

**BIOINFORMATICALLY ANALYZED RELATIONSHIPS BETWEEN
SPECIFIC HUMAN GENES ASSOCIATED WITH HIV ATTACHMENT**

Davydenko V. S. ^a,

Ostankova Yu. V. ^a,

Shchemelev A. N. ^a,

Anufrieva E. V. ^a,

Kushnareva V. V. ^a,

Totolian A. A. ^{a, b}

^a Saint-Petersburg Pasteur Institute, Russia.

^b First St. Petersburg State I. Pavlov Medical University, St. Petersburg, Russia.

**БИОИНФОРМАТИЧЕСКИЙ АНАЛИЗ ВЗАИМОСВЯЗЕЙ МЕЖДУ
СПЕЦИФИЧЕСКИМИ ГЕНАМИ ЧЕЛОВЕКА,
АССОЦИИРОВАННЫМИ С ПРИКРЕПЛЕНИЕМ ВИЧ**

Давыденко В. С. ¹,

Щемелев А. Н. ¹,

Останкова Ю. В. ¹,

Ануфриева Е. В. ¹,

Кушнарера В. В. ¹,

Тотолян А. А. ^{1,2}

¹ ФБУН «Санкт-Петербургский научно-исследовательский институт эпидемиологии и микробиологии им. Пастера» Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека, г. Санкт-Петербург, Россия.

² ФГБОУ ВО «Первый Санкт-Петербургский государственный медицинский университет имени академика И.П. Павлова» Министерства здравоохранения РФ, Санкт-Петербург, Россия.

Abstract

Introduction. Assessing interaction between the human immunodeficiency virus (HIV) and human factors is crucial for understanding the disease pathogenesis. HIV triggers an immune response that involves numerous cellular and molecular processes related to inflammation, cell migration, and disrupted tissue barrier functions. Such reactions build up a cascade in which chemokines and cognate co-receptors, as well as other molecules regulating the immune response, play a key role. However, the interaction between HIV and the human organism cannot be reduced to a simple mechanism because it represents a multilayered system where crucial molecules and events may be unknown or require further study.

Objective: to assess a significance of candidate genes potentially involved in the pathogenesis of HIV infection during the phase of viral attachment to cell, based on assessing gene expression, localization, and involvement in biological pathways and processes.

Materials and methods. The study compared the characteristics of the 100 most promising candidate genes (CG) according to the HumanNet web resource with background genes (CCR5, CXCR4, CCR2, CD4), known to be reliably linked to HIV attachment. Expression data, localization, and involvement in various cellular pathways and processes for the candidate and background genes were analyzed. A scoring system was developed to assess the significance of each gene in the context of its role in immune and inflammatory responses.

Results. A total of 100 candidate genes were analyzed. Using the developed scoring system, a number of genes were identified as significant based on the analyzed parameter: 17 candidates – significant by expression profile; 7 – by localization; 17 – by involvement in biological pathways; and 25 – by involvement in biological processes. The final ranking revealed 55 candidate genes. The identified candidate genes were classified into the following functional groups: chemokine co-receptors and their ligands; genes and proteins associated with G-

proteins; and a group for which a common functional role or family could not be established.

Conclusions. The identified correlations between the candidate genes and background genes highlight the need to further investigate CG interactions in HIV pathogenesis allowing for a more detailed assessment of the contribution of both individual genes and entire systems, which, in the future, will expand our understanding of the molecular mechanisms behind HIV infection and, hypothetically, accelerate the discovery of new (or the expansion of existing) therapeutic models.

Keywords: human immunodeficiency virus, virus-host interaction, protein-protein interactions, candidate genes, in silico, CD4, CCR5, CXCR4, CCR2.

Резюме

Введение. Изучение взаимодействия вируса иммунодефицита человека (ВИЧ) с факторами человеческого организма имеет ключевое значение для понимания патогенеза заболевания. ВИЧ вызывает иммунную реакцию, которая включает в себя множество клеточных и молекулярных процессов, связанных с воспалением, миграцией клеток и нарушением барьерных функций тканей. Эти реакции образуют каскад, в котором важную роль играют как хемокины и их корцепторы, так и другие молекулы, регулирующие иммунный ответ. Проблема состоит в том, что взаимодействие ВИЧ с человеческим организмом невозможно свести к простому механизму — это сложная система, в которой ключевые молекулы и механизмы могут быть неизвестны и требуют дальнейшего изучения.

Цель. Оценка значимости генов-кандидатов, потенциально участвующих в патогенезе ВИЧ-инфекции на стадии прикрепления вируса к клетке, на основании оценки экспрессии, локализации и участия в биологических путях и процессах.

Материалы и методы. В работе было проведено сравнение характеристик 100 наиболее перспективных генов-кандидатов (ГК) согласно веб-ресурсу HumanNet с фоновыми генами (CCR5, CXCR4, CCR2, CD4), для которых достоверно показана связь с прикреплением ВИЧ к клетке. Были проанализированы данные экспрессии, локализации, а также вовлечённости в различные клеточные пути и процессы генов-кандидатов и фоновых генов. В ходе работы была разработана система баллового ранжирования, которая позволила оценить значимость каждого гена в контексте его участия в иммунных и воспалительных реакциях.

Результаты. Проанализировано 100 генов-кандидатов. С использованием разработанного метода баллового ранжирования ряд генов был определен, как значимый в зависимости от анализируемой характеристики: значимые по профилю экспрессии – 17 кандидатов,

локализации – 7, участие в биологических путях – 17, в биологических процессах – 25. По результатам итогового ранжирования выявлено 55 генов-кандидатов. Выявленные ГК были отнесены к следующим функциональным группам: хемокиновые корцепторы и их лиганды, гены и белки, связанные с G-белками, а также группа, для членов которой не удалось установить общую функциональную роль или семейство.

Выводы. Выявленные корреляции между ГК и фоновыми генами акцентируют внимание на необходимости дальнейшего изучения взаимодействий ГК в патогенезе ВИЧ. Это позволит более детально оценить вклад как отдельных генов, так и целых систем, что, в дальнейшем, расширит наше понимание молекулярных механизмов ВИЧ-инфекции, а также, гипотетически, ускорит обнаружение новых или расширение существующих терапевтических моделей.

Ключевые слова: Вирус иммунодефицита человека, взаимодействие вирус-хозяин, белок-белковые взаимодействия, гены-кандидаты, *in silico*, CD4, CCR5, CXCR4, CCR2.

1 Introduction

The disease caused by the human immunodeficiency virus (HIV) remains one of the most serious public health challenges worldwide. According to recent data, the number of people living with HIV reaches nearly 40 million [Ошибка! Источник ссылки не найден.]. HIV infection is characterized by a progressive destruction of the immune system, ultimately leading to acquired immunodeficiency syndrome (AIDS). The primary methods for combating HIV infection remain the suppression and management of the infection through antiretroviral therapy (ART) [Ошибка! Источник ссылки не найден.].

ART involves the use of different classes of drugs that act on key stages of the viral life cycle, including cell entry, replication, integration into the genome, and the assembly of new viral particles [0]. Drug resistance mutations in HIV, resulting from its high genetic variability, remain a major challenge for antiretroviral therapy. These mutations can reduce the efficacy of drugs and contribute to multidrug resistance, necessitating constant adaptation of treatment regimens and the search for new approaches [Ошибка! Источник ссылки не найден., Ошибка! Источник ссылки не найден.]. The use of combination therapy involving multiple drugs helps reduce the risk of resistance, but the lifelong nature of therapy leaves a risk of disease recurrence even with full adherence by the patient [Ошибка! Источник ссылки не найден.].

Progression of the disease is influenced not only by viral characteristics, but also by individual human host features, primarily those that are genetically determined. HIV attachment to the cell occurs by binding to the CD4 receptor and chemokine co-receptors CCR5 and CXCR4. A well-known mutation in the CCR5 gene, CCR5-Δ32, has a prevalence ranging from 7.8% to 25% in different Russian regions [Ошибка! Источник ссылки не найден., Ошибка! Источник ссылки не найден.]. This deletion provides partial, or complete, resistance to HIV infection by preventing viral entry into cells [Ошибка! Источник ссылки не найден.]. Based on this data, a group of drugs has been developed that target

30 interactions between human and viral proteins, aimed at blocking co-receptors,
31 which plays a key role in preventing viral entry into cells.

32 In contrast, no mutations analogous to delta 32 have been found in the CXCR4
33 gene. However, it has been shown that several mutations in this gene are presumably
34 linked to the development of certain diseases, such as WHIM syndrome
35 (rs104893625, rs104893624) [Ошибка! Источник ссылки не найден.], while
36 the effects of other mutations on the human body remain to be elucidated.

37 Although these proteins are reliably linked to HIV attachment to the cell, it
38 should be noted that the virus with specific tropism attaches only to one of the two
39 co-receptors, although dual-tropic variants of HIV also exist. During the progression
40 of infection, a shift in the primary tropism of the virus occurs through a mechanism
41 whereby HIV-1 variants using CXCR4 suppress the replication of CCR5-dependent
42 HIV-1 variants, whereas CCR5-dependent variants do not affect the replication of
43 CXCR4-dependent HIV [Ошибка! Источник ссылки не найден.].

44 An additional co-receptor involved in viral attachment is CCR2 [Ошибка!
45 Источник ссылки не найден.]. Genetic variations in the CCR2 gene may
46 influence the rate of HIV progression, making it an important target for study
47 [Ошибка! Источник ссылки не найден.].

48 The described proteins are involved in inflammatory processes through
49 chemotaxis and recruitment of other cells. CXCR4 also plays a role in embryo
50 attachment to the uterine wall. Given that these proteins are receptors involved in
51 significant signaling cascades in the body, understanding their function is crucial.
52 Given the vast number of human genes, experimental identification of key genes,
53 and their polymorphic variants, is an extremely challenging task. In this regard, a
54 preliminary search for candidate genes (CGs) using bioinformatic analysis is a
55 necessary and effective approach, which allows narrowing down the potential targets
56 for further study.

57 To date, a significant amount of information has been collected regarding the
58 functioning of individual immune system components and their interaction with the

59 virus. Integrating them into unified models, however, remains a complex challenge.
60 Studying the links between genes encoding chemokine co-receptors associated with
61 viral attachment to the cell and other human genes is important. The results of such
62 studies will not only help to better understand the pathogenesis of HIV infection, but
63 also facilitate further research into polymorphic variants of these genes that may
64 either accelerate disease progression or, conversely, slow it down.

65 Modern bioinformatic methods significantly accelerate the analysis of large
66 volumes of data and identification of key molecular mechanisms. Building and
67 analyzing complex interaction networks between the virus and host cells can reveal
68 new patterns, shift the focus to underexplored elements, and assess their contribution
69 to the development and progression of HIV infection [Ошибка! Источник
70 ссылки не найден.].

71 Thus, the identification of candidate genes interacting with chemokine co-
72 receptors and associated with HIV progression could become an important step
73 towards creating new treatment and prevention strategies for the disease. The
74 objective of the study was to assess the significance of candidate genes potentially
75 involved in the pathogenesis of HIV infection during the phase of viral attachment
76 to the cell, based on evaluation of gene expression, localization, and involvement in
77 biological pathways and processes.

78 **Materials and Methods**

79 Given the significance of the process of viral entry into the cell for the
80 pathogenesis of HIV infection, the focus was on genes encoding proteins that are
81 reliably associated with human infection at the stage of viral entry. In particular, the
82 CD4 receptor in addition to chemokine co-receptors CCR5, CXCR4, and CCR2
83 (hereafter referred to as background genes, BG) were a focus since the proteins
84 encoded by these genes play a crucial role in cell infection (specifically at the stage
85 of viral attachment) and are involved in regulatory processes of the HIV life cycle
86 [Ошибка! Источник ссылки не найден., Ошибка! Источник ссылки не
87 найден.].

88 The HumanNetv3 web application was used to analyze genetic and protein-
89 protein networks. Three types of networks were analyzed during the study: the
90 physical protein interaction network (HumanNet-PI); the functional gene network
91 (HumanNet-FN); and the functional network expanded by co-citation (HumanNet-
92 XC). As of 2023, the physical interaction network included 17,849 genes and
93 633,460 connections [**Ошибка! Источник ссылки не найден.**].

94 To identify the biological context of the selected candidate genes (CG), the
95 functional mapping and gene annotation web resource FUMA GWAS in
96 GENE2FUNC mode (<https://fuma.ctglab.nl/gene2func>) was used. The FUMA
97 GWAS application was used under the following conditions: Ensembl version 92,
98 GTEx v8 expression dataset, 30 major tissue types, Benjamini–Hochberg correction
99 method for gene set enrichment testing (FDR), maximum adjusted gene set
100 association P-value < 0.05, and minimum number of overlapping genes with gene
101 sets ≥ 2 .

102 Additionally, statistical correlation analysis (using Pearson's criterion at p-
103 value 0.05) was performed for gene representation relative to each other in protein
104 localization and other genetic products of the studied genes, as well as their
105 involvement in biological pathways.

106 For individual CGs that demonstrated a significant functional, spatial, or other
107 type of association with BG (according to FUMA GWAS analysis), available
108 scientific literature was reviewed to investigate and confirm their significance in the
109 context of the detected associations.

110 As part of the research methodology, an analysis was conducted to identify
111 CGs potentially related to HIV pathogenesis. At the initial stage, the HumanNet
112 resource was used for the preliminary search of CGs, followed by evaluation of the
113 reliability of the identified relationships using AUROC analysis. The FUMA GWAS
114 tool in GENE2FUNC mode was used to perform a comprehensive analysis of the
115 identified CGs, which included an assessment of gene expression level and tissue

116 specificity, product localization, and their involvement in various biological
117 pathways and processes.

118 **Scoring System**

119 **Expression**

120 The expression profile of BG was evaluated in various bodily tissues. The
121 inclusion criterion for a tissue in the analysis was a gene expression level log2 of no
122 less than 2.51 (average expression level). Tissues with low BG expression levels
123 were excluded from analysis. For CGs, the proportion of instances of co-expression
124 of the genes with BG in selected tissues was evaluated.

125 The candidate gene score (CGS) was calculated using the following formula:

$$131 \quad CGS(EXP) = f_{eCCR5} + f_{eCXCR4} + \frac{(f_{eCCR2} + f_{eCD4})}{2} + f_{eCCR5} * f_{eCXCR4}$$

126 where f represents the frequency of matching CG expression profiles with BG. The
127 formula accounts for the contribution of the relationship with each BG, as well as
128 the combined contribution of CG association with the two main co-receptors for
129 HIV-1 attachment. CCR5 and CXCR4 are the main co-receptors for attachment, so
130 the relationship with them has greater weight than with CD4 and CCR2.

132 **Localization, Biological Pathways, and Biological Processes**

133 To assess the contribution of CGs to BG based on intersections in localization,
134 participation in the same biological pathways, and biological processes (hereafter
135 'characteristics'), based on FUMA GWAS data in GENE2FUNC mode, tables of
136 localization/participation in biological pathways or processes were constructed for
137 each analysis. In binary format (1-present, 0-absent), the participation/localization
138 of CG and BG was indicated. Based on the resulting table, a correlation table was
139 built using the four-point phi correlation method (analogous to the Pearson method
140 for dichotomous variables), and correlations with BG were considered. The total
141 score for each individual analysis was calculated using the following formula:

$$142 \quad CGS(loc. or. proc. or path) = k_{CCR5} + k_{CXCR4} + \frac{k_{CCR2} + k_{CD4}}{2} + k_{CCR5} * k_{CXCR4}$$

143 where k represents the correlation level of the candidate gene with the background
144 gene at p -value < 0.05 . At p -value > 0.05 , the correlation value was considered to be
145 0. The formula also accounts for the contribution of the relationship with each BG
146 and the combined contribution of CG association with the two main co-receptors for
147 HIV-1 attachment.

148 **Final Scoring System**

149 Based on the results of each scoring stage, given that specific contributions
150 (expression, localization, participation in biological pathways, participation in
151 biological processes) were assessed equally, the final CG score was considered to
152 be the sum of the points obtained from each scoring stage. The maximum score for
153 each stage was 4, and the maximum total score was 16. To enhance the significance
154 of CGs with common characteristics, additional points were assigned: for scores in
155 2 characteristics, CGs received 2 points; in 3 characteristics, 3 points; and in 4
156 characteristics, 4 points. The threshold value for the total score was set at 2, as this
157 value corresponds to two established relationships with key BG co-receptors CCR5
158 and CXCR4. Thus, CGs with this score, or higher, were evaluated as significant for
159 the pathogenesis of HIV infection. The design of the analysis is presented in Figure
160 1.

161

162 **Results**

163 **Candidate Genes**

164 Based on the analysis of HumanNetv3, 659 genes potentially associated with
165 the function of background proteins were identified. Using ROC analysis, false-
166 positive results were reduced to 1% (Fig. 2).

167

168 Based on the final results, false-positive candidates were filtered out, and the
169 selected genes were ranked according to evaluation of their association levels. The
170 threshold value used to identify the most probable candidate genes, reflecting their
171 proximity to other genes according to the neighbor relationship ranking rule, was set

172 at 5.844. This resulted in a list of 100 genes, ranked by association scores ranging
173 from 5.844 to 8.589, which potentially impact the course of HIV infection. The
174 identified candidate genes, and their encoded proteins, can be classified into general
175 functional groups as shown in Table 1.

176

177 **Expression**

178 For the identified candidate genes, a tissue-specific expression map was
179 generated using the FUMA GWAS web resource. The map is shown in Figure 3.

180 For assessment of expression levels, the following scale was used: Maximum
181 (5.672), High (from 3.51 to 5.671), Medium (from 2.51 to 3.5), Low (from 1.51 to
182 2.5), and Minimal (from 0 to 1.5). For CCR5, the average expression level in the
183 spleen is 3.361. It is low in the lungs (2.479), small intestine (terminal ileum)
184 (2.359), and whole blood (1.994). In other tissues, the expression level is minimal.
185 For CXCR4, there is a broad representation of tissues with varying expression levels.
186 The maximum expression level is observed in the spleen (5.672). A high level of
187 expression is shown in 32 tissues, including whole blood (5.671), lungs (5.650), and
188 the small intestine (5.375).

189 According to the heat map data, the highest expression levels for the
190 background genes (BGs) were found in the following tissues and organs: lungs,
191 terminal ileum, spleen, and whole blood. It is worth noting that for the CCR5 gene,
192 expression is found in fewer tissues at lower levels compared to CXCR4 expression.

193

194

195 When performing scoring ranking for CCR5 and CCR2, due to the small
196 number of tissues with medium expression levels, four tissues with the highest
197 expression were selected. For CCR5, the cutoff expression level was 1.994,
198 corresponding to the expression level in whole blood. For CCR2, the cutoff was
199 2.394 (small intestine - terminal ileum).

200 Based on the evaluation of expression profiles and levels, the following
201 candidate genes (CGs) were identified with the highest co-expression with
202 background genes (BGs):

203 **CCR5:** ANXA1, CCR7, GNA13, GNAI2, HEBP1, OXER1, P2RY13 (all
204 100%)

205 **CXCR4:** GNA13 (100%), GNAI2 (100%), HEBP1 (98%), ACKR3 (96%),
206 ANXA1 (93%), GNAI1 (93%)

207 **CCR2:** ANXA1, GNA13, GNAI2, HEBP1, P2RY13 (all 100%)

208 **CD4:** GNA13 (100%), GNAI2 (100%), HEBP1 (100%), ACKR3 (96%),
209 ANXA1 (96%), GNAI1 (96%)

210 As a result of this analysis, the following candidate genes were identified with
211 the highest biological gene co-expression scores: **GNA13** (4.00), **GNAI2** (4.00),
212 **HEBP1** (3.96), **ANXA1** (3.84), **ACKR3** (3.28), **GNAI1** (3.24), **CXCL12** (3.01),
213 **CCL2** (2.88), **GPER1** (2.86), **CXCL2** (2.63), **ADRA2C** (2.54), **OXER1** (2.53),
214 **S1PR3** (2.53), **S1PR2** (2.48), **CCL19** (2.48), and **ADRA2A** (2.43).

215 •

216 **Localization of Gene Products**

217 In addition to the expression localization of candidate genes, it is important to
218 evaluate the localization of the products of these genes. The products of candidate
219 genes may interact with chemokine coreceptors and initiate a cascade of reactions.
220 On the other hand, gene expression products do not necessarily "reside" in the same
221 cell where the expression occurs, and their influence can extend to areas where their
222 products are localized. The cellular localization of candidate gene products is shown
223 in Figure 4.

224

225 For a significant number of candidate genes (HTR1D, GNAI2, HTR1F,
226 NPY1R, NPY5R, HTR1A, HTR1E, etc.), multiple localization points of their
227 products are shown.

228 For the products of the genes CXCR4, CD4, and CCR5, only localization in the cell

229 membrane is shown, approaching the level of significance. To rank the significance
230 of the candidate gene products, a correlation analysis between gene pairs was
231 performed. Since the products of CCR5, CXCR4, and CD4 do not have a shared
232 localization with the products of other genes, the correlation assessments were
233 conducted with respect to CCR2.

234 The products of the CCR2 gene, in combination with the products of other
235 genes, have a broad spectrum of cellular localization, but they are also localized in
236 structures associated with neurons and dendritic cells. The majority of gene products
237 from the candidate genes studied are localized in the following cells: neurons,
238 somatodendritic, and dendritic cells.

239 The list of candidate genes for which correlations of gene product localization
240 with CCR2 were identified ($p < 0.05$) includes HTR5A (0.87), with high correlation.
241 It also includes those with moderate correlation: HTR1D (0.55), HTR1F (0.55),
242 HTR1A (0.55), HTR1E (0.55), HRH4 (0.55), and OPRK1 (0.54). The candidate
243 genes with their ranking scores for this stage were: HTR5A (0.44), HTR1D (0.28),
244 HTR1F (0.28), HTR1A (0.28), HTR1E (0.28), HRH4 (0.28), and OPRK1 (0.27).

245

246 **Biological Pathways**

247 A biological pathway analysis was conducted in which the functional groups,
248 candidate genes, and their products are involved. The analysis is shown in Figure 5.

249

250 The main functional groups of genes, their proteins, and metabolites are
251 associated with G-proteins, peptide signaling pathways of G-proteins, chemokine
252 signaling pathways that influence inflammatory processes, as well as those related
253 to monoamine receptors. The three biological pathways with the highest p-values
254 were: WP_GPCRS_CLASS_A_RHODOPSINLIKE (rhodopsin-like receptors, G-
255 protein coupled class A) with the highest p-value; WP_PEPTIDE_GPCRS
256 (peptide receptors, G-protein coupled); and
257 WP_CHEMOKINE_SIGNALING_PATHWAY (chemokine signaling pathways).

258 The presence of CCR2, CXCR4, and, partially, CCR5 in these pathways indicates
259 their important role in these biological processes.

260 Based on the assessment of the participation of candidate genes and their
261 products, in combination with genes/products of BG in biological pathways, the
262 following candidate genes were identified for each BG with the highest level of
263 correlation ($p < 0.05$):

264 **CCR5:** CXCR3 (0.77), NPY5R (0.52), OPRK1 (0.52), GPR18 (0.52), SSTR5
265 (0.52), GALR2 (0.52), GALR1 (0.52), FPR3 (0.52), SSTR4 (0.52), SSTR3 (0.52),
266 GALR3 (0.52), SSTR2 (0.51).

267 **CXCR4:** CCR7 (0.89), CXCR3 (0.77), CCR10 (0.65), CCR9 (0.65), CXCR5
268 (0.65), FPR3 (0.52), GALR1 (0.52), GALR2 (0.52), GALR3 (0.52), NPY5R (0.52),
269 OPRK1 (0.52), SSTR3 (0.52), SSTR4 (0.52), SSTR5 (0.52), CXCR6 (0.52).

270 **CCR2:** CXCR3 (0.68), CCR7 (0.57), CCR10 (0.59), CCR9 (0.59), FPR3
271 (0.47), GALR1 (0.47), GALR2 (0.47), GALR3 (0.47), NPY5R (0.47), OPRK1
272 (0.47), SSTR3 (0.47), SSTR4 (0.47), SSTR5 (0.47), CXCR6 (0.47).

273

274 No significant correlations were found for CD4. The scoring summary for the
275 participation of CG in biological pathways in combination with BG was: CXCR3
276 (2.49), CCR7 (1.17), CCR10 (0.95), CCR9 (1.54), CXCR5 (0.65), FPR3 (1.54),
277 GALR1 (1.54), GALR2 (1.54), GALR3 (1.54), NPY5R (1.54), OPRK1 (1.54),
278 SSTR3 (1.54), SSTR4 (1.54), SSTR5 (1.54), CXCR6 (0.75), GPR18 (0.52), and
279 SSTR2 (0.51).

280

281 **Biological Processes**

282 In functional mapping of the analyzed genes, their involvement in 343
283 biological processes was determined. Those shown only include processes in which
284 functional groups and/or their products participate (Table 2).

285

286 **Evaluation of the Participation of Candidate Genes and Their Products**
287 **in Biological Processes**

288 Based on assessment of the participation of candidate genes (CG) and their
289 products in combination with genes/products of BG in biological processes, the
290 following CG were identified for each BG with the highest level of correlation
291 ($p < 0.05$):

292 **CCR5:** CXCL3 (0.57), CCL8 (0.48), CXCR6 (0.40), CXCR5 (0.37), CCL7
293 (0.36), CCL5 (0.35), CCL27 (0.35), CCR7 (0.35), CXCR3 (0.34), CCR9 (0.32),
294 CCR10 (0.32), CCL2 (0.31).

295 **CXCR4:** CXCR3 (0.43), CXCL12 (0.41), SUCNR1 (0.34), CXCR6 (0.32),
296 ACKR3 (0.31).

297 **CCR2:** CCL5 (0.38), CXCL12 (0.38), CCL2 (0.37), CXCL13 (0.35),
298 ANXA1 (0.34), CXCR3 (0.32), CCL7 (0.31), CCL19 (0.31).

299 **CD4:** CCL2 (0.44), CCR7 (0.38), CCL19 (0.38), CCL5 (0.36), CCL25 (0.30).

300 The scoring summary for CG 'Participation in Biological Processes in
301 Combination with Functional Groups and Scores Above 0.5' was: CXCR3 (1.14),
302 CCL2 (1.074), CCL8 (1.047), CXCR6 (1.03), CXCL3 (1.02), CCL5 (0.97), CCR7
303 (0.962), CXCR5 (0.93), CCL19 (0.92), CXCL12 (0.91), CCR9 (0.89), CCL7 (0.84),
304 CCR10 (0.82), CXCL13 (0.81), CCL20 (0.76), ACKR3 (0.76), CCL27 (0.74),
305 SUCNR1 (0.74), CCL16 (0.68), FPR3 (0.63), CCL25 (0.62), ANXA1 (0.58), PENK
306 (0.54), GPER1 (0.53), and GPR18 (0.51).

307

308 **Final Ranking**

309 Table 3 presents the final ranking results for identified genes with an overall
310 score of 2 or higher.

311

312 The number of candidate genes (CG) with a score above the threshold was 55.
313 It is worth noting separately all CGs that received more than 1 point. Although these
314 genes do not overlap in the results of intermediate ranking stages, they may interact

315 with several functional genes (BG) or their products on one studied parameter. In
316 this case, they have a similar expression profile with several BGs and may be
317 included as possible candidates for further consideration. The list of CGs with the
318 specified threshold is: HCAR2 (1.68), P2RY13 (1.67), S1PR5 (1.63), SSTR5 (1.56),
319 GALR1 (1.54), SSTR4 (1.49), and P2RY14 (1.19).

320 Discussion

321 Viral attachment to a cell via chemokine receptors and co-receptors initiates
322 a cascade of responses. Individual elements of this cascade can influence the course
323 of the infectious process and/or the viral life cycle [**Ошибка! Источник ссылки**
324 **не найден.**]. Assuming that potential CGs may directly or indirectly affect viral
325 processes by binding to chemokine receptors/co-receptors, they and/or their
326 products must be in close proximity to interact with the receptors and have a
327 sufficient product concentration for such interaction, indirectly reflected in gene
328 expression levels. These characteristics are often exhibited by participants in the
329 same biological process and/or biological pathway. However, this does not exclude
330 the possibility of multifunctionality of individual genes, providing more
331 opportunities for interaction between the products of the hypothetical CG and BG
332 products.

333 According to HumanNetv3, a number of CGs potentially related to chemokine
334 co-receptors and, accordingly, to the human immunodeficiency virus, were
335 identified. When considering the detected genes from the perspective of human
336 molecular-biological elements associated with BGs, the belonging of these genes to
337 the following main functional groups was shown: chemokines and their receptors,
338 G-proteins and their associated receptors, including serpentine receptors, as well as
339 other receptors such as taste TAS2R, neuropeptide and neurotransmitter, adrenergic,
340 purinergic, somatostatin, peptide, and other functionally significant proteins. The
341 identified candidates are widely expressed in various tissues, although for all BGs,
342 an increased level of expression was observed in four main tissues/organs (lungs,
343 terminal ileum, spleen, whole blood), where immune processes are actively

344 occurring. The lungs contain specialized immune cells such as macrophages that
345 ingest and destroy pathogens inhaled with air. These cells are found in the alveoli
346 and on the surface of the airways, providing the first line of defense against
347 infections. In the lungs, the maturation and activity of various types of leukocytes,
348 such as lymphocytes and neutrophils, also occur, playing a key role in fighting
349 infections and inflammation [**Ошибка! Источник ссылки не найден.**].

350 In the terminal ileum, Peyer's patches, which are essential components of the
351 intestinal immune system, are located. These patches contain lymphoid cells that
352 help protect the body from pathogens ingested with food. Specialized immune cells
353 lining the ileum protect the body from bacterial infections and maintain the mucosal
354 barrier function [**Ошибка! Источник ссылки не найден.**]. The spleen,
355 specifically the white pulp, is responsible for the production and maturation of
356 leukocytes (lymphocytes), which produce antibodies to fight infections. The white
357 pulp plays a key role in the adaptive immune response [**Ошибка! Источник**
358 **ссылки не найден.**]. The involvement of blood in the body's immunity as a
359 transport system is unquestionable. Thus, all four of these tissues are crucial sites
360 for immune system activity. Genes with high expression levels in these tissues
361 (CCR7, GNA13, GNAI2, HEBP1, OXER1, P2RY13, ANXA1), along with
362 background proteins, participate in immune processes, supporting the homeostasis
363 of the immune system.

364 The search for intersections in the localization of gene products did not yield
365 significant results due to the narrow localization spectrum of the products of the
366 main BGs, which are localized in the cell membrane. The CCR2 protein, due to its
367 expression in a large number of cells in the nervous system, has more opportunities
368 for interaction with other host factors. Localization of genetic products in neuronal
369 and dendritic cells is strongly associated with the progression of HIV infection,
370 leading to neurological manifestations. Against the background of tropism
371 switching, the virus can infect a larger number of tissues and cell groups, such as

372 macrophages. This, in turn, leads to the infection of macrophages in the brain, which
373 is associated with the development of neurocognitive disorders mediated by HIV.

374 A different pattern was observed when evaluating the participation of BGs in
375 biological pathways and processes, which is not surprising, as receptors are an active
376 part of signaling pathways via G-proteins and/or chemokines, as well as chemotaxis
377 processes in response to influencing factors. The multifunctionality and the potential
378 of individual genes and their products to influence the activity of other genes,
379 including BGs, allow these genes to be considered as possible candidates, provided
380 their established connection, intersection by characteristics (localization, sufficient
381 concentration, etc.), and functional roles with BGs.

382 It should be noted that biological pathways refer to a series of individual
383 reactions rather than direct interactions between proteins or their localization in one
384 place, although such events may also occur. Primarily, joint participation in
385 pathways indicates a possible indirect nature of interaction. The analysis of
386 biological pathways revealed the following. CXCR4 and CCR5 have strong positive
387 correlations with CXCR3, NPY5R, and SSTR4, indicating their joint involvement
388 in the same pathways. The product of the NPY5R gene is a neuropeptide receptor,
389 while SSTR4 is one of the five known somatostatin receptors and is involved in both
390 immune [Ошибка! Источник ссылки не найден.] and neuroendocrine processes
391 [Ошибка! Источник ссылки не найден.]. In turn, SUCNR1 (Succinate Receptor
392 1), also known as GPR91, which has a moderate correlation with chemokine co-
393 receptors, is a receptor activated by succinate (a metabolite of the tricarboxylic acid
394 cycle). The SUCNR1 protein is involved in regulating immune reactions, including
395 macrophage polarization and inflammatory diseases such as ulcerative colitis and
396 endometriosis [Ошибка! Источник ссылки не найден.].

397 Thus, without considering the likely physical interaction of CGs and their
398 products with BGs, the probability of the association of CGs and BGs with their
399 products was evaluated by combining four characteristics: expression, cellular
400 localization, pathways, and biological processes. The necessary condition for such

401 interaction, including the required sufficient concentration, and the similarity of
402 functional roles were also considered.

403 Based on the combined data of the aforementioned characteristics, a scoring
404 system was developed, which allows the identification of CGs with the hypothesized
405 highest probability of interaction with BGs. This is important because of the known
406 connection between BGs and HIV, suggesting that their involvement may influence
407 the pathogenesis of the infection. For several genes, it was considered that in the
408 case of altered homeostatic conditions, for example, during an infectious process,
409 there would be an increase in the expression levels of certain genes in tissues where
410 this does not normally occur.

411 Most of the CGs identified are chemokines of the C-C or C-X-C family, or
412 their receptors. Since the discovery of the contribution of the chemokine co-
413 receptors CCR5 and CXCR4 in the process of HIV attachment to cells, researchers
414 have focused not only on related chemokines, specifically their suppressive action
415 against the virus through receptor competition, but also on the receptors themselves,
416 as alternative entry points for the virus. Among the CGs ranked in this group, the
417 following stand out as having the highest total scores.

418 **CCR7 receptor:** This receptor helps mobilize dendritic cells and their
419 interaction with various subsets of T cells, including naive, regulatory, and memory
420 T cells [0]. It has also been shown to play an important role in the immune system,
421 preventing autoimmune diseases, and is involved in immune surveillance and anti-
422 tumor immunity [Ошибка! Источник ссылки не найден.]. Thus, the high
423 expression of CCR7 in the lungs, intestines, spleen, and blood may be related to its
424 function in attracting and activating immune cells in these tissues, which is essential
425 for effective protection against pathogens [Ошибка! Источник ссылки не
426 найден.].

427 **ACKR3 receptor,** also known as **CXCR7**, is an important protein involved
428 in various physiological and pathological processes and primarily functions as a
429 scavenger receptor. The main roles of this chemokine that may be linked to the

430 progression of HIV infection include chemokine scavenging and immune system
431 regulation [Ошибка! Источник ссылки не найден.]. This protein also
432 influences the distribution and function of immune cells, helps localize lymphocytes
433 in lymphoid tissues, and modulates immune responses. There may be a lesser need
434 for chemokine regulation through ACKR3 in circulating blood, as its primary
435 function is to control local inflammatory processes in tissues, with an increase in
436 expression levels likely during inflammation [25].

437 **CXCR6 receptor:** This receptor plays a role in chemotaxis by attracting
438 lymphocytes to sites of tissue damage, helping the body respond quickly to infection
439 by directing immune cells to inflammation sites. CXCR6 is also expressed on T
440 cells, particularly natural killer cells and cytotoxic T lymphocytes, playing an
441 important role in their migration and localization [Ошибка! Источник ссылки
442 не найден.].

443 An exception in terms of low expression levels in the CXC family group is
444 **CXCR3**. The tissue with low expression is the lungs. The functions of this gene and
445 its products are related to the migration and activation of T cells in other tissues,
446 such as lymph nodes and sites of inflammation. Several studies show an increase in
447 the expression of this receptor in the lungs during inflammatory processes
448 [Ошибка! Источник ссылки не найден.]. It has been shown that CXCR3 is
449 important for the migration of antigen-specific effector CD4+ T cells to both the
450 respiratory tract and lung parenchyma during the acute phase of respiratory viral
451 infection [Ошибка! Источник ссылки не найден.].

452 Chemokines **CCL2, CXCL2, CXCL12, CCL19, CXCL13, CCL8, CCL25,**
453 **CCL27, CCL20,** and **CXCL3** primarily function in chemotaxis, typically directing
454 immune cells to sites of inflammation [Ошибка! Источник ссылки не найден.].
455 As such, they are involved in regulating immune responses and inflammatory
456 processes [Ошибка! Источник ссылки не найден.]. Some of these chemokines
457 are expressed in various tissues, including bone marrow, thymus, spleen, and lymph
458 nodes [Ошибка! Источник ссылки не найден.], and play a role in maintaining

459 the homeostasis of specific systems in the human body, such as the bone marrow
460 **[Ошибка! Источник ссылки не найден.]**.

461 The second major functional group among the ranked CGs are genes
462 associated with G-proteins, which play a crucial role in cellular signaling and may
463 influence viral entry and spread **[Ошибка! Источник ссылки не найден.]**. The
464 G-protein subunits **GNAI1** and **GNAI2** are involved in transmitting signals from
465 various receptors into intracellular effects. Proteins **GNA13** and **GPR18** are less
466 studied compared to their predecessors but have been shown to participate in signal
467 transmission via G-proteins, regulating various cellular functions, including
468 migration and cellular survival. High expression levels of these genes may be linked
469 to their role in multiple signaling pathways that regulate immune system functions,
470 including chemotaxis **[Ошибка! Источник ссылки не найден., Ошибка!**
471 **Источник ссылки не найден.]**.

472 The protein **GPER1**, also known as **GPR30**, plays a significant role in various
473 physiological and pathological processes, primarily performing protective functions
474 such as anti-tumor and anti-inflammatory effects **[Ошибка! Источник ссылки**
475 **не найден.]**. It is difficult to pinpoint the exact reasons for its low expression in
476 whole blood, as most studies focus on its specific influences on particular processes.

477 Two other genes with low expression in whole blood are **S1PR2** and **S1PR3**.
478 Among the five known GPCRs with high affinity for **S1P** (sphingosine-1-phosphate,
479 a signaling lipid), types 1, 2, and 3 are predominantly expressed in cardiovascular
480 tissues. **S1PR2** and **S1PR3** are involved in regulating cell migration and vascular
481 tone, which explains their low expression in blood, although expression levels
482 increase during inflammation **[Ошибка! Источник ссылки не найден.]**.

483 Additionally, the protein **S1PR5** is present in the analyzed group, but with
484 low expression in the small intestine. Unlike **S1PR2** and **S1PR3**, **S1PR5** is
485 characteristic of the immune and nervous systems **[Ошибка! Источник ссылки**
486 **не найден.]**. It is expressed in whole blood, but its low expression in the small

487 intestine may be explained by its more significant functions in the central nervous
488 system and other tissues.

489 Among the group associated with G-proteins, special attention should be
490 given to the receptors involved in two signaling pathways (OXER1, HCAR2/3). The
491 **OXER1** protein is a receptor for oxo-eicosanoids, which are involved in
492 inflammatory and immune responses. High expression in tissues may be related to
493 their role in regulating these processes. For example, in the lungs and intestines,
494 **OXER1** helps protect against infections and inflammation, while in the spleen and
495 blood, it plays a role in immune cell mobilization and function [**Ошибка!**
496 **Источник ссылки не найден.**].

497 The **HCAR2** and **HCAR3** proteins are associated with inflammatory
498 conditions, such as Crohn's disease and ulcerative colitis, where they participate in
499 recruiting innate immune cells and differentiating Th-17 cells, respectively
500 [**Ошибка! Источник ссылки не найден.**]. They exhibit low expression in the
501 small intestine. However, their functions may be more significant in other tissues,
502 such as the skin and brain, where they regulate inflammatory processes and energy
503 metabolism.

504 The third group includes chemokines that do not share a common functional
505 role or belong to the same protein family. The protein annexin A1 (ANXA1) plays
506 an important role in regulating inflammation and immune responses. High
507 expression of ANXA1 in various tissues may be associated with its function in
508 suppressing inflammatory processes and tissue repair. This is especially important
509 in the lungs and intestines, which are frequently exposed to external agents
510 [**Ошибка! Источник ссылки не найден.**]. ANXA1 ranks fourth in terms of
511 significance due to its high expression profile matching the background genes, as
512 well as its involvement in similar biological processes. However, its mechanism of
513 interaction with background chemokine receptors requires clarification to
514 understand its potential impact on HIV attachment and/or the development of
515 infectious processes.

516 The protein HEBP1, in this case, is an exception to the other genes presented.
517 It is involved in heme metabolism and may play a role in regulating cell growth and
518 survival. High expression of HEBP1 in these tissues may be associated with the need
519 to regulate heme levels and prevent its toxic effects, especially in tissues with high
520 metabolic activity and frequent inflammatory processes [**Ошибка! Источник**
521 **ссылки не найден.**].

522 The receptor FPR3 is expressed in monocytes and dendritic cells, but not in
523 neutrophils. It is located in intracellular vesicles rather than on the cell surface,
524 unlike other FPR group receptors [**Ошибка! Источник ссылки не найден.**]. This
525 group of receptors is involved in chemotaxis and immune cell activation, but FPR3
526 is less studied compared to others, making it difficult to explain the reason for its
527 expression level in the blood.

528 The receptors ADRA2A and ADRA2C regulate vascular tone and the
529 sympathetic nervous system [**Ошибка! Источник ссылки не найден.**], which is
530 less significant for circulating blood cells compared to other background tissues
531 [**Ошибка! Источник ссылки не найден.**].

532 Receptors TAS2R5, TAS2R14, TAS2R46, TAS2R4, and TAS2R20 are
533 involved in taste perception and possibly in modulating inflammatory responses
534 [**Ошибка! Источник ссылки не найден.**]. The functional roles of this group of
535 receptors, aside from their role in sensory taste perception, are poorly studied, and it
536 is currently difficult to explain the expression levels of these genes.

537 It is noteworthy that for most of the chemokine genes presented, low
538 expression levels were found in tissues where their expression increases during an
539 immune response to inflammation or infection. In the context of HIV infection,
540 where immune response activation is observed, the interaction between these genes
541 becomes more likely, and their potential interactions with each other may influence
542 the infectious process. However, if interaction occurs only during the immune
543 response, established interactions between the background genes (BGs) and CGs
544 may be absent, or if they do occur, they may be random.

545 In conclusion, analysis of the expression and localization of CGs, as well as
546 their potential participation in various immune processes and biological pathways,
547 identified promising CGs that may play a role in the pathogenesis of HIV infection.
548 A limitation of our study is the indirect nature of the link between the identified CGs
549 and the course of HIV infection. The results of this study confirm the need for further
550 investigation into the functional roles and interactions of CGs in the pathogenesis of
551 HIV infection. This will deepen the understanding of the molecular mechanisms
552 underlying the disease and lead to the development of new therapeutic strategies.

553

554 **Conclusion**

555 In the course of the study, candidate genes potentially associated with
556 chemokine coreceptors and, consequently, with viral attachment to the cell, were
557 analyzed. These genes may play a key role in regulating immune responses and
558 maintaining homeostasis in the body, especially in important organs such as the
559 lungs, intestines, spleen, and blood. Some of the identified genes are involved in the
560 regulation of inflammatory processes, immune cell migration, and the maintenance
561 of barrier functions in various tissues. The potential link between genes associated
562 with neurotransmitters and neuropeptides and the pathogenesis of HIV infection
563 deserves special attention.

564 The detected correlations suggest the probable involvement of many of the
565 identified candidate genes in complex signaling pathways that regulate immune
566 responses and inflammation. The presence of positive correlations between
567 chemokine receptors and other proteins may indicate the complex interaction of
568 immune and neuronal processes in the context of HIV infection. The results of the
569 analysis emphasize the importance of further studying the genetic and molecular
570 mechanisms influencing the course of HIV infection.

571

572 **Funding:** This research was supported by Russian Science Foundation grant
573 24-25-00479 (Assessing the potential significance of host genetic factors in human
Russian Journal of Infection and Immunity

574 immunodeficiency virus infection and disease progression <https://rscf.ru/project/24->
575 [25-00479/](https://rscf.ru/project/24-25-00479/)). (**Финансирование.** Исследование выполнено за счет гранта
576 Российского научного фонда № 24-25-00479 от 29 декабря 2023 года по теме
577 «Оценка потенциальной значимости генетических факторов хозяина в
578 инфицировании вирусом иммунодефицита человека и развитии заболевания».
579 <https://rscf.ru/project/24-25-00479/>)

580

581 **Conflict of Interest:** The authors declare no conflict of interest.

ТАБЛИЦЫ

Table 1. The main functional groups of candidate genes.

Таблица 1. Основные функциональные группы ГК.

Functional group	Genes
Chemokines and their receptors	<i>CCL5, CCL8, CCL7, CCL2, CCL16, CCL27, CCL25, CCL20, CCL19, CXCL12, CXCL3, CXCL13, CXCL2, CCR7, CCR10, CCR9, CXCR5, CXCR3, CXCR6, ACKR3</i>
G-proteins and associated receptors, including serpentine receptors	<i>GNAI2, GNAI1, GNA13, S1PR5, S1PR3, S1PR2, GPR18, HCAR2, HCAR3, HCAR1, OXGR1, GPER1, OXER1</i>
Taste receptors	<i>TAS2R (TAS2R46, TAS2R43, TAS2R40, TAS2R30, TAS2R9, TAS2R3, TAS2R16, TAS2R4, TAS2R1, TAS2R39, TAS2R50, TAS2R20, TAS2R38, TAS2R13, TAS2R60, TAS2R8, TAS2R14, TAS2R10, TAS2R5, TAS2R31, TAS2R42, TAS2R7, TAS2R41, TAS2R19</i>
Neuropeptide and neurotransmitter receptors	<i>NPY5R, NPY1R, GALR2, GALR3, GALR1, HTR1F, HTR5A, HTR1D, HTR1E, HTR1A, HRH3, HRH4, OPRK1, FPR3, CHRM2</i>
Adrenergic receptors	<i>ADRA2B, ADRA2A, ADRA2C</i>
Purinergic receptors	<i>P2RY13, P2RY4, P2RY14</i>
Somatostatin receptors	<i>SSTR4, SSTR2, SSTR5, SSTR1, SSTR3</i>
Peptide receptors	<i>NPBWR1, NPBWR2, NPW, PPY, PYY, APLN, PENK, PDYN, PNOC, SST</i>
Receptors not included in the above groups	<i>SUCNR1, TMIGD3, RXFP3, RXFP4</i>
Functionally significant non-receptor type proteins	<i>ANXA1, HEBP1</i>

Table 2. Participation of BG and CG in biological processes according to GENE2FUNC. Results are ranked by level of evidential significance. The items include processes with the presence of chemokine receptor genes (CCR5, CXCR4, CCR2, CD4) or processes related to viral activity.

Rank	Participation	Genes	P-value
1	G-protein-coupled receptor (GPCR) signaling pathway	<i>HTR1D, RXFP4, OXER1, ADRA2B, CXCR4, CCL20, ACKR3, CCR9, CXCR6, CCR2, CCR5, GNAI2, HTR1F, P2RY14, P2RY13, SUCNR1, SST, ADRA2C, NPY1R, NPY5R, TAS2R1, RXFP3, HTR1A, HTR1E, GPER1, NPY, GNAI1, TAS2R16, CHRM2, TAS2R3, TAS2R4, TAS2R5, TAS2R38, TAS2R39, TAS2R40, TAS2R60, TAS2R41, HTR5A, PNOC, NPBWR1, OPRK1, PENK, CCL19, ANXA1, SIPR3, CXCL12, ADRA2A, PTGDR2, CXCR5, TAS2R7, TAS2R8, TAS2R9, TAS2R10, TAS2R13, TAS2R14, TAS2R50, TAS2R20, TAS2R19, TAS2R31, TAS2R46, TAS2R43, TAS2R30, TAS2R42, HCAR1, HCAR2, HCAR3, OXGR1, GPR18, SSTR1, SSTR5, NPW, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCR10, PPY, PYY, GNA13, SSTR2, GALR2, HRH4, GALR1, CCL25, SIPR2, SIPR5, FPR3, PDYN, SSTR4, HRH3, NPBWR2, SSTR3, GALR3, P2RY4, CXCR3, APLN</i>	4.77e-123
2	Chemokine signaling pathway	<i>CXCR4, CCL20, ACKR3, CCR9, CXCR6, CCR2, CCR5, CXCL3, CXCL13, CCL19, CXCL12, CXCR5, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCR10, CCL25, CXCR3</i>	1.03e-30
3	Leukocyte chemotaxis	<i>CXCR4, CCL20, CCR2, CCR5, CXCL3, CXCL13, CCL19, ANXA1, CXCL12, CXCR5, GPR18, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCL25</i>	6.44e-18
4	Cellular chemotaxis	<i>CXCR4, CCL20, CCR2, CCR5, CXCL3, CXCL13, CCL27, CCL19, ANXA1,</i>	2.98e-17

Rank	Participation	Genes	P-value
		<i>CXCL12, CXCR5, GPR18, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCL25</i>	
5	Taxis	<u>CXCR4</u> , <i>CCL20, CCR9, <u>CCR2</u>, <u>CCR5</u>, SUCNR1, CXCL3, CXCL13, CCL27, CCL19, ANXA1, CXCL12, PTGDR2, CXCR5, GPR18, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCL25, FPR3, CXCR3</i>	4.47e-17
6	Cytokine-mediated signaling pathway	<u>CXCR4</u> , <i>CCL20, ACKR3, CCR9, CXCR6, <u>CCR2</u>, <u>CCR5</u>, CXCL3, CXCL13, CCL19, CXCL12, CXCR5, <u>CD4</u>, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCR10, CCL25, CXCR3</i>	6.01e-17
7	Locomotion	<i>HTR1D, <u>CXCR4</u>, CCL20, ACKR3, CCR9, <u>CCR2</u>, <u>CCR5</u>, GNAI2, SUCNR1, SST, CXCL3, CXCL13, GPER1, OPRK1, CCL27, CCL19, ANXA1, CXCL12, ADRA2A, PTGDR2, CXCR5, GPR18, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, GNA13, CCL25, SIPR2, FPR3, CXCR3</i>	1.46e-16
8	Leukocyte migration	<u>CXCR4</u> , <i>CCL20, <u>CCR2</u>, <u>CCR5</u>, CXCL3, CXCL13, CCL19, ANXA1, CXCL12, CXCR5, GPR18, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCL25, CXCR3</i>	2.43e-15
9	Inflammatory response	<u>CXCR4</u> , <i>CCL20, CXCR6, <u>CCR2</u>, <u>CCR5</u>, SUCNR1, CXCL3, CXCL13, NPY5R, GPER1, NPY, CCL19, ANXA1, SIPR3, ADRA2A, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, HRH4, CCL25, FPR3, CXCR3</i>	4.66e-15
10	Mononuclear cell migration	<u>CXCR4</u> , <i>CCL20, <u>CCR2</u>, <u>CCR5</u>, CXCL13, CCL19, ANXA1, CXCL12, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCL25</i>	4.70e-15
11	Immune response	<u>CXCR4</u> , <i>CCL20, ACKR3, CCR9, CXCR6, <u>CCR2</u>, <u>CCR5</u>, SUCNR1, CXCL3, CXCL13, NPY5R, GPER1, NPY, OPRK1, CCL27, CCL19, ANXA1, CXCL12, PTGDR2, CXCR5, <u>CD4</u>, CCL2, CCL7, CCL8, CCL5, CCL16, CCR7, CCR10, CCL25, FPR3, CXCR3, APLN</i>	3.15e-14

Rank	Participation	Genes	P-value
12	Response to organic cyclic compounds	<i>HTR1D</i> , <u>CXCR4</u> , <u>CCR5</u> , <i>HTR1F</i> , <i>P2RY13</i> , <i>SST</i> , <i>HTR1A</i> , <i>HTR1E</i> , <i>GPER1</i> , <i>GNAI1</i> , <i>CHRM2</i> , <i>HTR5A</i> , <i>OPRK1</i> , <i>PENK</i> , <i>ANXA1</i> , <i>SSTR1</i> , <i>SSTR5</i> , <i>CCL2</i> , <i>CCL5</i> , <i>SSTR2</i> , <i>HRH4</i> , <i>SSTR4</i> , <i>HRH3</i> , <i>SSTR3</i> , <i>P2RY4</i>	3.87e-14
13	Response to cytokines	<u>CXCR4</u> , <i>CCL20</i> , <i>ACKR3</i> , <i>CCR9</i> , <i>CXCR6</i> , <u>CCR2</u> , <u>CCR5</u> , <i>CXCL3</i> , <i>CXCL13</i> , <i>GPER1</i> , <i>CCL19</i> , <i>ANXA1</i> , <i>CXCL12</i> , <i>CXCR5</i> , <u>CD4</u> , <i>SSTR1</i> , <i>CCL2</i> , <i>CCL7</i> , <i>CCL8</i> , <i>CCL5</i> , <i>CCL16</i> , <i>CCR7</i> , <i>CCR10</i> , <i>CCL25</i> , <i>CXCR3</i>	4.38e-14
14	Response to oxygen-containing compounds	<i>HTR1D</i> , <u>CXCR4</u> , <u>CCR5</u> , <i>GNAI2</i> , <i>HTR1F</i> , <i>SUCNR1</i> , <i>SST</i> , <i>CXCL3</i> , <i>CXCL13</i> , <i>HTR1A</i> , <i>HTR1E</i> , <i>GPER1</i> , <i>GNAI1</i> , <i>CHRM2</i> , <i>HTR5A</i> , <i>OPRK1</i> , <i>PENK</i> , <i>CCL19</i> , <i>ANXA1</i> , <i>CXCL12</i> , <i>ADRA2A</i> , <i>SSTR1</i> , <i>CCL2</i> , <i>CCL7</i> , <i>CCL5</i> , <i>CCR7</i> , <i>SSTR2</i> , <i>HRH4</i> , <i>HRH3</i> , <i>SSTR3</i> , <i>P2RY4</i>	3.46e-12
15	Cell motility	<u>CXCR4</u> , <i>CCL20</i> , <i>ACKR3</i> , <u>CCR2</u> , <u>CCR5</u> , <i>GNAI2</i> , <i>SST</i> , <i>CXCL3</i> , <i>CXCL13</i> , <i>GPER1</i> , <i>CCL27</i> , <i>CCL19</i> , <i>ANXA1</i> , <i>CXCL12</i> , <i>ADRA2A</i> , <i>CXCR5</i> , <i>GPR18</i> , <i>CCL2</i> , <i>CCL7</i> , <i>CCL8</i> , <i>CCL5</i> , <i>CCL16</i> , <i>CCR7</i> , <i>GNAI3</i> , <i>CCL25</i> , <i>S1PR2</i> , <i>SSTR4</i> , <i>CXCR3</i>	3.35e-10
16	Chemotaxis of dendritic cells	<u>CXCR4</u> , <u>CCR2</u> , <u>CCR5</u> , <i>CCL19</i> , <i>CCL5</i> , <i>CCR7</i>	1.07e-9
17	Migration of dendritic cells	<u>CXCR4</u> , <u>CCR2</u> , <u>CCR5</u> , <i>CCL19</i> , <i>CCL5</i> , <i>CCR7</i>	5.05e-9
18	Calcium ion transport	<u>CXCR4</u> , <u>CCR5</u> , <i>GNAI2</i> , <i>GPER1</i> , <i>CCL19</i> , <i>CXCL12</i> , <i>ADRA2A</i> , <u>CD4</u> , <i>CCL2</i> , <i>CCL8</i> , <i>CCL5</i> , <i>CCR7</i>	3.69e-7
19	Transport of monatomic ions	<u>CXCR4</u> , <u>CCR2</u> , <u>CCR5</u> , <i>GNAI2</i> , <i>HTR1A</i> , <i>GPER1</i> , <i>OPRK1</i> , <i>CCL19</i> , <i>CXCL12</i> , <i>ADRA2A</i> , <u>CD4</u> , <i>CCL2</i> , <i>CCL8</i> , <i>CCL5</i> , <i>CCR7</i> , <i>GALR2</i> , <i>HRH3</i> , <i>P2RY4</i>	2.73e-6
20	Biological processes related to interspecies interaction between organisms	<u>CXCR4</u> , <i>CCL20</i> , <u>CCR5</u> , <i>CXCL3</i> , <i>CXCL13</i> , <i>GPER1</i> , <i>CHRM2</i> , <i>OPRK1</i> , <i>PENK</i> , <i>CCL19</i> , <i>ANXA1</i> , <i>CXCL12</i> , <u>CD4</u> , <i>CCL2</i> , <i>CCL7</i> , <i>CCL8</i> , <i>CCL5</i> , <i>CCL16</i> , <i>CCR7</i> , <i>CCL25</i>	8.26e-6

Rank	Participation	Genes	P-value
21	Homeostatic processes	<u>CXCR4</u> , <u>CCR2</u> , <u>CCR5</u> , <i>GNAI2</i> , <i>SUCNR1</i> , <i>GPER1</i> , <i>NPY</i> , <i>OPRK1</i> , <i>CCL19</i> , <i>ANXA1</i> , <i>CXCL12</i> , <i>ADRA2A</i> , <i>HCAR2</i> , <i>SSTR5</i> , <i>CCL2</i> , <i>CCL7</i> , <i>CCL8</i> , <i>CCL5</i> , <i>CCR7</i> , <i>P2RY4</i>	1.54e-5
22	Transport of monovalent cations	<u>CXCR4</u> , <u>CCR5</u> , <i>GNAI2</i> , <i>GPER1</i> , <i>OPRK1</i> , <i>CCL19</i> , <i>CXCL12</i> , <i>ADRA2A</i> , <u>CD4</u> , <i>CCL2</i> , <i>CCL8</i> , <i>CCL5</i> , <i>CCR7</i> , <i>GALR2</i>	1.00e-4
23	Response to virus	<u>CXCR4</u> , <i>CHRM2</i> , <i>OPRK1</i> , <i>PENK</i> , <i>CCL19</i> , <i>CXCL12</i> , <i>CCL8</i> , <i>CCL5</i>	2.41e-4
24	Viral life cycle	<u>CXCR4</u> , <i>CXCR6</i> , <u>CCR5</u> , <u>CD4</u> , <i>CCL2</i> , <i>CCL8</i> , <i>CCL5</i>	3.51e-4
25	Calcium ion-mediated signaling	<u>CXCR4</u> , <i>CCL20</i> , <u>CCR5</u> , <i>PTGDR2</i> , <u>CD4</u>	1.05e-3
26	Signaling mediated by second messengers	<u>CXCR4</u> , <i>CCL20</i> , <u>CCR5</u> , <i>GNAI1</i> , <i>PTGDR2</i> , <u>CD4</u>	1.34e-3
27	Viral processes	<u>CXCR4</u> , <i>CXCR6</i> , <u>CCR5</u> , <u>CD4</u> , <i>CCL2</i> , <i>CCL8</i> , <i>CCL5</i>	1.85e-3

Table 3. Candidate gene ranking by subcategory and total score (threshold = 2). Genes are listed in descending order of candidate significance rank.

Gene	Expression	Localization	Pathways	Processes	Additional Points	Total
CXCR3	1.14	0	2.49	1.14	3	7.77
CCR7	1.64	0	1.17	0.96	3	6.77
FPR3	1.58	0	1.54	0.63	3	6.74
ANXA1	3.84	0	0	0.58	2	6.42
GNAI2	4.00	0	0	0.26	2	6.26
ACKR3	3.28	0	0	0.76	2	6.04
CCL2	2.88	0	0	1.07	2	5.95
CXCL12	3.01	0	0	0.91	2	5.93
CXCR6	1.05	0	0.75	1.03	3	5.83
CCR9	0.41	0	1.54	0.85	3	5.80
GNAI1	3.24	0	0	0.35	2	5.58
GPER1	2.86	0	0	0.53	2	5.39
CCL19	2.48	0	0	0.91	2	5.39
CXCR5	0.79	0	0.65	0.93	3	5.37
OPRK1	0	0.27	1.54	0.47	3	5.28
NPY5R	0.41	0	1.54	0.11	3	5.07
GPR18	0.96	0	0.52	0.51	3	4.99
CCR10	0.22	0	0.94	0.82	3	4.99
GALR2	0.03	0	1.54	0.23	3	4.81
ADRA2A	2.43	0	0	0.11	2	4.53
GNA13	4.00	0	0	0	0	4.00
HEBP1	3.96	0	0	0	0	3.96
HCAR3	1.43	0	0	0.27	2	3.70
CXCL13	0.88	0	0	0.81	2	3.69
HTR5A	0.07	0.44	0	0.18	3	3.68
GALR3	0	0	1.54	0.07	2	3.61
CCL20	0.84	0	0	0.76	2	3.60
HTR1D	0.28	0.28	0	0.04	3	3.59
CXCL3	0.53	0	0	1.02	2	3.55
CCL8	0.50	0	0	1.05	2	3.55
SSTR3	0	0	1.54	0.01	2	3.55
NPY1R	1.32	0	0	0.14	2	3.46

Gene	Expression	Localization	Pathways	Processes	Additional Points	Total
TAS2R14	1.15	0	0	0.14	2	3.29
TAS2R5	1.15	0	0	0.13	2	3.28
SUCNR1	0.49	0	0	0.74	2	3.23
SST	0.83	0	0	0.40	2	3.22
CCL25	0.44	0	0	0.62	2	3.06
SSTR1	0.87	0	0	0.17	2	3.04
NPY	0.79	0	0	0.16	2	2.95
PTGDR2	0.49	0	0	0.42	2	2.91
PNOC	0.67	0	0	0.18	2	2.85
CCL27	0.09	0	0	0.74	2	2.83
PENK	0.19	0	0	0.54	2	2.73
CXCL2	2.63	0	0	0	0	2.63
HRH4	0	0.28	0	0.28	2	2.56
ADRA2C	2.54	0	0	0	0	2.54
OXER1	2.53	0	0	0	0	2.53
S1PR3	2.53	0	0	0	0	2.53
HTR1F	0	0.28	0	0.23	2	2.50
S1PR2	2.48	0	0	0	0	2.48
HTR1E	0	0.28	0	0.11	2	2.39
PDYN	0.21	0	0	0.18	2	2.39
OXGR1	0.01	0	0	0.27	2	2.28
CHRM2	0.17	0	0	0.06	2	2.22
TAS2R20	0.07	0	0	0.14	2	2.21

РИСУНКИ

Figure 1. Study design.

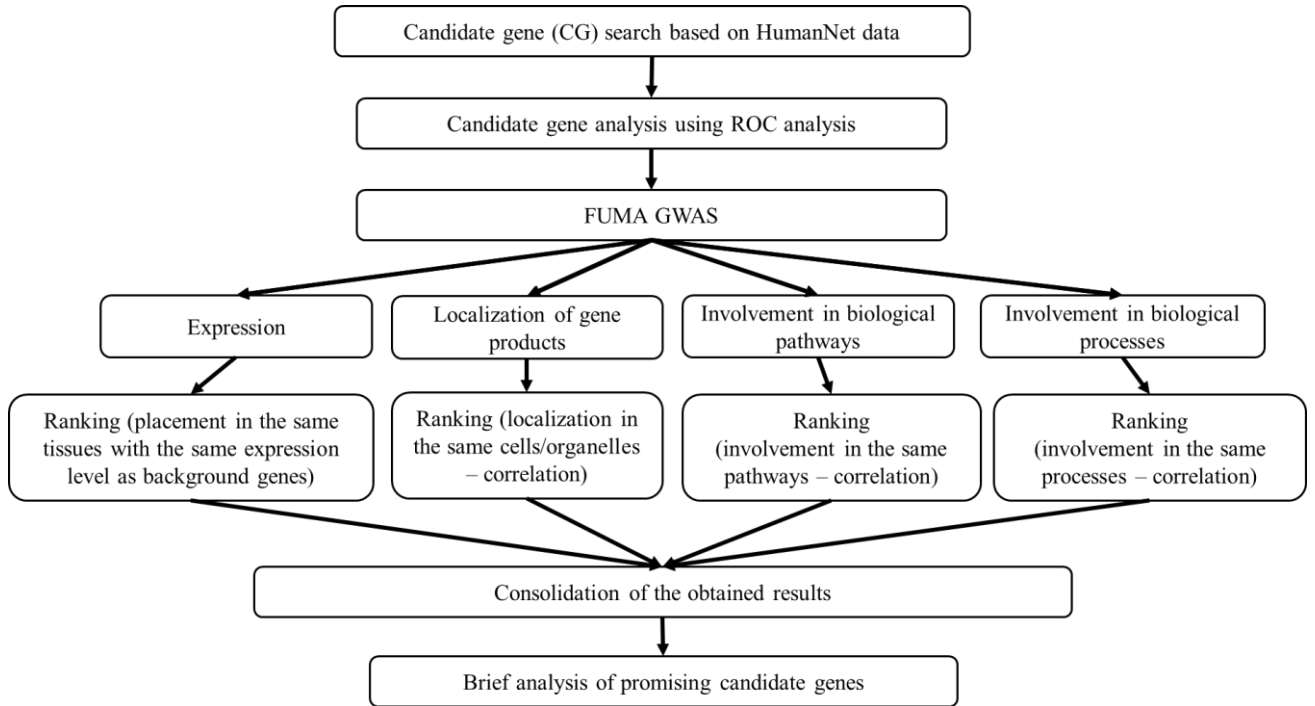


Figure 2. AUROC prediction of identified HumanNet candidate genes, calculated relative to background genes (CCR5, CXCR4, CD4, CCR2) with a false-positive rate cutoff of 1%.

ROC Analysis
AUROC: 0.9972

AUROC (FPR < 1%): 7.473e-3

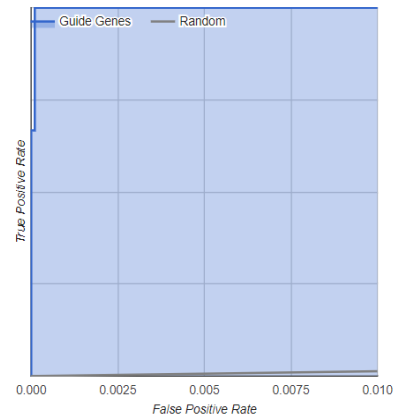
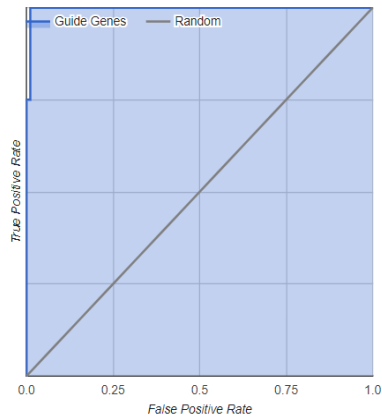


Figure 3. Tissue-specific expression map for background genes (CCR5, CXCR4, CD4, CCR2) and candidate genes (CGs). CCR5, CXCR4, CD4, and CCR2 are highlighted with a red border.

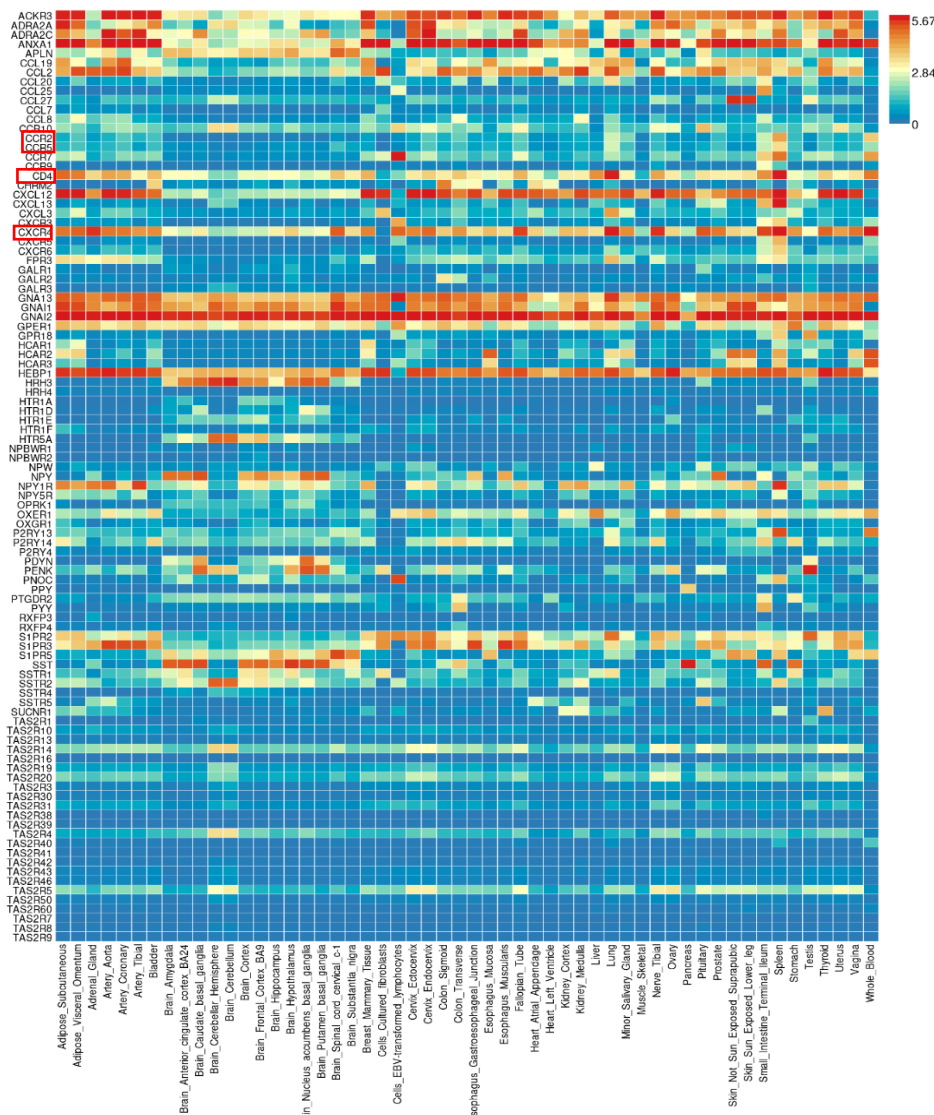


Figure 4. Localization of gene products. Candidate genes (CGs) are presented along the horizontal axis, while cell types and/or their structures are on the vertical axis. Background genes (CCR5, CXCR4, CD4, CCR2) are marked with a red border.

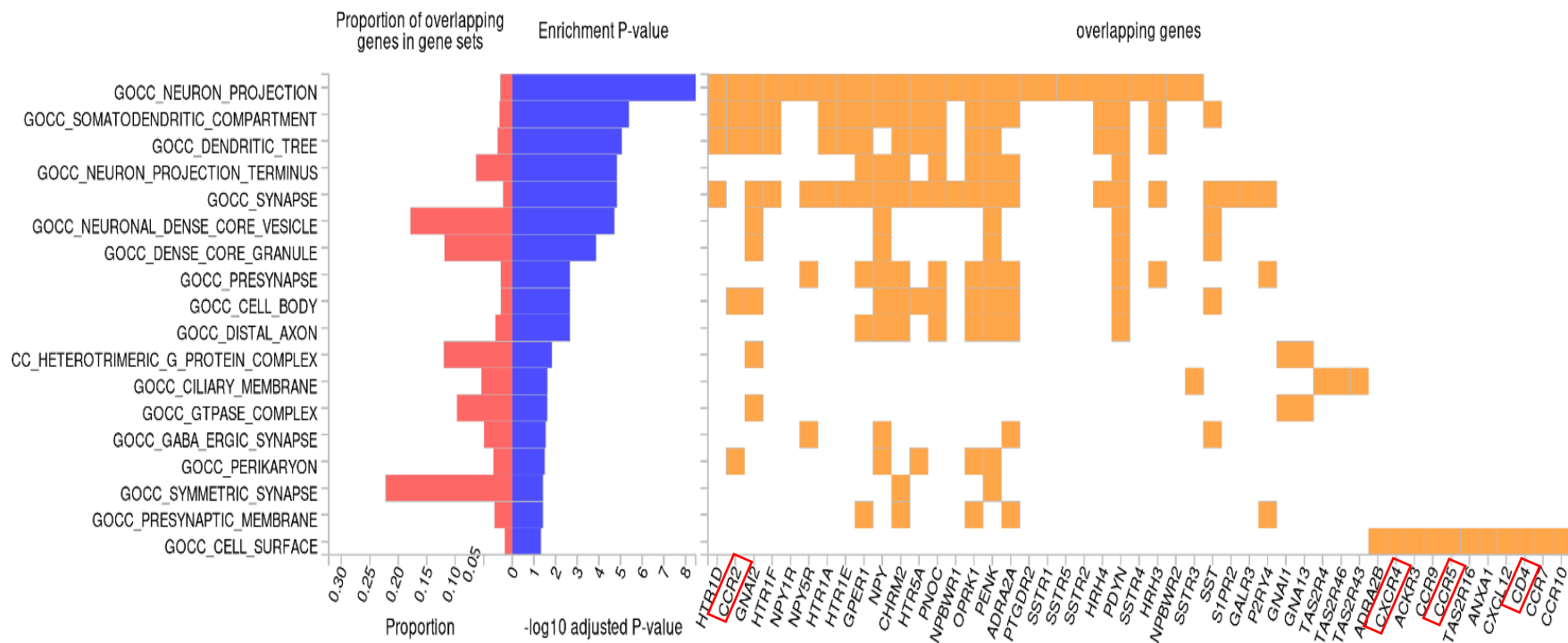
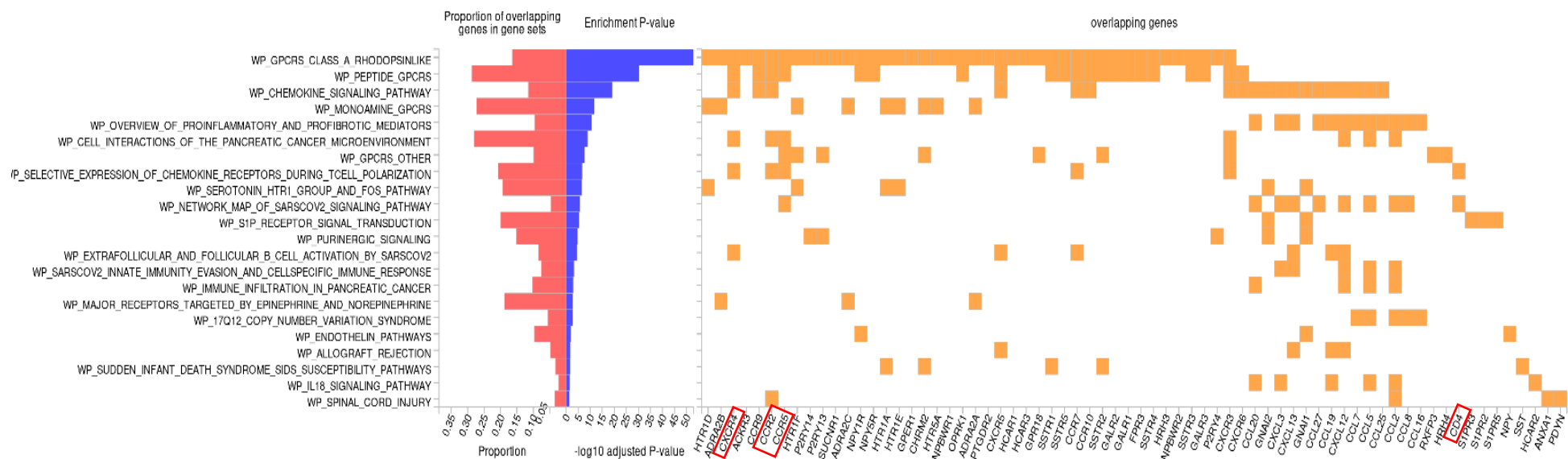


Figure 5. Biological pathway annotation for BG, CG, their proteins, and metabolites ($p < 0.05$). CG are represented on the horizontal axis; biological pathways are on the vertical axis. BG (CCR5, CXCR4, CD4, CCR) are marked. Analysis obtained in GENE2FUNC mode using WikiPathways data.



ТИТУЛЬНЫЙ ЛИСТ_МЕТАДААННЫЕ

Блок 1. Информация об авторе ответственном за переписку

Davydenko V. S. - Junior Researcher, Laboratory of immunology and virology HIV Infection, Postgraduate Student St. Petersburg Pasteur Institute, St. Petersburg, Russian Federation;

telephone: 8(962)108-69-07;

ORCID: 0000-0003-0078-9681;

e-mail: vladimir_david@mail.ru

Давыденко Владимир Сергеевич – младший научный сотрудник лаборатории иммунологии и вирусологии ВИЧ-инфекции, аспирант ФБУН «Санкт-Петербургский НИИ эпидемиологии и микробиологии имени Пастера» Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека.

адрес: 197101, Санкт-Петербург, ул. Мира, д. 14;

телефон: 8(962)108-69-07;

ORCID: 0000-0003-0078-9681;

e-mail: vladimir_david@mail.ru

Блок 2. Информация об авторах

Ostankova Yu. V. – PhD (in Biology), Head of the Laboratory of immunology and virology HIV-Infection, Senior Researcher at the Laboratory of Molecular Immunology St. Petersburg Pasteur Institute, St. Petersburg, Russian Federation;

telephone: 8(921)353-81-73;

ORCID: [0000-0003-2270-8897](https://orcid.org/0000-0003-2270-8897);

e-mail: shennal@yandex.ru

Останкова Юлия Владимировна - к.б.н., заведующая лабораторией иммунологии и вирусологии ВИЧ-инфекции, старший научный сотрудник лаборатории молекулярной иммунологии ФБУН «Санкт-Петербургский НИИ эпидемиологии и микробиологии имени Пастера» Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека;

адрес: 197101, Санкт-Петербург, ул. Мира, д. 14;

телефон: 8(921)353-81-73;

ORCID: [0000-0003-2270-8897](https://orcid.org/0000-0003-2270-8897);

e-mail: shennal@yandex.ru

Schemelev A.N. - Junior Researcher, Laboratory of immunology and virology HIV Infection St. Petersburg Pasteur Institute, St. Petersburg, Russian Federation;

telephones: 8(812)233-20-92 / 8(911)387-24-13;

ORCID: [0000-0002-3139-3674](https://orcid.org/0000-0002-3139-3674);

e-mail: tvildorm@gmail.com

Щемелев Александр Николаевич – младший научный сотрудник лаборатории иммунологии и вирусологии ВИЧ-инфекции ФБУН «Санкт-Петербургский НИИ эпидемиологии и микробиологии имени Пастера» Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека;

адрес: 197101, Санкт-Петербург, ул. Мира, д. 14;

телефоны: 8(812)233-20-92 / 8(911)387-24-13;

ORCID: [0000-0002-3139-3674](https://orcid.org/0000-0002-3139-3674);

e-mail: tvildorm@gmail.com

Anufrieva E. V. - Junior Researcher, Laboratory of immunology and virology HIV Infection, St. Petersburg Pasteur Institute, St. Petersburg, Russian Federation;

telephone: 8(812)233-20-92;

ORCID: 0009-0002-1882-529X;

e-mail: kate.an21@yandex.ru

Ануфриева Екатерина Владимировна – младший научный сотрудник лаборатории иммунологии и вирусологии ВИЧ-инфекции ФБУН «Санкт-Петербургский НИИ эпидемиологии и микробиологии имени Пастера» Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека;

адрес: 197101, Санкт-Петербург, ул. Мира, д. 14;

телефон: 8(812)233-20-92;

ORCID: 0009-0002-1882-529X;

e-mail: kate.an21@yandex.ru

Kushnareva V. V. – research laboratory assistant, Laboratory of Virology and Immunology HIV Infection, St. Petersburg Pasteur Institute, St. Petersburg, Russian Federation;

telephone: 8(918)691-59-77;

e-mail: anford60@gmail.com

Кушнарева Валерия Викторовна (Kushnareva Valeria) – лаборант-исследователь лаборатории иммунологии и вирусологии ВИЧ-инфекции

ФБУН «Санкт-Петербургский НИИ эпидемиологии и микробиологии имени Пастера» Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека

адрес: 197101, Санкт-Петербург, ул. Мира, д. 14;

телефон: 8(918)691-59-77;

e-mail: anford60@gmail.com

Totolian A. A. - academician of RAS, PhD, MD (Medicine), Professor, Head of the Laboratory of Molecular Immunology, Director of St. Petersburg Pasteur Institute; Head Department of Immunology, First St. Petersburg State Medical University named after Academician I.P. Pavlov. St. Petersburg, Russian Federation;

ORCID: 0000-0003-4571-8799;

e-mail: totolian@pasteurorg.ru

Тотолян Арег Артемович – академик РАН, д.м.н., профессор, заведующий лабораторией молекулярной иммунологии, директор ФБУН «Санкт-Петербургский НИИ эпидемиологии и микробиологии имени Пастера» Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека; заведующий кафедрой иммунологии Первого Санкт-Петербургского медицинского университета имени академика И.П. Павлова;

адрес: 197101, Санкт-Петербург, ул. Мира, д. 14;

ORCID: 0000-0003-4571-8799;

e-mail: totolian@pasteurorg.ru

Блок 3. Метаданные статьи

BIOINFORMATIC ANALYSIS OF THE RELATIONSHIPS BETWEEN
SPECIFIC HUMAN GENES ASSOCIATED WITH HIV ATTACHMENT
БИОИНФОРМАТИЧЕСКИЙ АНАЛИЗ ВЗАИМОСВЯЗЕЙ МЕЖДУ
СПЕЦИФИЧЕСКИМИ ГЕНАМИ ЧЕЛОВЕКА, АССОЦИИРОВАННЫМИ С
ПРИКРЕПЛЕНИЕМ ВИЧ

Сокращенное название статьи для верхнего колонтитула:

BIOINFORMATIC ANALYSIS OF HUMAN GENES LINKED TO HIV
ATTACHMENT

БИОИНФОРМАТИЧЕСКИЙ АНАЛИЗ ГЕНОВ ЧЕЛОВЕКА, СВЯЗАННЫХ С
ПРИКРЕПЛЕНИЕМ ВИЧ К КЛЕТКЕ.

Keywords: Human immunodeficiency virus, virus-host interaction, protein-protein interactions, candidate genes, *in silico*, CD4, CCR5, CXCR4, CCR2.

Ключевые слова: Вирус иммунодефицита человека, взаимодействие вирус-хозяин, белок-белковые взаимодействия, гены-кандидаты, *in silico*, CD4, CCR5, CXCR4, CCR2.

Оригинальные статьи.

Количество страниц текста – 20,

количество таблиц – 3,

количество рисунков – 5.

04.12.2024

СПИСОК ЛИТЕРАТУРЫ

Порядковый номер ссылки	Авторы, название публикации и источника, где она опубликована, выходные данные	Авторы, название публикации и источника на английском	Полный интернет-адрес (URL) цитируемой статьи
1	Aantaa R., Marjamäki A., Scheinin M. Molecular pharmacology of alpha 2-adrenoceptor subtypes. Ann. Med., 1995, vol. 27, no. 4, pp. 439-449		doi: 10.3109/07853899709002452.
2	Al-Ali H.N., Crichton S.J., Fabian C., Pepper C., Butcher D.R., Dempsey F.C., Parris C.N. A therapeutic antibody targeting annexin-A1 inhibits cancer cell growth in vitro and in vivo. Oncogene, 2024, vol. 43, no. 8, pp. 608-614.		doi: 10.1038/s41388-023-02919-9.
3	Alkhatib G., Berger E.A. HIV coreceptors: from discovery and designation to new paradigms and promise. Eur. J. Med. Res., 2007, vol. 12, no. 9, pp. 375-384. PMID: 17933717.		https://daignet.de/media/filer_public/42/f6/42f68de5-549a-4562-ad69-70aaaf919962/alkhatib.pdf

4	Alrumaihi F. The multi-functional roles of CCR7 in human immunology and as a promising therapeutic target for cancer therapeutics. <i>Front. Mol. Biosci.</i> , 2022, vol. 9, p. 834149.		doi: 10.3389/fmolb.2022.834149.
5	Apryatin S.A., Rakhmanaliev E.R., Nikolaeva I.A., Ruban S.V., Vazykhova F.G., Klimov E.A., Sulimova G.E., Sidorovich I.G. Comparison of CCR5del32 Mutation in the CCR5 Gene Frequencies in Russians, Tuvinians, and in Groups of HIV-Infected Individuals. <i>Russian Journal of Genetics</i> , 2005, vol. 41, pp. 1287–1290.		doi: 10.1007/s11177-005-0230-6.
6	Aseev M.V., Shawi A., Baranov V.S., Dean M. Population Frequencies of the CKR5 Mutant Allele of the Chemokine Receptor Gene Responsible for HIV Infection. <i>Russian Journal of Genetics</i> , 1997, vol. 33, no. 12, pp. 1475–1477.		https://www.elibrary.ru/item.asp?id=13258249
7	Brandum E.P., Jørgensen A.S., Rosenkilde M.M., Hjortø G.M. Dendritic cells and CCR7 expression: an important factor for autoimmune diseases, chronic inflammation, and cancer. <i>Int. J. Mol. Sci.</i> , 2021, vol. 22, no. 8340.		doi: 10.3390/ijms22158340.

8	Cannavo A., Liccardo D., Komici K., Corbi G., de Lucia C., Femminella G.D., Elia A., Bencivenga L., Ferrara N., Koch W.J., Paolocci N., Rengo G. Sphingosine kinases and sphingosine 1-phosphate receptors: signaling and actions in the cardiovascular system. <i>Front. Pharmacol.</i> , 2017, vol. 8, p. 556.		doi: 10.3389/fphar.2017.00556.
9	Clark-Lewis I., Kim K.S., Rajarathnam K., Gong J.H., Dewald B., Moser B., Baggiolini M., Sykes B.D. Structure-activity relationships of chemokines. <i>J. Leukoc. Biol.</i> , 1995, vol. 57, no. 5, pp. 703-711.		doi: 10.1002/jlb.57.5.703.
10	Collins P.J., McCully M.L., Martínez-Muñoz L., Santiago C., Wheeldon J., Caucheteux S., Thelen S., Cecchinato V., Laufer J.M., Purvanov V., Monneau Y.R., Lortat-Jacob H., Legler D.F., Uguccioni M., Thelen M., Piguet V., Mellado M., Moser B. Epithelial chemokine CXCL14 synergizes with CXCL12 via allosteric modulation of CXCR4. <i>FASEB J.</i> , 2017, vol. 31, no. 7, pp. 3084-3097.		doi: 10.1096/fj.201700013R.

11	Console-Bram L., Brailoiu E., Brailoiu G.C., Sharir H., Abood M.E. GPR18 and intracellular calcium, MAPK, β -arrestin. Br. J. Pharmacol., 2014, vol. 171, pp. 3908-3917.		doi: 10.1111/bph.12746.
12	Dattilo M., Neuman I., Muñoz M., Maloberti P., Cornejo Maciel F. OxeR1 regulates angiotensin II and cAMP-stimulated steroid production in human H295R adrenocortical cells. Mol. Cell. Endocrinol., 2015, vol. 408, pp. 38-44.		doi: 10.1016/j.mce.2015.01.040.
13	Feniger-Barish R., Belkin D., Zaslaver A., Gal S., Dori M., Ran M., Ben-Baruch A. GCP-2-induced internalization of IL-8 receptors: hierarchical relationships between GCP-2 and other ELR(+)-CXC chemokines and mechanisms regulating CXCR2 internalization and recycling. Blood, 2000, vol. 95, no. 5, pp. 1551-1559.		doi: 10.1182/blood.V95.5.1551.00 5a36_1551_1559.
14	Frade J.M., Llorente M., Mellado M., Alcamí J., Gutiérrez-Ramos J.C., Zaballos A., Real G., Martínez-A C. The amino-terminal domain of the CCR2 chemokine receptor acts as		doi: 10.1172/JCI119558

	coreceptor for HIV-1 infection. <i>J. Clin. Invest.</i> , 1997, vol. 100, no. 3, pp. 497-502.		
15	Gordon S.B., Read R.C. Macrophage defences against respiratory tract infections. <i>Br. Med. Bull.</i> , 2002, vol. 61, pp. 45-61.		doi: 10.1093/bmb/61.1.45.
16	Global HIV & AIDS statistics — Fact sheet / UNAIDS 2023 epidemiological estimates (access date: 08.05.2024)		https://www.unaids.org/en/resources/fact-sheet
17	Hernandez P.A., Gorlin R.J., Lukens J.N., Taniuchi S., Bohinjec J., Francois F., Klotman M.E., Diaz G.A. Mutations in the chemokine receptor gene CXCR4 are associated with WHIM syndrome, a combined immunodeficiency disease. <i>Nature Genetics</i> , 2003, vol. 34, no. 1, pp. 70–74.		doi: 10.1038/ng1149.
18	Ito Y., Grivel J.C., Chen S., Kiselyeva Y., Reichelderfer P., Margolis L. CXCR4-tropic HIV-1 suppresses replication of CCR5-tropic HIV-1 in human lymphoid tissue by selective induction of CC-chemokines. <i>J. Infect. Dis.</i> , 2004, vol. 189, no. 3, pp. 506-514. .		doi: 10.1086/381153

19	Ivanov S., Lagunin A., Filimonov D., Tarasova O. Network-based analysis of OMICs data to understand the HIV-host interaction. <i>Front. Microbiol.</i> , 2020, vol. 11, p. 1314.		doi: 10.3389/fmicb.2020.01314.
20	Juno J.A., Fowke K.R. Clarifying the role of G protein signaling in HIV infection: new approaches to an old question. <i>AIDS Rev.</i> , 2010, vol. 12, no. 3, pp. 164-176.		https://www.aidsreviews.com/get.php?x=2010_12_3_164-176.pdf&dp=0
21	Keiran N., Ceperuelo-Mallafre V., Calvo E., Hernández-Alvarez M.I., Ejarque M., Núñez-Roa C., Horrillo D., Maymó-Masip E., Rodríguez M.M., Fradera R., de la Rosa J.V., Jorba R., Megia A., Zorzano A., Medina-Gómez G., Serena C., Castrillo A., Vendrell J., Fernández-Veledo S. SUCNR1 controls an anti-inflammatory program in macrophages to regulate the metabolic response to obesity. <i>Nat Immunol.</i> , 2019, May, vol. 20, no. 5, pp. 581-592.		doi: 10.1038/s41590-019-0372-7
22	Kiertiburanakul S., Sungkanuparph S. Emerging of HIV drug resistance: epidemiology, diagnosis, treatment and prevention. <i>Curr. HIV Res.</i> , 2009, vol. 7, no. 3, pp. 273-278.		doi: 10.2174/157016209788347976.

23	Kim C.Y., Baek S., Cha J., Yang S., Kim E., Marcotte E.M., Hart T., Lee I. HumanNet v3: an improved database of human gene networks for disease research. <i>Nucleic Acids Res.</i> , 2022, vol. 50, no. D1, pp. D632-D639.		doi: 10.1093/nar/gkab1048.
24	Kim S.D., Kim J.M., Jo S.H., Lee H.Y., Lee S.Y., Shim J.W., Seo S.K., Yun J., Bae Y.S. Functional expression of formyl peptide receptor family in human NK cells. <i>J. Immunol.</i> , 2009, vol. 183, no. 9, pp. 5511-5517.		doi: 10.4049/jimmunol.0802986
25	Koenen J., Bachelerie F., Balabanian K., Schlecht-Louf G., Gallego C. Atypical chemokine receptor 3 (ACKR3): a comprehensive overview of its expression and potential roles in the immune system. <i>Mol. Pharmacol.</i> , 2019, vol. 96, no. 6, pp. 809-818.		doi: 10.1124/mol.118.115329.
26	Kohlmeier J.E., Cookenham T., Miller S.C., Roberts A.D., Christensen J.P., Thomsen A.R., Woodland D.L. CXCR3 directs antigen-specific effector CD4+ T cell migration to the		doi: 10.4049/jimmunol.0902022.

	lung during parainfluenza virus infection. <i>J. Immunol.</i> , 2009, vol. 183, no. 7, pp. 4378-4384.		
27	Kurnik D., Muszkat M., Friedman E.A., Sofowora G.G., Diedrich A., Xie H.G., Harris P.A., Choi L., Wood A.J., Stein C.M. Effect of the alpha2C-adrenoreceptor deletion322-325 variant on sympathetic activity and cardiovascular measures in healthy subjects. <i>J. Hypertens.</i> , 2007, vol. 25, no. 4, pp. 763-771.		doi: 10.1097/HJH.0b013e328017f6e9.
28	Mabrouk N., Tran T., Sam I., Pourmir I., Gruel N., Granier C., Pineau J., Gey A., Kobold S., Fabre E., Tartour E. CXCR6 expressing T cells: functions and role in the control of tumors. <i>Front. Immunol.</i> , 2022, vol. 13, p. 1022136.		doi: 10.3389/fimmu.2022.1022136.
29	Mabuka J.M., Mackelprang R.D., Lohman-Payne B., Majiwa M., Bosire R., John-Stewart G., Rowland-Jones S., Overbaugh J., Farquhar C. CCR2-64I polymorphism is associated with lower maternal HIV-1 viral load and reduced vertical HIV-1 transmission. <i>J. Acquir. Immune Defic. Syndr.</i> , 2009, vol. 51, no. 2, pp. 235-237.		doi: 10.1097/QAI.0b013e31819c155b.

30	Martens K., Steelant B., Bullens D.M.A. Taste receptors: the gatekeepers of the airway epithelium. <i>Cells</i> , 2021, vol. 10, no. 11, p. 2889.		doi: 10.3390/cells10112889.
31	McMyn N.F., Varriale J., Fray E.J., Zitzmann C., MacLeod H., Lai J., Singhal A., Moskovljevic M., Garcia M.A., Lopez B.M., Hariharan V., Rhodehouse K., Lynn K., Tebas P., Mounzer K., Montaner L.J., Benko E., Kovacs C., Hoh R., Simonetti F.R., Laird G.M., Deeks S.G., Ribeiro R.M., Perelson A.S., Siliciano R.F., Siliciano J.M. The latent reservoir of inducible, infectious HIV-1 does not decrease despite decades of antiretroviral therapy. <i>J. Clin. Invest.</i> , 2023, vol. 133, no. 17, p. e171554.		doi: 10.1172/JCI171554.
32	Na J., Zhou W., Yin M., Hu Y., Ma X. GNA13 promotes the proliferation and migration of lung squamous cell carcinoma cells through regulating the PI3K/AKT signaling pathway. <i>Tissue Cell</i> , 2022, vol. 76, p. 101795.		doi: 10.1016/j.tice.2022.101795.
33	Nemes B., Bölcskei K., Kecskés A., Kormos V., Gaszner B., Aczél T., Hegedüs D., Pintér E., Helyes Z., Sándor Z. Human		doi: 10.3390/ijms22073758.

	somatostatin SST4 receptor transgenic mice: construction and brain expression pattern characterization. <i>Int. J. Mol. Sci.</i> , 2021, vol. 22, no. 7, p. 3758.		
34	Ruckriegel S., Loris J., Wert K., Bauerschmitz G., Gallwas J., Gründker C. Knockdown of G Protein-coupled Estrogen Receptor 1 (GPER1) Enhances Tumor-supportive Properties in Cervical Carcinoma Cells. <i>Cancer Genomics Proteomics</i> , 2023, May-Jun, vol. 20, no. 3, pp. 281-297.		doi: 10.21873/cgp.20381.
35	Schafer C.T., Chen Q., Tesmer J.J.G., Handel T.M. Atypical chemokine receptor 3 "senses" CXC chemokine receptor 4 activation through GPCR kinase phosphorylation. <i>Mol. Pharmacol.</i> , 2023, vol. 104, no. 4, pp. 174-186. Epub 2023 Jul 20.		doi: 10.1124/molpharm.123.00071 0.
36	Schemelev A.N., Davydenko V.S., Ostankova Y.V., Reingardt D.E., Serikova E.N., Zueva E.B., Totolian A.A. Involvement of Human Cellular Proteins and Structures in Realization of the		doi: 10.3390/v16111682.

	HIV Life Cycle: A Comprehensive Review. <i>Viruses.</i> , 2024, vol. 16, no. 11, 1682.		
37	Shchemelev A.N., Ostankova Y.V., Zueva E.B., Semenov A.V., Totolian A.A. Detection of Patient HIV-1 Drug Resistance Mutations in Russia's Northwestern Federal District in Patients with Treatment Failure. <i>Diagnostics (Basel)</i> , 2022, vol. 12, no. 8, p. 1821.		doi: 10.3390/diagnostics12081821
38	Shimizu T., De Wispelaere A., Winkler M., D'Souza T., Caylor J., Chen L., Dastvan F., Deou J., Cho A., Larena-Avellaneda A., Reidy M., Daum G. Sphingosine-1-phosphate receptor 3 promotes neointimal hyperplasia in mouse iliac-femoral arteries. <i>Arterioscler. Thromb. Vasc. Biol.</i> , 2012, vol. 32, no. 4, pp. 955-961.		doi: 10.1161/ATVBAHA.111.241034.
39	Spathakis M., Dovrolis N., Filidou E., Kandilogiannakis L., Tarapatzi G., Valatas V., Drygiannakis I., Paspaliaris V., Arvanitidis K., Manolopoulos V.G., et al. Exploring microbial metabolite receptors in inflammatory bowel disease: an in silico		doi: 10.3390/ph17040492.

	analysis of their potential role in inflammation and fibrosis. Pharmaceuticals, 2024, vol. 17, no. 492.		
40	Steiniger B., Barth P., Hellinger A. The perifollicular and marginal zones of the human splenic white pulp: do fibroblasts guide lymphocyte immigration? Am. J. Pathol., 2001, vol. 159, no. 2, pp. 501-512.		doi: 10.1016/S0002-9440(10)61722-1.
41	Tsou C.L., Peters W., Si Y., Slaymaker S., Aslanian A.M., Weisberg S.P., Mack M., Charo I.F. Critical roles for CCR2 and MCP-3 in monocyte mobilization from bone marrow and recruitment to inflammatory sites. J. Clin. Invest., 2007, vol. 117, no. 4, pp. 902-909.		doi: 10.1172/JCI29919.
42	Van Op den Bosch J., Torfs P., De Winter B.Y., De Man J.G., Pelckmans P.A., Van Marck E., Grundy D., Van Nassauw L., Timmermans J.P. Effect of genetic SSTR4 ablation on inflammatory peptide and receptor expression in the non-inflamed and inflamed murine intestine. J. Cell. Mol. Med., 2009, vol. 13, no. 9B, pp. 3283-3295.		doi: 10.1111/j.1582-4934.2009.00760.x.

43	Wareing M.D., Lyon A.B., Lu B., Gerard C., Sarawar S.R. Chemokine expression during the development and resolution of a pulmonary leukocyte response to influenza A virus infection in mice. <i>Journal of Leukocyte Biology</i> , 2004, vol. 76, no. 4, pp. 886–895.		doi: 10.1189/jlb.1203644.
44	Xu Z., Gong L., Peng P., Liu Y., Xue C., Cao Y. Porcine enteric alphacoronavirus inhibits IFN- α , IFN- β , OAS, Mx1, and PKR mRNA expression in infected Peyer's patches in vivo. <i>Front. Vet. Sci.</i> , 2020, vol. 7, p. 449.		doi: 10.3389/fvets.2020.00449.
45	Yagensky O., Kohansal-Nodehi M., Gunaseelan S., Rabe T., Zafar S., Zerr I., Härtig W., Urlaub H., Chua J.J. Increased expression of heme-binding protein 1 early in Alzheimer's disease is linked to neurotoxicity. <i>Elife</i> , 2019, vol. 8, p. e47498.		doi: 10.7554/eLife.47498
46	Yan Y., Chen R., Wang X., Hu K., Huang L., Lu M., Hu Q. CCL19 and CCR7 expression, signaling pathways, and adjuvant functions in viral infection and prevention. <i>Front. Cell Dev. Biol.</i> , 2019, vol. 7, p. 212.		doi: 10.3389/fcell.2019.00212.