

HIV-positive patients is quite high, suggesting the same route of the transmission of HIV and HCV, and a more intensive exposure to HCV or more susceptibility to HCV in these HIV-positive patients. Similarly, an HCV prevalence of 1.4% in heterosexually transmitted HIV-positive patients is higher than that of the general Japanese population of the same age.

To establish measures that decrease the morbidity and mortality of HIV/HCV coinfecting patients, it is essential to recognize the current status of the coinfection. In the present study, the number and transmission routes of HIV/HCV coinfecting patients in Japan were first described, although detailed information on the progression of HCV-associated liver diseases in HIV/HCV coinfecting patients has not yet been obtained. Undoubtedly, this will be the first step for improving the prognosis and quality of life of patients coinfecting with HIV and HCV in Japan. A detailed analysis of the progression and severity of HCV-associated liver diseases is expected.

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Pathogenesis of HCV-associated HCC: Dual-pass carcinogenesis through activation of oxidative stress and intracellular signaling

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Overwhelming lines of epidemiological evidence have indicated that persistent infection with hepatitis C virus (HCV) is a major risk toward development of hepatocellular carcinoma (HCC). It remains controversial, however, in the pathogenesis of HCC associated with HCV, whether the virus plays a direct role or merely an indirect one. The studies using transgenic mouse models by us and others, in which the core protein of HCV has oncogenic potential, indicate that HCV is directly involved in hepatocarcinogenesis, albeit other factors such as continued cell death and regeneration associated with inflammation would play a role, as well. The downstream events of the core protein are segregated into two components. One is the augmented production of oxidative stress along with the activation of scavenging system including catalase and glutathion (GSH) in the putative preneoplastic stage with steatosis in the liver. Thus, oxidative stress production in the absence of inflammation by the core protein would partly contribute to the development of HCC. The generation of oxidative stress is estimated to originate from mitochondrial dysfunction in hepatocytes by HCV infection. The other is the alteration of intracellular signaling cascade of MAPK (JNK),

AP-1, cyclin D1, and CDK4. The combination of these pathways, collective with HCV-associated alterations in lipid and glucose metabolism, would lead to the frequent development of HCC in persistent HCV infection. Our results suggest that there would be a mechanism for hepatocarcinogenesis in persistent HCV infection that is distinct from those for other cancers. Similar to the pathogenesis of other cancers, the accumulation of a set of genetic aberrations may also be necessary for multistage development of HCC. However, HCV core protein, to which an oncogenic potential is ascribed, may allow some of the multiple steps to be bypassed in hepatocarcinogenesis. Therefore, unlike other cancers, HCV infection can elicit HCC in the absence of a complete set of genetic aberrations. Such a scenario, "non-Vogelstein-type" carcinogenesis, would explain the unusually high incidence and multicentric nature of HCC development in HCV infection.

Key words: hepatitis C virus, hepatocarcinogenesis, intracellular signaling transduction, oxidative stress, transgenic mouse

INTRODUCTION

WORLDWIDE, HEPATITIS C virus (HCV) infects hundreds of millions of people persistently, and induces a spectrum of chronic liver diseases.¹ Hence, it affects society in a number of domains including medical, sociological, and economic. Hepatocellular carcinoma (HCC) has become the most frequent cause of death in individuals persistently infected with HCV. In particular, HCV has been given increasing attention

because of its wide and deep penetration in the community, coupled with a very high incidence of HCC in persistent HCV infection. Once liver cirrhosis is established in hosts infected with HCV, HCC develops at a yearly rate of 5–7%.² Knowledge of the mechanism of HCC development in chronic HCV infection, therefore, is imminently required for the prevention of HCC.

UNIQUENESS OF HCC DEVELOPMENT IN HCV INFECTION

HOW HCV INDUCES HCC is not yet clear, despite the finding that more than 70% of patients with HCC in Japan are infected with HCV.^{1,3,4} HCV infection

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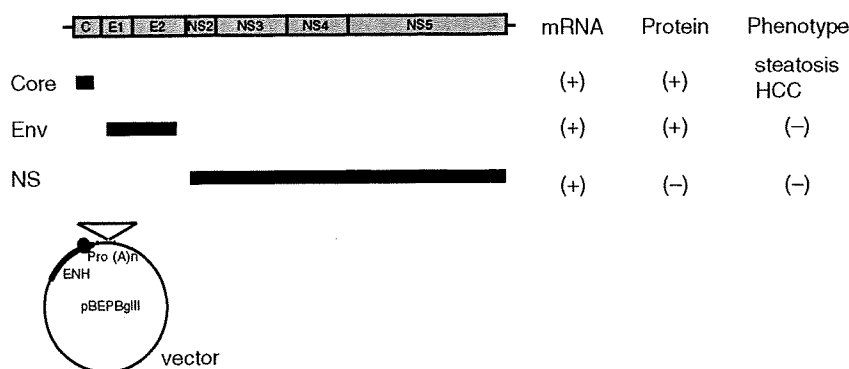


Figure 1 Hepatitis C virus (HCV) transgenic mouse lines. Among the three different transgenic mouse lines established, only the transgenic mice carrying the HCV core gene develop hepatocellular carcinoma (HCC) after an early phase with hepatic steatosis in two independent lineages. The mice transgenic for the envelope genes or non-structural genes do not develop HCC. core, core genes, env, envelope genes; NS, non-structural genes.

is also common in patients with HCC in other countries, albeit to a lesser extent. These lines of evidence obligate hepatologists to a considerable task of determining the role of HCV in hepatocarcinogenesis. Inflammation induced by HCV, manifesting in various forms of hepatitis, should be considered in a study on the carcinogenic capacity of hepatitis viruses. It has been proposed repeatedly that the necrosis of hepatocytes caused by chronic inflammation and ensuing regeneration enhances mutagenesis in host cells, the accumulation of which culminates in HCC. This theory presupposes an indirect involvement of hepatitis viruses in HCC *via* hepatic inflammation. However, this leaves specialists in hepatology with a serious question: can inflammation *per se* result in the development of HCC in such a high incidence or multicentric nature in HCV infection? The secondary role of HCV would have to be weighed against an extremely rare occurrence of HCC in patients with autoimmune hepatitis in whom severe inflammation in the liver persists indefinitely.

This background and reasoning lead to a possible activity of viral proteins for inducing HCC. This possibility has been evaluated by introducing genes of HCV into hepatocytes in culture with little success. A difficulty in using cultured cells is the carcinogenic capacity of HCV, if any, which would be weak and would take a long time to manifest. It takes 30–40 years for HCC to develop in individuals infected with HCV. Another constraint common to studies on carcinogenesis is the development of HCC by transformed cells that might have gone out of growth control and escaped surveillance of the host. Should this be the case, the analysis of transformed cells would not be sufficient for solving the mystery of carcinogenesis. On the basis of these viewpoints, we started tackling carcinogenesis in chronic viral hepatitis by transgenic mouse technology.

CORE PROTEIN OF HCV HAS ONCOGENIC ACTIVITY *IN VIVO*

AS ILLUSTRATED IN Figure 1, transgenic mouse lines with parts of the HCV genome were engineered by introducing the genes excised from the cDNA of the HCV genome of genotype 1b.^{5,6} The background of the mouse lines is a C57BL/6 strain, which is known for a rare spontaneous occurrence of HCC.⁷ Established are three different transgenic mouse lines, which carry the core gene, envelope genes, or non-structural genes, under the same transcriptional control element. Among these mouse lines, only the transgenic mice carrying the core gene develop HCC in two independent lineages (Fig. 1).⁶ The envelope gene transgenic mice do not develop HCC, despite high expression levels of both E1 and E2 proteins.^{8,9} The transgenic mice carrying the entire non-structural genes have not developed HCC.

The transgenic mice carrying the core gene express the core protein of an expected size, approximately 21 kDa, the level of which in the liver is similar to that in the liver of chronic hepatitis C patients. Early in life, these mice develop hepatic steatosis, which is a histologic characteristic of chronic hepatitis C, along with lymphoid follicle formation and bile duct damage.¹⁰ Thus, the core gene transgenic mouse model well reproduces this feature of chronic hepatitis C. Of note, significant inflammation is not observed in the liver of this animal model. Late in life, these transgenic mice develop HCC. Most hepatic nodules disclose a pathology characterized by "nodule-in-nodule", and HCC with a low degree of differentiation develops within adenoma as well as within HCC with a higher degree of differentiation.⁶ Although numerous lipid droplets are found in cells forming adenoma, as in non-tumorous cells, they are rarely observed in HCC cells. These histologic features

closely resemble those observed in HCC developing in chronic hepatitis C patients, in which prominent lipid droplets are found in small differentiated HCC and its precursors; poorly differentiated HCC without lipid droplets develops from within differentiated HCC.⁶ Notably, the development of steatosis and HCC has been reproduced by other HCV transgenic mouse lines, which harbor the entire HCV genome or structural genes including the core gene.¹¹ These outcomes indicate that the core protein of HCV has an oncogenic potential when expressed *in vivo*.

MECHANISM OF HEPATOCARCINOGENESIS IN MOUSE MODEL FOR HCV-ASSOCIATED HCC

IT IS DIFFICULT to sort out the mechanism of carcinogenesis even for our simple model, in which only the core protein is expressed in otherwise normal liver tissue. There is a notable feature in the localization of the core protein in hepatocytes; while the core protein predominantly exists in the cytoplasm associated with lipid droplets, it is also present in the mitochondria and nuclei.^{6,12} On the basis of this finding, the pathways related to these two organelles, the mitochondria and nuclei, were meticulously analyzed.

One activity of the core protein is an increased production of oxidative stress in the liver. The production of oxidative stress is increased in our transgenic mouse model in the absence of inflammation in the liver (hepatitis). This reflects a state of an overproduction of reactive oxygen species (ROS) in the liver, or predisposition to it, which is staged by the HCV core protein without any intervening inflammation.^{13,14} The overproduction of oxidative stress results in the generation of deletions in the mitochondrial DNA, an indicator of genetic damage. Thus, the core protein induces oxidative stress overproduction in the absence of inflammation, and may, at least in part, contribute to hepatocarcinogenesis in HCV infection. If inflammation is induced in the liver with the HCV core protein, the production of oxidative stress is escalated to an extent that can no longer be scavenged by a physiologically antagonistic system. This indicates that the inflammation in chronic HCV infection would have a characteristic different in quality from those of other types of hepatitis, such as autoimmune hepatitis. The basis for the overproduction of oxidative stress may be ascribed to mitochondrial dysfunction.^{13,15} The function of the electron transfer system of the mitochondrion is suggested in association

Table 1 Biomolecular alterations with core protein expression observed in the transgenic mouse model

1.	Induction of cytokines including TNF- α and IL-1 β ¹⁹
2.	Activation of MAPK pathway and enhancement of AP-1 activation ^{19,20}
3.	Overproduction of oxidative stress or ROS in the absence of inflammation ¹³
4.	Synergy of HCV core and alcohol in inducing oxidative stress and activating MAPK ^{13,20}
5.	Interaction of HCV core and RXR- α and PPAR- α ²¹
6.	Induction of insulin resistance ¹⁷
7.	Development of steatosis by inhibiting MTP activity ^{5,14,22}
8.	Interaction of HCV core and proteasome activator PA28 γ ²³
9.	Inhibition of SOCS-1 ²⁴

AP-1, activated protein-1; HCV, hepatitis C virus; IL-1 β , interleukin-1 β ; MAPK, mitogen-activated protein kinase; MTP, microsomal triglyceride transfer protein; PPAR- α , peroxisome proliferator agonist receptor- α ; ROS, reactive oxygen species; RXR- α , retinoid X receptor; SOCS-1, suppressor of cytokine signaling; TNF- α , tumor necrosis factor.

with the presence of the HCV core protein.¹⁶ Hepatic steatosis in hepatitis C may work as fuel for oxidative stress overproduction.^{14,17,18}

Other possible pathways are the alteration of the expression of cellular genes, interacting with cellular proteins, and modulation of intracellular signaling pathways (Table 1). For example, tumor necrosis factor (TNF)- α and interleukin-1 β (IL-1 β) have been found transcriptionally activated.¹⁹ The core protein has also been found to interact with some cellular proteins, such as retinoid X receptor (RXR)- α , that play pivotal roles in cell proliferation and metabolism.²⁰ The mitogen-activated protein kinase (MAPK) cascade is also activated in the liver of the core gene transgenic mouse model. The MAPK pathway, which consists of three routes, c-Jun N-terminal kinase (JNK), p38, and extracellular signal-regulated kinase (ERK), is involved in numerous cellular events including cell proliferation. In the liver of the core gene transgenic mouse model prior to HCC development, only the JNK route is activated. Downstream in the JNK activation, transcription factor AP-1 activation is markedly enhanced.^{19,21} Far downstream, both the mRNA and protein levels of cyclin D1 and CDK4 are increased. Thus, the HCV core protein modulates the intracellular signaling pathways and gives advantage for cell proliferation to hepatocytes.

Such an effect of the core protein on the MAPK pathway, combined with that on oxidative stress, may

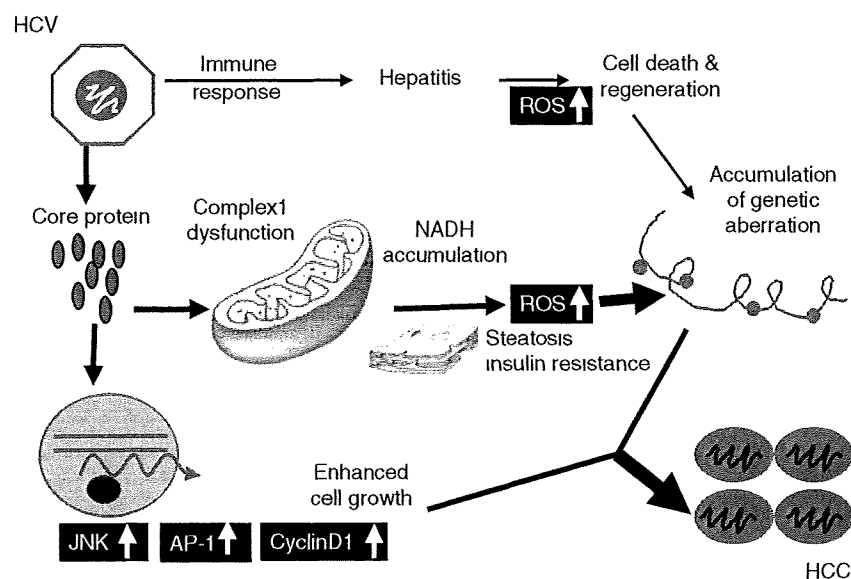


Figure 2 Mechanism of hepatitis C virus (HCV)-associated hepatocarcinogenesis. Inflammation should contribute to hepatocarcinogenesis by producing genetic aberrations via continual cell death and regeneration. In the case of HCV infection, the virus would contribute to hepatocarcinogenesis via two pathways: (i) the core protein acts on the function of mitochondrial electron transfer system, leading to the overproduction of oxidative stress. Inflammation may act synergistically with the core protein in inducing oxidative stress. The presence of steatosis and insulin resistance would enhance the production of oxidative stress; and (ii) modulation of cellular gene expression and signal transduction, which would give a growth advantage to hepatocytes. The combination of these alterations would escalate the development of hepatocellular carcinoma (HCC) in HCV infection. AP-1, activated protein-1; JNK, Jun N-terminal kinase; NADH, nicotinamide adenine dinucleotide; ROS, reactive oxygen species.

explain the extremely high incidence of HCC development in chronic hepatitis C.

HEPATOCARCINOGENESIS INDUCED BY HCV INFECTION: MECHANISM DISTINCT FROM OTHER CANCERS

THE RESULTS OF our studies on transgenic mice indicated a carcinogenic potential of the HCV core protein *in vivo*; thus, HCV may be directly involved in hepatocarcinogenesis.

In research studies of carcinogenesis, the theory by Kinzler and Vogelstein²⁵ has gained wide popularity. They proposed that the development of colorectal cancer is induced by the accumulation of a complete set of cellular gene mutations. They deduced that mutations in the *APC* gene for inactivation, those in *K-ras* for activation and those in the *p53* gene for inactivation accumulate, which cooperate toward the development of colorectal cancer.²⁵ The theory has been extended to the carcinogenesis of other cancers as well, called "Vogelstein-type" carcinogenesis (Fig. 2).

On the basis of results we obtained for the induction of HCC by the HCV core protein, we introduce a mechanism different from that of Kinzler and Vogelstein²⁵ for hepatocarcinogenesis in HCV infection. We allow multistages in the induction of all cancers; it would be mandatory for hepatocarcinogenesis that many mutations accumulate in hepatocytes. Some of these steps, however, may be skipped in the development of HCC in HCV infection to which the core protein would contribute (Fig. 3). The overall effects achieved by the expression of the viral protein would be the induction of HCC, even in the absence of a complete set of genetic aberrations, required for carcinogenesis.

By considering such a "non-Vogelstein-type" process for the induction of HCC, a plausible explanation may be given for many unusual events happening in HCV carriers.²⁶ Now it does not seem so difficult as before to determine why HCC develops in persistent HCV infection at an outstandingly high incidence. Our theory may also give an account of the non-metastatic and multicentric *de novo* occurrence characteristics of HCC, which would be the result of persistent HCV infection.

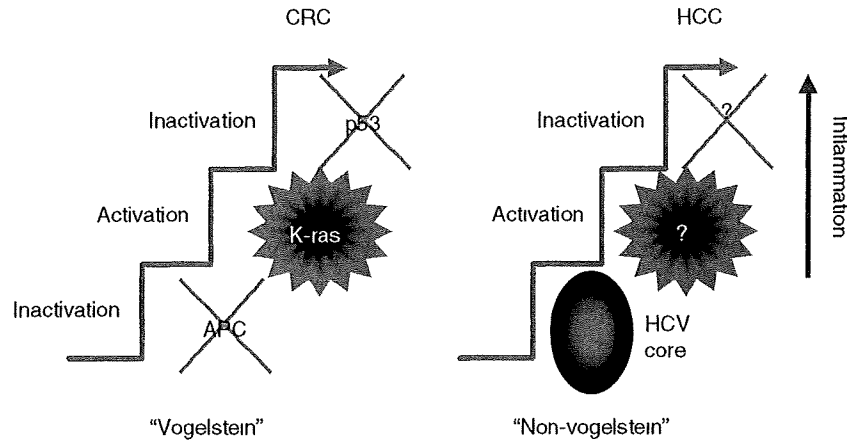


Figure 3 Hepatitis C virus (HCV)-associated hepatocarcinogenesis is a non-Vogelstein-type. Multiple steps are required in the induction of all cancers; it would be mandatory for hepatocarcinogenesis that genetic mutations accumulate in hepatocytes. However, in HCV infection, some of these steps may be skipped in the development of hepatocellular carcinoma (HCC) in the presence of core protein. Overall effects achieved by the expression of core protein would be the induction of HCC, even in the absence of a complete set of genetic aberrations, required for carcinogenesis. By considering such a “non-Vogelstein-type” process for the induction of HCC, a plausible explanation may be given for many unusual events in HCV carriers. CRC, colorectal cancer.

CONFLICT OF INTEREST

NO CONFLICT OF interest has been declared by the author.

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DYSFUNCTION OF ENERGY METABOLISM IN HEPATIC CARCINOGENESIS

Hepatitis C virus contributes to hepatocarcinogenesis by modulating metabolic and intracellular signaling pathways

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Key words

hepatitis C virus, hepatocarcinogenesis, intracellular signaling transduction, oxidative stress, transgenic mouse.

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Email: kkoike-ky@umin.ac.jp**Abstract**

Persistent infection with hepatitis C virus (HCV) is a major risk factor for development of hepatocellular carcinoma (HCC). However, it remains controversial in the pathogenesis of HCC associated with HCV as to whether the virus plays a direct or an indirect role. The studies using transgenic mouse models, in which the core protein of HCV has an oncogenic potential, indicate that HCV is directly involved in hepatocarcinogenesis, albeit other factors such as continued cell death and regeneration associated with inflammation would also play a role. The downstream events of the core protein are segregated into two components. One is the augmented production of oxidative stress along with the activation of scavenging system, including catalase and glutathione, in the putative pre-neoplastic stage with steatosis in the liver. Thus, oxidative stress production in the absence of inflammation by the core protein would partly contribute to the development of HCC. The generation of oxidative stress is estimated to originate from mitochondrial dysfunction in hepatocytes by HCV infection. The other component is the alteration of intracellular signaling cascade of mitogen-activated protein kinase and activating factor (AP)-1, leading to the activation of cell cycle control. The combination of these pathways, collective with HCV-associated alterations in lipid and glucose metabolism, would lead to the frequent development of HCC in persistent HCV infection. These results suggest that there would be a mechanism for hepatocarcinogenesis in persistent HCV infection that is distinct from those for the other cancers. Similar to the pathogenesis of other cancers, the accumulation of a set of genetic aberrations may also be necessary for a multistage development of HCC. However, HCV core protein, to which an oncogenic potential is ascribed, may allow some of the multiple steps to be bypassed in hepatocarcinogenesis. Therefore unlike for other cancers, HCV infection may be able to cause HCC in the absence of a complete set of genetic aberrations. Such a scenario, 'non-Vogelstein-type' carcinogenesis, would explain the rare feature of hepatocarcinogenesis in HCV infection, the extraordinarily high incidence and the multicentric nature of HCC development.

Introduction

Hepatitis C virus (HCV) infects hundreds of millions of people persistently, and induces a spectrum of chronic liver disease worldwide.¹ It impacts on society in a number of domains including the medical, sociological and economic. Hepatocellular carcinoma (HCC) has become the major cause of death in individuals persistently infected with HCV. In particular, HCV has been given increasing attention because of its wide and deep penetration in the community, coupled with a very high incidence of HCC in persistent HCV infection. Once liver cirrhosis is established in hosts infected with HCV, HCC develops at a yearly rate of 5–7%.² Knowledge on the mechanism of HCC development in chronic HCV infection therefore is urgently required for the prevention of HCC.

Hepatocellular carcinoma frequently develops in persistent HCV infection

How HCV induces HCC is not clear yet, despite the fact that more than 70% of patients with HCC in Japan are infected with HCV.^{1,3,4} Hepatitis C virus infection is also common in patients with HCC in other countries albeit to a lesser extent. These lines of evidence obligate hepatologists to the considerable task of determining the role of HCV in hepatocarcinogenesis. Inflammation induced by HCV, manifesting in various forms of hepatitis, should be considered in a study on the carcinogenic capacity of hepatitis viruses. It has been proposed repeatedly that the necrosis of hepatocytes due to chronic inflammation and ensuing regeneration enhances mutagenesis in host cells, the accumulation of which culminates in HCC. This theory presupposes an indirect involvement of hepatitis

viruses in HCC via hepatic inflammation. However, this leaves specialists in hepatology with a serious question: can inflammation per se result in the development of HCC in such a high incidence or multicentric nature in HCV infection? The secondary role of HCV would have to be weighed against an extremely rare occurrence of HCC in patients with autoimmune hepatitis in whom severe inflammation in the liver persists indefinitely.

This background and reasoning led to the suggestion that HCC may be induced, at least in part, by viral proteins. This possibility has been evaluated by introducing genes of HCV into hepatocytes in culture with little success. One of the difficulties in using cultured cells is the carcinogenic capacity of HCV, if any, which would be weak and would take a long time to manifest itself. It takes 30–40 years for HCC to develop in individuals infected with HCV. Another constraint common to studies on carcinogenesis is the development of HCC by transformed cells that might have gone out of growth control and escaped surveillance of the host. Should this be the case, the analysis of transformed cells would not be sufficient for solving the mystery of carcinogenesis. On the basis of these points, we chose to investigate carcinogenesis in chronic viral hepatitis using transgenic mouse technology.

HCV core protein has an oncogenic activity in transgenic mouse

Transgenic mouse lines with sections of the HCV genome were engineered by introducing genes excised from the cDNA of the HCV genome of genotype 1b.^{5,6} The mouse lines were from a C57BL/6 strain, which is known for a rare spontaneous occurrence of HCC.⁷ Three different transgenic mouse lines have been established, which carry the core gene, envelope genes or non-structural genes (Fig. 1), respectively, under the same transcriptional control element. Among these mouse lines, only the transgenic mice car-

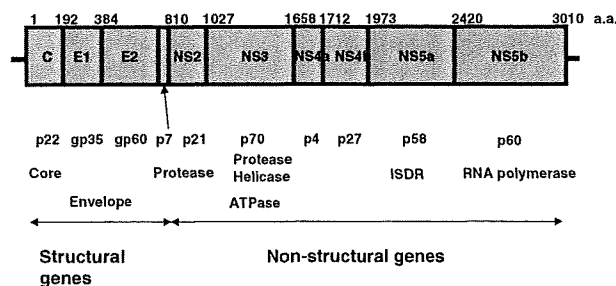


Figure 1 Structure of the hepatitis C virus (HCV) genome. The HCV genome consists of structural and non-structural regions. The structural region consists of the core, envelope and p7 genes. The non-structural region codes enzyme proteins of NS3 to NS5B. Among the three different transgenic mouse lines established, which carry the core, envelope and non-structural region, respectively, only the transgenic mice carrying the HCV core gene develop hepatocellular carcinoma (HCC) after an early phase with hepatic steatosis in two independent lineages. The mice transgenic for the envelope genes or non-structural genes do not develop HCC. ISDR, interferon-sensitivity determining region.

rying the core gene develop HCC in two independent lineages.⁶ The envelope gene transgenic mice do not develop HCC, despite high expression levels of both E1 and E2 proteins.^{8,9} The transgenic mice carrying the entire non-structural genes have developed no HCC.

The transgenic mice carry the core gene and express the core protein of an expected size, approximately 21 kDa, the level of which in the liver is similar to that in the liver of chronic hepatitis C patients. Early in life, these mice develop hepatic steatosis, which is one of the histologic characteristics of chronic hepatitis C, along with lymphoid follicle formation and bile duct damage.¹⁰ Thus, the core gene transgenic mouse model well reproduces this feature of chronic hepatitis C. Of note, significant inflammation is not observed in the liver of this animal model. Late in life, these transgenic mice develop HCC. Most hepatic nodules have a pathology characterized by 'nodule in nodule', and HCC with a low degree of differentiation develops within adenoma as well as within HCC with a higher degree of differentiation.⁶ Although numerous lipid droplets are found in cells forming adenoma, as in non-tumorous cells, they are rarely observed in HCC cells. These histological features closely resemble those observed in HCC developing in chronic hepatitis C patients, in whom prominent lipid droplets are found in small, well-differentiated HCC and its precursors; poorly differentiated HCC without lipid droplets develops from within differentiated HCC.⁶ Notably, the development of steatosis and HCC has been reproduced in other HCV transgenic mouse lines, which harbor the entire HCV genome or structural genes including the core gene.¹¹ These outcomes indicate that the core protein per se of HCV has an oncogenic potential when expressed *in vivo*.

Sequence to the core protein expression in the liver

It is difficult to clarify the mechanism of carcinogenesis even for our simple model in which only the core protein is expressed in otherwise normal liver tissues. There is a notable feature of the localization of the core protein in hepatocytes: although the core protein predominantly exists in the cytoplasm associated with lipid droplets, it is also present in the mitochondria and nuclei.^{6,12} On the basis of this finding, the pathways related to these two organelles, the mitochondria and nuclei, were analyzed.

One activity of the core protein is an increased production of oxidative stress in the liver. We note that the production of oxidative stress is increased in our transgenic mouse model in the absence of inflammation in the liver (hepatitis). This reflects overproduction of reactive oxygen species (ROS) in the liver, or predisposition to it, which is staged by the HCV core protein without any intervening inflammation.^{13,14} The overproduction of oxidative stress results in the generation of deletions in the mitochondrial DNA, an indicator of genetic damage. Thus, the core protein induces oxidative stress overproduction in the absence of inflammation, and may, at least in part, contribute to hepatocarcinogenesis in HCV infection (Fig. 2). If inflammation is induced in the liver with the HCV core protein, the production of oxidative stress is escalated to an extent that cannot be scavenged by a physiological antagonistic system. This indicates that the inflammation in chronic HCV infection would be different to that produced in other

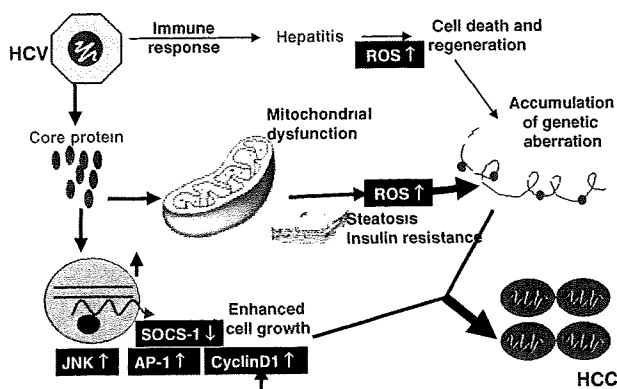


Figure 2 Molecular pathogenesis of liver disease in hepatitis C virus (HCV) infection. Induction of oxidative stress together with hepatic steatosis by the HCV core protein would play a pivotal role in the development of hepatocellular carcinoma (HCC). Alterations in cellular gene expressions, such as tumor necrosis factor- α (TNF- α) or suppressor of cytokine signaling-1 (SOCS-1), and those in the intracellular signaling pathways including c-Jun N-terminal kinase (JNK) would be coaccelerators to hepatocarcinogenesis in HCV infection. ROS, reactive oxygen species.

types of hepatitis, such as autoimmune hepatitis. The basis for the overproduction of oxidative stress may be ascribed to the mitochondrial dysfunction.^{13,15} The function of the electron transfer system of the mitochondrion is suggested in association with the presence of the HCV core protein.¹⁶ Hepatic steatosis in hepatitis C may work as fuel for oxidative stress overproduction.^{14,17,18}

Other possible pathways would be the alteration of the expression of cellular genes, interacting with cellular proteins, and modulation of intracellular signaling pathways (Fig. 2). For an example, tumor necrosis factor (TNF)- α and interleukin-1 β have been found to be transcriptionally activated.¹⁹ The core protein has also been found to interact with some cellular proteins, such as retinoid X receptor (RXR)- α , which play pivotal roles in cell proliferation and metabolism.²⁰ The mitogen-activated protein kinase (MAPK) cascade is also activated in the liver of the core gene transgenic mouse model. The MAPK pathway, which consists of three routes, c-Jun N-terminal kinase (JNK), p38 and extracellular signal-regulated kinase (ERK), is involved in numerous cellular events including cell proliferation. In the liver of the core gene transgenic mouse model prior to HCC development, only the JNK route is activated. Downstream of the JNK activation, transcription factor activating factor (AP)-1 activation is markedly enhanced.^{19,21} Far downstream, both the mRNA and protein levels of cyclin D1 and CDK4 are increased (Fig. 2). The suppression by HCV core protein of the suppressor of cytokine signaling (SOCS)-1, a tumor suppressor gene, may also contribute to hepatocarcinogenesis. Thus, the HCV core protein modulates the intracellular signaling pathways and gives an advantage to hepatocytes for cell proliferation.

Such an effect of the core protein on the MAPK pathway, combined with that on oxidative stress, may explain the extremely high incidence of HCC development in chronic hepatitis C (Fig. 2).

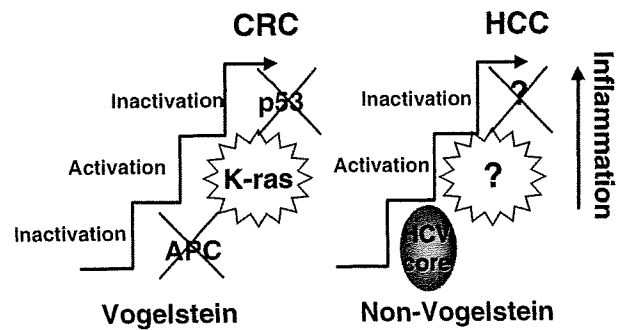


Figure 3 Mechanism of hepatitis C virus (HCV)-associated hepatocarcinogenesis. Multiple steps are required in the induction of all cancers; it would be mandatory for hepatocarcinogenesis that genetic mutations accumulate in hepatocytes. However, in HCV infection, some of these steps may be skipped in the development of hepatocellular carcinoma (HCC) in the presence of the core protein. The overall effects achieved by the expression of the core protein would be the induction of HCC, even in the absence of a complete set of genetic aberrations, required for carcinogenesis. By considering such a 'non-Vogelstein-type' process for the induction of HCC, a plausible explanation may be given for many unusual events occurring in HCV carriers. CRC, colorectal cancer; APC, adenomatous polyposis coli.

Hepatocarcinogenesis in HCV infection: A mechanism distinct from those in other cancers

The results of our studies on transgenic mice have indicated a carcinogenic potential of the HCV core protein *in vivo*; thus, HCV may be directly involved in hepatocarcinogenesis. In research studies of carcinogenesis, the theory by Kinzler and Vogelstein has gained popularity.²² They have proposed that the development of colorectal cancer is induced by the accumulation of a complete set of cellular gene mutations. They have deduced that mutations in the *adenomatous polyposis coli* gene for inactivation, those in *K-ras* for activation and those in the *p53* gene for inactivation accumulate, which cooperate toward the development of colorectal cancer.²² Their theory has been extended to the carcinogenesis of other cancers as well, called 'Vogelstein-type' carcinogenesis (Fig. 3).

On the basis of the results for the induction of HCC by the HCV core protein, we would like to introduce a mechanism different from that of Kinzler and Vogelstein for hepatocarcinogenesis in HCV infection. We do allow a multistage process in the induction of all cancers; it would be mandatory for hepatocarcinogenesis that many mutations accumulate in hepatocytes. Some of these steps, however, may be skipped in the development of HCC in HCV infection to which the core protein would contribute (Fig. 3). The overall effects achieved by the expression of the viral protein would be the induction of HCC, even in the absence of a complete set of genetic aberrations, required for carcinogenesis.

By considering such a 'non-Vogelstein-type' process for the induction of HCC, a plausible explanation may be given for many unusual events happening in HCV carriers.²³ Now it does not seem so difficult as before to determine why HCC develops in persistent HCV infection at an outstandingly high incidence. Our theory may

also give an account of the non-metastatic and multicentric de novo occurrence characteristics of HCC, which would be the result of persistent HCV infection.

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Involvement of the PA28 γ -Dependent Pathway in Insulin Resistance Induced by Hepatitis C Virus Core Protein[∇]

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The hepatitis C virus (HCV) core protein is a component of nucleocapsids and a pathogenic factor for hepatitis C. Several epidemiological and experimental studies have suggested that HCV infection is associated with insulin resistance, leading to type 2 diabetes. We have previously reported that HCV core gene-transgenic (PA28 $\gamma^{+/+}$ CoreTg) mice develop marked insulin resistance and that the HCV core protein is degraded in the nucleus through a PA28 γ -dependent pathway. In this study, we examined whether PA28 γ is required for HCV core-induced insulin resistance *in vivo*. HCV core gene-transgenic mice lacking the PA28 γ gene (PA28 $\gamma^{-/-}$ CoreTg) were prepared by mating of PA28 $\gamma^{+/+}$ CoreTg with PA28 γ -knockout mice. Although there was no significant difference in the glucose tolerance test results among the mice, the insulin sensitivity in PA28 $\gamma^{-/-}$ CoreTg mice was recovered to a normal level in the insulin tolerance test. Tyrosine phosphorylation of insulin receptor substrate 1 (IRS1), production of IRS2, and phosphorylation of Akt were suppressed in the livers of PA28 $\gamma^{+/+}$ CoreTg mice in response to insulin stimulation, whereas they were restored in the livers of PA28 $\gamma^{-/-}$ CoreTg mice. Furthermore, activation of the tumor necrosis factor alpha promoter in human liver cell lines or mice by the HCV core protein was suppressed by the knockdown or knockout of the PA28 γ gene. These results suggest that the HCV core protein suppresses insulin signaling through a PA28 γ -dependent pathway.

Hepatitis C virus (HCV) is the causative agent in most cases of acute and chronic non-A, non-B hepatitis (15). Over one-half of patients with the acute infection evolve into a persistent carrier state (24). Chronic infection with HCV frequently induces hepatic steatosis, cirrhosis, and eventually hepatocellular carcinoma (22) and is known to be associated with diseases of extrahepatic organs, including an essential mixed cryoglobulinemia, porphyria cutanea tarda, membranoproliferative glomerulonephritis, and type 2 diabetes (13).

HCV is classified into the genus *Hepacivirus* of the family *Flaviviridae* and possesses a viral genome consisting of a single positive-strand RNA with a nucleotide length of about 9.5 kb. This viral genome encodes a single polyprotein composed of approximately 3,000 amino acids (9). The polyprotein is post-translationally cleaved by host cellular peptidases and viral proteases, resulting in 10 viral proteins (6, 10, 12). The HCV core protein is known to interact with viral-sense RNA of HCV to form the viral nucleocapsid (44). The HCV core protein is cleaved off at residue 191 by the host signal peptidase to release it from the E1 envelope protein and then by the host signal peptide peptidase at around amino acid residues 177 to 179 within the C-terminal transmembrane region (30, 39, 40). The mature core protein is retained mainly on the endoplasmic reticulum, although a portion moves to the nucleus and mitochondria (11, 51).

Recent epidemiological studies have indicated that type 2

diabetes is an HCV-associated disease (7, 29). However, it remains unclear how insulin resistance is induced in patients chronically infected with HCV, since there is no suitable model for investigating HCV pathogenesis. Type 2 diabetes is a complex, multisystemic disease with pathophysiology that includes a high level of hepatic glucose production and insulin resistance, which contribute to the development of hyperglycemia (8, 18). Although the precise mechanism by which these factors contribute to the induction of insulin resistance is difficult to understand, a high level of insulin production by pancreatic β cells under a state of insulin resistance is common in the development of type 2 diabetes. The hyperinsulinemia in the fasting state that is observed relatively early in type 2 diabetes is considered to be a secondary response that compensates for the insulin resistance (8, 18).

The HCV core protein is also known as a pathogenic factor that induces steatosis and hepatocellular carcinoma in mice (33, 35). Previously, we reported that insulin resistance occurs in HCV core gene-transgenic mice due at least partly to an increase in tumor necrosis factor alpha (TNF- α) secretion (47) and that the HCV core protein is degraded through a PA28 γ /REG γ (11S regulator)-dependent pathway in the nucleus (32). It is well known that PA28 γ enhances latent proteasome activity, although the biological significance of PA28 γ is largely unknown, with the exception that PA28 γ is known to regulate steroid receptor coactivator 3 (28). Although several reports suggested that the degradation of insulin receptor substrate (IRS) proteins by a ubiquitin-dependent proteasome activity contributes to insulin resistance (43, 50), the involvement of the HCV core protein in cooperation with PA28 γ in the stability of IRS proteins and in the development of insulin resis-

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tance is not known. In this study, we examined the involvement of PA28 γ in the induction of insulin resistance by the HCV core protein in vivo.

MATERIALS AND METHODS

Preparation of PA28 γ -knockout HCV core gene-transgenic mice. C57BL/6 mice carrying the gene encoding HCV core protein genotype 1b (PA28 $\gamma^{+/+}$ CoreTg) line C49 and PA28 $\gamma^{-/-}$ mice have been described previously (35, 36). These two genotypes were crossbred to create PA28 $\gamma^{+/-}$ CoreTg mice. PA28 $\gamma^{+/-}$ CoreTg mice were bred to generate PA28 $\gamma^{-/-}$ CoreTg mice (35, 36). The HCV core gene and the target sequence to knock out the PA28 γ gene were identified by PCR. The mice were given ordinary feed (CRF-1; Charles River Laboratories, Yokohama, Japan) and were maintained under specific-pathogen-free conditions.

Glucose tolerance test. The mice were fasted for more than 16 h before glucose administration. D-Glucose (1 g/kg body weight) was intraperitoneally administered to the mice. Blood samples were taken from the orbital sinus at the indicated time points. The plasma glucose concentration was measured by means of a MEDI-SAFE Mini blood glucose monitor (TERUMO, Tokyo, Japan). The serum insulin level was determined by a Mercodia (Uppsala, Sweden) ultrasensitive mouse insulin enzyme-linked immunosorbent assay (ELISA).

Insulin tolerance test. The mice were fed freely and then fasted during the study period. Human insulin (2 U/kg body weight) (Humulin; Eli Lilly, Indianapolis, IN) was intraperitoneally administered to the mice. The plasma glucose concentration was measured at the indicated time and was normalized based on the glucose concentration at the time just before insulin administration.

Histological analysis of pancreatic islets. Pancreas tissues were fixed with paraformaldehyde, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. The relative islet area and islet number were determined with Image-Pro PLUS image analyzing software (NIPPON ROPER, Tokyo, Japan).

Estimation of tumor necrosis factor alpha and HCV core protein. Mouse TNF- α was measured by using a mouse TNF- α ELISA kit (Pierce, Rockford, IL) and normalized based on the amount of total protein in each sample. The protein concentration was estimated by using a BCA protein assay kit (Pierce). The amount of HCV core protein in the liver tissues was determined by using an ELISA system as described previously (4).

In vivo insulin stimulation and immunoblot analysis. Mice were fasted for more than 16 h before insulin stimulation and then anesthetized with ketamine and xylazine. Five units of insulin were injected into the mice via the interior vena cava. Livers of the mice were collected 5 min after the insulin injection and frozen in liquid nitrogen. Immunoblot analyses of the HCV core protein, PA28 γ , and each of the insulin-signaling molecules were carried out with the liver tissue homogenates prepared in the homogenizing buffer containing 25 mM Tris-HCl (pH 7.4), 10 mM Na₂VO₄, 100 mM NaF, 50 mM Na₄P₂O₇, 10 mM EGTA, 10 mM EDTA, 2 mM phenylmethylsulfonyl fluoride, and 1% Nonidet P40 supplemented with Complete Protease Inhibitor Cocktail (Roche Diagnostics, Mannheim, Germany) (53). Tissue lysates were subjected to sodium dodecyl sulfate-2% to 15% gradient polyacrylamide gel electrophoresis (PAG Mini DAIICHI 2/15 13W; Daiichi Diagnostics, Tokyo, Japan) and electrotransferred onto polyvinylidene difluoride membranes (Immobilon-P; Millipore, Bedford, MA). The protein transferred onto the membrane was reacted with rabbit anti-HCV core (32), rabbit anti-Akt (Cell Signaling, Danvers, MA), rabbit anti-phospho-Ser473-Akt (Cell Signaling), rabbit anti-IRS1 (Upstate, Lake Placid, NY), rabbit anti-phospho-Tyr608 mouse insulin receptor substrate 1 (Sigma, St. Louis, MO), or rabbit anti-IRS2 (Upstate) polyclonal antibody and then incubated with horseradish peroxidase-conjugated anti-rabbit antibody. Blotted protein was visualized using Super Signal Femto (Pierce) and an LAS3000 imaging system (Fuji Photo Film, Tokyo, Japan).

Quantitative reverse transcription-PCR (RT-PCR). Total RNA was isolated from mouse liver using an RNeasy kit (QIAGEN, Valencia, CA). The RNA preparation was treated with a TURBO DNA-free kit (Ambion, Austin, TX) to remove DNA contamination in the samples. The first-strand cDNAs were synthesized by a first-strand cDNA synthesis kit (Amersham Biosciences, Franklin Lakes, NJ). The targeted cDNA was estimated by using Platinum SYBR Green qPCR Super Mix UDC (Invitrogen, Carlsbad, CA) according to the manufacturer's protocol. The fluorescent signal was measured by using an ABI Prism 7000 (Applied Biosystems, Foster City, CA). The genes encoding mouse TNF- α , IRS1, IRS2, and hypoxanthine phosphoribosyl transferase were amplified with the following primer pairs: 5'-GGTACAACCCATCGGCTGGCA-3' (forward) and 5'-GCGACGTGGAAGTGGCAGAAG-3' (reverse) for TNF- α , 5'-ATAG

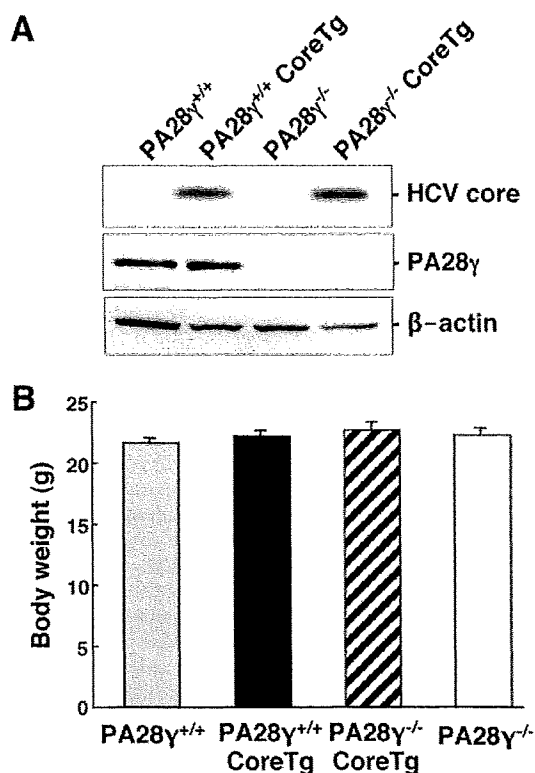


FIG. 1. Characterization of HCV core gene-transgenic mice deficient in the PA28 γ gene. (A) Expression of the HCV core protein and PA28 γ in the livers of PA28 $\gamma^{+/+}$, PA28 $\gamma^{+/+}$ CoreTg, PA28 $\gamma^{-/-}$, and PA28 $\gamma^{-/-}$ CoreTg mice. Lysates obtained from liver tissues of the mice (100 μ g protein/lane) were subjected to sodium dodecyl sulfate-polyacrylamide gel electrophoresis and immunoblotting using antibodies to the HCV core protein, PA28 γ , and β -actin. (B) Body weights of the mice. Body weights of 2-month-old mice were measured ($n = 7$ in each group). There were no statistically significant differences in body weights among the mice ($P > 0.05$).

CTCTGAGACCTTCTCAGCACCTAC-3' (forward) and 5'-GGAGTTGCCCT CATTGTGTCCTAA-3' (reverse) for IRS1, 5'-AGCCTGGGGATAATGGTG ACTATACCGA-3' (forward) and 5'-TTGTGGGCAAAGGATGGGGACAC T-3' (reverse) for IRS2, and 5'-CCAGCAAGCTTGAACCTTAACCA-3' (forward) and 5'-GTAATGATCAGTCAACGGGGGAC-3' (reverse) for hypoxanthine phosphoribosyl transferase. Each PCR product was found as a single band with the correct size by agarose gel electrophoresis (data not shown).

Reporter assay for TNF- α promoter activity. The promoter region of the TNF- α gene (located from residues -1260 to +140) was amplified from mouse genomic DNA and was then introduced into the KpnI and BglII sites of pGL3-Basic (Promega, Madison, WI) (25). The resulting plasmid was designated as pGL3-tnf-aPro. The gene encoding the HCV core protein was amplified from HCV strain J1 (genotype 1b) and cloned into pCAG-GS (1, 38). To avoid contamination with endotoxin from *Escherichia coli*, the plasmid DNA was purified by using an EndoFree Plasmid Maxi kit (QIAGEN). The total amount of transfected DNA was normalized by the addition of empty plasmids. Plasmid vector was transfected into hepatoma cell lines by lipofection using Lipofectamine 2000 (Invitrogen). Cells were harvested at 24 h posttransfection. Luciferase activity was determined by using the Dual-Luciferase Reporter Assay system (Promega). Firefly luciferase activity was normalized to coexpressed *Renilla* luciferase activity. The amount of firefly luciferase activity was presented as the increase (n -fold) relative to the value for the sample lacking the HCV core protein, which was taken to be 1.0. PA28 γ -knockdown cell lines were established by using pSilencer 2.1 U6 Hygro (Ambion) according to the manufacturer's protocol.

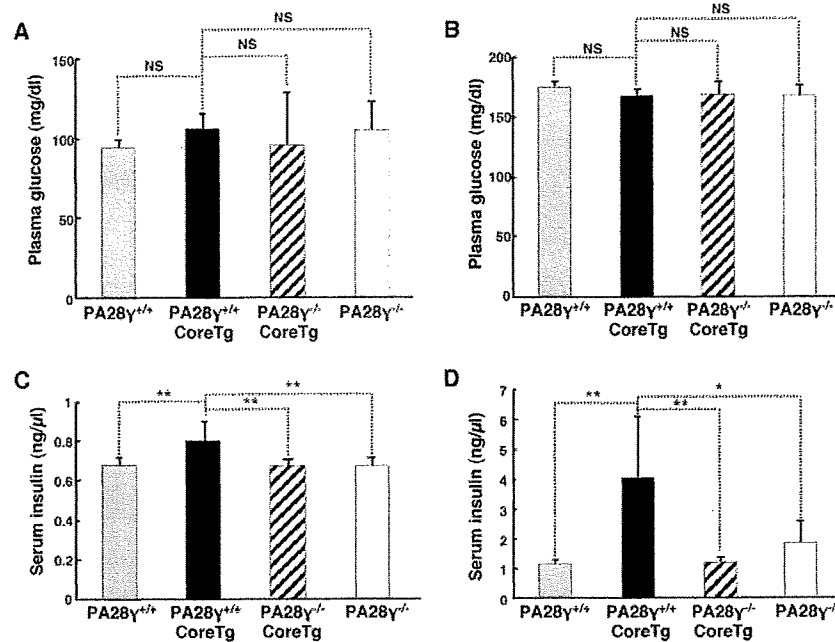


FIG. 2. Knockout of the PA28 γ gene inhibited the hyperinsulinemia induced by HCV core protein. Plasma glucose levels of PA28 $\gamma^{+/+}$, PA28 $\gamma^{+/+}$ CoreTg, PA28 $\gamma^{-/-}$ CoreTg, and PA28 $\gamma^{-/-}$ mice under fasting (A) or fed (B) conditions ($n = 7$ in each group) are shown. Serum insulin levels in fasting (C) or fed (D) mice ($n = 7$ in each group) are also shown. Values are represented as means \pm standard deviations. * $P < 0.05$; ** $P < 0.01$. NS, not statistically significant.

Statistical analysis. The results are presented as means \pm standard deviations. The significance of the differences was determined by Student's t test. P values of <0.05 were considered statistically significant.

RESULTS

HCV core gene-transgenic mice deficient in the PA28 γ gene.

To investigate the role of PA28 γ in the development of insulin resistance in HCV core gene-transgenic (PA28 $\gamma^{+/+}$ CoreTg)

mice, we generated HCV core gene-transgenic mice deficient in the PA28 γ gene (PA28 $\gamma^{-/-}$ CoreTg). A PA28 $\gamma^{+/+}$ CoreTg mouse expressing an amount of PA28 γ equal to that of its normal littermates (Fig. 1A) was crossbred with a PA28 $\gamma^{-/-}$ mouse to generate a PA28 $\gamma^{+/-}$ CoreTg mouse. PA28 $\gamma^{+/-}$ CoreTg mice were bred with each other, and a PA28 $\gamma^{-/-}$ CoreTg mouse was selected by PCR. The HCV core protein was expressed in PA28 $\gamma^{+/+}$ CoreTg and PA28 $\gamma^{-/-}$ CoreTg

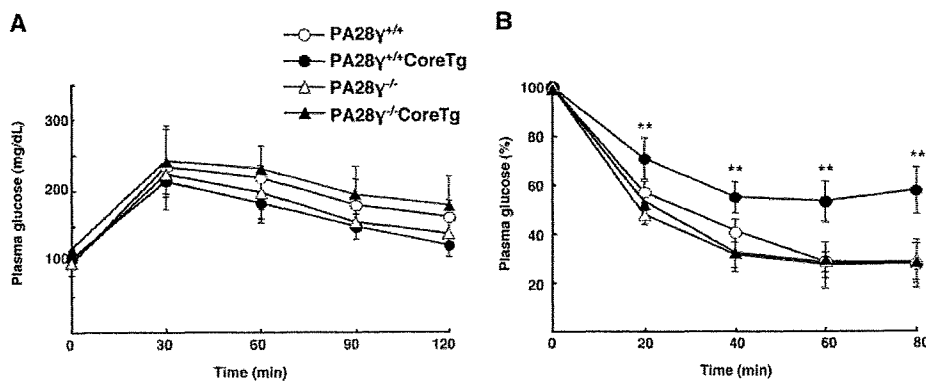


FIG. 3. Knockout of the PA28 γ gene inhibits the insulin resistance induced by the HCV core protein. (A) Glucose tolerance test. D-Glucose was intraperitoneally administered to mice fasted for more than 16 h at 1 g/kg of body weight. Plasma glucose levels were estimated at the indicated times ($n = 5$ in each group). There were no significant differences in glucose levels among the mice ($P > 0.05$). (B) Insulin tolerance test. Human insulin (2 units/kg body weight) was intraperitoneally administered to the mice, and the plasma glucose levels were estimated at the indicated times. Values were normalized to the baseline glucose concentration at the time of insulin administration ($n = 5$ in each group). The values for the PA28 $\gamma^{+/+}$ (open circles), PA28 $\gamma^{+/+}$ CoreTg (closed circles), PA28 $\gamma^{-/-}$ (open triangles), and PA28 $\gamma^{-/-}$ CoreTg (closed triangles) mice are represented as means and \pm standard deviations. Significant differences in insulin sensitivity ($P < 0.01$) in PA28 $\gamma^{+/+}$ CoreTg mice compared to that in PA28 $\gamma^{+/+}$, PA28 $\gamma^{-/-}$, or PA28 $\gamma^{-/-}$ CoreTg mice are indicated by double asterisks (**). There were no significant differences among PA28 $\gamma^{+/+}$, PA28 $\gamma^{-/-}$, and PA28 $\gamma^{-/-}$ CoreTg mice ($P > 0.05$).

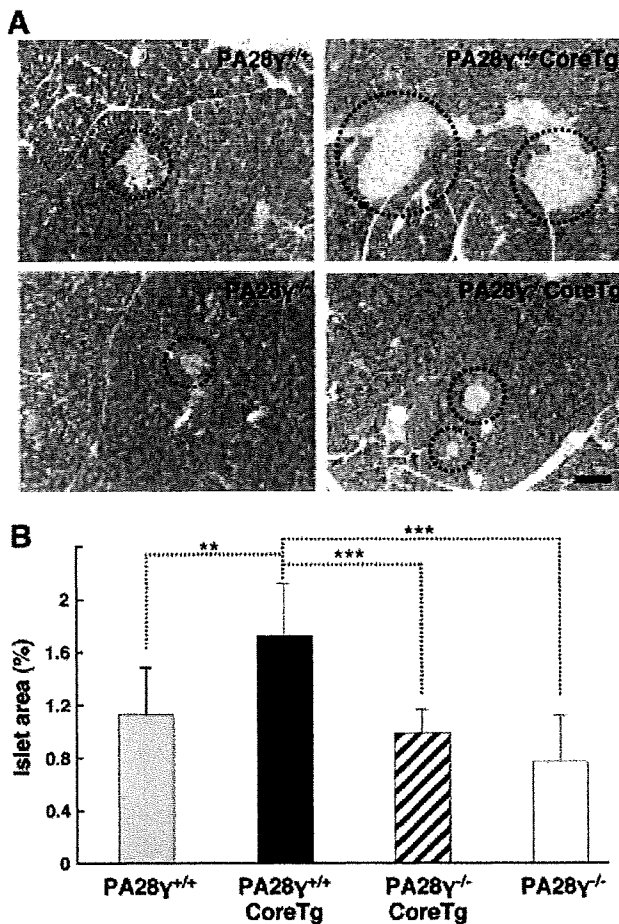


FIG. 4. PA28 γ participated in the enlargement of pancreatic islets induced by the HCV core protein. (A) Histological sections prepared from pancreas tissues of PA28 $\gamma^{+/+}$, PA28 $\gamma^{+/+}$ CoreTg, PA28 $\gamma^{-/-}$, and PA28 $\gamma^{-/-}$ CoreTg mice were stained with hematoxylin and eosin. Dotted circles indicate pancreatic islets. (B) The area occupied by pancreatic islets was measured by computer software in three different fields of every six randomly selected sections of 10 mice per genotype and is represented as a percentage of the total pancreatic area. ** $P < 0.01$; *** $P < 0.001$. The scale bar indicates 100 μ m.

mice but not in PA28 $\gamma^{+/+}$ (normal littermates) or PA28 $\gamma^{-/-}$ mice. PA28 γ was found at a similar level in PA28 $\gamma^{+/+}$ CoreTg and PA28 $\gamma^{+/+}$ mice but was not present in either PA28 $\gamma^{-/-}$ or PA28 $\gamma^{-/-}$ CoreTg mice (Fig. 1A). The expression of the HCV core protein in the livers of 2-month-old male mice was slightly higher in PA28 $\gamma^{-/-}$ CoreTg (1.36 ± 0.44 ng/mg of total protein; $n = 7$) than in PA28 $\gamma^{+/+}$ CoreTg (1.23 ± 0.22 ng/mg of total protein; $n = 7$) mice, but these values were not significantly different ($P > 0.05$). Insulin sensitivity is dependent on several conditions such as body weight, obesity, and liver steatosis (26). PA28 $\gamma^{-/-}$ mice were slightly smaller than their normal littermates (PA28 $\gamma^{+/+}$) at more than 3 months old, as described previously (36), but this was not significantly different in 2-month-old mice (Fig. 1B). PA28 $\gamma^{+/+}$ CoreTg mice exhibited severe hepatic steatosis from 4 months of age (35). To avoid the influence of hepatic steatosis and body weight on the examination of insulin resistance, 2-month-old mice were

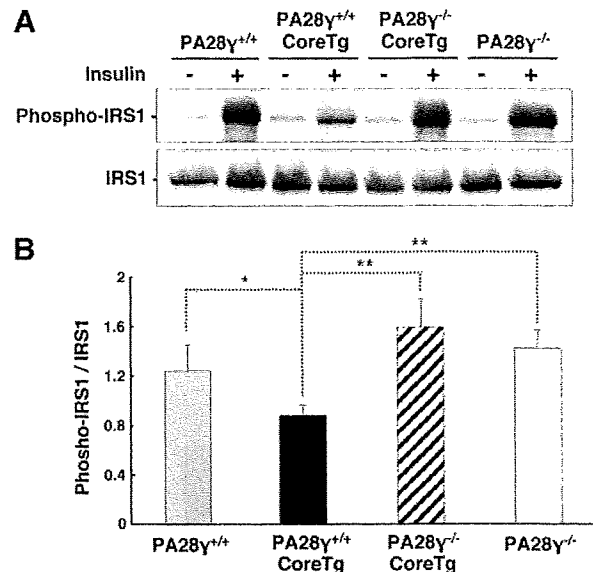


FIG. 5. PA28 γ participated in the inhibition of the tyrosine phosphorylation of IRS1 induced by the HCV core protein. Liver tissues from PA28 $\gamma^{+/+}$, PA28 $\gamma^{+/+}$ CoreTg, PA28 $\gamma^{-/-}$, and PA28 $\gamma^{-/-}$ CoreTg mice were prepared after administration of insulin (+) or phosphate-buffered saline (-). The samples (100 μ g of total protein) were examined by immunoblotting with antibodies against IRS1 and phospho-Tyr608 of mouse IRS1 (A). Phosphorylated IRS1 was estimated from the density on the immunoblotted membrane by using computer software (B) ($n = 5$ in each group). The data presented are representative of three independent experiments. * $P < 0.05$; ** $P < 0.01$.

used in this study. Figure 1B shows the body weights of 2-month-old mice. There were no significant differences in body weight among PA28 $\gamma^{+/+}$ CoreTg, PA28 $\gamma^{-/-}$ CoreTg, PA28 $\gamma^{-/-}$, and PA28 $\gamma^{+/+}$ mice. Steatosis was not detected in the livers of the 2-month-old mice (data not shown).

PA28 γ is involved in the development of hyperinsulinemia and insulin resistance in PA28 $\gamma^{+/+}$ CoreTg mice. In our previous study, we found a significant difference in serum insulin levels, but not in plasma glucose levels, between PA28 $\gamma^{+/+}$ CoreTg mice and normal littermates (47). To determine the involvement of PA28 γ in the development of insulin resistance in PA28 $\gamma^{+/+}$ CoreTg mice, we examined here the plasma glucose and insulin levels in the mice under fasting and fed conditions. Although no significant difference in plasma glucose levels was observed in the mice under either fasting (Fig. 2A) or fed (Fig. 2B) conditions, serum insulin levels were significantly higher in PA28 $\gamma^{+/+}$ CoreTg mice than in PA28 $\gamma^{+/+}$ mice under both conditions (Fig. 2C and D), as described previously (47). In contrast, the serum insulin concentration in PA28 $\gamma^{-/-}$ CoreTg mice was recovered to a normal level similar to that of PA28 $\gamma^{+/+}$ and PA28 $\gamma^{-/-}$ mice under either fasting (Fig. 2C) or fed (Fig. 2D) conditions.

To determine the glucose intolerance among the mice, glucose was administered to the mice after fasting, and the plasma glucose level was then determined. There was no significant difference among the genotypes at any time point in the glucose tolerance test (Fig. 3A), suggesting that the volume of glucose was maintained at a normal level by the higher concentration of insulin in PA28 $\gamma^{+/+}$ CoreTg mice. In our previ-

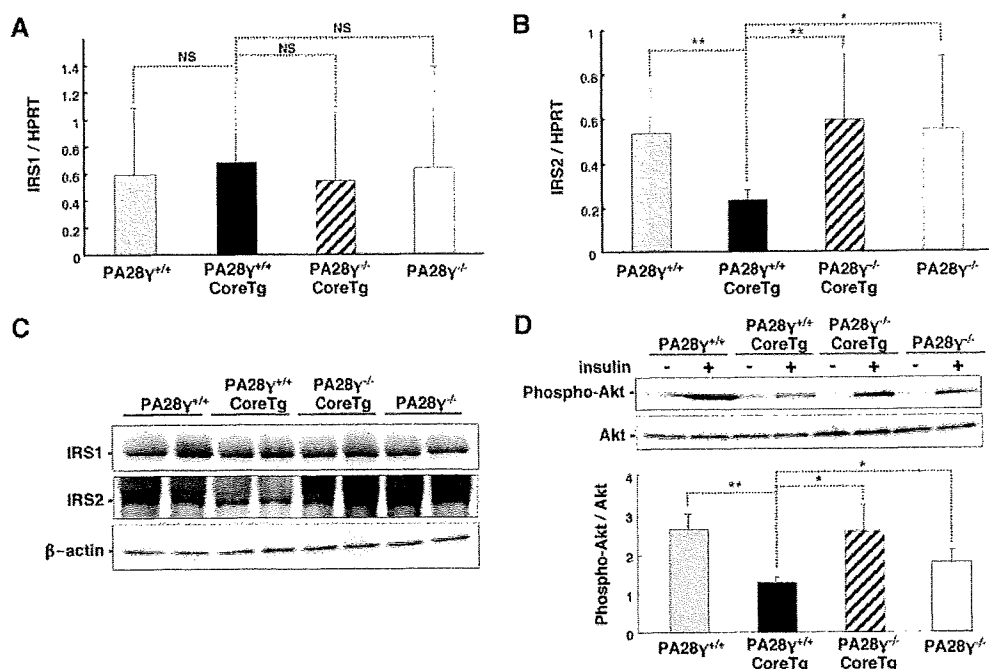


FIG. 6. PA28 γ participated in the inhibition of the IRS2 expression and Akt phosphorylation induced by HCV core protein. The transcription of IRS1 (A) and IRS2 (B) was estimated by quantitative RT-PCR ($n = 5$ in each group). (C) The expression levels of IRS1 and IRS2 in the livers of the mice were determined by immunoblotting with specific antibodies. (D) Phosphorylation of Akt in the livers of the mice was examined by immunoblotting with antibodies against Akt and phosphorylated Akt. The ratio of Akt phosphorylation was determined by computer software based on the densities of phosphorylated Akt and a total amount of Akt ($n = 3$ in each group). The data presented are representative of three independent experiments. * $P < 0.05$; ** $P < 0.01$. NS, not statistically significant; HPRT, hypoxanthine phosphoribosyl transferase.

ous study, the reduction in the plasma glucose concentration after insulin administration was impaired in PA28 $\gamma^{+/+}$ CoreTg mice (47). In this study, PA28 $\gamma^{-/-}$ CoreTg mice exhibited a normal insulin level comparable to those of PA28 $\gamma^{+/+}$ and PA28 $\gamma^{-/-}$ mice by an insulin tolerance test, in contrast to PA28 $\gamma^{+/+}$ CoreTg mice, in which a high concentration of plasma glucose was detected at all time points, as previously reported (Fig. 3B). These data suggest that hyperinsulinemia was induced in PA28 $\gamma^{+/+}$ CoreTg mice to compensate for insulin resistance and retain a physiological level of plasma glucose and that PA28 γ participates in the development of hyperinsulinemia and insulin resistance in PA28 $\gamma^{+/+}$ CoreTg mice.

Morphology of pancreatic islets. Hyperinsulinemia and insulin resistance are expected to enlarge the pancreatic islet mass due to the overexpression of insulin. Our previous report showed the enlargement of the pancreatic islets in PA28 $\gamma^{+/+}$ CoreTg mice. To clarify whether a knockout of the PA28 γ gene restores the enlarged pancreatic islets to their normal size, the morphology of the pancreatic islets of the mice was evaluated by histologic examination (Fig. 4A). The relative islet area in the pancreatic cells of the PA28 $\gamma^{-/-}$ CoreTg mice was smaller than that of PA28 $\gamma^{+/+}$ CoreTg mice and comparable to that of PA28 $\gamma^{+/+}$ and PA28 $\gamma^{-/-}$ mice (Fig. 4B). Infiltration of inflammatory cells within or surrounding the islets was not found in all genotypes of mice. These results suggest that PA28 γ also participates in the enlargement of pancreatic islets induced in PA28 $\gamma^{+/+}$ CoreTg mice.

PA28 γ impairs the insulin-signaling pathway through the suppression of both tyrosine phosphorylation of IRS1 and expression of IRS2. Insulin binds to insulin receptors, resulting in the activation of downstream signaling (26). The activated insulin receptors phosphorylate themselves, IRS1, and IRS2. Phosphorylated IRS1 and IRS2 can activate phosphatidylinositol 3 (PI3)-kinase signaling, leading to the activation of glucose metabolism and cell growth. Our previous report showed that tyrosine phosphorylation of IRS1 is suppressed in the livers of PA28 $\gamma^{+/+}$ CoreTg mice and that the administration of anti-TNF- α antibody restores insulin sensitivity (47). We examined whether a knockout of the PA28 γ gene could restore the tyrosine phosphorylation of IRS1. Tyrosine phosphorylation of IRS1 was suppressed in the livers of PA28 $\gamma^{+/+}$ CoreTg mice in response to insulin stimulation, whereas it was recovered in PA28 $\gamma^{-/-}$ CoreTg mice to levels comparable to those in PA28 $\gamma^{+/+}$ and PA28 $\gamma^{-/-}$ mice (Fig. 5).

Chronic hyperinsulinemia downregulates the expression of IRS2, which is one of the essential components of the insulin-signaling pathway in the liver (46). However, in our previous study, we showed that there was no significant difference in the phosphorylation of IRS2 between PA28 $\gamma^{+/+}$ CoreTg mice and their normal littermates (47). To gain more insight into the mechanisms of regulation of IRS expression, we determined the transcription and translation of IRS1 and IRS2 in the livers of the mice by real-time PCR and Western blotting, respectively. Although there was no significant difference in IRS1 expression at either the transcriptional or translational level among the mice

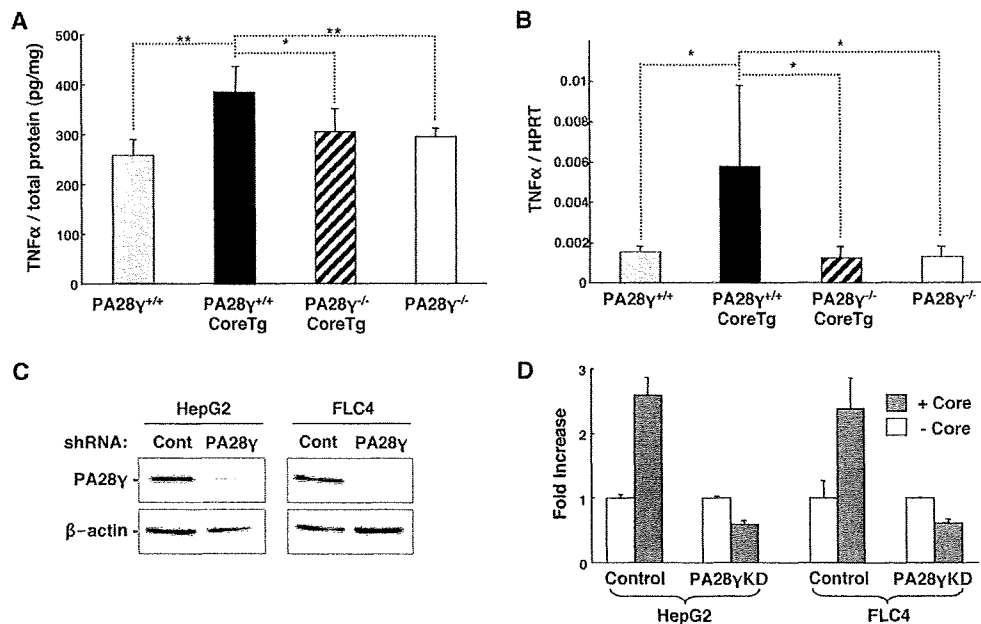


FIG. 7. PA28 γ was required for activation of the TNF- α promoter by the HCV core protein. (A) Expression of TNF- α in the livers of mice was determined by ELISA ($n = 5$ in each group). (B) TNF- α mRNA in the livers of mice was examined by quantitative RT-PCR ($n = 5$ in each group). (C) Knockdown of the expression of PA28 γ in the HepG2 and FLC-4 cell lines by the introduction of a plasmid encoding a short hairpin RNA (shRNA) targeted to the PA28 γ gene. The expression levels of PA28 γ and β -actin were determined by immunoblotting with specific antibodies. (D) Promoter activity of TNF- α in the presence or absence of the HCV core protein was determined by luciferase assay in the PA28 γ -knockdown and control cell lines. The data presented are representative of three independent experiments. HPRT, hypoxanthine phosphoribosyl transferase.

(Fig. 6A and C), the expression of IRS2 was clearly impaired in PA28 $\gamma^{+/+}$ CoreTg mice at both the transcriptional and translational levels compared with that in other mice (Fig. 6B and C). The serine/threonine protein kinase Akt is phosphorylated by phosphoinositide-dependent kinase 1 (PDK1) under the activated condition of IRS family proteins (26). The insulin-induced phosphorylation of Akt was suppressed in the livers of PA28 $\gamma^{+/+}$ CoreTg mice but not in those of PA28 $\gamma^{+/+}$, PA28 $\gamma^{-/-}$, or PA28 $\gamma^{-/-}$ CoreTg mice (Fig. 6D). These results suggest that the expression of the HCV core protein in the livers of mice in the presence of PA28 γ impairs the insulin-signaling pathway through the suppression of both the tyrosine phosphorylation of IRS1 and the expression of IRS2.

PA28 γ is required for activation of the TNF- α promoter by HCV core protein. TNF- α is an adipokine (54) and suppresses the signaling pathway of IRS1 and IRS2 (14, 42). Several reports suggested that the serum TNF- α level is higher in HCV patients than in healthy individuals (19, 37). Elevations of TNF- α levels have also been demonstrated in the livers of PA28 $\gamma^{+/+}$ CoreTg mice (47). To determine the involvement of PA28 γ in the enhancement of TNF- α expression, the expression of TNF- α in the livers of each genotype was determined by ELISA and real-time PCR (Fig. 7A and B). Transcription and translation of TNF- α were increased in the livers of PA28 $\gamma^{+/+}$ CoreTg mice but were restored in the livers of PA28 $\gamma^{-/-}$ CoreTg mice to levels comparable to those of PA28 $\gamma^{+/+}$ and PA28 $\gamma^{-/-}$ mice. To determine the effect of PA28 γ expression on the promoter activity of TNF- α in human liver cells, PA28 γ -knockdown human hepatoma cell lines HepG2 and FLC4 were

established by the introduction of a plasmid encoding a short hairpin RNA targeting the PA28 γ gene in the cell lines. The expression of PA28 γ was clearly suppressed in the cell lines (Fig. 7C). The expression of HCV core protein in the hepatoma cell lines potentiated TNF- α promoter activity, whereas the promoter activation by the HCV core protein was suppressed in the PA28 γ -knockdown cell lines (Fig. 7D). These results suggest that PA28 γ is required for the activation of the TNF- α promoter induced by the expression of the HCV core protein in human hepatoma cell lines.

DISCUSSION

HCV infection has a close association with type 2 diabetes, which is a polygenic disease with a pathophysiology that includes a defect in insulin secretion, increased hepatic glucose production, and resistance to the action of insulin (2, 8, 18). Insulin binds to insulin receptors, which exhibit tyrosine kinase activity, leading to the autophosphorylation and phosphorylation of IRS (56). Tyrosine phosphorylation in IRS proteins leads to the interaction between IRS proteins and the regulatory subunit p85 of PI3-kinase, which enhances glucose uptake and inhibits lipolysis (21). Activated PI3-kinase phosphorylates phosphatidylinositol 4,5-bisphosphate to produce phosphatidylinositol 3,4,5-triphosphate, which contributes to the activation of PDK1 (55). Activated PDK1 phosphorylates downstream substrates including Akt and other kinases (55). A diabetic phenotype that included insulin resistance was found in IRS2-knockout mice with normal growth (57), although a

knockout of the IRS1 gene has been shown to lead to growth retardation and insulin resistance but not overt diabetes (5, 52). The double knockdown of IRS1 and IRS2 genes in the liver induces hyperinsulinemia and insulin resistance in mice (53). The reduction of both IRS1 and IRS2 under conditions of insulin resistance and hyperinsulinemia (3) and in the livers of *ob/ob* mice, an obese diabetic mouse model (20), has been reported previously. In the present study, the expression of the HCV core protein reduced the phosphorylation of tyrosine on IRS1 and the production of IRS2 in the livers of mice but did not completely abolish the activities of these genes, suggesting that residual activities of IRS transfer a faint signal to the downstream region of IRS. Therefore, PA28 $\gamma^{+/+}$ CoreTg mice may exhibit a milder phenotype than IRS1- and/or IRS2-knockout mice. In this study, knockout of the PA28 γ gene restored the insulin sensitivity and signaling of IRS1 and IRS2 in PA28 $\gamma^{+/+}$ CoreTg mice, suggesting that the expression of the HCV core protein leads to the dysfunction of both IRS1 and IRS2 through a PA28 γ -dependent pathway.

Our previous study suggested that the induction of TNF- α by the HCV core protein plays a role in insulin resistance (47). An increase in TNF- α levels has been correlated with obesity and insulin resistance in animal models and humans (14, 42). However, the mechanism by which TNF- α induces insulin resistance is not completely known. The expression of TNF- α has been shown to be increased in PA28 $\gamma^{+/+}$ CoreTg mice, resulting in the suppression of phosphorylation of IRS1, and insulin sensitivity in PA28 $\gamma^{+/+}$ CoreTg was improved by the administration of an anti-TNF- α antibody (47). In the present study, the expression level of TNF- α in PA28 $\gamma^{-/-}$ CoreTg mice was similar to that in PA28 $\gamma^{-/-}$ mice or their normal littermates. The expression of the HCV core protein enhanced the promoter activity of the TNF- α gene in human liver cell lines but not in those with a knockdown of the PA28 γ gene by RNA interference (Fig. 7D). These data suggest that PA28 γ plays a crucial role in HCV core-induced expression of TNF- α . Sterol regulatory element-binding proteins (SREBPs) were shown to be increased at the stage of viremia in HCV-infected chimpanzees (49). SREBPs are known to regulate not only the biosynthesis of lipid but also the transcription of IRS2 and TNF- α (17, 45). Therefore, it might be feasible to speculate that the HCV core protein may cooperate with PA28 γ to regulate the expression of SREBPs.

Houstis et al. previously reported that reactive oxygen species (ROS) are increased in both cellular and mouse models of insulin resistance induced by treatment with TNF- α or dexamethasone and that insulin sensitivity was restored by treatment with small antioxidant molecules (16). The HCV core protein potentiates ROS production in hepatoma cells and HCV core gene-transgenic mice (23, 34, 41). Accelerated production of ROS results in mitochondrion dysfunction, which contributes to a decrease in fatty acid oxidation. Defects in mitochondrial fatty acid oxidation enhance the production of intracellular fatty acyl coenzyme A (CoA) and diacylglycerol (48, 58). Mitochondrion dysfunction and accumulation of lipid droplets in mice expressing the HCV core or the full-length HCV polyprotein have been reported (27, 34). An increase in lipid droplets also leads to the accumulation of fatty acid CoA and diacylglycerol (48, 58). Fatty acyl CoA and diacylglycerol nonspecifically activate the Ser/Thr kinase cascade, leading to the enhancement of the serine phosphorylation of IRS1 (26). Serine phosphorylation on IRS1 blocks the tyrosine

phosphorylation of IRS1 by insulin receptors (26). In the present study, however, serine phosphorylation of IRS1 in PA28 $\gamma^{+/+}$ CoreTg mice was similar to that in PA28 $\gamma^{-/-}$ CoreTg mice (data not shown). TNF- α signaling pathways other than the accumulation of ROS and fatty acid intermediates may also participate in the inhibition of tyrosine phosphorylation on IRS1 in PA28 $\gamma^{+/+}$ CoreTg mice.

How does the HCV core protein induce TNF- α production? Our previous report suggests that the HCV core protein is degraded through a PA28 γ -dependent pathway (32). Recently, PA28 γ has been shown to participate in the proteasome-dependent degradation of steroid receptor coactivator 3 (28). Degradation products of the HCV core protein via the PA28 γ -dependent pathway may regulate the promoter activity of the TNF- α gene. PA28 proteins are necessary and sufficient to fully reconstitute Hsp90-initiated refolding together with Hsc70 and Hsp40 (31). Therefore, it might also be feasible to speculate that the HCV core protein refolded by an Hsp90/PA28 γ -dependent pathway activates the promoter of the TNF- α gene together with an unknown transcription factor(s) or regulator(s).

In conclusion, the data obtained in this study suggest that the expression of the HCV core protein enhances the production of TNF- α and suppresses the phosphorylation of tyrosine on IRS1 and the production of IRS2 through a PA28 γ -dependent pathway, thereby leading to insulin resistance. PA28 γ may be a novel target for the treatment of HCV-induced diabetes.

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