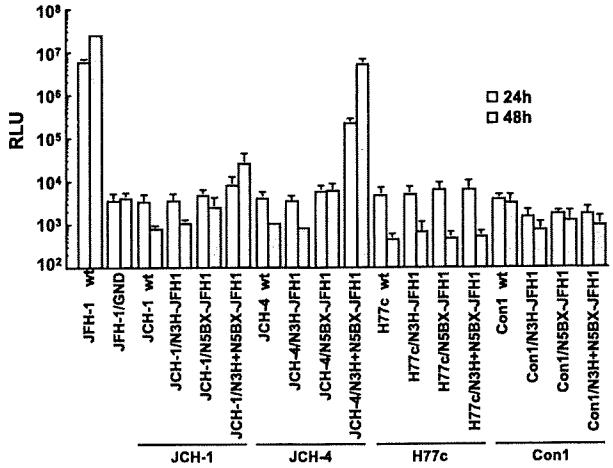

FIG. 4. Restoration of genotype 2a and genotype 1 replicon replication by the insertion of JFH-1 sequences. Two genotype 2a replicons, JCH-1 and JCH-4, a genotype 1a replicon, H77c, and a genotype 1b replicon, Con-1, were used in this assay. Three kinds of chimeric replicons, N3H-JFH-1, N5BX-JFH1, and N3H+N5BX-JFH-1, were prepared for all four HCV replicons. Wild-type (wt) or chimeric subgenomic RNAs were transfected into Huh7 cells and the luciferase activities of the transfected cells examined as described in the legend to Fig. 2B. The assays were performed three times independently, and data are presented as means and standard deviations for luciferase activity (RLU) at 24 h (white bars) and 48 h (gray bars) after transfection.

of wild-type JCH-1 at 48 h and recovered the JCH-4 replication to a level similar to that of wild-type JFH-1 at 48 h (Fig. 4, JCH-1/N3H+N5BX-JFH1 and JCH-4/N3H+N5BX-JFH1, respectively). On the other hand, insertion of the JFH-1 N5BX region or both the N3H and the N5BX regions did not restore H77c or Con1 replicon replication (Fig. 4, H77c/N5BX-JFH1, H77c/N3H+N5BX-JFH1, Con1/N5BX-JFH1, and Con1/N3H+N5BX-JFH1). HCV polyprotein processing is critically important for HCV RNA replication and virus production, and this processing may be affected by the chimeric RNA molecules between different isolates of genotype 2 as well as those between genotypes 1 and 2. However, our data indicated that HCV polyprotein processing did not differ among the chimeric constructs (data not shown). Thus, the JFH-1 N3H and N5BX regions can rescue the replication of genotype 2a replicons at different levels but not the replication of genotype 1 replicons.

The NS3 helicase and NS5B-3′X regions are both important for JFH-1 genomic RNA replication. Next, we applied the previously described results to genomic RNA replication. The structures of HCV, the template DNA for JFH-1, and the chimeric full-genomic RNAs are shown in Fig. 5A. Full-length HCV RNAs were synthesized as described above and their quality and integrity then confirmed by gel electrophoresis (data not shown). To analyze the transient RNA replication of these chimeric RNAs in Huh7 cells, the synthesized RNAs were transfected into Huh7 cells and total RNA was extracted from HCV RNA-transfected cells at various time points. Northern blot analysis was then performed. The equality of the transfection efficiencies was confirmed by the cotransfection of luciferase mRNA (data not shown). As shown in Fig. 5B, JFH-1 RNA decreased at 10 h after transfection but replicated efficiently at 24 to 48 h after transfection, as described previously (48). J6 chimeric RNA with the NS3 helicase and N5BX regions of JFH-1 (J6/N3H+N5BX-JFH1) replicated with similar kinetics but with lower efficiency. J6 chimeric RNA with JFH-1 N5BX (J6/N5BX-JFH1) showed no replication in this assay, like J6CF or JFH-1 GND, although this chimera replicated to a considerable extent in subgenomic-replicon assays. Taken together, these data indicate that the NS3 helicase-coding region and the NS5B-to-3′X region of JFH-1 are both essential for full-length genomic HCV RNA replication in Huh7 cells.

Core protein and infectious-chimeric-virus secretion from chimeric J6CF RNA-transfected cells. Finally, we tested whether chimeric RNA-transfected cells could secrete infectious virus particles. Figure 5C shows the core protein secretion into the culture medium from JFH-1, JFH-1/GND, J6CF, and chimeric-RNA-transfected cells. Core protein was efficiently secreted from cells transfected with JFH-1 RNA (Fig. 5C and Table 1) and those transfected with J6/N3H+N5BX-JFH1 RNA, but with efficiencies lower than that for JFH-1 (Fig. 5C and Table 1). J6/N5BX-JFH1, JFH-1/GND, and J6CF RNA-transfected cells, which showed no RNA replication by Northern blot analysis (Fig. 5B), did not secrete core proteins into the culture medium (Table 1). By the replicon assay, JFH-1/N5BX-J6 showed no replication in Huh7 cells (Fig. 2B, N5BX-J6), and full-length JFH-1/N5BX-J6 RNA-transfected cells did not secrete core protein into the culture medium (Table 1). On the other hand, JFH-1/N5B-J6 replicated to some extent in the replicon assay (Fig. 2B, N5B-J6), and full-length JFH-1/N5B-J6 RNA-transfected cells secreted a smaller amount of core protein than JFH-1 RNA-transfected cells (Fig. 5C and Table 1). Both JFH-1/N3H-J6 and JFH-1/3′UTR-J6 RNA-transfected cells secreted about half the amount of core protein that the JFH-1 RNA-transfected cells did (Fig. 5C and Table 1); however, the replication level of the JFH1/N3H-J6 replicon was markedly lower than those of the JFH-1 and JFH-1/3′UTR-J6 replicons (Fig. 2B, JFH-1 wt, N3H-J6, and 3′UTR-J6), and the replication level of full-length JFH-1/N3H-J6 RNA was also lower than those of the JFH-1 and JFH-1/3′UTR-J6 RNAs as determined by Northern blot analysis (data not shown). Transfection of the other two chimeric RNAs, JFH-1/N3H+N5B-J6 and JFH-1/N3H+N5BX-J6, did not induce core protein secretion (Table 1), and this is in agreement with the finding that neither chimeric replicon replicated (Fig. 2B, N3H+N5B-J6 and N3H+N5BX-J6).

Then, we tested the infectivity of the culture medium from the RNA-transfected cells by a focus formation assay. The infectivity of the culture medium from JFH-1 RNA-transfected cells was determined as $8.8 \times 10^3 \pm 5.7 \times 10^2$ FFU/ml (Table 1). The infectivity of the culture medium was also detected from cells transfected with J6/N3H+N5BX/JFH-1, JFH1/N3H-J6, JFH-1/N5B-J6, or JFH-1/3′UTR-J6 RNA but not with other chimeric RNAs (Table 1). This result thus indicates that efficient core protein secretion is at least indispensable for infectious-virus secretion. However, the levels of infectivity of culture medium did not correlate with core protein concentrations. In particular, JFH-1/N3H-J6 RNA-transfected cells secreted a rather higher level of core protein, but its infectious titer was low. The RNA replication capacity of JFH-1/N3H-J6 was lower than that of wild-type JFH-1 or JFH-1/3′UTR-J6

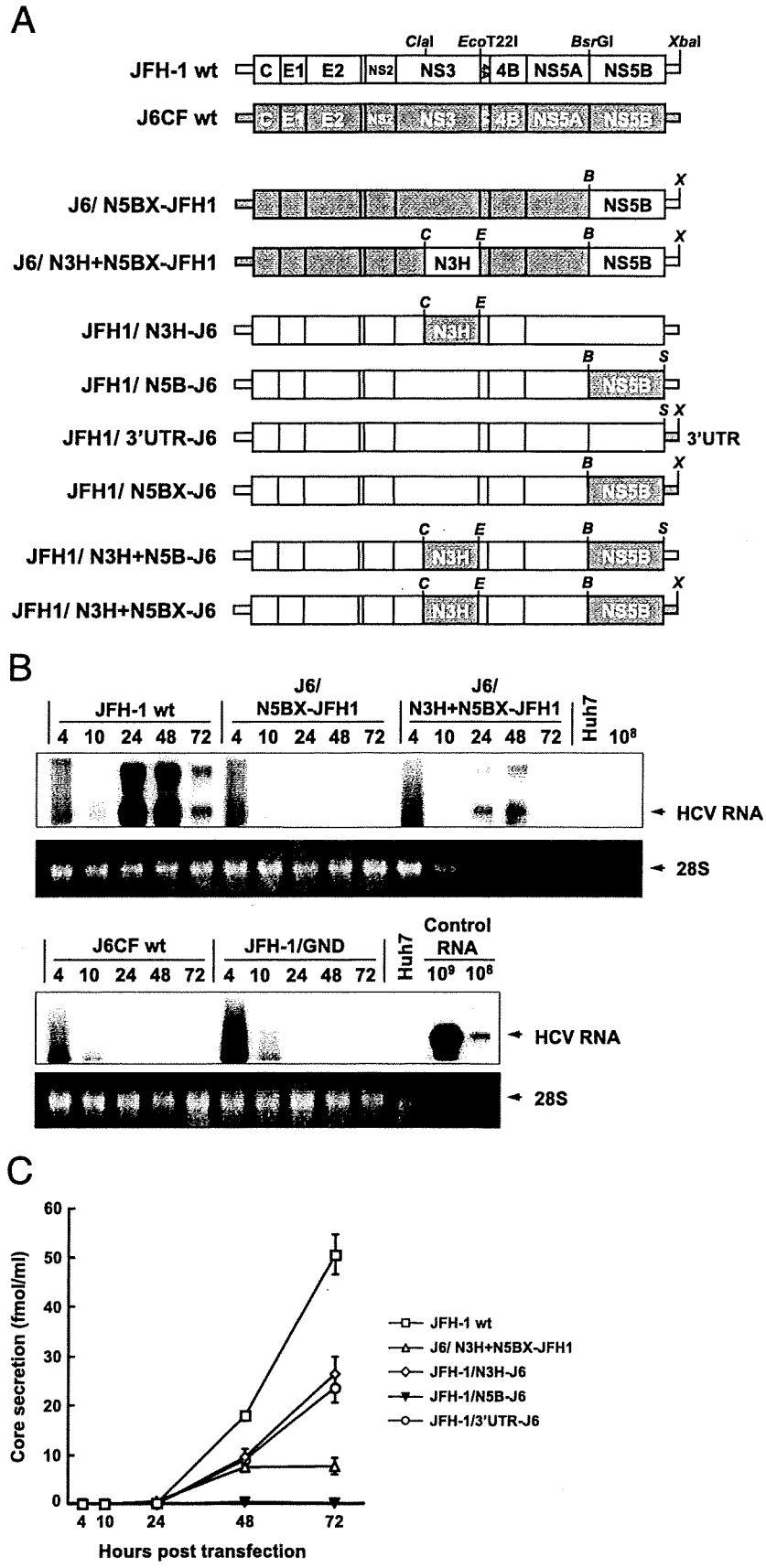

TABLE 1. Infectious titers of the media from chimeric HCV RNA-transfected cells

Construct[a]	Core protein level (fmol/ml)	Infectivity (FFU/ml)
JFH-1 (wild type)	50.7 ± 4.1	$8.8 \times 10^3 \pm 5.7 \times 10^2$
JFH-1/GND	0	0
J6CF (wild type)	0	0
J6/N5BX-JFH1	0	0
J6/N3H+N5BX-JFH1	7.7 ± 1.7	$9.1 \times 10^1 \pm 4.1 \times 10^1$
JFH-1/N3H-J6	26.3 ± 3.6	$1.7 \times 10^1 \pm 1.2 \times 10^1$
JFH-1/N5B-J6	0.1 ± 0.0	$6.7 \times 10^0 \pm 4.1 \times 10^0$
JFH-1/3′UTR-J6	23.6 ± 2.9	$2.6 \times 10^3 \pm 7.1 \times 10^2$
JFH-1/N5BX-J6	0	0
JFH-1/N3H+N5B-J6	0	0
JFH-1/N3H+N5BX-J6	0	0

[a] Culture media were collected from the RNA-transfected cells 72 h after transfection.

(Fig. 2B), and currently, there is no clear explanation for this discrepancy. This will be further examined in a future study.

Importantly, we found that the J6/N3H+N5BX-JFH1 chimera produced infectious virus. These results strongly indicate that the NS3 helicase and NS5B-to-3′X regions of JFH-1 are important for autonomous replication of the replication-incompetent J6CF strain and for secretion of infectious chimeric virus, although the virus secretion efficiency and the infection efficiency of the secreted virus were low.

DISCUSSION

In the present study, we identified the regions that are important for efficient JFH-1 replication in Huh7 cells by using chimeric constructs with other genotype 2a clones. Via transient replication assays of JFH-1 and J6CF chimeras, both the NS3 helicase-coding (N3H) region and the NS5B-to-3′X (N5BX) region of JFH-1 were found to be important for replication (Fig. 2 and 3). This was also confirmed by full-length genomic RNA replication, but the replication level of J6/N3H+N5BX-JFH1 was lower than that of wild-type JFH-1 (Fig. 5B). The N5BX region of JFH-1 was the minimum essential region for subgenomic-replicon replication (Fig. 3B, N5BX-JFH-1), but in full-length RNA replication, the NS3 helicase-coding region of JFH-1 was also necessary (Fig. 5B). This contradiction might be explained by differences in RNA length, because shorter RNAs such as subgenomic replicons are likely to replicate even with a less powerful replication engine. Alternatively, there could be some negative element for replication in the J6CF structural-protein-coding region or some positive element in the *neo* encephalomyocarditis virus internal ribosome entry site region of the subgenomic replicon. Furthermore, J6 chimeric RNA with the minimum essential regions of JFH-1 (J6/N3H+N5BX-JFH1) caused Huh7 cells to secrete infectious chimeric virus particles. However, the infection efficiency of J6/N3H+N5BX-JFH1 was lower than that of wild-type JFH-1. First, this may be due to the low RNA replication level. With JFH-1 NS3 helicase and N5BX, J6CF was able to replicate, but the replication efficiency was lower than that of JFH-1 (Fig. 5B). Because J6CF replication could occur only with JFH-1 NS3 helicase and N5BX, more *cis*-acting replication elements (CREs) of JFH-1 may be needed for more efficient replication of J6CF. Second, the levels of virus assembly may be low. This chimera had only the NS3 helicase, NS5B, and 3′UTR regions of JFH-1, possibly omitting some regions important for efficient virus particle secretion. Given that the NS2 region of JFH-1 is reportedly important in virus assembly and release (39), the NS2 region may be a possible candidate. JFH-1/N3H-J6 RNA-transfected cells secreted a substantial amount of core protein; however, its infectivity was much lower (Table 1). The JFH-1 N3H region may be important for the infectivity of the secreted virus and/or for virus particle secretion itself. This will be determined in a future study.

Significance of JFH-1 N5BX for replication. We demonstrated the importance of both the NS5B-coding region and the 3′UTR in JFH-1 replication in the present study. There are several reports regarding CREs within the NS5B-coding region and 3′UTR of Con1 (9, 28, 52). The importance of the interaction between CREs in NS5B and the 3′UTR for replication has also been reported for the Con1 strain (9). The nucleotide sequences involved in the kissing-loop interaction were conserved between JFH-1, J6CF, and Con-1. However, mutations in other regions may affect this interaction by disrupting the RNA secondary structures. On the other hand, given that the NS5B-coding region encodes an RNA-dependent RNA polymerase, the enzymatic activities of the polymerase may differ among the tested strains. The sequence similarities of the JFH-1 and J6CF NS5B regions are 92.2% for the nucleotide sequence and 95.1% for the amino acid sequence. Out of 591 amino acids, only 29 amino acids differ, and the GDD motif that is highly conserved among RdRps is conserved. There are many reports regarding the interaction between NS5B and other viral or cellular proteins, and some of the interactions have been reported to play a role in replication (6, 10, 12, 15, 17, 27, 41–43, 45, 46). Furthermore, the importance of the membrane localization of NS5B with respect to replication has also been reported (29, 35). Mutations in J6CF NS5B may affect these roles. It is thus important to examine the RdRp activities of JFH-1 and J6CF NS5B proteins in vitro.

FIG. 5. Analysis of transient replication of genomic chimeric HCV RNA. (A) Structures of full-length chimeric HCV RNAs. Each chimeric full-length construct was prepared by the insertion of the restricted fragments as indicated. The restriction enzyme recognition sites used for the plasmid constructions are indicated. *C*, ClaI; *E*, EcoT22I; *B*, BsrGI; *S*, StuI; *X*, XbaI; wt, wild type. (B) Northern blot analysis of total RNA prepared from cells transfected with transcribed genomic HCV RNA. Numbers of synthetic JFH-1 RNA (control RNA), RNA isolated from naïve cells (Huh7), and hours after transfection (4, 10, 24, 48, and 72) are indicated. Arrowheads indicate full-length HCV RNA (HCV RNA) and 28S rRNA (28S). A representative autoradiogram (6-h exposure) of three independent experiments is presented. (C) HCV core protein secretion from the RNA-transfected cells. Transcribed wild-type or chimeric full-length HCV RNAs (10 μg) were transfected into Huh7 cells. Culture medium was harvested at 4, 10, 24, 48, and 72 h after transfection. The amounts of core proteins in the harvested culture medium were measured using an HCV core enzyme-linked immunosorbent assay. The assays were performed five times independently, and data are presented as means and standard deviations.

On the other hand, the effect of the 3′UTR is very surprising, especially since the nucleotide sequences of this region are very similar between JFH-1 and J6CF. In this study, the 3′UTR includes four parts: 22 nucleotides at the 3′-end NS5B region (as a result of the cloning strategy), 39 nucleotides of variable region, the poly(U/UC) region, and a 98-nucleotide 3′X region. There are a single synonymous nucleotide mutation in the 3′-end NS5B region and three nucleotide mutations in the variable region. The poly(U/UC) regions are 99 and 132 nucleotides in JFH-1 and J6CF, respectively. There are no mutations in the 3′X region in either strain. It is thus quite interesting to pursue the mechanisms of these mutations in the 3′UTR that affect the HCV RNA replication levels. Further studies are important for precise elucidation of the efficient replication mechanisms of JFH-1.

Significance of the JFH-1 NS3 helicase region for replication. In the present study, we demonstrated the importance of the JFH-1 NS3 helicase region, especially in full-length genomic RNA replication. It has been reported that an active NS3 helicase is required for replication of subgenomic replicons (25). The NS3 helicase domain possesses helicase activity and ATPase activity, and it has been reported that the characters of these enzymes differ among the genotypes and the strains (26). NS3 has also been reported to interact with positive- and negative-strand RNA 3′UTRs (1). One possible model of the role of NS3 in RNA replication is that NS3 helicase unwinds RNA secondary structures and/or a double-stranded RNA intermediate before RNA synthesis by NS5B (37). The sequence similarity of the NS3 helicase regions of JFH-1 and J6CF is rather high, 89.5% for the nucleotide sequence and 93.8% for the amino acid sequence, and out of 487 amino acids, only 30 amino acids differ. These mutations may affect the enzymatic activities of NS3 helicase.

Furthermore, it has been reported that NS3 can stimulate NS5B RdRp activity (38). It has also been reported that the NS3 protease domain and NS5B stimulate NS3 helicase activity (53). Taken together, these findings show that not only the enzymatic activities themselves but also the combination or interaction of the NS3 and NS5B proteins could be important. However, it is still important to examine and compare the NS3 helicase enzymatic activities in vitro of JFH-1 and other HCV strains in a further study.

Replication in vitro and in vivo. We previously reported that JFH-1 RNA could replicate efficiently in Huh7 cells. Cell-cultured JFH-1 virus was also found to be infectious in chimpanzees; however, the virus was cleared immediately after transient viremia (48). In contrast, J6CF does not replicate in Huh7 cells, but it is infectious in chimpanzees (49). J6/JFH-1 chimeric RNA replicated efficiently in Huh7 cells (39) and Huh7-derived cell lines (30), and cell-cultured chimeric J6/JFH-1 virus was infectious in chimpanzees and in chimeric uPA-SCID mice (31). Replication efficiency in vitro may not necessarily correlate with that in vivo. The H77, Con-1, and HCV-N strains were infectious in chimpanzees (3, 5, 23, 50). However, the H77 and Con-1 strains need adaptive mutations for efficient replication in cultured cells (4, 24) and HCV-N replicates relatively efficiently in cultured cells (16). On the other hand, H77-S containing five adaptive mutations can produce infectious virus particles (51), but the Con-1 and HCV-N strains do not produce virus particles (16, 40). It is still unclear what viral or host factors are important for efficient replication and infectious-virus production in vitro and in vivo. However, understanding HCV replication mechanisms by using cell culture models is still important for elucidation of the HCV life cycle.

Significance of the regions responsible for JFH-1 replication. Using two HCV strains, JFH-1 and J6CF, which are very closely related but have different characteristics, we were able to determine which regions are important for replication in cultured cells. Replication of two other genotype 2a strains, JCH-1 and JCH-4, was also recovered by replacement of the N3H and N5BX regions of JFH-1 at the lower levels compared to replication of the J6 replicon (Fig. 3B and 4). This may be because J6CF is an infectious clone in chimpanzees, but the JCH-1 and JCH-4 strains are clinical isolates from chronic-hepatitis patients (21) and may include critical mutations in other important regions. Furthermore, replication of genotype 1 HCV replicons was not restored by the same procedure as that for genotype 2a replicons (Fig. 4). Functional complementation in the nonstructural region and 3′UTR may be difficult beyond the genotypes.

Obtaining virus particles is an important step in antiviral research. Although infection efficiency is improved in permissive cell lines, most HCV strains still cannot replicate or produce virus particles in cultured cells. Therefore, chimeric virus particles with the JFH-1 replication engine may be suitable substitutes. Furthermore, analyses using chimeric viruses that have structural proteins and other regions from various strains may give us new information regarding strain-specific effects on HCV life cycles. Consequently, applying the findings of the present study to replication-incompetent strains may be useful not only for analyses of virus strain specificity and precise analyses of the HCV life cycle but also for antiviral studies.

In conclusion, we analyzed the mechanism underlying efficient JFH-1 replication by using intragenotypic chimeras of JFH-1 and J6CF and clearly showed the importance of the JFH-1 NS3 helicase region and the NS5B-to-3′X region for efficient replication of HCV genotype 2a strains.

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Serum-derived hepatitis C virus infectivity in interferon regulatory factor-7-suppressed human primary hepatocytes

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See Editorial, pages 1–5

***Background/Aims*: The development of an efficient in vitro infection system for HCV is important in order to develop new anti-HCV strategy. Only Huh7 hepatocyte cell lines were shown to be infected with JFH-1 fulminant HCV-2a strain and its chimeras. Here we aimed to establish a primary hepatocyte cell line that could be infected by HCV particles from patients' sera.**

***Methods*: We transduced primary human hepatocytes with human telomerase reverse transcriptase together with human papilloma virus 18/E6E7 (HPV18/E6E7) genes or simian virus large T gene (SV40 T) to immortalize cells. We also established the HPV18/E6E7-immortalized hepatocytes in which interferon regulatory factor-7 was inactivated. Finally we analyzed HCV infectivity in these cells.**

***Results*: Even after prolonged culture HPV18/E6E7-immortalized hepatocytes exhibited hepatocyte functions and marker expression and were more prone to HCV infection than SV40 T-immortalized hepatocytes. The susceptibility of HPV18/E6E7-immortalized hepatocytes to HCV infection was further improved, in particular, by impairing signaling through interferon regulatory factor-7.**

***Conclusions*: HPV18/E6E7-immortalized hepatocytes are useful for the analysis of HCV infection, anti-HCV innate immune response, and screening of antiviral agents with a variety of HCV strains.**

***Keywords*: Immortalization; Primary hepatocytes; HCV infection; IRF-7; IRF-3; HPV18/E6E7; Innate immune response**

1. Introduction

Infection with Hepatitis C virus (HCV) is a serious problem worldwide since 3% of the world's population is chronically infected [1]. Chronic HCV may lead to liver cirrhosis and hepatocellular carcinoma. Current standard therapy utilizes the combination of pegylated interferon-α and ribavirin, which results in a sustained response in only 30–60% of patients [2–5]. Many patients, however, do not qualify for or tolerate standard therapy [6]. Thus, it is important to develop an efficient in vitro infection system for HCV to facilitate the discovery of new anti-HCV strategies. Only Huh7 cell line is permissive for replication, infection and release of the fulminant hepatitis-derived HCV-2a (JFH-1) *strain* and its chimeric derivatives [7–9]. No other hepatocyte cell lines are able to support HCV replication efficiently.

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Normal human hepatocytes are the ideal system in which to study HCV infectivity. When cultured in vitro, however, they proliferate poorly and divide only a few times [10]. Continuous proliferation could be achieved however by introducing oncogenes, such as Simian virus large tumor antigen (SV40 T) [11]. This often resulted in tumor development [12] together with numerical (aneuploidy) and structural (aberrations) chromosome abnormalities [13]. The human papilloma virus E6E7 genes (HPV/E6E7) immortalized multiple cell types that were phenotypically and functionally similar to the parental cells [14–20]. As yet, no human hepatocytes have been immortalized with HPV18/E6E7.

We established a human primary non-neoplastic hepatocyte cell line transduced with the HPV18/E6E7 that retained primary hepatocyte characteristics even after prolonged culture, and were more prone to HCV infection than those cells immortalized with SV40 T antigen. We further improved the susceptibility of HPV18/E6E7-immortalized hepatocytes to HCV infectivity by impairing interferon regulatory factor-7 (IRF-7) expression. These cells are useful to assay infectivity of HCV strains other than JFH-1, HCV replication, innate immune system engagement of HCV, and screening of anti-HCV agents. This infection system using non-neoplastic cells also suggested that IRF-7 plays an important role in eliminating HCV infection.

2. Materials and methods

2.1. Cell cultures

We obtained the approval of the Ethical Committee of Kyoto University for the use of human hepatocytes and sera obtained from HCV-positive patients. Informed consent was obtained from both the hepatocyte donor and HCV-positive patients. Primary hepatocytes (P.H.) were cultured as described [21]. HeLa, 293, Huh-7.5, and PH5CH8 cells were cultured as previously described [22]. For three-dimensional (3D) cultures, Mebiol Gel (Mebiol Inc.) was prepared according to the manufacturer's instructions.

2.2. Plasmids construction

The SV40 T, hTERT and HPV/E6E7 fragments from pAct-SVT, PCX4neo/hTERT, and pLXSN-E6E7 plasmids were inserted into pCSII-EF-RFA plasmid creating the pCSII-EF-SVT, pCSII-EF-hTERT, and pCSII-EF-E6E7 plasmids, respectively. The full-length IRF-3 and IRF-7 genes were cloned by RT-PCR using total RNA isolated from 293 cells as a template and were inserted into pcDNA3 vector. Dominant-negative forms of IRF-3 (DNIRF-3) and IRF-7 (DNIRF-7) were constructed by PCR amplification of the coding region for amino acid residues 108–427 of IRF-3 and 237-514 of IRF-7, respectively. The amplified IRF-3 fragment was cloned into pcDNA3 in frame with a FLAG epitope tag generating pcFLAG-DNIRF-3. The amplified IRF-7 fragment was cloned into pLXSH in frame with HA epitope tag generating pLXSH-HA-DNIRF-7. The pIFNβ promoter-luc and pIFNα promoter-luc plasmids were gifts from Dr. Taniguchi of the Tokyo University. The psiRNA-hIRF-3 and psiRNA-hIRF-7 plasmids were purchased from Invivogen (USA).

2.3. Immunoblot analysis

Immunoblot analysis was performed as described previously [22]. We used anti-SV40 T (Santa Cruz), anti-HPV18/E7 (Santa Cruz), anti-tubulin (Sigma), anti-FLAG (Sigma), and anti-HA (Sigma) antibodies.

2.4. Transfection, small interfering RNA silencing and luciferase assays

Transfection of plasmid DNA was performed using Effectene transfection reagent (Qiagen) as recommended by the manufacturer. The pLXSH-HA-DNIRF-7 plasmid was transfected into the HuS-E/2 clone; transfectants were selected in 100 μg/ml hygromycin B (Gibco). The psiRNA-hIRF-3 and psiRNA-hIRF-7 plasmids were separately transfected into HuS-E/2 cells followed by Zeocin (250 μg/ml) selection. After two weeks of continuous selection, cells were infected with HCV. Luciferase assays were conducted as previously described [22]. The results are presented as relative light units (RLU) normalized to the total content of protein in the cell lysates.

2.5. Reverse transcriptase polymerase chain reaction (RT-PCR) and real-time RT-PCR

Using 250 ng of total RNA as a template, we performed RT-PCR with a one-step RNA PCR kit (Takara) according to the manufacturer's instructions. The primer sets and reaction conditions used are detailed in Table 1. To measure HCV-RNA titers by real-time RT-PCR, we collected RNA from infected wells. Five hundred nanograms of total cellular RNA was analyzed for the quantity of HCV-RNA as previously described [23].

2.6. HCV infection experiment

HCV infection experiment from serum was done as mentioned before [22]. HCV-infected-serums were titrated and 1×10^5 HCV-RNA copies/ml were used for each infection experiment. Concentrated culture medium for HCV/JFH1-producing cells was prepared as previously described [7]. HCV titer in the concentrated medium was measured, adjusted and added to the cells as mentioned above.

2.7. Blocking of HCV infectivity by anti-CD81

Inhibition of HCV infectivity was performed by blocking CD81 as previously described [7].

3. Results

3.1. Establishment of immortalized primary human hepatocytes

Primary hepatocytes were isolated from liver tissue obtained from a 9-year-old male patient with Primary Hyperoxaluria who had undergone liver transplantation. Hepatocytes were left unmanipulated or transduced with CSII-EF-hTERT alone or in combination with CSII-EF-SVT or CSII-EF-E6E7 to enhance the efficiency of immortalization. After six weeks only cells transduced by the combination of hTERT and either LT or HPV18/E6E7 continued to proliferate. Initially appearing colonies with a growth advantage were picked up and expanded. SV40 T-immortalized cell clones were named HuS-T cells and given numbers from 1 to 7,

Table 1
Primer sequences and RT-PCR parameters

Genes	Primer sequence 5′–3′	PCR parameters[a]
HGF	F: AGGAGCCAGCCTGAATGATGA R: CCCTCTGATGTCCCAAGATTAGC	95, 56, 72 1 min, 45 s, 1 min
TGFα	F: ATGGTCCCCTCGGCTGGA R: GGCCTGCTTCTTCTGGCTGGCA	95, 59, 72 45 s, 30 s, 1 min
TGFβ1	F: GCCCTGGACACCAACTATTGCT R: AGGCTCCAAATGTAGGGGCAGG	95, 58, 72 45 s, 30 s, 1 min
TGFβ2	F: GATTTCCATCTACAAGACCACGAGGGACTTGC R: CAGCATCAGTTACATCGAAGGAGAGCCATTCG	95, 58, 72 45 s, 30 s, 1 min
HGFR	F: TGGTCCTTGGCGTCGTCCTC R: CTCATCATCAGCGTTATCTTC	95, 54, 72 30 s, 45 s, 1 min
EGFR	F: CTACCACCACTCTTTGAACTGGACCAAGG R: TCTATGCTCTCACCCCGTTCCAAGTATCG	95, 58, 72 45 s, 30 s, 1 min
TGFβ1R	F: CGTGCTGACATCTATGCAAT R: AGCTGCTCCATTGGCATAC	95 s, 54, 72 30 s, 45 s, 1 min
TGFβ2R	F: TGCACATCGTCCTGTGGAC R: GTCTCAAACTGCTCTGAAGTGTTC	95, 58, 72 45 s, 30 s, 1 min
FGFR	F: ATGTGGAGCTGGAAGTGCCTC R: GGTGTTATCTGTTTCTTTCTCC	95, 54, 72 30 s, 45 s, 1 min
IGF-1R	F: ACCCGGAGTACTTCAGCGCT R: CACAGAAGCTTCGTTGAGAA	95, 54, 72 30 s, 45 s, 1 min
HNF1α	F: GTGTCTACAACTGGTTTGCC R: TGTAGACACTGTCACTAAGG	95, 52, 72 45 s, 30 s, 1 min
HNF1β	F: GAAACAATGAGATCACTTCCTCC R: CTTTGTGCAATTGCCATGACTCC	95, 52, 72 1 m, 45 s, 1 min
HNF3β	F: CACCCTACGCCTTAACCAC R: GGTAGTAGGAGGTATCTGCGG	95, 56, 72 1 m, 45 s, 1 min
HNF4	F: CTGCTCGGAGCCACAAAGAGATCCATG R: ATCATCTGCCACGTGATGCTCTGCA	95, 58, 72 45 s, 30 s, 1 min
Albumin	F: AGTTTGCAGAAGTTTCCAAGTTAGTG R: AGGTCCGCCCTGTCATCAG	95, 55, 72 45 s, 30 s, 1 min
Apolipoprotein-a	F:AGGCTCGGCATTTCTGGCAG R: TATCCCAGAACTCCTGGGTC	95, 55, 72 45 s, 30 s, 1 min
HTF	F: TCGCTACAGCCTTTGCAATG R: TTGAGGGTACGGAGGAGTTCC	95, 55, 72 45 s, 30 s, 1 min
E-cadherin	F: TCCATTTCTTGGTCTACGCC R: TTTGTCCTACCGACTTCCAC	95, 55, 72 45 s, 30 s, 1 min
CYP 1B1	F: CACCAAGGCTGAGACAGTGA R: GCCAGGTAAACTCCAAGCAC	94, 57, 72 30 s, 30 s, 1 min
CYP 2C9	F: GGACAGAGACGACAAGCACA R: TGGTGGGGAGAAGGTCAAT	94, 57, 72 30 s, 30 s, 1 min
CYP 2B	F: GGCACACAGCCAAGTTTACA R: CCAGCAAAGAAGAGCGAGAG	94, 57, 72 30 s, 30 s, 1 min
CYP 3A4	F: TGTGCCTGAGAACACCAGAG R: GCAGAGGAGCCAAATCTACC	94, 57, 72 30 s, 30 s, 1 min
CYP 2E1	F: CCGCAAGCATTTTGACTACA R: GCTCCTTCACCCTTTCAGAC	94, 57, 72 30 s, 30 s, 1 min
CYP 1A1	F: AGGCTTTTACATCCCCAAGG R: GCAATGGTCTCACCGATACA	94, 57, 72 30 s, 30 s, 1 min
GAPDH	F: CCATGGAGAAGGCTGGGG R: CAAAGTTGTCATGGATGACC	95, 8, 72 45 s, 30 s, 1 min

Table 1 (*continued*)

Genes	Primer sequence 5′–3′	PCR parameters[a]
CD81	F: CTCAACTGTTGTGGCTCCAAC R: CCAATGAGGTACAGCTTCCC	95, 55, 72 45 s, 30 s, 1 min
TLR3	F: GATCTGTCTCATAATGGCTTG R: GACAGATTCCGAATGCTTGTG	95, 55, 72 45 s, 30 s, 1 min
TLR7	F: CCAGACATCTCCCCAGCGTC R: GGCAAAACAGTAGGGACGGC	95, 55, 72 45 s, 30 s, 1 min
TLR8	F: CTGTGAGTTATGCGCCGAAG R: CGGGATTTCCGTTCTGGTGC	95, 55, 72 45 s, 30 s, 1 min
Myd88	F: GGTCTCCTCCACATCCTCCC R: CCAGCTTGGTAAGCAGCTCG	95, 55, 72 45 s, 30 s, 1 min
IRF3	F: GAACCCCAAAGCCACGGATC R: CCTCCCGGGAACATATGCAC	95, 55, 72 45 s, 30 s, 1 min
IRF7	F: GTGCTGTTCGGAGAGTGGCTC R: CAGCCCAGGCCTTGAAGATG	95, 55, 72 45 s, 30 s, 1 min

CYP, cytochrome P450; EGFR, epidermal growth factor receptor; F, forward primer; FGFR, fibroblast growth factor receptor; GAPDH, glyceraldehyde phosphate dehydrogenase; HGF, hepatocyte growth factor; HGFR, hepatocyte growth factor receptor; HNF, hepatocyte nuclear factor; HTF, human transferrin; IGF-1R, insulin-like growth factor-type I receptor; IRF, interferon regulatory factor; R, reverse primer; TGF, transforming growth factor; TGFR, transforming growth factor receptor; TLR, toll like receptor.

[a] Temperatures are tabulated in the first lane in degrees celsius and the corresponding times in the second lane. Performing one-step RT-PCR, reverse transcription was carried out at 42 °C for 20 min with a pre-PCR denaturation at 95 °C for 10 min.

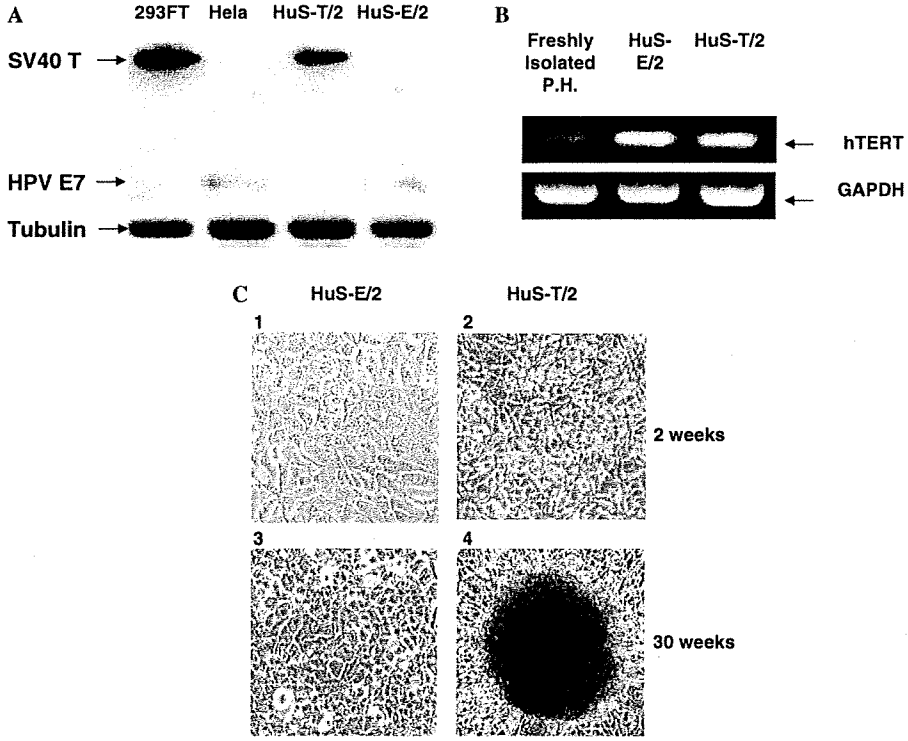

Fig. 1. (A) Immunoblot detection of SV40 T and HPV E7 expression in HuS-T/2 and HuS-E/2 cells, respectively. 293-FT and HeLa cells were used as positive controls for SV40 T and HPV E7 expression, respectively. The specific bands representing the targets are indicated. Detection of tubulin expression in all cells served as an internal control. (B) Human Telomerase Reverse Transcriptase (hTERT) expression was examined by RT-PCR in freshly isolated hepatocytes and the HuS-E/2 and HuS-T/2 cell lines. GAPDH expression was used as an internal control. The hTERT-specific bands are shown. (C) Morphological characteristics of HuS-E/2 and HuS-T/2 cells after two (panels 1 and 2) and 30 (panels 3 and 4) weeks in culture. [This figure appears in colour on the web.]

while the HPV18/E6E7-immortalized clones were named HuS-E cells and given numbers from 1 to 4. Expression of SV40 T and HPV E7 proteins was detected in the appropriate cells by immunoblot analysis (Fig. 1A). In both immortalized cell lines, expression of hTERT-mRNA was enhanced in comparison to non-transduced, freshly isolated hepatocytes as determined by RT-PCR (Fig. 1B). HuS-E cells were larger in size and exhibited slower growth than HuS-T cells (Fig. 1C).

3.2. Characterization of HuS-E and HuS-T immortalized hepatocytes

The HuS-E/2 and HuS-T/2 clones demonstrated the highest expression of hepatocyte-specific markers and transcription factors by RT-PCR (data not shown); these cells were used as representative for each group in this study. To address if HuS-E/2 and HuS-T/2 maintained similar characteristics as primary hepatocytes, they were both cultured continuously for 30 weeks and the expression profiles of a variety of growth factors (Fig. 2A), growth factor receptors (Fig. 2B), hepatocyte-specific nuclear factors (Fig. 2C), albumin, apolipoprotein-A1, transferrin (Fig. 2D), cytochrome p450 (CYP) genes (Fig. 2E), and GAPDH were compared with freshly isolated primary hepatocytes after isolation or two weeks of culture, Huh-7.5 cells, and 293 cells. After two weeks in culture, the expression of nearly all examined genes was similar between freshly isolated hepatocytes and the HuS-E/2 cell line. HuS-E/2 cells, however, exhibited higher expression of TGFβ2 (Fig. 2A), TGFβ2R, and HGFR (Fig. 2B) and lower expression of CYP 3A4 and 2C9 (Fig. 2E) in comparison to freshly isolated hepatocytes. Primary hepatocytes displayed reduced expression of TGFβ1 and TGFβ2 (Fig. 2A) and a loss of CYP1A1 expression (Fig. 2E) after two weeks of culture. HuS-E/2 cells exhibited higher expression of HGF (Fig. 2A), HGF receptor (Fig. 2B), HNF-4, (Fig. 2C), albumin, apolipoprotein-A1, HTF, and E-cadherin (Fig. 2D) in comparison to HuS-T/2 cells. Expression of CYP 3A4 (Fig. 2E) was lost from both HuS-T/2 and HuS-E/2 cells, while HuS-T/2 cells also lost the expression of HNF-1α (Fig. 2D), and CYPs 2B, 2E1 (Fig. 2E).

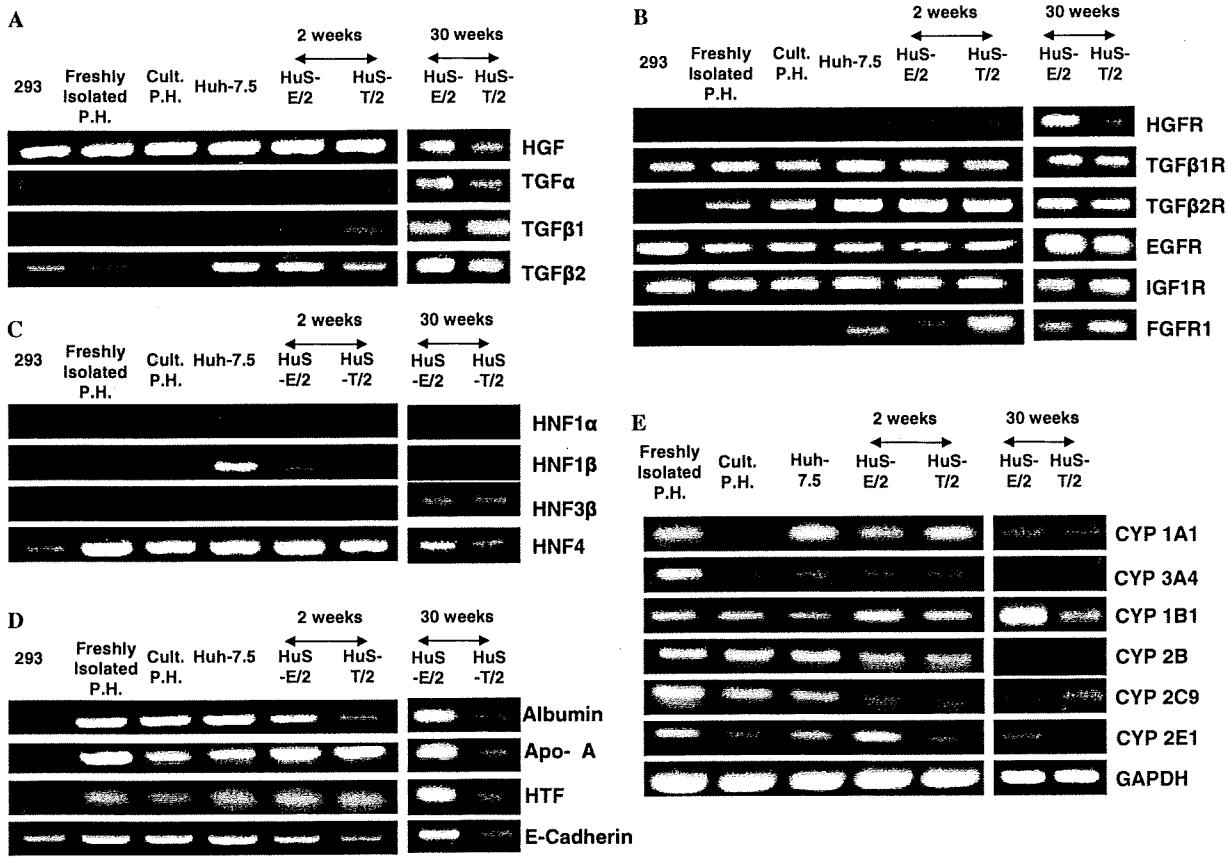

Fig. 2. Expression of the genes encoding growth factors (A), growth factor receptors (B), hepatocyte-specific nuclear factors (C), hepatocyte differentiation and functional markers (D), and CYP enzymes (E) in 293 cells, freshly isolated primary hepatocytes (P.H.), primary hepatocytes cultured for two weeks (Cult. P.H.), Huh-7.5 cells, and HuS-E/2 and HuS-T/2 cells cultured for two and 30 weeks were investigated by RT-PCR. The bands representing specific targets are indicated in the representative reactions.

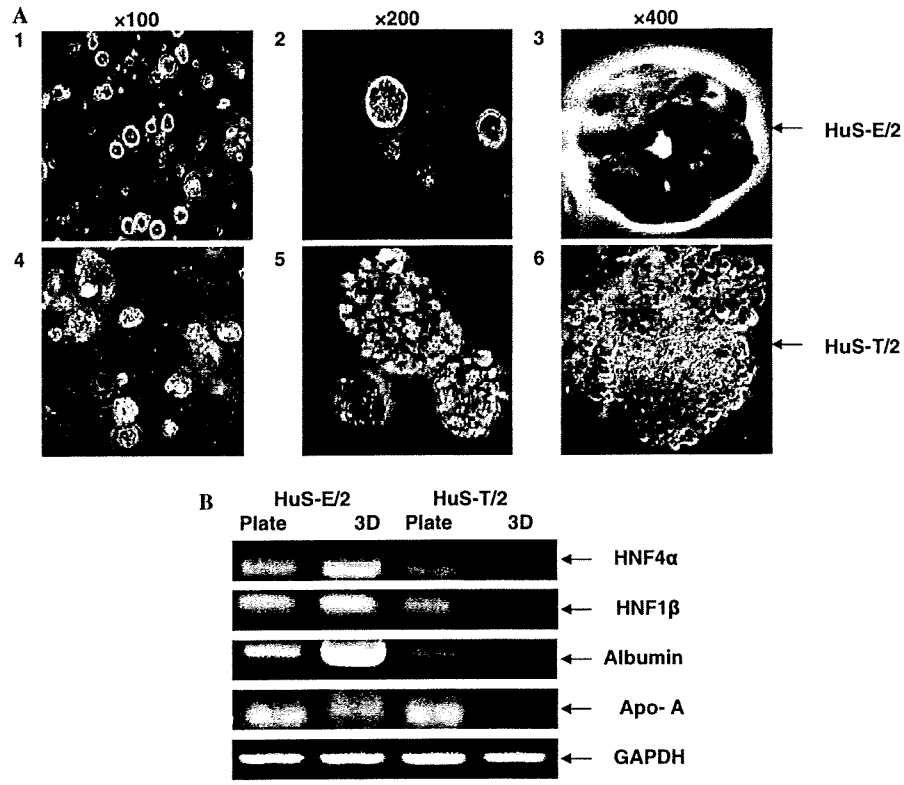

Fig. 3. (A) The morphology of HuS-E/2 and HuS-T/2 cells in 3D culture. HuSE/2 and HuS-T/2 cells were cultured in Mebiol Gel in 12-well plates at a concentration of 5×10^5 cells/well. The microscopic characteristics of these cells after one week of 3D culture are shown. (B) The expressions of HNF4α, HNF1β, albumin, and apo-A by HuS-E/2 and HuS-T/2 cells in both flat and 3D cultures are detailed. After one week of culture of HuS-E/2 and HuS-T/2 cells in flat and 3D cultures, the expressions of HNF4α, HNF1β, albumin, and apo-A were measured by RT-PCR in 250 ng total RNA.

HuS-T/2 but not in HuS-E/2 cells showed a transformed-like character starting from the 13th week of culture. This was demonstrated by continuing proliferation after confluence, pile-up formations (Fig. 1C), and proliferating in serum-deprevied condition. However, HuS-E/2 cells did not show any transformed-like characters even after 30 weeks of culture.

3.3. The characteristics of HuS-E and HuS-T immortalized hepatocytes in 3D culture

After one week in 3D culture, HuS-E/2 (Fig. 3A, panels 1, 2, and 3) cells adopted a donut-shaped structure with a central pore, while HuS-T/2 cells (Fig. 3A, panels 4, 5, and 6) displayed irregular mass formations (similar to the growth pattern of Huh-7.5 cells in 3D culture (data not shown)). In 3D culture, while the expression of HNF4, HNF1β, and albumin was enhanced in HuS-E/2, it was decreased in HuS-T/2 cells (Fig. 3B).

3.4. HCV infection to HuS-E/2

We further assessed the HCV infectivity of HuS-E- and HuS-T-derived clones by infection with HCV-1b-infected serum. Of the three HuS-E clones examined, HuS-E/2 clone demonstrated the highest infectability with HCV genotype 1b in comparison to Huh-7.5, PH5CH8 (Fig. 4A), and HuS-T cells (data not shown), which were excluded from further experiments.

3.5. Anti-CD81 blocked HCV infectivity

CD81 is involved in the entry of HCV pseudoparticles [24] and in vitro-synthesized JFH-1 [7]. To determine if authentic viral particles follow the same route of entry when infecting HuS-E/2 cells, we first examined the CD81 expression by RT-PCR. Both HuS-E/2 and HuS-T/2 cells expressed similar amounts of CD81 as freshly isolated hepatocytes and Huh-7.5 cells (Fig. 4B). Antibodies against CD81 reduced HCV infectivity of HuS-E/2 cells from the levels seen using a non-specific control antibody, confirming the importance of CD81 in HCV infectivity (Fig. 4C).

3.6. IFNα blocked HCV infectivity

We treated HuS-E/2 cells with HCV-containing serum. Cells were then cultured in fresh medium supplemented

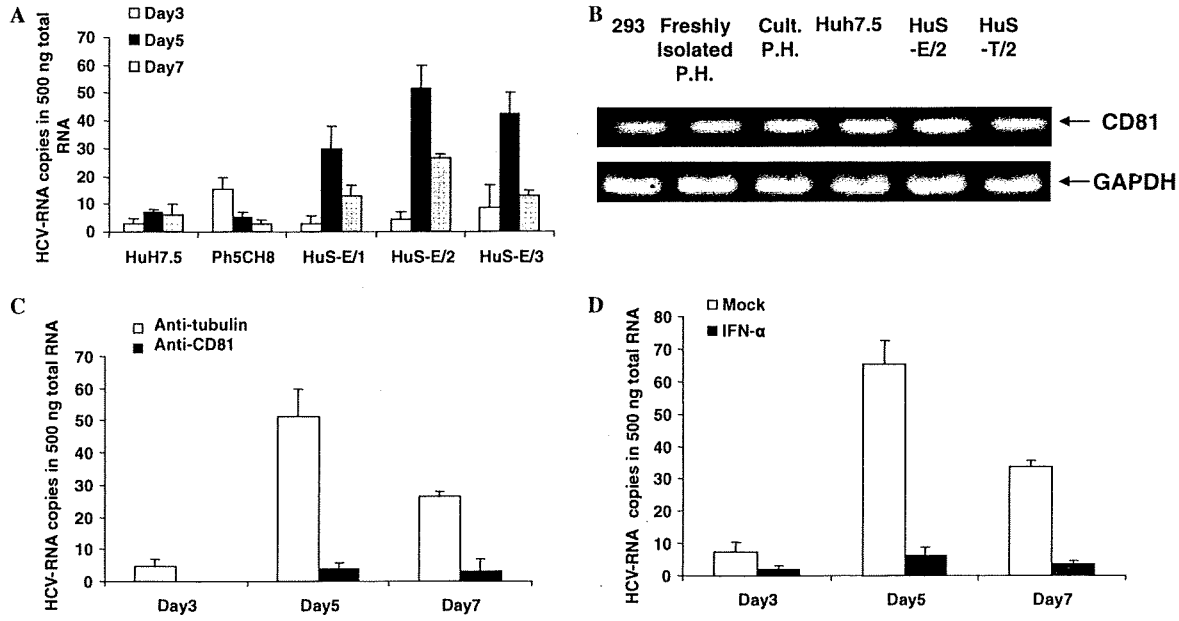

Fig. 4. (A) Serum from an HCV patient was used to infect Huh-7.5 cells, PH5CH8 cells, and three HPV E6E7-immortalized clones (HuS-E/1-3) for 24 h. After washing three times in phosphate-buffered saline (PBS), cells were cultured in fresh medium. Cells were then harvested and lysed at the indicated time points. The quantity of HCV genome RNA per 500 ng total RNA was determined by real-time RT-PCR analysis. (B) HuS-E/2 and HuS-T/2 cells both expressed CD81. Expression of CD81 (upper panel) and GAPDH as an internal control (lower panel) in 293 cells, freshly isolated P.H., cultured P.H., and Huh-7.5, HuS-E/2, and HuS-T/2 cells was investigated by RT-PCR. (C) Anti-CD81 antibodies blocked HCV infectivity. HCV infection was performed as described in (A) with the addition of CD81-specific (black bar) or anti-tubulin antibodies (control, white bar). (D) IFNα inhibits HCV multiplication in HuS-E/2 cells infected with HCV-containing serum. HuS-E/2 cells were infected with HCV as described in (A). After washing three times with PBS, cells were cultured in fresh medium supplemented with (black bar) or without (white bar) 100 U/ml IFNα.

without or with 100 U/ml IFNα. The enhancement of the HCV-RNA genome titers on the fifth day (about 10-fold) was not observed in cells treated continuously with IFNα (Fig. 4D). This result suggests that IFNα inhibited HCV replication in infected HuS-E/2 cells.

3.7. The effect of blocking IRF-3 and IRF-7 signaling on HCV infectivity

Production of interferon-alpha (IFNα) and interferon-beta (IFNβ) limits viral replication and spread, providing one of the most effective innate antiviral responses [25]. Signaling through IRF-3 and IRF-7 plays important roles in the stimulation of IFN-α/β production [25]. To determined which molecules (IRF-3 or IRF-7) play an important role in modulation of the innate immune response against HCV infection in these cells, we first detected intrinsic expression of double-stranded RNA-stimulated Toll-like receptor (TLR) 3, the downstream effector IRF-3, single-stranded RNA-stimulated TLR7, and 8, and the downstream effectors MyD88 and IRF-7 by RT-PCR. TLR3 exhibited very low expression in freshly isolated hepatocytes, Huh-7.5, HuS-E/2, and HuS-T/2 cells, while TLR7, TLR8, MyD88, and IRF-7 were easily detectable in both freshly isolated and immortalized cell lines (Fig. 5A).

The abilities of DNIRF-3 and DNIRF-7 to inhibit IFNβ and IFNα production by HuS-E/2 cells infected with Sendai virus were confirmed using assays of IFNβ or IFNα promoter-driven luciferase reporters. DNIRF-3 exhibited strong inhibition of IFNβ production (Fig. 5B) and weaker inhibition of IFNα transcription (Fig. 5C), while DNIRF-7 strongly inhibited IFNα production (Fig. 5C) and only weakly inhibited IFNβ production (Fig. 5B).

We then assessed the inhibition of HCV infectivity by DNIRF-3 and DNIRF-7. Transient transfection with DNIRF-3, DNIRF-7, or an empty vector was performed prior to HCV infection. Using Effectene reagent, the efficiency of plasmid transfection into HuS-E/2 cells was approximately 70% (data not shown). While there was no significant effect of DNIRF-3 on HCV infectivity, DNIRF-7 demonstrated a marked increase in HCV titers on days 3 and 5 after infection in comparison to control cells (Fig. 5D). To confirm that the enhancement of HCV replication by DNIRF-7 is not mediated by the impairment of IRF-3 signaling by heterodimeric interactions between IRF-3 and DNIRF-7, we performed siRNA inhibition of IRF-3 and IRF-7. The reduction of IRF-3 and IRF-7 expression by siRNA was obvious by RT-PCR (Fig. 5E). siRNA-mediated suppression of either IRF-3 or IRF-7 inhibited IFNβ and IFNα production

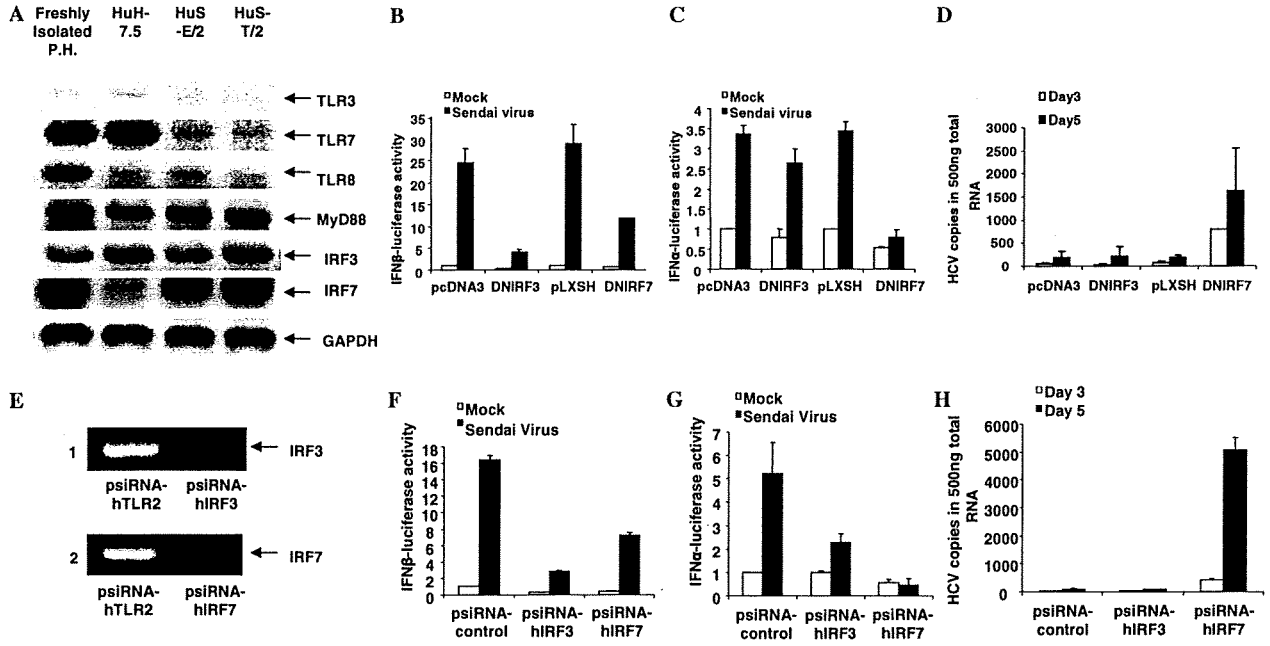

Fig. 5. (A) We examined the expression of TLR3, TLR7, TLR8, MyD88, IRF-3, and IRF-7, as well as GAPDH as an internal control in freshly isolated primary hepatocytes and Huh-7.5, HuS-E/2, and HuS-T/2 cells was investigated by RT-PCR. (B and C) HuS-E/2 cells were cotransfected with pIFNβ-luc (B) or pIFNα-luc (C) with an expression plasmid encoding DNIRF-3, DNIRF-7, or the appropriate empty vector (pcDNA3 and PLXSH, respectively). Twenty-four hours later, cells were infected (black bar) with Sendai virus or mock-infected (white bar), then analyzed for luciferase activity after 12 h. (D) IRF-7, but not IRF-3, suppression enhanced HCV infectivity of HuS-E/2 cells. HuS-E/2 cells were transiently transfected with empty pcDNA3, DNIRF-3, empty pLXSH, or DNIRF-7 plasmids. Twenty-four hours later, serum from a patient with HCV was used to infect transfected cells for 24 h. After washing, cells were cultured in fresh medium. The cells were then harvested and lysed at the indicated time points. The quantity of HCV genome RNA per 500 ng total RNA was determined by real-time RT-PCR analysis. (E) IRF-3 and IRF-7 levels were suppressed by specific siRNAs. HuS-E/2 cells were transfected with control psiRNA-hTLR2, psiRNA-hIRF-3, or psiRNA-hIRF-7, then selected with Zeocin at 250 μg/ml. Two weeks later, cells were harvested and assessed for the expression of IRF-3 and IRF-7 by RT-PCR. (F and G) HuS-E/2 cells were transfected with control psiRNA-hTLR2, psiRNA-hIRF-3, or psiRNA-hIRF-7, followed by selection in Zeocin at 250 μg/ml. Two weeks later, cells were cotransfected with pIFNβ-luc (F) or pIFNα-luc (G). Twenty-four hours later, cells were infected (black bar) with Sendai virus or mock-infected (white bar), then analyzed for luciferase activity after 12 h. (H) Transfected cells were infected with serum from HCV patient; HCV infectivity was assessed as described above.

in HuS-E/2 cells infected with Sendai virus in patterns similar to the effects seen following DNIRF-3 and DNIRF-7 expression, respectively (Figs. 5F and G). Blockade of IRF-7 expression resulted in a significantly higher titer of HCV after infection, while IRF-3 down-regulation did not have any significant effect on HCV titers (Fig. 5H). The enhancement of IRF-7 silencing by siRNA improved the infectivity of HCV (data not shown). These results suggest that IRF-7 plays the major role in the innate immune response to HCV in HuS-E/2 cells.

3.8. Establishment of stable DNIRF-7 expressing clones derived from HuS-E/2 cells

Since DNIRF-7 enhanced HCV infectivity, we transduced the plasmid encoding DNIRF-7 and a hygromycin-B resistance gene, into HuS-E/2 cells. Following selection with hygromycin-B, we obtained the HuS-E7/DN22 and HuS-E7/DN24 clones. As detected by RT-PCR, both clones demonstrated similar expression levels of albumin, apolipoprotein-A1, and HNF4 as the parental HuS-E/2 cells (Fig. 6A). The HuS-E7/DN24 clone exhibited stronger expression of DNIRF-7 than the HuS-E7/DN22 clone by immunoblotting (Fig. 6B). The induction of IFNα in HuS-E7/DN24 in response to infection with an RNA virus (Sendai virus) was low in comparison to the parental HuS-E/2 and HuS-E7/DN22 clones, as detected by IFNα-luciferase reporter assay (Fig. 6C). HuS-E7/DN24 also exhibited a higher HCV infectability in comparison to parental HuS-E/2 cells and the HuS-E7/DN22 clone (Fig. 6D).

3.9. Infection of HuS-E7/DN24 cells with different HCV genotypes

Huh7.5 and HuS-E7/DN24 cells were separately infected with serums derived from 3 different HCV-patients or by JFH-1 concentrated medium (HCV-2a). Two serums were infected by HCV-1b, while the third by HCV-2b. Inoculated virus titer was adjusted to be the same in all cases. Except for JFH-1, which efficiently

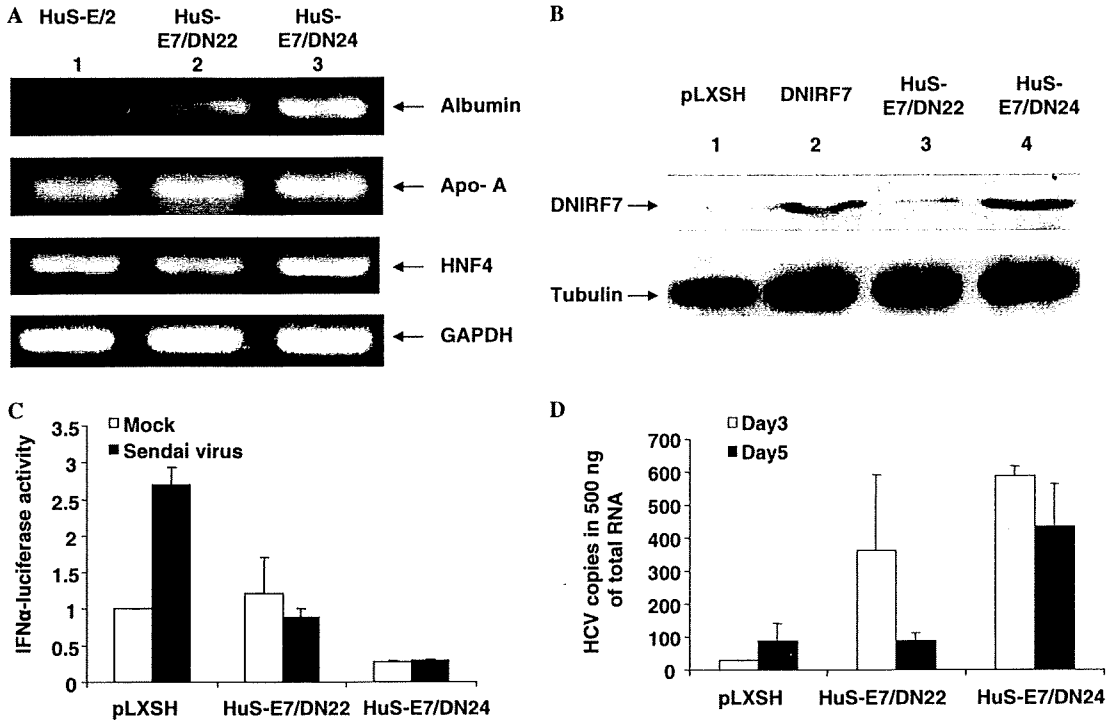

Fig. 6. (A) The pLXSH-HA-DNIRF-7 plasmid was transfected into HuS-E/2 cells, followed by selection in 100 μg/ml Hygromycin B. Two clones, HuS-E7/DN22 (lane 2) and HuS-E7/DN24 (lane 3), were obtained. We investigated the expression of albumin, apo-A, HNF4, and GAPDH as an internal control in parental HuS-E/2, HuS-E7/DN22, and HuS-E7/DN24 hepatocytes cultured for two weeks by RT-PCR. (B) Expression of HA-tagged DNIRF-7 (upper panel) and tubulin (control, lower panel) was detected by immunoblotting analysis. HuS-E/2 cells transiently transfected with either empty pLXSH vector (lane 1) or pLXSH-HA-DNIRF-7 (lane 2) were used as negative and positive controls, respectively, after 48 h. (C) HuS-E/2, HuS-E7/DN24, and HuS-E7/DN22 cells were transfected with IFNα-luc. HuS-E/2 cells were also cotransfected with pLXSH. All of these cells were then infected (black bar) or with Sendai virus or mock-infected, then analyzed for luciferase activity after 12 h. (D) HuS-E7/DN24 cells exhibited high infectivity to HCV samples derived from patient serum. HuS-E/2 cells were transiently transfected with empty pLXSH. Twenty-four hours later, serum from a recurrently transplanted HCV patient was used to infect transfected cells and HuS-E7/DN22 and HuS-E7/DN24 cells for 24 h. After washing three times, cells were cultured in fresh medium. Cells were then harvested and lysed at the indicated time points.

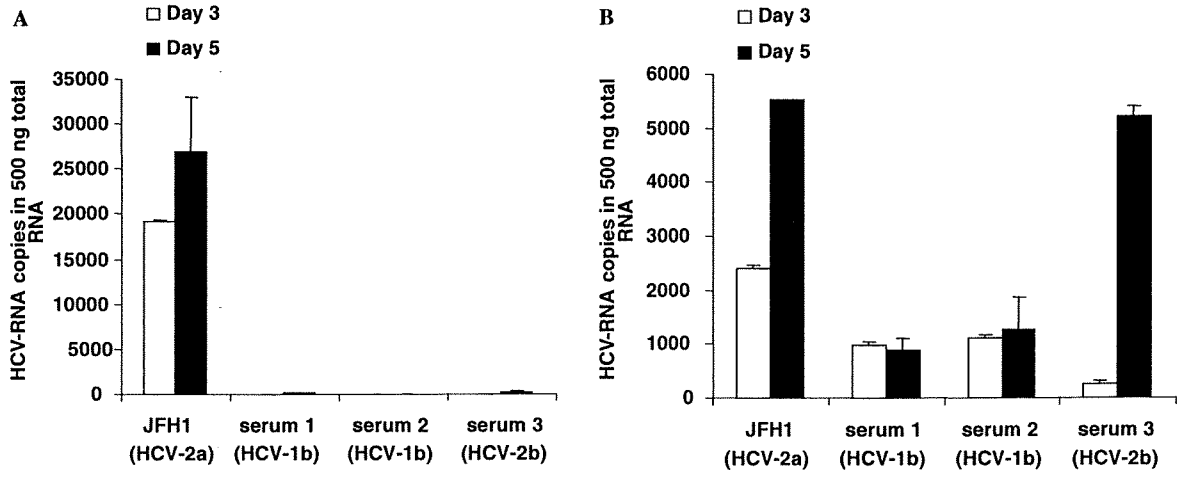

Fig. 7. The infectability of Huh-7.5 and HuS-E7/DN24 cells to different HCV genotypes. Huh-7.5 (A) and HuS-E7/DN24 (B) cells were infected with same titer of JFH1 (HCV-2a), two different HCV-1b serums and one HCV-2b serum. After removing the infected medium, the cells were washed in PBS and recultured in fresh medium. Cells were harvested and lysed at the indicated time points. The quantity of HCV genome RNA per 500 ng RNA was detected by real-time RT-PCR analysis.

replicated in Huh7.5 cells (Fig. 7A), HuS-E7/DN24 cells showed a higher and reproducible infectability for the different HCV strains than Huh7.5 cells (Fig. 7B). Similar higher infectability of HuS-E7/DN24 cells was observed with HCV-4a genotype (unpublished data). These results suggest that the high infectability of Huh-7.5 with JFH-1 is specific among the combinations of HCV strains and cell lines; while HuS-E7/DN24 cells were generally permissive to HCV-infected serum independent of HCV strains.

4. Discussion

This study demonstrates that ectopic expression of the HPV18/E6E7 genes in combination with hTERT could efficiently immortalize mature human hepatocytes, generating a cell line with stable expression of hepatocyte markers and functions for more than 30 weeks in culture. HuS-E/2 cells continuously exhibited higher expression of both HGF and HGFR than HuS-T/2 cells. This result suggests that HPV18/E6E7-immortalized hepatocytes maintain responsiveness to paracrine signals capable of inducing cell differentiation to a greater extent than SV40 T-immortalized hepatocytes. This conclusion is further supported by the increased expression of HNF4 in HuS-E/2 cells in comparison to HuS-T/2 cells. HNF4 is a major hepatocyte transcription factor, required for hepatocyte differentiation and liver-specific gene expression [26]. HNF4 drives hepatocytes differentiation by acting upstream in a transcription factor cascade that included HNF1α [27]. HuS-E/2 cells continued to express HNF1α throughout prolonged culture, while HuS-T/2 cells lost expression completely. Maintenance of hepatocellular functions was demonstrated by continuous and high expression of albumin, apolipoprotein-A, human transferrin, and E-cadherin by HuS-E/2 in comparison to HuS-T/2 cells. These differences became more pronounced in the late passages. In a similar manner, HuS-E/2 cells continued to express all of the examined CYP genes, with the exception of CYP 3A4, while HuS-T/2 cells lost expression of CYP 3A4, 1B, and 2E1 completely and displayed markedly lower expression of CYP 1B1 than HuS-E/2 cells. Thus, human hepatocytes immortalized by HPV E6/E7 transfection are phenotypically similar to primary hepatocytes, even during extended cultures.

Recently, it was reported that the JFH-1 strain and derived chimeras could only infect and propagate efficiently in Huh7.5.1 and Huh7.5 cells, both of which are subclones of Huh7 cells [7–9]. This limitation, however, may be specific to the JFH-1 **strain**, which may not accurately reflect the course of other HCV strains' infection. Thus, usage of HCV particles isolated from patient serum could be more useful to study authentic HCV infection. Using sera from HCV patients as a source of infective virus, HPV18/E6E7-immortalized cell lines exhibited higher reproducible susceptibility to HCV infection than HuS-T, PH5CH8, and Huh-7.5 cell lines.

IRF3 and IRF7 play an important role in the activation of interferon signaling [28]. We suppressed the functions of IRF-3 or IRF-7 to assess their role in HCV infectivity. In fact, we observed significant increase of HCV replication in HuS-E/2 cells bearing dominant-negative IRF7 that impaired IFN signaling. The suppression of IRF-3, however, did not have any significant effect on HCV infectivity or replication in this cell line. This may result from the blockade of IRF-3 activation by an HCV NS3/4A serine protease [29] through at least two independent pathways that inhibit the TLR3-dependent and RIG-I-dependent signaling pathways [29–33]. Although HCV was shown to inhibit basal expression levels of IRF-7 at both mRNA and protein levels and it was shown that NS5A suppresses IRF-7-induced IFNα promoter activation [34], Stimulation of TLR7 was shown to activate IRF-7 and induce suppression of HCV replicon levels in Huh-7 cells [35]. This suggests that the inhibition of IRF7 by HCV is not complete. Using IRF-7-deficient (IRF-7−/−) mice, Honda [36] demonstrated that the transcription factor IRF-7 is essential for the induction of IFNα/β genes. We established a clone stably expressing DNIRF-7 (HuS-7E/DN24), which demonstrated higher infectivity with different HCV strains than the parental HuS-E/2 clone.

In summary, we have established a human hepatocyte-derived cell line that maintains the characteristic features of primary hepatocytes by transduction with HPV18/E6E7. This cell line is highly infectable by HCV, which suggests that these cells may be useful to characterize the molecular mechanisms involved with HCV infection and to develop novel HCV treatment modalities.

Acknowledgements

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Editor-Communicated Paper

In Vitro Infection of Immortalized Primary Hepatocytes by HCV Genotype 4a and Inhibition of Virus Replication by Cyclosporin

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Abstract: **Hepatitis C virus (HCV) is a major cause of liver cirrhosis and hepatocellular carcinoma worldwide. We previously reported that cyclosporin A (CsA) inhibits HCV-1b replication. However, its inhibition of JFH-1 (HCV-2a) was much less. Since HCV genotype clearly affects the *in vitro* and *in vivo* response to anti-viral therapy, we wished to examine the effect of CsA and its non-immunosuppressive derivative NIM811 on HCV genotype 4a replication. We first established an *in vitro* system supporting HCV-4a infection and replication using immortalized human hepatocytes, HuS-E7/DN24 (HuS) cells, and these cells were infected with sera obtained from Egyptian patients with chronic HCV-4a infection. HuS cells supported more robust HCV-4a replication than both HuH-7.5 and PH5CH8 cells, and HCV-4a infection and replication were completely inhibited by 3 μg/ml CsA and 0.5 μg/ml NIM811. Thus, HuS cells are a good model system supporting the infection and high-level replication of HCV-4a, and both CsA and NIM811 effectively inhibit HCV-4a replication in this system.**

Key words: **HCV-4a, Hepatitis, NIM811, HuS**

Hepatitis C virus (HCV) is an enveloped, positive-stranded RNA virus of the genus *Hepacivirus* and family *Flaviviridae* (14). HCV is an important cause of morbidity and mortality worldwide. A high proportion of individuals infected with HCV develop chronic hepatitis, and this may progress to cirrhosis and hepatocellular carcinoma (2). The WHO estimates that there are at least 21.3 million HCV carriers in the Eastern Mediterranean countries, and this number approaches the combined estimated number of HCV carriers in the Americas (13.1 million) and Europe (8.9 million). Indeed, the prevalence of HCV infection in Egypt (15–25%) is amongst the highest in the world (18).

The genomes of a number of different HCV strains have been cloned, and the divergence of these sequences indicates the existence of at least six HCV genotypes with a number of subtypes (12). In North America and Northern Europe, HCV subtype 1a is the most common followed by 2b and 3a. In Japan, subtype 1b is responsible for up to 73% of cases of HCV infection (13). However, genotypes other than 1, 2 or 3 represent most HCV cases in the remaining countries. HCV genotype 5 has been isolated almost exclusively from patients in South Africa, and genotype 6 is primarily found in Hong Kong, Vietnam and throughout South East Asia (13). However, it is now clear that genotype 4 is largely confined to Central Africa and the Middle East, a region containing approximately one-fifth of all HCV positive individuals worldwide (10).

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Abbreviations: CsA, cyclosporin A; CyPB, cyclophilin B; HCV, hepatitis C virus; HCVpp, hepatitis C virus pseudoparticles; hTERT, human telomerase reverse transcriptase; HuS, HuS-E7/DN24; IFN-α, interferon-alpha; IRF-7, interferon regulatory factor-7; MAb, monoclonal antibody; Sv40-Lt, Simian virus 40-large T antigen.

Our understanding of HCV was dramatically impaired by the lack of an effective virus culture system, and the establishment of self replicating full-length HCV genomic replicon systems for genotypes 1a and 1b in human hepatoma (HuH-7) cells provided valuable insight into the mechanisms of HCV replication (6). Recently, several groups reported the production of infectious virus following transfection of HCV genotype 2a genomic RNA into HuH-7 cells (1). However, immortalized, tumor derived cell lines may obscure some aspects of HCV biology, and human primary hepatocytes are the ideal cell to examine HCV replication under more physiologic conditions. Liver epithelial cells, hepatocytes and biliary cells proliferate *in vivo* in response to regenerative stimuli, but they do not proliferate under standard culture conditions *in vitro*. Recently, Aly et al. established a cell line derived from primary hepatocytes immortalized by the expression of the E6 and E7 genes of the human papillomavirus type 18 and human telomerase reverse transcriptase gene (hTERT) (1). This cell line, HuS-E7/DN24 (HuS), also lacks interferon regulatory factor-7 (IRF-7) (1), and it maintains a phenotype consistent with primary hepatocytes such as the continuous expression of albumin, apolipoprotein A, transferrin and E-cadherin without evidence of transformation even after prolonged culture (1).

At present, the only approved therapies for chronic HCV infection are interferon-alpha (IFN-α) with or without ribavirin, but these drugs fail to clear HCV from a significant number of patients (5). Recently our group discovered that cyclosporin A (CsA), and its non-immunosuppressive analogue, NIM811 could suppress HCV genome replication in a cell culture system (4, 16). The anti-HCV effects of CsA correlated with cyclophilin B inhibition (CyPB). CyPB, a cellular target of CsA, regulates HCV replication through its interaction with the viral RNA-dependent RNA polymerase NS5B, and CsA suppresses HCV replication by disrupting the association of CyPB with NS5B (17). CsA strongly suppressed HCV-1b replication, but its effects on HCV-2a (JFH-1) replication were less profound, indicating that different HCV genotypes may be differentially susceptible to CsA (17). However, the ability of CsA to inhibit the replication of HCV-4a, one of the most common genotypes worldwide, has not been reported.

We infected HuS immortalized primary hepatocytes with serum samples obtained from Egyptian patients with chronic HCV-4a infection and examined the ability of CsA and NIM811 to suppress viral replication. Our data indicate that HCV-4a is highly susceptible to CsA and NIM811 treatment, suggesting that these may represent new treatment options to explore in HCV-4a infected individuals.

Materials and Methods

Cells. The immortalized primary hepatocyte cell line HuS-E7/DN24 (HuS) was cultured as reported (1). The hepatoma cell line HuH-7.5 that supports infection and replication of the recombinant HCV strain JFH-1 (HCV-2a) (15) was cultured as previously described. Simian virus 40-large T antigen (Sv40-Lt) immortalized primary hepatocytes (PH5CH8) supporting infection and replication of HCV-1b genotype samples were cultured as reported (16).

Serum samples. Serum samples from Egyptian patients with chronic HCV hepatitis genotype 4a were collected in Egypt (after approval of the Medical Research Ethics Committee in Mansoura University). The virus titer in sera was determined using real-time PCR for the detection of HCV as described (8).

Real-time reverse transcriptase polymerase chain reaction (real-time RT-PCR) analysis. Five-hundred nanograms of total RNA isolated from cells was reverse transcribed as previously described (1), and the 5'-untranslated region of HCV genomic RNA was quantitated using the ABI PRISM 7700 sequence detector (Applied Biosystems, Foster City, Calif., U.S.A.) as described previously (8). The forward and reverse primers used in this experiment were 5'-CGGGAGAGCCATAGTGG-3' and 5'-AGTACCACAAGGCCTTTCG-3', respectively. The fluorogenic probe was 5'-CTGCGGAACCGGTGAGTACAC-3'. As an internal control, ribosomal RNA was also quantified using *Taq*Man ribosomal RNA control reagents (Applied Biosystems).

Chemicals. CsA and IFN-α were purchased from Sigma and Otsuka Pharmaceutical Co., respectively. NIM811 was generously provided by Novartis (Basel, Switzerland).

In vitro *infection experiments.* HuS, PH5CH8 and HuH-7.5 cells were harvested, washed, adjusted to 5×10^4 cells/ml in growth medium and cultured in 12-well plates with 1 ml media per well. After 24 hr, the culture medium was replaced with 1 ml of complete medium containing HCV. Plates were incubated at 37 C for 24 hr, and the virus-containing media was removed. The cells were then washed twice with PBS, and 1 ml of complete culture medium was added to each well. Plates were re-incubated and the cells were harvested at the indicated times for evaluation. Total RNA was extracted from infected or non-infected cells, and HCV-RNA was measured by real time RT-PCR as described (8).

HCV infection neutralization experiment. HCV infection of HuS cells was inhibited using anti-CD81 (BD-Bioscience) or anti-HCV-E2 (AP33) as previously reported (7). The mouse monoclonal antibody (MAb) AP33 recognizes the E2 glycoprotein of HCV-1A, and it neutralizes retroviral pseudoparticles (HCVpp) carrying genetically diverse HCV envelope glycoproteins, including HCV-4a-glycoproteins (9). Anti-tubulin (Sigma, St. Louis, Mo., U.S.A.) was used as a control.

Inhibition of HCV replication. HuS cells were cultured at a concentration of 5×10^4 cells/well in 12-well plates. After 24 hr, cells were infected by adding growth medium containing HCV-4a serum (adjusted to a final virus titer of 5×10^4 copies of RNA/ml) and the indicated concentrations of CsA, NIM811, or IFN-α. Plates were incubated at 37 C for 24 hr, and the medium was then removed, the cells were washed twice with PBS, and 1 ml of fresh medium containing CsA, NIM811, or IFN-α was added to the cells. On day 5 post-infection, the medium was removed, and the cells were washed, trypsinized and collected. Total RNA was extracted from infected or non-infected cells, and HCV-RNA was measured by real-time RT-PCR.

CsA and NIM811 toxicity test. HuS cells were cultured at a concentration of 5×10^4 cells/well in 12-well plates. Cells were untreated, or treated with 3 μg/ml CsA or 1 μg/ml NIM811. Every 2 days, the medium was replaced with fresh, drug-containing medium.

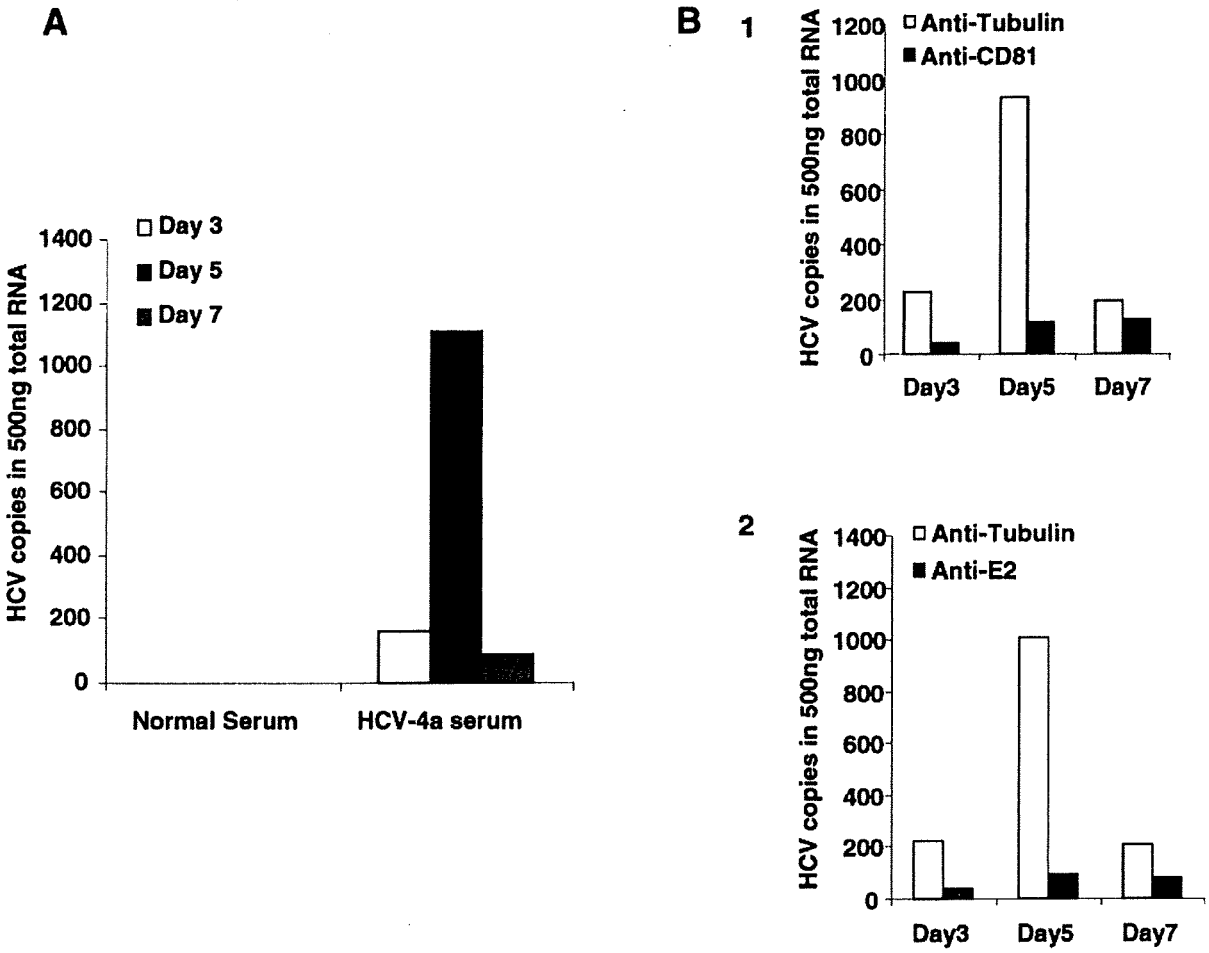

Fig. 1. Kinetics of HCV-4a replication in HuS-E7/DN24 (HuS) cells. (A) Cells were incubated with a serum sample containing HCV-4a virus for 24 hr, and the virus-containing medium was then removed, the cells were washed twice and incubated for the indicated periods of time. At 3, 5 and 7 days after infection, cells were washed again, and total RNA was extracted and used to determine the number of HCV-RNA copies after reverse transcription and real-time PCR. The results shown are the average of two independent experiments. (B) Cells were treated with anti-CD81 or anti-tubulin antibody (1), or HCV containing serum was pre-incubated with anti-E2 or anti-tubulin antibody (2). HCV-4a infection was performed and analyzed as above. The results shown are the average of two independent experiments.