

# Oligonucleotide Ligation Assay for Detection of Mutations Associated with Reverse Transcriptase and Protease Inhibitor Resistance in Non-B Subtypes and Recombinant Forms of Human Immunodeficiency Virus Type 1

Yolanda Vega, Lucía Pérez-Alvárez, Elena Delgado, Mercedes Muñoz, Gema Casado, Rocío Carmona, María Sierra, Elena Vázquez de Parga, Milagros Pinilla, Valentina García, Leandro Medrano, Gerardo Contreras, Miguel Thomson, and Rafael Nájera\*

*Área de Patogenia Viral, Centro Nacional de Microbiología, Instituto de Salud Carlos III, 28220 Majadahonda, Madrid, Spain*

Received 12 January 2005/Returned for modification 22 April 2005/Accepted 20 July 2005

**The oligonucleotide ligation assay is a genotypic assay for the detection of resistance-associated mutations to reverse transcriptase and protease inhibitors in human immunodeficiency virus type 1 subtype B. This assay has been modified and developed for non-B subtypes and recombinant strains and has been evaluated with sequencing, resulting in a more sensitive assay than sequencing for non-B subtypes.**

Methods to identify resistance mutations in the human immunodeficiency virus type 1 (HIV-1) *pol* gene are needed since the use of protease (PR) and/or reverse transcriptase (RT) inhibitors may increase the prevalence of resistance mutations (9, 11). DNA sequencing is the most commonly used method to evaluate the presence of drug resistance mutations, but its high cost and equipment requirements make it unsuitable when economic resources are limited (1, 8).

The oligonucleotide ligation assay (OLA) is a genotypic assay which has been used to identify point mutations in DNA for a variety of diseases (3, 5) and to detect drug resistance-associated mutations in HIV-1 subtype B (1, 7, 8, 15). This is the most prevalent subtype in developed countries, although non-B subtypes and recombinant forms (RFs) are dramatically increasing in developing countries, where antiretroviral therapy is starting to be accessible (13), as well as in several areas of the developed world (9, 13).

In this work, we describe the development of OLA for the detection of point mutations associated with high-level resistance to PR and RT inhibitors in HIV-1 non-B subtypes and RFs, and we evaluate OLA and sequencing methods for resistance-associated mutation detection in non-B and subtype B strains.

RNAs extracted from plasmas of 66 HIV-1 specimens (22 non-B subtypes and 44 subtype B strains) were selected. The distribution of the 22 non-B subtypes, according to their *pol* genes, was as follows: (i) three subtype G strains and one each of subtypes A<sub>1</sub>, C, and F<sub>1</sub>; (ii) 10 circulating recombinant forms (CRFs) (nine CRF02\_AG and one CRF14\_BG strain); and (iii) two GKU strains and one each of subtypes AG, UA<sub>2</sub>, and UAJ (U, unknown fragment). Five non-B strains included in this study were characterized in our laboratory by full-length genome sequencing (4).

To carry out RT-PCR, 5 to 15  $\mu$ l of RNA extracted from plasma was reverse transcribed following purification and sequencing with an automated fluorescence sequencer (Applied Biosystems). Reaction conditions, oligonucleotides, and the thermocycling profile were described previously (14).

The OLA is based on the covalent joining of two adjacent oligonucleotides by a DNA ligase when they are hybridized to a cDNA target. A set of three oligonucleotides was designed for the detection of the following mutations: K103N, Q151M, Y181C, M184V, and T215Y in RT and D30N, V82A, and L90M in PR. Table 1 shows the drugs to which these mutations appear to confer resistance, the amino acid substitutions detected, and the oligonucleotide sequences. The 5' end of the common oligonucleotide is phosphorylated and designed to anneal to the complementary region of the *pol* gene adjacent to the 3' end of the wild-type/mutant oligonucleotide. Ligation between wild-type/mutant and common oligonucleotides occurs when both are annealed to the complementary strand of the PCR product. The procedure and reaction conditions were described by Villahermosa et al. (15), with the following modifications: the ligation reaction included 2  $\mu$ l of the PCR product, 10  $\mu$ l of distilled H<sub>2</sub>O containing 0.1% Triton X-100, and 10  $\mu$ l of a reaction mixture of 20% 10 $\times$  ligase buffer with 200 nmol Tris, pH 8, 100 mM NAD (Sigma), 2.5% 1 M KCl (Sigma), 57.5% distilled H<sub>2</sub>O containing 0.1% Triton X-100, 3 U of thermostable ligase (Epicenter Technologies), and 5 pmol of each ligation oligonucleotide. The McNemar test (RSIGMA; Babel statistical computer program) was used to assess significant differences between percentages.

To perform OLA with non-B strains, we performed sequence alignment and analysis and designed specific oligonucleotides for positions 181 and 184 of RT and for codon 90 of PR, obtaining a significant improvement over the use of standard subtype B oligonucleotides (data not shown).

Four hundred seventy-seven codons of the HIV-1 *pol* gene were analyzed, including 156 codons from non-B and RF samples and 321 from subtype B samples. Four hundred four (84.7%) of the 477 codons analyzed were coincident by OLA

\* Corresponding author. Mailing address: Viral Pathogenesis Department, Centro Nacional de Microbiología, Instituto de Salud Carlos III, 28220 Majadahonda, Madrid, Spain. Phone: 34 91 8223910. Fax: 34 91 5097014. E-mail: rafael.najera@isciii.es.

TABLE 1. Oligonucleotides used in OLA to detect mutations in HIV-1 *pol* associated with resistance to RT and PR inhibitors

Drug(s) to which oligonucleotide confers high or intermediate resistance in HIV-1 <sup>a</sup>	Codon	Amino acid substitution	Genotype detected <sup>b</sup>	Sequence (5'→3') <sup>c</sup>
Nevirapine, delavirdine, and efavirenz	103	K103N	WT	dig-ACATCCCGCAGGGTTAAAAAAGAA
			Mutant	f-ACATCCCGCAGGGTTAAAAAAGAAC
			Common	p-AAAATCAGTAACAGTACTGGATGTGGGT-bio
Zidovudine, stavudine, abacavir, and didanosine	151	Q151M	WT	dig-CAGTACAATGTGCTTCCACA
			Mutant	f-CAGTACAATGTGCTTCCAAT
			Common	p-GGGATGGAAAAGATCAC-bio
Nevirapine and delavirdine	181	Y181C	WT	dig-ACAAAATCCAGACATAGTTATCTA
			Mutant	f-ACAAAATCCAGACATAGTTATCTG
			Common	p-TCAATACAGTGGATGATTTGTATGTA-bio
Lamivudine and emtricitabine	184	M184V	WT	p-CCAATACATGGATGATTTGTATGTA-bio
			WT	dig-AGACATAGTTATCTATCAATACA
			WT	dig-AGACATAGTTATCTATCAATATA
			Mutant	f-AGACATAGTTATCTATCAATACG
			Mutant	f-AGACATAGTTATCTATCAATATG
Zidovudine and stavudine	215	T215Y	Common	p-TGGATGATTTGTATGTA GGATC-bio
			WT	dig-CAACATCTGTTGAGGTGGGGATTTAC
			Mutant	f-CAACATCTGTTGAGGTGGGGATTTTA
Nelfinavir	30	D30N	Common	p-CACACCAGACAAAAACATCAGAA-bio
			WT	dig-TATTAGATACAGGAGCAGATG
			Mutant	f-TATTAGATACAGGAGCAGATA
Ritonavir, indinavir, lopinavir, nelfinavir, amprenavir, and atazanavir	82	V82A	Common	p-ATACAGTATTAGAAGAAATGAAT-bio
			WT	dig-TATTAGTAGGACCTACACCTGT
			Mutant	f-TATTAGTAGGACCTACACCTGC
Saquinavir, nelfinavir, indinavir, ritonavir, amprenavir, lopinavir, and Atazanavir	90	L90M	Common	p-CAACATAATTGGAAGAAATCTGT-bio
			WT	dig-CAACATAATTGGAAGAAATCTGT
			WT	dig-CAACATAATTGGAAGAAAYRTRT
			Mutant	f-CAACATAATTGGAAGAAATCTGA
			Mutant	f-CAACATAATTGGAAGAAAYRTRA
			Common	p-TGACTCAGATTGGTTGCACITTT-bio

<sup>a</sup> Resistances are based on the Stanford database.

<sup>b</sup> WT, wild-type. Oligonucleotides in bold were designed for non-B subtypes and RF samples.

<sup>c</sup> Bases comprising the codons of interest are underlined. dig, digoxigenin; f, fluorescein; p, phosphate; bio, biotin.

TABLE 2. Summary of genotype results for 477 codons associated with resistance to RT and PR inhibitors by OLA and sequencing of HIV-1 samples

Genotypic results (SEQ→OLA) ( <i>n</i> ) <sup>b</sup>	No. of codons with RT amino acid mutation which confers resistance to:					No. of codons with PR amino acid mutation which confers resistance to PR inhibitors		
	NRT inhibitors <sup>a</sup>			NNRT inhibitors <sup>a</sup>		D30N	V82A	L90M
	Q151M	M184V	T215Y	K103N	Y181C			
<b>HIV-1 non-B subtypes and RF samples</b>								
MT (SEQ)→MT (OLA) (29)	0	7	4	12	1	0	1	4
MT (SEQ)→WT (OLA) (0)	0	0	0	0	0	0	0	0
MT (SEQ)→INDET (OLA) (3)	0	2	0	1	0	0	0	0
WT (SEQ)→WT (OLA) (103)	14	11	6	9	12	21	14	16
WT (SEQ)→MT (OLA) (5)	0	0	0	1	3	0	0	1
WT (SEQ)→INDET (OLA) (16)	1	1	2	0	3	1	7	1
Total (156)	15	21	12	23	19	22	22	22
<b>HIV-1 subtype B samples</b>								
MT (SEQ)→MT (OLA) (81)	10	21	8	16	7	2	5	12
MT (SEQ)→WT (OLA) (0)	0	0	0	0	0	0	0	0
MT (SEQ)→INDET (OLA) (5)	0	0	1	1	0	0	3	0
WT (SEQ)→WT (OLA) (193)	27	15	14	18	18	40	34	27
WT (SEQ)→MT (OLA) (34)	1	7	2	2	17	1	1	3
WT (SEQ)→INDET (OLA) (8)	1	1	2	1	2	0	0	1
Total (321)	39	44	27	38	44	43	43	43

<sup>a</sup> NRT, nucleoside reverse transcriptase; NNRT, nonnucleoside reverse transcriptase.

<sup>b</sup> MT, mutant; WT, wild type; INDET, indeterminate (negative for both wild-type and mutant genotypes).

and sequencing (Table 2). The greater sensitivity of the OLA method than of sequencing for the detection of minor HIV-1 species was demonstrated by our experiments. OLA detected mutant viral sequences in 39 samples (8.2%) that had been genotyped as wild type by sequencing (Table 2). Of these, 37 had mixtures of mutant and wild-type sequences, with 32 having mutations in the RT region and 5 having mutations in the PR sequence. The potential detection of minor mutant populations before they become predominant could be a useful tool for the management and preliminary orientation of antiretroviral therapy, showing a clear advantage over sequencing (1, 8, 16) and representing the first time that a genotypic assay other than the sequencing method was successfully performed for the detection of resistance-associated mutations to nucleoside and nonnucleoside RT and PR inhibitors in non-B subtypes. In fact, a nitrocellulose strip hybridization-based assay, the LiPA (Innogenetics), has been performed for the detection of resistance-associated mutations to PR and RT inhibitors, with evident limitations due to the sequence variability between non-B and B subtypes (6). The OLA, in contrast to the LiPA assay, allows the design and incorporation of new oligonucleotides into the reaction, which adapt well to the sequence variability present in non-B subtypes.

The OLA detected 32 (6.7%) indeterminate results from the 477 codons analyzed (Table 2): 19/156 (12.2%) were from non-B subtypes and RFs and 13/321 (4%) were from subtype B ( $P < 0.01$ ). The presence of alternative mutations (T215F/C, V82I/F/S, and K103H) no longer complementary to the oligonucleotides used in the assay was the most common cause of indeterminate results. Most of these indeterminate reactions were due to mutations located within three bases of the ligation site or to the presence of two or more base changes in the region complementary to one of the ligation oligonucleotides (1, 7, 15). This is not surprising considering that polymorphisms and accessory mutations in regions of RT and also in PR are common, particularly in non-B subtypes (2). In fact, the L89M mutation of PR was present in 18 of the 22 HIV-1 non-B strains.

In conclusion, OLA is a rapid and sensitive method for identifying mutations associated with antiretroviral resistance to RT inhibitors and PR inhibitors in either HIV-1 non-B strains, RFs, or subtype B strains. In contrast to the LiPA assay, the OLA is highly adaptable since it allows the design of novel and specific oligonucleotides to detect new resistance-associated mutations as they are identified or to detect resistance-associated mutations in non-B subtype samples, where multiple genetic polymorphisms and accessory mutations are commonly found (1, 7, 16). This assay could also be used for the efficient determination and discrimination of different genetic subtypes through the design of specific oligonucleotides, as previously described for a similar genotyping approach (10, 12). Moreover, the OLA has the ability to detect drug-resistant subpopulations present in a relatively small proportion (8), which represents a big advantage compared to sequencing because this makes OLA useful for the election of initial therapeutic regimens or changes in therapy in order to prevent the accumulation of additional mutations. Finally, OLA is available from the National Institutes of Health AIDS Reagent Program for the detection of resistance-associated mutations to nucleoside RT inhibitors and nonnucleoside RT inhibitors (7), in which preparation our laboratory has actively partici-

pated (15), and to protease inhibitors (1), making this method easy and cheap to perform and offering a real and practical alternative to DNA sequencing, especially in places with limited economic resources.

We thank G. M. Inclán Iribar, Departamento de Sanidad del Gobierno Vasco, J. I. Garay Ibáñez de Elejalde, Osakidetza Servicio Vasco de Salud, Departamento de Sanidad del Gobierno Vasco, and D. Zulaica, Plan de Prevención y Control del SIDA, Osakidetza Servicio Vasco de Salud, Departamento de Sanidad del Gobierno Vasco, for their support in the development of the study. We also thank José Manuel González Álvarez, Conselleiro de Sanidade e Servizos Sociais, Manuel Barral, Director Xeral de Saúde Pública, and José Antonio Taboada, Consellería de Sanidade e Servizos Sociais, Xunta de Galicia, for their support in the development of the study in Galicia.

This work was funded by contracts SLVI/1431-01 and SLVI/1068-03 from Plan Nacional del SIDA, Ministerio de Sanidad y Consumo, Spain, and by scientific agreements with the Government of Galicia, Xunta de Galicia, and Basque Country, Spain.

#### REFERENCES

- Beck, I. A., M. Mahalanabis, G. Pepper, A. Wright, S. Hamilton, E. Langston, and L. M. Frenkel. 2002. Rapid and sensitive oligonucleotide ligation assay for detection of mutations in human immunodeficiency virus type 1 associated with high-level resistance to protease inhibitors. *J. Clin. Microbiol.* **40**:1413–1419.
- Bossi, P., M. Mouroux, A. Yvon, F. Bricaire, H. Agut, J. M. Huraux, C. Katlama, and V. Calvez. 1999. Polymorphism of the human immunodeficiency virus type 1 (HIV-1) protease gene and response of HIV-1-infected patients to a protease inhibitor. *J. Clin. Microbiol.* **37**:2910–2912.
- Bui, M. H., G. G. Stone, A. M. Nilius, L. Almer, and R. K. Flamm. 2003. PCR-oligonucleotide ligation assay for detection of point mutations associated with quinolone resistance in *Streptococcus pneumoniae*. *Antimicrob. Agents Chemother.* **47**:1456–1459.
- Delgado, E., M. M. Thomson, M. L. Villahermosa, M. Sierra, A. Ocampo, C. Miralles, R. Rodríguez-Pérez, J. Diz-Aren, R. Ojea-de Castro, E. Losada, M. T. Cuevas, E. Vázquez-de Parga, R. Carmona, L. Pérez-Alvarez, L. Medrano, L. Cuevas, J. A. Taboada, and R. Najera. 2002. Identification of a newly characterized HIV-1 BG intersubtype circulating recombinant form in Galicia, Spain, which exhibits a pseudotype-like virion structure. *J. Acquir. Immune Defic. Syndr.* **29**:536–543.
- Deng, J. Y., X. E. Zhang, Y. Mang, Z. P. Zhang, Y. F. Zhou, Q. Liu, H. B. Lu, and Z. J. Fu. 2004. Oligonucleotide ligation assay-based DNA chip for multiplex detection of single nucleotide polymorphism. *Biosens. Bioelectron.* **19**:1277–1283.
- Derdelinckx, I., K. Van Laethem, B. Maes, Y. Schrooten, K. De Schouwer, S. De Wit, K. Fransen, S. García Ribas, M. Moutschen, D. Vaira, G. Zissis, M. Van Ranst, E. Van Wijngaerden, and A.-M. Vandamme. 2003. Performance of the VERSANT HIV-1 resistance assays (LiPA) for detecting drug resistance in therapy-naïve patients infected with different HIV-1 subtypes. *FEMS Immunol. Med. Microbiol.* **39**:119–124.
- Edelstein, R. E., D. A. Nickerson, V. O. Tobe, L. A. Manns-Arcuino, and L. M. Frenkel. 1998. Oligonucleotide ligation assay for detecting mutations in the human immunodeficiency virus type 1 *pol* gene that are associated with resistance to zidovudine, didanosine, and lamivudine. *J. Clin. Microbiol.* **36**:569–572.
- Ellis, G. M., M. Mahalanabis, I. A. Beck, G. Pepper, A. Wright, S. Hamilton, S. Holte, W. E. Naugler, D. M. Pawluk, C.-C. Li, and L. M. Frenkel. 2004. Comparison of oligonucleotide ligation assay and consensus sequencing for detection of drug-resistant mutants of human immunodeficiency virus type 1 in peripheral blood mononuclear cells and plasma. *J. Clin. Microbiol.* **42**:3670–3674.
- Fauci, A. S. 2003. HIV and AIDS: 20 years of science. *Nat. Med.* **9**:839–843.
- Hoelscher, M., W. E. Dowling, E. Sanders-Buell, J. K. Carr, M. E. Harris, A. Thomschke, M. L. Robb, D. L. Birx, and F. E. McCutchan. 2002. Detection of HIV-1 subtypes, recombinants, and dual infections in east Africa by a multi-region hybridization assay. *AIDS* **16**:2055–2064.
- Johnson, V. A., F. Brun-Vezinet, B. Clotet, B. Conway, R. T. D'Aquila, L. M. Demeter, D. R. Kuritzkes, D. Pillay, J. M. Schapiro, A. Telenti, and D. D. Richman. 2004. Update of the drug resistance mutations in HIV-1: 2004. *Top. HIV Med.* **12**:119–124.
- Njai, H. F., G. Van der Auwera, C. A. Ngong, L. Heydricks, S. Sawadogo, H. Whittle, P. Nyambi, R. Colebunders, G. Van der Groen, and W. Janssens. 2004. Development, evaluation and validation of an oligonucleotide probe hybridization assay to subtype human immunodeficiency virus type 1 circulating recombinant form CRF02\_AG. *J. Clin. Microbiol.* **42**:1428–1433.
- Pérez-Alvarez, L., R. Carmona, M. Muñoz, E. Delgado, M. M. Thomson, G. Contreras, J. D. Pedreira, R. Rodríguez-Real, E. Vázquez de Parga, L.

- Medrano, J. A. Taboada, R. Nájera, and the Spanish Group for Antiretroviral Resistance Studies in Galicia. 2003. High incidence of non-B recombinant HIV-1 strains in newly diagnosed patients in Galicia, Spain: study of genotypic resistance. *Antivir. Ther.* **8**:355–360.
14. Villahermosa, M. L., M. M. Thomson, E. Vázquez de Parga, M. T. Cuevas, G. Contreras, L. Pérez-Álvarez, E. Delgado, N. Manjón, L. Medrano, and R. Nájera. 2000. Improved conditions for extraction and amplification of HIV-1 RNA from plasma samples with low viral load. *J. Hum. Virol.* **3**:27–34.
  15. Villahermosa, M. L., I. Beck, L. Pérez-Álvarez, G. Contreras, L. M. Frenkel, S. Osmanov, E. Vázquez de Parga, E. Delgado, N. Manjón, M. T. Cuevas, L. Medrano, and R. Nájera. 2002. Detection and quantification of multiple drug resistance mutations in HIV-1 reverse transcription by an oligonucleotide ligation assay. *J. Hum. Virol.* **4**:1–11.
  16. Wallis, C., I. Mahomed, L. Morris, T. Chidarikire, G. Stevens, N. Rekhvashvili, and W. Stevens. 2005. Evaluation of an oligonucleotide ligation assay for detection of mutations in HIV-1 subtype C individuals who have high level resistance to nucleoside reverse transcriptase inhibitors. *J. Virol. Methods* **125**:99–109.