

HIV/HBV Drug Resistance: Lessons Learned

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HIV, HBV and HCV: Similarities

- chronic infection with inadequate immune response
- quasi-steady state with massive rates of viral production and clearance
- complex genetic composition in each patient: quasispecies
- viral polymerase with ssRNA template
 - high mutation rate ($\sim 10^{-5}$ nucleotides/replication cycle). Thus, with $10^{10} - 10^{12}$ virions generated daily, all possible mutations occur daily.
 - no proofreading mechanism
- complex dynamics in response to treatment
- variable host susceptibility that is probably genetically determined primarily but some contribution of variable agent virulence.

HIV, HBV and HCV: Differences

- **Different host cells**
 - different disease complications
 - different dynamics of response to treatment
- **HIV cytopathic**
- **Overlapping reading frames: HBV>HIV>HCV**
- **Recombination: HIV>>HBV and HCV**
- **Anatomic and cellular compartmentalization: HIV > HBV and HCV (?)**
- **Chromosomal integration of HIV; potential curability of HCV**

Practical Implications of the Biology of HIV/HBV/HCV Drug Resistance - 1

- **Genetic variants with single and probably double mutations preexist. (Why some regimens fail.)**
- **Genetic variants with 3 or more drug resistance mutations rarely exist. (Why some combination regimens succeed.)**
- **The prevention of the cumulative acquisition of drug resistance mutations requires the suppression of replication.**

Practical Implications of the Biology of HIV/HBV/HCV Drug Resistance - 2

- **Fitness and genetic variants**
 - **Some mutations have a fitness cost; some do not. (Invoking impaired fitness as an accomplishment is poor medicine and questionable marketing)**
 - **Unfit mutations may be compensated for by other mutations (Reversion of resistance is slowed and resistant mutants are more virulent)**
 - **Mixtures of variants will emerge with their complexity increasing as failing treatment continues. (More resistance and cross-resistance may exist than is readily appreciated with population sequencing)**
 - **All these resistant variants will be archived for life with HIV, HBV and HCV (unless it is cured)**

Practical Implications of the Biology of HIV/HBV/HCV Drug Resistance – 3: Implications for Drug Development

- **Preclinical evaluation**
 - Multiple clinical isolates
 - Representatives of various groups (clades)
 - Representatives of relevant drug resistant variants
 - Selection in vitro for drug resistance (confirms target and predicts clinical resistance (imperfectly) and cross-resistance)
- **Clinical evaluation (Vertex set an example)**
 - Monitor the dynamics of emergence of resistance (pheno and geno)
 - Clone to monitor for minority species
 - Test for cross-resistance
 - Monitor decay off drug