

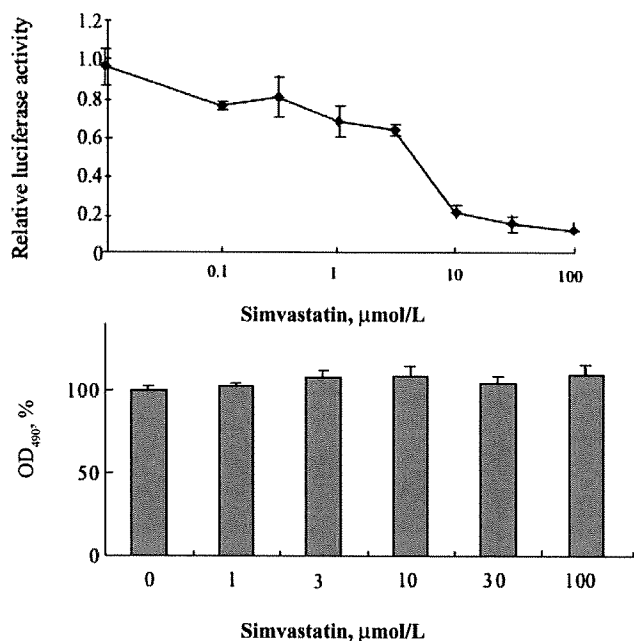
figure 2G, HCV replication was suppressed significantly by siRNA targeting SPT compared with no siRNA or siRNA targeting GFP (negative control). We confirmed with real-time PCR that the siRNA targeting SPT significantly decreased expression of SPT mRNA (figure 2G, lower panel). This result indicates that the SPT enzyme plays an important role in HCV replication.

**Inhibition of the replication of a subgenomic HCV-1b replicon by an HMG-CoA reductase inhibitor (simvastatin).** HMG-CoA reductase inhibitors have been reported to suppress replication of subgenomic and genomic HCV-1b replicons [15, 16]. Because cholesterol is another important component of lipid rafts, it may be speculated that depletion of cholesterol by HMG-CoA reductase inhibitors disrupts the lipid raft, affecting the ability of the HCV replicon to replicate in Huh7 cells. To confirm the effect of HMG-CoA reductase inhibitors on the subgenomic HCV-1b replicon, we examined the effect of simvastatin by means of Huh7/Rep-Feo cells. Cultures of Huh7/Rep-Feo cells with simvastatin at concentrations of 0–100  $\mu\text{mol/L}$  showed a dose-dependent reduction of the subgenomic HCV-1b replicon (figure 3, upper panel). The MTS assay showed that treatment with simvastatin had no toxic effect on Huh7/Rep-Feo cells in the dose range used (figure 3, lower panel). These results demonstrated that simvastatin specifically suppressed replication of a subgenomic HCV-1b replicon. However, because recent studies showed that statins suppress HCV replication through inhibition of geranylgeranylation of certain proteins rather than inhibition of cholesterol synthesis [15], we also

examined the effect on HCV replication of 2-HP- $\beta$ -CyD, an agent known to deplete cholesterol directly from membranes. As demonstrated in figure 4A, 2-HP- $\beta$ -CyD also suppressed HCV replication without cytotoxicity. To confirm that 2-HP- $\beta$ -CyD did not inhibit firefly luciferase activity nonspecifically rather than by suppressing HCV RNA, we incubated recombinant firefly luciferase with various concentrations of 2-HP- $\beta$ -CyD in the culture medium, and the medium was subjected to luciferase analysis. As demonstrated in figure 4B, 2-HP- $\beta$ -CyD did not affect luciferase activity. These results indicate that cholesterol itself plays an important role in HCV replication.

**Synergistic inhibitory effects of myriocin with IFN, simvastatin with IFN, and myriocin with simvastatin.** We carried out the following assay to determine whether myriocin and IFN have a synergistic inhibitory effect on HCV replication. Huh7/Rep-Feo cells were treated with combinations of myriocin and IFN at various concentrations. The relative dose-inhibition curves of IFN were plotted for each fixed concentration of myriocin (0, 30, 100, and 300 nmol/L). As demonstrated in the upper panel of figure 5A, the curves shifted to the left with increasing concentrations of myriocin, demonstrating the synergy of the 2 drugs against the subgenomic HCV-1b replicon. Isobologram analysis also confirmed the synergy (figure 5A, lower panel). To determine whether this synergistic effect was associated with up-regulation of the IFN-stimulated gene responses, we investigated the combined effect of myriocin and IFN on ISRE activity. As demonstrated in figure 5B (upper panel, right), myriocin did not enhance the ISRE-*Renilla* luciferase activity induced by IFN, but

**Figure 2.** Specific inhibition of the replication of a subgenomic hepatitis C virus (HCV) genotype 1b replicon by myriocin. *A*, Inhibition of HCV replicon replication by myriocin. By use of Huh7/Rep-Feo cells expressing a selectable chimeric luciferase reporter Feo gene, the intracellular replication level of an HCV replicon was quantified on the basis of luciferase activity [22, 25]. Huh7/Rep-Feo cells were cultured with various concentrations of myriocin. After 96 h of treatment, the luciferase assay was performed, as described in Materials and Methods (upper panel). In the dimethylthiazol carboxymethoxyphenyl sulfophenyl tetrazolium (MTS) assay, Huh7/Rep-Feo cells were cultured with various concentrations of myriocin for 96 h (lower panel). Data are means  $\pm$  SDs of triplicates from 2 independent experiments. *B*, Northern hybridization. Huh7/Rep-Feo cells were cultured with various concentrations of myriocin and harvested at 96 h after administration. Ten micrograms of total cellular RNA was electrophoresed in each lane. The membrane containing the HCV replicon RNA was hybridized using a digoxigenin-labeled probe specific for the replicon sequence (upper panel), and 28S human ribosomal RNA (rRNA) was used as an internal control (lower panel). Lane 1, no myriocin; lane 2, 300 nmol/L myriocin; lane 3, 1000 nmol/L myriocin. *C*, Western blotting. Ten micrograms of total cellular protein was electrophoresed in each lane. Anti-NS5A monoclonal antibody was used as the primary antibody to detect HCV proteins (upper panel), and  $\beta$ -actin was used as an internal control (lower panel). Lane 1, no myriocin; lane 2, 300 nmol/L myriocin; and lane 3, 1000 nmol/L myriocin. *D*, No enhancement of interferon (IFN)-stimulated response element (ISRE) promoter activity by myriocin. To investigate whether the effect of myriocin was associated with the activation of IFN-stimulated genes, the ISRE-*Renilla* luciferase plasmid was transfected into Huh7/Rep-Feo cells in the presence of myriocin. The upper panel demonstrates the ISRE-*Renilla* luciferase activity at 48 h after transfection. The lower panel demonstrates the firefly luciferase activity of the Huh7/Rep-Feo cells, reflecting HCV replication. Data are means  $\pm$  SDs of triplicates from 2 independent experiments. \* $P < .05$ . *E*, Decrease in the sphingomyelin (SM) content of Huh7 cells after myriocin treatment. The change in the cellular phospholipid content was analyzed by thin-layer chromatography. Huh7 cells were cultured alone or with 100 nmol/L myriocin for 96 h. PC, phosphatidylcholine; PE, phosphatidylethanolamine. *F*, Restoration of the HCV replication that was suppressed by myriocin after the addition of phytosphingosine. Huh7/Rep-Feo cells were cultured with myriocin alone or with various concentrations of phytosphingosine. The luciferase assay was performed after 72 h of treatment (upper panel). Huh7/Rep-Feo cells were also cultured with phytosphingosine alone as indicated for 72 h (lower panel). Data are means  $\pm$  SDs of triplicates from 2 independent experiments. \* $P < .05$ . *G*, Suppression of HCV replication by knocking down of serine palmitoyltransferase (SPT) with short interfering RNA (siRNA). Huh7/Rep-Feo cells were transfected with 10 nmol/L siRNA oligonucleotides targeting the LCB1 subunit of SPT or control siRNA targeting green fluorescent protein (GFP). The luciferase activity of the HCV replicon was measured 72 h after transfection (upper panel). SPT mRNA expression at 72 h after siRNA transfection was analyzed by real-time polymerase chain reaction. The SPT mRNA level was measured relative to 18S rRNA (lower panel). Values are shown as ratios to negative control levels and as the means  $\pm$  SDs of triplicates from 2 independent experiments. siRNA(-), no siRNA. \* $P < .05$ .

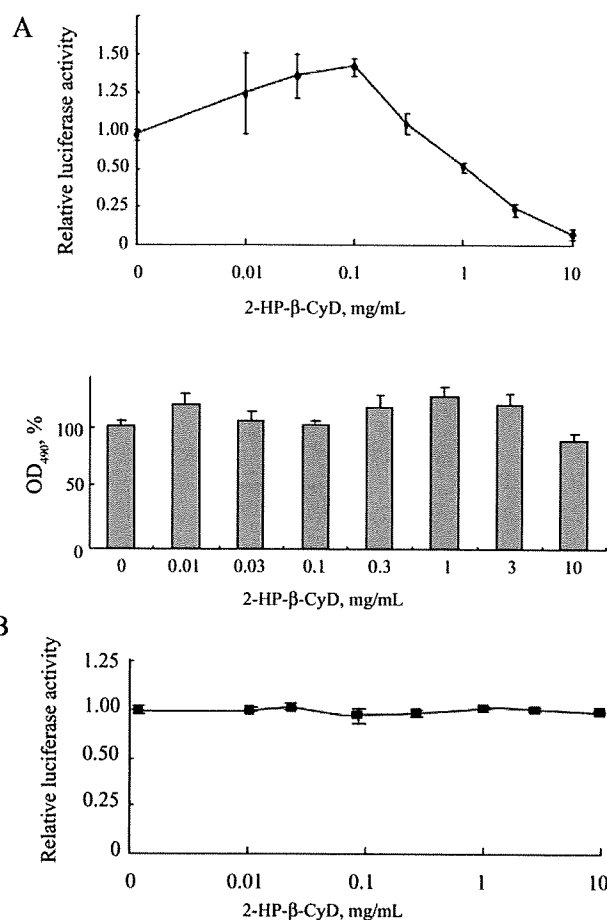


**Figure 3.** Inhibition of replication of a subgenomic hepatitis C virus genotype 1b replicon by simvastatin. Huh7/Rep-Feo cells were cultured with various concentrations of simvastatin, and the luciferase assay was performed after 48 h of treatment (*upper panel*). The dimethylthiazol carboxymethoxyphenyl sulfophenyl tetrazolium assay was performed after Huh7/Rep-Feo cells were cultured with various concentrations of simvastatin for 48 h (*lower panel*). Data are means  $\pm$  SDs of triplicates from 2 independent experiments.

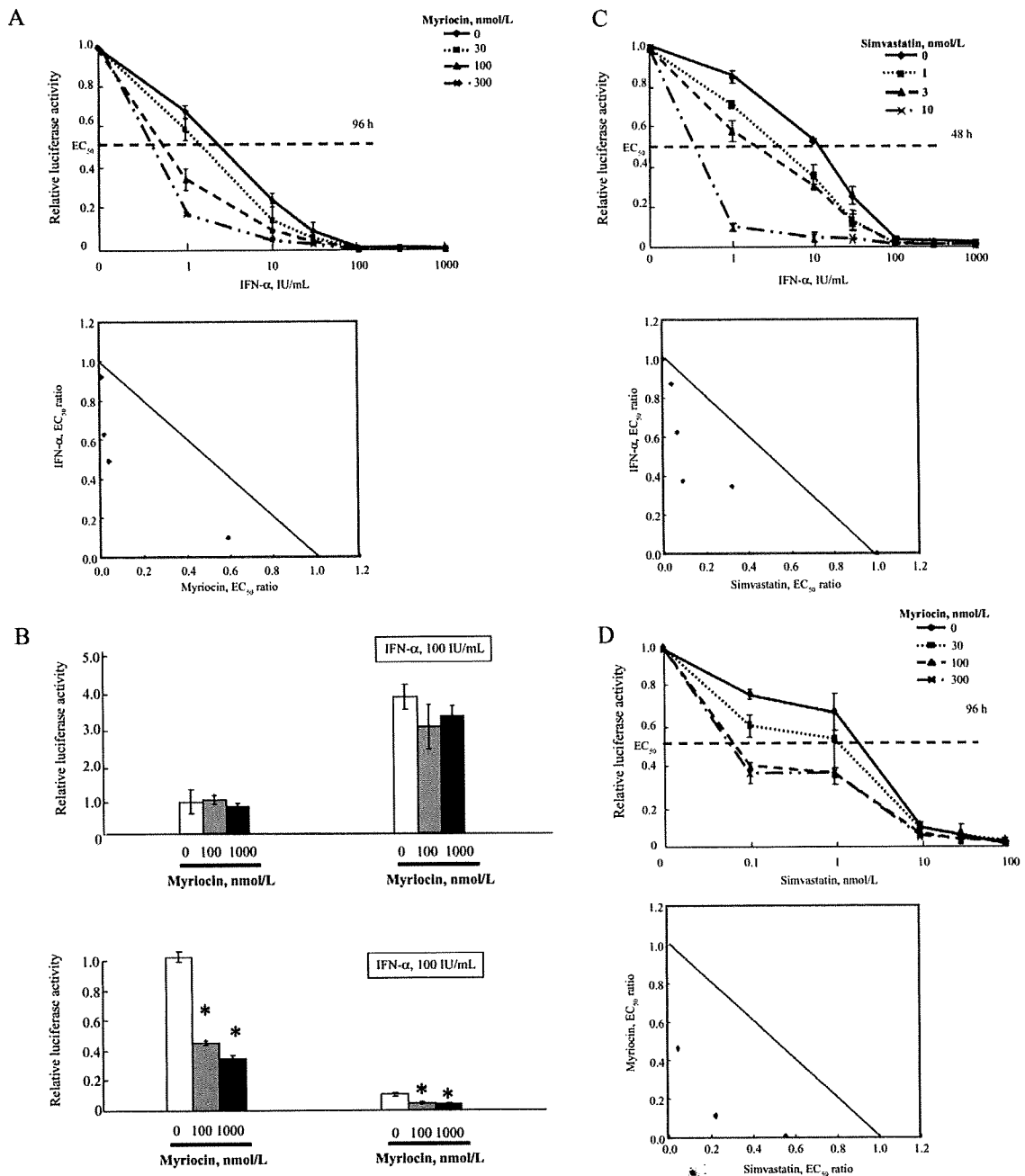
it significantly enhanced IFN-induced suppression of the firefly luciferase activity reflecting HCV replication (*lower panel, right*). This demonstrated that the synergistic effect was not caused by up-regulation of the IFN-stimulated genes. We also assessed the synergy of simvastatin with IFN and of myriocin with simvastatin. In each case, the 2 drugs showed synergistic effects at the concentrations indicated (figure 5C and 5D). In all cases, the MTS reduction values at the drug concentrations used in this assay did not show any significant decrease (data not shown). These results indicate that the synergistic effects on HCV replication of IFN with myriocin, IFN with simvastatin, and myriocin with simvastatin were exerted through their pharmacological effects and were not due to the augmentation of cytotoxicity.

**Suppression of JFH-1 HCV replication by myriocin and simvastatin.** The experiments described thus far were done using the subgenomic HCV-1b replicon system. Recently, Wakita et al. [19] established an infectious HCV model in cultured cells. This system, known as the JFH-1 system and based on genotype 2a HCV, secretes viral particles into the medium, and the medium is infectious for chimpanzees. This JFH-1 system completely mimics HCV infection in vivo and is considered more suitable for analyzing the effect of drugs. Therefore, we

examined the effect of myriocin and simvastatin using the JFH-1 system. Huh7.5.1/JFH-1 HCV cells were cultured for 96 h with 1000 nmol/L myriocin, 10  $\mu\text{mol/L}$  simvastatin, 1000 IU/mL IFN, and a combination of 1000 nmol/L myriocin and 10  $\mu\text{mol/L}$  simvastatin. The intracellular JFH-1 HCV RNA titer was analyzed using real-time RT-PCR. As demonstrated in figure 6A, intracellular JFH-1 HCV RNA treated with myriocin or simvastatin decreased to 60% of control in 96 h, demonstrating that the inhibitory effect of myriocin and simvastatin on replication was not restricted to the subgenomic HCV-1b replicon. When both agents were used in combination, JFH-1 HCV RNA also



**Figure 4.** Inhibition of replication of a subgenomic hepatitis C virus genotype 1b replicon by 2-hydroxypropyl- $\beta$ -cyclodextrin (2-HP- $\beta$ -CyD). *A*, Huh7/Rep-Feo cells cultured with various concentrations of 2-HP- $\beta$ -CyD for 48 h. The luciferase assay was performed after 48 h of treatment (*upper panel*). The dimethylthiazol carboxymethoxyphenyl sulfophenyl tetrazolium assay was performed after Huh7/Rep-Feo cells were cultured with various concentrations of 2-HP- $\beta$ -CyD for 48 h (*lower panel*). Data are means  $\pm$  SDs of triplicates from 2 independent experiments. *B*, Recombinant firefly luciferase incubated with various concentrations of 2-HP- $\beta$ -CyD in the culture medium at 37°C for 48 h. The medium was collected and subjected to luciferase analysis. Data are means  $\pm$  SDs of triplicates from 2 independent experiments.

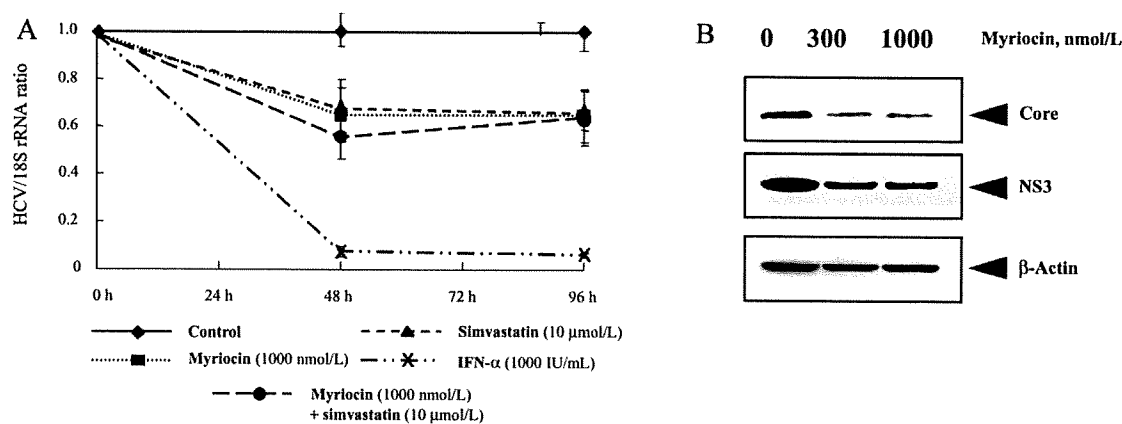


**Figure 5.** Synergistic inhibitory effects of myriocin with interferon (IFN), simvastatin with IFN, and myriocin with simvastatin. *A*, Synergistic inhibitory effect of myriocin with IFN on hepatitis C virus replication. Huh7/Rep-Feo cells were treated with combinations of myriocin and IFN at various concentrations. The upper panel shows the relative dose-inhibition curves of IFN plotted for each fixed concentration of myriocin (0, 30, 100, and 300 nmol/L). The lower panel shows the isobologram analysis for the combination of myriocin with IFN. *B*, IFN-stimulated response element (ISRE) promoter activity induced by a combination of myriocin with IFN. Huh7/Rep-Feo cells transfected with ISRE-*Renilla* luciferase were cultured with various concentrations of myriocin alone (*left*) or with 100 IU/mL IFN (*right*). The upper panel demonstrates the ISRE-*Renilla* luciferase activity at 48 h after transfection. The lower panel demonstrates the firefly luciferase activity of the Huh7/Rep-Feo cells, reflecting hepatitis C virus (HCV). Data are means  $\pm$  SDs of triplicates from 2 independent experiments. \* $P < .05$ . *C*, Synergistic inhibitory effect of simvastatin with IFN on HCV replication. *D*, Synergistic inhibitory effect of simvastatin and myriocin on HCV replication.

decreased to almost 60% of the control at 48 and 96 h after treatment. However, no evident synergistic inhibitory effect was observed (figure 6A). To clarify the inhibitory effect of myriocin on JFH-1 HCV, we performed Western blot analysis for JFH-1

HCV proteins. As demonstrated in figure 6B, a substantial decrease in the core and NS3 proteins of JFH-1 HCV was observed 96 h after treatment with myriocin, confirming the RT-PCR results (figure 6B).





**Figure 6.** Suppression of JFH-1 hepatitis C virus (HCV) replication by myriocin and simvastatin. *A*, Cells containing JFH-1 HCV treated for 96 h with 1000 nmol/L myriocin, 10 μmol/L simvastatin, 1000 IU/mL IFN, or a combination of 1000 nmol/L myriocin and 10 μmol/L simvastatin. The cells were collected at 48 and 96 h, and the JFH-1 HCV RNA level relative to 18S rRNA was analyzed by real-time polymerase chain reaction. Values are shown as the ratios to negative control values (cells receiving no treatment) and as means ± SDs. *B*, Western blotting. Cells containing JFH-1 HCV were treated with 300 or 1000 nmol/L of myriocin and harvested at 96 h after administration. Ten micrograms of total cellular protein was electrophoresed in each lane. Anti-core monoclonal antibody (MAb) and anti-NS3 MAb were used as the primary antibodies to detect JFH-1 HCV proteins. β-Actin was detected as an internal control. Lane 1, no myriocin; lane 2, 300 nmol/L myriocin; and lane 3, 1000 nmol/L myriocin.

## DISCUSSION

In the present study, we demonstrated that the sphingomyelin synthesis inhibitor myriocin suppressed not only replication of a subgenomic HCV-1b replicon but also replication of the JFH-1 strain of infectious genotype 2a HCV. We also demonstrated that simvastatin suppressed replication of both a subgenomic HCV-1b replicon and JFH-1 HCV. When a subgenomic HCV-1b replicon was used, the anti-HCV activity of both myriocin and simvastatin was enhanced synergistically with IFN. Moreover, when myriocin and simvastatin were used together, their anti-HCV activity was enhanced synergistically.

What is the mechanism by which myriocin suppresses viral replication? Because myriocin is a specific inhibitor of SPT, which catalyzes the first committed step of sphingomyelin biosynthesis, we speculated that myriocin exerts its action by inhibiting production of downstream substrates, especially sphingomyelin. The findings that siRNA targeted against SPT decreased HCV replication and that HCV replication was restored by addition of phytosphingosine, a precursor of sphingomyelin, demonstrated that the effect was specific to SPT activity. Moreover, the fact that treatment of Huh7 cells with myriocin did not enhance the ISRE promoter activity indicated that the inhibitory effects of myriocin were independent of those of IFN. It is known that intracellular replication of most RNA viruses occurs on certain membrane structures—including the endoplasmic reticulum, the Golgi apparatus, endosomes, and lysosomes—by making replication complexes at these sites [5–7]. For HCV, it has been reported by several groups that *in vitro* replication activity is located in the membrane fractions of cultured cells [26–28]. In addition, newly synthesized HCV RNA and the nonstructural proteins in replicon cells were colocalized in detergent-resistant

membrane structures, most likely lipid rafts [18]. Caveolin-2, a lipid raft protein, was also shown to colocalize with the non-structural proteins [18]. According to these findings, the HCV replication complex machinery is considered to form on a lipid raft. Therefore, because sphingomyelin is the major component of the lipid raft, it is plausible to speculate that myriocin disrupted lipid raft formation and inhibited HCV replication.

Cholesterol is another major component of lipid rafts and might also be targeted for anti-HCV therapy. Because cholesterol is synthesized in the mevalonate pathway, an inhibitor of the pathway might act to disrupt lipid rafts. In accordance with this concept, statins, which are HMG-CoA reductase inhibitors, already have been reported to suppress the replication of genomic and subgenomic HCV-1b replicons [15, 16]. In the present study, we also confirmed that simvastatin suppressed replication of a subgenomic HCV-1b replicon without toxicity. Moreover, we showed for the first time that the suppressive effect was also observed in an infectious HCV-2a model of JFH-1 HCV. Meanwhile, recent studies found that the effect of statins was attributable to inhibition of geranylgeranylation rather than depletion of cholesterol, because addition of geranylgeraniol rescued HCV suppression induced by statins [15]. However, although geranylgeranylation might play a role in HCV regulation, the importance of cholesterol itself has not yet been determined. To clarify further the role played by cholesterol in HCV replication, we investigated the effect of 2-HP-β-CyD, which is known to deplete cholesterol directly from cells. As demonstrated in figure 4, specific suppression of HCV replication by 2-HP-β-CyD indicated the importance of cholesterol itself for HCV replication. It is unlikely that these agents suppressed replication of the subgenomic replicon through inhibi-

tion of encephalomyocarditis virus internal ribosome entry site (EMCV-IRES) activity, because they also significantly suppressed replication of a full-length genomic HCV (JFH-1 HCV) that does not include EMCV-IRES (figure 6A; data for 2-HP- $\beta$ -CyD not shown).

Although we observed an inhibitory effect of myriocin and simvastatin on both the subgenomic HCV-1b replicon and JFH-1 HCV, there was a difference in efficacy between the 2 HCV systems; the subgenomic HCV-1b replicon was more sensitive to and was more strongly inhibited by either agent alone or in combination, compared with JFH-1 HCV. This result was unexpected, because we had speculated that these agents might be effective irrespective of the viral isolate if these agents targeted not the virus itself but rather host factors, such as lipid rafts. However, there are several differences between these 2 systems, and we cannot directly compare the results. In particular, the subgenomic HCV replicon lacks viral structural proteins and has only an HCV RNA intracellular replication step, whereas JFH-1 HCV includes all steps of the HCV life cycle. We do not know the precise target of the agents, and further studies are still needed.

Is it really possible to use these agents in clinical HCV treatment? Especially because statins have been used in the treatment of hyperlipidemia for many years worldwide with proven safety, it would be ideal if we could use statins as one therapeutic application for anti-HCV therapy. Most recently, O'Leary et al. [29] undertook a human pilot study and treated 10 patients with atorvastatin for 12 weeks; they reported that there was no statistically significant change in HCV RNA levels compared with pretreatment levels. The reason for the discrepancy between in vitro and in vivo findings is unknown. However, as also discussed by O'Leary et al., the most plausible explanation for this discrepancy is that the plasma concentrations of atorvastatin after a conventionally approved dose were unlikely to reach those found to be effective in cell culture medium. According to their calculations, to inhibit HCV RNA replication the plasma atorvastatin concentration should be 3 logs higher than that achieved by a conventional dose. However, even though it would be difficult to inhibit HCV RNA replication with statins alone, a clinical antiviral effect might be still achieved if statins were used in combination with IFN (or myriocin), because a synergistic effect was observed in our in vitro study. To determine the synergistic effect in vivo, however, further clinical trials are needed. On the other hand, although promising in vitro, myriocin has not yet been used for human clinical diseases, and its safety has not been established. However, in chimeric mice, the plasma myriocin concentration equivalent to culture medium effectively inhibited HCV RNA replication, and drug toxicity was not observed at this concentration [30]. This finding suggested the possibility that myriocin could be used in vivo, although further studies are needed.

In conclusion, we have demonstrated that inhibition of the sphingomyelin synthesis pathway and the mevalonate pathway

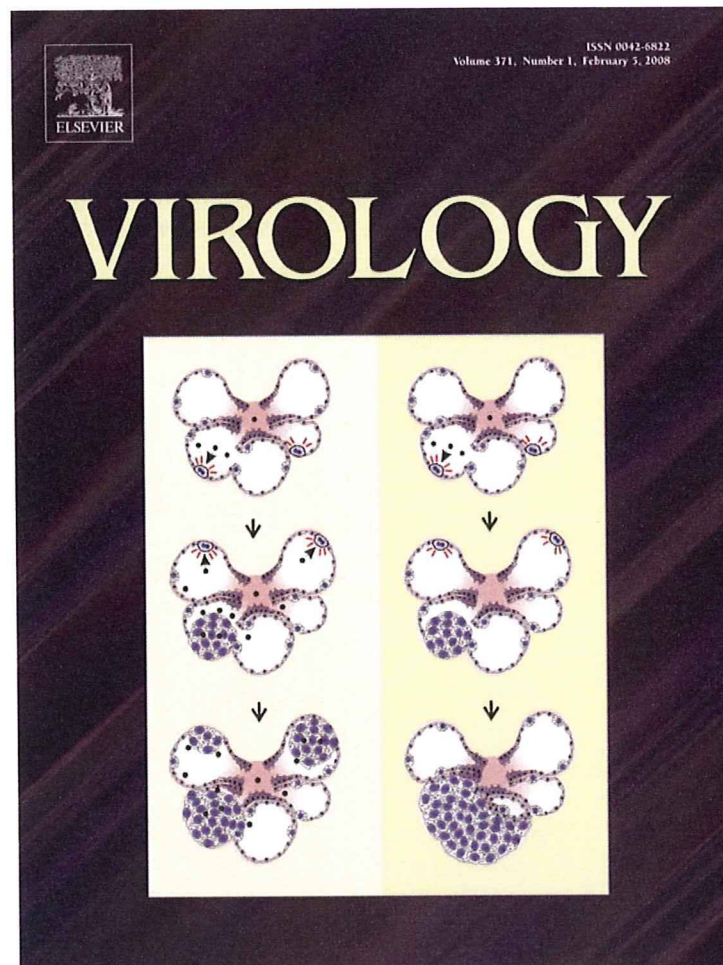
both effectively suppressed HCV replication in vitro, indicating that lipid metabolism could be an important target for new anti-HCV therapies.

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## Development of plaque assays for hepatitis C virus-JFH1 strain and isolation of mutants with enhanced cytopathogenicity and replication capacity

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### Abstract

HCV culture *in vitro* results in massive cell death, which suggests the presence of HCV-induced cytopathic effects. Therefore, we investigated its mechanisms and viral nucleotide sequences involved in this effect using HCV-JFH1 cell culture and a newly developed HCV plaque assay technique. The plaque assay developed cytopathic plaques, depending on the titer of the inoculum. In the virus-infected cells, the ER stress markers, GRP78 and phosphorylated eIF2- $\alpha$ , were overexpressed. Cells in the plaques were strongly positive for an apoptosis marker, annexin V. Isolated virus subclones from individual plaque showed greater replication efficiency and cytopathogenicity than the parental virus. The plaque-purified virus had 9 amino acid substitutions, of which 5 were clustered in the C terminal of the NS5B region. Taken together, the cytopathic effect of HCV infection involves ER-stress-induced apoptotic cell death. Certain HCV genomic structures may determine the viral replication capacity and cytopathogenicity.

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**Keywords:** HCV-JFH1; HCV cell culture; Plaque assay; ER stress; Unfolded protein responses; Apoptosis; NS5B RNA-dependent RNA polymerase

### Introduction

Molecular analyses of the HCV life cycle, virus–host interactions, and mechanisms of liver cell damage by the virus are not understood completely, mainly because of the lack of cell culture systems. These problems have been partly overcome by the development of the HCV subgenomic replicon (Lohmann

et al., 1999) and HCV cell culture systems (Lindenbach et al., 2005; Wakita et al., 2005; Zhong et al., 2005). The HCV-JFH1 strain, which is a genotype 2a clone derived from a Japanese fulminant hepatitis patient that can replicate efficiently in Huh7 cells (Kato et al., 2003; Kato et al., 2001), has contributed to the establishment of the HCV cell culture system. Furthermore, the Huh7-derived cell lines, Huh-7.5 cells, Huh-7.5.1, and Lunet cells allow production of higher viral titers and have a higher permissiveness for HCV (Koutsoudakis et al., 2007; Lindenbach et al., 2005; Zhong et al., 2005). The HCV-JFH1 cell culture system now allows us to study the complete HCV life cycle: virus–cell entry, translation, protein processing, RNA replication, virion assembly, and virus release.

HCV belongs to the family *Flaviviridae*. One of the characteristics of the *Flaviviridae* is that they cause cytopathic effects (CPE). The viruses have positive strand RNA genomes of ~10 kilobases that encode a polyprotein of ~3000 amino acids.

**Abbreviations:** HCV, hepatitis C virus; IFN, interferon; CPE, cytopathic effect; ER, endoplasmic reticulum; UPR, unfolded protein response; PFU, plaque-forming unit; FFU, focus-forming unit; RdRp, RNA-dependent RNA polymerase.

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The protein is post-translationally processed by cellular and viral proteases into at least 10 mature proteins. The viral nonstructural proteins accumulate in the ER and direct genomic replication and viral protein synthesis (Bartenschlager and Lohmann, 2000; Jordan et al., 2002; Mottola et al., 2002). It has been reported that Japanese encephalitis virus (JEV), bovine viral diarrhea virus (BVDV), and dengue viruses (DEN) cause apoptotic cell death (Despres et al., 1996; He, 2006; Jordan et al., 2002; Su et al., 2002). In addition, certain amino acid substitutions in the viral structural or nonstructural proteins affect the replication and cytopathogenicity of these viruses substantially (Blight et al., 2000; Maekawa et al., 2004; Mendez et al., 1998). It has been recently reported that HCV-JFH1-transfected Huh-7.5.1 cells died when all of the cells were infected and intracellular HCV-RNA reached maximum levels (Zhong et al., 2006). These findings suggest HCV-induced cytopathogenicity. However, the mechanisms have not been well documented.

In the present study, we investigated the cellular effects of HCV infection and replication using the HCV-JFH1 cell culture system. Here, we report that HCV-JFH1-transfected and infected cells show substantial CPE that are characterized by massive apoptotic cell death with the expression of several ER stress-induced proteins. Taking advantage of the CPE, we developed a plaque assay for HCV in cell culture and isolated subclones of HCV that showed enhanced replication and cytopathogenicity. We have demonstrated that these viral characters were determined by mutations at certain positions in the structural and nonstructural regions of the HCV genome, especially the NS5B region.

## Results

### Production of infectious HCV-JFH1 by JFH1-RNA transfected cells

After transfection of HCV-JFH1 RNA into Huh-7.5.1 cells, intracellular HCV RNA and HCV antigen were continuously detectable in the cell culture (Fig. 1A). Furthermore, the culture supernatant from the transfected cells was positive for core protein, which reached maximum levels at 14 days post-transfection and was continuously detectable during the cell culture (Fig. 1A, black bar). The culture supernatant was readily infectable to naive Huh-7.5.1 cells (data not shown). Immunofluorescence assay showed that 48% of the JFH1-RNA-transfected cells and 42% of the virus-infected cells were positive for HCV core protein. These results demonstrate that the transcript of HCV-JFH1 clone replicates efficiently and produces infectious virus particles in cells, as reported previously (Wakita et al., 2005; Zhong et al., 2005).

### Hepatitis C virus infection induced cytopathic effects in vitro

By the seventh day post-transfection, the production of virus decreased concomitant with massive cell death and then cell growth gradually recovered. At 14–16 days post-transfection, the levels of HCV-RNA and core antigen reached maximum (Fig. 1). In the JFH1 mutants JFH1/GND and JFH1/ $\Delta$ E1-E2-RNA-transfected Huh-7.5.1 cells, the viral replication and host cell death were not observed. The massive cell death after HCV-

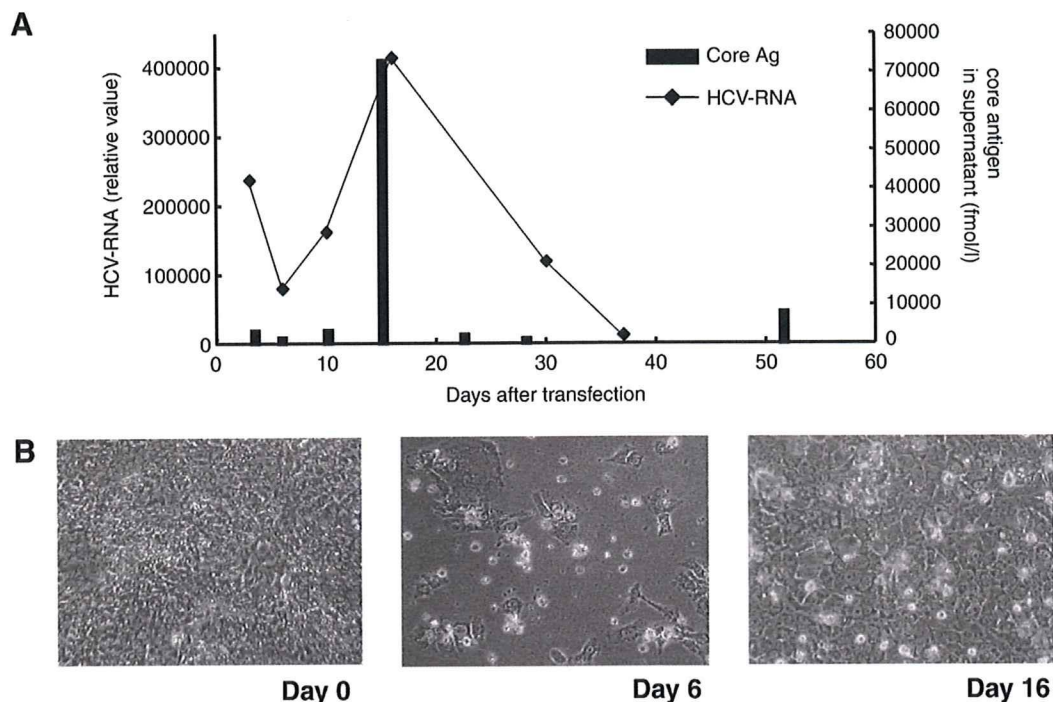


Fig. 1. Replication of HCV-JFH1 RNA in JFH1-transfected and infected Huh-7.5.1 cells. (A) Levels of HCV-RNA in JFH1 RNA-transfected cells. After transfection of the *in vitro* transcribed JFH1-RNA into Huh-7.5.1 cells, total cellular RNA was isolated on indicated days and quantified by real-time RT-PCR. Furthermore, the culture supernatant of JFH1-RNA transfected Huh-7.5.1 cells was collected on the days indicated and the levels of core antigen in the culture supernatant were measured (black bar). (B) HCV-JFH1-transfected Huh-7.5.1 cells (the left panel, day 0; the middle panel, day 6; the right panel, day 16).



JFH1 transfection led us to suspect the occurrence of CPE, produced in host cells by HCV infection and replication. A plaque assay was performed (see Materials and methods) to

investigate the morphological CPE following HCV-JFH1 infection. Culture supernatants from JFH1-transfected cells were diluted serially and inoculated onto uninfected Huh-7.5.1

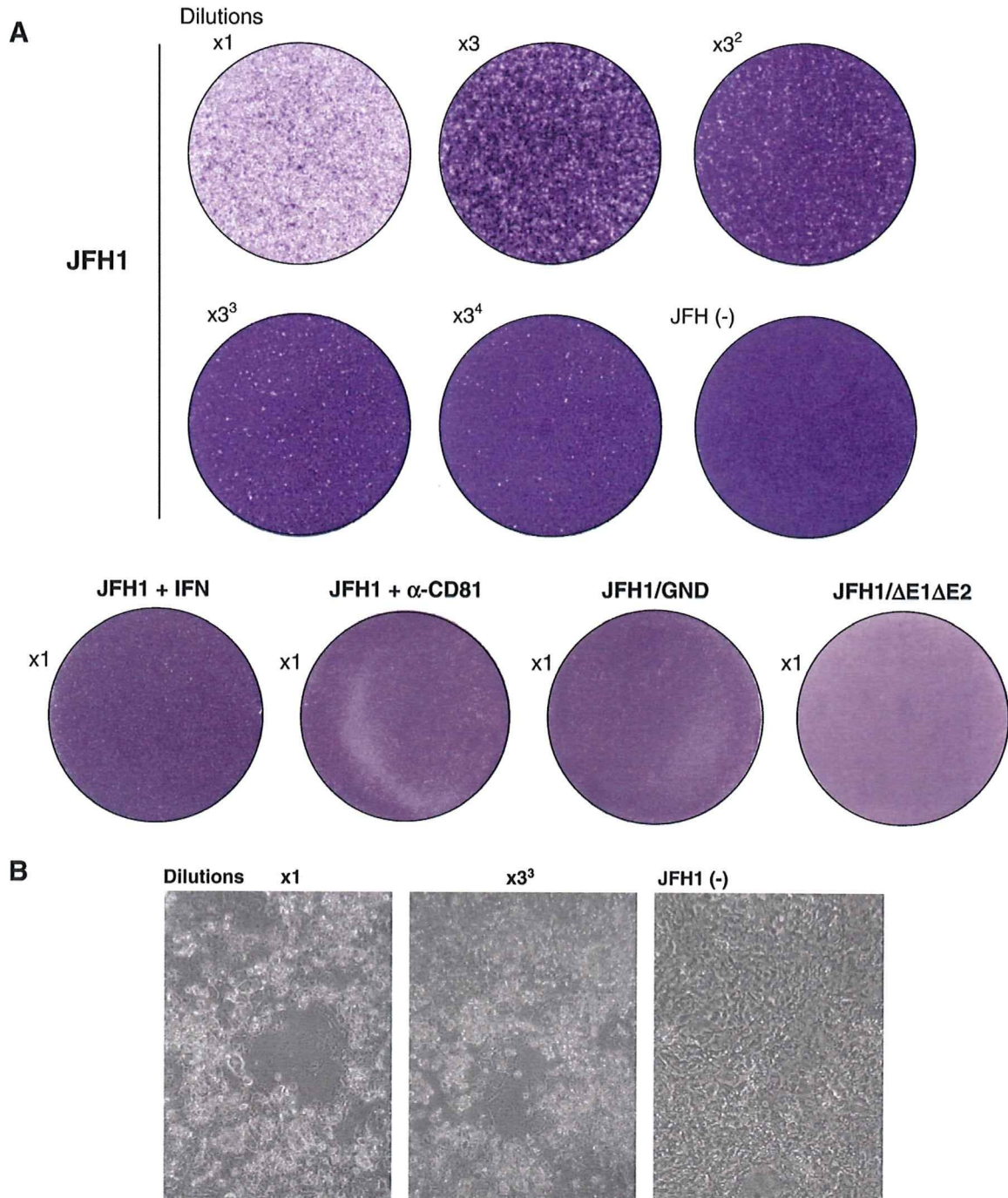


Fig. 2. The cytopathic effects of HCV-JFH1 *in vitro*. (A) Plaque assay. Upper panel, Huh-7.5.1 cells were seeded in collagen-coated 60-mm-diameter plates at density of  $4 \times 10^5$  cells per plates and were incubated at 37 °C under 5.0% CO<sub>2</sub> (as described above). After overnight incubation, HCV-infected culture supernatants were serially diluted in a final volume of 2 ml per plates and transferred onto the cell monolayers. After ~5 h of incubation, the inocula were removed and the infected cells were overlaid with 8 ml of culture medium containing 0.8% methylcellulose and incubated under normal conditions. After 7 days culture, formation of cytopathic plaque was visualized by staining with 0.08% crystal violet solution. Lower panel, JFH1 + IFN; after infection of the virus supernatant, the cells were cultured in the presence of 50 U/ml interferon-alpha. JFH1 +  $\alpha$ -CD81, Huh-7.5.1 cells were pretreated with 10  $\mu$ g/plate of anti-CD81 antibody. After incubation at 37 °C for 30 min, anti-CD81 was removed, the cells were washed with PBS, and the HCV-JFH1 culture supernatant was transferred. After ~5 h incubation, the supernatant was removed and the infected cells were overlaid with 8 ml of culture medium containing 0.8% methylcellulose and controls for the plaque assay were also performed with the JFH1/GND or JFH1/ $\Delta$ E1-E2 culture supernatant. (B) The cytopathic plaques were observed by phase-contrast microscopy at day 7 after HCV-JFH1 infection.



cells. The cells were subsequently cultured in medium containing agarose. Almost 10 days after the inoculation, viable cells were stained and plaques were visualized (Fig. 2A, upper panel). HCV-inoculated cell cultures developed plaques as unstained areas that were accompanied by round cells in the periphery (Fig. 2B). The formation of cytopathic plaques was not observed in a parental Huh7 cell line (data not shown). Immunocytochemistry of the foci revealed the presence of HCV core-positive cells surrounding the cytopathic plaques (Fig. 3A). Culture of the HCV-inoculated cells in the presence of interferon-alpha (50 U/ml) completely abolished the formation of plaques (Fig. 2A, lower panel). Uninfected Huh-7.5.1 cells (Fig. 2A, upper panel), Huh-7.5.1 cells treated with anti-CD81 antibody before HCV-JFH1 infection and JFH1/GND or JFH1/ $\Delta$ E1-E2-transfected cell cultures did not develop plaques (Fig. 2A, lower panel). These findings suggest that HCV-infected cells develop cytopathic plaques depending on the quantity of the inoculums and that HCV replication, viral protein expression and the propagation of viral particles were the features of these plaques.

### HCV-JFH1 infection induced host-cell apoptosis

We next determined whether the cytopathic effects of HCV-JFH1 replication include process of apoptotic cell death. Cells including plaques were double-stained with annexin V-FITC and PI. The ligand of annexin V, phosphatidylserine, is normally confined to the cytoplasmic leaflets of the plasma membrane. In the early phase of apoptosis, phosphatidylserine is exposed on the outer surface of the plasma membrane, which enables detection of FITC-labeled annexin V. As shown in Fig. 4, the fluorescence of annexin V was observed in the cells around the plaques. Foci of apoptotic cells were scattered in the plaques. On the other hand, the expression of annexin V was slightly detectable in the subgenomic replicon-harboring cells, though they were at the same level as the uninfected Huh-7.5.1 cells and the cell death was not observed. Therefore, the cells that express HCV subgenomic replicons did not induce apoptotic cell death. These findings demonstrate that the cytopathic effects of HCV replication and the particle formation induce apoptotic cell death.

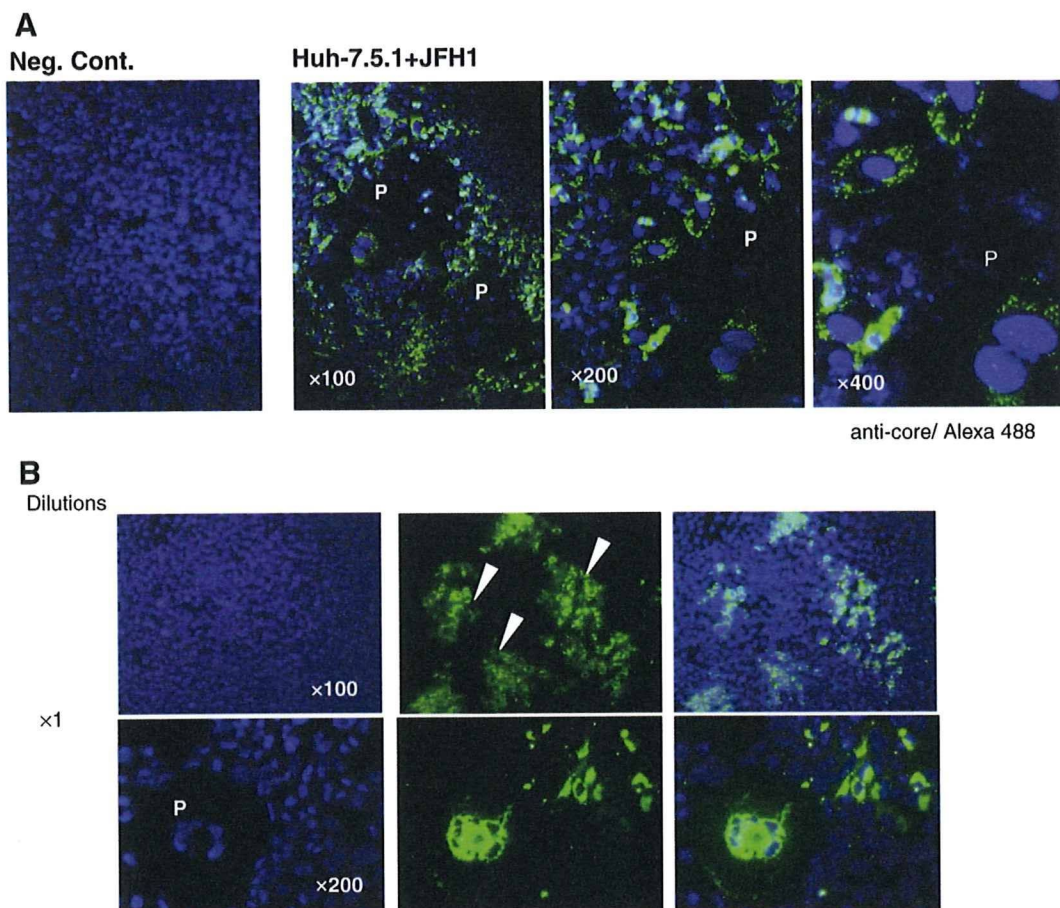


Fig. 3. Immunofluorescence detection of HCV core protein in cytopathic plaques. (A) The HCV-JFH1 culture supernatant was transferred onto uninfected Huh-7.5.1 cells, plated on 22 mm-round micro cover glasses in 60-mm-diameter plates at density of  $2 \times 10^5$  cells per plate. After  $\sim 5$  h incubation, the supernatant was replaced with medium containing 0.8% methylcellulose. Immunocytochemistry was performed 12 days after infection. A 'P' indicates a cytopathic plaque. (B) Immunofluorescence detection of HCV-positive foci and cytopathic plaques. The HCV-JFH1 culture supernatant was transferred at various dilutions onto uninfected Huh-7.5.1 cells. After  $\sim 5$  h incubation, the supernatant was removed and the infected cells were cultured in 60-mm-diameter plate with medium containing 0.8% methylcellulose. Immunocytochemistry was performed 5 days after infection using mouse anti-core antibody. The infectivity and cytotoxicity were quantified by counting HCV-positive foci (FFU/ml) and cytopathic plaque (PFU/ml) respectively. White arrowheads indicate HCV-positive foci.



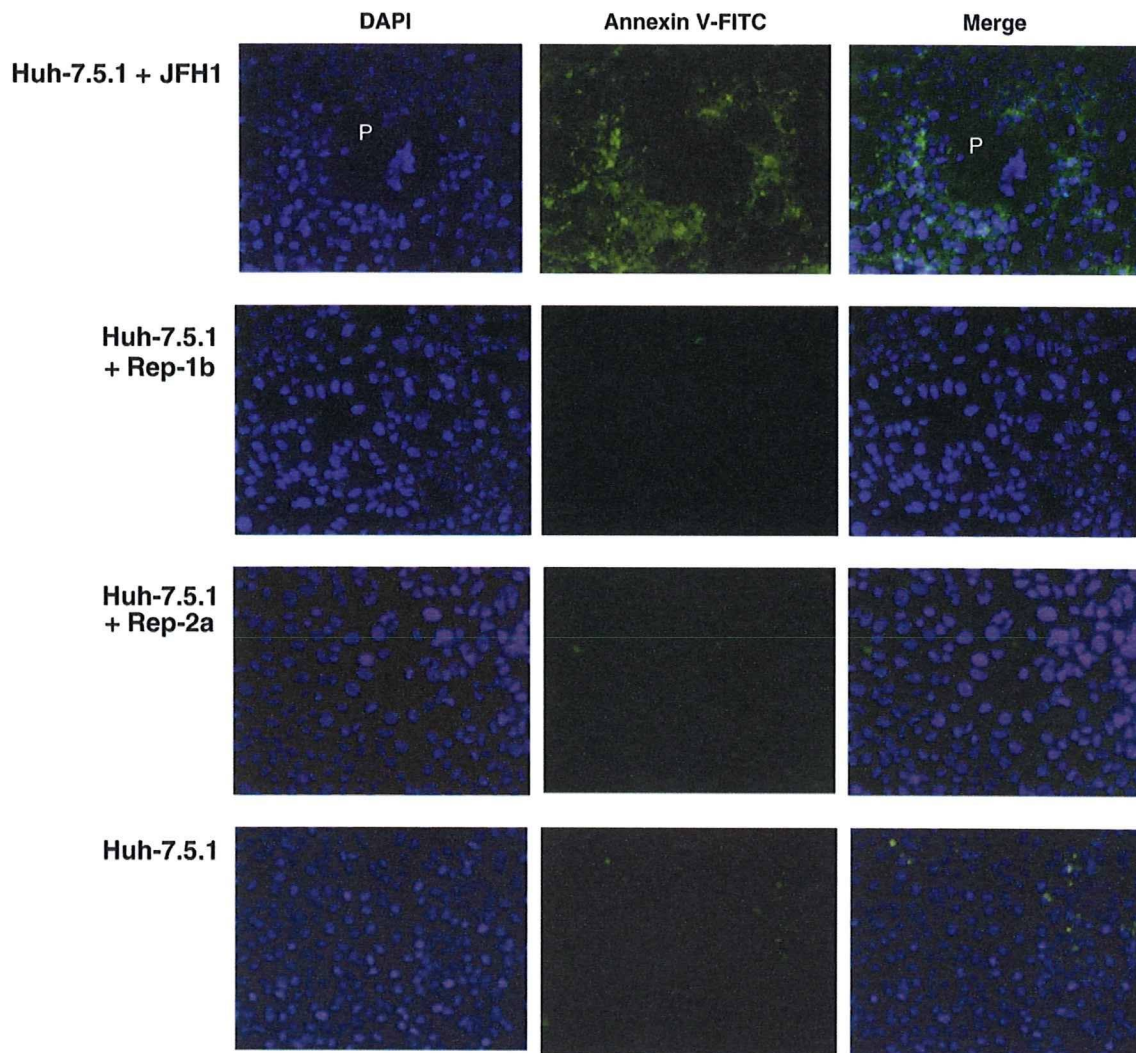


Fig. 4. HCV-JFH1 infection induces apoptosis and leads to plaque formation. The HCV-JFH1 culture supernatant was transferred onto uninfected Huh-7.5.1 cells plated on 22-mm round micro cover glasses in 60-mm-diameter plates at density of  $2 \times 10^5$  cells per plate. After  $\sim 5$  h incubation, the supernatant was replaced with medium containing 0.8% methylcellulose. Thirteen days after infection, cover glasses were incubated with 100  $\mu$ l of staining solution containing Annexin V-FITC at room temperature for 10 to 15 min. The cells that express HCV subgenomic replicons were also incubated and stained with Annexin V-FITC. Rep 1b, Rep-Feo; Rep 2a, SGR-JFH1 (see Materials and methods).

#### *JFH1 replication activates expression of ER stress-related proteins*

Cellular stresses such as virus infections prevent protein folding and maturation in the endoplasmic reticulum (ER) and result in the accumulation of misfolded proteins (ER stress) (Kaufman, 1999; Pahl, 1999), triggering the unfolded protein response (UPR). The UPR leads to global shut-off of protein translation and to apoptotic cell death (Ferri and Kroemer, 2001; Mori, 2000; Munro and Pelham, 1986). We and other groups have previously reported that subgenomic or genomic HCV replication induces ER stress and triggers UPR (Nakagawa et al., 2005; Tardif et al., 2002). Therefore, we next studied expression of the ER stress-related proteins, GRP78 and phosphorylated eIF2-alpha, in JFH1-infected cells (Fig. 5). GRP78 is one of the ER chaperones whose expression is induced by ER stress through cleavage and nuclear translocation of ATF6. The eIF2-alpha is phosphorylated by PER-like

ER kinase (PERK) on ER stress, causing direct global inhibition of initiation of protein translation (Harding et al., 1999). Huh-7.5.1 cells were infected with HCV-JFH1 supernatant and harvested on the fourth and seventh days post-infection (Fig. 5). As the expression of HCV core protein increased, expression levels of GRP78 and phosphorylated eIF2-alpha also increased substantially. Suppression of virus replication by interferon-alpha treatment led to a decrease of cellular GRP78 and phosphorylated eIF2-alpha. Interferon-alpha treatment did not eliminate the expression of HCV completely, though the levels of core and phosphorylated eIF2-alpha expression apparently decreased compared with the JFH-1 infected Huh-7.5.1 cells at seventh days post-infection. These findings demonstrated that HCV-JFH1 infection induced ER stress.

Persistence of ER stress activates apoptosis signaling pathways, including the induction of C/EBP homologous protein (CHOP) and activation of JNK kinase and caspase12, leading to cell death (Ferri and Kroemer, 2001). As shown in Fig. 5, the



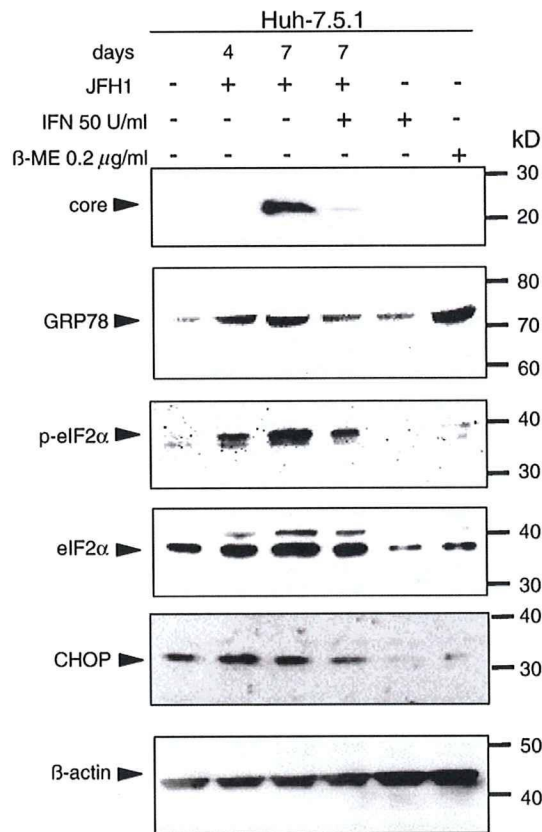


Fig. 5. Expression of ER stress-related proteins in HCV-JFH1 infected cells. The supernatant of JFH1-transfected Huh-7.5.1 cells was transferred onto uninfected Huh-7.5.1 cells. The cells were harvested at 4 and 7 days after infection. The JFH1-infected cells were also cultured with interferon (50 U/ml) or 2-mercaptoethanol (0.2  $\mu$ g/ml) and harvested after 48 h after treatment. 2-Mercaptoethanol was used as a positive control to induce ER stress (Nakagawa et al., 2005). Western blotting was performed using anti-core, anti-GRP78, anti-phospho-eIF2- $\alpha$  (p-eIF2 $\alpha$ ), anti-eIF2- $\alpha$ , anti-GADD153/CHOP, and anti-beta-actin antibodies.  $\beta$ -ME, 2-mercaptoethanol.

level of CHOP expression was apparently increased in JFH1-infected Huh-7.5.1 cells.

To determine whether ER stress contributes to the formation of cytopathic plaques, JFH1-infected cells were incubated in methylcellulose-containing medium and double immunofluorescence staining of the plaques was performed. As shown in Fig. 6, overexpression of GRP78 was colocalized with HCV-core-positive cells with and without CPE. Together with the result shown in Fig. 4, these findings suggest that ER stress is induced in the HCV-JFH1-infected cells and these responses may be involved in development of apoptosis and the formation of cytopathic plaques.

#### *A cytopathic clone could be isolated and this had acquired a high infection efficiency and increased cytopathogenicity*

The plaque assay enabled differential quantification of viral infectivity and cytopathogenicity by the immunofluorescence detection of HCV core protein in JFH1-infected, plaque-developed cultures. The number of plaques, as well as infectious foci, was linearly proportional to the dilution of an inoculum (Fig. 7B). It was revealed that only a few populations

of HCV-positive foci developed cytopathic plaques (Fig. 3B and Table 1). The infectious focus-forming units and plaque-forming units were  $5.6 \times 10^3$  FFU/ml and  $9.7 \times 10^2$  PFU/ml, respectively (Table 1).

To determine whether the difference between the cytopathic and noncytopathic HCV-JFH1 replication might be attributable to viral factors, we isolated clones from each cytopathic plaque. JFH1-infected Huh-7.5.1 cells were incubated in DMEM containing methylcellulose. Cytopathic plaques became visible at  $\sim 1$  week after inoculation. We isolated cells from each plaque using a cloning cylinder, subcultured, and transferred supernatant onto uninfected Huh-7.5.1 cells. To our surprise, infection of naive cells with plaque-derived supernatants led to massive cell death at 10 days post-infection (Fig. 8A). The supernatant of these cells was transferred again onto uninfected Huh-7.5.1 cells again. Immunofluorescence assay revealed that almost 100% of the cells were positive for HCV core protein (Fig. 8B). The infectivity and cytopathogenicity of this isolated plaque (PI #1) were  $4.9 \times 10^3$  FFU/ml and  $3.0 \times 10^3$  PFU/ml respectively (Table 1), much higher than the parental JFH1 clone. Moreover, the ratio of PFU to FFU in a plaque-isolated clone (PI #1) was significantly higher than that of parental JFH1 clone (0.58 and 0.17 respectively) (Table 1 and Figs. 7B and C). We next performed an infection experiment of the parental JFH1 and a plaque-derived clone by adjusting infectious titers of the inocula by HCV core antigen levels. As shown in Fig. 8C, virus from cytopathic plaque (PI #1, #2, #3) showed significantly higher elevation of core antigen levels in supernatants than the parental JFH1 in every time point. The second round isolation of plaques from the PI #1 subclone (PI #1-1, #1-2 and #1-3 in the Table 3) showed consistently higher replication efficiency and cytopathogenicity. These results indicated that JFH1 subclones isolated from cytopathic plaques showed significantly higher infection efficiency and greater cytopathic effects than the original JFH1.

#### *The isolated plaque had amino acid substitutions clustered in the NS5B region*

To determine whether there are viral mutations in the cytopathic JFH1 subclone (PI #1), we performed sequence analyses. As shown in Table 2, 11 nucleotide changes were found in the cytopathic plaque, and 9 of these were non-synonymous mutations (81.8%). In particular, 6 of the 11 mutations (9153, 9232, 9293, 9295, 9353, and 9355) were clustered in the C terminal half of the NS5B region. We also performed sequence analyses of the PI #1-isolated subclones, PI #1-1, #1-2, and #1-3, and other clones that had been independently isolated from different plaques, PI #2, #3, and #4 (Table 3). Those subclones showed similar mutations within NS5B region. The C2438S, P2934S, and S3001N substitutions were redundantly appeared in the 4 plaque-isolated clones and in all three PI #1-derived subclones. In contrast, no mutations were found in the virus from infectious foci without plaque formation. These results showed an evidence that certain amino acid mutations were directly associated with the viral replication efficiency and cytopathogenicity.



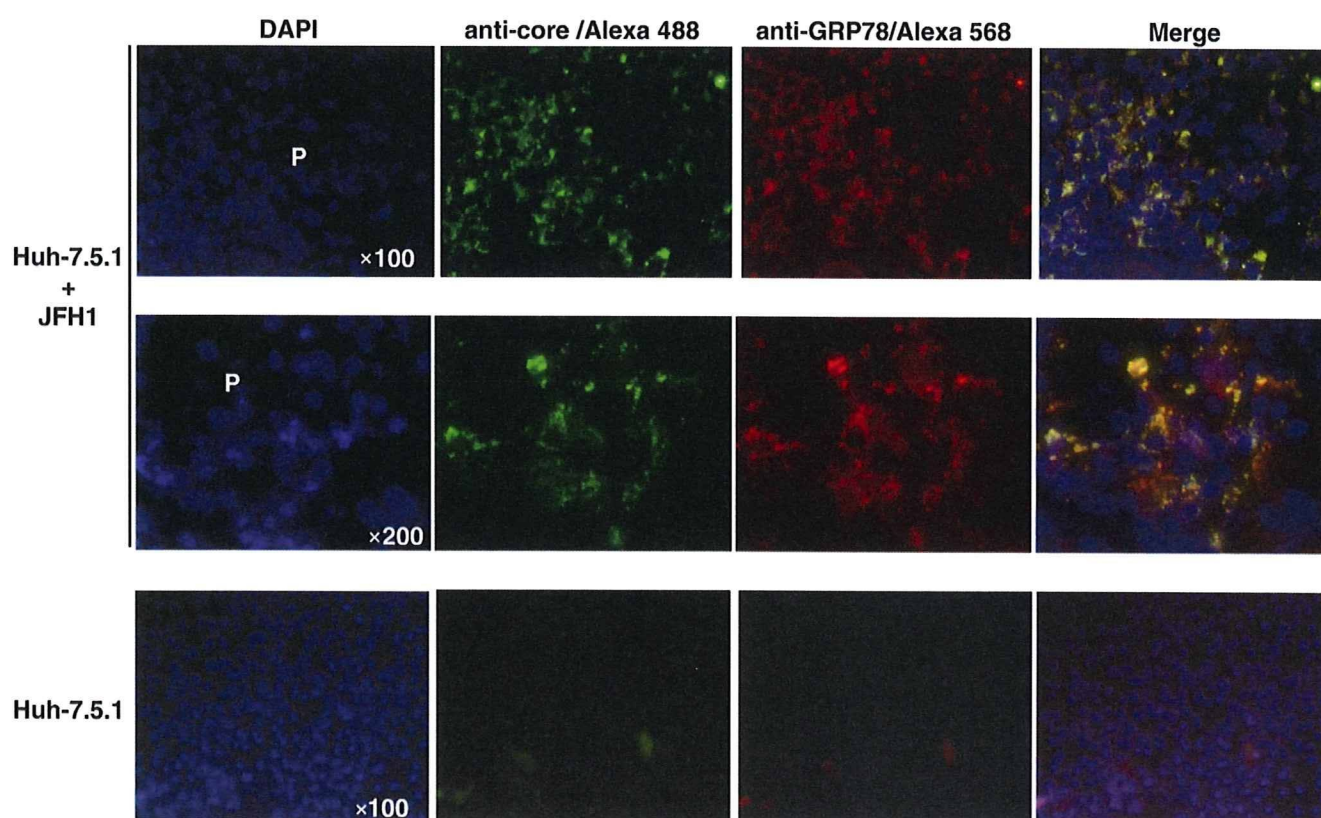


Fig. 6. Co-expression of HCV core and GRP78 in the cytopathic plaque. The HCV-JFH1 culture supernatant was transferred onto uninfected Huh-7.5.1 cells plated on 22-mm round micro cover glasses in 60-mm-diameter plates at density of  $4 \times 10^5$  cells per plate. After  $\sim 5$  h incubation, the supernatant was replaced with medium containing 0.8% methylcellulose. Double immunofluorescence was performed 10 days after infection using mouse anti-core antibody and goat-anti-GRP78 antibody.

#### Introduction of NS5B mutations in JFH1 clone showed higher replication efficiency and cytopathogenicity

We finally investigated on phenotypes of the amino acid mutations identified in the isolated cytopathic subclones. We constructed mutant clones from the wild type JFH1 plasmid, in which three amino acid mutations in NS5B region were individually introduced; T7662A, C9153T, and G9295C (see Tables 2 and 3). Transfection of the mutant HCV-RNAs showed that all mutants developed massive cell death on 10 days after transfection and that their extents of the CPE were apparently greater than the wild type JFH1 clone (Fig. 9A). The levels of core antigen in the culture medium were significantly higher in the mutant clones than in the wild type (Fig. 9B). Furthermore, the expression levels of cellular HCV core protein were significantly higher in the mutant clones than in the wild type with the order of T7662>C9153>>G9295C>JFH1 (Fig. 9C).

#### Discussions

Our results show that replication of HCV-JFH1 resulted in morphologic changes to the host cells, which are characterized by massive cell death (Figs. 1–3). These observations suggested that HCV infection and replication could cause CPE on the host cells. The development of the CPE involved virus protein-induced ER stress and subsequent apoptotic cell death (Figs. 4–6). The JFH1/ $\Delta$ E1-E2 with deletion of the HCV

envelope proteins-infected Huh-7.5.1 cells did not induce the CPE (Fig. 2A), which indicates that the key factors of plaque formation are not only viral replication but also the propagation of virus particles and re-infection. We took advantage of the HCV-induced CPE and developed a plaque assay using highly permissive Huh-7.5.1 cells. The assay revealed that the HCV-induced cytopathogenicity varied between infectious foci with cytopathic and noncytopathic infection (Fig. 3B). Interestingly, isolated JFH1 subclones from the plaques showed significantly increased infectivity and cytopathogenicity (Table 1 and Fig. 8). Viral genetic analyses showed nine amino acid substitutions; among them five were clustered in the C terminal half of the NS5B region, which might contribute to virus replication efficiency and cytopathogenicity (Table 2).

Cytopathic effects are key characteristics of the *Flaviviridae* that include Japanese encephalitis virus (JEV) (Vaughn and Hoke, 1992), West Nile Virus (Borisevich et al., 2006), yellow fever virus (Quaresma et al., 2006), dengue virus (DEN) (Despres et al., 1993), and bovine viral diarrhea virus (BVDV) (Mendez et al., 1998) and also of viruses such as adenovirus (Shinoura et al., 1999), Epstein–Barr virus (Sato et al., 1989), poliovirus (Yanagiya et al., 2005), and influenza virus (Hinshaw et al., 1994). The *Flaviviridae* utilizes the ER as the primary site for genomic replication and protein synthesis (Jordan et al., 2002; Su et al., 2002; Tardif et al., 2004). It has been reported that apoptotic cell death mediated by virus-induced ER stress contributes to the cytotoxicity of JEV, BVDV, and DEN-2



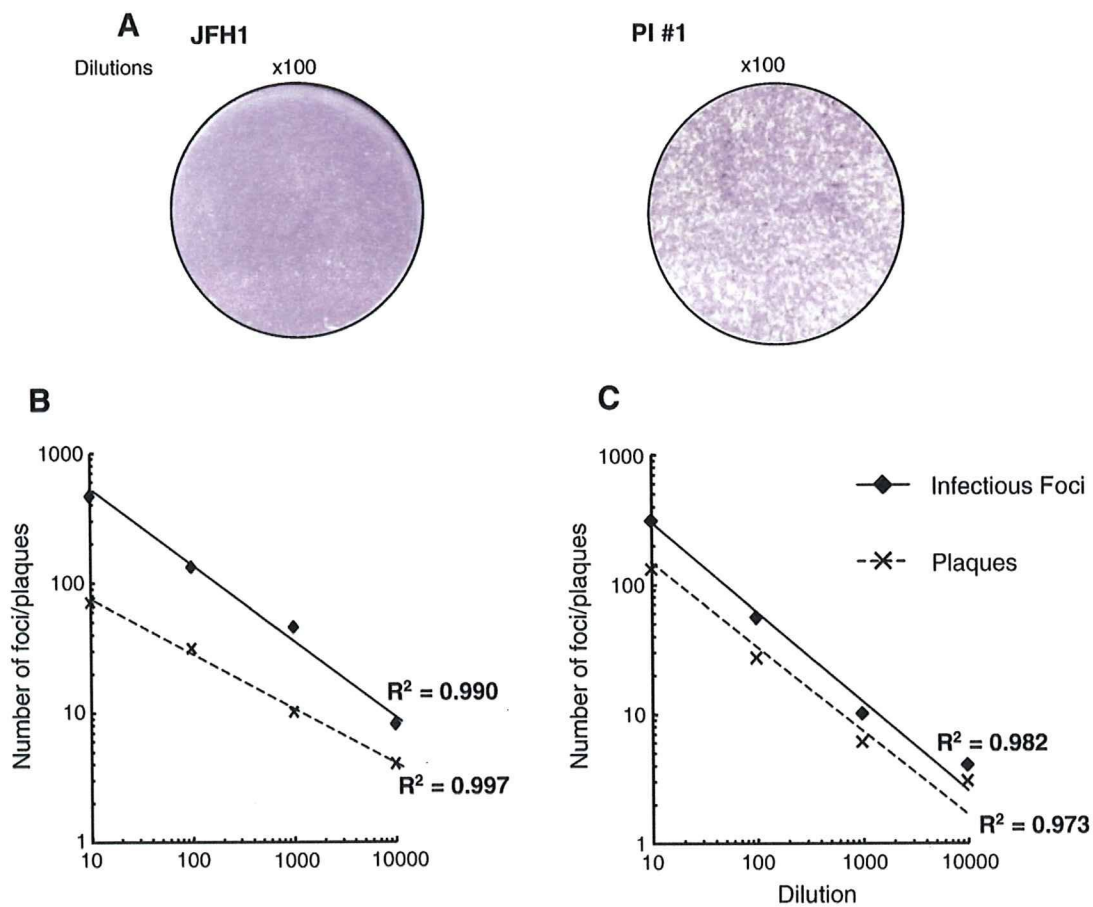


Fig. 7. Correlation of infectious foci or plaques with dilution of an inoculum. (A) Plaque assay. Huh-7.5.1 cells were seeded in collagen-coated 60-mm-diameter plates at density of  $4 \times 10^5$  cells per plates and were incubated at 37 °C under 5.0% CO<sub>2</sub>. After overnight incubation, HCV-JFH1 (left panel) or plaque-purified clone (PI #1) (right panel) infected culture supernatants were serially diluted in a final volume of 2 ml per plates and transferred onto the cell monolayers. After ~5 h of incubation, the inocula were removed, and the cell monolayers were overlaid with 8 ml of culture medium containing 0.8% methylcellulose. After 7 days of culture under normal conditions, formation of cytopathic plaque was visualized by staining with 0.08% crystal violet. (B and C) The PFU-adjusted culture supernatant of parental HCV-JFH1 (B) or plaque-purified clone (PI #1) (C) was transferred at various dilutions onto uninfected Huh-7.5.1 cells, and the plaque assay and immunocytochemistry were performed (described above). The infectivity and cytotoxicity were quantified by counting HCV-positive foci and cytopathic plaque respectively. The horizontal axis showed dilutions of the viral supernatant and the vertical axis showed the number of infectious foci or plaques.

(Jordan et al., 2002; Su et al., 2002; Yu et al., 2006). In DEN-2-infected cells, the NS2B-3 protein causes XBP1 splicing and induces ER stress (Yu et al., 2006). These findings are consistent with our results for HCV in that the JFH1 infection induced ER stress and unfolded protein responses and led to apoptotic cell death and formation of plaques.

The ER is closely associated with viral replication and assembly. Most of the HCV structural and nonstructural proteins accumulate in the ER membrane and form a membranous web that is characterized by a convoluted ER structure (Gosert et al., 2003). Moreover, the folding and assembly of HCV

proteins require interaction with ER chaperone proteins such as calreticulin, BiP/GRP78, and heat shock protein-90 (HSP90) (Choukhi et al., 1998; Waxman et al., 2001). The ER stress, which is induced by virus replication, involves three different mechanisms (Tardif et al., 2002): transcriptional induction, translational attenuation, and protein degradation. In our study, both GRP78 and phosphorylated eIF2-alpha proteins were induced as viral proteins increased in concentration in HCV-JFH1 infected cells, and the GRP78 or annexin V and HCV core proteins co-localize in cytopathic plaques, showing that HCV infection and replication induce UPR and that ER stress-mediated apoptosis causes the viral cytopathic effects on host cells.

Several HCV structural and nonstructural proteins are involved in the ER stress. The structural glycoproteins, E1 and E2, interact with ER chaperones (Choukhi et al., 1998; Liberman et al., 1999), HCV NS4B induces UPR through ATF6 or the IRE1-XBP1 pathway (Zheng et al., 2005), and HCV core triggers apoptosis by inducing ER stress and ER calcium depletion both *in vitro* and *in vivo* (Benali-Furet et al., 2005).

Table 1  
Cytopathogenicity and infectivity of JFH1 clones

	PFU/ml <sup>a</sup>	FFU/ml <sup>b</sup>	PFU/FFU
JFH1	$9.7 \pm 3.8 \times 10^2$ <sup>c</sup>	$5.6 \pm 0.9 \times 10^3$	$0.17 \pm 0.05$
PI #1	$3.0 \pm 1.9 \times 10^3$	$4.9 \pm 1.6 \times 10^3$	$0.58 \pm 0.21$

<sup>a</sup> PFU, plaque-forming unit.

<sup>b</sup> FFU, focus-forming unit.

<sup>c</sup> Values are displayed as mean ± S.D.

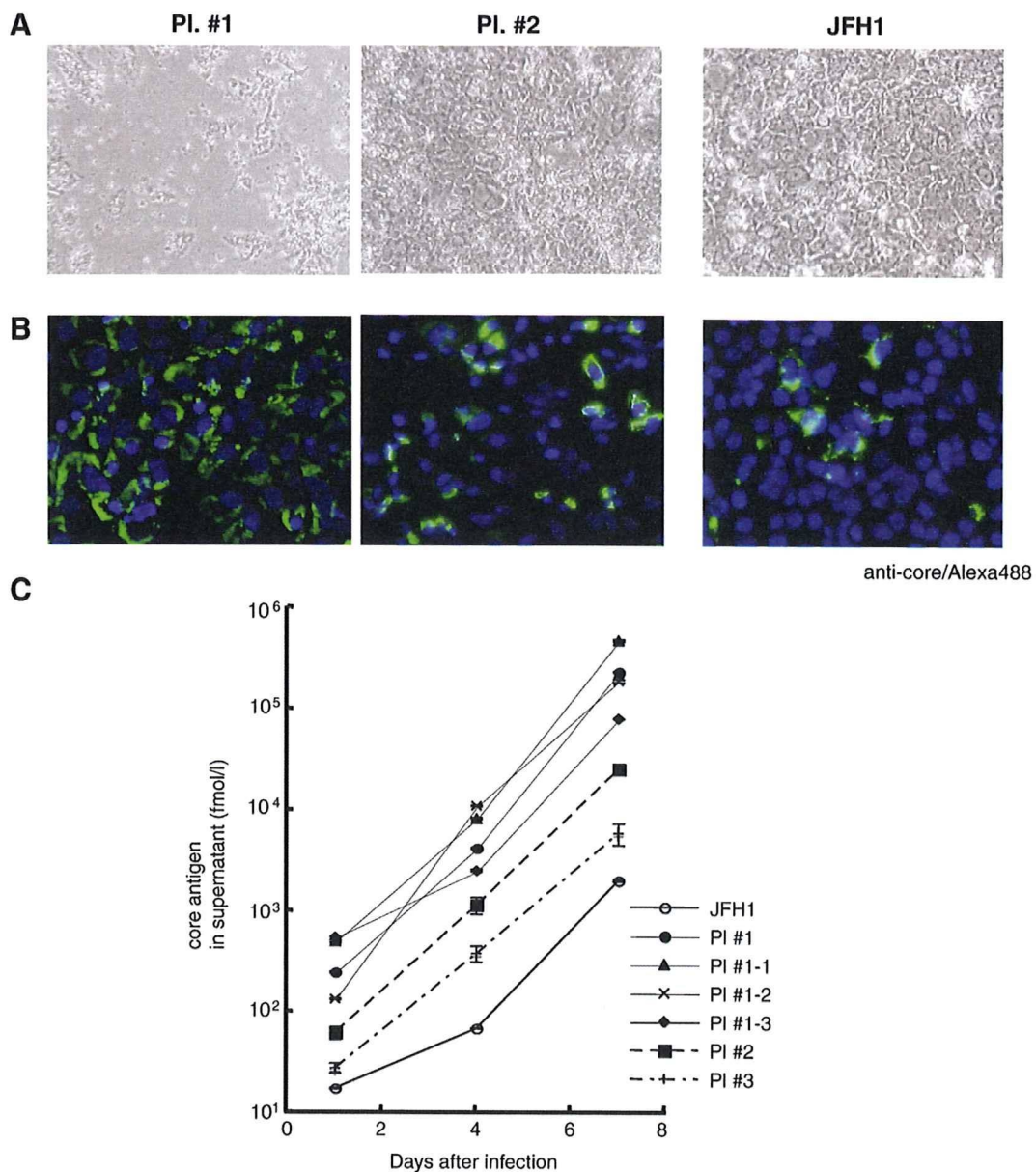


Fig. 8. The isolation of cytopathic plaques. The HCV-JFH1 culture supernatant was transferred at various dilutions onto uninfected Huh-7.5.1 cells. After ~5 h incubation, the supernatant was removed then infected cells were cultured in 0.8% methylcellulose-containing medium in 60-mm-diameter plates. Cytopathic plaques were detectable at 8 days after infection. Cells from each plaque were isolated using a cloning cylinder, subcultured, and transferred onto uninfected Huh-7.5.1 cells. (A) Observation by phase-contrast microscopy at 10 days of culture. (B) After 15 days of culture, the supernatant was transferred onto uninfected Huh-7.5.1 cells and an immunofluorescence assay was performed 5 days after infection using anti-core antibody. (C) Supernatants from parental JFH1, plaque-derived viruses (PI #1, #2, and #3) and the second round isolation of plaques from the PI #1 subclones (PI #1-1, #1-2, and #1-3) were inoculated onto Huh-7.5.1 cells with PFU-adjusted doses, respectively. HCV core antigen levels in culture medium were measured on the days indicated. Inoculation and the assays were done in triplicate. The S.D.s were within 4% in each plot.

HCV E2 induces ER stress at lower levels but binds to PERK and inhibits phosphorylation of eIF2- $\alpha$  at high levels of expression (Pavio et al., 2003). These reports have shown that HCV may induce ER stress and regulate subsequent intracellular responses to promote its survival in hepatocytes. Consistently with these reports, our findings that HCV-JFH1 induces the expression of an ER chaperon protein and phosphorylation of eIF2- $\alpha$  indicates that robust replication of HCV-JFH1 produces unfolded proteins in the ER, leading to activation of ATF6 and stimulation of the transcription of ER chaperon proteins to promote protein folding. HCV-JFH1-induced un-

folded proteins also activate PERK, which phosphorylates eIF2- $\alpha$  to inhibit the protein translation. Furthermore, the severe ER stress finally activates apoptosis signaling pathways at the early stage of viral infection. Although which HCV-JFH1 gene product is involved in ER stress-mediated apoptosis is not identified in our study, such proteins may contribute to the regulation of ER stress signaling in the host cell that leads to viral survival or cell death.

The plaque assay is often used to quantify virus infectious titers by visualizing the viral-induced CPE. However, due to the noncytopathic nature of HCV and the lack of highly permissive



Table 2  
Nucleotide changes and amino acid substitutions in the cytopathic JFH1 subclone

Nucleotide <sup>a</sup>	Amino acid <sup>a</sup>
A1353G	M334V
C2842A	T843K
G3402A	G1017S
A5819G	Synonymous
T7662A	C2438S
C9153T	P2934S
G9232A	G2960D
G9293C	Synonymous
G9295C	R2985P
C9353A	H3000Q
G9355A	S3001N

<sup>a</sup> Nucleotide and amino acid numbers were derived from pJFH1full (Wakita et al., 2005).

host cell lines, detection of HCV-infected cells commonly relied on visualization of the infected focus by immunostaining HCV proteins (Zhong et al., 2005). Disadvantages include the costs of the antibodies and substrate, additional steps for assay and detection, and microscopic examination to count the foci. By using a highly permissive host cell line and optimizing several conditions, we have developed a plaque assay for HCV. Because the HCV-JFH1 strain is not absolutely cytopathic and does not kill all infected cells, the calculated plaque-forming units do not directly reflect HCV infectious titer but rather reflect cytopathogenicity or the percentage of cytopathic clones in the total infectious foci.

The HCV plaque assay revealed that JFH1 infection and replication developed cytopathic and noncytopathic infectious cell foci (Fig. 3B). One would suspect that the different outcomes of HCV replication might be attributable to the clonal heterogeneity of the host cells. However, there are several pieces of evidence that the Huh-7.5.1 cell line, which we used as host, might be a homogenous cell line. Huh-7.5.1 is derived from parental Huh7 cells through two rounds of clonal selection for neomycin resistance that were dependent on permissiveness for the HCV subgenomic replicon (Blight et al., 2002; Zhong

et al., 2005). Sumpter et al. have reported that the HCV-permissive feature is due to mutational inactivation of RIG-I, a cytoplasmic double-stranded RNA sensor that induces type-I IFN production (Sumpter et al., 2005). This evidence suggests that the cytopathic HCV replication is attributable to virus factors, in particular, virus genomic alteration and not by clonal variation or evolution of the host cells.

Indeed, the isolation of the plaque-forming HCV subclones and inoculation onto naive cells showed significantly higher replication yields (Fig. 8) and more frequent development of cytopathic plaques (Table 1). These findings indicate that HCV-JFH1 has evolved into cytopathic and noncytopathic subclones. Our results are similar to BVDV infection. BVDV is divided into two biotypes, cytopathic (*cp*) and noncytopathic (*nep*) strains. Most *cp* strains, which induce strong apoptotic cell death upon infection, develop from the *nep* strains by RNA recombination such as insertion of cellular sequences, duplications and rearrangements, and deletions and lead to expression of the NS3 protein (Meyers and Thiel, 1996). Kummerer et al. have reported that other *cp* strain had point mutations in NS2 that enhanced cleavage of NS2/3 junction and NS3 production (Kummerer and Meyers, 2000). As for HCV, considering a rapid HCV replication cycle and the poor fidelity of the viral NS5B RNA-dependent RNA polymerase (RdRp) (Bartenschlager and Lohmann, 2000; Kato et al., 2005), evolution of sequence variants may well develop even after a transfection of cloned HCV-RNA. Very recently, *in vitro* permissive subclones of HCV genotype 1a, H77S strain, have been reported, which have five cell culture-adaptive mutations in the NS3, 4A, and 5A regions (Yi et al., 2007). In these clones, introduction of amino acid substitutions in the p7 and NS2 region enhanced production of the virion particles.

Interestingly, sequence analyses of a cytopathic HCV-JFH1 subclone (PI #1) identified six amino acid substitutions in the NS5B RdRp (Table 2). Three of the six mutations were redundantly appeared in other clones that were independently isolated from the plaques (Table 3). These findings make us speculate that these amino acid substitutions may affect the enzymatic activity of RdRp by altering tertiary structure of the

Table 3  
Nucleotide changes and amino acid substitutions in the NS5B regions of the cytopathic JFH1 subclones

PI #1	#1-1	#1-2	#1-3	PI #2	PI #3	PI #4
T7662A (C2438S)	T7662A (C2438S)	T7662A (C2438S)	T7662A (C2438S)	T7662A (C2438S)	T7662A (C2438S) A7550C C7551A (N2470T)	T7623A (S2428T)
C9153T (P2934S)	C9153T (P2934S)	C9153T (P2934S)	C9153T (P2934S)	G9162T (V2941L)	C9153T (P2934S) A9201T (I2954F)	G8259C C8260G (A2640R)
G9232A (G2960D)				G9235A (R2965Q)		
G9295C (R2985P)	G9295C (R2985P)		G9295C (R2985P)			
C9353A (H3000Q)	C9353A (H3000Q)					
G9355A (S3001N)	G9355A (S3001N)		G9355A (S3001N)			G9355A (S3001N)

Nucleotide and amino acid numbers were derived from pJFH1full (Wakita et al., 2005).

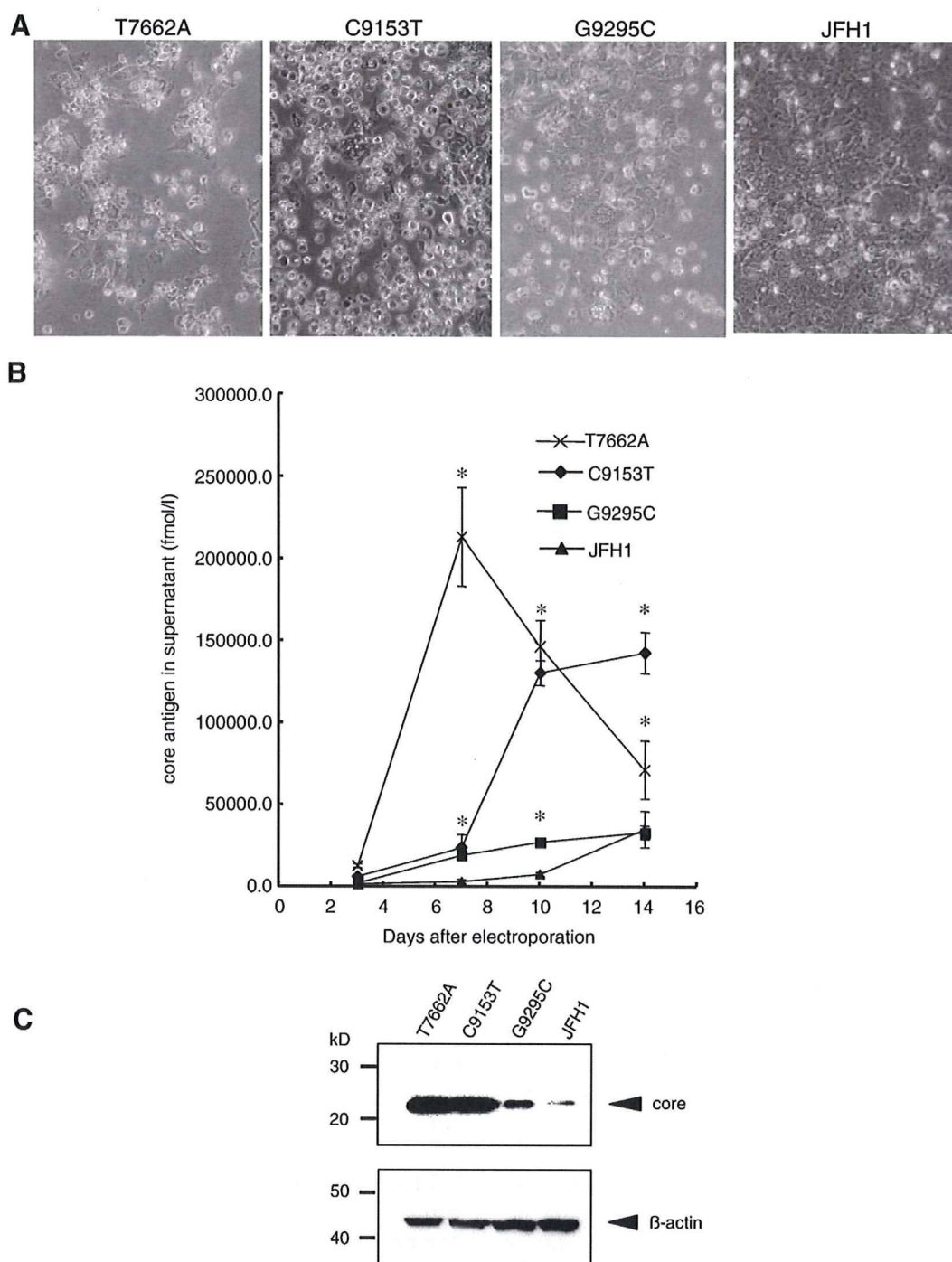


Fig. 9. Introduction of various mutations into the NS5B region of JFH1. The mutations identified in the cytopathic plaque PI #1; T7662A, C9153T, and G9295C were introduced individually into the parental JFH1. Each JFH1 mutant, T7662A, C9153T, and G9295C, RNA was transfected into Huh-7.5.1 cells by electroporation. The transfected cells were split every 3 to 5 days (see Materials and methods). (A) JFH1 mutants transfected Huh-7.5.1 cells were observed by phase-contrast microscopy at day 7 after transfection. (B) Levels of core antigen in the culture supernatants. The culture supernatants of transfected cells were collected on the days indicated, and the levels of core antigen were measured. Asterisks indicate  $p$ -values of less than 0.05. (C) The supernatants of JFH1 mutants transfected Huh-7.5.1 cells were transferred onto uninfected Huh-7.5.1 cells. The cells were harvested at 7 days after infection. Western blotting was performed using anti-core and anti-beta-actin.

thumb domain or affect the quaternary structure of the whole HCV replicase complex by altering surface affinity to other nonstructural proteins. Mapping of the amino acid substitutions in the RdRp tertiary structure has shown that the amino acid 2438 was located on the finger domain, and three amino acids,

2934, 2960, and 2985, were located on the outer surface of the thumb domain, which corresponds to the opposite side of the nucleotide tunnel. The other substitutions, 3000 and 3001, were within the domain of the polypeptide linking the polymerase to the membrane anchor (Lesburg et al., 1999). Very



recently, Zhong et al. have reported that long-term culture of HCV-JFH1 of more than 60 days leads to the evolution of certain mutations in the viral genome (Zhong et al., 2006). They identified amino acid changes in Core, E2, NS3, and NS5A regions, and especially E2 mutation increased infectivity and density changes of viruses. In our present study, however, we could not find those mutations in the virus subclones that we have isolated in the plaque assay technique. The discrepancy might be attributable to the presence or absence of HCV-CPE-induced cell clonal alteration of the host Huh-7.5.1 that occurs concomitantly with viral genetic evolution during long-term cell culture. Further analyses may be necessary to determine the most critical regions that regulate the viral replication efficiency and cytopathogenicity.

Interestingly, the mutant virus clones, T7662A (C2438S), C9153T (P2934S), and G9295C (R2985P), showed considerably higher replication efficiency and cytopathogenicity than the wild type JFH1 clone (Fig. 9). These results strongly suggest that certain NS5B mutations in the plaque-purified strains display more replication-efficient and cytopathic phenotypes. The present data are still preliminary. Further studies may be necessary to fully characterize these mutations and their functions, which include introduction of mutations of the HCV region and of the other plaque-purified viruses and combination of the mutations, and to study their effects on virus protein functions. We are at present analyzing derivative JFH1 clones in which other amino acid mutations were introduced.

Several clinical findings have suggested that HCV is not cytopathic and that antiviral immune responses such as cytotoxic T lymphocytes play important roles in HCV pathogenesis (Cerny and Chisari, 1999). On the other hand, apoptotic cell death is the first cellular response to many hepatotoxic events and has been implicated in the pathogenesis of liver diseases, such as viral hepatitis, autoimmune diseases, alcohol-induced injury, cholestasis, hepatocellular carcinoma, and fulminant hepatic failure (Canbay et al., 2004; Ghavami et al., 2005; Patel and Gores, 1995; Rodrigues et al., 2000; Rust and Gores, 2000; Thompson, 1995). Several clinical studies have shown that fulminant hepatic failure (FHF), from which HCV-JFH1 strain was isolated, showed far more hepatocyte apoptosis, as characterized by caspase activation and Fas-FasL expression, than chronic hepatitis and normal populations (Leifeld et al., 2006; Mita et al., 2005; Ryo et al., 2000). The ER stress markers GRP78 and ATF6 are upregulated in the HCV liver tissue as the histological grade advanced. In addition, GRP78 and ATF6 are upregulated as the histological grade increased in hepatocellular carcinoma (HCC) (Shuda et al., 2003) and proteomic analysis of HCC tissue samples has shown significant upregulation of HSP70 and GRP78 (Chuma et al., 2003; Takashima et al., 2003), indicating that these proteins may play important roles in HCV-induced hepatocarcinogenesis.

In conclusion, the cytopathic mutants of HCV-JFH1 strain were isolated by using plaque assay techniques. A mechanism of the cytopathic effects involved ER stress-mediated apoptosis that was triggered by virus infection. That process of cytopathic effects might explain one aspect of HCV-induced liver injury during acute infection. Further analyses of cellular effects on

HCV replication may elucidate the pathogenesis of HCV infection and may define novel host factors as targets of antiviral chemotherapeutics.

## Materials and methods

### Reagents

Recombinant human interferon alpha-2b was from Schering-Plough (Kenilworth, NJ). Beta-mercaptoethanol was from Wako (Osaka, Japan). Anti-CD81 antibody (JS-81) was from BD Biosciences (Franklin Lakes, NJ) (Morikawa et al., 2007).

### Cells and cell culture

Huh-7.5.1 cells (Zhong et al., 2005) (kindly provided by Dr Francis V. Chisari) were maintained in Dulbecco's modified minimal essential medium (DMEM, Sigma) supplemented with 2 mmol/l L-glutamine and 10% fetal bovine serum at 37 °C under 5.0% CO<sub>2</sub>.

### In vitro RNA synthesis and transfection

A plasmid, pJFH1-full (Wakita et al., 2005), which encodes the full-length HCV-JFH1 sequence, and two control plasmids for pJFH1-full were used; pJFH1/GND that is a replication incompetent mutant with a mutation in the NS5B GDD motif and pJFH1/ΔE1-E2 in which a coding region of the HCV envelope proteins was deleted. The HCV RNA was synthesized using the RiboMax Large Scale RNA Production System (Promega, Madison, WI), with the linearized pJFH1 plasmid as template. After DNaseI (RQ-1 RNase-free DNase, Promega) treatment, the transcribed HCV-RNA was purified using ISOGEN (Nippon Gene, Tokyo, Japan). For the RNA transfection, Huh-7.5.1 cells were washed twice, and 5 × 10<sup>6</sup> cells were resuspended in Opti-MEM I (Invitrogen, Carlsbad, CA) containing 10 μg of HCV RNA, transferred into a 4-mm electroporation cuvette, and subjected to an electric pulse (1050 μF and 270 V) using the Easy Ject system (EquiBio, Mieddlesex, UK). After electroporation, the cell suspension was left for 5 min at room temperature and then incubated under normal culture conditions in a 10-cm diameter cell culture dish. The transfected cells were split every 3 to 5 days. The culture supernatants were subsequently transferred onto uninfected Huh-7.5.1 cells. The levels of HCV replication and viral protein expression were detected by real-time PCR, western blotting, and immunocytochemistry.

### HCV subgenomic replicon constructs

HCV subgenomic replicon plasmid pRep-Feo was derived from the HCV-N strain pHCV1neo-delS (Tanabe et al., 2004) and pSGR-JFH1 was from the HCV-JFH1 strain (Kato et al., 2003). The replicon RNA was synthesized from pRep-Feo or pSGR-JFH1 and transfected into Huh-7.5.1 cells. After culture in the presence of G418 (Wako), cell lines stably expressing the replicon were established.