**Results Summary**

In this study, we analyzed HIV integration sites within the human genome, focusing on their relationship with chromatin accessibility in primary CD4+ T cells. Our analysis revealed that 44.52% of the identified HIV integration sites were located within regions of open chromatin (See supplementary material). Open chromatin regions were identified using data from ENCODE (60 projects), derived from ATAC-seq, ChIP-seq, and DNase-seq assays, specifically from biospecimens labeled as “CD4-positive, alpha-beta T cells.” These assays are widely recognized for their ability to measure chromatin accessibility: ATAC-seq captures regions of accessible DNA by identifying transposase-accessible sites(1), ChIP-seq provides insights into histone modifications associated with active or repressed chromatin states(2), and DNase-seq identifies DNase I hypersensitive sites, which are markers of open chromatin(3).

Gene set enrichment analysis further revealed that several pathways were significantly enriched at HIV integration sites, including those involved in chromatin-modifying enzymes (adjusted p-value = 0.05), apoptotic processes, and vesicle-mediated transport. These pathways suggest a potential mechanistic link between chromatin accessibility, cellular stress responses, and the HIV life cycle. Moreover, the most frequently observed gene was NPLOC4 (See Supplementary Table 1), identified in 17 patient samples, indicating that this gene may play an important role in HIV integration which agree with previous studies (4,5). Similar support was found for the second most frequent gene, DNMT1(6).

We selected these criteria for defining open chromatin regions based on their broad use and validation in genomic studies, particularly within the ENCODE project(7). ATAC-seq, ChIP-seq, and DNase-seq provide complementary information on chromatin states: ATAC-seq and DNase-seq both measure regions of chromatin accessibility, while ChIP-seq identifies histone marks that are indicative of either active or repressed chromatin(1–3). This combination of data ensures a comprehensive view of chromatin structure, making it ideal for investigating HIV's integration preferences. Our findings support the hypothesis that HIV preferentially integrates into open chromatin regions (44.52% HIV integration sites were located within regions of open chromatin), which may facilitate viral replication by leveraging accessible host genomic region(8,9).

**References:**

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**Supplementary Materials:**

**Supplementary table 1.** Top 20 most frequently observed genes in the highest number of patients. Additional genes are available upon request.

|  |  |
| --- | --- |
| Gene | Participants |
| NPLOC4 | 17 |
| DNMT1 | 13 |
| QRICH1 | 12 |
| HSF1 | 12 |
| PACS1 | 11 |
| NSD1 | 11 |
| NADK | 10 |
| SPTAN1 | 10 |
| LUC7L | 10 |
| KDM2A | 10 |
| PLEC | 10 |
| FBXW5 | 10 |
| MIR7112 | 10 |
| ZNF276 | 10 |
| HERC1 | 10 |
| LIME1 | 10 |
| FAM193A | 10 |
| SF1 | 9 |
| IMPDH2 | 9 |
| MROH1 | 9 |

**Supplementary table 2.** Table ranking the top 20 most frequently observed gene sets harboring HIV integration sites.

**A screenshot of a computer

Description automatically generated**

**Errors:** Here I mention a couple of findings that I think should be fixed.

1. Only 25 patients matched the MGS-PCR data. The guidelines says there is 26 participants. The missing files correspond to the label ID SCO2453.
2. I think the slide with the figures for Hit count is wrong.

**Coding:**  I implemented a GitHub repository where you can find the codes, outputs, and inputs I used for this small project. In the input folder there is not data because it is patient info. So, I added a note saying were to find the data. Here is the link of the repository: <https://github.com/bciezah1/HIV_Insertion_Test.git>