

# Sensitive HIV Drug Resistance NGS Testing with and without Unique Molecular Identifiers

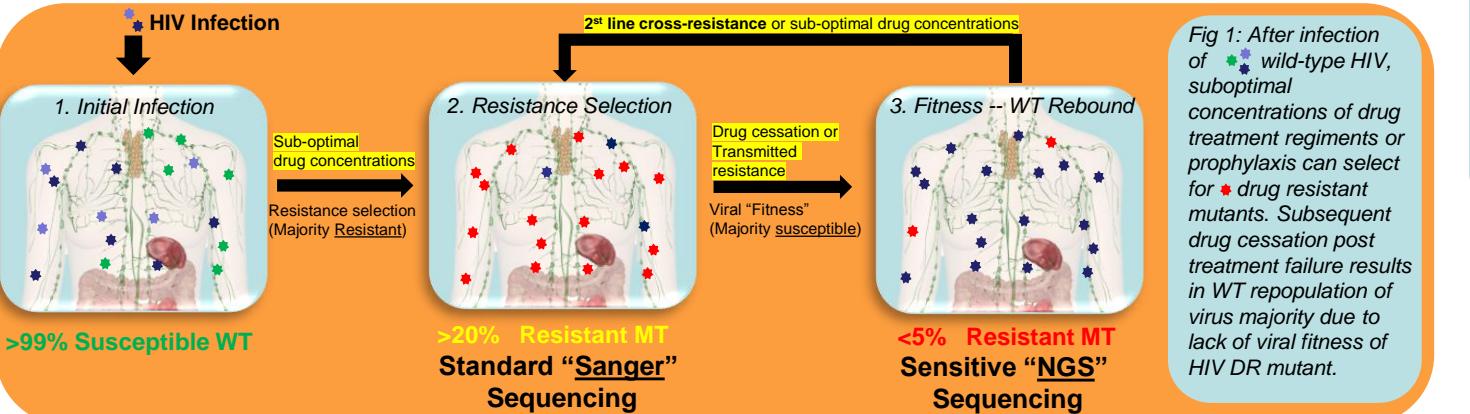
Kevin McCormick<sup>1</sup>, Kerri Penrose<sup>1</sup>, Rahil Sethi<sup>2</sup>, Jacob Waldman<sup>2</sup>, Uma Chandran<sup>2</sup>, John Mellors<sup>1</sup> and Urvi Parikh<sup>1</sup>

<sup>1</sup>University of Pittsburgh - School of Medicine - Department of Infectious Disease

<sup>2</sup>University of Pittsburgh - School of Medicine - Department of Biomedical Bioinformatics

## Background

- Sensitive next-generation sequencing (NGS) HIV drug resistance (HIV DR) surveillance is needed for optimal future HIV treatment regimens (Fig 1).



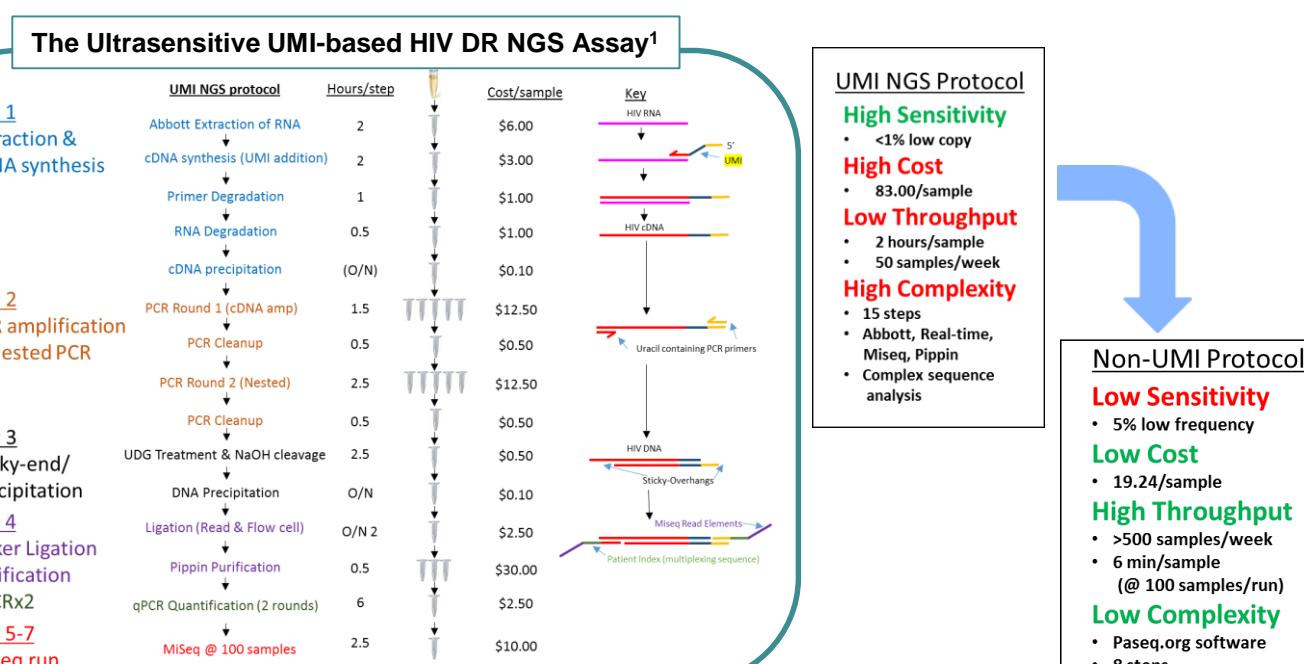
- Adding a 10bp Unique Molecular Identifier (UMI) sequence to each HIV template in HIV DR NGS reduces polymerase fidelity error, PCR bias and sequence recombination.<sup>1,2</sup>
- However, the UMI-based NGS library preparation and pipeline processing is complex and inefficient (~3% UMI sequence yield to starting templates), limiting its use for HIV DR monitoring in low-middle income countries.
- A comprehensive study is urgently needed to demonstrate the limit sampling depth of a non-UMI assay to show that the added confidence of a UMI-assays outweighs the cost of performing a more complex test.
- Preliminary data suggested that there is no difference in the sensitivities of the two assay (Table 1).

## Objective

- To perform an assessment of the 3 major steps likely to influence the sensitivity of a UMI-based versus a non UMI-based assay: 1. Inefficient RT using primers with long UMI overhangs (Panels 2 & 3), 2. Skewed allelic amplification from PCR bias (Panel 4), 3. PCR recombination from MiSeq adapter addition (Panel 5) to determine if more affordable approaches could be employed to overcome limitations from non-UMI NGS artifacts.

## Materials & Methods

- We used a previously characterized wild-type:drug-resistant HIV mixture panel (Panel 1-5) and a dataset of 33 HIV positive clinical samples (Panel 6) to determine the sensitivity of detecting minority HIV drug resistance templates with and without UMI-based consensus building.

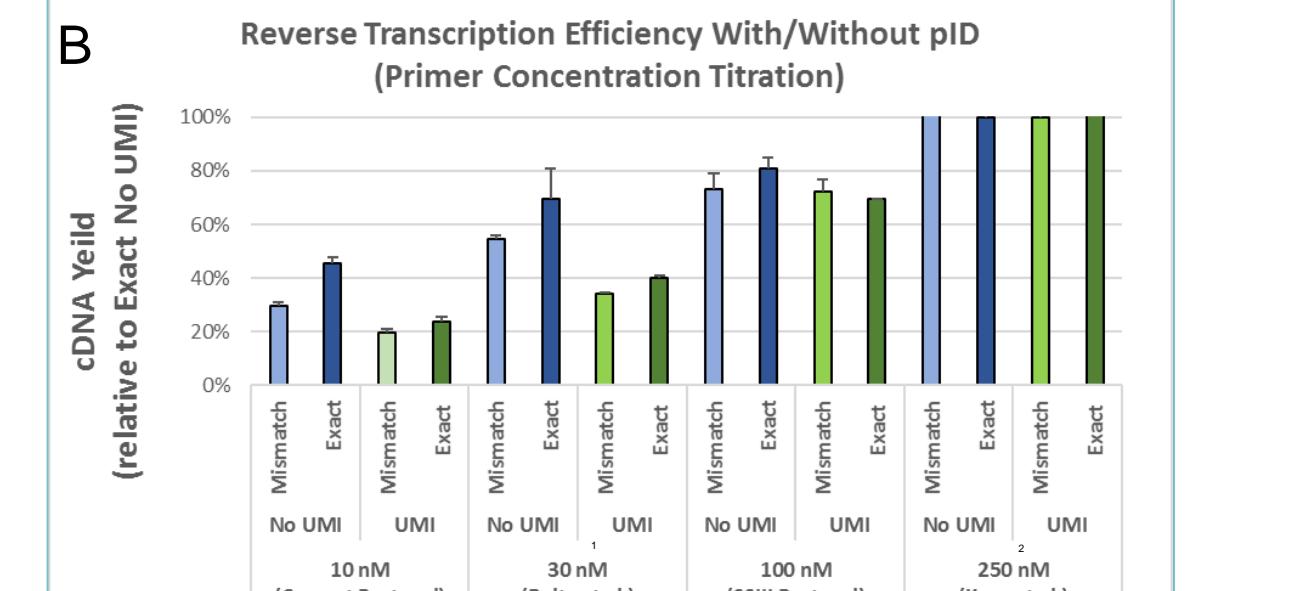
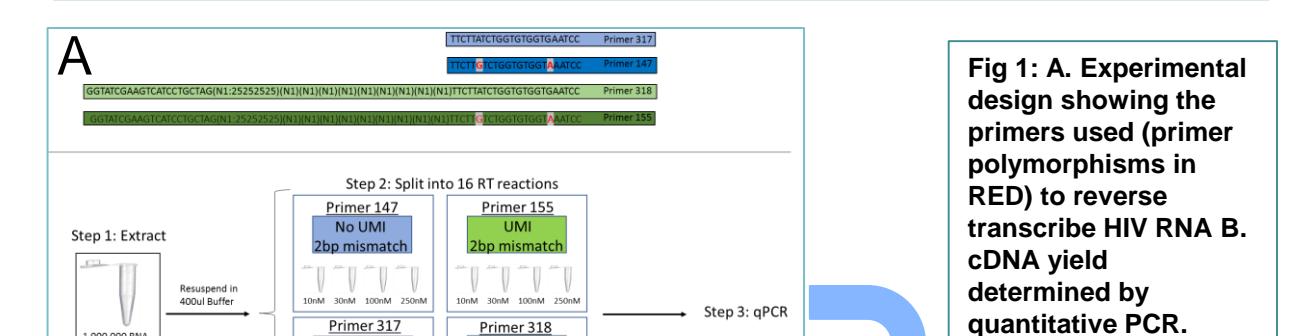


## Results

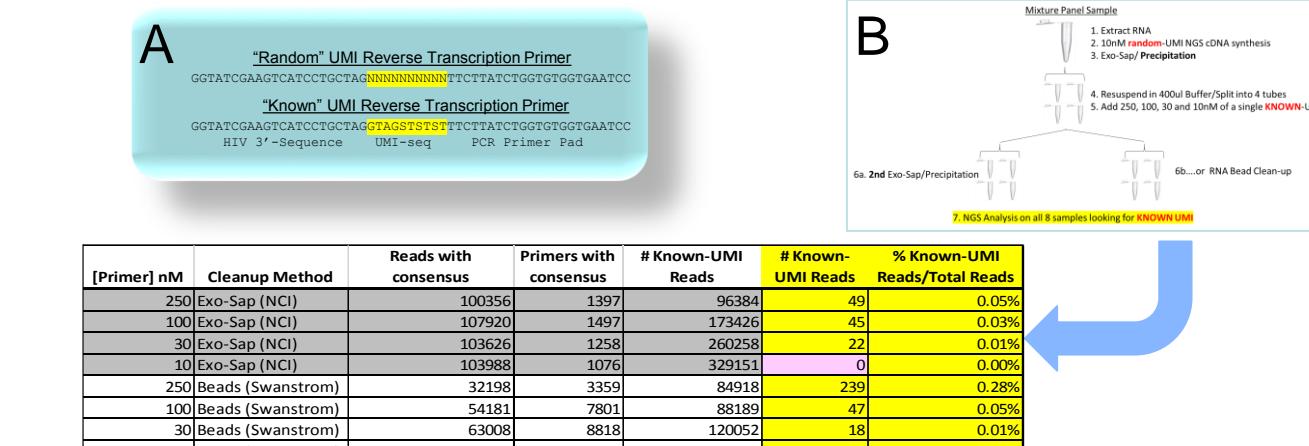
### 1. Sensitive detection of low frequency HIV DR mutations using a WT:MT virus mixture panel with/without UMI consensus building.

Expected frequency of MT virus	100.0%	20.0%	10.0%	5.0%	2.5%	1.0%	0.5%	0.0%
UMI NGS assay	100.0%	20.3%	8.3%	3.7%	1.6%	0.5%	0.3%	0.0%
non-UMI NGS assay	100.0%	26.0%	14.0%	7.3%	3.3%	1.2%	0.5%	0.0%

### 2: Increased concentrations of RT primer improves limited RT efficiency in samples with polymorphic primer binding sites.



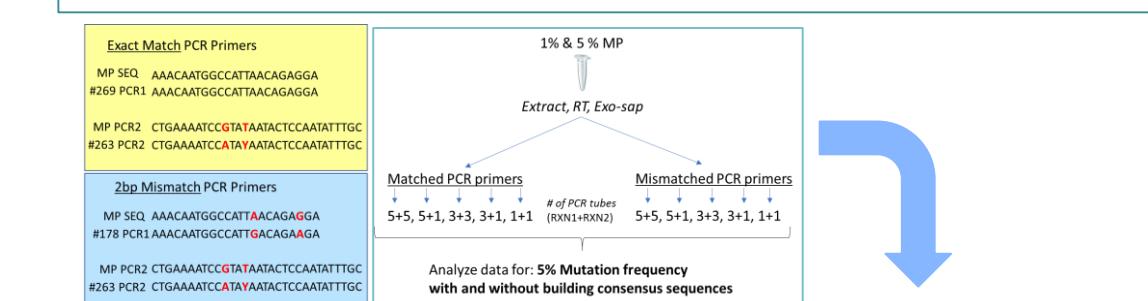
### 3: Increased concentrations of RT UMI primer (above) are not represented at levels to cause skewing of NGS data analysis.



Results 3: To determine if increased primer concentrations causes UMI carry-over into PCR after cDNA cleanup and leads to residual UMI sequence contamination, we designed a known UMI RT primer (A) that can be tracked through the experiments as a contaminant (B) or as the background UMI (C).

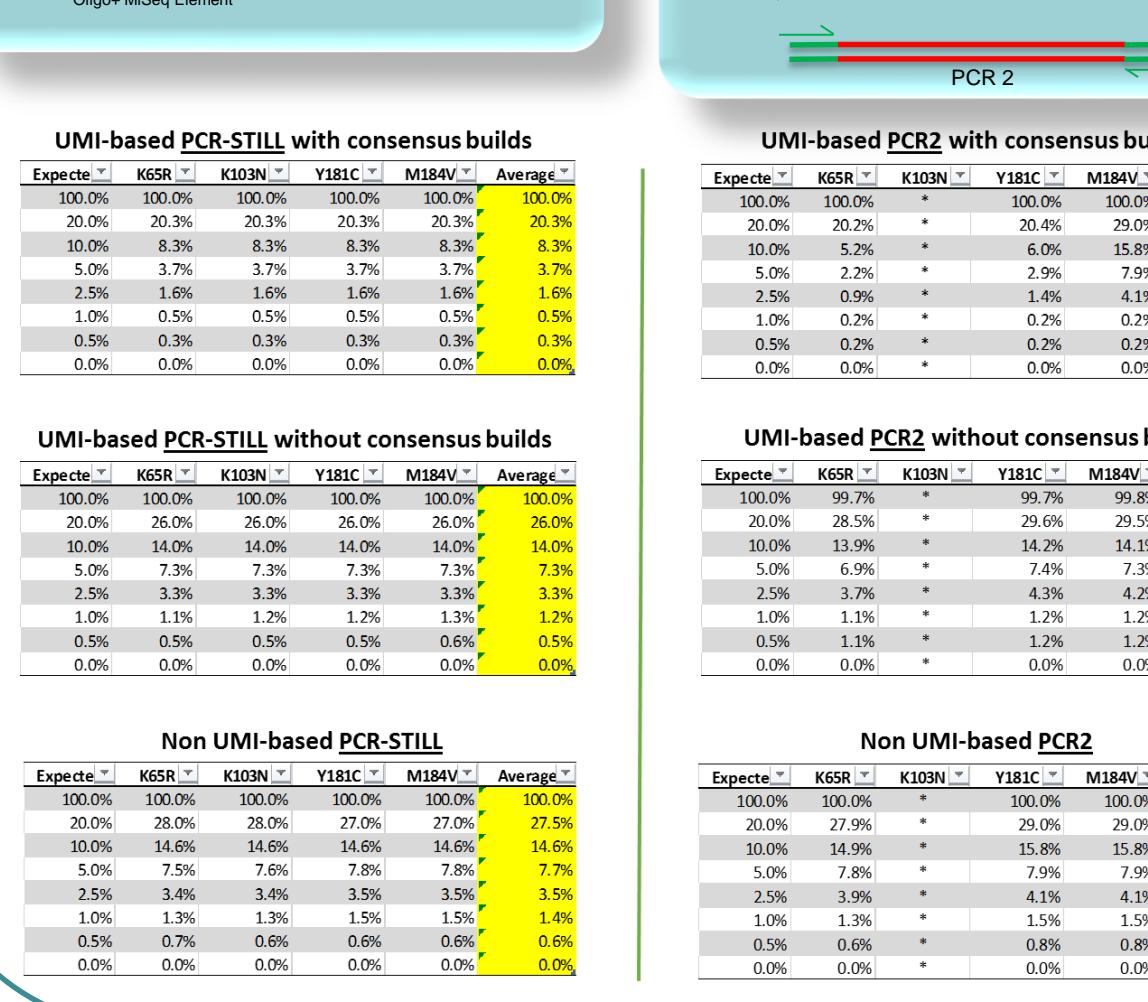
[Primer] nM	Cleanup Method	Reads with consensus	Primers with consensus	# Known-UMI Reads	# Unknown UMI with ≥ 3 reads
250	Exo-Sap (NCI)	00384	1	62694	1
100	Exo-Sap (NCI)	173426	1	14704	1
30	Exo-Sap (NCI)	260258	1	24678	1
10	Exo-Sap (NCI)	329511	1	329511	0
250 Beads (Swanson)		84918	1	84918	2
100 Beads (Swanson)		102000	1	88189	0
30 Beads (Swanson)		65321	1	65321	1
10 Beads (Swanson)		72931	1	72931	1

### 4: Splitting samples into multiple PCR reactions does not improve the PCR bias in reactions where primers contain polymorphic bases (red circle).



Sample	# of PCR1 primer binding site mismatches	# of Reactions	Reads with consensus	Primers with consensus	Expected%	UMI Actual%	Non-UMI Actual%
	PCR 1	PCR 2					
1	0	5	18142	1447	1%	0.9%	1.5%
2	0	5	19786	1213	5%	4.0%	7.0%
3	2	5	18057	248	1%	0.8%	0.0%
4	2	5	16919	215	5%	10.7%	7.7%
5	0	5	17954	1244	1%	1.5%	1.7%
6	0	5	19090	1170	5%	6.5%	7.6%
7	2	5	12330	120	1%	3.3%	1.9%
8	2	5	13703	178	5%	11.2%	8.3%
9	0	3	16816	1168	1%	0.9%	1.5%
10	0	3	16309	1025	5%	4.6%	7.5%
11	2	3	17346	246	1%	1.2%	1.2%
12	2	3	14571	183	5%	8.2%	11.4%
13	0	3	15832	989	5%	7.3%	8.0%
15	2	3	12873	200	1%	1.0%	0.0%
16	2	3	15881	184	5%	6.0%	8.0%
17	0	1	23977	1036	1%	1.4%	1.6%
18	0	1	25168	911	5%	8.5%	9.5%
19	2	1	19290	253	1%	0.0%	0.0%
20	2	1	18891	211	5%	8.5%	10.3%

### 5: PCR Recombination from the PCR addition of MiSeq elements does not cause recombination or skew NGS data.



## Clinical Results

### 6: The use of UMI in clinical samples improves the assay specificity but does not increase the overall sensitivity of detection.

Patient Sample	Reads with consensus	Primers with consensus	UMI-Based HIV DR NGS	non UMI-Based HIV DR NGS
1	138008	18293	0.6 D192N, 0.5% E204K 98.1 Q174S, 1.5% Q174N	10.25 K83S