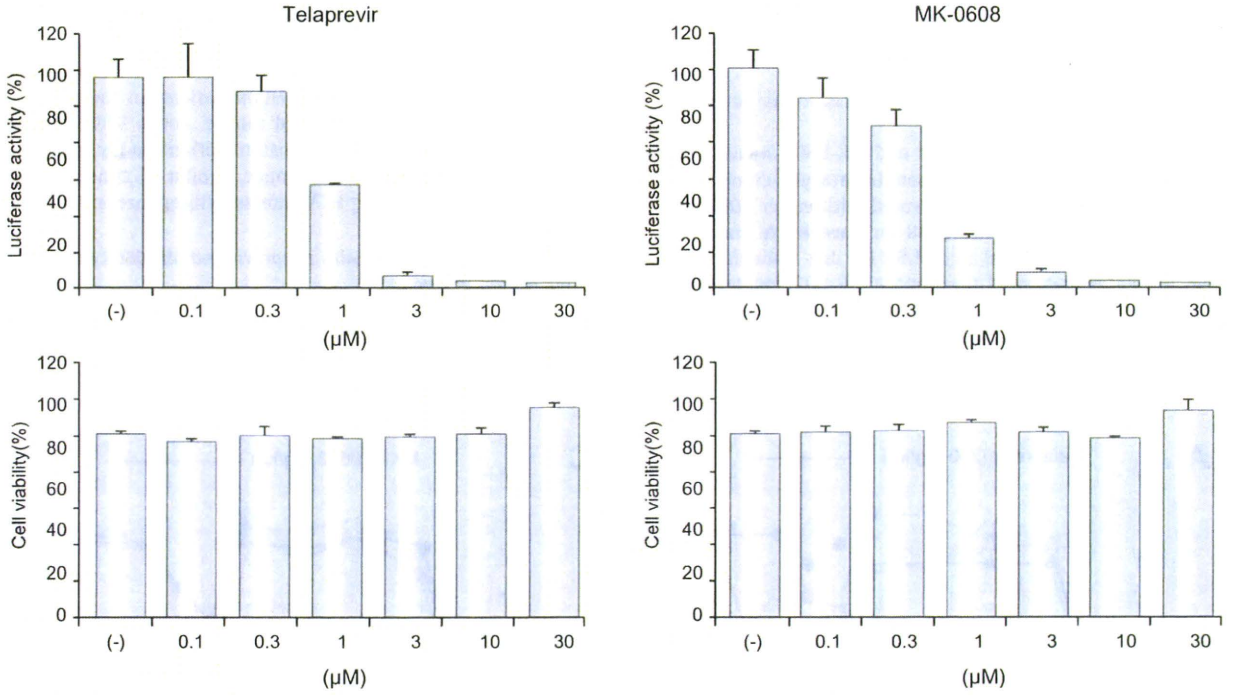

Fig. 1. ***In vitro*** **analysis of susceptibility of HCV replicon cells to anti-HCV drugs.** Huh7/Rep-Neo cells were treated for 72 h with the indicated concentrations of either telaprevir or MK-0608. Intracellular HCV RNA replication levels were determined as luciferase activities (upper panel), and expressed relative to cellular viabilities (lower panel). Bars represent means ± SD of three experiments.

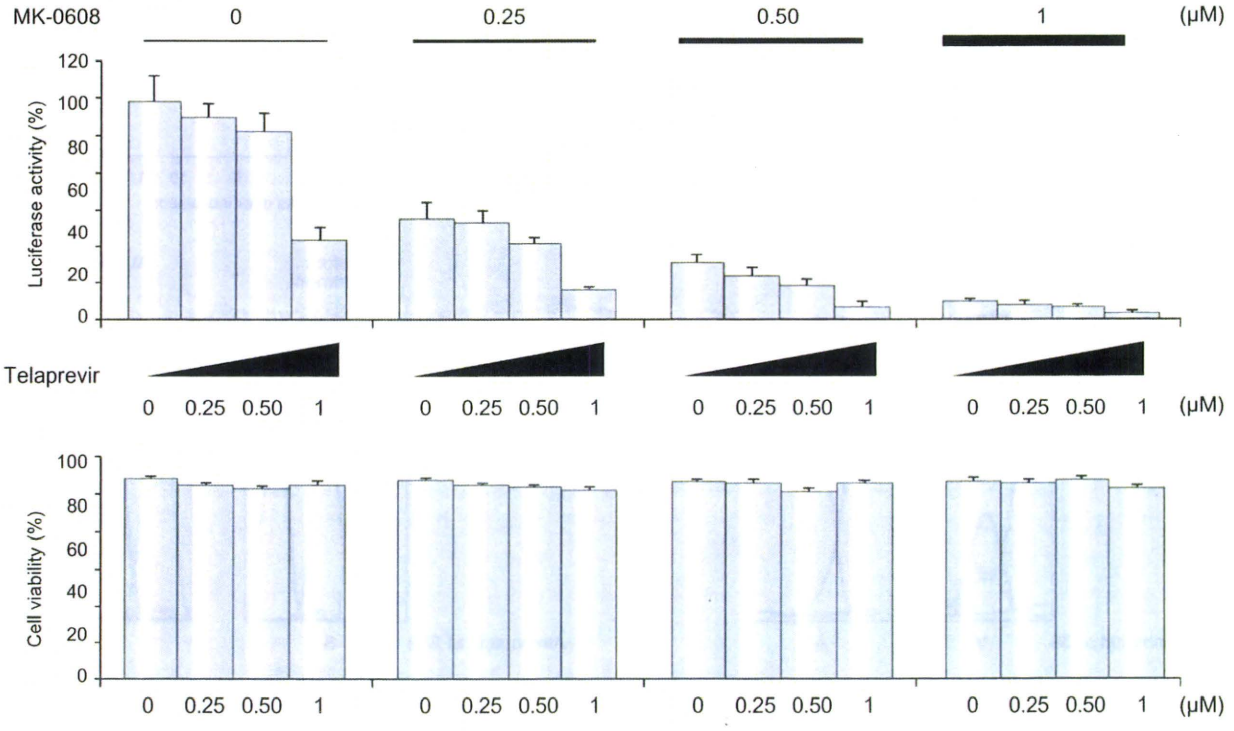

Fig. 2. ***In vitro*** **analysis of susceptibility of HCV replicon cells to combination treatment with anti-HCV drugs.** Huh7/Rep-Neo cells were treated for 72 h with the indicated concentration of MK-0608 plus telaprevir. Intracellular HCV RNA replication levels were determined as luciferase activities (upper panel), and expressed relative to cellular viabilities (lower panel). Bars are means ± SD of 3 experiments.

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telaprevir and MK-0608 were combined, the anti-HCV effect was increased without cellular damage (Fig. 2).

Effects of telaprevir and MK-0608 on HCV replication in vivo

To analyze the effect of telaprevir and MK-0608 *in vivo*, we used genotype 1b HCV-infected human hepatocyte chimeric mice. Eight HCV-infected mice were treated with either 200 mg/kg of telaprevir or 3 mg/kg of MK-0608 for 4 weeks. At the end of 1 week, treatment resulted in a 1.9 ± 0.7 log reduction of HCV RNA in telaprevir-treated mice and a 2.6 ± 0.2 log reduction in MK-0608-treated mice (Fig. 3A and C). During the treatment, the level of HSA did not decrease. Serum HCV RNA level rebounded in one of the four telaprevir-treated mice and in two of the three MK-0608-treated mice (a MK-0608-treated mouse died after 1 week of treatment). Nucleotide and amino acid sequence analysis showed the emergence of a V36A mutation (NS3-4A protease inhibitor-resistant variant) in the NS3 region (Fig. 3B) in a telaprevir-treated mouse, and a S282T mutation (NS5B polymerase inhibitor-resistant variant) in the NS5B region (Fig. 3D) in MK-0608-treated mice, similar to clinical observations and analysis using HCV-infected chimpanzees [22,23].

Combination treatment with telaprevir and MK-0608 on HCV replication in vivo

Because mono-therapy with either telaprevir or MK0608 resulted in emergence of drug-resistant variants, we analyzed the effect of

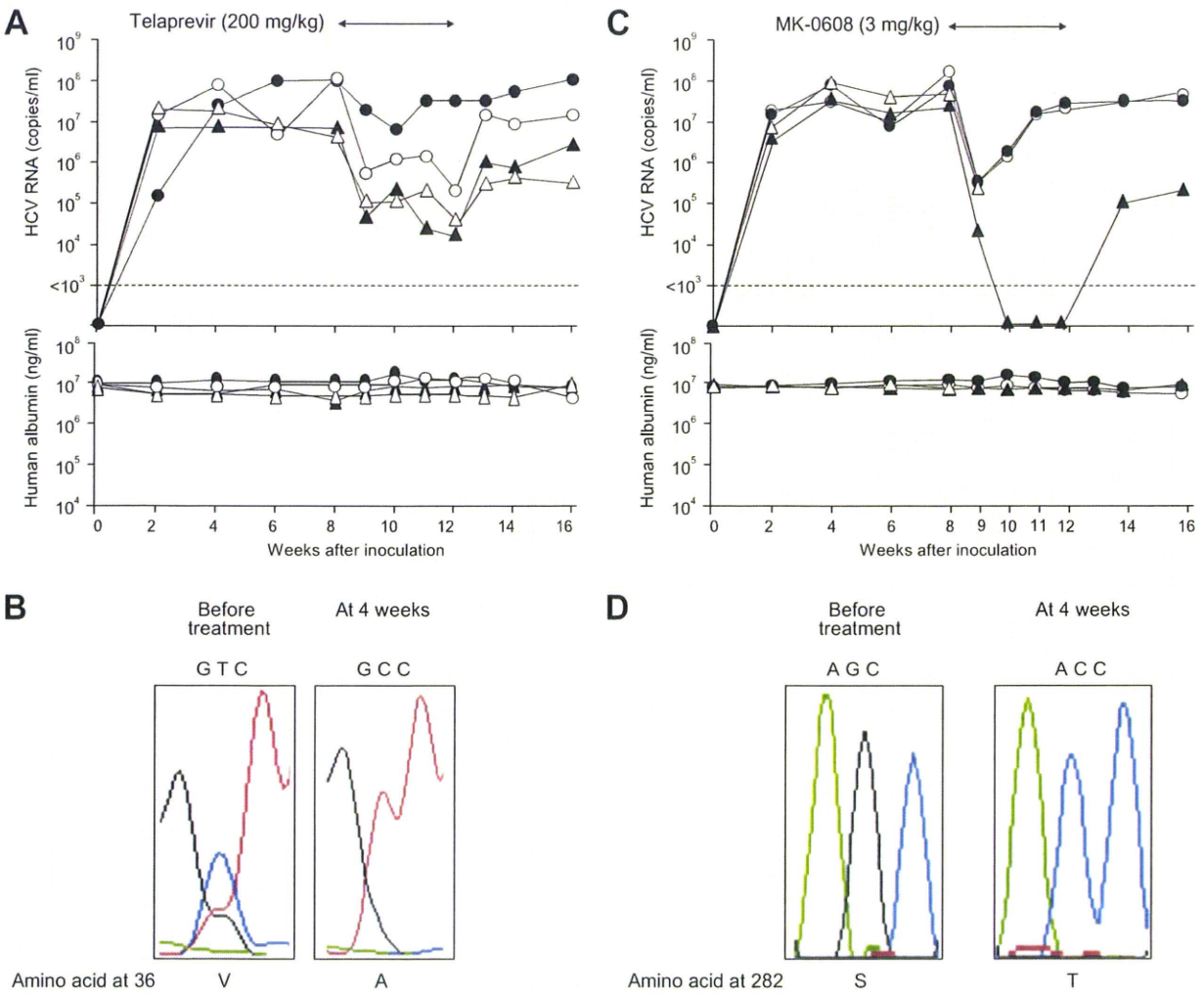

Fig. 3. Antiviral effects of either telaprevir or MK0608 monotherapy on HCV-infected mice. Mice were injected intravenously with 100 μl of HCV-positive human serum samples. Eight weeks after HCV infection, mice were treated with either 200 mg/kg of telaprevir (A) or 3 mg/kg of MK-0608 (C) for 4 weeks. Mice serum samples were obtained at the indicated times, and HCV RNA titer (upper panel) and human serum albumin concentration (lower panel) were analyzed. The horizontal dashed line represents the detection limit (10^3 copies/ml). Note that one telaprevir-treated mouse (A, closed circle) and two MK-0608-treated mice (B, closed circle and open circle) showed a viral breakthrough during the dosing period. Nucleotide and amino acid (aa) sequence analysis of aa 36 in the HCV NS3 (B) or at aa 282 in the NS5B region (D) by direct sequencing in mice serum samples obtained before treatment and at 4 weeks.

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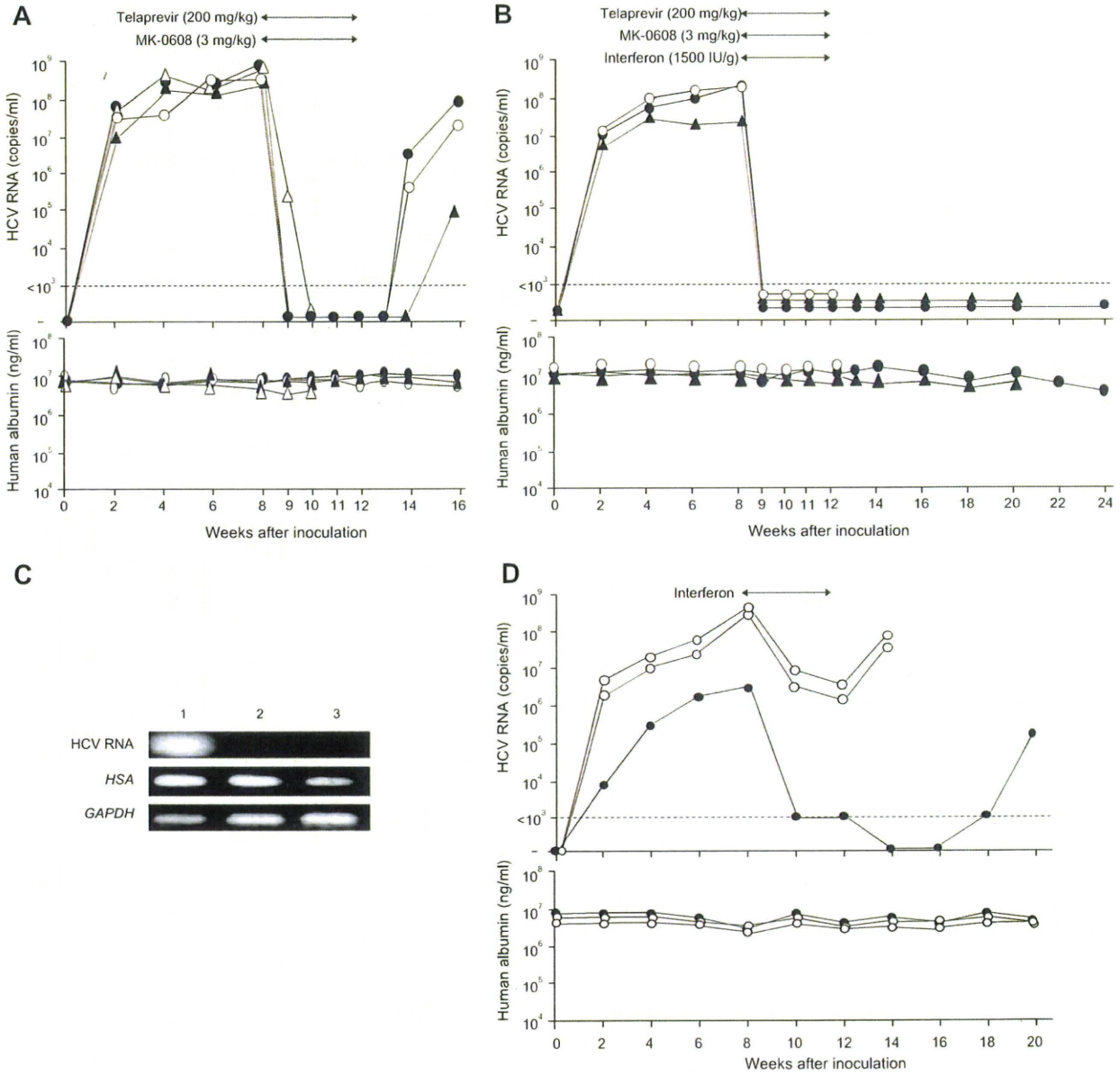

Fig. 4. Antiviral effect of combination treatment on HCV-infected mice. HCV-infected mice were treated with 200 mg/kg of telaprevir plus 3 mg/kg of MK-0608 without (A) or with (B) 1500 IU/g of human interferon-alpha for 4 weeks. Mice serum samples were obtained at the indicated times, and HCV RNA titer (upper panel) and human serum albumin concentration (lower panel) were analyzed. (C) Nested PCR of HCV RNA, human serum albumin (*HSA*) and *GAPDH* in a telaprevir, MK-0608 and interferon-alpha-treated mouse liver at 24 weeks (lane 2). Mice livers with (lane 1) or without (lane 3) HCV-infection were also analyzed. (D) HCV-infected mice were treated with either 1500 (open circles) or 7000 IU/g (closed circles) of interferon-alpha for 4 weeks.

combination treatment of these drugs with or without IFN on HCV replication *in vivo*. Four HCV-infected mice were treated with telaprevir plus MK-0608 for 4 weeks (Fig. 4A). Serum HCV RNA became negative by nested PCR with this combination treatment in all mice. One mouse died after 2 weeks of treatment. During the treatment, no emergence of resistant strains was observed in each of the remaining three mice; however, all mice became positive for HCV RNA again after cessation of the therapy. Another three mice were treated with telaprevir, MK-0608 and IFN-alpha for 4 weeks (Fig. 4B). HCV RNA became undetectable in all three mice 1 week after the beginning of the therapy. After 4 weeks of treatment, one mouse died. In the remaining two mice, HCV RNA did not become positive after cessation of the therapy. One of the remaining two mice died at 20 weeks, and the remaining mouse was sacrificed at 24 weeks (12 weeks after the cessation of therapy). HCV was probably eliminated because no HCV RNA was detected by nested PCR in this mouse liver (Fig. 4C). As a control, HCV-infected mice were treated with 1500 IU/g/day of IFN-alpha alone for 4 weeks, resulting in a two log reduction (Fig. 4D). HCV RNA became undetectable with

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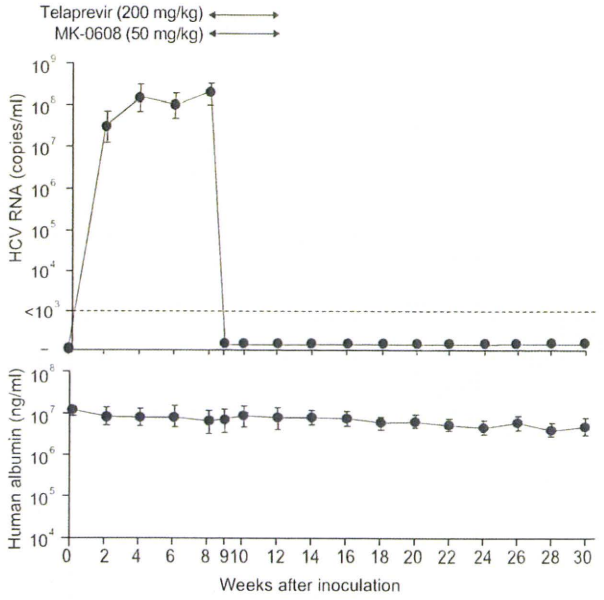

Fig. 5. High doses of MK-0608 and telaprevir combination treatment eliminates virus in HCV-infected mice. HCV-infected mice were treated with 50 mg/kg of MK-0608 and 200 mg/kg of telaprevir for 4 weeks. Mice serum samples were obtained at the indicated times, and HCV RNA titer (upper panel) and human serum albumin concentration (lower panel) were analyzed. Points represent the means ± SD of five mice.

administration of 7000 IU/g/day of IFN-alpha treatment. However, the virus rebounded after cessation of the therapy.

Four-week high dose combination therapy of MK-0608 and telaprevir eliminated HCV from mice

We investigated whether combination treatment with high doses of MK-0608 and telaprevir without IFN eliminates viruses from HCV-infected mice. Five HCV-infected mice were treated with high doses of MK-0608 (50 mg/kg) and telaprevir (200 mg/kg) for 4 weeks. Serum HCV RNA titer became undetectable 1 week after commencement of the therapy and remained undetectable in all mice at 30 weeks (18 weeks after cessation of the therapy) (Fig. 5). No apparent toxicity of the drugs was observed as none of the mice showed a decrease in the level of serum HSA.

Discussion

Since we began performing treatment experiments using human hepatocyte chimeric mice with HCV, we have administered many different drugs to analyze the effects on suppression or eradication of the virus. However, until we performed the experiments described in this study, we have never observed long term absence of the virus following cessation of the therapy [12,24]. Strikingly, after only 4 weeks of triple therapy with IFN, telaprevir and MK0608, was long term absence of the virus in mouse serum after cessation of the therapy visible (Fig. 4B). Furthermore, high dose telaprevir and MK-0608 combination therapy resulted in a similar absence of the virus for 16 weeks after cessation of therapy (Fig. 5). In this study, mice were treated with 200 mg/kg of telaprevir twice a day, and 1 week of the treatment resulted in an approximately 2 log reduction of HCV RNA (Fig. 3A), as has been observed previously in chronic hepatitis C patients treated with 450 mg of telaprevir every 8 hrs [25]. This result suggests that approximately 1/15th of a dose in this mouse model may be equivalent to a dose in humans.

During the observation period, some mice died. We do not think that this is due to the drug regimes because the chimeric mouse is weak, and approximately 50% of mice die spontaneously at week 6 after transplantation [26].

Sustained virological response, the complete elimination of the virus from the human body, is defined as testing negative for HCV RNA in serum for more than 24 weeks after cessation of the therapy. As the chimeric mouse used in this study is a weak animal, we were unable to monitor for absence of the virus beyond 24 weeks following cessation of therapy. However, negative testing for HCV RNA in mouse liver by nested PCR (Fig. 4C) 12 weeks after cessation of the therapy strongly suggests that HCV was completely eliminated from the mouse. Of course the mouse model differs from infection in humans where the virus replicates for years in the livers of infected patients. However, results of this study suggest that we will be able to eliminate the virus in humans by treating patients with regimens similar to those used in this study.

Until recently eradication of the virus with biochemical and histological improvement in chronically infected patients has long been reported only with the use of IFN or PEG-IFN [27,28]. Recently, Suzuki et al. reported for the first time eradication of the virus from chronically infected patients without IFN [29].

Elimination of the virus without IFN is desirable due to the many serious side effects of this drug [3,5–9]. However, emergence of drug resistance is a problem, as demonstrated in this study (Fig. 3) as well as in previous studies using replicon systems and HCV-infected chimpanzees [22,23]. A recent clinical study of NS3-4A and NS5B inhibitor combination therapy has reported that 13 days of this combination treatment achieved robust antiviral suppression in chronic hepatitis C patients [30]. As no study has tested the possibility of development of double drug resistant mutants, we will have to test if long term low dose treatment with any combination of STAT-C compounds might induce emergence of multi-drug resistant strains. Furthermore, as there is no report for emergence of IFN resistant strains, regimens such as combination therapy with multiple STAT-C drugs with a small or standard amount of IFN should be tested to develop the best therapy to eradicate the virus with a minimum of side effects and costs. Our further attempts to test possible combinations in mice to determine the best combination of STAT-C drugs will give us an insight into how to develop more effective therapeutic regimens in humans.

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Conflict of interest

The authors who have taken part in this study declared that they do not have anything to disclose regarding conflict of interest with respect to this manuscript.

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MECHANISMS OF GASTROINTESTINAL, PANCREATIC AND LIVER DISEASES

Animal model for study of human hepatitis viruses

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Key words
hepatitis B virus, hepatitis C virus, uPA/scid mouse model.

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Abstract

Human hepatitis B virus (HBV) and hepatitis C virus (HCV) infect only chimpanzees and humans. Analysis of both viruses has long been hampered by the absence of a small animal model. The recent development of human hepatocyte chimeric mice has enabled us to carry out studies on viral replication and cellular changes induced by replication of human hepatitis viruses. Various therapeutic agents have also been tested using this model. In the present review, we summarize published studies using chimeric mice and discuss the merits and shortcomings of this model.

Introduction

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are pathogens that cause chronic infection in humans. There are 360 million and 170 million people infected worldwide with HBV or HCV, respectively.[1,2] Infected individuals develop acute hepatitis, chronic hepatitis and liver cirrhosis. The viruses are also important causative agents of hepatocellular carcinoma, especially in the Asia–Pacific region.[3] Study of the biology and development of therapies for each virus has long been hampered by the lack of a small animal model that supports hepatitis virus infection. This is probably as a result of the lack of receptor molecules necessary for viral infection in animal liver cells.

Transgenic mice that express over-length HBV-DNA export viral particles into the serum,[4] and such animals can be used to evaluate antiviral agents,[5–7] as well as HBV-targeted siRNA[8]. However, the virus life cycle is not established in this model, and it is inappropriate for studying drug-resistant HBV strains. Accordingly, researchers attempted to transplant human hepatocytes into mice. The development of the trimera mouse was one such attempt, in which human hepatocytes were transplanted under the kidney capsule of immune-deficient mice after lethal irradiation.[9,10] However, the number of hepatocytes that could survive on the kidney capsule was small, and normal liver architecture was not present. Although 85% of HBV-inoculated animals developed HBV viremia, the titer was less than 10^5 virus particles or IU/mL.[9] Similarly, 85% of HCV-inoculated animals also developed viremia,[10] but the level of the viremia only reached 10^5/mL. Thus, the advent of human hepatocyte transplanted uPA/scid mice has provided the first really useful model for acute and chronic infections of human hepatitis virus.

Human liver cell transplanted uPA/scid mice

Transgenic mice in which the urokinase gene is driven by the human albumin promoter/enhancer were developed and shown to have accelerated hepatocyte death and consequent chronic stimulation of hepatocyte growth.[11] Transplanted rat hepatocytes proliferated and repopulated injured livers in immunodeficient uPA mice, which were produced by mating uPA transgenic mice with scid mice.[12] Human hepatocytes were then transplanted into uPA/scid mice; these cells proliferated and replaced the apoptotic mice liver cells (Fig. 1).

Such human hepatocyte chimeric mice have been shown to be susceptible to both HBV[16] and HCV[17] infections. Repopulation levels by human hepatocytes have been estimated by measuring human albumin levels in mouse serum. Replication levels of both HBV[13] and HCV[17] were higher in mice in which the repopulation index was higher. A unique attempt to remove mouse residual liver cells with the herpes simplex virus type-1 thymidine kinase (HSVtk)/ganciclovir (GCV) system failed to result in a higher repopulation rate as a result of damage to the transplanted human hepatocyte caused by bystander effects.[18] Despite this, mice with livers that have been highly repopulated with human hepatocytes

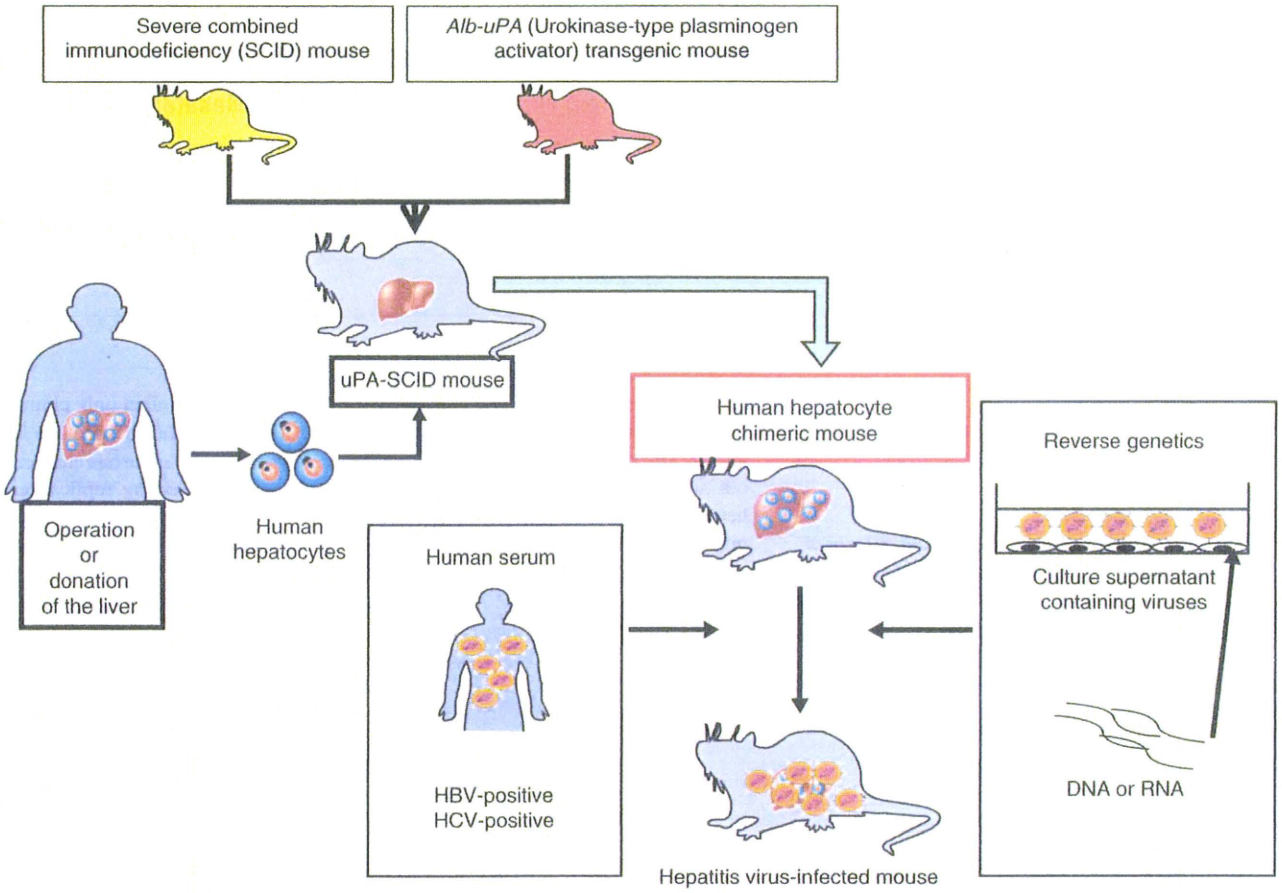

Figure 1 Generation of human hepatocyte chimeric mice and hepatitis virus infection model. A uPA/scid mouse was created by mating uPA transgenic mouse and scid mouse. Human hepatocytes obtained by surgical resection or donation were transplanted to newborn mice. The chimeric mice can be infected with hepatitis B virus (HBV) or hepatitis C (HBC) virus by injecting human serum containing these viruses. Alternatively, the mice can be infected by HBV[13] or HCV[14] created in cell culture or by injecting HCV RNA into the mouse liver.[15]

are susceptible to infection with both HBV and HCV, and as such comprised the most effective small animal model for chronic hepatitis so far developed.[19,20] An example of a highly repopulated mouse liver that we are using in experiments is shown in Figure 2.

Highly repopulated mice have been shown to be a valuable model for the study of drug metabolism.[21–29] Advances in technology for human hepatocyte transplantation have enabled serial passage of human hepatocytes in uPA/scid mice and have been shown to retain infectivity for HBV.[30]

This mouse model and other animal models for the study of hepatitis viruses have been summarized in reviews by Meuleman and Leroux-Roels,[31] Dandri *et al.*,[32,33] Barth *et al.*,[34] and Kneteman and Toso.[35] The present review will focus on key issues and updated information.

Study of hepatitis B virus infection using human hepatocyte chimeric mice

Since the initial reports of successful transmission of HBV to human hepatocyte chimeric mice in 2001 and 2004,[16,27] several researchers have reported transmission of HBV into similar mice.[13,36,37] In these studies, passage experiments studies show that HBV replicating in mice retain infectivity.[13,36] Further, the presence of viral proteins has been shown immunohistochemically in human hepatocytes transplanted into mouse livers, but these are not present in mouse hepatocytes.[13,36,37] Formation of viral particles in infected mouse livers can be shown by electron microscopy.[36,37] Genetically engineered viruses lacking HBe-antigen have also been shown to infect chimeric mice, proving that e antigen is dispensable for viral infection and replication.[13] In contrast, HBx protein has been shown to be indispensable for viral replication.[38] Transcomplementation of HBx protein with hydrodynamic injection restored HBV infectivity in mice. Interestingly, all revertant viruses show a restored ability to express HBx.[38]

By infecting chimeric mice with genotype A, B and C, differing proliferative capacity has been shown between HBV genotypes.[37] In mice infected for a relatively short time, there are no morphological changes in HBV infected mice livers in studies.[13,36] In contrast, the occurrence of liver cell damage has been reported after long-term infection of chimeric mice with HBV[39] or with specific strains of HBV;[40] these findings are consistent with direct cytopathic effects of HBV under certain conditions.

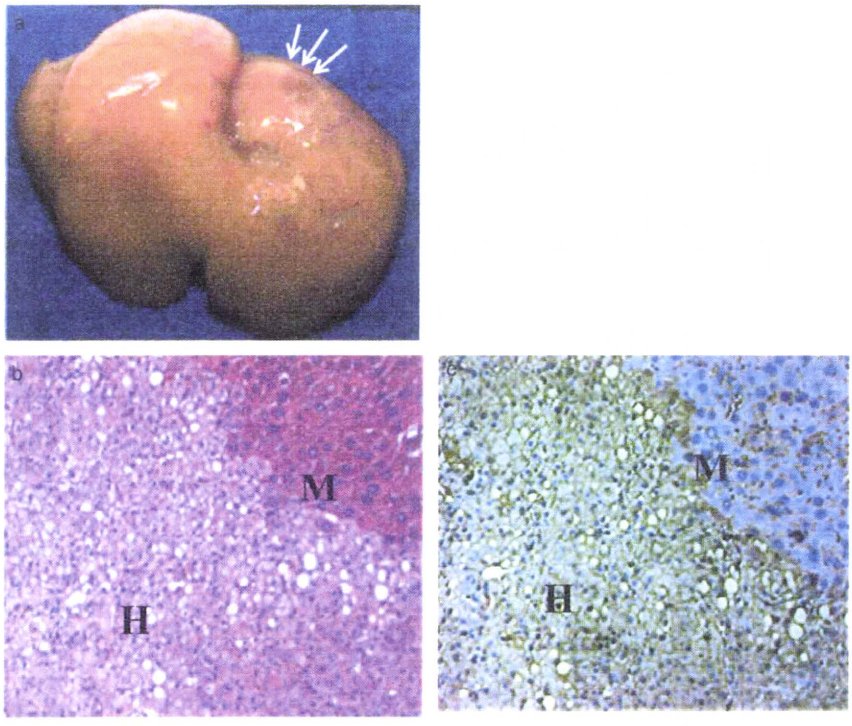

Figure 2 Representative uPA/scid mouse livers repopulated by human hepatocytes. (a) Mouse liver almost completely repopulated by human hepatocytes. Only a small portion of mouse hepatocytes are shown by arrows. (b) Microscopic figure of the mouse liver. M and H indicate regions consisting of mouse and human hepatocytes, respectively (Hematoxylin–eosin staining, magnification: ×100). (c) Microscopic figure of the mouse liver stained with antibody directed against human serum albumin.

The biological properties of a newly identified unique strain of HBV, genotype G, which replicates only in the presence of another genotype, were confirmed using the chimeric mouse.[41] Infectivity of another novel HBV strain, identified from a Japanese patient, that is divergent from known human and ape HBV has also been confirmed.[42] Titration of HBV infectivity, which previously could only be carried out using chimpanzees, can be carried out effectively using chimeric mice.[43]

Taking advantage of the absence of human immune cells in the chimeric mice, Noguchi *et al.*[44] showed that hypermutation of HBV increases in human hepatocytes under interferon treatment. Dandri *et al.* measured viral half-life in human and chimeric mice repopulated with wooly monkey hepatocytes.[45] The results clearly showed that viral half-life is shortened by immunological mechanisms in humans with low viral levels, but not in chimeric mice where functional immunity is absent. Hiraga *et al.*[46] showed an absence of interference between HBV and HCV.

Evaluation of therapeutic agents is the most important role for this mouse model. Tsuge *et al.*[13] assessed the effect of interferon and lamivudine using chimeric mice. Similarly, Dandri *et al.*[47] showed the effects of adefovir using uPA/scid mice repopulated with tupaia hepatocytes, which also support replication of human HBV. Oga *et al.*[48] identified a novel lamivudine-resistant variant that has an amino acid substitution outside of the YMDD motif. They showed that lamivudine was ineffective against the novel mutant strain. It is thus apparent that this mouse/human liver chimeric model is ideal to study the susceptibility of mutant strains to various drugs, because mutant viruses can easily be made and infected into chimeric mice.[13] The model has also been utilized to evaluate viral entry inhibitors derived from the large envelope protein.[49]

Study of hepatitis C virus using human hepatocyte chimeric mice

As observed in studies on HBV, HCV infection efficiency was poor and levels of viremia were low in mice where the repopulation rate of the mouse liver with human hepatocyte was low.[17,50] As shown in Figure 3, human albumin levels in mouse serum were significantly higher in mice in which measurable viremia developed (Hiraga *et al.* unpublished data). Recent studies have therefore been carried out using highly repopulated mice. The usefulness of a newly developed HCV assay,[51] and infectivity of a newly identified intergenotypic recombinant strain,[52] have been reported using the chimeric mice.

Using the remarkable replication ability of the JFH1 genotype 2a strain,[53] infectivity of JFH1 or intergenotypic chimeric viral particles, previously shown in cell culture, has now been shown to be infectious in chimeric mice.[54–56] Infectivity of viruses that were replicated in chimeric mice in cell culture has also been shown, and virus fitness has been studied.[55,56] The role of the HCV core+1 open reading frame and core *cis*-acting RNA elements has also been examined using the chimeric virus.[57] These elegant studies have the limitation that the non-structural part of the virus is limited to that of JFH1. Hiraga *et al.*[14] have shown that infectious clones of genotype 1a and JFH1 can be infected with direct injection of *in vitro* transcribed RNA into the mouse liver.[14] Similarly, Kimura *et al.*[15] reported the establishment of infectious clones of genotype 1b and ablation of RNA polymerase by site-directed mutagenesis abolish infectivity. These infectious clones will be useful for the study of drug-resistant strains.

The model of HCV infection has also been used to show that infection of the virus can be prevented by antibodies against

Table 1 New therapeutic strategies tested by human hepatocyte chimeric mice

n	Drug or cell	Strategy	Reference
1	Interferon alpha 2b	Activation of antiviral genes	Kneteman *et al.*[65]
	BILN-2061	NS3-4A protease inhibition	
	HCV371	NS5B polymerase inhibition	
2	Modified BID	Induction of apoptosis	Hsu *et al.*[66]
3	Serine palmitoyltransferase inhibitor	Disruption of lipid raft	Umehara *et al.*[67]
4	Lymphoblastoid interferon alpha	Activation of antiviral genes	Hiraga *et al.*[14]
5	Amphipathic DNA polymers	Blocking viral entry	Matsumura *et al.*[60]
6	Sec-butyl-analogue of HCV-371	NS5B polymerase inhibition	LaPorte *et al.*[68]
7	HCV796	NS5B polymerase inhibition	Kneteman *et al.*[69]
8	Liver allograft-derived lymphocyte	Adoptive immunotherapy	Ohira *et al.*[70]
9	Telaprevir	NS3-4A protease inhibition	Kamiya *et al.*[71]

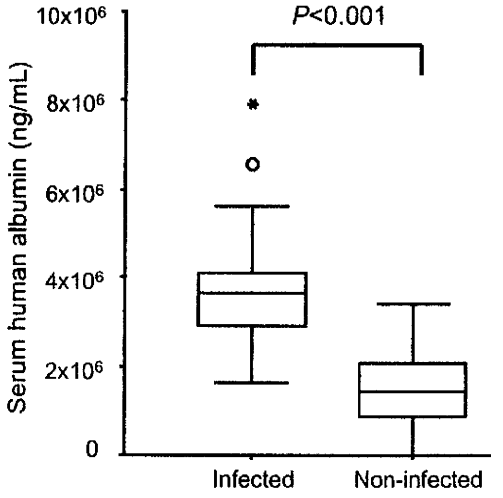

Figure 3 Human albumin levels in mice used in the hepatitis C virus (HCV) infection experiments. A total of 54 mice were injected with HCV positive serum samples containing 5×10^5 virus particles. A total of 24 mice became persistently positive for HCV-RNA, but 30 mice did not. Serum human albumin levels 2 weeks after human hepatocyte transplantation were compared between infected and non-infected mice.

CD81,[58] polyclonal human immunoglobulin directed to a similar strain,[59] and amphipathic DNA polymers.[60] Notably, the presence of broadly neutralizing antibodies to HCV that protect against heterologous viral infection has been reported, suggesting the possibility of a prophylactic vaccine against HCV.[61]

With respect to evasion of the virus against the innate immune response, altered intrahepatic expression profiles in the early phase of infection is of particular interest. The chimeric mice model is ideal for such studies; cross-hybridization of mouse and human can be avoided by careful experimental procedures.[62] Microarray analysis of livers of HCV infected and non-infected mice showed transcriptional activation of genes related to innate immune response, lipid metabolism, endoplasmic reticulum (ER) stress and apoptosis in HCV-infected mice.[63,64] The HCV infected mouse model is particularly useful for the study of newly developed HCV agents. The effect of recently developed chemicals and a unique therapy using intrahepatic lymphocytes have been shown using this model (Table 1). However, none of these therapies have yet been able to completely eradicate HCV from mice. It is noteworthy that ultra-rapid cardiotoxicity has been reported with the protease inhibitor BILN 2061 in the uPA/scid mice, but not in scid mice, implicating involvement of the uPA transgene.[72] Care should therefore be taken in interpreting the results obtained by this model.

Conclusion

Development of a small animal model using human hepatocyte chimeric mice has enabled us to study key aspects of HBV and HCV biology. The characteristic feature of the absence of human immune cells is suitable for studying viral replication and observing changes occurring in liver cells during viral infection, such as the innate immune response and cellular stress and metabolic responses. The model is also useful for studying the effect of drugs without the influence of cytokines and cytotoxic T lymphocytes. Nonetheless, the model is insufficient to study carcinogenesis of hepatitis viruses, because non-parenchymal cells in mouse liver are of mouse origin and do not support inflammation and fibrosis, which are probably closely related to carcinogenesis. The lack of human immune cells also limits the study of inflammation and immunity. Furthermore, the availability of human hepatocytes is limited. Despite these limitations, the current model shows great potential as a mouse model for the study of hepatitis viruses. Development of a small animal model with or without human immunity using stem cells or iPS cells would be an ideal model in the future.

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IL-6-mediated intersubgenotypic variation of interferon sensitivity in hepatitis C virus genotype 2a/2b chimeric clones

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ABSTRACT

Mechanisms of difference in interferon sensitivity between hepatitis C virus (HCV) strains have yet to be clarified. Here, we constructed an infectious genotype2b clone and analyzed differences in interferon-alpha sensitivity between HCV-2b and 2a-JFH1 clones using intergenotypic homologous recombination. The HCV-2b/JFH1 chimeric virus able to infect Huh7.5.1 cells and was significantly more sensitive to IFN than JFH1. IFN-induced expression of MxA and 25-OAS was significantly lower in JFH1 than in 2b/JFH1-infected cells. In JFH1-infected cells, expression of SOCS3 and its inducer, IL-6, was significantly higher than in 2b/JFH1-infected cells. The IFN-resistance of JFH1 cells was negated by siRNA-knock down of SOCS3 expression and by pretreatment with anti-IL6 antibody. In conclusion, intergenotypic differences of IFN sensitivity of HCV may be attributable to the sequences of HCV structural proteins and can be determined by SOCS3 and IL-6 expression levels.

Introduction

Hepatitis C virus (HCV) is one of the most important pathogens causing liver-related morbidity and mortality (Alter, 1997). There is no therapeutic or prophylactic vaccine available for HCV and type I interferons have been the mainstay of HCV therapeutics (Hoofnagle and di Bisceglie, 1997). Antiviral therapeutic options against HCV are limited and yield unsatisfactory responses (Fried et al., 2002). Given these situations, gaining a detailed understanding of the molecular mechanisms of interferon resistance has been a high priority in academia and industry.

Molecular studies of HCV have been hampered by the lack of efficient *in vitro* and *in vivo* models of infection, which has been partly overcome by the development of HCV subgenomic replicons (Blight et al., 2000; Kato et al., 2003; Lohmann et al., 1999) and the HCV-JFH1 cell culture system (Wakita et al., 2005). HCV-JFH1 is an isolate of HCV genotype 2a that was obtained from a patient with fulminant hepatitis C. The full-length JFH1 genome has been shown to produce infectious particles in cell culture. Simultaneously, a robustly replicating intragenotypic chimera has been reported, which consists of the structural region of a genotype 2a, J6-clone and nonstructural region of JFH-1 (Lindenbach et al., 2005).

HCV isolates are classified into seven major genotypes and multiple subtypes (Gottwein et al., 2009). In infected individuals, HCV exists as quasispecies of closely related genomes (Bukh et al., 1995). A number of studies have suggested that the outcome of HCV infection, as well as the response to interferon treatment, depends on the genotype or quasispecies with which the patient is infected. However, it is not clear how these subtle genetic differences of HCV affect viral replication, infectivity and host responses. Thus, it is important to establish multiple cell culture-permissive strains of different genotypes and isolates of the same genotype for their potential value for characterizing the virus life cycle, drug sensitivity and virus-related cell signaling.

Our present work describes the generation of chimeric viruses with their structural regions from genotype 2b and non-structural genes from the HCV-JFH1 strain. The intergenotypic 2b/JFH1 viruses were compared in terms of intracellular replication, infectious virus production and sensitivity to interferon-alpha. Here we show that the differences in sensitivity to interferon are attributable to upregulated expression of the cellular interferon signal attenuator, SOCS3, and that this upregulation is caused by overexpression of interleukin-6 (IL-6).

Abbreviations: HCV, hepatitis C virus; TLR, toll-like receptor; FBS, fetal bovine serum; ISG, interferon-stimulated gene; IFN, interferon; SOCS, suppressor of cytokine signaling; IL, interleukin; ALT, alanine aminotransferase; UTR, untranslated region; CLEIA, chemiluminescence enzyme immunoassay; PVDF, polyvinylidene fluoride; STAT, signal transducer and activator of transcription; IFNAR, interferon alpha/beta receptor.

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Results

In vitro and in vivo infectivity analyses of HCV-2b and 2b/JFH1 intragenotypic chimeras

First, we investigated the infectivity of the full-length genotype 2b clone *in vitro* and *in vivo*. The full-length genotype 2b HCV clone was infectious after direct injection of RNA transcribed *in vitro* into the livers of human hepatocyte engrafted albumin-uPA/SCID mice (*see the* Supplementary Fig. 1). However, transfection of the HCV RNA into Huh7.5.1 cells did not lead to replication or secretion of virions. Knowing that the full-length genotype 2b HCV was not infectious *in vitro*, we constructed genotype2b/JFH1 intergenotypic recombinants. We constructed three recombinant clones of 2b/JFH1 (Fig. 1A), which were joined between E2 and p7 (JE31F), NS2 and NS3 (JE39F), and within NS2 at nt. 2867 (JEC3F). After transfection of these chimeric HCV RNAs and JFH-1 RNAs into Huh7.5.1 cells, all four clones expressed detectable amounts of HCV core protein in the cells (Fig. 1B) and culture fluid (Fig. 1C). Among the four clones, JEC3F produced the highest level of core protein in the cells and culture fluid. Similarly, in the reinfection assays, JEC3F infected naïve cells most efficiently (Figs. 1D and E). We then compared the infectivity of JEC3F with the other chimeric viruses, genotype2a J6/JFH1 and the JFH1 clone (Supplementary Fig. 2). Transfection of the individual clones into Huh7.5.1 cells showed that JEC3F and the 2b/JFH1 chimera secreted core protein into the medium most efficiently (Fig. 1C). We measured HCV core antigen and HCV-RNA levels in culture supernatant of JEC3F and JFH-1 infected cells. As shown in Fig. 1F, the ratio between supernatant HCV core antigen and HCV-RNA between JEC3F and JFH1 was well correlated each other.

Comparisons of sensitivity to IFN between intragenotypic chimeras and JFH1

Next, we investigated the interferon-alpha sensitivity of the three 2b/JFH1 chimeric viruses with different junctions, JE31F, JE39F and JEC3F, as well as JFH1. The four viral RNAs were transfected separately into Huh7.5.1 cells and were treated with 0, 1, 3 or 9 IU/mL of interferon-alpha-2b. Seventy-two hours after addition of interferon, core antigen was measured in the culture fluid. As shown in Fig. 2, all 2b/JFH1 chimeric clones showed significantly higher responses to interferon than JFH1 ($p<0.01$). These results indicate that the relative interferon sensitivity of 2b/JFH1 clones over JFH1 could be attributable to the sequences of HCV-2b-derived structural proteins, especially core, E1 or E2 protein.

Expression of IFN stimulated genes and STAT1 and 2 phosphorylation in HCV-infected cells

Knowing that the 2b/JFH1 chimeric clones are more sensitive to interferon than JFH1, we next analyzed the effects on cellular interferon signaling. We investigated the expression levels of the interferon-stimulated genes (ISGs), 25OAS and MxA mRNAs that mediate antiviral effects (Itsui et al., 2009; Itsui et al., 2006). Induction of 25OAS and MxA by IFN was significantly suppressed in cells infected with HCV-JFH1 and the JEC3F clones. Of note was that the induction of these ISGs was suppressed substantially in JFH1-infected cells compared to JEC3F-infected cells (Figs. 3A and B). We then detected IFN-induced phosphorylation of STAT1 and STAT2 to pSTAT1 and pSTAT2 in uninfected and JFH1- and JEC3F-infected cells. Phosphorylation of STAT1 and STAT2 occurs within minutes after addition of IFN and substantially decreased at time points later than 8 hours {Itsui, 2006 #1025}. Thus, we detected pSTAT1 and pSTAT2 before and at 15 minutes after IFN treatment. As shown in Figs. 3C and D, production of pSTAT1 and pSTAT2 was decreased substantially in JFH1-infected cells, compared with uninfected and JEC3F-infected cells. These finding indicated that the differences in sensitivity to interferon of JFH1 and JEC3F were closely associated with attenuation of the cellular IFN signaling pathway.

SOCS 3 is up-regulated in JFH-infected, IFN-resistant cells

We next investigated the effects of HCV replication on the expression of SOCS1 and SOCS3 that suppress IFN receptor-mediated signaling (Song and Shuai, 1998; Vlotides et al., 2004). While SOCS1 mRNA expression did not differ significantly between uninfected and JFH1- and JEC3F-infected cells, the SOCS3 mRNA expression level was significantly higher in JFH1-infected cells than in uninfected and JEC3F-infected cells (Figs. 4A and B).

Knock down of the SOCS3 gene

To verify that SOCS3 was the key molecule determining the sensitivity to IFN, we performed siRNA knock down of SOCS3 in the virus-infected cells. A SOCS3-directed siRNA was cotransfected with HCV-JFH1 or -JEC3F RNA into Huh7.5.1 cells. Three days after transfection we measured SOCS3 mRNA expression in JFH1 and JEC3F-transfected cells with or without SOCS3-siRNA. Interestingly, SOCS3-knock down in JFH1-transfected cells restored sensitivity of IFN to the same levels as JEC3F-transfected cells (Figs. 5A and B).

Interleukin-6 is involved in SOCS-mediated interferon resistance

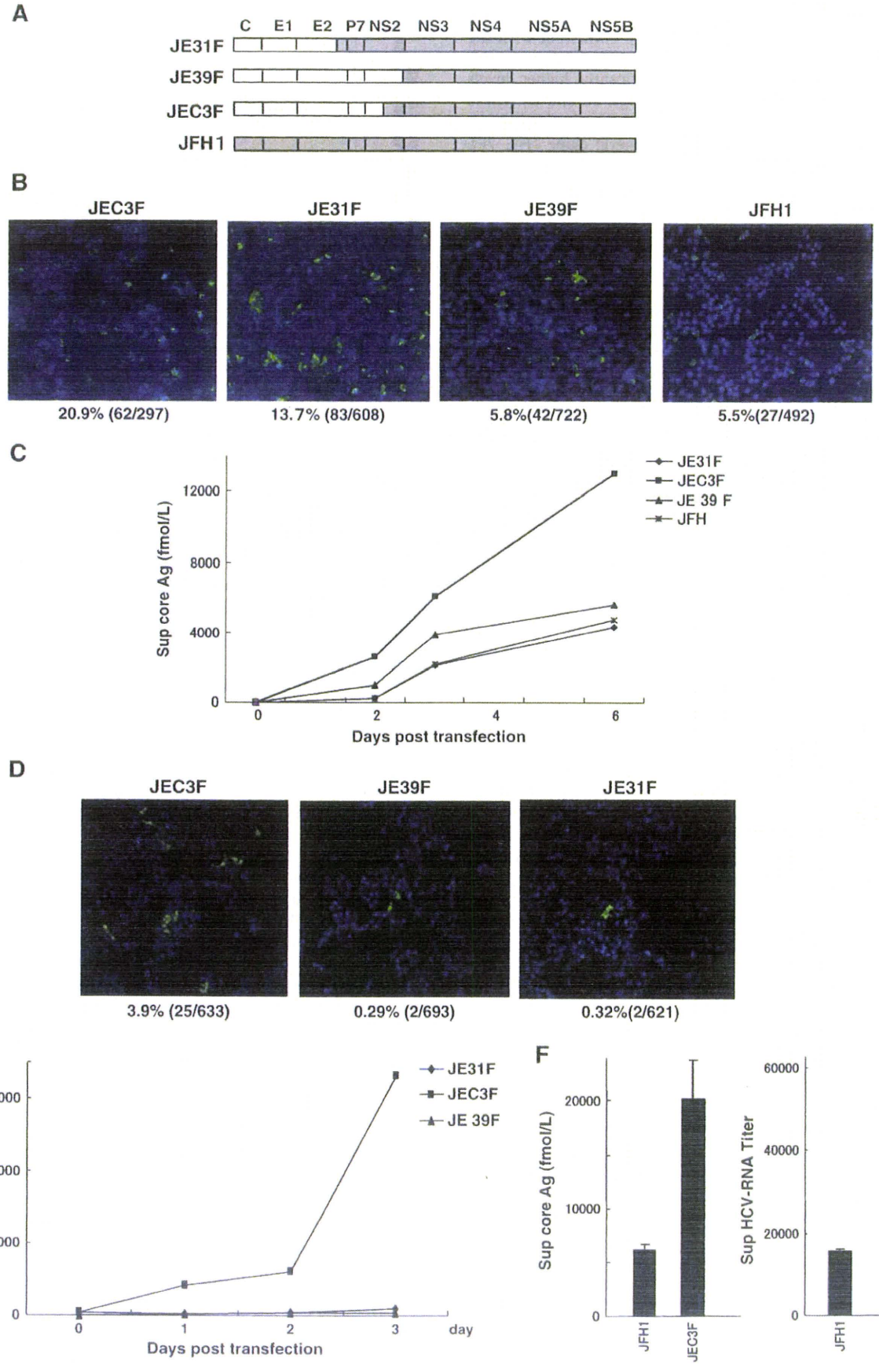
It has been reported that SOCS3 is induced principally by phosphorylated STAT3 (pSTAT3) (Hanada et al., 2003) and that interleukin-6 (IL-6) is a strong inducer of pSTAT3 via receptor-mediated Janus kinase activation in the liver (Ramadori and Christ, 1999). This background led us to investigate whether overexpression of SOCS3 is associated with overproduction of IL-6. We investigated Phosphorylated STAT3 (pSTAT3) expression and IL-6 mRNA expression in JFH1- and JEC3F-transfected Huh7.5.1 cells. Phosphorylated STAT3 level was significantly higher in JFH1-transfected cells than JEC3F-transfected cells and naïve Huh7.5.1cell (Fig. 6A). Moreover IL-6 gene expression level was significantly higher in JFH1-transfected cells than JEC3F-transfected cells (Fig. 6B). Consistent with previous reports, treatment of the Huh7.5.1 cells with IL-6 induced expression of SOCS3 and SOCS1 mRNAs with SOCS3 being much stronger than SOCS1 (Fig. 6C).

Anti-IL-6 antibody restored IFN-resistance to HCV-infected cells

To investigate whether IL-6 is responsible for HCV infection-induced upregulation of SOCS and for resistance to interferon, JFH1 and JEC3F-infected Huh7.5.1 cells were pretreated with antibodies directed against IL-6 and subsequently treated with interferon. Interestingly, anti-IL-6-treated HCV-infected cells became significantly more susceptible to IFN treatment (Fig. 6D) without affecting viral expression levels in the absence of interferon (Fig. 6E). Cellular levels of SOCS3 mRNA were significantly lower in anti-IL-6-treated cells than untreated cells (Fig. 6F). These results strongly suggested that the interferon resistance of HCV-infected cells and the difference between the two viral strains are partly mediated by internal overproduction of IL-6 and subsequent upregulation of SOCS3.

Determination of the HCV structural region that induced SOCS3 and IL6

We studied further which part of HCV structural polyprotein is responsible for the difference in interferon-sensitivity. We constructed two additional chimeric clones between HCV-2b and JFH1. The 2bCoreJFH1 had the 2b-core region followed by the JFH1-structural and nonstructural regions. JCoreC3F was derived from JEC3F by exchanging the 2b-core with the JFH1-core (Fig. 7A). As


A
C E1 E2 P7 NS2 NS3 NS4 NS5A NS5B
JE31F
JE39F
JEC3F
JFH1
B
JEC3F
JE31F
JE39F
JFH1
20.9% (62/297)
13.7% (83/608)
5.8%(42/722)
5.5%(27/492)
C
Sup core Ag (fmol/L)
12000
8000
4000
0
0
2
4
6
Days post transfection
JE31F
JEC3F
JE 39 F
JFH
D
JEC3F
JE39F
JE31F
3.9% (25/633)
0.29% (2/693)
0.32%(2/621)
E
Sup core Ag fmol/L
3000
2000
1000
0
0
1
2
3
day
Days post transfection
JE31F
JEC3F
JE 39F
F
Sup core Ag (fmol/L)
20000
10000
0
JFH1
JEC3F
Sup HCV-RNA Titer
60000
40000
20000
0
JFH1
JEC3F

shown in Fig. 7B JFH1 and JCoreC3F, which had a JFH1-derived core region, were significantly more resistant to IFN than JEC3F and 2bCoreJFH1, with a 2b-derived core (Fig. 7B). Consistent with the interferon sensitivity results, JFH1 and JcoreC3F-infected cells expressed SOCS3 and IL6 mRNAs at significantly higher levels than JEC3F and 2bCoreJFH1-infected cells (Figs. 7C and D). These differences in gene expression were inversely associated with the cellular expression levels of each HCV chimeric clone (Fig. 7E). These results indicate that the amino acid sequence of the core protein is responsible for IL-6 and SOCS3-medited interferon resistance.

Discussion

In this study, we succeeded in establishing a new genotype 2b infectious HCV clone and genotype 2b/JFH1 cell culture-competent intragenotypic chimeric viruses (Fig. 1). Relative interferon sensitivities of 2b/JFH1 chimeras, compared with HCV-JFH1 virus (Fig. 2), led us to conduct a series of assays to investigate the molecular mechanisms of IFN-related response pathways. We found that IFN-alpha receptor-mediated cellular responses were more attenuated in HCV-JFH1- and 2b/JFH1 chimera-infected than in uninfected Huh7.5.1 cells, but more potently for HCV-JFH1. Precise intragenotypic recombination analyses showed that the amino acid sequence of the HCV core protein is responsible for the differences in interferon sensitivity (Figs. 2, 7). The differences in the interferon-mediated antiviral effects were demonstrated further by the different rates of induction of interferon-inducible MxA and 25-OAS mRNAs (Figs. 3A and B) and IFN induced phosphorylation of STAT1 and STAT2 (Figs. 3D and E). We have demonstrated further that the expression of an interferon signal attenuator, SOCS3, was significantly higher in JFH1 than in 2b/JFH1-infected cells (Song and Shuai, 1998; Vlotides et al., 2004). Indeed, the siRNA-knock down of SOCS3 in JFH1 and 2b/JFH1-infected cells resulted in responsiveness to IFN (Fig. 5). Moreover, cellular expression of IL-6, which increases cytoplasmic phospho-STAT3 (Fig. 6A) and induces SOCS3 expression (Ramadori and Christ, 1999) was significantly higher in JFH1 transfected cells (Fig. 6B). Furthermore, by pre-treatment with anti-IL-6 antibody, JFH1- and 2b/JFH1-infected cells partially recovered elevation of SOCS3 expression and unresponsiveness to IFN (Fig. 6D). Taking all these things together, it is strongly suggested that the differences in IFN sensitivity between genotypes or isolates could be explained by SOCS3-mediated attenuation of interferon responses and, more importantly, IL-6 may constitute a molecular target to reverse such cellular interferon resistance.

Vast numbers of studies have failed to construct infectious HCV clones, other than HCV-JFH1. Murayama, et al. have conducted intragenotypic homologous recombination analyses between HCV-J6 and –JFH1 and have reported that that the NS3 protease and NS5B polymerase are essential for replication of the recombinant virus (Murayama et al., 2007). Up to now, several JFH1-based chimeric viruses have been reported, which include genotypes 4a (Scheel et al., 2008), genotype 1a, 1b, 2a (Pietschmann et al., 2006), genotype 3a (Gottwein et al., 2007), genotype 5 a (Jensen et al., 2008) and, genotype 2b, 6a, 7a (Gottwein et al., 2009). Gottwein, et al. constructed intergenotypic chimeric HCV from JFH1 and genotypes 1 through 7 and analyzed differences in sensitivity to antiviral drugs (Gottwein et al., 2009). However, intergenotypic differences in sensitivity to IFN-alpha and the molecular mechanisms involved have not been well characterized. In this study, we constructed several chimeric virus clones between HCV-2b and HCV-JFH1 (2a), which showed variable sensitivity to IFN and confirmed that the core region is responsible for such IFN sensitivity. This study may support the feasibility of such inter and intragenotypic homologous recombination approaches to characterize differences in viral kinetics and drug responses.

Type I IFNs and their responsive ISGs are the principal mediators of host defense against virus infections, including HCV (Chang et al., 1991; Kalvakolanu, 2003; Ronni et al., 1998). On binding of IFNs to their receptors, IFNAR1 and IFNAR2, Janus kinases-1 and -2 phosphorylate STAT1 and STAT2 to form ISGF-3, which translocates to the nucleus and activates transcription of ISGs (Samuel, 2001; Taniguchi et al., 2001; Taniguchi and Takaoka, 2002). Members of the SOCS family are potent inhibitors of type I and type III IFN-induced activation of the Jak–STAT pathway and subsequent expression of ISGs (Vlotides et al., 2004). In HCV subgenomic replicon-expressing cells, expression levels of SOCS3 were inversely correlated with sensitivity to IFN to suppress viral RNA replication (Zhu et al., 2005).

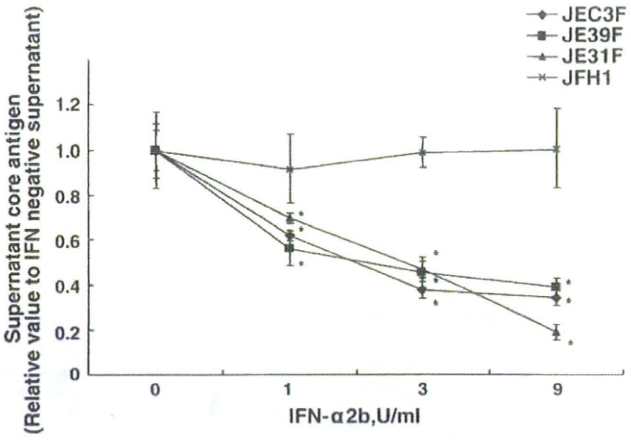


Fig. 2. Comparison IFN-alpha sensitivity among 2b/JFH1 chimeric viruses and JFH1. Ten μg of JE31F, JE39F, JEC3F, JFH1 RNA were transfected into 5×10^5 Huh7.5.1 cells. The transfected cells were divided into 12 wells. Forty eight hours after transfection, cells were washed twice with PBS and treated with 0, 1, 3 and, 9 U/ml IFN-alpha-2b. Seventy-two hours after IFN-alpha 2b addition, quantification of HCV core antigen in culture fluids was conducted. The experiments were conducted twice by using Huh 751 cells of different passage, and a representative data was shown. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05.

Fig. 1. Replication and infection competency of HCV-2b/JFH1 chimeric viruses A. Genomic structures of HCV-JFH1, HCV-2b and 2b/JFH1 chimeric viruses. Intergenotypic homologous recombination was conducted between the HCV-2b and JFH1 (2a) clones and three chimeric clones were constructed that were joined between NS2-NS3 (JE39F), and within E2 at nt2541 (JE31F) and NS2 at nt. 2867 (JEC3F). B. Immunocytochemistry of HCV core. HCV RNA-transfected Huh7.5.1 cells were plated onto 22 mm-round micro cover glasses. Immunocytochemistry was performed 4 days after transfection using mouse-anti-core antibody(*green*) and DAPI(*blue*). C. Time courses of 2b/JFH1- and JFH1-transfected cells. *In vitro* transcribed HCV RNAs were transfected into Huh7.5.1 cells by electroporation and HCV core levels of culture fluids were sampled at the time points indicated and core antigen levels were measured. The experiment was done three times with similar results independently. Panel C shows representative date. D. Immunocytochemistry of HCV core. HCV RNA-infected Huh7.5.1 cells using Panel B supernatant that have same amount of HCV core antigen were plated onto 22 mm-round micro cover glasses. Immunocytochemistry was performed 4 days after infection using mouse-anti-core antibody(*green*) and DAPI(*blue*). Numbers at the bottom denote percentages of HCV core-positive cells. E. Time courses of 2b/JFH1 infected cells. JE31F, JE39F, JEC3F RNA-transfected cell culture fluids were used to infect naïve Huh7.5.1 cells in 60 mm-diameter plates at density of 3×10^5 cells per plate. Quantification of HCV core antigen in culture supernatants was carried out at 24 hours, 48 hours, 72 hours and 144 hours after inoculation. The experiment was done three times with similar results independently. Panel E shows representative date. F. Comparison between JFH1 and JEC3F supernatant HCV-RNA titer and core antigen. Four days after JFH1 and JEC3F RNA transfection, culture supernatant was harvested and subjected to both HCV core antigen assay and realtime RT-PCR of HCV-RNA. Assays were done in triplicate and the data are shown as mean ± sd.

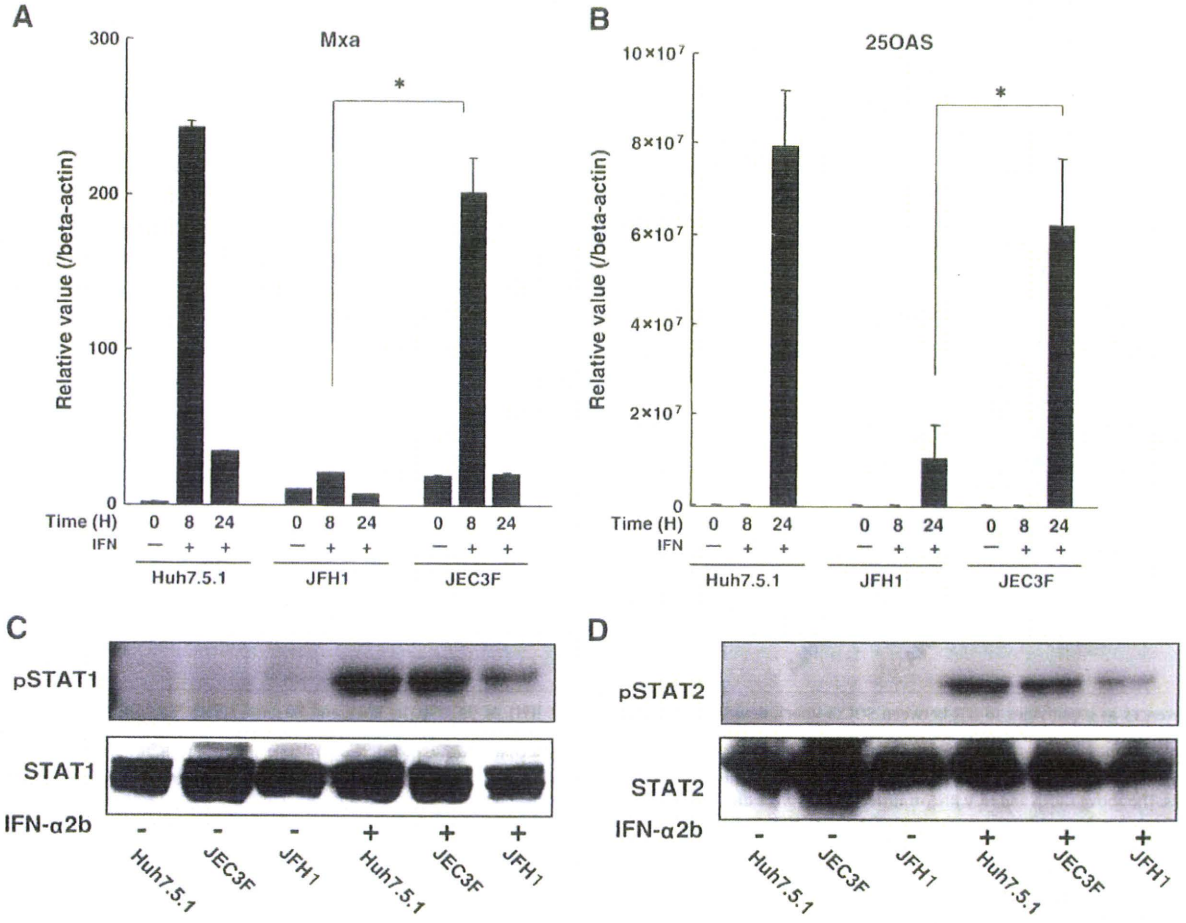


Fig. 3. Induction by interferon of the interferon-inducible genes, MxA (panel A), 25-OAS (panel B) and phosphorylated STAT1 (panel C) and STAT2 (panel D). JEC3F and JFH1 10 μg RNA was transfected into Huh7.5.1 cells. Forty-eight hours after transfection, the cells were treated with 25 U/ml IFN-alpha 2b. Total cellular RNA was isolated before and 8 and 24 hours after IFN treatment. Relative gene expression levels of MxA (panel A) and 25-OAS (panel B) were determined by real-time PCR at the time points indicated. JEC3F and JFH1 RNA and MOCK was transfected into Huh7.5.1 cells. Forty eight hours after transfection, the cells were treated with 25 U/ml IFN-alpha 2b. Total cellular protein was isolated before and 15 minutes after IFN treatment. Ten μg of extracted protein were used for analysis of phosphorylated STAT1, STAT2 protein and STAT1, STAT2 protein as controls. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05.

HCV, on the other hand, counteracts such IFN-mediated antiviral pathways. The NS5A and E2 proteins interfere with the action of IFN by inhibiting the activity of PKR (He and Katze, 2002; Taylor et al., 1999). NS5A also induced expression of IL-8 and attenuated expression of ISGs (Polyak et al., 2001). HCV core protein has been reported to bind the STAT1-SH domain (Lin et al., 2006) or destabilize STAT1 (Lin et al., 2005) to block IFN signaling. It also has been reported that overexpression of core protein upregulated SOCS3 expression (Bode et al., 2003). In this study, we used full-length HCV cell culture and found, *for the first time*, that SOCS3 expression is upregulated differently depending on the genetic sequences of HCV strains and that these differences in SOCS3 expression are associated with sensitivity to IFN. Moreover, overexpression and knock down of SOCS3 expression were closely associated with the IFN sensitivity of the HCV-infected cells. These results indicate that interferon-resistance of HCV-infected cells is directed by overexpression of SOCS3, which may be upregulated by HCV proteins as reported (Bode et al., 2003) (Kawaguchi et al., 2004). A sequence comparison of our HCV2b and JFH1 clones has found 16 amino acid differences. These structural differences of the core protein might affect cellular responses to interferon (*see the* Supplementary Fig. 4).

It has been reported that IL-6 is the principal activator of STAT3 in hepatocytes through binding its receptor (Hanada et al., 2003; Ramadori and Christ, 1999). Furthermore, plasma IL-6 levels are elevated in

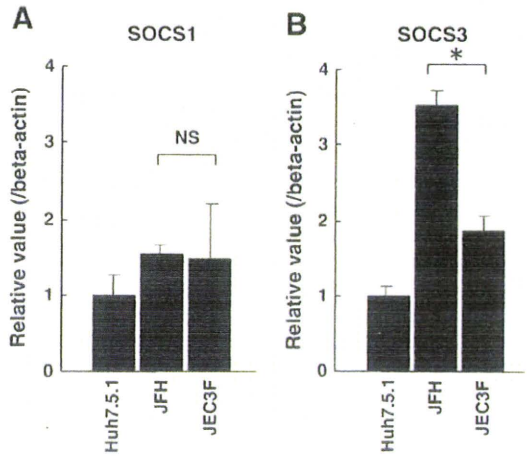


Fig. 4. Expression of SOCS1 mRNA (panel A), SOCS3 mRNA (panel B). Forty-eight hours after transfection of JEC3F, JFH1 10 μg RNA or mock transfection into Huh7.5.1 cells, total RNA and total protein were isolated. Relative gene expression levels of SOCS1 (panel A) and SOCS3 (panel B) and were determined by real time PCR. Values are shown as relative to those of uninfected Huh 751 cells. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05.

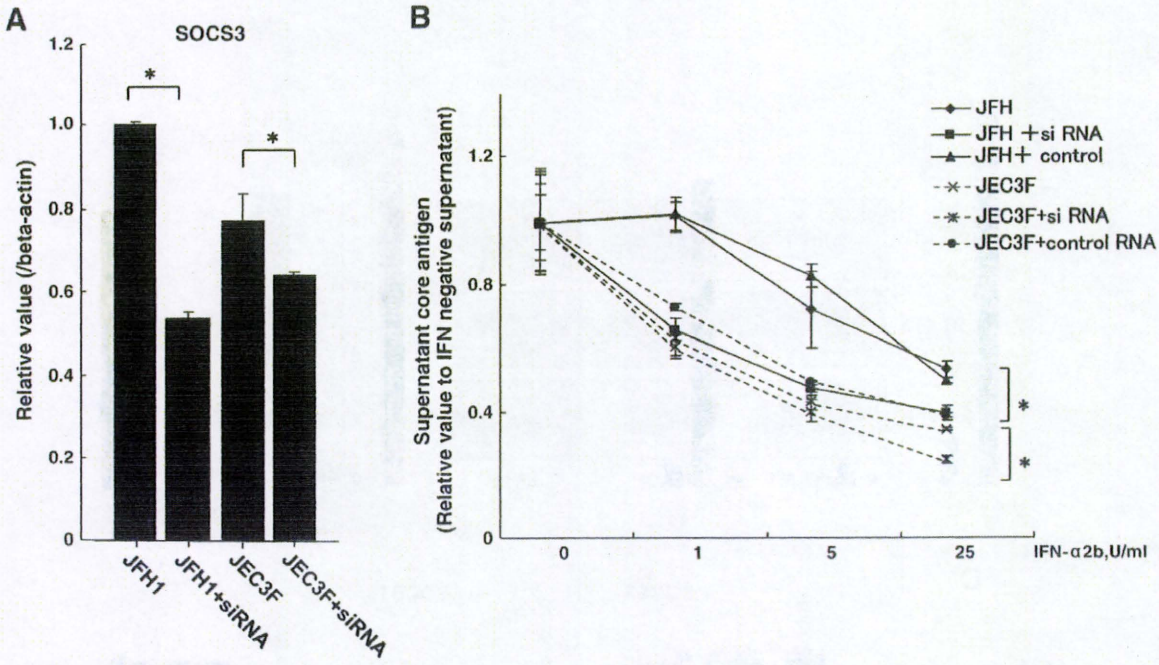


Fig. 5. Differences in sensitivities to IFN between SOCS3-knock down, HCV transfected cells. JFH1 or JEC3F 10 μg RNA, and 80 pmol siRNA SOCS3-HSS113312 or MOCK were electroporated into 5×10^6 uninfected Huh7.5.1 cells. A. Expression of SOCS3 mRNA in uninfected and HCV-infected Huh7 cells. Forty-eight hours after transfection, total RNA was isolated. Relative gene expression level of SOCS3 were determined by real time PCR. Values are shown as relative to those of JFH1 infected Huh 751 cells. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05. B. Dose-dependent suppression of HCV replication by IFN in SOCS3-knock-down, HCV-infected cells. The above siRNA and HCV RNA-transfected cells were divided into 12 wells. Forty eight hours after transfection, the cells were treated with 0, 1, 5 and 25 U/ml of IFN-alpha 2b. Seventy two hours after treatment, quantification of HCV core antigen in culture fluids was carried out. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05.

chronic hepatitis C patients (Malaguarnera et al., 1997). Consistent with those reports, we found that IL-6 strongly induced SOCS3 expression in Huh7.5.1 cells (Fig. 6C). More importantly, cellular IL6 expression levels were in the order of uninfected<JEC3F<< JFH1-infected cells, which correlated well with SOCS3 expression (Fig. 4) and with cellular responses to IFN (Fig. 2). In addition, the IFN-resistant JcoreC3F, in which the core region of JEC3F had been re-substituted by the JFH1-core, induced comparatively higher levels of IL-6 and SOCS3 mRNA to JFH1 (Fig. 7). Taken together, our results indicate that the amino acid sequence of the core protein determines IL-6 and SOCS3 expression levels and, as a consequence, resistance to IFNs.

It remains to be clarified what are the inducers of IL-6. There are reports that HCV core protein activates toll-like receptor (TLR)-2 in Huh7 cells and in adult human hepatocytes (Hoffmann et al., 2009; Mozer-Lisewska et al., 2005). TLRs are known to activate downward NF-kappaB signaling that upregulates IL-6 expression. Alternatively, IL-6 may be secreted in response to cellular steatosis and insulin resistance. HCV patients with obesity or insulin resistance are refractory to IFN treatments. Such patients have higher levels of hepatic SOCS3 expression than those without obesity or insulin resistance (Miyaaki et al., 2009; Walsh et al., 2006). More recently, Sabio, *et al* have reported that fatty acid-induced secretion of IL-6 from adipocytes upregulates hepatic SOCS3, leading to insulin-resistance (Sabio et al., 2008).

In conclusion, our study demonstrates that HCV intragenotypic and inter-strain differences in IFN sensitivity can be, in most part, attributable to the amino acid sequence of the HCV core protein and that such IFN sensitivities are determined by cellular expression levels of SOCS3 and IL-6. Therapeutic targeting of IL-6 potentially may be a key to targeting IFN-resistance and improving antiviral chemotherapeutics against HCV.

Materials and Methods

Reagents and antibodies

Recombinant human interferon alpha-2b was from Schering-Plough (Kenilworth, NJ). Anti-CD 81 antibody (JS-81)was from BD Biosciences (Franklin Lakes, NJ) (Morikawa et al., 2007), anti-IL6 receptor antibody was from Chugai pharmaceutical Co (Tokyo, Japan), anti-SOCS3 was from Cell Signaling (Beverly, MA), and anti-IL6 antibody was from R&D Systems (Minneapolis, MN).

Cloning of HCV cDNA from patient serum

A serum sample was obtained from a 32- year-old male who developed acute hepatitis after intravenous drug injection. Serum was obtained one week after the onset of symptoms. Total RNA was extracted from 150 μl of serum using ISOGEN (Nippon Gene, Osaka, Japan). cDNA was synthesized using SuperScript II (Invitrogen, Carlsbad, CA) reverse transcriptase. PCR primers, based on a genotype 2b prototype sequence, HC-J8 (accession number: D10988), were used to amplify 14 fragments of HCV cDNA covering nt. 13-9478 (nucleotide numbers corresponded to HC-J8) by PCR. All amplicons were purified and cloned into the pGEM-T EASY vector (Promega, Madison, WI) and nucleotide sequences were determined using Big Dye Terminator Cycle Sequencing Ready Reaction kits (Applied Biosystems, Foster City, CA) and an automated DNA sequencer (ABI PRISM® 310 Genetic Analyzer; Applied Biosystems). The consensus sequence of five clones was adopted for each region. Each consensus sequence segment of HCV was assembled into pJFH1-full (Wakita et al., 2005) by substituting the insert sequence of pJFH1-full.

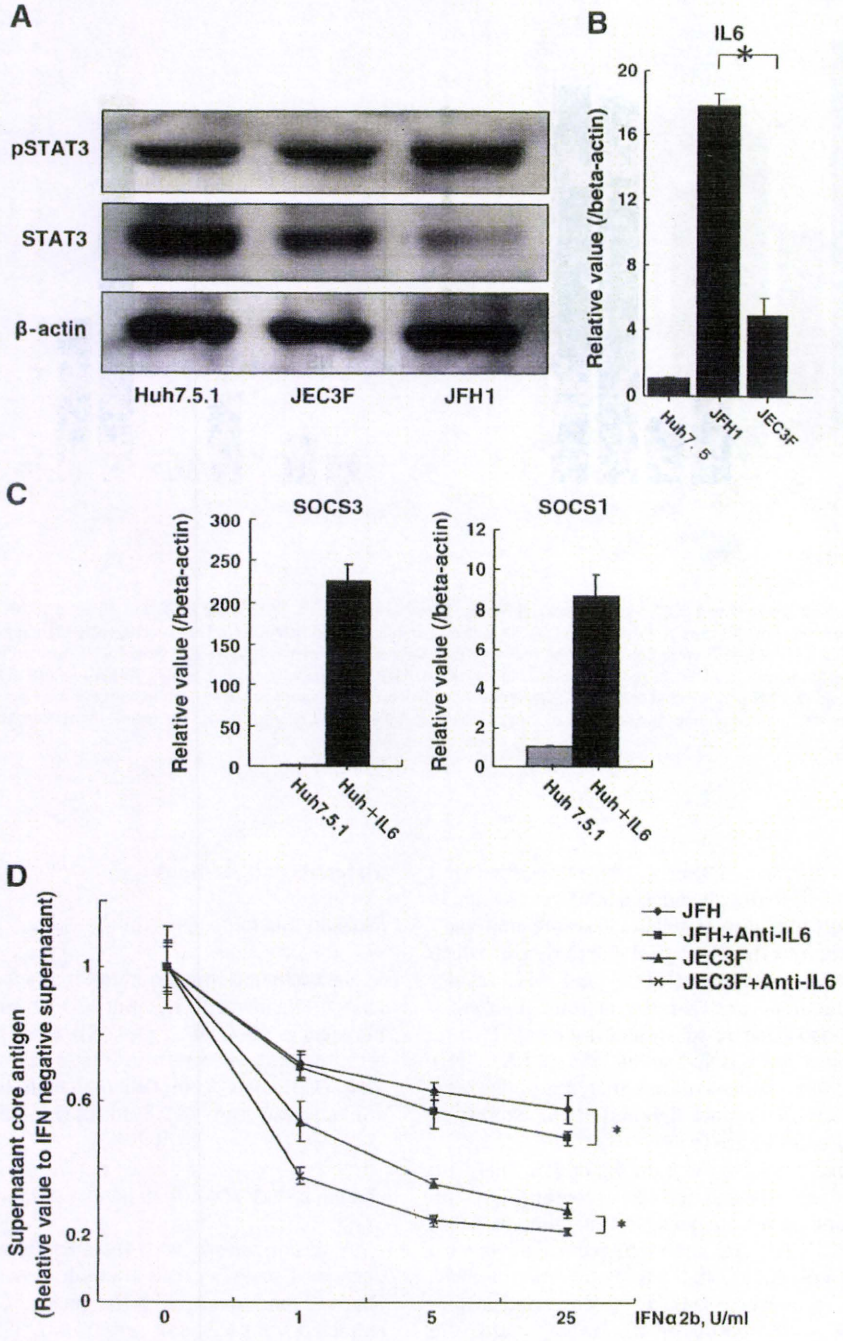


Fig. 6. IL-6 expression in HCV infected cells and change in IFN sensitivity by treatment with anti-IL6 antibody. A. Expression of cytoplasmic phospho-STAT3 in uninfected and HCV-infected Huh7 cells. JEC3F, JFH1 10 μg RNA and MOCK was transfected into Huh7.5.1 cells. Forty eight hours total cellular protein was isolated. Ten μg of extracted protein were used for analysis of phosphorylated STAT3, STAT protein and β-actin as controls. B. Expression of Interleukin-6 mRNA in uninfected and HCV-infected Huh7 cells. Forty-eight hours after transfection, total RNA was isolated. Relative gene expression level of IL6 were determined by real time PCR. Values are shown as relative to those of uninfected Huh 751 cells. Assays were done in triplicate and the data are shown as mean ± sd. C. IL-6 induces SOCS3 strongly in uninfected Huh7.5.1 cells. Uninfected Huh7.5.1 cells were treated with 10 ng/ml recombinant human IL6 (PEPRO TEC EC, London, England). Fifteen minuets after treatment, total RNA was isolated. Relative gene expression levels of SOCS1 and SOCS3 were determined by real time PCR. Uninfected Huh7.5.1 cells that were not treated with IL6 were used as a control. Values are shown as relative to those of uninfected Huh 751 cells. Assays were done in triplicate and the data are shown is mean ± sd. D. Dose-dependent suppression of HCV replication by IFN in HCV-infected cells pre-treated with anti-IL-6 antibody. Immediately after electroporation, HCV RNA-transfected cells were divided into 12 wells and pretreated with 1 μg/ml anti-IL6 antibody. Forty eight hours after transfection, the cells were washed with PBS and treated with 0, 1, 5 and 25 U/ml of IFN-alpha 2b. Seventy two hours after treatment, quantification of HCV core antigen was carried out in culture fluids. Assays were done in triplicate and the data are shown as mean ± sd. E. Core protein secretion levels following treatment of HCV-transfected cells with anti-IL-6 antibody. After treatment with anti-IL-6 antibody, HCV RNA-transfected cells were divided into 12 wells. Five days after transfection, quantification of HCV core antigen was carried out in culture fluids. Assays were done in triplicate and the data are shown as mean ± sd. F. Expression of SOCS3 mRNA in uninfected and HCV-infected Huh7 cells. Forty-eight hours after transfection, total RNA was isolated. Relative SOCS3 gene to beta-actin gene expression were determined by real time PCR. Values are shown as relative to those of uninfected Huh 751 cells. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05.

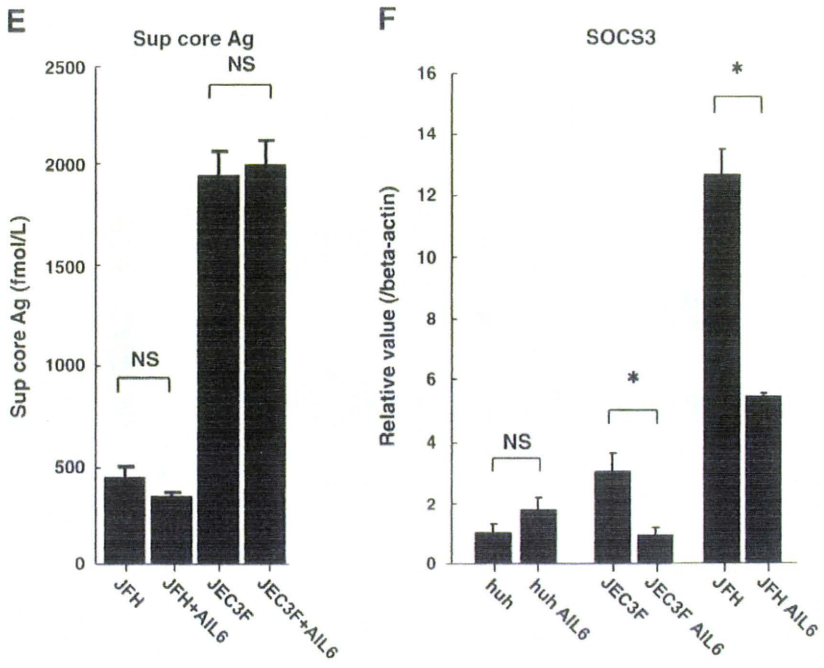


Fig. 6 (*continued*).

Construction of 2b/JFH-1 based intragenotypic chimeras and transfection

Chimeric HCV constructs of HCV-2b and JFH1 were shown in Figs. 1A and 7A. To construct 2b/JFH1-based intragenotypic chimera, JE31F, the 2b sequence of core through E2 (nt. 342- 2541) was fused to the EcoRI-JFH1- 5′-untranslated region (UTR) DNA by fusion PCR. The fused 5′UTR-E2 fragment and JFH1-E2-NS3 (nt2541 through 5324) were assembled by fusion PCR and cloned into pGEM-T EASY. The product was digested by EcoRI and AfeI and insert into pJFH1. Plasmids pJE39F, pJEC3F, pJcoreC3F and p2bcore JFH1 were constructed using a similar procedure. Plasmids pJEC3F and pJE39F were joined between NS2 and NS3, and within NS2 at nt. 2867, respectively. Plasmid pJcoreC3F was made by substitution of the core region of 2b/JFH1 with that of JFH1. The plasmid p2bcoreJFH1 was made by substitution of the core region of JFH1 with that of 2b/JFH1.

Cells and cell culture

Huh7.5.1 cells were maintained in Dulbecco's modified minimal essential medium (Sigma, St. Louis, MO) supplemented with 10% fetal calf serum at 37 °C under 5% CO_2.

HCV cell culture system

Full-length HCV expression plasmids were as follows: pJFH1-full (Wakita et al., 2005), pJE31F, pJE39F, pJEC3F, pJcoreC3F, p2bcoreJFH1, and pFL-H77/JFH1, pFL-J6/JFH1 (Lindenbach et al., 2005). These plasmids were linearized at their 3′ ends and used as templates for HCV RNA synthesis using the RiboMax Large Scale RNA Production System (Promega, Madison, WI). After DNase I (RQ-1, RNase-free DNase, Promega) treatment, the HCV RNA was purified using ISOGEN (Nippon Gene, Tokyo, Japan). For the RNA transfection, Huh7.5.1 cells were washed twice with PBS, and 5×10^6 cells were suspended in Opti-MEM I (Invitrogen Carlsbad, CA) containing 10 μg of HCV RNA, transferred into a 4 mm electroporation cuvette and finally subjected to an electric pulse (1,050 μF and 270 V) using the Easy Jet system (EquiBio, Middlesex, UK). After electroporation, the cell suspension was left for 5 min at room temperature and then incubated under normal culture conditions in a cell culture dish.

Quantification of HCV core antigen in culture supernatants

Culture supernatants of HCV RNA transfected Huh7.5.1 cells were collected on the days indicated, passed through a 0.45 μm filter (MILLEX-HA, Millipore, Bedford, MA) and stored at -80 °C. The concentrations of core antigen in the culture supernatants were measured using a chemiluminescence enzyme immunoassay (CLEIA) according to the manufacturer's protocol (Lumipulse Ortho HCV Antigen, Ortho-Clinical Diagnostics, Tokyo, Japan).

Re-infection analyses

Titer-adjusted supernatants (including 0.03 fmol HCV core antigen) from HCV RNA-transfected cells were inoculated onto naïve Huh7.5.1 cells plated on a 6 cm plate at a density of 3×10^5 cells per plate. Forty-eight hours after inoculation, anti-core immunostaining was carried out with mouse anti-HCV core protein monoclonal antibody and the numbers of infected cells were counted. HCV core antigen in culture supernatants was measured at 24 hours, 48 hours, 72 hours and 144 hours after inoculation.

Real-time RT-PCR analysis

For the detection of HCV RNA in culture supernatant, supernatant was passed through a 0.45 μm filter (MILLEX-HA, Millipore, Bedford, MA) and stored at -80 °C until use. Protocol and primers for the realtime RT-PCR analysis of HCV-RNA has been described previously (Sekine-Osajima et al., 2008). For the detection of endogenous mRNAs, total cellular RNA was isolated using ISOGEN (Nippon Gene). Two micrograms of total cellular RNA were used to generate cDNA from each sample using SuperScript II. Expression of mRNA was quantified using the TaqMan Universal PCR Master Mix and the ABI 7500 Real-Time PCR System (Applied Biosystems, Foster City CA). Some primers have been described (Sekine-Osajima et al., 2008). SOCS3; forward, 5′-CAC ATG GCA CAA GCA CAA GAA G-3′ and reverse,

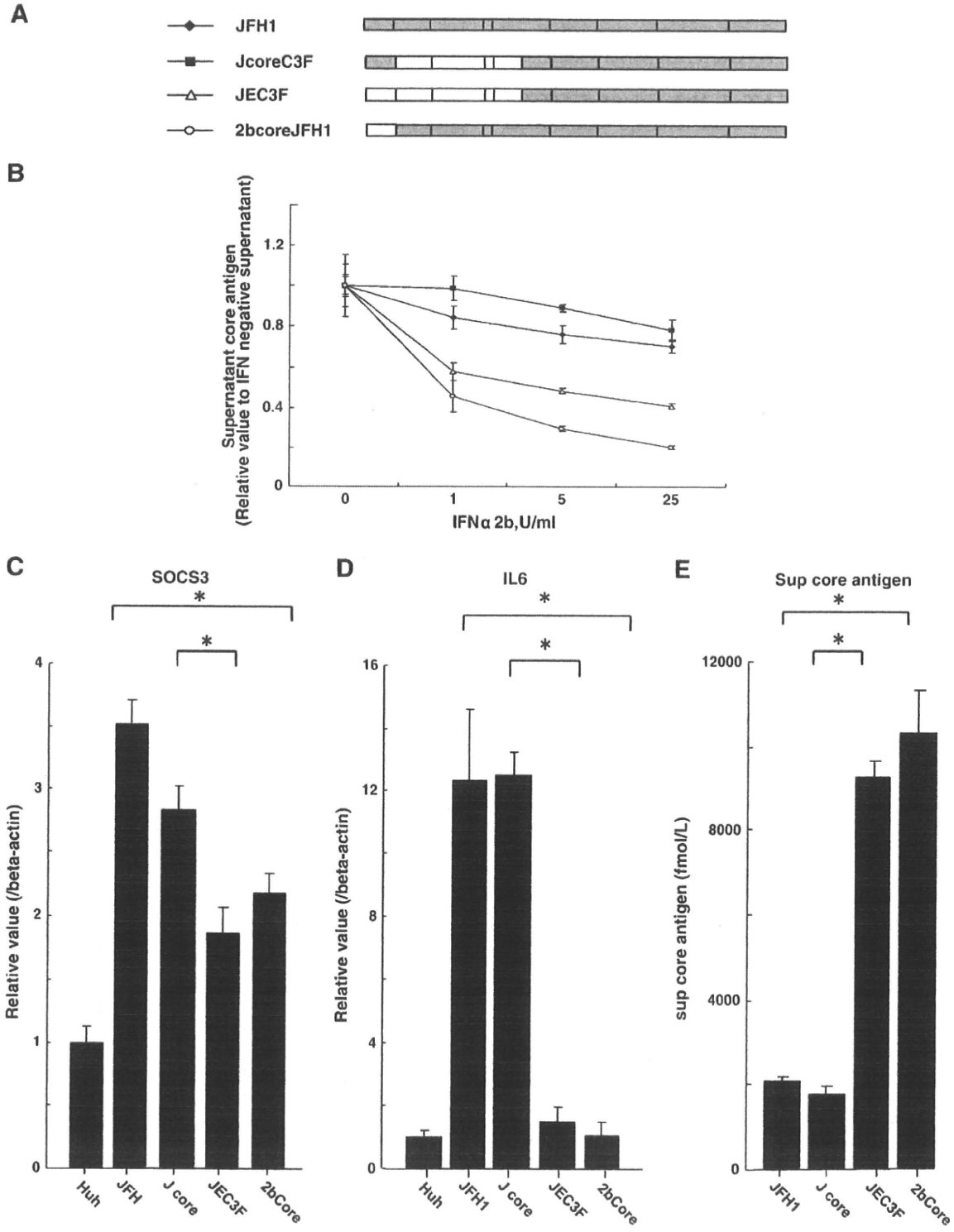


Fig. 7. Replacement of the HCV-2b-core region with JFH1-core causes upregulation of SOCS3 and IL-6 and restores resistance to IFN. A. Genome maps of JFH-1, JEC3F , J core C3F, 2b core JFH1 recombinant cDNA. J core C3 F was made by substitution of the core region of 2b/JFH1 with that of JFH1. The 2b core JFH was made by substitution of the core region of JFH1 with that of 2b/JFH1. B. Comparison of IFN-alpha sensitivity among JFH1 and JEC3F and core region substitution chimeric viruses. Ten μg of J core C3F, 2b core JFH1, JEC3F, JFH1 RNA were transfected into 5×10^6 Huh7.5.1 cells and were divided into 12 wells. Forty eight hours after transfection, the cells were treated with 0, 1, 5 and 25 U/ml of IFN-alpha 2b. Seventy two hours after treatment, quantification of HCV core antigen was carried out in culture fluids. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05. C, D. Core substitution leads to SOCS3 and IL-6 mRNA over-expression. Forty eight hours after transfection into cells, total RNA was isolated. Relative gene expression level SOCS3 (panel C) and IL6 (panel D) were determined by real time PCR. Values are shown as relative to those of uninfected Huh 751 cells. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05. E. Change of secretion of core protein following core protein substitution. HCV RNA-transfected cells were divided into 12 wells. Five days after transfection, quantification of HCV core antigen was carried out in culture fluids. Assays were done in triplicate and the data are shown as mean ± sd. Asterisks indicate p-values of less than 0.05.