

DNBSEQ™ Sequencing to Identify HIV-1 Drug Resistance Mutations

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Introduction

Subtype and drug-resistance mutations were mostly assessed routinely using Capillary Electrophoresis (CE) sequencing which does not detect co-infection or minor variants (frequency below 15-20%). Next Generation Sequencing (NGS) has become the new standard for genotypic drug resistance testing on the full HIV-1 polymerase gene. The objective of this study was to evaluate the performances of ABL DeepChek® DNBSEQ Native kit on Complete Genomics' DNBSEQ-G99 sequencing platform using HIV-1 Quality Control for Molecular Diagnostics (QCMD) samples.

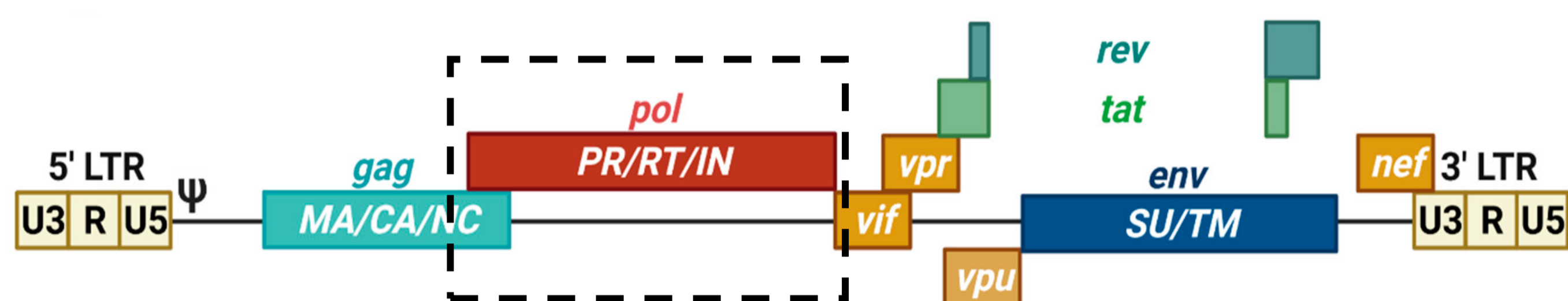
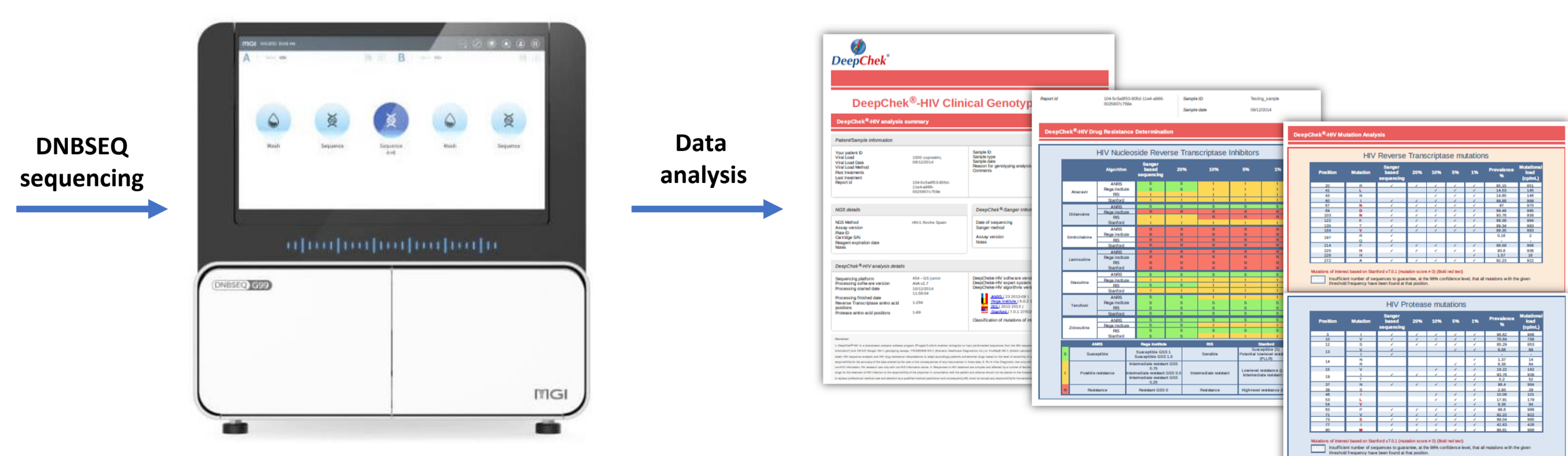
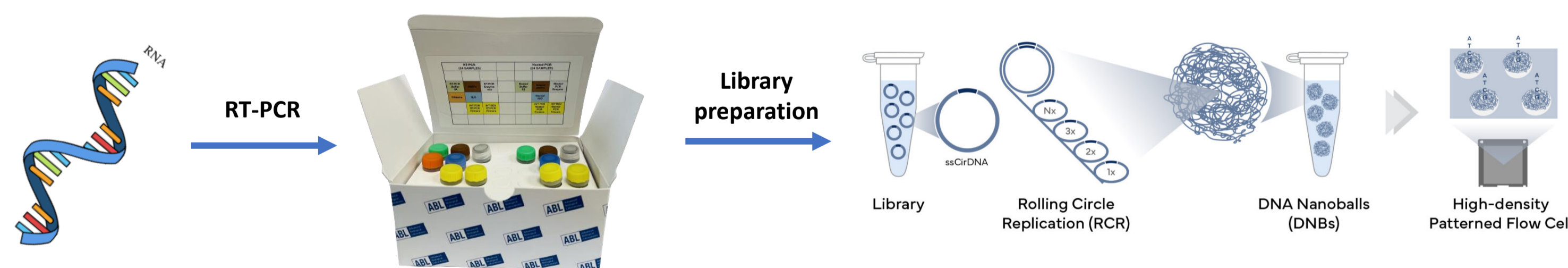


Figure 1: A diagram of the 9.8 kb HIV-1 genome. The pol portion of the genome is transcribed into the protease, reverse transcriptase and integrase.

Methods

A total of 5 HIV RNA positive plasmas (QCMD) at a range of 4.20 to 5.31 Log10 copies/mL were amplified and sequenced using Complete Genomics DNBSEQ sequencing technology. The protease, reverse transcriptase and integrase genes were amplified, libraries were prepared and sequenced using DeepChek® native kit for DNBSEQ (ABL) on the DNBSEQ-G99 sequencing platform. DeepChek® HIV software (ABL) was used for the interpretation of subtype and drug resistance according to the French ANRS v33 (National Agency for AIDS Research), Grade 9-2021 and HIVdb 9.4 12-2022.



Complete Genomics DNA Nanoball Sequencing:
 Linear amplification Low
 Amplification bias
 No amplification error accumulation
 Lower index hopping

DeepChek® (ABL, Luxembourg) is a CE marked:
 The pipelines consist of 10 major steps which are :
 1) Data cleaning, 2) Subtyping, 3) Tropism analysis, 4) Alignment, 5) Post-alignment cleaning, 6) Consensus creation, 7) Variant calling, 8) Expert system filtering, 9) Drug resistance calculation, 10) Reporting

DeepChek® HIV version 2.0 / expert system 2.3 / algorithms 13.1
 ANRS 33 10-2022 / Grade 2021 9-2021 / HIVdb 9.4 12-2022
 Classification of mutations of interest ANRS 33

Figure 2: End-to-end Solution for HIV-1 Genotyping and Drug Resistance for Routine Diagnostic Sequencing.

Results

All samples were accurately genotyped, two subtypes B, two subtypes C and one recombinant from 02_AG were identified. The median coverage per sample was 9.000.000 of reads and the Q30 was 94% on DNBSEQ-G99. 100 % of concordance was found for the detection of drug resistant mutations (>5%) for the protease, reverse transcriptase, and integrase regions. On protease, for one sample the minority mutation V32I at 3 % was found.

Table 1 : QCMD results using DNBSEQ-G99 and DeepChek® software.

Sample	Viral load	Subtype	Protease mutation	Reverse transcriptase	Integrase mutation
QCMD 1	5.31	B	L10I (92%)	No	No
			L10V (7%)		
			K20R (40%)		
			L33I (17%)		
			M46I (97%)		
			I54V (99%)		
			L63P (97%)		
			A71T (99%)		
			V82A (98%)		
L90M (96%)					
QCMD 2	4.20	A/G	No	V179I (99%)	No
QCMD 3	4.97	C		No	No
			M41L (99%)		
			E44D (34%)		
			D67N (99%)		
			T69D (99%)		
			K20R (98%)		
			A98G (99%)		
			M184I (99%)		
			Y188L (99%)		
G190A (99%)					
L210W (99%)					
T215Y (97%)					
QCMD 4	4.40	B	No	M41L (98%)	No
QCMD 5	4.69	C		M184V (99%)	No
			G16E (98%)		
			K20R (95%)		
			M46I (99%)		
			I54V (98%)		
V82A (96%)					
V32I (3%)					

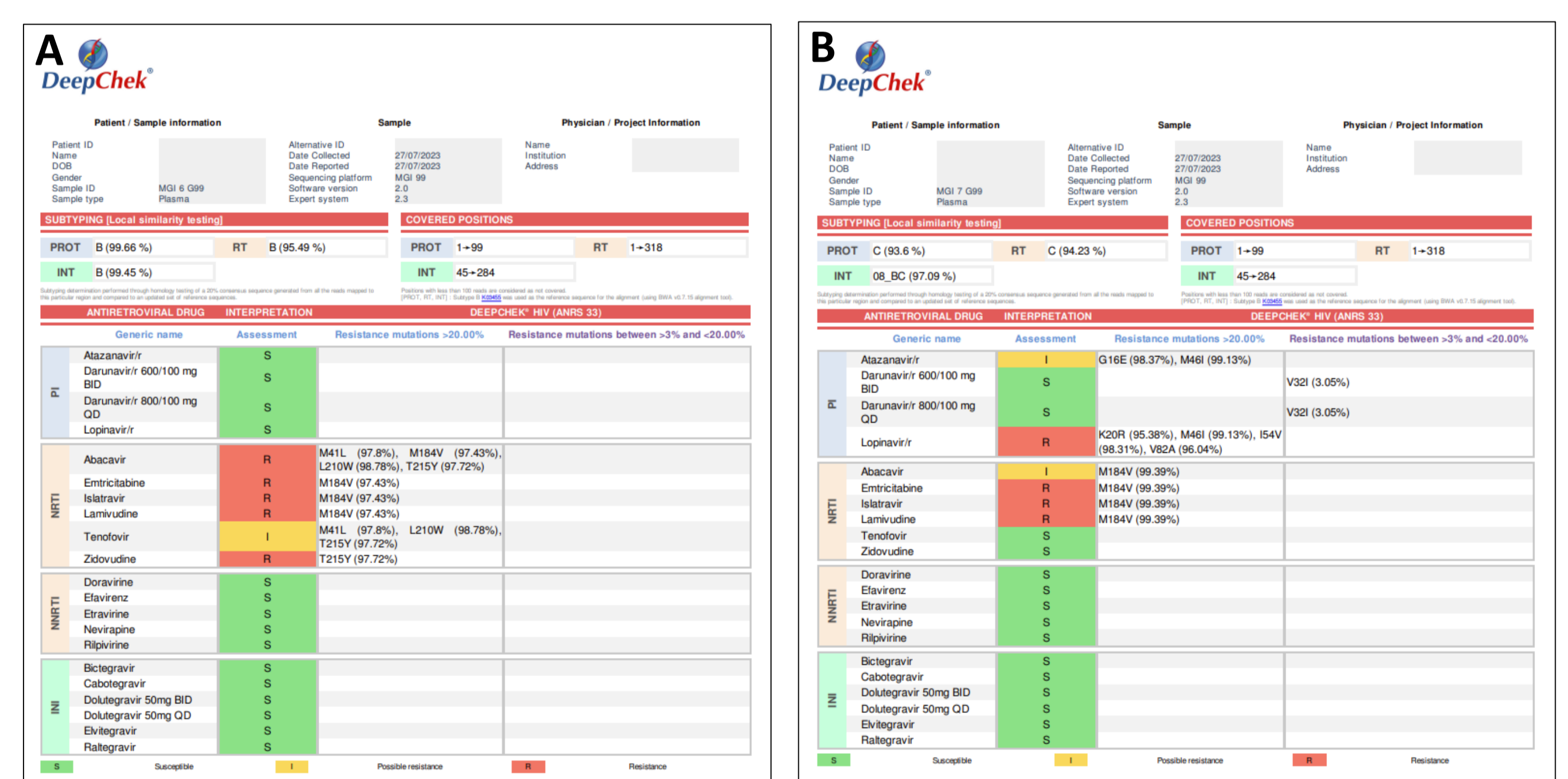


Figure 3 : Example of DeepChek® reports with covered positions, subtyping, mutation of interest and antiretroviral drug interpretations. (A) QCMD4; (B) QCMD5

Conclusions

This study is the first evaluation of HIV-1 QCMD samples using the DeepChek® assays on Complete Genomics DNBSEQ Sequencing platform. DNBSEQ Sequencing platforms are suitable for evaluation of HIV-1 QCMD samples. The DNBSEQ-G99 can identify HIV-1 minor variants (3-20%) conferring drug resistance. The NGS should occupy a major place in HIV, HCV and HBV applications testing for subtyping, mutation determination and analysis, and drug resistance surveillance.