Multi-Omic Atlas reveals cytotoxic phenotype and ROS-linked metabolic quiescence as

key features of CTL-resistant HIV-infected CD4^{+} T-cells

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Summary

Cytotoxic T-lymphocytes (CTL) exert sustained pressure on reservoirs of HIV-infected

cells that persist through years of antiretroviral therapy (ART). This selects for latently

infected cells, but also potentially for cells that express HIV but possess intrinsic CTL

resistance. We demonstrate that such resistance exists in HIV-infected CD4$^+$ T-cells that

survive rigorous CTL attack and map CTL susceptibility to cell identities and states defined

by single-cell multi-omics and functional metabolic profiling. Cytotoxic CD4$^+$ T-cells were

prominently overrepresented amongst survivors, as were cells with quiescent metabolic

profiles and low levels of reactive oxygen species (ROS) production. The induction of ROS

production by treatment with deferoxamine sensitized these cells to CTL-mediated

elimination. Reservoir-harboring cells from clinical samples share the above

transcriptional features, being enriched for quiescent states. Our results provide an atlas

for elucidating features of CTL resistance in HIV reservoirs, and identify oxidative stress

as a therapeutic target to facilitate reservoir elimination.

Keywords

HIV persistence; cytotoxic T-cells; HIV cure; metabolomics; oxidative stress; immunotherapy

INTRODUCTION

HIV, although manageable as a chronic condition, currently lacks a safe or scalable cure.

Antiretroviral therapy (ART) effectively suppresses HIV replication, preventing disease

progression and transmission to sexual partners. However, ART does not affect established

'reservoirs', which are rare cell populations harboring integrated, intact proviruses that can reignite

viral replication if ART is discontinued[1-3]. A critical reservoir exists in memory CD4$^+$ T-cells, which

become increasingly clonal over time due to infected cell proliferation[4-6]. These clonal dynamics

facilitate Darwinian selection, favoring reservoir-harboring cells that exhibit fitness advantages in

the evasion of immune effectors, including HIV-specific cytotoxic T-lymphocytes (CTL)[7-12].

One key mechanism enabling these reservoir-harboring cells to evade CTL clearance is

viral latency[1,13]. Amongst intact proviruses, those harbored in genomic locations or orientations

that hinder viral transcription increasingly dominate over time on ART[10,14]. Latency is not

complete, however. Cells expressing low to moderate levels of HIV RNA can be detected after

decades of treatment, as can low levels of HIV p24 protein in blood plasma[15,16]. Associations

between virologic measures of HIV persistence and HIV-specific T-cells frequencies and functions

suggest ongoing CTL recognition of infected cells[17-21].

Two main mechanisms likely contribute to the persistence of HIV-expressing cells despite

ongoing CTL surveillance. First, clonal expansion of HIV-infected CD4$^+$ T-cells on ART

replenishes fractions of the population that express antigen and are cleared[22-24]. Second, some

infected CD4$^+$ T-cells may be intrinsically resistant to CTL attack, mirroring a phenomenon

observed in cancer (reviewed in [25]). Overexpression of the anti-apoptotic factor BCL-2 has been

identified as one mechanism of CTL resistance[26-28]. The BCL-2 antagonist ABT-199 sensitizes

HIV reservoir-harboring cells to CTL elimination *ex vivo* and is currently being investigated in a

clinical trial[26] (NCT05668026). Multi-omic profiling of *ex vivo* HIV reservoir-harboring cells has

identified other potential mechanisms of CTL resistance, including the granzyme B inhibitor

SERPINB9, and the immune checkpoint ligand PVR (CD155)[12,22,29]. However, understanding the

contribution of these and other factors to HIV persistence has been limited by the lack of a

reference profile of CTL-resistant, HIV-infected CD4$^+$ T-cells.

In this study, we confirm the existence of HIV-expressing primary CD4$^+$ T-cells that can

survive repeated CTL attacks. We then characterize their transcriptomic and surface protein

profiles at the single-cell level, providing a valuable reference for reservoir characterization

studies. Furthermore, we uncover how metabolic and oxidative stress features influence the

susceptibilities of these cells to CTL attack and show that an FDA-approved drug can be

leveraged to boost the elimination of HIV-infected cells *in vitro*. This work shifts the paradigm on

HIV persistence and opens novel therapeutic avenues for curing infection.

RESULTS

A rare population of HIV-expressing memory CD4$^+$ T-cells resists repeated CTL attacks

CD4$^+$ T-cells are highly diverse with respect to both their maturational (e.g. naive versus

memory) and polarization (e.g. Th$_1$ versus Th$_{17}$) profiles. While it would be of interest to study how

intrinsic susceptibility to CTL varies as a function of these parameters, we reasoned that

mechanistic drivers of resistance were more likely to be revealed by their fluctuations and

selection within a relatively homogenous starting population. We therefore adapted a method of

activating and culturing naïve CD4$^+$ T-cells under non-polarizing conditions to foster a central

memory T-cell (T$_{CM}$) phenotype, which we infect with HIV during the activation process (Figures

1A, S1A and S1C-D)[30,31]. To enable rigorous evaluation of specific CTL killing, we developed a 2-

virus system where cells are infected with either a wild-type (WT) clinical isolate strain of HIV,

'HIV$_{JRSCF}$' (targets)[32], or a version of this same virus with a single escape mutation in the TW10-

Gag epitope, HIV$_{JRSCF\ TW10esc}$ (bystanders), preventing recognition of the epitope by TW10-specific

CTL clones generated from the peripheral blood of people living with HIV (PLWH) (Figures S1B

and S1E).

We first assessed whether a CTL resistant population exists within these infected T$_{CM}$,

using a 'sequential killing assay'. Infected T$_{CM}$ were generated using PBMCs from two HLA-

B57$^+$A02$^+$ people without HIV. Cells infected with either WT HIV$_{JRSCF}$ (targets) or HIV$_{JRSCF\ TW10esc}$

(bystanders) were stained with different dyes, mixed together and co-cultured with an HLA-B57-

restricted CTL clone targeting the Gag 'TSTLQEQIGW' (TW10) epitope for 16 hours (Figures 1A

and S1D-S1E). This design ensures that both infected populations experience the same milieu,

which is important since factors such as IFN-γ can alter susceptibility to CTL killing (e.g. by

upregulating MHC-I)[33]. As expected, HIV$_{JRSCF\ TW10esc}$ -infected cells (bystanders) were only

minimally affected by the presence of the TW10-specific CTL clone, while WT HIV$_{JRSCF}$ -infected

cells (targets) were mostly eliminated (approximately 90% of initial HIV-Gag$^+$ cells) (Figures 1B

and 1C). A small population of targeted cells, however, survived this initial CTL attack (10% of

initial HIV-Gag$^+$ cells) (Figures 1B and 1C). To determine whether this rare population of surviving

targets was intrinsically resistant to CTL killing, we performed a second round of CTL co-culture,

where now WT HIV$_{JRSCF}$-infected survivors and HIV$_{JRSCF\ TW10esc}$-infected bystanders were both

subject to attack. This was achieved by removing the TW10-specific CTLs from the first round of

killing and co-culturing the infected cells with an HLA-A02-restricted, SL9-Gag-specific CTL clone

(Figure 1A). The SL9-specific CTLs efficiently eliminated the HIV$_{JRSCF\ TW10esc}$-infected cells that

had been bystanders in the first round of killing, indicating efficient cytotoxic effector function.

Critically, however, the WT HIV$_{JRSCF}$-infected cells that had been targeted and survived in the first

round, were not further reduced by the SL9-specific CTL attack (Figures 1B and 1C). This

provides direct evidence for the presence of rare populations of HIV antigen-expressing CD4$^+$ T-

cells that are intrinsically resistant to CTL-mediated killing.

Distinct clusters of CTL-resistant cells identified by multi-omic profiling

Having confirmed the ability of this *in vitro* system to identify *bona fide* CTL resistant cells,

we next characterized the transcriptional profiles, the surface expression of 140 immunologic

markers, and the clonotypic identities of rare CTL-resistant survivors compared to bystanders

using Extended CRISPR Compatible Cellular Indexing of Transcriptomes and Epitopes by

Sequencing (ECCITE-seq)[34,35] (Figures 1D and 1E). For both populations, we sorted cells based

on HIV-Env expression to isolate cells that survived despite antigen expression, versus selecting

for latently infected cells (Figure 1D). Harmony-based integration of ECCITE-seq data from 4

donors, followed by Weighted Nearest Neighbor (WNN) analysis of integrated gene expression

and surface protein profiles revealed 11 different unsupervised clusters among total HIV-

expressing T-cells. Strikingly, CTL-resistant survivors were specifically enriched in 4 of the 11

clusters; clusters 2, 4, 9 and 11 (Figure 1F and Table S1). In breaking down the skewing of

survivors and bystanders in these clusters by donor, we observed that 3/4, 2/4, 4/4 and 3/4 donors

showed enrichment of survivors versus bystanders in clusters 2 (average 2.5-fold enrichment), 4

(average 3-fold enrichment), 9 (average 3.9-fold enrichment) and 11 (average 3.6-fold

enrichment) respectively (Figure 1G and Table S1).

Conversely, certain clusters of infected cells were highly sensitive to elimination (skewed

towards bystanders). These were clusters: 0 (1.9-fold reduction), 1 (2.0 fold-reduction), 5 (1.9-

fold reduction), 6 (5.3-fold reduction), and 7 (1.5-fold reduction) with skewing observed in 4/4, 2/4,

2/4, 4/4 and 3/4 donors respectively (Figure 1G and Table S1). While we also leveraged TCR

sequencing to consider whether particular T-cell clones varied in their susceptibilities to killing,

we observed very little in the way of expanded clones in either the bystander or survivor

populations (Figure S2A). This is unsurprising given that our model uses polyclonal activation of

naïve CD4 T-cells, with limited time for clonal expansion.

An atlas of transcriptional features defining CTL-resistant or susceptible clusters

To probe for transcriptional programs that may contribute to CTL resistance or sensitivity

in the cells making up survivor- and bystander-enriched clusters, we identified the top differentially

expressed genes in each cluster and performed pathway enrichment analysis. Amongst the CTL-

resistant clusters, we identified a cytotoxic signature and high expression of adhesion genes in

cluster 9, high expression of ribosomal proteins in cluster 2, and an interferon stimulated gene

(ISG) signature/high antiviral response in cluster 4 (Figure 2A and 2B). Conversely, amongst CTL-

sensitive clusters, we identified high expression of activation and stress genes in cluster 0;

activation and metabolic genes in cluster 1; activation, proliferation and adhesion genes in

clusters 5 and 6, and cell division genes in cluster 7. Clusters 3 and 10 were omitted from further

analysis due to their cells expressing a disproportionately high percentage of mitochondrial genes

compared to other clusters, indicating these were lower quality/pre-apoptotic cells (Figure S2B).

To further define the identifies of bystander- and survivor-enriched clusters, we leveraged

an independent dataset defining activation status and functionality modules in T-cells and overlaid

these on our WNN-defined clusters[36]. We scored the levels of gene expression from infected cells

on modules from this reference dataset descriptive of activation profiles: "Treg-like activation" and

"Proliferation"; an intermediate activation module: "IFN response"; cytotoxicity profiles: "CD8

cytotoxicity" and "CD8 cytokines"; and a resting "naïve/T_{CM} CD4$^+$ T-cells" profiles. In line with our

previous analysis, CTL-sensitive clusters 0, 1, 5, 6 and 7 had the highest expression of modules

highly associated with activation, such as the "Treg-like activation" module in clusters 0, 1, 5 and

6, and the "proliferation" module in clusters 0 and 7 (Figures 2C and S2C-S2D). For CTL-resistant

clusters, cluster 4 had high expression of "resting naïve/T_{CM} CD4$^+$ T-cells" as well as the "IFN

response" modules, while cluster 9 scored markedly high for the "CD8 cytotoxicity" and "CD8

cytokine" modules (Figures 2C and S2E-S2H). These results demonstrated a tendency for cells

with higher activation and proliferation profiles to readily succumb to killing by CTL, while cells

enriched for resting, IFN response and cytotoxic profiles tended to be resistant to CTL.

In addition to host genes, we assessed levels of HIV transcription in relation to the CTL

susceptibilities of cell clusters. Since cells had been sorted for those expressing HIV-Env,

essentially all cells contained readily detectable levels of HIV transcripts. While CTL-resistant

clusters 2 and 4 neither showed lower basal levels of HIV transcripts than susceptible clusters in

the unselected bystanders, nor selection for the lower end of this distribution amongst survivors,

cytotoxic cluster 9 stood out in having significantly lower levels of HIV transcripts than other

clusters - manifesting as a bi-modal distribution of HIV-transcript-high versus HIV-transcript-low,

and the latter was moderately enriched amongst the survivors of CTL selection (Figures 2D-2E).

Thus, overall, levels of HIV expression did not appear to be a major determinant of CTL

susceptibility (in the context of our model of sorted HIV-Env$^+$ cells). However, relatively low levels

of HIV expression might contribute to CTL evasion in a subpopulation of cytotoxic HIV-infected

CD4$^+$ T-cells.

Our results indicate that amongst infected cells generated in a cultured T_{CM} system we

can capture diversity in cellular and immunophenotypic modules associated with both resistance

and susceptibility to CTLs. The strongest transcriptional predictor of CTL-susceptibility in HIV-

expressing CD4⁺ T-cells appears to be high expression of activation and proliferation programs,

while CTL-resistant cells were enriched for multiple cellular states including IFN responses and

engagement of a cytotoxicity program.

CTL resistance in HIV-expressing cells is linked to quiescent transcriptional and

immunophenotypic states

To pan-out to the most widely shared cellular features delineating CTL-resistant survivor

cells from bystanders, we next performed differential gene expression and pathway enrichment

analysis on all survivor cells compared against all bystander cells, across the 4 donors. Amongst

the genes with the most reduced expression levels in survivors were those coding for TNF-

receptor superfamily member costimulatory receptors *TNFRSF18* (GITR), *TNFRSF4* (OX40) and

TNFRSF9 (4-1BB), the chemokine receptor *CXCR3*, the dual specificity phosphatase *DUSP4* and

the metallothionine *MT2A* – all transcripts expressed downstream of T-cell activation[37-39] (Figure

3A and Table S2). Pathway enrichment analysis revealed that several aerobic metabolism-related

gene-sets were the most downregulated in survivor cells (Figure 3B). Relatedly, oxidative stress

(KEAP1-NERF2) as well as proliferation (cell cycle) gene-sets were robustly down in these cells

compared to bystanders. As T-cell activation induces a shift towards aerobic glycolysis and heavy

reliance on glucose oxidation to sustain clonal expansion, termed the Warburg effect[40], we

proceeded to quantify the extent to which genes along the glucose metabolism cascade were

differentially expressed. We calculated module scores in single cells based on their individual

expression levels of genes annotated as members of each pathway subtracted by aggregate

control features[41]. Our analysis revealed significant downregulation in survivor cells of glycolysis,

aerobic respiration, and oxidative phosphorylation pathways as well as other general metabolism

sets (Figure 3C and S3A-S3D). Oxidative stress, arising from the production of reactive oxygen

species (ROS) as a natural consequence of active metabolism[42,43], was found to be reduced in

survivors based on our pathway enrichment analysis, which revealed downregulation of genes

involved in the oxidative stress response (Figure 3B). Accordingly, module scoring of ROS and

and oxidative stress response pathways revealed concomitant downregulation of their gene-sets

in survivor cells (Figure 3C), indicating that lower activation thresholds in survivors translated to

a more quiescent-like transcriptional program in these cells with reduced levels of oxidative stress

responses.

To assess if the immunophenotypes of CTL-resistant survivor cells followed the course of

their transcriptional states, we quantified surface protein expression of markers of T-cell

activation/differentiation and function in our ECCITE-seq data. Our analysis revealed 2-fold and

1.5-fold downregulation of the early activation markers CD69 and CD71 (the transferrin receptor)

(Figure 3D). Similarly, other activation induced markers including Fas, PD-1, CD5, CD7, CD44

and the costimulatory receptors CD28, 4-1BB and OX40 were markedly down in survivors

compared to bystander cells (Figure 3D). Activation induced integrins CD54 (ICAM), CD2, CD57

and CD49a, important for the stabilization of immune synapses with CTLs, were also robustly

down in survivor cells (Figure 3E). Conversely, resting markers were upregulated in survivor cells

compared to bystanders, including the adhesion molecule CD62-L (L-selectin) highly expressed

in naïve and resting central memory T-cells (Figure 3F). These results highlight an enrichment of

transcriptional programs denoting metabolic quiescence and redox balance, as well as a resting

immunophenotypic state, as the most widely shared features of HIV-expressing cells that survive

CTL attack.

CTL-resistant, HIV-expressing cells have reduced levels of metabolic flux and oxidative

stress

Since transcriptional and surface protein profiling of HIV-expressing survivor cells

implicated quiescence and reduced oxidative stress, we next evaluated the bioenergetic demand

and dependency of these cells via Single Cell ENergetIc metabolism by profilIng Translation

inHibition (SCENITH)[44]. This method measures puromycin incorporation as a readout for new

protein translation to measure the bioenergetic capacity of single cells through flow cytometry.

The use of different metabolic inhibitors targeting separate arms of ATP production allows for the

deconvolution of glucose dependence (using OXPHOS inhibition) and mitochondrial dependence

(using glycolysis inhibition). SCENITH analysis of HIV-expressing survivors revealed 1.22-fold

and 1.25-fold lower levels of new protein translation compared to non-targeted bystander HIV-

expressing cells in the same culture and HIV-expressing cells in the absence of CTL pressure,

respectively (Figure 4A). This lower bioenergetic capacity in survivor cells was mainly attributed

to reduced dependency on glucose oxidation, as survivors exhibited similar reductions in new

protein translation when OXPHOS was inhibited, and did not show differences in translation

compared to bystanders and infected cells without CTL pressure when glucose oxidation alone

or both processes were inhibited (Figure 4B). These results confirmed that CTL-resistant, HIV-

expressing survivors are enriched for cells with overall lower levels of metabolic flux compared to

non-targeted HIV-expressing cells and that this reduced bioenergetic capacity is a result of lower

glucose metabolism.

Since our preliminary transcriptomics data indicated that CTL resistant survivors have

dual downregulation of metabolic and oxidative stress gene-sets (Figures 3B and 3C), we

reasoned that survivor cells may exhibit decreased intracellular ROS. To address this, we coupled

our killing assay readouts with flow cytometry-based detection of intracellular ROS accumulation

using CellROX green and $DCFH_2$-DA[45,46]. These are compounds that become highly fluorescent

when oxidized following reactions with a wide array of reactive oxygen species. Analysis of ROS

accumulation in infected cells cultured with or without CTLs revealed that the presence of CTLs

led to an increase in ROS accumulation in both survivor and bystander HIV-expressing cells

compared to HIV-expressing cells cultured in the absence of CTLs (Figure 4C), suggesting that

the culture microenvironment during a killing assay induces increases in intracellular ROS.

Survivor cells, however, showed selection for cells with lower levels of ROS accumulation

compared to bystanders in the same wells (Figure 4C), suggesting that ROS hi cells are

preferentially susceptible to CTL-mediated death. Notably, survivors were also drastically

depleted of cells expressing either CD69 or the transferrin receptor, CD71, responsible for

intracellular uptake of iron (Figures 3D and 4D), implying that HIV-expressing cells with lesser

activation states have a resistance advantage to CTL attack. An additional arm of cellular stress

that culminates in the accumulation of intracellular ROS and metabolic reprogramming is the

hypoxic response, which follows cellular activation in immune cells even in the presence of

oxygen[47]. The Hallmark hypoxia gene-set as well as direct *HIF-1A* transcript levels from our

sequencing analysis were found to be significantly reduced in CTL-resistant survivors compared

to bystanders and these reduced levels were also confirmed for HIF1-A at the protein level

(Figures 4E, 4F and S3D). Overall, these results demonstrated an enrichment towards metabolic

quiescence and reduced oxidative stress in CTL-resistant, HIV-expressing cells. As CTL-derived

granzyme A and granzyme B can both induce rapid mitochondrial depolarization and associated

increases in intracellular ROS in targeted cells[48,49], our results suggest that superior redox balance

by a sub-population of HIV-expressing cells protects them from CTL-mediated elimination.

Pharmacological induction of ROS and hypoxia sensitizes infected cells to CTL-mediated

elimination

We next sought to address whether manipulating the redox state of HIV-expressing cells

with the FDA-approved compound Deferoxamine (DFO) could improve CTL-mediated elimination

of these cells. DFO is an iron chelator used for the treatment of excessive iron overload[50] which

stabilizes HIF-1a accumulation to induce a hypoxic mimic response and oxidative stress[51-54]. We

observed that - in the absence of CTLs - treatment with DFO induced robust intracellular

accumulation of ROS in infected cells (Figures 5A). This was complemented by a marked

upregulation of CD71 surface expression among DFO-treated cells, an additional feature of CTL-

sensitive infected cells (Figures 5B, S4A-B). Of note, DFO treatment also resulted in increased

the frequencies of cells expressing HIV-Gag (Figure S4C). However, Despite the increase in initial

HIV-expressing cells by DFO treatment before co-culture with CTLs, the same numbers of CTLs

added across conditions were still able to eliminate a substantially greater proportion of HIV-

expressing cells in the DFO-treated condition as compared to the vehicle control (DMSO),

indicating a prominent role of DFO in sensitizing HIV-expressing cells to CTL elimination through

mechanisms beyond latency reversal (Figures 5C and 5D). Thus, by reversing key metabolic

features linked to CTL resistance, DFO potently sensitized HIV-expressing cells to improved CTL-

mediated elimination. These results support the induction of ROS buildup in infected targets as a

mechanism used by CTL to eliminate these cells and also highlight the ability of DFO to not only

induce ROS but also additional arms of oxidative stress, such as the intracellular iron uptake

transporter CD71, which can synergize to sensitize targeted cells to CTL-mediated elimination by

engaging reactive oxygen- and reactive iron-based cell death pathways (Figure 5E)[48,49,55].

Reservoir-harboring cells that express HIV RNA exhibit CTL resistance metabolic features

305   Having identified and functionally validated a link between a transcriptional signature

denoting quiescence and redox balance to CTL-resistance, we probed its *in vivo* relevance by

asking whether this signature was present in cells harboring the HIV reservoir in ART-treated

individuals. We leveraged a published data-set to focus on expanded T-cell clones containing

cells found to be actively transcribing HIV RNA *ex vivo* reasoning that CTL resistance is most

relevant to this 'active' reservoir than to latently infected cells[22]. We scored expression of

metabolic and oxidative stress modules in these cells and observed a marked downregulation of

aerobic respiration, glycolysis, OXPHOS, hypoxia and ROS response gene-sets among HIV

RNA^{+} T-cell clones compared to HIV RNA- counterparts, highly reminiscent of the profiles of HIV-

expressing CD4^{+} T-cells that survived CTL attack *in vitro* (Figures 6A-6C). This suggests that the

novel mechanism identified in the current study - of CTL resistance through metabolic quiescence

- may contribute to the persistence of HIV-expressing CD4^{+} T-cells *in vivo*.

Support for multiple additional mechanisms of resistance in HIV reservoirs

318   Advances in understanding the role and mechanisms of CTL-resistance in HIV

persistence will be supported through bidirectional synergies between the profiles of CTL-

resistant cells provided in the current study and ongoing advances in characterizing *in vivo* HIV

reservoirs. Above, we have leveraged this framework to generate and functionally validate a

hypothesis, which was then cross-referenced with profiles of *bona fide* reservoirs. Here, we

reverse this directionality, examining whether previously proposed mechanisms of CTL

resistance, identified through *ex vivo* observations, align with the functionally validated resistant

cell profiles revealed by our dataset.

BCL-2 overexpression has been established as one mechanism by which HIV-infected

CD4^{+} T-cells can resist CTL and to date is the only validated therapeutic target to improve

sensitization of infected cells to CTL elimination[26-28]. In the current study, *BCL2* transcripts were

significantly overexpressed in CTL-resistant survivor cells compared to bystander cells with the

highest mean expression level found in CTL-resistant cluster 4 (Figures 6D and S5A), further

underscoring the relevance of this pathway in immune evasion.

Another proposed mechanism of resistance involves the immune checkpoint ligand PVR

(CD155), which has been reported to be overexpressed on *ex vivo* CD4^{+} T-cells harboring intact

HIV proviruses. This overexpression was suggested to deliver a 'don't kill me signal' to CTLs,

promoting immune evasion. Consistent with this hypothesis, our findings show that PVR

expression is elevated in CTL-resistant survivors relative to bystanders, with the highest levels

found in cluster 11 (Figures 6E and S5B)[12]. This observation is consistent with the role of PVR as

a factor contributing to CTL resistance in reservoir cells.

Multiple studies have reported that the HIV reservoirs that persist over time in ART-treated

PLWH are preferentially harbored in CD4^{+} T-cell clones with a cytotoxic profile[22,56]. This has led

to the hypothesis that these cells may be equipped with mechanisms to resist cytotoxic effector

molecules (e.g. perforin and granzyme) as a means of avoiding self-destruction[16]. We leveraged

our survivor/bystander comparison to assess this by defining a gene module based on the

overexpressed genes in CTL-resistant cytotoxic cluster 9 (Table S3) and applying this to *ex vivo*

HIV RNA^{+} and HIV RNA- CD4^{+} T-cell clones from this previous study. In parallel we also

reanalyzed this published data using the "CD8 Cytotoxicity" module from Szabo *et al*., 2019 that

we had previously observed to be enriched in CTL-resistant cluster 9[22,36]. These analyses

revealed a robust enrichment of both cytotoxic modules on HIV RNA$^+$ T-cell clones compared to

HIV RNA- T-cell clones (Figures 6F-6G). This strong alignment between reservoir-harboring cells

and the CTL-resistant cells in cluster 9 lends support to the hypothesis that resistance to killing

contributes to the enrichment of HIV reservoirs in cytotoxic CD4$^+$ T-cells.

Single-cell multi-omic profiling reveals complex relationship between MHC-I expression

and CTL susceptibility

The HIV-Nef protein partially downregulates MHC-I downregulation on the surface of HIV-

infected cells as a mechanism of partial immune evasion[57]. Thus, one would predict that cells with

the lowest levels of surface MHC-I would be enriched our survivors. While this was observed

when all cells were analyzed collectively (Figure S5C), further examination within the context of

our WNN-defined clusters revealed a more nuanced landscape. Whereas CTL-resistant clusters

2, 4, and 11 have amongst the lowest levels of surface MHC-I, CTL resistant cluster 9 has

amongst the highest. Conversely, the highly CTL-susceptible cluster 5 expresses amongst the

lowest levels of MHC-I (Fig. S5D). Further, when all cells were divided into low (lower tercile),

intermediate (middle tercile), and high (upper tercile) expressors of surface MHC-I, we observed

that cells expressing intermediate and high levels of MHC-I were appreciably represented

amongst CTL-resistant survivors (Fig. S5E and S5F). Similarly, while *BCL2* was overexpressed

and PVR were under-expressed in collective survivors (Figure 6C-6D), cluster-specific analyses

uncover extensive diversity in expression levels across clusters that do not necessarily track with

overall CTL susceptibility of a given cluster (Figure S5A and S5B), further underscoring the

diversity in resistance mechanisms across clusters. These findings reinforce the value of a single-

cell multi-omic 'atlas' of CTL resistance by further highlighting its ability to capture known and

proposed mechanisms of CTL resistance / immune evasion, while revealing underlying

complexities which will foster extensive follow-up studies.

DISCUSSION

In this study, we provide direct evidence for the existence of populations of HIV-expressing

primary CD4^{+} T-cells that are capable of surviving rigorous attacks by HIV-specific CTLs. This

phenomenon has been postulated previously in order to bridge gaps in the canonical model of

HIV persistence - which attributes long-term survival of infected cells to viral latency - with recent

observations indicating a degree of ongoing HIV expression and CD8^{+} T-cell surveillance during

ART[12,20-22,58]. However, to our knowledge, direct evidence that HIV-expressing cells can possess

resistance to CTL has not previously been presented.

One important observation from our study is that cytotoxic CD4^{+} T-cells that express HIV

protein are relatively resistant to killing by CTL, compared to non-cytotoxic CD4^{+} T-cells. The

profiles of these cells show excellent agreement with cytotoxic CD4^{+} T-cells that multiple studies

have shown to disproportionately harbor HIV reservoirs in ART-treated PLWH, in particular those

that continue to transcribe HIV[22,56]. Uncovering and counteracting the mechanisms by which these

survive stringent CTL attack will require further study. Our results do suggest a potential role for

somewhat diminished magnitudes of HIV transcription relative to non-cytotoxic cells, though this

does not preclude roles for factors shown to protect other types of cytotoxic cells (e.g. CD8^{+} T-

cells and NK cells) from perforin/granzyme B mediated self-destruction, such as the granzyme B

inhibitor SERPINB9[59].

In addition to this cytotoxic profile, comprehensive multi-omic profiling and WNN clustering

revealed that CTL resistant cells were enriched for resting phenotypes, and IFN response

signatures, while CTL-sensitive cells exhibit high activation and proliferation. When all cells were

considered collectively, metabolic quiescence and reduced intracellular ROS levels emerged as

the most widely shared characteristic of CTL-resistant cells, and were validated as a novel

mechanism of immune evasion by HIV-expressing cells. This was evident at the level of pathway

enrichment analysis, but also at the level of numerous individual genes and proteins - such as

dramatic selection amongst survivors against cells expressing CD69 and CD71. In tandem,

multiple previously known or proposed mechanisms of CTL resistance were confirmed or

supported by our dataset. These findings suggest that CTL-resistant cells evade immune

clearance not through a single pathway but via distinct molecular and cellular programs. This is

further supported by our observation that two established mechanisms of CTL resistance - MHC-

I downregulation and *BCL2* overexpression - show the expected patterns of selection when all

cells were analyzed collectively, but no consistent patterns at the levels of WNN-defined clusters

of cells. We therefore propose that the datasets presented in this study serve as a foundational

resource for advancing a comprehensive and nuanced understanding of CTL resistance in HIV.

To build upon this foundation towards therapeutic strategies, we linked transcriptional

signatures of metabolic quiescence to low levels of the metabolic byproduct ROS, and

demonstrated that the FDA-approved compound DFO markedly improves CTL-mediated

elimination of HIV-infected cells. DFO was selected due to its ability to target multiple facets of

resistance observed in survivor cells, by increasing CD71 surface expression and inducing

hypoxia which culminates in increased intracellular ROS accumulation[51-54]. ROS exerts toxicity

by interacting and damaging different essential macromolecules inside of the cell, including

DNA[60]. Indeed, ROS buildup as a result of granzyme-mediated mitochondrial damage has been

reported to contribute to cell death following a CTL hit[48,49]. However, ROS can also synergize with

increased iron uptake via CD71 to induce the Fenton reaction and ROS/iron- mediated

ferroptosis, a mechanism not yet studied in CTL-mediated clearance of infected cells[55]. Whether

other compounds such as resveratrol or the FDA-approved drug atovaquone, which directly

induce ROS production via disruption of the electron transport chain, can have similar or

combinatorial effect with DFO will be of future interest[53,61-63].

Our study points to further putative novel modalities of resistance for future exploration.

Prominent amongst these was the observation of high levels of interferon stimulated genes

amongst survivors - to some extent these overlapped with metabolically quiescent clusters,

exemplifying that multiple features of resistance can overlap within populations of cells with similar

states. One possibility is that these are cells sensing high levels of CTL-derived IFN-γ after

surviving a failed killing attempt. Indeed, increased IFN-γ production by CTLs has been

demonstrated in the context of poor and prolonged synapse formation with T-cell and macrophage

targets and can have consequences on the inflammatory profile of the targets[64]. Alternatively,

high levels of basal IFN responses in populations of HIV-infected CD4^{+} T-cells may be a driver of

resistance. For example, IFN responses can have direct effects on the metabolic states of cells

that may impact susceptibility to CTL, such as through IFN-γ-mediated suppression of mTORC1

signaling and IFIT1- and IFIT3-mediated reductions in translation capacity[65,66].

Importantly, the enrichment for metabolic quiescence and redox balance in CTL-resistant

survivors also showed remarkable agreement with the metabolic signatures of rare reservoir-

harboring cells studied *ex vivo* from PLWH, specifically with the subset transcribing HIV after

antigenic stimulation. This convergence supports the clinical relevance of the mechanisms of CTL

resistance defined by our study and provides rationale for novel therapeutic approaches to

address HIV persistence. Our observations may also have translational implications outside of

the context of HIV. In the context of T-cell lymphoma, enrichment of quiescent signatures has

also been observed in metastatic cells that disseminate away from the primary site of malignant

transformation, suggesting that immune evasion through immune quiescence may contribute to

other pathologies where persistent pathologic CD4^{+} T-cells are targeted[34,67]. Collectively, we

provide an extensive atlas for cross-referencing cellular programs that may affect target cell

elimination by CTL and propose metabolic perturbation of reservoir harboring cells as a novel

therapeutic approach to advance strategies towards an HIV cure.

Limitations of the Study

A limitation of our study is that the full diversity of CD4^{+} T-cell differentiation and

polarization states is unlikely to be reflected in our cultured T_{CM} target cells. While aiming to

generate relatively homogenous target cells was a strategic decision made to increase our ability

to uncover core functional drivers of CTL resistance, it may be important to extend this to other

target populations - for example, CD4$^+$ T-cells that are intentionally polarized towards T follicular

helper or cytotoxic profiles. Some degree of this complexity did, however, emerge in our system

- notably, cytotoxic CD4$^+$ T-cells with transcriptional profiles that closely aligned with *ex vivo*

reservoir-harboring cytotoxic CD4$^+$ T-cells. There are also limitations in the degree to which

encounters with CTL and resulting selection *in vitro* stand-in for those that occur *in vivo* and across

various tissues. We stress the importance of identifying convergences between features of

survivor cells selected in our system and *bona fide ex vivo* reservoir harboring cells in order to

discriminate targets with therapeutic potential.

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experiment design. A.H and L.L performed the majority of experiments with assistance from J.W.,

T.T.H., and F.W. in specific assays; M.C. and C.K. were directly involved in patient recruitment,

sample collection and study design; A.H., P.Z. and M.A.A. performed the bioinformatic analyses

with input from D.B. and R.B.J.; A.H., L.L., and R.B.J. wrote the paper with all authors providing

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work, the author(s) used GPT 4.0/OpenAI in order to obtain feedback on and refine writing

structure and style. After using this tool or service, the author(s) reviewed and edited the content

as needed and take(s) full responsibility for the content of the publication.

FIGURE LEGENDS

Figure 1. Existence and multi-omics profiles of CTL-resistant HIV-expressing CD4$^+$ T-cells.

(A). Schematic of 'sequential killing assay', featuring two rounds of killing with CTL clones

targeting the Gag-TW10 or Gag-SL9 epitopes. **(B and C)**. Representative (**B**) and summary (**C**)

flow cytometry data showing frequencies of HIV-infected cells (CD4$^-$, HIV-Gag$^+$) cells from

different stages of sequential killing assays. In first-round killing with a Gag-TW10-specific CTL

clone the majority of cells infected with WT HIV$_{JRCSF}$ (red) are killed, whereas those infected with

escape mutant HIV$_{JRSCF\ TW10esc}$ (blue) are not. In second-round killing, 'bystanders' from the first

round (HIV$_{JRSCF\ TW10esc}$) are now efficiently killed whereas 'survivors' HIV$_{JRCSF}$ resist further

elimination. Shown in **C** are fold changes in infected (CD4$^-$, HIV-Gag$^+$) cells pre- and post-killing

across two donors in technical duplicates. **(D)** Gates used to sort infected cells from bystander

and survivor   populations for analysis by ECCITE-seq. Populations containing WT HIV$_{JRCSF}$ or

HIV$_{JRSCF\ TW10esc}$ were first gated based on CFSE and CTV labeling, respectively (Figure S1F-G).

Within each of these, cells actively expressing HIV were identified and sorted based on co-

staining with the HIV-Env specific broadly neutralizing antibodies PGT121 and N6-

PGDM1400x10E8. **(E)** Harmonized WNN UMAP projections of bystander and survivor cells after

CTL exposure from 4 donors clustered using cell-to-cell multimodal neighbors (weighted

combination of RNA and surface protein similarities (n = 17,231 cells). Donors 1, 2 and 4 were

HIV-negative individuals while donor 3 was a PLWH. **(F)** Proportion of bystander and survivor

cells across WNN clusters. >50% indicates preferential resistance to CTL whereas <50%

indicates preferential susceptibility. **(G)** Proportion of bystander or survivor cells belonging to each

WNN cluster out of total bystander or survivor cells stratified by individual donor.

Figure 2. Single cell atlas of transcriptional features defining CTL-sensitive and CTL-

resistant states in infected cells. (A) Heatmap of top 10 differentially expressed genes with a

$\log_2$ fold-change difference of at least 0.25 passing min.pct ≥ 0.25 and $P_{adj} < 0.05$ among all WNN

clusters highlighting overexpressed genes from CTL sensitive clusters (blue) and CTL-resistant

clusters (red). **(B)** Top 5 gene ontology enriched pathways with a false discovery rate of 0.05

using gene ontology BP gene-sets using overexpressed genes by each WNN cluster passing the

filters described in **(A)**. **(C)** Module scoring of T-cell activation and functional states defined by

Szabo *et* al., 2019[36], mapped to WNN clusters. Lower panels indicate that cluster 9 has a cytotoxic

profile. **(D)-(E)** Quantification and comparison of HIV transcript expression among clusters. P

values of Wilcoxon tests are shown.

Figure 3. Quiescent metabolic and activation profiles are enriched in CTL-resistant

infected cells. (A) Heatmap of top 30 differentially expressed genes across total pooled

bystander and CTL-resistant survivor infected cells with a $\log_2$ fold-change difference of at least

0.1 passing min.pct ≥ 0.1 and $P_{adj} < 0.05$. **(B)** Top 10 differentially enriched Gene Ontology BP

(left) and REACTOME (right) pathways from genes-sets passing filters defined in **(A)**. **(C)** Module

scoring of metabolism and oxidative stress gene-sets, mapped to WNN clusters. **(D)** ECCITE-

seq-derived surface expression of selected surface protein activation markers, **(E)** integrins

(activation-induced)**,** and **(F)** resting. Expression of selected surface protein and gene-expression

resting markers. For **(C)-(F)**, P-values of Wilcoxon tests are shown.

Figure 4. Reduced metabolic flux and oxidative stress in CTL-resistant infected cells.

(A)-(B) SCENITH metabolic profiling of cells infected with either $HIV_{JRSCF\ TW10esc}$ or WT HIV_{JRSCF}

following either co-culture with an HIV-Gag-specific CTL clone or a parallel No CTL condition. In

this assay, puromycin incorporation is used as a readout for metabolic activity in cells. Cells were

separated into untreated and oligomycin A treated groups to measure total and glucose

dependent metabolism respectively **(A)**, and 2-deoxyglucose treated and dual inhibitor treated

groups to measure OXPHOS dependent metabolic activity and shut down both of these arms of

metabolism respectively **(B). (C)** Quantification of intracellular ROS accumulation in the same

populations as above using CellROX green or DCFH-DA. **(A)-(C)** Show results from 4 donors with

P-values calculated by ANNOVA using Tukey's multiple comparisons test. **(D)** Flow cytometry

data showing surface CD71 expression in viable bystander and survivor cells surviving killing

assays. **(E)** *HIF1A* transcript expression from previous ECCITE-seq of bystander and survivor

cells. **(F)** Intracellular protein expression of HIF1-α in the same groups as **(A)-(C)**. For **(D)** P-

value from a paired T-test is shown. For **(E)**, P-values of Wilcoxon test is shown.

Figure 5. Induction of oxidative stress with Deferoxamine (DFO) sensitizes HIV-infected

cells to CTL-mediated elimination. (A) Representative and summary (n=5 donors) flow

cytometry plots showing intracellular ROS accumulation on $HIV_{JRSCF\ TW10esc}$ or WT HIV_{JRSCF}

infected cells following 72 hour treatments with either DFO or vehicle (DMSO). **(B)** Representative

and summary (n=5 donors) flow cytometry plots measuring surface CD71 expression on HIV_{JRSCF}

$_{TW10esc}$ or WT HIV_{JRSCF} infected cells following 72 hour treatments with either DFO or vehicle. **(C**

and D) Representative (**C**) and summary (**D**) flow cytometry results depicting impact of DFO

treatment on CTL-mediated elimination of infected cells. As in other experiments, cells infected

with either WT HIV_{JRCSF} (targets/survivors) or escape mutant $HIV_{JRSCF\_TW10esc}$ (bystanders) were

labeled with different cell-trace dyes and mixed together. Pooled cells were treated with DFO or

DMSO (control) and then cultured with or without Gag-TW10-specific CTL. Shown are

percentages of infected cells (CD4$^-$, HIV-Gag$^+$) following gating on cell-trace dyes. **(D)**

Quantification of infected-cell killing as ratios of total viable cell counts from plus CTL conditions

over no CTL conditions. **(E)** Schematic of proposed mechanisms of ROS-induced cell death

mediated by CTL attack and improved by DFO treatment. For **(A), (B)** and **(D)** P-values from

paired T-tests are shown.

Figure 6. Molecular features of CTL-resistant infected cells are recapitulated in *ex vivo*

reservoirs from PLWH. (A)-(B) Re-analysis of memory CD4$^+$ T-cells from PLWH in the antigen-

stimulated data set from Collora *et al*., 2022[22] showing unsupervised gene expression clustering

of cells and labeling based on HIV RNA expression among T-cell clones. **(C)** Module scoring of

metabolism and oxidative stress gene sets enriched in CTL-resistant survivors on the same cells

from **(A)-(B)**. **(D)-(E)** UMAP feature plot and violin plots showing gene expression of *BCL2* and

surface protein expression of CD155 PVR in bystander and survivor cells. **(F)** Module scoring of

CTL-resistant WNN cluster 9 overexpressed genes on HIV RNA- and HIV RNA$^+$ T.-cell clones

from **(A)-(B)**. **(E)** Module scoring of "CD8 cytotoxic" gene set from Szabo *et al*., 2019[36] on HIV

RNA- and HIV RNA$^+$ T-cell clones. All P-values shown are from a Wilcoxon test.

Supplemental information

Table S1. Related to figure 1G-1F.

Table S2. Related to figure 3A.

Table S3. Related to figure 6F.

SUPPLEMENTARY FIGURE LEGENDS

Supplementary Figure 1: **(A)** Schematic of the HIV Infection Model in primary central memory CD4$^+$ T cells. **(B)** Single nucleotide mutation in TW10 epitope of JRCSF converting threonine (T) to asparagine (N) to prevent binding of TW10 antigen to MHC-I. **(C)** Phenotype of HIV infection model by flow cytometry looking at CD45RA, MHC-I and HIV-Gag$^+$ from naïve CD4$^+$ T cells at day 0 to infected CD4$^+$ T$_{CM}$ at day 13 post activation. **(D)** Cytokine staining comparing levels of IFN-γ, IL-17, IL-22 and IL-4 expression on *ex vivo* infected memory CD4$^+$ T cells and non-polarized *in vitro* infection model T$_{CM}$ at day 13 post activation. **(E)** TW10-specific CTL lamp-1 (CD107a) degranulation by flow cytometry on 2 donors after a 16h CTL challenge on uninfected cells (grey), HIV$_{JRSCF\ TW10esc}$ -infected cells (blue) and HIV$_{JRCSF}$-infected cells (red). **(F-G)** Sorting schematic to isolate HIV$_{JRSCF\_TW10esc}$ -infected and HIV$_{JRCSF}$-infected infected cells after coculture **(F)** and without coculture **(G)** with TW10-specific CTL.

Supplementary Figure 2: **(A)** Abundance of recurring clonotypes from ECCITE-seq data of isolate HIV$_{JRSCF\_TW10esc}$ -infected and HIV$_{JRCSF}$-infected infected cells with no CTL added, or as bystanders and survivors after a CTL killing assay from 1 donor. **(B)** Frequencies of mitochondrial genes in WNN clusters from infected survivor and bystander cell from all 4 donors. **(C)-(H)** Module scores of T-cell activation and functional state gene-sets from Szabo *et al*., 2019[36] on bystander and survivor infected cells from all 4 donors.

Supplementary Figure 3: **(A)-(D)** Module scores of Hallmark OXPHOS, cholesterol homeostasis, fatty acid metabolism and hypoxia gene-sets on bystander and survivor infected cells from all 4 donors. P-values from Wilcoxon tests are sown.

Supplementary Figure 4: **(A)-(B)** Representative flow cytometry plots showing viability (top) and CD71 expression (bottom) on bulk CD4$^+$ T-cells after treatment with vehicle and different concentrations of DFO after 24 **(A)** or 72 **(B)** hours of treatment. **(C)** Representative and summary flow cytometry plots showing frequency of HIV-Gag expression in infected CD4$^+$ T-cells treated with vehicle or 10 µM DFO for 72 hours across 5 donors.

Supplementary Figure 5: **(A)-(B)** Violin plots showing expression of *BCL2* transcript and CD155

(PVR) surface protein expression on infected bystander and survivor cells across WNN clusters.

(C) UMAP feature plot (left) and violin plot (right) showing surface protein expression of MHC-I

(HLA-A-B-C) on infected bystander and survivor cells. **(D)** Violin plots showing surface protein

expression of MHC-I on infected bystander and survivor cells across WNN clusters. **(E)** Ridge

plots showing lower (MHC-I low), middle (MHC-I medium), and upper (MHC-I high) tercile surface

protein expression of MHC-I across bystander and survivor cells. **(F)** UMAP projections showing

cells clustered by WNN analysis and colored by bystander or survivor cell identity across MHC

low, medium and high groups.

STAR Methods

KEY RESOURCES TABLE

REAGENT or RESOURCE	SOURCE	IDENTIFIER
Antibodies		
CD4 BV785 clone OKT4	Biolegend	Cat. #317442
CD4 AF700 clone OKT4	Biolegend	Cat. #317426
CD3 BV785 clone OKT3	Biolegend	Cat. #317330
CD8 BV605 clone SK1	Biolegend	Cat. #344742
CD107a APC/Cyanine 7 clone H4A3	Biolegend	Cat. #328630
CD107a PE clone H4A3	Biolegend	Cat. #328608
CD69 BV650 clone FN50	Biolegend	Cat. # 310934
CD71 Pe/Cyanine 7 clone CY1G4	Biolegend	Cat. # 334112
HLA-A,B,C PE clone W6/32	Biolegend	Cat. # 311406
IL-17 BV605 clone TC11-18H10.1	Biolegend	Cat. # 512325
IL-4 PE/Dazzle™ 594 clone MP4-25D2	Biolegend	Cat. # 500831
IFN-γ Pe/Cyanine 7 clone B27	Biolegend	Cat. # 506518
IL-22 PerCP/Cyanine5.5 clone 2G12A41	Biolegend	Cat. # 366709
TotalSeq-C Human Universal Cocktail V1.0	Biolegend	Cat. # 399905
TotalSeq™-C0251 anti-human Hashtag 1 clones LNH-94; 2M2	Biolegend	Cat. # 394661
TotalSeq™-C0251 anti-human Hashtag 3 clones LNH-94; 2M2	Biolegend	Cat. # 394605
TotalSeq™-C0251 anti-human Hashtag 4 clones LNH-94; 2M2	Biolegend	Cat. # 394607
HIF1- α AF488 clone H1alpha67	Novus Biologicals	Cat. # NB100-105F
Zenon Human IgG labeling Kit AF647	ThermoFisher	Cat. #Z25408

Zenon Human IgG labeling Kit R-PE	ThermoFisher	Cat. #Z25455
N6/PGDM1400x10E8	BEI resources	ARP-13390
PGT121	BEI resources	ARP-12343
Ultra-LEAF™ Purified anti-human CD3 Antibody	Biolegend	Cat. #317325
Ultra-LEAFTM Purified anti-human CD28 Antibody	Biolegend	Cat. #302933
Bacterial and virus strains		
JRCSF	BEI resources	ARP-394
JRCSF TW10escape T242N mutant	Genescript	U1998GG250
JRCSF SL9escape mutant	Genescript	U423KGJ130
Biological samples		
Human peripheral blood leukopak fresh HLA A02 B57	Stemcell	Cat. #70500
Human blood buffy coat	the Gulf Coast Regional Blood Center	
Chemicals, peptides, and recombinant proteins		
TECIN (Teceleukin) Recombinant Human IL2 (rIL-2)	NCI	C166111-01
Recombinant Human IL-15	NCI	NSC. #745101
Dynabeads™ Human T-Activator CD3/CD28 for T Cell Expansion and Activation	ThermoFisher	Cat. #11131D
Anti-Human IL-12	Peprotech	Peprotech 500-P154G
Anti-Human IL-4	Peprotech	Peprotech 500-P24
Recombinant Human TGF-β1	Peprotech	Peprotech 100-21
Cell trace far red (CTFR)	ThermoFisher	Cat. #C34564
Cell trace CFSE	ThermoFisher	Cat. #C34570
Cell trace Violet (CTV)	ThermoFisher	Cat. #C34557
Cell trace Blue (CTB)	ThermoFisher	Cat. #C34574
Live/Dead Fixable Aqua dead cell stain kit	ThermoFisher	Cat. #L34957
Critical commercial assays		
EasySep™ Human Naïve CD4$^+$ T Cell Isolation Kit	Stemcell	Cat. #19555
EasySep Human CD4 Positive Selection Kit II	Stemcell	Cat. #17852
EasySep Human CD8 Positive Selection Kit II	Stemcell	Cat. #17853
Deposited data		
GEO accession number pending		
Experimental models: Cell lines		
HEK 293T Cells	ATCC	

Software and algorithms		
R version 4.3.2	R Core Team (2024)	
FlowJo version 10.10.0	BD Biosciences	

619
620

METHOD DETAILS

Participants and study approval

Study participants living with HIV were recruited from Whitman Walker Health (Washington, D.C).

Leukapheresis samples from deidentified HIV negative individuals were obtained from Stemcell

Technologies. Ethical approval to conduct this study was obtained from George Washington

University and the Weill Cornell Medicine Institutional Review Boards (Weill Cornel Medicine

#1805019252 and George Washington University FWA#00005945). All participants were adults

and provided written informed consent.

HIV infection model in cultured central memory CD4$^+$ T cells (T$_{CM}$):

The infection model was adapted from a previously described HIV latency model[30,31]. Peripheral

blood mononuclear cells (PBMCs) were isolated from leukapheresis samples from HIV negative

donors obtained from Stemcell technologies. Naïve CD4$^+$ T cells were magnetically isolated from

thawed PBMCs using the EasySep™ Human Naïve CD4$^+$ T Cell Isolation Kit (Stemcell) according

to the manufacturer's instructions. Purified naïve CD4$^+$ T cells were then activated using human

anti-CD3/CD28-coated magnetic beads (one bead for two cells, Gibco Cat. #11131D) in the

presence of human anti-IL-4 (1µg/10^6 cells Peprotech 500-P24), human anti-IL-12 (2µg/10^6 cells

Peprotech 500-P154G), and Tumor Growth Factor (TGF)-β1 (10ng/10^6 Peprotech 100-21) to

prevent cell polarization. After 3 days, cells were maintained at a concentration of 10^6 cells /mL

in media containing 50 IU of human recombinant IL-2. At day 7, the cultured T$_{CM}$ were infected

with either WT HIV$_{JRCSF}$ or HIV$_{JRCSF\ TW10escape}$. One quarter of the cells were infected by the addition

of 200 units of virus (see virus production details below for unit description) per 1x10^7 cells in 1mL

and centrifugation at 1500xg for 2h at 37°C. Following this 'spinoculation', the infected cell cultures

were mixed in flasks containing the remaining three quarters of the cells at 2x10^6 cells/mL in media

containing 50 IU of human recombinant IL-2. At day 10, the cells were crowded in 96-well round

bottom plates at a density of 2x10^5 cells/200uL/well to enhance cell-to-cell transmission of HIV.

On day 13, cells were cryopreserved in FBS with 10% DMSO and stored in liquid nitrogen for

future experiments.

Virus production and infections:

JRCSF WT and JRCSF TW10esc plasmids were obtained from BEI-resources and Genscript,

respectively. Plasmids were expanded using Stlb3 competent cells and maxi-prep from Qiagen

(QIAGEN Plasmid Maxi Kit (25)). Plasmids were transfected into HEK 293T cells using Optimem

media and FuGENE® 6 Transfection Reagent (Promega). Media was exchanged 24h after

transfection for DMEM with 10% FBS. Two days following the media change, supernatants were

passed through 0.45μm filters. Viruses were then concentrated overnight at 4°C using the PEG-

it virus precipitation solution (System Biosciences) following the manufacturer's instructions.

Finally, the concentrated virus was frozen in aliquots of 200 μl. Across multiple titration

experiments, 200 μl of virus for 1 x 10^7 cells gave the most optimal results balancing infection

efficiency and viability of productively infected cells.

Isolation and expansion of HIV specific Cytotoxic T- lymphocytes (CTLs):

CTL specific for HIV epitopes Gag-TW10 and Gag-SL9 were isolated from PBMCs of 3 donors

living with HIV. Briefly, 10 x 10^6 PBMCs were peptide pulsed with HIV optimal peptides TW10

(TSTLQEQIGW, Gag residues 240-249) or SL9 (SLYNTVATL Gag residues 77-85) at 1μg/mL for

16h at 37°C in XVIVO-15 media. T cells that responded to the peptide by secreting IFN-γ were

isolated using an IFN-γ secretion assay – Cell Enrichment and Detection Kit (PE) (Miltenyi

Cat#130-054-202). The cells were then serially diluted and stimulated with PBMCs from HIV-

negative donors that had been irradiated with 5,000 Rad, along with soluble anti-CD3/anti-CD28

in media containing 50IU IL-2 and 0.51ng/mL IL-15. Wells for selected from dilutions in which <1/5

wells showed growth, giving confidence that the cells in each well were derived from a single

clone. CTL specificities were assessed by flow cytometry by assessing degranulation (CD107a

surface exposure) upon the addition of $1\mu g/mL$ of the respective peptide.

Killing assays and sequential killing assays:

Infected cells from the previously described HIV Infection Model in cultured T_{CM} were thawed and

rested for 2 days at 2 x 10^6 cells per mL in media containing 50 IU of human IL-2. Prior to co-

culture with CTL, cells expressing high levels of CD4 were depleted by magnetic selection using

the EasySep™ Human CD4 Positive Selection Kit II (Stemcell); this step enriches for CD4$^-$

infected cells (since HIV-infected cells downregulate CD4). Cells infected with WT HIV$_{JRCSF}$ were

labeled with cell trace far red (CTFR) (dilution 1:20,000) and cells infected with HIV$_{JRCSF\ TW10escape}$

were labeled with cell trace carboxyfluorescein succinimidyl ester (CFSE) (dilution 1:5,000).

CTFR-labeled WT HIV$_{JRCSF}$-infected cells were mixed with CFSE-labeled HIV$_{JRCSF\ TW10escape}$-

infected cells at a ratio of 2:1 and 6 x 10^5 cells from these mixed populations were aliquoted into

wells of a 96-well plate. 3 x 10^5 CTL clones specific for the HIV-Gag epitope TW10

'TSTLQEQIGW' were labeled with CellTrace™ Violet (CTV) (dilution 1:10,000) and were added

to each well at a 1:2 effector:target ratio along with anti-CD107a APC-Cy7 (dilution 1:200). Killing

assays were performed in R10 (RPMI 1640 supplemented with 10% FBS and 1%

penicillin/streptomycin, 1% HEPES buffer, 5 mM L-Glutamine), with 50 IU of human recombinant

IL-2 and 0.51 ng/mL of human recombinant IL-15 for 16h at 37°C. For Sequential Killing Assays,

CTL were then removed by magnetic selection using the EasySep™ Human CD8 Positive

Selection Kit II (Stemcell) and a fresh batch of CTL clone specific for the HIV-Gag epitope SL9

'SLYNTVATL' were added for the second round of killing, which was again for 16h at 37°C (no

CTL control conditions were maintained in parallel). Post-second killing assay, the levels of

infected cells were assessed by flow cytometry, staining extracellularly with anti-CD3 (OKT3,

Biolegend), anti-CD4 (OKT4, Biolegend), anti-CD8 (SK1, Biolegend) antibodies and Live/Dead

fixable Aqua stain (Thermofisher). Cells were then fixed with the BD Cytofix/Cytoperm™

Fixation/Permeabilization Kit according to the manufacturer's instructions and intracellularly

stained using an anti-HIV-Gag antibody (KC57, Beckman Coulter) before analysis on an Attune

NxT flow cytometer.

Sorting for 'survivors' and 'bystanders' following killing assays:

Killing assays were set up as described above, with minor differences. For these sorting assays,

cells infected with WT HIV_{JRCSF} were labeled with CFSE (dilution 1:5,000) and cells infected with

$HIV_{JRCSF\ TW10escape}$ were labeled with CTV (dilution 1:10,000). These were then mixed together

before adding a TW10-specific CTL that had been labeled with CellTrace™ Blue CTB (dilution

1:10,000). No CTL control conditions were cultured in parallel. Post-killing, cells were harvested

for staining with anti-CD4 BV785 (1:100), Live/Dead fixable Aqua (1:200), bNAbs PGT121

conjugated with Zenon Kit PE (1µg per 1 x 10^6 cells) and bNAbs N6/PGDM1400x10E8 conjugated

with Zenon Kit AF647 (1µg per 1 x 10^6 cells) at 37°C for 1h. Live cells productively infected CFSE-

labeled WT HIV_{JRCSF} and CTV-labeled $HIV_{JRCSF\ TW10escape}$ were sorted by gating on the double

positive population for PGT121 and N6/PGDM1400x10E8.

Flow cytometry for SCENITH metabolic profiling:

Infected bystander and target/survivor cells after a 'killing assay' with or without the addition of

CTL were treated in R10 media as previously described[44], with a few modifications. Briefly, cells

were treated for 60 minutes with DMSO or with the following metabolic inhibitors - 2-Deoxy-D-

Glucose (DG, final concentration 100mM), Oligomycin (Oligo, final concentration 1µM), or a

combination of the drugs at the same final concentrations. Puromycin (final concentration

10µg/ml) was added during the last 30 minutes of the treatments with the metabolic inhibitors.

Single-cell suspensions were stained for surface markers using the following antibodies anti-CD4

(OKT4, Biolegend), anti-CD8 (SK1, Biolegend), anti-CD7 (CD7-6B7, Biolegend), anti-CD71

(CY1G4, biolegend), anti-CD69 (FN50, Biolegend), anti-CD45RA (HI100, Biolegend) and anti-

HLA-A-B-C (W6/32, Biolegend) along with a fixable live/dead stain (Thermofisher), in PBS for 30

minutes at 37°C. Cells were washed and fixed with 1X eBioscience™ FoxP3/transcription factor

fixation/permeabilization solution (Thermofisher) for 45 minutes at 4°C. This fixation solution was

washed away and cells were stained intracellularly with anti-HIV-Gag-p24 (KC57, Beckman

Coulter), anti-puromycin (2A4, Biolegend) and HIF1-α (H1alpha67, Novus Biologicals) antibodies

in 1X FoxP3/transcription factor permeabilization solution (Thermofisher) for 60 minutes at 37°C.

Cells were washed one more time before analysis on an Attune NxT flow cytometry instrument.

Flow cytometry for ROS accumulation:

Infected bystander and target cells after a 'killing assay', with or without the addition of CTL, were

treated with 500 nM CellROX green (Thermofisher) or 0.2X DCFH-DA (CELL BIOLABS) for 1

hour. CellROX solution was washed and single cell suspensions were stained using surface target

antibodies against CD4 (OKT4, Biolegend), CD8 (SK1, Biolegend), CD7 (CD7-6B7, Biolegend),

CD71 (CY1G4, biolegend), CD69 (FN50, Biolegend), CD45RA (HI100, Biolegend) and HLA-A-B-

C (W6/32, Biolegend) along with a fixable live/dead stain (Thermofisher) in PBS for 30 minutes at

37°C. Cells were washed and then fixed with 1X Cytofix/Cytoperm™ solution (BD) for 20 minutes

at room temperature. Fixation solutions were washed away and cells were stained intracellularly

with anti-HIV-Gag-p24 (KC57, Beckman Coulter) antibody in 1X Perm/Wash™ (BD) for 30

minutes at 37°C. Cells were washed one more time before analysis on an Attune NxT flow

cytometry instrument.

ECCITE-seq compatible with a 10X genomics instrument:

Cells were stained with DNA oligo-barcoded antibodies and loaded onto the 10x Chromium

single-cell workflow (10X Genomics) as previously described[34] with a few modifications.

Approximately 0.05-0.3 x 10^6 cells per sample were resuspended in R10 media and incubated

with the TotalSeq™-C Human Universal Cocktail (Biolegend) for 30 minutes at 4°C. In some

cases, TotalSeq™-C hashing antibodies #1, #3 and #4 (Biolegend) were spiked into individual

samples, which allowed for multiplexing of survivor, bystanders and cells with no CTL into the

same 10X lane. After staining, cells were washed 3 times in R10 media, followed by centrifugation

(400 × g for 5 minutes at 4°C) and supernatant aspiration. After the final wash, cells were

resuspended in PBS and filtered through 70-µm cell strainers. Stained cells from each sample

were pooled and loaded into the 10x Chromium Single Cell Immune Profiling workflow

(CG000330, revision G). Libraries were generated according to the 10x Chromium Single Cell

Immune Profiling workflow instructions, pooled and sequenced on Illumina NovaSeq 6000 or a

NovaSeq X.

Single-cell data alignment:

FASTQ files from the 10x gene expression, surface protein and TCR α/β libraries were processed

using Cell Ranger v7.0.1 (10x Genomics), using either the count or the multi pipeline (when TCR

libraries were available) with default parameters.

RNA transcripts from ECCITE-seq were mapped to a modified version of Cell Ranger's GRCh38-

2020-A reference package (GRCh38 / GENCODE v32 annotations), with the addition of the HIV-

1 HXB2 reference sequence. TCR α/β libraries were mapped to Cell Ranger's cellranger-vdj-

GRCh38-alts-ensembl-7.1.0 reference package.

Initial cell/gene level filtering:

For cell filtering, cell barcodes with <200, >8,000 genes expressed or > 10% mitochondrial genes

expressed were removed. For gene-level filtering, genes were filtered such that only those

expressed at a level of <200 UMI or in < 3 cells were removed.

These cell- and gene-level filtered gene/barcode matrices were used for downstream analysis.

Seurat normalization:

The count matrices of all modalities were loaded into a Seurat v5 object (Seurat version 5.1.0).

For gene expression (GEX) data, we normalized the count data using LogNormalize and scaled

the resulting normalized values using ScaleData. For all other modalities (ADT, HTO, TCR α/β),

we normalized the count data using centered-log ratio (margin = 2) and scaled the resulting

normalized values using ScaleData.

Hashing antibody demultiplexing:

To separate individual samples from pooled cell libraries, samples were demultiplexed by their

HTO using Seurat HTODemux with the positive quantile parameter set to 0.999.

Harmony integration of GEX and ADT modalities across donors:

To integrate datasets from different donors across separate 10X runs, datasets from each donor

were first merged into one object using the merge Seurat function and then we used RunHarmony

as previously described on GEC and ADT modalities to remove dataset-of-origin cell embeddings

using the "batch" covariate, in this case "donor" included in the objects metadata[68]. Cells were

then given probabilistic cluster membership based on K-means cluster centroids localization for

each modality.

Multimodal WNN analysis:

We applied weighted-nearest neighbor (WNN) analysis on our ECCITE-seq data, enabling the

integrative analysis of GEX and ADT modalities in the same cells as previously described[20].

Briefly, k-nearest neighbors graphs (k = 20) were first constructed, and the neighbors of each cell

in each modality were identified using FindMultiModalNeighbors in Seurat V5. For graph

construction, the first 15 principal components (PCs) of the log-normalized values from the GEX

modality and the first 12 PCs of the centered-log ratio values from the ADT modality were used.

The dimensionally reduced molecular profiles of the k-nearest neighbors of each cell were then

averaged and compared with the actual values to obtain the residuals in an RNA-RNA, protein-

protein and RNA-protein manner. Residuals were converted into affinity-based similarities using

UMAP. Ratios of the within-modality and cross-modality affinities were softmax transformed to

obtain the cell-specific modality weights. The weighted similarity then formed the basis of the

construction of the WNN graph visualized on a WNN integrated UMAP. Clusters were called using

the FindClusters function at a resolution of 0.5.

Additional cell filters:

WNN clusters 3 and 10 were filtered out after initial analysis due to disproportionately high

expression of MT-genes compared to other clusters. Cells having > 0 normalized expression of

CD8A or CD8B transcripts or > 0.5 normalized expression of CD8 protein were filtered out from

further analysis.

Differential gene expression and pathway enrichment analysis:

Differential gene expression analysis across WNN clusters was performed using FindAllMarkers.

The logfc.threshold (minimum $\log_2$ fold change) was set to 0.25 and min.pct (minimum proportion

of cells expressing the given gene) was set to 0.25 to avoid inclusion of poorly expressed genes

that can skew differential gene expression results. Only genes with an adjusted P-value of < 0.05

were further considered. Row normalized Z-scores from using scale.data were used for

visualization on the heatmap focusing on the top 10 differentially expressed genes.

Genes passing the above filters were used for pathway enrichment analysis. ClusterProfiler was

used to profile gene clusters on Gene Ontology terms. Specifically the biological process (GO:BP)

subontology was used for enrichment analysis. Gene ontology terms were considered significant

if the FDR-adjusted P values was < 0.05.

Similarly, total bystander and survivor populations were compared using FindAllMarkers with the

logfc.threshold set to 0.1 and min.pct set to 0.1. Top 30 differentially expressed genes were used

for visualization on the heatmap showing row-normalized Z-scores. Genes passing the

logfc.threshold and min.pct filters were used for pathway enrichment analysis with ClusterProfiler

as above but using both the GO:BP subontology as well as Reactome for gene cluster profiling

and visualization.

Module scoring on bystander and survivor cells from T_{CM}-infection model:

The AddModuleScore function of Seurat V5 was used for scoring gene expression modules. For

Hallmark and Gene Ontology gene-sets, the msigdbr package was used to pull selected gene-

sets from the Molecular Signatures Database (MSigDB).

T-cell activation and functionality gene-sets were pulled from Szabo *et* al., 2019[36]. The cytotoxic

WNN cluster 9 gene-set was constructed from the results of differential gene expression analysis

comparing WNN cluster 9 to all other clusters after all unwanted cell removal filter steps using the

FindMarkers function and setting min.pct = 0.1 and logfc.threshold = 0.05. Genes were then

filtered for those significantly overexpressed by WNN cluster 9 subletting on those with $\log_2$ fold

change > 0.05 and adjusted P-value < 0.05.

Module scoring on HIV RNA^{+} and HIV RNA- T-cell clones from PLWH:

Single cell transcriptional and V(D)J reconstruction data from *ex vivo* antigen stimulated CD4^{+} T-

cell clones from PLWH was pulled from Collora *et al*., 2022[22]. HIV RNA^{+} T cell clone cells were

defined as 2 or more cells expressing the same CDR3 having at least one HIV-1 RNA[+] cell. HIV

RNA- T-cell clones were defined as 2 or more cells expressing the same CDR3 with no member

expressing HIV transcripts. As above, the AddModuleScore function of Seurat V5 was used for

scoring gene expression modules of Hallmark and Gene On The AddModuleScore function of

Seurat V5 was used for scoring gene expression modules of Hallmark and Gene Ontology gene-

sets from MSigDB using msigdbr, the "CD8 cytotoxic" functional state from Szabo *et* al., 2019[36],

and the WNN cluster 9 overexpressed gene-set

RESOURCE AVAILABILITY

Data and code availability

ECCITE-seq data is being deposited to GEO. The accession number will be listed in the key

resources table. This paper does not report original code.

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A Ex vivo, antigen stimulated
CD4+ T-cells from PLWH (Collora et al., 2022)

B HIV RNA– Clone   HIV RNA+ Clone

C

Aerobcic respiration   Hallmark Glycolysis   Hallmark OXPHOS   Hallmark Hypoxia   Hallmark ROS

p < 2.22e-16   p < 2.22e-16   p < 2.22e-16   p < 2.22e-16   p < 2.22e-16

HIV RNA- clone
HIV RNA+ clone

D BCL2

p < 2.22e-16

Bystanders   Survivors

E CD155 (PVR) protein

p < 2.22e-16

Bystanders   Survivors

F CTL-resistant, cytotoxic cluster 9 genes

p < 2.22e-16

HIV RNA– Clone   HIV RNA+ Clone

G CD8.Cytotoxic gene-set

p < 2.22e-16

HIV RNA– Clone   HIV RNA+ Clone