Characteristic	*n* (%)	
Men[1]	32	(64.0)
Age (years) [1]		
<20	2	(4.0)
20–24	13	(26.0)
25–30	35	(70.0)
Residence[1]		
Tehran	30	(60.0)
Kermanshah	10	(20.0)
Shiraz	10	(20.0)
Marital status[2]		
Single	20	(57.1)
Married	11	(31.4)
Divorced	3	(8.6)
Widowed	1	(2.9)
Transmission route[2]		
Injecting drugs	18	(51.4)
Heterosexual contact	6	(17.1)
From injecting drug-using husband	8	(22.9)
From injecting drug-using wife	1	(2.9)
Unknown	2	(5.7)
Coinfection[3]		
Hepatitis C virus	14	(46.7)
Hepatitis B virus	2	(7.1)

[1]Information on gender, age, and city of residence were obtained from all 50 cases who completed the questionnaire.
[2]Information on marital status and transmission route were obtained from 35 cases who completed questionnaires.
[3]Infection with hepatitis C virus and hepatitis B virus were tested in 30 and 28 cases, respectively.
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Table 1. Baseline characteristics of newly diagnosed HIV-1 infected patients in Iran.
doi:10.1371/journal.pone.0061864.t001

The Predominant HIV-1 Subtype is CRF35_AD

Among 50 collected specimens, 47 were successfully sequenced in the PR, RT and INT regions (94.0%). Phylogenetic analyses of these PR, RT and INT sequences clarified that 45 of 47 samples were CRF35_AD (95.7%), one was subtype B (2.1%), and one was CRF01_AE (2.1%) (Figures 1A–C). Amplification and nucleotide sequences of Gag and Env were successfully obtained from 44 (88.0%) and 43 (86.0%) specimens, respectively. Consistent results were obtained from phylogenetic analyses of Gag and Env sequences, and no discrepant case was found (Figures 1D, E).

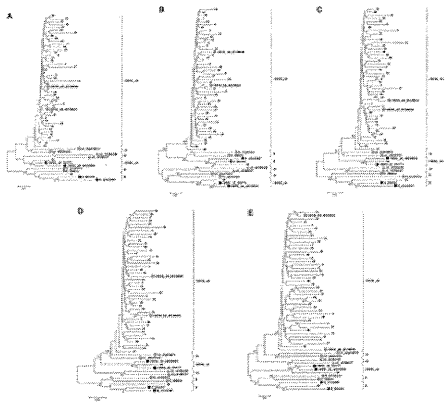

Figure 1. Phylogenetic trees of sequenced Iranian samples.
(A) protease, (B) reverse transcriptase, (C) integrase, (D) gag, and (E) env. Trees were constructed using neighbour joining method with 1000 replicates. Two sequences each of 6 HIV-1 subtypes retrieved from the GenBank are included as references. Open circles (○) indicate the reference sequence of CRF35_AD, open squares (□) indicate subtype A1, open triangles (△) indicate A2, open diamonds (◊) indicate subtype D, closed circles (•) indicate subtype B, and closed squares (▪) indicate CRF01_AE. Bootstrap values over 70% are shown.
doi:10.1371/journal.pone.0061864.g001

Prevalence of Transmitted Drug-resistant Mutations of Our Study Population is Moderate

Surveillance drug-resistant mutations (SDRMs) associated with transmitted HIV-1 drug resistance [10] were detected in the RT gene of two specimens. Both SDRMs were related to nucleotide reverse transcriptase inhibitor (NRTI) resistance mutations: T215D found in a patient from Kermanshah and K219Q in a patient from Tehran (Table 2).

SDRMs	n	Frequency (%)
NRTI-resistant mutations		
T215D	1	2.1
K219Q	1	2.1
IAS-USA		
PI-resistant mutations		
L10I/V	5	10.6
V11I	2	4.3
G16E	3	6.4
K20R	46	97.9
L33V	1	2.1
M36I	47	100.0
D60E	2	4.3
I62V	5	10.6
L63P	1	2.1
I64L/V	3	6.4
H69K	46	97.9
L89M	46	97.9
I93L	1	2.1

IAS-USA, the international Antiviral society-USA; NRTI, nucleoside reverse transcriptase inhibitor; PI, protease inhibitor; SDRMs, surveillance drug-resistant mutations.
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Table 2. Prevalence of drug resistance-associated mutations among 47 sequenced samples.
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Other than the SDRMs in the WHO list [10], 13 minor mutations in the PR gene listed in the IAS-USA panel [12] were detected (Table 2). M36I was found in all cases (100%), H69K and L89M were found in all except one subtype B sample (97.9%), and K20R was found in 46 samples (97.9%), and they are considered as polymorphic to non-B HIV. In addition, L10V, V11I, G16E, L33V, D60E, I62V, L63P, I64L and I93L were detected, but were less common. Within the INT gene, we found no drug resistance-associated mutation listed in among the IAS-USA panel [12].

Discussion

Here we report the circulating HIV-1 subtype and prevalence of DR-HIV among 50 newly diagnosed HIV-1-infected cases in three different cities of Iran. Among 47 sequenced samples, 45 samples (95.7%) were determined as CRF35_AD, one sample (2.1%) as subtype B and another (2.1%) as CRF01_AE. Our results are consistent with two recent reports on the predominance of CRF35_AD in Iran [13], [14]. Before 2007, subtype A1 had been reported as the predominant HIV-1 subtype in Iran [15]–[17]. However, when we obtained these HIV-1 Env and Gag sequences registered as subtype A1 before 2007 and conducted phylogenetic analysis, we found that they make an evident cluster with CRF35_AD (data not shown). This result suggests that CRF35_AD has been circulating in Iran even before 2007. Taken together, these results indicate that the predominant HIV-1 in Iran is CRF35_AD.

Based on the WHO surveillance list for transmitted resistance [10], only two SDRMs, K219Q and T215D, were found in this study. K219Q predict potential low level resistance to zidovudine and stavudine, and T215D is a revertant mutation associated with an increased risk of virologic failure to TAMs. The prevalence rate calculated from our sample was 4.3% (2/47). Applying the WHO HIVDR-TS formula [18], the prevalence of SDRMs in the RT gene in Iran can be classified as moderate (5–15%). This finding is not surprising considering that NRTIs have been available since 1997 and are widely distributed in Iran as main part of cART. Mutations conferring resistance to reverse transcriptase inhibitors (NRTI and NNRTI) are most common form of transmitted drug resistance detected worldwide, while protease inhibitor resistance is generally less frequent. Two TDR mutations observed in this study were associated with the NRTI drug class. The transmission of NRTI resistance is worrisome since first-line antiretroviral therapy In Iran is based on NRTI+NNRTI combination since 2008. The low prevalence of transmitted drug resistance to PIs was expected giving that the access to these drugs has been limited in Iran [7]. In fact, within the PR gene, we found no mutations associated with SDRMs in our studied cases. However, these specimens had 13 minor drug-resistance mutations based on the IAS HIV-DR list of mutations [12]. Four mutations, K20R, M36I, H69K, and L89M were found in high prevalence (97.9%, 100%, 97.9%, and 97.9%, respectively), consistent with previous reports [13], and can be considered polymorphisms for the predominant subtype CRF35_AD in Iran. Thus, the prevalence of SDRMs in the PR gene was classified as low (<5%). It is likely that transmission of HIV-DR in PR is still uncommon.

A recent pilot surveillance study of HIV drug-resistance transmission in Iran found SDRMs in the RT gene among 39 sequenced specimens; D67D/G was found in a specimen from Esfahan, and V75A/V was found in a 5-year-old female from Tehran both of which confer resistance to NRTIs [13]. Although the sample for this pilot threshold survey was too small to estimate the prevalence of SDRMs, finding two SDRMs in the RT gene is remarkable. Besides CRF35_AD, a subtype G and an A HIV-1 were found in pilot study, whereas in this study, one subtype B and one CRF01_AE cases were found, which suggest that these minor strain are not spreading rapidly.

Although increasing number of individuals is receiving ART in Iran, the coverage rate was still low amoung those in need of therapy in December 2011 [7]. It is even lower among IDU because physicians are concerned that injecting drugs is considered as a risk factor for poor adherence which results in development of DR HIV, and they hesitate to prescribe antiretrovirals [19], [20]. Considering low cART coverage among IDU, who comprised the majority of our major study sample, the moderate (5–15%) prevalence of SDRMs estimated by applying the WHO HIVDR-TS leads us to suspect that frequent and efficient DR transmission is taking place within the IDU population. As more eligible patients actually start to receive cART, it is assumed that the prevalence of DR HIV may increase. Thus, it is important to review monitoring data on antiretroviral therapy programs for the relevant geographical area and investigate potential problems with regard to several factors: continuous access to services, drug supply, drug quality, prescribing practice toxicity, adverse events, drug sharing, and treatment failures.

In conclusion, according to the WHO categorization method of HIV-drug resistance threshold survey, the prevalence of transmitted drug resistant HIV in Iran was estimated as moderate. This indicates that transmitted drug resistance surveillance should be repeated in 1-year period, according to the WHO guidelines.

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Author Contributions

Interpreted the data: M. Mohraz. Designed the study: EM HJ AM. Collected samples and interpreted the data: EM HK HJ KK AM. Conceived and designed the experiments: FJ KA WS JH SRM AM MRA. Performed the experiments: FJ JH M. Matsuda. Contributed reagents/materials/analysis tools: M. Mohraz SI. Wrote the paper: FJ JH.

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Review Article Open Access

In vitro and *In vivo* Resistance to Human Immunodeficiency Virus Type 1 Entry Inhibitors

Yosuke Maeda[1], Kazuhisa Yoshimura[2], Fusako Miyamoto[3], Eiichi Kodama[3], Shigeyoshi Harada[2], Yuzhe Yuan[5], Shinji Harada[1] and Keisuke Yusa[5]*

[1]*Department of Medical Virology, Graduate School of Medical Virology, Kumamoto University, Honjo 2-1-1, Kumamoto 860-5886, Japan*
[2]*Center for AIDS Research, Kumamoto University, Kumamoto 860-0811, Japan*
[3]*Division of Emerging Infectious Diseases, Department of Internal Medicine, Tohoku University School of Medicine, Sendai, Japan*
[4]*Transfusion transmitted Diseases Center, Institute of Blood Transfusion, Chinese Academy of Medical Science, #26 Hua-Cai Road, Long-Tan-Si Industrial Park, Chenghua District, Chengdu, 610052 Sichuan Province, P. R. China*
[5]*Division of Biological Chemistry and Biologicals, National Institute of Health Sciences, Kami-youga 1-18-1, Setagaya, Tokyo 158-8501, Japan*

Abstract

Viral entry is one of the most important targets for the efficient treatment of Human immunodeficiency virus type 1 (HIV-1)-infected patients. The entry process consists of multiple molecular steps: attachment of viral gp120 to CD4, interaction of gp120 with CCR5 or CXCR4 co-receptors, and gp41-mediated fusion of the viral and cellular membranes. Understanding the sequential steps of the entry process has enabled the production of various antiviral drugs to block each of these steps. Currently, the CCR5 inhibitor, maraviroc, and the fusion inhibitor, enfuvirtide, are clinically available. However, the emergence of HIV-1 strains resistant to entry inhibitors, as commonly observed for other classes of antiviral agents, is a serious problem. In this review, we describe a variety of entry inhibitors targeting different steps of viral entry and escape variants that are generated *in vitro* and *in vivo*.

Keywords: CD4-gp120 binding inhibitor; CCR5 antagonist; CXCR4 antagonist; Fusion inhibitor; Resistance; HIV-1

Introduction

The development of chemotherapy with antiretroviral agents has reduced the morbidity and mortality of Human immunodeficiency virus type 1 (HIV-1)-infected individuals. Successful treatment of HIV-1-infected patients using chemotherapy is partly due to a combination of different classes of antiviral agents against the viral protease or reverse transcriptase. However, successful eradication of the virus from infected individuals has not been achieved by antiviral treatment, and is often limited by the emergence of drug-resistant HIV-1 strains [1-3]. These problems highlight the need to develop novel anti-HIV-1 drugs that target different steps of the viral replication process. Viral entry is currently one of the most attractive targets for the development of new drugs to control HIV-1 infection. Viral entry proceeds through Env (gp120, gp41)-mediated membrane fusion, and consists of sequential steps: (i) attachment of viral gp120 to the CD4 receptor; (ii) binding of gp120 to CCR5 or CXCR4 co-receptors; and (iii) fusion of the viral and cellular membranes (Figure 1). A large number of inhibitors targeting different steps of the viral entry process have been developed, including peptides/peptide mimics, small molecules, and monoclonal antibodies (MAb).

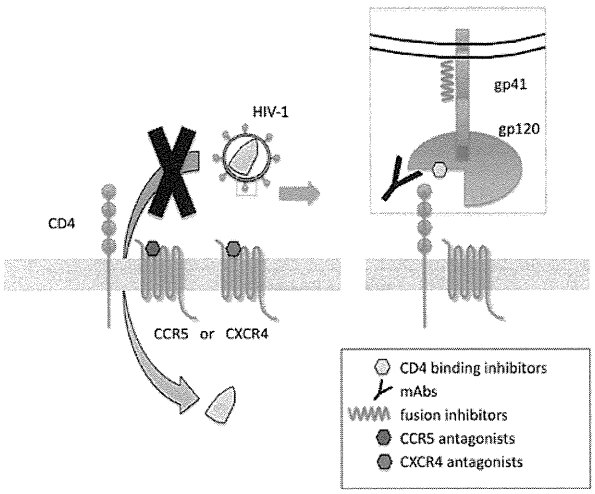

Figure 1: Molecular targets of inhibitors of HIV-1 entry into the target cell.

Enfuvirtide (also known as T-20) was the first of a new class of drugs known as fusion inhibitors, which was approved by the U.S. Food and Drug Administration (FDA) in 2003. Approval was given for the use of this drug in combination with other anti-HIV-1 medications to treat advanced HIV-1 infection in adults and children aged six years and older. The drug is an antiviral peptide that prevents HIV-1 entry by blocking gp41-mediated fusion [4-6]. Small compounds that can bind to the pockets of the extracellular loops of a coreceptor are expected to be potent antiviral agents. Several small-molecule CCR5 inhibitors have progressed through clinical development [7]. Maraviroc [8,9], a CCR5 antagonist, is the second entry inhibitor approved by the FDA in 2007 for treatment-experienced patients infected with a CCR5-tropic (R5-tropic) virus. Extensive research is currently underway to develop the next generation of entry inhibitors, however, the emergence of viral strains resistant to entry inhibitors, as well as other classes of antiviral

***Corresponding author:** Keisuke Yusa, Division of Biological Chemistry and Biologicals, National Institute of Health Sciences, Kami-youga 1-18-1, Setagaya, Tokyo 158-8501, Japan, Tel: +81-3-3700-1141 ext. 335; Fax: +81-3-3700-9084, E-mail: yusak@nihs.go.jp

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agents, has been reported *in vitro* and *in vivo* [7,10]. In this review, we describe the current status of *in vitro* and *in vivo* resistance to HIV-1 entry inhibitors.

Resistance to CD4-gp120 binding inhibitors

Inhibition of CD4-gp120 binding: Entry of HIV-1 into target cells is mediated by the trimeric envelope glycoprotein complex, each monomer consisting of a gp120 exterior envelope glycoprotein and a gp41 transmembrane envelope glycoprotein [11]. Attachment of HIV-1 to the cell is initiated by the binding of gp120 to its primary CD4 receptor, which is expressed on the surface of the target cell. The gp120-CD4 interaction induces conformational changes in gp120 that facilitate binding to additional coreceptors (for example, CCR5 or CXCR4). Attachment inhibitors are a novel class of compounds that bind to gp120 and interfere with its interaction with CD4 [12]. Thus, these agents can prevent HIV-1 from attaching to the CD4+ T cell and block infection at the initial stage of the viral replication cycle (Figure 1). There are two primary types of HIV-1 attachment inhibitors: nonspecific attachment inhibitors and CD4-gp120 binding inhibitor [13].

In this section, we focus on the CD4-gp120 binding inhibitors, the soluble form of CD4 (sCD4), a fusion protein of CD4 with Ig (PRO542), a monoclonal anti-CD4 antibody (Ibalizumab, formerly TNX-355), CD4 binding site (CD4bs) monoclonal antibodies (b12 and VRC01), small-molecule HIV-1 attachment inhibitors (BMS-378806 and BMS-488043), and a new class of small-molecule CD4 mimics (NBD-556 and NBD-557) and a natural small bioactive molecule (Palmitic acid) (Figure 2). We also describe the resistance profiles against these CD4-gp120 binding inhibitors *in vivo* and/or in vitro.

Soluble CD4 (sCD4) and PRO542: In the late 1980s, various recombinant, soluble proteins derived from the N-terminal domains of CD4 were shown to be potent inhibitors of laboratory strains of HIV-1 [14]. Based on the potential of sCD4 to inhibit HIV-1 infection in vitro, this protein was tested for clinical efficacy in HIV-1-infected individuals; however, no effect on plasma viral load was observed [14]. Further examination revealed that doses of sCD4 significantly higher than those achieved in the clinical trial were required to neutralize primary clinical isolates of HIV-1, in contrast to the relatively sensitive, laboratory-adapted strains [15].

The first report of sCD4-resistant variants induced by *in vitro* selection showed that the resistant variant had a single mutation (M434T) in the C4 region [16]. During selection with sCD4, it was also reported that, seven mutations (E211G, P212L, V255E, N280K, S375N, G380R, and G431E) appeared during *in vitro* passage [17]. Further, a recombinant clone containing a V255E mutation was found to be highly resistant to sCD4 compared with the wild-type virus (114-fold higher 50% inhibitory concentration [IC_{50}] value). To determine the mutation profiles obtained during *in vitro* selection with sCD4, the atomic coordinates of the crystal structure of gp120 bound to sCD4 was retrieved from public protein structure database (PDB entry: 1RZJ). From these analyses, it was determined that almost all the described resistance mutations were located the inside the CD4-binding cavity of gp120 [17].

Recently, a novel recombinant antibody-like fusion protein (CD4-1gG2; PRO542) was developed in which the Fv portions of both the heavy and light chains of human IgG2 were replaced with the D1D2 domains of human CD4 [18]. PRO542 was shown to broadly and po-

Profile of CD4-gp120 binding inhibitors

	Structure	Feature	Target	Resistant related mutations (region of gp160) [ref]
sCD4	Solbule form of CD4 domain1-4	First CD4-gp120 binding inhibitor	CD4 binding site of gp120	M434T (C4) [16], V255E(C2) [17]
PRO542	Tetravalent CD4 (domain1-2)-IgG	Developing for microbicide	CD4 binding site of gp120	* N/A
Ibalizumab	Anti-CD4 monoclonal antibody (MAb)	First-in-class, MAb inhibitor of CD4-mediated HIV entry	Domain 2 of CD4	N/A
b12	Anti-CD4 binding site Mab	Neutralizing around 40% of HIV-1 primary isolates	CD4 binding site of gp120	P369L (C3) [27]
VRC01	Anti-CD4 binding site Mab	Neutralizing over 90% of diverse HIV-1 primary isolates	CD4 binding site of gp120	K121A(C1), L179A(V2), T202A(C2), D279A(C2), R304A(V3), I420A(C4), I423A(C4), Y435A(C4), G471A (C5), D474A(C5) [31]
BMS-378806	see below Figure	First small molecule HIV-1 CD4 attachemnt inhibitor	CD4 binding site of gp120	V68A(C1), M426L(C4), M475I(V5), I595F(gp41) [33]
BMS-488043	see below Figure	improved in vitro antiviral activity and PK properties compared to BMS-378806	CD4 binding site of gp120	V68A(C1), L116I(C1), S375I/N(C3), M426L(C4) [34]
NBD-556	see below Figure	Inhibition of HIV-1 entry and enhancing neutralizing potency of Abs	CD4 binding site of gp120	S377N(C3), A433T(C4) [17], S375W(C3), I424A(C4), W427A(C4), V475A(C5) [38]
NBD-557	see below Figure	Inhibition of HIV-1 entry and enhancing neutralizing potency of Abs	CD4 binding site of gp120	N/A
Palmitic acid	$CH_3(CH_2)_{14}COOH$	A natural small bioactive molecule from *Sargassum fusiforme*	Domain 1 of CD4	N/A

* N/A ; not available

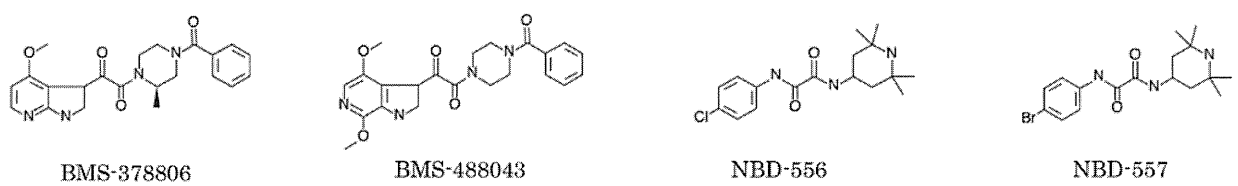

Figure 2: Profile of CD4-gp120 binding inhibitors including molecular structures of selected small molecular inhibitors.

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tently neutralize HIV-1 subtype B isolates, and was also able to neutralize strains from non-B isolates with the same breadth and potency as for subtype B strains. PRO542 blocks attachment and entry of the virus into CD4+ target cells and were mainly developed for the prevention and transmission of HIV-1 through external application agents, such as microbicides.

Ibalizumab (TNX-355): Monoclonal anti-CD4 antibodies block the interaction between gp120 and CD4 and, therefore, inhibit viral entry [19]. Ibalizumab (formerly TNX-355) was a first-in-class, monoclonal antibody inhibitor of CD4-mediated HIV-1 entry [20]. By blocking CD4-dependent HIV-1 entry, ibalizumab was shown to be active against a broad spectrum of HIV-1 isolates, including recombinant subtypes, as well as both CCR5-tropic and CXCR4-tropic HIV-1 isolates. Many clinical trials with HIV-1-infected patients have demonstrated the antiviral activity, safety, and tolerability of ibalizumab. A nine-week phase Ib study investigating the addition of ibalizumab monotherapy to failing drug regimens showed transient reductions in HIV-1 viral loads and the evolution of HIV-1 variants with reduced susceptibility to ibalizumab. Further, clones with reduced susceptibility to ibalizumab contained fewer potential N-linked glycosylation sites (PNGSs) within the V5 region of gp120. Reduction in ibalizumab susceptibility due to the loss of V5 PNGSs was confirmed by site-directed mutagenesis [21].

Monoclonal antibodies, b12 and VRC01: Several broadly neutralizing MAbs isolated from HIV-1-infected individuals define conserved epitopes on the HIV-1 Env. These include the membrane proximal external region of gp41 targeted by MAbs 4E10 and 2F5 [22]; the carbohydrate-specific outer domain epitope targeted by 2G12 [23]; a V2-V3-associated epitope targeted by PG9/PG16 [24]; and the CD4bs [25] targeted by b12 and VRC01. The CD4bs overlaps with the conserved region on gp120 that is involved in the engagement of CD4. The prototypical CD4bs-directed MAb, b12, neutralizes around 40% of primary isolates, and its structure (in complex with the core of gp120) has been defined [26]. However, Mo et al. [27] reported the first resistant variant induced by *in vitro* selection with b12 that showed a P369L mutation in the C3 region of HIV-1_{JRCSF}. Further, several b12-resistant viruses commonly display an intact b12 epitope on the gp120 subunits [28], suggesting that quaternary packing of Env also confers resistance to b12.

A recently described CD4bs-directed MAb, VRC01, had been shown to be able to neutralize over 90% of diverse HIV-1 primary isolates [29]. The structure of VRC01 in complex with the gp120 core reveals that the VRC01 heavy chain binds to the gp120 CD4bs in a manner similar to that of CD4 [30]. The gp120 loop D and V5 regions contain substitutions uniquely affecting VRC01 binding, but not b12 or CD4-Ig binding. In contrast to the interaction of CD4 or b12 with the HIV-1 Env, occlusion of the VRC01 epitope by quaternary constraints was not a major factor limiting neutralization. Interestingly, many Ala substitutions at non-contact residues increased the potency of CD4- or b12-mediated neutralization; however, few of these substitutions enhanced VRC01-mediated neutralization [31]. This study suggests that VRC01 approaches its cognate epitope on the functional spike with less steric hindrance than b12 and, surprisingly, with less hindrance than the soluble form of CD4 itself. These differences might be related to the distinctly different angle of approach to the CD4bs employed by VRC01, in contrast to the more loop-proximal approach employed by CD4 and b12.

BMS-378806 and BMS-488043: BMS-378806 (Figure 2) is a recently identified small-molecule HIV-1 attachment inhibitor with good antiviral activity and pharmacokinetic properties [32]. BMS-378806 binds directly to gp120 with a stoichiometry of approximately 1:1 and with a binding affinity similar to that of soluble CD4. The potential BMS-378806 target site was localized to a specific region within the CD4 binding pocket of gp120 using HIV-1 gp120 variants carrying either compound-selected resistant substitutions or gp120-CD4 contact site mutations [32]. M426L (C4) and M475I (V5) substitutions located at or near gp120/CD4 contact sites were shown to confer high levels of resistance to the *in vitro* mutated HIV-1 variants, suggesting that the CD4 binding pocket of gp120 was the antiviral target. M434I and other secondary changes (V68A and I595F) also affect the drug susceptibility of recombinant viruses, presumably by influencing the gp120 conformation [33]. BMS-378806 (Figure 2) exhibited decreased, but still significant activity against subtype C viruses, low activity against viruses from subtypes A and D, and poor or no activity against subtypes E, F, G, and Group O viruses [33].

BMS-488043 (Figure 2) is a novel and unique small-molecule that inhibits the attachment of HIV-1 to $CD4^+$ lymphocytes. BMS-488043 exhibits potent antiviral activity against macrophage-, T-cell-, and dual-tropic HIV-1 laboratory strains (subtype B) and potent antiviral activity against a majority of subtype B and C clinical isolates [34]. Data from a limited number of clinical isolates showed that BMS-488043 exhibited a wide range of activity against the A, D, F, and G subtypes, with no activity observed against three subtype AE isolates [34]. The antiviral activity, pharmacokinetics, viral susceptibility, and safety of BMS-488043 were evaluated in an eight-day monotherapy trial that demonstrated significant reductions in viral load. To examine the effects of BMS-488043 monotherapy on HIV-1 sensitivity, phenotypic sensitivity assessment of baseline and post-dosing (day 8) samples were performed. The analyses revealed that four subjects showed emergent phenotypic resistance. Population sequencing and sequence determination of the cloned envelope genes revealed five gp120 mutations at four loci (V68A, L116I, S375I/N, and M426L) associated with BMS-488043 resistance; the most common (substitution at the 375 locus) located near the CD4 binding pocket [35].

NBD-556 and NBD-557: Targeting the functionally important and conserved CD4bs on HIV-1 gp120 represents an attractive potential approach to HIV-1 therapy or prophylaxis. Recently, a new class of small-molecule CD4 mimics was identified [36-38]. These compounds, which include the prototypic compound, NBD-556, and its derivatives, mimic the effects of CD4 by inducing the exposure of the co-receptor-binding site on gp120 [17,39]. NBD-556 and -557 (Figure 2) show potent cell fusion and virus-cell fusion inhibitory activity at low (micromolar) concentrations. A mechanistic study showed that both compounds target viral entry by inhibiting the binding of gp120 to its cellular receptor, CD4. A surface plasmon resonance study showed that these compounds bind to unliganded HIV-1 gp120, but not to CD4 [37]. Another recent study identified NBD-analogs as CD4 mimetics that were used for the prophylaxis and treatment of HIV-1 infection [39]. These compounds inhibited HIV-1 transmission by inhibiting the binding of the natural ligand, CD4, and prematurely triggering the envelope glycoprotein to undergo irreversible conformational changes. NBD-556 binds to the F43 cavity, which is formed by binding of gp120 to the CD4 receptor in a highly conserved manner [17,39].

Recently, our group reported that NBD-556 has potent neutralizing antibody-enhancing activity toward plasma antibodies that cannot access neutralizing epitopes hidden within the trimeric Env, such as gp120-CD4 induced epitope (CD4i) and anti-V3 antibodies [17]. Therefore, to investigate the binding site of NBD-556 on gp120, we in-

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duced HIV-1 variants that were resistant to NBD-556 in vitro. Two amino acid substitutions (S375N in C3 and A433T in C4) were identified at passage 21 in the presence of 50 μM NBD-556. The profiles of the resistance mutations after selection with NBD-556 and sCD4 were very similar with regard to their three-dimensional positions.

Elucidation of the detailed molecular mechanisms governing the interaction between gp120 and NBD compounds will enable the optimization and evaluation of this strategy in more complex biological models of HIV-1 infection. Consequently, we will continue to synthesize NBD analogs and search for drugs with greater potency to change the tertiary structure of the envelope glycoproteins and reduce host cytotoxicity [40,41].

Palmitic acid : Previous studies with whole *Sargassum fusiforme* (*S. fusiforme*) extract and with the bioactive SP4-2 fraction demonstrated inhibition of HIV-1 infection in several primary and transformed cell lines [42]. Palmitic acid (PA), which was isolated from the SP4-2 bioactive fraction, specifically block productive X4 and R5-tropic HIV-1 infection [43]. PA occupies a novel hydrophobic cavity on the CD4 receptor that is constrained by amino acids F52-to-L70 [44], which encompass residues that have been previously identified as a region critical for gp120 binding. PA is mainly developed as microbicides [45].

Resistance to CCR5 antagonists

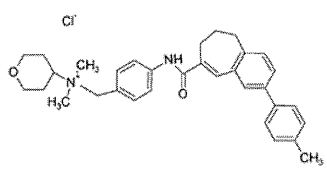
CCR5 antagonists: The binding of HIV-1 to CD4 molecules induces conformational change in gp120, resulting in the recognition of either CCR5 or CXCR4 as a coreceptor for HIV-1 (Figure 1). It has been shown that CCR5-utilizing HIV-1 (R5 virus) is associated with human-to-human transmission that predominate throughout the infection, while CXCR4-utilizing HIV-1 (X4 virus) emerges during the late stage of infection in approximately half of HIV-1-infected individuals and is associated with disease progression [46]. Most strikingly, it had been shown that homozygous individuals having a 32-bp deletion in the CCR5 coding region (CCR5Δ32) were found to be resistant to R5 HIV-1 and remained apparently healthy [47,48]. These findings suggested that CCR5 would be an attractive therapeutic target for treating HIV-1 infection, although it is a host factor. Several small molecule compounds have been developed and were found to bind CCR5 and inhibit R5 virus replication [49-53]. Molecular studies using CCR5 mutants indicated that these compounds bind to a cavity formed by transmembrane helices of CCR5, and thereby inducing the conformational change in an allosteric manner that is not recognized by gp120 of HIV-1 [54-58]. Among these, TAK-779 (Figure 3) was the first compound developed [49] that could inhibit not only HIV-1 infection, but also binding of RANTES (CCR5 ligand) to CCR5-expressing cells at nanomolar concentrations, but was terminated due to poor oral bioavailability. Maraviroc (MVC, UK427, 857) (Figure 3), however, has been approved and used in the clinic for the treatment of HIV-1 infection [8]. Another promising drug, vicriviroc (VCV, SCH-D, SCH-417690) (Figure 3), recently completed phase III trials but has not yet been approved [53].

Resistance to CCR5 antagonists: Although CCR5 antagonists target

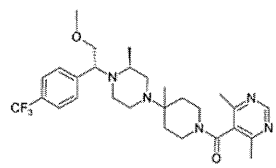
Profile of CCR5 antagonist-resistant mutants

drug	virus used		resistant-related mutations		references
	virus name or *in vivo*	subtype	V3	Non-V3	
AD101	CC1/85	B	H305R, H308P, A316V, G321E	none	[60, 78]
TAK-779	JR-FL$_{V3lib}$	B	I304V, H305N, I306M, F312L, E317D	none	[63]
TAK-652	KK	unknown	ND[a]	ND	[59]
VVC	CC1/85	B	none	G516V, M518V, F519I (gp41)	[69, 84, 85]
VVC	RU570	G	K305R, R315Q, K319T	P437S (C4)	[64, 81]
VVC	S91	D	Q315E, R321G	E328K, G429R (C4)	[65]
VVC	*in vivo*	C	K305R, T307I, F316I, T318R, G319E	none	[67]
MVC	CC1/85	B	A316T, I323V	ND	[61]
MVC	JR-FL$_{V3lib}$	B	I304V, F312W, T314A, E317D, I318V	T199K, T275M (C2)	[62]
MVC	*in vivo*	B	P/T308H, T320H, I322V	D407G, Δ[b]N386 (V4)	[66]

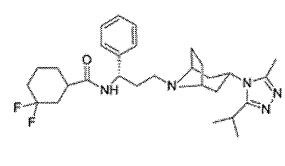
[a]ND, not determined; [b]Δ, deletion



TAK-779



Vicriviroc



Maraviroc

Figure 3: Profile of CCR5 antagonist-resistant mutants. The CCR5 antagonist-resistant mutants were isolated in vitro and in vivo across different subtypes of HIV-1. Resistance-related mutations were found in the V3 and non-V3 regions including the C2, V4, C4, and gp41. Chemical structures of representative CCR5 antagonists are shown.

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a host cell receptor, the *in vitro* [59-64] and *in vivo* [65-67] emergence of viruses resistant to CCR5 antagonists in different subtypes has been reported, as shown in Figure 3. The most intuitive mechanism of resistance to CCR5 antagonists is likely to be the acquisition of CXCR4 use or selection of minority variants of CXCR4- or dual/mixed-tropic viruses [61,68-70]. Numerous studies showed that coreceptor selectivity of HIV-1 is primarily dependent on the third hypervariable region (V3 loop) of gp120 [71-74]. Furthermore, there is a simple rule to predict HIV-1 coreceptor usage called the 11/25 rule: if either the 11th or 25th amino acid position of V3 is positively charged, the virus will use CXCR4 as the coreceptor, otherwise it will use CCR5 [75]. Thus, a single amino acid substitution in the V3 loop is sufficient to acquire usage of CXCR4. However, these are rare cases when the viruses exclusively use CCR5.

Indeed, escape variants from selective pressure by natural ligand for CCR5, such as MIP-1α (CCL3) [76], or CCR5 antagonists [60], still use CCR5 and do not involve acquisition of CXCR4 usage. These studies indicate that acquisition of CXCR4 usage conferred by mutations in the V3 loop of gp120 results in the loss of replication fitness, as previously described [77]. However, the escape variants from CCR5 antagonists usually retain CCR5 usage [60,61,69,78], and recognize the antagonist-bound form of CCR5 as well as the free CCR5 form for entry by the accumulation of multiple amino acid mutations, called non-competitive resistance [61,79]. In non-competitive resistance, once saturating concentrations of antagonists were achieved, further inhibition was not observed, resulting in the plateau of inhibition, while competitive resistance can achieve inhibition of viral replication by a sufficient inhibitor concentration, resulting in a shift in the IC_{50} value (Figure 4). A principal determinant for the reduced sensitivity to CCR5 antagonists has been shown to be the V3 loop of gp120 although the mutations appear to be isolate-specific and antagonist-dependent [33].

In general, primary R5 viruses or laboratory-adapted R5 infectious clones cultured in stimulated peripheral mononuclear cells (PBMCs) have been used for the selection of CCR5 antagonist-resistant variants. However, the use of PBMCs for virus passage is donor-dependent and labor-intensive. Additionally, the use of a single clone for selection would need long-term passage to induce resistant viruses. To overcome these problems, we constructed R5-tropic infectious clones containing a V3 loop library, HIV-1_{V3Lib}. To construct replication competent HIV-1_{V3Lib}, we chose 10 amino acid positions in the V3 loop and incorporated random combinations of the amino acid substitutions derived from 31 subtype B R5 viruses into the V3 loop library (Figure 5). This novel *in vitro* system enabled the selection of escape variants from CCR5 antagonists over a relatively short time period.

In addition to the V3 library, we are currently using PM1/CCR5 cells for virus passages. The PM1/CCR5 cell line was generated by standard retrovirus-mediated transduction of parental PM cell line with the CCR5 gene, as previously described [63,76], and is highly sensitive to the R5 viruses compared to the parental PM1 cell line. Remarkably, the infection of PM1/CCR5 cells with R5 viruses induces prominent cell fusion, which is clear sign of virus proliferation. Thus, the use of PM1/CCR5 cells with the HIV-1_{V3Lib} allows us to focus on the contribution of the V3 loop in gp120 in CCR5 antagonist-resistance with a shortened selection period compared to the use of PBMCs with wild-type virus. As expected, we were able to isolate TAK-779- [63] and MVC-resistant [62] variants using replication competent HIV-1_{V3Lib}. Indeed, TAK-779- and MVC-resistant variants were determined to contain several amino acid substitutions within the V3 loop sequence. However, MVC-resistant variants also contained several amino acid substitutions in non-V3 regions (T199K and T275M), such as elsewhere in the gp120 to retain infectivity [80,81]. However, these mutations could not confer non-competitive resistance, indicating the importance of the V3 loop for non-competitive resistance.

Mechanisms of resistance: It is thought that docking of gp120 to CCR5 without CCR5 antagonists involves interactions of both the V3 tip with the second extracellular loop of CCR5 (ECL2) and the V3 stem-C4 region (bridging sheet) with the CCR5 N-terminus (NT) [82]. Since small molecule inhibitors interact with the pocket formed by transmembrane helices, thereby inducing allosteric conformational change in the ECL2, the wild-type virus can no longer interact with the ECL2. It is assumed that binding of small molecule inhibitors alters orientation between the ECL2 and NT regions, disrupting multipoint binding sites for gp120, thereby impeding gp120-CCR5 interaction [83]. Indeed, studies using CCR5 mutants showed that the escape variants were more dependent on tyrosine-sulfated CCR5 NT than wild-type viruses [65,66,84]. Furthermore, these escape variants were more sensitive to monoclonal antibodies recognizing the NT portion of CCR5 [65]. These studies indicated that the escape variants from CCR5 antagonists showed enhanced interactions with the NT that may be a consequence of a weakened interaction with the ECL2 (Figure 6).

Another genetic pathway is independent of V3 mutations. Vicriviroc-resistant mutants have been developed with multiple amino acid substitutions throughout the gp120 spanning the C2-V5 region without any changes in the V3 loop [69]. Recently, three amino acid changes in the fusion peptide domain of gp41 have been shown to be responsible for resistance although the effect of these mutations was

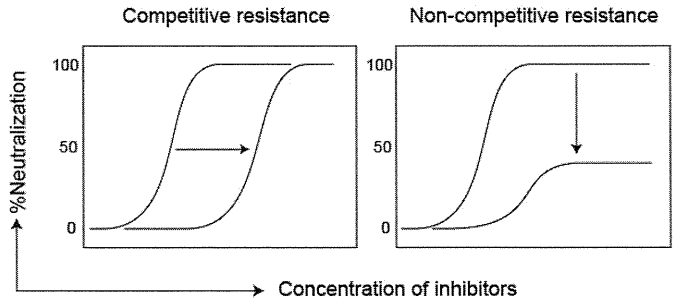

Figure 4: Typical competitive and non-competitive resistance profiles. Competitive resistance can achieve inhibition of viral replication by a sufficient inhibitor concentration, resulting in a shift in the IC50 value (left panel). In non-competitive inhibition, increasing concentrations of inhibitors have no effect, resulting in no increase in the inhibitory effect (right panel).

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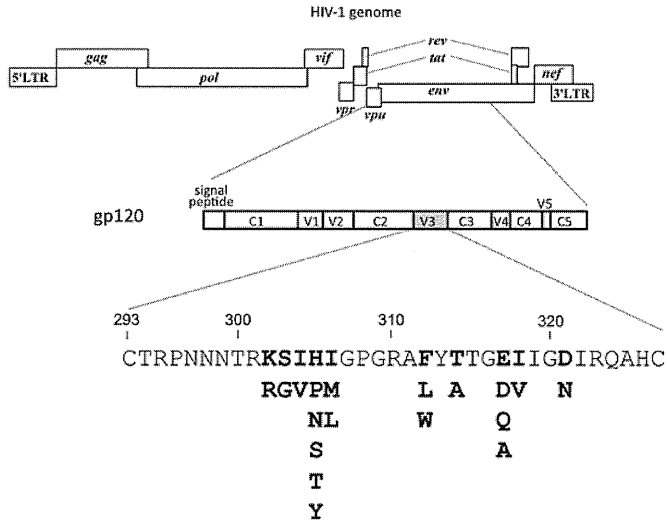

Figure 5: Schematic structure of HIV-1 V3 loop library showing introduced mutations in V3 for the analysis of escape mutants. Residues in boldface indicate the substitutions that were randomly incorporated in the V3 loop, possible >2 x 104 combinations. The amino acid substitutions were detected in 31 R5 clinical isolates.

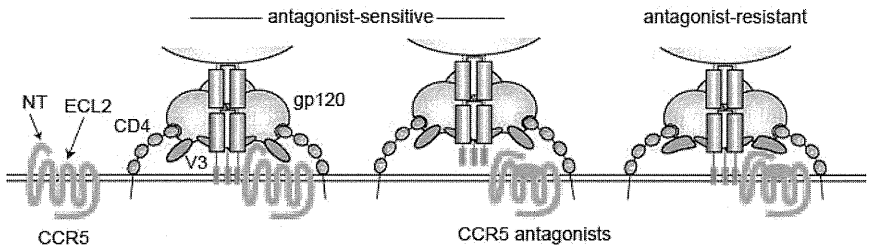

Figure 6: Resistant HIV-1 viruses can enter host cells in the presence of the CCR5 antagonist. The successful viral fusion requires the interaction of the V3 loop in gp120 with the ECL2 and NT of CCR5. CCR5 antagonists bind to the pocket formed by TM helices and induce allosteric conformational changes in the ECL2, thereby disrupting the interaction of gp120 with CCR5. The CCR5 antagonists-resistant viruses containing multiple amino acid substitutions in the V3 loop can recognize antagonist-bound forms of CCR5 by enhanced interaction with the NT.

context-dependent [84,85]. Thus, the mechanisms by which changes in the fusion peptide alter the gp120-CCR5 interaction still remain to be determined.

As previously mentioned, the patterns of mutations in escape variants against CCR5 antagonists were hypervariable and context-dependent, due in part to extensive sequence heterogeneity of HIV-1 *env*. Resistance to CCR5 antagonists was also found to be dependent upon cellular conditions such as cell tropism and the availability of CCR5. The differential staining of CCR5-expressing cells by various CCR5 monoclonal antibodies suggested that CCR5 exists in heterogeneous forms [86] and compositions of these multiple forms differed in cell type [87]. These findings suggested that different conformations of CCR5 with CCR5 antagonists might induce different substitutions in gp120. Moreover, the development of cross-resistance to other CCR5 antagonists is inconsistent, where some studies suggest that it may occur [69,78,79] and some suggest that it may not occur [61]. Additional data from *in vitro* and *in vivo* studies will be needed to elucidate the meaning of these studies.

Resistance to CXCR4 antagonists

CXCR4 as a target: CXCR4 is a coreceptor that is used for entry by X4-tropic viruses [88]; however, it is not always regarded as a suitable therapeutic target molecule for HIV-1 infection (Figure 1). R5 and X4 HIV-1 variants are both present in transmissible body fluids; however, R5-tropic HIV-1 transmits infection and dominates the early stages of HIV-1 pathogenesis [89], whereas X4-tropic HIV-1 evolves during the later stages and leads to acceleration of disease progression due to faster decline in $CD4^+$ T lymphocytes [90,91]. Coreceptor switching from CCR5 to CXCR4 occurs in approximately 40–50% of infected individuals [92]; in addition, the R5 virus is still present as a minor viral population even after emergence of the X4 virus. Furthermore, CXCR4 deletion in mice was shown to induce a variety of severe disorders and resulted in embryonic lethality [93], suggesting that CXCR4-targeting drugs may be less well tolerated than CCR5 inhibitors. These studies indicate that administration of CXCR4 inhibitors is relatively restricted to the later stage of infection after coreceptor switching. Therefore, the development of CXCR4 antagonists has proceeded at a deliberate pace when compared with that of other types of entry inhibitors.

Escape from CXCR4 antagonists: Based on the manner of escape of R5-tropic HIV-1 from CCR5 antagonists, four main resistance pathways may be intuitively possible for X4 HIV-1 escape from CXCR4 antagonists: (i) coreceptor switching from CXCR4 to CCR5; (ii) outgrowth of the pre-existing R5 virus; (iii) decrease in CXCR4 susceptibility by mutation(s) in Env; and (iv) utilization of the drug-bound

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form of CXCR4. The first mechanism comprises a shift in coreceptor usage from CXCR4 to CCR5, which is induced by selective pressure from CXCR4 antagonists. However, this is unlikely to occur frequently because coreceptor switching from CCR5 to CXCR4, and *vice versa*, requires multiple mutations throughout gp160 via transitional intermediates with poor replication fitness [77].

There is an evolutionary gap in viral fitness between viruses using CXCR4 and those using CCR5. However, an R5X4 dual-tropic virus can shift from X4-dominated tropism to R5-dominated tropism [83]. The R5X4 dual-tropic 89.6 mainly uses CXCR4 as a coreceptor, but after selection with the CXCR4 antagonist T140, coreceptor usage shifted from a phenotype that mainly used CXCR4 to one mainly using CCR5 due to a single amino acid substitution (R308S) in the V3 loop in vitro. These results indicated that the R5X4 virus could shift its main coreceptor usage due to a low genetic barrier to the development of resistance. In contrast, an outgrowth of the pre-existing minority of the R5 virus caused by CXCR4 antagonists, is expected to lead to virologic failure. AMD3100 is a small molecule compound called a bicyclam that has potent antiviral activity against a variety of X4-tropic strains [94-99]. However, it is not clinically available because of low oral bioavailability [100]. After treatment of clinical isolates *in vitro* with AM3100 for 28 days, the major population of viruses using CXCR4 was promptly replaced by the pre-existing minor population using CCR5 with multiple mutations in the V3 loop in vitro [101].

The third possible pathway results from accumulation of mutations in the viral envelope that allow interaction between gp120 and the coreceptor in the presence of the inhibitor. AMD3100-resistant viruses selected *in vitro* from NL4-3 strain still used CXCR4 as a coreceptor and contained several mutations in the V3 loop and showed poor fitness [102]. In contrast, other viruses resistant to POL3026, a specific β-hairpin mimetic CXCR4 antagonist, did not show any fitness cost and contained four mutations (Q310H, I320T, N325D, and A329T) in the gp120 V3 loop [70]. These four mutations were shared by viral strains resistant to SDF-1α [103] and T134 [104], indicating that the V3 loop is a crucial region for the acquisition of CXCR4 antagonist resistance.

The fourth possible mechanism involves acquisition of the ability to utilize the inhibitor-bound form as well as the drug-free form of CXCR4 for viral entry. Several clinical isolates demonstrate infection through the AMD3100-bound form of CXCR4, indicating a non-competitive mode of drug resistance [99]. The V1/V2 region of one of the isolates is responsible for this property, suggesting that baseline resistance to this kind of CXCR4 antagonist should be considered while developing CXCR4 antagonists. Recent advances have led to the development of orally-active CXCR4 antagonists, including AMD11070 [105], KRH-3955 [106], and GSK81297 [107]. Therefore, to prevent the possible emergence of pre-existing forms of the CCR5 virus, it is likely that CXCR4 antagonists will be effective only in combination with a CCR5 antagonist or other antiviral drugs.

Fusion inhibitory peptides and their mechanisms of action

Fusion inhibitors: Enfuvirtide (T-20) was approved by the FDA in 2003 as the first fusion inhibitor that efficiently suppresses the replication of HIV-1 resistant to available classes of anti-HIV-1 drugs (Figure 1), such as reverse transcriptase inhibitors (RTIs) and protease inhibitors (PIs). Hence, it has been widely used for treatment of HIV-1 infected patients where treatment with other antiretroviral drugs has failed [108]. T-20 comprises a 36 amino acid peptide derived from the gp41 HIV-1 C-terminal heptad repeat (C-HR), as shown in Figure 7.

During HIV-1 entry, binding of gp120 to CD4 and either CCR5 or CXCR4 initiates penetration of the hydrophobic fusion peptide domain at the N-terminal heptad repeat (N-HR) of gp41 into the target

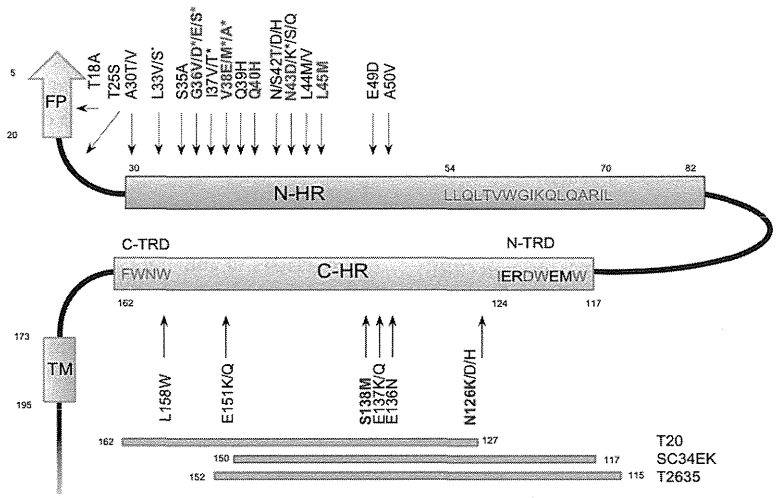

Figure 7: Schematic view of HIV-1 gp41 functional domains and mutation map for T-20. Putative hydrophobic pocket region of the N-HR is shown (green) and may form a leucine-zipper-like domain. In the C-HR, two tryptophan-rich domains (TRD; pink) are located at the N- and C-terminal regions (N-TRD and C-TRD, respectively). The N-TRD binds to the hydrophobic pocket in the N-HR, whereas the C-TRD plays a key role in membrane association. FP; fusion peptide domain, which penetrates into the target cell membrane. TM; transmembrane region. The amino acid sequence of the HXB2 clone is shown as a representative HIV-1 sequence. Only mutations located in the extracellular domain of gp41 are shown. Mutations observed in in vitro and in vivo selections are indicated by an asterisk (*). I37T was only selected in vitro. Primary and secondary mutations were most frequently associated with T-20 resistance (red and blue, respectively). In addition, T25S/A, S35A/T, R46K, L55F, Q56R/K, V72L, A101I/T/V/G, L108Q, N109D, D113G/N, E119Q, L130V, I135L, N140I, and L158W were selected in patients under T-20 containing regimens, but observed in some drug-naïve HIV-1 strains (Los Alamos HIV Sequence Data Bank, http://www.hiv.lanl.gov/content/index (natural polymorphisms). Corresponding regions of T-20, SC34EK, and T2635 are shown. T-20 is comprised of the original sequence but others are extensively modified.

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cell membrane [6]. In the gp41 extra-cellular domain, the α-helical region at the C-HR begins to fold and interact with a trimeric form of the N-HR in an anti-parallel manner. This intramolecular folding forms a stable six-helix bundle and facilitates the fusion of the virus envelope and cellular membranes. During the fusion step of HIV-1 replication, T-20 can interfere with the formation of the six-helix bundle consisting of a trimeric N-HR/C-HR complex.

In the C-HR, two tryptophan-rich domains (TRDs) are located in close proximity to the connection loop (N-TRD) and the membrane-spanning or transmembrane region (C-TRD). Both TRDs resemble a leucine zipper structure and are believed to be important for interactions of the N-HR and the C-HR. T-20 contains the amino acid sequence of the C-TRD, whereas C34-based peptides, such as SC34EK and T2635, contain the N-TRD. T-20 is believed to bind to the N-HR as a decoy and prevents the formation of the six-helix bundle [109], resulting in the inhibition of HIV-1 entry. This mode of action has been well documented with another fusion inhibitory peptide, C34, and remains controversial whether the mechanisms of action of T-20 and C34 are in fact the same.

Primary and secondary mutations for fusion inhibitors: Although some fusion peptides, such as N36 [110] and IQN17 [111], are designed using the N-HR sequence, most have been designed using the C-HR sequence. Primary mutations for a representative C-HR derived peptide, T-20, are generally introduced within the N-HR, a putative binding site of T-20 [112,113]. Mutations frequently reported *in vivo* are located at amino acid positions 36–45 of the gp41, including G36D/S/E/V, V38A/M/E, Q40H, N42T, and N43D/K (Figure 7) [114]. Using circular dichroism analysis, others and we clearly demonstrated that these primary mutations reduce the binding affinity of C-peptides with the N-HR [112,115]. This mutation also impairs physiological intra-molecular binding of the C-HR with the N-HR, providing a replication cost [116]. Therefore, HIV-1 develops secondary or compensatory mutations in the C-HR to restore the reduced stabilities of the six-helix bundle by the introduction of primary mutations. N126K, E137K/Q, and S138A [115,117] have been reported *in vivo*, usually in combination with N-HR mutations. Mutations in the C-HR restore the intra-molecular folding/interaction of the C-HR with the N-HR. The enhanced binding affinity by the secondary mutations can be applied to peptide design, such as C34 with N126K and T-20 with S138A, which maintain anti-HIV-1 activity, even to drug-resistant HIV-1 [115].

Secondary mutations of the N-HR are not only non-synonymous, but also synonymous. A part of the RNA coding region for the env gene, including gp41, also encodes the Rev-responsible element (RRE), which is an RNA secondary structure important for unspliced RNA export from the nucleus that is required for efficient viral protein synthesis and packaging of genomic RNA [118,119]. Primary mutations at positions 36 and 38 for stem II and at 43 for stem III affect the RRE structure. Synonymous and non-synonymous mutations introduced into the gp41 compensate for RRE structure stability, such as T18A for V38A [120] and A30V for G36D [116], and Q41 (CAG to CAA) and L44 (UUG to CUG) for N43D [121]. This association between the gp41 and RRE results in some genetic restrictions.

Impact of mutations on clinical potency: Only one or two amino acid substitutions in gp41 appear to be sufficient for clinical treatment failure, where after the emergence of mutations, viral load gradually increases [122]. For example, G36E, V38A, Q40H, and N43D were shown to confer 39.3-, 16-, 21-, and 18-fold reductions in susceptibility to T-20, respectively [123]. Double or triple substitutions have also been identified in clinical isolates from patients undergoing therapy with T-20. Mutations such as N42T+N43S, V38A+N42D, and Q40H+L45M confer 61-, 140-, and 67-fold reductions in susceptibility to T-20, respectively [123]. Mutations at codons 36 (G36E/D/S) and 38 (V38A/G/M) seem to emerge relatively rapidly *in vivo*, whereas Q40H and N43D emerge more slowly [122]. After prolonged therapy, HIV-1 has been shown to develop secondary mutations and may confer more apparent resistance with improved replication kinetics. Therefore, combination regimens with other inhibitors, such as RTIs and PIs, are indispensable for sufficient positive viral responses.

T-20 appears to inhibit replication of HIV-1 subtype independently [124-126], since T-20 has mainly been used for subtype B HIV-1 infected patients. Based on the mechanism of action of T-20, interference of N-and C-HR interactions may be expected, where amino acid sequences are highly conserved across all subtypes. However, in non-B subtype HIV-1, N42S predominantly emerged as a resistance-related mutation [124,125].

Resistance to the next generation inhibitors: Next generation inhibitors have been designed using several strategies, such as the introduction of specific amino acid motifs and secondary mutations into the sequence of the original peptide inhibitors [115] to enhance the stability of the α-helical structure between inhibitors and fusion domain at the N-HR. In contrast to T-20, primary mutations to third generation inhibitors were not selected *in vitro* [127,128]; therefore, the accumulation of multiple mutations is likely necessary for the development of resistance. In the case of SC34EK, 13 amino acid substitutions (D36G, Q41R, N43K, A96D, N126K, E151K, H132Y, V182I, P203S, L204I, S241F, H258Q, and A312T) were introduced and single amino acid substitutions only conferred weak resistance (<6-fold) [127]. For another peptide, T-2635, 12 amino acids in 10 positions (A6V, L33S, Q66R/L, K77E/N, T94N, N100D, N126K, H132Q, E136G, and E151G) were selected, and single mutations did not confer resistance to T-2635 [128]. Interestingly, some of these mutations were located outside the N-HR and C-HR. Cross-resistance between SC34EK and T-2635 was only examined for the SC34EK-resistant virus and revealed little cross-resistance [127]. Further studies of resistance profiles might be helpful in defining new strategies for the design of fusion inhibitors that can suppress the replication of resistant variants of HIV-1.

Conclusion

The emergence of viruses resistant to entry inhibitors, as well as other classes of antiviral agents (reverse transcriptase or protease inhibitors), has been reported *in vitro* and *in vivo*. Resistance to entry inhibitors, including attachment inhibitors and coreceptor antagonists, is mainly conferred as a result of missense mutations within the gp120 subunit of the *env* gene, which differ from one inhibitor to another. Alternatively, treatment failure can occur through the expansion of pre-existing CXCR4-using virus for CCR5 antagonists, and vice versa. Agents that target gp41-dependent fusion select for HIV-1 variants with mutationswithin the gp41 envelope gene. These results indicate the incredible flexibility of the HIV-1 genome to escape from a variety of entry inhibitors. Therefore, the development of novel entry inhibitors for clinical use is needed to limit escape mutants by effective combination therapy.

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Impact of antiretroviral pressure on selection of primary human immunodeficiency virus type 1 envelope sequences *in vitro*

Shigeyoshi Harada,[1,2] Kazuhisa Yoshimura,[1,2] Aki Yamaguchi,[1] Samatchaya Boonchawalit,[1,2] Keisuke Yusa[3] and Shuzo Matsushita[1]

Correspondence
Kazuhisa Yoshimura
ykazu@nih.go.jp

[1]Center for AIDS Research, Kumamoto University, 2-2-1 Honjo, Chuo-ku, Kumamoto 860-0811, Japan

[2]AIDS Research Center, National Institute of Infectious Diseases, 1-23-1 Toyama, Shinjuku-ku, Tokyo 162-8640, Japan

[3]Division of Biological Chemistry and Biologicals, National Institute of Health Sciences, 1-18-1 Kami-youga, Setagaya-ku, Tokyo 158-8501, Japan

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The initiation of drug therapy results in a reduction in the human immunodeficiency virus type 1 (HIV-1) population, which represents a potential genetic bottleneck. The effect of this drug-induced genetic bottleneck on the population dynamics of the envelope (Env) regions has been addressed in several *in vivo* studies. However, it is difficult to investigate the effect on the *env* gene of the genetic bottleneck induced not only by entry inhibitors but also by non-entry inhibitors, particularly *in vivo*. Therefore, this study used an *in vitro* selection system using unique bulk primary isolates established in the laboratory to observe the effects of the antiretroviral drug-induced bottleneck on the integrase and *env* genes. Env diversity was decreased significantly in one primary isolate [KP-1, harbouring both CXCR4 (X4)- and CCR5 (R5)-tropic variants] when passaged in the presence or absence of raltegravir (RAL) during *in vitro* selection. Furthermore, the RAL-selected KP-1 variant had a completely different Env sequence from that in the passage control (particularly evident in the gp120, V1/V2 and V4-loop regions), and a different number of potential *N*-glycosylation sites. A similar pattern was also observed in other primary isolates when using different classes of drugs. This is the first study to explore the influence of anti-HIV drugs on bottlenecks in bulk primary HIV isolates with highly diverse Env sequences using *in vitro* selection.

INTRODUCTION

Human immunodeficiency virus type 1 (HIV-1) shows a high degree of genetic diversity owing to its high rates of replication and recombination and the high mutation rate of the HIV-1 reverse transcriptase (Nájera *et al.*, 2002). Even in a single infected individual, the virus can best be described as a population of distinct, but closely related, genetic variants or 'quasi-species' (Eigen, 1993; Nijhuis *et al.*, 1998). The quasi-species behaviour of viruses is recognized as a key element in our understanding and modelling of viral evolution and disease control (Vignuzzi *et al.*, 2006).

Combination antiretroviral (ARV) therapy results in a contraction of the viral population, which represents a potential genetic bottleneck (Charpentier *et al.*, 2006; Delwart *et al.*, 1998; Ibáñez *et al.*, 2000; Kitrinos *et al.*, 2005; Nijhuis *et al.*, 1998; Nora *et al.*, 2007; Sheehy *et al.*, 1996; Zhang *et al.*, 1994). Whilst this bottleneck has a direct effect on the region that is being targeted by the drugs (e.g. protease or reverse transcriptase), it also affects other regions of the viral genome. Indeed, the effect of the drug-induced genetic bottleneck on the population dynamics of the envelope (Env) regions has been addressed in several *in vivo* studies (Charpentier *et al.*, 2006; Delwart *et al.*, 1998; Ibáñez *et al.*, 2000; Kitrinos *et al.*, 2005; Nijhuis *et al.*, 1998; Nora *et al.*, 2007; Sheehy *et al.*, 1996; Zhang *et al.*, 1994).

Virus bottleneck evolution of the HIV-1 *env* gene might be important when choosing the optimal drugs to treat a particular patient. Indeed, a CCR5 antagonist (maraviroc, MVC) and a fusion inhibitor (enfuvirtide, T-20) have now

The GenBank/EMBL/DDBJ accession numbers for the *env* sequences of HIV-1 KP-1, KP-2 and KP-4, are AB640872–AB640881, AB641341–AB641351 and AB641335–AB641340, respectively.

Two supplementary figures are available with the online version of this paper.

been approved for use as HIV-1 entry inhibitors. Analysing the dynamics of drug-induced genetic bottlenecks and studying drug-resistant mutation profiles in response to HIV-1-specific ARV drugs are both important if we are to understand fully HIV-1 drug resistance and pathogenesis.

The aim of the present study was to understand better the effect of *in vivo* drug-induced genetic bottlenecks. *In vitro* selection of different primary HIV-1 isolates was performed using the recently approved HIV integrase inhibitor raltegravir (RAL) (Steigbigel *et al.*, 2008). Two R5-, one X4-, one dual- and one mixed R5/X4-tropic isolates were passaged through a RAL-induced genetic bottleneck. We also performed *in vitro* selection of the R5/X4 isolate using lamivudine (3TC), saquinavir (SQV) and MVC, and compared the results with those from the RAL-selected isolate.

RESULTS

Genotypic profiles of the HIV-1 primary isolates

Four genetically heterogeneous HIV-1 primary isolates (KP-1–4) from Japanese drug-naïve patients were used to assess the extent to which RAL affected the selection of bulk primary viruses *in vitro*. A laboratory isolate, strain 89.6, was also used in the study (rather than a molecular clone) to allow escape mutants to be selected from each quasi-species pool and to be generated *de novo*. First, the sequences of the integrase (IN) regions of the four primary isolates were determined. Table 1 shows the detailed evaluation of the R5/X4 mixture subtype B (KP-1), R5-CRF08_BC (KP-2), R5 subtype B (KP-3) and X4-CRF01_AE (KP-4) primary isolates, and the dual-tropic subtype B laboratory virus (89.6). Although some naturally occurring polymorphisms were observed within the IN regions of these isolates compared with the subtype B consensus sequence available from the Los Alamos National Laboratory HIV sequence database, we did not identify any primary resistant mutations to RAL. Three baseline viruses (KP-1, KP-4 and 89.6) were sensitive to RAL, with IC_{50} values ranging from 1.2 to 4 nM, which are comparable with those reported previously (Kobayashi *et al.*, 2008). However, KP-2 and KP-3 showed minor resistance to RAL, with IC_{50} values of 16 and 32 nM, respectively. These two isolates contained amino acid mutations at positions 72, 125 and 201 within the IN region [previously reported as L-870,810 and S-1360 resistance mutations (Hombrouck *et al.*, 2008; Rhee *et al.*, 2008), but not as RAL-resistance mutations]. KP-2 also contained a unique insertion at position 288 (NQDME) at the C-terminal end of the IN region.

In vitro selection of variants of the primary isolates and 89.6 using RAL

To induce RAL-selected HIV-1 variants *in vitro*, PM1/CCR5 cells, a T-cell line expressing high levels of CCR5, were exposed to the four primary isolates and strain 89.6. The viruses were then serially passaged in the presence of RAL. As a control, each isolate was passaged under the same conditions, but without RAL, to allow monitoring of spontaneous changes occurring in the viruses during prolonged PM1/CCR5 cell passage (the passage control). The selected viruses were initially propagated at a RAL concentration equal to each IC_{50} value. The RAL concentrations were then increased from 20 to 85 nM during the course of the selection procedure (Table 1).

Only small shifts in the IC_{50} to RAL were observed in four of the five isolates (KP-1, KP-2, KP-4 and 89.6), with fold changes in IC_{50} values of 3.4, 6.5, 16 and 9.2, respectively. KP-3 did not show resistance to RAL. IC_{50} values in all the passage controls were comparable with those of the baseline viruses (Table 1).

IN region sequences in RAL-selected variants

The full-length *IN* genes were amplified and cloned to determine the genetic basis of selection in the presence or absence of RAL. Ten to 12 clones from each sample were sequenced.

Substitutions within IN were observed at passages 30 (G189R) and 29 (T210I) in two RAL-selected isolates (KP-2 and KP-4, respectively). Neither of these has been reported as IN inhibitor-resistant mutations. No substitutions in the IN regions of KP-3 and 89.6 were found. However, A125T and V180I substitutions were observed in the KP-3 and 89.6 control variants at the last passage. No previously reported mutations were identified in the IN region of KP-1 (an R5/X4 mixture isolate) after 17 passages. However, four amino acids (K7/K111/H216/D278) were selected by RAL from the baseline quasi-species, whereas different amino acids (R7/R111/Q216/N278) were selected in the control-passage variants (Table 1).

Taken together, these findings showed that RAL-induced selection pressure causes adaptation within the IN regions of bulk primary viruses during *in vitro* passage in the target cells, and confirmed that this system can be used to analyse drug-selected variants *in vitro*.

Comparison of *env* gene sequences in RAL-selected and passage-control isolates

A highly diverse gp120 region was observed in the baseline R5/X4 mixture isolate, KP-1; however, the viral diversity of variants passaged in the presence or absence of RAL decreased significantly during *in vitro* selection (overall mean distance after RAL selection of 0.056 at baseline to 0.007 after passage 17; mean overall distance in the passage control of 0.01 after 20 passages, Table 2). Moreover, the RAL-selected and control variants utilized CCR5 to enter the target cell; neither variant used CXCR4 (Table 3).

Interestingly, the low-diversity RAL-selected variant contained a completely different Env sequence from that of the passage-control variant (Fig. 1a). Different regions spanning

Table 1. Susceptibility of HIV-1 isolates to RAL and distinct differences in IN region sequences between RAL-selected and control-passaged viruses

Isolate	Subtype	Tropism	Passage no.	Concn (nM)	RAL-selected variant*		Passage control	
					IN sequence	RAL IC_{50} (nM)	IN sequence	RAL IC_{50} (nM)
KP-1	B	Mix	0	0	*K/R7, K/R111, Q/H216, D/N278*	4	*K/R7, K/R111, Q/H216, D/N278*	4
			8	20	**K**111, **H**216, **D**278	31 (7.8)	**R**7, **R**111, **Q**216, **N**278	4.5 (1.2)
			17†	20	**K**7, **K**111, **H**216, **D**278	26 (6.5)	**R**7, **R**111, **Q**216, **N**278	0.4 (0.1)
KP-2	CRF08_BC	R5	0	0	*I201, ins289NQDME*	16	*I201, ins289NQDME*	16
			18	40	G189G/R, *I201, ins289NQDME*	32 (2)	*I201, ins289NQDME*	16 (1)
			30	85	G189R, *I201, ins289NQDME*	55 (3.4)	*I201, ins289NQDME*	25 (1.6)
KP-3	B	R5	0	0	*V72, A125*	32	*V72, A125*	32
			11	25	*V72, A125*	25 (0.78)	*V72, A125*	33 (1)
			22	27.5	*V72, A125*	37 (1.2)	*V72*, A125T	13 (0.41)
KP-4	CRF01_AE	X4	0	0	–	2.1	–	2.1
			8	40	–	33 (16)	R166R/K, D279N	4.4 (2.1)
			29	40	T210I	22 (10)	G163E, R166R/K, D279N/S	4.1 (2)
89.6	B	R5X4	0	0	–	1.2	–	1.2
			8	15	–	34 (28)	–	4.4 (3.7)
			34	20	–	11 (9.2)	V180I	1.2 (1)

*Amino acid changes in each passage variant are shown. Italicized letters represent mutations relative to the consensus subtype BC or B present in the baseline isolates. Bold letters represent amino acids selected out of the quasi-species cloud. The fold increase in RAL IC_{50} values is shown in parentheses for *in vitro*-selected variants compared with those in the baseline isolates.
†The RAL variant selected after 17 passages was compared with the control selected after 20 passages.

Table 2. Comparison of amino acid length and number of PNGs between RAL-selected and control-passage KP-1 variants

	Passage no.	Genetic diversity*	Mean ENV 1–474 length (range)†	Mean V1/V2 length (range)	Mean V3 length (range)	Mean V4 length (range)	Mean PNGs (range)
Baseline	0	0.056	472 (461–480)	69 (60–74)	34 (33–34)	30 (29–31)	24 (22–28)
RAL-selected virus	2	0.038	479 (472–480)‡	74 (71–74)‡	34 (33–34)‡	31 (29–31)‡	27 (25–28) ‡
	8	0.0070	480	74	34	31	28 (26–29)
	17	0.0070	480	74	34	31	27 (26–27)§
Passage control	2	0.045	464 (461–466)‡	64 (60–74)‡	34 (33–34)‡	29 (29–31)‡	24 (22–27)‡
	8	0.0070	463 (462–463)	62	34	29	23 (22–23)
	10	0.0080	462 (459–463)	62	34	29	23 (22–23)
	20	0.010	463	62	34	29	23 (22–23)§
P value			<0.0001‡	<0.0001‡	0.91‡	0.0048‡	0.0019‡
							<0.0001§

*Overall mean distance.
†Sequence from gp120 SP to the V5 region (aa 1–474).
‡, § *P* values were calculated using the homoscedastic *t*-test between the RAL-selected and the passage-control variants indicated by the same symbols above.

the whole envelope sequence [from the signal peptide (SP) to V5] were compared in the RAL-selected and passage-control viruses. The results showed that, after only two passages, the gp120, V1/V2 and V4-loop regions within RAL-selected variants were longer than those in the control variants, and the number of putative *N*-linked glycosylation sites (PNGs) was significantly higher than that in the control-passage viruses (Table 2). This phenomenon was seen consistently in two independent experiments.

We also analysed the gp120 sequences in the other four isolates. Although the number of positional differences between the RAL-selected and passage-control variants for these four isolates was lower than that in KP-1 (between three and nine, compared with >40), there was a similar pattern of separation between the Env sequences (Fig. 1). In three of the four isolates (KP-2, KP-3 and KP-4), positional differences were observed in SP, C1 and all the variable regions of gp120 (Fig. 1b–d). In strain 89.6, differences were observed in the C2, C3 and V4 regions (Fig. 1e).

These results suggested that RAL treatment of target cells causes a decrease in viral diversification within quasispecies Env regions via a route different from that in untreated target cells.

In vitro induction of RAL-selected V3-loop library virus variants

To investigate further the effects of RAL on viral Env sequences, we used the V3-loop library virus (JR-FL-V3Lib) developed by Yusa *et al.* (2005), which carries a set of random combinations from zero to ten substitutions (27 648 possibilities) in the V3 loop (residues 305, 306, 307, 308, 309, 317, 319, 322, 323 and 326; V3 loop from Cys^{296} to Cys^{331}). The variants contained in the library were polymorphic mutations derived from 31 R5 clinical isolates (Yusa *et al.*, 2005). PM1/CCR5 cells were exposed to the JR-FL-V3Lib and serially passaged in the presence of RAL. After two passages, the V3 sequence within the RAL-selected variant was completely different from that in the passage control (Fig. 1f). This suggested that, under pressure from RAL, the infectious clone harbouring different V3 region sequence from the passage control had adapted to the target cells, despite containing the same IN sequences.

Phylogenetic analysis of the Env regions after passage with or without RAL

To confirm the temporal and spatial differences observed in each of the RAL-selected and passage-control viruses, phylogenetic analyses were conducted using complete SP–V5 sequences. The neighbour-joining phylogenetic tree showed a clear and distinct branching between RAL-selected and passage-control KP-1 viruses (Fig. 2a). We also identified a similar pattern in all the other isolates tested (Fig. 2b–e).

Table 3. Comparison of amino acid length, number of potential *N*-linked glycosylation sites, V3 sequences and co-receptor usage between anti-retroviral drug-selected and control-passaged KP-1 variants

	Passage no.	Genetic diversity*	Mean ENV_{1-474} length (range)†	Mean V1/V2 length (range)	Mean V3 length (range)	Mean V4 length (range)	Mean PNGs (range)	V3 region		Geno2 pheno (%)§
								Prevalence (%)	Sequence‡	
Baseline	0	0.056	472 (461–480)	69 (60–74)	34 (33–34)	30 (29–31)	24 (22–28)	41.9	CTRPNNNTRKGIHIGPGKFYATGAIIGDIRQAHC	41.2
								22.6	.....V.....	41.2
								16.1	....-..I.....T.R..T.RD...N..K...	1.7
								13.0	....-..I.....T.R..T.KT...N.KK...	2.9
								3.2	....-..I.....	7.4
								3.2	.....D.....	55.3
Passage control	8	0.0070	463 (462–463)	62	34	29	23 (22–23)	100.0	.....V.....	41.2
RAL-selected virus	8	0.0070	480	74	34	31	28 (26–29)	100.0	.....	41.2
3TC-selected virus	6	0.020	478 (475–480)	74	34	31 (29–31)	27 (25–28)	83.3	.....	41.2
SQV-selected virus	11	0.0040	474	71	34	31	26	100.0	.....	41.2
MVC-selected virus	7	0.0080	469 (468–469)	69	33	29	24 (23–24)	100.0	....-..I....R..T.R..T.KT...N.KK...	1.7

*Overall mean distance.

†Sequence from gp120 SP to the V5 region (aa 1–474).

‡V3 sequences of each variant are shown. Dots denote sequence identity and dashes indicate a deletion mutation.

§Prediction of viral co-receptor tropism using Geno2pheno based on a selectable 'false positive rate'.