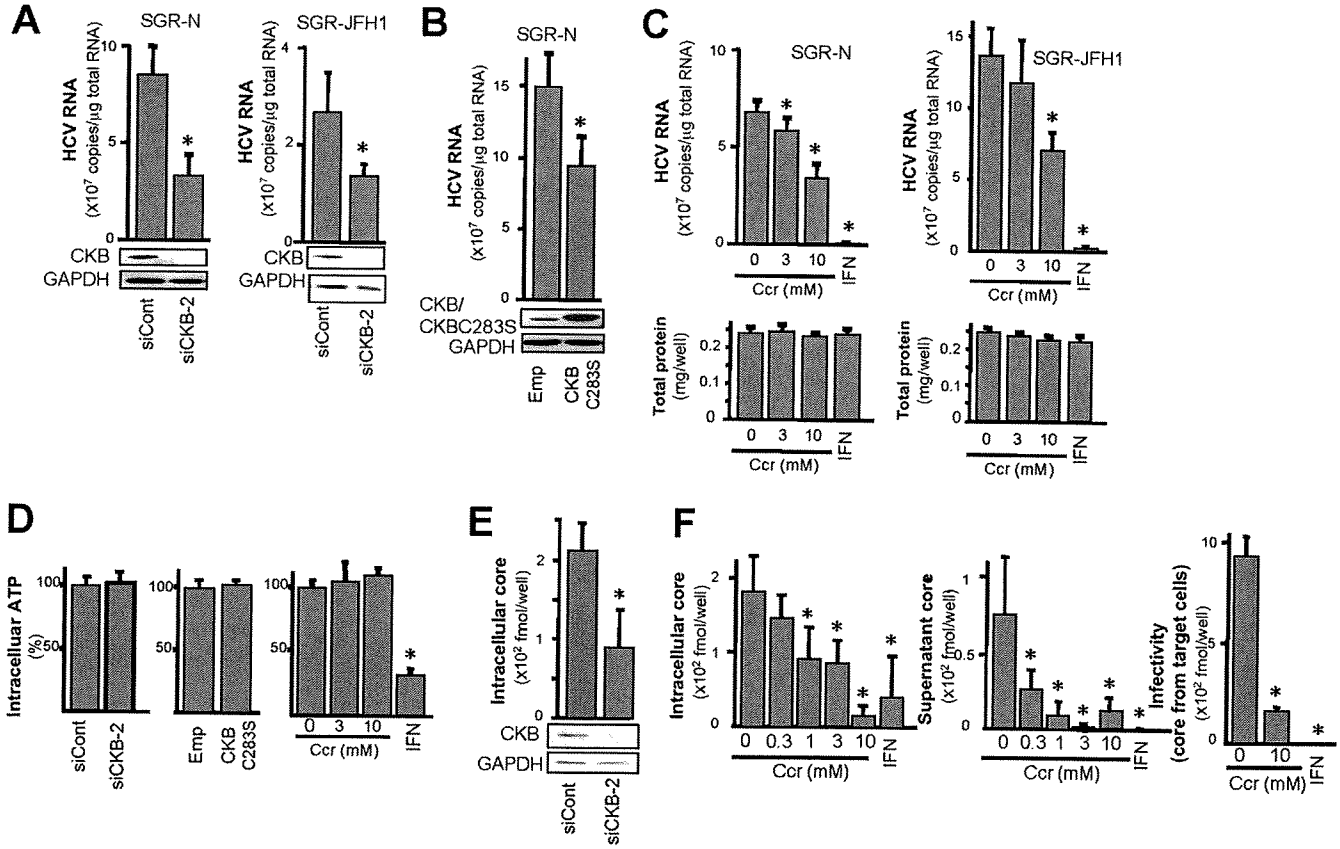

FIG. 2. Involvement of CKB in HCV replication. (A and E) Knockdown of endogenous CKB in SGR-N and SGR-JFH1 cells (A) or HCVcc-infected cells (E). Cells were transfected with siRNA against CKB (siCKB-2) or control siRNA (siCont) and were harvested at 72 h posttransfection. Real-time RT-PCR for HCV RNA levels and immunoblotting for CKB and GAPDH were performed. (B) SGR-N cells were transfected with pCAGCKB-C283S or empty vector, and HCV RNA levels and expression of CKB and CKB-C283S were determined 72 h posttransfection. SGR-N and SGR-JFH1 cells (C) or HCVcc-infected cells (F) were treated with Ccr at various concentrations for 72 h, followed by quantification of HCV RNAs and total cellular proteins. ATP levels (D) were determined after transfection with siCKB-2, pCAGCKB-C283S, or treatment with Ccr for 72 h in SGR-N cells. The ATP levels in the cells transfected with negative control siRNA (left), empty vector (middle), and no treatment (right) were set at 100%, respectively. (F) HCVcc-infected cells were treated with Ccr, and the viral core protein levels in cells (left) and supernatants (middle) were determined at 72 h postinfection. Collected culture supernatants were inoculated into naive Huh-7.5.1 cells after the removal of Ccr. After 72 h, the core proteins in cells were determined (right panel). All data are presented as averages and standard deviation values for at least triplicate samples. *, $P < 0.05$ against control such as transfection with siCont (A and E) or empty vector (B) or nontreatment (C, D, and F).

ported that interaction of CKB with some cellular proteins is required for local availability of CKB activity and local generation of ATP (22, 29). To examine the possible interaction of CKB with HCV NS proteins, HA-tagged CKB (HA-CKB) was coexpressed with FLAG-tagged NS proteins (NIHJ1 strain), followed by immunoprecipitation with an anti-FLAG antibody. CKB was shown to specifically interact with NS4A. No or little interaction was observed between CKB and either NS3, NS4B, NS5A, or NS5B (Fig. 3B). CKB-NS4A interaction was also found with the JFH-1 strain (Fig. 3C).

To identify the CKB region required for the interaction with NS4A, various deletion mutants of CKB were generated (Fig. 3A). An immunoprecipitation assay indicated that NS4A was coimmunoprecipitated with either a full-length CKB, a C-terminal deletion (aa 1 to 357), an N-terminal deletion (aa 297 to 381), or CKB-C283S, but not with aa 1 to 296, aa 1 to 247, or aa 1 to 184 (Fig. 3D, upper middle panel). Further, internal deletions of CKB (CKBdel297-357 and CKB-C283Sdel297-357) failed to interact with NS4A (Fig. 3D, lower panel), suggesting that aa 297 to 357 of CKB are important for its interaction with NS4A. It is noted that the expression of CKB aa 297 to 357 in cells was undetected, presumably due to its misfolding and/or instability. To verify a role for CKB-NS4A interaction in HCV RNA replication, we further determined the effect of expression of either CKB-C283S or its internal deletion lacking aa 297 to 357 (CKB-C283Sdel297-357) on viral replication in SGR-JFH1 cells. As expected, the HCV RNA level was significantly decreased by CKB-C283S, whereas this effect was not observed by CKB-C283Sdel297-357 (Fig. 3E).

NS4A is a 54-residue small protein composed of three domains: the N-terminal membrane anchor, the central domain responsible for interacting with NS3, and the C-terminal acidic domain. To define the portion in NS4A responsible for its interaction with CKB, we constructed three NS4A deletion mutants, each separately expressing one of the NS4A domains, with a FLAG tag (Fig. 3F). CKB proved to interact with the central domain, aa 21 to 39, of NS4A, which is involved in

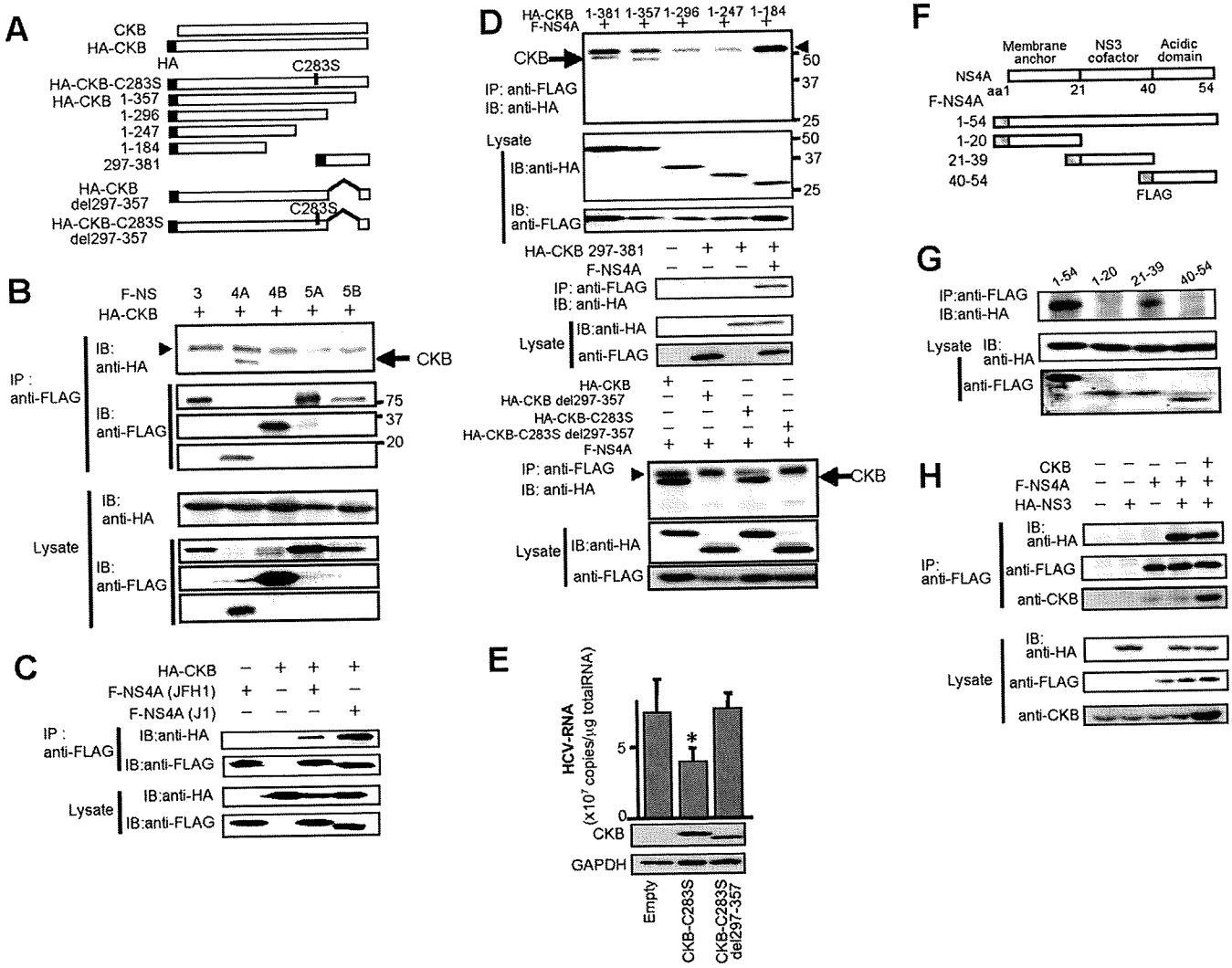

FIG. 3. CKB interacts with HCV NS4A. (A) Structures of CKB constructs used in the present study. A full-length wild-type CKB without an epitope tag (CKB) or with an N-terminal HA tag (HA-CKB), HA-CKB with deletions (aa 1 to 357, aa 1 to 296, aa 1 to 247, aa 1 to 184, and aa 297 to 381 and del297-357), CKB mutant at the catalytic site, Cys-283 (CKB-C283S) or CKB-C283S lacking aa 297 to 357 (CKB-C283Sdel297-357) are shown. HA-CKB was coexpressed with FLAG-tagged versions of each NS protein of strain NIHJ1 (B) or with NS4A of strain JFH-1 (C) in 293T cells and immunoprecipitated (IP) with an anti-FLAG antibody. Immunoprecipitates were subjected to immunoblotting (IB) with anti-HA or anti-FLAG antibody. (D) Each CKB deletion mutant was coexpressed with FLAG-NS4A in 293T cells. Immunoprecipitates were analyzed by immunoblotting. Arrow, CKB; arrowhead, immunoglobulin heavy chain. (E) SGR-JFH1 cells were transfected with the expression plasmid for CKB-C283S, CKB-C283Sdel297-357 or empty vector. At 72 h posttransfection, HCV RNA levels and the expression of CKB and CKB-C283S were determined by real-time RT-PCR and immunoblotting with anti-HA antibody, respectively. For HCV RNA quantitation, data are indicated as averages and standard deviations ($n = 3$). *, $P < 0.05$ against the empty vector control. (F) Structure of NS4A and NS4A constructs. FLAG-tagged NS4A (aa 1 to 54) or its truncated mutants (aa 1 to 20, aa 21 to 39, or aa 40 to 54) are shown. (G) Each NS4A deletion mutant was coexpressed with HA-CKB and analyzed as described above. (H) FLAG-NS4A was coexpressed with HA-NS3 or HA-NS3 and CKB, followed by immunoprecipitation with anti-FLAG antibody. Immunoprecipitates were analyzed by immunoblotting with anti-HA, anti-FLAG or anti-CKB antibody.

formation of the NS3-NS4A complex (Fig. 3G). We therefore investigate whether NS3-NS4A interaction is affected in the presence of CKB and found that exogenous expression of CKB has no influence on NS3-NS4A interaction, and a putative NS3-NS4A-CKB complex was detected in the coimmunoprecipitation analysis (Fig. 3H). Collectively, these results strongly suggest that CKB plays a key role in HCV RNA replication via interaction with NS4A.

Subcellular localization of CKB and NS4A in cells replicating HCV RNA. CKB is distributed throughout cells but is mainly localized in the perinuclear area (31), whereas NS4A is predominantly localized at the endoplasmic reticulum and mitochondrial membranes (37). We examined the possible subcellular colocalization of CKB and NS4A in SGR-N cells by immunofluorescence staining (Fig. 4A). CKB tended to gather in the perinuclear area of HCV replicating cells and was partially colocalized with NS4A in the area, sharing a dotlike structure. To further analyze the subcellular compartments in which CKB and NS4A coexist, we used double-labeling immunoelectron microscopy on SGR-N cells using antibodies against CKB and NS4A, with secondary antibodies coupled to 12- and 18-nm gold particles, respectively. One fraction of

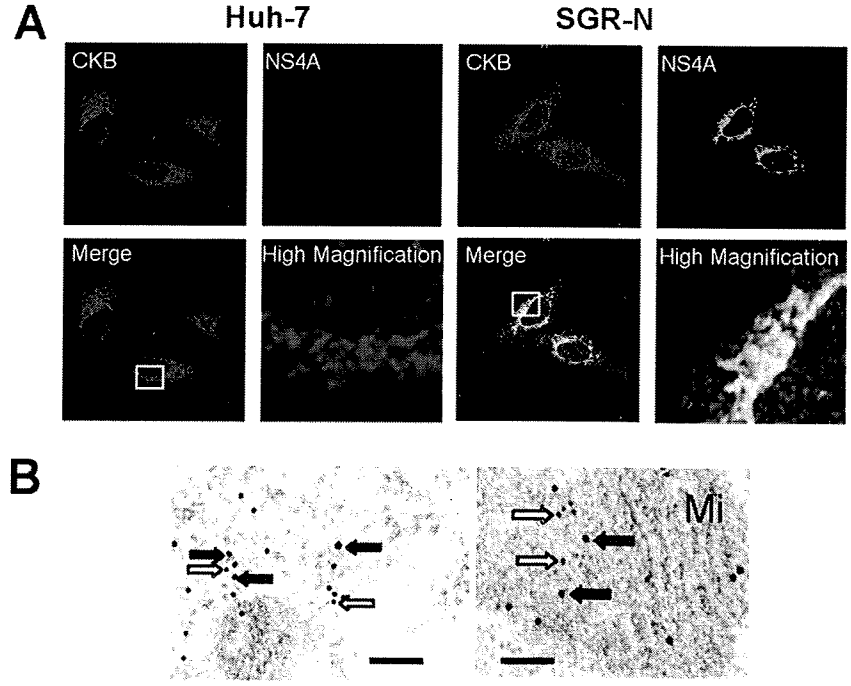

FIG. 4. Colocalization of CKB with HCV NS4A. (A) Indirect immunofluorescence analysis. The primary antibodies used were anti-CKB goat PAb (red) and anti-NS4A MAb (green). Merged images of red and green signals are shown. High-magnification panels are enlarged images of white squares in the merge panels. (B) Immunoelectron microscopic localization of CKB and NS4A. SGR-N cells were double-immunolabeled for CKB (12-nm gold particles; white arrows) and for NS4A (18-nm gold particle; gray arrows). Mi, mitochondria. Bars, 200 nm.

CKB colocalized with NS4A in the cytoplasmic electron-dense regions, presumably derived from altered or folded membrane structures (Fig. 4B, left panel) and mitochondria (Fig. 4B, right panel).

CKB enhances functional HCV replicase and NS3-4A helicase. NS4A is known to mediate membrane association of the NS3-4A complex and to function as a cofactor in NS3 enzyme activity. To understand the mechanism(s) underlying positive regulation of HCV RNA replication through CKB via its interaction with NS4A, we first investigated whether CKB modulates NS3-4A helicase activity. NS3-4A helicase is a member of the superfamily-2 DexH/D-box helicase, which unwinds RNA-RNA substrates in a 3′-to-5′ direction. During RNA replication, the NS3-4A helicase is believed to translocate along the nucleic acid substrate by changing its protein conformation, utilizing the energy of ATP hydrolysis (9). We then tested the effect of CKB on RNA- or DNA-unwinding activity using purified recombinant full-length NS3 and NS3-4A complex (12). As shown in Fig. 5A (left middle panel), both NS3 and NS3-4A helicase activity unwound dsRNA substrate most efficiently when CKB, ATP, and pCr were added to the reaction mixture. The enhancing effect of CKB was observed in the presence of pCr but not in the absence of it, suggesting that catalytic activity of CKB is important for its effect on the HCV helicase activity. Similar results were obtained from the DNA helicase assay using dsDNA substrate (Fig. 5B). To address the specificity of the stimulation by the CKB/pCr system, effects of PK and pPy, which are also involved in the ATP generation, were determined (Fig. 5A, right panels). Exogenous PK and pPy at the same concentrations as those of CKB and pCr used in the study exhibited no effect on the HCV helicase activity.

The effect of CKB on NS3-4A serine protease activity, which is considered to be ATP-independent, was also assessed in an in vitro protease assay using the purified viral proteins as mentioned above (Fig. 5C). As expected, NS3-4A complex exhibited significantly higher activity than NS3 alone; however, CKB did not affect the protease activities of NS3 or NS3-4A.

Finally, we investigated loss and gain of function of CKB in HCV replicase activity, which requires high-energy phosphate, in the context of semi-intact replicon cells. Miyanari et al. (33) reported that the function of the active HCV RC can be monitored in permeabilized replicon cells treated with digitonin. Thus, permeabilized replicon cells in the presence or absence of exogenous CKB were incubated with [α-^{32}P]UTP to detect newly synthesized RNA. As indicated in Fig. 5D, an ~8-kb band corresponding to HCV subgenomic RNA was most abundant in cells in the presence of exogenous CKB, ATP and pCr. The enhancing effect of CKB was observed in the presence but not in the absence of pCr, suggesting that catalytic activity of CKB is important for its effect on the replicase activity. As for the RNA helicase assay, exogenous PK and pPy did not enhance the replicase activity (data not shown). HCV replicase activity in permeabilized cells to which we had introduced siCKB-2 was diminished compared to that in siRNA control-treated cells. Interestingly, the replicase activity in the CKB-depleted cells was recovered by the addition of CKB. Thus, our findings suggest that CKB functions as a key regulator of HCV genome replication by controlling energy-dependent viral enzyme activities.

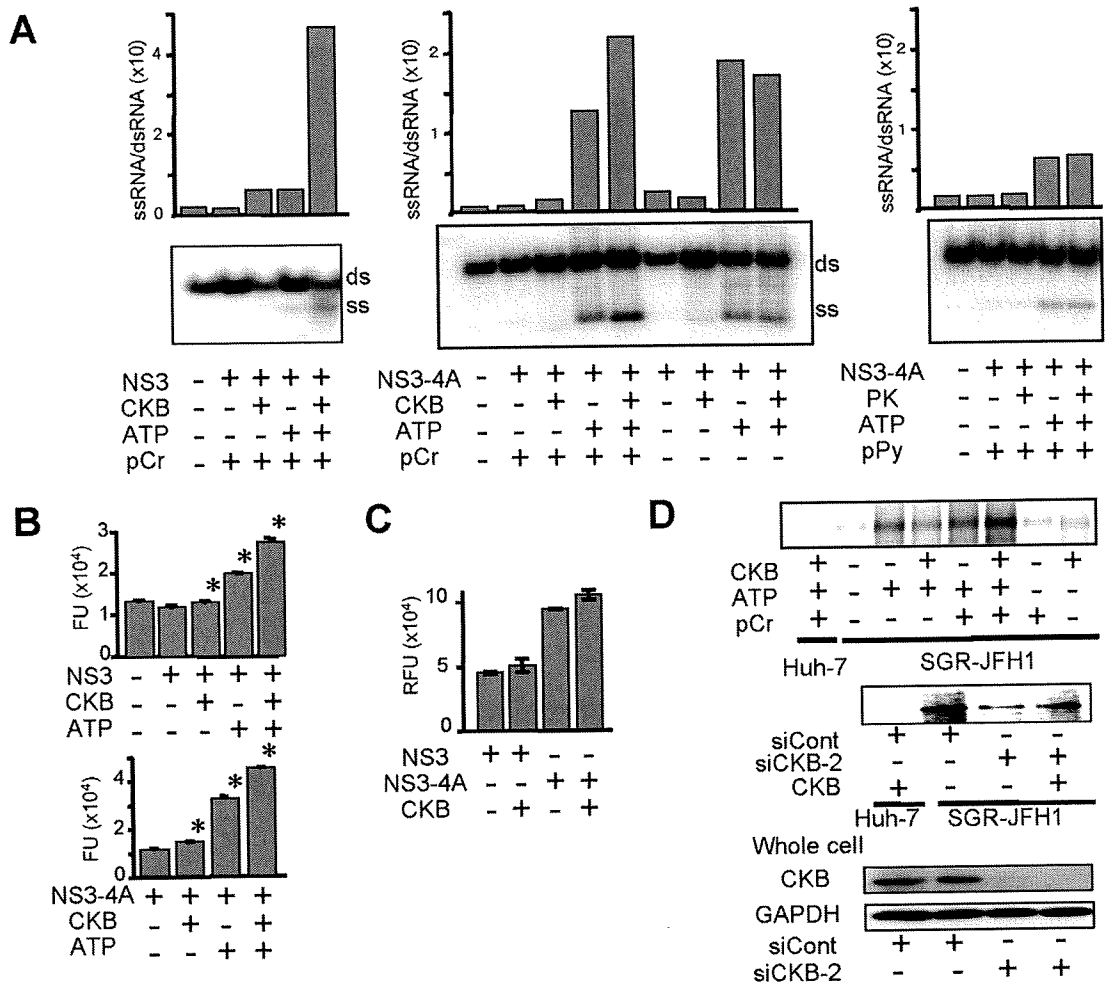

FIG. 5. CKB enhances NS3-4A helicase and HCV replicase activities. (A) In vitro RNA helicase activity of NS3-4A or NS3 was determined by detecting unwound single-strand RNA (ss) derived from the partially dsRNA substrate (ds). Band intensities corresponding to unwound products and those to dsRNA substrates were determined by ImageQuant 5.2 (Molecular Dynamics), and the ssRNA/dsRNA ratios were calculated. The results are representative of three similar experiments. (B) In vitro DNA helicase activity of NS3-4A or NS3 was analyzed by using a commercially available kit. The data represent averages and standard deviations ($n = 3$). *, $P < 0.05$ against the value without supplementation of CKB and ATP. (C) The in vitro HCV protease activity of NS3-4A or NS3 in the presence or absence of CKB was analyzed. Error bars represent standard deviations ($n = 3$). (D) Replicase activity in permeabilized replicon cells. The upper panel shows the activity for synthesis of HCV subgenomic RNA in the digitonin-permeabilized SGR-JFH1 cells with or without supplementation of CKB was measured. The middle panel shows results for SGR-JFH1 or Huh-7 cells that were transfected with siCKB-2 or siCont and permeabilized at 72 h posttransfection. The permeabilized cells with or without supplementation of CKB were subjected to the replicase assay. The lower panel shows the immunoblotting results for whole-cell lysates of siRNA-transfected cells.

DISCUSSION

Viral replication requires energy and macromolecule synthesis, and host cells provide the viruses with metabolic resources necessary for their efficient replication. Thus, it is highly likely that interaction of viruses with host cell metabolic pathways, including energy-generating systems, contributes to the virus growth cycle. In the regulation of HCV genome replication, the functions of the viral NS proteins that comprise the RC might be regulated by association in individual host cell factors. For example, hVAP-A and -B function as cofactors of modulating RC formation via interacting with NS5A and NS5B (13, 18). Cyclophilin B is involved in stimulating viral RNA binding activity via interacting with NS5B (49). FKBP8 (39) and hB-ind1 (45) play an important role in recruiting Hsp90 to RC via interacting with NS5A. However, the association of viral protein(s) with the cellular energy-generating system to directly regulate the activity of the RC has not been well understood.

In the present study, the accumulation of CKB, an ATP-generating enzyme, in the HCV RC-rich membrane fraction of viral replicating cells and its importance in replication of the HCV genome and production of infectious virions have been demonstrated. Enzymatic analyses with semi-intact replicon cells and purified NS3-4A protein revealed that CKB enhances the functional replicase and helicase of HCV. Its enhancing effect was observed in the presence of pCr but not in its absence, suggesting that the catalytic activity of CKB is important for enhancing the replicase and

helicase activities. Moreover, we clearly detected a CKB-NS4A complex using anti-tag antibodies in cotransfection experiments, but the endogenous complex could not be immunoprecipitated from cells expressing only endogenous levels of CKB, probably because of the inefficiency of the available antibodies. Further, a deletion of the NS4A-interacting region within an inactive mutant of CKB (CKB-C283S) resulted in the loss of its dominant-negative effect on HCV replication.

Creatine kinase, an evolutionarily conserved enzyme, is known to be critical for the maintenance and regulation of cellular energy stores in tissues with high and rapidly changing energy demands (48). In mammals, three cytosolic and two mitochondrial isoforms of CK, which share certain conserved regions, are expressed (35). The brain-type CK, CKB, plays a major role in cellular energy metabolism of nonmuscle cells, reversibly catalyzing the ATP-dependent phosphorylation of creatine and, hence, providing an ATP buffering system in subcellular compartments of high and fluctuating energy demand (21, 29). CKB is overexpressed in a wide range of tumor tissues and tumor cell lines, including hepatocellular carcinoma (32), and is used as a prognostic marker of cancer.

Although CK and creatine phosphate have been supplemented to in vitro replicase assays of some RNA viruses (15, 33), understanding of CKB function in the virus life cycle has been limited. One study indicated that the CK substrate analog, Ccr, exhibits antiviral activity against several herpesviruses but not influenza viruses or vesicular stomatitis virus (26). We have demonstrated here that HCV genome replication is downregulated by either treatment with Ccr, siRNA-mediated knockdown of CKB, or the exogenous expression of CKB-C283S. Coimmunoprecipitation experiments revealed that the essential domain within NS4A for the interaction with CKB is the NS4A central domain, aa 21 to 39, which is also responsible for NS3-4A complex formation. However, the NS3-4A interaction was not impaired by overexpression of CKB, and CKB was found to be able to form a complex with NS3-4A (Fig. 3H). Since CKB does not directly interact with NS3 (Fig. 3A), it is likely that NS3-4A-CKB association occurs through two interactions of NS3-4A and NS4A-CKB. We examined whether the formation of the ternary complex affects HCV enzymatic activities, possibly through conformational changes in the viral proteins, and found that CKB has no influence on NS3-4A protease activity (Fig. 5C). With regard to helicase activity, the effect of CKB on RNA unwinding activity by NS3-4A was similar to the effect of NS3 alone in the presence of ATP (Fig. 5A). It is conceivable that interaction with CKB causes no or little global change in the NS3-4A conformation and does not affect the viral helicase and protease activities.

In general, translation initiation in eukaryotes includes an ATP-dependent process such as unwinding the secondary structure in the 5′-untranslated region to permit assembly of 48S ribosomal complexes. It was reported, however, that 48S complex formation on the HCV internal ribosome entry site (IRES) has no requirement for ATP hydrolysis (25). In fact, we found that Huh-7 cells with or without gene silencing of CKB exhibited the same level of HCV IRES activity by transfection with IRES-reporter constructs (data not shown).

Collectively, we conclude that CKB is targeted to the HCV RC through its interaction with NS4A and functions as a positive regulator for the viral replicase by providing ATP. It is likely that the catalytic activity of CKB that associates with the viral RC is important for enhancing the RNA replication. The role of CKB-NS4A interaction in the enhancing effect seems to be limited. Although either knocking down CKB, expression of the dominant-negative mutant of CKB, or Ccr treatment resulted in the reduction of HCV replication (Fig. 2A to C), the total cellular ATP levels were not changed under these conditions (Fig. 2D). This suggests that CKB contributes to enhancing HCV replication through controlling the ATP level in the particular RC compartment. A tight coupling of a fast ATP regeneration and delivery system to the viral RC is advantageous for achieving efficient replication of the viral genome. To our knowledge, the findings presented here provide the first experimental evidence of the involvement of viral protein in recruiting an ATP generating/buffering system to the subcellular compartment for viral genome replication, a site with high-energy turnover. Given that the levels of HCV RNA were not dramatically diminished by the knocking down, dominant-negative mutant or Ccr, CKB may not be absolutely critical for the viral replication. One would argue that energy required for HCV genome replication can be partly complemented from the intracellular ATP pool.

Although there are several isoforms of CK as described above, the most abundant CK species expressed in Huh-7 cells in the present study was CKB, and no other isoenzymes, including mitochondrial CK, were detected by an isoform analysis based on the overlay gel technique (32; data not shown). Thus, the CKB isoenzyme appears to be a key molecule in the energy metabolism of HCV replicating cells. To identify potential HCV RC components, we used a comparative proteome analysis of the DRM fraction in cells harboring HCV subgenomic replicon and the DRM fractions in parental cells and then identified proteins that were more abundant in the fraction of HCV replicating cells. In agreement with similar previously reported approaches using the DRM or lipid raft fraction (30, 53), the functional categories of identified proteins included protein folding or assembly, cell metabolism and biosynthesis, cellular processes, and cytoskeleton organization (Table 1). Interestingly, Mannova et al. found that CKB was upregulated in the fraction of Huh-7 cells carrying the genotype 1b Con1 isolate-derived HCV replicon, as determined using stable isotope labeling by amino acids combined with one-dimensional electrophoresis (30). However, the effect of CKB on regulation of the HCV life cycle was not examined in that study.

In conclusion, CKB interacts with HCV NS4A and is important for efficient replication of the viral genome. Recruitment of CKB to the HCV replication machinery through its interaction with NS4A may have important implications for the maintenance or enhancement of the functional replicase activity in the RC compartment, where high-energy phosphoryl groups are required. A strategy for specific interception of energy supply at the subcellular site of HCV genome replication by disruption of the NS4A-CKB interface may lead to development of a new type of antiviral agent.

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HCV replication suppresses cellular glucose uptake through down-regulation of cell surface expression of glucose transporters☆

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***Background/Aims*: Persistent infection with hepatitis C virus (HCV) causes extrahepatic diseases, including diabetes. We investigated the possible effect(s) of HCV replication on cellular glucose uptake and expression of the facilitative glucose transporter (GLUT) 2 and 1.**

***Methods*: We used Huh-7.5 cells harboring either an HCV subgenomic RNA replicon (SGR) or an HCV full-genomic RNA replicon (FGR), HCV-infected cells, and the respective cells treated with interferon (IFN). We also used liver tissue samples obtained from patients with or without HCV infection.**

***Results*: Glucose uptake and surface expression of GLUT2 and GLUT1 were suppressed in SGR, FGR and HCV-infected cells compared to the control cells. Expression levels of GLUT2 mRNA, but not GLUT1 mRNA, were lower in SGR, FGR and HCV-infected cells than in the control. Luciferase reporter assay demonstrated decreased GLUT2 promoter activities in SGR, FGR and HCV-infected cells. IFN treatment restored glucose uptake, GLUT2 surface expression, GLUT2 mRNA expression and GLUT2 promoter activities. Also, GLUT2 expression was reduced in hepatocytes of liver tissues obtained from HCV-infected patients.**

***Conclusions*: HCV replication down-regulates cell surface expression of GLUT2 partly at the transcriptional level, and possibly at the intracellular trafficking level as suggested for GLUT1, thereby lowering glucose uptake by hepatocytes.**

***Keywords*: Diabetes mellitus; Down-regulation; Glucose uptake; GLUT1; GLUT2; Hepatitis C virus; Hepatocyte; Interferon; Replicon**

1. Introduction

Hepatitis C virus (HCV) is a small, enveloped RNA virus, which belongs to the genus *Hepacivirus* within the family *Flaviviridae*. The viral genome consists of single-stranded, positive-sense RNA of 9.6 kb that encodes a polyprotein of about 3000 amino acids. There are six major genotypes of HCV worldwide, with each genotype being further classified into a number of subtypes, such as HCV-1a and -1b [1,2]. The polyprotein is processed by host cellular and viral proteases to yield at least 10 structural and nonstructural (NS) proteins, such

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Abbreviations: FGR, full-genome RNA replicon; GLUT, glucose transporter; HBV, hepatitis B virus; HCV, hepatitis C virus; IFN, interferon; SGR, subgenomic RNA replicon.

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as core protein, envelope glycoproteins (E1 and E2), p7, NS2, NS3, NS4A, NS4B, NS5A and NS5B [3,4].

HCV prevails in most parts of the world with an estimated number of about 170 million carriers and, hence, HCV infection is a major global healthcare problem [5]. Persistent infection with HCV causes not only liver diseases, including hepatitis, but also extrahepatic manifestations, such as type 2 diabetes [6–8]. While it has been known that liver cirrhosis impairs the glucose metabolism of the liver, there are some reports showing that HCV-infected patients over 40 years old have an increased risk for type 2 diabetes – three times higher than that for patients without HCV infection [9,10]. These reports imply the possibility that HCV infection directly predisposes the host towards type 2 diabetes. However, the precise mechanism(s) is poorly understood.

Glucose is transported into the cell via various isoforms of the facilitative glucose transporter (GLUT) that are present in most cells. Currently, a total of 14 isoforms have been identified in the GLUT family [11–13]. GLUT2 is expressed tissue-specifically in the liver, pancreatic β-cells, hypothalamic glial cells, retina and enterocytes [14]. On the other hand, GLUT1 is expressed at high levels in all fetal tissues and, in adults, it is widely expressed but most abundant in erythrocytes, endothelial cells of the blood–brain barrier, renal tubules of the kidney, and any kind of malignant cells including hepatocellular carcinoma [13].

In the present study, we demonstrated that HCV infection suppressed hepatocytic glucose uptake through down-regulation of surface expression of GLUT in a human hepatocellular carcinoma-derived cell line Huh-7.5. We also demonstrated that GLUT2 expression in hepatocytes of the liver tissues from HCV-infected patients was lower than in those from patients without HCV infection. We propose that HCV replication decreases glucose uptake and cell surface expression of GLUT, which would eventually lead to glucose metabolism disorder.

2. Materials and methods

2.1. Cell culture, HCV RNA replication, HCV infection and IFN treatment

A human hepatoma-derived cell line, Huh-7.5, which is highly permissive to HCV RNA replication [15], was kindly provided by Dr. C.M. Rice (The Rockefeller University, New York, NY, USA). The cells were maintained in Dulbecco's modified Eagle's medium supplemented with 10% heat-inactivated fetal calf serum.

Huh-7.5 cells stably harboring an HCV-1b subgenomic RNA replicon (referred to as SGR cells, hereafter) were prepared as describe previously [16–18], using pFK5B/2884Gly (a kind gift from Dr. R. Bartenschlager, University of Heidelberg, Heidelberg, Germany). In SGR cells, the HCV subgenomic RNA replicon autonomously replicates to express NS3 to NS5B of HCV (Fig. 1). Cells harboring a full-length HCV-1b RNA replicon derived from pON/C-5B (referred to as FGR cells, hereafter) were described previously [19,20]. In FGR cells, the genome-size HCV RNA replicon autonomously replicates to express all the HCV proteins (the core protein, E1, E2, p7, NS2, NS3 to NS5B).

The pFL-J6/JFH1 plasmid that encodes the entire viral genome of a chimeric strain of HCV-2a, J6/JFH1 [21], was kindly provided by Dr. C.M. Rice. The HCV RNA genome was transcribed *in vitro* from pFL-J6/JFH1 and transfected to Huh-7.5 cells. The virus produced in the culture supernatant was used for infection experiments at multiplicities of infection of 1.0 and cultured for 5 days after virus infection.

In some experiments, SGR and FGR cells, as well as HCV-infected cells at 5 days after virus infection, were treated with 1000 IU/ml of IFN (Sigma, St. Louis, MI, USA) for 10 days to eliminate HCV replication.

2.2. Immunofluorescence

Cells were fixed with 3.7% paraformaldehyde and incubated with mouse monoclonal antibody against HCV NS5A (Chemicon International, Inc., Temecula, CA, USA) or HCV core (Abcam, Tokyo, Japan). The cells were then incubated with fluorescein isothiocyanate (FITC)-conjugated goat anti-mouse IgG (MBL Co. Ltd., Nagoya, Japan), and observed under a fluorescent microscope (BX51; Olympus, Tokyo, Japan).

2.3. Immunoblotting

Cells were solubilized in lysis buffer as reported previously [22]. The cell lysates were electrophoresed subjected to 8% polyacrylamide gel electrophoresis and transferred to polyvinylidene difluoride membrane (Millipore Corp., Billerica, MA, USA). The membranes were incubated with mouse monoclonal antibodies against HCV NS5A or NS3 (Chemicon), followed by incubation with peroxidase-conjugated goat anti-mouse IgG (MBL). The positive bands were visualized by using ECL detection system (GE Healthcare UK Ltd., Buckinghamshire, UK).

2.4. Uptake of 2-deoxy-D-glucose and thymidine

Cells cultured in 12-well plates were deprived of serum by incubation in serum-free medium for 12 h. The cells were then pre-incubated for 20 min in 450 μl of KRH (25 mM Hepes, 120 mM NaCl, 5 mM KCl, 1.2 mM $MgSO_4$, 1.3 mM $CaCl_2$, 1.3 mM KH_2PO_4 and 0.1% BSA, pH 7.4). Glucose uptake assay was performed as describe previously [23]. In brief, glucose uptake was initiated by addition of 50 μl of reaction solution (KRH containing 0.5 mM, 0.25 μCi 2-deoxy-D-[1,2-^{3}H]glucose) to each well. As a negative control, 100 μM phloretin was added to reaction solution. After 10 min, transport was terminated by washing the cells with ice-cold KRH buffer containing 100 μM phloretin. The cells were solubilized by 0.1% sodium dodecyl sulfate, and the incorporated radioactivity was measured by liquid scintillation counter (LS6500; Beckman Coulter, Fullerton, CA). In some experiments, GLUT1 and GLUT2 were ectopically expressed by using the pCAGGS expression vector [24] and glucose uptake was measured as described above.

2.5. Flow cytometry

To examine cell surface expression of GLUT1 and GLUT2, cells harvested in PBS containing 0.2% EDTA were incubated with rabbit polyclonal antibodies against GLUT1 or GLUT2 (1:200; Alpha Diagnostic International, San Antonio, TX, USA) on ice for 1 h. After being washed, the cells were incubated with FITC-labeled goat anti-rabbit IgG (1:200; BD Pharmingen, Franklin Lakes, NJ, USA) on ice for another 1 h. Analysis was carried out using flow cytometer and a total of 10,000 live cell events were measured. Results were displayed graphically as overlaying histograms demonstrating the shift of the mean FITC staining value.

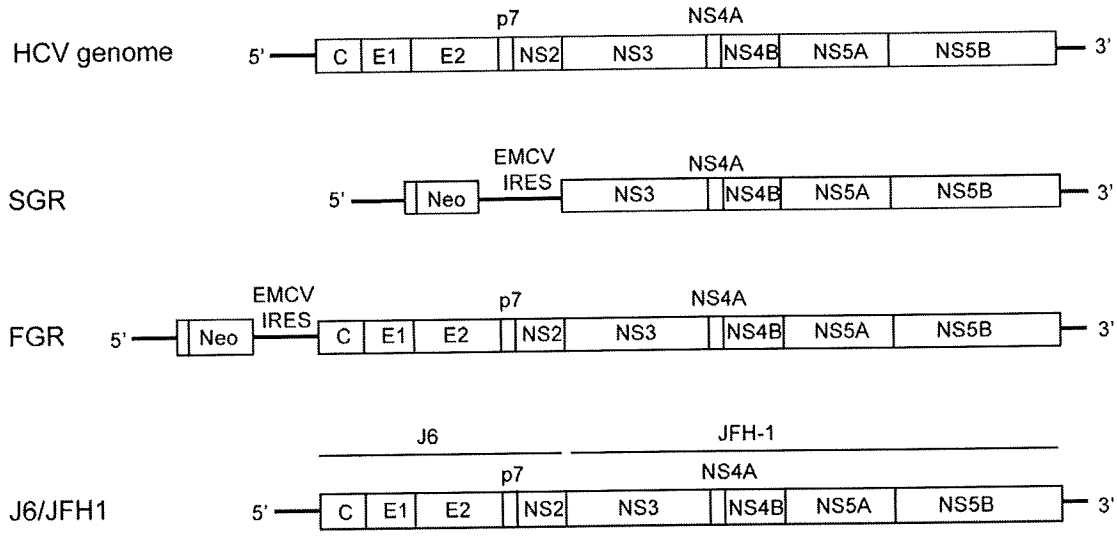

Fig. 1. The HCV genome and HCV RNA replicons. Schematic diagram of the HCV genome, SGR, FGR and the chimeric HCV J6/JFH1 genome are shown. EMCV IRES, encephalomyocarditis virus internal ribosome entry site; Neo, neomycin-resistance gene.

2.6. Real-time quantitative RT-PCR

Total cellular RNA was isolated using the TRIzol reagent (Invitrogen Corp., Carlsbad, CA, USA) and cDNA was generated using QuantiTect Reverse Transcription system (Qiagen, Valencia, CA, USA). Real-time quantitative PCR was performed on a SYBR *Premix Ex Taq* (Takara Bio, Kyoto, Japan) using SYBR green chemistry in ABI PRISM 7000 (Applied Biosystems, Foster, CA, USA). β-Glucuronidase was used as an internal control. The primers used are shown in Table 1.

2.7. Luciferase reporter assay

We constructed the human GLUT2 promoter-luciferase reporter gene (pGLUT2-1291Luc) by cloning a 1.6-kb genomic fragment that encompasses the human GLUT2 promoter (−1291 to +308) [14] into the pGL4 vector plasmid (Promega, Madison, WI, USA). pGLUT2-1291Luc thus contains a 1291-bp fragment of the human GLUT2 promoter upstream of the minimal promoter and the coding sequence of the *Photinus pyralis* (firefly) luciferase. pRL-CMV-*Renilla* (Promega) was used as an internal control. Cells were transfected with pGLUT2-1291Luc (1 μg) and pRL-CMV-*Renilla* (10 ng). After 24 h, a luciferase assay was performed by using Dual-luciferase reporter assay system (Promega). Firefly and *Renilla* luciferase activities were measured by Lumat LB 9501 (Berthold, Bad Wildbad, Germany). Firefly luciferase activity was normalized to *Renilla* luciferase activity for each sample.

2.8. Immunohistochemistry

Human adult liver autopsy materials and surgically removed liver tissues of patients with HCV- or HBV-associated hepatocellular carcinoma, and those with metastatic liver cancer were obtained with written informed consent. The tissues were fixed with 10% buffered formalin (pH 7.0), embedded in paraffin and sectioned at intervals of 4 μm. Immunohistochemical staining was performed with a DAKO ENVISION+ Kit (Dako, Glostrup, Denmark). In brief, fixed sections were treated with 3% hydrogen peroxide, and were autoclaved at 121 °C for 20 min. Then, the sections were incubated with a blocking solution and then with either anti-GLUT2 rabbit polyclonal antibody (Santa Cruz Biotechnology, Santa Cruz, CA, USA) or normal rabbit IgG (Santa Cruz Biotechnology) as a control. The sections were incubated with horseradish peroxidase-labeled polymer-conjugated goat anti-rabbit IgG, followed by incubation in a chromogenic solution. The sections were then counterstained with hematoxylin and examined with a light microscope. GLUT2 expression levels were arbitrarily determined by two examiners, including a pathologist, in a blinded manner.

2.9. Statistical analysis

Results were expressed as mean ± SEM. Statistical significance was evaluated by ANOVA, and statistical significance was defined as $P < 0.05$.

Table 1
Sequences and positions of the primers used in this study.

Gene name (GenBank ID)	Primer	Position	PCR product (bp)
GLUT2 (J03810)	5′-TGGGCTGAGGAAGAGACTGT-3′	279–298	461
	5′-AGAGACTGAAGGATGGCTCG-3′	739–720	
GLUT1 (AK292791)	5′-TGAACCTGCTGGCCTTC-3′	437–453	399
	5′-GCAGCTTCTTTAGCACA-3′	835–819	
HCV NS5B (AJ238799)	5′-ACCAAGCTCAAACTCACTCCA-3′	9191–9211	119
	5′-AGCGGGGTCGGGCACGAGACA-3′	9309–9289	
β-glucuronidase (M15182)	5′-ATCAAAAACGCAGAAAATACG-3′	1747–1767	238
	5′-ACGCAGGTGGTATCAGTCTTG-3′	1984–1964	

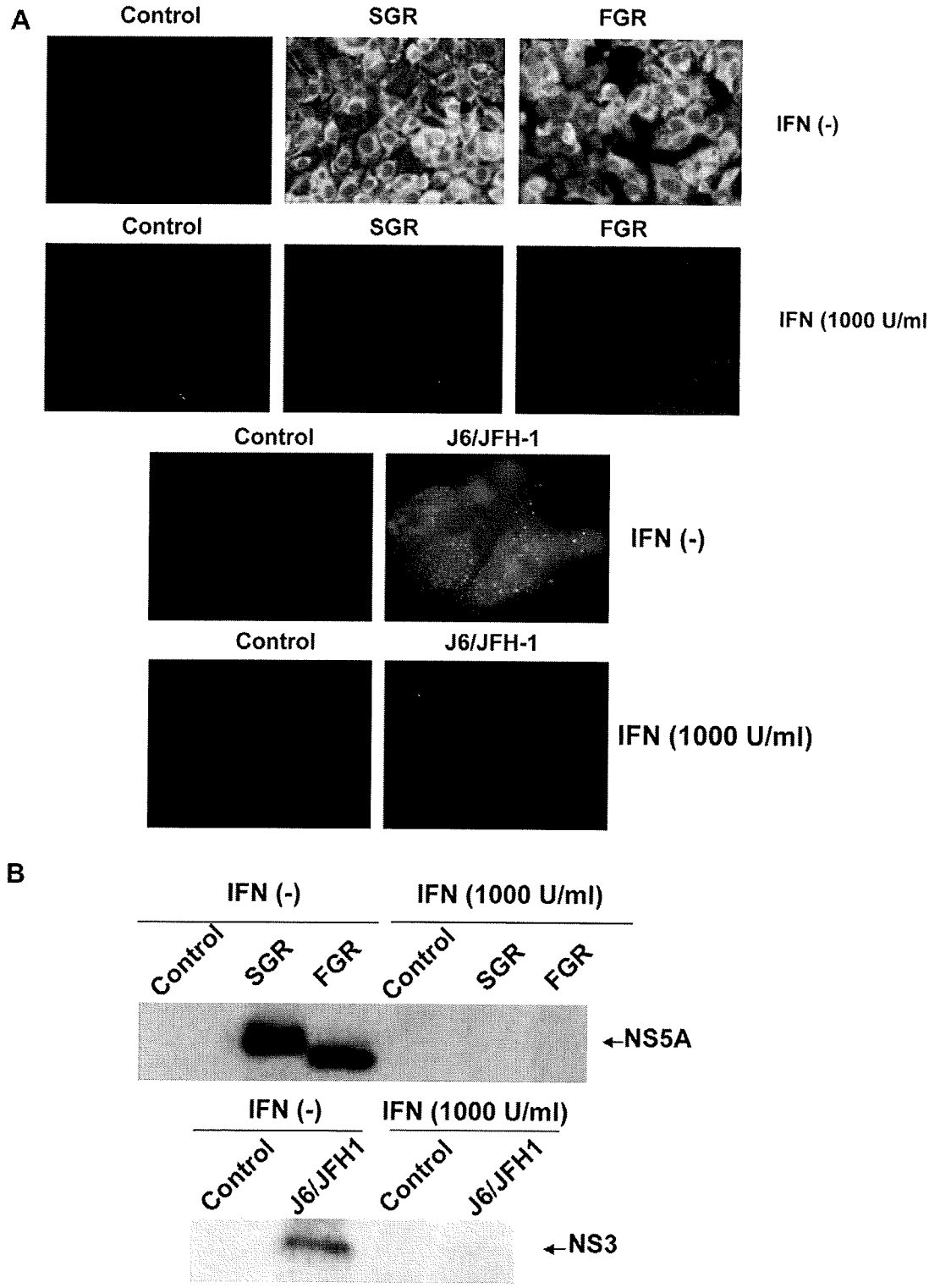

Fig. 2. Expression of HCV proteins in SGR, FGR, HCV-infected cells and the respective cells treated with IFN. (A) Cells were immunostained with anti-NS5A antibody (for SGR, FGR and the control cells) or anti-core antibody (for HCV-infected cells and the control). In parallel, cells were treated with IFN (1000 IU/ml) for 10 days to eliminate HCV replication before being subjected to immunostaining. (B) Cells were analyzed by immunoblotting with anti-NS5A antibody (upper panel) or anti-NS3 antibody (lower panel). In parallel, cells were treated with IFN (1,000 IU/ml) for 10 days to eliminate HCV replication before being subjected to immunoblotting.

3. Results

3.1. HCV protein expression in SGR, FGR, HCV-infected cells and those treated with IFN

Immunofluorescence analysis revealed that almost all the cells in SGR and FGR cultures, and >90% of the cells in the HCV J6/JFH1-infected culture were positive for HCV antigens (Fig. 2A). Western blot analysis also confirmed HCV protein expression in SGR, FGR and HCV-infected cells (Fig. 2B). In some experiments, HCV replication in SGR, FGR and HCV-infected cells was eliminated by IFN treatment for 10 days (Fig. 2A and B).

3.2. Selective suppression of cellular glucose uptake by HCV replication

2-Deoxygluose uptake levels in SGR, FGR and HCV-infected cells were significantly suppressed by about 50–60%, compared with the control Huh-7.5 cells (Fig. 3A and B). On the other hand, thymidine uptake, which was used as a control, did not significantly differ among all the cells tested (data not shown). Moreover, glucose uptake levels in SGR, FGR and HCV-infected cells were restored by IFN treatment (Fig. 3A and B). These results strongly suggest that cellular glucose uptake is selectively suppressed by HCV RNA replication.

3.3. Down-regulation of cell surface expression of GLUT2 and GLUT1 by HCV replication

GLUT2 is the principal glucose transporter of hepatocytes *in vivo* while GLUT1 is expressed in a wide variety of cultured cells. We therefore examined cell surface expression of GLUT2 and GLUT1 by flow cytometry analysis. As shown in Fig. 4A, cell surface expression of GLUT2 and GLUT1 was markedly down-regulated in SGR and FGR cells, compared with the control. On the other hand, cell surface expression of transferrin receptor was not significantly suppressed in SGR or FGR, compared with the control, with the result ensuring the specificity of the down-regulation of GLUT2 and GLUT1 cell surface expression in SGR and FGR (Fig. 4A). Moreover, treatment of SGR and FGR cells with IFN restored the surface expression of GLUT2 and GLUT1 (Fig. 4A). These results suggest that HCV RNA replication specifically mediates down-regulation of GLUT2 and GLUT1.

Down-regulation of GLUT2 surface expression was observed also in HCV-infected cells (Fig. 4B). On the other hand, down-regulation of GLUT1 surface expression was only marginal and, compared to that of GLUT2, less evidently observed in HCV-infected cells. As a control, cell surface expression of transferrin receptor did not differ at all between HCV-infected cells and the control. Again, treatment of HCV-infected cells with IFN restored surface expression of GLUT2 (Fig. 4B).

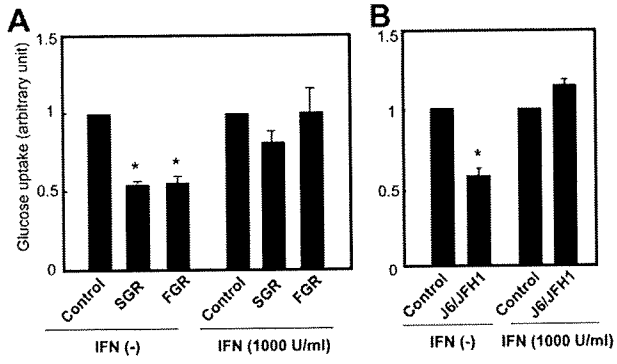

Fig. 3. Selective suppression of cellular glucose uptake by HCV replication. (A) Uptake of 2-deoxy-D-[1,2-^{3}H] glucose in SGR, FGR and HCV-negative control. In parallel, cells were treated with IFN (1000 IU/ml) for 10 days to eliminate HCV replication before being subjected to glucose uptake analysis. Data represent mean ± SEM of four independent experiments and the values for the control cells were arbitrarily expressed as 1.0. $^*P < 0.01$, compared with the control. (B) Uptake of 2-deoxy-D-[1,2-^{3}H] glucose in J6/JFH-1-infected cells and the uninfected control. In parallel, cells at 5 days after infection were treated with IFN (1000 IU/ml) for 10 days to eliminate HCV replication before being subjected to glucose uptake analysis.

3.4. Proteasomal degradation is not involved in the down-regulation of GLUT2 or GLUT1

Some viruses down-regulate cell surface molecules, such as immunoreceptors and intercellular adhesion molecules, through ubiquitination and proteasomal degradation of the target proteins [25]. To test this possibility, we treated SGR and FGR cells with lactacystin, a potent proteasome inhibitor. While lactacystin treatment enhanced cell surface expression of transferrin receptor, the same treatment did not increase cell surface expression of GLUT2 or GLUT1 in SGR or FGR cells (Fig. 5). This result suggested that down-regulation of cell surface expression of GLUT2 or GLUT1 in HCV-replicating cells was not due to increased degradation through the ubiquitin–proteasome system. The result rather implied the possible involvement of another mechanism(s), e.g., transcriptional suppression and/or impaired intracellular trafficking.

3.5. Transcriptional suppression of GLUT2, but not GLUT1, by HCV replication

To examine whether HCV RNA replication suppresses GLUT2 and GLUT1 expression at the transcriptional level, we measured mRNA expression levels by quantitative RT-PCR. The results obtained revealed that GLUT2 mRNA levels were reduced significantly in SGR, FGR and HCV-infected cells, compared to the control (Fig. 6A). It should be noted that the degree of GLUT2 mRNA suppression was greater in FGR

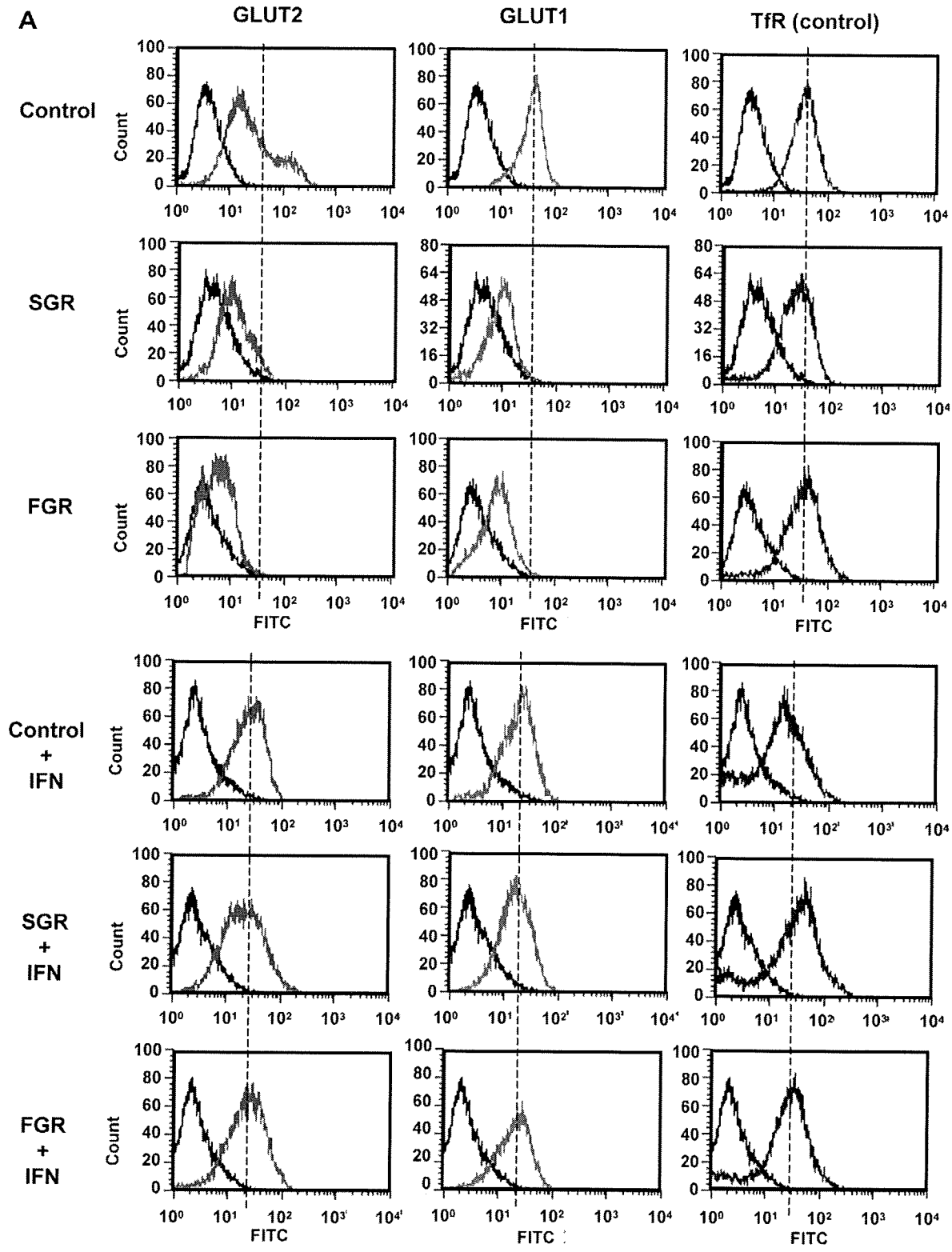

Fig. 4. Down-regulation of cell surface expressions of GLUT2 and GLUT1 by HCV replication. (A) SGR, FGR, the HCV-negative control cells were stained with specific antibodies, followed by FITC-conjugated second antibody (GLUT2, red line; GLUT1, green line) or stained with FITC-conjugated antibody alone (black line). Transferrin receptor (TfR) served as a control (blue line). In parallel, cells were treated with IFN (1000 IU/ml) for 10 days to eliminate HCV replication before being subjected to flow cytometry. (B) HCV-infected cells and the uninfected control were analyzed by flow cytometry as in (A). In parallel, cells at 5 days after infection were treated with IFN (1000 IU/ml) for 10 days to eliminate HCV replication before being subjected to flow cytometry analysis.

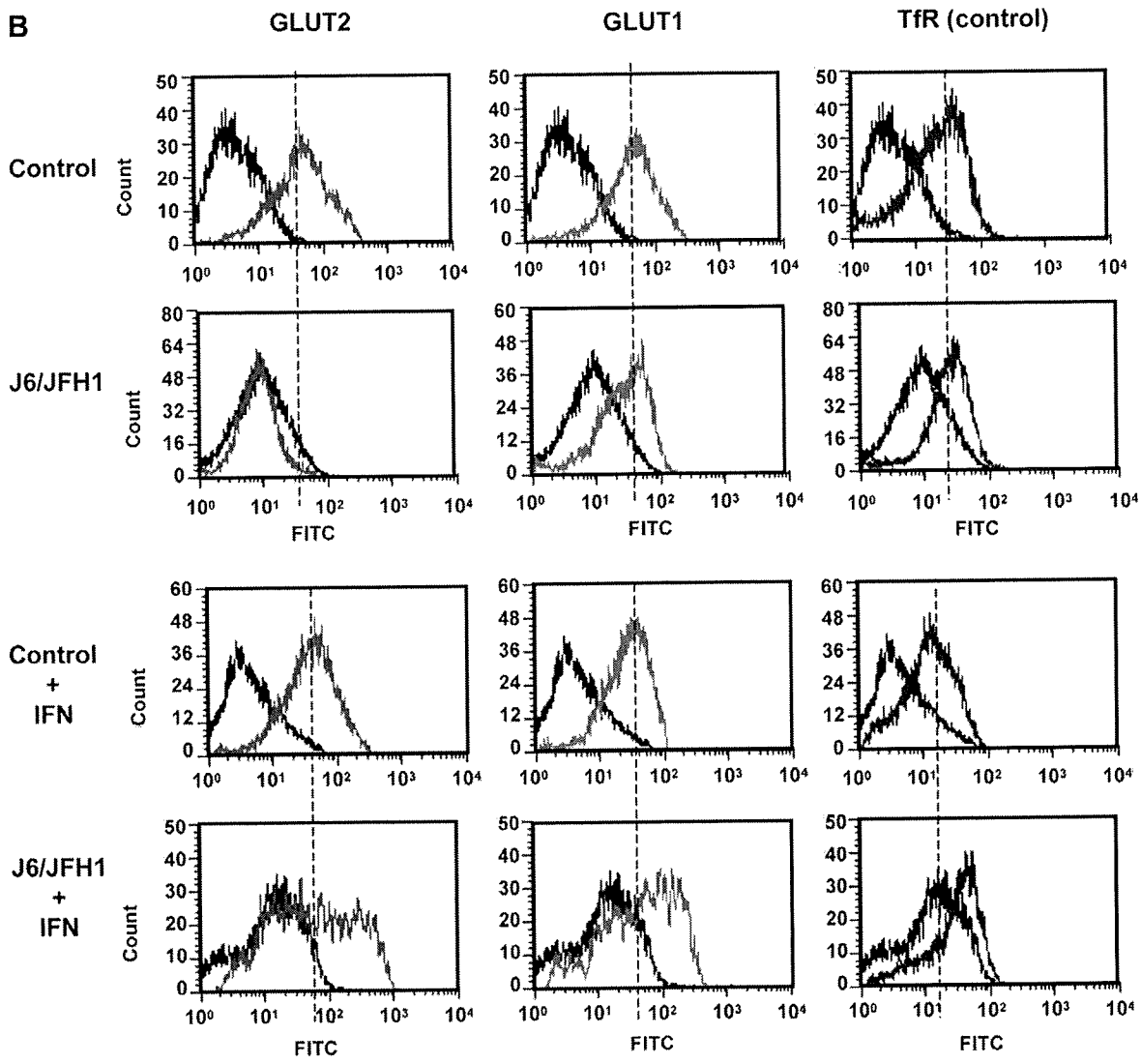

Fig. 4 (*continued*)

than in SGR cells. On the other hand, GLUT1 mRNA levels were not affected by HCV RNA replication (SGR and FGR) or HCV infection (Fig. 6B).

We also confirmed that GLUT2 mRNA expression levels in SGR, FGR and HCV-infected cells were restored by IFN treatment (Fig. 6A).

3.6. Suppression of GLUT2 promoter activity by HCV replication

Next, we performed luciferase reporter assay to examine the possible effect of HCV replication on GLUT2 promoter activities. The result obtained demonstrated that GLUT2 promoter activities were significantly suppressed in SGR, FGR and HCV-infected cells, compared to the control cells (Fig. 6C). Furthermore, GLUT2 promoter activities in SGR, FGR and HCV-infected cells were restored by IFN treatment. It is thus likely that HCV replication suppresses GLUT2 promoter activity, thereby decreasing GLUT2 mRNA levels.

3.7. Ectopically expressed GLUT1 or GLUT2 mediates increased glucose uptake in SGR, FGR and HCV-infected cells

We examined the possible effects of ectopically expressed GLUT1 and GLUT2 on glucose uptake in SGR, FGR and HCV-infected cells. Glucose uptake was significantly increased by ectopically expressed GLUT1 or GLUT2 in SGR, FGR and HCV-infected cells as well as in the control Huh-7.5 cells (Fig. 6D). It should be noted that, in this series of transient transfection experiments, only ca. 20% of the cells were ectopically overexpressing GLUT1 or GLUT2. These results collectively suggest the possibility that down-regulation

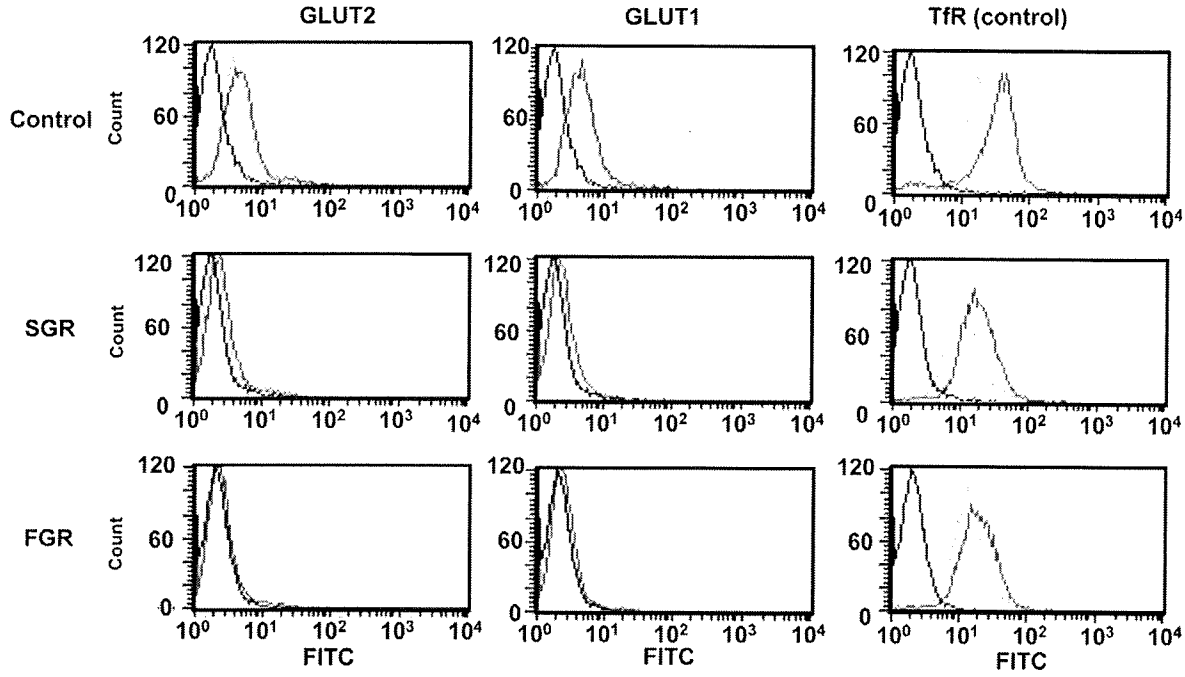

Fig. 5. Effects of lactacystin treatment on cell surface expression of GLUT2, GLUT1 and transferrin receptor (TfR). Cells were treated with lactacystin (10 μM) overnight to inhibit proteasomal degradation, and analyzed by flow cytometry. Cells treated with lactacystin are shown in red line and those left untreated in blue line. The negative controls stained with FITC-conjugated antibody alone are shown in black line.

of GLUT1 and GLUT2 expression is primarily involved in the decreased glucose uptake in SGR, FGR and HCV-infected cells.

3.8. Decreased GLUT2 expression in hepatocytes obtained from HCV-infected patients

GLUT2 is the principal glucose transporter expressed in hepatocytes *in vivo*. As shown in Fig. 7B, practically all hepatocytes obtained from patients without HCV infection showed positive staining for GLUT2, which was most evidently observed near the plasma membrane. On the other hand, hepatocytes obtained from HCV-infected patients showed markedly reduced GLUT2 staining in most, if not the entire, areas of the section, compared with the uninfected control (Fig. 7D). This heterogeneous staining pattern might reflect concomitant presence of areas comprising either virus-infected or uninfected hepatocytes in a tissue sample. Whereas all the sections obtained from 8 patients without HCV infection showed evenly positive staining for GLUT2, sections from 8 (89%) of 9 HCV-infected patients showed moderately to markedly reduced GLUT2 staining (Table 2). Reduced GLUT2 staining was observed also with hepatocytes in the liver tissues obtained from HBV-infected patients. However, the areas of reduced GLUT2 staining appeared to be more restricted in sections obtained from HBV-infected patients than in those from HCV-infected ones.

4. Discussion

HCV infection is known as an initiation and precipitating factor of type 2 diabetes [7–10,26,27]. Progression of liver fibrosis induced by persistent viral infection may induce diabetes [28]. Furthermore, it has been reported that the prevalence of diabetes is higher among patients with HCV-associated liver cirrhosis than in those with HBV-associated cirrhosis [7]. It is likely, therefore, that HCV infection itself is a risk factor of diabetes. Previous reports suggest that HCV infection directly causes insulin resistance that would cause the progression of diabetes [29–31]. However, the underlying mechanism(s) is not yet completely elucidated. In this study, we analyzed the effect of HCV infection on cellular glucose uptake and expression of glucose transporters.

We observed that glucose uptake was suppressed in cells harboring HCV RNA replicons (SGR and FGR) and those infected with HCV than in the control cells (Fig. 3). It has been reported that glucose disposal *in vivo* occurs through both insulin-dependent and insulin-independent mechanism [32]. We observed that treatment of SGR, FGR and the control Huh-7.5 cells with insulin (10^{-4} M to 10^{-9} M) increased glucose uptake by only about 50% from their basal levels (data not shown). Nevertheless, decreased glucose uptake by HCV-infected hepatocytes is a potential cause of hyperglycemia as the liver is a big organ accounting for 2% of the total body weight.

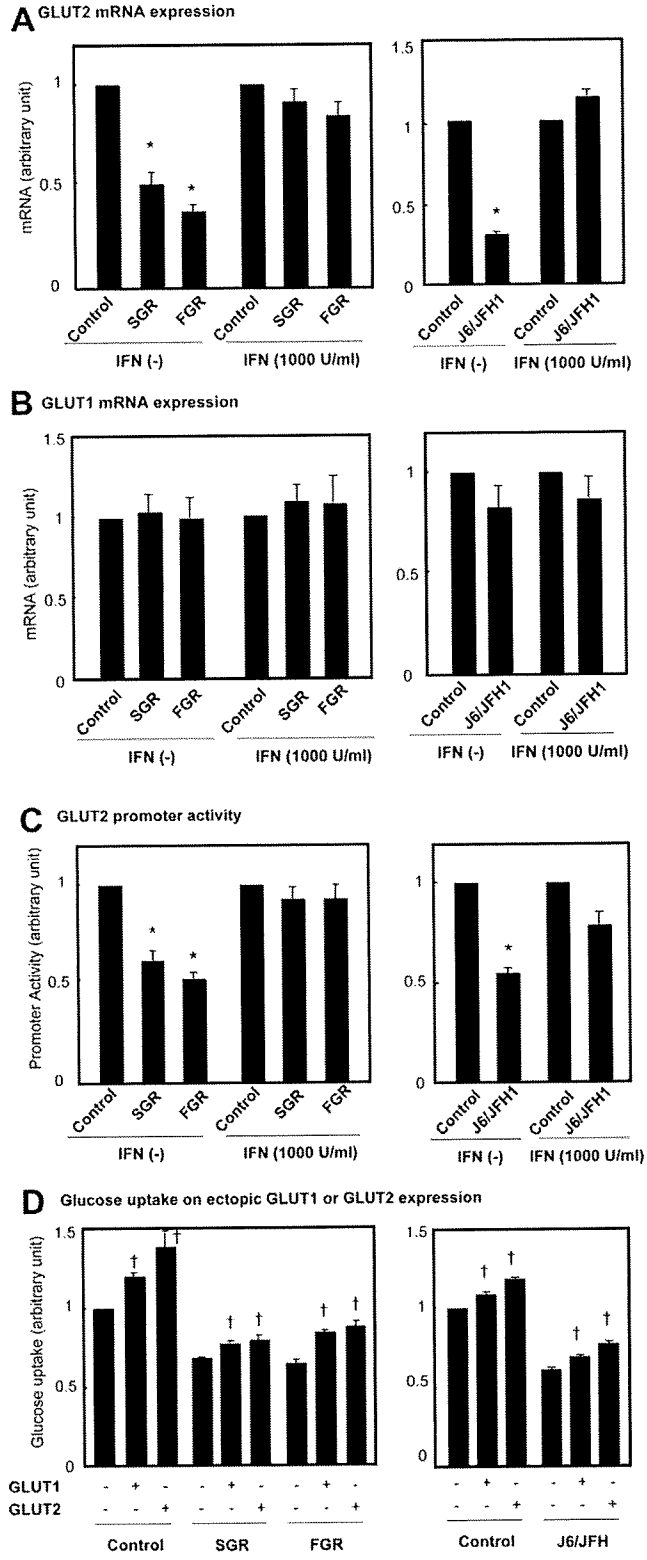

Fig. 6. Differential suppression of GLUT2 and GLUT1 mRNAs by HCV replication. (A and B) Quantitative RT-PCR analysis of mRNA for GLUT2 (A) and GLUT1 (B). mRNA expression levels of GLUT2 and GLUT1 in SGR, FGR and HCV-infected cells were determined and normalized with β-glucuronidase mRNA levels. In parallel, cells were treated with IFN (1000 IU/ml) for 10 days to eliminate HCV replication before being subjected to quantitative RT-PCR analysis. Data represent mean ± SEM of three independent experiments. $^{*}P < 0.01$, compared with the control. (C) GLUT2 promoter activities in SGR and FGR, HCV-infected cells were analyzed using luciferase reporter assay. In parallel, cells were treated with IFN (1000 IU/ml) for 10 days to eliminate HCV replication before being subjected to luciferase reporter assay. Data represent mean ± SEM of five independent experiments. $^{*}P < 0.01$, compared with the control. (D) Glucose uptake in cells ectopically expressing GLUT1 or GLUT2. Data represent mean ± SEM of two independent experiments. $^{\dagger}P < 0.01$, compared with mock transfected control.

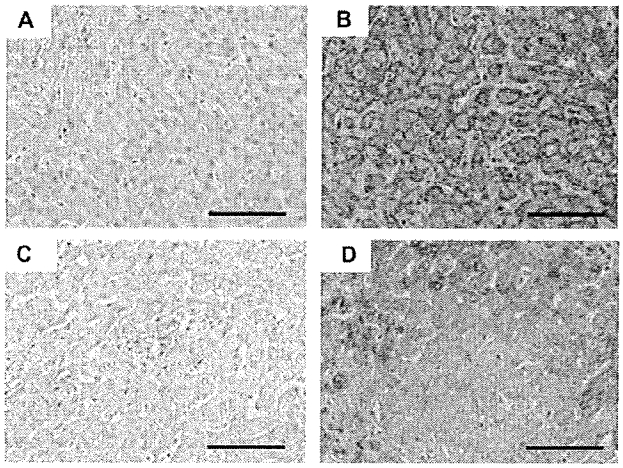

Fig. 7. Down-regulation of GLUT2 expression in HCV-infected human liver tissues *in vivo*. Normal human adult liver tissues (A and B) and HCV-infected, non-cancerous liver tissues (C and D) were fixed with formalin, sectioned and stained with normal rabbit IgG (A and C) or polyclonal anti-GLUT2 antibody (B and D). Scale bar = 100 μm.

Any proliferating cell requires energy sources, including glucose, and GLUTs play an important role in glucose uptake into the cell. In the liver, GLUT2 is the predominant glucose transporter, which regulates glucose metabolism by mediating a bidirectional transport, both entry and exit, of glucose into and from hepatocytes [13]. GLUT1, on the other hand, is known to be expressed in malignant cells including hepatocellular carcinoma [12,13] and a wide variety of cultured cells. In the present study we found that cell surface expression of GLUT2 and GLUT1 was markedly suppressed in SGR, FGR and HCV-infected cells compared to the control (Fig. 4A and B).

Table 2
Reduction of GLUT2 expression in hepatocytes of HCV-infected and HBV-infected human liver tissues.

Liver tissues	Sample No.	Reduction of GLUT2 expression
Uninfected	1	– *
	2	–
	3	–
	4	–
	5	–
	6	–
	7	–
	8	–
HCV-infected	9	1+ (Focal)[a]
	10	1+ (Focal)
	11	3+ (Diffuse)
	12	3+ (Diffuse)
	13	3+ (Diffuse)
	14	3+ (Focal)
	15	–
	16	2+ (Focal)
	17	3+ (Diffuse)
HBV-infected	18	–
	19	3+ (Diffuse)
	20	1+ (Focal)
	21	–
	22	2+ (Focal)
	23	1+ (Focal)
	24	2+ (Focal)

* -, no reduction; 1+, weak reduction; 2+, moderate reduction; 3+, strong reduction.

[a] Parentheses indicate either focal or diffuse appearance of the areas with reduced GLUT2 expression in each liver tissue sample.

GLUT2 expression is regulated at the transcriptional level, at least partly, by glucose [33]. It has been reported that hyperglycemia increases the GLUT2 mRNA and protein expression in an *in vivo* study [34]. Our present study demonstrated that GLUT2 mRNA expression was significantly suppressed in SGR, FGR and HCV-infected cells compared to the control (Fig. 6A). Consistent with this result, GLUT2 promoter activities, as measured by luciferase reporter assay, were suppressed in SGR, FGR and HCV-infected cells (Fig. 6C). In this connection, it was reported that GLUT2 promoter activities were up-regulated by sterol response element-binding protein (SREBP)-1c [35,36]. We confirmed in our study that GLUT2 promoter activities were up-regulated by over-expression of human SREBP-1c, and that the SREBP-1c-mediated GLUT2 promoter activities were suppressed significantly in SGR, FGR and HCV-infected cells (data not shown).

Unlike GLUT2 mRNA, GLUT1 mRNA was not suppressed by HCV RNA replication or HCV infection (Fig. 6B). Nevertheless, cell surface expression of GLUT1 was markedly down-regulated in SGR and FGR cells (Fig. 4A). As GLUT1 surface expression was not restored by treatment with lactacystin, a potent proteasome inhibitor (Fig. 5), it was unlikely that HCV-mediated suppression of GLUT1 surface expression was mediated through increased degradation by the ubiquitin-proteasome system. We assume that intracellular trafficking of GLUT1 (and possibly GLUT2 as well) is impaired by HCV RNA replication although we could not precisely prove it due mainly to the lack of an appropriate antibody that enables us to monitor GLUT1 trafficking. Further study is needed to elucidate the issue.

By means of immunohistochemical analysis, we confirmed that GLUT2 was strongly expressed in hepatocytes of the liver tissues obtained from all of 8 individuals without HCV infection (Fig. 7B and Table 2). More importantly, we demonstrated that GLUT2 expression was significantly down-regulated in hepatocytes obtained from 8 of 9 HCV-infected patients (Fig. 7D and Table 2). Interestingly, the areas where GLUT2 down-regulation was observed appeared to be scattered across the liver tissue sections. This may reflect the general observation that a group of hepatocytes in limited areas of the hepatic lobules, but not all the hepatocytes, are infected with HCV *in vivo*. By means of real-time quantitative PCR analysis, we found a tendency that levels of GLUT2 mRNA expression in liver tissues obtained from HCV-infected patients were lower than that obtained from uninfected controls although the dif-

ference was not statistically significant (data not shown). As stated above, not all the hepatocytes in the liver were infected with HCV and, therefore, the possible reduction of GLUT2 mRNA expression in HCV-infected hepatocytes might have been masked by the normal levels of expression in uninfected hepatocytes concomitantly present in the same tissue samples.

It should also be noted that GLUT2 staining was also reduced in hepatocytes obtained from HBV-infected patients, though to a lesser extent than that from HCV-infected ones (Table 2). We assume that inflammatory responses in the liver may trigger some intracellular event that leads to decreased GLUT2 expression in hepatocytes *in vivo*.

In conclusion, we have demonstrated for the first time that HCV replication inhibits cellular glucose uptake through down-regulation of cell surface expression of GLUT2 and possibly GLUT1. It is conceivable that the decreased glucose uptake by hepatocytes causes impaired glucose metabolism, leading eventually to the initiation and progression of diabetes mellitus during a prolonged period of HCV persistence.

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.jhep.2008.12.029.

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Double-Filtration Plasmapheresis plus IFN for HCV-1b Patients with Non-Sustained Virological Response to Previous Combination Therapy: Early Viral Dynamics

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Key Words
Chronic hepatitis C · Double-filtration plasmapheresis · Early viral dynamics · Genotype 1b · High viral load · Interferon β · Non-sustained virological responder · Peginterferon plus ribavirin combination therapy

Abstract
Double-filtration plasmapheresis (DFPP) was approved in Japan in April 2008 for the retreatment of chronic hepatitis C patients with genotype 1b and high viral loads, whose hepatitis C virus was not eradicated by earlier IFN therapy or by pegylated IFN plus ribavirin (PEG-IFN/RBV) combination therapy. In this study, we assessed the early viral dynamics of 9 patients with non-sustained virological response to the combination therapy. The overall viral dynamics of DFPP plus IFN treatment with or without RBV for 4 weeks showed a reduction of ≥1 log in the viral load in 22% (2 of 9 patients), 55.6% (5/9), 77.8% (7/9) and 77.8% (7/9) at 24 h, 1, 2 and 4 weeks after the start of treatment. By contrast, DFPP plus consecutive intravenous IFN-β for 4 weeks reduced the viral load by ≥1 log in 33% (2/6), 50% (3/6), 83.3% (5/6) and 83.3% (5/6) at 24 h, 1, 2 and 4 weeks. The viral load declined by ≥2 log in 50% (3/6) at 4 weeks after the start of treatment. DFPP plus consecutive intravenous IFN-β for 4 weeks is a promising treatment for non-sustained virolgical response patients.

Introduction

Hepatitis C virus (HCV) infection is the major cause of chronic hepatitis, liver cirrhosis, and hepatocellular carcinoma (HCC) in industrialized countries. HCV infection is manageable, however, and its complications can be prevented by antiviral therapy [1, 2]. Currently, the most effective treatment for chronic HCV infection is based on pegylated interferon plus ribavirin (PEG-IFN/RBV) combination therapy [3]. Nonetheless, sustained

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