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Arsenic Trioxide Inhibits Hepatitis C Virus RNA Replication through Modulation of the Glutathione Redox System and Oxidative Stress*

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Arsenic trioxide (ATO), a therapeutic reagent used for the treatment of acute promyelocytic leukemia, has recently been reported to increase human immunodeficiency virus type 1 infectivity. However, in this study, we have demonstrated that replication of genome-length hepatitis C virus (HCV) RNA (O strain of genotype 1b) was notably inhibited by ATO at submicromolar concentrations without cell toxicity. RNA replication of HCV-JFH1 (genotype 2a) and the release of core protein into the culture supernatants were also inhibited by ATO after the HCV infection. To clarify the mechanism of the anti-HCV activity of ATO, we examined whether or not PML is associated with this anti-HCV activity, since PML is known to be a target of ATO. Interestingly, we observed the cytoplasmic translocation of PML after treatment with ATO. However, ATO still inhibited the HCV RNA replication even in the PML knockdown cells, suggesting that PML is dispensable for the anti-HCV activity of ATO. In contrast, we found that N-acetyl-cysteine, an antioxidant and glutathione precursor, completely and partially eliminated the anti-HCV activity of ATO after 24 h and 72 h of treatment, respectively. In this context, it is worth noting that we found an elevation of intracellular superoxide anion radical, but not hydrogen peroxide, and the depletion of intracellular glutathione in the ATO-treated cells. Taken together, these findings suggest that ATO inhibits the HCV RNA replication through modulation of the glutathione redox system and oxidative stress.

Hepatitis C virus (HCV) is the causative agent of chronic hepatitis, which progresses to liver cirrhosis and hepatocellular carcinoma. HCV is an enveloped virus with a positive single-stranded 9.6-kb RNA genome, which encodes a large polyprotein precursor of approximately 3,000 amino acid residues. This polyprotein is cleaved by a combination of the host and viral proteases into at least 10 proteins in the following order: core, envelope 1 (E1), E2, p7, nonstructural 2 (NS2), NS3, NS4A, NS4B, NS5A, and NS5B (30).

Alpha interferon has been used as an effective anti-HCV reagent in clinical therapy for patients with chronic hepatitis C. The current combination treatment with pegylated alpha interferon and ribavirin, a nucleoside analogue, has been shown to improve the sustained virological response rate to more than 50% (15). However, the adverse effects of the combination therapy and the limited efficacy against genotype 1b warrant the development of new anti-HCV reagents.

Arsenic trioxide (ATO) (As_2O_3, arsenite) has been used as a therapeutic reagent in acute promyelocytic leukemia, which bears an oncogenic PML-retinoic acid receptor alpha fusion protein resulting from chromosomal translocation (51, 52, 68, 70). The ATO treatment induces complete remission through degradation of the aberrant PML-retinoic acid receptor • (70). The PML tumor suppressor protein is required for formation of the PML nuclear body (PML-NB), also known as nuclear dot 10 or the PML oncogenic domain, which is often disrupted by infection with DNA viruses, such as herpes simplex virus type 1, human cytomegalovirus, and Epstein-Barr virus (17). The treatment with ATO results in degradation of the PML protein and disruption of the PML-NB (70). Therefore, ATO has been become a useful probe for investigating the functions of the PML-NB, including cell growth, apoptosis, stress response, and viral infection. Indeed, ATO has been shown to increase retroviral infectivity, such as human immunodeficiency virus type 1 (HIV-1) and murine leukemia virus infectivity, but the mechanisms of this change are not well understood (5, 6, 32, 44, 47, 50, 57). In contrast, ATO was recently reported to inhibit the replication of HCV subgenomic replicon RNA (24). However, it also remains unclear how ATO inhibits the HCV RNA replication. In this study, using genome-length HCV RNA replication systems, we investigated the molecular mechanism(s) of the anti-HCV activity of ATO, and we provide evidence that ATO inhibits HCV RNA replication through modulation of the glutathione redox system and oxidative stress.

MATERIALS AND METHODS

Reagents. ATO, N-acetyl-cysteine (NAC), ascorbic acid (vitamin C), and L-buthionine sulfoximine (BSO) were purchased from Sigma (St. Louis, MO). Arsenic pentoxide (APO) (As_2O_5, arsenate) was purchased from Wako (Osaka, Japan). Both ATO and APO were dissolved in 1 N NaOH at 0.1 M as a stock solution. An inducible nitric oxide synthase (iNOS) inhibitor, 1400W, was purchased from Calbiochem (Merck Biosciences, Darmstadt, Germany).

Cell culture. 293FT cells were cultured in Dulbecco's modified Eagle's medium (Invitrogen, Carlsbad, CA, USA) supplemented with 10% fetal bovine serum. The following four HuH-7-derived cell lines or their parental HuH-7 cells

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were cultured in Dulbecco's modified Eagle's medium with 10% fetal bovine serum as described previously (25): O cells, harboring a replicative genome-length HCV-O RNA (O strain of genotype 1b) (25); OR6 cells, harboring the genome-length HCV-O RNA with luciferase as a reporter (25); sO cells, harboring the subgenomic replicon RNA of HCV-O (31); and RSc cured cells, which cell culture-generated HCV-JFH1 (JFH1 strain of genotype 2a) (58) could infect and effectively replicate in (2, 3). The O, OR6, and sO cells were maintained in the presence of G418 (300 • g/ml Geneticin; Invitrogen).

RNA interference. Oligonucleotides with the following sense and antisense sequences were used for the cloning of short hairpin RNA (shRNA)-encoding sequences targeted to PML (56) in a lentiviral vector: 5•-GATCCCCAGATGC AGCTGTATCCAAGTTCAAGAGACTTGGATACAGCTGCATCTTTTTTG GAAA-3• (sense) and 5•-AGCTTTTCCAAAAAAGATGCAGCTGTATCCAA GTCTCTTGAACTTGGATACAGCTGCATCTGGG-3• (antisense). These oligonucleotides were annealed and subcloned into the BglII-HindIII site, downstream from an RNA polymerase III promoter of pSUPER (8), to generate pSUPER-PMLi. To construct pLV-PMLi, the BamHI-SalI fragments of pSUPER-PMLi were subcloned into the BamHI-SalI site of pRDI292, an HIV-1-derived self-inactivating lentiviral vector containing a puromycin resistance marker allowing for the selection of transduced cells (7). pLV-Chk2i was described previously (3).

Lentiviral vector production. The vesicular stomatitis virus (VSV) G-pseudotyped HIV-1-based vector system has been described previously (42). The lentiviral vector particles were produced by transient transfection of the second-generation packaging construct pCMV-• R8.91 (1, 71) and the VSV G envelope-expressing plasmid pMDG2 as well as pRDI292 into 293FT cells with FuGene6 (Roche Diagnostics, Mannheim, Germany).

HCV infection experiments. The supernatants was collected from cell culture-generated HCV-JFH1 (58)-infected RSc cells (2, 3) at 5 days postinfection and stored at • 80°C after filtering through a 0.45-• m filter (Kurabo, Osaka, Japan) until use. For infection experiments with HCV-JFH1 virus, RSc cells (1 • 10^5 cells/well) were plated onto six-well plates and cultured for 24 h. We then infected the cells with 50 • l (equivalent to a multiplicity of infection of 0.05 to 0.1) of inoculum. The culture supernatants were collected at 97 h postinfection, and the levels of the core protein were determined by enzyme-linked immunosorbent assay (Mitsubishi Kagaku Bio-Clinical Laboratories, Tokyo, Japan). Total RNA was isolated from the infected cellular lysates using an RNeasy minikit (Qiagen, Hilden, Germany) for quantitative reverse transcription-PCR (RT-PCR) analysis of intracellular HCV RNA. The level of intracellular HCV RNA in the RSc cells was • 10^6 copies/• g total RNA at 4 days postinfection.

Quantitative RT-PCR Analysis. The quantitative RT-PCR analysis for HCV RNA was performed by real-time LightCycler PCR (Roche) as described previously (25). We used the following forward and reverse primer sets for the real-time LightCycler PCR: PML, 5•-GAGGAGTTCCAGTTTCTGCG-3• (forward), 5•-GCGCCTGGCAGATGGGGCAC-3• (reverse); • -actin, 5•-TGACGG GGTCACCCACACTG-3• (forward), 5•-AAGCTGTAGCCGCGCTCGGT-3• (reverse); HCV-O, 5•-AGAGCCATAGTGGTCTGCGG-3• (forward), 5•-CTT TCGCGACCCAACACTAC-3• (reverse); and HCV-JFH1, 5•-5•-AGAGCCAT AGTGGTCTGCGG-3• (forward), 5•-CTTTCGCAACCCAACGCTAC-3• (reverse).

Western blot analysis. Cells were lysed in buffer containing 50 mM Tris-HCl (pH 8.0), 150 mM NaCl, 4 mM EDTA, 1% Nonidet P-40, 0.1% sodium dodecyl sulfate, 1 mM dithiothreitol, and 1 mM phenylmethylsulfonyl fluoride. Supernatants from these lysates were subjected to sodium dodecyl sulfate-polyacrylamide gel electrophoresis, followed by immunoblot analysis using anti-PML (A301-168A-1; Bethyl Laboratories, Montgomery, TX), anti-Chk2 (DCS-273; Medical & Biological Laboratories, MBL, Nagoya, Japan), anti-HCV core (CP-9 and CP-11; Institute of Immunology, Tokyo, Japan), anti-HCV NS5A (no. 8926; a generous gift from A. Takamizawa, The Research Foundation for Microbial Diseases of Osaka University, Japan), anti-signal transducer and activator of transcription 3 (anti-STAT3) (BD Bioscience, San Jose, CA), anti-phospho-STAT3 (Tyr705) (Cell Signaling Technology, Danvers, MA) anti-poly(ADP-ribose) polymerase 1 (anti-PARP-1) (C-2-10; Calbiochem), or anti-• -actin antibody (Sigma).

MTT assay. HuH-7 or O cells (5 • 10^3 cells/well) were plated onto 96-well plates and cultured for 24 h. The cells were treated with ATO, APO, or NaOH for 24, 48, or 72 h and then subjected to the colorimetric 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay according to the manufacturer's instructions (cell proliferation kit I; Roche). The absorbance was read using a microplate reader (model 2550; Bio-Rad Laboratories, Hercules, CA) at 550 nm with a reference wavelength of 690 nm.

RL assay. OR6 cells (1.5 • 10^4 cells/well) were plated onto 24-well plates and cultured for 24 h. The cells were treated with each reagent for 72 h and then subjected to the Renilla luciferase (RL) assay according to the manufacturer's instructions (Promega, Madison, WI). A Lumat LB9507 luminometer (Berthold, Bad Wildbad, Germany) was used to detect RL activity.

FL assay. Plasmids were transfected into O cells (2 • 10^4 cells/well in 24-well plates) using FuGene6 and cultured for 24 h. The cells were treated with or without 1 • M ATO for 24 h, and then firefly luciferase (FL) assays were performed according to the manufacturer's instructions (Promega).

Immunofluorescence and confocal microscopic analysis. Cells were fixed in 3.6% formaldehyde in phosphate-buffered saline (PBS), permeabilized in 0.1% NP-40 in PBS at room temperature, and incubated with anti-PML antibody (PM001; MBL) at a 1:300 dilution in PBS containing 3% bovine serum albumin at 37°C for 30 min. They were then stained with fluorescein isothiocyanate-conjugated anti-rabbit antibody (Jackson ImmunoResearch, West Grove, PA) at a 1:300 dilution in PBS containing bovine serum albumin at 37°C for 30 min, followed by staining with 4•,6-diamidino-2-phenylindole (DAPI) at room temperature for 15 min. Following extensive washing in PBS, the cells were mounted on slides using a mounting medium of 90% glycerin–10% PBS with 0.01% p-phenylenediamine added to reduce fading. Samples were viewed under a confocal laser-scanning microscope (LSM510; Zeiss, Jena, Germany).

Measurement of intracellular O_2^- and H_2O_2 production. The intracellular superoxide anion radical (O_2^-) levels were measured with an oxidation-sensitive fluorescent probe, dihydroethidium (DHE) (Invitrogen Molecular Probes), that is highly selective for detection of O_2^- among reactive oxygen species (ROS). DHE is cell permeative and reacts with O_2^- to form ethidium, which in turn intercalates in DNA, thereby exhibiting a red fluorescence. The intracellular hydrogen peroxide (H_2O_2) levels were measured with another oxidation-sensitive fluorescent probe dye, 6-carboxy-2•,7•-dichlorodihydrofluorescein diacetate (carboxy-H_2DCFDA) (Invitrogen Molecular Probes). Carboxy-H_2DCFDA was intracellularly deacetylated with esterase and further oxidized with peroxidase to the fluorescent 2•,7•-dichlorodihydrofluorescein (DCF). The ATO- or BSO-treated O cells were washed with PBS and incubated with 5 • M DHE and 20 • M carboxy-H_2DCFDA in PBS at 37°C for 30 min. Cells were then washed twice with PBS. The DHE or DCF fluorescence intensity was measured using a FACS-Calibur flow cytometer. For each sample, 10,000 events were collected. The O_2^- or H_2O_2 levels are indicated as mean fluorescence intensities, which were determined with the CellQuest software (BD Bioscience).

Detection of intracellular glutathione. Intracellular glutathione levels were analyzed using CellTracker Green (5-chloromethylfluorescein diacetate [CMFDA]; Molecular Probes, Invitrogen). CMFDA is a membrane-permeative dye used to determine intracellular glutathione levels. Cytoplasmic esterase converts the nonfluorescent CMFDA to the fluorescent 5-chloromethylfluorescein (CMF), which can then react with glutathione. The excitation peak is at 492 nm, and the fluorescence emission peak is at 517 nm. O cells treated with 1 • M ATO for 72 h were washed with PBS and incubated with 5 • M CMFDA at 37°C for 30 min. The CMF fluorescence intensity was measured using a FACSCalibur flow cytometer. For each sample, 10,000 events were collected. The glutathione levels are given as the relative mean fluorescence intensities, which were determined with CellQuest software.

RESULTS

ATO inhibits HCV RNA replication. First, we quantitatively examined the effect of ATO on the HCV RNA replication in HuH-7-derived O cells harboring a replicative genome-length HCV-O RNA (25). We found that submicromolar concentrations of ATO markedly inhibited genome-length HCV-O RNA replication in the O cells at 72 h after administration (Fig. 1A). The 50% effective concentration (EC_{50}) of ATO required for inhibition of genome-length HCV-O RNA replication was 0.19 • M (Fig. 1A). Consistent with this finding, the expression levels of the HCV core and NS5A proteins were also significantly decreased in the cell lysates of O cells treated with ATO for 72 h (Fig. 1B). In addition, ATO markedly inhibited the replication of the subgenomic replicon RNA (31), with an EC_{50} of 0.48 • M at 72 h after the treatment (Fig. 1C). We next examined the effect of ATO on HCV reproduction by HCV-JFH1 infection (58). The results revealed that ATO significantly inhibited the intracellular RNA replication of HCV-

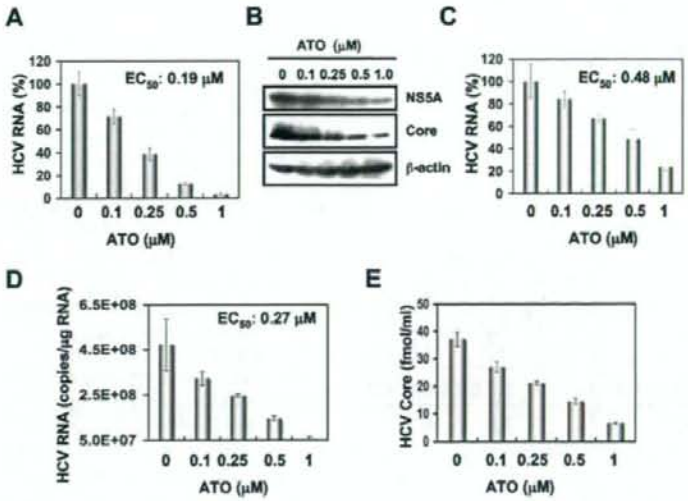

FIG. 1. Inhibition of HCV RNA replication by ATO. (A) The level of genome-length HCV RNA in O cells after the treatment with ATO was monitored by real-time LightCycler PCR. Experiments were done in triplicate and, bars represent the mean percentage of HCV RNA. Error bars indicate standard deviations. (B) HCV core and NS5A protein expression levels in O cells after treatment with ATO. The results of Western blot analysis of cellular lysates with anti-HCV core, anti-HCV NS5A, or anti-• -actin antibody in O cells at 72 h after treatment with ATO at the indicated concentration are shown. (C) The level of subgenomic replicon RNA was monitored by real-time LightCycler PCR. Results from three independent experiments conducted as described for panel A are shown. (D) The level of intracellular genome-length HCV-JFH1 RNA was monitored by real-time LightCycler PCR. RSc cells were pretreated with the indicated concentration of ATO for 13 h, followed by inoculation of the HCV-JFH1 virus, and then the infected cells were further incubated with ATO for 97 h. Results from three independent experiments conducted as described for panel A are shown. (E) The levels of the core protein in the culture supernatants treated as described for panel D were determined by enzyme-linked immunosorbent assay. Experiments were done in triplicate, and bars represent the mean core protein levels.

JFH1, with an EC_{50} of 0.27 • M, as well as the release of core protein into the culture supernatants in HuH-7-derived RSc cells at 97 h after inoculation of the HCV-JFH1 virus (Fig. 1D and E). Thus, we have demonstrated for the first time that ATO can inhibit the reproduction of HCV and particularly HCV RNA replication.

Effect of APO on HCV replication. Arsenic is known to exist in two oxidation states, As(III) in ATO and As(V) in APO. As ATO in the lower valence state has been reported to be more toxic than APO (48), we compared their anti-HCV activities using an OR6 assay system, which was recently developed as a luciferase reporter assay system for monitoring genome-length HCV RNA replication in HuH-7-derived OR6 cells (Fig. 2A) (25). The results showed that APO could not strongly suppress HCV replication at submicromolar concentrations, while ATO strongly inhibited it, with an EC_{50} of 0.33 • M (Fig. 2B and C), indicating that ATO has unique anti-HCV activity. In this context, it is relevant that the expression level of HCV core protein was also remarkably decreased in the cell lysates of O cells treated with ATO, but not those treated with APO, for 72 h (Fig. 2D). Thus, APO seems to be a useful negative probe to clarify the mechanism of the anti-HCV activity of ATO.

ATO does not affect cell growth at submicromolar concentrations. ATO has been reported to induce apoptosis (11, 14, 20, 21, 26–28, 33, 48, 66). Therefore, such an ATO-induced apoptosis may be involved in the anti-HCV activity. To test this possibility, we examined the effect of ATO or APO at various concentrations on cell proliferation by colorimetric MTT assay. In this context, we demonstrated that ATO did not affect the cell proliferation of O cells or the parental HCV-negative HuH-7 cells at submicromolar concentrations (Fig. 3A and E). In contrast, 4 or 8 • M ATO significantly inhibited cell proliferation (Fig. 3B and F). Similarly, APO did not affect the cell proliferation at less than 2 • M (Fig. 3C and D). Consistent with the above results, ATO-treated O cells exhibited normal growth rates and cell viabilities, at least at 1 • M for 72 h (Fig. 3G). Furthermore, we did not observe the cleavage of PARP-1, which is known to be an important substrate for activated caspase 3, in O cells treated with 1 • M ATO at least until 72 h (Fig. 3H), indicating that 1 • M ATO did not induce apoptosis in O cells. Thus, we concluded that the anti-HCV activity was independent of ATO-induced apoptosis or cell toxicity, at least at submicromolar concentrations.

PML and Chk2 are dispensable for the anti-HCV activity of ATO. Since PML is known to be a target of ATO (70), we first examined the subcellular localization of PML in O cells treated with either 1 • M ATO or 1 • M APO for 72 h by means of an anti-PML antibody (PM001; MBL) that can recognize most of the PML splicing variants and is useful for immunofluorescence analysis. The results showed that PML was localized predominantly in punctate nuclear speckles termed PML-NBs in control O cells (Fig. 4A). Interestingly, we noticed that some nuclear PML, but not all, disappeared and was translocated into discrete cytoplasmic bodies in the O cells treated with 1 • M ATO (Fig. 4A). We also observed cytoplasmic translocation of PML in the O cells treated with 1 • M APO for 72 h (Fig. 4A). Furthermore, we observed a similar cytoplasmic translocation of PML in the HCV-negative 293FT or HeLa

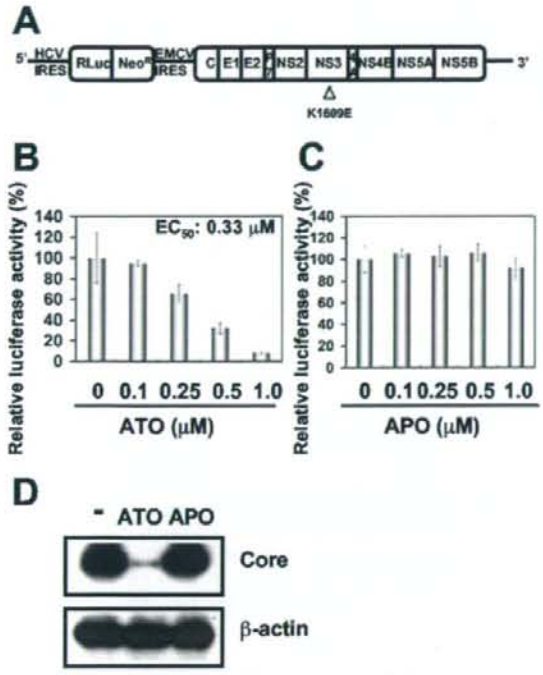

FIG. 2. Effect of APO on HCV replication. (A) Schematic representation of genome-length HCV RNA encoding the RL gene as a reporter (ORN/C-5B/KE RNA) replicated in OR6 cells. The RL is expressed as a fusion protein with neomycin phosphotransferase (Neo^R). The position of an adaptive mutation, K1609E in NS3, is indicated by an open triangle. (B) Effect of ATO on genome-length HCV RNA replication. At 72 h after treatment of OR6 cells with ATO at the indicated concentrations, the replication level of HCV RNA was monitored by the RL assay. The relative RL activity is shown. The results shown are means from three independent experiments. Error bars indicate standard deviations. (C) Effect of APO on genome-length HCV RNA replication. At 72 h after treatment of OR6 cells with APO at the indicated concentrations, the replication level of HCV RNA was monitored by the RL assay as described for panel B. (D) HCV core protein expression level in O cells after treatment with either ATO or APO. The results of Western blot analysis of cellular lysates with anti-HCV core or anti-• -actin antibody in O cells at 72 h after treatment with either 1 • M ATO or 1 • M APO are shown.

cells after the treatment with ATO (data not shown). Thus, we concluded that the cytoplasmic translocation of PML after the treatment with ATO was not associated with anti-HCV activity. Next, Western blot analysis to compare PML expression in the lysates of O cells treated with 1 • M ATO or 1 • M APO for 72 h was performed using another anti-PML antibody, A301-168A-1 (a gift from Bethyl Laboratories), which can recognize the longest isoform, PML I, but not shorter PML isoforms such as PML VI and which has been proven useful for Western blot analysis. Consistent with the previous finding that ATO promotes PML degradation (70), the expression level of the PML I protein was lower in the ATO-treated O cells than in the APO-treated O cells (Fig. 4B), suggesting that PML degradation by ATO is associated with anti-HCV activity. To further examine whether PML is directly involved in the anti-HCV activity of ATO, we used lentiviral vector-mediated RNA interference to stably knock down PML in the O cells. To express an shRNA targeted to all PML isoforms (56), we used the VSV G-pseudotyped HIV-1-based vector system (1, 42, 71). We used the puromycin-resistant pooled cells at 10 days after the lentiviral transduction in this experiment. Immunofluorescence and Western blot analysis demonstrated a very effective knockdown of PML in the O cells (Fig. 4C and D). We quantitatively examined the level of HCV RNA in the PML knockdown O cells treated with or without either 1 • M ATO (Fig. 4E) or 1 • M APO (Fig. 4F) for 72 h. The results showed that the replication level of genome-length HCV-O RNA in the untreated PML knockdown cells was similar to that in control cells (Fig. 4E), suggesting that PML is dispensable in HCV RNA replication. Importantly, ATO effectively inhibited the HCV RNA replication in both the PML knockdown cells and control cells compared with that of the APO-treated cells (Fig. 4E and F). Thus, we concluded that PML was dispensable for the anti-HCV activity of ATO. Since the Chk2 checkpoint kinase has recently been implicated in ATO-induced apoptosis and in association with PML (27, 63, 64, 66), we examined the anti-HCV activity in the ATO-treated Chk2 knockdown O cells (3). As we previously described, Western blot analysis demonstrated very effective knockdown of Chk2 in O cells (Fig. 4G). Accordingly, we examined the level of HCV RNA in Chk2 knockdown cells treated with or without either 1 • M ATO (Fig. 4H) or 1 • M APO (Fig. 4I) for 72 h. Consistent with our recent finding that Chk2 is required for HCV RNA replication, the replication of genome-length HCV RNA in the untreated Chk2 knockdown cells was remarkably suppressed (Fig. 4H). However, ATO strongly inhibited the HCV RNA replication in the Chk2 knockdown cells compared with that in the APO-treated Chk2 knockdown cells (Fig. 4H and I), suggesting that Chk2 is not implicated in the anti-HCV activity of ATO.

Effect of ATO on the stress-signaling pathways. To date, the focus has been on PML and PML-retinoic acid receptor • as major targets of ATO (70). On the other hand, arsenic has been reported to modulate other cell-signaling pathways, especially stress-responsive transcription factors, such as nuclear factor • B (NF-• B), activator protein 1 (AP-1), and STAT3 (12, 37, 38, 62). Therefore, we examined the involvement of several stress-responsive pathways in the anti-HCV activity of ATO by luciferase-based reporter assays or Western blot analysis using an antibody which specifically recognizes STAT3 phosphorylated at tyrosine 705. Although it has been reported that ATO inhibited the NF-• B signaling pathway through a direct interaction with IKK• at a high concentration (more than 10 • M) (29), neither 1 • M ATO nor 1 • M APO affected the endogenous NF-• B transcriptional activity in the present study (Fig. 5A and B). Conversely, ATO at least slightly stimulated mitogen-activated protein kinase kinase kinase (MEKK)-mediated NF-• B activation (Fig. 5A and B). Since NF-• B activation has been shown to stimulate HCV replication (60), the NF-• B pathway would seem not to be essential for the anti-HCV activity of ATO. Next, regarding the AP-1 signaling pathway, both ATO and APO are known to activate c-Jun N-terminal kinase (JNK) (45). Importantly, there was no stimulation of JNK activity at a dose below 30 • M (45). In fact, 50 • M ATO but not 50 • M APO strongly stimulates AP-1 activity by in-

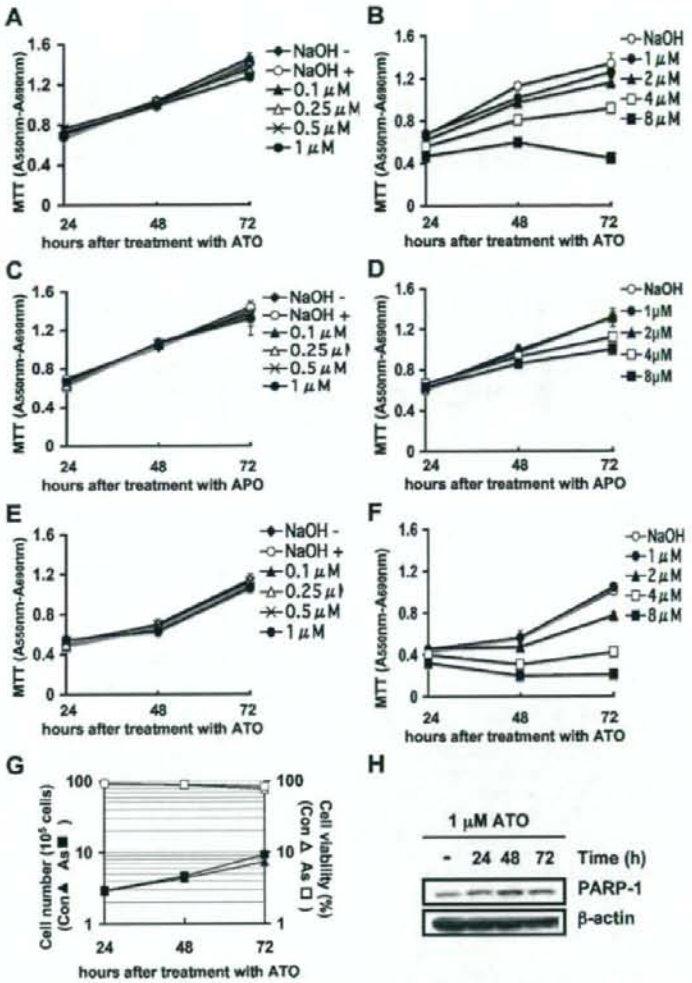

FIG. 3. Effect of ATO on cell growth and viability. (A and B) MTT assay of O cell lysates at the indicated times after treatment with ATO at various concentrations. NaOH (10 • M) was used as the solvent for ATO. The results shown are means from three independent experiments. Error bars indicate standard deviations. (C and D) MTT assay of O cell lysates at the indicated times after treatment with APO at various concentrations. (E and F) MTT assay of HuH-7 cell lysates at the indicated times after treatment with ATO at various concentrations. (G) Growth curve and viability of O cells after treatment with either 10 • M NaOH (Con) or 1 • M ATO (As). (H) Western blot analysis of cellular lysates with anti-PARP-1 or anti-• -actin antibody in O cells at the indicated times after treatment with 1 • M ATO.

hibiting a JNK phosphatase (10). Consistently, we found that both 1 • M ATO and 1 • M APO had a marginal effect on the AP-1 signaling pathway (Fig. 5C and D), suggesting that the AP-1 pathway is also not involved in the anti-HCV activity of ATO. Regarding the STAT3 signaling pathway, ATO has been reported to inhibit the phosphorylation of the STAT3 tyrosine at 705, leading to inactivation of the JAK-STAT signaling pathway (12, 62). In contrast, it has been reported that HCV constitutively phosphorylates and activates STAT3 (49, 59, 67). In this context, we observed constitutive tyrosine phosphorylation of STAT3 in untreated O cells (Fig. 5E). Furthermore, the marginal effect of 1 • M ATO on STAT3 phosphorylation and interleukin-6-mediated STAT3 activation was also observed (Fig. 5E and F). Taken together, these results at least suggest that the NF-• B, AP-1, and STAT3 pathways may not be associated with the anti-HCV activity of ATO at submicromolar concentrations.

The anti-HCV activity of ATO is associated with the glutathione redox system and oxidative stress. Finally, we focused on the involvement of the glutathione redox system and oxidative stress in the anti-HCV activity of ATO. For this, we analyzed the HCV replication level after combination treatment with ATO and antioxidants such as NAC and vitamin C using the OR6 assay system. When OR6 cells were treated with

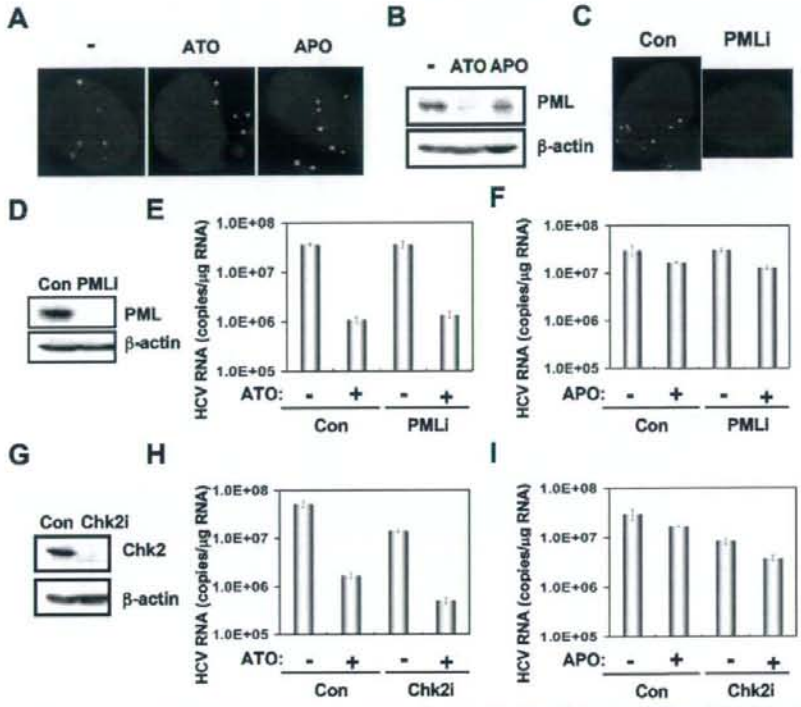

FIG. 4. PML and Chk2 are not required for the anti-HCV activity of ATO. (A) Subcellular localization of PML in O cells at 72 h after treatment with 10 • M NaOH (•), 1 • M ATO, or 1 • M APO. PML was detected by indirect immunofluorescence analysis with anti-PML antibody (PM001). DAPI staining of the nuclear DNA is also shown. (B) Induction of PML degradation by ATO but not by APO. The results of Western blot analysis of cellular lysates of O cells at 72 h after treatment with 10 • M NaOH (•), 1 • M ATO, or 1 • M APO with anti-PML (A301-168A-1) or anti-• -actin antibody are shown. (C) Stable knockdown of PML by shRNA-producing lentiviral vector in O cells. PML was detected by indirect immunofluorescence analysis with anti-PML antibody (PM001) in O cells expressing shRNA targeted to PML (PMLi) as well as in O cells transduced with a control lentiviral vector (Con). (D) Western blot analysis of cellular lysates with anti-PML (A301-168A-1) or anti-• -actin antibody in PML knockdown O cells (PMLi) as well as in control O cells (Con). (E and F) The level of genome-length HCV-O RNA was monitored by real-time LightCycler PCR in PML knockdown O cells (PMLi) as well as in control O cells (Con) after treatment with 10 • M NaOH (•), 1 • M ATO (•) (E), or 1 • M APO (•) (F) for 72 h. Results from three independent experiments conducted as described in the legend to Fig. 1A are shown. (G) Inhibition of Chk2 expression by shRNA-producing lentiviral vector. The results of Western blot analysis of cellular lysates with anti-Chk2 or anti-• -actin antibody in O cells expressing shRNA targeted to Chk2 (Chk2i) as well as in O cells transduced with a control lentiviral vector (Con) are shown. (H and I) The level of genome-length HCV-O RNA was monitored by real-time LightCycler PCR in Chk2 knockdown O cells (Chk2i) as well as in control O cells (Con) after treatment with 10 • M NaOH (•), 1 • M ATO (•) (H), or 1 • M APO (•) (I) for 72 h. Results from three independent experiments conducted as described in the legend to Fig. 1A are shown.

either 100 • M vitamin C or 10 mM NAC alone for 24 h or 72 h, the HCV replication was slightly enhanced (Fig. 6A and B), indicating that the antioxidant can activate HCV replication. Although the anti-HCV activity in the OR6 cells treated with 1 • M ATO and in combination with 100 • M vitamin C for 24 h was weakly reduced, 10 mM NAC completely and partially eliminated the anti-HCV activity of ATO after 24 h (Fig. 6A) and 72 h (Fig. 6B) of treatment, respectively, suggesting that oxidative stress and the glutathione redox system are associated with the anti-HCV activity of ATO. In contrast, the iNOS inhibitor 1400W did not suppress the HCV RNA replication or eliminate the anti-HCV activity of ATO, suggesting that NO is not involved in the anti-HCV activity of ATO (Fig. 6C). To further examine the involvement of oxidative stress in the anti-HCV activity of ATO, we examined ROS production in ATO-treated cells using two oxidative-sensitive fluorescent probes, DHE for detection of intracellular $O_2^{\bullet}$ and DCF for detection of intracellular H_2O_2. We found that 1 • M ATO could generate a significant level of intracellular $O_2^{\bullet}$ but not intracellular H_2O_2, while 2 • M BSO, an inhibitor of glutathione synthesis (14, 20, 33), could induce both $O_2^{\bullet}$ and H_2O_2 (Fig. 6D to H). Importantly, NAC diminished the ATO-dependent $O_2^{\bullet}$ induction (Fig. 6F). Since glutathione is a major antioxidant in cells and can clear away superoxide anion free radical, we also analyzed the changes of the intracellular glutathione level in ATO-treated O cells using CMF fluorescence, which can react with glutathione. As a result, we observed significant glutathione depletion in the cells treated with at least 1 • M ATO (Fig. 6I). To further confirm the involvement of glutathione in the anti-HCV activity of ATO, we examined the effect of cotreatment with ATO and BSO. When the OR6 cells were treated with 1 • M BSO alone, the HCV replication

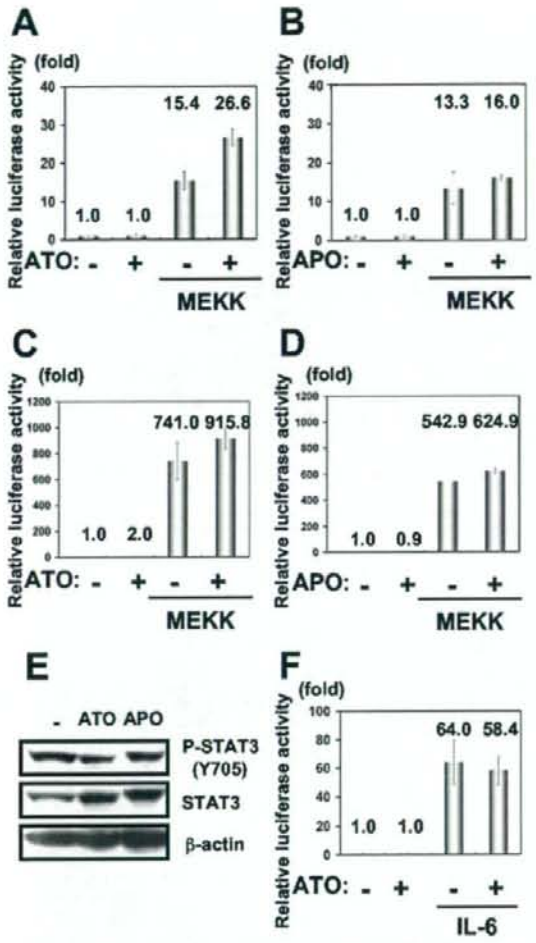

FIG. 5. Effect of ATO on the stress-signaling pathways. (A and B) Effect of ATO or APO on the NF-•B signaling pathway. O cells were transfected with 100 ng of reporter plasmid, pNF-•B-Luc, and/or 100 ng of pFC-MEKK (Stratagene, La Jolla, CA). Cells were treated with either 1 • M ATO (A) or 1 • M APO (B), and an FL assay was performed 24 h later. The results shown are means from three independent experiments. The relative FL activity is shown. (C and D) Effect of ATO or APO on the AP-1 signaling pathway. O cells were transfected with 100 ng of pAP-1-Luc and/or 100 ng of pFC-MEKK (Stratagene). Cells were treated with either 1 • M ATO (C) or 1 • M APO (D), and an FL assay was performed 24 h later as described for panels A and B. (E) Effect of ATO on the phosphorylation level of STAT3 at tyrosine 705. The results of Western blot analysis of cellular lysates with anti-phospho-STAT3 (Tyr705), anti-STAT3, or anti-•-actin antibody in O cells treated with either 1 • M ATO or 1 • M APO for 24 h are shown. (F) Effect of ATO on the STAT3 signaling pathway. O cells were transfected with 100 ng of STAT3 reporter APRE-Luc (41) (STAT3-Luc, a generous gift from T. Hirano, Osaka University, Japan). Cells were treated with 1 • M ATO for 19 h and then stimulated with 100 ng/ml of interleukin-6 for 5 h, and an FL assay was performed as described for panels A and B.

level was suppressed by about 30% compared with that of the control cells, and this occurred without cell toxicity (data not shown). However, consistent with previous reports in which ATO-induced apoptosis was enhanced by BSO (14, 20, 33), most of the cells died, possibly through apoptosis, when the OR6 cells were cotreated with 1 • M ATO and 1 • M BSO for 72 h (data not shown), suggesting that ATO and BSO synergistically generate ROS and deplete glutathione, resulting in induction of oxidative damage. Taken together, these results suggest that ATO may inhibit the HCV RNA replication by modulating the glutathione redox system and oxidative stress.

DISCUSSION

ATO has been reported to affect multiple biological functions, such as PML-NB formation, apoptosis, differentiation, stress response, and viral infection (38). Indeed, ATO has been shown to increase retroviral infectivity, including infectivity of HIV-1, HIV-2, feline immunodeficiency virus, simian immunodeficiency virus from rhesus macaques, and murine leukemia virus, although the mechanisms responsible for these changes are not well understood (5, 6, 32, 44, 47, 50, 57). PML, which is involved in host antiviral defenses, is required for the formation of the PML-NB, which is often disrupted or sequestered in the cytoplasm by infection with DNA or RNA viruses (17). The fact that ATO promotes the degradation of PML and alters the morphology or distribution of PML-NBs suggests that ATO enhances HIV-1 infection by antagonizing an antiviral activity associated with PML. In fact, HIV-1 infection has been reported to alter PML localization (57), although others have failed to confirm this finding (5). Furthermore, Berthoux et al. demonstrated that ATO stimulated retroviral reverse transcription (5). Moreover, ATO has been shown to have an inhibitory effect on host restriction factors, such as TRIM5a, Ref1, and Lv1, in a cell type-dependent manner (5, 6, 32, 44, 47, 50). In contrast, we have demonstrated that ATO strongly inhibited genome-length HCV RNA replication without cell toxicity (Fig. 1A and 2A). In addition, we observed the cytoplasmic translocation of PML in the HCV RNA-replicating O cells after the treatment with ATO (Fig. 4A). However, PML was dispensable for the anti-HCV activity of ATO as well as HCV RNA replication (Fig. 4E). In this regard, it is worth noting the recent report by Herzer et al. that the HCV core protein interacts with PML isoform IV and abrogates the PML function (22). Thus, PML may be involved in the HCV life cycle. In any case, the sensitivity to ATO and the cellular target of ATO seem to be different between HCV and HIV-1.

HCV infection has been shown to cause a state of chronic oxidative stress like that seen in chronic hepatitis C, which may contribute to fibrosis and carcinogenesis in the liver (16, 18, 40). In particular, HCV replication has been associated with the endoplasmic reticulum (ER), where HCV causes ER stress. Indeed, HCV NS5A and core, the ER-associated proteins, have been reported to trigger ER stress (4, 55). Therefore, HCV infection causes production of ROS and lowering of mitochondrial transmembrane potential through calcium signaling (4, 36). Among the HCV proteins, core, E1, NS3, and NS5A have been shown to be potent ROS inducers, and these HCV proteins also alter intracellular calcium levels and induce oxidative stress, thereby inducing DNA damage, and constitu-

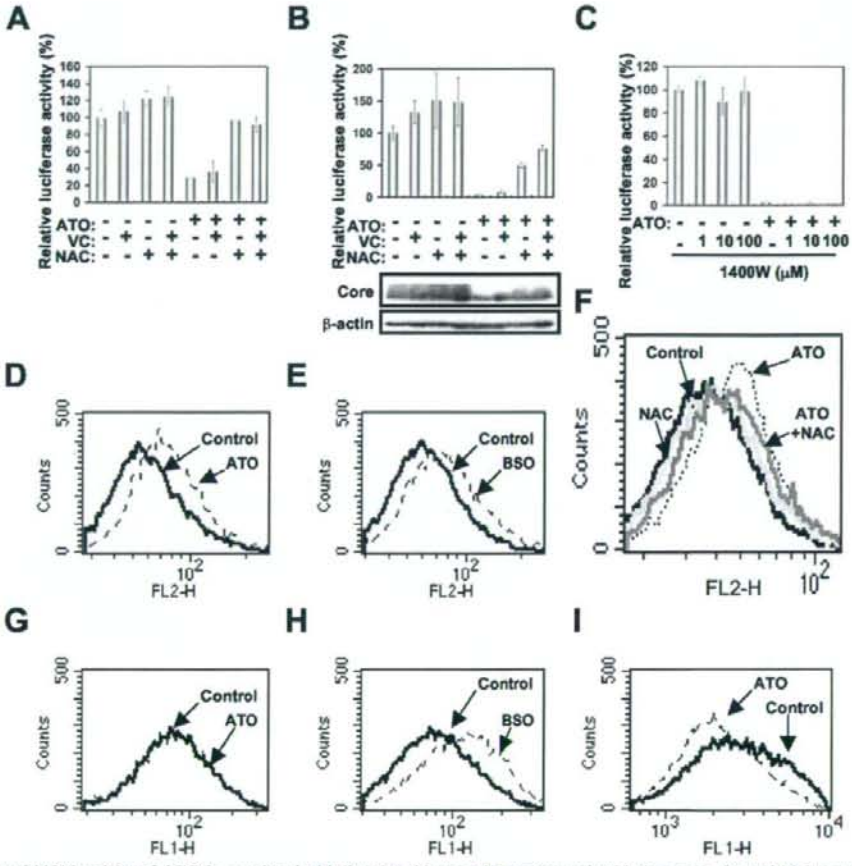

FIG. 6. The anti-HCV activity of ATO is associated with the glutathione redox system and oxidative stress. (A and B) The anti-HCV activity of ATO is eliminated by treatment with the antioxidant NAC. OR6 cells were treated with 1 • M ATO alone and in combination with 100 • M vitamin C (VC), with or without 10 mM NAC, for 24 h (A) or 72 h (B). The replication level of HCV RNA was monitored by the RL assay. The relative RL activity is shown. The results shown are means from three independent experiments; error bars indicate standard deviations. The results of Western blot analysis of cellular lysates with anti-HCV core or anti-• -actin antibody in OR6 cells at 72 h after the treatment with 1 • M ATO alone and in combination with 100 • M VC, with or without 10 mM NAC, are also shown. (C) Effect of combination treatment with ATO and the iNOS inhibitor 1400W on HCV RNA replication. OR6 cells were treated with 1 • M ATO alone and in combination with 1400W at the indicated concentrations for 72 h. The replication level of HCV RNA was monitored by the RL assay as described for panels A and B. (D and E) Effect of ATO on production of a ROS, $O_2^{\cdot}$, in O cells. O cells were treated with 1 • M ATO (D) or 2 • M BSO (E) for 24 h. The intracellular $O_2^{\cdot}$ level was measured by flow cytometry using DHE as described in Materials and Methods. (F) Inhibition of ATO-dependent $O_2^{\cdot}$ induction by NAC. O cells were treated with either 1 • M ATO or 10 mM NAC alone and in combination with 10 mM NAC for 24 h. (G and H) Effect of ATO on production of a ROS, H_2O_2, in O cells. O cells were treated with 1 • M ATO (G) or 2 • M BSO (H) for 24 h. The intracellular H_2O_2 level was measured by flow cytometry using DCF as described in Materials and Methods. (I) Effect of ATO on the intracellular glutathione level in O cells. O cells were treated with 1 • M ATO for 72 h. The intracellular glutathione level was measured by flow cytometry using CellTracker Green CMFDA as described in Materials and Methods.

tively activate STAT3 and NF-• B, which are associated with HCV pathogenesis (19, 34, 36, 43, 49, 59, 60, 67). In fact, oxidative stress has been shown to trigger STAT3 tyrosine phosphorylation and nuclear translocation, which correlate with the activation of STAT3, leading to its DNA-binding activity (9). In contrast, ATO inhibited the STAT3 tyrosine phosphorylation through direct interaction with JAK kinase, thereby suppressing the transcriptional activity of STAT3 (12, 62). Importantly, STAT3 activation has been reported to be associated with HCV RNA replication (59, 69). The STAT3 Tyr705 dominant negative mutant has been shown to inhibit HCV RNA replication, suggesting that STAT3 positively regulates HCV replication (59). In contrast, others have reported that STAT3 induces anti-HCV activity (69). In this study, we analyzed the potential effect of ATO treatment on a set of stress-signaling events, including the NF-• B, AP-1, and STAT3 pathways, since ATO is known to modulate various signaling pathways. However, at 1 • M, which exerted an anti-HCV activity, the respective signaling pathways were not affected, arguing that the anti-HCV activity is independent of these

pathways (Fig. 5). In this regard, these stress-signaling pathways have been reported to be constitutively activated in HCV core- or NS5A-expressing cells (19, 36, 49, 59, 60, 67). In addition, previous studies demonstrated that ATO modulates the NF-•B, AP-1, and STAT3 pathways at higher concentrations (NF-•B, • 10 • M; AP-1, • 30 • M; STAT3, • 4 • M). Therefore, we may have only observed the marginal effect of ATO in this study (Fig. 5). On the other hand, the HCV core or NS3 protein as well as HCV infection induces NO, leading to induction of double-stranded DNA breaks and accumulation of mutations of cellular genes (35). However, the iNOS inhibitor 1400W could not suppress HCV RNA replication and the anti-HCV activity of ATO, indicating that NO is not associated with the anti-HCV activity or with HCV replication (Fig. 6C).

It has been indicated that oxidative damage plays an important role in the effect of ATO (38). ROS generated in response to ATO exposure lead to accumulation of intracellular H_2O_2. Glutathione peroxidase and catalase are key enzymes regulating the levels of ROS and protecting cells from ATO-induced damage (26). However, the gastrointestinal glutathione peroxidase was drastically downregulated in cells harboring HCV replicons, which are rendered more susceptible to oxidative stress (39). The glutathione redox system has been implicated in the cellular defense system (14, 20). Glutathione, a major antioxidant in cells, is a tripeptide synthesized from cysteine, glutamic acid, and glycine, and it can scavenge superoxide anion free radicals. ATO has been shown to bind to the sulfhydryl group of glutathione and deplete the intracellular glutathione, resulting in enhancement of the sensitivity to oxidative damage (20, 33). Conversely, the antioxidant NAC is readily taken up by cells and serves as a precursor to elevate intracellular glutathione (53). In fact, ATO-induced apoptosis has been shown to be inhibited by NAC (11, 14, 21, 28). In this study, we have demonstrated that the anti-HCV activity of ATO was completely eliminated by treatment with NAC for 24 h (Fig. 6A). In addition, we found that ATO increased intracellular $O_2^{\bullet}$ but not H_2O_2 and depleted the intracellular glutathione in HCV RNA-replicating cells (Fig. 6D to I). Importantly, NAC diminished the ATO-dependent $O_2^{\bullet}$ induction (Fig. 6F). This finding could strengthen the link between ATO-dependent oxidative stress and anti-HCV activity. Similarly, Wen et al. reported an increase in ROS and enhanced susceptibility to glutathione depletion in the HCV core-expressing HepG2 cells (61). Accordingly, ROS have been shown to significantly suppress RNA replication in HCV replicon-harboring cells treated with H_2O_2 (13). In addition, HCV replication has been shown to be inhibited by lipid peroxidation of arachidonate, and this peroxidation could be blocked by lipid-soluble antioxidants such as vitamin E (23). Conversely, several antioxidants, such as vitamin C, vitamin E, and NAC, enhanced HCV replication in the present study (Fig. 6A and B) (65). Thus, we suggest that ATO inhibited HCV RNA replication by modulating the glutathione redox system and oxidative stress. In contrast to the above findings with HCV, NAC has been shown to suppress HIV-1 replication by preventing the activation of HIV-1 long terminal repeat transcription by NF-•B, suggesting a correlation between a decrease in glutathione levels and activation of HIV-1 replication (46, 53, 54). In this context, ATO has shown opposite effects on HIV-1 and HCV replication, stimulating the former and inhibiting the latter. Considering all of these results together, ATO can be regarded as a useful, novel anti-HCV reagent. In addition, the host redox system may be critical for HCV replication and may represent a pivotal target for the clinical treatment of patients with chronic hepatitis C.

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The DNA Damage Sensors Ataxia-Telangiectasia Mutated Kinase and Checkpoint Kinase 2 Are Required for Hepatitis C Virus RNA Replication▽

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Cellular responses to DNA damage are crucial for maintaining genome integrity, virus infection, and preventing the development of cancer. Hepatitis C virus (HCV) infection and the expression of the HCV nonstructural protein NS3 and core protein have been proposed as factors involved in the induction of double-stranded DNA breaks and enhancement of the mutation frequency of cellular genes. Since DNA damage sensors, such as the ataxia-telangiectasia mutated kinase (ATM), ATM- and Rad3-related kinase (ATR), poly(ADP-ribose) polymerase 1 (PARP-1), and checkpoint kinase 2 (Chk2), play central roles in the response to genotoxic stress, we hypothesized that these sensors might affect HCV replication. To test this hypothesis, we examined the level of HCV RNA in HuH-7-derived cells stably expressing short hairpin RNA targeted to ATM, ATR, PARP-1, or Chk2. Consequently, we found that replication of both genome-length HCV RNA (HCV-O, genotype 1b) and the subgenomic replicon RNA were notably suppressed in ATM- or Chk2-knockdown cells. In addition, the RNA replication of HCV-JFH1 (genotype 2a) and the release of core protein into the culture supernatants were suppressed in these knockdown cells after inoculation of the cell culture-generated HCV. Consistent with these observations, ATM kinase inhibitor could suppress the HCV RNA replication. Furthermore, we observed that HCV NS3-NS4A interacted with ATM and that HCV NS5B interacted with both ATM and Chk2. Taken together, these results suggest that the ATM signaling pathway is critical for HCV RNA replication and may represent a novel target for the clinical treatment of patients with chronic hepatitis C.

Hepatitis C virus (HCV) infection frequently causes chronic hepatitis, which progresses to liver cirrhosis and hepatocellular carcinoma. HCV infection has now become a serious health problem, with at least 170 million people currently infected worldwide (28). HCV is an enveloped virus with a positive single-stranded 9.6-kb RNA genome, which encodes a large polyprotein precursor of approximately 3,000 amino acid residues. This polyprotein is cleaved by a combination of the host and viral proteases into at least 10 proteins in the following order: core, envelope 1 (E1), E2, p7, nonstructural 2 (NS2), NS3, NS4A, NS4B, NS5A, and NS5B (12, 13, 27).

Studies have shown that various viruses with distinct replication strategies—including the DNA viruses Epstein-Barr virus, herpes simplex virus 1, adenovirus, and simian virus 40 and the retrovirus human immunodeficiency virus type 1 (HIV-1)—can activate DNA damage response pathways and utilize these damage responses to facilitate their own viral reproduction and promote the survival of infected cells (2, 16, 17). In the case of HCV, it has been proposed that HCV infection causes double-stranded DNA (dsDNA) breaks and enhances the mutation frequency of cellular genes and that these effects are mediated by nitric oxide (18, 19). In addition, the HCV core, E1, and NS3 proteins have been suggested to be potent reactive oxygen species inducers, leading to DNA damage (19). Furthermore, we previously demonstrated that HCV NS5B-expressing PH5CH8 immortalized human hepatocyte cells were susceptible to DNA damage in the form of dsDNA breaks (23). Thus, HCV seems to be associated with the dsDNA damage response pathways.

Since the DNA damage sensors, such as ataxia-telangiectasia mutated kinase (ATM), ATM- and Rad3-related kinase (ATR), poly(ADP-ribose) polymerase 1 (PARP-1), and checkpoint kinase 2 (Chk2; a direct downstream target of ATM), play central roles in response to genotoxic stress (10), we hypothesized that these sensors might affect HCV replication.

To investigate the possible involvement of these cellular factors in HCV replication, we examined the level of HCV RNA in cells rendered defective for DNA damage sensors by RNA interference or by pharmacological inhibition.

MATERIALS AND METHODS

Cell culture. 293FT cells were cultured in Dulbecco's modified Eagle's medium (DMEM; Invitrogen, Carlsbad, CA) supplemented with 10% fetal bovine serum (FBS). The HuH-7-derived O cells harboring a replicative genome-length HCV RNA and the HuH-7-derived sO cells harboring the subgenomic replicon RNA of HCV-O were cultured in DMEM with 10% FBS and G418 (300 μg/ml geneticin; Invitrogen) as described previously (11, 14). Oc and sOc cells, which were created by eliminating HCV RNA from O cells and sO cells by interferon (IFN) treatment (11, 14), respectively, were also cultured in DMEM with 10% FBS.

RNA interference. Oligonucleotides with the following sense and antisense sequences were used for the cloning of short hairpin RNA (shRNA)-encoding se-

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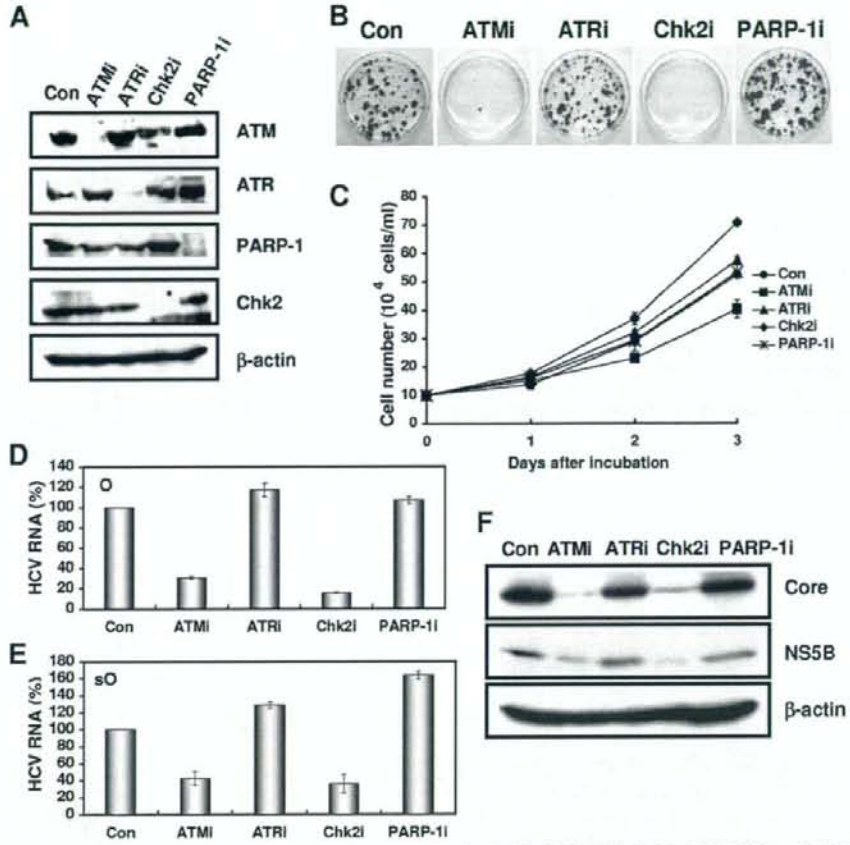

FIG. 1. The ATM signaling pathway is required for HCV RNA replication. (A) Inhibition of ATM, ATR, Chk2, or PARP-1 expression by shRNA-producing lentiviral vectors. The results of the Western blot analysis of cellular lysates with anti-ATM, anti-ATR, anti-Chk2, anti-PARP-1, or anti-β-actin antibody in Oc cells expressing shRNA targeted to ATM (ATMi), ATR (ATRi), Chk2 (Chk2i), or PARP-1 (PARP-1i) as well as in Oc cells transduced with a control lentiviral vector (Con) are shown. (B) ECF in ATM-, ATR-, Chk2-, or PARP-1-knockdown cells. In vitro transcribed ON/C-5B K1609E RNA (2 μg) was transfected into the ATM-, ATR-, Chk2, or PARP-1-knockdown Oc cells or the Oc cells transduced with a control lentiviral vector (Con). G418-resistant colonies were stained with Coomassie brilliant blue at 3 weeks after electroporation of RNA. Experiments were done in duplicate, and a representative result is shown. (C) The cell growth curve of ATM (ATMi), ATR (ATRi), Chk2 (Chk2i), or PARP-1 (PARP-1i)-knockdown Oc cells or the Oc cells transduced with a control lentiviral vector (Con). Results from three independent experiments are shown. (D) The level of genome-length HCV-O RNA was monitored by real-time LightCycler PCR (Roche). Experiments were done in triplicate, and columns represent the mean percentage of HCV RNA. (E) The level of subgenomic replicon (sO cells) RNA was monitored by real-time LightCycler PCR. Results from three independent experiments are shown as described in panel D. (F) The HCV core or NS5B protein expression level in ATM-, ATR-, Chk2-, or PARP-1-knockdown cells. The results of Western blot analysis of cellular lysates with anti-HCV core protein, anti-HCV NS5B, or anti-β-actin antibody in O cells expressing shRNA targeted to ATM (ATMi), ATR (ATRi), Chk2 (Chk2i), or PARP-1 (PARP-1i) as well as in O cells transduced with a control lentiviral vector (Con) are shown.

quences targeted to Chk2 in lentiviral vector: 5′-GATCCCCGGGGGAGAGCTGTT TGACATTCAAGAGATGTCAAACAGCTCTCCCCCTTTTTGGAAA-3′ (sense) and 5′-AGCTTTTCCAAAAAGGGGGAGAGCTGTTTGACATCTCTTGAATGT CAAACAGCTCTCCCCCGGG-3′ (antisense). The oligonucleotides above were annealed and subcloned into the BglII-HindIII site, downstream from an RNA polymerase III promoter of pSUPER (5), generating pSUPER-Chk2i. To construct pLV-Chk2i, the BamHI-SalI fragments of the pSUPER-Chk2i were subcloned into the BamHI-SalI site of pRDI292, an HIV-1-derived self-inactivating lentiviral vector containing a puromycin resistance marker allowing for the selection of transduced cells (4). pLV-ATMi, pLV-ATRi, and pLV-PARP-1i were constructed as described previously (1).

Lentiviral vector production. The vesicular stomatitis virus G protein (VSV-G)-pseudotyped HIV-1-based vector system has been described previously (24). The lentiviral vector particles were produced by transient transfection of the second-generation packaging construct pCMV-ΔR8.91 (30) and the VSV-G envelope plasmid pMDG2 as well as the lentiviral vector into 293FT cells with FuGene6 (Roche Diagnostics, Mannheim, Germany).

Quantitative reverse transcription-PCR analysis. Quantitative reverse transcription-PCR analysis for HCV RNA was performed by real-time LightCycler PCR as described previously (11).

Western blot analysis. Cells were lysed in buffer containing 50 mM Tris-HCl (pH 8.0), 150 mM NaCl, 4 mM EDTA, 1% Nonidet P-40, 0.1% sodium dodecyl sulfate (SDS), 1 mM dithiothreitol, and 1 mM phenylmethylsulfonyl fluoride. Supernatants from these lysates were subjected to SDS-polyacrylamide gel electrophoresis, followed by immunoblotting analysis using anti-ATM (2C1; GTX70103 [GeneTex, San Antonio, TX]), anti-ATR (GTX70133; GeneTex), anti-Chk2 (NT; ProSci, Poway, CA), anti-Chk2 (DCS-273; Medical and Biological Laboratories, Nagoya, Japan), anti-phospho-Chk2 (Thr68) (Cell Signaling,

Danvers, MA), anti-PARP-1 (C-2-10; Calbiochem, Merck Biosciences, Darmstadt, Germany), anti-hemagglutinin (HA) (HA-7; Sigma, St. Louis, MO), anti-core protein (CP-9 and CP-11; Institute of Immunology, Tokyo, Japan), anti-NS3 and anti-NS5B (no. 14; a generous gift from M. Kohara, the Tokyo Metropolitan Institute of Medical Science, Japan), anti-NS5A (no. 8926; a generous gift from A. Takamizawa, The Research Foundation for Microbial Diseases of Osaka University, Japan), and anti-β-actin (Sigma) Antibodies.

Immunofluorescence and confocal microscopic analysis. Cells were fixed in 3.5% formaldehyde in phosphate-buffered saline (PBS) and permeabilized in 0.1% NP-40 in PBS at room temperature. Cells were incubated with anti-ATM antibody (5C2; GTX70107 [GeneTex] or PM026 [MBL]), anti-HA antibody (3F10), anti-NS5B antibody and/or anti-NS3 antibody at a 1:300 dilution in PBS containing 3% bovine serum albumin at 37°C for 30 min. Cells were then stained with fluorescein isothiocyanate (FITC)-conjugated anti-rabbit antibody (Jackson ImmunoResearch, West Grove, PA) or anti-Cy3-conjugated anti-mouse antibody (Jackson ImmunoResearch) at a 1:300 dilution in PBS containing bovine serum albumin at 37°C for 30 min. Following extensive washing in PBS, cells were mounted on slides using a mounting medium of 90% glycerin–10% PBS with 0.01% *p*-phenylenediamine added to reduce fading. Samples were viewed under a confocal laser-scanning microscope (LSM510; Zeiss, Jena, Germany).

Immunoprecipitation. Cells were lysed in buffer containing 10 mM Tris-HCl (pH 8.0), 150 mM NaCl, 4 mM EDTA, 0.5% NP-40, 10 mM NaF, 1 mM dithiothreitol, and 1 mM phenylmethylsulfonyl fluoride. Lysates were precleared with 30 μl of protein G-Sepharose (GE Healthcare Biosciences, Uppsala, Sweden). Precleared supernatants were incubated with 5 μg of anti-HA antibody (3F10; Roche), 10 μl of anti-NS5B antibody, 5 μg of anti-Chk2 antibody (DCS-273; MBL), 5 μg of anti-FLAG antibody (M2; Sigma), or 5 μg of anti-ATM antibody (2C1) (GTX70103; GeneTex) at 4°C for 1 h. Following absorption of the precipitates on 30 μl of protein G-Sepharose resin for 1 h, the resin was washed four times with 700 μl of lysis buffer. Proteins were eluted by boiling the resin for 5 min in 2× Laemmli sample buffer. The proteins were then subjected to SDS-polyacrylamide gel electrophoresis, followed by immunoblotting analysis using anti-ATM, anti-Chk2, anti-HCV core protein (CP-9 and CP-11 mixture), anti-NS5A, anti-NS5B, anti-HA (HA-7; Sigma), or anti-NS3 antibody.

RESULTS

ATM and Chk2 are required for HCV RNA replication. To determine the potential role of DNA damage sensors in HCV replication, we first used lentiviral vector-mediated RNA interference to stably knockdown ATM, ATR, PARP-1 (1), or Chk2 in the following human hepatoma HuH-7-derived cell lines: O cells harboring a replicative genome-length HCV RNA (HCV-O, genotype 1b) (11), Oc cells derived from O cells (created by eliminating genome-length HCV RNA from O cells by IFN treatment) (11), sO cells harboring the subgenomic replicon of HCV-O (14), or RSc cells that cell culture-generated HCV (HCVcc) (JFH1, genotype 2a) (29) could infect and effectively replicate (3). To express shRNAs targeted to ATM, ATR, PARP-1 (1), or Chk2, we used a VSV-G-pseudotyped HIV-1-based vector system (24). We used puromycin-resistant pooled cells 10 days after the lentiviral transduction in all experiments. Western blot analysis of the lysates demonstrated very effective knockdown of ATM, ATR, Chk2, and PARP-1 in Oc cells (Fig. 1A). The effective knockdown of ATM, ATR, Chk2, or PARP-1 in O cells or sO cells was also confirmed by Western blot analysis (data not shown). In this context, the efficiency of colony formation (ECF) in ATM- or Chk2-, but not ATR- or PARP-1-, knockdown Oc cells transfected with the genome-length HCV-O RNA with an adapted mutation at amino acid position 1609 in the NS3 helicase region (ON/C-5B K1609E RNA) (11) was notably reduced compared with the control cells (Fig. 1B) even though Chk2-knockdown cells had a slightly faster growth rate than the control cells (Fig. 1C), suggesting that both ATM and Chk2 are crucial for HCV RNA replication. To further confirm this

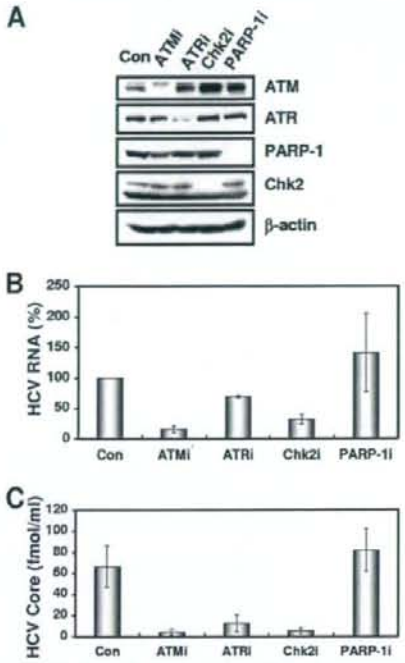

FIG. 2. ATM affects HCV infection. (A) Inhibition of ATM, ATR, Chk2, or PARP-1 expression by shRNA-producing lentiviral vectors. The results of Western blot analysis of cellular lysates with anti-ATM, anti-ATR, anti-PARP-1, anti-Chk2, or anti-β-actin antibody in RSc cured cells expressing shRNA targeted to ATM (ATMi), ATR (ATRi), Chk2 (Chk2i), or PARP-1 (PARP-1i) as well as in RSc cells transduced with a control lentiviral vector (Con) are shown. (B) The level of genome-length HCV (JFH1) RNA was monitored by real-time LightCycler PCR after inoculation of the HCVcc. Results from three independent experiments are shown as described in the legend of Fig. 1D. (C) The levels of the core protein in the culture supernatants were determined by enzyme-linked immunosorbent assay (Mitsubishi Kagaku Bio-Clinical Laboratories). Experiments were done in triplicate, and columns represent the mean core protein levels.

observation, we quantitatively examined the level of HCV RNA in the O cell- or sO cell-derived knockdown cells. Consequently, we found that replication of both genome-length HCV RNA (HCV-O) and its subgenomic replicon RNA (sO) were notably suppressed in ATM- or Chk2-knockdown cells but not in ATR- or PARP-1-knockdown cells (Fig. 1D and E). Consistent with this finding, the expression levels of core and NS5B proteins were also significantly decreased in the cell lysates of ATM- or Chk2-knockdown O cells (Fig. 1F). We next examined the replication level of HCV-JFH1 in ATM-, ATR-, Chk2-, or PARP-1-knockdown RSc cells (Fig. 2A). The results revealed that RNA replication of HCV-JFH1 and release of core protein into the culture supernatants were suppressed in only ATM- or Chk2-knockdown RSc cells after inoculation with HCVcc (Fig. 2B and C). Interestingly, the release of core protein into the culture supernatant was also significantly suppressed in ATR-knockdown RSc cells, while HCV RNA replication was slightly suppressed in these cells

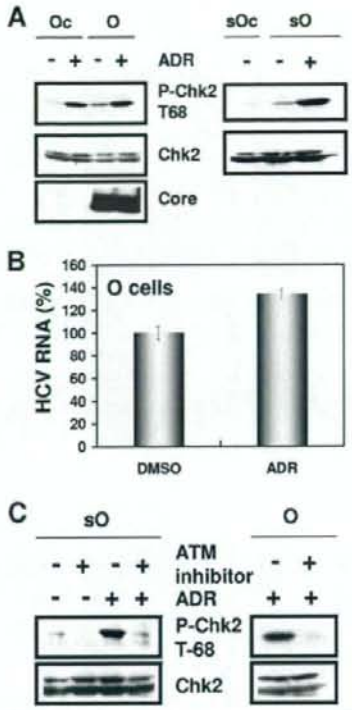

FIG. 3. ATM-dependent DNA damage response in HCV RNA-replicating cells. (A) Stimulation of Chk2 phosphorylation in the HCV RNA-replicating cells. The Oc, O, or sO cells were treated with 100 nM adriamycin (Sigma) for 2 h. The results of Western blot analysis of cellular lysates with anti-phospho-Chk2 (Thr68) (P-Chk2 T68), anti-Chk2, or anti-core protein antibody are shown. (B) Effect of adriamycin on HCV RNA replication. The O cells were treated with 100 nM adriamycin for 24 h. The level of genome-length HCV-O RNA was monitored by real-time LightCycler PCR. Results from three independent experiments are shown as described in the legend of Fig. 1D. DMSO, dimethyl sulfoxide. (C) Effect of ATM kinase inhibitor on Chk2 phosphorylation. The sO or O cells were pretreated with 10 μM ATM kinase inhibitor (KU-55933) (Calbiochem) for 2 h, followed by treatment with 100 nM adriamycin for 2 h. The results of Western blot analysis of cellular lysates with anti-phospho-Chk2 (Thr68) or anti-Chk2 antibody are shown.

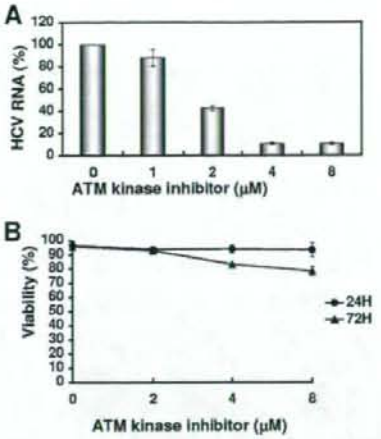

FIG. 4. Suppression of HCV RNA replication by ATM kinase inhibitor. (A) The level of genome-length HCV-O RNA was monitored by real-time LightCycler PCR after treatment with the indicated concentration of ATM kinase inhibitor for 72 h. Results from three independent experiments are shown as described in the legend of Fig. 1D. (B) Cell viabilities after treatment with the indicated concentration of ATM kinase inhibitor for 24 h or 72 h are shown.

(Fig. 2B and C), suggesting that ATR participates in the production of HCV virion.

In contrast, highly efficient knockdown of PARP-1 had no observable effects on the ECF (Fig. 1B), HCV RNA replication (Fig. 1D and E and 2B), or core protein expression in the cell lysate or in the supernatant (Fig. 1F and 2C), suggesting that our finding was not due to a nonspecific event. Thus, we have demonstrated for the first time that DNA damage sensors, ATM and Chk2, are required for HCV RNA replication.

ATM kinase activity in HCV RNA-replicating cells. Although it has been proposed that HCV causes dsDNA breaks (18, 19), little is known about whether HCV activates or inhibits the ATM-dependent damage response pathway. In this regard, it is worth noting that we observed weak but significant Chk2 phosphorylation at threonine 68, the specific marker for ATM activation (20, 21), in the HCV RNA-replicating cells (O and sO cells) but not in the HCV-negative Oc and sOc cells (created by eliminating replicon RNA from sO cells by IFN treatment) (Fig. 3A), suggesting that the persistent HCV RNA replication stimulated the ATM-dependent DNA damage response. Furthermore, a 2-h treatment with 100 nM adriamycin, a dsDNA break inducer, markedly induced Chk2 phosphorylation in Oc, O, and sO cells (Fig. 3A). Importantly, Chk2 phosphorylation was not inhibited even in the HCV RNA-replicating cells (O and sO cells) (Fig. 3A), suggesting that the persistent HCV RNA replication and the HCV proteins are not able to suppress the ATM-dependent DNA damage response. To examine whether such a DNA damage response activates HCV RNA replication, we quantified the level of HCV RNA in the O cells treated with 100 nM adriamycin for 24 h. The results show that HCV RNA replication was increased (approximately 1.3-fold) after treatment with adriamycin (Fig. 3B), suggesting that the DNA damage response activates HCV RNA replication.

Suppression of HCV RNA replication by a small-molecule inhibitor of the ATM kinase. We next examined the effect of a specific small-molecule inhibitor of the ATM kinase (2-morpholin-4-yl-6-thianthren-1-yl-pyran-4-one [KU-55933]) (16) on HCV RNA replication. As expected, the ATM kinase inhibitor effectively inhibited Chk2 phosphorylation after adriamycin treatment in both sO and O cells (Fig. 3C). In this context, the ATM kinase inhibitor could efficiently suppress genome-length HCV RNA replication with an in vitro 50% effective concentration (EC_{50}) of approximately 2 μM at 72 h after treatment with adriamycin (Fig. 4A). Although this ATM kinase inhibitor did not affect cell viability at 24 h after the treatment, there was a slight decrease in the cell viability at 72 h after treatment (Fig. 4B). Thus, this or other ATM kinase inhibitors may be

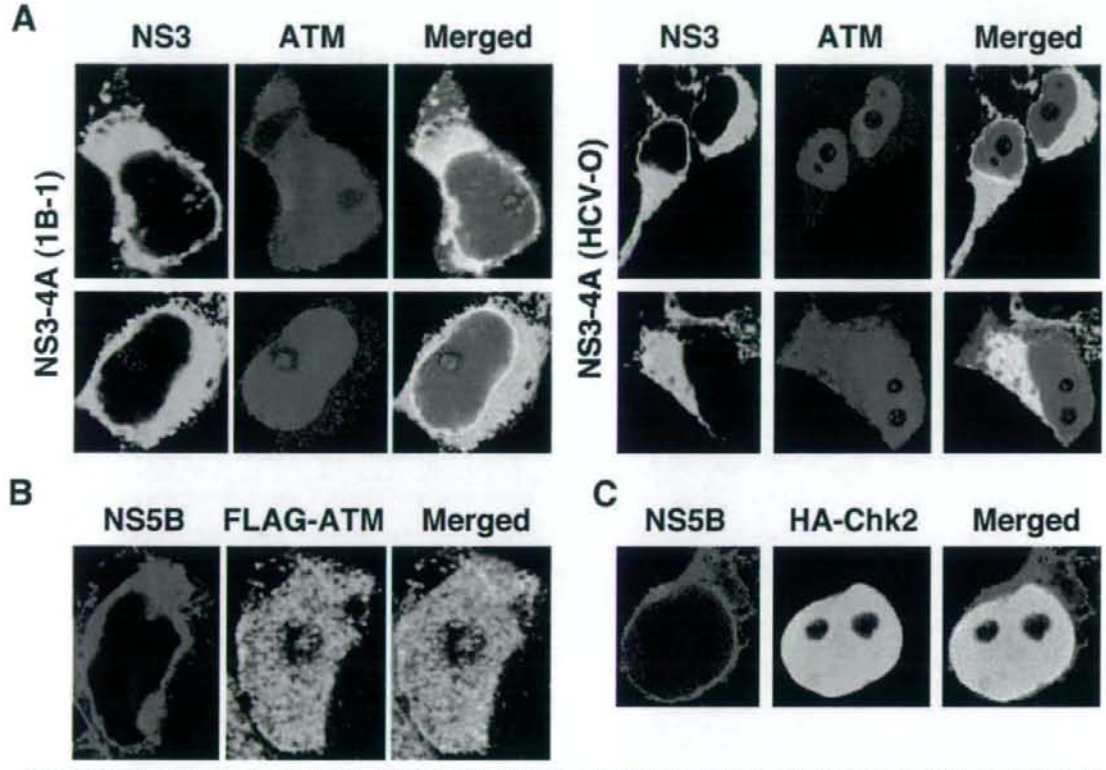

FIG. 5. Subcellular localization of ATM and Chk2 in HCV NS3-4A- or NS5B-expressing cells. (A) ATM partially colocalized with HCV NS3-4A. 293FT cells cotransfected with 300 ng of pCX4bsr/NS3-4A (1B-1) (8) or pCX4bsr/NS3-4A (O) (8) and 300 ng of pcDNA3-FLAG-ATMwt (6) were examined by confocal laser scanning microscopy. Cells were stained with anti-NS3 and anti-ATM (5C2) antibodies and then visualized with FITC (NS3) or Cy3 (ATM). (B) ATM partially colocalized with HCV NS5B. 293FT cells cotransfected with 300 ng of pCX4bsr/NS5B (1B-1) (23) and 300 ng of pcDNA3-FLAG-ATMwt (6). Cells were stained with anti-NS5B (no. 14) and anti-ATM (PM026) antibodies and then visualized with FITC (ATM) or Cy3 (NS5B). (C) Chk2 partially colocalized with HCV NS5B. 293FT cells cotransfected with 300 ng of pCX4bsr/NS5B (1B-1) (23) and 300 ng of pcDNA3-HA-Chk2wt (20, 21). Cells were stained with anti-NS5B and anti-HA (3F10) antibodies and then visualized with FITC (HA-Chk2) or Cy3 (NS5B). Images were visualized using confocal laser scanning microscopy (LSM510; Carl Zeiss). The right panels exhibit two-color overlay images (Merged). Colocalization is shown in yellow.

useful for the clinical treatment of patients with chronic hepatitis C.

Interaction of HCV NS3-4A with ATM. Since HCV NS3 has been proposed to be a viral factor involved in the induction of dsDNA breaks (18, 19), we first examined the subcellular localization of NS3-NS4A ([NS3-4A] 1B-1 or HCV-O strain) and ATM by confocal laser scanning microscopy. In most of the observed cells, ATM partially colocalized with NS3-4A in the perinuclear region and in dispersed points throughout the cytoplasm (Fig. 5A). In particular, we observed prominent colocalization of ATM with NS3-4A in some cells (Fig. 5A). Next, using anti-FLAG and anti-ATM antibodies, we immunoprecipitated lysates from 293FT cells in which FLAG-tagged ATM and either NS3-4A (HCV-O) or NS3 (HCV-O) were overexpressed and then performed immunoblotting analysis using either anti-ATM or anti-NS3 antibody to determine whether ATM binds to NS3-4A or NS3. The results revealed that ATM preferentially bound to NS3-4A over NS3 alone (Fig. 6A). Similarly, we found that ATM bound to NS3-4A using the O cell lysates (Fig. 6B), while HA-tagged Chk2 did not bind to NS3-4A in immunoprecipitation analysis using lysates from 293FT cells in which NS3-4A and HA-tagged Chk2 were overexpressed (Fig. 6C). Although NS3-4A has protease activity, ATM was not cleaved by the NS3-4A protease (Fig. 6D). Taking these results together, we conclude that ATM is able to interact with NS3-4A.

Interaction of HCV NS5B with ATM and Chk2. We next examined the subcellular localization of ATM and/or Chk2 in HCV NS5B-expressing cells by confocal laser scanning microscopy since we previously demonstrated that HCV NS5B-expressing PH5CH8 immortalized human hepatocyte cells were susceptible to DNA damage in the form of dsDNA breaks (23). ATM partially colocalized with NS5B in dispersed points throughout the cytoplasm (Fig. 5B), similar to the subcellular localization of HCV NS3-4A and ATM. Furthermore, Chk2 also partially colocalized with NS5B in the perinuclear region and in dispersed points in the nucleus (Fig. 5C). To determine whether endogenous ATM binds to NS5B, lysates from Oc or

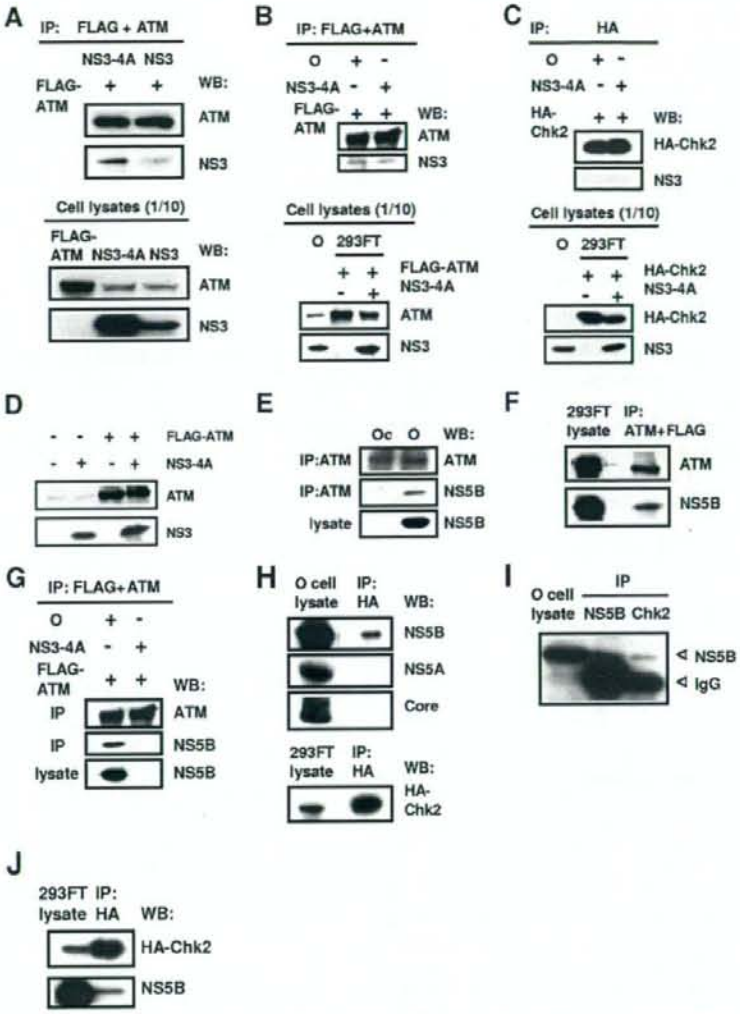

FIG. 6. Interaction of HCV NS3-4A and NS5B with the ATM signaling pathway. (A and B) ATM bound to HCV NS3-4A. (A) 293FT cells were transfected with 4 μg of pCX4bsr/NS3-4A (O), 4 μg of pCX4bsr/NS3 (O), or 4 μg of pcDNA3-FLAG-ATMwt. The cell lysates of expressed FLAG-ATM were mixed with lysates expressing either NS3-4A or NS3. The cell lysates were immunoprecipitated with both anti-FLAG (M2) and anti-ATM (2C1) antibodies, followed by immunoblotting analysis using either anti-ATM (2C1) or anti-HCV NS3 antibody. The results of Western blot analysis of 1/10 of the cellular lysates with anti-ATM or anti-NS3 antibody are also shown. (B) 293FT cells were cotransfected with 4 μg of pcDNA3-FLAG-ATMwt and/or 4 μg of pCX4bsr/NS3-4A (O). The cell lysates of expressed FLAG-ATM alone were mixed with the O cell lysates. Immunoprecipitation and Western blot analysis were performed as described in panel A. (C) Chk2 did not bind to NS3-4A. 293FT cells were cotransfected with 4 μg of pcDNA3-HA-Chk2wt and/or 4 μg of pCX4bsr/NS3-4A (O). The cell lysates of expressed HA-Chk2 alone were mixed with the O cell lysates. The cell lysates were immunoprecipitated with anti-HA antibody (3F10), followed by Western blot analysis using either anti-HA (HA-7) or anti-HCV NS3 antibody. The results of Western blot analysis of 1/10 of the cellular lysates with anti-HA or anti-NS3 antibody are also shown. (D) ATM was not cleaved by HCV NS3-4A protease. 293FT cells were cotransfected with 4 μg of pCX4bsr/NS3-4A (O) and/or 4 μg of pcDNA3-FLAG-ATMwt. The results of Western blot analysis of cellular lysates with anti-ATM or anti-NS3 antibody are shown. (E to G) ATM bound to HCV NS5B. (E) The lysates of O or Oc cells were immunoprecipitated with anti-ATM antibody (2C1), followed by immunoblotting analysis using either anti-ATM or anti-HCV NS5B antibody (no. 14). The results of Western blot analysis of 1/10 of the cellular lysates with anti-NS5B antibody are also shown. (F) 293FT cells were cotransfected with 4 μg of pCX4bsr/NS5B (1B-1) and 4 μg of pcDNA3-FLAG-ATMwt. The cell lysates were immunoprecipitated with both anti-FLAG and anti-ATM antibodies, followed by immunoblotting analysis using either anti-ATM or anti-HCV NS5B antibody. (G) Western Blot analysis was performed with anti-NS5B antibody, reusing the same blotted membrane that was used for panel B. (H to J) Chk2 bound to HCV NS5B. (H) 293FT cells were cotransfected with 4 μg of pcDNA3-HA-Chk2wt. The cell lysates of expressed HA-Chk2 were mixed with the O cell lysates and were immunoprecipitated with anti-HA antibody (3F10), followed by immunoblotting analysis using anti-HCV NS5B, anti-HCV NS5A (no. 8926), anti-HCV core protein (CP-9 and CP-11 mixture), or anti-HA (HA-7) antibody. The results of Western blot analysis of 1/10 of the cellular lysates with the same antibodies are also shown. (I) The lysates of O cells were immunoprecipitated with anti-NS5B or anti-Chk2 antibody (DCS-273), followed by immunoblotting analysis using anti-HCV NS5B antibody. The result of Western blot analysis of 1/10 of the cellular lysates with anti-NS5B antibody is also shown. (J) 293FT cells were cotransfected with 4 μg of pCX4bsr/NS5B (1B-1) and 4 μg of pcDNA3-HA-Chk2wt. The cell lysates were immunoprecipitated with anti-HA antibody (3F10), followed by immunoblotting analysis using either anti-HA (HA-7) or anti-HCV NS5B antibody. IP, immunoprecipitation; WB, Western blotting; IgG, immunoglobulin G.

O cells were immunoprecipitated with anti-ATM antibody, and then immunoblotting analysis using either anti-ATM or anti-NS5B antibody was performed. The results revealed that endogenous ATM bound to endogenous NS5B (Fig. 6E). Furthermore, we confirmed that ATM bound to NS5B in immunoprecipitation analysis using lysates from 293FT cells, in which NS5B (1B-1 strain) and FLAG-tagged ATM were overexpressed (Fig. 6F). Similarly, we confirmed that FLAG-tagged ATM bound to NS5B derived from O cell lysates in immunoprecipitation analysis using lysates from 293FT cells in which FLAG-tagged ATM was overexpressed (Fig. 6G). Finally, to determine which HCV protein binds to Chk2, the 293FT cell lysates of overexpressed HA-Chk2 were mixed with the O cell lysates and were immunoprecipitated with anti-HA antibody, followed by Western blot analysis using anti-HCV NS5B, anti-HCV NS5A, anti-HCV core protein, or anti-HA antibody. Consistent with the immunofluorescence result that Chk2 partially colocalized with NS5B (Fig. 5C), we observed that HA-tagged Chk2 bound to NS5B (Fig. 6H). Importantly, we found that endogenous Chk2 bound to endogenous NS5B derived from O cells (Fig. 6I). In addition, HA-tagged Chk2 bound to NS5B in immunoprecipitation analysis using lysates from 293FT cells in which NS5B (1B-1 strain) and HA-tagged Chk2 were overexpressed (Fig. 6J). Thus, Chk2 also interacted with NS5B as well as ATM. Taking these results together, we conclude that HCV targets ATM and Chk2 DNA damage sensors and that the ATM signaling pathway is required for HCV RNA replication.

DISCUSSION

ATM has been implicated as a target of most DNA viruses, harboring their genomes in the form of dsDNA which can activate or inhibit the ATM signaling pathway (17). In this study, we have demonstrated for the first time that the ATM signaling pathway is required for HCV RNA replication even though HCV does not have a dsDNA genome, unlike DNA viruses. In this regard, Machida et al. previously proposed that HCV infection and the expression of HCV NS3 and core protein induced dsDNA breaks (18, 19). Furthermore, NS3 has DNA helicase activity by which it unwinds dsDNA, suggesting that NS3 affects host dsDNA (22, 25). Thus, HCV infection might trigger the activation of ATM without a dsDNA genome. In fact, we observed weak but significant phosphorylation of Chk2 at threonine 68, the specific marker for ATM activation, in the HCV RNA-replicating cells (O and sO cells) but not in the HCV-negative Oc and sOc cells (Fig. 3A), suggesting that the ATM-dependent DNA damage response is constantly stimulated in persistent HCV RNA-replicating cells. Furthermore, we demonstrated that ATM preferentially bound to NS3-4A over NS3 alone (Fig. 5B) and that ATM partially colocalized with NS3-4A in the perinuclear region, where HCV is known to form a replication complex and replicate itself, and in dispersed points throughout the cytoplasm (Fig. 5A), indicating the interaction of ATM with NS3-4A. Interestingly, Lai et al. very recently reported that NS3-4A impaired DNA repair and enhanced sensitivity to ionizing radiation through interaction with ATM (15). However, we observed an equivalent level of Chk2 phosphorylation at threonine 68, a direct downstream target of ATM (20, 21), in both HCV RNA-replicating cells (O cells) and HCV-negative cells (Oc cells) after treatment with adriamycin (Fig. 3A), suggesting that Chk2 phosphorylation by ATM is not impaired by HCV RNA replication. In this regard, Gaspar and Shenk also showed that human cytomegalovirus could inhibit a DNA damage response by mislocalizing ATM and phosphorylated Chk2 at threonine 68 to a cytoplasmic virus assembly zone, indicating that human cytomegalovirus blocked at the level of Chk2 (9). On the other hand, dsDNA triggers IFN immune defenses through retinoic acid-induced gene I, the mitochondrial antiviral signaling protein, or the DNA-dependent activator of IFN-regulatory factor (7, 26); and NS3-4A protease, which is known to cleave the mitochondrial antiviral signaling protein, can block it (26), suggesting that interaction of NS3-4A with ATM is partially involved in such a common antiviral signaling pathway. On the other hand, we previously demonstrated that HCV NS5B-expressing PH5CH8 immortalized human hepatocyte cells were susceptible to DNA damage in the form of dsDNA breaks (23). In this regard, we have found that HCV NS5B could bind to both ATM and Chk2 (Fig. 5B and C and 6E to J). Together, these results indicate that HCV might hijack ATM and Chk2 and utilize ATM and Chk2 for HCV RNA replication, thereby resulting in impairment of DNA repair, enhancement of mutation frequency, and development of hepatocellular carcinoma.

Finally, consistent with our finding that ATM was required for HCV RNA replication, an ATM kinase inhibitor efficiently suppressed genome-length HCV RNA replication at an EC_{50} of approximately 2 μM at 72 h after the treatment (Fig. 4A). Similarly, Lau et al. reported that the same ATM kinase inhibitor could suppress HIV-1 replication at an EC_{50} of approximately 2.3 μM (16). Importantly, the EC_{50} for HIV-1 replication is similar to that for HCV replication. Thus, this or other ATM kinase inhibitors may represent a novel approach for the clinical treatment of patients with chronic hepatitis C as well as AIDS patients.

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