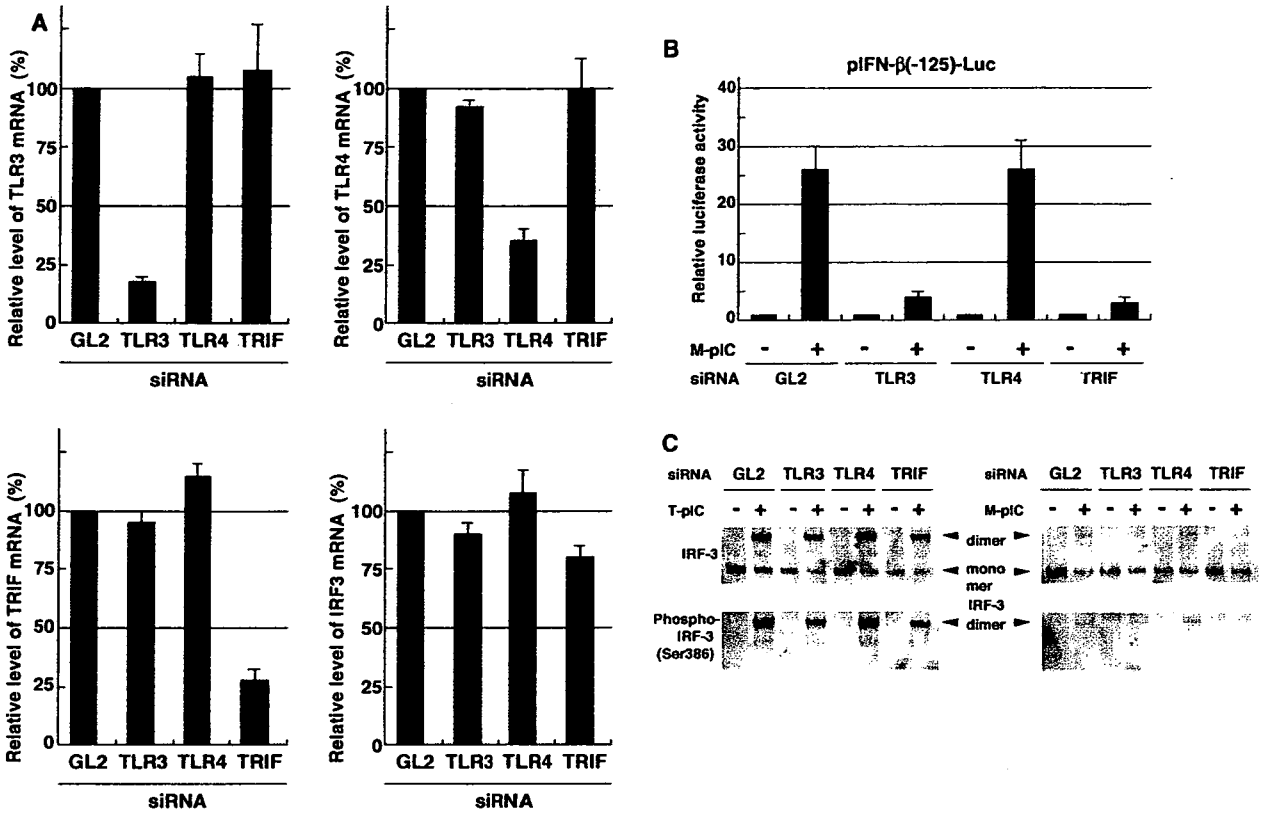

Fig. 3. Extracellular dsRNA treatment activates IRF-3 through the TLR3/TRIF signaling pathway in PH5CH8 cells. (A) Down-regulation of TLR3, TLR4, and TRIF mRNAs by transfection of TLR3, TLR4, and TRIF siRNAs, respectively. PH5CH8 cells were transfected with dsRNA duplexes targeting TLR3, TLR4, TRIF or luciferase GL2. After 3 days, the expression levels of TLR3, TLR4, TRIF, and IRF-3 mRNAs were determined by the quantitative RT-PCR as described previously [67]. (B) Dual luciferase reporter assay of the IFN-β gene promoter using siRNA-transfected PH5CH8 cells treated with M-pIC. The poly(I-C) treatment and the dual luciferase reporter assay were performed as described in Fig. 1. (C) Phosphorylation and dimerization analyses of IRF-3 in the siRNA-transfected PH5CH8 cells treated with poly(I-C). The poly(I-C) treatment was performed as described in Fig. 1. The lysate of cells transfected with GL2, TLR3, TLR4, or TRIF siRNA was prepared, and subjected to Native-PAGE as described in the Experimental procedures. The phosphorylation and dimerization of IRF-3 were analyzed by immunoblotting using anti-phospho-IRF-3 (Ser386) serum and anti-IRF-3 serum, respectively.

obtained by M-pIC treatment revealed that both the phosphorylation and dimerization of IRF-3 were almost completely abrogated in the cells transfected with TLR3 or TRIF siRNA, but not in those transfected with the GL2 and TLR4 siRNAs (Fig. 3C, right panel). Such a suppression of IRF-3 activation was not observed by T-pIC treatment (Fig. 3C, left panel), suggesting that the activation of IRF-3 by T-pIC treatment is mainly mediated by the Cardif-mediated signaling pathway [16].

HCV NS3-4A blocks the Cardif-mediated signaling pathway, but not the TRIF-mediated signaling pathway

Several studies [24,33,36,48–50] have demonstrated that NS3-4A blocks IFN-β induction by inhibiting the nuclear translocation of IRF-3 in HuH-7 cells harboring HCV replicons and HCV (JFH1 strain of genotype 2a)-infected HuH-7 cells. However, it has also been reported that HuH-7 cells possess weak or defective dsRNA-induced antiviral signaling pathways [41,42] (Fig. 1). Therefore, we examined whether or not NS3-4A can block the induction of IFN-β by poly(I-C) in PH5CH8 cells that retain dsRNA-induced signaling pathways. The results were quite different between T-pIC treatment and M-pIC treatment. First, in T-pIC treatment, the results showed that NS3-4As (the 1B-1 and HCV-O strains of genotype 1b) could drastically inhibit the enhancement of the IFN-β gene promoter activity, and that this suppressive effect of NS3-4A was dependent on its serine protease activity, because the NS3-4A/S1165A mutant lacking the serine protease activity did not exhibit the suppressive effect,

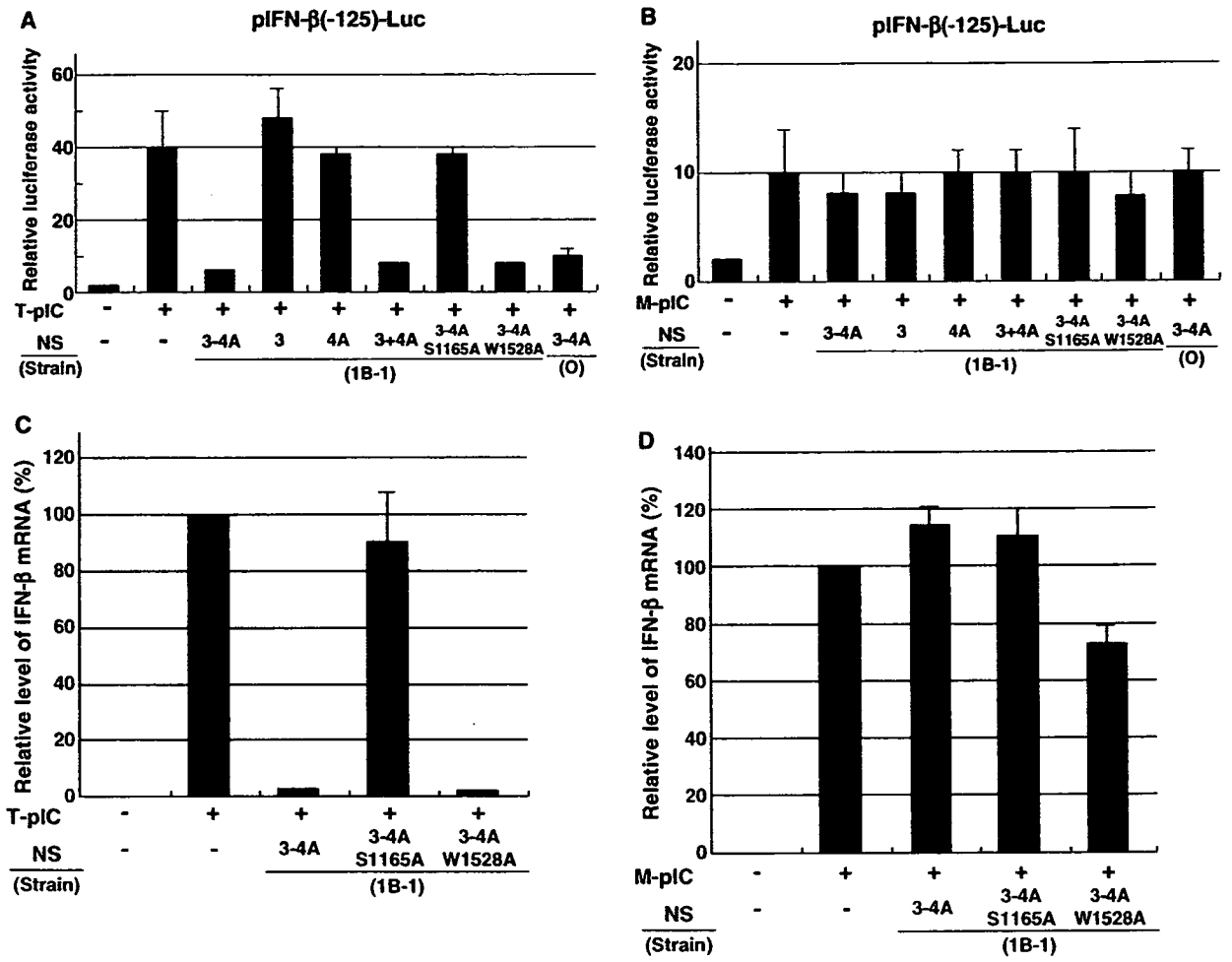

Fig. 4. NS3-4A blocked the Cardif-mediated signaling pathway, but not the TRIF-mediated signaling pathway. The poly(I-C) treatment, dual luciferase reporter assay, and quantitative RT-PCR analysis were performed as described in Fig. 1. The pCX4bsr expression vectors encoding NS3-4A, NS3, or NS4A from the 1B-1 strain and NS3-4A from the HCV-O strain were used for the transfection. The pCX4bsr expression vector encoding the NS3-4A/S1165A mutant (1B-1 strain) lacking serine protease activity or the NS3-4A/W1528A mutant (1B-1 strain) lacking RNA helicase activity was also used for the transfection. The lysate of PH5CH8 cells transfected with the pCX4bsr vector was used as a control (NS–). (A) Effect of NS3-4A on the IFN-β gene promoter activated by T-pIC treatment. (B) Effect of NS3-4A on the IFN-β gene promoter activated by M-pIC treatment. (C) Effect of NS3-4A on the IFN-β mRNA induction by T-pIC treatment. PH5CH8 cells stably expressing the NS3-4A or NS3-4A mutant (S1165A or W1528A) from the 1B-1 strain were subjected to T-pIC treatment. PH5CH8 cells infected with pCX4bsr retrovirus were used as a control (NS–). The IFN-β mRNA level was calculated relative to the level in the control PH5CH8 cells treated with T-pIC, which was set at 100. (D) Effect of NS3-4A on the IFN-β mRNA induction by M-pIC treatment. PH5CH8 cells that were the same as in (C) were subjected to M-pIC treatment. The IFN-β mRNA level was calculated relative to the level in the control PH5CH8 cells treated with M-pIC, which was set at 100.

although the NS3-4A/W1528A mutant lacking RNA helicase activity did (Fig. 4A). In addition, we confirmed that NS3 alone or NS4A alone did not exhibit the suppressive effect, but coexpression of NS3 and NS4A did, suggesting that the NS3/4A complex in *trans* [51] also can block IFN-β induction. In M-pIC treatment, however, we found that NS3-4As (strains 1B-1 and O) could not suppress the induction of the IFN-β gene promoter (Fig. 4B). Similar results were also obtained in the other cloned cell lines, PH5CH3 and PH5CH6 (data not shown), and in HeLa cells (supplementary Fig. S1). The results of the reporter assay were confirmed by quantitative RT-PCR analysis of endogenous IFN-β mRNA induced by T-pIC or M-pIC treatment in PH5CH8 cells. We found that the NS3-4A and NS3-4A/W1528A mutants, but not the NS3-4A/S1165A mutant, could suppress the induction of IFN-β mRNA following

T-pIC treatment (Fig. 4C), but none of these NS3-4As could suppress the induction of IFN-β mRNA following M-pIC treatment (Fig. 4D).

We next examined the effects of NS3-4A on the phosphorylation and dimerization of IRF-3 in PH5CH8 cells. We observed that both T-pIC and M-pIC treatments induced the phosphorylation at Ser386 and Ser396 of IRF-3, and formed the dimerization of IRF-3 (Fig. 5A,B, lanes 1 and 2), and that NS3-4A remarkably inhibited the phosphorylation and dimerization of IRF-3 in the cells treated with T-pIC, depending on its protease activity (Fig. 5A). However, the phosphorylation and dimerization of IRF-3 induced by M-pIC treatment was not inhibited by NS3-4A (Fig. 5B). From these results, we concluded that, in PH5CH8 cells, NS3-4A could not block the TRIF-mediated signaling pathway, although it could block the Cardif-mediated signaling pathway.

NS3-4A blocks the Cardif-mediated pathway by cleaving Cardif

NS3-4A is able to cleave the Cardif [24,34,35] and TRIF [36] molecules, resulting in the blocking of dsRNA-induced antiviral signaling pathways. However, our finding that IFN-β production was not suppressed by NS3-4A in cells treated with M-pIC seemed to contradict the finding of a previous study [36] in which NS3-4A-mediated cleavage of TRIF inhibited dsRNA-activated signaling through the TLR3 pathway. Therefore, we evaluated whether or not NS3-4A could impair the functional ability of

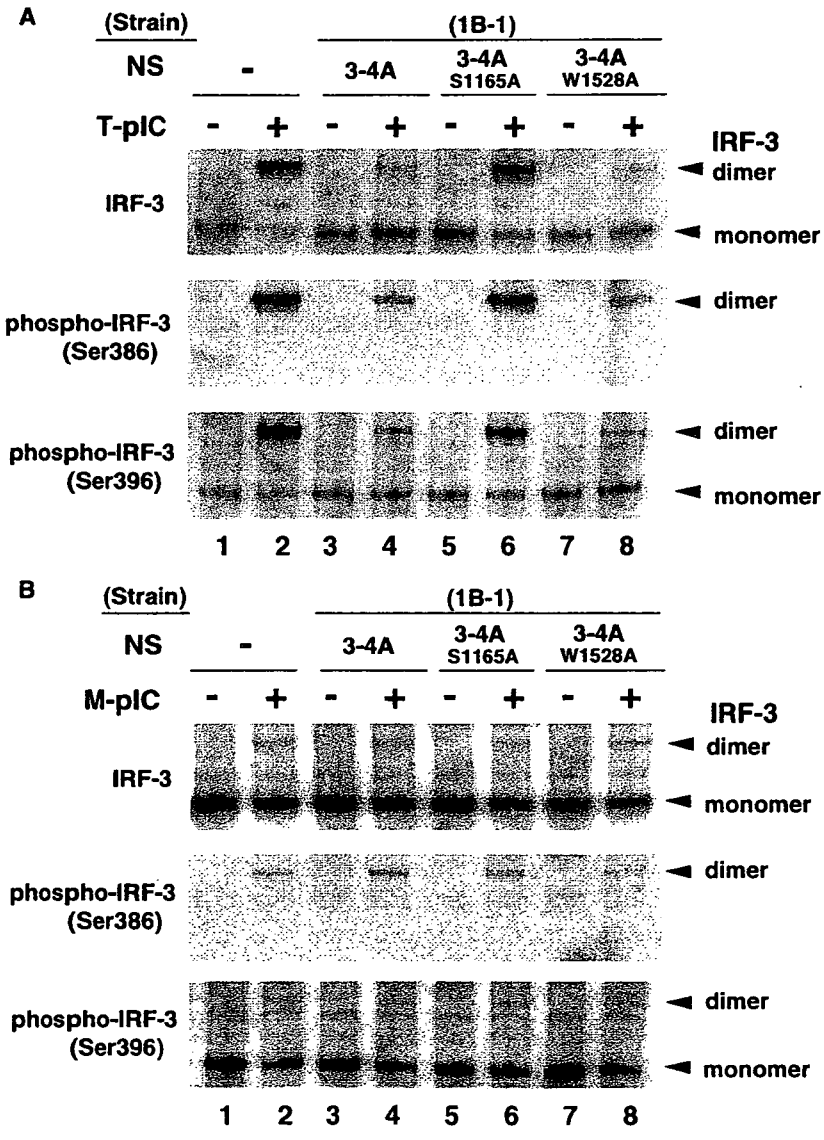

Fig. 5. Effect of NS3-4A on phosphorylation and dimerization of IRF-3 in PH5CH8 cells treated with intracellular or extracellular dsRNA. PH5CH8 cells that were the same as in Fig. 4C were used. The poly(I-C) treatment was performed as described in Fig. 1. (A) Effect of NS3-4A on phosphorylation and dimerization of IRF-3 in the PH5CH8 cells treated with T-pIC. The phosphorylation and dimerization analyses of IRF-3 were performed as described in Fig. 3C. Anti-phospho-IRF-3 (Ser396) serum was also used for the analysis. (B) Effects of NS3-4A on phosphorylation and dimerization of IRF-3 in the PH5CH8 cells treated with M-pIC. The phosphorylation and dimerization analyses of IRF-3 were performed as described in (A).

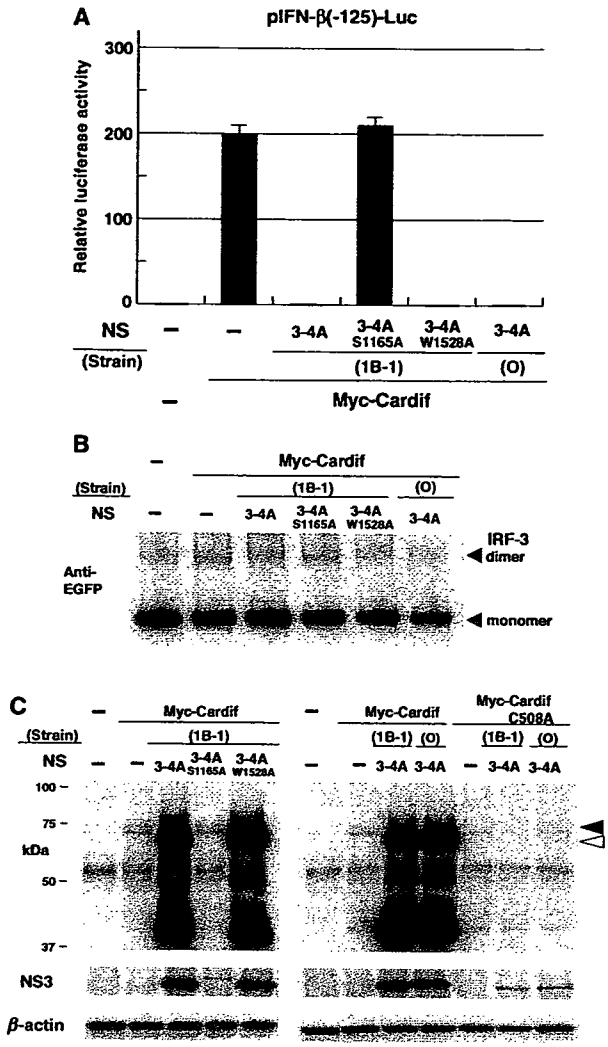

Fig. 6. NS3-4A blocks Cardif-mediated pathways by cleaving Cardif. (A) Effect of NS3-4A on the IFN-β gene promoter activated by the ectopic expression of Cardif in PH5CH8 cells. PH5CH8 cells were cotransfected with the pCX4bsr expression vector encoding NS3-4A or its mutant S1165A or W1528A, as described in Fig. 4, and the pCX4pur expression vector encoding myc-Cardif. The lysate of PH5CH8 cells transfected with the pCX4bsr and pCX4pur vectors was used as a control (NS–). The dual luciferase reporter assay was performed as described in Fig. 1A. (B) Effect of NS3-4A on IRF-3 dimerization induced by the ectopic expression of Cardif in PH5CH8 cells. The enhanced green fluorescent protein (EGFP)-IRF3 expression vector was used for the cotransfection in PH5CH8 cells with the myc-Cardif and NS3-4A (wild-type or its mutant S1165A or W1528A) expression vectors. The lysate of PH5CH8 cells transfected with the pCX4bsr and pCX4pur vectors was used as a control (NS–). The dimerization analysis of IRF-3 was preformed as described in Fig. 3C using anti-EGFP serum. (C) Cardif is cleaved by NS3-4A in PH5CH8 cells. PH5CH8 cells were cotransfected with the myc-Cardif (wild-type or its mutant C508A) and NS3-4A expression vectors (wild-type or its mutant S1165A or W1528A). Production of the myc-Cardif and NS3 in these cells was analyzed by immunoblotting using anti-myc and anti-NS3 sera, respectively. The PH5CH8 cells transfected with the pCX4bsr and pCX4pur vectors were used as a control (NS–). β-actin was used as a control for the amount of protein loaded per lane. The black and white arrowheads indicate Cardif and the cleaved Cardif, respectively.

TRIF as well as Cardif in PH5CH8 cells. First, we confirmed the effect of NS3-4A on the activation of the IFN-β gene promoter by the Cardif exogenously expressed in PH5CH8 cells. The results of the luciferase reporter assay revealed that NS3-4As (strains 1B-1 and HCV-O) completely suppressed the activation (200-fold induction) of the IFN-β gene promoter by Cardif, and that this suppression was dependent on the serine protease activity of NS3-4A (Fig. 6A). This result was supported by the results of the dimerization analysis of IRF-3 (Fig. 6B). Next, we confirmed that wild-type Cardif, but not the Cardif mutant (C508A located in the C-terminal region), was cleaved by the NS3-4As (strains 1B-1 and HCV-O), and that this cleavage was dependent on its serine protease activity (Fig. 6C). These results are in agreement with previous studies in which NS3-4A blocked the intracellular dsRNA signaling pathways through cleavage at the Cys508 residue of Cardif [24,34,35].

NS3-4A does not block the TRIF-mediated pathway because it lacks the ability to cleave TRIF

Because we demonstrated that NS3-4A blocked the intracellular dsRNA signaling pathways through cleavage of Cardif in PH5CH8 cells, we performed the same analysis regarding TRIF exogenously expressed in PH5CH8 cells. The results of the luciferase reporter assay using the IFN-β gene promoter revealed that NS3-4As (strains 1B-1 and HCV-O) could not suppress the activation (1000-fold induction) of the IFN-β gene promoter by TRIF (Fig. 7A). This result was also supported by the results of the dimerization analysis of IRF-3 (Fig. 7B). Furthermore, we demonstrated that the exogenously expressed TRIF was not cleaved by NS3-4As (strains 1B-1 and HCV-O) (Fig. 7C). These results indicate that NS3-4A could not block the TRIF-mediated signaling pathway, and suggest that NS3-4A did not suppress the M-pIC-induced production of IFN-β because NS3-4A did not have the ability to cleave TRIF.

To confirm the results obtained in PH5CH8 cells, we examined the status of Cardif and TRIF molecules expressed exogenously in the O cells replicating genome-length HCV-O RNA efficiently and their cured Oc cells. The results revealed that Cardif was cleaved in the O cells but not in the Oc cells (Fig. 8A,B), and that the cleavage of Cardif occurred

when NS3-4As (strains 1B-1 and HCV-O) were expressed in the Oc cells (Fig. 8B). From these results, we confirmed that NS3-4A could cleave Cardif in the O and Oc cells. In contrast, TRIF was not cleaved in either O or Oc cells (Fig. 8C). We further confirmed that TRIF was not cleaved in the O cells transfected with TLR3 siRNA, indicating that the resistance of TRIF to NS3-4A is not related to the presence of TLR3 (Fig. 8C). We also performed the same analysis using HeLa cells, and obtained results (supplementary Fig. S2) similar to those obtained in PH5CH8 cells (Figs 6C, 7C and 8). In addition, we observed that, like TRIF, exogenously expressed MDA5 and RIG-I were not cleaved by NS3-4A in PH5CH8 cells (data not shown). Taken together, the above results indicate that NS3-4A cleaves the Cardif molecule, resulting in interruption of the Cardif-mediated pathway, but NS3-4A is not able to cleave the TRIF molecule, and thus the TRIF-mediated pathway is not suppressed by NS3-4A.

Discussion

In the present study, we demonstrated that parental PH5CH cells and their clones retained both TRIF- and Cardif-mediated pathways as antiviral dsRNA signaling pathways, and confirmed that the PH5CH8 cell line was far more useful for the study of antiviral pathways than HuH-7 or the cell lines cloned from it. From the results of the present study and a previous study [41], we considered the possibility that immortalized hepatocyte cells possess the functional TRIF- and Cardif-mediated signaling pathways. Based on this assumption, we examined IFN-β production in three other immortalized human hepatocyte cell lines, NKNT-3 [52], IHH10.3 [53], and IHH12 [53], after treatment with poly(I-C). However, the results revealed that none of these immortalized cell lines responded to both M-pIC and T-pIC treatments. Therefore, we suggest that PH5CH and the cell lines cloned from it are uniquely suitable for the comprehensive study of antiviral TRIF- and Cardif-mediated signaling pathways.

We failed to obtain evidence that NS3-4A was able to cleave TRIF as reported by Li *et al.* [36]. In our study (Fig. 7C), there was no evidence of the cleavage of the TRIF molecule in NS3-4A-expressed PH5CH8

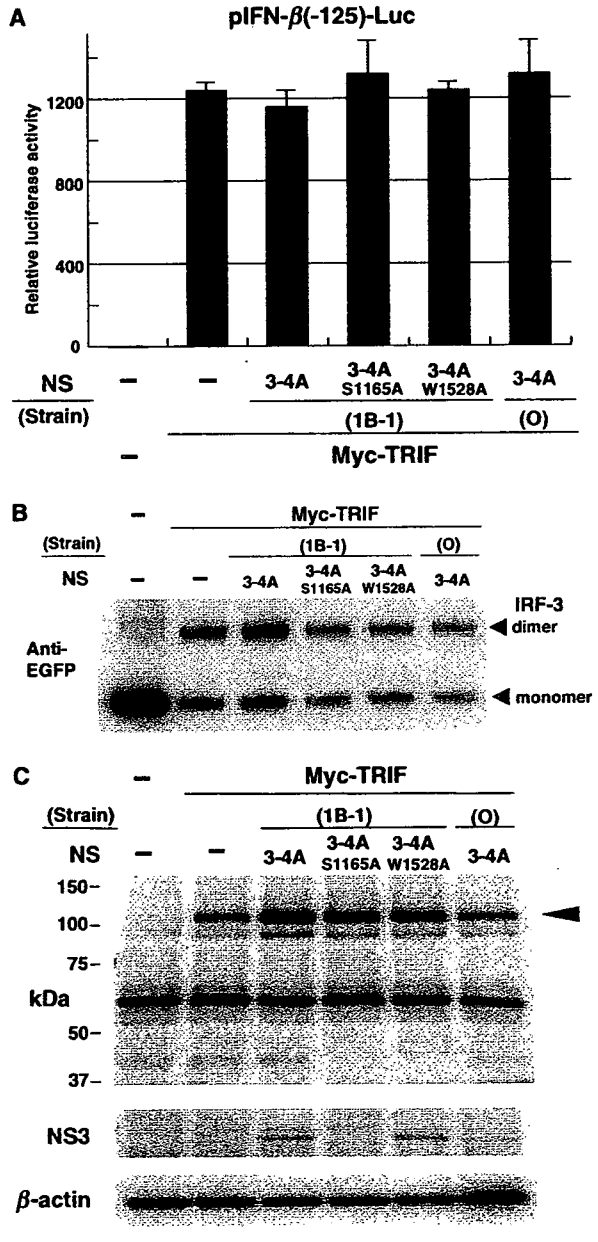

Fig. 7. NS3-4A does not block the TRIF-mediated pathway because it lacks the ability to cleave TRIF. (A) Effect of NS3-4A on the IFN-β gene promoter activated by the ectopic expression of TRIF in PH5CH8 cells. PH5CH8 cells were cotransfected with the pCX4bsr expression vector encoding NS3-4A or its mutant S1165A or W1528A, and the pCX4pur expression vector encoding myc-TRIF. The lysate of PH5CH8 cells transfected with the pCX4bsr and pCX4pur vectors was used as a control (NS–). The dual luciferase reporter assay was performed as described in Fig. 1A. (B) Effect of NS3-4A on IRF-3 dimerization induced by the ectopic expression of TRIF in PH5CH8 cells. The dimerization analysis of IRF-3 was performed as described in Fig. 6B except that the myc-TRIF expression vector was used in place of the myc-Cardif expression vector. (C) TRIF is not cleaved by NS3-4A in PH5CH8 cells. PH5CH8 cells were cotransfected with the myc-TRIF and NS3-4A (wild-type or its mutant S1165A or W1528A) expression vectors. Production of myc-TRIF and NS3 in these cells was analyzed by immunoblotting using anti-myc and anti-NS3 sera, respectively, as described in Fig. 6C. The black arrowhead indicates the noncleaved TRIF.

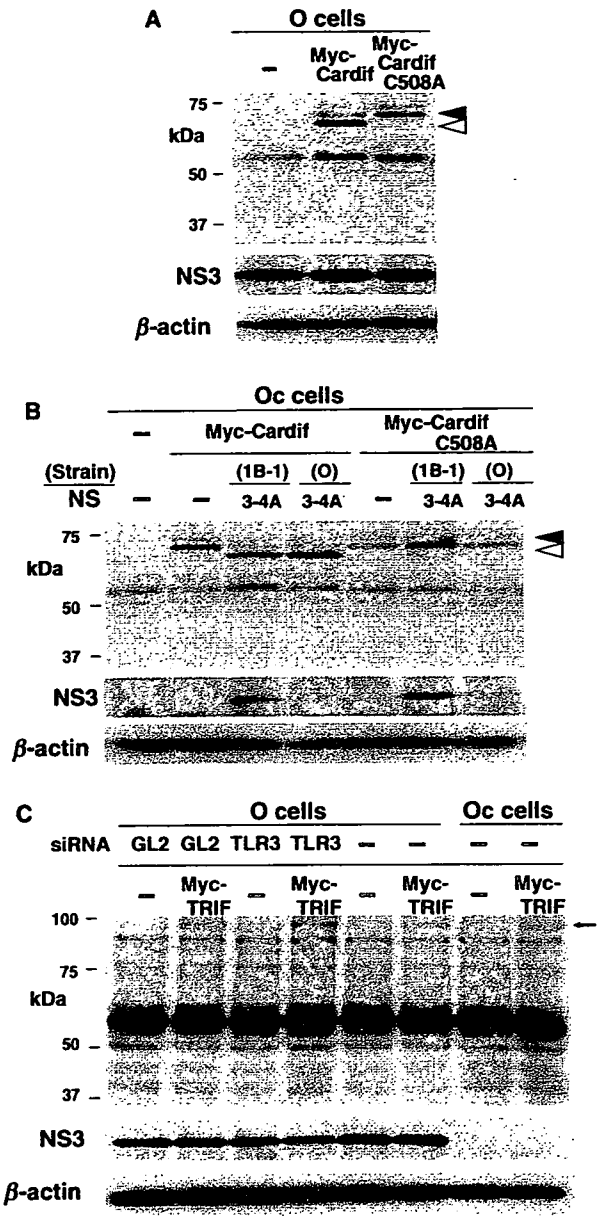

Fig. 8. TRIF is not cleaved in genome-length HCV RNA replicating cells. (A) Cardif is cleaved in the O cells replicating genome-length HCV-O RNA efficiently. The O cells were transfected with the myc-Cardif (wild-type or its mutant C508A) expression vector. Production of the myc-Cardif and NS3 in the O cells was analyzed by immunoblotting as described in Fig. 6C. The black and white arrowheads indicate Cardif and the cleaved Cardif, respectively. (B) Cardif is cleaved by NS3-4A in the cured Oc cells. The Oc cells were cotransfected with the myc-Cardif (wild-type or mutant C508A) and NS3-4A expression vectors. The production of the myc-Cardif and NS3 in these cells was analyzed by immunoblotting as described in Fig. 6C. The black and white arrowheads indicate Cardif and the cleaved Cardif, respectively. (C) TRIF is not cleaved in the O cells. The O and Oc cells were transfected with the myc-TRIF expression vector. The O cells transfected with GL2 or TLR3 siRNA were also used for the analysis. Production of myc-TRIF in these cells was analyzed by immunoblotting as described in Fig. 6C. The black arrowhead indicates the noncleaved TRIF.

cells. Nor did we observe any cleavage of TRIF by the NS3-4A expressed in the Oc cells, which exhibited almost no response to the T-pIC and M-pIC treatments (Figs 1 and 8C), or the HeLa cells, which exhibited a good response to the T-pIC and M-pIC treatments (supplementary Figs S1 and S2). We further observed that TRIF was not cleaved in the O cells, in which the HCV NS protein precursor was efficiently processed by NS3-4A (Fig. 8C). Regarding the cellular localization of NS3-4A, it has recently been reported that the localization of NS3-4A expressed transiently in HuH-7 cells was the same as that in genome-length HCV RNA replicating cells, and that NS3-4A was localized not only on the endoplasmic reticulum, but also on mitochondria [54]. From these findings, we suggest that NS3-4A is unable to cleave TRIF in cultured human cells.

Although amino acid sequences (PSSTPC/SAHLT, cleavage at Cys372; the P6 residue is underlined) surrounding the NS3-4A *trans*-cleavage site in TRIF [36] resemble those (DLEVVT/STWVL for NS3-4A; DEMEEC/ASHLP for NS4A/4B; DCSTPC/SGSWL for NS4B/5A; EDVVCC/SMSYS for NS5A/5B; the P6 residue is underlined) in the NS proteins from the 1B-1 and HCV-O strains and that (EREVPC/HRPSP, cleavage at Cys508; the P6 residue is underlined) in Cardif, only the TRIF site lacks the acidic P6 residue that is conserved and important in viral cleavage sites [55]. Accordingly, we examined whether or not a TRIF mutant (P to E at the P6 residue) is cleaved by NS3-4A in PH5CH8 cells. However, no cleavage of the TRIF mutant was observed (unpublished data). To clarify why TRIF is not cleaved by NS3-4A, further analysis will be necessary.

Although the results obtained in the present study suggest that the suppression of IFN-β production by NS3-4A is limited in human hepatocyte cells, it has recently been reported [56] that HCV can block the dsRNA-induced signaling pathway via the NS3-4A-independent pathway in addition to the NS3-4A-dependent pathway. However, because HuH-7 cells infected with the HCV genotype 2a clone (JFH1) were used in that study, it is not clear whether or not the TRIF-mediated pathway is also inhibited by the NS3-4A-independent pathway. To clarify this point, it will be necessary to study an HCV infection system using human hepatocyte cells in which both the TRIF- and

Cardif-mediated pathways are functional, such as PH5CH8 cells.

We clearly demonstrated that Cardif was cleaved by NS3-4As of 1B-1 and HCV-O strains obtained from healthy HCV carriers [57]. Although we observed that this cleavage was dependent on the protease activity of NS3-4A (Fig. 6), the correlation between the inhibitory effect of NS3-4A on the Cardif-mediated signaling pathway and the protease activity of NS3-4A remains unclear. Furthermore, we have no evidence that all NS3-4As derived from patients with HCV are able to cleave the Cardif molecule. To clarify these issues, further comparative analysis among HCV strains obtained from patients with different hepatic disease conditions will be needed. In addition, in the present study, we observed that the bands corresponding to the cleaved Myc-Cardif became extremely intense in PH5CH8 cells (Fig. 6C). This phenomenon has been observed in previous studies [24,34,49]. Although these previous studies did not explain what caused this phenomenon, we speculate that the cleaved Myc-Cardif is transferred to the cytosolic (soluble) fraction, although noncleaved Myc-Cardif remains in the membrane (insoluble) fraction. To clarify the reason for this phenomenon, several experiments may be needed.

In summary, we show that NS3-4A could not cleave TRIF, but could cleave Cardif, in PH5CH8 cells possessing functional TRIF- and Cardif-mediated antiviral signaling pathways, and suggest that the disruption of the IFN-β production system by NS3-4A is not sufficient in HCV-infected hepatocyte cells. This information will be useful for understanding the roles of NS3-4A in persistent HCV infection.

Experimental procedures

Cell culture

Non-neoplastic human hepatocyte PH5CH-derived cloned cells, including PH5CH8 cells, which are susceptible to HCV infection and supportive of HCV replication [45], were maintained as described previously [58]. HuH-7 cells were cultured in Dulbecco's modified Eagle's medium (DMEM; Invitrogen, Carlsbad, CA, USA) supplemented with 10% fetal bovine serum. The O cells replicating genome-length HCV RNA were cultured in DMEM with 10% fetal bovine serum and G418 (300 $\mu g \cdot mL^{-1}$; Geneticin, Invitrogen) as described previously [43]. The Oc and OR6c cured cells, which were created by eliminating genome-length HCV RNA from O cells [43] and OR6 cells [44] by IFN treatment, respectively, were also cultured in DMEM with 10% fetal bovine serum.

Construction of expression vectors

Retroviral vectors pCX4bsr and pCX4pur [59], which contain the resistance gene for blasticidin and puromycin, respectively, were used to construct the various expression vectors. pCX4bsr/NS3-4A(1B-1), pCX4bsr/NS3(1B-1) and pCX4bsr/NS4A(1B-1) were constructed according to the previously described method [60]. The DNA fragments encoding NS3-4A, NS3, and NS4A derived from the HCV 1B-1 strain belonging to genotype 1b (accession no. AB0802999) [61] were subcloned into the *Eco*RI and *Not*I sites of pCX4bsr. To construct pCX4bsr/NS3-4A(O), the DNA fragment encoding NS3-4A derived from the HCV-O strain belonging to genotype 1b [43] were also subcloned into the *Eco*RI and *Not*I sites of pCX4bsr. pCX4bsr/NS3-4A (1B-1)/S1165A and pCX4bsr/NS3-4A(1B-1)/W1528A were constructed by PCR mutagenesis with primers containing base alterations according to the previously described method [62]. To construct pCX4pur/myc-Cardif, the DNA fragment encoding Cardif (IPS-1/MAVS/VISA, accession no. DQ181928) was amplified from cDNAs obtained from PH5CH8 cells by PCR using KOD-plus DNA polymerase (Toyobo, Osaka, Japan). The primer sequences containing the *Sph*I (forward) and *Not*I (reverse) recognition sites for Cardif were designed to enable expression of the Cardif ORF. The obtained DNA fragment was subcloned into the *Sph*I and *Not*I sites of pCX4pur/myc, which can express myc-tagged protein, according to the previously described method [39]. To construct pCX4pur/myc-TRIF, the *Eco*RI-*Not*I fragment of pCXpur/myc-TRIF encoding myc-TRIF ORF [39] was subcloned into the *Eco*RI and *Not*I sites of pCX4pur. To construct pEGFP-C1/IRF-3, the DNA fragment encoding IRF-3 (accession no. NM_001571) was amplified by PCR as described above. The primer sequences containing the *Xho*I (forward) and *Hin*dIII (reverse) recognition sites for IRF-3 were designed to enable expression of the IRF-3 ORF. The obtained DNA fragment was subcloned into the *Xho*I and *Hin*dIII sites of pEGFP-C1 (Clontech, Mountain View, CA, USA), and the obtained pEGFP-C1/IRF-3 was used for IRF-3 dimerization analysis. The nucleotide sequences of these constructed expression vectors were confirmed by Big Dye termination cycle sequencing using an ABI Prism 310 genetic analyzer (Applied Biosystems, Foster City, CA, USA).

Poly(I-C) treatment

Poly(I-C) (GE Healthcare Bio-Sciences Corp., Piscataway, NJ, USA) was added to the medium at 50 $\mu g \cdot mL^{-1}$ (M-pIC), or 1 μg of poly(I-C) was complexed with Lipofectamine™ 2000 (Invitrogen) for transfection (T-pIC). Cells were assayed for poly(I-C)-induced responses 6 h after exposure by either route.

Luciferase reporter assay

For the dual luciferase assay, we used a firefly luciferase reporter vector, pIFN-β-(−125)-Luc [63], containing the IFN-β gene promoter region (−125 to +19). The reporter assay was carried out as previously described [40]. Briefly, a total of 0.3×10^5 cells were seeded in a 24-well plate, 24 h before transfection. Then, 0.1 μg firefly luciferase reporter vector, 0.2–0.4 μg HCV protein expression plasmid (pCX4bsr series), and 0.2 ng pRL-CMV (Promega, Madison, WI, USA) as an internal control reporter were transfected into the various cell lines. To maintain the efficiency of transfection, up to 0.4 μg of pCX4bsr was added instead of HCV protein expression vectors. In some cases, 20 ng of pCX4pur/myc-Cardif or pCX4pur/myc-TRIF were added as the effector plasmid. The cells were cultured for 48 h, and then a dual luciferase assay was performed according to the manufacturer's protocol (Promega). In some cases, the cells were cultured for 42 h and then poly(I-C) was added to the medium or transfected into the cells for 6 h before the reporter assay. Three independent triplicate transfection experiments were conduced to verify the reproducibility of the results. Relative luciferase activity was normalized to the activity of *Renilla* luciferase (internal control). A manual Lumat LB 9501/16 luminometer (EG & G Berthold, Bad Wildbad, Germany) was used to detect luciferase activity.

Western blot analysis

Preparation of cell lysates, SDS/PAGE, and immunoblotting were performed as described previously [64]. Anti-NS3 (Novocastra Laboratories, Newcastle, UK), anti-myc (PL14; Medical and Biological Laboratories, Nagoya, Japan) or anti-β-actin serum (AC-15; Sigma, St Louis, MO, USA) was used in this study as a primary antibody. Immunocomplexes were detected by a Renaissance enhanced chemiluminescence assay (Perkin-Elmer Life Sciences, Boston, MA, USA).

IRF-3 dimerization analysis

Preparation of cell lysates and native-polyacrylamide gel electrophoresis were performed as described previously [65]. After the separation of proteins, immunoblotting was performed as described above. Anti-IRF3 serum (FL-425; Santa Cruz Biotechnology, Santa Cruz, CA, USA) was used for the detection of the endogenous IRF-3 dimerization. Anti-phospho-IRF-3 (Ser386) serum (IBL, Gunma, Japan) and anti-phospho-IRF-3 (Ser396) serum (Upstate Biotechnology, Lake Placid, NY, USA) were used for detection of the phosphorylated IRF-3. The dimerization of exogenous IRF-3 was detected by anti-EGFP monoclonal serum (JL-8; Clontech).

Preparation of PH5CH8 cells stably expressing HCV proteins

PH5CH8 cells were infected with retrovirus pCX4bsr encoding various HCV proteins, as described previously [64]. pCX4bsr/NS3-4A(1B-1), pCX4bsr/NS3-4A(1B-1)/S1165A, and pCX4bsr/NS3-4A(1B-1)/W1528A were used to obtain the PH5CH8 cells stably expressing NS3-4A(1B-1), the NS3-4A(1B-1)/S1165A mutant lacking the serine protease activity [51], and the NS3-4A(1B-1)/W1528A mutant lacking the helicase activity [66], respectively. At 2 days postinfection, PH5CH8 cells were changed with fresh medium containing blasticidin (20 $\mu g \cdot mL^{-1}$), and the culture was continued for 7 days to select the cells expressing HCV proteins.

Real-time LightCycler PCR

Total cellular RNA was extracted using an Isogen extraction kit (Nippon Gene, Toyama, Japan). Before reverse transcription, the RNA was treated with RNase-free DNase I (TaKaRa Bio, Ohtsu, Japan) to completely remove the genomic DNA as described previously [40]. Real-time LightCycler PCR was performed according to a method described previously [67]. The sequences of sense and antisense primers for TRIF (accession no. AB093555) were 5′-AAGCCATGATGAGCAACCTC-3′ and 5′-GTGTCC TGTTCCTTCCTCCAC-3′. The sequences of sense and antisense primers for RIG-I (accession no. NM_014314) were 5′-AATGAAAGATGCTCTGGATTACTTG-3′ and 5′-TTGTCTCTGGGTTTAAGTGGTACTC-3′. The sequences of sense and antisense primers for MDA5 (accession no. NM_022168) were 5′-AAGTCATTAGTAAA TTTCGCACTGG-3′ and 5′-TCATCTTCTCTCGGAAAT CATTAAC-3′. In addition, we used primer sets for IFN-β [40], TLR3 [39], TLR4 [39], Cardif [24] and GAPDH [40].

RNA interference

siRNA duplexes targeting the coding regions of human TLR3 [39], TLR4 (Dharmacon, Lafayette, CO, USA; catalog no. M-008088-00), TRIF (Dharmacon; catalog no. M-012833-00), and luciferase GL2 [68] (Dharmacon) as a control were chemically synthesized. PH5CH8 cells were transfected with the indicated siRNA duplex using OligofectAMINE (Invitrogen). Total RNA was extracted at 3 days after transfection, and real-time LightCycler PCR was performed to examine RNA-mediated interference efficiency as described above.

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Supplementary material

The following supplementary material is available online:

Fig. S1. NS3-4A blocked the Cardif-mediated signaling pathway, but not the TRIF-mediated signaling pathway in HeLa cells.

Fig. S2. NS3-4A is capable of cleaving Cardif, but not TRIF in HeLa cells.

Table S1. Quantitative RT-PCR analysis of mRNA expression of several factors involving in innate immune response in the various cell lines.

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Forum Minireview

Life Style-Related Diseases of the Digestive System: Cell Culture System for the Screening of Anti-Hepatitis C Virus (HCV) Reagents: Suppression of HCV Replication by Statins and Synergistic Action With Interferon

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Abstract. Hepatitis C virus (HCV) infection causes chronic hepatitis and leads to liver fibrosis and hepatocellular carcinoma. Pegylated-interferon and ribavirin is the current standard therapy for chronic hepatitis C. However, the therapy is only effective in 50% of the patients. To overcome this problem, we recently developed the HCV cell culture system (OR6 system) for the screening of anti-HCV reagents. In this OR6 system, the luciferase gene was introduced into the upstream portion of the HCV genome to facilitate the monitoring of HCV RNA replication. Recently lipid metabolism is reported to be involved in HCV RNA replication. Cholesterol and sphingolipid are the major components in lipid rafts, which seem to be the scaffold for HCV RNA replication. Statins inhibit cholesterol biosynthesis and also have the pleiotropic effects by the inhibition of prenylation. We demonstrated different anti-HCV effects of statins (atorvastatin, simvastatin, fluvastatin, lovastatin, and pitavastatin) using the OR6 system. Surprisingly, in contrast to the other statins, pravastatin exhibited no anti-HCV effect. Furthermore, statins enhanced the anti-HCV effect of interferon in combination. Statins may be a promising candidate for the adjuvant in interferon therapy and may improve the efficiency of the current interferon and ribavirin therapy.

Keywords: life style-related disease, hepatitis C virus (HCV), statin, interferon, cell culture system

Introduction

Approximately 170 million people worldwide are infected with the hepatitis C virus (HCV). HCV infection causes chronic hepatitis C (CH-C) and leads to liver-related death by liver cirrhosis and/or hepatocellular carcinoma. To prevent the progress of fatal liver disease after HCV infection, the elimination of the virus seems to be the most effective strategy. However, the current pegylated-interferon (PEG-IFN) and ribavirin therapy was only effective in 50% of the patients (1). Therefore, the development of more effective anti-HCV reagents is an urgent concern. When HCV replicates in hepatocytes, some of the cellular factors are essential for HCV RNA replication. These cellular factors are the targets for antiviral as well as viral proteins such as NS3 protease or NS5B RNA-dependent RNA polymerase. Inhibition of cellular factors may cause side effects by the inhibition of their primary roles. However, one of the advantages of this strategy is that it could overcome the viral mutation leading to the resistance to the reagent against the viral proteins. Lipid metabolism is one of the candidates in the context of this strategy. To explore the best partner of IFN, we examined different six statins, which are 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase inhibitors, using our recently developed OR6 system (2). In the OR6 system, genome-length HCV RNAs (HCV-O strain of genotype 1b) replicate efficiently and the HCV RNA level can be monitored by luciferase activities (3, 4). Statins exhibited various anti-HCV activities except for pravastatin that was not active against HCV (2). We also

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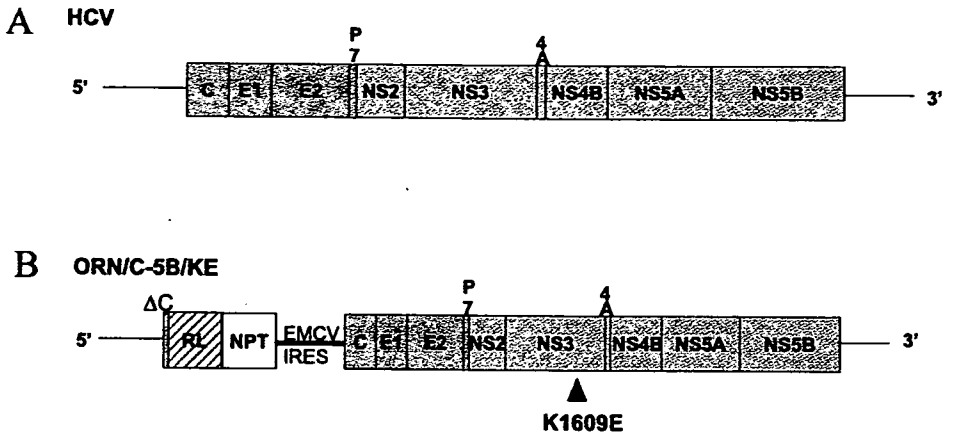

Fig. 1. HCV RNA with reporter gene. Schematic gene organization of genome-length HCV RNA. A: The authentic HCV RNA was composed of the N-terminal part of the structural region and C-terminal part of the nonstructural region. B: The genome-length HCV RNA with reporter gene was constructed based on the authentic HCV RNA. EMCV IRES was introduced for the translation of HCV proteins. Renilla luciferase was expressed as a fusion protein with NPT. The position of the adaptive mutation, K1609E, is indicated by a black triangle.

investigated whether or not statins could enhance the inhibitory effect of IFN on HCV RNA replication. In this review, we would like to summarize our recent findings and the literature regarding lipid metabolism as the target of anti-HCV with a focus on statins.

Cell culture system for HCV RNA replication

Cell culture systems for HCV have been developed since the first breakthrough of the establishment of the subgenomic replicon by Lohmann et al. (5). The replicon system has provided the information concerning the mechanism of the replication machinery of HCV and has revealed the cellular factors essential for HCV RNA replication. After the development of the subgenomic replicon, genome-length HCV RNA replication systems using different HCV strains (H, N, Con1, and O) were developed by several groups since the subgenomic replicon did not possess the structural region in the genome (4, 6–8). For the screening of anti-HCV reagents, the replicon system has also been improved by the introduction of reporter genes (9). The introduction of the reporter gene into the HCV genome facilitated the monitoring of HCV RNA replication. For this purpose, we developed a cell culture system (OR6 system) in which genome-length HCV RNA containing renilla luciferase (RL) replicate efficiently under the selection by G418 (4). As shown in Fig. 1, RL, neomycin phosphotransferase (NPT), and encephalomyocarditis virus (EMCV) internal ribosomal entry site (IRES) genes were introduced between the 5' untranslated region and Core (C) of HCV. This genome-length HCV RNA robustly replicated in the hepatoma cell line HuH-7 after the electroporation and one of the colonies designated OR6 was selected by G418 and used for the studies including determining the anti-HCV effect of statins. A recent milestone was the development of an HCV infection system using a genotype 2a HCV strain, JFH-1 (10–12). This system could reconstruct the HCV life cycle in cell culture. The future issue of the cell culture system is the development of a robust genotype 1 HCV virus production system because the efficiency of PEG-IFN and ribavirin therapy in patients with genotype 1 HCV remained lower than that in patients with genotype 2 HCV: the sustained virological responses were approximately 50% versus 80%–90%, respectively (13). More recently, pioneering studies have been reported by several groups using genotype 1 HCV strains for virus production (14, 15). However, the genotype 1 HCV virus production systems could not allow re-infection with the supernatant from the HCV-infected cells. These ongoing studies will lead to the development of a robust genotype 1 HCV infection system like genotype 2a HCV in the near future.

HCV and lipid metabolism

Lipid metabolism is involved in the life cycle of many viruses. The resulting metabolites work as physiologically active molecules such as eicosanoids and so on, and some of them are incorporated into the lipid raft membrane. A lipid raft is distinct from other lipid membranes. It is enriched in cholesterols and sphingolipids and is detergent-resistant. Lipid rafts play an important role in virus entry, replication, and assembly. HCV also forms a replication complex on the lipid raft membrane structure (16). Therefore, the depletion of the cholesterol and sphingolipid from the lipid raft leads to the inhibition of HCV RNA replication. Aizaki et al. (17) reported that lovastatin inhibited HCV RNA replication in HCV replicon-harboring cells. Statins are inhibitors for HMG-CoA reductase in the cholesterol biosynthesis pathway (Fig. 2). Statins also possess the cholesterol-independent action (pleiotropic effect) (18). Many of these pleiotropic effects are mediated by the isoprenoid. Farnesyl pyrophosphate (FPP) and gera-

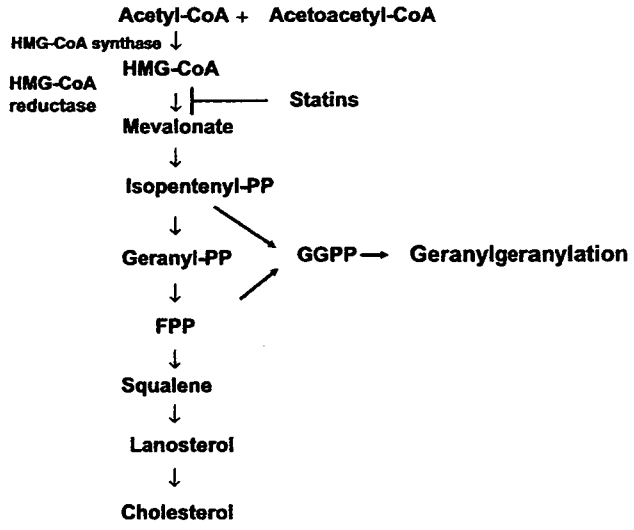

Fig. 2. Cholesterol biosynthesis pathway and statins. In the cholesterol biosynthesis pathway, the production of mevalonate by HMG-CoA reductase is the rate-limiting step. Statins inhibit HMG-CoA reductase, resulting in the inhibition of the production of isoprenoids as well as cholesterol. Geranyl-PP: geranylpyrophosphate and GGPP: geranylgeranylpyrophosphate.

nylgeranyl pyrophosphate (GGPP) are mevalonate-derived isoprenoids (Fig. 2). The attachment of isoprenoid to the cellular proteins is called prenylation. Prenylation regulates a variety of cellular functions, including growth, differentiation, and oncogenesis. From the aspect of the pleiotropic effect of the statins, Wang et al. (19) recently identified FBL2 as geranylgeranylated cellular protein required for HCV RNA replication. FBL2 belongs to the FBL family of proteins, all of which contain an F box and a multiple leucine-rich repeat. These two possible inhibitory mechanisms are proposed for the anti-HCV effect of statins. The low-density lipoprotein receptor (LDLR) is reported as one of the potential HCV receptors (20). However, the precise role of LDLR for HCV is still controversial (21). It will be worth trying to examine the effect of statins in the JFH-1 infection system since statins enhance the expression of LDLR.

Sphingolipid is another major component of lipid rafts and thereby is also the antiviral target for HCV. Serine palmitoyltransferase (SPT) is the enzyme responsible for the condensation of L-serine with palmitoyl-CoA to produce 3-ketodihydrosphingosine in the first step of sphingolipid biosynthesis. Sakamoto et al. (22) and Umehara et al. (23) reported that myriocin, a selective inhibitor of SPT, inhibited the HCV RNA replication in replicon-harboring cells and in HCV-infected chimeric mice with humanized livers, respectively. These results further support the significance of lipid metabolism in HCV RNA replication.

Other than cholesterol and sphingolipid biosynthesis, fatty acids are reported to be metabolites that affect HCV RNA replication. Leu et al. (24) reported that polyunsaturated fatty acids (PUFAs) possessed an anti-HCV effect using HCV-replicon harboring cells. Arachidonic acid, docosahexaenoic acid, linoleic acid, and eicosapentaenoic acid belonging to PUFAs possessed anti-HCV activity. On the other hand, saturated fatty acids enhanced HCV RNA replication. The precise mechanisms of fatty acids regarding HCV RNA replication have remained unclear. Very recently, we examined the effect of ordinary nutrients on HCV RNA replication using the OR6 system (25). Interestingly, we found that vitamin E negated the anti-HCV effect of linoleic acid (25). Given that linoleic acid and vitamin E are an oxidant and antioxidant, respectively, oxidative stress may be involved in HCV RNA replication. Further study in this field will provide clues for developing anti-HCV reagents.

Different anti-HCV effects of statins

Statins are one of the most worldwide used reagents for the treatment of hypercholesterolemia and they are beneficial in the prevention of coronary heart disease. In the cholesterol biosynthesis pathway, the production of mevalonate by HMG-CoA reductase is the rate-limiting step. Statins inhibit mevalonate synthesis by inhibiting HMG-CoA reductase, resulting in decreased production of isoprenoids as well as cholesterol. The activities of some cellular proteins are regulated by the attachment of isoprenoids (prenylation). For example, statins inhibited the function of small G proteins, Ras and Rho. Ras and Rho are major substrates for prenylation with FPP and GGPP, respectively. So far, among the statins, lovastatin is the only one with a well-characterized inhibitory effect against HCV RNA replication in cell culture (17, 26, 27). Recently, FBL2 was identified as one of the of geranylgeranylated cellular proteins required for HCV RNA replication (19). Geranylgeranyrated FBL2 binds to NS5A of HCV and the resulting complex is required for HCV RNA replication (19).

The anti-HCV effect of the statins other than lovastatin remains to be clarified. Therefore, we used the OR6 system to test anti-HCV effect of five statins: lovastatin, simvastatin, atorvastatin, fluvastatin, and pravastatin (2). More recently, we also added pitavastatin to this list, so that finally six statins were tested for their effects on HCV RNA replication. None of the statins exhibited cytotoxicity at the concentrations tested. The 50% effective concentrations (EC_{50}) of statins are summarized in Table 1. The anti-HCV effects of simvastatin, atorvastatin, fluvastatin, and pitavastatin

Table 1. EC_{50} of statins on HCV RNA replication

Statins	EC_{50} (μM)
Lovastatin	2.16
Simvastatin	1.57
Atorvastatin	1.39
Fluvastatin	0.90
Pitavastatin	0.45

were stronger than that previously reported for lovastatin. The EC_{50} of lovastatin, simvastatin, atorvastatin, fluvastatin, and pitavastatin were 2.16, 1.57, 1.39, 0.90, and 0.45 μM, respectively. Pitavastatin possessed the strongest anti-HCV activity among the statins tested and its EC_{90} was calculated as 1.25 μM (Fig. 3A). In contrast, pravastatin exhibited no anti-HCV effect. Pravastatin is the only hydrophilic statin among the statins tested and does not cross the cellular membrane passively. It has been reported that a human liver-specific organic anion transporter, LST-1, mediates the uptake of pravastatin in human hepatocytes (28). Therefore, we examined the expression levels of LST-1 in OR6 cells. OR6 cells expressed the mRNA of LST-1 at levels equivalent to that in normal human liver (2). We ruled out the possibility that pravastatin didn't actually work as the inhibitor for HMG-CoA reductase in the cells. We confirmed that pravastatin induced HMG-CoA reductase by a positive feedback mechanism in response to the decrease of cholesterol by the inhibition of HMG-CoA reductase by pravastatin (2). These results suggest that there may be another mechanism underlying the depletion of GGPP and cholesterol by statins. One of the clues for resolving this puzzle is that pravastatin has a different effect on P450 induction compared with the other statins (29). However, further study will be needed to clarify this issue.

Statins in combination with IFN

The combination therapy of PEG-IFN and ribavirin is a current standard therapy for patients with CH-C. Ribavirin by itself possessed no anti-HCV effect for the patients. However, ribavirin alone exhibited an anti-HCV effect in the OR6 cell culture system when it was used at a concentration higher than that in the serum of patients undergoing ribavirin treatment. The EC_{50} of ribavirin is calculated as 76 μM in the OR6 system and this is approximately 5 – 7 times higher concentration than that in serum from the patients with ribavirin treatment (3). Furthermore, the synergistic effect of ribavirin at the low concentration with IFN was also confirmed in different cell culture systems, including the OR6 system (3, 30, 31). These results suggest that ribavirin works as a kind of the adjuvant for IFN at the low concentration.

To test the effect of statins in combination with IFN-α on HCV RNA replication, we treated the OR6 cells with

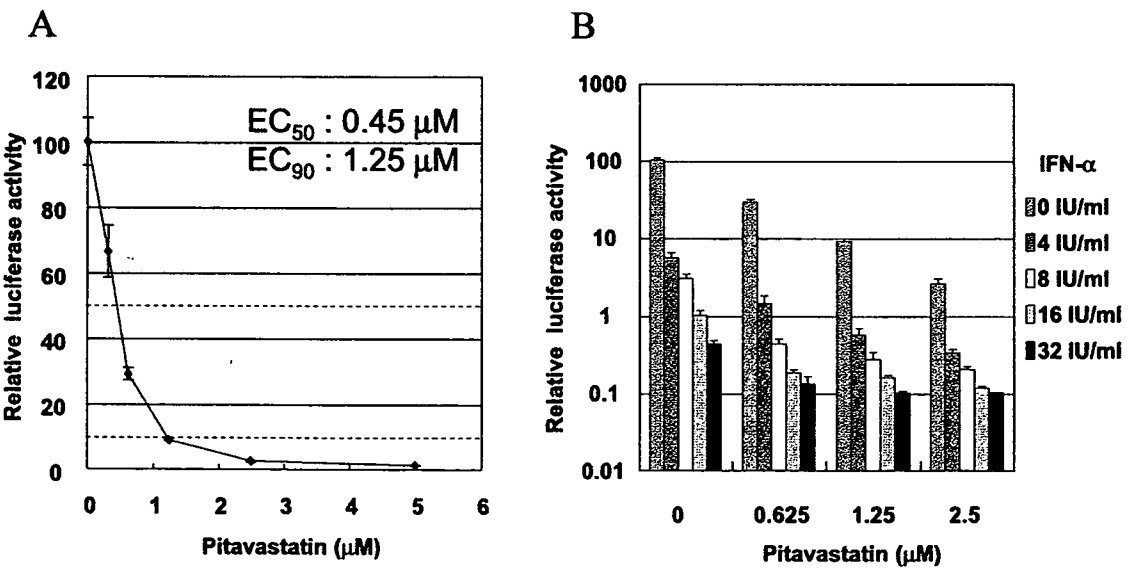

Fig. 3. Anti-HCV effect of pitavastatin in combination with IFN-α. A: OR6 cells were treated with pitavastatin at concentrations of 0, 0.625, 1.25, 2.5, and 5 μM for 72 h. The EC_{50} and EC_{90} were calculated from the result. Shown here is the relative luciferase activity (%) calculated when the luciferase activity of untreated cells was assigned as 100%. B: The effect of pitavastatin in combination with IFN-α. OR6 cells were treated with pitavastatin (0, 0.625, 1.25, and 2.5 μM) and IFN-α (0, 4, 8, 16, and 32 IU/ml) for 72 h. The relative luciferase activity was calculated as shown above.

pitavastatin (0, 0.625, 1.25, and 2.0 μM) and IFN-α (0, 4, 8, 16, and 32 IU/ml) (Fig. 3B). Pitavastatin enhanced the anti-HCV effect of IFN-α in a dose-dependent manner for a fixed concentration of IFN-α, 0, 4, 8, 16, or 32 IU/ml (Fig. 3B). Furthermore, we observed the decrease of luciferase activity to almost the background level in the OR6 reporter assay when OR6 cells were co-treated with 32 IU/ml of IFN-α and pitavastatin at the concentration of 1.25 or 2.5 μM (Fig. 3B). The concentrations of the statins tested in the cell culture were higher than that in the sera from patients with statin administration. However, the statins may enhance the anti-HCV effect of IFN for patients with CH-C at a lower concentration than the EC_{50} in cell culture. Recently O'Leary et al. (32) reported that the monotherapy of atorvastatin does not exhibit anti-HCV activity in a pilot clinical trial. Although the monotherapy of statin seems to be insufficient for patients with CH-C, statin may be a candidate for the adjuvant of IFN therapy like ribavirin.

Conclusions

The OR6 system was developed for the precise and quantitative assay of HCV RNA replication in cell culture. The statins were compared for their anti-HCV effects using the OR6 system and were found to possess different effects on HCV RNA replication. Lovastatin, simvastatin, atorvastatin, fluvastatin, and pitavastatin had different anti-HCV profiles in cell culture. However, pravastatin had no anti-HCV effect, although it worked as inhibitor for HMG-CoA reductase. Pitavastatin exhibited the strongest anti-HCV effect (EC_{50}: 0.45 μM) among the statins tested and enhanced the effect of IFN-α. It may be difficult to achieve the cell culture based EC_{50} of statins in patients with CH-C. However, statins at lower concentration than the EC_{50} in cell culture may enhance the anti-HCV effect of IFN-α in patients with CH-C. Therefore, statins may be suitable as an adjuvant of IFN-α like ribavirin rather than for monotherapy. Lipid metabolism including cholesterol, sphingolipid, and fatty acid biosynthesis seems to be an attractive field for the development of antiviral reagents for HCV.

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Comprehensive Analysis of the Effects of Ordinary Nutrients on Hepatitis C Virus RNA Replication in Cell Culture[▽]

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To date, only a limited number of studies have reported finding an influence of ordinary nutrients on hepatitis C virus (HCV) RNA replication. However, the effects of other nutrients on HCV RNA replication remain largely unknown. We recently developed a reporter assay system for genome-length HCV RNA replication in hepatoma-derived HuH-7 cells (OR6). Here, using this OR6 assay system, we comprehensively examined 46 nutrients from four nutrient groups: vitamins, amino acids, fatty acids, and salts. We found that three nutrients—β-carotene, vitamin D_2, and linoleic acid—inhibited HCV RNA replication and that their combination caused additive and/or synergistic effects on HCV RNA replication. In addition, combined treatment with each of the three nutrients and interferon alpha or beta or fluvastatin inhibited HCV RNA replication in an additive manner, while combined treatment with cyclosporine synergistically inhibited HCV RNA replication. In contrast, we found that vitamin E enhanced HCV RNA replication and negated the effects of the three anti-HCV nutrients and cyclosporine but not those of interferon or fluvastatin. These results will provide useful information for the treatment of chronic hepatitis C patients who also take anti-HCV nutrients as an adjunctive therapy in combination with interferon. In conclusion, among the ordinary nutrients tested, β-carotene, vitamin D_2, and linoleic acid possessed anti-HCV activity in a cell culture system, and these nutrients are therefore considered to be potential candidates for enhancing the effects of interferon therapy.

Hepatitis C virus (HCV) is a major pathogen of chronic hepatitis (CH) and leads to fatal liver diseases, such as liver cirrhosis and hepatocellular carcinoma (1, 23, 38). Approximately 170 million people worldwide are infected with HCV (40). Therefore, HCV infection is a global health problem. The combination of pegylated interferon (IFN) with ribavirin is currently the most effective therapy for CH C (11, 28), and long-term treatment has been shown to improve the sustained virological response (SVR) rate (37). However, the SVR rate still remains at approximately 55% (11). Combination therapy occasionally also causes adverse effects, such as severe anemia (10) and cerebral vascular lesions (7), and reduction of the dosage leads to insufficient treatment. These adverse effects are more serious in older patients. Therefore, it remains necessary to identify alternative agents that have fewer side effects to couple with IFN. In developing countries, it is difficult to administer expensive IFN therapy. Hence, in such countries, inexpensive anti-HCV reagents are especially desirable (36).

The lack of a small-animal model and a cell culture system to support efficient HCV RNA replication hampered the development of anti-HCV reagents. Since an HCV subgenomic replicon system was developed in 1999 (25), the mechanism of HCV RNA replication has been gradually elucidated by a number of groups (2). However, this subgenomic replicon system may not necessarily reflect actual HCV RNA replication in hepatocyte cell lines, due to the absence of structural proteins. To overcome this problem, a cell culture system for genome-length HCV RNA replication was developed by several groups (4, 15, 33). We also developed a genome-length HCV RNA (strain O of genotype 1b) replication system (OR6) with luciferase as a reporter, which facilitated the prompt and precise monitoring of HCV RNA replication in hepatocyte cell lines (13, 30). In the OR6 assay system, the luciferase activity was well correlated with HCV RNA levels when cells were treated with IFN-α (13). Therefore, we quantified the luciferase activity instead of HCV RNA for the indirect evaluation of HCV RNA replication, although the OR6 assay system doesn't strictly quantify the HCV RNA replication. More recently, several groups have developed cell culture systems that produce infectious viral particles (genotype 2a), which can be used to reconstruct the life cycle of HCV infection in hepatocyte cell lines (24, 39, 45).

Using this OR6 assay system, we demonstrated that mizoribine (30), as an immunosuppressant, and fluvastatin (FLV) (14), as the reagent for hypercholesterolemia, inhibited HCV RNA replication in hepatocyte cell lines. Another immunosuppressant, cyclosporine (CsA), was also identified as an anti-HCV reagent in a subgenomic replicon system (41). These results suggested the expansion of the primary application of the existing therapeutic drugs to new anti-HCV therapy.

Other studies have also revealed that certain ordinary nutrients contained in common foods can influence HCV RNA replication (5, 8, 9, 17, 21, 26). However, in these studies, only a limited number of nutrients were tested. To date, there has

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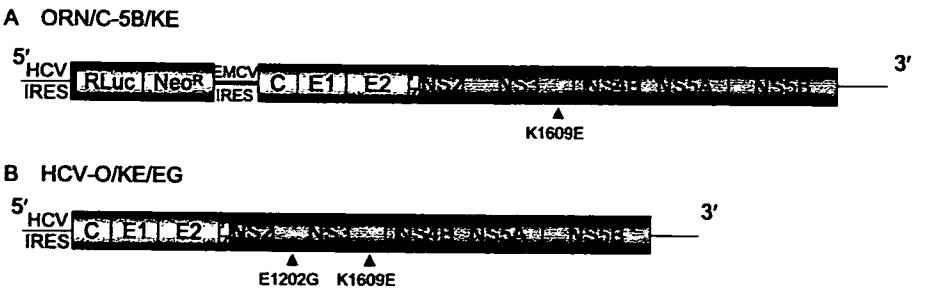

FIG. 1. Schematic gene organization of genome-length HCV RNA. (A) ORN/C-5B/KE RNA replicated in OR6 cells. RL (RLuc) is expressed as a fusion protein with neomycin phosphotransferase (NeoR). The position of an adaptive mutation, K1609E, is indicated by a black triangle. (B) Authentic HCV RNA, HCV-O/KE/EG, was introduced into the OR6c cells by electroporation as previously described (13). The positions of two adaptive mutations, E1202G and K1609E, are indicated by black triangles. IRES, internal ribosome entry site; EMCV, encephalomyocarditis virus.

been no comprehensive analysis of the effects of nutrients on HCV RNA replication. Thus, we inclusively investigated the effects of nutrients on genome-length HCV RNA replication using the OR6 assay system. Here, we report finding that three nutrients, namely, β-carotene (BC), vitamin D_2 (VD2), and linoleic acid (LA), inhibited HCV RNA replication and that combination treatments including each of these nutrients and CsA synergistically inhibited HCV RNA replication. Furthermore, we found that vitamin E (VE) enhanced HCV RNA replication, and that the anti-HCV activities of each of the three nutrients and CsA were abrogated by VE.

MATERIALS AND METHODS

Reagents. Vitamin B_{12}, vitamin K_1 (VK1), vitamin K_3, elaidic acid, and vaccenic acid were purchased from Wako Pure Chemical Industries, Ltd. (Osaka, Japan). BC, vitamin A (VA), vitamin B_1, vitamin B_2, vitamin B_3, vitamin B_6, vitamin C (VC), VD2, vitamin D_3 (VD3), VE, vitamin K_2 (VK2), pantothenic acid, biotin, folic acid, inositol, leucine, isoleucine, valine, tryptophan, phenylalanine, tyrosine, lauric acid, palmitic acid, stearic acid, behenic acid, oleic acid, elaidic acid, LA, arachidonic acid (AA), eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA), $Fe(II)SO_4$, Na_2SeO_4, $Fe(III)(NO_3)_3$, $ZnCl_2$, NaCl, KCl, $CaCl_2$, PCl_3, $MgCl_2$, $CuCl_2$, $MnCl_2$, and IFN-α were purchased from Sigma (St. Louis, MO), and CsA and FLV were purchased from Calbiochem (Los Angeles, CA). IFN-β was kindly provided by Toray Industries, Inc. Fatty acids, except for LA-albumin and oleic acid-albumin compounds (Sigma), were compounded with fatty acid-free bovine serum albumin (Sigma) as described in a previous report (6). We treated the HCV RNA-harboring cells at various concentrations of salts [$Fe(II)SO_4$ at 5, 25, and 50 μM, $Fe(III)(NO_3)_3$ at 10, 100, and 200 μM, $ZnCl_2$ at 20, 50, and 100 μM, Na_2SeO_4 at 1, 2.5, and 5 μM, NaCl at 100, 150, and 300 μM, KCl at 5, 10, and 20 μM, $CaCl_2$ at 2, 4, and 8 μM, PCl_3 at 1, 2.5, and 5 μM, $MgCl_2$ at 0.5, 2.5, and 5 μM, $CuCl_2$ at 20, 50, and 100 μM, and $MnCl_2$ at 30, 60, and 120 μM]. Dimethyl sulfoxide or ethanol was used for the dissolution of the liposoluble nutrients, and the final concentrations (0.1%) of each were equal for the cells with nutrients and those without.

Cell cultures. OR6 cells, polyclonal genome-length HCV RNA (ORN/C-5B/KE)-replicating cells, and subgenomic replicon (ORN/3-5B/KE) cells, which were derived from hepatoma cell line, HuH-7, were cultured in Dulbecco's modified Eagle's medium supplemented with 10% fetal bovine serum, penicillin, streptomycin (designated as the control medium in this study), and G418 (300 μg/ml) (Geneticin; Invitrogen, Carlsbad, CA), and the cells were passaged twice a week at a 5:1 split ratio. ORN/C-5B/KE and ORN/3-5B/KE are derived from HCV-O (strain O of genotype 1b). OR6c cells are cured OR6 cells from which

TABLE 1. Summary of anti-HCV activities of various nutrients

Nutrient type	Nutrient(s) with the indicated characteristic for HCV[a]		
	Inhibitory	Enhancing	Ineffective
Vitamins			
Liposoluble	BC, VD2	VA (retinol), VE, VK1, VK2, VK3	VD3
Water soluble		VC	*VB1*, *VB2*, *VB3* (*niacin*), *VB6*, VB12, *pantothenic acid*, biotin, *folic acid*, *inositol*
Amino acids			
Branched-chain			*Leucine*, *isoleucine*, *valine*
Aromatic		*Tryptophan*	*Phenylalanine*, *tyrosine*
Fatty acids			
Saturated			Lauric acid (C_{12}), palmitic acid (C_{16}), stearic acid (C_{18}), behenic acid (C_{22})
Mono-unsaturated			Oleic acid (C_{18}; 9-unsaturated), elaidic acid (C_{18}; *trans*-form of oleic acid), vaccenic acid (C_{18}; 11-unsaturated)
Polyunsaturated	LA ($C_{18:2}$, n-6), AA ($C_{20:4}$, n-6), EPA ($C_{20:5}$, n-3), DHA ($C_{22:6}$, n-3)		
Salts	$Fe(II)SO_4$, *$Fe(III)(NO_3)_3$*, $ZnCl_2$	Na_2SeO_4	*NaCl*, *KCl*, *$CaCl_2$*, *PCl_3*, *$MgCl_2$*, $CuCl_2$, $MnCl_2$

[a] Nutrients already contained in the medium are indicated in italics. VB1, vitamin B_1; VB2, vitamin B_2; VB3, vitamin B_3; VB6, vitamin B_6; VB12, vitamin B_{12}; VK3, vitamin K_3.