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HLA-B*14:02-Restricted Env-Specific CD8⁺ T-Cell Activity Has Highly Potent Antiviral Efficacy Associated with Immune Control of HIV Infection

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ABSTRACT Immune control of human immunodeficiency virus type 1 (HIV) infection is typically associated with effective Gag-specific CD8⁺ T-cell responses. We here focus on HLA-B*14, which protects against HIV disease progression, but the immunodominant HLA-B*14-restricted anti-HIV response is Env specific (ERYLKDQQL, HLA-B*14-EL9). A sub-dominant HLA-B*14-restricted response targets Gag (DRYFKTLRA, HLA-B*14-DA9). Using HLA-B*14/peptide-saporin-conjugated tetramers, we show that HLA-B*14-EL9 is substantially more potent at inhibiting viral replication than HLA-B*14-DA9. HLA-B*14-EL9 also has significantly higher functional avidity ($P < 0.0001$) and drives stronger selection pressure on the virus than HLA-B*14-DA9. However, these differences were HLA-B*14 subtype specific, applying only to HLA-B*14:02 and not to HLA-B*14:01. Furthermore, the HLA-B*14-associated protection against HIV disease progression is significantly greater for HLA-B*14:02 than for HLA-B*14:01, consistent with the superior antiviral efficacy of the HLA-B*14-EL9 response. Thus, although Gag-specific CD8⁺ T-cell responses may usually have greater anti-HIV efficacy, factors independent of protein specificity, including functional avidity of individual responses, are also critically important to immune control of HIV.

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IMPORTANCE In HIV infection, although cytotoxic T lymphocytes (CTL) play a potentially critical role in eradication of viral reservoirs, the features that constitute an effective response remain poorly defined. We focus on HLA-B*14, unique among HLAs associated with control of HIV in that the dominant CTL response is Env specific, not Gag specific. We demonstrate that Env-specific HLA-B*14-restricted activity is substantially more efficacious than the subdominant HLA-B*14-restricted Gag response. Env immunodominance over Gag and strong Env-mediated selection pressure on HIV are observed only in subjects expressing HLA-B*14:02, and not HLA-B*14:01. This reflects the increased functional avidity of the Env response over Gag, substantially more marked for HLA-B*14:02. Finally, we show that HLA-B*14:02 is significantly more strongly associated with viremic control than HLA-B*14:01. These findings indicate that, although Gag-specific CTL may usually have greater anti-HIV efficacy than Env responses, factors independent of protein specificity, including functional avidity, may carry greater weight in mediating effective control of HIV.

KEYWORDS CD8⁺ T cells, HIV, HLA-B*14, immune control

Spontaneous durable control of HIV is observed in a rare subgroup (<1%) of infected individuals known as “elite controllers” (1). Nonprogressive HIV infection is associated with expression of certain HLA class I molecules (2, 3), such as HLA-B*57 and HLA-B*27 alleles (1, 4, 5). An important mechanism underlying the HLA associations with HIV disease outcome is related to the particular HIV-specific epitopes presented by different HLA class I molecules. In particular, “protective” HLA molecules typically present broad Gag-specific epitopes to CD8⁺ T cells, whereas disease-susceptible alleles such as HLA-B*35:01 and HLA-B*58:02 present Nef- and Env-specific epitopes, respectively, eliciting CD8⁺ T-cell responses that are typically associated with poor immune control of HIV (6–10).

Factors contributing to improved immune control in association with broad Gag and not Nef or Env responses include the sequence conservation especially of the capsid protein, because the cost to viral replicative capacity of Gag escape mutants is often significant (11–14). In contrast, Env escape mutants, for example, are typically tolerated by the virus without significant impact on viral replicative capacity (15). In addition, Gag capsid proteins are much more abundant than Env trimers in mature virions (1,000 to 1,500 per virion versus 10 to 20, respectively) (16), and Gag epitopes can be presented within 2 h of HIV gaining entry into the target cell, prior to *de novo* HIV protein synthesis (17). Hence, HIV-infected cells can be killed by Gag-specific CD8⁺ T cells before new virion production (17, 18). In contrast, Nef- and Env-specific CD8⁺ T-cell responses kill virus-infected target cells only after *de novo* synthesis of viral proteins (17–20) and therefore following Nef-mediated HLA class I downregulation (21, 22). Nonetheless, Gag-specific CD8⁺ T-cell responses are not equally efficacious (6, 23, 24), and there is evidence from the simian immunodeficiency virus (SIV)/macaque model that certain non-Gag epitopes, for example, within Nef and Vif, are important for immune control (25).

Furthermore, it is clear that several factors other than HIV protein specificity can play an important role in the efficacy of an epitope-specific response. These include functional avidity (26, 27), polyfunctionality (28), lytic granules (29), and proliferative capacity (30).

To investigate further the potential role of non-Gag-specific CD8⁺ T-cell responses in control of HIV infection, we focused here on HLA-B*14, where the dominant HIV-specific CD8⁺ T-cell response is in Env (31, 32). The association between HLA-B*14 and immune control of HIV has not been well studied to date (33), since most studies of elite controllers have focused on those expressing HLA-B*27 or -B*57 (26, 29, 30, 34–38). Although HLA-B*14 is not as strongly associated with HIV disease progression as HLA-B*27 or HLA-B*57, nonetheless, large studies have consistently shown a significant protective effect (3, 39–41). In addition to the dominant Env-specific CD8⁺ T-cell response, HLA-B*14-positive individuals also make a subdominant Gag-specific CD8⁺

T-cell response (42). We set out to investigate the role of these two specificities in HLA-B*14-mediated suppression of HIV and to understand the mechanisms underlying the observed differential antiviral activity among HLA-B*14-restricted CD8⁺ T-cell specificities.

RESULTS

Higher antiviral potency of B*14:02-Env-EL9 than of -Gag-DA9 CD8⁺ T-cell response. The starting point for this study was an elite controller subject, subject 1, who first tested HIV positive in the United Kingdom in 2011, having previously had two negative tests in 2005 and 2008 (Fig. 1A). Since the positive HIV test, subject 1 maintained an undetectable viral load (VL; <40 copies/ml) and healthy and stable CD4⁺ T-cell counts (median, 1,555 cells/mm³; interquartile range [IQR], 1,345 to 1,788). Viral sequencing revealed that she was infected with subtype B virus. HLA genotyping showed that she was HLA-B*14:02/HLA-C*08:02 homozygous and also expressed another HLA molecule, HLA-A*74:01, associated with slow disease progression (43).

To investigate the role that HLA-B*14:02-restricted CD8⁺ T-cell responses might play in immune control of HIV, we first screened peripheral blood mononuclear cells (PBMC) in this individual for HIV-specific gamma interferon (IFN- γ) enzyme-linked immunosorbent spot (ELISPOT) assay responses using overlapping peptides spanning the entire HIV proteome (39) together with previously defined HIV-specific epitopes (44). The HLA-B*14:02-restricted responses dominated overall, the highest-magnitude responses being those to the HLA-B*14:02-restricted Env-EL9 (⁵⁸⁴ERYLKDQQL⁵⁹²) (31) and its corresponding overlapping peptide Env-366 (⁵⁷⁹RVLAIERYLKQQLGIW⁵⁹⁶) (Fig. 1B and C). The next highest optimal peptide response was toward the HLA-B*14:02-Gag-DA9 epitope (²⁹⁸DRFYKTLRA³⁰⁶) (42).

To test the hypothesis that suppression of HIV in this patient was mediated principally by HLA-B*14:02-restricted CD8⁺ T-cell activity, we next compared the antiviral potencies of Env-EL9- and Gag-DA9-specific CD8⁺ T cells. From this same elite controller (subject 1), bulk CD8⁺ T cells were first expanded with the bispecific CD3.4 antibody (45–47) and then depleted of selected CD8⁺ T-cell specificities using cytotoxic saporin (SAP)-conjugated tetramers (tet-SAP; see Materials and Methods) (Fig. 1D). The ability of the bulk or depleted cytotoxic T lymphocytes (CTL) to inhibit viral replication *in vitro* was then evaluated using T1 cells expressing HLA-B*14:02 as CD4⁺ T-cell targets and the B clade NL4-3 as the test strain of HIV (Fig. 1E and F). Removal of the Env-EL9 specificity substantially reduced the HIV-suppressive capacity of the expanded CD8⁺ T cells (22% of target cells infected versus 0.001% [Fig. 1E]), and suppressive capacity was reduced by 26-fold (bulk CD8, 3.85 log₁₀, versus Env-EL9-depleted CD8, 0.15 log₁₀) (Kruskal-Wallis, $P = 0.02$) (Fig. 1F). In contrast, depletion of Gag-DA9-depleted cells made little impact. This result suggests that the presence of Env-EL9 specificity represents the majority of CD8⁺ T-cell-mediated control of viral suppression in subject 1 and that the Gag-DA9 specificity does not contribute significantly.

A potential caveat of this finding in this study subject is the unequal frequency of Env- and Gag-specific CD8⁺ T cells, with Env-specific cells being nearly 20-fold more frequent than Gag-specific cells (Fig. 1D). To address this matter, we adopted two approaches. First, we repeated targeted depletion experiments using cells from another chronically B-clade-infected HLA-B*14:02-positive controller (subject 2, viral load [VL], 80 copies/ml; CD4, 1,355 cells/mm³), who had equal frequencies of Env-EL9- and Gag-DA9-specific CD8⁺ T cells (Fig. 1G, left panels). As with subject 1, elimination of the Env-EL9 specificity resulted in preservation of 25% of infected target cells at the peak of viral replication compared to only 1% in bulk CD8⁺ T-cell coculture (Fig. 1H), representing a 16-fold reduction (1.6 log₁₀ versus 0.1 log₁₀) of suppressive capacity of the Env-EL9-depleted CTL (Kruskal-Wallis, $P = 0.03$) (Fig. 1I). In contrast, Gag-DA9 depletion had only a minor effect, thus supporting the notion that Env-EL9-specific CTL mediate the major antiviral efficacy of the two HLA-B*14:02-restricted responses.

In the second approach, we tested the antiviral efficacy of Env-EL9- and Gag-DA9-specific CD8⁺ T cells directly by generating epitope-specific CTL lines and clones. In the

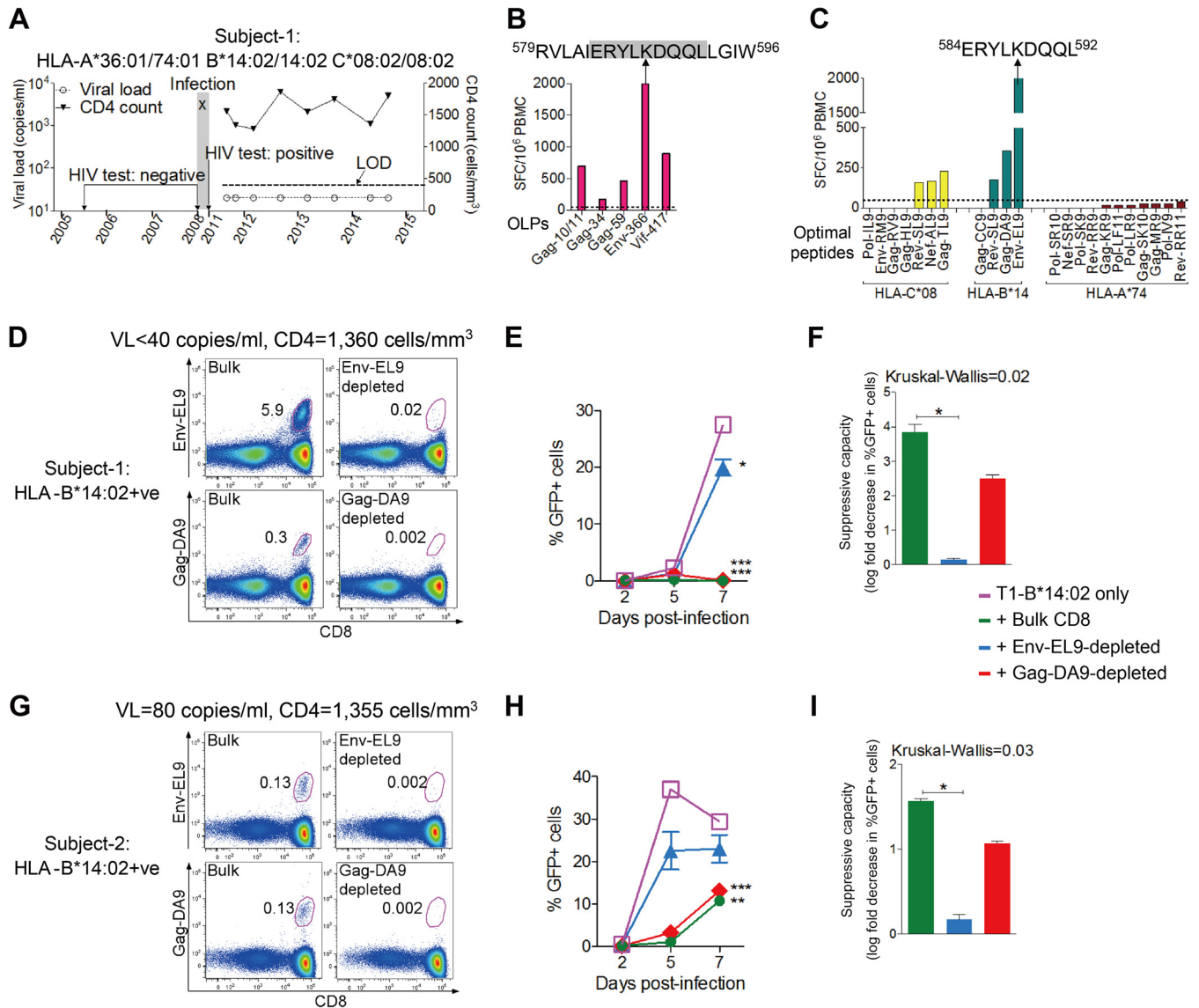


FIG 1 Higher antiviral potency of B*14:02-EL9 than of -DA9 CD8 T-cell response. (A) HIV-related clinical profile of subject 1; gray area shows time period during which infection occurred. All viral load measurements were undetectable (<40 copies/ml) and are shown below the limit of detection (LOD) of 40 copies/ml for convenience. (B) CD8⁺ T-cell IFN- γ ELISPOT responses to overlapping peptides (OLPs) spanning the entire HIV proteome in subject 1. The dotted line shows the cutoff magnitude (50 SFC/10⁶ PBMC). (C) CD8⁺ T-cell IFN- γ ELISPOT responses to epitopes restricted by HLA class I alleles expressed by subject 1. HLA-A*36:01-restricted responses are not shown as these are not defined. The dotted line shows the cutoff magnitude (50 SFC/10⁶ PBMC). (D to F) Data for subject 1. (G to I) Data for subject 2. (D and G) Tetramer stainings confirming HLA-B*14:02-Env-EL9 (top panels) and HLA-B*14:02-Gag-DA9 (bottom panels) CD8⁺ T-cell responses in bulk (left panels) and tetramer-depleted (right panels) cultures. Gated on live CD3⁺ CD4⁻ lymphocytes around CD8⁺ tetramer⁺ cells; numbers indicate percentage of CD8⁺ cells. (E and H) Viral replication (percent GFP⁺ cells) time course in infected T1-HLA-B*14:02-positive target cells with or without effector CD8⁺ T cells. Results were compared to T1-HLA-B*14:02 target cells only at the peak of viral replication using paired *t* tests. (F and I) Suppressive capacity of bulk Env-EL9-depleted or Gag-DA9-depleted effector cells calculated as described in Materials and Methods. Significance was determined by Kruskal-Wallis test with Dunn's multiple-comparison test. (E, F, H, and I) Error bars represent standard errors of the means. *, *P* < 0.05; **, *P* < 0.01; ***, *P* < 0.001. Only significant differences are shown. The color key applies to panels E, F, H, and I.

experiments using peptide-specific lines (Fig. 2A to C), once again Env-EL9-specific CTL were significantly more potent at suppressing viral replication at the same effector-to-target ratio of 1:100 (*P* = 0.02) (Fig. 2B and C). Similarly, Env-EL9-specific CTL clones were more potent inhibitors of viral replication than were Gag-DA9 clones. This was particularly evident at the lower effector-to-target ratios (1:1,000) (Fig. 2D to F). Taken together, these experiments suggest that Env-EL9-specific CD8⁺ T cells are more efficacious at suppressing HIV replication than Gag-DA9-specific cells.

Higher functional avidity, antigen recognition, and magnitude of EL9 than of DA9. In order to further investigate this observed antiviral superiority of Env-EL9-

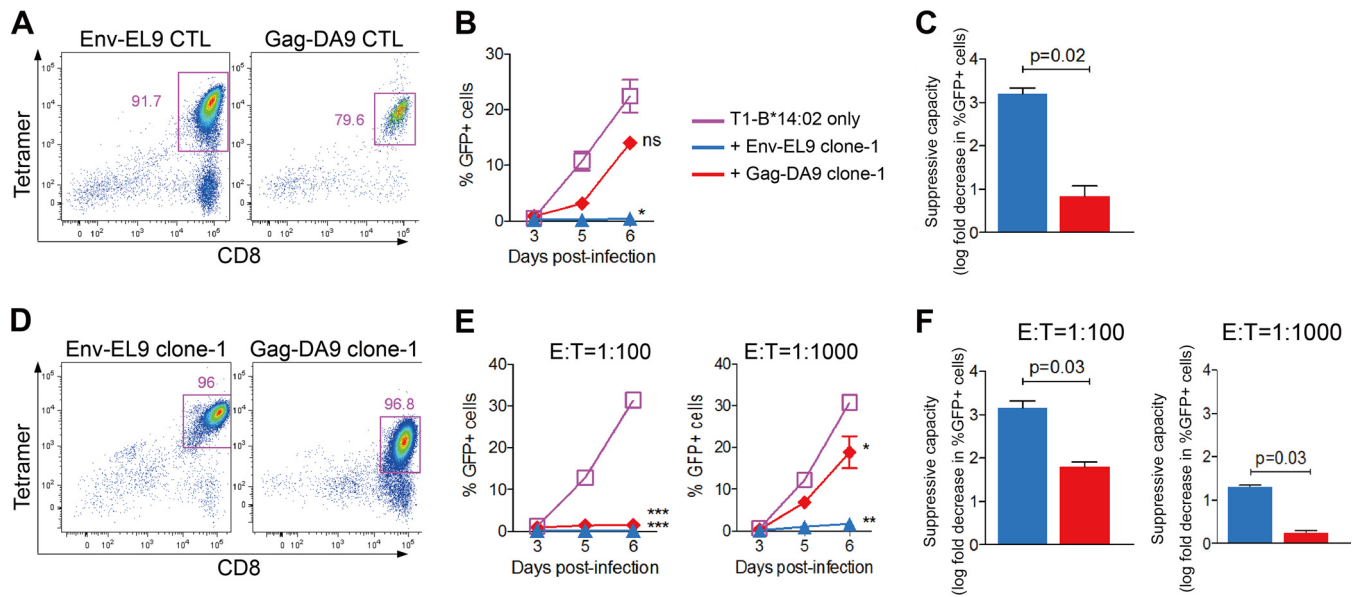


FIG 2 Suppressive capacity of epitope-specific Env and Gag CTL lines and clones. (A to C) Results for CTL lines, generated by peptide stimulation of epitope-specific cells from PBMC, with sorting and further expansion before testing in inhibition assays. (D to F) Examples of clones, generated by single-cell sorting epitope-specific cells and growing them out in culture before testing their antiviral capacity. (A and D) Confirmatory tetramer stainings of epitope-specific CTL lines (A) and clones (D). Gated on live CD3⁺ CD4⁻ cells around CD8⁺ tetramer⁺ cells; numbers indicate percent tetramer⁺ cells (of CD3⁺ CD4⁻ cells). (B and E) Viral replication in infected T1-HLA-B*14:02-positive target cells with or without effector cells. Results were compared to T1-HLA-B*14:02 target cells only at the peak of viral replication using paired *t* tests. *, *P* < 0.05; **, *P* < 0.01; ***, *P* < 0.001, ns, not significant (*P* > 0.05). (C and F) Suppressive capacity of effector cells. Significance was determined by Mann-Whitney U test. (B, C, E, and F) Error bars represent standard errors of the means. The color key in panel B applies also to panels C, E, and F. E:T, effector/target ratio.

specific cells over Gag-DA9-specific cells, we next examined the functional avidity of the two specificities (determined by the peptide concentration required for 50% maximal recognition [EC_{50}]), the response magnitude, and the frequency of epitope recognition in a larger number of HLA-B*14-positive subjects ($n = 30$). Among all HLA-B*14-positive subjects, functional avidity, or antigen sensitivity (EC_{50}), of the Env-EL9 response was >24-fold higher than that of the Gag-DA9 response (median, 0.84 versus 20.3 μ M; $P < 0.0001$) (Fig. 3A, left panel). This difference was significant among both HLA-B*14:01-positive (median, 3.7 versus 21.3 μ M; $P = 0.003$) and HLA-B*14:02-positive (median, 0.3 versus 19.8 μ M; $P < 0.0001$) (Fig. 3A, right panel) subjects. However, Env-EL9 functional avidity was 12-fold higher in HLA-B*14:02-positive subjects than in HLA-B*14:01-positive subjects ($P = 0.005$) (Fig. 3A, right panel).

The magnitude of the Env-EL9 response was also >9-fold higher than that of the Gag-DA9 response among all HLA-B*14-expressing subjects among responders ($P = 0.003$) (Fig. 3B, left panel). This difference was significant only among HLA-B*14:02-positive subjects (Fig. 3B, right panel). Additionally, HLA-B*14:02-positive subjects had a significantly higher magnitude of the Env-EL9 response than the HLA-B*14:01-positive subjects ($P = 0.03$). Interestingly, the magnitude of both Env-EL9 and Gag-DA9 responses was negatively correlated with EC_{50} (i.e., positively with functional avidity) (Env-EL9, $r = -0.73$, $P = 0.0002$; Gag-DA9, $r = -0.88$, $P < 0.0001$) (Fig. 3C), indicating that cells with higher functional avidity mounted a response of greater magnitude.

Together, these data demonstrate that the greater antiviral potency of the HLA-B*14-Env-EL9-specific response observed above is also associated with higher functional avidity and response magnitude than those of the Gag-DA9-specific response.

Differential Env-EL9 and Gag-DA9 selection pressure in B*14:01 versus B*14:02. To further understand the differences between Env-EL9- and Gag-DA9-specific CD8⁺ T-cell functions, we next investigated what selection pressure is imposed on the virus by these two responses (Fig. 4). Consistent with previously published data describing HLA-associated polymorphisms from analysis of 3,754 HLA-typed treatment-naïve persons (48, 49) within the Env-EL9 epitope (Fig. 4A), K588Q is strongly selected

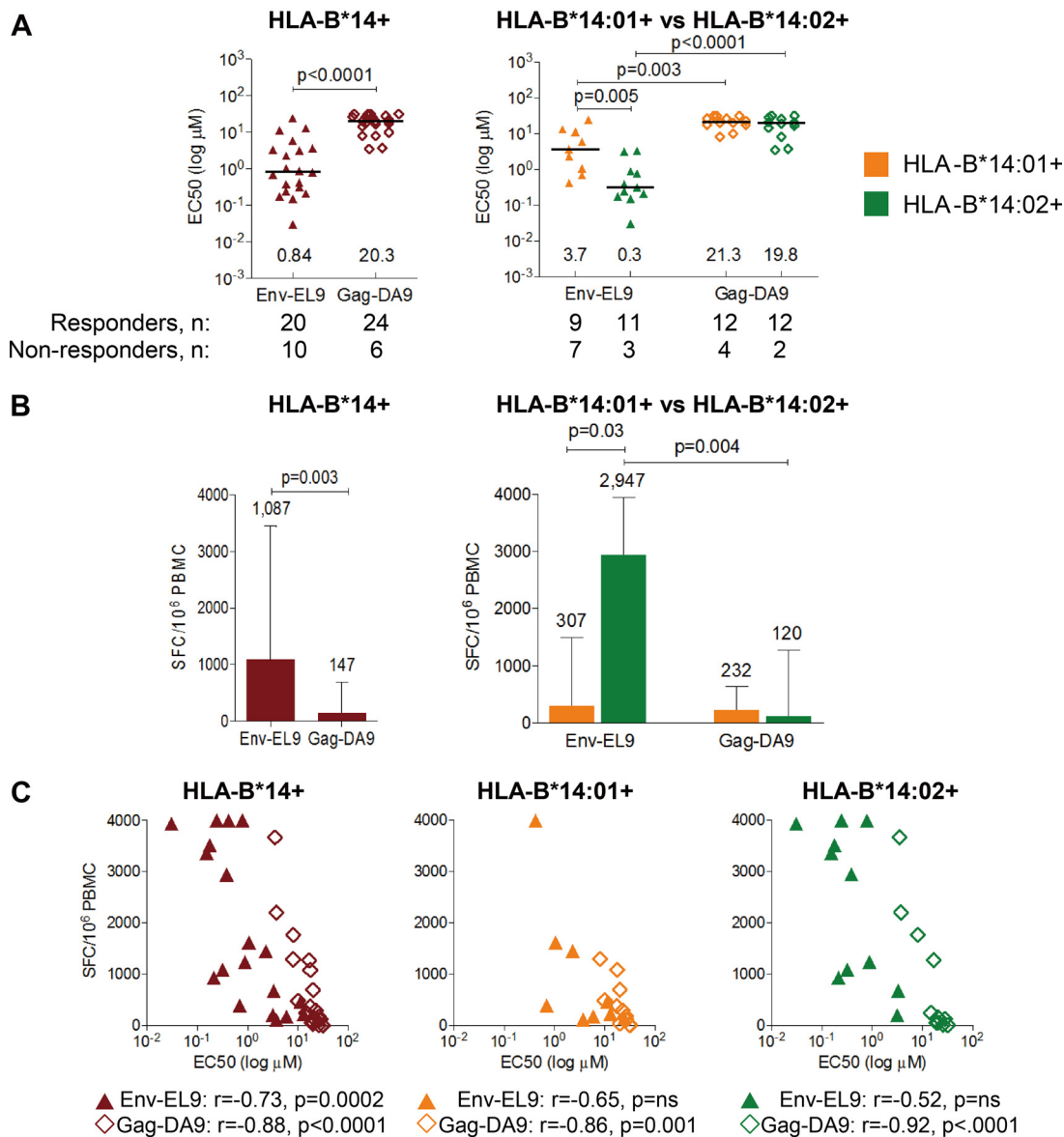


FIG 3 Higher functional avidity and magnitude of EL9- than of DA9-specific response. (A) Functional avidity (EC_{50}) of Env-EL9 versus Gag-DA9 CD8⁺ T-cell responses in all HLA-B*14-positive subjects ($n = 30$, left panel) or separately in HLA-B*14:01-expressing ($n = 16$) or HLA-B*14:02-expressing ($n = 14$) subjects (right panel). Lines and numbers indicate median values. Significance was determined by Mann-Whitney U tests. (B) Magnitude of Env-EL9 or Gag-DA9 responses determined by IFN- γ ELISPOT assay in all HLA-B*14-positive subjects ($n = 30$; left panel) or in HLA-B*14:01-expressing ($n = 16$) and HLA-B*14:02-expressing ($n = 14$) subjects (right panel). Numbers above the bar graphs indicate median values; error bars show interquartile ranges. Significance was determined by Mann-Whitney U tests. (C) Correlation between response magnitude and functional avidity in HLA-B*14-positive (left), HLA-B*14:01-positive (middle), and HLA-B*14:02-positive subjects. r and P values were obtained by Spearman correlation. The color key for all panels is shown in panel A.

among both HLA-B*14:01- and HLA-B*14:02-positive persons, and variants at Env-588 and at other residues within Env-EL9 are observed more commonly in HLA-B*14:02-positive subjects (although here these differences between HLA-B*14:01 and HLA-B*14:02 did not reach statistical significance) (Fig. 4B). These Env-EL9 sequence data indicate stronger selection pressure imposed on the virus by the HLA-B*14:02-EL9 response than by the HLA-B*14:01-restricted EL9 response.

To put these Env-EL9 variants arising in HLA-B*14-expressing individuals into the context of variation within this epitope overall, the frequency of Env-EL9 variants in B- and C-clade infection in all subjects (<https://www.hiv.lanl.gov>) is 50% and 34%, respectively, the most frequent variants being K558R (29% and 9% in B- and C-clade

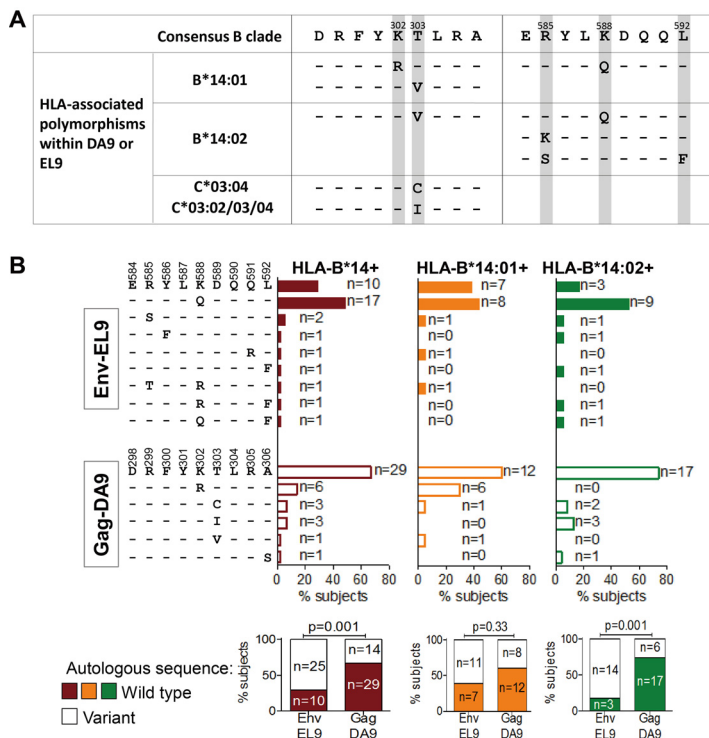


FIG 4 Differential Env-EL9 and Gag-DA9 selection pressure in B*14:01 versus B*14:02. (A) Consensus sequences of Env-EL9 and Gag-DA9 epitopes and polymorphisms associated with HLA-B*14 subtypes; overlapping polymorphisms associated with non-HLA-B*14 alleles are also shown. Data compiled from previously published large cohort studies (48–50). (B) Frequency of Env-EL9 and Gag-DA9 wild-type and variant sequences in the studied HLA-B*14-positive subjects. Graphs at the bottom compare frequencies of subjects with autologous wild-type (filled bars) or mutated (empty bars) sequence of Env-EL9 versus Gag-DA9 epitopes. Significance was determined by Fisher’s exact tests. (A and B) Residues identical to the wild type are presented as dashes; nonidentical residues are specified.

sequences, respectively) and K588Q (8% and 16%, respectively). Thus, K588R is relatively common and, as shown in Fig. 4A, is not an HLA-B*14:01 or HLA-B*14:02 footprint and indeed is not selected without accompanying variants in any of the subjects studied here, whereas K588Q is selected in 17/35 (49%) HLA-B*14-positive subjects studied here and in 17/25 (68%) of those whose autologous virus encoded Env-EL9 variants.

For the Gag-DA9 epitope, as shown in previous large cohort studies (48–50), the most frequent K302R variant is selected only in HLA-B*14:01-positive subjects ($P = 0.01$). Thus, there was significantly more variation in HLA-B*14:02-positive subjects in the Env-EL9 epitope than in Gag-DA9 ($P = 0.001$) (Fig. 4B), consistent with this being the dominant response among HLA-B*14:02-positive subjects. Among B*14:01-positive subjects, the Env-EL9 epitope was not targeted significantly more than Gag-DA9, and correspondingly, there was no significant difference in the selection of variants within Env-EL9 and Gag-DA9 in these subjects.

Selection of K588Q and not K588R is an escape variant in HLA-B*14-positive subjects. The Env-EL9 sequence data shown above confirm previous studies showing that K588Q at position 5 (P5) in the epitope and binding in the D pocket of the HLA-B*14 peptide-binding groove (51) is an HLA-B*14 footprint but K588R is not (48). This is surprising, given the relatively frequent occurrence of Arg/Lys substitutions as a mechanism by which HIV can escape recognition by other CTL specificities. Indeed, the HLA-B*14:01-associated escape variant within Gag-DA9 is a case in point, K302R being the substitution characteristically selected at P5 in the epitope.

In order to address this question, the ability of Env-EL9-specific CD8⁺ T cells to cross-react with the K588Q and with the K588R variants was analyzed in 8 HLA-B*14-

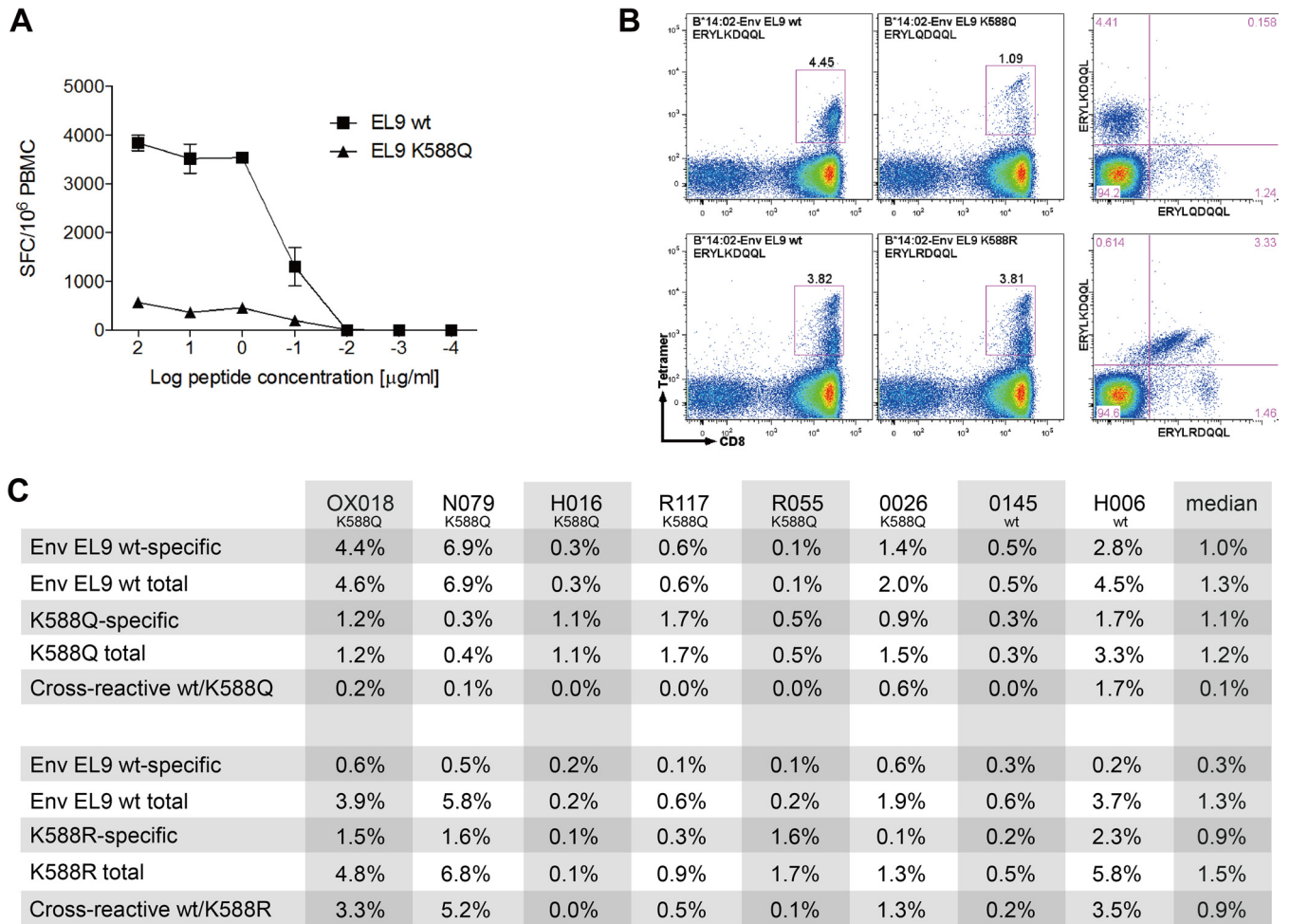


FIG 5 K588Q and not K588R is an escape variant in HLA-B*14-positive subjects. (A) Representative example of responses to EL9 wild-type versus EL9 K588Q variant peptides at different peptide concentrations by IFN- γ ELISPOT assay. The example shown is subject OX018, who has an autologous EL9 K588Q variant. (B) Cross-recognition of EL9 wild type and EL9 K588Q (top panels) versus EL9 wild type and EL9 K588R (bottom panels). The example shown is subject OX018, who has an autologous EL9 K588Q variant. (C) Cross-reactivity data of wild-type EL9-specific cells with K588Q and K588R variants for 8 H:A-B*14-positive subjects determined by tetramer staining.

positive subjects for whom samples were available. In 6 of 8 subjects, the autologous variant was K588Q, and in the remaining two, autologous virus encoded wild-type (wt) Env-EL9. The pattern of cross-recognition observed was quite distinct for the two variants K588Q and K558R. For K588Q, in all 8 subjects, the frequency of cross-reactive cells, double stained by EL9-wt and EL9-K558Q tetramers, was substantially lower than the frequency of EL9-wt-specific CD8⁺ T cells (Fig. 5). In all cases, including the 6 in whom the K588Q variant had been selected, EL9-wt-specific responses were readily detectable and in 5 of 8 cases were greater in magnitude than the EL9-K588Q-specific response. In contrast, in most of these subjects (6 of 8), the frequency of CTL cross-reactive for EL9-wt and K588R was higher than that of EL9-wt-specific CTL. Indeed, in 6 of these 8 subjects the K588R variant-specific response was higher than the EL9-wt-specific response.

These results would explain why K588R is not selected as an escape mutant, since the EL9-wt-specific response typically cross-reacts strongly with the K588R variant. In contrast, the K588Q variant is not cross-recognized, and therefore, this mutant would carry a selective advantage for the virus.

Impact of Gag-DA9 and Env-EL9 escape mutants on viral fitness and HIV outcome. Previous studies have indicated that the most effective CTL responses are those capable of driving the selection of escape mutants that significantly reduce viral

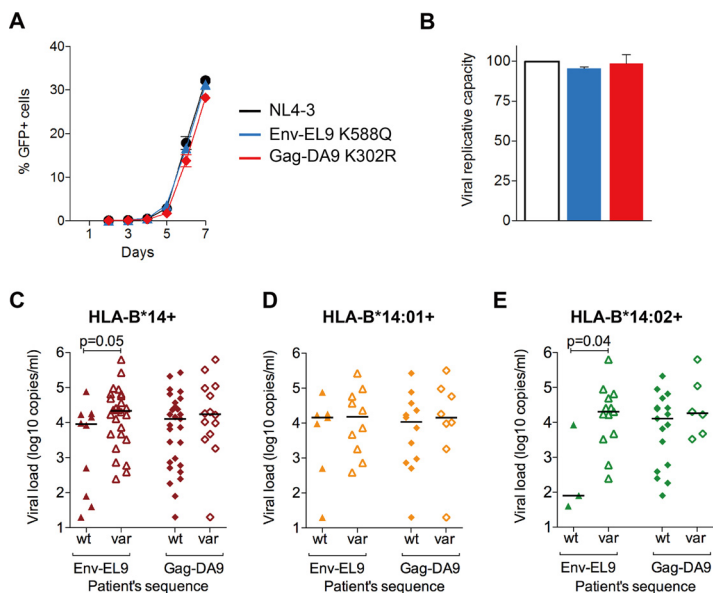


FIG 6 Impact of Gag-DA9 and Env-EL9 escape mutants on viral fitness and HIV infection outcome. (A) Replication kinetics of NL4-3 containing wild-type p24 and Env compared to the C-clade version of Gag-DA9 epitope and three other HLA-B*14-associated Gag and Env mutants. Infectivity is expressed as percent GFP-positive GXR reporter cells over 7 days after infection. Error bars represent standard errors of the means. (B) Viral replication capacity of the viruses in panel A. Significance was determined by ANOVA with Dunnett’s multiple-comparison test comparing NL4-3 with the other viruses. Error bars represent standard errors of the means. *, $P < 0.05$; **, $P < 0.01$; ***, $P < 0.001$; ns, not significant ($P > 0.05$). The color code is as in panel A. (C to E) Viral loads in HLA-B*14-positive (C), HLA-B*14:01-positive (D), and HLA-B*14:02-positive (E) subjects with either wild-type or mutated autologous sequences in Env-EL9 and Gag-DA9 epitopes. x axes indicate patients’ autologous epitope sequences. Only significant P values ($P > 0.05$), obtained by the Mann-Whitney U test, are shown. Horizontal bars indicate medians. wt, wild type; var, variant sequence.

replicative capacity (11–14). These are more likely in p24 Gag, which is highly conserved, than in Env, which is highly variable. We next, therefore, investigated the impact on viral replicative capacity of the most common escape mutants in p24 Gag-DA9 and Env-EL9 (Fig. 6A and B). In contrast to the general observation of the high cost of p24 Gag mutants, the K302R mutant had little impact on viral replicative capacity (VRC), consistent with previous studies of this variant (52). The Env-EL9 mutant marginally but not significantly decreased VRC. Thus, in this particular case, the fitness cost resulting from the selection of escape mutants within the capsid protein appears to have little impact on viral replicative capacity.

HLA-B*14-positive subjects who had wild-type Env-EL9 had lower viral loads (median of 9,068 versus 21,546 copies/ml, $P = 0.05$) (Fig. 6C) and higher CD4⁺ T-cell counts (median of 606 versus 455 cells/mm³, $P = 0.005$). Again, this difference was exclusive to HLA-B*14:02-positive subjects, among whom individuals with wild-type Env-EL9 had lower VLs than did those with a variant (median of 80 versus 20,003 copies/ml, $P = 0.04$) (Fig. 6D and E) and a trend toward higher CD4⁺ T-cell counts (median of 1,340 versus 410 cells/mm³, $P = 0.2$), although there were only three subjects with wild-type sequence.

Taken together, these results suggest that the Env-EL9 response is highly effective and contributes to successful immune control of HIV, whereas Gag-DA9 is not.

Stronger association of HLA-B*14:02 than HLA-B*14:01 with HIV immune control. On the basis of the findings above, if the B*14-Env-EL9 response makes a significant contribution to immune control of HIV, one would predict greater protection against HIV disease progression in association with HLA-B*14:02 than with HLA-B*14:01. To test this hypothesis, we first compared the frequency of HLA-B*14:01 with that of HLA-B*14:02 in viremic controllers (viral load of <2,000 copies/ml) versus noncontrollers (viral load of >10,000 copies/ml) derived from several previously well-described

TABLE 1 Frequency of HLA-B*14:01 versus HLA-B*14:02 among viremic controllers and noncontrollers^a

Patient group, allele, and adjustment	No. of controllers	No. of noncontrollers	B*14:01 vs B*14:02	
			OR (95% CI)	P value
HLA-B*14 ⁺ (n = 285) from 3,259 whites				
B*14:01	23	54		
B*14:02	78	130		
Not adjusted			1.41 (0.80–2.47)	0.23
Adjusted for B*27, B*57			1.54 (0.86–2.77)	0.15
HLA-B*14 ⁺ (n = 104) from 1,745 blacks				
B*14:01	7	21		
B*14:02	30	46		
Not adjusted			1.96 (0.74–5.17)	0.18
Adjusted for B*57, B*81			1.52 (0.56–4.13)	0.41

^aART-naïve chronically HIV-infected subjects were categorized as viremic controllers (viral loads of <2,000 copies/ml plasma) or noncontrollers (viral loads of >10,000 copies/ml plasma). Logistic regression was used to compute significance (P values), OR, and 95% CI for the differences in frequency of HLA-B*14 subtypes in controllers versus noncontrollers, with adjustment by HLA-B*57/27 expression.

cohorts (see Materials and Methods). Although there was a trend toward HLA-B*14:02 being more protective than HLA-B*14:01 among HLA-B*14-positive Caucasians (self-identified as “white”; n = 285) and HLA-B*14-positive African Americans (self-identified as “black”; n = 104), in neither group was the difference statistically significant (Table 1). We then extended the analysis to all controllers and noncontrollers in our cohorts (whites, n = 3,259; blacks, n = 1,745) by performing a regression analysis with stepwise selection that included all HLA-B alleles having a frequency equal to or greater than that of HLA-B*14:01 (HLA-B*14:01 frequency in whites, 2.42%; in blacks, 1.60%) (Table 2). HLA-B*14:02 showed a significant independent protective effect in both whites (odds ratio [OR], 0.44; P = 2e−7 in whites) and blacks (OR, 0.54; P = 2e−2 in blacks), but HLA-B*14:01 did not in either group. These results are consistent with previous data where HLA-B*14:02 was shown to confer protection in a logistic regression model that

TABLE 2 HLA-B*14:02 is significantly enriched among viremic controllers^a

Patient group and allele being compared with others	OR	95% CI	P value
Whites (n = 3,259)			
B*57:01	0.25	0.20–0.32	2e−31
B*27:05	0.34	0.26–0.45	2e−15
B*52:01	0.40	0.25–0.63	7e−5
B*14:02	0.44	0.32–0.60	2e−7
B*13:02	0.47	0.33–0.67	3e−5
B*40:02	0.48	0.31–0.75	1e−3
B*08:01	1.66	1.28–2.13	1e−4
B*38:01	1.66	1.04–2.66	3e−2
B*40:01	1.76	1.24–2.50	2e−3
B*07:02	2.04	1.60–2.60	8e−9
Blacks (n = 1,745)			
B*57:03	0.15	0.11–0.21	2e−29
B*81:01	0.20	0.12–0.33	1e−10
B*39:10	0.22	0.11–0.45	2e−5
B*57:01	0.41	0.19–0.91	3e−2
B*27:05	0.44	0.21–0.91	3e−2
B*14:02	0.54	0.32–0.90	2e−2
B*07:02	1.45	1.01–2.09	4e−2
B*53:01	1.51	1.12–2.03	7e−3
B*35:01	1.92	1.29–2.86	1e−3
B*15:10	2.27	1.33–3.89	3e−3
B*58:02	2.63	1.51–4.59	6e−4
B*45:01	4.10	2.36–7.13	6e−7

^aPresence or absence of individual HLA-B alleles that have a frequency equal to or greater than that of HLA-B*14:01 was tested by logistic regression with stepwise selection. B*14:02 is highlighted in bold.

included all HLA class I alleles with a phenotypic frequency of >2% (33) and with our immunological findings.

DISCUSSION

This study investigated HIV control mediated by HLA-B*14. We showed that the HLA-B*14-restricted Env-EL9-specific CD8⁺ T-cell response was more efficacious against HIV than the Gag-DA9-specific response. In association with this, the Env-specific response had significantly greater function avidity, was more frequently targeted, and was of higher magnitude than the Gag-specific response. We demonstrated that the functional avidity for Env-EL9 was significantly higher for responses restricted by HLA-B*14:02 than for responses restricted by HLA-B*14:01. Finally, we showed a significantly stronger association between HLA-B*14:02 and protection against HIV disease progression than with the protection mediated by HLA-B*14:01.

Higher anti-HIV efficacy of Env- than of Gag-specific CD8⁺ T-cell responses is unusual and, in fact, unreported until the current study. Numerous studies have suggested that Gag-specific CD8⁺ T-cell responses are associated with better disease outcome in HIV infection, are more efficacious in control of HIV than other specificities, and are often dominant responses in elite controllers (6, 10, 18, 53–64). However, our result is consistent with studies showing that non-Gag responses can also mediate viral control. In the macaque model of elite control, Env-, Nef-, and Vif-specific CD8⁺ T-cell responses have been shown to be dominant and efficacious in viral clearance (25, 65, 66). In HIV infection, a dominant HLA-B*57-restricted Nef response was present in an elite controller, although the antiviral efficacy of that response has not been evaluated (67). Similarly, HLA-B*27:02, an allele associated with better protection than HLA-B*27:05 (P. Goulder, unpublished data), restricts the dominant CD8⁺ T-cell response in Nef, although as described above its efficacy remains to be determined. Furthermore, effective elimination of infected cells by Env-specific CD8⁺ T cells, including HLA-B*14-Env-EL9-restricted cells, has been reported in HIV infection (68, 69). Our finding of the superior Env-specific antiviral efficacy is also consistent with a recent study of HLA-B*57/27-negative HIV elite controllers indicating that potent cytotoxic capacity (measured by granzyme B expression and infected cell elimination) of HIV-specific CD8⁺ T cells rather than the identity of the targeted epitope is the determining factor in mediating successful control of infection (70).

The data presented here are consistent with previous studies suggesting that an important factor contributing to antiviral efficacy of CD8⁺ T-cell responses is high functional avidity (26, 27, 71, 72). Functional avidity of the Env-EL9 response was >24-fold higher than that of the Gag-DA9-specific response and correlated strongly with response magnitude; the Env-specific response was also more frequently targeted than the Gag-specific response (Fig. 3). Thus, HLA-B*14-Env-EL9 CD8⁺ T cells with higher antigen sensitivity than HLA-B*14-Gag-DA9 cells would be expected to be more efficacious in controlling viral replication.

These qualitative differences between Env- and Gag-specific CD8⁺ T cells were significant only among HLA-B*14:02-positive individuals (Fig. 3). In the case of functional avidity, the difference between the Env- and Gag-specific responses was significant even among HLA-B*14:01-positive individuals, although less markedly so. However, the avidity of the Env-EL9 response was still 12-fold higher in the HLA-B*14:02-positive subjects than in the HLA-B*14:01-positive subjects. These observations suggest that despite restriction of the same epitopes by these two closely related HLA-B*14 molecules, HIV-specific HLA-B*14:02-restricted CD8⁺ T cells are qualitatively different from HIV-specific HLA-B*14:01-restricted CD8⁺ T cells, and the difference is primarily determined by the superior function of HLA-B*14:02-restricted Env-EL9-specific CD8⁺ T cells.

It has previously been proposed that an important mechanism by which HLA class I molecules influence rates of HIV disease progression is related to the specificity of the particular HIV epitopes that are presented (8). As described above, factors other than specificity are important. However, the demonstration here of the HLA-B*14-EL9 re-

sponse as both immunodominant among HLA-B*14-positive subjects and efficacious in suppressing HIV is consistent with previous observations of HLA-B*14 being associated with protection against rapid HIV disease progression (3, 39, 41). The substantially higher functional avidity of this Env-EL9 response among HLA-B*14:02- than HLA-B*14:01-positive subjects is also consistent with the findings here that HLA-B*14:02 is significantly more protective against HIV disease progression than HLA-B*14:01.

These studies have focused on the two principal HLA-B*14-restricted HIV-specific responses. We have not considered other HLA-B*14-restricted HIV-specific responses since these are the only 2 that drive selection pressure on the virus (48). The labor-intensive nature of the work and the consequently small number of subjects studied here limit our concluding definitively that in all cases HLA-B*14-restricted Env-EL9-specific CD8⁺ T cells inhibit HIV replication more effectively than HLA-B*14-restricted Gag-DA9-specific responses. In addition, sample availability precluded our comparing the capacities of HLA-B*14:01-restricted CTL clones and HLA-B*14:02-restricted CTL clones to inhibit viral replication.

Structurally, HLA-B*14:01 and HLA-B*14:02 differ only at position 11 (P11), with a serine and an alanine, respectively (73). However, P11 is unlikely to explain the difference in HIV control between the two HLA molecules, because of its "buried" location in the α 1 domain of HLA near the C pocket (74, 75), where it does not contribute to interactions between HLA domains or with a peptide or T-cell receptor (TCR), is not solvent accessible, and is of low variability (76, 77). The peptide-binding motif for HLA-B*14:02 has previously been determined (51). Studies identifying HLA-B*14-restricted epitopes reported only 2-digit HLA, thus not showing an HLA-B*14:01 motif explicitly (31, 42). However, due to the lack of significant structural differences the peptide-binding motif is likely to be the same for the two molecules.

On the other hand, the buried P11 may alter the confirmation of the nearby α 1 residues or affect upstream peptide processing (73). Of note, HLA-B*14:02 and HLA-B*14:03 differ by a single amino acid in the HLA sequence at P156 but share only ~30% of their peptides (78). This single difference at P156, essential in D and E peptide-binding pockets (76), may play a role in the differential association of HLA-B*14:02 and HLA-B*14:03 with ankylosing spondylitis (78, 79). Previous HIV-specific studies have also shown that one amino acid difference between HLA subtypes, such as HLA-B*35:01 and HLA-B*35:03 (80), or HLA-B*35:01 and HLA-B*35:08 (81), HLA-B*42:01 and HLA-B*42:02 (24), and HLA-B*57:02 and HLA-B*57:03 (82), is sufficient to have a significant impact on disease outcome.

Another distinguishing feature between HLA-B*14:01 and HLA-B*14:02 alleles appears to be in the selection pressure that they exert on the virus. First, the Gag-DA9 K302R mutation was found exclusively in HLA-B*14:01-positive subjects, consistent with previous large cohort studies involving >3,500 study subjects (48, 49). This again would point to the lack of antiviral efficacy of HLA-B*14:02-Gag-specific CD8⁺ T cells. At the same time, HLA-B*14:02 appeared to have selected the Env-EL9 K588Q mutation, and there is a hint that this selection is associated with higher viremia and lower CD4⁺ T-cell counts (Fig. 6C to E). Curiously, however, neither of these mutations had a significant impact on viral replication, although Env-EL9-K588Q tended to have a slightly lower replicative capacity than the wild type, while the opposite was true for Gag-DA9-K302R (Fig. 6). This is particularly interesting in the case of the Gag epitope. This epitope (Gag 298 to 306) overlaps with the highly conserved major homology region (Gag 285 to 304) in the C terminus of HIV p24 capsid, which is essential for virion assembly and stability (83, 84), and previous reports showed rapid reversion of K302R in the absence of HLA-B*14:01 (50, 85), implying that K302R inflicts a significant cost to viral replicative capacity. However, the apparent lack of impact of this mutation on viral replication was also recently reported by another group (52).

It is perhaps surprising that previous large studies investigating the relationship between HLA class I type and HIV disease progression did not identify the difference between HLA-B*14:02 and HLA-B*14:01 in terms of the protective effect conferred. In some earlier studies, 2-digit HLA typing was employed (41), which prevented these

analyses being undertaken. Also, HLA-B*14 class I subtypes are not especially prevalent, especially in African populations (the phenotypic frequency of HLA-B*14 is 6.0% versus 8.7% in the present study [Tables 1 and 2]), and hence, large study numbers are needed to achieve adequate statistical power. The current analysis involved 3,259 whites and 1,745 blacks, and even with these numbers, the protection afforded by HLA-B*14:02 in the blacks was evident only at a *P* value of 0.02.

In conclusion, these studies indicate that, although Gag-specific CD8⁺ T-cell responses may usually have greater antiviral efficacy against HIV for the several reasons described above, influences such as functional avidity of individual responses are also critically important factors that may override protein specificity in contributing to immune control of HIV infection. This finding is relevant to the development of vaccines designed to generate effective antiviral CD8⁺ T-cell responses.

MATERIALS AND METHODS

Study subjects. Adult chronically HIV-infected antiretroviral therapy (ART)-naive subjects studied here were enrolled in the following cohorts: (i) Thames Valley cohort, United Kingdom (*n* = 30) (18); (ii) Gateway cohort, Durban, South Africa (*n* = 17) (86); and (iii) the SCOPE (Study of the Consequences of Protease Inhibitor Era) cohort, San Francisco, CA, USA (*n* = 2) (87). Subjects from all cohorts provided written informed consent, and the study was approved by the institutional boards of the University of Oxford, the University of KwaZulu-Natal, and the University of California, San Francisco. HLA typing was performed using a locus-specific PCR amplification strategy and a heterozygous DNA sequencing methodology for the HLA class I exon 2 and 3 amplicons. HIV plasma viral load measurements were done using the Roche Amplicor version 1.5 assay with Cobas Amplicor (Thames Valley, Gateway, and SCOPE cohorts) or using the Abbott RealTime HIV assay (SCOPE cohort). CD4⁺ T-cell counts were enumerated by flow cytometry using standard clinical protocol. The median viral load of these study subjects was 9,700 copies/ml (IQR, 555 to 31,500); the median CD4⁺ T-cell count was 527 cells/mm³ (IQR, 420 to 711).

To analyze the associations between the expression of HLA-B*14:01 and HLA-B*14:02 and immune control of HIV, viral load and HLA data of the ART-naive chronically HIV-infected subjects (*n* = 5,004; Caucasians, *n* = 3,259; African Americans, *n* = 1,745) were used. These subjects were from the cohorts from the following studies: AIDS Clinical Trial Group (ACTG) Study (<https://actgnetwork.org>), International HIV Controllers Study (3) (<http://www.hivcontrollers.org>), Multicenter AIDS Cohort Study (MACS) (88) (<https://statepi.jhsph.edu/mac/mac.html>), Multicenter Hemophilia Cohort Study (MHCS) (89) (<https://biolncc.nhlbi.nih.gov/studies/mhcs/>), The Study of the Consequences of Protease Inhibitor Era (SCOPE) (90) (<https://hiv.ucsf.edu/research/scope.html>), and the Swiss HIV Cohort Study (91) (www.shcs.ch).

Viremic controllers were defined as individuals with viral loads of <2,000 copies/ml; noncontrollers were defined as individuals with viral loads of >10,000 copies/ml.

Tetramer generation and staining. Peptide-major histocompatibility complex (MHC) tetramers conjugated to fluorophores were generated as previously described, using streptavidin-phycoerythrin (PE) or allophycocyanin (APC) (92). Cytotoxic saporin-conjugated tetramers were produced by the same method using streptavidin-SAP (Advanced Targeting Systems) to tetramerize peptide-MHC monomers according to the published approach (93). Briefly, these modified tetramers are coupled to a toxin, the ribosome-inactivating protein saporin (SAP), which can selectively kill antigen-specific cells of interest and thereby evaluate the contribution of a particular CD8⁺ T-cell specificity to viral inhibition (93–97). The efficiency of tetramerization was confirmed by staining with anti-mouse Ig κ beads (BD Biosciences) with an anti-HLA antibody, followed by tetramer staining. For staining with the fluorescently conjugated tetramers, PBMC or expanded CD8⁺ T cells (0.5×10^6 to 1×10^6 cells per stain) were washed with phosphate-buffered saline (PBS), incubated with relevant tetramers for 20 to 30 min at room temperature in a 96-well U-bottom plate, washed again, further incubated with fluorochrome-conjugated antibodies for 15 min at room temperature, and fixed in 2% formaldehyde solution at 4°C. For staining with SAP-conjugated tetramers, cells were incubated with tetramers for 30 min at room temperature, washed, fixed and permeabilized with the BD Cytotfix/Cytoperm kit (BD Biosciences), and then incubated with a secondary anti-SAP antibody (Alexa Fluor 488; Advanced Targeting Systems) as previously published (93). Controls included cells incubated with no tetramer, HLA-mismatched SAP-conjugated tetramers, and free unconjugated SAP. All samples were acquired within 6 h of staining on a MACSQuant Analyzer 10 (Miltenyi Biotec). Negative gates were set up using staining with no tetramer or with HLA-mismatched tetramers. Samples were analyzed in FlowJo version 9.7.6 (Tree Star, Inc.) and hierarchically gated on singlets, lymphocytes, live cells, and CD3⁺ CD4⁻ cells around CD8⁺ tetramer-specific cell populations; in viral inhibition assays, cells were gated on live CD4⁺ green fluorescent protein-positive (GFP⁺) populations.

Selective depletion of antigen-specific CD8⁺ T cells using cytotoxic tetramers. Antigen-specific CD8⁺ T cells were selectively depleted using cytotoxic saporin-conjugated tetramers (tet-SAP) as described previously and confirmed in our laboratory (93). First, CD8⁺ T cells within PBMC were expanded using a monoclonal CD3.4 antibody bispecific for CD3 and CD4 (the NIH AIDS Reagent Program) which simultaneously eliminates CD4⁺ T cells and expands CD8⁺ T cells (45–47). Expanded CD8⁺ T cells were cultured in R10 medium (RPMI, 10% fetal calf serum [Sigma], 1% L-glutamine [Sigma], and 1% penicillin-streptomycin [Sigma]), supplemented with 50 U/ml human premium-grade interleukin-2 (IL-2; Miltenyi Biotec) (R10/50) for 10 to 14 days to achieve >90% purity. Expanded CD8⁺

T cells were then treated with tet-SAP (5 to 10 nM) for 2 h at 37°C, washed three times with R10, and cultured in R10/50 for 24 to 48 h before they were used as effector cells in viral inhibition assays (see below). Control treatments included HLA-mismatched tet-SAP, free saporin, or no treatment. Depletion efficiency was confirmed by tetramer staining prior to viral inhibition assay setup. tet-SAP-mediated depletion was prevalidated by depleting antigen-specific cells using PE-conjugated tetramers and anti-PE magnetic beads (StemCell Technologies).

Generation of polyclonal epitope-specific CD8⁺ T-cell lines. Epitope-specific CTL lines were generated as previously described (18) with modifications. Briefly, fresh PBMC were peptide pulsed (2×10^6 to 3×10^6 PBMC/peptide at 200- μ g/ml final concentration) for 1 h and fed with fresh R10/50 every 2 to 3 days for 14 to 21 days. Specificity was tested by tetramer staining. To remove nonspecific cells, tetramer-positive cells were sorted on a MoFlo XDP cell sorter (Beckman Coulter) and expanded in R10/50 supplemented with monoclonal OKT3 antibody (eBioscience) at 0.1 μ g/ml. At the time of the initial setup and every 10 to 14 days afterward, peptide-pulsed irradiated HLA-matched B cells and irradiated feeder PBMC from three HIV-negative donors were added to the sorted cells at a 1:1:1 ratio. The specificity and purity of expanded CD8⁺ T cells were confirmed by tetramer staining immediately before using them as effector cells in viral inhibition assays.

Generation of CD8⁺ T-cell clones. Epitope-specific clones were generated as previously described (38). Briefly, PBMC were stained with fluorescently labeled tetramers. Tetramer-specific single cells were sorted on a MoFlo XDP cell sorter (Beckman Coulter) directly into U-bottom 96-well plates (single cell/well) in R10/50 containing monoclonal OKT3 antibody (eBioscience) at 0.1 μ g/ml. Twice a week, half of the medium was replaced with fresh R10/50. After 2 to 3 weeks, cells were tested for their specificity by tetramer staining. Epitope-specific clones were transferred to 48-well plates and then to 24-well plates; at the time of transfer and/or every 14 to 21 days, clones were restimulated with monoclonal OKT3, peptide-pulsed irradiated HLA-matched B cells, and irradiated feeder PBMC from three HIV-negative donors.

Viral inhibition assays. To evaluate anti-HIV suppressive capacity of *ex vivo* unstimulated CD8⁺ T cells or stimulated epitope-specific CD8⁺ T cells, we modified a previously described viral inhibition assay (98). We used an HIV-permissive T1 cell line untransfected or transfected with the HLA-B*14:02 gene (provided by Otto Yang; this cell line also expresses HLA-A*02, HLA-B*05, and HLA-B*06) (99) as target cells. Effector cells were (i) "zapped" CD8⁺ T cells, from which Env-EL9- or Gag-DA9-specific cells were selectively depleted using tet-SAP as described above; (ii) CTL lines; and (iii) CD8⁺ T-cell clones. For the initial setup, target cells were infected with pretitrated NL4-3-GFP by spinoculation for 1 h, incubated at 37°C for 1 h, repeatedly washed, and further cultured with or without effector cells in duplicate or triplicate. Every 2 to 3 days, cultures were fed and stained to assess live CD4⁺ GFP⁺ cells. Percent GFP⁺ uninfected target cells served as a background, subtracted from all values. HIV-suppressive capacity was calculated at the time of the peak of viral growth as follows (98): suppressive capacity = $\log_{10}(\% \text{ GFP}^+ \text{ infected target cells without effector cells} / \% \text{ GFP}^+ \text{ target cells with effector cells})$.

The viral inhibition assays shown were done using CTL lines and clones that were generated from 3 subjects.

Antibodies. Antibodies used were anti-CD3-brilliant violet 421 (UCHT1), anti-CD4-APC (OKT4), anti-CD4-fluorescein isothiocyanate (FITC) (OKT4) and anti-CD8-PE/Cy7 (RPA-T8) (BioLegend), anti-HLA-APC (G46-2.6) (BD Biosciences), LIVE/DEAD fixable near-infrared (IR) marker (Life Technologies), and polyclonal chicken anti-saporin-Alexa Fluor 488 (Advanced Targeting Systems).

IFN- γ ELISPOT assays. Freshly isolated or cryopreserved PBMC were screened in IFN- γ ELISPOT assays to quantify CD8⁺ T-cell responses to a set of 410 overlapping 18-mer peptides spanning the HIV proteome (6) and HLA-restricted optimal epitopes listed in the Los Alamos A-list of optimal HIV CTL epitopes (100). ELISPOT assays were performed as previously described (101, 102). Spots were counted using an automated ELISPOT reader (AID ELISPOT v4.0; Autoimmun Diagnostika, Germany). Positive responses had to be at least three times the mean number of spot-forming colonies (SFC) in the four control wells and >50 SFC/million PBMC after background subtraction. HIV peptides were produced by Schafer-N.

Measurement of functional avidity. Functional avidity, or antigen sensitivity, was defined as the concentration of an exogenous peptide required to elicit half-maximal cellular response. Functional avidity of CD8⁺ T cells within PBMC was assessed in *ex vivo* IFN- γ ELISPOT assays by incubating 10^5 PBMC per well with serial peptide dilutions over a range of 7 \log_{10} units in triplicate. The peptides used were wild-type Gag-DA9 and Env-EL9. ELISPOT assays were performed as described above.

Site-directed mutagenesis of NL4-3. Y301F, K302R, and Y301F/K302R mutations of HIV Gag sequence as well as K588Q and K588R mutations in Env sequence were introduced, respectively, into the HIV subtype B NL4-3 plasmid by using the QuikChange Lightning site-directed mutagenesis kit (Agilent Technologies) along with custom-designed mutagenesis forward and reversed primers. The forward primers are shown as follows (mutated codons shown in bold): 5'-C CTG GCT GTG GAA AGA TAC CTA **CAG** GAT CAA CAG CT-3' (Env K588Q), 5'-GAC TAT GTA GAC CGA TTC **TTT** AAA ACT CTA AGA GCC GAG-3' (Gag Y301F), 5'-T AGA GAC TAT GTA GAC CGA TTC TAT **AGA** ACT CTA AGA GCC G-3' (Gag K302R), and 5'-A GAC TAT GTA GAC CGA TTC **TTT AGA** ACT CTA AGA GCC GAG CAA G-3' (Gag Y301F/K302R). All mutations were confirmed by sequencing.

Virus production and replication kinetics. All plasmids were maxiprepped according to the manufacturer's instructions (HiSpeed plasmid maxikit; Qiagen, Hilden, Germany). To generate mutant viruses, the mutated NL4-3 Gag-Pro amplified purified PCR products with the BstEII (New England Biolabs, Ipswich, MA)-linearized pNL4-3 Δ gag-protease were transfected into GFP reporter GXR cells via electroporation in a Bio-Rad Gene Pulsar II using 0.4-cm cuvettes at 300 V, 500 μ F, and infinite resistance

(14). Virus propagation was then monitored by flow cytometry (LSRII; BD Biosciences) to detect GFP-expressing infected cells for 2 weeks in culture with GXR cells. Virus culture supernatants were harvested when 30% of cells were GFP positive. Viruses were aliquoted and stored at -80°C until use. All mutations were confirmed again by extracting viral RNA from the harvested supernatant and sequencing. Nucleotide similarity reached 99.99%. Along with wild type (wt) as positive controls and two negative controls without viruses, NL4-3 mutant viruses were incubated with GXR cells in a 24-well plate for determination of viral titers, as previously described (103). A low multiplicity of infection (MOI) (0.01%) was set as the lowest threshold for determining the amount of virus required for inoculation. The GFP⁺ expression was measured by flow cytometry from days 2 to 7 before it reached the saturated 30 to 40%. The viral replication capacity was defined by the semilog calculation of the mean slope of exponential growth in Excel. This was further calibrated to the normalized value relative to the wild-type NL4-3, respectively. All assays were done at least in triplicate.

Amplification and sequencing of proviral DNA. Genomic DNA was extracted from whole-blood QIAamp reagents (Qiagen, United Kingdom), according to the manufacturer's protocol. For the subjects from the SCOPE cohort, whole blood was unavailable and DNA was extracted from cryopreserved PBMC using the QIAamp DNA minikit according to the manufacturer's protocol (Qiagen). HIV Gag and partial Env (containing HLA-B*14-Env-EL9^{584ERYLKDQQL⁵⁹²} epitope) segments were amplified by nested PCR, as previously described (104), using the following primers: Gag-specific primers 5'-CTCTAGCAGTGCGCCCGAA-3' and 5'-TCCTTTCCACATTTCCAACAGCC-3' for the first round (product size, 1,418 bp; HXB2 coordinates 627 to 2045) and 5'-ACTCGGCTTGCTGAAGTGC-3' and 5'-CAATTTCTGGCTATGTGCC-3' for the second round (product size, 1,307 bp; HXB2 coordinates 696 to 2003) and Env-specific primers 5'-GGAGATATAAGACAAGCACATTG-3' and 5'-CCCTGTCTTATTCTTAGGT-3' for the first round (product size, 1,579 bp; HXB2 coordinates 7194 to 8773) and 5'-GTGGAGGAGAATTTTCTATTG-3' and 5'-CTATCTGTTCTTCCAGTACTGC-3' for the second round (product size, 1,349 bp; HXB2 coordinates 7357 to 8707). PCR products were purified using the QIAquick PCR purification kit (Qiagen, United Kingdom) according to the manufacturer's instructions. All sequencing was done using BigDye Terminator v3.1 Ready Reaction mix (Applied Biosystems) as previously described (104) and analyzed using Sequencher v4.8 (Gene Codes Corp.). We generated maximum-likelihood trees of all sequences, using Mega6.06-mac software and FigTree v1.4.2, to exclude the possibility of contamination with laboratory viral strains. HIV subtypes were further confirmed with NCBI (<https://www.ncbi.nlm.nih.gov/guide/sequence-analysis/>) and REGA (<http://dbpartners.stanford.edu:8080/RegaSubtyping/stanford-hiv/typingtool/>) HIV genotyping tools.

Statistical analysis. Statistical analyses were performed in GraphPad Prism for Mac OSX, 5.0c (GraphPad Software). We used a paired *t* test to compare differences between remaining infected target cells without effector cells and those with effector cells at the peak of viral replication; the Kruskal-Wallis test with Dunn's posttest (for >2-group analysis) or the Mann-Whitney U test (for 2-group analysis) to analyze differences in HIV suppressive capacity; Fisher's exact test to analyze differences in recognition of Env-EL9 versus Gag-DA9 epitopes and in autologous sequences of Env-EL9 versus Gag-DA9 epitope; the Mann-Whitney U test for differences in magnitude and functional avidity of Env-EL9 versus Gag-DA9 CD8⁺ T-cell responses, in frequency of tetramer-specific cells in HLA-B*14:01- versus HLA-B*14:02-positive subjects, and in viral load and CD4⁺ T-cell counts; Spearman correlation to analyze the correlation between response magnitude and functional avidity; and analysis of variance (ANOVA) with Dunnett's multiple-comparison test for differences in viral replicative capacity of different viral constructs. Functional avidity (EC_{50}) was calculated in Prism using a dose-response function.

To analyze associations between HLA class I expression and HIV immune control, SAS 9.2 (SAS Institute) was used. Genotype frequencies on individual HLA-B alleles were computed using PROC FREQ. To calculate OR and 95% confidence interval (CI) for viremic controllers versus noncontrollers with adjustment by HLA-B*27 and HLA-B*57, PROC LOGISTIC was used; an OR of <1 indicates protection. Presence versus absence of all individual HLA-B alleles that have a frequency equal to or greater than HLA-B*14:01 was included in the models with stepwise selection.

Accession number(s). Sequences were deposited in GenBank under accession numbers [MF445302](#) to [MF445379](#).

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REFERENCES

- Miguel SA, Connors M. 2010. Long-term nonprogressive disease among untreated HIV-infected individuals: clinical implications of understanding immune control of HIV. *JAMA* 304:194–201. <https://doi.org/10.1001/jama.2010.925>.
- Kaslow RA, Carrington M, Apple R, Park L, Munoz A, Saah AJ, Goedert JJ, Winkler C, O'Brien SJ, Rinaldo C, Detels R, Blattner W, Phair J, Erlich H, Mann DL. 1996. Influence of combinations of human major histocompatibility complex genes on the course of HIV-1 infection. *Nat Med* 2:405–411. <https://doi.org/10.1038/nm0496-405>.
- Pereyra F, Jia X, McLaren PJ, Telenti A, de Bakker PI, Walker BD, Ripke S, Brumme CJ, Pulit SL, Carrington M, Kadie CM, Carlson JM, Heckerman D, Graham RR, Plenge RM, Deeks SG, Giannini L, Crawford G, Sullivan J, Gonzalez E, Davies L, Camargo A, Moore JM, Beattie N, Gupta S, Crenshaw A, Burt NP, Guiducci C, Gupta N, Gao X, Qi Y, Yuki Y, Piechocka-Trocha A, Cutrell E, Rosenberg R, Moss KL, Lemay P, O'Leary J, Schaefer T, Verma P, Toth I, Block B, Baker B, Rothchild A, Lian J, Proudfoot J, Alvino DM, Vine S, Addo MM, Allen TM, et al. 2010. The major genetic determinants of HIV-1 control affect HLA class I peptide presentation. *Science* 330:1551–1557. <https://doi.org/10.1126/science.1195271>.
- Miguel SA, Sabbaghian MS, Shupert WL, Bettinotti MP, Marincola FM, Martino L, Hallahan CW, Selig SM, Schwartz D, Sullivan J, Connors M. 2000. HLA B*5701 is highly associated with restriction of virus replication in a subgroup of HIV-1-infected long term nonprogressors. *Proc Natl Acad Sci U S A* 97:2709–2714. <https://doi.org/10.1073/pnas.050567397>.
- Lambotte O, Boufassa F, Madec Y, Nguyen A, Goujard C, Meyer L, Rouzioux C, Venet A, Delfraissy JF. 2005. HIV controllers: a homogeneous group of HIV-1-infected patients with spontaneous control of viral replication. *Clin Infect Dis* 41:1053–1056. <https://doi.org/10.1086/433188>.
- Kiepiela P, Ngumbela K, Thobakgale C, Ramduth D, Honeyborne I, Moodley E, Reddy S, de Pierres C, Mncube Z, Mkhwanazi N, Bishop K, van der Stok M, Nair K, Khan N, Crawford H, Payne R, Leslie A, Prado J, Prendergast A, Frater J, McCarthy N, Brander C, Learn GH, Nickle D, Rousseau C, Coovadia H, Mullins JI, Heckerman D, Walker BD, Goulder P. 2007. CD8+ T-cell responses to different HIV proteins have discordant associations with viral load. *Nat Med* 13:46–53. <https://doi.org/10.1038/nm1520>.
- Ngumbela KC, Day CL, Mncube Z, Nair K, Ramduth D, Thobakgale C, Moodley E, Reddy S, de Pierres C, Mkhwanazi N, Bishop K, van der Stok M, Ismail N, Honeyborne I, Crawford H, Kavanagh DG, Rousseau C, Nickle D, Mullins J, Heckerman D, Korber B, Coovadia H, Kiepiela P, Goulder PJ, Walker BD. 2008. Targeting of a CD8 T cell env epitope presented by HLA-B*5802 is associated with markers of HIV disease progression and lack of selection pressure. *AIDS Res Hum Retroviruses* 24:72–82. <https://doi.org/10.1089/aid.2007.0124>.
- Goulder PJ, Walker BD. 2012. HIV and HLA class I: an evolving relationship. *Immunity* 37:426–440. <https://doi.org/10.1016/j.immuni.2012.09.005>.
- Matthews PC, Koyanagi M, Kloverpris HN, Harndahl M, Stryhn A, Akahoshi T, Gatanaga H, Oka S, Juarez Molina C, Valenzuela Ponce H, Avila Rios S, Cole D, Carlson J, Payne RP, Ogwu A, Bere A, Ndung'u T, Gounder K, Chen F, Riddell L, Luzzi G, Shapiro R, Brander C, Walker B, Sewell AK, Reyes Teran G, Heckerman D, Hunter E, Buus S, Takiguchi M, Goulder PJ. 2012. Differential clade-specific HLA-B*3501 association with HIV-1 disease outcome is linked to immunogenicity of a single Gag epitope. *J Virol* 86:12643–12654. <https://doi.org/10.1128/JVI.01381-12>.
- Masemola A, Mashishi T, Khoury G, Mohube P, Mokotho P, Vardas E, Colvin M, Zijenah L, Katzenstein D, Musonda R, Allen S, Kumwenda N, Taha T, Gray G, McIntyre J, Karim SA, Sheppard HW, Gray CM. 2004. Hierarchical targeting of subtype C human immunodeficiency virus type 1 proteins by CD8+ T cells: correlation with viral load. *J Virol* 78:3233–3243. <https://doi.org/10.1128/JVI.78.7.3233-3243.2004>.
- Schneidewind A, Brockman MA, Yang R, Adam RI, Li B, Le Gall S, Rinaldo CR, Craggs SL, Allgaier RL, Power KA, Kuntzen T, Tung CS, LaBute MX, Mueller SM, Harrer T, McMichael AJ, Goulder PJ, Aiken C, Brander C, Kelleher AD, Allen TM. 2007. Escape from the dominant HLA-B27-restricted cytotoxic T-lymphocyte response in Gag is associated with a dramatic reduction in human immunodeficiency virus type 1 replication. *J Virol* 81:12382–12393. <https://doi.org/10.1128/JVI.01543-07>.
- Crawford H, Lum W, Leslie A, Schaefer M, Boeras D, Prado JG, Tang J, Farmer P, Ndung'u T, Lakhi S, Gilmour J, Goepfert P, Walker BD, Kaslow R, Mulenga J, Allen S, Goulder PJ, Hunter E. 2009. Evolution of HLA-B*5703 HIV-1 escape mutations in HLA-B*5703-positive individuals and their transmission recipients. *J Exp Med* 206:909–921. <https://doi.org/10.1084/jem.20081984>.
- Martinez-Picado J, Prado JG, Fry EE, Pfafferoth K, Leslie A, Chetty S, Thobakgale C, Honeyborne I, Crawford H, Matthews P, Pillay T, Rousseau C, Mullins JI, Brander C, Walker BD, Stuart DI, Kiepiela P, Goulder P. 2006. Fitness cost of escape mutations in p24 Gag in association with control of human immunodeficiency virus type 1. *J Virol* 80:3617–3623. <https://doi.org/10.1128/JVI.80.7.3617-3623.2006>.
- Miura T, Brockman MA, Schneidewind A, Lobritz M, Pereyra F, Rathod A, Block BL, Brumme ZL, Brumme CJ, Baker B, Rothchild AC, Li B, Trocha A, Cutrell E, Frahm N, Brander C, Toth I, Arts EJ, Allen TM, Walker BD. 2009. HLA-B57/B*5801 human immunodeficiency virus type 1 elite controllers select for rare gag variants associated with reduced viral replication capacity and strong cytotoxic T-lymphocyte [corrected] recognition. *J Virol* 83:2743–2755. <https://doi.org/10.1128/JVI.02265-08>.
- Troyer RM, McNevin J, Liu Y, Zhang SC, Krizan RW, Abbraha A, Tebit DM, Zhao H, Avila S, Lobritz MA, McElrath MJ, Le Gall S, Mullins JI, Arts EJ. 2009. Variable fitness impact of HIV-1 escape mutations to cytotoxic T lymphocyte (CTL) response. *PLoS Pathog* 5:e1000365. <https://doi.org/10.1371/journal.ppat.1000365>.
- Zhu P, Chertova E, Bess J, Jr, Lifson JD, Arthur LO, Liu J, Taylor KA, Roux KH. 2003. Electron tomography analysis of envelope glycoprotein trimers on HIV and simian immunodeficiency virus virions. *Proc Natl Acad Sci U S A* 100:15812–15817. <https://doi.org/10.1073/pnas.2634931100>.
- Sacha JB, Chung C, Rakasz EG, Spencer SP, Jonas AK, Bean AT, Lee W, Burwitz BJ, Stephany JJ, Loffredo JT, Allison DB, Adnan S, Hoji A, Wilson NA, Friedrich TC, Lifson JD, Yang OO, Watkins DI. 2007. Gag-specific CD8+ T lymphocytes recognize infected cells before AIDS-virus integration and viral protein expression. *J Immunol* 178:2746–2754. <https://doi.org/10.4049/jimmunol.178.5.2746>.
- Payne RP, Kloverpris H, Sacha JB, Brumme Z, Brumme C, Buus S, Sims S, Hickling S, Riddell L, Chen F, Luzzi G, Edwards A, Phillips R, Prado JG, Goulder PJ. 2010. Efficacious early antiviral activity of HIV Gag- and Pol-specific HLA-B 2705-restricted CD8+ T cells. *J Virol* 84:10543–10557. <https://doi.org/10.1128/JVI.00793-10>.
- Kloverpris HN, Payne RP, Sacha JB, Rasaiyaah JT, Chen F, Takiguchi M, Yang OO, Towers GJ, Goulder P, Prado JG. 2013. Early antigen presentation of protective HIV-1 KF11Gag and KK10Gag epitopes from incoming viral particles facilitates rapid recognition of infected cells by specific CD8+ T cells. *J Virol* 87:2628–2638. <https://doi.org/10.1128/JVI.02131-12>.
- Sacha JB, Chung C, Reed J, Jonas AK, Bean AT, Spencer SP, Lee W, Vojnov L, Rudersdorf R, Friedrich TC, Wilson NA, Lifson JD, Watkins DI. 2007. Pol-specific CD8+ T cells recognize simian immunodeficiency virus-infected cells prior to Nef-mediated major histocompatibility complex class I downregulation. *J Virol* 81:11703–11712. <https://doi.org/10.1128/JVI.00926-07>.
- Collins KL, Chen BK, Kalams SA, Walker BD, Baltimore D. 1998. HIV-1 Nef protein protects infected primary cells against killing by cytotoxic T lymphocytes. *Nature* 391:397–401. <https://doi.org/10.1038/34929>.
- Yang OO, Nguyen PT, Kalams SA, Dorfman T, Gottlinger HG, Stewart S, Chen IS, Threlkeld S, Walker BD. 2002. Nef-mediated resistance of human immunodeficiency virus type 1 to antiviral cytotoxic T lymphocytes. *J Virol* 76:1626–1631. <https://doi.org/10.1128/JVI.76.4.1626-1631.2002>.
- Honeyborne I, Prendergast A, Pereyra F, Leslie A, Crawford H, Payne R,

- Reddy S, Bishop K, Moodley E, Nair K, van der Stok M, McCarthy N, Rousseau CM, Addo M, Mullins JI, Brander C, Kiepiela P, Walker BD, Goulder PJ. 2007. Control of human immunodeficiency virus type 1 is associated with HLA-B*13 and targeting of multiple gag-specific CD8+ T-cell epitopes. *J Virol* 81:3667–3672. <https://doi.org/10.1128/JVI.02689-06>.
24. Klooverpris HN, Harndahl M, Leslie AJ, Carlson JM, Ismail N, van der Stok M, Huang KH, Chen F, Riddell L, Steyn D, Goedhals D, van Vuuren C, Frater J, Walker BD, Carrington M, Ndung'u T, Buus S, Goulder P. 2012. HIV control through a single nucleotide on the HLA-B locus. *J Virol* 86:11493–11500. <https://doi.org/10.1128/JVI.01020-12>.
 25. Mudd PA, Martins MA, Ericson AJ, Tully DC, Power KA, Bean AT, Piaskowski SM, Duan L, Seese A, Gladden AD, Weisgrau KL, Furlott JR, Kim YI, Veloso de Santana MG, Rakasz E, Capuano S, III, Wilson NA, Bonaldo MC, Galler R, Allison DB, Piatk M, Jr, Haase AT, Lifson JD, Allen TM, Watkins DI. 2012. Vaccine-induced CD8+ T cells control AIDS virus replication. *Nature* 491:129–133. <https://doi.org/10.1038/nature11443>.
 26. Almeida JR, Price DA, Papagno L, Arkoub ZA, Sauce D, Bornstein E, Asher TE, Samri A, Schnuriger A, Theodorou I, Costagliola D, Rouzioux C, Agut H, Marcelin AG, Douek D, Autran B, Appay V. 2007. Superior control of HIV-1 replication by CD8+ T cells is reflected by their avidity, polyfunctionality, and clonal turnover. *J Exp Med* 204:2473–2485. <https://doi.org/10.1084/jem.20070784>.
 27. Almeida JR, Sauce D, Price DA, Papagno L, Shin SY, Moris A, Larsen M, Pancino G, Douek DC, Autran B, Saez-Cirion A, Appay V. 2009. Antigen sensitivity is a major determinant of CD8+ T-cell polyfunctionality and HIV-suppressive activity. *Blood* 113:6351–6360. <https://doi.org/10.1182/blood-2009-02-206557>.
 28. Betts MR, Nason MC, West SM, De Rosa SC, Migueles SA, Abraham J, Lederman MM, Benito JM, Goepfert PA, Connors M, Roederer M, Koup RA. 2006. HIV nonprogressors preferentially maintain highly functional HIV-specific CD8+ T cells. *Blood* 107:4781–4789. <https://doi.org/10.1182/blood-2005-12-4818>.
 29. Migueles SA, Osborne CM, Royce C, Compton AA, Joshi RP, Weeks KA, Rood JE, Berkley AM, Sacha JB, Cogliano-Shutta NA, Lloyd M, Roby G, Kwan R, McLaughlin M, Stallings S, Rehm C, O'Shea MA, Mican J, Packard BZ, Komoriya A, Palmer S, Wiegand AP, Maldarelli F, Coffin JM, Mellors JW, Hallahan CW, Follman DA, Connors M. 2008. Lytic granule loading of CD8+ T cells is required for HIV-infected cell elimination associated with immune control. *Immunity* 29:1009–1021. <https://doi.org/10.1016/j.immuni.2008.10.010>.
 30. Migueles SA, Laborico AC, Shupert WL, Sabbaghian MS, Rabin R, Hallahan CW, Van Baarle D, Kostense S, Miedema F, McLaughlin M, Ehler L, Metcalf J, Liu S, Connors M. 2002. HIV-specific CD8+ T cell proliferation is coupled to perforin expression and is maintained in nonprogressors. *Nat Immunol* 3:1061–1068. <https://doi.org/10.1038/ni845>.
 31. Johnson RP, Trocha A, Buchanan TM, Walker BD. 1992. Identification of overlapping HLA class I-restricted cytotoxic T cell epitopes in a conserved region of the human immunodeficiency virus type 1 envelope glycoprotein: definition of minimum epitopes and analysis of the effects of sequence variation. *J Exp Med* 175:961–971. <https://doi.org/10.1084/jem.175.4.961>.
 32. Kalams SA, Johnson RP, Trocha AK, Dynan MJ, Ngo HS, D'Aquila RT, Kurnick JT, Walker BD. 1994. Longitudinal analysis of T cell receptor (TCR) gene usage by human immunodeficiency virus 1 envelope-specific cytotoxic T lymphocyte clones reveals a limited TCR repertoire. *J Exp Med* 179:1261–1271. <https://doi.org/10.1084/jem.179.4.1261>.
 33. Bashirova AA, Martin-Gayo E, Jones DC, Qi Y, Apps R, Gao X, Burke PS, Taylor CJ, Rogich J, Wolinsky S, Bream JH, Duggal P, Hussain S, Martinson J, Weintrob A, Kirk GD, Fellay J, Buchbinder SP, Goedert JJ, Deeks SG, Pereyra F, Trowsdale J, Lichtenfeld M, Telenti A, Walker BD, Allen RL, Carrington M, Yu XG. 2014. LILRB2 interaction with HLA class I correlates with control of HIV-1 infection. *PLoS Genet* 10:e1004196. <https://doi.org/10.1371/journal.pgen.1004196>.
 34. Migueles SA, Laborico AC, Imamichi H, Shupert WL, Royce C, McLaughlin M, Ehler L, Metcalf J, Liu S, Hallahan CW, Connors M. 2003. The differential ability of HLA B*5701+ long-term nonprogressors and progressors to restrict human immunodeficiency virus replication is not caused by loss of recognition of autologous viral gag sequences. *J Virol* 77:6889–6898. <https://doi.org/10.1128/JVI.77.12.6889-6898.2003>.
 35. Migueles SA, Weeks KA, Nou E, Berkley AM, Rood JE, Osborne CM, Hallahan CW, Cogliano-Shutta NA, Metcalf JA, McLaughlin M, Kwan R, Mican JM, Davey RT, Jr, Connors M. 2009. Defective human immunodeficiency virus-specific CD8+ T-cell polyfunctionality, proliferation, and cytotoxicity are not restored by antiretroviral therapy. *J Virol* 83:11876–11889. <https://doi.org/10.1128/JVI.01153-09>.
 36. Horton H, Frank I, Baydo R, Jalbert E, Penn J, Wilson S, McNeven JP, McSweyn MD, Lee D, Huang Y, De Rosa SC, McElrath MJ. 2006. Preservation of T cell proliferation restricted by protective HLA alleles is critical for immune control of HIV-1 infection. *J Immunol* 177:7406–7415. <https://doi.org/10.4049/jimmunol.177.10.7406>.
 37. Saez-Cirion A, Lacabaratz C, Lambotte O, Versmisse P, Urrutia A, Boufassa F, Barre-Sinoussi F, Delfraissy JF, Sinet M, Pancino G, Venet A. 2007. HIV controllers exhibit potent CD8 T cell capacity to suppress HIV infection ex vivo and peculiar cytotoxic T lymphocyte activation phenotype. *Proc Natl Acad Sci U S A* 104:6776–6781. <https://doi.org/10.1073/pnas.0611244104>.
 38. Chen H, Ndlovu ZM, Liu D, Porter LC, Fang JW, Darko S, Brockman MA, Miura T, Brumme ZL, Schneidewind A, Piechocka-Trocha A, Cesa KT, Sela J, Cung TD, Toth I, Pereyra F, Yu XG, Douek DC, Kaufmann DE, Allen TM, Walker BD. 2012. TCR clonotypes modulate the protective effect of HLA class I molecules in HIV-1 infection. *Nat Immunol* 13:691–700. <https://doi.org/10.1038/ni.2342>.
 39. Kiepiela P, Leslie AJ, Honeyborne I, Ramduth D, Thobakgale C, Chetty S, Rathnavalu P, Moore C, Pfafferoth KJ, Hilton L, Zimbwa P, Moore S, Allen T, Brander C, Addo MM, Altfeld M, James I, Mallal S, Bunce M, Barber LD, Szinger J, Day C, Klenerman P, Mullins J, Korber B, Coovadia HM, Walker BD, Goulder PJ. 2004. Dominant influence of HLA-B in mediating the potential co-evolution of HIV and HLA. *Nature* 432:769–775. <https://doi.org/10.1038/nature03113>.
 40. Leslie A, Matthews PC, Listgarten J, Carlson JM, Kadie C, Ndung'u T, Brander C, Coovadia H, Walker BD, Heckerman D, Goulder PJ. 2010. Additive contribution of HLA class I alleles in the immune control of HIV-1 infection. *J Virol* 84:9879–9888. <https://doi.org/10.1128/JVI.00320-10>.
 41. Hendel H, Caillaud-Zucman S, Lebuane H, Carrington M, O'Brien S, Andrieu JM, Schachter F, Zagury D, Rappaport J, Winkler C, Nelson GW, Zagury JF. 1999. New class I and II HLA alleles strongly associated with opposite patterns of progression to AIDS. *J Immunol* 162:6942–6946.
 42. Harrer T, Harrer E, Kalams SA, Barbosa P, Trocha A, Johnson RP, Elbeik T, Feinberg MB, Buchbinder SP, Walker BD. 1996. Cytotoxic T lymphocytes in asymptomatic long-term nonprogressing HIV-1 infection. Breadth and specificity of the response and relation to in vivo viral quasispecies in a person with prolonged infection and low viral load. *J Immunol* 156:2616–2623.
 43. Matthews PC, Adland E, Listgarten J, Leslie A, Mkhwanazi N, Carlson JM, Harndahl M, Stryhn A, Payne RP, Ogbu A, Huang KH, Frater J, Paioni P, Klooverpris H, Jooste P, Goedhals D, van Vuuren C, Steyn D, Riddell L, Chen F, Luzzi G, Balachandran T, Ndung'u T, Buus S, Carrington M, Shapiro R, Heckerman D, Goulder PJ. 2011. HLA-A*7401-mediated control of HIV viremia is independent of its linkage disequilibrium with HLA-B*5703. *J Immunol* 186:5675–5686. <https://doi.org/10.4049/jimmunol.1003711>.
 44. Llano A, Carrillo J, Mothe B, Ruiz L, Marfil S, Garcia E, Yuste E, Sanchez V, Clotet B, Blanco J, Brander C. 2013. Expansion of antibody secreting cells and modulation of neutralizing antibody activity in HIV infected individuals undergoing structured treatment interruptions. *J Transl Med* 11:48. <https://doi.org/10.1186/1479-5876-11-48>.
 45. Wong JT, Colvin RB. 1987. Bi-specific monoclonal antibodies: selective binding and complement fixation to cells that express two different surface antigens. *J Immunol* 139:1369–1374.
 46. Jones N, Agrawal D, Elrefaei M, Hanson A, Novitsky V, Wong JT, Cao H. 2003. Evaluation of antigen-specific responses using in vitro enriched T cells. *J Immunol Methods* 274:139–147. [https://doi.org/10.1016/S0022-1759\(02\)00510-0](https://doi.org/10.1016/S0022-1759(02)00510-0).
 47. Chen H, Piechocka-Trocha A, Miura T, Brockman MA, Julg BD, Baker BM, Rothchild AC, Block BL, Schneidewind A, Koibuchi T, Pereyra F, Allen TM, Walker BD. 2009. Differential neutralization of human immunodeficiency virus (HIV) replication in autologous CD4 T cells by HIV-specific cytotoxic T lymphocytes. *J Virol* 83:3138–3149. <https://doi.org/10.1128/JVI.02073-08>.
 48. Carlson JM, Brumme CJ, Martin E, Listgarten J, Brockman MA, Le AQ, Chui CK, Cotton LA, Knapp DJ, Riddler SA, Haubrich R, Nelson G, Pfeifer N, Deziel CE, Heckerman D, Apps R, Carrington M, Mallal S, Harrigan PR, John M, Brumme ZL. 2012. Correlates of protective cellular immunity revealed by analysis of population-level immune escape pathways in HIV-1. *J Virol* 86:13202–13216. <https://doi.org/10.1128/JVI.01998-12>.
 49. Carlson JM, Schaefer M, Monaco DC, Batorsky R, Claiborne DT, Prince J, Deymier MJ, Ende ZS, Klatt NR, Deziel CE, Lin TH, Peng J, Seese AM,

- Shapiro R, Frater J, Ndung'u T, Tang J, Goepfert P, Gilmour J, Price MA, Kilembi W, Heckerman D, Goulder PJ, Allen TM, Allen S, Hunter E. 2014. HIV transmission. Selection bias at the heterosexual HIV-1 transmission bottleneck. *Science* 345:1254031. <https://doi.org/10.1126/science.1254031>.
50. Matthews PC, Prendergast A, Leslie A, Crawford H, Payne R, Rousseau C, Rolland M, Honeyborne I, Carlson J, Kadie C, Brander C, Bishop K, Mlotshwa N, Mullins JI, Coovadia H, Ndung'u T, Walker BD, Heckerman D, Goulder PJ. 2008. Central role of reverting mutations in HLA associations with human immunodeficiency virus set point. *J Virol* 82:8548–8559. <https://doi.org/10.1128/JVI.00580-08>.
51. DiBrino M, Parker KC, Margulies DH, Shiloach J, Turner RV, Biddison WE, Coligan JE. 1994. The HLA-B14 peptide binding site can accommodate peptides with different combinations of anchor residues. *J Biol Chem* 269:32426–32434.
52. Boutwell CL, Carlson JM, Lin TH, Seese A, Power KA, Peng J, Tang Y, Brumme ZL, Heckerman D, Schneidewind A, Allen TM. 2013. Frequent and variable cytotoxic-T-lymphocyte escape-associated fitness costs in the human immunodeficiency virus type 1 subtype B Gag proteins. *J Virol* 87:3952–3965. <https://doi.org/10.1128/JVI.03233-12>.
53. Saez-Cirion A, Sinet M, Shin SY, Urrutia A, Versmisse P, Lacabaratz C, Boufassa F, Avettand-Fenoel V, Rouzioux C, Delfraissy JF, Barre-Sinoussi F, Lambotte O, Venet A, Pancino G. 2009. Heterogeneity in HIV suppression by CD8 T cells from HIV controllers: association with Gag-specific CD8 T cell responses. *J Immunol* 182:7828–7837. <https://doi.org/10.4049/jimmunol.0803928>.
54. Riviere Y, McChesney MB, Porrot F, Tanneau-Salvadori F, Sansonetti P, Lopez O, Pialoux G, Feuillie V, Mollereau M, Chamaret S, Tekaja F, Montagnier L. 1995. Gag-specific cytotoxic responses to HIV type 1 are associated with a decreased risk of progression to AIDS-related complex or AIDS. *AIDS Res Hum Retroviruses* 11:903–907. <https://doi.org/10.1089/aid.1995.11.903>.
55. Klein MR, van Baalen CA, Holwerda AM, Kerkhof Garde SR, Bende RJ, Keet IP, Eeftinck-Schattenkerk JK, Osterhaus AD, Schuitemaker H, Miedema F. 1995. Kinetics of Gag-specific cytotoxic T lymphocyte responses during the clinical course of HIV-1 infection: a longitudinal analysis of rapid progressors and long-term asymptomatics. *J Exp Med* 181:1365–1372. <https://doi.org/10.1084/jem.181.4.1365>.
56. Ogg GS, Jin X, Bonhoeffer S, Dunbar PR, Nowak MA, Monard S, Segal JP, Cao Y, Rowland-Jones SL, Cerundolo V, Hurley A, Markowitz M, Ho DD, Nixon DF, McMichael AJ. 1998. Quantitation of HIV-1-specific cytotoxic T lymphocytes and plasma load of viral RNA. *Science* 279:2103–2106. <https://doi.org/10.1126/science.279.5359.2103>.
57. Barouch DH, Kunstman J, Kuroda MJ, Schmitz JE, Santra S, Peyerl FW, Krivulka GR, Beaudry K, Lifton MA, Gorgone DA, Montefiori DC, Lewis MG, Wolinsky SM, Letvin NL. 2002. Eventual AIDS vaccine failure in a rhesus monkey by viral escape from cytotoxic T lymphocytes. *Nature* 415:335–339. <https://doi.org/10.1038/415335a>.
58. Barouch DH, Kunstman J, Glowczwskie J, Kunstman KJ, Egan MA, Peyerl FW, Santra S, Kuroda MJ, Schmitz JE, Beaudry K, Krivulka GR, Lifton MA, Gorgone DA, Wolinsky SM, Letvin NL. 2003. Viral escape from dominant simian immunodeficiency virus epitope-specific cytotoxic T lymphocytes in DNA-vaccinated rhesus monkeys. *J Virol* 77:7367–7375. <https://doi.org/10.1128/JVI.77.13.7367-7375.2003>.
59. Janes H, Friedrich DP, Krambrink A, Smith RJ, Kallas EG, Horton H, Casimiro DR, Carrington M, Geraghty DE, Gilbert PB, McElrath MJ, Frahm N. 2013. Vaccine-induced gag-specific T cells are associated with reduced viremia after HIV-1 infection. *J Infect Dis* 208:1231–1239. <https://doi.org/10.1093/infdis/jit322>.
60. Edwards BH, Bansal A, Sabbaj S, Bakari J, Mulligan MJ, Goepfert PA. 2002. Magnitude of functional CD8+ T-cell responses to the gag protein of human immunodeficiency virus type 1 correlates inversely with viral load in plasma. *J Virol* 76:2298–2305. <https://doi.org/10.1128/jvi.76.5.2298-2305.2002>.
61. Novitsky V, Gilbert P, Peter T, McLane MF, Gaolekwe S, Rybak N, Thior I, Ndung'u T, Marlink R, Lee TH, Essex M. 2003. Association between virus-specific T-cell responses and plasma viral load in human immunodeficiency virus type 1 subtype C infection. *J Virol* 77:882–890. <https://doi.org/10.1128/JVI.77.2.882-890.2003>.
62. Zuniga R, Lucchetti A, Galvan P, Sanchez S, Sanchez C, Hernandez A, Sanchez H, Frahm N, Linde CH, Hewitt HS, Hildebrand W, Altfeld M, Allen TM, Walker BD, Korber BT, Leitner T, Sanchez J, Brander C. 2006. Relative dominance of Gag p24-specific cytotoxic T lymphocytes is associated with human immunodeficiency virus control. *J Virol* 80:3122–3125. <https://doi.org/10.1128/JVI.80.6.3122-3125.2006>.
63. Geldmacher C, Currier JR, Herrmann E, Haule A, Kuta E, McCutchan F, Njovu L, Geis S, Hoffmann O, Maboko L, Williamson C, Bix D, Meyerhans A, Cox J, Hoelscher M. 2007. CD8 T-cell recognition of multiple epitopes within specific Gag regions is associated with maintenance of a low steady-state viremia in human immunodeficiency virus type 1-seropositive patients. *J Virol* 81:2440–2448. <https://doi.org/10.1128/JVI.01847-06>.
64. Streeck H, Lichtenfeld M, Alter G, Meier A, Teigen N, Yassine-Diab B, Sidhu HK, Little S, Kelleher A, Routy JP, Rosenberg ES, Sekaly RP, Walker BD, Altfeld M. 2007. Recognition of a defined region within p24 gag by CD8+ T cells during primary human immunodeficiency virus type 1 infection in individuals expressing protective HLA class I alleles. *J Virol* 81:7725–7731. <https://doi.org/10.1128/JVI.00708-07>.
65. Maness NJ, Yant LJ, Chung C, Loffredo JT, Friedrich TC, Piskowski SM, Furlott J, May GE, Soma T, Leon EJ, Wilson NA, Piontkivska H, Hughes AL, Sidney J, Sette A, Watkins DI. 2008. Comprehensive immunological evaluation reveals surprisingly few differences between elite controller and progressor Mamu-B*17-positive simian immunodeficiency virus-infected rhesus macaques. *J Virol* 82:5245–5254. <https://doi.org/10.1128/JVI.00292-08>.
66. Valentine LE, Loffredo JT, Bean AT, Leon EJ, MacNair CE, Beal DR, Piskowski SM, Klimentidis YC, Lank SM, Wiseman RW, Weinfurter JT, May GE, Rakasz EG, Wilson NA, Friedrich TC, O'Connor DH, Allison DB, Watkins DI. 2009. Infection with “escaped” virus variants impairs control of simian immunodeficiency virus SIVmac239 replication in Mamu-B*08-positive macaques. *J Virol* 83:11514–11527. <https://doi.org/10.1128/JVI.01298-09>.
67. Jessen H, Allen TM, Streeck H. 2014. How a single patient influenced HIV research—15-year follow-up. *N Engl J Med* 370:682–683. <https://doi.org/10.1056/NEJMc1308413>.
68. Yang OO, Kalams SA, Trocha A, Cao H, Luster A, Johnson RP, Walker BD. 1997. Suppression of human immunodeficiency virus type 1 replication by CD8+ cells: evidence for HLA class I-restricted triggering of cytolytic and noncytolytic mechanisms. *J Virol* 71:3120–3128.
69. Chen DY, Balamurugan A, Ng HL, Yang OO. 2011. Antiviral activity of human immunodeficiency virus type 1 Gag-specific cytotoxic T lymphocyte targeting is not necessarily intrinsically superior to envelope targeting. *J Virol* 85:2474–2478. <https://doi.org/10.1128/JVI.01726-10>.
70. Migueles SA, Mendoza D, Zimmerman MG, Martins KM, Toulmin SA, Kelly EP, Peterson BA, Johnson SA, Galson E, Poropatich KO, Patamawenu A, Imamichi H, Ober A, Rehm CA, Jones S, Hallahan CW, Follmann DA, Connors M. 2015. CD8(+) T-cell cytotoxic capacity associated with human immunodeficiency virus-1 control can be mediated through various epitopes and human leukocyte antigen types. *EBioMedicine* 2:46–58. <https://doi.org/10.1016/j.ebiom.2014.12.009>.
71. Lecuroux C, Saez-Cirion A, Girault I, Versmisse P, Boufassa F, Avettand-Fenoel V, Rouzioux C, Meyer L, Pancino G, Lambotte O, Sinet M, Venet A. 2014. Both HLA-B*57 and plasma HIV RNA levels contribute to the HIV-specific CD8+ T cell response in HIV controllers. *J Virol* 88:176–187. <https://doi.org/10.1128/JVI.02098-13>.
72. Mothe B, Llano A, Ibarrondo J, Zamarreno J, Schiaulini M, Miranda C, Ruiz-Riol M, Berger CT, Herrero MJ, Palou E, Plana M, Rolland M, Khatri A, Heckerman D, Pereyra F, Walker BD, Weiner D, Paredes R, Clotet B, Felber BK, Pavlakis GN, Mullins JI, Brander C. 2012. CTL responses of high functional avidity and broad variant cross-reactivity are associated with HIV control. *PLoS One* 7:e29717. <https://doi.org/10.1371/journal.pone.0029717>.
73. Domena JD, Azumi K, Bias WB, Parham P. 1993. B*1401 encodes the B64 antigen: the B64 and B65 splits of B14 differ only at residue 11, a buried amino acid. *Tissue Antigens* 41:110–111. <https://doi.org/10.1111/j.1399-0039.1993.tb01989.x>.
74. Bjorkman PJ, Saper MA, Samraoui B, Bennett WS, Strominger JL, Wiley DC. 1987. Structure of the human class I histocompatibility antigen, HLA-A2. *Nature* 329:506–512.
75. Garrett TP, Saper MA, Bjorkman PJ, Strominger JL, Wiley DC. 1989. Specificity pockets for the side chains of peptide antigens in HLA-Aw68. *Nature* 342:692–696. <https://doi.org/10.1038/342692a0>.
76. Saper MA, Bjorkman PJ, Wiley DC. 1991. Refined structure of the human histocompatibility antigen HLA-A2 at 2.6 Å resolution. *J Mol Biol* 219:277–319. [https://doi.org/10.1016/0022-2836\(91\)90567-P](https://doi.org/10.1016/0022-2836(91)90567-P).
77. Parham P, Lomen CE, Lawlor DA, Ways JP, Holmes N, Coppin HL, Salter RD, Wan AM, Ennis PD. 1988. Nature of polymorphism in HLA-A, -B, and

- C molecules. *Proc Natl Acad Sci U S A* 85:4005–4009. <https://doi.org/10.1073/pnas.85.11.4005>.
78. Merino E, Montserrat V, Paradelo A, Lopez de Castro JA. 2005. Two HLA-B14 subtypes (B*1402 and B*1403) differentially associated with ankylosing spondylitis differ substantially in peptide specificity but have limited peptide and T-cell epitope sharing with HLA-B27. *J Biol Chem* 280:35868–35880. <https://doi.org/10.1074/jbc.M505641200>.
 79. Lopez-Larrea C, Mijiyawa M, Gonzalez S, Fernandez-Morera JL, Blanco-Gelaz MA, Martinez-Borra J, Lopez-Vazquez A. 2002. Association of ankylosing spondylitis with HLA-B*1403 in a West African population. *Arthritis Rheum* 46:2968–2971. <https://doi.org/10.1002/art.10584>.
 80. Gao X, Nelson GW, Karacki P, Martin MP, Phair J, Kaslow R, Goedert JJ, Buchbinder S, Hoots K, Vlahov D, O'Brien SJ, Carrington M. 2001. Effect of a single amino acid change in MHC class I molecules on the rate of progression to AIDS. *N Engl J Med* 344:1668–1675. <https://doi.org/10.1056/NEJM200105313442203>.
 81. Juarez-Molina CI, Valenzuela-Ponce H, Avila-Rios S, Garrido-Rodriguez D, Garcia-Tellez T, Soto-Nava M, Garcia-Morales C, Goulder P, Reyes-Teran G. 2014. Impact of HLA-B*35 subtype differences on HIV disease outcome in Mexico. *AIDS* 28:1687–1690. <https://doi.org/10.1097/QAD.0000000000000322>.
 82. Klooverpris HN, Stryhn A, Harndahl M, van der Stok M, Payne RP, Matthews PC, Chen F, Riddell L, Walker BD, Ndung'u T, Buus S, Goulder P. 2012. HLA-B*57 micropolymorphism shapes HLA allele-specific epitope immunogenicity, selection pressure, and HIV immune control. *J Virol* 86:919–929. <https://doi.org/10.1128/JVI.06150-11>.
 83. Wagner R, Leschonsky B, Harrer E, Paulus C, Weber C, Walker BD, Buchbinder S, Wolf H, Kalden JR, Harrer T. 1999. Molecular and functional analysis of a conserved CTL epitope in HIV-1 p24 recognized from a long-term nonprogressor: constraints on immune escape associated with targeting a sequence essential for viral replication. *J Immunol* 162:3727–3734.
 84. Zhao G, Perilla JR, Yufenyuy EL, Meng X, Chen B, Ning J, Ahn J, Gronenborn AM, Schulten K, Aiken C, Zhang P. 2013. Mature HIV-1 capsid structure by cryo-electron microscopy and all-atom molecular dynamics. *Nature* 497:643–646. <https://doi.org/10.1038/nature12162>.
 85. Koibuchi T, Allen TM, Lichtenfeld M, Mui SK, O'Sullivan KM, Trocha A, Kalams SA, Johnson RP, Walker BD. 2005. Limited sequence evolution within persistently targeted CD8 epitopes in chronic human immunodeficiency virus type 1 infection. *J Virol* 79:8171–8181. <https://doi.org/10.1128/JVI.79.13.8171-8181.2005>.
 86. Payne R, Muenchhoff M, Mann J, Roberts HE, Matthews P, Adland E, Hempenstall A, Huang KH, Brockman M, Brumme Z, Sinclair M, Miura T, Frater J, Essex M, Shapiro R, Walker BD, Ndung'u T, McLean AR, Carlson JM, Goulder PJ. 2014. Impact of HLA-driven HIV adaptation on virulence in populations of high HIV seroprevalence. *Proc Natl Acad Sci U S A* 111:E5393–E5400. <https://doi.org/10.1073/pnas.1413339111>.
 87. Hunt PW, Landay AL, Sinclair E, Martinson JA, Hatano H, Emu B, Norris PJ, Busch MP, Martin JN, Brooks C, McCune JM, Deeks SG. 2011. A low T regulatory cell response may contribute to both viral control and generalized immune activation in HIV controllers. *PLoS One* 6:e15924. <https://doi.org/10.1371/journal.pone.0015924>.
 88. Phair J, Jacobson L, Detels R, Rinaldo C, Saah A, Schragger L, Munoz A. 1992. Acquired immune deficiency syndrome occurring within 5 years of infection with human immunodeficiency virus type-1: the Multi-center AIDS Cohort Study. *J Acquir Immune Defic Syndr* 5:490–496. <https://doi.org/10.1097/00126334-199205000-00010>.
 89. Goedert JJ, Kessler CM, Aledort LM, Biggar RJ, Andes WA, White GC, II, Drummond JE, Vaidya K, Mann DL, Eyster ME, Ragni MV, Lederman MM, Cohen AR, Bray GL, Rosenberg PS, Friedman RM, Hilgartner MW, Blattner WA, Kroner B, Gail MH. 1989. A prospective study of human immunodeficiency virus type 1 infection and the development of AIDS in subjects with hemophilia. *N Engl J Med* 321:1141–1148. <https://doi.org/10.1056/NEJM198910263211701>.
 90. Hunt PW, Martin JN, Sinclair E, Bredt B, Hagos E, Lampiris H, Deeks SG. 2003. T cell activation is associated with lower CD4+ T cell gains in human immunodeficiency virus-infected patients with sustained viral suppression during antiretroviral therapy. *J Infect Dis* 187:1534–1543. <https://doi.org/10.1086/374786>.
 91. Schoeni-Affolter F, Ledergerber B, Rickenbach M, Rudin C, Gunthard HF, Telenti A, Furrer H, Yerly S, Francioli P. 2010. Cohort profile: the Swiss HIV Cohort study. *Int J Epidemiol* 39:1179–1189. <https://doi.org/10.1093/ije/dyp321>.
 92. Leisner C, Loeth N, Lambeth K, Justesen S, Sylvester-Hvid C, Schmidt EG, Claesson M, Buus S, Stryhn A. 2008. One-pot, mix-and-read peptide-MHC tetramers. *PLoS One* 3:e1678. <https://doi.org/10.1371/journal.pone.0001678>.
 93. Hess PR, Barnes C, Woolard MD, Johnson MD, Cullen JM, Collins EJ, Frelinger JA. 2007. Selective deletion of antigen-specific CD8+ T cells by MHC class I tetramers coupled to the type I ribosome-inactivating protein saporin. *Blood* 109:3300–3307. <https://doi.org/10.1182/blood-2006-06-028001>.
 94. Hess SM, Young EF, Miller KR, Vincent BG, Buntzman AS, Collins EJ, Frelinger JA, Hess PR. 2013. Deletion of naive T cells recognizing the minor histocompatibility antigen HY with toxin-coupled peptide-MHC class I tetramers inhibits cognate CTL responses and alters immunodominance. *Transpl Immunol* 29:138–145. <https://doi.org/10.1016/j.trim.2013.10.005>.
 95. Penalzoza-MacMaster P, Masopust D, Ahmed R. 2009. T-cell reconstitution without T-cell immunopathology in two models of T-cell-mediated tissue destruction. *Immunology* 128:164–171. <https://doi.org/10.1111/j.1365-2567.2009.03080.x>.
 96. Sims S, Bolinger B, Klenerman P. 2015. Increasing inflationary T-cell responses following transient depletion of MCMV-specific memory T cells. *Eur J Immunol* 45:113–118. <https://doi.org/10.1002/eji.201445016>.
 97. Vincent BG, Young EF, Buntzman AS, Stevens R, Kepler TB, Tisch RM, Frelinger JA, Hess PR. 2010. Toxin-coupled MHC class I tetramers can specifically ablate autoreactive CD8+ T cells and delay diabetes in nonobese diabetic mice. *J Immunol* 184:4196–4204. <https://doi.org/10.4049/jimmunol.0903931>.
 98. Saez-Cirion A, Shin SY, Versmisse P, Barre-Sinoussi F, Pancino G. 2010. Ex vivo T cell-based HIV suppression assay to evaluate HIV-specific CD8+ T-cell responses. *Nat Protoc* 5:1033–1041. <https://doi.org/10.1038/nprot.2010.73>.
 99. Salter RD, Howell DN, Cresswell P. 1985. Genes regulating HLA class I antigen expression in T-B lymphoblast hybrids. *Immunogenetics* 21:235–246. <https://doi.org/10.1007/BF00375376>.
 100. Llano A, Frahm N, Brander C. 2009. How to optimally define optimal cytotoxic T lymphocyte epitopes in HIV infection?, p 1–5. *Theoretical Biology and Biophysics Group, Los Alamos National Laboratory, Los Alamos, NM*.
 101. Altfeld MA, Trocha A, Eldridge RL, Rosenberg ES, Phillips MN, Addo MM, Sekaly RP, Kalams SA, Burchett SA, McIntosh K, Walker BD, Goulder PJ. 2000. Identification of dominant optimal HLA-B60- and HLA-B61-restricted cytotoxic T-lymphocyte (CTL) epitopes: rapid characterization of CTL responses by enzyme-linked immunospot assay. *J Virol* 74:8541–8549. <https://doi.org/10.1128/JVI.74.18.8541-8549.2000>.
 102. Addo MM, Yu XG, Rathod A, Cohen D, Eldridge RL, Strick D, Johnston MN, Corcoran C, Wurcel AG, Fitzpatrick CA, Feeney ME, Rodriguez WR, Basgoz N, Draenert R, Stone DR, Brander C, Goulder PJ, Rosenberg ES, Altfeld M, Walker BD. 2003. Comprehensive epitope analysis of human immunodeficiency virus type 1 (HIV-1)-specific T-cell responses directed against the entire expressed HIV-1 genome demonstrate broadly directed responses, but no correlation to viral load. *J Virol* 77:2081–2092. <https://doi.org/10.1128/JVI.77.3.2081-2092.2003>.
 103. Brockman MA, Schneidewind A, Lahaie M, Schmidt A, Miura T, Desouza I, Ryvkin F, Derdeyn CA, Allen S, Hunter E, Mulenga J, Goepfert PA, Walker BD, Allen TM. 2007. Escape and compensation from early HLA-B57-mediated cytotoxic T-lymphocyte pressure on human immunodeficiency virus type 1 Gag alter capsid interactions with cyclophilin A. *J Virol* 81:12608–12618. <https://doi.org/10.1128/JVI.01369-07>.
 104. Leslie AJ, Pfafferoth KJ, Chetty P, Draenert R, Addo MM, Feeney M, Tang Y, Holmes EC, Allen T, Prado JG, Altfeld M, Brander C, Dixon C, Ramduth D, Jeena P, Thomas SA, St John A, Roach TA, Kupfer B, Luzzi G, Edwards A, Taylor G, Lyall H, Tudor-Williams G, Novelli V, Martinez-Picado J, Kiepiela P, Walker BD, Goulder PJ. 2004. HIV evolution: CTL escape mutation and reversion after transmission. *Nat Med* 10:282–289. <https://doi.org/10.1038/nm992>.