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Outcome and Early Viral Dynamics with Viral Mutation in PEG-IFN/RBV Therapy for Chronic Hepatitis in Patients with High Viral Loads of Serum HCV RNA Genotype 1b

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Key Words

Chronic hepatitis · Early viral dynamics · IFN/RBV resistance-determining region · HCV RNA genotype 1b · High viral load · PEG-IFN/RBV combination therapy · Virological response, prediction

Abstract

We investigated whether sustained virological response (SVR) and non-SVR by chronic hepatitis C patients to pegylated interferon plus ribavirin (PEG-IFN/RBV) combination therapy are distinguishable by viral factors such as the IFN/RBV resistance-determining region (IRRDR) and by on-treatment factors through new indices such as the rebound index (RI). The first RI (RI-1st; the viral load at week 1 divided by the viral load at 24 h) and the second RI (RI-2nd; the viral load at week 2 divided by the viral load at 24 h) were calculated. The subject patients were divided into 3 groups based on RI-1st and RI-2nd: an RI-A group (RI-1st ≤ 1.0), an RI-B group (RI-1st > 1.0 and RI-2nd < 0.7) and an RI-C group (RI-1st > 1.0 and RI-2nd ≥ 0.7). The SVR rate was 71.4% (10/14) in the RI-A group,

46.2% (6/13) in the RI-B group and 20.0% (3/15) in the RI-C group ($p = 0.005$ between the RI-A group and the RI-C group). In IRRDR ≥ 6 and IRRDR ≤ 5 the SVR rate was 81.3% (13/16) and 23.1% (6/26) ($p = 0.0002$), respectively. By combining RI and IRRDR as a predicting factor, the SVR rate was 87.5% (7/8) in the RI-A group (≥ 6 mutations in the IRRDR) and 7.7% (1/13) in the RI-C group (≤ 5 IRRDR mutations) ($p = 0.0003$).

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Introduction

Recently, global consensus has obtained that a combination of IFN or pegylated IFN plus ribavirin (PEG-IFN/RBV) is the treatment of choice for chronic hepatitis C (CHC). Notwithstanding this treatment regimen, sustained virological response (SVR) rates of those infected with the most resistant genotypes [hepatitis C virus (HCV)-1a and -1b] still hover at $\sim 50\%$ [1, 2]. It is therefore worthwhile to identify the predictive factors that allow the selection of patients who would achieve eradication

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of HCV RNA either before or during therapy, especially since IFN/RBV combination therapy is costly and has several side effects [3].

Predictors of the effectiveness of IFN-based therapy can be classified into pretreatment and on-treatment factors. Pretreatment factors comprise: (1) host factors such as age, gender, obesity, alcohol consumption, hepatic iron overload, fibrosis, immune responses and co-infection with other viruses, and (2) viral factors that mainly include viral genotypes and loads, particular amino acid sequence variations in the NS5A region [4, 5] and in the core protein region of HCV [6] within a given genotype. Moreover, the mean number of mutations in variable region 3 (V3) plus its upstream flanking region of NS5A [amino acid 2334–2379, referred to as IFN/RBV resistance-determining region (IRRDR)] is significantly higher in HCV isolates obtained from patients who later achieve SVR by PEG-IFN/RBV than in those from non-SVR patients. On-treatment factors are mainly related to viral kinetics within the first few weeks of treatment [7].

In the current study, with the aim of investigating whether SVR and non-SVR can be distinguished by viral factors such as IRRDR and by on-treatment factors through new indices such as the rebound index (RI), we calculated the first RI (RI-1st; the viral load at week 1 divided by the viral load at 24 h) and the second RI (RI-2nd; the viral load at week 2 divided by the viral load at 24 h), as proposed by Nomura et al. [8].

Patients and Methods

The 42 patients included in this study, who all demonstrated high viral loads (>100 KIU/ml) of serum HCV RNA of genotype 1b, had been diagnosed with CHC on the basis of abnormal serum alanine aminotransferase persisting for at least 6 months, and of positive HCV RNA assessed by RT-PCR. None of the patients was positive for hepatitis B surface antigen or other liver diseases (autoimmune hepatitis, alcoholic liver disease). All the patients received a regimen of PEG-IFN α -2b (peginterferon alpha-2b; Peg-Intron; Schering-Plough, Kenilworth, N.J., USA) (1.5 μ g/kg/week, subcutaneously) in combination with RBV (ribavirin; Rebetol; Schering-Plough) 600–1,000 mg/day for 48 weeks. RBV was administered at a dose of 600 mg/day (3 capsules) to patients weighing <60 kg, 800 mg/day (4 capsules) to those weighing <80 kg and 1,000 mg/day (5 capsules) to those weighing \geq 80 kg.

The efficacy of the combination therapy was evaluated by HCV RNA negativity determined by qualitative RT-PCR analysis at the end of therapy (end of therapy response) and 6 months after the completion of therapy (SVR). The amount of HCV RNA was also measured quantitatively by RT-PCR (Amplicor HCV monitor v. 2.0; Roche) before therapy. The lower detection limit of the assay was 5 KIU/ml. Samples collected during and after therapy

were also determined by qualitative RT-PCR (Amplicor; Roche), which has a higher sensitivity than quantitative analysis, and the results were labeled as positive or negative. The lower limit of the assay was 50 IU/ml.

SVR was defined as undetectable serum HCV RNA at 24 weeks after the cessation of treatment, and non-SVR as detectable HCV RNA at 24 weeks after the discontinuation of treatment. Informed consent was obtained from all patients enrolled in the study after thoroughly explaining the aims, risks and benefits of the therapy.

The amount of HCV core antigen was assessed by the IRM assay (Ortho Clinical Diagnostics, Tokyo, Japan), which provides a good correlation between the amount of HCV core antigen and the amount of HCV RNA, as shown in our previous study [9]. The HCV core antigen was measured on days 0, 1 (24 h), 7 (1 week) and 14 (2 weeks) according to the detection limit of 20 fmol/l established by the manufacturer.

RI-1st was defined as the coefficient derived by dividing the viral load of HCV core antigen at week 1 by that at 24 h, and RI-2nd was defined as the coefficient derived by dividing the viral load at week 2 by that at 24 h [8].

The patients were divided into 3 groups based on RI-1st and RI-2nd: group A (RI-1st \leq 1.0), group B (RI-1st >1.0 and RI-2nd <0.7) and group C (RI-1st >1.0 and RI-2nd \geq 0.7).

NS5A sequence analysis (IRRDR) was performed as described [4]. Briefly, the sequences of the amplified fragments were determined by direct sequencing without subcloning with the use of a Big Dye Deoxy Terminator cycle sequencing kit and an ABI 337 DNA sequencer (Applied Biosystems, Japan). The aa sequences were deduced and aligned with Genetyx Win software v. 7.0 (Genetyx Corp., Tokyo, Japan). Numbering of aa throughout the manuscript is according to the polyprotein of HCV genotype 1b prototype HCV-J.

Statistical Analysis

Differences between the groups were assessed by the χ^2 test, Fisher's exact test or Student's *t* test, the Mann-Whitney test and the Kruskal-Wallis test. *p* < 0.05 was considered statistically significant.

Results

Of the 42 patients treated with combination therapy, 19 (45.2%) achieved SVR and 23 (54.8%) were still HCV RNA positive (non-SVR) 6 months after therapy. No significant differences were observed in patient characteristics between SVR and non-SVR, except in platelet counts and the degree of fibrosis (table 1), or among the RI-A, -B and -C groups (table 2).

The SVR rate was 71.4% (10/14), 46.2% (6/13) and 20.0% (3/15) in the RI-A, -B and -C groups, respectively, with a significant difference between the RI-A and -C groups (*p* = 0.005), but not significant between the RI-A and -B groups and the RI-B and -C groups (fig. 1). In the 14 patients of the RI-A group, HCV RNA turned negative

Table 1. Host-dependent, virus-related profile by response (SVR and non-SVR)

	SVR	Non-SVR	p value
Gender (M/F), n	11/8	13/10	NS
Age, years	56.7 ± 8.8	59.3 ± 10.5	NS
HCV RNA level, KIU/ml	1,685 ± 1,477	1,660 ± 1,363	NS
HCV core antigen, fmol/l	7,044 ± 6,763	9,343 ± 12,563	NS
Body weight, kg	59.9 ± 11.5	59.8 ± 13.6	NS
Treatment history (retreatment/naïve)	6/13	13/10	NS
Platelet count (× 10 ⁴ /mm ³)	18.7 ± 4.4	14.8 ± 5.4	0.02
F0, 1/F2, 3	12/2	5/10	0.004

Table 2. Host-dependent, virus-related profile by response (RI-A, -B and -C groups)

	RI-A	RI-B	RI-C	p value
Gender (M/F), n	7/7	9/4	8/7	NS
Age, years	60.0 ± 5.9	58.5 ± 9.4	56.1 ± 12.8	NS
HCV RNA level, KIU/ml	1,401 ± 1,014	2,053 ± 1,286	1,593 ± 1,772	NS
HCV core antigen, fmol/l	6,084 ± 5,106	7,674 ± 5,038	11,000 ± 15,837	NS
Body weight, kg	62.1 ± 16.6	59.5 ± 10.4	58.2 ± 10.1	NS
Treatment history (retreatment/naïve)	3/11	7/6	9/6	NS
Platelet count (× 10 ⁴ /mm ³)	15.3 ± 3.5	18.3 ± 5.9	16.3 ± 6.0	NS
F0, 1/F2, 3	7/3	5/4	5/5	NS

Table 3. SVR rate between IRRDR ≤5 and IRRDR ≥6 in RI-A, -B and -C groups

	RI-A		RI-B		RI-C	
	IRRDR ≤5	IRRDR ≥6	IRRDR ≤5	IRRDR ≥6	IRRDR ≤5	IRRDR ≥6
SVR	3	7	2	4	1	2
Non-SVR	3	1	5	2	12	0
SVR rate, %	50.0	87.5	28.6	66.7	7.7	100
p value	NS		NS		0.0024	
	0.0003					

by week 4 in 3 patients, week 8 in 5 patients, week 12 in 5 patients and was positive in 1 patient throughout the treatment. In the 13 patients of the RI-B group, HCV RNA was negative by week 4 in 1 patient, week 8 in 2 patients, week 12 in 4 patients, at and after week 16 in 5 patients and remained positive throughout the treatment in 1 patient. In the 15 patients of the RI-C group, HCV RNA was negative by week 12 in 1 patient, on and after week 16 in 6 patients and remained positive throughout the treatment in 8 patients (fig. 2).

The SVR rate was 81.3% (13/16) in the group with ≥6 mutations in IRRDR, and 23.1% (6/26) in those with ≤5 (fig. 3), with a significant difference between the 2 groups ($p = 0.0002$).

By combining RI and IRRDR, the SVR rate was 87.5% (7/8) in the RI-A group (IRRDR ≥6) and 7.7% (1/13) in the RI-C group (IRRDR ≤5) (table 3), with a significant difference between the 2 groups ($p = 0.0003$).

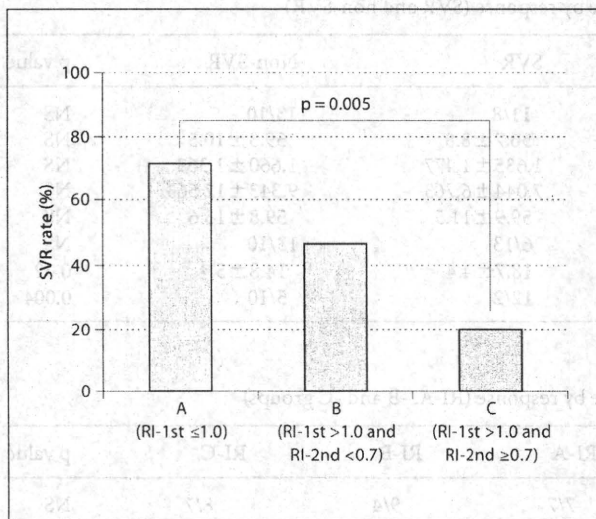


Fig. 1. SVR rate in RI-A, -B and -C groups. The overall SVR rate was 71.4, 46.2 and 20.0%, respectively. Significant difference in SVR rate is indicated.

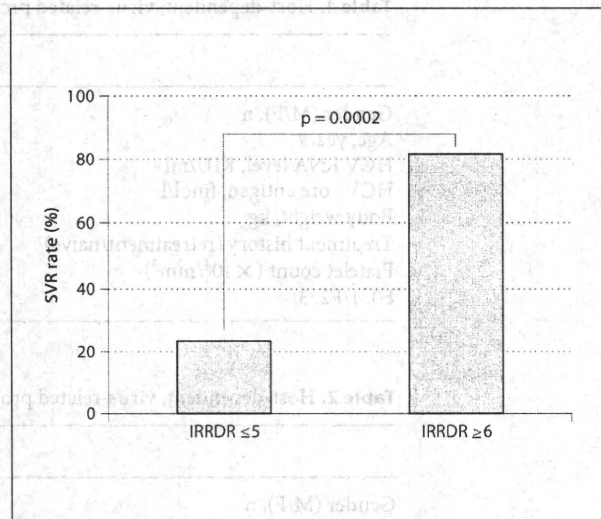


Fig. 3. SVR rate and IRRDR number. The SVR rate was 23.1% in IRRDR ≤5 and 81.3% in IRRDR ≥6, which was significantly different.

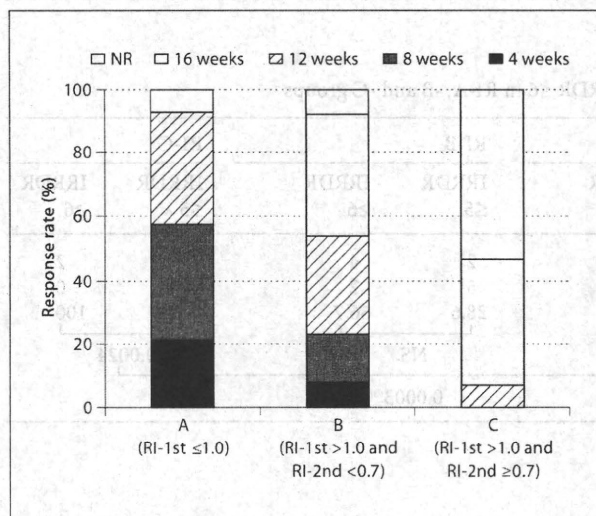


Fig. 2. Relation between response time and virus dynamics. In the 14 patients of the RI-A group, HCV RNA turned negative by week 4 in 3 patients, week 8 in 5 patients, week 12 in 5 patients and remained positive throughout the treatment in 1 patient. In the 13 patients of the RI-B group, HCV RNA was negative by week 4 in 1 patient, week 8 in 2 patients, week 12 in 4 patients, at and after week 16 in 5 patients and remained positive throughout the treatment in 1 patient. In the 15 patients of the RI-C group, HCV RNA was negative by week 12 in 1 patient, at and after week 16 in 6 patients and remained positive throughout the treatment in 8 patients.

Discussion

The importance of early virological response (EVR; signifying HCV RNA negative at 12 weeks) has been emphasized in predicting SVR and non-SVR in CHC patients undergoing IFN treatment; those not reaching EVR do not respond to further therapy. Discontinuation of treatment in patients not reaching EVR would reduce drug costs by more than 20%; consequently, early confirmation of viral reduction after initiating antiviral therapy for CHC is worth investigating [10].

Treatment with IFN induces a decline in HCV RNA levels that can be mathematically measured in 2 phases. The decline in the first phase, usually measured at 24 or 48 h, probably reflects direct inhibition of intracellular production and release of HCV [11], with IFN efficacy ranging from about 70% (approx. 0.7 log units) for standard IFN (given 3 times a week) to more than 90% (1 log unit) for high daily doses of standard IFN or PEG-IFN (given once a week) [12, 13]. The decline in the second phase, beginning after 24–48 h, is slower and more variable than that in the first phase, and is thought to reflect continued inhibition of replication and the gradual elimination of virus-infected cells [11]. The decay in the first phase has little correlation with the IFN dose, but is more rapid with PEG-IFN than with standard IFN preparations [10].

Lowering HCV RNA during the first phase is essential for efficient elimination of HCV during the second phase. Decreases in HCV RNA titers within the first 24–48 h after the start of IFN would, therefore, be a dependable estimate of antiviral efficacy [12, 13].

Early viral kinetics, determined up to week 2, are believed to express the therapeutic effect of PEG-IFN. The concentration of PEG-IFN α -2b in serum peaks after 24 h, then declines gradually [14, 15]. The viral load is thus reduced by 24 h but increases in week 1 [16, 17]; with a large dose of PEG-IFN at each administration, it decreases markedly at 24 h but then increases in week 1 regardless of the dose. In the responder group, however, the viral load continues to decline each week thereafter [17].

In this study, we used new indices proposed by Nomura et al. [8]: RI-1st and RI-2nd calculated from early viral kinetics. RI-1st was defined as the coefficient derived by dividing the viral load of HCV core antigen at week 1 by that at 24 h, and the RI-2nd was defined as the coefficient derived by dividing the viral load at week 2 by that at 24 h. In the SVR group, a number of patients demonstrated no increase in the viral load at week 1. Patients with a high RI-2nd were regarded as poor responders or non-responders to PEG-IFN. The RI-2nd of those other than non-responders was below 0.7; therefore, 0.7 was adopted as the reference value for RI-2nd, and the patients were divided into 3 groups based on RI-1st and RI-2nd: the RI-A group (RI-1st ≤ 1.0), the RI-B group (RI-1st > 1.0 and RI-2nd < 0.7) and the RI-C group (RI-1st > 1.0 and RI-2nd ≥ 0.7). The SVR rate of the RI-A, RI-B and RI-C groups was 71.4% (10/14), 46.2% (6/13) and 20% (2/10), respectively ($p = 0.005$ between the RI-A group and the RI-C group). RIs are also associated with the early clearance of HCV RNA that is related to SVR.

In the RI-A group 21.4% (3/14), 35.7% (5/14) and 35.7% (5/14) became HCV RNA negative by weeks 4, 8 and 12, respectively. In the RI-B group 7.7% (1/13), 15.4% (2/13), 30.8% (4/13) and 38.5% (5/13) became HCV RNA negative by weeks 4, 8, 12, and at and after week 16, respectively. In the RI-C group 6.7% (1/15) and 40.0% (6/15) became HCV RNA negative by week 12, and at and after week 16, respectively. It is believed that the simplified RI-1st and RI-2nd are evidential indices for determining the therapeutic efficacy of PEG-IFN/RBV treatment.

We have previously reported that the high degree of sequence variation in IRRDR (IRRDR ≥ 6) significantly correlates with SVR, whereas the low degree of sequence variation in this region (IRRDR ≤ 5) correlates with non-SVR [4]. A significant correlation between the rapid reduction of HCV core antigen titers and the degree of se-

quence variation in IRRDR has been observed. This, in particular, suggests a possible influence of IRRDR ≥ 6 on HCV replication kinetics during IFN-based therapy, especially that the direct effect of IFN begins a few hours after the first dose.

In this study, the SVR rate was 81.2% (13/16) with IRRDR ≥ 6 and 23.1% (6/26) with IRRDR ≤ 5 ($p = 0.0002$), strongly suggesting that IRRDR ≥ 6 would be a useful marker for the prediction of SVR.

By combining RI and IRRDR as a predicting factor, the SVR rate was 87.5% (7/8) in the RI-A group (RI-1st ≤ 1.0) with IRRDR ≥ 6 , signifying that about 90% of these patients turned SVR and were, thus, believed to be very good responders. An SVR rate of 7.7% (1/13) was obtained in the RI-C group with IRRDR ≤ 5 ($p = 0.0003$).

In conclusion, we propose that IRRDR combined with RIs is the most sensitive predictive factor for SVR and non-SVR. With the aid of RIs and IRRDR, a more effective PEG-IFN/RBV treatment could be within reach. A more detailed investigation with a larger number of subjects is needed to confirm the current results in patients given PEG-IFN/RBV combination therapy.

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Disclosure Statement

No conflict of interest exists.

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No conflict of interest exists.

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Chaperonin TRiC/CCT participates in replication of hepatitis C virus genome via interaction with the viral NS5B protein

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ABSTRACT

To identify the host factors implicated in the regulation of hepatitis C virus (HCV) genome replication, we performed comparative proteome analyses of HCV replication complex (RC)-rich membrane fractions prepared from cells harboring genome-length bicistronic HCV RNA at the exponential and stationary growth phases. We found that the eukaryotic chaperonin T-complex polypeptide 1 (TCP1)-ring complex/chaperonin-containing TCP1 (TRiC/CCT) plays a role in the replication possibly through an interaction between subunit CCT5 and the viral RNA polymerase NS5B. siRNA-mediated knockdown of CCT5 suppressed RNA replication and production of the infectious virus. Gain-of-function activity was shown following co-transfection with whole eight TRiC/CCT subunits. HCV RNA synthesis was inhibited by an anti-CCT5 antibody in a cell-free assay. These suggest that recruitment of the chaperonin by the viral nonstructural proteins to the RC, which potentially facilitate folding of the RC component(s) into the mature active form, may be important for efficient replication of the HCV genome.

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Introduction

Hepatitis C virus (HCV) is a major cause of chronic liver diseases, such as chronic hepatitis, hepatic steatosis, cirrhosis, and hepatocellular carcinoma (Hoofnagle, 2002; Manns et al., 2006; Saito et al., 1990; Seeff and Hoofnagle, 2003). HCV is an enveloped positive-strand RNA virus belonging to the *Hepacivirus* genus of the Flaviviridae family. Its genome of ~9.6 kb encodes a polyprotein precursor of ~3000 amino acids (aa) (Suzuki et al., 2007; Taguwa et al., 2008). The precursor polyprotein is post- or cotranslationally processed by both viral and host proteases into at least ten viral products. The nonstructural (NS) proteins NS3–NS5B are necessary and sufficient for autonomous HCV RNA replication. They form a membrane-associated replication complex (RC), in which NS5B is the RNA-dependent RNA polymerase (RdRp) that is responsible for copying the RNA genome of the virus during replication. The HCV RC has been detected in detergent-resistant membrane (DRM)

structures, possibly in a lipid-raft structure (Aizaki et al., 2004; Shi et al., 2003). Cell-free RC replication activity has also been demonstrated in crude membrane fractions of HCV subgenomic replicon cells (Aizaki et al., 2004; Ali et al., 2002; Hara et al., 2009; Hardy et al., 2003; Yang et al., 2004); these cell-free systems provide semi-intact RdRp assays for biochemical dissection of viral replication.

In general, any process that occurs during viral replication is dependent on the host cell machinery and requires close interaction between viral and cellular proteins. Although evidence that host cell factors interact with HCV NS proteins and are involved in viral replication is accumulating (Moriishi and Matsuura, 2007), the cellular components of HCV RC and their functional roles in viral replication are not fully understood.

Recently, using comparative proteome analysis, we identified 27 cellular proteins that were highly enriched in the DRM fraction of HCV replicon cells relative to parental cells. Subsequent analyses demonstrated that one of the identified proteins, creatine kinase B, a key ATP-generating enzyme, is important for efficient replication of the HCV genome and for production of the infectious virus (Hara et al., 2009).

In this study, to extend our investigation and to increase our understanding of the precise components of HCV RC and the

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mechanisms of viral genome replication, we designed another comparative proteomic approach in which cells harboring genome-length bicistronic HCV RNA at the exponential growth phase (showing rapid replication of viral RNA) were compared with cells at the confluent-growth phase (showing poor replication of viral RNA). This strategy revealed that the chaperonin T-complex polypeptide (TCP1)-ring complex/chaperonin-containing TCP1 (TRiC/CCT) participates in HCV RNA replication and virion production possibly through an interaction between CCT5 (chaperonin-containing TCP1, subunit 5) and NS5B.

Results

CCT5 and Hsc70 are enriched in the DRM fraction containing the HCV RC

Recently, we analyzed the protein content of DRM fractions prepared from HCV subgenomic replicons and parental Huh-7 cells and identified 27 cellular proteins that were enriched in the DRM fraction prepared from the replicon cells (Hara et al., 2009). These were identified as factors that may be involved in the HCV RC and in viral replication. In fact, subsequent silencing of several genes coding for these proteins resulted in the inhibition of HCV RNA replication (Hara et al., 2009). However, it is likely that proteins unrelated to HCV replication are also included in the identified groups because long-term culture of the replicon cells under the selective pressure of G418 selects for a subpopulation of the parental cells and may induce changes in their protein expression profiles. Thus, to minimize interline differences in culture background, we further designed a comparative proteome analysis using a single cell line as follows.

HCV replication efficiency is dependent on the conditions of host cell growth. High cell density of the replicon culture has a reversible inhibitory effect on viral replication (Nelson and Tang, 2006; Pietschmann et al., 2001). Fig. 1A demonstrates that a high level of HCV RNA was detected in cells harboring the genome-length bicistronic HCV RNA, Con1 strain of genotype 1b (RCYM1) in the growth phase, whereas the RNA level declined sharply when the cells reached the stationary phase. We further compared the synthesis of HCV RNA in cell-free reaction mixtures containing the viral RC isolated from the RCYM1 cells at various cell densities (Fig. 1B). Replication activity was highest at the mid-log phase of cell growth (day 4 after seeding). By contrast, little or no RNA synthesis was observed under the confluent-growth cell culture (day 8), confirming the critical role of host cell growth conditions in the replication of the HCV genome.

Thus, to identify the host cell proteins required for HCV replication, we designed a two-dimensional fluorescence difference gel electro-

phoresis (2D-DIGE)-based comparative proteomics analysis of RC-rich DRM fractions prepared from RCYM1 cells at the mid-log and confluent-growth phases. Protein spots that reproducibly showed a greater than 1.5-fold difference in the mid-log growth- and the confluent phases were excised and digested by trypsin or lysylendopeptidase. Matrix-assisted laser desorption ionization-time-of-flight (MALDI-TOF) mass spectrometry (MS), which allows identification of the corresponding proteins in 9 cases (Table 1). Two increased spots that showed an increase in levels (their stereoscopic images are shown in Fig. 2A) were identified as CCT5 and Hsc70. CCT5, an epsilon subunit of chaperonin TRiC/CCT, is a 900-kDa toroid-shaped complex consisting of eight different subunits (Valpuesta et al., 2002; Yaffe et al., 1992). Hsc70, a member of the HSP70 family, is a 71-kDa heat shock cognate protein (Dworniczak and Mirault, 1987). Independent of the proteome analyses, DRM fractions and whole cell lysates were prepared from RCYM1 cells at two different growth phases (as above) and were analyzed by immunoblotting (Fig. 2B). Steady-state levels of CCT5 and Hsc70 were obviously higher in the DRM fraction prepared from the cells that were at the mid-log growth phase compared with those at the confluent phase. However, in the whole cell analyses, they were shown to be present at comparable levels during the two different growth phases. These results suggest that expression of CCT5 and Hsc70 is not enhanced in proliferating cells and that the enrichment of these proteins in the DRM fraction is possibly due to their post-translational modification. It should be noted that in the previous proteome analysis, CCT5 and other TRiC/CCT subunits, such as CCT1 and CCT2, were identified as proteins that were enriched in the DRM fraction prepared from subgenomic replicon-containing cells compared with that prepared from parental cells (Hara et al., 2009). We showed that CCT5 and CCT1 were enriched in the DRM fractions of cells transfected with the HCV genomic RNA derived from JFH-1 isolate as well as of subgenomic replicon cells (Fig. 2C).

TRiC/CCT participates in replication of the HCV genome

We investigated gain- and loss-of-functions of TRiC/CCT and Hsc70 with respect to the replication of HCV RNA. Seventy-two hours after RCYM1 cells were transfected with eight plasmids corresponding to each of the TRiC/CCT subunits, the level of HCV RNA in the cells (determined by quantitative RT-PCR) significantly increased to 2-fold that observed in the control cells. However, exogenous expression of Hsc70 in the RCYM1 cells showed no effect on the viral RNA (Fig. 3A). siRNAs targeted to CCT5 or Hsc70 and consisting of pools of three target-specific siRNAs or control nonspecific siRNAs were transfected

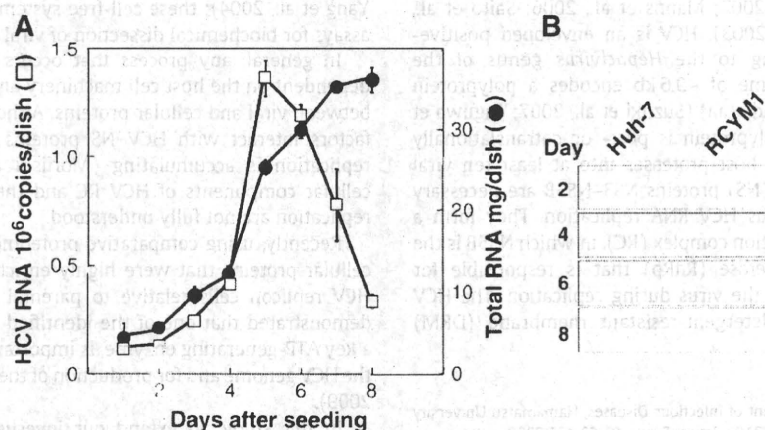


Fig. 1. Effect of cell growth on HCV RNA replication. (A) Measurement of HCV RNA (open squares) and total cellular RNA (closed circles) in RCYM1 cells at the time of harvest (days after seeding). (B) DRM fractions obtained from RCYM1 and parental Huh-7 cells harvested as indicated (day) were analyzed by cell-free RNA replication assay. RNA extracted from each sample was analyzed by agarose gel electrophoresis and autoradiography.

Table 1

Selected cellular proteins that reproducibly increased and decreased in membrane fraction of RCYM1 cells at exponential growth phase.

Av. ratio	T-test	Coverage (%)	Protein name	Molecular function	GI
<i>Increased proteins</i>					
1.58	0.017	31	CCT5	Protein folding	33879913
1.54	0.005	35	HSPA8 (Hsc70)	Protein folding	24657660
<i>Decreased proteins</i>					
-1.95	0.028	44	Creatine kinase isozyme CK-B gene, exon 8	Energy pathway/metabolism	180568
-1.53	0.011	16	Chain C, Human Sirt2 Histone deacetylase	Cell cycle control	15826438
-2.14	0.001	33	Proteasome regulatory particle subunit p44S10	Metabolism	15341748
-1.71	0.004	21	Aldehyde dehydrogenase	Metabolism	178388
-1.85	0.004	40	Aminoacylase 1	Metabolism	12804328
-2.77	0.003	15	Eukaryotic translation initiation factor 3, subunit 3 gamma	Metabolism (translation regulator activity)	6685512
-2.43	0.014	20	Intraflagellar transport protein 74 homolog (Coiled-coil domain-containing protein 2)	Cell growth and/or maintenance	10439078

Three paired samples of RC-rich membrane fractions at the exponential- and confluent-growth phases of RCYM1 cultures were analyzed. The proteins representing a more than 1.5-fold increase or decrease (–) reproducibly and significantly are indicated.

Coverage (%): the ratio of the portion of protein sequence covered by matched peptides to the whole sequence.

GI: GenInfo identifier number.

into RCYM1 cells. After 72 h, the HCV RNA level was reduced by 42% and 27% in the cells transfected with siRNAs against CCT5 and Hsc70, respectively, compared with controls (Fig. 3B). TRiC/CCT possibly interacts with Hsc70, and its complex formation contributes to increasing the efficiency of protein folding (Cuéllar et al., 2008). Our results suggest the involvement of TRiC/CCT and Hsc70 in the HCV

life cycle. In particular, TRiC/CCT may play an important role in the replication of the viral genome.

To verify the specificity of the knockdown of CCT5 siRNA, we further synthesized two siRNAs targeted to different regions used in the above CCT5 siRNA and assessed their knockdown effect on HCV genome replication (Fig. 3C, upper panel). As expected, transfection of

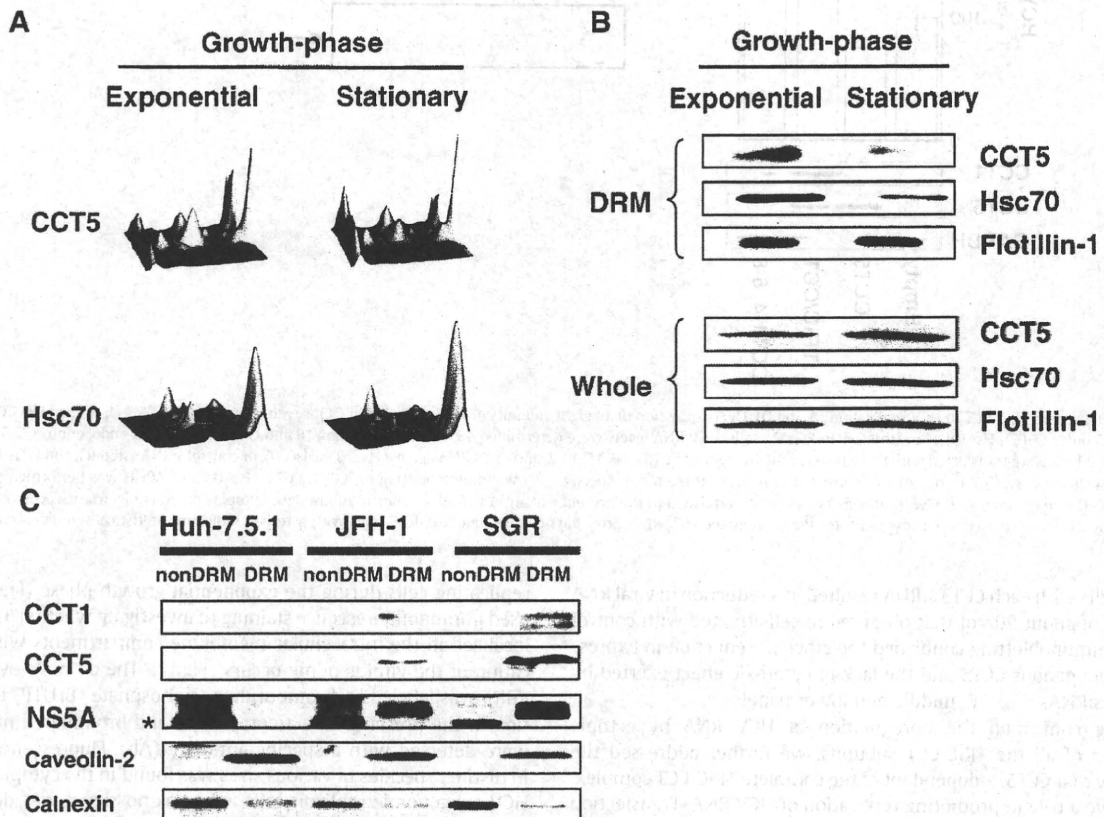


Fig. 2. Comparison of protein levels in DRM fractions prepared from RCYM1 cells at the exponential and stationary growth phases. (A) Three-dimensional images of CCT5 and Hsc70 analyzed by Ettan DIGE (GE Healthcare). Spots corresponding to CCT5/Hsc70 at exponential and stationary growth phases of the cells, respectively, are shown in green and red. (B) Equal amounts of protein in the DRM fractions prepared from RCYM1 cells at the exponential and stationary growth phases or corresponding whole cell lysates were analyzed by immunoblotting with Abs against CCT5, Hsc70 or flotillin-1. (C) Enrichment of CCT1 and CCT5 in the DRM fractions of HCV RNA replicating cells. Equal amounts of DRM or non-DRM fractions from full-length JFH-1 RNA transfected cells (JFH-1), subgenomic replicon cells (SGR) and parental Huh-7.5.1 cells were analyzed by immunoblotting with antibodies against CCT1, CCT5, NS5A, caveolin-2 or calnexin. *Non-specific bands.

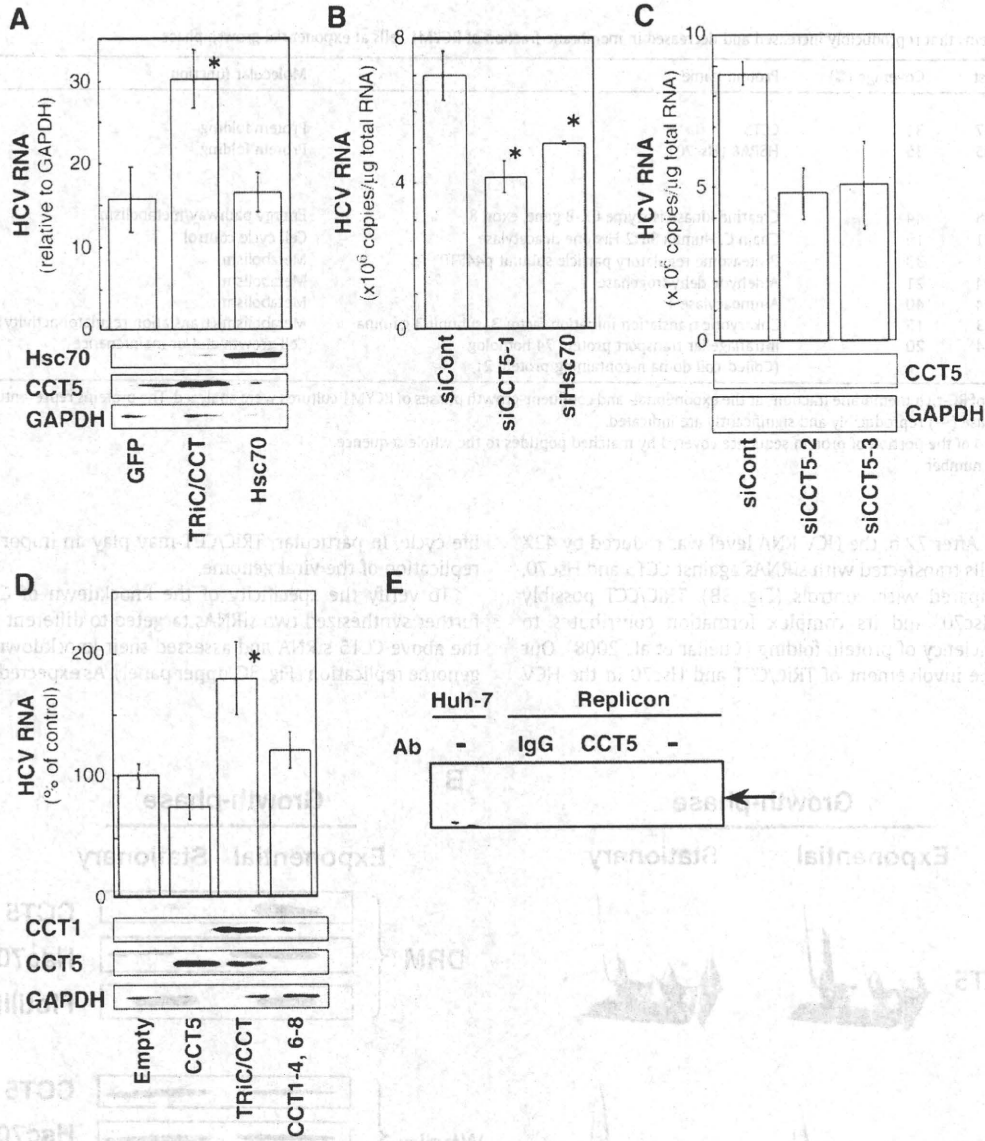


Fig. 3. Involvement of TRiC/CCT in HCV replication (A and D). Overexpression of all eight subunits of TRiC/CCT (TRiC/CCT); seven subunits, CCT1, 2, 3, 4, 6, 7, and 8 (CCT1–4, 6–8); subunit CCT5 only (CCT5); Hsc70; or control GFP in RCYM1 cells. HCV RNA levels were determined 48 h post-transfection (B and C). Knockdown of endogenous CCT5 or Hsc70 in RCYM1 cells, which were transfected with three types of siRNAs against CCT5 (siCCT5-1, -2, and -3), siRNA against Hsc70 (siHsc70), or control siRNA (siCont), and were harvested at 72 h post-transfection. siCCT5-1 and siHsc70 consisted of pools of three target-specific siRNAs. Immunoblotting for CCT1, CCT5, Hsc70 and GAPDH was performed (A, C and D; lower). (E) Cell-free de novo viral RNA synthesis assays were performed in the presence of anti-CCT5 Ab or control mouse IgG. Cytoplasmic fractions from SGR-N (replicon) and parental Huh-7 cells were used. An arrow indicates the synthesized HCV RNA. Error bars denote standard deviations with asterisks indicating statistical significance (*P<0.01).

RCYM1 cells with each CCT5 siRNA resulted in a reduction in viral RNA to a level of about 50% of that observed in cells treated with control siRNAs. Immunoblotting confirmed the efficient reduction in expression of endogenous CCT5 and the lack of cytotoxic effect exerted by the CCT5 siRNAs (Fig. 3C, middle and lower panels).

Having confirmed the upregulation of HCV RNA by ectopic expression of all the TRiC/CCT subunits, we further addressed the possibility that CCT5, independent of the complete TRiC/CCT complex, might have a role in promoting replication of HCV RNA. Transfection with either a CCT5 expression plasmid alone or with seven plasmids expressing all the TRiC/CCT subunits except CCT5 resulted in no or only a slight increase in the level of HCV RNA, indicating that all CCT subunits are required for HCV replication (Fig. 3D).

TRiC/CCT is generally known as a cytosolic chaperone (Valpuesta et al., 2002). However, it is enriched in the DRM fraction of HCV-

replicating cells during the exponential growth phase (Fig. 2B). We used immunofluorescence staining to investigate whether TRiC/CCT is localized in the intracellular membrane compartments where replication of the viral genome occurs (Fig. 4). The de novo-synthesized RdRp was labeled by bromouridine triphosphate (BrUTP) incorporation in the presence of actinomycin D, and brominated nucleotides were detected with a specific antibody (Ab). Fluorescence staining in distinct speckles of various sizes was found in the cytoplasm of the HCV subgenomic replicon cells, whereas no signal was detected in the control cells, indicating that the observed BrUTP-incorporating RNA is mostly viral, newly synthesized viral RNA (Fig. 4A). Double immunofluorescence staining showed that a certain section of CCT5 co-distributed with the BrUTP-labeled RNA (Fig. 4A), which is known to co-exist with HCV NS proteins in viral replicating cells (Shi et al., 2003). We further observed that CCT5 was at least partially colocalized

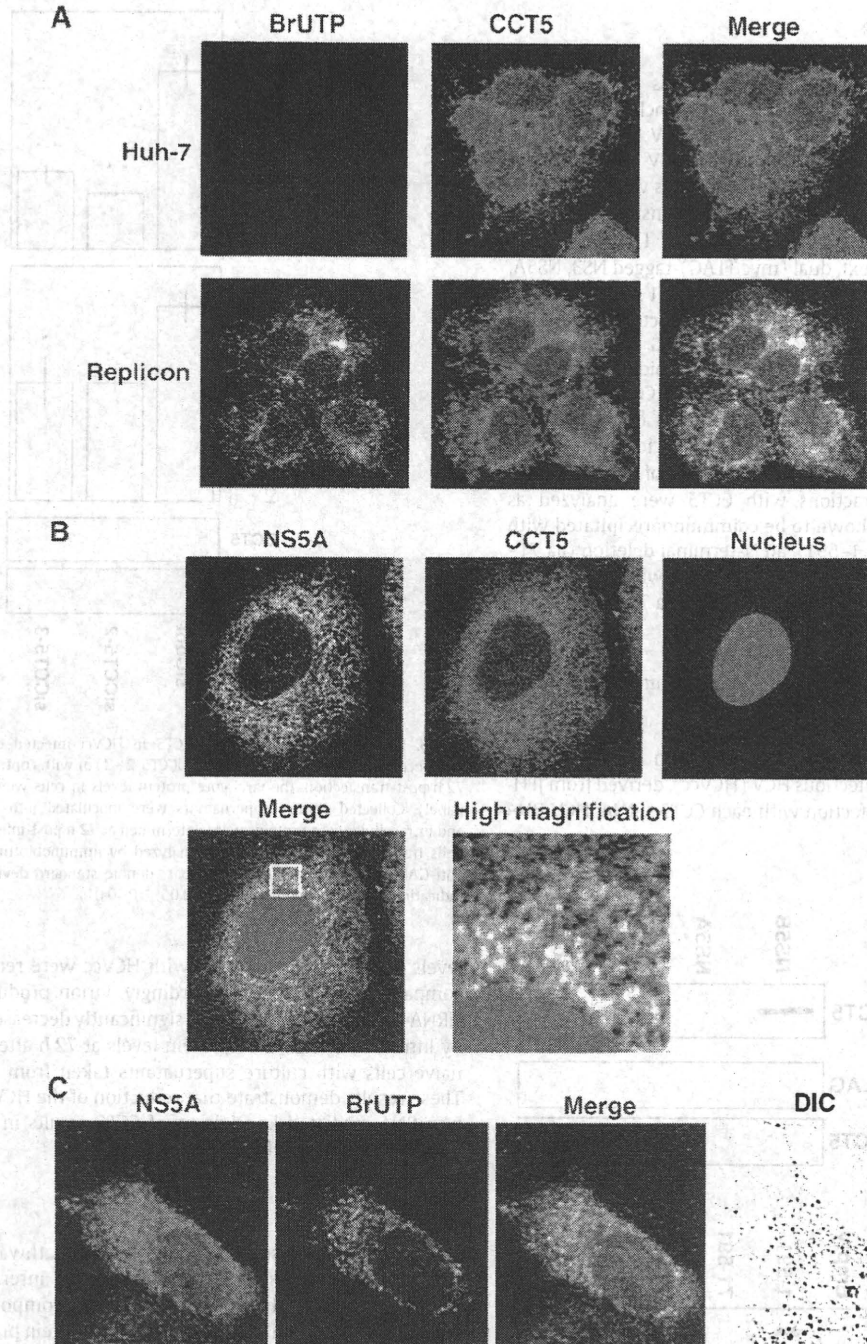


Fig. 4. Immunofluorescence analysis of CCT5 in SGR-N and Huh-7 cells (A) and HCVcc-infected cells (B). The primary Abs used were anti-CCT5 goat polyclonal Ab (red), anti-BrUTP monoclonal Ab (green), and anti-NS5A monoclonal Ab (green). Merged images of red and green signals (A) or of red, green and blue (nucleus) signals (B) are shown. The high magnification panel is an enlarged image of a white square of the merge panel. (C) Colocalization of NS5A protein with the viral RNA. The replicon cells were permeabilized with lysolecithin and labeled with BrUTP, followed by staining with anti-NS5A rabbit polyclonal Ab (red) and the anti-BrUTP monoclonal Ab (green). DIC, differential interference contrast.

with the viral NS protein in certain compartments sharing a dot-like structure in Huh-7 cells infected with HCV JFH-1 infectious HCV (HCVcc) derived from HCV genotype 2a (Fig. 4B) as well as in the replicon cells (data not shown). Fig. 4C indicated co-localization of BrUTP-labeled RNA with NS5A.

To further address the role of TRiC/CCT in HCV genome replication, we performed immunodepletion and *in vitro* replication analyses, which have been used for studying the genome replication of several

viruses (Daikoku et al., 2006; Garcin et al., 1993; Liu et al., 2009). Cell extracts prepared from the HCV-replicating cells were reacted with either a mouse monoclonal Ab against CCT5 or mouse IgG derived from preimmune serum, followed by cell-free synthesis of HCV RNA. Fig. 3E shows that treatment with anti-CCT5 Ab inhibited viral RNA synthesis, whereas the control IgG did not affect the process, suggesting that TRiC/CCT participates directly in HCV RNA replication.

CCT5 interacts with HCV NS5B

The genome replication machinery of HCV is a membrane-associated complex composed of multiple factors including viral NS proteins. Given the involvement of TRiC/CCT in HCV RNA synthesis, we next examined its possible interaction with HCV NS proteins. A first attempt to immunoprecipitate the viral proteins with antibodies against TRiC/CCT subunits in the replicon cells was unsuccessful (data not shown), suggesting that endogenous levels of TRiC/CCT is not sufficient to pull out NS5B. Next, dual (myc/FLAG)-tagged NS3, NS5A, or NS5B proteins derived from the genotype 1b NIHJ1 strain were co-expressed with CCT5 in Huh-7 cells and then subjected to two-step immunoprecipitation with anti-myc and anti-FLAG Abs (Ichimura et al., 2005; Shirakura et al., 2007). An empty plasmid was used as a negative control in the analyses. As shown in Fig. 5A, CCT5 specifically interacted with NS5B. Little or no interaction was found between CCT5 and NS3 or NS5A. To determine the NS5B region required for the interaction with CCT5, various deletion mutants of HA-NS5B were constructed and their interactions with CCT5 were analyzed as described above. CCT5 was shown to be coimmunoprecipitated with either a full-length NS5B (aa 1–591), an N-terminal deletion (aa 71–591) or a C-terminal deletion (aa 1–570), but not with deletions aa 215–591 or aa 320–591 (Fig. 5B), suggesting that aa 71–214 of NS5B are important for its interaction with CCT5.

Knockdown of CCT5 results in the reduction of propagation of infectious HCV

We further examined whether the knockdown of CCT5 would abrogate the production of infectious HCV (HCVcc), derived from JFH-1 (Fig. 6). At 72 h post-transfection with each CCT5 siRNA, HCV RNA

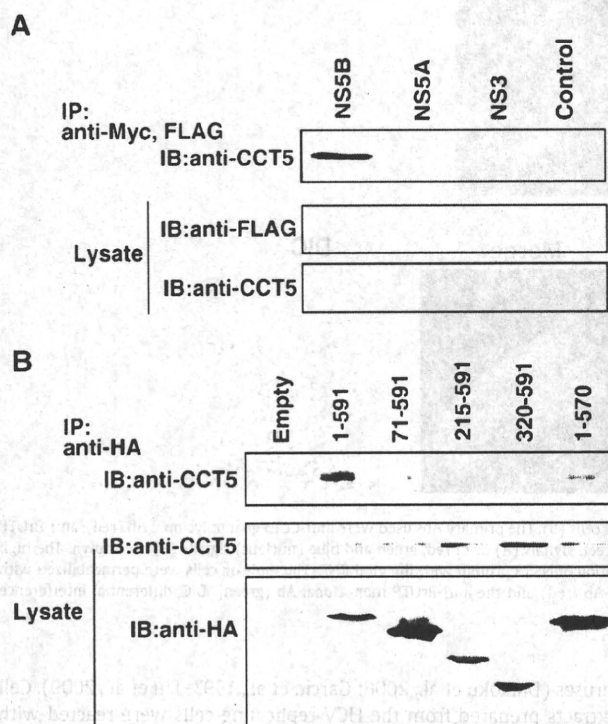


Fig. 5. CCT5 interacts with HCV NS5B. (A) CCT5 was co-expressed with MEF-tagged NS5B, NS5A, or NS3 protein of strain NIHJ1 in cells, followed by two-step immunoprecipitation (IP) with anti-FLAG and anti-myc Abs. Immunoprecipitates were subjected to immunoblotting with anti-CCT5 Ab (IB). (B) Full-length NS5B (1–591) or its deletions (71–591, 215–591, 320–591, 1–570) along with a HA tag were co-expressed with CCT5. IP and IB were performed as described above.

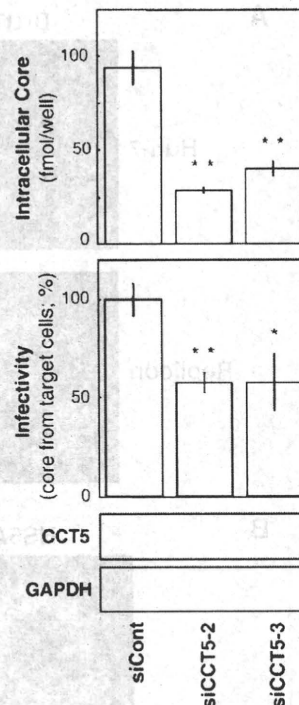


Fig. 6. Knockdown of endogenous CCT5 in HCVcc-infected cells. The cells were transfected with siRNAs against CCT5 (siCCT5-2, -3) or with control siRNAs (siCont). At 72 h post-transfection, the viral core protein levels in cells were determined (upper panel). Collected culture supernatants were inoculated into naïve Huh7.5.1 cells and intracellular core proteins were determined at 72 h post-infection (middle panel). Cells transfected with siRNAs were analyzed by immunoblotting with anti-CCT5 or anti-GAPDH Ab (lower panel). Error bars denote standard deviations with asterisks indicating statistical significance (* $P < 0.05$; ** $P < 0.01$).

levels in Huh-7 cells infected with HCVcc were reduced by 25–35% compared with controls. Accordingly, virion production from CCT5 siRNA-transfected cultures was significantly decreased, as determined by intracellular HCV core protein levels at 72 h after the infection of naïve cells with culture supernatants taken from transfected cells. These results demonstrate that reduction of the HCV RNA replication by siRNA-mediated knockdown of CCT5 results in reduction of the propagation of the infectious virus.

Discussion

The chaperone-assisted protein-folding pathway is a process in living cells that results from coordinated interactions between multiple proteins that often form multi-component complexes. Several steps in the viral life cycle, such as protein processing, genome replication, and viral assembly, are regulated by cellular chaperones. Hsp90, one of the most abundant proteins in unstressed cells, has been implicated in HCV RNA replication (Nakagawa et al., 2007; Okamoto et al., 2006, 2008; Taguwa et al., 2008, 2009; Ujino et al., 2009). FKBP8, a member of the FKBP506-binding protein family, and hB-ind1, human butyrate-induced transcript 1, play key roles through their interaction with HCV NS5A and Hsp90 (Okamoto et al., 2006, 2008; Taguwa et al., 2008, 2009). Hsp90 has also been implicated in viral enzymatic activities including those of the influenza virus (Momose et al., 2002; Naito et al., 2007), herpes simplex virus (Burch and Weller, 2005), Flock house virus (Kampmueller and Miller, 2005), and hepatitis B virus (Hu et al., 2004).

In our former study, comparative proteome analyses of the viral RC-rich DRM fractions prepared from subgenomic replicon cells and Huh-7 cells were carried out to identify host factors involved

in HCV replication (Hara et al., 2009). We extended the proteomics by modifying our protocol of the analysis to reduce the interline differences in culture background and analyzed the DRM samples derived from the mid-log and confluent-growth phases of single cell line. Here, we identified two proteins, CCT5 and Hsc70, showing an increase in levels at the mid-log growth phase. Although CCT5 was also identified in the former study as expected, Hsc70 was not included in the list of proteins identified in the study (Hara et al., 2009). This difference may be due to the use of cells carrying the full-length replicon RNA in this study.

In this study, we demonstrated that TRiC/CCT participates in HCV RNA replication and virion production possibly through its interaction with NS5B. TRiC/CCT is a group II chaperonin that assists in protein folding in eukaryotic cells and forms a double-ring-like hexadecamer complex. Although relatively little is known about its function compared with that of the group I chaperonins such as bacterial GroEL, several mammalian proteins whose folding is mediated by TRiC/CCT have been identified, such as actin, tubulin, and von Hippel-Lindau tumor suppressor protein (Farr et al., 1997; Feldman et al., 2003; Frydman and Hartl, 1996; Meyer et al., 2003; Tian et al., 1995). With regard to viral proteins, the Epstein-Barr virus nuclear antigen, HBV capsid protein, and p4 of M-PMV have been identified as TRiC/CCT-interacting proteins (Yam et al., 2008). However, the functional significance of their interactions in the viral life cycles has yet to be determined. Here we demonstrated that the reduction in CCT5 expression in HCV replicon cells and in virus-infected cells inhibits HCV RNA replication (Figs. 3B and C) and virus production (Fig. 6) respectively. Gain-of-function was also shown by co-transfection of the replicon cells with eight constructs corresponding to all the TRiC/CCT subunits (Figs. 3A and D).

A recent study of the three-dimensional structure of the TRiC/CCT and Hsc70 complex has demonstrated that the apical domain of the CCT2 (CCT-beta) subunit is involved in the interaction with Hsc70 (Cuéllar et al., 2008). The complex formation created by the TRiC/CCT and Hsc70 interaction may promote higher efficiency in the folding of certain proteins (Cuéllar et al., 2008). In our comparative proteome analyses, both CCT subunits and Hsc70 were enriched in the HCV RC-rich membrane fraction of the replicon cells that showed high viral replication activity (Fig. 2B). Transfection of Hsc70 siRNA into the replicon cells moderately inhibited viral RNA replication (Fig. 3B). However, upregulation of HCV replication was not observed by ectopic expression of Hsc70 (Fig. 3A), and little or no interaction was observed between Hsc70 and HCV NS proteins in the co-immunoprecipitation analysis (data not shown). Thus, it is likely that TRiC/CCT acts as a regulator of HCV replication through participating in the *de novo* folding of NS5B RdRp, and Hsc70 might serve to assist in folding through its interaction with TRiC/CCT. It was recently reported that Hsc70 is associated with HCV particles and modulates the viral infectivity (Parent et al., 2009). Here we showed an additional role of Hsc70 in the HCV life cycle.

HCV genomic single-stranded RNA serves as a template for the synthesis of the full-length minus strand that is used for the overproduction of the virus-specific genomic RNA. NS5B RdRp is a single subunit catalytic component of the viral replication machinery responsible for both of these processes. It is known that the *in vitro* RdRp activity of recombinant NS5B expressed in and purified from insect cells and *Escherichia coli* is low in many cases. This could be due to the lack of a suitable cellular environment for favorable RdRp activity, although the particular conformational features dependent on the viral isolates may also be involved (Lohmann et al., 1997; Weng et al., 2009). In fact, besides interacting with HCV NS proteins, NS5B has been reported to interact with several host cell proteins. For example, human vesicle-associated membrane protein-associated protein subtype A (VAP-A) and subtype B (VAP-B), which are involved in the regulation of membrane trafficking, lipid transport and metabolism, and the unfolded protein response, interact with NS5B and NS5A and

participate in HCV replication (Hamamoto et al., 2005). Recently, VAP-C, a splicing variant of VAP-B, was found to act as a negative regulator of viral replication through its interaction with NS5B but not with VAP-A (Kukihara et al., 2009). Cyclophilin A and B, peptidyl-prolyl isomerases that facilitate protein folding by catalyzing the *cis-trans* interconversion of peptide bonds at proline residues, play a role in stimulating HCV RNA synthesis through interaction with NS5B (Liu et al., 2009; Watashi et al., 2005). SNARE-like protein (Tu et al., 1999), eIF4AII (Kyono et al., 2002), protein kinase C-related kinase 2 (Kim et al., 2004), nucleolin (Kim et al., 2004; Hirano et al., 2003; Shimakami et al., 2006), and p68 (Goh et al., 2004) are also known to associate with NS5B and are possibly involved in HCV RNA replication.

We found that the aa 71–214 region in NS5B is important for interaction with TRiC/CCT. The catalytic domain of HCV RdRp has a "right-hand" configuration similar to other viral polymerases, such as HIV-1 reverse transcriptase (Huang et al., 1998) and poliovirus RdRp (Hansen et al., 1997), and is divided into the fingers, palm, and thumb functional subdomains (Lohmann et al., 2000). The region required for the interaction with TRiC/CCT has been mapped in a part of the fingers and palm domains of NS5B RdRp. To address how TRiC/CCT assists in the correct folding or disaggregation of NS5B through their interaction, leading to the formation of a functional RdRp, work based on an *in vitro* reconstitution system using purified proteins is under way. As all the TRiC/CCT subunits possess essentially identical ATPase domains, their protein-recognition regions are apparently divergent, allowing for substrate-binding specificity. It has recently been reported that TRiC/CCT interacts with the PB2 subunit of the influenza virus RNA polymerase complex and TRiC/CCT binding site is located in the central region of PB2, suggesting involvement of TRiC/CCT in the influenza virus life cycle (Fislová et al., 2010). Eukaryotic RNA polymerase subunit has also been identified as a binding partner of TRiC/CCT from interactome analysis (Yam et al., 2008). It would be interesting to examine how conserved the mechanisms of TRiC/CCT action that result in enhanced replication are among RNA polymerases.

The recruitment of a chaperonin by viral NS proteins may be important for understanding regulation of the viral genome replication. In this study, we demonstrated the involvement of TRiC/CCT in HCV RNA replication possibly through its interaction between TRiC/CCT and HCV NS5B. Although possible interaction of subunit CCT5 with NS5B was shown, considering involvement of whole TRiC/CCT complex in its chaperonin function, whether CCT5 directly interacts with NS5B is unclear. Further detailed studies are needed to make clear the manner of TRiC/CCT-NS5B interaction. NS5B RdRp is one of the main targets for HCV drug discovery. The search for NS5B inhibitors has resulted in the identification of several binding sites on NS5B, such as the domain adjacent to the active site and the allosteric GTP site (De Francesco and Migliaccio, 2005; Laporte et al., 2008). The findings obtained here suggest that disturbing the interaction between NS5B and TRiC/CCT may be a novel approach for an antiviral chemotherapeutic strategy.

Materials and methods

Cell culture, transfection, and infection

Human hepatoma Huh-7 and Huh-7.5.1 cells (kindly provided by Francis V. Chisari from The Scripps Research Institute) and human embryonic kidney 293T cells were maintained in Dulbecco's modified Eagle's medium (DMEM) supplemented with 10% fetal calf serum. Huh-7-derived SGR-N (Shi et al., 2003) and RCYM1 (Murakami et al., 2006) cells, which possess subgenomic replicon RNA from the HCV-N strain (Guo et al., 2001; Ikeda et al., 2002) and genome-length HCV RNA from the Con 1 strain (Pietschmann et al., 2002), were cultured in the above medium in the presence of 1 mg/ml G418. Cells were transfected with plasmid DNAs using FuGENE transfection reagents

(Roche Diagnostics, Tokyo, Japan). Culture media from Huh-7 cells transfected with in vitro-transcribed RNA corresponding to the full-length HCV RNA derived from the JFH-1 strain (Wakita et al., 2005) were collected, concentrated, and used for the infection assay (Aizaki et al., 2008).

Ab

Primary Abs used in this study were mouse monoclonal Abs against FLAG (Sigma-Aldrich, St. Louis, MO), c-myc (Sigma-Aldrich), CCT5 (Abnova Corporation, Taipei City, Taiwan), flotillin-1 (BD Biosciences, San Jose, CA), glyceraldehyde-3-phosphate dehydrogenase (GAPDH) (Chemicon, Temecula, CA), BrdU (Caltag, CA) and HCV NS5A (Austral Biologicals, San Ramon, CA), a rabbit polyclonal Ab against hemagglutinin (HA; Sigma-Aldrich), a sheep polyclonal Ab against bromodeoxyuridine (Biodesign International, Saco, ME), and goat polyclonal Abs against the individual subunits of CCT (Santa Cruz Biotechnology, Santa Cruz, CA) and Hsc70 (Santa Cruz Biotechnology). Anti Hsc70 and CCT5 monoclonal rat Abs were obtained from Abcam (Tokyo, Japan) and AbD serotec (Oxford, UK). Rabbit polyclonal antibody to NS5A was described previously (Hamamoto et al., 2005). Anti NS5B monoclonal Ab was kindly provided by D. Moradpour (Centre Hospitalier Universitaire Vaudois, University of Lausanne; Moradpour et al., 2002).

Plasmids

To generate expression plasmids for the NS proteins with dual epitope tags, DNA fragments encoding the NS3, NS5A, or NS5B proteins were amplified from HCV strain NIHJ1 (Aizaki et al., 1998) by PCR and cloned into the EcoRI–EcoRV sites of pcDNA3-MEF, which includes the MEF tag cassette containing the myc tag, TEV protease cleavage site, and FLAG tag sequences (Ichimura et al., 2005; Shirakura et al., 2007). To create a series of NS5B truncation mutants, each fragment was amplified by PCR and cloned into the EcoRI–XhoI site of pCMV-HA (Clontech, Mountain View, CA). To generate expression plasmids for the individual CCT subunits, cDNA fragments encoding human CCT1 through CCT8 were amplified from the total cellular RNA by RT-PCR and then cloned into the SmaI site of pCAGGS (Niwa et al., 1991). All PCR products were confirmed by nucleotide sequencing.

Proteome analysis

RC-rich membrane fractions from the cells were isolated as described previously (Aizaki et al., 2004). Briefly, cells were lysed in hypotonic buffer. After removing the nuclei, the supernatants were mixed with 70% sucrose, overlaid with 55% and 10% sucrose, and centrifuged at 38,000 rpm for 14 h. Proteins from the membrane fractions were then analyzed by 2D-DIGE as described previously (Hara et al., 2009). Briefly, protein samples were resolved in protein solubilization buffer (Bio-Rad Laboratories, Tokyo, Japan) and washed with pH adjustment buffer (7 M urea, 2 M thiourea, 4% CHAPS, 30 mM Tris–HCl [pH 10.0]), before being labeled with fluorescent dyes; the dyes used were Cy3 for RCYM1 cells samples taken at the exponential growth phase, Cy5 for cells samples taken at the confluent phase, and Cy2 for a protein standard containing equal amounts of both cell samples. Aliquots of the labeled samples were pooled and applied to Immobilized DryStrip (GE Healthcare, Tokyo, Japan) for first-dimension separation and to 12.5% polyacrylamide gels for second-dimension separation. Images of the 2-D gels were captured on a Typhoon scanner (GE Healthcare), and analyzed quantitatively using DeCyder v5.0 software (GE Healthcare). Samples were analyzed in triplicate as independent cultures and the Student's *t*-test was applied using the DeCyder biological variation analysis

module to validate the significance of the differences in spot intensity detected between the samples.

In vitro RNA replication assay

In vitro replication of HCV RNA was performed as described previously (Hamamoto et al., 2005). Briefly, cytoplasmic fractions of subgenomic replicon cells were treated with 1% NP-40 at 4 °C for 1 h, followed by being incubated with 1 mM of ATP, GTP, and UTP; 10 μM CTP; [³²P]CTP (1 MBq; 15 TBq/mmol); 10 μg/ml actinomycin D; and 800 U/ml RNase inhibitor (Promega, Madison, WI) for 4 h at 30 °C. RNA was extracted from the total mixture by using TRI Reagent (Molecular Research Center, Cincinnati, OH). The RNA was precipitated, eluted in 10 μl of RNase-free water, and analyzed by 1% formaldehyde-agarose gel electrophoresis. For the immunodepletion assay, the cytoplasmic fractions were incubated with anti-CCT5 Ab in the presence of NP-40 for 4 h before NTP incorporation.

MALDI-TOF MS analysis

Target spots were cut and collected from gels under UV luminescence and rechecked with Typhoon scanner. The spot gels of the target proteins were subjected to in-gel trypsin digestion and analyzed by MALDI-TOF MS meter (Voyager-DE STR, Applied Biosystems, Tokyo, Japan) as described previously (Yanagida et al., 2000). All proteins were identified by peptide mass fingerprinting.

Immunoblot analysis and immunoprecipitation

Immunoblot analysis was performed essentially as described previously (Aizaki et al., 2004). The membrane was visualized with SuperSignal West Pico chemiluminescent substrate (Pierce, Rockford, IL). For immunoprecipitation, cells transfected with plasmids expressing epitope-tagged HCV protein or CCT5 were lysed and then subjected to two-step precipitations with anti-myc and anti-FLAG Abs according to the procedures described previously (Ichimura et al., 2005). In some experiments, HA-tagged full-length NS5B (aa 1–591) or its deletion mutants (aa 71–591, 215–591, 320–591, 1–570) were co-expressed with CCT5 in cells, followed by single-step immunoprecipitation and immunoblotting.

Immunofluorescence staining

Cell permeabilization with lyssolecithin and detection of de novo-synthesized viral RNA was performed as described previously (Shi et al., 2003). Briefly, Huh-7 cells were plated on 8-well chamber slides at a density of 5×10^4 cells per well. Cells were incubated with actinomycin D (5 μg/μl) for 1 h and were washed twice with serum-free medium, before being incubated for 10 min on ice. The cells were then incubated in a transcription buffer containing 0.5 mM BrUTP for 30 min. The cells were fixed in 4% formaldehyde for 20 min and then incubated for 15 min in 0.1% Triton X-100 in phosphate-buffered saline (PBS). Primary Abs were diluted in 5% bovine serum albumin in PBS and were incubated with the cells for 1 h. After washing with PBS, fluorescein-conjugated secondary Abs (Jackson ImmunoResearch Laboratories, West Grove, PA) were added to the cells at a 1:200 dilution for 1 h. The slides were then washed with PBS and mounted in ProLong Antifade (Molecular Probes, Eugene, OR). Confocal microscopy was performed on a Zeiss Confocal Laser Scanning Microscope LSM 510 (Carl Zeiss Microimaging, Thornwood, NY).

RNA interference

Small interfering RNAs (siRNAs) targeted to CCT5 or Hsc70 and scrambled negative control siRNAs were purchased from Sigma-Aldrich Japan (Tokyo, Japan). Cells were plated on a 24-well plate with

antibiotic-free DMEM overnight, and each plate was transfected with 10 nM siRNAs by X-tremeGENE (Roche Diagnostics) according to the manufacturer's protocol. Forty-eight hours post-transfection, the total RNA and protein extracts were prepared and subjected to real-time RT-PCR and immunoblot analyses, respectively.

Quantitation of HCV RNA and core protein

Total RNA was extracted from cells using TRIzol reagent (Invitrogen, Carlsbad, CA) according to the manufacturer's instructions. Real-time RT-PCR was performed using TaqMan EZ RT-PCR Core Reagents (PE Applied Biosystems, Foster City, CA) as described previously (Aizaki et al., 2004; Murakami et al., 2006). HCV core protein levels in the cells and in the supernatant were quantified using an HCV core enzyme-linked immunosorbent assay (Ortho-Clinical Diagnostics, Tokyo, Japan).

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Identification of hepatitis C virus genotype 2a replicon variants with reduced susceptibility to ribavirin

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Ribavirin (RBV), a nucleoside analogue, is used in the treatment of hepatitis C virus (HCV) infection in combination with interferons. However, potential mechanisms of RBV resistance during HCV replication remain poorly understood. Serial passage of cells harboring HCV genotype 2a replicon in the presence of RBV resulted in the reduced susceptibility of the replicon to RBV. Transfection of fresh cells with RNA from RBV-resistant replicon cells demonstrated that the RBV resistance observed is largely replicon-derived. Four major amino acid substitutions: T1134S in NS3, P1969S in NS4B, V2405A in NS5A, and Y2471H in NS5B region, were identified. Site-directed mutagenesis of these mutations into the replicon indicated that Y2471H plays a role in the reduced susceptibility to RBV and leads to decrease in replication fitness. The results, in addition to analysis of sequence database, suggest that HCV variants with reduced susceptibility to RBV identified are preferential to genotype 2a.

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1. Introduction

Hepatitis C virus (HCV) is a leading cause of chronic liver diseases, such as chronic hepatitis, cirrhosis and hepatocellular carcinoma, affecting approximately 170 million people worldwide (WHO, 2000). HCV belongs to the genus Hepacivirus of the family Flaviviridae, and its genome is a single-stranded, positive-sense RNA of 9.6 kb. HCV displays marked genetic heterogeneity and is currently classified into 6 major genotypes and more than 50 subtypes. HCV genotypes have regional distribution and, of those, genotypes 1 and 2 are detected worldwide (Simmonds et al., 2000). Current standard therapy for chronic hepatitis C consists of the combination of pegylated interferon alpha (IFN- α) in combination with ribavirin (RBV). However, approximately 50% of treated patients infected with genotype 1 do not respond or show only a partial or transient response and treatment is limited by the adverse effects of both agents (Manns et al., 2001; Fried et al., 2002).

HCV replication is associated with a high rate of mutation that gives rise to a mixed and changing population of mutants, known as quasispecies (Martell et al., 1992; Domingo, 1996). The characteristic of HCV may have important implications concerning viral persistence, pathogenicity and resistance to antiviral agents

(Domingo, 1996; Forns et al., 1999; Farci and Purcell, 2000). Most previous studies on the possible relationship between HCV quasispecies and response to chemotherapy have been carried out in HCV genotype 1 patients. In addition, several studies have successfully demonstrated that the HCV subgenomic replicon is derived from genotype 1, which typically contains HCV nonstructural genes placed downstream of the neomycin phosphotransferase gene, in selecting variants resistant to antiviral inhibitors. Two studies have demonstrated the identification of HCV genotype 1 mutants responsible for decreased sensitivity to RBV (Young et al., 2003; Pfeiffer and Kirkegaard, 2005). However, little is known about the generation of genotype 2 isolates resistant to antivirals including RBV, or the molecular mechanisms that confer resistance.

In this study, we report the generation and characterization of HCV genotype 2a replicon variants with reduced susceptibility to RBV. The impacts of major amino acid substitutions observed on RBV susceptibility and viral replication capacity were also examined.

2. Materials and methods

2.1. Compounds

RBV and IFN- α were purchased from MP Biomedicals (Eschwege, Germany) and Daiinippon Sumitomo Pharma (Osaka, Japan), respectively.

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Table 1
Primers used for PCR and nucleotide sequencing.

Region	Primer name	Nucleotide sequence	Position ^a	Polarity
NS3–4A–4B region	PCR primers			
	JF1S	GAAAAACAGCATGATACCATG	1756–1776	Sense
	JF1AS	AACCCAGTCCCACACGTC	4650–4633	Antisense
	Sequencing primers			
	JF5S	CACITTCAGTGACAACAGCA	2322–2341	Sense
	JF6S	CGCCACCGACGCCCTCATGA	3003–3022	Sense
NS5A–NS5B region	PCR primers			
	JF2S	TGCTCCGGATCCTGGCTC	4612–4629	Sense
	JF2AS	TACCTAGTGTGTGCCGCTCTA	7786–7806	Antisense
	Sequencing primers			
	JF3S	TGAGGTCCATGCTAACAGA	5209–5228	Sense
	JF4S	TCGAGGGGAGCCTGGAGAT	5870–5889	Sense
	JF3AS	GAGTGCTAACTGTTCCAG	7220–7200	Antisense

^a Reference strain: Gene Bank accession no. AB114136.

2.2. Cell culture

The human hepatoma cell line Huh-7 was maintained in Dulbecco's modified Eagle's medium (DMEM) supplemented with MEM non-essential amino acids (Invitrogen) 100 units/ml penicillin, 100 g/ml streptomycin, and 10% fetal bovine serum (FBS) at 37 °C in a 5% CO₂ incubator. HCV replicon cells JFH-1/4-1 (Miyamoto et al., 2006), which are Huh-7-derived cells carrying a subgenomic replicon of JFH-1 (Kato et al., 2003) were maintained in the Huh-7 medium as above, supplemented with 1 mg/ml G418 (Nacalai Tesque, Kyoto, Japan).

2.3. Quantification of HCV RNA

Total RNA was isolated from harvested cells using Trizol (Invitrogen). Copy numbers of the viral RNA were determined by real-time RT-PCR involving single-tube reactions and performed using TaqMan EZ RT-PCR Core Reagents (PE Applied Biosystems, Foster City, CA, USA), as described previously (Aizaki et al., 2003; Takeuchi et al., 1999).

2.4. Cell viability assay

Cells were seeded at density of 5 × 10⁴ cells/well in 24-well plates and RBV at various concentrations was added on the next day. Cultures were further incubated for 3 days at 37 °C under a humidified 5% CO₂ atmosphere. Cytotoxicity assay was performed by Cell Titer-GLO™ Luminescent Cell Viability Assay (Promega, Madison, WI, USA) according to the manufacturer's instructions. Luciferase activities were quantified with LUMAT LB 9501 (Berthold Technologies, Bad Wilbad, Germany).

2.5. Isolation and nucleotide sequencing of HCV nonstructural regions from replicon-containing cells

Total cellular RNA was isolated from replicon cells with or without RBV treatment as described above. cDNA synthesis was carried out by using Super Script™ III First-Strand Synthesis System for RT-PCR (Invitrogen) with primer JF1AS for NS3/4B region and JF2AS for NS5A region. Two cDNA fragments, corresponding to NS3–NS4B and NS5A–NS5B regions, were amplified by PCR using Takara EX Taq DNA polymerase (Takara BIO, Kyoto, Japan) and specific primers (Table 1; Date et al., 2004). PCR products were subcloned into pGEM-T vector (Promega) and inserts were sequenced using QIA prep^R Spin Mini Prep kit (QIAGEN, Tokyo, Japan). Nucleotide sequences were analyzed with the 3100 Avanti Genetic Analyzer (PE Applied Biosystems).

2.6. Plasmid constructions

pSGR-JFH1/Luc, a subgenomic replicon construct with luciferase reporter derived from HCV genotype 2a JFH-1 isolate was reported previously (Miyamoto et al., 2006). Mutant replicons carrying T1134S, P1969S, V2405A, and Y2471H were created by PCR-based site-directed mutagenesis and cDNA fragments containing the above mutations were inserted into the corresponding sites of pSGR-JFH/Luc. All plasmids were confirmed by sequencing the entire PCR-generated inserts. Each mutant is referred to by the original amino acid (one letter code) followed by the residue positions within the complete open reading frame of full-length JFH-1 and the substituted amino acid (one letter code).

2.7. RNA synthesis and transient replication assay

The transient replication assay method was described previously (Kato et al., 2005). Briefly, purified plasmids of pSGR-JFH1/Luc, -JFH1/Luc-T1134S, -JFH/Luc-P1969S, -JFH/Luc-V2405A and -JFH/Luc-Y2471H were linearized with XbaI and were treated with proteinase K and SDS, followed by phenol–chloroform extraction. RNA was synthesized with Ampliscribe™ T7 Transcription Kits (Epicentre BIO Technologies, Madison, WI, USA). Each transcribed RNA (5 g) was electroporated into 2.5 × 10⁶ of Huh7 cells pulsed at 290 mV, 975 μFD with Gene pulser II apparatus (Bio-Rad Laboratories, Hercules, CA, USA). Transfected cells were resuspended in growth medium without selection antibiotics and were plated in 24-well plates at 6 × 10⁴ cells per well. Cells were harvested at different time points post-transfection and were lysed in Passive Lysis Buffer (Promega). Luciferase activity in cells was determined using the Luciferase Assay System (Promega).

3. Results

3.1. Selection of replicon variants derived from genotype 2a with reduced susceptibility to RBV

It has been reported that RBV inhibits HCV RNA replication in Huh-7 cells bearing the viral subgenomic replicon RNAs with the EC₅₀ (50% effective concentration) values of 15–225 nM (Zhou et al., 2003; Tanaka et al., 2004; Kato et al., 2005; aus dem Siepen et al., 2007). To select for RBV-associated replicon variants, cells bearing a genotype 2a HCV replicon were serially passed in the presence of 200 nM RBV as well as 1 mg/ml G418. After 20-week treatment, variant cells were then tested for RBV resistance. HCV RNA levels were determined after a 72-h incubation with various concentrations of RBV in the absence of G418, and about 5-fold-reduced susceptibility to RBV was observed in the variant replicon

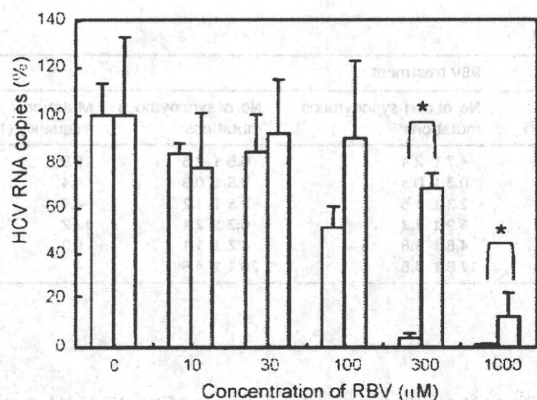


Fig. 1. Inhibitory effect of RBV on HCV RNA levels in genotype 2a replicon cells after long-term treatments with RBV. The replicon cells were serially passaged in 0 or 200 μM RBV for 20 weeks. The cells were then split and incubated with fresh RBV at various concentrations in the absence of G418 for 3 days, followed by the determination of HCV RNA. Clear bars, passage in the absence of RBV; gray bars, passage in the presence of RBV. HCV RNA copies per microgram of total RNA were normalized as percentages of those of untreated (RBV 0 μM). Each data point is presented as the mean of three independent determinations with standard deviation. * $p < 0.05$.

cells; the EC_{50} values for the variant and wild-type replicon cells were 470 and 102 μM , respectively (Fig. 1). Comparable cytotoxic effects of RBV were observed against wild-type and variant replicon cells, with the CC_{50} (50% cytotoxicity concentration) values of 151 and 156 μM , respectively (data not shown).

3.2. Mapping RBV resistance to cell line or replicon RNA

To test whether reduced susceptibility to RBV in the variant cells observed as above was due to the appearance of mutations within the viral RNA or was cell-derived, total RNAs from the variant and wild-type replicon cells were extracted and used for retransfection of naïve Huh7 cells. Retransfected cells resistant to G418 were established after 4 weeks of cultures in the presence of 1 mg/ml G418 and were assessed for HCV RNA replication sensitivity to RBV (Fig. 2A). HCV RNA levels in the cells obtained from the wild-type replicon were inhibited by 56, 89 and 97% with 100, 300 and 1000 μM RBV, respectively. By contrast, the culture retransfected with RNA derived from the variant replicon cells exhibited inhibition levels of 13, 29 and 89% with the corresponding concen-

trations of RBV. EC_{50} values were calculated to be 93 and 449 μM , respectively. We confirmed the presence of replicon mutations, as described below, in the cells retransfected with RNA derived from the variant replicon cells.

In order to explore the possibility for cell-derived resistance, both wild-type and variant replicon cells were cured of viral RNAs by IFN- α treatment; cells were passaged with media containing 100 IU/mL IFN- α in the absence of G418 for 2 months. To compare RBV sensitivity, cured cells were transiently transfected with the wild-type JFH-1 subgenomic replicon RNA and were treated with various concentrations of RBV for 72 h. Similar anti-HCV effects of RBV were observed in the cured cells derived from wild-type and variant replicons, with the EC_{50} values of 147 and 118 μM , respectively (Fig. 2B). Thus, the results suggest that the RBV resistance observed may arise by mutations in the replicon rather than by changes in the cells.

3.3. HCV mutations in replicon variant with reduced susceptibility to RBV

It has been reported that mutations in RNA virus genomes responsible for RBV resistance are mostly present in the coding region for the viral RNA-dependent RNA polymerase (RdRp). On the other hand, it is known that RBV works as an RNA mutagen to generate rapidly mutating viral RNA and that NS5B RdRp and other nonstructural proteins in HCV are involved in the viral replication complex, playing key roles in genome replication. Therefore, we sequenced the coding regions for NS3 through NS5B proteins of the replicon molecules in order to determine whether mutations associated with RBV resistance were generated. As shown in Table 2, there were numerically more synonymous and non-synonymous mutations in the RBV-resistant variant replicon cells (RBV treatment) when compared with untreated replicative conditions (No-treatment) across most regions examined. Mutation frequencies of NS3, NS4B and NS5A regions of RBV treatment were significantly higher than those of No-treatment. The total number of synonymous mutations in the RBV-resistant variant replicon cells was 3 times higher than that under untreated replicative conditions, and the number of non-synonymous mutations in the RBV-resistant variant replicon cells was 1.5 times higher than that under untreated replicative conditions. The number of both synonymous and non-synonymous mutations (NS3, NS4B, NS5A and NS5B regions) in the RBV-resistant replicon cells was greater than that in the control cells. We also found a large number of transition

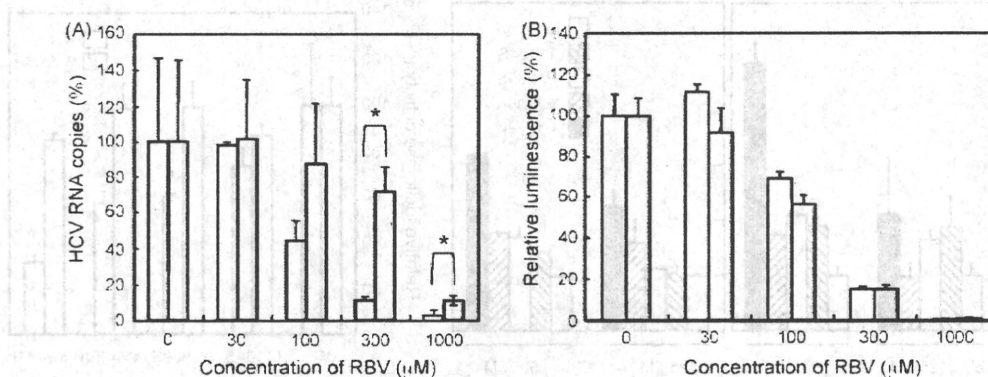


Fig. 2. Testing for replicon-derived resistance (A) or for cell-derived resistance (B). (A) Total RNA from RBV-resistant- or wild-type replicon cells was transfected into naïve Huh7 cells. After selection in 1 mg/ml G418 for 4 weeks, re-established replicon cells, wild-type derived (clear bars) and RBV resistance derived (gray bars), were treated with increasing concentrations of RBV in the absence of G418 for 3 days. HCV RNA copies per microgram total RNA were assessed and the levels from wild-type cells without RBV treatment were set at 100%. Data are indicated as means with standard deviations. * $p < 0.05$. (B) RBV-resistant- or wild-type replicon cells were cured by passage in IFN- α in the absence of G418. Cured cells were transiently transfected with the replicon RNA derived from pSGR-JFH1/luc. Transient replication assay of transfectants derived from wild-type (clear bars) and RBV resistance (gray bars) was performed after treatment with various concentrations of RBV for 72 h. The values for wild-type-derived cells without RBV treatment were set at 100%. Data are indicated as means with standard deviations.