HEU BLOOD mtDNA CONTENT REMAINS ELEVATED FROM BIRTH INTO EARLY LIFE (0-3Y)

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Introduction

> The introduction of **Zidovudine (AZT)** treatment in pregnancy during the mid-90s, followed by dual and triple-drug combination antiretroviral therapy (cART) led to a significant decline in the risk of vertical transmission

Mother-to-child HIV transmission in North America

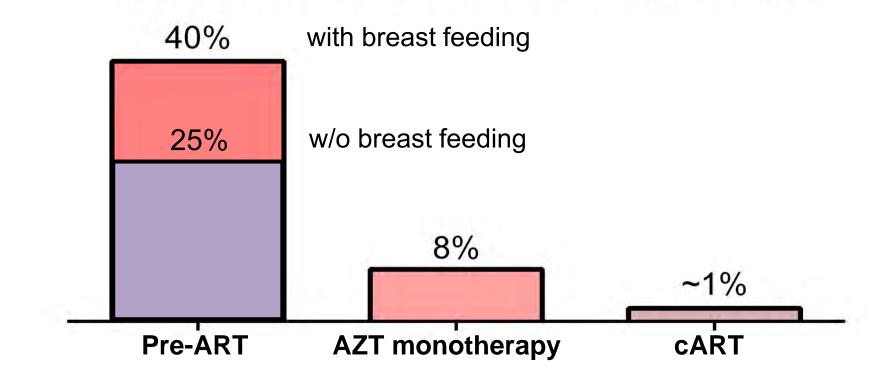


Table 1. Infa	ant demographic and cl	inical character	istics	
Characteristics		HEU n=114	HUU n=88	p value
Male sex		64 (56)	47 (53)	0.70
Gestational Age, w		38.3 (31.3 - 41.6)	39.4 (28.9 - 42.1)	< 0.001
Preterm delivery (<37 w)		23 (20)	9 (10)	0.055
Birth weight, kg		3.1 (1.6 - 4.1)	3.4 (1.4 - 5.2)	< 0.001
Small for gestational age		19 (17)	12 (14)	0.55
Duration of <i>in utero</i> cART exposure, w		20.6 (0.0 - 41.1)	NA	
<i>In utero</i> cART exposure	AZT + 3TC + NVP	7 (6)	NA	
	AZT + 3TC + NFV	34 (30)	NA	
	AZT+3TC+LPV/r	45 (39)	NA	
	ABC+3TC+PI/r	10 (9)	NA.	
	TDF+FTC(3TC)+PI/r	10 (9)	NA	
	Other	8 (7)	NA.	

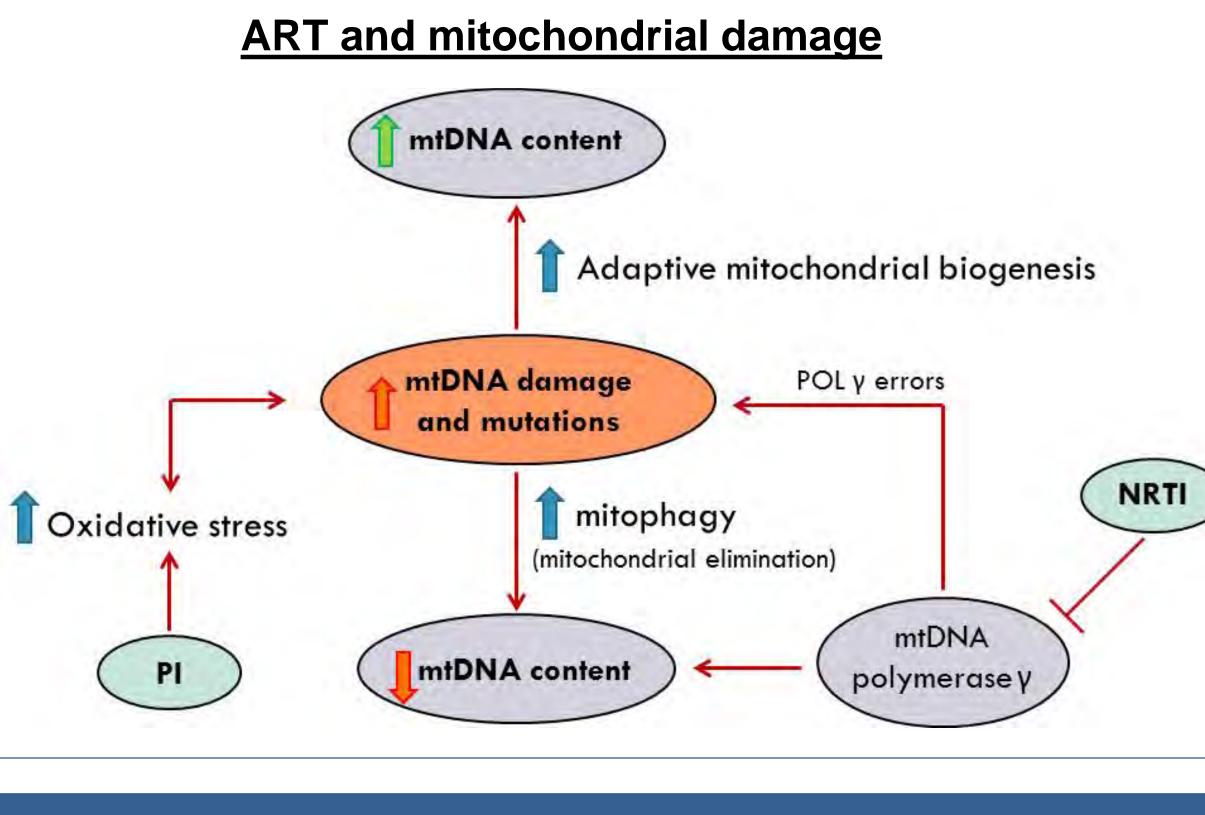
Table 2. Maternal demographic and clinical characteristics

Characteristics	HEU n=114	HUU n=88	p value
Maternal age, y	31.0 (17.4 - 42.4)	32.5 (21.3 - 43.0)	0.063
Maternal ethnicity			< 0.001
Indigenous	33 (29)	7 (8)	
Black/African Canadian	28 (25)	2 (2)	
White	39 (34)	55 (63)	
Asian	10 (9)	16 (18)	
Other/Unknown	4/0 (4)	1/7 (9)	
Smoking ever in pregnancy	63 (55)	38 (43)	0.09
Detectable HIV pVL close to delivery	12 (12) (n=99)	NA	

> Many antiretroviral drugs can cross the placenta

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Some antiretrovirals can cause mitochondrial toxicity and affect mitochondrial DNA (mtDNA) quantity and quality



Objective

Data are presented as N (%) or median (range)

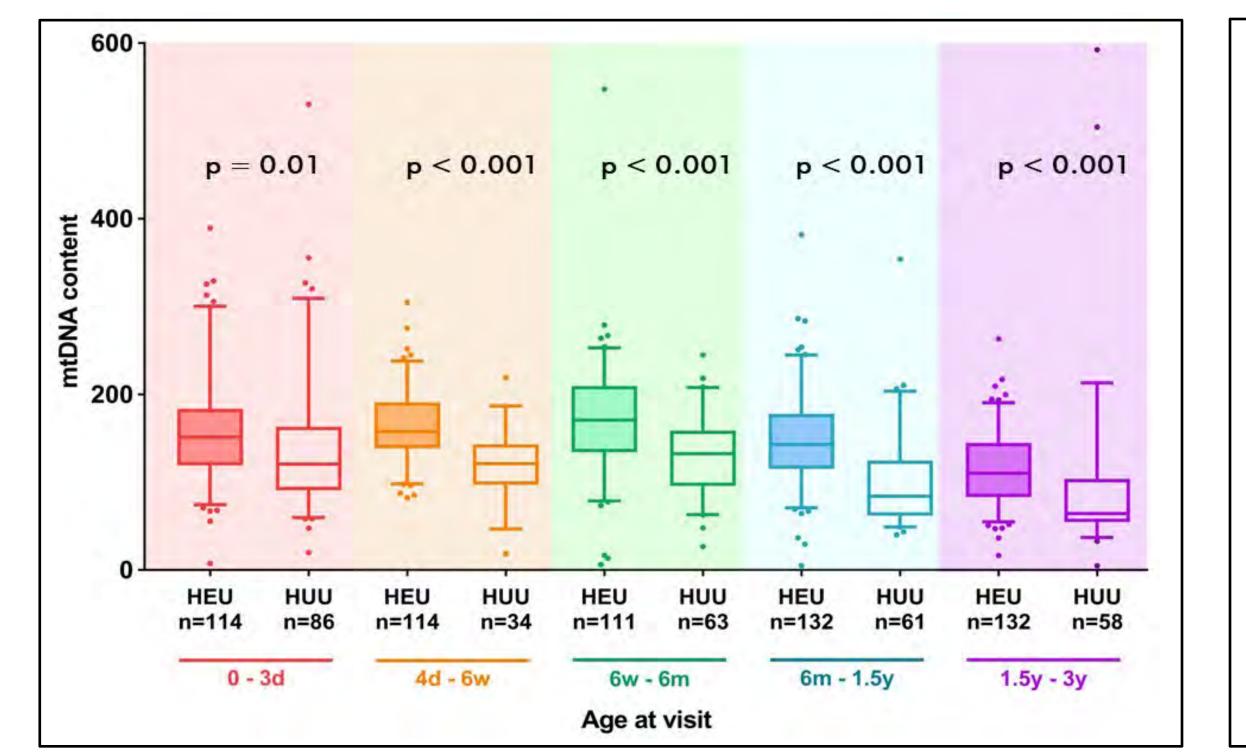


Figure 1. Comparisons of HEU and HUU mtDNA content at different age bins

Data are presented as N (%) or median (range)

Results

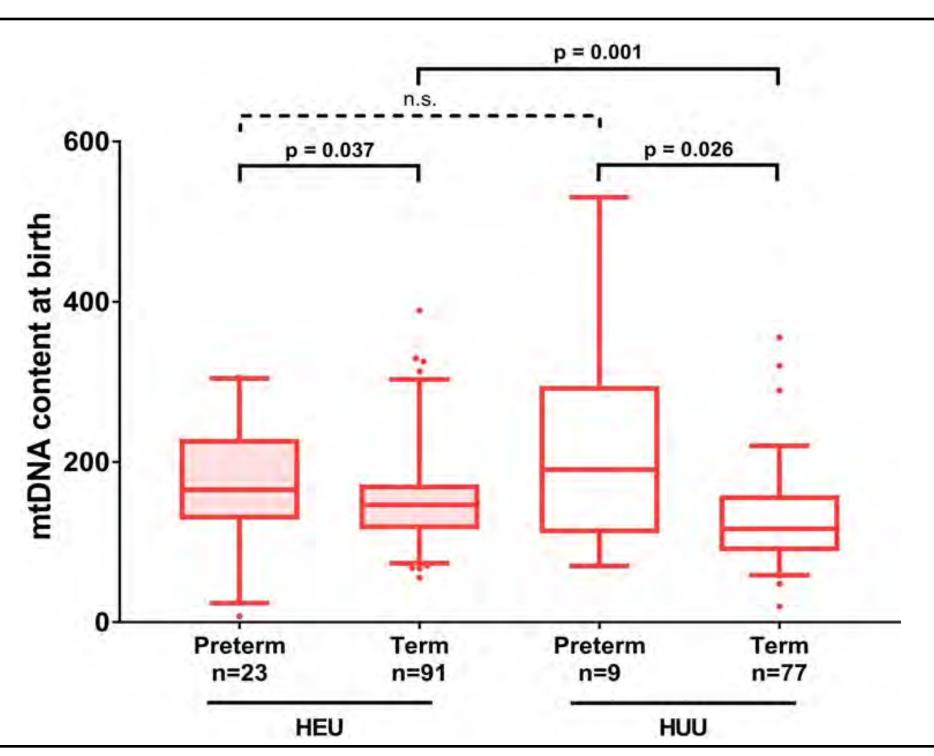


Figure 2. Comparisons of mtDNA content at birth among HEU and

To compare HIV-exposed uninfected (HEU) and HIV-unexposed uninfected (HUU) infant blood mtDNA content at birth and over the first 3 years of life, and to investigate any relationship with *in utero* cART exposure

Methods

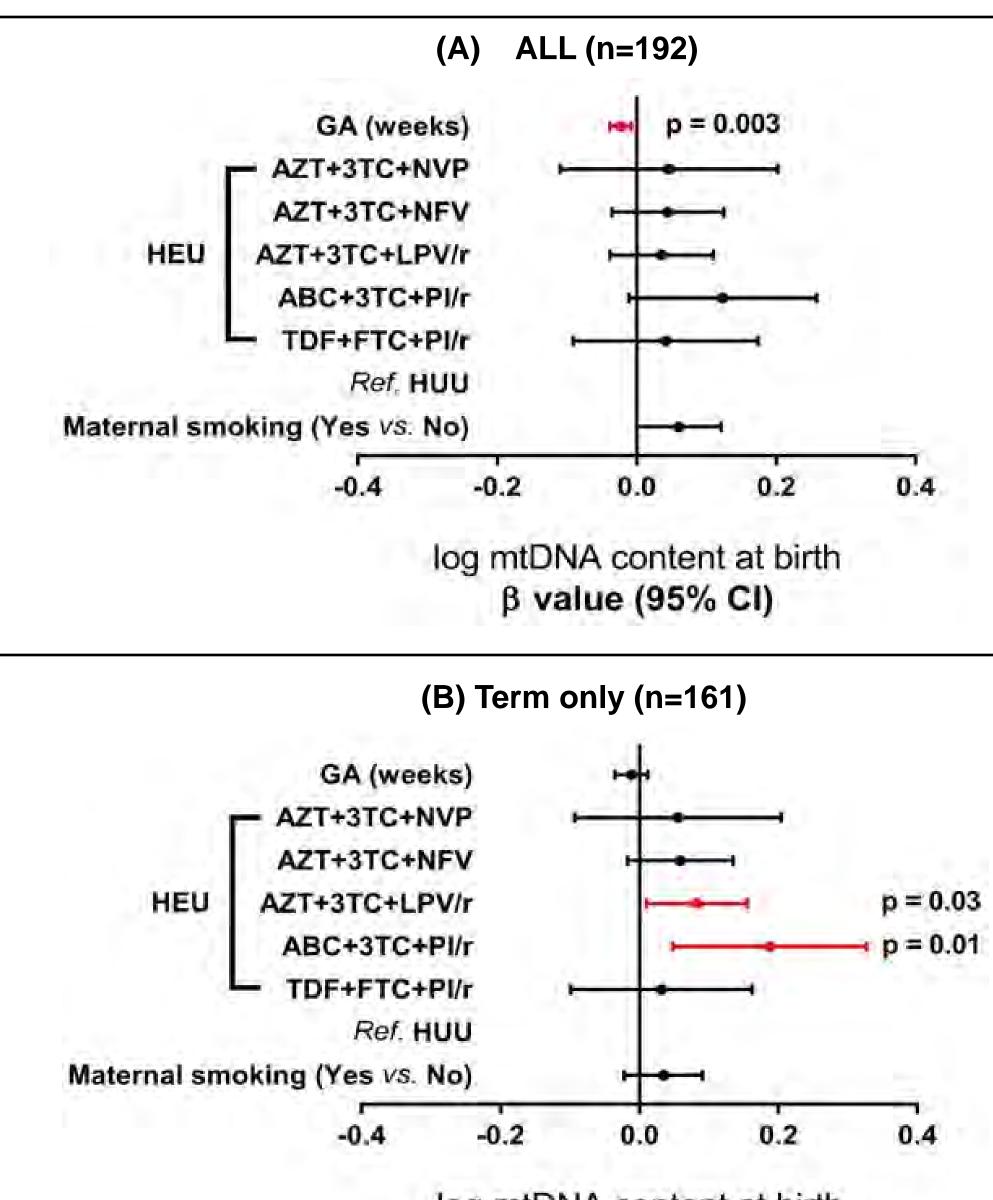
- Peripheral blood mtDNA content was measured by monochrome multiplex qPCR in 324 HEU (0-3y, of whom 214 had \geq 2 blood samples) and 306 HUU children (0-3y, each with a single blood sample). Of those,114 HEU and 86 HUU had a blood specimen collected at birth .
- Univariate analyses investigated the association between blood mtDNA content at birth and the following infant and maternal characteristics:



- Infant sex Birth weight
- Gestational age (GA) at birth
- Small for GA



- Maternal age
- Ethnicity
- Preterm delivery (<37 weeks GA)
- Smoking (ever) during pregnancy
- HIV viral load closest to delivery
- Duration of cART during pregnancy
- Type of cART regimen



HUU infants born preterm and at term

- Among all infants, lower GA was the only factor associated with higher mtDNA content at birth (Figure 3A)
- In a sensitivity analysis of infants born at term, HEUs exposed *in utero* to **AZT+3TC+LPV/r and** ABC+3TC+PI/r regimen had higher mtDNA content at birth compared to HUUs (Figure 3B)

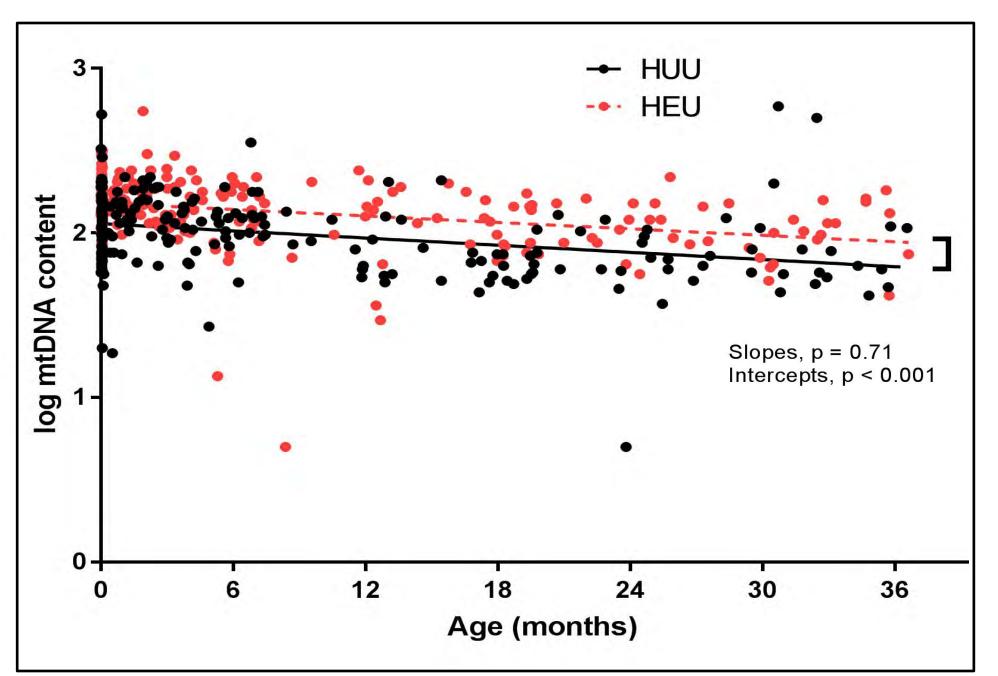


Figure 4. Relationship between mtDNA content and age during the first 3y of life among age- and sex- matched HEU and HUU children



 \succ Factors important univariately (p<0.10) were considered in multivariable linear regression analyses

log mtDNA content at birth β value (95% CI)

Figure 3. Multivariable analyses of mtDNA content at birth among (A) all participants (B) infants born at term

Among age and sex-matched children (n=214:214), HEU children continued to have higher mtDNA content than HUUs (p<0.01) throughout the first three years of life

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Conclusions		Acknowledgements		
Among children born at term:	m is associated with higher mtDNA content at birth . HEUs have higher mtDNA at birth and this persisted at least up to age three HEUs exposed <i>in utero</i> to AZT+3TC+LPV/r and ABC+3TC+PI/r had higher mtDNA content at birth effect of HIV/cART exposure, possibly resulting from adaptive mitochondrial biogenesis in response to	 Research supported by a CIHR team grant (CARMA) and UBC CBR Studentship to AA We thank all the study participants, CARMA team members, and members of the Côté lab 		CIHR