HIV persistence alters CXCR4 expression patterns in OP9-DL1-mediated
differentiation of in vitro infected human cord blood CD34+ cells

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Abstract

CCR5-tropic strains of HIV-1 infect and deplete memory CD4\(^+\) T cells, and therefore are considered critical in development of AIDS. In contrast, the impact of CXCR4-tropic HIV-1 strains on the disease is not well understood. CXCR4 is known for its role in the hematopoiesis in the bone marrow and T cell differentiation in the thymus, and therefore its expression on hematopoietic progenitors/precursors is considered essential. Here the authors utilized the OP9-DL1 coculture system that supports in vitro differentiation of human CD34\(^+\) hematopoietic stem/progenitor cells to T-lineage cells. Using the system, the present study established an in vitro model to analyze the differentiation process of human CD34\(^+\) cells in the presence of HIV-1. HIV-infected cocultures showed sustained HIV replication for five weeks and impaired cell growth. Moreover, HIV-infected samples showed a partial loss of CD34\(^+\)CD7\(^{hi}\)CXCR4\(^{hi}\) cells compared to uninfected samples during the coculture. These results highlight the possible role of CXCR4-tropic HIV-1 strains in the AIDS pathogenesis by disrupting the CXCR4\(^+\) cell pools in hematopoiesis and T cell differentiation.

Keywords

human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), hematopoietic stem/progenitor cells, C-X-C chemokine receptor type 4 (CXCR4)
**Introduction**

Hematopoiesis/lymphopoiesis environments in the bone marrow and thymus can be mimicked in vitro by using an OP9-DL1 cell line. The OP9-DL1 cell lines were derived from the OP9 mouse stromal cell line by transduction with a notch ligand called delta-like 1 (DL1) (Nakano et al., 1994; Schmitt et al., 2004). The OP9-DL1’s functions to support thymopoiesis in vitro were first demonstrated in coculture with mouse cells (Nakano et al., 1994). The cell line is also known to support differentiation of human CD34+ hematopoietic stem/progenitor cells (HSPC) to thymocytes and T cells (De Smedt et al., 2004). There is evidence for production of stromal derived factor-1 (SDF-1, also known as CXCL12), a ligand for CXCR4, in OP9-DL1 (Janas et al., 2010). The OP9-DL1 coculture system is thus a powerful tool to investigate on the events associated with T cell development.

CXCR4 is a co-receptor of HIV-1 (Feng et al., 1996). However, the control of CCR5-tropic strains of HIV-1 is usually considered to be a better correlate of good clinical outcomes (Grivel and Margolis, 1999). This is due to the fact that memory CD4+ T cells express higher levels of CCR5 and are susceptible to CCR5-tropic HIV infection and the following depletion (Schnittman et al., 1990). It might be natural to think that CCR5 is more closely involved in the immunopathogenesis of the HIV disease (Okoye and Picker, 2013).

On the other hand, CXCR4 interacts with SDF-1 and allows CXCR4-expressing cells to home to the loci where SDF-1 is highly expressed (Kucia et al., 2004). For example, the roles of SDF-1 and CXCR4 are essential in human stem cell homing and repopulation of the host with differentiated hematopoietic cells (Kucia et al., 2005; Lapidot and Kollet, 2002). SDF-1 is also produced by thymic epithelial cells and plays
an important role in migration of immature progenitors in the thymus (Plotkin et al.,
2003).

It will thus be important to better understand the influence of CXCR4-tropic HIV-
1 infection upon T cell development in the thymus and other hematopoiesis events. Bone marrow abnormalities such as dysplasia and abnormal hematopoietic cell development are frequently observed in HIV infected individuals (Tripathi et al., 2005). Thymic dysfunction occurs during HIV disease and is associated with rapid progression in infants with prenatal HIV infection (Ye et al., 2004). There was also an attempt to see the impact of CXCR4-tropic simian-human immunodeficiency virus (SHIV) infection on production of T-lineage cells in the thymus of newborn rhesus macaques (Suzuki et al., 2005a). However, it is not realistic to closely follow the in vivo bone marrow/thymus events in HIV-infected individuals. Instead, humanized mouse models can be beneficial for the purposes (Dudek and Allen, 2013; Marsden et al., 2012). Besides this, to our knowledge there hasn’t been an ex-vivo model to assess the differentiation of hematopoietic progenitor/precursor cells to thymocytes in the presence of HIV-1. The OP9-DL1 system was chosen here as a candidate for this.

HIV-1 has recently been shown to infect human CD34+ hematopoietic progenitor
cells (Carter et al., 2011; Carter et al., 2010). In addition, there is a report on impaired hematopoiesis by HIV-infected hematopoietic progenitor cells using a humanized BLT mouse model (Nixon et al., 2013). However, it is still unclear what happens to the infected CD34+ progenitor cells and their derivatives in the course of the disease (Akkina, 2013). The present study was aimed at pursuing the in vitro fate of HIV-infected CD34+ cells using the OP9-DL1 coculture system.
Results

Infection of primary human umbilical cord blood (UCB) CD34\(^+\) cells with CXCR4-tropic HIV-1\(_{NL4-3}\)

Two separate in vitro experiments were performed in the study (Table 1). The data for the first experiment (infection-coculture) are shown in Figures 1 to 4. To follow the in vitro fate of HIV-infected CD34\(^+\) cells for several weeks, the present study attempted HIV infection of primary human UCB CD34\(^+\) cells. Those cells were confirmed to be partially CD4\(^+\) and CXCR4\(^+\) (Fig 1B). Cells were exposed to a high dose of HIV-1\(_{NL4-3}\). Following spinoculation and overnight incubation, the cells were cocultured with OP9-DL1 (Fig 1A). After a week of coculture, the cells were tested for HIV-1 p24 expression (Fig 1C). Intracellular HIV-1 p24 was detected in both CD34\(^+\) and CD34\(^-\) cells (Fig 1C and 3A). HIV infection was further confirmed by magnetic bead separation of CD34\(^+\) and CD34\(^-\) cells followed by detection of HIV-1 gag DNA using PCR (Fig 1D). In this way, the HIV-infected cells were confirmed to be ready for a longer period of coculture.

The cellular dynamics of the OP9-DL1 cocultures with HIV-infected UCB CD34\(^+\) cells

The influence of HIV infection of CD34\(^+\) cells upon post-coculture events was evaluated every week until week 5. HIV-infected cultures showed significantly lower whole cell counts at weeks 3, 4, and 5 post-coculture than uninfected cocultures (Fig 2A). This demonstrates that HIV infection of CD34\(^+\) cells resulted in impaired cell growth in the cocultures. The counts of cells with different phenotypes in the cocultures were also measured. The CD34\(^+\) cell counts were not significantly different between HIV-infected and uninfected cocultures at weeks 3, 4, and 5 (Fig 2B). On the other
hand, CD4⁺CD8⁺ cell counts in HIV-infected cocultures were lower than in uninfected cocultures at weeks 3 and 4 (Fig 2C and D). Some of those HIV-infected samples showed a dramatic decline in the CD4⁺CD8⁺ percentages on flow cytometric analysis compared to the autologous uninfected samples (Fig 2E).

**Persistent HIV-1 infection detected in the OP9-DL1 cocultures with UCB CD34⁺ cells**

The above cocultures of HIV-infected CD34⁺ cells were maintained for five weeks. All the HIV-infected samples showed persistent HIV-1 p24 expression in 0.1-3.5 % of the total cocultured human cells (Fig 3A). Both the HIV-1 p24⁺ percentages and the cell counts peaked at week 3 (Fig 3A and B). Viral replication levels were further confirmed by measuring HIV-1 p24 amounts in the coculture supernatants using ELISA (Fig 3C). Correlation was found between intracellular HIV-1 p24⁺ cell counts and supernatant HIV-1 p24 concentrations (Fig 3D).

**Impact of HIV-1 infection upon CD34⁺ cell dynamics in the OP9-DL1 cocultures**

Cells were further evaluated for CXCR4 expression levels. CXCR4⁺hi frequencies in the CD34⁺ fractions of HIV-infected samples were similar to those in uninfected samples at week 1 post coculture but became lower at week 2 post infection. The tendency lasted until week 5 post infection (Fig 4A left). Interestingly, the opposite tendency was observed in CD34⁻ fractions (Fig 4A right). To better describe the phenotypes of CD34⁺ cells, downstream gates were set based on expression of CD7, a marker for lymphoid progenitors (Hoebeke et al., 2007). From week 2 to week 5, CD7⁺hi percentages in CD34⁺ cells were similar between HIV-infected and uninfected samples (Fig 4B left), while the CD7⁺hiCXCR4⁺hi and CD7⁺loCXCR4⁺hi frequencies in HIV-infected
samples during the week 2-5 period tended to be lower than those in uninfected samples (Fig. 4B middle and right).

**HIV-1_{NL4-3} infection of HSPC-derived cells after several weeks’ coculture with OP9-DL1**

To better describe the effect of HIV infection on the phenotypes of CD34^+ cells, the second experiment was performed (coculture-infection-coculture, Fig 5A). These results are shown in Figures 5 to 7. Briefly, the OP9-DL1 coculture with UCB CD34^+ cells, without HIV infection, produced a mixture of cells with different phenotypes, e.g. CD4^+CD8^+ cells, in 4-6 weeks. Cells were then harvested and infected with HIV-1_{NL4-3}. The infected cells were cocultured again with a new OP9-DL1 monolayer and incubated for another week. Cells were then collected, intracellularly stained with anti-HIV-1 p24, and analyzed by flow cytometry. HIV replication was detected in all the HIV-infected samples (Fig. 5B, C). Majority of HIV-1 p24^+ cells were CD8^+ and CD34^- (Fig 5B). The CD8^-p24^+ cells were partly CD4^lo, possibly due to CD4 down regulation in HIV infected cells (Fig 5B). The twelve samples tested here showed the average HIV p24^+ frequency of 0.77 % (Fig 5C). The whole cell counts were not significantly different between HIV-infected and uninfected samples (data not shown).

**Partial loss of CD34^+CD7^hiCXCR4^hi cells after HIV-1_{NL4-3} infection of OP9-DL1-cocultured cells**

The phenotypes of the cells in the second experiment were analyzed a week after infection. The CD34^+ frequencies were not significantly different between HIV-infected and uninfected cultures (Fig. 6B). On the other hand, the CXCR4^hi frequencies in HIV-infected samples were significantly reduced, when compared to autologous
uninfected samples, in the CD34⁺ fractions (Fig 6 A and C left). This was not observed in the CD34⁻ or CD4⁻CD8⁺ fractions (Fig. 6C middle and right).

The CD34⁺ cells were then gated down to the CD7hi and CD7lo subfractions, and analyzed (Fig 7). In the CD34⁺ fractions, the HIV-infected samples showed significantly lower CD7hi and CD7hi/CXCR4hi percentages than the uninfected samples (Fig 7B left and middle), although the data didn’t show a significant difference in CD7lo/CXCR4hi percentages (Fig 7B right). These results show that the loss of CD34⁺/CXCR4hi cells, observed a week after HIV infection of OP9-DL1-cocultured cells (Fig 6C left), reflects the loss of CD34⁺CD7hi/CXCR4hi cells, despite that the majority of HIV-infected cells were CD34⁻ (Fig 5B).

The results for the first and second experiments are summarized in Table 1.
Discussion

The impact of HIV infection on the bone marrow/thymus functions has been of great interest. The T-cell restoration by antiretroviral drug treatment appears to be critical in control of disease in HIV-infected patients. However, it has been unclear how HIV impacts the lymphopoietic/thymopoietic process. For this purpose, an in vitro model to mimic the process may be helpful. The present study demonstrates the way to utilize the OP9-DL1 coculture system that enables in vitro follow up of the early lymphopoietic events such as lymphoid progenitor cell generation, that normally occurs in the bone marrow, and CD4⁺ thymocyte differentiation in the thymus.

Human HSPC were not considered a major virus reservoir (Durand et al., 2012; von Laer et al., 1990). However, HIV-1 was shown to infect those cells (Carter et al., 2010). Although an article reported negative results on detection of HIV-1 DNA in CD34⁺ hematopoietic progenitor cells (Josefsson et al., 2012), another study showed that CD133⁺ hematopoietic stem cells could harbor HIV-1 DNA despite long-term viral control (McNamara et al., 2013). It is still debatable whether HSPC are an unignorable viral reservoir (Pace and O'Doherty, 2013).

Another concern is indirect modification of HSPC and hematopoiesis dynamics through HIV infection and depletion of CD4⁺ cells. HIV disease is known to accompany bone marrow abnormalities (Tripathi et al., 2005). Some patients fail to show CD4⁺ T-cell recovery even after effective antiretroviral therapy and are called immunological nonresponders. Such immunological nonresponsiveness can be associated with immune activation and/or bone marrow impairment (Hunt et al., 2003; Isgro et al., 2008).
CXCR4 and its ligand SDF-1 have a variety of roles in biological events such as embryogenesis, angiogenesis, hematopoiesis, and lymphopoiesis. CXCR4 is abundantly expressed in mouse embryos and involved in neuronal, vascular, hematopoietic, cardiac, craniofacial, and gastric development (McGrath et al., 1999). The role of a CXCR4 homologue in zebrafish embryosis has been reported (Raz and Mahabaleshwar, 2009). Development of renal vasculature in mice requires the functions of SDF-1 and CXCR4 (Takabatake et al., 2009). CXCR4 acts as a co-stimulator during thymic β-selection (Trampont et al., 2010).

The events observed in the coculture of OP9-DL1 and human CD34+ cells are likely to involve interaction between SDF-1 and CXCR4, since mouse SDF-1 expressed by OP9-DL1 has high identity of amino acid sequence to human SDF-1 (Shirozu et al., 1995). The observation is in accordance with the previous reports showing that SDF-1/CXCR4 pair is crucially involved in homing and repopulation of HSPCs in the specific BM niches (Moll and Ransohoff, 2010) and also in the whole T-cell developmental process in the thymus (Petrie, 2003; Plotkin et al., 2003). Our findings might be worth testing in vivo.

It has been reported that HSPCs and thymocytes express CXCR4 but their CCR5 expression is limited (Nixon et al., 2013; Taylor et al., 2001). Another report says that HIV utilizes CXCR4 when it infects multipotent progenitor cells (Carter et al., 2011). Although CCR5-tropic HIV-1 strains play an essential role in depletion of CCR5-tropic memory CD4+ T cells leading to AIDS (Schnittman et al., 1990), CXCR4-tropic HIV strains might also contribute to the pathogenesis by interfering with hematopoiesis and/or lymphopoiesis (Akkina, 2013; Bordoni et al., 2015; Ho Tsong Fang et al., 2008). Despite the increasing evidence and interests, it is yet to be unveiled whether or how CXCR4-tropic HIV-1 strains impair these processes.
In the present study, the loss of CD34+CXCR4 hi cells observed in the OP9-DL1 cocultures was associated with HIV infection (Table 1). However, only around 1% of the whole cells were showing active HIV-1 p24 production (Fig 2A and 5B), and the majority of those cells showing HIV replication were CD4+/CD8+ cells (Fig 5C). Although the underlying mechanisms are still unknown, possible reasons may be as follows: (1) HIV-infected CD34+ cells may be killed by the cytopathic effect of the virus. (2) CD34+ cells may have an innate mechanism to sense HIV DNA or RNA, causing a cell death. (3) HIV infection of the part of the cocultured cells may accelerate CD34+ cell differentiation, either directly or indirectly. The third hypothesis might be of particular interest, because the HIV-infected samples in the second experiment (coculture-infection-coculture) tended to have larger CD4+CD8+ fractions than uninfected samples (Fig 6C), and the possible increase in CD4+CD8+ frequencies was accompanied with reduction of CD34CD7 hi/CXCR4 hi fractions (Fig 7B). Nonetheless, regardless of the right answer to the question, our results shed lights on the impact of HIV-1 infection on early events in hematopoiesis, and may even lead to better understanding of the long-term outcomes of HIV-1 persistence in an individual.

The findings in this article will also highlight anti-HIV treatments such as a gene therapy of CD34+ HSPC followed by transplantation, because in this way the whole hematopoietic events in the host can be placed under protection against HIV infection even in the absence of effective immune response (Savkovic et al., 2014). The problem is that, while CCR5 is considered a desirable target for knockout or knockdown to prevent infection of CCR5-tropic HIV strains, CXCR4 should be expressed normally in HSPC because of its essential function in our life events (Liu et al., 2014). Therefore, instead of modulation of CXCR4 expression, anti-HIV modalities targeting an HIV gene or component may be promising for protection of hematopoietic cells including
T-lineage cells from CXCR4-tropic HIV infection (Suzuki et al., 2015; Suzuki et al., 2013).
Materials and Methods

Virus stocks. Stocks of HIV-1_{NL4-3} were produced by transfection of the 293T cell line with the molecular clone DNA pNL4-3 (Adachi et al., 1986). After transfection, the culture supernatant was collected and virus titers were determined using an HIV p24 Enzyme-Linked ImmunoSorbent Assay (ELISA) kit (ZeptoMetrix, US).

Cells. Umbilical cord blood (UCB) samples were collected at Fukuda Hospital, Kumamoto following informed consent. Cord blood mononuclear cells were isolated using Pancoll (PAN-Biotech GmbH, Germany) and by centrifugation at 800 rpm for 20 minutes. CD34^{+} cells were labeled and selected using human CD34 micro beads and LS columns (Miltenyi Biotec, Japan). The purity was constantly more than 92 %. An OP9-DL1 cell line, generated by transduction of the OP9 cell line (ATCC CRL-2749) with human Delta-like 1, was kindly provided by Prof. Seiji Okada (Center for AIDS Research, Kumamoto University, Japan). The cell line was maintained in α-MEM media supplemented with 10 % heat inactivated fetal bovine serum (GE Healthcare, Japan).

Antibodies. The following antibodies were used for the flow cytometric analysis of primary UCB CD34^{+} cells and human cells cocultured with OP9-DL1. Anti-human CD8 Brilliant Violet (BV) 510 (clone RPA-T8), anti-human CD3 PE-Cy7 (clone UCHT1), and anti-human CD34 APC (clone 8G12) were purchased from BD Biosciences (Tokyo, Japan). Anti-human CD4 PE-Cy7 (clone OKT4), anti-human CD4 PerCP-Cy5.5 (clone OKT4), and anti-human CXCR4 BV421 (clone 12G5) were purchased from BioLegend (Tokyo, Japan). Anti-human CD3 ECD (clone UCHT1),
and anti-HIV-1 p24 PE (clone FH190-1-1, also known as KC57 RD1) were purchased from Beckman Coulter (Tokyo, Japan). Anti-human CD7 FITC (clone CD7-6B7) was purchased from CALTAG Laboratories (CA, USA).

**Coculture of human cells with OP9-DL1.** The OP9-DL1 coculture experiment was performed following the previously published protocol with modifications (Holmes and Zuniga-Pflucker, 2009). Briefly, 2×10^5 HIV-infected or uninfected UCB CD34^+ cells were seeded in a 6-well plate containing a monolayer of OP9-DL1. The coculture was maintained for 5 weeks in the α-MEM media supplemented with 20 % heat inactivated FBS, 5 ng/mL recombinant human FMS-like tyrosine kinase 3 ligand (Flt-3L), and 5ng/mL recombinant human interleukin 7 (IL-7). Cells were passaged every week by vigorous pipetting and filtering through a 70-µm membrane, and cocultured again with a fresh monolayer of OP9-DL1. Surface and intracellular antigen expression was analyzed every week on passage with FACS LSR II (BD Biosciences).

**HIV infection.** For infection of primary UCB CD34^+ cells with HIV-1_{NL4-3}, a 48-well plate was coated with RetroNectin (Takara Bio Inc., Tokyo, Japan) at a concentration of 10 µg/mL (Tsukamoto and Okada, 2017). The plate was incubated overnight and washed with PBS prior to use. CD34^+ cells were re-suspended in the OP9-DL1 media, seeded at 2 ×10^5 per well in the coated plate and infected with 200 ng (p24) of HIV-1_{NL4-3} and using spinoculation at 1,200 g, 34 °C for 30 minutes. Cells were further cultured overnight and cocultured in a 6-well plate with a fresh monolayer of OP9-DL1. For HIV infection of OP9-cocultured human cells, the cell concentration was modified to 5×10^5 per well.
**PCR analysis of the HIV DNA.** Cellular DNA was extracted using Kaneka Easy DNA Extraction Kit (Kaneka, Takasago, Japan). DNA extraction was followed by the PCR analysis using an HIV *gag* primer set (sense: 5’-AGTGGGGGGACATCAAGCAGCCATGCAAAT-3’, antisense: 5’-TACTAGTAGTTCTGCTATGTCACTTCC-3’) as described previously (Suzuki et al., 2005b).

**Statistical analysis.** Statistical analysis was performed using the Graphpad Prism software version 6.0. Statistical significance was defined as $P < 0.05$. Comparison between HIV-infected and uninfected samples was done by paired *t*-tests. Spearman’s rank correlation coefficients were calculated for correlation analysis results.
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References


Figure legends

Figure 1. Primary umbilical cord blood (UCB) CD34\(^+\) cells are susceptible to HIV infection. (A) Schematic representation of the first experiment (infection-coculture). Primary UCB CD34\(^+\) cells were infected with HIV-1\(_{\text{NL4-3}}\), and cocultured with OP9-DL1 for 5 weeks. (B) CD34\(^+\) cells were gated and tested for expression of CD4 and CXCR4 by flow cytometry. Representative plots are shown. The CD4 signal levels were higher than those of the cells stained with an isotype control antibody. (C) Intracellular HIV p24 expression was tested a week after infection and coculture with OP9-DL1. HIV p24\(^+\) cells were found in both CD34\(^+\) and CD34\(^-\) fractions of HIV-infected samples. Representative plots are shown. (D) CD34\(^+\) and CD34\(^-\) fractions of an HIV-infected sample were separated by the CD34 microbead method. Total DNA was isolated and analyzed by PCR. HIV \textit{gag} DNA was detected in both CD34\(^+\) and CD34\(^-\) fractions. A PCR sample using an HIV molecular plasmid pNL4-3 was placed as a control.

Figure 2. HIV infection of primary UCB CD34\(^+\) cells affected dynamics of OP9-DL1 cocultured cells (n = 12). Whole cell counts (A), CD34\(^+\) cell counts (B), and CD4\(^+\)CD8\(^+\) cell counts (C) were compared between autologous HIV-infected and uninfected samples using a paired \(t\)-test. (D) CD4\(^+\)CD8\(^+\) cell counts obtained at weeks 3 and 4 are compared between HIV-infected and uninfected samples. (E) Representative plots for those samples that showed reduced CD4\(^+\)CD8\(^+\) frequencies 3-5 weeks after HIV infection of primary CD34\(^+\) cells and coculture. The plots were taken from week 4 samples. **: \(p < 0.01\), ***: \(p < 0.001\).
Figure 3. Coculture of HIV-infected primary UCB CD34+ cells with OP9-DL1 resulted in persistent viral replication for five weeks (n = 12). (A) HIV p24+ frequencies of HIV-infected OP9-DL1 coculture samples tested every week by intracellular staining and flow cytometry. (B) HIV p24+ cell counts were calculated from HIV p24+ percentages and whole cell counts. (C) Coculture supernatants of HIV-infected samples were tested every week for HIV p24 concentrations. (D) Correlation analysis between HIV p24+ frequencies and HIV p24 concentrations. All the data in B and C are included (four time points including weeks 2, 3, 4, and 5 post infection from 12 coculture samples, n = 48 in total).

Figure 4. HIV infection of primary UCB CD34+ cells affected dynamics of CD34+ cells in OP9-DL1 cocultures (n = 14). (A) CXCR4hi frequencies in CD34+ (left) and CD34− (right) fractions were compared between autologous HIV-infected and mock-infected samples. (B) The frequencies of CD7hi (left), CD7hiCXCR4hi (middle), and CD7loCXCR4hi (right) sub fractions of CD34+ cells were further analyzed. (C) Representative plots showing the reduced CD7hiCXCR4hi frequency in CD34+ cells at week 3 post HIV infection. A paired t-test was used for comparison. *: p < 0.05, **: p < 0.01.

Figure 5. (A) Schematic representation of the second experiment (coculture-infection-coculture). Primary UCB CD34+ cells were cocultured with OP9-DL1 for 4-6 weeks and then collected and infected with HIV-1NL4-3. The infected cells were cocultured again with OP9-DL1 for another week, collected and analyzed. (B) Representative plots showing HIV p24+ cells after the post-infection coculture and their phenotypes. A
majority of p24+ cells were CD8+ and CD34−. (C) HIV p24+ frequencies measured 1 week after the post-infection coculture (n = 12).

Figure 6. CD34+ cells in the second experiment (coculture-infection-coculture, as described in Fig 5A) were analyzed 1 week after the post-infection coculture (n = 12). (A) Representative plots showing reduction of CXCR4+ frequencies in HIV-infected cocultures compared to autologous uninfected counterparts. (B) CD34+ frequencies were not significantly affected by HIV infection. (C) Loss of CXCR4hi cells was observed in CD34+ cells (left) but not in CD34− (middle) or CD4+CD8+ (right) cells. A paired t-test was used for comparison.

Figure 7. In the second experiment (coculture-infection-coculture, as described in Fig 5A), CD34+ cells 1 week after the post-infection coculture were further analyzed in detail (n = 9). (A) Representative plots showing the changes in CD7/CXCR4 expression levels in HIV-infected samples compared to their autologous uninfected counterparts. (B) CD7hi (left), CD7hiCXCR4hi (middle), and CD7loCXCR4hi (right) frequencies in the CD34+ fractions were compared between autologous HIV-infected and mock-infected samples. A paired t-test was used for comparison.
### Table 1. Summary for the two separate coculture experiments. Comparison was done between HIV-infected and uninfected samples. \( \rightarrow \): not different, \( \downarrow \): lower in HIV-infected samples, \( \sim \downarrow \): lower in HIV-infected samples at a time point. Highlight means the same tendencies between Experiments 1 and 2. Superscripts indicate the related figures (or text).
Infect and culture overnight

Primary cord-derived CD34+ cells

Coculture for 5 weeks

IL-7 Flt-3L

OP9-DL1 monolayer

Figure 1

A

B

CD34+ cells

CD34

SSC

IgG1-PE

CXCR4

CD4

C

HIV p24

155 bps (HIV gag)

D

pNL4-3

CD34+

CD34−
Figure 2

A

Weeks after infection

B

Weeks after infection

C

Weeks after infection

D

Weeks after infection

E

Weeks after infection

D

Weeks after infection

E

Weeks after infection
Figure 3

(A) % HIV p24+ of live cells

(B) HIV p24+ cell count ($x10^4$)

(C) HIV p24 concentration (ng/mL)

(D) HIV p24 concentration (ng/mL) vs. HIV p24+ cell count ($x10^4$)

$R=0.628$  
$P<0.0001$
Figure 4

A. CD34+ cells and CD34- cells.

B. % CD7hi, % CD7hiCXCR4hi, and % CD7loCXCR4hi.

C. Flow cytometry plots for HIV- and HIV+.
**Figure 5**

A. Coculture (CD34+/OP9-DL1) → Inoculate with HIV-1

B. Flow cytometry analysis:
- HIV p24
- CD4
- CD8
- CD34

C. Graph showing % HIV p24+ cells 1 week after infection.
Figure 6

A

HIV\(^{-}\)

HIV\(^{+}\)

CD34

CXCR4

8.92

4.39

B

P = 0.4838

% CD34\(^{+}\) of live cells

C

P = 0.0090

P = 0.8695

P = 0.0898

% CXCR4\(^{hi}\) of subset

CD34\(^{+}\) cells

CD34\(^{-}\) cells

CD4\(^{+}\)CD8\(^{+}\) cells

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Figure 7

A

CD34

CD7

SSC

CXCR4

HIV−

HIV+

27.1

25.6

31.5

17.8

9.49

9.29

250K

200K

150K

100K

50K

CD34

CXCR4

B

% subset of CD34+ cells

% CD7^{hi}

% CD7^{hi}CXCR4^{hi}

% CD7^{lo}CXCR4^{hi}

P=0.0237

P=0.0071

P=0.3103

0

20

40

60

0

20

40

60

0

20

40

60

HIV−

HIV+

HIV−

HIV+

HIV−

HIV+