Research Article

Table 5. Histological findings and IL28 genotypes.

SNP	Allele (1/2)	Genotype			p value[a]	OR
		11	12	22		(95% CI)[b]
rs8099917	T/G					
	Fibrosis					
	F0–1	3	38	79	0.036	1.66
	F2–4	5	53	186		(1.03–2.69)
	Activity					
	A0–1	2	35	68	0.025	1.75
	A2–3	6	56	199		(1.07–2.86)

[a] p value by χ^2 test for the minor allele dominant model.
[b] Odds ratio for the minor allele in a dominant model.

(OR = 1.75; $p = 0.025$). Similarly, fibrosis was more severe in patients homozygous for IL28 major alleles (OR = 1.66; $p = 0.036$). We also performed analysis of the association of IL28 alleles and histological findings after adjusting for other factors that might influence the activity and fibrosis of the liver, such as age, gender, and alcoholic consumption. The IL28 allele was associated with F and A factors independently with adjustment for these predictive factors related to severity of liver fibrosis and inflammation (data not shown).

Relationship between histological activity, the IL28 allele, and gamma-GTP

As we described above, histological activity is more active in patients homozygous for IL28 major alleles. However, it seems contradictory that IL28 major allele homozygosity was associated with low levels of gamma-GTP, but severe activity was associated with high gamma-GTP. As shown in Fig. 2, however, when we compare the allele and activity the frequency of patients with higher activity (A2 and A3) were statistically more frequent in patients homozygous for major alleles (Fig. 2 and Table 5). When we compare gamma-GTP levels of A2 and A3 patients between patients homozygous for major alleles against the others, the levels were significantly lower in the major allele homozygous patients (Fig. 2). A0 and A1 patients showed similar results (Fig. 2). gamma-GTP levels are also significantly higher in patients with higher activities (A2 and A3) than in patients with lower activities (A0 and A1) (Fig. 2).

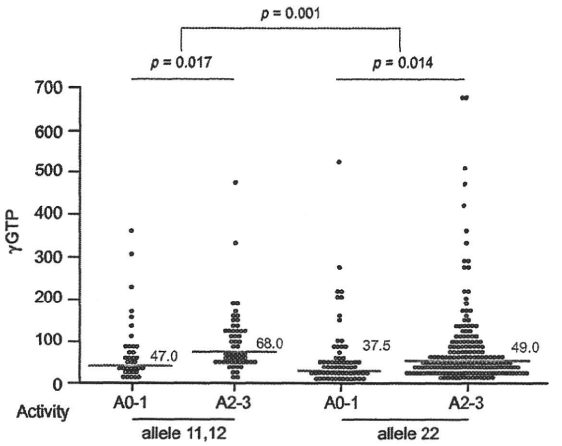

Fig. 2. Relationship between gamma-GTP levels, histological activity and IL28 genotype. gamma-GTP levels are plotted according to IL28 alleles, and histological activity. Horizontal bars represent the median. Mann–Whitney U-test was used to compare gamma-GTP levels.

Discussion

Polymorphism at the IL28 locus has been reported to be associated with the effectiveness of interferon and ribavirin combination therapy [15–17]. We have also found that the polymorphism is associated with the effect of interferon monotherapy on genotype 1b infected patients as well as genotype 2a infection in Japanese as well as Taiwanese patients (Chayama K, personal communication). The polymorphism has also been reported to be associated with spontaneous eradication of the hepatitis C virus [19]. As levels of IL28 gene transcripts have been reported to be higher in patients homozygous for the interferon response allele [16,17], we hypothesized that the polymorphism is also associated with inflammation and progression of chronic hepatitis. As expected, there were significant associations between IL28 genotypes and histological inflammatory activity as well as the degree of fibrosis in chronically HCV infected patients (Table 5). It seems reasonable that the inflammation is stronger in patients with elevated IL28 production because this molecule induces expression of interferon stimulated genes, including some inflammatory cytokines. As the polymorphism is associated with the effect of interferon therapy, the interferon therapy performed before biopsy might alter the results. In fact, a part of patients in this study were treated with peg-interferon and ribavirin combination therapy and the treatment outcome was associated with IL28 genotypes and core amino acid substitutions (data not shown). However, when we analyzed the relation between the IL28 allele and histological findings or core amino acid substitutions in only treatment-naïve patients, the results were unchanged, suggesting that the results obtained in this study are applicable without regard to history of interferon therapy.

Interestingly, the IL28 genotype was also associated with gamma-GTP levels and core amino acid substitutions, both of which are known to be predictive of response to interferon and ribavirin combination therapy [7,8,24]. The levels of liver enzymes such as ALT, AST, and gamma-GTP are usually higher in patients with high inflammatory activity. However, we observed that the levels were actually lower in patients with the favorable allele at the IL28 locus (the major allele in the Japanese population) (Figs. 1A and 2). A lower level of gamma-GTP has been reported to be associated with positive response to combination therapy. Further studies are needed to clarify the mechanism underlying the relation between gamma-GTP levels and therapy effectiveness. It would also be interesting to study the relationship between the IL28 allele and steatosis in the liver because gamma-GTP tends to be elevated in patients with steatosis, and steatosis caused by HCV core protein has been reported [25].

Similarly, viral wild type core amino acids 70 and 91 (i.e., core 70R and 91L), which were already known to be associated with positive response to combination therapy [7,8], were also found to be associated with the favorable human IL28 alleles (Table 3). If viruses with wild type core amino acids 70 and 91 are more

susceptible to interferon therapy, such strains should be less frequent in patients with higher cytokine levels. Viruses with wild type core 70 and 91 amino acids must therefore have some survival advantage in order to replicate in cells in which the level of IL28 production is high. Searching for a target molecule in the signaling cascade from sensing of the virus to production of IL28 might help resolve this question.

We also observed an association between high gamma-GTP levels and core amino acid 70 and 91 substitutions (Fig. 1C), although in multivariate analysis only IL28 genotype, liver fibrosis, sex, and alcohol consumption were significant predictors of gamma-GTP. It seems likely that these factors mutually interact in the presence of the virus and cytokines. Understanding these relationships will reveal the mechanism underlying the effective response to combination therapy and may suggest new strategies to cope with the hepatitis C virus.

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

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Cell culture and in vivo analyses of cytopathic hepatitis C virus mutants☆,☆☆

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ABSTRACT

HCV-JFH1 yields subclones that develop cytopathic plaques (Sekine-Osajima Y, et al., Virology 2008; 371:71). Here, we investigated viral amino acid substitutions in cytopathic mutant HCV-JFH1 clones and their characteristics in vitro and in vivo. The mutant viruses with individual C2441S, P2938S or R2985P signature substitutions, and with all three substitutions, showed significantly higher intracellular replication efficiencies and greater cytopathic effects than the parental JFH1 in vitro. The mutant HCV-inoculated mice showed significantly higher serum HCV RNA and higher level of expression of ER stress-related proteins in early period of infection. At 8 weeks post inoculation, these signature mutations had reverted to the wild type sequences. HCV-induced cytopathogenicity is associated with the level of intracellular viral replication and is determined by certain amino acid substitutions in HCV-NS5A and NS5B regions. The cytopathic HCV clones exhibit high replication competence in vivo but may be eliminated during the early stages of infection.

Introduction

Hepatitis C virus (HCV) is one of the most important pathogens causing liver-related morbidity and mortality (Alter, 1997). Antiviral therapeutic options against HCV have been limited to type I interferons and ribavirin and have yielded unsatisfactory responses (Fried et al., 2002). Given this situation, a precise understanding of the molecular mechanisms of interferon resistance has been a high priority of research in academia and industry.

Molecular analyses of the HCV life cycle, virus–host interactions, and mechanisms of liver cell damage by the virus are not understood completely, mainly because of the lack of cell culture systems. These problems have been overcome to some extent by the development of the HCV subgenomic replicon (Lohmann et al., 1999) and HCV cell culture systems (Lindenbach et al., 2005; Wakita et al., 2005; Zhong et al., 2005). The HCV-JFH1 strain, which is a genotype 2a clone derived from a Japanese fulminant hepatitis patient and can replicate efficiently in Huh7 cells (Kato, 2001; Kato et al., 2003), has contributed to the establishment of the HCV cell culture system. Furthermore, the Huh7-derived cell lines, Huh-7.5 and Huh-7.5.1 cells, allow production of higher viral titers and have a greater permissivity for HCV (Koutsoudakis et al., 2007; Lindenbach et al., 2005; Zhong et al., 2005). The HCV-JFH1 cell culture system now allows us to study the complete HCV life cycle: virus–cell entry, translation, protein processing, RNA replication, virion assembly and virus release.

HCV belongs to the family *Flaviviridae*. One of the characteristics of the *Flaviviridae* is that they cause cytopathic effects (CPE). The viruses have positive strand RNA genomes of ~10 kilo-bases that encode polyproteins of ~3000 amino acids. These proteins are processed post-translationally by cellular and viral proteases into at least 10 mature proteins (Sakamoto and Watanabe, 2009). The viral non-structural proteins accumulate in the ER and direct genomic replication and viral protein synthesis (Bartenschlager and Lohmann, 2000; Jordan et al., 2002; Mottola et al., 2002). It has been recently

Abbreviations: HCV, hepatitis C virus; CPE, cytopathic effect; ER, endoplasmic reticulum; RdRp, RNA dependent RNA polymerase.

☆ The authors, K.M., N.S., Y.S., M.N., Y.I., S.A., S.K., K.K., A.K., K.T., M.I., N.H., K.C., T.W. and M.W. declare that there is no conflict of interest.

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reported that HCV-JFH1 transfected Huh-7.5.1 cells die when all of the cells are infected and intracellular HCV RNA reaches maximum levels (Zhong et al., 2006). These findings suggest HCV-induced cytopathogenicity. However, the mechanisms have not been well documented.

In a previous study, we investigated the cellular effects of HCV infection and replication using the HCV-JFH1 cell culture system and we reported that HCV-JFH1 transfected and infected cells show substantial CPE that are characterized by massive apoptotic cell death with expression of several ER stress-induced proteins. Taking advantage of the CPE, we developed a plaque assay for HCV in cell culture and isolated subclones of HCV that showed enhanced replication and cytopathogenicity (Sekine-Osajima et al., 2008). We have demonstrated that these viral characters were determined by mutations at certain positions in the structural and nonstructural regions of the HCV genome, especially the NS5A and NS5B regions.

In this study, we investigated the mechanisms and viral nucleotide sequences involved in HCV-induced cytopathic effects using HCV-JFH1 cell culture and a newly developed cytopathic plaque-forming assay. We demonstrated that introduction of NS5A and NS5B mutations into the JFH1 clone resulted in a higher replication efficiency, although introduction of these mutations into the JFH1 subgenomic replicon has no effect on viral replication. These mutations do not affect virion entry or release of viral particles but regulate virus replication, and high levels of virus replication result in cytopathogenicity.

Results

Development of cytopathic plaques by HCV infection of Huh-7.5.1 cells

A plaque assay was performed to investigate the morphological CPE following HCV-JFH1 infection (see Materials and methods). Culture supernatants from JFH1-transfected cells were diluted serially and inoculated onto uninfected Huh-7.5.1 cells. The cells were subsequently cultured in medium containing agarose. On 9 days after the inoculation, viable cells were stained and plaques were visualized (Fig. 1A). HCV-inoculated cell cultures developed plaques as unstained areas, accompanied by rounded cells in the periphery (Fig. 1B). The formation of cytopathic plaques was not observed in a parental Huh7 cell line (data not shown). Those results were consistent with our previous study (Sekine-Osajima et al., 2008).

Introduction of mutations in the NS5A and NS5B regions of the JFH1 clone augmented its cytopathic effects

Among the amino acid substitutions that developed in the plaque-derived HCV-JFH1 strains, 6 of the 9 amino acid changes appeared redundantly among 5 independently isolated plaques, and clustered in the C terminal part of the NS5A and NS5B regions. To investigate the phenotype of each amino acid substitution, we constructed mutant JFH1

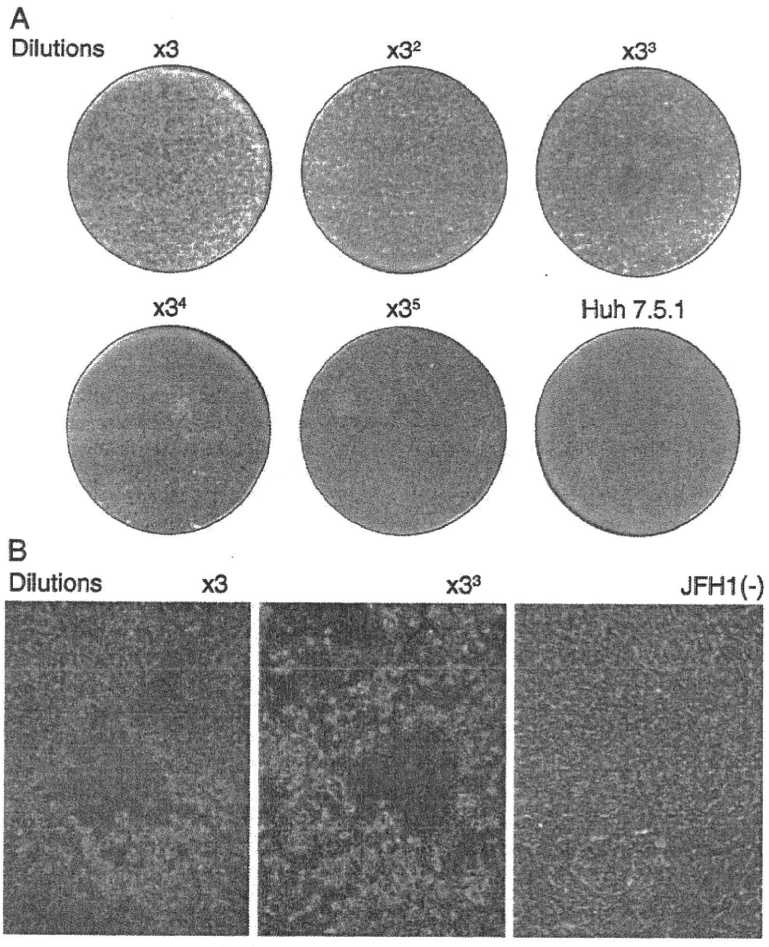

Fig. 1. The cytopathic effects of HCV-JFH1 *in vitro*. A. Plaque assay. Huh-7.5.1 cells were seeded in collagen-coated 60mm-diameter plates at density of 4×10^5 cells per plates and were incubated at 37 °C under 5.0% CO_2 (as described above). After overnight incubation, HCV-infected culture supernatants were serially diluted in a final volume of 2 ml per plates and transferred onto the cell monolayers. After ~5 h of incubation, the inocula were removed and the infected cells were overlaid with 8 ml of culture medium containing 0.8% methyl-cellulose and incubated under normal conditions. After 7 days culture, formation of cytopathic plaque was visualized by staining with 0.08% crystal violet solution. B. The cytopathic plaques were observed by phase-contrast microscopy at day 7 after HCV-JFH1 infection.

clones in which we introduced separately one amino acid substitution in NS5A and five substitutions in NS5B (Fig. 2A) and transfected the mutant HCV RNAs into Huh-7.5.1 cells. To compare the electroporation efficiencies of viral RNAs, Huh-7.5.1 cells were harvested 8 h after transfection and the levels of intracellular core antigen were measured. There was no difference in the efficiencies of electroporation (Fig. 2D). The substitutions G2964D, H3004Q, and S3005N did not lead to cytopathic effects but three mutant subclones (C2441S, P2938S and R2985P) produced much more cell death compared to the wild type JFH1 (Fig. 2B). To assess the quantitative cytopathic effect seen in host cells for each of the mutants, we also performed MTS assay at 6 days post transfection. It showed that Huh-7.5.1 cells transfected with the triple mutants (C2441S, R2938S, or R2985P) induced apparently much more cytopathic effect compared to the parental JFH1 and other mutant clones, although the three mutant clones encoding the substitutions C2441S, P2938S, or R2985P did not show significant difference but

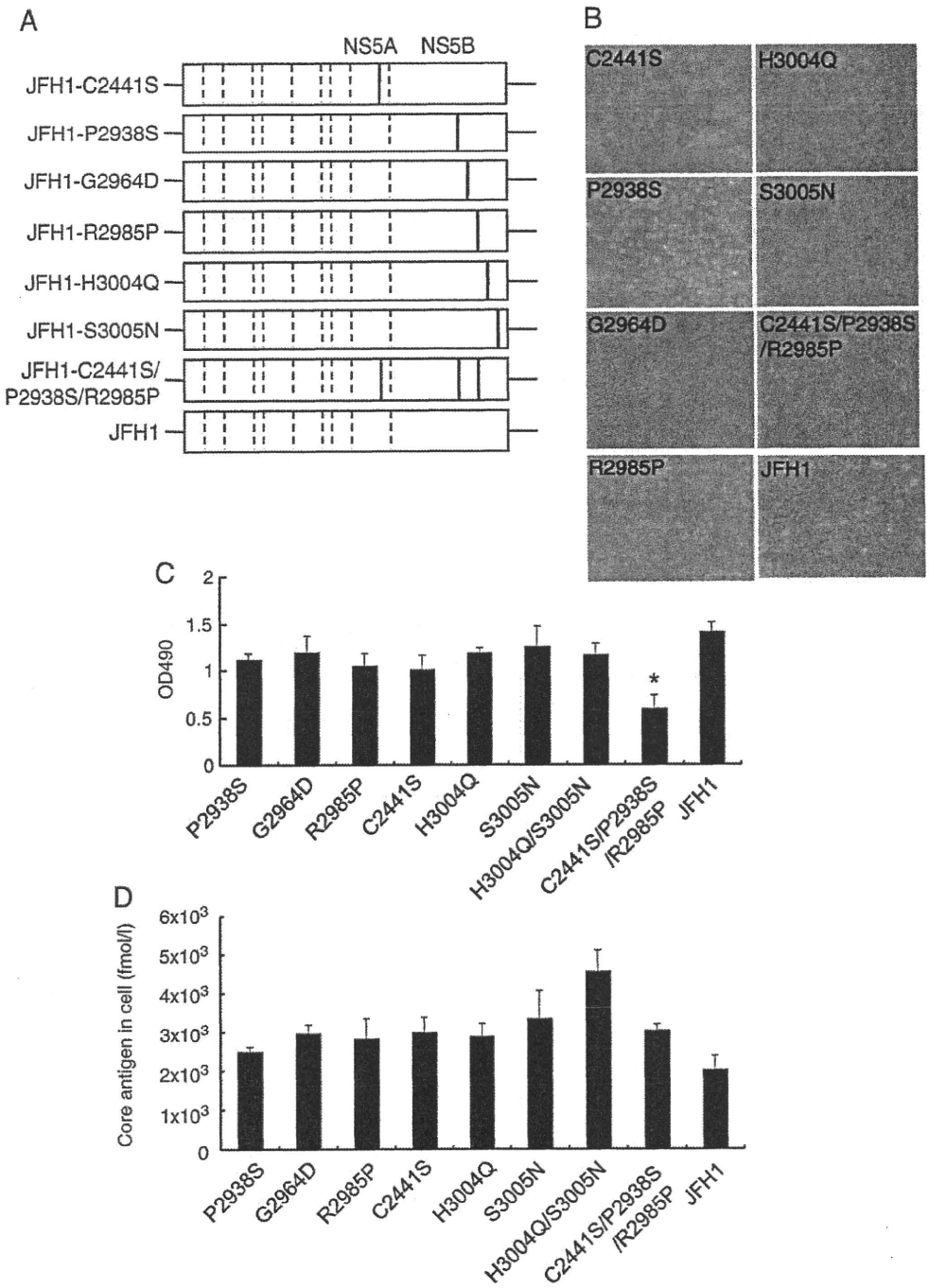

Fig. 2. Introduction of mutations into the NS5A and NS5B regions of JFH1. A. The mutations identified in the cytopathic plaque were introduced individually into the parental JFH1. Each JFH1 mutant was transfected into Huh-7.5.1 cells by electroporation. B. Huh-7.5.1 cells transfected with JFH1-mutants were observed by phase-contrast microscopy at day10 after transfection. C. MTS assay was performed to assess the quantitative cytopathic effect seen in Huh-7.5.1 cells for each of the mutants 6 days post transfection. Asterisks indicate p-values of less than 0.05 as compared with JFH1. D. Huh-7.5.1 cells were harvested at 8 h after transfection and the levels of intracellular core antigen were measured.

showed tendency to introduce more cytopathic effect than the parental JFH1 and the mutant clones encoding the substitutions G2964D, H3004Q, and S3005N (Fig. 2C).

Introduction of NS5A and NS5B mutations into the JFH1 clone led to a greater replication efficiency

To compare the expression levels of each mutant subclone, each HCV RNA was transfected and core antigen was detected subsequently in the culture medium. Similar to Fig. 2B, HCV clones with individual substitutions G2964D, H3004Q and S3005N produced significantly less core antigen or did not replicate at all. In contrast, the C2441S, P2938S and R2985P mutants produced significantly more core antigen than the wild type JFH1. In addition, an HCV clone with all 3 adaptive substitutions (C2441S, P2938S and R2985P) produced more core antigen than any other clone (Fig. 3A).

Next, we harvested the infected cells at 5 days after electroporation and performed western blotting. As shown in Fig. 3B, the three clones encoding the substitutions C2441S, P2938S, or R2985P, and the clone with all three mutations, expressed far more core protein than the parental JFH1, although the clones encoding the substitutions G2964D, H3004Q and S3005N did not express core protein. We also transferred culture media from the mutant clones onto uninfected Huh-7.5.1 cells and performed western blotting and the cells infected with the same mutant subclones as Fig. 3B expressed more core protein (Fig. 3C).

Introduction of NS5A and NS5B mutations into the JFH1 subgenomic replicon

To investigate the primary phase of replication of JFH1 mutants, we constructed JFH1 subgenomic replicons by introducing individually the six mutations in NS5A and NS5B. We transfected each replicon RNA into Huh7 cells and compared their replication levels according to the luciferase activities. Consistently with the mutant viruses, the subgenomic replicon encoding the changes C2441S, P2938S or R2985P, which produced higher amounts of core antigen, did replicate at higher levels than the other subgenomic replicons with single mutation, G2964D, H3004Q and S3005N. However, none of these mutants replicated at higher than the parental JFH1 subgenomic replicon. Furthermore, replicon with triple mutations of C2241S, P2938S and R2985P did not replicate (Fig. 4).

Introduction of NS5A and NS5B mutations into the JFH1 clone had no effect on the production of infectious virions

We sought to investigate the effects of the NS5A and NS5B mutations on virus replication and virion secretion independent of re-infection and spread of the viruses produced. Therefore, we used the S29-subclone of Huh7 cells, which cannot be infected by HCV because of a defect in CD81 expression but does support viral genomic replication and releases infectious HCV particles after transfection (Russell et al., 2008). The Huh7-S29 cells enabled us to evaluate a single cycle of infection and production of virions. Those cell lines did not show apparent cytopathic effects after transfection with HCV RNAs (data not shown). To analyze HCV particle production from cells transfected with the viral genomic RNAs transcribed in vitro, we harvested culture media and cells at 72 h post transfection and measured the core antigen levels in culture media and intracellular HCV RNA by real-time RT-PCR. The C2441S, P2938S, and R2985P mutants produced significantly greater amounts of core antigen in the culture medium than the wild type JFH1. The HCV clone carrying all three mutations produced the greatest amount of core antigen (Fig. 5A, top). Consistent with the core antigen levels in the culture media, intracellular HCV RNA levels were also higher in the cells transfected with the mutated genomes encoding separately C2441S,

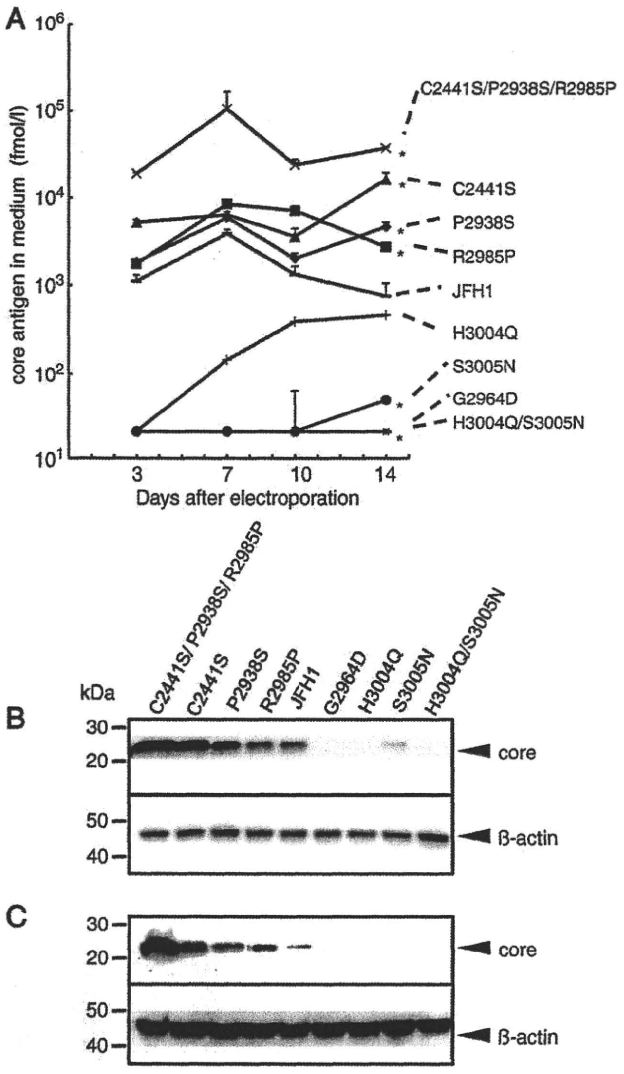

Fig. 3. Replication competences of HCV subclones with NS5A and NS5B mutations. A. Levels of core antigen in the culture medium. The culture media from transfected cells were collected on the days indicated and the levels of core antigen were measured. Asterisks indicate p-values of less than 0.05 as compared with JFH1. B. Huh-7.5.1 cells transfected with JFH1 mutants were harvested at 5 days after transfection and western blotting was performed. C. The culture media from Huh-7.5.1 cells transfected with JFH1 mutants were transferred onto uninfected Huh-7.5.1 cells. The cells were harvested at 3 days after infection. Western blotting was performed using anti-core and anti-beta-actin. kDa: kilo dalton.

P2938S, and R2985P, and that with all three mutations (Fig. 5A, middle), indicating that these mutations affected virus replication. Fig. 5A bottom shows the efficiency of infectious viral particle release from each transfectant, this being expressed as the core antigen level in the culture medium adjusted by dividing by the levels of intracellular HCV RNA. There was no difference in the efficiency of release of virions by the wild type JFH1 and the genomes carrying the C2441S, P2938S or R2985P changes. These results indicated that these three mutations in NS5A and NS5B did not affect virion entry or viral particle release but did regulate virus replication, and a high level of viral replication induces cytopathogenicity. Similarly, as shown in Fig. 3B, the three clones with C2441S, P2938S or R2985P, or all three mutations expressed much higher levels of core protein than the parental JFH1, while clones with G2964D, H3004Q or S3005N mutations did not express detectable amounts of core protein (Fig. 5B).

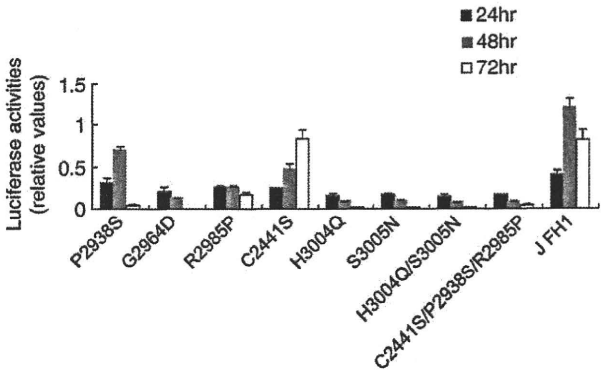

Fig. 4. Luciferase assay of the cytopathic JFH1-subgenomic replicon. Mutations were introduced into 2a-Feo subgenomic replicon and transcribed RNA for each replicon was transfected into Huh7 cells by electroporation. The cells were harvested at 24 h, 48 h and 72 h after electroporation and were used for Luciferase assay. Values are relative values to those of 8 h.

Mutations of NS5A and NS5B are associated with replication competence at earlier stages in vivo

We next used human hepatocyte chimeric mice to investigate the infectivity of the triple mutant of NS5A and NS5B. We confirmed the mouse liver chimerism greater than 70% by immunohistochemical analysis (data not shown). Culture media of the parental JFH1 and the mutant subclone with three mutations (C2441S, P2938S, and R2985P), were collected following transfection of Huh-7.5.1 cells, concentrated, and inoculated intravenously into human hepatocyte chimeric mice. We confirmed that the three mutations in NS5A and NS5B were conserved in the virus genome sequence of cell culture supernatants that were used for inoculation (data not shown). Two mice were inoculated with JFH1 and three were inoculated with the mutant virus. HCV RNA and human albumin in the sera of the mice were detected sequentially.

We repeated the same exam twice and confirmed consistency of the results. In the early phase post inoculation, the concentration of HCV RNA in serum was significantly higher in mice inoculated with the culture medium from the mutant subclone (Fig. 6A), suggesting that the mutations in NS5A and NS5B (C2441S, P2938S, and R2985P) are associated with virus replication in vivo. However, there was no difference in the level of HCV RNA in later period. The disparity of viral production at early time point could be influenced by the disparate numbers of infectious virus between the 2 initial inoculums. However, the sharp elevation of serum HCV RNA at day 5 after dropping at day 3 indicates that the mutants (C2441S, P2938S plus R2985P) are more replication competent at early stages in vivo. Serum levels of human albumin remained constant throughout the observed periods and showed no significant differences between wild and mutant-infected mice (Fig. 6B).

We also investigated expression of ER stress-related proteins, the glucose regulated protein 78 (GRP78) and C/EBP homologous protein (CHOP), in liver of chimeric mice infected with JFH1 or the mutant in the early phase post inoculation. Human hepatocyte chimeric mice were inoculated in the same way as described above, and we verified that the level of virus titer in serum of each mouse was same as presented in Fig. 6A (data not shown). We sacrificed one each mouse that was infected with wild type or mutant JFH1 at 5 day of infection and investigated hepatic expression of GRP78 and CHOP. Liver histology showed no sign of inflammation or cytopathic cell death. However, as shown in Fig. 7, the expression level of both GRP78 and CHOP was higher in mice inoculated with the mutant viruses than the parental JFH1. There was no apparent difference in percents of hepatic chimerism between each mouse. These finding suggested that ER stress-related proteins were upregulated in the liver of HCV-infected

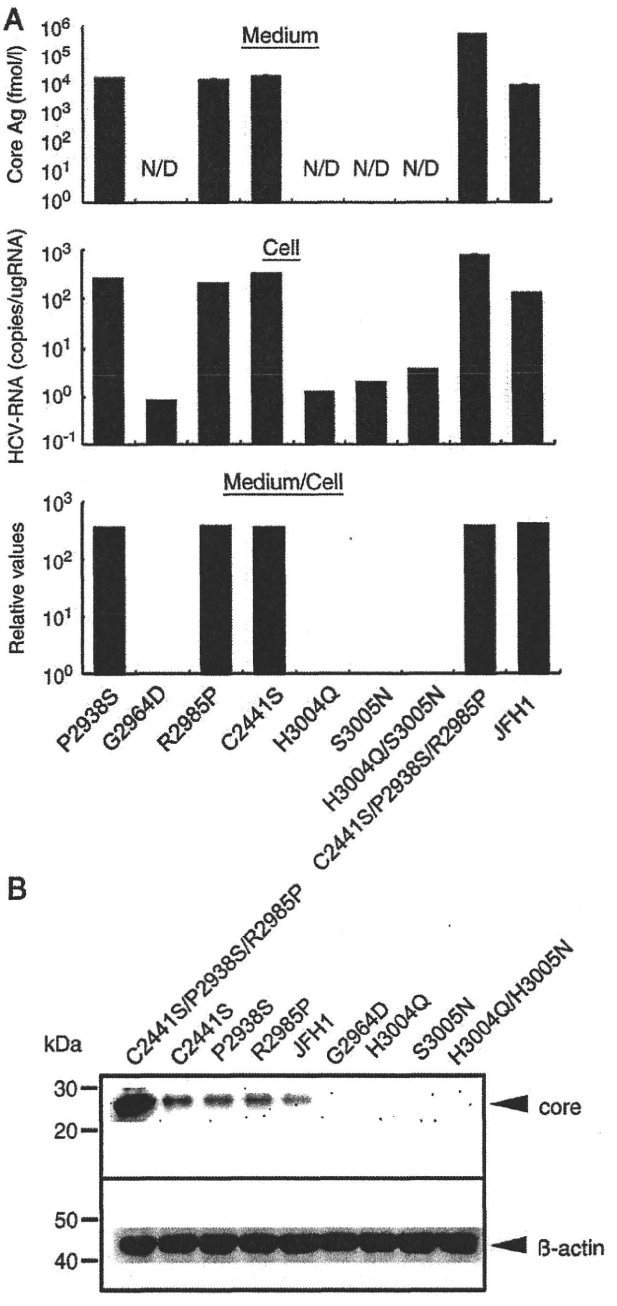

Fig. 5. Analysis of viral replication and production of viral particles using a single-cycle assay. A. Levels of core antigen in the culture media 3 days after transfection of JFH1 mutants into CD81-deficient Huh7-S29 cells (top). Levels of intracellular HCV RNA were quantified by real-time RT-PCR 3 days after transfection of JFH1 mutants into Huh7-S29 cells (middle). To determine the efficiency of infectious viral particle release from Huh7-S29 cells transfected with JFH1 mutants, the levels of core antigen in the culture media were adjusted by dividing by the levels of intracellular HCV RNA (bottom). Core Ag: Core antigen, N/D: not detectable. B. Huh7-S29 cells were harvested at 3 days after transfection of JFH1 mutants and western blotting was performed using anti-core and anti-beta-actin. kDa: kilo dalton.

mouse and that these responses were more strongly induced in the liver of mutant-infected mouse.

Highly adapted cytopathic mutations reverted to wild type in vivo

Finally, we analyzed the serum viral sequence at the specified time points. On days 1 and 5, the HCV genomic sequences of the mice

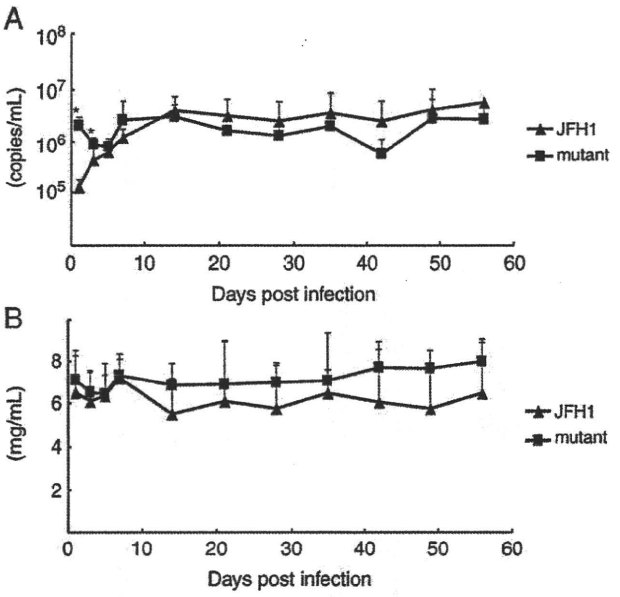

Fig. 6. In vivo analysis of cytopathic JFH1 mutants using human hepatocyte chimeric mice. A. Serial changes in HCV RNA in the sera of mice inoculated with the culture media from JFH1 mutants. The data shows the average of 2 mice for JFH1, and 3 mice for the mutant. Asterisks indicate p-values of less than 0.05 as compared with JFH1. B. Levels of human albumin in the sera of mice inoculated with the culture media from JFH1 mutants.

inoculated with the cytopathic mutant virus showed conservation of the mutations in codons 2441, 2938 and 2985. However, on days 21 and later, the mutation at codon 2985 had reverted to the wild type JFH1 sequence in all the mutant-injected mice and the mutation at codon 2938 had reverted to the wild type JFH1 sequence in two of the three mice. The C2441S mutation was more stable in the mutant-injected mice, but one mouse had lost it at day 56 (Fig. 8).

Discussion

In this study, we investigated the significance of genetic mutations in plaque-purified, cytopathic HCV-JFH1 subclones. Genetically engineered JFH1-mutants encoding C2441S, P2938S, and R2985P led to much more cell death than the wild type JFH1, and also produced significantly higher amounts of core antigen in the culture medium and inside the cells than the parental JFH1 clone. In the single-cycle production assay, which exploited a receptor-deficient Huh7 cell line, the three JFH1-mutants, JFH1-C2441S, P2938S, and R2985P produced significantly more core antigen in the culture medium and expressed equivalently higher amounts of viral genomic RNA in the cells. These data suggest that the three mutations in NS5A and NS5B (C2441S, P2938S, and R2985P) are associated directly with enhanced intracellular replication and resultant virion formation, which correlated with the extent of the cytopathic effects. Interestingly, inoculation of a cytopathogenic mutant, JFH1-C2441S/P2938S/R2985P, into human hepatocyte chimeric mice produced significantly higher plasma HCV RNA concentrations than JFH1 at ~7 days post inoculation. At a later phase of infection, however, the mutations in this mutant HCV reverted partially to the wild type sequences. Taking all things together, it is suggested that in vitro-isolated, genetically modified cytopathic HCV subclones replicate robustly in the acute phase of in vivo infection but are eliminated rapidly and substituted by in vivo adapted clones.

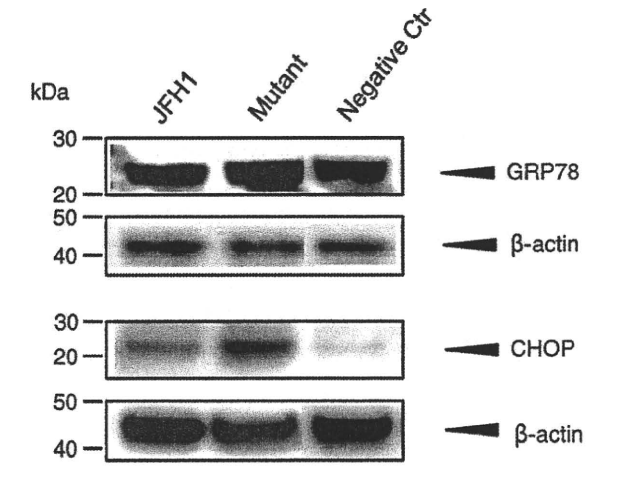

Fig. 7. Expression of ER stress-related proteins in human hepatocytes of chimeric mice infected with JFH1 or the mutant in the early phase. Western-blot analysis of the liver tissues of infected chimeric mice using anti-GRP78 goat monoclonal antibody, anti-GADD153/CHOP rabbit polyclonal antibody and anti-beta-actin. Liver samples were obtained at 5 days after inoculation. The negative control liver samples for this study was from uninfected human hepatocyte chimeric mouse.

Four of the five NS5B mutations appeared independently in several isolated subclones. This made us speculate that these amino acid substitutions may affect the enzymatic activity of RdRp. Mapping of the amino acid substitutions in the RdRp tertiary structure revealed that amino acid 2441 is located on the finger domain, and three amino acids, 2938, 2964, and 2985, are on the outer surface of the thumb domain, which corresponds to the opposite side of the nucleotide tunnel. The other substitutions, 3004 and 3005, are within the domain of the polypeptide linking the polymerase to the membrane anchor (Lesburg et al., 1999). Our preliminary study has shown that the NS5B mutations, P2938S and R2985P, did not affect cell-free enzymatic activities of the RNA polymerase. Thus, it is speculated that these mutations may affect the stability of the HCV replicase complex by altering surface affinity to other nonstructural proteins.

There are several reports on cell culture adaptive mutations in the HCV-JFH1 genome that gave more vigorous and consistent virus expression. Most studies involved prolonged cell culture of HCV-JFH1 or multiple rounds of successive passage onto naïve cells. Zhong et al. detected the E2-G451R mutation after culture for more than 60 days. The mutation led to more efficient production of infectious viral particles than wild type JFH1 (Zhong et al., 2006). Delgrange et al. conducted successive virus infections of naïve cells and identified the E2-N534K mutation that facilitated virus-CD81 attachment, and core-F172C and -P173S that increased secretion of virions (Delgrange et al., 2007). Using a similar method, Russell et al. identified E2-N417S that improved virus–cell attachment, and p7-N765D and NS2-Q1012R that increased virion production (Russell et al., 2008). Kaul et al. reported the NS5A-V2440L mutation, that was close to the C terminus and increased virion production (Kaul et al., 2007). Yi et al. used a chimeric virus of genotype 1a and JFH1 and identified the NS3-Q1251L mutation that resulted in enhanced virus production, possibly through improved interactions between NS2 and NS3 that were required for virion formation (Yi et al., 2002). Han et al. used EGFP-tagged virus and identified the mutually dependent mutations, NS3-M1290K and NS5A-T2438I, which improved virus production synergistically (Han et al., 2009).

Of note is that all of the mutations reported above promoted virion secretion or virus–cell surface interaction and none of them showed any effect on intracellular replication of viral RNA or translation of virus proteins. None of the adaptive mutations reported above overlapped with our cytopathogenic mutations. The mutations that we have identified conferred enhanced virus replication and protein expression in the early/acute stages of infection and subsequently led to massive cell death. Our data and the reports of other groups suggest that the HCV genome evolves to adapt to the host cell environment. Mutations that optimize virus secretion or virus–cell entry may be

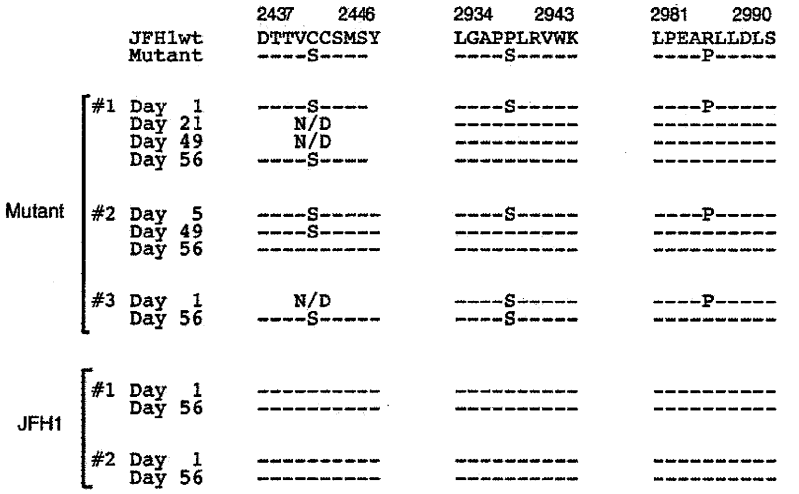

Fig. 8. Nucleotide sequence analysis of virus genomes circulating in the sera of infected mice. We extracted RNA from the sera of mice inoculated with culture media from JFH1 or JFH1-mutants and analyzed the viral sequence at the specified time points. N/D is not detectable. Wt: Wild type.

required for persistent infection in vitro, while those that affect cellular viral RNA replication may possibly promote viral genetic evolution and host cell damage.

The results of in vivo experiments using human hepatocyte chimeric mice were consistent with those of virus cell culture (Figs. 5, 6 and 7). The mutant JFH1 clones showed markedly higher levels of replication than the parental JFH1 in the acute phases. However, the serum HCV titers subsequently leveled out after two weeks of infection, concomitant with reversal of some cytopathic mutations to wild type sequences. Bukh et al. reported that inoculation of the HCV-1b genome into chimpanzee liver resulted in persistent infection, although the mutation reverted rapidly to wild type (Bukh et al., 2002). In this study, the NS5A-C2441S mutation was preserved in 2 of 3 mice, while NS5B-P2938S reverted to the wild type sequences in 2 of 3 mice and NS5B-R2985P reverted to wild type sequences in all 3 mice. These results suggest that the highly adapted JFH1 genome is infectious and viable in vivo, but is not as fit in vitro.

It is not clear why the subgenomic replicons with C2441S, P2938S or R2985P mutations did not show differences in replication levels compared to the wild type JFH1 subgenomic replicon. One may speculate that this discrepancy between the results using full-length HCV genomes and replicons might be the presence or absence of the HCV structural proteins. In addition, three individual substitutions G2964D, H3004Q and S3005N did not enhance viral replication as compared with the parental JFH1 nor did express detectable amounts of core protein. It is speculated that these mutants exist in host cells through co-infection with replication-competent viral clones resulting in enhanced replication.

There is clinical evidence that suggests the pathological outcomes of hepatitis C result from the immune response of the host rather than the direct cytopathic effects of the virus (Cerny and Chisari, 1999). However, several clinical studies have shown that fulminant hepatic failure (FHF, the HCV-JFH1 strain was isolated from such a case) featured massive hepatocyte apoptosis, as characterized by caspase activation and Fas–FasL expression (Leifeld et al., 2006; Mita et al., 2005; Ryo et al., 2000). The ER stress markers, GRP78 and ATF6 are upregulated in HCV-infected liver tissue as the histological grade advances (Shuda et al., 2003). This background and our results in vitro and in vivo suggest that HCV strains with highly infectious and cytopathic gene signatures may replicate aggressively in the acute phase of infection and that certain defects in innate or adaptive immune responses against the virus could lead to severe and persistent liver damage due to cytopathic effects induced directly by HCV. Such mechanisms might explain some rare clinical features of HCV infection, such as fulminant hepatic failure and post-transplantation severe fibrosing cholestatic hepatitis (Delladetsima et al., 1999; Dixon and Crawford, 2007).

In conclusion, we identified three substitutions in cytopathic HCV-JFH1 subclones derived from plaque assay. These substitutions directly enhanced virus replication in the early phases of virus infection in vitro and in vivo. This highly enhanced replication induced ER stress-mediated apoptosis and resulted in cytopathogenicity. Further analyses of cellular effects on HCV replication may elucidate the pathogenesis of HCV infection and may define novel host factors as targets of antiviral chemotherapeutics.

Materials and methods

Cells and cell culture

Huh-7.5.1 cells (Zhong et al., 2005) (kindly provided by Dr Francis V. Chisari) and CD81 deficient Huh7-S29 cells (Russell et al., 2008) (kindly provided by Dr Rodney S. Russell and Dr Robert H. Purcell) were maintained in Dulbecco's modified minimal essential medium (DMEM, Sigma, St. Louis, MO) supplemented with 2 mmol/L L-glutamine and 10% fetal bovine serum at 37 °C under 5.0% CO_2.

Sequence analysis

The cDNA from the isolated JFH1-plaque was amplified from cytopathic virus-infected Huh-7.5.1 cells by RT-PCR and subjected to direct sequencing.

In vitro RNA synthesis and transfection

A plasmid, pJFH1full (Wakita et al., 2005), which encodes full-length HCV-JFH1 sequence, was used. In vitro RNA synthesis and transfection were conducted as previously described (Sekine-Osajima et al., 2008). Briefly, HCV RNA was synthesized from linearized pJFH1 plasmid as template and transfected into Huh-7.5.1 cells by electroporation. The transfected cells were split every 3 to 5 days. The culture media were subsequently transferred onto uninfected Huh-7.5.1 cells and Huh7-S29 cells. The levels of HCV replication and viral protein expression were detected by real-time PCR and western blotting.

Plaque assay

HCV plaque assays were performed as reported previously (Sekine-Osajima et al., 2008). Huh-7.5.1 cells were seeded in collagen-coated 60 mm-diameter plates. After overnight incubation, HCV-infected culture media were serially diluted in a final volume of 2 ml per plate and transferred onto the cell monolayer. After ~5 h of incubation, the inocula were removed and the cell monolayer was overlaid with 8 ml of culture medium containing 0.8% methylcellulose (Sigma). After 7 to 12 days culture, cytopathic plaques were visualized by staining with 0.08% crystal violet solution (Sigma). The levels of cytotoxicity were evaluated by counting the plaques and calculating the titer (plaque-forming unit/ml).

Establishment of mutant JFH1 clones

In order to introduce various mutations into the NS5A and NS5B region of JFH1, plasmid pJFH1 was digested with HindIII and the DNA fragment encompassing nt. 8231 to 9731 was subcloned into the pBluescript II SK+ phagemid vector (Stratagene, La Jolla, CA). Mutations were introduced into the DNA fragment in the subcloning vector by site-directed mutagenesis (Quick-ChangeII Site-Directed Mutagenesis Kit, Stratagene) to generate the following codon changes: P2938S, G2964D, R2985P, H3004Q and S3005N. Finally, the HindIII–HindIII fragments were subcloned back into the parental plasmid, pJFH1. A PCR fragment (nt. 7421–7839) was subcloned into the pGEM-T Easy plasmid vector (Promega, Madison, WI) and digested with RsrII and BsrGI. Finally, after introducing the codon change C2441S, the RsrII–BsrGI fragment was reinserted into the parental plasmid.

Quantification of HCV core antigen in the culture medium

The culture media from JFH1-RNA transfected Huh-7.5.1 cells and Huh7-S29 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 levels of core antigen in the culture media were measured using a chemiluminescence enzyme immunoassay (CLEIA) according to the manufacturer's protocol (Lumipulse Ortho HCV Antigen, Ortho-Clinical Diagnostics, Tokyo, Japan).

Western blotting

Western blotting was carried out as described previously (Itsui et al., 2009). Briefly, 10 μg of total cell lysate were separated by SDS-PAGE and blotted onto a polyvinylidene fluoride (PVDF) Western Blotting membrane. The membrane was incubated with the primary antibodies followed by a peroxidase-labeled anti IgG antibody, and visualized by chemiluminescence using the ECL Western blotting Analysis System (Amersham Bioscience, Buckinghamshire, UK). The antibodies used were anti-core mouse monoclonal antibody (Abcam, Cambridge, MA), anti-GRP78 goat monoclonal antibody, anti-GADD153/CHOP rabbit polyclonal antibody (Santa Cruz Biotechnology, Santa Cruz, CA), and anti-beta-actin antibody (Sigma).

HCV subgenomic replicon constructs

The HCV subgenomic replicon plasmid, pRep-Feo, was derived from the HCV-N strain, pHCV1bneo-delS (Tanabe et al., 2004; Yokota et al., 2003). The replicon RNA was synthesized from pRep-Feo and transfected into Huh7 cells.

Luciferase reporter assay

Luciferase activity was measured using a 1420 Multilabel Counter (ARVO MX, Perkin Elmer, Waltham, MA) with a Bright-Glo Luciferase Assay System (Promega) (Tasaka et al., 2007). Assays were carried out in triplicate and the results expressed as means ± SD.

MTS assays

To evaluate cell viability, dimethylthiazol carboxymethoxy-phenyl sulfophenyl tetrazolium (MTS) assays were performed using a CellTiter 96 Aqueous One Solution Cell Proliferation Assay kit (Promega), as described previously (Sakamoto et al., 2007).

Real-time RT-PCR analysis

Total cellular RNA was isolated using an RNeasy Mini Kit (QIAGEN, Valencia, CA). Two micro-grams of total cellular RNA were used to generate cDNA from each sample using SuperScript II (Invitrogen) reverse transcriptase. Expression of mRNA was quantified using TaqMan Universal PCR Master Mix (Applied Biosystems) and the ABI 7500 Real-Time PCR System (Applied Biosystems). The primers used were as follows: HCV-JFH1 sense (positions 285 to 307; 5′-GGT-ACTGCCTGATAGGGTGCTT-3′), HCV-JFH1 antisense (positions 349 to 375; 5′-TGGTTTTTCTTTGAGGTTTAGGATTC-3′), GAPDH sense (5′-CCTCCCGCTTCGCTCTCT-3′), and GAPDH antisense (5′-GCTGGCGACG-CAAAAGA-3′).

HCV RNA inoculation into human hepatocyte chimeric mice

Housing, maintenance, and care of the mice used in this study conformed to the requirement for the humane use of animals in scientific research as defined by Animal Care and Use Committee of our institute. The culture media of Huh-7.5.1 cells transfected with parental JFH1 and JFH1 mutants were collected 10 days after transfection and passed through a 0.45 μm filter. The three mutations introduced in NS5A and NS5B were confirmed to conserve by the sequence analysis of virus genome of cell culture supernatants before inoculation. Filtrated culture medium was then pooled and concentrated using Amicon Ultra-15 (100,000 molecular weight cutoff, Millipore). 100 μl of each culture medium was injected intravenously into human hepatocyte chimeric mice (PXB mice, Phenix Bio, Hiroshima, Japan) (Mercer et al., 2001). The rate of liver chimerism of these human hepatocyte chimeric mice was confirmed more than 70% by immunohistochemical analysis. After infection, blood samples were taken serially and levels for HCV RNA and human albumin were quantified using real-time RT-PCR and an enzyme immunoassay, respectively. RNA was extracted from serum samples and subjected to direct sequence determination.

Protein extraction from human hepatocyte chimeric mice and expression of ER stress-related proteins

5 days post inoculation, mice were sacrificed and proteins were extracted from liver samples with complete Lysis-M Reagent Kit (Roche Applied Science, Indianapolis, IN). One Mini Protease Inhibitor Cocktail Tablet was dissolved into 10 ml of Lysis-M Reagent and 500 μl of this fluid was added to 50 μg of each liver sample and homogenized. The lysate was transferred to a microcentrifuge tube and centrifuged at 14,000×*g* for 5 min. The supernatant containing soluble protein was transferred to a new reaction tube and 20 μg of each protein was used for western blotting to detect ER stress-related proteins.

Acknowledgments

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Welfare-Japan, Japan Health Sciences Foundation, and National Institute of Biomedical Innovation.

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Amino Acid Substitution in Hepatitis C Virus Core Region and Genetic Variation Near the Interleukin 28B Gene Predict Viral Response to Telaprevir with Peginterferon and Ribavirin

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Genetic variation near the IL28B gene and substitution of amino acid (aa) 70 and 91 in the core region of hepatitis C virus (HCV) genotype 1b can predict the response to pegylated interferon (PEG-IFN)/ribavirin combination therapy, but its impact on triple therapy of telaprevir/PEG-IFN/ribavirin is not clear. The aims of this study were to investigate the predictive factors of sustained virological response to a 12-week or 24-week regimen of triple therapy in 72 of 81 Japanese adults infected with HCV genotype 1. Overall, sustained virological response and end-of-treatment response were achieved by 61% and 89%, respectively. Especially, the sustained virological response was achieved by 45% and 67% in the 12- and 24-week regimens, respectively. Multivariate analysis identified rs8099917 near the IL28B gene (genotype TT) and substitution at aa 70 (Arg70) as significant determinants of sustained virological response. Prediction of response to therapy based on a combination of these factors had high sensitivity, specificity, and positive and negative predictive values. The efficacy of triple therapy was high in the patients with genotype TT, who accomplished sustained virological response (84%), irrespective of substitution of core aa 70. In the patients having genotype non-TT, those of Arg70 gained high sustained virological response (50%), and sustained virological response (12%) was the worst in patients who possessed both genotype non-TT and Gln70(His70). *Conclusion:* This study identified genetic variation near the IL28B gene and aa substitution of the core region as predictors of sustained virological response to a triple therapy of telaprevir/PEG-IFN/ribavirin in Japanese patients infected with HCV genotype 1b. (HEPATOLOGY 2010;52:421-429)

Hepatitis C virus (HCV) usually causes chronic infection that can result in chronic hepatitis, liver cirrhosis, and hepatocellular carcinoma (HCC).[1,2] At present, treatments based on interferon (IFN), in combination with ribavirin, are the mainstay for combating HCV infection. In Japan, HCV genotype 1b (HCV-1b) in high viral loads (>100 KIU/mL) accounts for more than 70% of HCV infections, making it difficult to treat patients with chronic hepatitis C.[3] Such background calls for efficient treatments of Japanese patients with chronic HCV infection.

Even with pegylated IFN (PEG-IFN) combined with ribavirin, a sustained virological response lasting over 24 weeks after the withdrawal of treatment is achieved in at most 50% of the patients infected with HCV-1b and high viral loads.[4,5] Recently, a new strategy was introduced in the treatment of chronic HCV infection by

Abbreviations: aa, amino acid; ALT, alanine aminotransferase; AST, aspartate aminotransferase; γGTP, gamma-glutamyl transpeptidase; HBsAg, hepatitis B surface antigen; HCC, hepatocellular carcinoma; HCV, hepatitis C virus; IFN, interferon; NPV, negative predictive value; PEG-IFN, pegylated interferon; PPV, positive predictive value

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means of inhibiting protease in the NS3/NS4 of the HCV polyprotein. Of these, telaprevir (VX-950) was selected as a candidate agent for treatment of chronic HCV infection.[6] Later, it was found that telaprevir, when combined with PEG-IFN and ribavirin, gains a robust antiviral activity.[7,8] Specifically, HCV RNA is suppressed below the limits of detection in the blood in almost all patients infected with HCV-1 during triple therapy of telaprevir with PEG-IFN and ribavirin.[9] However, treatment-resistant patients who do not achieve sustained virological response by the triple therapy have been reported.[9-11] The underlying mechanism of the response to the treatment is still not clear.

Amino acid (aa) substitutions at position 70 and/or 91 in the HCV core region of patients infected with HCV-1b and high viral loads are pretreatment predictors of poor virological response to PEG-IFN plus ribavirin combination therapy,[12-14] and also affect clinical outcome, including hepatocarcinogenesis.[15,16] Furthermore, a recent report showed that aa substitutions in the core region can also be used before therapy to predict very early dynamics (within 48 hours) after the start of triple therapy of telaprevir with PEG-IFN and ribavirin.[17] However, it is not clear at this stage whether aa substitutions in the core region can be used before therapy to predict sustained virological response to triple therapy.

Recent reports showed that genetic variations near the IL28B gene (rs8099917, rs12979860) on chromosome 19 is a host-related factor, which encodes IFN-λ-3, are pretreatment predictors of virological response to 48-week PEG-IFN plus ribavirin combination therapy in individuals infected with HCV-1,[18-21] and also affect clinical outcome, including spontaneous clearance of HCV.[22] However, it is not clear at this stage whether genetic variation near the IL28B gene can be used before therapy to predict sustained virological response to triple therapy.

The present study included 81 patients with HCV-1b and high viral loads who received the triple therapy of telaprevir with PEG-IFN plus ribavirin. The aims of the study were to identify the pretreatment factors that could predict sustained virological response, including viral- (aa substitutions in the HCV core and NS5A regions) and host-related factors (genetic variation near the IL28B gene).

Patients and Methods

Study Population. Between May 2008 and September 2009, 81 patients infected with HCV were recruited for this study at the Department of Hepatology in Toranomon Hospital in Metropolitan Tokyo. The study protocol was in compliance with the Good Clinical Practice Guidelines and the 1975 Declaration of Helsinki and was approved by the Institutional Review Board. Each patient gave informed consent before participating in this trial. Patients were divided into two groups: 20 (25%) patients were allocated to a 12-week regimen of triple therapy (telaprevir [MP-424], PEG-IFN, and ribavirin) (the T12PR12 group), and 61 patients (75%) were assigned to a 24-week regimen of the same triple therapy for 12 weeks followed by dual therapy of PEG-IFN and ribavirin for 12 weeks (the T12PR24 group).

All of 81 patients met the following inclusion and exclusion criteria: (1) diagnosis of chronic hepatitis C. (2) HCV-1 confirmed by sequence analysis. (3) HCV RNA levels of $\geq$5.0 log IU/mL determined by the COBAS TaqMan HCV test (Roche Diagnostics, Tokyo, Japan). (4) Japanese (Mongoloid) ethnicity. (5) Age at study entry of 20-65 years. (6) Body weight $\geq$35 kg and $\leq$120 kg at the time of registration. (7) Lack of decompensated liver cirrhosis. (8) Negativity for hepatitis B surface antigen (HBsAg) in serum. (9) Negative history of HCC. (10) No previous treatment for malignancy. (11) Negative history of autoimmune hepatitis, alcohol liver disease, hemochromatosis, and chronic liver disease other than chronic hepatitis C. (12) Negative history of depression, schizophrenia or suicide attempts, hemoglobinopathies, angina pectoris, cardiac insufficiency, myocardial infarction or severe arrhythmia, uncontrollable hypertension, chronic renal dysfunction or creatinine clearance of $\leq$50 mL/minute at baseline, diabetes requiring treatment or fasting glucose level of $\geq$110 mg/dL, autoimmune disease, cerebrovascular disorders, thyroidal dysfunction uncontrollable by medical treatment, chronic pulmonary disease, allergy to medication or anaphylaxis at baseline. (13) Hemoglobin level of $\geq$12 g/dL, neutrophil count $\geq$1500/mm^3, and platelet count of $\geq$100,000/mm^3 at baseline. Pregnant or breast-feeding women or those willing to become pregnant during the study and men with a pregnant partner were excluded from the study. Furthermore, 72 of 81 patients were followed for at least 24 weeks after the completion of triple therapy. The treatment efficacy was evaluated by HCV-RNA negative at the end of treatment (end-of-treatment response) and 24 weeks after the completion of therapy (sustained virological response), based on the COBAS TaqMan HCV test (Roche Diagnostics).

Telaprevir (MP-424; Mitsubishi Tanabe Pharma, Osaka, Japan) was administered at 750 mg or 500 mg

Table 1. Profile and Laboratory Data at Commencement of Telaprevir, Peginterferon and Ribavirin Triple Therapy in Japanese Patients Infected with HCV Genotype 1

Demographic data	
Number of patients	81
Sex (M/F)	44 / 37
Age (years)*	55 (23-65)
History of blood transfusion	24 (29.6%)
Family history of liver disease	13 (16.0%)
Body mass index (kg/m^2)*	22.5 (13.2-32.4)
Laboratory data*	
HCV genotype (1a/ 1b)	1/80
Level of viremia (log IU/mL)	6.7 (5.1-7.6)
Serum aspartate aminotraniferase (IU/L)	34 (15-137)
Serum alanine aminotransferase (IU/L)	42 (12-175)
Serum albumin (g/dL)	3.9 (3.2-4,6)
Gamma-glutamyl transpeptidase (IU/L)	36 (9-229)
Leukocyte count (/mm^3)	4,800 (2,800-8,100)
Hemoglobin (g/dL)	14.3 (11.7-16.8)
Platelet count ($\times$ 10^4/mm^3)	17.1 (9.1-33.8)
Alpha-fetoprotein (μ g/L)	4 (2-39)
Total cholesterol (mg/dL)	180 (110-276)
Fasting plasma glucose (mg/dL)	92 (64-125)
Treatment	
PEG-IFNα -2b dose (μ g/kg)*	1.5 (1.3-2.0)
Ribavirin dose (mg/kg)*	11.7 (7.2-18.4)
Telaprevir dose (1,500 / 2,250 mg/day)	10/71
Treatment regimen (T12PR12 group / T12PR24 group)	20/61
Amino acid substitutions in the HCV genotype 1b	
Core aa 70 (arginine / glutamine [histidine] /ND)	47/33/1
Core aa 91 (leucine / methionine / ND)	43/37/1
ISDR of NS5A (wild-type / non wild-type / ND)	76/4/1
Genetic variation near IL28B gene	
rs8099917 genotype (TT / TG / GG / ND)	42/30/2/7
rs 12979860 genotype (CC / CT / TT /ND)	42/32/2/5
Past history of IFN therapy	
Treatment-naive / Relapsers to previous treatment / nonresponders to previous treatment	27/33/21

Data are number and percentages of patients, except those denoted by asterisk (*), which represent the median (range) values. ND, not determined.

three times a day at an 8-hour (q8) interval after the meal. PEG-IFNα-2b (PEG-Intron; Schering Plough, Kenilworth, NJ) was injected subcutaneously at a median dose 1.5 μg/kg (range: 1.3-2.0 μg/kg) once a week. Ribavirin (Rebetol; Schering Plough) was administered at 200-600 mg twice a day after breakfast and dinner (daily dose: 600-1000 mg).

PEG-IFN and ribavirin were discontinued or their doses reduced, as required, upon reduction of hemoglobin level, leukocyte count, neutrophil or platelet count, or the development of adverse events. Thus, the dose of PEG-IFN was reduced by 50% when the leukocyte count decreased below 1500/mm^3, neutrophil count below 750/mm,^{3} or platelet count below 80,000/mm^3; PEG-IFN was discontinued when these counts decreased below 1000/mm^3, 500/mm^3 or 50,000/mm,^{3} respectively. When hemoglobin decreased to <10 g/dL, the daily dose of ribavirin was reduced from 600 to 400 mg, from 800 to 600 mg and 1000 mg to 600 mg, depending on the initial dose. Ribavirin was withdrawn when hemoglobin decreased to <8.5 g/dL. However, the dose of telaprevir (MP-424) remained the same, and its administration was stopped when the discontinuation was appropriate for the development of adverse events. In those patients who discontinued telaprevir, treatment with PEG-IFNα-2b and ribavirin was also terminated.

Table 1 summarizes the profiles and laboratory data of the 81 patients at the commencement of treatment. They included 44 males and 37 females, ages 23 to 65 years (median, 55 years).

Measurement of HCV RNA. The antiviral effects of the triple therapy on HCV were assessed by measuring plasma HCV RNA levels. In this study, HCV RNA levels during treatment were evaluated at least once every month before, during, and after therapy. HCV RNA concentrations were determined using the COBAS TaqMan HCV test (Roche Diagnostics). The linear dynamic range of the assay was 1.2-7.8 log IU/mL, and the undetectable samples were defined as negative.

Detection of Amino Acid Substitutions in Core and NS5A Regions of HCV-1b. In the present study, aa substitutions of the core region and NS5A-ISDR (IFN-sensitivity determining region) of HCV-1b were analyzed by direct sequencing. HCV RNA was extracted from serum samples at the start of treatment and reverse transcribed with random primer and MMLV reverse transcriptase (Takara Syuzo, Tokyo). Nucleic acids were amplified by polymerase chain reaction (PCR) using the following primers: (1) Nucleotide sequences of the core region: The first-round PCR was performed with CE1 (sense, 5′-GTC TGC GGA ACC GGT GAG TA-3′, nucleotides: 134-153) and CE2 (antisense, 5′-GAC GTG GCG TCG TAT TGT CG-3′, nucleotides: 1096-1115) primers, and the second-round PCR with CC9 (sense, 5′-ACT GCT AGC CGA GTA GTG TT-3′, nucleotides: 234-253) and CE6 (antisense, 5′-GGA GCA GTC GTT CGT GAC AT-3′, nucleotides: 934-953) primers. (2) Nucleotide sequences of NS5A-ISDR: The first-round PCR was performed with ISDR1 (sense, 5′-ATG CCC ATG CCA GGT TCC AG-3′, nucleotides: 6662-6681) and ISDR2 (antisense, 5′-AGC TCC GCC AAG GCA GAA GA-3′, nucleotides: 7350-7369) primers, and the second-round PCR with ISDR3 (sense, 5′-ACC GGA TGT GGC AGT GCT CA-3′, nucleotides: 6824-6843) and ISDR4 (antisense, 5′-GTA ATC CGG GCG TGC CCA TA-3′, nucleotides: 7189-7208) primers. ([1,2]; nested PCR.) All samples were initially denatured at 95°C for 2 minutes. The 35 cycles of

amplification were set as follows: denaturation for 30 seconds at 95°C, annealing of primers for 30 seconds at 55°C, and extension for 1 minute at 72°C with an additional 7 minutes for extension. Then 1 μL of the first PCR product was transferred to the second PCR reaction. Other conditions for the second PCR were the same as the first PCR, except that the second PCR primers were used instead of the first PCR primers. The amplified PCR products were purified by the QIA quick PCR purification kit (Qiagen, Tokyo) after agarose gel electrophoresis and then used for direct sequencing. Dideoxynucleotide termination sequencing was performed with the Big Dye Deoxy Terminator Cycle Sequencing kit (PerkinElmer, Tokyo).

With the use of HCV-J (Access. No. D90208) as a reference,[23] the sequence of 1-191 aa in the core protein of HCV-1b was determined and then compared with the consensus sequence constructed on 81 clinical samples to detect substitutions at aa 70 of arginine (Arg70) or glutamine/histidine (Gln70/His70) and aa 91 of leucine (Leu91) or methionine (Met91).[12] The sequence of 2209-2248 aa in the NS5A of HCV-1b (ISDR) reported by Enomoto et al.[24] was determined and the numbers of aa substitutions in ISDR were defined as wildtype (0, 1) or nonwildtype (≥2).

Genetic Variation Near the IL28B Gene. Samples for genome-wide association survey were genotyped using the Illumina HumanHap610-Quad Genotyping BeadChip. Genotyping data were subjected to quality control before the data analysis. Genotyping for replication and fine mapping was performed by use of the Invader assay, TaqMan assay, or direct sequencing as described.[25,26]

In this study, genetic variations near the IL28B gene (rs8099917, rs12979860), reported as the pretreatment predictors of treatment efficacy and clinical outcome,[18-22] were investigated.

Statistical Analysis. Nonparametric tests (chi-squared test and Fisher's exact probability test) were used to compare the characteristics of the groups. Univariate and multivariate logistic regression analyses were used to determine those factors that significantly contributed to sustained virological response. The odds ratios (OR) and 95% confidence intervals (95% CI) were also calculated. All P values less than 0.05 by the two-tailed test were considered significant. Variables that achieved statistical significance ($P < 0.05$) on univariate analysis were entered into multiple logistic regression analysis to identify significant independent predictive factors. Each variable was transformed into categorical data consisting of two simple ordinal numbers for univariate and multivariate analyses. The potential pretreatment factors associated with sustained virological response included the following variables: sex, age, history of blood transfusion, family history of liver disease, body mass index, aspartate aminotransferase (AST), alanine aminotransferase (ALT), albumin, gamma-glutamyl transpeptidase (γGTP), leukocyte count, hemoglobin, platelet count, HCV RNA level, alfa-fetoprotein, total cholesterol, fasting blood sugar, PEG-IFN dose/body weight, ribavirin dose/body weight, telaprevir dose/day, treatment regimen of triple therapy, past history of IFN therapy, genetic variation near the IL28B gene, and aa substitution in the core region, and NS5A-ISDR. Statistical analyses were performed using SPSS (Chicago, IL). Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were also calculated to determine the reliability of predictors of the response to therapy.

Results

Virological Response to Therapy. Sustained virological response was achieved by 44 of 72 (61.1%) patients. In all, 64 of 72 (88.9%) patients were considered end-of-treatment response. According to treatment regimen, sustained virological response were achieved by 45.0% (9 of 20 patients) and 67.3% (35 of 52 patients), in the T12PR12 group and the T12PR24 group, respectively. Of eight patients who could not achieve end-of-treatment response, six (75.0%) patients resulted in reelevation of viral loads regardless of HCV-RNA temporary negative, and the other two patients (25.0%) did not achieve HCV-RNA negative during treatment.

Especially in the T12PR24 group, according to the past history of treatment, sustained virological response were achieved by 76.4% (13 of 17 patients), 86.4% (19 of 22 patients), and 23.1% (3 of 13 patients), in treatment-naive, relapsers to previous treatment, and nonresponders to previous treatment, respectively.

Sustained Virological Response According to Amino Acid Substitutions in Core and NS5A Regions. According to the substitution of core aa 70, a significantly higher proportion of patients with Arg70 substitutions (74.4%) showed sustained virological response than that of patients who showed Gln70(His70) (41.4%) (Fig. 1, $P = 0.007$). In contrast, according to the substitution of core aa 91, the sustained virological response rate was not significantly different between Leu91 (65.0%) and Met91 (56.3%) (Fig. 1). Likewise, according to the numbers of aa substitutions in ISDR, the sustained virological response rate was not significantly different between wildtype

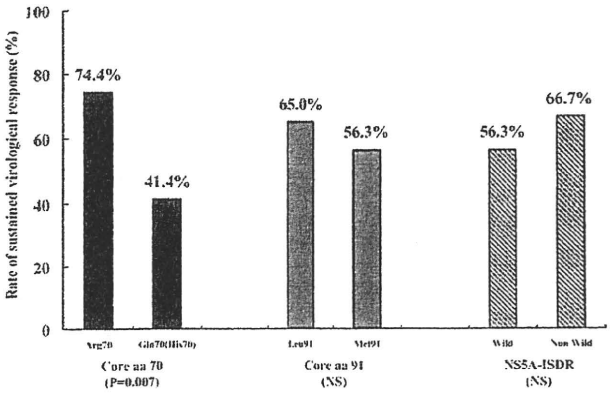

Fig. 1. According to the substitution of core aa 70, a significantly higher proportion of patients with Arg70 substitutions showed sustained virological response than that of patients who showed Gln70(His70) ($P = 0.007$). In contrast, according to the substitution of core aa 91, the sustained virological response rate was not significantly different between Leu91 and Met91. Likewise, according to the numbers of aa substitutions in ISDR, the sustained virological response rate was not significantly different between wildtype and nonwildtype.

(56.3%) and nonwildtype (66.7%) (Fig. 1). Thus, sustained virological response was influenced by the substitution of core aa 70.

Sustained Virological Response According to Genetic Variation Near the IL28B Gene. According to the genetic variation in rs8099917, sustained virological response was achieved by 83.8% (31 of 37 patients), 29.6% (8 of 27 patients), and 0% (0 of 2 patients) in patients with genotype TT, TG, and GG, respectively. Thus, a significantly higher proportion of patients with genotype TT (83.8%) showed sustained virological response than that of patients who showed genotype non-TT (27.6%) (Fig. 2, $P < 0.001$) (Table 2).

According to the genetic variation in rs12979860, sustained virological response was achieved by 83.8% (31 of 37 patients), 34.5% (10 of 29 patients), and 0% (0 of 2 patients), in patients with genotype CC, CT, and TT, respectively. Thus, a significantly higher proportion of patients with genotype CC (83.8%) showed sustained virological response than that of patients who showed genotype non-CC (32.3%) (Fig. 2, $P < 0.001$) (Table 2).

Predictive Factors Associated with Sustained Virological Response. Univariate analysis identified three parameters that correlated with sustained virological response significantly: substitution of aa 70 (Arg70; OR 4.12, $P = 0.007$), genetic variation in rs8099917 (genotype TT; OR 13.6, $P < 0.001$), and rs12979860 (genotype CC; OR 10.8, $P < 0.001$). Two factors were identified by multivariate analysis as independent parameters that significantly influenced sustained virological response (rs8099917 genotype TT; OR 10.6, $P < 0.001$; and Arg70; OR 3.69, $P = 0.040$) (Table 3).

Assessment of Amino Acid Substitutions in Core Region and Genetic Variation Near the IL28B Gene as Predictors of Sustained Virological Response. The ability to predict sustained virological response by substitution of core aa 70 and rs8099917 genotype near the IL28B gene was evaluated. The sustained virological response rates of patients with a combination of Arg70 or rs8099917 genotype TT were defined as PPV (prediction of sustained virological response). The nonsustained virological response rates of patients with a combination of Gln70(His70) or rs8099917 genotype non-TT were defined as NPV (prediction of nonsustained virological response).

In patients with rs8099917 genotype TT, the sensitivity, specificity, PPV, and NPV for sustained virological response were 79.5, 77.8, 83.8, and 72.4%, respectively. Thus, genotype TT has high sensitivity, specificity, and PPV for prediction of sustained virological response. In patients with Arg70 the sensitivity, specificity, PPV, and NPV were 76.9, 63.0, 75.0, and 65.4%, respectively. Thus, Arg70 has high sensitivity and PPV in predicting sustained virological response. Furthermore, when both predictors were used the sensitivity, specificity, PPV, and NPV were 61.5, 85.2, 85.7, and 60.5%, respectively. When one or more of the two predictors were used the sensitivity, specificity, PPV, and NPV were 94.9, 55.6, 75.5, and 88.2%, respectively. These results indicate that the use of the combination of the above two predictors has high sensitivity, specificity, PPV, and NPV for prediction of sustained virological response (Table 4).

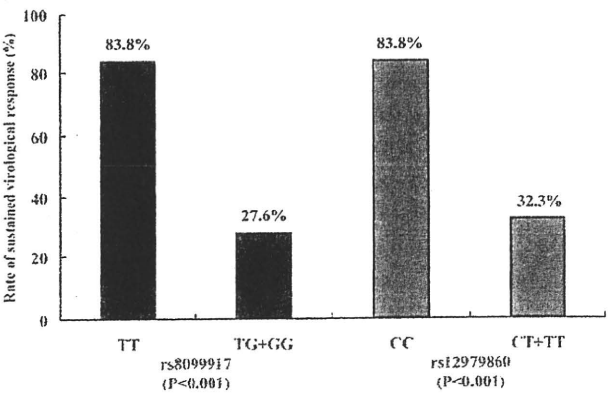

Fig. 2. According to the genetic variation in rs8099917 or rs12979860 near the IL28B gene, a significantly higher proportion of patients with genotype TT or CC showed sustained virological response than that of patients who showed genotype non-TT or non-CC, respectively ($P < 0.001$ or $P < 0.001$, respectively).

Table 2. According to Genetic Variation Near the IL28B Gene, Background at Commencement of Triple Therapy and Treatment Efficacy

	rs8099917 genotype			rs12979860 genotype		
	TT (n = 42)	TG+GG (n = 32)	TT vs. TG+GG *P*	CC (n = 42)	CT+TT (n = 34)	CC vs. CT+TT *P*
Demographic data						
Sex (M/F)	22 / 20	18 / 14	NS	22 / 20	19 / 15	NS
Age (years)*	54 (23-65)	56 (36-65)		54 (23-65)	55 (36-65)	NS
History of blood transfusion	15 (35.7%)	9 (28.3%)	NS	15 (35.7%)	9 (26.5%)	NS
Family history of liver disease	6 (14.3%)	6 (18.8%)	NS	6 (14.3%)	6 (17.6%)	NS
Body mass index (kg/m^2)*	22.1 (13.2-32.4)	22.4 (18.7-26.5)	NS	22.1 (13.2-32.4)	22.3 (18,7-26.5)	NS
Laboratory data*						
HCV genotype (1a / 1b)	0 / 42	1 / 31	NS	0 / 42	1 / 33	NS
Level of viremia (log IU/mL)	6.9 (5.4-7.5)	6.6 (5.1-7.4)	NS	6.9 (5.4-7.5)	6.5 (5.1-7.4)	NS
Serum aspartate aminotransferase (IU/L)	38 (15-118)	31 (20-137)	0.036	38 (15-118)	31 (20-137)	0.031
Serum alanine aminotransferase (IU/L)	50 (12-175)	36 (17-136)	0.029	50 (12-175)	35 (17-136)	0.014
Serum albumin (g/dL)	3.9 (3.3-4.6)	3.9 (3.2-4.6)	NS	3.9 (3.3-4.6)	3.9 (3.2-4.6)	NS
Gamma-glutamyl transpeptidase (IU/L)	29 (9-194)	53 (9-154)	0.008	29 (9-194)	53 (9-229)	0.004
Leukocyte count (/mm^3)	4,800 (2,800-8,100)	4,800 (3,000-7,800)	NS	4,800 (2,800-8,100)	4,800 (3,000-7,800)	NS
Hemoglobin (g/dL)	14.3 (12.3-16.5)	14.3 (11.7-16.8)	NS	14.3 (12.3-16.5)	14.3 (11.7-16.8)	NS
Platelet count (× 10^4/mm^3)	16.8 (9.9-33.8)	17.1 (9.1-24.8)	NS	16.8 (9.9-33.8)	17.8 (9.1-28.8)	NS
Alpha-fetoprotein (μ g/L)	4 (2-39)	5 (2-38)	NS	4 (2-39)	5 (2-38)	NS
Total cholesterol (mg/dL)	184 (112-276)	178 (110-263)	NS	184 (112-276)	178 (110-263)	NS
Fasting plasma glucose (mg/dL)	97 (80-125)	90 (66-111)	0.038	97 (80-125)	91 (66-111)	0.030
Treatment regimen						
T12PR12 group / T12PR24 group	12 / 30	7 / 25	NS	12 / 30	7 / 27	NS
Ammo acid substitutions in the HCV genotype 1b						
Core aa 70 (arginine / glutamine [histidine])	30 / 12	13 / 18	0.016	30 / 12	13 / 20	0.009
Core aa 91 (leucine / methionine)	25 / 17	13 / 18	NS	25 / 17	14 / 19	NS
ISDR of NS5A (wild-type / non wild-type)	39 / 3	30 / 1	NS	39 / 3	32 / 1	NS
Past history of IFN therapy						
Treatment-naive / Relapsers to previous treatment / Nonresponders to previous treatment	16 / 24 / 2	7 / 6 / 19	<0.001	16 / 24 / 2	8 / 7 / 19	<0,001
Treatment efficacy**						
End-of-treatment response (%)	35 (94.6%)	23 (79.3%)	NS	35 (94.6%)	25 (80.6%)	NS
Sustained virological response (%)	31 (83.8%)	8 (27.6%)	<0.001	31 (83.8%)	10 (32.3%)	<0.001

Data are number and percentages of patients, except those denoted by asterisk (*), which represent the median (range) values.
**Treatment efficacy according to rs8099917 genotype was evaluated in 66 patients, and that according to rs12979860 genotype was evaluated in 68 patients.

Predicting Sustained Virological Response by Amino Acid Substitutions in Core Region in Combination with Genetic Variation Near the IL28B Gene. Sustained virological response by core aa 70 in combination with rs8099917 genotype is shown in Fig. 3. In patients with rs8099917 genotype TT, sustained virological response was not different between Arg70 (85.7%) and Gln70(His70) (77.8%). In contrast, in patients with rs8099917 genotype TG and GG, a significantly higher proportion of patients with Arg70 (50.0%) showed sustained virological response than that of patients with Gln70(His70) (11.8%) (P = 0.038).

Based on a strong power of substitution of core aa 70 and rs8099917 genotype in predicting sustained virological response (Table 3), how they increase the predictive value when they were combined was evaluated. The results are schematically depicted in Fig. 3. Together they demonstrate three points: (1) the efficacy of triple therapy was high in patients with genotype TT who accomplished sustained virological response at 83.8%, irrespective of substitution of core aa 70; (2) in patients having genotype TG and GG, those of Arg70 gained high sustained virological response (50.0%); and (3) sustained virological response (11.8%) was the worst in patients who possessed both of genotype TG and GG, and Gln70(His70).

Discussion

Two previous studies (PROVE1 in the US, and PROVE2 in Europe) showed that the T12PR12 and T12PR24 group of telaprevir, PEG-IFN, and ribavirin could achieve sustained virological response rates of 35%-60% and 61%-69%, respectively.[10,11] In the

Table 3. Multivariate Analysis of Factors Associated with Sustained Virological Response of Telaprevir, Peginterferon and Ribavirin Triple Therapy in Japanese Patients Infected with HCV Genotype 1

Factor	Category	Odds Ratio (95% CI)	P
rs8099917 genotype	1: TG+GG	1	
	2: TT	10.6 (3.07-36.5)	<0.001
Substitution of aa 70	1: Gln70 (His70)	1	
	2: Arg70	3.69 (1.06-12.8)	0.040

Only variables that achieved statistical significance ($P < 0.05$) on multivariate logistic regression analysis are shown. 95% CI: 95% confidence interval.

present Japanese study, the sustained virological response rates were 45% and 67% in the T12PR12 and T12PR24 group, respectively, as in the two previous studies. There were differences at three points between the present study and two previous studies: (1) PEG-IFN in two previous studies was used at a fixed dose of PEG-IFNα-2a, but that of the present study was a body weight-adjusted dose of PEG-IFNα-2b; (2) The body mass index of our patients (median; 23 kg/m^2) was much lower than that of the participants of the previous study by McHutchison et al.[10] (median; >25 kg/m^2); and (3) The present study was performed based on Japanese patients infected with HCV-1b, except for only one patient with HCV-1a. Especially in PROVE-1, the viral breakthrough rate was higher in HCV-1a subjects compared to HCV-1b, and one of the reasons might be due to the low genetic barrier to the emergence of the R155K variant in HCV-1a.[10,27] Further studies of a larger number of patients matched for background, including genotype, race, body mass index, treatment regimen, and past history of IFN therapy are required to investigate the rate of the sustained virological response by triple therapy.

IL28A, IL28B, and IL29 (IFN-λ-2, IFN-λ-3, and IFN-λ-1, respectively) are novel IFNs identified recently.[28,29] They are similar to type 1 IFNs in terms of biological activities and mechanism of action, in contrast to their differences in structure and genetics.[30] The antiviral effects of IFN-λ against hepatitis B virus and HCV have been reported.[31] Furthermore, α and λ IFNs act synergistically against HCV.[32-34] Recent reports showed that genetic variation near the IL28B gene (rs8099917, rs12979860) are pretreatment predictors of virological response to 48-week PEG-IFN plus ribavirin combination therapy in individuals infected with HCV-1,[18-21] and also affect clinical outcome, including spontaneous clearance of HCV.[22] At the 2009 meeting of the American Association for the Study of Liver Diseases, Thompson et al.[35] reported that genetic variation near the IL28B gene also affected the viral suppression in the first 2 to 4 weeks of PEG-IFN plus ribavirin, and this phenomenon probably explains much of the difference in treatment response rate. The present study is the first to report that genetic variation near the IL28B gene significantly also affect sustained virological response by triple therapy. These results should be interpreted with caution because races other than Japanese populations were not included. Any generalization of the results should await confirmation by studies of patients of other races to explore the relationship between genetic variation near the IL28B gene and the response to triple therapy.

The present study indicated that the use of the combination of aa substitution of the core region and genetic variation near the IL28B gene had high sensitivity, specificity, PPV, and NPV for prediction of sustained virological response. The efficacy of triple therapy was high in the patients with TT, irrespective of substitution of core aa 70. In the patients having non-TT, those of Arg70 gained high sustained virological response, and sustained virological response was the worst in patients who possessed both non-TT, and Gln70(His70). Along with a high sustained virological response, combined PEG-IFN and ribavirin are accompanied by severe side effects and entail high

Table 4. Sensitivity, Specificity, Positive Predictive Value (PPV), and Negative Predictive Value (NPV) for Sustained Virological Response, According to Substitution of Core aa 70 and Genetic Variation Near IL28B Gene

	% (Number)			
	Sensitivity	Specificity	PPV*	NPV**
(A) rs8099917 genotype TT	79.5 (31/39)	77.8 (21/27)	83.8 (31/37)	72.4 (21/29)
(B) Substitution at aa 70 of arginine (Arg70)	76.9 (30/39)	63.0 (17/27)	75.0 (30/40)	65.4 (17/26)
(A) and (B)	61.5 (24/39)	85.2 (23/27)	85.7 (24/28)	60.5 (23/38)
(A) and/or (B)	94.9 (37/39)	55.6 (15/27)	75.5 (37/49)	88.2 (15/17)

*PPV; Sustained virological response rates for patients with a combination of Arg70 or rs8099917 genotype TT (prediction of sustained virological response).

**NPV; nonsustained virological response rates for patients with a combination of Gln70(His70) or rs8099917 genotype non-TT (prediction of nonsustained virological response).

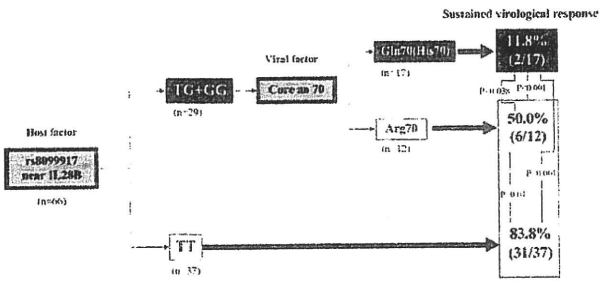

Fig. 3. Predicting sustained virological response by aa substitution in core region in combination with genetic variation near the IL28B gene. Efficacy of triple therapy was high in the patients with genotype TT who accomplished sustained virological response at 83.8%, irrespective of substitution of core aa 70. In the patients having genotype TG and GG, those of Arg70 gained a high sustained virological response (50.0%), and sustained virological response (11.8%) were the worst in patients who possessed both genotypes TG and GG, and Gln70(His70).

costs. Hence, the patients who do not achieve sustained virological response need to be identified as early as possible, in order to free them of unnecessary side effects and high costs. The present study is the first to report that the combination of aa substitution of the core region and genetic variation near the IL28B gene are very useful as pretreatment predictors of sustained virological response by triple therapy, and further studies based on a larger number of patients are necessary to investigate the present results.

Other limitations of the present study were that aa substitutions in areas other than the core region and NS5A-ISDR of the HCV genome, such as the interferon/ribavirin resistance determining region (IRRDR),[36] were not examined. Furthermore, HCV mutants with aa conversions for resistance to telaprevir during triple therapy, such as the 156S mutation,[37] were also not investigated. In this regard, telaprevir-resistant HCV mutants were reported to be susceptible to IFN in both *in vivo* and *in vitro* studies.[38,39] Thus, viral factors before and during triple therapy should be investigated in future studies and identification of these factors should facilitate the development of more effective therapeutic regimens.

In conclusion, triple therapy with telaprevir, PEG-IFN, and ribavirin in Japanese patients infected with HCV-1 and high viral load achieved high sustained virological response rates. Furthermore, the aa substitution pattern of the core region and genetic variation near the IL28B gene seem to affect treatment efficacy. Further large-scale prospective studies are necessary to investigate whether the present results relate to the efficacy of triple therapy and further understanding of the complex interaction between virus- and host-related factors should facilitate the development of more effective therapeutic regimens.

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