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Identification of Novel Mutations Strongly Associated with Darunavir (DRV) and Tipranavir (TPV) Resistance and Their Trends in a Commercial Database

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BACKGROUND

 Darunavir/r (DRV) and Tipranavir (TPV) are next-generation protease inhibitors (PI) that have shown activity against many HIV-1 strains with multiple PI resistance associated mutations.

 International AIDS Society (IAS) guidelines for mutations associated with DRV are commonly used to determine resistance to DRV and TPV.

• We used data mining techniques to identify novel resistance mutations for DRV and TPV.

• Furthermore, we examined phenotypic and genotypic resistance patterns over time by surveying Monogram's patient testing database.

METHODS

 Using a database of matched phenotype and genotype (N > 50,000 for DRV and TPV), univariate and multivariate analysis was performed to derive mutations strongly associated with resistance to DRV and TPV.

 Fisher's Exact Test (FET) was performed to identify significant associations between presence or absence of a given mutation with the phenotypic drug susceptibility, as measured by fold change in IC50 (FC) being over or under the respective clinical cutoff. Results for most impactful mutations are shown in Table 1.

 The impact of each mutation was further evaluated using a novel technique, *in-silico* site directed mutagenesis (*is*SDM), which identifies paired samples with matched amino acids at relevant resistance positions, but differ at a single mutation of interest. Table 1 shows the comparison of FC between these *is*SDM pairs.

• For DRV resistant samples (N=2141), temporal trends were evaluated over the period 2006-2009.

Figure 1: In silico Site Directed Mutagenesis



respective drug's IAS mutations in protease region only.

For DRV and TPV isSDM studies, we controlled for

 Figure 3: Temporal trend in DRV fold-change amongst DRV resistant samples



 Figure 4: Temporal trends in 3 DRV IAS mutations that have sensitizing effect on

TPV amongst DRV resistant samples

Table 1: DRV and TPV fold-change

for isSDM pairs, with statistics

derived from Fisher's Exact Test

/s SDM: Me

■ Figure 2: PhenoSense GT[™] and GenoSure[™] MG patient report



DRV Fold-Change = 15 with no occurrence of IAS DRV mutations. Presence of E35N and V82F as novel resistance associated mutations.

Figure 5: Increase in DRV FC within DRV resistant samples is correlated with decline in TPV FC over time



RESULTS

• Novel mutations with the strongest association with DRV and TPV resistance include:

50th ICAAC

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- > E35N, I47A, and V82L for both DRV and TPV;
- L10F, G48M, and V82F for DRV only;
- I54S and I84A/C for TPV only.

• Temporal trend analysis demonstrated declines in the overall prevalence of DRV and TPV resistance from 2006-2009.

 \bullet Amongst DRV resistant samples, the mean DRV FC increased from ${\bf 38}$ to ${\bf 50}.$

• The increase in DRV FC correlated with a reduction in the mean TPV FC from **7.6** to **4.3** (R^2 =0.99).

. During the same time period, increases in the

frequency of these mutations were observed: > **I50V** from 11% to 15%

- ▶ I54L from 17% to 33%
- L76V from 5% to 9%

• These mutations were previously reported to confer DRV resistance but enhance TPV susceptibility; this finding was confirmed in our analysis.

CONCLUSIONS

 Among DRV resistant samples, a trend has emerged: DRV fold-change is increasing, and this increase correlates with a decrease in TPV foldchange, and appears to be associated with selection of mutations strongly associated with DRV resistance that have sensitizing effect on TPV.

 Continued monitoring of large databases is essential to detect emerging trends in drug resistance and to identify novel mutations that improve the accuracy of genotypic interpretation algorithms.

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