The Hypoxia-regulated Ectonucleotidase CD73 is a Host Determinant of HIV Latency

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SUMMARY

Deciphering the mechanisms underlying viral persistence is critical to achieving a cure for HIV infection. We implemented a systems approach to discover molecular signatures of HIV latently-infected CD4+ T cells, identifying the immunosuppressive, adenosine-producing ectonucleotidase CD73 as a key surface marker of latent cells. Hypoxic conditioning, reflecting the lymphoid tissue microenvironment, increased the frequency of CD73+ CD4+ T cells and promoted HIV latency. Transcriptomic profiles of CD73+ CD4+ T cells favored viral quiescence, immune evasion, and cell survival. CD73+ CD4+ T cells were capable of harboring a functional HIV reservoir and reinitiating productive infection *ex vivo*. CD73 or adenosine receptor blockade facilitated latent HIV reactivation *in vitro*, mechanistically linking adenosine signaling to viral quiescence. Finally, tissue imaging of lymph nodes from HIV-infected individuals on antiretroviral therapy revealed spatial association between CD73 expression and HIV persistence *in vivo*. Our findings warrant development of HIV cure strategies targeting the hypoxia-CD73-adenosine axis.

KEYWORDS

HIV, persistence, latency, reservoir, eradication, CD73, CD39, IL8, adenosine, hypoxia, lymphoid tissues, HIV cure.

INTRODUCTION

In recent decades, remarkable scientific and biomedical advances have turned the tides in the ongoing fight against the global human immunodeficiency virus (HIV) epidemic. However, current therapeutic regimens fail to completely eradicate HIV due to the persistence of latently-infected cells[1]. These viral reservoirs are established very early during infection, remain invisible to the host's immune system, and persevere for decades despite effective antiretroviral therapy (ART)[2–4]. Although latently-infected cells are extremely rare[5–7], they are able to reinvigorate spreading infection rapidly, and people living with HIV (PLWH) almost inevitably experience viral rebound within weeks of a treatment interruption[2,8].

The identification of reliable biomarkers or unique gene expression patterns in HIV latently-infected cells are key goals of current HIV research efforts. Such factors could contribute to the development of a cure by: 1) refining and broadening our understanding of HIV latency mechanisms and the biology of viral persistence, 2) enabling accurate quantification of viral reservoirs to assess viral burden and efficacy of therapeutic interventions, and 3) providing potential therapeutic targets to specifically eliminate viral sanctuaries. However, the heterogenous and dynamic nature of the viral reservoir greatly complicates this endeavor[9].

Viral reservoirs are found in a variety of anatomical sites and cell types. Infected CD4+ T cells arguably constitute the most important HIV reservoir[10], and within this highly diverse cell lineage, the expression of several cellular factors is associated with increased levels of integrated proviral DNA[11]. This includes immune checkpoint molecules such as programmed cell death protein 1 (PD-1), cytotoxic T-lymphocyte-associated protein 4 (CTLA-4), lymphocyte-activation gene 3 (LAG-3), and T cell immunoreceptor with Ig and ITIM domains (TIGIT)[9,12,13]. Moreover, expression levels of CD2 in CD4+ T cells were reported to identify HIV latently-infected cells[14], while CD20[15] and CD30[16] expressing CD4+ T cells were found to be specifically enriched for HIV RNA. In 2017, Descours et al.[17] proposed CD32a as

a viral reservoir marker and described an unprecedented 1000-fold enrichment in

HIV DNA in CD32a+ cells as compared to CD32a- CD4+ T cells. However, this

finding has been repeatedly challenged in subsequent studies and incited a

controversial discussion[18–25].

In the present study, we sought to provide a better understanding of the

phenotypic nature of latently infected CD4+ T cells and the mechanisms involved

in the establishment and maintenance of HIV reservoirs. To address this aim, we

utilized a dual-reporter HIV construct that enables isolation and purification of

uninfected, productively-infected, and latently-infected primary CD4+ T cells by

flow cytometry[26,27]. We then characterized each of these purified cell populations

using systems approaches to obtain comprehensive gene and protein expression

profiles of HIV latently-infected cells. Observed molecular signatures of latency

were validated using *ex vivo* mechanistic experiments as well as profiling of tissue

samples from HIV-infected individuals on suppressive ART. Our data reveal a novel

mechanism of HIV latency establishment and maintenance, identifying the

hypoxia-CD73-adenosine signaling axis as a key target for therapeutic intervention

and diagnostic evaluation in the setting of HIV cure.

RESULTS

Sorting of HIV$_{DFII}$-infected primary CD4+T cells enables isolation of latently-

infected cells. Profiling of HIV latently-infected cells has been greatly impeded by

their extremely low frequencies *in vivo* in HIV-infected individuals, as well as the

lack of an established marker enabling purification of latent cells for downstream

characterization. To characterize latent HIV reservoir cells, we utilized a modified

version of the HIV Duo-Fluo II (HIV$_{DFII}$) single round, recombinant HIV dual-reporter

virus (Figure S1A). To achieve sufficient infection frequencies, we first activated

blood-derived primary CD4+T cells obtained from six healthy donors *in vitro* via

αCD3/αCD28 bead stimulation and infected them with HIV$_{DFII}$ via spinoculation

(Figure S1B-D). Four days post infection (p.i.), productively- and latently-infected,

as well as uninfected cells were purified by fluorescence activated cell sorting

(FACS, Figure 1A). Expectedly[27], low frequencies of latently-infected cells were

established in all donors, whereas uninfected and productively-infected cells could

be rapidly collected by FACS in large numbers (Figure 1B and C). After testing the

sorted samples for sufficient enrichment of the desired cell populations (Figure

S1E), we subjected them, together with a panel of control specimens (untreated

samples; unstimulated, infected cells; and stimulated cells without HIV$_{DFII}$ infection)

to downstream analysis using systems approaches (Figure 1A). All samples were

characterized using mass cytometry by time of flight (CyTOF), measuring 40 surface

proteins to provide immunophenotypic profiles at the single cell level. In parallel,

we applied NanoString hybridization and fluorescence-based digital counting

technology allowing for simultaneous detection of 770 mRNA and 30 protein

targets.

Figure 1: Isolation of latently-infected primary CD4+ T cells using the dual-reporter virus HIV_{DFII}. (A) Experimental workflow: Blood-derived primary CD4+ T cells were isolated from six healthy donors and stimulated *in vitro* with αCD3/αCD28 beads for three days. Cells were then infected with HIV_{DFII} and subjected to FACS 4 days post infection. (B) Representative gating for FACS of productively-infected, latently-infected, and uninfected CD4+ T cells. All samples were pre-gated for live, single cells. (C) Bar graph represents the frequencies of infected cells in all six donors. Colored dots indicate individual donors. Error bars show standard error of the mean (SEM).

Latently-infected cells are phenotypically diverse and include T_{regs} and Tfh cells. First, to establish an in-depth analysis of the phenotypic features of latently-infected cells, we implemented CyTOF, simultaneously quantifying the expression levels of 40 different proteins with single-cell resolution. Our labeling panel comprised T cell lineage and differentiation markers, activation markers, homing receptors, and several proteins that were described previously in the context of HIV latency[9,28,29] (Table S1). We performed extensive high dimensional analysis and generated t-distributed stochastic neighbor embedding (tSNE) plots to visualize the data and assess specific T cell subsets and population phenotypes. Across all donors, we identified latent cells in various T cell compartments, including central memory (Tcm, CD45RO+CD45RA-CCR7+CD27+), follicular helper (Tfh, CD45RO+CD45RA-PD1+CXCR5+), regulatory (Treg, CD45RO+CD45RA-CD127-CD25+), and to a lesser extent, naïve (CD45RO-CDRA+CCR7+) T cells (Figure 2).

Although memory CD4+ T cell subset frequencies exhibited variability between
donors and no significant associations with latency were identified, Treg cells were
most commonly represented in latent cell populations. Interestingly, CD30, a
previously reported marker of transcriptionally-active reservoir cells[16], was
expressed on a subset of latent cells in all analyzed donors (Figure 2).

Figure 2: Multiple T cell subsets including T$_{regs}$ are represented among HIV latently-infected cells. (A)
Shown are tSNE plots of CyTOF data describing sorted latent cells from each of 5 donors (D1-D6); each donor
is analyzed within its own tSNE space. tSNEs are color-coded according to expression levels of the antigen
listed at the top (with red corresponding to highest expression, and blue the lowest). Most cells exhibited a
memory phenotype, defined by high levels of CD45RO and low levels of CD45RA expression (first two
columns). Latent cells exhibited phenotypic features of Tcm cells (CCR7+CD27+), Tfh cells (PD1+CXCR5), and
T$_{regs}$ (CD25+CD127-). Latent cells expressing CD30 (last column), a previously-described marker of reservoir
cells, were observed in all donors. Areas of the tSNE corresponding to these three cell subsets are highlighted
by the blue, green, and red arrows, respectively, for D1.

NanoString analysis reveals unique features of latently-infected cells that
promote viral quiescence and cell survivorship. We next obtained high-
dimensional NanoString data to comprehensively characterize gene and protein
expression patterns of latent cells. Our initial unsupervised clustering analysis

revealed that donor effects dominated expression patterns (Figure 3A, see dendrogram). Importantly, despite substantial donor effects, we observed that expression patterns in uninfected and productively-infected cells within each donor clustered with respect to latent cells, suggesting that latently-infected cells exhibited distinct expression signatures (Figure 3A, see dendrogram).

Expression data were then adjusted for confounding donor effects for downstream analyses. Subsequently, we examined changes in regulatory and signaling pathways in latent cells based on undirected and directed global significance scores (Figure 3B). The 'Antigen Processing', 'Adhesion', 'Pathogen Defense', and 'Interleukins' pathways were the most significantly modulated pathways in the latent compartment. The upregulation of 'Interleukins' and 'Pathogen Defense' in latently-infected cells likely reflects intracellular signaling cascades that antagonize productive infection. The suppression of 'Antigen Processing' in latent cells indicates the ability to evade host immunity, a pro-survival effect that could enforce viral persistence. This observation is in line with previous studies reporting that HIV actively subverts antigen presentation pathways[30,31].

Next, overall target expression in the sorted samples was assessed by differential expression analysis (DE, Figure 3C). Comparison of uninfected and latently-infected cells revealed 16 differentially expressed targets (adjusted p-value < 0.1), two of which were identified at the protein level: HLA-DRA protein was downregulated, and NT5E (CD73) protein was upregulated on the surface of latent cells. DE analysis of productively- and latently-infected cells resulted in 36 significant hits (adjusted p-value < 0.1), including cell-surface CD4 protein and CD73 protein. CD4 protein was significantly downregulated in productively-infected cells (as expected in the setting of viral expression), and CD73 protein was again upregulated in latent cells.

Overlapping both individual DE analyses revealed 27 targets that were uniquely modulated in latent infection (p-value < 0.05, Figure 3D) with respect to both

productively-infected and uninfected cells. These targets comprised CD2 mRNA, a
checkpoint molecule which was reported previously as a surrogate marker for HIV
reservoirs[14], and interestingly, CD73 as only differentially-expressed protein (Table
S2). The list further included three mRNAs encoding transcription factors, six
encoding cytokines, and 11 encoding surface proteins. Among these, *NFKBIA* (NF-
κB Inhibitor Alpha) mRNA, which encodes a master inhibitor of the transcription
factor NF-κB[32], a crucial transcription factor of HIV[33,34], was significantly
upregulated in latent cells. In addition, *CASP1* mRNA was significantly
downregulated in latently-infected cells. CASP1 (Caspase-1) is a key regulator of
pyroptotic cell death, a highly inflammatory process that has been reported to be
a major determinant of HIV pathogenesis and a potent driver of virus-dependent
CD4+ T cell depletion[35].

The relationship between molecular markers of HIV latently-infected cells was then
investigated by utilizing the open-source software Cytoscape to generate a
detailed protein-protein interaction network (Figure 3E). Interestingly, all factors
associated with HIV latency in our analyses were members of a single, established
protein interaction complex. The chemotactic factor IL8 (or CXCL8) was found to
have the highest number of immediate connections (17 first neighbors), followed
by the transcription factor STAT1 (Signal Transducer and Activator Of Transcription
1, 15 first neighbors) and the cytokine CSF2 (Colony Stimulating Factor 2, 15 first
neighbors).

Three key members of the adenosinergic pathway, IL8, CD39, and CD73, are
differentially expressed in latent cells. To deepen our characterization of HIV
latently-infected cells, we additionally considered non-activated (no exposure to
αCD3/αCD28-stimulating beads) and non-virus-exposed cell populations in our
NanoString analyses. Inclusion of these comparators more faithfully emulates the
in vivo landscape in ART-suppressed individuals where the majority of CD4+ T cells
are likely in a resting state and have not encountered HIV.

Next, DE analysis was implemented to compare latent cells in a pairwise fashion to

all other cellular populations (Figure 3F). The pairwise DE analyses were then

overlaid to identify genes that were uniquely regulated in latently-infected cells

(Figure 3G). We identified three targets that were significantly modulated with

respect to all other comparator groups: IL8 mRNA, CD39 mRNA, and CD73 protein

(a key marker revealed in our previous analyses) (Figure 3H). These three factors

are known to be mechanistically connected through the adenosine signaling

pathway, and our observed induction of IL-8 gene expression in latently-infected

cells (Figure 3H) potentially reflects ADORA2B stimulation[36–40].

CD73 is highly expressed on a subset of PD-1, CD39, CD49d and CD2-positive

cells. CD39 and CD73 are surface proteins and thus could serve as convenient

indicators of latent reservoir cells. We therefore sought to examine correlations

between the surface expression of CD73 and previously reported reservoir markers

and enrichment factors, including CD2, CD49d, PD-1, CD39, CD98, CTLA-4, CD20,

CD30 and CD32 in blood-derived CD4+ T cells from people living with HIV (PLWH).

CD4+ T cells were negatively-selected from fresh blood collected from six PLWH

on ART, and reservoir markers were measured by immunofluorescence staining

and flow cytometry. Notably, none of the previously identified reservoir markers

were enriched in the CD73+ CD4+ T cell compartment, and the frequency of PD-1

and CD39 expression was significantly reduced in CD73+ cells as compared to total

CD4+ cell populations (Figure S3 A and B). However, we also identified double-

positive cells co-expressing high levels of CD73 and CD49d, CD2, PD-1, or CD39,

respectively (Figure S3 C, red arrows), indicating that these markers are not

mutually exclusive *in vivo* in the setting of treated HIV infection. Expression levels

of CD98, CTLA-4, CD20, CD30 and CD32 were extremely low in both total CD4+ T

and CD73+ CD4+ T cells (Figure S3, B-D).

Figure 3: Latently-infected cells share signature features including distinct expression of IL8 mRNA,
CD39 mRNA and CD73 protein. (A) Heatmap visualizing normalized gene expression data from unsupervised
clustering analysis of virus-exposed, sorted samples. Each row shows normalized counts of a single probe
(target) and each column represents an individual sample. Colored horizontal bars along the top identify
assigned sample attributes (donor or sample type, see color legend). Hierarchical clustering was used to
generate dendrograms. (B) Heatmaps showing undirected and directed global significance scores for signaling
pathways based on differential gene expression analysis. The level of significance is indicated from blue to
orange, the up- and down-regulation of pathways from red to green. (C) Volcano plots depict differential
mRNA (circle) and protein (triangle) target expression between latent vs uninfected and latent vs productively-
infected cells. Each data point represents one target. The $\log_2$ fold change is displayed on the x-axis and the -
$\log_{10}$ of the adjusted (adj.) p-value (using the Benjamini-Hochberg method) on the y-axis. Horizontal lines
indicate adj. p-value thresholds. The top 20 hits in each comparison are labeled. Hits were considered
significant at an adj. p-value cutoff < 0.1. NT5E (CD73) is underlined in red. (D) Venn diagram illustrating
overlapping hits from the DE analyses 'latent vs uninfected' and 'latent vs productive' using a p-value cutoff p
< 0.05. (E) A protein-protein interaction network of targets uniquely changed in latent cells was generated in
Cytoscape 3.8.2. The STRING database for Homo sapiens was applied with a confidence score of 0.4. Thickness
of lines between nodes depicts confidence score, with a thicker line representing a higher score. HLA-DRB3
was not recognized by the software and thus excluded from the interaction network. (F) Number of
differentially expressed genes from pairwise comparisons of latent cells to all other samples. Differential target
expression between samples was performed with a p-value cutoff at < 0.05. (G) Venn diagram displaying the
overlay of differential expression hits from comparisons of latently-infected cells with all other samples using
a p-value cutoff of p < 0.05. (H) Bar graphs depict the $\log_2$ fold change of the indicated targets between latent
cells and all other samples. Error bars show standard deviation (SD).

Based on unsupervised analyses including principal component analysis (PCA),

expression signatures were dominated by *in vitro* stimulation (Figure S4 A and B).

We therefore investigated T cell activation as a potential determinant of HIV

latency by examining the expression levels of established T cell surface markers

CD45, CD45RO, and CD4 (Figure S4 C), as well as panel-specific activation markers

(Figure S4 D and E). No significant associations were discovered between the

expression levels of these activation markers and latent infection, suggesting that

viral transcriptional fates are not dictated by cellular activation states.

Hypoxia promotes CD73 expression and HIV latency in primary CD4+ T cells.

To better understand the relevance of CD73 in the context of HIV infection and

particularly in the establishment of the latent reservoir, we next focused on the

regulation of CD73 expression[41,42]. Importantly, at least one hypoxia-response

element (HRE) has been previously identified in the CD73 promoter region[43]

allowing for direct binding of hypoxia-inducible factors (HIFs). In this context, HIF-

1 was demonstrated to control CD73 expression, with CD73 typically being

upregulated under hypoxic conditions[44]. We therefore hypothesized that our

discovery of CD73 upregulation in latent cells suggested that hypoxia may be the

underlying cause of both increased CD73 expression and HIV latency.

We first confirmed our NanoString data using *in vitro* infection with HIV_{DFII} followed

by immunofluorescence staining and flow cytometry, again observing a significant

enrichment of CD73+ cells among latently-infected cells (Figure 4A and B). We

then mimicked hypoxic conditions in our culture settings via administration of

dimethyloxalylglycine (DMOG), followed by infection with HIV_{DFII} and flow

cytometry (Figure 4C).

DMOG treatment substantially altered CD73 expression in CD4+ T cells and led to

a 2.5-fold increase of CD73+ cells compared to mock treatment (Figure 4D and E).

Similar levels of CD73 induction were observed in cells incubated at 1% oxygen,

indicating that DMOG treatment accurately recapitulates the CD73 phenotype in

CD4+ T cells (Figure S5A). Notably, while CD73 expression was generally increased

upon induction of hypoxic responses (compare Figure 4B and Figure S5B), we

observed a pronounced enrichment of CD73+ cells specifically in the latent

compartment with up to 60% of latent cells being CD73 positive (Figure S5B). This

was also reflected in CD73 expression per cell measured by mean fluorescence

intensities (MFIs), which showed an overall increased CD73 expression in latent

cells in both mock and DMOG-treated samples (Figure S5C). Latent infection

became significantly more abundant with a 33.6% increase upon DMOG treatment,

while the frequency of uninfected or productive cells did not change significantly

between culture conditions (Figure 4F and G).

Lastly, we examined whether CD73+ cells were enriched for latent virus (Figure 4H).
We measured a considerably higher rate of latently-infected cells in CD73+
compared to CD73- cells with an average 3-fold enrichment of latent infection
within the CD73+ T cell compartment (Figure 4I). Considering the average
frequency of CD73+ cells among CD4+ T cells (~10%, Figure 4E), these data
suggest that approximately 25% of the overall, peripheral CD4+ T cell HIV reservoir
may reside in CD73+ cells. Interestingly, the enrichment of latent cells in CD4+
CD73+ T cells did not significantly differ between mock- and DMOG-treated
samples (Figure 4I), indicating that CD73+ cells may possess specific features that
favor the establishment and/or maintenance of latent infection that are not further
modulated by the induction of hypoxic responses.

Figure 4: Hypoxic conditions increase the frequency of CD4+ CD73+ T cells and facilitate latent
infection. (A) CD4+ T cells from healthy individuals were infected with HIV$_{DFII}$ and analyzed by
immunofluorescence staining and flow cytometry. Scatter plots show the gating strategy to analyze CD73
expression in HIV$_{DFII}$-infected cells from a single, representative donor. (B) Shown is the frequency of CD73+
cells in the respective HIV$_{DFII}$-infected cell population summarized from 7 donors. P-values displayed above

bars were generated by performing a one-way ANOVA with Tukey's multiple comparisons test. (C)
Experimental workflow for HIV_{DFII} infection under hypoxic conditions. (D) Representative flow plots of CD73
immunofluorescence staining in mock or DMOG treated CD4+ T cells and (E) average frequency of CD73+
CD4+ T cells across 7 donors. The p-value was generated by performing a two-tailed paired t-test. (F)
Representative flow plots, showing HIV_{DFII} infection profiles 4 days post HIV_{DFII} exposure upon mock or DMOG
treatment. (G) The frequency of DMOG-treated, HIV_{DFII}-infected cells was normalized to the respective mock
population within each donor to account for donor variability. P-values were generated by performing a two-
way ANOVA with Fisher's Least Significant Difference (LSD) test. (H) Gating strategy used to analyze HIV_{DFII}
infection profiles in the CD4+ CD73+/- T cell compartments. Data shown are from a single, mock-treated
donor and are representative for all seven donors. (I) The average frequency of latently-infected cells was
assessed in CD4+ CD73+/- T cells. Colored dots indicate individual donors. P-values were generated by
performing a two-way ANOVA with Fisher's LSD test. P-value threshold for significance was at $p < 0.05$. Error
bars show SEM.

CD73+ cells exhibit distinct immunoregulation and tyrosine kinase signaling.

The role of CD73 in the context of oncogenesis, tumor progression and survival is

well described[38]. However, relatively little is known about the relevance and

function of CD73 in human CD4+ T cells. We thus characterized the transcriptome

of blood-derived, primary CD73+ and CD73- CD4+ T cells by RNA sequencing. To

address this aim, CD73-/+ cells were isolated from primary CD4+ T cells by FACS,

revealing highly variable frequencies of CD73+ CD4+ T cells across donors, ranging

from ~3% to ~23% (Figure S6A and B). Sorted cells were then subjected to RNA

sequencing and DE analysis, accounting and adjusting for donor effects (Figure

S6C and D). CD73- and CD73+ CD4+ T cells exhibited distinct transcriptional

profiles and a clear clustering of the sorted populations (Figure 5A). Expectedly, the

CD73 (*NT5E*) exhibited highly significant divergence in expression levels between

groups (Figure 5B). An additional 145 genes were differentially expressed, with 111

upregulated and 34 downregulated genes in CD73+ cells (Figure 5B). *CR1,*

ADAM23, ABCB1 and AUTS2 were among the top genes upregulated in CD73+

cells (Figure 5B, yellow dots)*. CLEC17A* exhibited the highest fold change (> 5-fold),

followed by *CD73, LINC02397* and *MACROD2* (> 4-fold) (Figure 5B, red dots).

Multiple genes were markedly downregulated in CD73+ cells; however, only two

of them reached the highest level of statistical significance (adjusted p < 0.01):

FCER1A and *NPR3*. A gene set enrichment analysis yielded a multitude of

significantly modulated pathways differentiating CD73+ and CD73- cells including

'immune responses', 'complement activation' and 'receptor-mediated signaling

cascades' (Figure 5C), indicating diverging immunoregulatory programs. In

addition, 'positive regulation of angiogenesis', 'regulation of apoptotic processes'

and 'tyrosine kinase signaling cascades' were among the 40 most significantly

modulated pathways.

Next, all differentially expressed genes were uploaded into Cytoscape and the

resulting protein-protein interaction network was then overlaid with $\log_2$ fold

changes and adjusted p-values of each gene, visualizing directionality and

significance of interacting hits (Figure 5D). The analysis revealed five distinct

interaction networks, with one network containing the majority of hits. This

approach revealed biological programs associated with the CD73+ CD4+ T cell

compartment. Within this network, a tight cluster (I) of cell surface receptors was

apparent (*CD22, CD79A, CR1, CR2, KIT, FCER1A, CD34*), accompanied by several

signaling factors (*LYN, BLNK, BLK, BTK, PIK3AP1, TCL1A)* and transcription factors

(*IRF8, EBF1, PAX5*). Another cluster (II) comprised downregulation of cell surface

proteins *CXCR3*, *CCR4* and *PTGDR2*. Importantly, the network also contained two

significantly downregulated genes, transcription factor *GATA2*, and DNA

topoisomerase *TOP2A*, which are known to support active HIV transcription and

replication[45,46].

CD73+ CD4+ T cells harbor an inducible HIV reservoir. The intactness of

integrated proviruses and the inducibility of viral gene expression are key attributes

of the latent HIV reservoir. We therefore sought to investigate the capacity of

CD73+ T cells to harbor reactivatable latent virus. To this end, we adapted a

primary *in vitro* HIV infection model[47] and infected FACS-sorted CD73- and CD73+

CD4+ T cells with the reporter virus HIV$_{Luc}$ (Figure 5E). After a resting period of 5

days, we stimulated cells with αCD3/αCD28 beads and observed a pronounced

increase of viral transcription in both CD73- and CD73+ CD4+ T cells as compared

to unstimulated cells, reflected by a 10-fold and 14-fold increase in LTR-driven

luciferase activity, respectively (Figure 5F). Induction of viral transcriptional activity

was significantly higher in stimulated CD73+ T cells as compared to CD73- T cells.

These results demonstrate that the CD73+ CD4+ T cell compartment can harbor

an inducible latent reservoir *in vitro*, indicating the potential of this compartment

to contribute to spreading infection in people PLWH upon treatment cessation.

Figure 5: CD73+ cells exhibit distinct immunoregulatory features and support HIV reactivation. (A)

Clustering heatmap visualizing the expression profile of the top 30 differentially-expressed genes sorted by

their adjusted p-value. Data were adjusted for donor effects. (B) Global transcriptional changes between CD73-

and CD73+ cells are visualized in the volcano plot. Each data point represents a single gene. The $\log_2$ fold
change of the normalized mean hit counts of each gene are plotted against $-\log_{10}$ of its adj. p-value (using the
Benjamini-Hochberg method). Horizontal lines indicate adj. p-value thresholds. The top 10 most significantly
changed (yellow), most upregulated (red) and most downregulated (blue) genes are highlighted. (C)
Differentially expressed genes were grouped by their gene ontology (GO) and the enrichment of GO terms
was tested using Fisher exact tests. The top 40 GO terms with an adj. p-value < 0.05 are displayed. (D) The
protein-protein interaction network of genes differentially expressed between CD73- and CD73+ CD4+ T cells
was generated in Cytoscape as described previously. 33/145 hits were not recognized by the STRING database
and thus excluded from the interaction network. Among the remaining 112 genes, 43 genes did not have an
interaction partner and are not displayed. $\log_2$ fold changes of genes are indicated by node pseudo color and
the adj. p-value by node border width. *CD73* (*NT5E*) is highlighted by a star shape. Protein clusters of interest
are labeled. (E) The schematic represents the experimental workflow to test reactivation of integrated provirus
in sorted CD73- and CD73+ CD4+ T cells. (F) Bars display the average fold change over unstimulated cells
from three donors. Colored dots indicate individual donors. P-values above bars were generated by performing
a two-way ANOVA with Fisher's LSD. A p-value at $p < 0.05$ was considered significant. Error bars show SEM.

Blocking the adenosine receptor A2AR or CD73 promotes HIV latency
reversal. Bearing in mind the enzymatic function of CD73, we hypothesized that
extracellular adenosine produced by CD73 could be mechanistically involved in the
establishment and/or maintenance of HIV latency. To test this, we investigated the
adenosine signaling cascades downstream of CD73 in the well-established J-Lat
cell line models of latency[48,49], exploring how modulation of adenosine receptors
by small molecule drugs affects HIV transcriptional activity.

First, CD73 surface expression was measured in J-Lat clones, 5A8, 6.3, 11.1, and A72
as well as in the parental JurkatE6 cell line (Figure 6A). We found that between 10-
20% of JurkatE6, J-Lat 6.3, 11.1, and A72 cells expressed CD73 on the surface,
whereas about 80% of J-Lat 5A8 cells were CD73 positive. In the next experiment
we sought to test whether an inhibition of adenosine signaling will impact HIV
transcription in J-Lat cells. To that aim, J-Lat 5A8 cells were pretreated with the
adenosine receptor antagonist SCH-58261 (SCH), followed by viral reactivation
with PMA/I, a strong mitogen and latency reversing agent. Notably, pretreatment
with SCH significantly promoted latency reversal and resulted in an evident dose
response with a 2-fold increase in the frequency of GFP+ cells at the highest dose

(Figure 6B). At the same time, SCH pretreatment did not compromise cell viability

at any dose compared to cells treated with PMA/I only (Figure 6B).

Finally, we sought to determine if downregulation of CD73 itself affects HIV

transcription and latency reversal. To pursue this objective, we performed CD73

knockdown (KD) via CRISPR interference (CRISPRi) in the A72 J-Lat clone. We first

introduced the CRISPRi effector protein dCas9-KRAB by lentiviral transduction,

generating the cell line J-Lat A72 CRISPRi. We then utilized another lentiviral vector

to express single guide RNAs (sgRNAs) targeting CD73 or a non-targeting (NT)

negative control, respectively. We tested KD efficiency by immunofluorescence

staining of surface CD73, finding a significant downregulation of CD73 compared

to non-targeting controls (Figure 6C). CD73 KD resulted in significantly lower GFP

expression levels in both stimulated and non-stimulated conditions (Figure 6C),

indicating that CD73 exerts direct effects on HIV transcription and latency.

A comprehensive model of CD73-dependent latency. Based on our data

obtained in *in vitro* infection models, we devised a model that incorporates

hypoxia, CD73, and adenosine signaling, linking these factors with HIV

transcriptional regulation and persistence. Our model predicts that the hypoxia-

CD73-adenosine (HCA) axis plays a vital role with CD73 as a central player in the

maintenance of latent HIV infection (Figure 6D): As is known, HIV preferentially

persists in lymphatic tissues[50], which exhibit low oxygen levels and thus high levels

of active HIFs. We surmise that the resulting upregulation of CD73 expression leads

to adenosine-rich, immunosuppressive microenvironments, which promote the

establishment and maintenance of latent reservoirs. Accumulation of extracellular

adenosine thereby creates optimal conditions for HIV persistence by suppressing

HIV host dependency factors through autocrine signaling cascades, while

impairing effective host immune responses through paracrine signaling

mechanisms. Therefore, viral transcription is repressed, and immune escape of HIV-

infected cells is facilitated, altogether promoting viral quiescence and survival of
the latent reservoir.

403
Figure 6: Blockade of CD73 and adenosine receptor A2AR facilitates HIV latency reversal. (A) Average
frequency of live, single CD73+ cells in the different T cell lines measured via flow cytometry. (B) J-Lat 5A8 cells
were treated with A2AR antagonist SCH-58261 (SCH) at indicated, increasing doses for 1h, followed by
treatment with PMA/I. PMA/I treatment alone served as positive control, 0.5% DMSO treatment as mock
control. Cell viability based on FSC-A and SSC-A and GFP expression as a reporter of HIV transcriptional activity
was assessed 7h post treatment using flow cytometry. Samples were measured in duplicates. P-values were
generated by performing a one-way ANOVA with Fisher's LSD. $p < 0.05$ was considered significant. Data
represent the mean and error bars the SEM. (C) J-Lat A72 cells were transduced with lentiviral vectors
containing dCas9-KRAB sgRNAs targeting CD73 or a non-targeting control (NT). CD73 KD was assessed via
immunofluorescence staining of CD73 as measured by flow cytometry. Data were normalized to NT.
Reactivation of viral transcription reflected by GFP expression was assessed by flow cytometry of A72 KD cells
in presence and absence of PMA/I. Significance was determined by one-way ANOVA, comparing samples with
NT. (D) HCA-model of HIV persistence. Under long-term ART, HIV persists in vivo preferentially in anatomical
sanctuary sites like lymph nodes. Oxygen levels are known to be significantly lower in lymphoid tissues (0.5-

4.5%) compared to the periphery (about 13%). Low oxygen supply or hypoxia lead to stabilization of hypoxia
inducible factors (HIFs) which control the expression of CD73. Upregulation of CD73 leads to the accumulation
of adenosine (ADO) in the extracellular space. These factors favor the establishment of viral reservoirs and
promote HIV persistence, silencing the provirus through autocrine signaling and inhibiting host antiviral
immune responses by paracrine signaling mechanisms. T cells are shown in blue, CD73 in purple.

Detection of HIV markers and CD73 *in vivo* in tissues from ART-suppressed
HIV-infected individuals. To evaluate the clinical relevance of our findings and to
test the HCA model *in vivo*, we applied a comprehensive tissue imaging pipeline
that enables simultaneous detection of integrated HIV-DNA, viral mRNA, and HIV
protein, as well as lineage markers, followed by quantitative image analyses[51–53].
We concomitantly detected CD73 expression and HIV markers in lymph node
tissues (peripheral and inguinal lymph nodes) obtained from HIV-infected
individuals on suppressive ART (ART suppr.), as well as in viremic untreated
individuals, and uninfected controls (Figure 7A). CD3 staining was used as a lineage
marker for T cells and DAPI was included as a counter staining of nuclear DNA.
CD73 signals were found across all samples, while HIV detection expectedly
differed greatly between ART-suppressed and viremic individuals and was absent
in uninfected control samples (Figure 7A and B). Quantification of the viral reservoir
in viremic individuals indicated that at least 40% of CD3+ cells harbored integrated
DNA and most of these cells expressed viral RNA and HIV-p24 (Figure 7B, viremic).
In contrast, in ART-suppressed individuals, 0.017% of CD3+ cells contained viral
DNA, half of which expressed viral RNA and 10% of which expressed viral proteins
(Figure 7B, ART-suppr.).

CD73 expression correlates with HIV persistence in lymph nodes from ART-
suppressed individuals. Next, we determined the association between HIV
infection and CD73 expression, specifically in the CD3+/CD3- cell compartment
(Figure 7C). CD73 expression levels in CD3+ cells were significantly higher in ART-
suppressed samples than in uninfected samples. In addition, HIV DNA+ CD3+ cells
in ART-suppressed individuals exhibited a significant, 1.6‑fold higher CD73

expression compared to the overall CD3+ population. This difference in CD73

expression levels was not observed in viremic individuals and suggested that CD73

expression may offer a survival advantage for HIV-infected cells in the setting of

ART. We further hypothesized that viral reservoirs would not only reside in

individual CD73+ cells, but rather in CD73-rich, HIV persistence-promoting

microenvironments, due to local hypoxia and paracrine adenosine signaling

effects. To explore this hypothesis, we performed imaging analysis by measuring

the expression of CD73 in CD3+/HIV-DNA+ cells as well as neighboring uninfected

cells surrounding viral reservoirs (Figure 7D and Figure S7). Zero represents foci of

viral infection, and increasing or decreasing distances correspond to neighboring

uninfected cells (Figure 7D, up to 80 µm). Most localized expression of CD73 was

observed in and around viral reservoirs (CD3+HIV-DNA) in ART-suppressed

individuals. In addition, we observed that CD3+ cells that were negative for HIV-

DNA but HIV-p24 positive (HIV-DNA$^-$/p24$^+$), perhaps due to the uptake of viral

particles, also had increased levels of CD73. In contrast, evenly-distributed

expression of CD73 was observed in uninfected and viremic lymph node tissues,

confirming that the spatial association between CD73 expression and viral

reservoirs is specific to ART-suppressed HIV infection (Figure 7D, black and green

lines, respectively). Our data indicate that HIV DNA+ CD3+ cells in lymph nodes

from ART-suppressed individuals reside in areas with generally high CD73

expression, reinforcing that CD73 via adenosine production contributes to HIV

persistence (Figure 7D).

Figure 7: ***In situ* imaging of lymph nodes from PLWH reveals associations between CD73 protein expression and HIV DNA specifically in ART-suppressed individuals.** (A) Panels show representative confocal microscopy images for CD73 and HIV marker staining of lymph node tissue obtained from uninfected, ART-suppressed (suppr.), and viremic individuals. (B) Automated image analysis of tissue sections stained for HIV DNA, mRNA and p24 protein in uninfected (n = 5), ART-suppressed (n = 6), and viremic individuals (n = 5). Bar graphs show the average percentage of cells that exhibit a positive signal for the respective target. (C) Quantitative CD73 expression analysis in tissue samples from uninfected (n = 5), ART-suppressed (n = 6) and viremic individuals (n = 5). Identification of the T cell compartment (CD3+ cells) and detection of HIV reservoir cells (HIV-DNA+) was followed by quantification of CD73 signals in the indicated 4 cellular subsets (CD3+ HIV-DNA-, CD3+ HIV-DNA+, CD3- HIV-DNA-, CD3 HIV-DNA+). ANOVA was used to compare groups. Relevant statistics are shown in bar graphs. (D) Quantification of CD73 expression and distribution in and around viral

481 reservoirs in μM. Lineplot analysis was performed as described in the Methods section and the schematic
482 shown in Figure S7. 40-98 3D reconstructed images were analyzed per condition from 16 independent
483 participant samples. CD73 intensity values were normalized to mean intensities in CD3+ HIV-DNA-/p24+-ART
484 suppr. samples.

DISCUSSION

The latent HIV reservoir is considered to be the main obstacle to achieving viral eradication or indefinite disease remission in the absence of ART. It is generally believed that integrated provirus persists in specific cellular compartments and tissue sanctuaries which enable both long-term survival and spontaneous reactivation of viral replication even after decades of successful ART. The exact identity of the HIV reservoir however remains elusive. The goal of this study was to thoroughly characterize primary HIV latently-infected cells using comprehensive and complementary systems approaches. Our work focused on CD4+ T cells, the major target of HIV infection and an important potential source of viral rebound upon ART interruption.

The core finding of this work was the identification of elevated cell-surface expression of CD73 as a signature characteristic of HIV latently-infected CD4+ T cells – an observation that, to the best of our knowledge, has not been described before. Using different *in vitro* models of HIV latency, we found indications that CD73 is not merely a passive marker of reservoir cells, and regulation of CD73 expression as well as its enzymatic function is mechanistically linked to HIV persistence.

Our NanoString analyses also revealed significant changes in the expression of CD39 and IL8 within the latent compartment, which are mechanistically connected to CD73. In particular, the two ectonucleotidases CD39 and CD73 and their orchestrated functionality in purinergic signaling are well described in the literature[38–40]. In addition, IL8 expression has been shown to be stimulated by adenosine signaling, and is thus directly linked to the enzymatic function of CD73[37]. The distinctive expression of these three factors in latent cells suggests that CD73 and the adenosinergic pathway play a pivotal role in HIV latency and the establishment and/or maintenance of viral reservoirs.

Our initial *in vitro* infection model using HIV_{DFII} focused on a rather narrow time
window of HIV latency, recapitulating the establishment and early persistence of
viral reservoirs within a few days after infection. In the setting of HIV infection *in*
vivo, HIV persists even after decades of fully suppressive ART. Linking the two
observations, our *in situ* imaging of lymph node tissues demonstrated, for the first
time, that a significant association between CD73 expression in T cells and HIV-
DNA specifically in ART-suppressed individuals is maintained over extended
periods of time. No spatial associations between CD73 and HIV markers were
observed in tissues from viremic, untreated individuals. We surmise that in the
absence of treatment, when HIV is not subject to pharmacologic selection pressure,
active viral replication overrides CD73 effects and leads to rapid turnover of
infected cells. In the setting of long-term ART, HIV-infected cells are subject to
immune selection pressure, leading to an enrichment in CD73+ infected cells due
to their immunosuppressive nature and their increased likelihood of harboring
transcriptionally inactive virus. This hypothesis is further reinforced by our
transcriptomic profiling of blood-derived CD73+ and CD73- CD4+ T cell subsets
which revealed a spectrum of biological programs in the CD73 compartment that
are expected to promote viral quiescence, immune evasion, and cell survivorship.

A key finding of our study is that CD73 is significantly upregulated under hypoxic
conditions in the CD4+ T cell compartment. This result is important for two reasons:
1) Oxygen tension levels are highly variable throughout the body, ranging from
110 mmHg in well oxygenated lung alveoli[54], down to 55 – 60 mmHg[55] in the
gastrointestinal tract, and 3 – 35 mmHg in lymphoid organs[56,57]. As a consequence,
immune cells including CD4+ T cells encounter and operate at varying oxygen
concentrations as they traffic through the body[57]. Lymphoid organs in particular
represent crucial viral sanctuaries and as these are characterized by low oxygen
levels, our data suggest a causal link between hypoxia, CD73 expression, and HIV
persistence. 2) Hitherto, the role of oxygen levels and hypoxia in HIV infection

remained intangible and somewhat obscure. In 2009 Charles et al.[58] reported
decreased HIV-1 RNA levels at 3% oxygen, while S. Deshmane and colleagues
showed increased HIV transcription mediated by the interaction between HIV
accessory protein Vpr and HIF-1α[59,60]. Moreover, HIV-1 replication was shown to
be promoted by HIF-1α which in turn was stabilized by reactive oxygen species[61].
Very recently it was demonstrated that hypoxia can promote HIV latency with HIF-
2α as a direct inhibitor of viral transcription[62]. Our data now provide new insights
into the connection between HIV latency and hypoxia, with CD73 emerging as key
mediator bridging hypoxia and viral transcription.

As outlined above, our data suggest mechanistic involvement of CD73 in HIV
persistence via its enzymatic function in the adenosine signaling cascade.
Adenosine signaling leads to a suppression of cellular transcription factors that are
critical for active viral transcription[63,64] and may create an ideal immunological
niche for infected cells to evade host immune clearance due to an adenosine-
mediated immunosuppressive microenvironment. Pharmacological blockade of
A2AR in our latency model facilitated HIV latency reversal without impairing cell
viability. Thus, our data demonstrate the potential of targeting the adenosinergic
system as a therapeutic approach in the context of HIV infection and provides first
evidence that the enzymatic activity of CD73 is directly involved in HIV persistence.
We would like to point out that hypoxia can regulate the expression of numerous
genes[65], including, but not limited to CD39, the adenosine receptor ADORA2B, the
equilibrium nucleoside transporter ENT-1 and adenosine kinases (ADK)[66], all of
which could promote adenosine signaling independent of, or in concert with CD73.
Additional studies will therefore be necessary to determine how these diverse
factors link hypoxia-mediated signaling to HIV persistence.

It is important to note that in recent years increasing circumstantial evidence has
been gathered, independently suggesting a critical role for either hypoxia[58–62],
CD73 expression[67–69] or adenosine signaling[70–74] in HIV infection. Our findings

reported here are complemented and validated by a recent translational study by

Seddiki *et al.* demonstrating that HIV-infected CD73+ memory CD4+ T cells

contribute significantly to the very long-lived HIV proviral DNA reservoir in treated

subjects[75]. Our data now reveal a direct, causal connection that links the hypoxic

regulation and adenosine-producing enzymatic activity of CD73 to the

establishment and persistence of viral reservoirs.

Finally, the CD73-adenosine axis has received a great deal of attention in the

context of cancer biology[76–78] and the adenosinergic system has emerged as a

promising new drug target in oncology[37,38,79–84]. Our data suggest that, like solid

tumor cells, latent HIV reservoirs hijack the CD73-adenosine axis to subvert innate

and adaptive immune responses, enhancing the survivorship of the infected cell as

a persistence mechanism during ART. Therefore, CD73- and adenosine-focused

anti-cancer therapeutics should be actively explored as foundations of novel HIV

cure approaches and host-directed therapies.

Limitations of the study. There are limitations to both our in vivo models and our

in vivo profiling work that should be considered. Firstly, our in vitro HIV latency

models are short-term infection models, which were mainly geared at identifying

host factors associated with the establishment of viral transcriptional latency in

newly-infected cells. These models do not capture the critical aspects of

immunological selection that occur in vivo over the course of years or even

decades of suppressive ART in PLWH; long-term selection pressures in vivo may

result in enrichment of host factors on the surface of latently-infected cells that do

not appear in our in vitro profiling experiments. In regards to our in vivo profiling

of lymphoid tissues, analyses of a much larger collection of tissue samples (from a

broader array of anatomic sites associated with HIV persistence) will be required

to fully appreciate the association between CD73 expression and the HIV reservoir.

Moreover, our studies here have not considered HIV persistence outside of the

lymphoid compartment; as there is evidence that myeloid lineage cells (e.g.

monocyte-derived macrophages) harbor HIV, the relevance of adenosine signaling

to HIV infection should be evaluated in these cell types as well. Lastly, although

our in vitro experiments provide mechanistic connections between adenosine

signaling and HIV persistence, much additional work remains to be done to

decipher the relationship between adenosine signaling, HIV latency, and antiviral

immunity in vivo. These future studies will be critical in guiding the development

of novel HIV cure strategies targeting the adenosine pathway.

MATERIALS AND METHODS

Construction of next generation HIV$_{DFII}$ reporter plasmid. The 1st generation dual reporter virus construct R7GEmC[26] (kindly provided by Dr. Eric Verdin) was adapted by ligation-based molecular cloning. Briefly, R7GEmC was linearized by enzymatic digest using FseI and AscI (New England Biolabs, Cat. #R0588S and Cat. #R0558S) in order to excise the mCherry open reading frame. Then, mKO2 was PCR amplified from the template mKO2-N1 (Addgene, Cat. #4625) using primers containing matching restriction sites. Subsequently, the lentiviral vector was dephosphorylated using Quick CIP (New England Biolabs, Cat. #M0525S), purified and subjected to ligation with the digested and gel-purified PCR product utilizing T4 DNA ligase (New England Biolabs, Cat. # M0202S).

Plasmid amplification and preparation. Circularized plasmid DNA was transformed by heat-shock in chemically competent Stbl-3 E. coli (ThermoFisher Scientific, Cat. #C737303) for subsequent antibiotics selection and Sanger sequencing (Elim Biopharm) of positive clones.

Transformed Stbl-3 cells were grown in 2-5 ml of lysogeny broth with 0.1 mg/ml Ampicillin (LB Amp) for 16-24h or 4-8 hours prior to inoculation of large-volume flask with 100-300 ml LB Amp for overnight growth. 16 hours later, cells were pelleted by centrifugation for 15 min at >3000 g and subjected to plasmid preparation using the NucleoSpin Plasmid, Mini kit for plasmid DNA (Macherey-Nagel, Cat. # 740588) or Plasmid Plus Maxi Kits (QIAGEN, Cat. #12963) following the manufacturer's protocol. Concentrations of isolated plasmid DNA was spectrophotometrically determined using a NanoDrop 1000 (ThermoFisher, Scientific) and DNA aliquots were stored at 4°C.

Cell lines and cell culture. HEK293T were obtained from ATCC and were cultured in DMEM (ThermoFisher, Scientific, Cat. # 11965-118) supplemented with 10% FBS (Corning, Inc., Cat. #35-010-CV) and 10% Penicillin/1% Streptomycin (Fisher Scientific, Cat. #11548876) (DMEM complete = DMEM+/+) at 37°C, 5% CO_2 unless

stated otherwise. J-Lat 5A8 cells were kindly provided by Warner C. Greene

(Gladstone Institutes) and J-Lat A72 cells were obtained from the NIH HIV Reagent

Program (Cat. # ARP-9856). All other J-Lat clones were a gift from Eric Verdin (Buck

Institute). Jurkat E6-1 cells were obtained from ATCC. All suspension cells were

cultured in RPMI 1640 (ThermoFisher, Scientific, Cat. #11875-119) supplemented

with 10% FBS and 10% Penicillin/1% Streptomycin (RPMI complete = RPMI+/+) at

37°C, 5% CO_2 unless stated otherwise.

Virus production. HIV-1 viruses were generated by transfection of proviral DNA

into HEK293T cells via polyethylenimine (PEI, Polysciences, Cat. #23966)

transfection protocol. Env-pseudotyped HIV_{DFII} stocks were produced by co-

transfecting plasmids encoding HIV_{DFII} and a plasmid encoding HIV-1 dual-tropic

envelope (pSVIII-92HT593.1, NIH HIV Reagent Program, Cat. #3077) at a ratio of

3:1 into HEK293T cells at 50-60% confluency grown in 175 cm^2 culture flasks. Each

flask was transfected with a total amount of 30 μg DNA. The transfection mix was

prepared in 2 ml Opti-MEM (ThermoFisher Scientific, Cat. #31985062) as follows:

DNA plasmids were diluted in Opti-MEM first, then PEI was added at a ratio of 3:1

PEI:DNA (90 μg PEI). The transfection mix was vortexed for 15 sec and incubated

for 15 min at RT. Culture medium was replaced with 20 ml fresh DMEM + 10% FBS

<u>without P/S</u>, and 2 ml transfection mix was added to each flask. 16h post

transfection, P/S-free medium was replaced with standard culture medium

(DMEM+/+), and cells were incubated for another 24h at 37°C, 5% CO_2. For

replication competent HIV NL4-3 Luciferase (a kind gift from Dr. Warner Greene),

lentiviral vectors were introduced by Fugene HD transfection (Promega, Cat.

#E2311) according to the manufacturer protocols. Cell supernatants were collected

48h post transfection, centrifuged at 4°C for 10 min at 4000 rpm (~ 3390 x g) and

subsequently filtered using 0.22 μm membrane vacuum filter units (MilliporeSigma,

Cat. #SCGP00525) to remove cell debris. Virus preparations were concentrated by

ultracentrifugation at 20,000 rpm (~ 50,000 x g) for 2h at 4°C and resuspended in

complete media for subsequent storage at -80°C. Virus concentration was

estimated by p24 titration (HIV-1 alliance p24 ELISA kit, PerkinElmer, Cat.

#NEK050001KT).

Generation of CRISPRi cell lines. Stable, knockdown cell lines were generated by

lentiviral transduction of dCas9-KRAB, as well as single guide RNAs (sgRNAs). We

first generated a CRISPRi cell line by transducing J-Lat A72 with the vector lenti-

EF1a-dCas9-KRAB-Puro (Addgene #99372, a gift from Kristen Brennand). After

selecting with puromycin-containing media (1 μg/ml) for at least one week, J-Lat

A72 CRISPRi were tested by qPCR for transgene expression using Cas9-specific

primers. Then, J-Lat A72 CRISPRi cells were transduced with the lentiviral vector

pLKO5.sgRNA.EFS.tRFP (Addgene #57823, a gift from Benjamin Ebert), containing

target-specific sgRNAs (J-Lat A72 CRISPRi CD73KD) or a non-targeting control

sgRNA (J-Lat A72 CRISPRi NT). SgRNA design was conducted using the CRISPick-

tool developed by the Broad Institute[85] and sgRNA cloning was performed

following the detailed protocol provided by Heckl et al. (2014)[86]. Primer sequences

for qPCR and sgRNA cloning are given below.

Table 1: Primers for the generation of CRISPRi cell lines.

qPCR	
dCas9 fw	GGATCGAAGAGGGCATCAAA
dCas9 rv	GTTCCTGGTCCACGTACATATC
sgRNA cloning	
CD73 fw	CACCGCGTGAACTGGGTGCGAAAG
CD73 rv	AAACCTTTCGCACCCAGTTCACGC
NT fw	CACC GTATTACTGATATTGGTGGG
NT rv	AAAC CCCACCAATATCAGTAATAC

J-Lat cell latency reversal. J-Lat 5A8 cells (seeded at 1×10^6 cells/ml) were

incubated with CGS21680 (Sigma-Aldrich, Cat. #C141-5MG) or SCH-58261 (Sigma-

Aldrich, Cat. #S4568-5MG) at 37°C for 1h at increasing doses in RPMI+/+, followed

by stimulation with 20 nM PMA / 1 µM Ionomycin (PMA/I, Sigma-Aldrich, Cat.

#10634-1MG and Cat. #10634-1MG). Untreated cells or cells treated with 0.5%

DMSO (Sigma-Aldrich, Cat. #D2650-100ML) served as negative controls. 7h after

PMA/I reactivation, cells were washed 2x with PBS (ThermoFisher, Scientific, Cat.

#14190-250) and viral transcriptional activity, reflected by GFP expression was

measured using LSR II flow cytometer (BD Biosciences).

Analyses of latency reversal in J-Lat A72 CRISPRi CD73KD and J-Lat A72 CRISPRi

NT included an additional pre-gating for-RFP positive cells to specifically select for

KD cells prior to the quantification of GFP expression.

Leucocyte isolation and primary CD4+ T cell culture. Peripheral blood

mononuclear cells (PBMCs) from HIV-seronegative donors (Vitalant) were isolated

by Ficoll-Hypaque density gradient centrifugation (Corning, Inc., Cat. #25-072-Cl)

at 2000 rpm (~ 850 x g) at RT for 30 min, <u>without brake</u>. PBMCs were immediately

processed to isolate CD4+ T cells by negative selection using the EasySep Human

CD4+ T Cell Isolation Cocktail (StemCell Technologies, Cat. #17952) according to

manufacturer's protocol. Purified CD4+ T cells were cultured in RPMI+/+.

CD4+ T cell culture under hypoxic conditions. Following CD4+ T cell isolation,

cells were activated with with αCD3/αCD28 activating beads (ThermoFisher

Scientific, Cat. #11132D) for 48h at a concentration of 1 bead/cell in the presence

of 100 U/ml IL-2 (PeproTech, Inc., Cat. #200-02) in RPMI +/+ and were

subsequently cultured under hypoxia (HOX - 1% O_2; Ruskinn Invivo 400

workstation), standard conditions (normoxia - NOX - 21% O_2), or were treated with

500 µM DMOG (Sigma-Aldrich, Cat. #D3695) up to 5 days post stimulation.

CD4+ T cell *in vitro* infection. CD4+ T cells were stimulated as described above

for 3 days (initial seeding concentration 1x10^6 cells/ml). At the day of infection,

cells were spinoculated in 96-well V-bottom plates (MilliporeSigma, Cat. #M9686-

100EA) in 50 µl RPMI+/+ with 100 ng (HIV$_{DFII}$) of p24 per 1×10^6 cells with 5×10^6

cells total per well for 2 h at 2350 rpm (1173 × g) at 37°C. After spinoculation, all

cells were returned to culture in the presence of 30 U/ml IL-2. Pre-stimulated CD4+

T cells stayed in αCD3/αCD28 activating beads during spininfection and

subsequent cell culture. For experiments mimicking hypoxic conditions, cells were

treated with 500 µM DMOG (Sigma-Aldrich, Cat. #D3695) or mock-treated with

0.5% DMSO two days after αCD3/αCD28 bead stimulation and 24h before HIV$_{DFII}$

spininfection. Cells were kept in DMOG containing RPMI+/+, in presence of

activation beads and IL-2 until sample collection 4 days post infection.

CD4+ T cell *in vitro* infection and latency reversal. Initially, CD4+ T cells were

isolated from peripheral blood as described above and subjected to FACS of

CD73+ and CD73- cells. To that aim, cells were stained with APC anti-human CD73

(BioLegend, Cat. #344006) diluted in PBS (1:20) in 100 µl final volume for 20 min at

RT. Cells were then washed twice with PBS and resuspended in 500 µl – 1000 µl

PBS to achieve high cell concentrations (20 - 40x10^6 cells/ml) for FACS. Cells were

sorted into 15 ml conical tubes containing 1.5 ml RPMI+/+. Cells were cultured for

24h, then infected and rested in the presence of ART to establish *in vitro* latency[47].

Briefly, 100 ng of purified NL4-3-Luciferase was added per 1x10^5 sorted cells, which

were then infected by spinoculation as described above. 24h post virus exposure,

5 µM saquinavir (protease inhibitor, Sigma-Aldrich, Cat. #S8451-50MG) was added

to the cell cultures to suppress spreading infection. 5 days later, cells were

stimulated with αCD3/αCD28 beads (or left untreated) in the presence of 30 µM

raltegravir (integrase inhibitor, Sigma-Aldrich, Cat. #CDS023737-25MG) to prevent

new infections. 24h after stimulation, luciferase activity was quantified using the

bright glo luciferase assay system (Promega, Cat. #E2610).

CD4+ T cell staining and processing. Freshly isolated CD4+ T cells were stained

for viability, using the fixable Zombie viability dye (1:100; BioLegend, Cat. #423113)

according to the manufacturer's protocol. Subsequently, antibodies APC anti-

Human CD73 (1:50), APC-Cy7 anti-Human CD25 (1:100, BD Pharmingen Cat. #557753), and V450 anti-Human CD69 (1:100, BD Horizon Cat. #560740) for cell surface staining diluted in PBS were added and incubated for 20 min at RT. For flow cytometry, cells were washed and fixed in 1% paraformaldehyde (PFA) in PBS after the staining. FACS experiments to isolate populations of interest were performed with live, unfixed cell samples. Flow cytometry analyses were performed on the LSR II flow cytometer (BD Biosciences) or MA900 Multi-Application Cell Sorter (Sony Biotechnologies). All fluorescent-based sorts were conducted on the latter instrument.

Immunophenotyping of CD4+ T cells from HIV-infected individuals. 30 mLs of fresh blood were obtained from each of six HIV-positive individuals on long-term continuous ART (greater than one year) who were stably suppressed (HIV RNA <40 copies/mL); samples were processed as described above. Purified CD4+ T cells were then stained using a panel of antibodies against previously described reservoir markers (see Table 2), as well as CD4, CD73, CD39 and a live/dead staining (ThermoFisher Cat. #L34961). Finally, cells were subjected to flow cytometry measurement on a Cytek Aurora (5L) instrument.

Table 2: Antibody panel used to phenotype CD4+ T cells from HIV-infected individuals.

Specificity	fluorophore	Manufacturer	Cat. #
CD4	BUV395	BD Biosciences	564724
CD30	BV421	BD Biosciences	566253
CD32	PerCP/Cy5.5	BioLegend	303215
CD20	BV605	BioLegend	302333
CD2	BV510	BioLegend	300217
CD279 (PD-1)	PE	BioLegend	329905
CD49d	BUV737	BD Biosciences	612850
CD39	PE-Cy7	BioLegend	329905
CD98	FITC	BioLegend	315603
CTLA-4	BV785	BioLegend	369623

Flow cytometry gating and data analysis. Data were analyzed and visualized using the FlowJo software (v.10.7.1). Crosstalk compensations was performed using single-stained samples for each of the fluorochromes and isotype controls were employed to assess antigen positivity and enable specific gating. FACS and flow cytometry gating was performed as follows: low/negative cells for live/dead dyes were selected for single cells and subsequent FSC/SSC scatter plots. Then, antibody gates were defined based on suited /single stained and isotype controls. Gating of HIV_{DFII} reporter expression was based on non-infected, mock-treated (*in vitro* activated) negative control samples to account for activation-dependent increase of cellular background fluorescence.

Expression Profiling via NanoString. Quantitative RNA and protein expression data were generated using the nCounter Vantage 3D RNA:Protein Immune Cell Profiling Assay (NanoString Technologies, Inc., Cat. #121100019) and the nCounter SPRINT profiler (NanoString Technologies), comprising 770 RNA and 30 protein targets as well as positive and negative controls. 100,000 viable, sorted cells were used per sample, which were processed according to the manufacturer's instructions. RNA and protein expression values were normalized and analyzed using the nSolver Analysis Software 4.0 and the add-on Advanced Analysis Software 2.0.115 (NanoString Technologies). Samples that did not pass the default control performance and quality parameters were excluded from subsequent analysis. Normalization genes for each sample were automatically selected by the software based on the geNorm algorithm. Biological replicates were grouped according to sample type and the differential expression of each analyte-type (RNA or protein target) was determined in cross-comparisons among all sample types by considering inter-donor differences as confounding variable unless otherwise stated. Intersections of significant targets of individual differential expression analyses were visualized in a Venn diagram using an open source platform from Bioinformatics & Evolutionary Genomics[87].

Based on the differential expression of each gene, gene sets pre-defined by

nanoString, representing different pathways included in this assay, were analyzed

by calculating global significance scores for each gene set within each sample as

follows: <u>undirected</u> global significance statistic = $\left(\frac{1}{p}\sum_{i=1}^{p} t_i^2\right)^{\frac{1}{2}}$, where ti is the t-

statistic from the ith pathway gene. The <u>directed</u> global significance statistic is

similar to the undirected global significance statistic, but rather than measuring the

tendency of a pathway to have differentially expressed genes, it measures the

tendency to have over- or under-expressed genes. It is calculated similarly to the

undirected global significance score, but it takes the sign of the t-statistics into

account: <u>Directed</u> global significance statistic = $sign(U)|U|^{1/2}$ where U =

$\left(\frac{1}{p}\sum_{i=1}^{p} sign(t_i) * t_i^2\right)$ and where sign(U) equals -1 if U is negative and 1 if U is

positive (MAN-10030-02[88]).

CyTOF samples preparation and analysis. For live/dead discrimination, 0.1-1

million cells per sample were treated with cisplatin (Sigma-Aldrich) and fixed with

paraformaldehyde (PFA) as previously described[9,28,29]. Briefly, Cells were washed

once with contaminant-free PBS (Rockland) with 2 mM EDTA (Corning), centrifuged

and resuspend with 25 μM cisplatin in 4 ml PBS/EDTA and incubated for 60 seconds

at room temperature, and then quenched with CyFACS (metal contaminant-free

PBS supplemented with 0.1% bovine serum albumin and 0.1% sodium azide). Cells

were then centrifuged, fixed with 2% PFA in metal contaminant-free PBS and

washed 3x with CyFACS. These fixed cells were stored at -80°C until CyTOF

staining.

Prior to CyTOF staining, multiple samples were barcoded using the Cell-ID 20-Plex

Pd Barcoding Kit according to manufacturer's instructions (Fluidigm). Briefly, each

sample was washed twice with Barcode Perm buffer (Fluidigm), and incubated for

30 min with the appropriate barcode at a 1:90 ratio. Cells were then washed with

0.8 ml Maxpar Cell Staining buffer (Fluidigm) in Nunc^TM 96 Deep-Well polystyrene

plates (Thermo Fisher), followed by CyFACS. Barcoded samples were combined and
blocked with sera from mouse (Thermo Fisher), rat (Thermo Fisher), and human (AB
serum, Sigma-Aldrich) for 15 minutes at 4°C. Cells were washed twice with CyFACS
buffer and stained with the cocktail of CyTOF surface staining antibodies (Table S1)
for 45 min on ice. Subsequently, cells were washed 3X with CyFACS buffer and fixed
overnight at 4°C with 2% PFA (Electron Microscopy Sciences) in metal
contaminant-free PBS. For intracellular staining, cells were permeabilized by
incubation with fix/perm buffer (eBioscience) for 30 min at 4°C and washed twice
with Permeabilization Buffer (eBioscience). Cells were blocked again with sera from
mouse and rat for 15 min on ice, washed twice with Permeabilization Buffer
(eBioscience), and stained with the cocktail of CyTOF intracellular staining
antibodies (Table S1) for 45 min on ice. Cells were then washed once with CyFACS
and incubated for 20 min at room temperature with 250 nM Cell-IDTM DNA
Intercalator-Ir (Fluidigm) in 2% PFA diluted in PBS. Cells were washed twice with
CyFACS, once with Maxpar Cell Staining Buffer (Fluidigm), once with Maxpar PBS
(Fluidigm), and once with Maxpar Cell Acquisition Solution (CAS, Fluidigm).
Immediately prior to acquisition, cells were resuspended in EQTM calibration beads
(Fluidigm) diluted in CAS. Cells were acquired at a rate of 250-350 events/sec on a
CyTOF2 instrument (Fluidigm) at the UCSF Parnassus single cell analysis facility.

Data were normalized to EQTM calibration beads and de-barcoded with CyTOF
software (Fluidigm). Normalized data were imported into FlowJo (BD) for gating
(cell, intact, live, single events) and heatmap was generated in Cytobank.

RNA Sequencing. Freshly isolated CD4+ T cells from healthy blood donors were
sorted based on their CD73 expression as described above. 3×10^{6} cells were
collected per sample and stored as dry cell pellets at -80 °C. RNA preparation,
library preparation and mRNA sequencing were conducted at Genewiz (USA).
Paired-end sequencing was performed using the Illumina NovaSeq 6000
instrument to obtain a minimum of 20 million read pairs per sample with a read

length of 2x150 bp. Sequence reads were trimmed to remove possible adapter

sequences and nucleotides with poor quality using Trimmomatic v.0.36. The

trimmed reads were mapped to the Homo sapiens GRCh38 reference genome

available on ENSEMBL using the STAR aligner v.2.5.2b. Unique gene hit counts were

calculated by using featureCounts from the Subread package v.1.5.2. The hit counts

were summarized and reported using the gene_id feature in the annotation file.

Only unique reads that fell within exon regions were counted. After extraction of

gene hit counts, the gene hit counts table was used for downstream differential

expression analysis. Using DESeq2, a comparison of gene expression between

samples was performed adjusting for the donor effect as confounding variable. The

Wald test was used to generate p-values and $\log_2$ fold changes. Genes with an

adjusted p-value < 0.05 (Benjamini-Hochberg method) and absolute $\log_2$ fold

change > 1 were called as differentially expressed genes for each comparison. A

gene ontology analysis was performed on the statistically significant set of genes

by implementing the software GeneSCF v.1.1-p2. The goa_human GO list was used

to cluster the set of genes based on their biological processes and determine their

statistical significance. A list of genes clustered based on their gene ontologies was

generated.

***In Situ* Detection of HIV and Cellular Markers.** The experimental procedure for

the in situ and immunofluorescence staining has been described in detail in

previous publications[52,53]. The assay enables the detection of HIV-integrated DNA,

viral mRNA, viral proteins, and several cellular markers in the same assay. Sample

preparation, data acquisition and subsequent analyses were conducted in the

laboratory of Dr. Eliseo Eugenin (UTMB, Texas).

Tissue samples. Tissues from ART-suppressed individuals who have been on

treatment for at least 6 months and had viral loads below clinical detection limits

(<50 RNA copies/ml), as well as tissues from HIV-negative and ART-naïve viremic

individuals with high plasma loads (>50 RNA copies/ml) were part of an ongoing

research protocol approved by University of Texas Medical Branch (UTMB). Further

clinical data and additional information are available and will be provided upon

request by the lead contact Eliseo Eugenin (eleugeni@utmb.edu). All tissues were

obtained with full, written consent from the study participants and freshly collected

specimens were immediately fixed with 4% PFA, then mounted into paraffin blocks,

subjected to tissue sectioning, and ultimately to ab analysis by *in situ* and

immunostaining.

Staining procedures. Paraffin-embedded slides containing the tissue samples

were consecutively immersed in the following solutions: xylene for 5 min (2 times),

100% EtOH for 3 min, 100% EtOH for 3 min, 95% EtOH for 3 min, 90% EtOH for 3

min, 70% EtOH for 3 min, 60% EtOH for 3 min, 50% EtOH for 3 min, miliQ H_2O for

3 min. Then, tissue was encircled with ImmEdge Pen to reduce the reagent volume

needed to cover the specimens. Finally, slides were immersed in miliQ H_2O for 3

min. <u>For Protein K treatment</u>, tissues were incubated with proteinase K diluted 1:10

in 1X TBS (Fisher Scientific, Cat. #BP24711; and PNA ISH kit, Agilent Dako, Cat.

#K5201) for 10 min at RT in a humidity chamber. Next, slides were immersed in

miliQ H2O for 3 min, then immersed in 95% EtOH for 20 sec and finally, the slides

were left air-dry for 5 min. <u>For HIV DNA probe hybridization</u> tissues were incubated

with 10 µM PNA DNA probe for Nef-PNA Alexa Fluor 488 and Alu-PNA Cy5 (PNA

Bio). Next, slides were placed in a pre-warmed humidity chamber and incubated at

42°C for 30 min, then the temperature was raised to 55°C for an additional 1 h

incubation. Subsequently, tissues were incubated using Preheat Stringent Wash

working solution (PNA ISH kit) diluted 1:60 in 1X TBS for 25 min in an orbital shaker

at 55°C. Slides were equilibrated to RT by brief immersion in TBS for 20 sec. <u>HIV</u>

<u>mRNA detection</u> followed the manufacturer's protocol for RNAscope 2.5 HD

Detection Reagent-RED (Advanced Cell Diagnostics, Inc., Cat. #322360). Probe for

HIV Gag-pol was added to the tissue samples and incubated for 30 min at 42°C
and then 50 min at 55°C. Next, samples were incubated in Preheat Stringent Wash
working solution diluted 1:60 in 1X TBS (PNA ISH kit) for 15 min in an orbital shaker
at 55°C. Finally, slides were immersed in 1X TBS for 20 sec. <u>For HIV or cellular</u>
<u>protein detection,</u> antigen retrieval was performed by incubating slide sections in
commercial antigen retrieval solution (Agilent Dako, Cat. #S1700) for 30 min in a
water-bath at 80°C. Next, slides were removed from the bath and cooled down in
1X TBS. Samples were permeabilized with 0.1% Triton X-100 (Sigma-Aldrich, Cat.
#X100) for 2 min and then washed in 1X TBS for 5 min three times. Unspecific
antibody binding sites were blocked by incubating samples with a freshly prepared
blocking solution. Afterwards, sections were incubated overnight at 4°C using a
humidity chamber (10 ml of blocking solution: 1 mL 0.5 M EDTA, 100 ul Fish Gelatin
from cold water 45%, 0.1 g Albumin from Bovine serum Fraction V, 100 ul horse
serum, 5% human serum, 9 mL miliQ H_2O). Anti-p24 primary antibodies were
added to the samples diluted in a blocking solution and incubated at 4°C
overnight. To perform these analyses, large amounts of antibodies (obtained from
the NIH AIDS repository) were purified and pre-absorbed in uninfected human
tissues as well as tested in cell lines to assure specificity and proper binding to the
target (see Donoso et al.[52] for details). Following antibody staining, slides were
washed in 1X TBS 5 min for three times to eliminate unbound antibodies.
Secondary antibodies were added at the appropriate dilutions and incubated for
2h at RT. Slides were washed three times in 1X TBS for 5 min to eliminate unbound
antibodies. Next, slides were mounted using Prolong Diamond Antifade Mount
medium containing DAPI (ThermoFisher Scientific, Cat. #P36931). Slides were kept
in the dark at 4°C.

Image acquisition and analysis. Cells were examined by confocal microscopy
using an A1 Nikon confocal microscope with spectral detection and unmixing
systems. Image analysis was performed using the Nikon NIS Elements Advanced

Research imaging software (Nikon Instruments, Japan). The automated image
segmentation and analysis are based on the following premises: For detection of
HIV-integrated DNA, first, automatic or manual detection of cells that are positive
for HIV-DNA and second, the HIV-DNA probe has to colocalize with DAPI and Alu
repeats staining with a Pearson's correlation coefficient of at least 0.8 as described
previously[89]. These two conditions are essential for HIV-integrated DNA, or the
signal is considered negative or unspecific. For detection of HIV-mRNA, first, low
colocalization with DAPI or Alu-repeats (0.2 Pearson's correlation coefficient or
below) and second, presence in cells with HIV-DNA signal. The sensitivity, accuracy
and specificity of the system were previously validated in the laboratory of our
collaborator in two well characterized T cell lines A3.01 (uninfected) and ACH-2
(HIV-infected) and two monocytic cell lines, HL-60 (uninfected) and OM-10 (HIV-
infected).

To analyze local microenvironments of CD3+ cells, CD73 expression was assessed
in cell neighborhoods by lineplot analysis. Image segmentation and quantification
were performed using Nikon NIS Elements Advanced Research imaging software
(Nikon Instruments, Japan) and Ilastik[90]. CD73 signals were analyzed along straight
lines of 80 µM length, placing the zero point at the center of the line, at the position
of the respective CD3-positive cell. Obtained CD73 intensities were normalized to
the mean CD73 intensity in CD3+ HIV-DNA-/p24+ (ART suppr.) samples (see
Figure S7).

Quantification and Statistical Analysis. Statistical details are given in the figure
legends. All statistical analyses were performed using GraphPad Prism software
version 9. P-values ≤ 0.05 were considered statistically significant. A Student's two-
tailed t-test was used for two-way column analyses. ANOVA tests were used for
multiple comparisons. P-values are denoted in the figure panels. Data are
presented as means with error bars indicating the standard error of the mean (SEM)
unless otherwise stated.

DATA AVAILABILITY

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

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COMPETING INTERESTS

The authors declare no competing financial or non-financial interests.

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