

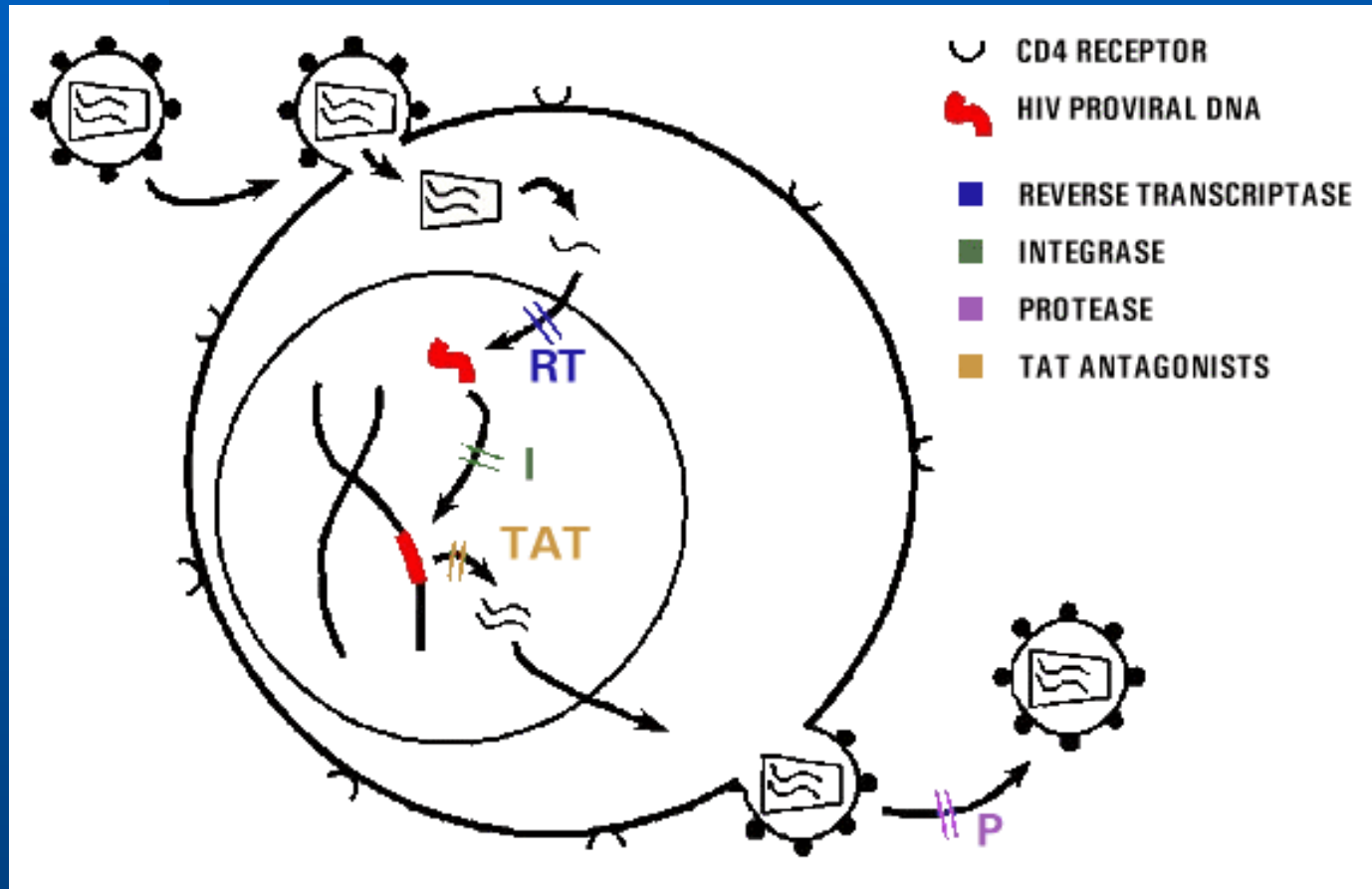
Analysis of HIV Sequences From Patients Data

By Patricia Buendia

Why study HIV data:

- **Viruses have a high evolution rate**
- **Large amount of data in public databases**
- **Evolutionary pattern closely related to the immunological status of host**
- **Analysis of serially sampled data significant to medical assessment of disease**

Drugs and the HIV Life Cycle



Analysis of First Set of Data

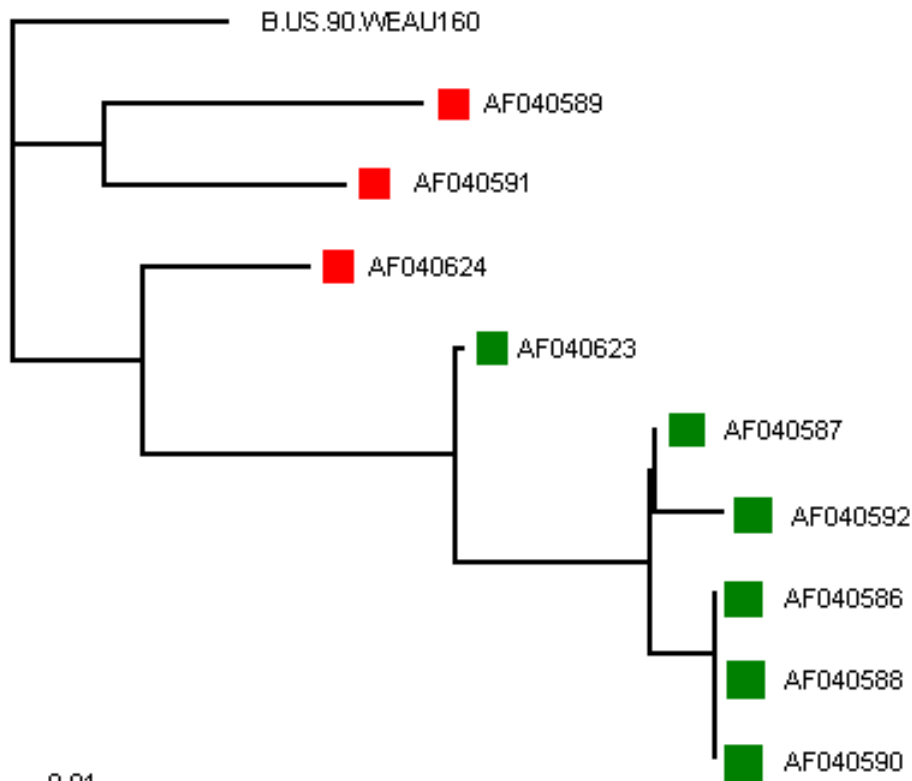
- 1 Year study of 10 patients before and during therapy
- Drug therapy: AZT(ZDV)-3TC-IDV
- 5 to 9 sequences per patient in Genbank

Reference

Günthard et al. – Journal of Virology 1998

Human immunodeficiency virus replication and genotypic resistance in blood and lymph nodes after a year of potent antiretroviral therapy

ML Tree for Patient F



HIV-1
DNA/RNA

Before therapy started



A year after therapy started



- Generated by Phylip's DNAML program
- Implements maximum likelihood method

geno2pheno

- **Input: HIV-1 pol-gene DNA sequence**
- **Output: predictions of phenotypic resistance to 17 antiretroviral drugs**
- **How: 2-class phenotype predictions using decision trees and SVM**

FOR MORE INFO...

<http://217.89.67.10/cgi-bin/geno2pheno.pl/>

Patient F: Drug Resistance Prediction Results

Sample AF040589 before receiving ZDV-3TC- IDV drug therapy

Sample AF040592 after a year of ZDV-3TC-IDV drug therapy (March 1998)

Drug	Cutoff	Decision tree classification ¹ [confidence factor]	SVM classification ²	Predicted fold-resistance (SVM regression ²)	Drug	Cutoff	Decision tree classification ¹ [confidence factor]	SVM classification ²	Predicted fold-resistance (SVM regression ²)
ZDV	8.5	resistant [0.90]	resistant	13.6	ZDV	8.5	resistant [0.90]	resistant	26.7
ddC	2.5	susceptible [0.80]	susceptible	1.5	ddC	2.5	resistant [0.73]	resistant	2.6
ddI	2.5	susceptible [0.86]	susceptible	1.6	ddI	2.5	resistant [0.58]	resistant	2.4
d4T	2.5	susceptible [0.71]	susceptible	1.8	d4T	2.5	susceptible [0.71]	susceptible	1.9
3TC	8.5	susceptible [0.80]	susceptible	5.8	3TC	8.5	resistant [0.98]	resistant	211.0
ABC	2.5	resistant [0.89]	susceptible	2.2	ABC	2.5	resistant [0.89]	resistant	4.0
TDF	2.5	susceptible [0.88]	susceptible	2.2	TDF	2.5	resistant [0.76]	susceptible	1.8
NVP	8.5	susceptible [0.89]	susceptible	1.5	NVP	8.5	susceptible [0.89]	susceptible	5.3
DLV	8.5	susceptible [0.89]	susceptible	1.5	DLV	8.5	susceptible [0.89]	susceptible	1.5
EFV	8.5	susceptible [0.91]	susceptible	1.1	EFV	8.5	susceptible [0.91]	susceptible	2.2
SQV	3.5	susceptible [0.89]	susceptible	1.1	SQV	3.5	resistant [0.88]	susceptible	3.0
IDV	3.5	susceptible [0.90]	susceptible	1.2	IDV	3.5	resistant [0.87]	susceptible	3.0
RTV	3.5	susceptible [0.91]	susceptible	1.1	RTV	3.5	resistant [0.89]	susceptible	2.7
NFV	3.5	susceptible [0.89]	susceptible	1.0	NFV	3.5	resistant [0.93]	susceptible	3.3
APV	3.5	susceptible [0.92]	susceptible	1.3	APV	3.5	susceptible [0.92]	susceptible	1.7
LPV	3.5	susceptible [0.86]	susceptible	1.1	LPV	3.5	susceptible [0.86]	susceptible	1.5
ATV	3.5	susceptible [0.84]	susceptible	1.4	ATV	3.5	resistant [0.83]	susceptible	2.6

Analysis of Second Set of Data

- **5 Year study of HAART therapy**
 - 2 patients under 3TC + d4T+ Idv drug therapy
 - 1 patient under 3TC + d4T + Nfv + Sqv
- **approx. 250 sequences per patient**
- **Observation: Viral load increased after discontinuation of therapy**

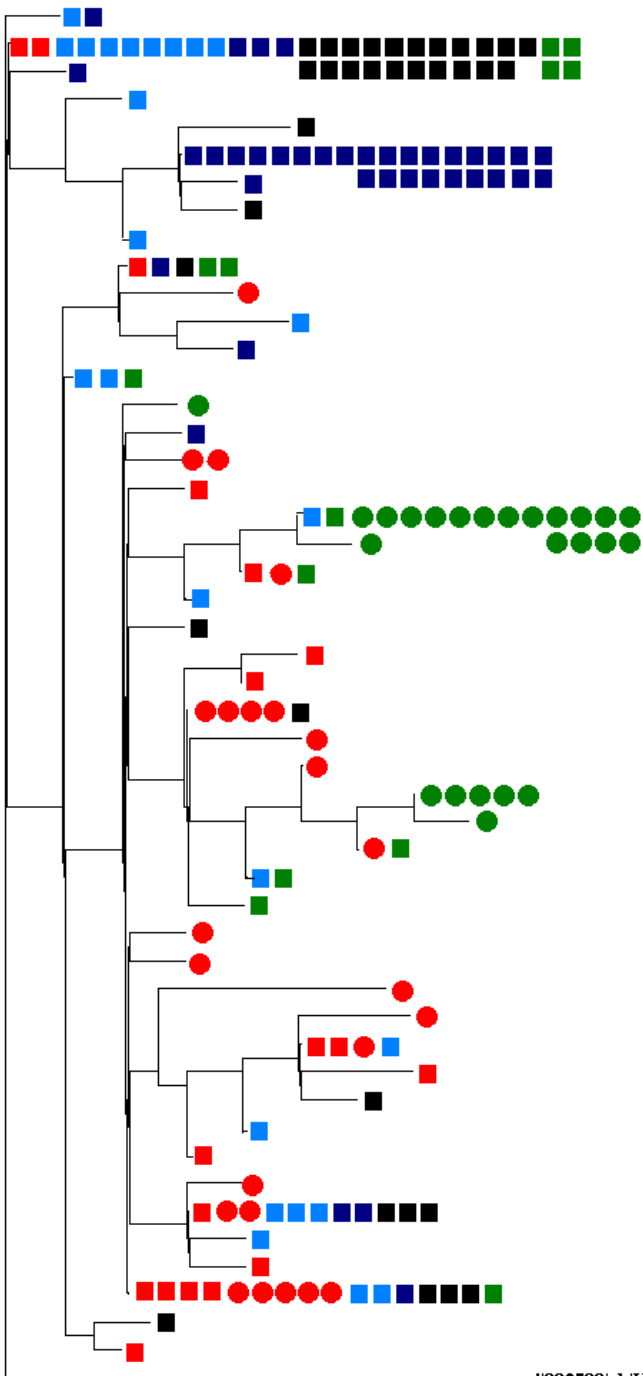
Reference

Imamichi et al. – Journal of Infectious Diseases 2001

Human immunodeficiency virus Type 1 quasi species rebound after discontinuation of highly active antiretroviral therapy...

ML Protease Tree

Tree for Patient 2 was constructed using DNAML



	HIV-1 RNA in plasma	HIV-1 DNA in plasma
Baseline (-5 months and prior to start of HAART)	●	■
0 mo - 1st documented HIV RNA <50 copies/mL		■
12 mo after 1st <50 copies/mL		■
18 mo after 1st <50copies/mL		■
29 mo - Time point of relapse after discontinuation of HAART	●	■

Time 1: -5 months before first count of <50 copies/mL & before therapy start

2	3	4	6	23	26	27	30	31	34	35	37	38	39
1	5	22	24	25	28	29	36	40	44				

Time 2: 0 months and first documented count of <50 copies/mL

19	9	41	24	8	13	48	7	28	20	36	40	10	11	44
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Time 3: 12 months after first count of <50 copies/mL

12	22	13	28	36	43	42	49	14	44
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Time 4: 18 months after first count of <50 copies/mL

15	22	28	16	17	29	36	18	45	44
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Time 5: 29 months after first count of < 50copies/mL 3 weeks after discontinuation of therapy & relapse

19	22	25	20	21	33	48	31	32	36	46	47	44
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Neutral and Darwinian Selective Evolution

Sequence 1:	ATC	GTA	CCT
Sequence 2:	ATC	GTT	ACT
	- <i>Ile</i>	<i>SYN</i> <i>Val</i>	<i>NONSYN</i> <i>Pro->Thr</i>

- Detect positive selection by comparing rates of nonsynonymous to synonymous substitutions $\omega = d_N/d_S$
- assume the nonsynonymous substitutions are proof of positive selection $\omega > 1$
- pairwise calculation of positive selection rate ω is done using Yang's codon-based model implemented in PAML

Algorithm for Analysis of serially sampled data

- 1) Calculate distance matrix for unique sequences (DNADIST)
- 2) Calculate pairwise positive selection rate ω (PAML)
- 3) Separate sequences into time groups t_1, \dots, t_n
- 4) For each $\text{seq}_d \in t_i$ find $\text{seq}_a \in t_{i-1}$ so that $\text{dist}(\text{seq}_d, \text{seq}_a) = \min(\text{dist}(\text{seq}_d, \text{seq}_j)) \forall \text{seq}_j \in t_{i-1}$
- 5) For each such pair found in 4), get ω from matrix in 2), to determine positive selection ($\omega > 1$)

Time 1: -5 months before first count of <50 copies/mL & before therapy start

2 3 4 6 23 26 27 30 31 34 35 37 38 39
1 5 22 24 25 28 29 36 40 44

20%

Time 2: 0 months and first documented count of <50 copies/mL

19 9 41 24 8 13 48 7 28 20 36 40 10 11 44

30%

Time 3: 12 months after first count of <50 copies/mL

12 22 13 28 36 43 42 49 14 44

10%

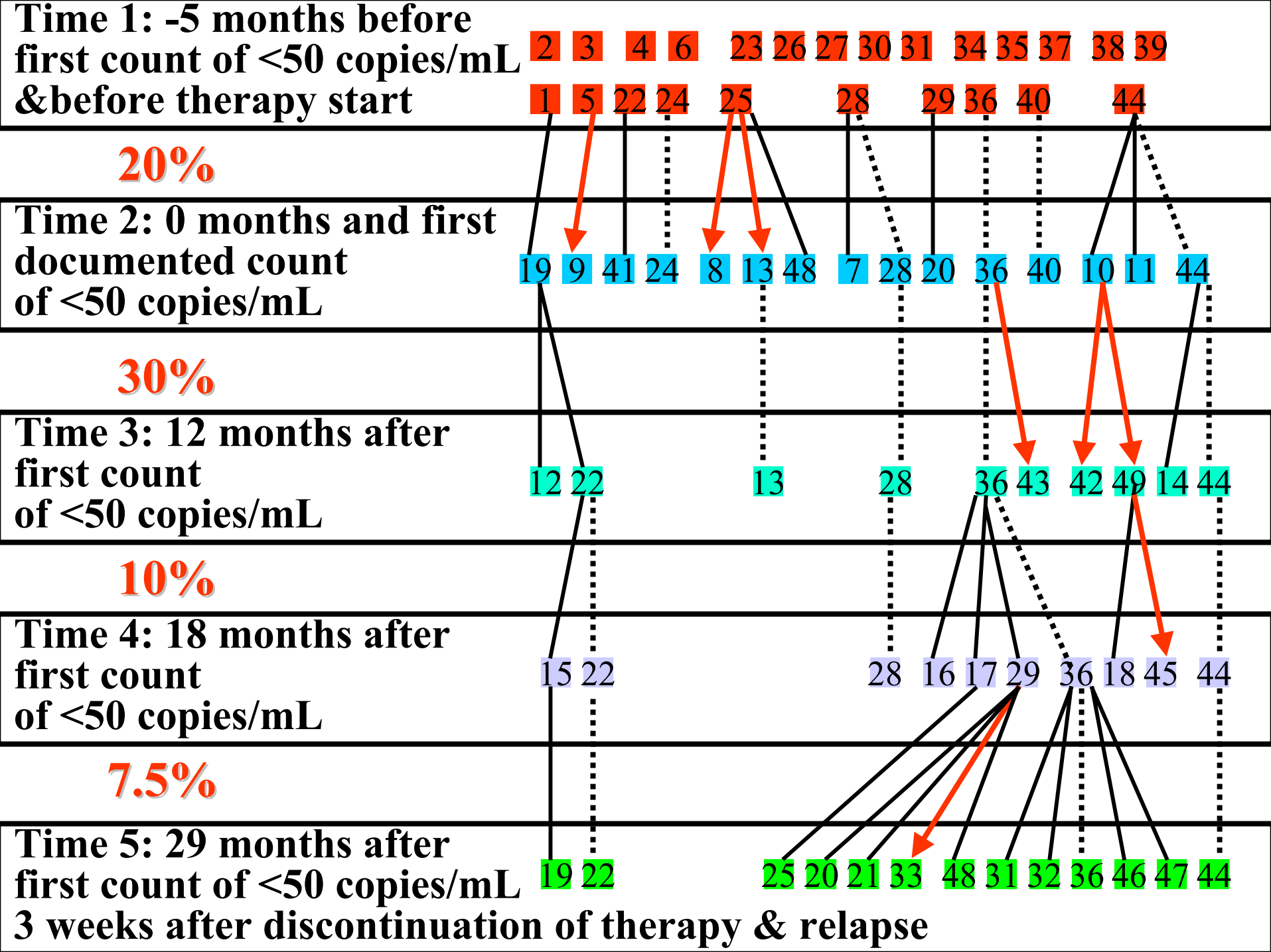
Time 4: 18 months after first count of <50 copies/mL

15 22 28 16 17 29 36 18 45 44

7.5%

Time 5: 29 months after first count of <50 copies/mL 3 weeks after discontinuation of therapy & relapse

19 22 25 20 21 33 48 31 32 36 46 47 44



Conclusion

- **Reasons for drug therapy failure:**
 - appearance of multidrug-resistant virus:
 - non-drug resistant virus continues to replicate in virus reservoirs of special cells
- **New methods needed for analysis of time consecutive HIV-1 data**