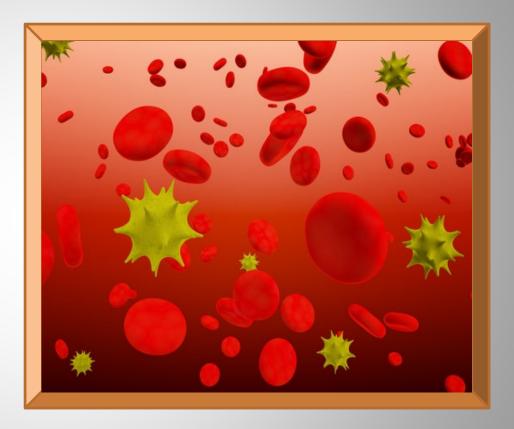
Immunologic Renefits of Enfuvirtide despite Virologic Failure due to the Emergence of Resistance

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Outline

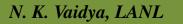
- Introduction: HIV Infection
- Data and Research Questions
- Enfuvirtide
- Model and data fitting
- Results and Discussion
- Conclusion



***** HIV: Human Immunodeficiency Virus that can lead to AIDS

***** HIV Epidemiology:

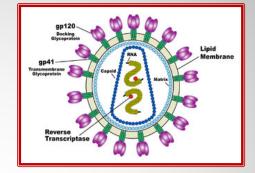
- WHO and UNAIDS Estimates:
 - 33.4 millions people living with HIV at the end of 2008
 - 2.7 millions newly infected (2008)
 - 2.0 millions AIDS death including 280,000 children (2008)
- Means of Transmission:
 - Sexual contact
 - Blood or blood products
 - Mother to child
- Transmission probability
 - Depends on route





HIV Immunology:

Structure:

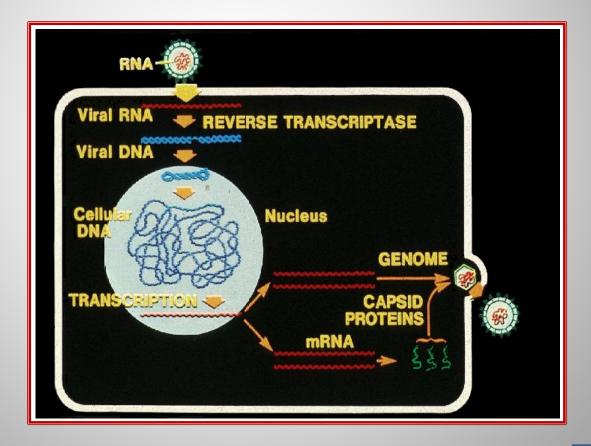


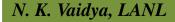
- Tropism:
 - Variety of immune cells (mainly <u>CD4⁺ T</u> cells PLUS macrophages and dendritic cells)
- Loss of CD4⁺ T cells:
 - Killing by virus
 - Apoptosis
 - Killing by Cytotoxic Lymphocytes (CTL)
- CD4⁺ T cell count:
 - Disease stage (> 500, 200 500, <200 cells/mm³)
 - Treatment decision (> 350; 200-350, < 200 cells/mm³)



HIV Immunology (contd ...):

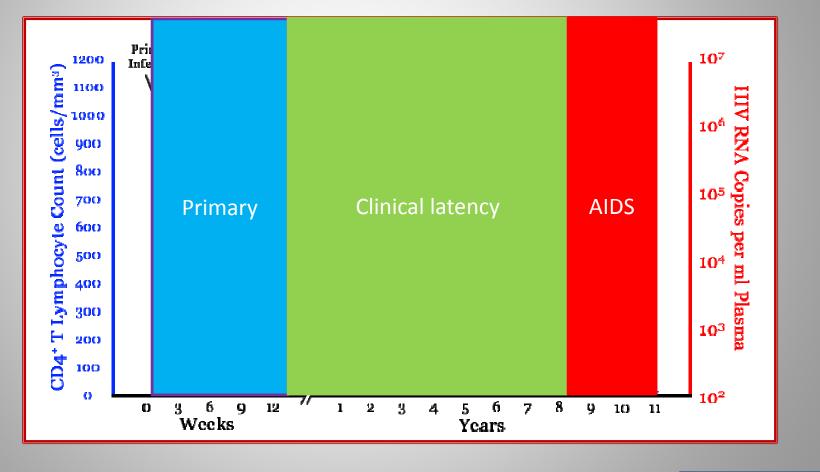
Viral replication cycle:







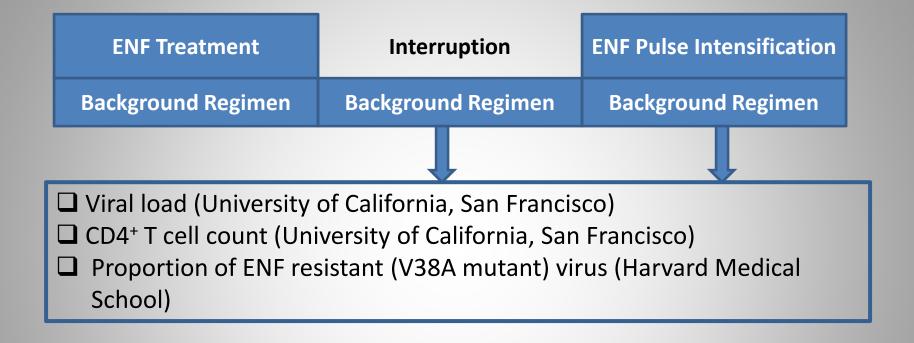
HIV Immunology (contd ...):

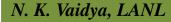


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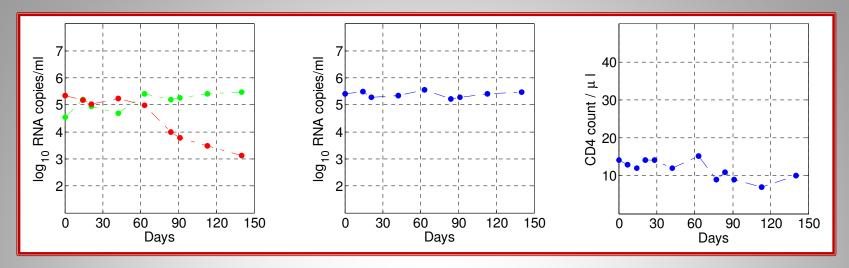
Data & Research Questions







Data & Research Questions



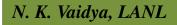
***** Questions:

- 1. Resistant virus wanes rapidly with a rapid growth of wildtype virus. What factors play roles in virus population turnover?
- 2. Total viral remains almost constant. Effect of fitness? What factors play a role in determining plasma viral load?
- 3. Benefits of Re-administering or continuing drugs in the presence of resistance?

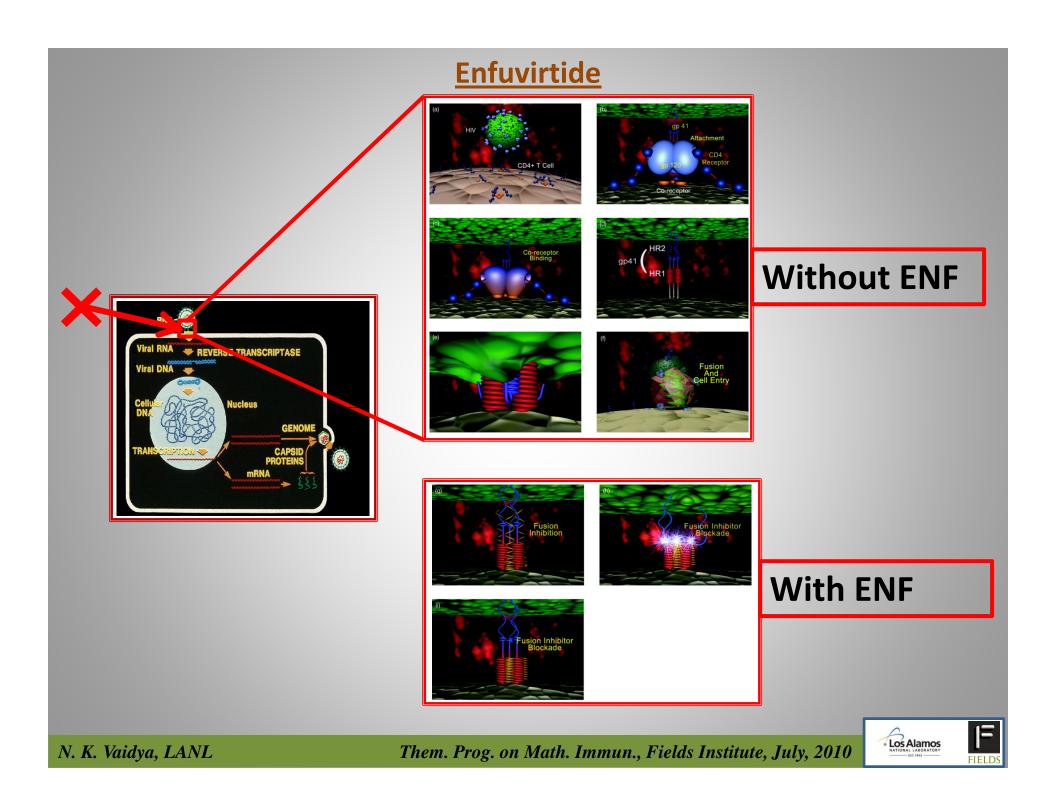


Enfuvirtide

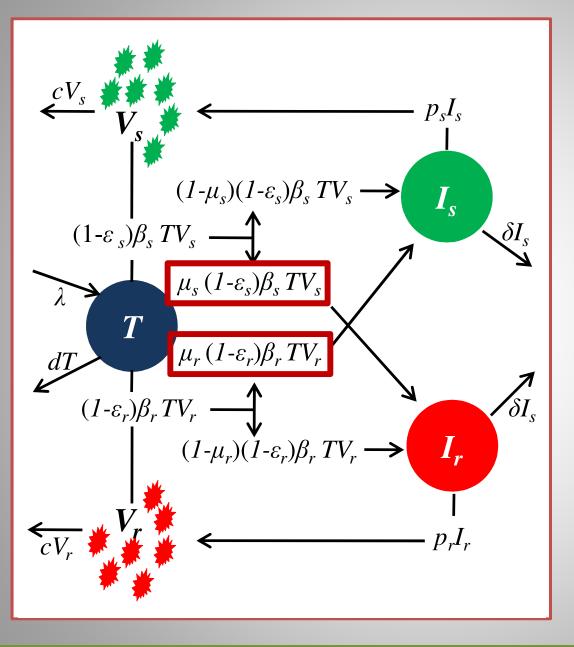
- The only FDA approved fusion inhibitor
- Expensive and must administered parentally
- It is often reserved for heavily pretreated patients with limited therapeutic options
- Highly effective if given in combination with 2 or more ART
- Emergence of resistance resulting in substantial decrease in antiviral activities
- Virologic failures often have a consequence of ENF interruption







Model & Data Fitting

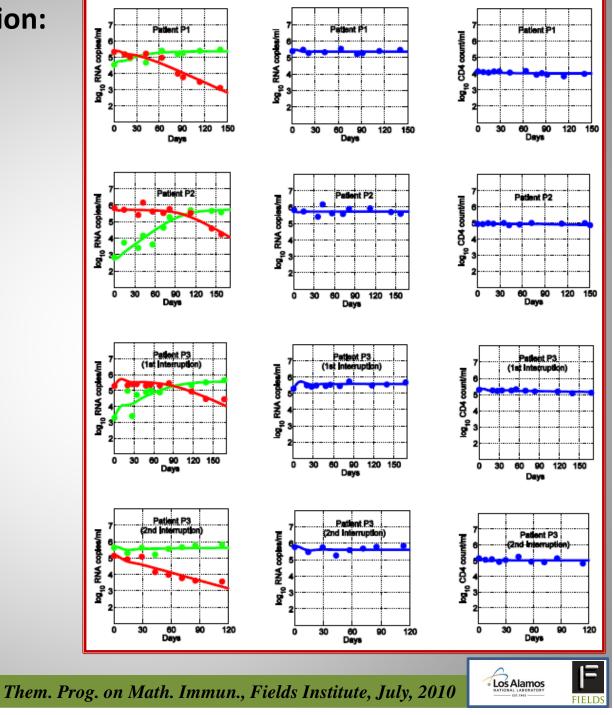


$$\beta_r = (1 - \alpha)\beta_s$$

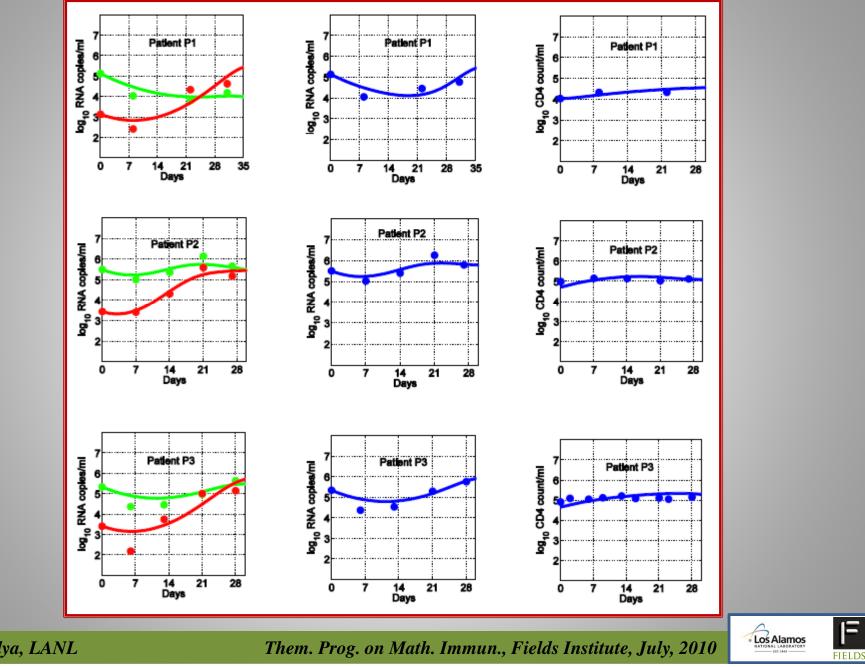
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Data Fitting - Interruption:



Data Fitting - Readministration:



F

***** Resistance Virus waning during Enterruption:

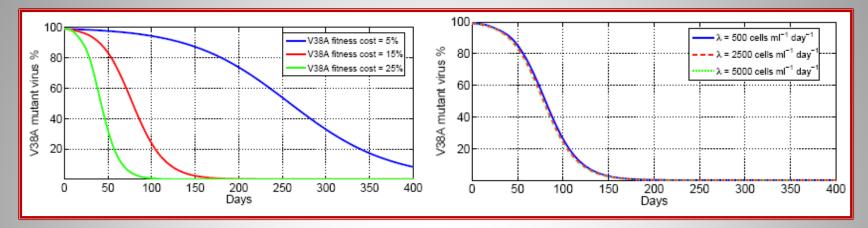
Backward and forward mutation rates are comparable: $\mu_s = 2.24 \times 10^{-5} \& \mu_r = 1.73 \times 10^{-5}$

Loss of resistance virus due to backward mutation = 26 virions per ml per week or 70 virions per ml per month

Fitness cost: $\alpha = 0.17$



Fitness cost is a leading cause of the waning of resistance virus



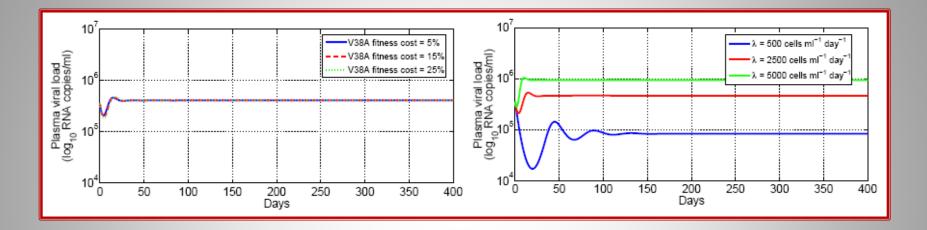
• Time to the viral turnover from the interruption:

$$t_{\theta} = \frac{(1-\alpha)(1-\mu_r)(1-\varepsilon_r)}{\alpha\delta} \ln \frac{r(0)}{r(t_{\theta})}$$

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The total plasma viral load:



Steady state:

$$\bar{V} = \frac{p\lambda}{c\delta} - \frac{d}{(1-\mu_s)\beta_s}$$

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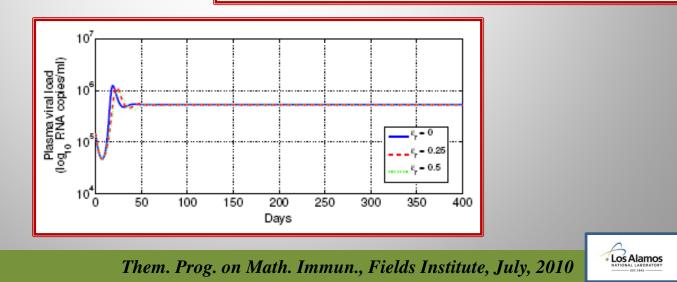
> ENF efficacy to sensitive virus: $\varepsilon_s = 0.66$

> ENF efficacy to resistant virus: $\epsilon_r = 0.29$

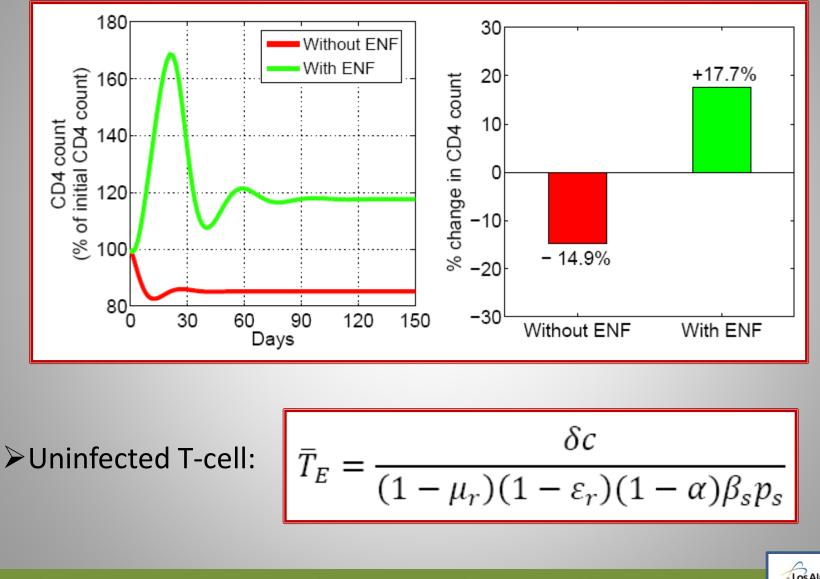
➤The Viral load:

$$\bar{V}_E = \frac{p\lambda}{c\delta} - \frac{d}{(1-\mu_r)(1-\varepsilon_r)(1-\alpha)\beta_s}$$

FIELD



Immunologic benefit:



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Conclusion

- There is negligible contribution of continued evolution (and mutation) on virus population turnover.
- Fitness cost is the most important factor for the waning of resistant virus during drug-interruption. Drug-efficacy to resistant virus is also important for virus population turnover during drug Re-administration.
- Fitness cost does not affect the plasma viral load level. The plasma viral load is primarily determined by the combined term ($p\lambda/c\delta$) of few viral dynamic parameters.
- Despite virologic failures, there may be immunologic benefits on readministering or/and continuing the drug.



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<u>Data</u>

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