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G．知的所有権の出願・登録状況

1．特許取得

なし。

2．実用新案登録

なし。

3．その他

なし。

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Short Communication

Virological characterization of the hepatitis C virus JFH-1 strain in lymphocytic cell lines

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While hepatocytes are the major site of hepatitis C virus (HCV) infection, a number of studies have suggested that HCV can replicate in lymphocytes. However, *in vitro* culture systems to investigate replication of HCV in lymphocytic cells are severely limited. Robust HCV culture systems have been established using the HCV JFH-1 strain and Huh-7 cells. To gain more insights into the tissue tropism of HCV, we investigated the infection, replication, internal ribosome entry site (IRES)-dependent translation and polyprotein processing of the HCV JFH-1 strain in nine lymphocytic cell lines. HCV JFH-1 failed to infect lymphocytes and replicate, but exhibited efficient polyprotein processing and IRES-dependent translation in lymphocytes as well as in Huh-7 cells. Our results suggest that lymphocytic cells can support HCV JFH-1 translation and polyprotein processing, but may lack some host factors essential for HCV JFH-1 infection and replication.

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Hepatitis C virus (HCV) is a major cause of chronic hepatitis, liver cirrhosis and hepatocellular carcinoma (Choo *et al.*, 1989; Saito *et al.*, 1990). Infection with HCV is frequently associated with B-cell-related diseases, such as mixed cryoglobulinaemia and non-Hodgkin's lymphoma (Hausfater *et al.*, 2000). A number of studies have suggested that HCV can replicate not only in hepatocytes, but also in lymphocytes (Ducoulombier *et al.*, 2004; Karavattathayyil *et al.*, 2000, Lerat *et al.*, 1998), whereas the determinants of HCV tropism are still unknown. The development of HCV strain JFH-1, which generates infectious HCV in culture, has made an important contribution to the study of the HCV life cycle (Lindenbach *et al.*, 2005; Wakita *et al.*, 2005; Zhong *et al.*, 2005). The HCV life cycle is divided into several steps. After entry into the cell and uncoating, the HCV life cycle leads to translation, polyprotein processing, RNA replication, virion assembly, transport and release. The JFH-1 subgenomic replicon can replicate in non-hepatic cell lines, such as HeLa cells and 293 cells, suggesting that the host factors required for HCV replication are not hepatocyte-specific (Kato *et al.*, 2005b). The SB strain of HCV (genotype 2b strain) was isolated from an HCV-infected non-Hodgkin's B-cell lymphoma and has been reported to infect B and T cells (Kondo *et al.*, 2007; Sung *et al.*, 2003). The virus titres of the SB strain in lymphocytes were, however, lower than those of JFH-1 in Huh-7 cells and the expression of HCV proteins was not confirmed (Kondo *et al.*, 2007). It is unknown whether HCV JFH-1 can infect and replicate in lymphocytes. To gain more insight into the tissue tropism of HCV infection, we investigated the infection, replication, IRES-dependent translation and polyprotein processing of the JFH-1 strain in nine lymphocytic cell lines.

We first sought to determine whether HCV JFH-1 can infect lymphocytic cell lines. We chose nine lymphocytic cell lines derived from Burkitt's lymphoma, the EBV-immortalized human B cell line, lymphoblasts and acute T-cell leukaemia. C1R, IB4, Namalwa, P3HR1 and Raji cells were Epstein–Barr virus (EBV)-positive (Table 1). Infectious HCV was generated from HCV JFH-1 RNA in Huh-7 cells (Shirakura *et al.*, 2007; Wakita *et al.*, 2005) and the calculation of the 50% tissue culture infectious dose ($TCID_{50}$) was based on methods described previously (Lindenbach *et al.*, 2005). These cell lines (1×10^5 cells per well of a six-well plate) were incubated with 2 ml inoculum (5×10^3 or 5×10^4 $TCID_{50}$ ml^{-1}) for 3 h, washed three times with PBS, and cultured in fresh medium. The culture medium was changed every 2 days. Cells were harvested at 0 (3 h post-infection [p.i.]), 4 and 8 day p.i. HCV core antigen within cells was quantified by immunoassay (Ortho HCV-core ELISA kit; Ortho-Clinical Diagnostics). As shown in Fig. 1(a), increasing the HCV titre of the inoculum resulted in a 7.2-fold increase in the levels of HCV core protein in Huh-7 cells at 3 h p.i. Increasing the HCV titre of the inoculum resulted in a 1.5- to 3.2-fold increase in the levels of the core protein in C1R, BL41,

Table 1. Summary of the virological characterization of HCV JFH-1 in lymphocytes

Name	Source	EBV	Transfection			Concentration of G418 for selection (μg ml^{-1})	HCVcc infection	HCV-RNA replication	Translation*		Polyprotein processing†
			Buffer	Program	Efficiency				HCV-IRES	EMCV-IRES	
Bjab	Burkitt's lymphoma	−	T	T−16	>90 %	600–800	−	−	+	++	+
BL41	Burkitt's lymphoma	−	V	I−10	60–70 %	1000	−	−	+	++	ND
C1R	B lymphoblast	+	V	T−20	70–80 %	100	−	−	+++	++++	+
IB4	Lymphoblastoid	+	V	T−20	80–90 %	1000	−	−	+++	++++	+
Jurkat	Acute T cell leukaemia	−	V	I−10	60–70 %	600	−	−	++	+	ND
Namalwa	Burkitt's lymphoma	+	V	M−13	60–70 %	600–800	−	−	+++	++++	+
P3HR1	Burkitt's lymphoma	+	V	A−23	60–70 %	800	−	−	+++	++++	ND
Raji	Burkitt's lymphoma	+	V	T−27	70–80 %	800	−	−	++	++++	+
Ramos	Burkitt's lymphoma	−	V	M−13	40–60 %	400	−	−	+	+	ND
Huh7	Hepatoma	−	T	T−14	70–80 %	500	+	+	+++	+++	+

*+, <0.25 fold IRES activity of Huh-7; ++, 0.25–0.75 fold; +++, 0.75–1.5-fold; ++++, >1.5-fold.
†ND, Not determined.

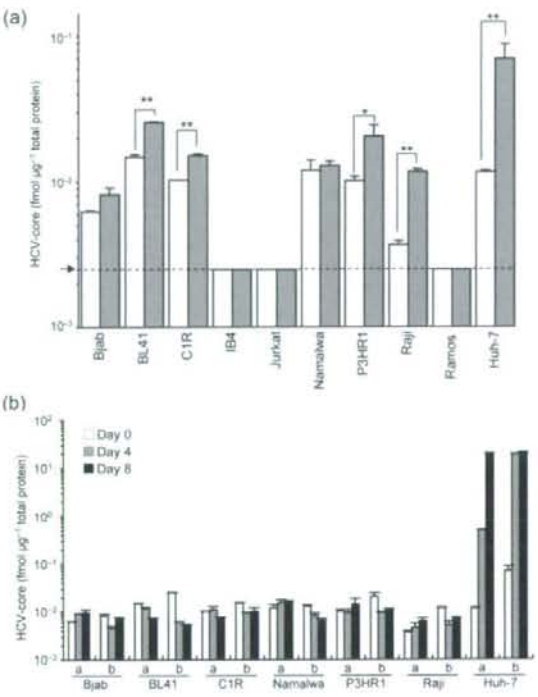

Fig. 1. HCV infection assay. (a) HCV core protein levels 3 h after infection. A total of 1×10^5 cells were infected with 2 ml of the inoculum (5×10^3 [white bars] or 5×10^4 [grey bars] $TCID_{50}$ ml^{-1}) for 3 h at 37 °C and harvested at 3 h p.i. HCV core protein in cell lysate was quantified by ELISA. The average values with standard deviations from triplicate samples are shown. The cut-off value of the immunoassay is indicated by an arrow and a dotted line. The difference between low m.o.i. (white bars) and high m.o.i. (grey bars) was significant (*, $P<0.05$; **, $P<0.01$, Student's *t*-test). (b) Time-course of HCV core protein levels after infection. In total, 1×10^5 cells were infected with 2 ml of the inoculum (5×10^3 [a] or 5×10^4 [b] $TCID_{50}$ ml^{-1}) for 3 h and harvested at 0, 4 and 8 days p.i. HCV core protein in cell lysate was quantified by ELISA. Average values ± SD from triplicate samples are shown.

P3HR1 and Raji cells, suggesting that HCV can bind to these cell lines (Fig. 1a). In contrast, the levels of HCV core protein in IB4, Jurkat and Ramos cells at 3 h p.i. were below the detection limits and there were no significant differences in the levels of the core protein in Bjab cells and Namalwa cells, suggesting that HCV binding to these cells was very inefficient (Fig. 1a). Moreover, the levels of HCV core protein increased in Huh-7 cells but, in the case of all lymphocytic cell lines, including Raji cells, the core titre did not increase at day 4 and 8 p.i., suggesting that HCV JFH-1 does not infect and/or replicate efficiently in these lymphocytic cell lines (Fig. 1b).

To assess the replication of JFH-1 in our lymphocytic cell lines, we utilized the HCV replicon system. To visualize the

replicating cells, a reporter replicon plasmid was constructed as follows. The gene encoding green fluorescence protein (GFP) was fused to the neomycin resistance gene using an overlap PCR amplification technique and the fusion product was inserted into pSGR-JFH1. The resultant plasmid was pSGR-GFPneo-JFH1. This plasmid was linearized with *Xba*I and used as a template for *in vitro* transcription using an AmpliScribe T7 High Yield Transcription kit (Epicentre Biotechnologies). RNA was transfected with high transfection efficiency and low cytotoxicity using the Nucleofector system (Amaxa Biosystems) (Coughlin *et al.*, 2004; Miyahara *et al.*, 2005; Van De Parre *et al.*, 2005). The transfection efficiencies ranged from 60 to 80 % after optimization of transfection conditions (Table 1). GFP expression was monitored periodically during the selection of HCV-replicon cells by G418 (Table 1). The GFP-expressing cells were detected at day 3 post-transfection (p.t.) in Huh-7, P3HR1, Raji, C1R and Namalwa cells. The rate of GFP expression in Huh-7 cells was more than 50 %. The rate of GFP-expression in lymphocytic cell lines was less than 1 %, despite the high transfection efficiencies. After 3 weeks of G418 selection, SGR-GFPneo-JFH1 replicon cells were established in Huh-7 cells, but not in lymphocytic cells. These data suggest that JFH-1 subgenomic replicon RNA cannot replicate in the lymphocytic cell lines.

To facilitate quantification of replication, we performed luciferase assays using subgenomic replicon RNA (SGR-JFH1/Luc) carrying firefly luciferase as a reporter. SGR-JFH1/Luc RNA was *in vitro*-transcribed using the linearized pSGR-JFH1/Luc (Kato *et al.*, 2005a) as template DNA. Cells were harvested at 4, 24, 48 and 72 h p.t. and luciferase activities were assayed with luciferase assay reagent (Promega). Assays were performed at least in triplicate. There were significant differences in luciferase activities at 4 h p.t. among the cell lines, probably because there were differences in transfection efficiencies and the doubling time of the cell lines. Thus, the replication activity was expressed relative to the reporter activity determined 4 h p.t. for each cell line, which was set to 1 (Fig. 2a). HCV subgenomic replicon RNA efficiently replicated in Huh-7 cells (Fig. 2a). Replication-deficient subgenomic replicon RNA encoding a GDD to GND mutation in NS5B served as a negative control in Huh-7 cells. The luciferase activities of replication-deficient subgenomic replicon RNA in lymphocytic cell lines also decreased rapidly (data not shown). As shown in Fig. 2(a), the luciferase activities of HCV subgenomic replicon RNA in lymphocytic cell lines decreased rapidly, suggesting that HCV subgenomic replicon RNA did not replicate efficiently in lymphocytic cell lines. Thus, these two different replicon assays demonstrated that the HCV JFH-1 subgenomic replicon failed to replicate in our lymphocytic cell lines.

To determine which steps of the HCV life cycle are impaired, we further examined translation and polyprotein processing. At first, we assessed HCV IRES-dependent translational efficiencies in the lymphocytic cell lines. Cells were co-transfected with the subgenomic replicon RNA (SGR-JFH1/Luc) and a capped RNA encoding *Renilla* luciferase (cap-luc). Cap-luc RNA was *in vitro*-transcribed using a T7 mMessage mMachine kit (Ambion). The HCV IRES activities in IB4, Namalwa and P3HR1 cells were as high as in Huh-7 cells. The HCV IRES activities in Jurkat and Raji cells were about 50 % of those in Huh-7 cells, and the HCV IRES activities in Bjab, BL41 and Ramos cells were less than 25 % of those in Huh-7 cells. On the other hand, the HCV IRES activity in C1R cells was about twofold higher than in Huh-7 cells (Fig. 2b). Replication-deficient subgenomic replicon RNA encoding a GDD to GND mutation in NS5B showed a luciferase activity level similar to that of the wild-type, suggesting that the luciferase activity at 4 h after transfection reflected translational levels but not replication levels (data not shown). Our data indicate high HCV IRES activities in all cell lines, except in Bjab, BL41 and Ramos.

The HCV polyprotein is translated in subgenomic replicon cells in an encephalomyocarditis virus (EMCV) IRES-dependent manner. To rule out the possibility that the EMCV IRES-dependent translation is impaired in lymphocytic cell lines, we assessed the EMCV IRES-dependent translational efficiencies. We assayed EMCV IRES activity using EMCV IRES-driven luciferase RNA (EMC-luc) and Cap-luc RNA. The EMCV IRES activity was five- to tenfold higher in C1R, Namalwa, IB4 and P3HR1 than in Huh-7 cells (Fig. 2c). From these results, HCV IRES and EMCV IRES exhibited sufficient translational activity in C1R, Namalwa, P3HR1 and Raji cells, suggesting that IRES-dependent translation was not impaired in these lymphocytic cell lines.

To determine whether HCV polyprotein is properly processed in lymphocytes, we examined the processing of HCV non-structural (NS) proteins. The construct pSGR-JFH1/Luc expresses the polyprotein NS3-NS4A-NS4B-NS5A-NS5B. The HCV NS3/4A protease is responsible for proteolytic processing at each cleavage site. We used the eukaryotic transient-expression system based on a recombinant vaccinia virus carrying bacteriophage T7 RNA polymerase (T7vac) (Fuerst *et al.*, 1989). To express the SGR-JFH1/Luc encoding HCV NS proteins, 5×10^6 cells were transfected with 5 μg pSGR-JFH1/Luc and infected with 2.5×10^9 p.f.u. T7vac, harvested at 24 h p.i., and analysed by Western blotting. Completely processed NS3, NS5A and NS5B proteins were detected in Bjab, Raji, IB4 and Namalwa cells as well as in pSGR-JFH1/Luc-transfected Huh-7 cells and HCV-JFH1-infected Huh-7 cells (Fig. 2c). The unprocessed polyprotein was not detected by immunoblotting in these lymphocytic cell lines (data not shown). These results suggest that the HCV polyprotein is efficiently processed in these lymphocytic cells.

In this study, we demonstrated that HCV JFH-1 failed to infect and replicate in nine lymphocytic cell lines. In contrast, HCV IRES-dependent translation and polyprotein processing by NS3/NS4A protease functioned properly

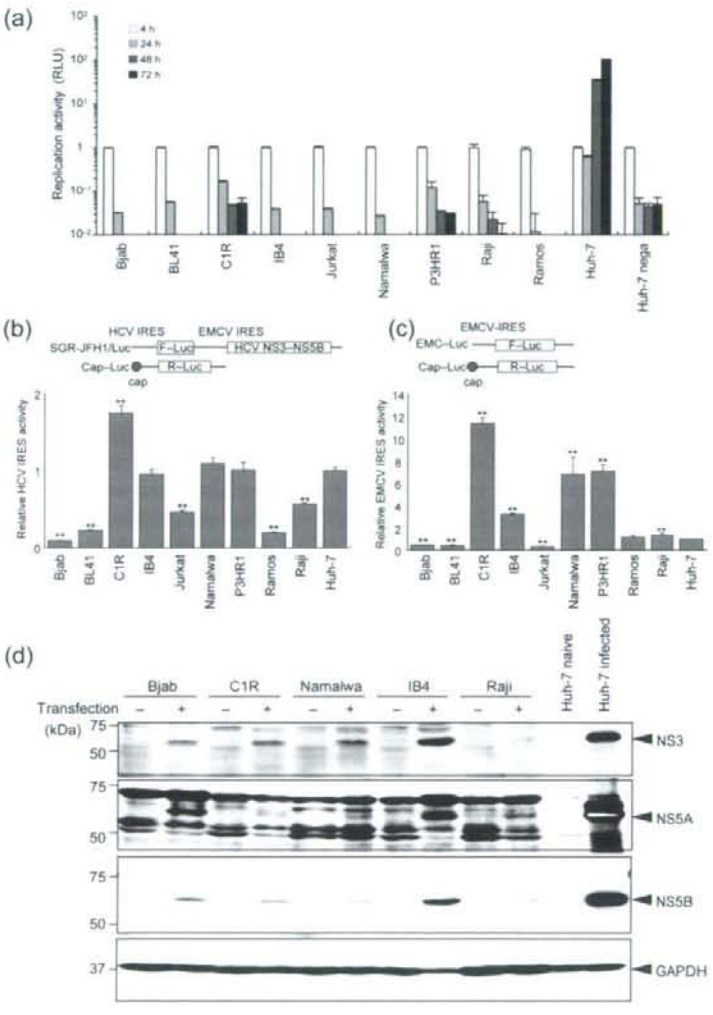

Fig. 2. Replication, HCV IRES-dependent translational efficiencies and polyprotein processing. (a) Subgenomic replicon assay. JFH-1 subgenomic replicon RNA was transfected into several cell lines and harvested at 4, 24, 48 and 72 h p.t. The replication activity was expressed relative to the reporter activity determined 4 h p.t. for each cell line, which was set to 1. RLU, Relative luciferase units; Huh-7 nega, Huh-7 cells transfected with SGR-JFH1/Luc GND, served as a negative control. (b) HCV IRES-dependent translational efficiency. To determine the HCV IRES activities, we co-transfected cells with SGR-JFH1/Luc RNA and Cap-Renilla luciferase RNA. The IRES activity of each cell line is expressed in relation to Huh-7 IRES activity, that is, as the ratio of HCV IRES-driven firefly luciferase activity to cap-driven *Renilla* luciferase activity. The difference in HCV IRES activity between Huh-7 cells and the lymphocytic cell line was significant (**, $P<0.01$, Student's *t*-test). (c) EMCV IRES-dependent translational efficiency. To determine the EMCV IRES activities, we co-transfected cells with EMCV–firefly luciferase RNA and Cap-Renilla luciferase RNA. The IRES activity of each cell line is expressed in relation to Huh-7 IRES activity, that is, as the ratio of EMCV IRES-driven firefly luciferase activity to cap-driven *Renilla* luciferase activity. The difference in EMCV IRES activity between Huh-7 cell and the lymphocytic cell line was significant (**, $P<0.01$, Student's *t*-test). (d) Polyprotein processing by NS3/4A protease in lymphocytic cell lines. pSGR-JFH1/Luc-transfected cells were infected with T7vac and harvested at 24 h p.i. HCV NS proteins, NS3, NS5A and NS5B were detected by using anti-NS3 rabbit polyclonal antibody (PAb), anti-NS5A rabbit PAb and anti-NS5B rabbit PAb. Arrowheads indicate the processed NS3, NS5A and NS5B proteins, respectively.

in these cells. Moreover, subgenomic replicon RNA failed to replicate in these cell lines. Our data suggest that lymphocytic cell lines may lack some host factors required for infection and replication of HCV-JFH1.

Viral entry often requires sequential interactions between viral proteins and several cellular factors. Several molecules (CD81, Claudin-1, Scavenger receptor class B member IR, LDL-receptor and glycosaminoglycans) have been reported to be involved in HCV binding and entry (Barth *et al.*, 2003; Evans *et al.*, 2007; Pileri *et al.*, 1998; Scarselli *et al.*, 2002). Further investigation will be required to clarify HCV binding and entry into lymphocytic cell lines.

HCV IRES and EMCV IRES exhibited sufficient translational activities in C1R, IB4, P3HR1, Namalwa and Raji cells. All these cell lines are EBV-positive. EBV-encoded nuclear antigen (EBNA1) has been reported to support HCV replication (Sugawara *et al.*, 1999). Two small EBV-encoded RNA species (EBERs) bind to the HCV IRES region (Wood *et al.*, 2001). These findings raise the possibility that HCV IRES activities may be modified by the EBV genome.

HCV JFH-1 subgenomic replicon RNA could not replicate in all lymphocytes tested in this study. The HCV SB strain, however, has been reported to infect Raji, Daudi, Molt-4

and Jurkat cells (Kondo *et al.*, 2007; Sung *et al.*, 2003). Still unknown is how hepatotropism and lymphotropism of HCV are determined. The GB virus B (GBV-B) is most closely related to HCV and the GBV-B infection of tamarins has been proposed as a good surrogate model for chronic hepatitis C (Bukh *et al.*, 2001; Jacob *et al.*, 2004; Lanford *et al.*, 2003; Martin *et al.*, 2003). A recent report has shown that GBV can disseminate to not only liver but also a variety of extrahepatic tissues such as haematolymphoid and genital tissues in tamarins (Ishii *et al.*, 2007). Viral RNA cloned from plasma and liver from the tamarins showed no sequence heterogeneity, suggesting that host factors determine the pleiotropism (Ishii *et al.*, 2007). It remains unclear how host factors and/or viral factors determine the tissue tropism of HCV. Further studies will be required to clarify the molecular mechanisms of HCV tissue tropism.

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Dynamic behavior of hepatitis C virus quasispecies in a long-term culture of the three-dimensional radial-flow bioreactor system

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Abstract

Hepatitis C virus (HCV) exists in infected individuals as quasispecies, usually consisting of a dominant viral isolate and a variable mixture of related, yet genetically distinct, variants. A prior HCV infection system was developed using human hepatocellular carcinoma cells cultured in the three-dimensional radial-flow bioreactor (RFB), in which the cells retain morphological appearance and their differentiated hepatocyte functions for an extended period of time. This report studies the selection and alteration of the viral quasispecies in the RFB system inoculated with pooled serum derived from HCV carriers. Monitoring the viral RNA and core protein in the culture supernatants, together with nucleotide sequencing of hypervariable region 1 of the HCV genome, demonstrated that (1) the virus production intermittently fluctuated in the cultures, (2) the viral genetic diversity was markedly reduced 3 days post-infection (p.i.), and (3) dominant species changed on days 19–33 p.i., suggesting that the virus populations can be selected according to susceptibility to the viral infection and replication. A therapeutic effect of interferon-α also demonstrated the inhibition of HCV expression. Thus, this HCV infection model in the RFB system should be useful for investigating the dynamic behavior of HCV quasispecies in cultured cells and evaluating anti-HCV compounds.

Keywords: Hepatitis C virus; Three-dimensional culture; Radial-flow bioreactor; Dynamics; Quasispecies

1. Introduction

Hepatitis C virus (HCV) is a major cause of chronic liver diseases (Choo et al., 1989; Kuo et al., 1989; Saito et al., 1990) and has been estimated to infect more than 170 million people throughout the world (Poynard et al., 2003). Symptoms of persistent HCV infection extend from chronic hepatitis to cirrhosis and ultimately hepatocellular carcinoma (Choo et al., 1989; Kuo et al., 1989; Saito et al., 1990). HCV belongs to the genus *Hepacivirus*, included in the family of Flaviviridae, and possesses a viral genome of a single, positive-stranded RNA with a nucleotide (nt) length of approximately 9.6 kb (Choo et al., 1991; Grakoui et al., 1993; Hijikata et al., 1991). It has been shown that HCV, like many other RNA viruses, circulates within infected individuals as a diverse population and closely related variants are referred to as quasispecies (Martell et al., 1992). This quasispecies model of mixed virus populations may imply a significant survival advantage because the simultaneous presence of multiple variant genomes and/or high rate of generation of new variants allow rapid selection of the mutants are better suited to new environmental conditions (Pawlotsky, 2006).

Studies on HCV replication and development of selective antiviral drugs have been hampered primarily by the lack of efficient cell culture systems. Establishment of selectable dicistronic HCV RNAs that are capable of autonomous replication to high levels in human hepatoma Huh-7 cells was a

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significant breakthrough in HCV research; however, virus production has not been observed in the conventional monolayer cultures (Blight et al., 2000; Lohmann et al., 1999). Recently, it has been described that infectious HCV particles are efficiently produced from a genotype 2a isolate JFH-1 in Huh-7 cells (Blight et al., 2000; Wakita et al., 2005; Zhong et al., 2005). This JFH-1 based HCV culture system is an invaluable achievement permitting a variety of studies on the complete HCV life cycle. However, HCV infection systems with human sera or plasmas containing intact virions are still limited because of low levels of propagation in the cultures. Reverse transcription (RT)-PCR was typically used to detect the viral RNA in cell extracts; however, synthesized viral proteins were not observed in these systems (Ikeda et al., 1998; Tagawa et al., 1995).

There are reports of differentiated human hepatoma FLC4 (functional liver cell 4) cells grown in a three-dimensional (3D) radial-flow bioreactor (RFB) that can be infected by HCV-positive serum and support viral replication (Aizaki et al., 2003). Furthermore, production and release of infectious HCV has been observed in the RFB system following transfection of FLC4 cells with *in vitro* transcribed HCV genomic RNA, as well as in a 3D system using Huh-7 cells harboring genome-length dicistronic RNAs (Murakami et al., 2006). The RFB system, in which the bioreactor column consists of a cylindrical matrix with porous bead microcarriers extended vertically, was aimed initially at developing artificial liver tissues and allows liver-derived cells to maintain morphological appearance as well as their physiological functions, such as the ability to synthesize albumin and drug-metabolizing activity mediated by cytochrome P450 (Iwahori et al., 2003). The radial-flow configuration permits full contact between culture medium and cells at a physiologic perfusion flow rate, and prevents excessive shear stresses and buildup of waste products, thus ensuring the long-term viability of 3D cell culture.

The aim of the present study was to characterize HCV dynamics in the RFB system during long-term cultures inoculated with pooled serum obtained from HCV carriers, and to examine the therapeutic effects of interferon-alpha (IFN-α) in this HCV infection model.

2. Materials and methods

2.1. Cell cultures

FLC4 cells (Aoki et al., 1998), which were derived from human hepatocellular carcinoma cells and negative for HCV RNA and HBV DNA, were maintained in serum-free ASF104 medium (Ajinomoto, Japan) supplemented with 4 g/L D-glucose on the collagen-coated dishes before inoculating into the RFB column. The RFB system (ABLE, Japan) was manipulated as described previously (Aizaki et al., 2003) with minor modifications. Briefly, RFB columns, which have bed volumes of 30 or 4 mL and are filled with porous glass microcarriers (diameter 0.6 mm, vacant capacity 50%, pore size <120 μm) (Hongo et al., 2005), were seeded with FLC4 cells, which subsequently attached to the surface and inside of porous glass beads. ASF104 medium containing 2% fetal calf serum was added at a flow rate of 50 mL/day, and the culture condition was automatically controlled by monitoring temperature, pH value and oxygen levels in the vessel throughout the duration of the study.

2.2. Infection of HCV-positive sera

HCV antibody-positive sera used in this study were blood donor samples supplied by The Japanese Red Cross Center, Tokyo, Japan. HCV RNA loads in the sera were as follows: serum A, 2.4×10^6 copies/mL; serum B, 8.6×10^6 copies/mL; serum C, 5.9×10^6 copies/mL; serum D, 2.5×10^6 copies/mL; serum E, 1.0×10^7 copies/mL; serum F, 1.4×10^7 copies/mL (Table 1). In the first experiment (Fig. 3), aliquots of each serum containing 2×10^6 copies of HCV RNA were mixed and pooled serum sample with 1.2×10^7 copies was prepared as an inoculum. The pooled serum (2.5 mL) was added to the 3D cultured-FLC4 cells in the 30-mL RFB column, and the culture medium was changed after 12 h of incubation. At various times during the culture period, culture medium (50 mL) was collected to determine HCV RNA and the core protein. Collected culture media were passed through a 0.20-μm filter to remove the debris, and stored at −80 °C. In the second experiment to evaluate a therapeutic effect of anti-HCV drug (Fig. 4), 4-mL RFB columns were used. IFN-α (Sumiferon 300; Sumitomo Pharmaceuticals, Japan) was added to one of two columns at a final concentration of 100 IU/mL after the infection. Culture medium was periodically collected for determination of HCV RNA, the core protein and transaminases, and was replaced with the same volume of fresh medium with or without IFN-α.

2.3. Quantitation of HCV RNA and core protein

HCV RNA was extracted from 140 μL of each serum or culture medium using QIAamp Viral RNA Mini spin column (QIAGEN); RNA was eluted in 60 μL of water and stored at −80 °C. Real-time RT-PCR was performed using TaqMan EZ RT-PCR Core Reagents (PE Applied Biosystems), as described previously (Aizaki et al., 2003; Suzuki et al., 2005). The viral core antigen in the culture medium was quantified by immunoassay (Ortho HCV-Core ELISA Kit; Ortho-Clinical Diagnotics), according to the manufacturer's instruction (Murakami et al., 2006).

2.4. PCR amplification and nucleotide sequencing of HVR1 domain and its flanking region

Five microliters of RNA samples prepared as above were reverse transcribed using SuperScript II (Invitrogen) and a specific primer 5′-CATCCATGTGCAGCCGAACC-3′ (corresponding to nucleotides [nt] 2006–1987 of HCV NIHJ1) (Aizaki et al., 1998). For the nested PCR, a genotype-independent set of primers specific for hypervariable region 1 (HVR1). The first round of PCR was performed with the outer sense primer 5′-GCATGGCTTGGGATATGATG-3′ (nt 1291–1310) and with the reverse transcription primer described above as the outer antisense primer. After the initial 3.5-min denaturation step at 94 °C, 35 PCR cycles, with each cycle

Table 1
HCV-positive sera used in this study

Serum	Clone	HCV HVR1 sequence	% in the serum	genotype
A	A1	KVLIVMLSFAGVDGSTRTIGGRTAHTTQGSASLFSSGPAQKIQLINTNGS	75	1
	A2	-------L------N-H-V--AV-SS---FT---KL----------S---	12.5	
	A3	-------L------N-YAS---AGLL-R-V--I-TA----------S---	12.5	
B	B1	KVVVILLLAAGVDAGTNTIGGSAAQTTSGFTGLFRSGARQNIQLINTNGS	50	2
	B2	----------R	12.5	
	B3	----------S---------	12.5	
	B4	--L-V---F-----E-HVT--N-GR--A-LV--LTP--K----------	12.5	
	B5	--I----------	12.5	
C	C1	KVLIVMLLFAGVDGDTHVSGGTQGRAAYGLASLFALGPTQKIQLVNTNGS	83.3	1
	C2	----------A----------	16.7	
D	D1	KVLIVMLLFAGVDGVTHTSGAAAGHNARSLSGLFSLGSAQKLQLINTNGS	40	1
	D2	----------A-Y---GT--Y-TKTFT-F--R-PS--I--------	20	
	D3	----------T--Y---T-T----P--------V-----	10	
	D4	----------V---T----P--------V-----	10	
	D5	----------V-----	10	
	D6	----------Y-T--FT----S-----I--V-----	10	
E	E1	KVLIVMLLFAGVDGSTRVSGGQAGRVTKSLASFFSPGPQQKIQLVNSNGS	40	1
	E2	----------HGFT-L--A-S----------	30	
	E3	----------QGFT-L--A-S----------	10	
	E4	----------S-FT-L-TV----------	10	
	E5	----------N-Y---------AH--T-L--A-S----------	10	
F	F1	KVLIVMLLFAGVDGETNVMGGRAGHTTNTFTSLFSVGPAQKIQLVNSNGS	37	1
	F2	----------D-K----------S-L----N---S----------	27	
	F3	----------K----Q-----S-L----N---S----------	18	
	F4	----------A-------A--TK---------D----	9	
	F5	----------G---------A--A--L----TR--S----------	9	

consisting of 1 min at 94 °C, 2 min at 45 °C, and 3 min at 72 °C, were carried out, followed by a 10-min extension step at 72 °C. The second round was performed with the inner sense primer 5′-GGTAAGCTTTCCATGGTGGGGAACTGGGC-3′ (nt 1419–1447) and the inner antisense primer 5′-CTGGAATTCGCAGTCCTGTTGATGTGCCA-3′ (nt 1627–1599). The amplified products were cloned into the pGEM-T vector (Promega), and at least 8 independent clones were sequenced with an automatic DNA sequencer (ABI PRISM 310, PE Applied Biosystems).

3. Results

3.1. The outline of the RFB system

The RFB system was initially aimed at developing artificial liver tissues and allows liver-derived cells to maintain morphological appearance as well as their physiological functions, such as the ability to synthesize albumin and drug-metabolizing activity mediated by cytochrome P450 (Iwahori et al., 2003). Fig. 1 shows the outline of the RFB system. The bioreactor column consists of a vertically extended cylindrical matrix with porous glass microcarriers, which were most suitable for FLC4 culture as described in Section 2. The conditioning vessel is connected to a circulation system including tanks either for supplying fresh medium or for recovering sample aliquots. Oxygen consumption, temperature and pH of the culture medium are monitored continuously and conditioned in the vessel by computer and mass flow controller throughout the culture. Thus, the radial-flow configuration permits full contact between culture medium and cells at a physiologic perfusion flow rate, and prevents excessive shear stresses and a buildup of waste products, thus ensuring the long-term viability of 3D culture. For the long-term culture up to 110 days, temperature in the vessel gradually decreased from 37 to 30 °C as shown in Fig. 2A. The oxygen consumption, which indicates the cell growth condition, increased slowly from days 0 to 80 post-inoculation of the cells, and maintained a constant level afterwards. Under this condition, the production rate of albumin was found to be stable from days 15 to 105. The following experiments of HCV infection were done in such a stable phase of the cell condition after 3 weeks of pre-culture. Cell grown in the RFB column reached confluence at the end of culture (day 110) since the cells were observed outside the matrix bed (Fig. 2B).

3.2. Infection of HCV-positive sera to RFB cultured FLC4 cells

Previously, HCV RNA could be detected in FLC4 cells grown in the RFB up to 4 weeks of culture following inoculation with an HCV carrier plasmid (Aizaki et al., 2003). Establishment of a long-term stable culture system of human liver-derived cells

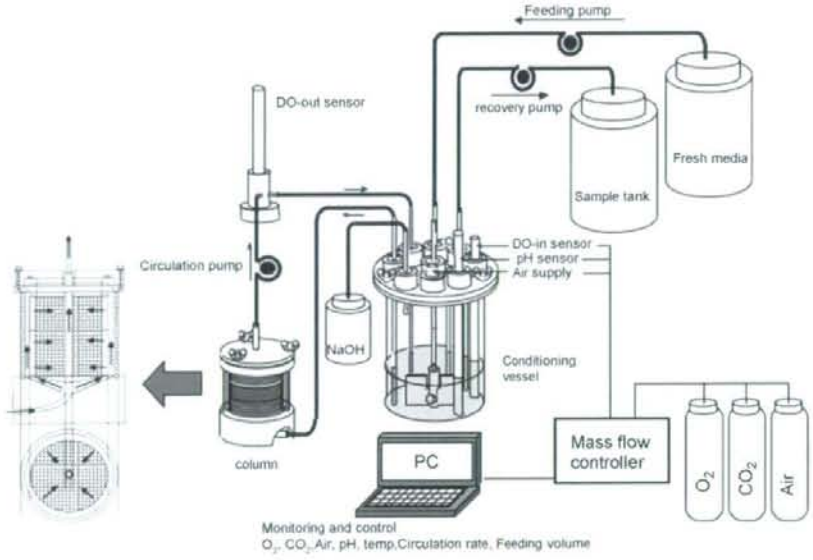


Fig. 1. Outline of the RFB system. RFB system consists of vessel, column and PC monitoring system. Culture condition was automatically controlled: oxgen concentration, temperature, pH, and oxgen level in the conditioning vessel are continuously monitored by PC and conditioned by mass flow controller.

retaining their differentiated hepatocyte function, as described above, enables evaluations of dynamic analysis of HCV replication and selection of viral variability and quasispecies. The potential of this culture system for screening HCV-positive sera was well suited for the viral infection.

Table 1 shows the serum samples (A–F) from six HCV carriers. The nucleotide complexity of HCV in serum samples was determined by sequencing the 1449–1598 nt region of the HCV genome, which includes HVR1 located at the N-terminal region of E2. Each serum was a mixture of a dominant HCV clone and related but distinct viral populations. The dominant species in sera A, C, D, E, and F were found to be genotype 1, and that in serum B was genotype 2. Viral loads in A–F, respectively, were 2.4×10^6, 8.6×10^6, 5.9×10^6, 2.5×10^6, 1.0×10^7 and 1.4×10^7 copies/mL, which were determined by real-time RT-PCR, as previously described (Aizaki et al., 2003; Suzuki et al., 2005). HCV loads of 2×10^6 copies from each serum sample were mixed to prepare a pooled serum sample containing 1.2×10^7 copies of HCV RNA. After FLC4 cells were inoculated into the RFB and subjected to 2 weeks of pre-culture for the preparation of 3D culture, the cells were infected with the pooled serum. Cell number at infection was about 10^8 in the 30-

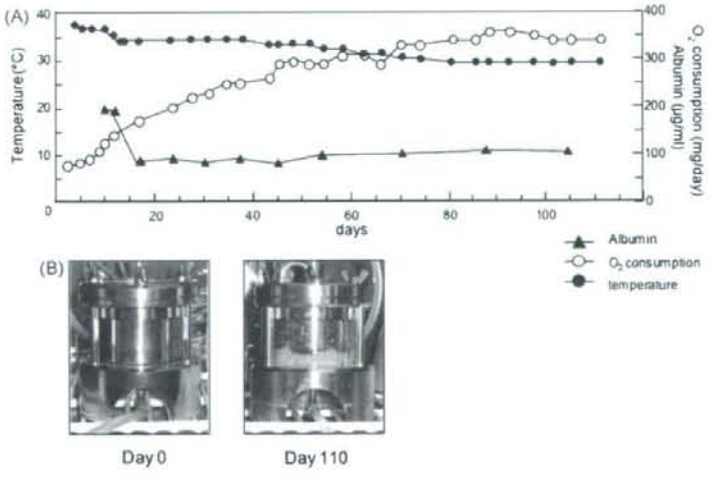
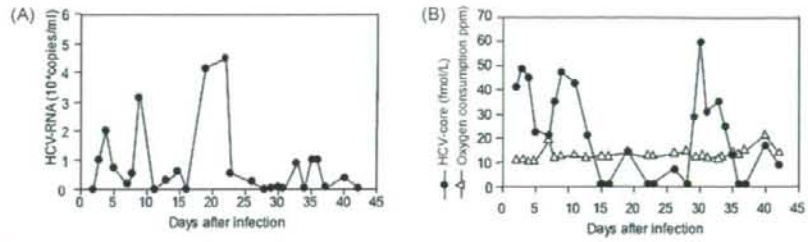


Fig. 2. Long-term culture of FLC4 cells in the RFB system. (A) Long-term culture of FLC4 cells in the RFB system. Temperature (closed circles) was gradually decreased from 37 to 30 °C. Oxygen consumption (open circles) was gradually increased from days 0 to 80 and reached the steady-state level. Albumin concentration (closed triangles) was constant from days 15 to 105. (B) The appearance of the RFB column at the beginning (day 0) and at the end (day 110) of culture.



(C)

	Clone	Serum B-derived sequence	Serum C-derived sequence	(%)
Inocula	B4	KVLVVLLLFAGVDAETHVTGGNAGRTTAGLVGLLTPGAKQNIQLINTNGS		2.1
	C1		KVLIVHLLFAGVDGDTHVSGGTQGRAAYGLASLFALGPTQKIQLVNTNGS	13.9
Day 3	B4	----------		30.0
	C1-1		----------H-R-T--V--HV-ST-TSLF-P-AS----------	70.0
Day 9	B4-1	----------D----------		25.0
	C1-1		----------H-R-T--V--HV-ST-TSLF-P-AS----------	75.0
Day 19	B4	----------		41.7
	B4-2	----------S----------		16.7
	C1-2		----------H-R-T--V--HV-ST-TSLFRP-AS----------	16.7
	C1-1		----------H-R-T--V--HV-ST-TSLF-P-AS----------	8.3
	C1-3		----------H-R-T--V-HV-ST-TSLFRP-AS----------	8.3
	C1-4		----------GARPCRLYTHVPL*TNGVPENSACKHONO	8.3
Day 33	B4	----------		89.0
	B4-3	----------Y--		11.0

Fig. 3. HCV propagation in FLC4 cells cultured in the RFB system following inoculation with pooled sera obtained from HCV carriers. The 3D-cultured FLC4 cells were incubated with a pooled serum sample for 12 h, followed by changing the culture medium to fresh one. Culture medium was periodically collected for 42 days after inoculation, and HCV RNA and the viral core protein were quantified, respectively, by real-time RT-PCR and ELISA. (A) HCV RNA level in culture supernatant. (B) HCV-core protein (closed circles) and oxygen consumption (open triangles) levels in culture supernatant. (C) Changes in the viral quasispecies distribution after the inoculation. Percentages in the inoculum or in the culture medium at each time point (day 3, 9, 19, or 33 p.i.) are indicated at the right side. *, termination codon.

mL RFB column, as estimated from the glucose consumption (Kawada et al., 1998). Culture medium in the RFB was replaced with fresh medium 12 h post-infection (p.i.) and periodically sampled for 42 days.

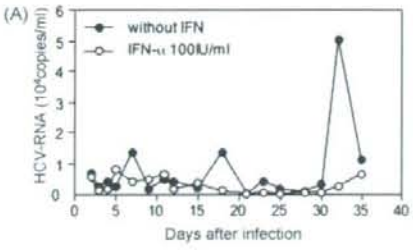
Fig. 3A and B shows the levels of HCV RNA and viral core protein in the culture medium, respectively. HCV RNA was not observed on the first 2 days following infection, but was detectable from day 3 p.i. Viral RNA levels fluctuated, with peaks on days 3, 9, 19–21 and 33–36 p.i. At days 19–21 p.i., the average amount of HCV RNA detected in the culture supernatant was approximately 3×10^6 copies/day. Intermittent peaks were observed in HCV core protein levels in the culture supernatant, and the peak pattern of the core protein was largely consistent with that of viral RNA. During the infection experiment, the level of oxygen consumption was constant at approximately 12 ppm, thus suggesting that the desired conditions (constant or very gradually increasing cell number) were maintained.

3.3. Quasispecies analysis in RFB culture

The above results suggest that, although the environment was consistent in the pooled serum infection, there were periods in which the viruses actively replicated and released from the cells and periods in which they poorly replicated. The pooled serum used for the infection exhibited HCV populations had at least 26 distinct quasispecies (Table 1). To investigate whether the quasispecies distribution was altered due to infection, and whether HCV populations are selected during long-term culture in the RFB, total RNA was extracted from the culture supernatant samples collected on days 3, 9, 19 and 33 p.i., and the nucleotide sequence of the region containing HVR1 was determined, as described above. As shown in Fig. 3C, it is of interest that only two HCV species were detected in the sample at day 3 p.i.; the dominant clone C1-1, comprising approximately 70% of the viral population, and clone B4, comprising 30%. Although clone C1-1 was not detected in the sequence of the inoculum shown in Table 1, it was most similar to clone C1, a dominant clone in plasma C, among the HCV population observed in the inoculum; thus, it is possible that clone C1-1 is one of the minor species in serum C. Clone B4 was found to be derived from serum B. An almost identical HCV population was observed in the sample at day 9 p.i. In this sample, the dominant clone C1-1 and clone B4-1, which differs from clone B4 by only one amino acid, were detected. In contrast, more significant variation in quasispecies structure of the HCV species was observed in the sample at day 19 p.i. than that at day 9 p.i. With B4 as the dominant clone, the serum B-derived HCV species, clones B4 and B4-2, which differs from clone B4 by one amino acid, comprised 58% of the total population. Four types of HCV sequences derived from serum C were detected. Two of these (clones C1-3 and C1-4) contained lethal mutations. It was also found that the HCV species detected in the sample at day 33 p.i. included only two clones (clones B4 and B4-3), derived from serum B. The dominant clone, B4, was found to comprise 89% of the total population.

3.4. Potential use of the RFB system for evaluation of anti-HCV compounds

An experiment was carried out to determine whether this HCV infection experiment system was useful for the evaluation of anti-HCV drugs (Fig. 4). For this purpose, a small,



(B)

	Clone		(%)
Inocula	B4	KVLVVLLLFAGVDAETHVTGGNAGRTTAGLVGLLTPGAKQNIQLINTNGS	2.1
	C1	KVLIVHLLFAGVDGDTHVSGGTQGRAAYGLASLFALGFTQKIQLVNTNGS	13.9
Day 32	B4	----------	60
	B4-4	----------*----------	20
	C1-1	----------N-R-T--T--NV-ST-TSLF-F-AS----------	20

Fig. 4. A therapeutic effect of IFN in HCV infection model in the RFB cultures. HCV-infected FLC4 cells were treated with or without 100 IU/mL IFN-α. (A) Culture media were periodically collected, and HCV RNA levels were determined. Closed circles: without IFN treatment, open circles: treatment with IFN. (B) Changes in the viral quasispecies distribution in the cells without IFN treatment. Percentages in the inoculum or in the culture medium on day 32 p.i. are indicated at the right side. *, termination codon.

4-mL RFB column was adopted and a pair of RFB cultures infected with the HCV-positive pooled plasma (Table 1) was prepared. IFN-α was added to one culture at a final concentration of 100 IU/mL at 12 h p.i. No cytotoxicity was observed in FLC4 cells under these conditions (data not shown). Culture media from two cultures (12.5 mL each) were sampled periodically for 35 days and replaced by the same volume of fresh medium in the presence or absence of IFN-α. HCV RNA in the collected media was quantified by real-time RT-PCR, as described above. As shown in Fig. 4A, in the no-treatment culture, fluctuations in the viral RNA levels with the peaks on days 7, 18, and 32 p.i. ($1.5–5 \times 10^4$ copies/mL) were observed. However, while HCV RNA at $0.5–0.8 \times 10^4$ copies/mL was detected in the IFN-treated culture at days 5–11 p.i., no HCV RNA was detected at days 12–30 p.i. Serum levels of hepatic transaminases such as ALT and AST are known to be markers of liver damage. In the HCV-infection model with FLC4 cells cultured in RFB, the AST levels in the culture medium, which ranged from 5 to 10 IU/L without HCV infection, increased to 20–50 IU/L according to the viral infection (data not shown). Such increased AST levels were found to fall by the IFN treatment to lower than 10 IU/L at day 28 p.i. As reported previously, the ALT levels in the culture medium were constantly low; its levels were less than 10 IU/mL, with or without HCV infection (Aizaki et al., 2003). The viral nucleotide sequence in the no-treatment culture medium at day 32 p.i. was determined. It was found that serum B-derived clone B4 was dominant, and serum C-derived clone C1 was present as a minor clone (Fig. 4B); thus, the results corresponded well with those demonstrated in Fig. 3. An increase in viral RNA in the IFN-treated culture after day 32 p.i. was observed; although the degree of increase was only slight (Fig. 4A). It will be interesting to test whether HCV species grown in the IFN-treated culture is a variant resistant to IFN-α.

4. Discussion

At present an important limitation of the *in vitro* HCV infection system is that the only established culture system is based on genotype 2a, JFH-1 isolate, and Huh-7-derived cell lines. The development of alternate infection systems in which other HCV strains and host cells are available has been needed for the study of HCV dynamics and virus–host interactions, and for testing antivirals. This paper demonstrates that a long-term culture of the 3D RFB system is a useful tool for investigating HCV dynamics. The present results revealed that the viral quasispecies distribution altered in the HCV infection system in the RFB system. The change probably occurs in the following two-stage process. The first change was observed on day 3 p.i.; thus, it is possible that the HCV species were selected according to infectivity in FLC4 cells. It has been reported that HCV particle populations in chronic hepatitis C patients consist of low-density virions and higher-density immune complex forms (Hijikata et al., 1993; Kanto et al., 1994). Inoculation of cultured cells with HCV has demonstrated that the immune complex forms were less infective than the antibody-unbound virions (Shimizu et al., 1994). Therefore, another hypothesis may be that a large number of HCV populations in sera A, D, E, and F are immune complex forms; thus, these sera are less susceptible to the cells than sera B and C. The second change was observed on days 19–33 p.i. While the serum C-derived clone was dominant in the early stages after infection, the serum B-derived HCV clone became dominant over time. In the absence of immunological selection pressure, viral nucleotide mutations at random positions are accumulated during viral replication, and the newly generated variant species are selected principally, if not solely, based on the intrinsic replicative advantages or disadvantages that these mutations confer. Thus, these results suggest that the use of pooled serum sample allowed for screening of infectious materials compatible for the RFB culture.

Evaluation methods for anti-HCV drugs using monolayer culture systems with various culture cells, such as the replicon system and the JFH-1 based virion production system, have been reported (Bartenschlager et al., 2003; Blight et al., 2000; Boriskin et al., 2006; Lanford et al., 2003; Lindenbach et al., 2005; Lohmann et al., 1999; Wakita et al., 2005; Zhong et al., 2005). These methods utilize viral markers, such as HCV RNA and antigens, as indicators of treatment efficacy. However, the utility of long-term cell culture systems for anti-HCV drug evaluation based on infection with human sera is still limited. The use of a chimpanzee model, the only non-human host for HCV infection, is restricted due to several reasons such as problematic availability and ethical consideration. Given intensive efforts to reduce and replace animal testing in the course of development of new therapies worldwide, the RFB-based HCV infection model is a potential alternative to animal models such chimpanzee for assessing anti-HCV compounds. According to the studies with regards to mathematical modeling of HCV kinetics (Dahari et al., 2005; Dixit et al., 2004; Layden et al., 2003; Layden-Almer et al., 2006; Perelson et al., 2005), IFN therapy against HCV infection generally generates a biphasic decline in viral load; there is a rapid decrease in the serum HCV RNA level over the

first 1 day of treatment, followed by the second phase, which is slower than the first-phase viral decline. To date, there were no such observable viral kinetics in the IFN treatment under such experimental settings. Further detailed kinetic analyses of the use of varying doses of IFN and of very early time points to evaluate the antiviral effect are in progress.

In summary, by investigating the dynamics of HCV populations in the RFB culture system, it was demonstrated that HCV was intermittently detected in the culture supernatants of long-term culture, and that changes in viral quasispecies appear to be related to this fluctuation in the virus level. It was also shown that an HCV-infection model using the RFB system is useful for evaluating potential antivirals. Further investigation on the infection and growth of various HCV-positive sera is currently being conducted in order to obtain an adaptive clone with higher replication efficiency in this culture system.

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Usefulness of a New Immunoradiometric Assay of HCV Core Antigen to Predict Virological Response during PEG-IFN/RBV Combination Therapy for Chronic Hepatitis with High Viral Load of Serum HCV RNA Genotype 1b

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Key Words

Chronic hepatitis · HCV core antigen · HCV RNA genotype 1b · Immunoradiometric assay · PEG-IFN/RBV combination therapy · Prediction, virological response

Abstract

We investigated the clinical usefulness of a new immunoradiometric (IRM) assay of hepatitis C virus (HCV) core antigen in predicting virological response during pegylated interferon plus ribavirin (PEG-IFN/RBV) combination therapy for chronic hepatitis with high viral loads of serum HCV RNA genotype 1b. Thirty-nine patients received a regimen of PEG-IFNα-2b (1.5 μg/kg/week s.c.) in combination with RBV (600–1,000 mg/day). Of the 39 patients, 18 (46.2%) achieved sustained virological response (SVR), 11 (28.2%) attained partial response (PR) and 10 (25.6%) showed no response (NR). Four weeks after the start of therapy, 1- and 2-log reductions in the amount of HCV core antigen were observed in 20 (2/10) and 0% (0/10) showing NR, 91 (10/11) and 63.6% (7/11) with PRs, and 88.9 (16/18) and 55.6% (10/18) of patients with SVR, respectively. The 1- and 2-log reductions 4 weeks after the start of therapy were not a defining condition for PR and SVR. The amount of HCV core antigen was significantly different between SVR and PR patients on days 1 and 7, and between patients with NR and SVR at all points of time. In conclusion, this new IRM assay is useful in predicting virological response during PEG-IFN/RBV therapy.

Introduction

Recently, global consensus has been reached that a combination of interferon (IFN) or pegylated IFN plus ribavirin (PEG-IFN/RBV) is the treatment of choice for chronic hepatitis C. Even with this treatment regimen, however, sustained virological response (SVR) for those infected with the most resistant genotypes, hepatitis C virus (HCV)-1a and -1b, still hover at ~50% [1, 2]. Thus,

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it is worthy to identify the predictive factors that allow the selection of patients who would achieve the eradication of HCV RNA either before or during therapy, especially since IFN/RBV combination therapy is costly and has several side effects [3].

Predictors of IFN-based therapy can be classified into pre- and on-treatment factors. Pre-treatment factors comprise (1) host factors, such as age, gender, obesity, alcohol consumption, hepatic iron overload, fibrosis, immune responses and co-infection with other viruses, and (2) viral factors that mainly include viral genotypes, particular amino acid sequence variations in the NS5A region [4, 5] and in the core protein region of HCV [6] within a given genotype and the viral load. On-treatment factors are mainly related to viral kinetics within the first few weeks of treatment [7].

Although the detection of HCV RNA by reverse transcription-polymerase chain reaction (RT-PCR) represents the most sensitive method for determining persistent HCV infection, the assay is time-consuming, costly and technically demanding. In contrast, enzyme immunoassays (EIAs) for detecting HCV core antigen are simple and relatively inexpensive. A number of reports have demonstrated the utility of measuring HCV core antigen using EIAs [8–11]. Moreover, a new immunoradiometric (IRM) assay for detecting HCV core antigen has recently been developed [12].

In this study, we assessed the usefulness of the new IRM assay for HCV core antigen in efficiently predicting SVR, based on virological dynamics at 24 h, and 1, 2 and 4 weeks after the start of PEG-IFN/RBV combination therapy, in patients with HCV-1b ≥100 KIU/ml.

Patients and Methods

Between December 2004 and July 2006, 39 patients included in this study demonstrated high viral loads (>100 KIU/ml) of serum HCV RNA of genotype 1b; they had been diagnosed with chronic hepatitis C on the basis of abnormal serum alanine aminotransferase persisting for at least 6 months and positive HCV RNA assessed by RT-PCR. None of the patients was positive for hepatitis B surface antigen or other liver diseases (autoimmune hepatitis or alcoholic liver disease). All the patients received a regimen of PEG-IFNα-2b (Peg-Intron; Schering-Plough, Kenilworth, N.J., USA; 1.5 μg/kg/week, s.c.) in combination with RBV (Rebetol; Schering-Plough; 600–1,000 mg/day) for 48 weeks. RBV was administered at a dose of 600 mg/day (three capsules) to patients weighing <60 kg, 800 mg/day (four capsules) to those weighing <80 kg, and 1,000 mg/day (five capsules) to those weighing ≥80 kg.

The efficacy of the combination therapy was evaluated by HCV RNA negativity based on qualitative RT-PCR analysis at the end of therapy (end of therapy response) and 6 months after the completion of therapy (SVR). The amount of HCV RNA was measured quantitatively by RT-PCR (Amplicor HCV monitor; version 2.0; Roche, Basel, Switzerland) before therapy. The lower detection limit of the assay was 5 KIU/ml. Samples collected during and after therapy were also checked by qualitative RT-PCR (Amplicor, Roche), which has a higher sensitivity than quantitative analysis, and the results were labeled as positive or negative. The lower limit of the assay was 50 KIU/ml.

SVR was defined as undetectable serum HCV RNA 24 weeks after cessation of treatment, partial response (PR) as undetectable HCV RNA at the end of treatment, but positive 24 weeks after discontinuation of treatment, and no response (NR) as detectable HCV RNA at the end of treatment. Informed consent was obtained from all patients enrolled in the study after a thorough explanation of the aims, risks and benefits of the therapy.

The amount of HCV core antigen was assessed by the IRM assay (Ortho Clinical Diagnostics, Tokyo, Japan). The HCV core antigen assay has a detection limit of 20 fmol/l, as established by the manufacturer. HCV core antigen was measured on days 0, 1, 7 (1 week), 14 (2 weeks) and 28 (4 weeks).

Statistical Analysis

Differences between the groups were assessed by non-parametric tests (Mann-Whitney test, χ^2 test and Fisher's exact test). $p < 0.05$ was considered statistically significant.

Results

Of the 39 patients treated with combination therapy, 18 (46.2%) achieved SVR and 21 were still HCV RNA positive 6 months after therapy. Of the latter, 11 (28.2%) relapsed after the end of therapy (PR) and 10 (25.6%) showed NR. Patient characteristics (table 1) showed no significant differences among the three groups (NR, PR and SVR) except for the degree of fibrosis.

A good correlation was observed between the amount of HCV core antigen and the amount of HCV RNA in 39 samples at the start of therapy ($r^2 = 0.648$; fig. 1).

The time course of HCV RNA eradication during therapy showed no significant difference between PR and SVR (fig. 2). In the NR, PR and SVR groups, the amounts of HCV core antigen during the initial 4 weeks of therapy (fig. 3) were as follows: 12,781 ± 18,444, 7,875 ± 3,418 and 5,809 ± 5,919 fmol/l, at the start of therapy; 3,382 ± 4,903, 681 ± 721 and 426 ± 698 fmol/l, on day 1; 6,177 ± 6,682, 1,540 ± 2,376 and 393 ± 469 fmol/l, on day 7; 7,048 ± 10,323, 525 ± 953 and 135 ± 166 fmol/l, on day 14, and 3,543 ± 5,363, 168 ± 395 and 29 ± 19 fmol/l, on day 28, respectively. On days 1 and 7, there was a significant difference between SVR and PR ($p < 0.05$). At all points of time, the difference in the amount of HCV core antigen was significant between NR and SVR ($p < 0.05$), but not between PR and NR.