essential for major histocompatibility complex binding (8), for T-cell-receptor recognition (10), or in flanking regions that affect antigen processing (3, 26).

HIV-1 CTL escape mutants may be stable. One such example at the HLA-B27-restricted Gag epitope, which is related to slower disease progression in adults, could be transmitted vertically from mother to child (12). Although significant association between HLA alleles and polymorphism in reverse transcriptase sequences in a large cohort of patients indicated HIV-1 adaptation at a population level (28), direct horizontal transmission of CTL escape mutants is yet to be shown.

Japan is classified as a country of low HIV-1 prevalence; however, national HIV-1 and AIDS surveillance has shown a steady increase of HIV-1 and AIDS cases mainly through unprotected sexual intercourse (USI) (84% of HIV-1 patients and 71% of AIDS patients were infected through USI within the country) (1). The Japanese population is less polymorphic than other populations in that 70% express HLA-A24 (genotype HLA-A*2402) (13). We speculated that stable CTL escape mutants from HLA-A24 might be transmitted more frequently in Japan than in other countries where the prevalence of HLA-A24 is much lower. We postulated that Japanese hemophiliacs with HIV-1 infection might be a good comparator group since they were infected directly by contaminated blood products from abroad. We therefore examined an immunodominant CTL epitope in the *nef* gene (Nef138-10) in HLA-A24-positive and -negative hemophiliacs and compared the sequence with sequences from those patients infected through USI (13, 18). We included Caucasian Australians infected through USI as another control of transmission of CTL escape mutants in a country where HLA-A24 is less prevalent (19).

MATERIALS AND METHODS

Patient samples. For sequence analysis, blood specimens were collected in EDTA. Plasmas were separated and preserved at 80°C until use. For enzyme-linked immunospot (ELISPOT) assay, peripheral blood mononuclear cells (PBMCs) were separated from heparinized whole blood and used on the day of the assay. Patient HLA was typed serologically. In selected patients, HLA genotype was determined after written informed consent was obtained. The study was approved by institutional review boards. All patients serologically typed as A24 positive proved to be positive for HLA-A*2402.

RNA extraction and reverse transcription. Viral RNA was extracted from 140 l of plasma from patients by using the QIAamp viral RNA Mini kit (QIAGEN) and subjected to reverse transcription according to the manufacturer's protocol with SuperScript II RNase H reverse transcriptase (Invitrogen) and 5 M random primers (Takara).

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PCR amplification and sequencing. Fifteen microliters of cDNA (a one-sixth volume of the reverse transcription reaction) was subjected to the first PCR. One-tenth of the first PCR was subjected to the nested PCR. PCR was performed by using Ex-Taq (Takara) with 35 cycles of 30 s at 94°C, 30 s at 58°C, 30 s at 72°C, and a final extension for 7 min at 72°C. The primer sets are as follows (all nucleotide positions are in accordance with the HIV-1 SF2 strain). For the *env* V3 region, first PCR primer set 1, primers CBE297P (5′-GGTAGAACAG ATGCATGAGGAT-3′) (consensus B *env*, nucleotides [nt] 297 to 318) and E7668 M (5′-TTCTCCAATTGTCCCTCATATCTCCTCCTCCA-3′) (SF2, nt 7668 to 7636) were used; and for the second PCR primer set 1, primers E6554P (5′-ATCAGTTTATGGGATCAAAGCC-3′) (SF2, nt 6554 to 6575) and E7353 M (5′-ACAATTTCTGGGTCCCCTCCTGAGGA-3′) (SF2, nt 7353 to 7328) were used. For the first PCR primer set 2, primers E6984P (5′-ACATGGAAT TAGGCCA-3′) (SF2, nt 6984 to 7000) and E7395 M (5′-TTACAGTAGAAA AATTCCCC-3′) (SF2, nt 7395 to 7375) were used; and for the second PCR primer set 2, primers E7028P (5′-GGCAGTCTAGCAGAAGAAGA-3′) (SF2, nt 7028 to 7047) and E7353 M (5′-ACAATTTCTGGGTCCCCTCCTGAGGA-3′) (SF2, nt 7353 to 7328) were used. For the first PCR primer set 3, primers P6951 (5′-GACCATGTACAAATGTCAGC-3′) (SF2, nt 6951 to 6970) and M7592 (5′-CTCTTGTTAATAGCAGCCCT-3′) (SF2, nt 7592 to 7573) were used; and for the second PCR primer set 3, primers E6984P (5′-ACATGGAA TTAGGCCA-3′) (SF2, nt 6984 to 7000) and E7353 M (5′-ACAATTTCTGGG TCCCCTCCTGAGGA-3′) (SF2, nt 7353 to 7328) were used.

For the Nef138-10 epitope, first PCR primer set 1, primers n226p (5′-CTCA GGTACCTTTAAGACCAATG-3′) (nt 9028 to 9050) and n650m (5′-GAAAG TCCCCAGCGGAAAGTCCC-3′) (nt 9474 to 9452) were used; and for the second PCR primer set 1, primers n296p (5′-GGGACTGGAAGGGCTAATT TGGT-3′) (nt 9098 to 9120) and n564m (5′-GAAATGCTAGTTTGCTGTCA AAC-3′) (nt 9387 to 9365) were used. For the first PCR primer set 2, primers P8923 (5′-TGGAAAAACATGGAGCAATCA-3′) (nt 8923 to 8944) and M9290 (5′-TCCTTCATTGGCCTCTTCTAC-3′) (nt 9290 to 9270) were used; and for the second PCR primer set 2, primers P8924 (5′-GGAAAAACATGGAGCAA TCAC-3′) (nt 8924 to 8945) and M9288 (5′-CTTCATTGGCCTCTTCTACCT-3′) (nt 9288 to 9268) were used. For the first PCR primer set 3, primers P8923 (5′-TGGAAAAACATGGAGCAATCA-3′) (nt 8923 to 8944) and n694m (5′-C AGCATCTGAGGGACGCCAC-3′) (nt 9525 to 9506) were used; and for the second PCR primer set 3, primers n226p (5′-CTCAGGTACCTTTAAGACCA ATG-3′) (nt 9028 to 9050) and n532m (5′-TCTCCGCGTCCTCCATCCCA-3′) (nt 9345 to 9326) were used.

The PCR products were electrophoresed through agarose gels and purified with a Minielute gel extraction kit (QIAGEN) before sequencing. Purified PCR products were directly sequenced. When sequence ambiguities resulted, DNA fragments were subcloned into the pGEM-T vector (Promega) and sequenced. DNA sequencing was performed by using an ABI Prism dye terminator cycle sequencing ready reaction kit (Applied Biosystems) on a Perkin-Elmer ABI-377 sequencer.

Cells and media. T2-A24, a kind gift from K. Kuzushima, was cultured in RPMI 1640 (Sigma) supplemented with 10% heat-inactivated fetal calf serum (FCS) (Sigma) and 0.8 mg of G418 (Invitrogen)/ml (25). We transformed PBMCs from an HLA-A*2402-positive person with human T-cell leukemia virus type 1 (HTLV-1) and established an HLA-A*2402- and CD4-positive-T-cell line (KWN-T4). KWN-T4 was cultured with RPMI 1640 supplemented with 25 U of interleukin-2 (Wako)/ml, 100 U of penicillin/ml, 100 U of streptomycin (Invitrogen)/ml, and 10% heat-inactivated FCS (JRH Bioscience). We also established Nef138-10-specific CTL clones as previously described (22). CTL clones were cultured with RPMI 1640 supplemented with 50 U of interleukin-2/ml, 100 U of penicillin/ml, 100 U of streptomycin/ml, and 10% heat-inactivated FCS.

Peptides. Synthetic peptides Nef138-10 (RYPLTFGWCF), 2F (RFPLTFGW CF), 5C (RYPLCFGWCF), and 2F5C (RFPLCFGWCF) were purchased from Sigma-Genosys. All peptides were more than 95% pure as determined by high-performance liquid chromatography and mass spectroscopy.

Peptide binding assays. Peptide binding to HLA-A*2402 was quantified by using a T2-A24 stabilization assay as previously described (25). T2-A24 cells were incubated at 26°C for 16 h, and then 2 10^5 cells were incubated with peptides at concentrations from 10^{-4} to 10^{-9} M for 1 h at 4°C. After incubation for 3 h at 37°C, the cells were stained with anti-HLA-A24 monoclonal antibody, A11.1 M (11), and an R-phycoerythrin (RPE)-conjugated F(ab′)$_2$ fragment of anti-mouse immunoglobulin (DAKO). The mean fluorescence intensity was measured by FACSCalibur (Becton Dickinson).

ELISPOT assay and functional avidity analysis. Freshly prepared PBMCs (20,000 to 50,000) were added to 96-well multiscreen plates (Millipore) which had been precoated with 100 l of 5 g of anti-gamma interferon (IFN-) monoclonal antibody 1-D1K (Mabtech)/ml at room temperature for 3 h and blocked with RPMI 1640 medium containing 10% FCS for 1 h. The cells were cultured with synthetic peptide Nef138-10 or its derivatives at concentrations from 10^{-5} to 10^{-11} M for 18 h. After the plates were washed, 100 l of 1 g of biotinylated anti-IFN- monoclonal antibody 7-B6-1 (Mabtech)/ml was added and incubated at room temperature for 90 min. After the plates were washed again, 100 l of 1:1,000-diluted streptavidin-alkaline phosphatase conjugate (Mabtech) was added and incubated at room temperature for 60 min. Spots were developed with an alkaline phosphatase conjugate substrate kit (Bio-Rad) and counted with a KS ELISPOT compact (Carl Zeiss). The IFN- responses to peptide dilutions were expressed as a percentage of the maximal IFN- response seen in each individual assay.

Expression of recombinant Nef protein. Mutations were introduced into *nef* derived from HIV-1 strain SF2 by site-directed mutagenesis based on overlap extension (16). Four proline residues in the Nef proline-rich domain that are important for HLA class I down-regulation were replaced by alanine as described previously (36). The wild type and various *nef* mutants were tagged by His_6 and introduced into a Sendai virus vector (SeV) as previously described (36). For Western blot analysis, KWN-T4 cells were infected with various SeVs at a multiplicity of infection of 10 and lysed 20 h after infection. Western blot analysis was performed according to the standard procedure. Anti-His_6 antibody (QIAGEN) and anti-SeV mouse antiserum were used to detect Nef and SeV proteins, respectively.

^{51}Cr release assay. Cytotoxicity was measured with a standard ^{51}Cr release assay as previously described (21). Briefly, KWN-T4 was labeled with 100 Ci of $Na_2^{51}CrO_4$ for 2 h and washed three times with R10. Labeled cells (2 10^3) were added to a 96-well round-bottom microtiter plate with a corresponding amount of peptide. After 1 h of incubation, Nef138-10-specific CTL clones were added and incubated for 4 h. When SeV-infected cells were used as target cells, the cells were infected with SeVs at a multiplicity of infection of 10, 20 h before adding the CTLs.

The supernatants were collected and analyzed with a microbeta counter. Spontaneous ^{51}Cr release was determined by measuring counts per minute in the supernatant of wells containing only target cells (cpm_{spn}). The maximum release (cpm_{max}) was determined by measuring the release of ^{51}Cr from target cells in the presence of 2% Triton X-100. Specific lysis was determined as follows: specific lysis (cpm_{exp} cpm_{spn})/(cpm_{max} cpm_{spn}) 100, where cpm_{exp} represents the counts per minute in the supernatant of wells containing target and effector cells.

RESULTS

Sexual transmission of HIV-1 with stereotypic amino acid substitution among the Japanese population. Only patients infected with virus subtyped as B by phylogenic comparison of envelope sequences were included to avoid potential bias introduced by sequence differences across subtypes (data not shown). We extensively sequenced the Nef138-10 epitope and its flanking region from plasma HIV-1 RNA of 23 Japanese hemophiliacs (11 A24-positive and 12 A24-negative individuals) and 30 Japanese (14 A24-positive and 16 A24-negative individuals) and 8 Caucasian Australians (2 A24-positive and 6 A24-negative individuals) infected through USI (Table 1). Ten out of 11 A24-positive but none of A24-negative Japanese hemophiliacs had a Y-to-F amino acid substitution at the second position [Nef138-10(2F)] (Fig. 1A) (P 0.01), suggesting that HLA-A24 selected for Nef138-10(2F). In the case of patients infected through USI, 13 out of 14 A24-positive and 9 out of 16 A24-negative Japanese patients had Nef138-10(2F) by direct sequencing (Fig. 1B) (data not significant). The frequency of Nef138-10(2F) was significantly higher in Japanese A24-negative patients infected through USI than A24-negative hemophiliacs (P 0.01). Two out of two A24-positive but none of six A24-negative Caucasian Australians had Nef138-10(2F) (Fig. 1C). The frequency of Nef138-10(2F) in A24-negative patients infected through USI was significantly higher for Japanese patients than for Australian patients (P 0.05), suggesting that sexual transmission of the variant was more

TABLE 1. Patient profile[a]

Patient ID	Sex	HLA type	No. of CD4 cells/ l	Viral load (copies/ml)	Sample date (mo/day/yr)	HIV subtype
A24-positive Japanese hemophiliacs						
A24-J037	M	A24/26, B35/51	207	180,000[b]	03/09/95	B
A24-J041	M	A24/26, B44/61	261	7,500[b,d]	03/09/95	B
A24-J033	M	A24/26, B46/52	27	200,000[b]	03/27/95	B
A24-J035	M	A24, B40/48	148	360,000	04/10/95	B
A24-J031	M	A24/31, B51/60	29	180,000[b]	10/23/95	B
A24-J030	M	A11/24, B13/62	3	380,000[b,d]	02/26/96	B
A24-J029	M	A24/31, B35/61	38	ND	04/01/96	B
A24-J036	M	A2 /24, B35/51	60	74,000[b]	05/13/96	B
A24-J034	M	A24, B46/52	180	74,000[b,d]	05/20/96	B
A24-J038	M	A2 /24, B51/62	356	29,000[b]	03/03/97	B
A24-J005	M	A24, B52/70	39	220,000[b]	06/19/97	B
A24-negative Japanese hemophiliacs						
NA24-J037	M	A26, B40	8	1,600,000[b,d]	06/08/95	B
NA24-J035	M	A11/26, B54/56	342	100,000[b]	09/07/95	B
NA24-J031	M	A2/26, B51/61	521	130,000[b]	09/18/95	B
NA24-J041	M	A26, B39/54	12	700,000[b,d]	10/05/95	B
NA24-J032	M	A2/11, B46/54	1[d]	150,000[b]	11/10/95	ND
NA24-J030	M	A31/33, B44/51	363	65,000[b]	03/21/96	B
NA24-J040	M	A2/33, B17/54	101	74,000[b]	03/21/96	ND
NA24-J033	M	A26, B61	143	140,000[b]	04/18/96	B
NA24-J029	M	A11/33, B44/51	401	10,000	07/15/96	B
NA24-J034	M	A11/33, B17/56	38	81,000[b]	08/15/96	B
NA24-J039	M	A11/26, B51/62	3	88,000[b]	09/01/97	B
NA24-J006	M	A2/26, B39/61	335	9,200	10/30/00	B
A24-positive Japanese infected through USI						
A24-J006	M	A2/24, B7/54	212	33,000	09/19/97	B
A24-J007	M	A24/26, B17/56	103	120,000	11/06/97	B
A24-J009	M	A24, B48/52	278	4,500	01/19/98	B
A24-J010	M	A24, B52	393	18,000	03/09/98	B
A24-J024	M	A24, B35/61	274	110,000	10/27/98	B
A24-J012	M	A24/26, B46/60	253	24,000	07/19/99	B
A24-J013	M	A24/26, B35/48	168	15,000	9/20/99	B
A24-J016	M	A11/24, B7/55	245	150,000	05/15/00	B
A24-J017	M	A1/24, B54/70	255	70,000	10/17/00	B
A24-J018	M	A24/31, B37/61	185	8,300	01/04/01	B
A24-J025	M	A24, B51/52	282	130,000	06/07/01	B
A24-J023	M	A2/24, B51/54	856[d]	17,000[d]	08/06/01	B
A24-J021	M	A2/24, B46/52	344	35,000	11/26/01	B
A24-J026	M	A2/24, B13/51	381	110,000	11/28/01	B
A24-negative Japanese infected through USI						
NA24-J025	M	A2/31, B51/61	352	18,000[b]	03/23/95	B
NA24-J023	M	A11/26, B35/51	23	5,000[b]	04/01/96	ND
NA24-J021	M	A26, B52/54	9	44,000	08/04/97	B
NA24-J018	M	A2, B39/60	378	72,000	04/06/98	B
NA24-J017	M	A11/31, B51/56	197	72,000	04/16/98	B
NA24-J016	M	A3/31, B51/58	257	200,000	05/25/98	B
NA24-J015	M	A2/26, B51/62	543	13,000	06/26/98	B
NA24-J012	M	A31, B13/51	268	26,000	10/19/98	B
NA24-J011	M	A2, B55/60	408	12,000	10/22/98	B
NA24-J010	M	A2/26, B51/61	206	16,000	12/17/98	B
NA24-J009	M	A2, B52/60	115	850,000	05/24/99	B
NA24-J008	M	A11/33, B44/60	312	2,600	07/08/99	ND
NA24-J007	M	A26, B7/52	396	450	08/09/00	B
NA24-J005	M	A2/31, B48/52	604	17,000	01/18/01	B
NA24-J003	M	A31/33, B44/51	308	20,000	06/04/01	B
NA24-J002	M	A2/33, B44/46	496	14,000	09/27/01	ND
A24 positive Australian infected through USI						
A24-A001	M	A3/24, B7	255	38,000	08/16/96	ND
A24-A002	M	A24/30, B13	598	21,700	03/22/01	B
A24-negative Australian infected through USI						
NA24-A007	M	A2/3, B7	704	ND[c]	11/02/95	B
NA24-A005	M	A1/3, B8/70	620	7,700	05/26/96	B
NA24-A013	M	A32, B13/64	851	23,200	09/28/98	B
NA24-A008	M	A2/3, B39/44	543	52,836	01/04/99	B
NA24-A003	M	A2, B18/62	575	19,400	11/06/99	B
NA24-A006	M	A3/26, B18/27	594	18,200	04/13/00	B

[a] ND, not determined.
[b] Data were obtained by Branch DNATM version 1.0.
[c] Nearest data were 17,000 with CD4 counts of 638.
[d] Nearest data were within 6 months of sample collection.

A

A24-positive Japanese hemophiliacs

Patient ID	flanking WQNYTPGPGI	CTL epitope RYPLTFGWCF	flanking KLVPVEPEKV
A24-J041	---------V	-F--------	---------M
A24-J033	-----E---T	-F-------Y	-------D--
A24-J031	-H-------T	-F--------	-
A24-J030	---------T	-F--C-----	----------
A24-J034	---------T	-F--------	-----DQ-Q-
A24-J038	---------	----C-----	-----D-D--
A24-J005	-D/E-------T	-F--------	-
A24-J029	---------V/T	-F--------	--------Q-
A24-J037	--C------T	-F--------	-----D----
A24-J035	---------T	-F--------	----------
A24-J036	--C------T	-F--------	----------

A24-negative Japanese hemophiliacs

Patient ID	flanking WQNYTPGPGI	CTL epitope RYPLTFGWCF	flanking KLVPVEPEKV
NA24-J037	----------	----------	----------
NA24-J035	----------	----------	----M-----
NA24-J031	----------	----------	-------G/E-V/I
NA24-J041	----------	----------	--------DE
NA24-J032	----------	----------	----M-----
NA24-J030	--S------V	----C-----	----------
NA24-J040	----------	----------	---------I
NA24-J033	----------	----------	-L/V--------
NA24-J029	-H--------	----------	--------D-
NA24-J034	----------	----------	----V/L-----
NA24-J039	----------	----C-----	-----D-D--
NA24-J006	---------V	----C-----	-----D----

B

A24-positive Japanese infected through USI

Patient ID	flanking WQNYTPGPGI	CTL epitope RYPLTFGWCF	flanking KLVPVEPEKV
A24-J006	---------V	-F--------	-----E/D--Q-
A24-J007	---------T	-F--C-----	----A---E-
A24-J009	---------T	-F--------	-
A24-J010	---------T	-F--------	-------QR-
A24-J012	---------T	-F--------	-------D--
A24-J013	---------T	-F--------	-----D-DQ-
A24-J016	-D-------V	----C-----	-----DQD--
A24-J017	-D-------T	-F--C-----	---------I
A24-J018	---------T	-F--------	---------I
A24-J023	---------T	-F--------	----L--GEA
A24-J021	---------T	-F--------	-----D-DQ-
A24-J024	---------T	-F--------	-----D-D--
A24-J025	-D-------T	-F--------	-----DQDQ-
A24-J026	---------T	-F--------	-------KQ-

A24-negative Japanese infected through USI

Patient ID	flanking WQNYTPGPGI	CTL epitope RYPLTFGWCF	flanking KLVPVEPEKV	
NA24-J025	-H-------V	----C-----	-----D-D/AQ-	
NA24-J023*	---------T	-Y/W/F--------	---------I	Y 2/11,F 3/11,W 5/11
NA24-J021	----------	----------	-----N--Q-	
NA24-J018*	---------T	-Y/F--C-----	----------	Y 8/10,F 2/10
NA24-J017*	---------T	-Y/F--------	----L-----	Y 5/13,F 8/13
NA24-J016	---------V	----------	----L---Q-	
NA24-J015	---------T	-F--------	-----D-DQ-	
NA24-J012	-H/QS------T	----------	-----D-DQ-	
NA24-J011	---------T	-F--------	-------NQ-	
NA24-J010	-	----------	-	
NA24-J009	---------T	-F--------	-------NQ-	
NA24-J008	-D-------T	-F--------	----L---Q-	
NA24-J007	---------T	-F--------	-------NQ-	
NA24-J005	-G/D-------T	-F--------	-----DQDQ-	
NA24-J003	-H--------	----------	-----DQ---	
NA24-J002	-Q/HG-------	----------	-----D-DQ-	

C

A24-positive Australian infected through USI

Patient ID	flanking WQNYTPGPGI	CTL epitope RYPLTFGWCF	flanking KLVPVEPEKV
A24-A001	---------T	-F--------	----------
A24-A002	---------T	-F--------	----M-----

A24-negative Australian infected through USI

Patient ID	flanking WQNYTPGPGI	CTL epitope RYPLTFGWCF	flanking KLVPVEPEKV
NA24-A007	---------V	----------	-
NA24-A005	---------V	----------	----------
NA24-A013	----------	----------	----------
NA24-A008	-H--------	----------	----M-P/Q---
NA24-A003	-H--------	----------	-----D-D--
NA24-A006	----------	----C-----	--------E-

FIG. 1. Nef138-10 epitope and its flanking sequences. Amino acid sequences deduced from the direct DNA sequencing of Nef138-10 CTL epitope and both flanking regions are presented. Wild-type sequences (HIV-1 strain SF2) are presented on the top. Dashes indicate the same amino acid as that of the wild type. Sequence substitutions are presented by single amino acid characters. Where a mixture of two or three amino acids was plausible, two or three amino acids were shown together separated by a shill. A single dash indicates that the sequences could not be determined by ambiguities. (A) Sequences from A24-positive and -negative Japanese hemophiliacs. (B) Sequences from A24-positive and -negative Japanese patients infected through USI. Asterisks indicate samples for which sequence ambiguities were found by direct sequence analysis. We cloned these PCR fragments into the pGEM-T vector and sequenced each 10 to 13 colonies. All amino acid sequences are indicated. (C) Sequences from A24-positive and -negative Australians infected through USI.

frequent among the Japanese population, which has a higher prevalence of HLA-A*2402.

Nef138-10(2F) accompanied a particular amino acid substitution in the N-terminal flanking region. We detected an I-to-T substitution at the 1 position (1T) in 32 flanking sequences out of 34 accompanying Nef138-10(2F) sequences (94%), while others were two I-to-V substitutions (Fig. 1). The 1T substitution was quite unusual in the flanking region of the wild-type Nef138-10 CTL epitope in our cohort (Fig. 1).

Reversion of CTL escape mutants. Since three acutely infected A24-positive patients (A24-J023, A24-J024, and A24-J025) had Nef138-10(2F) in their earliest plasma samples available, we could not demonstrate the evolution of Nef138-10(2F) from the wild type under the selective pressure of HLA-A*2402 (data not shown). However, we could analyze serial samples from chronically infected A24-negative patients who had been followed without treatment over years. All the 12 cloned sequences in the earliest plasma samples available from NA24-J015 had F at the second position; however, 11 out of 11 clones displayed wild-type sequence within a year (Fig. 2A). It is interesting that the 1T substitution in the flanking region was present for at least a further two years before reverting to the wild type (Fig. 2A). In another chronically infected A24-negative patient (NA24-J018), we observed that the proportion of Nef138-10(2F) decreased gradually but persisted in the plasma for almost two years after the start of the follow-up (Fig. 2B). This patient had a T-to-C substitution at the fifth position with [Nef138-10(2F5C)] or without [Nef138-10(5C)] a substitution at the second position (Fig. 2B). Interestingly, the ratio of Nef138-10(2F5C) to Nef138-10(5C) decreased as time went by (Fig. 2B), suggesting that Nef138-10(5C) is more stable than Nef138-10(2F5C). Actually, we observed Nef138-10(5C) in both A24-positive and -negative patients (Fig. 1).

In order to elucidate the higher stability of the 5C rather than the 2F substitution, we examined the codon usage at these positions (data not shown). The wild-type codon for the second tyrosine (Y) residue in Nef138-10 was coded by TAT or TAC in 23 (77%) and 12 (40%) out of 30 patients, respectively. Five patients (17%) had a mixture of TAT and TAC for the codon (data not shown). Mutated nucleotide triplet TTT or TTC was responsible for the Y-to-F amino acid substitution in 27 (80%) and 9 (26%) out of 34 patients, respectively (data not shown).

A

Patient ID	Sample Date M/D/Y	nef138-10 WQNYTPGPGI	RYPLTFGWCF	KLVPVEPEKV	cloning
NA24-J015	06/26/98	---------T	-F--------	-----D-DQ-	direct
		---------T	-F--------	-----D-DQ-	11/12
		---------T	-F-----R--	-----D-DQ-	1/12
NA24-J015	06/07/99	---------T	-Y--------	-----D-DQ-	direct
		---------T	-Y--------	-----D-DQ-	9/11
		-R-------T	-Y--------	-----D-DQ-	1/11
		---------T	-Y--------	--I--D-DQ-	1/11
NA24-J015	03/09/00	---------T	-Y--------	-----D-DQ-	direct
NA24-J015	04/16/01	---------T	-Y--------	-----D-DQ-	direct
NA24-J015	01/16/03	----------	-Y--------	-----D-DQ-	direct
		----------	-Y--------	-----D-DQ-	10/10

B

Patient ID	Sample Date M/D/Y	nef138-10 WQNYTPGPGI	RYPLTFGWCF	KLVPVEPEKV	cloning
NA24-J018	04/08/96	---------T	-F--C-----	--------Q-	direct
		---------T	-F--C-----	--------Q-	7/11
		---------P	-F--C-----	--------Q-	3/11
		---------P	-Y--C-----	--------Q-	1/11
NA24-J018	06/02/97	---------T	-F/Y--C-----	--------Q-	direct
		---------T	-F--C-----	--------Q-	7/13
		---------T	-Y--C-----	--------Q-	3/13
		---------A	-Y--C-----	--------Q-	1/13
NA24-J018	04/06/98	---------T	-Y/F--C-----	----------	direct
		---------T	-Y--C-----	--------Q-	6/10
		---------T	-F--C-----	--------Q-	2/10
		---------T	-Y--C-----	----------	2/10

FIG. 2. Serial Nef138-10 epitope and its flanking sequences in two A24-negative patients. Data are shown as described in the legend to Fig. 1. Fractional numbers in the right-most column indicate clone numbers with the sequences shown in the numerator and total clone numbers sequenced shown in denominator. "Direct" indicates the result of direct sequencing. (A) Patient NA24-Jo15. (B) Patient NA24-J018.

In two patients (6%) Nef138-10(2F) was coded by a mixture of HIV-1 using TTT and TTC for the codon. It appeared that at least one point mutation was necessary for the Y-to-F amino acid substitution. The wild-type codon for the fifth threonine (T) residue in Nef138-10 was coded by ACC or ACT in 49 (98%) and 2 (4%) out of 50 patients. One patient (2%) had a mixture of ACC and ACT. Mutated nucleotide triplet TGC or TGT was responsible for the T-to-C amino acid substitution in 5 (45%) and 6 (55%) out of 11 patients, respectively (data not shown). It appeared that at least two nucleotides had to be mutated for the T-to-C amino acid substitution, although we could not exclude the possibility of a three-nucleotide mutation for the amino acid substitution. Therefore, a Y-to-F amino acid substitution, or vice versa, at the second position required less nucleotide mutations than did the T-to-C substitution at the fifth position.

Peptide-based analysis of Nef138-10 and its variants. We measured the binding affinities of Nef138-10 and its variants to HLA-A*2402 (Fig. 3). Although a Y-to-F substitution occurred at the amino acid crucial for peptide affinity with the binding groove, Nef138-10(2F) binding to the HLA-A*2402 heavy chain was essentially preserved. However, the acquisition of a T-to-C substitution at the fifth position, such as Nef138-10(2F5C) and Nef138-10(5C), greatly reduced the binding affinity (Fig. 3). A functional avidity assay in which PBMCs from five patients were used confirmed the results of the binding assay (Fig. 4). Namely, the patients' PBMCs recognized Nef138-10(2F) at a very low concentration (one-half maximum response 1 nM) and had equivalent or even higher functional avidity than did the wild-type peptide. On the contrary, patients' PBMCs showed very low functional avidity against Nef138-10(2F5C) and Nef138-10(5C) (one-half maximum response 100 nM).

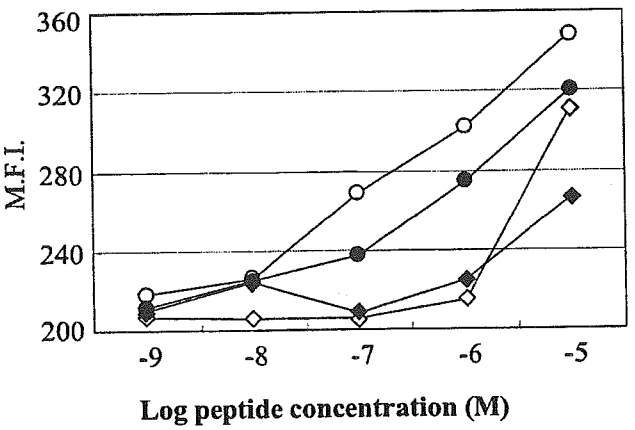

FIG. 3. Binding of the wild-type and mutant peptides to HLA*2402 molecules. Peptide binding to HLA-A*2402 was quantified by using a T2-A24 stabilization assay. Symbols: ○, wild type; ●, 2F; ◇, 5C; ◆, 2F5C. M.F.I., mean fluorescence intensity.

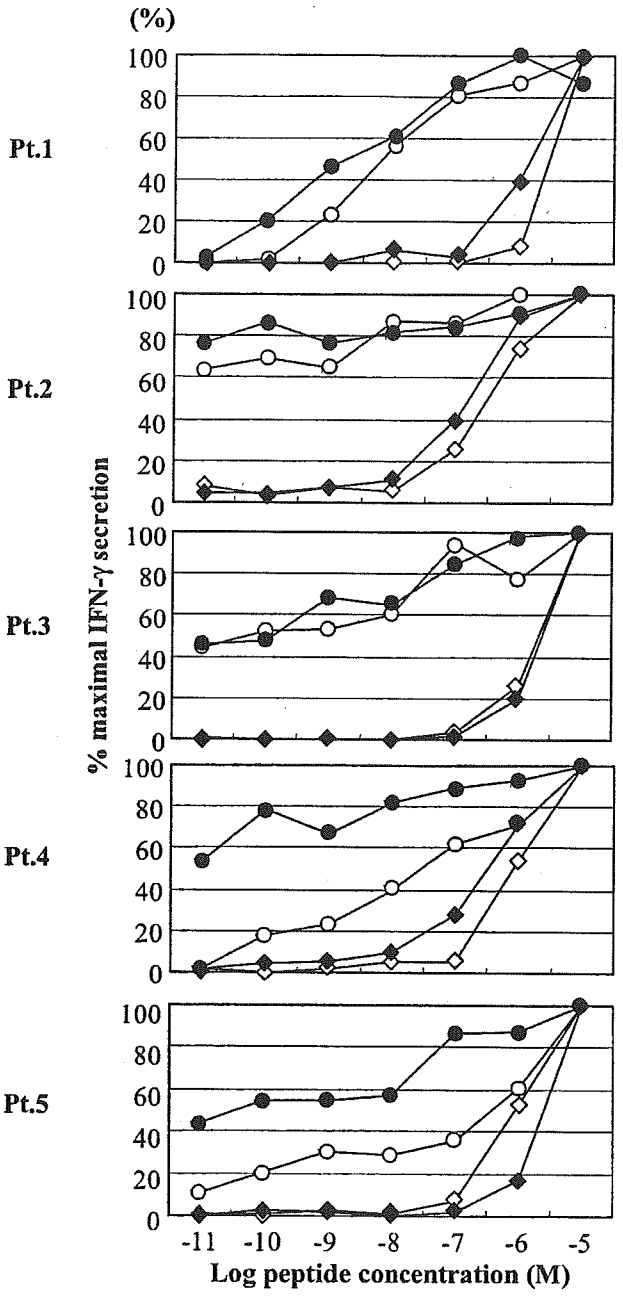

FIG. 4. Functional avidity assay. The reactivity of peptide-specific cells in PBMCs from five patients against log-fold dilutions of peptide was determined. Symbols: ○, wild type. ●, 2F; ◇, 5C; ◆, 2F5C.

Epitope presentation from native Nef protein. Strong selection for Nef138-10(2F) in the presence of CTLs with high in vivo functional avidity against the peptide prompted us to examine the processing and presentation of the Nef138-10 CTL epitope from the native protein. Native Nef proteins containing wild-type or variant CTL epitopes were expressed in an HLA-A*2402-positive-T-cell line (KWN-T4) via SeV. CTL epitope presentation was examined by two CTL clones established from A24-positive patients outside these cohorts. Although the two CTL clones were established by stimulation with the wild-type peptide (Nef138-10), they killed the target cells pulsed with Nef138-10(2F) peptides almost as well as the wild type (Fig. 5A and B). Both CTL clones efficiently killed the target cells expressing either wild-type Nef or Nef with 1T substitution in the flanking region (1T2Y5T). However, these CTL clones failed to kill the target cells infected with vectors expressing Nef138-10(2F) with (1T2F5T) or without (1I2F5T) the 1T substitution in the flanking region. As expected, the CTL clones did not kill the target cells infected with a vector coding Nef138-10(2F5C), a nonbinding mutant (1I2F5C) (Fig. 5A and B). Western blot analysis revealed that Nef proteins with wild-type or variant CTL epitopes were expressed abundantly in the target cells. Taken together, these data indicate that a Y-to-F substitution within the CTL epitope itself but not the 1T substitution in the flanking region resulted in the poor antigen presentation against CTL, which resulted in the escape.

DISCUSSION

We showed a significantly higher prevalence of a stereotypic amino acid substitution [Nef138-10(2F)] at an A24-restricted CTL epitope in Nef among A24-positive Japanese hemophiliacs compared with A24-negative counterparts. The origin of their HIV-1 infection was from the plasma collected and processed in Western countries where HLA-A*2402 was less prevalent (19). It is inferred that Nef138-10(2F) might be rare in a population where HLA-A*2402 is not prevalent but that it has a selective advantage in the presence of HLA-A*2402. Our findings with Australians are consistent with this notion. Although we examined only two HIV-1-infected A24-positive Caucasian Australians, both had Nef138-10(2F). On the other hand, Nef138-10(2F) was rare in A24-negative Australians. Japanese and Australians are distinctly different in the frequency of HLA-A*2402 within their respective populations (allele frequency of HLA-A24 is 35.1 and 7.8%, respectively) (19). Nef138-10(2F) was also positively selected among Japanese patients who were infected through USI. Interestingly, we detected Nef138-10(2F) frequently among A24-negative Japanese who were infected through USI. The result suggests that HIV-1 that went through selective pressure by HLA-A*2402 is actually circulating among the Japanese population because of the high prevalence of HLA-A24. Although we showed the reversion of Nef138-10(2F) to the wild type, it occurred very slowly over years, allowing the horizontal spread via sexual contact. In this study, we showed that HIV-1 with Nef138-10(2F) is actually a CTL escape mutant. Although the stereotypic Y-to-F substitution occurred at an anchor residue, Nef138-10(2F) peptide did bind to HLA-A*2402 heavy chain with almost the same efficiency as did the wild type (Fig. 3). This result is consistent with the algorithm prediction of the published binding motif (http://hiv-web.lanl.gov/content/immunology/motif_scan/motif.html). When native Nef proteins with or without a substitution were overexpressed in the A24-positive target cells via SeV, the Y-to-F substitution at the second position of the CTL epitope virtually abolished the killing by the CTL clones. The substitution in the flanking region did not affect the killing substantially. Therefore, the mechanism for the CTL escape appeared to reside in the processing of native Nef proteins and subsequent antigen presentation rather than HLA binding. A proteosomal cleavage

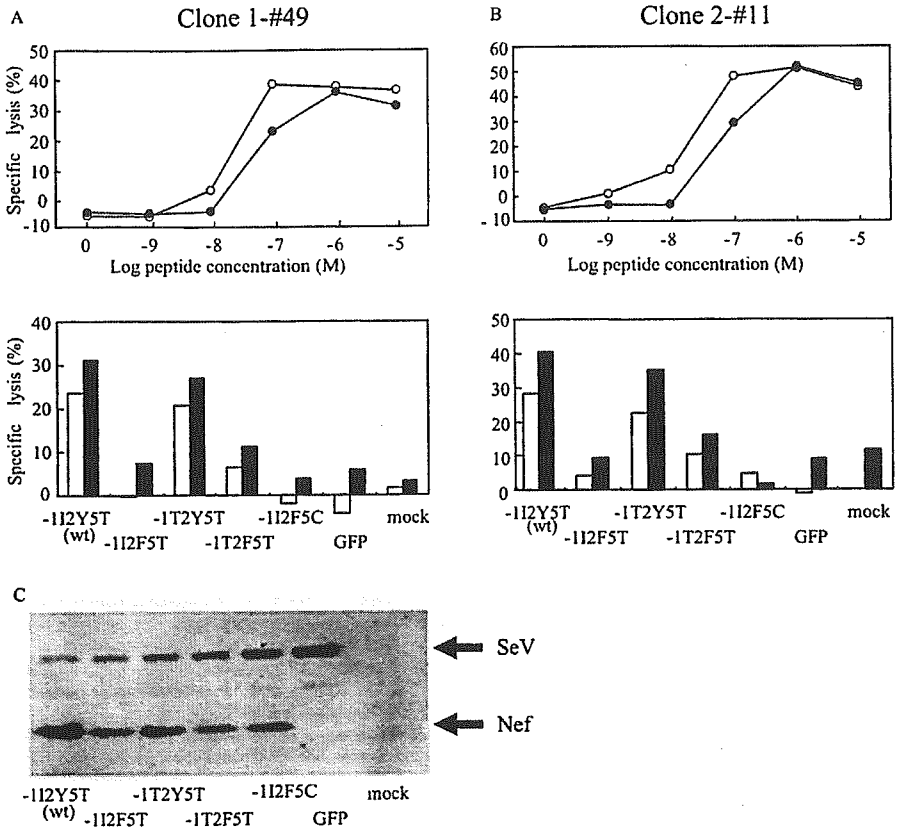

FIG. 5. Killing activity of clone 1-#49 (A) against KWN-T4 target cells pulsed with log-fold dilutions of peptide (top) and expressing native Nef proteins containing wild-type sequences (1I2Y5T), a Y-to-F substitution at the second position of the CTL epitope (1I2F5T), an I-to-T substitution at the 1 flanking position (1T2Y5T), double substitutions at the 1 and second positions (1T2F5T), and double substitutions at the second and fifth positions (1I2F5C) (bottom). The effector-versus-target ratio was 1:1 ( ) or 2.5:1 (■) in panel A and 1:1 ( ) or 4:1 (■) in panel B. Killing activity against KWN-T4 cells infected with control vector expressing green fluorescent protein (GFP) and mock infected (mock) are also shown. (C) Western blot analysis of intracellular expression of various Nef mutants in KWN-T4 target cells. KWN-T4 target cells expressing native Nef proteins containing wild-type sequences (1I2Y5T), a Y-to-F substitution at the second position of the CTL epitope (1I2F5T), an I-to-T substitution at the 1 flanking position (1T2Y5T), double substitutions at the 1 and second positions (1T2F5T), and double substitutions at the second and fifth positions (1I2F5C) were examined. KWN-T4 cell lysates infected with control vector expressing GFP and mock infected are also shown. An aliquot (3 g) of the same KNW-T4 target cells used for the killer assay in the upper panel was used for the Western blot. Symbols: ○, Nef138-10; ●, Nef138-10(2F).

prediction program, NetChop (23), suggested the possibility that the Y-to-F substitution in the second position creates a new cleavage site at the fifth T residue in the CTL epitope. Proteolytic cleavage within the epitope could be the cause of poor antigen presentation.

Although we could not show the process of positive selection for Nef138-10(2F), Nef138-10(2F5C), and Nef138-10(5C), the high prevalence of Nef138-10(2F) in A24-positive patients and the reversion in A24-negative patients suggested that one point mutant, Nef138-10(2F), was selected first, and then two or three point mutants, Nef138-10(2F5C), evolved. Once the T-to-C amino acid substitution at the fifth position is acquired, the binding capacity of the CTL epitope to the HLA-A*2402 heavy chain is abolished (Fig. 3), and the Y-to-F substitution at the second position may become dispensable even in the presence of HLA-A*2402.

In our cohort of patients, Nef138-10(2F) accompanied a 1T substitution in the flanking region very frequently. We observed sequential reversion in the CTL epitope and flanking region at least in one patient with an A24-negative background. As of 11 October 2003, the HIV-1 sequence database showed that the 2F substitution (74 sequences) accompanied the 1T substitution frequently (64.9%) but accompanied the wild-type residue (I) only rarely (9.5%). On the other hand, the wild-type residue (Y) in the second position of the CTL epitope (195 sequences) accompanied wild-type (I) residue more frequently (57.4%) than the 1T substitution (20.5%). Although the function of the region surrounding Nef138-10 has not been elucidated, there seems to be a compensation between these two residues.

In simian immunodeficiency virus infection, CTLs with high functional avidity select for escape variants (29). However, we found CTLs with high functional avidity not only against the wild type but also against Nef138-10(2F) in five patients studied. It is not known how these CTLs against Nef138-10(2F) are maintained in vivo. Very recently, new insights into the exogenous pathway for antigen presentation to CTLs have been elucidated (15, 17). Cross presentation by professional antigen-

presenting cells such as dendritic cells may be responsible. Our study underlines the difficulties in evaluating the effective CTL responses in vivo by CTL assays in which peptides are used, such as ELISPOT.

For example, a CTL escape variant of Epstein-Barr virus was demonstrated in a highly A11-positive population in New Guinea (9). HLA-restricted CTL responses appear to be driving HIV-1 evolution at a population level (20). As far as we know, this is the first direct demonstration of horizontal transmission of CTL escape mutants of HIV-1 at a population level. We previously reported stereotypic amino acid substitutions in HIV-1 at some CTL epitopes restricted by HLA-B35 (21). Stereotypically selected HIV-1 may become dominant through transmission where certain HLA types are highly prevalent. Recently, a rare HLA supertype was shown to have a selective advantage for the prognosis of HIV-1 infection (34). In a population with less diverse HLA types, such as that of Japan, HLA types may have a large impact on HIV-1 evolution and escape. Our study may prove to have important implications for understanding viral pathogenesis and vaccine development.

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Influence of single-nucleotide polymorphisms in the multidrug resistance-1 gene on the cellular export of nelfinavir and its clinical implication for highly active antiretroviral therapy

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Protease inhibitors (PIs) such as nelfinavir (NFV) suppress HIV replication. PIs are substrates of P-glycoprotein (P-gp), the product of the multidrug-resistance-1 (*MDR1*) gene. Three single-nucleotide polymorphisms (SNPs) are present in exons of the *MDR1* gene: *MDR1* 1236, *MDR1* 2677 and *MDR1* 3435. We speculated that these genetic polymorphisms affected PI concentration in the cell. To verify this hypothesis, we first genotyped these SNPs in 79 Japanese patients by the SNaPshot method and found incomplete linkage disequilibrium between the SNPs. Because the SNP at *MDR1* 3435 has been reported to be associated with P-gp expression, we evaluated the effect of that SNP on the export of NFV from HIV-positive patients' lymphoblastoid cell lines by measuring time-dependent decrease in the amount of intracellular NFV by high-performance liquid chromatography. We found the intracellular concentration of NFV in lymphoblastoid cell lines (LCLs) with the homozygous T/T genotype at *MDR1* 3435 were higher than that with C/C genotype with statistical significance. This suggests that the activity of P-gp in patients' LCL cells with the *MDR1* 3435 T/T genotype was lower. In a retrospective study we evaluated the effect of the SNPs on CD4 cell count recovery in response to antiretroviral treatment with PIs, and obtained statistically significant evidence that suggested marginal association of the SNP at *MDR1* 1236 but not at *MDR1* 2677 or *MDR1* 3435. As *in vitro* results were not consistent with the clinical evaluation, clinical importance of *MDR1* genotyping for antiretroviral therapy remains to be investigated in a larger, case-controlled study.

Introduction

Antiretroviral therapy with HIV protease inhibitors (PIs) in combination with reverse transcriptase inhibitors dramatically improved the prognosis of patients infected with HIV-1. However, some patients fail to achieve the maximal virological suppression. We speculate that such failure is partly because PIs do not accumulate in lymphocytes in their active free forms in a concentration high enough to inhibit viral replication [1,2], although the intracellular active PI levels have, to the best of our knowledge, not yet been determined. The activity of P-glycoprotein (P-gp), the product of the multidrug resistance-1 (*MDR1*) gene, appears to affect intracellular PI concentration, because PIs such as nelfinavir (NFV) are substrates of P-gp [2]. P-gp is a glycosylated membrane protein belonging to the ATP-binding cassette superfamily of membrane transporters. P-gp is expressed in many tissues and cell types including intestinal epithelial cells and lymphocytes, where it acts as an energy-dependent exporter [3–9]. The *MDR1* is polymorphic and at least three single-nucleotide polymorphisms (SNPs) have been identified in the exons in a healthy Japanese population [10] as well as in other ethnic groups [6]. *MDR1* 1236 and *MDR1* 3435 are silent mutations in exons 12 and 26 [3,11], respectively, whereas *MDR1* 2677 is a substitution mutation in exon 21 [11]. Reportedly, the SNP at *MDR1* 3435 is associated with the amount and activity of P-gp protein both *in vitro* and *in vivo* [3,12]. In addition, individuals with the T/T genotype at *MDR1* 3435 were found to express less P-gp in lymphocytes and in intestinal epithelial cells [3,13] and showed lower efflux of rhodamine from natural killer (NK)

cells than those with the C/C genotype [13]. According to these observations, *MDR1* polymorphisms seem to affect the intracellular PI concentration and the outcome of antiretroviral treatment. However, the role of *MDR1* 3435 SNP in the response to antiretroviral therapy is still controversial [12,14].

The objective of this study was to evaluate the effect of three *MDR1* SNPs on the intracellular concentrations of NF and to evaluate the impact of those SNPs on virological and immunological response to antiretroviral treatment, including NFV and PIs. We genotyped the SNPs in 79 Japanese patients and compared the velocity of NFV efflux among selected patients' lymphoblastoid cell lines (LCLs) with different *MDR1* 3435 genotypes. We also analysed the viral loads and CD4 cell counts after initiation of antiretroviral treatment with prescriptions with PIs including NFV in 21 patients.

Materials and methods

Patients

A total of 79 HIV-positive Japanese patients were enrolled in this study. These patients attended a hospital AIDS clinic at the Institute of Medical Science, University of Tokyo (IMSUT). The patients provided their written informed consent to participate in the study and to supply blood samples for DNA analysis and cell culture. Of the 79 patients, 21 receiving highly active antiretroviral therapy (HAART) including PIs were divided into three groups: 11 patients receiving HAART with NFV, four patients receiving HAART with indinavir (IDV) and six patients receiving HAART with saquinavir (SQV) or lopinavir/ritonavir (LPV/RTV). CD4 cell counts and HIV-RNA of plasma were analysed for 9 months after the initiation of the antiretroviral treatment. The study has been approved by the ethics committee of IMSUT.

Single-nucleotide polymorphisms

We typed three single-nucleotide polymorphisms (SNPs) at *MDR1* 1236 (exon 12), *MDR1* 2677 (exon 21) and *MDR1* 3435 (exon 26) by polymerase chain reaction (PCR) followed by ABI PRISM SNaPshot Multiplex Kit (PE Biosystems, Foster City, Calif., USA) [15]. Information on primers and conditions for PCR was obtained at http://snp.ims.u-tokyo.ac.jp [10].

Cells and determination of uptake and efflux of NFV

Peripheral blood mononuclear cells (PBMCs) were separated from patients' whole blood with Ficoll-Conray gradient centrifugation. LCLs were obtained by transforming PBMCs with Epstein-Barr virus (EBV), which was obtained from cell-free supernatants of EBV-producing B95–8 cell lines [16]. LCLs were maintained in RPMI 1640 medium (Sigma-Aldrich, St. Louis, Mo., USA) supplemented with 10% heat-inactivated fetal calf serum.

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To determine the time course of NFV uptake into LCL cells, LCL cells (1×10^6/10 ml, counted with a haematocytometer) were incubated at 37°C in a medium containing 10 μM NFV. Cells were harvested by centrifugation at 1500 ×*g* for 5 min at 4°C and immediately frozen at –80°C until high-performance liquid chromatography (HPLC) analysis. To determine the velocity of NFV efflux from LCL cells, these patients' LCL cells were incubated at 37°C in a medium containing 10 μM NFV for 3 h. The cells were then quickly washed twice with 10 ml ice-cold phosphate-buffered saline and cultured in 10 ml NFV-free medium for up to 3 h. After an interval, aliquot cells were harvested by centrifugation at 1500 ×*g* for 5 min at 4°C and immediately frozen at –80°C until HPLC analysis.

Reverse transcription-PCR (RT-PCR)

For quantification of *MDR1* transcript, RNA from 1×10^7 LCL cells was isolated using Trizol reagents (Invitrogen Corp, Carlsbad, Calif., USA). First strand cDNA was obtained by using ReverTra Ace (Toyobo, Osaka, Japan) with 1 μg of total RNA. cDNA was subjected to PCR. Information on primers and conditions for PCR was obtained as previously described [17]. We used human glyceraldehyde 3-phosphate dehydrogenase mRNA as a positive control.

Determination of intracellular concentration of NFV by HPLC

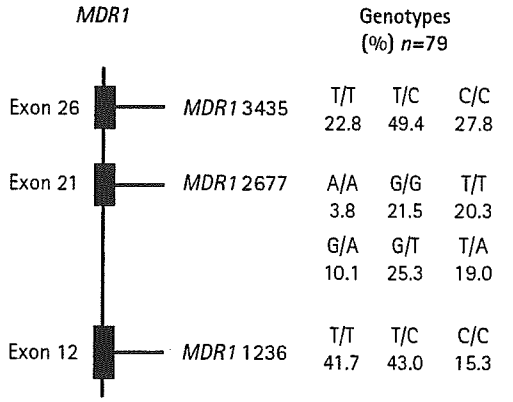
The patients' frozen LCL cells were extracted with 1.5 ml of ethanol. The extracts were then clarified by centrifugation at 2050 ×*g* for 10 min at 4°C. The ethanol extracts were evaporated at 30°C and dissolved in 180 μl of mobile phase, which was a mixture of phosphate buffer (containing 50 mM KH_2PO_4 and 50 mM Na_2HPO_4; pH 5.63) and acetonitrile (1:1, v:v) [18]. The amounts of NFV were measured using a Sensyu Pack ODS C_{18} column (5 μm particle size; 150×4.6 mm, Sensyu Scientific Co, Tokyo, Japan) at a flow rate of 1.5 ml/min by HPLC (Shimadzu Co, Tokyo, Japan). The UV detection wave length was 220 nm and efavirenz (EFV) was used as an internal standard. The lower limits of detection and quantification were 20 ng (30.1 pmole)/10^6 cells, and the calibration range was 20–2000 ng (30.1–3010 pmole/10^6 cells).

Results

We typed the three SNPs at *MDR1* 1236 (exon 12), *MDR1* 2677 (exon 21) and *MDR1* 3435 (exon 26) in DNA samples from 79 HIV-positive Japanese patients

(Figure 1). We found that it was consistent with the Hardy–Weinberg principle (Tables 1 and 2). Furthermore, in all possible two-way comparisons of the three SNPs at *MDR1* 1236 (exon 12), *MDR1* 2677 (exon 21, excluding the genotypes containing G) and *MDR1* 3435 (exon 26), we found significant linkage disequilibrium between *MDR1* 2677 A (T) and *MDR1* 1236 C (T), *MDR1* 2677 A (T) and *MDR1* 3435 C (T), and *MDR1* 1236 C (T) and *MDR1* 3435 C (T), respectively.

Figure 1. Frequency of SNPs in *MDR1*



The SNPs at *MDR1* 1236, *MDR1* 2677 and *MDR1* 3435 were typed by the SNaPshot method. Genotype frequencies at each site are shown as percentage among 79 HIV-infected Japanese patients. The thin vertical line at left represents the *MDR1* gene on human chromosome 7. The closed boxes represent exons 12, 21 and 26.

Table 1. Hardy–Weinberg principle at *MDR1* 1236 (*n*=79)

	T/T	T/C	C/C
Observed number of patients	33	34	12
Expected number of patients	31.7*	36.7†	10.6‡

p: Frequency for the T allele $\frac{33\times2+34}{2\times79}=0.633$

q: Frequency for the C allele 1–p=0.367

*$79\times p^2=31.7$

†$79\times2pq=36.7$

‡$9\times q^2=10.6$

Table 2. Hardy–Weinberg principle at *MDR1* 3435 (*n*=79)

	T/T	T/C	C/C
Observed number of patients	18	39	22
Expected number of patients	17.8*	39.4†	21.8‡

p: Frequency for the T allele $\frac{18\times2+39}{2\times79}=0.475$

q: Frequency for the C allele 1–p=0.525

*$79\times p^2=17.8$

†$79\times2pq=39.4$

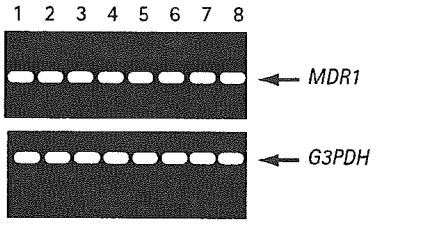
‡$79\times q^2=21.8$

Reportedly, *MDR1* 3435 T/T genotype was associated with lower expression of P-gp in leukocytes [13] so we hypothesized that the genotype was also associated with slower cellular export of NFV in patients' lymphocytes. To investigate this, we first established LCLs by immobilizing selected patients' PBMCs with EBV. We selected eight patients' LCLs with *MDR1* 3435 C/C (*n*=4) and T/T (*n*=4) and verified similar levels of *MDR1* in these LCLs by RT-PCR (Figure 2). We observed little variation in *MDR1* transcripts.

We found that uptake of NFV was rapid into LCLs reaching a steady-state within 5 mins (Figure 3). We studied four patients' LCLs with *MDR1* 3435 T/T and *MDR1* 3435 C/C to compare the steady-state intracellular concentration of NFV after 3 h incubation in a medium containing 10 μM NFV. The intracellular concentrations of NFV in LCLs with *MDR1* 3435 T/T and C/C genotypes were 2593 μM and 2411 μM, respectively (*n*=4), with no statistical difference. We calculated these values by hypothesizing that the LCLs are ideal spheres (10 μm diameter) and that NFV distributes uniformly in the cell.

We then compared NFV efflux from those LCLs with different genotypes at *MDR1* 3435. Before measuring export of NFV, LCLs were cultured with NFV to a saturated level. These NFV-loaded cells were transferred to NFV-free medium and cultured for 3 h with intermittent sampling of cell aliquots. We compared the efflux of NFV from the eight patients' LCLs with *MDR1* 3435 T/T and C/C (*n*=4 each), which had been verified to express *MDR1* mRNA by

Figure 2. *MDR1* mRNA expression in LCLs



We selected eight patients' LCLs with *MDR1* 3435 C/C (lanes 1–4) and T/T (lanes 5–8) and measured the expression of *MDR1* mRNA. Total cellular RNA from LCLs was subjected to RT-PCR with primer sets for *MDR1* and *G3PDH* transcripts. Aliquots were subjected to agarose gel electrophoresis. The genotypes at *MDR1* 1236, 2677 and 3435: lanes 1 and 2, (T/T, G/G, C/C); lane 3, (T/C, G/A, C/C); lane 4 (C/C G/A C/C); lane 5 (T/T, G/T, T/T); and lanes 6–8 (T/T, T/T, T/T).

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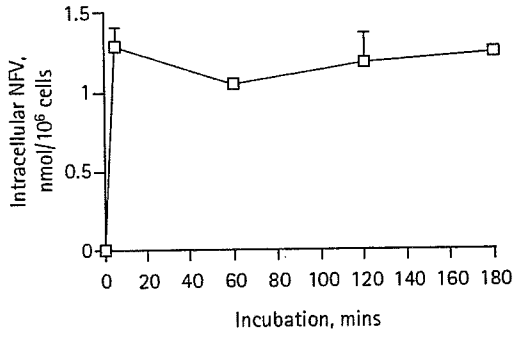
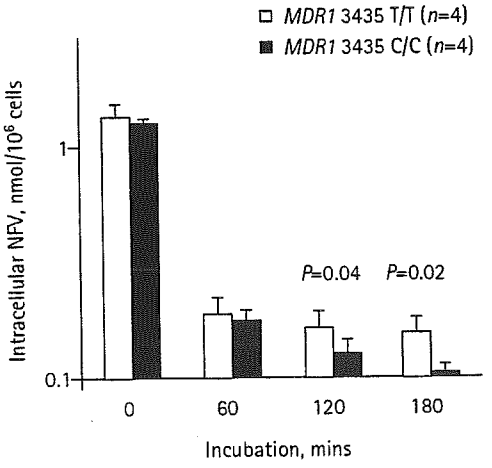
RT-PCR (Figure 2). The concentration of intracellular NFV in LCLs with the homozygous T/T genotype at *MDR1* 3435 was higher than in those with C/C genotype at 120 mins and 180 mins. This difference was statistically significant (P=0.04 and 0.02, respectively, Mann–Whitney U-test, Figure 4). This meant the NFV efflux in patients' LCL cells with the *MDR1* 3435 T/T genotype was slower than that with C/C genotype. Thus, we suspect the activity of P-gp in patients' LCLs with the *MDR1* 3435 T/T genotype is lower than that with the C/C genotype.

Figure 3. A typical time course of NFV uptake



LCL cells (1 ×10⁶/10 ml) were incubated in medium containing 10 μM of NFV. Cells were harvested at 0, 5, 60, 120 and 180 mins and assayed for intracellular NFV by HPLC. The horizontal axis shows the incubation time in mins. The vertical axis shows the intracellular amount of NFV per 10^6 cells. The error bars represent the standard deviations.

Figure 4. NFV efflux from patients' LCLs



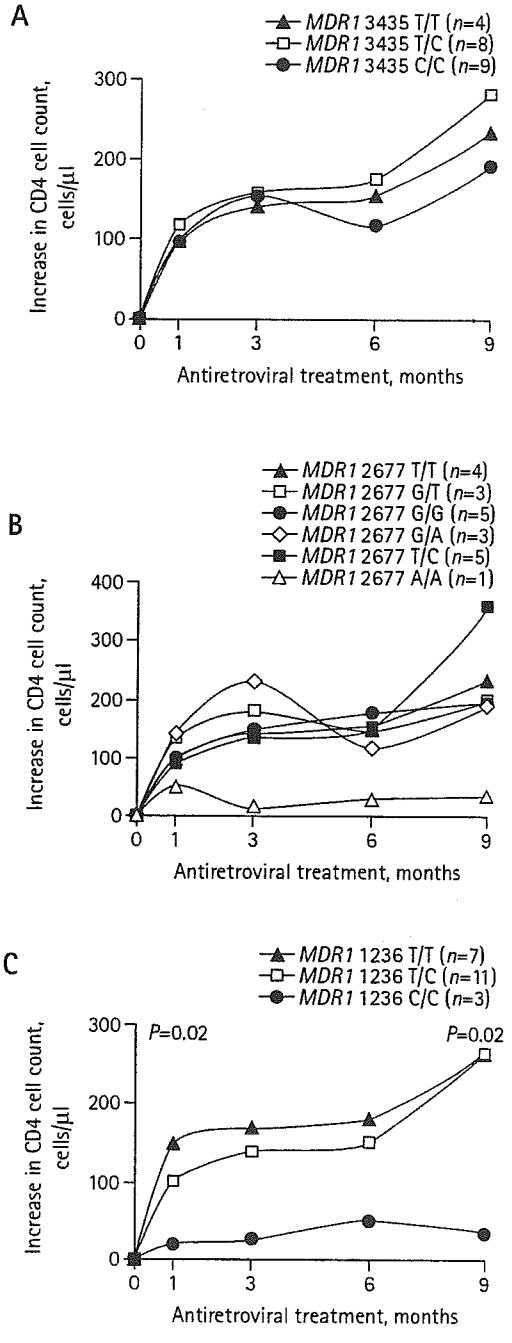
LCL cells were incubated in medium containing 10 μM of NFV for 3 h. Cells were then washed and cultured in NFV-free medium. Intracellular concentration of NFV was determined at 0, 60, 120 and 180 mins by HPLC. The horizontal axis shows the incubation time in mins. The vertical axis shows the intracellular amount of NFV per 10^6 cells. We selected eight patients (described in the legend to Figure 2) and examined the velocity of NFV efflux from those cells. The intracellular concentration of NFV was measured several times in all patients' LCLs, and data were similar in every test. The error bars represent the standard deviations.

To examine the influence of *MDR1* 3435 genotypes on the response to treatment, we assessed increase in CD4 cell counts and viral suppression in 21 patients after initiation of HAART. At first, we hoped to analyse data obtained from a group of patients receiving NFV alone as a PI, but could not, due to the small number of NFV-receiving patients. Thus, we carried out the analysis in those patients receiving PIs including NFV (n=11), indinavir (n=4) and saquinavir/lopinavir/ritonavir (n=6). CD4 cell counts before treatment were similar among patients with various genotypes. Patients with various genotypes at *MDR1* 3435 showed similar changes in CD4 cell counts (Figure 5A) and viral suppression (Figure 6A) during 9 months of HAART. We found patients with the *MDR1* 1236 T/T showed higher increase in CD4 cell counts at 1 month (148 cells/μl) and 9 months (264 cells/μl) after initiation of therapy than those with *MDR1* 1236 C/C (20 cells/μl and 34 cells/μl, respectively) (Figure 5C). We suspected that *MDR1* 1236 T/T was associated with a higher rate of recovery of CD4 cell counts for patients receiving HAART with PI. We did not find differences in rates of viral suppression among the patients with various *MDR1* 1236 genotypes (Figure 6C). We did not observe a statistical difference in CD4 cell counts or viral loads among patients with different *MDR1* 2677 genotypes (Figures 5B and 6B).

Discussion

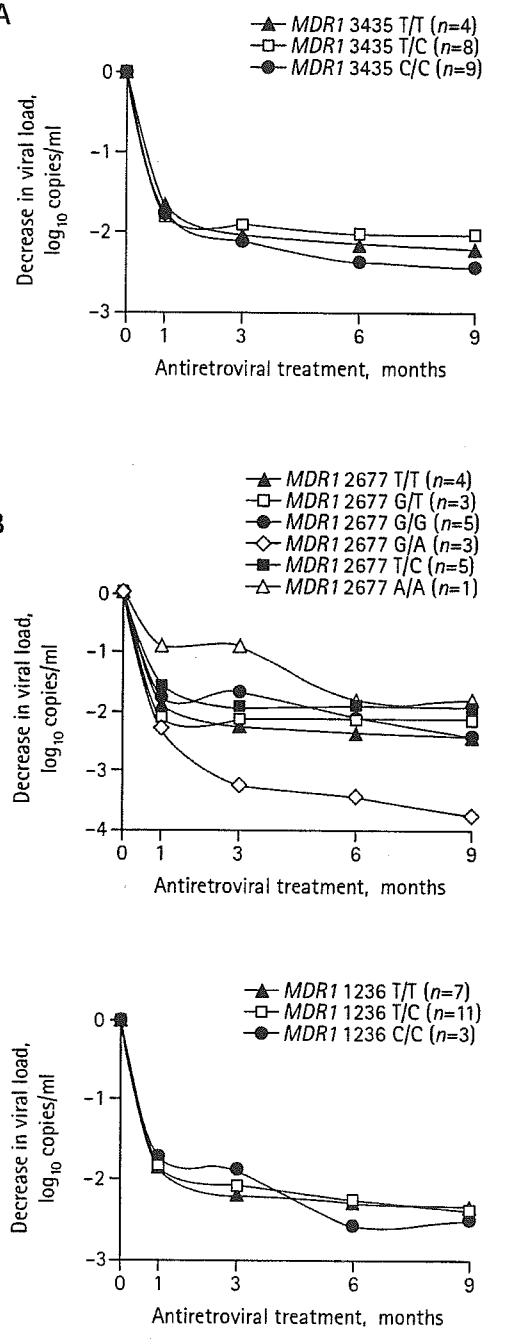
In this study, we genotyped three SNPs at *MDR1* 1236 (exon 12), *MDR1* 2677 (exon 21) and *MDR1* 3435 (exon 26) (Figure 1) in 79 HIV-positive Japanese patients and found incomplete linkage disequilibrium – as has also been reported in other ethnic groups [6]. We found that genotype frequencies of the SNPs at *MDR1* 1236 (exon 12) and *MDR1* 3435 (exon 26) in this population were in Hardy–Weinberg equilibrium. This suggested that the studied population was precisely genotyped and unbiased in terms of the *MDR1* gene. We compared the activity of P-gp among patients' LCLs with different *MDR1* 3435 genotypes by measuring NFV efflux from the cultured LCL cells by HPLC. We found that the intracellular concentration of NFV in LCLs with the homozygous T/T genotype at *MDR1* 3435 was higher than in those with the C/C genotype at 120 mins and 180 mins. This difference was statistically significant (P=0.04 and 0.02, respectively; Mann–Whitney U-test; Figure 4). In contrast, in the retrospective evaluation of 21 HIV-positive patients

Figure 5. Increase in CD4 cell count among patients with the various genotypes of *MDR1* during antiretroviral treatment



We assessed increase in CD4 cell counts among 21 patients. Every subject had CD4 cell counts and viral loads at months 0, 1, 3, 6 and 9. (A) *MDR1* 3435: T/T (▲); C/C (●); T/C (□). (B) *MDR1* 2677: T/T (▲); G/G (●); G/T (□); G/A (◇); T/A (■); A/A (△). (C) *MDR1* 1236: T/T (▲); C/C (●); T/C (□). The vertical axis shows the increase in CD4 cell count during treatment. *P* values were calculated by the Mann–Whitney U-test.

Figure 6. Suppression of viraemia among patients with various genotypes of MDR1 after antiretroviral treatment



We assessed suppression of viraemia among the same 21 patients as described in the legend to Figure 5. (A) *MDR1* 3435: T/T (▲); C/C (●); T/C (□). (B) *MDR1* 2677: T/T (▲); G/G (●); G/T (□); G/A (◇); T/A (■); A/A (▲). (C) *MDR1* 1236: T/T (▲); C/C (●); T/C (□). The vertical axis shows decrease in viral load. Values are shown as $\log_{10}$ copies/ml plasma.

receiving PIs, we failed to observe a statistical difference in CD4 cell counts and viral suppression among patients with different *MDR1* 3435 SNPs (Figures 5A and 6A). Furthermore, we found that patients with the *MDR1* 1236 T/T genotype showed a greater increase in the CD4 cell counts during HAART therapy with PI at months 1 and 9 than patients with the *MDR1* 1236 C/C genotype (Figure 5C). The contribution of genetic variations in the *MDR1* gene to the patients' clinical characteristics, if any, seems very complicated and thus is difficult to evaluate in a straightforward manner.

As the steady-state intracellular concentration of NFV was about 250 times higher than that in the medium (10 μM), the uptake of NFV seems active rather than passive. However, these *in vitro* data depart from what has been observed in *in vivo* measurements of NFV in patients [19,20] presumably due to the presence of alpha(1)-acid glycoprotein to which NFV binds in plasma [21]. Furthermore, this discrepancy may also be due to the differential distribution of NFV among tissues rather than in free artificial medium. Therefore, our *in vitro* data should be considered as such, that is, *in vivo* lymphocytes may be unlikely to have this high intracellular to extracellular concentration ratio (250:1).

We observed an association of slower efflux of NFV *in vitro* with the T/T genotype at *MDR1* 3435. In fact, P-gp has been found to export PIs from lymphocytes and reduce their anti-HIV activity *in vitro*, and its low activity has been found to be associated with the T/T genotype at *MDR1* 3435 [13]. As the SNP at *MDR1* 3435 is a silent mutation, one possible explanation for this association is that the T/T genotype at *MDR1* 3435 renders *MDR1* mRNA unstable in the cell. Another possible explanation for the association is that *MDR1* 3435 SNP is in linkage disequilibrium with the SNPs at *MDR1* 1236 (exon 12) and *MDR1* 2677 (exon 21), the latter of which is a substitution mutation. This amino acid substitution from the *MDR1* 2677 SNP may be responsible for the observed difference (Figure 4) [11]. Another possible explanation is that *MDR1* 3435 SNPs are in linkage disequilibrium with a polymorphism(s) elsewhere in the genome that modifies *MDR1* expression or function [3,12].

Although an *in vitro* study showed that the velocity of NFV efflux in patients' LCLs with the *MDR1* 3435 T/T genotype was slower than that with the C/C genotype, we failed to observe a statistical difference in CD4 cell counts and viral suppression among patients with different *MDR1* 3435 genotypes (Figures 5A and 6A). Four equally possible accounts seem to explain this discrepancy. Firstly, since the C/C genotype at *MDR1* 3435 is also correlated with higher expression of P-gp in intestinal epithelial cells that adsorb PIs, the *MDR1* 3435 C/C is likely to be associated with higher absorption of PIs and higher PI concentration in plasma [12,22]. The higher plasma levels of NFV in 3435 C/C patients in one study [12] is puzzling and as yet not fully understood. Secondly, the sample size (n=21) in this study may be too small to evaluate CD4 cell counts or viral suppression in a statistical way. Thirdly, since the enrolled patients received different treatment combinations of PIs and reverse transcription inhibitors during antiretroviral therapy, the clinical evaluation was not normalized. Finally, because LCLs – immobilized B cells – but not CD4+ T cells were used in this study, the function of P-gp in a setting of HIV-1 infection may not have been accurately tested. In contrast to the *MDR1* 3435, we observed a marginal but statistically significant association of the *MDR1* 1236 SNP with the CD4 cell count increase although this SNP is a silent mutation. To our knowledge, this clinical association of *MDR1* 1236 with statistical significance is unprecedented, although its clinical significance remains to be investigated. In conclusion, a large-scale and case-controlled study would be required to test whether SNPs of *MDR1* affect the clinical course during antiretroviral therapy with PIs and the prognosis of infected patients.

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Impaired Processing and Presentation of Cytotoxic-T-Lymphocyte (CTL) Epitopes Are Major Escape Mechanisms from CTL Immune Pressure in Human Immunodeficiency Virus Type 1 Infection

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Investigating escape mechanisms of human immunodeficiency virus type 1 (HIV-1) from cytotoxic T lymphocytes (CTLs) is essential for understanding the pathogenesis of HIV-1 infection and developing effective vaccines. To study the processing and presentation of known CTL epitopes, we prepared Epstein-Barr virus-transformed B cells that endogenously express the *gag* gene of six field isolates by adopting an *env/nef*-deletion HIV-1 vector pseudotyped with vesicular stomatitis virus G protein and then tested them for the recognition by Gag epitope-specific CTL lines or clones. We observed that two field variants, SLENTVAVL and SVYNTV ATL, of an A 0201-restricted Gag CTL epitope SLYNTVATL, and three field variants, KYRLKHLVW, QYRLKHIVW, and RYRLKHLVW, of an A24-restricted Gag CTL epitope KYKLKHIVW escaped from being killed by the CTL lines, despite the fact that they were recognized when the synthetic peptides corresponding to these variant sequences were exogenously loaded onto the target cells. Thus, their escape is likely due to the changes that occur during the processing and presentation of epitopes in the infected cells. Mutations responsible for this mode of escape were located within the epitope regions rather than the flanking regions, and such mutations did not influence the virus replication. The results suggest that the impaired antigen processing and presentation often occur in HIV-1 field isolates and thus are one of the major mechanisms that enable HIV-1 to escape from CTL recognition. We emphasize the importance of testing HIV-1 variants in an endogenous expression system.

Accumulated evidence has indicated a critical role of cytotoxic T lymphocytes (CTLs) in controlling human immunodeficiency virus (HIV) replication during acute and chronic infection (16). Eliciting HIV type 1 (HIV-1)-specific CTLs has been thought to be crucial for effective HIV/AIDS vaccines (15). However, despite the presence of CTLs, the majority of HIV-1-infected cases eventually progress to AIDS, probably as a consequence of the emergence of escape mutants from CTLs (8, 20). Among immunized monkeys, which developed strong cellular immune responses against HIV-1, eventual vaccine failure occurs by viral escape from CTLs (2). Thus, investigating the mechanisms of CTL failure to control the virus is essential to understanding the pathogenesis of HIV-1 infection and to develop HIV/AIDS vaccines.

The high rate of HIV-1 replication in vivo indicates that HIV-1 has tremendous ability to mutate swiftly (9, 30) and to make a dynamic adaptation to host-immune environments (3, 14, 18, 21, 31). Several mutations have been described in CTL epitopes in HIV-1-infected individuals, which result in either a lack of binding to the MHC class I molecule or nonrecognition by T-cell receptor (TCR) (3, 8, 12, 20, 21). Consequently, the virus escapes from CTL recognition. There are other mutations that do not lead to either escape effects (12); very little is known about the influence of these mutations on CTL recognition. CTL antigens are processed and presented on the cell surface in a very complex manner. Peptides are cleaved from endogenously synthesized proteins by proteasome in the cytoplasm and transported into the endoplasmic reticulum by the transporter of antigen presentation. Amino-terminal extended peptides are trimmed to the right size of peptides by aminopeptidases, which exist in both the cytoplasm and the endoplasmic reticulum (23). These steps have various degrees of substrate sequence specificity (17). The generated peptides should have sufficient affinity to bind to a major histocompatibility complex (MHC) class I molecule in the presence of various other peptides derived from host proteins and to maintain the stability of peptide-MHC complexes until they are presented on the cell surface (28). Thus, it is plausible that some amino acid substitutions in the epitope and its flanking regions have a significant influence on antigen processing and presentation. In the present study, we hypothesized that such mutations often enable HIV-1 to escape from CTL recognition.

Conventionally, the intracellular HIV-1 antigen processing and presentation has been studied with recombinant vaccinia viruses expressing an HIV-1 gene (3, 4, 11, 20, 26). Several

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TABLE 1. Characteristics of five HIV-1-infected donors[a]

Donor	HLA type			CD4 count/ 1	Virus load (copies/ ml)	No. of isolated clones
	A	B	Cw			
IMS1	*0201/2402	52/75	3	286	400	3
IMS2	*0201/31	27/5101	2	797	400	2
IMS4	*0207/2402	46/52	1	448	400	2
IMS6	2402/26	7/5101	7	368	3.6 10^5	3
IMS7	1/	37/	6	544	1.3 10^3	3

[a] HLA alleles, CD4 count, viral load, and the number of isolated clones from each donor's sample are shown.

studies have addressed this issue in the context of HIV-infected T cells (4, 29, 32, 33). Most studies, however, have only evaluated a single or a few laboratory-established strains. The CTL recognition of HIV-1 clinical isolates has been evaluated, in most cases, by exogenously applying synthetic variant peptides to the cell surface to replace MHC-bound peptides (8, 12, 20, 21). Very little is known about how the antigenic products of HIV-1 clinical isolates are processed and presented in the infected cells. To address this issue, we prepared CTL target cells that endogenously express the *gag* gene derived from HIV-1 clinical isolates by adopting an *env/nef*-deletion HIV-1-based vector pseudotyped with vesicular stomatitis virus protein G (VSV-G) proteins. Here, we show evidence that HIV-1 escapes from CTL recognition often via the impairment of antigen processing and presentation.

MATERIALS AND METHODS

Subjects. Peripheral blood mononuclear cells (PBMC) were collected from five HIV-1-infected individuals from the HIV clinic affiliated with the Institute of Medical Science, University of Tokyo. Two individuals (IMS1 and IMS2) had no therapy; one individual (IMS6) was off drugs but had received treatment (zidovudine alone) 2 years prior to blood sampling; two individuals (IMS4 and IMS7) had received therapy (zidovudine-lamivudine-indinavir and stavudine-lamivudine-nelfinavir, respectively) but for less than 3 months. CD4 count, viral load, and HLA type of the recruited individuals are shown in Table 1. HLA class I typing was initially performed by serology. Subtyping of HLA-A2 was done by a PCR–sequence-specific primer method (Dynal Classic SSP HLA-A2; Dynal A.S., Oslo, Norway).

Isolation and cloning of full-length *gag*. Full-length *gag* was amplified from proviral DNA extracted from the PBMC by nested PCR with *Pfu* DNA polymerase (Strategene, La Jolla, Calif.) and oligonucleotides specific for HIV-1 long terminal repeat (LTR) and reverse transcription (RT) regions. Four oligonucleotides were mixed as outer primers: the sense primers 1U5AS-S (5 -ACTCTG GTADCTAGAGATCCCTCA-3 ; the position in HXB2 being 578 to 601) and TAR-2 (5 -TGAGCCTGGGAGCTCTCTGGCT-3 ; 478-499) and the antisense primers RT7A-A (5 -TATGTTGAYAGGTGTAGGTC-3 ; 2485 to 2504) and RT18A-A (5 -CTACYARTACTGTACCTATAG-3 ; 2464 to 2484). Two oligonucleotides were used as inner primers: the sense primer TPBS1-S (5 -AAAA TCTCTAGCAGTGGCGCCCGAACAGG-3 ; the position in HXB2 being 622 to 650) and the antisense inner primer PRO6A (5 -ACTGTATCATCTGCTCC TGTRTCTAA-3 ; 2322 to 2347). The thermocycling conditions were 95°C for 45 s, 50°C for 45 s, and 72°C for 210 s (30 cycles) and 72°C for 7 min for both primary and secondary PCR. The PCR products were purified by using spin columns (QIAquick PCR purification kit; Qiagen, Santa Clarita, Calif.) and cloned into PT7Blue3 vector by using a commercial cloning kit (Perfectly Blunt cloning kit; Novagen, Dedham, Mass.). Two to three clones for each individual were sequenced by an automated sequencer (ABI Prism 377 automated DNA sequencer; Perkin-Elmer, Norwalk, Conn.) with BigDye terminators (PE Applied Biosystems, Foster City, Calif.). The sequences of *gag* clones that were used in the present study are available under GenBank Accession numbers as follows: AB074049 (IMS1-28), AB074050 (IMS1-29), AB074052 (IMS2-5), AB074058 (IMS4-24), AB074061 (IMS6-34), and AB074064 (IMS7-11).

Construction of HIV-1 vector. The design of HIV-1 vector, pCTLpac, is shown in Fig. 1. The backbone of the vector is derived from an infectious molecular clone, HXB2Ecogpt (22), which lacks the function of *vpr*, *vpu*, and *nef* genes. We deleted a 1.5-kb portion from the *env*-coding region but kept the function of Rev responsive element, Tat, and Rev. The *nef* gene was replaced with the puromycin *N*-acetyltransferase (*pac*) gene (pPUR; BD Biosciences Clontech, Palo Alto, Calif.) by using *Xho*I and *Cla*I sites where the *Cla*I site was introduced by site-directed mutagenesis. *Sbf*I and *Swa*I sites were introduced by site-directed mutagenesis in the upstream of the *gag* (nucleotide 788) and in the *pol* (nucleotide 3717), respectively. The fragment from *Spe*I in the gag (nucleotide 1507) to the *Swa*I was then replaced with that of a previously published vector, pHXB2cv (25), which has a *Not*I site but lacks an *Sbf*I site in the *pol* gene. Consequently, the final construct carries the single *Sbf*I site (nucleotide 788) and the *Not*I site (nucleotide 2275) that corresponds to the 10th codon of protease. These sites were used for incorporating the *gag* clones derived from clinical isolates into the pCTLpac vector. We confirmed that the expected variant sequences were inserted in the vector by sequencing.

Generation of VSV-G pseudotype virus. Subconfluent COS7 cells in 25-cm^2 T flasks (Becton Dickinson, Lincoln Park, N.J.) were cotransfected with 4 g of pCTLpac and 2 g of pVSVG (BD Biosciences Clontech), which expresses VSV-G protein, by lipofection (FuGENE6; Roche Molecular Biochemicals, Mannheim, Germany) and then incubated for 48 to 60 h. The supernatant, which contains pseudotype viruses carrying the HIV-1 vector with VSV-G envelope proteins, was harvested, filtered through a 0.45- m (pore-size) Millex filter (Millipore, Bedford, Mass.), and used as pseudotype virus stocks, some of which were stored at 80°C before use. The amount of p24 antigen in the stocks was measured by p24 antigen capture enzyme-linked immunosorbent assay (ELISA; RETRO-TEK; Zeptometrix Corp., Buffalo, N.Y.). The range of the p24 antigen yield was 40 to 100 ng/ml.

Preparation of target cells by using VSV-G pseudotyped HIV-1 vector. Epstein-Barr virus-transformed B-lymphocyte lines (B-LCLs) were infected with pseudotype virus stocks for 6 h at 37°C. The medium was then replaced with fresh RPMI 1640 (Sigma-Aldrich, St. Louis, Mo.) supplemented with 10% fetal bovine serum (R10; HyClone, Logan, Utah), and the cells were incubated for an additional 36 h. Subsequently, 0.5 g of puromycin (BD Biosciences Clontech)/ml was added to the R10 medium to select transduced cells. The culture was maintained until the number of transduced cells became sufficient for CTL experiments. When 10^6 B-LCLs were infected with 1 ml of pseudotype virus stocks, the transduction efficiency was 20 to 30%. Usually, more than 10^7 transduced cells were generated within 2 weeks and used as CTL target cells.

To standardize the expression level of Gag protein in target cells, we quantified the amount of extracellular p24 antigen that 10^6 cells per ml of target cells had produced in 24 h. The supernatant was harvested before (supernatant A) and after (supernatant B) the 24 h of culture for the measurement of p24 antigen by p24 antigen capture ELISA (Zeptometrix Corp.). The level of p24 antigen production was defined by the difference in the concentration of p24 antigen between supernatants A and B. If the target cells produced p24 antigen that was 1 ng/ml in 24 h, they were used for CTL experiments, since the specific percent lysis did not significantly differ among target cells producing Gag protein above

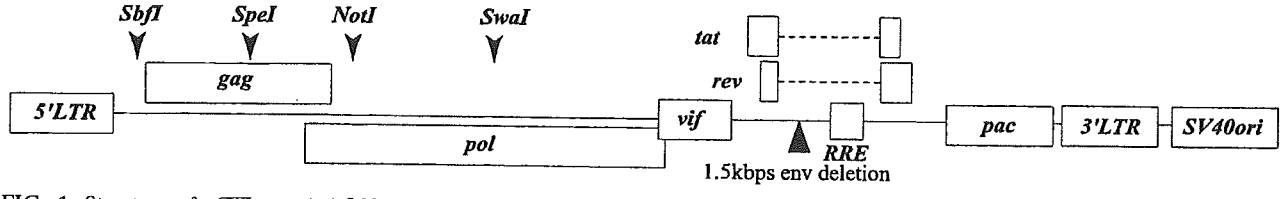

FIG. 1. Structure of pCTLpac. A 1.5-kbp portion of *env* was deleted (▲). Puromycin *N*-acetyltransferase gene (*pac*) was inserted in the *nef* region. The locations of restriction enzyme sites are indicated ( ). RRE, Rev responsive element.

this level (data not shown). We also investigated the level and pattern of protein expression of *gag* variants by Western blot analysis, as previously described (25).

^{51}Cr release experiments with HLA-class I-mismatched target cells in parallel with HLA-class I matched target cells of different donors confirmed that these target cells were recognized by CTLs in an HLA-restricted manner (data not shown). Repeated experiments showed that specific lysis of blank controls was equivalent to that of cells expressing *gag* variants that are known to escape either from TCR recognition or MHC binding. Some examples appear in the Results section below: specific lysis against IMS2-5 (Fig. 3a), IMS4-24 (Fig. 3c), IMS6-34 (Fig. 3e), and HXB2-wild (Fig. 5b). Thus, we regarded the blank control as a negative control.

Preparation of target cells by using recombinant vaccinia viruses. Recombinant vaccinia viruses used in the experiment shown in Fig. 3b were made as previously described (10). HLA-matched B-LCLs were infected with recombinant vaccinia viruses at a multiplicity of infection of 3:1 overnight before being tested in a ^{51}Cr release assay.

Effector cells. Peptide-specific CTL lines were induced from PBMC of HIV-1-infected donors. Half of the PBMC were stimulated with phytohemagglutinin (2 g/ml) for 24 h and then pulsed with corresponding peptides at 100 M for 1 h and irradiated before being added to the other half of the PBMC. A total of 3 10^5 cells in each well of a 96-well U-bottom plate, with at least 10 wells for each sample, were cultured in R10; 10% Lymphocult T (Biotest, Dreieich, Germany) was added to the medium on day 3 of culture. The CTL lines were maintained by adding fresh R10 medium containing 10% Lymphocult T every 3 to 4 days and splitting the well accordingly. Assays were performed on day 14 to 28 of culture.

Synthetic peptides. Peptides were manufactured at the Takara Shuzo Co., Ltd. (Shiga, Japan). The purity of peptides was 99% as determined by high-pressure liquid chromatography, and the identity of peptides was confirmed by matrix-assisted laser desorption ionization–mass spectrometry. Lyophilized peptides were dissolved in dimethyl sulfoxide and diluted in phosphate-buffered saline to make a stock concentration (2 mM). Further dilution was made in RPMI 1640 to make working concentrations of 200 M for the induction of CTLs and of 20 M for the preparation of target cells.

^{51}Cr release assay. In 96-well U-bottom plates, target cells were divided into aliquots at 5,000 per well. Effector cells were added to target cells at different effector/target (E:T) ratios. The amount of ^{51}Cr release in the culture supernatants was quantified after 6 h of incubation, and the percent specific lysis was determined by using the following formula: $[(E - M)/(D - M)] \times 100$, where E is the experimental ^{51}Cr release, M is the ^{51}Cr released in the presence of culture medium (which ranged between 15 and 25% of total release), and D is the total ^{51}Cr released in the presence of 5% Triton X-100 detergent. The results were regarded as positive when recognition of the HIV target was 10% above the control. The SD_{50} is the peptide concentration giving 50% of maximal specific lysis of target cells pulsed with 10 M synthetic peptide (28).

Replication kinetics assay. Subconfluent 293T cells in Falcon 25-cm^2 T flasks (Becton Dickinson) were transfected by lipofection (Roche Molecular Biochemicals), with 2 g of HXB2cv replication-competent HIV-1 plasmids, in which various mutations were introduced. After 60 h of culture, the supernatant was harvested, filtered through a 0.45- m-pore-size filter, and used as mutant virus stocks. Two million Jurkat cells or eight million H9 cells were infected with an equivalent of 40 ng of p24 antigen of mutant viruses in 2 ml of R10 for 1 h. Cells were washed three times with 10 ml of R10, resuspended with 5 ml of R10, and cultured in a 12.5-cm^2 T flask at 37°C in 5% CO_2. Every 2 or 3 days, 1.5 ml of supernatant was harvested and replaced with fresh R10. The concentration of p24 was measured by using a p24 ELISA kit (Zeptometrix Corp.).

This study was approved by the Ethics Committee of the University of Tokyo.

RESULTS

Full-length *gag* clones of field isolates. We used 6 of 13 full-length *gag* clones that were isolated from the five infected individuals (Fig. 2). All of the clones did not have any stop codons. In the present study, we focused on the processing and presentation of three CTL epitopes: the HLA-A 0201-restricted epitope SLYNTVATL, the A24-restricted epitope KYKLKHIVW in p17 matrix protein (MA), and the HLA-B 5101-restricted epitope NANPDCKTI in p24 capsid protein (CA) (11, 26, 27). Amino acid sequences within the three epitope regions and the N- and C-terminal 15-amino-acid residues flanking each epitope were analyzed; the six clones were selected to maximize the diversity of amino acid sequences in the epitopes and its flanking regions.

The A 0201-restricted epitope and its flanking regions were highly variable. However, we did not observe a previously recognized variation in the flanking region, Arg (R) to Lys (K) at position 76 in our clones (4). In contrast, the B 5101-restricted epitope and its flanking regions were conserved except for clones IMS2-5 and IMS4-24. In the A24-restricted epitope and its flanking regions, variations were seen almost exclusively within the epitope region with two exceptions, a Lys (K)-to-Ser (S) mutation at position 26 (K26S) in clone IMS4-24 and an Arg (R)-to-Lys (K) at position 15 in clone IMS2-5. The Lys (K)-to-Arg (R) mutation at position 30 within the A24-restricted epitope was seen more frequently than any other sequences; none of the 13 clones had the wild-type sequence of KYKLKHIVW. We incorporated the six *gag* clones into the HIV-1 vector with *env* and *nef* deleted, pCTLpac (Fig. 1), to make target cells expressing *gag* genes of these filed isolates.

CTL recognition of target cells endogenously expressing *gag* genes of clinical isolates. We generated A 0201-restricted SLYNTVATL (wild type) epitope-specific oligoclonal CTL lines from one HIV-1-infected individual (IMS1) with A 0201 and used the lines to test the killing of the six different *gag* clones expressed on A 0201-matched B-LCLs by a conventional ^{51}Cr release assay. The A 0201-restricted CTLs efficiently recognized target cells expressing *gag* clones IMS1-29, IMS1-28, and IMS6-34, which encode either wild type or the SLYNTIATL sequence in the CTL epitope region. In contrast, the same CTLs did not recognize cells expressing *gag* clones IMS2-5, IMS4-24, and IMS7-11, which encode SLYNLVATL, SLFNTVAVL, and SVYNTVATL, respectively, indicating that these clones escaped from A 0201-restricted CTL recognition (Fig. 3a).

CTL recognition of IMS1-29 and IMS6-34 was also tested with recombinant vaccinia viruses expressing the *gag* gene of these variants in parallel with the VSV-G-pseudotyped HIV-1 vectors. The HIV-1 vector method demonstrated the CTL killing as well or slightly better than the vaccinia method did (Fig. 3b).

We used three B 5101-restricted NANPDCKTI -specific CTL clones to test the CTL recognition of five representative *gag* clones. The CTL clones recognized four *gag* clones, which convey the wild-type B 5101-restricted epitope sequence; they also recognized IMS2-5 that had a substitution in the flanking region. None of the clones recognized the IMS4-24 clone, which had the variant sequence NSNPDCKNI in the epitope region (Fig. 3c).

A24-restricted KYKLKHIVW (wild type) specific-CTL lines did not recognize synthetic peptides of the most common sequence, KYRLKHIVW (3R mutant type), and the other variant, RYRLKHIVW (Fig. 3d). These two variants were shown to bind to the A 2402 MHC class I molecule in a binding assay (data not shown). We screened eight A24-positive individuals for the presence of CTL activities against the 3R mutant epitopes and found one individual who carried CTLs recognizing the 3R mutant peptide. A24-restricted 3R mutant-reactive CTL lines were induced from this A24-positive individual and used for the remaining experiments. The 3R mutant-reactive CTL lines recognized target cells expressing IMS1-29 and IMS4-24 *gag* clones, both of which carry the 3R mutant sequence, but did not recognize any