

# RECTAL CCR6+ CD4+ T-CELLS ARE AN IMPORTANT RESERVOIR IN HIV-INFECTED INDIVIDUALS ON ART

## Authors:

Anderson JL<sup>1,2</sup>, Khoury G<sup>1,2</sup>, Fromentin R<sup>3</sup>, Solomon A<sup>1,2</sup>, Chomont N<sup>3</sup>, Somsouk M<sup>4</sup>, Sinclair E<sup>4</sup>, Hartogensis W<sup>4</sup>, Bacchetti P<sup>5</sup>, Epling L<sup>4</sup>, Hoh R<sup>4</sup>, Hecht FM<sup>4</sup>, Cameron PU<sup>1,2</sup>, Deeks SG<sup>4</sup> and Lewin SR<sup>1,2</sup>.

<sup>1</sup> Peter Doherty Institute for Infection and Immunity, The University of Melbourne, Australia.

<sup>2</sup> Department of Infectious Diseases, Alfred Hospital and Monash University, Australia.

<sup>3</sup> Centre de Recherche du CHUM, Université de Montréal, Canada.

<sup>4</sup> Department of Medicine, University of California San Francisco, USA.

<sup>5</sup> Department of Epidemiology and Biostatistics, University of California San Francisco, USA.

## Background:

In HIV-infected individuals on antiretroviral therapy (ART), HIV integrated DNA is enriched in blood central memory CD4+ T-cells expressing CCR6 and CXCR3. As these chemokine receptors (CKR) enable homing of CD4+ T-cells to tissue, we examined if expression of CKR or their chemokine ligands were associated with HIV persistence in rectal and lymph node (LN) tissue in individuals on suppressive ART.

## Methods:

Blood (n=48), rectal (n=19) and inguinal LN (n=8) biopsies were collected from individuals on suppressive ART  $\geq 3$  years. HIV integrated DNA (intDNA) and unspliced RNA (US-RNA) were quantified by PCR in total CD4+ T-cells sorted from each site. CKR expression was measured via flow cytometry. Chemokine mRNA in tissue was measured by RT-qPCR. Relationships between HIV persistence and CKR or chemokine expression were assessed via negative binomial regression.

## Results:

In CD4+ T-cells from rectum, HIV intDNA and US-RNA was 3.9- and 4.6-fold higher than blood respectively (both  $p < 0.0001$ ), and intDNA was 2.4-fold higher than LN ( $p = 0.014$ ). CCR6+CXCR3+CD4+ T-cells were more frequent in rectum versus blood or LN (69.8%, 21.6% and 12.4% respectively, Kruskal Wallis  $p < 0.0001$ ). CCL20 (ligand for CCR6) was also 12.7-fold higher in rectum versus LN.

In rectum, HIV intDNA and US-RNA positively associated with the frequency CCR6+CXCR3-CD4+ T-cells ( $p = 0.025$  and  $p = 0.030$  respectively) but inversely associated with the frequency of CCR6+CXCR3+CD4+ T-cells ( $p = 0.028$  and  $p = 0.027$  respectively). Overall, the median contribution of infected CCR6+CXCR3+ T-cells was 78% of the total HIV burden in rectum. Different associations were observed for CD4+ T-cells in LN.

## Conclusion:

Rectal tissue from individuals on ART has high CCR6+CXCR3+CD4+ T-cells, high CCL20 expression and positive association between HIV persistence and CCR6+CXCR3-CD4+ T-cell frequency. CCR6+CXCR3+CD4+ T-cells are a major

component of the HIV reservoir in rectum. Interventions blocking CCR6-CCL20 should be explored as a strategy to reduce HIV persistence in rectal tissue on ART.

**Disclosure of Interest Statement:**

SRL and JLA perform collaborative research with Merck and Infinity Pharmaceuticals that is unrelated to this study.