Study of Biomarkers in HIV-1 Infected Individuals with Neurocognitive Disorders (HAND)

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BACKGROUND

HIV associated neurocognitive disorder (HAND) has become a common comorbidity in more than 30% patients infected by human immunodeficiency virus (HIV)-1, despite the presence of different antiretroviral treatments (ART).¹

There are several clinical HAND syndromes depending on the severity of neurodegeneration: HIV associated dementia (HAD), mild neurocognitive disorder (MND) and asymptomatic neurocognitive impairment (ANI).²



clinical syndromes before and after ART

HAND is associated with neuroinflammation and several biomarkers have been

HYPOTESIS

The levels of molecules present in blood and cerebrospinal fluid (CSF) are associated to chronic inflammation. They can be used biomarkers to predict as neurodegeneration in HIV-1 infected individuals in order to treat the patients earlier.

Furthermore, these biomarkers can be used to monitor treatments as nasal administration of antiinflammatory drugs to improve symptoms of HAND.

OBJECTIVES



To find biomarkers associated with neurodegeneration in HIV-1 infected individuals



find a transcriptomic profile To associated with neurodegeneration in HIV-1 infected individuals



HAND test the panel of biomarkers in mice treated with antiinflammatory drugs administered

described throughout the last years to diagnose HAND, but a complete diagnostic analysis has not been found yet.³

intranasally



Figure 2. Blood and CSF extraction and collection

ANALYSIS OF BIOMARKERS (3 MONTHS)

STATISTICAL ANALYSIS (3 MONTHS)

Molecules

used as

biomarkers

Systemic biomarkers HIV viral load CD4 nadir CD4 count CD4/CD8 ratio

Inflammation biomarkers CRP IL-6 TNF- α IL-1 β MCP-1

Monocyte/macrophage biomarkers sCD14 sCD163

T student test

Wilcoxon rank sum test

Turkey test

p<0,05

Neuronal injury biomarkers NFL pNFG neopterin glutamate/creatine ratio NAA/creatine ratio

DATA ANALYSIS (3 MONTHS)

Monocyte and CSF RNA-seq data

HigSeq2000 Illumina sequencer

Bowtie software (FastQ format)

Reads alignment

3

- Spliced Transcripts Alignment to Reference (STAR, Illumina) • Trim Galore software
- **Differential expression**
 - Normalitzation of raw data • Bioconductor software package • p<0,05
- Neurodegeneration pathways relationship · DAVID and STRING database

VALIDATION OF RNA-SEQ DATA (3 MONTHS) 4

qPCR of significant results found in RNA-seq

TREATMENT (9 MONTHS)

3



DIFFUSION PLAN

EXPECTED RESULTS

Extreme phenotype substudy

Choice of transcriptomic

profile samples



Some of the molecules analysed may be used as HAND biomarkers, considering that they are significantly more expressed in HIV+ individuals with HAND than in patients with no neurodegeneration.



There may be some CSF and monocytes RNAs in HIV+ patients with HAND symptoms differentially expressed in comparison to HIV+ patients without these symptoms.



The panel of biomarkers may be used to monitor drug treatments in mice. Furthermore, BB-882 and BB-1101 anti-inflammatory treatments provided through intranasal route may have better results in SCID mice when compared to the previous studies.⁵



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- 3 or more publications in high-impact journals of this area
- Results presentation at some relevant conferences, e.g. the Conference on Retroviruses and Opportunistic Infections (CROI)

Dissemination of results to HIV seminars

Dissemination of results to patients

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