



# The virology of HTLV-1c in Australia and Melanesian Islands

—  
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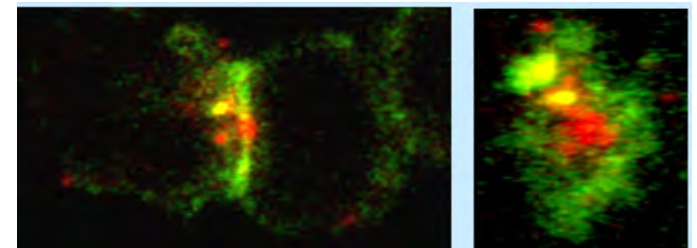
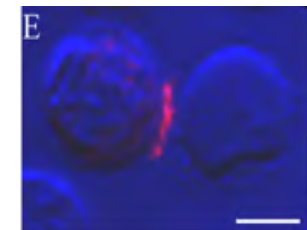
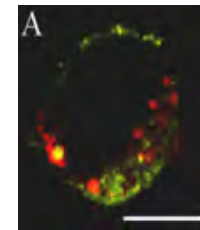
26.09.2018



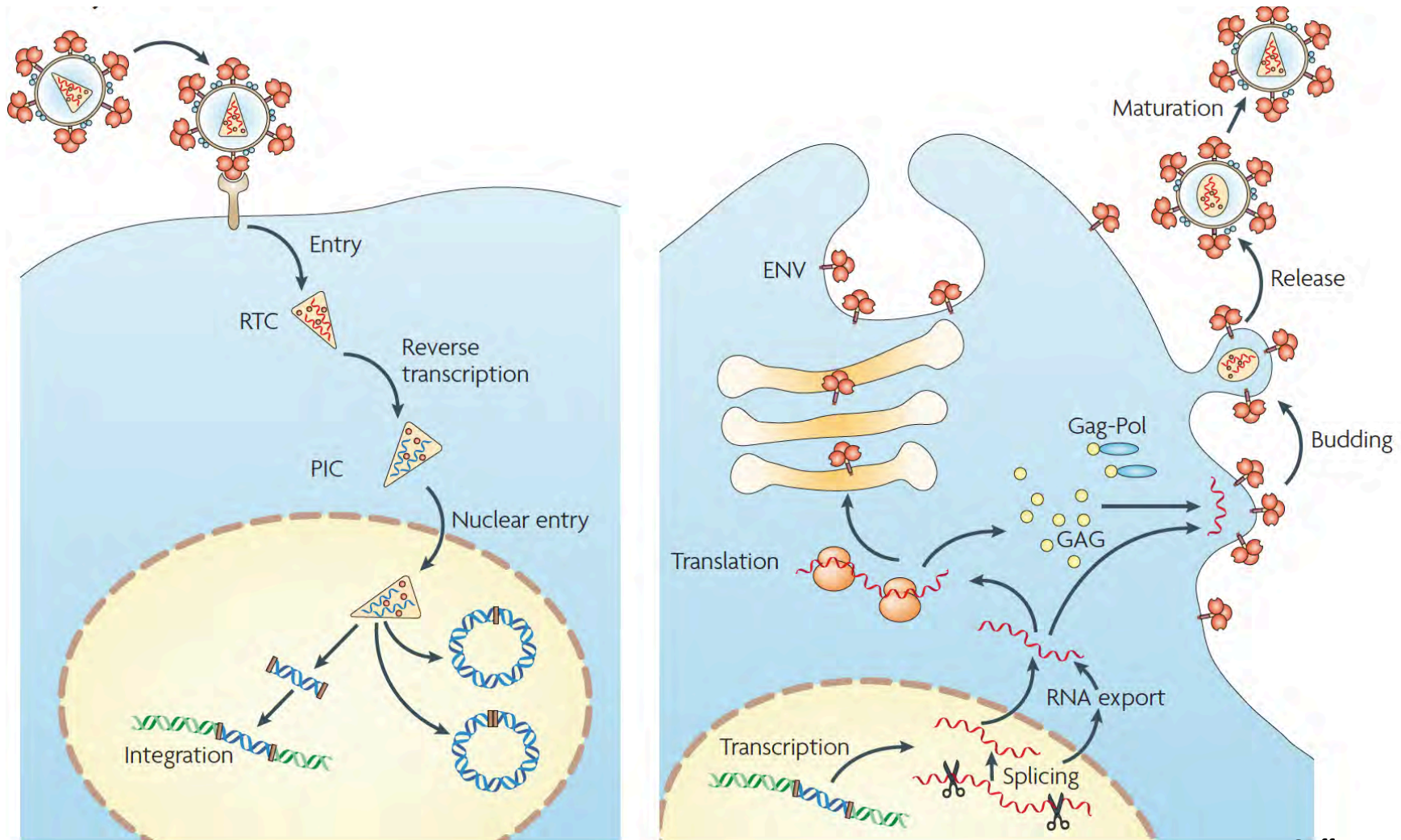
A joint venture between The University of Melbourne and The Royal Melbourne Hospital

# Human T-cell lymphotropic / leukemia virus (HTLV-1)

- First described Retrovirus of humans (1980)
- 10 – 15 Million infections globally
- Primarily targets T-cells (CD4<sup>+</sup> and CD8<sup>+</sup>)
  - Can infect other cells
  - B-cells, monocytes, DCs, myeloid cells, endothelial cells
- Lifelong infection that invades host DNA
- Virus is found in cells not plasma
- Infects primarily by cell-cell contact.



# HTLV-1: an RNA virus that mostly exists in cellular DNA



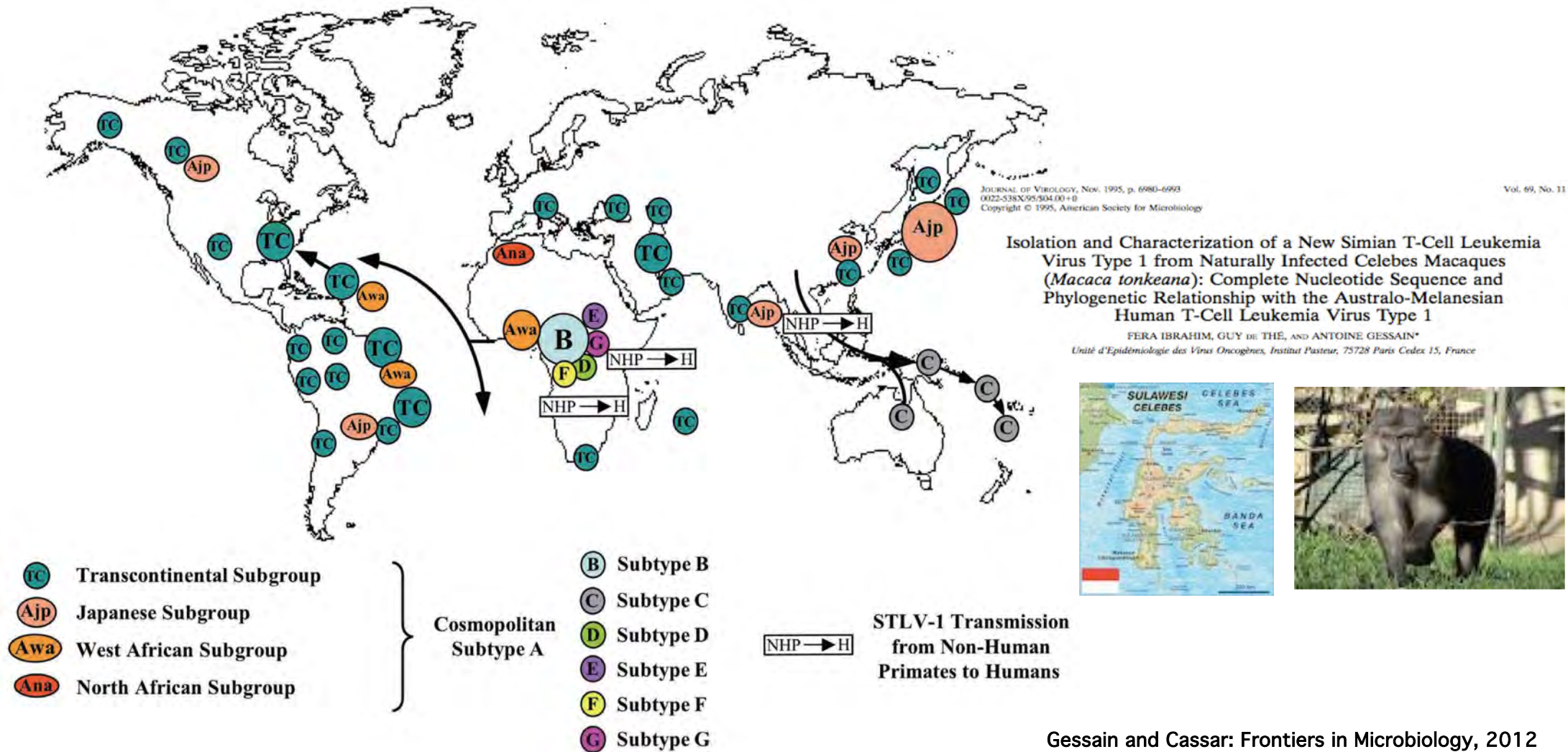
## HTLV-1 is similar to HIV-1, but subtly different.

Property	HIV	HTLV-1
Main immune cell targets	CD4 <sup>+</sup> T-cells	CD4 <sup>+</sup> and CD8 <sup>+</sup> T-cells
Duration of infection	Lifelong	Lifelong
Infectious transmission	Virus particles	Virus infected <u>cells</u>
Effect of infected T-cells	Killed by virus	Proliferation from expressed viral products
Effect on immune function	Immune-deficiency from lack of "CD4 <sup>+</sup> T-cell help"	Over-active inflammation from "Zombie T-cells"
Chronic immune activation	+++	++++
Tumour induction	Indirect (+)	Direct (+++++)

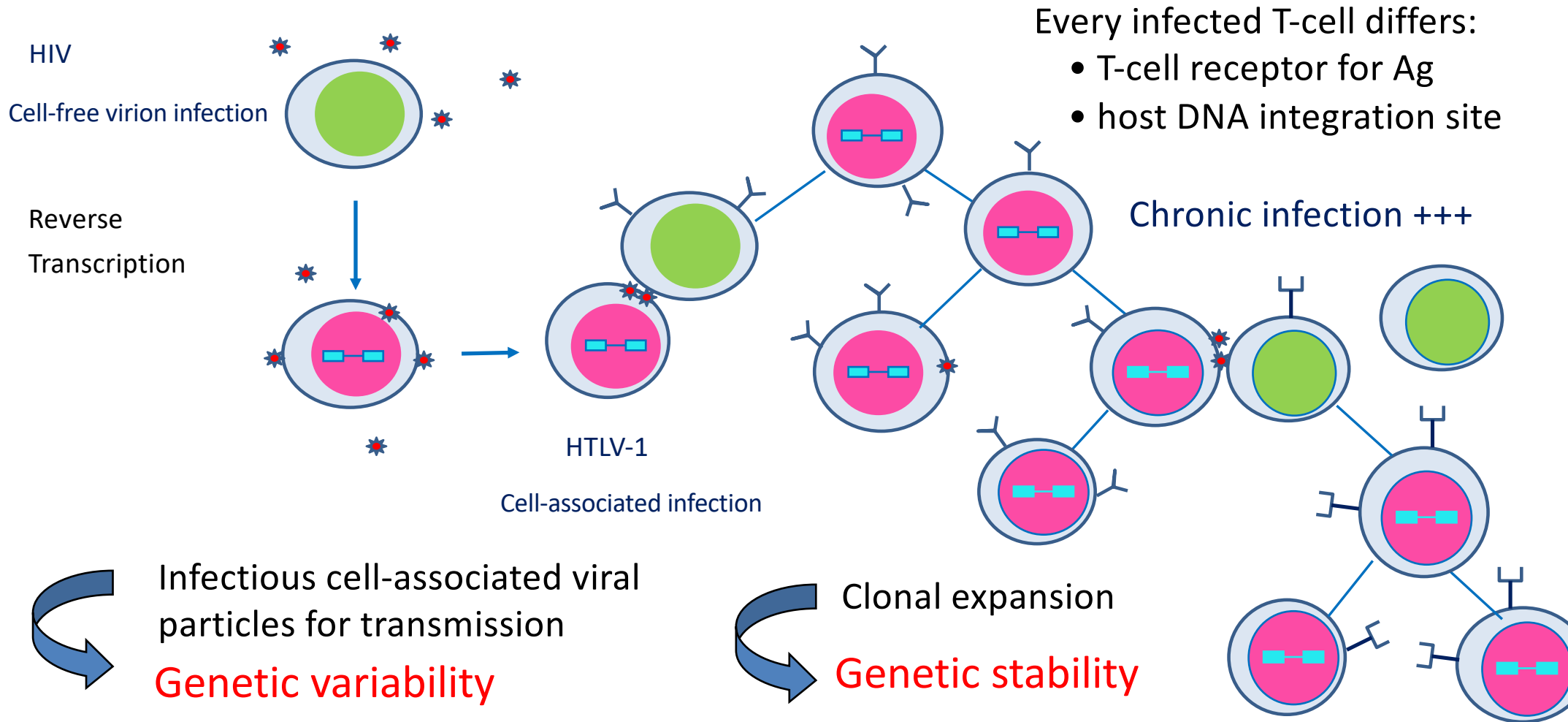
# Laboratory diagnosis of HTLV-1

- Antibody serology test (x2) from blood sample (immunoassay)
- Confirmatory serological test:
  - Western blot (~10% indeterminate, slow)
  - Line immunoassay (not ARTG approved)
- PCR proviral load assays - % HTLV-1 positive cells
  - Not ARTG approved
  - qPCR
  - ddPCR - superior but more expensive

# Origin: ancient primate transmission & movement of infected persons.



# HTLV-1 undergoes cell-associated transmission and causes expansion of defective immune T-cells



## Different disease outcomes in each patient

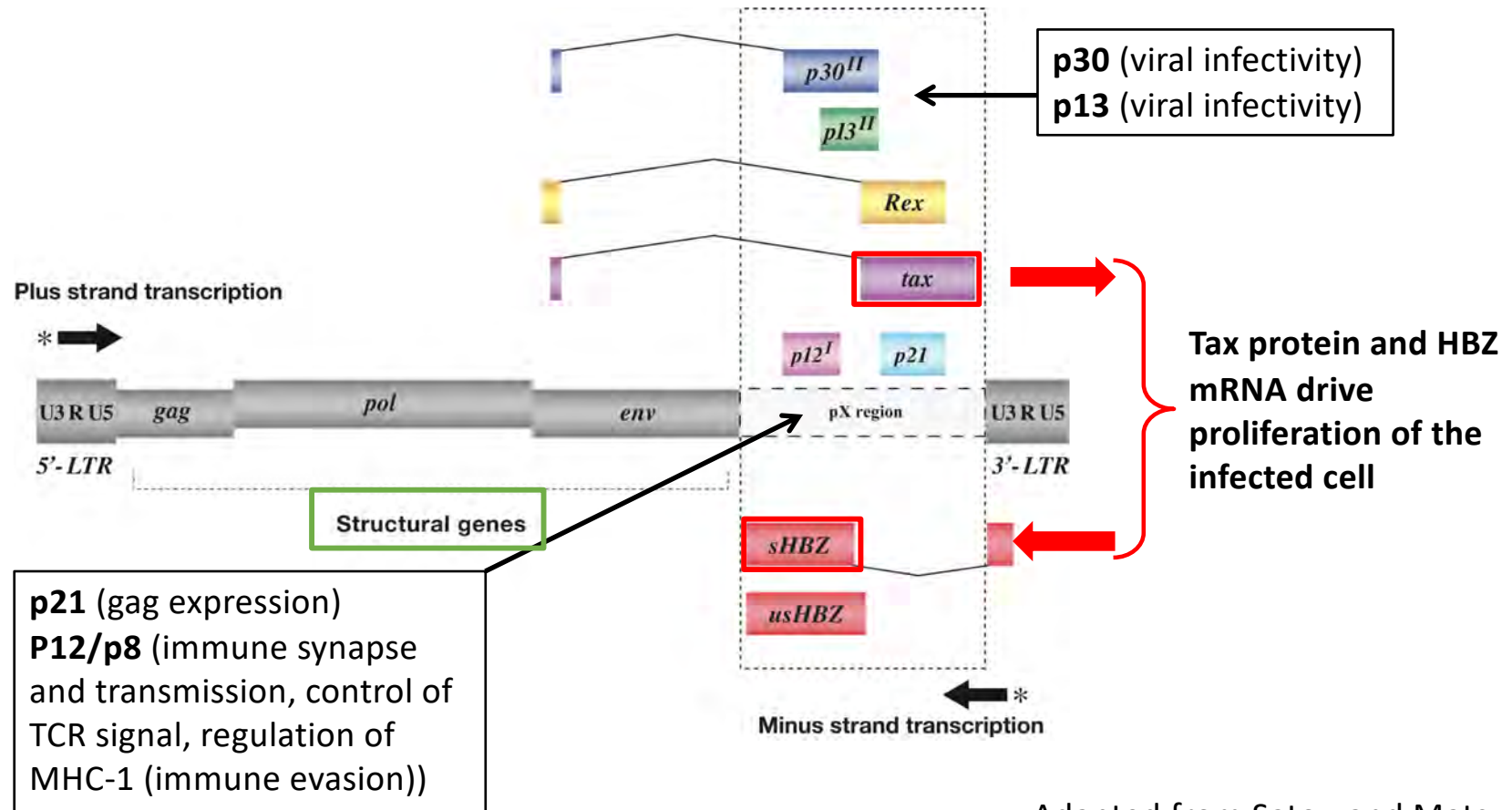
Depends on:

- Number of years a person has been infected
- The percentage of T-cells infected with the HTLV-1 virus
- Where the HTLV-1 virus inserts into the human host DNA
- What activates an HTLV-1 infected T-cell (such as other pathogens)
- Ability of the infected person to control the number of HTLV-1 infected cells in their body



# HTLV-1: genetic structure

- complex retrovirus with many regulatory and accessory genes

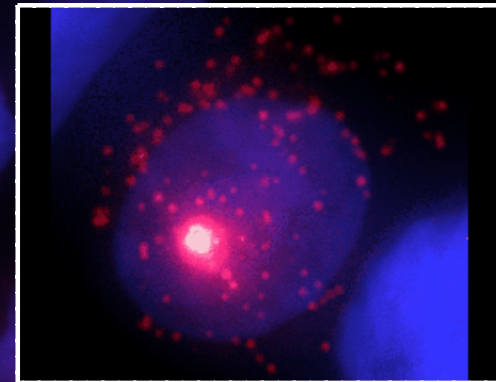
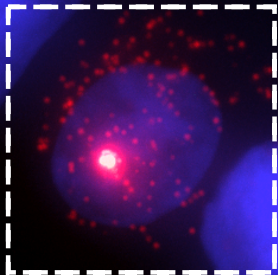


Adapted from Satou and Matsuoka, 2013

Clone 22

3-colour,  
single-  
molecule  
RNA-FISH

5 clones  
19,477 cells



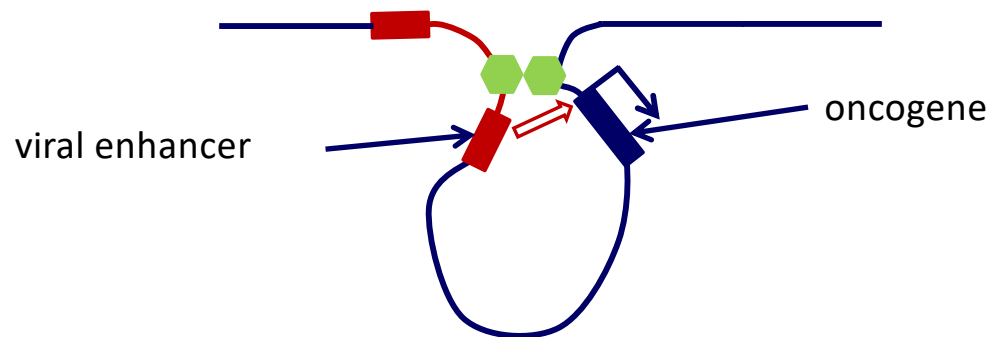
Billman et al 2017

• DAPI / *tax* / *gag* / *hbz*



## Leukaemia mechanisms of HTLV-1a

- Ongoing expression of viral RNA & proteins: *hbz*, HBZ, Tax
- Insertional mutation of host DNA
- Long range activation of host oncogenes

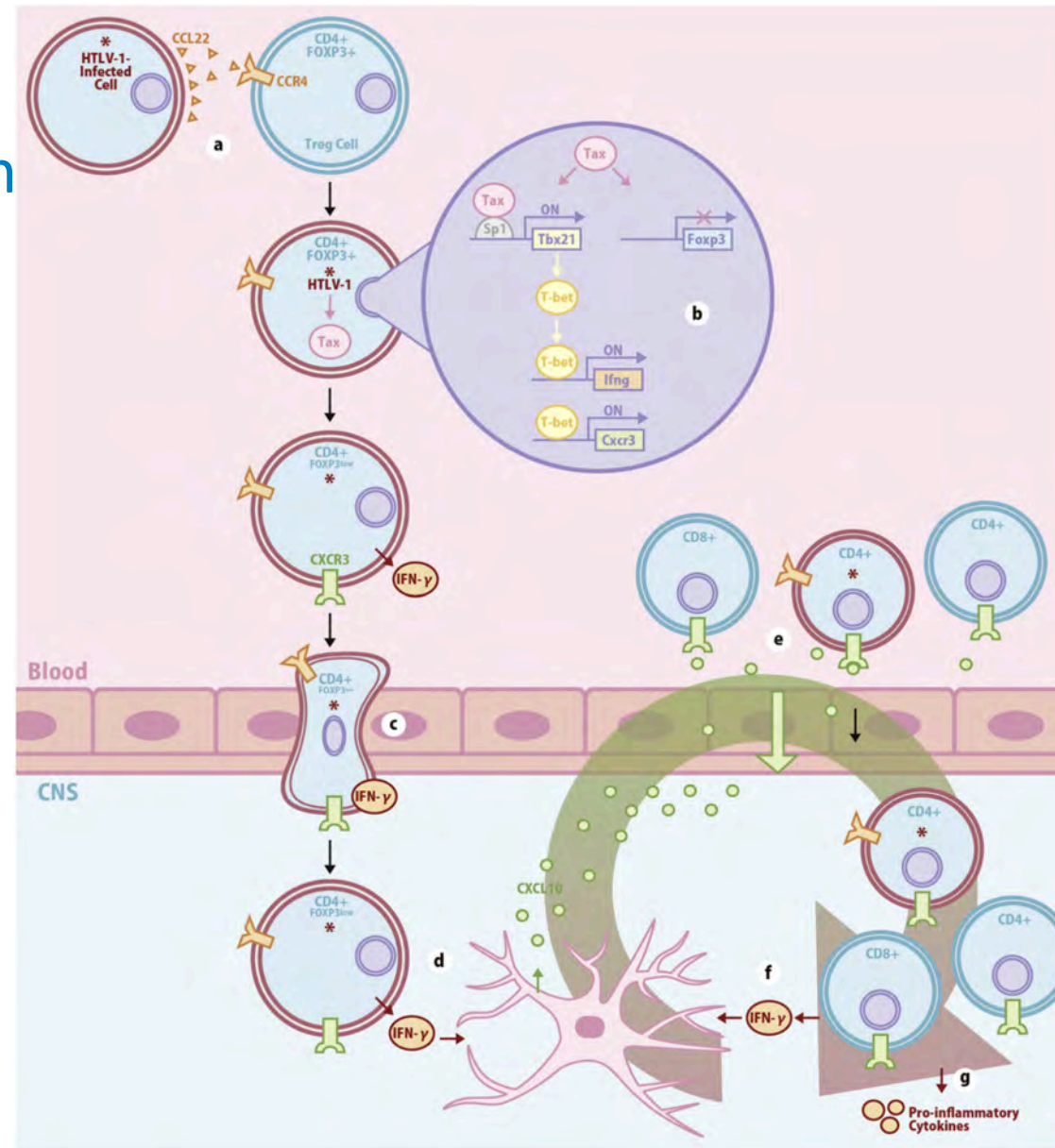


Chromatin looping extends the potential for insertional oncogenesis from ~10 kb to ~5 Mb.

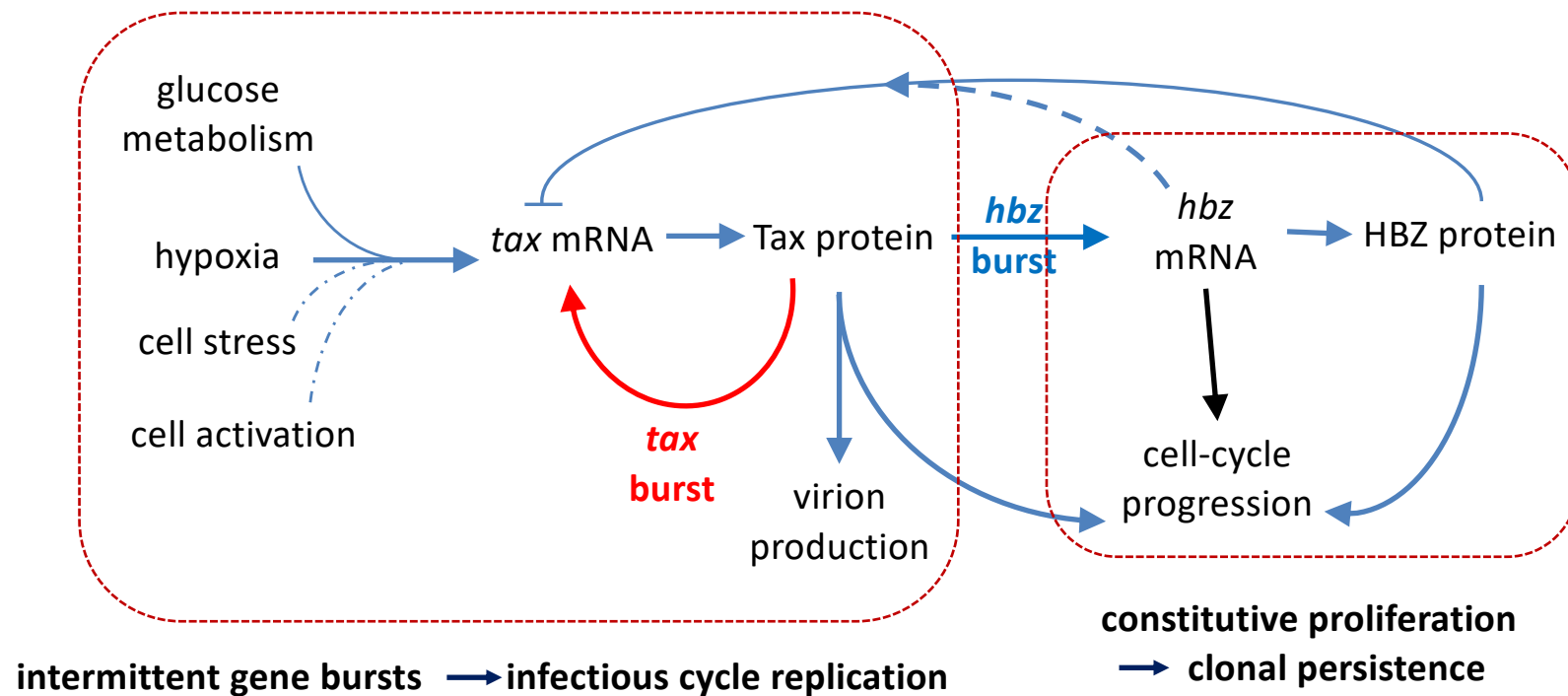
# HTLV-1 inflammatory disease through altered cytokine expression

- HTLV-1 often infects CD4<sup>+</sup>/CCR4<sup>+</sup> T-Reg cells
- Infected T-cells express HTLV-1 Tax:
  - Reprogramed into “Zombie T-cells”
  - Secrete “pro-inflammatory” cytokines
- Bystander support cells in organs become activated → further cytokine expression
- Influx and activation of more “Zombie T-cells”
- Out of control positive inflammatory feedback loop

Yamano and Coler-Reilly (2017), J Neuroimmunol 304; 51



# Regulation of HTLV-1 expression and replication



Kulkarni et al 2017  
Cell Chem Biol

Bangham and Ratner 2015

Satou et al 2006; Billman et al 2017

# Significant genomic differences between HTLV-1a and -1c

HTLV-1c genomic consensus sequence generated from 22 patients from Alice Springs Hospital

Significant divergence found towards 3' end

- Impacts pX region and reverse transcripts

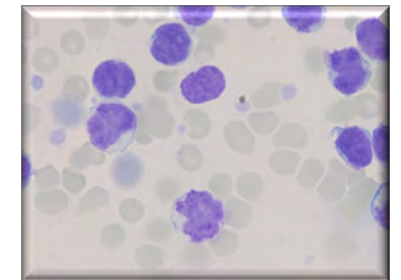
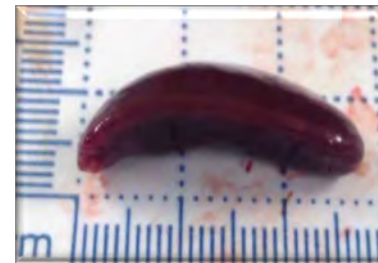
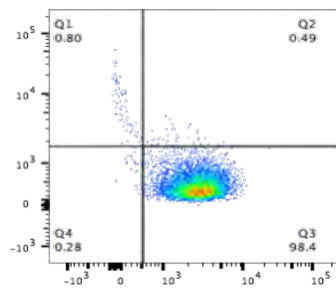
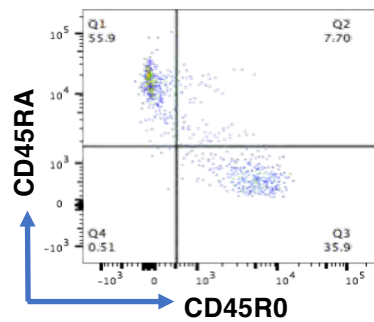
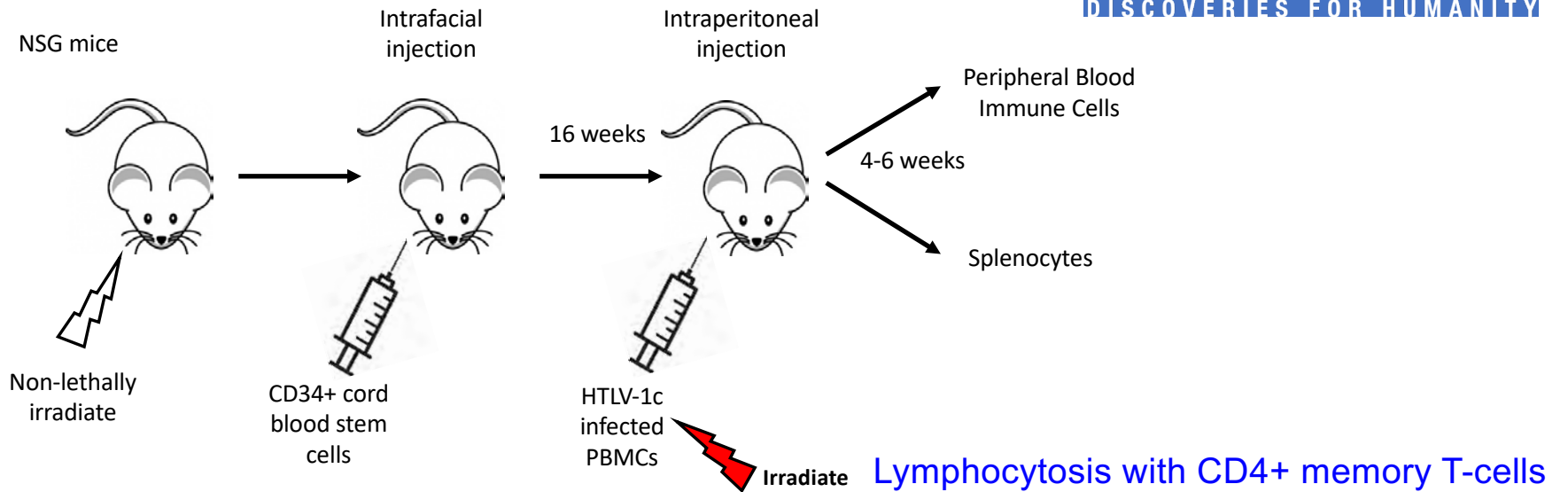
Hypothesised that these genetic differences result in novel gene expression in HTLV-1c

- increase inflammation
- reduce leukemia induction

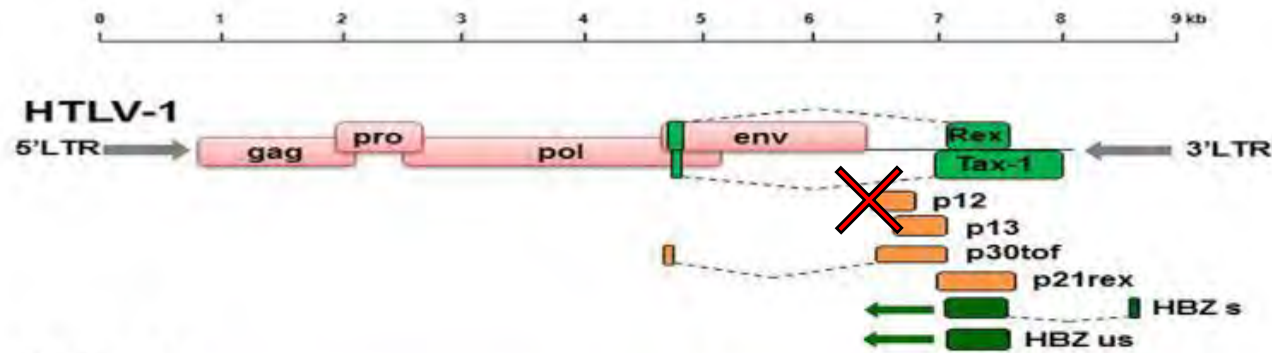
Genomic Region	Nucleotide Divergence %	Amino Acid Divergence %
Rex	5.26	13.23
Env	6.27	3.07
Pol	6.54	3.91
Tax	6.69	7.65
Pro	6.95	8.97
Gag	7.60	3.96
5'LTR	9.14	n/a
3'LTR	9.40	n/a
<b>pX region</b>	9.50	21.95
p30	10.41	15.68
<b>HBZ</b>	<b>12.36</b>	<b>19.12</b>
p27	12.96	22.35
<b>p8</b>	<b>13.33</b>	<b>18.84</b>
<b>p12</b>	<b>19.39</b>	<b>26.80</b>

# Humanised mouse model to investigate HTLV-1c viral replication

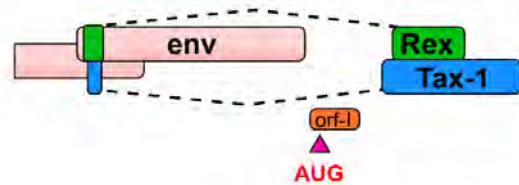
Constructed by the Pellegrini group, WEHI



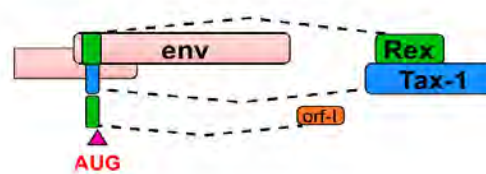
# p12 variation between HTLV-1a and -1c



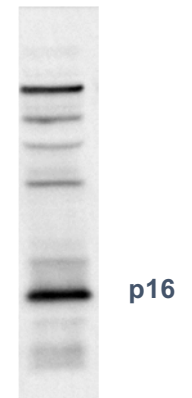
HTLV-1A



HTLV-1C



orf-I p16



HTLV-1c encodes a p16 variant of the p12 (*orf-I*) using an in frame upstream AUG initiation codon

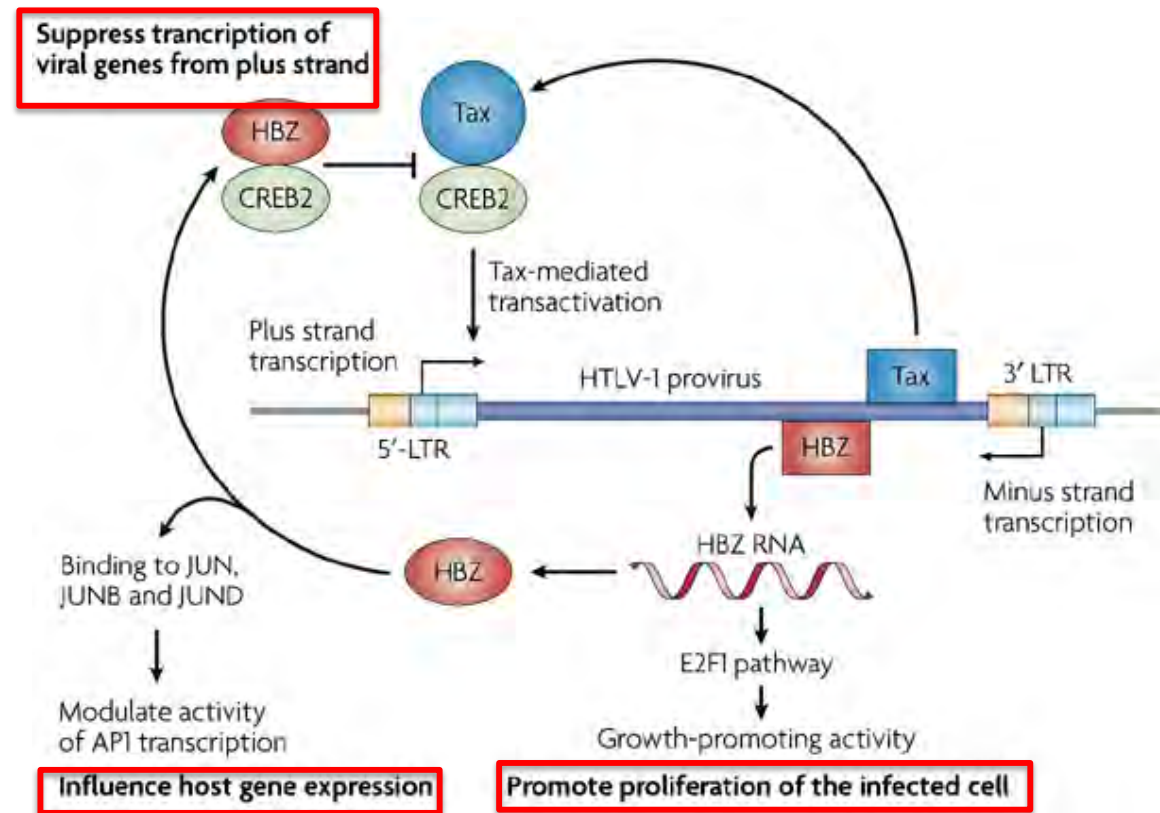
The p16 variant may contribute to higher inflammatory disease

Galli, Fujikawa, Omsland, Moles, Pise-Masison, Khoury, Yurick, Hirons, Purcell, Franchini (In Preparation, 2018)



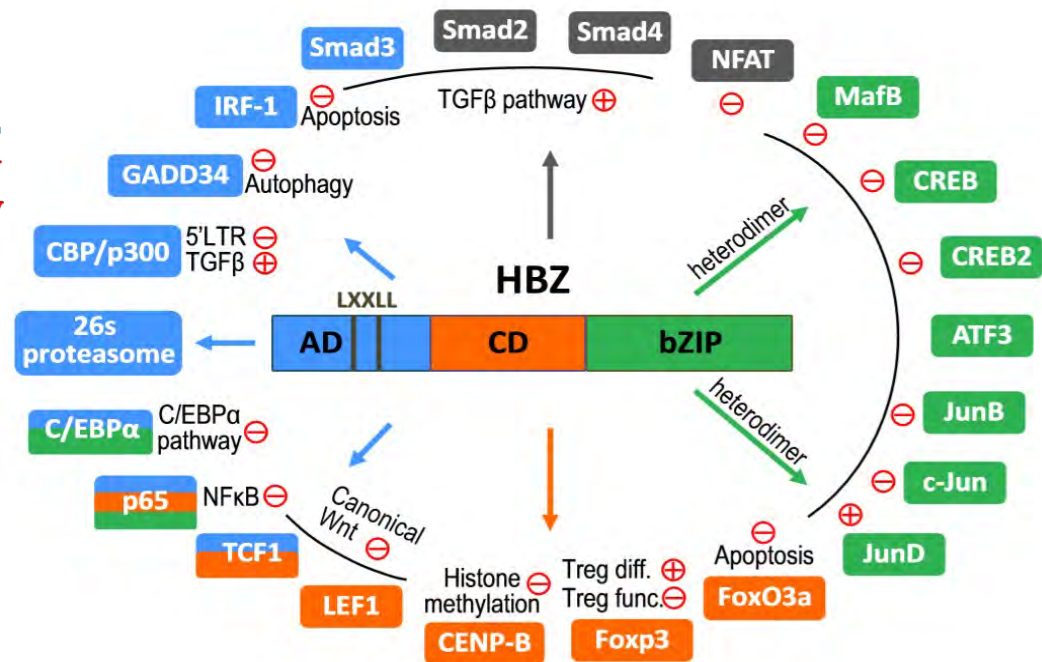
# HTLV-1 basic leucine zipper factor (HBZ)

- Only gene transcribed from the reverse strand
- Expressed constitutively throughout infection
- Low immunogenicity

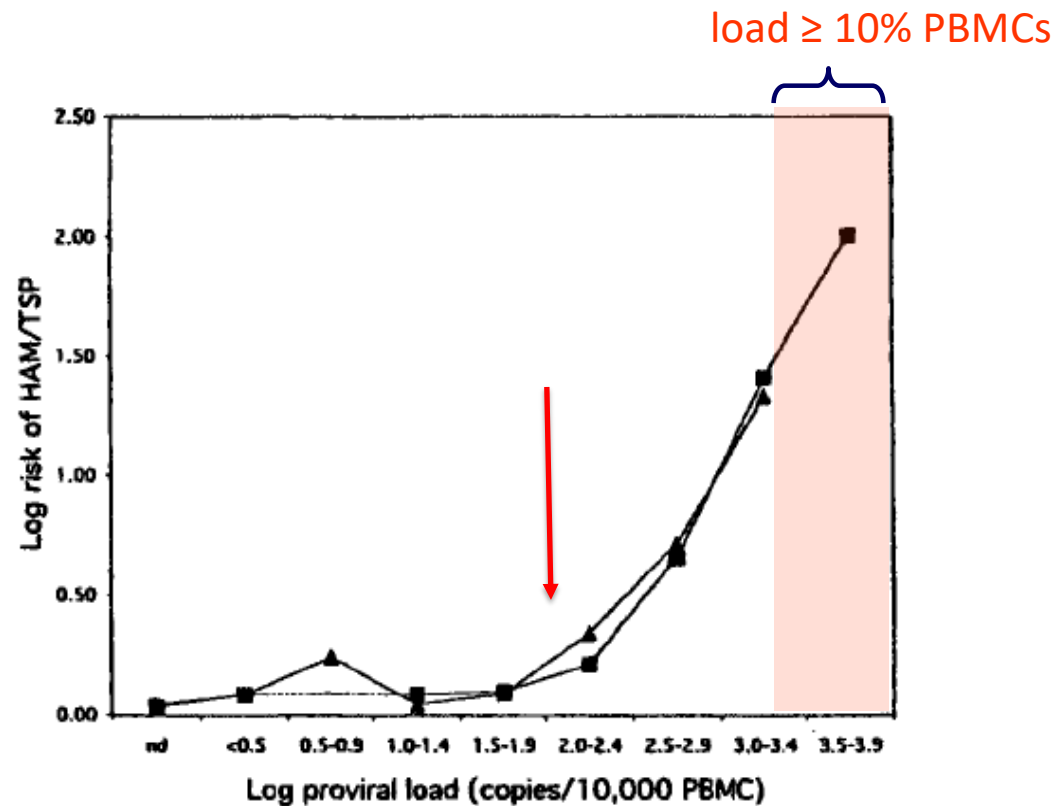


# Deletion in HBZ activation domain deletion that arises by splicing may impact a large range of functions

HTLV-1a Major HBZ	MAASGLFRCLPVSCPEDLLVEELVDGLLSLEEELKDK-EEEEAVLDGL
HTLV-1c Major HBZ	MAASG <b>P</b> FRCLPV <b>PR</b> PEDLLVE <b>D</b> LVDGLLSLE <b>DD</b> LKD <b>Q</b> REEEESVLDG <b>V</b>
HTLV-1c Minor HBZ	MAAS <b>GRA</b> -----DGV
HTLV-1a Major HBZ	LSLEEE <b>SRGRLRRGPPGEKAPPRGETHRDRQ</b> RRAE <b>EKRKRKKEREKE</b>
HTLV-1c Major HBZ	LSLEEE <b>SR--LRWGLPGE</b> EAPPRGETHRDR <b>RR</b> RRAE <b>EKRKRKREREKE</b>
HTLV-1c Minor HBZ	LSLEEE <b>SR--LSWGLPGE</b> EAPPRGETHRDR <b>RR</b> RRAE <b>EKRKRKREREKE</b>

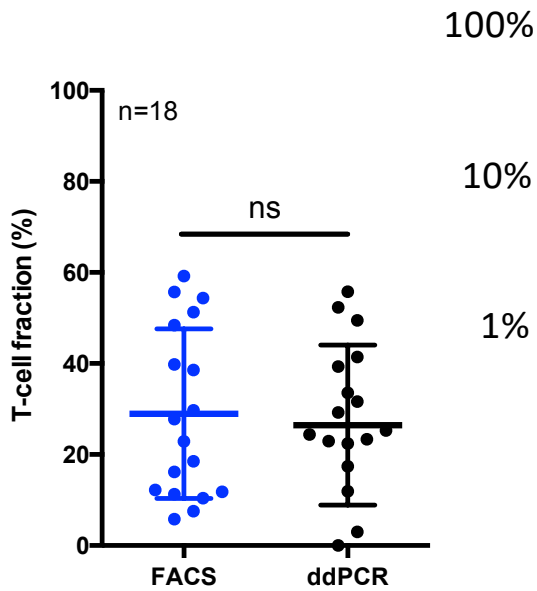
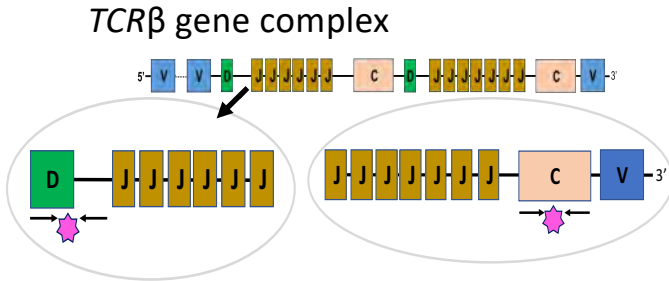


# People with high HTLV-1 proviral loads (PVL) have increased risk of leukemia and inflammatory diseases

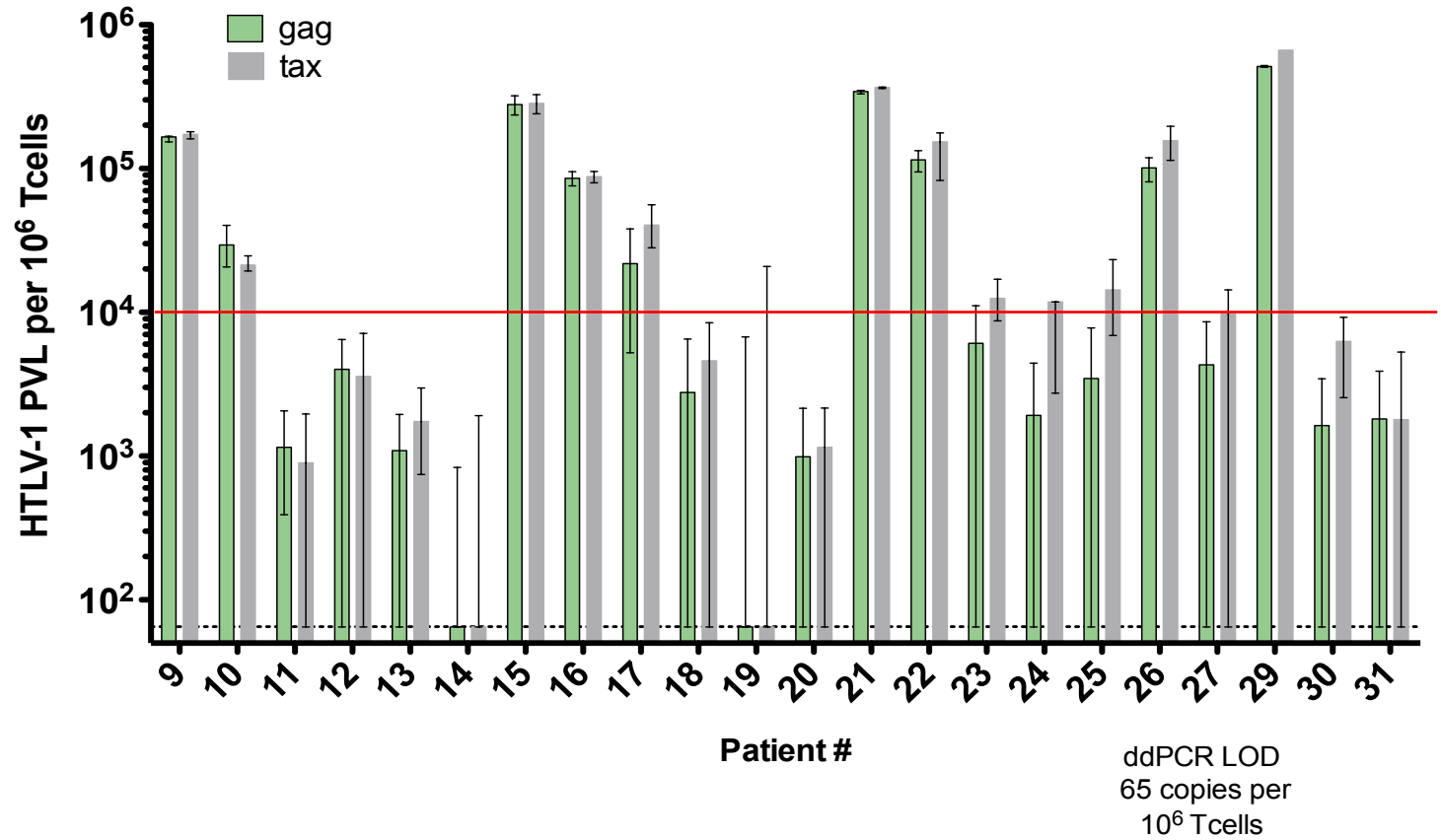


Jeffery et al, 1999, PNAS

# An improved ddPCR assay for HTLV-1c proviral load



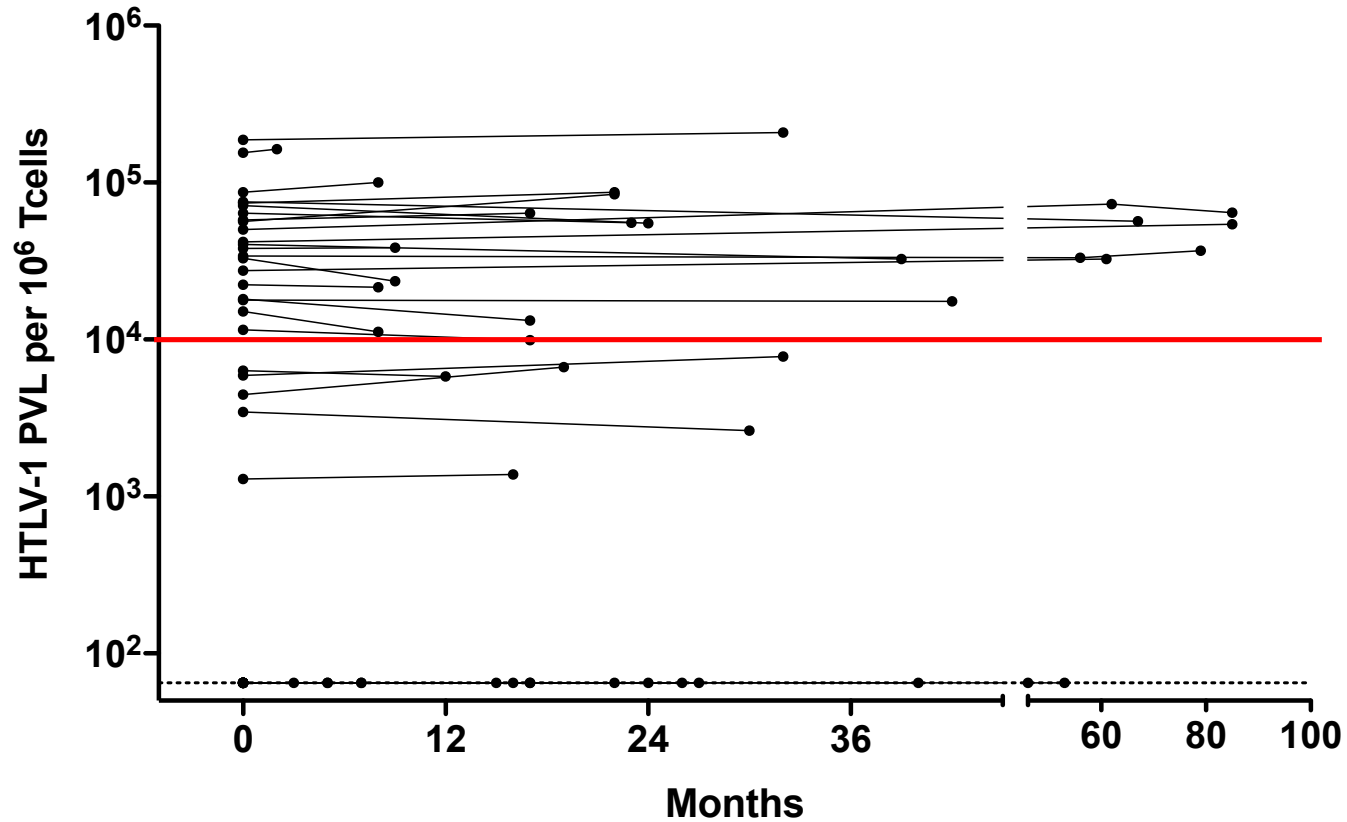
## HTLV-1c PVL per T-cell



Yurick, D. 2017

# Longitudinal changes in HTLV-1c PVL per T-cell

## Stable HTLV-1c PVL per T-cell Over Time

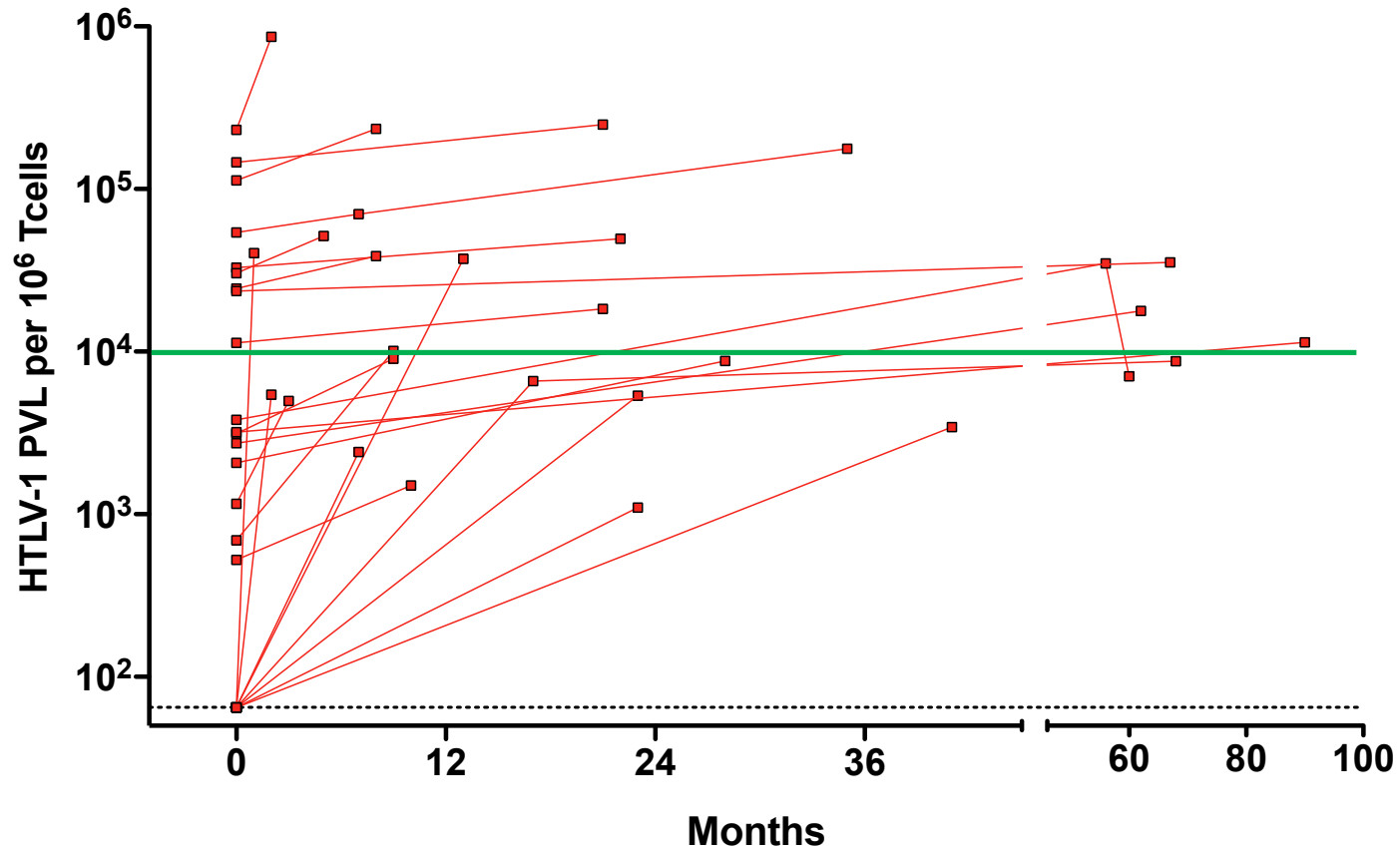


All patients have minimum 2 collection points  
Stable conditions: 0.66-fold  $\leq$  PVL  $\leq$  1.5-fold

● Stable PVL per T-cell  
**n = 39 / 83 (47%)**

# Longitudinal changes in HTLV-1c PVL per T-cell

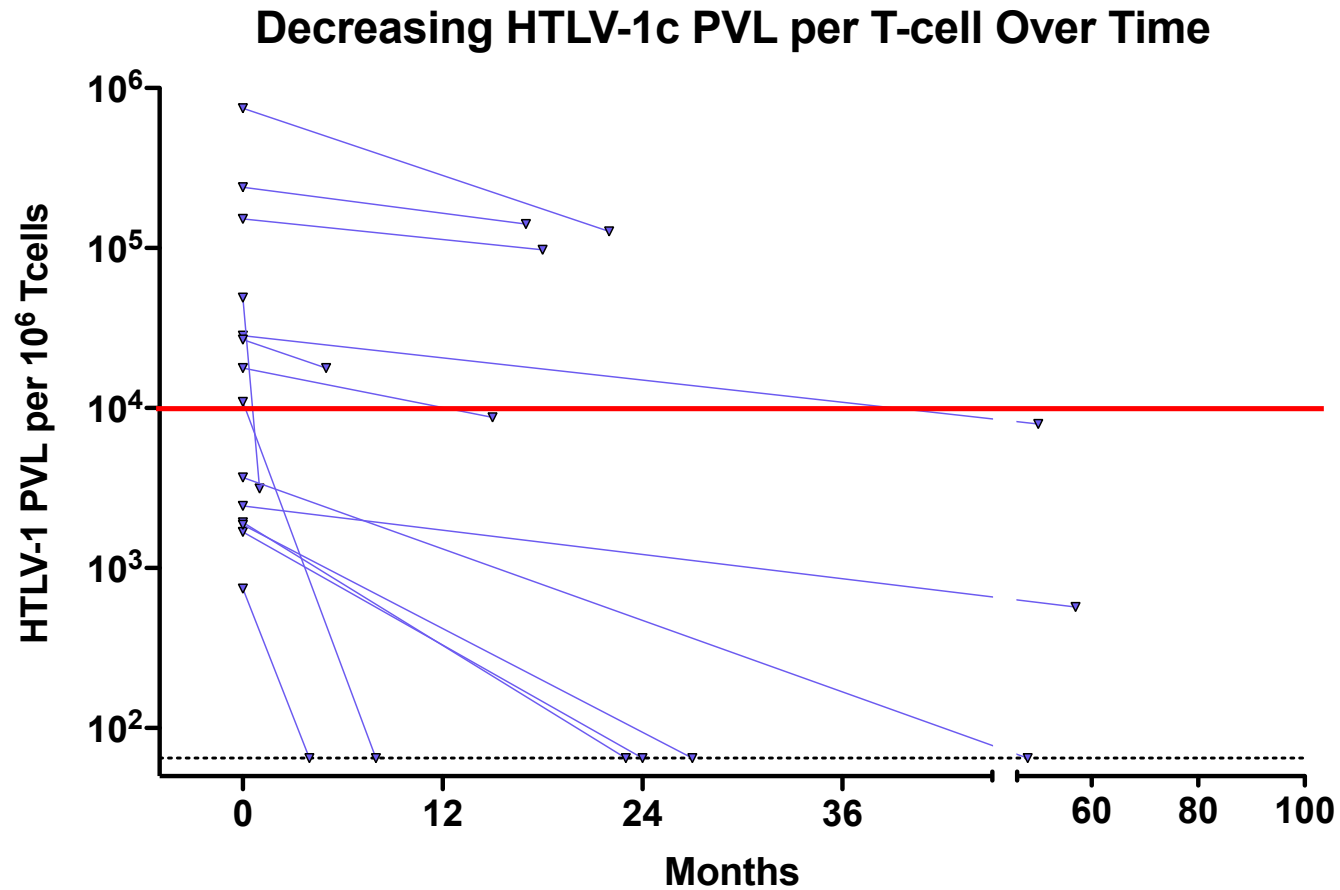
## Increasing HTLV-1c PVL per T-cell Over Time



All patients have minimum 2 collection points  
Increasing conditions: PVL  $\geq$  1.5-fold

■ Increasing PVL per T-cell  
n = 25 / 83 (30%)

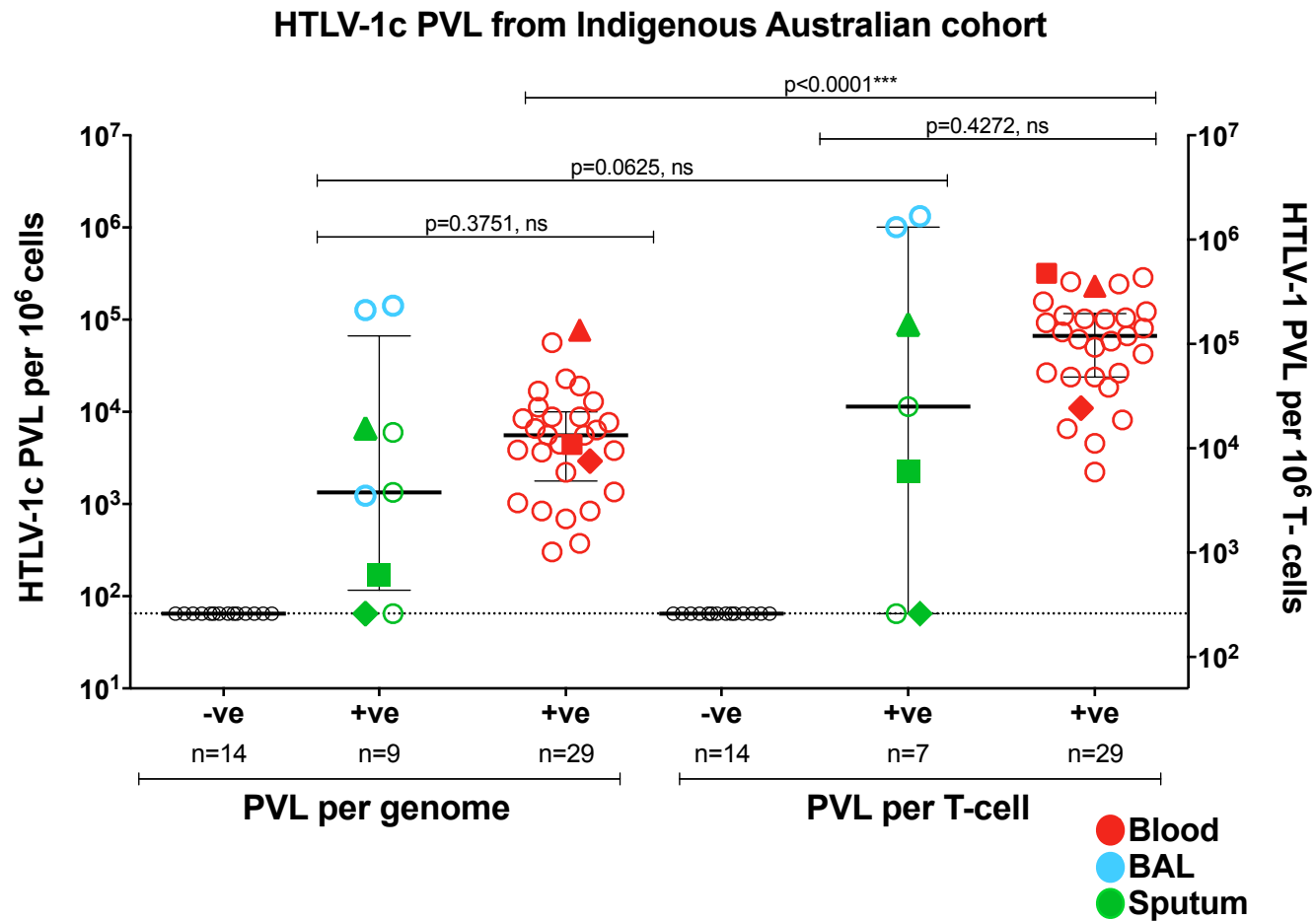
# Longitudinal changes in HTLV-1c PVL per T-cell



All patients have minimum 2 collection points  
Decreasing conditions: PVL ≤ 0.66-fold

▼ Decreasing PVL per T-cell  
n = 14 / 83 (17%)

# High HTLV-1c PVL in T-cells from BAL and induced sputum is associated with respiratory diseases such as bronchiectasis





# HTLV-1c infections in Australia and our region

## Genetically distinct HTLV-1c in indigenous communities in Australia

- Highly prevalent in remote central Australian Aboriginal communities
- Prevalence in other parts of Australia unknown
- Same strains present in PNG and Melanesia
  - prevalence unknown

## HTLV-1c subtype diverges in genes associated with leukaemia (ATL) and HAM

- p12 / p8 and HBZ

HTLV-1c may be more highly associated with inflammatory disease pathogenesis due to novel functions of diverged viral regulatory proteins

# Australian HTLV-1c: What's known, what's unknown

## Confirmed for HTLV-1c:

- Achieves high proviral loads
  - Promotes transmission and associates with disease
- Causes T-cell proliferation and induction of “Zombie T-cells” in a mouse model
- Different X-region (p16/p8/p30/HBZ) expression profile

## Not known with HTLV-1c:






- Pathogenic mechanisms of altered X-region proteins (p16 and HBZ)
  - Increased inflammatory disease?
  - Reduced leukemia induction?
- Assay that accurately predicts the onset of inflammatory disease / leukemia?
- Expanded HTLV-1c invasion into & pathogenesis of myeloid cells?
- Drugs or vaccines that prevent viral replication, or eliminate cells with provirus?

# HTLV-1 pathway forward – lessons from HIV

- HIV

- Testing ✓
- Treatments ✓
- Preventives ✓
- Education ✓
- Confront stigma ✓

- HTLV-1

- Testing 
- Treatments 
- Preventives 
- Education 
- Confront stigma 

National (ACH2 / NCHECR / NCSR) and International coordination (WHO)

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