

Fig. 5. U0126 strongly abolished ERK1/2 phosphorylation by the anti-HCV nutrients, anti-HCV reagents, and EGF. (A,B) Effects of the MEK1/2-specific inhibitors on ERK1/2 phosphorylation by anti-HCV nutrients and reagents. OR6 cells were precultured as described in Figs. 4A and B, and then pretreated with DMSO (-), 10 μ M U0126 (U), or 20 μ M PD98059 (P) for 1 hour. Subsequently, the cells were treated with control medium, 20 μ M BC, 10 μ M VD2, or 100 μ M LA (A) and control medium, 100 μ M AA, 2 IU/mL IFN- γ , 2 μ g/mL CsA, or 50 ng/mL EGF (B), respectively, in either the absence (DMSO) (-) or presence of U0126 (U) or PD98059 (P) for 15 minutes. (C) Dose effects of U0126 on ERK1/2 phosphorylation by the three anti-HCV nutrients and EGF. OR6 cells were precultured as described in Figs. 4A and 4B, then pretreated with DMSO (-) or 5 or 10 μ M U0126 for 1 hour. The cells were then treated with control medium, 20 μ M BC, 10 μ M VD2, 100 μ M LA, or 50 ng/mL EGF in either the absence (-) or presence of U0126 for 15 minutes. After all treatments (A-C), cell lysates were subjected to western blot analysis using antibodies specific to phosphorylated ERK1/2 (top row) and ERK1/2 (middle row). β -actin was used as a control for the amount of protein loaded per lane (bottom row).

7). Collectively, these results suggest that these nutrients and reagents induce ROS as an oxidant in HCV RNA replicating cells, leading to activation of the MEK-ERK1/2 signaling pathway and suppression of HCV RNA replication.

The Effects of EGF on HCV RNA Replication were Different than Those of the Anti-HCV Nutrients/Reagents. Because the study by Huang et al.²⁴ showed that EGF time-dependently suppressed the expressions of HCV nonstructural proteins in subgenomic replicon-harboring cells, we wondered whether EGF could suppress genome-length HCV RNA replication. EGF inhibited HCV RNA replication by approximately 25% at a concentration of 100 ng/mL. This anti-HCV activity was weaker than that of the anti-HCV nutrients and reagents

tested in this study. However, as shown in the cell growth assay, EGF promoted OR6 cell proliferation in a dose-dependent manner (Supporting Fig. 6). These cell growth effects of EGF may have caused us to underestimate the actual anti-HCV activity of EGF. The other reagents and nutrients did not affect cell proliferation compared with EGF (Supporting Fig. 7).

Discussion

The previous studies using the MEK1/2-specific inhibitor and subgenomic replicon system showed that induction of the MEK-ERK1/2 signaling pathway might be required for the suppression of HCV RNA replication by some reagents.^{24,25} In agreement with the study by Huang

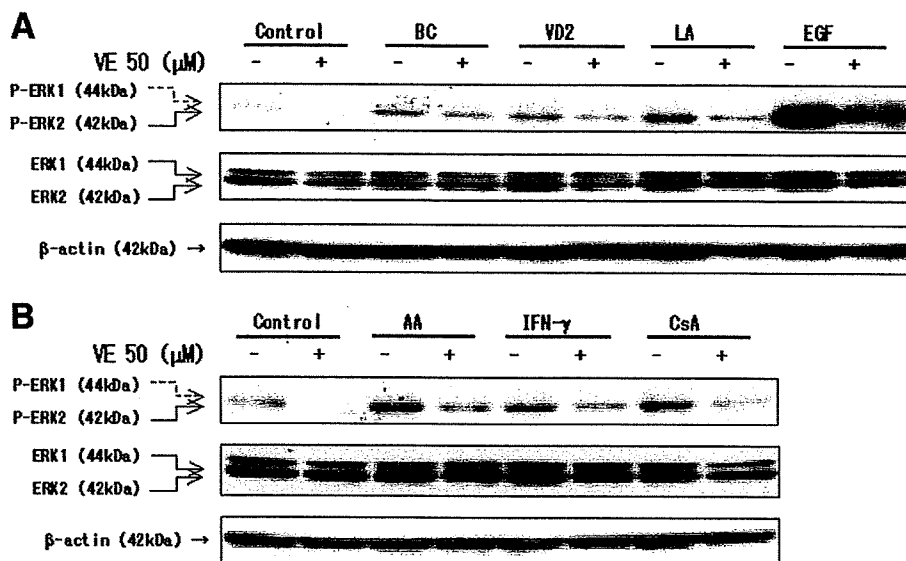


Fig. 6. VE attenuated ERK1/2 phosphorylation by the anti-HCV nutrients and reagents. OR6 cells were precultured as described in Figs. 4A and B, and then pretreated with ethanol (-) or 50 μM VE (+) for 1 hour. The cells were then treated with control medium, 20 μM BC, 10 μM VD2, 100 μM LA, or 50 ng/mL EGF (A) and control medium, 100 μM AA, 2 IU/mL IFN-γ, and 2 μg/mL CsA (B), respectively, in either the absence (ethanol) (-) or presence (+) of 50 μM VE for 15 minutes. After the treatment, cell lysates underwent western blot analysis as described in Fig. 5.

et al.,²⁴ we also confirmed that U0126 inhibited the anti-HCV activity of IFN-γ in OR6 cells stably replicating genome-length HCV RNA. Although they did not identify the direct activation of the MEK-ERK1/2 signaling pathway by IFN-γ, we demonstrated that IFN-γ could stimulate this cascade in HCV RNA replication cells. Moreover, this stimulation was not only inhibited by U0126 but also by antioxidant VE. This result indicates the involvement of oxidative stress in the anti-HCV activity of IFN-γ as well as the MEK-ERK1/2 signaling pathway. IFNs induce the transcription of IFN-stimulated genes through the JAK-STAT pathway, but the induction of IFN-stimulated genes by IFN-γ has been far more complex than that by IFN type I.³⁰ A study using a

macrophage cell line revealed that IFN-γ activated ERK1/2, followed by the expression of IFN-γ-stimulated genes downstream of the JAK-STAT signaling pathway.³¹ Another study reported that the defensive activity of IFN-γ against hepatitis B virus in hepatoblastoma cells was mediated through the induction of oxidative stress.³² Furthermore, ROS itself has been reported to suppress HCV RNA replication in human hepatoma cells.³³ These reports support our proposal regarding anti-HCV activity of oxidative stress that the generation of intracellular ROS inhibits HCV RNA replication through activation of the MEK-ERK1/2 signaling pathway. Waris and Siddiqui³⁴ reported that calcium-dependent ROS generation induced cyclooxygenase-2 and prostaglandin E(2) via the activation of nuclear factor kappa B, leading to the suppression of HCV RNA replication. Choi et al.³⁵ also demonstrated that elevated calcium suppressed HCV RNA replication. The activation of nuclear factor kappa B by ROS was mediated through the MEK-ERK1/2 signaling pathway. Therefore, we suggest that the oxidative reagents and nutrients in this study also may induce anti-HCV status by calcium-dependent ROS generation.

In the course of our study of the anti-HCV activities of these three nutrients, we found that treatment with U0126 more strongly inhibited their anti-HCV activities than treatment with PD98059. U0126 has been shown to possess approximately 100-fold-higher MEK1/2-specific inhibitory activity than PD98059.³⁶ This different potential between the two inhibitors was considered to cause a gap in their effects on anti-HCV activities. We further found that, much like EGF, all three nutrients enhanced the phosphorylation of ERK1/2 and MEK1/2, which was reduced by treatment with U0126 or VE. In addition, the

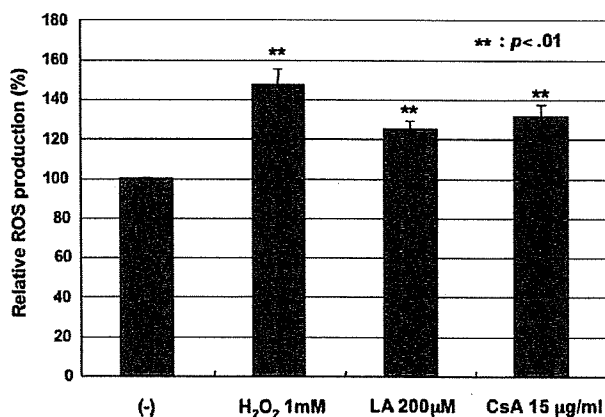


Fig. 7. ROS production by H₂O₂, LA, and CsA. OR6 cells were untreated or treated with H₂O₂ (1 mM), LA (200 μM), and CsA (15 μg/mL) and then incubated with dihydrodichlorocarboxyfluorescein diacetate. Fluorescence was measured with a fluorescence plate reader. **P < 0.01 versus untreated cells.

present study was the first to observe that BC, which has been shown to produce ROS,³⁷ activates the MEK–ERK1/2 signaling pathway, an action that VD2³⁸ and LA³⁹ have already been shown to exhibit in leukemia cell and dendritic cell lines, respectively. Furthermore, we found the involvement of the MEK–ERK1/2 signaling pathway in the anti-HCV mechanism of the three nutrients as well as various PUFAs, which were reported to be mediated through lipid peroxidation.²⁹ These results suggest that the anti-HCV nutrients BC, VD2, and PUFAs, including LA, as well as IFN- γ may suppress HCV RNA replication via activation of the MEK–ERK1/2 signaling pathway in response to ROS production.

We also investigated the involvement of the MEK–ERK1/2 signaling pathway in the suppressive mechanism of anti-HCV reagents other than IFN- γ . In our previous study, the anti-HCV activity of CsA, but not FLV, was prevented by VE.¹³ Consequently, these results implied that CsA, but not statins, could be potent activators of the MEK–ERK1/2 signaling pathway as oxidants, leading to down-regulation of HCV RNA replication. CsA has been demonstrated to bind to cyclophilins and suppress HCV RNA replication by abolishing their interaction with NS5B polymerase.⁴⁰ This CsA binding to cyclophilins, especially cyclophilin A (CyPA), has been shown to result in the generation of ROS through inhibition of the peptidylprolyl-cis-trans-isomerase-like activity of CyPA.⁴¹ Moreover, CyPA was reported to be secreted in response to oxidative stress,⁴² and to bind to a cell surface receptor, CD147, followed by ERK1/2 activation.⁴³ These reports and our results suggest that CsA, acting as an oxidant, may trigger activation of the MEK–ERK1/2 signaling pathway, both directly by producing ROS by way of interaction with CyPA in the early phase, and indirectly by secreting CyPA in the late phase. Both activations could lead to an inhibition of HCV RNA replication. Thus, CyPA may play a critical role as an intermediary in the oxidative anti-HCV activity of CsA. In the latest study, CyPA was identified as the most essential cellular cofactor of HCV RNA replication among cyclophilins.⁴⁴ Further studies will be needed to clarify whether CyPA is required for the oxidative suppressive mechanism of anti-HCV nutrients/reagents other than CsA.

Although we expected that strong activation of the MEK–ERK1/2 signaling pathway would suppress HCV RNA replication, EGF exhibited only slight anti-HCV activity in OR6 cells. The promotion of cell growth by EGF might prevent its primary inhibitory effect on HCV RNA replication. A portion of the ERK1/2 phosphorylation by EGF was also reduced by treatment with VE (Fig. 6A), suggesting that EGF might stimulate the MEK–ERK1/2 signaling pathway, in part, as an oxidant, and

that this oxidative activity of EGF could exhibit its slight anti-HCV activity.

In this study, using MEK1/2 specific inhibitors, we revealed that the MEK–ERK1/2 signaling pathway is involved in the oxidative antiviral mechanism of the anti-HCV nutrients BC, VD2, and PUFAs and the anti-HCV reagents IFN- γ and CsA. Our results suggest that this oxidative induction of the MEK–ERK1/2 signaling pathway could be a novel therapeutic strategy for the eradication of HCV infection. Although oxidants themselves cause liver damage, they may work as anti-HCV factors during therapy in patients with chronic hepatitis C.

In conclusion, this study suggests that the anti-HCV activity of oxidative stress is closely linked to the activation of the MEK–ERK1/2 signaling pathway.

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Strain-Dependent Viral Dynamics and Virus-Cell Interactions in a Novel *In Vitro* System Supporting the Life Cycle of Blood-Borne Hepatitis C Virus

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We developed an *in vitro* system that can be used for the study of the life cycle of a wide variety of blood-borne hepatitis C viruses (HCV) from various patients using a three-dimensional hollow fiber culture system and an immortalized primary human hepatocyte (HuS-E/2) cell line. Unlike the conventional two-dimensional culture, this system not only enhanced the infectivity of blood-borne HCV but also supported its long-term proliferation and the production of infectious virus particles. Both sucrose gradient fractionation and electron microscopy examination showed that the produced virus-like particles are within a similar fraction and size range to those previously reported. Infection with different HCV strains showed strain-dependent different patterns of HCV proliferation and particle production. Fluctuation of virus proliferation and particle production was found during prolonged culture and was found to be associated with change in the major replicating virus strain. Induction of cellular apoptosis was only found when strains of HCV-2a genotype were used for infection. Interferon-alpha stimulation also varied among different strains of HCV-1b genotypes tested in this study. **Conclusion:** These results suggest that this *in vitro* infection system can reproduce strain-dependent events reflecting viral dynamics and virus-cell interactions at the early phase of blood-borne HCV infection, and that this system can allow the development of new anti-HCV strategies specific to various HCV strains. (HEPATOLOGY 2009;50:689-696.)

Hepatitis C virus (HCV) is a serious problem worldwide, with 3% of the world's population chronically infected.¹ Chronic infection with HCV may lead to high rates of liver cirrhosis and hepatocellular carcinoma.² Because the HCV standard therapy is still insufficient for treating many patients,³ the develop-

ment of more effective and less toxic anti-HCV agents is desired. The virological studies required to reach this goal need reproducible and efficient HCV proliferation in cell culture. An *in vitro* infection system using recombinant HCV-JFH1 was developed. In this system, HuH7 cells transfected with *in vitro*-synthesized JFH1-RNA were

Abbreviations: 2D, two-dimensional; 2D-HuS-E/2, HuS-E/2 cells cultured in two-dimensional condition; 3D, three-dimensional; 3D/HF, 3D hollow fibers; 3D-HuS-E/2, HuS-E/2 cells cultured in three-dimensional condition in the hollow fibers; HCV, hepatitis C virus; IFN- α , interferon alpha; LDH, lactate dehydrogenase; p.i., postinfection; RFB, radial-flow bioreactor; RT-PCR, reverse transcription polymerase chain reaction.

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shown to secrete infectious viral particles.⁴ This system, however, requires the combination of HuH-7-derived cell lines and JFH1-based constructs, limiting its usefulness for studying other HCV strains. Because HuH-7 cells cannot support the complete life cycle of blood-borne HCV (bbHCV) derived from clinical samples,⁵ this system is insufficient for studying all the events related to bbHCV infection.

Many researchers have attempted to develop an *in vitro* system for bbHCV.⁶⁻⁸ These current systems, however, are still insufficient due to their low efficiency for infectivity and replication of bbHCV. Working toward this same goal, we recently established immortalized primary human hepatocyte cell lines by transducing them with E6 and E7 genes from the human papilloma virus 18.^{5,9} As expected, we observed improved infection and replication of bbHCV especially in one of these cell lines (HuS-E/2 cells) that showed a similar expression profile to that of human primary hepatocytes, but this strategy did not improve production of infectious particles.

Recently, a hybrid artificial liver support system was developed using animal hepatocytes cultured in a three-dimensional hollow fiber (3D/HF) system. This bioartificial liver showed several characteristic features of liver tissue for more than 4 months.¹⁰⁻¹² By growing our HuS-E/2 cells in a similar 3D culture⁵ the gene expression profile was improved to more closely match that of human primary hepatocytes. Because the 3D cell culture condition more closely reproduces the *in vivo* environment of hepatocytes,¹³ culturing these cells in this manner may support the entire HCV life cycle.

In this study we utilized this small 3D culture system and showed it to be ideal for culturing HuS-E/2 cells for the study of bbHCV infection. Using this system we are now able to study the variable patterns of the life cycle of different bbHCV strains as well as HCV-related cellular events.

Materials and Methods

Cell Culture. HuS-E/2 cells were cultured as previously described.⁵ For the 3D/HF system, HuS-E/2 suspension was injected into the lumen of HF (Toyobo, Osaka, Japan) made from cellulose acetate and containing pores for nutrients and waste exchange (Supporting Fig. 1). The bundles were centrifuged to induce organoid formation. The cells in the fibers were cultured in 12-well plates (two capillary bundles per well) with gentle rotation using serum-free medium (Toyobo) in a CO₂ incubator at 37°C. The number of cells was adjusted to 3 × 10⁵ cells per two-capillary bundle at the start of each experiment.

RNA Experiments. Total RNA was extracted from two-dimensional (2D) cultured cells, patient sera, or from 100 times concentrated culture medium as previously described.^{4,5} For cells cultured in the 3D/HF, sterile scissors were used to cut each fiber into small pieces (1 mm² each), which were then solubilized in Sepasol RNA-1 (Nacalai Tesque, Kyoto, Japan). RNA was then extracted according to the manufacturer's protocol. Real-time reverse transcription polymerase chain reaction (RT-PCR) was performed as described.⁵

HCV Infection. HCV infection experiments were carried out using sera from HCV patients. The amount of each inoculum was adjusted so as to add similar amount of HCV-RNA to the medium of the cells. After 24 hours, the cells were washed three times with phosphate-buffered saline (PBS) and cultured for the designated times. To assess the passage of infectivity, 12 mL of culture medium from the primary infected cells was collected, concentrated 100 times by filtration through Amicon Ultra-15, Ultracel-10K filters (Millipore, Carrigtwohill, Cork, Ireland), and 40 μL concentrated medium/well was used to infect naïve HuS-E/2 cells. All experiments were done with approval of the Ethical Committee of Kyoto University. Informed consent from patients was required for this approval.

Cloning and Sequencing. To amplify the complementary DNA (cDNA) fragment corresponding to hypervariable region 1 (HVR-1),¹⁴ a nested RT-PCR was performed using Superscript III (Invitrogen, Carlsbad, CA) and PrimeSTAR HS DNA Polymerase (Takara, Tokyo, Japan). Reaction conditions were adjusted according to the manufacturer's protocol. Primers used were previously described¹⁵ and are shown in Supporting Table 1. PCR products were then purified and cloned using the Zero Blunt TOPO PCR Cloning Kit (Invitrogen). Ten recombinant clones were randomly isolated for each PCR product and sequenced as described.¹⁶

Quantitative Detection of HCV Core and Interferon alpha (IFN-α) Protein by Enzyme-Linked Immunosorbent Assay (ELISA). The culture medium of infected cells was collected and concentrated 100 times as previously mentioned for the detection of HCV-core, or used directly for detection of IFN-α. HCV core protein was quantified using the Trak-C Core ELISA (Ortho Clinical Diagnostics, Neckargemünd, Germany). IFN-α was quantified using the Human IFN-A ELISA kit (PBL Biomedical Laboratories, Piscataway, NJ). Light absorbance was then measured using a Wallac 1420 multilabel counter (PerkinElmer Life Science, Waltham, MA).

Cytotoxicity Assay. Culture medium was collected from HCV-infected cells and used for measuring lactate dehydrogenase (LDH) levels using an LDH cytotoxicity

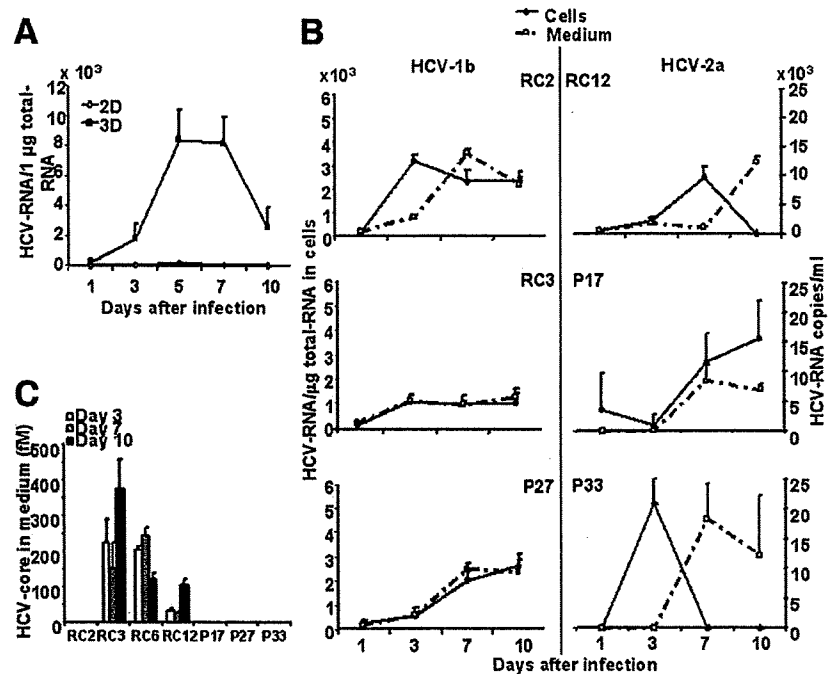


Fig. 1. Infection and proliferation of bbHCV in 3D-HuS-E/2 cells. (A) The quantity of HCV genomic RNA in 1 μ g total RNA of 2D- or 3D-HuS-E/2 cells infected with HCV-RC6 was determined at each timepoint after infection by real-time RT-PCR analysis. (B) 3D-HuS-E/2 cells were infected with HCV-1b-containing sera: RC2, RC3, and P27; or HCV-2a-containing sera: 4: RC12, P17, P33. The quantity of HCV genomic RNA in the infected cells was determined as in (A). The culture medium from the last 2 days at each timepoint was collected, concentrated, and the amount of HCV-RNA (B) or HCV-core (C) was measured. Data represent the mean \pm standard deviation (SD) of three independent experiments.

detection kit (Takara Biomedicals). Light absorbance was then measured as described above.

Sucrose Density Gradient. The culture medium of the infected cells was collected, concentrated 500 times, and loaded onto a 20%-50% (wt/vol) sucrose gradient containing 50 mM PBS, 100 mM NaCl, and 1 mM EDTA, followed by centrifugation at 100,000g for 16 hours at 4°C in a SW41Ti rotor (Beckman, Fullerton, CA). The gradient was fractionated into 31 fractions that were used for HCV-RNA and core detection and HCV infection into naïve cells as described above.

Electron Microscopy. The 1.12 g/mL fraction obtained by the sucrose density gradient showed the secondary infection activity as analyzed by transmission electron microscopy. The fraction was ultracentrifuged and the almost all supernatant was removed. The residual 10 μ L of the solution was directly applied to a formvar-carbon grid for negative staining with 1% uranyl acetate solution and observed with an electron microscope (JEOL1010, JEOL, Tokyo, Japan).

Results

HuS-E/2 Cells Cultured in 3D/HF System Are Highly Permissive for Infection and Proliferation of bbHCV. We compared the ability of HuS-E/2 cells cultured in the 3D/HF system (3D-HuS-E/2 cells) to those cultured as a monolayer (2D-HuS-E/2 cells) to reproduce infection by HCV genotype 1b (HCV-RC6), derived from patient serum (RC6). The HCV-RC6 RNA levels in

the 3D-HuS-E/2 cells were significantly higher at all timepoints (Fig. 1A), showing that the 3D/HF system greatly improves the proliferation of bbHCV in HuS-E/2 cells. We observed that both the early stages of infection and the continuous replication of HCV-RC6 in HuS-E/2 cells was improved by 3D/HF culture when the culture conditions were changed after the infection from 3D/HF to 2D and vice versa (Supporting Fig. 2).

As reported,¹⁷ blocking CD81, an HCV-supposed entry receptor, during infection significantly impaired HCV proliferation into 3D-HuS-E/2 cells (Supporting Fig. 3), suggesting that CD81 is essential for HCV infectivity in 3D-HuS-E/2 cells. Although the expression level of CD81 mRNA in 3D-HuS-E/2 cells was observed, no significant change from 2D-HuS-E/2 cells was found (data not shown), indicating that the quantity of CD81, at least, is not responsible for the improvement.

We then examined whether this system can be used for proliferation of six different bbHCV samples, three of which are HCV-1b (HCV-RC2, HCV-RC3, and HCV-P27) and three HCV-2a genotypes (HCV-RC12, HCV-P17, and HCV-P33) (Fig. 1B). Proliferation of HCV-RNA in the cells was seen in all six cases, suggesting that this system can be widely used for analysis of infection and proliferation of bbHCV strains. HCV-RNA and HCV-core were also detected in the culture medium (Fig. 1B). Different HCV strains showed variable patterns of proliferation and HCV-core secretion into the medium. Although HCV-core was detected from day 3 onward when

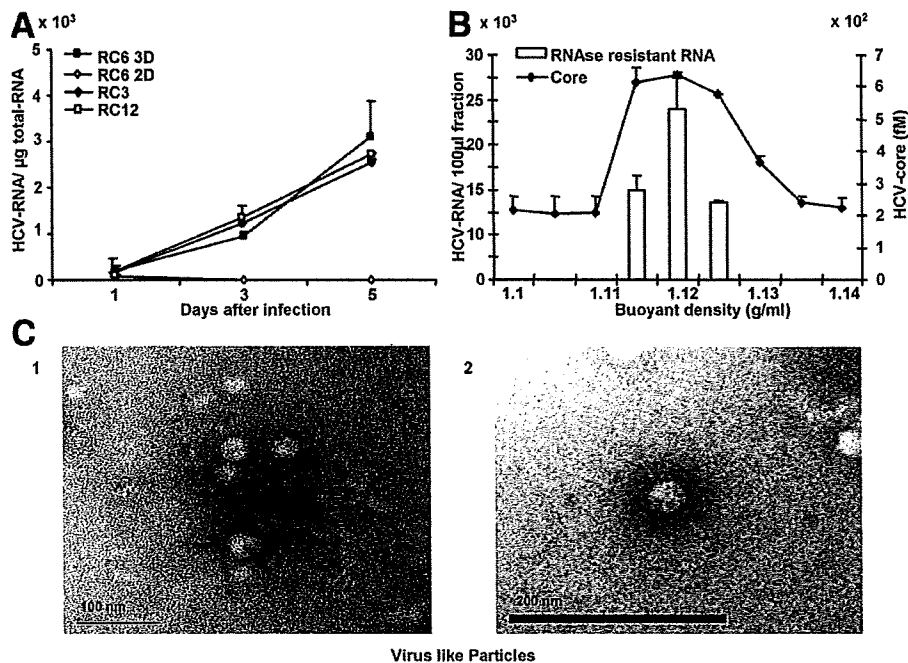


Fig. 2. Production of infectious virus-like particles from 3D-HuS-E/2 cells infected with different HCV strains. (A) The culture medium of 3D-HuS-E/2 cells infected with HCV-RC3 or HCV-RC6 was collected from days 5 to 7 p.i. and for HCV-RC12 from days 23 to 25 p.i. The culture medium of 2D-HuS-E/2 cells infected with HCV-RC6 was also collected from days 5 to 7 p.i., and used to treat naïve 3D-HuS-E/2 cells. The quantity of HCV genomic RNA in 1 μ g of total cellular RNA was determined as in Fig. 1. (B) The concentrated culture medium of 3D-HuS-E/2 cells infected with HCV-RC3 was collected from days 5 to 7 p.i., and fractionated by ultracentrifugation with a 20%-50% sucrose density gradient. HCV-core protein and the RNase A-resistant HCV-RNA in the different fractions were quantitatively analyzed using an HCV-core ELISA kit and real-time RT-PCR, respectively. Data represent the mean \pm SD of three independent experiments. (C) Photomicrograph showing negatively stained virus-like particles from the culture medium of HCV-RC3-infected 3D-HuS-E/2 cells (arrowheads, panels 1 and 2). The arrows indicate the spike-like structures found on the surface of the virus-like particles (panel 2).

RC3, RC6, and RC12 were used for infection, it was undetectable when RC2, P17, P27, and P33 sera were used, similar to 2D-HuS-E/2 cells infected with HCV-RC6 (Fig. 1C).

Production of Infectious Particles from 3D-HuS-E/2 Cells Infected with bbHCV. The culture media from 2D or 3D-HuS-E/2 cells infected with RC6 serum (Fig. 1A) were collected from days 5 to 7 postinfection (p.i.), concentrated, and inoculated into naïve 3D-HuS-E/2 cell culture media. HCV-RNA's proliferation in the infected cells was only detected when using the culture medium from 3D-HuS-E/2 cells and not 2D-HuS-E/2 cells (Fig. 2A). Media collected from HCV-RC3 at days 5 to 7 and from HCV-RC12 from days 23 to 25 p.i. were also able to infect naïve cells (Fig. 2A). These data suggested the production and secretion of infectious virus-like particles. To investigate this further, biophysical analysis was performed. The culture medium of HCV-RC3 infected 3D-HuS-E/2 cells at day 7 p.i. was fractionated using a sucrose density gradient after RNase A treatment. HCV core was detected in the 1.11 to 1.14 g/mL fractions; similarly, the nuclease-resistant HCV RNA peaked in the 1.12 g/mL fraction (Fig. 2B). Fur-

thermore, only the 1.12 g/mL fraction was able to infect naïve cells as examined above (data not shown). This fraction was pelleted by ultracentrifugation and examined by electron microscopy with negative staining. We observed 33-nm to 45-nm diameter spherical particles (Fig. 2C, panel 1) with spike-like structures from 7-9 nm in length on the surface (Fig. 2C, panel 2), consistent with HCV morphology reported previously in HCV patients.¹⁸ These were detected in the sample collected from HCV-RC3-treated but not mock-treated 3D-HuS-E/2 cells. These data suggest that production of infectious virus-like particles occurs in 3D-HuS-E/2 cells infected with some bbHCV strains. It is therefore likely that 3D-HuS-E/2 cells can be used to reproduce nearly all steps in the HCV life cycle.

Prolonged Culture of HCV-Infected Cells in the 3D Hollow Fiber System. For HCV-RC6-infected cells (Fig. 3A), the amount of HCV-RNA in the cells fluctuated during the 30-day culture period. The levels of both HCV-RNA and HCV-core in the medium showed a similar pattern of fluctuations that peaked on days 5 and 20 p.i. Unlike RC6, the pattern of HCV-RNA levels in the medium of RC12-infected cells showed a negative

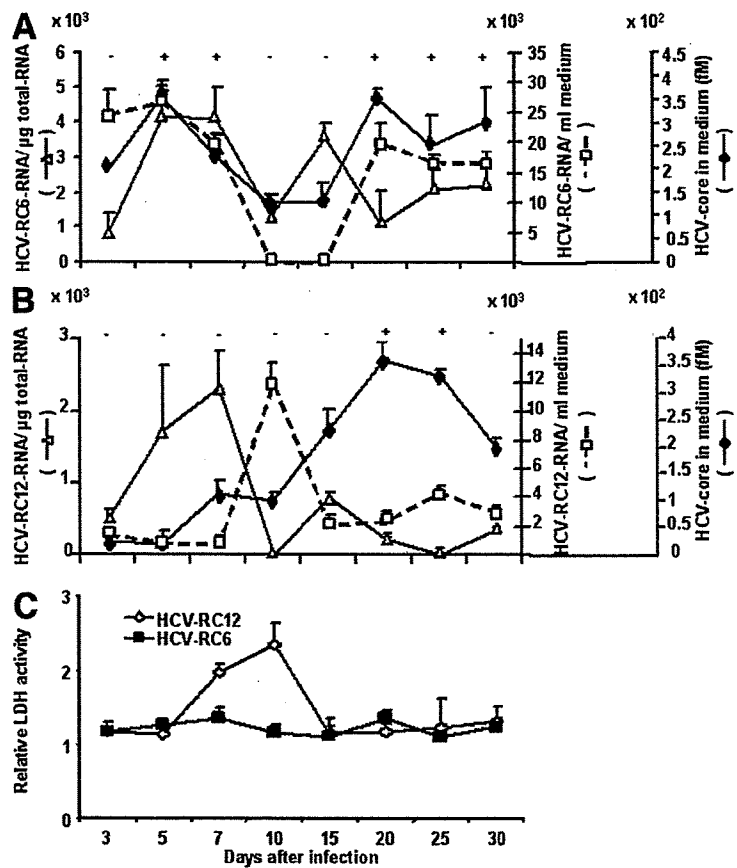


Fig. 3. Prolonged culture of HCV-infected cells in the 3D/HF system. After infection with HCV-RC6 (A) and HCV-RC12 (B), 3D-HuS-E/2 cells were cultured for 30 days with a medium change every 2 days. The HCV-RNA in the cells and medium as well as the HCV-core in the medium were quantitatively analyzed at the designated timepoints as in Fig. 1. Culture media were also used to treat naïve 3D-HuS-E/2 cells to examine the secondary infection as in Fig. 2. (+) and (–) indicate detection or no detection of secondary infection. (C) Culture media of HCV-RC6 and HCV-RC12 infected cells collected at each timepoint were used for the detection of LDH levels released from dead cells. LDH levels were normalized to uninfected cells cultured for the same time. Data represent the mean ± SD of three independent experiments.

correlation with that detected in the cells. This was clearly seen on day 10 p.i., when a sharp increase and decrease of HCV-RNA in the medium and the cells, respectively, was observed (Fig. 3B). Similarly, the amount of HCV-core detected in the medium throughout the culture was not correlated with RNA levels in the medium. Instead, core levels were very low in the first 10 days, at which time levels increased, reaching a peak on day 20 p.i. (Fig. 3B). Culture media from cells infected with HCV-RC6 from days 5 to 7 and 20 to 30 p.i. (Fig. 3A) and that from HCV-RC12 from days 20 to 25 p.i. showed passage of infectivity (Fig. 3B). All culture media showing infectivity appeared to have a high amount of HCV-core protein.

Clonal Changes in HCV During Prolonged Culture. In order to perform a populational analysis to understand the fluctuating pattern seen during HCV proliferation, two sera with limited HCV variants, HCV-RC6 (two major strains) and -RC12 (single major strain) from immunosuppressed liver transplantation patients with recurrent HCV were used in the previous prolonged infection experiment. The variants' composition was analyzed by single-strand confirmation polymorphism analysis for HCV-HVR1 (Supporting Fig. 4). RC6 serum (Fig. 4A) showed two different major sequences, HCV-

RC6-1 and -2 strains, which constituted 60% and 40%, respectively, and shared 85% homology. In cells infected with HCV-RC6 the nucleotide sequence of HVR1 on day 5 showed 97% homology to HCV-RC6-1, and on day 20 p.i. it showed 97% homology to HCV-RC6-2. These data suggest selection of the dominant HCV strain in the cells over time. For RC12 (Fig. 4B), the nucleotide sequence on day 5 p.i. had only one nucleotide difference from that of the HCV from the original serum. The sequence from day 20 p.i. was four nucleotides different from that from the serum, and five different from the cells on day 5 p.i. These data indicated that each peak of HCV-RNA that appeared in the cells infected with RC12 serum included primarily a single HCV strain with a slightly different genomic sequence. This suggests that the periodic appearance of HCV-RNA strain is a result of selection and/or mutation of HCV strains during the prolonged culture period.

Cellular Response Induced by bbHCV Infection. At day 10 p.i., HCV-RNA levels in the culture medium rose and RNA levels in 3D-HuS-E/2 cells infected with HCV-RC12 dropped (Figs. 1B, 3B). To determine if this was caused by a cytotoxic effect of HCV infection, LDH levels were measured in the culture medium of HCV-RC6- and

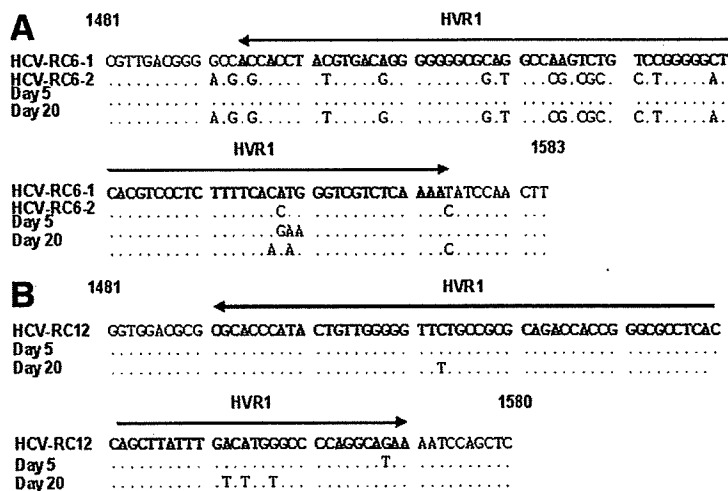


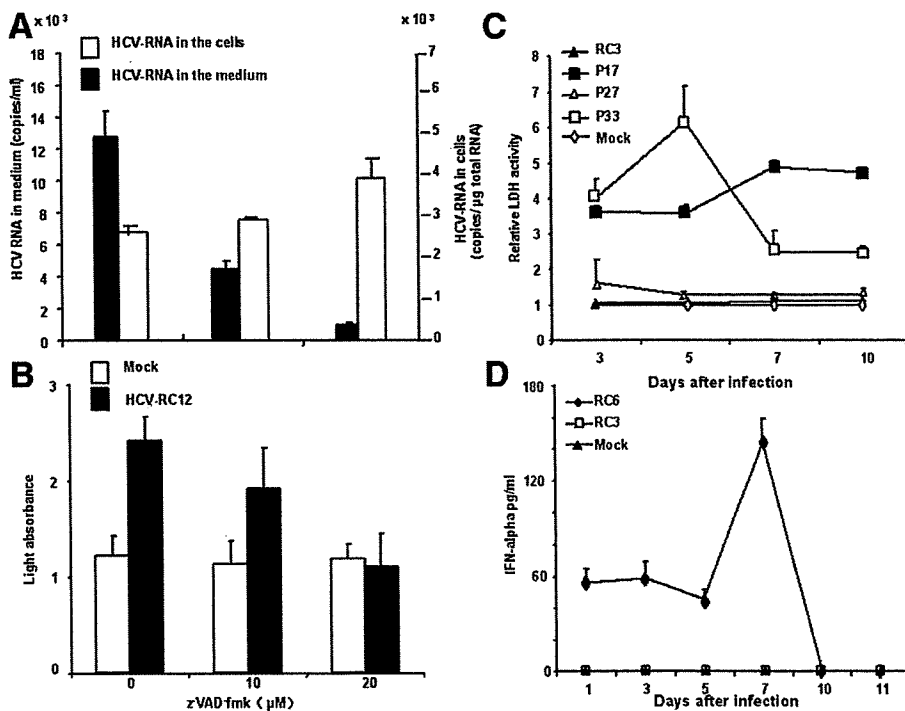
Fig. 4. Comparison of HCV-HVR1 sequences in the serum used for infection and the HCV replicating in the cells on days 5 and 20 after infection of HCV-RC6 (A) or HCV-RC12 (B). Nucleotide numbering was based on HCV-J1 sequence (GenBank Access. No. D10749). Three additional nucleotides were found at the 5'-terminal end of the E2 regions of all RC6 sequences. The major sequence present in the serum used for infection is shown in the upper row in each panel. Dots represent the identical nucleotides.

HCV-RC12-infected 3D-HuS-E/2 cells. LDH activity showed a strong correlation with HCV-RNA levels in the medium on day 10 p.i. in HCV-RC12-infected cells (Fig. 3B), suggesting a cytotoxic effect of HCV-RC12 that was not observed in the case of HCV-RC6 (Fig. 3A,C). To determine if this HCV infection-mediated cytotoxicity is due to apoptosis, as with other viruses belonging to the Flaviviridae family,¹⁹ the involvement of caspase was examined using the caspase inhibitor z-VAD-fmk. A significant dose-dependent reduction in HCV-RNA levels in the medium and LDH activity (Fig. 5A,B) was found, whereas no significant effect was observed on the viability

of noninfected cells (Fig. 5B) or intracellular HCV-RNA levels (Fig. 5A). This suggested that the cytotoxic effect of HCV infection is mediated by apoptosis. It is noteworthy that HCV-induced cytopathicity was also found when HCV-P17 and HCV-P33 samples were used for infection (both are HCV-2a genotype) and was not reproduced in any of the HCV-1b genotype samples used in this work (Fig. 5C).

After infection with HCV-RC6, no cytotoxicity was detected that might have inhibited HCV-RC6-1 proliferation in the cells. However, HCV-RC6-2 RNA replaced HCV-RC6-1 RNA during prolonged culture. To assess a

Fig. 5. Cellular response of 3D-HuS-E/2 cells infected with bbHCV. 3D-HuS-E/2 cells infected with HCV-RC12 and mock-treated cells were cultured for 10 days in the presence of z-VAD-fmk (0, 10, and 20 μM). (A) HCV-RNA in the cells and medium on day 10 was measured as in Fig. 1. (B) LDH levels in the medium on day 10 after infection with HCV-RC12 was measured as in Fig. 3. (C) Culture media of HCV-RC3, HCV-P17, HCV-P27, HCV-P33, and mock-infected cells collected at designated points were used for the detection of LDH levels. (D) IFN-α levels in the culture media of HCV-RC6, HCV-RC3, and mock-infected cells collected at each designated timepoint were measured by ELISA. Data represent the mean ± SD of three independent experiments.



possible role of the innate-immune response in this phenomenon, the production of IFN- α in the medium was measured during the first 11 days p.i. IFN- α production was detected as early as day 1 p.i., reached a peak at day 7 p.i., and was then rapidly lost (Fig. 5D). These data suggest that HCV-RC6-1 infection induced the innate-immune response of the cells, possibly leading to suppression of its proliferation. In contrast to HCV-RC6-1, HCV-RC3 did not show any stimulation of IFN- α production upon infection in the first 10 days, showing a possible strain-dependent evasion from the host defense within the same genotype.

Discussion

In this study we report the development of a novel system that reproduces bbHCV infection, proliferation, and production of infectious virus. The most recent models used in the study of the life cycle of HCV infection are based on subclones of HuH-7 cells infected with JFH1 recombinant virus or its derivatives.⁴ HuH-7 cells and its subclones, however, do not support the entire life cycle of the bbHCVs present in patients' blood.⁵ Moreover, HCV has considerable diversity and variability. It is generally classified into six major genotypes and more than 100 subtypes.²⁰ This huge pool of natural HCV variants causes a wide variety of diseases, including chronic hepatitis, cirrhosis, and hepatocellular carcinoma.²¹ JFH1, however, is a single isolate of HCV genotype 2a that was originally derived from a patient with rare fulminant hepatitis.⁴ We suggest that our newly established system has an important advantage because it supports the entire life cycle of a variety of HCV strains and genotypes.

Due to the lack of some *in vivo* factors, including host immune response, *in vitro* systems may not completely reproduce the *in vivo* situation. However, *in vitro* experimental systems seem to be important to simplify particular events from the complex situation *in vivo*. From that standpoint, our cell culture system is likely reproducing the early event of HCV infection in the absence of host-immune responses and supporting whole life cycle of the blood-borne HCV. Several *in vitro* hepatocyte culture systems have been reported to be useful for studying the infection and replication of bbHCV.^{5-8,22} Only the radial-flow bioreactor (RFB) 3D culture system demonstrated production of infectious viruses.²² In our studies we observed not only the enhancement of HCV replication, but also the production of infectious HCV particles in the medium using the 3D/HF system. These data suggest that some structure of the cell mass formed by the 3D culture system, most likely the polar character, is essential for the life cycle of bbHCV. The RFB system is composed of a dedicated device containing 1×10^9 FLC4 cells with a

culture area of 2.7 m².²² It can only be used to study HCV particle production in the medium and not the cellular events that accompany the HCV life cycle. In contrast, because cells grown in our 3D/HF system are cultured in 12-well plates at a density of 3×10^5 /fiber, it is much simpler to study both viral and cellular events.

The production of infectious particles was not detected with infection by different HCV strains, despite detecting equivalent levels of HCV-RNA in the cells (Fig. 1B,C). Delayed production of infectious particles was also observed in cells infected with HCV-RC12 after prolonged culture. A similar delay was also observed in the RFB system.²² Considering the relative stability of HuS-E/2 cells⁵ and the relatively high frequency of the change in HCV population in the cells,¹⁶ it is likely that mutation of the HCV genome and/or selection of clones during prolonged culture improved the productivity of infectious particles. A marked improvement of infectious particle production by substitution of the structural proteins of the genome was also reported in the recombinant HCV production system.²³ The lack of production of infectious particles soon after infection may serve to avoid an early strong response from the host immune system, and demonstrates a novel mechanism of latent infection by HCV. Although they may not be associated with plasma components as those present *in vivo*, HCV virus-like particles produced by this system showed a close resemblance to those isolated from infected HCV patients because they showed the same size¹⁸ and were within the fraction range.²⁴ They may help in the study of viral and cellular factors required for particle production and the possible receptors utilized for infection with different HCV strains.

Fluctuation in HCV proliferation was observed during the prolonged culture of 3D-HuS-E/2 cells infected with bbHCV (Fig. 3A,B), consistent with previous reports in other culture systems.^{6,22} This fluctuation was associated with a change in viral quasispecies, suggesting that an HCV strain having a growth advantage proliferates selectively and dominantly in these culture conditions. Because the progressive emergence of each dominant strain was only temporary, it is highly likely that the infection and proliferation of such an HCV strain is suppressed by cellular mechanism(s). Our results suggest that there are actually two cellular mechanisms functioning to do this. The first is the involvement of the innate immune system, as evidenced by the secretion of IFN- α during the first week of infection (Fig. 5D). This is the first report of secretion of IFN- α from cultured cells infected with bbHCV. Although recent reports suggest that stimulation of the IFN pathway by HCV infection could be impaired by HCV NS3-4a proteinase-mediated cleavage of IPS-

1,²⁵ our results suggest that not all bbHCVs possess a host cell suppressive function. The second mechanism is HCV-induced cell death (Fig. 3C). Almost all the studies reporting HCV-induced apoptosis used hepatocellular carcinoma cell lines.^{26,27} Because it has been established that the inability to undergo apoptosis is essential for the development of cancer,²⁸⁻³⁰ our use of immortalized, non-cancerous HuS-E/2 hepatocytes may make it possible to reproduce the physiological response of the cells to bbHCV infection more closely. Although HCV-induced apoptosis was not found when HCV-1b was used for infection, it was found in all cases where HCV-2a was used, suggesting a higher cytopathic tendency of the HCV-2a genotype. HCV proliferation was continuously found even after the suppression of the first peak of RNA production during prolonged culture. How HCV survives under those conditions is still unknown. Further studies to clarify the molecular mechanisms involving the HCV-cell interaction can be done using this novel 3D culture system that reproduces the infection of a variety of bbHCVs.

In conclusion, we have established a new *in vitro* culture system that can support the entire life cycle of a variety of HCV isolates and genotypes. Although this *in vitro* model system may not completely reproduce the *in vivo* situation, we believe it is the first *in vitro* system showing HCV strain-dependent virus/cell interaction including induction of cellular apoptosis and/or evasion from cellular innate immune response, which may make it a good tool for analysis of virus/host interaction together with the development of new anti-HCV strategies for the different bbHCV strains.

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3D cultured immortalized human hepatocytes useful to develop drugs for blood-borne HCV

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ABSTRACT

Due to the high polymorphism of natural hepatitis C virus (HCV) variants, existing recombinant HCV replication models have failed to be effective in developing effective anti-HCV agents. In the current study, we describe an *in vitro* system that supports the infection and replication of natural HCV from patient blood using an immortalized primary human hepatocyte cell line cultured in a three-dimensional (3D) culture system. Comparison of the gene expression profile of cells cultured in the 3D system to those cultured in the existing 2D system demonstrated an up-regulation of several genes activated by peroxisome proliferator-activated receptor alpha (PPAR α) signaling. Furthermore, using PPAR α agonists and antagonists, we also analyzed the effect of PPAR α signaling on the modulation of HCV replication using this system. The 3D *in vitro* system described in this study provides significant insight into the search for novel anti-HCV strategies that are specific to various strains of HCV.

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Infection with Hepatitis C virus (HCV) is a serious health problem worldwide and leads to high rates of liver cirrhosis and hepatocellular carcinoma [1]. Given that the standard HCV therapy remains insufficient for the successful treatment of many patients [2], the development of more effective and less toxic anti-HCV agents is required. *In vitro* systems like the HCV replicon-bearing cells and the infectious particle-producing JFH1 system, has contributed to the discovery of new targets for anti-HCV therapy. However, these recombinant HCV genomes only proliferate in sub-lines of HuH-7 cells, which do not permit infection or proliferation of blood-borne HCV. Due to the high polymorphism of natural HCV, data from recombinant HCV systems could be evaluated by studying the therapeutic response of a variety of naturally occurring HCVs. However, the current systems available for such study remain insufficient due to the low infection and replication efficiency of the natural HCV strains.

More recently, production and secretion of infectious HCV particles has been reported in two independent three-dimensional (3D) cell culture systems, termed the radial-flow bioreactor (3D/RFB) and the thermoreversible gelatin polymer (3D/TGP) systems. These results were not observed in monolayer cultures [3],

suggesting that hepatocytes cultured in 3D more closely resemble liver cells *in vivo* [4] and thus support HCV proliferation. In addition, analysis of gene expression levels in 3D cultured cells revealed that the newly established immortalized human hepatocyte (HuS-E/2 cells) gene profile was altered to more closely resemble that of human liver tissue when the cells were cultured in 3D/TGP [5].

In the current study, we cultured HuS-E/2 cells in 3D/TGP and demonstrated efficient proliferation of natural HCV. Furthermore, gene expression analysis of these cells demonstrated the activation of the peroxisome proliferators-activated receptor α (PPAR α) signaling pathway, suggesting an important role for this pathway in the replication of natural HCV. Thus, the *in vitro* system described appears to be a useful tool for the study of HCV infection and proliferation as well as for the development of effective anti-viral agents against various natural HCVs.

Materials and methods

Cell culture. Immortalized human hepatocytes (HuS-E/2) and LucNeo#2 replicon cells [6] were cultured as previously described [5,7]. For the 3D-TGP culture system, 1×10^5 HuS-E/2 cells were cultured in 1 ml Mebiol gel (Mebiol Inc., Kanagawa, Japan)/well in 12-well plates. Five hundred microliters of fresh medium was overlaid on the solidified gel, and was changed every 2 days. Cell

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extraction from the gel was done at the designated time points according to the manufacturer's protocol.

RNA extraction, reverse transcriptase polymerase chain reaction (RT-PCR) and real-time RT-PCR (Q-PCR). At the designated time points, total cellular RNA was extracted and 1 μg of total RNA was used as a template for RT-PCR and for the quantitative detection of HCV-RNA using real-time RT-PCR (Q-PCR) as previously described [10].

HCV infection experiment. HCV infection experiments were carried out using sera from patients infected with HCV. Infection in 2D culture was undertaken as previously described [5]. For 3D/TGP cultured cells, the gel was solidified, and 50 μl HCV-containing patient serum with a titer of 1×10^6 HCV-RNA/ml was added to the culture and mixed. The culture was continued until the cells were extracted. Following extraction from 3D-TGP, cells were centrifuged and washed three times thoroughly with PBS. RNA was then extracted from the cells as described above. HCV infection into HuS-E/2 cells was also examined in the presence of anti-E2 mouse monoclonal antibody (917) as outlined previously [8].

Treatment of cells with PPAR α signaling agonists and antagonists. Fenofibrate or MK886 (Sigma–Aldrich, USA) were added to the culture medium of HuS-E/2 (2D-HuS-E/2) cells from day 0 of HCV infection; or the culture medium of LucNeo#2 replicon harboring cells. The cells were then cultured to the designated time point.

Microarray analysis. Gene expression profiles of 3D/TGP cultured HuS-E/2 cells were obtained by microarray analysis (3D-Genes Human 25, Toray, Tokyo, Japan) and compared to those of cells cultured in 2D.

Results

3D/TGP cultures enhance HCV proliferation in HuS-E/2 cells

Infection and proliferation of the HCV genotype 1b (HCV-RC5) derived from the serum of patient RC5 in HuS-E/2 cells cultured in 3D/TGP (3D/TGP-HuS-E/2 cells) was investigated and compared with that of HuS-E/2 cells cultured in 2D (2D-HuS-E/2). As outlined in Fig. 1A, the HCV-RNA levels in the 3D/TGP-HuS-E/2 cells were significantly higher at all of the time points examined following infection than in the 2D-HuS-E/2 cells, suggesting that the 3D/TGP system greatly enhances the proliferation of naturally occurring HCV in HuS-E/2 cells. Similar results were also obtained for sera from additional patients (data not shown). To examine whether the infection is viral envelope-receptor mediated, the infection experiments using serum treated with anti-HCV-E2 antibody (α -E2) or with anti-tubulin (negative control) was also performed. Pre-incubation of the serum with α -E2 significantly reduced the total amount of HCV-RNA in the cells upon infection (Fig. 1B). This result suggested that the infection of natural HCV into 3D/TGP-HuS-E/2 cells was HCV-E2-dependent.

Inhibition of natural HCV replication in HuS-E/2 cells by Interferon

In order to test the effects of anti-viral agents on natural HCV replication in 3D/TGP HuS-E/2 cells, 50–100 U/ml of IFN α was added to the medium overlaying the HCV-RC5 infected 3D/TGP-HuS-E/2 cells. The two treatment concentrations resulted in the inhibition of HCV-RNA replication in 3D-HuS-E/2 cells by

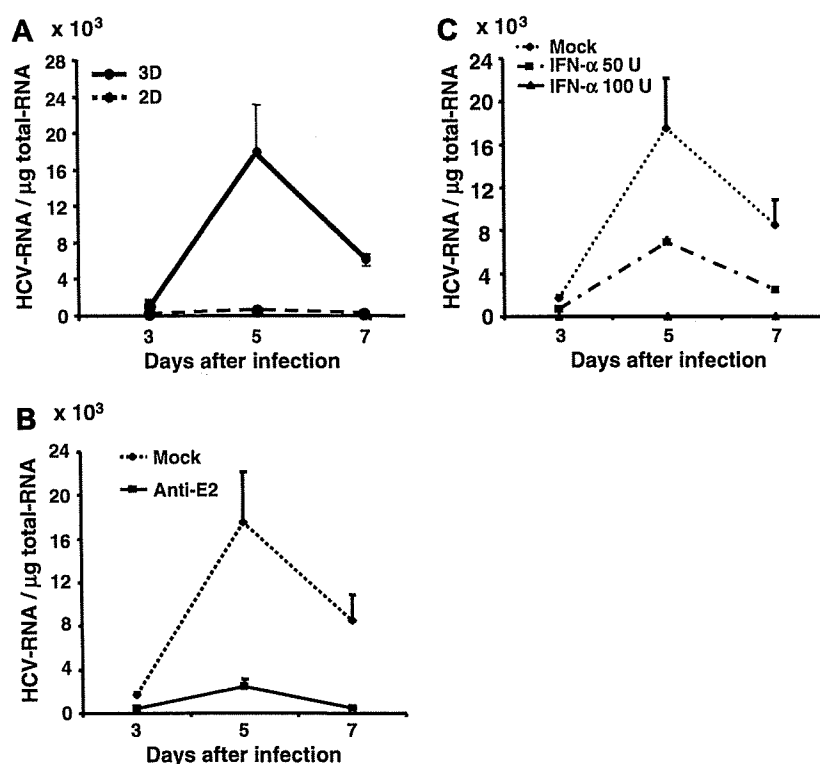


Fig. 1. HCV infection into 3D/TGP-HuS-E/2 cells. (A) 3D/TGP significantly enhanced HCV proliferation in HuS-E/2 cells. HCV patient serum was used to infect a similar number of HuS-E/2 cells cultured in 2D (hashed line) or 3D/TGP (solid line) culture for 24 h. Cells were then harvested and lysed at the indicated time points (3–7 days). The quantity of genomic HCV-RNA per 1 μg total RNA was determined by Q-PCR analysis. (B) Anti-E2 antibodies blocked HCV infection. HCV infection was performed as described in panel A in the presence of Anti-E2 specific or anti-tubulin (control) antibodies. (C) IFN α inhibits HCV replication in 3D/TGP-HuS-E/2 cells. HuS-E/2 cells were infected with HCV and fresh medium supplemented with or without (Mock), 50 U/ml, or 100 U/ml IFN α overlaid on the gel containing the cells and HCV proliferation measured as described above.

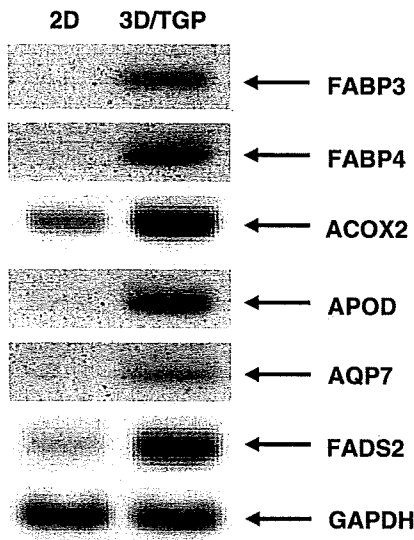


Fig. 2. RT-PCR analysis of the expression of genes identified by microarray. The PPAR α regulated genes were increased in 3D/TGP-HuS-E/2 cells (3D-TGP) and their expression levels measured by RT-PCR. 2D represents RNA samples from 2D-HuS-E/2 cells. Twenty cycles of amplification were undertaken for the RT-PCR analysis. GAPDH expression served as an internal control. *Abbreviations:* FABP3, fatty acid binding proteins 3; FABP4, fatty acid binding proteins 4; ACOX2, acyl-coenzyme A oxidase 2; APOD, apolipoprotein D; AQP7, aquaporin 7; FADS2, fatty acid desaturase 2; GAPDH, glyceraldehyde 3-phosphate dehydrogenase.

approximately 50–60% and almost completely, respectively, when compared to the replication in cells receiving mock treatment (Fig. 1C). These results demonstrate that the IFN α treatment was effective on HCV derived from RC5 and that 3D/TGP-HuS-E/2 cells may be useful for the screening of anti-HCV drugs for the treatment of natural HCV.

Increased activation of the PPAR α signaling pathway in 3D cultured HuS-E/2 cells

Given that 3D/TGP-HuS-E/2 cells demonstrated enhanced proliferation of natural HCV, the gene expression profiles of these cells was compared with that of cells cultured under normal 2D conditions using microarray analysis in order to identify the factors required for the enhanced proliferation. Among the 24,268 genes compared in this analysis, 212 genes demonstrated a greater than four folds index increase in expression in 3D/TGP than standard cultured cells. Cell signaling pathway analysis of these 212 genes showed that six genes, including fatty acid binding proteins 4 and 3 (FABP4 and 3), apolipoprotein D (APOD), aquaporin 7 (AQP7), acyl-coenzyme A oxidase 2 (ACOX2), and fatty acid desaturase 2 (FADS2), were targets of PPAR α signaling [9–12]. The increased expression of these genes in the 3D/TGP-HuS-E/2 cells was further confirmed by RT-PCR analysis (Fig. 2). Given that PPAR α is an essential factor for normal hepatocyte function [13], these results indicate that 3D/TGP culture enhances the hepatocyte-specific characteristics of HuS-E/2 cells.

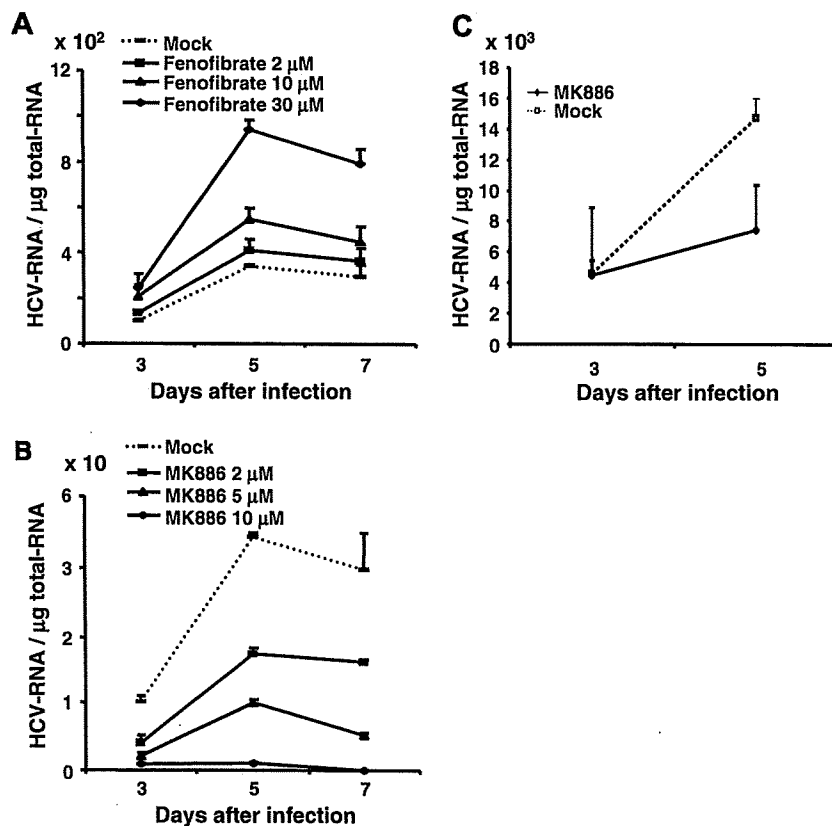


Fig. 3. The effects of PPAR α agonists and antagonists on natural HCV proliferation. (A) HuS-E/2 cells were infected with HCV and fresh medium supplemented with or without (Mock) 2, 10, or 30 μ M of fenofibrate overlaid on the cells. (B) Medium supplemented with or without (Mock), 2, 5, or 10 μ M of MK886 was overlaid on 2D-HuS-E/2 cells infected with HCV. HCV proliferation following treatment was measured by Q-PCR. (C) Medium supplemented with or without (Mock), 10 μ M of MK886 was overlaid on 3D/TGP-HuS-E/2 cells infected with HCV. HCV proliferation following treatment was measured by Q-PCR.

PPAR α signaling affects HCV replication

We next examined the potential role of PPAR α signaling on HCV proliferation by monitoring HCV replication in 2D-HuS-E/2 cells that had been infected with HCV-RC5 and subsequently treated with the PPAR α agonist fenofibrate [14] or the PPAR α antagonist MK886 [14] (Fig. 3B). As outlined in Fig. 3A, a dose-dependent increase in HCV replication was observed in fenofibrate-treated cells. In contrast, a dose-dependent decrease in HCV proliferation was observed in the presence of MK886. Similarly, treatment with MK886 reduced HCV proliferation in 3D/TGP-HuS-E/2 cells (Fig. 3C). The response of HCV proliferation in response to fenofibrate and MK886 treatment was also analyzed in LucNeo#2 cells that contained HCV replicon RNA (LNMH14) derived from the HCV-1b genome (Fig. 4A). Luciferase expression in these cells represented replication of the HCV replicon [6] and, as shown in Fig. 4A, luciferase activity in the cells treated with fenofibrate or MK886 also showed either enhancement or suppression of replicon proliferation, respectively. In addition, the increased HCV replication following fenofibrate treatment was completely abolished when treated with MK886 simultaneously. As MK886 is known to induce apoptosis when administered in high doses [15], the cell viability

was examined using the XTT assay. There were no significant effects on cell viability after treatment with fenofibrate. Although MK886 resulted in a minor reduction in XTT values when high doses (10–15 μ M) were administered, this reduction was not statistically significant when compared to its effect on HCV replication (Fig. 4B). This result suggests that PPAR α signaling is required for HCV replication and that suppression of PPAR α signaling has an anti-HCV effect.

Discussion

In the current study, we demonstrated that immortalized hepatocyte HuS-E/2 cells cultured in 3D/TGP support the infection and replication of natural HCV derived from patient sera. Unlike recombinant HCVs, which have been required to adapt to sublines of HuH-7 cells [16], the population of the natural HCV is fairly polymorphic, demonstrating different responses to a variety of anti-viral agents [17,18]. The 3D/TGP-HuS-E/2 cells have the advantage of being a small-scale 3D cultured cells, which are cultured in 12-well plates at a density of 1×10^5 /well, that allow the study of both viral and cellular events. In the current study, it demonstrated a 2 log increase in susceptibility to natural HCV infection and replication when compared to conventional 2D culture systems. Thus it offers an important advantage in the study of natural HCV infection and replication, and the response of natural HCV to anti-HCV drugs.

As the ability of HuS-E/2 cells to support infection and replication of natural HCV was greatly altered by the culture conditions, it is likely that the culture system described in our study will provide important information in regards to the cellular factors that support the HCV life cycle. The microarray study showed that the expression of some genes related to the PPAR α signaling pathway were upregulated in the 3D cultured HuS-E/2 cells. Using both PPAR α signaling agonists and antagonists, PPAR α signaling was shown to affect infection and proliferation of natural HCV. PPAR α is a ligand-activated transcription factor that is primarily expressed in tissues with high lipid metabolism including the liver, where it functions as one of three major nuclear receptors and is essential for its normal function [19]. Similar to a part of our data, a negative effect on HCV replication was previously observed in the replicon-bearing cells treated with siRNA for PPAR α , with only 50% reduction of HCV-RNA [20]. In this study, even a large dose of PPAR α agonist enhanced natural HCV replication in the 2D-HuS-E/2 cells for three times, despite the 2 logs enhancement of HCV proliferation in 3D/TGP culture. This implies that additional factors activated in 3D/TGP-HuS-E/2 cells may be required for the efficient HCV proliferation. Further analysis of the microarray data may provide us with further information on factors that may prove useful in the development of anti-HCV drugs.

In conclusion, the novel *in vitro* culture system combining TGP and immortalized hepatocytes described in this study demonstrated efficient support of natural HCV infection and replication. This system may be used in future virological studies to define new anti-HCV strategies. It may also prove useful for the specific design of effective individual therapy according to patient-specific strains.

Acknowledgments

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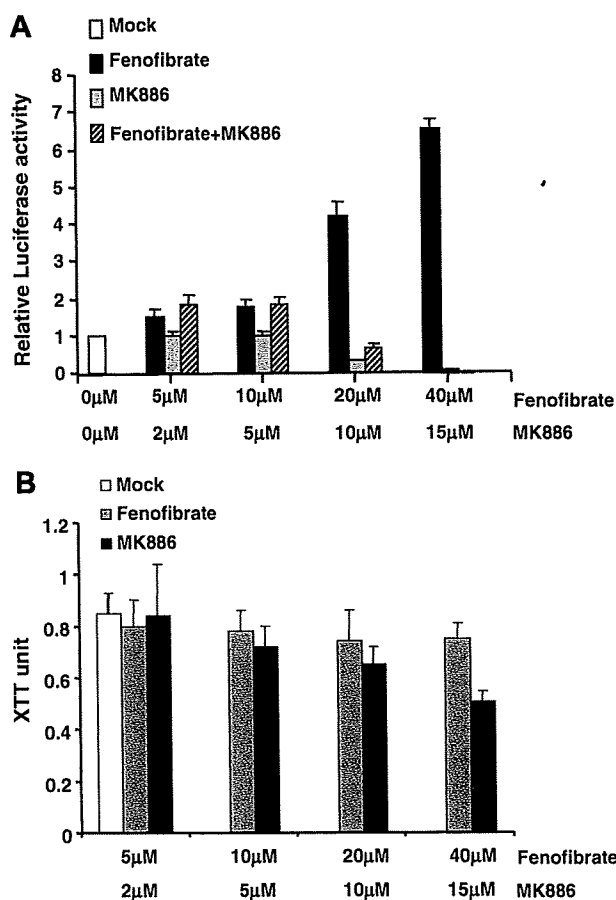


Fig. 4. The effects of PPAR α agonists and antagonists on the replication of HCV subgenomic replicons. (A) LucNeo#2 cells containing a HCV subgenomic replicon termed LNMH14, were mock treated or treated with fenofibrate, MK886, or a combination of both fenofibrate and MK886 at the indicated concentrations for 2 days. Luciferase activity derived from the replicon was then measured as an indicator of HCV replication [7]. (B) Following treatment with fenofibrate and MK886, LucNeo#2 cells were cultured for 2 days and cell viability measured using the XTT assay (Roche, Mannheim, Germany).

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Pathogenesis of Hepatitis C Virus Infection in *Tupaia belangeri*[†]

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The lack of a small-animal model has hampered the analysis of hepatitis C virus (HCV) pathogenesis. The tupaia (*Tupaia belangeri*), a tree shrew, has shown susceptibility to HCV infection and has been considered a possible candidate for a small experimental model of HCV infection. However, a longitudinal analysis of HCV-infected tupaia has yet to be described. Here, we provide an analysis of HCV pathogenesis during the course of infection in tupaia over a 3-year period. The animals were inoculated with hepatitis C patient serum HCR6 or viral particles reconstituted from full-length cDNA. In either case, inoculation caused mild hepatitis and intermittent viremia during the acute phase of infection. Histological analysis of infected livers revealed that HCV caused chronic hepatitis that worsened in a time-dependent manner. Liver steatosis, cirrhotic nodules, and accompanying tumorigenesis were also detected. To examine whether infectious virus particles were produced in tupaia livers, naive animals were inoculated with sera from HCV-infected tupaia, which had been confirmed positive for HCV RNA. As a result, the recipient animals also displayed mild hepatitis and intermittent viremia. Quasispecies were also observed in the NSSA region, signaling phylogenetic lineage from the original inoculating sequence. Taken together, these data suggest that the tupaia is a practical animal model for experimental studies of HCV infection.

Hepatitis C virus (HCV) is a small enveloped virus that causes chronic hepatitis worldwide (32). HCV belongs to the genus *Hepacivirus* of the family *Flaviviridae*. Its genome comprises 9.6 kb of single-stranded RNA of positive polarity flanked by highly conserved untranslated regions at both the 5' and 3' ends (4, 27, 29). The 5' untranslated region harbors an internal ribosomal entry site (29) that initiates translation of a single open reading frame encoding a large polyprotein comprising about 3,010 amino acids (35). The encoded polyprotein is co- and posttranslationally processed into 10 individual viral proteins (15).

In most cases of human infection, HCV is highly potent and establishes lifelong persistent infection, which progressively leads to chronic hepatitis, liver steatosis, cirrhosis, and hepatocellular carcinoma (9, 16, 21). The most effective therapy for treatment of HCV infection is administration of pegylated interferon combined with ribavirin. However, the combination therapy is an arduous regimen for patients; furthermore, HCV genotype 1b does not respond efficiently (19). The prevailing

scientific opinion is that a more viable option than interferon treatment is needed.

The chimpanzee is the only validated animal model for in vivo studies of HCV infection, and it is capable of reproducing most aspects of human infection (5, 18, 23, 28, 35, 36). The chimpanzee is also the only validated animal for testing the authenticity and infectivity of cloned viral sequences (8, 14, 35, 36). However, chimpanzees are relatively rare and expensive experimental subjects. Cross-species transmission from infected chimpanzees to other nonhuman primates has been tested but has proven unsuccessful for all species evaluated (1).

The tupaia (*Tupaia belangeri*), a tree shrew, is a small non-primate mammal indigenous to certain areas of Southeast Asia (6). It is susceptible to infection with a wide range of human-pathogenic viruses, including hepatitis B viruses (13, 20, 31), and appears to be permissive for HCV infection (33, 34). In an initial report, approximately one-third of inoculated animals exhibited acute, transient infection, although none developed the high-titer sustained viremia characteristic of infection in humans and chimpanzees (33). The short duration of follow-up precluded any observation of liver pathology. In addition to the putative in vivo model, cultured primary hepatocytes from tupaia can be infected with HCV, leading to de novo synthesis of HCV RNA (37). These reports strongly support tupaia as a valid model for experimental studies of HCV infection. However, longitudinal analyses evaluating the clinical development and pathology of HCV-infected tupaia have yet to be exam-

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TABLE 1. Experimental HCV infections performed in this study

Tupaia no.	Inoculum		Biopsy/sacrifice ^b
	Type	Quantity (GE/tupaia) ^a	
Group I^c			
Tup.4	RCV	1 × 10 ⁷	84, 94/144 wk p.i.
Tup.5	HCR6	6 × 10 ⁵	95, 105/155 wk p.i.
Tup.6	HCR6	6 × 10 ⁵	95, 105/155 wk p.i.
Tup.8	RCV	1 × 10 ⁷	84, 94/144 wk p.i.
Group II^d			
Tup.9	Tup.5 (5 wk p.i.)	1 × 10 ²	NT
Tup.10	Tup.5 (5 wk p.i.)	1 × 10 ²	NT
Tup.11	Tup.8 (10 wk p.i.)	1 × 10 ²	NT
Tup.12	Tup.8 (10 wk p.i.)	1 × 10 ²	NT
Tup.13	Tup.4 (8 wk p.i.)	1 × 10 ²	NT
Tup.14	Tup.4 (8 wk p.i.)	1 × 10 ²	NT
Group III^e			
Tup.15	None		92/100 wk
Tup.17	None		92/100 wk
Tup.38	None		242 wk
Tup.39	None		242 wk

^a Viral RNA GE/tupaia was estimated by Quantitative real-time RT-PCR (GE, genome equivalents; sensitivity > 10 GE/ml serum).

^b Liver biopsy was performed at indicated time-point. p.i., postinoculation; NT, not tested.

^c Group I, primary infection experiment in which 1-year-old animals were inoculated with two different types of inocula.

^d Group II, reinfection experiment, where HCV RNA-positive sera from Group I experimental infections were passaged to naive animals.

^e Group III, no-infection control.

ined. In the present study, we describe the clinical development and pathology of HCV-infected tupaia over an approximately 3-year time course.

MATERIALS AND METHODS

Animals. Table 1 summarizes the tupaia used in this study. Tupaia born in laboratory captivity were obtained from the Laboratory Animal Center at the Kunming Institute of Zoology (Chinese Academy of Sciences). Tupaia were imported with permission from the Convention on International Trade in Endangered Species of Wild Fauna and Flora (7), quarantined for medical inspection, and housed individually in standard rat cages supplied with filtered air. The animals were fed a daily regimen of eggs, fruit, and the CMS-1 commercial diet for marmosets (CLEA, Japan). Their appetites and feces were carefully monitored. Animal care and experimental handling conformed to study guidelines established by the Subcommittee on Laboratory Animal Care at the Tokyo Metropolitan Institute of Science.

Patient serum used for animal infection. HCV genotype 1b serum, designated HCR6, was obtained from a patient with chronic active hepatitis C. The infectious titer of HCR6 was determined in chimpanzee and Molt4 cells and denoted plasma K (HCR6) by Shimizu et al. (24). The HCR6 serum exhibited a PCR titer of 6 × 10⁶ genome equivalents/ml and an infectious titer of 3.7 × 10⁴ 50% chimpanzee infectious doses/ml. Serum aliquots were frozen at -80°C until they were used.

Virion reconstitution of cloned HCV. As described previously, pHCR6 (genotype 1b; 9,611 nucleotides; GenBank accession no. AY045720) is a plasmid carrying HCV genomic cDNA cloned from HCR6 serum (30). pHCR6Rz was designed for precisely trimmed RNA expression, with the entire genomic region of pHCR6Rz recloned under the control of the T7 promoter and the 5' and 3' distal ends flanked by hammerhead- and hepatitis D virus ribozyme-encoding sequences, respectively (22, 25).

For molecular reconstitution of HCV particles, pHCR6Rz was transfected into IMY-N9 cells as described previously (12). Briefly, semiconfluent IMY-N9 cells in 100-mm plastic dishes were transfected with 15 µg of plasmid using 40 µl of cationic lipids (DMRIE-C reagent; Life Technology) in accordance with the manufacturer's instructions. Five hours after transfection, the cells were infected

with AdexCAT7 (2) (kindly provided by Y. Matsuura) at a multiplicity of infection of 20. After infection, the culture medium was replaced with Hepato-STIM (Becton Dickinson). The culture supernatants were collected at 24 h postinfection and stored at -80°C.

Virus inoculation and collection of serum samples. Animals were infected at 6 months of age. The anesthetic agent, ketamine hydrochloride, was administered intramuscularly at 50 mg/kg body weight prior to virus inoculation and bleeding of the tupaia. The inocula were introduced intravenously at 6 × 10⁵ genome equivalents/animal for patient serum HCR6 and 1 × 10⁷ genome equivalents/animal for reconstituted virions derived from the pHCR6Rz inoculation. Blood samples were drawn from infected and control animals pre- and postinfection. Briefly, the animals were bled weekly for 20 weeks and biweekly thereafter. At each time point, 0.5 ml of blood was drawn from the thigh vein; the sera were separated, aliquoted, and stored for subsequent assays.

Reinfection experiments were performed by transmission of HCV RNA-positive serum from group I (Table 1) to naive animals.

Serum alanine aminotransferase (ALT) concentrations were determined using a Transnase Nissui kit (Nissui Pharmaceutical Co.), standardized, and displayed as IU/liter.

RNA isolation and quantitative RTD-PCR assay for HCV RNA. Serum samples (100 µl) were tested for circulating HCV RNA in vivo using quantitative real-time detection (RTD)-PCR (TaqMan). RNA was extracted from the sera and livers of sacrificed animals using the acid guanidium-phenol chloroform method with tRNA as a carrier (3). Two tupaia (Tup.5 and Tup.6) were inoculated with patient serum HCR6. Another two animals (Tup.4 and Tup.8) were inoculated with reconstituted viral particles (RCV). Tup.15 served as a mock-infected control. Liver specimens (3- to 4-mm² blocks) from these tupaia were homogenized with 1.5 ml of 5 M guanidine thiocyanate using a polytron-type homogenizer (Ultra-Turrax T25; IKA Labortechnik, Staufen, Germany). RNA was then reextracted with 4 M guanidine thiocyanate.

RNA samples were subjected to RTD-PCR on an ABI 7700 sequence detector (Applied Biosystems) as described previously (26). The extracted RNA was dissolved in 200 µl of diethyl pyrocarbonate-treated water containing 10 mM dithiothreitol and 200 units/ml RNase inhibitor in a siliconized tube. RTD-PCR was performed using 1 µg of total RNA, one set of PCR primers, and a probe for a location within the 5' noncoding region using the EZ *rNt* RNA PCR kit (Perkin Elmer) and the ABI Prism 7700 sequence detector system. A standard curve was constructed using a 10-fold dilution series of in vitro-transcribed and previously titrated synthetic HCV RNA.

Consequently, the quantities represented by genome equivalents correspond to an absolute standard curve (26). All quantitative RTD-PCR assays were performed using duplicate samples, with both negative control serum and HCV-positive serum included. The control sera were diluted before use and were estimated to contain low copy numbers of HCV RNA (100 genome equivalents/ml serum). Samples were deemed positive for HCV RNA if both duplicates yielded PCR-amplified product. Averages of the two estimated values are shown in the figures.

Histological analysis. Tissue samples were carefully collected from anesthetized animals by abdominal incision, fixed in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin (H&E). Silver and Sudan IV (Wako Pure Chemical Industries, Ltd.) staining were also carried out to visualize fiber generation and lipid degeneration, respectively. All histological staining was performed in accordance with conventional procedures. The histological status was determined using the modified hepatitis activity index scoring system, which grades necrosis and inflammation on a scale of 0 to 18 (periportal inflammation and necrosis, 0 to 10; lobular inflammation and necrosis, 0 to 4; portal inflammation, 0 to 4) (11). Fibrosis was scored using the Ishak fibrosis scale of 0 to 6 (0, no fibrosis; 1 or 2, portal fibrosis; 3 or 4, bridging fibrosis; and 5 or 6, cirrhosis). The values in each group (Table 2) represent the averages of the scores in five visual fields.

Statistical analysis. The statistical significance of differences between controls and HCV-infected animals was analyzed with the nonparametric Mann-Whitney U test. All comparisons were two tailed. The statistical analysis was conducted with SPSS 12.0 software (SPSS Inc., Chicago, IL).

RESULTS

Inoculation of HCV causes acute hepatitis and transient viremia in tupaia. To begin this study, two distinct but related inocula were chosen for infection of tupaia. Serum from a chronic hepatitis patient (designated HCR6) was chosen for its

TABLE 2. Grading: necroinflammatory scores and fibrosis

Group	Inoculum	Tupaia no.	Grade				Total	Avg	SD	Staging
			A	B	C	D				
94 wk p.i. (biopsy)	I	HCR 6	Tup.5	0	0	0	0	1.3	1.5	0
			Tup.6	1	0	1	0			2
	RCV	Tup.4	0	0	0	0	0	0		
		Tup.8	0	0	0	3	3	6		
		Tup.15	0	0	0	0	0	0		
	III	Control	Tup.17	0	0	0	0	0	0	
			Tup.38	0	0	0	0	0	0	
Tup.39			0	0	0	0	0	0		
144 wk p.i. (sacrifice)	I	HCR 6	Tup.5	1	0	2	3	5.5	3.7	0
			Tup.6	3	0	4	3			10
	RCV	Tup.4	0	0	0	1	1	0		
		Tup.8	1	0	1	3	5	6		
		Tup.15	0	0	0	0	0	0		
	III	Control	Tup.17	0	0	0	0	0	0	
			Tup.38	0	0	0	0	0	0	
Tup.39			0	0	0	0	0	0		

defined genotype (genotype 1b), and genetic heterogeneity was ascertained by the process of cloning consensus cDNA. The infectivity of this serum was also experimentally defined in chimpanzees; a 50% chimpanzee infectious dose was estimated at 3.7×10^4 50% chimpanzee infectious doses/ml. Furthermore, the consensus genomic sequence of HCV was cloned from the serum (pHCR6; 9,611 bases; GenBank AY045702.1). For the second inoculum (referred to as RCV), clonal viral particles were reconstituted as described in Materials and Methods. This inoculum was expected to be free of neutralizing antibodies and thus was considered potentially more infectious than patient sera. In the case of RCV infection, genetic diversification of viral RNA, also known as quasispecies, can be regarded as a direct indication of de novo synthesis of progenitor virus in vivo.

Either patient serum or cDNA-derived RCV was inoculated into tupaia (Table 1, group I). Two animals (one female and one male) were tested against each inoculum. Age-matched animals were bred as infection-free controls.

All experimental infections are described in Materials and Methods and Table 1. Prior to experimental infection, the normal serum ALT level in tupaia was measured at 22.3 IU/liter ($n = 23$).

Inoculation with patient serum HCR6 caused rapid fluctuations in the serum ALT concentrations, from two- to fivefold, in both inoculated tupaia, suggesting acute hepatitis in vivo (Fig. 1A and B). Correlative quantitative RTD-PCR revealed HCV viremia soon after serum inoculation in Tup.5, which continued to show transient viremia long term. The appearance of viremia sometimes coincided with a steep elevation in the serum ALT (Fig. 1A). Conversely, HCV RNA was not detected in the serum of Tup.6 up to 60 weeks postinoculation and only twice thereafter. Acute-phase ALT elevations (3 to 4 weeks postinoculation) in Tup.6 might represent tight control of HCV infection by the host immune system (Fig. 1B).

Distinct results were obtained for the two animals (Tup.4 and Tup.8) inoculated with RCV. Both animals displayed sus-

tained viremia up to 10 weeks postinoculation (Fig. 1C and D), indicating persistent HCV infection and inability to eradicate the virus. Viremia was detected intermittently throughout the course of infection, sometimes accompanying the elevation of serum ALT. Humoral immune responses in Tup.5 and Tup.6 (see Fig. S1A in the supplemental material) and Tup.4 and Tup.6 (see Fig. S1B in the supplemental material) were indicated.

We performed RTD-PCR to confirm whether HCV could replicate in the tupaia's livers (Tup.4, Tup.5, Tup.6, and Tup.8) and obtained the following results (Fig. 1E): 310 ± 117 copies/ μ g total RNA in Tup.5, 80 ± 11 copies/ μ g in Tup.6, 199 ± 77 copies/ μ g in Tup.4, and 292 ± 48 copies/ μ g in Tup.8. In contrast, HCV RNA was not detected in the liver of the mock-infected animal (Tup.15).

HCV RNA was also not detected in samples from either preinoculation or age-matched, infection-free control tupaia (Table 1, group III), nor were significant elevations in serum ALT observed for any of the three infection-free controls (data not shown).

HCV causes chronic hepatitis in tupaia liver, leading to fibrosis and cirrhosis. Serum ALT and circulating HCV RNA levels in primary infected tupaia (Table 1, group I) were monitored for 3 years postinoculation. As described above, the magnitudes of serum ALT fluctuations varied substantially among infected animals (Fig. 1A, B, C, and D). Tupaia livers were examined for histological lesions in order to elucidate if HCV caused chronic hepatitis. Liver biopsies via abdominal incisions were performed at 2 years postinoculation. All animals were sacrificed at 3 years postinoculation (4.5 years for uninfected animals). H&E staining of liver specimens from HCV-infected tupaia showed infiltrating lymphocytes within sinusoids and around portal areas, indicating chronic hepatitis in the tupaia livers (Fig. 2B, D, and H). Infiltrating lymphocytes were also observed in limiting plates, indicating ongoing inflammation (Fig. 2G and H). Furthermore, a comparison of liver samples at 2 and 3 years postinoculation revealed that the