Small molecule inhibitors of transcriptional Cyclin Dependent Kinases impose HIV-1 latency, presenting "block and lock" treatment strategies

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Abstract

Antiretroviral therapy is not a cure for HIV-1 infection, as viral rebound inevitably occurs following discontinuation of treatment. The "block and lock" therapeutic strategy seeks to enforce proviral latency and durably suppress viremic reemergence in the absence of other medical intervention. The transcription associated cyclin dependent protein kinases (tCDKs) are required for viral expression from the 5' HIV-1 Long-Terminal Repeat (LTR), but the therapeutic potential of inhibiting these kinases for enforcing HIV-1 latency remains uncharacterized. Here we extended upon previous work to directly compare the effect of highly selective small molecule inhibitors of CDK7 (YKL-5-124), CDK9 (LDC000067), and CDK8/19 (Senexin A), and found each of these prevented HIV-1 provirus expression at concentrations that showed no toxicity. Inhibition of CDK7 caused cell cycle arrest, whereas CDK9 and CDK8/19 inhibitors did not, and could be continuously administered to establish proviral latency. Upon discontinuation of drug administration, HIV immediately rebounded in cells that had been treated with the CDK9 inhibitor, while proviral latency persisted for several days in cells that had been treated with the CDK8/19 inhibitor. Our results identify the mediator kinases CDK8/CDK19 as potential "block and lock" targets for therapeutic suppression of HIV-1 provirus expression.

Introduction

The barrier towards a cure for HIV-1 is the population of extremely long-lived CD4^{+} T cells that harbor latent provirus. Antiretroviral therapy (ART) is capable of halting disease progression but has no effect on the latent HIV-1 reservoir and consequently, viral replication rapidly rebounds upon discontinuation of treatment (1) (2). The seemingly antithetical proposed "shock and kill" and "block and lock" therapeutic strategies are intended to eliminate the requirement of lifelong ART through manipulation of latent provirus expression (3). The "shock and kill" strategy would involve pharmacological reactivation by latency reversal agents (LRAs) and encouraging destruction of infected cells through viral cytotoxicity and immunological surveillance (4) (5). Development of this strategy faces formidable barriers, as it may be impossible to reactivate the majority of latent provirus (6) (7) (8), and because HIV-1 specific CD8^{+} lymphocyte-mediated clearance becomes inefficient in individuals on ART (9) (10). Given these limitations, the alternative "block and lock" strategy, by which durable latency is enforced using latency promoting agents (LPAs) to suppress viral rebound in the absence of ART, might represent a more feasible therapeutic option (11) (12). Significant recent attention has been focused on development of these strategies to modulate expression of HIV-1 provirus, and there is the potential that sequential treatment with LRAs and LPAs may contribute to an effective strategy to promote remission. For example, LRAs in combination with other intervention might be first applied to promote killing of as many latently infected cells as possible, which could then be followed with a latency promoting agent to silence the remaining provirus (13).

Of the many factors which regulate expression of HIV-1 provirus, the transcription associated cyclin dependent protein kinases (tCDKs) represent important potential targets for

latency promoting agents. The RNA Polymerase II associated protein kinases, including CDK7,

CDK8, CDK9 and CDK19 are regulated by association with cyclin proteins whose abundance

does not fluctuate throughout the cell cycle (14), and function to regulate specific activities of

RNA polymerase II (15). Each of the tCDKs play significant roles for regulation of HIV-1

provirus expression. Phosphorylation of Serine 5 on the C-terminal domain (CTD) of the largest

RNA Polymerase II subunit by CDK7, as part of TFIIH (16) (17), is required for clearance of

RNAPII from the core LTR promoter (18), and recruitment of TFIIH to the HIV-1 LTR was

shown to be a limiting step for reactivation of HIV-1 provirus expression in response to T cell

signaling (19). CDK7 also functions as the CDK-activating kinase for most other CDKs,

including those which are directly involved in regulation of cell cycle progression, and

consequently CDK7 inhibitors typically have broad effects on transcription and cell growth

(20)(21).

Like most cellular promoters, RNAPII recruited to the HIV-1 LTR pauses after synthesis

of a short nascent leader; the nascent 5' HIV-1 RNA forms the TAR stem loop structure, which

binds the viral transactivator protein Tat (22). Tat triggers efficient recruitment of P-TEFb,

consisting of CDK9 and Cyclin T1 (23) (24), which phosphorylates Serine 2 of RNAPII in

addition to the pausing factors DRB sensitivity-inducing factor (DSIF) and negative elongation

factor (NELF) resulting in enhanced transcriptional elongation (25) (26) (27) (28). In addition to

Tat, the host co-activator TRIM24 was shown to promote recruitment of CDK9 to the HIV-1

LTR to stimulate elongation (29) (30). CDK9 inhibitors, including purine derivatives

(Roscovitine) and flavonoids (flavopiridol), repress HIV-1 expression (31) (32) (33). However,

these drugs lack specific activity against CDK9 as they also inhibit CDK2, CDK5, and CDK7, in

addition to other cellular enzymes (34) (33), an effect that causes global inactivation of RNAPII

and cell cycle arrest (35) (36).

The mediator kinase module, consisting of Cyclin C, MED12, MED13, and CDK8 or its

paralog CDK19, transiently associates with the core mediator complex at the promoter of signal-

responsive genes and selectively regulates transcription by phosphorylating transcription factors

(37) (38). CDK8/19 kinase activity can produce both positive and negative effects on

transcription, depending on the functional effect of the modification (37) (39) (40). We recently

demonstrated that specific chemical inhibitors of CDK8/19 or *CDK8* gene knockout inhibit

reactivation of HIV-1 provirus (41), an outcome that is possibly mediated by the effects of

CDK8/19 on transcriptional activators that bind the LTR enhancer such as NFκB (42), TCF/LEF

β-catenin (43), and STAT1/3 (44). These observations indicate that CDK8/19 inhibitors could be

used for block and lock therapies, but the potential of such compounds for this purpose have not

been examined.

Inhibitors of tCDK activity, particularly of CDK9 (45) (46), have been suggested as

potential "block and lock" reagents (12), but the effectiveness of specific inhibitors of CDK7,

CDK9, and CDK8/19 for this purpose has not been established. Recently, more highly specific

small molecule inhibitors of CDK7 and CDK9 have been developed (47) (48), and this

technological advancement enabled direct comparison of effects caused by specific inhibitors of

these kinases on HIV-1 provirus expression, which we describe in this report. We compared the

effect of inhibitors of CDK7 (YKL-5-124) (47), CDK9 (LDC000067) (48), and CDK8/19

(Senexin A) (49) on HIV-1 provirus expression. Each of these compounds inhibited HIV-1

provirus expression in model T cell lines and primary CD4$^+$ peripheral blood mononuclear cells

(PBMCs) isolated from people living with HIV-1. Treatment of cells with CDK9 and CDK8/19

inhibitors was well tolerated over long durations of exposure, whereas CDK7 inhibition caused

cell cycle arrest and reduced cell viability. Long term treatment of HIV-1 infected cells with

LDC000067 and/or Senexin A established drug induced latency. Interestingly, upon removal of

drug we found that latency persisted in cells that had been treated with the CDK8/19 inhibitor

Senexin A, while immediate HIV-1 rebound occurred in cells previously treated with the CDK9

inhibitor LDC000067. This indicates that prolonged inhibition of CDK8/19 may produce an

epigenetic state on the HIV-1 LTR promoter that is reticent to stochastic reactivation. Overall,

these observations present CDK8/19 as a significant potential target for "block and lock"

strategies to produce durable HIV-1 proviral latency.

Results

tCDK activity is required for HIV-1 induction in response to T cell activation. We examined

the requirement of tCDK activity for HIV-1 expression using the specific small molecule

inhibitors YKL-5-124 (CDK7i), LDC000067 (CDK9i), and Senexin A (CDK8/19i) (Fig. 1*A-C*).

These recently developed chemical inhibitors display vastly improved target selectivity over

previously described CDK inhibitors (47)(48)(49). We assessed the effect of these compounds

on cell viability, determining half lethal concentration (LC50) of 93 μM, 499 μM, and 200 μM

for YKL-5-124 (CDK7i), LDC000067 (CDK9i), and Senexin A (CDK8/19i), respectively (Fig.

1*D*). We then examined the effects of these drugs at non-toxic concentrations on expression of

HIV-1 provirus using the well-described JLat10.6 and JLat9.2 models of HIV-1 latency.

Derived from the Jurkat human T-cell line, JLat cells possess a full-length replication

(envelope)-defective provirus where *Nef* was replaced with GFP, such that GFP expression is

dependent upon transcriptional activity of the 5' HIV-1 LTR (50). Treatment with YKL-5-124,

LDC000067, or Senexin A caused dose-dependent inhibition of HIV-1 induction in response to

PMA/ionomycin in the JLat10.6 cell line (Fig. 2*A-C*). When calculated as the percentage of cells

expressing GFP, we found that YKL-5-124 (CDK7i) was the most potent, with a half inhibitory

concentration (IC50) for GFP expression of 0.11 μM, while LDC000067 and Senexin A

produced IC50 values of 1.42 μM and 15.43 μM, respectively (Fig. 2*B*). Comparable results

were observed when GFP Mean Fluorescence Intensity (MFI) was used as a readout (Fig. 2*C*).

A similar inhibitory effect was observed with the JLat9.2 cell line (Fig. 2*D*), although lower

concentrations of inhibitor suppressed proviral expression (Fig. 2*E*, 2*F*). Again, the CDK7i

YKL-5-124 was the most potent (IC50: 0.02 μM), while LDC000067 and Senexin A had IC50

values of 0.56 μM and 0.43 μM, respectively. Notably, viability of JLat10.6 and JLat9.2 cells

were not affected by the tCDK inhibitors at concentrations that impair HIV-1 expression (Fig.

S1).

The JLat10.6 and JLat9.2 cell lines, typical of other cell lines bearing HIV-1 reporter

provirus (51), produce distinct patterns of GFP reporter expression in response to T cell

activation, where ~70% of JLat10.6 and ~14% of JLat9.2 cells fully express GFP upon treatment

with PMA and ionomycin, while the rest of cells in the populations remain uninduced (Fig. 2*A*,

2*D*, Vehicle). Treatment of PMA/ ionomycin stimulated cells with LDC000067 (CDK9i) or

Senexin A (CDK8/19i) diminished the proportion of GFP+ cells (Fig. 2*B*, 2*E*), but caused a

similar bimodal distribution of GFP expression, where provirus that escape latency in response to

simulation induce full GFP expression (Fig. 2*A*, 2*D*, LDC000067, Senexin A). In contrast,

treatment with the CDK7 inhibitor YKL-5-124 produces a larger gradient of GFP expression in

PMA/ ionomycin stimulated cells, particularly in the JLat10.6 cell line, where a significant

proportion of stimulated cells express lower levels of GFP (Fig. 2*A*, 2*D*, YKL-5-124). These

differences in GFP expression patterns in stimulated cells may reflect the distinct effects these

inhibitors have on RNAPII activity.

tCDK inhibitors have synergistic effects on HIV-1 expression. CDK7, CDK9, and CDK8/19

regulate different aspects of RNAPII function, and consequently we expected that combined

treatment with inhibitors specific for tCDKs would produce synergistic effects for inhibition of

HIV-1 provirus expression. To examine this possibility, we treated JLat10.6 cells with YKL-5-

124 (CDK7i) and LDC000067 (CDK9i) (Fig. 3*A*), YKL-5-124 (CDK7i) and Senexin A

(CDK8/19i) (Fig. 3*B*), or LDC000067 (CDK9i) and Senexin A (CDK8/19i) (Fig. 3*C*), at

suboptimal inhibitory concentrations for each, and induced provirus expression by stimulation

with PMA and ionomycin. In this analysis we found that co-treatment with any pair of tCDK

inhibitors produced a greater inhibitory effect on HIV-1 expression than individual treatment

with the inhibitors (Fig. 3*A-C*) indicating these effects were synergistic, as determined by ΔFa_{xy}

values >0 as calculated using Bliss independence modelling (52)(53)(54). Among these

combinations we found that LDC000067 (CDK9i) and Senexin A (CDK8/19i) produced the

greatest synergistic inhibition of HIV-1 reactivation (Fig. 3*D-F*). The synergistic inhibitory

effect for all combinations was most pronounced at lower drug concentrations, and decreased at

the highest concentrations, where GFP expression was minimal (Fig. 3*D-F*). These observations

indicate selectivity of the tCDK inhibitors for CDK7, CDK9, or CDK8/19, and suggest that these

kinases function through independent mechanisms for regulation of RNAPII. Importantly, cell

viability was not affected at inhibitor concentrations where we observed synergistic inhibitory

effects on HIV-1 provirus expression (Fig. S2).

tCDK inhibitors antagonize proviral reactivation in response to mechanistically diverse

latency reversal agents. Having observed that tCDK inhibition suppresses reactivation of latent

provirus in response to T cell activation, we next examined their effects on a variety of

mechanistically diverse latency reversal agents (LRAs). As mentioned above, co-treatment with

the phorbol ester PMA and the ionophore ionomycin triggers T cell activation by stimulating

Ras-MAPK, PKC-NFκB, and calineurin-NFAT (55). Ingenol 3-angelate (PEP005) activates

PKC- NFκB, partially mimicking T cell activation (56). JQ1 and IACS-9571 are bromodomain

inhibitors that reverse latency by interfering with function of their respective targets, BRD4 (57)

and TRIM24 (29). Finally, suberanilohydroxamic acid (SAHA) is a well-studied histone

deacetylase inhibitor (HDACi) known to reactivate HIV-1 expression *in vitro* and *in vivo*

(58)(59). Of these LRAs, the bromodomain inhibitors JQ1 and IACS-9571 induced only modest

proviral reactivation in the JLat10.6 cell line (Fig. 4*A*, 4*B*, black bar). In contrast,

PMA/ionomycin, the NFκB agonist PEP005, alone or in combination with IACS-9571 and the

HDACi SAHA produced markedly higher levels of HIV-1 provirus expression (Fig. 4*A*, 4*B*).

To examine the effect of tCDK inhibitors on reactivation by these LRAs, we co-treated

cells with concentrations of tCDK near the IC50 for inhibition of PMA/ionomycin induced

expression in JLat10.6 cells, which was 100 nM YKL-5-124 (CDK7i), 1 µM LDC000067

(CDK9i), or 10 µM Senexin A (CDK8/19i). CDK7 inhibition by YKL-5-124 limited proviral

reactivation, as measured by the proportion of GFP+ cells, in response to every LRA other than

JQ1 where oddly, we observed an increased proportion of GFP expressing cells (Fig. 4*A*).

Interestingly, although inhibition of CDK7 produced a greater proportion of GFP+ cells when

treated with JQ1 (Fig. 4*A*), the GFP MFI value was decreased compared to the vehicle control

(Fig. 4*B*) indicating that more cells expressed GFP but at attenuated levels in the presence of

YKL-5-124. Treatment with LDC000067 (CDK9i) or Senexin A (CDK8/19i) inhibited

reactivation of HIV-1 in response to all LRAs (Fig. 4*A*, 4*B*). Consistent with previous

observations (29), we observed a synergistic effect for HIV-1 reactivation by co-treatment with

the NFκB agonist PEP005 and the TRIM24 bromodomain inhibitor IACS-9571 (Fig. S3).

Moreover, tCDK inhibitors were the least effective at preventing reactivation of provirus in cells

treated with the combination of PEP005 and IACS-9571 (Fig. 4*A*, 4*B*). Finally, although the

tCDK inhibitors suppressed appearance of GFP positive cells in response to PMA/ ionomycin

treatment by approximately equivalent amounts (Fig. 4*A*, PMA/Ionomycin), certain inhibitors

were more effective at inhibiting reactivation by particular LRAs. For instance, Senexin A

(CDK8/19i) was most effective at suppressing SAHA mediated activation (Fig. 4*A*, SAHA)

while LDC000067 (CDK9i) was most potent at inhibiting expression in response to JQ1 (Fig.

4A, JQ1). Taken together, these results indicate that tCDK inhibition suppresses proviral

activation in response to mechanistically diverse latency reversing agents.

Requirement of Tat for the effect of tCDKs on HIV-1 transcription. We then examined the

dependence of CDK7, CDK9, and CDK8/19 on the viral transactivator Tat for activation of HIV-

1 transcription. The Jurkat derived JLatA72 cell line possesses an integrated HIV-1 LTR that

drives expression of GFP but unlike the JLat10.6 and JLat9.2 cell lines, does not express the

viral transactivator Tat (60). Untreated JLatA72 cells express GFP in ~30% of the population,

and this proportion increases to ~60% upon treatment with PMA/ionomycin (Fig. 5A, 5B,

Unstimulated, Vehicle). To examine the effect of tCDK inhibitors on HIV-1 expression in the

absence of Tat, we treated JLatA72 cells with the kinase inhibitors and subsequently induced T

cell activation with PMA/ionomycin. Surprisingly, we found that inhibition of CDK7 with

YKL-5-124 caused an increase in the proportion of GFP positive cells in stimulated cells (Fig.

5A, 5B) while also lowering overall proviral expression in these cells (Fig. 5C), an effect that is

similar to that described above for co-treatment with JQ1 (Fig. 4). The CDK9 inhibitor

LDC000067 had no effect on the proportion of GFP positive cells (Fig. 5A, 5B) and only slightly

decreased overall GFP expression (Fig. 5C), consistent with the role of Tat for recruitment of

CDK9 to the HIV-1 LTR. Inhibition of CDK8/19 with Senexin A decreased both the proportion

of cells expressing GFP in response to PMA/ionomycin (Fig. 5A, 5B), and suppressed overall

levels of GFP expression in induced cells (Fig. 5C), indicating that the effect of CDK8/19 on

reactivation of HIV-1 expression is not solely dependent on Tat.

We also examined the effect of tCDK inhibitors in the CEM derived GXR-5 cell line,

which like JLatA72, possess a chromosomally integrated HIV-1 LTR GFP reporter that does not

express Tat (61). However, unlike JLatA72 cells, GXR-5 cells produce a basal level of provirus

expression such that most untreated cells express some amount of GFP (Fig. S4*A*, Fig. S4*B*).

However, stimulation with PMA/ionomycin causes an increase in GFP+ expression as measured

by Mean Fluorescence Intensity (MFI) (Fig. S4*C*). Similar to results with the JLatA72 cell line,

GXR-5 cells produced significantly attenuated induction of GFP induction upon treatment with

YKL-5-124 (CDK7i) or Senexin A (CDK/19i) (Fig. S4*C*). In contrast, LDC000067 (CDK9i)

caused a small but significant inhibition of GFP expression (Fig. S4*C*), which supports the

requirement of CDK9 for Tat function.

Effect of tCDK inhibition on cell growth. The results presented above indicate that tCDK

activity is necessary for reactivation of HIV-1 provirus. Given the stochastic expression

phenotype observed for latent provirus (51) (62) (63), therapies intended to prevent HIV-1

reactivation will likely necessitate prolonged treatment to produce latency that could persist

subsequent to drug withdrawal. To further examine the cellular impact of tCDK inhibition, we

examined growth and viability of Jurkat T cells exposed to a range of tCDK inhibitor

concentrations for 4 -days. This revealed concentrations of YKL-5-124 (CDK7i) that inhibited

HIV-1 provirus expression, completely prevented cell growth and caused cell cycle arrest (Fig.

6*A*), a result that is consistent with the defined function of CDK7 as the CDK-activating kinase

(CAK) which phosphorylates and activates CDKs that have essential roles for cell-cycle

progression (64). Moreover, treatment with YKL-5-124 causes toxicity that becomes apparent

after 3 or -4 days of treatment, depending on the concentration (Fig. 6*B*). In contrast, the CDK9

inhibitor LDC000067 and CDK8/19 inhibitor Senexin A caused minimal effects on cell growth

(Fig. 6*C, E*) and cell viability (Fig. 6*D, F*) at concentrations that limit HIV-1 provirus expression,

athough cell growth was prevented (and in the case of LDC000067, also induced toxicity) at

higher concentrations. These observations indicate that long-term inhibition of CDK9 and/or

CDK8/19, but not CDK7, may be tolerated for suppression of HIV-1 provirus reactivation.

Role of tCDKs for the establishment of immediate latency. Upon infection of T cells with HIV-

1, nearly 50% of newly integrated provirus become transcriptionally repressed within 48 hours

post-infection, despite the site of chromosomal integration, a phenomenon known as immediate

latency (65, 66) (67). Because the tCDKs are required for reactivation of HIV-1 in response to

various LRAs and T cell signaling agonists, we also examined the effect of these inhibitors on

outcome of initial infection by HIV-1. For this analysis we used the Red-Green-HIV-1 (RGH)

dual-reporter virus (Fig. 7*A*) (65)(66), which expresses GFP from the 5' LTR and mCherry from

an internal promoter, and which produces all of the HIV-1 gene products, apart from *env* and *nef*

(66). Upon infection with this reporter virus, cells expressing mCherry from the PGK promoter,

but do not express GFP from the 5' HIV-1 LTR represent latently infected cells, while those that

express both mCherry and GFP are productively infected (65)(66). To assess the role of tCDK

activity on establishment of immediate latency, we pre-treated Jurkat CD4$^+$ T cells with the

kinase inhibitors and subsequently infected with RGH at a low multiplicity of infection (MOI).

One day post-infection, the cells were either washed to remove residual drug or were maintained

in media with the kinase inhibitors, and proviral expression was assessed 4 days post-infection

by flow cytometry (Fig. 7*B*, 7*C*). Inhibition of either CDK7 with YKL-5-124 or CDK8/19 with

Senexin A at the time of infection reduced the proportion of productively infected cells 4 days

later, whereas inhibition of CDK9 with LDC000067 had no effect (Fig. 7*D*, Washed), indicating

that CDK9 and Tat are not involved in the decision to formulate latency at the point of infection.

Consistent with the results shown above indicating that tCDK inhibition prevents reactivation of

latent provirus (Fig. 2, Fig. 4), maintained treatment with the kinase inhibitors post-infection

decreased the proportion of productively infected cells, indicating these drugs encourage latency

(Fig. 7*D*, Maintained).

Surprisingly, we found that inhibition of CDK7 with YKL-5-124 caused approximately

double the rate of infection, indicating that loss of CDK7 activity may render T cells susceptible

to infection (Fig. 7*E*). Notably, although CDK7 inhibition caused an increase in the proportion

of HIV-1 infected cells (Fig 7*E*), the infected population is enriched for latent provirus, as just

over 20% were productively infected (Fig. 7*C*, 7*D*, compare Untreated to YKL-5-124).

Importantly, kinase inhibition did not affect cellular viability (Fig. S5). These results reveal that

the inhibition of CDK7 or CDK8/19 at the point of infection inhibits formation of productive

infection after removal of the drug, inhibition of CDK9 does not have this lasting effect.

Although the CDK7 inhibitor YKL-5-124 has this latency promoting affect in newly infected

cells, it has associated shortcomings of inducing cell cycle arrest (Fig. 6*A*) and rendering cells

susceptible to infection (Fig. 7*E*).

Inhibition of CDK8/19 but not CDK9 induces durable latency. An optimal "block and lock"

therapy would involve treatment(s) that induce durable latency, even after the latency promoting

agent (LPA) is removed. To examine the capability of the tCDK inhibitors to induce durable

latency, we examined the effect of these compounds on the mdHIV #77 cell line (51), which is

derived from Jurkat Tat cells and bears a replication incompetent mini-dual reporter HIV-1

provirus that is integrated into an intron of the *PACS1* gene in the (+) orientation (Fig. 8*A*). HIV-

1 reporter cell lines typically produce stochastic bursts of HIV-1 expression (51)(62), and

consistently ~3% of untreated mdHIV #77 cells co-express dsRed from the 5' HIV-1 LTR and

eGFP from an internal EF1α promoter (Fig. 8*C*, Vehicle) (51). To examine the effect of tCDK

inhibitors on stochastic expression of latent HIV-1 provirus we treated mdHIV #77 cells for 14

days with the tCDKi, after which the drugs were removed by washing the cells. Expression of

dsRed from the 5' HIV-1 LTR was monitored for 10 days following removal of the drugs by

flow cytometry (Fig. 8*B*, 8*C*). The effect of the CDK7 inhibitor YKL-5-124 (CDK7i) in this

experiment was not assessed because of associated toxicity (Fig. 6*A*, 6*B*).

We observed that stochastic HIV-1 expression was suppressed in this cell line by

treatment with LDC000067 (CDK9i) and/or Senexin A (CDK8/19i) following 4 days of

treatment (Fig. 8*C*, 8*D*). Following removal of the CDK inhibitors, we found that cells that had

been treated with LDC000067 (CDK9i) produced an immediate rebound of provirus expression,

as the population of dsRed+/eGFP+ cells nearly matched that of untreated cells within 24 hrs of

drug withdrawal (Fig. 8*D*, compare day 14 to 15). In contrast, mdHIV #77 cells that had been

treated with Senexin A (CDK8/19i) alone, or in combination with LDC000067 (CDK9i),

maintained decreased levels of dsRed expression for 10 days following drug removal (Fig. 8*D*,

Drug Removed). Importantly, none of the inhibitors affected cell viability over the course of

treatment (Fig. 8*E*). We observed similar results with the Jurkat Tat mdHIV #110 clonal line

(Fig. S6). This line has the mini-dual HIV-1 reporter integrated in the (-) orientation in the

BTBD10 gene, and produces stochastic dsRed expression in ~25% of untreated cells (51) (Fig.

S6*C*, Vehicle). Treatment of mdHIV #110 cells with the CDK9 and CDK8/19 inhibitors

suppressed HIV-1 LTR dsRed expression (Fig. S6*D*, Drug Treated). But removal of drug from

cells treated with LDC000067 (CDK9i) resulted in immediate rebound of dsRed expression,

whereas dsRed expression gradually increased over the week following removal of drug(s) from

cells treated with Senexin A (CDK8/19i), alone or in combination with LDC000067 (Fig. S6*D*,

Drug Removed). Again, we did not observe effects on viability of mdHIV #110 cells over the

course of tCDKi treatment (Fig. S6*E*).

Cell lines bearing the mdHIV reporters constitutively express Tat protein, but this

provirus does not express any other viral gene products. To examine the effect of the tCDK

inhibitors on HIV-1 provirus in more detail, we produced a clonal Jurkat T cell line bearing an

integrated RGH reporter virus, which encodes all of the viral genes, apart from *env* and *nef,* and

where Tat expression is dependent upon normal expression from a subgenomic HIV-1 transcript

(Fig 9A, RGH #20). These cells were treated for 7 days with LDC000067 (CDK9i) and/or

Senexin A (CDK8/19i), at which point the cells were washed and GFP expression was monitored

for 10 days following drug removal (Fig. 9*B*). Treatment of RGH #20 cells with the tCDK

inhibitors suppressed provirus expression within 4 days (Fig. 9*C*, 9*D*, Drug Treated). Consistent

with the results described above with the mdHIV cell lines, we found that removal of drug from

RGH #20 cells treated with the CDK9 inhibitor LDC000067 resulted in immediate rebound of

LTR driven GFP expression, indicating reactivation of basal HIV-1 transcription. In contrast, in

cells treated with the CDK8/19 inhibitor Senexin A, alone or in combination with LDC000067,

we observed suppression of HIV-1 GFP expression for four days following removal of the

drug(s), and full rebound of expression was not observed until 10 days later (Fig. 9*D*, Drug

Removed). As with the experiments described above, we did not observe effects on cell viability

in treatment of the RGH #20 cell line (Fig. 9*E*). These results suggest that CDK8/19 inhibitors,

but not inhibitors of CDK9, induce a repressive configuration of the HIV-1 promoter that persists

following removal of treatment.

tCDK inhibitors suppress proviral expression in cells from people living with HIV-1 ex vivo.

To directly compare effectiveness of tCDK inhibitors on HIV-1 provirus expression, we

examined the effect of these compounds on reactivation of provirus in primary peripheral blood

mononuclear cells (PBMCs) isolated from individuals living with HIV-1 and receiving

362 suppressive antiretroviral therapy (Table 1). In cells from these individuals, we observed

363 increased HIV-1 mRNA in response to PMA/ionomycin treatment (Fig. 10, compare

364 Unstimulated to Vehicle). Consistent with the above results, treatment with YKL-5-124

365 (CDK7i) decreased provirus expression in all three participants, while treatment with

366 LDC000067 (CDK9i) or Senexin A (CDK8/19i) decreased provirus expression in two of three

367 participants (Fig. 10). Interestingly, the combination of LDC000067 and Senexin A produced

368 the most robust silencing of viral expression in all three participants (Fig. 10,

369 LDC000067/Senexin A), with Participant A displaying even lower expression of HIV-1 mRNA

370 than when left unstimulated (Fig. 10*A*). Furthermore, for Participant C we observed synergistic

371 inhibition of expression with LDC000067 and Senexin A co-treatment (Fig. 10*C*). These results

372 indicate that tCDK inhibition can suppress proviral reactivation in cells from individuals living

373 with HIV *ex vivo*.

Discussion

Development of therapeutic strategies to eliminate the life-long requirement of ART for

people living with HIV-1 are currently aimed at modulating expression of the latent provirus (3).

The proposed "shock and kill" strategy for elimination of latently infected cells has been one

focus of intense investigation, and although a variety of latency reversing agents have been

identified (68)(6), none have successfully reduced the latent population in infected individuals

(69), largely because of an inefficient anti-HIV-1 cellular immune response (4) (70)(69, 71).

The antithetical "block and lock" strategy may be a more feasible approach towards treatment of

the latently infected population for functional elimination of HIV-1, and this contention is

supported by results shown here. Block and lock would involve use of latency promoting agents

(LPAs) to suppress stochastic expression of viral transcripts from the 5' LTR, which may lead to

sustained epigenetic silencing of integrated provirus (11) (12). Although several LPAs such

as didehydro-cortistatin A (dCA) (72) (73) and spironolactone (74) have displayed promising

results *in vitro*, no human trials with latency enforcing compounds have been performed. In the

present study, we directly compared the transcriptional Cyclin Dependent Kinases (tCDKs)

CDK7, CDK9, and CDK8/19 as potential targets for enforcement of proviral latency in various

cell line models as well as primary PBMCs isolated from people living with HIV-1. Our results

indicate that CDK8/19 inhibitors in particular, could contribute to implementation of this

strategy.

Recruitment of the general transcription factor TFIIH to the LTR is rate limiting for

reactivation of latent HIV-1 (19). The TFIIH complex is composed of 10 proteins consisting of a

core component (XPB, XPD, p62, p52, p44, p34, p8) and a CDK-activating kinase (CAK)

module (CDK7, cyclin H, MAT1) (75). Consistent with the requirement of TFIIH for

reactivation of viral transcription, we found that treatment with the selective CDK7 inhibitor

YKL-5-124 prevented induction of HIV-1 in response to T cell activation (Fig. 2). Furthermore,

YKL-5-124 was found to limit proviral reactivation in response to several diverse LRAs,

including the TRIM24 bromodomain inhibitor IACS-9571 and the HDACi SAHA (Fig. 4).

Surprisingly, inhibition of CDK7 in combination with JQ1 caused an increased proportion of

cells possessing productive HIV-1 (Fig. 4*A*), although viral expression was severely diminished

in these cells (Fig. 4*B*). Interestingly, we observed a similar effect when we examined

reactivation of HIV-1 provirus in JLatA72 cells treated with YKL-5-124 (Fig. 5). These

observations might also be related to our finding that inhibition of CDK7 is associated with

increased susceptibility of T cells for HIV-1 infection (Fig. 7). TFIIH has both helicase and

protein kinase activities that facilitate promoter opening and catalyze phosphorylation of

RNAPII CTD S5 (74) (19). Our peculiar finding that inhibition of CDK7 causes an increased

proportion of cells to become infected by HIV-1, albeit being enriched for latent provirus, likely

represents a function of TFIIH for HIV-1 transcription that has not been characterized. We

found that inhibition of HIV-1 expression by the CDK7 inhibitor YKL-5-124 only occurred at

concentrations that caused significant inhibition of cell cycle progression (Fig. 6*A*, 6*B*), which

suggests that inhibitors of CDK7 may not be appropriate for therapeutic use. The latency

promoting agent spironolactone causes proteasomal degradation of the XBP subunit of TFIIH

and was shown to enforce HIV-1 latency, but viral rebound in cells treated with this drug

occurred immediately upon withdrawal (74). Furthermore, although spironolactone causes

efficient reduction in XPB protein levels, it also causes reduced expression of CDK7 (74),

indicating this potential LPA may also have cytotoxic effects.

The transcriptional elongation factor P-TEFb, comprised of Cyclin T1 and CDK9, is

recruited to the nascent HIV-1 LTR TAR RNA through interaction with Tat, and facilitates

escape of promoter proximal paused RNAPII, which produces a strong positive feedback loop

for HIV-1 provirus expression (76). Consistent with this defined function of CDK9, we found

that a selective inhibitor of CDK9 kinase activity, LDC000067 (48), suppressed HIV-1 proviral

induction in multiple HIV-1 provirus reporter cell lines (Fig. 2, Fig. 4), and in PBMCs from

people living with HIV-1 *ex vivo* (Fig. 10). We also confirmed that the function of CDK9 for

HIV-1 expression is largely dependent upon the viral transactivator Tat, as LDC000067 had no

appreciable effect in in JLatA72 cells, which do not express Tat (Fig. 5, Fig. S4). Given the

predominant role of CDK9 for HIV-1 transcription, this enzyme is an important potential

therapeutic target (77) (78) and previous results have shown the CDK9 inhibitors Roscovitine,

flavopiridol, and seliciclib to supress HIV-1 replication (31)(32)(79)(33). However, these

previously characterized compounds are properly described as pan-CDK inhibitors as they are

not selective and cause global inactivation of RNAPII transcription and cell cycle arrest (35)(36).

Importantly, in the present study we found that the selective CDK9 inhibitor LDC000067

had no effect on cell growth or viability at concentrations effective at restricting proviral

expression (Fig. 6*C*, 6*D*). Consequently, we were able to assess the capability of CDK9

inhibition to generate durable latency. In all T cell models examined, LDC000067 treatment

generated proviral latency without affecting cell growth (Fig. 8, Fig. 9, Fig. S6, see Drug

Treated). However, removal of the CDK9 inhibitor from treated cells corresponded with

immediate rebound of HIV-1 stochastic basal expression to levels seen in untreated cells (Fig. 8,

Fig. 9, Fig. S6, see Drug Removed). There is significant interest in disrupting the Tat-CDK9

positive feedback loop for effective "block and lock" therapies, and various strategies for

inhibition of Tat have been proposed, including forcing its degradation by the long noncoding

RNA NRON (80) and expression of the Tat mutant designated Nullbasic (81) (82). Given that

the role of Tat for HIV-1 replication involves recruitment of P-TEFb (CDK9/Cyclin T1) to the 5'

LTR and that we observed that CDK9 inhibition did not generate lasting latency, our results

indicate that sole disruption of the positive feedback loop for expression of HIV-1 provirus is

incapable of manifesting durable latency.

We recently demonstrated that inhibition of CDK8 restricts HIV-1 provirus expression

(41). In this report we show that the CDK8/19 inhibitor suppresses viral induction in response to

a diverse set of LRAs and T cell activation (Fig. 2, Fig. 4). Unlike CDK9, the function of

CDK8/19 for HIV-1 expression is not dependent on Tat (Fig 5, Fig. S4), consistent with previous

findings that CDK8/19 inhibition limits reactivation of ACH2 and U1 proviral latency cell

models (41). We observed synergistic inhibition of HIV-1 provirus expression in cells treated

with the CDK8/19 inhibitor Senexin A in combination with inhibitors of either CDK7 or CDK9,

consistent with the defined role of these kinases for regulating distinct functions for RNAPII

transcription. Intriguingly, we found that inhibition of CDK8/19 in multiple cell lines bearing

HIV-1 reporter virus caused suppression of stochastic HIV-1 expression, an effect that persisted

upon removal of the kinase inhibitor. CDK8/19 inhibition at the time of infection was sufficient

to cause a significant decrease in the proportion of transcriptionally active provirus in the days

that followed (Fig. 7). Furthermore, inhibition of CDK8/19 with Senexin A generated HIV-1

latency that was maintained for days following removal of the drug (Fig. 8, Fig. 9, Fig. S6).

These results suggest that inhibition of CDK8/19 causes modification of transcription factors,

and/ or chromatin organization associated with HIV-1 provirus that persists following removal of

the inhibitor.

In this study, we have evaluated the therapeutic potential of targeting the transcription

associated protein kinases CDK7, CDK9, and/or CDK8/19 as potential targets for HIV-1

therapies. We found that CDK7 inhibition caused cellular toxicity but also increased

susceptibility HIV-1 infection in cell lines. Although the CDK9 inhibitor LDC000067 was well

tolerated and caused suppression of proviral expression, treatment with this inhibitor did not

cause durable latency upon removal of treatment. In contrast we found that the CDK8/19

inhibitor Senexin A restricted HIV-1 expression at concentrations that did not affect cellular

growth, which also promoted HIV-1 latency, an effect that was maintained for multiple days

following drug withdrawal. These results indicate inhibition of CDK8/19 causes persistent HIV-

1 provirus latency, an effect that could be exploited with synergistic latency promoting agents to

maintain suppression of HIV-1 provirus expression following discontinuation of ART.

Materials and Methods

Cell culture, virus culture, and lentiviral transduction

Jurkat E6-1, Jurkat Tat mHIV-Luciferase, JLat10.6, JLat9.2, JLatA72, and GXR-5 CEM cells were cultured in Roswell Park Memorial Institute 1640 (RPMI-1640) medium supplemented with 10% FBS, penicillin [100 units/ml], streptomycin [100 g/ml], and L-glutamine [2 mM]. HEK293T cells were cultured in Dulbecco's modified Eagle's (DMEM) medium supplemented with 10% fetal bovine serum (FBS), penicillin [100 units/ml], streptomycin [100 g/ml], and L-glutamine [2 mM]). All cell lines were incubated in a humidified 37°C and 5% CO_2 atmosphere.

Peripheral Blood Mononuclear Cells (PBMC) from participants with HIV-1 on ART were isolated from whole blood by density gradient centrifugation using Lymphoprep[TM] and SepMate[TM] tubes (StemCell Technologies), and cryopreserved. Upon thawing, PBMCs were cultured in RPMI supplemented with 10% FBS, penicillin [100 units/ml], streptomycin [100 g/ml], and L-glutamine [2 mM]. Samples from participants were collected with written informed consent under a protocol jointly approved by the research ethics boards at Providence Health Care/UBC and Simon Fraser University (certificate H16-02474).

Vesicular stomatitis virus G (VSV-G) pseudotyped viral stocks were produced by co-transfecting HEK293T cells with a combination of viral molecular clone, psPAX, and VSV-G at a ratio of 8 μg : 4 μg : 2 μg. Transfections were performed with polyethylenimine (PEI) at a ratio of 6:1 (PEI:DNA) in Gibco Opti-MEM[tm]. Lentiviral infections were performed by plating $1x10^6$ cells in 24-well plates with media containing 8 μg/mL polybrene and the amount of viral

supernatant to give the desired multiplicity of infection (M.O.I.) as indicated. Plates were

subsequently spinoculated for 1.5 hrs at 1500 rpm.

RT-PCR

RNA was extracted from cells using the RNeasy Kit (Qiagen) and analyzed with the

Quant Studio 3 Real-Time PCR system (Applied Biosystems) using _Power_ SYBR® Green

RNA-to-CT™ 1-Step Kit (Thermo Fisher) as per the manufacturer's instructions. RT-PCR data

was normalized to GAPDH expression using the ΔΔCt method as previously described (Livak &

Schmittgen, 2001). Cycling parameters were as follows: 48 $^{\circ}$C, 30 min, 1x; 95 $^{\circ}$C, 10 min, 1x;

(95 $^{\circ}$C, 15 sec, 60 $^{\circ}$C, 1 min), 60x. Primers were as follows: HIV-1 mRNA (multiply spliced Tat-

Rev transcripts), Fwd 5' CTTAGGCATCTCCTATGGCAGGA, Rev 5'

GGATCTGTCTCTGTCTCTCTCTCCACC; GAPDH, Fwd 5'

TGCACCACCAACTGCTTAGC, Rev 5' GGCATGGACTGTGGTCATGAG.

Flow cytometry

Cells were treated as indicated in the figure legends. Human T cell lines were suspended

in PBS and a BD Biosciences LSRII-561 system was used for flow cytometry with threshold

forward scatter (FSC) and side scatter (SSC) parameters being set so that a homogenous

population of live cells was counted. FlowJo software (TreeStar) was used to analyze data and

determine the indicated Mean Fluorescence Intensity (MFI).

Quantitative analysis of tCDK inhibitor latency promoting agent interaction

Bliss independence modeling was used as previously described (29) to statistically assess

the inhibitory activity of combinatorial tCDK inhibitor treatment on HIV-1 reactivation. The

equation $Fa_{xy, P} = Fa_x + Fa_y - (Fa_x)(Fa_y)$ defines the Bliss independence model, in which $Fa_{xy,}$

$_P$ is the predicted fraction affected by a combination of drug x and drug y that is derived from the

experimentally observed fraction affected by drug x (Fa_x) and drug y (Fa_y) individually.

Comparison of the predicted combinatorial affect ($Fa_{xy, P}$) with the experimentally observed

impact ($Fa_{xy,O}$) was then performed: $\Delta Fa_{xy} = Fa_{xy,O} - Fa_{xy,P}$. If ΔFa_{xy} is greater than 0, the

combination of drugs x and y exceed that of the predicted affect indicating that the drugs display

synergistic interaction. If $\Delta Fa_{xy} = 0$, the drug combination follows the Bliss model for

independent action. If ΔFa_{xy} is less than 0, the drug interaction is antagonistic as the observed

effect of the drug combination is less than predicted.

Statistics and reproducibility

528   All replicates are independent biological replicates and are presented as mean values

529   with $\pm$ standard deviation shown by error bars. The number of times that an experiment was

530   performed is indicated in the figure legends. P-values were determined using unpaired t-tests

531   using GraphPad Prism 9.0.0. Statistical significance is indicated at $*P < 0.05$, $**P < 0.01$, or

532     $***P < 0.001$, with n.s. denoting non-significant $P \geq 0.05$.

533   **Data availability**

534   All data supporting the findings of this study are available within the article or from the

535   corresponding author upon reasonable request (I. Sadowski, ijs.ubc@gmail.com).

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Author Contributions

Experimental design was conceived by Horvath R. M who also performed all experiments. Brumme Z.L. provided PBMC samples from individuals on ART. Horvath R. M., Z.L. Brumme and Sadowski I. wrote the manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

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 Legends to Figures

Figure 1. Chemical inhibition of tCDKs is tolerated in T cells. A-C: Molecular structure of

YKL-5-124 (CDK7 inhibitor) (**A**), LDC000067 (CDK9 inhibitor) (**B**), and Senexin A (CDK8

and CDK19 inhibitor) (**C**). **D:** Jurkat human T cells were treated with the concentrations of CDK

inhibitor for 24 hours after which cellular viability was determined. Results are normalized to an

untreated control ($n = 2$, mean $\pm$ SD).

Figure 2. HIV-1 provirus requires tCDK kinase activity for reactivation. A: Representative

flow cytometry scatter plots of JLat10.6 cells that were pre-treated for 30 min with DMSO

(Vehicle), 100 nM YKL-5-124 (CDK7i), 1 μM LDC000067 (CDK9i), or 10 μM Senexin A

(CDK8/19i) and subsequently incubated with 5 nM PMA and 1 μM ionomycin for 20 hours. **B,**

C: Following 30 min pre-treatment with the indicated concentration of tCDK inhibitor, JLat10.6

cells were incubated with 5 nM PMA and 1 μM ionomycin. 20 hours later, flow cytometric

analysis was performed to measure HIV-1 expression as reported as the proportion of GFP

positive cells (**B**) and the GFP delta (Δ) Mean Fluorescence Intensity (MFI) (**C**) ($n = 2$, mean

$\pm$ SD). **D:** As in (**A**), but JLat9.2 cells were examined. **E, F:** As in B, C, but JLat9.2 cells were

examined ($n = 2$, mean $\pm$ SD).

Figure 3. tCDK inhibitors synergistically inhibit HIV-1 transcription. A - C: JLat10.6 cells

were pre-treated for 30 minutes with 100 nM YKL-5-124 (CDK7i) and the indicated

concentration of LDC000067 (CDK9i) (**A**) or Senexin A (CDK8/19i) (**B**), or were pre-treated 30

minutes with 1 μM LDC000067 and the indicated concentration of Senexin A (**C**). Subsequently,

cells were incubated with 5 nM PMA/ 1 μM ionomycin for 20 hours and subsequently analyzed

by flow cytometry ($n = 2$, mean ± SD). **D - F:** Calculation of synergy between the indicated

treatments in **A - C** using Bliss Independence Modeling. Data are presented as the difference

between the predicted and the observed fractional HIV-1 expression response to the given drug

combination ($n = 2$, mean ± SD). See Materials and Methods for details.

Figure 4. tCDK kinase inhibitors antagonize the effect of latency reversing agents. A, B:

JLat10.6 cells were pre-treated for 30 minutes with 100 nM YKL-5-124 (CDK7i), 1 μM

LDC000067 (CDK9i), 10 μM Senexin A (CDK8/19i), or a vehicle control (Ve, DMSO).

Subsequently, cells were incubated with10 μM JQ1, 20 μM IACS-9571, 5 nM PEP005, 5 nM

PEP005/ 20 μM IACS-9571, 5 nM PMA/ 1 μM ionomycin, 5 μM SAHA, or were left untreated.

Following 20 hours, GFP expression was measured by flow cytometry and reported as the

percent of GFP positive cells (**A**) and the Mean Fluorescence Intensity (MFI) of GFP (**B**) ($n = 2$,

mean ± SD).

Figure 5. Requirement of Tat for regulation of HIV-1 expression by tCDKs. A:

Representative flow cytometry scatter plots of JLatA72 Jurkat cells (-Tat), pre-treated for 30

minutes with a vehicle control (DMSO), 100 nM YKL-5-124 (CDK7i), 1 μM LDC000067

(CDK9i), or 50 μM Senexin A (CDK8/19i) and subsequently incubated with 5 nM PMA and 1

μM ionomycin for 20 hours. **B, C:** JLatA72 cells were left untreated or pre-treated for 30

minutes with a vehicle control (DMSO), 100 nM YKL-5-124, 1 μM LDC00067, or 50 μM

Senexin A prior to stimulation with 5 nM PMA/ 1 μM ionomycin. Following 20 hours, flow

cytometry was performed with viral expression reported as the percent of GFP positive cells (**B**)

and the delta GFP Mean Fluorescence Intensity (MFI) (**C**) ($n = 2$, mean ± SD).

Figure 6. Effect of sustained tCDK inhibition on cell growth and viability. A, B: Jurkat T

cells were incubated with the indicated concentration of YKL-5-124 or a vehicle control (Ve,

DMSO) for the indicated time (Days), total cell count (**A**) and viability (**B**) were determined.

Media was replaced daily with inhibitor ($n = 3$, mean ± SD). **C, D:** As in (**A**) and (**B**), but cells

were treated with LDC000067 ($n = 3$, mean ± SD). **E, F:** Performed as previously described but

Jurkat cells were incubated with the indicated concentration of Senexin A ($n = 3$, mean ± SD).

Figure 7. Inhibition of tCDK activity encourages establishment of latency upon infection.

A: Simplified depiction of the replication incompetent Red-Green-HIV-1 (RGH) dual reporter

virus (66), which expresses GFP from the 5' LTR and mCherry from an internal constitutive

PGK promoter. **B:** Jurkat CD4^{+} human T cells were left untreated or were pre-treated for 30

minutes with 100 nM YKL-5-124, 1 μM LDC000067, or 10 μM Senexin A prior to infection of

cells with RGH. 1-day post-infection, media was replaced, and cells were either washed of the

drug or maintained with the same concentration of inhibitor. 4 days post-infection, proviral

expression was assessed by flow cytometry. **C:** Representative flow cytometry scatter plots of

RGH infected cells, treated as indicated in (**B**) and examined 4 days post-infection. **D:** Jurkat T

cells were treated as in (**B**), with the percentage of productive infections determined by flow

cytometry 4 days post-infection. The % Productive Infections was determined from the ratio of

GFP+/mCherry+ cells to all mCherry+ cells ($n = 3$, mean $\pm$ SD). **E:** Summary of the infection

rate for cells treated as indicated, representing the proportion of cells expressing mCherry

expression ($n = 3$, mean $\pm$ SD).

Figure 8. Effect of CDK9 and CDK8/19 inhibitors on basal expression of an HIV-1 mini-

virus. A: Schematic depiction of the mini-dual HIV-1 reporter virus in the mdHIV #77 Jurkat

Tat clonal T cell line (51), which expresses dsRed from the 5' LTR and eGFP from an internal

EF1α promoter. **B:** mdHIV #77 cells were incubated with a vehicle control (DMSO), 1 µM

LDC000067, 10 µM Senexin A, or 1 µM LDC000067 and 10 µM Senexin A for 14 days, when

the drug(s) were removed, and HIV-1 expression was assessed by flow cytometry over the

indicated time (Days). **C:** Representative flow cytometry scatter plots following 4 days of drug

treatment followed by 4 days after drug withdrawal. Each dot indicates a single HIV-1 infected

cell, where the population in Q2 represents cells with transcriptionally active provirus. **D:**

mdHIV #77 cells were treated as in (**B**) with viral expression assessed on the indicated day by

flow cytometry ($n = 2$, mean $\pm$ SD). **E:** mdHIV #77 cells treated as indicated in (**B**) were

examined for viability, with values normalized to the vehicle control ($n = 2$, mean $\pm$ SD).

Figure 9. Effect of CDK9 and CDK8/19 inhibitors on RGH proviral latency. A: Schematic

depiction of the full-length, replication incompetent HIV-1 RGH reporter virus chromosomally

integrated in the RGH #20 Jurkat clonal T cell line, where eGFP is expressed from the 5' LTR,

and mCherry from an internal PGK promoter that replaces *Nef*. **B:** RGH #20 cells were

incubated with a vehicle control (DMSO), 1 µM LDC000067, 10 µM Senexin A, or 1 µM

LDC000067 and 10 μM Senexin A for 7 days, when drug(s) were removed, and viral expression

was measured by flow cytometry for 10 more days. **C:** Representative flow cytometry scatter

plots following 4 days of drug treatment and 4 days following drug withdrawal. All "dots" are

indicative of a single HIV-1 infected cell with Q2 (eGFP+/mCherry+) displaying cells with

transcriptionally active provirus. **D:** RGH #20 cells were treated as in (**B**) with viral expression

assessed on the indicated day by flow cytometry ($n = 2$, mean $\pm$ SD). **E:** RGH #20 cells treated

as indicated in (**B**) were examined for viability, with values normalized to the vehicle control (n

$= 2$, mean $\pm$ SD).

Figure 10. tCDK activity is required for reactivation of HIV-1 in CD4+ PBMCs *ex vivo*. A -

C: PBMCs isolated from HIV-1 infected individuals on ART, were left untreated or pre-treated

for 30 minutes with Vehicle (DMSO), 100 nM YKL-5-124, 1 μM LDC000067, 10 μM Senexin

A, or 1 μM LDC000067/ 10 μM Senexin A. Following pre-treatment, cells were incubated with

5nM PMA/ 1μM Ionomycin for 24 hours after which intracellular RNA was extracted and

analyzed using RT-PCR with oligos specific for multiply spliced Tat-Rev HIV-1 mRNA

transcripts. HIV-1 mRNA expression is normalized to *GAPDH* ($n = 3 - 4$, mean $\pm$ SD).

Table 1

Patient	ID	Sex	Intact HIV Copies/Million CD4$^+$ T cells	Total HIV Copies/Million CD4$^+$ T cells	%Intact
A	BC024	Male	339.88	4941.32	6.88
B	BC030	Male	397.27	3774.98	10.52
C	BC002	Male	197.31	4857.65	4.06

Figure 1

A

YKL-5-124 – CDK7 Inhibitor

B

LDC000067 – CDK9 Inhibitor

C

Senexin A – CDK8/19 Inhibitor

D

LC50: 93 µM, 499 µM, 200 µM

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

Figure 8

A mdHIV #77 (~6 kb)

5' LTR — p24 CA — dsRed — EF1α — eGFP — 3' LTR

B

Day 0
Add Drug

Day 14
Wash (Remove) Drug

Day 24
Final Analysis

C

Drug Treated – Day 4

Vehicle
Events: 31119

Q1 16,0 | Q2 2,44
Q4 81,5 | Q3 0,022

LDC000067
Events: 31081

Q1 10,1 | Q2 0,46
Q4 89,4 | Q3 0,029

Senexin A
Events: 30848

Q1 12,5 | Q2 0,64
Q4 86,8 | Q3 0,055

LDC000067/Senexin A
Events: 30754

Q1 5,36 | Q2 0,31
Q4 94,3 | Q3 0,020

Drug Removed – Day 18

Vehicle
Events: 31464

Q1 6,88 | Q2 2,01
Q4 91,1 | Q3 3,18E-3

LDC000067
Events: 31428

Q1 8,73 | Q2 2,20
Q4 89,1 | Q3 6,36E-3

Senexin A
Events: 31811

Q1 7,35 | Q2 0,91
Q4 91,7 | Q3 9,43E-3

LDC000067/Senexin A
Events: 31948

Q1 7,87 | Q2 1,00
Q4 91,1 | Q3 9,39E-3

Alexa Fluor 488 (EF1α-eGFP)

PE-Texas Red (LTR-dsRed)

D mdHIV #77

%Productive (%mCherry+)

Day: 0 2 4 8 11 14 15 16 18 20 22 24

Drug Treated — Drug Removed

- Vehicle
- LDC000067
- Senexin A
- LDC67/SenA

E mdHIV #77

Normalized %Viability

Day: 0 2 4 8 11 14 15 16 18 20 22 24

Drug Treated — Drug Removed

- Vehicle
- LDC000067
- Senexin A
- LDC67/SenA

Figure 9

Figure 10

A

B

C