

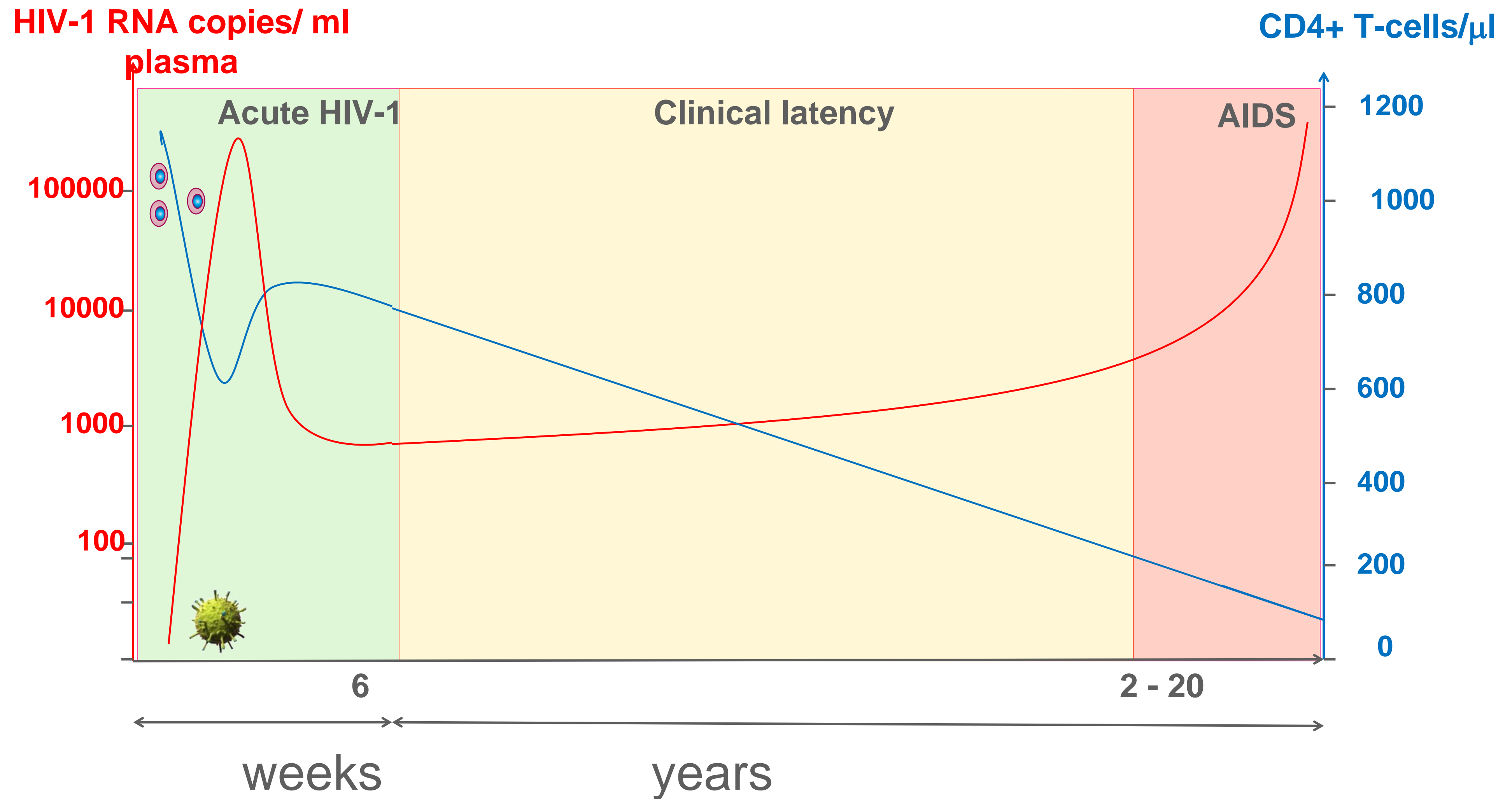


Unmasking triggers for latency disruption and viremia control after treatment interruption

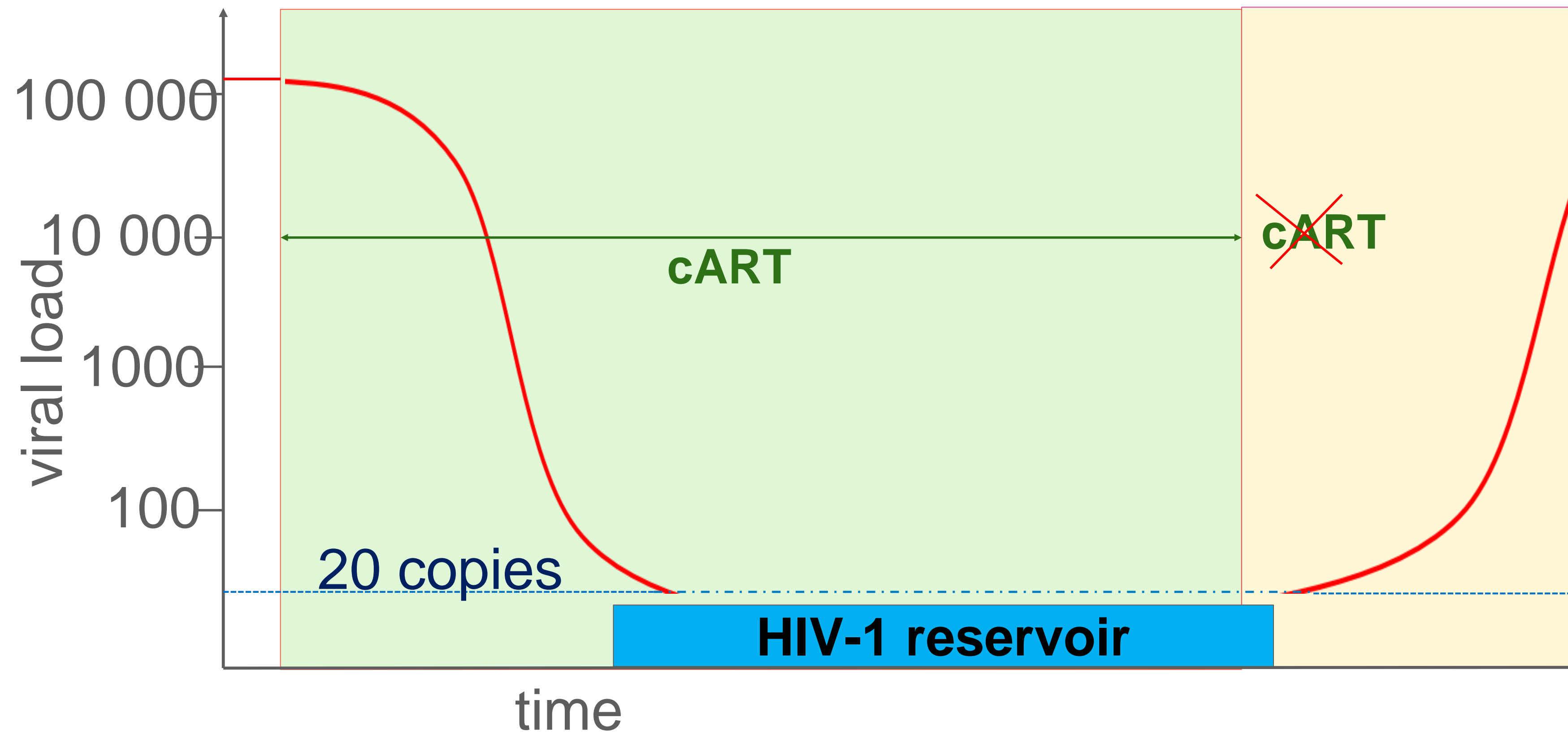
Sarah Gerlo &
Linus Vandekerckhove



HIV pathogenesis



HIV latency



before ART initiation = **T0**

Leucapheresis (day -89) = **T1**

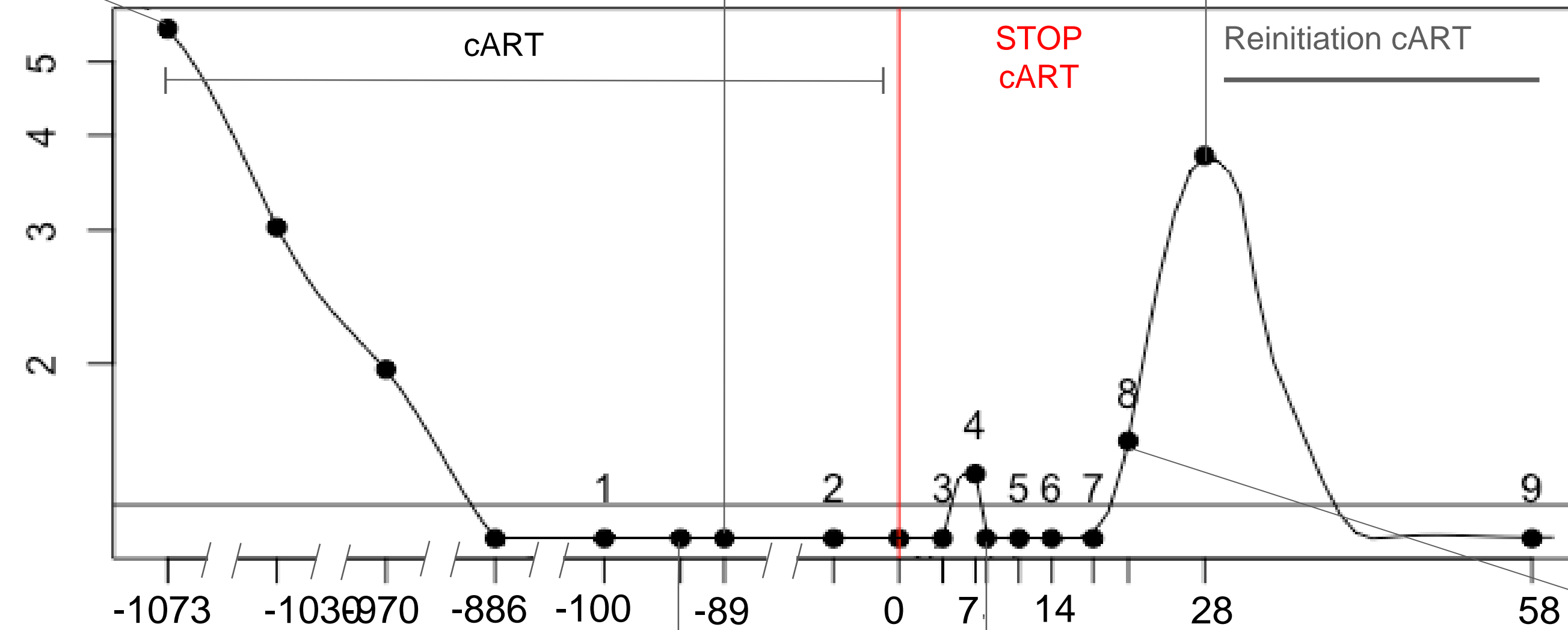
PBMC in FCS
Plasma
Sorted cells

Sampling (day +28) = **T4**

Semen
Urine
CSF
Plasma
PBMCs in FCS
Sorted cells

STAR 03

Viral load (Log RNA copies/ml plasma)



1->9 Collection points within the study

LOQ (20 cp)

Sampling (day -93) = **T1**

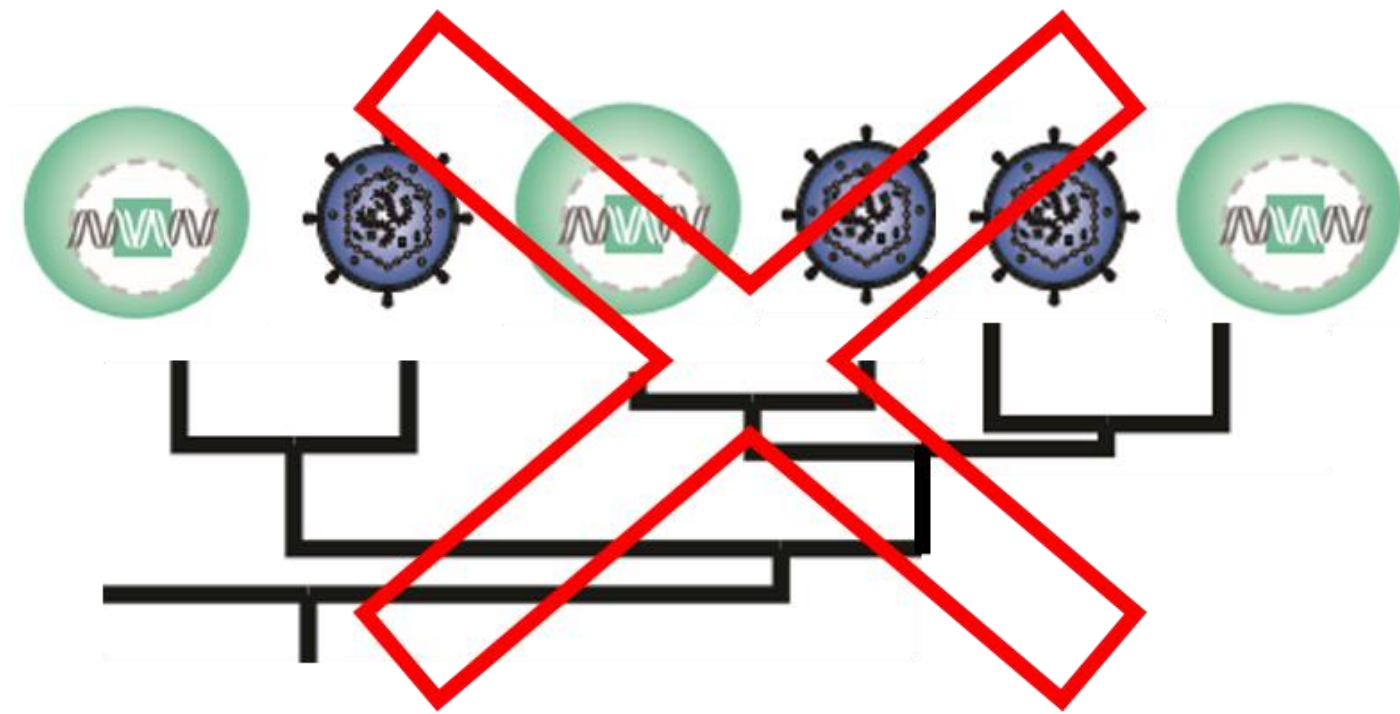
GALT
LN
CSF
BAL
BM
Urine
Semen

Leucapheresis (day +8) = **T2**

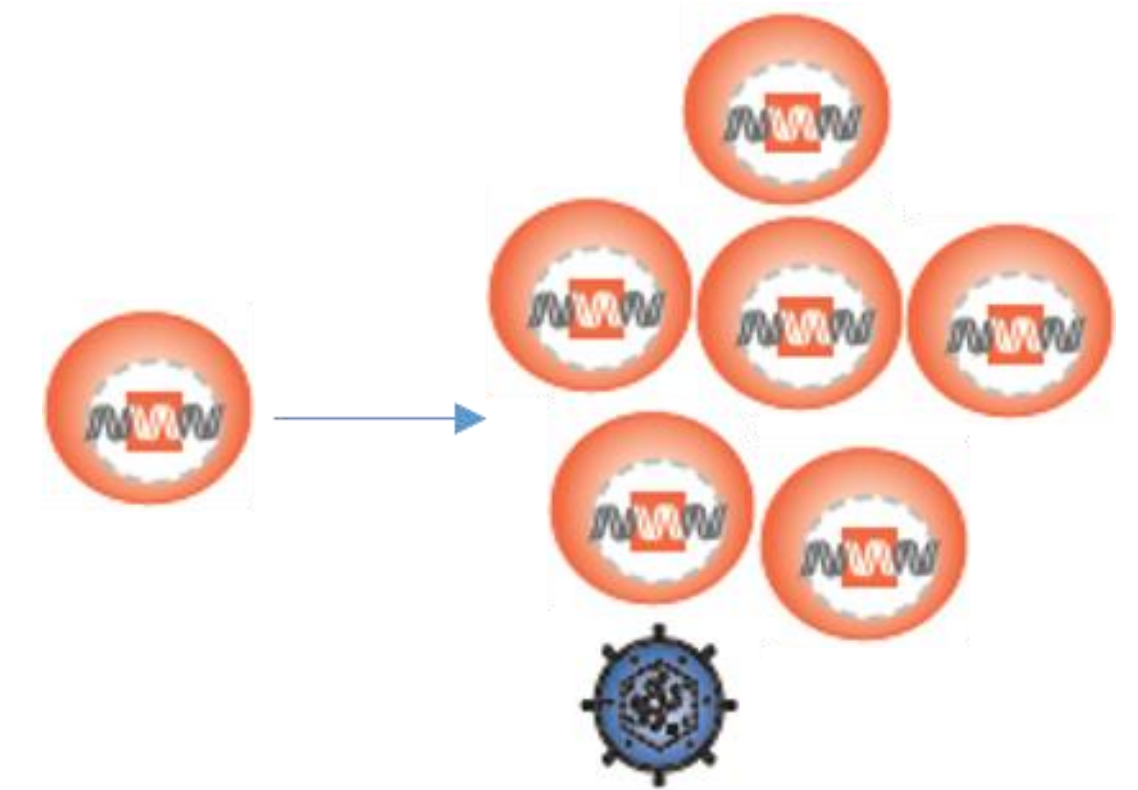
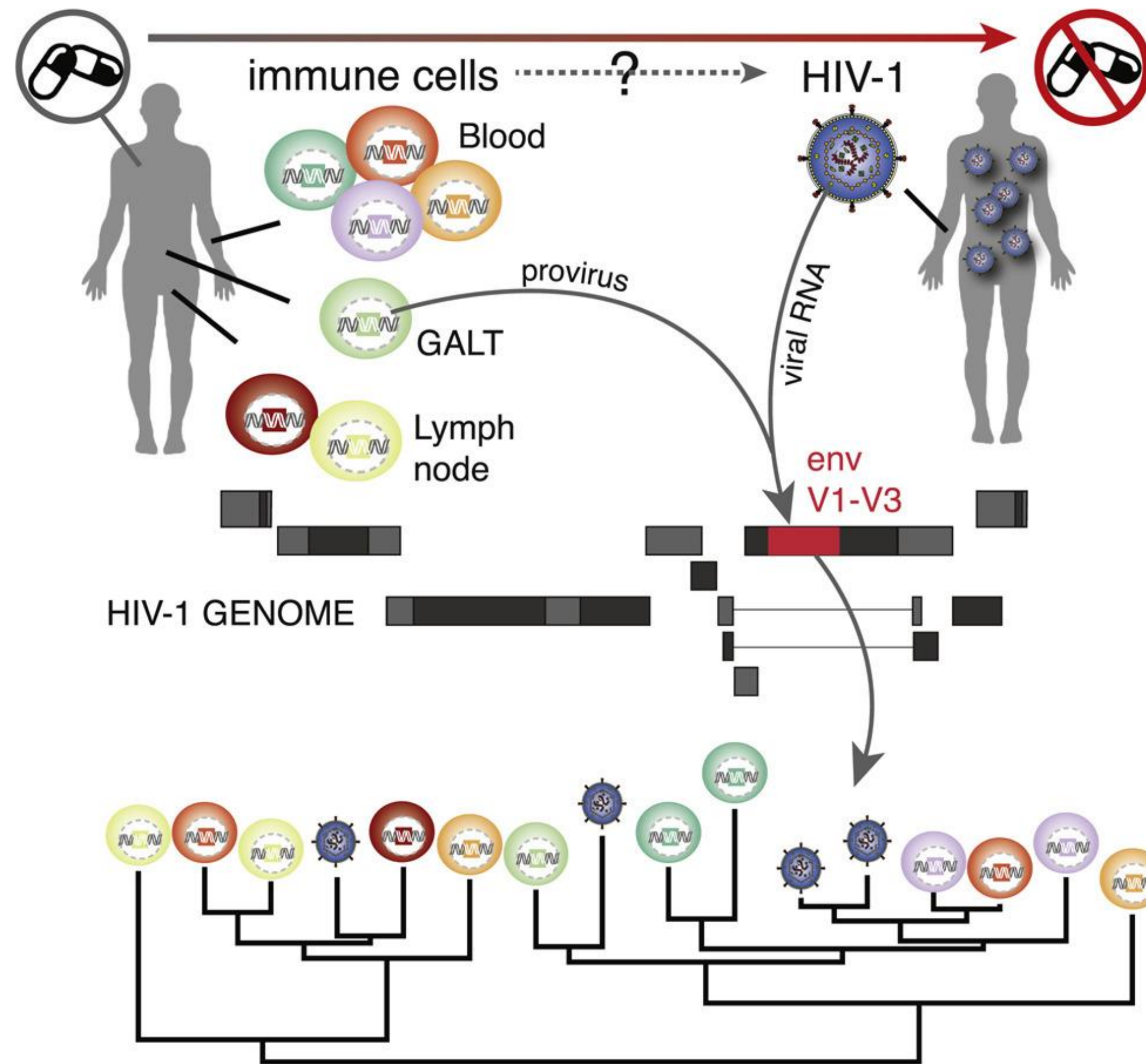
PBMC in FCS
Plasma:
Sorted cells

First detectable VL
>30 copies/ml = **T3**

Where is the relevant HIV reservoir hiding? Which anatomical and cellular compartments constitute a barrier to HIV cure?

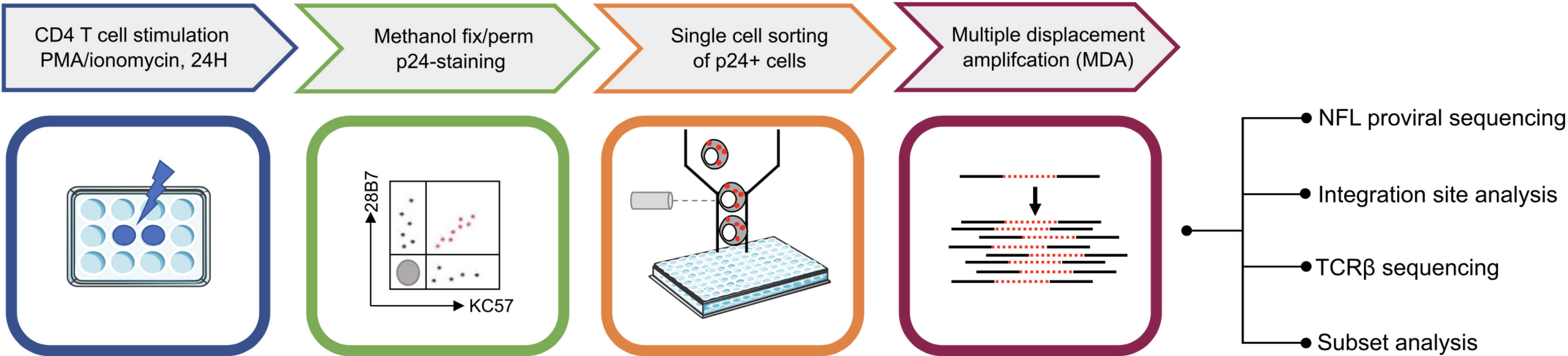


Rebound virus can originate from various cellular and anatomical compartments. The substantial inter-participant variability further supports that there is **no prominent source of rebound virus**.

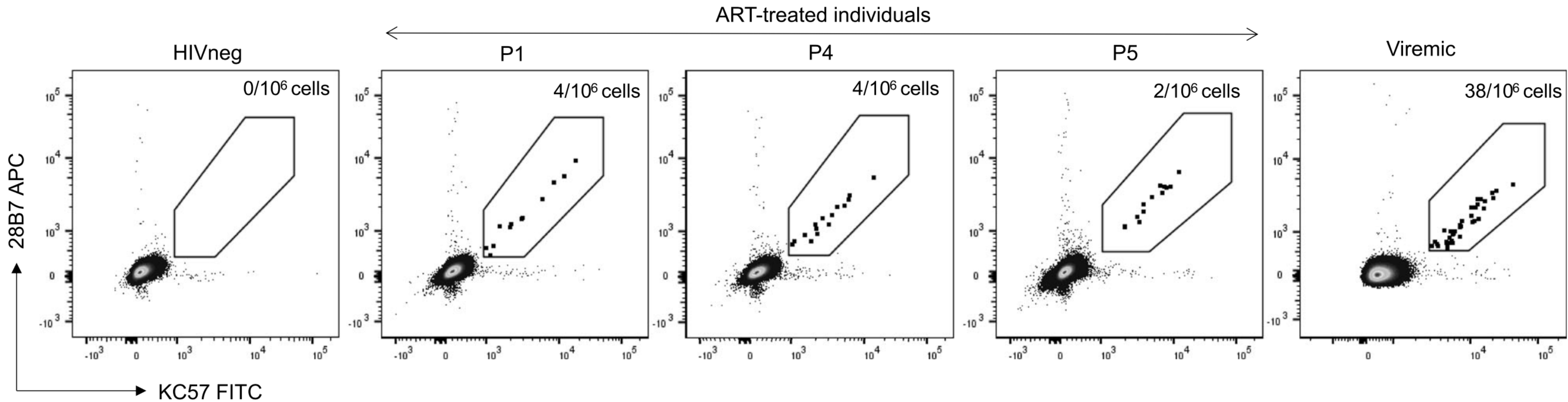


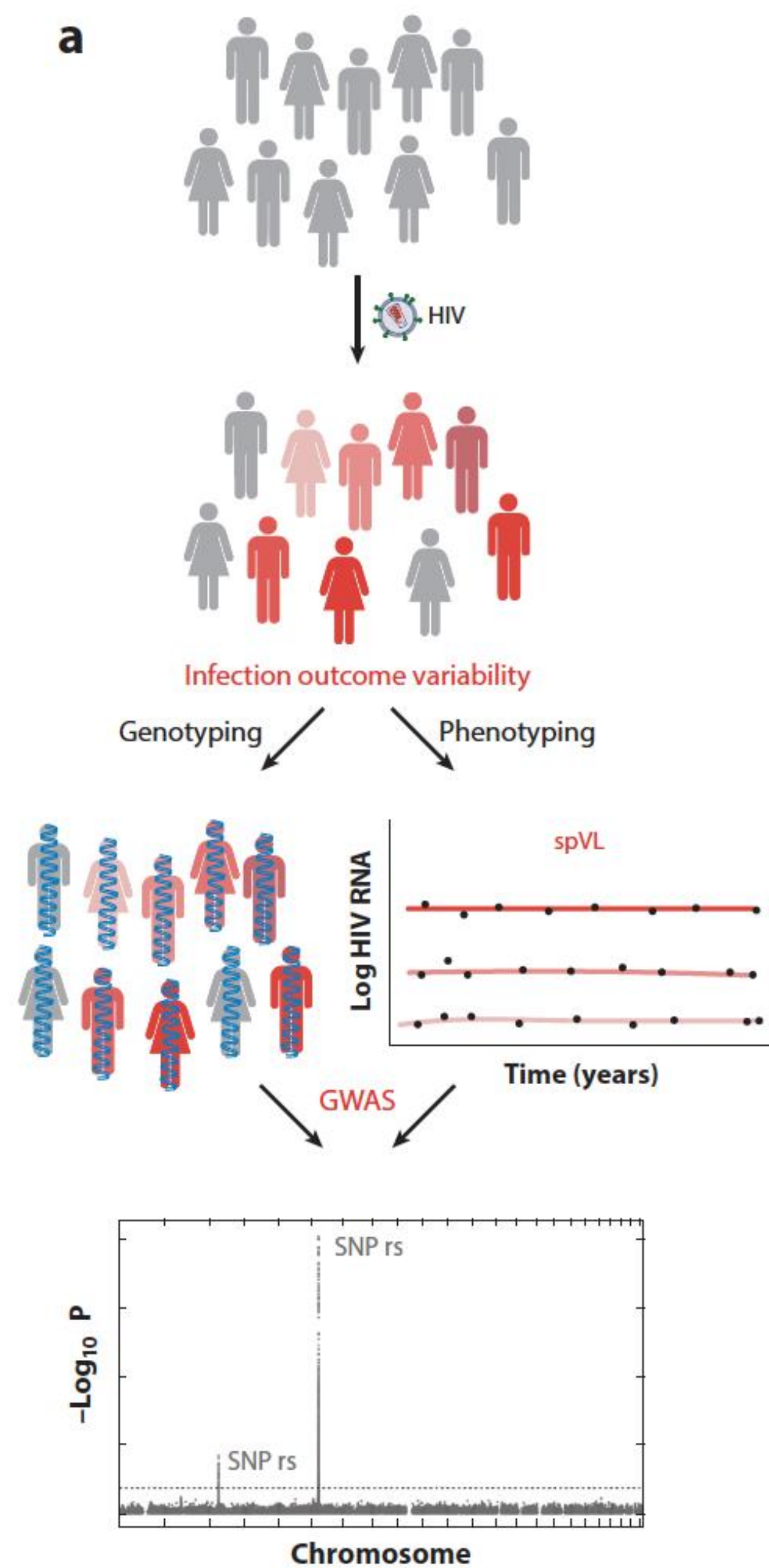
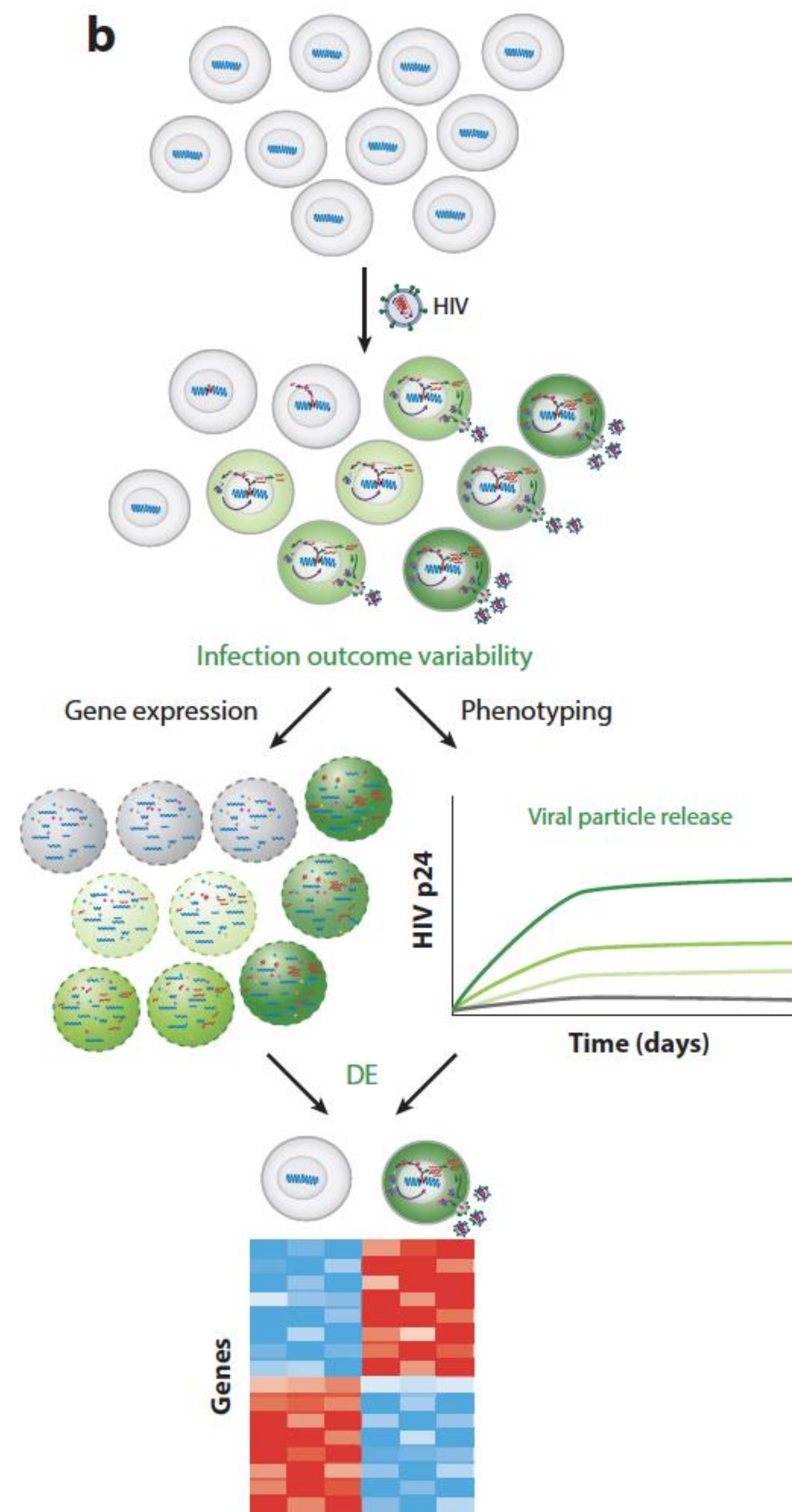
Cellular proliferation is a crucial driver of viral persistence, irrespective of the compartment or cell subset.

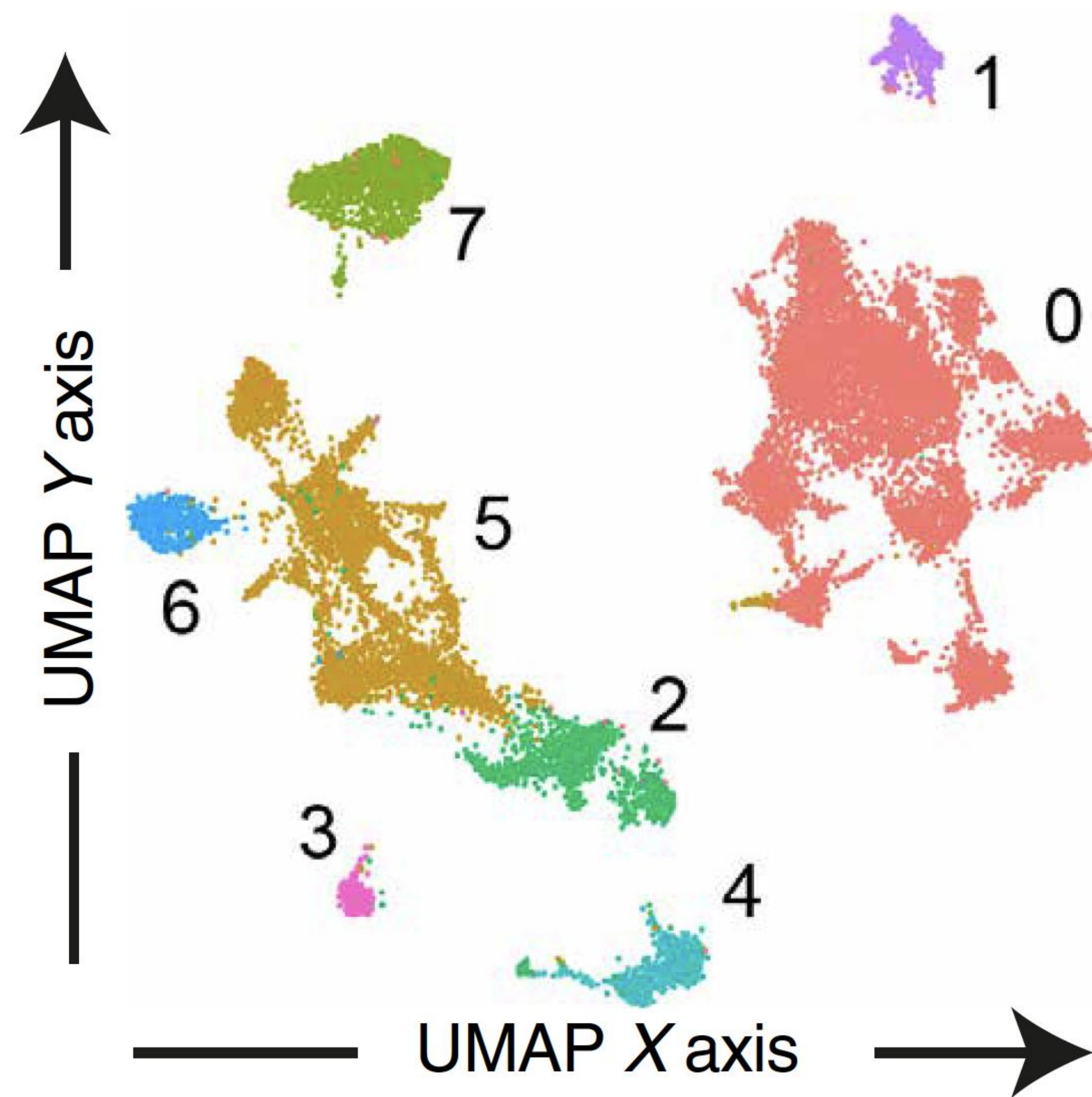
a



b



a**b**



Deliverables

- Cytokine levels precisely determined by mesoscale in all STAR patients (N=11)
- CiTeSeq on PBMC's to unravel cellular pathways involved in latency disruption (N=16, 4 patients, 4 timepoints)
- CiTeSeq on CD4+ T cells to link viral infection to specific cellular pathways (N=16, 4 patients, 4 timepoints)
- CiTeSeq on HIV specific CD8+ T cells to link viral rebound to specific cellular pathways (N=16, 4 patients, 2 timepoints)

Thank you

- Patients
- All people involved in setting up Citeseq
- Breach for the support!
- Sofie Rutsaert for initiating the analysis pipeline