Investigating Genotype 1a HCV Drug Resistance in NS5A Region via Bayesian Inference

Yao Fu, Gang Chen, Lizhi Fu, and Jing Zhang*

Abstract: Hepatitis C virus (HCV) treatment is on the cutting edge of medicine. Due to the high rate of mutations and low fidelity of HCV replication, resistant strains quickly become dominant in a viral population under the selection pressure of a drug. In this paper, we examined the drug resistance mechanism in the NS5A region of genotype 1a HCV virus by comparing the sequence data from interferon-ribavirin treated and untreated patients. To find the drug resistance difference, we used innovative Bayesian probability models to detect mutation combinations and inferred detailed interaction structures of these mutations. We aim to provide reference to drug design and mutation mechanism understanding through our work.

Key words: Bayesian model; Hepatitis C virus (HCV); drug resistance; NS5A

1 Introduction

Hepatitis C virus (HCV) is a single-strand RNA virus that was classified into at least six genotypes with several subtypes in each genotype. Different genotypes spread in different regions and have different response patterns to interferon-based therapy^[1]. Clinically, interferon monotherapy treatment only leads to less than 20% sustained response of chronic patients, while IFN and ribavirin combined therapy has significantly improved response rates^[2, 3]. Understanding the

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mechanism of antiviral resistance to IFN therapy will shed light on the design of better treatment strategies.

Variations, especially those in the NS5A region^[4, 5] in HCV sequences, have been found to play a role in response to IFN-based therapies. NS5A is a nonstructural protein that hampers the function of dsRNA dependent protein kinase (PKR), an important mediator of IFN response, leading to resistance of IFN treatment^[6,7]. In 1995, Enomoto and Sato^[8] defined an "interferon sensitivity determining region" (ISDR aa 2209-2248) in NS5A, implying that mutations in this region was related to resistance to IFN. Several studies have confirmed this finding^[9-11]. Furthermore, another study found that mutations in PKR binding domain (PKRbd aa 2209-2274) of NS5A can block viral replication^[12]. However, contradictory results are also obtained for these two regions, which makes the role of NS5A to IFN ambiguous. In addition, other domains in NS5A were also involved in HCV drug resistance, such as variable region 3 (V3 aa 2356-2379), a nuclear localization signal (NLS), AR1 (aa 2144-2185), AR2 (aa 2221-2272), and proline-rich region (PRR aa 2283-2327)[13].

This study will focus on NS5A region in HCV genotype 1a. NS5A region has 1344 base pairs, corresponding to 448 amino acids. The aim of this paper

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is to find possible amino acids that are correlated with drug resistance.

Zhang et al.^[14] proposed an innovative method for investigating mutation interactions of HIV after certain drug treatment. This method has been used in detecting genome-wide associations on multiple diseases^[15–29]. In this paper, we applied a Bayesian model equipped with Metropolis-Hastings algorithm on the data of the interferon-based drug treatment to select mutations associated with drug resistance. In addition, the Recursive Model Selection (RMS)^[14] step is used to infer the dependence structure in the interacting mutation positions found by the Bayesian Variable Partition (BVP) model. This study confirms the findings of several previous studies and uncovers several interacting structures for these mutations.

2 Methods

2.1 BVP and RMS

Here, we first used the BVP model^[14] to detect the mutation positions. After that, we applied RMS to infer the detailed dependence structure among the interacting positions.

2.2 Bayesian variable partition model

We will set up two data matrices $A = [A_1, \dots, A_m]$ (dimension $n_A \times m$) and $B = [B_1, \dots, B_m]$ (dimension $n_B \times m$), where A and B denote the treated and untreated group, respectively (each row is one sequence, each column is one position of protein). Here n_A or n_B denotes the number of sequences in treated or untreated group and m denotes the number of positions of protein. For the distribution of the positions of these two groups, we propose the following four hypotheses:

- **H1 hypothesis**: The positions are independent of each other and treated group and untreated group have same probability distribution;
- **H2 hypothesis**: The positions are independent and treated group and untreated group have different probability distribution;
- **H3 hypothesis**: The positions are dependent and treated group and untreated group have same probability distribution;
- **H4 hypothesis**: The positions are dependent and treated group and untreated group have different probability distribution.

We are especially interested in positions in H2 and H4. Given that position i is from H2 hypothesis, assume that there are c_i possible values (amino acid) at position

i. Suppose for every sequence in group A, we have p_1 for the first value, p_2 for the second value, \cdots , p_{c_i} for the last value, and $\sum_{j=1}^{c_i} p_j = 1$. Then the likelihood for group A's data at position i is

$$P(A_i|p_1,\dots,p_{ci},H2) = \prod_{j=1}^{c_i} p_j^{n_j},$$

where n_j denotes the number of sequences who take the j-th value in A_i . For every sequence in B, we have p'_1 for the first value, p'_2 for the second value, \cdots , p'_{c_i} for

the last value, and $\sum_{j=1}^{c_i} p'_j = 1$. Then the likelihood for

group B's data at position i is

$$P(\mathbf{B}_i|p'_1,\dots,p'_{c_i}, \text{H2}) = \prod_{j=1}^{c_i} (p'_j)^{n'_j},$$

where n'_j denotes the number of individuals who take the j-th value in B_i .

H2 means $p_j \neq p'_j$. However, we do not know these p_j and p'_j . So we assume they are random and use Dirichlet prior on them.

Sincince prior on them:
$$p \sim \text{Dirichlet}(\alpha_1, \cdots, \alpha_{c_i}) :$$

$$P(p_1, \cdots, p_{c_i} | \text{H2}, \alpha_1, \cdots, \alpha_{c_i}) = \frac{1}{\textbf{\textit{B}}(\alpha)} \prod_{j=1}^{c_i} p_j^{\alpha_j - 1},$$
 where
$$\textbf{\textit{B}}(\alpha) = \frac{\prod\limits_{j=1}^{c_i} \Gamma(\alpha_j)}{\Gamma\left(\sum\limits_{j=1}^{c_i} \alpha_j\right)}, \alpha = (\alpha_1, \cdots, \alpha_{c_i}),$$
 and
$$\Gamma(x) = \int_0^\infty t^{x-1} \mathrm{e}^{-t} \mathrm{d}t.$$

$$p' \sim \text{Dirichlet}(\alpha'_1, \cdots, \alpha'_{c_i}) :$$

$$P(p'_1, \cdots, p'_{c_i} | \text{H2}, \alpha'_1, \cdots, \alpha'_{c_i}) = \frac{1}{\textbf{\textit{B}}(\alpha')} \prod\limits_{j=1}^{c_i} (p'_j)^{\alpha'_j - 1},$$
 where
$$\textbf{\textit{B}}(\alpha') = \frac{\prod\limits_{j=1}^{c_i} \Gamma(\alpha'_j)}{\Gamma\left(\sum\limits_{i=1}^{c_i} \alpha'_j\right)}, \alpha' = (\alpha'_1, \cdots, \alpha'_{c_i}),$$

and
$$\Gamma(x) = \int_0^\infty t^{x-1} e^{-t} dt.$$

 $P(A_i, p_1, \cdots, p_{c_i}|H2) =$

So

$$\prod_{j=1}^{c_i} p_j^{n_j} \times \text{Dirichlet}(\alpha_1, \dots, \alpha_{c_i}) = \frac{1}{\mathbf{B}(\alpha)} \prod_{j=1}^{c_i} p_j^{n_j + \alpha_j - 1};$$

$$P(\mathbf{B}_i, p_1', \dots, p_{c_i}' | \text{H2}) = \prod_{j=1}^{c_i} (p_j')^{n_j'} \times \text{Dirichlet}(\alpha_1', \dots, \alpha_{c_i}') = \frac{1}{\mathbf{B}(\alpha')} \prod_{j=1}^{c_i} (p_j')^{n_j' + \alpha_j' - 1}.$$

Integrating p and p', respectively, we have:

$$P(A_i | \text{H2}) = \int_{p} P(A_i, p_1, \dots, p_{c_i} | \text{H2}) dp =$$

$$\prod_{j=1}^{c_i} \frac{\Gamma(n_j + \alpha_j)}{\Gamma(\alpha_j)} \frac{\Gamma\left(\sum_{j=1}^{c_i} \alpha_j\right)}{\Gamma\left(\sum_{j=1}^{c_i} (n_j + \alpha_j)\right)},$$

$$P(B_i | \text{H2}) =$$

$$\int_{p'} P(B_i, p'_1, \dots, p'_{c_i} | \text{H2}) dp' =$$

$$\prod_{j=1}^{c_i} \frac{\Gamma(n'_j + \alpha'_j)}{\Gamma(\alpha'_j)} \frac{\Gamma\left(\sum_{j=1}^{c_i} \alpha'_j\right)}{\Gamma\left(\sum_{j=1}^{c_i} (n'_j + \alpha'_j)\right)}.$$

Then

$$P(\mathbf{A}_i, \mathbf{B}_i | \mathrm{H2}) = P(\mathbf{A}_i | \mathrm{H2}) \times P(\mathbf{B}_i | \mathrm{H2}).$$

H1 means $p_j = p'_j$. So for H1 hypothesis, similarly, we have

$$P(\mathbf{A}_{i}, \mathbf{B}_{i} | \mathbf{H}1) = \int_{p} P(\mathbf{A}_{i}, \mathbf{B}_{i}, p_{1}, \cdots, p_{c_{i}} | \mathbf{H}1) dp =$$

$$\int_{p} \frac{1}{\mathbf{B}(\alpha)} \prod_{j=1}^{c_{i}} p_{j}^{n_{j}+n'_{j}+\alpha_{j}-1} dp =$$

$$\prod_{j=1}^{c_{i}} \frac{\Gamma(n_{j}+n'_{j}+\alpha_{j})}{\Gamma(\alpha_{j})} \frac{\Gamma\left(\sum_{j=1}^{c_{i}} \alpha_{j}\right)}{\Gamma\left(\sum_{j=1}^{c_{i}} (n_{j}+n'_{j}+\alpha_{j})\right)}.$$

For H4 hypothesis, assume that there are c possible value combinations of the dependent positions. Suppose for every sequence in group A, we have p_1 for the first combination, p_2 for the second combination, \cdots , p_c for the last combination, and $\sum_{j=1}^{c} p_j = 1$. For everyone in group B, we have p_1' for the first combination, p_2' for the second combination, p_2' for the last combination,

and $\sum_{j=1}^{c} p'_{j} = 1$. Then we can obtain:

 $P(\text{dependent positions in } A | \text{H4}) = \prod_{j=1}^{c} \frac{\Gamma(n_j + \alpha_j)}{\Gamma(\alpha_j)} \frac{\Gamma\left(\sum_{j=1}^{c} \alpha_j\right)}{\Gamma\left(\sum_{j=1}^{c} (n_j + \alpha_j)\right)},$

 $P(\text{dependent positions in } \boldsymbol{B}|\text{H4}) =$

$$\prod_{j=1}^{c} \frac{\Gamma(n'_j + \alpha'_j)}{\Gamma(\alpha'_j)} \frac{\Gamma\left(\sum_{j=1}^{c} \alpha'_j\right)}{\Gamma\left(\sum_{j=1}^{c} (n'_j + \alpha'_j)\right)},$$

where $n_j(n'_j)$ is the number of the *j*-th combination in A(B), and

P(dependent positions in A, B | H4) = $P(\text{dependent positions in } A) \times P(\text{dependent positions in } B).$

For H3 hypothesis, similarly, we have

$$P(\text{dependent positions in } A, \mathbf{B} | \text{H3}) = \\ \prod_{j=1}^{c} \frac{\Gamma(n_j + n'_j + \alpha_j)}{\Gamma(\alpha_j)} \frac{\Gamma\left(\sum_{j=1}^{c} \alpha_j\right)}{\Gamma\left(\sum_{j=1}^{c} (n_j + n'_j + \alpha_j)\right)}.$$

We define an indicator vector $I = [I_1, \dots, I_m]$ to indicate the hypothesis of different positions belong to, where $I_i = 1$ means position i from H1, $I_i = 2$ means position i from H2, $I_i = 3$ means position i from H3, and $I_i = 4$ means position i from H4. Currently, we are interested in the posterior distribution of I given the data matrices I and I, i.e., I (I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I | I

$$P(I|A,B) = \frac{P(I)P(A,B|A)}{\sum_{\text{all possible } I} P(I)P(A,B|I)}.$$

Therefore, we know that $P(I|A,B) \propto P(I)P(A,B|I)$. Based on the four hypotheses, we have

$$P(\boldsymbol{A},\boldsymbol{B}|\boldsymbol{I}) = \prod_{I_i=1,2} P(\boldsymbol{A}_i,\boldsymbol{B}_i|I_i) \times$$

P(dependent positions from H3)× P(dependent positions from H4).

In our study, we assume in prior most positions should be in H1 or H3 (i.e., unassociated with drug resistance),

$$P(I_i = 1) = P(I_i = 3) = 0.98,$$

 $P(I_i = 2) = P(I_i = 4) = 0.01,$
 $P(I) = \prod_{i=1}^{m} P(I_i).$

2.3 Metropolis-Hastings algorithm

Then we designed a Metropolis-Hastings (M-H) algorithm (which is an algorithm for sampling from probability distributions based on constructing a Markov chain that has the desired distribution as its equilibrium distribution) to sample from the posterior distribution of *I*. 10 independent Markov chains are stimulated with 20 000 iterations and the sampling starts from the 5000th iteration. The procedure of M-H is as follows:

- (1) Initialize: randomly assign I a starting value $I^{(t)}$ (t = 0).
- (2) Propose: randomly choose one I_i^(t) and change it to other values with equal probabilities, the new *I* is *y*.
- (3) Evaluate: since the propose is symmetric, so the acceptance probability is $\alpha(\mathbf{I}^{(t)}, \mathbf{y}) = \min\{1, P(\mathbf{I} = \mathbf{y}|\mathbf{A}, \mathbf{B})/P(\mathbf{I} = \mathbf{I}^{(t)}|\mathbf{A}, \mathbf{B})\}.$
- (4) Move: generate u from Uniform(0,1) and set

$$I^{(t+1)} = \begin{cases} y, & \text{if } u \leq \alpha(I^{(t)}, y); \\ I^{(t)}, & \text{otherwise.} \end{cases}$$

(5) If $t \ge N$, stop; otherwise set t = t + 1 and go to Step (2) (Here N is the total number of iterations).

We applied BVP and RMS sequentially to the data of treated and untreated patients. For the treated and untreated comparison, we applied BVP to all treated datasets (67 sequences) versus untreated dataset (457 sequences), and devised the difference between these two, realizing that there exist different treated outcomes that we should account for differently.

3 Results

The structure of NS5A region is constituted by the membrane attachment region (aa 1–236), the carboxyl

region (aa 237–448). The carboxyl region consists of PKRbd (aa 237–302), variable region 4 (V4; aa 310–330), variable region 3 (V3; aa 381–409), the region between V3 and V4 (aa 331–380), and V3 downstream region (aa 410–448).

Our analysis is based on the four hypotheses we mentioned above. Hypotheses 2 and 4 are most probably for most of the mutating position and our findings indeed verified this observation.

In order to study the mutation pattern differences between treated and untreated individuals, we used BVP and RMS to analyze the sequences from treated (67 sequences) and untreated (457 sequences) patients. Table 1 shows the results detailing the positions that have high enough probabilities (95% or more) for us to make inference regarding our hypotheses. As we can see from Table 1, the results from different Markov chains seem to vary, possibly because of the noise from local modes, where chains stuck. An interesting observation is that among positions from about 380 to 400, there are no differences between treated and untreated patients in this region. A sample Markov chain from the 20 chains we generated with different hypotheses distributions is available in Fig. 1. This region is corresponding to V3 in NS5A. From this information, we could conclude

Table 1 Positions whose posterior probabilities of H2 or H4 are larger than 0.95.

Chain	H2(P>0.95)	H4 (P > 0.95)
1	null	56
2	null	343, 404
3	null	14, 101, 166, 313
4	null	160
5	null	null
6	null	160, 164
7	null	14, 24, 101, 166, 203, 313, 337
8	null	68, 161, 284, 444
9	null	68, 161, 444
10	null	78, 135, 296
11	null	null
12	null	78, 135, 296
13	null	227, 270, 279
14	null	175, 222, 270, 284, 381
15	null	14, 62, 166, 236, 313
16	null	23, 101, 131, 249, 295, 313, 385
17	null	260
18	null	14, 68, 101, 161, 166, 249, 257, 313, 384, 385
19	null	30, 56
20	null	270, 279, 284, 381

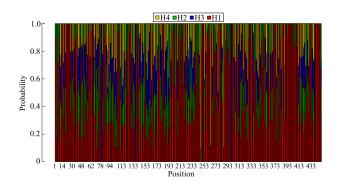


Fig. 1 Hypotheses distribution (H1, H2, H3, and H4) in a sample Markov Chain.

that IFN plus ribavirin therapy does not cause sequence changes in V3.

Aside from the interesting finding above, Fig. 2 and Table 2 show BVP-detected interacting positions and RMS-inferred dependence structure. In positions 78, 135, and 296, we found that amino acid combination KAI, which consisted 5.8% in the untreated sample, disappeared in the treated sample. Similar decreases were seen in some other combinations: RSI, KTL, and RAV. It seems that interferon-based treatment is very useful for the amino acids combinations mentioned above. It is also worth noting that some significant increase was observed. The combination KSV almost tripled its part from 0.6% to 1.5% after treatment, the combination KTI increased to 16.7% in the treated samples compared to 13.2% in untreated ones, and the combination RTV increased from 2.1% to 4.5%. Results from positions 343 and 404 exhibit similar trends with some combinations decrease in frequency significantly while some increase in frequency after treatment.

We also looked at single positions significant under Fisher test and noticed that even single positions revealed treatment effects in terms of amino acid

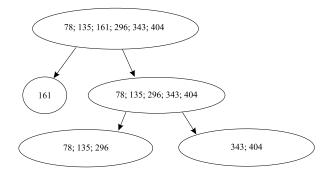


Fig. 2 Flowchart of detected mutation positions and position combinations.

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Amino acids	Percentage	Percentage			
combinations (in	in untreated	in treated			
order of 78, 135, 196)	sequences (%)	sequences (%)			
KAV	19.9	22.7			
KTI	13.2	16.7			
KTV	6.1	4.5			
RTI	48.5	47.0			
RTV	2.1	4.5			
RAI	2.1	3.0			
KAI	5.8	0.0			
RSI	0.3	0.0			
KTL	0.3	0.0			
RAV	0.6	0.0			
RNI	0.3	0.0			
KSV	0.6	1.5			
D:4: 242 404					

Positions 343, 404					
Amino acids	Percentage	Percentage			
combinations (in	in untreated	in treated			
order of 343, 404)	sequences (%)	sequences (%)			
PC	83.4	80.3			
AP	0.3	0.0			
PG	0.3	0.0			
AH	3.4	3.0			
PR	6.1	7.6			
PS	2.1	3.0			
PP	0.6	1.5			
AR	1.2	1.5			
AC	0.9	1.5			
PH	1.2	0.0			
PL	0.3	0.0			
PO	0.0	1.5			

Position 311 (Fisher test significant)				
	Percentage	Percentage		
Amino acids	in untreated	in treated		
	sequences (%)	sequences (%)		
P	61.3	66.7		
Q	31.3	21.2		
S	2.8	1.5		
R	1.8	9.1		
Н	1.8	0.0		
L	0.6	0.0		
K	0.3	1.5		

Position 358 (Fisher test significant)					
	Percentage	Percentage			
Amino acids	in untreated	in treated			
	sequences (%)	sequences (%)			
frequency. At position	311, ^{99.4} ratio 95.5	of amino acid S			

decreased from 31.3% to 21.2% after treatment, and so did amino acids H and L, both disappeared after treatment. At position 358, the ratio of amino acid R increased almost three folds from 0.6% to 4.5% after treatment.

4 Discussion

Utilizing the innovative method proposed by Zhang et al.^[14], which connected Bayesian statistical modeling with molecular dynamic simulations, we were able to investigate the complex interactions of drug resistance mutations in HCV proteases and reverse transcriptase.

This paper, however, is admittedly a baseline analysis of the treatment effects that ignores many other factors that possibly affect HCV virus mutations. For instance, different pre-treatment patterns are observed in patients data, which may explain some of the inconsistency exhibited in the result. Another issue lies in the differences of treatment effects, which may also affect the genome of sequence of HCV virus.

Despite all other possibilities may occur, this study has demonstrated the original findings of HCV drug resistance and showed a long puzzled selection pattern of HCV drug treatment effects. All the methods and results here will enlighten new and more accurate ways to uncover some new finds behind HCV drug resistance and other related diseases.

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