Table II. Primers used for detection of substitutions at residues c70 (A) and c91 (B).

A.

Primers for detection of substitution at c70		
Primer common to all reactions		
c70 sense primers HCV-c-reverse: 5′-CGGGGTGACAGGAGCCATCC-3′	Codon	Amino acids
HCV 70W: 5′-TATCCCCAAGGCTCGCCG-3′	CGN	Arg
HCV 71M: 5′-TATCCCCAAGGCTCGCCA-3′	CAN	Gln, His

N = A, G, T, or C; Arg = arginine; Gln = glutamine; His = histidine.

B.

Primers for detection of substitution at c91		
Primer common to all reactions		
c91 reverse primers HCV-c-sense: 5′-TCGCAACCTCGTGGAAGGC-3′	Codon	Amino acids
HCV 91W: 5′-CATCCTGCCCACCCCAR-3′	TTG or CTG	Leu
HCV 91M: 5′-CATCCTGCCCACCCCAT-3′	ATG	Met

R = A, G; Met = methionine; Leu = leucine.
HCV sequences are identical to AJ238799. Ref. [11].

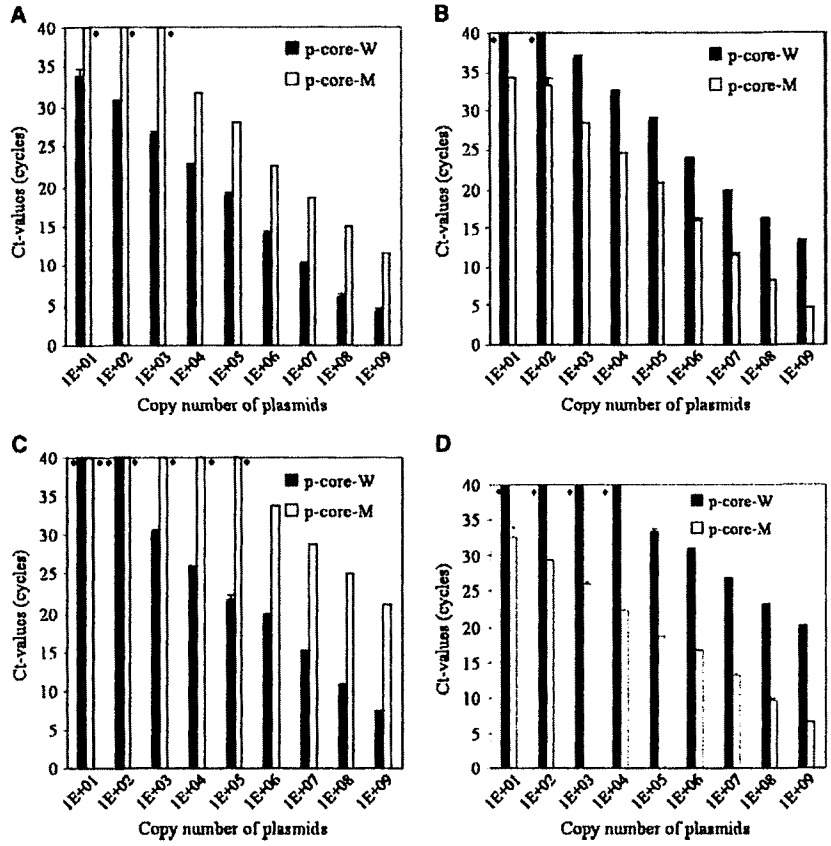

Figure 1. Quantitation of a 10-fold dilution of plasmid p-core-W or p-core-M with wild- or mutant-type primers. Cycle numbers were plotted against the logarithmic concentration of serial dilutions. A. c70-wild primer sets (HCV-70W and HCV-c-reverse). B. c70-mutant primer sets (HCV-70M and HCV-c-reverse). C. c91-wild primer sets (HCV-c-sense and HCV-91W). D. c91-mutant primer sets (HCV-c-sense and HCV-91M). *Unable to detect any signals by 40 cycles.

with 10 cycles for the matching primer. On the other hand, when 10^8 copies of the CTG (codon c91) template were amplified using the primer with a base mismatch, approximately 23 cycles were required before the crossing threshold was reached. This compares with 10 cycles for the matching primer (Figure 1C and D).

The detection limits of these methods were at least 10 copies, 10 copies, 1000 copies, and 10 copies of c70-wild primer sets (HCV-70W and HCV-c-reverse), c70-mutant primer sets (HCV-70M and HCV-c-reverse), c91-wild primer sets (HCV-c-sense and HCV-91W), and c91-mutant primer sets (HCV-c-sense and HCV-91M), respectively (Figure 1).

Selectivity of ARMS assay

Using the plasmid mixture containing the wild-type (p-core-W) and the mutant-type (p-core-M) as a template, real-time ARMS PCR was performed to establish the concentration at which the c70-wild primer sets (HCV-70W and HCV-c-reverse) would detect the wild-type DNA (codon c70). In Table IIIA we present the results of these primer sets showing that, when the wild DNA was 10^9 copies/tube, from 10^5 to 10^9 copies of mutant templates did not affect the results. When the mutant DNA was 10^9 copies/tube, from 10^9 to 10^7 copies of the wild templates could be detected. Similarly, each primer could clearly distinguish the difference between p-core-W and p-core-M at the same copy numbers. Concerning substitution 70, the ratios 100:1, 10:1, 1:1, 1:10, and 1:100 of p-core-W versus p-core-M could be distinguished (Table IIIA and B). However, for substitution 91, the ratios 100:1, 10:1, 1:1, 1:10, 1:100, and 1:1000 could be distinguished, confirming the sensitivity and specificity of the assay [16] (Table IIIC and D).

Hepatitis C core substitutions in serum by real-time ARMS RT-PCR

Quantitative ARMS assays were carried out in parallel reactions, one with a primer matching the variant at the 3′ end, and the other with the primer matching the wild-type variant. We measured the HCV core substitutions at residues c70 and c91 in two patients who did not respond to combination peginterferon and ribavirin therapy after 12 weeks and finally did not become SVRs (Table IV). In patient no. 1, we could detect the minority, wild-type at c70 (4% at 4 weeks). This became diminished at 12 weeks after treatment. In both patients, we could not detect any wild-type template at 12 weeks after treatment.

Comparison of real-time ARMS RT-PCR and conventional sequencing

The real-time ARMS RT-PCR method was compared to direct sequencing in patients treated with peginterferon and ribavirin. In patient no. 1, the minority, wild-type at c70 at 4 weeks could not be detected by direct sequencing (Table IV). In patient no. 2, there were some discrepancies between the results of direct sequencing and those of real-time ARMS RT-PCR (Table IV).

Table III. A mixture of the dilution series of mutants with fixed concentration of wild-type DNA or mutant-type DNA was assayed with each primer to establish the concentration at which the primers would detect each DNA by real-time ARMS PCR. Copy number: copies/tube; template W: p-core-W; template M: p-core-M.

Copy number of template (W:M)	Ct (cycle number)
A. c70-wild primer sets (HCV-70W and HCV-c-reverse).	
10^5:10^9	12.66±0.050
10^6:10^9	12.47±0.099
10^7:10^9	11.46±0.036
10^8:10^9	8.87±0.279
10^9:10^9	5.29±0.018
10^9:10^8	5.24±0.075
10^9:10^7	5.24±0.070
10^9:10^6	5.15±0.091
10^9:10^5	5.13±0.014
B. c70-mutant primer sets (HCV-70M and HCV-c-reverse).	
10^9:10^5	14.44±0.026
10^9:10^6	14.18±0.017
10^9:10^7	12.66±0.044
10^9:10^8	9.68±0.041
10^9:10^9	6.00±0.126
10^8:10^9	5.72±0.10
10^7:10^9	5.57±0.028
10^6:10^9	5.90±0.072
10^5:10^9	5.77±0.063
C. c91-wild primer sets (HCV-c-sense and HCV-91W).	
10^5:10^9	22.77±0.197
10^6:10^9	20.99±0.182
10^7:10^9	17.46±0.0457
10^8:10^9	13.36±0.10
10^9:10^9	9.30±0.053
10^9:10^8	9.29±0.12
10^9:10^7	9.19±0.043
10^9:10^6	9.14±0.060
10^9:10^5	9.23±0.0011
D. c91-mutant primer sets (HCV-c-sense and HCV-91M).	
10^9:10^5	20.89±0.056
10^9:10^6	18.52±0.351
10^9:10^7	14.89±0.016
10^9:10^8	11.53±0.033
10^9:10^9	7.99±0.023
10^8:10^9	7.82±0.0040
10^7:10^9	7.80±0.0098
10^6:10^9	7.86±0.044
10^5:10^9	7.82±0.0025

Table IV. HCV core substitutions at residues c70 and c91 detected by real-time ARMS RT-PCR and direct sequencing.

Patients No.	Study Week	ALT (IU/L)	HCV-RNA (log copies/ml)	c70 W:M	c91 W:M	Direct sequencing c-70/c-91
1.	0	31	6.6	0:100	0:100	M/M
	4	26	6.3	4:96	0:100	M/M
	12	24	5.8	0:100	0:100	M/M
2.	0	53	6.3	0:100	ND	Mix/M
	4	25	6.0	0:100	0:100	M/M
	12	14	5.3	0:100	0:100	M/M

Abbreviations: ARMS = amplification refractory mutation system; ALT = alanine aminotransferase; W = wild-type; M = mutant-type; Mix = mixed-type; ND = not determined.
"Study Week" = weeks after administration of peginterferon and ribavirin.

Discussion

In this article we describe a rapid and sensitive method for the quantitative detection and monitoring of the core amino acid substitutions of HCV genotype 1b. SyBr Green real-time PCR and specific ARMS primers were used to quantify viral RNAs carrying particular sequences, HCV amino acid substitutions 70 and 91 in the core coding region. The specificity of the ARMS primers results in large differences in PCR crossing thresholds being observed between matching and mismatched targets.

For the current standard treatment with peginterferon alpha and ribavirin in patients with chronic hepatitis C, infection with HCV genotypes 2 and 3, lower baseline viral load, Asian and Caucasian ethnicity, younger age, low γ-GTP levels, absence of advanced fibrosis/cirrhosis, and absence of steatosis in the liver have been identified as independent pretreatment predictors of SVR [19]. Early virological response (EVR), defined as a ≥2-log reduction in HCV-RNA or undetectable HCV-RNA at 12 weeks, is associated with a favorable virological response. EVR is reached in only ~70% of patients infected with genotype 1 treated with combination therapy [20,21].

Recently, it was reported that core residues Arg70 and Leu91 were associated with response therapy in Japanese genotype 1b patients [11,13]. Donlin et al. [12] reported a similar association of Arg70 with a marked response for genotype 1b but not 1a; however, Met91 was highly dominant in both the marked- and poor-responder sequences, but few other studies have examined the role of diversity in the core in the outcome of therapy. Concerning hepatocarcinogenesis associated with HCV genotype 1b, Akuta et al. [22] reported that cumulative hepatocarcinogenesis rates in double wild-type (Arg70 and Leu91) of the HCV core region were significantly lower than those in non-double wild-type. Direct sequencing [11,13] and nested-RT-PCR using ARMS primers with gel electrophoresis [12,22] were performed in these studies. Higher sensitivity assays may be more useful for predicting the outcomes of therapy and hepatocarcinogenesis [23]. The real-time ARMS RT-PCR described here does not require restriction enzyme digestion, gel-electrophoresis or sequence analysis of PCR products, and it can quantify the core substitution proportions more quickly.

Hepatitis C core substitutions in serum detected by real-time ARMS RT-PCR showed mutant c70 and mutant c91 at 12 weeks in two non-EVRs (Table IV). Most non-SVR rates result from non-EVR. It was reported that the 72-week regimen significantly improved the SVR rates in non-EVRs with Arg70 and/or Leu91 of core [24]. Peginterferon plus ribavirin treatment is costly and has several side effects, possibly reducing its attractiveness for patients. If we were able to identify these HCV core substitutions at 12 weeks, we would know whether to stop or continue treating patients. This could prevent patients from serious side effects or bring about a better treatment outcome by the resulting shorter regimens. Moreover, if direct viral enzyme inhibitors such as protease inhibitor and polymerase inhibitor, which potently suppress viral replication, could be used, the predictability of outcome would be even more important. Recently, it was also reported that maintenance or prolonged peginterferon did not reduce the incidence of HCC in advanced chronic hepatitis C patients [1,25]. We are now focusing on a larger study, and real-time ARMS RT-PCR is expected to be useful for the important prediction of peginterferon plus ribavirin treatment outcomes or that of hepatocarcinogenesis in hepatitis C patients.

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