

Human Immunodeficiency Virus

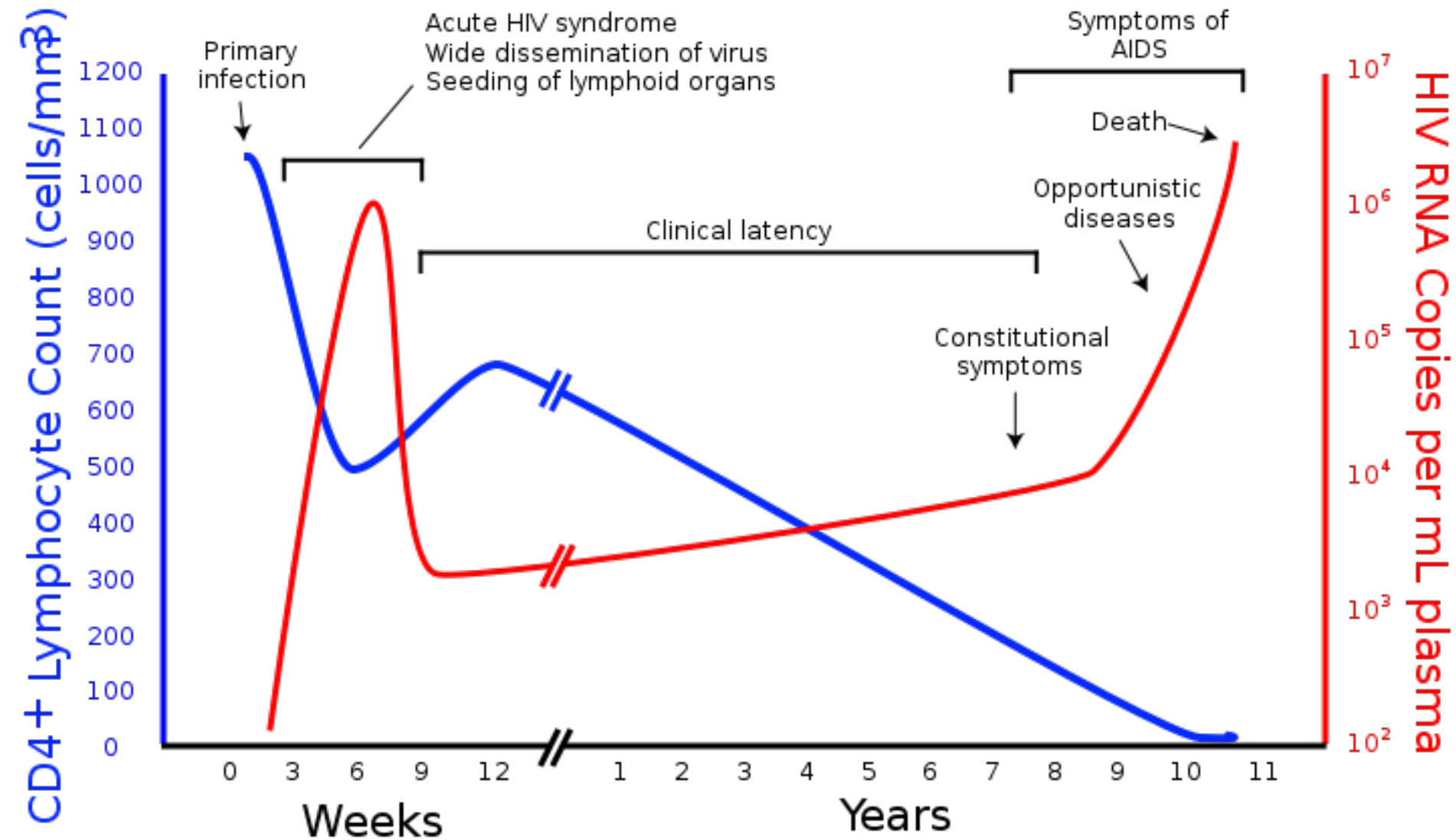
And targets for its treatment

By: Matt Doherty

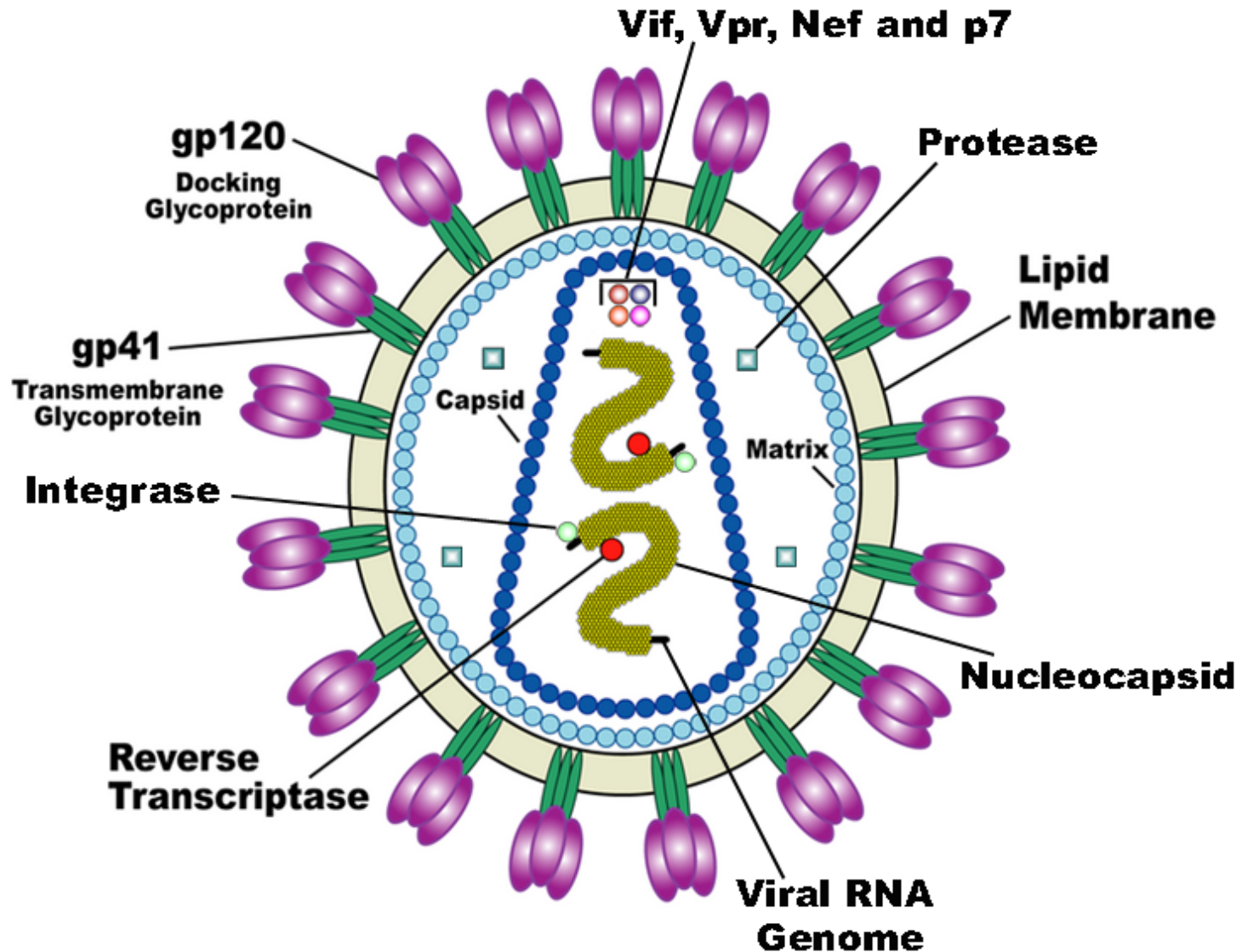
HIV Background

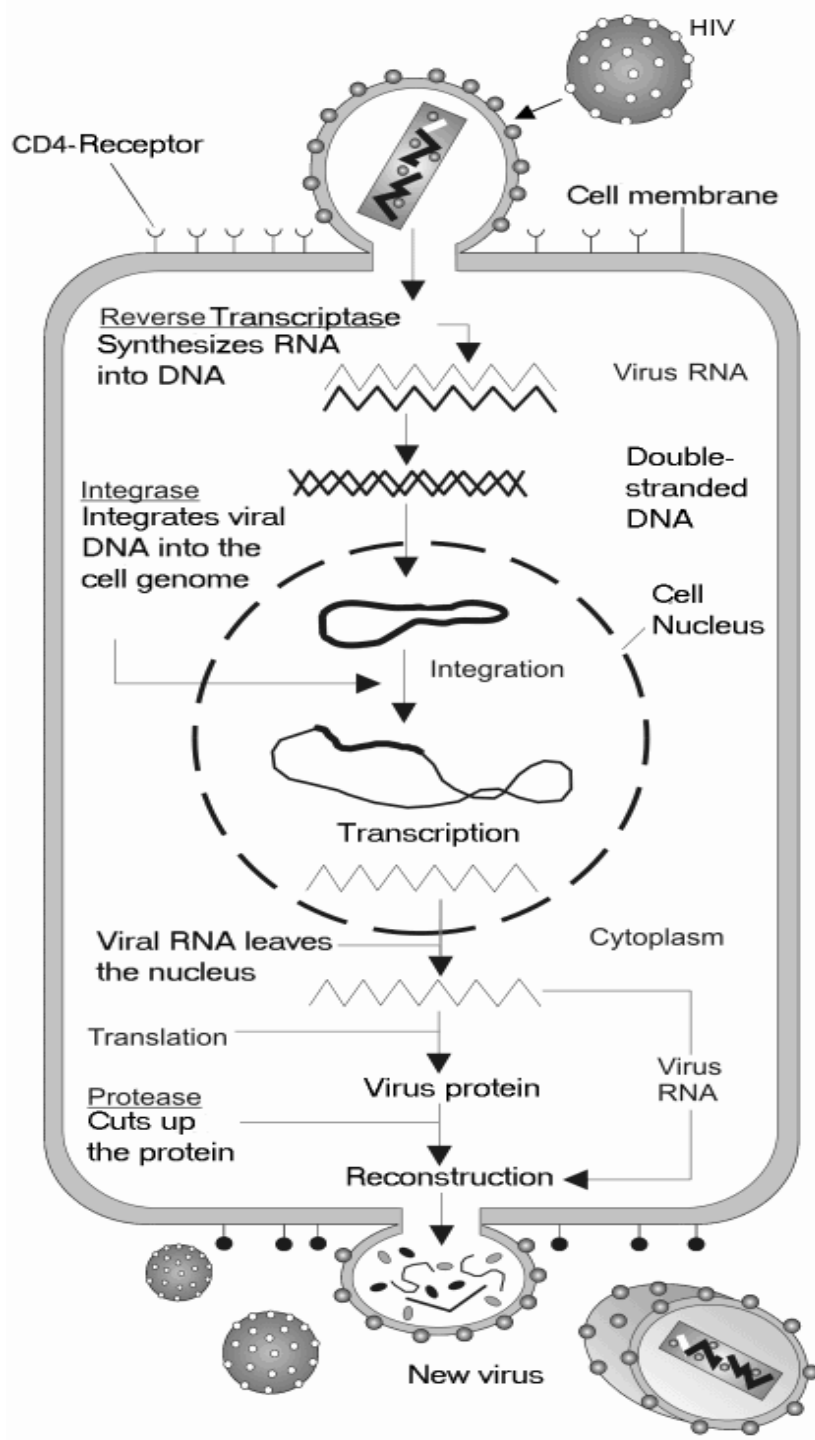
- Lentivirus, member of retroviruses
- Genome is single stranded RNA that converts to double stranded DNA by reverse transcription
- Responsible for Acquired Immunodeficiency Syndrome (AIDS)

Progression of Illness



Structure

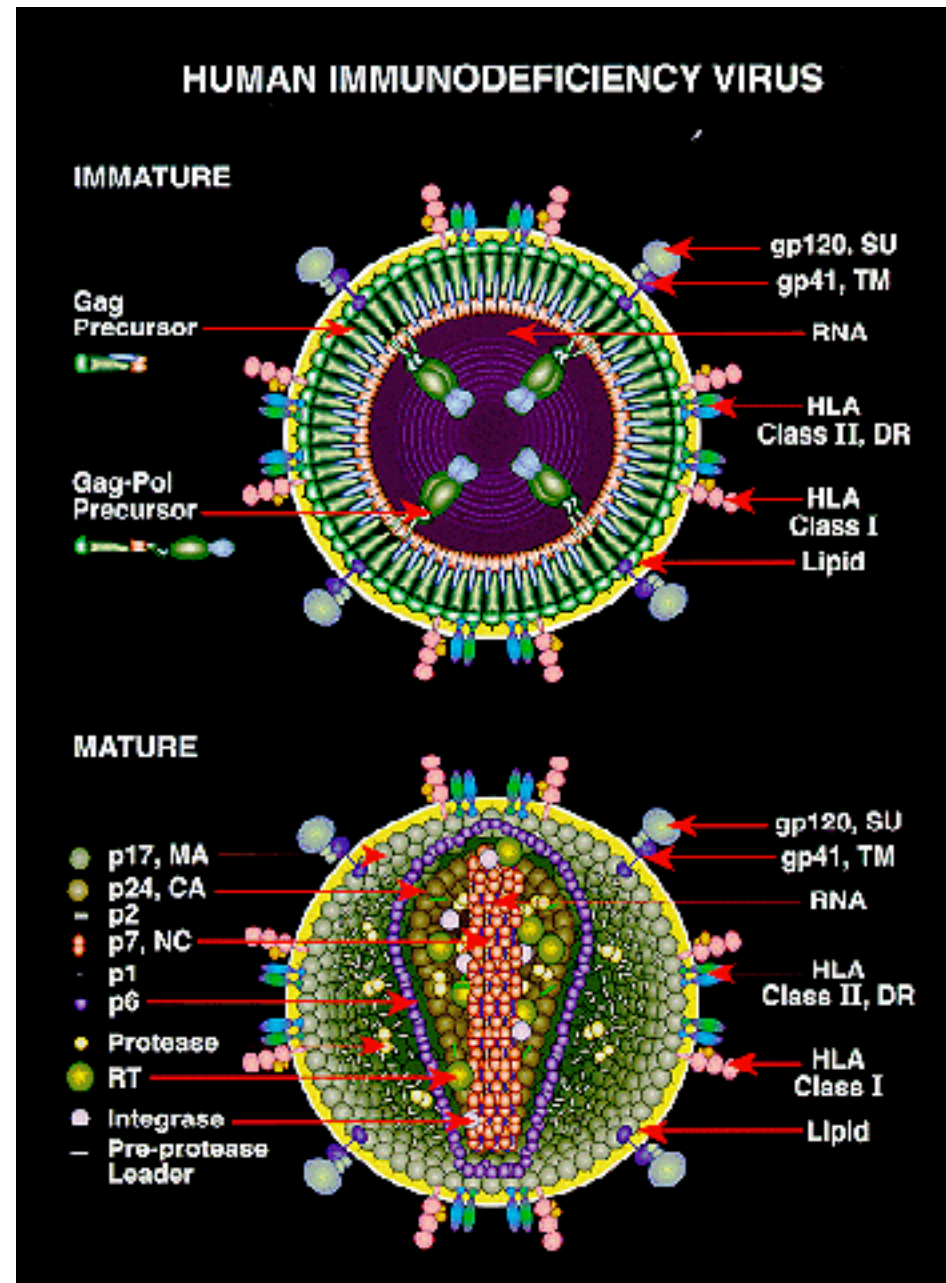




Replication Cycle

- Attaches to the target cell by binding to the CD4 receptor
- leads to membrane fusion and virus entry
- reverse transcription turns viral RNA into proviral DNA
- Provirus integrates into host cells and begins making new virus RNA/proteins/genome

- Viral genomic mRNA is transported to the membrane where it is packaged with other viral proteins and is released
- Protease/Maturase converts virus into infectious form.



Treating HIV

- Prevention/vaccination still the best option, but no vaccine yet...
- Drugs used to treat HIV target key steps in the replication cycle
- Primary treatment is Highly Active Antiretroviral Therapy (HAART)
 - Uses 3+ drugs from 2+ antiretroviral drug classes

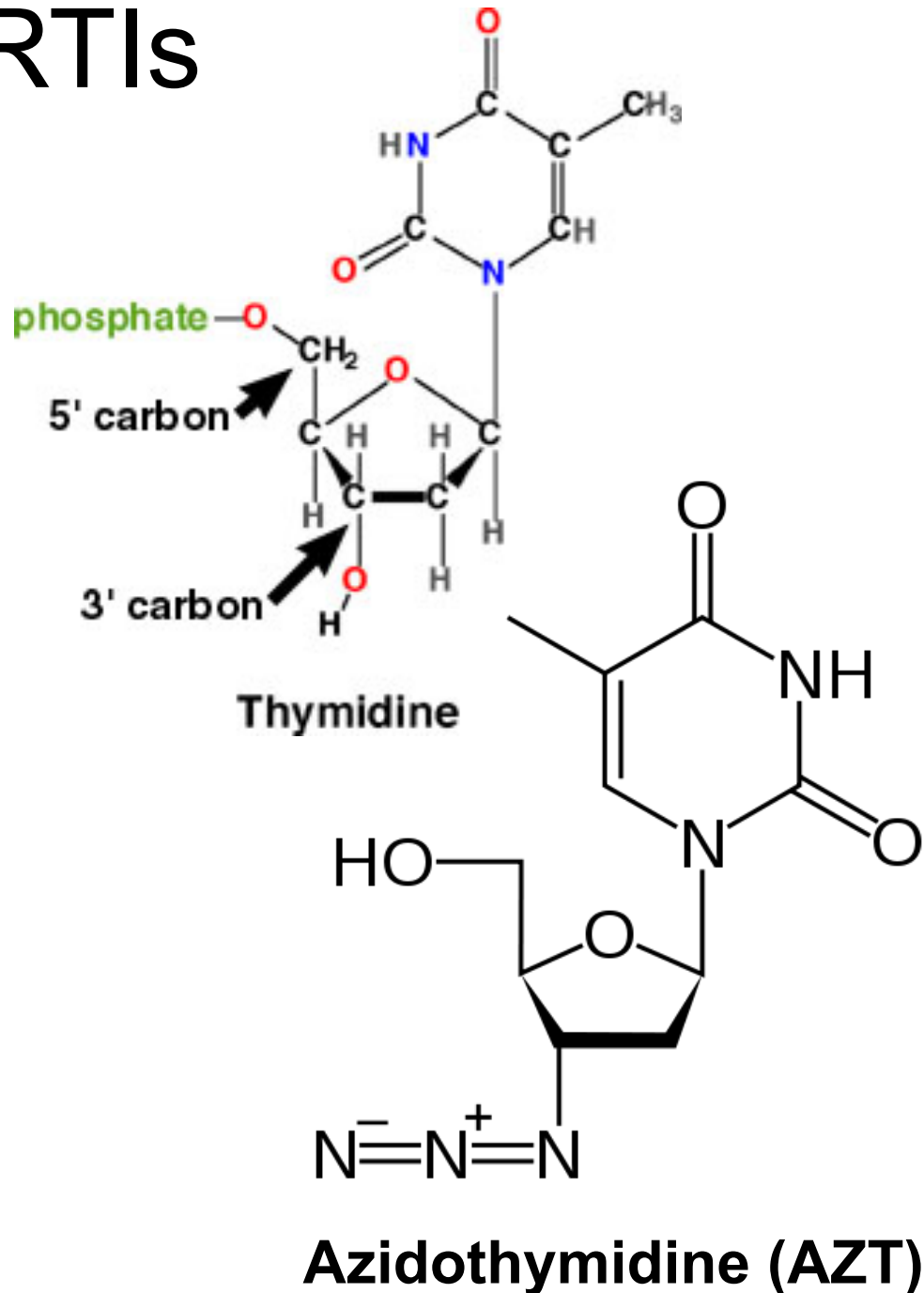
Antiretrovirals Classes



- Nucleos(t)ide Reverse Transcriptase Inhibitors (N(t)RTIs)
- Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
- Protease/Maturation Inhibitors
- Integrase Inhibitors
- Entry Inhibitors

NRTIs

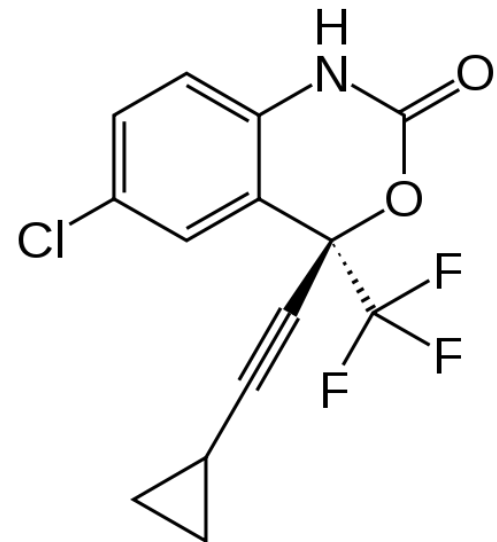
- Competitive inhibitors that act as chain terminators
- Target the functions of the RT enzyme:
 - Recognition and binding
 - Formation of a phosphodiester bond
 - Cause chain termination by altering the 3' hydroxyl group.
 - No 3' hydroxyl = no elongation



NNRTIs

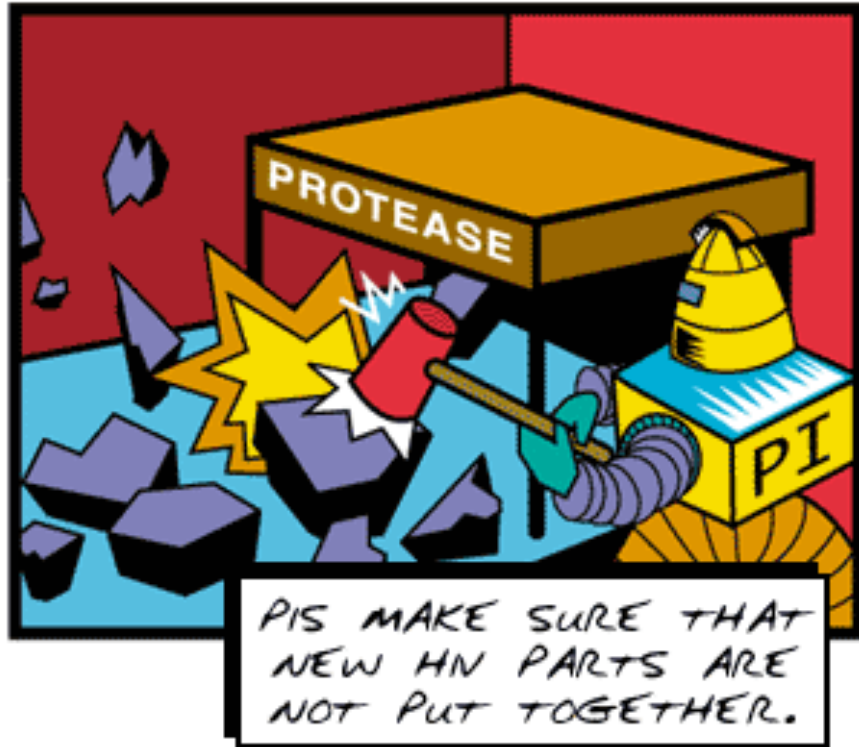


- Allosteric noncompetitive inhibitors that bind noncovalently away from the active site
- Stop RT activity by somehow altering the active site
- Example: Efavirenz



Protease and Integrase Inhibitors

Protease Inhibitors



Ex:
Ritonavir

- Integrase Inhibitors
 - Prevent integration of provirus into host genome
- Example:
Raltegravir

Entry Inhibitors

- Block any of the stages in entry
 - Attachment
 - Co-receptor binding
 - Ex: Maraviroc
 - Membrane fusion
 - Ex: Enfuvirtide

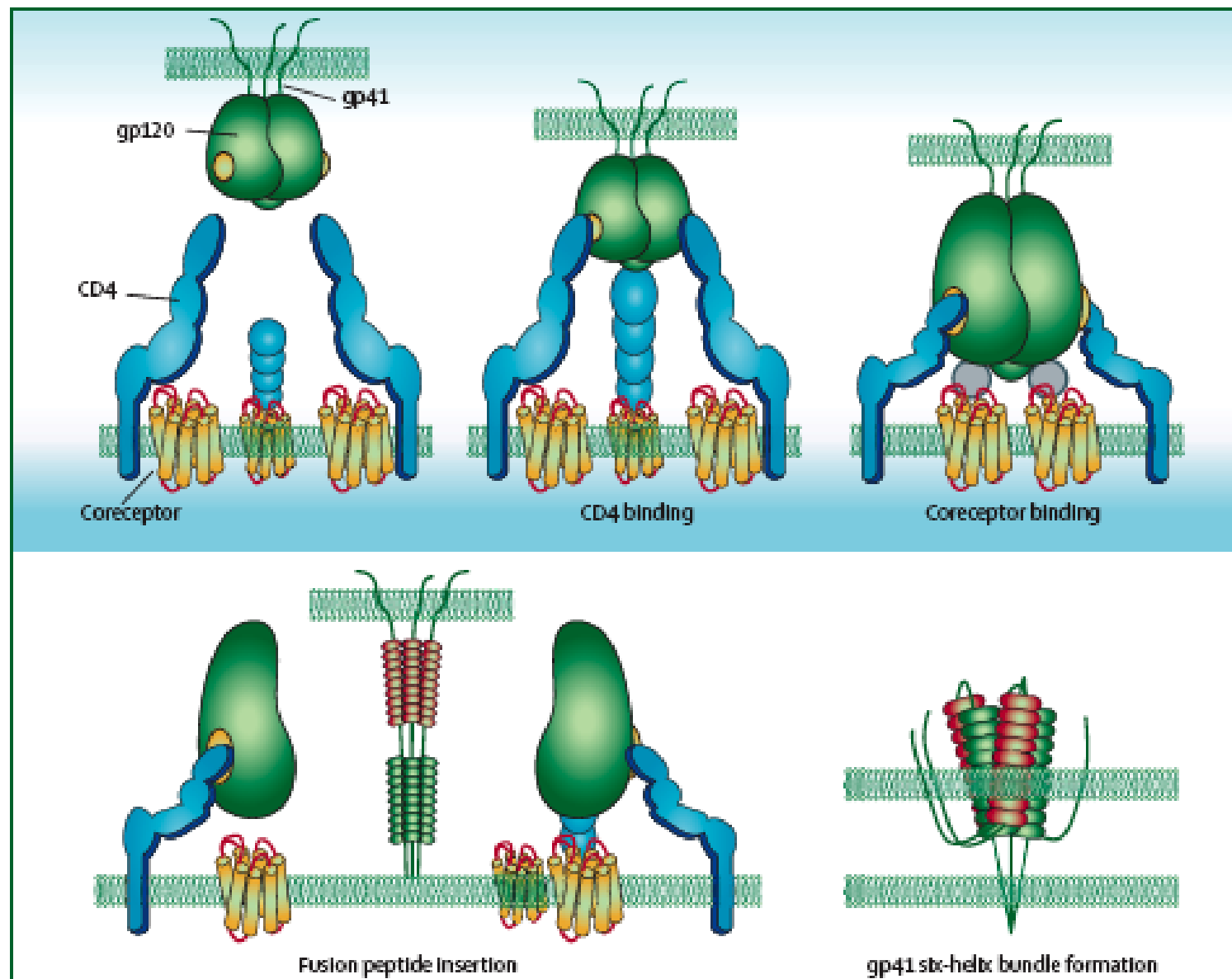


Figure 1: Mechanism of HIV entry

On CD4 binding (binding site for CD4 is shown in yellow), gp120 undergoes conformational changes. CD4-induced epitopes can then bind to chemokine receptors. Thereafter, gp41 is released into a fusogenic conformation and its N-terminal (green) and C-terminal (red) helices form a hairpin structure, leading to the approximation of viral and cellular membranes, which results in membrane fusion.

My Research on HIV

- New potential integrase inhibitor developed on campus assayed for anti-HIV activity by time of addition assay
 - Cells infected and treated with drug at different times
- One drug* shown to act early, ie. under 2 hours post infection

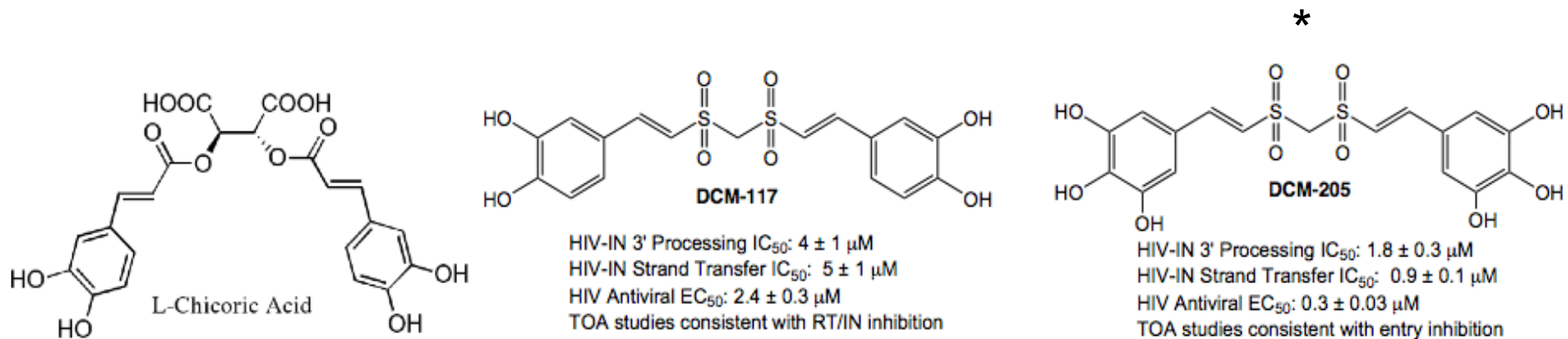
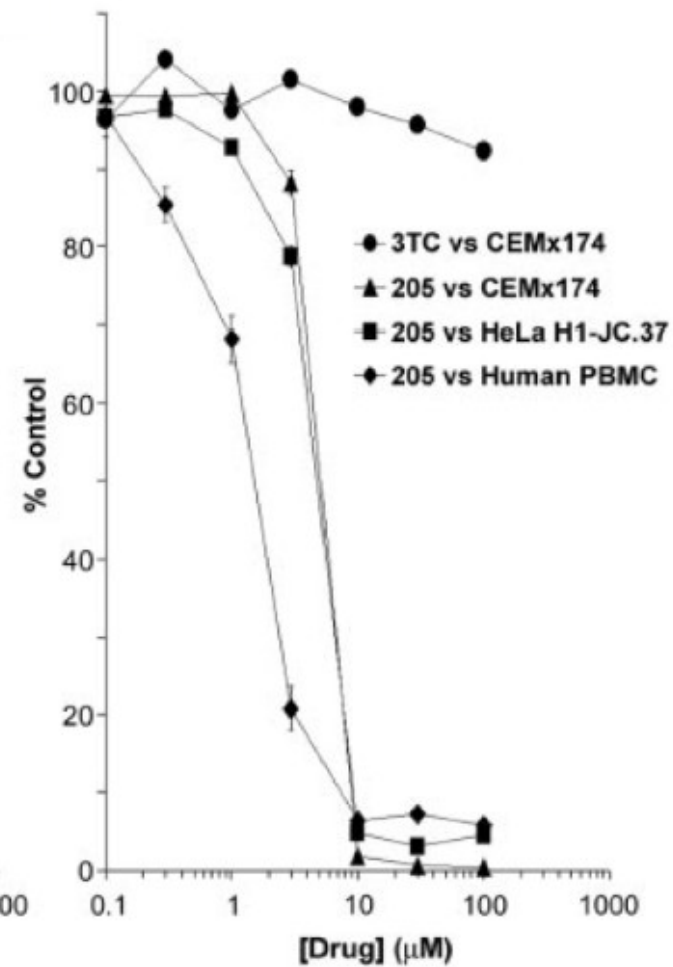
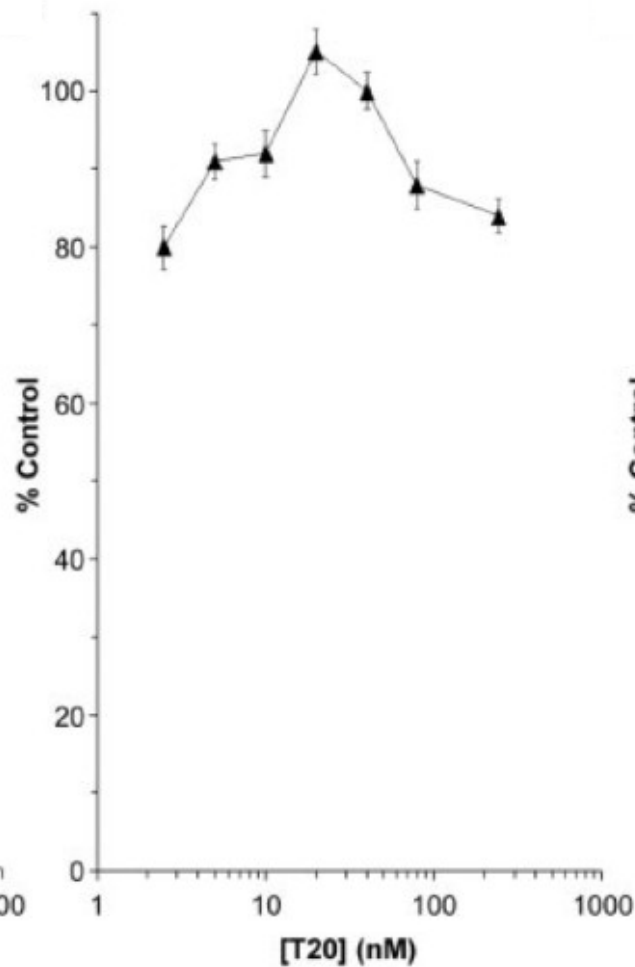
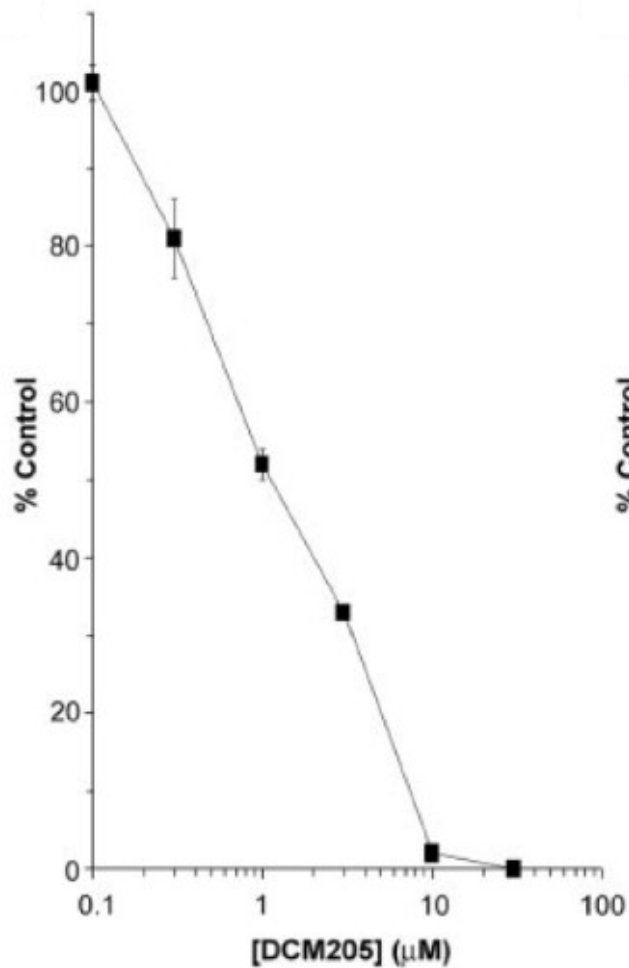


Figure 1. L-Chicoric acid and potent disulfone inhibitors of HIV-IN in pilot stu

Direct Inactivation

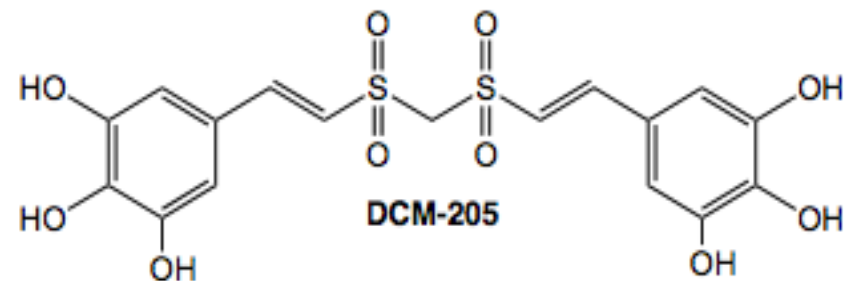
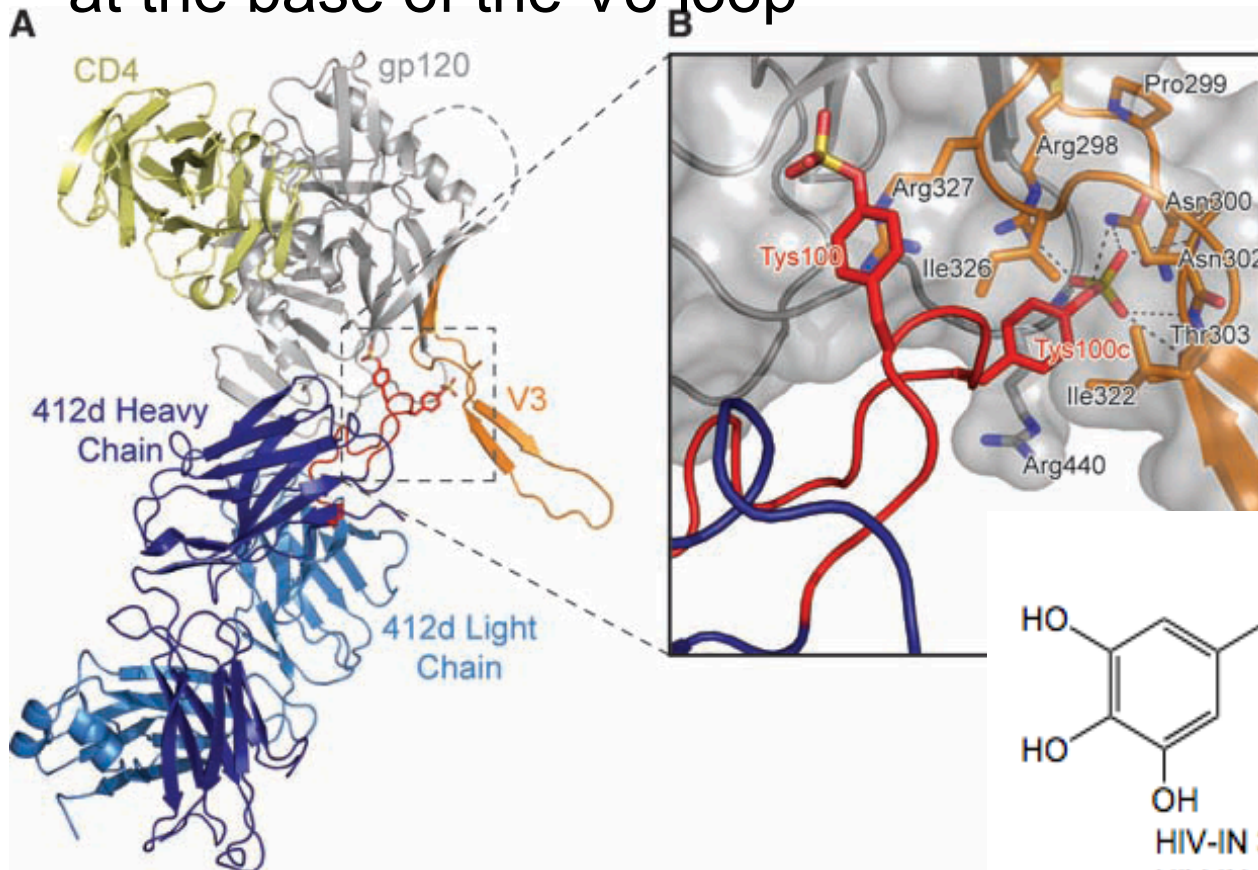


Wide Range of Activity

Virus type	Strain	Clade	Co-receptor Usage	Mean EC ₅₀ (nM) ± SEM
Lab-adapted HIV-1	Ba-L	B	R5	850 ± 90
	HXBc2	B	X4	530 ± 60
	NL4-3	B	X4	330 ± 20
	89.6	B	X4R5	410 ± 40
Primary Strain HIV-1	92RW016	A	R5	700 ± 100
	SF162	B	R5	400 ± 100
	92HT593	B	X4R5	340 ± 20
	92TH014	B	R5	190 ± 20
	97ZA009	C	R5	2300 ± 400
	98TZ013	C	R5	190 ± 30
	93TH078	E	R5	500 ± 20
SIV	mac239	—	R5	1200 ± 200

Proof of Concept?

Prior resistance studies indicated that DCM205 might bind at the base of the V3 loop



HIV-IN 3' Processing IC_{50} : $1.8 \pm 0.3 \mu M$

HIV-IN Strand Transfer IC_{50} : $0.9 \pm 0.1 \mu M$

HIV Antiviral EC_{50} : $0.3 \pm 0.03 \mu M$

TOA studies consistent with entry inhibition

What Happened Next?

- Funding ran out
- Hoped to develop as a microbicide
 - Some already in development

Questions?