

Circulating Biomarkers for Cancer Immunoprofiling

by

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A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Approved June 2018 by the
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ARIZONA STATE UNIVERSITY

December 2018

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ABSTRACT

Biomarkers find a wide variety of applications in oncology from risk assessment to diagnosis and predicting and monitoring recurrence and response to therapy. Developing clinically useful biomarkers for cancer is faced with several challenges, including cancer heterogeneity and factors related to assay development and biomarker performance. Circulating biomarkers offer a rapid, cost-effective, and minimally-invasive window to disease and are ideal for population-based screening. Circulating immune biomarkers are stable, measurable, and can betray the underlying antigen when present below detection levels or even no longer present. This dissertation aims to investigate potential circulating immune biomarkers with applications in cancer detection and novel therapies. Over 600,000 cancers each year are attributed to the human papillomavirus (HPV), including cervical, anogenital and oropharyngeal cancers. A key challenge in understanding HPV immunobiology and developing immune biomarkers is the diversity of HPV types and the need for multiplexed display of HPV antigens. In Project 1, nucleic acid programmable protein arrays displaying the proteomes of 12 HPV types were developed and used for serum immunoprofiling of women with cervical lesions or invasive cervical cancer. These arrays provide a valuable high-throughput tool for measuring the breadth, specificity, heterogeneity, and cross-reactivity of the serologic response to HPV. Project 2 investigates potential biomarkers of immunity to the bacterial CRISPR/Cas9 system that is currently in clinical trials for cancer. Pre-existing B cell and T cell immune responses to Cas9 were detected in humans and Cas9 was modified to eliminate immunodominant epitopes while preserving its function and specificity. This dissertation broadens our understanding of the immunobiology of cervical cancer and provides insights into the immune profiles that could serve as biomarkers of various applications in cancer.

*To Mom,
for being the reason for every good thing that has ever happened to me;*

*To Dad,
for raising me to believe that everything is possible.*

ACKNOWLEDGMENTS

I would first like to acknowledge my dissertation committee for their support and guidance. I would like to thank my advisor Dr. Karen Anderson for the truly transformative opportunity of working with her and being part of her incredible lab environment and for showing me how mentorship should be done. I would like to thank Dr. Josh LaBaer for his encouragement that made many days easier and for his outstanding leadership of the Biodesign Institute and the Center for Personalized Diagnostics that I am fortunate to call my second home. I would like to thank Dr. Doug Lake for his honest advice and his support and Dr. Valerie Stout for always being there for me and her mentorship during both my research and teaching.

During this journey, I was blessed to have learned, studied, and grown alongside some of the best budding scientists and to have made invaluable lifelong friendships. I thank Shay Ferdosi for making my journey happier, easier, more productive, and more fun. I am so grateful I got to share the office and lab with a true friend who was always there for me, Peaches Ulrich. I thank Rowida Abdelgalel, Emma Chen, Sri Krishna, Diego Chowell, and Sandy Hou for their support and friendship. Special thanks to Benjamin Katchman, Marika Hopper, and Padhma Yuvaraj for their support in lab. I would also like to thank Justin Wolter, Heather Geissel, Kasuen Kotagama, Anasuya Pal, Jordan Yaron, Lusheng Song, and all members of BCPD for all their help and the wonderful memories. I am so thankful for my dear friends Maie Elkeshky, Youmna Ahmed, Nesreen Kandil, Aya El Nahas, and Rawa Awad for all their love and support. I am so lucky to have them in my life.

This research was only made possible through phenomenal collaborations over the years. I would like to thank Drs. Beth Unger, Gitika Panicker, Erich Sturgis, Jennifer

Blain Christen, Neerja Bhatla, Dean Brenner, Mack Ruffin, and Samira Kiani. I acknowledge Jen Van Duine, Lisa Miller, Eric Pacheco, and all members of the NAPPA and DNASU teams for their dedication and for always being willing to help. I thank Ian Meshay and Jack Resnik the former Barret's Honors students who worked on some of these projects before I started. I am also grateful to the undergraduate students that I was lucky to have either mentored or worked with over the years, Tirin Bharaj, Meredith Smith, and Meilin Zhu.

I would like to acknowledge the generous student and funding support from the School of Life Sciences, the Graduate College, the Graduate and Professional Students Association, the Harry Lowell Swift Award, the Edward and Linda Birge Award, and the Associated Students of ASU Council of Presidents.

I have been truly blessed with two loving and supportive brothers that mean the world to me. I could not have done any of this without Ahmed. He helped me with every step of this journey; from grad school application and moving to the US to sharing difficult moments, celebrating my achievements, being an amazing roommate, a caring friend, and an inspiring role model. I wish to thank Essam for keeping our close relation and friendship even though I am no longer home. Many thanks for our thought-provoking conversations, for inspiring me and teaching me many life lessons, and for his endless love and support.

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LIST OF ABBREVIATIONS

| | |
|---------|-----------------------------------------------------------|
| AAb | Autoantibody |
| Ab | Antibody |
| Ag | Antigen |
| ANN | Artificial Neural Network |
| APC | Antigen Presenting Cell |
| BCM | B Cell Media |
| Cas9 | CRISPR-Associated protein 9 |
| CEA | Carcinoembryonic Antigen |
| CIN | Cervical Intraepithelial Neoplasia |
| CRISPR | Clustered Regularly Interspaced Short Palindromic Repeats |
| CTC | Circulating Tumor Cell |
| DMSO | Dimethyl Sulfoxide |
| EBNA-1 | Epstein-Barr Virus Nuclear Antigen-1 |
| EBV | Epstein-Barr Virus |
| EDRN | Early Detection Research Network |
| EGFR | Epidermal Growth Factor Receptor |
| ELISpot | Enzyme-Linked Immunospot |
| GST | Glutathione S Transferase |
| HLA | Human Leukocyte Antigen |
| HPV | Human Papillomavirus |
| HPVOPC | Human Papillomavirus-Associated Oropharyngeal Cancer |
| HR | High Risk |

| | |
|----------------|-----------------------------------------------|
| hr | hour |
| ICC | Invasive Cervical Cancer |
| IEDB | Immune Epitope Database and Analysis Resource |
| IVTT | <i>In Vitro</i> Transcription/Translation |
| LMIC | Low and Middle-Income Country |
| MAb | Monoclonal Antibody |
| MHC | Major Histocompatibility |
| NAPPA | Nucleic Acid Programmable Protein Arrays |
| NCI | National Cancer Institute |
| PBMC | Peripheral Blood Mononuclear Cell |
| PBS | Phosphate-Buffered Saline |
| POC | Point of Care |
| PTM | Post-Translational Modification |
| RAPID ELISA | Rapid Antigenic Protein In situ Display ELISA |
| RLU | Relative Light Units |
| S _b | Binding Score |
| SD | Standard Deviation |
| S _i | Immunogenicity Score |
| TNBC | Triple Negative Breast Cancer |
| WT | Wild Type |

CHAPTER 1 : INTRODUCTION

The study of cellular pathways at the molecular level has revolutionized our understanding of mechanisms, markers, and classification of disease. Many conditions previously perceived as a single disease are now recognized to have distinct molecular patterns of perturbation. Personalized medicine envisions the delivery of treatments tailored to individual molecular disorders. This vision requires a transformation in the approaches for the discovery of reliable molecular markers of disease. The incorporation of the molecular changes observed in disease into clinical practice necessitates establishing validated correlations with clinical usefulness.

The topic of biomarkers has been one of the most exciting applications of the 'omics' technologies. It has raised hopes for the realization of precision medicine, thus improving healthcare quality and reducing treatment costs. For example, routinely screening colon cancer patients for K-RAS mutations will spare unresponsive patients costly and potentially toxic treatments with EGFR inhibitors and save at least US\$600 million annually as estimated by the American Society of Clinical Oncology (Behl et al., 2012). Former US President Barack Obama announced the Precision Medicine Initiative during the 2015 State of the Union Address (Obama, 2015). The National Institutes of Health (NIH) leaders further explained the initiative goal – to combine large scale clinical data and biomarker measurements (Collins & Varmus, 2015; NIH, 2015). The number of large programs established by the NIH for biomarker discovery and validation has exceptionally expanded in the last decade. The excitement is reflected in the huge investments made in the field by both public and private companies, with the global cancer biomarkers market projected to reach US\$27.63 billion by the end of 2025 from US\$10.25 billion in 2016 ("Transparency Market Research," 2017).

This chapter provides background about biomarker applications in cancer and the process of biomarker discovery and validation, with a review of approaches for their identification. Focus is given to the current status of biomarkers of HPV-associated cancers, particularly cervical cancer, and their clinical utility. Finally, unanswered questions that constitute the topics of later chapters of this thesis as well as dissertation contributions are discussed.

1.1. WHAT ARE BIOMARKERS?

Biomarker is a portmanteau of biological marker and it is a biometric measurement that objectively indicates a medical state of the subject being tested. The state indicated could be related to disease incidence, outcome, response to interventions, and even unintended environmental exposure. The World Health Organization stated a broader definition that includes “almost any measurement reflecting an interaction between a biological system and a potential hazard, which may be chemical, physical, or biological. The measured response may be functional and physiological, biochemical at the cellular level, or a molecular interaction” (“Biomarkers and Risk Assessment: Concepts and Principles,” 1993). The National Cancer Institute defines biomarkers as “a biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease.”

Biomarkers are biometric measurements that can range from pulse, blood pressure, and medical imaging techniques to quantitative analyses of genomic or proteomic analytes combined into mathematical models (Paik et al., 2004). The significance of this measurement is its capacity to distinguish between two biological states (LaBaer, 2005). The fundamental issue is to identify a reliable relationship between the biomarker measurement and a relevant clinical endpoint (Strimbu & Tavel, 2010). Often times, with enough variables, computational techniques may segregate two groups under

investigation only by random chance. Thus, it is important to recognize that establishing the distinction ability of the biomarker is not trivial.

Clinical endpoints are characteristics that indicate how the individual in a study “feels, functions, or survives” (Atkinson et al., 2001). Biomarkers, on the other hand, may or may not reflect what the subject feels or correlate with their clinical state. The ultimate goal of clinical practice and research is related to clinical endpoints (improving morbidity and mortality) rather than analytical measurements of biomarkers (Strimbu & Tavel, 2010). Thus, there needs to be enough evidence that a biomarker precisely and reliably predicts clinical outcome for it to be regarded as a surrogate endpoint, a substitute for a clinical endpoint (Atkinson et al., 2001). This brings up the question of what it takes to develop validated, reliable, and clinically useful biomarkers, which is discussed in detail in Chapter 2.

Some analyte measurements are designated biomarkers before their reliability and utility have been properly validated. A valid biomarker is “a biomarker that is measured in an analytical test system with well-established performance characteristics and for which there is an established scientific framework or body of evidence that elucidates the physiologic, toxicologic, pharmacologic, or clinical significance of the test results (FDA, 2005)”. Validation refers to the process of verifying the performance of a biomarker and the conditions required for reproducible and accurate prediction (J. W. Lee et al., 2006; Wagner, 2002). The term ‘evaluation’ has replaced validation to avoid the connotation that a relation between the biomarker and the underlying biological process or clinical endpoint needs to be established and fully understood (Atkinson et al., 2001; Strimbu & Tavel, 2010). ‘Qualification’ has recently replaced ‘evaluation’ and it refers to “the evidentiary process of linking a biomarker with biological processes and clinical end points (Hunter et

al., 2010; Wagner, Williams, & Webster, 2007).” It is not uncommon, however, for these three terms to be used interchangeably in the scientific literature.

1.2. APPLICATIONS OF BIOMARKERS IN CANCER

Biomarkers find a wide variety of applications in oncology from risk assessment and screening seemingly healthy individuals to diagnosis, determining prognosis, and predicting and monitoring recurrence and response to therapy. Some biomarkers have more than one clinical application and can be used for more than one type of cancer. Some of these potential applications are detailed below.

1.2.1. Risk Assessment

Primary prevention and early detection of cancer are regarded as the most successful approaches that can significantly reduce the overall burden of and mortality due to cancer (Etzioni et al., 2003; Jemal et al., 2004). One of the classical cancer risk models classifies the population into three groups: normal without cancer, asymptomatic cancer (can be detected and potentially treated), and symptomatic cancer (Zelen, 1993). Advances in the technologies for the identification of risk factors for each cancer type and even subtype has led to the development of more refined models for clinical use (NCI, 2018).

Inherited genetic abnormalities and environmental factors can change an individual’s cancer risk over time. However, detection of markers of these factors is only useful if a high likelihood of developing cancer is known to occur in the presence of this marker (i.e. penetrance) and a potential intervention has been demonstrated to be effective (Calzone, 2012; X. Li, Blount, Vaughan, & Reid, 2011). Genetic biomarkers of cancer risk can be classified into high, moderate, and low penetrance according to the probability of the occurrence of cancer when the risk biomarker is detected (Calzone, 2012). The most well recognized high penetrance susceptibility genes are BRCA1 and BRCA2 mutations for

breast, ovarian, and other cancers (S. Chen & Parmigiani, 2007). A woman with this germline mutation and a family history of ovarian and/or breast cancer could benefit from more close monitoring, chemoprevention, or prophylactic surgery (Domchek et al., 2010). Moderate and low-penetrance markers are useful for research purposes, but more data are required, particularly from diverse ethnic populations, before these markers could be implemented in the clinical decision (Apostolou & Papanotiriou, 2017; Choi, Kipps, & Kurzrock, 2016; Sud, Kinnersley, & Houlston, 2017).

1.2.2. Early Detection

Disease diagnosis is the most explored application of biomarkers. Early detection is of particular interest in cancer given its potential for aiding in successful intervention before the patient succumbs to metastasis. There is an interest in developing minimally invasive biomarker tests that indicate disease long before the tumor is large enough to be observed for screening of seemingly healthy individuals. Biomarkers for cancer prognosis, progression, and response to therapy are currently in clinical use. However, finding biomarkers with enough sensitivity and specificity to find utility as population screens has been a challenge. One example is the commonly used but controversial prostate specific antigen (PSA) for the early detection of prostate cancer. Its implementation for screening of men over the age of 50 led to an increase in prostate cancer detection (Catalona, Smith, Ratliff, & Basler, 1993). However, recent analyses found insufficient evidence for the mortality benefit of early detection (Kim & Andriole, 2015).

For this purpose, the National Cancer Institute Early Detection Research Network (NCI EDNR) was developed for biomarker discovery and validation for cancer and cancer risk assessment (NCI, 2000). The EDNR allowed the collaboration of a network of scientists from both the academia and the industry for meticulous implementation of systematic evidence-based biomarker research for cancer screening and early detection. The result

is rigorous validation studies, prioritizing hundreds of biomarkers, and discontinuation of unpromising candidates from further development (Srivastava, 2013). The expectations of screening biomarkers are higher than those for biomarkers used in established patients and a narrower window of variation in measurements is allowed. Thus, combining a panel of biomarkers or combining a biomarker with other diagnostic tests could lead to optimal performance and certainty (LaBaer, 2005).

1.2.3. Disease Monitoring and Prognosis

Using biomarkers for monitoring of cancer progression has some advantages over other applications. Because most of these biomarkers are either normal molecules in the body that have abnormal changes or the immune response to these abnormalities and due to the heterogeneous nature of cancer, these biomarker measurements can vary greatly between individuals. This makes it difficult to establish a one-size-fits-all cutoff for population screening biomarkers. However, for patients already diagnosed with cancer, establishing a correlation between the biomarker level and disease severity for a given patient can help detect or predict disease progression, regardless of the absolute quantity of the biomarker.

A well-recognized example is the carcinoembryonic antigen (CEA) that correlates with disease progression in many but not all colon cancer patients (Fakih & Padmanabhan, 2006). If this correlation has been established for a specific patient through other means such as monitoring tumor size through imaging in relation with the biomarker level, then serial measurements of CEA over several visits can be informative of the cancer progression status. Beta-HCG, alpha fetoprotein, and lactate dehydrogenase are similarly used for the early detection of nonseminomatous germ cell tumor recurrence through serial analysis (Gilligan et al., 2010). Additionally, a biomarker detected at higher

than normal levels but that has been stable in a given patient could indicate stable disease and success of therapy, despite being abnormally elevated (LaBaer, 2005).

1.2.4. Predicting Response to Therapy and Subtype Classification

Somatic mutations in KRAS are associated with poor response to the epidermal growth factor receptor (EGFR) inhibitors in colorectal cancers (Allegra et al., 2009). Estrogen receptor overexpression in breast cancer predicts response to the anti-endocrine drug Tamoxifen (Davies et al., 2011). Response to the anti-HER2 monoclonal antibody Trastuzumab could be predicted by HER2 overexpression in breast and gastric cancers (Bang et al., 2010). The overexpression of these proteins represents a basis for subtype classification within a given type of cancer that was once thought to be a single disease. This subtype classification influences therapeutic decisions.

Predicting success of a therapeutic agent is one of the costliest aspects of the drug development process. Pharmaceutical companies are interested in investing in biomarker tests that predict response to therapy before patients are put on drugs that they do not respond to, could lead to adverse events, or are expensive. Markers of ineffective or toxic lead compounds are useful for abandoning further research early on before huge investments are made. The field of pharmacogenomics focuses on studying how the genetic makeup of an individual dictates toxicity due to a certain therapeutic agent. For example, homozygosity for the UGT1A1*28 has been associated with increased risk of toxicity including severe neutropenia to the topoisomerase I inhibitor irinotecan used in colorectal and small cell lung cancers. This led the US Food and Drug Administration to change the labeling for this drug (Innocenti & Ratain, 2006).

Adverse reactions to a certain treatment can also be a function of the individual immune response and exposure history, rather than an inherited somatic gene. Pre-existing immune response to various components of gene therapies has been investigated as a

marker of a potential adverse immune reaction to these therapies (Brunetti-Pierri & Ng, 2009; Halbert, Standaert, Wilson, & Miller, 1998; H. Jiang et al., 2006; Kay, 2011; Nathwani et al., 2011; Nayak & Herzog, 2010). In this thesis, individual immune profiles to the CRISPR/Cas9 gene therapeutic is studied with the goal of exploring possible adverse reactions or therapy failure in certain individuals.

1.3. CIRCULATING BIOMARKERS: A WINDOW TO DISEASE

There has been increasing interest in developing circulating biomarkers for cancer, more so with the recognition of the concept of “liquid biopsy”. The blood has the potential to provide a rapid, cost-effective, and minimally invasive window to molecular changes both in the tumor and at distant metastatic sites. Circulating biomarkers may arise from direct shedding or secretion of tumor cells, proteins, nucleic acids, or subcellular components such as exosomes into the bloodstream (Bardelli & Pantel, 2017; O'Driscoll, 2015). The immune response to the tumor microenvironment also gives rise to potential biomarkers in circulation such as cytokines or autoantibodies (AABs) (Anderson & LaBaer, 2005).

It is now better appreciated that tissue biopsies do not fully capture the full landscape of tumor heterogeneity and cancer evolution, the main cause of resistance to therapy (Y. Wang et al., 2014). On the other hand, circulating tumor cells (CTCs) and circulating tumor DNA (ctDNA) shed by tumor cells into the blood give insights into the genomic landscape and overall disease including distinct metastatic sites (Bettegowda et al., 2014; Murtaza et al., 2015). Analyses of these changes can be used for cancer risk assessment, early detection, or monitoring minimal residual disease and response to treatment (Siravegna, Marsoni, Siena, & Bardelli, 2017).

1.4. HARNESSING THE IMMUNE SYSTEM

Besides abnormal molecules contained or released by tumors, the immune response to these molecules is of particular interest in the field of biomarkers. In comparison with other plasma proteins, antibodies (Abs) are highly stable, specific, and can be detected in minimal volume of patient serum using rigorous immune assays by probing with the specific protein. Detection of the cellular immune response is more labor intensive as discussed later in this chapter. The advances in epitope prediction algorithms and high throughput single cell technologies have expedited the process of T cell immunoprofiling (Fleri et al., 2017).

Our immune system is able to distinguish self from non-self antigens, although aberrant responses are sometimes manifested as autoimmune diseases. An immune response to self-proteins or glycans is often detected in cancer patients. This is because these Ags no longer look familiar due to one or more abnormal changes from the native form or the noncancerous setting. The alterations in self antigens could be mutations, misfolding, overexpression, aberrant location, aberrant glycosylation, or aberrant degradation in the protein. Alternatively, defects in tolerance could happen when self-reactive lymphocytes escape clonal deletion, which is believed to be a potential consequence of low level expression of the self-antigen (Goodnow, Sprent, de St Groth, & Vinuesa, 2005; Zaenker, Gray, & Ziman, 2016).

Aberrant post-translational modifications (PTMs) are one trigger of AAb production in cancer. AAbs against glycopeptides of the aberrantly glycosylated MUC-1 Ag have been detected in breast, ovarian, and prostate cancers (Wandall et al., 2010). Most tumor Ags, however, are the result of the overexpression of self-antigens. This is likely because of presentation of their epitopes on MHC molecules at levels higher than the threshold required for eliciting a T cell immune response and indirectly an Ab response as well

(Watanabe, Arase, Onodera, Ohashi, & Saito, 2000). There is a correlation between the expression levels of HER-2/neu in breast tumors and the levels of specific AAbs detected in sera (Goodell et al., 2008).

Other Ag alterations include neoantigen generation and their presentation to the immune system, which could elicit a T cell response against the neoepitope or the production of AAbs. These could result from somatic mutations that alter the protein immunogenicity or expose amino acid regions that were not previously exposed (Zaenker et al., 2016). This is further augmented by genetic instability, a hallmark of cancer that leads to more mutations and neoantigens. Anti-p53 AAbs are detected more frequently in serous than non-serous ovarian cancers, positively correlating with higher frequency of p53 mutations (K. S. Anderson, D. W. Cramer, et al., 2015). Two pieces of evidence suggest that p53-specific Ab production could be the result of p53 accumulation in the cell rather than its mutation. First, mutant p53 has a longer half-life than the wild-type protein. Additionally, most immunogenic epitopes of p53 are not located in the region that harbors mutations (Soussi, 2000).

Besides host-driven tumor Ags, viral proteins are of particular interest in the study of biomarkers of virus-related cancers. Because they are foreign proteins, their levels or the immune response to them are likely to be more specific than host-derived proteins. However, the existence of benign infections with oncogenic viruses complicates the use of their proteins as definitive detection biomarkers. This is in particular when the majority of infected people clears the infection without overt disease as in the case of HPV or when the virus causes chronic infections that only causes cancer in a proportion of patients such as hepatitis B and C viruses. It becomes useful in these cases to integrate a combination of test results in the clinical decision making. For example, hepatitis B patients with low viral load are more likely to develop cirrhosis and hepatocellular carcinoma if they do not

develop Abs against the hepatitis B e antigen (HBeAg) and have high serum levels of the hepatitis B surface antigen (HBsAg) (Lin & Kao, 2016). IgA Abs against Epstein-Barr Virus (EBV)-specific proteins have been evaluated in combination with EBV viral load for diagnosis and monitoring of undifferentiated nasopharyngeal carcinoma in endemic regions (Leung et al., 2004; Zhao et al., 2014). For HPV, only 50 – 70% of infected women seroconvert (Carter et al., 2000), but the immune profile could still be useful in combination with other tests or as an initial screening tool in low-resource settings.

1.5. ADVANCES IN HIGH-THROUGHPUT BIOMARKER DISCOVERY METHODS

The advent of the omics technologies and high-throughput methods for studying biochemical pathways and molecules has revolutionized our understanding of disease and medicine. In recent years, these methods have contributed rapid discoveries of candidate biomarkers and better recognition of the complexity of cancer. Even though they have accelerated the research process, only a handful of clinically useful biomarkers have made their way to the clinic. This highlights the importance of recognizing both the advantages and limitations of each of these methods for developing biomarkers that truly inform the clinical decision.

1.5.1. Assessment of Ab Biomarkers

One critical requirement for Ab-based assays is the efficient and reproducible expression, purification and display of proteins. Sera are typically screened for Abs to select Ags that are known to potentially be immunogenic or play a role in pathogenicity. This Ag selection does not measure the diversity of immune recognition (Ji Qiu & Anderson, 2013). To add complexity, proteome-wide immune monitoring requires the production of thousands of protein structures.

The need for tools to study proteins and the significant role they play in health and disease have led to the revolutionary advancements in the field of proteomics in the last twenty years. Effective targets of immunization and serological testing are best determined using a systems approach for monitoring the B cell immune response. Proteomic techniques that have been developed for epitope display are reviewed in [8, 11] and can be summarized as follows:

1.5.1.1. Phage display

Phage display was first described in 1985 (G. P. Smith, 1985). Candidate Ags are expressed in lambda phage from cDNA libraries constructed from a given pathogen or disease tissue. Phage expressing proteins of interest are subsequently replicated onto nitrocellulose membranes and probed with patient sera. Phage display has been applied in Ag discovery in various pathogens such as hepatitis C virus (Santini et al., 1998), human cytomegalovirus (Beghetto et al., 2008), *Mycoplasma pneumoniae* (Beghetto, De Paolis, Montagnani, Cellesi, & Gargano, 2009) and *Streptococcus pneumoniae* (Beghetto et al., 2006). Alternatively, solution-based phage display is used for autoantigen identification. Phage-displayed peptide libraries are subjected to affinity purification to isolate phage carrying specific peptides. AAb biomarkers of several cancers such as the ovary and prostate have been identified using this technique (Chatterjee et al., 2006; G. Chen et al., 2007; X. Wang et al., 2005). However, because of the nature of cDNA cloned on the expression vectors, the major drawback of phage display is the expression of proteins with truncations, frame shifts and sometimes improper folding. In addition, PTMs are absent and abundant proteins are overrepresented.

1.5.1.2. Cellular fractionation and immunoblotting

In this strategy, candidate Ags from lysates of tissues or pathogens are separated by two-dimensional gel electrophoresis and serum reactivity is determined by immunoblotting or

mass spectrometry. Next, bands are excised, and proteins are identified by mass spectrometric analysis. This method has the advantage of using proteins with their relevant PTMs and it does not require cloning or expression procedures. However, proteins found in low concentrations may be masked by more abundant proteins.

1.5.1.3. Peptide arrays

Peptides are displayed on a solid surface such as a glass or plastic slide. Relevant peptides that have overlapping sequences are determined bioinformatically so as to cover the whole ORFeome or a portion of the proteome. This circumvents difficulty with expression of full-length proteins, but conformational epitopes and PTMs are not detected. Recently, peptide arrays have been used to determine individual immunosignatures that can predict the protective efficacy of a given vaccine in mice (Legutki & Johnston, 2013).

1.5.1.4. Protein arrays

Protein microarrays enable the display of thousands of proteins on the surface of a microscopic slide or in 96-well bead-array format. A wide variety of protein expression systems are used including *E. coli*, yeast or insect cells and then Ags are purified. However, these systems can be time-consuming and unsuitable for high-throughput proteomic methods. Additionally, bacteria often fail to express most proteins with intact tertiary structures or PTMs, particularly those with high molecular weights or multiple domains (Jackson, Boutell, Cooley, & He, 2004; Stevens, 2000). *In vitro* protein expression, on the other hand, diminishes the time required to obtain protein from DNA but adds the challenges of protein purity and reproducibility of expression (Ji Qiu & Anderson, 2013).

Protein microarrays are currently commercially available from several sources, and are provided either as purified, printed proteins, or as printed cDNA that can be expressed using *in vitro* transcription and translation. At this time, the antigenic display on protein

microarrays is primarily the protein backbone, so the diversity of displayed antigenic structures from PTMs is more limited. As the content of ORFeome collections content and the cost of protein expression improves, proteome-wide screening of sera for Ab responses is becoming feasible both for human Ags and pathogens. Here, three methods and overall strategies for using *in situ* protein display for detection of Ab responses in human sera or plasma are discussed.

Nucleic acid programmable protein array (NAPPA)

To improve both the cost of purification of recombinant proteins and the stability of displayed protein, the Nucleic Acid Programmable Protein Arrays (NAPPA) was developed using printed expression plasmids with an anti-tag Ab on microscopic glass slides (N. Ramachandran et al., 2004; Niroshan Ramachandran, Hainsworth, Demirkan, & LaBaer, 2006; N. Ramachandran et al., 2008). At the time of the assay, *in vitro* transcription/translation (IVTT) is used for *in situ* expression of tagged target proteins encoded by the arrayed plasmids (**Figure 1-1**). The use of a human coupled IVTT system derived from the human cell line HeLa results in ten times higher protein yields, more robust reproducibility, and less background than the previously used rabbit reticulocyte lysate system (Fernanda Festa et al., 2013). For immune monitoring, slides are incubated with subject sera or plasma to permit binding of Abs to their corresponding protein spot on the array. Signals are detected using either a fluorescently-labeled or HRP-labeled secondary Ab. NAPPA arrays are available from the Arizona State University protein array core, www.NAPPAproteinarray.org.

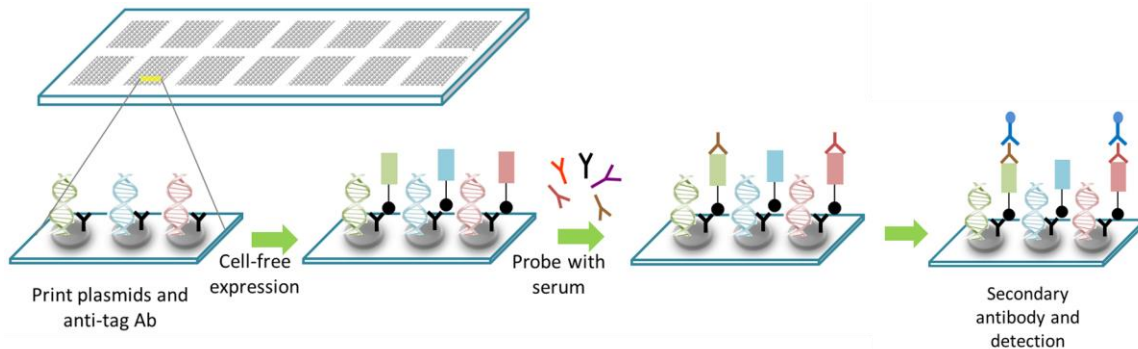


Figure 1-1. Nucleic Acid Programmable Protein Arrays (NAPPA). Expression plasmids with an anti-tag antibody are printed on microscopic glass slides. At the time of the assay, *in vitro* transcription/translation (IVTT) is used for *in situ* expression of tagged target proteins encoded by the arrayed plasmids. Slides are incubated with subject sera or plasma to permit binding of antibodies to their corresponding protein spot on the array. Signals are detected using either a fluorescently-labeled or HRP-labeled secondary antibody.

Printing DNA on the arrays has several advantages over printing proteins. Unlike protein arrays, printed plasmids retain their activity following months of storage of the arrays under arid conditions. Since the production and purification of thousands of proteins is expensive, time-consuming and liable to protein unfolding over the multistep process of protein array production, the on-demand IVTT avoids these issues (J.-R. Lee, Magee, Gaster, LaBaer, & Wang, 2013). However, IVTT-derived proteins are produced with limited PTMs that are a significant component of the immune response.

A key advance in the field of protein microarrays has been the steady improvement in relevant ORFeome collections. The DNASU Plasmid Repository is the source of plasmid DNA used for NAPPA array production (Seiler et al., 2013). This plasmid collection first started at the Harvard Institute of Proteomics in 2000 and is currently located at the Virginia G. Piper Center for Personalized Diagnostics in the Biodesign Institute (AZ, USA) (Seiler et al., 2013). The repository comprises and distributes a collection of over 200,000 plasmids containing the open reading frames (ORFs) of proteins from over 600 organisms,

including 12,000 full-length human genes. The DNASU website, database and physical repository (<http://dnasu.asu.edu> or <http://dnasu.org>) were designed to provide annotated and sequence-verified plasmids and online resources to the research community. All ORFs are cloned onto a master plasmid (pDONR), sequence verified and stored in the DNASU repository. ORFs in DONR plasmids can be moved to a wide array of expression vectors using Gateway recombinational cloning.

NAPPA arrays have been used for the discovery of AAbs in cancer patient sera, such as AAbs to p53 in breast and ovarian cancer, BCL2 in prostate cancer and ML-IAP in melanoma (Karen S. Anderson et al., 2015; Anderson et al., 2008; Niroshan Ramachandran et al., 2008). Examples of screening for infectious disease Ags include studies displaying *Pseudomonas aeruginosa* outer membrane proteins (Wagner R Montor et al., 2009) and *Mycobacterium tuberculosis* proteins (Prados-Rosales et al., 2014) on NAPPA to screen sera to identify immunogenic proteins.

Rapid antigenic protein in situ display (RAPID ELISA)

NAPPA protein microarrays are an excellent tool for Ag discovery. However, validation requires methods for the analysis of a few Ags but using thousands of sera. RAPID ELISA was developed as a robust tool that can be performed in most immunology laboratories using publicly available reagents. RAPID ELISA can be used to screen hundreds of sera rapidly and cost-effectively in order to confirm Ab biomarkers and immunogenicity of antigens discovered using protein microarrays (Anderson, 2011; Anderson et al., 2010; Niroshan Ramachandran et al., 2008). As with NAPPA assays, tagged proteins are expressed using an *in vitro* transcription and translation system, but then captured in a 96-well plate through an anti-tag Ab. Sera are then incubated with the displayed proteins, and bound immunoglobulins are detected using secondary Abs (**Figure 1-2**). To overcome the background problem encountered with human sera, an optimized serum blocking buffer

consisting of *E. coli* lysate diluted 1:10 in PBST and 5% milk was developed (J. Wang et al., 2013). An eight-fold increase in the Relative Light Unit (RLU) ratio of Ag-specific IgG compared with control GST protein was observed with the use of this serum blocking buffer. Additionally, human HeLa cell lysate IVTT system and automation have further enhanced the efficiency, rapidity, and reproducibility of this technique.

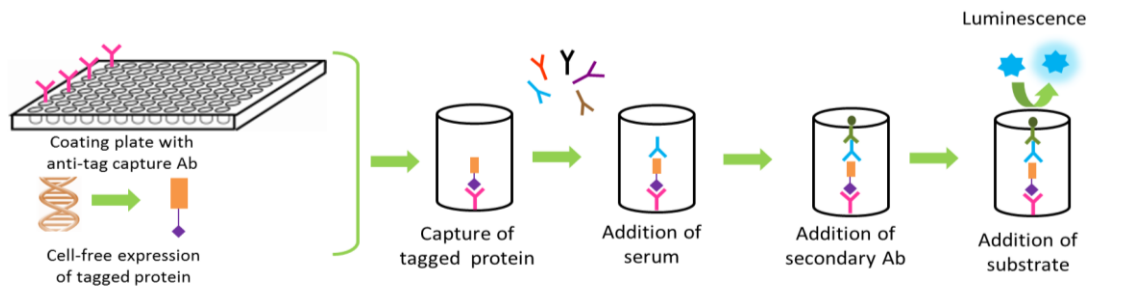


Figure 1-2. Rapid Antigenic Protein In Situ Display (RAPID ELISA). Tagged proteins are expressed using an *in vitro* transcription and translation system, but then captured in a 96-well plate through an anti-tag antibody. Sera are then incubated with the displayed proteins, and bound immunoglobulins are detected using secondary antibodies.

Magnetic programmable bead ELISA (MagProBE)

A similar technique as RAPID ELISA for high-throughput serum screening is the Magnetic Programmable Bead ELISA, MagProBE (Anderson, 2011). As with RAPID ELISA, tagged proteins are expressed by IVTT, but then expressed proteins are captured on anti-tag coupled fluorescent magnetic beads (such as Luminex beads) in a 96-well plate. This is followed by steps of incubation with sera and then with a secondary Ab (**Figure 1-3**). Beads are coupled with the anti-tag Ab in advance and they are stable for at least one year. Coupling efficiency is confirmed using anti-Ig secondary Abs. Chief among the advantages of MagProBE is the high reproducibility and automated washing. Additionally, bead-array ELISA can be used for multiplex assays by coupling of different Ags on beads of different colors and then pooling them. Multiplexing saves both time and volume of serum, but the cost per Ag is higher than with RAPID ELISA. This technique has been used for multiplex detection of immunity to a panel of EBV Ags in healthy donor sera

(Jessica Wong, Sahar Sibani, Naa Norkor Lokko, Joshua LaBaer, & Karen S Anderson, 2009) and to investigate potential biomarkers of HPV-associated oropharyngeal carcinoma (Anderson, Wong, et al., 2011).

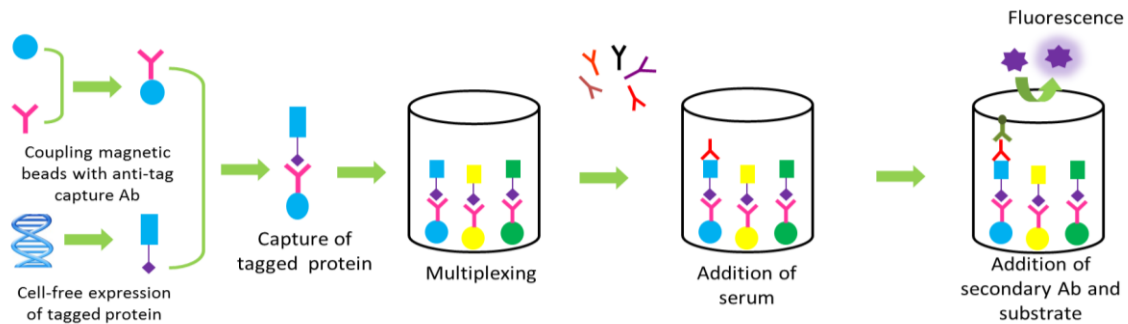


Figure 1-3. Magnetic Programmable Bead ELISA (MagProBE). Tagged proteins are expressed by IVTT and expressed proteins are captured on anti-tag coupled fluorescent magnetic beads in a 96-well plate. This is followed by steps of incubation with sera and then with a secondary antibody.

1.5.1.5. *Recent advances in protein display and detection*

Many immune-based biomarkers have clinical applications for early detection of disease. The applications require robust, reproducible, and cost-effective assays with improved limits of detection, multiplexing and automation, all of which have substantially improved in the last decade. For example, chromogenic enzyme substrates have been the traditional reporter molecules for ELISAs. The more sensitive chemiluminescent substrates can now detect analyte concentrations in the picomolar range (A. H. Wu, 2006). Ultrasensitive approaches, such as the Single Molecule Array technology may allow detection of femtomolar concentrations of Ab through digital measurements of immunocomplexes. Nanoparticle-based ELISAs are reported to detect attograms of analytes (de la Rica & Stevens, 2012).

Because routine laboratory diagnostics are costly and may not be accessible in resource-poor areas, point-of-care (POC) tests are emerging technologies for health screening,

much of which currently depends on detection of Abs. Affordable POC tests that give rapid and reliable results, require minimal training, and use no equipment are currently in use for HIV, syphilis and malaria (Ferguson et al., 2016). Integration of ELISA assays with microfluidics and molecular detection methods may transform vaccine monitoring and identification of at-risk individuals for clinical interventions.

1.5.2. Identification of T Cell Ags

As previously mentioned, the identification of targets of the T cell immune response is a longer and more complicated process compared to B cell Ags. Conventionally, T cells are screened for reactivity to peptides spanning candidate Ags, an approach limited by the prohibitive cost of synthesizing large numbers of peptides. The advances in the bioinformatics of immunogenic epitope prediction has made it possible to narrow down the number of screened peptides by prioritizing them according to MHC binding affinity or the probability of immunogenicity. Alternatively, the identification of antigenic T cell immune response targets depends on screening of peripheral blood or tumor-infiltrating T cells for reactivity to antigen presenting cells transfected with cDNA libraries. The tandem minigene (TGM) is a more recent approach that involves transfection of APCs with cDNA libraries encoding nonsynonymous mutation sequences identified by whole-exome sequencing of autologous tumors (Y.-C. Lu et al., 2014).

The identification of immunodominant T cell targets is useful for designing successful adoptive T cell immunotherapies in cancer. This can be achieved by identifying neoantigen-specific T cells that are found in the highest frequencies in tumor-infiltrating lymphocytes that result in tumor regression. T cell receptors are then identified using single-cell sequencing techniques and used for engineering chimeric antigen receptor (CAR) T cells (Yong et al., 2016). The detection of Ag-specific T cells can be useful as a biomarker to monitor and evaluate the success of adoptive T cell therapy. The presence,

homing, bioactivity, and counts of T cells following infusion can be evaluated by the detection of surface or intracellular markers by flow cytometry, ELISpot, or qPCR (Kalos, 2011).

1.6. DEVELOPING RELIABLE AND CLINICALLY USEFUL BIOMARKERS

The emergence of the omics technologies has raised hopes for delivering the promise of precision medicine to deliver therapies tailored to individual molecular phenotypes. Part of the reason why this has not been realized yet is the lag in the development of well-validated biomarkers of reliable clinical utility. These technologies have given rise to hundreds of thousands of research publications describing candidate biomarkers, but only a tiny fraction of this number is in clinical use (Poste, 2011). Many factors contribute to the candidate biomarkers not holding up in validation studies, ranging from specimen quality and pre-analytical variables to the complexity conferred by the heterogeneous nature of cancer. The first step to improve the validation pipeline is to recognize and control for these factors and to implement standardized procedures for every step along the way.

Breast cancer is the most common type of cancer in the US, accounting for about 15% of new cancer cases ("American Cancer Society: Cancer Facts and Figures 2018," 2018; NIH, 2017). Compared with other cancer types, breast cancer is widely studied and progress in research has made biomarkers an indispensable part of its management. Biomarkers exist for monitoring metastatic disease, such as CEA, CA27.29 and CA15-3, but there is a need for circulating biomarkers that are clinically available for early detection, prognosis, and monitoring for clinical relapse. Guidelines on the use of biomarkers in breast cancer were published by both the American Society of Clinical Oncology and the European Group on Tumor Markers (Duffy et al., 2017; Harris et al., 2016). As with much of biomarker research, despite the significant progress in the discovery of potential breast

cancer biomarkers, the vast majority of these biomarkers has not progressed beyond initial research discovery. In Chapter 2 of this thesis, breast cancer is used as a model to examine the reasons for the disconnect between the number of candidate biomarkers in research and those that make it to the clinic.

1.7. HPV-ASSOCIATED CANCERS

Human papillomaviruses (HPV) are a family of more than 200 closely related viruses with small circular double-stranded genomes. The virus is restricted to epithelial surfaces where it induces a non-lytic cellular proliferation and minimal immunologic response. The estimated number of new cases of cervical cancer worldwide was 528,000 in 2012, with an annual global mortality rate of 270,000 deaths (Ferlay et al., 2010; Ferlay et al., 2015). Vaccines preventing infection are highly effective for the prevention of type-specific cervical and anogenital cancer precursors (vaginal, vulvar, anal), may reduce relapse after conization (Kang, Choi, & Kim, 2013), but are not a treatment for pre-existing HPV infection. Vaccines are expected to substantially reduce the burden of HPV-associated cancers. In the US, even with low vaccine coverage, vaccination has resulted in a 64% reduction in the prevalence of types 6, 11, 16, and 18 among females aged 14 to 19 years and 34% decrease among those aged 20- 24 years (Lauri E. Markowitz et al., 2016).

1.7.1. HPV Genome Organization and Life Cycle

HPV is a circular double-stranded DNA virus, whose genome contains about 8000 base pairs. The virus has a limited repertoire of proteins, grouped as early (E1, E2, E4, E5, E6, E7) and late (L1, L2) proteins. The late proteins form the viral protein coat during productive infections. The early proteins interact with host and viral proteins to maintain viral replication and release, and they play a key role in transformation. The E1 protein is

a helicase enzyme that is expressed in the early stages of the infection and is important for viral DNA replication. E2 is also expressed in the early stages and is a key regulator, since it represses the expression of the E6 and E7 oncogenes (L. Wu et al., 2000). Viral integration occurs following a break in E2, which derepresses E6 and E7 expression, leading to cellular transformation (zur Hausen, 2009).

The E6 protein promotes cell proliferation by inhibiting p53, a key tumor suppressor and regulator of apoptosis (Boulet, Horvath, Broeck, Sahebali, & Bogers, 2007). It also promotes division through multiple other targets including telomerase and proteins involved in the regulation of the actin cytoskeleton (zur Hausen, 2002). E7 inhibits pRB, leading to the release of the transcription factor E2F and the transcription of genes involved in the cell cycle (Boulet et al., 2007). Thus, the expression of these two proteins is a potential hallmark of malignancy. However, there are cases of cellular transformation in the absence of E6 and E7 deregulation. This is the case when the virus has not integrated or when its genome breaks at sites other than E2 (Oyervides-Munoz et al., 2018).

HPV infects the basal layers of the stratified epithelium of the cervix and the expression of viral proteins is confined to keratinocytes. The virus infects the basal cells of the epithelium and the virus copy number reaches 50 – 100 copies/cell through a round of viral DNA replication that is independent of the cell cycle. The infected cell then moves to the proliferative compartment of the epithelium, where viral protein expression (particularly E6 and E7) is tightly regulated. As the cell then moves to the differentiating compartment of the epithelium and exits the cell cycle, differentiation is accompanied by amplification of the viral copy number to 1000 copies/cell and expression of the coat proteins. The expression of viral capsid proteins in basal epithelial cells is limited by the low availability

of the appropriate tRNAs (Zhou, Liu, Peng, Sun, & Frazer, 1999). The upper layers of the squamous epithelia are where viral proteins are expressed in high levels and where viral assembly occurs (Evans et al., 2001; Stanley, 2008).

1.7.2. HPV Integration

In cervical cells, the HPV virus is either episomal, integrated, or in mixed forms. Transcripts derived from integrated forms have higher stability than those from episomal virus. Cells with integrated HPV16 have been reported to have selective growth advantage (Jeon, Allen-Hoffmann, & Lambert, 1995). Integration is commonly thought of as a late event in cervical carcinogenesis, because it is rarely reported in earlier stages of the disease. However, technical difficulties associated with studying viral integration challenge this idea (Woodman, Collins, & Young, 2007). Integration often happens in the E1 or E2 region of the viral genome, thus disrupting the tight regulation on E6 and E7 expression coordinated by the E2 protein. Therefore, integration is commonly evaluated by the failure to amplify full-length E2 by PCR or by measuring the E2/E6 ratio. This method, however, has been shown to be able to distinguish integrated forms only when their frequency is at least 100 times that of the episomal forms (Arias-Pulido, Peyton, Joste, Vargas, & Wheeler, 2006).

In cervical cancer cells, integration is almost always detected at only one chromosomal site, which supports the proposal that cervical cancer is a clonal disease (Vinokurova et al., 2005). However, there is debate about whether integration is a necessary event for carcinogenesis to occur (Woodman et al., 2007). The host genetic alterations that result from viral integration are another mechanism that has been proposed for carcinogenesis, as opposed to the deregulation of E6 and E7 expression. Viral integration into oncogenes or tumor suppressor genes may disrupt their normal function, leading to cell proliferation, and integration into both types of genes has been reported (Ojesina et al., 2014; Parfenov

et al., 2014). Research is ongoing into whether other factors, such as viral load, HPV type, or host genetic or epigenetic factors could derive oncogenesis.

Whether integration can be a useful biomarker of progressive disease is also a matter of debate. The technical difficulties of detecting integrated forms in a background of mostly episomal forms have challenged answering this question. Additionally, the mere detection of integrated forms by PCR provides no insight into whether they are actively transcribed in these cells. Active transcription of integrants has been reported in only 37% of CIN3 women in which integration has been detected (Klaes et al., 1999; Melsheimer, Vinokurova, Wentzensen, Bastert, & von Knebel Doeberitz, 2004). Thus, integrant-derived HPV transcripts could be a more useful biomarker of progressive disease (Woodman et al., 2007).

1.7.3. Viral Load

Including HPV viral load measurement in HPV screening has been proposed based on the observation that women with high viral load of high-risk HPV are more likely to have cytological abnormalities (Heard et al., 2000; Lillo et al., 2005; Swan et al., 1999). However, several studies have challenged this conclusion. Some cross-sectional studies have reported higher viral load in low-grade than in high-grade CIN (Hall et al., 1996; Nindl et al., 1997); and longitudinal studies could not establish a relation between viral load and disease progression (Crum et al., 2004; Mark van Duin et al., 2002).

This inconsistency could be explained by the reduction in infectious viral particles and viral load after integration, an event associated with disease progression. Thus, women with high-grade CIN who also have low-grade preinvasive lesions could have higher viral load; but the vast majority of studies do not report multiple co-existing disease statuses when present (Sherman et al., 2003). Similarly, acquiring new HPV infections especially from

different HPV types may impact viral load and the development of cytologic lesions (Woodman et al., 2007). Therefore, the study of the usefulness of viral load as a marker of disease progression requires careful consideration of other factors that may be contributing to prognosis. These factors are important to consider when investigating the utility of the HPV-specific Ab immune response as a marker of disease, given that there is a reported increase in seropositivity in women with higher viral load (Viscidi et al., 1997).

1.7.4. Multiple HPV Infections

Detecting concurrent infections with multiple HPV types is common and is more frequent than to be attributed to random chance (Mendez et al., 2005; Thomas et al., 2000). There is no evidence that there is competition between the coinfecting HPV types (Liaw et al., 2001). Studies report that women who are already infected have a higher chance of acquiring an infection with a new HPV type than HPV negative women (Liaw et al., 2001; Mendez et al., 2005). Women with an HPV16 or HPV18 infection are seven times more likely to acquire an HPV58 infection than women who are negative for these types (Mendez et al., 2005). The viral load in women with HPV16 and multiple HPV infections was found to be higher than women with only HPV16, suggesting a possible interdependence between these viral types (Weissenborn et al., 2003).

Detecting an infection with a new HPV type that was not previously detected for a given individual could be due to the acquisition of a new sexual partner. However, the possibility of simultaneous transmission of these different HPV types with a lag in replication of one of them is not precluded (Woodman et al., 2007). Detecting an HPV-specific immune response to antigens from multiple HPV types is thus not surprising and could reflect multiple HPV infections, whether they are all concurrent and active infections or include past infections that have been cleared. This can also be explained by cross-reactivity

between antigens with a high degree of homology. With the technical challenges of studying the immune response to multiple HPV proteomes, this question has not been adequately addressed in the literature.

1.7.5. The Immune Response to HPV and Immune Evasion Strategies

The HPV replication strategy in the cervix allows viral replication without inducing inflammation, given the absence of virally-induced cytolysis or necrosis. E1 is the only DNA replication enzyme that the HPV genome encodes. Therefore, the virus depends for replication on the cellular machinery, which is active only in dividing cells. For amplification of the viral copy number to occur in cells that have exited the cell cycle and are differentiating, the virus uses its E6 and E7 proteins to reactivate the cellular DNA synthetic machinery in non-dividing cells, delay their differentiation, and inhibit apoptosis. A rare consequence of these events is the loss of growth control manifested as cancer (Munger et al., 2004).

Because the virus does not lyse the keratinocytes that it infects, the cervix acts as a protective niche for the virus, with minimal virus engulfment by APCs and antigen presentation to the immune system. There is also minimal release of proinflammatory cytokines that help induce APC migration and activation (Stanley, 2006). Outside the epithelium, viral antigens are not likely to be detected due to the absence of viremia. The low expression of capsid proteins in the basal layer gives less opportunity for the immune system to encounter them and initiate an immune response (Schwartz, 2000).

Several other factors contribute to the host immune evasion by the virus. IFN- β release results in clearance of episomal HPV, but this mechanism is not useful in cells with integrated viral DNA (Herdman et al., 2006; Pett et al., 2006). There is a reduction in the cell-mediated immune response directed against the E2 and E6 proteins in high-grade

pre-invasive cervical lesions and invasive carcinoma (de Jong et al., 2004). Regulatory T cells (Tregs) play an important role in counteracting the cytotoxic effect of HPV-specific T lymphocytes (Kobayashi et al., 2004). Tregs function to maintain the immune tolerance and prevent reactivity to self-antigens. Their activity in cancer patients has been associated with decreased immune reactivity to tumor antigens (R. F. Wang, 2006). Women with ICC and CIN were found to have increased frequencies of Treg cells in their peripheral blood. An increased T cell response against HPV16 E6 and E7 peptides in invasive cervical cancer was reported following *in vitro* depletion of these CD25+ T cells (Visser et al., 2007). Along with the localization of Treg cells, the expression of the immunoregulatory enzyme indoleamine 2, 3-dioxygenase (IDO) appears to also help cancer cells evade the immune response (Nakamura et al., 2007).

1.7.6. Clearance of Natural HPV Infection

Despite a high lifetime risk of acquiring an HPV infection (80%), most infections are cleared within 1-2 years (Rodriguez et al., 2008). Viral clearance means failure of detection of the DNA for a specific HPV type and it is the result of an effective adaptive immune response (Coleman et al., 1994). Failure of the immune response to clear the virus results in the establishment of a persistent infection, since the host can remain ignorant of the virus for a long time. There is an increased chance of progression to high-grade pre-invasive cervical lesions and invasive cancer in individuals with persistent infection (Liaw et al., 1999; Schlecht et al., 2001). The importance of cell-mediated immune response is demonstrated by the increased incidence and progression and delayed clearance of HPV infections in immunocompromised individuals. Several studies in HIV-infected individuals have reported increased incidence of genital warts, recurrences of pre-invasive cervical lesions, and progression of subclinical to clinical HPV infection

(Chirgwin, Feldman, Augenbraun, Landesman, & Minkoff, 1995; Fennema, van Ameijden, Coutinho, & van den Hoek, 1995; Fruchter et al., 1996).

Immunohistologic studies of naturally regressing genital warts have provided insights into the role of the cellular immune response in clearing HPV infections. Compared with non-regressing genital warts, regressing warts are characterized by a large number of infiltrating macrophages and CD4+ and CD8+ T cells in both the stroma and the epithelium of the wart. This response is directed against the E proteins, in particular E2 and E6 (de Jong et al., 2002; Welters et al., 2003). These lymphocytes release IL-12, TNF- α , and IFN- γ , which is characteristic of a Th1-based immune response (Coleman et al., 1994). Canine studies of oral warts corroborate these findings and report systemic T cell responses against peptides of the HPV E2 and E6 proteins that peak at wart regression, then decline rapidly (Ghim et al., 2000). During wart regression in both humans and animal models, seroconversion and neutralizing antibodies in serum against the major capsid protein L1 are maximal, which is accompanied by lifelong protection against infection (Ghim et al., 2000; Stanley, 2006). However, the antibody titers are low, and a significant proportion of women do not seroconvert (Carter et al., 2000; Dillner, 1999).

1.7.7. Diagnosis

The epidemiology and natural history of HPV infection has been best characterized in the cervix where precursor lesions are well recognized, using detection of HPV DNA or detection of Abs to HPV as biomarkers of disease pathogenesis (Crosbie, Einstein, Franceschi, & Kitchener, 2013). Genital HPV is usually acquired shortly after sexual debut, and prevalence is highest in adolescents and young adults (Dunne et al., 2007; Lauri E. Markowitz et al., 2016; L. E. Markowitz, Sternberg, Dunne, McQuillan, & Unger, 2009). Cervical cancer is a rare consequence of this common infection, with ~50% of the cases

worldwide caused by the HPV16 type. While high risk (HR) HPV infection is considered necessary for cervical carcinogenesis, additional factors are clearly involved. A small fraction of infected women gradually progress to invasive cancer, following a long, histologically well-defined pre-invasive phase (cervical intraepithelial neoplasia; CIN), ranging from low grade (CIN I) to high grade (CIN II and III) (Woodman et al., 2007). Cervical cancer is preventable because high grade lesions are detectable by clinical, histopathologic, or molecular alterations and can be surgically removed (Goodman, 2015). Current clinical practice in the US relies on regular screening with cytology (Pap test) often combined with HR HPV nucleic acid testing to refer women for colposcopy and biopsy. Recent data have documented that cytology screening is associated with a significantly reduced incidence and risk of death from cervical cancer, with odds ratios ranging from 0.28 to 0.60 (Vicuz et al., 2014; Vicuz et al., 2015), despite a reported high false negative rate (Soost, Lange, Lehmacher, & Ruffing-Kullmann, 1991). Cytologic screening remains subject to sampling errors, problems with cellular preservation, and reader subjectivity. Biomarkers are needed in particular to aid in the selection of patients for colposcopy screening in resource-limited settings in low and middle-income countries (LMICs), where nucleic acid and cytology testing are cost-prohibitive. Efforts are underway by the World Health Organization and the Program for Appropriate Technology in Health (PATH) to generate cost-effective HPV DNA testing (Qiao et al., 2008).

Measuring the humoral immune response to HPV Ags has been integral to understanding the natural history of infection and efficacy of vaccination (Doorbar et al., 2012; Villa et al., 2006; Woodman et al., 2007). Despite the potential of HPV serology in disease diagnosis and prognosis, its clinical application has been limited by HPV heterogeneity, assay variability, and viral immune evasion. The serologic response to genital HPV infection is

primarily directed at conformational epitopes on the viral major capsid protein L1. As the infection is non-lytic, the host Ab response to L1 is weak and may persist for years, as an indication of past infection but not malignancy (Luevano et al., 2010; Stanley, 2010). Although anti-L1 Abs are an indication of past infection, only 50 – 70% of infected women seroconvert (Carter et al., 2000; Dillner, 1999).

Abs to both HPV16 E6 and E7 proteins have been detected at low levels in both serum and cervical-vaginal secretions of invasive cervical cancer (ICC) patients (Bierl et al., 2005). Their levels increase with cervical disease progression, but they are not detectable in a subset of patients with cervical cancer (Gutierrez-Xicotencatl et al., 2016; Luevano et al., 2010; Reuschenbach et al., 2008; Stanley, 2003). They develop later in the course of ICC and are correlated with disease outcome (Gutierrez-Xicotencatl et al., 2016; Ravaggi et al., 2006; Silins et al., 2002). Studies of sera collected prior to the diagnosis of cervical cancer have shown that the presence of E6 and E7-specific Abs is associated with an increased relative risk (RR=2.7) for cervical cancer, and can be detected, albeit infrequently, up to 5 years prior to diagnosis (Lehtinen et al., 2003). The percentage of women with false negative serology is dependent on the method of Ab detection (Achour et al., 2009; Combes et al., 2014; Kontostathi et al., 2016; Luevano et al., 2010; Waterboer et al., 2005; Zumbach et al., 2000). There is a clinical need for circulating biomarkers that identify high-risk HPV infection for early detection and treatment of cervical disease. Thus, systematic investigation of proteome-wide HPV serology is much needed for this purpose.

1.8. BIOMARKERS OF IMMUNITY TO THE CRISPR/CAS9 GENE THERAPY SYSTEM

The Clustered Regularly Interspaced Short Palindromic Repeat (CRISPR)/Cas9 technology has raised hopes for developing personalized gene therapies for complex diseases such as cancer. In October 2016, a Chinese group at Sichuan University in Chengdu was the first to inject CRISPR/Cas9-gene edited cells into a human to treat aggressive lung cancer (Cyranoski, 2016). Another trial by the University of Pennsylvania to treat sarcoma, multiple myeloma, and melanoma is currently under way. The trial will engineer T cells by CRISPR to delete PD-1 and create a tumor-specific T cell receptor (ClinicalTrials, 2018). Despite a not-so-distant history of disappointment with gene therapy, these trials reflect fast-paced strides toward the use of human gene editing in medicine.

The human experience with gene therapy has witnessed an excitement phase about the potential for curing diverse life-threatening diseases, especially genetic disorders, which was sparked by many success stories. However, the scientific community backtracked after the death of Jesse Gelsinger in 1999 at the age of 18 due to a massive immune reaction to the gene therapy he received (Marshall, 1999). Since then, several studies have evaluated the efficacy and safety of gene therapy in humans to treat genetic disorders (Cavazzana-Calvo et al., 2000; Gaspar et al., 2004; Hacein-Bey-Abina et al., 2002; Howe et al., 2008; Manno et al., 2006). One important finding is that healthy individuals have pre-existing immunity to adeno-associated viral vectors, some of the most widely used gene therapy vectors (F. Mingozzi et al., 2007; Thwaite, Pages, Chillon, & Bosch, 2015). AAV-specific CD8+ T cells detected were also shown to expand following gene delivery (F. Mingozzi et al., 2007).

The expression of the bacterial CRISPR-associated protein 9 (Cas9) nuclease in humans for cancer gene therapy raises concerns over safety and potential adverse reactions. Both cellular and humoral immune responses were reported in response to the expression of *Streptococcus pyogenes* Cas9 protein (SpCas9) in mice (Chew et al., 2016; D. Wang et al., 2015). Given the ubiquity of the *S. pyogenes* bacteria, it is possible that healthy individuals have pre-existing immunity to the SpCas9 protein, which could have implications for using this system in humans. Biomarkers of immunity to this protein could be used to guide gene therapy decisions in patients, particularly as this system moves to cancer clinical trials and possibly to *in vivo* treatment approaches. Chapter 5 of this dissertation seeks to address this gap in knowledge and aims to identify these markers for the most common human HLA type in North America.

1.9. THESIS CONTRIBUTIONS

This dissertation addresses several questions in HPV immunology, cancer biomarkers, and immunity to the CRISPR/Cas9 system. The primary contributions of this dissertation are:

1. Generating custom HPV Nucleic Acid Programmable Protein Arrays (NAPPA) displaying 98 proteins, representing the proteomes of two low-risk and ten oncogenic high-risk HPV types for studying serology in HPV-associated cancers. A high correlation of HPV16-specific serum IgG detection with the previously described RAPID ELISA for HPV-associated oropharyngeal cancer was confirmed.
2. Profiling the HPV Ab response to the proteomes of 12 HPV types in serum samples from women with invasive cervical cancer, high-grade pre-invasive cervical lesions (CIN II/III) and low-grade pre-invasive cervical

lesions (CIN 0/I; no CIN to grade I CIN). The arrays allowed the systematic analysis of HPV serology in cervical disease and detection of the breadth, specificity, and changing levels of HPV-specific antibodies with disease progression.

3. Detecting pre-existing B cell and T cell immune responses to the *S. pyogenes* Cas9 protein in humans. Two immunodominant T cell epitopes for HLA-A*02:01 were identified and a single mutation in the anchor residue of one or both of these epitopes significantly reduced the protein immunogenicity while maintaining its function and specificity in the CRISPR/Cas9 system. The identified epitopes have the potential to serve as a biomarker of pre-existing immunity to SpCas9 in the studied HLA haplotype that can help guide gene therapy decision making.
4. Reviewing the crucial considerations of developing pipelines for the rapid evaluation of circulating cancer biomarkers, with a focus on breast cancer as a case study.

CHAPTER 2 : CRUCIAL CONSIDERATIONS FOR PIPELINES TO VALIDATE CIRCULATING BIOMARKERS: BREAST CANCER AS A CASE STUDY

This chapter has been published:

Radwa Ewaisha, Chelsea D. Gawryletz, and Karen S. Anderson (2016). Crucial considerations for pipelines to validate circulating biomarkers for breast cancer. *Expert Review of Proteomics*, 13(2), 201-211. doi: 10.1586/14789450.2016.1132170

ABSTRACT

Despite decades of progress in breast imaging, breast cancer remains the second most common cause of cancer mortality in women. The rapidly proliferative breast cancers that are associated with high relapse rates and mortality frequently present in younger women, in unscreened individuals, or in the intervals between screening mammography. Biomarkers exist for monitoring metastatic disease, such as CEA, CA27.29 and CA15-3, but there is a need for circulating biomarkers that are clinically available for early detection, prognosis, or monitoring for clinical relapse. There has been significant progress in the discovery of potential circulating biomarkers, including proteins, AAbs, nucleic acids, exosomes, and circulating tumor cells, but the vast majority of these biomarkers have not progressed beyond initial research discovery, and none have yet been approved for clinical use in early stage disease. Here, the crucial considerations of developing pipelines for the rapid evaluation of circulating biomarkers for breast cancer are reviewed.

2.1. INTRODUCTION AND BACKGROUND

There has been significant effort toward the development of circulating biomarkers for the diagnosis and management of cancers. Breast cancer, as with other solid malignancies, is associated with alterations in systemic proteomic (Pernikarova & Bouchal, 2015),

glycoproteomic (Boersema, Geiger, Wisniewski, & Mann, 2013), immune (Kroemer, Senovilla, Galluzzi, Andre, & Zitvogel, 2015), and nucleic acid biomarkers (Schwarzenbach, 2013) that can be measured in the blood. Many of these biomarkers are thought to arise from the shedding or secretion of proteins or nucleic acids directly from tumor cells, such as the glycoprotein MUC1 (Paoletti & Hayes, 2014), circulating tumor DNA (ctDNA) (Dawson et al., 2013; Garcia-Murillas et al., 2015; Gingras, Salgado, & Ignatiadis, 2015), or within subcellular components such as exosomes (O'Brien et al., 2013; O'Driscoll, 2015; Yu, Cao, Shen, & Feng, 2015), or circulating tumor cells (CTCs) (Z. F. Jiang et al., 2013; M. C. Liu, 2014). Other biomarkers, such as cytokines (Gunter et al., 2015; Patel et al., 2015) or AAbs (Anderson, Sibani, et al., 2011; Chapman et al., 2007; J. Wang et al., 2015), are measures of the systemic immune reaction to the local tumor microenvironment. The blood, or a “liquid biopsy”, has the potential to provide a rapid, cost-effective, and minimally invasive window to molecular changes both in the breast and at distant metastatic sites. The development of highly sensitive molecular diagnostics is now providing the opportunity to evaluate these biomarkers for clinical management.

As with much of biomarker science, thousands of potential breast cancer biomarkers have been identified by research laboratories, but few of these have reached clinical practice (Poste, 2011; Poste, Compton, & Barker, 2015). Only the circulating biomarkers CEA, CA27.29, and CA15-3 are in clinical use for the management of metastatic breast cancer (Van Poznak et al., 2015). There are several reasons for the delays in clinical translation of many of these biomarkers. First, unlike cancer therapeutics, there have been few established pipelines and standards for the rigorous selection and validation of biomarkers for breast cancer. Second, the risk of false discovery in the early stages of research is significant. The scientific literature contains many circulating biomarkers that fail in validation steps. This false discovery is due, in part, to recurrent biases in the research

design of discovery science, such as pre-analytic variables in sample collection and the routine use of small sets of convenience samples without appropriate controls. As a consequence, the time, effort, and materials needed to eliminate false biomarkers are significant. Third, the intra-patient and inter-patient heterogeneity of breast cancer contribute to the limited quantity of circulating biomolecules in early stage disease and false-negative elimination of potentially useful markers. Fourth, detection of secreted proteins that are diluted in plasma need is difficult due to the complexity and the wide dynamic range of the plasma proteome (Rifai, Gillette, & Carr, 2006). We need a systematic assessment of the target clinical applications for circulating biomarkers, recognizing that clinical care is a dynamic process with evolving needs, technologies, therapeutic outcomes, and economic feasibility.

This chapter will focus on the emerging scientific technologies that are used to detect circulating biomarkers for breast cancer, with an emphasis on protein and immune biomarkers. Critical elements in biomarker study design and assay development will be identified, both at the discovery and the validation stages, to increase the identification of clinically useful markers (**Figure 2-1**). Factors that are needed to establish pipelines for the rapid translation of these biomarkers to clinical practice across multiple clinical applications will also be identified.

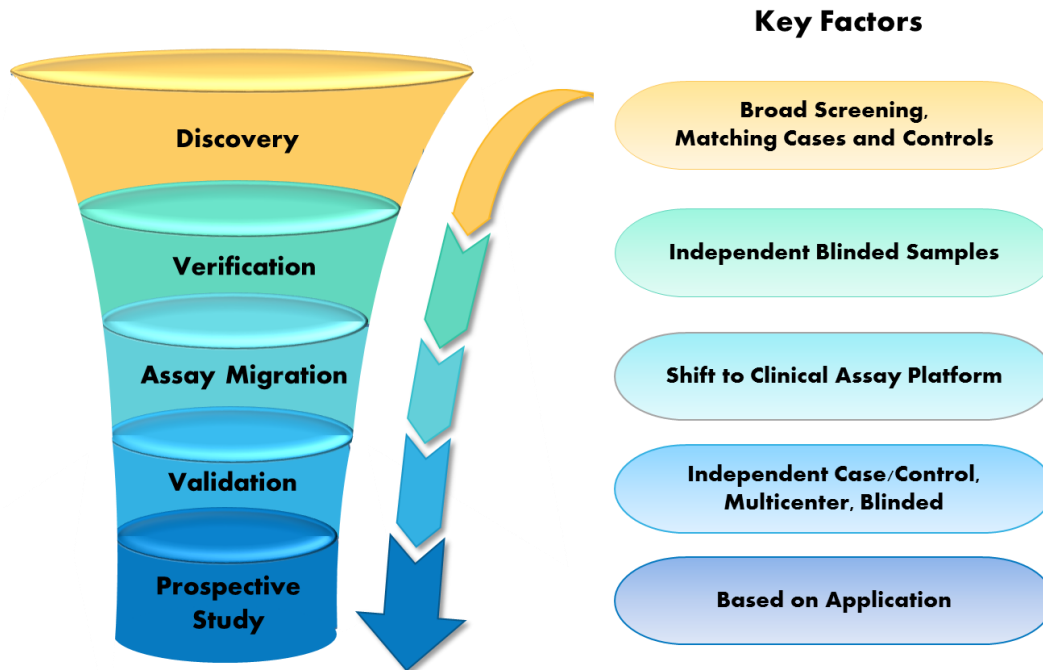


Figure 2-1. A Sample Pipeline of the Sequential Steps from Biomarker Discovery to Validation. The initial discovery usually involves screening many potential biomarkers with fewer samples but requires a strong statistical plan and matching of cases and controls to limit false discovery. Potential biomarkers should be verified using a larger number of samples from an independent, blinded sample set prior to publication. Prior to large-scale retrospective and prospective studies, migration of the assay to a highly reproducible, precise, and clinically-applicable platform is usually needed. Subsequent independent multicenter validation studies (both retrospective and prospective) require samples collected in the context of the intended clinical application.

2.2 THE CLINICAL APPLICATIONS OF BIOMARKERS FOR BREAST CANCER

Perhaps the most important process in biomarker discovery is the identification of the target clinical need (J. Chen et al., 2014; Zeidan, Townsend, Garbis, Copson, & Cutress, 2015). Circulating biomarkers have potential applications for risk assessment, early detection, prognosis, detection of early relapse, molecular profiling for treatment selection, and monitoring disease progression and evolution. The study design, selection of cases and controls, and validation strategy all depend on the intended use of the proposed biomarkers.

2.2.1. Biomarkers for Breast Cancer Risk Assessment

The current clinical practice in the United States is to provide population-based general breast cancer screening mammography and physical exams, in accordance with recommendations provided by the US Preventive Task Force guidelines ("US Preventive Task Force,"), the National Comprehensive Cancer Network (Bevers et al., 2009) and others. Patients at increased risk based on clinical, familial, and epidemiologic risk factors are routinely identified using the Breast Cancer Risk Assessment tool ("Breast Cancer Risk Assessment Tool,"), with additional risk factors (i.e. body mass index, breast density) being integrated into the current models (Tice et al., 2015). Patients with deleterious germline mutations in *BRCA1* and *BRCA2* are recommended to undergo more intensive screening, such as breast MRI (Narod, 2010). Emerging breast imaging tools, including tomosynthesis and contrast-enhanced digital mammography (CEDM), are rapidly changing the landscape of breast cancer screening (Chou et al., 2015). The role of additional genetic markers of risk (Garcia-Closas et al., 2013; Michailidou et al., 2013) identified from Genome-Wide Association Studies (GWAS) is being evaluated. As genetic screening becomes more prevalent and cost-effective, population-based genetic screening will become feasible (Manchanda et al., 2015).

In addition to genetic and epigenetic biomarkers of breast cancer risk, other circulating biomarkers of risk, such as protein, glycoprotein, and immune-based molecular changes may help inform targeted screening strategies. The systematic proteomic evaluation of blood from high risk women may lead to the discovery of biomarkers for risk stratification, to understand the molecular basis of tumor initiation and early development, and for selection of patients for targeted screening and prevention clinical trials. For both the discovery and validation of these biomarkers, early collaboration with epidemiologists and biostatisticians is necessary to design biorepositories that are technically compatible with

proteomic and immunomic analysis, and to identify appropriate samples (both circulating and tissue) with matching criteria of controls based on known and emerging breast cancer risk factors.

2.2.2. Biomarkers for Early Detection

Perhaps the greatest unmet need is for circulating biomarkers for early breast cancer detection. Screening mammography improves breast cancer survival (Harding et al., 2015), but the majority of breast cancers detected with mammography are ductal carcinomas *in situ* (DCIS) or low-grade, endocrine-responsive tumors where the timeline for early detection is less critical. High-grade, highly proliferative cancers, such as Her2+ breast cancer, triple-negative breast cancer (TNBC), and estrogen-receptor (ER) positive luminal B cancers frequently present as palpable masses in premenopausal women, women with increased breast density, or in the interval between screening mammography (Kirsh et al., 2011). There is a need for the specific detection of these cancers to reduce breast cancer mortality, in conjunction with radiographic imaging for tumor localization. In both the underserved and global health settings, mammography is rarely used as a primary screening tool, in part due to the cost and logistics of population-based mammographic screening. Circulating biomarkers, in conjunction with physical exams, could provide a rapid, cost-effective method for selection of patients for mammographic screening.

2.2.3. Biomarkers for Monitoring Breast Cancer

There is significant clinical interest in the use of liquid biopsies for monitoring breast cancer, either for the early detection of clinical relapse, for molecular profiling of metastatic tumors, or for monitoring metastatic disease response (Garcia-Murillas et al., 2015). Since the most common sites of metastatic spread are bone, liver, and lung, tissue-based diagnostics are associated with the morbidity of biopsies of relatively inaccessible

anatomic sites. The intra-patient heterogeneity of breast cancer evolution often results in mixed clinical responses that may be captured with deep molecular profiling. These circulating biomarkers could be used in conjunction with imaging for disease monitoring or for early detection of relapse. The clinical utility of detection of microscopic disease prior to relapse is not known but may identify patients for targeted clinical trials. In this setting, tissue-based genomic or proteomic alterations are a potential source of highly personalized marker profiles for tracking disease.

2.3. KEY FACTORS TO IMPROVE THE PIPELINE OF CIRCULATING BREAST CANCER BIOMARKERS

2.3.1. Incorporating PRoBE principles early in the biomarker discovery process

To improve the performance criteria of biomarkers in validation studies, it is important to limit hidden biases early in the design of discovery studies (Bohm et al., 2011; Marks et al., 2015; Opstal-van Winden et al., 2011; Pietrowska et al., 2010; Riley et al., 2011). The usual approach to the discovery of biomarkers is to measure markers in a small sample set of convenience, which usually contains serum or plasma samples of cases obtained from a single institution biorepository. Control samples often obtained from a separate collection from healthy people, with an inadequate sample size and unmatched for age, gender, race/ethnicity, location, or method of collection.

The prospective specimen collection, retrospective blinded evaluation (PRoBE) design, first described by Pepe et al. (Pepe, Feng, Janes, Bossuyt, & Potter, 2008) and updated in (Pepe, Li, & Feng, 2015), provides guidance for the strategic design of biomarker studies. PRoBE relies on well-designed prospective specimen collections that are fit-for-use, such as early diagnosis, prognosis, or serial samples for monitoring of early relapse.

The key element in the prospective study design is planned incorporation of relevant controls within the design of the biorepository, so that the comparison group is collected using standardized laboratory procedures in similar time frames and locations as the cases. For both discovery and validation studies, selection of the cases and controls from biorepositories should follow, as closely as possible, the biomarker development phase and the intended clinical use. The five phases of biomarker discovery progress from the preclinical exploratory phase, a clinical assay and validation phase, then onto retrospective longitudinal and prospective screening phases (Pepe et al., 2001). Following rigorous study design guidelines minimizes false discovery of biomarkers and streamlines the efficiency of the validation process.

2.3.2. Recognizing Breast Cancer Tumor Heterogeneity

Given the striking clinical and molecular differences between breast cancer subtypes, many circulating breast cancer biomarkers will have differential expression between the subtypes. Breast cancers are clinically divided into endocrine –responsive tumors that express the estrogen receptor (ER) and/or the progesterone receptor (PR), erbB2-expressing tumors (Her2+), and triple-negative breast cancers (TNBCs). Further molecular definitions based on RNA expression profiling have led to additional clinically relevant subtypes within these broad categories ("Comprehensive molecular portraits of human breast tumours," 2012). Use of a mixed collection of breast cancer sera in the discovery or validation phases of biomarker research is likely to over-represent the subset of low-grade ER+ Her2- breast cancers, for which survival rates are highest, mammographic screening is most effective, and circulating biomarkers for detection and relapse are less clinically needed. With this approach, biomarkers for the less common high-grade cancers are more likely to be eliminated early in discovery due to low overall sensitivity. There are two solutions to this challenge. One solution is to incorporate larger

numbers of samples within both the discovery and validation phases, to ensure adequate representation of the under-represented high-grade subtypes of breast cancer. This requires different statistical analysis strategies (Skates, 2014; Skates et al., 2013) that permit the initial selection of biomarkers with low clinical sensitivity (Wallstrom, Anderson, & LaBaer, 2013). The second solution is to focus the discovery (and validation) studies on a specific subtype of breast cancer. Our own strategy has evolved from broad, multiple-subtype screening for breast cancer (Anderson, Sibani, et al., 2011) to focused discovery and validation based on individual subtypes, such as basal-like breast cancers (J. Wang et al., 2015). As with all biomarker research, circulating biomarkers that are associated with changes in tumor biology (such as tumor mutation, gene expression, or alterations in the tumor microenvironment) may have a greater likelihood of validating in later phases of development.

2.3.3. Selection of Relevant Controls

The size, number, and selection of samples from cases and controls for both discovery and validation studies depends on the overall clinical use, so that early involvement of biostatisticians and epidemiologists throughout the discovery and validation pipeline is essential. For breast cancer, controls are usually matched by gender, age (+/- 5 years), which indirectly addresses menopausal status, and regional location of the collected samples, which limits confounding variables in sample collection (see below) and race/ethnicity variances. For early detection, incorporation of appropriate benign breast disease controls and follow up are needed to limit both false positive and false negative discovery. Ideally, both cases and controls are collected in similar clinical settings (screening mammography or diagnostic mammography), prior to treatment, at the time of biopsy or resection (for prognostic markers), or at defined time intervals post-surgery (for early relapse markers). The impact of stress, diet, concomitant medications, and systemic

therapy on biomarker levels are hidden potential confounders that can be minimized with a planned study design. Even with careful selection, a certain number of healthy controls may be positive for a biomarker, and it may be difficult to determine an analytical false positive from an asymptomatic early cancer diagnosis.

2.3.4. Minimizing Pre-analytic Variability

Standardization of specimen collection procedures and clinical annotation for biomarker research is an essential component of a reliable pipeline. The current significant variation in quality and suitability of samples collected impacts research quality and the ultimate clinical utility of identified biomarkers. Protocols that detail procedures (Dash et al., 2012) with defined clinical annotation (Robb et al., 2014) are available and can be generalized across the biomarker pipeline. Funding agencies and peer-reviewed publications have an emerging recognition of the value of high quality samples prepared using standard protocols and the need for detailed description of sample collection methods. This includes protocols for collection, processing and storage, time delays to collection and processing, batch numbers and reference sets, validation of tissue pathology data linked to blood samples, inventory management, sample distribution and standardized equipment (Dash et al., 2012). Hundreds of pre-analytic variables may be considered for annotation in biorepositories (Robb et al., 2014).

2.3.5. Assay Migration to a Clinically-Compatible Platform

Once the early discovery and verification studies have identified a discrete number of potential biomarkers for an intended clinical use, proteomics, immunomics, and genomics assays usually need to be migrated to a clinically-compatible platform prior to further validation studies. This process may take 1-2 years to establish standardized procedures, precision and variability, and to replicate the prior data obtained from the discovery

platform. Typically, at this stage the numbers of biomarkers are limited, and the assay becomes cost-effective for large-scale serum or plasma screening.

2.3.6. Leveraging Existing Biorepositories

Once the single-institution discovery and initial independent blinded verification study is completed, the next phase is to perform further validation studies using larger cohorts of multi-institutional, blinded specimens. There are multiple biorepositories already available for select clinical applications. To meet the needs for early detection, the NCI Early Detection Research Network (EDRN, ("The Early Detection Research Network,") has created the Breast Cancer Reference Set (BCRS), a prospective, multicenter annotated collection of over 700 sera and plasma from women undergoing screening mammography and diagnostic mammography (Marks et al., 2015). This is an invaluable resource collected in compliance with PRoBE principles that are available for distribution to researchers upon request (Feng et al., 2013; Marks et al., 2015). In a recent evaluation of 90 potential protein biomarkers using the BCRS, only CA 125 was found to have potential utility for the discrimination of ER- breast cancers (Marks et al., 2015).

A key question for any early detection biomarker is the lead time of biomarker detection prior to clinical diagnosis. Several large multicenter biorepositories have blood collections from healthy individuals, annotated for subsequent cancer diagnosis. This includes the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial (PLCO), the Women's Health Initiative (WHI), the Health Professionals Study, Janus, ROCA (Risk of Ovarian Cancer Algorithm), EPIC (European Prospective Investigation into Cancer), the Carotene and Retinol Efficacy Trial (CARET) and the Nurses' Health Study (NHS), all of which have blood samples obtained prior to clinical diagnosis (Bohm et al., 2011; Chan, Bandera, Greenwood, & Norat, 2015; Feng et al., 2013; Gonzalez, Daly, Tan, Marks, & Zangar, 2011; Gunter et al., 2015; J. Wang et al., 2015). Fewer biorepositories exist for evaluating

biomarkers for the early detection of clinical relapse, which requires prospective collection of serial samples after clinical diagnosis. Overall, other than early detection, there is a need for rapid, adaptable, multicenter, annotated specimens for targeted validation studies available to the research community.

2.4. SPECIFIC CLASSES OF BIOMARKERS

2.4.1. Proteins

A number of proteomic platforms have been used to identify novel circulating protein biomarkers for breast cancer (**Table 2-1**). Targeted sandwich ELISA microarrays have been used to identify novel proteins in pre-diagnostic plasmas for early detection of ER+/PR+ ductal breast carcinoma (Buas et al., 2015), and a separate panel of proteins were detected for triple-negative breast cancer (C. I. Li et al., 2012). In an independent microarray platform, ten proteins were altered in at least one breast cancer subtype, including elevated expression of RANTES (Gonzalez et al., 2011). Plasma proteomic profiling has also been used to identify breast cancer biomarkers that are differentially detected in patient plasma. Elevated EGFR levels have been detected in plasma samples collected up to 17 months prior to ER+ breast cancer diagnosis in post-menopausal hormone therapy users (Pitteri et al., 2010). Elevated glycolysis pathway proteins have also been detected in pre-diagnostic plasma compared with controls (Amon et al., 2012). A panel of 14 biomarkers that distinguish primary non-metastatic breast cancer and healthy controls have been reported using mass spectrometry of serum samples (Bohm et al., 2011). Serum levels of 20 peptides were found to change one year after the end of chemotherapy in breast cancer patients subjected to tumor surgical resection (Pietrowska et al., 2010). A large LC-MS proteomics dataset has been generated from plasma samples

prospectively collected from breast cancer patients and controls (Riley et al., 2011), providing a valuable resource for comparative analysis.

Table 2-1. Examples of Protein Biomarkers for Breast Cancer.

| Protein Marker | Breast Cancer Subtype | Clinical Application | PRoBE Phase | References |
|--------------------------------|------------------------------|-------------------------------------|--------------------|------------------------------------|
| CCL27, CCL28 | TNBC | Early detection | Phase 3 | (C. I. Li et al., 2012) |
| CSF2, RYBP, TFRC, ITGB4 | ER+/PR+ | Risk assessment and early detection | Phase 3 | (Buas et al., 2015) |
| Glycolysis proteins | ER+ | Early detection | Phase 3 | (Amon et al., 2012) |
| EGFR | ER+ | Early detection | Phase 3 | (Pitteri et al., 2010) |
| Multiple proteins | Unselected | Early detection | Phase 3 | (Opstal-van Winden et al., 2011) |
| Specific PTMs * | Unselected | Diagnosis | Phase 1/2 | (Jin, Daly, Marks, & Zangar, 2013) |
| Dermcidin (DCD) | Intrinsic | Diagnosis | Rat model | (Brauer et al., 2014) |
| 14 proteins | Unselected | Diagnosis | Phase 1/2 | (Bohm et al., 2011) |
| 20 peptides | Unselected | Monitoring response to therapy | Phase 1/2 | (Pietrowska et al., 2010) |

***Glutathione (GSH)-modified ceruloplasmin and 4-hydroxynonenal (HNE)-modified PDGF**

Two-dimensional nano-liquid chromatography coupled with tandem mass spectrometry (2D-Nano LC-MS/MS) has been used to detect elevated levels of afamin, apolipoprotein E and the isoform 1 of inter-alpha trypsin inhibitor heavy chain H4 (ITIH4), as well as decreased levels of alpha-2-macroglobulin and ceruloplasmin in sera collected prior to breast cancer diagnosis (Opstal-van Winden et al., 2011). Subcellular fractionation of plasma membranes (Leth-Larsen, Lund, & Ditzel, 2010), and secretome analysis

(Zawadzka et al., 2014) have also been applied for biomarker selection. There has been increasing interest in exploring the tumor interstitial fluid (TIF) as an enriched source of the tumor secretome (Gromov et al., 2010; Turtoi et al., 2011). TIF has the potential advantage of local detection of disease-specific biomarkers in high concentrations before they are diluted in the blood. (Haslene-Hox, Tenstad, & Wiig, 2013; Rifai et al., 2006).

Other potential biomarkers include angiogenic factors, cytokines, metalloproteases (Gonzalez et al., 2011), and circulating C-reactive protein (Chan et al., 2015; Cheng, Liu, & Zhang, 2015; Gunter et al., 2015). Dermcidin and the related host defense peptide psoriasin (S100A7 (Anderson, Wong, Polyak, Aronzon, & Enerback, 2009)) function in mammary carcinogenesis, and dermcidin levels are increased prior to breast cancer diagnosis in a Japanese study (Brauer et al., 2014), but S100A7 levels are not elevated (Anderson et al., 2009). PTMs have also been evaluated as potential circulating biomarkers. Alterations in mucin glycoproteins are common, functional molecular changes in breast cancer (Vester-Christensen et al., 2013), and MUC1 glycoproteins are currently used in clinical practice for monitoring advanced disease (Paoletti & Hayes, 2014). Additional PTMs have been evaluated, such as oxidized ceruloplasmin and platelet-derived growth factor (PDGF) which are differentially detected in plasma from breast cancer patients and benign controls (Jin et al., 2013). Overall, the majority of these circulating proteins have not yet been validated in blinded, retrospective or prospective multi-center clinical studies.

2.4.2. Autoantibodies (AAbs)

Abs to tumor-associated antigens are induced in cancer patients in response to altered structure or expression of proteins or glycans. Because of their stability, high specificity and ease of detection in cancer patient sera, they represent a class of circulating biomarkers that can be rapidly adapted to clinical diagnostic platforms and may reflect

underlying immune surveillance of tumors. A number of these AAbs have been identified (**Table 2-2**). Since individual AAbs often have low clinical sensitivity, AAb combinations may improve the sensitivity of detection (Anderson, Sibani, et al., 2011; Chapman et al., 2007; Katayama et al., 2015; Lacombe, Mange, Bougnoux, Prassas, & Solassol, 2014; Ladd et al., 2013; H. Lu et al., 2012; J. Wang et al., 2015). For example, a three-phase screening approach was used to identify an immunosignature of 28 AAbs in early stage breast cancer (IBC) for potential early diagnosis (Anderson, Sibani, et al., 2011). In a subsequent study focused on basal-like breast cancer, 10,000 antigens were screened using protein microarrays and identified a panel of 13 AAbs that can distinguish between cancer cases and controls (J. Wang et al., 2015). A separate phase 3 study using plasma derived from the Women's Health Initiative cohort identified AAbs to proteins involved in BRCA1, TP53 and cytokeratin networks prior to TNBC diagnosis (Katayama et al., 2015). Additional autoantigens include plasminogen (Goufman, Iakovlev, Tikhonova, & Lokshin, 2015), centrosomal antigens (Maroun et al., 2014), nuclear antigens (Mohammed & Abdelhafiz, 2015), and Alpha 1-antitrypsin (Lopez-Arias et al., 2012). Using sera from primary breast cancer patients, DCIS and healthy controls for Abs against P53, c-myc, NY-ESO-1, BRCA1, BRCA2, HER2 and MUC1, AAbs against at least one of these 6 proteins were associated with early-stage breast cancer (Chapman et al., 2007).

Table 2-2. Examples of Autoantibody Biomarkers for Breast Cancer.

| Autoantibody Marker | Breast Cancer Subtype | Clinical Application | Probe Phase | References |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|-------------|----------------------------------|
| 13-AAb signature: Tp53*, MN1*, CTAG2, CTAG1B, RNF216, PPHLN1, PIP4K2C, ZBTB16, TAS2R8, WBP2NL, DOK2, PSRC1, TRIM21 | Basal-like | Diagnosis | Phase 1/2 | (J. Wang et al., 2015) |
| 28-AAb panel | Unselected | Early detection | Phase 1/2 | (Anderson, Sibani, et al., 2011) |
| BRCA1, Tp53, cytokeratin | TNBC | Early detection | Phase 3 | (Katayama et al., 2015) |
| Glu-plasminogen (Pg) | Unselected | Diagnosis | Phase 1/2 | (Goufman et al., 2015) |
| Anti-nuclear Ab (ANA) | Unselected | Diagnosis | Phase 1/2 | (Mohammed & Abdelhafiz, 2015) |
| Anti-centrosome Ab | Unselected | Diagnosis | Phase 1/2 | (Maroun et al., 2014) |
| Alpha 1-antitrypsin Ab | Unselected | Diagnosis | Phase 1/2 | (Lopez-Arias et al., 2012) |
| 6-AAb Panel: P53, c-myc, NY-ESO-1, BRCA1, BRCA2, HER2, MUC1 | Unselected | Diagnosis | Phase 1/2 | (Chapman et al., 2007) |
| CCNB1, FKBP52, GAL3, PAK2, PRDX2, PPIA, P53, and MUC1 | Unselected | Diagnosis | Phase 1/2 | (Lacombe et al., 2014) |
| HER2/neu and p53 | Unselected | Early detection | Phase 3 | (H. Lu et al., 2012) |

*Associated with worse survival

2.4.3. Circulating Tumor Cells (CTCs)

Circulating tumor cells are cancer cells that have disseminated into the peripheral blood, but are rare in healthy individuals and patients with local disease (Bidard et al., 2013).

Their identification and enumeration in blood is minimally invasive and have been

evaluated for prognosis and treatment selection. Detection of 5 or more CTCs per 7.5 mL of blood is associated with increased metastatogenesis, decreased progression-free survival and overall survival (Bidard et al., 2010; Giuliano et al., 2014; Z. F. Jiang et al., 2013). CTCs have been detected from multiple molecular subtypes, but at low frequencies in early stage disease (Bidard et al., 2014). Very high counts were observed more frequently in Luminal A and TNBC subtypes (Peeters et al., 2014). At this time, their primary use is to identify molecular changes in metastatic tumors (M. C. Liu, 2014). Ongoing clinical trials to investigate CTC clinical utility are reviewed in (Castle, Shaker, Morris, Tugwood, & Kirwan, 2014).

2.4.4. Exosomes

Exosomes are nano-sized vesicles released from all types of cells, present in almost all body fluids and are involved in intercellular communication (O'Driscoll, 2015). They are rich in proteins, DNA, mRNA, lncRNA and miRNA and their constituents provide insights into the contents of their cells of origin (Yu et al., 2015). Tumor-derived exosomes transfer information to other cells and can thus actively enhance cancer progression and metastasis, which has been demonstrated for TNBC (O'Brien et al., 2013). Sera from cancer patients may have both increased quantity and altered content of exosomes compared with exosomes in healthy control sera. Unlike normal exosomes, breast cancer-derived exosomes were found to convert pre-miRNA into miRNA including the two breast cancer-related miRs, miR-10b and miR-21 (Melo et al., 2014), and to contain unique tRNAs (Guzman et al., 2015).

2.4.5. MicroRNA (miRNA)

miRNAs function to modulate post-transcriptional regulation of gene expression in cancers, including breast cancers, and can be classified as oncogenes (oncomiRs) or tumor suppressor genes (oncosuppressor-miRs) depending on the genomic context (Andorfer, Necela, Thompson, & Perez, 2011; Jansson & Lund, 2012). Many circulating miRNAs are differentially detected in the blood of breast cancer patients (reviewed in (Bertoli, Cava, & Castiglioni, 2015)). These miRNAs are potential biomarkers for breast cancer diagnosis (Hu et al., 2012; E. J. Jung et al., 2012; Kleivi Sahlberg et al., 2015; Q. Wu et al., 2011), prognosis (Hu et al., 2012; Joosse, Muller, Steinbach, Pantel, & Schwarzenbach, 2014; Kleivi Sahlberg et al., 2015; Q. Wu et al., 2011) and prediction of response to therapy (E. J. Jung et al., 2012; Sun et al., 2012). A recent study identified upregulation of miR-106a-5p and miR-454-3p and downregulation of miR-195-5p and miR-495 ($p < 0.05$) in PBMCs from patients with early stage breast cancer (Mishra, Srivastava, Suman, Kumar, & Shukla, 2015). In addition to the widely used RT-qPCR, exploring other highly sensitive techniques such as small RNA sequencing (Kelly et al., 2015) and droplet digital PCR (Mangolini et al., 2015) will help detect specific, low abundance analytes within complex biologic fluids.

2.4.6. Circulating Tumor DNA (ctDNA)

Circulating cell-free DNA was originally identified in the 1970s in the blood of advanced cancer patients (Chapman et al., 2007; Goufman et al., 2015). Because of low plasma concentrations, reliable detection required the later development of highly sensitive fluorescent dye and PCR assays (K. Jung, Fleischhacker, & Rabien, 2010). Initially, cell-free DNA was used to measure copy number alterations in tumors (Skates, 2014) as well as acquired resistance to drugs (Pepe et al., 2001; Tripathy et al., 2014; Wallstrom et al., 2013). However, total circulating DNA content has not been consistent between studies

(K. Jung et al., 2010; Mohammed & Abdelhafiz, 2015), and the association with tumor stage and metastasis in breast cancer has been variable.

More recently, methods have evolved to detect tumor-specific aberrations within total DNA, termed circulating tumor DNA (ctDNA). ctDNA provides a unique insight into the tumor genomic profile, including mutations, loss of heterozygosity, gene amplification, chromosomal aberrations and epigenetic changes. High levels (95-100%) of similarity of PIK3CA mutation between tumor and plasma DNA have been reported in breast cancer (Board et al., 2010; Higgins et al., 2012). HER2 amplification in circulating DNA was detected in sera from patients with HER2 negative tumors at diagnosis (Pepe et al., 2008). ctDNA has been detected in the majority of blood samples from patients with advanced breast cancer (Bettegowda et al., 2014) and may have applications as liquid biopsies for monitoring minimal residual disease (MRD) and predicting relapse (Garcia-Murillas et al., 2015). In one study, the sensitivity of ctDNA was superior to both CA 15-3 (85% vs 59%) and circulating tumor cells (90% vs 67%) (Dawson et al., 2013).

In addition to somatic mutations and copy number alterations, tumor-specific epigenetic modifications within ctDNA have also been observed. *De novo* DNA methylation is often conserved through disease progression and are highly stable analytes (Wittenberger et al., 2014). Methylation of the tumor suppressor RASSF1 gene was detected in 80% of tumors and 40% of sera from 52 breast cancer patients using a methylation sensitive PCR-based method, and may change with response to therapy (Avraham et al., 2012). Recent advances in the detection of whole genome methylated DNA (reviewed in (Wittenberger et al., 2014)) may broaden the scope of potential circulating epigenetic biomarkers for breast cancer. Overall, rigorous prospective validation of ctDNA biomarkers will be required, and protocols for processing, storage and enrichment of ctDNA will need

standardization to create biorepositories for their evaluation (Mohammed & Abdelhafiz, 2015; Skates et al., 2013).

CHAPTER 3 : PROGRAMMABLE PROTEIN ARRAYS FOR IMMUNOPROFILING HPV-ASSOCIATED CANCERS

This chapter has been published:

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Anderson (2016). Programmable protein arrays for immunoprofiling HPV-

associated cancers. *PROTEOMICS*, 16(8), 1215-1224. doi:

10.1002/pmic.201500376

ABSTRACT

Over 600,000 cancers each year are attributed to the human papillomavirus (HPV), including cervical, anogenital and oropharyngeal cancers (OPC). A key challenge in understanding HPV immunobiology is the diversity of oncogenic HPV types and the need for multiplexed display of HPV antigens to measure Ab responses. Custom HPV protein microarrays displaying 98 proteins as C-terminal GST fusion proteins, representing 8 antigens of two low-risk HPV types (HPV6 and 11) and ten oncogenic high-risk HPV types (HPV16, 18, 31, 33, 35, 39, 45, 51, 52 and 58) were generated. Robust and reproducible protein expression of 96/98 of the antigens was demonstrated using a human cell lysate expression system. The target epitopes and specificity of four monoclonal Abs were identified. Using sera from 10 patients with newly diagnosed OPC and 10 controls, specific IgG seroreactivity to HPV16 E1, E2, and E7 (a fold increase of 1.52, 2.19 and 1.35 in cases vs controls, respectively, all $p < 0.005$) was demonstrated, confirming our prior data on an ELISA platform. HPV52 E7 Abs were also detected in serum from a patient with cervical cancer. The HPV protein array has potential for rapid identification of serologic responses to 12 HPV types.

3.1. INTRODUCTION AND BACKGROUND

Approximately 79 million Americans are currently infected with human papillomavirus (HPV) ("HPV Factsheet,"). While most infections are subclinical or result in benign neoplastic growth, HPV infection is a necessary event for the development of cervical cancer (Bosch & de Sanjose, 2003) and is strongly associated with anogenital and oropharyngeal cancers. Cervical cancer is the most common cancer among women in Eastern and Middle Africa and fourth in women worldwide (Ferlay et al., 2013), with an estimated 528,000 new cases in 2012 and an annual mortality rate of 270,000 deaths (Ferlay et al., 2010; Ferlay et al., 2015). The majority of these cases occurs in less developed countries due to limited resources for cytologic screening and HPV vaccination (Jemal, Ward, & Thun, 2010). In the US, there has been a recorded rise in incidence of HPV-positive oropharyngeal cancers among men in the last decade (Marur, D'Souza, Westra, & Forastiere, 2010).

Although HPV is a small double-stranded DNA virus, a major challenge to the detection of specific immune responses is the diversity of over 200 HPV types. These vary from non-oncogenic low-risk types such as HPV 6 and 11 that cause anogenital warts, to high-risk types that are oncogenic. HPV16 is responsible for 85-90% of HPV-associated OPCs (D'Souza et al., 2007; Marur et al., 2010), but only 50-55% of cervical cancers (Bosch et al., 2008). Eight high-risk types (HPV16, 18, 31, 33, 35, 45, 52 and 58) are responsible for 90% of invasive cervical cancer (Bosch et al., 2008; Woodman et al., 2007).

The humoral immune response to HPV plays a significant role in the settings of natural infection, vaccination and cancer. Type-specific IgG Abs to the L1 coat protein are induced in response to acute HPV infection, and the HPV vaccines are designed to induce high levels of protective anti-L1 IgG Abs (Villa et al., 2006). In contrast to HPV infection, the development of HPV cancers is associated with IgG Abs, primarily to the oncogenic

antigens E6 and E7, best studied for the most common subtype, HPV16. Serum Abs to HPV16 E6 and E7 proteins have been detected in sera of 30-40% of patients with invasive cervical cancer (Achour et al., 2009; Reuschenbach et al., 2008). Abs to HPV16 E6 and E7 were similarly detected in 30-50% of HPV-positive OPC patients (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015; E. M. Smith et al., 2010) and Abs to E6 have been detected 10 years before OPC diagnosis (Kreimer et al., 2013). Using a mammalian-based method of antigen display of the full HPV16 proteome (8 antigens), our laboratory has observed that the immune response to HPV16 is heterogeneous in OPC and also includes strong immune responses to HPV16 E1, E2, and E4 antigens (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015; Anderson, Wong, et al., 2011), highlighting the significance of exploring the immune response across the HPV proteome.

The primary methods for measuring HPV-specific IgG across multiple HPV types have used multiplexed bead arrays coupled with HPV fusion proteins expressed in *E. coli* (Combes et al., 2014; Kreimer et al., 2013). One extensive study of an HPV protein slide-based array displaying multiple HPV proteomes expressed in *E. coli* identified IgG Abs to HPV16 E7 in the sera of 60% of patients with HPV16+ invasive cervical cancer, but limited detection of other Abs (Luevano et al., 2010). Our experience with mammalian expression of HPV16 proteins suggest that the method of protein display markedly impacts both yield and epitope presentation (F. Festa et al., 2013). However, when used in bead- and ELISA-formats, this method is cost-ineffective for detecting Abs across a wide range of viral proteins. We predicted that custom protein arrays displaying a broad spectrum of HPV antigens in a slide-based format may improve the detection of serologic responses to HPV.

Here, we have generated the first HPV programmable protein microarrays (termed NAPPA) displaying eight antigens from 2 low-risk and 10 high-risk HPV types. Expression plasmids were co-printed on glass slides with anti-GST Abs using human cell lysate (N. Ramachandran et al., 2004; N. Ramachandran et al., 2008). We demonstrate robust and reproducible protein expression across 96 of 98 viral antigens, and rapid mapping of the specificity of four HPV-specific monoclonal Abs (MAbs). The arrays permitted rapid mapping of Ab responses in sera from 11 patients with HPV-associated malignancies. These high-risk HPV protein arrays are designed to rapidly and specifically detect a wide array of serum Abs to multiple HPV types and may be useful to identify biomarkers for the detection and prognosis of HPV-associated malignancies.

3.2. MATERIALS AND METHODS

3.2.1. Patient Sera

The HPVOPC sera used in this study are a subset of the serum collection used in the HOTSPOT study previously described (K. S. Anderson, J. E. Gerber, et al., 2015; D'Souza et al., 2014). Samples were collected from newly diagnosed, histopathologically confirmed oropharyngeal cancer (OPC) patients (n = 10) from four study sites prior to initiation of treatment between October 2009 and May 2013. Healthy control sera (n = 10) used in this study, previously described (K. S. Anderson, K. R. Dahlstrom, et al., 2015), are a subset of a molecular epidemiology study of head and neck cancer at the MD Anderson Cancer Center, collected between January 2006 and September 2008. Serum from one patient with invasive cervical cancer serum was obtained from Biorepository for Molecular Signatures of Cervical Cancer developed by the Centers for Disease Control and Prevention as a Clinical Epidemiology and Validation Center for NCI's Early Detection Research Network (EDRN). Samples were collected using a standardized sample

collection protocol and stored at -80°C until use. Written informed consent was obtained from all participants under institutional review board approval. The HPVOPC sera used in this study are a subset of the serum collection used in the HOTSPOT study previously described (K. S. Anderson, J. E. Gerber, et al., 2015; D'Souza et al., 2014). Samples were collected from newly diagnosed, histopathologically confirmed oropharyngeal cancer (OPC) patients (n = 10) from four study sites prior to initiation of treatment between October 2009 and May 2013. Healthy control sera (n = 10) used in this study, previously described (K. S. Anderson, K. R. Dahlstrom, et al., 2015), are a subset of a molecular epidemiology study of head and neck cancer at the MD Anderson Cancer Center, collected between January 2006 and September 2008. Serum from one patient with invasive cervical cancer serum was obtained from Biorepository for Molecular Signatures of Cervical Cancer developed by the Centers for Disease Control and Prevention as a Clinical Epidemiology and Validation Center for NCI's Early Detection Research Network (EDRN). Samples were collected using a standardized sample collection protocol and stored at -80°C until use. Written informed consent was obtained from all participants under institutional review board approval.

3.2.2. Gene Design, Codon Optimization, and Cloning

DNA constructs of all genes for 10 high-risk (16, 18, 31, 33, 35, 39, 45, 51, 52, and 58) and 2 low-risk (6 and 11) HPV types were commercially prepared by GenScript (Piscataway, NJ) in the pDONR221 vector. For HPV types 6 and 11, both variations of E5 (denoted E5a and E5b) found naturally due to alternative reading frames, were generated. To use the Gateway cloning system, attB1 (5'-GGGGACAAGTTTGTACAAAAAAGCAGGCTCCACC-3') and attB2 (3'-GACCCAGCTTTCTTGTACAAAGTGGTCCCC-5') linkers were added to flank the genes. The ORFs were transferred by recombination cloning into the pANT7-cGST vector, which

is optimized for maximal *in vitro* expression of proteins with a C-terminal glutathione S-transferase (GST) fusion tag (N. Ramachandran et al., 2004). DNA sequences were obtained from the Papillomavirus Episteme (PaVE), an online database maintained by the National Institute of Allergy and Infectious Disease (NIAID) (<http://pave.niaid.nih.gov>). The sequences were codon optimized by the manufacturer using the proprietary OptimumGene Algorithm that optimized codon usage, as codon adaptability, mRNA structure, and cis-elements in transcription and translation (X. LIU et al., 2012). Plasmids were sequence verified and deposited in the DNASU Plasmid Repository (Seiler et al., 2013) and will be made available upon request.

3.2.3. HPV Microarray Generation

Highly purified plasmid DNA was prepared using a high-throughput DNA factory robotic system as previously described (J. Qiu & LaBaer, 2011) and DNA concentration was normalized to 1200 ng/μl prior to printing. Protein arrays were generated as previously described (Anderson, Sibani, et al., 2011; J. Qiu & LaBaer, 2011). Briefly, plasmid DNA was incubated overnight at 4°C with a printing mix of capture anti-GST Ab (50 μg/mL, GE Healthcare Biosciences, Piscataway, NJ), BS3 protein cross-linker (2 mM, Pierce, Rockford, IL) and Bovine Serum Albumin (BSA) (3 mg/mL, Sigma-Aldrich) before arraying onto aminosilane-coated glass slides using a Genetix QArray2 with 300 μm solid tungsten pins. Positive controls included the highly immunogenic EBV-derived antigen EBNA-1 (Rickinson & Kieff, 2001) and purified human IgG protein. Negative controls included no spotted material (nonspots) and all material except DNA (no DNA). Each sample was spotted in duplicate and in non-adjacent positions. Three subarrays, each printed with 98 genes in duplicate, were printed on each slide. Two sequential printing batches were run on the same day using the same source plate of plasmid DNA preps. Arrays were stored in an air-tight container at room temperature and protected from light. Array quality control

was performed using both picogreen DNA staining and anti-GST staining of IVTT-expressed proteins. A 1:200 dilution of anti-GST MAb (Cell Signaling Technology, MA, USA) was used to confirm expression of proteins from the plasmids printed on the arrays. The correlation of protein expression was compared within (intra-batch) and between (inter-batch) printing runs and between subarrays on the same slide (intra-array) to determine the reproducibility of slide production. Highly purified plasmid DNA was prepared using a high-throughput DNA factory robotic system as previously described (J. Qiu & LaBaer, 2011) and DNA concentration was normalized to 1200 ng/ μ l prior to printing. Protein arrays were generated as previously described (Anderson, Sibani, et al., 2011; J. Qiu & LaBaer, 2011). Briefly, plasmid DNA was incubated overnight at 4°C with a printing mix of capture anti-GST Ab (50 μ g/mL, GE Healthcare Biosciences, Piscataway, NJ), BS3 protein cross-linker (2 mM, Pierce, Rockford, IL) and Bovine Serum Albumin (BSA) (3 mg/mL, Sigma-Aldrich) before arraying onto aminosilane-coated glass slides using a Genetix QArray2 with 300 μ m solid tungsten pins. Positive controls included the highly immunogenic EBV-derived antigen EBNA-1 (Rickinson & Kieff, 2001) and purified human IgG protein. Negative controls included no spotted material (nonspots) and all material except DNA (no DNA). Each sample was spotted in duplicate and in non-adjacent positions. Three subarrays, each printed with 98 genes in duplicate, were printed on each slide. Two sequential printing batches were run on the same day using the same source plate of plasmid DNA preps. Arrays were stored in an air-tight container at room temperature and protected from light. Array quality control was performed using both picogreen DNA staining and anti-GST staining of IVTT-expressed proteins. A 1:200 dilution of anti-GST MAb (Cell Signaling Technology, MA, USA) was used to confirm expression of proteins from the plasmids printed on the arrays. The correlation of protein expression was compared within (intra-batch) and between (inter-batch) printing runs and

between subarrays on the same slide (intra-array) to determine the reproducibility of slide production.

3.2.4. Detection of Serum Abs using HPV Arrays

Serum Ab detection was performed as previously described (K. S. Anderson, D. W. Cramer, et al., 2015; Anderson, Sibani, et al., 2011; J. Qiu & LaBaer, 2011). Slides were incubated with rocking for 1 h at room temperature with SuperBlock (Thermo Fisher Scientific, Waltham, MA). Proteins were expressed by injecting 150 μ l 1-Step Human Coupled *in vitro* Expression system (Thermo Fisher Scientific) into slides sealed with HybriWell (Grace BIO-LABS, OR) and incubating for 1.5 h at 30°C for protein expression followed by 30 min at 15°C for protein capture. Slides were rinsed twice with PBST (0.2% tween), washed 3 times for 5 min each with 5% w/v milk powder (MP Biomedicals, LLC, CA, USA) in 0.2% PBS-Tween (5% milk-PBST) and then blocked in milk for 1 h. Serum was diluted 1:80 in 25% *E. coli* lysate prepared in 5% milk-PBST (0.2% tween) (J. Wang et al., 2013) and rotated for 2 h at room temperature. The serum was added to individual subarrays separated by a multi-well gasket (Grace BIO-LABS). Slides were incubated with serum for 16 h at 4°C with rocking, washed 3 times with 5% milk-PBST (0.2% tween) then incubated for 1 h at room temperature with Alexa Fluor 647 goat anti-human IgG (#109-605-008, Jackson ImmunoResearch Laboratories, PA, USA). Slides were washed, dried, and scanned by Tecan PowerScanner (Tecan Group, Männedorf, Switzerland).

3.2.5. Protein Array Image Analysis and Quantification

Signal intensity of individual spots on the scanned slides was measured using ArrayPro Analyzer version 6.3 (MediaCybernetics, Bethesda, MD). Normalization of raw intensity values was done by subtracting the slide background signal and dividing by the background signal subtracted from intensity of noncontrol spots. The slide background signal was determined by the first quartile of signal intensity of nonspots (spots with no

printed DNA). In addition, array images were qualitatively examined to identify and confirm positive responses by adjusting raw images to extreme brightness and contrast using ArrayPro Analyzer and visual inspection of diffused signal (ring) as described previously (W. R. Montor et al., 2009).

3.2.6. Detection of Expressed Proteins using Anti-HPV Monoclonal Antibodies

RAPID ELISA was performed as described in (D'Souza et al., 2014) to evaluate the binding of specific MAbs raised against HPV16 E2 (Abcam, UK), HPV16/18 E6, HPV16 E7 or HPV16 E1/E4 (Santa Cruz Biotechnology, TX). GST-tagged E1, E2, E6 or E7, proteins from 12 HPV types were expressed by IVTT from 200 ng cDNAs in pANT7-cGST vectors using human HeLa lysate. A plasmid expressing GST was used as a positive control. Expressed proteins were diluted 1:100 with 5% Milk PBST 0.2% and 100 μ L of diluted antigen were added to the specified wells. MAbs were diluted 1:3000 in blocking buffer and bound Abs were detected using a 1:6250 dilution of secondary HRP goat anti-mouse IgG Ab (Life Technologies, Carlsbad, CA). Luminescence detection was done using Glomax 96 Microplate Luminometer (Promega, WI).

3.2.7. Statistical Analysis

For the RAPID programmable ELISA, proteins were expressed in duplicate and RLU measurements were plotted as mean values. Each protein was expressed from DNA spotted in duplicate and signal intensities were plotted as mean values. The correlation of raw signal intensities of protein expression between the arrays randomly selected for quality control was determined with scatter plots and the correlation coefficient (R) was calculated to determine consistency. Levels of protein expression on the arrays were determined by calculating the mean values of raw signal intensities of duplicate spots from 2 arrays. Mean values of normalized signal intensity for serum Ab reactivity on protein

arrays were plotted for cases and controls and compared using unpaired t-test (Graphpad Prism version 5.0c, San Diego, CA).

3.3. RESULTS

3.3.1. Gene Design and Codon Optimization

A total of 98 proteins derived from 12 HPV PaVE reference sequence genomes (Van Doorslaer et al., 2013), including 10 high risk (16, 18, 31, 33, 35, 39, 45, 51, 52, 58) and 2 low risk (6, 11) were generated for this study. All genes were codon optimized, commercially synthesized and sequence confirmed. All reference and codon optimized DNA sequences, the percentage of nucleotide change as well as translated amino acid sequences are provided in **Appendix A**. We evaluated the difference between codon optimized or non-codon optimized sequences for the HPV16 and HPV18 genomes. Overall, protein expression levels of antigens from these 2 HPV types were similar following codon optimization (**Figure 3-1**), and three antigens (HPV16 E4, HPV16 L2 and HPV18 E5) had a fold increase of 1.19, 1.48 and 37.62, respectively (all $p < 0.05$) after codon optimization. Non-codon-optimized HPV16 E2 has been difficult to express and was previously used as N-terminal (NE2) and C-terminal (CE2) fragments (K. S. Anderson, J. E. Gerber, et al., 2015); the codon-optimized gene is strongly expressed. In contrast, HPV16 L1 expression decreased after codon optimization.

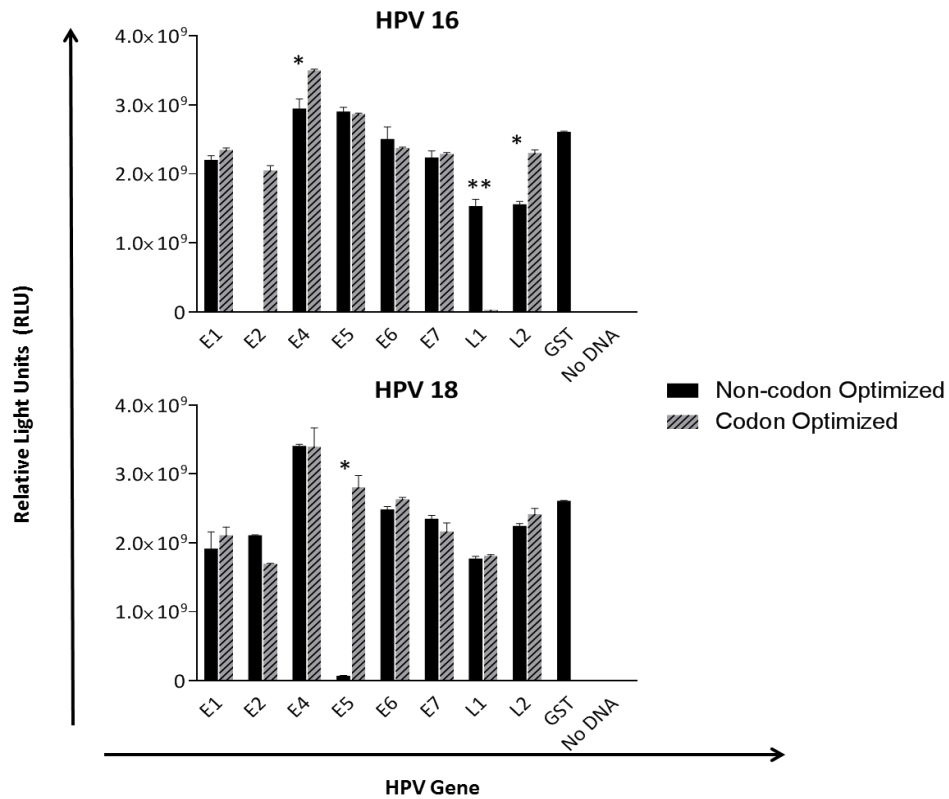


Figure 3-1. Comparison of Levels of Protein Expression Before and After Codon Optimization for Antigens from HPV16 (Top) and HPV18 (Bottom). Protein expression levels of antigens from HPV16 and HPV18 were similar following codon optimization. Non-codon optimized HPV16 E2 (not shown) was previously difficult to express but expressed at high levels after codon optimization. Protein expression levels markedly improved after codon optimization of HPV16 E4 ($p < 0.03$), HPV16 L2 ($p < 0.0031$) and HPV18 E5 ($p < 0.0019$) (*). HPV16 L1 expression was lower after codon optimization (**).

3.3.2. Generation and Quality Control of Custom HPV Protein Microarrays

HPV protein microarrays comprising all 98 HPV proteins from 12 HPV types (**Appendix A**) were generated from printed cDNAs with IVTT and *in situ* protein purification using the C-terminal GST tags. The quality of the array printing was evaluated with picogreen DNA staining and the protein expressed was measured with anti-GST Abs. The reproducibility of array printing and protein display are shown in **Figure 3-2A**. Correlation coefficients of anti-GST signal intensities were determined for intra-array, intra-batch, and inter-batch replicate arrays ($R > 0.90$) from two subarrays on the same slide or two randomly selected slides within a print run or between two print runs (**Figure 3-2B**). There were two independent printing batches and from each, one slide for DNA staining and two for protein staining were randomly selected. Scatter plots showing the variability in the correlation of protein expression among these controls are shown in **Figure 3-3**.

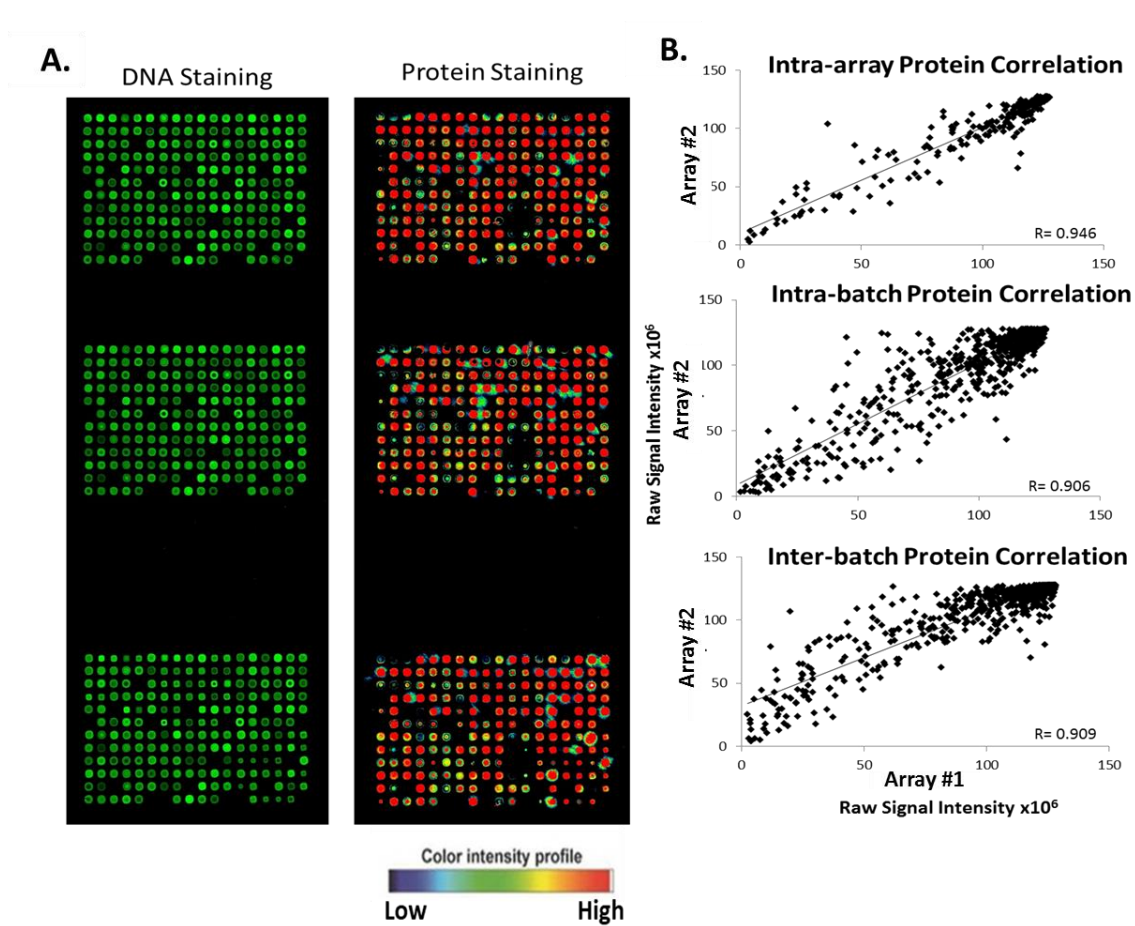


Figure 3-2. Reproducibility of Printing and Protein Expression on NAPPA. (A) Left: Picogreen to detect content of DNA printed on the microarrays. Right: Image of anti-GST binding to measure the level of protein display. (B) Plots of protein signal intensities from all spots from two subarrays on the same slide or two randomly selected slides within a print run or between two print runs.

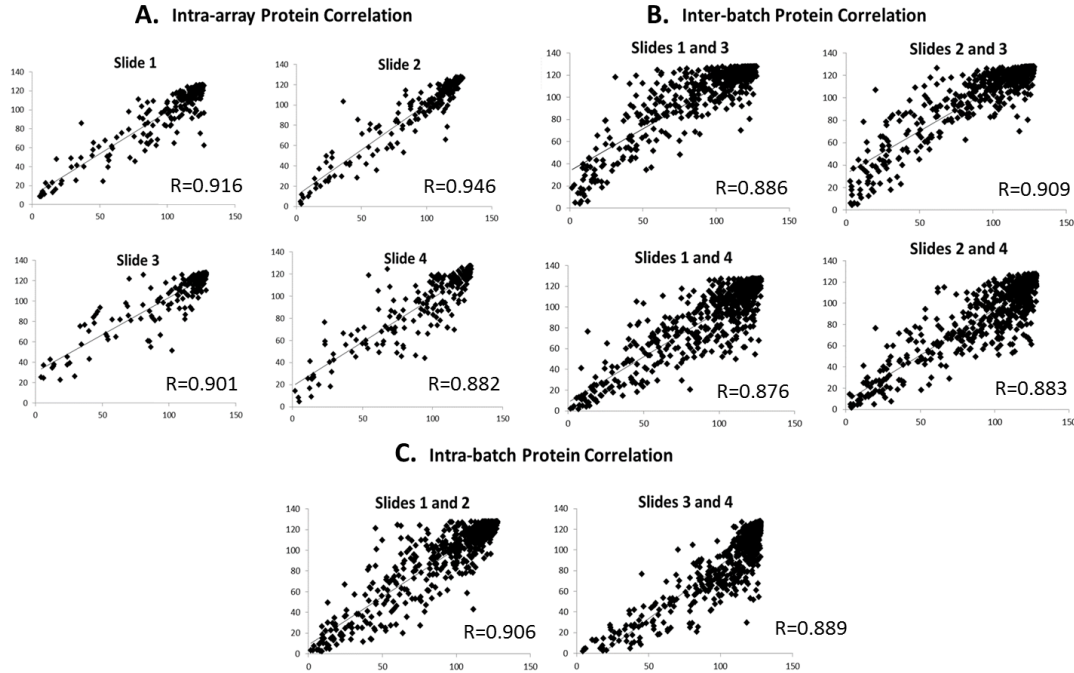


Figure 3-3. Plots of Protein Signal Intensities from All Spots on All Four Protein Staining Controls Used. Slides 1 and 2 were randomly selected from batch 1 while 3 and 4 from batch 2. These plots show signal intensities from two subarrays on the same slide (A) or two randomly selected slides within a print run (C) or between two print runs (B).

3.3.3. High-level HPV Protein Expression across Viral Types and Antigens

Expression of C-terminal GST-tagged HPV Ags on the arrays was confirmed by IVTT expression followed by anti-GST detection (**Figures 3-4, 3-5**). We determined that 96/98 antigens had detectable protein signal over background, defined as five times the average signal of blank spots (dotted line, **Figure 3-5**). The C-terminal portion of the EBV-derived protein EBNA-1 was expressed as a positive control. Only HPV16 L1 and HPV35 E2 antigens had low expression signals, and IgG Abs to these proteins were not detected in patient sera (data not shown). Since the non-codon-optimized HPV16 L1 gene is well-expressed, future arrays will contain this version.

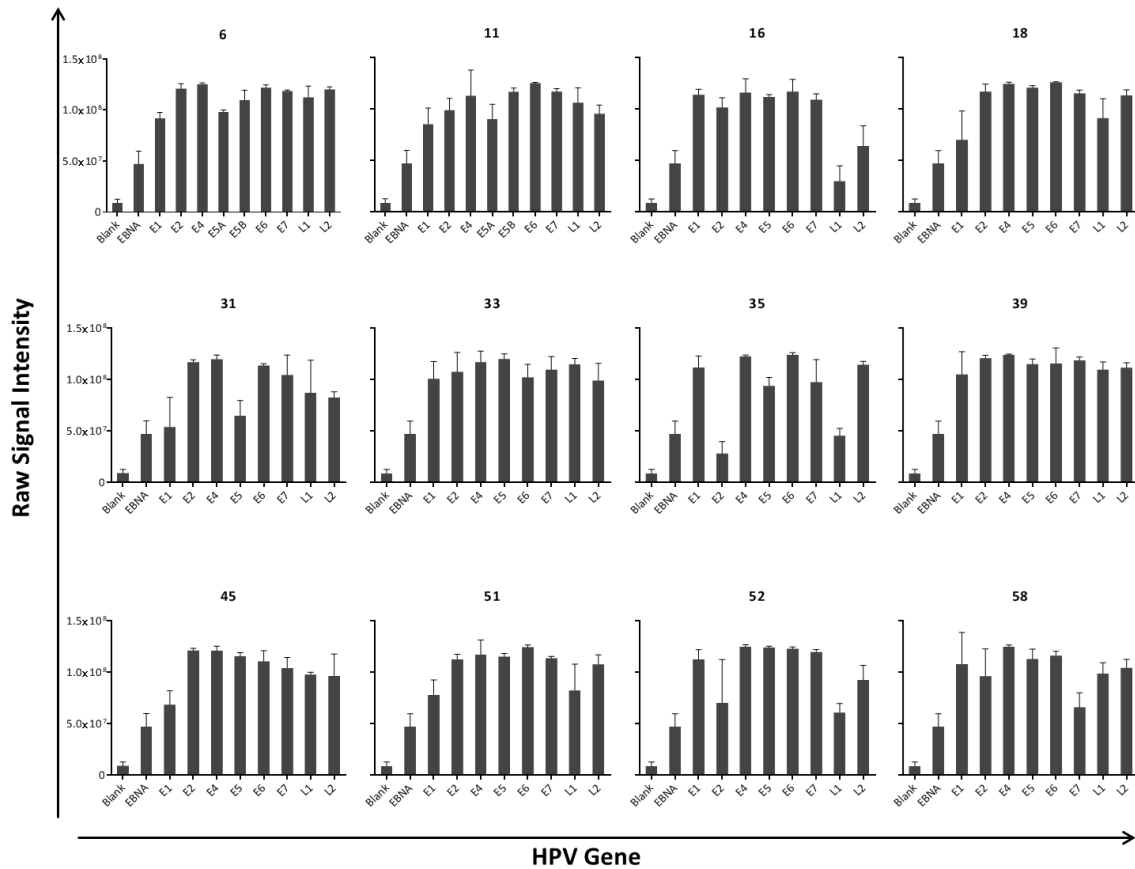


Figure 3-4. Detection of GST-Tagged HPV Antigens on the Arrays. Mean values of raw signal intensity from individual spots on the arrays are shown for all antigens from each HPV type.

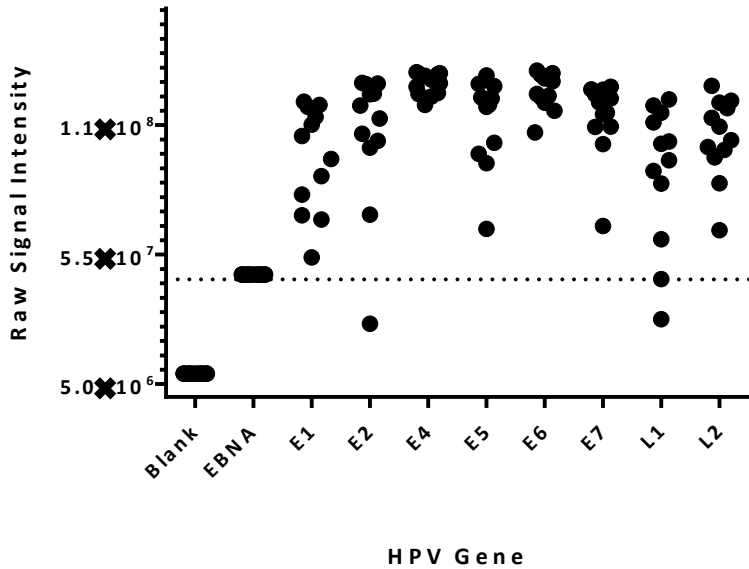


Figure 3-5. Detection of GST-tagged HPV Antigens on the Arrays. Protein signal was detected over background for 98% of antigens, defined as five times the average signal of blank spots (dotted line).

3.3.4. HPV Viral Proteins Retain Antigenic Specificity

To evaluate whether the displayed proteins retain their antigenic specificity, the immunoreactivity was evaluated using four commercially-available mouse monoclonal IgG antibodies (MAbs) that were raised against specific HPV Ags (HPV16 E1/E4, HPV16/18 E6, HPV16 E2 and HPV16 E7). HPV antigens were displayed in RAPID ELISA format, which uses the same expression system in a 96-well format for focused antigen display. The MAbs were added and mouse IgG was detected using secondary Abs and luminescence (relative light units, RLU, **Figure 3-6**). All expressed proteins were detected using anti-GST MAb, confirming expression of full-length proteins with C-terminal GST tags (data not shown). The anti-HPV16 E2 MAb was raised to amino acids 2-17 (ETLCQRLNVCQDKILT) of HPV16 E2 and was specific for HPV16 E2 with cross-reactivity to HPV51 E2. HPV51 E2 has a similar epitope as the parent HPV16 E2 protein (ETLCHRLNVCQEKILD) (**Figure 3-6A**). The E4 ORF is the most divergent between HPV

types (Bell, Martin, & Roberts, 2007), and the anti-HPV16 E4 MAb reacted specifically with HPV16 E4 with no cross-reactivity with other E4 proteins (**Figure 3-6B**). The anti-HPV E6 MAb was raised for cross-specificity with HPV16 and HPV18 E6 proteins (**Figure 3-6C**). As expected, the HPV E6 MAb was specific, but weakly reactive, for both HPV16 E6 and HPV18 E6. The HPV16 E7 MAb showed strong cross-reactivity with HPV35 E7, which is highly homologous to HPV16 E7 (**Figure 3-6D**). Overall, these data demonstrate the display of seroreactive epitopes from the proteins expressed using human cell lysate, and demonstrate the utility of the protein display for rapid mapping of the specificity of MAbs to viral antigens.

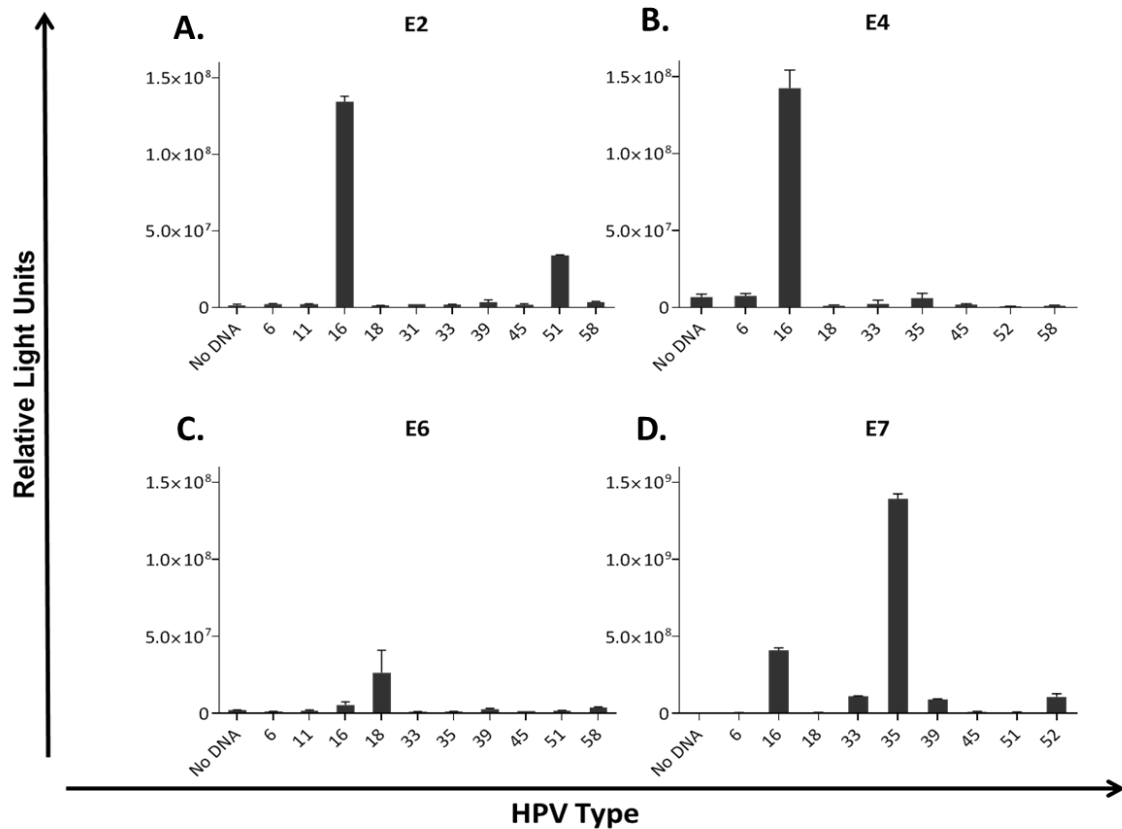


Figure 3-6. Mapping Monoclonal Antibody Reactivity Using Arrays of Displayed HPV Antigens. Antibody specificity to GST-tagged HPV antigens were detected using the 96-well RAPID ELISA format. Monoclonal antibodies specific for HPV16 E2 (A), HPV16 E4 (B) HPV16/18 E6 (C) and HPV16 E7 (D) were detected with anti-mouse IgG secondary antibodies.

3.3.5. Detection of HPV-Specific Abs in Patient Serum Using HPV Protein Arrays

The primary goal of generating HPV protein arrays is to develop methods for the rapid detection of a broad-spectrum of Abs in sera to multiple HPV types. We displayed all 98 HPV proteins from 12 HPV types in duplicate in protein microarray format, with the C-terminal portion of EBNA-1 included as a positive control. Each individual subarray on microarray slides was incubated with selected serum from patients with HPV-associated malignancies, either oropharyngeal cancer, invasive cervical cancer, or healthy controls,

to demonstrate the detection of HPV-specific Abs. In **Figure 3-7A**, reactivity of serum from a patient with known HPV16 positive oropharyngeal cancer is shown. In this serum, we observed IgG Abs to the HPV16 E1 and E2 proteins, which is found in 56% of newly-diagnosed OPC patients [14]. We also observed seroreactivity to HPV31 E2 protein, which likely represents epitope cross-reactivity, as infection with HPV31 is present in <5% of OPC. Serum from a healthy control subject only showed reaction with the EBNA-1 positive control protein (**Figure 3-7B**). We also identified a patient with HPV16-negative invasive cervical cancer who had seroreactivity to the HPV52 E7 protein, (**Figure 3-7C**), suggesting that Abs to different HPV types may be detectable with the arrays.

Serum Ab reactivity to four early HPV16 antigens (E1, E2, E4 and E7) was determined for serum from 10 HPVOPC cases and 10 healthy controls by measuring normalized signal intensity values from protein arrays probed with serum. These HPVOPC cases were previously shown via a RAPID ELISA assay to have Abs to at least one early HPV16 protein, while the negative healthy control sera did not (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015). The geometric mean signal intensities of cases vs controls and fold change were E1 (1.82 vs 1.20, $p < 0.0016$), E2 (1.50 vs 0.69, $p < 0.0001$), E4 (1.42 vs 1.26, not significant) and E7 (1.23 vs 0.91, $p < 0.0083$), respectively (**Figure 3-8** and **Table 3-1**). On visual inspection, patients who had Abs to HPV16 E7 showed no cross-reactivity to E7 proteins from other HPV types, while all patients who had anti-HPV16 E4 Abs cross-reacted with E4 from HPV types 31 and 35. Four of the eight sera that had Abs to HPV16 E1 had Abs to HPV 11 E1 and one had Abs to HPV39 E1. All patients who had Abs to HPV16 E2 except one showed cross-reactivity to E2 Ag from at least two of the HPV types 18, 31, 39 or 58.

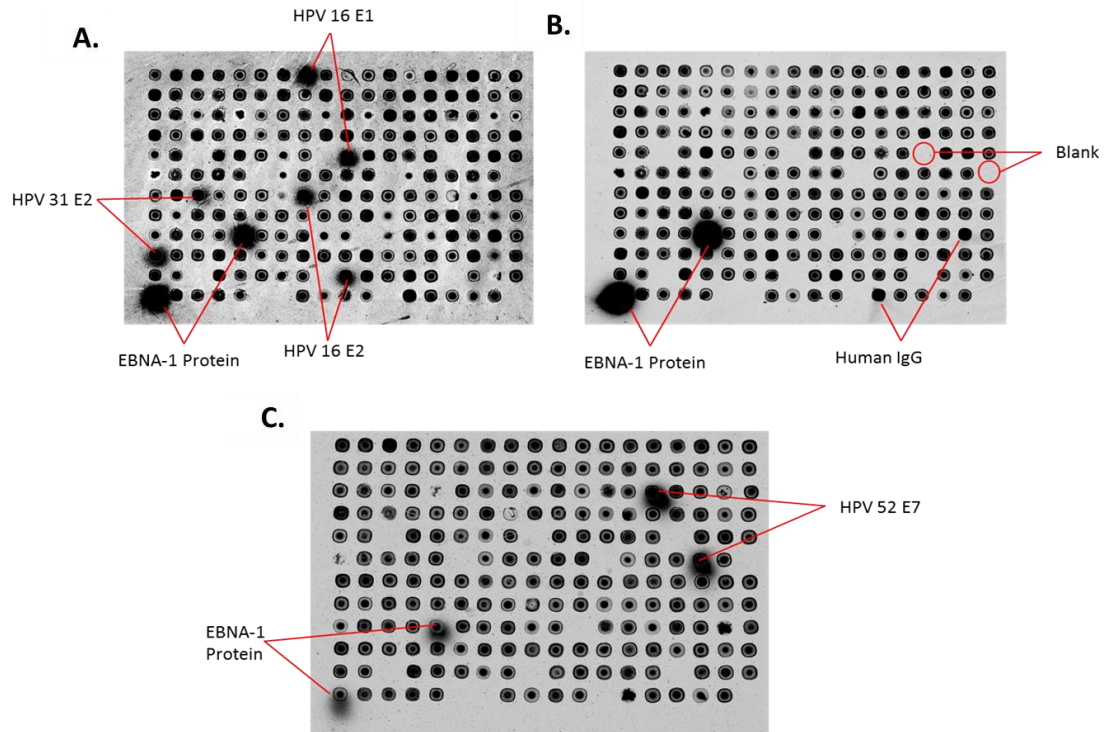


Figure 3-7. Detection of IgG in Human Serum Using HPV Protein Arrays. (A) Detection of IgG Abs in sera from a patient with HPV16 OPC. Antibodies to EBNA-1 protein, HPV16 E1 and E2 and HPV35 E2 proteins are detected. (B) Healthy control serum with specificity for EBNA-1 protein. (C) Detection of IgG Abs in sera from a patient with HPV16-negative invasive cervical cancer. Strong immunoreactivity to the HPV52 E7 protein, as well as EBNA-1 protein, is shown.

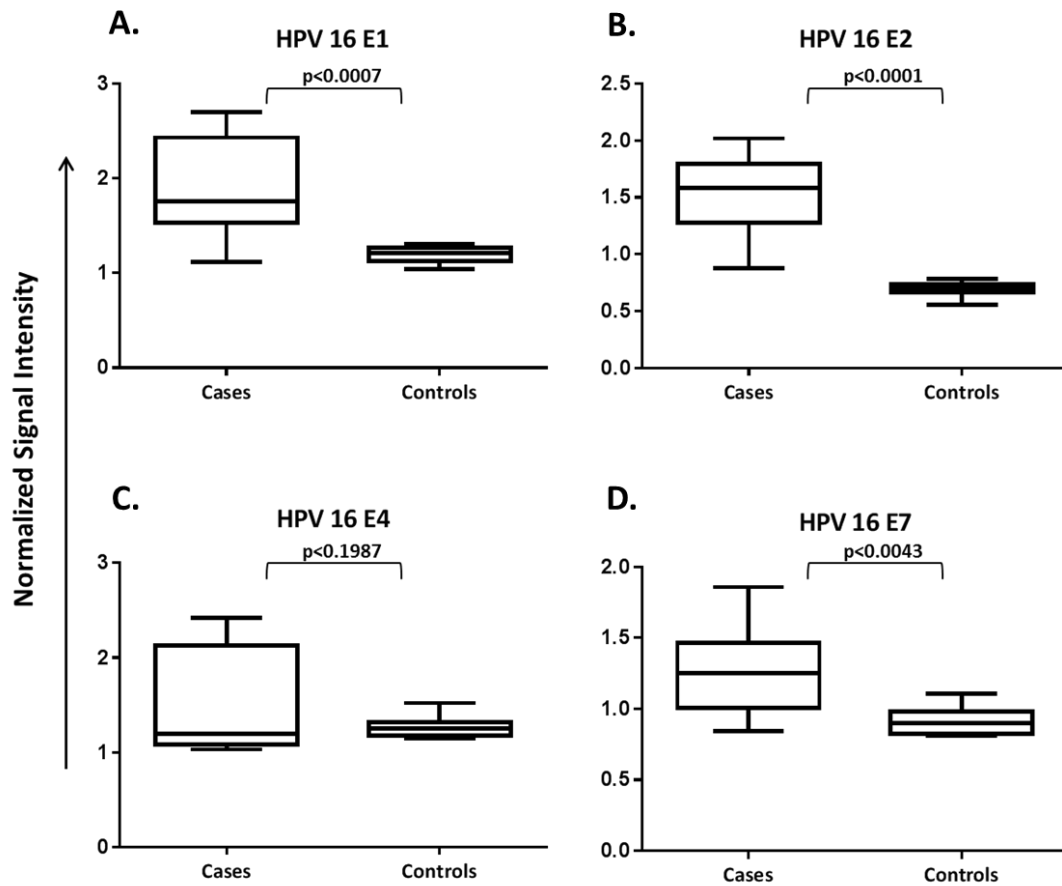


Figure 3-8. Normalized Proteome Microarray Antibody Reactivity Against Four Early hpv16 Antigens: E1 (A), E2 (B), E4 (C) and E7 (D) in Sera from 10 HPVOPC Cases and 10 Healthy Controls. Box-and-whisker plots of antibody reactivity are presented as normalized signal intensity value on the vertical axis. The top and bottom of the box indicate the 75th and 25th percentiles, respectively, while the line within the box indicates the median. The whiskers mark the interquartile range.

Table 3-1. Normalized Signal Intensities of HPVOPC Sera on ELISA Compared with NAPPA Protein Arrays.

| | HPV16 Antigen | RAPID ELISA | | | | | NAPPA | | | |
|---------------------------|---------------|-------------|------------------|------------------|-------|--------|--------|--------|--------|--------|
| | | E1 | NE2 ^a | CE2 ^a | E4 | E7 | E1 | E2 | E4 | E7 |
| Case 1 | | 19.14 | 4.45 | 6.70 | 1.13 | 70.84 | 1.78 | 1.28 | 2.42 | 1.86 |
| Case 2 | | 7.99 | 8.15 | 11.52 | 1.25 | 1.22 | 1.33 | 1.75 | 1.22 | 0.84 |
| Case 3 | | 36.50 | 2.21 | 1.88 | 1.14 | 42.43 | 1.74 | 0.88 | 1.08 | 1.16 |
| Case 4 | | 0.84 | 17.74 | 31.80 | 25.34 | 0.78 | 1.12 | 1.79 | 2.08 | 1.03 |
| Case 5 | | 26.44 | 13.29 | 15.12 | 0.42 | 46.64 | 2.70 | 1.45 | 1.51 | 1.68 |
| Case 6 | | 7.05 | 1.94 | 8.44 | 1.89 | 0.98 | 2.61 | 1.68 | 2.26 | 0.94 |
| Case 7 | | 42.27 | 18.63 | 37.61 | 1.33 | 41.25 | 2.37 | 2.02 | 1.08 | 1.39 |
| Case 8 | | 25.94 | 2.16 | 19.46 | 1.05 | 39.23 | 1.74 | 1.50 | 1.15 | 1.37 |
| Case 9 | | 38.86 | 4.91 | 26.75 | 3.83 | 87.85 | 1.60 | 1.28 | 1.17 | 1.34 |
| Case 10 | | 25.61 | 4.01 | 25.57 | 1.66 | 1.43 | 1.82 | 1.80 | 1.03 | 1.04 |
| Control 1 | | 1.79 | 1.55 | 1.51 | 1.33 | 0.90 | 1.27 | 0.70 | 1.31 | 0.82 |
| Control 2 | | 0.94 | 0.95 | 1.06 | 0.88 | 0.99 | 1.21 | 0.73 | 1.52 | 0.90 |
| Control 3 | | 1.08 | 0.98 | 1.74 | 0.81 | 0.83 | 1.31 | 0.69 | 1.26 | 0.90 |
| Control 4 | | 1.39 | 1.09 | 0.85 | 1.00 | 1.08 | 1.13 | 0.78 | 1.14 | 0.81 |
| Control 5 | | 0.67 | 0.95 | 0.89 | 0.77 | 0.71 | 1.22 | 0.70 | 1.27 | 0.98 |
| Control 6 | | 1.01 | 0.99 | 1.21 | 1.09 | 1.05 | 1.27 | 0.70 | 1.22 | 1.11 |
| Control 7 | | 1.43 | 1.16 | 1.36 | 1.26 | 1.35 | 1.22 | 0.73 | 1.24 | 0.82 |
| Control 8 | | 1.27 | 1.16 | 1.41 | 1.21 | 1.09 | 1.12 | 0.56 | 1.37 | 1.00 |
| Control 9 | | 0.92 | 0.81 | 0.94 | 1.00 | 1.16 | 1.19 | 0.74 | 1.19 | 0.94 |
| Control 10 | | 0.76 | 0.82 | 1.01 | 1.17 | 1.01 | 1.04 | 0.58 | 1.15 | 0.89 |
| <i>Median</i> | Cases | 25.77 | 4.68 | 17.29 | 1.29 | 40.24 | 1.76 | 1.59 | 1.20 | 1.25 |
| | Controls | 1.04 | 0.99 | 1.14 | 1.05 | 1.03 | 1.21 | 0.70 | 1.25 | 0.90 |
| <i>Mean</i> | Cases | 23.06 | 7.75 | 18.49 | 3.91 | 33.27 | 1.88 | 1.54 | 1.50 | 1.27 |
| | Controls | 1.13 | 1.05 | 1.20 | 1.05 | 1.02 | 1.20 | 0.69 | 1.27 | 0.92 |
| <i>Geometric mean</i> | Cases | 15.76 | 5.58 | 14.03 | 1.76 | 11.03 | 1.82 | 1.50 | 1.42 | 1.23 |
| | Controls | 1.08 | 1.03 | 1.17 | 1.04 | 1.00 | 1.20 | 0.69 | 1.26 | 0.91 |
| <i>Standard deviation</i> | Cases | 14.21 | 6.48 | 11.73 | 7.59 | 31.43 | 0.52 | 0.34 | 0.54 | 0.33 |
| | Controls | 0.34 | 0.21 | 0.30 | 0.19 | 0.18 | 0.08 | 0.07 | 0.11 | 0.09 |
| <i>Cut-off</i> | | 1.81 | 1.47 | 1.80 | 1.44 | 1.37 | 1.36 | 0.83 | 1.49 | 1.10 |
| <i>Fold increase</i> | | 14.60 | 5.42 | 12.03 | 1.70 | 11.02 | 1.52 | 2.19 | 1.13 | 1.35 |
| <i>p value</i> | | 0.0043 | 0.0396 | 0.0028 | 0.768 | 0.3263 | 0.0016 | 0.0001 | 0.3719 | 0.0083 |

Highlighted numbers are above the established cut-off values. Fold increase was calculated for the corresponding geometric means of cases and controls. ^aE2 was expressed as N-terminal and C-terminal fragments.

3.4. DISCUSSION

The marked advances in proteomic technologies for display of antigenic structures have led to novel tools for proteome-wide immune monitoring. Protein microarrays have enabled profiling of the Ab immune response to the proteomes of pathogens and self-antigens in human sera. These advances are rapidly changing our understanding of the disease biology and the heterogeneity of the immune response. Programmable protein display (NAPPA) permits rapid flexibility and high-throughput protein production for custom pathogen protein arrays which retain activity following months of storage (N. Ramachandran et al., 2004; N. Ramachandran et al., 2008). Our current method of using human cell lysate results in high levels and reproducible protein expression for multiplexed antigen display.

We have generated custom programmable HPV protein microarrays displaying 98 antigens of two low-risk HPV types that are associated with anogenital warts, and ten oncogenic high-risk HPV types that are the most prevalent types in cervical and HPV-associated oropharyngeal cancers. We demonstrate robust protein expression for all the protein antigens except HPV16 L1 and HPV35 E2. The variation in protein expression was not associated with antigen size or hydrophobicity (data not shown). The displayed antigens retained antigenic specificity of target epitopes, as measured by four HPV-specific MAbs. Ab reactivity to multiple early HPV proteins were detected in sera from patients with HPV-associated malignancies using the arrays (**Figures 3-7 and 3-8**).

The serologic response to HPV has been well-characterized for HPV16. Abs to the major capsid protein HPV16 L1 are an indication of past HPV infection but are not a reliable marker of HPV-associated tumors (Dillner, 1999). Since HPV early antigen expression, especially E6 and E7, is restricted to the later stages of viral progression, there is high frequency of seropositivity to HPV16 E6 and E7 in patients with an underlying HPV-

associated malignancy but not in controls (Combes et al., 2014; D'Souza et al., 2014; Zumbach et al., 2000). We confirmed a high correlation of HPV16-specific serum IgG detection between our ELISA (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015) and the custom HPV protein microarrays for Abs to E1, E2 and E7 proteins (R=0.66-0.86, Supplemental Table 2 and Figures 4 and 5). Abs to HPV16 E2 were detected in all 10 cases while only 4 cases showed reactivity to HPV16 E4 (Figure 5). This heterogeneous immune response is similar to our prior ELISA-based data using these sera (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015; Anderson, Wong, et al., 2011), but antigenic specificity in patient sera will need to be confirmed using large well-annotated and matched serum biorepositories. As compared with OPC, immunoreactivity to E1, E2 and E4 is uncommon in cervical disease (unpublished observations). The biology and clinical significance underlying the immune response within the same HPV type and between different anatomic sites is unknown at this time.

A key challenge in HPV serology is the diversity of oncogenic HPV types and the potential for serologic cross-reactivity on the arrays. We observed immunoreactivity to non-HPV16 Ags in HPV16+ OPC (**Figure 3-7A**), which could be due to epitope cross-reactivity between HPV types that have close phylogenetic linkage (Combes et al., 2014). Approximately half of invasive cervical cancers are caused by non-16 HPV types (Bosch et al., 2008). In a multiplex bead assay, Abs to HPV52 E6 and HPV 58 E7 were associated with invasive cervical cancer (Waterboer et al., 2005). Here, we detected seroreactivity of an HPV16 negative invasive cervical cancer patient to HPV52 E7 protein with no cross-reactivity with HPV16 Ags (**Figure 3-7C**). These data support the need for multiplexed detection of multiple high-risk HPV types for biomarker discovery.

To our knowledge, only one prior study displayed the proteomes of multiple HPV types on slide-based protein microarrays, and Abs to E7 were the immunodominant response in cervical cancer patient sera (Luevano et al., 2010). In that study, Abs to E6 and L1, although previously reported (Achour et al., 2009; Reuschenbach et al., 2008; Waterboer et al., 2005), were not strongly detected, which may be attributable to the larger size of these proteins compared with E7, or the difficulties associated with expression, folding, and stability using *E. coli* for protein array generation. No significant difference was observed between seroreactivity of patients with precancerous lesions (HSIL) and healthy controls, but this needs to be confirmed using independent approaches. Based on our experience with autoantigens (K. S. Anderson, D. W. Cramer, et al., 2015; Anderson, Sibani, et al., 2011), we predict that the high protein expression levels, antigenic specificity and the on-demand cell-free expression system used here may improve detection of HPV antigen-specific Abs.

Programmable protein arrays have also been used to investigate the humoral immune response to proteomes of other infectious agents including *Pseudomonas aeruginosa* (W. R. Montor et al., 2009) and *Mycobacterium tuberculosis* (Prados-Rosales et al., 2014). With the advancement in ORFeome collections and consequent reduction in the cost per antigen studied, display of full proteomes of pathogens is becoming more feasible. The DNASU Plasmid Repository (<http://dnasu.asu.edu>), comprising a collection of over 200,000 plasmids encoding proteins from over 600 organisms, was the source of plasmid DNA used for these arrays and is widely available for researchers (Seiler et al., 2013). Once in the expression vectors, these methods permit rapid conversion from gene panels to displayed proteins for immune monitoring within two weeks. In our data, batch-to-batch variation was limited and known HPV16 antigenic epitopes were detected. Proteins can be displayed in native or denatured forms, which may result in the display of unique

epitopes (J. Wang et al., 2013). At this time, PTMs of the *in vitro* expressed proteins are limited. In our experiment, careful attention to quantitative printing of cDNA is important to minimize variation.

The clinical importance of understanding the immunobiology of HPV infection is striking. Despite decades of research, the biologic basis by which the majority, but not all, of infected individuals clear HPV infections prior to cancer development remains largely unknown (M. van Duin et al., 2002; Woodman et al., 2007). In 2012, approximately 270,000 women died from cervical cancer (Ferlay et al., 2013), and the incidence of oropharyngeal cancer is rapidly rising in the US and Europe (Marur et al., 2010; Nasman et al., 2009). Biomarkers for the rapid detection of HPV-associated cancers are needed for targeted health care delivery on a global scale. Proteome-wide immune monitoring of HPV has the potential to identify novel biomarker of diagnosis and prognosis and facilitate studies of the dynamic interaction of HPV virology and host immunity.

CHAPTER 4 : SERUM IMMUNE PROFILING FOR EARLY DETECTION OF CERVICAL DISEASE

This chapter has been published:

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Anderson (2017). Serum Immune Profiling for Early Detection of Cervical Disease. *Theranostics*, 7(16), 3814-3823. doi: 10.7150/thno.21098

ABSTRACT

The most recent (2012) worldwide estimates from International Agency for Research on Cancer indicate that approximately 528,000 new cases and 270,000 deaths per year are attributed to cervical cancer worldwide. The disease is preventable with HPV vaccination and with early detection and treatment of pre-invasive cervical intraepithelial neoplasia, CIN. Abs to HPV proteins are under investigation as potential biomarkers for early detection. To detect circulating HPV-specific IgG Abs, we developed programmable protein arrays (NAPPA) that display the proteomes of two low-risk HPV types (HPV6 and 11) and ten oncogenic high-risk HPV types (HPV16, 18, 31, 33, 35, 39, 45, 51, 52 and 58). Arrays were probed with sera from women with CIN 0/I (n=78), CIN II/III (n=84), or invasive cervical cancer (ICC, n=83). Abs to any early (E) HPV protein were detected less frequently in women with CIN 0/I (23.7%) than women with CIN II/III (39.0%) and ICC (46.1%, $p<0.04$). Of the E Abs, anti-E7 Abs were the most frequently detected (6.6%, 19.5%, and 30.3%, respectively). The least frequently detected Abs were E1 and E2-Abs in CIN 0/I (1.3%) and E1-Abs in CIN II/III (1.2%) and ICC (7.9%). HPV16-specific Abs correlated with HPV16 DNA detected in the cervix in 0% of CIN 0/I, 21.2% of CIN II/III, and 45.5% of ICC. A significant number (29 – 73%) of E4, E7, L1, and L2 Abs had cross-reactivity between HPV types. HPV protein arrays provide a valuable high-throughput tool

for measuring the breadth, specificity, and heterogeneity of the serologic response to HPV in cervical disease.

4.1. INTRODUCTION AND BACKGROUND

Measuring the humoral immune response to HPV Ags has been integral to understanding the natural history of infection and efficacy of vaccination (Doorbar et al., 2012; Villa et al., 2006; Woodman et al., 2007). Despite the potential of HPV serology in disease diagnosis and prognosis, its clinical application has been limited by HPV heterogeneity, assay variability, and viral immune evasion. HPV has a limited repertoire of proteins, grouped as early (E1, E2, E4, E5, E6, E7) and late (L1, L2) proteins. The late proteins form the viral protein coat during productive infections. The early proteins interact with host and viral proteins to maintain viral replication. The serologic response to genital HPV infection is primarily directed at conformational epitopes on the viral major capsid protein L1. As the infection is non-lytic, the host Ab response to L1 is weak and may persist for years, as an indication of past infection but not malignancy (Luevano et al., 2010; Stanley, 2010). Although anti-L1 Abs are an indication of past infection, only 50 – 70% of infected women seroconvert (Carter et al., 2000; Dillner, 1999).

Abs to both HPV16 E6 and E7 proteins have been detected at low levels in both serum and cervical-vaginal secretions of invasive cervical cancer (ICC) patients (Bierl et al., 2005). Their levels increase with cervical disease progression but they are not detectable in a subset of patients with cervical cancer (Gutierrez-Xicotencatl et al., 2016; Luevano et al., 2010; Reuschenbach et al., 2008; Stanley, 2003). They develop later in the course of ICC and are correlated with disease outcome (Gutierrez-Xicotencatl et al., 2016; Ravaggi et al., 2006; Silins et al., 2002). Studies of sera collected prior to the diagnosis of cervical cancer have shown that the presence of E6 and E7-specific Abs is associated with an

increased relative risk (RR=2.7) for cervical cancer, and can be detected, albeit infrequently, up to 5 years prior to diagnosis (Lehtinen et al., 2003). The percentage of women with false negative serology is dependent on the method of Ab detection (Achour et al., 2009; Combes et al., 2014; Kontostathi et al., 2016; Luevano et al., 2010; Waterboer et al., 2005; Zumbach et al., 2000).

The diverse array of oncogenic HPV types and the technical limitations of high throughput protein expression and display have been impediments to HPV immune profiling and most research has focused on select Ags from the most common viral types (Combes et al., 2014; Gutierrez-Xicotencatl et al., 2016; Luevano et al., 2010). Nucleic Acid Programmable Protein Arrays (NAPPA) (N. Ramachandran et al., 2004; N. Ramachandran et al., 2008) have enabled rapid profiling of the serum Ab response in the settings of infections (W. R. Montor et al., 2009; Prados-Rosales et al., 2014), autoimmune diseases (Bian et al., 2016; Miersch et al., 2013) and cancer (K. S. Anderson, D. W. Cramer, et al., 2015; Katchman et al., 2016; J. Wang et al., 2015). To measure the serologic responses across multiple HPV types, we adapted the arrays described in Chapter 3 (Ewaisha, Meshay, Resnik, Katchman, & Anderson, 2016) for the detection of HPV-specific IgG Abs in sera. Full length cDNAs encoding the proteomes of 12 HPV types are expressed as C-terminal GST fusion proteins using mammalian *in vitro* transcription/translation and captured onto a glass slide surface (J. Wong, S. Sibani, N. N. Lokko, J. LaBaer, & K. S. Anderson, 2009). In a pilot study, we demonstrated that HPV protein arrays display immunogenic epitopes that can be detected using HPV-specific monoclonal Abs (MAbs) and with select sera from HPV-specific malignancies (Ewaisha et al., 2016). The purpose of this study was to systematically investigate the serologic immune profile to HPV in women with high-grade pre-invasive cervical lesions and ICC, and to identify serologic biomarkers for diagnosis and early detection of cervical cancer.

4.2. MATERIALS AND METHODS

4.2.1. Sample Selection

We used the Biorepository for Molecular Signatures of Cervical Cancer developed by the Centers for Disease Control and Prevention as a Clinical Epidemiology and Validation Center for NCI's Early Detection Research Network (EDRN). Samples in the biorepository were collected from women attending colposcopy clinics at urban public hospitals in Atlanta, GA, Detroit, MI, or Galveston, TX between 2000 and 2010 and linked to epidemiologic and clinical data, including HPV detected in exfoliated cervical cells, age, race, and tissue confirmation of cervical disease status (Rajeevan et al., 2005). For this study, 162 samples from women with cervical intraepithelial neoplasia (CIN) grade 0 (no CIN), I, II, III were selected, of which 78 were CIN 0/I and 84 were CIN II/III. We used 83 archived anonymized plasma samples from women with ICC collected in Atlanta, GA prior to 1997. For convenience, the term serum is used throughout the manuscript. While HPV vaccine history was not collected, HPV vaccination was not introduced before 2006, and it is unlikely that any study participants were vaccinated. Only a subset (n=51) of the ICC samples had information on the HPV DNA status of the tumor, of which 24 (47.1%) were HPV16+. Samples were collected using a standardized sample collection protocol and stored at -80°C until use. Written informed consent was obtained from all subjects under institutional review board approval.

4.2.2. HPV Microarray Generation and Detection of Serum Abs

Production of custom HPV protein arrays and array quality control experiments were performed as previously reported (Ewaisha et al., 2016) with modifications described here. In brief, arrays displaying codon-optimized proteomes of 2 low risk (HPV6 and 11) and 10 high risk (HPV16, 18, 31, 33, 35, 39, 45, 51, 52, and 58) HPV types were generated. The codon-optimized HPV16 L1 gene previously used (Ewaisha et al., 2016) was replaced

with the non-codon-optimized version, which had higher protein expression. Both codon-optimized and non-optimized HPV16 E6 and E7 were printed on the arrays for direct comparison of Ab reactivity. Since only the non-codon optimized HPV16 E6 and HPV16 E7 (Ewaisha et al., 2016) showed immunoreactivity, only those results are shown. All non-codon-optimized genes were obtained by nested PCR using gene-specific primers from HPV16 plasmid DNA (American Type Culture Collection, Manassas, VA) as described (Anderson, Sibani, et al., 2011). All genes were inserted into pDONR221 vector per manufacturer's instructions (Invitrogen, Carlsbad, CA), and were converted to the pANT7_cGST vector (<http://dnasu.asu.edu/DNASU/Home.jsp>) (N. Ramachandran et al., 2004). Human IgG and the C-terminal portion of the Epstein-Barr virus-derived Ag EBNA-1 were used as positive controls. A set of non-HPV related negative control proteins (n=93) were printed on the arrays and used for array signal intensity normalization and establishment of cut-off values. Arrays were incubated with serum samples diluted 1:50 in 10% *E. coli* lysate prepared in 5% milk-PBST (0.2% tween) (J. Wang et al., 2013) and serum Ab detection was performed as previously described (K. S. Anderson, D. W. Cramer, et al., 2015; Anderson, Sibani, et al., 2011; Ewaisha et al., 2016; J. Qiu & LaBaer, 2011).

4.2.3. Protein Array Image Analysis and Quantification

After serum binding and IgG detection, arrays were scanned by Tecan PowerScanner (Tecan Group, Männedorf, Switzerland). ArrayPro Analyzer version 6.3 (MediaCybernetics, Bethesda, MD) was used to measure the signal intensity of individual spots on the scanned slides. Normalization of raw intensity values was performed by subtracting the slide background signal and dividing by the background signal subtracted from the median intensity of all spots. The slide background signal was determined by the first quartile of signal intensity of the no-DNA control spots (all material except DNA). In

addition, array images were qualitatively inspected to identify and confirm positive responses by adjusting raw images to extreme brightness and contrast using ArrayPro Analyzer and visual analysis of diffused signal (ring) as described previously (W. R. Montor et al., 2009; J. Wang et al., 2015). Each spot was scored based on the intensity and morphology of the ring on a scale of 0 to 5.

4.2.4. HPV DNA Detection by L1 Consensus PCR

For all the samples from the biorepository, HPV DNA was detected in extracts of exfoliated cervical cells collected in PreservCyt media as previously described (Rajeevan et al., 2005). Briefly, 16 ml of the PreservCyt collection media was extracted using MasterPure Complete DNA and RNA purification kit (Epicentre, Madison, WI). HPV detection and typing was performed using the Roche linear array that detects 37 types. HPV results for the anonymized archived cervical cancer cases (n=83) were based on combined results of colorimetric ISH for HPV16, 18, 31, 33, 35 on formalin-fixed paraffin embedded tissue sections and L1 consensus PCR with MY09/11 primers and type-specific hybridization to 6 HR types (16, 18, 31, 33, 35, 45) on DNA extracts from the same tissues (methods in use at the time of archiving (Unger, Vernon, Lee, Miller, & Reeves, 1998)).

4.2.5. Statistical Analysis

The correlation of raw signal intensities of protein expression between the arrays randomly selected for quality control was determined with scatter plots and the Pearson correlation coefficient (R) was calculated to assess consistency. Levels of protein expression on the arrays were measured by calculating the mean values of raw signal intensities of duplicate spots from two arrays. For serum Ab reactivity on protein arrays, mean values (of duplicate spots for a given Ag) of normalized signal intensity were compared for different disease groups using Fisher's exact test (Graphpad Prism version 5.0c, San Diego, CA). A p-value of <0.05 was considered significant. Seropositivity for any given Ag was defined as the

median of normalized signal intensity values of all negative control proteins (n=93) in all sera (n=234) +3 standard deviations or spots that were positive by visual analysis. A total of 245 serum samples were tested on the arrays, of which 11 (4.5%; n=7 ICC, n=4 CIN) were excluded from the analysis due to high background. High array background was defined as an array with normalized signal intensity values for ≥ 14 out of 93 negative control spots exceeding the 75th percentile + 1.5*interquartile range of this negative control protein across all arrays.

4.3. RESULTS

4.3.1. Characteristics of Study Samples

Our primary goal was to determine the prevalence and specificity of HPV-specific Ab responses in women with cervical cancer precursors and with ICC. Age, race, and HPV DNA status of patients contributing samples to the study are shown in **Table 4-1**. Ab levels were compared in women with CIN 0/I (n=78) and CIN II/III (n=84) who were referred to colposcopy because of abnormalities in cervical cancer screening, and in women with ICC (n=83). Women with CIN 0/I were chosen as the relevant control population to determine the utility of these biomarkers within a high-risk population. As expected, women with CIN 0/I had a lower frequency of cervical high-risk (HR) HPV than women with CIN II/III (57.7% vs. 97.6%, $p < 0.0001$). Infection with 2 or more HPV types was detected in more than 35% of women in both CIN 0/I and CIN II/III (**Table 4-1**). Women with CIN II/III were as expected significantly younger than women with ICC (mean 30.0 yrs vs. 52.0 yrs, $p < 0.0001$). There was also a lower frequency ($p < 0.0015$) of HPV16 in CIN 0/I (19.2%) than CIN II/III (63.1%) and ICC (47.1%). The clinics participating in the EDRN study had a high proportion of minority and Hispanic white patients. The racial distribution of the samples occurred by chance.

Table 4-1. Characteristics of Study Samples.

| Characteristics | Disease Status | | |
|-------------------------------------------|----------------------------|-------------------------------|-------------------------------------|
| | CIN 0/I N = 78 N (%) | CIN II/III N = 84 N (%) | ICC N = 83 N (%) [*] |
| Age in yrs, Mean | 28.7 | 30.0 | 52.0 |
| < 30 | 51 (65.3) | 45 (53.6) | 3/79 (3.8) |
| ≥ 30 | 27 (34.6) | 39 (46.4) | 76/79 (96.2) |
| Race | | | |
| Black | 71 (91.0) | 55 (65.5) | 64/79 (81.0) |
| Other | 7 (9.0) | 29 (34.5) | 15/79 (19.0) |
| HPV16 DNA status[†] | | | |
| HPV16+ | 15 (19.2) | 53 (63.1) | 24/51 (47.1) |
| HPV DNA status overall[†] | | | |
| Negative | 23 (29.5) | 2 (2.4) | 12/51 (23.5) |
| 1 HPV type | 29 (37.2) | 46 (54.8) | 39/51 (76.5) |
| 2 HPV types | 10 (12.8) | 19 (22.6) | 0/51 (0) |
| ≥ 3 HPV types | 16 (20.5) | 17 (20.2) | 0/51 (0) |
| Any HR HPV [‡] | 45 (57.7) | 82 (97.6) | 39/51 (76.5) |

^{*}N varies for each category because of missing information. The numbers of samples are shown.

[†]HPV testing methods used for anonymized archived samples differed from those used in biorepository, so results are not directly comparable.

[‡]The following HPV types were considered as high-risk types for this analysis -HPV16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68

4.3.2. Production and Reproducibility of NAPPA HPV Protein Arrays

The quality and reproducibility of the array printing were evaluated by picogreen staining of DNA and measuring protein expression with anti-GST Abs (**Figure 4-1A**). Three arrays were printed on each slide and the correlation coefficients of anti-GST signal intensities were determined for intra-array (R=0.98) and intra-batch replicate arrays (R=0.90) from two subarrays on the same slide or two randomly selected slides within the print batch (**Figure 4-1B**).

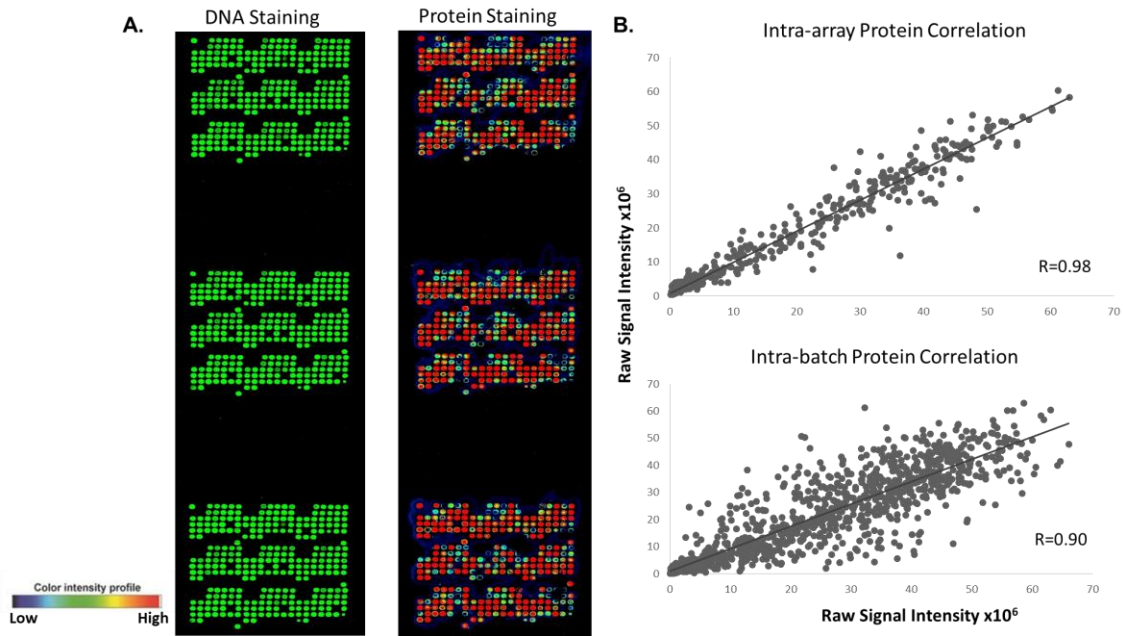


Figure 4-1. Reproducibility of Printing and Protein Expression on NAPPA. (A) Left: Picogreen staining to detect DNA content printed on the microarrays. Right: Image of anti-GST binding to measure the level of protein display. (B) Plots of protein signal intensities from all spots from two subarrays on the same slide or two randomly selected slides within the print run.

4.3.3. HPV-Specific Ab Prevalence

There was no significant difference ($p=0.46$) in the percentages of negative control spots (displaying the non-HPV related proteins; $n=93$) that exceeded the cut-off value between arrays probed with CIN 0/I (0.71%), CIN II/III (0.81%), and ICC (1.77%) sera.

The prevalence of HPV-specific serum IgG Abs among women with CIN 0/I, CIN II/III, and ICC is summarized in **Table 4-2**. At least one of the HPV-specific Abs was detected in serum from women with CIN 0/I (46.1%), CIN II/III (59.8%), and ICC (68.4%). Abs to any early (E) HPV protein were detected more frequently in women with ICC (46.1%) and CIN II/III (39.0%) than women with CIN 0/I (23.7%, $p<0.04$). Abs to any L1 protein had the highest prevalence (28.9%, 34.1%, and 44.7% in CIN 0/I, CIN II/III, and ICC, respectively). Of the E Abs, anti-E7 Abs were the most frequently detected (CIN 0/I, 6.6%; CIN II/III,

19.5%; and ICC, 30.3%). The least frequently detected Abs were E1 and E2-Abs in CIN 0/I (1.3%) and E1-Abs in CIN II/III (1.2%) and ICC (7.9%). The sensitivity [proportion of cases with at least one HPV Ag-specific Ab detected] was comparable when restricted to cases known to have HPV16 (as opposed to any other oncogenic HPV) DNA detected; 59.6% vs 59.8% for CIN II/III and 81.8% vs 68.4% for ICC, (p-value N.S.). Among all women (irrespective of HPV DNA status), Abs to HPV16 Ags were detected in only 6.6%, 19.5%, and 35.5% in CIN 0/I, CIN II/III, and ICC, demonstrating the importance of multi-antigenic immunoprofiling.

Table 4-2. Prevalence of Positive Antibody Response ⁽¹⁾ to Each HPV Protein From Any HPV Type ⁽²⁾.

| HPV Antibodies | No. + (%) | | | | | | Total |
|-------------------------------------|---------------|-------------------------------|---------------|-------------------------------|---------------|----------------------------------------------|------------|
| | CIN 0/I | | CIN II/III | | ICC | | |
| | Total N=76 | HPV16+ ⁽³⁾ N=14 | Total N=82 | HPV16+ ⁽³⁾ N=52 | Total N=76 | HPV16+ ⁽³⁾ N=22 ⁽⁴⁾ | |
| E1 | 1 (1.3) | 0 (0) | 1 (1.2) | 0 (0) | 6 (7.9)* | 1 (4.5) | 8 (3.4) |
| E2 | 1 (1.3) | 0 (0) | 4 (4.9) | 1 (1.9) | 11 (14.5) | 5 (22.7) | 16 (6.8) |
| E4 | 5 (6.6) | 0 (0) | 14 (17.1) | 5 (9.6) | 12 (15.8) | 4 (18.2) | 31 (13.2) |
| E5 | 5 (6.6) | 1 (7.1) | 4 (4.9) | 3 (5.8) | 12 (15.8) | 6 (27.3) | 21 (9.0) |
| E6 | 3 (3.9) | 0 (0) | 8 (9.8) | 5 (9.6) | 12 (15.8)* | 5 (22.7) | 23 (9.8) |
| E7 | 5 (6.6) | 0 (0) | 16 (19.5)* | 10 (19.2) | 23(30.3)* | 8 (36.4)* | 44 (18.8) |
| Any E ⁽²⁾ | 18 (23.7) | 2 (14.3) | 32 (39.0)* | 19 (36.5) | 35 (46.1)* | 15 (68.2)* | 85 (36.3) |
| L1 | 22 (28.9) | 4 (28.6) | 28 (34.1) | 16 (30.8) | 34 (44.7) | 12 (54.5) | 84 (35.9) |
| L2 | 8 (10.5) | 0 (0) | 5 (6.1) | 5 (9.6) | 13 (17.1) | 6 (27.3) | 26 (11.1) |
| Any L ⁽²⁾ | 25 (32.9) | 4 (28.6) | 32 (39.0) | 20 (38.5) | 38 (50.0) | 14 (63.6)* | 95 (40.6) |
| Any E and/or L⁽²⁾ | 35 (46.1) | 4 (28.6) | 49 (59.8) | 31 (59.6) | 52 (68.4)* | 18 (81.8)* | 136 (58.1) |
| Any HPV16 Ag | 5 (6.6) | 0 (0) | 16 (19.5)* | 11 (21.2) | 27 (35.5)* | 10 (45.5)* | 48 (20.5) |

⁽¹⁾ Cut-off values defined as the median of normalized signal intensity values of all negative control proteins +3 standard deviations in all sera (n=234) or spots that were positive by visual analysis.

⁽²⁾ Any positive vs. all negative from any of the 12 HPV types tested.

⁽³⁾ HPV16 DNA detected in cervix. HPV testing methods used for anonymized archived samples differed from those used in biorepository.

⁽⁴⁾ HPV DNA status was known for only a subset (n=51) of the ICC samples.

* p<0.05, compared with CIN 0/I

4.3.4. Type-Specific Ab Response

To determine whether patients with a specific HPV infection develop type-specific Abs, there are multiple challenges. First, a significant number of women with CIN have multiple HPV types detected (33.3% of CIN 0/I and 42.8% of CIN II/III, **Table 4-1**), and past exposure to other HPV types cannot be excluded. Second, there is likely serologic cross-reactivity across HPV types. **Figure 4-2A** shows Abs from an ICC patient reacting with E4 protein from 4 different HPV types (16, 31, 35, and 45). As examples, **Figures 4-2B** and **4-2C** show serum from two women with CIN II/III with HPV16 DNA and Abs against HPV16 E4 and HPV52 E4 (B) and HPV 58 E4 (C).

To determine whether there is any correlation between HPV DNA types detected in the patient and type-specific serum Abs, we analyzed the data in two ways. In **Table 4-3**, subjects were stratified based on cervical HPV DNA status. For example, among women with successful Ab testing, cervical HPV16 DNA was detected in 18.4% of those with CIN 0/I; 63.4% of CIN II/III; and 46.8% of ICC. The type-specific Ab detection rate in this group was 0%, 21.2%, and 45.5% for CIN 0/I, CIN II/III and ICC. For the most common HPV DNA detected in cervical samples in CIN II/III, HPV16, 31, 35, and 52, the range of detection of type-specific Abs was 8.3 – 25.0%. In **Table 4-4**, subjects were stratified by type-specific seropositivity to evaluate the proportion with detection of type-specific HPV DNA in the cervix. Women with HPV16 Abs and CIN II/III had the highest type-specific DNA detection, 78.6%, followed by HPV31 (36.4%), 45 (25.0%), and 52 (14.2%).

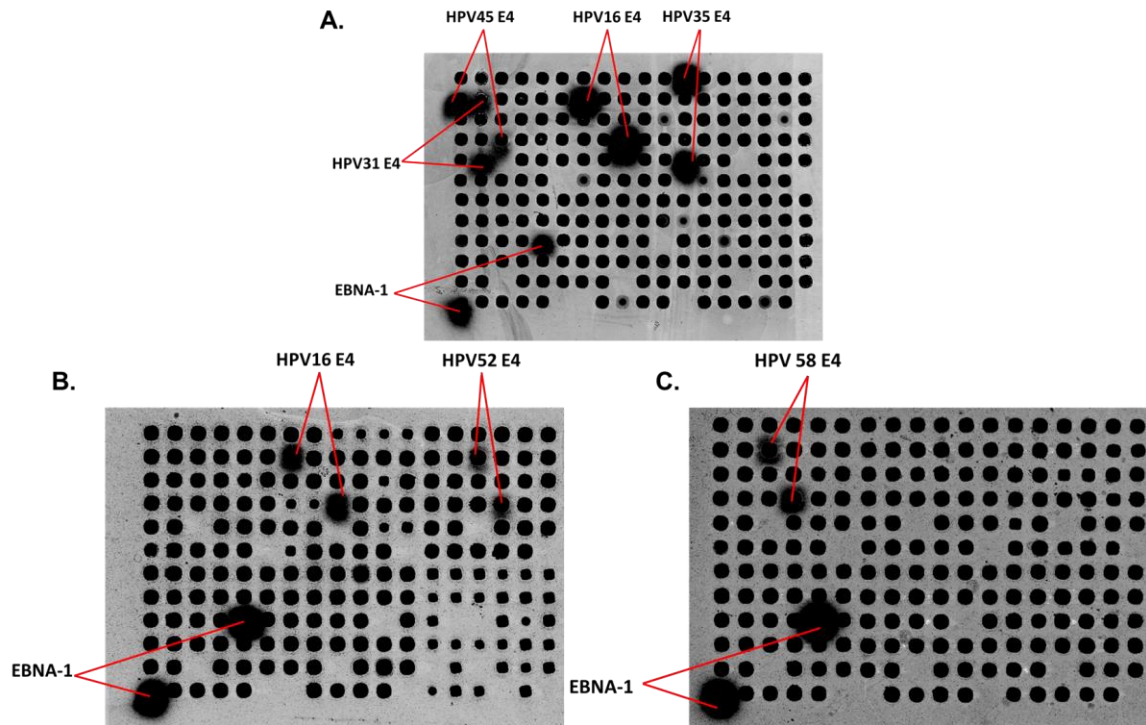


Figure 4-2. Detection of IgG in Human Serum Using HPV Protein Arrays. (A) Detection of IgG Abs in serum from a patient with ICC. Immunoreactivity to the positive control EBV EBNA-1 protein, and HPV E4 protein from 4 different HPV types (16, 31, 35, and 45) are detected. (B) and (C) Detection of IgG Abs in sera from two women with CIN II/III. Immunoreactivity to HPV16 E4, HPV52 E4 (B) and HPV58E4 (C) as well as EBNA-1 protein, is shown. Dark spots represent the individual proteins (HPV Ags and non HPV-related controls in random order) displayed on the arrays after adjusting the raw images to extreme brightness and contrast. Positive spots (with diffused signal) are labeled.

Table 4-3. Prevalence of HPV Type-Specific IgG Abs in Women with Known Cervical HPV DNA Status.

| HPV DNA in cervix | No. + (%) | | | | | | |
|-------------------|-----------------------------|-----------------|--------------------|--------------------|--------------------|----------------------------|--------------------|
| | Total Number ⁽¹⁾ | CIN 0/I N=76 | | CIN II/III N=82 | | ICC N=47 ⁽²⁾ | |
| | | Total | Ab+ ⁽³⁾ | Total | Ab+ ⁽³⁾ | Total | Ab+ ⁽³⁾ |
| HPV6 | 3 | 1 (1.3) | 0 (0) | 2 (2.4) | 0 (0) | 0 (0) | 0 (0) |
| 11 | 2 | 1 (1.3) | 0 (0) | 1 (1.2) | 0 (0) | 0 (0) | 0 (0) |
| 16 | 88 | 14 (18.4) | 0 (0) | 52 (63.4) | 11 (21.2) | 22 (46.8) | 10 (45.5) |
| 18 | 16 | 3 (3.9) | 1 (33.3) | 5 (6.1) | 1 (20.0) | 8 (17.0) | 2 (25.0) |
| 31 | 20 | 2 (2.6) | 0 (0) | 16 (19.5) | 4 (25.0) | 2 (4.3) | 0 (0) |
| 33 | 10 | 2 (2.6) | 0 (0) | 5 (6.1) | 0 (0) | 3 (6.4) | 1 (33.3) |
| 35 | 16 | 5 (6.6) | 2 (40.0) | 10 (12.2) | 2 (20.0) | 1 (2.1) | 1 (100.0) |
| 39 | 5 | 3 (3.9) | 1 (33.3) | 2 (2.4) | 1 (50.0) | 0 (0) | 0 (0) |
| 45 | 10 | 5 (6.6) | 1 (20.0) | 5 (6.1) | 1 (20.0) | 0 (0) | 0 (0) |
| 51 | 7 | 4 (5.3) | 1 (25.0) | 2 (2.4) | 0 (0) | 1 (2.1) | 0 (0) |
| 52 | 21 | 9 (11.8) | 1 (11.1) | 12 (14.6) | 1 (8.3) | 0 (0) | 0 (0) |
| 58 | 14 | 10 (13.2) | 1 (10.0) | 3 (3.7) | 0 (0) | 1 (2.1) | 0 (0) |

Table 4-4. Prevalence of Type-Specific HPV DNA in Women with Known Seropositivity.

| HPV - specific Abs | No. + (%) | | | | | | |
|--------------------|-----------------------------|-----------------|---------------------|--------------------|---------------------|----------------------------|---------------------|
| | Total Number ⁽⁴⁾ | CIN 0/I N=76 | | CIN II/III N=82 | | ICC N=76 ⁽²⁾ | |
| | | Total | DNA+ ⁽⁵⁾ | Total | DNA+ ⁽⁵⁾ | Total | DNA+ ⁽⁵⁾ |
| HPV6 | 24 | 4 (5.3) | 0 (0) | 10 (12.2) | 0 (0) | 10 (13.2) | 0 (0) |
| 11 | 25 | 5 (6.6) | 0 (0) | 8 (9.8) | 0 (0) | 12 (15.8) | 0 (0) |
| 16 | 46 | 5 (6.6) | 0 (0) | 14 (17.1) | 11 (78.6) | 27 (35.5) | 10 (37.0) |
| 18 | 50 | 11 (14.5) | 1 (9.0) | 15 (18.3) | 1 (6.7) | 24 (31.6) | 2 (8.3) |
| 31 | 37 | 5 (6.6) | 0 (0) | 11 (13.4) | 4 (36.4) | 21 (27.6) | 0 (0) |
| 33 | 58 | 14 (18.4) | 0 (0) | 18 (22.0) | 0 (0) | 26 (34.2) | 1 (3.8) |
| 35 | 78 | 21 (27.6) | 2 (9.5) | 19 (23.2) | 2 (10.5) | 38 (50.0) | 1 (2.6) |
| 39 | 51 | 10 (13.2) | 1 (10.0) | 20 (24.4) | 1 (5.0) | 21 (27.6) | 0 (0) |
| 45 | 26 | 5 (6.6) | 1 (20.0) | 4 (4.9) | 1 (25.0) | 17 (22.4) | 0 (0) |
| 51 | 24 | 5 (6.6) | 1 (20.0) | 6 (7.3) | 0 (0) | 13 (17.1) | 0 (0) |
| 52 | 31 | 5 (6.6) | 1 (20.0) | 7 (8.5) | 1 (14.2) | 19 (25.0) | 0 (0) |
| 58 | 18 | 4 (5.3) | 1 (25.0) | 5 (6.1) | 0 (0) | 9 (11.8) | 0 (0) |

⁽¹⁾ of women with the corresponding HPV DNA type in the cervix.

⁽²⁾ The ICC samples with unknown tumor DNA status were excluded from the analysis in table 3A.

⁽³⁾ Positive for any Ab specific to the given HPV type.

⁽⁴⁾ of women with serum Abs to any Ag of the corresponding HPV type.

⁽⁵⁾ Type-specific HPV DNA positive.

4.3.5. Cross-Reactivity of Serologic Responses

We determined the prevalence of Abs against homologous Ags (i.e. all E7 Ags) from more than one HPV type in all sera (n=234) from the three cervical disease groups under investigation (**Table 4-5**). Abs against L2 were the most cross-reactive, while anti-E1 Abs were the least cross-reactive. Of sera that had Abs against any L2 Ag, 57.7% were positive for L2 from at least 6 HPV types. For E1, all 8 women who had specific Abs were positive for E1 from only one HPV type. 8.1% of all women had Abs to E7 from at least 2 HPV types. The percentages of sera with cross-reactive Abs to at least one other HPV type were as follows: E2 (6.3%), E4 (29.0%), E5 (14.3%), E6 (17.4%), E7 (43.2%), L1 (39.3%), and L2 (73.1%).

Table 4-5. Prevalence of Serum Abs to Homologous Ags from Different HPV Types.

| Homologous Abs⁽¹⁾ | | E1 | E2 | E4 | E5 | E6 | E7 | L1 | L2 |
|-------------------------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| =2 | No. | 0 | 1 | 7 | 3 | 1 | 10 | 17 | 3 |
| | % of total⁽²⁾ | 0.0 | 0.4 | 3.0 | 1.3 | 0.4 | 4.3 | 7.3 | 1.3 |
| | % of positive⁽³⁾ | 0.0 | 6.3 | 22.6 | 14.3 | 4.3 | 22.7 | 20.2 | 11.5 |
| =3 | No. | 0 | 0 | 1 | 0 | 3 | 9 | 9 | 1 |
| | % of total⁽²⁾ | 0.0 | 0.0 | 0.4 | 0.0 | 1.3 | 3.8 | 3.8 | 0.4 |
| | % of positive⁽³⁾ | 0.0 | 0.0 | 3.2 | 0.0 | 13.0 | 20.5 | 10.7 | 3.8 |
| =4 | No. | 0 | 0 | 1 | 0 | 0 | 3 | 3 | 0 |
| | % of total⁽²⁾ | 0.0 | 0.0 | 0.4 | 0.0 | 0.0 | 1.3 | 1.3 | 0.0 |
| | % of positive⁽³⁾ | 0.0 | 0.0 | 3.2 | 0.0 | 0.0 | 6.8 | 3.6 | 0.0 |
| =5 | No. | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| | % of total⁽²⁾ | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.9 | 0.0 |
| | % of positive⁽³⁾ | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.4 | 0.0 |
| ≥6 | No. | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 15 |
| | % of total⁽²⁾ | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 | 0.9 | 6.4 |
| | % of positive⁽³⁾ | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.3 | 2.4 | 57.7 |

⁽¹⁾ Number of homologous Ags from different HPV types to which Abs were detected in sera from all three disease groups (n=234).

⁽²⁾ Percentage of women who had Abs to a given Ag from one or more HPV types over the total number of women.

⁽³⁾ Percentage of women who had Abs to a given Ag from multiple HPV types over the number of women who had Abs to this Ag from at least one HPV type.

4.4. DISCUSSION

There is a clinical need for circulating biomarkers that identify high-risk HPV infection for early detection and treatment of cervical disease. Here, we have used our custom HPV protein microarrays, displaying the proteomes of two low-risk and ten high-risk HPV types, to characterize the diversity of the immune response in cervical cancer and in pre-invasive cervical disease. We find that 20 – 46% of patients with CIN and ICC have a broad range of Abs to HPV early proteins in their sera and these biomarkers correlate with disease severity.

Up to 80% of patients with HPV-associated oropharyngeal cancer (HPVOPC) have detectable serum HPV16 Abs to E Ags (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015; Kreimer et al., 2013). Abs against the oncogenic proteins E6 and E7 are also highly specific to ICC. As a result, most cervical cancer studies have focused on E6, E7, and L1 Abs from HPV16 and 18 (Achour et al., 2009; Gutierrez-Xicotencatl et al., 2016; Reuschenbach et al., 2008; Waterboer et al., 2005). In the only previous study of Abs to entire HPV proteomes using slide-based protein microarrays, high levels of Abs were detected against E7 but not E6 or L1 in ICC sera, possibly due to the difficulty of expressing larger-sized proteins (Luevano et al., 2010). In that study and others (Gutierrez-Xicotencatl et al., 2016; Lehtinen et al., 2003; Stanley, 2003), no significant difference in Ab response between CIN II/III and asymptomatic controls was detected.

While L-specific Abs were detected in serum from women in all three groups of cervical disease in our study, Abs against any E protein were, as expected, more prevalent in ICC and CIN II/III than women with CIN 0/I. Anti-E7 Abs were the most frequently detected E-Abs, and our data of E7-specific Abs in ICC is consistent with previous studies. Using ELISA (Achour et al., 2009; Silins et al., 2002; Tjiong et al., 2001) and Luminex bead

arrays (Castellsague et al., 2014; Lang Kuhs et al., 2015; Reuschenbach et al., 2008), anti-E7 Abs were detected in 13 – 53% of women with ICC and in ~60% of ICC (and 10% of healthy controls) using protein microarrays (Luevano et al., 2010).

As cervical disease progresses towards malignancy, infectious viral particle production becomes limited to a small area near the surface of the cervical epithelium (Doorbar, 2006; Griffin et al., 2012). E4 plays a role in viral synthesis and possibly viral release (Doorbar, 2013). The expression of E4 in CIN II and III is restricted to this subset of cells and is generally lost in ICC (Doorbar, 2006). Expression of E4 protein in tissue has been proposed as an early detection marker (Griffin et al., 2012) but specific serum Abs may provide a more convenient detection method. Our data show that E4-specific Abs develop early in disease progression, with 16 – 17% prevalence in both CIN II/III and ICC. Anti-E4 Abs have been reported in sera from women with CIN II/III (34%) and ICC (29%) (Pedroza-Saavedra et al., 2000), which is consistent with our findings and the predicted level of E4 expression especially in CIN II/III.

Viral integration into the host genome, with loss of E2 expression, is a frequent hallmark of HPV-associated cancers, leading to derepression of E6 and E7 expression. Since E2 Ag is expressed in CIN II/III (Xue et al., 2010), we predicted that E2 Abs would also be detected early in CIN II/III. E2-specific Abs were detected in both CIN II/III (4.9%) and at higher ($p < 0.05$) frequency in ICC (14.5%) but were at low prevalence. E2-specific IgG Abs have been reported in 24% of women with CIN I-III (compared to 13% of healthy controls) (Marais, Rose, & Williamson, 1997) and in 12% of women with ICC (compared to 2% of healthy controls) (Combes et al., 2014), consistent with our data. Since the majority (64%) of patients with HPVOPC have Abs against HPV16 E2 (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015), our data suggest that these two tumor sites may have significant differences in viral integration and expression of E2 Ag,

or exposure of E2 Ag to B cells. In cervical disease, E1 Abs have been reported to have a low prevalence (10% and 0.3% in ICC and healthy controls, respectively) (Combes et al., 2014). We also found an overall low prevalence of anti-E1 Abs in cervical disease, as opposed to a 60% prevalence in HPVOPCs (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015).

Only a few studies have investigated the immune response against multiple HPV types (Combes et al., 2014; Gutierrez-Xicotencatl et al., 2016; Luevano et al., 2010; Waterboer et al., 2005). Only one study displayed multiple HPV proteomes on protein arrays (Luevano et al., 2010) and the others have used glutathione S-transferase-based multiplex serology to evaluate serum Abs against only E6, E7, and L1 Ags from multiple HPV types (Combes et al., 2014; Waterboer et al., 2005). The question of cross-reactivity of Abs against Ags from closely-related viral types has therefore not been adequately addressed. We and others have previously demonstrated that MAbs raised against specific HPV proteins may cross-react with homologous proteins from different HPV types due to sequence similarity (Ewaisha et al., 2016; Luevano et al., 2010). Here, we detected cross-reactive Abs including against the E4 Ag. The E4 ORF is the most divergent between HPV types (Bell et al., 2007). The range of amino acid sequence similarity between E4 from the non-HPV16 types detected in the 3 sample sera illustrated in **Figure 4-2** and HPV16 E4 is 42 – 59%. It is therefore not known if Abs to multiple homologous E4 proteins reflect cross-reactivity with conserved epitopes or prior multiple HPV infections. We also observed Abs against L2 from at least 6 HPV types in 57.7% of women who had L2-specific Abs (**Table 4-4**), which likely indicates cross-reactivity, given the high (46 – 63%) sequence conservation of the L2 protein, and the interest in developing it as a vaccine (Karanam, Jagu, Huh, & Roden, 2009). Abs against L1 from three or more HPV types were also detected in 19% of women positive for L1 Abs. This is consistent with previously

reported L1 cross-reactivity detected by an HPV16 L1-specific MAb (Luevano et al., 2010). Overall, these data suggest that these HPV arrays will have limited utility as surrogate markers for HPV typing.

While not directly compared in this study, the signal intensity of Ab binding on the arrays (Ewaisha et al., 2016) and on RAPID ELISA (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015) are consistently weaker in cervical disease than in HPVOPC (unpublished observations). Additionally, despite tissue expression of the oncoproteins E6 and E7 in ICC, we and others (Luevano et al., 2010; Reuschenbach et al., 2008; Stanley, 2003) have reported specific serum Abs in less than half of the patients, while they are detected in up to 75% of HPVOPC cases (K. S. Anderson, K. R. Dahlstrom, et al., 2015). Anti-E6 Abs have been detected in HPVOPC and cervical cancer cases years prior to the establishment of a clinical diagnosis (Kreimer et al., 2013; Lehtinen et al., 2003), suggesting these may be useful for early detection. The Ab response to the E proteins in high grade pre-invasive cervical lesions, however, has been difficult to detect in previous studies (Lehtinen et al., 2003; Luevano et al., 2010; Stanley, 2003). Even though we detect E-specific Abs in a subset of CIN II/III, the frequencies are low. The presence of both viral DNA and viral oncoproteins in HPVOPC tumors suggest that both cancer sites have similar pathogenetic mechanisms (Gillison et al., 2008). Therefore, it is likely that the close proximity of lymphoid tissue in the tonsils results in a more potent immune induction in HPVOPC compared with cervical disease.

The lack of infrastructure and resources in LMICs hampers large-scale implementation of Pap test screening (Kontostathi et al., 2016; Wentzensen & von Knebel Doeberitz, 2007; Wright, 2006). In low-resource environments, visual examination with acetic acid (VIA) is an inexpensive alternative (Sankaranarayanan et al., 2007). It results in a 25% reduction in cervical cancer incidence and a 35% reduction in cervical cancer mortality after a single

screen (Sankaranarayanan et al., 2007; Shastri et al., 2014), with significant downstaging of cervical cancers (Shastri et al., 2014). However, VIA has low sensitivity in women older than 50 years, poor reproducibility between operators and it requires continuous training and supervision. The absence of HPV nucleic acid in the cervix is a good negative predictor of cervical disease but HPV testing is not recommended for women <30 years old because transient infection reduces specificity (Arbyn et al., 2012; Goodman, 2015). In pooled analyses, HPV testing is more sensitive (90 – 95% for CIN II/III) than cervical cytology alone or VIA but lacks the specificity (89%) for a reliable biomarker (Arbyn et al., 2012). To date, there are no established tissue, blood, or vaginal biomarkers other than HPV nucleic acid and cytology for CIN II/III in high risk patients. Biomarkers such as serology that identify high-risk HPV infection and invasive cervical cancers (ICC) could have an impact on the screening, detection, and treatment of cervical disease.

CHAPTER 5 : IDENTIFICATION OF CIRCULATING MARKERS OF PRE-EXISTING IMMUNITY TO *STREPTOCOCCUS PYOGENES* CRISPR/CAS9 IN HUMANS

This chapter is in revisions in Nature Communications and has been published as a preprint on BioRxiv:

Ferdosi, S. R., Ewaisha, R., Moghadam, F., Krishna, S., Park, J. G., Ebrahimkhani, M. R., and Anderson, K. S. (2018). Multifunctional CRISPR/Cas9 with engineered immunosilenced human T cell epitopes. *bioRxiv*.

ABSTRACT

The application of Cas9 protein for genetic and epigenetic therapies in humans raises concerns over immunogenicity of this foreign protein. This chapter investigates potential biomarkers of immunity to the CRISPR/Cas9 system that is currently in clinical trials for cancer. Pre-existing B cell and T cell immune responses to the *Streptococcus pyogenes* Cas9 protein were detected in humans. Two immunodominant T cell epitopes for HLA-A*02:01 were identified and a single mutation in the anchor residue of one or both of these epitopes significantly reduced the protein immunogenicity while maintaining its function and specificity in the CRISPR/Cas9 system. The identified immune responses could serve as immune biomarkers that help guide decisions of using this therapeutic in humans.

5.1. INTRODUCTION AND BACKGROUND

The Clustered Regularly Interspaced Short Palindromic Repeat (CRISPR)/Cas9 technology has raised hopes for developing personalized gene therapies for complex diseases such as cancer as well as genetic disorders, and is currently entering clinical trials (Cyranoski, 2016; Reardon, 2016). The history of gene therapy has included both

impressive success stories and serious immunologic adverse events (Cavazzana-Calvo et al., 2000; Gaspar et al., 2004; Hacein-Bey-Abina et al., 2002; Howe et al., 2008; Manno et al., 2006; Marshall, 1999). The expression of *Streptococcus pyogenes* Cas9 protein (SpCas9) in mice has evoked both cellular and humoral immune responses (Chew et al., 2016; D. Wang et al., 2015), which raises concerns regarding its safety and efficacy as a gene or epi-gene therapy in humans. These pre-clinical models and host immune reactions to other exogenous gene delivery systems (Mays & Wilson, 2011; Federico Mingozzi & High, 2013; Yin et al., 2014) suggest that the pathogenic “non-self” origin of Cas9 may be immunogenic in humans.

Both B cell and T cell host responses specific to either the transgene or the viral components of adenoviral (Ahi, Bangari, & Mittal, 2011; Aldhamen & Amalfitano, 2016) and adeno-associated viral (AAV) (Mays & Wilson, 2011; Federico Mingozzi & High, 2013) vectors have been detected, despite relatively low immunogenicity of AAV vectors. In the case of AAV, specific neutralizing Abs and T cells are frequently detected in healthy donors (Boutin et al., 2010; F. Mingozzi et al., 2007; Scallan et al., 2006; Thwaite et al., 2015) and, specific CD8+ T cells have been shown to expand following gene delivery (F. Mingozzi et al., 2007). There has been recent progress in developing strategies to overcome this problem, such as capsid engineering and transient immunosuppression (Bartel, Schaffer, & Buning, 2011; Martino et al., 2013; F. Mingozzi et al., 2013). The potential consequences of immune responses to expressed proteins from viral vectors or transgenes include neutralization of the gene product; destruction of the cells expressing it, leading to loss of therapeutic activity or tissue destruction; induction of immune memory that prevents re-administration; and fulminant innate inflammatory responses (Brunetti-Pierri & Ng, 2009; Halbert et al., 1998; H. Jiang et al., 2006; Kay, 2011; Nathwani et al., 2011; Nayak & Herzog, 2010). More potent immune responses to gene therapies have

been observed in humans and non-human primate models compared to mice (Gao et al., 2009; Manno et al., 2006).

Of the Cas9 orthologs derived from bacterial species (Esvelt et al., 2013; Hirano et al., 2016; Jinek et al., 2014; Ran et al., 2015; Zetsche et al., 2015), the SpCas9 is the best characterized. *S. pyogenes* is a ubiquitous pathogen, with an annual incidence of 700 million worldwide (Carapetis, Steer, Mulholland, & Weber, 2005), but immunity to SpCas9 in humans has not been reported. Here, we sought to characterize the pre-existing immune response to SpCas9 in healthy individuals and to identify the immunodominant T cell epitopes with the aim of developing SpCas9 proteins that have diminished capacity to invoke human adaptive response.

5.2. METHODS

5.2.1. Detection of Cas9-Specific Serum Abs in Healthy Controls

Healthy control sera (n = 183) used in this study, and previously described 47, are a subset of a molecular epidemiology study of head and neck cancer at the MD Anderson Cancer Center, collected between January 2006 and September 2008. *S. pyogenes* lysate was prepared by sonication of bacterial pellets from overnight cultures of *S. pyogenes* ATCC 19615 in the presence of 1 pill of cOmplete Protease Inhibitor (Sigma-Aldrich) after 3 cycles of freezing and thawing. Serum Ab detection was performed using ELISA. 96-well plates were coated with 20 µg/mL of recombinant *S. pyogenes* Cas9 nuclease (New England Biolabs, Ipswich, MA) or *S. pyogenes* lysate. Sera were diluted 1:50 in 10% *E. coli* lysate prepared in 5% milk-PBST (0.2% tween) 48, incubated with shaking for 2 hrs at room temperature, and added to the specified wells in duplicate. Horseradish peroxidase (HRP) anti-human IgG Abs (Jackson ImmunoResearch Laboratories, West Grove, PA) were added at 1:10,000, and detected using Supersignal ELISA Femto

Chemiluminescent substrate (Thermo Fisher Scientific, Waltham, MA). Luminescence was detected as relative light units (RLU) on a Glomax 96 Microplate Luminometer (Promega, Madison, WI) at 425 nm. To establish cut-off values, a RLU ratio $>$ (the mean + 3 standard deviations) of 125 randomly chosen control samples was designated positive (**Fig. 5-1**, dotted and dashed lines for bacterial lysate and Cas9 protein, respectively).

5.2.2. Cas9 Candidate T cell Epitope Prediction

We used our previously described prediction strategies (Chowell et al., 2015; Krishna & Anderson, 2016) to predict candidate Cas9 T cell epitopes. Briefly, we predicted MHC class I restricted 9-mer and 10-mer candidate epitopes derived from the Cas9 protein (Uniprot - Q99ZW2) for HLA A*02:01. The protein reference sequence was entered into 5 different prediction algorithms; 3 MHC-binding: IEDB-consensus binding (Moutaftsi et al., 2006), NetMHCpan binding (Hoof et al., 2009), Syfpeithi (Rammensee, Bachmann, Emmerich, Bachor, & Stevanović, 1999) and 2 antigen-processing algorithms: IEDB-consensus processing, ANN processing (Tenzer et al., 2005). The individual scores from each of the prediction algorithms were then normalized within the pool of predicted peptides after exclusion of poor binders as previously detailed (Chowell et al., 2015; Krishna & Anderson, 2016), and the average normalized binding scores were used to re-rank the candidate peptides. The top 38 candidate peptides (**Table 5-1**) were selected for experimental testing.

In brief, the IEDB consensus MHC-binding prediction algorithm (<http://www.iedb.org/>) was applied to obtain a list of high binding Cas9 peptides, each of which was assigned a normalized binding score (S_b). The immunogenicity score (S_i) was calculated for each peptide based on its amino acid hydrophobicity (ANN-Hydro) (Chowell et al., 2015).

5.2.3. Ex vivo Stimulation and Epitope Mapping of Cas9 by ELISpot

All peripheral blood mononuclear cells (PBMCs) were obtained from healthy individuals using informed consent, protocol MOD00006783 under ASU's Institutional Review Board. PBMCs were isolated from fresh heparinized blood by Ficoll–Hypaque (GE Healthcare, UK) density gradient centrifugation and stimulated as previously described (Krishna & Anderson, 2016). Briefly, predicted Cas9 peptides with $S_b < 0.148$ (N=38) were synthesized (> 80% purity) by Proimmune, UK. Each peptide was reconstituted at 1mg/mL in sterile PBS and pools were created by mixing 3-4 candidate peptides. Sterile multiscreen ELISpot plates (Merck Millipore, Billerica, MA, USA) were coated overnight with 5µg/well of anti-IFN-γ capture Ab (clone D1K, Mabtech, USA) diluted in sterile PBS. Frozen PBMCs were thawed rapidly and recombinant human IL-2 (20U/mL, R&D Systems) was added. They were then stimulated in triplicates with 10µg/mL Cas9 peptide pools (or individual peptides), pre-mixed CEF pool as a positive control (ProImmune, UK), or DMSO as a negative control in the anti-IFN-γ-coated ELISpot plates, (Merck Millipore, Billerica, MA, USA) and incubated in a 37°C, 5% CO₂ incubator for 48 hrs. Plates were washed three times for 5 min each with ELISpot buffer (PBS + 0.5% FBS) and incubated with 1µg/mL anti-IFN-γ secondary detection Ab (clone 7-B6-1, Mabtech, USA) for 2 hrs at room temperature, washed and incubated with 1µg/mL Streptavidin ALP conjugate for 1 hr at room temperature. The wells were washed again with ELISpot buffer and spots were developed by incubating for 8-10 min with detection buffer (33µL NBT, 16.5µL BCIP, in 100mM Tris-HCl pH 9, 1mM MgCl₂, 150mM NaCl). Plates were left to dry for 2 days and spots were read using the AID ELISpot reader (Autoimmun Diagnostika GmbH, Germany). The average number of spot forming units for each triplicate was calculated for each test peptide or peptide pool and subtracted from the background signal.

5.2.4. Autologous APC Generation from Healthy Individual PBMCs

Autologous CD40L-activated B cell APCs were generated from healthy donors by incubating whole PBMCs with irradiated (32 Gy) K562-cell line expressing human CD40L (KCD40L) at a ratio of 4:1 (800,000 PBMCs to 200,000 irradiated KCD40Ls) in each well. The cells were maintained in B cell media (BCM) consisting of IMDM (Gibco, USA), 10% heat-inactivated human serum (Gemini Bio Products, CA, USA), and Antibiotic-Antimycotic (Anti-Anti, Gibco, USA). BCM was supplemented with 10 ng/mL recombinant human IL-4 (R&D Systems, MN, USA), 2µg/mL Cyclosporin A (Sigma-Aldrich, CA, USA), and insulin transferrin supplement (ITES, Lonza, MD, USA). APCs were re-stimulated with fresh irradiated KCD40Ls on days 5 and 10, after washing with PBS and expanding into a whole 24-well plate. After two weeks, APC purity was assessed by CD19⁺ CD86⁺ expressing cells using flow cytometry and were used for T cell stimulation after >90% purity. APCs were either restimulated up to 4 weeks or cryopreserved for re-expansion as necessary.

5.2.5. T cell Stimulation by Autologous APCs

Antigen-specific T cells were generated by stimulating healthy donor B cell APCs by peptide pulsing of specific Cas9 epitopes. Peptide pulsing of APCs was done under BCM 5% human serum, with recombinant IL-4. Twenty-four hours later, on day 1, APCs were washed and incubated with thawed whole PBMCs at a ratio of 1:2 (200,000 APCs : 400,000 PBMCs) in a 24-well plate in BCM supplemented with 20U/mL recombinant human IL-2 (R&D Systems, MN, USA) and 5ng/mL IL-7 (R&D Systems, MN, USA). On day 5, partial media exchange was performed by replacing half the well with fresh BCM and IL-2. On day 10, fresh APCs were peptide pulsed in a new 24-well plate. On day 11, expanded T cells were restimulated with peptide-pulsed APCs similar to day 1. T cells were used for T cell assays or immunophenotyped after day 18.

5.2.6. Flow Cytometry Staining for T cells

Cells were washed once in MACS buffer (containing PBS, 1% BSA, 0.5mM EDTA), centrifuged at 550g for 5 min and re-suspended in 200µL MACS buffer. Cells were stained in 100µL of staining buffer containing anti-CD137, conjugated with phycoerythrin (PE, clone 4B4-1; BD Biosciences, USA), anti-CD8-PC5 (clone B9.11; Beckman Coulter 1:100), anti-CD4 (clone SK3; BioLegend, 1:200), anti-CD14 (clone 63D3; BioLegend, 1:200), and anti-CD19 (clone HIB19; BioLegend,1:200), all conjugated to Fluorescein isothiocyanate (FITC) for exclusion gates, for 30 min on ice. Samples were covered and incubated for 30 min on ice, washed twice in PBS, and resuspended in 1mL PBS prior to analysis.

5.2.7. Pentamer Staining for T cell Immunophenotyping

The following HLA-A*02:01 PE-conjugated Cas9 pentamers were obtained from ProImmune: F2A-D-CUS-A*02:01-ILEDIVLTL-Pentamer, 007-Influenza A MP 58-66-GILGFVFTL-Pentamer. T cells were washed twice in MACS buffer with 5% human serum and centrifuged at 550g for 5 min each time. They were then re-suspended in 100µL staining buffer (MACS buffer, with 5% human serum and 1mM Dasatanib (ThermoFisher Scientific, MA, USA). Each of the pentamers was added to resuspended T cells, stimulated with the respective peptide or APCs at a concentration of 1:100. Samples were incubated at room temperature for 30 min in the dark, then washed twice in MACS buffer. Cells were stained in 100µL MACS buffer with anti-CD8-PC5, anti-CD4-FITC, anti-CD14-FITC, and anti-CD19-FITC for exclusion gates. Samples were then washed twice with PBS and analyzed by flow cytometry. For flow cytometric analysis, all samples were acquired with Attune flow cytometer (ThermoFisher Scientific, MA, USA) and analyzed using the Attune software. Gates for expression of different markers and pentamers were determined based on flow minus one (FMO) samples for each color after doublet

discrimination. Percentages from each of the gated populations were used for the analysis.

5.2.8. Vector Design and Construction

Modified Cas9 plasmids - Human codon-optimized *Streptococcus pyogenes* Cas9 sequence was amplified from pSpCas9 (pX330; Addgene plasmid ID: 42230), using forward and reverse primers and inserted within gateway entry vectors using golden gate reaction. Desired mutations were designed within gBlocks (Integrated DNA Technologies). The gblocks and amplicons were then cloned into entry vectors using golden gate reaction. All the primers and gblocks sequences are listed in **Appendix B**. Next, the Cas9 vectors and CAG promoter cassettes were cloned into an appropriate gateway destination vector via LR reaction (Invitrogen).

U6-sgRNA-MS2 plasmids - These plasmids were constructed by inserting either 14bp or 20bp spacers of gRNAs (**Appendix B**) into sgRNA (MS2) cloning backbone (Addgene plasmid ID: 61424) at BbsI site. All the gRNA sequences are listed in **Appendix B**.

5.2.9. Cell Culture for Endogenous Target Mutation and Activation

HEK293FT cell line was purchased from ATCC and maintained in Dulbecco's modified Eagle's medium (DMEM - Life Technologies) containing 10% fetal bovine serum (FBS - Life Technologies), 2mM glutamine, 1.0 mM sodium pyruvate (Life Technologies) and 1% penicillin-streptomycin (Life Technologies) in incubators at 37 °C and 5% CO₂. Polyethylenimine (PEI) was used to transfect HEK293FT cells seeded into 24-well plates. Transfection complexes were prepared according to manufacturer's instructions.

5.2.10. Fluorescent Reporter Assay for Quantifying Cas9 Function

HEK293FT cells were co-transfected with 10 ng gRNA, 200 ng Cas9 constructs, 100 ng reporter plasmid and 25 ng EBFP2 expressing plasmid as the transfection control. Fluorescent reporter experiments were performed 48 hrs after transfection. Flow

cytometry data were analyzed using FlowJo. Cells were gated for positive EBFP expression to remove the un-transfected cells from the analysis. Un-transfected controls were included in each experiment.

5.2.11. Quantitative RT-PCR Analysis

HEK293FT cells were co-transfected with 10 ng gRNA, 200 ng Cas9 constructs, 100 ng MS2-P65-HSF1 (Addgene plasmid ID: 61423) and 25 ng transfection control. Cells were lysed, and RNA was extracted using RNeasy Plus mini kit (Qiagen) 72 hrs post transfection, followed by cDNA synthesis using the High-Capacity RNA-to-cDNA Kit (Thermo fisher). qRT-PCR was performed using SYBR Green PCR Master Mix (Thermo fisher). All analyses were normalized to 18s rRNA (Δ Ct) and fold-changes were calculated against un-transfected controls ($2^{-\Delta\Delta$ Ct). Primer sequences for qPCR are listed in **Appendix B**.

5.2.12. Endogenous Indel Analysis

HEK293FT cells were co-transfected with 200ng of Cas9 plasmids, 10ng of gRNA coding cassette and and 25 ng transfection control. 72 hrs later, transfected cells were dissociated and spun down at 200 g for 5 min at room temperature. Genomic DNA was extracted using 50 μ l of QuickExtract DNA extraction solution (Epicentre) according to the manufacturer's instructions. Genomic DNA was amplified by PCR using primers flanking the targeted region. Illumina Tru-Seq library was created by ligating partial adaptors and a unique barcode to the DNA samples. Next, a small number of PCR cycles were performed to complete the partial adaptors. Equal amounts of each sample were then pooled and sequenced on Illumina Tru-Seq platform with 2x150 run parameters, which yielded approximately 80,000 reads per sample. Sequencing was performed using a 2x150 paired-end (PE) configuration by CCIB DNA Core Facility at Massachusetts General Hospital (Cambridge, MA, USA). The reads were aligned to the target gene

reference in *Mus musculus* genome using Geneious software, 9-1-5. To detect the indels (insertions and deletions of nucleic acid sequence at the site of double-strand break), each mutation was evaluated carefully in order to exclude the ones that are caused by sequencing error or any off-target mutation. The variant frequencies (percentage to total) assigned to each read containing indels were summed up. i.e. indel percentage = total number of indel containing reads/ total number of reads. The minimum number of analyzed reads per sample was 70,000.

5.2.13. RNA Sequencing for Quantifying Activator Specificity

HEK293FT cells were co-transfected with 10 ng gRNA for MIAT locus, 200 ng Cas9 constructs, 100 ng MS2-P65-HSF1 (Addgene plasmid ID: 61423) and 25 ng transfection control. Total RNA was extracted 72 hrs post transfection using RNeasy Plus mini kit (Qiagen) and sent to UCLA TCGB core on dry ice. Ribosomal RNA depletion, and single read library preparation were performed at UCLA core followed by RNA sequencing using NextSeq500. Coverage was 14 million reads per sample. FASTQ files with single-ended 75 bp reads were then aligned to the human GRCh38 reference genome sequence (Ensembl release 90) with STAR (Dobin et al., 2013), and uniquely-mapped read counts (an average of 14.8 million reads per sample) were obtained with Cufflink (Trapnell et al., 2012). The read counts for each sample were then normalized for the library size to CPM (counts per million reads) with edgeR (Robinson, McCarthy, & Smyth, 2010). Custom R scripts were then used to generate plots.

5.3. RESULTS

5.3.1. Detection of Cas9-Specific Serum Abs in Healthy Controls

We first determined whether healthy individuals have detectable IgG Abs to SpCas9. Of 143 healthy control sera screened, 70 (49.0%) had detectable Abs against *S. pyogenes*

lysate using ELISA (**Figure 5-1**). This positive subset along with 12 sera that were borderline negative for Abs to *S. pyogenes* lysate were screened for Abs against recombinant SpCas9 (**Figure 5-1**), of which 36.6% were positive. At least 21.0% (n=30) of healthy individuals in this study had Cas9-specific Abs (**Figure 5-1**).

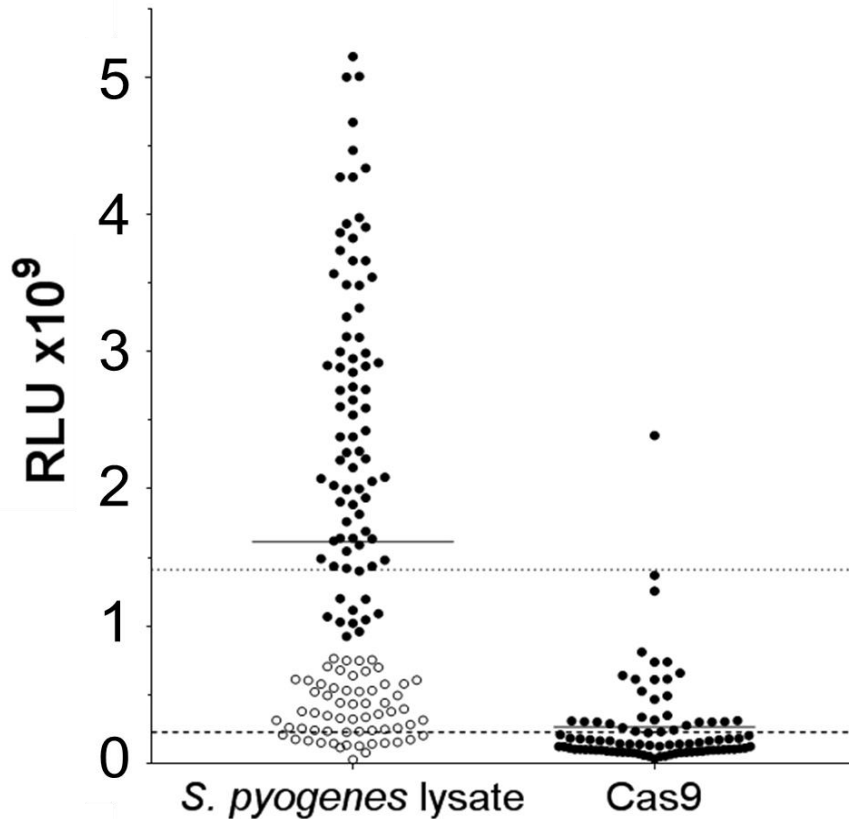


Figure 5-1. Detection of Pre-existing SpCas9-Specific Antibodies in Healthy Individuals. Specific serum Abs were detected against *S. pyogenes* lysate in 49.0% (above the dotted line) of 143 healthy controls (left). The subset shown in black circles was screened for Abs against recombinant Cas9 protein (right), of which 36.6% (21.0% of total samples screened) were positive (above the dashed line). Nucleic Acid Programmable Protein Arrays (NAPPA).

5.3.2. Cas9 Candidate T cell Epitope Prediction

We predicted HLA-A*02:01-restricted T cell epitopes derived from SpCas9 using a model based on both HLA binding and biochemical properties of immunogenicity (Chowell et al., 2015) (**Table 5-1**). We plotted the calculated normalized binding (S_b) and immunogenicity

(S_i) scores for each peptide (**Figure 5-2**) to predict the more immunogenic epitopes, which are expected to have both high HLA binding (low S_b) and more hydrophobicity (high S_i).

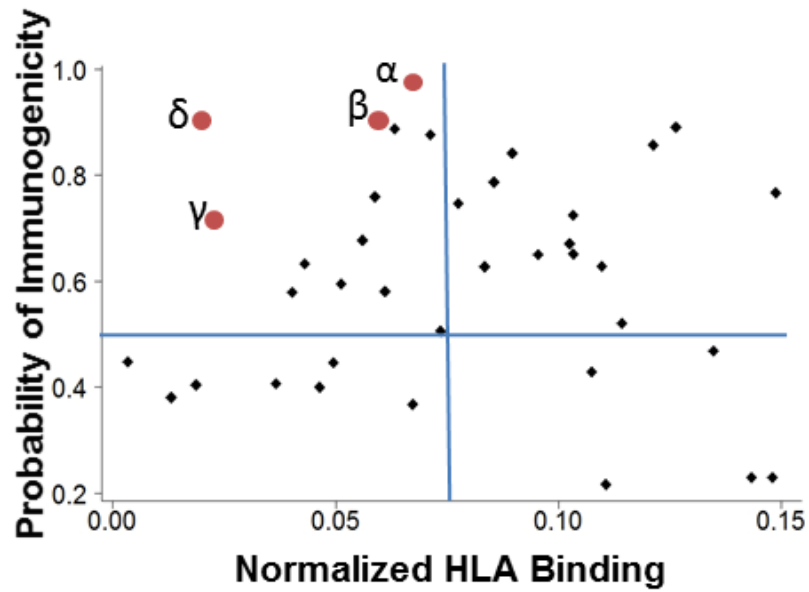


Figure 5-2. Plot of S_b and S_i of Predicted HLA-A*02:01 Epitopes for the SpCas9 Protein. Red dots represent the immunodominant and subdominant epitopes as found by IFN- γ ELISpot.

Table 5-1. Predicted Cas9 Immunogenic T Cell Epitopes.

| Rank | Position | Sequence | Code | Binding | | | Protein Processing | | | S _b | S _i | S _b ·S _i |
|------|-----------|-------------|------|---------|---------|----------|--------------------|-------|-------|----------------|----------------|--------------------------------|
| | | | | IEDB | NetMHC | Syfeithi | IEDB | ANN | | | | |
| 1 | 988-997 | YLNAVVG TAL | γ | 1.25 | 21.5 | 24 | 0.27 | 0.02 | 0.068 | 0.975 | 0.002 | |
| 2 | 1281-1290 | ILADANLDKV | | 1.25 | 11.37 | 31 | -0.06 | -0.49 | 0.003 | 0.447 | 0.002 | |
| 3 | 236-244 | GLFGNLI AL | δ | 0.6 | 10.12 | 29 | 1.15 | 1.04 | 0.020 | 0.900 | 0.002 | |
| 4 | 240-248 | NLI ALSGL | α | 1.7 | 61.18 | 25 | 0.15 | 0.22 | 0.061 | 0.903 | 0.006 | |
| 5 | 615-623 | ILEDIVL TL | β | 1.5 | 53.29 | 29 | 0.28 | 0.56 | 0.023 | 0.710 | 0.007 | |
| 6 | 614-623 | DILEDIVL TL | | 4.6 | 3105.79 | 28 | -1.53 | -1.02 | 0.063 | 0.888 | 0.007 | |
| 7 | 719-727 | SLHEHIANL | | 1.4 | 9.14 | 30 | 0.93 | 0.82 | 0.013 | 0.380 | 0.008 | |
| 8 | 415-423 | HLGELHAIL | | 4.4 | 276.73 | 25 | -0.75 | -0.81 | 0.071 | 0.876 | 0.009 | |
| 9 | 300-308 | ILLSDILRV | | 0.3 | 6.51 | 29 | 0.67 | 0.7 | 0.019 | 0.404 | 0.011 | |
| 10 | 1086-1095 | VLSMPQVNIV | | 3.65 | 178.87 | 26 | -1.05 | -1.43 | 0.059 | 0.758 | 0.014 | |
| 11 | 719-728 | SLHEHIANLA | | 4.7 | 60.17 | 19 | -0.98 | -1.74 | 0.126 | 0.890 | 0.014 | |
| 12 | 1194-1203 | LIKLPKYSL | | 8.5 | 966.31 | 25 | -0.97 | -1.04 | 0.090 | 0.841 | 0.014 | |
| 13 | 1346-1355 | TLIHQSITGL | | 1.95 | 57.8 | 27 | 0.12 | -0.06 | 0.043 | 0.632 | 0.016 | |
| 14 | 1197-1207 | KLPKYSLFEL | | 1.2 | 10.93 | 27 | 0.9 | 0.5 | 0.040 | 0.579 | 0.017 | |
| 15 | 1041-1050 | NIMNFFKTEI | | 2.65 | 314.8 | 19 | -1.03 | -0.9 | 0.121 | 0.857 | 0.017 | |
| 16 | 512-520 | SLLYEYFTV | | 0.4 | 4.56 | 25 | 0.67 | 0.55 | 0.056 | 0.678 | 0.018 | |
| 17 | 1309-1318 | IIHLFTLTNL | | 4.25 | 1083.6 | 24 | -1.04 | -0.78 | 0.085 | 0.787 | 0.018 | |
| 18 | 661-670 | RLSRKLINGI | | 3.5 | 278.03 | 24 | -0.82 | -1.05 | 0.078 | 0.746 | 0.020 | |
| 19 | 1227-1236 | ALPSKYVNFL | | 4.3 | 111.14 | 27 | 0.05 | -0.26 | 0.051 | 0.594 | 0.021 | |
| 20 | 996-1004 | ALIKKYPKL | | 2.6 | 154.09 | 28 | -0.27 | 0 | 0.037 | 0.407 | 0.022 | |
| 21 | 221-229 | RLENLIAQL | | 4.2 | 242.87 | 26 | -0.46 | -0.46 | 0.061 | 0.581 | 0.026 | |
| 22 | 1237-1245 | YLASHYEKL | | 1.2 | 10.3 | 26 | 0.9 | 0.84 | 0.050 | 0.446 | 0.027 | |
| 23 | 1265-1273 | YLDEIIEQI | | 0.3 | 4.8 | 26 | 0.62 | 0.6 | 0.046 | 0.399 | 0.028 | |
| 24 | 1042-1050 | IMNFFKTEI | | 3.2 | 131.4 | 21 | -0.69 | -0.87 | 0.103 | 0.724 | 0.028 | |
| 25 | 815-824 | YLQNGRDMYV | | 0.25 | 13.01 | 22 | -0.18 | -0.07 | 0.083 | 0.627 | 0.031 | |
| 26 | 1212-1220 | RMLASAGEL | | 3.2 | 333.2 | 22 | -0.64 | -0.51 | 0.095 | 0.650 | 0.033 | |
| 27 | 1020-1029 | KMI AKSEQEI | | 3.1 | 64.01 | 21 | -0.36 | -0.9 | 0.103 | 0.671 | 0.034 | |
| 28 | 793-801 | SQILKEHPV | | 2.8 | 191.23 | 16 | -1.4 | -1.36 | 0.149 | 0.766 | 0.035 | |
| 29 | 742-750 | KVVDELVKV | | 2.8 | 44.75 | 24 | -0.06 | -0.26 | 0.074 | 0.505 | 0.036 | |
| 30 | 1181-1190 | FLEAKGYKEV | | 3.25 | 105.27 | 21 | -1.08 | -1.42 | 0.103 | 0.651 | 0.036 | |
| 31 | 160-169 | HMIKFRGHFL | | 4.75 | 324.13 | 21 | -0.59 | -0.73 | 0.110 | 0.628 | 0.041 | |
| 32 | 551-559 | LLFKTNRKV | | 3 | 381.3 | 25 | -1.52 | -1.25 | 0.067 | 0.368 | 0.043 | |
| 33 | 141-149 | KLV DSTDKA | | 3.4 | 274.05 | 20 | -1.48 | -1.17 | 0.114 | 0.520 | 0.055 | |
| 34 | 472-481 | TITPWNFE EV | | 4.45 | 124.55 | 21 | -0.84 | -1.21 | 0.107 | 0.429 | 0.061 | |
| 35 | 194-203 | QLFEENPINA | | 1.65 | 67.94 | 17 | -0.71 | -0.79 | 0.135 | 0.469 | 0.072 | |
| 36 | 518-527 | FTVYNELTKV | | 2.55 | 169.93 | 20 | -1.12 | -1.15 | 0.111 | 0.216 | 0.087 | |
| 37 | 473-481 | ITPWNFE EV | | 6.4 | 351.14 | 18 | -1.25 | -1.65 | 0.143 | 0.229 | 0.110 | |
| 38 | 970-978 | FQFYKVREI | | 2.7 | 135.61 | 16 | -0.66 | -0.39 | 0.148 | 0.229 | 0.114 | |

The table shows Cas9 HLA-A*02:01 epitopes predicted using an integrative prediction model and ranked according to their S_b·S_i score (the lower the more immunogenic). The immunodominant and subdominant epitopes as confirmed by ELISpot are highlighted in dark gray and light gray, respectively. S_b, binding score; S_i, immunogenicity score.

5.3.3. Ex vivo Stimulation and Epitope Mapping of Cas9 by ELISpot

We then investigated whether peripheral blood mononuclear cells (PBMCs) derived from healthy individuals had measurable T cell reactivity against the predicted SpCas9 MHC class I epitopes. We synthesized 38 peptides (**Table 5-1**) and grouped them into 10 pools of 3-4 peptides each. We measured peptide-specific T cell immunity using IFN- γ secretion ELISpot assays in PBMCs derived from 12 healthy individuals (HLA-A*02:01, n=10; non-HLA-A*02:01, n=2) and identified immunoreactive epitopes within pools 3 or 5 in 83.0% of the donors tested (90% of the HLA-A*02:01 donors; **Figure 5-3**). The seven individual peptides from pools 3 and 5 were evaluated by IFN- γ ELISpot and the dominant immunogenic epitopes were SpCas9_240-248 and SpCas9_615-623, designated peptides α and β , from pools 5 and 3, respectively. The subdominant epitopes were found to be γ and δ from pools 3 and 5, respectively. Both peptides α and β are located in the REC lobe of the Cas9 protein (**Figure 5-5**) that binds the sgRNA and the target DNA heteroduplex (Nishimasu et al., 2014). The position of peptides α and β within the protein structure is shown in **Figure 5-4**. The individual peptides within pools that were positive for any donor were evaluated for this donor by IFN- γ ELISpot. The immunoreactivity and position of the 38 predicted peptides (a few of which are overlapping) within the SpCas9 protein are shown in **Figure 5-5**.

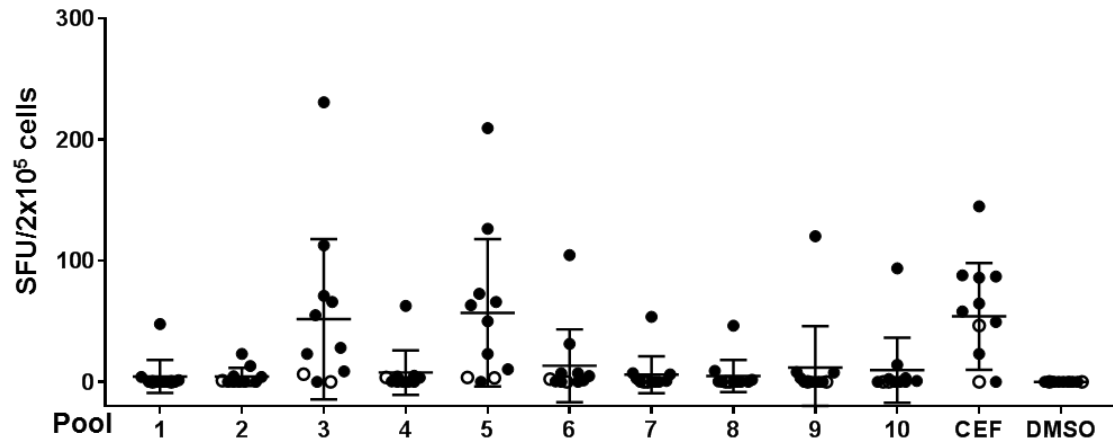


Figure 5-3 Detection of Pre-existing T Cell Immune Response to SpCas9 in Healthy Donors. IFN- γ ELISpot assay of T cell reactivity of 12 healthy donors (non-HLA-A*02:01 are shown as open circles; n=2) to 38 predicted epitopes grouped in 10 pools, CEP (positive control), and DMSO (negative control). Peptides α and δ were in pool 5 while β and γ were in pool 3.

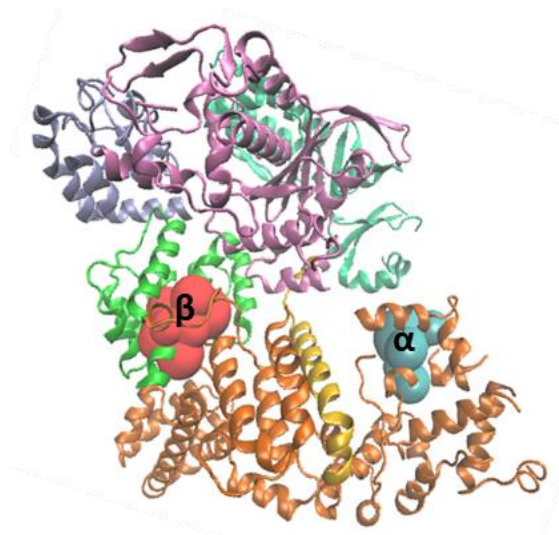


Figure 5-4. 3D Structure of the SpCas9 Protein. The location of the identified immunodominant epitopes α and β is shown.

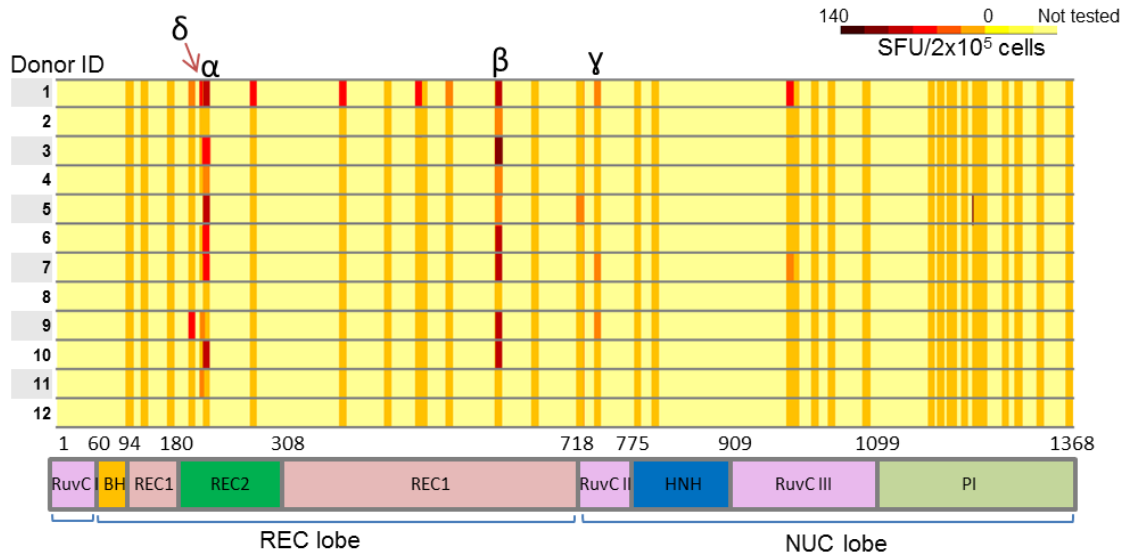


Figure 5-5. IFN- γ ELISpot Reactivity of Healthy Donor T Cells (N=12) to Epitopes Across the Different Domains of the *S. pyogenes* Cas9 Protein. Donors 1-10 were HLA-A*02:01, while 11 and 12 were not. Peptides α and δ overlap in 5 amino acid residues.

5.3.4. Sequence Similarity of Identified T cell Epitopes

Peptides α and β are shown as red dots on the epitope prediction plot (**Fig. 5-2**) and their sequences and predicted ranking are shown in **Table 5-1**. As predicted, these peptides had low S_b and high S_i values. Both the immunodominant (α and β) and subdominant (γ and δ) T cell epitopes identified by IFN- γ ELISpot were within the top 5 most immunogenic epitopes predicted by the previously described immunogenicity model (Chowell et al., 2015). Their ranking as predicted by the consensus method hosted on the IEDB server using default settings was 14, 5, 18, and 4, respectively. Sequence similarity of peptides α and β to amino acid sequences in known proteins was investigated using Protein BLAST and the IEDB epitope database (Vita et al., 2015). This was done to investigate whether there is any chance that the T cell immune response that we are detecting in healthy individuals could be due to previous exposure to another protein of similar sequence. A

peptide was considered 'similar' to α or β if at least 7 of 9 (78%) amino acid residues (that are not the second or ninth) were matching. None of these two peptides resembled known epitopes in the IEDB database, but similarity to other Cas9 orthologs and other bacterial proteins was detected (**Tables 5-2** and **5-3**). Epitope β has sequence similarity to a peptide derived from the *Neisseria meningitidis* peptide chain release factor 2 protein (ILEDIVLTL versus ILEGIVLTL).

Table 5-2. Sequence Homology of Epitope α to Amino Acid Sequences from Known Proteins.

| | <i>Sequence</i> | <i>Similarity (%)</i> | <i>Protein</i> | <i>Sequence ID</i> | <i>Source</i> |
|----|--------------------|-----------------------|----------------------------------------------------------------------------------------|--------------------------------|------------------------------------------|
| 1 | NLIALSLGL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_014612333.1 | <i>Streptococcus dysgalactiae</i> |
| 2 | NLIALSLGL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_054279288.1 | <i>Streptococcus phocae</i> |
| 3 | NLIALSLGL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_067062573.1 | <i>Streptococcus pantholopis</i> |
| 4 | NLIALSLGL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_048800889.1 | <i>Streptococcus constellatus</i> |
| 5 | NLIALSLGL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_002304487.1 | <i>Streptococcus mutans</i> |
| 6 | NLIALSLGL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_049516684.1 | <i>Streptococcus anginosus</i> |
| 7 | NLIALSLGL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_003079701.1 | <i>Streptococcus macacae</i> |
| 8 | NLIALSLGL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | GAD40915.1 | <i>Streptococcus intermedius</i> SK54 |
| 9 | NLIA <u>F</u> SLGL | 8/9 (89%) | Full=RNA polymerase-associated protein RapA; AltName: Full=ATP-dependent helicase HepA | Q6LV34.1 | <i>Photobacterium profundum</i> SS9 |
| 10 | NLI <u>S</u> LSLGL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_096633625.1 | <i>Streptococcus parauberis</i> |
| 11 | NLIAL <u>A</u> LGL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_075103982.1 | <i>Streptococcus cuniculi</i> |

| | <i>Sequence</i> | <i>Similarity (%)</i> | <i>Protein</i> | <i>Sequence ID</i> | <i>Source</i> |
|----|-----------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|
| 12 | NLIAL <u>A</u> LGL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_058692367.1 | <i>Streptococcus gallolyticus</i> |
| 13 | NLIAL <u>A</u> LGL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_061100419.1 | <i>Streptococcus pasteurianus</i> |
| 14 | NLIAL <u>A</u> LGL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_018363470.1 | <i>Streptococcus caballi</i> |
| 15 | NLIAL <u>A</u> LGL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_099412266.1 | <i>Streptococcus macedonicus</i> |
| 16 | NLIAL <u>A</u> LGL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_014334983.1 | <i>Streptococcus infantarius</i> |
| 17 | <u>D</u> LIAL <u>Y</u> LGL | 7/9 (78%) | Full=NADH-quinone oxidoreductase subunit N; AltName: Full=NADH dehydrogenase I subunit N; AltName: Full=NDH-1 subunit N | A8I421.1 | <i>Azorhizobium caulinodans</i> ORS 571 |
| 18 | NLL <u>A</u> L <u>A</u> LGL | 7/9 (78%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_007896501.1 | <i>Streptococcus pseudoporcinus</i> |
| 19 | NLI <u>G</u> L <u>A</u> LGL | 7/9 (78%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_061587801.1 | <i>Streptococcus oralis</i> |
| 20 | NLV <u>A</u> L <u>A</u> LGL | 7/9 (78%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_074862269.1 | <i>Streptococcus equinus</i> |
| 21 | NLV <u>A</u> L <u>V</u> LGL | 7/9 (78%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_020917064.1 | <i>Streptococcus lutetiensis</i> |
| 22 | <u>S</u> LIA <u>F</u> SLGL | 7/9 (78%) | ectoine/hydroxyectoine ABC transporter permease subunit EhuD | WP_086160327.1 | <i>Streptomyces</i> sp. SCSIO 03032 |
| 23 | <u>Y</u> LIAL <u>A</u> LGL | 7/9 (78%) | ectoine/hydroxyectoine ABC transporter permease subunit EhuD | WP_026413155.1 | <i>Actinomadura oligospora</i> |

Table 5-3. Sequence Homology of Epitope β to Amino Acid Sequences from Known Proteins.

| | Sequence | Similarity (%) | Protein | Sequence ID | Source |
|-------|----------------------------|----------------|---------------------------------------------|--------------------------------|----------------------------------------|
| 1 | ILEDIVLTL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_084916602.1 | <i>Streptococcus dysgalactiae</i> |
| 2 | ILEDIVLTL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_074484960.1 | <i>Streptococcus henryi</i> |
| 3 | ILEDIVLTL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_003088697.1 | <i>Streptococcus ratti</i> |
| 4 | ILEDIVLTL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_044681799.1 | <i>Streptococcus suis</i> |
| 5 | ILEDIVLTL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_024786433.1 | <i>Streptococcus mutans</i> |
| 118 6 | ILEDIVLTL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_057491067.1 | <i>Streptococcus orisasini</i> |
| 7 | ILEDIVLTL | 9/9 (100%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_082312238.1 | <i>Streptococcus intermedius</i> |
| 8 | ILE <u>G</u> IVLTL | 8/9 (89%) | peptide chain release factor 2 | NP_275123.1 | <i>Neisseria meningitidis</i> MC58 |
| 9 | ILEDIV <u>Q</u> TL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | EAO61901.1 | <i>Streptococcus agalactiae</i> |
| 10 | ILEDIV <u>Q</u> TL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_070454905.1 | <i>Streptococcus</i> sp. HMSC063D10 |
| 11 | <u>V</u> LEDIVLTL | 8/9 (89%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_075346866.1 | <i>Streptococcus</i> sp. 'caviae' |
| 12 | <u>V</u> LEDIVL <u>S</u> L | 7/9 (78%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_093650272.1 | <i>Streptococcus varani</i> |

| | <i>Sequence</i> | <i>Similarity (%)</i> | <i>Protein</i> | <i>Sequence ID</i> | <i>Source</i> |
|----|-----------------|-----------------------|---------------------------------------------|--------------------------------|-------------------------------|
| 13 | ILENIVHTL | 7/9 (78%) | type II CRISPR RNA-guided endonuclease Cas9 | KYF37509.1 | <i>Streptococcus mitis</i> |
| 14 | ILENIVHTL | 7/9 (78%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_084972088.1 | <i>Streptococcus oralis</i> |
| 15 | ILENIVHTL | 7/9 (78%) | type II CRISPR RNA-guided endonuclease Cas9 | WP_045635197.1 | <i>Streptococcus gordonii</i> |

5.3.5. Detection of Cas9-Specific T Cell Immune Response Against the Identified Immunodominant Epitopes

Antigen-specific T cells were expanded for 18 days *in vitro* by coculturing healthy donor PBMCs with peptide β -pulsed autologous antigen presenting cells (APCs). Cas9-specific CD8⁺ T cell responses were assessed by flow cytometry. CD8⁺ T cells specific for the HLA-A*0201/ β pentamer were detected after stimulation (3.09%; **Fig. 5-6A**).

We next hypothesized that mutation of the MHC-binding anchor residues of the identified immunogenic epitopes would abolish specific T cell recognition (**Fig. 5-6A**). The epitope anchor residues (2nd and 9th) are not only necessary for peptide binding to the MHC groove but are also crucial for recognition by the T cell receptor (Chowell et al., 2015). The percentage of CD8⁺ pentamer β ⁺ T cells dropped to 0.3% when APCs were pulsed with the mutated peptide (β 2; **Fig. 5-6B**) compared with 3.09% with the wild type peptide (β ; **Fig. 5-6A**). We then examined the reactivity of healthy donor T cells to modified peptides α or β with mutations in residues 2, 9, or both (sequences are shown in **Table 5-4**) using IFN- γ ELISpot assay. The epitope-specific T cell reactivity was markedly reduced with the mutant peptides (**Fig. 5-7, 5-8**). The average reduction for the responsive HLA-A*02:01 donors was 25-fold from α to α 29 (n=7, p<0.03) and 30-fold from β to β 29 (n=8; p<0.03; **Fig. 5-7**).

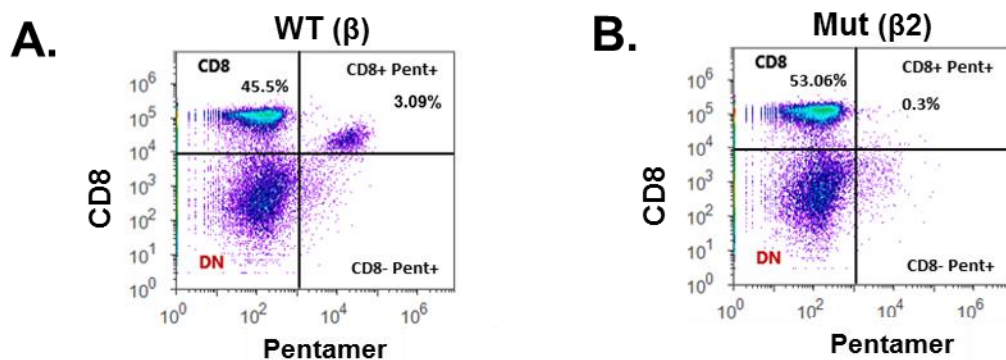


Figure 5-6. Detection of Cas9-Specific T Cells Recognizing the Immunodominant Epitope β in a Healthy Individual and Reduction of the Immune Recognition by Mutating One Anchor Residue of the Epitope. **A.** Epitope β -specific CD8⁺ T cell response detected using β -specific pentamer in PBMCs stimulated with peptide β -pulsed antigen presenting cells. **B.** The percentage of CD8⁺ pentamer β ⁺ T cells was reduced to 0.3% when APCs were pulsed with the mutated peptide $\beta 2$.

Table 5-4. Positions, Sequences and IEDB HLA Binding Percentile Rank of Epitopes α and β Before and After Mutation of the Anchor (2nd and/or 9th) Residues.

| Peptide Code (Position) | Peptide Sequence | HLA binding (percentile rank) | Peptide Code (Position) | Peptide Sequence | HLA binding (percentile rank) |
|-------------------------|------------------|-------------------------------|-------------------------|------------------|-------------------------------|
| α (240-248) | NLIALSLGL | 1.7 | β (615-623) | ILEDIVLTL | 1.5 |
| $\alpha 2$ | NGIALSLGL | 26 | $\beta 2$ | IGEDIVLTL | 23 |
| $\alpha 9$ | NLIALSLGG | 14 | $\beta 9$ | ILEDIVLTG | 12 |
| $\alpha 29$ | NGIALSLGG | 62 | $\beta 29$ | IGEDIVLTG | 49 |

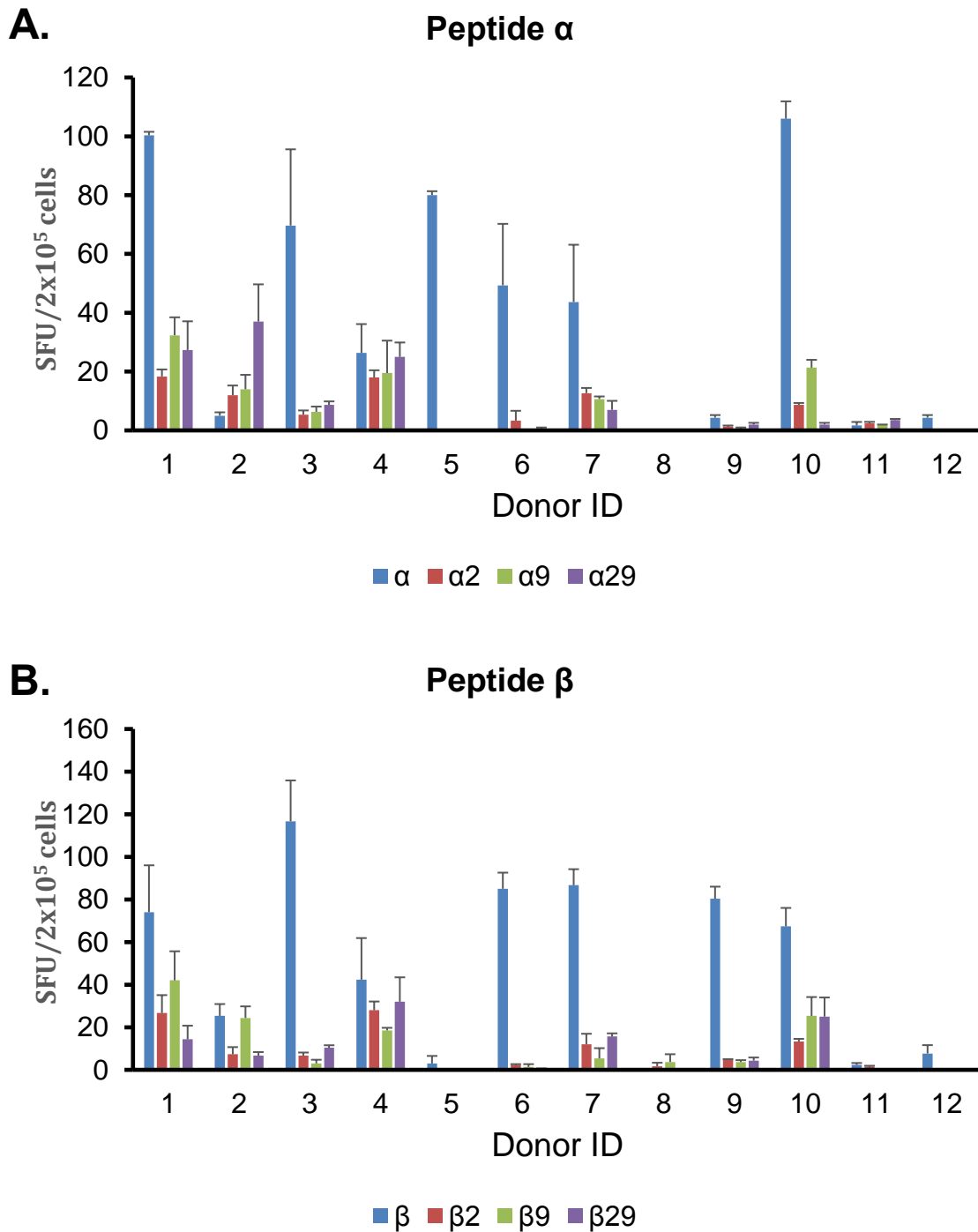


Figure 5-7. Reduced T Cell Response to Epitopes α and β After Mutation of the Anchor Residues. IFN- γ ELISpot for 12 healthy donor PBMCs stimulated with wild type or mutated peptide α (A) or β (B). Data represent mean \pm SEM.

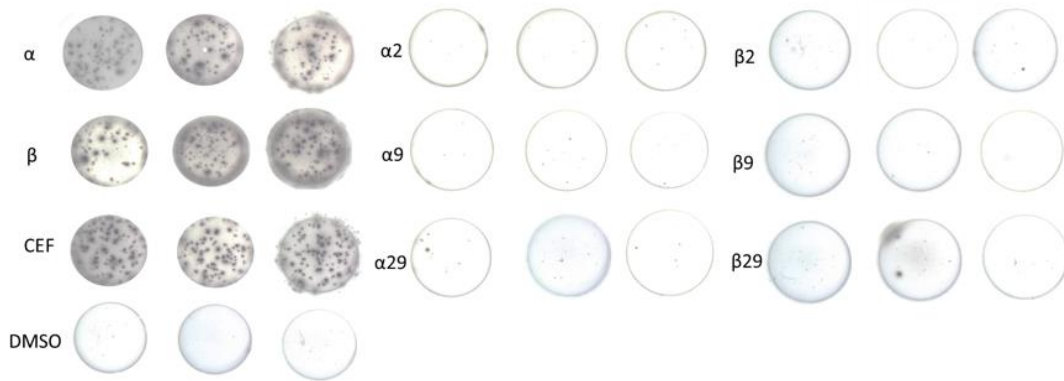


Figure 5-8. SpCas9 Immunodominant Epitope-Specific CD8⁺ T Cell Recognition Is Abolished After Anchor Residue Mutation. IFN- γ ELISpot assay in triplicate wells comparing T cell reactivity to wild type or mutated epitopes α and β . These results are representative of 12 donors and two independent replicates.

5.3.6. Mutated Cas9 Proteins Have Lower Immune Recognition and Maintain their Function and Specificity

We then generated modified Cas9 constructs by mutating the second residue of peptide α (L241G; Cas9- α 2), peptide β (L616G; Cas9- β 2), or both (Cas9- α 2 β 2). To measure the effect of mutating the anchor residue of the immunogenic epitopes on T cell recognition of the Cas9 protein, we transiently transfected healthy donor B cell APCs with mRNA encoding WT Cas9, Cas9- α 2, Cas9- β 2, or Cas9- α 2 β 2. Protein expression was confirmed by Western blot and the levels were comparable for all four constructs (data not shown). The T cell response measured by IFN- γ ELISpot after coculturing of transfected APCs with autologous PBMCs was significantly decreased for the modified Cas9 proteins (**Figure 5-9**). These results demonstrate that mutating the anchor amino acid residue at a highly immunogenic epitope can influence the overall immunogenicity of Cas9. Hence, engineering Cas9 variants with reduced immunogenicity potential can be used in conjunction with other strategies for safer CRISPR therapies and even possibly reduce the dosage of systemic immunosuppression needed for patients. Introduction of the β 2

mutation was the most effective in reducing T cell immunogenicity (5.5-fold, $p < 0.0001$). This mutation in the REC1 domain (**Figure 5-4** and **5-5**) is not located in any of the two regions that are absolutely essential for DNA cleavage, the repeat-interacting (97–150) and the anti-repeat-interacting (312–409) regions (Nishimasu et al., 2014).

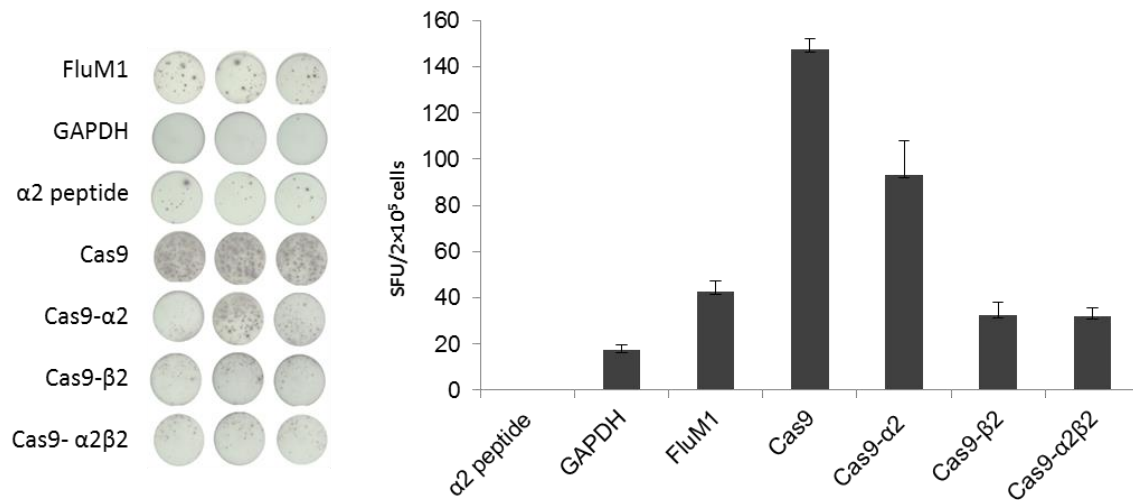


Figure 5-9. Mutated Cas9 Proteins Have Lower Immune Recognition. IFN- γ ELISpot comparing T cell reactivity to APCs expressing WT or modified Cas9 proteins. APCs expressing FluM1 were used as a positive control. APCs expressing GAPDH or spiked with peptide $\alpha 2$ were used as negative controls. Data represent mean \pm SEM of 5 replicates (right).

We then tested the function of Cas9- $\beta 2$ in comparison with wild type Cas9 (WT-Cas9) in the context of DNA cleavage and transcriptional modulation. To examine the nuclease activity of Cas9- $\beta 2$ and compare with WT-Cas9, we targeted Cas9- $\beta 2$ or WT-Cas9 to an endogenous locus (*EMX-1*) and measured percent indel formation (**Figure 5-10**). Our data demonstrate that Cas9- $\beta 2$ retains nuclease capacity in the locus we studied (**Fig. 5-10B**) as well as on a synthetic promoter (**Fig. 5-11**).

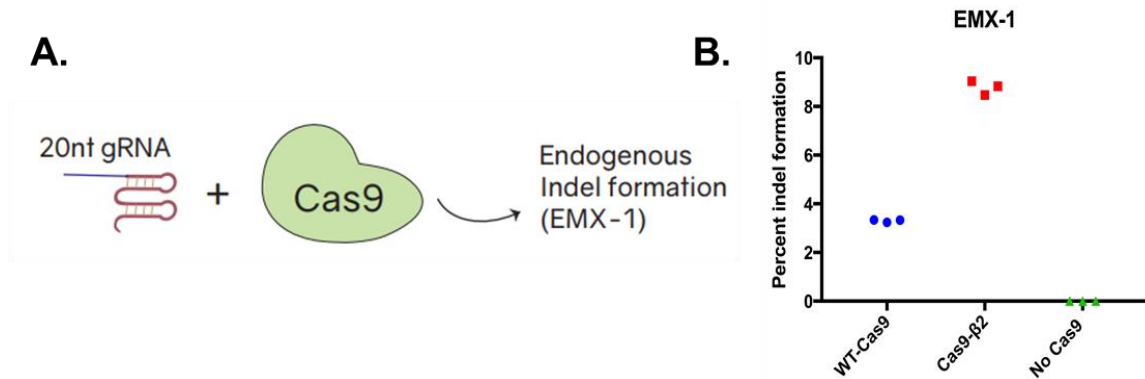


Figure 5-10. Mutated Cas9 Retains Its Nuclease Function at an Endogenous Locus.
A. Schematic of the experiment assessing mutagenesis capacity of Cas9-β2. Cells were transfected with either WT-Cas9, Cas9-β2, or an empty plasmid as well as 20nt gRNA targeting *EMX-1* locus. 72 hrs after the transfection, percent cleavage was assessed by DNA extraction and illumina sequencing. **B.** Percentage of indel formation in *EMX-1* locus. Data represent mean +/-SD of three individual transfections.

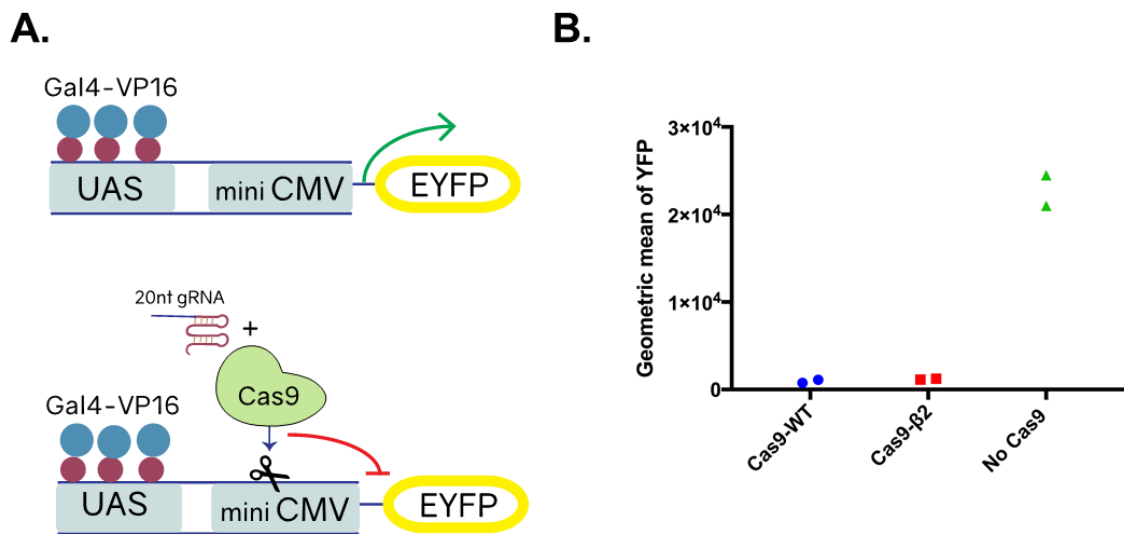


Figure 5-11. Mutated Cas9 Retains Its Nuclease Function at a Synthetic Promoter.
A. Schematic of the experiment assessing Cas9-β2 cleavage capacity at a synthetic promoter. Cells were transfected with either WT-Cas9, Cas9-β2 or an empty plasmid as well as 20nt gRNA targeting a synthetic CRISPR promoter that harbors two gRNA target sites flanking a mini-CMV promoter. The targeting and cleavage at the promoter should disrupt the promoter and decrease EYFP expression. **B.** Each individual dot EYFP expression 48 hours after the transfection in cells expressing $>2 \times 10^2$ A.U. of a transfection marker measured by flow cytometry (n=2 individual transfections represented by individual dots).

Next, we determined whether Cas9- β 2 can successfully recognize and bind its target DNA leading to transcriptional modulation. We first tested this in the context of enhanced transgene expression from a synthetic CRISPR responsive promoter in HEK293 cells using 14nt gRNAs and aptamer-mediated recruitment of transcriptional modulators similar to what we had shown before (**Fig. 5-12**). Having shown successful transgene activation, we then investigated whether this variant retains such capacity within the chromosomal contexts of endogenous genes. We transfected the cells with plasmids encoding Cas9- β 2 or WT-Cas9 and 14nt gRNAs against two different endogenous genes (*TTN* and *MIAT*). qRT-PCR analysis showed that this variant successfully led to target gene expression (**Fig. 5-13A-C**). To further characterize Cas9- β 2 specificity, we performed genome-wide RNA sequencing after targeting Cas9- β 2 or WT-Cas9 to the *MIAT* locus for transcriptional activation. The results demonstrated no significant increase in undesired off-target activity by Cas9- β 2 as compared to WT-Cas9 (**Fig. 5-13D**).

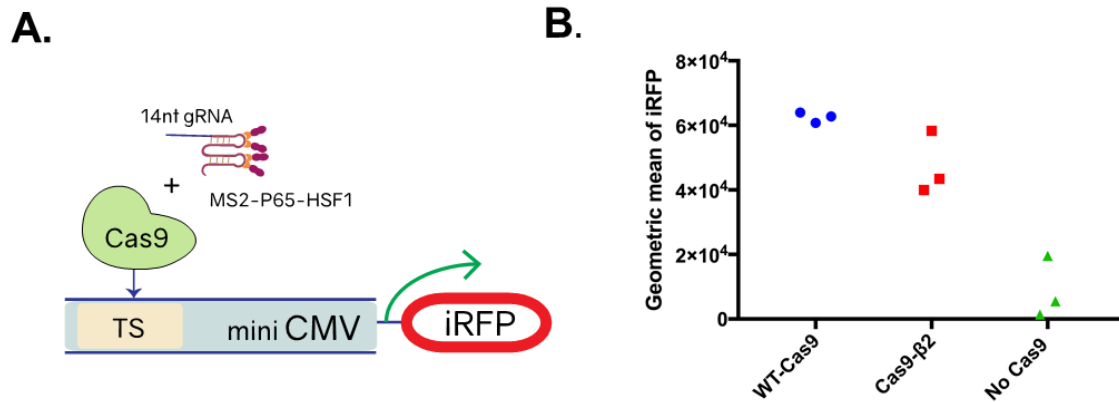


Figure 5-12. Mutated Cas9 Retains Its Transcriptional Modulation Capacity at a Synthetic Promoter. **A.** Schematic of the experiment assessing Cas9-β2 transcriptional activation capacity at a synthetic promoter. Cells were transfected with either WT-Cas9, Cas9- β2 or an empty plasmid as well as aptamer binding transcriptional activation domains, and 14nt gRNA targeting a synthetic CRISPR promoter that harbors multiple target sites upstream of a mini-CMV promoter. The targeting at the promoter should enable iRFP expression. **B.** Data shows mean \pm SD of geometric mean of iRFP expression 48 hrs after the transfection in cells expressing $>2 \times 10^2$ A.U of a transfection marker measured by flow cytometry ($n=3$ individual transfections).

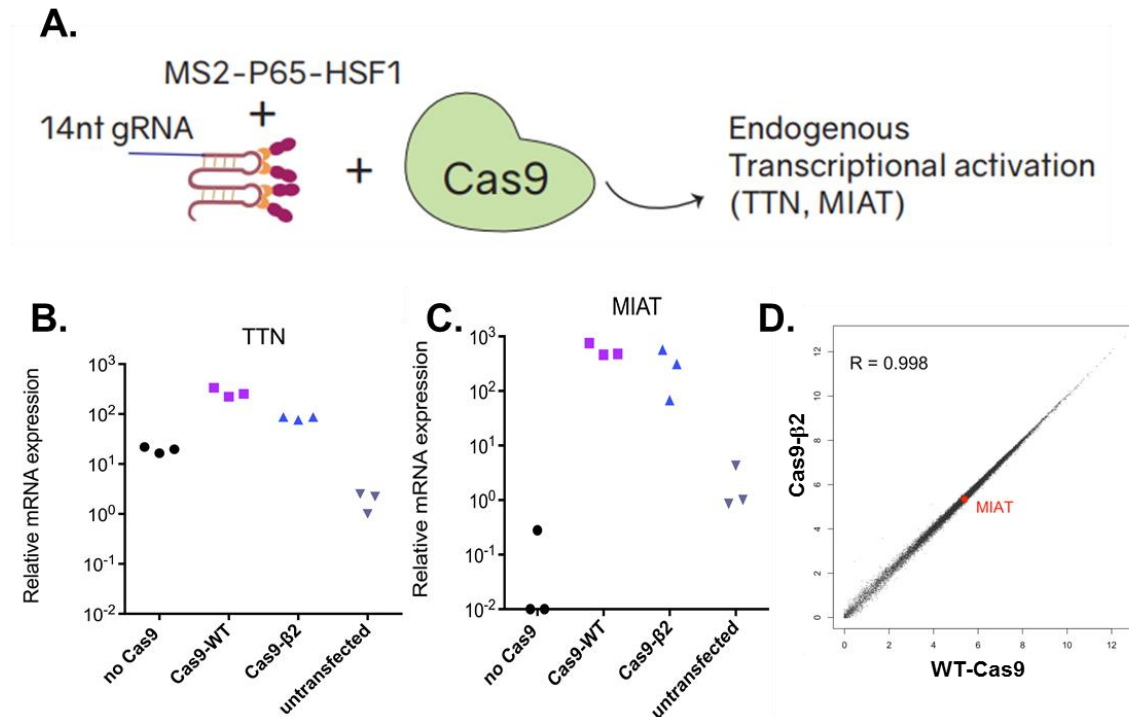


Figure 5-13. Mutated Cas9 Retains its Specificity and Transcriptional Modulation Capacity at an Endogenous Chromosomal Locus. **A.** Schematic of the experiment assessing gRNA binding, DNA targeting and transcriptional modulation with Cas9-β2. Cells were transfected with either WT-Cas9, Cas9-β2, or an empty plasmid as well as 14nt gRNA targeting *TTN* or *MIAT* in the presence of MS2-P65-HSF1 (transcriptional modulation). 72 hrs after the transfection, mRNA was assessed by qRT-PCR. **B, C.** Shown is the mRNA level relative to an untransfected control experiment. Each individual dot represents an individual transfection. **D.** Mean expression levels of 24,078 protein-coding and non-coding RNA genes for WT-Cas9 and Cas9-β2 (each in duplicate) are shown. For visualization purposes, the values were transformed to a $\log_2(\text{CPM}+1)$ scale. *MIAT*, the gRNA target gene, is highlighted in red, and R denotes Pearson correlation coefficient between two groups.

To show the extensibility of our approach, we tested the function of Cas9-α2, with a mutation located in the REC2 domain (**Figures 5-4** and **5-5**). Cas9-α2 also demonstrated DNA cleavage and transcriptional modulation functionality comparable with WT-Cas9 (**Fig. 5-14**). This is consistent with a previous study which showed that Cas9 with a deleted REC2 domain retains its nuclease activity (Nishimasu et al., 2014). When T cells were

stimulated with APCs spiked with peptide $\alpha 2$, the percentage of CD8⁺ CD137⁺ T cells (a marker of T cell activation (Wolfl et al., 2007)) was decreased by 2.3 fold as compared to WT peptide α stimulation (Fig. 5-15).

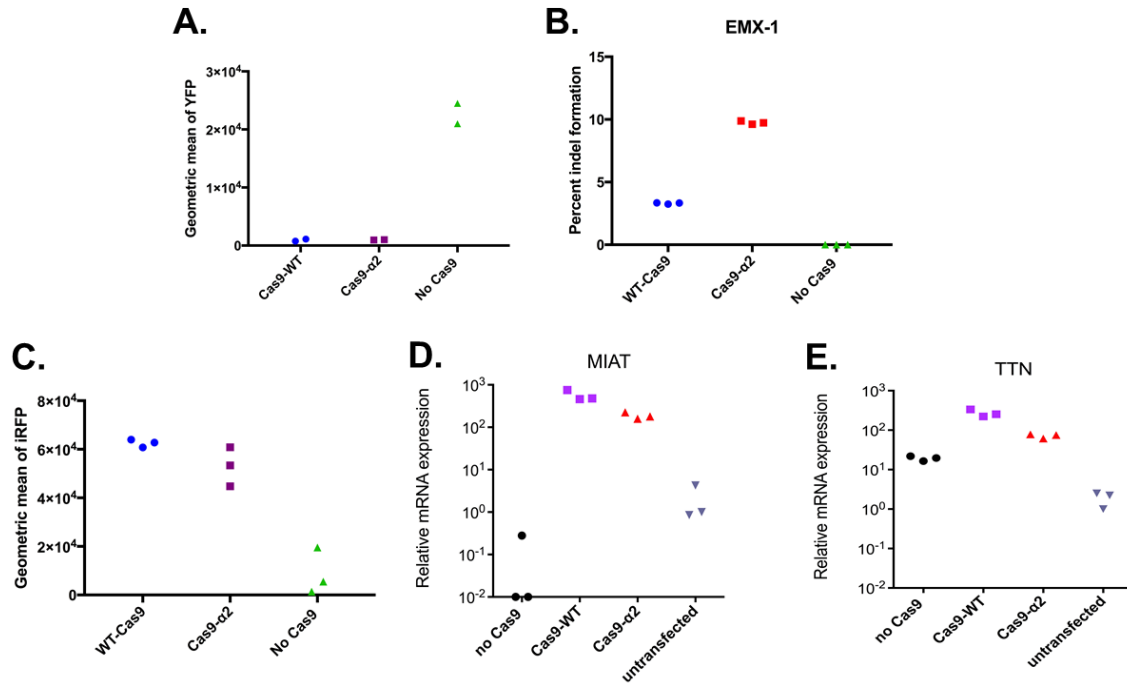


Figure 5-14. Cas9- $\alpha 2$ Retains Its Nuclease and Transcriptional Modulation Activities. **A.** Analysis of mutagenesis capacity of Cas9- $\alpha 2$ as compared to WT-Cas9 in a synthetic promoter. Data shows mean \pm SD of geometric mean of EYFP expression 72 hrs after the transfection in cells expressing $>2 \times 10^2$ A.U of a transfection marker measured by flow cytometry (n=2 individual transfections). **B.** Mutagenesis in endogenous *EMX-1* locus. Percentage of indel formation in *EMX-1* locus. Data is mean \pm SD of three individual transfections. **C.** Transcriptional modulation by Cas9- $\alpha 2$ at a synthetic promoter. Data is mean \pm SD of geometric mean of iRFP expression 72 hrs after the transfection in cells expressing $>2 \times 10^2$ A.U of a transfection marker measured by flow cytometry (n=3 individual transfections). **D, E.** Shown is mRNA level relative to an untransfected control experiment. Each individual dot represents individual transfections. Note for **A** and **C** WT-Cas9 and no Cas9 data is also reported in Fig.5-10 and 5-11. For **B-E** WT-Cas9 and no Cas9 data is also reported in Fig.5-9 and 5-12.

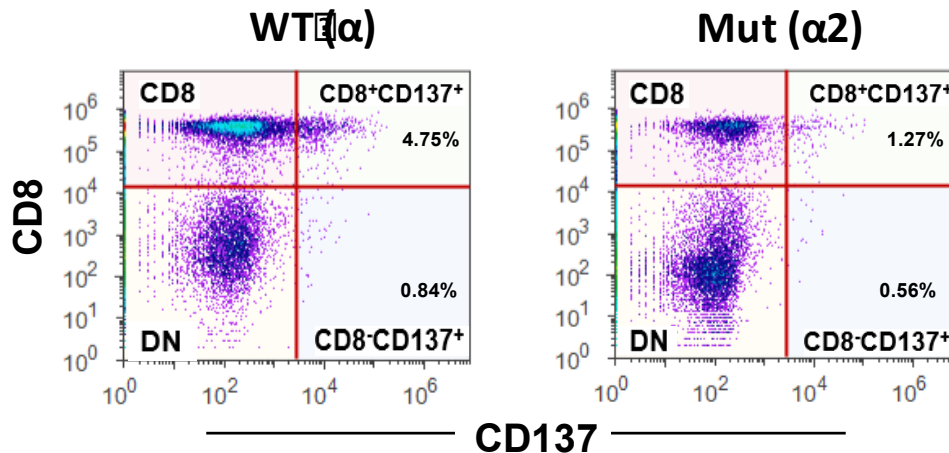


Figure 5-15. Mutation of the Second Residue of Epitope α Reduces Its Immunogenicity. Activated CD8⁺CD137⁺ T cells detected in PBMCs stimulated with peptide α were reduced in PBMCs stimulated with peptide α_2 .

5.4. DISCUSSION

The detection of pre-existing B cell and T cell immunity to the most widely used nuclease ortholog of the CRISPR/Cas9 tool in a significant proportion of healthy humans confirms previous studies in mice (Chew et al., 2016; D. Wang et al., 2015) and sheds light on the need for more studies of the immunological risks of this system. The CD8⁺ T cell immunity we observed is likely memory responses, as they are observed without ex vivo stimulation. Following 18 days of T cell stimulation by peptides α or β , expansion of naïve T cells is not precluded. This suggests that the expression of Cas9 in naïve individuals may trigger a T cell response that could prevent subsequent administration. This could be avoided by switching to Cas9 orthologs from other bacterial species, but attention needs to be given to individual and distinct immune repertoires. This practice can be difficult given the epitope conservation across Cas9 proteins from multiple *Streptococcus* species and resemblance to sequences from other bacterial proteins such as the common pathogen *N. meningitidis*, that asymptotically colonizes the nasopharynx in 10% of the population (Pollard & Maiden, 2001). Therefore, selective deimmunization (immunosilencing) of Cas9

can represent an attractive alternative. Selective deimmunization can be an effective alternative for reduction of immune response to CRISPR in patients where high-dose systemic immunosuppression is contraindicated, such as in patients with chronic infectious diseases. This strategy can be important particularly when longer expression of Cas9 will be desired for epigenetic therapy.

CRISPR application for human therapies will span its use both for gene editing (through DNA DSB) or epigenetic therapies (without DNA DSB). In fact, recent reports shed light on CRISPR's ability to activate or repress gene expression in mice (Ibrahim & Robertson, 2018; Liao et al., 2017; Zheng et al., 2018), which open the door to a variety of new therapeutic applications such as activating silent genes, compensating for disrupted genes, cell fate reprogramming or silencing disrupted genes, without the concern over permanent change in DNA sequence. However, unlike the use of Cas9 for gene editing, which may only require Cas9 presence in cells for a few hours, current techniques for CRISPR-based epigenetic therapies require longer term expression of Cas9 *in vivo*, possibly for weeks and months (Liao et al., 2017; Zheng et al., 2018). The requirement for longer term expression of Cas9 *in vivo* poses the challenge of combating pre-existing immune response towards Cas9. This challenge will need to be addressed before CRISPR application for human therapies, especially for epigenetic therapies, can be fully implemented.

Delivery of CRISPR *in vivo* by incorporating its expression cassette in adeno-associated virus (AAV), will most likely shape many of initial clinical trials as AAV-based gene delivery is one of the safest and most prevalent form of gene therapies in human. AAV will enable longer term expression of Cas9, desirable for epigenetic therapies. Therefore, unlike Cas9 delivery in the form of ribonucleoprotein complexes (which are short term), it is highly likely

that CRISPR delivery through AAV and its expression within target cells will engage CD8+ T cell immunity.

Conventional methods of deimmunizing non-human therapeutic proteins rely on trial-and-error mutagenesis, machine learning, and often includes deletion of whole regions of the protein (Cantor et al., 2011; King et al., 2014; Mazor et al., 2017; Salvat et al., 2017; Tangri et al., 2005). Here, as a general principle, we show that alteration of one of the anchor residues of an immunodominant epitope abolished specific T cell recognition. However, HLA allotype diversity and the existence of numerous epitopes in the large Cas9 protein complicate the process of complete deimmunization. The overall impact of removal of select immunodominant epitopes remains to be seen; both reduction (Yeung et al., 2004) and enhancement (Mok, Lee, Wright, & Crowe, 2008) of the immunogenicity of subdominant epitopes have been reported with similar approaches for other proteins.

CHAPTER 6 : SUMMARY AND FUTURE PERSPECTIVES

6.1. SUMMARY

The immune response provides a valuable tool that can be harnessed for developing biomarkers with various applications in cancer. These range from screening seemingly healthy individuals to diagnosis, prognosis, monitoring recurrence and prediction of response to therapy. This dissertation employs classical and novel techniques to identify immune profiles for use as biomarkers for cancer detection and novel therapies.

Despite hundreds of thousands of research publications reporting claimed biomarkers, the number in clinical use is astonishingly small. This has been a well-recognized but poorly addressed problem in biomarker research, that results in wasted financial and intellectual resources. In Chapter 2, the crucial considerations of developing pipelines for the rapid evaluation of circulating biomarkers are reviewed, with a focus on breast cancer as a case study. I discuss critical elements in biomarker study design and assay development, both at the discovery and the validation stages, to increase the identification of clinically useful markers. Factors that are needed to establish pipelines for the rapid translation of these biomarkers to clinical practice across multiple clinical applications were also identified.

In Chapter 3 of this dissertation, I describe the generation and validation of custom HPV NAPPA arrays displaying the proteomes of 12 HPV types for immunoprofiling HPV-associated cancers. We demonstrate robust protein expression for 98% of the Ags expressed. The displayed Ags retained antigenic specificity of target epitopes, as measured by four HPV-specific MAbs. Ab reactivity to multiple early HPV proteins were detected in sera from patients with HPV-associated malignancies using the arrays and high correlation of HPV16 IgG detection with RAPID ELISA was confirmed.

These arrays were used in Chapter 4 to identify the immune response in cervical cancer and pre-invasive cervical lesions. Abs to any early (E) HPV protein were detected less

frequently in women with CIN 0/I (23.7%) than women with CIN II/III (39.0%) and ICC (46.1%, $p < 0.04$). Of the E Abs, anti-E7 Abs were the most frequently detected (6.6%, 19.5%, and 30.3%, respectively). The least frequently detected Abs were E1 and E2-Abs in CIN 0/I (1.3%) and E1-Abs in CIN II/III (1.2%) and ICC (7.9%). HPV16-specific Abs correlated with HPV16 DNA detected in the cervix in 0% of CIN 0/I, 21.2% of CIN II/III, and 45.5% of ICC. A significant number (29 – 73%) of E4, E7, L1, and L2 Abs had cross-reactivity between HPV types. HPV protein arrays provide a valuable high-throughput tool for measuring the breadth, specificity, and heterogeneity of the serologic response to HPV in cervical disease.

The CRISPR/Cas9 system has raised hopes for developing personalized gene therapies for cancer. However, the expression of the bacterial Cas9 nuclease in humans raises concerns over safety and potential immune adverse reactions. In Chapter 5, biomarkers of Cas9-specific B cell and T cell immunity are identified. Two immunodominant T cell epitopes for HLA-A*02:01 were identified and a single mutation in the anchor residue of one or both of these epitopes significantly reduced the protein immunogenicity while maintaining its function and specificity in the CRISPR/Cas9 system. The identified immune response may find application in informing *in vivo* gene therapy decisions for cancer as well as other diseases.

6.2. FUTURE PERSPECTIVES

To date, there are no established tissue, blood, or vaginal biomarkers other than HPV nucleic acid and cytology for CIN II/III in high risk patients. Biomarkers such as serology that identify high-risk HPV infection and invasive cervical cancers (ICC) could have an impact on the screening, detection, and treatment of cervical disease. In low-resource settings, a low-cost blood-based point-of-care (POC) test for HPV serology is ideal for population screening. Development of such test has been challenged by the difficulties of

biomarker development for cervical disease and of achieving an analytical sensitivity high enough for their detection in a few drops of blood in a POC setting.

The discovery of cervical disease immune biomarkers has been limited by several factors. These include the diversity of HPV types, the technical challenges of high-throughput study of the immune response to multiple proteins, and the heterogeneity of the immune response to viral proteins in HPV-associated cancers, as reported here. Since HPV16 is responsible for only 50-55% of cervical cancers (Bosch et al., 2008), we predicted that custom protein arrays displaying a broad spectrum of HPV antigens in a slide-based format may improve the detection of serologic responses to HPV. While we were able to detect an HPV-specific immune response that increases with disease severity, an improved signal-to-noise ratio is required for developing clinically useful biomarkers. More studies are needed to reach the ultimate goal of developing a panel of a limited number of select biomarkers that can be produced at low cost for display in a POC test with optimal performance for the detection of women at risk of developing cancer. This study highlights the importance of investigating proteins from HPV types other than the most widely studied HPV16 for improved sensitivity.

One challenge with slide-based protein arrays is the possibility of diffusion of the desired product from one feature on the array to another, resulting in signal cross-talk. This could happen during the *in vitro* protein synthesis step in NAPPA, before the GST-tagged protein is fully synthesized and captured on the array surface. An innovative technology that addresses this problem is high-density nucleic acid programmable protein arrays (HD-NAPPA) (Takulapalli et al., 2012). In this technique, the printing mix is deposited in physically isolated nanowells etched on a silicon surface on the slide. This allows both the protein expression and display and the immune reaction with serum antibodies to occur in these nanowells without diffusion to adjacent spots. This significantly enhances the signal-

to-noise ratio and may allow detection of weak signals over background. Future studies evaluating potential biomarkers for cervical disease may need to use this platform as a discovery tool.

Another limitation, as demonstrated here, is that the HPV-specific antibody response in cervical disease is weak and even absent in some women (Carter et al., 2000), especially compared with that detected in HPVOPC (K. S. Anderson, K. R. Dahlstrom, et al., 2015; K. S. Anderson, J. E. Gerber, et al., 2015). This is not surprising since the cervix acts as a protective niche for the virus and the host can remain ignorant of its presence for years. Thus, for discovery, nanowell arrays could help detect weak signals with the improved signal-to-noise ratio. Additionally, an important requirement for a POC test with a select panel of biomarkers for cervical disease is high analytical sensitivity to ensure reproducibility of the biomarker performance in a POC setting. This could be achieved by the use of fluorescent-based biorecognition instead of colorimetry (L. Lee, Nordman, Johnson, & Oldham, 2013; J. Smith et al., 2015), where a bright light source is used to actively interrogate the biorecognition site and the emitted fluorescent signal is detected electronically. There is a need for the development and optimization of such platform for use at low cost in a LMIC setting. Eventually, the serologic immune response could be useful in combination with other tests or as an initial screening tool in low-resource environments.

The detection of pre-existing B cell and T cell immunity to the most widely used nuclease ortholog of the CRISPR/Cas9 tool in a significant proportion of healthy humans confirms previous studies in mice (Chew et al., 2016; D. Wang et al., 2015) and sheds light on the need for more studies of the immunological risks of this system. More studies are needed to explore the immune response in other HLA haplotypes and other Cas9 orthologs. Whether Cas9-specific B cell or T cell immunity impact the efficacy or safety of Cas9 gene

delivery remains to be seen. Unlike the use of Cas9 for gene editing, which may only require Cas9 presence in cells for a few hours, current techniques for CRISPR-based epigenetic therapies require longer term expression of Cas9 *in vivo*, possibly for weeks and months (Liao et al., 2017; Zheng et al., 2018). This will likely engage memory T cell responses which could have implications for safety and efficacy. Studies that find associations with the identified biomarkers of Cas9-specific immunity and clinical consequences are needed for the biomarkers to have clinical utility. The use of CRISPR/Cas9 in humans may eventually necessitate creating HLA type-specific Cas9 variants, particularly for applications that require long-term Cas9 expression.

The top binding T cell epitopes within Cas9 that are most promiscuous for common HLA class I and class II alleles have been recently predicted *in silico* using IEDB (Chew, 2018). However, this is the first study that experimentally validates predicted immunodominant epitopes. None of the epitopes we report overlap with the peptides previously predicted (Chew, 2018). This is not unsurprising since we restricted our analysis to one HLA haplotype. Additionally, improved algorithms are needed to predict epitopes that hold up in experimental validation, as we show here. The use of CRISPR/Cas9 in humans may eventually necessitate creating HLA type-specific Cas9 variants, particularly for applications that require long-term Cas9 expression.

Generating partially immune-silenced Cas9 can be an attractive strategy to reduce the immune response to Cas9 particularly in patients where systemic immunosuppression will be contraindicated. Non-specific localized immune suppressive approaches, such as those used by tumor cells and some viruses may complement these strategies for complete deimmunization. One attractive strategy is the transient and inducible co-expression of programmed death-ligand 1 (PD-L1) or Indoleamine 2,3-Dioxygenase 1 (IDO1) activating gRNAs inside cells that express Cas9 to protect them against attack by

T cells. Alternatively, antigen presentation can be blocked by viral proteins interfering with antigen presentation (VIPRs), such as the adenoviral E319K or US2 and US11 from the human cytomegalovirus (Yewdell & Hill, 2002) or molecules that inhibit proteasomal antigen processing such as the Epstein-Barr virus Gly-Ala repeat (Levitskaya et al., 1995). We anticipate that deimmunized Cas9 will be useful in reduction of the dosage of the other immunomodulatory measures needed to be co-administered in patients, which could thus facilitate therapeutic CRISPR applications as we develop better understanding of the immunological consequences of this system.

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APPENDIX A

REFERENCE AND CODON OPTIMIZED HPV DNA SEQUENCES USED IN THIS
THESIS, THE PERCENTAGE OF NUCLEOTIDE CHANGE AND TRANSLATED AMINO
ACID SEQUENCES

| Gene | PvE DNA Sequence | Optimized DNA Sequence | Protein Sequence | % Nucleotide Change |
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| HPV6 E1 | <p>ATGGCGCAGCATTAGGTACAGAAAATGAGGGGTCTG GGTGTACAGGATGGTTTTATGGTAGAAGCTATAGTGC CAACCCACAGGTACACAAAATATACAGACGATGAGGATGA GGAGGTGAAGGACAGTGGGTATGACATGGTGAACATTT ATTGATGACAGCAATATTACACACAATTCACTGGAAGCA CAGGCATGTTTTACAGGCGAGGAGCGGACACCCCAT ATGCGACTGTGCAGGACCTAAACGAAAGTATTTAGGT AGTCCATATGTTAGTCCATAAACACTATAGCCGAGGC AGTGGAAGTGAATAAGTCCACGATTTGAGCGCCATTA AACTTACAAGCAGCAAAAAAGGTAAGCGACGCGCTG TTTCAACCGTGAACCTAACCGGACAGTGGATATGGCTA TTCTGAAGTGGAAAGCTGGAACGGGAACGCAAGGTAGAG AAACATGGCCGTCCGGAAAAATGGGGAGATGGTTCAGG AAAAGGACACAGGAAGGACATAGAGGGGGAGGAACA TACAGAGCGCGAAGCCGCCACAAACAGTGTACCGGAG CATGCAGGCACGAGCAATATTGCAATTTTAAATG TAAAGATTTACGGGCACTTACTTGGTAAATTTAAAGA ATGGCTTGGAGTCTCTTTATAGATTTAATAGGCCATT TAAAGTGTAAAAACAACATGTTAGATGGTGGTGTAG CAGGTTGGTATACATCATAGCATATCAGAGGCATTT CAAAAAATTAATGAGCCATTAAAGTTATATGCACATATA CAATGGCTAACAAATGCATGGGAATGGTATTGTTAGT ATTATTAAATTTAAAGTAAATAAAAAGTAAAGTACCGT TGACGATACACTTGAACGCTTAATAATATCCGAAAA CCAAATGTTAATAGAGGCCAAAAAATACAAAGTGGTG TTGACGCCCTGATTTGGTTCGTACAGGTATATCAAATG CCAGTACAGTTATAGGGGAAGCCAGCAATGGAATAACA CGCCAAAGCATTGTTAAACAGCGGTTGGCAGACAGTCA GTTTAAATTAACAGAAATGGTCAAGTGGGGCTGATGATA ATGACATATCGGAGGAGATGAAATTCATTGTAAT GCACAAAGGGGAGATTTGATTTAATGACAGGACATTT TTTAAATAGCAATATGCGAGCAAAATATGTAAGAGATG TGCAACTATGTAGACATTATAAACATGCAAGAAATGAG GAAGATGCTTATAAAACAATGGATAAAACATAGGGGTT CTAAAAATAGAGGCCACAGGAAATGGAACCAATTTGTA CAATTCTAGCATCAAAATATAGAAATTCATTCCTTTT TAACATAATTAATTAATGCTGACGGTACGCGAAAAA AAACTGCATAGCCATAGTAGGCCCTCCAGATACCTGG AAATCGTACTTTTGTATAGTTTAAATGCTTTAGGA CGTACAGTTATTAGTCAATGTAATTCAGAGCAATTTT TGTTGCAACCCTGATAGTAGACTGAAGTACGATTTG AGATGATGCAACAGCCATGTTGGATATATGAGATA CATATATGAGAAATTTGTAGATGGTAATCCTATGAGTA TTGACAGAAAGCATAAAGCATGACATTAATAAATGTC CACCTCTGCTAGTAACGTCCAACATAGATATTACTAAAG AAGATAAATATAAGTATTACATACAGATTAACAACAT TTACATTTCAAATCCATTCCTTTTACAGAAATGGGA ATGACAGTGTAAAGCTGCAAAACAAACTGAAATGTT TTTTTGAAGACTGCTCAAGCCTAGACATTCAGGATT CTGAGGACGAGGAAGTGAAGCAATAGCCAGCGTT TAGATGCGTCCAGGAACAGTGTGTAAGCACTTATGA</p> | <p>ATGGCAGCAGCATTAGGGACAGAAAATGAGGGGAGCG GGTGTACTGGGTGGTTTTATGGTGGAGGCTATTTGC ACATCCTACTGGAACCCAGATCCTCGACGATGAGGAC GAGGAAGTGAAGATTTCTGGGTACGACATGGTGCATTT TATCGACGATTTAAACATTACACACAATAGTCTGGAGG CTCAGGCAGTGTTCACAGACAGGAAGCAGACACACAT TATGCCACTGTGACAGATCTGAAGAGAAATACCTGGG CAGTCCCTATGTGTACCTATCAATACCATTTCCGAGG CTGTGCAGTCTGAAATCAGTCCACGATGGACGCCATC AAGTGCAGCAGCGCAAGAAAGTGAAGCGGAGGAC TGTTTCAGACCCCGAGCTGACAGATAGCGGGTACGG ATATTCCGAGGTTGGAAGCCGGCACAGGACTCAGGTG GAGAAACACGGAGTCCAGAAAAACGGAGGGGAGCGGAC AGGAGAAAGCACAGGACCGGATATCGAAGCGGAGGA ACACACACAGCGAAGAGCCCACTAATAGCGGTGCGA GAGCATCGCGGCACTGCTGGACTCTGGAAGCTGCGA AGTGAAGACCTGCGGGCGCTCTGCTGGCAAGTT CAAAGAGTGTGTTGGGCTGAGTTTCATCGATCGATTA GACCTTTCAAGTCAGACAAACACATGCTGGATGG GTGGTGGTGGTATTCATCAGCATTCATTTCTGA GGCATTCAGAAAGTATCGAACCTGTCCTGTAGC CACACATTCAGGGCTGCAACCGCTGGGCGATGGT GCTGCTGGTCTGCTGAGGTTAAAGTGAACAAAGGTA GGTCAACCGTCTGCTGCACTTGGCAACTGCTGAA CATCCCCGAGAATCAGATGCTGATGAAACCCCTAAGA TTCAGAGCGGAGTGGAGCCCTGATTGTTCCGAC AGGATCTCAACCGTACGACTGTGATTGGAGAGGCA CTGAATGGATCACTCGGACAGCCATTCATTGACAGC GCCTGGCCGACTCTCAATTTAAGCTGACCGAAATGGT CAGTGGGCTTACGACAAAGTATCTGAGGAAAGCG AGATTGCCCTCGAATATGCTCAGAGGAGGACTTTGAT TCAAATGCTAGGCACTTCTGAACAGCAATATGCAAGC CAAGTACGTGAAAGATGCGCTACCATGTGTCGCCACT ATAAGCTATGCGAGATGCGAAGATGAGCATCAACAG TGGATTAAAGCATAGAGGATGCAAAATCGAAGGGACAG AACTGGAAGCCTATTTGCGACTTCTGAGGACCCAGA ATACGAGTTCATTCCTTTGCTGACCAAGTCAAACGT GGCTGCTATGGCACACCAAGAAAAAATGCACTGCGCAT GTGGGCGACCCCGACAGGAAAAATCTACTTTGAT GTCCCTGATCTTCTGCGGAGGCACTGTGATTAAGTC ACGTCATAGCTCCTCT</p> | <p>MADDSTGENEGSCT GWFNVEIVQHTGTQI SDDEEDVESDYDMV DFIDDSNITHNSLEAAL FNREQEADTHYATVQDL KRKYLGSPPYSPINTIAE AVESEISPRDLAIKTRQ PKVKRRLRFQRELTDS GYGSEVEAGTGTQVE KHGVPENGGDQEKD TGRDIEGEEHTFEAAPT NSVRHEAGTAGILELLK CKDLRAALLGKFKFCFG LSFDLIRPFKSDKTTCL DWVWAGCFYHHSISEAF QKLEPLSLYAHQWLTN AWGMVLLVLRFKVVK SRSTVARTLALLNIPEN QMIEPPKIQSGVAALY WFRFTNSNASTVIEAP EWITRQTVIEHGLADSQ FLITEMQWYANDNIC EESIEIAYQGRDFDSD NARARFLNSNMAQYVK DCATMRCHRYKHAEMRK MSIKWIKHRSKIEGT GNWKPIVQFLRHQIF IPFLFKLWLHGTPKK NCIAIVGPPDPTKSYFC MSLISFVGGTIVISHNS SSHFWLQPLVDKAVALL DDATQPCWYMDTYMR NLLDGNPMSIDRKHKAL TLIKCPPLVTVNSIDITKE DKYVTRNVTFTTFFPN FFYFDRGVANVYELSN TNWVKCFERLSSSLDIQ DSEDEEDGNSNQAFCR VPGTVVRTL</p> | 41.3% |
| HPV6 E2 | <p>ATGGAAGCAATAGCCAGCGTTTATAGTGGTCCAGG AAGCATGGTTAGAACCTTATGAGAAACAGTACTGACC TACACAACATGTATTGCATTGGAATGCATGAGACAT GAAAGTGTATTATATAAAGCAAACAAATGGGCCCTA AGCCATAGGAATCAAGTAGTGCCACCAATAAAGGT GTCCGAAACAAAGGACATAATGCCATGAAATGCAA TGCAATTTAGCAATATAAAGACTGAGTATAGTATGG AACCCTGGACATTAACAGAAACAAGTTATGAAATGTGG CAAAACACCACTAAACGCTGTTTTAAAAACGGGGCAA AAGCTGAGAAGTAAATTTGATGGCTGTGCAAAACAAC AATGGATTATGGGATGGACAGATGTATGTGACAG ACAATGACACCTGGGTAAGGTGCATAGTATGGTAGAT GCTAAGGTATATATTACACATGTGGACAAATTTAAACA TATTATGTAACCTTTGAAAAGAGGCAAGAAAGTATGGG AGCAACAAACATTTGGGAAGTATGTTATGCGACAGAT TATATGTTCTCGCATCTGTATCTAGCACTACACAAGA AGTATCCATTCCGTGAATCTACTACATACACCCCGCAC AGACCTCCACCCCTGTGCTCAGCAACCAAGGAAGAC GCAGTGCAAAGCGCCCTAGGAACGAGCACGAGGAG TCCAACAGTCCCCTTGAAGCGCTTGTGTGGGCCAC ATTTGACCCGTGGACAGTGAAGAAACCAACCTCATAC TAAATACAGCACAGCACCAAGAGCAGCAACAGTA ACAGTTACAGCTAGCCTATAGTCAATTTCAAGGTGAA TCCAATTGTTAAAGTGTTTAGATATAGGCTAAATGAC AGACACAGACATTTATGTTTAAATATCATCAAGTGG CACTGGCCCTCCTCAAGGCAACCAATAAATGCAAT TGTAAGTAAATATGATGAGGAGCAAAAGGCAAC AGTTTTAGATGTTGTAATAAATACCCCTACCATAGCC ACAAACTGGGATTTATGCACTGCACCTATTGTAA</p> | <p>ATGGAGGCTATGCTAAAAGACTGGACGCTTGTGAGGA ACAGCTGCTGGAAGTGTACGAGGAAACTCAGCCATC TGCATAAACAATGTGCTGCACTGGAAGTGCATGCGCAT GAGTCCGTGCTGCTGACAAAGCCAAACAGATGGGGCC TGTCTCACATCGGGATGCGAGTGGTCCCGCTCGAA GGTGAATGAGGTAAGGCCCACAAAGCAATGAGATG CAGATGCACTGGAAGGCTGCTGCGGACCGAGTACT CCATGGAACCATGACTCTGCGAGGACCTCCTATGAA ATGTGGCAGACCCCAAGGCTGTTCAAGAAAA GGGGCAAGACAGTGGAGGTCAAATTTGACGGGTGTGC CAACAATACCATGGACTACGTTGTGACAGATGTTG ATGTCAGGACACAGATACATGGGTGAAAGTCCACTCT ATGGTGGATGCTAAAGGGATCACTATACATGTTGGACA GTTCAAGACTTACTATGTAATTTGTCAAGGAGGCGAG AAAAATACGGATCAACAACAAATTTGAGGTTGTGCT GGCAGCACTGTATCTGTTCCCTGCACTGTGAGCTC CACACACAGGAGGTCAGTATCCAGAAATCAACTACCT ATACCCCGCCGACAGCAAGCACTGTGTTGTCTAGTTCA ACTAAGGAAGAGCGCTGACAGACCCTCAAGGAAAC GAGCTCGAGGAGTGCAGCAGTCCCTTGCACAGCCCT GTGTTGGCTCACATCGGACAGTGCATCTGGCAAC CATATCTGATTACTTAACATCACATACAGTACAGG GAGAAACAATAGTAAAGCTCGCCACCCCAATGTCG AGTTCAGGAGAGTCAAACTGCTGAAAGTGTTCGG TACAGACTAATGACAGGCAAGGCACTGTGCTGATCT GATCTAGTACATGGCAGTGGCACTCAAGCAAGGC CCTCACAACATGCTATTGTAAGCCTGACATGACTC CGAGGAAACAGAGACAGCATCTGGATTGTTGTCAG ATCCCCCTACTATTTCTCAAAACTGGGGTTATGAGT CTCATCTGCTC</p> | <p>MEIAIKRLDACOEQLLE LYEENSIDLHKHLHW KMRHESVLLYKAKOM KLSHIGMQVVPPLKVE AGHNAIEMQMHLSELL RTEYEMEPWLQETS EMWQTPPKRCKFKRG KTVYKFDGCAANNMD YVWMDVYVQDNDTW VKVHSMVDAKGIYTK GQFKTYVYVNFKEAK YGSHTHWEVYCGSTVI CSPASVSTTQEVSIPE STYTPAQTSVTLVSSST KEDAVQTPPKRARGV QQSPNCALCVHIGPV DSGNHNLITNHDHQ RRNNSNSATPIVQDF GESNCLKCFRRLNDR HRHLFDLISSTWHWAS SKAPHKHAIVTKYDSE EQROQFLDVKPPITIS HKLGFMSLHL</p> | 25.5% |
| HPV6 E4 | <p>ATGGGAGCACCACAAATGGAAGTATGTTATGGCAGC ACAGTTATATGTTCTCCTGCATCTGTATCTAGCACCTACA CAAGAAGTATCCATTCTGAATCTACTACATACACCCCC GCACAGACCTCCACCTTTGTCTCCTCAAGCAACGAAGGA AGACAGCTGCAAAAGCGCCCTAGGAACAGCAGCA GGAGTCCAACAGTCCCTTGAACGCTTGTGTGG CCCACTTGAAGCCTGGACAGTGGAAACCAACCTC CATCTAACAATCAGGACAGCAACCAAGCAGCAAC ACAGTAAGCAGTTCAGTACGCTACGCTATAG</p> | <p>ATGGGGCTCCTAATATCGGAAAGTATGTCATGGCCGC TCAGCTGTATGTTCTCCTGCTGTATCTGGCACTGC ACAAGAAGTATCCTTCTGCAACTGCTGCACTCCC CCTCATAGGCCACCACTCTGTGGCCACAGGCACCAC GAAGAACCCAGTGTAAACGGAGAGTGGGCAACGAGCA CGAGGAATCTAATAGTCTGCTGACACCAATGCGTGT GGCCACACTGGCCCTGCACTGTCGAAACCAAC TAGCTCCTGACCATCACACATCCACAAAGGATGGGA CTACCGTACCGTCCAGTCCGCTGAG</p> | <p>MGAPNIGKYVMAAQLY VLLHLYLALHKYVPLNL LHTPPHRPPPLQAP RKQCKRRLGNEHEES NSPLATPCWVPLDPW TVETTLSSLTITSTKDG TTVTVQLRL</p> | 23.6% |

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| HPV6 E5A | ATGGAAAGTGGTGGCTGTACAAATAGCTGCAGGAACAAC CAGCACATTATCACTGCCTGTTATAATTGCAATTTGTTG ATGTTTTGTAGCATACTAATTATGATGGATATCTGA GTTTATGTGTACACATCTGTGCTAGTACTAACAACCTGCT TTTTATTTACTATTGGGCTGTATTAAACACCCCCTT GCAATTTTCTACTAECTACTCTGTTGTTACTGTCC CGATTTGATATACACTACTATATTGTACCACAGCA ATGA | ATGGAGTCTGCCCTCCGATGTCAGATTGCCCGGGAACCA CTTCAACTTTTCACTGCGCGTCATCTGCTTTGCTCG TGTGTTTGTGTCTATCATTCTGATCGTGGATAGCG AGTTTATGTTACACATCCGCTGCTGCTGACTCTG CTGCTGATCTGCTGCTGTGGCTGCTGCTGACCAACC CTGCAATTTCTTCTGCTGACCTGCTGGTGTCTACT GTCTGCCCTGTATATCCACTACTATATTGTACTACCC AGCAG | MEVVVPVIAAGTTSTFL PVIIVFVCFVSIILVWIS EFIVYTSVLVLLLLYL WLLLTLPLQFLLLLV YCPALYHYIVYTTQQ | 27.2% |
| HPV6 E5B | ATGATGCTAACATGTCAATTTAATGATGGAGATACCTGG CTGGGTTTGGTGTATGTGCTTTATTTAGGGAT GTTGGGTTATTTGATGACACTAGAGCTGTACAAG GGGTAACACCAACAAATGAAGAAGTGAACAACAC AACTGTAATGATGATGTAACATGCAATTAATACT GATGGTATATATATATGAAATTAG | ATGATGCTGACTTGTGAGTTCAACGATGGCGATACTGG CTGGGGCTGTGGCTGTGTGCTTTTATTGTCGGAA TGCTGGGGCTGTGTGATGCACTACCGGGCCGTGCA GGCGCAAGCATACTAAATGAAGAAATGAACAAGC ACAACCTGCAATGACGATTACGTCACCATGCAATTAAC ACAGACGGGATTACACTATATGAAT | MMLTCQFNDDGTWGL WLLCAFIVGLMLLLMH YRAVQDGKHTKCKCN KHNNDYVYTMHYTTD GDYIYMN | 22.4% |
| HPV6 E6 | ATGGAAAGTCAAATGCCTCCAGCTGTCAACGACCAT AGACCAGTTGTCAAGACGTTAATCTATCTATGCATAC GTTGCAAATTAATTGTTGTTTCAAGAATGCACTGAC CACAGCAGAGATTTCATATGCATATAACAACCTAAA GGTCCTGTTTCAAGGCGCTTCCATATGACGCTGCG CGCTGCTGCTGAATTTTCAAGGAAATAAACAATAT AGACACTTGTATTGCTGGATGCAACAACAGTTGAA AAGAAACTAAACAAGACATCTTACAGCTGAACTTTC GTGCTACCTGTGTCAACACCGCTGTGTGAAGTAAAG AGTAAACATATACTAAACCAAGCGCGGTTCAATAAG CTAAATGTACATGGAGGGTGTGCTGCTACACTGTG GACAACATGCATGGAAAGACATGTAACCTAA | ATGGAGTCCGCTAACGCTTCTACTCCGCAACTACT CGACCAGCTGTGAAGACCTTCAACCTGTCAATGCATA CCCTGCAGATAACTGCGTGTCTGTAAGAATGCTCTG ACCACAGCAGAAATCTACAGCTATGCCTACAAGCACC GAAAGTCTGTTAGGGGGGGTATCCCTACGCGCTG TGCCTGCTGCTGGAGTTCCACGGAAAAATTAACCA GTATCGCCATTTGACTATGCAGGCTACGCCACTACCG TGGAGGAAGAGACCAAGCAGGACATCTGGATGCTC GATTCGATGCTACCTGTGTCAACAACCCCTGTGTAA TGGAGAAAGTCAAACATATCTGACCAAGCCCGGTT ATCAAGTGAACCTGCACATGGAAGGGGAGATGCCTG ATTGTTGACAACCTGTTGAAGAATGATGCTGCT | MESANASTSATIDQLC KTFNLSMHLQINCFV KNALTTAEIYSYAKHL KVLFRGGYPYACACC LEFHGKINQYRHFDYAG YATTVEETKQDILDVLI RCVLCXKPLCEVEKVK HILTKARFINKNTWVG RCLHWCWTTMEDMLP | 22.5% |
| HPV6 E7 | ATGCATGGAAGACATGTTACCCTAAAGGATATTGATTA GACTGCAACCTCCAGACCCGTAGGGTTACATTGCTA TGAGCAATAGTAGACAGCTCAGAAAGATGAGGTGGC GAAGGTGACGGCAAGATTACAACTTTAAACAACA TTTTCAAATAGTACCTGTTGCTGTGGATGACAGCA ACGTTGCACTGGTGTGCACTGACAGAAACAGACATC AGAGAAGTGAACAACGCTTCTGTTGGAACTAAACAT AGTGTGCCACTGCGCACCAGGACCTAA | ATGCAGGGAAGACAGCTCACCTGAAAGATATTGCTC GGACTGCAAGCTCCGCGCCCTGCGGGCTGCATTGC TATGAACAGCTGGTGGACAGCTCCGAGGACGAAAGTGG ATGAGGTGCAAGCAGGATTTACAGCCCTGAAAGCA GCACTTCCAGATCGTGACATGCTGTTGGGGTGTGACA GCAACGTCGGCTGGTGTCCAGTGCACCGGAGACAGA TATTAGAGAAGTGAACAAGCTGCTGCTGGCACTCTGA ATATGCTGTGCCATTTGCGCCCTAAAACC | MHGRHVLTKDIVLDLP PDFVLGHCYEQLVDS EDEVEDVDGDSQPLK QHFQIVTCCCGDSNV RLVQCTDIREVQQL LLGTNLVCPICAPKT | 22.9% |
| HPV6 L1 | ATGTGGCGGCTAGCAGACAGCAGTATATGTGCCCTC CTCCTAACCCCTGTATCCAAGTTGTTGCCAGGATGCT TATGTTACTCGCAACAATTTTTATCATGCCAGCAGT TCTAGACTTCTGCACTGGGACATCCTTATTTTCCATA AAACGGGCTAAACAACCTGTGTGCCAAAGGTGTACGG ATATCAATACAGGGTATTAAGGTGGTGTACCAGATC CTAAACAATTTGCATTGCTGACTGCTCTTTTGCATC CCACAACAAGGTTTATGATGGGCATGCACAGGCTTA GAGGTGGCGAGGGACAGCCATTAGGTGTGGGTGATA GTGGACATCTTCCATAAATAATGATGATGTTGAA ATTCAGGGAGTGGTGAACCCCTGGACAGGATAACAG GGTTAATGATGATGATTGATTAACAACAACAATTATG CATGGTGGATGTGCCCTCTTGGGCGAGCATTGG GGTAAAGTAAACAGCTGACTAATAACCTGTACAGGC TGGTACTGTCCCGCTTGAACCTTATACAGTGTTA TACAGGATGGCAGTATGGTGTACACAGGCTTGTGTGCT ATGAATTTGCTGATTGGACAGCAATAAATCAGATGTT CCTATTGACATATGGCCTACATGTAATATCCAGAT TATTTACAATGGCTGCAGACCCATATGGTATGATTA TTTTTTTTTACGGAAAGCAAAATGTTTCCAGACAT TTTTTAAACAGGGCTGGGAGGTGGGGAACTGTGC CTGATACACTTAAATTAAGGGATGTAAGAACTGCACG TCTGTAGGGAGTATATATGTTAACACCCCGAGCGG CTCTTTGGTGTCTGAGGCACAATTTTAAATGAGCC ATATTGGCTACAAGAGCCAGGAGACATAACAATGTA TTTTTGGGGTAACTACTGTTGTTACTGTGGTAGATA CCACAGCGAGTACCAACATGACATTATGTCATCCGTA ACTACACTTCCACATACCAACTCTGATTATAAGAG TACATGGCTCATGGGAAGATATGATTTACAATTTAT TTTTCAATATGTAGCATTACATGCTGTGAAGTAAAG GCCTATTTCAACAATGAAATCCCTGTTTTGGAAGAC TGGAACTTTGGTATTGCTGCCCTCCCCAAATGGTACAT AGAAGTACCTATAGGTATGTGACAGTCAACAGGCCATTA CCTGTCAAAGCCCACTCCTGAAAAGGAAAAGCCAGAT CCCTAAGAAGCTTGTAGTTTTGGGAGGTTAATTTAAA GAAAGTTTTTGTAGTAATTGGATCAGTATCTTTGGGA CGCAAGTTTTGTTAACAAGTGGATATAGGGAGCGGT CTCTATTCTGACAGGTGTTAAGCCCTGCTGTTTCCA AAGCCTGTGCTGCCCTAAACGTAAGCGGCCCAAACT AAAAGGTA | ATGTGGCGGCTTCAAGTCAACTGTCTATGTGCCCTC TCAAACCCGCTGTCAAAGTGTGCTGCTACCGATGCTT ATGTCACAGAACCAATATCTTTTACCAGCTAGCTCCT CTAGGCTGCTGGCAGTGGCCATCCATATTTCTCAATT AAGCGCGCAACAAGACAGTGGTCCCAAGGTGTCTG GCTACCAGATAGGGTCTTTAAGGTGGTCTGCTGCTGAC CAAACAATTTGCTCTGCCGACAGTTCACTGTTGCA TCTACCACACAGCGGCTGTGTGGGCATGCACTGGC GTCTCCGAGACCCCTTCTGAAATAAGTACGACATGT GGAGAACAGCGGATCCGAGGAAATCCAGGACAGGAC AACCGAGTGAATGTCCGATGGATTATAACAAGACCCA GCTGTGATGGTGGATGTGACCACTCTGGGAGAA CATTGGGCAAGGGAAAGCTGCTAACAACCCCTG TGCAAGCTGGAGATTTGCCACCCCTGAGCTGATCAC CTCGGTGATCAGGACGGGATATGTCACACAGCA TTTGGCGCTATGAACCTGCGAGATCTGCAGACAATA GAGGACGCTGCTATGCATTTTGGCGGACTACTGT AATCCCTGACTATCTGCAGATGGCGCTGACCCATC GGAGATCGCTGTTTTCTGCGCAAGGAAACAGAT GTTGCGCCGACACTTTTTCAATCGAGCTGGAGAAGTGG GAGAACCAGTCCCTGATACCTGATCACAAGGGAGT GGAAATAGGACATCAGTGGGGAGCTCATCTACGTCAA CACTCCTTGTGAAGTCTGCTGCTAGTGAAGCAGC TGTTTAAACAAGCATTATGGCTGCAGAAAGCCAGGG CATAACAATGGAATTTGCTGGGGCAATCAGCTGTTCT GACCGTGGTGCACACAACCTGAAGCAACAACATGACA CTGTGTGCTCGTACCAATCAGCACAACACTAA CTCGACTACAAGGAGTATATGCGCCAGTGGAGGAA TATGATCTGCAATTTCTTCCAGCTGTGCTCAACTACT CTGTCTGGCAAGTGTGGCTTACATCCATACCATGAA CCCATCTGCTGGAGGACTGGAATTTGGACTGAGT CTCCACCAACCGCACTCTGGAGGATACCTACAGAT GTGCAGAGTCAGGCAATACATGTGCAAGGCCAATCC CGAGAAGGAAAAACTGCCATATAAAAACTGCTCT TTTTGGAAAGTGAATCTGAAGGAAAAATTTCTCCTGAG CTGATCAGTACCCTGGGCGGAAAGTTCCTGCTG AGAGCGATATCGGGCAGAAAGTTCAATCAGAACAGG GTTGAAGAGCCCGAGCTCAAAGCCAGCGCAGCG CCTAAGAGAAACCGCTAAGACTAAAAGA | MWRPSDVYVPPPNP VSKVATDAYVTRTNI YHASSRLLAVHPYFS IKRANKTVPKVSGYQ RVFKVLPDPNKFALP SSLFPDTPQLWVACT GLEVRGQDLGVGVS HPFLNKYDDVENS GNPQDNRVNVMYD KQQLCMVGCAPLGE HWGKQKCTNTPVOA GDCPPLLETSVIQD MVDTGFMANFADLQ NKSDFIDICGTTCKYP DYLOMAADPYDRLF FLRKEQMFARFFNRA GEVGPVPTLIIKSG NRTSVGSSIVNTPSG LVSSAQLFNKPYWLQ KAQHNNGICWGNLQ VTVDTRSTNMTLCS VTSSTYDNDYKYM RHVEEYDLQFIFLCS LSAEMVYIHTMNPV EDYRNVFLSPPNGLE DYRYVQSQAITCKPT PEKEKPPYKNSLWV VNLKEKFSSELDQVPL RKFLQSGYRGRSIRT GVKRAVSKASAAPKR KRAKTR | 25.2% |

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| <p>HPV6 L2</p> | <p>ATGGCCACATAGTAGGGCCGACGACGCAAGCGTGGCT CAGCTACACAGCTATATCAAACATGTAACCTCACTGGA ACATGCCGCCAGATGTAACTCTAAAGTGGAGCACA CACCATGGCAGTCAAAATATAAATGGGGAAGTTGG GGGTGTTTTGGAGGGTGGGTATAGGCAACGGGTT CGGACTGGGGTCTACTGGTATGTTCCCTACAAA CTTCCGAAAACCTCTATTACTAGTGGGCTATGGCT CTGCTCCTGTGGTGGTGGAGCCTGGCCCTTCGG ATCCATCTATTGGTCTTAATGAAGAATCGGCAATCA TTAACCGAGGGCGCTGAAATGTGCCCTGCACA CGTGGGTTTACAAATACATCCTCTGAAACAACTACCC CTGCAATATGGTATGATCAGTTACTAGTACACACTA CTAGTATATTTAGAATCCTGTCTTACAGAACTCTCTG TACACAAACCCAAACCCCTGAGGCTAATGACAT ATATTAATTTCTGCACCCACTGTACGCTCACCCCTATA GAGGAAATTCCTTAGATACITTTGGTGTATCATCTAGT GATAGCGCTCTACATCCAGTACCCCTGTTCTGGTAC TGCACTCGGCTCGTGGGCTATATAGTGTGATC TGCCACCTGGGCTGATACAGACCCCTGCATTTCTTCC ACTCCTCAAGCTTAATACATATGATAACCCCTGTAT GAAGGGAGGATGTTAGTACATTTAGTATCATGATTC TATACACATGACACCTGATGAGGCTTTTATGGACATA TCGTTTTGCACAGACTGCTGCTGCTGACGCTGGC CTTGTGGGCTACAGTGGCTGACCAACGGGGCTCTA TGCACTCGCAGCGGAAAGCACATAGGGGGCCGCTA TCATTTTTTATGATATTTACCTATTTGACAGGCTG AGAGAATAAGAAATGACCCCTTGGTGGCTGCACAGG ATGATACATTTGATATTTAGTCAATCTTTTGAACCTG GCATTAACCCCTACCAACCCCTGTTACAAATATCAG ATACATTTTAACTCCACACCTTAACAGTTACACAA CGTGGGTAAACCCACAGTTCCATTTGACTTCCTAAT GACTGTTTTTAACTGGCCCTGATATACTTTCTCT ACTGCACCTATGGGAACCCCTTTAGTCTGTAACTCC TGCTTACCTCAGGCTGTTTTTCAATACAGTTCTGG ATTTTTTTCATGCTGATGATTTTTCACGTAACAG CCGTAAACGATTTCCCTATTTTTTCAGATGGCGGC CTAG</p> | <p>ATGGCACACTAAGGGCACGAAGAAGAAGAGGGCAT CCGCTACCCAGCTGTACACAGCTGTAACCTGACCCG CACCTGCCACCTGATGCATCCCTAAGTGGAGCATA ACACATCGCCAGCCAGATTGAAATGGGCAAGTCT GGGGTGTCTTTTGGGGCTGGGCAATGGGACTGGA TCAGGAACCGGAGGACGAACAGGATACGTGCCACTG AGACTAGCGCTAAGCCCTCTATCACAGTGGACCTATG GCAAGACCCCTGTGGTGGGAACTGTGCCCCAT CAGATCCAGCATCTGTGCCCTGATTGAGGAAGCCGCT ATCATTAATGACAGGAGCTCCAGAGATCGTGCCACG ACATGGGGCTTCCACATTACCAGCTCCGAAACACAA CTCCTGTCTCCTGGAGCTCCTGTGACCCAGTACACC ACAACCTCCTCCTCAGGAACCTGCTTTTACTGAGCC ATCTGTGACCCGCCCCAGCTCCAGTGAACCAAT GGACATATCCTGATTAGTGGCCAAACAGTACTCACA CCCTATCGAGAAATTCAGCTGGACACTTTGCTGTG CTAGTTCAGATTCGGGACCAACAGCTCCTCAGCT CCTGGAACAGCACCAGCACAGGAGTGGGACTGTACT CCGAGCTCTGCATCAGGTCAGGTGACCCGCTCAGC ATTCCTGTCTACCCCGCAGCCGCTGATTACATACGTA ACCCCGTGTATGAGGGAGAGTGTACGCTGCACT TTACACAGCAGACTGCATATGCTCCAGCAGGAGC TCATGGATATCATTAGCTGCACAGCCCGCAATTGCC TCTCGGAGAGGCTGGTGGCTATAGTCAATCGGAC AGAGGGGCTCCTGACACACAGCTGTGGAAACATAT CGGAGCCCGACTCCTACTTTTATGACATCAGCCCA TTGCTAGGCCCGCTGAGGAAATGAGATGCATCCTCTG GTGGACCCAGGACGACTACCTTGATATCTACGCCC AGAGCTTTGAACAGGCAATTAACCCACACAGCCCT GTGACTAATCAGCGACACTATCTGACTCCACACC TAACACTGTACCCAGCCTAGGGGAAATACACAGT CCACTGTCTGCCAAGCATCTGTCTCGCAGAGCC GACCTGACATCACTTTCTACAGCACCAATGGGCA CCCTCAGTCTGTACACCAGCCCTGCCACTGGCC CTGTGTCTACTAGGCTGTGATTTTACTGCACTCC GCTGTGATTTCCGTGGGAGGGCGCAAAAGAATCC CACTGTTCTTTCCGATGGCTGCA</p> | <p>MAHSRRRRKRASATQ LYQCKLTGTCPDPV KVEHNTIADQIKWGL GVFFGLGIGTSGTG GRTYVYPLQTSKPSIT SGPMARPPVVEFPV SDPSIVLIEESAINAGA PEIVPPAHGGFTTSSE TTPALDHSVSTHTTISI FRNPVFTEPSVTQPP PVEANGHILISAPTVSH PIEIEPLDFTVSSSDG PTSSPLPFTARPRV GLYSRALHQVTDPA FLSTPQRLITVDNPVE GEDVSVFSDSHSINA PDEAFMIIDLHRPAIAS RRGLVYRSRIGRQSM HTRSGKHGARIHYFDI SQAQAAEIEHMLPIA AQDDTFDIYESFEPLG NPTQHPVNTSDTYLTS TPNVTQPGWNTTVP SLPNDLFLQSGPDTFP TAPMFTGSPVTPALPT GPFVITGGFYLHPAWY FARKRRKRIPFFSDVA A</p> | <p>26.1%</p> |
| <p>HPV11 E1</p> | <p>ATGGCGGACGATTAGGTACAGAAAATGAGGGTGG GGGTGACAGGATGGTATAGGTAGAAGCCATAGTAGAG CAGCTACACAGCTACAAAATATCAGAAGATGAGGAAGA GGAGGTGAGAGACAGTGGGTATGACATGGTGGACTTT ATTGATGACAGGCAATATACAAAAATCTGTGGAAAGC ACAGGCTATGTTAATAGCAGGAGGGGCTGCTCATT ATCGCACTGTGACAGGACTTAAACGAAAGTATTTAGGC AGTCCATATCTAAGTCTTAAAGCAATGTAGCTAATGCA GTAGAACTGATGATAGTCCAGCGTTAGACGCCATTAA ACTTACAAACAGCCAAAAGGTAAGAGCAGCGGCTGT TTGAAACACGGGAATTAACGGACAGTGGATATGGCTAT TCTGAAGTGAAGCTGCAACCGCAGGTAGAGAAACATG GGCACCCGAAAATGGGGGAGGTGTCAGGAAAGGG ACACAGGAGGAGCAGTACAGGAGGAGGGGGTGGAAAC ATAGAGGAGCGGAAAGCAGTACAGCAGCAGCAGCGAGA GCATCGCAGACACATCAGGAATATTAGAATTAATAATG TAAGGATATACGATACATACATGTTAAGTTTAAAGA CTGCTTTGGGCTGCTATTTGTTGATTAATAGGCCATT TAAAGTGATAGAACACATGTCGCGATTGGGTTGGT CAGGATTTGATATACATCATAGCATAGCAGATGCATTTT AAAAGTTAATTGAGCCATTAAGTTTATAGCATATAC AATGGCTTCAAAATGCATGGGGAATGGTACTATTAGTA TTAATAAGGTTTAAAGTAAATAGAGCAGATGACCCGTG GCACGTACATTAGTACGTTTAAATATACCTGAAAT CACATGTTAATTGAGCCTCTAAATACAAAGTGGCGT ACGAGCCCTGTTGGTTTAGGACAGGCAATTTCAAATG CAAGTACAGTTATAGGGGAGGCGCGGAATGGATAAC GGCGCAGCGCTTATGAACTAGTTTGGCTGACAGCTG AATTTAAATTAACGTAAATGCTGAGTGGGCGATATGATA ATGATTTTGGAAAGAGTGAATAGCATAGCATTTGAATG CACAGCGTGGAGACTTTGACTCAATGCAAGGGCTTTT TTAAATAGTAAATGCAAGCTAAATGTAAAGATTGT GCAATTTGTGCAGACATTAACACTGCAGAAATGAAA AAGATGCTTAAACATGATTAAGTATAGGGGTACT AAGTTGACAGGTGATGTAAGTGAAGCACTTTGTGCA GTTTCAAGACATCAAAACATAGAAATTTTCCATTTTTA AGCAAATCAAAATATGGCTGACGGAAGCCCAAAAA AAATGTATAGCCATTGATAGGGCCACTGACACTGGGA AGCTGTGCTTTTGCATGAGTTTAAATAGTTTGGGG GAACAGTTTATGATATGTAATCTGAGCCATTCTT GGCTACAGCCACTAACCGGATGCAAAAGTGGCATTTG GATGATGCCACACCAATGTTGACATATATGGATAC ATATAGAGAAACCTATTAGATGGTAATCCTATGAGCAT AGATAAGAAAACATAGAGCATTACATTAAATAGTGTCC ACCGCTACTGGTTACATCAAAATATAGCATTAGCAAGA GGAGAAATCAAAATTTACATAGTAGATTACACATT TACATTTCCAAATCCATTCCCTTTGACAGAAATGGGAA TCCAGTATATGAACTATCAGATGCAACTGGAAATGTTT CTTTGAAAGACTGTGCTCCAGCCTAGACATTGAGGATT CAGAGGACGAGGAGATGGAAGCATAGCCAGCGTT TAGATGCTGCCAGGATCAGTTGTTAGAACTTATGTA</p> | <p>ATGGCAGATGACAGCGGGACCGAAGATGAGGGGAGC GGATGCACTGGGTTTATGGTGGAGCAATCGTGG AACACACTACTGGCACCAGATCAGCGAGGACGAGGA AGAGGAAGTGAAGATTCGGGATACGACATGTCGATT TTATCGACGATCGGCACATTACTCAGAACAGCGTGGAG GCACAGGCTGTTCAATAGACAGGAAAGCTGACGAC ATTTATGCCACCGTGGGAGTCTGAAAGGAAATACCTG GGCACGCTATGCTCTCTATCAGTAACTGGGCA TGCTGTCCAGTCAAAATCAGCCAAAGACTGGACCC ATTAAGCTGACACACAGCCAAAGAAAGTGAACGGAAG ACTGTTTGAACAGGGAACTGACTGATAGCGGGTAC GGATATCCAGGAGTGAAGCTCCTCAGGTCGAGA AGCAGGCGCCAGCAAAAACGGAGGGATGACGAGG AGCGAGCAGCAGCGGGGATATCGAGGCGAAGGGG TGGAGCAGAGAGGCGAGAGCCGTCGACGATTCAC TAGGGAGCATGCCGACACCTTGGGATCCTGGAAC CTGAAGTGAAGATATTGCTCCACCCGCTGATGAAA GTTAAAGACTGTTTGGCTGCTCTTGGTACTGAT CCGCCATTCAAGAGTGAACCACTCCTGCGCGGAT GGGTGCTGCTGATTGGCATCCACCATCAATTTGCT GAGCATCCAGAACTGATCGAGCCCTGAGCCTGTA GCCACACTTCAAGTGGCTGACAAACGCTGGGCGATG GTGCTGCTGTCTGATCCGCTTAAAGTGAACAACT TAGATGACTGTCCGAGGACCCGAGGACACTGCTGA AACATCTCGAGATCATATGCTGATCGAACCCCTAA GATTCAGAGTGGAGTGGGGCTCTGATTGGTTGAGA CAGGATCTCAAACCATCTACTGATTGGGAGGCG CCAGAAATGGATCACTCGGAGCCGCTATTGAGCAC AGTCTGGCTGACTCAGCTTAACTGACCGAGATGCT GCAGTGGGATACGACAAAGATATCTCGGAGAAAGC GAGATTTGCTTTCGAATATGACAGAGGGGCGACTTGA TACTAATGCCCGCTTCTCCTGACTCAAAATGCAAG CTAAGTACGTTAAACACTCCGCAATCATGTTGAGCAC TATAAGCATGCGAGATGAAGAAATGCTCATCAAGCA GTGATCAAGTACCAGGCACTAAGTGGATTTGCTG GGAACCTGGAACCACTTGTGCAAGTTCTGCGGCA GAATATCGATTCTCTTTTCTGTCAGCTGAAACT GTGGCTGATGGCACCAAAAGAAACTGCATGCC ATTGTTGGGCGCCAGCAGCTGGAAAGCTTGGCTTTG TATGATGCTGATCAATTTCTGGGAGGACAGTATT CTTATGTCATAGTTGCTCACACTCTGCTGACGCC CTGACTACGCAAAAGTGGCCCTGCTGGAGCATGCA CCAGCCTTTGTGGACTACATGATACATATGAGA AACCTGTGGAGGAAATCCCATGAGCATCGATAGGA AGCACCAGGCTCTGACCTGATCAAGTGTCTTCCACTG CTGGTACATCAAACTCGATATTAGCAAGGAGGAAA GTACAAATATCTGATAGCCGCTGACAACTTTACCT TTCCCAACCTTTCCATTGACCGAAACGCGCAATGCC GTCTACGAGCTGTCCGATGCTAATTGAAATGCTTCT TGAAGGCTGAGCTCTCTGACATCGAGGATAGTG AAGACGAGGAAGATGGAAGCAATTCAGGCCTCCG ATGTTGCTGGCTGAGTGGTCCGACACTG</p> | <p>MADDSTGENEGSCT GWFMEVIAIVEHTGTQ SDEEVEEVEDSGYDMV DFIDRHITQNSVEAQA DFNRKEDADHYATGD LKRKVLGSPYVSPISNV ANAVESPLRDLAIKLT TOPKVKRRLFETRELT DSGYGSEVEATQVE KHGDPENGGDQERD TGRDIEGVEHREAE AVDDSTREHADTSGLE LLKCKDIRSLHGKFKD CGFLSFVDLIRPKSDR TICADWVVAGFGIHHSI ADAFCKLIEPLSYAHQ WLNWAGWMLVLLIRFK IPENHMIEPPKIQSVR ALYWFRTGISNASTVIG EAEFWITRQTVIEHSLA DSQFLTEMVQWYDN DICEESEIFAQYQKD FDSNARAFLNSNMQAE YVKDCAIMCRHYKHE MKKMSIKOWIKYRGT VDSVGNWPKIVQFLRH QNIIEPIFLSKLKLWLHG TPKKNICIAIVGPPDTGK SCFCMSLIKFLGTGVISY VNSCSHFVWLOPLDANK VALLDDATQPCWYMD TYMRNLNDGNPMSDR KHRALLIKCPPLLVTSN IDISKEEKYKYLHRSVIT FTFPNPFDRNGNAV YELSDANWKCFFERLS SSLIEDSEDEEDGSNS QAFCRVPVGSVVRTL</p> | <p>25.7%</p> |

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| HPV11 E2 | ATGGAAGCAATAGCCAAAGCTTTAGATGCGTGCCAGG ATCAGTGTGTTAGAACCTTTAGAGAAAACAGTATTGATA TACACAACACATATGCAATGGAAAATGCATACGATTGG AAAGTGTATTACTACACAAGCAAAAACAAATGGCCCTG AGCCATCCGGGTACAAGTAGTACCACCAATTAAGTGT GTACAGAGACTAAAGACATAATGCTATTGAAATGCAAA TGCAATTAGAATCTTAGCAAAAACACTAGTATGGTGTG GAACCTTGGACATTAACAGGACACCAATTAGAAATGTG GTAAACACCACCCAAACGGTCTTTAAAAAAGAGGGAA ATACTGGAGGAGTAAAATTTGATGGCTGTGAAGACAA ATACTGGAGATGTGGTATGGACACATATACCTGCA GGACAACGACTCATGGGTAAGTAACACTAGTTCCTGAT ATGCCAAGGCAATATATACATGTTGCAAAATTA CATAATTTATGAAATTTAAATAAGAGGCAACAAAGTATG GTAGTACCAATCAATGGAAAGTATGTTATGCGACACA GTTATATGTTCTCGTCACTGTATAGCACTGTACGA GAAGTATCCATTGCTGAACTACTACATACACCCCGC ACAGACCACCGCCCTACAGTGTCCGCTGCAACAG GAAGACGGGCTGCGCCGCGCCCTAGGAAGCGAGCA CGTGGACCGTCACTAACCAACCCCTGTGTGGCCA ACATCAGATCCGTGGACAGTACAATCAACAACATCGTC ACTGACAATTACAACAAGCACAAGAAAGGAACAACCTG TCACAGTGCAGCTACGCCATATAGCAACTGCAAGGTG ATTTCAATGTTTAAAAATGTTTATAGATAGACTGAATGA CAAAATAAAACATTTGTTGAAATAGCACTTCAACGCTG GCAATTGGCCCTCACCTGAGGACCCACATAAAATGCAAA TTGTAACATTAACATATAGCAGTGAAGAACCAACCTG CAATTTTAAACAGTGTAAAATACCACCACCAATTAAG CATAAGGTGGGTTTTATGCTATTACATTTATTGTA | ATGGAAGCAATCGAAAAGACTGGATGCCTGTCAGG ATCAGCTGCTGGAACTGTATGAGGAAAAATGATTCGAC ATTCACAACATATCATGCACTGGAAAGTGCATTCGGCT GGAGTCCGTGCTGCTGCACAAGGCCAAAACAGATGGCC CTGTCTCATATCGGGCTGCAGGTGTCCCCCTCTGA CAGTGTCTGAAACTAAGGGGCACAACGCAATGAGATG CAGATGCATCTGGAAGTCTGGCCAAAACCCAGTACG GAGTGGAGCCTTGGACCCCTGAGGACACATCTTATGAA ATGTTGGCTGACACCACCCAAAGCGGTCTTCAAGAAA GGGGAACACTGTGGAGGTCAAATTTGACGGATGTGAG GATAATGTGATGGAATACGTGGTCTGGACCCACATCTA TCTGCAAGGACAACGATAGCTGGGTGAAGGTCACAGC TCCGTTGATGCAAAAAGGAATCTACTATACCTTGGCCCA GTTCAAGACCTACTATGTCACTTAAATAAGGAGCTCA GAAATACGGCTCAACTAATCATGGAAAGTGTGCTATG GGAGCACCGTCACTGTATGTCAGCTCAGTGTCTAGT ACCGTGGAGAGGTGACGATGCAAGACCTACCACATA CACCACGACAGACTACCCGCCCAACAGTGTCTGCC TGCAACTGACTGAGGAGGAGTCACTGCCCTCAAGGA AAGCGGCTGAGGCCCCTCCACTAACAAATACCTGTGT GTGGCCAATACAGGAGCGTGCAGCTCCACAATCAACA CATCGTACTGATAACTACAATAAGCACGCGGAGAA ACAAATTGTCATAGTCCGCTACTCCCATTTGCGAGCTG CAGGCGCACTCAAACCTGCTGAAATGTTTCCGTTACAG ACTGAATGATAAGTATAAACACCTGTTTGAAGTGGCTG CAAGCACATGGCACTGGGCTTCCCGAAGCACCCCA TAAGAACGCTATCGTACCCTGACATCTCCTGAGG AACAGAGGAGCAGTCTCTGAATAGCTGAAAGATCC CCCTACCATTGCGCACAAAGTGGGTTTTATGCTCCCTG ATCTCTG | MEAIKRLDACCQDQDLE LYEENSIDIHKHIMHWK CIRLESVLLHKAKQMLG SHIGLQVVPPLTVSETK GHNAIEMQMHLLESLAK TQYVVEPWTLDQTSYE MWLTPPKRCPFKQGTN VWTHYLDQDNDVMEVV TSSVDAKGIYTCQGFK TYVFNKEAQKYGSPT NHWEVCGSTVICSPA SVSSTVREVSIAEPTTY TPAQITAPTVSACTIED GVSAPPRKRGPRSTN NTLVCANRSDVSTINNI VTDNYNKHQRNNCHS AATPIVQLQDSDNCLCK FRYRLNDKYKHLFELAS STVWHVASEPAPKNAI VLTLYSSQEQRQFLN SVKIPPTIRHKVGFMSL HLL | 24.1% |
| HPV11 E4 | ATGGTAGTACCAATCATTGGGAAGTATGTTATGCGAGC ACAGTTATATGTTCTCGTGCATCTGTATAGCAGCTGTA CGAGAAGTATCCATTGCTGAACCTACTACATACACCC CGCACAGACCACCGCCCTACAGTGTCCGCTGCAACC ACGGAAGACGCGGCTGCGCCGCGCCCTAGGAAGCGGA GCACGTTGAGCCGCTCACTAACCAACCCCTGTGTGG CCAACATCAGATCCCGTGGACAGTACAATCAACAACATC GTCACTGACAATTAACAAGCACAAGAAAGGAAACAA CTGTACAGTGCAGCTACGCCCTAG | ATGGTCTGCCTATTATGGAAGTATGTTATGGCCGC TCAGCTGTATGCTGCTGCACCTGTATCTGGCTGTGT ATGAGAAGTATCCACTGCTGAACCTGCTGCACACCCCA CCTATCGACACCACCTCTGCAAGTCCCCACAGCAC CAGAAAGACAGCTGTGCGAGAGGCTGGCCAGCGGA GCACGTTGAGCCGCTCACTAACCAACCCCTGTGTGG CCAACATCAGATCCCGTGGACAGTACAATCAACAACATC GTCACTGACAATTAACAAGCACAAGAAAGGAAACAA CTGTACAGTGCAGCTACGCCCTAG | MVVPIGKYVMAALYV LLHLYLALYKYPLLNLL HTPFRPPPLQCPAP RKTACRRRLGSEHVDR PLTTPCVWPTSDPWT QSTSSLLTSTKEGTT VTVQLRL | 26.1% |
| HPV11 E5A | ATGGAGGTAGTGCCTGTACAATGCTGCAAGCAACAAC TACAACATGATATGGCTGTGTTATGCAATTTGCACT AGTATCTTGTAGTATGTAATATAATATAATATCTGAT TTGTAGTATATACATCTGTGCTGGTACTAACACTTCT TTATATGCTTTTGTGGCTTTTATAACAACCCCTTTGC AATCTTTTACTAACACTGTGTGTGCTATTTTCTG CCTTTATATACACATATACATTGTGCAACGCAACAAT AA | ATGGAGGTGCTGCAGCTCCAGATTGCTGCCGCCACCA CCTACTCCCTGATCTGCCAGCTGTACTGCTTCCCTGCT GTGTGATCTGCTATGTTGTGCTGATCACTGTACAGC GACTTCCGTGCTACACTCCGCTGTGCTGTGCTGACCC GCTGCTGATGCTGCTGTGCTGCTGCTGCTGACACAC CCCTGCAGTCTTCTGCTGCACTGTGCTGCTGCTG TTCCCTGCTTTTACATCCACATCTACATCGTCCAGC CAGCAG | MEVVVQIAAATTTLLI PVVIAFACILSVLILIS DFVYVTSVLVLLL LWLLLLTLPQLFLLTLCV CYFPAYFIHVITQQ | 30.4% |
| HPV11 E5B | ATGGTATGTTAACCTGCACTTAAATGATGGTGATACA TGTTGTTTCTGTGGTGTGTTACTGCATTTGTTGTAGCT GTACTTGGATTGTTGTTACTACATTAACAGGCTGTACAT GGTACTGAAAAAATAAGTGTGCTAAGTGTAAATCAAA CGCAATCACTACTGTGGATTATGTGTATATGTCACATGG GATAATGGAGATTATGTGATACATGAACCTAG | ATGGTATGCTGACTGTCACTGCACTGAACGATGGAGATC CTGGCTGTTCTGTGGCTGTTTACCGCTTTGTGGTGG CAGTGTGGCCCTGCTGCTGCTGCACTACCGGGCCGT GCATGGCACTGAGAAGCAAAATCGGCTAAGTGTAA GCAACAGAAATACCACAGTGGACTACGTCTATATGTC CAGGCGCAACCGGGGATTACGCTATATGAAT | MVMLTCHLNDGDTWLF LWLFTAFVAVLGLLLL HYRAVHGTEKTKCAK KSNRNTTVDVYVMSHG DNGDYVYMN | 24.9% |
| HPV11 E6 | ATGGAAGTAAAGTGCCTCCAGCTGCAACATCTAT AGACCAGTGTGCAAGAGCTTTAATCTTTTTCGACAC TCTGCAAAATCAGTGCGTGTGGTGCAGGAATGCACTGA CCACCAGAGATATGCAATATGCCTATAAAGAACCTA AAGTTGTGGCGAGACAATTTCCCTTTGCAAGCCTG TGCTGTGCTTAGAACTGCAAGGAAAATTAACCAAT ATAGACCTTTAATGCTGCATATGCACTACAGTAG AAGAAGAACCAATGAAGATATTTAAAAGTGAATTC GTTTACTGCTGTGCAAGCCGTTGTGGAATAGAA AACTAAAGCACAATTTGGGAAAGGCACGCTTCATAAA ACTAAATACAGTGAAGGCTGTTGCTTACACTGCT GGACAACATGCATGGAAGCTGTTACCTAA | ATGGAGGAAGGACGCTCAACATCCGCAACAAGCA TCGACCAGCTGTGTAACCTTTCAACCTGCTCACTGCAT ACCCTGCAGATTCAGTGGGTTTCTGTGAGAACGCCCT GACCACAGCTGAAATCTAGCGTATGCAATACAAGAACC TGAAGTGTCTGGCCGCAAAATTTCCATTTGCCCCT TGGCATGCTGTGGAAGCTCAGGCAAGATTAACCA GTATGCACCTCAATATGCAAGCTACCTCCACAG TGAAGGAAGACCAATGAGGATATCTGAAAGTCCCT GATTAGTGTACCTGTGTCACAACCTCTGTGCGAAA TGAGAAGTGAACAATTTGGGCAAGGCCGCTTT ATCAAATGAAATCAGTGAAGGAGATGCTCGCA TGTGACTACCTGTATGAGGACCTGCTGCC | MESKDASTSATSIDLQ KTFNLSLHTLQIQCFV RNALTAIEIYAYKNI KVWWRDNPFAACACC LELQKINQYRHFNYAA YAPVVEETNEIDILKVI RCYLCHKFLCIEKIKHI LGKARFIKLNQWIKGR CLHCWTTMEDLLP | 24.8% |
| HPV11 E7 | ATGCATGGAAGACTGTTACCCTAAGGATATGACTACTA GACCTGCAGCCTCCTGACCCCTGAGGGTTACATGCTCTA TGAGCAATTAAGAACAGCTCAGAAGATGAGGTGGACA AGGTGGACAAACAGCAGCAACCTTAAACACAACAT TACCAATACCTGACCTGTTGCTGTGATGTGACAGCAA CGTCCGACTGGTGTGAGAGTGCACAGAGCGGAGACATC AGACAACATAACAAGCTTTTGGTGGCCACACTAAATATT GTGTGCTCCACTGCGGACCAAAACCAATA | ATGCACGGAAGACTGGTGCACCTGAAAGACATCGTCT GATCTGCAGCCCCTGACCCCTCGGACTGCACCTG TTGAAACAGCTGGAGGACAGCTCCGAGGACGAAGTGG ATAAGTGCACAAACAGGATGCCAGCCACTGACCCA GCACTACCAATCCTGACATGCTGTTGGCTGTGACT CTAACCTGCGGCTGTGGTGAATGCACTGACGCGCA TATTAGACAGTGCAGGATGCTGCTGTTGGGACCCCTG AATTCTGCTGCTCCATTTGCGCTCCCAAGCCT | MHGRLVTLKDIVLDLP PDPVHLCHYELEDDSS EDEVDKVDKQDAOPT QHYQILTCCCGDSNV RLVVECTDGDIRQLDL LLGLTNIVCPICAPK | 25.9% |

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| HPV11 L1 | <p>ATGTGGCGCCCTAGCGACAGCAGTATATGTGCCCTC CTCCAAACCCCTGTATCCAAGTTGTTGCCACGGATGCG TATGTAACCGCACCACATATTTATCATGCCAGCAGT TCTAGACTCCTGTGGGACATCCATATTACTCTATC AAAAAGTTAAACAAACAGTTGTACCAAAAGGTCTGCTG ATATCAATATAGAGTGTAAAGGTAGTGTGCCAATGCC TAACAAGTTTGATTTACTGATTCATTCCTGTTTGACCC CAGTACACAGCTTTAGTATGGCGGTGCACAGGGTTG GAGTAGGCAGGGGTCAACCTTTTAGCGTTGGTGTAA GTGGGTAATGTTAGGTATGGTTATAACAAACCCAGC TAGTTATGGTGGCTGTGCTCACCCTTAGGTGAACAT TGSGTAAGGCTACACAATGTTCAAAATACCTCTGTACA AAAGTGTGACTGCCCGCGTTGAACTTATACCAAGT TTATACAGGATGGGACATGTTGATACAGCGTTTGGT GCTATGAATTTTGCAACACTTAAACAACTAATCGGAT GTTCCCTGTATTTGGGAAGTGTGCAAAATACCT GATTATTTGCAAAAGGCTGCAGACCCTTATGGTATAG GTGTTTTTTATTTGCGAAAGCAAAATGTTGCTAG ACACTTTTTAATAGGCCGGTACTGTGGGGAACCTG TGCTGTAGCCTGTTGGTAAAAGGGGTAAATAACAGA TCATCTGTAGCTAGTAGTATTTATGTCATACACCTAG GGCTCATTGGTCTCTCAGAGGCTCAATTTAATAAAA CCATATGGCTCAAAGGCTCAGGGACATAACAATGG TATTTGCGGAAACCACTGTTTACTGTGATG ATACCACACGACGTACAATATGACACTATGTCATCT GTGCTAAATCTGCTACATACACTAATTCAGATATAAG GAATACATGGCCATGTGGAGGAGTTTGTATTTACAGT TATTTTTCAATTTGTCAGCATACATTTCTGCAGAAAT CATGGCCTATATACACACAAATGAATCCTCTGTTTTGGA GGACTGGAACCTTTGTTATCGCCCTCCACCAATGTGA CACTGGAGGATCTTATAGATATGTCAGTGCAGAGCC ATTACTGTGCAGAAACCCACCTGAAAAGAAAAACA GGATCCCTAATAGGATATGAGTTTTGGGAGGTTAACT TAAAAGAAAAGTTTCAAGTGAATTAGATCAGTTTTCC TTGGACGTAAGTTTTATTGCAAGTGGATATCGAGGA CGACCTGTCTGTCAGTAGATATAAAGCCGCCAGCTG TGTTAAGCCCTCTACAGCCCCCAACGAAAACGATCC AAAAACAAAAGTAA</p> | <p>ATGTGGCGCCCTCTGATTCTACAGTCTATGTGCCCTC TCCAAACCCCTGAGCAAAGTGTGCTGCTACCAGTGCCT ACGTGAAAAAGCAACATCTTACCACGCAAGCTCC TCTGACTGCTGGCGTGGCCATCCCTACTACAGTAT TAAGAAAGTCAACAAGCAGTGGTCCCTAAAGTGTGAC GCTACAGTATCGCGTCTTTAAGGTGCTCCTGCCTGAC CCAAACAAGTTCGCTGCCCCGACAGTCTCCTGTTTGA TCTACACACAGCGACTGGTGTGGGATGCACCCGGA CTGGAAGTGGAGAGGACAGCCACTGGGAGTGGGC GTCTCTGGACACCCTGCTGAAACAAGTACGACGATGT GGAGAATGTTGGAAGTATGAGGAAACCCAGGACAG GCAACAGGGTGAATGTCGGAATGGATTACAAGCAGA CACAGCTGTGCTGGTGGGATGTGACCACCTCTGGG AGAATATTGGGGAAGGAACTCCTGCACTAACACCT CAGTCCAGAATGGAAGTCTCCACCCCTGGAAGTGT CACCAGCCTGATTCAGGACGGGATATGGTGCACACA GGCTCGGGGCAATGAATTTGCGGATCTGCAGACAAA CAAGTCGACGCTCCTGATATCTGCGGAGTGTCT GTAAATACCCTGATTATCTGCAGATGGCCCTGACCCA TACGGAGATCGCCTGTTCTTTATCTGCGAAAGGAACA GATGTTGCTGCAGACTTTTAAACAGACGGAAGTGT TGGAGAGCCAGTCCCTGACGATCTGTGGTGAAGG GGGAACAATCGACGCTCCGCTGAGCTCTAGATATCAG TCCATACACCAAGTGGCTCACTGGTGTCAAGCGAGCC ACAGCTGTTCAATAGCCCTATTGGCTGCAGAAAGCC AGGGCCACAACAATGGGATTTGCTGGGAAACCACT GTTTGTGACCGTGTGCAGACTACAGGCTACTAATA TGACCCTGTGTCAGCGGTGCCAAGTCTGCTACATAC ACTAAGTCCGACTCAAAGAATATATGCGCCAGTGGA GGAATTCGATCTGCAGTTCATCTTCAGCTGCTCTAT TACTCTGAGTGTGAAAGTGTGAGGATATCCATACCA TGAATCCCTCCGTCCTGGGAGCTGAACTTTGGACTG TCTCTCCACCAATGCGACACTGGAGGATCTTACAG ATATGTGCAGAGCCAGGACATACATCTGAGAAGCCAA CTCCGGAAGGAAAACAGCCCTTACAAAAGATATG TCCTCTGGGAGTGAATCTGAAGGAAAATTTTCTCT GAGCTGATCAGTTCCTGCGGACGAAAGTTCTGTCT CGAGTCAAGTGTGCGGAAGCAACGAGCTAGAACCA GGATTAAGAGGCCCCGCTGAGCAACCTTCCACCC CTCAAAGAGAAACGACCAAGACAAAAGAAA</p> | <p>MWRPSDSTVYVPPNP VSKV/VADAYVKNIF YHASSRLLAHVHPY SIIKVNKTVPKVSQY YRVFKVLPDPKFNALP DSSLFDPTRQLVWVS TGLEVGRQPLGVVS GHPLLNKYDDVENS YGGNPGQDNRVNVGM DYKQTLQCMVGCAPPL GEHWKGTQCSNTSV ONGDCPPLELITSIQD GDMVDTGFANMFADL QTNKSDVPLDICTGVCK YPDYLOMAADPYGDL FFYLKREOMFARHFN RAGTVGEVPPDLLVK GGNRRSSVASSIVHTP SGSLVSEAOFNPKY WLOKAGHNGIOWG NHLFQVNTDTRTNMT LCASVKSATYNSDYK EYMRHVEFFDLQIFL CSLTLSEVMIYIHTM PSVLEAWFLSPPFN GLEDTYRYVQSOAITC OKPTPEKEKDPYKDM SFVEVNLKEKFSSEL OFFLGRKFLQSGVYR RTSARTGKRPKVPKSP TAPKRKRKTKK</p> | 25.7% |
| HPV11 L2 | <p>ATGAAACCTAGGGCAGCAGCAGTAAACGTGCGTCAG CCACACACTATATCAAACATGCAAGGCCACTGGTACA TGTCGCCAGATGTAATCCTAAAGTGAACACTACTACT ATTGCAGATCAAATATAAAATGGGAGGCTTAGGGGT TTTTTTTTGTTGGTATGTTGTACAGGGGCTGGTA GTGGCGGTGTCAGGGTATATACCCTTGGGAAGCTC TCOCCAAAGCTGCTATGTTGCGGGGCCAGCAGCAGCT CGCCAGCTGTGTGAGCCCTGTTCCCTTCGATC CTTCCAATGTCCTTAATGAGGAGTCTGCTATTAAT ATGGTGTGCACTGAGGTGATACCCCTACACAGG TGCTTTATTAACATCATCTGAATGCACTACACCTG TATTTAGATGTGCTGTACCAATCAGACTACACTAG TGTTTTCAAAATCCCTGTTACAGAACCGTCTGTAAT ACAGCCCAACCACTGAGGAGCCAGTGGTACACATA CTTATATCTGCCCCAACAAATACATCCCAACATGTAGAA GACATTCACATAGCCTTTGTTGATCTCCTAGTATG AGTGGACCTCAGCTCAGTACTCCTCTCTGCTGCTTT CCTCGGCTCGGGTGGTTTTGATAGTCTGCTTACA GCAGCTCAGGTTACGGACCCCGCTTTTTGTCACG CCACAGCATTGTAACCTATGACAAACCTGCTATGA AGGAGAGATGAAGTTACAATTTACCATGAGTCTAT CCAAATGACCTGATGAAGCATTATGGATATTATTAG ACTACATAGACCAGCTATAACGTCAGACGGGGCTTG TGCGTTTTAGTCGATTGGCAACGGGGTCCATGTAC ACACGCAAGTGGACAACATATAGGTGCCCGCATACATTA TTTTCAAGACTTTACCAGTTACACAAGCTGCAGAGG AAATAGAATGCACCCTAGTGGCTGCAGAAAATGAC ACGTTGATATTATGCTGAACCTTTGACCCCTATCCCT GACCCTGTCACACATCTGTTACACAGTCTTACTTACC TCCACACCTAATACCTTTACAAATCGTGGGTAATAC CAGAGTCCATTGTCATCCCTAGTACTGGTTTTGG AGTCTGCGCCTGACATACTTTTCTACTGCTATAG GGAACACCTTTAGTCTGTAATCTGCTTTACTAC GGCCTGTTTTTATACAGGTTCTGACTTCTATTGCA CCTACAGGACTTTGACAGCAGAGCCGTAACGAT TCCCTATTTTTACAGATGTGGCGCCTAG</p> | <p>ATGAAACCAAGAGCAAGAAGAAAAGGACATCCGC AAGTCAAGCTGTATCAGACTGTAAAGCCACTGGAACT GTCCCGCCAGCTGTATCCCAAGGTCGAGCACACCAC AATCGCCAGCAGATTCGAAATGGGCTCTCTGGG GTGTTCTTTGGCGGGTGGGAATCGGAACCCGAGCAG GAAGCGAGGACGAGCTGGATACATCCCACTGGGAAG CTCCCAAAGCTGTATTACAGGAGGACTGCAGCTA GACCACCTGTGCTGTGCAACCCCTGCACTTCCGA CCACTATCTGAGTCTGATGAGGAAAGCCACTCA TTAACGAGGACCCAGAGGTTGTCGCCCAACCCA GGCGGGTTTACCATCAGTGTAGTAACTCAGTACCC CTGCCATCTGGATGTCAGTGTACCAACCACTCACT ACCTCAGTGTTCAGAAATCCTCTGTTACAGAGCCATC CGTCATCCAGCCAGCCCTCAGTGGAAAGCATCCGG CAGTCTGATTTTCCCGCAACTATCAGCAGTACGCA TGTGGAGGACATTCCTGGATACCTTTGGTCTCAA GCTCCGACAGCGGCCCTACCTGATACACCACTGCC CCGAGCCTTCCAGCAAGGTTGGGCTGTATTCT CGGCTCTGCAGCAGGTCAGGTCAGTATCCCGCAT TCTGAGTACCCCTCAGAGGTTGTCAGTACGACAAC CCGCTATGAGGGAAGATGTGTCCTGCAATTTAC CCAGGACTATCCAAATGCTCAGACGAAAGCATTCA TGGATATCATTGCTGCAAGCCGCTATCACAAGC CGGAGAGCCTGTTGGGTTTTCCAAATGGACAGA GGGCTCAATGACTCAGAGCGGCAAGCAGTCCGG AGCAGCATTATTTTCCAGGATACAGCCCTGTGA CTCAGGAGCGGAAAGTTAGGCTGCAACCCCTGGT GGCTGCAAAAATGCAACCTTCGATATCTGCGCCGAG CATTGACCCCATCTGATCCAGTGCAGCATCCCGTC ACACAGTCTTACTGACAAGTACTCCCAACACTGTGCA CAGAGCTGGGCAATACACTGTCCCACTGTCAATCCC CAGCAGTGTCTGTCAGTCTGCGCCTGATATACTT TTCCAAAGCCTCAATGGAAACCCCTCAGCCTGTC ACACAGCTCTGCCACTGCACTGCTGTTACTCAGTGG CAGGACTTTACTGCACTCAGCTGATTTCCGCA GGCCGACGGAAAGGATTCCACTGTTCTTACCGAT GTGGCCGT</p> | <p>MKPRRRKRASATQL YQTKATGTCPPDVPK VEHTIADQIKWVSLG VFFGLIGTGAGSGG RAGYIPLGSSPKPATG GPARPPVLEVPVAIS DPSIVSLIESAIHAGP EYVPTCGGFTTSSSE TTPALDVSNTHTTTSV FONPLFEPSVIQPPP VEASHILISAPITTSO VEDIPLDFVSSSDSG PTSSTPLPRFRRPRV LYSRALQOVQDPAFL STPQRLVTVNPNVYEG EDVSLQFTHESHINAP EAFMDIIRLHRPATSRR GLVRFSRIGRQSMYR RSGOHIGARIHYFDIS VPTQAEIEIHLPLVAA ENDTFDIYAEFPDIPD VQHSVTQSYLSTPNTL SQSWGNTTVLPSIPD WVQSPGPDITFTASM GTFQSPVLPALPTGPF ITGSDVLPHTWYFARR RRKRIPLFDDVAA</p> | 26.6% |

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| HPV16 E1 | <p>ATGGCTGATCCTGACGGTACCAATGGGGAAGAGGGTA CGGGATGTAATGGATTGGTTTTATGTAGAGGCTGTAGTG GAAAAAAGAGGGGGATGCTATATCAGATAGCAGAGAA CGAAAATGACAGTGATACAGGGTGAAGATTTGGTAGTT TTATAGTAATGATTAATGATTATTTAACAACAGGCAAGAA CAGAGACAGCACATGCGTTGTTTCTGACAGGAAAGCA AAACAACATAGAGATGCGAGTACAGGTTTAAACGAA GTATTTGGGTAGTCCACTTAGTGATATTTAGTGGATGT AGACAAATATATAGTCTAGATTAAAAAGCTATATGT AGAAAACAAAGTAGAGCTGCAAAAAGGAGATTATTG AAAGCGAAGACAGCGGGTATGGCAATAGTGAAGTGA AAGTCCAGCAATGTTACAGGTAGAAGGGCCATGAG ACTGAAACACCATGTAGTCACTAGTGGTGAAGTGG GGTGGTGGTCAAGTCAAGTCAAGTGGGAAGTGGGGGA GAGGGTGTAGTGAAGACACACTATATGCCAAACAC ACTTAAACATTTTAAATGTACTAAAACAGTAAATGCA AAGCGAGCAATGTTAAACAAATTTAAAGATTAACGG GGTAGTTTTCAGAAATAGTAGAGCATTAAAAAGTAA TAAATCAACGTTGGCAATTTGGTGTATTTGGCTATTTG GACCTCAACCCAGGTATAGTGCAGTATAAAAACACTAT TACAACAAATGTTTATTTTACACATTTAAAGTTAGC ATGTTTCATGGGAATGGTGTGTTACTATTAGTAAGATA TAAATGGTGAAGAAATAGAGAAACAAATGAAAAATGCT GTCAAACTAATTTAGTGTCTCAATGTATGATGAT AGAGCTCAAAAATGCGTAGTACAGCAGCAGCATT ATTTGATATAAACAGGATATCAAAATTAAGTGAAGTGT ATGGAGACAGCGCAAGTAAGTACAAAAGACAAAAGTAA TTACAACATAGTTTAAATGATTGACATTTGAATATCAC AGATGGTCAATGGGCGCCACGATAATGACATAGTAGAC GATAGTGAATTTGACATATAATATGCACAAATGGCAGAC ACTAATAGTAAATGCAAGTGCCTTTAAAAAGTAACTCA CGGCAAAAAATGTAAGGATTTGCAACAATGTTGATG ACATTTAAACGAGCGAAAAAAACAAATGAGTATGA GTCAATGGTAAATATAGATGTGATAGGGTAGATGAT GGAGGTGATGAAGCAAAATTTGTTATGTTTTAAGGTAT CAAGTTGTAGAGTTATGTCATTTTTAACTGCATTTAAA AGATTTTTGCAAGGCATACCTAAAAAAATTTGCATTTA CTATAGTCTGAGTCAACAGGTAAATGATTTATTTGGT ATGAGTTTTAAACAACTGCAAGCGCTGCTGAATTTG TTTTAAATTTAAAGCCTTTTTGGTACAACTTA GATGATGCAAAAATAGTATGTTAGATGATGCTACAGT GCCTGTTGGAACACTACATAGTACAAATTAAGAAATG CATTGGATGAAATAGTTTCTAGGATGTAAGCATA GACCATTGGTACAACTAAATGCGCCTCATTATAATTA CTTCAACATTAAGTCTGGTACAGATTTAGGTTGGCCTT ATTTACATAATAGATTGGTGGTGTTTACATTTCCATG AGTTTCCATTGAGCGAAACGGAAATCCAGTGTATGAG CTTAATGATAAAGTCAAGTAAATCCTTTTTCTCAAGGACG TGTGCGAGATTAGTTTGCAGGAGGACGAGGACAAGG AAAAACGATGGAGACTTTTGCACACGTTTAAATGTGTG TCAGGACAAAATACTAACACATTATGA</p> | <p>ATGGCAGACCCCGTGGGACTAACGGAGAAGAAGGCA CTGGCTGTAATGGCTGGTTTTATGTAGAGGCTGTGGTG GAGAAGAAGACAGCGACCCATCTCAGACGATGAGA ACGAAAATGACAGCGATACCGGGGAGGACCTGGTGA TTTTCATTGCAACGACAAATGATTACCTGACCCAGGCG AGCCGAAACAGCACACCGCCCTGTTACAGCACAGGA AGCCAAAGCAGCATAGGATGCCCTGAGGCTGCTGAG CGCAAATCTGGGGAGCCCTGTCGACATCTCTG GTCCGCTGGATAACAAATATAGCCCTGACTGAAGGCC ATCTGTATTGAGAAAACAGCCGGCCGCTAAGCGGA GACTGTTGAGAGTGAAGACTCAGGCTACGGGAACAC TGAGGTGGAACCCAGCAGATGCTCCAGGTCGAGGGC AGGACAGACTGAAACCCATGCAAGCAGTACTCCG GAGGCTCTGAGGAGGGTGTTCACACTATAGCTCCG AAGCGGAGGAGAGGGCTGCGCAACCCATCTATC TGCCAGACCCCTGACAAACATCTGAATGCTCGAA GACCAGCAACGCCAAGCAGCCATGCTGCTAAGTTC AAAGAGCTGACGGGGTGTCTTACAGTAACTGTCGG GCCTTTAAGAGTAAACAAGACCCCTGTGACTGGT GTATCGCTGATTTGGCTGACTCAAAGTATCGCTGAT TCAATTAAAGCCTGCTCAGCAGTACTGCTGATCT GCACATTGAGGCTGGCTGTTCTGGGGATGGTG GTCTGCTGCTGGTGGCTAATGTCGCGAAAAC GAGAGACTATCGAAAAGCTGCTGCTAACTGCTGTC GTAGTCTATGTTGATGATTGAGCCCTAACT GCGGACAGCAGCGCTGCACTGACTGTTAAGAT GGCATCAGCAATATTTCCAGAGTGTACGGGACACCC CAGAATGATGATGAGAGCAGCAGTCCAGCAGCCT TTCAAGATTGACTTTGAGCTGCTCAGATGGTGA GTGGGCTTATGACAAATGATCTGAGCATTCCGAAA TTGATACAAATTTGCTGAGCTGACAGCACCAACT AATGCTAGTGCATCTGAGTCAACAGCCAGGCAAA GATGCTGAAAGATTGGCGCAAAATGCGGCACTACA AGCCGGCTGAGAGAACAAGATGCTGCTCAGT GATCAAAATAGTGGGACAGCCGCTGACAGTGGGGA GATTTGGAAGCAGATTGTGATGTTCTGAGATACACGG AGTCTGAGTTGATGCTCTTCTGACTGCCCTGAAAGC TCTCAGAGGATGCGCAAGAAAAGTCACTTCTGCTG TGTGGGCTAATACCGGAAATCTGTTCTGGCCT GATGCTGATGAGTTCTCAGCGGCTGATGATCTG TCTCAATGATTAATCAGCTTTGCTCCAGCCTG GCCAGCCTAAGATCGAATGCTGACAGTGGCAGCG TGCCCTGCTGGAACACTATTGACGATAACCTGCGCAT GCTTGGACGGCAATGCTGGTACAGTGGATGCAAC ACCGACCCCTGCTGACAGTGAAGTGTCCACCCCTGCT GATCAGATCCAACTAATGCGCGGCTGACTCTCGT GGCCCTACCTGATCAACAGACTGGTGGTCTTCACTT CCTAATGAGTTCCATTTGAGCAAAAACGGCACTCTG GTATGAGCTGACGATAAGAACTGGAATCACTTTTA GCAGAACTGGTCCAGGCTGCTGCTGATGAGGACGA AGATAAGAAAACAGCGGAGTAGTCTGCCTACTTTTA ATGCGTGGCAGCGCCAGCAACAAATCTCTG</p> | <p>MADPAGTNGEETGC NGWFFYEAUVKTKGD AISDDNDENDSDTGEDL VDFVINDNDYLTQAE TAHALFTAQEKQHR AVQVLRKRYLGSPLSDI SKGSDNNISPRLKAICIE QKSRRAAKRRLFESEDS GYGNTVEVETQMLQVE GRHETETPCSOYSGGG GGGCSQYSYSSGGGG VSRHTICQPLTNILNV LKTSNAKAAAMLAKFKEL YGVVSFELVPPKSNKS TCCDWCIAPFLPSIA DSKTLTQYCLYLHIOS LACSVMVLLVRYK CGKNRETIELKSLKLL VSPNMCNMEPPKLRST AALWYKGTGINSNEV YGDPEWIORQTLVLOH SFNDCTFELSQMVQWA YDNDVDDSEIAYKYAQ LADTNSNASAFKLSNSO AKIVKDCATMRHYKR AEKQMSQWIKYR DRYDDGSDMWKQVFLR RYGGVEFMSTALKR FLOGIPKKNILLYGAAN TKSFLGMSLKFLOL SVCIVFKNSHFVWLP ADAKINLDDATVPCW NYDDNLRLNLDGNLVS MDVKHRLVLQKCPPL LITSNINAGTDRSWP HNRLVVFPPNEFFPDE NGNPFYELNDRKNWKF FSRTWSRLSLHDEDK ENDGSLPTFKVCVSGQ NTNLT</p> | 26.6% |
| HPV16 E2 | <p>ATGGAGACTCTTGGCAACGTTTAAATGTTGTCAGGA CAAAATACTAACACATTATGAAAATGATAGTACGACCT ACGTGACCATATAGACTATTGGAACACATCGCGCTAG AATGTGCTATTTTACAAGGCCAGAGAAATGGGATTTA AACATATTAAACCACCGTGGTGGCAACACTGGCTGTA TCAAAGAAATAAGCATTACAAGCAATGAACGCAACTA ACGTTAGAAAACAATATAAACTCACAATAAGTAAATG AAGTGGACATTAACAAGCAGTATAGCCTTGAAGTGTATTTA ACTGCACCAACAGGATGTATAAAAAACATGGATATAC AGTGGAAAGTGCAGTTGATGGAGACATATGCAATACAA TGCAATTAACAACACTGGACACATATATATTTGGAG AAGCATCAGTAAGTGTGTTAGAGGGTCAAGTTGACTAT TTGGTTTTATTATGTTCAAGAAAGTATGCAACATAT TTTTGCAAGTAAAGTGTGAGGAAATATAGTAAAT AATAAGATTTGCAAGTGTGCGCGTGTGCTCAGTAAAT ATTATGCTCACTGTTGTTAGCAGCAACGAAATGCT CTCTCTGAAATTTAGGACAGCATTGGCCACACCC CCGCGCGCACCCATACCAAGCGTGCCTTTGGGCA CGAAGAAACACAGACGACTACCGGCAACCAAGATCA GAGCCAGACACCCGAAACCCCTGCCACACCACTAAGT TGTGACAGAGACTCAGTGGACAGTCTCCTCAACTCCT ACTGCAATTAACAGCTCACACAAGGACGATTAACTG TAATAGTAACACTACCCATAGTACATTTAAAGGTGA TGCTAATCTTTAAATGTTTAAAGATATAGATTTAAAG CATTGTACATTTGATGACTGAGTGTCTACATGGCAT TGGACAGACATAAATGAAACATAAAAGTGCATTTG ACACTTACATATGATGAAATGGCAACGTAACCAATTT TTGCTCAAGTTAAATACCAAAAATATTACAGTGTCT ACTGGATTTATGCTATATGA</p> | <p>ATGGAGACTCTGTCGACGGCTGAACGTTGTCAGG ATAAGATTTGACTCACTACGAAAATGACTCAACCGAC CTGCGGGACACACTCGACTATGGAAGCAGACTCGGAC TGGAGTGGCCATCTACTATAAGGCTCGGGAATGGG CTTCAAAACACTCAATCAGAGTGTGTCACCCTGG CCGTGAGCAAGAACAAGCCCTCCAGGCAATCGAGCT CGAAGTACCTGGAACAACATCTCAATAAGTCAAT CAAACGAGAAAGTGGACACTCCAGGACTGAGCTGGA AGTCTACCTGACTGACACTACCCGATGATTAAAGAA ACCGCTATACCGTGGAGGTCCAGTTGAGCGGATAT TGCAATAACAATGACTTACAACAACCTGCACTACTA TATTTGTAGGAAAGTCAAGTGTGTTGGTGGGGG CAGGTCGATTAATGAGTGTGCTACTATGTCATGAA GATTCCAGCTACTGCTGAGTAAAGCAATCTG AGAAATATTCAAGAACAAGTCTGSAAGTCAACCA GGAGACAGCTCCTCTGCTGACCAAGTGTGTTCA GCTCAATGAGTCTTCTGTCAGAAATCAITGGACAG CACTGGCAACCACTCCCGGCTACCCACAAAGG CAGTGGCCCTGGGAACCGGAAACACAGACCAACT TACGCGGCCAGACTCGGCTGACACAGGCAATCCT TGCCATCACTACAAGTGTGTCACAGAGACGCGTGG ATTCCGACCAATCTGACTGCTTCACTCAAGCCAT AAAGGAGGATCAACTGTAATTTACAACAACCTCAAT TGCACCTGAAAGGGGATGCCAATACCTGAAATGG TGGGTACAGATTCAAGAAACACTGTTACTGTTATAC CCGCTGCTCTACATGGCACTGAGTGGGCAATACG TGAAGCAAAATCAGTATGCTGCTGAGCTACGAC ACGAGTGGCAGAGGATGAGTCTGCTCCAGTGA AGATCCCAAAAACAAATGCTGTCTACAGGCTCATGA GTATC</p> | <p>METLCQRLNVCQDKILT HYENSDTLRDHDIYW KHMRECAIYKAREM GFKHINHVVPLTAVSK NKALQVILQTLLETIV SQYSNEKVLQDVSLE VYLTAPTGGIKKHGTY EVDFDIGNCTMHNMTY WTHYICIEASVTVVEG QVDYVGLYVHEGRTY FVQVKKDAEYKSNKV VEVHAGGQVILQPTSV FWSNEVSSPEIRQHLA NHFAATHTKKALVET TQTTIQRPRSEPTGNP CHTTKLLRDSVDSAPI LTFNSSHKGRINCSN TTPVHLKGDANTLKNL RYRFTKHCTLYTAVSST WHWTHGNVHKSAIWT LTYDSEWQRDOLFQV KIPKITVSTGFMIS</p> | 25.9% |
| HPV16 E4 | <p>TATTATGCTACACTGTGTTAGCAGCAACGAAAT CCTCTCCTGAAATATTAGGACAGCACTGGCCACACCC CCGCGCGGACCCATACCAAGCCGCTCGCCTGGGCA CCGAAAGAACACAGACGACTTCCAGCGCAACCAAGATCA GAGCCAGACACCGGAAACCCCTGCCACACCACTAAGT TGTGACAGAGACTCAGTGGACAGTCTCCTCAACTCCT ACTGCAATTAACAGCTCACACAAGGACGATTAACTG TAATAGTAACACTACCCATAGTACATTTAAAGGTGA TGCTAATCTTTAAATGTTTAAAGATATAGATTTAAAG CATTGTACATTTGATGACTGAGTGTCTACATGGCAT TGGACAGACATAAATGAAACATAAAAGTGCATTTG ACACTTACATATGATGAAATGGCAACGTAACCAATTT TTGCTCAAGTTAAATACCAAAAATATTACAGTGTCT ACTGGATTTATGCTATATGA</p> | <p>ATGATGTGCTGACTGTGCTGGCTGCTACCAAGTA CCCCCTGCTGAACTGCTGGGATCAACCTGGCTACC ACCCCCCTCGGCCATCCCAAGCCATCTCCTGGG CCCTAAGAAACACCGCGGCTGAGCAGGACACAGGA TCAGTCACAGACTCCTGAGACCCCAACCCCTGGA GCTGCTGACCGAAACACAGTGGACAGTGTCCAGAG CAGCCTGCACTGACTGCGCCATACCAAAAGCAGCGCTG ACAGTATTGCTACTGCTGATCC</p> | <p>YYVHLCLAAATKYPPLK LLGSDWPTPPRPIPK SPWAPKKHRLSSDDO QSQTPTPATPLSCCTE TQWTLVQSSHLHTAHT KDGLTVIVTLHP</p> | 29.4% |
| HPV16 E5 | <p>ATGACAAATCTTGATGCTGATCCACAACATTACTGGC GTGCTTTTTGGTTTTGCTTTTGTGTCTTTTGTGTCTG CCTATTAAACAGTCCGCTTTTGTGTGCTACATACA CACATCATTAATAATTTGGTATTACTATTTGGATAAC AGCAGCCTCGCTGTTAGGTGTTTTATGTATATATT ATTTGTTTTATACCAATTTTTTAATACATACACATGCA CGTTTTTAATACATTA</p> | <p>ATGACCAACTGGATCTGCTTCACTACCTGCTGGC TTGTTCTGCTGTTGTTTCTGTGCTCTGTCGCTGT GCCTGCTGATTTAGGCCCCCTGCTGAGCCTGTCCAC CTACACTCTGTGACTGCTGCTGCTGCTGTGGGA TCAGCAGCCTGAGCCTGCTGCTGCTGCTGCTGAT ATCACTTCTGCTACATCCCTGCTTTGCTGATTCACAT CATGCGAGTTCTGATCACC</p> | <p>MTNLDASTLLACFL CFVLLVCVLLRPLLS VSTYLLIILLVLLWITA SAFRFCFVIFVYPLFLI HTHARFLIT</p> | 35.0% |

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| HPV16 E6 | ATGCACCAAAAGAACTGCAATGTTTCAGGACCACA GGAGGCCAAAGAAAGTTACCACAGTTATGACACAG CTGCAAAACAACTACATGATATAATATAGAATGTG TACTGCAAGCAACAGTTACTGCGACGTGAGGTATG CTTTCGCTTTTCGGGATTTAGCATAGTATAAGAGATG GAATCCATATTGCTGATGTGATAAATGTTAAAGTTT TTCAAAATAGTGTAGTATAGCATATTGTTATAGTTG TATGGAACACAACTAGAACAGCAATACAAACCCGTT GTGTGATTTGTTAATAGGTTATTAACCTGTCAAAAGCC ACTGTGCTCGAAGAAAGCAAGACATCTGGACAA AGCAAGATTCATATAATAGGGGTGGTGGACCGGT CGATGTATGCTTTGCGATCATCAAGAACAGTGA AGAAACCCAGCTGTA | ATGCACGAGAGAAACCCGATGTTTCAGGACCCTCA GGAACGACCTCGCAAACCTGCCCCAGCTGTACCGAA CTGACGACAACTACACGACATCTTCTGGAGTGGT GTACTGTAAGCAGCAGCTGCTCGGAGAGAGTCTAT GACTTCCGCTTTCCGGATCTGTGCATCGTACCGAGA CGAAACCCCTACCGCTGCGCATTAAGTGTCTGAAGT TCTACTTAAGATTAAGTGTAGTATCGGCATTACTGTT GCCTGTACGGCCACACTGGAACAGCAGTATAACAA CCCTGTGCGACCTGCTGATCAGATGCAATAATGTC GAAGCCCTGTGCTGAGGAAACAGAGGCACCTG GATAAGAAACAGCGCTTTCATAATATTGAGGCGCGT GACAGGGAGGTGATCTGTCTGTAAGAGCTCCAGG ACTGAGCGGAGACCAGCTG | MHQKRTAMFQDPOER PRKLPLQCTELETTHDI ILEVCYKQQLLRREYV DFAFRDLICIVYRDGNP AVCDKCLKFYKISEYR HYCSSLYDLKQYFN KPEKDLIRINCQKPLC PLEEKRHLDKQRFNHI RGRWTRGCMSCCRSS RTRRETQL | 25.4% |
| HPV16 E7 | ATGCATGGAGATACACCTACATTCATGATTAATGTTA GATTTGCACCAAGAGACCACTGATCTCTACTGTTATGA GCAATTAATGACAGCTCAGAGGAGGAGATGAATAG ATGGTCAAGCTGGACAGCAAGAACCGGACAGAGCCCA TTACAAATAGTGTGACTTTTGTGCAAGTGTGACTTAC GCTTCGGTTGTGCGTACAAGACACACAGTACATTC GTACTTTGGAAACCTGTAAATGGCCACACTAGGAATT GTGTGCCCATCTGTTCTCAGAAACCAAA | ATGCAGCGGACACTCTACTCTGACCAATACATGCT GAACTGCAAGCGGAAACCTACTGACCTGTACTGCTAC GAACGCTGAATGACAGCTCCAGGAGAGGAGCGAAA TCGATGGACCTGCCGCGGACTGAGCCTGACAGGGC CCAATACAACTTTGACTTTCTGCTGTAAAGTGCATTC TACCCTGCGGCTGTGTGTCAGAGTACCCATGTCGAC ATCAGAACCCTGGAGGACTGCTGATGGAACTCTGG GCATCTGCTGCCAATTGTTCCAGAAACCC | MHGDTPTLHEYMLDQ PETTLDYCYEQLNDSSE EEDIDSPAGQAPDPD AHYNIWTFCKDBSLR LCVQSTHDIRTELDLL MGLTGVIPCISQKP | 25.6% |
| HPV16 L1 | ATGCTCTTTGGCTGCCTAGTGAGGCCACTGTCTACTT GCCTCTGTCAGCTACTTAAAGTTGTAAGCACGGATG ATATGTTGCGCACCAACACATATATCATGCGAGSAA CATCCAGACTCTCGAGTTGACATCCCTATTTTCTTA TTAAAAACCTAACATAAACAATAATAGTTCCTAAAGT ATCAGGATTCAGAACAGGATTTAGAATACATTTACC TGACCCCAATAAGTTGGTTTTCCTGACACCTCAITTTA TAATCCAGATTACACAGCGGCTGGTTGGCCCTGTGAG GTGTTGAGGTAGGCTGGTGCAGCCATTAGGTTGGGG CATTAGTGCCCATCTTATAAATAAATGGATGACAC AGAAAATGCTAGTGCTTACAGCAATGCAAGTTGGG ATAATAGAGAAATATATCATGGATTACAAACAAAC AATTGGTTTAATGGTTGCAAAACACCTATAGGGGAA CACTGGGGCAAAAGGATCCCATGTACCAATTTGCTG AAATCCAGGTGATTGTCACCATTAGAGTTAAATAAC AGTTATTCAGGATGGTATGTTGTTGATCGCTTTG GTGCTATGCCATTTACTACATACAGGCTAACAAAGT GAAGTTACCACTGGATATTGACACTATTGCAAAAT CCAGATTATATAAATGGTGTGCAAAACCATATGGCA CACCTTATTTTTTTATTCAGAAAGGAAACAAATGTT TAGACATTTATTAATAGGGCTGGTACTGTTGGTGAAA TGATCCAGCGATTTATACATTAAGGCTGCTGGGTCTA CTCGAAATTTAGCCAGTCCTCAAAATTTTTCCTACACCTA GTGGTTCTATTGGTTACCTCTGATGCCCAAAATTC AACTTTATTGGTTACACAGGACAGGGCCCAATAAT GCATTTGTTGCTTACACACTATTTGTACTGTTGTT GTACTACAGCAGTACAAATGCTAATGCTGTGCTG CATATCTACTCAGAACTACATAAATAACTACTT AAGGATACCTGCACATGCGGAGGAAATGATTACA GTTTATTTTCACTGTGCAAAATACCTTAACTGACAGA GTTATGACATACATACATTTCTGAAATCCACTATTT GGAGGACTGGAATTTGGTCTACAACCTCCCCAGGA GGCACACTAGAGATACTTATAGGTTTGTAAACATCCA GGCAATTGCTTTGCAAAACATACACCTCCAGCACCTA AAGAAAGTCCCTTAAAAAATACACTTTTGGGAAGTAA ATTTAAAGGAAAGTTTCTGACAGCTAGATCAGTTTC CTTTAGCACCAAAATTTACTACAAGCAGGATTGAAG GCCAAACCAAATTTACATTTAGGAAACGAAAGCTAC ACCCACACCTCATCTACTCCTACCAACTGCTAAACGCA AAAACGTAAGCTGTA | ATGCAGGTCACTTTATCTATATCTGCTGCTACTTCTG TAGGAAACGATGTCAGGTCTCATATTTTCTTTCAG ATGCTCCTGTGCTGCACATCCGAGGAAACCGTCTACT GCCCTGTGCGGCTCTCTAAAGTGGTACAGTACAGATG AATATGTCGGCCGACTACATCTACTATCACGCGGG ACATCTGACTGTGCTGCTGTCGACATCCCTACTTCCC TATCAAGAAACCAACAAACAAATAATCTGGTCCCTAA GGTGTAGTGGCTCCAGTATAGGTTGTCGCGATTCC CTGCCAGATCCCAATAAGTTCGGGTTTCTGACACCAG CTTTTACAACCCAGATACACAGACTGGTCTGGGCAT CGTGGGAGTCAAAGTGGGAAGGACGACCTCTGG GAGTGGAAATCAGCGGACTTCACTGCTGAACAAGT GCAGCATACGAGAACGCTTCCGCATACGCGCGTAA GGCGGTGGCAACCGGAAATGATTTCTATGGAATTA TAAGCAGACACAGCTGGCTGATCGGATGTAACAC CCATTTGGAGAGCACTGGGCAAGGGTCCCATGTCAC TAATGCTCGCGTGAACCCGCGACTGCTCCACTG GAATGATCAATACCCTACTACAGGAGGAGATAGT GCATACAGGATCGGCGCAATGGATTTTACCACACTCC AGGCCAAACAGAGTGAAGTGCCCTGGACATCTGCAC CTCAATTTGTAAGTACCCGATACATCAAGATGGTGT CGAGCCTTACGGGACTCTCTGTCTTTTATCTGCGGA GAGAACAGATGTTCTGAGACACCTGTTAAATAGGGCA GGCACTGTCCGGAGAAACGTCGCCAAGCAGTGTGTACA TCAAGGGTCAAGAACCAAGCAATCTGCGCAGCTC CAACTATTTGCTACTCATACGACTTATGGTACTG CTGACGCCGATTTTCAAGAACCTTACTGCTCCAG CGGCCAGGACATATAACGCAATTTGCTGGGGA ATCAGCTGTCTGACACTGCGATACCTCCGCTCA ACTAATGAGCTGTGTGACCCATCAGTACCTCAGA GACAACCTTCAAGAACCAAACTTCAAGAAATACCTGA GACAGGAGAGGAAATGACCTCCAGTTTCACTTCAG CTGTGCAAGATTACACTGACTGCGGATGTGATGACTTA CATCCATAGCATGAACAGCACCTTCTGGAGGACTGGA ACTTCGACTCCAGCCACTCCAGGCGGACCCCTGGA AGATACATATAGTTTGGTACACAGGCCATCGCTTGC AGAAACACACTCCCCCTGCTCAAAGGAGGAGGATCC CCTGAAGAAATACACTTCTGGGAGTGAACCTGAAGG AAAAGTTACGGCCGACTGGACCACTTCCCAGTGGG CAGGAAATTTGCTCCAGGCTGGGCTGAAGGCAAAA CCTAAGTTACACTGGGCAAAACGCAAGGCTACTCCAA CACATCTAGTACGACACTACCGCAAAACGAAAGAAC GGAAGCTG | MSLWLPSEATVYLPV PVSKVSTDEYVARTNI YYHAGTSRLLAVGHPI FPKPKNNKILVPIKVS LQVYFRHILPDKNKG PDRTSFYNPDTORLVW ACVYVGRGQPLVGV ISGHPLLNKLDDTENAS AYAANAGVNRCEISM DYKQTLCLGKPKPIG EHWGKGSPTNVAVNP GDCPPLEINTVQDGD MVDTGFGAMDFTLQA NKSEVPLDICTSICKYD YIKMVSEPYGDSLFY RREOMFVRHLFRNAGT VGENVPDDLVIKGSST ANLASSNYFPTPSGSM VTSDAQIFNKPYLQR AQGHNNIGVICWGNLQV TVVDTRKNTNMSLCAAI STSETTYKTNFKYEYLR HGEEYDLQFQLCKITL TADVMYIHSMNSTLE DWNFGLQPPFGTLED TYBFVSOIAKQHPF PAPKEDPLKYTFWEV NLKEKFSADLDLFLGR KLLQAGLKAQKPFILR KRKATPTTSSTTAKR KRRKL | 30.0% |
| HPV16 L2 | ATGCGACACAAAGCTTCTGCAAAACGCAAAACGCTGC ATCGCTACACACTTTATAAAGTTGTAAGCACGGATG GTACATGTCCACTGACATTAACCTAAGCTTTGAAGCC AAACCTTACTGCTGATCAAAATATACAAATAGGAGTATG GGTGTATTTTGGTGGTTAGGAATTTGGAACAGGGTGC GGGTACAGGCGGACGCACTGGTATATCCATGGGA ACAAGGCTCCCAAGCTACAGATACACTTGCCTGCTGT AAGACCCCTTTAACAGTAGTCTGTGGCCCTCTGT ATCCTTCTATAGTTCTTGTAGTGAAGAAACTAGTTTAT TGATGCTGTGCAACCAACTGTGACTTCCATTTCC CAGATGATCAGGATTTAGATTTACTACTCAACTGATA CCACACCTGCTATTTAGATTTAATAACTGTTACTA CTGTTACTACACATAAATCCCACTTCTACTGACCCAT CTGATTTGAGCCCTCCAAACCTGCAAGAACTGGAGG GCAATTTACACTTTCATCATCACTATTAGTACACATAAT TATGAAAGAAATCCCTAGGATACATTTATTGTTAGCACA AACCCCTAACACAGTAACTAGTACACACCCATACCCAG GTCTCGCCAGTGGCAAGCCAGGATATATAGTGGCA CAACACAAAGTTAAAGTTGACGCCCTGCTTTGTA CCACTCCCACTAAACTTTACATATGATAAATCCCTG ATGAAGGATAGTGTGGATAATACATTTATTTTCTA GTAAATGATAAGTATTAATAATAGCTCCAGATCCTG TTTGGATATAGTTGCTTTACATAGGCCAGCATTAACCT CTAGGCGTACTGGCATTAGGTCACAGTAAATGGTAAAT AAACAACACTACTGCTGATGTTGGAATTTACTATAGG TGCTAAGGATACATTTATGATTTAACTAACTATGAT CCTGCAAGAAATAGAAATTAACAACCTTAAACCTCT ACATAACTACCACTCACAATGGAGCTCACCCTACTCT ATTAATAAGGATATATGATATTTAGCAGATGACTTTA TTACAGACTTCTACACCCCGTACCATCTGACCC CTACATCTTTACAGGTTATATCTGCAAAATACAA TTCTTTGGTGGTGCAATAAATCTTATAGTACAG GTCTGATATACCCATAAATAAATACACTGCAAGCTCT CATTAAATCCTATAGTTCCAGGGTCTCCCAATATACAA TTATTGCTGATGACAGGACTTTTATTTACATCCTAGTT ATTACATGTTACGAAACGACGTAACGTTTACCATATT TTTTTTCAGATGCTCTTGGCTGCCTAG | ATGAGACATAAGCGGAGTGTAAAGGACTAAAAGAG CCAGCCCTCCAGCTGTGATAAGCTTTATAAAGGCGC GAACTTCCCCTCTGACATCTTCAAAAGTGGAGG GGAACCACTTCCGACACAGACTCCAGTATGGCAGT ATGGGGTCTTCTTTGGCGGCTGGAAATTTGCAAG GVGTGGAACCTGAGGAGCAGCGGATACATCCCT GGAAACAGCCCCCTCAGCAACTGATACCTGGGA CCGTGAGACCCACTGACCGTGGACCCAGTGGAC CAAGGATCCTTCCATTTGTGCTCTGGTGGAGAAAC TCCTTCTGACGCTGCGGACCCACAAAGTGTGCTT AATCTCCAGATGTCAGGGTTTTCCATCACCACAT CTACAGCACTACCCAGCCTTCTGGATACCAACT ACTGTGACACTGTCACCAACCAACCAATCAACAT CACTGACCCCTCCGCTCCAGCCACTACCCGCT GAGACTGGAGGACACTTCACTGAGCAGCAGCACCA TCAGCACACATAACTATGAGAAATTTGATACAT TCTGAGGACTAACCCCAATACCGTCAAGTTC ACCCCAATCCCGGCGAGCCGCGCTGCAAGCTG GGCCTACTCTGAACTCCAGCAGGTTGAGGTTGG TGGACCCGCTTTTGTCAAACTCAACCAAACTGAT ACCTACGACAAACCCGATACGAAGGATCGAGCTGG ATAATACCCTGATTTAGCTCCAAGCAATAGCATCA ACTTGGCCCTGACCCAGATTTCTGGATATCGTGCT CTGATCGCCCGCAGTACTGCTGAGGAGAACCGGCA TTAGATACAGTGGATCGGGAATAGCAGACTCTGCA ACCGCTGTGGAAGAGATTTGCGCAAAAGTCACTA CTATTACAGCTGAGACACTGATCTGCGGAGAA TTGAGCTCAAACTACCCCAAGTACTTACCAACA CTCAGTCCGCTTCAACCCAGCATCAAAATGCG CTGTAGCATACAGCAGATTTTCTACAGATAC AGCACCACCCCTGCTTCCGCTTCTACAGCT GTCAGGATATTTCCCGCAACACTACCTCCCTTTG GCGGGCTTACAATACTTCTGTTGAGGCGCCAGA CATCCCAATTAATACAGATACAGGCTCCTACTGAT TCTATCGTCCAGGGAGCCCGCATACCATCATTG CCGACGCTGGAGATTTCTACTGACCCCTCTATTAC ATGCTGCGGAGAGGCGCAAAAGACTGCCATCTTCT TTCCGACGTGCTCTGCGACCC | MRHKRSKRTRKRSAT OLVKTKQACCTQPHDI PKVEGKTADQLQYGS MGVFGSLGIGTSGST GGRTGYRPLTRPTAT DTLAPVRIPLTVDPV SDPSIVSVEETSFIDAG ATSPVSPIDVSGFSIT TSDTTPALDINNTVTT VTHNHPFTFDPSVLOP PTPAETGHEPMLSSSTI SHTNHYEGMDFIVST NPNTVTSPTPIPSRFPV ARLGLYSRRTQQVXV DPAFVYTPTKLITVDP AYEIGVDNLYFSND NSINIAPPDFLDVIALH RPAISRRTGIRYSR NKQTLRTRSGKISGAKV HYYYDLSTIDPAEIE LQ TITPSTYTTSHAASPT INNGLYDIYADDFITDS TTPVPSPTSLSGYIP ANTTIPFGGAYNIPV GPDIPNITDQAFSIPV PSSPINITADAGDFYL HPSYMLRKRKRLPY FFSDVSLAA | 28.3% |

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| HPV18 E1 | ATGGCTGATCCGAAAGGTACAGACGGGGAGGCGACGG GTTGTAAACCGCTGGTTTTATGTACAAGCTATTGTAGACA AAAAACAGGAGATGTAATATCAGATGACGAGGACGAA AATGCAACAGACACAGGGTCCGATATGGTATTTTTAT TGATACACAAAGAACATTTTTGTAACAGGCAGAGCTAG AGACAGCAGAGGACATTGTTCCATGCGCAGGAGGTC CAATGATGCAAGTGTTCATGTTTTAAAACGAAAGTT TGCAAGGAGGACAGACAGAAAACAGTCCATTAGGGGAG CGCTGGAGGTTGATACAGAGTTAAGTCCACGGTTAC AAGAAATATCTTTAAATAGTGGGCGAAAAAGGCAAAA AGCGGGGTTTAAATATCAGATAGTGGCTATGGCTG TTCTGAAGTGGAAAGCAACAGATTTCAGGTAACACAA ATGGCGAATATGGCGCAATGTATGTAGTGGGGGAG TAGCGAGCTATAGACAACGGGCGCACAGGCGCAAC ACACGACGTGTAGACGCTACAGTGAACATAGCAAT AGAAAATGTAATCCCAATGACCAATAGCAATTTAAA AGACTTGTAAAGTAAACAAATAAACAAGGACTATGTT AGCAATTTTAAAGACACATATGGGCTATCATTTACAGA TATTAGTGTAGAAATTTAAAGTGTAAAACCCAGTTC AGATTGGGTTACAGCTATATTTGGAGTAAACCCACCAAT AGCAGAAAGTTTAAAACACTAATACAGCCATTATATT ATATGCCCAATTTCAATGCTAGACTGTAATGGGGGAG TATTAATATTAGCCCTGTGGTTTTCAAAATGTTGTAAGA GTAGACTAAGCAGTGTAAAGGTTTAAAGTACGTTGTAC ACGTACCTGAAACCTGTATGTTAATTCAACCCAAAAAT TGGAAAGTGTGTGACGACTAATTTGTGTATAGAA GGAATATCAAAATTTAGTGAAGTAAATGGGAGACACCC TGAGTGGATCAAAAGACTACTATTATACACATGAAAT AGATGATAGCAATTTTTGTTTTGCGAAAATGGTACAAATG GGCAATTTGATAGTGTGACAGATGAAAGCGATATGG CATTTGAAATGGCTTTATAGCAGACACCAACAGCAAT GCAGCTGCCITTTAAAAGCAATTTGCCAAGCTAAAT TTAAAAGATTTGCCAACAATGTGCACAACATTTATAGGCG AGCCCAAAAACGCAAAATGAATATGTCCAGTGGTATC GATTTAGATGTTCAAAAATGAGTAAGGGGAGATTTGG AGACCAATAGTGTCAATTTCTCGATACCAAAAATAGA GTTTTAAACATTTTTAGGAGCCTTAAAATCATTITTA GAAACCCCAAAAATTTGTTTTGTTTTGGACCA GCAAAATCAGGAAAATCATTTTTGSAATGAGTTTTATA CACTTTTAAAGGAGCAGTAATATCACTTTGTGAATTC ACTAGTCAATTTGGTTGAAACCCTTAAACAGTACTAAG GTGGCCATGTTAGTATGATGCAACGACAGTGTGGAC ATACTTTGATACCTATATGAAAATGCGTTAGATGGCAA TCCAATAAGTATTTAGTAGAAGACCAACCAATTAATACA ACTAAAATGTCCTCAACTACTACTAACCACAAATATACA TCCAGCAAAAGTAAATAGATGGCCATTTAGAAAAGTA GAATAACAGTATTTGAAATTTCCAAATGCAATTTCCATT ATAAAAATGGCAATTCAGTATATGAAAATAAATGACAAA ATTGAAAATGTTTTTTGAAAGGACATGGTCCAGATTAG ATTTGACAGGAGAAAGGAAAGATGACAGACACCGAAAG AAACCCTTTGCGAAAGCTTTAAGTGGCTGACAGGACAAA ATCATAGACCACTATGA | ATGGCAGACCCCGAAGGGACTGACGGCGAAGGGACT GGATGTAAACGGATGGTTTTATGTCAAGCTATTGTGGA TAAGAACTGCGCGACGTGATCAGGACGATGAGGAT GAAAACGCTACCGACACAGGCTCCGACATGGTCGATTT CATTGACACAGGGGACTTTTTGCGAGCAGGCGAGAG CTGGAAACCGCAGGCGCTGTTCCAGCTCAGGAAAG TGCATAACGATGACAGGCTGTCACGCTCCGAAAGCG GAAATTTGCGGGCGGGGACTACAGAAACAGCCCACTG GGGGAGAGACTGGAAGTGGACACTGAGCTGTCTCCA GGCTCCAGGAAATCGAAGTGAACCTCCGACAGAAAG AGCCAAAGCGGAGACTGTTACCATCTCAGATAGCGGG TAGCGATGACGAGGAGTGGAAAGTACACAGATTTCAGG TCAACACAAACGGCGAGCAGCGAGCAATGTGTGTT TGGGGAACTACAGAGGCTATTGACAATGCGCGGACT GAAGSAACAATAGCTCCGTTGATGGCACTCAGACAA CAGCAATCGAAAACCTCAATCTCAGTGCACCACTG CCAGCTGAAGGATCTGCTGAAAGTGAACAATAAGCAG GGAGCTATGCTGCGACTCTCAAGGATACCTACGGCT GAGTTTTCACTGACTGTTGAGAATCTTAAAGTCAAGA AACTACTCTAGCAGCTGGGTGACAGCAATCTTGGG GCAATCCCACTTCCGAGGGATTTCAAACACTGAT CCAGCTTTTATTCTGACGCCACATCCAGTGCCTGG ACTGAAGTGGGGGCTGCTGATTTGCGCCCTGCTGG GTAAGTGGGAAAATCCAGACTGACCTGGCTGAAAG GCCTGTCTACCTGTGCTGACTGTTCCCGAGACATGATG CTGATCCAGCCCCTAAGCTGCGCTTACTGTTGGCCG CTCTGACTGTTATCGAACCGGGATTTCAACATTTCT GAGGTCACTGGAGACACCCCTGAATGGATTGACAGGCG TGACAACTATTACGACCGGCTTGAACATGCAACTTC GATCTGCGAGATGGTGCAGTGGCTTTGACAATGA GCTGACCGGATGAATCTGACATGGCTTGAATACGCCC TGCTGGCTGATCCCACTTAATGACGCGCTTTCTG AAAAATAACTCCAGGCGCAAGTACTGAAAAGACTGGCG TACAATGTGTAACATTTAGGCGCGCCGAGAAAGCGCC AGATGAATATGTACAGTGGATCAGATTTCCGGTGCAG AAGATTGATGAGGAGGGGACTGGAGGCCAATCGTGC AGTTTTGCGCTTACCAGCAGCTGAGTTGATCAGCTTT CTGGCGGCTGTAAGGAGCTTCTGTGAGGACCCCTA GAAAATCTGCTGTGTTCTGTCGACCAAGTAAATAC GGCAATCTTTATTTGGGATGAGTTTCACTCACTTTAT CAGGGCGCATGATGAGCTGTGCAACAGTACTTACAA TTTTGGCTGGAGCCCTGACTGATACCAAGTGGCAA TGCTGGAGATGCCAACTACTGCTGACTTACTTCC GCAACTATATCGGGAAGCCCTGGATGGGAATCCAAT CAGCATTGACAGAAAGCACAACCCCTGATCCAGCTGA AATGCCACCCCTCTCTGCTGCAACTAATCATTATCCC GCAAAAGCAGATCGAGTCCCTACCTGGAGTCCCGGA TCACCGTGTGCAATTTCTAAGTCCCTCTTTGATA AGAAGCGCAATCCCGTCTATGAGATTAAACGAAAGAC TGAAGTGTCTTTGAAAGACATGGTCCAGGCTGGA TCTGACGAGAAAGAGGAAAGACGAGACTGAGGGCG AACCCTTTGCGGACCTTTAAGCTGCGCGCCGCGCAGA ATCATGACCACTG | MADPEGTGEGTGCN GWFYVAIVDKKTGDVI SDDEENATDGTSDMV DFIDTQGTFCQEAELE AQAFLHAEVHNDAGV LHVLRKRFAGGSTENS PLERLEVDTELSRRLQ EISLNSGQKKAKRRFLT SDSGYGCSEVEATQIQ VTINGEHGGNVCSSGS TEADNGEGTEGNNSSV DGTSNSNIENINFCG TIAQLKDLLKVNKQGA MLAVFKDYGSLFTDLV RNFKSDKTTCDWVTAI FVGNPIAEGFKTLQPF ILYALHCLDCKWGVLL ALLRYKCGKSRITVAKG LSTLLHPETMLOPP KLRSVVAALYVWYTGIS NISEVMDTWYFWRJORT IIOHQWDFNSFLSEMV QWAFDNELDESMDA EYALLADNSNAAFMK SNOCAKYLKDCAMFK HYRRAQKQRMNMSOW IRFRKSKIDEGDWRPI VQFLRYQOIEFTLFGAL KFLHKTGTPKKNLFCV PANTGKSYFGMSPIFI QGAVISFVNSTSHFWL PLTDTYVAMLDATTT WTTTYDYMRLNDGNP ISIDRKHKPLIKQPPLE LTTNIHPKDNRWPPYLE SRITVFEFPNAPFFDKN GNPVIEINDKNWKF ERTWRSRLDLHEEEDA DTEGNPFGTFKCVAGQ NHRPL | 25.5% |
| HPV18 E2 | ATGCAGACCCGAAAGGAAACCCCTTTGCGAACGTTTTAAG TGGGTTGCAAGGACAAAATCATAGCCACTATGAAAATG ACAGTAAAGACATGACAGCAGCAAAATCAGTATGGGCAA CTAAACGTTGGGAAAATGCAATATTTTCAGCAAG GGAACATGGCATAACAGACTTAAACCACAGGTTGGTGC CGCCCTATAACATTTCAAAAAGTAAAGCACATAAAGCTA TTGAACTGCAAAATGGCCCTACAGGCGCTGACAAAAGT GCTATCAAAAACAGGATTTGCAACCTGCAAGACACTG CGAGAACTATGSAATACAGAACTACTCACTGCTTTA AAAAGTGGCCAAACAGTACAAGTATATTTGATGGC AACAAAGCAAAATGTTAGCTATGTAGCATGGGACG TGTGTATATGACTGATGACGAAACATGGGACAAA CGCTACTGTGTAAGTACAGGCGGATTTGATATGTA AAGAAAGGTAACAACCGTTTTATATAGAAATTTAAAGT GAATGTGAAAATATGGAACACAGGTAAGTGGGAAGT ACATTTTGGGAATATGTAATTTGATTTGACTCTAT GTCCAGTACAGTACGACACCGGTATCCGCTACTCAG CTTGTAAACAGCTACAGCACACCCCTCAGCTTATC CAGCACCGTGTCCGTTGGCACCGCAAAAGACCTACGGC CAGACCTGGCTGCTACAGACCTGGACACTGTGGAC TCCGGGAGAAGGACAGTGTGGACCTGTCAAAACCATT CTGGTGCAGCTACACTACAGGCAACAACAAAAGAC GGAACCTCTGATGTTGAACTACGCTTATAATACATT TAAAAGTGTACAGAAACAGTTTTAAATGTTTTACGTTACA GATTTGCGAAACATAGCAAGCACTATAGAGATATATCA TCCACTGGCAATGTGACAGGTCAGGCAATGAAAACAA AGGAATACGACTGTAAACATACCAATAGTAAACACAAA GAACAAAATTTTTAAATAGTGTGCAATTTCCAGATAGT TACAAAATTTGGTGGGATACATGACAAATGTA | ATGCAGACCCCTAAGGAAACACTGAGCGAACGACTGT CATGGCTCCAGGATAAAATCAGCAACTACGAAAAC GACTCCAAAGATATCGACAGCCAGATTCAGTACTGGCA GCTGATCGGTGGGAGAACGCAATTTCTTTGCGGCTA GGAACACGGAAATCCAGACCCGTAACCATCAGGTTG CCCCGCTACAATATCTCAAAGAGCAAGGCCCAAGG CTATTGAGCTGCAAAATGGCACTCCAGGCGCTGGCCA GTCCGATATAAAACAGGAGGACTGCACTCTCCAGGATA CTGCGAGAACTGTGCAATACAGAACTACTCTATTG TTCAAGAAAGGCGGCGAGCCGTCAGCTACTCTTTG ACGGAAACAGGATATTTGATGACCTACTGCTGGCTG GGATTCGCTCTATATGACAGCCTGGAACCTGGG ATAAGCTGCAACTGTGTCTCACAGGGCGGTGATC TATGTAAGAGGGGTGACAAACCTCTATATCGAGT CAAGTCTGAGTGGCAAAAATACGGGAATACAGGAACCT GGGAGTGCACCTCCGGAAACATGTCATTGACTGCA CGATAGCATGTGTTCCACTCTGACGATACAGTGTCCG CCACTCAGCTGTGCAAGCAGCTCAGCATACACCAGT CCTACAGCTCCACTGTGCTGCTGCAAGCCGCAAAAC CTAGCCGACAGACAGTGCAGCCACAGGCGACGCCAC TGCGGACTGGCTGAAAAGCAGCAATTTGGCCAGTGA ATCCCTCTGGGGGCTGCAACCCCTACAGAAAACAA TAAGCGGAGAAAATGTGACGCGGAAACACCAACCA ATCATTACCTGAAGGCGACCGGAACAGCTGAAAT GTCTGCGGTACAGACTGCGAAAGCAGACTGACCAAT CGCGATATCTGATGACTTGGCACTGGACCGGAGCTG GCAACGAGAAGACCGGCACTTGAAGCTGACTGACCT TCAAGAACTCAGGCGCAAAATTTCTGAAATCTGTTGC CATCCCGATAGCGTGCAGATTTCTGGTGGGATATGA CAATG | MQTPKELTSERLSAQ DKIHDYENDSKDIDSQI QYWQLRWENAIFFAAR EHGJTLNHQVVPAYNI SKSAHKAIELQMLQAL LAQSAKYKEDTDLQDT CEELWNTEPHCFKFG GQTVGQYFEDNKNDC MTYVAWDSVYMTDA TWDKDTATCVSHRGLY YKVEGYNTFIEFKSEC EKYNTGTEWVHFGNN VIDCNSMSTSDDT SATQLVKLOHTPSPY SSTVSGTAKTYGQTS AATRPQHGLAEKQHC PVPNLLGAATPTGNL KRRKLCSGNTPIIHLK SDHYRDLISSTWHWTA GNEKTLPTVYHSEQT RTKFLNTVAIPDSVQLV GYMTM | 25.2% |
| HPV18 E4 | ATGACTCTATGTGCACTACAGTACGACACGGGTATCC GCTACTCAGCTGTAAAACAGCTACAGCACACCCCTC ACCCTATTCAGCAGCCGCTGCGGTGGGACCGGAAAG ACCTACGGCACAGCTGCGGCTGCTACGACCTGGAC ACTGTGAGCTCGCGGAGAGCAGCATTGTGGACCTGT CAACCCTCTGCGGTGACGCTACACTACAGGCAACA ACAAAAGCGGAAACTCTGAGTGGTAACTACGCTC ATAA | ATGACCCTGTGTGCTGCTCCTGTGACTACAAGATACCC CCTGCTGCTCCTGTAAGCTCCTCCTCCACCCCTCC ATAGAATCCCGGACCATGCGCTGGGCTCCACAGAG ACCAACTGCAGGAGAGGCTGCTGACAGCTGGAT ACCGTGGACAGCGGGGAGGAGCATCTGTTGATCTGT CTACACTTCACTGCTGAGCTGCAAGCTCCAGGCCAC ACAAGGACGGCAACTCTGTGCTGACTCCTGGCGG TG | MTLCAVPTTRYPLLS LNSYSTPPHRIAPCPW APORPTARRRLLHLD TVDRRRSIVLSDTHFS VQLHLQATTKDGNSSV VTLRL | 27.6% |
| HPV18 E5 | ATGTTATCACTTATTTTATTTTTCCTTTTGTGTATGCA TGATGTGTGCTGGCATGCGCGCTTTGCACTGCTGCT TGATGTGTGCGGTATGATGGGTATGGTATTTGTGTAT ATTTGGTAAATAGCTCCCTGCCACAGCATTCACAGT ATATGATTTTGTTTTTATTTGCCATGTTACTATTGCAT ATACATGCTAATTGCTTTACAGTAA | ATGCTGAGTCTGATTTTCCTGTTTGTGTTCTGCGTGT TGATGCTGTGCTGCTGACTCCTCCTGCTGCTGCTGCT CTGATGTGTGCTCCTACGCTGGGTGCTGCTTCTGCT ATATGCTGGTCTATTACGACCCCGCAACCGCTTTACA GCTACTGTTCTGCTTTCTGCTGCTATGCTGCTGCT GCACATCCATGCTATTCTGAGCTCCAG | MLSLHFLFCVCVMYVC CHVPPLPSCMCAAW VLVYVYVITSPTAFT VYVYVYVYVYVYVYV LQSL | 29.2% |

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| HPV18 E6 | <p>ATGGCCGCGTTTGAGGATCCACACGCGGCCCTACA AGCTACCTGATCTGTGACGGAACTGAACACTCACTG CAAGACATAGAAATAACCTGTATATTGCAAGCAGTA TTGGAACTACAGAGGTTTGAATTTGCATTTAAAGAT TTATTTTGGTGATAGAGACAGTATACCGCATGCTGC ATGCCATAAATGATAGATTTTTTCTAGAATTAGAA ATTAAGACATTAATGACACTGTGTATGGAGACACATT GAAAAACTAAGTAACACTGGGTATACAATTTTAAAT AAGGTGCCTGGGTGCGAAGAAACCGTGAATCCAGCA GAAAAACTAGACACTTAAATGAAAAACGACGATTTCAC AACATAGCTGGGCACTATAGAGGCCAGTGCCATTCTGT CTGCACCGAGCACGACAGGAACGACTCCACAGCGC AGAGAAACACAGATATA</p> | <p>ATGGCTAGATTGAGGACCCACAAAGACGCCCTATAA ATGCCCGACCTGTGACCGAACTGAATCTCTCTGCG AGGACATGAGATCACATGCGGTACTGTAAACCTGTC CTGGAGCTGACCGAAGTGTTCGAGTTTGGCTTCAAGGA CTGTTTGGTGTACAGAGATTTCTATCCCAACGCGG CTTCCATAAATGATACGACTTTCTATGCGGATTAGAG AACTGAGGACTACAGCGGACTCGCTATGGAGATACT CTGGAGAACTGACCAACACAGCGCTGTACAATCTGCT GATCCGATGCTGAGGTGTGAGAACCCCTGAACCCCT GCGAAAACTGCGGCACTGAAACGAGAGAGCGGAGAT TTCAATAATTGAGGCCATTAAGCGCGGCACTGCCAT CTCTGCTGTAATAGGGCCCCGAGGAACGACTCCAGA GGCGCGAGAGACCCAGTGT</p> | <p>MARFEDPTRRPYKLPD LCELNTSLQDIEITCVY CKTLELLETFEAFKID LFVVYRDSIPHAACHKC IDFYRIRRELRYHSDVY YDITLKLNTLGLYLLI RLNCRQKPLNPAEKL HLKERRFHNIAGHYR GQCHSCCNRAQRERL ORRRTEQV</p> | 27.1% |
| HPV18 E7 | <p>ATGCATGGACTAAGGCAACATTCGAAGACATTTGAT GCATTTGAGCGCCCAATGAAATTCGGGTGACCTTC TATGTCACGAGCAATTAAGCGACTCAGAGAAAGAAAC GATGAATAGTGGAGTAAATCATCAACATTACCAGCC CGACGAGCCGAACCAACGCTCACAAATGTTGTGAT GTGTGTAAAGTGTGAAGCCAGAATTAAGCTAGAGTAG AAAGCTCAGCAACGACCTTCGAGCATTCCAGCAGCT GTTTCTGACACCCCTGCTTTGTGTGCTCCGTGGTGTG CATCCACGAGTAA</p> | <p>ATGCATGGACCCAAAGGCTACTGACGAGATTTGTTG GCACTTGAACCTCAGAAATAAATCCCGTGGCACTG CTGTGTACAGACAGCTCTGTGACAGTGAAGGAGAG ACGAGGAGTGCATGGCGTGAATCACCAAGCATGCG CGCCCGAGAGCTGACAGCTGACAGGACCACTGCTG TGCATGTGCTGTAAGTGTGAAGCTCGCATGAGCTGGT GTGCGAAAGCTCCGACAGCATCTCGAGCTCCAGC CAGCTGTTCTGACACACTGAGCTTCGCTGCCCGCTG GTGCTCTCAGCAG</p> | <p>MHGPKATLQDVLHLEP ONEIPVLLCHEQLSDS EEENEIDSVNHOHLP ARRAREPQRHMLCMCC KCEARIELVSSADLL RAFQQLFLNTLSFVCP WCASQQ</p> | 23.8% |
| HPV18 L1 | <p>ATGGCTTTGTTGGCGCCTAGTGAACAACCGTATATCT TCCACCTCCTTCTGTGGCAAGAGTTTAAATACCGATG ATTATGTGACTGCGACAAGCATTTTATCATGCTGGCA GCTGTAGATTTAACTGTGATTAATCATATTTAGGG TCTGTCAGAGTGTGGCAATAAGCAGAAATTCCTAAG GTTTCTGCATACCAATATAGAGTATTAGGGTCAGTTA CCTGACCCAAATAAATTTGGTTACCTGATACTGATTT TATAATCCTGAAACACAACGTTTGTGTGGCCCTGTG TGAGTGGAAATGCGCGTGGTCAAGCTTTAGGTGTG GCCTATGAGTGCCATCCTTTTATAAATAATAGATGACA CTGAAAGTCCCATGCGCCGCTCAATGTTTCTGAG GAGCTTAGGGACAATGTGCTGTAGATTAAGCAGAC ACAGTTATGATTTTGGGCTGTGCGCCTGATTGGGG AACACTGGGCTAAAGGCACTGTGTAATCGCGCTCCT TTATCACAGGGCGGATTCGCCCTTTAGAACCTAAAA CACAGTTTGGAAAGATGGTGTATGATGACTGGAT ATGGTGCATGGACTTTAGTACATTGCAAGACTAAAT GTGAGTACCATTGATATTTGTCAGTCTATTTGTAAT ATCCGATTTTGGAAATGTCTGAGACTTCTTATGGGG ATTCAGTGTTTTGTCTACGGCCTGAGCAGCTTTTGT CTAGGACTTTTTGGAATAGAGCAGTACTATGGGTGAC ACTGTGCCTCAATCTTATATTAAGGCGCACAGGTATG CGCTGCTCACCTGGCAGCTGTGTATTCTCCCTCC AAGTGGCTCTATTGTAACCTCTGACTCCAGCTTTGTTAA TAAACCATATTGGTTACATAAGGCGCAGGCTCAATA ATGGTGTTCGTGGCAATCAATTTTGTACTGTGGT TGATGACCCCTGCGAGTACCAATTAAACAATTGTGCTT CTACACAGCTCTGTACTGACTGACATATGATGCTAAC CAATTAAGCAATATAGCAGACTGTGGAAATATGAT TTGACAGTTTTCAGTGTGACTACTTAACTTAACTG CAGTGTATTCTCATATTTAGATGTAAGTAGCAGTA TTTTAGAGGATGCAACTTTGGTGTCCCGCCCGCA ACTACTAGTTGGTGGATACATATCGTTTTGTAACAAT GTTGCTATTAGGCTGCAAAAGGATGCTGACCCGCTGA AAATAGGATCCCTAGTAAAGTTAAAGTTTTGGAATGT GGATTTAAAGGAAATTTTTCTTAACTTAACTTAACT TCCCTTGGACCTAAATTTTTGGTTCAGGCTGGAATTC GTGCGAAGCCACCATTAGGGCCCTGCAAAAGCTTCTG TCCATCTGCCACTAGCTTCTTAAAGCTGCCAAGCGTG TGCGGTACCTGGCCAGGAAGTAA</p> | <p>ATGTGCTGTATACCCGCGTGTGATTCTGCATTACCA TCTGCTGCCCTGTACCGGCCCTGTACCATCAAGAC CTCTGCTCTGCACTCCATTTCTGGTGTACTGGTCCAC ATGATTTCTGCTGGCAATAATATCTCTGCTCCGCG AAGTGAATGTCTCCCTATCTCTCCAGATGGCTCT GTGGGACCAAGTGAACACCGCTGACTGCCCGCT CCATCAGTGCACGGGTGTCAATACAGAGCATACCT GACCCCTACAAGCATTTCTATCATGACGAGCAGCTCC GACTGCTGACCGTGGGAAACCTTTATTTCCGGTCCCA CGAGCGGGGGAAATAGCAGGATATCCAAAAGATGT CTGCTACCAAGTACCGGTGTTCAGAGTCCAGCTGCC CGACCTAACAAGTTTGGCTGCCAGACTACTAGCATCT ACAATCCCGAGACCCAGAGACTGGTGTGGCTTGTG AGGAGTGCATAAGCGAGGGGACAGCAGCTGGGAGTG GGACTGTCTGGACACCCCTTTCTACAACAGCTGAGCA TACAGAGTCTAGTCATGCCCTACTTCAAAAGTGAAG AGAGCTGACAGATAATGAGCCTGACTATAAACAG ACTAGCTGTGCACTTGGGATGTGACAGCAGTACGG ATGACACTGGGCTAAGGAAACCGCATGCAAACTAGG CCTCTGAGTCAGGCGGACTGCCCGCTGGAGCTGA AGAAATCCGTTGCTGGAAGCGGGATATGCTGATAC AGGTACCGAGCTATGGACTTTTCTACACTCCAGGATA CTAAGTGGAGGTGCTCTGGACTTTGCGCAGATGATC TGTAATAACCCAGATTAACCTCAGATGCTCCGCTGACCC CTATGGCGATTCTATTGTTCTTTGCTGGGAGAGAAC AGCTGTTGCGCAGGCACTTTTGGAAACCGGCTGGC AATGGCGCACAGTGCAGGCGCTGACTACTAACTAAAG GGCAGACTGCTGACTGACTGACTGACTGACTGACT ATAGTCCATACCCAGCGGCTCCTGCACTTGTGAC ACTGAGCTTCAATAAGCCACTTGGCTGACCAAAAGC TCAGGGGCATAACAATGAGTGTGCTGGCATAACCG CTGTTTTGACAGTGTGTGCAACACCCAGCACTAA TCTGACCATCTGCGGACTACAGACTCAGCTGTGCCAG GACAGTACGAGCTACTAAGTCAAAAGCAGTACTCCAG CAGTGGGAAATGACCTCCAGTTTATCTTTGAGT GTGCACTATCACCTGACGCGCAGCTGATGTACATA TTCATAGCATGAACTAAGCATCTCGAGGATTTGGAAT TTCGGCGTCCACCCCTTCAACTACCAGCTGGTGG ACACTTATCGCTTTGTGAGTCCGCTTACCTGT CAGAGGATGCAAGCCCGCAGAGAACCAAGACCCCT ACGATAAGCTGAAATTTGGAATGGAAGCTGAAGGAA AAATTTTCCCTGGACCTGATGATGATCCCTGGGACG GAAGTTTCTGGTGGAGCAGGACTGAGCGGAAAGCA ACCATCGGACCAAGAAAACGAGCGCACTTCCGCA CAACTCTCTAAGCCAGCAAAAAGAGTGGGTTCCG GCCGAAA</p> | <p>MALWRPNDNLYLPP SVARVNTDDYVTRTSI FYHAGSSRLTJGNPYF RVPAQGGNKGDPKPVY AYOYRFRVQLPDPNK FGLPDTSYNPELORLV WACAGIEIRGQPLV GLSHGFYKLDLDDTS SHAATSNSVEDVRDNV SVDYKOTQLCILGCAPA IGEHWAAGTACKRPL SQDMDPPELKNLTVLE DGDMDVTGYGAMDFS TLQDTKCEVPLDICQSI CKYPYDQLMSADPYGD SMFFCLRRRELQFARH WNRAAGTMDTVPSQL YKGTGMRAKSPGSCVY SPSPGSIWSDSLFN KPWYLLHKAQGHNNV CWNHQLFVTVVDTTRS TNLTCIASQSPVPGYD DATKFKQYSRIVEED YQHFQCLTTLTADVMS LQHMNSILEDWFMGV PPPPPTSLVDYTRFVOS VAITCQKDAAPAEKNDP YDKLKFVWDLKEFSL LDLOYLGRKFLVQAG LDRKPTGRPKRSAPSA TTSSKPAKRVVRARK</p> | 34.1% |
| HPV18 L2 | <p>ATGGTATCCACCGTGCAGCAGCAGCAACCGGCTT CGGTAACCTGACTTATAAAACATGTAAACAATCTGGTA CATGTCACCTGATGTTTCCCTAAGGTGAGGCGCAC ACGTTAGCAGATAAATATGCAATGGTCAAGCCTTGG TATATTTTGGTGGACTTGGCTAGGTAAGTGGCAGTG GTACAGGGGCGTACAGGACTCAATTTCCATTTGGTGG CGCTTCCAAATACAGTGTGTGTTGCTTCAACGCTC CCCAGTGGTATTGAACCTGTGGCGCCACAGACCC ATCATGTTACATTAATAGAGACTCCAGTGTGGTTAC ATCAGGTGCACCTAGGCCTACGTTTACTGCGACTCTG GGTTGATATAACACTGCGGGTACAACACTACCTCGG GTTTGGATATCACACCCTTCGTACCTCTGTGTCTATT TCCACACCAAAATTTACCACTCCTGCTATTTCTGATCCG TCCATTTAGAAAGTCCCAAACTGGGGAGGTGGCAGG TAATGATTTGTGGTACCCTACATCTGGAACAACATGG GTATAGGAAATCCCTTACAACATTTGCTTTCTTGG TACGGGGGAGGAAACCATTAGTAGTACCCTATTGCTTA CTGTGCGCGCTGTAGCAGGTCCCGCCTTACAGTAG GGCCTACCAACAAGTGTGCACTGGCTAACCCCTGAGTTTC TTACAGCTCCACTCCTTTTAAATACATATGACAACCCGG CCTTTGAGCCTGGACACTACATTAACATTTGATCCTC GTAGTGATTTCTGTGATTCAGATTTTATGGATATTTCC GTCTACATAGCCCTCTTTAACTTCCAGGCTGGGACT GTTGCTTTAGTAGTAAAGTCAACGGGCAACTATGTT TACCCGAGCGGTACACAATAAGGTGCTAGGTTCACT TTTTACATGATTAAGTCTTATGCACTTCCCGAGAAT ATATTGAAGTGGCGCTTTAGTATCTGCCAGGGAGAC AATGACTTTTGTATATATATGAGATGACATGAGCCCT GCAGTGCCTGACCATCGGTTCTACTCCTCCTTTTGC ATTTTAAATTTCCCGCACTATCTTCTCCTCTCTCC TATAGTAAGTGAAGCGCTTAACTTCACTTCTGGAT TGCTGCTATACAGGGCTCCTGATTAACATACCATCT ACTACTCTGATGGCCATTTGATACCCACGCGCC TGCTTACACAGTATATTGGTATACATGTTACACATTA TTATTTGGCCATTAATTTTCTTCTAAGAAAGCT</p> | <p>ATGGTGTCTCATCGCGCAGCAGCAGGAAAAGGCCA GTGTGACCGCTGTATAAAACCTGTAAAGCAGAGCGGA ACTGGCCTCGAGCTGGTCCCAAGGTGAGGCGAAC CCACACTGGCTGATAGATCCTCAGTGGAGCAGCT GGAAATCTCTGGGAGGACTGGGAAATGGGACTGGA AGCAGCAGAGTGCAGACTCCCGTGTCTGGTGTG GGGAGCAGCAGACCCGCTGTGGAGCTGGGACCA CAAGCCCGCTGTGTCTGAGCTGTGGGCGCAAC TGACCCCTCATGCTCACCTGATTAAGATTTAGTGT TGTTCACTATGCGGCCCGCCAGCACTTCACTGG CACCTCCGGTTTGCATCACCTCTGCTGGAACACCA CACCCCGTGTGGACATCACTCCATCAAGCAGCAG TGTGCAATTAGCACTACCACTTCAAAATCCAGCCTT TAGTATCCCTCAATCATTAGGTTCCCCAGACTGGCG AAGTGCCTGGGAATGTTGCTGCGCACCCACTAG CGGAACCCAGGCTACGAGGAAATCCCTTCCAGACA TTTGATCCTCTGGACTGGAGAGAACCAATTAGTTC AACACTCTGCCAATGCTGCGAGAGTCCGAGGACCA CGACTGTACAGCAGCATATCAGCAGGTGCTCGCTGC CAAACCCGAGTTCTGACTGCGCCTGACTCCTGATC ACCTATGACAATCCCGCTTTCGAACTGTGATACAACT CTGACTTTTGAACCTTGTAGGAGTGTGCCAGACAGT GATTTTATGGAATCATTAGACTGCAATAGGCGAGCACT GACTAGCAGGCGGGGAGCCGCTTCCAGCGACTG GGACAGAGGGCCACTGTTTACACGCTCCGGAACAC AGATTGGCGCTAGGCTGACTTCACTGATGATATCTCA CAAATGCAACCCGCTGAGTATATGAGGCTGCAACC CTGTGTTGCTGCCAGCAGGACCAAGCATCTGTTGCA ATCTAGCAGAGGATTTGAAACCCCGCTGCCCGTGC CGAGCGGAGCACCACTCTTTGGCTTTTAAAGTAC AGTCCAGACTGCTAGTGCATTAAGCTATAGCAATGT GACCGTCTCTGACTCTCTGGGAGCTGCCGCTCT ATACAGGCCCTGATACACTCTGCAAGCACTACCTCC GTGTGGCTATTGTGCTTCCAGCAGCAGGCTCAAC ACAGTACATCGGATTCAGGAAACCATTAATCTGTT</p> | <p>MVSHRAARRKRASVTD LYKTCKSGTCTPPDVV PKVEGTLTADKLOWSS LGLFLGGLGIGTSSTG GTGYIPLGSRNIVV DVGTPRPVVEIPIVPT DPSIVTLIEDSYVTSAG PRPTFTGSDSDISAG TTTTAVLDTPSSTS/SI STYNFMNPFSDSIIIEV PQTGEVAGNVFVGTP SGTHYFIEIPLTFASS GTGEEPISTPLTVRR VAGPLYSRAGQVSV ANPEFLTRPSSLIYDN PAFETVDTLTFDRPSD VPDSDFMIIIRHLPAL TSRRGTVFRSRLGQRA TMFTRSGTQIGARVHY HDIPIAPSPYELIQLP VSATEDNDLFDIYADD DPAVPVPSRSTTSFAFF KLYSTISSASSYSNVTV PLTSSVDVVPYTGPDIT LPSTSVVWVPSPTAPA STQYIGIHGTHYLLWPL YFPIAKRRKRVYFFAD GYFVAA</p> | 27.2% |

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| | AAACGTGTTCCCTATTTTTTTCGACAGATGGCTTTGTGGCG GCCTAG | GGCCACTGTACTATTTCCATCCCAAGAAACGAAACCGG GTGCCATATTTCTTGGCCGACGGCTTTGTGGCCGCT | | |
| HPV31 E1 | ATGGCTGATCCAGCAGTACAGATGGGAGGGGACGG GATGCAATGGTGGTTTATGTAGAAGCAGTAATTTGAC AGACAGACAGGGGACAACTTTTCAGAGGACGAAATG AAGACAGTAGTGAATACTGGGAGGATATGGTTGACTTT ATTGACAATTTGAATGTATACAACATCAGGCAGAAAGCA GAGACAGCAGGAGGATGTTTTCATGACAGGAAAGCGG AGGAACTGACAGGGCTGCAGGTTCTAAAACGAA GTATGTAGGTAGTCCCTTAAGTGATATTAGTGTGTGT GGATTATAATTAGTCCACGGTTAAAAGCTATATGCAAT AGAAAAACAGTAAAACAGCAAAACGAAAGACTCTTTG AACCTCCAGACAGGGGATGGCAATCTGAAAGTGGAA ACCAGCAGATGTCAGGTAGAGGAGCAACAAACAA CATTAAAGTTAGTGTAGTGCAGGGACATAGTGAA CGAGAGAAAGAACTCAACACGTAATATATGCAAGT GTTAAAACATGCAAACTGAAAGCTGCTATGTTAGGTA ATTTAAAGAAATATATGGTGTAGTTTATGGAACTAAT AGGCCATTTCAAAGCAATAAAAGCAGATGACTGATTTG GTGTAGCTGCCTTTGGAGTACAGGTACAGTTGCGAG AAGATTTTAAAACCTATTGCAACCATATGTTTGTATT GCCATTTACAAGTTTACAGTTCTCGGGCATGGTT ATGTTAATGCTTGTAGATTTAAATGTCAA AAAAATGA ATAAATTTGAAAAATTTATGAAAAATTTATGTTATAT CTACAATTTGATGTTAATTCAGCCACCAAAATACGTA GCACAGCTGCAGCAATATTTGTCACAGAACGAAATG TCAAACATTAGCGATGATATAGTGTGAAACAGCAGAA GATGAGAAGACAAACAGTATTCACAGCATAGTTTAA CACAACATTGTATTTGCCAAATGTCACATGGGCATA TGCAATGATGTTTATGGATGATAGTGAATTTGCATATA ATATGCACAATTAGCTGACAGTATAGTAAATGATGATG CATTTTTAAAAGTAATTCGAGCCAAAATAGTTAAAG ATTGTTGAAACAATGTAGCAGTATAAACGAGCAGAA AAACGACAAATGTCCTAGGGAGCAGTAAAGTAG ATGTGCAAAAGTGTAGCAGGAGGTGACTGGAGGGAC ATAGTAAAGTTTTAAGATATCAACAAATAGAAATG CATTTTTATCTGCAATTAAGCTTTTTAAAAGGAGTGC CAAAGAAAAAGCTGATTTTTAATACATGTCACATAA CAGGTAATCATATTTGGAATGAGCCCTTTATAGCTTT TACAAGGATGTATAATCATATGCAAAATCAA AAAAGT ATTTTTGGTTACAACCACTGCTGATGCTAAAATAGGCA TGTAGATGATGCTCAACCGCCATTTGGCATTATATAG ACAAATACCTAGCAAACTGACTAGATGGCAACCCCTGA TCTATAGATGTAAGACATAAGCTTTAATGCAAGTAAAA TGTCTCTCTTTATGATTTACATCAATAAATGCAAGT AAGGATGACAGATGTCACACTGACTAGCAGACTGCT GTTTTTACACTTTCAAATGCTTTCAATTTGCAAAAA CGAATAACAGTATGAATTAAGTATAAAAACTGGAA ATCCTTTTTTCCAAGGAGCTGGTGCAGATTAATTTGCA CGAGGAAAGGACAAAGAAAAAGATGAGACTCTTCT CAACGTTTAAATGTGTGTCAGGACAAAATTTAGAATC TATGA | ATGGCAGCCAGCAGGAAACAGACGAGAGGGGACA GGATGTAATGGATGTTTATGTGGAGGCGAGTATGA CAGGCAGACGGGGACAACTATCAGGAAGATGAGAAT GAAGACAGCTCCGATACCGCGAGGACATGGTGGATT TCAATGACAACATGCAATGTCTACAACATCAGGCTGAG CGAGAAACAGCCAGGCTCTGTTTACAGCAGGAGG AAAATACGTGGGGTCCCTCAGTGCATCTCTAGTT GGCTGATTAACATTTCTCTAGGCTGAAGGCCATC TGTTTGAAGCAATAGTAAAGCCGCTAAACGGAGACT GTTCGAACTGCCAGACTCTGGCTACGGGAACACCGAG GTGGAAACAGCAGAGTGGTGCAGGTGGAAGAACAGC AGCCACACTGTCTGCAATGGAAGCGATGGCACACA CAGCGAGAGGGAAAAACAGAGCCCAACAGCAATATC CTGAGGTTGTAAGACTGCAACCGCAAGCCGCTA TGCTGGGGAAGTTTAAAGAGCTGTATGGGCTGCTT ATGAACTGATTCGCCCCCTTCACTCAAATAGAGCAC TTGCACCGACTGCTGTTGTCAGGCTCTGGGGTGA GGAACCTGTGGCCAGGGCTTCAAGACACTGTCGACG CTTACTGCTGTTATTTGTCACCTGCAGTCTTGGCTGC TCTTGGGGATGCTGATGCTGATGCTGCTGCTGCTGCA GTGTGCTAAAACCGGATCACTATTGAGAAGCTGCTGG AAAACTGCTGTCATCTCAACAAATTTGATGCTGATTC AGCCCTTAAGCTGCGCAGCAGCTGCAACCTGTA CTGGTATCGGACTGGAATGTCATATCTGATGTTGT ACGGGAAACTCCTGAGTGGATGAAAGCCAGCCGCT CCTGACAGCAGCTCAACGACACTACCTTTGATCTGT CCAGATGGTGCAGTGGGATATGACAAATGATGTCATG GAGCATTCTGAGATCGCTCAAGATGCTGAGTGGC AGACTCAGATAGCAACGCTTGGCATTCTGAAATCCA ATTTCAAGCAAAAGTGTGAAAGACTCGGGCACAATG TGTAGGCAATTCAAGCGCCGAGAAACGACAGATGA GCATGGCCAGTGGATTAAGAGTGGTGTATAAAGT CTCAGATGAGGGGAGCTGGAGAGATCTGCAAGTTC CTGAGTATCAGCAGATGAAATCTGAGTTTCTGCTG AGCTCTGAAAGCTTTTCTGAAAGCGCTGCTAAAGAAA ACTGCATCTGATTCAGCGCCCAAACTAGTGGAAAG AGTTACTTCGGAATGAGCCTGATCTCTTCTGAGGG GTGTACTTACTGATGTCACACAGTAAAGTCACTTCTG GTGCAAGCCACTGGCCGAGCTAAAAGCAGTGGTGTG GAGGATGCCAACTCCCTGCTGGCAGCTAGTTGATGA CTATCTGAGAAATGCTCTGAGCGCAATCCGCTGTCCA TGGATGTCAAGCATAAGCACTGATGCACTGAAAGTGT CCACCCTGCTGATCAGTCTCAAACTAATGCGGGAA AGAGATCGCTGCTCACTTCAAGCTCTGCACTGCTGT GTCTTCACTTTCCAAACCACTCCCTTTGACAAGAA GGAATCCAGTGTATGAGCTGAGCATAAAGATTGAA ATCTTCTTATGTCGAGCTGGTGCAGACTGAACCTGC ATGAGGAAGAGGAAAGGAAATGACGGGATGAGCTT CTCCACTTTAAATGTGTGTCGGACAGAACATCAGGA CACTG | MADPAGTDEGTGCN GWFFVEAVIDRGTGNI SEDEENSSDGEDMV DFIDNPNVYNNQAEAT AQALFHAQEAEHAEA VQVLRKYVSPGLSDIS SVDYINISPRKACIEN NSKTAKRRLFELPDSGY DNTEVETQVMQVEEQ QITLSCNGSDGTHSER ENETPRNLIQVKTNS GKAAMLGKFKELVGS FMELIRPFQSNKSTCTD WCVAAFVGTGTVAEFG KTLLOPYVLCVHLSLA CSWGMVMLMLRFKFC AKNRITIEKLEKLCIST NCMLIQPPKLRSTAAAL YWRITGMSNISDVIYGE TPIEWIEQITVLQHSFN DTDFDLSOMQWAYDN DVTMDEIAYKYVQLAD SDSNACAFKLSNSQAKI XKDCGTCRCYHKAERE RQMSMGQWIKSRCDK VSEDEGWRDVIKFLRY QOIEVFSFLSALKFLK VPKNCILHGPNTKG SYFMSLSIFLQGGIISY ANSKSHFWLQPLADAKI GMLDDATTCPWHYDIN YLRNALDGNPVSIDVKH KALMLQKCPPLITSNIN AGKDRWPYLRHLRVV FTFPNPPFDKNGNRPV YELSDKNWKSFFSRNV CRLLNHEEEDKENDGD SFSTFKCVSGQNRTL | 26.2% |
| HPV31 E2 | ATGGAGACTCTTCTCAACGTTTAAATGTGTGTCAGGA CAAAATATTAGAACAATTTGAAAATGATAGTAACAGCT TTGTCATAGTACTGACTTTGAAAACATATTGCACTTGA ATGTGTATTAATGTATAAAGCAAGGAAATGGGAATACA CAGTATTAACACACAGGTGGTCCAGCGTTGTCAGTAT CAAAGGCCAAAGCCTTACAAGCTATTGAACATCAAAATG ATGTTGGAACAATTAATAACACTGAATCAAAAAATGAG GACTGGACAATGCAAGCAAACTGTTGAACATGATTT AACCTGCACCTACAGGGGTTTAAAAAAAACATGGATATA CTGTAGAGGTTCAAAATTTGATGTTGATGACAAACACC ATGCAATATACTAAGTGAATTTATATACCTATGATATA GATGGCCAAATGACTGTTGGGAAAGGCAAGTTAATTT TAAGGGCATTTTATTATGATCAATGAGGACATATAACATA TTTTGTAATTTTACAGAGAGGCAAAAAATATGGGAC TGGTAAAAATGGGAAAGTGCATGCGGGTGGTCAAGTA ATGTTTTCTCTGAATTTGATTAAGCAGTGCAGAAAA TCCTTTGCTGGGATTTTCAAAGCTACCAACAGCCAA CAACACCACACATCGAATTTCAAACCTGCGCCTTGG GCACAGTGAAGGTGTCGGGGGGGACGAGCTCTAC TAAGCGACCAAGAACAGAGCCAGACAGCAAAACACC CACCACCACAAAGTTGTTGGAGGGCACTCGCTGG ACAGTGCACACTGCGGTTTATGCTGACGCTCATGAC ACAACCAACAAAGGCTGTGACTTGTCTGCAACTAC ACCTATACTAATCAACTGAAAGTGCATAATATATTA ATGTTAAGATATAGGCTGCAAATATAAACATTTGTA TGAACAGTGTCTACTACATGGCATGGACATGTACAG ATGGAACAAATAAAATGCTATTGTAACCTTAACATATA TAAGTACATCAAAAGAGACGATTTTAAATCTGTAA AAATACCTAACAGATCATGTTCAACAGGATATATGA CTATTTAG | ATGAAAACCTGTCACAGGACTGAAAGTGTGCCAGG ATAAGATTGGAACACTACGAAAATGATTCAAAAGAC TTGGCAGCAGACTGCACTGGAAGCACAATTGAGCTG GAGTGGCTGTGTATATAAGCCAGGGAAATGGGCA TCCACAGCATTAAACACTAGGTTCCCGCACTGTCA GTGAGCAAGGCCAAAGCTTGCAGGCCATCGAGCTGC AGATGATGCTGGAACCCCTGAAACATAACAGATACAAG AATGAAAGCTGGAATGACAGCAGACTCCCTGGAGCT GTACCTGACTGCCCCCTACCGGCTGCCTGAAAGAAC GGGTATACAGTGGAAAGTCCAGTTCGACGGGCTGTGC ACAACACAATGCAATTAACACTAAGTGAAGTTTATCTATC TGTGCAATGATGGGCACTGACCTGCTGCGAGGGACA GGTGAAGCTTAAAGGCACTACTACTTCCACGAAAGAC ATACTACTTCTGTAAGTCCACAGGAAAGCTAAG AAATATGGAACCGGCAAGAAATGGAGGTCATGCA GCGGGCAGGTGTCGTCTTCCCTGAGTCAAGTTTGGT TCCGATGAAAATCAGCTTCCGCGGACTGTCACAACT GCCACAGCAAAACAATACCACACTTCCAACTTAA CATGCGCACTGGGAACCTCCGAGGGAGTGGGAGAGC TACCACATCTACCAAGAGGCCCGCAGAGCCTGAA CACCAGCAACCCACACTTCCAAACAGCTGCTGCGAG GGAATCTGTGATGATGTCACACTGCGAGCTGATCAG TGGCCTGCTGATGATAACTAGCTAGGCACTGAGCT GCCAGCCTACCCCACTTCACTGACGAGGGGGA CGCTAACATCTGAAATGCTGCGATACCGGCTGCTA AGTACAACAGCTGTATGAGCAGGTGCTAGTACATGG CACTGGACATGACTGAGGAGCAAAAATGCCAT CTGACCCGACATACATATTGACCTCAACGCGGAGC ATTTCTGAAACAGTGAAGATCCCAATCTGAGG GCTCCACTGGCTATGACCAAT | METLSORLNVCCDKILE HYENDSKRLCDHDIYW KHIRELVMLYKAREM GIHSINHVVPALSVSK AKALQIELQMLELNL NTEYKNEDWMTQOTSL ELEYLTAFTGCLKHGYT VVEQFDGDVHNTMIHT NWKFIYLCIDGQCTVVE GQVNCXKYYVHEHGHT YFVNFTEAAKYGTGK KWEVHAGGQIVFPES VFSDEISFAGVTKLPT ANNITNSNKTALGTS EGRVRAATSTRKPRTE PEHRNTHHPNKLKRGD SVDNSVCGVISAACNT QTRAVSCPATTPIHLKQ DANILKCLRYRLSKYYQ LYEQVSSVHWTCG KHKNAIVTLVTSQRSR DFLNTVKIPNTVSVSTG YMTI | 24.7% |
| HPV31 E4 | TTGTTTTCTGAACTGATTTAGCAGTACGAAATAT CCTTTGCTGGGATGTTACAAGCTACCAACAGCCAA AACACCACCACATCGAATTTCAAACCTGCGCCTGGG CACCAGTGAAGGTGTCGGGGGGGCGACGCTCACT AAGCCACCAAGACAGAGCCAGAGCAGAAACACC ACCACCACCACCAAGTTGTCGGAGGGCACTCCGTGGA CAGGTCAACTGTGGGTTATCAGTGCAGCTCATGCA CAAACCAACCAAGGGCTGCTGCTGCTGCAACTACA CCTATAA | ATGTTTTCTGAACTGATTTGCGCGTGACAAAGTAT CCTTCTGCTGGGCTGCTGCACTTATCAGCAGCCTAC CACCOCCTCACCAGATTTCAAACCGCTGCACATGG GCTCCAGTGAAGGTCTGGGAGGCGAAGAAAGGCTGC TGTGACAGCAGAGGAGCAGAGCCTCACTGAAACCC CACCACACTACAAGCTGCTGTGAGGCAACCCCTGG ACTGTGCTACCGTGGGTTATCAGTGCAGCTCATGCA CCAGACCAAGCAGGGCTGCTGCTGCTGCAACTACA CCTATAA | LFLLNLYLVTKYPLLLG LQSYQQPTTPPHRIPK APWAPVYKCGRRRL SDQEQSQSTETPTPT SCCEATPWTVTVGLS VQLHAQTKQGLSVLQ LHL | 26.8% |
| HPV31 E5 | ATGATTTGAACATAAATTTCTACAGTAAGCATTGTGCTA TGCTTTTTGCTTTCCTTTGTGCTACTATTTGTGTGT CTTGTACTGCTCACTGCTGCTGCTGTGCTGCTGATAT GCAACACTACTATTAATTTGATTTTTATGGGTTAAT GCAACCTCCATACGTTGTTTTGTATATATGTTGTG TTTTATATATTCATTTTGAATTTCAACACATGCAAT CTTTTTAAGTCAACAGTAA | ATGATTTGAACATAAATTTCTACAGTAAGCATTGTGCTG TGTTTTCTGCTGTTTTCTGGCTGCTGTTTTGCTGCTG CTGCTATCCGGCCCTGCTGCTGAGCGTCCGCTG ACGCCACCTGCTGCTGCTGCTGATGCTGATTTGCTGG ATGCTACTATCCCTGAGTGTGCTGATCCTGATCTAC GTCTTATCTATATCTCTGTTGGTATCCACACCA TGCCITTTTTCTGAGTCAAGC | MIELNISTVSVLCLFC CVLLFVLCVIRLVLSVS VYATLLLVMLVWVATSP LRFCIVVFIYPLFVH THASFLOQ | 28.6% |

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| HPV31 E6 | ATGTTCAAAATCTGCGAGAAACCTCGGAAATTCGA TGAACCTAAGCTGGGATCGAAATACCCACGATGAAC TAAGATTGAATTTGCTACTGCAAAAGGTCAAGTAAACG AAACAGAGGATTAGATTTTCATTTACAGATTTAAACA TAGTATATAGGACACACACACACGAGGTGTGTACA AAATGTTAAGATTTTTCAAAGTAAGTAAITTAGAT GGTATAGATATAGTGTATGGAACAACTTAGAAAAAT TGACAAACAAGGTATATGATTTGTTAATTAGGTGTG TAACGTTGCAAAAGCCTGTTGTCGAGAAAAGAAAA AGACATTTGGATAAAAAGAACGATTCCACAAACATGG AGGAAGGTGGACAGGACCTGTGATAGCATGTTGGAGA AGACCTGCTAGTGAACCCAAAGTGTAA | ATGTTAAGAACCCCGCGAGAGACCAAGAAAGCTGCA CGAACCTGTACCCGCTGGAAATCCCTACGACGAAAC TGAGGCTGAACTCGGTGTACTGTAAAGGGCAGCTGAC TGAGCCGAGGTCTGGACTTCGCTTACCAGTCTGA CAATCGTGTATAGGACGATCTCCACACGGGAGTCTGC ACCAATGCTCGCGTTCTACGCAAGGTGCCGAGTT TAGGTGGTACCGCTATTCTGCTATGGAACCACTGCG AAAACTGACAAACAAGGGCATTTCGACCTGTGATC AGATGCTACTTGTGACAGGCGCCGCTGCTCTGAGGA AAAGCAGCGCCACCTGGATAAGAAAAGCAGTTCCATA ATATCGGAGGACGATGGAACCGGACGATGATTGCTTG TTGGCGGAGACCCGCGAGAGACTGAGGT | MFKNPAERPKLHELS SALEIPYDELRLNCVYC KGLQTEVLDFAFDQL TIVYRDDTPHVGTCKL RFYKVSSEFRWYRSV YGTLEKLNKIGDLRI RCDTCRPLCPEEKQR HLDKKRFRHNIGRWR GRCIACWRRRPRTEQV | 27.5% |
| HPV31 E7 | ATGCGTGGAGAAACACTAGTTCGAAGCATGTGTT AGATTGCAACCTGAGGCAACTGACCTCCACTGTTATG AGCAATACCACGACAGCTCAGATGAGGAGGATGTCATA GACAGTCAGGTCGACCAAGCAGAAACCCGACACATCCA ATATGCAATTCGTTACCTTTTGTGTCAGTGAAGTCTA CCCTCGTGTGTTGTCACAGACACCAAGTAGATATT CGCATATTTGCAAGAGCTGTTAATGGCTCATTGGAAAT GTGTCGCCCACTGTTACTAGACTGTAA | ATGAGAGGAAACCCAACTGCAGGACTATGTGCT GGACCTGCAGCCGAAAGCCTGATGTGCATGTCTAC GAACAGCTGCCAGACAGCTCCGATGAGGAAGACGTGA TCGATTCCCGCAGCAGGACGGCTGAGCCTGACACCGA TAACACAATATTGTACACTTCTGCTGACGTGCAAGTCT TACTCTGCGCTGTGTGTGACAGATACCCAGGTCGATA TCGAAATTTGTCAGGAAGCTGTATGGGCTCATTGGG ATCGTGTGCCCACTGTAGCACAAAGGCTG | MRGETPQLDYLVDLQ PEATDLHCYEQLPDS DEEDVIDSPAGQEPD SNYNIVTCCQSKTLR LVCVSTQVDIRLQELL MGSFGVICPNCTRL | 25.9% |
| HPV31 L1 | ATGTCCTGTCGGCGCCTAGCGAGGCTACTGTCTACT ACCACCTGCCAGTGTCTAAAGTGTAAAGCACGGATG AATATGTAACACGAAACCAACATATATTACCGAGGCA GTGCTAGGCTGCTACAGTAGGCCATCCATATTTCC ATACCTAAATCTGGACAATCTAAAAAATAGTTTACCA AAGGTGTCAGGTTACAATATAGGGTATTAGGGTTCG TTTACCAGTCCAAACAATTTGGATTTCTGATACATC TTTTTAATCCTGAAACTCAACGCTTAGTTTGGCCCTG TGTGGTTAGAGGTAGTGCAGCGGACGCAATAGGT GTAGGTTAGTGTGCTCACTTAAATAAATTTGAT GACACTGAAACTCTTAATAGATATGCGCGTGGCTGG CACTGATATGGGAAATGTATCAATGAGGTTAATAACA ACAACAACCTGTTTACTTGGTGAACCCACTATTGG AGAGCATTTGGGTAAAGGTAGTCTTGTAGTAAACAAT CTATTACCCCTGGTATTGCTCCATTAGAATTAATAA AATCGATTATACAGATGCGCATGTTTATACAGGCT TTTTGAGCTATGTTTACTGCTTTACAAGACACTAAA AGTAAGTCTGTTTGGACATTTGTAATCTATTGTAAT ATCCAGATATCTTAAATGTTGCTGAGCCATATGGC GATACATTTTGTATTTTACGTAGGGAACAATGTTT TAAGGCTATTTTTAATAGTACAGGACGTTGGTAAT CGTCCCTACTGCTTATATTTAAAGCTCCGTTCA ACAGCTACTTTAGCTAACAGTACACTTTTCTACACCT AGCGGCTCCATGTTACTTACAGTGCACAATTTTTAAT AAACCATTTGATGCAACGCTGTCAGGACACAATAA TGTATTTTGGGCAACATCAGTATTGTTACTGTGGT AGATACCACAGCTAGTACCAATATGTCTGTTGTGCTG CAATTGCAAAACGACTACTACATTTAAAGATTAAT TAAAGGATTTAAAGCATGTTGAGGAATTTGATTAC AATTTAATGTTTCAAGTTGCAAAAACATTTAGTCGAGA CATAATGACATATTTACAGATGTAATCTGCTATTTT GGAAATTTGAAATTTGGATTGACACACCTCCCTCAG GTCTTTGGAGGATCACTAGTGTGTCACCTCACAG GCCATACATGTCAAAACCTGCCCCCAAAGCCCAA GGAAAGTCCATTTAAAGATTTAGTATTTTGGGAGTTAA TTTTAAAGAAAAGTTTCTGACAGTTAGATCAGTTTTCC ACTGGTCCGAAAATTTTATACAGGACAGGATATAGGG CACGCTCCTAAATTTAAAGCAGGTAAACGTAAGTGCACCC TCAGCATACCACTACACAGCAAAAACGTAATAAAGTAA TAAAAGTAA | ATGTCCTGTCGGCGCCTAGTGAAGCACTGTCTACT GCCTCTGTCCTGTGTCAAAAGTGGTGTCTACCGAGC AGATGTGACTCGGACTAATATCTACTACACGAGGA TCGCAAGACTGCTGACCGTGGGGCCTCCCTACTTCT TATCCCTAAGAGTGACAACCCAAAGAAATTTGGTCC CTAAAGTGTCCGACTCGACACAGGTTGTTCAGGTT CCGCTGCGAGCCCTAATAAGTTCCGCTTCCGATA CATCTTTTTAACCCTGAGACTCAGAGGCTGTGTGG CGATGCTGCGGACTGGAAGTGGGACGAGGACGCCCAC TGGGAGTGGAAATTTAGGACACCCCTGCTGAATAAG TTCGACGATACCGGAACAGCAATCGATACGCTGGAG GACCAAGAACAGACACCGGAGATGATCTCTATGGAT TATAAACAAGACCCAGCTGTGCGCTGCTGGCGTAAAGCC CCCTATCGGGGACATTTGGGCAAAAGGAGCCCTGTC TCCACAATGCCATTACACAGGCGACTGTCCACCCCT GGAACTGGAAGATTCCGCTATCCAGACCGGATATC GTGATACCTGATTTGGCGCTATGGACTTACCAGACT CAGGATACAAAAGTAACGTCCCTCCGACACTGCGA ATCAATCTGTAAGTACCCAGATTATCTGAAGATGGT GCGAGCCCTCAGGGGACACACTGCTTTTACTCGCG GAGAGAACAAGTTCGTGAGACACTTCTTAATAGTT CCGAAACCGTGGAGAGTGTGTGCCAACAGACCTGTA CATTAAAGGCTGGAAGTACCCTACACTGGCAACT CTACTATTTCCCAACCCCTCAGGCGAGCATGGTGAC AGTGATGACAGATTTTAAAGCCCTACTGGATGCA CGCGGCCAGGGACATAACAATGGCATCTGCTGGGG AACAGCTGTTGTCACAGTGTGACACCCCAAGATC AACTAACATGAGCGTGTGTCGCAATTCGCCAATAGCG ATACTACCTTCAAGAGCTCCAACCTTAAAGAGTACTCGA GACAGCGGAGGAAATTTGACCTGCAATTCATCTTTCAG CTGTGCAAGATTACTGTAGCGCTGATATCATGACCTA TATTCATTCATGAAACAGCAATTCGAGGACTGGA ATTTCCGGCTGACAACCTCCATCCGGATCTCTGAA GATACTTACAGTTTGTGACCAAGCCAGGCCACTACATG TCAGAAGACTGCTCTCAGAACCCAAAAGAGCCCT TCAAAGATTATGCTTTGGGAGGTGAACCTGAAGGAA AAATCAGTCCGACCTGGATCAGTTCCCTCTGGGAGC AAGTTTTCTGCTGACGAGCAGGATACCGAGCAGCA AAGTTAAAGCCGCGAAGCTCCGCCAAAGTGTCTT AACCAACTCCGCTAAAGCGAAGAAAACCAAGAAA | MSLWRPSEATVYLPV PVSUVVSTDEYVTRNI YYHAGSARLLTVGHPY YSIPKSDNPKKIVPKVS GLQYVFRVRLPDPNK FGFPDTSFYNPQLRV WACVGLVGRGQPLG VGISHPLLNKFDTEEN SNRYAGPGTDNRECI SMDYKQQLCCLGCKP PIGEHWGKSPSNNNA ITPMGCPLELKNSVIQ DGDMDVDFGAMDFTA LQDTKSNVPLDINCSIC KYPDYLMVAEYGGT LFFYLRBEQMFVRHF NRSGTVGESVTDLYIK GSGTALANSTYFYP SGSMVTSADQIFNKPY WIMQRAQGHNNIGCW NQLFVTVDTTRSTNM SVCAAIANSDTTFKSN FKEYLRHGEFFDLQIF QLCKTILSADIMYHSM NPAILEDWFLGTTTSPS GALDDTYRFTSQAIT OKTAPQKPFDFKPY VFVEVNLKEKFSADL QFPLRKFLLQAGYRA RPKFKAGRSAPSAT TTPAKRKKTKK | 27.0% |
| HPV31 L2 | ATGCGTCCAAACGCTCTCAAAAACGCACTAACCTGTC GTCTCTACACAAATATATCAACATGTAAAGCAGCAG GTACTTGTCCATCAGAGCTTATACCTAAATAGAAACATA CTACCATTGCGAGCAAAATTAAGTATGGTATGATG CGTGTTTTTTTTGGTGGCTGCGTATGCTCCCGCTC TGTACTGGGGTTCGCACTGGATATGCTCCCTTAGTA CAGCTCCTCTACAGTACTGAGGCAAGTATACCTATTA GACCACCAATAGCATTCAGCCTGTAGGCTCCTTGGAC CCCTCTATAGTAAAGTCTGTAAGAATCTGGAATTTG GATGTTGGTGGCCCTGCTCCTATACCAACCCCTCA AACATCTGGGTTGACATTGCTACAACGACAGACACA CACCTGCAATTTTAGATGTAACAAGTGTAGCACACTG AAAATCCTACTTTTACTGATCCATCTGATTGACGCCCTC CTACACCTGACAAACATCAGGCTATTACTACTTTCAT CATCATCTTATAGCACACATAATATGAGGAAATACCTA TGATACATTTATGTTTTACTAATAATGAAAAACATAAC AAGTAGCACACCCATTCCAGGGGTGCGCGCTCCTGCA CGTTTTAGGGTTATAGTAAAGCTACACAAAGTAAAA GTTATTGATCCAAAGCTTTTACTGCTCCAAAACAGCTA ATTACATTGAAAACCCCTGCTATGAAAAGTGAATGCT GAAGATCTTATACTTTTCAATACATCGCATATAATA GCCCTGATCCCGACTTCTAGATATTAAGCATTACAT AGGCTGCCTTACCTCAGTAGGAACACTGTTAGATA TAGTAGACTAGGTAATAAACAACCTTGGCAGCTGTA GTGGTGTACTATTGTTGCAAGGTGTCAATATATATT GATATTAGTATTAATCTGCGAGGTAAGATTTGAA ATGCAACCTTTAGGGGCTGCAACTACTACTTCTACT TTTTAATGATGGCTTATGACATTTATGCAACACTGTA TTTTACTGTCACACTGCGCACACATAATGTTTTCCCT TCTACTGCTGACAGTCCACATCTGCTGTCTGCTGCT ATGACTCAAAATACCACTGTGCCACTAAGTACAGGT TTTGACATTTCCATTTTCTGGCCCTGATGACCTATA GAGCATGCACTACACAGGTTTTTCCATTTCCITTTGCG CCCTACAACGCCAAGGTGTCTATTTTGTGATGGGG GTGATTTTATGACACCTAGTTATTTAATGTTAAACG TCGACGTAACCTGATCATATTTTTTACAGATGTCTC TGTGGCGGCCATG | ATGAGAAGCAAAAGGCACTAAAAGAACTAAAAGAGC CTCCGCAACCAGCTGTATCAGACCTGAAAGCCGCA GGAACTGTCATCTGACGTTGATCCCTAAGATTGAGCA CAACAACATGCGGATCAGACTTTCGCGCTATGGGAGCA TGGAGCTTTCTTTGCGGGCTGGCATTGCGAGCTG ATCAGGCACAGGAGGCAAGCTGGCTACGTCCTG AGTACCAGCCATCCACAGTCTCTGAAGCCAGTATCC AATTAGACCCCTGTGAGCATCGACCCTGGACCT CTGATCCTCAATCTGAGCCTGGTGGAGAAAGCG GAATTGAGCAGTGGAGACACCACTATCCACA CCACCCACTACCTCCGCTTCGACTTGCACAACCTG CTGATACCAACCCGCTATCTGGAACGACTAGCTC TCCACCCATGAGAACCCCACTTTACAGATCCTTCG GTCGAGCCTCCAACCCCGAAGACTTCTGGGAC CTGCTGCTGAGCTCCTGATGATCAGTACCATAACTA TGAGGAAATCCCTATGAGACCTTCAATTGTTGTAGCA ACAATGAGAATACACTCAAGCACCCTTCTCTGGG GTCCGGAGACCAGCTAGGCTGGACTGTACTCAGG CAACACAGAGGTGAAAGTCAATGACCAACCTTCTG TCTGCCCCAAAGCAGCTGATCCTATGAGAACCCCG CATCGAAACAGTGAATGCCGAGGAAAGCCCTGATTT TCCAACACTCTCAACAATATCGCCCCAGACCCTGATT TCTGGATATCATTGCCCTGATGCCCTGCTGACTT CTAGGGCAACACCGTGGATACAGCTGCGGCTGGGCAA CAAGCAGACACTGAGGACTCGACCGGCGCTACAAT GGGGCAGAGTGCATCTACTATACGACATCTCTCTAT TAACCCAGCCGAGAGTCCATCGAAATCGAGCCCTG GCGCCTAGTGCAACTACCATCAACCCGTAATGAGC CCCTGTATGATATCTAGCCTGACACGATTTCAAGTG GATACTCCCGCAACCATAGCTGTCTCTAGTACAGC GTCCAGTCAACTAGGCGAGTGCAGCCTACGCTCTCA CTAATACTCCGTGCCACTGCAACCCTTCCGACATC CCTATTTTGGGGCCGATGTCCTATTGAGCAGCGC ACCAACAGAGTCTTCCCTTTTCCACTGGGCCAAACA CTCCAGGTTGCAATCTGCTGACGCGGGGAGATTTT TATCTGCATCCGACTTACATGCTGAAGCGACGGG AAAACGGGTAGGACTCTTTCACGACGCTGCGCTCG CCGCT | MRSKRTRKTRKASAT QLYHTQKAAGTSPSDVI PKIEHTQYKVVVYSSM GVFFGGLGIGSSGTG GRYQVPLSTRPVS EASIRPPVSDIPVPL DPSIVLVEEIVDVG APAPIHPPTTGFDIAT TADTTPAILDVSSTH ENPTFTDPSVLOPPTPA ETSGHLLSSSSISTHN YEEIPMDTFIVNNENI TSSTPIPVRRPRLGL YSKATQKVVIDPTFLS APKQLITYENPAYETVN AEEISYFNSTSHIAPH PDFLDIALHRPALTSRR NTRYRSLRGNKQLRT RSGATIGARVHYYYDIS SINPAGESIEMQPLGAS ATTTSTLNDGLDIYAD DFTVTDTPATHNVSPST AVGTSVAVSVYPTNT VPLSTGDFIPIFGSDPV IEHAPQVFPFPLAPT PQVSIQVDFGDFYLHPS YYMLKRRRKRVSYYFT DVSVA | 28.3% |

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| HPV33 E1 | <p>ATGGCCGACTCTGAAGGTACAAAATGGGCTGGGATGG GGTGTACTGGTGGTTTGAAGTAGAAGCAGTCATAGAG AGAAGAACAGGAGATAATTTACAGAGATGAGGATGA AACAGCAGATGACAGTGGCAGCGATTACTAGAGTTTA TAGATGATCTAGTGAAGAAATAGTACAGGCGACACACA GAGGACGCCCGGCGATTGTTAATACAGGAAAGGGG AGGATGATTTAAATGCTGTGTGACATAAAAAGAAAG TTTCCGCGACTGTTTACAAAGTGTGCGGAGGACTGTGT TGATCGTGTGCAACCCCGTGTAGAACGCTATTAATA AAAAAAGAAGATGCACATACAGAAACGAAAAATAGATG AGCTAGAAGACCGGATATGGCAATACTGAAAGTGGAA ACTCAGCAGATGTCACACAGGTAGAAAGTCAAATGG CGACACAACTTAAATGACTTAGAATCTAGTGGGGTGG GGATGATTCAGAACTAAGCTGTGAGACAAATGTAGAT AGCTGTGAAAATGTTACGTTGCAAAATAGTATGTTT CTACATAGTAGTAAACAAAGCAAAATATATTAATAAT TTAAAGAGCCCTAGGAAATAGTTTTATGGAAATAGTAA GACCATTTAAAGTGATAAAACAAGCTGTACAGATTTGGT GTATAACAGGATATGAAATAGTCCATCAGTAGCAGAA AGTTTAAAGATTAATTAACAGCATAGTTGTATATCTC ATTAACAATGTTAACTTGGCGATAGAGAAATAAATAAT TATTGTAATTAGATTAAGTGTAGCAAAAACAGGTAA CAGTAGCAAACTAAGTAAATGTTAATTAATCACTTAA AAACATGATAGTGTATAGAGCCACAAAATACGGAGC CAACATAGTGCATGTATTGGTTTGAACAGCAATGTCA AACATTAGTAGTGTACAAGGTACAACACCTGAATGGT AGATAGACTAACTTAACTTGAACATAGCTTTAATGATA TATATTTGATTTAAGTAAATGTCAGTGGGATATGA TAACAGAGTTAACGGCAGATAGTACATTTGATATTTA TGACAACTTGCAGATCAAAATAGTATGCTGCTGCAAT TTTAAAGAGTAACTTCAAGCAAAAATAGTAAAGAGCTG TGAATAATGTAGACATTAATAAAAAGCAAAAAGAGG TAAATGCTCAATAGGCAAAATGGATACAAAGTAGATGTG AAAAACAATAAGTGGAGGAAATGGAGACCAATAGTA CAGTTGTTAAGATATCAAAAACATTTGAAATTCAGCTAT TTAGTGTCATTTAAAAAGTTTAAAAAGGTATACCAAAA AAAAGCTGTATGCTAATTTGGGCCAGCAAAATACAGG AAAGTCAATTTGGAATGAGTTAATACAGTTTAAAA GGGTGTATTATCAGTGTAAATCTAAAGTCACTTT TGGTTGACCGCTATCAGATGCAAAAATAGGAATGAT AGATGATGAACGCAATAGTGGACATATATAGATG ATTACATGAGAAATGCGTGTAGATGAAATGAAATTTCAA TAGATGTGAAACATAGGCACTTAGTGCATTAATGATGTC CACCAGTCTTACCTCAACTCAATACAAATGCAAGCACA GACTGTAGATGGCCATATACATAGTATTAACAGTA TTTGAATTTAAAATCCATCCATTTGATGAAATGCT AAACCAGTGTATGCAATAAATGATGAAATTTGAAATCC TTTTCTCAAGGAGCGTGGTGCAAATAGATTTAATAGAG GAAGAGGACAAGAAAACATGGAGGAAATATCAGCA CGTTTAAATGAGGACAGGAGAAAATACTAGATCTTTAC GAAGCTGA</p> | <p>ATGGCTGACCCTGAAGGCACTAACGGGGCTGGGATGG GCTGTACTGGCTGGTTTGAAGTGGAGGCTGTGATTGA AAGACGGACTGGGGACAACATCAGCGAAGACGAGGAT GAACAGCCGACGATTCCGGGACTGATCTGGGAGT TCATTGACGATTTATGGAATAATAGTCCAGCGAGAC ACCGAGCGAGCTCGAGCACTGTTCAACATCCAGGAGG GAGAAAGCAGTGTAAATGCAATGTCGGCCCTGAAGAG AAAAAATGCAAGCTGTTTACAGAGCGCTCGAGAGGAC GTGGTCGATAGAGCCGCTAACCCCTTGCAGGACATCCAT TAACAAGAAACAAGGAATGACTTATCGGAAGAGAAAA TCGACGAGCTGGAAAGATAGTGGTACGGAAACACCGA GGTGGAAACACAGCAGATGGTGACGAGGTCGAGAGC CAGAATGGCAGCAAAACCTGAAATGATCTGGAAAGCTC CGCGTGGGGGACGATTCAGAGGTCAGCTGCGAAACCC AACGTGGATCTGTGAGAAATGTCACACTGCAGGAAAT CAGTAATGTGTGCACTGTAGTAAACAAAGGCCAACA TCCTGTACAAGTTTAAAGAGGCTTACGGCATCAGCTTC ATGGAATGTTGGCCGCTTTAAGTACAGAAAACTAGT CTGCACCGATTGGTGTATTACAGGATAGGCACTCCCC CATCTGTGGCCGAGTCCCTGAAGCTCCTGATCAAGCA GCACTCTCTGTACACCCATCTGCAGTGCCTGACATGTG ACCGCGGATCATTCTGCTGTGATCAGGTTCCCGC TGACGCAAGAACCCGACTGACCCGTCGCAAACTGATGT CCAATCTGCTGTATTCCAGAGACATGATGGTCACTC AACCCCTAAGCTGCGATCCAGACTTGTGCTGTGTA TGTTTTCGGACCGCAATGTCCAACTTTCTGACGCTGC AGGGCAACCAACCCGAGTGGATCGATAGGCTGACAGT CTGCAGCAGCATTTCAACGCAAAATTTTGTACTGCT AGAGATGTTGCAAGTGGGATACAGCAACGAACTGACT GAGCATTGATCGCTACTTACGCTCAGCTGCGC AGATAGTAACTCAATGCAGCCTTCTCGAAAAGCA ATTCCAGGCGCAAGATTTGTAAGAGACTGCGGCATCATG TGATGGCATTATAAGAAAGCTGAGAAAGCAAAAATGTC TATTGGGCGTGGATCCAGAGTCCGTGCGAAAAGACTA ACAGCGCGGGAATTTGGGCCCTTATGTGCAAGCTGCT CGCATACCAAGCATCGAATGTCAGCGCTTTCTGGGG GCTTTCAAGAAATTTCTGAAAGAAATTTCCAGAAAGG CTGATGCTGATCTGTGAGCGCTTAACACCGGAAAG AGTACTTGGCAGTGTCACTGATTCAGTTCTGAAAGG ATGCGTGTATCTAGTGTCAATCTAAGATCAGCTTTTG GCTGCAGCCACTGCGATGCAAAAGTTGGCATGATC GAGATGATGACTCCATTTCTGACACTATACAGCGA TTACATGAGAAACGCTTGGACGGGAATAGATTTCCA TCGATGTGAAAGCACAGGCGACTGTCAGCTGAAATG TCCACCCCTGCTGCTGACATCTAACATTAATGCAAGAA GCACTCAGCGTGGCCCTTCTGCAATAGCAGACTGACT GTGTTGCAATTAAGAACCTTTCCATTTGACGAAAAAC GGCAATCTGCTCTACGCACTAACCGATGAGAAATGAA GAGTTTTCTTCAAGAACCTGGTCAAACCTGACACTGA TTGAGGAAGAGGATAGGGAACCATGGAGGCAATAT CAGCACTTCAAGTGTTCGCGCGGCAAAAATACCCGAA GCTCGCGTCC</p> | MADPEGTNAGMGCT GWFEVEAVIERRTGN SEDEDETDADDSDLL EFIDDSMENSIAQDTEA ARALFNIEQEGEDLNAV CALKRFKFAACSSQSAE DVVDRANPNPRTSINKN KECTYRKRKIDELSDG YGNTEVTQMVQVVQVE SQNGDITLNDLESSQV GDDSEVSCFNVDSCCE NVLQIEISVHLHSSNTK ANILYKFKEAYGISFMEL VRFKSDKTCSDTWICIT GYSPSVAESLKVLIKO HSLYTHLOCLCTDRGIII LLLRFRCSNRLTVAKL MSNLLIPETCMVIEPP KLRSOCTALYWFRTAM SNISDVQGTPEWIDRL TVLQHSNINFDLSEM VQWAYDNELDSDIA YVYALADSNAAFL KNSNSQAKVKCGIMCR HYKSAEKRMKMSKALE QSRCEKTNDDGNWRPI OSRCEKTNDDGNWRPI FKFLKGPFKPMSCLIC GPANTKGSYFMSLIQF LQKGVISCVNSKSHFWL PGLSDAKIMIDDVTPIS VYTDYDHRNALDGNPI SIDVYKRALVQLKPPNEI LLTSNTNAGTDSRWPY LHSLTUVFFKNPPFD ENGNPNVYAINDENWKS BFSRWOKLDLIEEEDK ENHIGSNITFKCSAGE NTRSLRS | 27.0% |
| HPV33 E2 | <p>ATGGAGGAAATATCAGCACGTTTAAATGCAAGTGCAGGA GAAATACTAGATCTTTACGAAGCTGATAAACTGATTT ACCATCAAAATTTGAACATTTGGAAACTGATACGATGG AGTGTGCTTTATTTGATACAGCCAAACAAATGGGATTTT CACATTTATGGCCAGCGGTTGCGCTTTTGTGTTAGCA TCAAAGACCAAAAGCATTCAGATTAATGAACATCAAAATG GCATTAGAGACATTAAGTAAATCAGATATAGTAAAGC CAATGGACATTTGCAACAAACAGCTTAGAGGTGTGGCT TTGTGAACCCAAAATGTTTTAAAAACAAGGAGAAAC AGTAACTGTGCAATATGACATGCAAAAATAAACAAT GGATTTATCAAACTGGGGTGAATATATATTATGAGGGA AGATACATGTACTATGTTACAGGAAAAGTAGATTTAT AGGTATGTTATATACATAACTGTGAAAAGGTATATT TAAATATTTAAAGAGTGTCTGCAAAAGTATTTCAAAAC ACAATATGCGAAAGTACATGCTGGTGTGCTAGTAAATG TTTTGCTCTAGCTATATCTAGCAACCAATATCCCACTA CTGAACTGCTGACATACAGCAGACAAGGATAACCGCA CCACCACAAGGAGCCGCAACAGCAGCAGCCTGCAAG ACACCACAGACCAGCAGCCGCTTACAAGCTGTTCT TGTCAGACCCGCCCTTGGAACATAGAACAGCAGCTGA CTGCAACTACTGCAACAAGCAGCGGACTGTGTGT AGTTCTAACGTTGACACTATAGTGCATTTAAAAGGTGAA TCAAATAGTTTAAAATGTTTAAAGTACAGATTAACACTT ATAAAGAGTTGTATAGTCTATGTCTCACCTGCTGCAAT GGACAGTGCACAACAATAGTAAATTTGAAATTTGA ACTGTAACTTTTAACTGAAACAGCAACAACAATGTTTT TTAGGTACCGTAAAAATACCACCTACTGTGCAAAATAGT ACTGGATTTATGACATAATA</p> | <p>ATGGAGGAGATTAGCCAAAGACTGAACGCGCTGCGAGG AAAAGATTTGAGACCTGATGAAGCCGACAAAGCCGAC CTGCCAAGCCAGATCGAGCACTGGAAGCTGATTGCAAT GGAATGCGCCCTGCTGTACAGCCGTAACAGATGGGG TTACGCCAAGTGTGATCAGGTGGTCCCACTGCT GGCAAGCAAGACTAAAGCCTTTCAGGTCATGAGGCTGC AGATGGCCCTGGAACCCCTGAGTAACTGACAGTACAG CAGCTCCCAAGTGGCACTGCGAGCAGACTCCCTGGAA GTGTGGCTGTGCGAACCCCTAAAGTGTTCAGAAGAA GGGCGAGACAGTACTGCTCCAGTATGACAAAGTAAAG AAAAATACCATGGAACATCAAAAGCTGGGGGAAATCTA TATCATTGAGGAAAGCACTGCAAAATGTTGACCGGAA AGGTGATTACATCGGCACTGACTATTTACCAACTGT GAGAAGCTGTACTTCAAGTACTTCAAGAAAGCCCGC TAAGTATTCTAAACACAGATGTCGAGGAGTGCATGTCG GCGGCAAGTCTGCTGTCGCCCCACTAGTACAGCT CAACAGATAGCACCACAGAAACCGCTGATATTGCA CAGCAAGCAATAAGGCCACACAGCAGCAGCTAA CGGAAGAGGCGAGTGCACACTACCGATCTGCACAG CCTGACCAAACTGTCTGCGCAGCACTGGCCCTGG ATAATCGGACAGTGAAGCTGCAACCAACTGCAAAAT AAGCAGCGCACTGTGTCTTCTAGTAACTGGGCCCCAT CGTCCACCTGAAGGAGAGTCTAATAGTCTGAAATGTC TGCGCTATGCACTGAAGCCCTTACAAGAACTGATTCA AGCATGCTCTACTTGGCACTGGACCTCCGATACAA GAATTTAAAAACCGCAATGTGACAGCTCACTTCTGTGA CCGAGCAGCAGCAGAGATGTTCTGGGGACCGTGAA GATCCCTCAACAGTCCAGATTAGCACAGGCTTCATGA CTCTG</p> | MEEISARLNVAQEKILD YEAADKTLPSQIEHWK IRMECALLYAKMQMFS HLCHQVVPSSLASKTFA FVIELQMALETLKSQ YTSQWTLQQTSLVW LEPEPKCFKKQGETVT VQYDNDKNTMDYTN WGEVIEEDCTMTYGT KVDYIGMYIHNCKEY FYFVQMAAKYSKTM VEVHVGQVIVQPTAIS SNQISTTETADIGTND NRPQAAAKRRRPD TDTAQLTLKLCADPAL DNRTARTATNCRKOR TKVSSNVAPIVHLKGS NLCLLSIYAWLLVFL SMSGSTVHWMTSDNKN SKNGIVTVFTVEQQQ MFLGVKIPTVQISTGF MTL | 26.8% |
| HPV33 E4 | <p>TTGTTGCTACGCTATATCTAGCAACCAAAATATCCA CTACTGAACTGTGACATACAGCAGACAACGATAAC CGACCACCAAGCAGCGGCCAAAGCAGCAGCAGCTG CAGACCACAGACACCAGCCGACCCCTTACAAGCTG GTTCTGTGACAGACCCCGCTTGGCAATAAGAACAGCAC GTACTGCAACTACTGCAACAACAGCAGCGGACTGTG TGAGTCTAACGTTGACCTATAG</p> | <p>ATGTTGCTGCTGAGGCTGTACTGGCAACTAAGTATCC CCTGCTGAACTGTGACCTACCCACAGCACCACTATCA CTGACCATCAAGCAGCGGCCAAAGCAGCAGTACCTG CAGACCCTCAGACACCCCTTCCCACTGCAGTCTT GCAGTGTGACAGCACCCCTGGACTATCAGCAGCACA GCTCCTGCAGCTGACTGCCAGCAGCTCCGCGCTG TGTGTGCTGACCTGCATCTG</p> | LFVLRLLATKYPLLL TYRQTTIDHHKORPND DDLQTPQPPSPLOSC SVQTPPWTEIHLVQLT AQTSSGLCVLTLHL | 27.2% |
| HPV33 E5 | <p>ATGATATTTGTTTGTATGTTTATATTGTTTTATG CTTACTCTTATTTACGCTCCTTAACTTCCATTTCT ACCTAGCTGCTGGTGGTGGTGGATTTGCTGCTTGG GGTGTGGTGGGACTCCTTTAAAAATTTTTTTGCTACT TGTGTTTTTATATTTACCAATGATGTATTAATTTCT ATGCACAGCATATGACACAACAAGAGTAA</p> | <p>ATGATTTTTGTTTGTCTGTGTTTTACTCTGTTTTCTGT GCCTGAGGCTGCTGCTGAGACCACTGATCTGCTCAT TCTACTATGCTGGCTGCTGCTGGTGGTCTGCTGCT GTGGGTTGCTGGCAGCCCTGGAAGTCTTCTTTT GCTACTGCTGCTGCTGCTGCTGCTGCTGCTGCTGCTG ACTTTACGCTCAGCATATGACAGCAGGAG</p> | MIFVFLCFILFCLSL RPLILISISTYAWLLV LFLVPMCMCFIHFQY LLFLVPMCMCFIHFQY TQKE | 26.1% |

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| HPV33 E6 | ATGTTTTCAGACACTGAGGAAAAACCCAGCAACTTGCA TGATTTTGGCCAAAGCTTGGAGACAACTATACACAACA TTGAACACAGTGCCTGAAATGCAAAAAACCTTTGCCA CGATCTGAGGTATATGATTTTGCATTTGCAGATTTAA CTGTATATAGAGAGGAAATCCATTTGGAATATGAAA CTGGTTTGGGTTCTTATCTAAAATTAGTGAATATAGA CATTATAATTTCTGATATAGGAAATACATTAACAAAA CAGTTAAAAACCTTTAAATGAATATTAATTAAGTGTAT TATATGCAAGACCTTTGTCTCTCAAGAAAAAAACCG ACATGTGGATTAAAAAACAGATTTCAATATTTCCGG TCGTTGGGAGGGCGCTGGCGGCTGTGGAGGTC CGACGTAGAAAACCTGCATCTGA | ATGTTTCAGGACACCAGGAGGAGGAACTCTGCA TGACTGTGGCCAGGCTCTGGAGACCACCAATCACAATA TCGAACGCAGTGCCTGAGGTGTAAGAAACCACTGCA GGCAGCGAAGTACAGACTTGCATTTGCCGATCTGA CTGGTCTACGGGAGGGCAACCCCTTGGGATCTG CAAGCTGTCTGCGATTCTGAGCAAAAATTCGGAAT ACAGGCACCTACAATTTCTGTGTAGGGAATACCCGT GAGCAGACAGTCAAGAAACCCCTGAATGAATCTGAT TCGGTGCATCATTGTGAGAGCCCTGTGCCCTCAGG AGAAGAAAAGGCACGTGGACCTGAACAGCGCTCCA TAATATCTGAGCAGTGGCTGAGACGTGCCGACGCT GTTGGAGAGTCCGAGAGGAAACCGCCCTG | MFQDTEKPRTHLDC QALETTHNIELQCEVK KPLQRSEVYDFADLT VVYREGNPFGLKLCRL FLSKIEYRHYNYVYV NTLEQTVKPLNELLRC IICORFLPQEKRRHV LNKRHPHNSRWAAGR AACWRSRRRRETAL | 26.9% |
| HPV33 E7 | ATGAGAGGACACAAGCCAACTTAAAGGAATATGTTT AGATTTATCTCCGAACCACTGACCTATACCTGTATGA GAATATGTGCTCGCAACAAGCAATTTATTTATGCTGGT AGTTCCAGACTTCTGCTGTGGCCATCCATATTTCT ATTA AAAA CTCTACTAACCTTA AAAA ATTA TGGTACCC AAAGTATCAGGCTGCAATAAGGTTTTAGGCTCGA TTTACAGATCTAATAAATTTGATTTCTGACACCTC CTTTTAAACCTGTACAACAAGGATTAAGTGTAGCTG GTGAGGCTTGAATAGTGAAGGCGACCCATTAGGC GTTGGCATAAGTGTCTCCTTTTAAACAATTTGAT GACACTGAACCGGTACAAGTATCTGACAAACCGG GTGCTGATTAAGGGAATTTTATCATGATTAATAAC AAACACAGTTGTTTACTTGGATTAAGCCTCAACAG GGGAACCTTTGGGTAAGGTTGTCTTACTAATGCA GCACCTGCCAATGATTTCCACCTTTAGAACTTATAAT ACTATTATGGGGTGTGATAGTGGACACAGGAT TGGTGCATGGATTTAAAAACATTCAGGCTAATAAAG TGATGTCCTATTTGATATTTGGCAGTACATGCAATA TCAGATATTTAAAAAGACTAGTGAAGCTTATGGTGA TAGTTTATTTCTTTCTGACGTGAACAAATGTTTGA AGACACTTTTTAAAGGCTGGTACATTTAGGAGAGGC TGTCCGATGACCTGTACATTTAAAGGTTCAAGAACTA CTGCGCTTATCAAGAGCAGTGTCTTTTCCCACCTCA GTGGATCAATGGTACTTCCOGAATCTCAGTATTTAA AGCCATATTTGGCTGCAACAGTGCACAAAGGTCATAAT GGTATTTGTTGGGCAATCAGTATTTGTTACTGTGGT AGATACACTCGCAGTACTAATTAAGCTTTATGACACA AGTACTAGTGACACTACATATAAAATGA AAA TTTAA AGAAATATAGCAGTGTGAAGAAATAGTCTCAGTT TSTTTTTCAACTATCAAAAGTACTTAACCTGCAAGT TGTGACTATATGACTGTATGAATCAGATTTTGA AGATTGGCAATTTGGTTTAAACCTCTCCTCATCTGTAG TTTTACAGGATACCTATAGTGGTGAACCTCAGCTAT TACGTGTCAAAAACAGTACCTCAAGGAAAGGAAAG ACCCTTAGTAAATATACATTTTGGAAAGTGAATTTAA AGGAAAAATTTTACAGGATTTAGATCAGTTTCTTTGG GAGCAGGTTTTTGAACAGGCAAGGCTTTAAAGCAAAA CCTAAACTAAACCTGCAGGCCCAATCCACCGCAC ATGCTGCAAAAAGCAAAAAGGTTAAAAATAA | ATGCGAGGCCACAAGCCCACTGAAAGGATATGTCC TGACCTGTATCCCGAGCCCAAGCCCTGTATTGTAT GAGCAGCTGTCCAGACAGCTCCGACAGAGTAAGAGAC TGGACAGCCAGATGGACAGCTGAGCCTGCAACCGC TGATTACTATATCTGACTGTGTGACACCTGCAACAC CACAGTGGGCTGTGTCAATTTCTACAGCAAGCGACC TGAGAATCTCCAGCAGTGTGATGGGACCGTGAA CATTGTCTGCCCCACATGTGCCAGCAG | MRGHKPTLKEYVLDDY PEPTLDYCYEQLSDPS DEDEGLDRPDQAQSA TADYVIVTCHTNTTV RLCVNSTASDRITQQL LMGT/VNIVCTCAQQ | 24.0% |
| HPV33 L1 | ATGTCGGTGTGGCGGCCTAGTGAAGCCACAGTGTACC TGCCCTCGTACCTGTATCAAGTTGTCCAGCAGTAT GAATATGTGCTCGCAACAAGCAATTTATTTATGCTGGT AGTTCCAGACTTCTGCTGTGGCCATCCATATTTCT ATTA AAAA CTCTACTAACCTTA AAAA ATTA TGGTACCC AAAGTATCAGGCTGCAATAAGGTTTTAGGCTCGA TTTACAGATCTAATAAATTTGATTTCTGACACCTC CTTTTAAACCTGTACAACAAGGATTAAGTGTAGCTG GTGAGGCTTGAATAGTGAAGGCGACCCATTAGGC GTTGGCATAAGTGTCTCCTTTTAAACAATTTGAT GACACTGAACCGGTACAAGTATCTGACAAACCGG GTGCTGATTAAGGGAATTTTATCATGATTAATAAC AAACACAGTTGTTTACTTGGATTAAGCCTCAACAG GGGAACCTTTGGGTAAGGTTGTCTTACTAATGCA GCACCTGCCAATGATTTCCACCTTTAGAACTTATAAT ACTATTATGGGGTGTGATAGTGGACACAGGAT TGGTGCATGGATTTAAAAACATTCAGGCTAATAAAG TGATGTCCTATTTGATATTTGGCAGTACATGCAATA TCAGATATTTAAAAAGACTAGTGAAGCTTATGGTGA TAGTTTATTTCTTTCTGACGTGAACAAATGTTTGA AGACACTTTTTAAAGGCTGGTACATTTAGGAGAGGC TGTCCGATGACCTGTACATTTAAAGGTTCAAGAACTA CTGCGCTTATCAAGAGCAGTGTCTTTTCCCACCTCA GTGGATCAATGGTACTTCCOGAATCTCAGTATTTAA AGCCATATTTGGCTGCAACAGTGCACAAAGGTCATAAT GGTATTTGTTGGGCAATCAGTATTTGTTACTGTGGT AGATACACTCGCAGTACTAATTAAGCTTTATGACACA AGTACTAGTGACACTACATATAAAATGA AAA TTTAA AGAAATATAGCAGTGTGAAGAAATAGTCTCAGTT TSTTTTTCAACTATCAAAAGTACTTAACCTGCAAGT TGTGACTATATGACTGTATGAATCAGATTTTGA AGATTGGCAATTTGGTTTAAACCTCTCCTCATCTGTAG TTTTACAGGATACCTATAGTGGTGAACCTCAGCTAT TACGTGTCAAAAACAGTACCTCAAGGAAAGGAAAG ACCCTTAGTAAATATACATTTTGGAAAGTGAATTTAA AGGAAAAATTTTACAGGATTTAGATCAGTTTCTTTGG GAGCAGGTTTTTGAACAGGCAAGGCTTTAAAGCAAAA CCTAAACTAAACCTGCAGGCCCAATCCACCGCAC ATGCTGCAAAAAGCAAAAAGGTTAAAAATAA | ATGTGACTGTGGAGACCAGGAGGCTACCGTGTATC TGCCCCAGTCCCCTGTGAGCAAAAGTGGTGTCAACCGA TGAGTATGTGAGCGCAGCTCCATCTACTATTACGCTG GAAGCTCCGCACTGCTGGCAGTGGGACACCCCTATTTT AGCATTAAAGAACCTCAAAATGCCAAGAACTGCTGGT GCCTAAAGTCTCCGCTGCAAGTATAGGCTGTTTAAAG GTCGCTGCCCCACCTAACAAGTTGATTTCCAGAGA CACACTTCTACAATCCGATACTCAAGCAGTGGTGT GGGATCGCTGGAAGTGGAGATCGGAAGGACGAGC CACTGGGAGTGGGCTAATGAGTACACCTCTGCTGAA CAAGTTCGACGATACAGAGACTGGCAACAAGTATCCTG GGACCCAGGAGCTGACAACCGGAATCTGAGCAGT GGATTAACAAGCAGCAGCTGTGGCTGCTGGGCTGT AAGCCCTCAGGCGGAGCATTGGGGGAAAGGAGTGG CCTGCACTAACCGCCCTCCAGCTAATGACTTCCACCC CTGGAGTGTATCAACACCTATTGAAGACGGCGATAT GGTGCACACTGGCTTTGGTGCATGGATTTCAAGACCC TGAGGCCAACAAAGAGTGAAGTGCCTCATGATTTTGC GGCTCAACCTGTAAGTATCCAGACTACCTGAAAATGAC TCCGAGCCCTATGGGGATCTGCTGTTCTTTTCTGTC GGAGAGAACAGATGTTTGTCCGACACTTTTCAACCGA GCAGGAACCCCTGGGAGAGGCTGTCGCCCGACGATCT ACATCAAGGGATCGACCCAGCAGCAAGCATTACGCT AGTGAATCACAGCTGTTTAAAGCCCTTACTGGCTGC AGCAGCCCGGAGACATACCAATGATCTGTCTGGGG GAACAGGTTGTCTGACTGTGGTGCACACTACCCGCT CTACTAATATGACCTGTGTACAGCAGTCTACAGCAGT TCCACATCAAGAACAGGAACTTCAAGAAATACATTCG GCAGCTGAGGAAATAGCAGCTGCTGGTGTCTGAG CTGTCAAGGTTCAACCTGACAGCAGTGTAGTACCTA CATCCAGGATTAAGTCCGACATTTGAGAGATTGGC AGTTTGAAGTACACCTTCAACCTCTAGTGTCTGAG GATACCTATAGATCTGACAGCCAGGCAATCACCTG TCAGAAAGACTGTGCTCAAGGCAAGGAAAGGACCCCT CTGGGCAATACACTTTTGGGAGGTTGATCTGAAGGA AAAAATCAGCGCCAGCTGATGATGTTTCCACTGGGCA GGAAGTCTGCTGACAGGCTGGGCTGAAGGCAAAACC TAAGCTGAAAGCGCGAGCCCACTTCCACCGAACAT CAAGGCTAAAAAGGAAAGTGAAGAAA | MSVWRPSEATVYLPVP PVSKVSTDEYVRSI YYAGVSSRLVAGHPY FSIKNPTNAKLLVPRV SGLDVRVFRVLPDFN KFPDFVTSFYNPDQR LWNAVCLEIGRQPL GVGSHLPLNFKDDTE TGNKYQPGPADNREC LSMDYQTCQLLCLGK PPTGEHWKQVACTNA APANCDPHELIINTIE GDMVDTGFGCMDFKL QANKSDVPIDIGSTCK VYDYLKMTSEPYGDSL FFLRLEQMFVRRHFN RAGTLGEAVPDDLYKG SGTTASIQSSAFFPTP SMMVTSESQLFNKPW LQRAQHNNIGWGN QVFTVVDTRTNMML CTQVTSDBSTYKNEFK EYIRHVEVYDLQFVFL CKVTLTAEVMTYIHAMN PDLEDWFQLTTPPSA SLODTYRFVTYSQAITQ KTVPPKEKEDPLKYTF WEVDLEKEFSADLQV PLGRKFLLAGLKAQK LKRAAPTSTRSSAKK KVKK | 26.4% |
| HPV33 L2 | ATGAGACACAACGATCTACAAGGCGCAAGCGTGCATC TGCAACACAACATATACCAACACATGCAAGGCCACAGGCA CCTCGCCACCCGATGTTATTTCCCTAAAGTGGAAAGGAAAT ACCATAGACAGTCAAAAATTTCTAAATATGCGAGTTTAGGG GTTTTTTTTGTTGGTTTAGGTTTGGCAGAGGCTCTGG TTGAGGTGGAAGGACTGGCTATGTACTATTGGTACTG ACCACCTACAGCTCAATCCCTTGCAGCCTTATAGCT CTCCGGTTACTGAGACACTGTGGACCTTTAGACTC GCTATAGTGTCTAATATAGAAAGAAACAGTTTTATAGA GGCAGGTGACCCAGCCCATCTATCTACACCCATCAG GTTTTGATGTACTACATCTGCAATCTACACCTGCAG TTAATATGTTTATCTGTTGGGAGTCTATCTATCAAA CTATTTCTACACTTTAAATCCACATTTACTGAACCT CTGACTACACCTCCAGCGCTGCAAGGAGCCTCTGG ACATTTTATTTTCTTCCCTACTGTTAGCACACAAAG TTATGAAACATCAACATGGATACCTTTGTTGTTCCAC AGACAGTAGTAAATGAACATCAAGCAGCCCACTCCAG GGTCTGGCCCTGTGGCAGCCCTGTTTATATAGTGGC AATACCCAAACAGGTTAAGGTTGTTGCCCTGCTTTTTA ACATCGCCTATAAATATATACATATGATAATCTGCTCA TTTTAAAGCTTTGACCCGGAAGCACATTAACAATTTCAA CATAGTGAATATACCTGCTGCTGATCTGACTTTCTA GATATATGCTATCATAGGCTGCTATACACTCTGCT AGACACTCTGCGTTTTATAGAGTAGGTCAAAAAGC CACACTTAAACCTGCGAGTGGTAAACAAATGGAGTCA GAATACATATTATCAGGATTTAAGTCTATTGTGCTT TAGACCACACCGTGCAAAATGAACAATATGAATTTACAG CCTTACATGATCTCTACATCGTCTTAGTATTAATG ATGGTTTGTATGATTTTACTGACAGCATGGGATAATG TAGACACCTGACAGCTGACTATGACTGAGTACTGCA ACAACAGCTACAGCAATGTGTCTTAACTTTAATAACA GGATTTAGTACTCTGTTATGTCTGCCCCTGATACCT TCCCTTTTTTCCCACTACAGCCATTTGTTCTTAT TGCCCTTTTTCTTTGACACCAATGTTGAGACGGT GCTGACTTTGTTACATCTAGTATTTTATTTACGTC GCAGGCGTAAACGTTTTCCATATTTTTTACAGATGTCC GTGGCGGCTAG | ATGCGACACAAGGAGCACCAGAAAGGAGAGGCA GGCCACCAGCTGTATCAGACCTGAAAGCCAGCGG GACCTGCCCTCCAGAGCTGATCCCAAGGTCAGAGGC AGTACCATCCCGGATCAGTGTCTGAAATACGACTCACT GGGCGTGTCTTTGAGGACTGGGAATCGGAACTGGA TCCGATCTGGAGAGCAACCGGATGTCCCAATTG GCACTGACCACCTACCGAGCTATCCACTGACCC CATTCGCCACCCGTGACAGTGGACACTGTGGGCC CTGGATAGTCTCATGCTGCAAGTGAAGAAACATC CTTATCGAGGCTGAGCAGCAGCCTTCCATTTCAA CCTCCTGCTGGTTGAGTGCACACTCCGCTGACT AAGCTCCAGACCTATGACACACATCTGAACTCACT TCAGAGCCATCCGCTGACACCTCCAGCTCCAGC AGAAGCCTGCGCCATTTACTTTTCTTCCAAGTGT GAGCAGCAGTCTACGAGAACTTCCACTGGACACT TGTGGTCAAGCAGATAGTCAAATGTGACAAGCTCC ACTCCTATCCAGGATCCGACAGTGGCAGCAGTGG GACTGTACTAGAAACACTCAGCAGGTGAAGTGGTC GACCCAGCTTTCTGACAGTCCCATTAACATGATCAG ATATGATAATCTGCTGATTCGACTTTGACCCGAAAGA TACACTGCAGTCCAGACTGATCAGTCCCGCTC CTGACCCAGATTTCTGGATATCAATGCTGACAGG CCTGCTATTACTGACGAGACATCCGAGGATTCAG CAGGCTGGGGCAGAAAGCAACCTGAAACACCGTCC GGGAAGCAGATCGGAGCAGAAATCACTACTACAG ACCTGAGCCCTATCGTCCAGTGGATCATAACCGTOCC AAGCAGCAGTACGAACTGACGCTCTGACGACACTA GTACTCTAGTATTCAATTAACGACCGGCTGTACGAT GTGTATCGAGAGTGTGATAAGTCCACACCCCT CGACATGTTACTCAAGATTGTCTCAACTCGGACT CAACGTGAGCTCCTGTAATACAGGTTTGTACACT CCGTGATGCTGGACCTGATTTCCAGTCTCTCTGT CCCACCTCAAGCCCTTTGCTCTATCCTCCCATCT TTCCTCTGACACAATGTTGTCAGGGGCCGATTTCT GTCTGACCCCTAGCTACTTTACTGAGGGCCGAC GGAAAAGTTTCCATATTTCTTACCAGTGTGGCGCTC GCAGCC | MRHKRSTRKRASATQ LYQTKATGTPPPDIP KVEGSLTIADILKYSSL GVFFGLGIGTSSGSL GRGTVPYIPGDPPTAI PLQPRPVIVDTVGP DSSIVSLIETSIEA PAPSIPTPSGFDVTS DTPPAINVSSVSESIQ TISTHLNPTTPEPVLHP PAPAESHGFISPSPTV STOSYENIPMDT/VVST DSSNVTSTPIGSRPV ARLGLSRNTQVQVKN DFAPLTSPHKLTYPN AFESFPEDTLOFHS DISPAPDPDLIHLHR PAITSRHRVFRSVGG KATLKRSGKIGARH YYQDLSPVLDHTVFN EYQELQPLDHTSTSSY INDGLYDVAADDVNV HTPMQHSYVFAFTRT SNVSIPLNTGDFTPVMS GPDIPSLPFTSSPFI SPFFFFDVI/DGADPV LHPSYFLRRRRKFPY FFTDRVVA | 28.4% |

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| HPV35 E1 | ATGGCTGATCCTGCGAGTACAGATGAAGGGAGGGA CGGGATGTAATGGATGGTTTTTTAGAAAGCAGTGT AGTAGACGTACGAGGGGATCCAGTGTACAGAGCAAA ATAAGATGACTGTACAGGGGGGAGGATATGGTGA CTTTAATAATGATACAGATATATTAAACATACAGGCGA AACAGACAGACAGCAAGCATTATTCATGACAGGAGG AGCAACACACAAAGAGGCTGTACAGGCTCAAAAACA AAGTATGCTAGTGGTCCACTAGCAGCGTGAGCTTATG TGTTAATAATAACATAGTCCAGCTTTAAAAGCTATTG CATTGAAAATAAAATACAGCAGCAAGGCGACGATTAT TGAATCACCAGACAGCGGTATTGGCAATCTGAAAGTGG AAATACACAGATACAAACAGGTAGAGGGGCATGATACA GTTGAAACATGTAGTATGGCGAGTGGGGATAGTATAAC CTCTAGTAGGATGAAGACATGTAGACTCCAAAGCG GAGACATAAATCAAACTAAATGTAGTAACTCAAAAGC CAGCTAGTGGCTAAATTAAGAAGCTTTGGTATTAA GTTTTACAGAACTTATAGACCATTAAAGAGTATAAAT CCACATGTACAGATGTGTGGTGGCCGATTGGAATA GCCCAAGTGGCGGCAAGTGTAAAACATTAATTA ACCATATTGTTTATATACATATCAATGTTTATCGTGT TCATGGGCTATGGCAATTTAGCATTATTACGATTTAAA TGTGCAAAAAACAGAACAACTTAAAACATTTATCA AAATGGCTATGTATTTACGTCGAAGTATGCTAAACAA CCACAAAATACGATAGTACCCAGCTGCGTTATATTG GTTTAAAACAGCAATGCAAAATATTAGGAGTTGATGG AGAAACACCAAGGATGCAAGACAAACAGTATTAC AGCATAGTTTTAATGATGCAATTTGACCTTGAA TGTACAATGGGCATATGCAATGATTTATAGATGATA GTGATATAGCATATAAATACGCAATGGCAGAACTA ATAGATAGCATGTGCTTTTTAAAAGTAAATCGCAAG CTAAATTTAAAAGGCTGTAAAAGGTGGACGATGACG TGAAACAGGCTGAAAAGAGGAAATGCAATGTCCAG ATGATTTAAAAGGCTGTAAAAGGTGGACGATGACG GTGACTGGAGGCGACTAGTACGATTTTAAAGATACAA CAAGTAAATTTTGGCGCATTTTATCTGCATAAAAAAT TTTTTACATGGTGTGCCATAAAAAATTCATACCTTAT ATAGACACAAACACAGGTAACCTATTATTTGGAAATG AGTCTAATGCAATTTTCAAGAGGCTATTATGCTAT GTAATCTTCAAAAGCAATTTTGGTGTACGCTATATA GATGCCAAAATAGCTATGTTAGATGATCTACATCGCC ATGTTGGCATATATAGACCAATATAAAGAAATGCACT AGATGAAATCTTATTAGATAGTAAAGCATAAAGC ATTAGTGCATTAATAATGCCCACCTTACTTATTACATC AAATATAATGACGAGCAAGATGACAGGTGGCCATCT TACATAGCAGGGTAGTGGTCTTACATTTCACAATGAAT TCCATTTGATAAAGATGGAACCCAGTGTATGGGCT AATGATAAAAACCTGGAATCCTTTTCAAGGACGCTGG TGAGATTAATTTGACAGGAGGAGGACAAAAGAAAA TGATGGAGGCTTTCCAGCGTTTAAGTGTGTGTCAG GACAAAATACAGCAACTACGACACTGA | ATGGCTGACCCCGCAGGGACCGATGAGGGAGAAGGC ACAGGATGTAATGGATGGTTTTCGTGGAGGCACTGT GAGCAGGAGAAGCAAGGCTCCGTTGGAAGATGAGAAC GAAGACGATTGCGACCGGGGGGAGGATATGGTGGACT TTATCAATGACTGACATCTGCAACATTCAGGCCGAG ACCGAAACAGCTCAGGCACTGTTCCAGCCCCAGGAGG AACAGACCATAAGGAGGCTGTCCAGGTGCTGAAGAG GAAATATGCACTAGTCCACTGTCAAGCGTCAAGCCTGT CGGTGAAACATAACATCTCCCGCCGCTGAAGGCCATC TGATTTGAGAAAAGAACTGCGGCTAAAACGGAGACT GTTGAACTGCGCTGATTCGGGCTACGGGAATTCGAGG TGGAAATCCAGAGATTCCAGAGGTGCAAGGGCATGA TACTGTGGAGCACTGCAATGCGGATCAGGCCACAGC ATTACCTCTCTAGTATGAGGCGCACAGCAACTCC AACAGAGACATGATTAGTCCAGTGAAGTGTCCAATG CAAACGACGATGCTGCGCAAGTCAAAAGAGCTGTTT GGCATCTCTTCCAGAACTGATTAGGCCCTTCAAGCT CGATAATCTACATGCACTGACTGGTGTGCTGCTGCT TTGGGATGCACTAGGCGCAACTTCAAGCACATC ACCTAGCTATATCAATGCTATCGGTCGATGG AGCCATGGTCACTCGGCTCTGCGCTTAAAGTCCG AGAAACGAGAACAGCAGCTGAAGCAACATCGATGCCAAA CTGCTGTGATATTAGTGGCTTCAATGTGATCCAGCC ACCTAAGTGGATCCAGCCAGCAGCCCTGTTATGTTG TAAAACAGCCATGAGCAACATTTCCAGGTTGGACGG CGAGACCCGCAATGGATCCAGAGACAGACTGCTCGT CAGCACTCTTTAACGATGCACTTCCAGCTGAGTGA GATGGTGCAGTGGGCTACGATAATGACTTTATCGAGC ATTAGATATTGCCATAAAGTACGACAGCTGCCGAAA ACCAATAGCAACCGCTGCGCTTCTGAAATCAAAATG CCAGGCTAAGATCGTGAAGGACTGCGCAACAAATGTG GCCACTCAAGGAGCAGAGAAACGGGAAATGACTAT GTCTCAGTGGATTAAGGAGCTGTCAGCAGGTTGGAC GATGAGCGGATGAGGGGACATCGTCCGATTTCTGCG GGTATGACGAGGTCGATTTCTGGGCTTTTCTGAGCGCA CTGAAGAATTTCTGCAATGGGTCGCCAAGAAAACCTG CATCTGTACTACGGGCTCCTAATCCGAAAGAAAGTGC TGTTGGGCTGCTCACTGATGCACTCTCTGAGGAGCC ATCATTAGTTATGCTGCTCAAGTCAITTTTGGCTG CAGCCCTGTACGAGCTAAAATGCAATGGATGATGA CGCCACAGCCATGCGGCTATTCAGACCAATTTTTA AGAAATGTACAGGTTGAAAGTCTTACATCAGTTCAGA TGTAAGCTGTGAGCCTGTGCAACTATGCTCACTT CACATACTATCAAAATTAACCGCGGCAAGGATGACA GTTGGCCATATCTGCACTCCCGCGTGGTGTGTCAC ATTCATAACGAGTTCCCTTTCGATAAAGTGGAAAC CAGAATACGACTGAATGACAAGAACTGAAATCATT TTTAGCAGAACTGGTGCAGGCTGAACTGCAAGGAG AGAGGTAAGGAGAAATGATGGCGACGCTTCCGCTGT TTAAATGTGTGTGCTGGGCGAAATACAGAACCTGAG GGAC | MADPAGTDEEGTGC NGWFFVEAVVSRRTGD PVSEDENEEDCDRGE MVFDFINDTLNIAETE TAQALFHAQEEQTHKE AVQVLKRYASSPLSV SLCVNNNIPRFLKAI NKNTAAKRRLPDLPS GYGNSEVEIQIQQVE GHDTVEQCSMGSDSI TSSDERHDETPTDII QILKCSNANAAIAKFK ELFGISFTLIRPKSK STCTDWCVAFGIAPS AESLKTLPKGLYHIIQ CLCSRWGMVILALLRF CAKNRTIEKLLSKLICI SAASMLQIPPKLRSTPA ALYWFKTAAMNISEVD GETPEWQROTVLQHS FNDAIFLSEM/QWAY DNDFIDSDIAYKYAQL AETNCSACAFKLSNSQ AKREKMTDMSRHYKRC AEKREKMSQWIKRRC EKYVDDGDWRDVRFL RYQQDFVFLSALKNF LHGVPKKNCLLYGAPN TGKSLFGLMSLHFLQG AIISYNSKSHFWLQW VEYQAKIMDDATSPCL AYIDQYLRNALDGNPIS LDVHKHALVOLKCPILLI TSNINAGKDDRWPYLH SRVNVFTFHNEFPDKN GNPVYGLNDKNNWKF SRTWCRNLHEEDEK NDGDAFPFKVSGGN TRTLRD | 27.6% |
| HPV35 E2 | ATGATGGAGAGGCTTCCAGCGTATAAGTGTGTGCA GGACAAAATACTAGAACATTACGAGACTGATAGCAGCAT GTTGTGCTGATCACATACAGTATTGGAACATGATCGCT TTGAAATGGCAGTATTTATAAAGCAAGAGAAATGGGAA TAAAACCTCTAACCCAAAGTGGTCCACGCGAGGCC ATTTCAAAGCCAAAGCAATGCAAGCAATTGAACCTGCA ATTAATGTTAGAGACATTAAATACAACCTGAGTATAGC AGAAACCTGACACATGCAAAATGATGATGATGATGAT TACAACAGTTCCACAGGATGTTTTAAAACATCGGGG TTACAGTGGAAAGTCAAAATTTGATGGTATAAAACAAATA CTAGCATTATAACTATGGACACATATATAATATTAGA GGACGATATGCTACTGTTGAAAGGAGCTGCAAAAT ATAAAGGTATTTTATGTCATCAGGGTGTAGAAACAT ATTATGTACTTTTTAGGGAAGAGGCTAAAAGTATGGAA AAAAAATATGGAAGAGTGCATGTGGGTTGTCAGGTA ATTTGTTGCTGAAATCTGATTTAGCAGCAGACAAATA TCCACTGCTGAAATGCTACAGCTACACCGCTACAA CCACCCAGAACCCATAACCAAGCCTGCTCCGTTGGGC ACCACAGAAACCCAGAGACAAATCACAACGACTTCG AGGGGTACCGAGCTCCTTCAAACCCAGCAAGCGA GTGCGACTCAGTGCCTGGACAGTGTGACAGAGGGG TCTACTCTACATCTGACTGCAACAAGACCGGTTG GGTAGTTGTACTACAACTACACCTATAGTACATTTAAA GGTAGTCAAAATCAATGAGTGTAAAGATATAGATTG GGTAAATAAAGCAATTGATCAAGATGCTTCACTACA TGAGATGGACATGACAACAGATAAAAACCAATAGC AATTTAACAATTAACCTTACACAACAGAAATCAAAGGGA TAAATTTTAACTACAGTAAAATACCTAACACAGTTACA GTGTAAAGGATATATGCTATATGA | ATGATGGAAACTGTGACAGGCACTGAGCGTGTGCCA GGATAAGATTCTGGAGCACTACGAAACCGATAGCACTT GTCTGAGGAGCACATCCGACTGGAAGCTGATTAGA CTGGAGTGGCCTGTTCTATAAAGCAAGGAAATGG GGATCAAAACTCTGAACCATCAGTGGTCCAAACCCAG GCAATCAGCAAGGCCAAAGCTATGCAAGGCTGAGC TGCACTGATGCTGAAACCGTGAATACCACAGAGTAC TCAACCGAAGACTGCACTGCAAGGAGACTAGCATTTGA ACTGTACTACTCCGTGCCACAGGCTGCTGAAGAAA GATGTATATACTGCGAGGCTCAGTTTACGCGGATAA GCAAGAACCATGCACTACACTAATTGGACCCTATCT ATATTCTGGAAGACAGTATCTGATGCTGCAAGGGG CTGGTGAATCAAAAGGAAATCTACTATGTCACCCAGG CGTCCAGCCTACTACTGTCAACTACAGGAGGAGGCCA AGAAATATGGGAAGAAAATATCTGGGAGGTCATGTC GGCGGGCAGGTCATCTGCTGCCCGAACTGTGTTTTA GCTCCACTGAGCTGATGACCGCAAGAAATCGCCACCCA GCTCCAGCTTCAACAACAACCTGAGACCCATACAAGG CATGTTCCGTGGAAACCAAGAAACAGAGACTAAC ACAACCCGCTGAGAGGAGGCAAGCACTGCTCATA ATCCTACAAAGAGGTTGCGCTGAGTGCCTGCACTC AGTGCATCGGGGCTGATTAACAACAGCACTGACTA CAAAGATGATGCGGCTGCTGCTACTACACACACT ATCGTGCATCTGAAGGGGAGCCTAATACCTGAAATG CTCTGATACCGGCTGGAAAGTCAAAAGCCTGATC AGGACGCTTCTAGTACATGGAGGTTGACTGTACCAAC GATAAGAAACAGATGCAATTTGCACTGACTTACAC TACCGAGTACAGCGGATAGTTCTGCAACTGTGA AAATCCCAAATACCGTGACAGTCAGCAAGGCTATATG TCATT | MMETLSQRSLSDQKIL EHYEDTSLSDHVIQ WKLRLCEAVFYKAREM GIKTLNHQVVPQAIK AKAMQIEQLLMLTEL TTEYSTVWLTQETIS LYTVPQGCFFKHGVT VEVQDFDQKQNTMHT NWTYHILEDSICTVYK LVNKYGIYVHOGVEY VYTFREAEKYYGKKNW EVHVGQYVVPESVFS STELSTAEIATQLHAYN TTEHTKACSVGTETQ KTNHKLRLGGTELPY PKRVRLSAVDSVDRG VYSTSDCTNKDRGSC SSTTPIVHLKGDANTLK CLRYRLGKYKALYQDA SSTWRWTCTNDKQJAI VTLTYTTEYORDKFLT VKIPNTVTVSKGYMSI | 25.7% |
| HPV35 E4 | TTGTTTGTCTGAATCTGTTATTAGCAGCAGACAAT CCACTGTAATTTGTACACAGCTACAGCCCTACAAC ACCACGGAGCCATACCAAGCCTGCTCCGTTGGGGA CCACAGAAAACCCAGAGACAAATCACAACAGCTTCGA GGGGGTACCAGCTCCCTCAACCCACCAAGCGGAG TGGCATAGTGGCGCTGGACAGTGTGACAGAGGGG CTACTCTACATCTGACTGCAACAAGACCGGTTG GTAGTTGATGATACACTACACCTATAGTACATTTAAA GGTAGTCAAAATCAATGAGTGTAAAGATATAGATTG GGTAAATAAAGCAATTGATCAAGATGCTTCACTACA TGAGATGGACATGACAACAGATAAAAACCAATAGC AATTTAACAATTAACCTTACACAACAGAAATCAAAGGGA TAAATTTTAACTACAGTAAAATACCTAACACAGTTACA GTGTAAAGGATATATGCTATATGA | ATGTTTGTCTGAACTGTACTGCTGCCCCAGAATA TCCCCTGCTGAAGCTGCTGCTTCTATACCCCTACCA CTCCTCCAGGCGCAATCCCAAGCCTGCCCATGGCC TCCCAAGAACTCGGAGACAGATACCAACGACTTCG AGGGAGTGCAGCTCCCAACCAACACCTTCTGA GTGCGATAGTGTCCCTGGACAGTGTGACTGAAGGC TCCACCCTGACCTGACAGCCAGACTAAGACCGGGG TGGTGTGCTGCTGAGCTGACTG | LFVNLNLAQNYPLLK LLHSYPTTPPRPIKPA PWAPQKPRRQTFNDFE GPPSSPTPPSECSV PWTVLTEGSLHLTAQT KTGVVVVQLHL | 25.6% |
| HPV35 E5 | ATGATAGACCTTACAGTCTCCAGTACTGTTGCTGTG CTTTTGTGCTGTTTGTGTGCTTTTGTGCTTGTGCT CTTTGTGCTGCTGTTGCTGCTTGTGCTTGTGCTTGTGCT AGCATTAATATTAAGTGTAAATGTTGCTGCTTGTGCT AGCAACCCACAGTGGCTTTGTTGTTTTTCTGCTT TTTGTATATACCTATGGGAATGATTAAACGCTCATGACA ATATTGGCAGTACAGTAA | ATGATTGACCTGACTGCTTCTCCACTGTGCTGCTGTG TTTTCTGCTGTGTTTCTGGCTGCTGCTGCTGCTGTGCT CTGTTGGGCTCTGCTGCTGCTGAGCGTGTCCCTGTC AGTGTGCTGATCTGCTGCTGCTGCTGCTGCTGCTGCTG AGTGTGCTGCTGCTGCTGCTGCTGCTGCTGCTGCTGCT TTTGTATACCTGTGGATGATTAAACGCCAGCTCA GTACTGCGCGTGCAG | MIDLASSTVLLCFLCF CVLLCCLLVRSLLSV LYSALLLVLLVLTAVT PLRCFCCFLFLYPMG MINAHAQYLAQV | 28.1% |

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| HPV35 E6 | ATGTTTCAGGACCCAGCTGAACGACCTTACAACTGCA TGATTTGGTCCAAACGAGGTGAAGAAAGCATCCATGAAA TTTGTGTAATTGTGTAAGTCACTGCAAAACAAAGATTACAGC GGAGTGAGGATATGACTTGTGATGCTATGATTTGGT ATAGTATATAGAGAAAGCCAGCCATATGGAGTATGAT GAAATGTTTAAAAATTTTAAAAAATAGTGAATATAGA TGTATAGATATAGTGTGATGGAGAAACGTTAGAAAA TAAATGCAACAAACAGTTATGTCAATTTAATTAAGTGT TTACATGTCAAAAACCGCTGTGCTGAGTTGAAAAGC AAAGACATTTAGAGAAACAAACGATTTCCATAACATCG GTGGACGGTGGACAGGTGGTGTATGCTGTTGGAA ACCAACCGTAGAGAAACCGAGGTAA | ATGTTCCAGGACCCGCGAAAGGCCCTATAAAGTGA CGATCTGTGTAACGAAGTGAAGAGAGCATCCACGAAA TCTGTCTGAATTGGCGTACTGTAAAGCAGGAGCTGAG CGCTTGAAGTCTACGACTTCCGCTGCTATGATCTGT TATCGTGTACCAGAGAGGAGCAGCCATATGGCGTCTGC ATAAGTGTCTGAAGTTCACAGCAAGATCTCCGAATA CAGGTGTACCCGCTATAGTGTATGGGAGACTGTG GAAAAGCAGTGAACAAACAGCTGTGTCACCTGCTGAT CAGGTGCATACCTGTGAGAACCCCTGTGCCCTGTG GAAAACAGAGACACCTGGAGGAAAAGAAAAGTTCC ATAATCGGAGGAGCAGTGGACAGGACGATGATGCTC CTGTTGAAAGCCAGCGAGAGAGCAAGATG | MFQDPAERPKYHLDC NEVEESIHEILNCVYC KQELORSEVDFACYD LCVIVREGOPYGCMK CLFKYSIKSEYRWYRCH VYGTELEKQNKLCH LLIRICITCQKLPVEKO RHLEEKRRFHINIGRW TGRMCSWKPTRRETE V | 24.1% |
| HPV35 E7 | ATGCATGGAGAAATACTACATTGCAAGACTATGTTTTA GATTTGGAAACCCGAGGCACTGACCTATACTGTTATGA GCAATTTGTGCAAGCTCAGAGGAGGAGGAAGATACT ATTGACCGTCCAGCTGGACAAGCAAAACAGACACCTC CAATATAAATTTGTAAGCTCTGTTGTAAATGAGGCG GACACTAGCTGTGTGATCAGAGACACACATTTGACA TAGCTAAATGGAGATTTATTAATGGCACATTTGGAA TAGTGTGCCCGGCTTTCACAGAGACATAA | ATGCACGGCAAAATACCCTCTGCAGGATATGCTCT GGATGTGGAGCCGAGGCACTGACCTGATTTGTTATG AGCAGCTGTGACAGCTCCGAGGAGGAGGAAGACAC AATCGATGGACCAGCAGGACAGGCTAAGCTGATACC CTTAACACTAAATTTGTACAAAGTGTGTAATGGAG GCAACTCTGGCGTGTGTCAGAGCACCCACATCG ACATAGAAAAGCTGGAAGATCTGCTGATGGAACTTC GGCATGCTGTGCCCGGGTGTCTCAGAGGGCC | MHGEITLQDYLVDLEP EATLDLYEQLCDSSE EEDDITDGPAGQKPD SNYNIVTSCCKEATLR LCVQSTHIDRIKLLDM GTFIVCPGCSQRA | 23.2% |
| HPV35 L1 | ATGTCCTGTGGCGGTCTAACGAGCCACTGTCTACCT GCCCTCAGTGTGCAAGTGTCAAGTGTGAGCACTGATG AATATGTAACCGCAACAACTACTATCATCAGCAGGC AGTTCTAGGCTATTAGCTGTGGTCAACCATCTATTGC TATTAAGAAACAGATTTCTAATAAATAGCAGTACC GATTCGTGTTTGCATAACAGAGTATTAGAGTAAAT ACCAGATCCTAATAAGTTTGGATTTCCAGACACATTT TTATGATCTGCTCCAGCGTTTGGTTTGGCCCTGTA CAGAGTTGAAAGTGTGCTGTGTCAGCATTGGGTGT AGGTATAGTTGGTCTCCTTTTAAATAAATTTGGATGA TACTAAAAATCTAATAAATAGTTGTAACCTGTGTAC AGATAACAGGAATGATTTCTATGGATTATAAACAAC ACAATTTGTTTAAATAGTTGTAGGCTCTATAGGTGA ACATTTGGGAAAAGCAGCACTTTGATGCTAACCCAGG TAAAGCAGGAGAAATGTCCTCTTTGGAGTTAACTAAC ACTGTACTCAAGACGGGACATGTTAGACACAGGAT TGGTGAATGGATTTTACTACATTTAAGCTAATAAAG TGATGTCCTCCTAGATATACGAGTTCCATTGCAAA TCTGATGTTTAAATAAAGTGTTCGAGCCATAGGAA TATGTTATTTTTTTTACGTAGGAGCAAAATGTTTGT AGACATTTTAAATAAGGCTGGAACCTGTAGGTAAC AGTACCTCGACACTATATAAAGGTTACCCTGGCA TCTGCTGACTGATGATTTTTCCTACTCCTAGTGGCT CTATGGAACTCCGATGCACAAATATTAATAAACCAT ATTTGTTGCAACGTGCACAAAGCCATAAATAAGTAT TGTGGAGTAAACAAATGTTGTTACTGTAGTTGATACA ACCCGTAGTACAAATATGCTGTGTGTTCTGTGTGTCT TCTAGTACAGTACATATAAATAAGCAATTTAAGGAA TATTTAAGGCTGTTGGAAGATATGATTTACAGTTTAT TTTCAGTTATGTAATAAACACTAACAGCAGATGTTATG ACATATATTATCATGTATGAACCCCTCAATTTAGAGGAT TGAATTTGGCTTACACACCCCTGCTGCTACCT AGAGCACATATCCCTATGTAACATCAGCCCTGTAA CTGTCAAAACCCAGTGCACAAACCTAAGATGAT CCATTAATAAATATACITTTTGGAGGTTGATTTAAG AAAGGTTTTCAGCAGTATAGTCAATTTCCGTTGG CCGTAATTTGTTACAAGCAGGACTAAGGCCAGGC CTAATTTAGATTAGCAAGCGTGCAGCTCCAGCATCT ACATCTAAAATCTCTACTAAACGTAGAAAGTAA AGTTAA | ATGAGCCTGTGGAGGAGCAATGAACACCCGCTATCT GCCCTGAGCGTGAAGGCAAAAGTGTGAGCACTGAT GAATACGTCACAAGGACCAACATCTACTACAGCAGG AAGTCCCGACTGCTGGCTGTGGGGCTCCTTACTATG CAATCAAGAAACAGGACTCCAACAGATTCCTGCGTCA AAAGTCTCTGGACTCAGTACAGAGTGTTCAGGGTCAA GCTGCCCTGATCCAAACAGTTCGGCTTCTGACACTT CCTTTTATGATCATGCTGTGACGCTGCTGTGGCC TGTACCGAGTGAAGCTCGGACAGGACAGCCACTGG GAGTGGCATCTGGACACCCCTGTGCAACAGCTG GGAGATACCAGAACTGAAACAAGTACGTGGAAAC AGCGCAATTCGGGACCGCAACTCGGGAATGCTTAA GATGGATTAAAGCAGACACAGCTGTGCTGTACGG TGTAGACCCCTATTGCGCAACTTTGGGGGAGGGAA CACCTGCAACCGCTAATCAGGTTGAAGCAGGCGATG TCCACCCCTGGAAGTGTGCAACAGTGTGAGGAC GGGATATGTTGTCAGACTGCTGCGGCTCCTGAT TTACCACACTGACAGGTAATAAGTGTGACTGTGCTG GATATCTGCTAGTATTTGTAAGTACCAGACTACTG AAAATGTTGAGTGGCCCTACGGGATATGCTGTTCTT TTATCTGCGGAGAGAAACAGATGTTGCGGCGACTGT TAAACAGACTGGAAGTGTGGCGAGCCCTCCAGC AGACTGTACATCAAGGGGACTACCAGCAACTGCC TCAACTAGTATTTCCACCCTTCCGCTCTATGTT GACATCCGATGCCCAGATCTTCAACAAGCTTACTGCG TGCAGAGGGCTGAGGCCATAAACAATGGGATTGCTG GAGCAACAGCTGTTCTGACTGTGGTGCACACAACT GCTCCACCAATATGCTGTGTTGTTGCTCTCAAGC TCCGACTCTACCTACAAGAGATACTTCAAGGAGTA CCTGAGACCGGAGGAAATGACTGCACTGCTACTCT TTGACTGTGCAAGATTTACCTGACAGCCGATGTTGATG ACATATTCCTTCAATGAACCAACACTTCTGGAGCA CTGAAATTCGCGTACTGCTTCAACAGCCGAAAC CTGAAATACATACAGATATGACTACTAGCAGT CACCTGTGAGAGCCCTCAGCCCAAGGCCAAGAC GATCCACTGAAAACACTACACTTCTGGAGGTTGACCT GAAGGAAAAGTTCAGCGCAGACTGGATGATCCCC CTGGACGGAAGTTTCTGTCAGGACGGCTGAAAG CAGCCAAATTTCCGACTGGGAGGGAGCAGCTCC TGCAAGTACATCAAAGAACTAGTACTAAGCCAGCGA AGGTGAAAAGC | MSLWRSNEATVYLPPV SVSKVNSTDEYVRTNI YYHAGSSRLAVGHPY YAIKQDSNKAIVPKVS GLQYRFRVKLPDPNK FGFPDTSFYDPASORL VWACTGVSEVGRGPI GVISGHPILLNKLDTE NSNKYVNGSNDNREC ISMIDYKQTLCLIGCRP PIGEHWGKTPCNANQ VKAGEPPELLENTVLQ DGDMDVDFGAMDFTT LOANKSDVPLDICSIC KYPDYLMSEPYGDM LFYLRREQMFRHLFN RAGTGYTVPADLYK TGTLPSTYFPTPSGS MVTSDAIFNKPYLW RAGHNGNIGCWSNLQ VTVDTRSTNMSVCS AVSSDSTYKNDNFK YLRHGEVLDQIFQLC KILADVMYIHSMP SILEDWNFLTPPSGT LEDYRYVTSQAVTQ KPSAPKDDPLKNYTF WEVDLKEFKSADLQF PLGRKFLQAGLKARNP TKRRAKAPASTSKSS FRLLRVKVS | 27.7% |
| HPV35 L2 | ATGCGACACAAAAGGTCTACAAAACGTTTAAAGCTGC ATCTGCAACACATATATCGTACTGCAAGAGCTGGC GAACITGTCACAGATGTTATCACTAAGTTGAGGGT AATACTGTCTGCTCAAAATTTAAATATGGCAGCAGT GCTGTGTTTTGGGGGTTAGGAATTTGTTCTGGATC TGGACAGGTGGAAAGTATCGGATGTTCCACTGGGTA CAACACTCACAACGGCTGCCACAACATTTCTATACGA CCCCCTGTAACTGTGAAAGTATACCATAGACACAAAT TGGCCCTTAGTCTCTATAGTGTACTAGTAGAGGA AACAGTGTATGAGTCTGCTGGTCCCGTGTGTTACACC AAGGGTCCCACTTACAACAGTTTACAATAACCCACT CTACAGTACACACACTGCTATTTAGATGTACAGTCCA TAAGTACACATGATAATCTACTTCACTGATCCTTCTG TTTTACCCACCACCGCTGAGAAACTCAGGTCA TTTGTACTTTATCTCTTATTAGTACACATAATATG AAGAAATCCCTATGATACTTTTATTGTTTCCACAGACA GCAATATATACTAATAGCAGCCTTATCCAGGGTCT CCCTCAGCAGCCTAGGATTTATAGTAAAGTTAC CCAGCAGTTAAGTTGTTGACCCTGCTTTAGACT CTCCTGAAAACCTTATACATATGATAATCTGCTGATG AAGCCCTAACCTGATACAACTTACAATTTAGGAT GAGGATATAGTACTCGGACTCTGACTTTATAGGA CATTATAGCTTTACATAGGCGCTGCACATCACTAGGAA AGGCATATTAGATAGTAGAGTGGTAATAAAGCATA CTATGACATACAGAAAGTGGAAAGCTATAGGGCACG GGTACATATTATCAGGATTTAAGTATTTACTGAAGA TATGAATTAACAACCTTACAACATGATCACTCCTT ACCACATACCACTTTCAACATCATTAAATGATGGTAT GTTGATATTTAGCTCTATAGATACTGAGGAGATAT TATATTTGAGCCTTCTCAACAATCTTTATATCACTACA TCTAACACTGCATATGTTCTAGCAATACTACTAATCA TTAAGTGTGGCTATGATATCCCTAATAACAGCAGGGCC AGACTGATTTAACTCTAATACTAATTTACTAACAAGTGA CTACCCGTTACCAAGCTCCTATATTTCTAATTTAGCA GATGGGGGTGACTTTTATTTACACCCAGTTATTTATTA TAAACAGCAGCTGTAACAGTATCCCATATTTTTTGCA GATGCTCTGTGGCGGTCTAA | ATGAGACATAAAGAGAGCAAAAGAGAGTCAAGAGAGC AAGCCGCAACAGCTGTACCGAACCTGCAAAAGCCGCC GGAACATGCCCTCAGAGCTATCCCAAGGTTGAGG GAACACCGTCCGCTGATCAGATTTGAAATACGGCTCC ATGGCAGTGTCTTTGGAGGACTGGGAATCGGATCAG GAAGCGGAACAGGAGGAGCTGCGGATGTTGCCACT GGGAACCAACCACTCACAGCAGTACTAATATCCCA TTCGCGCACCCCTGACCGTGGAGTCTATCCCGTGA CACAATTTGGCCCTGTGATAGCTCCATGCTGAGTGTG TGGAGGAAACTCTTTTATTGAAAGTGGGGCCCGTGTG GTCAACCAAGAGTGCTTCAACTACCGGCTTACCCT CACAACTAGCACAGCACACCCAGCTCTGGAT GTGACATCCATTTACTCACGACAAACCACTTAC AGATCCATCTGCTGACCCCACTACCCAGCAGAGA CAAGTGGCCATTTTGTGCTGTAGTTCAGCACTCA ACCCATAACTACAGGAAATCCCTATGGACACTTCA TGTGAGCAGTATTGCAACATATCAACATTTCAACCC AATCCCGGAGCCGCTACTACAGACTGSGACTGT TATAGAAAGGCACCCAGCAGGTGAAAGTGTGCTGAC CAGCTTACTGACTAGCCCGCAAGCTGATCACTAC GATAACCCGCTATGAAAGCCCTGAATCTGACACAA CTGCAAGTGTGACAGCAAGATATAGCTGCGCCCTG ACCCGATTTTGGACATCTGCTGCTGCATGACCA GCAGTACAGCAGGAAAGGACAATCCGCTACTCC GAGTGGAAACAAGACTGATTAACACCCGAGCGG GAAAGCAATGGAGCGAGGTTGATTACTCAGGACC TGTCTCTATCAACGAGGATATTGAAGTGCAGCCACTG CAGCAGCTCCCGACTGCTGCTATACCAAGTGA TACATCACTGAATGACGGCATTTGATATCTAGC CCATGACACTGAGGAGATATCACTTTCAGCGTACG TCAACAATCACTGTACACTAACACTGACTTAT GTGCTTCAATAACAATCACTGCTGCTGCGGCTGCTAC AGCCCTACTACAGCATATCGGACCGGGGAGAT TTTTATGCAACCTTCTACTACTGCTGAGGCGGAG AAGGAAAGTATTCCTACTTCTGCGCAGGTGCTG TCGCTGTG | MRHKRSTRKRKRASAT QLYRICKAGCTPPDVI PKVEGNTVADOLIKYGS MAVFFGLGIGSGSGT GGRSYVPLGTTPTTA ATNIRPPVTVESIPDL TIGLDSSIVLSEVTSFI ESGAPVTVPRVPTTGT FTITTTDTPALDVTSI STHDNPTDPSVLLHP TPAETISGHFVLSSTSI RLGLYSKGTQKVVVD SNNITNSTPIPSPRTT RLGLYSKGTQKVVVD PAFMTSPAKLITDNP YELGNPTDQFEHEDI SLAPDPMIALLHRP ALTSRKTRIRYSRGNK RTHMTRSKAIGARVH YYDLSSTIEDELQPL HPVSLPHITVSTLND GMFDYAPDTEEDIFS ASNNTYITTSNTAYV SNITPLSSGYDIPITAG PDVTFNSNTITVLPVP TGPYIADIAGDGYLHP SYLLKRRRRKRIPYFFA DVSVAV | 28.9% |

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| HPV39 E6 | ATGGCGGATTTACAATCTGCAGAACGGCCATACAA ATTGCCAGCCTTGCACAAACGCTGGACACCCCTTGC AGACATTAACAATAGCCTGTCTATTGCAGCAGGCA CTACAGAAACCGAGGATATGAATTTGATTTAGTGAT TTATATGTAGTATATAGGAGCGGGAAACCACTAGCTGC ATGCCAATCATGTATAAAAATTTTATGCTAAAACGCGA GCTACGATATTAACCTGGACTCGGTATGCAACTACAT TAGAAAATTAAGCTTAATACAAAGTTATATAATTTTAA AAGGTGCATGTGTCTGAAACCGCTGTGTCCAGCAG AAAAATTAAGACCACTAAATAGCAACGAAGATTTCATA AAATAGCAGGAGCTATACAGGACAGTGTGACGGTGC CTGGACCACAAAACCGGGAGCCGACAGCTAACACGA AGAGAAACCCAGTATAA | ATGGCTAGATTTATAAACCCCGGGAACGACCTTACAA ACTGCCCGACCTGTGCACACTACTGGATAACAACCTGC AGGACATCACCATTGCCTGGTGTACTGTGGGAGCAG ACTGCAGCAGACTGAGGTCTATGAATTCGCTTTTAGCG ACCTGTACTGGTCTATAGGGATGGAGAGCCACTGCG AGCTTGGCAGCTGTATCAAGTTCACGAAAAATAG GGAGTGCCTACTATAGGACTCGGTACGCCACCC ACTGCGAAAAACATCAAAATACTAAGCTGTATAACCTG CTGATTGCGTCACTGCTGCTGTAAGCCCTGTGTCT TGCTGAAAAACTGAGACACCTGAATCTAAGAGGGCT TTGATAAAATGACGGCAGTTACAGGGCAGTGCACCA CGGTGTGACTACCAACCGGGAGGATAGAGGGCTGA CCCGCCGAGAACACAGGTC | MARFHNPAERPKLPD LCTLDTLQDITACVY CRRLPQOQTEYEFAS DLVYVYKIDRELAACQ SCIKFYKIRELRYYS VYATLENITNKLNYLL IRMCCKLKLPAEKLR HLNSKRFRFKIAGSYTG QRRRCWTKREDRRLT RRETQV | 24.8% |
| HPV39 E7 | ATGCGTGGACCAAAGCCACCTTGCAGGAAATGTATT AGATTTATGCTTACAATGAATACAGCCGGTTCACCT TGATGTCACGAGCAATAGGAGAGTCAAGGATGAA TATGATGAACCCGACCATGCAATTAATCAACACATCAA CTACTAGCCAGACGGGATGAACACAGCGTCAACAA ACAGTGTTCGTGTTGAAGTGAACACACACTGCAGC TGGTAGTAGAAGCCTCAGGGATCTCTGCGCAACTA CAGCAGCTGTTATAGGACTACTAGGATTTGTGTCTC GTGTGTGCAACTGCAACCCAGTAA | ATGCGAGGCCAAAGCCAACTTGCAGGAAATGTGCT GGACCTGTGCCCTATAATGAGATTACGCCGGTGGAC CTGGTGTGCAGGACAGCTGGCGGAGTCTGAAGAGC AGATGATGAGCCGACCCAGCAGTGAACCCAGCAGA TCACTGCTGCCCGGAGAGATGAACCTCAGCGACAT ACATTCAGTGCACTGCTGTAAGTGAACAAATACAT CGAGCTGTGGTGCAGGCTAGCAGGATCTCTGCGC CAGCTGCAGCAGCTGTCAAGTCTCCCTGGGTGTTG CTGCCCTGTGTGCCACCCGCTAATCAG | MRGPKPTLQEIVDLCP YNEIOPVLDVCHQLGE SEDEIDEPHAVNHQH QLLARDEPRHTIQCS CCKNNLQLVVEASR DTRLRQLQFMDSLGF VCPWCATANQ | 23.5% |
| HPV39 L1 | ATGGCTATGTGGCGGTCTAGTACAGCATGGTGTTATT GCCTCCACCTTCTGTGGCGAAGTTGCAATCACTGATG ATTATGTACAGCCACAGGATATATTTATGCTGGCA GCTCTAGATTTAAACAGTAGGACATCCATTTTAAAG TGGGTATGAATGGTGGTGCAGCAGGACATCCAAA GGTGTCTGCATATAAATAGGTTATTCGCGTGCAT TGCCGATCCATAAATCAGTATTCAGATGCCATCTC TATATAATCCAGAAACACACCGTTTATAGTATGGCTT TGGGTGGAGGTGGGCGAGGGCCAGCCATTTGGGTG TGGTATGGAGTGCACCCATTATATAAGACAGGATG ATACTGAAACTCACCATTTTATCAACCCAAATAAAG ACAGTAGGATAATGTGCTGTTGATTTAAAGACACA CAGTTGTCATTATAGGCTGTGTCCGCCATTGGGGA GCATGGGTGAGGAAAGGCAAGCATGCAAGCCAAAT GTATCTCAGGGCGACTGCTCCTTTGGAACCTAGTAAA CACCCCTATTGAGGATGGTATGATGATTGATCGCT ATGGAGCTATGGACTTTGGTGTGTTGCAAGAAACAAA AGTGAAGTGCCTTATAGATTTTGAATCCATTGTAAA TATCCTGATTTTGCAAATGCTGCAAGTGTGTATGCG GACAGTATTGCTCCTGTTACGTGAGGAAACCTGTT GCAAGACATTTTGGAACTGTGGTGTGTTGGTGGTGA CGCCATTGTCGCAATTTGATATAAGGACACAGATA TATGAGGAAACCCGATGTTCTGATCTGCCCTCT CCAGCGGTCATGGTAACTCCTGATTCAGTATTT TAATAAGGCTTATGGCTACATAAGGCCAGGGCCACA ACAATGGTATGTTGGTCAATCAATATTTTCTACTG TTGGGAGCACTCCGCTAGTACCACTTTACATTTACTA CCTCTATAGAGTCTCCATACCTTTACATATGATCCT CTAAGTTAAAGAAATACACAGGCAAGGAGGATGAT GATTTACAATTTATATTTCAACTGTACTGTCACATTA CAACTGATGTTAATGCTTTATATTCACACTGAATTCCT CTATATGGCAAAATTTGCTGTAGCTCCTCCAC CATCTGCGAAGTTTGGTACACACTTACAGATACCTACAG CTGCGAGCCATACAGTCAAAAGGATGCTCCAGCACC TGAAGAAAGAGTCCATATGACCGTCTAAAGTTTGA ATGTTGACTTAAGGAAAGTTAGTTTGAACCTGTATC AATCCCTTTGGAGCTAAATTTTGGTGCAGGCCAGG GTCCGCGAGGCCCTACTATAGGTCGCCGAAAGCCGC CTGTGATCCACTCCTCCTGCTCAGCTACTAACAC AAACGTAAAGCTGTGCTCAATATA | ATGGCTATGTGGCGAAGTCCGATTTATGGTCTATCT GCCCGCCCTCGTGGCTAAAGTGAACACCGGAT GATTATGTACAGCCAGGAACTACTACTAACCGAGG CAGCTCCAGACTGCTGACTGCGGCCACCATTTTCA AAGTGGGGATGAATGGCGGGAAGAAACAGGACATCC CAAGGTGAGCGCTTATCAGTACCGAGTCTCCGGGTG ACCTGCCAGACCCAAAGATTTAGTATTCCTGATGC ATCACTGTACAATCCAGAGACACAGGCTGGTCTGG GCATGCGTGGAGTGCAGTGGGACGAGGACAGCCCA CTGGGAGTGGGAATCAGTGGACACCCCTCTGATAACC GACAGGACGATACAGAAATTCCTCCTCTCTAGTACC ACAAAAGAACAGCCGGGATAATGCTCCGTTGGACTA CAAGCAGACTCAGCTGTGCATTTGGGTGTGCTCG CCATTGGAGAACATTTGGGAAAGGCCAAAGCTTGA GCCAAACAATGTCAGCAGCGGCTGTTGCCCTCTG GAGCTGTGAACACACTCTGCAAGACGGGATATGA TTGACTGTTGATGAGCTATGGATTTTGGAGCACTG CAGGAGACCAAAATCGAAGTCCACTGGACATGCCC ACTCTATTGTAAATACCGAATCCCTGCAATGCTCAG CTGAGCTGACGGGATAGCATGTTCTTTGCTGCGG AGAGGACAGCTGTTCCGCAAGCATTGGAACAGCG GAGGAATGTTGGGACGCAATCCAGCAGCAGCTGTA TATCAAGGAACTGATATTGGGCAACTCTGGCTCAA GGCTACTGCCCTCACCAAGCGGCTCAATGGTGC CTGACAGTCACTGTTTAAACAAACCTACTGPPSAS ACAAGGCCAGGGCCATAAACATGGGATTTGTTGGC ATCCAGCTGTTCTGACAGTGGTGCATCTACCGAAG CACTAAATTTACCTGACCAAGCATCGAGTCTCTAT TCCATCTACTATGACCAAGTAAAGTTCAAGAAATAC AAGGCAGTGGGAAATAGCATGCACTGATCCTTTC AGCTGTGACCGCTCACACTGCAACTGACGTGATGTC TACATCCATACATGAACAGTTCACTCCTGGTAACTG GAACCTCGTGTGCGCACCCCTTCCTCCTCCTG TGGACATTACGCTACCTGCAGTCCGCGCTATTACC TGTGAGAAAGATGCCCGCTCCTGAGAAAGAACCC CTTACGATGGCTGAAATTCGGAACGGGACCTGCG GGAGAAATTTCTGGAACCTGGATTTCCCACTGG GAGCAGAAATTTGCTGCGAGCAGGAGTGAAGCGAGC ACCAACCATCGGACCAGAAAGAGACTGCAGCAAGC ACTGCTCCTAGTGTACCAAGCATAAAGGAAGCG GCTGAGCAAG | MAMWRSSDSMVYLP PSVAKVNTDDYVTRT GIYYAGSSRLTVGPH YFKVMMNGRQKIDPK VSAYQYRFRVLPDP NKFSPIDASLYNETOR LWVACVGEVGRQGL GVGSHPLYNRQDPT ENSPFSSTNKDSRD VSDVYKQTLICIGVP AIGHWGKPKKACKPN VSTGGCGPPLNTPIE DQDMIDTGYGAMDFGA LQETKSEVPLDICISIK YFYDLQMSADVYDWM FFFLYRLRQFARHVM RGGMVGDAIPAQLYKG TDIRANPSSVYCPSPS GSMVTSBQLFNKPKW LHKAGQNHNGICWHNO LFLTVDTRTRFNLS TSIESSPDTYDPSKFE YTRHVEYDLQIFQLC TVTLTDVMSYIHMNS SILDNNMFVAVPPSAS LADVYRYLSAATCKO DAPAREKDPYDGLF WNVDLREKFLSELDP PLGRKFLLOARVRRP TIGRKRPAASTSSSSA TKHKRRKRVSK | 26.6% |
| HPV39 L2 | ATGGTTTCCACCGTGTGCGAGCGGTAAAGCGTGCAT CTGCAACTGACCTATAGAACCTGTAACAACTCGGGT ACCTGTCCACAGCGTGTGATAAAGTGGAGGTAC TACACTGTCTGACAAAATTTTACAGTGGACTAGTTAGG TATATTTTTGGGTGGTATAGGATAGGCAAGTACTG GTACTGGGGACCCAGCAGGATATATACCCCTGGGGG TAGGCCATAACTGTGTAGATGTCTCCTGACAGCTC CACTGTAGTATTGAACCTGTTGTCCTCTGACGCCA TCTATTTGGCAATTTGGTGGAGACTCAAGTGTATAAC CTCGGAACCCAGTACCAACATTTACAGGCACTCTG GATTTGAAATTTACTTCTTCTACTACTACGCTCGGG TATGGATATTACACCCCTCCTGCGGCTGTACAAAATA CCTCTACTAGTATTAACAACCTGCTTACAGGATCCTT CCTTAATTTAGGTTCCCAACAGGTTGAAACCTCGGGT AATATTTTGCATGACCCCTACATCAGGTACACATGCG TATGAGAAATACCTATGGAAGTGTGGCCACATGCG CACAGTACCGAACCTATAGCAGCACACCTACACCTG GAATCAGTGTGTGGCAGGACACCTTTATATAGTAGA GCACATAGCAGGTTCTGTGTTAGTAATTTGATTTGTA ACTCACCCCTACATTTTGAATTTGATTAATGCTGCT TTTAGCCTGTGATCTACTACATTAACATATGAAGCTGCT GACATAGCTCAGATCCGATTTTCTGGACATTGTTG TTTACATAGCCCTGCTTAACTCGCTGTAAGGAAACAG TAAGTTAGTAGGCTTGGCAAAGGCTACCATGTT ACCCGCGTGGCACAACAAATTTGAGCGCAAGTACAT ATTACCATGACATTAGTATTGCTCCTGCTGAAAGCA TTGAATATGACCCCTAGTTACGCTGAGCCCTGAT GCTTCAGATGACATTTGATATATGCTGATGTGGAC AATAACACATATAGATGATGCAATTAATAACAGG GATTGGGCACATATAACACAGGCTCACTACTCTT TGTGGCTTCTCAGCATCTACTAAATAGCCAAACAC TATTCCTTTTACTACCTCATGGAATAGCTGTAATAC TGGCTGATATTGCTTTACCAAGTACTACTCCAGATT GCCATTTGGTGCCTTGGACCAATAGACACAACATAG CAATAACCATTCAGGTTCCAAATTTATTTGTTGCCAT TTTTGATTTTTTCCAAAAACAGTAAACGATTTCCCTA TTTTTTTTCAGTGGCTGTGGCGGTCTAG | ATGGTCTCCACCGGCGAGCAAGGAAGAACCGGCAT CAGCAACCGAAGTGTGCGCACTGTAAGCAGGAGCGG AACCTGTCCCGCAGCTGTTGATAAAGTGGAGGGG ACCACCTGCTGACAAAATTTTACAGTGGACCTCTCT GGAAATCTCTGGGAGGACTGGAAATTTGAACCGGA ACAGGCACTGGAGGCGAGTGTGATATCCCACTGG GGGGAAGCCACACCGTGGTGCAGCTGTCCCGCAGC AAGCACACTGTGTTGTCATCGAGCCAGTCCGACCTCA GAACCTAGCATGTCAGCTGTGCGAGGATAGCTCCTG TGATCACTTCAGGACCCAGCTCCACCTTCACAGGCG ACTAGCGGTTTGAATCACAATGTTCAACTACCAC ACCAGCTGTGCTGGACATCACCCCACTCCGCGAGC GTCCAGATTACAGCACATCCTACACAAACCTGCAAT CACTGATCCATCCTGATTGAGGTTCCAGACAGG GAAACTTCTGAAATATCTTTGTCAGCACTCCTACTCC GGAACACCGGCTATGAGGAAATCCCAATGGAGGTT TCCGCAACCTGAGGACGAACTGAACCAATCTCTAGT ACCCTACACAGGAAATTTAAAGGTTGGCAGGACCC GACTGTACAGCGGACACACAGCAGGTTGCGCGCTC CAACTTCTGATTTGTAATCTCAAGCTGCTGATC CTTTGACAACTCCCGCTTTGAGCCTGTGATGACTCC TGACATGCAAGCCGCTGACATCGCACCCGACCTG TTCTGGATATTTGGCGACTGCACTGCACTGA CCTCGAAAGGCGAGCGGCTGCGCTGACAGGCTGGG GAAGAAAGCCACCATGTTGACCCGAGAGCCAGC ATTGGGCTCAGTCCACTACTATGATGACTCTCCTC TATTGACCCCGAGGACTGCACTGCACTGCACTG GTGATGACAGGCTTCGACGCTTCTGATGCACTG CGATATCTAGCTGACGTGGGATAACAATCTACTG ACCCGCTTCAACAATACCCGCGATAGTGGGACACT TACAACACAGGAACTGCACTGAGTGGCCAGTTCAG TAGCACCAAGTATGCTAATACCAATTTCCATTTCTAC AAGTTGGAACATGCCCTGAATCTGGCCCTGACATCG CACTGCCATCTACTACCCACAGCTGCCCTGGTGCCT AGTGGACCAATGATACAATCTGCACTCACCATTCA GGGCAGCAATTAATGCTGCTGCCCTGCTGATTTCT TCTGAGAAAGGAACCGATCCCTTACTCTTTTTCCG ACCGGCTATGTGGCGCTC | MVSHARRKRASATD LYRCKSQGCPDVPV DKVEGLTLADKILQW LGIFLGGLGIGTGTG GRTYIPLGGRPNVTV DVSAPRPPVIEPVGVS EPSVQLVEDSSVITSGT PVPFTTSGSFEITSS TTTTPAVLDPSSGSVQI TSTSYNPAFTDPSLIEV PQTGETSGNIFVSTPS GTHGVEIPIMEVFTAH GTGTEPISSTPPIGR VAGPRLYSRAHQVRV SNFDPVTHPSVFTFDN PAFEPVTLTYEAADI APDPDFLDIVLRHPAL TSRKTGRVFRSLGKKA TMVTRRTQIQAGVHY VHAEPDADALDIQPL DVNDNNTLDTFNNTD DSGTYNTGSLPSVAS SASKYANTTIPFSTSW NMPVNTGPDIALPSTP QLPLVPSGPTDYAITI OHNISLPLLYLFLFK RKRIYFFSDGYYVAV | 27.6% |

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| HPV45 E1 | <p>ATGGCGGATCCGAAGGTCACGACGGGGAGGGAACG GGGTGTAATGGCTGGTCTTTGATAGAAAACATTGTAGA GAAAAAACAGGGGATGTAATATCAGATGATGAGGATG AAACTGCAACAGATACAGGGTCGGATATGGTAGATTTT ATTGACACACAAATATCCATTTGTAACAGCGCAGAGCA AGAGACAGCAGCAGGCTTCCATGCGCAGGAAGTT CAGAATGCAGCAGGGTTGTCATCTTTTAAACGAAA GTTTCAGAGGAGCGCAAGGAAAACAGTCCATTTAGGG GACGAGCTAAGTGGATACGGATCAAGTCCACCGGTT ACAAGAAATTCATTAATAGTGGGCACAAAACGAAA ACGACGGTGTGTTACAAATACAGATAGTGGCTAGGCT GTTCTGAAGTGGAACTGCGAGAGACTCAGGTAACCTGT AACACTAATGCGGAAAATGGCGGACGTGTACATAGTAC ACAAGATAGTGGTGGGATAGTAGTGCATACAGAAA ATGATAGTCGCAATGCGATTTACAGAACTAAAGGAG CTATTACAGCAAGTAAACAAAAGGCTCGAATGCTGGC AGTATTTAAAGACATATAGGGCTGTCTATTAGGATTT GGTTAGAAATTTAAAAGTAAACAAACATGACAGCA TTGGTAATGGCTATATTTGGAGTTAATCCAAAGGTTAG CAGAAGGCTTTAAAACATTAATTAACACGACCAAGTTAT ACGCCATATCCAAATTTTAAAGTTAAATGGGAGTA TTAATTTAGCTTTTAAAGATAAATATGGGCAAAATA GACTAATCTTGCAAAAGGCTTAAGCACATTTGTGAC GTACCTGAACCATGTATGTTAATTAACACAAAATA CGAAGTGTGTCAGCATTACTGGTATAGAACAGG TATATCAATATTAGTGAAGTAAAGTGGAGACACACTG AGTGGATACAAAGACTGACAATTTTAAACATGGTATTG ACGATAGTAAATTTGATTTGTACAGATGGTCAAGTGG GCATTTGATAAATGACCTTACAGATGAAGTATAGGGC ATTTCAATATGCCAATTAAGCAGACTGCAACAGTAATGC AGCTGGCTTTTAAAAGTAACTGCAACGCAAAATTT AAAAAGTTGGCTGAATGTGTAGACATTAATAAGAGC ACAAAAGCGCAATGAATATGTCTCAATGGATTAATA TAGATTGTCCAAAATGATGAAGTGGGGATTGGAGAC CCATAGTCAATCTTAAGATACAGGGAATGAATTTT TTAGCTTTTAAAGGCACTAAAGGAATTTCTTAAAGGAA CACCAAAATAAAATTTGATCTGTATATGGACCTGCA ATACAGCAATGATTTTGGAAAGGATTTTACATTT TCCACAAGTGCATTAATATCTTTTAAATTAAGAA GCAATTTTGGTGAACCGTTAGCAGATCTAAGGTA GCCATGTTGATGATGCCACACACAGTGTGGACAT TTTGATAATATATAGAAATGATAGATGGTAACTCC TATAAGTATAGACGAAAGCATAAACCATTATACAGCT AAAATGCTCCCAATCTTAAATCAATATGATCC AGCAAAAGATAAATAGGCCATATTAAGAAAGTGGG TGACGGTATTTAGCTTTCCACATGCAATTTCCATTTGATA AAAATGGTAAATCCAGTATATAAATAAATGATAAAAAT GGAAATGTTTTTTGAAAGGACATGGTCCAGATTAGATT TGACAGGAGCAGTGAAGATGCAGACCGGAAGGAAAT CCCTTCGGAACGTTTAAAGTGGCTTACAGGACAAAATA CTAGACCACATAGA</p> | <p>ATGGCAGACTCCTGAGGGGACTACGGGGAGGGGACT GGGTGTAATGGGTGGTTTTTCTGGAGACTATCGTGG GAAGAAGACTGGGGATGTGATCTCCGACGATGAGGAT GAACTGCCACGACAGCAGCTCCGACATGGTCGATTT CTCGACACTCAGCTGTCTATTTCCGAGCAGGCTGAGC AGGAAACCGCCAGGCTGTCCACCGCCAGGAAGT GCAGAACAGCAGCTCAGGCTCTGCTGCTGCTGAAAGCGC AAATTTGCCGGGGTCTAAGAGAGAAATAGTCCACCTGG GAGAACAGCTGAGTGTGGACACAGATGTCTACCCCG GCTCGAGGAGATCAGCCTGAACCTCCGGCCACAAAGAA GCCAAACGGAGACTGTTCCACATTTCCGATTCGGATA CGCTCAGCGAGGAGTGGAAAGCCGCTGAGACAAAGT ACTGTCAACCAATGCGAGAAAATGGAGGCTGTGTGCA CAGTACACAGCTCCGGGGAGATTTCTAGTGCACAC CCGAAAATGTCGACCTCAATAGTATCACTGACCT GAAGAACTGCTCAGGCTCAAAACAAGAAAGCAGCC ATGCTGGCAGTGTAAAGATATCTACGGCTGTCTATT CACCAGCTGGTCCGAACTTTAAGAGCATAAAACCA CATGTACAGACTGGGTCATGGCCATTTCCGCGTGAAT CCCACTGTGCTGAGGGTTTAAAGCTGTGATCAAAAC TGCTACTGACGACACATCAAGTCGCTGGATTGTA AGTGGGGCTGTGATCTGGCTGTGCTGAGGATATAA GTGGCAAAAATCGCCTGACAGTGGCAAAAGGCGCTG TCCACTGTGCTGATGTCCCGGAGACCTGTATGCTGAT GCAACCCCTAAACTAGATCAAGCGTGGCTGCACTGT ACTGGTATAGGACAGGATCTCAAACTAGCGAGGCT TCCGGAGACACCCCTGAAGTGGTCCAGAGACTGACAA TATTGACAGGCTTACGATTTCAAATTTGATGCTGCA CGCACATGGTGCAGTGGCATTGACAAATGATCGACC GATGATGTGACATGGCTTCCAGTACGACAGCTGG CCGATGCAACAGCAATGGCAGTTCATTGCAAGTCC AACTGTACAGCAAGCTCAAGAGACTGCGCGGTGAT GTGAGGCTTAAAGCGCCGCAAGAACGACAGATG AATATGCTCAGTGGATCAAGTACAGATGCAGTAAAT GATGAGGGCGGGGACTGGGCAAACTCGTGCAGTCC TGCGGTATCAGGGGCTGAGTGTCTTTTCTGAGG GCCTGAAAGAAATTTCTGAAAGGACCCCTAAGAAAA CTGTATCTCTGTACGCGCCGCAATACCGGAAAG TCCCTTTTGGATGTCTTCACTCACTTCTGACGGGG GCTATCATCAGTTTCTGGAACAGTAACTCACTTTCTGG CTGAGCCCTTGGCAGATAAAGTCCGTATGCTGG ACGATGCAACTACACCTGTGACCTACTTTGACAA TATATGGCAATGCCCTGGATGGAATCCAAATCAGCAT TGACCGAAAGCATAAACCCCTGCTGCAGCTGAAAGTGT CACCCTCTGCTGACGAGCAACTGATCCCGCTAAG GACAAAGTGGCTTACCTGAGTCCCGCTGACAG TCTTCACTTTTCCACGCTTCCATTTGATAAGAAAG GCAATCCCGTGTATGAGTCAACGACAAAGATTTGAAA TGCTTTTGAACGAGCTGGAGCAGACTGGACCTGCA TGAGGACGATGAAGACGCCGATACAGAAAGGATTCCT TTCGAACTTTAAGTGTGACCGGGCAGAAACCAAG GCCACTG</p> | <p>MADPEGTDEGEGTGCN GWFFVETIVEKKTGDVI SDDEDETATDTGSDMV DFIDTLQICEQAEQET AQLFHAEQVQNDAGV LHLKFRKFAAGSINSP LLEQLSVDLTDSPRLQ ISLNSGHKKAKRRLFTIS DSGYGCSEVEAAETQV TVNNTNAENGSGVHSTQ SSGGSDSNAENVDPH CSITLKELLOASNKKA AMLVFVKDIYGLSFTDL VRFNFKSDDKTTCTDWM AIFGVNPTVAEOKLIK PATLYAHIQCLDKWVG VLILLLRYKCGKRLTV AKGLSTLLHVETMUI EPKLRSSVAAALYWR SINISEVSGDPEVI QRLTIQHGIDSNFDLS DMVQAWFNDLTDSD MAFYQALADCNAAA AFLKSNQOAKYLKDA VMCRHYKRAQKRMN MSQWIKYRCSKIDEG DWRPVRFLRYQVEFI SFLRALFKLGTGPKKN CILLYGPANTKSYFVM SFIHQLGAIISVFNSS HFVLEPLADTKVAML DATHOTWYTFDNYMWR ALDGNPISDRKHKPLL KIKCPILLTSDNPAPK QWVPIYRESVTVFPP HAFPPDKNGNPVEIND KNWKFQFFERTWRSRLD HEDEBDDTEGIFPFG KCVTGNTRPL</p> | 26.4% |
| HPV45 E2 | <p>ATGAAGATGCAGACACCGAAGGAATCCCTTTGGAACG TTTTAAGTCGCTACAGGACAAAATACTAGACCACTATGA AAATGACAGTAAAGACATAAACAGCCAAATAAGTTATTG GCAACTTATACGTTTGGAAATGCAATACTATTTACAGC AAGGGAACATGGTATTTACAAAATTAACCCAGCGTTGG TGCCCTCTTAAACATTTCAAAAGCAAAGCACAATAAG CTATTGAACTGCAAAATGGCTTAAAGGGCTTGCACAA AGCAAGTATAAATGAGGAATGGACACTGCAAGATAC ATGCGAGGAACATGGAATACAGAACCGTCCGAGGTGT TTAAAAGGGCGTAAAACCGTGCACGTACTTTGAT GGCAACAAGGACAACTGTATGAACATGATAGTATGGGA CAGTATATATATAAATCAGAGGATATGGGAC AAACAGCAGATGTTTAGCTATTTGGGGTGTATATTTA TAAAGATGCGAATACCAATATTATGATCAATTTAA CGSATGTCGAAATATGGAATAGTATACCTGGGAA GTACAATATGGGGCAATGTAATGATGTAATGACT ATGTGGATACCAGTACAGCAGCTTCCGCTACTCA GATTTGTTAGACGACTACAACGCTCCAGCTGACCC CCAAAACCGCATCCGTGGCCACCCAAAACCCACAT CCAGACCGCGCTACTAAGCGACCTAGACAGTGGGA CTCAGAGGAGCAGCAGCAGGATGTCAACACCCAG TGACACCCCGCTCTGTGTTCAAGTACAAGTAAACAA AAAAGAGGAAGGTGTAGTGGTAAACACTACGCTAT AATCACTTAAAAGGTGACAAAACAGTTTGAATGTTT AAGATATAGGCTACGCAATATGAGACCACTACTGAG AAATATCTCCACTGGCATTTGGACAGGTTGTAATAAA AACACTGGTATTAATGATGAATATAAATGAGGAGTA CAAAAGAAATACCTTTTGGATGATGTTACTATTTCTAAC AGTGTACAATCTCGGTGGGTATGACTATATGA</p> | <p>ATGAAGATGCAGACTCCCAAGGAAAGCTGAGCGAGA GACTGAGGCACTGCAGGATAAAGTCTGGACCATTAC GAAAACGACTCCAAGGACATCAATAGCCAGATTTCTCA CTGGCAGCTGATCAGGCTGGAGAAGCCTATTTCTGTTCA CTGACCGGAACACCGGAATCACAAGCTGAAATCAG GTGGTCCCCTATCAACATTTCAAAGAGCAAAAGCACA CAAAGCCATTGAGCTGCAGATGGCCCTGAAAGGCGCTG GCTCAGAGCAAAATAACAATGAGGAATGGACCCCTGCA GGATACATGCGAGGAACTGTGGAATACCGAAACATCC CAGTGTTTCAAGAAAGGCGGGAAGACAGTGCATGCTCA CTTGACGCGCAACAAAGATAATTGATGAACTATGTTGG TGTTGGACTCTACTACTATATACAGAGACTGGGATCT GGGATAGACAGCAGCCCTTGTGTGAGTACTGGGGCT CTACTATATAGAGACCGGATACCACTACTATGTTG AGTTAAGTCAAGTGCAGAAAATACCGGACACCAAT ACCTGGAAAGTGCAGTATGAGGCAATGCTCGACT GCAACGATAGTATGTTCCACTTCTGACGATACCGTG TCAGCTACACAGATGTGCGACAGCTGACAGCAGCAA GTACCTCAACACCCAAAGCAGCTCTGCGCACTCCA AAACCCCATATCCAGACACCTGCACTAAGAGCCACG CCAGTGGACTGACAGAGCAGCAGCTGCGAGGGTG AATACTCAGCTCCATAACCCCTGCTGCGACTCCAC CTCCAAATAAGCGGAGAAAAGTGTGTTCTGGGAATA CTACCCCTATCACTACCTGAAGGAGACAAAACAGC CTGAAGTGTCTCGATACCGGCTGAGAAAATACGCC ATCACTATTCGAGATCTCTAGTACTGGCATTTGAGC GGGTGCAACAAGAACTGGAATTTGACTGTGACCTA CAATAGCGAAGTGCAGCGGAACCTTCTGACAGCTG GTCAATCCCTAACTCTGTGACGATGATGTCGGCTA TATGACCATC</p> | <p>MKMQPKESLERSLSA LQDKILHDYENDSKDIN SQISYLQIURENLAIF AREHGHTKLNHOVVPI NISKAKHAIQLQML KGLAQSNNNEEWLQ DTECELVNNEPEQCF KGGTIVHWYFDGNKDN CMNYVVDDSIYITETG IWDKTAACVSYWVYII KGDGTTTTVYQFSECE KYGNNSNWEVQGGN VIDCNSMCSTSDDTV SATQIVRQLQHAISTP KTASVGTPKPIQTPT KRRPQGLTEQHHRV NTHVHMLPSSSTNN KRRKYCSGNITPIHLK GDKNLSKCLRRLRYK ADHYSEISSTWHWTGC NKNTGILTYYNSEVOR NFTLDVPIINSVQISVG YMTI</p> | 25.4% |
| HPV45 E4 | <p>ATGACTCTATGTGACGACCAGTACGACACCGGTATCC GCTACTCAGATGTTAGACAGCTACAACACGCTCCAC GTGACCCCCAAAACCGCATCCGTTGGGACCCCAA CCCCACTCCAGACCCCGGCTACTAAGCAGCTAGAC AGTGTGGACTCAGACAGCAGCAGCAGGAGCTGCA CACCACGTCACAACCCGCTCTGTGTTCAAGTACAA GTAAACAAAAGAAAGAAAGTGTGATGTTGTAACACT ACGCCATATAA</p> | <p>ATGACCCCTGTGCGCTCCCGTGACCACCCGCTACC CACTGCTGCACTGTGGATAGTTACAATACCCACCC CGAAGACCCCTAAGCACCCTTGGGACCCACAGA ACCCAATCAGGAGAAAGGCTGAGGACCGCTGGA TTCTGTGGACAGTCAAGCTCCACACAGATGTTCCA CCCCACATGCACTACCGGCTGAGAAAATACGCC GTTCAACAATTAAGGAGGCAATGCGTGTGCTGAC CTGCGACTG</p> | <p>MTLCAVPVTRYPLRL LDSYNTPPRPPKPH WAPONPTSRRLSL DVSQSSTVVSTK CTTRSCVQVQDTPTE KCVVTLRL</p> | 28.5% |
| HPV45 E5 | <p>ATGCTATGTTAGTGTATTTATGCTTTCTGTGTGCT CTTATGCTTGTGCAATGCCGCTTGTGCAVCTGTG CTAGTGTGCTGTTGCTTGGTGTGGTGTTCCTTT TATAGTGTATACATCCCAATTAACAGCATTGCTGT ATACATTTGCTGATTTACTACTATGTTGATATACAT ATGCAATGCTTACACACCATAAATAA</p> | <p>ATGCTGAGTCTGTGCTTTCTGCTGTTTCTCGTGTG CTGATGTTGTTGTGCTTGTGCTGCTGCTGCTGCT CTATGCTGTGCTTGTGCTGGCTGTGCTGCTGCTGCT TATCGTGGTACTTACAGCCCTGACAGCATTGCGC GTGATCATGCTGTTATCTGCTGCTATGTTGCTGCT CAGATGCTGCTGCAACACCACTTAC</p> | <p>MLSVLVLLCFVCLYVC CNVPLVQSVYVCAF LLVFLVIVITSPLE YICCVLPMFLMH HTIQ</p> | 24.2% |

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| HPV45 E6 | <p>ATGGCCGCGTTTGAGGATCCAAAGCAACGACCTACAA GCTACCAAGATTGTGCACAGAAATGAATACATCACTACA AGACGTATCTATTGGCTGTGATATTGCAAAAGCAACAT GGAAACGACAGAGGTATCAATTTCGTTTAAAAGATT ATGATAGTGTATAGAGACTGTATGACATATGCTGCATG CCATAAATGTTAGACTTATTCCAGAAATAGAGAAAT AAGATATTATCAAACTCTGTATATGGAGAGACACTGGAA AAHAATAACTAATAACAGAGTTGATAATTTGTTAATAAG GTGCCTGCGGTTGCAGAAACCTTGAACCCAGCAGAAA AAACGTAGACACCTTAAGGACAACGAAAGATTTCACAG CATAGCTGGACAGTACCAGGGGCGTGAATACATGTT GTGACCAGGCACGGCAAGAAAGACTTCGCAGACGTAG GGAAACACAGTATAG</p> | <p>ATGGCCCGATTGATGACCCTAAACAGCGCCCTATAA ACTGCCCGATTCTGTACCGAACTGAATCTTCTCTGC AGGATGTGAGCATCGCATGGGTACTGTAAAGGCCACT CTGGAGCGAACCGAAGTCTCAGTTGCCTTTAAAGA CCTGTGCATCGTACCAGGATTTATTGCATATGCCG CTTCCCAAGTGTACGACTCTACTCTGCATTGCA GAGCTGAGACTATAGCAACTCCGCTACCGGCGAGAC CCTGGAAAAATACCCAAACAGAGGTGTATAATCTGC TGATTGGTGCCTGAGATGTGAGAAAGCCCTGAACCT CGCAAAAAACGAGACACTGAAGGACAAGAGCGCT TTATAGCATTGCGGGCAGTATCGGGGGCAGTGC TACATGTGTGATCAGGCTAGCGAGGAGCGCTCGCA CGGAGAGGGAACTCAGGTG</p> | <p>MARFDDPKRYPKLPD LCTELNLSQDVIACV YKATLERTEVYVAFK DLICIVYRDICAYAAHC CIDFYRIRELRYYSNS VYGETLEKIINTEYLL IRCLRCKQPLINPAEKRR HLKDKRRIFSIAGQYR GQCNTCCDDAQRERL RRRRETQV</p> | 25.7% |
| HPV45 E7 | <p>ATGATGAGCCGCGGAAACACTGCAAGAAATGTTAT GCATTTGSAACCTGAGATGGAATGACTGTTTGAAC TGTTGTGTAGAGCAATTAAGCGAGTCAAGAGGAGAA AACGATGAAGCAGATGGAATGACTGCAACCACTACC AGCCGACGAGGACTGGAACCTGCAAAAATTTTGT GTGTATGTTGAAGTGTACGGCAGAAATGAGCTTACA GTAGAGACTGCGCAGGAGACCTTGAACAACACTACG AGCTGTTTGTGACACCTGCTCCTTTGTGTGCTCGGTG GTGCATAACCAATA</p> | <p>ATGATGAGCCGCGGAAACACTGCAAGAAATGTTAT GCATTTGSAACCTGAGATGGAATGACTGTTTGAAC TGTTGTGTAGAGCAATTAAGCGAGTCAAGAGGAGAA AACGATGAAGCAGATGGAATGACTGCAACCACTACC AGCCGACGAGGACTGGAACCTGCAAAAATTTTGT GTGTATGTTGAAGTGTACGGCAGAAATGAGCTTACA GTAGAGACTGCGCAGGAGACCTTGAACAACACTACG AGCTGTTTGTGACACCTGCTCCTTTGTGTGCTCGGTG GTGCATAACCAATA</p> | <p>MHGPRETLOEVLHLEP QNELDPVLLCYEQLSE SEENEDAGVSHACL PARRAEPQRHKILCVCC KDGRIELTESSAEDL RTLQQLFLSTLFSVCPW CATNQ</p> | 27.3% |
| HPV45 L1 | <p>ATGGCTTGTGGCGCGCTAGTGCAGACTACGGTATATCT TCACCACCTTCTGTGGCCAGAGTTTGTACGCACTGATG ATTATGTTGTCCGCCAACGATTTTATCATGCGAGCGA GTCGCCGATTTTACTGTATGACTGATCATTTTAAAG TTGTACTAATGTGCAGAGTAATAAACAAGCTGTCCCT AAGTATCCGCATATCAGTATAGGTTTGTAGAGTAGC TTTACCAGTCCATAAATAAATTTGGATTACCTGATTCTAC TATATAATCTGGAACACAACTGTTGGTTGGGCATG GTAGGTATCCGAATTTGGCTGGGCAGCCTTATAGTA TGGCCATAGTGGCCATCCATTTATAAATAAATTTGGATG ATACAGAAAGTGCCTATGCAAGCTACAGCTGTTATTACG CAGGATGTTAGGATAATGTTGACTGATTATATAGCA AACACAGCTGTGATTATAGGTTGTACTGCTTTGGT TGAGCATTGGCCGAGGCACTTGTAAACCTGCA CAATTGCAACCTGGTACTGCTCCTTTTGGAACTTAA AAACACCAATTAGGAGTGGTATAGTGGATACAG GTTATGAGGCACTGATTATTTAGTACATTTGCAGGATA AAGTGGCAGGTTCCATTAGACATTTGTCAATCCACTGT AAATATCCAGATTTATGCAAAATGCTCGTACTCCCTAT GGGATTTCTATGTTTTTGGCTACCGCGTGAACAAC GTTTGAAGACATTTTGAATAGGCGAGGTGTTATGG GTGCACAGTACCTACGACCTATATATAAAGGCACT AGCCTATAATAGCTGAAACCCCTGGCAGTGTGTGTA TCCCCCTTCCACGAGTCTTATTACTCTGATTC TCAATTTATTTAAGCATTATTTGTTGATATAAGGCCCA GGGCCATAAATAGTATTTTGGCTAATCAAGTTGTT TGTACTGTAGTGGACACTACCGGACTCAATTTAAAC ATTATGTCCTCTACCAAAATCCTGTCAGAGTACATA TGACCTACTAATTTAAGCACTATAGTACAGACTGTG AGGATGACTTACAGTTTATTTTCAAGTTGTGCACATA TACTTACTGCAAGGTTATGTCATATATCCATAGTA TTAAGTAGTATATAGAAAATTTGAAATTTGGTGTCC CACCACCACTACTCAAGTTTGGTGGATACATATCGTT TTGTGCAATCAGTGTGTTACCTGTCAAAAGGATACTA CACCTCCAGAAAAGCAGGATCCATATGATAAATTAAG TTTTGGACTGTGACCTTAAAGGAAAATTTTCTCCGAT TGGATCAATATCCCTTGGTCAAAAGTTTTAGTTCAG GCTGGGTTACGTGCTAGGCTACCAATAGGACCTCGTAA GGCTGCTGCTTCCAGCTACTGTCATCTACTGCACT CTAGGCCGCAAAAGTGTACGATACGTAGTAAGAAA TAA</p> | <p>ATGGCTCACAATAATCTACGGGCACGGGATTATCAT TCTCTGAAAAATGTCAATGCTTCTCCTATCTCTGCA GATGCGCACTGTGGAGGCCCTCCGACTCTACAGTGTAC CTGCCGATTTACTGTCTGACTGACTGACTGACTGACT CGATTACGCTGCCGACCTCTACTTGTATCAGGCAAC GCAGCTCAGACTGTGACTGCTGGGAAACCTTATTT AGGTGGTCCCAACCGCGCGGAAATAGCAGCGTG TGCTAAGTCAAGCACTACAGATCGGTTTTCAGA GTGCCCTGCCAGACCCCAAAATTTGGCCTGCCG ATTCACCATCTACAATCCTGAGACACAGGCACTGGTG TGGCATGCTCGGAATGAAATCGGACGAGGCCGAGC CACTGGGATTTGACTGTGCGCCACCCCTTCAACA AACTGGACGATACCGAGAGTGCATGCGCCTACCG CCGTGATCACACAGGACTCGCGATAATGTGCTGCT CGATTATAAGCAGACTCAGCTGTCATCCTGGCTGTG TGCGACTTTGGGAACTTTGGGCAAAAGGAAACCT TGCAAAACAGCACAGTGCAGCCAGGCACTGCCA CCTCTGGAGCTGAAGAATACCACTATTGAAGACGGCGA TATGTGGATACAGGCTACGGGCGCATGGACTTTTCTA CTCTGAGGATAACCAAGTGGCAGGTGCCTCGGACAT CTGCCAGAGCATTGTAAATAACCTGATTATCTGAGAT GTGAGCGGACCATATGGCAGTAGCATGTTCTTTGTC TGCGGAGAGAGCAGCTGTTCGCGGAGCACTTTGGAA CCGCGCTGGAGTGTGGGCGACACTGCCCCACCGAT CTGACATCAAGGGAACAAGTGCATAATGCGGGAAC TCTGGCTCATGTGTGATAGTCTTCCACCAAGCGGCT CCATCATTACACTGTGACAGTGCAGCTTCAACAGGCTT ACTGTGCTGCAAAAGCTCAGGGCATACAAATGGAATT TGCTGCAATAACAGCTTGTGCAAGTGTGCTGATC CACAGGCTTACAAACCTGACTGTGTGACACTCCT AGAATCCGCTGCCTTACATACGACCAACTAAGTTC AAACGTACAGCAGACAGCTGCGGAATATGATCTGCA GTTATCTTTCAGCTGTGCACCATACACTGACTCGCG AAGTGTGAGCTACATCCATTCCATGAATCTAGTATTC TGGAAACTGGAATTTCCGCGTGCACCCCTTCCAACT ACAGCCTTGGTGGACACTTATAGATTTTGCAGTCCGT GGCTGTACCTGTGAGAGGATACAACTCCGCTGAGA AACAGGACCCATACGATAAGCTGAAATTCGAGCCGCT GACCTGAAGGAAAAATTTCAAGGCACTGGATCAGTA TCCCTGGAAAGGAGTTTCTGGTGCAGGACGACTG AGGCGACGACCAACTCAGGCGCCGAAAAAGGACTG CAGCCTCAACAGCAGCAGTATGACAGCATCACGCC CGTAAAGAGGTCGCGATTGCAAGCAAGAAA</p> | <p>MALWRPDSSTVYLPPP SVARVVSTDDYVRSIT FYHAGSSRLTGVNPFY RYVPGAGNKQAVPKV SAYQYFRFVALPDPN KFLGDSTYINPETQRL VWACVMIEGRGOLG IGLSGHPVYNKLDLDES AHAATAVTDVDRDNVS VDYKQTLQLGLCVPAI GEHVMRGLCKPQALQ PBGDPPLEKNTIIEGD PMDVTGEGAMDFTSLQ DVKLEMLDIOCSQIKY PTKCVMSADPYDSDMF FLRRLEQLFARHFWNR AGVMRDTVPTDYIYKGT SANMRETPGSCVYSPS PGSIIITSDSOLFKNPY WLHKAOGHNNIGCWH NQLFVTVDDTRTNTL LCASTQNPVPSYDPTK FKQYSRHEVYDLQIF QLCITTLTAEVMSIYK MNCSTLENWFVPPP PTTSLVDTYRFRQSVAV TCQKDTTPEKDDPYD KLKFWITDLKFKFSSL DOYPLGRKFLVQAGL RRPTIGPKRGRPHFY ASTASRPKRVRIRSKK</p> | 29.6% |
| HPV45 L2 | <p>ATGGTATCCACCGTGCAGCAGTGCAGCGGGCT CTGCAACTGCATTATAGAACATGTAAAGCAATCCGGT ACGTGCCCCCTGATGTTTAAACAAGTGAAGGCCAC AACCTTACTGTATAAAAATTTACAGTGTCTAGCCTTGG GATATTTTGGGTGGCTTGGCATTGGTACCAGGCGAGT GTTTGGAGGCGCTACCGGCTATGACCTTGGGCG CAGTCTAATAGTGTGGATTTGGCCCACTAGGCG CACCTGTGGTTTAAACCTGTAGGGCTACTGATCCA TCTATTGTTACGTTGGTAGAGGATCCAGTGTGTTGTC CTCGGTGCTCCGCTTCCACATTTACCAGAACTCCTG GGTTTGAATACGCTCTTGGTACTACACACGAGCT GTGTTGGACATACACACTACCGTGGACTGCTGTTCT TTGCTCAACTAGTTTACAATCCTGCAATTTCTGATCC CTCTATTAGGTGGCCCAACAGGGGAGGTATCAG GTAATATTTGTTGGTACCAACACTCGGGCAGCCT GGATATGAGGAAATACCTTTACAAAATTTGCACTCT GGGTACAGTACGAAACCAATAGTATGACCCCTCC CTACTGTGGCGCGGTAAGGGTCCCGCTGTATAG TAGGGCTAATCAACAGTCCGTTGCTCCACTCACAGT TTTTAACACATCCCTCTGCTGGTTACATTGATAATC CAGCTTTAGCCCTCGGACACCACTATCCTTTGAG CCTACAGTAATGTTCTGATCCGATTTTATGGATATT ATTGTTGCTAGTACGGCCAGCATTACTCTAGAGCTGG CACTGTAGATTTAGTAGATTGGTCAAGGGCAACCA CTTTTACACAGTGGTAAACAATAGGGGAGTGGGT CATTTTTACCATGATATAAGCCCATTTGCTGCTACAG GAAATGAATTTAGCCCTTAAATTTAGTGTACAAATGAT AGTAGCCTGTTTGTATATGACAGACTTCCACCTCC TGGTCCACTACACTAGCACTATACACAAATCAITTAC ATATCCAAAGTACTCTGACCATGCTTCTACTGCTGC ATCCTTTACAGTAAGTTTACAGTACCAATTAACATCTG ATGGGATGTACTTATATGACGCGGACATTAAT GCCATCCCATCTCTATGTCCTATGATCATCTCCTA CCAATGCTTCCACACCACTATAGTATTATGCTGGC ACAAATATTTTATGGCCATGGTATTATTTTCTA AAAAAGCTAAAGCTATCCCTATTTTTTGCAGATGCT TTGGGCGGCGCTAG</p> | <p>ATGGTATCCACCGTGCAGCAGTGCAGCGGGCT CTGCAACTGCATTATAGAACATGTAAAGCAATCCGGT ACGTGCCCCCTGATGTTTAAACAAGTGAAGGCCAC AACCTTACTGTATAAAAATTTACAGTGTCTAGCCTTGG GATATTTTGGGTGGCTTGGCATTGGTACCAGGCGAGT GTTTGGAGGCGCTACCGGCTATGACCTTGGGCG CAGTCTAATAGTGTGGATTTGGCCCACTAGGCG CACCTGTGGTTTAAACCTGTAGGGCTACTGATCCA TCTATTGTTACGTTGGTAGAGGATCCAGTGTGTTGTC CTCGGTGCTCCGCTTCCACATTTACCAGAACTCCTG GGTTTGAATACGCTCTTGGTACTACACACGAGCT GTGTTGGACATACACACTACCGTGGACTGCTGTTCT TTGCTCAACTAGTTTACAATCCTGCAATTTCTGATCC CTCTATTAGGTGGCCCAACAGGGGAGGTATCAG GTAATATTTGTTGGTACCAACACTCGGGCAGCCT GGATATGAGGAAATACCTTTACAAAATTTGCACTCT GGGTACAGTACGAAACCAATAGTATGACCCCTCC CTACTGTGGCGCGGTAAGGGTCCCGCTGTATAG TAGGGCTAATCAACAGTCCGTTGCTCCACTCACAGT TTTTAACACATCCCTCTGCTGGTTACATTGATAATC CAGCTTTAGCCCTCGGACACCACTATCCTTTGAG CCTACAGTAATGTTCTGATCCGATTTTATGGATATT ATTGTTGCTAGTACGGCCAGCATTACTCTAGAGCTGG CACTGTAGATTTAGTAGATTGGTCAAGGGCAACCA CTTTTACACAGTGGTAAACAATAGGGGAGTGGGT CATTTTTACCATGATATAAGCCCATTTGCTGCTACAG GAAATGAATTTAGCCCTTAAATTTAGTGTACAAATGAT AGTAGCCTGTTTGTATATGACAGACTTCCACCTCC TGGTCCACTACACTAGCACTATACACAAATCAITTAC ATATCCAAAGTACTCTGACCATGCTTCTACTGCTGC ATCCTTTACAGTAAGTTTACAGTACCAATTAACATCTG ATGGGATGTACTTATATGACGCGGACATTAAT GCCATCCCATCTCTATGTCCTATGATCATCTCCTA CCAATGCTTCCACACCACTATAGTATTATGCTGGC ACAAATATTTTATGGCCATGGTATTATTTTCTA AAAAAGCTAAAGCTATCCCTATTTTTTGCAGATGCT TTGGGCGGCGCTAG</p> | <p>MVSHRAARRKRASATD LYRCKQSGTCTPPDVIN KVEGTTLADKILQWSSL GIFLGLGIGTSGSGG RTGYVPLGRRNTVVD VGPTRPPVIEPVGPTD PSIVLVEDSSVAVSAG PVPTFTGSGFEITSSV TTTTAVLDITPTVDSVI SSTSFTNPAFSDPSIIEV PQTGEVSNIFGVPTPS GSHGYEIIPLQTFPSS SGTEPISSPLPTVRRV RGRPLYSRANQVRYS TSOFLTHPSSLVTFDNP AYEPLDITLSEFTSNV PDSDFMDIRLHRFPALS SRGTVRFSRLGORAT MFRSIPKIGRVRHFI HDISPIATEEIELOPLIS ATNDSLDFVYADFPP ASTPSTHKSFTYKVT PLTAMPSTAASSYSNVT PLTAMPVPIYTPDIL PSHTMWWPSTSPINAS TTTTYIGHGTQYVLPW YYFFKRRKRIPYFFAD GFVAA</p> | 28.0% |

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| <p>HPV51 E1</p> | <p>ATGGACTGTGAAGGTACAGAGGATGAGGGGGCGGGT GTAATGGGTGGTTTTTTTGAAGCAATAGTAGAAAAA AAACAGGAGATAATGTTCCGATGATGAGGATGAAAT GCAGATTGACAGGATCTGATTTAACTTTATAGAT AGTAACTAGTATTTGAGCTGAGCGGCAACGAGGAC AGCAGGGCGGTTGTTTCAGCCCAAGAAATCAGGCA AAACAAGAGCGTGTGCATCAGTTAAAAAGAAAGTTCT AGTCAGCCCGGCTTAAAGAGGATTTAGGAGACATTA AATCAAAACAAACACAGCCATAGTCAGGCAAAACA GTCAACAGTTAAAGGAGATTAGGACAGTTATCCGG ACAGCGGATGAGCGAATACACAGTGGAACTGTGGAA GCAACCTGTAGGTTAGTGGCAAGATGGGGGTTCC AGAACAAGTGTGTAGTAGCGGGGGGCGAGTGTAT CGATGTGSAACAAACAAGAGCTGTGCAAAATGAGAAC TAAACAGTATTTGAAAGTATTTAAAGCAGATTAAGCA AAGCAAGCTTAATGGCAAAATTTAAAGAGTTGATGGTA TTAGTTAATAGTGTGGTACGGGTTTAAAAAGTATA AAACATGTGTATAGTGGGTTTGTCCATTTGGCG TTTCCCAATGGTAGCAAAAATTTAAACACTAATTA AGCCATTTGCGATCTACCACATATAAATGTTATGAT GTGATTTGGGCAACCTTGTATTAATGCTAATTTAGGTTTT CATGTGCAAAAAACAGAACAACTTTGTAAGTTTAA GTACATTAGTAAATTTCCCAACAATCACAATGTTTATG AACCACAAAATACGTAGTACACCTGTGCCATTATAT TTTTAGAACAGGCATATAACAATTAGCAATACATATG GAGAGACCTGTAATGGATACAGCAAAACGCAACTA CAACATTTGAGGATAGTACCTTTGAATATACACA ATGGTGAATGGGCATTTGACCATGAAGTATTTAGATGA TGAGAAATAGTATTTCTTATGACAAATAGCAGAT AGATAGTAACTGCGCAGCGTTTTTAAAGAGTAAATGGCA AGCAAAATTTGAAAGATTTGGGGACCATGGCACGGC ATTACAACAGGCAAAAGAAATCATTATCTATGTGCA CCTGGATAAAGTATAGTGTATAGAGCAAAAGGATGGA GGCACTGGAGAGAAATGTCAATTTTTAGATATCAA GGTGAATCTTTATGCTCTTTTAACTGTTTAAAGC TTTTTAAAGGAAACCAACACAACTGATGATGCAAT TAGGGCCCAACCAAGCAGCAAGTCAATTTGGCAAT GACCTAATCAAGTATTGAAAGGCTCAATTTTCTATA TGA AACTCTGTGATGATTTTGGTACAGCACTAGA GGATGCTAAATAGCACTTTTATGATGATGCTAGTATG GGTGTGACATATATTGATCAGTATTTAAGAACTTTT TAGTGGTAACTCATGTAGTATAGATAGAAAACATAGGA GTTAATACAATTAGTATGCCAATTAATAACCT CAACATAAATCCCAAGAGGATGCAACCTAATGATTT TACATAAGGTTAACAGTATTAAGTTTTTAAATACAT TTCCATTTGATAAGCAATGGAACTGTGTATACATTGA ATGATGAAAAATGGAAAAATTTTTTCCACCACATGGT CCAGATTAGATTTGGAGGAGGAAAGGACAAAAGAAAT GGAGACCCTATGCCACCCTTTAAATGTGTCAGGAGGA AAATACTAGACTGTTATGA</p> | <p>ATGGACTGCGAGGAACTGAGGATGAGGGGGCTGGG TGTAACGGCTGGTTTTCTGGAGGCTATTGGAGAA GAAGACTGGGGATAATGTGAGGCGAGTGAAGGACGAA AACGGCAGGATACCGGCTCCGACCTGATCAATTTT TGATAGTGAACCTCAATCTGAGCCAGGAGCAGGAG GAACAGCCCGGCTCTGTTCAGGCTCAGGAGCTGC AGGCAAAAGGAAAGCCGTGCCAGCTGAAGCGCAA TTACTCTGTCTCCACGAACTCCCGCTGGGAGATA TTACCAATCAGAAATACACAGCCATTCTCAGGCA AACGAGAGCCAGGTGAAGCGGAGACTGCTGGACTCT ACCTGATGATGGGTATGAAATACACAGGTGGAGACT GTGGAAGCAACCTGACGTTGGAGCGGAGCATGGAG GGTCCGCAACTCTGTCTGTCTAGTGGAGCGGGAG CGTGTGATGCTGAGACACAGAACTTCCCTAATGT TGAAGCTAAGCAGTATCTGTGAAGTCTGAAATCAAGC TATGCAAAAGCCACTGTGATGCAAAAGTCAAAAGCT GTACGGCATCAGTATAACGAACTGAGGGTCTTTA AGTCAGCAAAACCTGTCTGATTTGTTGGGTGCGCCA CTGTTCGGGGTGTCCCTATGTGGCGAGAACCTGA AGCCCTGATCAAACTTCTGATGATACCACATCC AGTCCCTGCTGTGTGACTGGGGCAACTGTGCTGAT GCTGATTGGTTGAGTTCGCAAAAATAGAACTACCA TCGTAAGTGTCTGCAACCCTGTGAACTCCACAG AGCCAGATGTTTAAAGCCCTTGAAGCTGCGATCCAC ACCCGTGCCCTGTACTTCTAGGACTGGAATCAGTA ACATTTCAAATACCTACGCGAGACTCCAGAAATGGATC ACCCGACAGACACAGCTGACGACTCATTGCGAGACA GCATTTGAATGAGCGAGTGTGGCAGTGGCATT GATCAGAGGTCCTGGCAGTATCCGAACTCGCTTCA TTAGCTCAGCTGGCAGACTGATTTCAATGCGCGT CGGAAAGAGTCTGCAATGAGGCTTGGATCAGATAC CGGTGCGCAGGGCAAAAGTGGAGGCAATGGAGGG AGATCGCCAGTTCCTGGCTATCAGGGGTGAACTTC ATGCTTTTATCAGATGTTCAAGCAGTTTCTGAAAGGA ACACCCAAAGCACAATTTGATGCTACTACGGCCAC CAACACTGGAAAGTCTGTGCTGATTTGACTGATGA GGTTTGAAGGAGCATTGATGCTGCTGAAACAGC AGATCTCATTTTGGCTGACCCCTGGAGAGCGCA AACTCGCTGTGTCAGGAGTCCACTACGGATGCTGG ACCTACATGATCAGTACTCGGAAATTTCTGACGCG CAACCTTGCAGCATGATAGAAAGCAGAGTCCCTGA TTACGCTGGTGTCTCCACTGCTGATCACAAGCAAC ATTAATCCTCAGGAGGACGCCAACCCTGATGACCTGCA TACTAGAGTACCCTCTGAAATTTCTGAACTTTCC ATTTGACAACAATGGCAACCGCTGTGATACCTGAAGC ATGAAAATGGAAAGACTCTTTTTCCAACTTGGTCTC GCCTGGATCTGGAGGAAAGGAGGAGCAAAAGAAATGG CGATCTATGCCCCCTTTCAAGTGGTGGCGGGGAA AACCCCGACTGCTG</p> | <p>MDCGTEDEGAGCNG WFFVEAIVEKTDQNV DDEDENADDTGSLINF IDSETISCSQAEQETAR ALFQAQELQANKEAVH QKRRFLVSPRSSPLGD IQNQRNTHSHSOANES OVRKRLDSDYPSGGY NTQVETVEATLQVDGQ HGGSQNSVSSGGGS VMDVETTESCANVELN SIVEPLKSSNAKATLMA KFKELYGISYNELVRWF KSDKTCIDWVCAFLFG VSPMVAENLTKLPKFC MYHHQCLSDWGTIVL MLIRFSAKNNRTIAKCL STLVNIPQSQMFIEPPL RSTPVLYFYRTGISNIS NTYGETPEWTRQTLQ QHSFEDTTFELSQMVQ WAFDHEVLDDSEIAFHY AQLADIDISNAALFKN CQAKYVKDCGTMARHY KRAQRKLSMSAWIRY RCRARDKGGNREIAK FLRYGVNFMSFIOM KQFLKGPKNHVICIYV PPNPKGSLFAMSLMKF MQGSIYSYNSGSHFWL QPLEADKIALLDATY CWYIDYLRNLFNDGN PCTDRKHSRSLQVCP PLLITSNINPOEDANLMY LHTRVTVLKFINTFFPD NFGNAVYTLNDEWNKN NSETWRLDEEEEDK ENGDMPFPKCVPGEN TRL</p> | <p>26.9%</p> |
| <p>HPV51 E2</p> | <p>ATGGAGACCTTATGCCACCCTTTAAATGTGTCACGGA GAAATCTAGACTGATTAAGTGCAGTGTATAAAT AGTAGACTCAAAATTAAGTGGACATTTTACGATATGA AGTCTGCTATTTTTAGCAGCAGGGAAAGAACTTAC GAACTAATCAACAGGATAGTACCAGCAACCAAGTA TCAAAAACAAGGCCTGTCAAGCAATTTAAATGCACAT GGCTTACAATCGCTTAAACAATCAGACTATAACATGG AACCATGGACATCGGGAGACATGTTATGAATATGG TGTGTGGCTTACAAGCTGGAAATTTATATATATATGA AATGGAATCAACAGTATATTTGATGGAAAAGGACAATGC AATGGAATCAACAGCTGGAAATTTATATATATATGA TAATGATAGTGGTAAAGCAAAATGGAAATGTGGACT ATACGGGTATATATTACACTGTAATTTCAAAAAGAAAT ATTTAGTACAGTTTAAAGATGAAGCCAAAATATATGGGG CACAAACAGTGGGAGGCTTATGATGTAAGTACTGTAATA ACATGTCCTGAATATGATCTAGTACCTGACAGGACCG GTTATCCACTACTCAACTGTTGAACAATCATAACAAC CCCAACAGCAATCCCTTACCACCTGCGTGGGGCC AAAGAAAGCCCAAGCAGCAGGCAAAAGGACAGCGAC TTACTGAGCCGACTCTCCCAACTCTCCCACTGTCT GTGGCAATCAAAAACAACAATACACTGTGAAAGTGG AAGCACTAACTGAGGGCACCAAAGTGGCAACTG ACTGCGTTATAGTGCATTTAAAGGATGATAAAATG TTTTAAATGTTTTAGATACAGATTTACAAAACAAGGG TTATATAAAGCAGTATCCTCAACTGGCAATGGACAGT AATACATAAAGCAGCATTGTACCATTTGTTTGCAGT GCACATCAAGCGGAAACATTTAAAGCAATTAAGTA CCCAAGTGTAACTACTGCTATGGAAATATGACACT GTA</p> | <p>ATGGAACCTGTGCTATAGACTGAACTGTGTCAGGA AAGATCTGACTGCTACCACTGCACTCCGATAAAT TGGTGTATCAGATCAACTCTGGACCTGCTGAGATAT GAGGCGCTATGTTCTAGCAGCGCCGGAAGAAAC TGCCACCACTCAATCAGGTTGTCAGCCACCA GTGCTAAGCAGAAAGCCCTGCCAGCAATGATAGTGC ACATGGCTCTGCAGAGCCTGAACAAGTCCGATTAAT ATGGAACCTGGACTATGCGAGAGACTGCTACGAACT GTGTGTGTCGACACTAAGCAAGTTCGAAAGGAGC GGATCAGACTGACTGATTTTTGACGGCAACAAAGGA TAATGCTATGGACTATAAAGTGGAAATTTACTTACAT CTAGCAACAAGATAAGTGGTGAATACTAACGGCAATG TGGATTACACTGGGATCTACTACTGGAATAGCAAG AAAGAGTACTATGCTCAAGTTAAGGACGAAAGTAAAT CTATGGAGCACAGCAGTGGGAGTGTACTGATGGC ACCGTCTTACTGCCCGAATACGTCAGCTCCACTG TTCTGACGCCCTGAGTACTACCAACTGTCGAGCAGC TGAGCAACACCAACCAAAATCCCTGACTACTGCTG GTGGAGCAAAAGGAGCTCAGACCCAGAGGAAAC GCCAGGCACTGACAGAACTGATTTAGTACTATCACT CCACTGTCAAGTGGCAACCAACAATCAGATTCAGT TGGGTCCGATCTACCAATACAGGAGGCAATCAGTCC GCAACTCAGACCCGCTTTATGTCGACTGAAAGGG ATACTAATGCTGAAATGTTCCGGTACAGATTCAACA AGCAATAAGGACTGTCAAGAACTGTCAAGCACTGG CACTGCACTTCAATACAAAAGTGGATCGTGAACAT TGCTTTGCACTCTGCCAATCAGAGGAGACTTTATCA AGACCATCAAGTGGCCCTTCAAGTCCACTGAGCCT GGGATATGACACTG</p> | <p>METLCHRLNVOEKILD CYEFLDSDKLDQINYWT ILLRYEAMFYAARERNL RTINHOVVPATTVSKQK AQOAIMHMALQSLNK SDYNMPEWTRMRECY ELWVCAPKCFKGGI TWTVIDGNKNDAMYDT NVDYDTGYIYVNSKQE YYVQFDEAKIYGAQ WVYVMYGTVITPEYV SEVTSDDSLTTTVEQL SNTPNTPLNLTGCGAKE AQTPQRKRLTEPDS STISPLSVDTNNOIHC GSGTNTGGHQSATQT AFIVHLKGDNTNCKFR YRFTKHLGKYNVST WHWTSNNTKGTIVTFD SAHQRETFIKTKVPPSV TSLGIMTL</p> | <p>25.1%</p> |
| <p>HPV51 E4</p> | <p>ATGATCTAGTACCTGCAGCGACCGTTATCCACTACT ACAACCTGTGAAACAATCAAAACCCCAACGACCA TCCCTTACCACCTGGGTGGCGCAAAGAAAGCCAG ACACAACAGCAGAAACGACAGGACTTACTGAGCCCC ACTCTCCCAAAATCTCCCACTGTCCGTGGACAATCA AACAACCAATCACTGTGAAGTGGAAAGCAGTAAAC TGGAGGGCAACAAGTGGCAACTCAGACTGGCTTTATG</p> | <p>ATGACTGCTGCCGCTACCCGCTATCCCTGCT GCAGCTGCTGAAACAATCAGACTCCACAGAGGCC ATCCCTGACCACCCGCTGGCGTCCAAAGAAACCA GGCACAACAGCGAGAACTGACTCAGATCTGCTGCT ACCCCTCAGAGCCCTCATTGCCCTGGACAATCCA GACCAAAAGTCACTGTGGAGTGGAAAGCCCTGACT CTGAAAGCACAAAGTGCAGCTGCGGGTGGACTG</p> | <p>MYLVPAATRYPLQLLN NYQTPORPIPLPPAWA PKPRHNSENDSLLS PTPPQSHPHWITQTK YTVVEALTEGTQVQL RLRL</p> | <p>27.6%</p> |
| <p>HPV51 E5</p> | <p>ATGATAGACATATTGTAACATTTGCAATGTTTATATTT TGCTATTGTGCTTTGCTGTGTGTGCTGTCTGTGTGT GTTTGTGTCGGCTACTGCTGCCAATACGTTGTTT GCAGCTGCCATTATTAATTTATGTTTTTGGTTTGTG TTGCAACATCCCAATTAACATCATTTTTGTATATTGAT TTTTTTACTTACTTGTACTTTTACATCTATATACAT TTTTACTTTTGAATAA</p> | <p>ATGATCGCATATTGACTATGCGCGTGTTCATGATT CTGCTGTCTGCTGCTGCTGTGTGTGTGTGTGTGTCT GTCTGCTGCTGCCCTGCTGCTGAGCAGTACGTTG TTCGCCGCTGCACTGCTGCTGCTGCTGCTGCTGCT TGTGGTGCCTACTCCAGCTGACCAATCTTGTGCT ACTGATTTTTTATCTGCTGCTGTGCTGCTGCTGAC TGATACCTTTCTGCTGCTGACG</p> | <p>MYRHIVIAVFILLFLVC LQVLCVLCPLLSLQ YVFAAALLLCLFWFVA TSLTTFYVLYFFVPC LLLHLTYFLLLQX</p> | <p>27.5%</p> |

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| HPV51 E6 | ATGTTTCGAAGACAAGGGGAAAGACACAGCAAGCGTGC ATGAATATGTGAAGCTTTGAACGTTTCTATGCACAATA TACAGGTAGTGTGTGTATTTGAAAAAGGAATATGTA GAGCAGATGATATAATGAGCATTACTGAAATTAAGA TTGATATAGGGAATAAATCCATATGCAGTATGCAAA AATGTTACTGTTTATTCAAAAATAGAGAGTACAGC ATTACTAGCAGGCTGTGTATGTACTACATTAGAGGA TTACTAAAAAAGCTTATATGATTTATCGATAAGGTGT CATAGTGTGCAAGACCACTGGGGCTGAAGAAAAAGCA AAAAATGGTGGACGAAAAAAGGTTCCATGAAATAG CGGACGTTGGACGGGCAATGCGCTAATGTCTGGCA ACGTACACGACGTAACGAAACCCAGGTGA | ATGTTGAAGACAAGGGGAAAGACCAAGGACTCTGC ACGAACGTGTGAAGCACTGAATGTGAGCATGCATAA ATCCAGGTGTGTGCGTGTACTGAAGAAGAGCTGTG CCGGGCCAGCTGTATAACCTCGCTTCCACGAAATCA AGATTTGTACAGAGATAAACAATCCCTATGTCTGTGC AAGCAGTGTCTGTCTTTTACTCCAAATCCCGAGTA CCGGAGATATAGCCGATCCGCTGTACGGAACCACTG GAAGCCATCACAAAAGAACTCTGTATGACCTGAGTAT TCGGTGCACAGATGTCAAGAGGCCCTGGGCGCTGAG GAAAAGCAGAAACTGGTGGATGAGAAGAAAAAGTTCCA TGAATTTGACAGGACGATGGACTGGACAGTGCAGCAAC TGTTGGCAGAGACTGCGCAGGAAATGAGACCCAGG TC | MFEDKREPRTHLHC EALNVSMHNPYVVCY CKELCRADYVNVAFK EIKIVYRDNPNYAVCK CLLFYSKIREYRYSRS VYGTTLAETKSLVDLS IRHRCORPLGPEEKQ KLVDKRRFHEIAGRW GQCANCWQRTRQRNE TQV | 26.3% |
| HPV51 E7 | ATGCGTGGTAAATACCAAAATAAAAAGTATGATTTG CATTAAACACTACAGCTGAATTAAGTTCAATGCTAC GAGCAATTTGACAGCTCAGAGGAGGATGAAGTAC ATAAATAGCGTACAGCCTCAGCAAGAGCGGGCTGG ACAGGCTACGTGTAGCAAGTGAAGCTCCGTTGCA GGTGTCAAGTGTAGTACAACAGGCAATGGAAGCAGT GGAGACCCCTTCGGTGTACAGCAGATGTTAATGGG CGAACTAAGCCTGGTTGCCCGTGTGCGAACCACT CA | ATGAGAGGCAACGTCCCCAGCTGAAAGATGTCTGC TCACCTGACTCCAGCAGCAGGATTCCTGCACTGT TATGAACGTTTGACAGCTCCGAGGAGAGGCAAGT GGATAACATGCGAGTACGCTCCAGAGCGAAGGCA GGACAGGCTACCTGTACAGGATCGAAGCAGCTTGT GTCCGTCTTCTAGTGTGGTCCAGCTGGCCGGAGCT AAGCGGCGACACACTGAGAGTGTGTCCAGCAGATGCTG ATGGGGAACGCTCTCTGGTCTGCCCTGTGTGCTAA CAAT | MRGNVPLKDV/LH/LT PQTEIDLQCYE/DFSS EEDVENDMRDLPERR AGDCTYRIAPCCRC SSV/QLVAESSGDLR VVOQLMGEISLVCPC CANN'X | 25.9% |
| HPV51 L1 | ATGGCATGTGGCGCACTAATGACAGCAAGGTGTATTT GCCACCTGCACCTGTGTCGGAATTTGAAATACAGAAG AATATATACAGCAAGCGGATATTTACTATGACAGC AGTTTCCAGCACTAATGACATTAGACATCTTATTTCCA ATACCTAAAACCTCAAGCTGTCTACTTTCTAAAGTA TCTGCAATTAACAGAGGTATTTAGGGTACAGTTACCA GATCTTAACAAAGTTGGACTCCCGATCCAAATTTATAT AATCCAGACAGATAGGTTGTTGGGGTGTGTGG GCGTGGAGTGGGACGAGGACAGCCCTTGGTGTGG CCTTAAGTGCATCCCTTATTTAATAAATGATGACAC AGAAATCCACCACTAGCAAAATGGCAATGCACAACAAG ATGTTAGAGATAACACATCTGTTGACACAAACAGACTC AGTTATGATATAATAGGCTGTCTCCACCTATTTGGGAA CACTGGGATTGGCAGTACATGCAAAAACAGCAGTGT ACCTCCAGGAGACTGCCCCCGCTGAACTTGTATCCCT CTGTCAATCAGGATGGCGATATGATTGATCAGGGTTT GGAGCTATGGAATTTGCGTCCCTACAGGCCACAAATC AGACGTCCTTTGGATTTTACAGCTGTGTTTGAATAA TCCGATTTTAAAATGCTGTCCAGACACATATGGTAA TTCCATGTTTTTCAATTAACAGGAGCAAAATCTTTG TAGGCACTATTAAATAAATGTTAGGTTGGGGAAG ACATTCCTAACGATTTATATAAAGGATGTTGGTAAAG CGCGTGACCTTATGGCTCCCGCTGCGCAGGGTCA AATGGCATTTGCTGGCAAACTCAGCTTTTTACTCCTGT GTGATACACTCAGAACTGCAAAATTTACTATTAGCAGC TACCACTGCTGCGTTTTCCCACTTTACTCAGTA CTTAAAGCAATATATGCGATGGGAGAGATGATGAT GCAATTTATTTCAATTTGTAATAAATACTTAECTACA GAGGTAAGGCTTTTACACACAATGGATCCTACCATT CTTGAACAGTGAATTTTGGATTAACATTACTCCTCT GCTAGTTTGGAGGATGATAGTGTGTTAGAAATGCG AGCTACTAGCTGTCAAAAGGACAGCCCTCCACAGGCTA AGCCAGTCTTTGGCCAAATATAAATTTGGGATGTTG ATTTAAAGGAACGATTTCTTTAGATTTAGACCAATTTG CATTGGGTCGCAAGTTTTTTGTCAGGTTGGCGTACAA CGCAGCCCGGAGGAGGCTTAAACGCCCGGCTCAT CGCATCTCTCTCTCTCTCTCTCTCTCTCTCTCTCTCT CGTTAAAAGTAA | ATGGCTGTGGCGCACTAATGACTCTAAGGTTATCT GCCCCCTGCCCGCTCCGAACTGTGAATACTGAA GAATACATCACCAGGACAGGATCTACTATTACGCTGG CAGCTCCAGCAGCTGACTGTGGGCGCTTATTTCC CTATTCAAAGACTCAACACGGGCGTATCCCAAA GTGTCTGCAATCAGTACGAGTCTTTCCGGTGCAGCT GCCGACCTTAACAAGTTGGACTGCCAGATCCCAACC TGTATAATCCAGACACAGATGACTGGTGTGGGATGCG GTGGAGTTCGAAGTGGGAGGAGGCAAGCTCTGGGA GTGGGCTGAGTGGACAGCAGTGTCAACAAGTACG ACGATACTGAAATTTAGGATGCGTAACGGCAATGCA CCGAGGAGCTCCGCGATAACACCTCCGTGGCAATA AGCAGACACAGCTGTGATCATTGGTGTGCCCGCT TATCCGAGGAGTGTGGGATGGAACACATGCAAAA ATCCCGCTGCCAGGAGGCTGTCTCCACTGGA ACTGTTCTAGTGTGATCCAGGACGGGATGATGTTG ACCCCGCTCCGGGCTTGGATTTGCGCCCTGCA GGCAACAAGTCCGAGCTCCACTGGATATTAGTCAGT CAGTGTGAAGTATCCGAGTACCTGAAAATGTCTGCC GATACCTACGCAACAGCAGTGTCTTCACTCGCGAG AGAGCAGATTTTCGTGCTGGCATTATACAAATGAGTGG TCGGAGTGGGCGAAGCACTCCCAACGATTTACATC AAGGGAGCGGAAATGGCAGAGACCCACTCGAGTCT ATATCTACTCTGCAACTCTAGCGGCTCCATGATCACC CTGTATGTCAGATTTTCAACAGGCTTACTGGCTGCA CCGAGCAGGAGCATAAACAATGGGATGCTGCTGGAAC AATCAGCTGTATTACTGTTGGACACTCCCGAAG TACCAACTGCAAAATTTCACTGCTACCGCTGCAATGA GCCAACATTTCACTCCCTCAATTTAGCAGTATATGA GCCAGGCGGAGAAATAGGAGCTGCACTCTCTTCA GCTGTGAAAATTTACTGTACAACAGTATGGGCT ACCTGCATACTATGACCCCTACCCTGGAACAGTGG AAGTGTATAGATTTGAGAGGATCGCGCTACATCC TGTGAGGAGCAGTCCACCCAGGCAAACTGATCC ACTGGCAAGTACAAATTTGCGGAGTGGATCTGAAGG AAGCGTTCAGCCTGGACCTGGACAGTTCCGCTGGG CAGGAAATTTGCTGAGGCTGCGAGTGGAGGAAAG CCAGACCTGGAGTGAACCGCCCGATCAAGCGCTC CTCTAGTTCAAGCTCTGCTGTAAGGAAAGCGCGT AAGAAA | MALWRNDSKVYLP PVSRIVNTTEYITR YYAGSSRLTILGHP PKTSTRALPKVAF RVRFLVDPNFKFLP DPNLYNPDRLVLW VGVVEVGRGOLG GHPLFNQYDDENS NGNAOQVDRDNTS NKQTQLCIGCAPPI WGITKTNPVPPGD CPPELVSSVQDGM DTGELVAMDFALQ KMDVLDISQSVCK LKSADSYTNSMF RREQIFARHYNKL GEDIPNDYIKGSG DNPIESYIYATP SDSQIFNKPYWLR GHNNGIWNOLFIT DTRNSTLISTATA YTFPLNFNKOYR YELQFQLCKITL MAYLHTMPTLEQ FGLLTPNSASLE VRNAATSCQKTP KPOPLAKYKFW ERFSLDLDFAL LQVGVORPKRPL ASSASSSSSSAK VKK | 24.8% |
| HPV51 L2 | ATGGTGGCTACAGGTGCACCGCGTCGGAAGCGAGCAT CTGTAACACAAATATATTCTACATGCAAAAGCTGCTG CATGTCTCCTGATGTTGTGAATAAAGTTGAAGTACT ACATTTGGCCGATAAAATATACAGGTGGAGTGGGTTGG TATATTTTTGGTGCCCTAGGTTTGGTACTGGGCTGTG GACTGTGGGGCGTACTGATATATCCCTTAAAGTGTG GGGAGTCCCGACCGTGTGATTTGCTCCTGCAAA GGCCACTTATAAATGACTATGCACCATACTGAA CCTTCTATAGTAAATTTGGTTAGGACTATGATTAAT CAGTCTGGGCTCCTATACCTACTTACTGGTACCGTA TGCCTTGAATTTACTCTCTCACAAACCCCTGCTG TGTTTGGACATCACCCTATGCTGTGACTGACATG TTTCTAGTACTAACTTGAATAAATCCCTTATATATGA TCCATCCATTTAGGCTCACAATCGGAGAGGTGCGAG ATATATATTACTGTACTACTACTCTGGTACTPACTGG ATGAAGAAATACCTATGGAAGTGTGCAATCCAATGCA GTACTGTACTGAACTTATAGCAGCACACCTACCCA GGGTTAGTGCAGTACTGCTCCCGCTGTATAGTAA GTCTTACACACAGGTTAAAGTACAAATCCTGATTTAT TGTAAAGCCTACCAATTTGTTACATTTAATAACTGCT TGTGAGCCTTATGACACATCCATAAATTTTGAAGCA TGATGCTGTGACACCTGATCTGTTTCTGGATATTA TACACTGACCCCGCTGCCCTTACATCTGTAGAGGCA CAGTACGCTTATGAGTGTAGGTTAAAGGCCACAGCA CGCACTGTAGTGGCAAAACAAATTTGGTCTGCTGATA TTATTATCATGATTAAGTAAATGCACCAAGCTGATGA ACTTGAATGCAAGCTTACTTACCTTTCTAATAAATAT AGTTATGACATTTATGCTGATTTAGATGAAGCTGAA GGTTTTATACAGCCACACACACACCACTATGTACA CTCTCTTTGTCTAGGAGTGTGCTCCTTATCTATC TATGCTTACTATGCAATGTTACTATTCCATTTTCA ACTCATATTCTGTTCTCTACTTACACAGGCGCTGATG GTATTGCCACTCTCTACAGTATGGCCTATGTTTCC CCACTTCCATTTGACACCAAGCACTTATGTTATACT AGTGGGAGTACTATTGTTGCCCTATACACATTTACT ACGCAACCGCTGAACGATACCCATTTTTTACAGA TGCATTGTGGCGCACTAA | ATGGTGGCACTGGGCAAGGAAAGGAAAAGAGCCT CAGTCACTACGCTGATAGCAGCTGTAAGCGCGGGA ACCTGTCCCAGCAGCTGGTCAACAAAGGTGGAGGCA CCACTGGCCGATAAAATTTGCAAGTGGAGCGGCT GGGAATTTCTGGGAGGACTGGGAATCGGGACAGGA TCTGGCAGTGGAGGCGGACTGGATACATTTCACTGG GAGGAGCGCGGACCTGAGTGTGACTGTCCAGC CAGCCCGCCCTATCATATTGATCTGTGGACCAT ACCGAGCCAGCATGCTGAATCTGTGCAAGACAGCT CCATTTACAGTACAGGACCTATTCCAACTTACA GGACTGACGAGTATGAGATCAGCTTACTTCAACTAC CACACCCTGTGTGATATTTACTCTCCGAGGGA CCGTGACAGTCACTCCACAAACATCGAAGTCCACTG TACATTTAGCCACCTCTACTGAGGACCCCAAGTCAAG AGAGTGGAGCAGATATCTACTGCTGGTCACTATAGT GCACCCAGGCTATGAGGAAATCCCTATGGAGGTTG GCCAGCACAGCTCTCCAGGCAACAGAACTATTCTA GTACTCCAACCCCTGGGCTGTGCTGATCGAGCTCT CGACTGTACTCCAAGTCTTATACACAGGTTGAAGTCA TAATCTGACTTATCTTAAAGCAAGTACATTTGTCGAC TTTTAACAACTCAGCTTTCACCACTTACACCTGAT CAGTTTGGAGCACTGATGCTGTGGCAGCAGACCC GACAGTGGAGAGGAGCAAGTGGATTTTCAAGGCTG GGACAGGAGGCACTATGGAAGCCGAGGCGAAAC AGATCGGCGTGGGCTGACTACTATCATGACATTTCC CGCATGGCCCGCTGACTGAGCTGAAATGAGCGCTC TGCTGAGTCCATCAAACATTTACAGCTATGACATCTAC CGAGACTGGATGAGGCGGAAAGCTGCTTACTCCAGC CCACCCAGCTACCCCTATGAGTCACTTAAAGCCTGCA AGCAGCTGTGCAAGCTGCTGCTAGTATCTCAAGCTC CTACGCAAGCTGACACTTCTCTTTCACAACTTATTC TGCCCAATCCATACAGGCGCCAGCTGCTGCTGCT ACATCCCACTGTGTCCTATGTCCCTCACACTC CATGACACAAAACATTTATGATCTGCTGGAGGG ATACTATCTGGGCTTACTACTCAGCTGCGGAG AGGCGCAAGAAATCCCTATTTCTTACAGATGGCAT CGTGGCTCAT | MVATRARRRRASV LYSTCKAAGTCTPP NKVEGTLADKILQ LGLFGLGIGTGSS GRYIYPLGGGRPV VDIAPARPIHDLW EPIVNLVEDSSIO PIPTFTGDFEITS TFPAVLDIPTSAG SSTNIENPLYEPP PQSGVEYDIYLLV THGYEIEPMEVFN TGETPISSTPVG APRLYSKYTVKVN EPDITSTFEEDAV PDLFDIILHRPAL GTVRFRLGQKATM RSKGQIARVHYHD RIAPADELEMQLP NNYSYDIADLEA FIQPTHTTTPMS QLPSTSSSSSYAN LIPFTSPTVPIHT VLPFTSPTVPIHT DTHKHSIVLGGD YTHLLRKRKRIP DGVIAH | 28.1% |

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| HPV52 E1 | <p>ATGGAGGCCCTGAAGGTACAGAGGGCGAAAGGGAG GGATGTACAGGCTGGTTTGAAGTAGAGGCCAATAAGAG AAAAACAACAGGAGATACCAATTTCAGAGGACAGAGATG AAAAAGCAGATAGTAGTGGAAACAGATCTAATGTTTTA TAGATGATTCAAATAAATAAATGAAACAGCAGAAATG AGCCAGCCGGGCAATTGTTTAAATGACAGGAAGGGGA GGATGATTACATGCTGTGTGCTGAGTAAACAGAAATG TTACAAGCAGTCCGGAAGGTGCTGGCAAGATGGTGT AGAAAAACATGGTAGTCCGGTGCAGAAAAACATTTGTG TAAATACAGAGTGGTTTACAAAAACGAAACATGTGCT ACGTAGAAGACAGCGGCTATGGCAATAGTGAAGTGGGA AGCGCAGCAGATGGCAGACAGAGGTAGCGGGCAAAAT GGCGACTGGCAAAAGTACAGCTAGTCAATCAAGTGGGG TGGGGCTAGTAAATTCAGATGTAAGTTGACTAGATA GAGGACAATGAGGAAAATAGTAATAGAACCTAAAAAG CATTACAATAATGATGCGAAAATAGCATAAAAACAA TGATTTTAAATTTAAAAAGAACATAGTGTGTTAGCTTT ATGGAATAGTAGAGCACTTTAAAGTAAATAGAGATG TGTACAGATGGTGTATTATAGGAATGGGAGTAAACCC ATGAGTGCAGAAAGGATTTAAAGTAAATACAGCCCTA TAGCATTTAGTCCCAATTGCAATGTTAAATGTCAGAG AGCGCTGTCTATACTGTGCTAAATAGGTTTAAATGTT GAAAAAACAGATTAAACAGTGTCCAACTAATGTCACAG CTGTTAAATACAGCAACACATATGTAATAGAACCA CCTAAATACAGAAAGTGTCTGTCATTAATTTGGTAT AGAACAGGTTTGTCTAATATAGTGGTATATGTTGACC ACCCAGAAAGGATAGAACCAACACAGTATTACAGCA TAGCTTTGACAAATAGCATATGCAATTTGGAGAAATGGT GCAATGGGCATATGATCATGATTAACAGATGATAGT ACATAGCATATAAATGTCAGATGAGCAGATGAAATA GCAATGGCTGACGATTTCTAAAAAGCAATTCGCAAGCA AAAATAGTAAAGGACTGTCAACCATGTGTAGACATTAT AAACGGGCAAGAAAACAAATCATGAAATTTGGCAAGT GATCACGATAGATGTGATAGAAATGATGATGTTGGGAG ATTTGAGGGCATTAGTAAAGATTTTAAAGATATCAAGCA TAGAAATTTAGACCTTTTTAGAGCGCAATTTAAAAATTTT AAAGGTATACCTTAAAAAATTTGTTTATTTATATG ACCTGCAAAATGAGAAATCATATTTGGAAATGAGTTT ATTAGGTTCTTAAGTGGATGTAATATCTCTATGAAA CTCAAAAGCCATTTTGGCTACAAACATTAACAGATGC AAAAGTGGGTAGTATAGATGATGAACACCTATATGTTG GACATATAGATGATTATAGAAAATGCACTGGATG GAAATGATATATCAGTAGATGAAAGCATAGACCTTA GTCAAAATAAAATGCCACCACTTAAATTTAAACAAAT ACAAATGCAGGAAGACAGATCTAGTGGCCATATTTACA TAGTAGATTGGTGTCTTATTTCAAAACCCATTTC ATTTGATGAAATGGCAATCCTATATGAAATTAACAA CGAAATTTGAAATCTTTTTCGCAAGGACGTTGGTGA AATAGATTTAATACAGGAAGAGGACAAAGAAAACGAT GGAGTCATACCGGCACGTTTAAATGCACTGACAGGAA AAAACTAGATCTATACGAAGCTGA</p> | <p>ATGGAAGACCCCGAGGAACTGAAGGAGAAAGAGAG GATGCACAGGCTGGTTTGAAGTGGAGGCTCATTGAA AAGCAGACCCGAGACAACTTTTCAGAGGACAGAGATG AGAAATGCTTACGATAGCGGACCGCACTGATCGATTT ATTGACGATAGCAACATCAACAAATGAGCAGCAGAA CGAGGACGCTCGGCACTGTTCAATGCCAGGAAAGGA GAGGACGATCTGATGCAAGTGTCCCGCTCAAGAGAA AGTTCAACAGCAGCCGAAAGTGCAGGACAGGACGG AGTGGAGAAAGCAGGCTCAGCCAGAGCTAAACATATCT CGGTGAACACCGCAATGTTGTCTGCCAAAGAGAAAC CTGCCACGTTGGAGCACTCCGGATACGGCAATTCGAA GTGGAGGCTCAGCAGATGGCAACAGCAGTGTGAGG AGAACGAGATTGGCAGGCAATTCTAGTCACTCAAGC GGGTGGGAGCCAGTAACTCAGAGCTCTCATGCACA GCATTAAGATAATGAGGAAAACCTTAATCCGACTCTG AAAAGTATCCAGAACATATGTGTGAGAACAGCATCA GACCAGTGTCTGTTCAAGTTTAAAGAAACCTACGGCG TGAGCTTCATGAGCTGTCCGCTTTTAACTCAAC CGATCTCTTCACTGACTGTTATCATTGGAATGGG AGTGACCCCAAGCGTCCGAGGAGGACTGAAGTGCTG ATCCAGCCTTACTCTTACGCCCACTGCACTGGCT GACTTGTGATAGAGGGTGTGATCCTGCTGTGATTC GTTTAAAGTGGGAAAAACAGCACTGACCGTGTCTAA CTGATGAGTCACTGCTGAATATCCCGAAACACACAT GGTCACTGAGCGCCCTAAGCTGCGATCTGCTACTGT GCACTGTACTGATCGGACAGGACTTCCCAACTTT TGAAGTGTACGGCACTACCCCTGAATGGAGCAGCAG CAGACAGCTGCCAGCACTTTCGCAATAGCATCTT CGATTTGGGAGATGGTGGAGTGTATGACCATG ATACACTGACGATTTGACATGCAACAAATAGCC AGCTGGCTGATGTAACAGTAATGCAAGCCGTTTTCT AAGAGCACTCCAGGCAAGACTGTCAAGACTGCC CCACATGTGTAGGCACTCAAGCGGGCCGAGAGAAA ACACATGAATAAGCCAGTGATTGATAGTGGG ACGAATCGAGATGGAGGGGATTGGGCACTTTG GCAATCTCAGATACGAGGATCGAGTTCAAGCCT TTCTGGATGCTTTCAAGAAATTTGCAAGGCAATCCCA AGAAAGACTGCGTGTGCTGTACGGCACTAATACA GGCAAGATTATTTGGGATCTCACTGATCAAGTTCT GAGCGGTGTGATTTCTATGCACTTAAAGT ACTTTGGCTGACGCTTGACAGACGCCAAAGTGGG GATGATTGAGATGTCACCAACTCTGCTGACTTACA TTGACGATTATAGCGCAAGCTTGGAGGAAATGAT ATCTCTGTTGATGTCAGCACTGACAGCTGGTGCAGAT CAATGTCCACCCTGATCTGACAACTAACCAATG CAGGACCGACCCCGGCTTACCTGACAGCGC CTGGTGGTCTCCATTTAAGAACCTTTCCATTTGA TGAAACGGGAACCCACTTATGAATTTAAACAGGAA ACTGGAAGGATTTCTTTTCAAGCACTGGTCAACTG GACCTGATTCAGGAGGAAAGTAAAGGAGAACGACGGCG TGGATACCAGGCACTTCAAGTGTAGCCCGGCAAAAT ACCAGAACATCAGGCTC</p> | <p>MEDPEGTGEREGCTG WFEVEAIEKQTDNISE DEDENAYDSQDLDFI DDSNINNEQAHEAR ALFNAQEGEDDLHVS AVKRKFTSSPESAGOD GEVHKGSPRAKHCVN TCEVLPKRKHCHVEDS GYGNSEVEAQMDQ VDGONGDWSNNSGS SGVGSNSDVSCTSI NEENSNTRLKSIQNMIC ENSIKTTLFKFKETYG VSPMELVRPFKNRS CTDWICMIGMTPSVAE GLKVIQPSYIAHQLQ TCDRGLVILLIRFKQK NRLTVSKLMSQLLNFI THMVEPPKLRATCAL YYWTGLSNISEVYGT PEWIEQVTLQHSFN SIFDFEMGVQWYDHD TDDSDIAYKQALDYN SNAAFALKSNQAKIVK DCATMCRHYKRAERKH MNIQWQIYQDRIDD GGDWRPIVFLRYQDIE FTALVDFAKFLFKIPK NCLFLYGPANTGKSY GMSLIRLFGSIVYN SKSHFWLOPLDAKV MIDDVTPIGWYIDYMM RNALDGNDSVDVXHR ALVQIKCPPLLTNTA GTDPRWPYHLRSLV HFNKFPFFDENGNPIY INENWKSFFSRWCK LDLQIEEDKENDYDYG TFKCSAGKNTSIRS</p> | 25.5% |
| HPV52 E2 | <p>ATGGAGTCGATACCGGCACGTTTAAATGCGATGCAAG AAAAACTAGATCTATCAAGAGCTGATAGTAATGACCT AAACGCACAATTAACAACTGGAATTTGACTCGAATGG AATGGTTTTGTTTACAAAGCAAGGAACTGGGAATAA CTCATATAGCCACACAGGTTGGCCACCAATGGCAT GTCTAAGGCAAGGCTGCCAAGCTTGAACATCAAT TGGCATGGGAGGATTAAACAAAACACAATATAGCACA GATGGATGGACATACAACAAACAGCTAGAAATGTTG CGGTGCGAAGCAACAAAATCTTTAAAAAACATGGGT ATACAAATACAGTGAATACGATAATGATAAAAAAACA CTATGGATTATACAAACTGGAGGAAATTTATTTACTG GTGAGTGTGAATGTCAATTTGAGAGGACAGTAGAT TACTATGGGTTATATTTGGTGTGATGGAGAAAATA TATTTGTAATAATAGTAGATGCAAAACAATATTGT CTAACGAGATTGGAAGTACATGCTGGTGGTCAG TAATGTTGCTGCATCTGTATCTAGTAAAGAAATG CCACTACTGAACCTGTGTCACCTATGCACCAAAAC TCCAGACCTCCGCAAGTGTCCGTGGTCCCAAGACA CCACACTCAACCCACAGAAAAGCAGCAGCAGCA CGTCACAGACTCCAGAAACCAAGTACCCCAACCC TTTTGGGGGACAACTCCGTGGACAGTACTACACGG GGACTGTCACGCAACTGAGTGCACAAACAAAGGCA GGGTGCACATCAACTGTACTGCACCTATAATACAC CTAAAAGGTATCCCTAATAGTTTAAATGTTTAAAGAT AGGTAACAAACATAAAGATTTGATGTTCAAATTTCA TCTACTGGCAATTGGACCAAGTAAATGATGACAATAAT AAACTAGGATTTGTAACAAATAGTACAGTGTGAAACA CAAGCTCAAAATTTTTAAAACTGTTAAAAACCAAAAT ACTGTGCAAGTTATACAAAGGTGTCTGTGATTGTA</p> | <p>ATGGAAGATACCCCGAAGACTGAACCGCGTGCAGG AAAAATCTTGGACCTGTAAAGCCGCACTCAAATGAT CTGAAAGCCAGATCGAGCACTGGAAGCTGACTCGCA TGAATGCGTCTGTTCTAATAGGCAAAAGAGCTGGGA ATCACACACATTTGGCCATCAGGTGGTCCCCCTATGCC AGTGAGCAAGGCAAGGCTGCCAGGCCATTGAGCT CAGCTGGCACTGGAAGCCCTGAACAAAATCACTGATC CAGGACGGCTGGACACTGCAGCAGACTCTCTGGAG ATGTGGGAGCTGAACACAGAACTTTAAGAAACA CGGATACACCTCAGAGTGCAGTACGACACAGTAAAGA ACAAACAAAGGACTACACAAACTGGAGGAAATCTAC CTGCTGGGGAGTGGCAATGATCATTGTTGGAGGGC AGGTGGACTACTGAGCTGTACTATTGGTGGATGGG GAAATAATCTACTGCTGAGTGTCAACAAACCCAA CGAGTACTGCTGACGAGTGTGGCAAGTGCATGTC GGCGGCAGGCTATCCTGCTCCGCTCAGTGGCT CCAATGAGGTGACACCAAGAAACAGAGTGCACCT GTACTGAGACCTCAAGACTAGGCTGTGCTGCTGG GGCAAAAGATACCCACTGACGACCCCAAGAGCG GAGAAGGCGGACGTCAGCATAGCCGGAATACTAAA TATCTAACAATCTGCTGAGAGGCGCAGCTGTGGGA CAGTACTACGAGGGGGTGGTCAAGCACTGAGTGC ACAACAAGGGAAGGTTGGCCACACAACTTACTGT CTCTATCATTACTGAAAGGGCTCCAAATAGTCTG AAATGCCTGGCTACTGAGTGAAGACCAAACTACT GTACGTCAGATCAGCAGCACTGGCATTTGACCAAGC AAGAGTGTACCAACAATAGCTGGGAATCTGACCAT TACATACTCCGACGAACACAGCGGACAGTTCCTGA AGCCGTAATCCTAATACAGTGCAGGCTATTGAG GGCTCATGCTCTG</p> | <p>MESIPARLNAVQEKILD YEADSNLDLNAQIEHWK LTRMCELVFKAKELW THIGHQVVPMPAASKA KACQAIELQLALEALN TQYSTDVTLQOQTSLE MWRFAEPQYFKKHGYT ITVQYDNDKNTMDYT NWKIYLLGECECTIVE GQVDYFVYGLYWCDE KIYFVYNSDQKQCYT GVVEVHVGGQVIVCPA VSSNEVSTTETAJHL TETSKTASVSGAKDTH LQPPQKRRRNDVDSR NTRYPNLLRQDSVD STRGLVTTATECTKNG RVAHTTCTAPIHLKGP NSLKLRYRVTKHSY VOISVHWHTSNECTN NKLGVITYSDQORQ QFLRKTVPINVTQVIQ VMSL</p> | 25.7% |
| HPV52 E4 | <p>TTGTTTGCCTGCATCTGTATCTAGTAAACAAAGTATCCA CTACTGAAACCTGCTGCCACTATGCACCGAAACCTCC AGACCCTCCGAGTGTCCGTGGGTCGCAAAAGACAC ACCTCAACACCCACAGAAAACGAGCAGCAGCAGCAGT CACAGACTCCAGAAACCAAAAGTACCCCAACAACTTT TGGGGGCAACAATCCGTGGACAGTACTACAGGGGG ACTCGTCACTGAACTGAGTGCAACAACAAAGGACGG GTTGCACATACAATGTACTGCACCTATAA</p> | <p>ATGTTGCTGCTGCACCTGTACTGGTCACTAAATACC CTGCTGAAACTGCTGTCAACTACGCACTAAACCTC CTGCCACCCAGTGCCTCCGCTGAGCCTAAGACTCA CACCTACAACCCACATCGGAATGACGATGACCAACAT CTCAGACTCCAGAGACCCCAAGTACCACTACCAATC TGTGGCGATAACAATCCCTGGACTGTGCTGCATGGG ACAGCTCCCTGACAGCTGTCCGACAGACAAAAGATGG CCTGCACATCCAGCTGTGCTCCTCATCTG</p> | <p>LFVLHLYLVTKPLKLL STYAPKPPRPQCPWV PKHTYHNHRNDDDT SQTPETPSTPFTFGD NPNWVTLHGDSLLQLS AQTQKDLHLQLVHL</p> | 23.1% |
| HPV52 E5 | <p>ATGTTAGGATTTTGTATTTGTTTTATTTGCTTATGG TGTTTTGTGCACTGCTTGGCGGCTCTGACTATATAT CGGTGATGCGCAGGTGGTGTGGTGGTCTTTGCTGTA TGGGATCTATTTGGTCACTTTTAAAGTGTTTTTTTG TACCTACTGTTTTATTTTCCAATGTTTTGTAICTACT GTCACTGACAGATTTGGCAACTGCAATAA</p> | <p>ATGCTGGGACTGTTGTGTTCTGCTTATTTCTGCTGATG GTTTTTGTGGCGTGTGAGACCCCTGCTGAGTAT TAGCTGTATGCCCAGGTGTGGCTGGTGTGCTGCTG CTGGGTCAGCATCGCTCCCTCCCTTTAAGGTGTTCT TCTGACTGCTGTTCTGATTTTCTTATGTTCTGCTG TCACTGCTGCTGCAGTACTGCTGCTGAGCTG</p> | <p>MLGLVFCILLMVFLA QLRLLLSSISVYQVLL VLLVLLSSIGSPFKVFL YLLFLYFPFCHCHAA YLAQLQ</p> | 23.0% |

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| HPV52 E6 | ATGTTTGAGGATCCAGCAACGACCGACCCGGACCTGC ACGAATTGTGTAGGCTGTGGAGAAATCGGTGCATGAA ATAAGGCTGCAGTGTGTGCACTGCAAAAAGAGCTACA ACGAAGAGAGGATACAAAGTTTCTATTACAGATTTACG AATAGTATATAGAGCAATAATCCATATGCGCTGTGAT TATGTCCCTACCGCTTTTATCTAAGATAAGTGAATATAG GCATTATCAATATCTACTGATGGGAAAACATTAGAAGA GAGGGTAAAAAACCATTAAAGTGAATAACTATTAGATG TATAATTTGCAACCGCCATTTGCTGCAAGAAAAAGA AAGACATGTTAATGCAAAACAGCGATTTCATAATATAT GGGTGCTGGAACAGGGCGCTGTTCAGAGTGTGGAGA CCCCACCTGTGACCAAGGTAA | ATGTTTGAGGACCCGCTACAAGACCAGAACCCCTGCA TGAACCTGTGGAAAGCTGTGGAGGAATCCGTCCACGAA ATCAGACTGCAGTGGGTGCAGTGTAAAGAAAGAGCTGC AGCGGAGAGAAAGTCTACAAGTCTGTTTACAGACCTG CGAATCGTGTACCAGGATAACAATCTTATGGAGTCTG CATCATGTGTGAGGTTCTGAGCAAGATTTCCGAGT ACCGCCACTACAGATTTCTGATGGGCAAAACCCCTG GAGGAAACCGGTGAAGAACCCTGAGTGAATACCA TTAGATGCATATTTGTCAGACACCACTGTGCCCCGAG GAAAAGGAAACCGCAGTGAACGCAACAAGCGATTTC ATAACATTTATGGCCAGATGGACGTTGGAGTGTCCGA ATGTTGGAGGCCCCCGCTGT | MFEDPATRPTLHLEL EVLEESVHEIRLQCVQ KKEORREYVFLFTDL RIVYRDNPNYPVGMICL RFLSKSEYRHYQYSLY GKTLKEERWKKLSEIIR CIIQCTPLCPEEKERHV NANKRRFNHMRWTR CSEWRPRPVTVQ | 27.5% |
| HPV52 E7 | ATGCGTGGAGACAAAGCAACTATAAAGATTATATATTA GATCTGCAACCTGAAACCACTGACCTACACTGCTATGA GCAATTTAGGTGACAGCTCAGATGAGGAGGATACAGAT GGTGTGGACCGCCAGATGGACAGCAGAAAGCCCA CAAGCAATTAACACTATTGACATTTGTCACAGTTG ATAGCACACTACGCTATGACATTCATGACACTGCGAGC GACCTTCGATCTACAGCAAACTGCTTGGCCACT ACAAGTGTGTGCCCCGCTGTGACCGCTATAA | ATGAGAGGAGACAAAGCCACCATCAAGGATTACATTCT GGACCTGCGAGCTGAGACCACTGACCTGCATGCTATG AACAGCTGGGGACAGCTCCGATGAGGAAGACACCGA TGGAGTGGACAGCCAGATGGACAGGACAGAGCGCT ACTAGCAACTACTATTGCTGCACTGCGACTCTGT GACAGTACACTGCGGCTGCTCATCTTCTACCGCAAC AGATCTGAGAACACTGCAAGCATGCTGTGGAACT CTGAGGTTGTCTGCCCTGCTGTGCCGCTG | MRGDKATIKDYLDLQ EEDTLHCYEQLGDSDD ETTDQVDRPDGGAEO ATSNYYIVTVCHSDST LRNLHSTADLRLTQQ MLLGLTVQVPCGCARL | 23.7% |
| HPV52 L1 | ATGTCGGTGTGGGCGCTGTGAGGCGCACTGTGTACC TGCCCTCTGACTGCTCCTAAGGTTGTAAGCACTGAT GAGTATGTTGCTCGCACAAGCATCTATTATTTAGCAGG CAGTTCTCGATTCAACAGTAGACATCCCTATTTTTCT TATTA AAAACACAGTGTGTAATGGTAAAAAAGTTTT AGTTCCCAAGGTGTCTGCGCTGCAATACAGGATTTTA GAATTAATTTGCGGCACTTAATAAATTTGTTTCCAG ATACATCTTTTTAAACCCAGAAACCCAAAGTTGTGT GGCCCTGTACAGCCTTGGAAATTTGCTAGGGACACCC TTTGGTGGTGGTATTAGTGGGCACTCTTATTAACAA GTTTATGATACTGAAACCAGTAACAAATATGCTGGTAA ACCTGGTATAGATAATAGGAATGTTTATCTATGGAATTA TAAGCAAGCTCAGTTATGCAATTTAGGATGCAACCTC CTATAGGTGAACATTTGGGTAAAGGAAACCCCTTGT AATAAATCAGGAATCTGGGATTTGCTCCCTAC GCTCATTAAACAGTGTAAACAGGATGGGACATGGT ATACAGGATTTGGTGTGATGATTTAATACCTTGAAG CTAGTAAAGTATGATGCGCCATTGATATATGACAGC GTATGTAAGTATCCAGATTTATGCAAAATGGTACGGA GCCATATGGTACAGTTGTTCTTTTTCTTACAGCTGA GCAAAATGTTTGTACACACTTTTTAATAGGGCCGTAC CTTAGGTCGACCTGTGCCAGGTTGATTTATATACAA GGCTTAACCTGCGCAACTGCCACTGTACAAAGCAGT GCTTTTTCTTCTACTAGTGGTCTATGTTAACCTCA GAATCCCAATTTAATAAACCGTACTGGTAAACAGCT GGCGAGGGCCCAATAATGGCATATGTTGGGGCACT AGATGTTGTCACAGTGGGATACCACTGTAGCACT AACATGACCTTATGCTGAGGTTAAAGGAAAGAAC ATAAAAATGAAAAATTTAAGGAATACCTTGTCTATGG CGAGAAATTTGATTTACAATTTATTTTTCAATTTGTC AATGACATTAACAGCTGATTTATGACATGACATTTCA ATGATGCTCACTATTAGAGGACTGCAATTTGSCCT TACCCACCACTGCTCATCTTTGAGGACACACATAC ATTTGCTCACTACTGCTATAACTGTCAAAAAACA CACCCATAAGGAAAGGAGTCCCTTAAAGGACTAT ATGTTTTGGGAGGTGGATTTAAAGAAAAAGTTTTCTG GATTTAGATCAGTTTCTTATAGTAGGAAAGTTTTGTA CAGGACGGCTACAGGCTAGGCCCAAACTAAACGCC CTGCATCATCGGCCACTGCTCCACAAAGAAAGAA AAGTTAAAAAGTTAA | ATGGTCCAGATCTGTTTTATATCCTGCTGCTTTTTCTAT TATGTCGGCGGGGTCAACGCTTTCACATTTTCTGCA GATGAGCTCTGCGAGGCTAGCGAGGCGCACCGTGTAT CTGCCCGCTGTGGAGTCTCTAAGTGGTCACTACAGA CGAATACCTGAGCCGACTCTCCTACTATTAGCGTGC GAAGCTCCAGACTGCTGACAGTGGGCCACCCCTACTTT TCTATTAAAGTACTTCTAGTGCACACGGGAAAGAAAGT CTGTGCTTAAAGTGAAGTGGACTCAGTATAGGCTCT TTGCCATAAGCTGACAGCCCAACAAGTTTGGCTTC CCAGTACAGCTTCTACAACCCGAGACACAGAGGCT GGTGGGCTTGCACCGGCTGAAATGGACGAGGA CACCACTGGGGTGGAAATGAGTGGGCACTCTGC TGAATAGTTTGCAGGACTGAGACTCAACAAAGTAT GCCGGAAACCTGGAATGCAACTCGGAAATGCTGA GATGGACTACAACAGACAGTGTGCACTCTGGG CTGTAAGCCACCTTTGGGAGGACTTTGGGCAAGGG ACACCTGCAACAATAACAGCAATCCAGGGGACT GTCTCCTGACAGCTGATCAACTCGGATTCAGGAC GGGATATGGTGGACACCGGATTTGGCTGATGATTT CAACACTGCGAGGCTAGCAAGTCCGACGTCGCCACT GATTTTTGCTCAAGGCTGTGAAATATCCAGACTACCTG CAGATGGCTCAGAGCCCTATGGCATAGCTGTTCTTT TTTTCTGCGGAGAGAACAGATGTTGCTGCGACACTTT TCAATCGAGCAGGAACCTGGGCGACCTTCCCAGG GGATCTGTACATCCAGGGGCTAATAGTGGAAACAG CTACTGTGCAGTCTCTGCATTTTTCCCACTCTTCCAG CAAGCATGTCACCTCCGAGTCTGAGCTGTTAAACAA CCCTATTGGCTGCAGGACGACAGGCCCAATAAAG GGATTTGCTGGGGAATCAGCTGTGCTGAGTGGT GATACACAGCTCCACCAACTGACACTGTGTGGCGGA GGTGAAGAAAGATCTACATCAAGAACGAGAACTTCA AGGATACCTGAGGACAGCGGAGGCTGACCTGCA GTTATCTTCCAGCTGTGCAAGATTTACCTGACAGCG ATGATGACATACATCCATAAAGTGGACGCTACTATTC TGGAGGATGGGAGTTGGCTGACTCCCTCCCAAGT GCATCACTGGAGACACTGAGGTTGCTGACTTCTAC CGCCATCACTGTGAGAAATACCCCGCTAAGGGGA AAGAGGACCACTGAAAGATTACATGTTTGGAGGTT GATGTGAAGGAAAAATCAGCGGCCACTGGATCAGTT TCCCTGGGAGAAAGTTCTGCTGAGGCGGACGCTG CAGGCCAGCAAAAGCTGAAAGGCCCGCCAGTTTAC CTCTGCAACAGCACTAAGAAAAAGAAAGTGAAGCGA | MSWVRPSEATVYLPPV PVSKVWDEYVRSRIS YYAGSSRLTGVHPYF SIKNTSSGNGKVLVVK VSLQYRVFRILPDPN KGFDPDTSFYNPQRL VWACTGLEIRGPGPLG VGSIGHPLLNKFDDTE SNKYACKPDIRRELS MDYKQTLCLGCKPPI GEHWGCTPNNNSG NPGDCCPLQLINSVIO GDMVDTGFGCMDFNL QASKSDVPIDICSSVK YPDQLQMASPEYDLS FFLRREOMVRHFFL RAGTLDGPVPGDLYQ GNSNGNATVQSSAFF PTPSGMVTSSEQLFN KPYWLRQAQHHNNG WGNLQVTVVDTTRST NMTLCAEVKKESTYKN ENFKEYLRHGFEDFL FIFQLCKITLADVMYI HKMDATILEDWQFLG PPPSASLEDYRFVTS AITCOKNTPPKGKEDP LKMFWFVVDLKEKFA DLDDQPLRKLQALQ OARPKPLRFPASSAPRT SJKKXKXKVR | 31.1% |
| HPV52 L2 | ATGAGATACAGACGGTCTACACGGCACAACGTCCTC TGCAACACAGCTATACAACATGCAAGCCCTCGGCA CCTGCCCCCGCATGTTACTCAAGTGGAAAGCCACA ACTATTTGACAGTCAACTTTTAAAAATGCGAGCTAGG GGTGTTTTTGGAGTTGGGATAGGTACAGGTCGAG GCTGTGGTGGTAGGGCAGGCTATGTGCCATTGTCCAC TCTGCTCCCACTAGTATGATGATGAGAAACAACTC GTCGCCCTGTAACTGTAGAACCCTTTGGTCCCTTAGAA CCATCTATGTTTCTATGATAGAAGAAACAACTTTAT GAGTCTGGCGCACTGCTCCACTTATCCACTGACAAAC AGGTTTGTGTTTACAACTCTGCAAAATATCTGCTGC AATAATTAATGTAACTATCTACGTGAATCATGTGACA ATCAGTTCACACATTAATCTCATTCACTGCAAC ATCATAAATACAGCCCGGACCTGCAAGGATCTG GCTATGATGTTTCTAGTCCAATCTTATGATGACACA CCTATGAAGAAATCTTATGGATACATTTGTTACCTCA CTGACAGCAGCAGTGAACAAGTATGACACTTATCC GGTCTCGCCCTGACACAGAAATAGTAACATATACAAC TGGTCCAGCAACAGGTTAAGTATGTCAGCCCTGCTTTA TGTCTACCCACAGAAATAGTAACATATACAACCTGT TTTTGAGGCGTGTATACAGATGAACTATAATTTTTG ATCGTTTACAAGCTTTTACCTGACCGGATCCGATTTT TAGACATTAAGCTTTGATAGGCTGCAATTAACCTCT GAAGAGTACTGTATGGTTTAGCAGGCTGTGTAATAAG GCCACCTACGTACACAGTGTGGAACAAATTTGGG CACGGGTACATTAATCATGATATTAGTCTATCCAGC CTGCTGAAGTTCAGGAGACATAGAATGCAACCTTAA TTACACAGCTGTGTGCTCCCTTACACTTAATGATGGT TTGATGATGTGTATGAGATTTTTCAGCAACCCACT GTTTCACTTACCTTCCACACTTTTACCCATAATAATAC TTTCACTGATCTAATAAGTGGTATTGACTTTGATAT CAACCCACTATGCTCATGAGTCAAGGTCCTGACATTT ATACCTTCGTTACCCACACTACTCTTTTGTCTCAT AGCCCTACAGCTCCACTACATCTATTATTGTTGATGG TACAGATTTTATTTTACTAGTATTCTTACTAGCT CGAGCGCTAAAGTTTTCCATATTTTTTACAGATGTC CGTGTGGGGCGCTAG | ATGAGGATACGGGCAAGCACTCGGCATAAAAGGGCAT CCGCAACCCAGCTGTATCAGACTGTAAAGGCATCCG CACTGTGCCCGAGATGTGATCCCAAGGTCGAAGGC ACCACAATTTGCTGACAGCTGTGAAATACGGAAGCCT GGGCGTGTCTTTGGAGGACTGGGAAATCGGAACCGGA GCTGGTGGAGGGCAGGCGAGGATATGTGCTCTGA GCACACGCCCCCTACTAGCTCCACTACCTCTACA ATTAGGCCACCCTGACTGTGCAACCCATCGGCCCTCT GGAGCCATCAATCGTGAGCATGATTGAGGAACAACT TCATCGAAAGGGAGCAGCAGCACTTCCATTCATCT GCCACCGATTTGATGAGCCATCCGCAACTCAACT CCCTGCTACTTAACTGACTCATCTATGCGGAGCTCA GTGTCAGAGTGTCTAAACCCACTGAACTCAACATTC ACTGAACCCAGTACTTACGCTCCAGCTCCGCGAGA GGCTCAGACAGCTGTGTTCTCAAGCCCACTATCA GCACCCATACATACAGGAAATCTATGGACACTTTT GTGACTAGCACCGCTCCTACTGCTCACTCAAGCAC CCAATCCAGGCTCCGCGCACTACAGACTGGGG CTGACTGTAGGCGCACCGAGAGGTTGGTGG ACCCGCTTTTATGCTCCTCCTCAGAAACTGGTGACA TATAAATCCCGTGTGCAAGGCGTGGACACAGATGA GACTCATTTTATGATCGCTCCAGCTGCTCGCTGAC CAGACCCGATTTCTGGACATCATTGCACTGCATAGA CCGCGCTGACTTCCGGAGAGGCACTGCGGTTCA GCCGCTGGGAAACAGGCAACCTGAGAACAAAGGAG TGGGAAACAGATCGGAGCCGCTGCACTACTATCAT GATATCAGCCCACTAGCTGCTGAGGTCAGGAAAG ACATCGAGCTGCAAGCCACTGTCGACAGAGCGTCT CCCTTACACAATTAACGACGGCTGTACGATGCTCAT CAGACTCTGTCAGCAGCTACTTCTGACCTGCAAGT ACTGTGCAACCCATAACAATCACTACTGTCGAATC AATAGCGGCACTGATTTTGTCTATCAAGCCCAAGT CATCGAGTCCGGCCCGACTTCTCTGCCATCCCTG CCTACCCACACACTTTTGTGCAATGCGCTCCCACCG ACCTTCTACAGTATCATTTGGAAGCGGACGATTTCA TTCTGACTCTAGCTACTTTCTGCTGAGCGCCGAGCG AAGCGATTTCCATTTTCTTACAGATGTGGCGTCCG CGCT | MRYRRSTRHKRASATQ LYQTKASGTPPDVPI KVEGTTIAQDLQKYL GVFFGGLGIGTGAGSG CRAGYVPLSRPPTSSI TSTRPVPVTRPPTSS PSIIVMIEETFIESGAP APSPISATGFDVTSAN NTPAINPTVTSIGESSV VSTHNPPTFEPISQPP APAEASHVLFSSPIS THYEEIPMIDFTVST SSVTSRTPSPRPT RLGLYRTOQKVVND PAMFSSPKLVYNNP VFEVDDTEIFDRSRL LPAPDFDLIADLHRPA LTSRRGTFRSRLGNK ATLRSRSGKIGARVHY YDVISQPAEVEDIEL QPLLPOSVSPYTINGL YDVYADSLQOPFHL STLSTNNHTVTPVNSIG DFVYTHNTMIESGPDIP LPSLPTHFPVPIAPT STSIIVDGTFILHPSYFL LRRRKRFPYFFTDV VAA | 27.8% |

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| HPV58 E1 | <p>ATGGATGACCTGAAGGTACAACGGGGTATGGGCGG GCTGTACTGGCTGGTTGAGGTAGAAGCGGTAATAGAA CGAAGAACAGGAGATATATTTTTCAGATGATGAGGACGA AACAGCAGCAGTATAGGTACAGATTTAATAGAGTTTAT AGATGATTCAGTACAAGTACTACACAGCAGAAGCAG AGGCAGCCGAGCCTGTTTAAATGTACAGGAAAGGGT GGACGATATAAATGCTGTGTGCACTAAAACGAAAGT TGCAGCATGCTCAGAAAGTGTGTGTATCGTGGAAATATA AAATAAAGAATGCACACACAGAAAACGAAAATTATGA GCTAGAAAGCAGCGGATATGGCAATACTGAAGTGGAA CTGAGCAGTGGCCAGCAGCAGGTAGAAGCCAAATGG CGACGCACTTAATGACTCGAGCTACTGAGGGGCT CGGGCTAGTTCAGATGTAAGCAGTGAACCAGATGTAG ACAGTTGTAATACTGTTCATTACAAAATATTAGTAAT TCTACATACAGTAACTAAAGCAACGCTATTATATA ATCAAAGACGTTAGGAGTAAGTATTGGAATTAGT TAGACCATTAAAAGGTATAAACAAGCTGTACAGATTG GTGTATAACAGGTATGGAATAAGTCCCTCGTAGCAG AAAGTTTAAAGTACTAATTAACAGCAGCAGTATATA CACACCTACAATGTTAAAGGTGTACAGAGGAATATAT TATTATTGTAATAGATTAAAGTACGAAAATAGATT AAGTGTGGCAAAATTAAGTGAATTTACTATCAATCC TGAACATGTATGATTACGAGCCACCAAAATACGAA GTCAAGCATGTGCCTTATATGGTTTGAAGCAGCAATG CAAAATTAAGTGTGTGCAAGGGCAACACCAAGTGG ATAGATGATTAAACAGTGTACAGCATAGCTTTAATG GATATATTTGATTAAGTGAATGATCAATGGGCATAT GATAATGACATACAGATGATGATGACATTCATATA ATGCAAGTGTGATGATTAATGATTAATGACAGCAGC ATTTTAAAGAGCAATGCACAGCAAAATAGTAAAAAG CTGTGGCGTATGTGACAGCATTAAAAGAGCAGAA ACCGTGGTATGACCAATGGGCAATGGATACAAGATTG GTGAAAACAAAATGATGGAGTAAATGGAGACCAAT AGTACAAATTTTAAAGATATCAAAATTTGAATTTACGCA TTTTAGTGTCAATTAACAGTGTTCACAGGTGTACCA AAAAAAAGTTGTATGTTACTGTGTGGCCACAGAAATAC AGGAAATCAATTTTGGCAATGAGTTTAAATACATTTT AAAGATGCAATTTTCATATGTAATTCCAAAGTCAAT TTTTGGTTCAGCCTATTCAGATGCTAACTGATG ATAGATGATGAACAGCATAAGCTGGACATATATAGAT GATTATATGAAATGATTAAGTGAATGATCAACATTTCA ATAGATGTAACAAATGGGCTATAGTACAATAAAATG CCACATTAATAAATTCCTAAATCAAAATGCAGGCAAA GATTCCAGTGGCCATATTTGACAGTACAGTAAACAT ATTTGAATTTAAACAAATTTCCATTTGATGCAAAATG TAATCCAGTGTAAAATAAATGATGAAAATTTGAAAATC CTTTTTCTCAAGGACGTGTGCAAAATAGGCTTAATAGA GGAGAGGACAGGAAAACGATGGAGAAATATCAGC ACGTTAAAGTGACGAGCAGGACAAAATCCTAGCATAT ACGAGGCTGA</p> | <p>ATGGACGATCCTGAGGAACTAACGGGGTGGGGCTG GCTGCACTGGCTGGTTGAGGTGGAGGCTGCTATTGA AAGAAGAACTGGCGACAACATCTCCGACGATGAAGATG AGACTGTGACGATCTGGGACCGACTGATCGAGTTT ATTGACGATCTGTGACAGATACCACACAGGCAAGGC TGAGGCACTCGCCCTGTTTCAACGTGAGGAAAGGA GTGGACGATATCAATCCCGTGTGTGCTGTGAAGAGGA ATTTGCAAGCTGTCCGAGTGTGCTGTGGAAGACTGTG TCGATCGCGCTGCAACCGTGTGCTCTCTGGAAGTA CAAAAATAAGGAGTGCACCCCGGAAAAGAAAGATCA TTGAACTGGAGGATCTGGGTATGAAAACACAGAAATG GAGACTGAACAGATGGCACATCAGGTGAGAGTCA ACGGCAGCCGATCTGAACTCAGAAAAGCTCGCG CGTGGGGCTCTAGTGTATGCTCAAGCAGAGCCGAC CTGTGTTTCTGTAATACAGTCCCTGTGCAAAATCTC CAATTTCTGCACAACTTAATACAAGGCCACTGTCT GTACAATTCAGGAGGCTTATGGCTGTCTTTATG AAGTGGTGCAGCCCTCAGAGTGAACAGACCTCATGC ACAGATTTGGTATACAGGATACGCGATTAGTCCCTC AGTGGCCGATCTGAAAAGTCTGATCAGCAGCACA GTATCTACACACATCTGACGTGCTGACTGTTGACAG GGGATCATTGCTGTGCTGTATCAGGTCAAAATGCA CAAGAACCCGCTGACAGTGCCCAACTGATGACCA CTGCTGCCATTCGAGAGCTGTATGATCATTGAAC ACCTAAGCTGCGCAGCAGGATGCGCAGTACTGG TTTTGAAACCAGATGCAACATCAGCAGCTGCGAG GCACTACCCCTGAGTGGATTGCTGGCTGACAGTCT GCAGCATTCAACAGCAGTATCTTTGACTGAGCG AAATGATTAGTGGGCTACGCAATGATATCACCAG GATAGCGCAGTGTCTACAATATGCAACGCTGGCCGA TGTAAACAGCAATGCCGCTGATCTGCGATCCAACG CTCAGGCAAAAATGCAAGGACTGGCGCTCATGTG CGGCACTACAACCGGCGAGAGAGAGGGATGACT ATGGGACAGTGGATTCAGAGCCGGTGGAAAAGGACCA ACGATGGCGGGAATTTGGGCAACCACTGTGCTGCTT CGGATACAGAAATTTGAGTTCACAGCTTTTCTGGTGG CATTCAACAGTTTCTGCGAGGCTGCCAAGAAATCC TGCATGCTGTGTGTGCGCTGCTCAACACTGCAAAAT CTTACTCGCAATGAGTGTGCTGCTTTCTGAAAGGAT GTACTTACGTTATGTAATAGCAAGTCCATTTCTGGC TGCAGCCCTGTCCAGCTCTAGCTGGGCTATGATCA CGATGTGACGCACTCTTGGCAATGATGACGATT ATATGCGGAGCCACTGGAGCGGAATGATAGTAT GAGTGAACACAGAGCCGCTGTCCAGCTGAAGTGC CACCCCTGATCATTACTAGCAACCAATGTGGAAA GATAGTATGAGGCTTACGCTGATCAAGGCTGACCGT GTTCAGATTTAACAATCTTTCCATTTGACGCAACG GCAACCCAGTGTACAATCAACATGAAAACGTTGAA AGCTTCTCAGCCGACTGTTGTTAACTGGGCTGAT CGAGGAAGAGGACAAGGAGAACTGAGGCAATAT TCAACCTTAAAGTGCAGCGGAGGACAGAACCAAGG ACATCCGAGC</p> | <p>MDDPEGTNVGAGCT GWFEVEAVERDNDI SDEDEADDSGTLIE FIDDSVSTQAEAEA RALFNVQEVDDINA ALKRFFAACSSEAV CVDRAANVCVSWYK KECTHRKIELEDSG YGNTEVETEOMAHQ VQNGDADLNDESSV GASDDVSETDVSNC TLPQINISNHLNSNK ALLYKFEAYGVSMEL WRPFRDKTCTDWCIT GYGISVSAESLKVIK HSYTHLQCLDNRJIL LLIRFKSBNKRLTVA KLNLSIPETCMIEPP MSQACALYWFRTAMS NISDVQGTPEWIDRL VLQHSFNDIFLSEMI QWAVDNDITDSDIYK YAQLADVNSNAAFL SNAQAKIVKDCVSMC HYKRAEKRMTMGOWI QSRCEKNTDGGNVRI VQFLSDVQNFIFLVA FKOPLQGVPPKSMLL CGPANTGKSYFMSLL HFLKGCISYVNSKSH WLOPLSDAKLMDIDV TANISYDIDYMRNAL DNDISIDVHRALVQL CPPLITSNRNTAGKDS WRPHLSRNVFFENP FPFDANGNPVYKIND WKSFRMWTCKLGLIE EDKENDGGINSTFKCS QGNFRHRS</p> | 26.5% |
| HPV58 E2 | <p>ATGGAGAAATATCAGCACGTTAAGTGCAGTGCAGGA CAAAATCCTAGACATATACGAAGCTGATAAAATGATTT AACTACACAAATGAACATTGGAACATTAACGCATGGGA GTGTGCTAATAGTATACAGCCAGCAAAATGGGAATAT CACATTTGTGCCACCAAGGTGGCCCTCATTTGGTACGA TCAAAGCATAAAGCGTTCAAGTAATGAACGTCAAAATG GCATTAGAGACATTAATATGCATCACCATAAACAAGAT GTGGGAGCATGCAACAACAAGCTAGAAAGTGTGGTT ATCAGAGCCAAATAATGCTTTTAAAAAAAAGGCATAAC AGTAACTGTACAATATGCAAGTATAAAGCAACACAAAT GGATTATACAATTTGGAGTGAATATATATTGAGGGA AACAACATGTACTTTGGTAGCAGGAGAGTGGACTATG TGGGGTTGATATATATACATGGCAATGAAAAGAGCTATT TTAAATATTTTAAAGAGATGCAAAAAGTACTCTAAAA CACAAATTAAGGAGTACTGTGGTGTGTGCTGCTGAAAT GTATGCTCACTCTACTACTAGTGTGATCAAAATCCACT ACTGAACTGCTGACCACAAGCCAGCAGGCGCCACCA ACAAGAAAAGTACACAGGGGCAAAAGCAGCAGCACT CGATTTACCAAGCTCAGAGACAACCCAGTACTCCTCA CAAAGTATACAGACTGCGCGTGGACAGTACCAACG AGGAGGAGGACTACACAGTACAATGACTGTACATACA AAGCGCGAAGCTGTGTAGTTCTAAAGTTTACCTATC GTGCATTTAAAGGTTGACCAAAATAGTTTAAAATGTTA AGATATAGATTAAGCATTAAAGACTTATACTGTAATA TGTCATCCACATGGCATGGACAGAGTGTACAAAGGTT GACAAATAGGAATGTTACTGTAAACATACACAACGGA AACACAACAGCAACTGTTTTTAAACACTGTTAAAATACC ACCCTGTGCAAAATAAGTACTGGTGTATGTCATTTGTA A</p> | <p>ATGGAGAAATCTCGCAAGACTGAGTGGCGTGCAGG ACAAAATCTGACATCTAAGGCGGCAAAAATGAC CTGACATCAGAGATCGAGCACTGGAACATGATTAGGAT GGAATGCGCCATCATGTACACCGCTGCCAGATGGGC ATTTCTCACCTGTGCATCAGGTGTTCCCTCCCTGGT CGCATCTAAAACAAAGCCCTTCCAGTGTGAGCTGCA AGATGGCTGCTGGAACCTGCAAGCAGTCCCTCAAG ACCGATGAGTGGACACTGCAGCAGTACTGCTGGAGG TCTGGCTGCTCGAACCTCGAAATGCTTTAAGAAAAAG GAGTATACAGTACTGCCAGTATGACAACGATAAAGGC AAATACAATGGACTACACAACCTGGAGCGAAATCTACA TCAATTGAGGAAACCACTGTACCTGTTGGCCGAGGA AGTGGATTAAGTGGCTGACTATATTTACGGGAACG AGAAACATACTTCAAGTACTTCAAGAAAGCCTAAA AAGTACTCAAAGCCAGCTGTGGAGGTGCATGTGCG GACAGAGTGTGCTGCGCAACCTCAATCCGACG CGATCAGATTAGCACTACCAGAACTGCGCACTAAA CAACTGAGGCTACCAACAATGAATCCACTAGGGAAC AAGCGGAGAGGCTGCACTGCAAGCAGCCGAGC ACAACACAGTACAGTACAAGTACTGATTGTGCA GGACTCACGCCCGAGGCGGAGGACTGCACAGCAGC CACAACTGCACTACAAGGAAAGGAAATGTTGTAGCT CAAAGTGAGTCTATGTCATCTGAAAGCGCATCA AAGTCACTGAAGTGCCTGCGGTGAGTCAAGAAACCT CAAGGACCTGATTGTAATGTCTAGTACTGGCATTG GACCTCCGACGATAAAGGCGATAAAGTGGGATCGT ACCGTCACTACTACCAGGACCCAGGCGAGCTGTT TCTGAATACAGTGAAGATCCCTCAGTCCAGATCA GTACTGGCGTGTGCACTG</p> | <p>MEEISARLSAVQDKIL YEAADNDLTSQIEHW IRMECAIMYTARQMS HLCHQVVPVSLVAKTK FKVLELQMALETNLNSP YKTEDEWLQTSLEWV LSEPKCFKXKIGTIVT QYINDEKANTMDYTNW SEYIHEETCTLVAGEV DYDGLVYHGNKTYFK YFKDACKYKTLWE VHVGSRVIVCPTISLW QISTTETADPKTTEATN NESTQTKRRLDLPD SRBNTQSTKYTDCAV DSRPRGGHSTNCT YKGRNVSSKVPVHLL KGDNDLCLRYRKLFP KDLVNCMSSTWHWTS DDKDGKIVGIVTYYTE TORQLFLNTVKPIPTVQI STGVMSL</p> | 26.6% |
| HPV58 E4 | <p>TTGTATGCTCCTACATCTACTAGTGTATCAAAATCC CTACTGAAACTGCTGCACCAAGACACAGGCGCCAC CAACAACGAAGTACACAGGGGCAAAAGCAGCAGCA CTGATTTACCAGACTCCAGAGACAACCCAGTACTC CAAAAATGATACAGACTGCGCGGTGACAGTGAACCA CGAGGAGGAGACTACACAGTACAACACTACTGACATA CAAGGGCGGAACTGTGTAGTTCTAAAGTTTACACCTA TCGTGCATTTAA</p> | <p>ATGATGCTCCTGACTGTACTGATCAAGTATCC ACTGCTGAAACTGCTGCACCAAGACACAGGCGCCCT CAACAACACTAAAGTGCATCGCGGCGGAGCAGCAGT CTCAACTACAGCAGCCAGAAACCAACCTCTCA CCTCAGAGTATTACAGCAGCCCTGACTGTGATCA CGAGGAGGAGACTACTGTGCACTGACTGCCATA CAAGGGCGGACATCGTGTCTGAAATCCACT GTCTGTATC</p> | <p>LYVHLVLYKVPYLLKL TORPRPPTTKVHRGO SDDSYQVTPETPTSP QSIQATPWVTDHEED YTQLTVHKTGCVVLL KFHLSI</p> | 22.1% |
| HPV58 E5 | <p>ATGATATTACCTATTTTTGTGTGTGTGTATACTGTTTT ATGCTTGTGCAITTTTGGCGCAATTTGCTTACTAT TTCTATATGCTTGTGTGTGTGTGTGTGTGTCTGCT TTGGTGTCTGTGGGGTGGCTGCTACGAAATTTTTTCT GTACTTAAATTTTTATATACCAATGATGTGATTTAA TTTTCATGCACAATCTTAACCAACAAGACTAA</p> | <p>ATGATCTGCCAATTTTGTGGTGTCTTTATCTGTT CTGTGCTGTGTATCTTTCTGCGCGCTGTGCTGCTG TTTCTATTTACCGCTGCTGCTGTGCTGTGCTGCTG TGCTGTGGTGGGCTGGCTGCTGCTGCTGCGGATCT CTTTGCTACTGTATCTGCTGATATTTCCATGATGTG TATTAACTTTCAGCCAGTACTGACCCAGCAGGAC</p> | <p>MILPIVFCVFLFLCL RPLVLSISYAWLLV LLWVSGSALRFFCYL FLYVMMCNFHAQYLT QQD</p> | 25.5% |

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| HPV58 E6 | ATGTTCCAGGAGCAGAGGAGAAACCCGACATTGC ATGATTTGTGTCAGCGCTGGAGACATCTGCATGAA ATCGAATGAATCGGTGAATGCAAAAAGACTTTCGA CGCATCGAGGTATAGCACTTGTATTTGACAGATTAAG AATAGTGTATAGAGATGAAATCCATTTGACAGTATGTA AGTTGCTTACGATGCTATCTAAAAAAGTGATATAG ACATTAATAATTTGCTATAAGGAGACACATAGAAACA AACCTAAAAAAGTTAAATGAAATTAATAGATG ATTAATTTGCAAGACCCATTGTGCCAACAAAAAA AGCATGATGATTAACAAAAAGTTTCAATATTTCCG GCTCGTTGGACAGGGCGCTGTCAGTGTGTTGGAGAC CGCCAGCTAGACAAACCAAGTGTAA | ATGTTCCAGGATGCCGAGAAAAACCCGAACTCGCA CGATCTGTGTCAGGCTCTGGAGACCTGTCCATGAGA TTGAAGTGAATGCGGTGAGGTGTAAGAAAACTGCAG CGAGCGGAAAGTACGACTTGTCTTTGCCGATCTGC GCATCGTCTACGAGCGGAAACCCATTCGCTGTGTGC AAGTCTGTCTGCGCCTGCTGAGCAAAATTCAGGTA CCGGACACTACAATAAGTCTGATGGCGATACCCTGG AGCAGACACTGAAAGAAATGCTGAATGAACTCTGATT AGGTGCATCTTTGTCAGGCCCCCTGTCTCCTCAGGA AAGAAGAACAGCAGCTGGACCTGAACAAAGAGTTTCA ATATCTCCGGCGGAGGACTGGAAGTGCAGCTGTG TTGGAGCCCCGGAGAAAGCCAGACCAGCTC | MFQDAEEKPRLTHLDC QALETSVHEIELKVCVC KTLORSEVYDFVADL RIVYRDKGNPFVCKVCL RLLSKSEYRHYNSLY GDTLEQLTKLLEILIR CIQCRPLCPQEKRRHV DLNKRFRHNISGRWTRG CAVCWRPRRRQTV | 27.7% |
| HPV58 E7 | ATGAGAGGAACAACCCACGCTAAGAGAAATATTT AGATTTACATCTGAACCAACTGACCTATTCTGCTATGA GCAATTTATGACAGCTCAGACGAGGATGAAATAGGCT TGACGCGGCAGATGGAACAACACCCGGCCACAGC TAACTACATCTGTAACCTGTTGTTACACTTGGCCAC CAGCGTTCGTTGTGATACACAGTACAAACCCGAGC TAGAACCCCTCAGCAGCTGTTATGGCCACATGTACC ATTGTGTCCTAGCTGTGCACGCAATAA | ATGCGGGGAATAATCCTACCCCTGAGAGAGTACATCT GGACCTGACCCCTGAGCCACCGACCTGTTCTGTAC GAGCAGCTGTGTGACAGCTCCGACGAGATGAAATCG GCCTGGACGCGCAGATGGACAGCCACAGCCTGCAAC CGCTAACTACTATATCGTGACACTGTCTGCGC GCACCCAGCTCCGCTGTGTATTAATCTACTACCACA GATGTGAGAACTGACAGCAGCTGCTGATGGGACTT GCACCTATGTCGCCCCAGCTGTGCCAGCAG | MRGNPTLREYLIDLHP EPTDLFCYELQDSSD EDEIGLDPDQQAQPA TANYIYVTCYCTGTV RLNCSINTDVRTLQQL LMGTCTVPCSAQQ | 22.9% |
| HPV58 L1 | ATGTCGCTGTGGCGCCTAGTGAGGCCACTGTGTACC TGCCCTCGTGCCCTGTGCTAAAGTTGTAAGCAGT GAATATGTGTACGCGACAAGCATTTATTTATGCTGGC AGTTCCAGACTTTGGCGCTGGCAATCCATAIITTTCC ATCAAAAGTCCCAATAACAATAAAAAGATTAGTTCC AAGGTATCAGGCTTACAGATTAAGGCTTTAGGGTGC TTTTCCATCCCAATAAATTTGTTTTCCGATACATC TTTTATAACCTGATACACAACGTTTTGCTGGCGATG TGTAGCCTTGAATAGTGTAGGGACAGCATTGGCT GTTGGCCTAAGTGGCTATCTTAATAAATTTGAT GACACTGAAACCACTAACAGATATCCCGCACAGCCAG GGCTGATAACAGGATGCTTATCTATGATTAATAAC AACTADCAATATTGTTAAATGGCTGTAACCTCCCACT GTGAGGCTTGGGTAAAGGTTGTGCTGTAACAATAAT GCAGCTTGCCTGATTTGCTCCATTTGGAACCTTTAAT TCTATTTAGGAGTGTGACATGTTAGATACAGGTT TGATGCTAGCTTTGTTGATATTGCAAGCATGCAAA GTGATGTGCTTATGATTTGTAACAGCATGCAAA ATCCAGATTTAAATGAAATGGCCAGTGAACCTTAGGG GATAGTTTGTCTTTTCTAGACGCTGAGCAGATGTT GTTAGACACTTTTTAATAGGGCTGGAACCTTTGGCGA GGCTGTCCCGGATGACTTTATTAATAGGGTCCCGTA ATAAGCCTATTACCAAGTAGTGCATTTTTTCAACCT CTAGTGGCTTATGTTACCTCAGAAATCACAATATTTA ATAAGCCTATTAGGCTACAGCGTGCACAAGGTCAATA AATGGCATTGCTGGGCAATCAGTTATTGTTACCGT GGTTGATACCACTGTAGCTACATATGACATTAIGCA CTGAAGTAACTAAGGAAGGTACATAAAAAATGATAAT TTAAGGAATATGTAGCTCATGTTGAAGAAATAGCTAC AGTTGTTTTTCAGCTTTGCAAAAATACACTAAGCTGCAG AGATAAGGACATATACACTACTATGGATTTCAATATTT GGAGACTGGCAATTTGGTTTTAACACCTCTCCCTG CCAGTTTACAGCACACATAGATTTGTTACCTCCAGC GCTAATCTGCAAAAGACAGCCCTCAAGAAAA GGAAGATCCATTAATAAATACTTTTTGGGAGTTAA CTTAAGGAAAGTTTTCTGCAGACTATGATCAGTTTCC TTTGGGCGAAAGTTTTATACATCAGGCTTAAAGC AAAGCCAGACTAAACGTTGCGCCCTACTACCCTG CACCATCCACAAAGCAAAAAGGTTTTAAAAATAA | ATGGTGTGATGCTGCTGTACCCTGGCTATCTGTT TTGTTGTCGGGATGCAATGTTTTCATATTTTCTGCA GATGTCGCTGGAGGCCCTCTGAGGCCACCGTCTAT CTGCCCCCTGTGCTGTCTCAAAGTGGTCAGCACCG ACGAATCGTGAGCAGGACATCCATCTACTATTACGCA GGAAGCTCCGCTGCTGGCTGTGCGCAACCTTATT CACATCAAGAGTCCAAACAATAACAGAAAGTCTGG TCCCACAGGTCAGCTGGCCTGACATCGGTTGTTAG GTTCCGCTGCCAGATCCAAACAATTTGATTTCC GACACTTCTTCAACTCCTGATCCAGCAGCAGTGGT GTGGCTTGGCTGGAGTGGAGTGGACGAGGACAG CCACTGGAGTGGGCTCTCAGGACACCCCTATCTGA ACAAATTTGACGATACAGACTAGCAATAGATACCC GCACAGCTGGCAGTGAACAAGGATGTCTGCTCAAT GGATTACAAGCAGACTCAGCTGTGCTGATTGGCTGA AACCCACCGGGGAGGATTTGGGGGAGGGGAGTGG CTTCAATAAACAACTGCTGCAACTGACTGCTCCTCA CTGGAGCTGTTCAATAGCATCTTAAAGACCGGATG GTTGGACACCGGCTTTGGTGCATGATTTCCGGGACA CTGAGGCCAACAACTGCTGACTGCTATCGATTTG CAACACTACTGTAAAGTGCAGTACTGCAAGATGG CTTCGAGCCCTACGGGACTGCTGTTCTTTTTCTG CGGAGAGAACAGATGTTTGACACTTTTTCAACAG GGCAGGAAACTGGGAGGCGGCTCCCTGACGATCTG TACTCAAGGGAAGCGGCAATACCGTGTGATTCAGT TAGTGCATTTTCCCTACACACTCAGGCAGCAGCTG CTTCGAACTCAGCTGTTTAAACAGGCAACTGCTG CAGCGAGCAGGAGGACATAACAATGGGATTGCTGG GAAACCAGCTGTTGTCAGACTGGAGCAGCACAAAG ATCCACTAATATGACCTGTGTACAGAGTCACTAAG AAGCCTACTACAGGAGCAGCACTCAAGGACTACGT AGACACTGAGCAATACATCTGAGTTTGTGTTCC GCTGCAAGATCAGCTGACAGCAGACTCATGACT ACATTCATAAATGGACTCAATTTCTGGAAGATTGG AGTTGGGCTGACCCCTCCAAAGTGCCTCACTGCA GGACACATAGGTTGCTGACTAGCCAGGCAATCACT GTCAGAAAACCGCCCCCTAAGGAGAAAGGATCC CTGAACAAGTACACATTTGGGAAGTGAATCTGAAG AAAAATCTCCGCTGACTGGATCAGTTTCCACTGGGG CGCAAGTTCTGCTGAGTCTGACTGAGGCAAAAC CCCAGCTGAAACGAGCCACCAACTACCCTGCTCC CTCCAAAGCGAAAGAAAGTGAAGAAA | MSVWRPSEATVYLPV PVSKVSDYEVRSIS YYAGSSRLLAVGNPY FSIKSPNNKVLVLPK SGLQYRVFVRVLPDR KFGFPDTSFYNDPQR LWVACVGLRGRQPL CVGSVGHYLNKFDOT ETSRYVAPQGSNDRE CLSMYKGTQLCLICK PPTGHWKGVACNIN NAAATDPCPLEFNIS EADMVDTGFCMDFG TLQANKSDVPIDINC DLRVTLKMAJESGT SLFFLRREOMFRHF NRAGLGEAVPDDLYK GSGNATAVIOSSAFF SGSINTVSEQLFNKPY LQRAQGHNNIGCVGN QLFVTVVDTSTRNML CTEVTKEGTYKDNFK EYRVHVEYDLQVDF LCKITLAEIMYIHM SNILEDVQFLTPPMS SLQDTRVYFVSQAIT KTPAPKEEDPLNXY WEVNLKEKFSADLD FLRKLQSLGAKRPR LKRASAPTRAPSTRK | 30.1% |
| HPV58 L2 | ATGAGACACAACCGTCTACAAGCGCAAGCGTGCAT CTGCTACACAACCTTACCAACATGCAAGGCGCTCAGGC ACCTGCCACCCCTGATTTATACCAAGTTGAAGGCAC TACTATAGCAGTCAAAATACGATATGGTAGCTTAA GGTGTATTTGGAGTGGTACAGTGGTACAGGGTCCG GTACAGGTGGCAGGACTGGATGTCGCCCTTGGTAG TACCACCGCTGAGGGCTATACCTTTACAGCCCATC GTCCCCAGTTACCGTTGATACCTGTTGGGCGCTTGGAT TCTCTATGTATCTTTAAAGAGGAATCTAGTTTATAG ACCCGCGTGCAACAGCCCATCAATCCACTCCATCT GGTTTGTATATACCCTCTGCAGATACTACACTGCA ATACTTAATGTTTTCTTAITGGAGAACTCATATACAA ACTGTTTACACATTTAATCCCTCTTACTAGCCCA TCCGCTCAGCCCTCTGCAGCTGACAGGGCTCTG GACATTTAATATTTCTCTCTGATGTAGCACACATA GTTATGAACAACATAACCAAGGATACCTTTGATTTCTA CTGACAGTGGCAATGTCAAGTCTGACACACCATTTCA GGCTGTCGCCCTGGGCACCGCTTGGTTATACAGCT GCAACACCCCAAGTAAAGGTTGTTGACCCCTGCTTT TTAACAATCTCTCATAGACTTGTAAACATATGATAAT GCAATTTAAGGGCTTAAACCTGAGGACACATTTGAGT TCAACATAGTACTATCTGCTGCTGCTGATCTGATTT TCTAGATTTGTCATACAGAGCTGCAATTAACCTC TCCAGGGGTACTGACGTTATAGTAGGGTTGGGCAAA AGGCTACACTTCTGACTCGCAGTGGAAAGCAAAAGGG GCTAAAGTACATTTACTACCAAGCTTAAAGTCCCATAC CCTGTCGCAAGACAGGTAACAAGCAGCAACAATTTGA ATTACAATCTTTAAATCTCTGTTCTCCCTATAGTAT AATGAGGACTTTATGATTTATGCTGACGATGCTGAT ACTATACATGATTTGAGAGTCCCTGCACTCACATAG TCCTTTGCCACCAACAGTAAAGTGTGTTCAATACC ATTTAAATGCGGATTGTAACACTCTCTGTTGCTGATT ACCTGGTCCAGACATGCTATCTCTGTAACATCTATG TCTCCATTTTATCTATACTCCACTACTCCTTTAAAT ACCATAATGTTGATGTTGCTGATTTATGTTGACCCCT AGCTATTTATTTGCTGCGAGCAGTAAAGGTTTTCCA TATTTTTTGCAGATGCTGTTGGGCGCCAG | ATGAGGCAATAAGAGGAGCAGCAAGAAAAAGAGCAT CCGCAACCCAGCTGTATCAGACTGTAAGGCATCCG CACTGTCACCTGACGTGATCCCAAGGTCGAGGGC ACCAATCTCCGCTGACGATTTGATGATACGGATCTCT GGCGTGTCTTTGGAGGACTGGAAATTGGAACCGGC AGTGGGACAGGAGGCGGACTGGATGTCGCACTGG GGAGTACCCCTCTCAGAAAGCCATCCACTGCAAGC CATTAGACCCCGTACTGTTGAGACCGTGGGCGCT CTGATAGTCCATCTCAGCCTGATTGAGGAACTTAG TTTCATGAGCGCAGGAGCAGCAGCTCTAGCATCCAA CACCTCCGGTTGACTACTACTCTGCTGATACATA ACTGCGCAATCTGAAAGTGTCAAGCTCCGAGTCT CTCTATTGACAGCTGACACTCAGTAACTCTCTTT CACGAGCAAGTGTGCTGAGACTCCAGCACCAAGCA GAAGCTAGCGGACACCTGATCTCAATCCCAACCGT GAGTACACATTTATCAAGAAACATCTTATGACACATA TGTGATAGCACTGATCCGAAATGTCAGTCTGCTCA CCCTATCCAGGAAGCCGCGCTGTTGGCAAGACTGG ACTGACTCCGAAACACTCAGCAGTCAAGGTTGGT GACCCGCTTTCTGACTTCCCTCAGCCTGCTGAGC CTATGATAACCCAGCTTCAAGGCTTAAATCCCGAAG ACCCCTGCAATTTCCAGACTGATATCAGTCCCGCC CCTGACCCAGATTTTGGACATTTGGGCCCTGCATG GCCGCTCTGACTCAGCGGAGGAGCAGTGCCTAC AGCCGAGTCCGACAGAAAGCAACTGAGAAGTAGGA CGGGAGCAGAGTCCGAGCAGGACTCACTATCA GGATGTTGCCCTATTCAGCAGTGAAGGAGGACT CAGCAGCAGCAGCAGTTCGAACTGCACTCCCTGAACA CCTCGTGTCTCTTATTCTCAATGACGCGCTGAC GATATCTACGAGCAGGATCCGACACAACTCCATGATT CCAGTCCCCTGACTGACATACCACTCTCGCAACCA CAGCACTTCCAAAGTGTCTACTCCCTGTAATCCGGA TTTTGACACCCAGTGTCTGTGGAGCCCGGCGCTG ATATTGCTCTAGTGCACCAAGTGTGCAAGCCCTCA TCCCATTTCACCACTGACTCCTTTAATACCATGTTG TGCACCGCGCTTTTCATGCTGCAACCAAGCTACTT ATCCTGAGGCGCGACGGAAAAGGTTCCCTATTTCCT TGCTGAGTGGCGCTGCGCCGCT | MRHKRSTRKRASATQ LYQTKASGCTPPDVIP KVEGTIIADQILRYSL GVFFGLGIGTGSSTG GRFYVYKLGSTPPSEAI PLQIRPPVTVDTVPLG DSSVILEESSFIDAGA PAPSIPTPSGFDITSAD TTPALNVSSIGESSIT VSTHLPNSFTSPVLRP PAPAEAGSHLIFSPTV STHSYENIPMDTIVST SHTVNTSPTIPGSRPV ARLGLYSRNTQKQVY DPAFLTSRHLVYDNP AFTFNEDTLQFHS DISPAPDPLDIVALHR PALTSSRRGTVRYRSG QKATLRTRSGKIQGAKV HYQDLSPPIQVQEV QQQQLFQSLNTS/V PYSINDGLYDIADDAD TIHDFQSLHSHSFT TRSNVSIPLNTGFDTP LVLEPEPDIASSVTM SSPFIPSLTFFNTIIM GADFMLHPSYFLRRR KRFPYFADRVVAA | 28.5% |

APPENDIX B

NUCLEOTIDE SEQUENCES OF MODIFIED CAS9 GENES, GRNAS, AND PRIMERS
USED IN CHAPTER 5

Cas9-β2:

ATGGACTATAAGGACCACGACGGAGACTACAAGGATCATGATATTGATTACAAAG
ACGATGACGATAAGATGGCCCCAAAGAAGAAGCGGAAGGTCGGTATCCACGGAG
TCCCAGCAGCCGACAAGAAGTACAGCATCGGCCTGGACATCGGCACCAACTCTG
TGGGCTGGGCCGTGATCACCGACGAGTACAAGGTGCCAGCAAGAAATTC AAGG
TGCTGGGCAACACCGACCGGCACAGCATCAAGAAGAACCTGATCGGAGCCCTG
CTGTTTCGACAGCGGCGAAACAGCCGAGGCCACCCGGCTGAAGAGAACCGCCAG
AAGAAGATACACCAGACGGAAGAACCGGATCTGCTATCTGCAAGAGATCTTCAG
CAACGAGATGGCCAAGGTGGACGACAGCTTCTTCCACAGACTGGAAGAGTCCTT
CCTGGTGG AAGAGGATAAGAAGCACGAGCGGCACCCCATCTTCGGCAACATCGT
GGACGAGGTGGCCTACCACGAGAAGTACCCACCATCTACCACCTGAGAAAAGAA
ACTGGTGGACAGCACCGACAAGGCCGACCTGCGGCTGATCTATCTGGCCCTGG
CCCACATGATCAAGTTCCGGGGCCACTTCTGATCGAGGGCGACCTGAACCCCG
ACAACAGCGACGTGGACAAGCTGTTTCATCCAGCTGGTGCAGACCTACAACCAGC
TGTTTCGAGGAAAACCCCATCAACGCCAGCGGCGTGGACGCCAAGGCCATCCTGT
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Cas9- α 2:

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GCAAAAAAGAAAAAGTAAG

Cas9- α 2- β 2:

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CTTCACCGTGTATAACGAGCTGACCAAAGTGAAATACGTGACCGAGGGAATGAG
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CTTTGACACCACCATCGACCGGAAGAGGTACACCAGCACCAAGAGGTGCTGGA
CGCCACCCTGATCCACCAGAGCATCACCGGCCTGTACGAGACACGGATCGACCT

GTCTCAGCTGGGAGGCGACAAAAGGCCGGCGGCCACGAAAAAGGCCGGCCAG
GCAAAAAAGAAAAAGT

Sequences of gRNAs used in Chapter 5:

| | |
|---------------------|---------------------------|
| MIAT-14bp gRNA | GAGGCTGAGCGCAC |
| TTN-14bp gRNA | GGAAGTCTCCTTTG |
| Reporter2-20bp gRNA | GTCCCCTCCACCCCACAGTG |
| CR10-14bp-gRNA | GCATCAGGAACATGT |
| EMX1- 20bp gRNA | CACC GAGTCCGAGCAGAAGAAGAA |

Sequences of primers used in Chapter 5:

| | |
|--------------------|-----------------------------------------|
| Cas9 fragment1- FW | tttGGTCTCTAGGTCCACCATGGACTATAAGGACCACGA |
| Cas9 fragment1- RV | tttggtctcaGAACAGCTGGTTGTAGGTCTGCA |
| Cas9 fragment2-FW | tttGGTCTCTACCAACCGGAAAGTGACCGTGAAG |
| Cas9 fragment2-RV | tttGGTCTCAAAGCTTACTTTTTCTTTTTTGCC |
| qPCRMIAT-FW | TGGCTGGGGTTTGAACCTTT |
| qPCR-MIAT RV | AGGAAGCTGTTCCAGACTGC |
| qPCRTTN FW | TGTTGCCACTGGTGCTAAAG |
| qPCR-TTN-RV | ACAGCAGTCTTCTCCGCTTC |
| PCR-EMX1-FW | CCATCCCCTTCTGTGAATGT |
| PCR-EMX1-RV | GGAGATTGGAGACACGGAGA |