

Complete Genome Sequences of Eight Human Papillomavirus Type 16 Asian American and European Variant Isolates from Cervical Biopsies and Lesions in Indian Women

Paramita Mandal,^a Bornali Bhattacharjee,^a Shrinka Sen,^a Amrapali Bhattacharya,^a Rahul Roy Chowdhury,^b Nidhu Ranjan Mondal,^b Sharmila Sengupta^a

National Institute of Biomedical Genomics, Kalyani, West Bengal, India^a; Department of Gynecology, Saroj Gupta Cancer Centre and Research Institute, Kolkata, India^b
P.M. and B.B. contributed equally to this article.

Human papillomavirus type 16 (HPV16), a member of the *Papillomaviridae* family, is the primary etiological agent of cervical cancer. Here, we report the complete genome sequences of four HPV16 Asian American variants and four European variants, isolated from cervical biopsies and scrapings in India.

Received 12 March 2016 Accepted 4 April 2016 Published 19 May 2016

Citation Mandal P, Bhattacharjee B, Sen S, Bhattacharya A, Roy Chowdhury R, Mondal NR, Sengupta S. 2016. Complete genome sequences of eight human papillomavirus type 16 Asian American and European variant isolates from cervical biopsies and lesions in Indian women. *Genome Announc* 4(3):e00243-16. doi:10.1128/genomeA.00243-16.

Copyright © 2016 Mandal et al. This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/).

Address correspondence to Bornali Bhattacharjee, bb2@nibmg.ac.in, or Sharmila Sengupta, ssg1@nibmg.ac.in.

Human papillomavirus type 16 (HPV16), a member of the *Papillomaviridae* family, is phylogenetically clustered within the *Alphapapillomavirus* 9 species group and is predominantly associated with cervical cancer (CaCx) (1, 2). Corresponding to geographical regions, HPV16 is classified into five variant lineages (3–5), namely, European (E), Asian (A), Asian American (AA), African-1 (Af1), and African-2 (Af2).

In India, HPV16 has been found to be the most prevalent high-risk type associated with CaCx cases (6), and, in an earlier report from our laboratory, the presence of AA variants was confirmed for the first time along with E variants using Sanger sequencing (7–9).

Here, we report the complete genome sequences of four viral isolates belonging to the AA variant lineage and four viral isolates belonging to the E variant lineage, isolated from cervical biopsies and scrapings in India.

DNA was isolated from cervical specimens using the Qiagen DNA minikit (Qiagen, Germany) according to the manufacturer's instructions. HPV screening was carried out using broad range GP5+/GP6+ primer pairs, and the presence of HPV16 was confirmed by quantitative E6 PCR (10). Viral genomes were enriched using a 100-ng DNA template, two long-range overlapping primer

sets, and an Expand Long Template PCR enzyme mix (Roche, Switzerland). The amplicons were purified, quantitated, and mixed in equimolar proportions to generate 1 μ g of starting material. The pooled amplicons were subsequently sheared to low molecular weight fragments. Adapter ligation was carried out using an Ion Plus fragment library kit (Thermo Fisher Scientific, USA) and each library was labeled using Ion Xpress bar code adapters (Thermo Fisher Scientific, USA). The ligated libraries were size-selected using E-Gel SizeSelect 2% agarose gels (Thermo Fisher Scientific, USA) and assessed on an Agilent 2100 Bioanalyzer (Agilent Technologies, Germany). The libraries were quantified using the Ion Library TaqMan quantitation kit (Thermo Fisher Scientific, USA) and the bar-coded library pools were amplified onto Ion Sphere particles by emulsion PCR. High-throughput sequencing was performed on an Ion PGM sequencer platform (Thermo Fisher Scientific, USA), and the Torrent Suite version 3.0 data processing pipeline was used to generate sequence reads. Per genome, approximately 2,300 paired-end reads with an average insert length of 200 bp were generated (~46,000 bases/genome). *De novo* assembly was carried out to form consensus sequences using the Geneious version 7.0.3 assembler (11). Whole-genome Sanger sequences, generated independently using

TABLE 1 List of HPV16 isolate genomes released to NCBI

Isolate ID	Accession number	Source	Genome size (bp)	Variant type
IND-T119	KU641509	Cervical biopsy	7,908	Asian American
IND-T121	KU684314	Cervical biopsy	7,908	Asian American
IND-T488	KU684311	Cervical biopsy	7,916	Asian American
IND-CMCP14	KU684315	Cervical scrape	7,909	Asian American
IND-T395	KU684313	Cervical biopsy	7,909	European
IND-T315	KU684316	Cervical biopsy	7,906	European
IND-T338	KU684317	Cervical biopsy	7,906	European
IND-JNM434	KU684312	Cervical scrape	7,906	European

short range primers sets (8) from each specimen, were aligned to respective consensus sequences for confirmation. Each consensus sequence was manually checked to identify variant lineages on the basis of differences in the L1 region and whole genome BLAST search. The curated genome sequences were annotated with genome annotation transfer utility software (12) using HPV16 E or AA reference sequences (NC_001526.2 and AB818689) as templates. The annotated genome sequences thus generated were further validated manually.

Nucleotide sequence accession numbers. Whole-genome sequences of all eight viral isolates have been deposited in GenBank using NCBI's BankIt tool, and the accession numbers are listed in Table 1.

ACKNOWLEDGMENTS

We thank the College of Medicine and Jawaharlal Nehru Medical Hospital (Kalyani, Nadia, West Bengal, India) for their support in sample collection and the CoTeRI, National Institute of Biomedical Genomics, Kalyani, India, for their technical support for high-throughput sequencing.

This work was partially supported by funding from the Department of Biotechnology (BT/PR8014/Med/14/1220/2006), Government of India, and from the National Institute of Biomedical Genomics, Kalyani (Intramural Grant) to S. Sengupta. B. Bhattacharjee is supported by Ramanujan Fellowship from the Department of Science and Technology, India. P. Mandal and S. Sen were supported by fellowships from the Council of Scientific and Industrial Research, India, and the University Grant Commission, India, respectively, while working on this project.

FUNDING INFORMATION

This work was funded in part by National Institute of Biomedical Genomics (intramural grant) and by Department of Biotechnology (BT/PR8014/Med/14/1220/2006), Government of India.

REFERENCES

1. Das BC, Gopalkrishna V, Hedau S, Katiyar S. 2000. Cancer of the uterine cervix and human papillomavirus infection. *Curr Sci* 78:52–63.
2. Sowjanya AP, Jain M, Poli UR, Padma S, Das M, Shah KV, Rao BN, Devi RR, Gravitt PE, Ramakrishna G. 2005. Prevalence and distribution of high-risk human papilloma virus (HPV) types in invasive squamous cell carcinoma of the cervix and in normal women in Andhra Pradesh, India. *BMC Infect Dis* 5:116. <http://dx.doi.org/10.1186/1471-2334-5-116>.
3. Cornet I, Gheit T, Iannacone MR, Vignat J, Sylla BS, Del Mistro A, Franceschi S, Tommasino M, Clifford GM. 2013. HPV16 genetic variation and the development of cervical cancer worldwide. *Br J Cancer* 108:240–244. <http://dx.doi.org/10.1038/bjc.2012.508>.
4. Ho L, Chan SY, Burk RD, Das BC, Fujinaga K, Icenogle JP, Kahn T, Kiviat N, Lancaster W, Mavromara-Nazos P. 1993. The genetic drift of human papillomavirus type 16 is a means of reconstructing prehistoric viral spread and the movement of ancient human populations. *J Virol* 67:6413–6423.
5. Yamada T, Wheeler CM, Halpern AL, Stewart AC, Hildesheim A, Jenison SA. 1995. Human papillomavirus type 16 variant lineages in United States populations characterized by nucleotide sequence analysis of the E6, L2, and L1 coding segments. *J Virol* 69:7743–7753.
6. Sharma K, Kathait A, Jain A, Kujur K, Raghuwanshi S, Bharti AC, Saklani AC, Das BC. 2015. Higher prevalence of human papillomavirus infection in adolescent and young adult girls belonging to different Indian tribes with varied socio-sexual lifestyle. *PLoS One* 10:e0125693. <http://dx.doi.org/10.1371/journal.pone.0125693>.
7. Bhattacharjee B, Sengupta S. 2006. HPV16 E2 gene disruption and polymorphisms of E2 and LCR: some significant associations with cervical cancer in Indian women. *Gynecol Oncol* 100:372–378. <http://dx.doi.org/10.1016/j.ygyno.2005.09.016>.
8. Bhattacharjee B, Mandal NR, Roy S, Sengupta S. 2008. Characterization of sequence variations within HPV16 isolates among Indian women: prediction of causal role of rare non-synonymous variations within intact isolates in cervical cancer pathogenesis. *Virology* 377:143–150. <http://dx.doi.org/10.1016/j.virol.2008.04.007>.
9. Cornet I, Gheit T, Franceschi S, Vignat J, Burk RD, Sylla BS, Tommasino M, Clifford GM, the IARC HPV Variant Study Group. 2012. Human papillomavirus type 16 genetic variants: phylogeny and classification based on E6 and LCR. *J Virol* 86:6855–6861. <http://dx.doi.org/10.1128/JVI.00483-12>.
10. Das D, Bhattacharjee B, Sen S, Mukhopadhyay I, Sengupta S. 2010. Association of viral load with HPV16 positive cervical cancer pathogenesis: causal relevance in isolates harboring intact viral E2 gene. *Virology* 402:197–202. <http://dx.doi.org/10.1016/j.virol.2010.03.030>.
11. Kearse M, Moir R, Wilson A, Stones-Havas S, Cheung M, Sturrock S, Buxton S, Cooper A, Markowitz S, Duran C, Thierer T, Ashton B, Meintjes P, Drummond A. 2012. Geneious Basic: an integrated and extendable desktop software platform for the organization and analysis of sequence data. *Bioinformatics* 28:1647–1649. <http://dx.doi.org/10.1093/bioinformatics/bts199>.
12. Tcherpanov V, Ehlers A, Upton C. 2006. Genome annotation transfer utility (GATU): rapid annotation of viral genomes using a closely related reference genome. *BMC Genomics* 7:150. <http://dx.doi.org/10.1186/1471-2164-7-150>.