

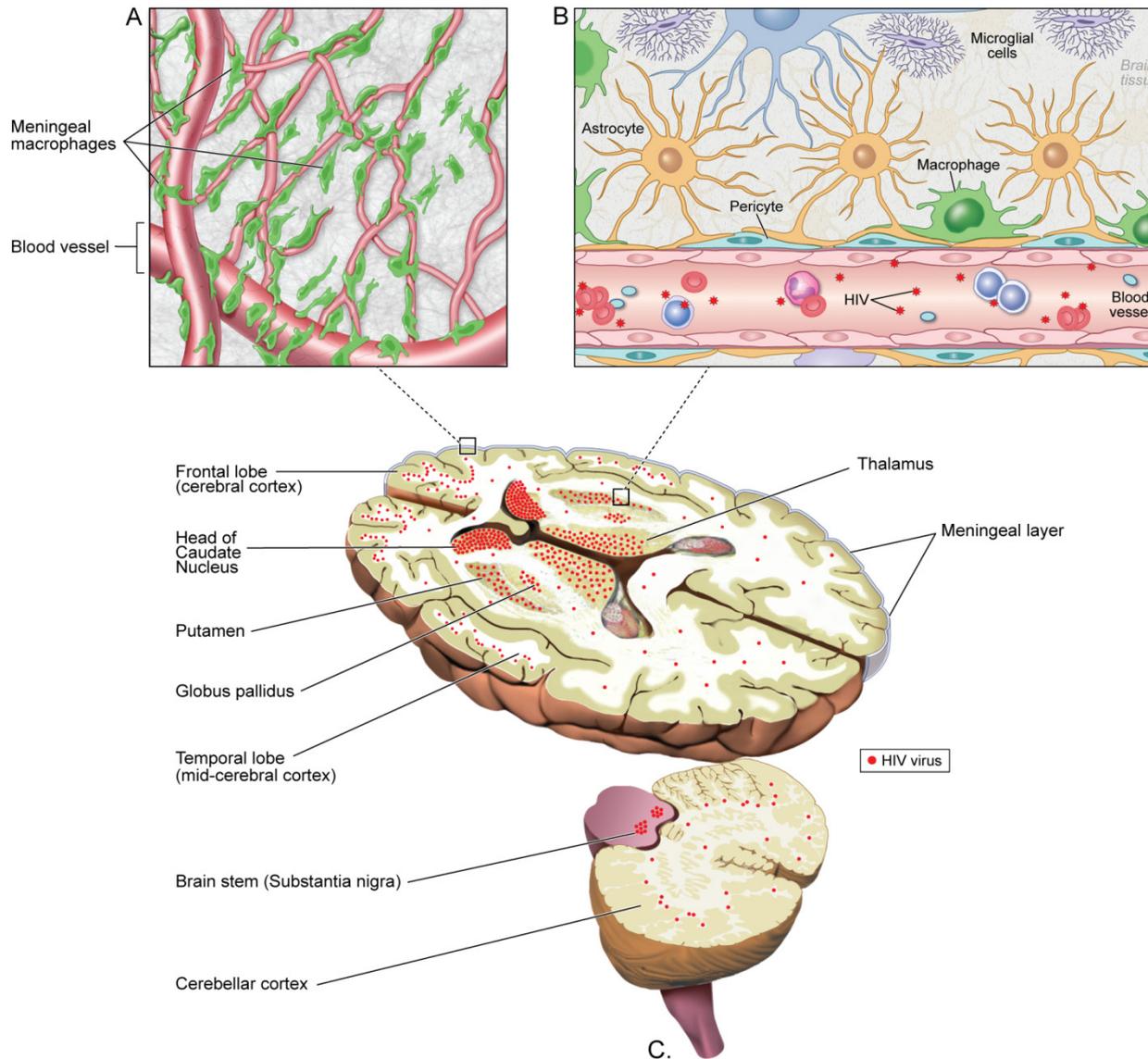
HIV reservoirs in brain: Advances in detection and elimination



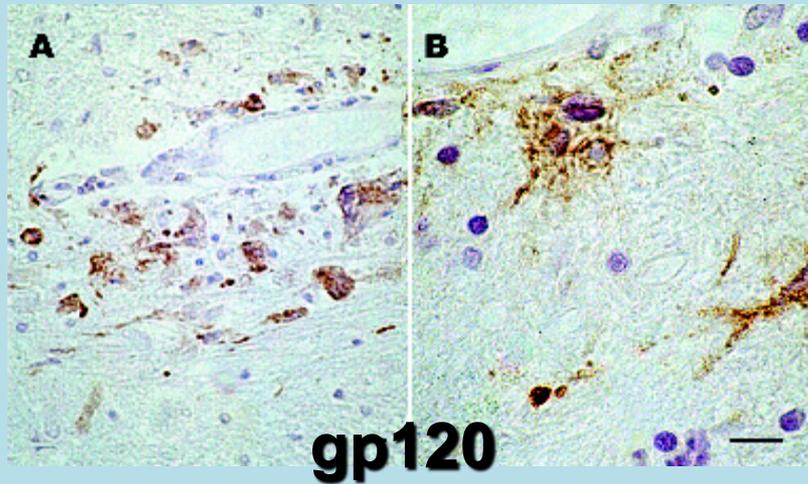
Avi Nath MD

**Chief, Section of Infections of the Nervous System
National Institute of Neurological Disorders and Stroke**

- Where is the virus in the brain?
- What happens to the viral reservoir with prolonged antiretroviral therapy?
- Can the reservoir be silenced?
- Can the reservoir be eliminated?

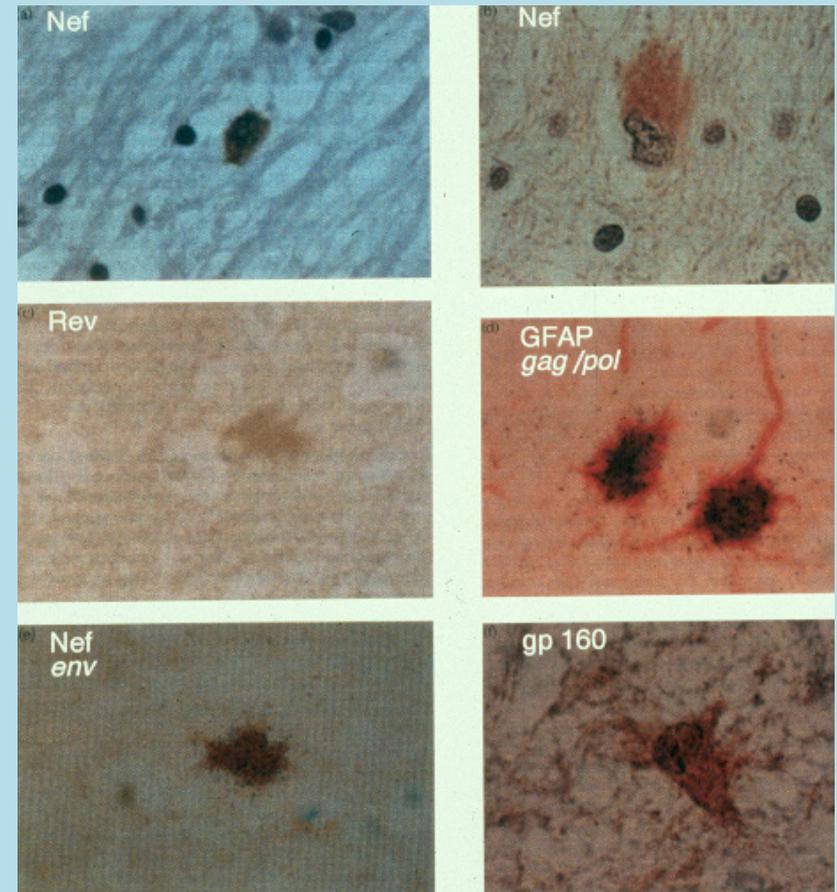


Productive Infection in perivascular macrophages



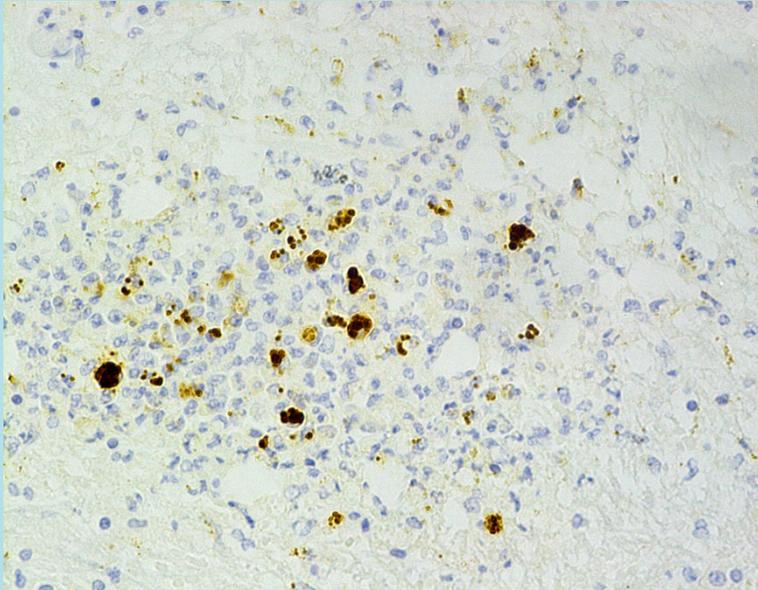
Jones et al., 2000;
Kruman et al., 1998

Restricted Infection in astrocytes



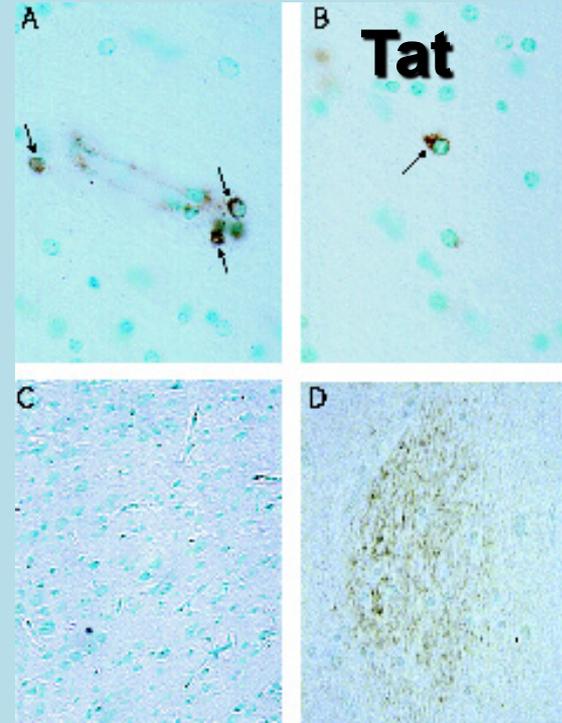
Ranki et al., 1995

Tat in microglial nodules and macrophages in HIV encephalitis

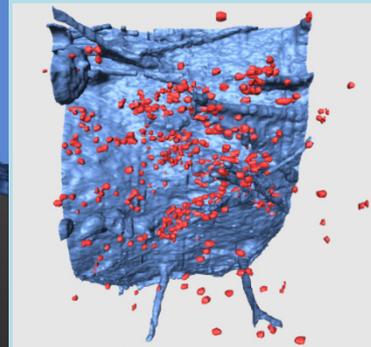
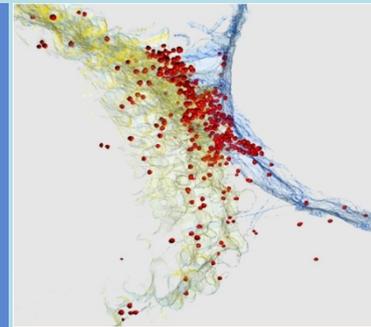
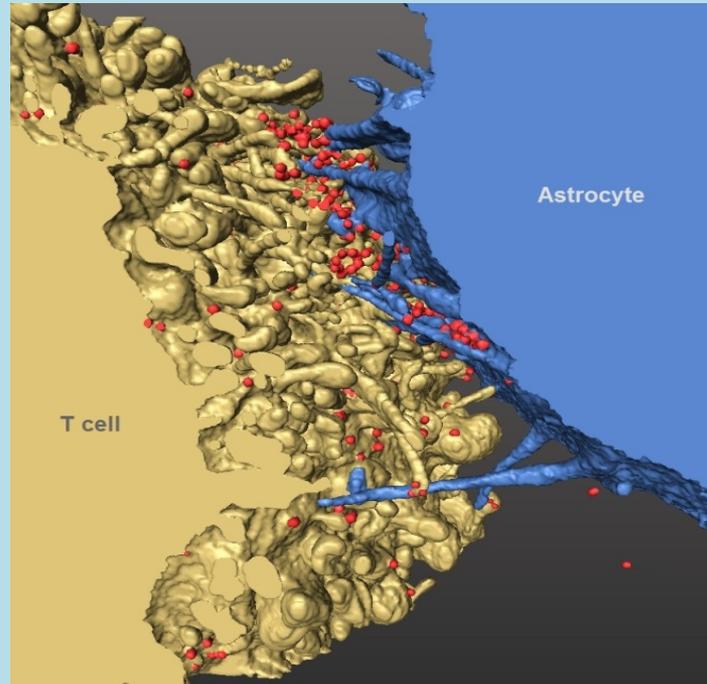
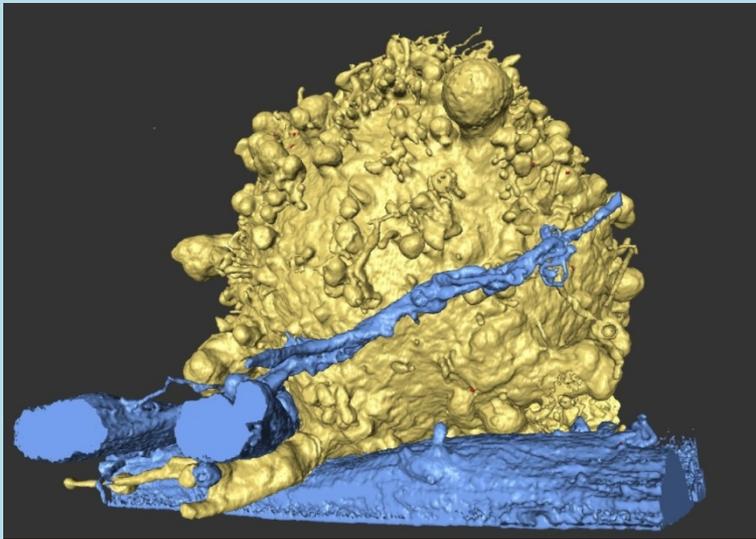
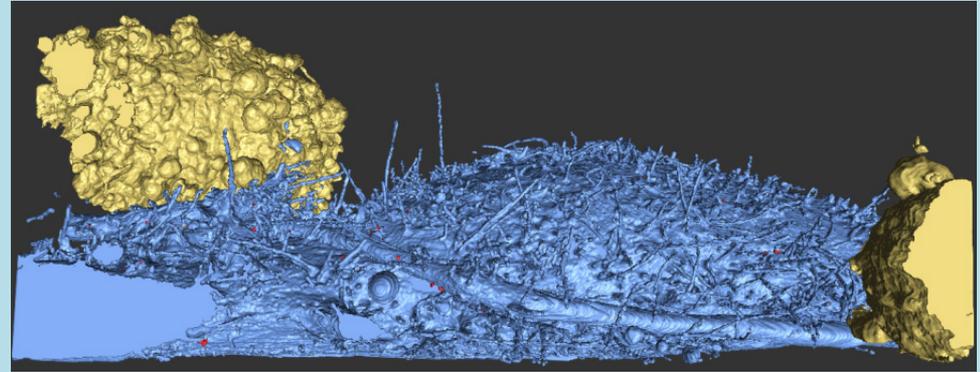
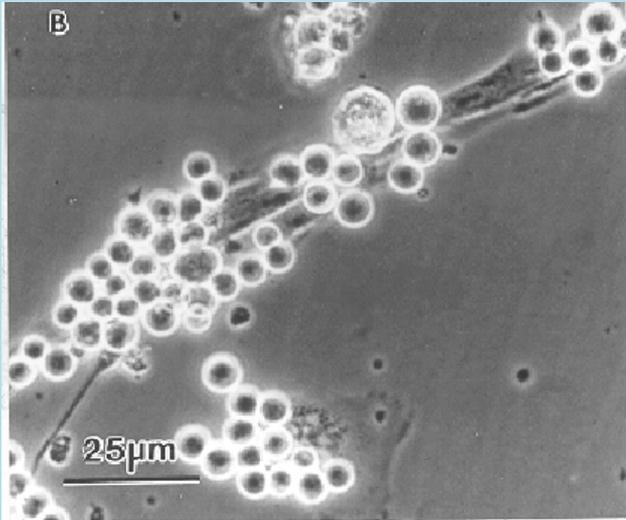


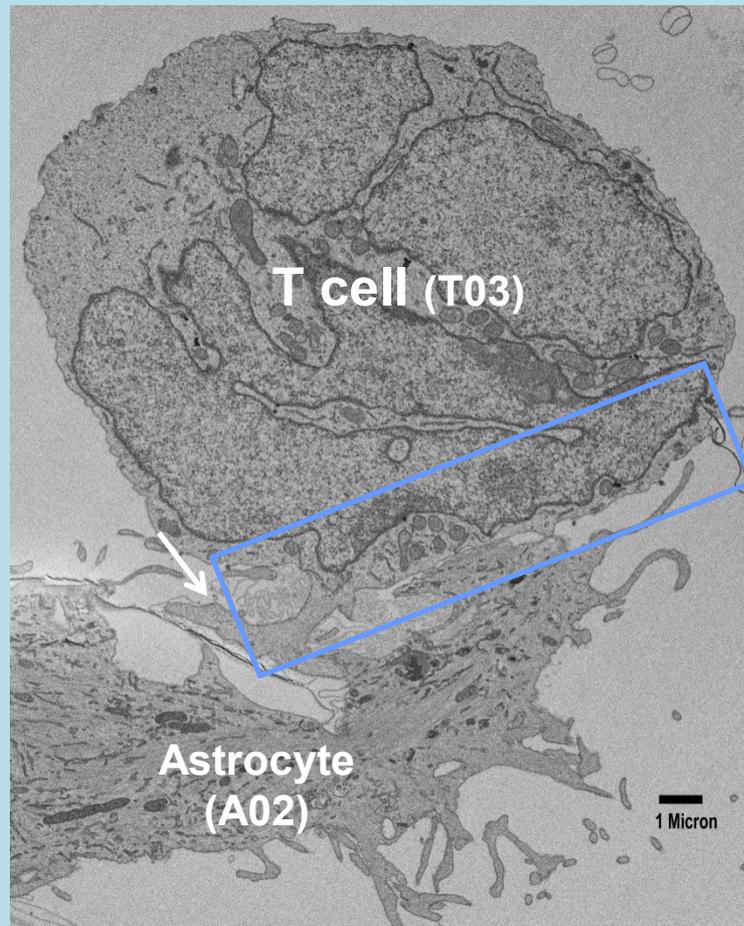
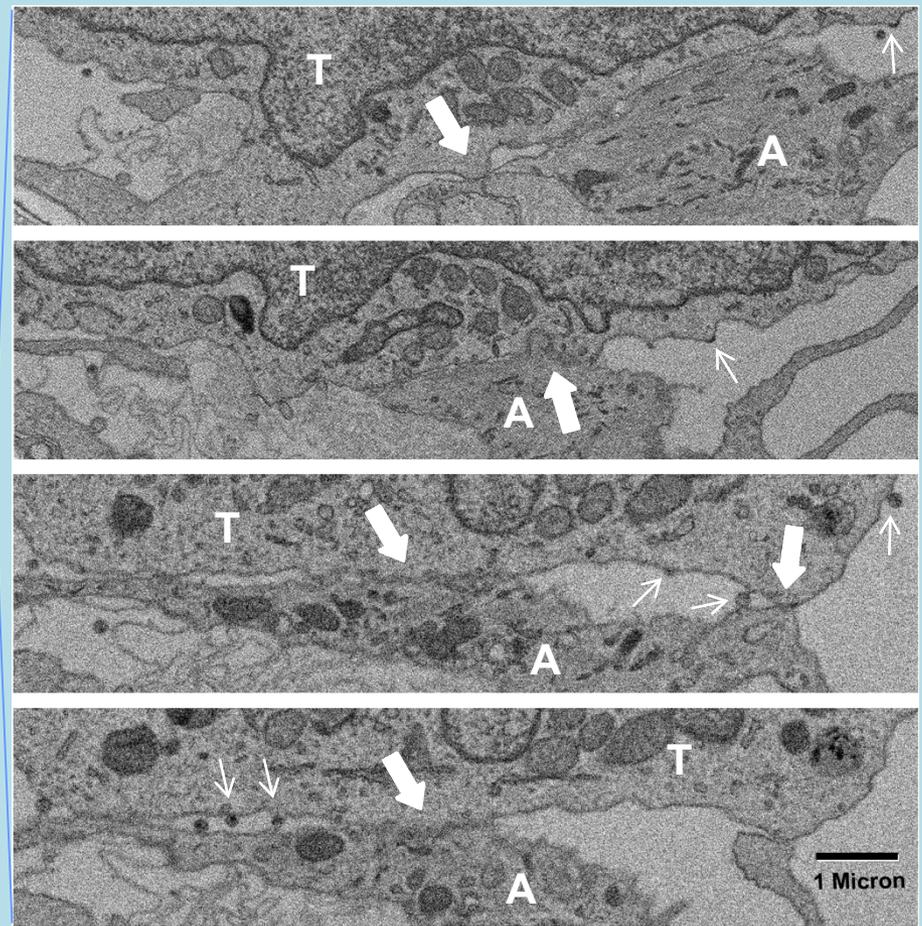
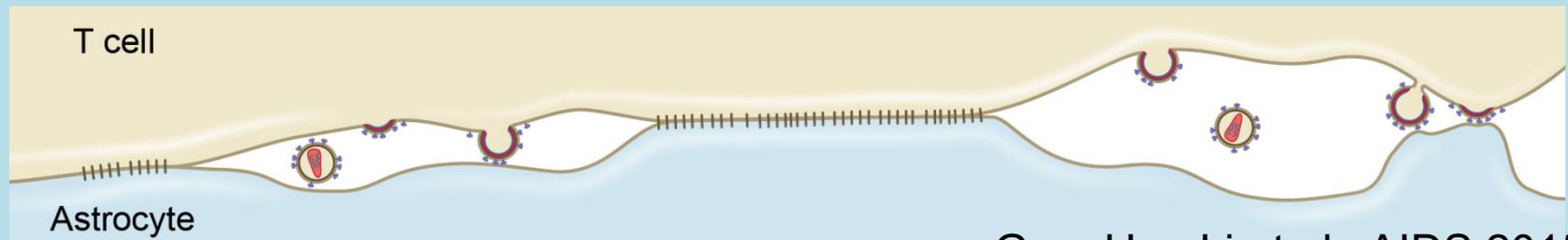
Aggregates of Tat in microglial nodules

Texas A03



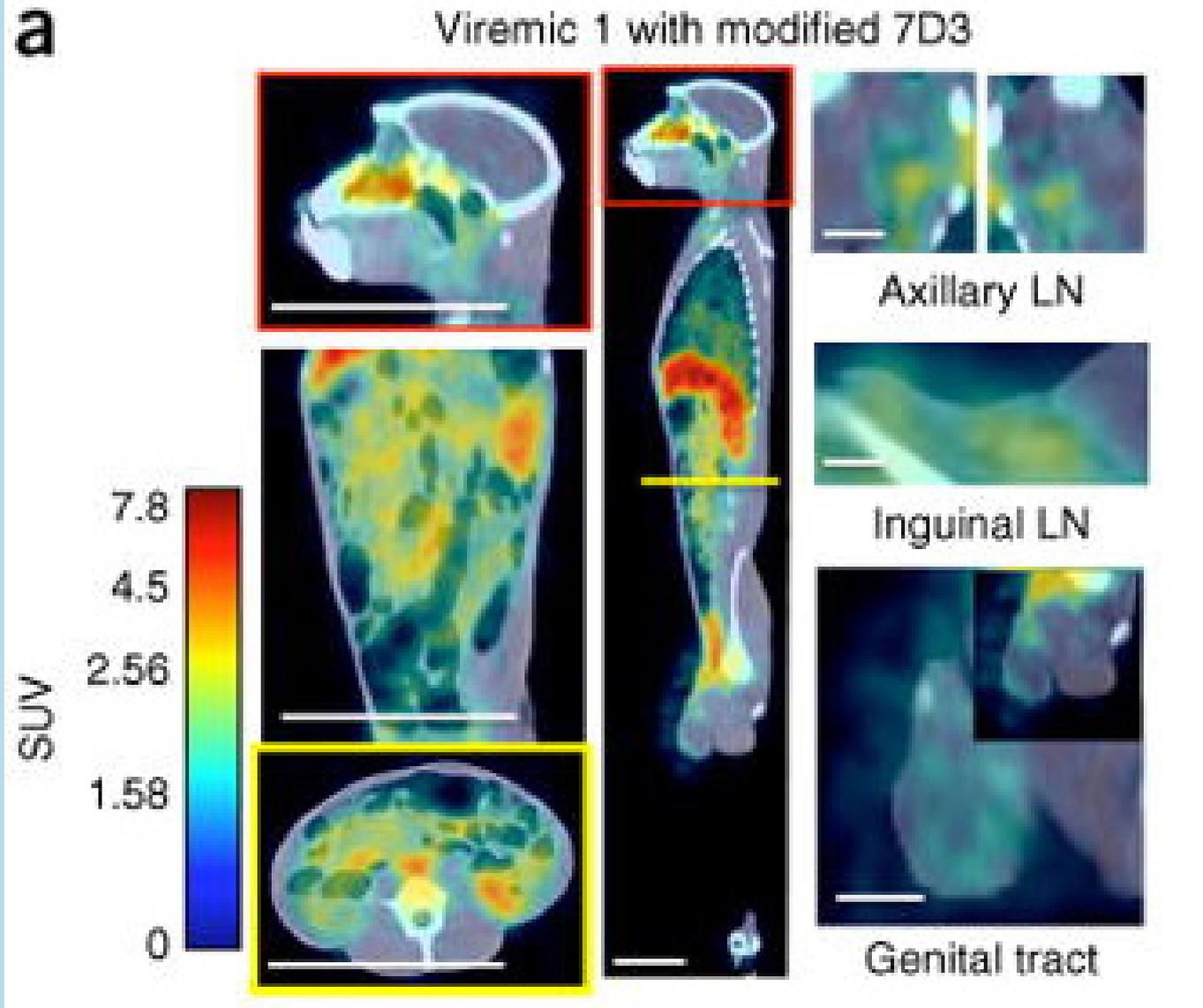
Kruman et al., 1998



G**H****I**

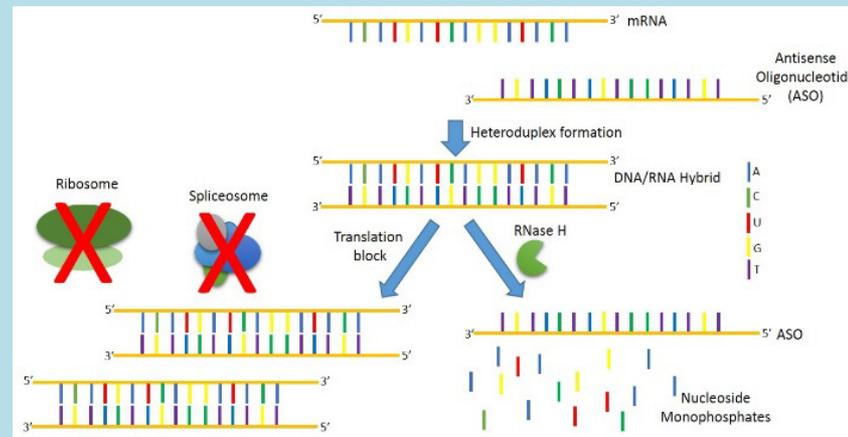
- Where is the virus in the brain?
- **What happens to the viral reservoir with prolonged antiretroviral therapy?**
- Can the reservoir be silenced?
- Can the reservoir be eliminated?

PET scan with monoclonal antibody to SIV for detection of viral reservoirs



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Antisense design and mechanism of action (Shock and Block)

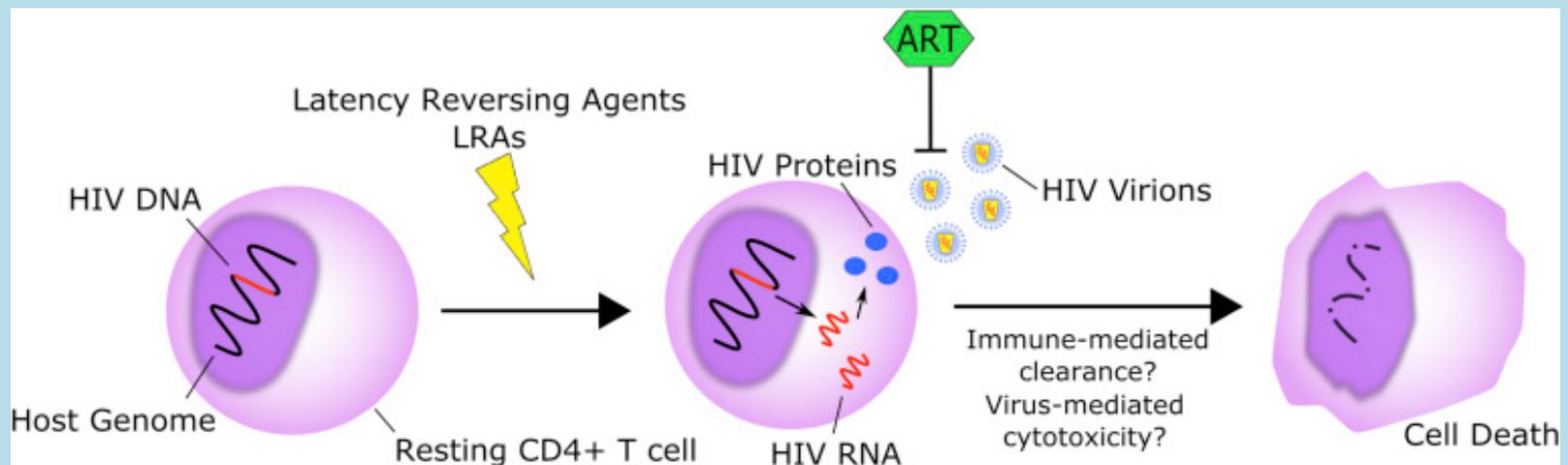


A) ASO proposed mechanism(s). Single-stranded ASO associate with a complementary mRNA sequence to form an RNA-DNA heteroduplex. Binding inhibits expression by a) cleavage of the mRNA by RNase H; or b) blocking splicing and/or translation by steric hindrance.

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Immune therapies/ viral activation (Kick and Kill)

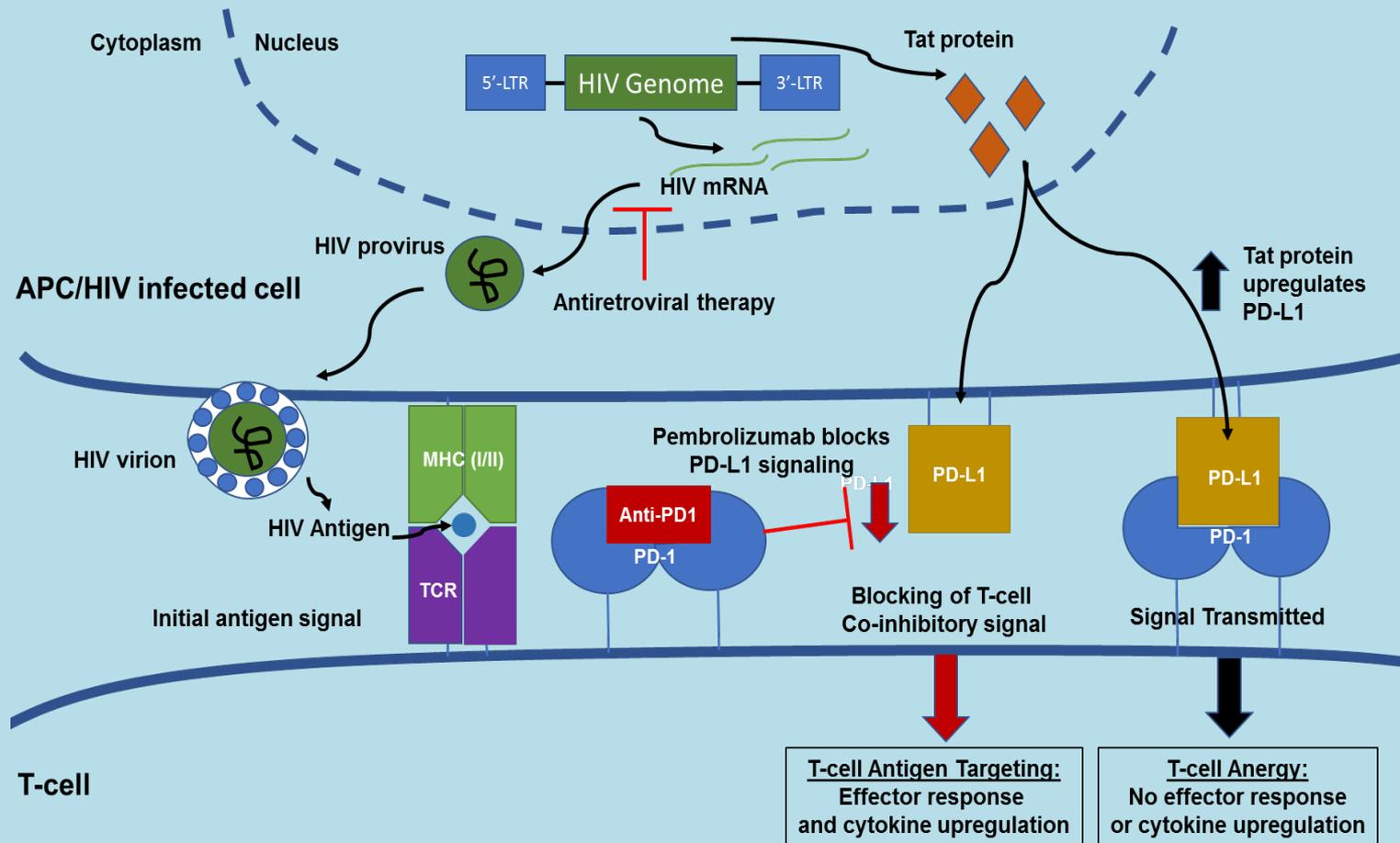
- Latency Reversal Agents (kick the virus)
- Therapeutic vaccines (kick the immune system)
- Checkpoint inhibitors (kick the immune system)
- Broadly neutralizing antibodies



Immune therapies/ viral activation (Kick and Kill)

- Latency Reversal Agents: Immune activation in CNS
- Therapeutic vaccines: Immune activation in CNS
- Broadly neutralizing antibodies: Do not enter CNS
- Checkpoint inhibitors

Reversal of immune exhaustion



| Trial | Study Drug | Targets | Population | Phase |
|-------------|----------------------|------------|----------------------|-------|
| NCT03239899 | Pembrolizumab | PD-1 | CNS HIV-1 Reservoir | 1 |
| NCT03367754 | Pembrolizumab | PD-1 | HIV-1 with low CD4+ | 1 |
| NCT02595866 | Pembrolizumab | PD-1 | HIV-1 + malignancies | 1 |
| NCT03304093 | Nivolumab | PD-1 | HIV-1 and NSCLC | 2 |
| NCT02408861 | Nivolumab/Ipilimumab | PD-1/CTLA4 | HIV-1 + malignancies | 1 |
| NCT03316274 | Nivolumab | PD-1 | HIV-1 and Kaposi's | 1 |

- Immune therapies/ viral activation
 - Latency Reversal Agents
 - Therapeutic vaccines
 - Broadly neutralizing antibodies
 - Checkpoint inhibitors
- Gene therapies
 - Genetic scissors
 - HIV receptor (CCR5 and CXCR4)
 - HIV proviral DNA

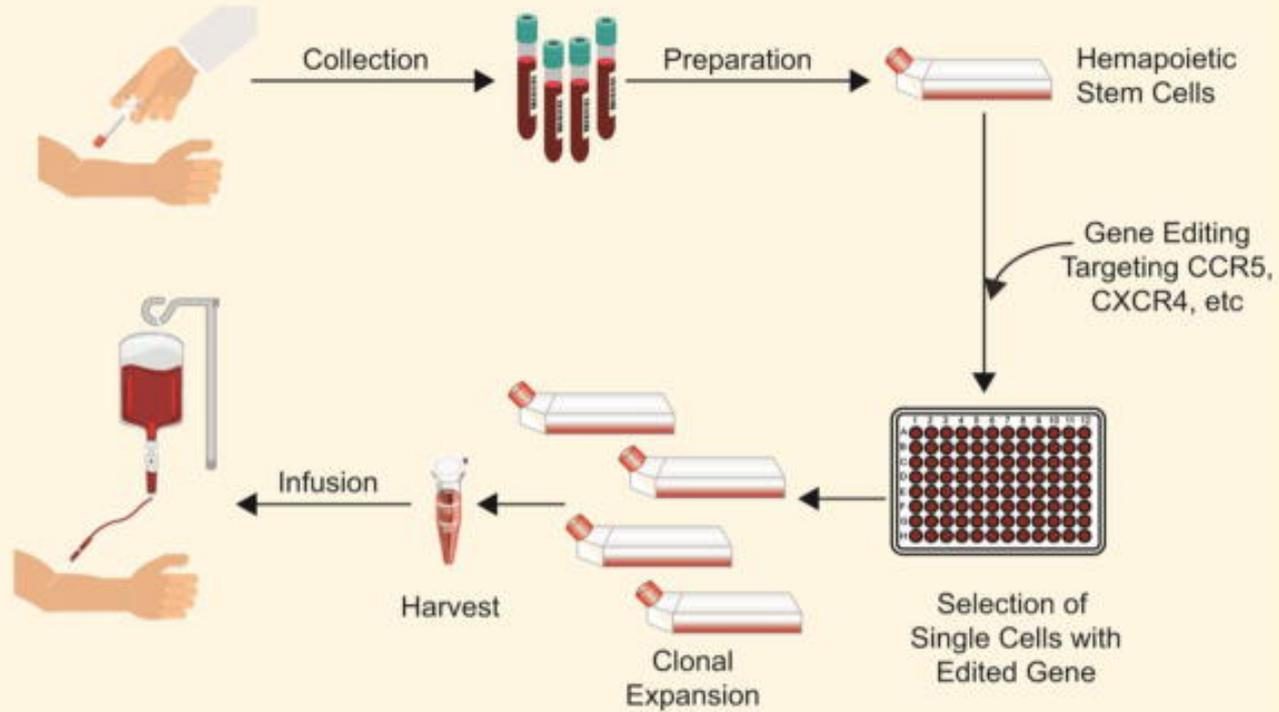
Genetic Scissors



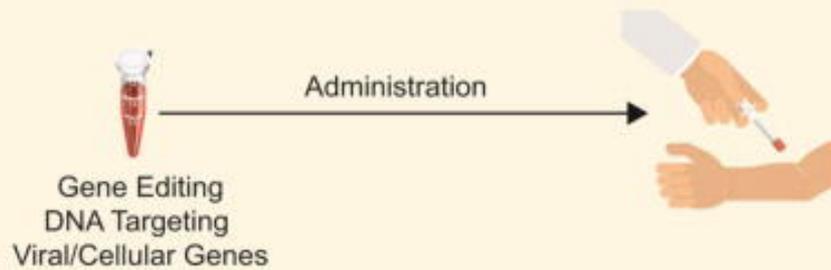
HIV receptors:
CCR5, CXCR4

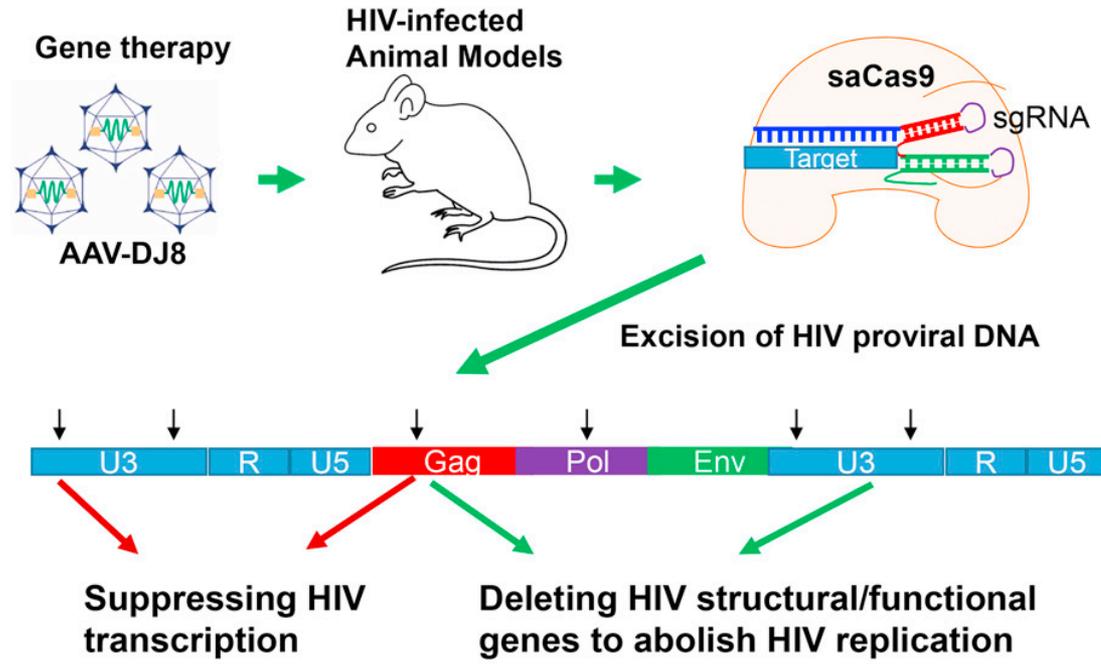
HIV genome

A Ex Vivo Gene Editing/Therapy



B In Vivo Gene Editing/Therapy





Acknowledgements

Wenxue Li (Molecular biology)

Guanhan Li (Astrocyte infection)

Lisa Henderson (Antisense; Tat detection)

Lauren Reoma (Checkpoint inhibitors)

Bryan Smith (HIV cohort)

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Fatah Kashanchi George Mason University (exosomes)

Sriram Subramaniam NCI (scanning EM)