



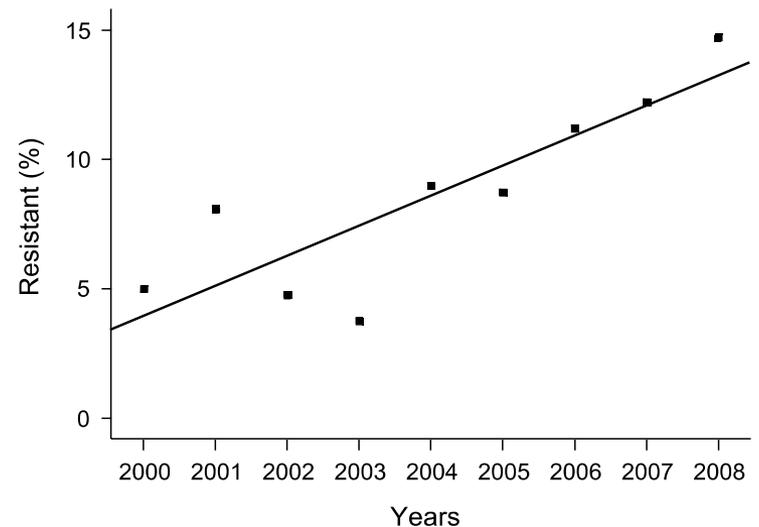
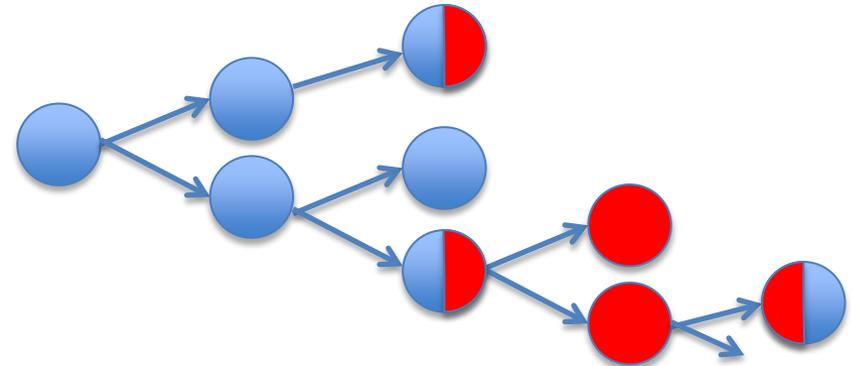
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# How does HIV-1 drug resistance evolve at a population level?

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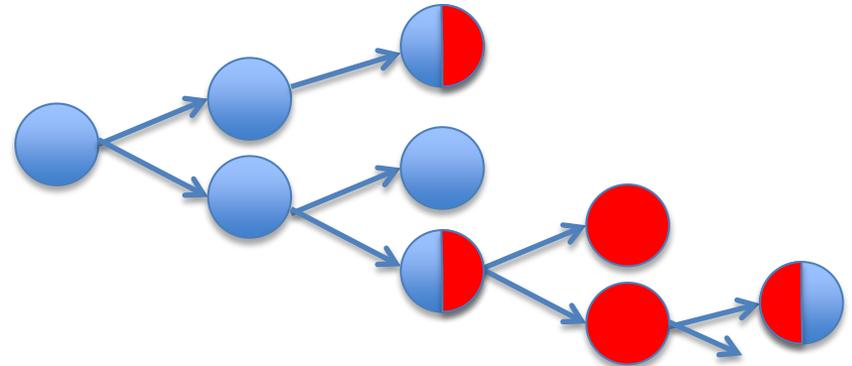
# HIV drug resistance

- Many drugs and drug regimens available (Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents 2012).
- Treatment failure by resistance mutations is common (Gupta et al. Lancet Infectious Diseases, 2009).
- Transmitted drug resistance is increasing (Yerly et al. AIDS, 2009).
- Some evidence for reversion to drug-sensitive wild type, but transmitted drug resistance can persist (Little et al. Journal of Virology, 2008).



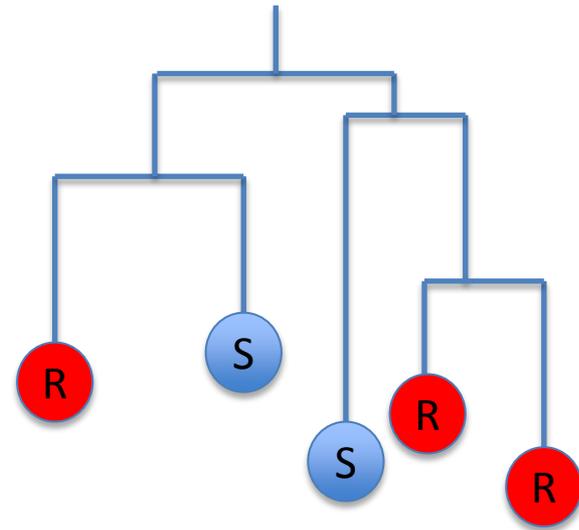
# Questions

- What are the rates of drug resistance evolution and reversion?
- How transmissible are resistant strains?
- Can there be a self-sustaining epidemic of resistant virus?
- Cohort studies/medical records:
  - Measure incidence of transmitted drug resistance.
  - Measure rates of treatment failure/presence of drug resistance mutations.
  - Measure reversion of *de novo* and transmitted resistance.
- Do these individual rates apply to the whole population?

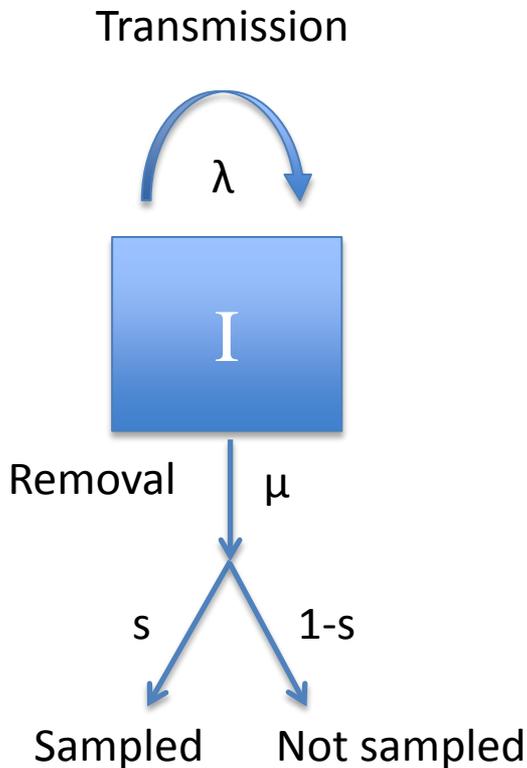


# Measure at the population level

- Potential for study based on HIV genetic data.
- *pol* gene routinely collected to test for transmitted resistance.
- From such data we could:
  - Reconstruct phylogeny.
  - Identify drug resistance.
- What does the phylogeny tell us about drug resistance evolution?

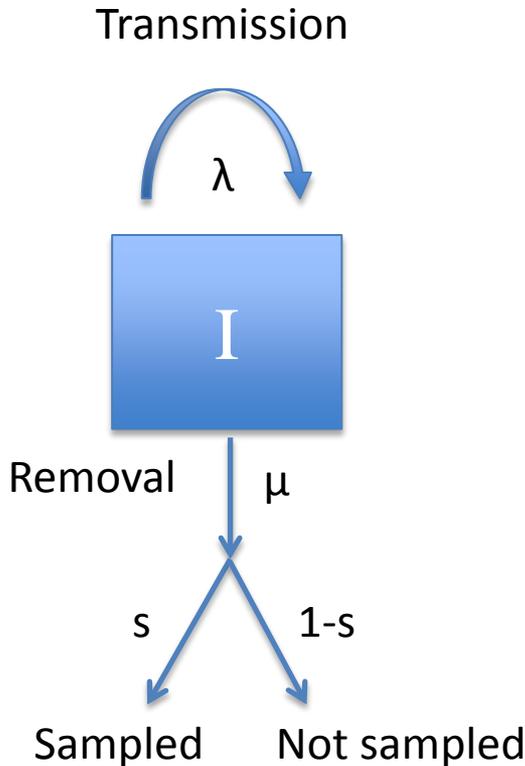


# Birth/death model



- Model for production of a phylogeny.
- Originally used for modelling macro-evolution (Nee et al. Annual Reviews of Ecology Evolution and Systematics, 2006)
  - “Speciation/extinction” models.
- We use a “transmission/removal model”.
- For a set of birth/death parameter values, the likelihood of a previously inferred phylogeny can be calculated.

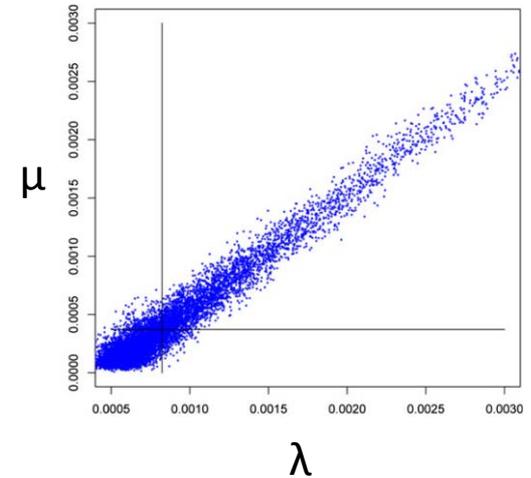
# Estimate parameters



- Analytically tractable to find  $\lambda$ ,  $\mu$  and  $s$ .
- Large correlation between  $\lambda$  and  $\mu$ , hard to estimate independently.

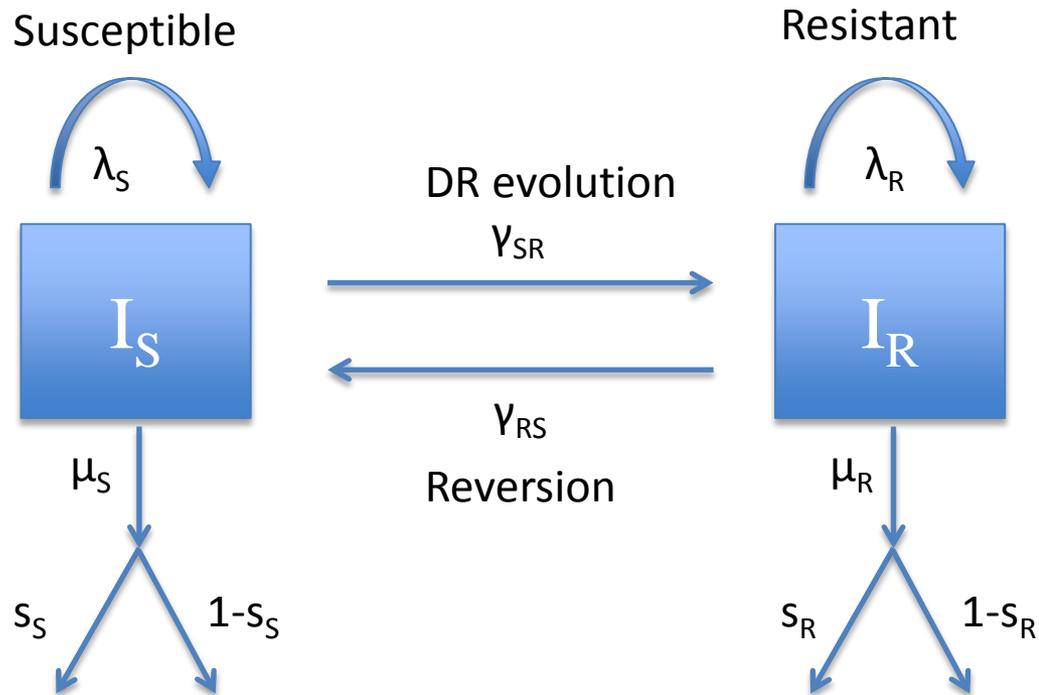
- Used to infer  $R_0 = \frac{\lambda}{\mu} = 2.29$

- Basic reproduction number:
  - How many new infections does each infection produce in a susceptible population?
  - Measure of the per generation growth rate of the epidemic.



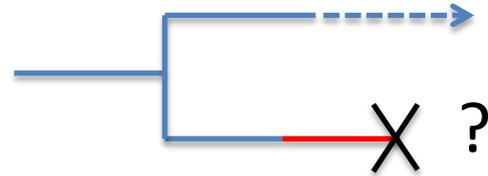
# Two strain model

- Birth-death model for each strain.
- Includes rates of mutation back and forth.



# Simulating a tree

- Produce birth/death tree with give rates of DR evolution and reversion.
  - From root to tip.
  - At each point a branch can:
    - Transmit (bifurcate).
    - Switch DR status.
    - Die/become uninfected.
    - Upon death, sampling may occur.
    - So on until n tips are sampled.
    - Tree is reconstructed from *sampled* tips.

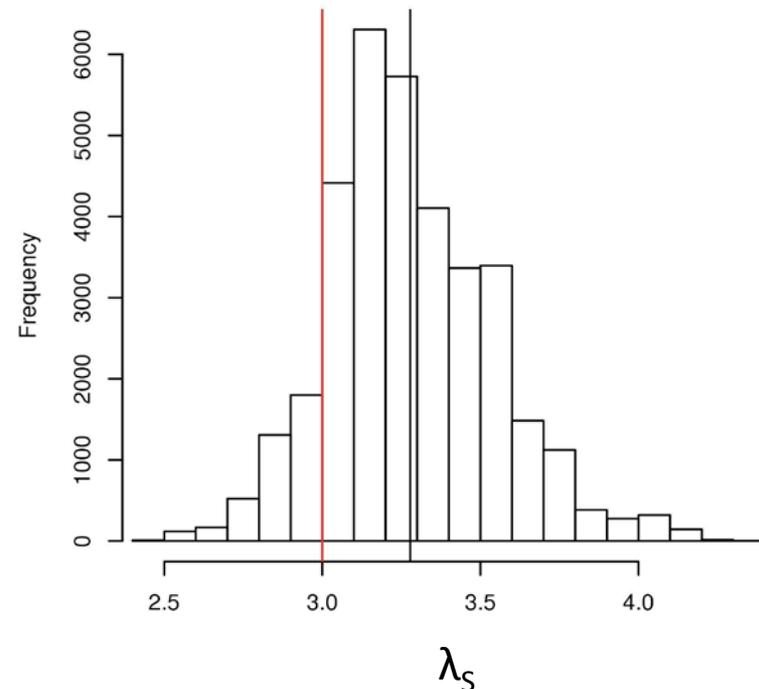


# Testing the model

- “True” parameter values picked at random.
- Tree with n tips constructed.
- MCMC to estimate the parameters.
- Too many: fix sampling probabilities.
  - Arguably the easiest parameter to estimate from epidemiological data.
- Posterior estimates of parameters.

True value	
Mean estimate	

$\lambda_S, \lambda_R$	Transmission rates
$\mu_S, \mu_R$	Death rates
$s_S, s_{RV}$	Sampling probabilities
$\gamma_{SR}, \gamma_{RS}$	Drug resistance mutation rates



# Correlations

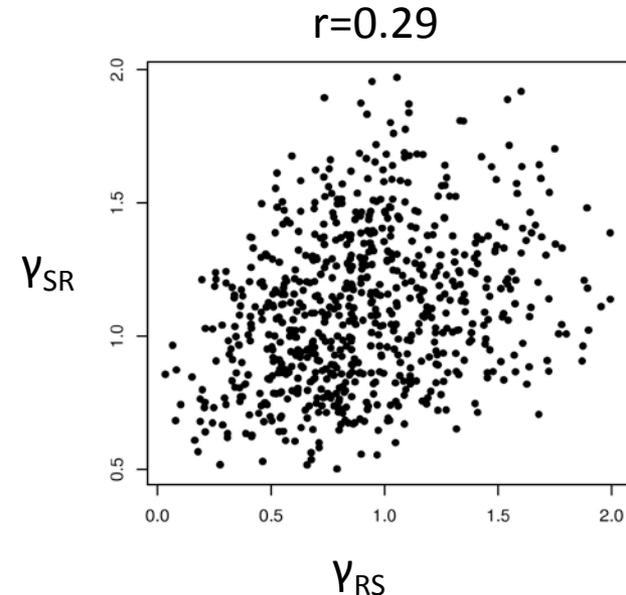
- Correlations between parameters:
  - Problems searching parameter space.
- Use informative priors.
- Use clinically relevant summary measures.
- Basic reproduction numbers important if resistance transmits easily.

$$R_{0R} = \frac{\lambda_R}{\mu_R}$$

- If resistance spreads poorly, within-host rates of evolution become more important.

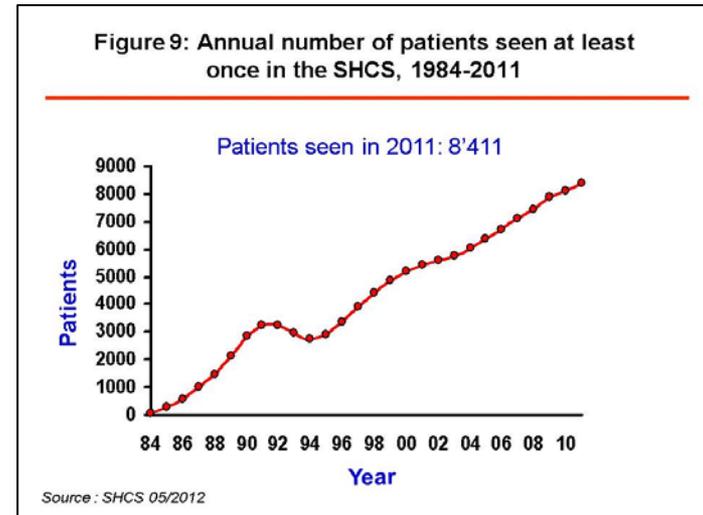
- Evolutionary rate ratio:  $\frac{\gamma_{SR}}{\gamma_{RS}}$

- Net evolutionary rate:  $\gamma_{SR} - \gamma_{RS}$



# Future application to data

- Application to Swiss HIV Seroconverters Cohort.
- Well-sampled drug resistance data.



- Important in predicting risk of resistance following roll-out in high prevalence areas.
- In absence of data, attempt to extrapolate to Sub-Saharan African settings.

# Genotypic resistance

- What is considered genotypic resistance?
  - Identify particular mutations?
    - (Stanford Drug Resistance Database)
  - Use geno2pheno?
    - (Beerenwinkel et al. Nucleic Acids Research, 2003)
  - Problems with independence of drug resistance and phylogenetic data.
- Within-host diversity.
  - Individuals may carry sensitive and resistant strains.
  - Use earliest available data for each individual.
  - Can this strain mix be modelled without many more parameters?

# Conclusions

- Drug resistance and its transmission are increasingly important.
- HIV genetic data and birth/death framework can be used to estimate parameters.
  - Transmission and removal rates.
  - Rates of drug resistance evolution and reversion.
- Test methods on simulated data.
- Correlations between parameters requires consideration.
- Future applications to data.
  - Address what constitutes resistance.

# Acknowledgements

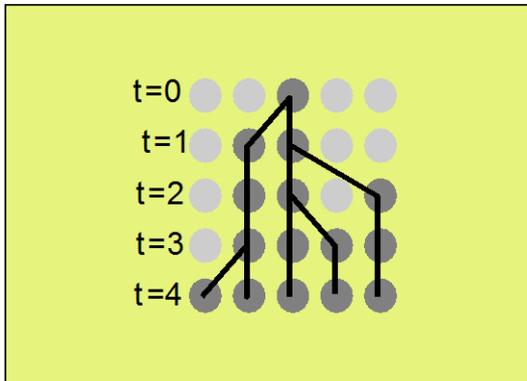
- ETH
  - Resistance Club
  - Roland Regoes
- Swiss HIV Seroconverters Cohort
  - Roger Kouyos
  - Huldrych Günthard
- CNRS Montpellier
  - Matthew Hartfield
  - Samuel Alizon



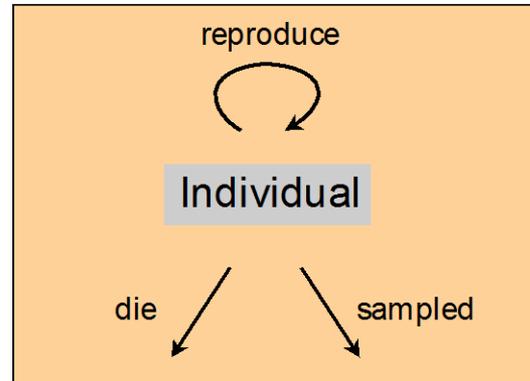
European  
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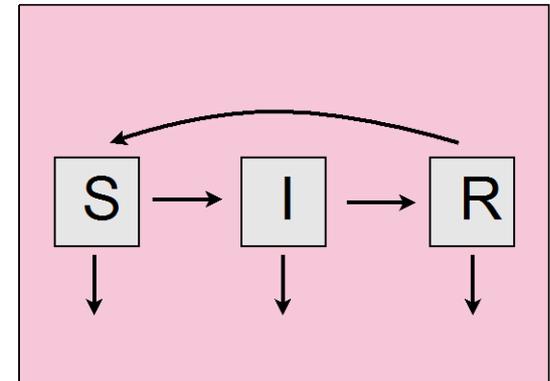
# Linking phylogenetics and epidemiology



- **standard model:**
  - population genetics
- **analytical understanding:**
  - very good
- **Biological realism:**
  - poor
  - constant pop size
  - discrete time
  - sparse sampling
  - birth equals death

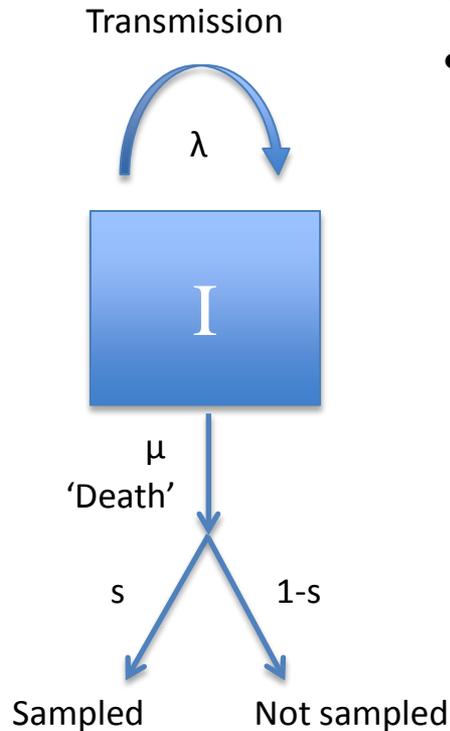


- **standard model:**
  - species trees
- **analytical understanding:**
  - good
- **Biological realism:**
  - better
  - inc/ decreasing pop size
  - continuous time
  - sparse or dense sampling
  - birth/ death independent



- **standard model:**
  - epidemiology
- **analytical understanding:**
  - poor
- **Biological realism:**
  - good
  - changing pop size
  - continuous time
  - accounts for temporal changes of susceptibles/infecteds

# Birth-death models



- Estimate parameters from an inferred phylogeny.
- Calculate likelihood from tips upwards.
  - How likely is this subtree given the model?
  - $p(1) = p(\text{Death and sampling})$
  - $p(2) = p(\text{No death and no sampled transmissions}) * p(1)$ .
  - $p(3) = p(\text{Transmission}) * p(3a) * p(3b)$ .
  - Likelihood =  $p(\text{origin})$

